UNIVERSIDADE DO ESTADO DO AMAZONAS (UEA)

ESCOLA SUPERIOR DE CIÊNCIAS DA SAÚDE (ESA)

REPOSITÓRIO DE DADOS DE PESQUISA

PROJETO DE PESQUISA

Profilaxia Pré-Exposição (PrEP) para Prevenção ao HIV na América do Sul: Etnografia das Experiências de Acesso, Uso e Gestão

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CONTEÚDO

Banco de dados da literatura global sobre PrEP para prevenção ao HIV (2001–2024)

MANAUS-AM, BRASIL

NOVEMBRO, 2026

CNPQ, DECIT/SECTICS/MS E DATHI/SVSA/MS, PROCESSOS Nº 445070/2023-4 E Nº 405770/2024-3

Document type	Year of publication	Authors	Title	Journal	Book	University	ISBN	ISSN	DOI	Access link	Abstract	Keywords	Language	Country of publication venue	Country of publication - Regions (UNAIDS regions)	First author's affiliation country	First author's affiliation country (UNAIDS regions)	Corresponding author's affiliation country	Corresponding author's affiliation country (UNAIDS regions)	Study Design
Article	2001	Van Rompay KK, McChesney MB, Aguirre NL, Schmidt KA, Bischofberger N, Marthas ML	Two Low Doses of Tenofovir Protect Newborn Macaques against Oral Simian Immunodeficiency Virus Infection	The Journal of Infectious Diseases	-	-	-	1537-6613	https://doi.org/10.1086/322781	https://academic.oup.com/jid/article-abstract/184/4/429/808643?redirectedFrom=fulltext	Simple affordable interventions are needed to reduce vertical human immunodeficiency virus (HIV) transmission in developing countries. The efficacy of 2 low doses (4 mg/kg, subcutaneously) or 1 high dose (30 mg/kg, subcutaneously) of the reverse-transcriptase inhibitor 9-[2-(phosphonomethoxy)propyl]adenine (PMPA; tenofovir) to protect newborn macaques against simian immunodeficiency virus (SIV) infection was investigated. Thirteen newborn macaques were inoculated orally with virulent SIVmac251. The 4 placebo-treated animals (group A) became persistently infected. Groups B and C (n=4 in each group) received 2 4-mg/kg doses of PMPA, either 4 h before and 20 h after (group B) or 1 and 25 h after SIV inoculation (group C). One animal (group D) received a single 30-mg/kg dose of PMPA 1 h after SIV inoculation. Despite evidence of an initial transient infection, 3 group B animals, 2 group C animals, and the group D animal were SIV negative and seronegative at ages 19–23 months. Immune activation with recall antigens or pharmacologic immunosuppression with corticosteroids failed to reactivate viral replication. These data suggest that 1 or 2 doses of PMPA may protect human newborns against intrapartum HIV infection	hiv, adrenal corticosteroids, glucocorticoids, antigens, newborn, macaca, simian immunodeficiency virus, vaccination, therapeutic immunosuppression, natural immunosuppression, infections, mineralocorticoids, viruses, tenofovir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2002	Van Rompay KK, Schmidt KA, Lawson JR, Singh R, Bischofberger N, Marthas ML	Topical administration of low-dose tenofovir disoproxil fumarate to protect infant macaques against multiple oral exposures of low doses of simian immunodeficiency virus	The Journal of Infectious Diseases	-	-	-	1537-6613	https://doi.org/10.1086/344360	https://academic.oup.com/jid/article-abstract/186/10/1508/832180?redirectedFrom=fulltext	Simian immunodeficiency virus (SIV) infection of infant macaques is a useful animal model to determine whether topical (oral) administration of antiviral compounds to the nursing infant could reduce human immunodeficiency virus transmission through breast-feeding. The reverse-transcriptase inhibitor tenofovir was selected because of previous demonstrations that systemic drug levels are effective in preventing SIV infection. To mimic the multiple exposures to virus during breast-feeding, 14 infant macaques were fed 15 low doses of SIVmac251 without chemical restraint. Six animals were treated with placebo, and 2 groups of 4 animals received oral topical doses of tenofovir disoproxil fumarate (DF; equivalent to 0.037 mg of tenofovir/day). About half the animals of each group became infected. In a subsequent study, 2 oral inoculations of 4 juvenile macaques with a mixture of tenofovir DF and SIVmac251 induced persistent infection. Topical administration of low doses of tenofovir DF did not protect against oral SIV infection	exposure, administration, topical, antiviral agents, breast feeding, child, infant, macaca, animal model, simian immunodeficiency virus, vaccination, infections, viruses, tenofovir, hiv transmission	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2003	Joel E. Gallant, Stanley Deresinski	Tenofovir Disoproxil Fumarate	Clinical Infectious Diseases	-	-	-	1537-6591	https://doi.org/10.1086/378068	https://academic.oup.com/cid/article/37/7/944/422616	Tenofovir disoproxil fumarate (tenofovir DF) is a bioavailable prodrug of tenofovir, a potent nucleotide analogue reverse-transcriptase inhibitor with activity against human immunodeficiency virus (HIV) and hepatitis B virus. It is administered as a single 300-mg tablet once daily. It was approved for the treatment of HIV infection on the basis of data from clinical trials demonstrating activity in treatment-experienced patients, and it was subsequently shown to be effective when used as a component of initial therapy. Tenofovir DF is active against some nucleoside-resistant strains of HIV. However, cross-resistance is associated with multiple thymidine analogue mutations that include 41L or 210W. The signature mutation is the K65R mutation, which causes variable loss in susceptibility to tenofovir DF, didanosine, and abacavir. Tenofovir DF has been well tolerated in clinical trials with durations of follow-up up to 96 weeks. It is associated with more-favorable lipid profiles than stavudine and has not been associated with the mitochondrial toxicity attributed to other nucleoside analogues.	mutation, didanosine, stavudine, tenofovir, hiv, infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2003	Youle M, Wainberg MA	Pre-exposure chemoprophylaxis (PREP) as an HIV prevention strategy	Journal of the International Association of Physicians in AIDS Care	-	-	-	1545-1097	https://doi.org/10.1177/154510970300200302	https://journals.sagepub.com/doi/abs/10.1177/154510970300200302	Chemoprophylaxis may be a prevention strategy for the sexual transmission of human immunodeficiency virus (HIV). Evidence suggests that condom use has waned with the availability of antiretroviral medication, at least in some resource-rich settings. Barrier methods of HIV prevention have inherent problems, and the potential for failure. Microbicide research has focused primarily on male-to-female transmission. Analogous to post-exposure prophylaxis, HIV prevention may be achieved by pre-exposure prophylaxis in some settings. Research in this potential strategy may be rewarding.	HIV, chemoprophylaxis, prevention, antiretroviral	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Institutional	2005	Centers for Disease Control and Prevention	CDC trials of daily oral tenofovir for preventing HIV infection. Phase II and III clinical trials in Botswana, Thailand, and the United States	-	-	-	-	-	NA	https://www.govinfo.gov/app/details/GOVPUB-HE20-PURL-LPS63522	NA	Clinical trials, Drugs, HIV infections, Prevention, Testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other
Article	2005	Mills, Edward; Rachlis, Beth; Wu, Ping; Wong, Elaine; Wilson, Kumanan; Singh, Sonal	Media reporting of tenofovir trials in Cambodia and Cameroon	BMC International Health and Human Rights	-	-	-	1472-698X	10.1186/1472-698X-5-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1242229/	BACKGROUND: Two planned trials of pre-exposure prophylaxis tenofovir in Cambodia and Cameroon to prevent HIV infection in high-risk populations were closed due to activist pressure on host country governments. The international news media contributed substantially as the primary source of knowledge transfer regarding the trials. We aimed to characterize the nature of reporting, specifically focusing on the issues identified by media reports regarding each trial. METHODS: With the aid of an information specialist, we searched 3 electronic media databases, 5 electronic medical databases and extensively searched the Internet. In addition we contacted stakeholder groups. We included media reports addressing the trial closures, the reasons for the trial closures, and who was interviewed. We extracted data using content analysis independently, in duplicate. RESULTS: We included 24 reports on the Cambodian trial closure and 13 reports on the Cameroon trial closure. One academic news account incorrectly reported that it was an HIV vaccine trial that closed early. The primary reasons cited for the Cambodian trial closure were: a lack of medical insurance for trial related injuries (71%); human rights considerations (71%); study protocol concerns (46%); general suspicions regarding trial location (37%) and inadequate prevention counseling (29%). The primary reasons cited for the Cameroon trial closure were: inadequate access to care for seroconverters (69%); participants not sufficiently informed of risks (69%); inadequate number of staff (46%); participants being exploited (46%) and an unethical study design (38%). Only 3/23 (13%) reports acknowledged interviewing research personnel regarding the Cambodian trial, while 4/13 (30.8%) reports interviewed researchers involved in the Cameroon trial. CONCLUSION: Our review indicates that the issues addressed and validity of the media reports of these trials is highly variable. Given the potential impact of the media in formulation of health policy related to HIV, efforts are needed to effectively engage the media during periods of controversy in the HIV/AIDS epidemic.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2005	Singh, JA; Mills, EJ	The abandoned trials of pre-exposure prophylaxis for HIV: what went wrong?	PLOS Medicine	-	-	-	16008507	https://doi.org/10.1371/journal.pmed.0020234	https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020234	The dramatic protests that shut down trials of tenofovir as pre-exposure prophylaxis against HIV may prove damaging in our fight against the HIV pandemic.	*Human immunodeficiency virus infection /prevention; *patient advocacy; *public opinion; Adenine *analogs & derivatives, therapeutic use; Article; Attitude to health; Clinical trial; Controlled clinical trial; Global Health; HIV Infections *prevention & control; Health; Health Knowledge, Attitudes, Practice; Human; Humans; Methodology; Organophosphonates *therapeutic use; Patient Advocacy; Public Opinion; Randomized Controlled Trials as Topic; Randomized controlled trial; Research Design; Reverse Transcriptase Inhibitors *therapeutic use; Tenofovir	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Other
Article	2006	Gaym, Asheber	Microbicides-emerging essential pillars of comprehensive HIV/AIDS prevention	Ethiopian Medical Journal	-	-	-	0014-1755	NA	https://pubmed.ncbi.nlm.nih.gov/17370443/#full-view-affiliation-1	A quarter century old and still going strong, the HIV/AIDS pandemic is already the deadliest and longest lasting plague in mankind's recorded history. Reportedly among the weakest of the viruses, HIV's survival instincts have relied on extreme adaptability at the molecular and virologic levels on its part. In addition, it has preyed on certain prevalent weaknesses on the part of its host (human society) - extreme poverty; gender bias; lack of education and high prevalence of STIs- to prolong its lethal grip on humanity for as long as possible. This astounding adaptability is evident by the tremendous geographic, gender, mode of transmission and age shifts it has displayed over its now respectably long history. From localized epidemics in localities in the developed world at its onset, it has gravitated and now firmly entrenched itself selecting Sub-Saharan Africa as the epicenter of its global scourge. From a disease of men having sex with men (MSMs) at its inception, it has undergone a gender shift with a definite and alarming "feminization" or as Kofi Annan put it, has the "Face of a woman". From a demonstrable prevalence, concentrating in adults, it has chillingly shifted to being an infection that affects predominantly younger age groups and adolescents. And from its early homosexual and injection drug use transmission modes it has shifted to a predominantly heterosexual transmission for the majority of new infections. Behavioral modifications (health education towards safe sexual practices and VCT provision and utilization); correct and consistent use of male and female condoms; control of sexually transmitted diseases and strategies to prevent mother to child transmission (PMTCT) are effective methods of HIV/AIDS prevention. Their effectiveness has been demonstrated by their ability to contain the epidemic in countries that have successfully implemented them. Of questionable value in prevention but gaining momentum in accumulating data proving their effectiveness in HIV prevention are strategies including male circumcision; PEP (post-exposure prophylaxis); PREP (pre-exposure prophylaxis) and provision of ante-retroviral therapy to all who are in need. Experiences in prevention efforts in resource-poor settings over the last two decades have indicated that the traditional ABC model (abstinence, being faithful to one's partner and condom use) are inadequate in controlling HIV in those settings. Well-known biologic vulnerabilities in women as well as socio-economic, cultural and gender bias towards women, stand in the way of effective implementation of the available prevention strategies. It has become increasingly evident that as part of a comprehensive HIV prevention strategy, a female-controlled method of prevention is crucial for the eventual control of the epidemic in Africa. To this end, efforts to develop a "microbicide"- a topical agent that can be applied vaginally by women to protect themselves from infection; and a product that they can use without the necessary consent of their partner - have been gathering momentum over the last decade. At present, nearly sixty potential microbicides are in the development pipeline. Of these six are in the last (phase III) effectiveness trials that precede drug licensing. There is a general belief in the scientific community that an effective microbicidal agent for HIV prevention might be available in the next five to seven years. Lack of finance and ethical issues in conducting research are delaying rapid development of an effective agent. Ethiopia has been largely left out of research efforts towards microbicides development. It is essential that cognizance of this emerging HIV prevention strategy by health care professionals and the general public be developed in order to avoid undue delays in effective utilization once an effective agent becomes part of our HIV prevention arsenal.	Humans; Anti-HIV Agents/*pharmacology; Prevalence; Global Health; HIV Infections/epidemiology/*prevention & control/transmission; Sexually Transmitted Diseases, Viral/epidemiology/prevention & control/transmission	English	Ethiopia	Eastern and Southern Africa	Ethiopia	Eastern and Southern Africa	Ethiopia	Eastern and Southern Africa	Review
Article	2006	Liu, Albert Y; Grant, Robert M; Buchbinder, Susan P	Preexposure Prophylaxis for HIV: Unproven Promise and Potential Pitfalls	JAMA - Journal of the American Medical Association	-	-	-	00987484	10.1001/jama.296.7.863	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-hiv-unproven-promise/docview/211450981/se-2?accountid=8113	An estimated 11,000 new human immunodeficiency virus (HIV) infections occur worldwide per day and approximately 4 million individuals are infected with HIV per year. Although behavior change has likely led to substantial reductions in HIV incidence in some populations and risk-reduction counseling will likely remain the cornerstone of HIV prevention programs, new HIV prevention strategies are urgently needed to further reduce incident infections. Preexposure chemoprophylaxis (PrEP) has emerged as a promising new biomedical strategy for preventing HIV infection, and clinical trials are planned or under way to evaluate the safety and efficacy of this approach. Because many antiretroviral drugs are licensed in the United States, PrEP could become available for use as a prevention tool more quickly than other experimental prevention strategies, such as an HIV vaccine. PUBLICATION ABSTRACT	Humans; Clinical Trials as Topic; HIV; Chemoprevention; Pre-exposure prophylaxis; Antiretroviral drugs; Human immunodeficiency virus; Prevention; Infections; Disease prevention; Epidemiology; Chemoprophylaxis; Clinical trials; Anti-Retroviral Agents; Preventive healthcare; Meetings And Congresses; HIV Infections -- prevention & control; Anti-Retroviral Agents -- therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2007	Landovitz, Raphael J.	Recent efforts in biomedical prevention of HIV.	Topics in Antiviral Medicine	-	-	-	1542-8826	NA	https://pubmed.ncbi.nlm.nih.gov/17598929/	Despite major advances in HIV treatment and progress in distribution of antiretroviral therapy in the developing world, staggering rates of new HIV infections persist. Innovative approaches to prevention of transmission are needed. Recent data have confirmed previous observational studies that demonstrated a substantial reduction in acquisition risk with male circumcision and microbicide technology experienced a setback with the early termination of a large-scale vaginal microbicide trial of cellulose sulfate. Limited data from one trial of pre-exposure prophylaxis was not able to validate nor refute efficacy. This article summarizes a presentation on biomedical prevention of HIV infection made by Raphael J. Landovitz, MD, at an International AIDS Society-USA Continuing Medical Education course in Los Angeles in March 2007.	Humans; Male; Anti-HIV Agents/*therapeutic use; Female; Risk Factors; Infectious Disease Transmission, Vertical/prevention & control; *Circumcision, Male; HIV Infections/epidemiology/*prevention & control/transmission; Health Services Needs and Demand; AIDS Vaccines/*therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2007	MacQueen, Kathleen M.; Karim, Quarraisha Abdool	Practice brief: adolescents and HIV clinical trials: ethics, culture, and context.	The Journal of the Association of Nurses in AIDS Care	-	-	-	1055-3290	10.1016/j.jana.2007.01.002	https://www.sciencedirect.com/science/article/abs/pii/S1055329007000039	One quarter of HIV infections globally occur among young people 15 to 24 years of age, and more than half of all new infections are in people younger than 25 years. Clearly, there is a need to identify and implement effective HIV prevention strategies among at-risk teens. Some of the most effective options for slowing the epidemic are biomedical, and several promising methods are in development, including microbicides, vaccines, and preexposure prophylaxis (PREP, or the daily use of antiretrovirals to prevent the acquisition of HIV). There is widespread reluctance to enroll minors in such biomedical prevention trials because of concerns about vulnerability related to physical maturity, experiential maturity, and diminished autonomy as well as legal and social challenges that vary across and within nations. However, excluding minors from trials removes an important opportunity to evaluate the effectiveness, acceptability, and safety of innovative interventions under the best conditions for identifying and resolving potential problems. The challenges of including minors in HIV prevention trials are highlighted through the example of one rural South African community that has been particularly devastated by the HIV epidemic.	Humans; South Africa/epidemiology; Global Health; Health Knowledge, Attitudes, Practice; Research Subjects/psychology; *Adolescent/legislation & jurisprudence; *Clinical Trials as Topic/ethics/legislation & jurisprudence/psychology; *HIV Infections/ethnology/prevention & control; Adolescent Behavior/ethnology; Attitude to Health/*ethnology; Minors/legislation & jurisprudence/psychology; Patient Selection/*ethics; Personal Autonomy; Psychology, Adolescent; Sexual Behavior/ethnology; Vulnerable Populations/ethnology/legislation & jurisprudence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2007	Macqueen, Kathleen M; Johnson, Laura; Alleman, Patty; Akumatey, Betty; Lawoyin, Taiwo; Nyiama, Tiburce	Pregnancy prevention practices among women with multiple partners in an HIV prevention trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-17667340	BACKGROUND: Women enrolled in microbicide and pre-exposure prophylaxis (PrEP) HIV prevention trials are not allowed to continue use of study products when pregnant because of fetal safety concerns. High pregnancy rates among women in trials can undermine statistical measures of safety and effectiveness. METHODS: Women enrolled in a PrEP trial in Ghana, Nigeria, and Cameroon had an overall pregnancy rate of 52 per 100 person-years of observation. In-depth interviews were conducted with 67 women who were asked to describe any changes made in their pregnancy prevention practices after enrolling in the trial. RESULTS: Most women (n = 44, 65%) reported changing pregnancy prevention practices after enrolling in the trial. Twice as many reported using condoms for pregnancy prevention after enrollment (n = 56, 84%) than before (n = 27, 40%). Cluster analysis identified site-specific patterns. Nigerian women tended to report using condoms for dual protection before and after trial enrollment. Cameroonian women tended to rely on natural methods before and after trial enrollment. Ghanaian women tended to switch from hormonal methods to condoms. CONCLUSIONS: The role of condoms in HIV prevention trials must not be diminished. Their use-effectiveness for contraception is likely too low for microbicide and PrEP trial needs, however. HIV prevention trials with women should be appropriately staffed to provide effective contraceptive counseling and, if needed, direct provision of contraceptives. This must be done without undermining women's reproductive rights.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2007	Paxton, Lynn A; Hope, Tony; Jaffe, Harold W	Pre-exposure prophylaxis for HIV infection: what if it works?	The Lancet	-	-	-	01406736	10.1016/S0140-6736(07)61053-8	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv-infection-what-if/docview/199060388/se-2?accountid=8113	Anecdotal reports are already circulating, of physicians prescribing tenofovir to patients at high risk of HIV infection, and of unregulated use of the drug at venues such as sex clubs and circuit parties.20 Even those who would provide pre-exposure prophylactic treatment, such as doctors and other healthcareproviders are unsure about appropriate indications.21 If present trials show efficacy of tenofovir (or tenofovir and emtricitabine) against HIV transmission, the pressure for immediate approval for prevention will be great. In studies of individuals with HIV taking combination antiretroviral therapy, this mutation was detected in 3-2% of people over 96 weeks of follow-up.22 Small phase 1 studies of tenofovir monotherapy in people with HIV did not show development of any drug resistance mutations with up to 28 days of treatment, but in macaques infected with simian immunodeficiency virus, ultrasensitive resistance tests showed rapid development of K65R in those with high viral loads given high doses of tenofovir.21 The K65R mutation also causes some resistance to other nucleoside reverse transcriptase inhibitors and increased susceptibility to zidovudine.	Humans; Female; Male; Drug Administration Schedule; Emtricitabine; Mutation; tenofovir; Risk-Taking; Anti-HIV Agents; Organophosphonates; HIV Seropositivity; Public Health; Risk; Attitude of Health Personnel; HIV/AIDS; Adenine; Pre-exposure prophylaxis; Drug resistance; Effectiveness; Infections; Drug therapy; Tenofovir disoproxil; Substance abuse treatment; Resource allocation; Human immunodeficiency virus--HIV; Medical Sciences; Preventive healthcare; Regulatory agencies; Anti-HIV Agents -- therapeutic use; HIV Infections -- prevention & control; Adenine -- administration & dosage; Adenine -- analogs & derivatives; Organophosphonates -- administration & dosage; HIV Infections -- transmission; Anti-HIV Agents -- administration & dosage; Adenine -- therapeutic use; Organophosphonates -- therapeutic use; Anti-HIV Agents -- adverse effects; Adenine -- adverse effects; Organophosphonates -- adverse effects	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2007	Peterson L, Taylor D, Roddy R, Belai G, Phillips P, Nanda K, Grant R, Clarke EE, Doh AS, Ridzon R, Jaffe HS, Cates W	Tenofovir disoproxil fumarate for prevention of HIV infection in women: a phase 2, double-blind, randomized, placebo-controlled trial	PLoS Clin Trials	-	-	-	NA	10.1371/journal.pctr.0020027	https://journals.plos.org/plosclinicaltrials/article?id=10.1371/journal.pctr.0020027	Objectives: The objective of this trial was to investigate the safety and preliminary effectiveness of a daily dose of 300 mg of tenofovir disoproxil fumarate (TDF) versus placebo in preventing HIV infection in women. Design: This was a phase 2, randomized, double-blind, placebo-controlled trial. Setting: The study was conducted between June 2004 and March 2006 in Tema, Ghana; Douala, Cameroon; and Ibadan, Nigeria.Participants: We enrolled 936 HIV-negative women at high risk of HIV infection into this study.Intervention: Participants were randomized 1:1 to once daily use of 300 mg of TDF or placebo.Outcome measures: The primary safety endpoints were grade 2 or higher serum creatinine elevations (>2.0 mg/dl) for renal function, grade 3 or 4 aspartate aminotransferase or alanine aminotransferase elevations (>170 U/l) for hepatic function, and grade 3 or 4 phosphorus abnormalities (<1.5 mg/dl). The effectiveness endpoint was infection with HIV-1 or HIV-2.Results: Study participants contributed 428 person-years of laboratory testing to the primary safety analysis. No significant differences emerged between treatment groups in clinical or laboratory safety outcomes. Study participants contributed 476 person-years of HIV testing to the primary effectiveness analysis, during which time eight seroconversions occurred. Two were diagnosed in participants randomized to TDF (0.86 per 100 person-years) and six in participants receiving placebo (2.48 per 100 person-years), yielding a rate ratio of 0.35 (95% confidence interval = 0.03-1.93), which did not achieve statistical significance. Owing to premature closures of the Cameroon and Nigeria study sites, the planned person-years of follow-up and study power could not be achieved.Conclusion: Daily oral use of TDF in HIV-uninfected women was not associated with increased clinical or laboratory adverse events. Effectiveness could not be conclusively evaluated because of the small number of HIV infections observed during the study.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2008	Denton, Paul W; Estes, Jacob D; Sun, Zhifeng; Othieno, Florence A; Wei, Bangdong L; Wege, Anja K; Powell, Daniel A; Payne, Deborah; Haase, Ashley T; Garcia, J Victor	Antiretroviral pre-exposure prophylaxis prevents vaginal transmission of HIV-1 in humanized BLT mice.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.0050016	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2194746/	BACKGROUND: Worldwide, vaginal transmission now accounts for more than half of newly acquired HIV-1 infections. Despite the urgency to develop and implement novel approaches capable of preventing HIV transmission, this process has been hindered by the lack of adequate small animal models for preclinical efficacy and safety testing. Given the importance of this route of transmission, we investigated the susceptibility of humanized mice to intravaginal HIV-1 infection. METHODS AND FINDINGS: We show that the female reproductive tract of humanized bone marrow-liver-thymus (BLT) mice is reconstituted with human CD4+ T and other relevant human cells, rendering these humanized mice susceptible to intravaginal infection by HIV-1. Effects of HIV-1 infection include CD4+ T cell depletion in gut-associated lymphoid tissue (GALT) that closely mimics what is observed in HIV-1-infected humans. We also show that pre-exposure prophylaxis with antiretroviral drugs is a highly effective method for preventing vaginal HIV-1 transmission. Whereas 88% (7/8) of BLT mice inoculated vaginally with HIV-1 became infected, none of the animals (0/5) given pre-exposure prophylaxis of emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF) showed evidence of infection (Chi square = 7.5, df = 1, p = 0.006). CONCLUSIONS: The fact that humanized BLT mice are susceptible to intravaginal infection makes this system an excellent candidate for preclinical evaluation of both microbicides and pre-exposure prophylactic regimens. The utility of humanized mice to study intravaginal HIV-1 transmission is particularly highlighted by the demonstration that pre-exposure prophylaxis can prevent intravaginal HIV-1 transmission in the BLT mouse model.	Mice; HIV Infections; Anti-HIV Agents; Disease Models, Animal	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2008	Gay, Cynthia L; Cohen, Myron S	Antiretrovirals to prevent HIV infection: pre- and postexposure prophylaxis.	Current Infectious Disease Reports	-	-	-	1523-3847	10.1007/s11908-008-0052-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567919/	More than 3 million people are now receiving antiretroviral therapy (ART) worldwide. Currently, the indications for ART depend primarily on CD4 count, blood viral burden, and clinical signs and symptoms suggesting advanced HIV disease. However, interest is increasing in ART's preventive potential. Postexposure prophylaxis following both occupational and nonoccupational exposure to HIV is the standard-of-care in many settings. Observational and ecologic studies suggest that ART administered to HIV-infected people reduces transmission within serodiscordant couples. Pre-exposure prophylaxis to prevent HIV infection is a potentially safe and intermittent intervention for very high-risk people, and clinical trials to evaluate this preventive strategy are underway. The prevention benefits of ART may begin to affect the decision of when to start therapy and add a much-needed strategy to current HIV prevention efforts.	Tenofovir; Tenofovir Disoproxil Fumarate; Emtricitabine; Maraviroc; Serodiscordant Couple	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2008	Guest, Greg; Shattuck, Dominick; Johnson, Laura; Akumatey, Betty; Clarke, Edith Essie Kekawo; Chen, Pai-Lien; MacQueen, Kathleen M	Changes in sexual risk behavior among participants in a PrEP HIV prevention trial.	Sexually Transmitted Diseases	-	-	-	1537-4521	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-19051397	BACKGROUND: One of the concerns raised regarding the introduction of any new HIV-prevention measure, such as PrEP, is the potential for risk disinhibition or sexual risk compensation. The oral tenofovir HIV prevention trial has been the subject of international discussion in this regard. METHODS: This article maps the changes in sexual risk behavior among women participating in the oral tenofovir HIV prevention trial in Ghana. Content-driven, thematic analysis was carried out on qualitative data obtained from in-depth interviews with study participants. Growth curve analysis was the primary method used to document trends over time in self-reported sexual behavior collected monthly. RESULTS: Overall, the study found that sexual risk behavior did not increase during the trial. Number of sexual partners and rate of unprotected sex acts decreased across the 12-month period of study enrollment. Certain subgroups of women, however, exhibited different growth curves. Data indicate that the HIV prevention counseling associated with the trial was effective. CONCLUSIONS: Counseling during the trial was effective. Different types of counseling and messaging may be needed for different subgroups within a population. These findings also have implications for required sample sizes for future HIV prevention trials where seroconversion is the main outcome.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2008	Klasse, Per Johan; Shattock, Robin; Moore, John P.	Antiretroviral Drug–Based Microbicides to Prevent HIV-1 Sexual Transmission	Annual Review of Medicine	-	-	-	0066-4219	10.1146/annurev.med.59.061206.112737	https://doi.org/10.1146/annurev.med.59.061206.112737	The development of a vaginal (and perhaps a rectal) microbicide would be of major benefit for slowing the global spread of human immunodeficiency virus type 1 (HIV-1). A microbicide is a gel or related device that, when inserted vaginally or rectally, acts to prevent infection of a woman or a man by HIV-1 during sexual intercourse. A practical microbicide must be not only effective, safe, and user-friendly but also economically affordable in the developing world. To date, the performance of microbicide candidates in efficacy trials has been disappointing, but next-generation concepts now in or approaching clinical trials offer improved prospects for efficacy. The most plausible approaches involve topical application of antiretroviral agents with specific activity against HIV-1, compounds similar to drugs used to treat HIV-1 infection. How these inhibitors are applied may also be critical, with sustained-release formulations and vaginal ring delivery systems now becoming a high priority.	entry inhibitors, reverse transcriptase inhibitors, sustained-release formulations, topical application, vaginal rings	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2008	Landovitz, Raphael J	What Happens When PEP or PrEP Fails?	AIDS Clinical Care	-	-	-	10431543	NA	https://www.proquest.com/scholarly-journals/what-happens-when-pep-prep-fails/docview/1319243699/se-2?accountid=8113	A case report provides at least some reassurance that failure of antiretroviral prophylaxis does not necessarily result in drug resistance.	Drug resistance; Infections; Prep; Case report; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2008	Liu, Albert Y; Kittredge, Pravina V; Vittinghoff, Eric; Raymond, H Fisher; Ahrens, Katherine; Matheson, Tim; Hecht, Jennifer; Klausner, Jeffrey D; Buchbinder, Susan P	Limited knowledge and use of HIV post- and pre-exposure prophylaxis among gay and bisexual men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-18340656	BACKGROUND: Post-exposure prophylaxis (PEP) is currently recommended after certain high-risk exposures, and pre-exposure prophylaxis (PrEP) is undergoing evaluation in clinical trials. Media reports have suggested substantial levels of community PrEP use despite its unproven effectiveness. METHODS: We conducted a cross-sectional survey of 1819 HIV-uninfected gay/bisexual men in California to assess PEP and PrEP awareness and use. RESULTS: Overall, 47% reported PEP awareness and 4% ever used PEP. Men who were older than 25 years of age (odds ratio OR = 2.2, 95% confidence interval CI: 1.5 to 3.1), were white (OR = 2.2, 95% CI: 1.6 to 3.0), had an annual income >$100,000 (OR = 2.0, 95% CI: 1.2 to 3.4), self-identified as gay/homosexual (OR = 2.4, 95% CI: 1.4 to 4.3), and had unprotected anal sex (OR = 1.8, 95% CI: 1.3 to 2.3) or sex under the influence of a drug (OR = 2.0, 95% CI: 1.5 to 2.7) were more likely to be aware of PEP, whereas speed users (OR = 0.6, 95% CI: 0.4 to 0.9) were less likely to be aware of PEP. Only 16% reported PrEP awareness, and <1% ever used PrEP. Unprotected anal sex (OR = 1.6, 95% CI: 1.1 to 2.3) and sex under the influence of a drug (OR = 1.5, 95% CI: 1.0 to 2.2) were associated with PrEP awareness. CONCLUSIONS: PEP awareness and use were modest and PrEP use was rare among gay/bisexual men in California. Although PrEP is not currently recommended, community education on the availability of PEP is suggested.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2008	Nodin, N.; Carballo-Diéguez, A.; Ventuneac, A. M.; Balan, I. C.; Remien, R.	Knowledge and acceptability of alternative HIV prevention bio-medical products among MSM who bareback.	AIDS Care	-	-	-	0954-0121	10.1080/09540120701449096	https://pubmed.ncbi.nlm.nih.gov/18278621/	Condom use is the best available strategy to prevent HIV infection during sexual intercourse. However, since many people choose not to use condoms in circumstances in which HIV risk exists, alternatives to condom use for HIV prevention are needed. Currently there are several alternative bio-medical HIV-prevention products in different stages of development: microbicides, vaccines, post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP). Seventy-two men who have sex with men (MSM) who took part in a study on Internet use and intentional condomless anal intercourse were asked about these four products during a semi-structured interview. The questions explored knowledge and acceptability of all the products and willingness to participate in microbicide and vaccine trials. Qualitative analysis of the data suggests that these men had virtually no knowledge of PrEP, very limited knowledge of microbicides, some information about PEP and considerably more knowledge about vaccines. Reactions towards the products were generally positive except for PrEP, for which reactions were polarized as either enthusiastic or negative. With the exception of PrEP, many men expressed willingness to use the products in the future. Most men would be willing to participate in trials for microbicides and vaccines if given basic reassurances. Concerns over negative side effects and preoccupation with possible infection were some of the motives given for non-willingness to participate in a vaccine trial. These results should inform the development of future trials of biomedical prevention products.	Adult; Humans; Male; HIV Infections/*prevention & control; Surveys and Questionnaires; New York City; *Health Knowledge, Attitudes, Practice; *AIDS Vaccines; *Anti-Retroviral Agents; *Patient Acceptance of Health Care; Homosexuality, Male/*psychology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2008	Selemogo, Mpho	HIV pre-exposure prophylaxis trials: socio-economic and ethical perspectives for sub-Saharan Africa.	African Journal of AIDS Research	-	-	-	1608-5906	10.2989/AJAR.2008.7.2.10.527	https://dx.doi.org/10.2989/AJAR.2008.7.2.10.527	The advent of HIV pre-exposure prophylaxis (PrEP) as a HIV-prevention strategy has received optimistic support among HIV researchers. However, discourse on PrEP trials has tended to be dominated by the disputes arising between some activist groups and researchers about the research methodologies. Instead, this paper discusses other issues oftentimes neglected in discussions relating to PrEP trials. Specifically, I focus on the possible ethical implications and the potential impact of sub-Saharan Africa's socio-economic conditions on the promised benefits of PrEP trials for the region and the continent. I argue that the concept of PrEP as a affordable and practical HIV-prevention intervention presents challenges and questions that urgently need addressing as we await results from several ongoing trials. If research is undertaken with no plans on how the results of specific trials can render actual HIV-prevention-benefits - especially for the world's poor - then such endeavours risk being merely information-acquiring ventures.	ANTIRETROVIRALS; DEVELOPING COUNTRIES; ETHICAL RESEARCH; HIV PREVENTION; PREP; RESEARCH METHODS; SOCIO-ECONOMIC FACTORS; SUB-SAHARAN AFRICA	English	South Africa	Eastern and Southern Africa	Botswana	Eastern and Southern Africa	Botswana	Eastern and Southern Africa	Review
Article	2008	Vissers, Debby C J; Voeten, Hélène A C M; Nagelkerke, Nico J D; Habbema, J Dik F; de Vlas, Sake J	The impact of pre-exposure prophylaxis (PrEP) on HIV epidemics in Africa and India: a simulation study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0002077	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2367053/	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a promising new HIV prevention method, especially for women. An urgent demand for implementation of PrEP is expected at the moment efficacy has been demonstrated in clinical trials. We explored the long-term impact of PrEP on HIV transmission in different HIV epidemics. METHODOLOGY/PRINCIPAL FINDINGS: We used a mathematical model that distinguishes the general population, sex workers and their clients. PrEP scenarios varying in effectiveness, coverage and target group were modeled in the epidemiological settings of Botswana, Nyanza Province in Kenya, and Southern India. We also studied the effect of condom addition or condom substitution during PrEP use. Main outcome was number of HIV infections averted over ten years of PrEP use. PrEP strategies with high effectiveness and high coverage can have a substantial impact in African settings. In Southern India, by contrast, the number of averted HIV infections in different PrEP scenarios would be much lower. The impact of PrEP may be strongly diminished or even reversed by behavioral disinhibition, especially in scenarios with low coverage and low effectiveness. However, additional condom use during low coverage and low effective PrEP doubled the amount of averted HIV infections. CONCLUSIONS/SIGNIFICANCE: The public health impact of PrEP can be substantial. However, this impact may be diminished, or even reversed, by changes in risk behavior. Implementation of PrEP strategies should therefore come on top of current condom campaigns, not as a substitution.	NA	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2009	Clauson, Kevin A; Polen, Hyla H; Joseph, Shine A; Zapantis, Antonia	Role of the pharmacist in pre-exposure chemoprophylaxis (PrEP) therapyfor HIV prevention	Pharmacy Practice	-	-	-	1886-3655	NA	https://scielo.isciii.es/scielo.php?pid=S1885-642X2009000100002&script=sci_abstract&tlng=en	With a global estimate of 2.5 million new infections of HIV occurring yearly, discovering novel methods to help stem the spread of the virus is critical. The use of antiretroviral chemoprophylaxis for preventing HIV after accidental or occupational exposure and in maternal to fetal transmission has become a widely accepted method to combat HIV. Based on this success, pre-exposure chemoprophylaxis (PrEP) is being explored in at-risk patient populations such as injecting drug users, female sex workers and men who have sex with men. This off-label and unmonitored use has created a need for education and intervention by pharmacists and other healthcare professionals. Pharmacists should educate themselves on PrEP and be prepared to counsel patients about their means of obtaining it (e.g. borrowing or sharing medications and ordering from disreputable Internet pharmacies). They should also be proactive about medication therapy management in these patients due to clinically important drug interactions with PrEP medications. Only one trial exploring the safety and efficacy of tenofovir as PrEP has been completed thus far. However, five ongoing trials are in various stages and two additional studies are scheduled for the near future. Unfortunately, studies in this arena have met with many challenges that have threatened to derail progress. Ethical controversy surrounding post-trial care of participants who seroconvert during studies, as well as concerns over emerging viral resistance and logistical site problems, have already halted several PrEP trials. Information about these early trials has already filtered down to affected individuals who are experimenting with this unproven therapy as an 'evening before pill'. The potential for PrEP is promising; however, more extensive trials are necessary to establish its safety and efficacy. Pharmacists are well-positioned to play a key role in helping patients make choices about PrEP, managing their therapy, and developing policy with an eye towards the future (AU)	Acquired Immunodeficiency Syndrome; Chemoprevention; United States.	English	Spain	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2009	Mimiaga, Matthew J; Case, Patricia; Johnson, Carey V; Safren, Steven A; Mayer, Kenneth H	Preexposure antiretroviral prophylaxis attitudes in high-risk Boston area men who report having sex with men: limited knowledge and experience but potential for increased utilization after education.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0b013e31818d5a27	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2659469/	BACKGROUND: Preexposure prophylaxis (PrEP) could protect individuals engaging in repeated high-risk behaviors from HIV infection. Understanding the demographic and behavioral predictors of intent-to-use PrEP may prove useful to identify clinical trial participants. METHODS: In 2007, 227 HIV-uninfected men who report having sex with men (MSM) recruited through modified respondent-driven sampling completed an interviewer-administered survey assessing prior PrEP use and awareness, future intent-to-use PrEP, demographics, sexual risk, psychosocial variables, and drug/alcohol use. Bivariate and multivariable logistic regression procedures examined predictors of intent-to-use PrEP. RESULTS: Mean age of participants was 41 (SD = 9.1); 54% were nonwhite. One participant reported prior off-label PrEP use (medication obtained from his HIV-infected brother). Nineteen percent had heard of PrEP, whereas 74% reported intent-to-use PrEP if available after being educated about its potential. In multivariable analysis controlling for age and race/ethnicity, significant predictors of intent-to-use PrEP included the following: less education odds ratio (OR) = 7.7; P = 0.04, moderate income (OR = 13.0; P = 0.04), no perceived side effects from taking PrEP (OR = 3.5; P = 0.001), and not having to pay for PrEP (OR = 4.2; P = 0.05). DISCUSSION: Many New England MSM indicated an interest in using PrEP after learning about its potential, particularly if they could obtain PrEP at no expense and if PrEP had no side effects. Less educated MSM and those who knew less about PrEP and antiretroviral therapy before entering the study were more open to using antiretroviral therapy for prevention once they had received some information suggesting its potential value. Findings suggest that careful educational messages are necessary to ensure appropriate PrEP use if clinical trials reveal partial efficacy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2009	Paltiel, A David; Freedberg, Kenneth A; Scott, Callie A; Schackman, Bruce R; Losina, Elena; Wang, Bingxia; Seage, George R; Sloan, Caroline E; Sax, Paul E; Walensky, Rochelle P	HIV preexposure prophylaxis in the United States: impact on lifetime infection risk, clinical outcomes, and cost-effectiveness.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1086/597095	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2876329/	BACKGROUND: The combination of tenofovir and emtricitabine shows promise as HIV preexposure prophylaxis (PrEP). We sought to forecast clinical, epidemiologic, and economic outcomes of PrEP, taking into account uncertainties regarding efficacy, the risks of developing drug resistance and toxicity, behavioral disinhibition, and drug costs. METHODS: We adapted a computer simulation of HIV acquisition, detection, and care to model PrEP among men who have sex with men at high risk of HIV infection (i.e., 1.6% mean annual incidence of HIV infection) in the United States. Base-case assumptions included 50% PrEP efficacy and monthly tenofovir-emtricitabine costs of $753. We used sensitivity analyses to examine the stability of results and to identify critical input parameters. RESULTS: In a cohort with a mean age of 34 years, PrEP reduced lifetime HIV infection risk from 44% to 25% and increased mean life expectancy from 39.9 to 40.7 years (21.7 to 22.2 discounted quality-adjusted life-years). Discounted mean lifetime treatment costs increased from $81,100 to $232,700 per person, indicating an incremental cost-effectiveness ratio of $298,000 per quality-adjusted life-year gained. Markedly larger reductions in lifetime infection risk (from 44% to 6%) were observed with the assumption of greater (90%) PrEP efficacy. More-favorable incremental cost-effectiveness ratios were obtained by targeting younger populations with a higher incidence of infection and by improvements in the efficacy and cost of PrEP. CONCLUSIONS: PrEP could substantially reduce the incidence of HIV transmission in populations at high risk of HIV infection in the United States. Although it is unlikely to confer sufficient benefits to justify the current costs of tenofovir-emtricitabine, price reductions and/or increases in efficacy could make PrEP a cost-effective option in younger populations or populations at higher risk of infection. Given recent disappointments in HIV infection prevention and vaccine development, additional study of PrEP-based HIV prevention is warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2009	Reuter, S; Meyer, D; Knechten, H; Oette, M; Mitrenga, D; Rockstroh, J; Fätkenheuer, G; Häussinger, D	Pre-exposure prophylaxis in HIV--a vision or soon a reality?	Deutsche Medizinische Wochenschrift	-	-	-	1439-4413	10.1055/s-0029-1243064	https://dx.doi.org/10.1055/s-0029-1243064	Condom use is propagated as the most efficient measure to prevent HIV-transmission. For several reasons, condoms are NOT ALWAYS used or misapplied during sexual intercourse. Therefore, alternative preventive measures through intake of antiretroviral drugs before sexual intercourse with a (presumably) HIV-positive person are being considered, so called Pre-Exposure Prophylaxis (PrEP). In animal models the efficacy of HIV-PrEP was shown for Tenofovir alone or in combination with Emtricitabine). Several clinical studies are currently being conducted in different HIV-risk groups on various continents. First results from these studies are anticipated for the year 2010. In case of proven efficacy for HIV-PrEP, our health system would face a large interdisciplinary challenge. It would be a difficult task to define the appropriate recipients. Measures would have to be taken to limit possible misuse of antiretroviral drugs, due to the negative consequences with development of resistance, adverse events and illegal trading. It is already evident that HIV-PrEP will not provide absolute protection, nor will it replace other preventive strategies. However, if used cautiously, HIV-PrEP might be established as a useful supplement in the prevention of HIV. Paramount questions from the fields of epidemiology, behavioural science, logistics, health politics and ethics should be answered in advance.	NA	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2009	Rosengarten, Marsha; Michael, Mike	The performative function of expectations in translating treatment to prevention: the case of HIV pre-exposure prophylaxis, or PrEP.	Social Science & Medicine	-	-	-	1873-5347	10.1016/j.socscimed.2009.07.039	https://dx.doi.org/10.1016/j.socscimed.2009.07.039	This paper is about expectations of oral PrEP, 'a pill a day' HIV pre-exposure prophylaxis that could be the first systemic form of HIV prevention for sexual or needle stick exposures. If found safe and effective--a difficult criteria to establish and, as such, is central to this paper--PrEP has the potential to significantly alter HIV prevention, well ahead of a vaccine or topical microbicide. Hence, despite uncertainty about PrEP's viability, the potential significance of its impact on the HIV field requires early planning. In order to address this potentiality, we use a methodological approach drawn from the sociology of expectations to examine interviews with United States-based scientific stakeholders in the trialing of PrEP. We identify how PrEP is anticipated as both stable object and process involving multiple contingencies. These divergent conceptions enable us to illuminate a range of social, cultural, ethical, pharmaceutical and medical possibilities understood to potentially arise with PrEP. Further, they lead us to propose that the multiple contingencies that enact PrEP as an emergent entity offer scope for rethinking PrEP and, more broadly, the challenges of HIV prevention.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2009	Sarazin, V; Milsom, P	Potential synergies between HIV vaccines, microbicides and pre-exposure prophylaxis	Retrovirology	-	-	-	1742-4690	10.1186/1742-4690-6-S3-P223	https://retrovirology.biomedcentral.com/articles/10.1186/1742-4690-6-S3-P223	Background The Canadian HIV Vaccine Initiative (CHVI) is a five-year initiative between the Government of Canada and the Bill & Melinda Gates Foundation, and represents a significant Canadian contribution to the Global HIV Vaccine Enterprise. The CHVI is part of Canada's long-term and comprehensive approach to addressing HIV/AIDS at home and abroad, including the development of new prevention technologies (NPTs). In support of this, the CHVI explored the close relationship between HIV vaccines, microbicides and pre-exposure prophylaxis (PrEP). Methods A discussion paper was commissioned to identify potential linkages and opportunities for collaborative efforts among the three NPTs in the context of the CHVI's four program areas: discovery and social research; clinical trial capacity building and networks; pilot-scale manufacturing facility for clinical trial lots; policy and regulatory issues, and; community and social dimensions. Information was gathered through document review of academic and grey literature. Results There are many common issues/challenges to advancing the development of new NPTs and significant opportunities for collaborative efforts among these NPT fields, including sustainability of funding and clinical trial capacity. The report also noted the importance of positioning HIV vaccines as part of an overall prevention strategy, and that taking advantage of synergies between NPTs could provide the best opportunity to advance the NPT development agenda. Conclusion It is not known which technology will be available first or the timelines for availability. However, it is increasingly recognized by Canadian and global HIV stakeholders that NPTs need to be part of a comprehensive HIV prevention agenda to increase the chances of successfully responding to the HIV/AIDS epidemic in the future. Canada has recognized the importance of including NPTs in a broad HIV prevention framework currently in development.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2009	van de Vijver, David A M C; Derdelinckx, Inge; Boucher, Charles A B	Circulating HIV type 1 drug resistance will have limited impact on the effectiveness of preexposure prophylaxis among young women in Zimbabwe.	Journal of Infectious Diseases	-	-	-	0022-1899	10.1086/597804	https://dx.doi.org/10.1086/597804	BACKGROUND: Preexposure prophylaxis (PrEP) with antiretroviral drugs may prevent transmission of human immunodeficiency virus (HIV). Our objective was to predict whether PrEP, in the presence of circulating drug resistance, will reduce the risk of infection with HIV. METHODS: We used risk equations to calculate the monthly risk of infection with HIV before and after the introduction of PrEP. Uncertainty and sensitivity analyses were performed for 2 ranges of PrEP effectiveness (40%-60% and 60%-80%). Circulating drug resistance was assumed to reduce the effectiveness of PrEP by 50%-90% and the transmissibility of HIV by 0%-30%. Parameter ranges were chosen for women 17-29 years of age from publications on HIV in Manicaland in Zimbabwe. RESULTS: PrEP would decrease the median risk of HIV transmission by 21%-33% (effectiveness of PrEP, 40%-60% and 60%-80%). If 50% of HIV strains are drug resistant, then the median risk reduction would be 19%-26% if drug-resistant strains were less transmissible than wild-type HIV and 12%-19% if they were equally transmissible. The risk would increase if condoms were frequently replaced with PrEP. Use of PrEP for sexual acts for which no protection is currently used would be beneficial. CONCLUSION: The public health impact of PrEP will depend on its effectiveness and on risk behavior. Circulating drug resistance will have only a small impact on the effectiveness of PrEP.	hivdrug resistancezimbabwehiv infectionsrisk reductionpre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative

Article	2010	Adams, MA; Smith, D	Attitudes and Program Preferences Regarding Preexposure Prophylaxis (PrEP) Among Young Adults at Risk for HIV	International Journal of Qualitative Methods	-	-	-	1609-4069	10.1521/aeap.2012.24.5.408	https://pubmed.ncbi.nlm.nih.gov/23016502/	We elicited attitudes about, and service access preferences for, daily oral antiretroviral pre-exposure prophylaxis (PrEP) from urban, African-American young men and women, ages 18-24 years, at risk for HIV transmission through their sexual and drug-related behaviors participating in eight mixed-gender and two MSM-only focus groups in Atlanta, Georgia. Participants reported substantial interest in PrEP associated with its perceived cost, effectiveness, and ease of accessing services and medication near to their homes or by public transportation. Frequent HIV testing was a perceived benefit. Participants differed about whether risk-reduction behaviors would change, and in which direction; and whether PrEP use would be associated with HIV stigma or would enhance the reputation for PrEP users. This provides the first information about the interests, concerns, and preferences of young adult African Americans that can be used to inform the introduction of PrEP services into HIV prevention efforts for this critical population group.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2010	Barash, EA; Golden, M	Awareness and Use of HIV Pre-Exposure Prophylaxis Among Attendees of a Seattle Gay Pride Event and Sexually Transmitted Disease Clinic	AIDS Patient Care and STDs	-	-	-	1087-2914	10.1089/apc.2010.0173	https://pubmed.ncbi.nlm.nih.gov/20863247/	We surveyed a convenience sample of 215 HIV-negative men who have sex with men (MSM) recruited at a Gay Pride event and in an STD clinic about their willingness to use pre-exposure prophylaxis (PrEP). Overall, 44% reported that they would take PrEP every day if it helped prevent HIV. There was no association between sexual risk behavior and interest in taking PrEP.	MEN; RISK; LIMITED KNOWLEDGE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2010	Charurat, Man; Oyegunle, Modupe; Benjamin, Renata; Habib, Abdulrazaq; Eze, Emeka; Ele, Prince; Ibanga, Iquo; Ajayi, Samuel; Eng, Maria; Mondal, Prosanta; Gebi, Usman; Iwu, Emilia; Etiebet, Mary-Ann; Abimiku, Alash'le; Dakum, Patrick; Farley, John; Blattner, William	Patient retention and adherence to antiretrovirals in a large antiretroviral therapy program in Nigeria: a longitudinal analysis for risk factors.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0010584	https://pmc.ncbi.nlm.nih.gov/articles/PMC2868044/	BACKGROUND: Substantial resources and patient commitment are required to successfully scale-up antiretroviral therapy (ART) and provide appropriate HIV management in resource-limited settings. We used pharmacy refill records to evaluate risk factors for loss to follow-up (LTFU) and non-adherence to ART in a large treatment cohort in Nigeria. METHODS AND FINDINGS: We reviewed clinic records of adult patients initiating ART between March 2005 and July 2006 at five health facilities. Patients were classified as LTFU if they did not return >60 days from their expected visit. Pharmacy refill rates were calculated and used to assess non-adherence. We identified risk factors associated with LTFU and non-adherence using Cox and Generalized Estimating Equation (GEE) regressions, respectively. Of 5,760 patients initiating ART, 26% were LTFU. Female gender (p < 0.001), post-secondary education (p = 0.03), and initiating treatment with zidovudine-containing (p = 0.004) or tenofovir-containing (p = 0.05) regimens were associated with decreased risk of LTFU, while patients with only primary education (p = 0.02) and those with baseline CD4 counts (cell/ml(3)) >350 and <100 were at a higher risk of LTFU compared to patients with baseline CD4 counts of 100-200. The adjusted GEE analysis showed that patients aged <35 years (p = 0.005), who traveled for >2 hours to the clinic (p = 0.03), had total ART duration of >6 months (p<0.001), and CD4 counts >200 at ART initiation were at a higher risk of non-adherence. Patients who disclosed their HIV status to spouse/family (p = 0.01) and were treated with tenofovir-containing regimens (p < or = 0.001) were more likely to be adherent. CONCLUSIONS: These findings formed the basis for implementing multiple pre-treatment visit preparation that promote disclosure and active community outreaching to support retention and adherence. Expansion of treatment access points of care to communities to diminish travel time may have a positive impact on adherence.	Adult; Follow-Up Studies; Humans; Male; HIV Infections/*drug therapy; Female; Anti-Retroviral Agents/*therapeutic use; Proportional Hazards Models; Time Factors; Risk Factors; Longitudinal Studies; Regression Analysis; Medication Adherence; *Antiretroviral Therapy, Highly Active; *Patient Compliance; Nigeria; Pharmacies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2010	Chirenje, Z Mike; Marrazzo, Jeanne; Parikh, Urvi M	Antiretroviral-based HIV prevention strategies for women.	Expert Review of Anti-Infective Therapy	-	-	-	1744-8336	10.1586/eri.10.79	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4381115	Almost three decades have elapsed since researchers identified HIV as the cause of AIDS, with current estimates from UNAIDS that 33.4 million adults were living with HIV/AIDS in 2008. Two-thirds of this burden of disease is in Sub-Saharan Africa, and 60% of those infected are women. The disease still remains incurable and current prevention strategies including abstinence, male/female condom use and male circumcision are only partially effective. New strategies to curb the epidemic are urgently needed. Scientists are diligently exploring HIV prevention methods that are safe, effective and affordable. These new biological interventions include oral pre-exposure prophylaxis using oral antiretroviral (ARV) drugs, ARV treatment in HIV-infected persons to reduce transmission and topical ARV-based microbicide formulations.	antiretroviral agents, biological plausibility, chemoprophylaxis, post-exposure prophylaxis, pre-exposure prophylaxis, topical microbicides	English	United Kingdom	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Review
Article	2010	Denton, Paul W; Krisko, John F; Powell, Daniel A; Mathias, Melissa; Kwak, Youn Tae; Martinez-Torres, Francisco; Zou, Wei; Payne, Deborah A; Estes, Jacob D; Garcia, J Victor	Systemic administration of antiretrovirals prior to exposure prevents rectal and intravenous HIV-1 transmission in humanized BLT mice.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0008829	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809117	Successful antiretroviral pre-exposure prophylaxis (PrEP) for mucosal and intravenous HIV-1 transmission could reduce new infections among targeted high-risk populations including discordant couples, injection drug users, high-risk women and men who have sex with men. Targeted antiretroviral PrEP could be particularly effective at slowing the spread of HIV-1 if a single antiretroviral combination were found to be broadly protective across multiple routes of transmission. Therefore, we designed our in vivo preclinical study to systematically investigate whether rectal and intravenous HIV-1 transmission can be blocked by antiretrovirals administered systemically prior to HIV-1 exposure. We performed these studies using a highly relevant in vivo model of mucosal HIV-1 transmission, humanized Bone marrow/Liver/Thymus mice (BLT). BLT mice are susceptible to HIV-1 infection via three major physiological routes of viral transmission: vaginal, rectal and intravenous. Our results show that BLT mice given systemic antiretroviral PrEP are efficiently protected from HIV-1 infection regardless of the route of exposure. Specifically, systemic antiretroviral PrEP with emtricitabine and tenofovir disoproxil fumarate prevented both rectal (Chi square = 8.6, df = 1, p = 0.003) and intravenous (Chi square = 13, df = 1, p = 0.0003) HIV-1 transmission. Our results indicate that antiretroviral PrEP has the potential to be broadly effective at preventing new rectal or intravenous HIV transmissions in targeted high risk individuals. These in vivo preclinical findings provide strong experimental evidence supporting the potential clinical implementation of antiretroviral based pre-exposure prophylactic measures to prevent the spread of HIV/AIDS.	animal model; ART treatment; global strategies; HIV pandemic; prevention; vaccine development; RHESUS MACAQUES; ANTIRETROVIRAL THERAPY; PREEXPOSURE PROPHYLAXIS; DOUBLE-BLIND; HUMANIZED BLT MICE; INJECTION-DRUG USERS; NEUTRALIZING ANTIBODIES; EFFECTIVE HIV VACCINE; HISTONE DEACETYLASE INHIBITORS; STRUCTURE-BASED DESIGN	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	Frew, Paula M.; Archibald, Matthew; Diallo, Dazon Dixon; Hou, Su-I.; Horton, Takeia; Chan, Kayshin; Mulligan, Mark J.; del Rio, Carlos	An extended model of reasoned action to understand the influence of individual- and network-level factors on African Americans' participation in HIV vaccine research.	Prevention Science	-	-	-	1573-6695 1389-4986	10.1007/s11121-009-0162-9	https://pubmed.ncbi.nlm.nih.gov/20012200/	In the United States, the number and proportion of HIV/AIDS cases among black/African Americans continue to highlight the need for new biomedical prevention interventions, including an HIV vaccine, microbicide, or new antiretroviral (ARV) prevention strategies such as pre-exposure prophylaxis (PrEP) to complement existing condom usage, harm reduction methods, and behavioral change strategies to stem the HIV epidemic. Although black/African Americans are disproportionately impacted by HIV/AIDS, their participation in HIV clinical research continues to have unique challenges. We theorize that interaction among multilevel factors creates ideal alignment for minority participation in HIV clinical studies. Thus, we initially set out to test an extended model of reasoned action with 362 participants to understand the interplay of sociopsychological and network-level considerations influencing minority participation in HIV prevention research efforts. In this study, we linked the intrapersonal dimensions of attitudes, beliefs, and normative concerns to community-level components, appraisal of involvement with the clinical research organization, an entity which operates within a networked structure of community partner agencies, and identification with coalition advocacy aims. Various participatory outcomes were explored including involvement in future HIV vaccine community functions, participation in community promotion of HIV vaccine research, and community mobilization. Three-stage least squares estimates indicated similar findings across three models. Significant effects demonstrate the importance of positive attitudes toward HIV vaccine research, favorable health research beliefs, perceived social support for participation, HIV/AIDS issue engagement, and perceived relevance of the clinical research site's mission and values. Identification of these nuanced pathway effects provides implications for tailored community program development.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Female; United States; Cross-Sectional Studies; *Models, Theoretical; *AIDS Vaccines; *Biomedical Research; *Black or African American; *Patient Participation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2010	García-Lerma, J Gerardo; Cong, Mian-er; Mitchell, James; Youngpairoj, Ae S; Zheng, Qi; Masciotra, Silvina; Martin, Amy; Kuklenyik, Zsuzsanna; Holder, Angela; Lipscomb, Jonathan; Pau, Chou-Pong; Barr, John R; Hanson, Debra L; Otten, Ron; Paxton, Lynn; Folks, Thomas M; Heneine, Walid	Intermittent prophylaxis with oral truvada protects macaques from rectal SHIV infection.	Science Translational Medicine	-	-	-	1946-6242	10.1126/scitranslmed.3000391	https://dx.doi.org/10.1126/scitranslmed.3000391	HIV continues to spread globally, mainly through sexual contact. Despite advances in treatment and care, preventing transmission with vaccines or microbicides has proven difficult. A promising strategy to avoid transmission is prophylactic treatment with antiretroviral drugs before exposure to HIV. Clinical trials evaluating the efficacy of daily treatment with the reverse transcriptase inhibitors tenofovir disoproxil fumarate (TDF) or Truvada (TDF plus emtricitabine) are under way. We hypothesized that intermittent prophylactic treatment with long-acting antiviral drugs would be as effective as daily dosing in blocking the earliest stages of viral replication and preventing mucosal transmission. We tested this hypothesis by intermittently giving prophylactic Truvada to macaque monkeys and then exposing them rectally to simian-human immunodeficiency virus (SHIV) once a week for 14 weeks. A simple regimen with an oral dose of Truvada given 1, 3, or 7 days before exposure followed by a second dose 2 hours after exposure was as protective as daily drug administration, possibly because of the long intracellular persistence of the drugs. In addition, a two-dose regimen initiated 2 hours before or after virus exposure was effective, and full protection was obtained by doubling the Truvada concentration in both doses. We saw no protection if the first dose was delayed until 24 hours after exposure, underscoring the importance of blocking initial replication in the mucosa. Our results show that intermittent prophylactic treatment with an antiviral drug can be highly effective in preventing SHIV infection, with a wide window of protection. They strengthen the possibility of developing feasible, cost-effective strategies to prevent HIV transmission in humans.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	García-Lerma, J Gerardo; Paxton, Lynn; Kilmarx, Peter H; Heneine, Walid	Oral pre-exposure prophylaxis for HIV prevention.	Trends in Pharmacological Sciences	-	-	-	1873-3735	10.1016/j.tips.2009.10.009	https://pubmed.ncbi.nlm.nih.gov/19963288/	In the absence of an effective vaccine, HIV continues to spread worldwide, emphasizing the need for new biomedical interventions to limit its transmission. Appreciation of the challenges that HIV has to face to initiate an infection mucosally has spurred interest in evaluating the use of antiretroviral drugs to prevent infection. Recent animal studies using macaques or humanized mice models of mucosal transmission of SIV or HIV have shown that daily or intermittent pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) can exploit early virus vulnerabilities and effectively prevent establishment of infection. These preclinical findings have fueled interest in evaluating the safety and efficacy of PrEP in humans. We provide an overview of the rationale behind PrEP and discuss the next steps in PrEP research, including the need to better define the ability of current drugs to reach and accumulate in mucosal tissues and protect cells that are primary targets during early HIV infection.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2010	Golub, Sarit A; Kowalczyk, William; Weinberger, Corina L; Parsons, Jeffrey T	Preexposure prophylaxis and predicted condom use among high-risk men who have sex with men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e3181e19a54	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908204	OBJECTIVES: Preexposure prophylaxis (PREP) is an emerging HIV prevention strategy; however, many fear it may lead to neglect of traditional risk reduction practices through behavioral disinhibition or risk compensation. METHODS: Participants were 180 HIV-negative high-risk men who have sex with men recruited in New York City, who completed an Audio Computer Assisted Self Interview-administered survey between September 2007 and July 2009. Bivariate and multivariate logistic regression models were used to predict intention to use PREP and perceptions that PREP would decrease condom use. RESULTS: Almost 70% (n = 124) of participants reported that they would be likely to use PREP if it were at least 80% effective in preventing HIV. Of those who would use PREP, over 35% reported that they would be likely to decrease condom use while on PREP. In multivariate analyses, arousal/pleasure barriers to condom use significantly predicted likelihood of PREP use (odds ratio = 1.71, P < 0.05) and risk perception motivations for condom use significantly predicted decreased condom use on PREP (odds ratio = 2.48, P < 0.05). DISCUSSION: These data provide support for both behavioral disinhibition and risk compensation models and underscore the importance of developing behavioral interventions to accompany any wide-scale provision of PREP to high-risk populations.	HIV/AIDS, MSM, preexposure prophylaxis, condom use, behavioral disinhibition, risk compensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2010	Golub, Sarit A; Operario, Don; Gorbach, Pamina M	Pre-exposure prophylaxis state of the science: empirical analogies for research and implementation.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-010-0057-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2938422	Pre-exposure prophylaxis (PrEP) has the potential to become a powerful biomedical approach to HIV prevention; however, its success depends on behavioral and social factors that may determine its appropriate use. This article is designed to facilitate interdisciplinary empirical analogies relevant to PrEP implementation, reviewing behavioral and social science findings that may provide lessons critical to the success of PrEP as a biomedical-behavioral prevention strategy. As we prepare for the dissemination of new biomedical approaches to HIV prevention, integrating the state of the science across disciplines may result in innovative strategies for implementation that can enhance their success.	HIV, Pre-exposure prophylaxis (PrEP), Adherence, Risk reduction, Decision-sciences, Risk analysis, Health communication	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2010	Grant, RM; Lama, JR; Anderson, PL; McMahan, V; Liu, AY; Vargas, L; Goicochea, P; Casapía, M; Guanira-Carranza, JV; Ramirez-Cardich, ME; Montoya-Herrera, O; Fernández, T; Veloso, VG; Buchbinder, SP; Chariyalertsak, S; Schechter, M; Bekker, LG; Mayer, KH; Kallás, EG; Amico, KR; Mulligan, K; Bushman, LR; Hance, RJ; Ganoza, C; Defechereux, P; Postle, B; Wang, FR; McConnell, JJ; Zheng, JH; Lee, J; Rooney, JF; Jaffe, HS; Martinez, AI; Burns, DN; Glidden, DV; iPrEx Study Team	Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men.	New England Journal of Medicine	-	-	-	0028-4793	10.1056/NEJMoa1011205	https://pubmed.ncbi.nlm.nih.gov/21091279/	Background: Antiretroviral chemoprophylaxis before exposure is a promising approach for the prevention of human immunodeficiency virus (HIV) acquisition. Methods: We randomly assigned 2499 HIV-seronegative men or transgender women who have sex with men to receive a combination of two oral antiretroviral drugs, emtricitabine and tenofovir disoproxil fumarate (FTC-TDF), or placebo once daily. All subjects received HIV testing, risk-reduction counseling, condoms, and management of sexually transmitted infections. Results: The study subjects were followed for 3324 person-years (median, 1.2 years; maximum, 2.8 years). Of these subjects, 10 were found to have been infected with HIV at enrollment, and 100 became infected during follow-up (36 in the FTC-TDF group and 64 in the placebo group), indicating a 44% reduction in the incidence of HIV (95% confidence interval, 15 to 63; P=0.005). In the FTC-TDF group, the study drug was detected in 22 of 43 of seronegative subjects (51%) and in 3 of 34 HIV-infected subjects (9%) (P<0.001). Nausea was reported more frequently during the first 4 weeks in the FTC-TDF group than in the placebo group (P<0.001). The two groups had similar rates of serious adverse events (P=0.57). Conclusions: Oral FTC-TDF provided protection against the acquisition of HIV infection among the subjects. Detectable blood levels strongly correlated with the prophylactic effect. (Funded by the National Institutes of Health and the Bill and Melinda Gates Foundation; ClinicalTrials.gov number, NCT00458393.) N Engl J Med 2010;363:2587-99.	INFECTION; TENOFOVIR; MACAQUES; TRANSMISSION; RISK; LIMITED KNOWLEDGE; MALE CIRCUMCISION; TRIAL; HOMOSEXUAL-MEN; NONOCCUPATIONAL POSTEXPOSURE PROPHYLAXIS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	Izzo, I; Albini, L; Calabresi, A; Motta, D; Bellagamba, R; Fezza, R; Narciso, P; Sighinolfi, L; Maggi, P; Foca, E; Mendeni, M; Manili, L; Magoni, M; Carosi, G; Quiros-Roldan, E; Torti, C	A magnifying glass onto renal function and serum lipid evolutions after tenofovir (TDF) and emtricitabine (FTC) in combination with atazanavir/ritonavir (ATV/r) versus efavirenz (EFV) as first-line HAART (the INCA trial)	Journal of the International AIDS Society	-	-	-	NA	NA	https://pmc.ncbi.nlm.nih.gov/articles/PMC3113092/	Background: Measures of glomerular filtration rate (GFR) showed discordant results. CKD-EPI creatinine formula resulted more accurate than other equations in subjects with normal or mildly decreased renal function in the general population and cystatin C could be even a more sensitive measure. As for lipids, lipoprotein subfractions were suggested to be more informative on the cardiovascular risk than the commonly used cholesterol subfractions, with protection conferred especially by HDLp-small (Baker et al. JID 2010). Prospective evaluation of all these markers upon initiation of standard HAART regimens is lacking. We conducted a small, intensive, randomized study in naive HIV-infected patients comparing TDF/FTC+ATV/r versus TDF/FTC+EFV as first-line therapy for these novel markers. Methods: Antiretroviral-naive HIV-infected patients, recruited from 4 centers in Italy (Brescia, Rome, Ferrara, Bari), were randomized to ATV/r or EFV standard doses, in combination with fixed-dose TDF/FTC. Patients had to have creatinine clearance>50 ml/min. Outcome measures included serum creatinine and cystatin C levels and derived eGFRs corrected for body surface area. Lipoprotein particle size and concentration were estimated using an NMR spectroscopy method at Kochen-Hunter Lab, Germany. Results 91 patients were randomized (48 ATV/r, 43 EFV; 80% males; mean age 43 years; 4 patients class C; mean CD4 + 283/mm3, SD: 119/mm3). No significant differences were found between the two arms at baseline, but for some lipids (total cholesterol: mean 173 mg/dL ATV/r vs. 156 mg/dL EFV; p=0.04; HDL-cholesterol: 44 mg/dL vs. 38 mg/dL; p=0.007; HDLp: 36 mg/dL vs. 32 mg/dL; p=0.02). At baseline, a correlation between CKD-EPI creatinine and CKD-EPI cystatin C was found (R2=0.51; p<0.0001). Through CKD-EPI creatinine formula, we detected a significant decrease in eGFR from baseline to week 48 in patients, receiving ATV/r (-4.8233 mL/min/m2; p=0.002) but not in those receiving EFV. Greater GFR reductions were found with CKD-EPI cystatin C than with CKD-EPI creatinine not only in the ATV/r arm up to week 48 (-15.1388 mL/ min/m2; p<0.0001), but also in the EFV arm from baseline to week 24 (-7.2233 mL/min/m2; p=0.04). As for lipids, cholesterol subfractions increased more after EFV than after ATV/r: mean increase from baseline to week 48 was 44.15 mg/dL vs. 15.51; p=0.002 for total cholesterol, 32.4 mg/dL vs. 12.47 mg/dL; p=0.007 for LDL cholesterol, 9.31 mg/dL vs. 2.13 mg/dL; p=0.002 for HDL cholesterol. Total/HDL cholesterol ratio remained stable in both arms. As for lipoprotein subfractions, total HDLp increased more after EFV than after ATV/r (11.97 mg/dL vs. 7.97 mg/dL; p=0.03), but HDLp-small increased significantly in both arms, without statistical differences between the two (1.71 mg/dL vs. 1.86 mg/ dL). Conclusions: Patients receiving TDF in combination with ATV/r had greater decline in renal function than those receiving TDF plus EFV, although eGFR decrease was small in both arms. Interestingly, CKD-EPI cystatin C appeared to be a stricter measure. As for lipids, EFV induced greater LDL cholesterol increases but the risk appeared to be counteracted by greater increase of both HDLcholesterol and HDLp, even though HDLp-small increased similarly in the two arms. We suggest that these novel measures provide additional information so as to better characterize the toxicity profiles of the antiretroviral regimens.	NA	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Theses and Dissertations	2010	Kandathil, Sonia M.	Women initiated solutions for HIV prevention (WISH study): factors associated with intentions to use microbicides and Tenofovir	-	-	Oregon State University	-	NA	NA	http://hdl.handle.net/1957/15454	With women comprising nearly 50% of HIV/AIDS infections globally, the development of new woman-initiated HIV prevention methods has become a public health imperative. To date, the female condom and the diaphragm are the only woman-initiated prevention methods available on the consumer market. Recent research has focused on two HIV/AIDS prevention technologies undergoing clinical trials: microbicides and tenofovir (PrEP). Both are being touted as female-initiated HIV/AIDS prevention technologies that women can use covertly, without a partner's knowledge, to improve their odds in protecting themselves against HIV. Use of these new technologies will not only depend on their effectiveness, but on women's willingness to use these products. This cross-sectional study used an integrative conceptual model that included both intrapersonal and interpersonal constructs to explore factors associated with women's intentions to use. Three hundred and forty-eight high-risk women in Toronto, Canada completed self-administered questionnaires (SAQs). Results were remarkably consistent across relationship types and prevention methods examined in the study, with 60% of the women intending to use microbicides and tenofovir. Women who perceived themselves to be at greater risk for STIs, had greater microbicide self-efficacy, and more positive perceptions of microbicides were more likely to intend to use microbicides. Women with ≤ grade 12 education, greater sexual and HIV risk, greater tenofovir self-efficacy and more positive perceptions of tenofovir were more likely to intend to use tenofovir. When asked which method they preferred, 66% preferred pre-exposure prophylaxis (PrEP). Women, who had previously used a barrier method for contraception, had greater microbicide self-efficacy and more positive perceptions of microbicides were less likely to prefer tenofovir. Women, who had used hormonal methods for contraception, had greater tenofovir self-efficacy and more positive perceptions of tenofovir were more likely to prefer tenofovir. Findings have important implications including assisting researchers in the development and refinement of these products and consumer analysts in the development of marketing strategies that highlight method attributes women perceive positively. Findings will also help health care providers identify women who would potentially use these products and assist women in developing confidence in their ability to effectively use such methods.	HIV/AIDS; HIV infections – Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2010	Kim, Susan C; Becker, Stephen; Dieffenbach, Carl; Hanewall, Blair S; Hankins, Catherine; Lo, Ying-Ru; Mellors, John W; O'Reilly, Kevin; Paxton, Lynn; Roffenbender, Jason S; Warren, Mitchell; Piot, Peter; Dybul, Mark R	Planning for pre-exposure prophylaxis to prevent HIV transmission: challenges and opportunities.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1186/1758-2652-13-24	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2914050	There are currently several ongoing or planned trials evaluating the efficacy of pre-exposure prophylaxis (PrEP) as a preventative approach to reducing the transmission of HIV. PrEP may prove ineffective, demonstrate partial efficacy, or show high efficacy and have the potential to reduce HIV infection in a significant way. However, in addition to the trial results, it is important that issues related to delivery, implementation and further research are also discussed. As a part of the ongoing discussion, in June 2009, the Bill & Melinda Gates Foundation sponsored a Planning for PrEP conference with stakeholders to review expected trial results, outline responsible educational approaches, and develop potential delivery and implementation strategies. The conference reinforced the need for continued and sustained dialogue to identify where PrEP implementation may fit best within an integrated HIV prevention package. This paper identifies the key action points that emerged from the Planning for PrEP meeting.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2010	Kokolo, Madzouka B	HIV oral pre-exposure prophylaxis (PrEP) trials: A systematic review and systematic ethics appraisal	-	-	University of Ottawa	-	NA	http://dx.doi.org/10.20381/ruor-19385	http://dx.doi.org/10.20381/ruor-19385	BACKGROUND. Pre-exposure prophylaxis (PrEP) is an experimental HIV prevention approach whereby antiretroviral pills are used before anticipated exposure. It is unclear how ethical considerations have been addressed by investigators. METHODS. A systematic review of PrEP controlled prospective studies was conducted. Pre-determined data items were extracted from registries, protocols, reports, and consent forms. Study characteristics, methods, and ethics considerations were synthesized. RESULTS. Among sixteen studies included, twelve involved resource-limited countries. Quality scores were generally high and overall risk of bias was low. Considerations for social value were the least reported whereas considerations for the fair selection of study population were the most reported. More ethics considerations tend to be reported with time. No meta-analysis was performed, as few data were available. CONCLUSION. As critical as clinical data generation is for scientific progress, ethics should be monitored and adequately reported, lest lack of consideration for key principles be uncovered after the facts.	Health Sciences, Epidemiology.	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Review
Theses and Dissertations	2010	Louissaint, Nicolette Alexandrea	Quantitation of human immunodeficiency virus (HIV) surrogate and tenofovir distribution in the gastrointestinal and female genital tracts	-	-	The Johns Hopkins University	-	NA	NA	http://pqdtopen.proquest.com/#viewpdf?dispub=3410202	Drugs for pre-exposure prophylaxis (PrEP) of HIV infection are being developed as an adjunctive measure to prevent sexual HIV transmission. HIV transmission and drug distribution in both female genital (FGT) and gastrointestinal (GI) tracts must be considered during development, as both vaginal and anal intercourse are critical for transmission. The goal of this dissertation was to determine the distribution of viral surrogates and an anti-HIV drug in the GI and FGT. The distribution of radiolabeled HIV surrogates in areas exposed to HIV after sex was quantified in the distal colon (four men) and the female genital tract (seven women). Both studies used noninvasive imaging and direct mucosal sampling to examine the distribution of radiolabeled HIV surrogates in the lumen and tissues of these compartments. Single-photon emission computed tomography/computed tomography analysis of radiotracer distribution revealed that the surrogates distributed similarly. In the GI, the highest concentration of radioactivity was in the rectosigmoid colon. In the FGT it was the pericervical region. In all tissue biopsies, less than 2% of CD4 cells were radiolabeled. Tenofovir (TFV) was studied first in a single dose study and in a steady-state study in HIV-infected patients, to describe distribution of the drug and its active moiety, tenofovir diphosphate (TFV-DP). In the single dose study, blood and peripheral blood mononuclear cells (PBMCs) were collected post-dosing and analyzed for drug. Data analysis reveals a C_{max} of 60.527 ng/mL TFV at 2.24 h, and biphasic decay. Intracellular TFV-DP has a C_{max} of 20.07 and 19.47 fmol/10⁶ cells for the subjects. In the steady-state study, cell subsets from mucosal tissue and blood were isolated to analyze TFV-DP from HIV-positive subjects on regimens that included TDF. The median TFV-DP concentration were 143.7 fmol/10⁶ epithelial cells, 572.0 fmol/10⁶ CD4 T-helper cells, and 223.5 fmol/10⁶ monocyte/macrophages. In blood, the median TFV-DP concentrations were 26.3 fmol/10⁶ CD4 T-helper cells and 41.2 fmol/10⁶ monocyte/macrophages. In summary, this work developed methods to quantify HIV surrogate and drug distribution and clearance in sexually receptive tissue compartments. Combining these methods can advance more thoughtfully by designing a drug to outdistance and outlast HIV in the sites of sexual transmission.	Health Sciences, Pharmacology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2010	Mack, Natasha; Robinson, Elizabeth T; MacQueen, Kathleen M; Moffett, Jill; Johnson, Laura M	The exploitation of "Exploitation" in the tenofovir prep trial in Cameroon: Lessons learned from media coverage of an HIV prevention trial.	Journal of Empirical Research on Human Research Ethics	-	-	-	1556-2646	10.1525/jer.2010.5.2.3	https://dx.doi.org/10.1525/jer.2010.5.2.3	media coverage influences how clinical trials are perceived internationally and in communities where trials occur, affecting recruitment, retention, and political support for research. We conducted a discourse analysis of news coverage from 2004-2005 of a trial in Cameroon on oral PrEP for HIV prevention, to identify messages, communication techniques, and sources of messages that were amplified via media. We identified two parallel discourses: one on ethical concerns about the Cameroon trial, and a second, more general "science exploitation" discourse concerned with the potential for trials with vulnerable participant populations to be conducted unethically, benefiting only wealthy populations. Researchers should overtly address exploitation as an integral, ongoing component of research, particularly where historical or cultural conditions set the stage for controversy to emerge.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	Matthews, Lynn T; Baeten, Jared M; Celum, Connie; Bangsberg, David R	Periconception pre-exposure prophylaxis to prevent HIV transmission: benefits, risks, and challenges to implementation.	AIDS	-	-	-	1473-5571	10.1097/QAD.0b013e32833bedeb	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3773599	HIV-serodiscordant couples face complicated choices between fulfilling reproductive desire and risking HIV transmission to their partners and children. Sexual HIV transmission can be dramatically reduced through artificial insemination and sperm washing; however, most couples cannot access these resources. We propose that periconception pre-exposure prophylaxis (PrEP) could offer an important, complementary therapy to harm reduction counseling programs that aim to decrease HIV transmission for couples who choose to conceive. In this paper, we describe the potential benefits of periconception PrEP and define critical points of clarification prior to implementation of PrEP as part of a reproductive health program. We consider sexual transmission risk, current risk reduction options, PrEP efficacy, cost, adherence, resistance, fetal toxicity, and impact of PrEP counseling on entry into health services. We address PrEP in the context of other periconception HIV-prevention strategies, including antiretroviral treatment of the HIV-infected partner. We conclude that, should PrEP prove safe and efficacious in ongoing trials, periconception PrEP may offer a useful approach to minimize risk of HIV transmission for individuals of reproductive age in HIV-endemic countries.	HIV, reproduction, fertility, serodiscordant couples, HIV prevention, HIV transmission, antiretroviral prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2010	Michael, Nelson L, MD, PhD	Oral Preexposure Prophylaxis for HIV -- Another Arrow in the Quiver?	The New England Journal of Medicine	-	-	-	00284793	10.1056/NEJMe1012929	https://www.proquest.com/scholarly-journals/oral-preexposure-prophylaxis-hiv-another-arrow/docview/821765382/se-2?accountid=8113	NA	Humans; Male; Drug Therapy, Combination; Patient Compliance; Drug Resistance, Viral; Anti-HIV Agents; Administration, Oral; Homosexuality, Male; emtricitabine; Organophosphonates; Adenine; Pre-exposure prophylaxis; tenofovir disoproxil; Antiretroviral drugs; Chronic kidney disease; Infections; Transgender persons; Deoxycytidine; Medication discontinuation; Renal; Human immunodeficiency virus--HIV; Medical Sciences; Confidence intervals; Viral infections; Anti-HIV Agents -- therapeutic use; HIV Infections -- prevention & control; Adenine -- analogs & derivatives; Deoxycytidine -- analogs & derivatives; Deoxycytidine -- therapeutic use; Adenine -- therapeutic use; Organophosphonates -- therapeutic use; Anti-HIV Agents -- adverse effects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2010	Neff, C Preston; Ndolo, Thomas; Tandon, Apurva; Habu, Yuichiro; Akkina, Ramesh	Oral pre-exposure prophylaxis by anti-retrovirals raltegravir and maraviroc protects against HIV-1 vaginal transmission in a humanized mouse model.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0015257	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3006206	Sexual HIV-1 transmission by vaginal route is the most predominant mode of viral transmission, resulting in millions of new infections every year. In the absence of an effective vaccine, there is an urgent need to develop other alternative methods of pre-exposure prophylaxis (PrEP). Many novel drugs that are currently approved for clinical use also show great potential to prevent viral sexual transmission when administered systemically. A small animal model that permits rapid preclinical evaluation of potential candidates for their systemic PrEP efficacy will greatly enhance progress in this area of investigation. We have previously shown that RAG-hu humanized mouse model permits HIV-1 mucosal transmission via both vaginal and rectal routes and displays CD4 T cell loss typical to that seen in the human. Thus far systemic PrEP studies have been primarily limited to RT inhibitors exemplified by tenofovir and emtricitabine. In these proof-of-concept studies we evaluated two new classes of clinically approved drugs with different modes of action namely, an integrase inhibitor raltegravir and a CCR5 inhibitor maraviroc as potential systemically administered chemo-prophylactics. Our results showed that oral administration of either of these drugs fully protects against vaginal HIV-1 challenge in the RAG-hu mouse model. Based on these results both these drugs show great promise for further development as orally administered PrEPs.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	Poynten, I. M.; Jin, F.; Prestage, G. P.; Kaldor, J. M.; Imrie, J.; Grulich, A. E.	Attitudes towards new HIV biomedical prevention technologies among a cohort of HIV-negative gay men in Sydney, Australia.	HIV Medicine	-	-	-	1468-1293 1464-2662	10.1111/j.1468-1293.2009.00777.x	https://pubmed.ncbi.nlm.nih.gov/20015220/	OBJECTIVES: The aim of the study was to explore the awareness of rectal microbicides, the use of pre-exposure prophylaxis (PREP) and the willingness to participate in biomedical HIV prevention trials in a cohort of HIV-negative gay men. METHODS: In a community-based cohort study, HIV-negative homosexually active men in Sydney, Australia were questioned about awareness of rectal microbicides, use of PREP, and willingness to participate in trials of such products. Predictors of awareness and willingness to participate were analysed by logistic regression. Use of PREP was examined prospectively. RESULTS: Overall, 14% had heard of rectal microbicides. Older (P=0.05) and university-educated men (P=0.001) were more likely to have knowledge of rectal microbicides. Almost one-quarter (24%) of men reported that they were likely/very likely to participate in rectal microbicide trials. Among those men with definite opinions on participation, awareness of rectal microbicides was significantly associated with unwillingness to participate odds ratio (OR) 0.78, 95% confidence interval (CI) 0.65-0.93, P=0.007. Willingness to participate in trials using antiretroviral drugs (ARVs) to prevent HIV infection was reported by 43% of men, and was higher among those who reported unprotected anal intercourse (UAI) with HIV-positive partners (OR 1.88, 95% CI 0.99-3.56). There was no evidence of current PREP use. CONCLUSIONS: This study demonstrates that Australian gay men have had little experience with PREP use and rectal microbicides. About half would be willing to consider participation in trials using ARVs to prevent HIV infection. Extensive community education and consultation would be required before PREP or rectal microbicides could be trialled in populations of gay Australian men.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Clinical Trials as Topic; HIV Infections/*prevention & control/transmission; Anti-Retroviral Agents/*therapeutic use; Aged; Cross-Sectional Studies; Prospective Studies; Australia; Logistic Models; Administration, Rectal; Anti-Infective Agents, Local/*therapeutic use; Sexual Behavior/*psychology; *Health Knowledge, Attitudes, Practice; *HIV Seronegativity; Research Subjects/psychology	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2010	Pretorius, Carel; Stover, John; Bollinger, Lori; Bacaër, Nicolas; Williams, Brian	Evaluating the cost-effectiveness of pre-exposure prophylaxis (PrEP) and its impact on HIV-1 transmission in South Africa.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0013646	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2974638	BACKGROUND: Mathematical modelers have given little attention to the question of how pre-exposure prophylaxis (PrEP) may impact on a generalized national HIV epidemic and its cost-effectiveness, in the context of control strategies such as condom use promotion and expanding ART programs. METHODOLOGY/PRINCIPAL FINDINGS: We use an age- and gender-structured model of the generalized HIV epidemic in South Africa to investigate the potential impact of PrEP in averting new infections. The model utilizes age-structured mortality, fertility, partnership and condom use data to model the spread of HIV and the shift of peak prevalence to older age groups. The model shows that universal PrEP coverage would have to be impractically high to have a significant effect on incidence reduction while ART coverage expands. PrEP targeted to 15-35-year-old women would avert 10%-25% (resp. 13%-28%) of infections in this group and 5%-12% (resp. 7%-16%) of all infections in the period 2014-2025 if baseline incidence is 0.5% per year at 2025 (resp. 0.8% per year at 2025). The cost would be $12,500-$20,000 per infection averted, depending on the level of ART coverage and baseline incidence. An optimistic scenario of 30%-60% PrEP coverage, efficacy of at least 90%, no behavior change among PrEP users and ART coverage less than three times its 2010 levels is required to achieve this result. Targeting PrEP to 25-35-year-old women (at highest risk of infection) improves impact and cost-effectiveness marginally. Relatively low levels of condom substitution (e.g., 30%) do not nullify the efficacy of PrEP, but reduces cost-effectiveness by 35%-40%. CONCLUSIONS/SIGNIFICANCE: PrEP can avert as many as 30% of new infections in targeted age groups of women at highest risk of infection. The cost-effectiveness of PrEP relative to ART decreases rapidly as ART coverage increases beyond three times its coverage in 2010, after which the ART program would provide coverage to more than 65% of HIV(+) individuals. To have a high relative cost-effective impact on reducing infections in generalized epidemics, PrEP must utilize a window of opportunity until ART has been scaled up beyond this level.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2010	Rohan, Lisa C; Moncla, Bernard J; Kunjara Na Ayudhya, Ratiya Pamela; Cost, Marilyn; Huang, Yunda; Gai, Fang; Billitto, Nicole; Lynam, J D; Pryke, Kara; Graebing, Phillip; Hopkins, Nicole; Rooney, James F; Friend, David; Dezzutti, Charlene S	In vitro and ex vivo testing of tenofovir shows it is effective as an HIV-1 microbicide.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0009310	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824823	BACKGROUND: Tenofovir gel has entered into clinical trials for use as a topical microbicide to prevent HIV-1 infection but has no published data regarding pre-clinical testing using in vitro and ex vivo models. To validate our findings with on-going clinical trial results, we evaluated topical tenofovir gel for safety and efficacy. We also modeled systemic application of tenofovir for efficacy. METHODS AND FINDINGS: Formulation assessment of tenofovir gel included osmolality, viscosity, in vitro release, and permeability testing. Safety was evaluated by measuring the effect on the viability of vaginal flora, PBMCs, epithelial cells, and ectocervical and colorectal explant tissues. For efficacy testing, PBMCs were cultured with tenofovir or vehicle control gels and HIV-1 representing subtypes A, B, and C. Additionally, polarized ectocervical and colorectal explant cultures were treated apically with either gel. Tenofovir was added basolaterally to simulate systemic application. All tissues were challenged with HIV-1 applied apically. Infection was assessed by measuring p24 by ELISA on collected supernatants and immunohistochemistry for ectocervical explants. Formulation testing showed the tenofovir and vehicle control gels were >10 times isosmolar. Permeability through ectocervical tissue was variable but in all cases the receptor compartment drug concentration reached levels that inhibit HIV-1 infection in vitro. The gels were non-toxic toward vaginal flora, PBMCs, or epithelial cells. A transient reduction in epithelial monolayer integrity and epithelial fracture for ectocervical and colorectal explants was noted and likely due to the hyperosmolar nature of the formulation. Tenofovir gel prevented HIV-1 infection of PBMCs regardless of HIV-1 subtype. Topical and systemic tenofovir were effective at preventing HIV-1 infection of explant cultures. CONCLUSIONS: These studies provide a mechanism for pre-clinical prediction of safety and efficacy of formulated microbicides. Tenofovir was effective against HIV-1 infection in our algorithm. These data support the use of tenofovir for pre-exposure prophylaxis.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2010	Rudy, BJ; Kapogiannis, BG; Lally, MA; Gray, GE; Bekker, LG; Krogstad, P; McGowan, I	Youth-Specific Considerations in the Development of Preexposure Prophylaxis, Microbicide, and Vaccine Research Trials	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0b013e3181e3a922	https://pubmed.ncbi.nlm.nih.gov/20571421/	Preventing HIV infection in adolescents and young adults will require a multimodal targeted approach, including individual-directed behavioral risk reduction, community-level structural change, and biomedical interventions to prevent sexual transmission. Trials testing biomedical interventions to prevent HIV transmission will require special attention in this population due to the unique psychosocial and physiologic characteristics that differentiate them from older populations. For example, microbicide research will need to consider acceptability, dosing requirements, and coinfection rates that are unique to this population. Preexposure prophylaxis studies also will need to consider potential unique psychosocial issues such as sexual disinhibition and acceptability as well as unique pharmacokinetic parameters of antiretroviral agents. Vaccine trials also face unique issues with this population, including attitudes toward vaccines, risks related to false-positive HIV tests related to vaccine, and different immune responses based on more robust immunity. In this article, we will discuss issues around implementing each of these biomedical prevention modalities in trials among adolescents and young adults to help to guide future successful research targeting this population.	vaccines; PrEP; microbicides; adolescents; biomedical HIV prevention; TENOFOVIR DISOPROXIL FUMARATE; ANTIRETROVIRAL THERAPY; CLINICAL-TRIALS; DOUBLE-BLIND; HUMAN-IMMUNODEFICIENCY-VIRUS; SEXUAL RISK BEHAVIOR; VAGINAL GEL; youth; IMMUNE RECONSTITUTION; HIV-INFECTED CHILDREN; THYMIC FUNCTION	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2010	Sanders, Eduard J.; Thiong'o, Alexander N.; Okuku, Haile Selassie; Mwambi, John; Priddy, Frances; Shafi, Juma; de Vries, Henry; McClelland, R. Scott; Graham, Susan M.	High prevalence of Chlamydia trachomatis and Neisseria gonorrhoeae infections among HIV-1 negative men who have sex with men in coastal Kenya.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sti.2010.043224	https://pubmed.ncbi.nlm.nih.gov/20656722/	OBJECTIVES: To assess the burden of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) in high-risk HIV-1 negative men who have sex with men (MSM) in Africa. METHODS: Before the start of a pre-exposure prophylaxis trial, HIV-1 negative volunteers were screened for sexually transmitted infection (STI) including CT and NG, using a highly sensitive and specific nucleic acid amplification test. Samples positive for CT by Aptima testing, were evaluated for the presence of lymphogranuloma venereum (LGV) serovars using an in-house PCR assay. All men were asked to submit a urine specimen, and all had a rectal swab collected by a clinician. Men were asked if they had dysuria, urethral or rectal discharge, or rectal pain. RESULTS: 43 HIV-1 negative MSM were screened, of whom 13 reported sex with men only; the majority (27/43) reported sex work. One volunteer had dysuria and another, rectal pain. Eleven MSM (26%, 95% CI 14% to 41%) had infections with either or both pathogens. Homosexual men had a higher prevalence of any infection than bisexual men (46% vs 17%, p=0.04), and all cases of rectal infections, including one with CT, two with NG and two with CT/NG co-infection. All patients with CT were negative for LGV. One patient with a rectal NG infection reported rectal pain. CONCLUSIONS: A remarkably high burden of STI infection was found among HIV-1 negative MSM. Most (12/13) infections, including three of four rectal NG infections, were subclinical. These findings suggest that high-risk MSM will benefit from effective STI screening in Kenya.	Adult; Humans; Male; Young Adult; *HIV-1; Prevalence; *HIV Seronegativity; Chlamydia Infections/*epidemiology; Chlamydia trachomatis; Gonorrhea/*epidemiology; Homosexuality, Male/*statistics & numerical data; Kenya/epidemiology; Neisseria gonorrhoeae; Rectal Diseases/epidemiology; Urethral Diseases/epidemiology	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2010	Schneider, John A; Dandona, Rakhi; Pasupneti, Shravani; Lakshmi, Vemu; Liao, Chuanhong; Yeldandi, Vijay; Mayer, Kenneth H	Initial commitment to pre-exposure prophylaxis and circumcision for HIV prevention amongst Indian truck drivers.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0011922	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912853	Studies of HIV prevention interventions such as pre-exposure prophylaxis (PREP) and circumcision in India are limited. The present study sought to investigate Indian truck-drivers initial commitment to PREP and circumcision utilizing the AIDS Risk Reduction Model. Ninety truck-drivers completed an in-depth qualitative interview and provided a blood sample for HIV and HSV-2 testing. Truck-drivers exhibited low levels of initial commitment towards PREP and even lower for circumcision. However, potential leverage points for increasing commitment were realized in fear of infecting family rather than self, self-perceptions of risk, and for PREP focusing on cultural beliefs towards medication and physicians. Cost was a major barrier to both HIV prevention interventions. Despite these barriers, our findings suggest that the ARRM may be useful in identifying several leverage points that may be used by peers, health care providers and public health field workers to enhance initial commitment to novel HIV prevention interventions in India.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2010	Supervie, Virginie; García-Lerma, J Gerardo; Heneine, Walid; Blower, Sally	HIV, transmitted drug resistance, and the paradox of preexposure prophylaxis.	Proceedings of the National Academy of Sciences	-	-	-	1091-6490	10.1073/pnas.1006061107	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901470	The administration of antiretrovirals before HIV exposure to prevent infection (i.e., preexposure prophylaxis; PrEP) is under evaluation in clinical trials. Because PrEP is based on antiretrovirals, there is considerable concern that it could substantially increase transmitted resistance, particularly in resource-rich countries. Here we use a mathematical model to predict the effect of PrEP interventions on the HIV epidemic in the men-who-have-sex-with-men community in San Francisco. The model is calibrated using Monte Carlo filtering and analyzed by constructing nonlinear response hypersurfaces. We predict PrEP interventions could substantially reduce transmission but significantly increase the proportion of new infections caused by resistant strains. Two mechanisms can cause this increase. If risk compensation occurs, the proportion increases due to increasing transmission of resistant strains and decreasing transmission of wild-type strains. If risk behavior remains stable, the increase occurs because of reduced transmission of resistant strains coupled with an even greater reduction in transmission of wild-type strains. We define this as the paradox of PrEP (i.e., resistance appears to be increasing, but is actually decreasing). We determine this paradox is likely to occur if the efficacy of PrEP regimens against wild-type strains is greater than 30% and the relative efficacy against resistant strains is greater than 0.2 but less than the efficacy against wild-type. Our modeling shows, if risk behavior increases, that it is a valid concern that PrEP could significantly increase transmitted resistance. However, if risk behavior remains stable, we find the concern is unfounded and PrEP interventions are likely to decrease transmitted resistance.	Mathematical model; men who have sex with men; prevention; epidemics; antiretrovirals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2010	Underhill, Kristen; Operario, Don; Mimiaga, Matthew J; Skeer, Margie R; Mayer, Kenneth H	Implementation science of pre-exposure prophylaxis: preparing for public use.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-010-0062-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012127	As efficacy trials of antiretroviral pre-exposure prophylaxis (PrEP) continue, a growing literature has begun anticipating the potential challenges of implementing PrEP for HIV prevention. These efforts coincide with a shift toward combination interventions for preventing HIV, which integrate biomedical, behavioral, and structural components. The optimal implementation of PrEP would exemplify this combination model, incorporating not only PrEP drugs, but also HIV testing, safety screening, behavioral interventions addressing adherence and risk behavior, and long-term monitoring. Efforts to plan for PrEP implementation therefore present an opportunity to advance the science of implementation and delivery in HIV prevention, in order to better address the challenges of scaling up combination approaches. We review the published and unpublished literature on PrEP implementation, organizing themes into five categories: scientific groundwork, regulatory and policy groundwork, stakeholder and infrastructure groundwork, delivery, and long-term monitoring. The lessons from PrEP planning can benefit the scale-up of future combination interventions.	Pre-exposure prophylaxis, HIV prevention, antiretroviral therapy, implementation, dissemination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Essay	2010	Underhill, Kristen; Operario, Don; Skeer, Margie; Mimiaga, Matthew; Mayer, Ken	Packaging PrEP to Prevent HIV: An Integrated Framework to Plan for Pre-Exposure Prophylaxis Implementation in Clinical Practice.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/qai.0b013e3181e8efe4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3058525	Antiretroviral pre-exposure prophylaxis (PrEP) drugs may be partially effective for preventing HIV transmission. In anticipation of clinical trial results, behavioral HIV prevention scientists have begun examining possible challenges in the implementation of PrEP in clinical practice or community settings. These efforts have acknowledged the need to supplement PrEP drug delivery with risk-reduction counseling and ongoing HIV testing, and we suggest that an even wider range of clinical, diagnostic, behavioral, and monitoring services will be necessary to support PrEP as a population-level HIV prevention strategy. This Commentary offers an integrated structure for optimizing PrEP delivery in clinical practice, which includes five components: 1) PrEP drugs; 2) safety screening and repeated HIV testing; 3) behavioral interventions to facilitate PrEP initiation, maintain adherence, and minimize risk compensation; 4) the development of strategies to engage PrEP users and the healthcare system over the long term; and 5) population-level monitoring. We provide a brief overview of each component and highlight adaptations of this five-part package for implementation. Attempts to plan for scale-up without explicitly addressing non-pharmaceutical elements may overlook critical implementation needs, barriers, and facilitators.	HIV prevention, antiretroviral pre-exposure prophylaxis, chemoprophylaxis, implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Article	2010	van de Vijver, David A M C; Boucher, Charles A B	The risk of HIV drug resistance following implementation of pre-exposure prophylaxis.	Current Opinion in Infectious Diseases	-	-	-	-	1473-6527	10.1097/QCO.0b013e3283f1d6	https://dx.doi.org/10.1097/QCO.0b013e3283f1d6	PURPOSE OF REVIEW: Results of trials determining if pre-exposure prophylaxis (PrEP) with antiretroviral drugs prevents transmission of HIV are expected soon. Tenofovir and emtricitabine--currently evaluated as PrEP--are popular in treatment of HIV. Drug resistance could, therefore, be critical in the use of PrEP. We review the literature regarding risks associated with drug resistance owing to PrEP. RECENT FINDINGS: Few studies addressed the issue of drug resistance to tenofovir and/or emtricitabine. Studies in HIV-1-infected individuals followed small numbers of patients for a short time. Studies in macaques were well designed, but used SHIV, which has an attenuated course of infection. The available information suggests that the probability of emergence of drug resistance is small. Infections that occurred despite use of PrEP had reduced peak viremia, which could reduce HIV transmissibility. Mathematical modeling suggests that, although transmitted drug resistance may under some circumstances increase with use of PrEP, the benefit of reduced HIV incidence greatly outweighs the increase in drug resistance. SUMMARY: Limited information is available on drug resistance and PrEP. Nevertheless, current knowledge should, therefore, be combined in daily practice. Surveillance of drug resistance is recommended in areas where PrEP is used. Patients that become infected despite use of PrEP should be closely monitored for virological failure.	-drug resistance, emtricitabine, HIV, pre-exposure prophylaxis, tenofovir	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2010	van Griensven, Frits; Thienkrua, Warunee; Sukwicha, Wichuda; Wimonsate, Wipas; Chaikummao, Suppaporn; Varangrat, Anchalee; Mock, Philip A	Sex frequency and sex planning among men who have sex with men in Bangkok, Thailand: implications for pre- and post-exposure prophylaxis against HIV infection.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1186/1758-2652-13-13	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2873546/	BACKGROUND: Daily HIV antiretroviral pre-exposure prophylaxis (PrEP) is being evaluated in clinical trials among men who have sex with men (MSM). However, daily PrEP may not be congruent with episodic sexual behaviour. We describe sex frequency and sex planning among MSM in Bangkok, Thailand, and explore the acceptability of daily versus episodic PrEP. METHODS: Data were collected through a cross-sectional survey in a cohort of HIV-negative MSM in Bangkok, Thailand. Chi-squared test was used to compare reports of sex on different weekdays; logistic regression was used to identify predictors of sex frequency and sex planning. RESULTS: Of 823 MSM (with a mean age of 28.3 years), 86% reported having sex on two days per week or less, and 65% reported their last sex to have been planned. Sex on the weekend (approximately 30%) was more often reported than sex on weekdays (approximately 23%). In multivariate analysis, use of alcohol, erectile dysfunction drugs, group sex, sex with a foreigner, having had selling sex, and a history of HIV testing were associated with having sex on three days or more per week. Being aged 22 to 29 years, not identifying as homosexual, having receptive anal intercourse, and not engaging in group sex were associated with unplanned sex. CONCLUSIONS: Intermittently dosed PrEP (as opposed to daily) may be a feasible HIV prevention strategy and should be considered for evaluation in clinical trials. Risk factors for sex frequency and sex planning may help to identify those in need for daily PrEP and those who may not be able to take a timely pre-exposure dose.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2010	Veronese, Fulvio; Turpin, Jim A.; Fauci, Cindra	Beyond 2010: Gaps, Challenges, and Priorities for the Future of Preclinical HIV Preexposure Prophylaxis (PrEP): Summary of the October 20-21, 2009 Workshop	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/aid.2010.0136	https://www.liebertpub.com/doi/10.1089/aid.2010.0136	Abstract A two-day symbol Beyond 2010: Gaps, Challenges, and Priorities for the Future of Preclinical HIV Pre-Exposure Prophylaxis (PrEP) was sponsored by the Division of AIDS (DAIDS) of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), on October 20-21, 2009, in Bethesda, Maryland. The objective of the workshop was to identify the main gaps in current knowledge, challenges, and priorities for the establishment of a PrEP preclinical pipeline and to also provide guidance for future directions of the Adult and DAIDS preclinical research in this area. The 2-day workshop, through various presentations and breakout group discussions, specifically addressed four main topics that will be critical in identifying and advancing the next generation of PrEP candidates for clinical testing. The topics were (1) drug discovery, (2) pharmacokinetics (PK) and pharmacodynamics (PD), (3) animal models, and (4) delivery systems for prolonged activity. We report here a summary of the presentations and highlights of salient discussion topics from this workshop.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Institutional	2010	World Health Organization	Report of a consultation: preparing for pre-exposure prophylaxis (PrEP) results from research to implementation	-	-	-	-	978-92-4-159979-5	NA	https://iris.who.int/handle/10665/44375	-	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2011	Abbas, Uzma L; Hood, Gregory; Wetzel, Arthur W; McKee, John W	Factors influencing the emergence and spread of HIV drug resistance arising from rollout of antiretroviral pre-exposure prophylaxis (PrEP).	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0018165	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3078189/	BACKGROUND: The potential for emergence and spread of HIV drug-resistance from rollout of antiretroviral (ARV) pre-exposure prophylaxis (PrEP) is an important public health concern. We investigated determinants of HIV drug resistance prevalence after PrEP implementation through mathematical modeling. METHODOLOGY: A model incorporating heterogeneity in age, gender, sexual activity, HIV transmission, natural history of infection, ARV treatment and resistance was developed. Rollout of PrEP was projected for 10 years in populations with different growth rates. PRINCIPAL FINDINGS: Analyses suggest that the prevalence of HIV drug resistance is influenced most by the extent and duration of inadvertent PrEP use in individuals already infected with HIV. Other key factors affecting drug resistance prevalence include the persistence time of transmitted resistance and the duration of inadvertent PrEP use in individuals who become infected on PrEP. From uncertainty analysis, the median overall prevalence of drug-resistance at 10 years was predicted to be 9.2% (interquartile range 6.9%-12.2%). An optimistic scenario of 75% PrEP efficacy, 80% coverage of the susceptible population, and 5% inadvertent PrEP use predicts a rise in HIV drug resistance prevalence to only 2.5% after 10 years. By contrast, in a pessimistic scenario of 25% PrEP efficacy, 15% population coverage, and 25% inadvertent PrEP use, resistance prevalence increased to over 40%. CONCLUSIONS: Inadvertent PrEP use in previously infected individuals is the major determinant of HIV drug resistance prevalence arising from PrEP. Both the rate and duration of inadvertent PrEP use are key factors. PrEP rollout programs should include routine monitoring of HIV infection status to limit the spread of drug resistance.	The potential for emergence and spread of HIV drug resistance from rollout of antiretroviral (ARV) pre-exposure prophylaxis (PrEP) is an important public health concern. We investigated determinants of HIV drug resistance prevalence after PrEP implementation through mathematical modeling.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2011	Akkida, Dina; Sturgis, Timothy; Vivan, Bi-Botti C.	Formulation of tenofovir-loaded functionalized solid lipid nanoparticles intended for HIV prevention.	Journal of Pharmaceutical Sciences	-	-	-	-	1520-6017 0022-3549	10.1002/jps.22529	https://pubmed.ncbi.nlm.nih.gov/21437910/	The objective of this study is to engineer polylysine-heparin functionalized solid lipid nanoparticles (SLNs) for the use of a vaginal microbicide delivery template for HIV prevention. The SLNs are prepared using a modified phase-inversion technique followed by a layer-by-layer deposition method. The Box–Behnken experimental design is used to analyze the influence of three factors ($X1$) = bovine serum albumin concentration, $X2$) = pH of the aqueous phase, and $X3$) = lipid amount) on the particle mean diameter (PMD) measured by dynamic light scattering (DLS). Tenofovir is used as a model anti-HIV microbicide. The SLNs are also characterized for morphology, zeta potential (ζ), percent drug encapsulation efficiency (EE%), and cytotoxicity on a human vaginal epithelial cell line by electron microscopy, DLS, high-performance liquid chromatography, and 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay, respectively. The $X1$, $X2$, and $X3$ factors are found to significantly affect the PMD, EE%, and ζ value of the SLNs. The produced SLNs appear monodisperse and exhibit a platelet-like shape with respective PMD, EE%, and ζ value of 153 nm, 8.3%, and −51 mV. These SLNs intended to be administered topically have the potential to enhance cellular uptake of hydrophobic microbicides and endonuzase the virus during the HIV-AIDS infection process, possibly leading to more effective prevention of the disease transmission.	Humans; Tenofovir; Female; HIV Infections/*prevention & control; Administration, Intravaginal; Chemistry, Pharmaceutical; Cell Line; Cell Survival/drug effects; Microscopy, Electron, Transmission; Particle Size; Cell Culture Techniques; Surface Properties; Drug Carriers/*chemistry; Nanoparticles/*chemistry; Adenine/*analogs & derivatives/chemistry/therapeutic use; Anti-HIV Agents/*administration & dosage/chemistry/therapeutic use; Cell Membrane Permeability/drug effects; Cell Survival/drug effects; Cell Line; Cell Culture Techniques; Surface Properties; Drug Carriers/*chemistry; Nanoparticles/*chemistry; Adenine/*analogs & derivatives/chemistry/therapeutic use/toxicity; Plasma Transient; Polylysine/chemistry; Vaginal/drug effects/ultrastructure	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2011	Anderson, Peter L; Kiser, Jennifer J; Gardner, Edward M; Rower, Joseph E; Meditz, Amie; Grant, Robert M	Pharmacological considerations for tenofovir and emtricitabine to prevent HIV infection.	Journal of Antimicrobial Chemotherapy	-	-	-	-	1460-2091	10.1093/jac/dkq487	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3030966/	The use of antiretroviral medications in HIV-negative individuals as pre-exposure prophylaxis (PrEP) is a promising approach to prevent HIV infection. Tenofovir disoproxil fumarate (TDF) and emtricitabine exhibit desirable properties for PrEP including: favourable pharmacokinetics that support infrequent dosing; few major drug-drug or drug-food interactions; an excellent clinical safety record; and pre-clinical evidence for efficacy. Several large, randomized, controlled clinical trials are evaluating the safety and efficacy of TDF and emtricitabine for this new indication. A thorough understanding of variability in drug response will help determine future investigations in the field and/or implementation into clinical care. Because tenofovir and emtricitabine are nucleos(t)ide analogues, the HIV prevention and toxicity effects may be influenced by host genetic polymorphisms in drug transporters, metabolizing enzymes and cellular kinases. Additionally, factors within the female reproductive tract, which include drug penetration into relevant tissues and cell types, sex-chronicity/pharmacogenetics, gender, cellular activation state and appropriate episodic or chronicity dosing strategies based on pharmacokinetic principles. The current state of knowledge in these areas is summarized and the future utility of intracellular pharmacokinetics/pharmacodynamics for the PrEP field is discussed.	Clinical pharmacology, intracellular pharmacology, pharmacokinetics, pharmacodynamics, pharmacogenomics, nucleoside analogue pharmacology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Arlotne, Harkaitz; Buergaren, Maialen; Camino, Xabier; Iribarren, José Antonio	Prevención de la transmisión del VIH (vertical, ocupacional y no ocupacional) / Prevention of HIV transmission (vertical, occupational and non-occupational)	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	-	1578-1852 0213-005X	10.1016/j.eimc.2011.05.006	https://www.sciencedirect.com/science/article/pii/S021300511001098	In these almost thirty years since the epidemic of HIV infection strategies have been developed to decrease the transmission risk when a non-infected person comes into contact with HIV. One of the key landmarks was the discovery that viremia was shown to reduce the risk of HIV infection by sexual transmission from 25% to 8% when given from the second trimester on. In incomplete effectiveness, the high total cost of pregnancy, during pregnancy and for several weeks in the newborn. These strategies have been subsequently perfected until achieving vertical transmission rates less than 1%. Almost at the same time, strategies have been developed in an attempt to reduce the risk of transmission of infection after occupational accidents and, in the last few years prophylaxis after non-occupational exposure has been a field of particular concern. From its first post year several experiments on pre-exposure prophylaxis have been published, which are generating an intense debate on o applicability. In this article, we analyze the state of the art in the prevention of vertical transmission and occupational and non-occupational prophylaxis, from a perspective of applying this in the developed world. We also review the published data on pre-exposure prophylaxis.	Adult; Humans; Male; Female; Risk-Taking; Antiretroviral Therapy, Highly Active; Pregnancy; Anti-HIV Agents/administration & dosage/therapeutic use; Infant, Newborn; Infectious Disease Transmission, Vertical/prevention & control; Infectious Disease Transmission, Patient-to-Professional/prevention & control; Pregnancy Complications, Infectious; Disease Transmission, Infectious/prevention & control; Postexposure Reproductive Techniques, Assisted; Accidents, Occupational; HIV Infections/congenital/diagnosis/*prevention & control/transmission; Occupational Diseases/*prevention & control; Patient/prevention & control; Needlestick Injuries; Occupational Diseases/prevention & control; Wound Infection/prevention & control	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2011	Bourguet, A; Gomez, G B; Cucerres, C F; Segura, E R; Grant, R M; Garnett, G P; Hallett, T B	The potential impact of pre-exposure prophylaxis for HIV prevention among Men who Have Sex with Men (MSM) in Lima, Peru	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2011-050119.2	https://www.sciencedirect.com/science/article/pii/S021300511001098	Background HIV Pre-exposure prophylaxis (PrEP), the use of antiretroviral drugs by those HIV uninfected individuals to prevent HIV infection, recently demonstrated effectiveness in preventing acquisition in a high risk population of men who have sex with men (MSM). There is a need to understand if and how PrEP can be used cost-effectively. This study examines the programmatic implications of the iPrEX trial, the first demonstration of PrEP effectiveness, in a setting of high HIV incidence among MSM in Lima, Peru. Methods We developed a dynamic, stochastic, individual-based model representing the HIV epidemic among Men who Have Sex with Men (MSM) and transgender people in Lima, Peru as a test-case. It considers differential infectiousness by stage, including the impact of antiretroviral treatment and different sexual practices, such as partnerships type and sexual positioning. The model was used to investigate the population-level impact, cost, and cost-effectiveness of PrEP under a range of implementation strategies, and to develop possible strategies by which PrEP could be implemented. Results The epidemiological impact of PrEP is largely driven by programme characteristics: coverage, prioritisation strategy and time to scale up as well as individual's adherence behaviour. If PrEP is prioritised to key groups, it could be a cost-effective way to avert infection and save lives (up to 8% less new infections with 5% coverage). Across all our scenarios the estimated highest cost per DALY gained (US$22755) is below the WHO recommended threshold for cost-effective interventions for the region (<US$8400 DALY gained) see Abstract LBO1-2 Figure 1 . The impact of PrEP is reduced if those on PrEP decrease condom use, especially if the program has low coverage; but only extreme behavioural changes (>50% reduction in condom use) would result in PrEP increasing the number of HIV infections. Conclusions PrEP can be a cost-effective intervention due to its incomplete effectiveness, its high total cost of pregnancy during attainable coverage levels. Conclusions This study quantifies the epidemic and financial implications of different programmatic scenarios. While the implementation of a strategic PrEP intervention has potentially important financial implications (a substantial expenditure would likely be required to generate significant reductions in incidence), PrEP among vulnerable populations could be a cost-effective option comparable to currently available interventions for Men who Have Sex with Men (MSM) populations.	HIV/AIDS; Pre-exposure prophylaxis; Adherence; Mathematical model; Men who have sex with men; Prep; Cost-effectiveness analysis; Coverage; Medical Sciences-Dermatology And Venereology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	Western and Central Europe and North America	Quantitative
Article	2011	Brooks, RA; Kaplan, RL; Lafser, E; Landovitz, RJ; Lee, SJ; Leibowitz, AA	Motivators, concerns, and barriers to adoption of preexposure prophylaxis for HIV prevention among gay and bisexual men in HIV-serodiscordant male relationships	AIDS Care	-	-	-	-	0954-0121	10.1080/09540121.2011.554528	https://pubmed.ncbi.nlm.nih.gov/21478147/	The purpose of this study was to identify factors that may facilitate or impede future adoption of preexposure prophylaxis (PrEP) for HIV prevention among gay and bisexual men in HIV-serodiscordant couples. Using a community-based participatory research approach, we conducted 30 in-depth interviews with HIV-seronegative partners in male couples in which the partner living with HIV was receiving care from a community-based clinic in Los Angeles, CA. A modified grounded theory approach was employed to identify major themes relating to future adoption of PrEP by this population. Motivators for adoption were protection against HIV infection, less concern and fear regarding HIV transmission, the opportunity to engage in unprotected sex, and endorsements of PrEP's effectiveness. Concerns and barriers to adoption included the cost of PrEP, short-and long-term side effects, adverse effects if intermittent use or discontinuing PrEP, and accessibility of PrEP. The findings suggest the need for a carefully planned implementation program along with educational and counseling interventions in the dissemination of an effective PrEP agent.	HIV prevention; preexposure prophylaxis; gay men; INFECTION; UNITED-STATES; RISK; SEX; IMPACT; LIMITED KNOWLEDGE; BEHAVIOR; Sexual men, biomedical strategy; racial/ethnic minority	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2011	Buchbinder, Susan P; Liu, Albert	Pre-exposure prophylaxis and the promise of combination prevention approaches.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-011-9896-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3066467/	Pre-exposure prophylaxis (PrEP) has demonstrated efficacy in 4 studies: 1) the CAPRISA 004 trial of pericoital administration of 1% tenofovir gel showed moderate (39%) efficacy in reducing risk of HIV infection among women; 2) the iPrEx trial of daily oral tenofovir/emtricitabine showed high efficacy (92%) among men who have sex with men; 3) the Partners PrEP Study in African HIV-discordant couples, in which the HIV-seronegative partner received daily oral tenofovir or emtricitabine/tenofovir, also showed high efficacy (67% and 75%, respectively); and 4) the TDF2 trial in young heterosexual men and women in Botswana demonstrated 62% efficacy of daily oral emtricitabine/tenofovir. Greater adherence to PrEP is associated with greater efficacy. Resistance to tenofovir and emtricitabine have been rare and were primarily observed during PrEP initiation in those with acute HIV infection. PrEP has been found to be safe and well tolerated. The FEM-PrEP trial of oral emtricitabine/tenofovir and the VOICE trials of daily 1% tenofovir gel and oral tenofovir (both studies conducted in African women) did not show protective benefit, for reasons that currently remain unknown. The Bangkok Tenofovir Study of oral tenofovir in injection drug users, and the emtricitabine/tenofovir study arm of the VOICE trial, are ongoing. Establishing PrEP programs will be a great challenge and a great opportunity. This article summarizes a presentation by Connie L. Celum, MD, MPH, at the IAS-USA live continuing education course held in Chicago in June 2011, and includes updates on PrEP trial results reported since July 2011.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Celum, Connie L.	HIV preexposure prophylaxis: new data and potential use	Topics in Antiviral Medicine	-	-	-	-	2161-5853	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5148648/	HIV preexposure prophylaxis (PrEP) has demonstrated efficacy in 4 studies: 1) the CAPRISA 004 trial of pericoital administration of 1% tenofovir gel showed moderate (39%) efficacy in reducing risk of HIV infection among women; 2) the iPrEx trial of daily oral tenofovir/emtricitabine showed high efficacy (92%) among men who have sex with men; 3) the Partners PrEP Study in African HIV-discordant couples, in which the HIV-seronegative partner received daily oral tenofovir or emtricitabine/tenofovir, also showed high efficacy (67% and 75%, respectively); and 4) the TDF2 trial in young heterosexual men and women in Botswana demonstrated 62% efficacy of daily oral emtricitabine/tenofovir. Greater adherence to PrEP is associated with greater efficacy. Resistance to tenofovir and emtricitabine have been rare and were primarily observed during PrEP initiation in those with acute HIV infection. PrEP has been found to be safe and well tolerated. The FEM-PrEP trial of oral emtricitabine/tenofovir and the VOICE trials of daily 1% tenofovir gel and oral tenofovir (both studies conducted in African women) did not show protective benefit, for reasons that currently remain unknown. The Bangkok Tenofovir Study of oral tenofovir in injection drug users, and the emtricitabine/tenofovir study arm of the VOICE trial, are ongoing. Establishing PrEP programs will be a great challenge and a great opportunity. This article summarizes a presentation by Connie L. Celum, MD, MPH, at the IAS-USA live continuing education course held in Chicago in June 2011, and includes updates on PrEP trial results reported since July 2011.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Chariyalertsak, Suwat; Kosachunhanun, Nutthapol; Saekhiro, Pongpun; Sonpuspa, Rutchanok; Wongthanee, Amika; Chariyalertsak, Chonlisa; Visuttaratana, Surasing; Beyrer, Chris	HIV incidence, risk factors, and motivation for biomedical intervention among gay, bisexual men, and transgender persons in Northern Thailand.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0024295	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168497/	BACKGROUND: HIV prevalence among men who have sex with men (MSM) and transgender (TG) persons is high and increasing in Chiang Mai, northern Thailand. OBJECTIVES: To describe demographic, socioeconomic, sexual behavior and HIV incidence in a MSM/TG HIV prevention trials among gay and bisexual MSM and TG presenting for HIV testing (VCT) and pre-screening for the iPrEx pre-exposure prophylaxis (PrEP) trial. METHODS: Between December 2006 and March 2008, 1,251 MSM/TG were enrolled in a cohort study. Participants were followed every 6 months for up to 24 months. Risk factors for seroconversion were determined using Poisson regression. RESULTS: A total of 551 MSM/TG were enrolled. The mean age was 25.6 years. HIV prevalence among MSM was 4.0%, and overall was 12.9% (71/551), 16.5% among gay men, 9.5% among TG, and 8.9% among BS. Consistent use of condoms was low, 33.3% in insertive anal sex and 31.9% in receptive anal sex. Interest in participation was high, 86.1% for PrEP, 69.7% for HIV vaccine trials, but 29.9% for circumcision. HIV was independently associated with being gay identified, aOR: 2.8, p = 0.017 and with being aged 25-29, aOR 2.7, p = 0.027. Among repeat testers, HIV incidence was 8.2/100 PY, 95% CI, 3.7/100PY to 18.3/100PY. CONCLUSION: HIV risks and rates varied by self-reported sexual orientation and gender identity. HIV was associated with sexual practices, age, and being gay-identified. These are populations are in need of novel prevention strategies and willing to participate in prevention research.	Adolescent; Adult; Humans; Incidence; Male; Young Adult; Female; Sexual Behavior; Risk Factors; Prevalence; Logistic Models; Motivation; Condoms; Circumcision, Male; Homosexuality, Male/*statistics & numerical data; Demography; Thailand/epidemiology; Bisexuality/*statistics & numerical data; HIV Infections/complications/diagnosis/*epidemiology/*prevention & control; Transsexualism/*complications	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2011	Chen, Nadine E.; Meyer, Jaimie P.; Springer, Sandra A.	Advances in the prevention of heterosexual transmission of HIV/AIDS among women in the United States.	Infectious Disease Reports	-	-	-	-	2036-7430 2036-7449	10.4081/idr.2011.e6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567593/	Despite recent advances in testing and treatment, the incidence of HIV/AIDS in the United States has remained stagnant with an estimated 56,300 new infections every year. Women account for an increasing proportion of the epidemic. The vulnerability of women to HIV stems from both increased biologic susceptibility to heterosexual transmission and also the social, economic, and structural disadvantages they experience. Women who are young, women with a history of incarceration, and victims of intimate partner violence are disproportionately affected by HIV. Prevention strategies for women include: women who are young, women with a history of incarceration, and victims of intimate partner violence. Although behavioral approaches to HIV prevention may be effective, pragmatic implementation is often difficult, especially for women who lack sociocultural capital to negotiate conditions with their male partners. Recent advances in HIV prevention show promise in terms of female-initiated interventions. These notably include female condoms, non-specific vaginal microbicides, and antiretroviral oral and vaginal pre-exposure prophylaxis. In this review, we will present evidence in support of these new female-initiated interventions while also emphasizing the importance of advocacy and the political support for these scientific advances to be successful.	HIV; AIDS; HIV prevention; women; heterosexual transmission	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Cong, Mian-ce; Youngquist, Ar S.; Aung, Wutyi; Sharma, Sunite; Mitchell, James; Dobard, Charles; Hewitte, Walid; Garcia-Lerma, J. Gerardo	Generation and mucosal transmissibility of emtricitabine- and tenofovir-resistant SHIV162P3 mutants in macaques.	Virology	-	-	-	-	1096-0341 0042-6822	10.1016/j.virol.2011.01.038	https://pubmed.ncbi.nlm.nih.gov/21334708/	Transmission of drug-resistant HIV has been widely documented. We generated tenofovir (TFV)- and emtricitabine (FTC)-resistant SHIV162P3 mutants that can be used to investigate the transmission efficiency of drug-resistant viruses and their impact on the efficacy of pre-exposure prophylaxis. Both SHIV162p3(M184V) and SHIV162p3(K65R) replicated in vitro at high titers. Drug resistance profiles were similar to those seen in HIV. Virus infectivity to vitro quantacle assays were 4- and 10-fold lower in SHIV162p3(M184V) and SHIV162p3(K65R), compared to a concurrently grown SHIV162p3, respectively. Mucosal transmissibility studies using a repeat low-dose macaque model of rectal and vaginal transmission showed that both mutants were able to efficiently infect macaques only after the dose was increased 10-fold over the dose of SHIV162p3. Thus, the K65R and M184V mutations reduced the transmissibility of macaques suggest that the reduction in fitness due to M184V and K65R decreases virus transmissibility, and identify in vitro infectivity parameters that associate with mucosal transmissibility.	Humans; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control/transmission; Risk Factors; Cambodia; Thailand; Infectious Disease Transmission, Vertical/prevention & control; Developing Countries; Sex Work; Pluralism, Africa; *Vulnerable Populations; Research Subjects; Social Justice; Community-Based Participatory Research/*ethics; *Healthcare Disparities/ethics; Ethics, Research; Developed Countries; United States/ethnology; Developed Countries; Health Services Accessibility/*ethics/standards; Moral Obligations; Research Personnel/*ethics	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Halkett, Timothy B; Baeten, Jared M; Hoffton, Renee; Barnabas, Ruanne; de Bruyn, Guy; Cremin, Ida; Delany, Sinead; Garnett, Geoffrey P; Grey, Glenda; Johnson, Leigh; McIntyre, James; Rees, Helen; Celum, Connie	Optimal uses of antiretrovirals for prevention in HIV-1 serodiscordant heterosexual couples in South Africa: a modelling study.	PLOS Medicine	-	-	-	-	1549-1676	10.1371/journal.pmed.1001123	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3219611/	BACKGROUND: Antiretrovirals have substantial promise for HIV-1 prevention, either as antiretroviral treatment (ART) for HIV-1-infected persons to reduce infectiousness, or as pre-exposure prophylaxis (PrEP) for HIV-1-uninfected persons to reduce the probability of infection. The optimal use of these agents in populations with HIV-1 HIV-1 serodiscordant couples in long-term partnerships (one member is infected and the other is uninfected) are a priority for prevention interventions. Earlier ART and PrEP might both reduce HIV-1 transmission in this group, but the merits and synergies of these different approaches have not been analyzed. METHODS AND FINDINGS: We constructed a mathematical model to examine the impact and cost-effectiveness of different strategies, including earlier initiation of ART and/or PrEP, for HIV-1 prevention for serodiscordant couples. Although the cost of PrEP is high, the cost per infection averted is significantly offset by future savings in lifelong treatment, especially among couples with multiple partners, low condom use, and a high risk of transmission. In some situations, highly effective PrEP could be cost-saving overall. To keep couples alive and without a new infection, providing PrEP to the uninfected partner could be at least as cost-effective as initiating ART earlier in the infected partner, if the annual cost of PrEP is ~40% of the annual cost of ART and PrEP is >70% effective. CONCLUSIONS: Strategic use of PrEP and ART could substantially reduce HIV-1 transmission in serodiscordant couples. Providing PrEP to the uninfected partner can be as cost-effective as delivery of ART and PrEP, and couples' behaviours and preferences will be critical for optimizing the use of antiretrovirals for HIV-1 prevention. Please see later in the article for the Editors' Summary	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2011	Hart, Christopher H; Eron, Joseph J; Cohen, Myron S	Pre-exposure prophylaxis and antiretroviral resistance: HIV prevention at a cost?	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/cir684	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246407/	Pre-exposure prophylaxis (PrEP), the use of antiretrovirals (ARVs) by human immunodeficiency virus (HIV)-uninfected individuals to prevent acquisition of the virus during high-risk sexual encounters, enjoyed its first 2 major successes with the Centre for the AIDS Programme of Research in South Africa (CAPRISA) 004 and the Pre-Exposure Prophylaxis Initiative (iPrEx). These successes were buoyed by additional positive results from the TDF2 and Partners PrEP trials. Although no seroconverters in either arm of CAPRISA developed resistance to tenofovir, 2 participants in iPrEx with undetected, seronegative acute HIV infection were randomized to receive daily oral tenofovir-emtricitabine and resistance to emtricitabine was later discovered in both men. A similar case in the TDF2 study resulted in resistance to both ARVs. These cases prompted us to examine existing literature on the nature of resistance mutations elicited by ARVs used for PrEP. Here, we discuss the impact of signature mutations selected by PrEP, how rapidly these emerge with daily ARV exposure, and the individual-level and public health consequences of ARV resistance.	HIV Infections; Mutation; Pre-exposure prophylaxis, iprex trial, tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Jespers, Vicky; Francis, Susanna C; van de Wijgert, Janneke; Crucitti, Tania	Methodological issues in sampling the local immune system of the female genital tract at the context of HIV prevention trials.	American Journal of Reproductive Immunology	-	-	-	-	1600-0897	10.1111/j.1600-0897.2010.00938.x	https://dx.doi.org/10.1111/j.1600-0897.2010.00938.x	The spread of HIV continues unabated in the most vulnerable populations of the world. HIV prevention methods, such as a vaginal microbicide, a mucosal vaccine, pre-exposure prophylaxis or a vaccine, are urgently needed. The female genital tract (FGT) is the site of HIV acquisition and the local immune system plays a crucial role in the outcome of HIV exposure and the early pathogenesis of HIV. Above all, these products should be proven to be safe and not negatively disturb the local immune system in a way that facilitates or enhances heterosexual transmission of HIV. HIV specific and non-specific cellular and humoral local vaginal immunity must be assessed in clinical trials when testing prevention products for safety or efficacy. A proven, well-documented and standardized sampling strategy will provide high quality data to be able to assess both safety and local immune responses. In this paper, we will discuss methods for vaginal immunology sampling in the context of clinical trials.	Clinical trials, HIV, HIV prevention,microbicides, mucosal immunology	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Essay	2011	Karim, Salim S Abdool; Kashuba, Angela D M; Werner, Lisa; Karim, Quarraisha Abdool	Drug concentrations after topical and oral antiretroviral pre-exposure prophylaxis: implications for HIV prevention in women.	The Lancet	-	-	-	-	1474-547X	10.1016/S0140-6736(11)60876-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652574/	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Other

Article	2011	Katsidzira, Leolin; Hakim, James G.	HIV prevention in southern Africa: why we must reassess our strategies?	Tropical Medicine & International Health (TM & IH)	-	-	-	-	1365-3156 1360-2276	10.1111/j.1365-3156.2011.02807.x	https://pubmed.ncbi.nlm.nih.gov/21668592/	Southern Africa continues to shoulder a disproportionate burden of the HIV epidemic with the number of new infections outstripping treatment initiation two- to threefold. Current prevention strategies have had a limited impact on the trajectory of the epidemic so far. The history of HIV prevention research is dominated by failed approaches, but recent developments have provided reason for hope. These include the successful male circumcision outcomes in trials in South Africa, Kenya and Uganda, the recent protective outcome of a tenofovir vaginal gel trial in South Africa and the proof that pre-exposure prophylaxis with oral combination tenofovir/emtricitabine can work in men. The latter positive outcome has however been shattered by the early closure of FEM-PrEP for futility. The challenge now is on how to best integrate emerging prevention methods with established strategies, recognising that some of the older methods have never been scaled up to saturation level.	Adolescent; Adult; Humans; Male; Middle Aged; Tenofovir; Young Adult; Female; Acquired Immunodeficiency Syndrome/prevention & control; Adenine/analogs & derivatives/therapeutic use; Organophosphonates/therapeutic use; Anti-HIV Agents/therapeutic use; HIV Seropositivity; Condoms, Female/statistics & numerical data; *Risk Reduction Behavior; Circumcision, Male; Condoms/*statistics & numerical data; HIV Infections/epidemiology/*prevention & control/*therapy; Interdisciplinary Communication; Preventive Medicine/*methods	English	United Kingdom	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Review
Article	2011	Kelesidis, Theodoros; Landovitz, Raphael J	Preexposure prophylaxis for HIV prevention.	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-011-0078-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3269441	Reducing the incidence of HIV remains one of our greatest public health challenges. However, there is growing optimism that preexposure prophylaxis (PrEP) could have a major impact on preventing incident HIV infection. Recently presented data on the use of oral PrEP in men who have sex with men (MSM) have provided proof-of-principle for this strategy. Additional clinical trials are evaluating whether PrEP provides similar protection to risk groups other than MSM, such as heterosexual persons and injection drug users. Still unanswered questions include optimal dosing strategies, long-term safety, maximizing adherence and minimizing costs, addressing drug resistance in the face of PrEP failure, optimizing access, and assessing effects on risk behavior. Future implementation will be guided by the results of clinical trials in progress. This article provides a review of the data on the potential strengths and limitations of PrEP as an HIV prevention strategy, identifies challenges to implementation of this approach, and outlines knowledge gaps.	Preexposure prophylaxis, HIV, Antiretrovirals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Kersh, Ellen N; Adams, Debra R; Youngpairoj, Ae S; Luo, Wei; Zheng, Qi; Cong, Mian-er; Aung, Wutyi; Mitchell, James; Otten, Ron; Hendry, R Michael; Heneine, Walid; McNicholl, Janet; Garcia-Lerma, J Gerardo	T cell chemo-vaccination effects after repeated mucosal SHIV exposures and oral pre-exposure prophylaxis.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0019295	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3082568	Pre-exposure prophylaxis (PrEP) with anti-viral drugs is currently in clinical trials for the prevention of HIV infection. Induction of adaptive immune responses to virus exposures during anti-viral drug administration, i.e., a "chemo-vaccination" effect, could contribute to PrEP efficacy. To study possible chemo-vaccination, we monitored humoral and cellular immune responses in nine rhesus macaques undergoing up to 14 weekly, low-dose SHIV(SF162P3) rectal exposures. Six macaques concurrently received PrEP with intermittent, oral Truvada; three were no-PrEP controls. PrEP protected 4 macaques from infection. Two of the four showed evidence of chemo-vaccination, because they developed anti-SHIV CD4(+) and CD8(+) T cells; SHIV-specific antibodies were not detected. Control macaques showed no anti-SHIV immune responses before infection. Chemo-vaccination-induced T cell responses were robust (up to 3,940 SFU/10(6) PBMCs), predominantly central memory cells, short-lived (≤22 weeks), and appeared intermittently and with changing specificities. The two chemo-vaccinated macaques were virus-challenged again after 28 weeks of rest, after T cell responses had waned. One macaque was not protected from infection. The other macaque concurrently received additional PrEP. It remained uninfected and T cell responses were boosted during the additional virus exposures. In summary, we document and characterize PrEP-induced T cell chemo-vaccination. Although not protective after subsiding in one macaque, chemo-vaccination-induced T cells warrant more comprehensive analysis during peak responses for their ability to prevent or to control infections after additional exposures. Our findings highlight the importance of monitoring these responses in clinical PrEP trials and suggest that a combination of vaccines and PrEP potentially might enhance efficacy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Koblin, Beryl A; Mansergh, Gordon; Frye, Victoria; Tieu, Hong Van; Hoover, Donald R; Bonner, Sebastian; Flores, Stephen A; Hudson, Sharon M; Colfax, Grant N	Condom-use decision making in the context of hypothetical pre-exposure prophylaxis efficacy among substance-using men who have sex with men: Project MIX.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0b013e31822b76d2	https://dx.doi.org/10.1097/QAI.0b013e31822b76d2	OBJECTIVE: To examine condom-use decision making in the context of hypothetical pre-exposure prophylaxis (PrEP) efficacy among men who have sex with men who use alcohol and other substances during sex. METHODS: Substance-using men who have sex with men were recruited in 4 US cities for a behavioral intervention trial. Three groups were defined as follows: men who indicated that to not use a condom for receptive/insertive unprotected anal intercourse (UAI) while using PrEP, PrEP would need to be: (1) "almost always or always" effective (high efficacy); (2) effective "at least half the time or more but not almost always or always" (mid-range efficacy corresponding to recent PrEP trial results); (3) effective "less than half the time" (low efficacy). The mid-range efficacy group was compared with the low-efficacy group (as the reference) and to the-high efficacy group (as the reference). RESULTS: Among 630 men who never used PrEP, 15.2% were in the mid-range efficacy group for receptive UAI and 34.1% in the mid-range efficacy group for insertive UAI. Scores on difficulty communicating about safer sex while high were significantly higher in the mid-range efficacy group compared with each of the other groups for both receptive and insertive UAI. Men who seemed to be differentiating PrEP use by anal sex role also scored higher on communication difficulties, although scoring lower on condom intentions. CONCLUSIONS: Communication about safer sex while under the influence of alcohol or other substances and condom intentions are important factors to consider for HIV prevention interventions for PrEP users.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2011	Koh, Yasuhiro; Haim, Hillel; Engelman, Alan	Identification and characterization of persistent intracellular human immunodeficiency virus type 1 integrase strand transfer inhibitor activity.	Antimicrobial Agents and Chemotherapy	-	-	-	-	1098-6596 0066-4804	10.1128/AAC.01064-10	https://pubmed.ncbi.nlm.nih.gov/21060108/	Pharmacokinetic and pharmacodynamic considerations significantly impact infectious disease treatment options. One aspect of pharmacodynamics is the postantibiotic effect, classically defined as delayed bacterial growth after antibiotic removal. The same principle can apply to antiviral drugs. For example, significant delays in human immunodeficiency virus type 1 (HIV-1) replication can be observed after nucleoside/nucleotide reverse transcriptase inhibitor (N/NtRTI) removal from culture medium, because these prodrugs must be anabolized into active, phosphorylated forms once internalized into cells. A relatively new class of anti-HIV-1 drugs is the integrase strand transfer inhibitors (INSTIs), and the INSTIs raltegravir (RAL) and elvitegravir (EVG) were tested here alongside positive N/NtRTI controls tenofovir disoproxil fumarate (TDF) and azidothymidine (AZT), as well as the nonnucleoside reverse transcriptase inhibitor negative control nevirapine (NVP), to assess potential postantiviral effects. Transformed and primary CD4-positive cells pretreated with INSTIs significantly resisted subsequent challenge by HIV-1, revealing the following hierarchy of persistent intracellular drug strength: TDF > EVG ~ AZT > RAL > NVP. A modified time-of-addition assay was moreover developed to assess residual drug activity levels. Approximately 0.8% of RAL and 2% of initial EVG and TDF 1-h pulse drug levels persisted during the acute phase of HIV-1 infection. EVG furthermore displayed significant virucidal activity. Although there is no reason to suspect obligate intracellular modification, this study nevertheless defines significant intracellular persistence of prototype INSTIs. Ongoing second-generation formulations should therefore consider the potential for significant postantiviral effects among this drug class. Combined intracellular persistence and virucidal activities suggest potential pre-exposure prophylaxis applications for EVG.	Humans; Tenofovir; Raltegravir Potassium; HIV-1/*drug effects; Cell Line; Anti-HIV Agents/*pharmacology; Adenine/analogs & derivatives/pharmacology; Organophosphonates/pharmacology; HeLa Cells; Integrase Inhibitors/*pharmacology; Pyrrolidinones/pharmacology; Quinolones/pharmacology; Zidovudine/pharmacology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Kokolo, Madzouka B; Fergusson, Dean A; Cameron, D William	HIV pre-exposure prophylaxis (PrEP)--a quantitative ethics appraisal.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0022497	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3151244	BACKGROUND: There is now strong evidence that preventive oral antiretroviral therapy can moderately reduce likelihood of HIV infection. This concept is called HIV pre-exposure prophylaxis (PrEP). Premature closures of some previous PrEP clinical trials, secondary to ethical concerns, did not stop research. We aimed to appraise the extent of ethics considerations reporting in PrEP study documents. METHODS: We conducted a systematic quantitative ethics appraisal, grounded in PrEP literature and using eight principles proposed by Ezechiel Emanuel. We developed an a priori checklist of 101 evidence-based ethics items. We obtained protocols for eleven of nineteen clinical controlled studies identified. Two reviewers independently appraised study documents against the checklist. Ethics appraisal was synthesized using adjusted percentages of items reported. RESULTS: On average, 58% of the 101 ethics items were mentioned or addressed in documents, with variations noted both across studies and across principles. Considerations pertaining to social value were least reported (43% of checklist items, on average) whereas considerations related to informed consent and favorable risk-benefit ratio were most reported (75% of checklist items, on average). DISCUSSION: Some PrEP studies reportedly address more ethics considerations than others but, overall, ethics considerations reporting could be much improved. While this review does not allow us to comment on the actual execution of HIV PrEP trials, it is a reminder that optimism generated by potentially effective interventions should not overshadow the importance of ethics in research design and development. Improving ethics reporting might improve the perceived value of PrEP research and subsequent data.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2011	Krakower, Douglas; Mayer, Kenneth H.	Promising prevention approaches: tenofovir gel and prophylactic use of antiretroviral medications.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-011-0094-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3240840/	Thirty years into the global HIV epidemic, the need for effective prevention strategies remains critical. In July 2010, the CAPRISA-004 study demonstrated that topical administration of a gel containing the antiretroviral agent tenofovir decreased the risk of HIV acquisition among at-risk heterosexual women. Subsequently, the iPrEx study reported that prophylactic use of a daily oral tablet containing tenofovir and emtricitabine reduced the risk of HIV acquisition among high-risk men who have sex with men. These studies illustrate the promise of antiretroviral pre-exposure chemoprophylaxis (PrEP) as an innovative prevention approach. This review discusses the rationale for chemoprophylaxis, compares the advantages of topical and oral delivery, outlines recommended safety monitoring, offers principles to guide selection of antiretroviral agents, and highlights potential unintended consequences of PrEP use. If future studies confirm the safety and efficacy of tenofovir gel and oral PrEP, successful implementation of these strategies could significantly impact the HIV epidemic.	Humans; Male; Tenofovir; Anti-HIV Agents/*therapeutic use; Adenine/*analogs & derivatives/therapeutic use; Female; HIV Infections/*prevention & control; Organophosphonates/*therapeutic use; Reverse Transcriptase Inhibitors/*therapeutic use; Gels/therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Lampe, Margaret A; Smith, Dawn K; Anderson, Gillian J E; Edwards, Ashley E; Nesheim, Steven R	Achieving safe conception in HIV-discordant couples: the potential role of oral preexposure prophylaxis (PrEP) in the United States.	American Journal of Obstetrics and Gynecology	-	-	-	-	1097-6868	10.1016/j.ajog.2011.02.026	https://dx.doi.org/10.1016/j.ajog.2011.02.026	Approximately half of HIV-discordant heterosexual couples in the United States want children. Oral antiretroviral preexposure prophylaxis, if effective in reducing heterosexual HIV transmission, might be an option for discordant couples wanting to conceive. Couples should receive services to ensure they enter pregnancy in optimal health and receive education about all conception methods that reduce the risk of HIV transmission. In considering whether preexposure prophylaxis is indicated, the question is whether it contributes to lowering risk in couples who have decided to conceive despite known risks. If preexposure prophylaxis is used, precautions similar to those in the current heterosexual preexposure prophylaxis trials would be recommended, and the unknown risks of preexposure prophylaxis used during conception and early fetal development should be considered. Anecdotal reports suggest that oral preexposure prophylaxis use is already occurring. It is time to have open discussions of when and how preexposure prophylaxis might be indicated for HIV-discordant couples attempting conception.	conception; discordanr couples; hiv; preexposure prophylaxis; pregnancy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Leibowitz, AA; Parker, KB; Rotheram-Borus, MJ	A US Policy Perspective on Oral Preexposure Prophylaxis for HIV	American Journal of Public Health	-	-	-	-	0090-0036	10.2105/AJPH.2010.300066	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093264/	Orally administered preexposure prophylaxis is an innovative and controversial HIV prevention strategy involving the regular use of antiretroviral medications by uninfected individuals. Antiretroviral medications protect against potential HIV infection by reducing susceptibility to the virus. Recent clinical trial results indicate that preexposure prophylaxis can be safe and efficacious for men who have sexual intercourse with men, yet there remain policy considerations surrounding costs, opportunity costs, and ethical issues that must be addressed before broad implementation in the United States. Resources for HIV prevention are limited, thus cost-effectiveness analyses of PrEP implementation in nonexperimental situations are needed to allocate prevention funding most productively. Findings from the randomized clinical trials that PrEP is efficacious should mark the beginning of the policy discussion, not its end. (Am J Public Health. 2011;101:982-985. doi:10.2105/AJPH.2010.300066)	INFECTION; COST-EFFECTIVENESS; UNITED-STATES; MEN; RISK; SEX; IMPACT; EXPOSURE; CLINICAL-OUTCOMES	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Leonardi, M.; Lee, E.; Tan, D. H. S.	Awareness of, usage of and willingness to use HIV pre-exposure prophylaxis among men in downtown Toronto, Canada.	International journal of STD & AIDS	-	-	-	-	1758-1052 0956-4624	10.1258/ijsa.2011.011057	https://pubmed.ncbi.nlm.nih.gov/22174057/	Pre-exposure prophylaxis (PrEP) is a promising strategy whereby HIV-uninfected people could take antiretroviral (ARV) medications to reduce their risk of HIV acquisition. Reports suggest that unsupervised PrEP use has been occurring in gay communities of USA cities before human safety and efficacy data became available. We administered a 20-item questionnaire to men undergoing HIV testing at Hassle Free Clinic, a sexual health clinic in the gay village of Toronto. Questionnaire items enquired about demographics, sexual partners, substance use and awareness of, usage of and willingness to use PrEP. Logistic regression was used to identify characteristics associated with PrEP-related outcomes. Of 256 participants, 11.7% were aware of PrEP, with more men who have sex with men (MSM) aware (14.1%) than non-MSM (4.9%). No participants reported PrEP usage. Willingness to consider PrEP use was high and associated with high-risk activities, suggesting opportunities for PrEP use in the future.	Adult; Humans; Male; Middle Aged; Anti-HIV Agents/*therapeutic use; HIV Infections/drug therapy/*prevention & control; Cohort Studies; Surveys and Questionnaires; Logistic Models; Homosexuality, Male/*statistics & numerical data; Sexual Behavior/statistics & numerical data; Antibiotic Prophylaxis/*statistics & numerical data; Ontario/epidemiology	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2011	Liu, AY; Vittinghoff, E; Sellmeyer, DE; Irvin, R; Mulligan, K; Mayer, K; Thompson, M; Grant, R; Pathak, S; O'Hara, B; Gvetadze, R; Chillag, K; Grohskopf, L; Buchbinder, SP	Bone mineral density in HIV-negative men participating in a tenofovir pre-exposure prophylaxis randomized clinical trial in San Francisco	PLOS One	-	-	-	-	NA	10.1371/journal.pone.0023688	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-00806021/full	BACKGROUND: Pre-exposure prophylaxis (PrEP) trials are evaluating regimens containing tenofovir-disoproxil fumarate (TDF) for HIV prevention. We determined the baseline prevalence of low bone mineral density (BMD) and the effect of TDF on BMD in men who have sex with men (MSM) in a PrEP trial in San Francisco. METHODS/FINDINGS: We evaluated 1) the prevalence of low BMD using Dual Energy X-ray Absorptiometry (DEXA) in a baseline cohort of 210 HIV-uninfected MSM who screened for a randomized clinical trial of daily TDF vs. placebo, and 2) the effects of TDF on BMD in a longitudinal cohort of 184 enrolled men. Half began study drug after a 9-month delay to evaluate changes in risk behavior associated with pill-use. At baseline, 20 participants (10%) had low BMD (Z score≤-2.0 at the L2-L4 spine, total hip, or femoral neck). Low BMD was associated with amphetamine (OR=5.86, 95% CI 1.70-20.20) and inhalant (OR=4.57, 95% CI 1.32-15.81) use; men taking multivitamins, calcium, or vitamin D were less likely to have low BMD at baseline (OR=0.26, 95% CI 0.10-0.71). In the longitudinal analysis, there was a 1.1% net decrease in mean BMD in the TDF vs. the pre-treatment/placebo group at the femoral neck (95% CI 0.4-1.9%), 0.8% net decline at the total hip (95% CI 0.3-1.3%), and 0.7% at the L2-L4 spine (95% CI -0.1-1.5%). At 24 months, 13% vs. 6% of participants experienced >5% BMD loss at the femoral neck in the TDF vs. placebo groups (p=0.13). CONCLUSIONS: Ten percent of HIV-negative MSM had low BMD at baseline. TDF use resulted in a small but statistically significant decline in BMD at the total hip and femoral neck. Larger studies with longer follow-up are needed to determine the trajectory of BMD changes and any association with clinical fractures. TRIAL REGISTRATION: ClinicalTrials.gov: NCT00131677.	Absorptiometry, Photon; Adenine *analogs & derivatives, pharmacology; Adolescent; Adult; Anti-HIV Agents *pharmacology; Bone Density *drug effects; Eligibility Determination; Fractures, Bone epidemiology, physiopathology; HIV Seronegativity *drug effects, *physiology; Homosexuality, Male; Humans; Longitudinal Studies; Male; Middle Aged; Organophosphonates *pharmacology; Preventive Health Services *methods; San Francisco epidemiology; Tenofovir; Young Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Martin, Michael; Vanichseni, Suphak; Suntharasamai, Pravan; Sangkum, Udomsak; Chuachoowong, Rutt; Mock, Philip A; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Kittimunkong, Somyot; van Griensven, Frits; McNicholl, Janet M; Paxton, Lynn; Choopanya, Kachit	Enrollment characteristics and risk behaviors of injection drug users participating in the Bangkok Tenofovir Study, Thailand.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0025127	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182181	BACKGROUND: The Bangkok Tenofovir Study was launched in 2005 to determine if pre-exposure prophylaxis with tenofovir will reduce the risk of HIV infection among injecting drug users (IDUs). We describe recruitment, screening, enrollment, and baseline characteristics of study participants and contrast risk behavior of Tenofovir Study participants with participants in the 1999-2003 AIDSVAX B/E Vaccine Trial. METHODS: The Bangkok Tenofovir Study is an ongoing, phase-3, randomized, double-blind, placebo-controlled, HIV pre-exposure prophylaxis trial of daily oral tenofovir. The Tenofovir Study and the Vaccine Trial were conducted among IDUs at 17 drug-treatment clinics in Bangkok. Tenofovir Study sample size was based on HIV incidence in the Vaccine Trial. Standardized questionnaires were used to collect demographic, risk behavior, and incarceration data. The Tenofovir Study is registered with ClinicalTrials.gov, number--NCT00119106. RESULTS: From June 2005 through July 2010, 4094 IDUs were screened and 2413 enrolled in the Bangkok Tenofovir Study. The median age of enrolled participants was 31 years (range, 20-59), 80% were male, and 63% reported they injected drugs during the 3 months before enrollment. Among those who injected, 53% injected methamphetamine, 37% midazolam, and 35% heroin. Tenofovir Study participants were less likely to inject drugs, inject daily, or share needles (all, p<0.001) than Vaccine Trial participants. DISCUSSION: The Bangkok Tenofovir Study has been successfully launched and is fully enrolled. Study participants are significantly less likely to report injecting drugs and sharing needles than participants in the 1999-2003 AIDSVAX B/E Vaccine Trial suggesting HIV incidence will be lower than expected. In response, the Bangkok Tenofovir Study enrollment was increased from 1600 to 2400 and the study design was changed from a defined 1-year follow-up period to an endpoint-driven design. Trial results demonstrating whether or not daily oral tenofovir reduces the risk of HIV infection among IDUs are expected in 2012.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2011	Mehta, Sapna A.; Silvera, Richard; Bernstein, Kyle; Holzman, Robert S.; Aberg, Judith A.; Daskalakis, Demetre C.	Awareness of post-exposure HIV prophylaxis in high-risk men who have sex with men in New York City.	Sexually Transmitted Infections	-	-	-	-	1472-3263 1368-4973	10.1136/sti.2010.046284	https://pubmed.ncbi.nlm.nih.gov/21357600/	OBJECTIVES: To understand the factors associated with knowledge of non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP), bathhouse patrons in New York City (NYC) were surveyed. METHODS: 554 men who have sex with men (MSM) at two NYC bathhouses were given a standardised survey focused on nPEP and PrEP at the time of HIV testing. RESULTS: In the previous 90 days, 63% of respondents reported unprotected sex with a male partner and 7% reported any sex with a known HIV-positive male partner. Less than half reported having a primary provider (primary care practitioner) who was aware of their MSM behaviour. 201 men (36%) were aware of nPEP or PrEP. In univariate analyses, race/ethnicity, previous HIV testing, gay self-identification, higher education level, having a primary provider aware of MSM behaviour, reported interaction with the healthcare system, use of the internet for meeting sex partners, reporting unprotected sex in the previous 90 days, reporting any sex with an HIV-positive male partner in the previous 90 days and having a higher number of sex partners were each significantly associated with being aware of nPEP or PrEP. In multivariate analysis, having a higher number of sex partners was significantly associated (OR 5.10, p=0.02) with post-exposure prophylaxis (PEP)/PrEP knowledge and disclosure to a primary care provider was also associated, although less robustly (OR 2.10, p=0.06). CONCLUSIONS: Knowledge of nPEP or PrEP among sexually active MSM in NYC is low and is associated with having a primary provider aware of their patient's same-sex behaviours. These findings show the need for improving education about nPEP among high-risk MSM in NYC and the role of providers in these efforts.	Adult; Humans; Male; Child, Preschool; Sexual Partners; Health Knowledge, Attitudes, Practice; Homosexuality, Male/*psychology; HIV Infections/*prevention & control/psychology; Substance-Related Disorders/epidemiology; Post-Exposure Prophylaxis/*statistics & numerical data; New York City/epidemiology; Unsafe Sex/psychology/statistics & numerical data; Disclosure; Health Education/methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2011	Mertenskoetter, T.; Kaptur, Paulina E.	Update on microbicide research and development - seeking new HIV prevention tools for women.	European Journal of Medical Research	-	-	-	-	0949-2321 2047-783X	10.1186/2047-783x-16-1-1	https://pubmed.ncbi.nlm.nih.gov/21345763/	Women and girls are especially vulnerable to HIV infection in sub-Saharan Africa, and in some of those countries, prevalence among young women can be up to 3 times higher than among men of the same age. Effective HIV prevention options for women are clearly needed in this setting. Several ARV-based vaginal microbicides are currently in development for prevention of HIV transmission to women and are discussed here. The concept of pre-exposure prophylaxis for the prevention of HIV transmission to women is introduced.	Adult; Humans; Male; Tenofovir; Clinical Trials as Topic; Female; Anti-HIV Agents/*administration & dosage; Administration, Intravaginal; Adenine/administration & dosage/analogs & derivatives; Organophosphonates/administration & dosage; Maraviroc; Africa South of the Sahara/epidemiology; Pyridines/administration & dosage; HIV Infections/epidemiology/*prevention & control/transmission; Anti-Infective Agents/*administration & dosage; Pyrimidines/administration & dosage; Cyclohexanes/administration & dosage; Triazoles/administration & dosage; Drug Discovery/trends; Urea/administration & dosage/analogs & derivatives	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Mujugira, Andrew; Baeten, Jared M; Donnell, Deborah; Ndase, Patrick; Mugo, Nelly R; Barnes, Linda; Campbell, James D; Wangisi, Jonathan; Tappero, Jordan W; Bukusi, Elizabeth; Cohen, Craig R; Katabira, Elly; Ronald, Allan; Tumwesigye, Elioda; Were, Edwin; Fife, Kenneth H; Kiarie, James; Farquhar, Carey; John-Stewart, Grace; Kidoguchi, Lara; Panteleeff, Dana; Krows, Meighan; Shah, Heena; Revall, Jennifer; Morrison, Susan; Ondrejcek, Lisa; Ingram, Charlotte; Coombs, Robert W; Lingappa, Jairam R	Characteristics of HIV-1 Serodiscordant Couples Enrolled in a Clinical Trial of Antiretroviral Pre-Exposure Prophylaxis for HIV-1 Prevention	PLOS ONE	-	-	-	-	1932-6203	https://doi.org/10.1371/journal.pone.0025828	https://escholarship.org/uc/item/0xr85192	IntroductionStable heterosexual HIV-1 serodiscordant couples in Africa have high HIV-1 transmission rates and are a critical population for evaluation of new HIV-1 prevention strategies. The Partners PrEP Study is a randomized, double-blind, placebo-controlled trial of tenofovir and emtricitabine-tenofovir pre-exposure prophylaxis to decrease HIV-1 acquisition within heterosexual HIV-1 serodiscordant couples. We describe the trial design and characteristics of the study cohort.MethodsHIV-1 serodiscordant couples, in which the HIV-1 infected partner did not meet national guidelines for initiation of antiretroviral therapy, were enrolled at 9 research sites in Kenya and Uganda. The HIV-1 susceptible partner was randomized to daily oral tenofovir, emtricitabine-tenofovir, or matching placebo with monthly follow-up for 24-36 months.ResultsFrom July 2008 to November 2010, 7920 HIV-1 serodiscordant couples were screened and 4758 enrolled. For 62% (2966/4758) of enrolled couples, the HIV-1 susceptible partner was male. Median age was 33 years for HIV-1 susceptible and HIV-1 infected partners IQR (28-40) and (26-39) respectively. Most couples (98%) were married, with a median duration of partnership of 7.0 years (IQR 3.0-14.0) and recent knowledge of their serodiscordant status median 0.4 years (IQR 0.1-2.0). During the month prior to enrollment, couples reported a median of 4 sex acts (IQR 2-8); 27% reported unprotected sex and 14% of male and 1% of female HIV-1 susceptible partners reported sex with outside partners. Among HIV-1 infected partners, the median plasma HIV-1 level was 3.94 log(10) copies/mL (IQR 3.31-4.53) and median CD4 count was 496 cells/μL (IQR 375-662); the majority (64%) had WHO stage 1 HIV-1 disease.ConclusionsCouples at high risk of HIV-1 transmission were rapidly recruited into the Partners PrEP Study, the largest efficacy trial of oral PrEP. (ClinicalTrials.gov NCT00557245).	Public Health; Biomedical and Clinical Sciences; Clinical Sciences; Health Sciences; Clinical Research; HIV/AIDS; Clinical Trials and Supportive Activities; Prevention; Behavioral and Social Science; Infectious Diseases; 6.1 Pharmaceuticals; Evaluation of treatments and therapeutic interventions; Infection; Good Health and Well Being; Adenine; Adolescent; Adult; Anti-HIV Agents; Cohort Studies; Deoxycytidine; Emtricitabine; Female; HIV Infections; HIV Seronegativity; HIV Seropositivity; HIV-1; Heterosexuality; Humans; Male; Middle Aged; Organophosphonates; Risk-Taking; Sexual Behavior; Tenofovir; Young Adult; Partners PrEP Study Team; General Science & Technology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Myers, Gavin M; Mayer, Kenneth H	Oral preexposure anti-HIV prophylaxis for high-risk U.S. populations: current considerations in light of new findings.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2010.0222	https://dx.doi.org/10.1089/apc.2010.0222	This article reviews the status of current research evaluating oral preexposure prophylaxis (PrEP) for prevention of HIV infection in high-risk populations. In animal model studies, the use of antiretrovirals has been shown to be effective in preventing HIV acquisition. Early-phase PrEP studies have established safety in humans. Currently, more than 20,000 men and women will soon be enrolled in studies of oral or topical chemoprophylaxis, testing a variety of drug delivery methods including tenofovir disoproxil fumarate (TDF) gel applied vaginally or rectally, as well as oral PrEP using TDF by itself or coformulated with emtricitabine (FTC). The largest global PrEP trial in men who have sex with men (MSM), known as iPrEx has demonstrated that oral chemoprophylaxis can decrease HIV incidence in this population. Although TDF/FTC PrEP was generally well tolerated, side effects such as nausea, as well as mild and reversible renal abnormalities were increased among the men who received active medication, suggesting that PrEP users will need ongoing PrEP clinical monitoring. The prophylactic benefits of TDF/FTC were substantially attenuated by nonadherence, indicating that effective PrEP implementation programs will need to focus on this behavioral variable, in addition to safer sex counseling. This article considers biological, policy, and practical implications of large-scale oral PrEP implementation.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2011	Naswa, Smriti; Marfatia, Y	Pre-exposure prophylaxis of HIV	Indian Journal of Sexually Transmitted Diseases and AIDS	-	-	-	-	25890557	10.4103/0253-7184.81246	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv/docview/870329683/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is an experimental approach to HIV prevention and consists of antiretroviral drugs to be taken before potential HIV exposure in order to reduce the risk of HIV infection and continued during periods of risk. An effective PrEP could provide an additional safety net to sexually active persons at risk, when combined with other prevention strategies. Women represent nearly 60% of adults infected with HIV and PrEP can be a female-controlled prevention method for women who are unable to negotiate condom use. Two antiretroviral nucleoside analog HIV-1 reverse transcriptase inhibitor drugs are currently under trial as PrEP drugs, namely tenofovirdisoproxilfumarate (TDF) alone and TDF in combination with emtricitabine (FTC), to be taken as daily single dose oral drugs. There are 11 ongoing trials of ARV-based prevention in different at risk populations across the world. The iPrex trial showed that daily use of oral TDF/FTC by MSM resulted in 44% reduction in the incidence of HIV. This led to publication of interim guidance by CDC to use of PrEP by health providers for MSM. Few other trials are Bangkok Tenofovir Study, Partners PrEP Study, FEM-PrEP study, and VOICE (MTN-003) study. Future trials are being formulated for intermittent PrEP (iPrEP) where drugs are taken before and after sex, "stand-in dose" PrEP, vaginal or rectal PrEP, etc. There are various issues/concerns with PrEP such as ADRs and resistance to TDF/FTC, adherence to drugs, acceptability, sexual disinhibition, use of PrEP as first line of defense for HIV without other prevention strategies, and cost. The PrEP has a potential to address unmet need in public health if delivered as a part of comprehensive toolkit of prevention services, including risk-reduction, correct and consistent use of condoms, and diagnosis and treatment of sexually transmitted infections. PUBLICATION ABSTRACT	Menopause; Pre-exposure prophylaxis; Antiretroviral drugs; Disease prevention; Drug therapy; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Preventive healthcare; Medical Sciences--Internal Medicine	English	India	Asia and the Pacific	India	Asia and the Pacific	India	Asia and the Pacific	Other
Article	2011	Olesen, Rikke; Wahl, Angela; Denton, Paul W.; Garcia, J. Victor	Immune reconstitution of the female reproductive tract of humanized BLT mice and their susceptibility to human immunodeficiency virus infection.	Journal of Reproductive Immunology	-	-	-	-	1872-7603 0165-0378	10.1016/j.jri.2010.11.005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6831040/	An HIV vaccine capable of providing sterilizing immunity from vaginal infection would reduce the spread of HIV to women. Unfortunately, only one of the four HIV-1 vaccine clinical trials has demonstrated any level of protection (31%) against HIV-1 transmission. Additionally, only one topical microbicide clinical trial has reported an overall reduction in HIV transmission (39%). Developing even more effective vaccines and microbicides will require a better understanding of the key events involved in HIV infection and dissemination at the site of exposure. Novel immunodeficient mice capable of being systemically reconstituted with human hematopoietic stem cells have provided new systems where HIV transmission studies can be performed. Specifically, a humanized mouse model of vaginal HIV transmission has been developed that utilizes the humanized bone marrow-liver-thymus (BLT) mouse. The female reproductive tract (FRT) of humanized BLT mice is reconstituted with functional human immune cells rendering them susceptible to vaginal HIV-1 infection. In this review we focus on four aspects of BLT mice for the study of vaginal HIV-1 transmission: (1) we discuss methods for creating humanized BLT mice and their reconstitution with human hematopoietic cells, (2) we describe reconstitution of the BLT mouse FRT with human immune cells, (3) we highlight the work done regarding vaginal HIV-1 transmission and (4) we summarize the efficacy of systemic pre-exposure prophylaxis (PrEP) to prevent vaginal HIV-1 transmission in BLT mice. BLT mice are a highly relevant small animal model for studying vaginal HIV-1 transmission, prevention and therapy.	Humans; Animals; Disease Models, Animal; Mice; Female; Pregnancy; Disease Susceptibility; Infection Control; *AIDS Vaccines; *Hematopoietic Stem Cell Transplantation; HIV Infections/*immunology/therapy/transmission; HIV-1/*immunology/pathogenicity; Mice, Inbred Strains; Vagina/*immunology/metabolism/virology	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Patterson, Kristine B; Prince, Heather A; Kraft, Eric; Jenkins, Amanda J; Shaheen, Nicholas J; Rooney, James F; Cohen, Myron S; Kashuba, Angela D M	Penetration of tenofovir and emtricitabine in mucosal tissues: implications for prevention of HIV-1 transmission.	Science Translational Medicine	-	-	-	-	1946-6242	10.1126/scitranslmed.3003174	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483088	A mainstay of strategies to prevent HIV-1 transmission is to use antiretroviral therapy (ART) for pre-exposure prophylaxis (PrEP). Critical to the design and interpretation of PrEP prevention trials is the ability to make accurate pharmacological measurements of ART drugs in human genital and colorectal mucosal tissues, the principal route of HIV transmission. Here, we evaluated two drugs that are preferentially used for PrEP: tenofovir (TFV) disoproxil fumarate (TDF) and emtricitabine (FTC). A single oral dose of TDF/FTC (Truvada) was administered to 15 healthy individuals. Over the next 14 days, TFV and FTC were measured in blood plasma and genital secretions using a sensitive assay (lower level of quantification, 0.1 ng/ml). The active intracellular phosphorylated metabolites of these drugs TFV diphospate (TFV-DP) and FTC triphosphate (FTC-TP) were measured in homogenates prepared from rectal, vaginal, and cervical tissues. TFV and FTC were detected in blood plasma 14 days after administration of a single dose. The area under the concentration-time curve from 24 hours to 14 days (AUC(1-14d)) for FTC in genital secretions was 27-fold greater than in blood plasma, whereas the AUC(1-14d) for TFV was only 2.5-fold greater in genital secretions than in blood plasma. In rectal tissue, TFV and TFV-DP concentrations were detectable for 14 days and were 100-fold higher than the concentrations in vaginal and cervical tissues. Vaginal and cervical tissue concentrations of FTC were 10- to 15-fold higher than in rectal tissue. Despite high concentrations of FTC in vaginal and cervical tissue, FTC-TP concentrations in all tissue types were detected for only 2 days after dose. The exposure to TFV, TFV-DP, FTC, and FTC-TP was wide ranging depending on the type of mucosal tissue. These results demonstrate the need for detailed pharmacological studies to improve the application of ART for PrEP to prevent transmission of HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Ramjee, G	Antiretroviral-based microbicides and oral pre-exposure prophylaxis for HIV prevention	Future Virology	-	-	-	-	1746-0794	10.2217/FVL.11.64	https://www.tandfonline.com/doi/pdf/10.2217/fvl.11.64	Numerous HIV prevention options have been tested, with limited success. Microbicides have been the focus of research specifically targeted to prevent new infections among women. After decades of research using non-HIV-specific microbicides, we now have proof of concept for antiretroviral-based microbicides. Issues of drug resistance, frequency of HIV testing and adherence to treatment remain to be explored. Drugs used for HIV treatment and with good safety profiles have been shown to provide protection to men who have sex with men. Ethical issues surrounding cost, access, future design of HIV prevention trials and composition of the prevention package offered to trial participants remain. The role of advocacy and market research will be crucial to ensure effective interventions are accessed and supported. There is renewed hope in the HIV prevention field with collective efforts needed to ensure we get the new prevention tools and options into the hands of men and women at risk of HIV infection. The purpose of this paper is to provide a review of existing research and identify issues for future enquiry.	tenofovir; emtricitabine; HIV prevention; microbicide; pre-exposure prophylaxis; UNITED-STATES; DOUBLE-BLIND; RISK BEHAVIOR; SEXUALLY-TRANSMITTED INFECTIONS; POSTEXPOSURE PROPHYLAXIS; MALE CIRCUMCISION; VAGINAL GEL; SIV INFECTION; IMMUNODEFICIENCY-VIRUS TYPE-1; RURAL SOUTH-AFRICA; topical gel	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2011	Ratcliffe, Libuse; Beadsworth, Michael B J; Pennell, Ashley; Phillips, Matthew; Vilar, Francisco J	Managing hepatitis B/HIV co-infected: adding entecavir to truvada (tenofovir disoproxil/emtricitabine) experienced patients.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0b013e328345ef5e	https://dx.doi.org/10.1097/QAD.0b013e328345ef5e	BACKGROUND: Combination emtricitabine (FTC) or lamivudine (LAM) with tenofovir disoproxil (TDF) is the recommended first-line regime for treatment in chronic hepatitis B virus (HBV)/HIV co-infection. However, in those failing to suppress, few data exist regarding further management. In HBV/HIV co-infection, there are no published data describing outcomes when entecavir (ETV) is then added to TDF-based regimes in patients no longer suppressing their HBV. We report the first series of patients using ETV with truvada-based HAART in HBV/HIV co-infected patients with previous HBV therapy failure, including inadequate suppression. METHODS: A prospective observational study. RESULTS: Thirteen HIV/HBV co-infected patients (all male, hepatitis B e antigen positive and hepatitis B e antibody negative) were commenced on ETV in addition to background truvada. All patients were previously exposed to LAM or FTC and TDF (median 53 months, range 6−123). Seven patients had LAM monotherapy prior to TDF/LAM or FTC combination; the remaining six patients were exposed to FTC or LAM and TDF combination. Median time of follow-up was 74 weeks (range 16−159) and median HBV decline was 2.53 log(10) IU/ml (range 1.28−7.36). Thirty-eight percent of patients achieved undetectable HBV DNA level by the end of the study and eight of 13 (62%) achieved normal alanine aminotransferase (ALT) levels with median reduction −28 U/l (range −152 to 37). TDF was stopped in one patient because of renal toxicity. ETV was well tolerated with no change of estimated glomerular filtration rate during the study. CONCLUSION: Entecavir can be considered in addition to TDF/FTC in HBV/HIV co-infected treatment-experienced patients failing to fully suppress their HBV viral load.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2011	Ribera, Esteban; Tuset, Montse; Martín, Maite; del Cacho, Elena	Characteristics of antiretroviral drugs.	Enfermedades Infecciosas y Microbiologia Clinica	-	-	-	-	1578-1852 0213-005X	10.1016/j.eimc.2011.02.004	https://pubmed.ncbi.nlm.nih.gov/21531048/	As of November 2010, a total of 22 antiretroviral agents are marketed in Spain. These agents are divided into 6 classes according to their mechanism of action: 1) nucleos(t)ide reverse transcriptase inhibitors (NRTI) (abacavir, didanosine, emtricitabine, stavudine, lamivudine, zidovudine, and tenofovir), 2) non-nucleoside reverse transcriptase inhibitors (NNRTI) (efavirenz, etravirine, and nevirapine), 3) protease inhibitors (PI) (atazanavir, darunavir, fosamprenavir, indinavir, lopinavir, nelfinavir, ritonavir, saquinavir, tipranavir), 4) entry inhibitors (enfuvirtide), 5) coreceptor CCR5 inhibitors (maraviroc), and 6) integrase inhibitors (raltegravir). All 22 agents are indicated for the treatment of HIV-1 infection in combination with other antiretroviral drugs. Most have also proven to be active against HIV-2 (except the NNRTIs, enfuvirtide, and maraviroc) and some are active against hepatitis B virus (lamivudine, emtricitabine, and tenofovir). The present article reviews the main characteristics of the different antiretroviral agents and classes, namely, commercial presentations, paediatric and adult dosages, dose adjustments in renal and hepatic insufficiency, pharmacokinetics and interactions, mechanism of action, treatment indications, resistance, adverse effects, and safety during pregnancy and breastfeeding. Some of the characteristics of antiretrovirals are class-specific and common to other agents of the same class, and others are individual and different from those of other drugs in the same class. Knowledge of these characteristics enables us to prepare efficacious therapeutic regimens according to the specific requirements of the patient (tolerability, simplicity, adaptability to lifestyle) and clinical setting (naive, simplification, rescue, resistance).	Humans; Anti-Retroviral Agents/*therapeutic use	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2011	Shiri, Tinevimbo; Welte, Alex	Modelling the impact of acute infection dynamics on the accumulation of HIV-1 mutations.	Journal of Theoretical Biology	-	-	-	-	1095-8541	10.1016/j.jtbi.2011.03.011	https://dx.doi.org/10.1016/j.jtbi.2011.03.011	Events over the past year have brought hope and have re-energized the interest in targeting pre-infection or early infection period with preventative or therapeutic interventions such as vaccines and pre-exposure prophylaxis (PrEP). In breakthrough infections, the incidence, long term prognosis and clinical significance of early infection events is not well understood but it is possible that these early events may be crucial in determining the subsequent course of disease. We use a branching process model in a deterministically varying environment to explore how the dynamics of early infection affects the accumulation of mutations which lay the seeds for long term evolution of drug resistance and immune system evasion. We relate this exploration to regimes of impact, on diversity, of tropical interventions strategies such as PrEP and vaccines. As a metric of diversity we compute the probability of existence of particular genomes which potentially arise. Using several model scenarios, we demonstrate various regimes of 'response' of evolution to 'intervention'. Transient effects of therapeutic interventions early in infection that impose a fitness cost on early viruses can significantly reduce the probability of diversity later during the chronic state of infection. This stands in contrast to the concern that early selective pressure may increase the probability of later existence of drug resistance mutations, for example. The branching process paradigm offers the ability to efficiently compute important indicators of viral diversity, in a framework with a modest number of simplifying assumptions, without simulating the full range of individual level scenarios. These models may be useful to illustrate the impact of vaccines and PrEP on viral evolution in the case of breakthrough infection. They also suggest that new measures of viral diversity which correlate to prognosis should be sought in trials for PrEP and vaccines.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2011	Sista, Nirupama Deshmane; Abdool Karim, Quarraisha; Hinson, Kathy; Donnell, Deborah; Eshleman, Susan H.; Vermund, Sten H.	Experience in international clinical research: the HIV Prevention Trials Network.	Clinical Investigation	-	-	-	-	2041-6792 2041-6806	10.4155/cli.11.156	https://www.researchgate.net/publication/221845581_Experience_in_international_clinical_research_The_HIV_Prevention_Trials_Network	The HIV Prevention Trials Network (HPTN) is supported by the NIH to conduct randomized clinical trials to assess the efficacy of HIV prevention strategies and technologies to reduce HIV transmission between adults. A special focus of attention is on the use of antiretroviral drugs to prevent HIV transmission, both by reducing infectiousness among HIV-infected persons taking combination antiretroviral therapy (cART) and also by reducing susceptibility among HIV-uninfected persons taking antiretrovirals for pre-exposure prophylaxis. Studies may be developmental in nature to assess novel ideas for interventions or for assessing trial feasibility. However, pivotal efficacy trials to test HIV-specific prevention strategies and technologies are the main HPTN priority. Examples include a major protocol investigating the impact of expanded testing and linkage to care on HIV surveillance indicators in the USA (HPTN 065). Another protocol is addressing similar issues while also investigating how combinations of prevention approaches are best deployed to make a community-level impact in southern Africa (HPTN 071). HPTN 068 is evaluating a novel conditional cash transfer structural intervention to increase school completion rates in young girls and thereby reduce their HIV risk. Studies outside the US address the epidemic in most at-risk populations and include an assessment of opiate agonist therapy to reduce risk of HIV seroconversion among injection drug users (HTPN 058), methods to increase HIV testing rates (HPTN 043), as well as methods for reducing high-risk behaviors, and increasing adherence to cART in HIV-infected individuals (HPTN 062 and HPTN 063, respectively). The recent HPTN 052 study demonstrated that a 96% reduction in HIV transmission could be achieved between serodiscordant sexual partners by providing the infected partners with cART at a CD4(+) cell count (350-550/μl) above the level that would usually qualify them for therapy in low- and middle-income countries. The immediate relevance to public health policy showcased in these trials is a paradigm for the HPTN: design and conduct of clinical trials using available licensed tools that can be rapidly translated for implementation ('Prevention NOW!').	developing country, HIV/AIDS, prevention, randomized clinical trial, research collaboration, research infrastructure	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Stover, John	HIV models to inform health policy.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318 1746-630X	10.1097/COH.0b013e328343ac05	https://pubmed.ncbi.nlm.nih.gov/21505384/	PURPOSE OF REVIEW: To review the recent use of mathematical modeling to inform decision making in HIV policy and programs. RECENT FINDINGS: New mathematical modeling studies have provided information for policy and program development regarding male circumcision, the role of antiretroviral therapy in the prevention of new HIV infection, and the potential contribution of new prevention technologies such as pre-exposure prophylaxis and HIV vaccines. SUMMARY: Several modeling studies published recently intend to provide information to decision makers to support the development of policies and strategies. These models include a study on male circumcision that provides a consensus among modeling groups on key issues relating to impact and targeting, a study proposing a new approach to treatment and prevention and explorations of the potential impacts of two new technologies (pre-exposure prophylaxis and HIV vaccines) and the conditions under which they will be most beneficial.	Humans; Male; Chemoprevention/methods; Anti-HIV Agents/therapeutic use; Health Policy; Circumcision, Male; Decision Making; *Models, Statistical; AIDS Vaccines/immunology; HIV Infections/*epidemiology/prevention & control/*transmission	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2011	Suo-Su WEI; Yun-Feng ZOU; Teng-Yan WU; Jun-Jun JIANG; Xin-Qin LIN; Ming-Qiang LI; De-Ren WU; Na XU; Fu-Mei WEI; Pei-Yan XIE; Xiao-Ni ZHONG; Hao LIANG; Ai-Long. HUANG	Acceptability and influencing factors on pre-exposure prophylaxis programs among female sex workers in Guangxi, China	Chinese Journal of Endemiology	-	-	-	-	0254-6450	10.3760/cma.j.issn.0254-6450.2011.11.008	http://dx.doi.org/10.3760/cma.j.issn.0254-6450.2011.11.008	Objective To study the acceptability of pre-exposure prophylaxis (PrEP)program on prevention of human immunodeficiency virus (HIV)infection among female sex workers (FSWs) in Guangxi of China.Methods A cross-sectional survey using convenience sampling was administrated among 405 FSWs in Nanning,Liuzhou and Beihai cities of Guangxi,China.Self-designed questionnaire,face to face interviews were used to collect HIV-related risk behaviors,knowledge and acceptability of PrEP.Results After an introduction on PrEP,presuming that it was effective,safe and free of charge,85.9％ of the 405 FSWs said they would use it.Data from logistic regression analysis showed that significant factors of intent to use PrEP would include the followings:workplace (OR=2.256,P=0.009),monthly income (OR=0.257,P=0.004),family closeness (OR＝0.338,P＝0.012),knowledge on HIV/AIDS (OR＝2.802,P=0.028),HIV/AIDS risk was introduced from a strange client (OR＝0.363,P＝0.049),whether the gatekeeper ordering the use of condom (OR＝0.432,P=0.010),whether consistent using condom with clients (OR＝3.010,P＝0.002),whether ever using drugs to prevent STD infection (OR=3.570,P=0.049) etc.Conclusion Awareness on HIV/AIDS knowledge and self-protection seemed the main influential factors while health education might promote the acceptability of PrEP.	HIV; Female sex workers; Pre-exposure prophylaxis; Willingness to accept; Human immunodeficiency virus; Female sex workers; Pre-exposure prophylaxis; Acceptability.	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2011	Supervie, V; Barrett, M; Musuka, G; Moeti, TL; Busang, L; Blower, S.	HIVFemale sex workersPre-exposure prophylaxisWillingness to acceptHuman immunodeficiency virusFemale sex workersPre-exposure prophylaxisAcceptability	Scientific Reports	-	-	-	-	1359-6535	10.1038/srep00185	https://pubmed.ncbi.nlm.nih.gov/22355700/	Clinical trials have recently demonstrated the effectiveness of Pre-Exposure Prophylaxis (PrEP) in preventing HIV infection. Consequently, PrEP may soon be used for epidemic control. We model the dynamic interactions that will occur between treatment programs and potential PrEP interventions in resource-constrained countries. We determine the consequences for HIV transmission and drug resistance. We use response hypersurface modeling to predict the effect of PrEP on decreasing transmission as a function of effectiveness, adherence and coverage. We predict PrEP will increase need for second-line therapies (SLT) for treatment-naïve individuals, but could significantly decrease need for SLT for treatment-experienced individuals. If the rollout of PrEP is carefully planned it could increase the sustainability of treatment programs. If not, need for SLT could increase and the sustainability of treatment programs could be compromised. Our results show the optimal strategy for rolling out PrEP in resource-constrained countries is to begin around the "worst" treatment programs.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Supervie, Virginie; Barrett, Meagan; Kahn, James S; Musuka, Godfrey; Moeti, Themba Lebogang; Busang, Lesego; Busang, Lesogo; Blower, Sally	Modeling dynamic interactions between pre-exposure prophylaxis interventions & treatment programs: predicting HIV transmission & resistance.	Scientific Reports	-	-	-	-	2045-2322	10.1038/srep00185	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3240958	Clinical trials have recently demonstrated the effectiveness of Pre-Exposure Prophylaxis (PrEP) in preventing HIV infection. Consequently, PrEP may soon be used for epidemic control. We model the dynamic interactions that will occur between treatment programs and potential PrEP interventions in resource-constrained countries. We determine the consequences for HIV transmission and drug resistance. We use response hypersurface modeling to predict the effect of PrEP on decreasing transmission as a function of effectiveness, adherence and coverage. We predict PrEP will increase need for second-line therapies (SLT) for treatment-naïve individuals, but could significantly decrease need for SLT for treatment-experienced individuals. If the rollout of PrEP is carefully planned it could increase the sustainability of treatment programs. If not, need for SLT could increase and the sustainability of treatment programs could be compromised. Our results show the optimal strategy for rolling out PrEP in resource-constrained countries is to begin around the "worst" treatment programs.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2011	Verma, Natasha A.; Lee, Anna C.; Herold, Betsy C.; Keller, Marla J.	Topical prophylaxis for HIV prevention in women: becoming a reality.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-011-0075-7	https://pubmed.ncbi.nlm.nih.gov/21424725/	Strategies to protect against sexual transmission of HIV include the development of products formulated for topical application, which limit the toxicities associated with systemic oral pre-exposure prophylaxis. Following several clinical trial failures, attention is now focused on antiretroviral (ARV) agents. Highly potent ARV topical formulations provide a female-controlled, targeted, and feasible option for HIV prevention. A recently completed tenofovir gel trial was the first to demonstrate significant protection against HIV acquisition. Topical ARVs have the advantage of delivering high concentration of drug at the site of transmission of HIV, with low systemic absorption. Sustained-release formulations, such as intravaginal rings, will likely improve adherence and can be designed to provide controlled and continuous delivery of ARV combinations. Further studies to test alternative dosing strategies and pharmacokinetic/pharmacodynamic relationships in the genital tract will provide valuable information as the field strives to improve upon the promising tenofovir gel trial results.	Humans; Female; HIV Infections/*prevention & control; Administration, Intravaginal; Anti-HIV Agents/*administration & dosage/*therapeutic use; Delayed-Action Preparations; Anti-Infective Agents, Local	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Essay	2011	Veronese, Fulvia; Anton, Peter; Fletcher, Courtney V; DeGruttola, Victor; McGowan, Ian; Becker, Stephen; Zwerski, Sheryl; Burns, David	Implications of HIV PrEP trials results.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2010.0226	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3014767	Abstract Six randomized clinical trials have been implemented to examine the efficacy of tenofovir disoproxil fumarate (TDF) and/or TDF/emtricitabine (TDF/FTC) as preexposure prophylaxis for HIV-1 infection (PrEP). Although largely complementary, the six trials have many similar features. As the earliest results become available, an urgent question may arise regarding whether changes should be made in the conduct of the other trials. To consider this in advance, a Consultation on the Implications of HIV Pre-Exposure Prophylaxis (PrEP) Trials Results sponsored by the Division of AIDS (DAIDS) of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), and the Bill and Melinda Gates Foundation (BMGF) was held on January 29, 2010, at the Natcher Conference Center, NIH, Bethesda, MD. Participants included basic scientists, clinical researchers (including investigators performing the current PrEP trials), and representatives from the U.S. Food and Drug Administration (FDA) and the agencies sponsoring the trials: the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the BMGF, and the U.S. NIH. We report here a summary of the presentations and highlights of salient discussion topics from the workshop.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2011	Wei, Suo-su; Zou, Yun-feng; Xu, Yong-fang; Liu, Jin-ji; Nong, Quan-xing; Bai, Yu; Shi, Yi; Zhong, Xiao-ni; Huang, Wen-xiang; Liang, Hao; Huang, Ai-long	Acceptability and influencing factors of pre-exposure prophylaxis among men who have sex with men in Guangxi.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	0254-6450	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-22336541	OBJECTIVE: To study the acceptability of pre-exposure prophylaxis (PrEP) to prevent the transmission of HIV among men who have sex with men (MSM) in Guangxi, China. METHODS: Snow-balling methods were used to recruit 650 MSM in Guangxi. Questionnaires and interview were administrated to these 650 men, using a self-designed questionnaire and face to face interviews to collect information on HIV-related risk behaviors, knowledge and acceptability of PrEP. RESULTS: After an introduction on PrEP by interviewers, followed by as the statement-'If PrEP was effective, safe and free of charge', 597 (91.9%) of the 650 MSM claimed that they would accept it, with the main reason as the recognition of 'PrEP can decrease the risk of HIV infection'. For those who refused to use it, most of them said that were afraid of the side-effect and doubted on the effectiveness of PrEP. Data from logistic regression analysis showed that those who had found partners through friends (OR = 6.21, P = 0.020) and those who would advise his friend to use PrEP (OR = 39.32, P = 0.000) were more likely to accept PrEP. Those who thought they could protect themselves from HIV infection (OR = 0.32, P = 0.010) or not having sex with the ones who refused to use a condom (OR = 0.34, P = 0.010) were less likely to accept PrEP. CONCLUSION: Effectiveness, safety and cost seemed to be the main influential factors related to the acceptability of PrEP. Peer education might improve the acceptability of PrEP.	Adult; Humans; Male; HIV Infections/*prevention & control; Risk-Taking; China; Surveys and Questionnaires; *Health Knowledge, Attitudes, Practice; Homosexuality, Male/*statistics & numerical data; Patient Acceptance of Health Care/*statistics & numerical data	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2011	Whiteside, Y Omar; Harris, Tammy; Scanlon, Christopher; Clarkson, Stephen; Duffus, Wayne	Self-perceived risk of HIV infection and attitudes about preexposure prophylaxis among sexually transmitted disease clinic attendees in South Carolina.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2010.0224	https://dx.doi.org/10.1089/apc.2010.0224	Several domestic and international trials of the use of preexposure prophylaxis (PrEP) for HIV prevention are ongoing among groups at high risk for HIV infection. The objective of this cross-sectional study was to assess self-perceived risk of HIV infection and attitudes about PrEP among 405 sexually transmitted disease (STD) clinic attendees in South Carolina. Self-percieved risk of HIV infection and attitudes about PrEP were assessed using three questions from a self-administered survey. Ordinal logistic regression and logistic regression were used to evaluate differences in risk perception for HIV infection and attitudes about the use of PrEP among risk groups. Compared to heterosexual participants, homosexual participants were significantly more likely to have knowledge of PrEP (odds ratio OR=6.7, 95% confidence interval CI: 1.70-26.1). Compared to those participants who had 1 sexual partner in the past 3 months, individuals who had 2 to 4 sexual partners in the past 3 months were approximately 2.35 times as likely to have a lower level of agreement with the statement "I believe I am at risk of getting HIV" (p=0.0003). Compared to female participants, respondents who were male were approximately 2.8 times as likely to have a lower level of agreement with the statement "If I had to it would be very difficult for me (or my partner) to both use condoms and take daily pills to prevent HIV infection" (p<0.0001). These results suggest the need for the creation of PrEP implementation programs that are tailored to self-perceived risk perception, age, and gender.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2011	Xue, Q Y; Gao, J J; Song, P P; Qu, X J; Xu, L Z	Prospects for using pre-exposure prophylaxis to control the prevalence of HIV/AIDS in China.	Drug Discovery and Therapy (Drug Discov Ther)	-	-	-	1881-7831	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-22466295	Although important progress has been achieved in combating HIV/AIDs over the past 30 years, HIV/AIDs is still a serious threat to today's world. In China, figures on the incidence of this disease have painted a less than optimistic outlook. As the prevailing methods of preventing HIV/AIDS are all partially effective, novel and effective preventive interventions are needed in order to control the spread of the disease. Pre-exposure prophylaxis (PrEP) is one of the most promising prevention strategies and has garnered great attention worldwide. Current clinical trials on the efficacy and safety of this strategy have had some favorable results though major challenges around the world remain. Thus, China has taken an active part in the PrEP study to limit the prevalence of HIV/AIDS. This article describes the status of the PrEP study and discusses the opportunities and challenges encountered when implementing this strategy in China.	NA	English	Japan	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2011	Zablotska, Iryna B.; Prestage, Garrett; Holt, Martin; Poynten, Mary; de Wit, John; Guy, Rebecca; Mao, Limin; McAllister, John; Grulich, Andrew E.	Australian gay men who have taken nonoccupational postexposure prophylaxis for HIV are in need of effective HIV prevention methods.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0b013e318230e885	https://pubmed.ncbi.nlm.nih.gov/21857349/	BACKGROUND: Gay men who request nonoccupational postexposure prophylaxis (PEP) may seek preexposure prophylaxis (PrEP) should this become available. We explored trends and predictors of PEP use among Australian gay men to inform future biomedical prevention programs. METHODS: We used 2001-2010 data from Gay Community Periodic Surveys in 3 Eastern Australian states and assessed PEP awareness and use in the 6 months before each survey, and among HIV-uninfected men in all surveys predictors of PEP use. Analytical methods included chi-square test for trend and multivariate log-binomial estimation of associations. RESULTS: The awareness of PEP significantly increased from 23% in 2001 to 64% in 2010. PEP use also increased from 2.3% to 3.9%, respectively. PEP use was significantly associated with being in a regular relationship with an HIV-serodiscordant partner, higher number of sex partners, engaging in anal intercourse with casual partners, and regularly testing for HIV/sexually transmitted infections. However, fewer than 8% of men who engaged in these practices reported PEP use. CONCLUSIONS: Our findings highlight the profiles of current PEP users: men in HIV-serodiscordant relationships, and men having high numbers of casual partners and unprotected anal intercourse with them. These men are in need of effective HIV prevention strategies and may be receptive to preexposure prophylaxis in the future. Presently, targeted HIV education to improve risk assessment skills may prevent some seroconversions through the appropriate use of PEP.	Adult; Humans; Male; Middle Aged; Anti-HIV Agents/therapeutic use; Health Knowledge, Attitudes, Practice; Homosexuality, Male/*statistics & numerical data; HIV Infections/drug therapy/*prevention & control/psychology; Sexual Partners/psychology; Sexual Behavior/psychology/statistics & numerical data; Australia/epidemiology; Health Surveys/statistics & numerical data; Post-Exposure Prophylaxis/statistics & numerical data; Sexually Transmitted Diseases/drug therapy/prevention & control/psychology	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2011	Zhang, Tao; Sturgis, Timothy F.; Youan, Bi-Botti C.	pH-responsive nanoparticles releasing tenofovir intended for the prevention of HIV transmission.	European Journal of Pharmaceutics and Biopharmaceutics	-	-	-	1873-3441 0939-6411	10.1016/j.ejpb.2011.06.007	https://www.sciencedirect.com/science/article/abs/pii/S0939641111001810	This study is designed to test the hypothesis that tenofovir (TNF) or tenofovir disoproxil fumarate (TDF) loaded nanoparticles (NPs) prepared with a blend of poly(lactic-co-glycolic acid) (PLGA) and methacrylic acid copolymer (Eudragit® S-100, or S-100) are noncytotoxic and exhibit significant pH-responsive release of anti-HIV microbicides in the presence of human semen fluid simulant (SFS). After NPs preparation by emulsification diffusion, their size, encapsulation efficiency (EE%), drug release profile, morphology, and cytotoxicity are characterized by dynamic light scattering, spectrophotometry, transmission electron microscopy, and cellular viability assay/transepithelial electrical resistance measurement, respectively. Cellular uptake was elucidated by fluorescence spectroscopy and confocal microscopy. The NPs have an average size of 250 nm, maximal EE% of 16.1% and 37.2% for TNF and TDF, respectively. There is a 4-fold increase in the drug release rate from the 75% S-100 blend in the presence of SFS over 72 h. At a concentration up to 10mg/ml, the PLGA/S-100 NPs are noncytotoxic for 48 h to vaginal endocervical/epithelial cells and Lactobacillus crispatus. The particle uptake (~ 50% in 24h) by these vaginal cell lines mostly occurred through caveolin-mediated pathway. These data suggest the promise of using PLGA/S-100 NPs as an alternative controlled drug delivery system in intravaginal delivery of an anti-HIV/AIDS microbicide.	Humans; Tenofovir; Female; Administration, Intravaginal; Cell Line; Cell Survival/drug effects; Microscopy, Electron, Transmission; Hydrogen-Ion Concentration; Drug Compounding; Particle Size; Solubility; Epithelial Cells/drug effects; Lactic Acid/chemistry; Polyglycolic Acid/chemistry; Polylactic Acid-Polyglycolic Acid Copolymer; *HIV Infections/prevention & control/transmission; Adenine/administration & dosage/*analogs & derivatives/chemistry/therapeutic use/toxicity; Anti-HIV Agents/*administration & dosage/chemistry/therapeutic use/toxicity; Drug Carriers/*chemistry/toxicity; Lactobacillus/drug effects; Microscopy, Confocal; Microscopy, Fluorescence; Nanoparticles/*chemistry/toxicity; Organophosphonates/*administration & dosage/chemistry/therapeutic use/toxicity; Polymethacrylic Acids/chemistry; Surface Properties; Vagina/cytology/drug effects/microbiology	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2011	Zhen ZHAO; Yong SUN; Qian XUE; Fan-liang MENG; Ting ZHAO; Yinuer ZAI; Hong-fang ZHOU; Ying-hua ZHANG; Jiang-hong DAI; Ai-long HUANG	Acceptability of pre-exposure prophylaxis among female sex workers in Xinjiang	Journal of Zhejiang University. Medical Sciences	-	-	-	1008-9292	10.3785/j.issn.1008-9292.2011.03.009	https://pubmed.ncbi.nlm.nih.gov/21671488/#:~:text=Conclusion%3A%20The%20acceptability%20to%20use,Pr%2DEP%20in%20the%20future.	To assess the acceptability of pre-exposure prophylaxis (Pr-EP) among the female sex workers in Xinjiang.</p><p>METHODSA volunteer-based, anonymous and one-to-one questionnaire survey was conducted in 762 female sex workers (FSW) in Urumqi and Kelamayi of Xinjiang Uyghur Autonomous Region.</p><p>RESULTAmong 762 FSW surveyed, 673 (88.32%) was not aware of pre-exposure prophylaxis with an awareness rate of 11.55%. The awareness rate of FSWs working in high-end entertainment venues was higher than that of FSWs working in medium-low end entertainment venues(P<0.001). Five hundred and twenty eight FSWs (69.29%) were willing to take Pr-EP, 145 (19.03%) were unwilling to take the medicine and 89 (11.68%) were possible to use the Pr-EP. There was no significant difference in willingness of using Pr-EP among FSWs working in high and medium-low end entertainment venuew (P=0.285). The subjects who were willing to take Pr-EP mainly concerned of the drug security, effectiveness and cost. The main reasons for not willing to take Pr-EP were: not having risk of infecting HIV, suspecting effectiveness of Pr-EP and worrying about side effects.</p><p>CONCLUSIONThe acceptability to use Pr-EP in female sex workers of Xinjiang is relatively high and the drug security, effectiveness and cost will influence the promotion and application of Pr-EP in the future.</p>	Acquired immunodeficiency syndrome/preve; Questionnaires; Femalesexworkers; Occupationale exposure; Interventionstudies; Xinjiang	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2012	Abraham, Bisrat K; Gulick, Roy	Next-generation oral preexposure prophylaxis: beyond tenofovir.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e328358b9ce	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3732461	PURPOSE OF REVIEW: Clinical trials of oral preexposure prophylaxis (PrEP) have focused on regimens of tenofovir (TDF) with or without emtricitabine (FTC). However, TDF may be associated with toxicities (renal, bone), and FTC may select for drug resistance. Both are also first-line drugs for HIV treatment. In this review, we discuss agents that might serve as alternatives to TDF/FTC for HIV PrEP. RECENT FINDINGS: Several drug characteristics are important to consider when selecting agents for PrEP with the most critical being safety, tolerability, adequate penetration into target tissues for prevention of HIV infection, and long-lasting activity with convenient dosing. With these factors in mind, we review five potentially useful agents for PrEP. The first group includes drugs that are already Food and Drug Administration approved (maraviroc, raltegravir) with attributes that make them attractive for PrEP. The second group includes investigational agents with long-lasting activity that are being developed in parenteral form (rilpivirine-long acting, S/GSK1265744, ibalizumab). SUMMARY: Future PrEP drugs may give clinicians the flexibility to select agents on the basis of individual patient needs and preferences.	HIV PrEP, maraviroc, raltegravir, rilpivirine, S/GSK 1265744, ibalizumab	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2012	Afassinou, Komi.	Mathematical analysis of pre-exposure prophylaxis on HIV infection	-	-	South African National ETD Portal	-	-	NA	http://hdl.handle.net/10413/10602	We develop a mathematical model which seeks to assess the impact of HIV Pre-Exposure Prophylaxis (PrEP) on the prevalence and incidence of HIV infection. Mathematical analysis of the model is carried out to establish the threshold conditions that determine the stability of the steady states. Numerical simulations are performed to gain insight into the use and e cacy of PrEP. Results from our model reveal that the basic reproduction number is a function of the rate at which individuals use PrEP and the rate at which PrEP protects individuals from HIV infection. Furthermore, strategies where either PrEP awareness or PrEP e cacy was low show potential loop-holes that can lead to more complications than bene ts. The best strategies revealed by our results is that a high level of awareness and high PrEP e cacy are needed	Mathematical analysis., Theses -- Mathematics.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Quantitative
Article	2012	Amico, K Rivet	Adherence to preexposure chemoprophylaxis: the behavioral bridge from efficacy to effectiveness.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e3283582d4a	https://dx.doi.org/10.1097/COH.0b013e3283582d4a	PURPOSE OF REVIEW: Remarkable advances in the use of antiretroviral medication in the prevention of HIV acquisition are receiving well deserved widespread attention. The behavioral and social-cultural factors that contextualize use of study product or preexposure prophylaxis (PrEP) are comparatively poorly understood. Given that PrEP is a bio-behavioral intervention, optimizing the potential impact of PrEP on individual and public health requires a better understanding of the behavioral aspects of PrEP adherence. This review culls across available clinical trial findings to suggest a behavioral agenda for research and practice. RECENT FINDINGS: Product use differs dramatically both within and between recent PrEP trials; however, numerous issues with measuring use have emerged. Factors influencing use or adherence are not well identified and continue to focus on the individual and discrete correlates. Presently, execution and cyclical use of open-label PrEP is unknown but is under investigation in a number of demonstration and open-label projects. SUMMARY: Research to identify methods for assessing product and PrEP use, factors influencing individual and community-level PrEP uptake and use, development of comprehensive models of protection of sexual health via multiple strategies now available, and strategies to best support adherence to dosing and HIV-testing requirements are identified as critical in a behavioral research agenda.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Anderson, PL; Glidden, DV; Liu, A; Buchbinder, S; Lama, JR; Guanira, JV; McMahan, V; Bushman, LR; Casapía, M; Montoya-Herrera, O; Veloso, VG; Mayer, KH; Chariyalertsak, S; Schechter, M; Bekker, LG; Kallás, EG; Grant, RM	Emtricitabine-tenofovir concentrations and pre-exposure prophylaxis efficacy in men who have sex with men	Science Translational Medicine	-	-	-	NA	10.1126/scitranslmed.3004006	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-00859544/full	Drug concentrations associated with protection from HIV-1 acquisition have not been determined. We evaluated drug concentrations among men who have sex with men in a substudy of the iPrEx trial (1). In this randomized placebo-controlled trial, daily oral doses of emtricitabine/tenofovir disoproxil fumarate were used as pre-exposure prophylaxis (PrEP) in men who have sex with men. Drug was detected less frequently in blood plasma and in viable cryopreserved peripheral blood mononuclear cells (PBMCs) in HIV-infected cases at the visit when HIV was first discovered compared with controls at the matched time point of the study (8% versus 44%; P < 0.001) and in the 90 days before that visit (11% versus 51%; P < 0.001). An intracellular concentration of the active form of tenofovir, tenofovir-diphosphate (TFV-DP), of 16 fmol per million PBMCs was associated with a 90% reduction in HIV acquisition relative to the placebo arm. Directly observed dosing in a separate study, the STRAND trial, yielded TFV-DP concentrations that, when analyzed according to the iPrEx model, corresponded to an HIV-1 risk reduction of 76% for two doses per week, 96% for four doses per week, and 99% for seven doses per week. Prophylactic benefits were observed over a range of doses and drug concentrations, suggesting ways to optimize PrEP regimens for this population.	Adenine *analogs & derivatives, blood, pharmacokinetics, therapeutic use; Anti-HIV Agents blood, pharmacokinetics, *therapeutic use; Deoxycytidine *analogs & derivatives, blood, pharmacokinetics, therapeutic use; Emtricitabine; HIV Infections drug therapy, prevention & control; Homosexuality, Male; Humans; Male; Organophosphonates blood, pharmacokinetics, *therapeutic use; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Arnold, Emily A; Hazelton, Patrick; Lane, Tim; Christopoulos, Katerina A; Galindo, Gabriel R; Steward, Wayne T; Morin, Stephen F	A qualitative study of provider thoughts on implementing pre-exposure prophylaxis (PrEP) in clinical settings to prevent HIV infection.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0040603	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3394704	BACKGROUND: A recent clinical trial demonstrated that a daily dose tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) can reduce HIV acquisition among men who have sex with men (MSM) and transgender (TG) women by 44%, and up to 90% if taken daily. We explored how medical and service providers understand research results and plan to develop clinical protocols to prescribe, support and monitor adherence for patients on PrEP in the United States. METHODS: Using referrals from our community collaborators and snowball sampling, we recruited 22 healthcare providers in San Francisco, Oakland, and Los Angeles for in-depth interviews from May-December 2011. The providers included primary care physicians seeing high numbers of MSM and TG women, HIV specialists, community health clinic providers, and public health officials. We analyzed interviews thematically to produce recommendations for setting policy around implementing PrEP. Interview topics included: assessing clinician impressions of PrEP and CDC guidance, considerations of cost, office capacity, dosing schedules, and following patients over time. RESULTS: Little or no demand for PrEP from patients was reported at the time of the interviews. Providers did not agree on the most appropriate patients for PrEP and believed that current models of care, which do not involve routine frequent office visits, were not well suited for prescribing PrEP. Providers detailed the need to build capacity and were concerned about monitoring side effects and adherence. PrEP was seen as potentially having impact on the epidemic but providers also noted that community education campaigns needed to be tailored to effectively reach specific vulnerable populations. CONCLUSIONS: While PrEP may be a novel and clinically compelling prevention intervention for MSM and TG women, it raises a number of important implementation challenges that would need to be addressed. Nonetheless, most providers expressed optimism that they eventually could prescribe and monitor PrEP in their practice.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2012	Baeten, Jared M; Donnell, Deborah; Ndase, Patrick; Mugo, Nelly R; Campbell, James D; Wangisi, Jonathan; Tappero, Jordan W; Bukusi, Elizabeth A; Cohen, Craig R; Katabira, Elly; Ronald, Allan; Tumwesigye, Elioda; Were, Edwin; Fife, Kenneth H; Kiarie, James; Farquhar, Carey; John-Stewart, Grace; Kakia, Aloysious; Odoyo, Josephine; Mucunguzi, Akasiima; Nakku-Joloba, Edith; Twesigye, Rogers; Ngure, Kenneth; Apaka, Cosmas; Tamooh, Harrison; Gabona, Fridah; Mujugira, Andrew; Panteleeff, Dana; Thomas, Katherine K; Kidoguchi, Lara; Krows, Meighan; Revall, Jennifer; Morrison, Susan; Haugen, Harald; Emmanuel-Ogier, Mira; Ondrejcek, Lisa; Coombs, Robert W; Frenkel, Lisa; Hendrix, Craig; Bumpus, Namandjé N; Bangsberg, David; Haberer, Jessica E; Stevens, Wendy S; Lingappa, Jairam R; Celum, Connie	Antiretroviral prophylaxis for HIV prevention in heterosexual men and women.	New England Journal of Medicine	-	-	-	1533-4406	10.1056/NEJMoa1108524	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770474	BACKGROUND: Antiretroviral preexposure prophylaxis is a promising approach for preventing human immunodeficiency virus type 1 (HIV-1) infection in heterosexual populations. METHODS: We conducted a randomized trial of oral antiretroviral therapy for use as preexposure prophylaxis among HIV-1-serodiscordant heterosexual couples from Kenya and Uganda. The HIV-1-seronegative partner in each couple was randomly assigned to one of three study regimens--once-daily tenofovir (TDF), combination tenofovir-emtricitabine (TDF-FTC), or matching placebo--and followed monthly for up to 36 months. At enrollment, the HIV-1-seropositive partners were not eligible for antiretroviral therapy, according to national guidelines. All couples received standard HIV-1 treatment and prevention services. RESULTS: We enrolled 4758 couples, of whom 4747 were followed: 1584 randomly assigned to TDF, 1579 to TDF-FTC, and 1584 to placebo. For 62% of the couples followed, the HIV-1-seronegative partner was male. Among HIV-1-seropositive participants, the median CD4 count was 495 cells per cubic millimeter (interquartile range, 375 to 662). A total of 82 HIV-1 infections occurred in seronegative participants during the study, 17 in the TDF group (incidence, 0.65 per 100 person-years), 13 in the TDF-FTC group (incidence, 0.50 per 100 person-years), and 52 in the placebo group (incidence, 1.99 per 100 person-years), indicating a relative reduction of 67% in the incidence of HIV-1 with TDF (95% confidence interval CI, 44 to 81; P<0.001) and of 75% with TDF-FTC (95% CI, 55 to 87; P<0.001). Protective effects of TDF-FTC and TDF alone against HIV-1 were not significantly different (P=0.23), and both study medications significantly reduced the HIV-1 incidence among both men and women. The rate of serious adverse events was similar across the study groups. Eight participants receiving active treatment were found to have been infected with HIV-1 at baseline, and among these eight, antiretroviral resistance developed in two during the study. CONCLUSIONS: Oral TDF and TDF-FTC both protect against HIV-1 infection in heterosexual men and women. (Funded by the Bill and Melinda Gates Foundation; Partners PrEP ClinicalTrials.gov number, NCT00557245.)	HIV-1 serodiscordant couples, pre-exposure prophylaxis, HIV-1 prevention, randomized clinical trial, Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Baeten, Jared; Celum, Connie	Oral antiretroviral chemoprophylaxis: current status	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e3283582d30	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3501411	PURPOSE OF REVIEW: Preexposure prophylaxis (PrEP), in which HIV uninfected persons with ongoing HIV risk use oral antiretroviral medications as chemoprophylaxis against sexual HIV acquisition, is a promising new HIV prevention strategy. RECENT FINDINGS: During the past 2 years, proof-of-concept that PrEP protects against sexual HIV acquisition has been demonstrated in three clinical trials, conducted among MSM and heterosexual men and women. These trials used daily oral tenofovir disoproxil fumarate, alone or coformulated with emtricitabine. The degree of HIV protection in these trials was strongly related to the level of adherence to PrEP. Two additional clinical trials, both among heterosexual women, did not demonstrate HIV protection with PrEP, with low adherence to daily use of PrEP the leading hypothesis for lack of efficacy; adherence and biologic mechanisms for lack of efficacy in these trial populations are being evaluated. SUMMARY: Oral chemoprophylaxis, using tenofovir and combination emtricitabine-tenofovir, is effective for prevention of sexual HIV transmission. Next steps in the field include rigorous evaluation of uptake and adherence to PrEP in implementation settings.	HIV prevention, pre-exposure prophylaxis, sexual HIV-1 transmission, tenofovir, emtricitabine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Baral, Stefan D; Strömdahl, Susanne; Beyrer, Chris	The potential uses of preexposure prophylaxis for HIV prevention among people who inject drugs.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e328358e49e	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3819201	PURPOSE OF REVIEW: Oral preexposure prophylaxis (PrEP) has shown HIV preventive efficacy for several key populations at risk for HIV infection including MSM and heterosexual men and women in HIV serodiscordant relationships. An efficacy trial of daily oral tenofovir among people who inject drugs (IDU) is underway in Thailand. RECENT FINDINGS: Although efficacy data is pending, there is emerging biological and public health plausibility data suggesting the utility of PrEP as an effective component of combination HIV prevention for IDU. Drawing from studies characterizing adherence to antiretroviral therapy for IDU, there are a range of scientific and operational considerations for the potential use of PrEP for IDU. We review here the available literature on the potential use of PrEP for IDU, barriers to uptake and adherence, and potential implementation science questions, which could address, and potently increase, the effectiveness of this intervention. SUMMARY: IDU remain the most underserved population in the HIV response worldwide, and have a marked gap in prevention services, making PrEP a potentially promising addition to the prevention toolkit for people who use drugs and, for those already living with HIV infection, for their spouses and other sexual partners.	HIV, injecting drug user, preexposure prophylaxis, prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2012	Bhan, Ashika Devi	Willingness to Use Alternative HIV Prevention Methods among Internet-Using Men Who Have Sex with Men in Brazil: Implications for Pre-Exposure Prophylaxis and Home HIV Testing	-	-	Emory University	-	-	NA	https://etd.library.emory.edu/concern/etds/sj1392524?locale=zh	Background: The HIV/AIDS epidemic in Brazil remains concentrated in populations with high vulnerability to infection, including men who have sex with men (MSM). This indicates an urgent need to develop alternative HIV prevention strategies. Pre-exposure prophylaxis (PrEP) and home HIV test kits are two promising approaches that can be utilized in an optimal comprehensive HIV prevention package targeted toward MSM. Objective: The purpose of this study was to assess willingness to use PrEP and home HIV testing and their associated factors among MSM in Brazil, and to evaluate knowledge of and attitudes toward these alternative HIV prevention methods. Methods: Data were collected through an online men's health survey conducted in April 2011 and targeted toward MSM in Brazil. The primary outcomes measured were likelihood of using PrEP and likelihood of using home HIV test kits. Logistic regression was used to model participant characteristics with each outcome in bivariate and multivariate analyses. Results: Overall willingness to use PrEP and home HIV test kits among MSM was high: 67% were extremely or very likely to take PrEP, and 90% agreed that they would be likely to use home HIV tests. Only 22% had previously heard of PrEP. MSM who were aware of PrEP were more willing to use it compared with men who were unaware (OR = 1.7, 95% CI: 1.04-2.6), and these odds increased with age. Men who had anal sex recently also had increased odds of being willing to use PrEP (OR = 3.1, 95% CI: 1.1-8.3). The only significant predictor of probable home HIV test use was age (P = 0.04). MSM reported overall high willingness to use at-home testing under various hypothetical situations (P < 0.05). Conclusions: MSM in Brazil are likely to use PrEP and home HIV testing as alternative methods of HIV prevention. Additional research is needed to determine the optimal components of a tailored HIV prevention package utilizing a combination of interventions for MSM and other high-risk populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2012	Brooks, Ronald A; Landovitz, Raphael J; Kaplan, Rachel L; Lieber, Eli; Lee, Sung-Jae	Sexual Risk Behaviors and Acceptability of HIV Pre-Exposure Prophylaxis Among HIV-Negative Gay and Bisexual Men in Serodiscordant Relationships: A Mixed Methods Study	AIDS Patient Care and STDs	-	-	-	1087-2914	https://doi.org/10.1089/apc.2011.0283	https://escholarship.org/uc/item/2p85f8c1	The objective of this mixed methods study was to examine current sexual risk behaviors, acceptability and potential adoption of pre-exposure prophylaxis (PrEP) for HIV prevention, and sexual behavior intentions with PrEP adoption among HIV-negative gay and bisexual men (GBM) in HIV serodiscordant relationships. A multiracial/ethnic sample of 25 HIV-negative GBM in serodiscordant relationships completed a qualitative interview and a brief interviewer-administered survey. A modified grounded theory approach was used to identify key themes relating to acceptability and future adoption of PrEP. Participants reported engaging in sexual risk behaviors that place them at risk for HIV infection. Participants also reported a high level of acceptability for PrEP and willingness to adopt PrEP for HIV prevention. Qualitative themes explaining future PrEP adoption included: (1) the opportunity to engage in sex using a noncondom HIV prevention method, (2) protection from HIV infection, and (3) less anxiety when engaging in sex with an HIV-positive partner. Associated with the future adoption of PrEP, a majority (64%) of participants indicated the likelihood for an increase in sexual risk behaviors and a majority (60%) of participants also indicated the likelihood for a decrease or abandonment of condom use, both of which are in contrast to the findings from the large iPrEx study. These findings suggest that the use of PrEP by HIV-negative GBM in serodiscordant relationships carries with it the potential for risk compensation. The findings suggest that PrEP only be offered as part of a comprehensive HIV prevention strategy that includes ongoing risk reduction counseling in the delivery of PrEP to help moderate risk compensation.	Biomedical and Clinical Sciences; Public Health; Health Sciences; Sexual and Gender Minorities (SGM/LGBT*); Behavioral and Social Science; Infectious Diseases; Pediatric AIDS; Adolescent Sexual Activity; Pediatric; Clinical Research; Prevention; HIV/AIDS; Mental Health; 3.1 Primary prevention interventions to modify behaviours or promote wellbeing; Prevention of disease and conditions; and promotion of well-being; Infection; Good Health and Well Being; Adult; Anti-HIV Agents; Bisexuality; HIV Infections; Health Knowledge; Attitudes; Practice; Health Surveys; Homosexuality; Male; Humans; Interviews as Topic; Male; Middle Aged; Motivation; Primary Prevention; Risk-Taking; Sexual Behavior; Sexual Partners; Public Health and Health Services; Virology; Clinical sciences; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2012	Bruno, Christine	Pharmacists as providers of HIV pre-exposure prophylaxis	-	-	University of California	-	2210-7703	https://doi.org/10.1007/s11096-012-9709-0	https://escholarship.org/uc/item/05r4j0gb	The efficacy of HIV pre-exposure prophylaxis (PrEP) has been demonstrated in four clinical trials to date; however, the success of PrEP is largely dependent on high levels of medication adherence. Due to their extensive experience and expertise in medication adherence counseling, as well as their ability to monitor and manage medication adverse effects and drug-drug interactions, clinical pharmacists are well-equipped to play a key role in effective PrEP utilization. Here we discuss reasons favoring the establishment of a protocol-based, pharmacist-run PrEP clinic.	Pharmacology and Pharmaceutical Sciences; Biomedical and Clinical Sciences; Behavioral and Social Science; Pediatric AIDS; Clinical Trials and Supportive Activities; Prevention; Clinical Research; Pediatric; HIV/AIDS; 5.1 Pharmaceuticals; Development of treatments and therapeutic interventions; Infection; Good Health and Well Being; Ambulatory Care Facilities; Anti-HIV Agents; Attitude of Health Personnel; Clinical Competence; Community Pharmacy Services; Counseling; Drug Administration Schedule; Drug Interactions; Drug Monitoring; Guideline Adherence; HIV Infections; Health Knowledge; Attitudes; Practice; Humans; Medication Adherence; Pharmacists; Practice Guidelines as Topic; Program Development; Time Factors; Adherence; Pharmacist Pre-exposure prophylaxis; PrEP; Pharmacology and pharmaceutical sciences; Health services and systems	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2012	Calderon, Y; Leider, J; Cowan, E; Brusalis, C; Mantell, J; Sandfort, T	HIV pre-exposure prophylaxis (PrEP)- knowledge and attitudes among a New York City emergency department patient population	Retrovirology	-	-	-	1742-4690	10.1186/1742-4690-9-S1-P94	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360228/	HIV Pre-exposure Prophylaxis (PrEP), in which HIV-negative individuals receive antiretroviral medications to prevent HIV acquisition, has shown potential as a means to reduce HIV incidence among high-risk persons. The acceptability of PrEP among at-risk persons will strongly impact the effectiveness of PrEP. This study aimed to assess knowledge and attitudes towards PrEP within a demographically-mixed community with high HIV prevalence. Materials and methods: A cross-sectional study was conducted with a convenience sample of Emergency Department (ED) patients at two New York City municipal hospitals. Eligible participants completed an anonymous written survey about knowledge and acceptability of PrEP. Means and standard deviations were calculated for continuous variables and proportions for categorical variables. Standard bivariate methods were used to compare acceptability and knowledge by race, ethnicity and gender. Results: 474 ED patients agreed to participate. The study population was 40.9% male, 40.7% Latino and 38.2% non-Hispanic Black. 7 participants (1.5%) self-identified as MSM. Mean age was 35.3, SD +/- 13.1 years. 66.4% reported inconsistent condom use and 78.4% had previously had an HIV test. 13.3% reported knowledge of either the term "PrEP" or the use of antiretroviral medications to prevent HIV acquisition. More people indicated they were unlikely or extremely unlikely to use PrEP (40.1%) than indicated they would likely take PrEP if available (32.2%). Many (27.7%) were unsure if they would or would not take PrEP. 44.4% thought that individuals would stop using condoms if on PrEP, while 27.0% thought that individuals would continue using them. Some participants (28.4%) incorrectly thought that PrEP needed to be taken only prior to sex. There were no differences in knowledge or acceptability of PrEP by gender. Latinos were more likely (17.6%) than blacks (8.8%) and others (12.4%) to report knowledge of PrEP. Conclusions Potential providers of PrEP must consider limitations in acceptability to this HIV prevention strategy. Future administration of PrEP must incorporate patient education to ensure user understanding of the technology and its potential limitations.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Celum, Connie; Baeten, Jared M	Antiretroviral-based HIV-1 prevention: antiretroviral treatment and pre-exposure prophylaxis	Antiviral Therapy	-	-	-	2040-2058	10.3851/IMP2492	https://journals.sagepub.com/doi/epdf/10.3851/IMP2492	Antiretroviral-based HIV-1 prevention strategies - including antiretroviral treatment (ART) to reduce the infectiousness of individuals with HIV-1 and oral and topical pre-exposure prophylaxis (PrEP) for uninfected individuals to prevent HIV-1 acquisition - are the most promising new approaches for decreasing HIV-1 spread. Observational studies among HIV-1 serodiscordant couples have associated ART initiation with a reduction in HIV-1 transmission risk of 80-92%, and a recent randomized trial demonstrated that earlier initiation of ART (that is, at CD4(+) T-cell counts between 350 and 550 cells/mm(3)), in the context of virological monitoring and adherence support, resulted in a 96% reduction in HIV-1 transmission. A number of ongoing and recently-completed clinical trials have assessed the efficacy of PrEP for HIV-1 prevention as pericoitally administered or daily-administered 1% tenofovir gel and daily oral tenofovir disoproxil fumarate (TDF) and combination emtricitabine (FTC)/TDF. Completed studies have demonstrated HIV-1 protection efficacies ranging from 39% to 75%. However, two trials in African women have shown no HIV-1 protection with TDF and FTC/TDF PrEP; the reasons for lack of efficacy in those trials are being investigated. Adherence is likely the key to efficacy of antiretrovirals for HIV-1 prevention, both as ART and PrEP. Critical unanswered questions for successful delivery of antiretroviral-based HIV-1 prevention include how to target ART and PrEP to realize maximum population benefits, whether HIV-1-infected individuals at earlier stages of infection would accept ART to reduce their risk for transmitting HIV-1 and whether highest-risk HIV-1-negative persons would use PrEP, and whether high adherence could be sustained to achieve high effectiveness.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Celum, Connie; Baeten, Jared M	Tenofovir-based pre-exposure prophylaxis for HIV prevention: evolving evidence	Current Opinion in Infectious Diseases	-	-	-	1473-6527	10.1097/QCO.0b013e32834ef5ef	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266126	PURPOSE OF REVIEW: Topical tenofovir gel and oral tenofovir and emtricitabine-tenofovir FTC/tenofovir disoproxyl fumarate (TDF) have been demonstrated to have efficacy in preventing HIV-1 in some populations. Preexposure prophylaxis (PrEP) trials and future directions are summarized. RECENT FINDINGS: Pericoital use of 1% tenofovir gel in the CAPRISA 004 study reduced HIV-1 acquisition by 39% and herpes simplex virus-2 acquisition by 51%. Daily oral FTC/TDF demonstrated 44% reduction in HIV-1 acquisition among MSM in the iPrEx study (Pre-Exposure Prophylaxis Initiative). Both studies showed higher efficacy among those with higher adherence. Efficacy of daily oral TDF and FTC/TDF was 66 and 73%, respectively, among HIV-1-uninfected partners in an HIV-1 serodiscordant partnership in the Partners PrEP Study. Efficacy of daily oral FTC/TDF was 66% in young heterosexuals in Botswana in the TDF2 trial. The FEM-PrEP and VOICE (Vaginal and Oral Interventions to Control the Epidemic) studies in African women found no efficacy with oral FTC/TDF and TDF, respectively. Safety and tolerability were excellent and limited resistance was observed in seroconverters. SUMMARY: Topical tenofovir gel showed efficacy in African women and daily oral TDF and FTC/TDF were efficacious in MSM, and African HIV-1 serodiscordant couples and young heterosexuals. The reasons for lack of efficacy of oral FTC/TDF and TDF in two studies in African women are being investigated. Longer-acting formulations, intravaginal rings, and new candidate antiretrovirals are being evaluated for pre-exposure prophylaxis (PrEP).	ACESSO RESTRITO	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Chan, Philip A; Huang, Austin; Kantor, Rami	Low prevalence of transmitted K65R and other tenofovir resistance mutations across different HIV-1 subtypes: implications for pre-exposure prophylaxis.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.15.2.17701	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3494163	INTRODUCTION: Tenofovir-containing regimens have demonstrated potential efficacy as pre-exposure prophylaxis (PrEP) in preventing HIV-1 infection. Transmitted drug resistance mutations associated with tenofovir, specifically the reverse transcriptase (RT) mutation K65R, may impact the effectiveness of PrEP. The worldwide prevalence of transmitted tenofovir resistance in different HIV-1 subtypes is unknown. METHODS: Sequences from treatment-naïve studies and databases were aggregated and analyzed by Stanford Database tools and as per the International AIDS Society (IAS-USA) resistance criteria. RT sequences were collected from GenBank, the Stanford HIV Sequence Database and the Los Alamos HIV Sequence Database. Sequences underwent rigorous quality control measures. Tenofovir-associated resistance mutations included K65R, K70E, T69-insertion and ≥3 thymidine analogue mutations (TAMs), inclusive of M41L or L210W. RESULTS: A total of 19,823 sequences were evaluated across diverse HIV-1 subtypes (Subtype A: 1549 sequences, B: 9783, C: 3198, D: 483, F: 372, G: 594, H: 41, J: 69, K: 239, CRF01_AE: 1797 and CRF02_AG: 1698). Overall, tenofovir resistance prevalence was 0.4% (n=77/19,823, 95% confidence interval or CI: 0.3 to 0.5). K65R was found in 20 sequences (0.1%, 95% CI: 0.06 to 0.15). Differences in the prevalence of K65R between HIV-1 subtypes were not statistically significant. K70E and ≥3 TAMs were found in 0.015% (95% CI: 0.004 to 0.04) and 0.27% (95% CI: 0.2 to 0.4) of sequences, respectively. CONCLUSIONS: Prevalence of transmitted K65R and other tenofovir resistance mutations across diverse HIV-1 subtypes and recombinants is low, suggesting minimal effect on tenofovir-containing PrEP regimens.	HIV, drug resistance, PrEP, tenofovir, K65R, non-B subtypes	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Chan, Roy	Biomedical strategies for human immunodeficiency virus (HIV) prevention? A new paradigm.	Annals of the Academy of Medicine Singapore	-	-	-	2972-4066 0304-4602	NA	https://www.annals.edu.sg/pdf/41VolNo12Dec2012/V41N12p595.pdf	INTRODUCTION: This article presents recent developments in biomedical interventions for prevention of sexual transmission of the human immunodeficiency virus (HIV) infection. MATERIALS AND METHODS: A review of results from randomised clinical trials on the use of antiretroviral (ARV) medications and other biomedical methods to prevent the transmission and acquisition of HIV infection. RESULTS: Pre-exposure prophylaxis (PrEP) refers to the provision of ARV medications to uninfected persons at high risk of HIV infection either in the form of topical agents, e.g. vaginal microbicide gels, or orally administered tablets. The Caprissa study demonstrated the efficacy of vaginal microbicides, the Vaginal and Oral Interventions to Control the Epidemic (VOICE) study however was not able to confirm these results. Oral PrEP was found to be efficacious in the iPrEx study on men who have sex with men (MSM), and among heterosexual couples in the Partners-PrEP and the TDF2 studies in Africa. The HPTN 052 trial demonstrated that the provision of early ARV treatment was able to prevent transmission of HIV by 92% compared with delayed treatment. This has led to enthusiasm to roll out treatment as prevention (TasP) programmes. Encouraging results from studies on male circumcision to prevent HIV acquisition have resulted in several implementation projects in Africa. Another encouraging result has been the success, albeit modest, of the prime-boost combination RV144 vaccine trial in Thailand. CONCLUSION: New advances in prevention strategies are urgently needed to slow down the HIV pandemic. Recent developments particularly in the form of PrEP and TasP have given new hope that we will be able to achieve this goal.	Humans; Male; HIV Infections/*prevention & control/transmission; Female; Randomized Controlled Trials as Topic; Anti-Retroviral Agents/*therapeutic use; Outcome Assessment, Health Care; Singapore	English	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Review
Article	2012	Clercq, Erik De	Pre-exposure chemoprophylaxis of HIV infection: quo vadis?	Biochem Pharmacol	-	-	-	1873-2968	10.1016/j.bcp.2011.10.016	https://dx.doi.org/10.1016/j.bcp.2011.10.016	The pre-exposure chemoprophylaxis (now commonly referred to as PrEP) of HIV infection has gained increased momentum, concomitantly with the successful use of combination drug regimens for the treatment of AIDS. A pivotal component in the current drug combination regimens for the treatment of AIDS as well as the ongoing PrEP trials is tenofovir disoproxil fumarate (TDF, Viread®) and its combination with emtricitabine (FTC). The combination of TDF with FTC has been marketed as Truvada®. TDF and TDF/FTC has proven effective, if orally administered daily or intermittently, in the prevention of rectal simian human immunodeficiency virus (SHIV) infection in macaques. Topical tenofovir gel has proven effective in the prevention of HIV infection in women in South Africa. Oral TDF/FTC has proven effective in the prevention of HIV infection in men having sex with men, and recent press releases divulged that oral TDF/FTC is also effective in preventing HIV infection in serodiscordant couples in Botswana, Kenya and Uganda. Other PrEP studies are still ongoing. Available data point to the efficacy and safety of TDF with or without FTC in the prophylaxis of HIV infection (AIDS).	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Editorial	2012	Cohen, Myron S; Baden, Lindsey R	Preexposure Prophylaxis for HIV — Where Do We Go from Here?	The New England Journal of Medicine	-	-	-	00284793	10.1056/NEJMe1207438	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-hiv-where-do-we-go-here/docview/1030946076/se-2?accountid=8113	Transmission of the human immunodeficiency virus (HIV) continues at a staggering rate in many areas of the world. The rate of HIV acquisition in young, healthy adults (mostly women) was 3 to 5 per 100 person-years in two trials studying heterosexual transmission of HIV in sub-Saharan Africa, now reported in the Journal (the Preexposure Prophylaxis Trial for HIV Prevention among African Women FEM-PrEP1 and the TDF2 study2). This rate of HIV transmission demands the urgent development of new prevention strategies as well as the deployment of all existing strategies, including the use of condoms, male circumcision, and the treatment . . .	Africa; Condoms; HIV/AIDS; Pre-exposure prophylaxis; Sub-Saharan Africa; Prophylaxis; Disease transmission; Human immunodeficiency virus--HIV; Medical Sciences; Preventive healthcare; Woman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2012	Cohen, Myron S; Muessig, Kathryn E; Smith, M Kumi; Powers, Kimberly A; Kashuba, Angela D M	Antiviral agents and HIV prevention: controversies, conflicts, and consensus.	AIDS	-	-	-	1473-5571	10.1097/QAD.0b013e3283543e83	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651739	Antiviral agents can be used to prevent HIV transmission before exposure as preexposure prophylaxis (PrEP), after exposure as postexposure prophylaxis, and as treatment of infected people for secondary prevention. Considerable research has shed new light on antiviral agents for PrEP and for prevention of secondary HIV transmission. While promising results have emerged from several PrEP trials, the challenges of poor adherence among HIV-negative clients and possible increase in sexual risk behaviors remain a concern. In addition, a broader pipeline of antiviral agents for PrEP that focuses on genital tract pharmacology and safety and resistance issues must be developed. Antiretroviral drugs have also been used to prevent HIV transmission from HIV-infected patients to their HIV-discordant sexual partners. The HIV Prevention Trials Network 052 trial demonstrated nearly complete prevention of HIV transmission by early treatment of infection, but the generalizability of the results to other risk groups - including intravenous drug users and MSM - has not been determined. Most importantly, the best strategy for use of antiretroviral agents to reduce the spread of HIV at either the individual level or the population level has not been developed, and remains the ultimate goal of this area of investigation.	antiretroviral agents; HIV prevention; preexposure prophylaxis; treatment as prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Cost, Marilyn; Dezzutti, Charlene S.; Clark, Meredith R.; Friend, David R.; Akil, Ayman; Rohan, Lisa Cencia	Characterization of UC781-tenofovir combination gel products for HIV-1 infection prevention in an ex vivo ectocervical model.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/AAC.06284-11	https://pubmed.ncbi.nlm.nih.gov/22430977/	HIV continues to be a problem worldwide. Topical vaginal microbicides represent one option being evaluated to stop the spread of HIV. With drug candidates that have a specific action against HIV now being studied, it is important that, when appropriate and based on the mechanism of action, the drug permeates the tissue so that it can be delivered to specific targets which reside there. Novel formulations of the nucleotide reverse transcriptase inhibitor tenofovir (TFV) and the nonnucleoside reverse transcriptase inhibitor UC781 have been developed and evaluated here. Gels with three distinct rheological properties were prepared. The three gels released both UC781 and TFV under in vitro conditions at concentrations equal to or above the reported 50% effective concentrations (EC(50)s). The drug concentrations in ectocervical tissues were well in excess of the reported EC(50)s. The gels maintain ectocervical viability and prevent infection of ectocervical explants after a HIV-1 challenge. This study successfully demonstrates the feasibility of using this novel combination of antiretrovirals in an aqueous gel as an HIV infection preventative.	Humans; Tenofovir; Female; HIV Infections/*prevention & control; Organophosphonates; Chromatography, High Pressure Liquid; Tandem Mass Spectrometry; In Vitro Techniques; Gels; Anti-HIV Agents/*pharmacokinetics; Adenine/analogs & derivatives; Thioamides; Anilides/*pharmacokinetics; Anti-Retroviral Agents/*pharmacokinetics; Cervix Uteri/metabolism; Furans/*pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Curran, Kathryn; Baeten, Jared M; Coates, Thomas J; Kurth, Ann; Mugo, Nelly R; Celum, Connie	HIV-1 prevention for HIV-1 serodiscordant couples.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-012-0114-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570050	A substantial proportion of HIV-1 infected individuals in sub-Saharan Africa are in stable relationships with HIV-1 uninfected partners, and HIV-1 serodiscordant couples thus represent an important target population for HIV-1 prevention. Couple-based HIV-1 testing and counseling facilitates identification of HIV-1 serodiscordant couples, counseling about risk reduction, and referrals to HIV-1 treatment, reproductive health services, and support services. Maximizing HIV-1 prevention for HIV-1 serodiscordant couples requires a combination of strategies, including counseling about condoms, sexual risk, fertility, contraception, and the clinical and prevention benefits of antiretroviral therapy (ART) for the HIV-1-infected partner; provision of clinical care and ART for the HIV-1 infected partner; antenatal care and services to prevent mother-to-child transmission for HIV-1-infected pregnant women; male circumcision for HIV-1-uninfected men; and, pending guidelines and demonstration projects, oral pre-exposure prophylaxis (PrEP) for HIV-1-uninfected partners.	HIV-1 serodiscordant couples, HIV-1 prevention, Africa, antiretroviral, ART, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Date, Abhijit A.; Shibata, Annemarie; Goede, Michael; Sanford, Bridget; La Bruzzo, Krista; Belshan, Michel; Destache, Christopher J.	Development and evaluation of a thermosensitive vaginal gel containing raltegravir+efavirenz loaded nanoparticles for HIV prophylaxis.	Antiviral Research	-	-	-	1872-9096 0166-3542	10.1016/j.antiviral.2012.09.015	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513487/	The objective of this investigation was to develop a thermosensitive vaginal gel containing raltegravir+efavirenz loaded PLGA nanoparticles (RAL+EFV-NPs) for pre-exposure prophylaxis of HIV. RAL+EFV-NPs were fabricated using a modified emulsion-solvent evaporation method and characterized for size and zeta potential. The average size and surface charge of RAL+EFV-NP were 81.8±6.4 nm and -23.18±7.18 mV respectively. The average encapsulation efficiency of raltegravir and efavirenz was 55.5% and 98.2% respectively. Thermosensitive vaginal gel containing RAL+EFV-NPs was successfully prepared using a combination of Pluronic F127 (20% w/v) and Pluronic F68 (1% w/v). Incorporation RAL+EFV-NPs in the gel did not result in nanoparticle aggregation and RAL+EFV-NPs containing gel showed thermogelation at 32.5°C. The RAL+EFV-NPs were evaluated for inhibition of HIV-1(NL4-3) using TZM-bl indicator cells. The EC(90) of RAL+EFV-NPs was lower than raltegravir+efavirenz (RAL+EFV) solution but did not reach significance. Compared to control HeLa cells without any treatment, RAL+EFV-NPs or blank gel were not cytotoxic for 14 days in vitro. The intracellular levels of efavirenz in RAL+EFV-NPs treated HeLa cells were above the EC(90) for 14 days whereas raltegravir intracellular concentrations were eliminated within 4 days. Transwell experiments of NPs-in-gel demonstrated rapid transfer of fluorescent nanoparticles from the gel and uptake in HeLa cells within 30 min. These data demonstrate the potential of antiretroviral NP-embedded vagina gels for long-term vaginal pre-exposure prophylaxis of heterosexual HIV-1 transmission.	Humans; Time Factors; Alkynes; Cyclopropanes; Raltegravir Potassium; Drug Evaluation, Preclinical; HIV-1/*drug effects; Chromatography, High Pressure Liquid; Anti-HIV Agents/chemistry/*pharmacology; Microbial Sensitivity Tests; HeLa Cells; Temperature; Lactic Acid/chemistry; Polyglycolic Acid/chemistry; Polylactic Acid-Polyglycolic Acid Copolymer; Benzoxazines/chemistry/*pharmacology; Drug Carriers/administration & dosage/chemistry; Gels/chemistry/*pharmacology; HIV Infections/prevention & control/virology; Nanoparticles/*administration & dosage/chemistry; Phagocytosis; Poloxamer/chemistry; Pyrrolidinones/chemistry/*pharmacology	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2012	De Clercq, Erik	Tenofovir: quo vadis anno 2012 (where is it going in the year 2012)?	Medicinal Research Reviews	-	-	-	1098-1128 0198-6325	10.1002/med.21267	https://pubmed.ncbi.nlm.nih.gov/22581627/	Twenty years after its original discovery, tenofovir has acquired a crucial position in the fight against human immunodeficiency virus (HIV). First, tenofovir disoproxil fumarate (TDF) is not only efficacious against, and has been licensed for the treatment of HIV (AIDS), but also HBV (hepatitis B). Second, for the treatment of HIV infections, TDF can be used in combination with other anti-HIV drugs, such as emtricitabine (combination termed Truvada(®)) and Truvada can be further combined with efavirenz, rilpivirine, elvitegravir, atazanavir, or darunavir, as a single once-daily oral pill. Third, Truvada can be used prophylactically to prevent transmission of HIV infection. And fourth, to prevent sexual HIV transmission, tenofovir could also be used topically (i.e., as a vaginal gel).	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2012	Demberg, T; Robert-Guroff, M	Controlling the HIV/AIDS epidemic: current status and global challenges	Frontiers in Immunology	-	-	-	1664-3224	10.3389/fimmu.2012.00250	https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2012.00250/full	This review provides an overview of the current status of the global HIV pandemic and strategies to bring it under control. It updates numerous preventive approaches including behavioral interventions, male circumcision (MC), pre- and post-exposure prophylaxis (PREP and PEP), vaccines, and microbicides. The manuscript summarizes current anti-retroviral treatment options, their impact in the western world, and difficulties faced by emerging and resource-limited nations in providing and maintaining appropriate treatment regimens. Current clinical and pre-clinical approaches toward a cure for HIV are described, including new drug compounds that target viral reservoirs and gene therapy approaches aimed at altering susceptibility to HIV infection. Recent progress in vaccine development is summarized, including novel approaches and new discoveries.	animal model; ART treatment; global strategies; HIV pandemic; prevention; vaccine development; RHESUS MACAQUES; ANTIRETROVIRAL THERAPY; PREEXPOSURE PROPHYLAXIS; DOUBLE-BLIND; HUMANIZED BLT MICE; INJECTION-DRUG USERS; NEUTRALIZING ANTIBODIES; EFFECTIVE HIV VACCINE; HISTONE DEACETYLASE INHIBITORS; STRUCTURE-BASED DESIGN	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Dimitrov, Dobromir; Boily, Marie-Claude; Mâsse, Benoît R; Brown, Elizabeth R	Impact of Pill Sharing on Drug Resistance Due to a Wide-Scale Oral Prep Intervention in Generalized Epidemics.	Journal of AIDS & Clinical Research	-	-	-	2155-6113	10.4172/2155-6113.s5-004	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3870903	BACKGROUND: The first antiretroviral drug (Truvada) to be used as a pre-exposure prophylaxis (PrEP) in preventing HIV transmission is about to be approved. Behavioral studies suggest that a portion of users may share anti-retroviral drugs with sex partners, family, or friends. Pill sharing will decrease PrEP efficacy and adherence level, and potentially create an environment favorable for the development of drug resistance. We aim to evaluate the potential impact of pill sharing on the PrEP effectiveness and on the rates of drug-resistance development in heterosexual populations. METHODS: A transmission dynamic model was used to assess the population-level impact of oral PrEP. The fractions of new HIV infections prevented (CPF), drug resistance prevalence and the proportion of new infections in which drug-resistant HIV is transmitted (TDR) are evaluated over fixed time periods. The influence of different factors on CPF and TDR is studied through simulations, using epidemic parameters representative of the countries in Sub-Saharan Africa. RESULTS: Without pill sharing, a 70% efficacious PrEP used consistently by 60% of uninfected individuals prevents 52.8% (95% CI 49.4%-56.4%) of all new HIV infections over ten years with drug-resistant HIV transmitted in 2.2% of the new infections. Absolute CPF may vary by 9% if up to 20% of the users share PrEP while the level of TDR and total resistance prevalence may increase by up to 6-fold due to pill sharing in some intervention scenarios. CONCLUSION: Pill sharing may increase the PrEP coverage level achieved in the population but it also affects the PrEP efficacy for the users who do not follow the prescribed schedule. More importantly, it creates a pool of untracked users who remain unreached by the effort to avoid sub-optimal PrEP usage by infected people. This increases substantially the potential risk of drug resistance in the population.	HIV; Pill sharing; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Dolling, D; Phillips, A N; Delpech, V; Pillay, D; Cane, P A; Crook, A M; Shepherd, J; Fearnhill, E; Hill, T; Dunn, D	Evaluating the extent of potential resistance to pre-exposure prophylaxis within the UK HIV-1-infectious population of men who have sex with men.	HIV Medicine	-	-	-	1468-1293	10.1111/j.1468-1293.2011.00968.x	https://dx.doi.org/10.1111/j.1468-1293.2011.00968.x	OBJECTIVES: Recent studies have shown that pre-exposure prophylaxis (PrEP) can substantially reduce the chance of acquiring HIV infection. However, PrEP efficacy has been found to be compromised in macaque studies if the challenge virus is antiretroviral therapy (ART)-resistant. Our objective was to evaluate the likelihood that a UK man who has sex with men (MSM) would be exposed to PrEP-resistant HIV in a homosexual encounter with an HIV-infectious partner. METHODS: Data from the UK Collaborative HIV Cohort (UK CHIC) study were linked to the UK HIV Drug Resistance Database for HIV-1-positive MSM patients seen between 2005 and 2008. Patients were categorized as undiagnosed; diagnosed but ART-naïve; ART-experienced and on treatment; and ART-experienced and on a treatment interruption. Considering current PrEP regimens, resistance to (a) tenofovir (TDF) alone, (b) TDF and emtricitabine (FTC), and (c) TDF or FTC was estimated. Patients without resistance tests had PrEP resistance imputed using bootstrapping and logistic regression models. RESULTS: The population-level prevalence of PrEP resistance in HIV-infectious individuals in 2008 was estimated to be 1.6, 0.9 and 4.1% for PrEP resistance definitions a, b and c, respectively. Prevalence in ART-experienced patients was highest, with negligible circulating resistance amongst ART-naïve individuals. The levels of resistance declined over the period of study. CONCLUSIONS: Our analysis indicates low levels of resistance to proposed PrEP drugs. The estimated PrEP resistance prevalence in UK HIV-infected MSM is towards the lower range of values used in simulation studies which have suggested that circulating PrEP drug resistance will have a negligible impact on PrEP efficacy at the population level.	HIV prevention; pre-exposure prophylaxis; Prevention; Statistics; trial design; active control; randomized clinical trial; Human immunodeficiency virus--HIV; placebo control	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2012	Duwal, Sulav; Schütte, Christof; von Kleist, Max	Pharmacokinetics and pharmacodynamics of the reverse transcriptase inhibitor tenofovir and prophylactic efficacy against HIV-1 infection.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0040382	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3394807	Antiviral pre-exposure prophylaxis (PrEP) through daily drug administration can protect healthy individuals from HIV-1 infection. While PrEP was recently approved by the FDA, the potential long-term consequences of PrEP implementation remain entirely unclear. The aim of this study is to predict the efficacy of different prophylactic strategies with the pro-drug tenofovir-disoproxil-fumarate (TDF) and to assess the sensitivity towards timing- and mode of TDF administration (daily- vs. single dose), adherence and the number of transmitted viruses. We developed a pharmacokinetic model for TDF and its active anabolite tenofovir-diphosphate (TFV-DP) and validated it with data from 4 different trials, including 4 distinct dosing regimes. Pharmacokinetics were coupled to an HIV model and viral decay following TDF mono-therapy was predicted, consistent with available data. Subsequently, a stochastic approach was used to estimate the % infections prevented by (i) daily TDF-based PrEP, (ii) one week TDF started either shortly before, or -after viral exposure and (iii) a single dose oral TDF before viral challenge (sd-PrEP). Analytical solutions were derived to assess the relation between intracellular TFV-DP concentrations and prophylactic efficacy. The predicted efficacy of TDF was limited by a slow accumulation of active compound (TFV-DP) and variable TFV-DP half-life and decreased with increasing numbers of transmitted viruses. Once daily TDF-based PrEP yielded Formula: see text80% protection, if at least 40% of pills were taken. Sd-PrEP with 300 mg or 600 mg TDF could prevent Formula: see text50% infections, when given at least before virus exposure. The efficacy dropped to Formula: see text10%, when given 1 h before 24 h exposure. Efficacy could not be increased with increasing dosage or prolonged administration. Post-exposure prophylaxis poorly prevented infection. The use of drugs that accumulate more rapidly, or local application of tenofovir gel may overcome the need for drug administration long before virus exposure.	NA	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2012	Eisingerich, Andreas B; Wheelock, Ana; Gomez, Gabriela B; Garnett, Geoffrey P; Dybul, Mark R; Piot, Peter K	Attitudes and acceptance of oral and parenteral HIV preexposure prophylaxis among potential user groups: a multinational study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0028238	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3256136	BACKGROUND: The use of antiviral medications by HIV negative people to prevent acquisition of HIV or pre-exposure prophylaxis (PrEP) has shown promising results in recent trials. To understand the potential impact of PrEP for HIV prevention, in addition to efficacy data, we need to understand both the acceptability of PrEP among members of potential user groups and the factors likely to determine uptake. METHODS AND FINDINGS: Surveys of willingness to use PrEP products were conducted with 1,790 members of potential user groups (FSWs, MSM, IDUs, SDCs and young women) in seven countries: Peru, Ukraine, India, Kenya, Botswana, Uganda and South Africa. Analyses of variance were used to assess levels of acceptance across different user groups and countries. Conjoint analysis was used to examine the attitudes and preferences towards hypothetical and known attributes of PrEP programs and medications. Overall, members of potential user groups were willing to consider taking PrEP (61% reported that they would definitely use PrEP). Current results demonstrate that key user groups in different countries perceived PrEP as giving them new possibilities in their lives and would consider using it as soon as it becomes available. These results were maintained when subjects were reminded of potential side effects, the need to combine condom use with PrEP, and for regular HIV testing. Across populations, route of administration was considered the most important attribute of the presented alternatives. CONCLUSIONS: Despite multiple conceivable barriers, there was a general willingness to adopt PrEP in key populations, which suggests that if efficacious and affordable, it could be a useful tool in HIV prevention. There would be a willingness to experience inconvenience and expense at the levels included in the survey. The results suggest that delivery in a long lasting injection would be a good target in drug development.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2012	Evans, Emerson	Assessing the Knowledge and Attitudes of Black/African American Men who have Sex with Men on HIV Pre-Exposure Prophylaxis	-	-	University of Pittsburgh	-	na	NA	http://d-scholarship.pitt.edu/12021/	Background: African American men who have sex with men (MSM) represent 37% of the HIV incidence among all MSM and young Black MSM observed a significant increase of 48% in new infections during 2006-2009. There were 6,500 infections in Black MSM aged 13-29 exceeding the number of infections of White MSM aged 13-29 and 30-39 combined. In 2010, results from the Global iPrEX clinical trial showed 44% efficacy of oral pre-exposure prophylaxis among MSM. The implementation of PrEP as a HIV prevention tool may have positive implications in reducing the disparity of HIV infection among Black MSM. Methods: Participants were recruited and sampled for an online survey using the social networking sites Facebook and Twitter. Eligibility for participation was contingent upon self-reported response as Black/African American, an MSM, HIV negative or unaware of HIV status, and over 18 years of age. Informed consent was obtained. Behavioral data was collected from participants on sexual behaviors, HIV testing, and self-perceived susceptibility to HIV infection. Participants were asked specifically their knowledge of PrEP and likeliness of using PrEP to reduce risk of HIV infection. Results: The sample pre-eligibility included 178 respondents. 20.5% (32) respondents reported being HIV positive. After eligibility was determined 99 respondents were included in the analysis. 56.4% of the sample reported having little or no knowledge of PrEP yet would use PrEP to reduce their risk of HIV infection. Age was the strongest indicator of all the independent variables on PrEP acceptance being statistically significant in all models of the regression analysis. Conclusions: Contrary to the original hypothesis, an inverse relationship between PrEP knowledge and acceptance was ascertained in the current study. Some possible explanations for this interesting finding are that respondents were unaware of the risks and benefits of pre-exposure prophylaxis and were concerned about preventing themselves from contracting HIV. Also if respondents were to use PrEP, it would likely have to be at little or no individual out of pocket costs. There are a number of factors influencing such high acceptance of PrEP among Black MSM and the current study was able to ascertain some of these factors. These findings have public health significance to the current epidemiology of HIV infection in the United States and further prevention efforts.	HIV, HIV Prevention, Pre-Exposure Prophylaxis, Black/African American, MSM, Gay/Bisexual, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2012	Fei-Fei GAO	Pre-exposure prophylaxis for HIV high-risk groups: An analysis of clinical compliance	Academic Journal of Second Military Medical University	-	-	-	0258-879X	NA	https://pesquisa.bvsalud.org/portal/resource/pt/wpr-839866	Objective: To investigate the factors influencing the compliance of pre-exposure prophylaxis (PrEP) among high-risk groups of human immunodeficiency virus (HIV). Methods: A total of 352 subjects were selected into the cohort by non-probability sampling, including 153 men who have sex with men (MSM), 36 female sex workers (FSMs), and 163 fixed sex partners(PARs) of HIV carriers. Each subject was randomly given a medication regimen of either once daily or twice a week. The pre-exposure prophylaxis compliance was evaluated by observing the maintenance of the cohort and medication omission every 4 weeks from week 0 to week 28. Cochran-Mantel-Haenszel (CMH) test was employed to conduct univariate analysis and logistic regression was adopted for multiple variable analysis. Results: It was found that 76. 70% (270/352) of the subjects finished the 28-week-observation in this PrEP clinical trial among high-risk groups of HIV. The medication omission rate fluctuated around 35% during the follow-up, with the total compliance score being 82. 12 ± 27. 48 and the median score being 95. 24. Logistic regression suggested that the monthly income, presence of worries or difficulties during the trials, need for medical service, and the way of follow-up were the factors influencing the maintenance of cohort. The marital status, medication method, presence of worries or difficulties during the trial, and presence of adverse effect were the influencing factors of medication omission. The population typ e, number of sex partners, taking of other drugs at the same time, need of medical service during the trial, and way of follow-up were the factors impacting the overall compliance score. Conclusion: The compliance of the present PrEP clinical trials among high-risk groups of HIV is high, and it has multiple influencing factors. Compliance management should be reinforced among MSM and FSW populations with greater motility. The cohort management model of follow-up by fixed specialists should be continued with more frequent follow-up; meanwhile, classified management should be implemented for individuals with different characters, so as to ensure a good compliance during the clinical trials.	NA	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2012	Fernández-Montero, José Vicente; Barreiro, Pablo; Del Romero, Jorge; Soriano, Vincent	Antiretroviral drugs for pre-exposure prophylaxis of HIV infection.	AIDS Reviews	-	-	-	1698-6997	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-22297504	Though a large number of antiretrovirals have been developed for the treatment of HIV infection, new HIV infections continue to occur, especially among certain high-risk groups, such as men who have sex with men. Overall, the current estimated incidence of HIV infection is 2.5-fold higher than the number of individuals that begin antiretroviral therapy every year worldwide. Along with the personal drama caused by the diagnosis of HIV infection, other considerations in society, including economics and interpersonal relationships, make the need for HIV prevention strategies a priority. Though vaccines have shown great efficacy in the combat of other epidemics, currently there is no effective vaccine against HIV, and it is unlikely that any will become available in the near future. Thus, new approaches such as pre-exposure prophylaxis are viewed with increasing interest. The results from recent clinical trials have provided support in favor of distinct pre-exposure prophylaxis modalities. However, concerns exist about increasing risky behaviors and selection and spread of antiretroviral drug resistance with a broader use of pre-exposure prophylaxis. The aim of this review is to examine the evidence available on the effectiveness of pre-exposure prophylaxis and its potential influence on the HIV epidemics.	Fármacos Anti-HIV/uso terapêutico; Anti-Infecciosos Locais/uso terapêutico; Preservativos/estatística & dados numéricos; Infecções por HIV/prevenção & controle; Infecções por HIV/transmissão; Prevenção Primária/métodos; Terapia Antirretroviral de Alta Atividade; Ensaios Clínicos Fase II como Assunto; Ensaios Clínicos Fase III como Assunto; Feminino; Humanos; Masculino; Educação de Pacientes como Assunto; Fatores de Risco	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2012	Flash, Charlene; Krakower, Douglas; Mayer, Kenneth H	The Promise of Antiretrovirals for HIV Prevention.	Current Infectious Disease Reports	-	-	-	1534-3146	10.1007/s11908-012-0242-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3901012	With an estimated 2.6 million new HIV infections diagnosed annually, the world needs new prevention strategies to partner with condom use, harm reduction approaches for injection drug users, and male circumcision. Antiretrovirals can reduce the risk of mother-to-child HIV transmission and limit HIV acquisition after occupational exposure. Macaque models and clinical trials demonstrate efficacy of oral or topical antiretrovirals used prior to HIV exposure to prevent HIV transmission, ie pre-exposure prophylaxis (PrEP). Early initiation of effective HIV treatment in serodiscordant couples results in a 96% decrease in HIV transmission. HIV testing to determine serostatus and identify undiagnosed persons is foundational to these approaches. The relative efficacy of different approaches, adherence, cost and long-term safety will affect uptake and impact of these strategies. Ongoing research will help characterize the role for oral and topical formulations and help quantify potential benefits in sub-populations at risk for HIV acquisition.	HIV prevention; Pre-exposure prophylaxis; Microbicide; Tenofovir; Emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Galindo, Gabriel R; Garrett-Walker, J J; Hazelton, Patrick; Lane, Tim; Steward, Wayne T; Morin, Stephen F; Arnold, Emily A	Community member perspectives from transgender women and men who have sex with men on pre-exposure prophylaxis as an HIV prevention strategy: implications for implementation.	Implementation Science	-	-	-	1748-5908	10.1186/1748-5908-7-116	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3527231	BACKGROUND: An international randomized clinical trial (RCT) on pre-exposure prophylaxis (PrEP) as an human immunodeficiency virus (HIV)-prevention intervention found that taken on a daily basis, PrEP was safe and effective among men who have sex with men (MSM) and male-to-female transgender women. Within the context of the HIV epidemic in the United States (US), MSM and transgender women are the most appropriate groups to target for PrEP implementation at the population level; however, their perspectives on evidenced-based biomedical research and the results of this large trial remain virtually unknown. In this study, we examined the acceptability of individual daily use of PrEP and assessed potential barriers to community uptake. METHODS: We conducted semi-structured interviews with an ethnoracially diverse sample of thirty HIV-negative and unknown status MSM (n = 24) and transgender women (n = 6) in three California metropolitan areas. Given the burden of disease among ethnoracial minorities in the US, we purposefully oversampled for these groups. Thematic coding and analysis of data was conducted utilizing an approach rooted in grounded theory. RESULTS: While participants expressed general interest in PrEP availability, results demonstrate: a lack of community awareness and confusion about PrEP; reservations about PrEP utilization, even when informed of efficacious RCT results; and concerns regarding equity and the manner in which a PrEP intervention could be packaged and marketed in their communities. CONCLUSIONS: In order to effectively reduce HIV health disparities at the population level, PrEP implementation must take into account the uptake concerns of those groups who would actually access and use this biomedical intervention as a prevention strategy. Recommendations addressing these concerns are provided.	Men who have sex with men (MSM), Male-to-female (MTF) transgender women, HIV/AIDS, Pre-exposure prophylaxis (PrEP), Qualitative research, Health disparities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2012	García-Lerma, J Gerardo; Heneine, Walid	Animal models of antiretroviral prophylaxis for HIV prevention.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e328358e484	https://dx.doi.org/10.1097/COH.0b013e328358e484	PURPOSE OF REVIEW: Oral and topical pre-exposure prophylaxis (PrEP) with antiretroviral drugs are novel biomedical interventions recently found to prevent HIV transmission among high-risk populations. In this review, we outline lessons learned from animal studies and discuss next steps in preclinical PrEP research including the study of new PrEP modalities, pharmacologic correlates of protection, and biological factors that may modulate PrEP efficacy. RECENT FINDINGS: Studies using macaque or humanized mice models of mucosal simian immunodeficiency virus (SIV), HIV, or simian/human immunodeficiency virus (SHIV) transmission have provided efficacy data against rectal and vaginal infection. A multitude of oral and topical PrEP regimens including drugs such as tenofovir (TFV), tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) were found protective against either wild-type or drug-resistant viruses. These models have also helped define prophylactic windows of protection of nondaily dosing and are being used increasingly to study pharmacokinetic and pharmacodynamic relationships. SUMMARY: As human data from PrEP trials validate animal models or help fine tune them, it is expected that these models will play increasingly important roles in PrEP development as the field extends into new drug classes and combinations, episodic dosing, and novel long-acting drug formulations. By providing both efficacy and pharmacologic information these models can define correlates and mechanisms of protection, inform dose selection, and advance the most promising PrEP candidates and dosing modalities.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Gengiah, Tanuja N; Baxter, Cheryl; Mansoor, Leila E; Kharsany, Ayesha Bm; Abdool Karim, Salim S	A drug evaluation of 1% tenofovir gel and tenofovir disoproxil fumarate tablets for the prevention of HIV infection.	Expert Opinion on Investigational Drugs	-	-	-	1744-7658	10.1517/13543784.2012.667072	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3460694	INTRODUCTION: More than a million people acquire HIV infection annually. Pre-exposure prophylaxis (PrEP) using antiretrovirals is currently being investigated for HIV prevention. Oral and topical formulations of tenofovir have undergone preclinical and clinical testing to assess acceptability, safety and effectiveness in preventing HIV infection. AREAS COVERED: The tenofovir drug development pathway from compound discovery, preclinical animal model testing and human testing were reviewed for safety, tolerability and efficacy. Tenofovir is well tolerated and safe when used both systemically or applied topically for HIV prevention. High drug concentrations at the site of HIV transmission and concomitant low systemic drug concentrations are achieved with vaginal application. Coitally applied gel may be the favored prevention option for women compared with the tablets, which may be more suitable for prevention in men and sero-discordant couples. However, recent contradictory effectiveness outcomes in women need to be better understood. EXPERT OPINION: Emerging evidence has brought new hope that antiretrovirals can potentially change the course of the HIV epidemic when used as early treatment for prevention, as topical or oral PrEP. Although some trial results appear conflicting, behavioral factors, adherence to dosing and pharmacokinetic properties of the different tenofovir formulations and dosing approaches offer plausible explanations for most of the variations in effectiveness observed in different trials.	ART, NtRTI, tenofovir, tenofovir disoproxil fumarate, HIV prevention, microbicide, PMPA – [9-R-(2-Phosphonomethoxypropyl) adenine]	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2012	Gibb, Diana M.; Kizito, Hilda; Russell, Elizabeth C.; Chidziva, Ennie; Zalwango, Eva; Nalumenya, Ruth; Spyer, Moira; Tumukunde, Dinah; Nathoo, Kusum; Munderi, Paula; Kyomugisha, Hope; Hakim, James; Grosskurth, Heiner; Gilks, Charles F.; Walker, A. Sarah; Musoke, Phillipa	Pregnancy and infant outcomes among HIV-infected women taking long-term ART with and without tenofovir in the DART trial.	PLOS Medicine	-	-	-	1549-1676 1549-1277	10.1371/journal.pmed.1001217	https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001217	BACKGROUND: Few data have described long-term outcomes for infants born to HIV-infected African women taking antiretroviral therapy (ART) in pregnancy. This is particularly true for World Health Organization (WHO)-recommended tenofovir-containing first-line regimens, which are increasingly used and known to cause renal and bone toxicities; concerns have been raised about potential toxicity in babies due to in utero tenofovir exposure. METHODS AND FINDINGS: Pregnancy outcome and maternal/infant ART were collected in Ugandan/Zimbabwean HIV-infected women initiating ART during The Development of AntiRetroviral Therapy in Africa (DART) trial, which compared routine laboratory monitoring (CD4; toxicity) versus clinically driven monitoring. Women were followed 15 January 2003 to 28 September 2009. Infant feeding, clinical status, and biochemistry/haematology results were collected in a separate infant study. Effect of in utero ART exposure on infant growth was analysed using random effects models. 382 pregnancies occurred in 302/1,867 (16%) women (4.4/100 woman-years 95% CI 4.0-4.9). 226/390 (58%) outcomes were live-births, 27 (7%) stillbirths (≥22 wk), and 137 (35%) terminations/miscarriages (<22 wk). Of 226 live-births, seven (3%) infants died <2 wk from perinatal causes and there were seven (3%) congenital abnormalities, with no effect of in utero tenofovir exposure (p>0.4). Of 219 surviving infants, 182 (83%) enrolled in the follow-up study; median (interquartile range IQR) age at last visit was 25 (12-38) months. From mothers' ART, 62/9/111 infants had no/20%-89%/≥90% in utero tenofovir exposure; most were also zidovudine/lamivudine exposed. All 172 infants tested were HIV-negative (ten untested). Only 73/182(40%) infants were breast-fed for median 94 (IQR 75-212) days. Overall, 14 infants died at median (IQR) age 9 (3-23) months, giving 5% 12-month mortality; six of 14 were HIV-uninfected; eight untested infants died of respiratory infection (three), sepsis (two), burns (one), measles (one), unknown (one). During follow-up, no bone fractures were reported to have occurred; 12/368 creatinines and seven out of 305 phosphates were grade one (16) or two (three) in 14 children with no effect of in utero tenofovir (p>0.1). There was no evidence that in utero tenofovir affected growth after 2 years (p=0.38). Attained height- and weight for age were similar to general (HIV-uninfected) Ugandan populations. Study limitations included relatively small size and lack of randomisation to maternal ART regimens. CONCLUSIONS: Overall 1-year 5% infant mortality was similar to the 2%-4% post-neonatal mortality observed in this region. No increase in congenital, renal, or growth abnormalities was observed with in utero tenofovir exposure. Although some infants died untested, absence of recorded HIV infection with combination ART in pregnancy is encouraging. Detailed safety of tenofovir for pre-exposure prophylaxis will need confirmation from longer term follow-up of larger numbers of exposed children. TRIAL REGISTRATION: www.controlled-trials.com ISRCTN13968779	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2012	Gilliam, Bruce L.; Patel, Devang; Talwani, Rohit; Temesgen, Zelalem	HIV in Africa: Challenges and Directions for the Next Decade.	Current Infectious Disease Reports	-	-	-	1534-3146 1523-3847	10.1007/s11908-011-0230-8	https://pubmed.ncbi.nlm.nih.gov/22143960/	Africa carries a disproportionate burden of the global HIV endemic, accounting for two thirds of the global 33.3 million people living with HIV. While tremendous advances have been made in addressing the HIV epidemic in Africa, considerable challenges remain. Testing for HIV increased by 86% from 2007 to 2009 but more than 75% of people 15-49 years remain unaware of their HIV status. CD4 count at diagnosis tends to be low and linkage to care and treatment is suboptimal. The scale-up of antiretroviral therapy is ongoing but is hampered by the lack of diagnostic capability to monitor response to therapy and a substantial healthcare workforce shortage. Prevention strategies such as male circumcision, pre-exposure prophylaxis, and antiretroviral therapy for prevention have generated great excitement but cost and healthcare infrastructure deficiencies may limit their widespread applicability. Operational research to validate and inform treatment decisions, health care policies, and prevention strategies is sorely needed.	HIV. Africa. Antiretroviral treatment. Monitoring. Resource-limited setting. Treatment failure. Viral load. When to start treatment. Resistance. Therapeutic sequencing. Adherence. Nurse-managed vs. doctor-managed care. Scaling-up. Task-shifting. Preexposure prophylaxis. Male circumcision. Microbicides. Vaccine. Efficacy. Operational research. Early diagnosis. Tuberculosis. Cryptococcus. Residency. Work force	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Gomez, Gabriela B; Borquez, Annick; Caceres, Carlos F; Segura, Eddy R; Grant, Robert M; Garnett, Geoff P; Hallett, Timothy B	The potential impact of pre-exposure prophylaxis for HIV prevention among men who have sex with men and transwomen in Lima, Peru: a mathematical modelling study.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1001323	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3467261	BACKGROUND: HIV pre-exposure prophylaxis (PrEP), the use of antiretroviral drugs by uninfected individuals to prevent HIV infection, has demonstrated effectiveness in preventing acquisition in a high-risk population of men who have sex with men (MSM). Consequently, there is a need to understand if and how PrEP can be used cost-effectively to prevent HIV infection in such populations. METHODS AND FINDINGS: We developed a mathematical model representing the HIV epidemic among MSM and transwomen (male-to-female transgender individuals) in Lima, Peru, as a test case. PrEP effectiveness in the model is assumed to result from the combination of a "conditional efficacy" parameter and an adherence parameter. Annual operating costs from a health provider perspective were based on the US Centers for Disease Control and Prevention interim guidelines for PrEP use. The model was used to investigate the population-level impact, cost, and cost-effectiveness of PrEP under a range of implementation scenarios. The epidemiological impact of PrEP is largely driven by programme characteristics. For a modest PrEP coverage of 5%, over 8% of infections could be averted in a programme prioritising those at higher risk and attaining the adherence levels of the Pre-Exposure Prophylaxis Initiative study. Across all scenarios, the highest estimated cost per disability-adjusted life year averted (uniform strategy for a coverage level of 20%, US$1,036-US$4,254) is below the World Health Organization recommended threshold for cost-effective interventions, while only certain optimistic scenarios (low coverage of 5% and some or high prioritisation) are likely to be cost-effective using the World Bank threshold. The impact of PrEP is reduced if those on PrEP decrease condom use, but only extreme behaviour changes among non-adherers (over 80% reduction in condom use) and a low PrEP conditional efficacy (40%) would adversely impact the epidemic. However, PrEP will not arrest HIV transmission in isolation because of its incomplete effectiveness and dependence on adherence, and because the high cost of programmes limits the coverage levels that could potentially be attained. CONCLUSIONS: A strategic PrEP intervention could be a cost-effective addition to existing HIV prevention strategies for MSM populations. However, despite being cost-effective, a substantial expenditure would be required to generate significant reductions in incidence. Please see later in the article for the Editors' Summary.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2012	Grobler, Anneke C.; Abdool Karim, Salim S.	Design challenges facing clinical trials of the effectiveness of new HIV-prevention technologies.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0b013e3283509a29	https://journals.lww.com/aidsonline/citation/2012/03130/design_challenges_facing_clinical_trials_of_the.1.aspx	Recent successes of antiretroviral pre-exposure prophylaxis (PrEP) in preventing HIV infection have raised questions whether further placebo controlled trials of new HIV-prevention technologies are ethically justifiable. A trial with active agent(s) in the comparator group can be designed either as a superiority or non-inferiority trial. In a non-inferiority trial the hypothesis tested is that the intervention is not inferior to, by a predefined clinically relevant amount, or at least as effective as, the comparator. Non-inferiority trials pose challenges in data interpretation. Firstly it is possible to show equivalence of two non-effective interventions. If the active comparator intervention is ineffective, the new intervention would be shown to be non-inferior to this inactive intervention, while neither intervention is superior to placebo or no intervention. The second challenge is that any effect that dilutes the true efficacy of an intervention in a trial, such as non-adherence, loss to follow-up or protocol violations, makes it easier for the two interventions to be declared equivalent. Non-differential low adherence is unlikely to lead to the conclusion that an inferior intervention is non-inferior. However, differential adherence between study arms, which is more likely in non-blinded trials, is likely to bias the results and lead to incorrect conclusions. Investigators conducting non-inferiority trials will have to pay special attention to supporting, measuring and maintaining high adherence. The goal in future non-inferiority trials should be to maintain similar levels of high adherence in all study arms, but at a minimum to reduce the likelihood of differential adherence across study arms.	Humans; Male; Female; HIV Infections/*prevention & control; Placebos; Clinical Trials as Topic/*methods; Anti-Retroviral Agents/*administration & dosage; *Research Design	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2012	Heffron, Renee; Ngure, Kenneth; Mugo, Nelly; Celum, Connie; Kurth, Ann; Curran, Kathryn; Baeten, Jared M	Willingness of Kenyan HIV-1 serodiscordant couples to use antiretroviral-based HIV-1 prevention strategies.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e31825da73f	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3427394	INTRODUCTION: Antiretroviral treatment (ART) and pre-exposure prophylaxis (PrEP) have demonstrated efficacy as new human immunodeficiency virus-1 (HIV-1) prevention approaches for HIV-1 serodiscordant couples. METHODS: Among Kenyan HIV-1 serodiscordant heterosexual couples participating in a clinical trial of PrEP, we conducted a cross-sectional study and used descriptive statistical methods to explore couples' willingness to use antiretrovirals for HIV-1 prevention. The study was conducted before July 2011, when studies among heterosexual populations reported that ART and PrEP reduced HIV-1 risk. RESULTS: For 181 couples in which the HIV-1-infected partner had a CD4 count ≥350 cells per microliter and had not yet initiated ART (and thus did not qualify for ART under Kenyan guidelines), 60.2% of HIV-1 infected partners (69.4% of men and 57.9% of women) were willing to use early ART (at CD4 ≥350 cells per microliter) for HIV-1 prevention. Among HIV-1 uninfected partners, 92.7% (93.8% of men and 86.1% of women) reported willingness to use PrEP. When given a hypothetical choice of early ART or PrEP for HIV-1 prevention, 52.5% of HIV-1-infected participants would prefer to initiate ART early and 56.9% of HIV-1-uninfected participants would prefer to use PrEP. CONCLUSIONS: Nearly 40% of Kenyan HIV-1-infected individuals in known HIV-1 serodiscordant partnerships reported reservations about early ART initiation for HIV-1 prevention. PrEP interest in this PrEP-experienced population was high. Strategies to achieve high uptake and sustained adherence to ART and PrEP for HIV-1 prevention in HIV-1 serodiscordant couples will require responding to couples' preferences for prevention strategies.	HIV prevention, antiretrovirals, pre-exposure prophylaxis, Africa, couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Hendrix, Craig W	The clinical pharmacology of antiretrovirals for HIV prevention.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e32835847ae	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6986781	PURPOSE OF REVIEW: Pre-exposure prophylaxis (PrEP) clinical trial results using antiretrovirals can seem confusing, if not conflicting. We review recent antiretroviral pharmacokinetic studies to help explain PrEP trial results. RECENT FINDINGS: Pharmacokinetic studies indicate that topical dosing, compared with oral dosing, achieves far higher colon and vaginal tissue drug concentrations, and far lower drug concentrations in blood. After oral dosing, higher tenofovir diphosphate concentrations are found in colon tissue than cervico-vaginal tissue, but the reverse is the case for emtricitabine triphosphate, although it does not persist as long. Vaginal dosing achieves measurable tenofovir concentrations in the rectum and vice versa. Within and among oral PrEP trials, increased drug concentration is associated with increased HIV protection, with drug concentration differences best explained by adherence, rather than pharmacokinetics. The poor level of protection in topical studies is not consistent with concentration-response in oral studies indicating unknown variables in need of further investigation. SUMMARY: Sparse pharmacokinetic sampling in large trials combined with more intensive sampling in smaller pharmacokinetic-focused studies help explain trial outcome differences due largely to differences in adherence, tissue pharmacokinetics, and type of HIV exposure. Pharmacokinetic analysis can identify protective drug concentration targets, guide dose optimization, and inform future trials.	Pre-exposure prophylaxis, tenofovir, emtricitabine, pharmacokinetics, microbicide	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Heneine, Walid; Kashuba, Angela	HIV prevention by oral preexposure prophylaxis.	Cold Spring Harbor Perspectives in Medicine	-	-	-	2157-1422	10.1101/cshperspect.a007419	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3282498	The impressive advances in antiretroviral (ARV) therapy of chronic human immunodeficiency virus (HIV) infections during the last decade and the availability of potent ARV drugs have fueled interest in using chemoprophylaxis as a novel HIV prevention strategy. Preexposure prophylaxis (PrEP) refers to the use of ARV drugs in HIV-negative persons to prevent HIV infection. The rationale for PrEP builds on the success of ARV prophylaxis in preventing mother-to-child transmission of HIV and on a large body of animal studies that show the efficacy of PrEP against mucosal and parenteral infection. We focus on oral administration of ARV drugs for prevention of HIV infection. Identifying an effective prophylactic pill that individuals can take outside the setting of sexual intercourse precludes the necessity to disclose such use to their partners, thereby empowering those who might not be in a position to negotiate with their partners. Several human clinical trials evaluating the efficacy of daily regimens of the HIV reverse-transcriptase (RT) inhibitors tenofovir disoproxil fumarate (TDF) or Truvada (TDF and emtricitabine FTC) are under way among high-risk populations. The results of one trial among men who have sex with men showed that daily Truvada was safe and effective, providing the first support for oral PrEP as a prevention strategy. Here we outline the preclinical and clinical research on oral PrEP, pharmacologic considerations, and future directions and challenges.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Henry, Keith	Antiretroviral medications as prevention: will the new paradigm reverse the HIV epidemic?	Minnesota Medicine	-	-	-	0026-556X	NA	https://www.mnmed.org/application/files/2616/6967/7204/August_2012.pdf	Fifteen years after recognition of the AIDS epidemic, the development of potent antiretroviral therapy (ART) resulted in a significant reduction in HIV-related morbidity and mortality for persons in resource-rich regions of the world. Now 30 years after the HIV/AIDS epidemic began, we have learned that potent ART also decreases transmission of HIV and that judicious use of antiretroviral medications in people who do not have the virus but are at high risk for contracting it (pre-exposure prophylaxis or PREP) can protect against HIV infection. We now have the necessary tools to significantly decrease the scope of the epidemic in the decades ahead. Whether we use them-that is, provide antiretrovirals prophylactically or conduct widespread testing for HIV and treat all people who are found to have the virus-will depend on the concerted actions of societies, governments, public health authorities, clinicians and individuals.	Drug Therapy, Combination; Emtricitabine; Humans; Male; Tenofovir; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control/transmission; Female; Randomized Controlled Trials as Topic; Adenine/analogs & derivatives/therapeutic use; Deoxycytidine/analogs & derivatives/therapeutic use; Organophosphonates/therapeutic use; Risk Factors; Homosexuality, Male; Epidemics/*prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Holt, Martin; Murphy, Dean A; Callander, Denton; Ellard, Jeanne; Rosengarten, Marsha; Kippax, Susan C; de Wit, John B F	Willingness to use HIV pre-exposure prophylaxis and the likelihood of decreased condom use are both associated with unprotected anal intercourse and the perceived likelihood of becoming HIV positive among Australian gay and bisexual men.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2011-050312	https://dx.doi.org/10.1136/sextrans-2011-050312	OBJECTIVES: To investigate willingness to use HIV pre-exposure prophylaxis (PrEP) and the likelihood of decreased condom use among Australian gay and bisexual men. METHODS: A national, online cross-sectional survey was conducted in April to May 2011. Bivariate relationships were assessed with χ2 or Fisher's exact test. Multivariate logistic regression analysis was performed to assess independent relationships with primary outcome variables. RESULTS: Responses from 1161 HIV-negative and untested men were analysed. Prior use of antiretroviral drugs as PrEP was rare (n=6). Just over a quarter of the sample (n=327; 28.2%) was classified as willing to use PrEP. Willingness to use PrEP was independently associated with younger age, having anal intercourse with casual partners (protected or unprotected), having fewer concerns about PrEP and perceiving oneself to be at risk of HIV. Among men who were willing to use PrEP (n=327), only 26 men (8.0%) indicated that they would be less likely to use condoms if using PrEP. The likelihood of decreased condom use was independently associated with older age, unprotected anal intercourse with casual partners (UAIC) and perceiving oneself to be at increased risk of HIV. CONCLUSIONS: The Australian gay and bisexual men the authors surveyed were cautiously optimistic about PrEP. The minority of men who expressed willingness to use PrEP appear to be appropriate candidates, given that they are likely to report UAIC and to perceive themselves to be at risk of HIV.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2012	Jackson, Todd; Huang, Ailong; Chen, Hong; Gao, Xiao; Zhong, Xiaoni; Zhang, Yan	Cognitive, psychosocial, and sociodemographic predictors of willingness to use HIV pre-exposure prophylaxis among Chinese men who have sex with men.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-012-0188-z	https://link.springer.com/article/10.1007/s10461-012-0188-z	This study was designed to identify predictors of lower versus higher willingness to use pre-exposure prophylaxis (PrEP) to reduce HIV among men who have sex with men (MSM) in China. Participants were 570 MSM who completed self-report measures of willingness to use HIV PrEP, beliefs about HIV, psychosocial factors, sexual experiences and sociodemographic characteristics. Results of a hierarchical binary logistic regression analysis indicated that membership in a higher willingness group was predicted by previous consultation about HIV, more reported barriers to using condoms, and elevations in depressive symptoms. Independent of these factors, higher willingness to use HIV PrEP was predicted by beliefs that the intervention was low in stigma and high in potential benefits. In sum, the study highlighted the utility of broad-based assessment of demographic, behavioral, personality, and cognitive factors in identifying Chinese MSM who express willingness to use a promising biologically-based intervention to lower HIV risk.	Adult; Humans; Male; Middle Aged; Anti-Retroviral Agents/*therapeutic use; Risk Factors; Interviews as Topic; Surveys and Questionnaires; Multivariate Analysis; Health Knowledge, Attitudes, Practice; Condoms/statistics & numerical data; Logistic Models; China/epidemiology; Homosexuality, Male/*psychology; Socioeconomic Factors; Health Surveys; Models, Psychological; *Intention; Antibiotic Prophylaxis/*psychology; Asian People/*psychology/statistics & numerical data; Cognition; HIV Infections/ethnology/*prevention & control/*psychology/virology	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2012	Juusola, Jessie L; Brandeau, Margaret L; Owens, Douglas K; Bendavid, Eran	The cost-effectiveness of preexposure prophylaxis for HIV prevention in the United States in men who have sex with men.	Annals of Internal Medicine	-	-	-	1539-3704	10.7326/0003-4819-156-8-201204170-00001	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690921	BACKGROUND: A recent randomized, controlled trial showed that daily oral preexposure chemoprophylaxis (PrEP) was effective for HIV prevention in men who have sex with men (MSM). The Centers for Disease Control and Prevention recently provided interim guidance for PrEP in MSM at high risk for HIV. Previous studies did not reach a consistent estimate of its cost-effectiveness. OBJECTIVE: To estimate the effectiveness and cost-effectiveness of PrEP in MSM in the United States. DESIGN: Dynamic model of HIV transmission and progression combined with a detailed economic analysis. DATA SOURCES: Published literature. TARGET POPULATION: MSM aged 13 to 64 years in the United States. TIME HORIZON: Lifetime. PERSPECTIVE: Societal. INTERVENTION: PrEP was evaluated in both the general MSM population and in high-risk MSM and was assumed to reduce infection risk by 44% on the basis of clinical trial results. OUTCOME MEASURES: New HIV infections, discounted quality-adjusted life-years (QALYs) and costs, and incremental cost-effectiveness ratios. RESULTS OF BASE-CASE ANALYSIS: Initiating PrEP in 20% of MSM in the United States would reduce new HIV infections by an estimated 13% and result in a gain of 550,166 QALYs over 20 years at a cost of $172,091 per QALY gained. Initiating PrEP in a larger proportion of MSM would prevent more infections but at an increasing cost per QALY gained (up to $216,480 if all MSM receive PrEP). Preexposure chemoprophylaxis in only high-risk MSM can improve cost-effectiveness. For MSM with an average of 5 partners per year, PrEP costs approximately $50,000 per QALY gained. Providing PrEP to all high-risk MSM for 20 years would cost $75 billion more in health care-related costs than the status quo and $600,000 per HIV infection prevented, compared with incremental costs of $95 billion and $2 million per infection prevented for 20% coverage of all MSM. RESULTS OF SENSITIVITY ANALYSIS: PrEP in the general MSM population would cost less than $100,000 per QALY gained if the daily cost of antiretroviral drugs for PrEP was less than $15 or if PrEP efficacy was greater than 75%. LIMITATION: When examining PrEP in high-risk MSM, the investigators did not model a mix of low- and high-risk MSM because of lack of data on mixing patterns. CONCLUSION: PrEP in the general MSM population could prevent a substantial number of HIV infections, but it is expensive. Use in high-risk MSM compares favorably with other interventions that are considered cost-effective but could result in annual PrEP expenditures of more than $4 billion. PRIMARY FUNDING SOURCE: National Institute on Drug Abuse, Department of Veterans Affairs, and National Institute of Allergy and Infectious Diseases.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Keller, M. J.; Malone, A. M.; Carpenter, C. A.; Lo, Y.; Huang, M.; Corey, L.; Willis, R.; Nguyen, C.; Kennedy, S.; Gunawardana, M.; Guerrero, D.; Moss, J. A.; Baum, M. M.; Smith, T. J.; Herold, B. C.	Safety and pharmacokinetics of aciclovir in women following release from a silicone elastomer vaginal ring.	The Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091 0305-7453	10.1093/jac/dks151	https://pubmed.ncbi.nlm.nih.gov/22556381/	OBJECTIVES: Systemic aciclovir and its prodrug valaciclovir are effective in treating and reducing recurrences of genital herpes simplex virus (HSV) and reducing transmission. Local aciclovir delivery, if it can achieve and maintain comparable intracellular genital tract levels, may be equally effective in the treatment and suppression of genital HSV. Intravaginal ring (IVR) delivery of aciclovir may provide pre-exposure prophylaxis against HSV acquisition. METHODS: Tolerability and pharmacokinetics were evaluated in six HIV-negative women with recurrent genital HSV who switched from their daily oral valaciclovir suppression to an aciclovir IVR for 7 days (n=3) or 14 days (n=3). Blood and cervicovaginal lavage (CVL) were collected after oral and IVR dosing to measure aciclovir concentrations and genital swabs were obtained to quantify HSV shedding by PCR. RESULTS: The rings were well tolerated. Median plasma aciclovir concentrations were 110.2 ng/mL (IQR, 85.9-233.5) 12-18 h after oral valaciclovir. Little or no drug was detected in plasma following IVR dosing. Median (IQR) CVL aciclovir levels were 127.3 ng/mL (21-660.8) 2 h after oral valaciclovir, 154.4 ng/mL (60.7-327.5) 12-18 h after oral valaciclovir and 438 ng/mL (178.5-618.5) after 7 days and 393 ng/mL (31.6-1615) after 14 days of aciclovir ring use. Median CVL aciclovir levels 2 h after oral dosing were similar to levels observed 7 (P=0.99) and 14 (P=0.75) days after ring use. HSV DNA was not detected in genital swabs and there was no significant change in inflammatory mediators. CONCLUSIONS: This first-in-human study demonstrated that an IVR could safely deliver mucosal levels of aciclovir similar to oral valaciclovir without systemic absorption. More intensive site-specific pharmacokinetic studies are needed to determine whether higher local concentrations are needed to achieve optimal drug distribution within the genital tract.	Adult; Humans; Middle Aged; Female; Plasma/chemistry; Antiviral Agents/administration & dosage/adverse effects/*pharmacokinetics; Vagina/chemistry; Mucous Membrane/chemistry; Acyclovir/administration & dosage/adverse effects/*pharmacokinetics; Contraceptive Devices, Female/*adverse effects; Drug Carriers/*administration & dosage/adverse effects; Herpes Genitalis/*drug therapy/*prevention & control; Silicone Elastomers/*administration & dosage/adverse effects	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Kersh, Ellen N; Luo, Wei; Zheng, Qi; Adams, Debra R; Hanson, Debra; Youngpairoj, Ae S; Cong, Mian-er; Butler, Katherine; Hendry, R Michael; McNicholl, Janet M; Heneine, Walid; Garcia-Lerma, J Gerardo	Reduced inflammation and CD4 loss in acute SHIV infection during oral pre-exposure prophylaxis.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jis422	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491742	BACKGROUND: The impact of pre-exposure prophylaxis (PrEP) with antiretrovirals on breakthrough HIV or SHIV infection is not fully documented. We addressed the hypothesis that SHIV(SF162P3) infection despite active PrEP results in altered early immune parameters, compared with untreated infection. METHODS: Eleven rhesus macaques were infected during repeated, rectal, low-dose SHIV(SF162P3) exposures while receiving concurrent oral PrEP (Truvada n = 2 or GS7340 n = 4) or as untreated controls (n = 5). We measured SHIV RNA, inflammatory cytokines, CD4 cells, and SHIV-specific memory T cells until 20 weeks after peak viremia. RESULTS: SHIV infection during PrEP resulted in 100-fold lower peak viremia and lower IL-15, IL-18, and IL-1Ra levels, compared with controls (P < .05; Wilcoxon rank-sum test). Unlike controls, PrEP-treated macaques showed no significant CD4 cell count reduction during acute infection and developed more SHIV-specific central memory T cells, relative to controls. After in vivo CD8 cell depletion, viral load increased to similar levels, indicating that CD8 cells were critical for viral control in both groups. CONCLUSIONS: PrEP with antiretrovirals has beneficial effects on early SHIV infection even when infection is not prevented. Although long-term immune control could not be examined in this SHIV infection model, our results suggest that PrEP results in improved early disease parameters in breakthrough infections.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2012	Khawcharoenporn, Thana; Kendrick, Sabrina; Smith, Kimberly	HIV risk perception and preexposure prophylaxis interest among a heterosexual population visiting a sexually transmitted infection clinic.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2011.0202	https://dx.doi.org/10.1089/apc.2011.0202	Low perception of HIV risk despite behaviors associated with increased risk is thought to be a contributing factor for a higher prevalence of HIV in blacks than other groups in the United States. We sought to determine HIV risk perception and its impact on safer sex practices and interest in preexposure prophylaxis (PrEP). From August 1 to October 31, 2010, an anonymous survey was conducted at a sexually transmitted infection clinic asking questions about demographics, risk behaviors, and PrEP interest. Participants were categorized into high-risk, moderate-risk, and low-risk groups according to predefined HIV risk characteristics. Only heterosexual high-risk participants were further assessed for their risk perception, condom use and PrEP interest. There were 494 participants; 63% male, 70% blacks, 88% heterosexual; 83% were categorized into the high-risk group. Of the 359 heterosexual high-risk participants, 301 (84%) perceived themselves at no or low-risk. Rates of consistent condom use with vaginal, oral, and anal sex were low (<20%) in this group despite high levels of knowledge about HIV transmission risks. Rates of condom use were not affected by risk perception. No interest in PrEP was associated with low education level (adjusted odds ratio 4.97; p=0.02) and low risk perception. These findings suggest that despite having knowledge about HIV transmission risks, the majority of high-risk participants did not recognize their risks and used condoms with low frequency. Low risk perception and low education level may impact PrEP interest. Enhanced interventions are needed to improve HIV risk perception, safer sex practices, and knowledge about PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Kibengo, FM; Ruzagira, E; Bahemuka, UM; Katende, D; Abaasa, A; Barin, B; Priddy, F; Haberer, J; Kampala, A	Performance of self-reported adherence to oral pre-exposure prophylaxis (PrEP) among HIV heterosexual serodiscordant couples in rural Uganda	Retrovirology	-	-	-	-	1742-4690	10.1186/1742-4690-9-S2-P213	https://www.proquest.com/scholarly-journals/performance-self-reported-adherence-oral-pre/docview/1039270425/se-2?accountid=8113	Background Adherence is one of the main determinants of PrEP efficacy. Most PrEP studies applied subjective adherence measures, which often produce overestimates and problematic efficacy data interpretation; creating a need for more objective measures. This study examines selfreported adherence to oral PrEP compared to Medical Events Monitoring System (MEMS). Methods Seventy-two HIV-uninfected partners (50% women) in Uganda were randomized to daily or intermittent (Monday, Friday and within 2 hours after sex, not exceeding 1 dose/day) oral emtricitabine/tenofovir or placebo in a 2:1:2:1 ratio for four months. Adherence was assessed monthly by MEMS and self-reported taken or missed doses by timeline follow-back calendar. MEMS data was adjusted for extra openings without pill removal and removal of multiple pills. Non-fixed days within intermittent regimen were classified as adherent/non-adherent based on self-reported sex by SMS. Adherence rates by taken/missed doses were compared to raw MEMS data using Spearman correlation. Results Treatment and placebo groups were combined since adherence rates were similar. Daily raw MEMS adherence rate was significantly higher than fixed Intermittent rate (p=0.04) and post-coital dosing rate (p<0.0001). Raw MEMS data for daily and fixed intermittent dosing, poorly correlated with self-reported taken doses (r=0.14, p=0.42 and r=0.01, p=0.94, respectively) and missed doses (r=0.30, p=0.08 and r=0.07, p=0.69, respectively). Self-reported daily adherence had high sensitivity but only fair positive predictive value (PPV) and very poor specificity. Self-reported adherence to intermittent fixed dosing had fair sensitivity, PPV and negative predictive value (NPV), but poor specificity. Self-reported adherence to post-coital dosing had very good sensitivity and NPV but poor specificity. Conclusion Median adherence for daily and intermittent fixed PrEP was high by objective and subjective measures, but poorly correlated. Adherence to post-coital dosing was poor and likely overestimated by self-report (possibly reflecting technical challenges of SMS). Self-reported adherence measures were highly sensitive but poorly specific.	Uganda; New York; Pre-exposure prophylaxis; Antiretroviral drugs; Prep; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS; Monitoring systems; Number	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2012	Kinoti, F	Contraceptive use and reproductive desire among HIV-1 discordant couples in Nairobi, Kenya	-	-	University of Nairobi	University of Nairobi	-	NA	NA	http://erepository.uonbi.ac.ke:8080/xmlui/handle/123456789/9342	Most HIV transmission worldwide occur among HIV discordant couples {where one partner is HIV infected and the other is not}, either sexually or in association with pregnancy. childbirth or breastfeeding. This makes discordant couples an important cohort for HIV transmission prevention strategies. Use of contraceptives reduces vertical transmission by preventing unwanted pregnancies while use of condoms reduces transmission from the positive to the negative partner. Contraception uptake in sub Saharan Africa is low. Discordant couples face unique challenges relating to their reproductive health. They have difficult choices to make concerning sexuality, fertility, parenthood desires and family life. Counseling and health provider knowledge on how to balance the reproductive desire of the couples and yet reduce transmission is crucial. Objectives The main objective of the study was to describe the contraceptive practice, experience and attitude and the determinants of reproductive desire among HIV sero-discordant couples enrolled in the Pre-exposure Prophylaxis Study (PrEP) and in addition describe the role of the healthcare providers in discordant couple reproductive health. Methodology This was a cross-sectional study done at the PrEP Study Clinic in Kenyatta National Hospital,Nairobi between March and July 2011. Women of reproductive age (18-46 years) and their partners in a heterosexual sero-discordant relationship and health care providers who work amongst discordant couples were enrolled in this study. Structured questionnaires were used to collect quantitative data and Focus group discussions (FGDs) were used to collect qualitative data . Results The study surveyed 350 participants (175 couples) of who 84 couples had a female HIV negative and 91 couples had a female HIV positive partner. Three FGDs were held, stratified by gender and sero-status. Overall, 190(54.3%) of the participants wanted to have more children. Majority 159(90.9%) of the women used some method of contraception. Only 49(28%) of these women used dual contraception. Of the women who did not use dual contraception, fear of side effects 56(44.4%), planning on conceiving 39(31.0%), condoms are sufficient as contraception 33(26.2%) and partner objecting to their use of contraception 25(19.8%) were identified as the commonest reasons for not using dual contraception. The HIV status, age and the number of children were associated with wanting more children. In the FGDs, the availability of PMTCT, ARVs, sperm washing were promoters to increasing desire for children. Relationship dynamics, domestic violence and discussing contraception with the partners were promoters to contraception use. Overall, 12(6.9%) of the women were pregnant, with an equal number of HIV positive and negative women. All pregnancies were unplanned. Of these 9(75%) were on condoms only at the time the pregnancy happened. Majority 19(70.4%) of the health care providers were adequately trained. The contraception they prescribed to the HIV…	NA	English	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	-	-	Mixed methods
Article	2012	Kiser, Patrick F.; Mesquita, Pedro M. M.; Herold, Betsy C.	A perspective on progress and gaps in HIV prevention science.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/aid.2012.0277	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3484765/	In the past few years, the transdisciplinary field of HIV prevention has reached several milestones. Topically applied tenofovir gel provided significant protection from sexual transmission of HIV in a large-scale clinical trial and oral Truvada (emtricitabine/tenofovir disoproxil fumarate) was recently approved for preexposure prophylaxis (PrEP) following two successful clinical trials in men and women. These achievements are tempered by the disappointing results of other clinical trials, which highlight the complexities of prevention research. In this perspective, we discuss scientific and developmental gaps for topical chemoprophylaxis of the sexual transmission of HIV, which depends on the complex interactions between the pharmacokinetics and pharmacodynamics of drugs, formulation and delivery systems, anatomic site of transmission, and host mucosal immune defenses. Despite the considerable time and resources devoted to unraveling the initial steps in sexual transmission of HIV, current knowledge is based on animal models and human explanted tissue, which may not fully recapitulate what happens clinically. Understanding these events, including the role that sex hormones, semen, and mucosal secretions play in transmission, and the interplay between innate immunity, the mucosal environment, and drug efficacy is paramount. This drives some of the most pressing questions in the field.	Administration, Oral; Humans; Male; Tenofovir; Female; Drug Combinations; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination; Adenine/administration & dosage/*analogs & derivatives/pharmacology; Medication Adherence; Sexual Partners; Anti-HIV Agents/*administration & dosage/pharmacology; Organophosphonates/*administration & dosage/pharmacology; Administration, Topical; Vaginal Creams, Foams, and Jellies; *Chemoprevention; *Immunity, Innate; Anal Canal/drug effects/immunology/virology; Deoxycytidine/administration & dosage/*analogs & derivatives/pharmacology; HIV Infections/drug therapy/immunology/*prevention & control/transmission; Mouth Mucosa/drug effects/immunology/virology; Mucous Membrane/drug effects/immunology/*virology; Organophosphorus Compounds/*administration & dosage/pharmacology; Vagina/drug effects/immunology/virology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Krakower, Douglas S; Mimiaga, Matthew J; Rosenberger, Joshua G; Novak, David S; Mitty, Jennifer A; White, Jaclyn M; Mayer, Kenneth H	Limited Awareness and Low Immediate Uptake of Pre-Exposure Prophylaxis among Men Who Have Sex with Men Using an Internet Social Networking Site.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0033119	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314648	BACKGROUND: In 2010, the iPrEx trial demonstrated that oral antiretroviral pre-exposure prophylaxis (PrEP) reduced the risk of HIV acquisition among high-risk men who have sex with men (MSM). The impact of iPrEx on PrEP knowledge and actual use among at-risk MSM is unknown. Online surveys were conducted to assess PrEP awareness, interest and experience among at-risk MSM before and after iPrEx, and to determine demographic and behavioral factors associated with these measures. METHODS AND FINDINGS: Cross-sectional, national, internet-based surveys were administered to U.S. based members of the most popular American MSM social networking site 2 months before (nâ=â398) and 1 month after (nâ=â4 558) publication of iPrEx results. Comparisons were made between these samples with regards to PrEP knowledge, interest, and experience. Data were collected on demographics, sexual risk, and experience with post-exposure prophylaxis (PEP). Regression analyses were performed to identify factors associated with PrEP awareness, interest, and experience post-iPrEx. Most participants were white, educated, and indicated high-risk sexual behaviors. Awareness of PrEP was limited pre- and post-iPrEx (13% vs. 19%), whereas interest levels after being provided with a description of PrEP remained high (76% vs. 79%). PrEP use remained uncommon (0.7% vs. 0.9%). PrEP use was associated with PEP awareness (OR 7.46; CI 1.52-36.6) and PEP experience (OR 34.2; CI 13.3-88.4). PrEP interest was associated with older age (OR 1.01; CI 1.00-1.02), unprotected anal intercourse with ≥1 male partner in the prior 3 months (OR 1.40; CI 1.10-1.77), and perceiving oneself at increased risk for HIV acquisition (OR 1.20; CI 1.13-1.27). CONCLUSIONS: Among MSM engaged in online networking, awareness of PrEP was limited 1 month after the iPrEx data were released. Utilization was low, although some MSM who reported high-risk behaviors were interested in using PrEP. Studies are needed to understand barriers to PrEP utilization by at-risk MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Krakower, Douglas; Mayer, Kenneth H	Engaging healthcare providers to implement HIV pre-exposure prophylaxis.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0b013e3283590446	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769645	PURPOSE OF REVIEW: Recent randomized controlled trials have demonstrated that HIV pre-exposure prophylaxis (PrEP) can decrease HIV incidence among several at-risk populations, including men who have sex with men, serodiscordant couples, and heterosexual men and women. As PrEP is a biomedical intervention that requires clinical monitoring and a high level of medication adherence, maximizing the public health effectiveness of PrEP in real-world settings will require the training of a cadre of healthcare providers to prescribe PrEP. Therefore it is critical to understand provider knowledge, practices, and attitudes towards PrEP prescribing, and to develop strategies for engaging and training providers to provide PrEP. RECENT FINDINGS: Limited numbers of studies have focused on PrEP implementation by healthcare providers. These studies suggest that some providers are knowledgeable about PrEP, but many are not, or express misgivings. Although many clinicians report willingness to provide PrEP, few have prescribed PrEP in clinical practice. Provider comfort and skills in HIV risk assessment are suboptimal, which could limit identification of individuals who are most likely to benefit from PrEP use. SUMMARY: Further studies to understand facilitators and barriers to HIV-risk assessment and PrEP prescribing by practicing clinicians are needed. Innovative training strategies and decision-support interventions for providers could optimize PrEP implementation and therefore merit additional research.	HIV, Prevention, Pre-Exposure Prophylaxis, Provider, Implementation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Krakower, Douglas; Mayer, Kenneth H.	What primary care providers need to know about preexposure prophylaxis for HIV prevention: a narrative review.	Annals of Internal Medicine	-	-	-	-	1539-3704 0003-4819	10.7326/0003-4819-157-7-201210020-00510	https://pubmed.ncbi.nlm.nih.gov/22821365/	As HIV prevalence climbs globally, including more than 50 000 new infections per year in the United States, we need more effective HIV prevention strategies. The use of antiretrovirals for preexposure prophylaxis (PrEP) among high-risk persons without HIV is emerging as one such strategy. Randomized, controlled trials have demonstrated that once-daily oral PrEP decreased HIV incidence among at-risk men who have sex with men and African heterosexuals, including serodiscordant couples. An additional randomized, controlled trial of a topical pericoital antiretroviral microbicide gel decreased HIV incidence among at-risk heterosexual South African women. Two other studies in African women did not demonstrate the efficacy of oral or topical PrEP, raising concerns about adherence patterns and efficacy in this population. The U.S. Food and Drug Administration (FDA) Antiviral Drugs Advisory Committee reviewed these studies and additional data in May 2012 and voted to advise the approval of oral tenofovir-emtricitabine for PrEP in high-risk populations. On 16 July 2012, the FDA recommended that this combination medication be approved for use as PrEP in high-risk persons without HIV. Patients may seek PrEP from their primary care providers, and those receiving PrEP require monitoring. Thus, primary care providers should become familiar with PrEP. This review outlines current knowledge about PrEP as it pertains to primary care, including identifying persons likely to benefit from PrEP; counseling to maximize adherence and reduce potential increases in risky behavior; and monitoring for potential drug toxicities, HIV acquisition, and antiretroviral drug resistance. Issues related to cost and insurance coverage are also discussed. Recent data suggest that PrEP, combined with other prevention strategies, holds promise in helping to curtail the HIV epidemic.	Emtricitabine; Humans; Tenofovir; HIV Infections/*prevention & control; Risk-Taking; Risk Assessment; Adenine/adverse effects/analogs & derivatives/therapeutic use; Organophosphonates/adverse effects/therapeutic use; Homosexuality; Deoxycytidine/adverse effects/analogs & derivatives/therapeutic use; Medication Adherence; Sexual Partners; Anti-HIV Agents/adverse effects/economics/*therapeutic use; Evidence-Based Medicine; Heterosexuality; Directive Counseling; *Primary Health Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Lacor, P	Preparing for PrEP	European Journal of Contraception and Reproductive Health Care	-	-	-	-	1362-5187	10.3109/13625187.2012.723225	https://pubmed.ncbi.nlm.nih.gov/23113873/	Recent studies have shown that in selected conditions antiretroviral drugs can be used to protect HIV seronegative persons from becoming infected, when exposed to the risk of sexual HIV transmission. This concept of pre-exposure prophylaxis' or 'PrEP' has raised many questions that concern cost, safety and ethical issues. In this article, different aspects of PrEP are analysed with a view to trying to answer the question whether today's society is already prepared to accept PrEP as one of the tools to prevent transmission of HIV by high-risk sexual contacts.	HIV; HIV infection; Pre-exposure prophylaxis; PrEP; PREVENTION; Safe sex; INFECTION; WOMEN; UNITED-STATES; TRANSMISSION; ANTIRETROVIRAL THERAPY; PREEXPOSURE PROPHYLAXIS; HEALTH; RISK BEHAVIORS; Self-inflicted disease; Sexual risk behaviour	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2012	Landovitz, Raphael J	PrEP in Heterosexual Adults: Mixed Results	Journal Watch. HIV/AIDS Clinical Care	-	-	-	-	NA	NA	https://www.proquest.com/scholarly-journals/prep-heterosexual-adults-mixed-results/docview/1319247538/se-2?accountid=8113	A trio of studies on pre-exposure prophylaxis demonstrates proof-of-principle in heterosexual populations but highlights the need for more data from women.	Heterosexuality; Pre-exposure prophylaxis; Men; Prep; Drug therapy; Studies; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS; Preventive healthcare; Woman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2012	Li, Xuefeng; Lu, Hongyan; Raymond, H. F.; Sun, Yanming; Jia, Yujiang; He, Xiong; Fan, Song; Shao, Yiming; McFarland, Willi; Xiao, Yan; Ruan, Yuhua	Untested and undiagnosed: barriers to HIV testing among men who have sex with men, Beijing, China.	Sexually Transmitted Infections	-	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2011-050248	https://sti.bmj.com/content/88/3/187	OBJECTIVES: Undiagnosed HIV presents great potential for the spread of infection. The authors identify the prevalence and correlates of never testing and being unaware of HIV infection in Beijing men who have sex with men (MSM). METHODS: Cross-sectional biological and behavioural survey using respondent-driven sampling; 500 MSM were included. RESULTS: HIV prevalence was 7.2% with 86.1% unaware of their infection; 33.2% had never tested. Never testing was associated with lower educational (adjusted odds ratio (AOR) 1.6, 95% CI (CI) 1.1 to 2.5), living in Beijing for ≤3 years (AOR 1.5, 95% CI 1.0 to 2.3), unprotected anal intercourse with most recent male partner (AOR 1.6, 95% CI 1.0 to 2.4), being unaware of the most recent male partner's HIV status (AOR 3.6, 95% CI 2.1 to 6.1) and holding stigmatised attitudes towards persons with HIV (AOR 1.1 per scale point, 95% CI 1.0 to 1.1). Predictors of having undiagnosed HIV infection were being married (AOR 2.4, 95% CI 1.0 to 5.4), living in Beijing for ≤3 years (AOR 3.6, 95% CI 1.5 to 8.4), being unaware of the most recent male partner's HIV status (AOR 6.8, 95% CI 0.9 to 51.6) and holding negative attitudes towards safe sex (AOR 1.1 per scale point, 95% CI 1.0 to 1.1). CONCLUSIONS: Recent attention has focused on HIV prevention interventions that depend upon knowing one's serostatus, including viral load suppression, prevention with positives, pre-exposure prophylaxis and seroadaptation. Until the low level of testing and resulting high level of undiagnosed HIV infection are addressed, these tools are not likely to be effective for MSM in China.	*Homosexuality, Male; Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Aged; Cross-Sectional Studies; China; Prevalence; HIV Infections/*diagnosis/*epidemiology/prevention & control/transmission	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2012	Liegler, T; Abdel-Mohsen, M; Defechereux, P; Atchison, R; Bentley, LG; Taylor, D; Kashuba, A; Ahmed, K; Agot, K; Rammutla, E; Lombaard, J; Crucitti, T; Fransen, K; De Baetselier, I; Van Damme, L; Grant, RM	Drug resistance among HIV-1 seroconverters in the FEM-PrEP Study	Antiviral Therapy	-	-	-	-	NA	NA	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01031722/full	BACKGROUND: Results from HIV chemoprophylaxis trials show differing efficacies for preventing infection. The FEM-PrEP trial of daily oral administration of the combination pill emtricitabine and tenofovir disoproxyl fumarate (FTC/TDF) versus placebo was unable to determine effectiveness for HIV infection prevention in African women. Selection of drug resistant HIV is a concern, especially in settings of reduced efficacy due to low or intermittent product adherence. METHODS: Clinical drug resistance to FTC/TDF at study visits at or near first evidence of seroconversion was determined by genotype (TRUGENE, Siemens) and phenotype (Phenosense, Monogram Biosciences). Minor variant drug resistance was measured using an allele-specific PCR assay that maintains specificity with divergent viruses. Plasma tenofovir (TFV) and FTC concentrations and cellular tenofovir diphosphate (TDP) concentrations were used to measure adherence levels among resistant cases. RESULTS: Specimens from 68 women infected during regular study follow-up (33 FTC/TDF, 35 placebo) and from 2 women with pre-study infection (RNA-positive, antibody-negative) who had access to study drug until documented seroconversion, were tested for drug resistance. Viral loads at seroconversion visits ranged from 117 to >1×107 copies/ml (mean, 1.6×105), with no difference between arms. No infections showed clinical resistance to TFV, while five (one placebo, four FTC/TDF) showed genotypic resistance to FTC (M184V/I). Mutations waned over time in the active arm participants following drug termination. Phenotypic resistance to FTC was seen in 4/4 tested, accompanied by increased susceptibility to TFV, stavudine and zidovudine. Other mutations not associated with exposure to FTC/TDF (K103N, E138A) were coexistent in two subjects randomized to the active arm. Three subjects showed low-level (0.50-1%) minor variant drug resistance, each at a single mutation, K70E, M184V or M184I. TFV, FTC and TDP concentrations were undetectable in the one active arm participant with minor variant resistance and in two with clinical FTC resistance. Moderate to high concentrations of TFV, FTC and TDF were detected in the additional two active arm participants with clinical FTC resistance. CONCLUSIONS: FTC-associated drug resistance was observed in FEM-PrEP, but infrequently in the presence of measurable plasma and cellular drug concentrations, consistent with the overall level of adherence to study drug.	*Human immunodeficiency virus; *drug resistance; *hepatitis virus; *workshop; Allele; Arm; Assay; Chemoprophylaxis; Drug concentration; Exposure; Female; Follow up; Genotype; Human; Human immunodeficiency virus infection; Infection; Infection prevention; Mutation; Oral drug administration; Phenotype; Pill; Plasma; Seroconversion; Virus; Virus load	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Lorente, Nicolas; Fugon, Lionel; Carrieri, Maria Patrizia; Andreo, Christian; Le Gall, Jean-Marie; Cook, Emmanuel; Aboulker, Jean-Pierre; Capitant, Catherine; Molina, Jean-Michel; Spire, Bruno	Acceptability of an "on-demand" pre-exposure HIV prophylaxis trial among men who have sex with men living in France.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2011.626394	https://dx.doi.org/10.1080/09540121.2011.626394	Although predictors of willingness to take daily, self-administered pre-exposure HIV prophylaxis (PrEP) for men who have sex with men (MSM) have been studied in the context of several PrEP trials internationally, little is known about MSM interested in participating in a trial on the use of PrEP on an "on -demand" basis, i.e., taking a first dose of combined tenofovir/emtricitabine a few hours before possible HIV sexual exposure and a second dose a few hours afterwards. A double-blind placebo randomized PrEP trial will soon begin in France to evaluate the effectiveness of PrEP in terms of reducing HIV infection rates, among MSM self-administering "on-demand" PrEP. To assess potential participants' characteristics associated with willingness to participate in the trial and identify barriers and facilitators to implementation, MSM completed a self-administered questionnaire, distributed via gay venues and community websites. Among the 443 respondents who reported being HIV-negative, 40% reported being interested in participating. Factors independently associated with interest included: reporting lower educational level, more than 20 male sexual partners in the previous year, reporting unprotected anal sex with casual partners and preferring PrEP follow-up visits in a devoted area within a hospital. There is great interest in participating in a future "on-demand" PrEP trial among HIV-negative MSM and particularly in those at potentially high risk of HIV exposure. Providing confidentiality and tailored counseling during PrEP follow-up are important issues.	men who have sex with menpre-exposure prophylaxisHIV preventionsexual behaviorrisk reduction	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2012	Mansergh, Gordon; Koblin, Beryl A; Sullivan, Patrick S	Challenges for HIV Pre-Exposure Prophylaxis among Men Who Have Sex with Men in the United States	PLOS Medicine	-	-	-	-	15491277	10.1371/journal.pmed.1001286	https://www.proquest.com/scholarly-journals/challenges-hiv-pre-exposure-prophylaxis-among-men/docview/1288095750/se-2?accountid=8113	Abbreviations: ARV, anti-retroviral; MSM, men who have sex with men; CDC, Centers for Disease Control and Prevention; PEP, HIV post-exposure prophylaxis; PrEP, HIV pre-exposure prophylaxis Summary Points * Pre-exposure prophylaxis (PrEP) with anti-retroviral (ARV) medications is partially efficacious for preventing HIV infection among men who have sex with men (MSM) and heterosexuals. * As PrEP becomes available and prescribed for use among MSM a better understanding of willingness to use PrEP and avoidance of condom use are needed so that behavioral programs and counseling may be enhanced for maximum benefit. * Targeted messaging will be needed about ARV prophylaxis for various at risk populations, but the general message should be that condoms continue to be the most effective way to prevent HIV transmission through sex and that PrEP is an additional biomedical intervention. * As new effective biomedical intervention methods, such as PrEP, become available language about "protected" and "unprotected" sex, which used to exclusively mean condom use, will need to adapt. Given the emergence of this prophylaxis option, public health officials and providers are challenged to address community-level monitoring of prescribed and non-prescribed PrEP use in addition to condom use; develop effective multiple messages about condom use and PrEP for MSM and for their health care providers; disseminate information about the hazards of sharing ARV medications; and develop language about HIV prevention and risk reduction that has historically focused almost exclusively on condom use for sexually active MSM.	Humans; Male; Communication; Pre-exposure prophylaxis; Adverse drug reaction; Men; Men who have sex with men; Disease transmission; Disease control; Studies; medical; medicine; research; Human immunodeficiency virus--HIV; United States--US; Medical Sciences; article; HIV Infections -- epidemiology; HIV Infections -- prevention & control; Homosexuality, Male -- statistics & numerical data; United States -- epidemiology; journal; medical journal; open access; open-access; plos; plos medicine; public library of science; Consumer Health Information -- statistics & numerical data; Preventive Health Services -- economics; Preventive Health Services -- statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Mark, D; Amico, KR; Wallace, M; Roux, S; Grant, R; Wood, R; Bekker, LG	Acceptability of oral intermittent pre-exposure prophylaxis as a biomedical HIV prevention strategyresults from the South African ADAPT (HPTN 067) Preparatory Study	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1016/S2352-4642(20)30248-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9832157/	Background: HIV incidence among adolescents in southern Africa remains unacceptably high. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention intervention but there are few data on its implementation among adolescents. We aimed to investigate the safety, feasibility, and acceptability of PrEP with oral tenofovir disoproxil fumarate and emtricitabine as part of a comprehensive HIV prevention package in an adolescent population in South Africa.Methods: This open-label single-arm phase 2 study (PlusPills) was done in two research clinics in Cape Town and Johannesburg, South Africa. Adolescents aged 15-19 years were recruited into the study through recruitment events and outreach in the community. Potential participants were eligible for enrolment if they reported being sexually active. Exclusion criteria were a positive test for HIV or pregnancy at enrolment, breastfeeding, or any relevant co-morbidities. Participants were given oral tenofovir disoproxil fumarate and emtricitabine for PrEP to take daily for the first 12 weeks and were then given the choice to opt in or out of PrEP use at three monthly intervals during scheduled clinic visits. Participants were invited to monthly visits for adherence counselling and HIV testing during the study period. The primary outcomes were acceptability, use, and safety of PrEP. Acceptability was measured by the proportion of participants who reported willingness to take up PrEP and remain on PrEP at each study timepoint. Use was defined as the number of participants who continued to use PrEP after the initial 12-week period until the end of the study (week 48). Safety was measured by grade 2, 3, and 4 laboratory and clinical adverse events using the Division of AIDS table for grading the severity of adult and paediatric adverse events, version 1.0. Dried blood spot samples were collected at each study time-point to measure tenofovir diphosphate concentrations. This trial is registered with ClinicalTrials.gov, NCT02213328.Findings: Between April 28, 2015, and Nov 11, 2016, 244 participants were screened, and 148 participants were enrolled (median age was 18 years; 99 participants [67%] were female) and initiated PrEP. PrEP was stopped by 26 of the 148 (18%) participants at 12 weeks. Cumulative PrEP opt-out, from the total cohort, was 41% (60 of 148 participants) at week 24 and 43% (63 of 148 participants) at week 36. PrEP was well tolerated with only minor adverse events (grade 2) thought to be related to study drug, which included headache (n=4, 3%), gastrointestinal upset (n=8, 5%), and skin rash (n=2, 1%). Two participants (1%) experienced grade 3 weight loss, which was deemed related to the study drug and resolved fully when PrEP was discontinued. Tenofovir diphosphate concentrations were detectable (>16 fmol/punch) in dried blood spot samples in 108 (92%) of 118 participants who reported PrEP use at week 12, in 74 (74%) of 100 participants at week 24, and in 22 (59%) of 37 participants by the study end at week 48.Interpretation: In this cohort of self-selected South African adolescents at risk of HIV acquisition, PrEP appears safe and tolerable in those who continued use. PrEP use decreased throughout the course of the study as the number of planned study visits declined. Adolescents in southern Africa needs access to PrEP with tailored adherence support and possibly the option for more frequent and flexible visit schedules.Funding: National Institute of Allergy and Infectious Diseases of the US National Institutes of Health.	PrEP, HIV Prevention, Adolescents, South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2012	Matthews, Lynn T; Smit, Jennifer A; Cu-Uvin, Susan; Cohan, Deborah	Antiretrovirals and safer conception for HIV-serodiscordant couples.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0b013e328358bac9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3695736	PURPOSE OF REVIEW: Many men and women living with HIV and their uninfected partners attempt to conceive children. HIV-prevention science can be applied to reduce sexual transmission risk while respecting couples' reproductive goals. Here we discuss antiretrovirals as prevention in the context of safer conception for HIV-serodiscordant couples. RECENT FINDINGS: Antiretroviral therapy (ART) for the infected partner and pre-exposure prophylaxis (PrEP) for the uninfected partner reduce the risk of heterosexual HIV transmission. Several demonstration projects suggest the feasibility and acceptability of antiretroviral (ARV)s as periconception HIV-prevention for HIV-serodiscordant couples. The application of ARVs to periconception risk reduction may be limited by adherence. SUMMARY: For male-infected (M+F-) couples who cannot access sperm processing and female-infected (F+M-) couples unwilling to carry out insemination without intercourse, ART for the infected partner, PrEP for the uninfected partner, combined with treatment for sexually transmitted infections, sex limited to peak fertility, and medical male circumcision (for F+M couples) provide excellent, well tolerated options for reducing the risk of periconception HIV sexual transmission.	antiretrovirals as prevention, conception, fertility, HIV prevention, HIV-serodiscordance, perinatal HIV transmission, sexual HIV transmission	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Mehta, Mandana; Semitala, Fred; Lynen, Lutgarde; Colebunders, Robert	Antiretroviral treatment in low-resource settings: what has changed in the last 10 years and what needs to change in the coming years?	Expert Review of Anti-Infective Therapy	-	-	-	-	1744-8336 1478-7210	10.1586/eri.12.129	https://pubmed.ncbi.nlm.nih.gov/23241186/	In the past decade, access to antiretroviral therapy (ART) has witnessed a rapid scale-up. This has been made possible by significant donor funding, price reductions facilitated by flexible trade agreements and the standardization of antiretroviral prescription. Currently the global HIV community stands on the cusp of a new chapter in HIV care, that of initiating ART even earlier in the course of the infection, possibly as pre-exposure prophylaxis, or as part of a 'test-and-treat' approach. In this article, the authors provide an overview of the significant advances made in improving access to antiretrovirals in low-resource settings, as well as the challenges facing new approaches to ART in the next decade.	Drug Resistance, Viral; Humans; *Developing Countries; Medication Adherence; HIV Infections/diagnosis/*drug therapy; Counseling; Health Resources; Anti-Retroviral Agents/economics/*supply & distribution/*therapeutic use; Drug Costs/trends; Drug Therapy, Combination/trends	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2012	Mensch, Barbara S; van der Straten, Ariane; Katzen, Lauren L	Acceptability in microbicide and PrEP trials: current status and a reconceptualization.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0b013e3283590632	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026162	PURPOSE OF REVIEW: Assessment of acceptability is a central component of most oral PrEP and microbicide trials. In this paper we review current definitions and frameworks employed in acceptability research, discuss findings from recent studies of product acceptability and summarize trends in acceptability research. We conclude by offering a new framework for investigating product acceptability within clinical trials, one which considers product acceptability to be conceptually distinct from adherence. RECENT FINDINGS: Although numerous studies have investigated product acceptability, a consensus is lacking regarding the definition and operationalization of the concept. In addition fewer than half of the studies reviewed investigated actual candidate products. To the extent that an overall measure of acceptability is considered, the consensus is that most participants find the products acceptable. However, it is the rare study that investigates whether product adherence is associated with acceptability. SUMMARY: Given that adherence is critical to the success of clinical trials, it is important to identify the extent to which acceptability is a factor in product usage and to ascertain which dimensions of acceptability - product attributes, dosing regimen, delivery mechanism, use attributes, partner's attitudes, effect of product on the sexual encounter, product-related norms - if any, affect adherence.	Acceptability, microbicide, PrEP, adherence	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Michael, M; Rosengarten, M	HIV, Globalization and Topology: Of Prepositions and Propositions	Theory, Culture & Society	-	-	-	-	0263-2764	10.1177/0263276412443567	https://journals.sagepub.com/doi/10.1177/0263276412443567?icid=int.sj-abstract.citing-articles.51	In this article we explore how two enactments of HIV - the UN's AIDS Clock and clinical trials for an HIV biomedical prevention technology or pre-exposure prophylaxis (PrEP) - entail particular globalizing and localizing dynamics. Drawing on Latour's and Whitehead's concept of proposition, and Serres' call for a philosophy of prepositions, we use the composite notion of pre/pro-positions to trace the shifting topological status of HIV. For example, we show how PrEP emerges through topological entwinements of globalizing biomedical standardization, localizing protests against PrEP trials and globalizing ethical principles. We go on to examine how our own analysis manifests a parallel topological pattern in which we deploy a globalizing argument about the localizing of the globalizing found in the AIDS Clock and the PrEP trails. Finally, we consider how the movement of 'topology' into the social sciences might itself benefit from a topological treatment.	HIV; PREVENTION; INFECTION; CLINICAL-TRIALS; CHALLENGES; INTERVENTIONS; globalization; prepositions; propositions; topology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2012	Muchomba, Felix M; Gearing, Robin E; Simoni, Jane M; El-Bassel, Nabila	State of the science of adherence in pre-exposure prophylaxis and microbicide trials.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0b013e31826f9962	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4068619	For pre-exposure prophylaxis (PrEP) and microbicides to effectively prevent HIV, optimal treatment adherence is required. Adherence to these strategies, however, has not been sufficiently studied. This investigation systematically reviews oral PrEP and microbicide trials across 4 domains of adherence: (1) definition and measures used, (2) risks for nonadherence, (3) promotion strategies, and (4) effects on outcomes. Nineteen (n = 19) trials, with 47,157 participants, published between 1987 and 2012 were identified. Reported mean adherence to microbicides was 79% and to oral PrEP 87%. Common risks for microbicide nonadherence were decreased motivation over time, sex with primary (noncommercial/casual) partners, and insufficient supply. Oral PrEP nonadherence risks were older age and medication side effects. Psychoeducation and outreach to participants and communities were frequently used promotion strategies. Most trials failed to systematically identify barriers and monitor and promote adherence, although adherence moderated outcomes. Recommendations for attending to adherence in future trials are provided.	Adherence, Pre-Exposure Prophylaxis, Microbicides, Review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Mutua, Gaudensia; Sanders, Eduard; Mugo, Peter; Anzala, Omu; Haberer, Jessica E; Bangsberg, David; Barin, Burc; Rooney, James F; Mark, David; Chetty, Paramesh; Fast, Patricia; Priddy, Frances H	Safety and adherence to intermittent pre-exposure prophylaxis (PrEP) for HIV-1 in African men who have sex with men and female sex workers.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0033103	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3325227	BACKGROUND: Little is known about safety of and adherence to intermittent HIV PrEP regimens, which may be more feasible than daily dosing in some settings. We present safety and adherence data from the first trial of an intermittent PrEP regimen among Kenyan men who have sex with men (MSM) and female sex workers (FSW). METHODS/PRINCIPAL FINDINGS: MSM and FSW were randomized to daily oral FTC/TDF or placebo, or intermittent (Monday, Friday and within 2 hours after sex, not to exceed one dose per day) oral FTC/TDF or placebo in a 2:1:2:1 ratio; volunteers were followed monthly for 4 months. Adherence was assessed with the medication event monitoring system (MEMS). Sexual activity data were collected via daily text message (SMS) queries and timeline followback interviews with a one-month recall period. Sixty-seven men and 5 women were randomized into the study. Safety was similar among all groups. Median MEMS adherence rates were 83% IQR: 63-92 for daily dosing and 55% IQR:28-78 for fixed intermittent dosing (p = 0.003), while adherence to any post-coital doses was 26% IQR:14-50. SMS response rates were low, which may have impaired measurement of post-coital dosing adherence. Acceptability of PrEP was high, regardless of dosing regimen. CONCLUSIONS/SIGNIFICANCE: Adherence to intermittent dosing regimens, fixed doses, and in particular coitally-dependent doses, may be more difficult than adherence to daily dosing. However, intermittent dosing may still be appropriate for PrEP if intracellular drug levels, which correlate with prevention of HIV acquisition, can be attained with less than daily dosing and if barriers to adherence can be addressed. Additional drug level data, qualitative data on adherence barriers, and better methods to measure sexual activity are necessary to determine whether adherence to post-coital PrEP could be comparable to more standard regimens. TRIAL REGISTRATION: ClinicalTrials.gov NCT00971230.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2012	Nakasone, T; Murakami, T; Yamamoto, N	Double Oral Administration of Emtricitabine/Tenofovir Prior to Virus Exposure Protects against Highly Pathogenic Simian/Human Immunodeficiency Virus Infection in Macaques	Japanese Journal of Infectious Diseases	-	-	-	-	1344-6304	10.7883/yoken.65.345	https://pubmed.ncbi.nlm.nih.gov/22814162/	In the absence of any effective vaccine against human immunodeficiency virus (HIV), current anti-retroviral drugs may be suitable for pre-exposure prophylaxis (PrEP). Previous large clinical trials showed that PrEP reduced HIV infection in high-risk populations. Emtricitabine/tenofovir (FTC/TDF) may be a suitable agent for PrEP. FTC/TDF PrEP efficacy was evaluated using a highly pathogenic simian/human immunodeficiency virus (SHIV) in a non-human primate model of AIDS, the SHIV-KS661c/cynomolgus monkey model. Double oral administration of FTC/TDF (20/30 mg/kg), at 24 h and a few minutes prior to exposure, completely protected 2/3 monkeys from infection. Interestingly, a single oral administration 2 weeks before viral exposure moderately rescued CD4 cells, although the data did not reach statistical significance. These results are consistent with previous primate studies and with recent clinical data.	HIV-1; PREVENTION; INTERMITTENT PROPHYLAXIS; DISEASE; PREEXPOSURE PROPHYLAXIS; VAGINAL TRANSMISSION; VACCINATION; SIV; SUBTYPE; SHIV INFECTION	English	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Clinical
Article	2012	Okwundu, Charles I; Uthman, Olalekan A; Okoromah, Christy An	Antiretroviral pre-exposure prophylaxis (PrEP) for preventing HIV in high-risk individuals.	Cochrane Database Syst Rev	-	-	-	-	1469-493X	10.1002/14651858.CD007189.pub3	https://dx.doi.org/10.1002/14651858.CD007189.pub3	BACKGROUND: More than 30 years into the global HIV/AIDS epidemic, infection rates remain alarmingly high, with over 2.7 million people becoming infected every year. There is a need for HIV prevention strategies that are more effective. Oral antiretroviral pre-exposure prophylaxis (PrEP) in high-risk individuals may be a reliable tool in preventing the transmission of HIV. OBJECTIVES: To evaluate the effects of oral antiretroviral chemoprophylaxis in preventing HIV infection in HIV-uninfected high-risk individuals. SEARCH METHODS: We revised the search strategy from the previous version of the review and conducted an updated search of MEDLINE, the Cochrane Central Register of Controlled Trials and EMBASE in April 2012. We also searched the WHO International Clinical Trials Registry Platform and ClinicalTrials.gov for ongoing trials. SELECTION CRITERIA: Randomised controlled trials that evaluated the effects of any antiretroviral agent or combination of antiretroviral agents in preventing HIV infection in high-risk individuals DATA COLLECTION AND ANALYSIS: Data concerning outcomes, details of the interventions, and other study characteristics were extracted by two independent authors using a standardized data extraction form. Relative risk with a 95% confidence interval (CI) was used as the measure of effect. MAIN RESULTS: We identified 12 randomised controlled trials that meet the criteria for the review. Six were ongoing trials, four had been completed and two had been terminated early. Six studies with a total of 9849 participants provided data for this review. The trials evaluated the following: daily oral tenofovir disoproxil fumarate (TDF) plus emtricitabine (FTC) versus placebo; TDF versus placebo and daily TDF-FTC versus intermittent TDF-FTC. One of the trials had three study arms: TDF, TDF-FTC and placebo arm. The studies were carried out amongst different risk groups, including HIV-uninfected men who have sex with men, serodiscordant couples and other high risk men and women.Overall results from the four trials that compared TDF-FTC versus placebo showed a reduction in the risk of acquiring HIV infection (RR 0.51; 95% CI 0.30 to 0.86; 8918 participants). Similarly, the overall results of the studies that compared TDF only versus placebo showed a significant reduction in the risk of acquiring HIV infection (RR 0.38; 95% CI 0.23 to 0.63, 4027 participants). There were no significant differences in the risk of adverse events across all the studies that reported on adverse events. Also, adherence and sexual behaviours were similar in both the intervention and control groups. AUTHORS' CONCLUSIONS: Finding from this review suggests that pre-exposure prophylaxis with TDF alone or TDF-FTC reduces the risk of acquiring HIV in high-risk individuals including people in serodiscordant relationships, men who have sex with men and other high risk men and women.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2012	Omeje, Innocent; Okwundu, Charles I.	WITHDRAWN: Effectiveness and safety of first-line tenofovir + emtricitabine + efavirenz for patients with HIV.	The Cochrane Database of Systematic Reviews	-	-	-	-	1469-493X 1361-6137	10.1002/14651858.CD007276.pub3	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007276.pub2/full	BACKGROUND: The current recommended antiretroviral treatment is a highly active antiretroviral therapy (HAART). Although HAART has been associated with improved clinical response to treatment, issues of adherence and viral resistance are major challenges limiting its success. There is a need for an effective and safe first-line regimen, to cope with the ever-increasing incidence of non-adherence and primary resistance. A more recent first-line treatment regimen consists of Tenofovir (TDF, 300 mg) + Emtricitabine (FTC, 200 mg) + Efavirenz (EFV, 600 mg). OBJECTIVES: To evaluate the effects and safety of TDF + FTC + EFV as first-line treatment for patients with HIV. SEARCH METHODS: We searched the Cochrane Central Register of Controlled Trials, EMBASE, GATEWAY, LILACS, PubMed, AEGIS, and the WHO prospective clinical trials registry in November 2011. SELECTION CRITERIA: Randomized controlled trials evaluating the effects of TDF + FTC + EFV compared with other HAART regimens. DATA COLLECTION AND ANALYSIS: Two reviewers independently assessed trial eligibility and risk of bias, and extracted data from the included study. MAIN RESULTS: Only one study involving 517 antiretroviral-naive HIV infected adults was included in this review. Participants were randomly assigned to receive either a regimen of TDF (300 mg), FTC (200mg), and EFV (600mg) once daily; or a regimen of fixed-dose zidovudine (AZT) (300 mg) and lamivudine (3TC) (150 mg) twice daily plus EFV (600mg) once daily. Significantly more patients in the TDF-FTC group reached and maintained HIV RNA levels of less than 50 copies per milliliter compared to the AZT- 3TC group (RR 1.13; 95% CI 1.02 to 1.25). Also, more participants in the TDF-FTC group had greater increase from baseline CD4 cell counts compared to the AZT-3TC group (190 vs. 158 cells per mm(3)). More patients in the AZT-3TC group than in the TDF-FTC group had adverse events resulting in discontinuation of the study drugs (9% vs. 4%, respectively; P = 0.02). There was no statistically significant difference in all cause mortality (RR 0.50; 95% CI 0.05 to 5.46). AUTHORS' CONCLUSIONS: Only one trial has shown beneficial effects and safety of TDF+ FTC + EFV as first-line treatment for patients with HIV. The effects and safety of TDF + FTC + EFV as first-line treatment for patients with HIV cannot be assessed on the basis of only one trial. Further studies evaluating the effects and safety of TDF + FTC + EFV as first-line treatment for patients with HIV are needed.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2012	Patton, Cindy; Kim, Hye Jin	The cost of science : knowledge and ethics in the HIV pre-exposure prophylaxis trials.	Journal of Bioethical Inquiry	-	-	-	-	1872-4353	10.1007/s11673-012-9383-x	https://dx.doi.org/10.1007/s11673-012-9383-x	Over the past decade AIDS research has turned toward the use of pharmacology in HIV prevention, including pre-exposure prophylaxis (PrEP): the use of HIV medication as a means of preventing HIV acquisition in those who do not have it. This paper explores the contradictory reasons offered in support of PrEP-to empower women, to provide another risk-reduction option for gay men-as the context for understanding the social meaning of the experimental trials that appear to show that PrEP works in gay men and heterosexual couples but not single women. The PrEP debates reveal the different ideas about "demedicalization" in the earlier gay health and women's health movements and highlight the relationship between health activism and critique of research ethics in the context of a global pharmaceutical market.	NA	English	New Zealand	Asia and the Pacific	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2012	Paxton, Lynn A.	Considerations regarding antiretroviral chemoprophylaxis and heterosexuals in generalized epidemic settings.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318 1746-630X	10.1097/COH.0b013e328359064a	https://pubmed.ncbi.nlm.nih.gov/23032738/	PURPOSE OF REVIEW: To discuss the factors pertinent to the use of pre-exposure prophylaxis (PrEP) by at-risk heterosexuals in countries with generalized HIV epidemics. RECENT FINDINGS: PrEP will have the greatest prevention effect if targeted to those at highest risk, but identifying and engaging such persons is challenging. Serodiscordant couples account for a high proportion of new infections and are an appropriate target for PrEP, but the proportion of people in such relationships is small and outside partnerships are common. Differences in adherence coupled to pharmacology of the drugs may account for differences in efficacy seen in the trials. Mathematical modeling indicates that the benefits of PrEP in highly endemic settings outweigh the risk of induced viral resistance. Behavioral risk compensation was not observed in the trials, but current open-label studies will better determine if disinhibition will be an important problem. CONCLUSIONS: PrEP is a potentially useful HIV-prevention strategy for generalized heterosexual epidemics. Optimal implementation will require learning more about ways to improve acceptability and adherence and how best to deliver PrEP within the context of limited resource availability.	Drug Resistance, Viral; Humans; Anti-HIV Agents/*administration & dosage; Chemoprevention/*methods; Models, Theoretical; HIV Infections/*epidemiology/*prevention & control; *Heterosexuality; Endemic Diseases	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Peng, Bin; Yang, Xiaowei; Zhang, Yan; Dai, Jianghong; Liang, Hao; Zou, Yunfeng; Luo, Jinkun; Peng, Hongbin; Zhong, Xiaoni; Huang, Ailong	Willingness to use pre-exposure prophylaxis for HIV prevention among female sex workers: a cross-sectional study in China.	HIV AIDS (Auckland)	-	-	-	-	1179-1373	10.2147/HIV.S33445	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3463398	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a strategy developed to prevent individuals who are human immunodeficiency virus (HIV)-negative from developing HIV infection. In China, while conducting a clinical trial to investigate the effectiveness and safety of PrEP, we performed this survey to assess the willingness of female sex workers to use PrEP, and identify predictors of this willingness. METHODS: From July 2009 to April 2010, a cross-sectional study was carried out in four provinces of China. We recruited 1611 female sex workers who completed a self-administered survey to assess their awareness of and intention to use PrEP. The survey also canvassed demographic, behavioral, and psychosocial variables. Bivariate and multivariable logistic regression models were fitted to identify predictors of intent to use PrEP. RESULTS: In total, 69% of the women (95% confidence interval CI 66.7-71.3) reported intent to use PrEP, and 12% (95% CI 10.5-13.7) had used drugs in the past to prevent a sexually transmitted infection. Further, 16.5% (95% CI 14.7-18.4) had previously heard of PrEP, and 1.4% (95% CI 0.9-2.1) had used PrEP previously to prevent HIV infection. Multivariate analysis indicated the following significant predictors of intent to use PrEP: Han ethnicity (adjusted odds ratio AOR 1.446; P = 0.011), urban residence (AOR 1.302; P = 0.027), knowledge about transmission of HIV/acquired immune deficiency virus syndrome (AIDS, AOR 1.817; P = 0.0007), a history of sexually transmitted infection (AOR 1.830; P < 0.0001), a history of using medication to prevent a sexually transmitted disease (AOR 2.547; P < 0.0001), and willingness to access knowledge about HIV/AIDS (AOR 2.153; P < 0.0001). CONCLUSION: The majority of female sex workers reported intent to use PrEP if it is safe and effective. Given that most of the participants had never heard of PrEP before, we strongly recommend that educational materials be developed with detailed introduction of PrEP. The risks and benefits of PrEP use should be fully explained to potential users when promoting PrEP in the future.	human immunodeficiency virus, infection, pre-exposure prophylaxis, PrEP, willingness, female sex workers	English	New Zealand	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Article	2012	Person, Anna K.; Hicks, Charles B.	Pre-exposure prophylaxis--one more tool for HIV prevention.	Current HIV Research	-	-	-	-	1873-4251 1570-162X	10.2174/157016212799937254	https://pubmed.ncbi.nlm.nih.gov/22329517/	The 30 years of the human immunodeficiency virus (HIV) epidemic have been marked by many triumphs. Today, thanks to life-saving anti-retroviral medications, patients are living longer than ever. However, despite scientific advances in the field of HIV treatment, HIV prevention has had less success. Despite efforts on several fronts, the number of new HIV diagnoses each year in the United States is unchanged. In this review, we will give a brief overview of the ups and downs of the field of HIV prevention, focusing on pre-exposure prophylaxis (PrEP). CAPRISA 004, iPrEx, FEMPREP, the VOICE trial and HPTN 052, among other prevention trials, are discussed. The CAPRISA 004 and iPrEx studies suggest optimism regarding the use of PrEP for those at risk for HIV infection, but the recent early termination of FEM-PREP and of one arm of VOICE has led to tempered enthusiasm. Many questions remain: Who should get PrEP? How long is it safe to take PrEP? What role will adherence play, and will there be problems with acquired resistance to the drugs with larger numbers using it daily? What is the best method of administering PrEP? Pre-exposure prophylaxis alone is unlikely to be the magic bullet- instead, this strategy will likely need to be part of a broader test-and-treat effort, ongoing education, treatment of sexually transmitted infections, and condom use.	Humans; HIV Infections/*prevention & control/transmission; Medication Adherence; Primary Prevention/*methods; Anti-Retroviral Agents/*administration & dosage; Anti-Infective Agents, Local/*administration & dosage	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Pialoux, G; Chas, J; Bonnard, P	Pre-exposure prophylaxis, a new tool for prevention against HIV	Journal des Anti-Infectieux	-	-	-	-	2210-6545	10.1016/j.antinf.2012.10.003	https://pubmed.ncbi.nlm.nih.gov/37312073/	The HIV epidemic in France is characterized by a very low prevalence in the general population, a higher, heterogeneous and poorly documented prevalence in Sub-Saharan African immigrants, and a high prevalence in homosexual men. The aim of preventive measures in this setting is to reduce the incidence of HIV infection in the population in general and among MSM in particular, and to reduce the risk that a given individual will contract or spread the virus. Eradication of HIV from the entire population is not currently a realistic objective. Male and female condoms, post-exposure prophylaxis, and circumcision are preventive methods currently recognized and promoted worldwide. Other methods are being evaluated, such as vaginal and rectal microbicides, pre-exposure prophylaxis (PreP), and, of course, vaccination with poor results. We discuss, here, the recent results of prevention trials, especially those focusing on PreP, and those focusing on treatment as prevention (TasP) and more recently on circumcision. (C) 2012 Published by Elsevier Masson SAS.	HIV; TasP; Prevention; PreP; Circumcision; Risk reduction; INFECTION	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2012	Poynten, I. Mary; Zablotska, Iryna; Grulich, Andrew E.	Considerations regarding antiretroviral chemoprophylaxis in MSM.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318 1746-630X	10.1097/COH.0b013e3283582c71	https://pubmed.ncbi.nlm.nih.gov/22918448/	PURPOSE OF REVIEW: HIV infection among MSM remains a significant issue. Data relevant to MSM populations from animal models, pharmacokinetic studies and clinical trials are summarized and challenges and potential consequences of use of preexposure prophylaxis (PrEP) by MSM are discussed. RECENT FINDINGS: Rectal simian-human immunodeficiency virus transmission in macaque models can be prevented by intermittent PrEP dosing. The Preexposure Prophylaxis Initiative (iPrEx) study found that daily oral emtricitabine-tenofovir disoproxyl fumarate (TDF/FTC) decreased HIV infection by 44% among 2499 high-risk MSM. Men with detectable levels of TDF or FTC in plasma and peripheral blood mononuclear cells experienced more than 90% protective effect, emphasizing the importance of adherence. In iPrEX and other studies, PrEP was generally safe and well tolerated. However, it appears that TDF use is associated with a small but significant decrease in mean bone mineral density. No risk compensation has been demonstrated, but this remains an area of potential concern when PrEP is used outside the setting of a placebo-controlled trial. Numerous PrEP trials in MSM are currently underway. SUMMARY: Oral FTC/TDF is effective in preventing HIV infection among MSM. Optimal PrEP agents and dosing regimens now need to be identified. Understanding the patterns of and impediments to PrEP use among MSM is vital and these should be monitored in ongoing demonstration projects and open-label studies.	*Homosexuality, Male; Administration, Oral; Emtricitabine; Humans; Male; Tenofovir; Treatment Outcome; Animals; Clinical Trials as Topic; Disease Models, Animal; HIV Infections/*prevention & control; Chemoprevention/*methods; Medication Adherence; Plasma/chemistry; Leukocytes, Mononuclear/chemistry; Drug-Related Side Effects and Adverse Reactions/epidemiology; Adenine/administration & dosage/adverse effects/analogs & derivatives/pharmacokinetics/pharmacology; Anti-HIV Agents/*administration & dosage/adverse effects/pharmacokinetics/pharmacology; Deoxycytidine/administration & dosage/adverse effects/analogs & derivatives/pharmacokinetics/pharmacology; Organophosphonates/administration & dosage/adverse effects/pharmacokinetics/pharmacology	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2012	R Amico, K; McMahan, Vanessa; Goicochea, Pedro; Vargas, Lorena; Marcus, Julia L; Grant, Robert M; Liu, Albert	Supporting study product use and accuracy in self-report in the iPrEx study: next step counseling and neutral assessment.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-012-0182-5	https://dx.doi.org/10.1007/s10461-012-0182-5	The recent successes of biomedical HIV prevention approaches have sparked considerable debate over the scalability, feasibility, and acceptability of pre-exposure prophylaxis (PrEP) as a widespread prevention strategy for men who have sex with men and trans-gender. Anticipated difficulties with PrEP adherence and concerns about resources required to best support it have tempered enthusiasm of PrEP demonstration projects and roll-out. While no evidence-based approach for supporting PrEP use is presently available, a number of approaches have been developed in the context of double-blind, randomized, placebo-controlled trials of PrEP that can provide guidance in moving forward with real world support of open label PrEP use. We present the development, implementation and evaluation of feasibility and acceptability of next-step counseling (NSC) and neutral assessment (NA), the adherence support and promotion of accurate reporting approaches used in the late phases of the iPrEx study. Evaluation of the approach from the perspective of implementers of over 15,000 NSC sessions in seven different countries with almost 2,000 iPrEx participants provided support for NSC, its brevity (averaging ~14 min per follow-up session) and overall acceptability and feasibility. NA also was generally well supported, with a majority of study staff believing this approach was feasible and acceptable; however, lower acceptability for certain aspects of NA was noted amongst staff reporting NA was different from their previous interview approach. Quantitative and qualitative data gathered from implementers were used to make modifications for supporting PrEP use in the open-label extension of iPrEx.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2012	Radzio, Jessica; Aung, Wutyi; Holder, Angela; Martin, Amy; Sweeney, Elizabeth; Mitchell, James; Bachman, Shanon; Pau, Chou-Pong; Heneine, Walid; Garcia-Lerma, J Gerardo	Prevention of vaginal SHIV transmission in macaques by a coitally-dependent Truvada regimen.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0050632	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3514231	BACKGROUND: Daily pre-exposure prophylaxis (PrEP) with Truvada (a combination of emtricitabine (FTC) and tenofovir (TFV) disoproxil fumarate (TDF)) is a novel HIV prevention strategy recently found to prevent HIV transmission in men who have sex with men and heterosexual couples. We previously showed that a coitally-dependent Truvada regimen protected macaques against rectal SHIV transmission. Here we examined FTC and tenofovir TFV exposure in vaginal tissues after oral dosing and assessed if peri-coital Truvada also protects macaques against vaginal SHIV infection. METHODS: The pharmacokinetic profile of emtricitabine (FTC) and tenofovir (TFV) was evaluated at first dose. FTC and TFV levels were measured in blood plasma, rectal, and vaginal secretions. Intracellular concentrations of FTC-triphosphate (FTC-TP) and TFV-diphosphate (TFV-DP) were measured in PBMCs, rectal tissues, and vaginal tissues. Efficacy of Truvada in preventing vaginal SHIV infection was assessed using a repeat-exposure vaginal SHIV transmission model consisting of weekly exposures to low doses of SHIV162p3. Six pigtail macaques with normal menstrual cycles received Truvada 24 h before and 2 h after each weekly virus exposure and six received placebo. Infection was monitored by serology and PCR amplification of SHIV RNA and DNA. RESULTS: As in humans, the concentration of FTC was higher than the concentration of TFV in vaginal secretions. Also as in humans, TFV levels in vaginal secretions were lower than in rectal secretions. Intracellular TFV-DP concentrations were also lower in vaginal tissues than in rectal tissues. Despite the low vaginal TFV exposure, all six treated macaques were protected from infection after 18 exposures or 4 full menstrual cycles. In contrast, all 6 control animals were infected. CONCLUSIONS: We modeled a peri-coital regimen with two doses of Truvada and showed that it fully protected macaques from repeated SHIV exposures. Our results open the possibility for simplified PrEP regimens to prevent vaginal HIV transmission in women.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Ruffin, Nicolas; Borggren, Marie; Euler, Zelda; Fiorino, Fabio; Grupping, Katrijn; Hallengärd, David; Javed, Aneele; Mendonca, Kevin; Pollard, Charlotte; Reinhart, David; Saba, Elisa; Sheik-Khalil, Enas; Sköld, Annette; Ziglio, Serena; Scarlatti, Gabriella; Gotch, Frances; Wahren, Britta; Shattock, Robin J.	Rational design of HIV vaccines and microbicides: report of the EUROPRISE annual conference 2011.	Journal of Translational Medicine	-	-	-	-	1479-5876	10.1186/1479-5876-10-144	https://translational-medicine.biomedcentral.com/articles/10.1186/1479-5876-10-144	Europrise is a Network of Excellence supported by the European Commission within the 6th Framework programme from 2007 to 2012. The Network has involved over 50 institutions from 13 European countries together with 3 industrial partners and 6 African countries. The Network encompasses an integrated program of research, training, dissemination and advocacy within the field of HIV vaccines and microbicides. A central and timely theme of the Network is the development of the unique concept of co-usage of vaccines and microbicides. Training of PhD students has been a major task, and some of these post-graduate students have here summarized novel ideas emanating from presentations at the last annual Europrise meeting in Prague. The latest data and ideas concerning HIV vaccine and microbicide studies are included in this review; these studies are so recent that the majority have yet to be published. Data were presented and discussed concerning novel immunisation strategies; microbicides and PrEP (alone and in combination with vaccines); mucosal transmission of HIV/SIV; mucosal vaccination; novel adjuvants; neutralizing antibodies; innate immune responses; HIV/SIV pathogenesis and disease progression; new methods and reagents. These - necessarily overlapping topics - are comprehensively summarised by the Europrise students in the context of other recent exciting data.	Humans; Animals; Anti-HIV Agents/*therapeutic use; *Drug Design; *AIDS Vaccines; HIV Infections/*immunology/prevention & control	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Review
Article	2012	Saberi, Parya; Gamarel, Kristi E; Neilands, Torsten B; Comfort, Megan; Sheon, Nicolas; Darbes, Lynae A; Johnson, Mallory O	Ambiguity, ambivalence, and apprehensions of taking HIV-1 pre-exposure prophylaxis among male couples in San Francisco: a mixed methods study.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0050061	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3498189	OBJECTIVE: We conducted a mixed-methods study to examine serodiscordant and seroconcordant (HIV-positive/HIV-positive) male couples' PrEP awareness, concerns regarding health care providers offering PrEP to the community, and correlates of PrEP uptake by the HIV-negative member of the couple. DESIGN: Qualitative sub-study included one-on-one interviews to gain a deeper understanding of participants' awareness of and experiences with PrEP and concerns regarding health care providers offering PrEP to men who have sex with men (MSM). Quantitative analyses consisted of a cross-sectional study in which participants were asked about the likelihood of PrEP uptake by the HIV-negative member of the couple and level of agreement with health care providers offering PrEP to anyone requesting it. METHODS: We used multivariable regression to examine associations between PrEP questions and covariates of interest and employed an inductive approach to identify key qualitative themes. RESULTS: Among 328 men (164 couples), 62% had heard about PrEP, but approximately one-quarter were mistaking it with post-exposure prophylaxis. The majority of participants had low endorsement of PrEP uptake and 40% were uncertain if health care providers should offer PrEP to anyone requesting it. Qualitative interviews with 32 men suggest that this uncertainty likely stems from concerns regarding increased risk compensation. Likelihood of future PrEP uptake by the HIV-negative member of the couple was positively associated with unprotected insertive anal intercourse but negatively correlated with unprotected receptive anal intercourse. CONCLUSIONS: Findings suggest that those at greatest risk may not be receptive of PrEP. Those who engage in moderate risk express more interest in PrEP; however, many voice concerns of increased risk behavior in tandem with PrEP use. Results indicate a need for further education of MSM communities and the need to determine appropriate populations in which PrEP can have the highest impact.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2012	Schackman, Bruce R; Eggman, Ashley A	Cost-effectiveness of pre-exposure prophylaxis for HIV: a review.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0b013e3283582c8b	https://dx.doi.org/10.1097/COH.0b013e3283582c8b	PURPOSE OF REVIEW: The US Food and Drug Administration (FDA) recently approved the use of tenofovir-emtricitabine for pre-exposure prophylaxis (PrEP) for HIV prevention. PrEP is also being investigated in clinical trials as a component of HIV prevention in resource-limited settings. Cost-effectiveness models are useful in identifying health programs with the greatest societal value and projecting long-term program impacts. This review examines six recent studies of the cost-effectiveness of PrEP for preventing HIV transmission in the USA and South Africa. RECENT FINDINGS: Studies used both individual-level and population-level transmission models. PrEP was found to be a cost-effective HIV-prevention intervention in high-risk MSM with HIV incidence at least 2% in the USA (<US$100â000 per quality-adjusted life year) and in young women in South Africa (cost per life year <GDP per capita). Results were sensitive to the cost and efficacy of PrEP and to assumptions about HIV testing and access to treatment in the absence of PrEP. SUMMARY: Future cost effectiveness studies should consider PrEP implementation issues (uptake in high-risk versus low-risk groups, duration on PrEP, adherence), budget impact, and the role of PrEP as part of combination HIV-prevention strategies including expanded testing and treatment access.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Schneider, John; Kumar, Rupali; Dandona, Rakhi; Kumar, Prem; Kumar, Anil; Lakshmi, Vemu; Laumann, Edward; Mayer, Kenneth; Dandona, Lalit	Social network and risk-taking behavior most associated with rapid HIV testing, circumcision, and preexposure prophylaxis acceptability among high-risk Indian men.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2012.0188	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3462390	Indian truck drivers and their younger apprentice drivers are at increased risk of HIV infection. We determine network and risk practices associated with willingness to adopt HIV prevention interventions currently not being used in India: rapid HIV testing, circumcision, and preexposure prophylaxis (PrEP) in order to inform the National AIDS Control Program (NACP). Truck drivers and truck cleaners were systematically recruited to participate in a social network and risk survey in Hyderabad, Southern India. Three separate composite measures of acceptability of rapid HIV testing, circumcision, and PrEP acceptability were utilized to independently assess the relationship of these prevention interventions with risk-practices and social network characteristics. An 89% participation rate yielded 1602 truck drivers and truck cleaners with 54.2% younger than 30 years of age and 2.8% HIV infected. Twenty-five percent of respondents reported sex with female sex workers (FSW) and 5% with men (MSM). Rapid testing, circumcision, and PrEP acceptability were 97.4%, 9.1%, and 85.9%, respectively. Participants reporting prosocial network characteristics were more accepting of rapid testing (adjusted odds ratio AORs 3.07-6.71; p<0.05) and demonstrated variable PrEP acceptability (AORs 0.08-2.22; p<0.001). Sex with FSWs was associated with PrEP acceptability (AOR 4.27; p<0.001); sex with MSM was associated with circumcision acceptability only (AOR 2.66; p<0.01). Social network factors and risk-practices were associated with novel prevention acceptability, but not consistently across intervention type and with variable directionality. The NACP will need to consider that intervention uptake may likely be most successful when efforts are targeted to individuals with specific behavior and social network characteristics.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Stoddart, CA; Nault, G; Galkina, SA; Bousquet-Gagnon, N; Bridon, D; Quraishi, O	Preexposure Prophylaxis with Albumin-Conjugated C34 Peptide HIV-1 Fusion Inhibitor in SCID-hu Thy/Liv Mice	Antimicrobial Agents and Chemotherapy	-	-	-	-	0066-4804	10.1128/AAC.05015-11	https://pubmed.ncbi.nlm.nih.gov/22252805/	PC-1505 is a C34 peptide derived from the heptad repeat 2 region of HIV-1 gp41 conjugated to human serum albumin for sustained in vivo activity. One single preexposure dose of PC-1505 reduced viral RNA in HIV-1-infected SCID-hu Thy/Liv mice by 3.3 log(10) and protected T cells from virus-mediated depletion. In contrast, a single preexposure dose of Truvada reduced viral RNA by only 0.8 log(10) and was substantially less effective in preventing T cell depletion.	ANTIRETROVIRALS; TRANSMISSION; HUMANIZED BLT MICE; IN-VITRO; MOUSE MODEL; IMMUNODEFICIENCY-VIRUS TYPE-1; IDENTIFICATION; ANALOG; GP41; T-20	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Storim, J; Jochum, C; Timm, J; Schadendorf, D; Esser, S	HIV-infection during treatment of a chronic hepatitis B virus infection: implications for PrEP?	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.15.6.18169	https://www.proquest.com/scholarly-journals/hiv-infection-during-treatment-chronic-hepatitis/docview/2290137613/se-2?accountid=8113	The protective effect of oral tenofovir disoproxil fumarate (TDF) with or without emtricitabine (FTC) as pre-exposure prophylaxis (PrEP) against HIV differed significantly among clinical studies and poor PrEP-adherence was closely associated with PrEP-failure. Despite HIV-infections during PrEP-exposure the development of resistance mutations against PrEP was rarely observed so far. As PrEP is an emerging tool against HIV transmission, it is important to identify risk-factors for PrEP-failure and the induction of PrEP-associated resistance mutations against antiretroviral drugs. We here present the case of a 25-year old MSM who was successfully treated with TDF due to a chronic hepatitis B virus (HBV) infection (HBV-DNA always <357 IU/ml after ten months of treatment). As HIV tests were negative when the treatment was initiated and six months later, no routine HIV tests were performed although the patient repetitively acquired sexually transmitted infections (STI). After 30 months, an HIV infection (subtype B) was diagnosed during a syphilis re-infection. At this point, HIV was TDF-resistant (K65R and A62V mutations within the reverse transcriptase gene). Retrospective analysis of frozen serum samples revealed HIV-seroconversion 12 months prior to diagnosis and low HIV-RNA levels from seroconversion to diagnosis (always <400 copies/ml). The TDF-based therapy of the chronic HBV-infection resembles a TDF-HIV-PrEP. But here poor therapy adherence is an unlikely cause for the 'PrEP-failure' as the constantly suppressed HBV-DNA indicates therapeutic TDF-levels over years. Combining TDF with FTC might have augmented the prophylactic effect. However, TDF-levels in the rectal mucosa are high and should therefore protect MSM who practice receptive anal intercourse. On the other hand, the concomitant STI of our patient may have promoted HIV transmission (via compromising the mucosal barrier function and promoting inflammatory reactions) and therefore possibly counteracted TDF-effects. Finally, infection with a TDF-resistant virus strain might explain the lack of protection in this case. But K65R is a rarely transmitted drug resistance mutation and low level viremia for one year suggests considerable TDF effectiveness. In fact, we here rather present a K65R mutation induced by a PrEP-like TDF therapy. The development of the K65R mutation in a PrEP-like situation emphasizes the urgent need of regular HIV-tests during PrEP exposure.	Emtricitabine; Mutation; Hepatitis B virus; HIV/AIDS; Pre-exposure prophylaxis; Antiretroviral drugs; Hepatitis B; Tenofovir disoproxil fumarate; Viral hepatitis; Infections; Prep; Tenofovir disoproxil; Hepatitis; Disease transmission; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Medical tests; Tour de France	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2012	Strathdee, Steffanie A; Shoptaw, Steven; Dyer, Typhanye Penniman; Quan, Vu Minh; Aramrattana, Apinun	Towards combination HIV prevention for injection drug users: addressing addictophobia, apathy and inattention.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0b013e32835369ad	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3646543	PURPOSE OF REVIEW: Recent breakthroughs in HIV-prevention science led us to evaluate the current state of combination HIV prevention for injection drug users (IDUs). We review the recent literature focusing on possible reasons why coverage of prevention interventions for HIV, hepatitis C virus (HCV) and tuberculosis among IDUs remains dismal. We make recommendations for future HIV research and policy. RECENT FINDINGS: IDUs disproportionately under-utilize voluntary HIV counseling and testing (VCT), primary care and antiretroviral therapy (ART), especially in countries that have the largest burden of HIV among IDUs. IDUs present later in the course of HIV infection and experience greater morbidity and mortality. Why are IDUs under-represented in HIV-prevention research, access to treatment for both HIV and addiction, and access to HIV combination prevention? Possible explanations include addictophobia, apathy, and inattention, which we describe in the context of recent literature and events. SUMMARY: This commentary discusses the current state of HIV-prevention interventions for IDUs including VCT, needle and syringe program (NSP), opioid substitution therapy (OST), ART and pre-exposure chemoprophylaxis (PrEP), and discusses ways to work towards true combination HIV prevention for IDU populations. Communities need to overcome tacit assumptions that IDUs can navigate through systems that are maintained as separate silos, and begin to take a rights-based approach to HIV prevention to ensure that IDUs have equitable access to life-saving prevention and treatments.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Supervie, V; Blower, S	Predicting effect of pre-exposure prophylaxis on HIV epidemics	The Lancet	-	-	-	-	0140-6736	10.1016/S0140-6736(12)61057-5	https://pubmed.ncbi.nlm.nih.gov/22748579/	"We agree with Angela Kashuba and colleagues (June 30, p 2409)1 that it is essential to develop new methods for measuring adherence to preexposure prophylaxis (PrEP) for HIV prevention in clinical trials. However, another important issue also needs to be addressed. Specifi cally, how can adherence data from clinical trials be interpreted and used to predict the success of PrEP in reducing transmission in the real world? We suggest that one approach is to use mathematical models to translate these data into population-level predictions. In each of the successful clinical trials of PrEP,2,3 several estimates of effi cacy have been calculated: an overall estimate of effi cacy calculated by use of data from all individuals irrespective of their level of adherence, and adherence-stratifi ed effi cacies for which each estimate was calculated for a specifi ed range of adherence. For example, in the IPrEx trial3,4 (in which adherence was defi ned on the basis of number of visits) the overall effi cacy was estimated to be 42% and adherence-stratifi ed effi cacies (based on an as-treated analysis4) were estimated to be 68% (adherence ≥90%), 34% (50–90% adherence), and 16% (<50% adherence). Such data are necessary, but—even if adherence is measured accurately—are not suffi cient for predicting the success of PrEP in the real world. To make predictions, it is also necessary to know how population-level patterns of adherence to PrEP will aff ect success, where such patterns are defi ned in terms of the proportion of the population in each adherence category. The fi gure shows predictions from a mathematical model that translates adherence data from clinical trials of PrEP into populationlevel predictions.5 Contours show the reduction in transmission as a function of the proportion of the population that is highly (>90%) adherent to PrEP (Y-axis) and the average adherence in the rest of the population (X-axis). To generate these predictions, adherencestratifi ed effi cacy estimates, based on clinical trial data, were used.5 The fi gure illustrates that populationlevel adherence patterns (which cannot be measured in clinical trials) will be as important as effi cacy in determining success. Therefore even when it becomes possible to measure adherence accurately in clinical trials, these trials will not be able to generate all of the necessary data for predicting the success of PrEP in reducing HIV transmission in the real world."	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2012	Thigpen, MC; Kebaabetswe, PM; Paxton, LA; Smith, DK; Rose, CE; Segolodi, TM; Henderson, FL; Pathak, SR; Soud, FA; Chillag, KL; Mutanhaurwa, R; Chirwa, LI; Kasonde, M; Abebe, D; Buliva, E; Gvetadze, RJ; Johnson, S; Sukalac, T; Thomas, VT; Hart, C; Johnson, JA; Malotte, CK; Hendrix, CW; Brooks, JT	Antiretroviral preexposure prophylaxis for heterosexual HIV transmission in Botswana	New England Journal of Medicine	-	-	-	-	0028-4793	10.1056/NEJMoa1110711	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-00840265/full	BACKGROUND: Preexposure prophylaxis with antiretroviral agents has been shown to reduce the transmission of human immunodeficiency virus (HIV) among men who have sex with men; however, the efficacy among heterosexuals is uncertain. METHODS: We randomly assigned HIV-seronegative men and women to receive either tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) or matching placebo once daily. Monthly study visits were scheduled, and participants received a comprehensive package of prevention services, including HIV testing, counseling on adherence to medication, management of sexually transmitted infections, monitoring for adverse events, and individualized counseling on risk reduction; bone mineral density testing was performed semiannually in a subgroup of participants. RESULTS: A total of 1219 men and women underwent randomization (45.7% women) and were followed for 1563 person-years (median, 1.1 years; maximum, 3.7 years). Because of low retention and logistic limitations, we concluded the study early and followed enrolled participants through an orderly study closure rather than expanding enrollment. The TDF-FTC group had higher rates of nausea (18.5% vs. 7.1%, P<0.001), vomiting (11.3% vs. 7.1%, P=0.008), and dizziness (15.1% vs. 11.0%, P=0.03) than the placebo group, but the rates of serious adverse events were similar (P=0.90). Participants who received TDF-FTC, as compared with those who received placebo, had a significant decline in bone mineral density. K65R, M184V, and A62V resistance mutations developed in 1 participant in the TDF-FTC group who had had an unrecognized acute HIV infection at enrollment. In a modified intention-to-treat analysis that included the 33 participants who became infected during the study (9 in the TDF-FTC group and 24 in the placebo group; 1.2 and 3.1 infections per 100 person-years, respectively), the efficacy of TDF-FTC was 62.2% (95% confidence interval, 21.5 to 83.4; P=0.03). CONCLUSIONS: Daily TDF-FTC prophylaxis prevented HIV infection in sexually active heterosexual adults. The long-term safety of daily TDF-FTC prophylaxis, including the effect on bone mineral density, remains unknown. (Funded by the Centers for Disease Control and Prevention and the National Institutes of Health; TDF2 ClinicalTrials.gov number, NCT00448669.).	Adenine adverse effects, *analogs & derivatives, therapeutic use; Adolescent; Adult; Anti-Retroviral Agents adverse effects, *therapeutic use; Bone Density drug effects; Contraception Behavior statistics & numerical data; Deoxycytidine adverse effects, *analogs & derivatives, therapeutic use; Drug Resistance, Viral; Drug Therapy, Combination; Emtricitabine; Female; HIV Infections *prevention & control; HIV Seropositivity; HIV-1 genetics, isolation & purification; HIV-2 genetics, isolation & purification; Humans; Kaplan-Meier Estimate; Male; Organophosphonates adverse effects, *therapeutic use; Proportional Hazards Models; RNA, Viral blood; Sexual Behavior statistics & numerical data; Tenofovir; Viral Load; Young Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Thurman, A. R.; Doncel, G. F.	Herpes simplex virus and HIV: genital infection synergy and novel approaches to dual prevention.	International journal of STD & AIDS	-	-	-	-	1758-1052 0956-4624	10.1258/ijsa.2012.011356	https://pubmed.ncbi.nlm.nih.gov/23033511/	Sexual transmission of HIV-1, in the absence of co-factors, is poorly efficient. Data support that herpes simplex virus type-2 (HSV-2) may increase a woman's susceptibility to HIV-1. Potential mechanisms by which HSV-2 serves as an HIV-1 enhancing co-factor include (1) initiation of a clinical or subclinical mucosal inflammatory response, (2) alteration of innate mucosal immunity and (3) weakening or breaching the protective genital epithelia. No clinical trial has examined prevention of primary HSV-2 infection to eliminate the major morbidities of this recurrent disease and as a strategy to reduce HIV-1 transmission. Topical administration of potent antivirals can achieve local concentrations that are orders of magnitude higher than those obtained with oral administration. This paper reviews major advances in oral and topical pre-exposure prophylaxis of HIV-1 and HSV-2 and, based on these data, hypothesizes that simultaneous prevention of sexual acquisition of HSV-2 and HIV-1 via topical antiretroviral agents will have a synergistic impact on both epidemics.	Humans; Antiviral Agents/administration & dosage; Anti-HIV Agents/administration & dosage; Host-Pathogen Interactions; Herpesvirus 2, Human/*physiology; HIV/*physiology; Acyclovir/administration & dosage; Herpes Genitalis/drug therapy/*prevention & control/transmission/*virology; HIV Infections/drug therapy/*prevention & control/transmission/*virology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Tressler, Randall; Godfrey, Catherine	NRTI backbone in HIV treatment: will it remain relevant?	Drugs	-	-	-	-	1179-1950 0012-6667	10.2165/11640830-000000000-00000	https://link.springer.com/article/10.2165/11640830-000000000-00000	Nucleoside reverse transcriptase inhibitors (NRTIs) remain a critical component of therapy for HIV-infected patients. The drugs are effective, relatively inexpensive and an important component of antiretroviral therapy (ART), particularly in areas where the introduction of effective therapy has been delayed. They are an essential part of initial therapy for HIV and for prevention of mother-to-child transmission; however, toxicities and resistance may limit their use. The role for pre-exposure prophylaxis (PrEP) to reduce sexual transmission of HIV is still undefined, but this use may have a significant impact on NRTI resistance worldwide, most particularly in areas where subtype C predominates. With increasing prevalence of resistant HIV, the approval of new agents that are effective against resistant virus, and those that use novel cellular targets, are essential. Large studies are now in progress examining the safety and efficacy of NRTI-sparing regimens, but results are not currently available. NRTIs may lose relevance in the not distant future unless steps are put in place to reduce the development and spread of NRTI-resistant viruses, and new NRTIs with minimal toxicity are developed that have a novel resistance profile. This article describes the principal NRTIs, their mechanism of action, and resistance and selected toxicities of the class and of the individual drugs.	Adult; Drug Resistance, Viral; Humans; HIV Infections/*drug therapy; Treatment Outcome; Anti-HIV Agents/*therapeutic use; Randomized Controlled Trials as Topic; HIV Reverse Transcriptase/antagonists & inhibitors; Child; Reverse Transcriptase Inhibitors/*therapeutic use; HIV/*drug effects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Tripathi, A; Whiteside, O; Scanlon, C; Duffus, W	Perceptions and attitudes about PrEP among seronegative partners and the potential of sexual disinhibition associated with the use of PrEP	Journal of the International AIDS Society	-	-	-	-	1758-2652	NA	https://pubmed.ncbi.nlm.nih.gov/24096949/#:~:text=Conclusions%3A%20Overall%2C%20these%20results%20suggest,be%20reduced%20by%20ongoing%20education.	Objectives: Preexposure prophylaxis (PrEP) is a promising strategy to prevent human immunodeficiency virus (HIV) infection, especially among high-risk individuals such as seronegative partners; however, many caveats such as the potential risk of sexual disinhibition and noncompliance need to be considered. We explored the sociodemographic and behavioral factors associated with the adoption of PrEP among HIV seronegative men who have sex with men and heterosexual partners. Methods: A prepiloted self-administered survey was conducted among seronegative partners in a Ryan White HIV/AIDS Clinic in South Carolina from 2010 to 2011. Bivariate and multivariable analyses were used to explore the data. Results: The survey was completed by 89 seronegative partners. The median age was 42 years (interquartile range 32-50) and a majority were men (56%), black (70%), and heterosexual (74%). A majority (94%) was willing to use PrEP if available; however, 26% of subjects suggested that they would be likely to have unprotected sex with an HIV-positive partner while using PrEP, and 27% suggested that it would be difficult to take a daily dose of PrEP and consistently use condoms. The multivariable results suggest that the belief that a condom is no longer needed while taking PrEP was more likely among those who did not use a condom during their last sexual intercourse (adjusted odds ratio 7.45; 95% confidence interval 1.57-35.45) and among those with a higher HIV knowledge score (adjusted odds ratio 0.43; 95% confidence interval 0.23-0.78). Conclusions: Overall, these results suggest high acceptability of PrEP among seronegative partners to lower the risk of HIV transmission; however, there is a substantial risk of sexual disinhibition and noncompliance while using PrEP that may be reduced by ongoing education.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Tripathi, Avnish; Ogbuanu, Chinelo; Monger, Mauda; Gibson, James J; Duffus, Wayne A	Preexposure prophylaxis for HIV infection: healthcare providers' knowledge, perception, and willingness to adopt future implementation in the southern US.	Southern Medical Journal	-	-	-	-	1541-8243	10.1097/SMJ.0b013e31824f1a1b	https://dx.doi.org/10.1097/SMJ.0b013e31824f1a1b	BACKGROUND: Understanding providers' perspective on preexposure prophylaxis (PrEP) would facilitate planning for future implementation. METHODS: A survey of care providers from sexually transmitted disease and family planning clinics in South Carolina and Mississippi was conducted to assess their knowledge, perception, and willingness to adopt PrEP. Multivariable logistic and general linear regression with inverse propensity score treatment weights were used for analyses. RESULTS: Survey response rate was 360/480 (75%). Median age was 46.9 years and a majority were women (279 78%), non-Hispanic white (277 78%), nonphysicians (254 71%), and public health care providers (223 62%). Knowledge about PrEP was higher among physicians compared with nonphysicians (P = 0.001); nonpublic health care providers compared with public health care providers (P = 0.023), and non-Hispanic whites compared with non-Hispanic blacks (P = 0.034). The majority of the providers were concerned about the safety, efficacy, and cost of PrEP. Providers' perceptions about PrEP were significantly associated with their sociodemographic and occupational characteristics. The willingness to prescribe PrEP was more likely with higher PrEP knowledge scores (adjusted odds ratio aOR 14.94; 95% confidence interval CI 3.21-69.61), older age (aOR 1.14; 95% CI 1.01-1.29), and in those who agreed that "PrEP would empower women" (aOR 2.90; 95% CI 1.28-6.61); and was less likely for "other" race/ethnicity versus white (aOR 0.23; 95% CI 0.07-0.76) and in those who agreed that "PrEP, if not effective, could lead to higher HIV transmission" (aOR 0.45; 95% CI 0.27-0.75). CONCLUSIONS: To improve the acceptance of PrEP among providers, there is a need to develop tailored education/training programs to alleviate their concerns about the safety and efficacy of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Uckun, Fatih M; Cahn, Pedro; Qazi, Sanjive; D'Cruz, Osmond	Stampidine as a promising antiretroviral drug candidate for pre-exposure prophylaxis against sexually transmitted HIV/AIDS.	Expert Opinion on Investigational Drugs	-	-	-	-	1744-7658	10.1517/13543784.2012.664635	https://dx.doi.org/10.1517/13543784.2012.664635	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is an evolving new approach to prevention of sexually transmitted HIV-1 that employs antiretroviral (ARV) agents prior to potential HIV-1 exposure in an attempt to reduce the likelihood of HIV-1 infection postexposure. The identification of new ARV agents with potent activity against multidrug-resistant HIV remains an unmet and urgent challenge in the field of PrEP. AREAS COVERED: This article reviews the preclinical and early clinical activity and safety profile of stampidine, a novel antiretroviral (ARV) drug candidate that exhibits remarkable subnanomolar to low nanomolar in vitro antiretroviral potency against genotypically and phenotypically nucleoside reverse transcriptase inhibitor (NRTI)-resistant primary clinical HIV isolates, non-nucleoside RT-resistant HIV-1 isolates. Stampidine has a favorable pharmacokinetic profile in mice, rats, dogs and cats with 25 or 50 mg/kg tolerable dose levels yielding micromolar plasma concentrations that are 1000-fold higher than its in vitro IC(50) value against HIV. Stampidine has a favorable, safety profile in mice, rats, dogs and cats and it showed significant in vivo ARV activity in HIV-infected Hu-PBL-SCID mice as well as FIV-infected domestic cats. Furthermore, it did not cause any maternal toxicity, developmental toxicity or teratogenicity in rabbits treated at 10 - 40 mg/kg/day dose levels. In a recently completed first-in-human Phase I clinical trial, stampidine did not cause dose-limiting toxicity at single dose levels ranging from 5 to 25 mg/kg. EXPERT OPINION: The favorable safety and activity profile of stampidine warrants its further development as a promising next-generation PrEP candidate to prevent the sexual transmission of HIV-1. The discovery of stampidine as a potent antiretroviral agent represents a significant step forward in the development of effective therapeutic as well as preventive strategies against HIV/AIDS.	AIDS; human immunodeficiency virus-1; nucleoside reverse transcriptase inhibitor; pre-exposure prophylaxis; reverse transcriptase	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	Van Damme Lut; Corneli, Amy; Ahmed Khatija; Agot Kawango; Lombaard Johan; Saidi, Kapiga; Mookho, Malahleha; Owino Fredrick; Manongi Rachel; Onyango, Jacob; Temu Lucky; Monedi Modie Constance; Mak'Oketch, Paul; Mankalimeng, Makanda; Reblin Ilse; Elsie, Makatu Shumani; Saylor, Lisa; Kiernan Haddie; Kirkendale Stella; Wong, Christina; Grant, Robert; Kashuba, Angela; Nanda Kavita; Mandala Justin; Fransen Katrien; Deese, Jennifer; Crucitti Tania; Mastro, Timothy D; Taylor, Douglas	Preexposure Prophylaxis for HIV Infection among African Women	The New England Journal of Medicine	-	-	-	-	00284793	10.1056/NEJMoa1202614	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-hiv-infection-among/docview/1030946087/se-2?accountid=8113	BackgroundPreexposure prophylaxis with antiretroviral drugs has been effective in the prevention of human immunodeficiency virus (HIV) infection in some trials but not in others.MethodsIn this randomized, double-blind, placebo-controlled trial, we assigned 2120 HIV-negative women in Kenya, South Africa, and Tanzania to receive either a combination of tenofovir disoproxil fumarate and emtricitabine (TDF–FTC) or placebo once daily. The primary objective was to assess the effectiveness of TDF–FTC in preventing HIV acquisition and to evaluate safety.ResultsHIV infections occurred in 33 women in the TDF–FTC group (incidence rate, 4.7 per 100 person-years) and in 35 in the placebo group (incidence rate, 5.0 per 100 person-years), for an estimated hazard ratio in the TDF–FTC group of 0.94 (95% confidence interval, 0.59 to 1.52; P=0.81). The proportions of women with nausea, vomiting, or elevated alanine aminotransferase levels were significantly higher in the TDF–FTC group (P=0.04, P<0.001, and P=0.03, respectively). Rates of drug discontinuation because of hepatic or renal abnormalities were higher in the TDF–FTC group (4.7%) than in the placebo group (3.0%, P=0.051). Less than 40% of the HIV-uninfected women in the TDF–FTC group had evidence of recent pill use at visits that were matched to the HIV-infection window for women with seroconversion. The study was stopped early, on April 18, 2011, because of lack of efficacy.ConclusionsProphylaxis with TDF–FTC did not significantly reduce the rate of HIV infection and was associated with increased rates of side effects, as compared with placebo. Despite substantial counseling efforts, drug adherence appeared to be low. (Supported by the U.S. Agency for International Development and others; FEM-PrEP ClinicalTrials.gov number, NCT00625404.)	Tenofovir; Emtricitabine; Alanine; Women; HIV/AIDS; Pre-exposure prophylaxis; Infections; Consent; Disease prevention; Prophylaxis; Randomized controlled trial; Nausea; Seroconversion; Tenofovir disoproxil; Antiretroviral agents; Human immunodeficiency virus--HIV; Medical Sciences; Vomiting; Woman; Double-blind studies; Alanine transaminase	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	van der Straten, Ariane; Van Damme, Lut; Haberer, Jessica E; Bangsberg, David R	Unraveling the divergent results of pre-exposure prophylaxis trials for HIV prevention.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0b013e3283522272	https://dx.doi.org/10.1097/QAD.0b013e3283522272	Although the balance of recent evidence supports the efficacy of antiretroviral (ARV)-based pre-exposure prophylaxis (PrEP) against HIV-1 infection, recent negative trial results are perplexing. Of seven trials with available HIV endpoints, three different products have been tested: tenofovir 1% vaginal gel, oral tenofovir disoproxil fumarate (TDF) tablets, and TDF/emtricitabine tablets. Six of these trials were conducted exclusively in sub-Saharan Africa; all found the products to be well tolerated, and four demonstrated effectiveness. Furthermore, the HIV Prevention Trial Network (HPTN) 052 trial recently confirmed that antiretroviral treatment leads to 96% reduction in transmission to HIV-negative partners in HIV-serodiscordant couples. These results, along with human and animal data, provide substantial evidence for the efficacy of antiretroviral-based HIV prevention. Yet assessment of oral TDF/emtricitabine in the FEM-PrEP study and of oral and vaginal tenofovir in the Microbicide Trial Network (MTN)-003 trial (VOICE) was stopped for futility. How do we make sense of these discrepant results? We believe that adherence is a key factor, although it cannot be the only factor. Expanding upon a recent editorial in the Lancet, we discuss the impact of suboptimal product adherence on PrEP efficacy in the context of variable drug concentration at the exposure site, integrity of the vaginal epithelium, and the role of acute infection.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2012	van Lunzen, Jan; Maggiolo, Franco; Arribas, José R.; Rakhmanova, Aza; Yeni, Patrick; Young, Benjamin; Rockstroh, Jürgen K.; Almond, Steve; Song, Ivy; Brothers, Cindy; Min, Sherene	Once daily dolutegravir (S/GSK1349572) in combination therapy in antiretroviral-naive adults with HIV: planned interim 48 week results from SPRING-1, a dose-ranging, randomised, phase 2b trial.	The Lancet Infectious Diseases	-	-	-	-	1474-4457 1473-3099	10.1016/S1473-3099(11)70290-0	https://pubmed.ncbi.nlm.nih.gov/22018760/	BACKGROUND: Dolutegravir (S/GSK1349572) is a new HIV-1 integrase inhibitor that has antiviral activity with once daily, unboosted dosing. SPRING-1 is an ongoing study designed to select a dose for phase 3 assessment. We present data from preplanned primary and interim analyses. METHODS: In a phase 2b, multicentre, dose-ranging study, treatment-naive adults were randomly assigned (1:1:1:1) to receive 10 mg, 25 mg, or 50 mg dolutegravir or 600 mg efavirenz. Dose but not drug allocation was masked. Randomisation was by a central integrated voice-response system according to a computer-generated code. Study drugs were given with either tenofovir plus emtricitabine or abacavir plus lamivudine. Our study was done at 34 sites in France, Germany, Italy, Russia, Spain, and the USA beginning on July 9, 2009. Eligible participants were seropositive for HIV-1, aged 18 years or older, and had plasma HIV RNA viral loads of at least 1000 copies per mL and CD4 counts of at least 200 cells per μL. Our primary endpoint was the proportion of participants with viral load of less than 50 copies per mL at week 16 and we present data to week 48. Analyses were done on the basis of allocation group and included all participants who received at least one dose of study drug. This study is registered with ClinicalTrials.gov, number NCT00951015. FINDINGS: 205 patients were randomly allocated and received at least one dose of study drug: 53, 51, and 51 to receive 10 mg, 25 mg, and 50 mg dolutegravir, respectively, and 50 to receive efavirenz. Week 16 response rates to viral loads of at most 50 copies per mL were 93% (144 of 155 participants) for all doses of dolutegravir (with little difference between dose groups) and 60% (30 of 50) for efavirenz; week 48 response rates were 87% (139 of 155) for all doses of dolutegravir and 82% (41 of 50) for efavirenz. Response rates between nucleoside reverse transcriptase inhibitor subgroups were similar. We identified three virological failures in the dolutegravir groups and one in the efavirenz group-we did not identify any integrase inhibitor mutations. We did not identify any dose-related clinical or laboratory toxic effects, with more drug-related adverse events of moderate-or-higher intensity in the efavirenz group (20%) than the dolutegravir group (8%). We did not judge that any serious adverse events were related to dolutegravir. INTERPRETATION: Dolutegravir was effective when given once daily without a pharmacokinetic booster and was well tolerated at all assessed doses. Our findings support the assessment of once daily 50 mg dolutegravir in phase 3 trials.	Adult; Humans; Male; Middle Aged; RNA, Viral/blood; Young Adult; Female; Viral Load; Aged; Alkynes; Cyclopropanes; Dose-Response Relationship, Drug; Virus Replication/drug effects; HIV-1/*physiology; Benzoxazines/administration & dosage; Reverse Transcriptase Inhibitors/administration & dosage; HIV Infections/*drug therapy/metabolism/virology; Oxazines; Piperazines; Pyridones; HIV Integrase Inhibitors/*administration & dosage; Heterocyclic Compounds, 3-Ring/*administration & dosage	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2012	Volk, Jonathan E; Liu, Albert; Vittinghoff, Eric; Irvin, Risha; Kroboth, Elizabeth; Krakower, Douglas; Mimiaga, Matthew J; Mayer, Kenneth H; Sullivan, Patrick S; Buchbinder, Susan P	Sexual frequency and planning among at-risk men who have sex with men in the United States: implications for event-based intermittent pre-exposure prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3427423	Intermittent dosing of pre-exposure prophylaxis (iPrEP) has potential to decrease costs, improve adherence, and minimize toxicity. Practical event-based dosing of iPrEP requires men who have sex with men (MSM) to be sexually active on fewer than 3 days each week and plan for sexual activity. MSM who may be most suitable for event-based dosing were older, more educated, more frequently used sexual networking websites, and more often reported that their last sexual encounter was not with a committed partner. A substantial proportion of these MSM endorse high-risk sexual activity, and event-based iPrEP may best target this population.	intermittent pre-exposure prophylaxis (iPrEP), pre-exposure prophylaxis (PrEP), event-based dosing, men-who-have-sex-with-men (MSM), HIV, sexual frequency, sexual planning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2012	Walensky, Rochelle P; Park, Ji-Eun; Wood, Robin; Freedberg, Kenneth A; Scott, Callie A; Bekker, Linda-Gail; Losina, Elena; Mayer, Kenneth H; Seage, George R; Paltiel, A David	The cost-effectiveness of pre-exposure prophylaxis for HIV infection in South African women.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/cis225	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3334365	BACKGROUND: Recent trials report the short-term efficacy of tenofovir-based pre-exposure prophylaxis (PrEP) for prevention of human immunodeficiency virus (HIV) infection. PrEP's long-term impact on patient outcomes, population-level transmission, and cost-effectiveness remains unknown. METHODS: We linked data from recent trials to a computer model of HIV acquisition, screening, and care to project lifetime HIV risk, life expectancy (LE), costs, and cost-effectiveness, using 2 PrEP-related strategies among heterosexual South African women: (1) women receiving no PrEP and (2) women not receiving PrEP (a tenofovir-based vaginal microbicide). We used a South African cohort and published data to estimate population demographic characteristics, age-adjusted incidence of HIV infection, and HIV natural history and treatment parameters. Baseline PrEP efficacy (percentage reduction in HIV transmission) was 39% at a monthly cost of $5 per woman. Alternative parameter values were examined in sensitivity analyses. RESULTS: Among South African women, PrEP reduced mean lifetime HIV risk from 40% to 27% and increased population discounted (undiscounted) LE from 22.51 (41.66) to 23.48 (44.48) years. Lifetime costs of care increased from $7280 to $9890 per woman, resulting in an incremental cost-effectiveness ratio of $2700/year of life saved, and may, under optimistic assumptions, achieve cost savings. Under baseline HIV infection incidence assumptions, PrEP was not cost saving, even assuming an efficacy >60% and a cost <$1. At an HIV infection incidence of 9.1%/year, PrEP achieved cost savings at efficacies ≥50%. CONCLUSIONS: PrEP in South African women is very cost-effective by South African standards, conferring excellent value under virtually all plausible data scenarios. Although optimistic assumptions would be required to achieve cost savings, these represent important benchmarks for future PrEP study design.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Ware, NC; Wyatt, MA; Haberer, JE; Baeten, JM; Kintu, A; Psaros, C; Safren, S; Tumwesigye, E; Celum, CL; Bangsberg, DR	What's love got to do with it? Explaining adherence to oral antiretroviral pre-exposure prophylaxis for HIV-serodiscordant couples	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	NA	10.1097/QAI.0b013e31824a060b	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-00842821/full	OBJECTIVE: Adherence may be the "Achilles heel" of pre-exposure prophylaxis (PrEP), a promising biomedical approach to HIV prevention. This article presents an explanation of PrEP adherence for African serodiscordant couples derived from qualitative data. DESIGN: Explaining quantitative findings is one way qualitative investigation contributes to research in medicine and public health. This qualitative interview study was nested in the Partners PrEP Study, a phase III randomized trial evaluating oral tenofovir and emtricitabine/tenofovir PrEP to prevent HIV acquisition by HIV-uninfected partners in serodiscordant heterosexual couples. METHODS: In-depth qualitative interviews were provided by 60 Partners PrEP Study participants in Uganda. Interviews used open-ended questions eliciting information on adherence experiences, barriers, and facilitators. An inductive approach informed by grounded theory methodology was used to analyze study data. RESULTS: The proposed explanation may be summarized as follows. Serodiscordance destabilizes couples, as the HIV-negative partner reacts with anger, fear, and sadness to the implication of infidelity represented by HIV infection. A "discordance dilemma" ensues, as the desire to avoid acquiring HIV and the advantages of preserving the relationship become competing priorities. PrEP is seen as a solution-a means of safeguarding health without ending the relationship. PrEP users benefit from the support of partners, who reinforce adherence. Where discord in the relationship persists, adherence suffers. CONCLUSIONS: PrEP adherence in serodiscordant couples may be understood as a function of the desire to reduce risk although preserving a partnered relationship. PrEP use in stable couples may be associated with improved adherence and thus, greater effectiveness.	Adenine administration & dosage, analogs & derivatives; Administration, Oral; Adult; Anti-HIV Agents *administration & dosage; Attitude to Health; Deoxycytidine administration & dosage, analogs & derivatives; Emtricitabine; Female; HIV Infections *prevention & control, psychology; HIV Seronegativity; HIV Seropositivity *drug therapy, psychology, transmission; Humans; Interpersonal Relations; Male; Medication Adherence *psychology; Middle Aged; Organophosphonates administration & dosage; Sexual Partners psychology; Tenofovir; Uganda; Young Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2012	Wheelock, Ana; Eisingerich, Andreas B; Gomez, Gabriela B; Gray, Emily; Dybul, Mark R; Piot, Peter	Views of policymakers, healthcare workers and NGOs on HIV pre-exposure prophylaxis (PrEP): a multinational qualitative study.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2012-001234	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3391366	OBJECTIVES: To examine policymakers and providers' views on pre-exposure prophylaxis (PrEP) and their willingness to support its introduction, to inform policy and practice in this emerging field. DESIGN: Semistructured qualitative interview study. SETTING: Peru, Ukraine, India, Kenya, Uganda, Botswana and South Africa. PARTICIPANTS: 35 policymakers, 35 healthcare workers and 21 non-governmental organisation representatives involved in HIV prevention. RESULTS: Six themes emerged from the data: (1) perceived HIV prevention landscape: prevention initiatives needed to be improved and expanded; (2) PrEP awareness: 50 of 91 participants had heard of PrEP; (3) benefits of PrEP: one component of the combination prevention arsenal that could help prioritise HIV prevention, empower key populations and result in economic gains; (4) challenges of PrEP: regimen complexity, cost and cost-effectiveness, risk compensation, efficacy and effectiveness, stigmatisation and criminalisation, information and training and healthcare system capacity; (5) programmatic considerations: user eligibility, communication strategy, cost, distribution, medication and HIV testing compliance and (6) early versus late implementation: participants were divided as to whether they would support an early introduction of PrEP in their country or would prefer to wait until it has been successfully implemented in other countries, with around half of those we spoke to supporting each option. Very few said they would not support PrEP at all. CONCLUSIONS: Despite the multiple challenges identified, there was general willingness to support the introduction of PrEP. Yet, strengthening existing HIV prevention efforts was also deemed necessary. Our results suggest that an effective PrEP programme would be delivered in healthcare facilities and involve non-governmental organisations and the community and consider the needs of mobile populations. Comprehensive information packages and training for users and providers would be critical. The cost of PrEP would be affordable and possibly segmented. Extensive counselling and innovative monitoring measures ought to be considered.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative

Article	2012	White, Jaclyn M; Mimiaga, Matthew J; Krakower, Douglas S; Mayer, Kenneth H	Evolution of Massachusetts physician attitudes, knowledge, and experience regarding the use of antiretrovirals for HIV prevention.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2012.0030	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3432573	The Center for the AIDS Programme of Research in South Africa (CAPRISA) 004 and Pre-exposure Prophylaxis Initiative (iPrEx) studies demonstrated that topical or oral chemoprophylaxis could decrease HIV transmission. Yet to have an appreciable public health impact, physicians will need to be educated about these new HIV prevention modalities. Massachusetts physicians were recruited via e-mail to complete an online survey of their knowledge and use of HIV prevention interventions. Data were collected before (July-December, 2010) (n=178) and after (December, 2010-April, 2011) (n=115) the release of iPrEx data. Over the two time intervals, knowledge of oral PrEP significantly increased (79% to 92%, p<0.01), whereas knowledge about topical microbicides was already high (89% pre-iPrEx). Post-iPrEx, specialists were more knowledgeable about oral PrEP (p<0.01) and topical microbicides (p<0.001) than generalists. The majority of the respondents would prefer to prescribe topical microbicides (75%) than oral PrEP (25%; p<0.001), primarily because they perceived fewer side effects (95%). Respondents indicated that PrEP should be available if it were a highly effective, daily pill; however, ongoing concerns included: potential drug resistance (93%), decreased funds for other forms of HIV prevention (88%), medication side effects (83%), and limited data regarding PrEP's clinical efficacy (75%). Participants indicated that formal CDC guidelines would have the greatest impact on their willingness to prescribe PrEP (96%). Among Massachusetts physicians sampled, chemoprophylaxis knowledge was high, but current experience was limited. Although topical gel was preferred, responses suggest a willingness to adapt practices pending additional efficacy data and further guidance from normative bodies. Educational programs aimed at incorporating antiretroviral chemoprophylaxis into physicians' HIV prevention practices are warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2012	World Health Organization	Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV	-	-	-	-	978-92-4-150388-4	NA	http://apps.who.int/iris/bitstream/handle/10665/75188/9789241503884_eng.pdf?sequence=1	These recommendations have been developed specifically to address the daily use of antiretrovirals in HIV-uninfected people to block the acquisition of HIV infection. This prevention approach is known as pre-exposure prophylaxis. At this stage evidence is available from studies with two groups: men and transgender women who have sex with men; and serodiscordant heterosexual couples. In parallel, WHO also is preparing new recommendations on the use of antiretroviral drugs in people living with HIV to prevent transmission of infection.	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2012	World Health Organization	Guidance on Pre-exposure oral prophylaxis (PrEP) for serodiscordant couples, men who have sex with men and transgender women at high risk of HIV in implementation research, Annexes	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/75191	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2012	Xun ZHONG	Attitude on pre-exposure prophylaxis (PrEP) among drug users from high-risk population of aids in western China	Academic Journal of Second Military Medical University	-	-	-	0258-879X	NA	https://pesquisa.bvsalud.org/portal/resource/pt/wpr-839685	Objective To investigate the attitude on pre-exposure prophylaxis (PrEP) among drug users from high-risk population of AIDS in western China and its influencing factors. Methods A total of 190 drug users were recruited by snowball sampling from high-risk population of AIDS including those involved in mem having sex with men (MSM), female sex workers(FSW) and the spouse or sex partner (PAR) of HIV carrier in Chongqing, Sichuan, Guangxi and Xinjiang. Self-ad ministered questionnaire survey was conducted with the assistance of investigators. Univariate and multivariate logistic regression was employed for statistical analysis. Results MSM, FSW and PAR accounted for 34. 74% (66/190), 48. 42% (92/190) and 16. 84% (32/190) among the 190 drug users, respectively. The positive attitude rate for PrEP among drug users reached 70% in the premise of drug safety and effectiveness, which increased with favorable condition provided. The results of multivariate logistic regression analysis indicated that the factors significantly associated with the positive attitude for PrEP included awareness of AIDS seriousness (OR-. 2.66, 95% CI: 1.14-6.25, P = 0.024 2), attitudes towards HIV patients (OR. 4.41, 95% CI: 1.68-11.58, P = 0.002 6, OR-. 2.99, 95% CI: 1.05-8.54, P = 0. 040 3) and virus detection of AIDS (OR-. 1.94, 95% CI: 0. 98-3. 87, P = 0. 058 1). Conclusion The attitude for PrEP among drug users from AIDS high-risk population is mainly related to the attitude for AIDS, AIDS- related knowledge and behavior, and preventive measures for AIDS, indicating that PrEP should be implemented and promoted with a sound social background, and education on HIV/AIDS prevention should be reinforced. Positive attitude towards AIDS prevention need to be developed among drug users by various behavioral therapies, so as to improve the attitude for PrEP among drug users with high HIV risks.	Acceptability; Acquired immunodeficiency syndromek; Drug users; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2012	Yang, D; Chariyalertsak, C; Wongthanee, A; Kawichai, S; Yotruean, K; Guadamuz, T; Suwanvanichkij, V; Beyrer, C; Chariyalertsak, S	Acceptability of HIV pre-exposure prophylaxis (PrEP) with Truvada among men who have sex with men (MSM) and male-to-female transgender persons (TG) in northern Thailand	Journal of the International AIDS Society	-	-	-	1758-2652	10.1371/journal.pone.0076650	https://pubmed.ncbi.nlm.nih.gov/24116132/	Background: Northern Thailand has a high burden HIV epidemic among MSM and TG. Oral pre-exposure prophylaxis (PrEP) with tenofovir-emtricitabine has demonstrated efficacy in preventing HIV among MSM and TG in Chiang Mai, Thailand. Determinants of PrEP acceptability are needed to gauge the potential uptake of this prevention strategy.Methods: From January to February 2012, 238 MSM and TG participants, who self-reported as HIV-uninfected or of unknown status, completed a self-administered survey on hand-held computers. Participants were recruited by venue-day-time sampling and asked to rate their likelihood of using oral PrEP for HIV prevention with an efficacy of 50%. PrEP acceptability was defined as being "very likely" to use PrEP. Odds ratios and 95% CIs were calculated to identify correlates of acceptability.Results: 131 MSM and 107 TG responded, with mean ages of 23.7 and 21.8, respectively. 24% of MSM engaged primarily in receptive anal sex vs. 74% of TG. 21% of MSM and 44% of TG reported regular medication use. Prior awareness of PrEP was high at 66% among both MSM and TG respondents. 41% of MSM and 37% of TG were "very likely" to use PrEP. Among MSM, factors associated with PrEP acceptability included a prior history of STIs (AOR 4.6; 95%CIs 1.1-12.6), previous HIV testing (AOR 2.4 95%CIs 1.1-5.3), regularly planned sex (AOR 2.8 95%CIs 1.1-7.2), and infrequent sex (AOR 2.9 95%CIs 1.3-6.3). Among TG, factors associated with acceptability included prior awareness of PrEP (AOR 3.3; 95%CIs 1.2-9.0) and having private insurance (AOR 5.0; 95%CIs 1.3-19.0).Conclusion: MSM and TG in Northern Thailand are distinct groups in terms of sexual behaviors, patterns of medication use, and correlates of PrEP acceptability. Efforts to maximize PrEP uptake should include expanded HIV testing services and the provision of financial subsidies to reduce the cost of PrEP.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2012	Zheng, Qi; Ruone, Susan; Switzer, William M; Heneine, Walid; García-Lerma, J Gerardo	Limited SHIV env diversification in macaques failing oral antiretroviral pre-exposure prophylaxis.	Retrovirology	-	-	-	1742-4690	10.1186/1742-4690-9-40	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464968	BACKGROUND: Pre-exposure prophylaxis (PrEP) with daily Truvada a combination of emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) is a novel HIV prevention strategy recently found to prevent HIV transmission among men who have sex with men and heterosexual couples. Acute infection in adherent persons who fail PrEP will inevitably occur under concurrent antiretroviral therapy, thus raising questions regarding the potential impact of PrEP on early viral dynamics. We investigated viral evolution dynamics in a macaque model of PrEP consisting of repeated rectal exposures to SHIV162P3 in the presence of PrEP. RESULTS: Four macaques were infected during daily or intermittent PrEP with FTC or FTC/TDF, and five were untreated controls. SHIV env sequence evolution was monitored by single genome amplification with phylogenetic and sequence analysis. Mean nucleotide divergence from transmitted founder viruses calculated 17 weeks (range = 12-20) post peak viremia was significantly lower in PrEP failures than in control animals (7.2 × 10-3 compared to 1.6 × 10-2 nucleotide substitutions per site per year, respectively, p < 0.0001). Mean virus diversity was also lower in PrEP failures after 17 weeks (0.13% vs. 0.53% in controls, p < 0.0001). CONCLUSIONS: Our results in a macaque model of acute HIV infection suggest that infection during PrEP limits early virus evolution likely because of a direct antiviral effect of PrEP and/or reduced target cell availability. Reduced virus diversification during early infection might enhance immune control by slowing the selection of escape mutants.	Single genome amplification, Pre-exposure prophylaxis, Emtricitabine, Truvada	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2012	Zhou, Feng; Gao, Lei; Li, Shuming; Li, Dongliang; Zhang, Lifen; Fan, Wensheng; Yang, Xueying; Yu, Mingrun; Xiao, Dong; Yan, Li; Zhang, Zheng; Shi, Wei; Luo, Fengji; Ruan, Yuhua; Jin, Qi	Willingness to accept HIV pre-exposure prophylaxis among Chinese men who have sex with men.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0032329	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3316531	OBJECTIVE: We investigated the awareness and acceptability of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and potential predicting factors. METHODS: This study was conducted among MSM in Beijing, China. Study participants, randomly selected from an MSM cohort, completed a structured questionnaire, and provided their blood samples to test for HIV infection and syphilis. Univariate logistic regression analyses were performed to evaluate the factors associated with willingness to accept (WTA) PrEP. Factors independently associated with willingness to accept were identified by entering variables into stepwise logistic regression analysis. RESULTS: A total of 152 MSM completed the survey; 11.2% had ever heard of PrEP and 67.8% were willing to accept it. Univariate analysis showed that age, years of education, consistent condom use in the past 6 months, heterosexual behavior in the past 6 months, having ever heard of PrEP and the side effects of antiretroviral drugs, and worry about antiretroviral drugs cost were significantly associated with willingness to accept PrEP. In the multivariate logistic regression model, only consistent condom use in the past 6 months (odds ratio OR: 0.31; 95% confidence interval CI: 0.13-0.70) and having ever heard of the side effects of antiretroviral drugs (OR: 0.30; 95% CI: 0.14-0.67) were independently associated with willingness to accept PrEP. CONCLUSIONS: The awareness of PrEP in the MSM population was low. Sexual behavioral characteristics and knowledge about ART drugs may have effects on willingness to accept PrEP. Comprehensive prevention strategies should be recommended in the MSM community.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2012	Zorrilla, CD; Rabionet, SE; Mosquera, AM; de Arellano, ABR	Biomedical HIV Prevention Strategies: State of the Art and Implications for Public Health Policy in the Caribbean	Puerto Rico Health Sciences Journal	-	-	-	0738-0658	NA	https://pubmed.ncbi.nlm.nih.gov/23038893/	Recent advances in the field of biomedical prevention have induced optimism among both the scientific community and the public in general. The discussion of the research evidence is complemented with a discussion of the implications of this evidence for the Caribbean, highlighting the issues and controversies that should be considered in order to encourage and advance the responsible consideration of biomedical strategies. Traditionally, HIV prevention strategies have been characterized as predominantly behavior, social or biomedical. In practice, however, some strategies defy classification: even when they rely on technological or pharmaceutical elements, they have to be adopted by a society and the individuals within it. Moreover, whatever the strategy used, it will have to be distributed, implemented and made available through health care systems or other means. And its cost will be absorbed by specific funders or by society in general. Given the current historical context of the HIV/AIDS epidemic and the array of strategies required to control it, these distinctions (biomedical vs. behavior) can hinder the collaborations required to provide the needed combinations of strategies. The efficacy of the diverse strategies range from: 99% for programs to prevent MTCT, 63% for pre-exposure prophylaxis (PrEP), 96% for treatment as prevention, 39% for vaginal microbicides (54% with good adherence), post exposure prophylaxis (PEP), 31% for a vaccine and 53-60% for medical voluntary adult circumcision. To curtail and eliminate the HIV/AIDS epidemic in the future, expansion and scaled-up implementation of combinations of such strategies will be needed. P R Health Sci J 2012; 3: 170-179	HIV; PROPHYLAXIS; HIV biomedical prevention; INFECTION; MEN; TRANSMISSION; RISK; MALE CIRCUMCISION; ACQUISITION; PREGNANCY; UGANDA; Caribbean HIV epidemic; RAKAI	English	Puerto Rico	Latin America and the Caribbean	Puerto Rico	Latin America and the Caribbean	Puerto Rico	Latin America and the Caribbean	Review
Theses and Dissertations	2012	Αφαντενού Σεβαστή; Afantenou Sevasti	Pre exposure HIV prophylaxis: a review	-	-	National and Kapodistrian University of Athens	-	NA	NA	https://pergamos.lib.uoa.gr/uoa/dl/object/uoadl:1315071	Εισαγωγή: Η λοίμωξη από τον ιό του HIV αποτελεί μια παγκόσμια επιδημία με κρούσματα να αναφέρονται σε όλο τον κόσμο. Η χρήση των αντιρετροϊκών φαρμάκων κατάφερε να αυξήσει το προσδόκιμο επιβίωσης και να εξασφαλίσει στους νοσούντες μια αξιοπρεπή ποιότητα ζωής. Επιπρόσθετα, κατόρθωσε, χρησιμοποιούμενη ως προφύλαξη σε άτομα που έχουν εκτεθεί στον ιό, να μειώσει το ποσοστό εκείνων που τελικά θα μολυνθούν. Η χρήση των ουσιών αυτών ως χημειοπροφυλακτικών παραγόντων, για την προ της έκθεσης μείωση του κινδύνου μετάδοσης του HIV, αποτελεί τη νέα πρόκληση που έχουν να αντιμετωπίσουν οι ερευνητές. Σκοπός της μελέτης: Η ανασκόπηση της ελληνικής και διεθνούς βιβλιογραφίας με στόχο την καταγραφή όλων των διαθέσιμων φαρμάκων που χρησιμοποιούνται σε κλινικές δοκιμές για την προ της έκθεσης στον ιό του HIV αντιρετροϊκή θεραπεία ,καθώς και η ανασκόπηση των μέχρι τώρα δεδομένων που αφορούν την ασφάλεια, την αποτελεσματικότητα και την ανάπτυξη ανθεκτικών στη θεραπεία στελεχών του ιού του HIV. Υλικό και Μέθοδος: Έγινε αναζήτηση της ελληνικής και ξένης βιβλιογραφίας στη βάση δεδομένων του pubmed, του scopus, της Cochrane library , του the Database of Abstracts of Reviews of Effects (DARE), του google και του scholar google , με λέξεις κλειδιά "hiv pre exposure prophylaxis", "hiv prevention", "hiv prophylaxis", "truvada hiv prevention", "microbicides for hiv prevention", "gel tenofovir", "dapivirine vaginal ring", "viread hiv prevention","rectal microbicides" , FEM-PrEP, CAPRISA 004, iPrEX, TDF2. Αποκλείστηκαν άρθρα τα οποία αναφέρονταν σε κλινικές δοκιμές σε ζώα, άρθρα που αφορούσαν εγκύους, άρθρα που είχαν εκδοθεί πριν από το 2007 και άρθρα που αναφέρονταν σε οικονομικές μελέτες και κοινωνικές μελέτες της HIV pre exposure prophylaxis. Στην παρούσα μελέτη συμπεριλήφθηκαν 45 άρθρα. Αποτελέσματα - Συζήτηση: Διάφορες ουσίες έχουν μελετηθεί όπως tenofovir, emtricitabine, dapivirine, maviroc κ.α σε τοπικά gel, δακτυλίους , films και ταμπλέτες και σε συστηματική χορήγηση. Από αυτά, ευρέως χρησιμοποιούμενο στις μελέτες είναι το τοπικό gel tenofovir 1%, το από του στόματος χορηγούμενο tenofovir και ο από του στόματος συνδυασμός tenofovir/emtricitabine. Το gel tenofovir παρουσίασε στη μελέτη CAPRISA 004 μια μείωση του κινδύνου μετάδοσης του HIV, σε ποσοστό 39% γενικά και σε άτομα με καλή συμμόρφωση στη χορηγούμενη θεραπεία το ποσοστό ανήλθε στο 54%. Τα αποτελέσματα αυτά δεν επιβεβαιώθηκαν από την επόμενη μελέτη VOICE, ενώ αναμένονται τα συμπεράσματα της μελέτης FACTS 001. Σε ετεροφυλόφιλους άνδρες και γυναίκες, η μελέτη TDF 2 ανέδειξε ότι η χορήγηση tenofovir/emtricitabine (TDF/FTC) μειώνει τον κίνδυνο μετάδοσης του HIV κατά 62% και η μελέτη Partners PrEP κατά 75% σε εκείνους που λάμβαναν TDF/FTC και κατά 62% σε εκείνους που είχε χορηγηθεί TDF. Σε άνδρες που κάνουν σεξ με άνδρες η μελέτη iPrEX ανέδειξε μια μείωση του κινδύνου λοίμωξης από HIV σε ένα ποσοστό 44 % στην ομάδα που λάμβανε συνδυασμό TDF/FTC. Σε όλες τις μελέτες η αποτελεσματικότητα της χορηγούμενης αγωγής παρουσίαζε άμεση…	hiv προφυλαξη, Πριν από την εκθεση προφύλαξη, χημειοπροφύλαξη , αντιρετροικηπροφύλξη	Greek	Greece	Western and Central Europe and North America	Greece	Western and Central Europe and North America	-	-	Review
Article	2013	Aaron, Erika; Cohan, Deborah	Preexposure prophylaxis for the prevention of HIV transmission to women	AIDS	-	-	-	1473-5571	10.1097/QAD.0b013e32835917b4	https://dx.doi.org/10.1097/QAD.0b013e32835917b4	The Food and Drug Administration (FDA) recently approved a new preexposure prophylaxis (PrEP) indication for emtricitabine/tenofovir for men and women, allowing a new effective HIV prevention intervention. Recent clinical trials have demonstrated the efficacy of PrEP in reducing the risk of HIV acquisition among women. Its efficacy depends largely on adherence. Perception of HIV risk appears to drive adherence to PrEP. What motivates PrEP use is specific to the population and its unique vulnerabilities. Future interventions exploring the efficacy of PrEP must include a behavioral arm that is specific to the unique vulnerabilities of the population being studied.There are an estimated 140 000 heterosexual serodiscordant couples in the United States; approximately, half of these couples desire conception. HIV-uninfected women in serodiscordant couples seeking conception may prove to be an ideal population for PrEP. Periconceptional PrEP in highly motivated couples could be not only effective but also affordable and feasible. In order to make PrEP accessible to those populations most vulnerable to HIV infection, the following steps need to occur: PrEP needs to be affordable, particularly for those uninsured; HIV providers, primary care practitioners, and reproductive healthcare providers need to welcome PrEP as a component of their scope of practice; clinicians need to take adequate sexual histories of all their patients in order to identify those at risk and best candidates for PrEP; and identifying ways to promote adherence must include population-specific PrEP adherence interventions.	discordant heterosexual couples; hiv prevention; hiv-positive women; preexpousure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Abbas, Ume L; Glaubius, Robert; Mubayi, Anuj; Hood, Gregory; Mellors, John W	Antiretroviral therapy and pre-exposure prophylaxis: combined impact on HIV transmission and drug resistance in South Africa.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jit150	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3895950	BACKGROUND: The potential impact of antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) with overlapping and nonoverlapping antiretrovirals (ARVs) on human immunodeficiency virus (HIV) transmission and drug resistance is unknown. METHODS: A detailed mathematical model was used to simulate the epidemiological impact of ART alone, PrEP alone, and combined ART + PrEP in South Africa. RESULTS: ART alone initiated at a CD4 lymphocyte cell count <200 cells/µL (80% coverage and 96% effectiveness) prevents 20% of HIV infections over 10 years but increases drug resistance prevalence to 6.6%. PrEP alone (30% coverage and 75% effectiveness) also prevents 21% of infections but with lower resistance prevalence of 0.5%. The ratio of cumulative infections prevented to prevalent drug-resistant cases after 10 years is 7-fold higher for PrEP than for ART. Combined ART + PrEP with overlapping ARVs prevents 35% of infections but increases resistance prevalence to 8.2%, whereas ART + PrEP with nonoverlapping ARVs prevents slightly more infections (37%) and reduces resistance prevalence to 7.2%. CONCLUSIONS: Combined ART + PrEP is likely to prevent more HIV infections than either strategy alone, but with higher prevalence of drug resistance. ART is predicted to contribute more to resistance than is PrEP. Optimizing both ART and PrEP effectiveness and delivery are the keys to preventing HIV transmission and drug resistance.	The potential impact of pre-exposure chemoprophylaxis (PrEP) on heterosexual transmission of HIV-1 infection in resource-limited settings is uncertain.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Aghaizu, Adamma; Mercey, Danielle; Copas, Andrew; Johnson, Anne M; Hart, Graham; Nardone, Anthony	Who would use PrEP? Factors associated with intention to use among MSM in London: a community survey	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2012-050648	https://www.proquest.com/scholarly-journals/who-would-use-prep-factors-associated-with/docview/1781726460/se-2?accountid=8113	Objective To assess current and intended future use of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and characterise those attending sexual health clinics, the anticipated PrEP delivery setting. Design Cross-sectional study. Methods Self-administered survey of 842 HIV negative MSM recruited from social venues in London in 2011. Results One in 10 (10.2%, 83/814, 95% CI 8.2% to 12.5%) and one in 50 (2.1%, 17/809, 95% CI 1.2% to 3.3%) reported having ever used post-exposure prophylaxis (PEP) and PrEP respectively. Half reported they would be likely to use PrEP if it became available as a daily pill (50.3%, 386/786, 95% CI 46.7% to 53.9%). MSM were more likely to consider future PrEP use if they were <35 years (adjusted OR (AOR) 1.57, 95% CI 1.16 to 2.14), had unprotected anal intercourse with casual partners (AOR 1.70, 95% CI 1.13 to 2.56), and had previously used PEP (AOR 1.94, 95% CI 1.17 to 3.24). Over half of MSM (54.8% 457/834 95% CI 51.3 to 58.2) attended a sexual health clinic the previous year. Independent factors associated with attendance were age <35 (AOR 2.29, 95% CI 1.68 to 3.13), and âper thousand¥10 anal sex partners in the last year (AOR 2.49, 95% CI 1.77 to 3.52). Conclusions The concept of PrEP for HIV prevention in the form of a daily pill is acceptable to half of sexually active MSM in London. MSM reporting higher risk behaviours attend sexual health clinics suggesting this is a suitable setting for PrEP delivery.	HIV; Ethnicity; Laboratories; Antiretroviral Therapy; Post-exposure prophylaxis; Prevention; Men who have sex with men; Infections; Behavior; Public health; Prep; Prophylaxis; Immunoassay; Age; Questionnaires; Sexual and reproductive health; Human immunodeficiency virus--HIV; Mens health; Medical Sciences--Dermatology And Venereology; United Kingdom--UK; Enzymes; Gay Men	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2013	Akil, Ayman	VAGINAL POLYMERIC FILM CONTAINING ANTIRETROVIRAL COMBINATION FOR PREVENTION OF HIV SEXUAL TRANSMISSION	-	-	University of Pittsburgh	-	-	NA	http://d-scholarship.pitt.edu/20099/	The HIV epidemic is an ongoing global health challenge. Prevention strategies are one means to combat HIV. Part of prevention incudes behavior modifications, circumcision, vaccine product development and oral and topical pre-exposure prophylaxis (PrEP). Topical PrEP products, also referred to as topical microbicides, are designed for vaginal or rectal application for the purpose of prevention of HIV-1 sexual transmission. Products being designed are coitally or pericoitally dependent or provide sustained release of the active agent for long term protection. The potency of antiretrovirals (ARVs) in HIV therapy promoted the exploration of their use as topical microbicides. Dapivirine (DPV) and Tenofovir (TFV) are replication inhibitors which have been explored as topical microbicides most widely in clinical trials. A 1% TFV vaginal gel applied in a coitally dependent fashion was shown to reduce HIV acquisition by 39%. However, other trials have not been able to show similar successful results with use of the same TFV gel. Therefore, to improve efficacy, combinations of ARVs are being pursued as topical microbicides. The development and characterization of a polymeric vaginal film containing DPV and TFV is presented in this dissertation. Drug – drug compatibility and a solid state solubility for polymer selection process are described. Physical and chemical characterization of the film demonstrated acceptable film properties. Efficacy testing in vitro showed the film to be effective at preventing HIV infection. Finally, stability testing proved the film to be stable at different environmental conditions for 6 months. Moreover, as ARVs drug tissue level is important for their bioactivity, the impact of the co-delivery of TFV and DPV on their tissue accumulation and distribution was assessed in an excised human ecto-cervical model. Results showed that the film was able to release both agents from the film for subsequent delivery into the target tissue. Interestingly, the data showed that the combination film product resulted in achieving higher DPV tissue amounts in the stroma whereas no impact on TFV tissue accumulation was observed. Collectively, these results provide evidence of the ability of polymeric films to accommodate ARVs combinations and illustrate the impact of co-delivery on drug tissue accumulation and distribution.	Dapivirine, Microbicides, HIV, Tenofovir, Drug Delivery, Films, Formulation, Antiretrovirals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2013	Amico, K Rivet; Mansoor, Leila E; Corneli, Amy; Torjesen, Kristine; van der Straten, Ariane	Adherence support approaches in biomedical HIV prevention trials: experiences, insights and future directions from four multisite prevention trials.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-013-0429-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3672509	Adherence is a critical component of the success of antiretroviral-based pre-exposure prophylaxis (PrEP) in averting new HIV-infections. Ensuring drug availability at the time of potential HIV exposure relies on self-directed product use. A deeper understanding of how to best support sustained PrEP adherence remains critical to current and future PrEP efforts. This paper provides a succinct synthesis of the adherence support experiences from four pivotal PrEP trials--Centre for the AIDS Programme of Research in South Africa (CAPRISA) 004, FEM-PrEP, Iniciativa Profilaxis (iPrEx), and Vaginal and Oral Interventions to Control the Epidemic (VOICE). Notwithstanding variability in the design, population/cohort, formulation, drug, dosing strategy, and operationalization of adherence approaches utilized in each trial, the theoretical basis and experiences in implementation and monitoring of the approaches used by these trials provide key lessons for optimizing adherence in future research and programmatic scale-up of PrEP. Recommendations from across these trials include participant-centered approaches, separating measurement of adherence from adherence counseling, incorporating tailored strategies that go beyond education, fostering motivation, and addressing the specific context in which an individual incorporates and negotiates PrEP use.	PrEP, Microbicides, Adherence, Intervention, Counseling, Clinical trials, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Ariën, Kevin K; Venkatraj, Muthusamy; Michiels, Johan; Joossens, Jurgen; Vereecken, Katleen; Van der Veken, Pieter; Abdellati, Saïd; Cuylaerts, Vicky; Crucitti, Tania; Heyndrickx, Leo; Heeres, Jan; Augustyns, Koen; Lewi, Paul J; Vanham, Guido	Diaryltriazine non-nucleoside reverse transcriptase inhibitors are potent candidates for pre-exposure prophylaxis in the prevention of sexual HIV transmission.	Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091	10.1093/jac/dkt166	https://dx.doi.org/10.1093/jac/dkt166	OBJECTIVES: Pre-exposure prophylaxis and topical microbicides are important strategies in the prevention of sexual HIV transmission, especially since partial protection has been shown in proof-of-concept studies. In search of new candidate drugs with an improved toxicity profile and with activity against common non-nucleoside reverse transcriptase inhibitor (NNRTI)-resistant HIV, we have synthesized and investigated a library of 60 new diaryltriazine analogues. METHODS: From this library, 15 compounds were evaluated in depth using a broad armamentarium of in vitro assays that are part of a preclinical testing algorithm for microbicide development. Antiviral activity was assessed in a cell line, and in primary human cells, against both subtype B and subtype C HIV-1 and against viruses resistant to therapeutic NNRTIs and the candidate NNRTI microbicide dapivirine. Toxicity towards primary blood-derived cells, cell lines originating from the female reproductive tract and female genital microflora was also studied. RESULTS AND CONCLUSIONS: We identified several compounds with highly potent antiviral activity and toxicity profiles that are superior to that of dapivirine. In particular, compound UAMC01398 is an interesting new candidate that warrants further investigation because of its superior toxicity profile and potent activity against dapivirine-resistant viruses.	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2013	Ayala, George; Makofane, Keletso; Santos, Glenn-Milo; Beck, Jack; Do, Tri D; Hebert, Pato; Wilson, Patrick A; Pyun, Thomas; Arreola, Sonya	Access to Basic HIV-Related Services and PrEP Acceptability among Men Who Have sex with Men Worldwide: Barriers, Facilitators, and Implications for Combination Prevention.	Journal of Sexually Transmitted Diseases	-	-	-	2090-7893	10.1155/2013/953123	https://pubmed.ncbi.nlm.nih.gov/26316968/	Introduction. Men who have sex with men (MSM) are disproportionately impacted by HIV globally. Easily accessible combination HIV prevention strategies, tailored to the needs of MSM, are needed to effectively address the AIDS pandemic. Methods and Materials. We conducted a cross-sectional study among MSM (n = 3748) from 145 countries from April to August 2012. Using multivariable random effects models, we examined factors associated with acceptability of preexposure prophylaxis (PrEP) and access to condoms, lubricants, HIV testing, and HIV treatment. Results. Condoms and lubricants were accessible to 35% and 22% of all respondents, respectively. HIV testing was accessible to 35% of HIV-negative respondents. Forty-three percent of all HIV-positive respondents reported that antiretroviral therapy was easily accessible. Homophobia, outness, and service provider stigma were significantly associated with reduced access to services. Conversely, community engagement, connection to gay community, and comfort with service providers were associated with increased access. PrEP acceptability was associated with lower PrEP-related stigma, less knowledge about PrEP, less outness, higher service provider stigma, and having experienced violence for being MSM. Conclusions. Ensuring HIV service access among MSM will be critical in maximizing the potential effectiveness of combination approaches, especially given the interdependence of both basic and newer interventions like PrEP. Barriers and facilitators of HIV service access for MSM should be better understood and addressed.	NA	English	Egypt	Middle East and North Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2013	Baeten, Jared M; Grant, Robert	Use of antiretrovirals for HIV prevention: what do we know and what don't we know?	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-013-0157-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3644362	Pre-exposure prophylaxis (PrEP), in which HIV uninfected persons with ongoing HIV risk use antiretroviral medications as chemoprophylaxis against sexual HIV acquisition, is a promising new HIV prevention strategy. Proof-of-concept that PrEP, as oral or vaginal topical tenofovir-based products, protects against sexual HIV acquisition has been demonstrated in clinical trials conducted among men who have sex with men and heterosexual men and women. The degree of HIV protection in these trials was strongly related to the level of adherence to PrEP. Many questions are yet unanswered--including how to motivate uptake of and sustain adherence to PrEP for HIV prevention, how much PrEP use is enough to achieve HIV protection, and the potential of "next-generation" PrEP agents to improve on this effective technology.	antiretroviral medications, chemoprophylaxis, global epidemic, HIV/AIDS, HIV prevention, pre-exposure prophylaxis (PrEP), sexual HIV transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Baeten, Jared; Celum, Connie	Systemic and topical drugs for the prevention of HIV infection: antiretroviral pre-exposure prophylaxis.	Annual Review of Medicine	-	-	-	1545-326X	10.1146/annurev-med-050911-163701	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3730272	Pre-exposure prophylaxis (PrEP), in which HIV-uninfected persons use oral or topical antiretroviral medications to protect against HIV acquisition, is a promising new HIV prevention strategy. The biologic rationale for evaluation of PrEP for sexual HIV prevention included nonhuman primate models and the efficacy of antiretroviral prophylaxis for HIV-exposed infants. Proof-of-concept that PrEP protects against sexual HIV acquisition has been demonstrated in four clinical trials, which used the antiretroviral medication tenofovir, either as a vaginal gel or as daily oral tenofovir disoproxil fumarate, alone or coformulated with emtricitabine. Importantly, however, two trials failed to demonstrate HIV protection with PrEP; low adherence to daily use of PrEP is the leading hypothesis to account for the lack of efficacy. Next steps in the field include rigorous evaluation of uptake and adherence to PrEP in implementation settings and research into next-generation PrEP agents with longer half-life and less user dependence.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Bailey, Theodore C; Sugarman, Jeremy	Social justice and HIV vaccine research in the age of pre-exposure prophylaxis and treatment as prevention.	Current HIV Research	-	-	-	1873-4251	10.2174/1570162x113116660054	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4084567	The advent of pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) as means of HIV prevention raises issues of justice concerning how most fairly and equitably to apportion resources in support of the burgeoning variety of established HIV treatment and prevention measures and further HIV research, including HIV vaccine research. We apply contemporary approaches to social justice to assess the ethical justification for allocating resources in support of HIV vaccine research given competing priorities to support broad implementation of HIV treatment and prevention measures, including TasP and PrEP. We argue that there is prima facie reason to believe that a safe and effective preventive HIV vaccine would offer a distinct set of ethically significant benefits not provided by current HIV treatment or prevention methods. It is thereby possible to justify continued support for HIV vaccine research despite tension with priorities for treatment, prevention, and other research. We then consider a counter-argument to such a justification based on the uncertainty of successfully developing a safe and effective preventive HIV vaccine. Finally, we discuss how HIV vaccine research might now be ethically designed and conducted given the new preventive options of TasP and PrEP, focusing on the ethically appropriate standard of prevention for HIV vaccine trials.	AIDS, ethics, HIV, justice, pre-exposure prophylaxis, prevention, treatment as prevention, vaccine research	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Baral, Stefan; Scheibe, Andrew; Sullivan, Patrick; Trapence, Gift; Lambert, Andrew; Bekker, Linda-Gail; Beyrer, Chris	Assessing priorities for combination HIV prevention research for men who have sex with men (MSM) in Africa.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-012-0202-5	https://dx.doi.org/10.1007/s10461-012-0202-5	A consultation was hosted in South Africa (March 2011) to assess the combination HIV prevention research priorities of academics, implementers and MSM community leaders. Sixty-nine participants, representing 17 African countries, participated. Interactive strategies were used to present current data on HIV interventions and discussions on research possibilities were facilitated with research priorities identified using the nominal group technique. Data were analysed using directed content analysis. Health worker training, social mobilisation, and community engagement were prioritised as structural interventions. Comprehensive counselling was identified as the most important behavioural intervention, with adherence, mental health, and risk reduction counselling identified as key counselling topics. Rectal microbicides, oral pre-exposure prophylaxis and condom and lubricant distribution were the most important biomedical interventions. This consultation resulted in the first combination HIV prevention research agenda for MSM in Africa. Outcomes will inform future research and be used to advocate for combination approaches to HIV prevention for MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Bauermeister, Jose A; Meanley, Steven; Pingel, Emily; Soler, Jorge H; Harper, Gary W	PrEP awareness and perceived barriers among single young men who have sex with men.	Current HIV Research	-	-	-	1873-4251	10.2174/1570162x12666140129100411	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4152728	Pre-exposure prophylaxis (PrEP) has the potential to help reduce new HIV infections among young men who have sex with men (YMSM). Using a cross-sectional survey of YMSM (N=1,507; ages 18-24), we gauged YMSM's PrEP awareness and PrEP-related beliefs regarding side effects, accessibility, and affordability. Overall, 27% of the sample had heard about PrEP; 1% reported ever using PrEP prior to sex. In a multivariate logistic regression, we found that YMSM were more likely to have heard about PrEP if they were older, more educated, were residentially unstable in the prior 30 days, had insurance, or reported having at least one sexually transmitted infection in their lifetime. We found no differences by race/ethnicity, history of incarceration, or recent sexual risk behavior. In multivariate linear regression models, Black and Latino YMSM were more likely than Whites to state they would not use PrEP because of side effect concerns. YMSM were more likely to indicate that they would not be able to afford PrEP if they did not have insurance or if they had a prior sexually transmitted infection, PrEP rollout may be hindered due to lack of awareness, as well as perceived barriers regarding its use. We propose strategies to maximize equity in PrEP awareness and access if it is to be scaled up among YMSM.	quality assurance, mystery shopping, testing resources, systems, community	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Biswas, Nabanita; Rodriguez-Garcia, Marta; Crist, Sarah G.; Shen, Zheng; Bodwell, Jack E.; Fahey, John V.; Wira, Charles R.	Effect of tenofovir on nucleotidases and cytokines in HIV-1 target cells.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0078814	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0078814	Tenofovir (TFV) has been widely used for pre-exposure prophylaxis of HIV-1 infection with mixed results. While the use of TFV in uninfected individuals for prevention of HIV-1 acquisition is actively being investigated, the possible consequences of TFV exposure for the HIV-target cells and the mucosal microenvironment are unknown. In the current study, we evaluated the effects of TFV treatment on blood-derived $CD4^+$ T cells, monocyte-derived macrophages and dendritic cells (DC). Purified HIV-target cells were treated with different concentrations of TFV (0.001-1.0 mg/ml) for 2 to 24 hr. RNA was isolated and RT-PCR was performed to compare the levels of mRNA expression of nucleotidases and pro-inflammatory cytokine genes (MIP3α, IL-8 and TNFα) in the presence or absence of TFV. We found that TFV increases 5'-ecto-nucleotidase (NT5E) and inhibits mitochondrial nucleotidase (NT5M) gene expression and increases 5' nucleotidase activity in macrophages. We also observed that TFV stimulates the expression and secretion of IL-8 by macrophages, DC, and activated $CD4^+$ T cells and increases the expression and secretion of MIP3α by macrophages. In contrast, TFV had no effect on TNFα secretion from macrophages, DC and $CD4^+$ T cells. Our results demonstrate that TFV alters innate immune responses in HIV-target cells with potential implications for increased inflammation at mucosal surfaces. As new preventive trials are designed, these findings should provide a foundation for understanding the effects of TFV on HIV-target cells in microbicide trials.	Humans; Tenofovir; Time Factors; Dose-Response Relationship, Drug; Adenine/*analogs & derivatives/pharmacology; Organophosphonates/*pharmacology; HIV-1/*physiology; 5'-Nucleotidase/*metabolism; CD4-Positive T-Lymphocytes/drug effects/immunology/metabolism; Cytokines/*metabolism; Dendritic Cells/drug effects/immunology/metabolism; Gene Expression Regulation, Enzymologic/drug effects; Immunity, Innate/drug effects; Immunologic Factors/*pharmacology; Lymphocyte Activation/drug effects; Macrophages/drug effects/immunology/metabolism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Blumenthal, Jill; Haubrich, Richard	Pre-exposure prophylaxis for HIV infection: how antiretroviral pharmacology helps to monitor and improve adherence.	Expert Opinion on Pharmacotherapy	-	-	-	1744-7666	10.1517/14656566.2013.812072	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3954121	INTRODUCTION: Pre-exposure prophylaxis (PrEP) with antiretroviral drugs is a novel biomedical intervention that can prevent HIV transmission among high-risk populations. As findings from multiple PrEP studies have suggested that adherence is vital to achieve the full prevention benefits of PrEP, it is important to understand the clinical pharmacology and pharmacokinetic (PK) properties of PrEP antiretrovirals, the association of PK and PrEP efficacy, and the potential for drug concentration measurement to be used as a tool to monitor PrEP adherence. AREAS COVERED: This review examines studies related to PrEP adherence with attention to the clinical pharmacology and PK of current and novel PrEP agents. Studies of animal models, PK, and clinical trials related to PrEP and adherence were reviewed. EXPERT OPINION: In summary, when combined as part of a comprehensive prevention strategy that includes use of condoms and risk-reduction counseling, PrEP has tremendous promise as an adjunctive biomedical HIV prevention intervention, providing that adherence is maintained.	Pre-exposure prophylaxis, adherence, pharmacology, pharmacokinetics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Boot, Jenneke; Rump, Babette O.; Boucher, Charles A. B.; Op de Coul, Eline L. M.; van Agtmael, Michiel A.; van de Vijver, David A. M. C.; Burger, David M.; Fanoy, Ewout B.	Pre-exposure prophylaxis for the prevention of sexual HIV transmission; new preventative strategy using tenofovir/emtricitabine.	Nederlands Tijdschrift voor Geneeskunde	-	-	-	1876-8784 0028-2162	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-23838402	The Netherlands has approximately 20,000 registered HIV-infected patients. The current HIV prevention policy consisting of condom use and active HIV testing does not effectively mitigate the HIV epidemic in all risk groups. In July of 2012, tenofovir/emtricitabine (TDF/FTC) was approved by the American Food and Drug Administration (FDA) for pre-exposure prophylaxis (PrEP) for long-term use in persons who exhibit frequent risky and unsafe sexual behaviour. With once-daily use and good therapy compliance, TDF/FTC has proved to be effective as PrEP, and few side effects are reported. Drawbacks in the use of TDF/FTC as PrEP are the potential risk of viral resistance and reduced condom use, the relatively high cost and the intensive counselling required. In special cases, long-term PrEP could enhance the current Dutch preventive policy. Further research is needed into the practical feasibility and protective efficacy of the ad hoc use of TDF/FTC as PrEP before a high-risk contact occurs.	Emtricitabine; Humans; Patient Compliance; Tenofovir; HIV Infections/*prevention & control/transmission; Anti-HIV Agents/*administration & dosage; Risk-Taking; Sexual Behavior; Adenine/administration & dosage/*analogs & derivatives; Deoxycytidine/administration & dosage/*analogs & derivatives; Organophosphonates/*administration & dosage; Netherlands; *Chemoprevention	German	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Theses and Dissertations	2013	Bórquez, Annick	Exploring the HIV epidemic among key populations in Latin America	-	-	Imperial College London/Ethos UK	-	-	NA	https://spiral.imperial.ac.uk/handle/10044/1/11051	The work is focussed on the HIV epidemic among key populations in Latin America, a region that has received limited international attention due to the concentrated nature of its epidemic. It faces important challenges in prevention and risks missing the opportunity to control the epidemic. Despite the evidence available showing the disproportionate burden of infection among key populations, principally men who have sex with men (MSM) and to a lesser extent injecting drug users (IDU) and female sex workers (FSW), a small percentage of countries' HIV prevention spending is allocated towards prevention interventions among these groups. In this thesis, we first estimate the distribution of new infections by type of exposure in the Dominican Republic, Mexico and Peru and find that MSM account for a large share of new infections in the three countries (over 50% in Mexico and Peru and 30% in Dominican Republic). This highlights that this population should be prioritised in prevention programmes. We then turn to interventions for MSM, and investigate whether pre-exposure prophylaxis (PrEP) to prevent HIV acquisition among MSM in Lima, Peru represents a cost-effective intervention at the population level. We find PrEP to be a potentially cost-effective intervention although unaffordable at a large scale. We conclude it should be considered as an additional tool within a combination prevention approach among this population. Following these, we seek to understand the dynamics, causes and consequences of risk behaviours and HIV infection in another key population that has rarely been prioritised by public health programmes: prison inmates. We use data from the largest prison in Peru and find that HIV prevalence is 4 times higher than national prevalence and inmates engage in riskier sexual behaviours than in the general population. Nevertheless, there are indications of risk behaviours and HIV prevalence reducing in recent years. To help direct prevention efforts in this setting, we characterise the risk profile of inmates who engaged in sex with FSW, other men and in unprotected sex with casual partners and identify inmates who have sex with men as being at heightened risk of infection (due to higher levels of drug use and unprotected sex). We use those data to develop a mathematical model that represents the HIV epidemic in the prison. Contrary to expectations, we find that incidence is likely to be less than 1% per year within the prison and that the dynamics of HIV in prisons are principally driven by inmates infected before their incarceration. We further estimate that since the beginning of the epidemic, at least 5% of HIV cases identified in Lima have passed through the prison, suggesting that the routine screening system in place at prisons could make a substantial contribution to controlling the HIV epidemic across the city. Finally, we formulate a conceptual framework of HIV risk among prison inmates in Latin America focussing on the social and underlying determinants of risk and develop a structured questionnaire to test the hypotheses proposed through the framework and obtain information relevant to the design of interventions within prisons and at the community level. Together this work draws on social and quantitative science to provide new insights into key populations in Latin America that should contribute to stronger and responsive HIV prevention programmes, to the benefit of all those that remain at risk of HIV in the region.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Article	2013	Campbell, James D; Herbst, Jeffrey H; Koppenhaver, Robert T; Smith, Dawn K	Antiretroviral prophylaxis for sexual and injection drug use acquisition of HIV.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.045	https://dx.doi.org/10.1016/j.amepre.2012.09.045	During the past few years, much has been learned about pre-exposure prophylaxis (PrEP) of HIV from studies conducted in the U.S. and elsewhere. A review and summary was conducted of articles and reports published through August 2012 on the safety and efficacy of PrEP in humans; U.S.-based studies assessing PrEP knowledge, attitudes, and use among at-risk populations and healthcare providers; and models of the cost effectiveness of PrEP. PrEP is generally safe and effective and may be cost effective in a targeted population. Awareness and interest in PrEP are increasing. PrEP is an important new addition to HIV prevention services, but continued study is warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2013	Canhões, Raquel Salazar Albuquerque Rodrigues; Taveira, Nuno	Profilaxia de pré-exposição da infeção por HIV	-	-	INSTITUTO SUPERIOR DE CIÊNCIAS DA SAÚDE EGAS MONIZ	-	NA	NA	http://hdl.handle.net/10400.26/14170	A redução consistente do número de infeções pelo Vírus da Imunodeficiência Humana (HIV) requer a implementação de novas estratégias preventivas. A profilaxia de pré-exposição (PrEP) da infeção por HIV consiste em intervenções que previnem a infeção num indivíduo antes de uma exposição de elevado risco. Entre as intervenções mais estudadas estão a circuncisão masculina, a administração oral preventiva de antirretrovirais e a utilização de microbicidas.De uma forma geral, as diferentes modalidades de PrEP são eficazes, reduzindo o risco de infeção e proporcionando benefícios clínicos. Os resultados menos favoráveis dos microbicidas e da toma preventiva de antirretrovirais explicam-se pela baixa adesão, pelo que, desta forma, a implementação de estratégias que promovam uma maior adesão é crucial para o sucesso da PrEP.A profilaxia antes da exposição a um comportamento de risco é uma estratégia promissora na prevenção da infeção por HIV e consequente combate da epidemia por este retrovirus.Resumo alternativo:Consistent reduction in the number of infections by human immunodeficiency virus (HIV) requires the implementation of new preventive strategies. The HIV infection pre-exposure prophylaxis (PrEP) consists of interventions that prevent infection in an individual before a high risk exposure. Among these interventions, the better studied are male circumcision, oral administration of antiretroviral drugs and preventive use of microbicides.In general, the different methods of PrEP are effective, reducing the risk of infection and providing clinical benefits. The less favorable results of microbicides and administration of preventive antiretroviral drugs are explained by poor adherence, which makes the implementation of strategies to promote greater adherence crucial to the success of PrEP.Prophylaxis before exposure to a high risk behavior is a promising strategy in the prevention of HIV infection and against HIV incidence.	HIV infection; Pre-exposure prophylaxis; Antiretroviral drugs; Adherence; Virology; Pharmaceutical sciences; 0720:Virology; 0572:Pharmaceutical sciences	Portuguese	Brazil	Latin America and the Caribbean	Portugal	Western and Central Europe and North America	-	-	Review
Article	2013	Chaowanachan, Thanyanan; Krogstad, Emily; Ball, Cameron; Woodrow, Kim A.	Drug synergy of tenofovir and nanoparticle-based antiretrovirals for HIV prophylaxis.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0061416	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3632578/	BACKGROUND: The use of drug combinations has revolutionized the treatment of HIV but there is no equivalent combination product that exists for prevention, particularly for topical HIV prevention. Strategies to combine chemically incompatible agents may facilitate the discovery of unique drug-drug activities, particularly unexplored combination drug synergy. We fabricated two types of nanoparticles, each loaded with a single antiretroviral (ARV) that acts on a specific step of the viral replication cycle. Here we show unique combination drug activities mediated by our polymeric delivery systems when combined with free tenofovir (TFV). METHODOLOGY/PRINCIPAL FINDINGS: Biodegradable poly(lactide-co-glycolide) nanoparticles loaded with efavirenz (NP-EFV) or saquinavir (NP-SQV) were individually prepared by emulsion or nanoprecipitation techniques. Nanoparticles had reproducible size (d ~200 nm) and zeta potential (-25 mV). The drug loading of the nanoparticles was approximately 7% (w/w). NP-EFV and NP-SQV were nontoxic to TZM-bl cells and ectocervical explants. Both NP-EFV and NP-SQV exhibited potent protection against HIV-1 BaL infection in vitro. The HIV inhibitory effect of nanoparticle formulated ARVs showed up to a 50-fold reduction in the 50% inhibitory concentration (IC50) compared to free drug. To quantify the activity arising from delivery of drug combinations, we calculated combination indices (CI) according to the median-effect principle. NP-EFV combined with free TFV demonstrated strong synergistic effects (CI50=0.07) at a 1:50 ratio of IC50 values and additive effects (CI50=1.05) at a 1:1 ratio of IC50 values. TFV combined with NP-SQV at a 1:1 ratio of IC50 values also showed strong synergy (CI50=0.07). CONCLUSIONS: ARVs with different physicochemical properties can be encapsulated individually into nanoparticles to potently inhibit HIV. Our findings demonstrate for the first time that combining TFV with either NP-EFV or NP-SQV results in pronounced combination drug effects, and emphasize the potential of nanoparticles for the realization of unique drug-drug activities.	Drug Therapy, Combination; Humans; Tenofovir; Drug Synergism; Animals; Female; HIV Infections/*prevention & control; Alkynes; Cyclopropanes; HIV-1/drug effects; Chemistry, Pharmaceutical; Cell Line; Macaca; Tissue Culture Techniques; Inhibitory Concentration 50; Models, Biological; Particle Size; Spectroscopy, Fourier Transform Infrared; Lactic Acid/chemistry; Polyglycolic Acid/chemistry; Polylactic Acid-Polyglycolic Acid Copolymer; Nanoparticles/*chemistry/toxicity; Adenine/*analogs & derivatives/pharmacology/toxicity; Organophosphonates/*pharmacology/toxicity; Anti-HIV Agents/*pharmacology/toxicity; Benzoxazines/*pharmacology/toxicity; Cervix Uteri/drug effects; Delayed-Action Preparations/pharmacology/toxicity; Drug Carriers/pharmacology/toxicity; Saquinavir/*pharmacology/toxicity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Chateau, Morgan; Swanson, Michael D; Garcia, J Victor	Inefficient vaginal transmission of tenofovir-resistant HIV-1.	Journal of Virology	-	-	-	1098-5514	10.1128/JVI.01777-12	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3554084	Transmission of drug-resistant HIV has been postulated to be a threat to current first-line antiretroviral therapy (ART) regimens and the efficacy of several antiretroviral-based preexposure prophylaxis (PrEP) strategies being tested. Here we evaluated the effect of the common tenofovir (TFV) resistance mutation K65R on vaginal HIV transmission. Our results demonstrate that despite no overt loss of overall replication competence in vivo, this mutation results in significantly reduced mucosal transmission. When transmitted, the mutant virus eventually reverted to the wild type in 2 of 3 animals examined.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2013	Chen, Yea-Hung; Raymond, H. Fisher; Grasso, Michael; Nguyen, Binh; Robertson, Tyler; McFarland, Willi	Prevalence and predictors of conscious risk behavior among San Franciscan men who have sex with men.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-012-0169-2	https://pubmed.ncbi.nlm.nih.gov/22392158/	We estimated the prevalence of conscious risk, specifically defined as unprotected anal intercourse with an HIV-serodiscordant partner, and identified individual-level and partnership-level predictors of this behavior. Conscious risk was estimated to be practiced by 4.8% of HIV-negative MSM and 15.7% of HIV-positive MSM over a six-month period (p < 0.01). Among HIV-negative MSM, episodes of conscious risk were estimated to be more frequent among individuals between the ages of 18 and 24 (compared to those 55 years of age or older), among African Americans and Whites (compared to Latinos and Asians), individuals earning less than 10,000 dollars per year (compared to those earning 50,000 and 70,000 dollars per year), and among users of methamphetamine, downers, pain killers, and amyl nitrate (poppers). Among HIV-positive MSM, episodes of conscious risk were more frequent among Whites and Asians (compared to those of "other" races, i.e., those of mixed race, or those who did not exclusively self-report as White, Black, Latino, or Asian), those with full-time employment (as opposed to those with part-time employment), those earning between 30,000 and 50,000 dollars per year or 70,000 dollars per year or greater (compared to those earning under 10,000 dollars per year), and recent users of poppers. Conscious risk was more frequently reported in partnerships with large age gaps and in main partnerships (as opposed to casual or exchange partnerships). Individuals at high risk for conscious risk may be ideal candidates for pre-exposure prophylaxis (PrEP).	Adult; Humans; Male; Middle Aged; Risk Factors; Longitudinal Studies; Prevalence; *Risk-Taking; Surveys and Questionnaires; San Francisco/epidemiology; Black or African American/statistics & numerical data; *HIV Seronegativity; Hispanic or Latino/statistics & numerical data; White People/statistics & numerical data; Socioeconomic Factors; Homosexuality, Male/psychology/*statistics & numerical data; Age Distribution; Self Report; HIV Infections/*epidemiology/prevention & control; Unsafe Sex/*statistics & numerical data; HIV Seropositivity/*epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2013	Chilukwa, Mwimba Martin	An ethical assessment of the adoption of pre-exposure prophylaxis as a potential HIV prevention method in Zambia	-	-	University of Zimbabwe	-	na	NA	https://dspace.unza.zm/items/25875144-4887-4639-b98e-3233f19ed3e7	The aim of this dissertation is to evaluate, from an ethical point of view, whether Pre-exposure Prophylaxis a method used to prevent HIV infection by administering anti-retroviral drugs to HIV negative people should be implemented in Zambia. The current HIV prevention methods include condoms and Post-exposure Prophylaxis. The specific objectives of the study are to explain methods aimed at preventing HIV infections, to investigate the current situation in Zambia on Pre-exposure Prophylaxis, and to assess, from an ethical point of view, whether Pre-exposure Prophylaxis should be adopted in Zambia. Clinical trials have shown that the drug Truvada given to HIV negative people can reduce HIV infection by 73 percent. The study used empirical and ethical methods. The empirical methods, face to face interviews were conducted with a purposive sample of health workers and NGO representatives using a semi-structured interview schedule. The ethical method consisted in an application of the Precautionary Principle and Utilitarianism. The main empirical findings of this study are that a majority of 80 percent of the respondents have already heard of Pre-exposure Prophylaxis. The benefits of Pre-exposure Prophylaxis include reduction in the risk of HIV transmission. A majority of 85 percent mentioned kidney failure and 31 percent liver toxicity as side effects. The study has shown that 50 percent cited high cost of implementation as a concern. The study also shows that 60 percent preferred early adoption of Pre-exposure Prophylaxis. On the other hand 31 percent cited resistance, monitoring and high cost as the general harms. Compared to other options, most participants preferred Pre-exposure Prophylaxis for high risk groups with more emphasis on monitoring and adherence services so as to reduce new HIV infections. The result of the ethical evaluation is that according to both, the Precautionary Principle and Utilitarianism, implementing Pre-exposure Prophylaxis for high risk groups is morally better than the current policy of not adopting Pre-exposure Prophylaxis. This study shows therefore that implementing Pre-exposure Prophylaxis for high risk groups is ethically preferable to the current Zambian policy of not adopting Pre-exposure Prophylaxis.	HIV infection-Prevention and Control , AIDS((Disease)-Prevention	English	Zimbabwe	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	-	-	Qualitative
Article	2013	Choopanya, Kachit; Martin, Michael; Suntharasamai, Pravan; Sangkum, Udomsak; Mock, Philip A; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Kitisin, Praphan; Natrujirote, Pitinan; Kittimunkong, Somyot; Chuachoowong, Rutt; Gvetadze, Roman J; McNicholl, Janet M; Paxton, Lynn A; Curlin, Marcel E; Hendrix, Craig W; Vanichseni, Suphak	Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(13)61127-7	https://dx.doi.org/10.1016/S0140-6736(13)61127-7	BACKGROUND: Antiretroviral pre-exposure prophylaxis reduces sexual transmission of HIV. We assessed whether daily oral use of tenofovir disoproxil fumarate (tenofovir), an antiretroviral, can reduce HIV transmission in injecting drug users. METHODS: In this randomised, double-blind, placebo-controlled trial, we enrolled volunteers from 17 drug-treatment clinics in Bangkok, Thailand. Participants were eligible if they were aged 20-60 years, were HIV-negative, and reported injecting drugs during the previous year. We randomly assigned participants (1:1; blocks of four) to either tenofovir or placebo using a computer-generated randomisation sequence. Participants chose either daily directly observed treatment or monthly visits and could switch at monthly visits. Participants received monthly HIV testing and individualised risk-reduction and adherence counselling, blood safety assessments every 3 months, and were offered condoms and methadone treatment. The primary efficacy endpoint was HIV infection, analysed by modified intention-to-treat analysis. This trial is registered with ClinicalTrials.gov, number NCT00119106. FINDINGS: Between June 9, 2005, and July 22, 2010, we enrolled 2413 participants, assigning 1204 to tenofovir and 1209 to placebo. Two participants had HIV at enrolment and 50 became infected during follow-up: 17 in the tenofovir group (an incidence of 0·35 per 100 person-years) and 33 in the placebo group (0·68 per 100 person-years), indicating a 48·9% reduction in HIV incidence (95% CI 9·6-72·2; p=0·01). The occurrence of serious adverse events was much the same between the two groups (p=0·35). Nausea was more common in participants in the tenofovir group than in the placebo group (p=0·002). INTERPRETATION: In this study, daily oral tenofovir reduced the risk of HIV infection in people who inject drugs. Pre-exposure prophylaxis with tenofovir can now be considered for use as part of an HIV prevention package for people who inject drugs. FUNDING: US Centers for Disease Control and Prevention and the Bangkok Metropolitan Administration.	na	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Essay	2013	Cohen, Stephanie E; Liu, Albert Y; Bernstein, Kyle T; Philip, Susan	Preparing for HIV pre-exposure prophylaxis: lessons learned from post-exposure prophylaxis.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.036	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733170	NA	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2013	Cong, Mian-er; Mitchell, James; Sweeney, Elizabeth; Bachman, Shanon; Hanson, Debra L; Heneine, Walid; García-Lerma, J Gerardo	Prophylactic efficacy of oral emtricitabine and tenofovir disoproxil fumarate combination therapy against a tenofovir-resistant simian/human immunodeficiency virus containing the K65R mutation in macaques.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jit189	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699008	Daily preexposure prophylaxis (PrEP) with emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) is a novel strategy for preventing human immunodeficiency virus infection. We investigated in macaques whether FTC/TDF prevents transmission of a tenofovir-resistant simian/human immunodeficiency virus (SHIV) containing the K65R mutation. Six macaques received weekly a dose of FTC/TDF 3 days before rectal SHIV exposures and a second dose 2 hours after. Six untreated animals were controls. Animals were exposed rectally to escalating virus doses weekly for up to 28 weeks. PrEP significantly delayed infection with SHIVK65R (P = .028), although 4 of 6 FTC/TDF-treated macaques were infected at the end of the challenges. These findings highlight the need to closely monitor PrEP efficacy in areas with prevalent K65R.	Preexposure prophylaxis; HIV-1 drug resistance; tenofovir disoproxil fumarate; emtricitabine.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Conway, JM; Konrad, BP; Coombs, D	STOCHASTIC ANALYSIS OF PRE- AND POSTEXPOSURE PROPHYLAXIS AGAINST HIV INFECTION	SIAM Journal on Applied Mathematics	-	-	-	0036-1399	10.1137/120876800	https://www.jstor.org/stable/23479955	The events that occur following HIV exposure, preceding any detectable infection, are difficult to study experimentally. However, there is considerable evidence that these events can be influenced by the action of antiretroviral drugs, taken either as pre-or postexposure prophylaxis (PrEP and PEP, respectively). We present simple theoretical models of HIV dynamics immediately following exposure, and apply these models to understanding how drug prophylaxis can act to reduce the risk of infection. Because HIV infection following exposure is a relatively rare event, we work with stochastic models which we base on continuous-time branching processes, allowing us to compute the risk of infection under different scenarios. We obtain analytical solutions for viral extinction probabilities, allowing us to avoid extensive computer simulations. We predict in the case of PrEP that reverse transcriptase inhibitors should be somewhat more effective than protease inhibitors and also that single drugs should be nearly as effective as a combination approach. We then model viral dynamics under PEP and find that fast initiation of therapy is essential for risk reduction. However, we predict that a two-week PEP regimen would be nearly as effective as the current recommendation of four weeks of therapy. Our work provides a coherent platform for studying the early dynamics of HIV and indicates possible directions for experimental and theoretical work.	HIV; HIV prevention; preexposure prophylaxis; PREVENTION; postexposure prophylaxis; ANTIRETROVIRAL THERAPY; PREEXPOSURE PROPHYLAXIS; HUMAN-IMMUNODEFICIENCY-VIRUS; VIRAL LOAD; HEPATITIS-C VIRUS; IN-VIVO; MUCOSAL TRANSMISSION; branching process; COITAL ACT; POPULATION-DYNAMICS; viral dynamics	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2013	Cotter, Aoife G; Vrouenraets, Saskia M E; Brady, Jennifer J; Wit, Ferdinand W; Fux, Christoph A; Furrer, Hansjakob; Brinkman, Kees; Sabin, Caroline A; Reiss, Peter; Mallon, Patrick W G	Impact of switching from zidovudine to tenofovir disoproxil fumarate on bone mineral density and markers of bone metabolism in virologically suppressed HIV-1 infected patients; a substudy of the PREPARE study.	Journal of Clinical Endocrinology and Metabolism	-	-	-	1945-7197	10.1210/jc.2012-3686	https://dx.doi.org/10.1210/jc.2012-3686	CONTEXT: In virologically suppressed, antiretroviral-treated patients, the effect of switching to tenofovir (TDF) on bone biomarkers compared to patients remaining on stable antiretroviral therapy is unknown. METHODS: We examined bone biomarkers (osteocalcin OC, procollagen type 1 amino-terminal propeptide, and C-terminal cross-linking telopeptide of type 1 collagen) and bone mineral density (BMD) over 48 weeks in virologically suppressed patients (HIV RNA < 50 copies/ml) randomized to switch to TDF/emtricitabine (FTC) or remain on first-line zidovudine (AZT)/lamivudine (3TC). PTH was also measured. Between-group differences in bone biomarkers and associations between change in bone biomarkers and BMD measures were assessed by Student's t tests, Pearson correlation, and multivariable linear regression, respectively. All data are expressed as mean (SD), unless otherwise specified. RESULTS: Of 53 subjects (aged 46.0 y; 84.9% male; 75.5% Caucasian), 29 switched to TDF/FTC. There were reductions in total hip and lumbar spine BMD in those switching to TDF/FTC (total hip, TDF/FTC, -1.73 (2.76)% vs AZT/3TC, -0.39 (2.41)%; between-group P = .07; lumbar spine, TDF/FTC, -1.50 (3.49)% vs AZT/3TC, +0.25 (2.82)%; between-group P = .06), but they did not reach statistical significance. Greater declines in lumbar spine BMD correlated with greater increases in OC (r = -0.28; P = .05). The effect of TDF/FTC on bone biomarkers remained significant when adjusted for baseline biomarker levels, gender, and ethnicity. There was no difference in change in PTH levels over 48 weeks between treatment groups (between-group P = .23). All biomarkers increased significantly from weeks 0 to 48 in the switch group, with no significant change in those remaining on AZT/3TC (between-group, all biomarkers, P < .0001). CONCLUSION: A switch to TDF/FTC compared to remaining on a stable regimen is associated with increases in bone turnover that correlate with reductions in BMD, suggesting that TDF exposure directly affects bone metabolism in vivo.	NA	English	United States	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Clinical
Article	2013	Craig, Sineath R; Finneran, Catherine; Sullivan, Patrick; Sanchez, Travis; Smith, Dawn K; Griensven Frits van; Wimonsate Wipas; Stephenson, Rob	Knowledge of and Interest in Using Preexposure Prophylaxis for HIV Prevention among Men Who Have Sex with Men in Thailand	Journal of the International Association of Physicians in AIDS Care	-	-	-	23259574	10.1177/2325957413488184	https://www.proquest.com/scholarly-journals/knowledge-interest-using-preexposure-prophylaxis/docview/2343473374/se-2?accountid=8113	Little is known about HIV preexposure prophylaxis (PrEP) acceptability among men who have sex with men (MSM) in Thailand. The authors recruited an online convenience sample of Thai MSM (n = 404) to assess the knowledge of and interest in PrEP. Less than 7% had heard of PrEP; however, 35% indicated interest in PrEP after an explanation of its possible efficacy. Regression modeling demonstrated that HIV knowledge and risk behavior, but not demographics, are significant predictors of PrEP interest. More information and education about PrEP is necessary and more research is needed to examine PrEP acceptability and to inform the message for PrEP uptake.	Thailand; HIV; Internet; Pre-exposure prophylaxis; PrEP; MSM; Prevention; Men who have sex with men; Knowledge; Risk behavior; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Interest	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Cremin, Ide; Alsallaq, Ramzi; Dybul, Mark; Piot, Peter; Garnett, Geoffrey; Hallett, Timothy B.	The new role of antiretrovirals in combination HIV prevention: a mathematical modelling analysis.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0b013e32835ca2dd	https://pubmed.ncbi.nlm.nih.gov/23296196/	BACKGROUND AND OBJECTIVES: Antiretroviral drugs can reduce HIV acquisition among uninfected individuals (as pre-exposure prophylaxis: PrEP) and reduce onward transmission among infected individuals (as antiretroviral treatment: ART). We estimate the potential impact and cost-effectiveness of antiretroviral-based HIV prevention strategies. DESIGN AND METHODS: We developed and analysed a mathematical model of a hyperendemic setting with relatively low levels of condom use. We estimated the prevention impact and cost of various PrEP interventions, assuming a fixed amount of spending on PrEP; investigated the optimal role of PrEP and earlier ART in terms of epidemiological impact and cost; and systematically explored the impact of earlier ART and PrEP, in combination with medical male circumcision services; on HIV transmission. RESULTS: A PrEP intervention is unlikely to generate a large reduction in HIV incidence, unless the cost is substantially reduced. In terms of infections averted and quality adjusted life years gained, at a population-level maximal cost-effectiveness is achieved by providing ART to more infected individuals earlier rather than providing PrEP to uninfected individuals. However, early ART alone cannot reduce HIV incidence to very low levels and PrEP can be used cost-effectively in addition to earlier ART to reduce incidence further. If implemented in combination and at ambitious coverage levels, medical male circumcision, earlier ART and PrEP could produce dramatic declines in HIV incidence, but not stop transmission completely. CONCLUSION: A combination prevention approach based on proven-efficacy interventions provides the best opportunity for achieving the much hoped for prevention advance and curbing the spread of HIV.	Adolescent; Adult; Humans; Incidence; Male; Middle Aged; Female; CD4 Lymphocyte Count; Cost-Benefit Analysis; South Africa/epidemiology; Health Knowledge, Attitudes, Practice; HIV Seropositivity; Anti-HIV Agents/economics/*therapeutic use; *Models, Theoretical; *Combined Modality Therapy/economics; Circumcision, Male/economics/*methods; HIV Infections/drug therapy/economics/epidemiology/*prevention & control	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2013	Culp, Lindsay; Caucci, Lisa	State adolescent consent laws and implications for HIV pre-exposure prophylaxis.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.044	https://dx.doi.org/10.1016/j.amepre.2012.09.044	BACKGROUND: Recent large clinical trials have found that pre-exposure prophylaxis (PrEP) reduced HIV infection among men who have sex with men (MSM), but efforts to provide clinical care to minors, including young MSM, may be complicated by a lack of clarity regarding parental consent requirements with respect to medical services. PURPOSE: The goal of this paper was to analyze law related to a minor's ability to consent to medical care, including HIV diagnostic testing and treatment, and its implications for PrEP. METHODS: Analysis was performed in 2012 on laws current as of December 31, 2011. Public Health Law Program staff collected all statutes and regulations pertaining to an adolescent's ability to consent to HIV diagnostic testing and treatment and sexually transmitted infection (STI) diagnostic testing, treatment, and prevention. RESULTS: No state expressly prohibits minors' access to PrEP or other HIV prevention methods. All jurisdictions expressly allow some minors to consent to medical care for the diagnosis or treatment of STIs, but only eight jurisdictions allow consent to preventive or prophylactic services. Thirty-four states either expressly allow minors to consent to HIV services or allow consent to STI or communicable disease services and classify HIV as an STI or communicable disease. Seventeen jurisdictions allow minors to consent to STI testing and treatment, but they do not have an express HIV provision nor classify HIV as an STI or communicable disease. CONCLUSIONS: Minors' access to PrEP without parental consent is unclear, and further analysis is needed to evaluate how state law may relate to the provision of clinical interventions for the prevention of HIV infection.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Curran, K; Mugo, NR; Kurth, A; Ngure, K; Heffron, R; Donnell, D; Celum, C; Baeten, JM	Daily short message service surveys to measure sexual behavior and pre-exposure prophylaxis use among Kenyan men and women	AIDS and Behavior	-	-	-	na	10.1007/s10461-013-0510-4	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01015593/full	Pre-exposure prophylaxis (PrEP) is a novel HIV prevention strategy which requires high adherence. We tested the use of daily short message service (i.e., SMS/text message) surveys to measure sexual behavior and PrEP adherence in Kenya. Ninety-six HIV-uninfected adult individuals, taking daily oral PrEP in a clinical trial, received daily SMS surveys for 60 days. Most participants (96.9 %) reported taking PrEP on ≥80 % days, but 69.8 % missed at least one dose. Unprotected sex was reported on 4.9 % of days; however, 47.9 % of participants reported unprotected sex at least once. Unprotected sex was not correlated with PrEP use (OR = 0.95). Participants reporting more sex were less likely to report PrEP non-adherence and those reporting no sex were more likely to report missing a PrEP dose (adjusted OR = 1.87). PrEP adherence was high, missed doses were correlated with sexual abstinence, and unprotected sex was not associated with decreased PrEP adherence.	Adult; Anti-HIV Agents *therapeutic use; Female; HIV Infections economics, epidemiology, *prevention & control; Humans; Kenya epidemiology; Male; Medication Adherence *statistics & numerical data; Patient Compliance; Pilot Projects; Self Report; Sexual Behavior *statistics & numerical data; Text Messaging economics, statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Dai, James Y; Gilbert, Peter B; Hughes, James P; Brown, Elizabeth R	Estimating the Efficacy of Preexposure Prophylaxis for HIV Prevention Among Participants With a Threshold Level of Drug Concentration	American Journal of Epidemiology	-	-	-	00029262	10.1093/aje/kws324	https://www.proquest.com/scholarly-journals/estimating-efficacy-preexposure-prophylaxis-hiv/docview/1291186997/se-2?accountid=8113	Assays for detecting levels of antiretroviral drugs in study participants are increasingly popular in preexposure prophylaxis (PrEP) trials, since they provide an objective measure of adherence. Current correlation analyses of drug concentration data are prone to bias. In this article, we formulate the causal estimand of prevention efficacy among drug compliers, those who would have had a threshold level of drug concentration had they been assigned to the drug arm of the trial. The identifiability of the causal estimand is facilitated by exploiting the exclusion restriction; that is, drug noncompliers do not acquire any prevention benefit. In addition, we develop an approach to sensitivity analysis that relaxes the exclusion restriction. Applications to published data from 2 PrEP trials, namely the Preexposure Prophylaxis Initiative (iPrEx) trial and the Centre for the AIDS Programme of Research in South Africa (CAPRISA) 004 trial, suggest high efficacy estimates among drug compliers (in the iPrEx trial, odds ratio = 0.097 (95% confidence interval: 0.027, 0.352); in the CAPRISA 004 trial, odds ratio = 0.104 (95% confidence interval: 0.024, 0.447)). In summary, the proposed inferential method provides an unbiased assessment of PrEP efficacy among drug compliers, thus adding to the primary intention-to-treat analysis and correlation analyses of drug concentration data. PUBLICATION ABSTRACT	Pre-exposure prophylaxis; Antiretroviral drugs; Clinical outcomes; Disease prevention; Sensitivity analysis; Clinical trials; Causal inference; Human immunodeficiency virus--HIV; Medical Sciences; Bioassays	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	De Man, Jeroen; Colebunders, Robert; Florence, Eric; Laga, Marie; Kenyon, Christopher	What is the place of pre-exposure prophylaxis in HIV prevention?	AIDS Reviews	-	-	-	1698-6997	10.1097/COH.0b013e3283582c8b.	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-23685443	New tools are needed to bring down ongoing high HIV incidence. This review aims to evaluate the place of one of these new tools (pre-exposure prophylaxis) in a comprehensive prevention strategy. Several trials have demonstrated the safety and the efficacy of pre-exposure prophylaxis in HIV prevention. Two large trials have, however, failed to show such efficacy. This was likely due to poor adherence in these trials. New forms of long-acting pre-exposure prophylaxis currently in trials may deal with these problems of low adherence. Pre-exposure prophylaxis has been demonstrated to be cost-effective within certain settings. The introduction of pre-exposure prophylaxis into prevention programs needs to be carefully thought through. For example, pre-exposure prophylaxis-induced risk compensation, at both an individual and population level, could undermine other aspects of a comprehensive HIV prevention program. In conclusion, pre-exposure prophylaxis could be a useful additional tool for the prevention of HIV in specific high-risk groups. It should be implemented in a way that deals with issues such as ensuring high adherence and ensuring that pre-exposure prophylaxis does not detract from, but complements, other more fundamental elements of HIV prevention programs.	Fármacos Anti-HIV/uso terapêutico; Infecções por HIV/prevenção & controle; Fármacos Anti-HIV/economia; Análise Custo-Benefício; Infecções por HIV/etiologia; Humanos; Desenvolvimento de Programas; Avaliação de Programas e Projetos de Saúde; Fatores de Risco	English	Spain	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2013	De Rosa, María Fabiana; Robillard, Kevin R.; Kim, Connie J.; Hoque, Md Tozammel; Kandel, Gabor; Kovacs, Colin; Kaul, Rupert; Bendayan, Reina	Expression of membrane drug efflux transporters in the sigmoid colon of HIV-infected and uninfected men.	Journal of Clinical Pharmacology	-	-	-	1552-4604 0091-2700	10.1002/jcph.132	https://pubmed.ncbi.nlm.nih.gov/23856938/	The use of antiretroviral therapy (ART) as pre-exposure prophylaxis (PrEP) has gained global attention as a promising HIV prevention strategy in men who have sex with men. Permeability of these agents in the rectal mucosa may be partially regulated by interactions with drug efflux transporters, P-glycoprotein (P-gp), multidrug resistance-associated proteins (MRPs) and/or breast cancer resistance protein (BCRP). The objective of this work was to investigate the expression of drug efflux transporters in recto-sigmoid colon tissues of HIV-infected and uninfected men, and evaluate the association of ART and/or HIV infection with drug transporter expression. MDR1/P-gp, MRPs (1-4) and BCRP mRNA and protein expression were detected in sigmoid colon biopsies of HIV-infected and uninfected men. Biopsies from HIV-infected, ART-naïve participants revealed a significant downregulation of P-gp and MRP2 protein levels compared to HIV-uninfected individuals. Biopsies from HIV-infected ART-treated patients showed 1.9-fold higher P-gp protein expression and 1.5-fold higher MRP2 protein expression compared to the ones obtained from the HIV-infected ART-naïve patients. This is a first report demonstrating that HIV infection or ART could alter expression of drug efflux transporters in gut mucosa which in turn could affect the permeability of PrEP antiretroviral agents across this barrier, a highly vulnerable site of HIV transmission.	Adult; Humans; Male; Middle Aged; Young Adult; Viral Load; Aged; CD4 Lymphocyte Count; HIV; Lymphocyte Count; antiretroviral therapy; Anti-Retroviral Agents/*pharmacology/therapeutic use; pre-exposure prophylaxis; Membrane Transport Proteins/genetics/*metabolism; Colon, Sigmoid/immunology/*metabolism; drug efflux transporters; HIV Infections/drug therapy/immunology/*metabolism/virology; RNA, Messenger/metabolism; sigmoid colon	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2013	Dimitrov, Dobromir; Boily, Marie-Claude; Brown, Elizabeth R; Hallett, Timothy B	Analytic review of modeling studies of ARV Based PrEP interventions reveals strong influence of drug-resistance assumptions on the population-level effectiveness.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0080927	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3840039	BACKGROUND: Four clinical trials have shown that oral and topical pre-exposure prophylaxis (PrEP) based on tenofovir may be effective in preventing HIV transmission. The expected reduction in HIV transmission and the projected prevalence of drug resistance due to PrEP use vary significantly across modeling studies as a result of the broad spectrum of assumptions employed. Our goal is to quantify the influence of drug resistance assumptions on the predicted population-level impact of PrEP. METHODS: All modeling studies which evaluate the impact of oral or topical PrEP are reviewed and key assumptions regarding mechanisms of generation and spread of drug-resistant HIV are identified. A dynamic model of the HIV epidemic is developed to assess and compare the impact of oral PrEP using resistance assumptions extracted from published studies. The benefits and risks associated with ten years of PrEP use are evaluated under identical epidemic, behavioral and intervention conditions in terms of cumulative fractions of new HIV infections prevented, resistance prevalence among those infected with HIV, and fractions of infections in which resistance is transmitted. RESULTS: Published models demonstrate enormous variability in resistance-generating assumptions and uncertainty in parameter values. Depending on which resistance parameterization is used, a resistance prevalence between 2% and 44% may be expected if 50% efficacious oral PrEP is used consistently by 50% of the population over ten years. We estimated that resistance may be responsible for up to a 10% reduction or up to a 30% contribution to the fraction of prevented infections predicted in different studies. CONCLUSIONS: Resistance assumptions used in published studies have a strong influence on the projected impact of PrEP. Modelers and virologists should collaborate toward clarifying the set of resistance assumptions biologically relevant to the PrEP products which are already in use or soon to be added to the arsenal against HIV.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Donnell, Deborah; Hughes, James P; Wang, Lei; Chen, Ying Q; Fleming, Thomas R	Study design considerations for evaluating efficacy of systemic preexposure prophylaxis interventions.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e3182986fac	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3725298	BACKGROUND: The development of interventions for systemic pre-exposure prophylaxis (PrEP) faces several significant challenges following the US Food and Drug Administration's approval of emtricitabine/tenofovir (FTC/TDF) for HIV prevention. This development is particularly complex because of inconsistency of efficacy results of FTC/TDF PrEP trials for HIV prevention. METHODS: Possible designs for a PrEP phase 3 efficacy trial are obtained by considering scenarios for potential experimental PrEP and control regimens, including consideration of placebo and active controls, longer acting PrEP and alternate dosing schedules. RESULTS: Noninferiority (NI) trials with hazard ratio NI margins ranging from 1.10 to 1.25 can be justified in the contexts of the 3 PrEP trials demonstrating efficacy of FTC/TDF. However, these HIV endpoint trials may require extremely large number of participants, particularly in settings where FTC/TDF has been shown to reduce the risk of HIV acquisition. NI trials also are often difficult to interpret because they depend on previous placebo-controlled efficacy results. Superiority trials for PrEP are plausible in settings where FTC/TDF efficacy is not yet established, possibly due to low adherence (ie, women at risk as in FemPrEP and VOICE): a new product with potential for higher adherence and potency would be a promising candidate in this setting. CONCLUSIONS: Following Food and Drug Administration's approval of FTC/TDF for PrEP, trials to establish efficacy of new PrEP regimens require stringent design standards, together with rigorous debate about adherence within study populations and many important ethical issues.	Pre-exposure Prophylaxis, Non-inferiority, efficacy, phase 3, clinical trials, adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Dutta, Mohan J	Disseminating HIV pre-exposure prophylaxis information in underserved communities.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.030	https://dx.doi.org/10.1016/j.amepre.2012.09.030	The distribution of HIV infection within the U.S. demonstrates consistent patterns of disparities by race, route of transmission, and the interactions between transmission route and race. Based on the evidence that documents the effectiveness of pre-exposure prophylaxis (PrEP) as a method for reducing HIV infection,1, 2, 3, 4, 5, 6, 7, 8, 9 the culture-centered approach (CCA), a community-based dialogically driven participatory health communication framework, is offered as a lens for understanding the role of communication about PrEP in underserved communities that bear disproportionately higher risks of HIV infection.10, 11 The term community is defined broadly here to refer to various markers of the term, including geographic (neighborhood); demographic (race); and social networks (MSM [men who have sex with men]).	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Eakle, Robyn; Venter, W D F; Rees, Helen	Pre-exposure prophylaxis for HIV prevention: ready for prime time in South Africa?	South African Medical Journal (SAMJ)	-	-	-	0256-9574	10.7196/samj.6937	https://dx.doi.org/10.7196/samj.6937	NA	na	English	South Africa	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Book	2013	Eaton, L. A., & Kalichman, S. C.	Biomedical Advances in HIV Prevention: Social and Behavioral Perspectives	-	Biomedical Advances in HIV Prevention: Social and Behavioral Perspectives	-	NA	-	10.1007/978-1-4614-8845-3	https://books.google.com.br/books?id=Pi65BAAAQBAJ&hl=pt-PT	Three decades into the epidemic, a great deal is known about HIV and its transmission, more people are living with the disease, and the virus is no longer seen as a death sentence. But new people continue to be infected with HIV each year, making prevention strategies that are medically effective and behaviorally engaging as urgent a priority as ever.Biomedical Advances in HIV Prevention: Social and Behavioral Perspectives assembles the latest improvements, barriers to implementation, and possibilities for--and challenges to--future progress. Innovations such as pre-exposure prophylaxis (antiretroviral regimens for the high-risk uninfected) and treatment as prevention (early use of ART to reduce infectiousness of new patients) are examined, as are current findings on ongoing prevention and treatment concerns.Contributors illuminate the complex realities entailing adherence, pointing out technological, behavioral, and cultural roadblocks as well as opportunities to significantly reduce infection rates. Detailed up-to-the-minute coverage includes:Prevention services for persons living with HIV;Adherence to HIV treatment as prevention and pre-exposure prophylaxis;Advocating for rectal microbicides and safe lubricants;Mental health and substance use in the scale-up of HIV prevention;Risk compensation in response to HIV prevention;Implementing biomedical HIV prevention advances: reports from South Africa, Uganda, Australia, Thailand, United States, Ecuador, and Peru;Researchers, practitioners, and policy makers working in the fields of HIV/AIDS and public health will look toward Biomedical Advances in HIV Prevention: Social and Behavioral Perspectives as both a means for developing and assessing current programs and a blueprint for the next generation of prevention efforts.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2013	Edelman, E Jennifer; Fiellin, David A	Moving HIV pre-exposure prophylaxis into clinical settings: lessons from buprenorphine.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.035	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3645931	NA	1 a 5	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Friend, David R; Clark, Justin T; Kiser, Patrick F; Clark, Meredith R	Multipurpose prevention technologies: products in development.	Antiviral Research	-	-	-	1872-9096	10.1016/j.antiviral.2013.09.030	https://dx.doi.org/10.1016/j.antiviral.2013.09.030	Multipurpose prevention technologies (MPTs) are broadly defined as products capable of simultaneously addressing multiple sexual and reproductive health needs including unintended pregnancy, STIs including HIV-1, and other reproductive tract infections. MPTs have been discussed for a few decades but little product development has occurred. With the recent proof-of-concept that a topically applied antiretroviral (ARV) can effectively reduce sexual transmission of HIV-1 (tenofovir 1% gel) the impetus to develop MPTs is gaining momentum. Products currently in development are broadly categorized as either long-acting or on-demand. Long-acting MPTs include intravaginal rings (IVRs) and long-acting injectable products. Several IVR MPTs are under development including one designed to release tenofovir to prevent transmission of HIV-1 and levonorgestrel (LNG) to prevent unintended pregnancy over a 90-day period. Another MPT IVR under development is designed to release the ARV dapivirine and LNG for 2 months. Long-acting injectable pre-exposure prophylaxis (PrEP) formulations of rilpivirine (TMC278) and GSK1265744 have entered clinical evaluation and could form the basis of long-acting injectable products for HIV-1 prevention and prevention of unintended pregnancy. On-demand products include TFV 1% gel (HIV-1/HSV-2 prevention), a zinc/carrageenan zinc gel (HIV-1/HSV-2 prevention), and the SILCS diaphragm administered with TFV 1% gel. Significant technical, funding, and regulatory hurdles must be overcome to develop most MPTs; however, the significant reproductive health benefits to many women around the world should provide motivation to overcome these hurdles. This article is based on a presentation at the "Product Development Workshop 2013: HIV and Multipurpose Prevention Technologies", held in Arlington, Virginia on February 21-22, 2013. It forms part of a special supplement to Antiviral Research.	Contraception; HIV-1 prevention; Herpes simplex virus-2 prevention; Multipurpose prevention technologies.	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Friend, DR; Kiser, PF	Assessment of topical microbicides to prevent HIV-1 transmission: Concepts, testing, lessons learned	Antiviral Research	-	-	-	0166-3542	10.1016/j.antiviral.2013.06.021	https://pubmed.ncbi.nlm.nih.gov/23845918/	The development of topically applied products capable of preventing vaginal and rectal transmission of HIV-1 has been on-going for nearly 20 years. Despite this, only one clinical trial has demonstrated protection against sexual transmission of HIV-1 in women. This review covers the development of microbicides, also referred to as topical pre-exposure prophylaxis (PrEP), through three stages. The first stage focused on nonspecific agents, including surfactants such as nonoxynol-9 (N-9), to prevent HIV-1 transmission. Unfortunately, N-9 enhanced susceptibility to sexual transmission of HIV-1 when evaluated for efficacy. Soon thereafter, other nonspecific agents (polyanions) were quickly moved into large efficacy trials. Due to a lack of coordination among investigators and funders, a large investment was made in a class of compounds shown ultimately to be ineffective, although poor adherence may have contributed to these findings. The second stage involved the assessment of the antiretroviral drug tenofovir, formulated as a vaginal gel, which was found to be modestly effective in a Phase IIb trial (CAPRISA-004) when dosed in a coitally-dependent manner. In another Phase IIb trial, VOICE (MTN-003), tenofovir gel was found to be ineffective when dosed once-daily in a coitally-independent manner. Based on pharmacokinetic data, it was concluded the participants were poorly adherent to this dosing regimen, leading to a lack of efficacy. Tenofovir gel is currently in a Phase III safety and efficacy trial in South Africa (FACTS-001), using the coitally-dependent dosing regimen employed in CAPRISA-004. We are now in the third stage of microbicide research. The antiretroviral drug dapivirine is currently in two Phase III safety and efficacy studies formulated as a vaginal ring. It is hoped that the once-monthly dosing regimen will lead to higher adherence than found in the VOICE study. It is now clear that product adherence could be the greatest challenge to demonstrating topical (and to a similar extent oral) PrEP. Novel dosage forms should play a role in creating products that women will use correctly. (C) 2013 Elsevier B.V. All rights reserved.	Pre-exposure prophylaxis; Adherence; Intravaginal rings; Microbicide; Multipurpose prevention technologies; Vaginal gels; PREEXPOSURE PROPHYLAXIS; HUMAN-IMMUNODEFICIENCY-VIRUS; TENOFOVIR GEL; VAGINAL GEL; IN-VITRO; INTRAVAGINAL RING; MOUSE MODEL; UNINTENDED PREGNANCIES; CELL-ASSOCIATED HIV-1; GENITAL TRANSMISSION	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Fuchs, Jonathan D; Sobieszczyk, Magdalena E; Madenwald, Tamra; Grove, Doug; Karuna, Shelly T; Andrasik, Michele; Sherwat, Adam; Broder, Gail; Mayer, Kenneth; Koblin, Beryl; Hammer, Scott	Intentions to use preexposure prophylaxis among current phase 2B preventive HIV-1 vaccine efficacy trial participants.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e318296df94	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714219	In November 2010, the iPrEx study reported that preexposure prophylaxis (PrEP) with daily tenofovir disoproxil fumarate/emtricitabine reduced HIV infections by 44% among men who have sex with men and subsequent trials corroborated efficacy among heterosexual men and women. During regularly scheduled follow-up visits from January to March 2011, participants in an ongoing phase 2b vaccine efficacy trial completed an anonymous Web survey about PrEP. Among 376 respondents, 17% reported they were very likely to use PrEP in the next year. Nonwhite participants were more likely to use PrEP. Among those with some level of interest, intent to use PrEP was greatest if the drug were available through the clinical trial or health insurance. Most (91%) believed taking PrEP would not change their willingness to stay in the vaccine trial and few thought it would affect recruitment. As key stakeholders, currently enrolled trial participants can offer vital input about emerging prevention technologies that may affect the design of future HIV vaccine and nonvaccine prevention trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Gao, Yajing; Katz, David F.	Multicompartmental pharmacokinetic model of tenofovir delivery by a vaginal gel.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0074404	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770582/	BACKGROUND: Trials of a vaginal Tenofovir gel for pre-exposure prophylaxis (PrEP) for HIV have given conflicting results. Knowledge of concentrations of Tenofovir and its active form Tenofovir diphosphate, at putative sites of anti-HIV functioning, is central to understanding trial outcomes and design of products and dosage regimens. Topical Tenofovir delivery to the vaginal environment is complex, multivariate and non-linear; determinants relate to drug, vehicle, dosage regimen, and environment. Experimental PK methods cannot yield mechanistic understanding of this process, and have uncontrolled variability in drug sampling. Mechanistic modeling of the process could help delineate its determinants, and be a tool in design and interpretation of products and trials. METHODS AND FINDINGS: We created a four-compartment mass transport model for Tenofovir delivery by a gel gel, epithelium, stroma, blood. Transport was diffusion-driven in vaginal compartments; blood concentration was time-varying but homogeneous. Parameters for the model derived from in vitro and in vivo PK data, to which model predictions gave good agreement. Steep concentration gradients occurred in stroma ≤ 8 hours after gel release. Increasing epithelial thickness delayed initial TFV delivery to stroma and its decline: tmax increased but AUC at 24 hours was not significantly altered. At 24 and 48 hours, stromal concentrations were 6.3% and 0.2% of C(max). Concentrations in simulated biopsies overestimated stromal concentrations, as much as ~5X, depending upon time of sampling, biopsy thickness and epithelial thickness. CONCLUSIONS: There was reasonably good agreement of model predictions with clinical PK data. Conversion of TFV to TFV-DP was not included, but PK data suggest a linear relationship between them. Thus contrasts predicted by this model can inform design of gels and dosage regimens in clinical trials, and interpretation of PK data. This mass transport based approach can be extended to TFV conversion to TFV-DP, and to other drugs and dosage forms.	Humans; Tenofovir; Female; Adenine/*analogs & derivatives/pharmacokinetics; Organophosphonates/*pharmacokinetics; Area Under Curve; Anti-HIV Agents/*pharmacokinetics; Vaginal Creams, Foams, and Jellies; HIV Infections/prevention & control; *Models, Statistical; Epithelium/anatomy & histology/metabolism; Mucous Membrane/anatomy & histology/*metabolism; Organophosphates/*pharmacokinetics; Vagina/anatomy & histology/*metabolism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Gilmore, Hailey J; Liu, Albert; Koester, Kimberly Ann; Amico, K Rivet; McMahan, Vanessa; Goicochea, Pedro; Vargas, Lorena; Lubensky, David; Buchbinder, Susan; Grant, Robert	Participant experiences and facilitators and barriers to pill use among men who have sex with men in the iPrEx pre-exposure prophylaxis trial in San Francisco.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2013.0116	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3791030	In 2010, the iPrEx study demonstrated efficacy of daily emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) pre-exposure prophylaxis (PrEP) in reducing HIV acquisition among men who have sex with men. Adherence to study product was critical for PrEP efficacy, and varied considerably, with FTC/TDF detection rates highest in the United States. We conducted a qualitative study to gain insights into the experiences of iPrEx participants in San Francisco (SF) where there was high confirmed adherence, to understand individual and contextual factors influencing study product use in this community. In 2009 and 2011, we conducted focus groups and in-depth interviews in 36 and 16 SF iPrEx participants, respectively. Qualitative analyses indicate that participants joined the study out of altruism. They had a clear understanding of study product use, and pill taking was facilitated by establishing or building on an existing routine. Participants valued healthcare provided by the study and relationships with staff, whom they perceived as nonjudgmental, and found client-centered counseling to be an important part of the PrEP package. This facilitated pill taking and accurate reporting of missed doses. Adherence barriers included changes in routine, side effects/intercurrent illnesses, and stress. Future PrEP adherence interventions should leverage existing routines and establish client-centered relationships/ environments to support pill taking and promote accurate reporting.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Golub, Sarit A.; Gamarel, Kristi E.	The impact of anticipated HIV stigma on delays in HIV testing behaviors: findings from a community-based sample of men who have sex with men and transgender women in New York City.	AIDS Patient Care and STDs	-	-	-	1557-7449 1087-2914	10.1089/apc.2013.0245	https://pubmed.ncbi.nlm.nih.gov/24138486/	Treatment as prevention (TaSP) is a critical component of biomedical interventions to prevent HIV transmission. However, its success is predicated on testing and identifying undiagnosed individuals to ensure linkage and retention in HIV care. Research has examined the impact of HIV-associated stigma on HIV-positive individuals, but little work has explored how anticipated HIV stigma-the expectation of rejection or discrimination against by others in the event of seroconversion-may serve as a barrier to HIV testing behaviors. This study examined the association between anticipated stigma and HIV testing behaviors among a sample of 305 men who have sex with men (MSM) and transgender women living in New York City. Participants' mean age was 33.0; 65.5% were racial/ethnic minority; and 50.2% earned <$20,000 per year. Overall, 32% of participants had not had an HIV test in the past 6 months. Anticipated stigma was negatively associated with risk perception. In multivariate models, anticipated stigma, risk perception, and younger age were significant predictors of HIV testing behaviors. Anti-HIV stigma campaigns targeting HIV-negative individuals may have the potential to significantly impact social norms around HIV testing and other biomedical strategies, such pre-exposure prophylaxis, at a critical moment for the redefinition of HIV prevention.	Adult; Humans; Male; Middle Aged; Young Adult; Female; Risk-Taking; Aged; Risk Factors; Cross-Sectional Studies; Attitude to Health; New York City; *Health Behavior; Socioeconomic Factors; *Social Stigma; Perception; Self Report; Transgender Persons/*psychology; HIV Infections/*diagnosis/prevention & control/*psychology; Homosexuality, Male/ethnology; Mass Screening/statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Golub, Sarit A; Gamarel, Kristi E; Rendina, H Jonathon; Surace, Anthony; Lelutiu-Weinberger, Corina L	From efficacy to effectiveness: facilitators and barriers to PrEP acceptability and motivations for adherence among MSM and transgender women in New York City.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2012.0419	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3624632	This study examined potential facilitators and barriers to pre-exposure prophylaxis (PrEP) use and their association with PrEP acceptability and motivations for adherence among 184 MSM and transgender women living in New York City. Participants were presented with educational information about PrEP and completed a computerized survey. Overall, 55.4% of participants reported willingness to take PrEP. The most highly endorsed barriers to PrEP use were health concerns, including both long-term impacts and short-term side effects, questions about PrEP's impact on future drug resistance, and concerns that PrEP does not provide complete protection against HIV. The most highly endorsed facilitator was free access to PrEP, followed by access to support services such as regular HIV testing, sexual health care/monitoring, and access to one-on-one counseling. Participants of color rated both barriers and facilitators as more important than their White counterparts. In multivariate models, barrier and facilitator scores significantly predicted not only PrEP acceptability, but also motivation for PrEP adherence among those who were likely to use PrEP. PrEP implementation programs should consider addressing these barriers and facilitators in protocol and policy development. Findings underscore the importance of support services, such as sexual health counseling, to the success of PrEP as a prevention strategy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Gomez, Gabriela B; Borquez, Annick; Case, Kelsey K; Wheelock, Ana; Vassall, Anna; Hankins, Catherine	The cost and impact of scaling up pre-exposure prophylaxis for HIV prevention: a systematic review of cost-effectiveness modelling studies.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1001401	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3595225	BACKGROUND: Cost-effectiveness studies inform resource allocation, strategy, and policy development. However, due to their complexity, dependence on assumptions made, and inherent uncertainty, synthesising, and generalising the results can be difficult. We assess cost-effectiveness models evaluating expected health gains and costs of HIV pre-exposure prophylaxis (PrEP) interventions. METHODS AND FINDINGS: We conducted a systematic review comparing epidemiological and economic assumptions of cost-effectiveness studies using various modelling approaches. The following databases were searched (until January 2013): PubMed/Medline, ISI Web of Knowledge, Centre for Reviews and Dissemination databases, EconLIT, and region-specific databases. We included modelling studies reporting both cost and expected impact of a PrEP roll-out. We explored five issues: prioritisation strategies, adherence, behaviour change, toxicity, and resistance. Of 961 studies retrieved, 13 were included. Studies modelled populations (heterosexual couples, men who have sex with men, people who inject drugs) in generalised and concentrated epidemics from Southern Africa (including South Africa), Ukraine, USA, and Peru. PrEP was found to have the potential to be a cost-effective addition to HIV prevention programmes in specific settings. The extent of the impact of PrEP depended upon assumptions made concerning cost, epidemic context, programme coverage, prioritisation strategies, and individual-level adherence. Delivery of PrEP to key populations at highest risk of HIV exposure appears the most cost-effective strategy. Limitations of this review include the partial geographical coverage, our inability to perform a meta-analysis, and the paucity of information available exploring trade-offs between early treatment and PrEP. CONCLUSIONS: Our review identifies the main considerations to address in assessing cost-effectiveness analyses of a PrEP intervention--cost, epidemic context, individual adherence level, PrEP programme coverage, and prioritisation strategy. Cost-effectiveness studies indicating where resources can be applied for greatest impact are essential to guide resource allocation decisions; however, the results of such analyses must be considered within the context of the underlying assumptions made. Please see later in the article for the Editors' Summary.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2013	Gray, Ronald H; Wawer, Maria J	Infection in 2012: mixed results of pre-exposure prophylaxis for HIV prevention.	Nature Reviews Urology	-	-	-	1759-4820	10.1038/nrurol.2012.259	https://dx.doi.org/10.1038/nrurol.2012.259	In 2012, three trials of antiretroviral pre-exposure prophylaxis (PrEP) were reported, with conflicting results. Taken together with data from 2010 we now have two trials that showed no benefit and four studies that demonstrated moderate-to-high efficacy. Accordingly, it seems that PrEP might have a limited role for HIV prevention in individuals at high-risk of infection.	Chemoprevention; HIV infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2013	Gupta, Ravindra K.; Van de Vijver, David A. M. C.; Manicklal, Sheetal; Wainberg, Mark A.	Evolving uses of oral reverse transcriptase inhibitors in the HIV-1 epidemic: from treatment to prevention.	Retrovirology	-	-	-	1742-4690	10.1186/1742-4690-10-82	https://pubmed.ncbi.nlm.nih.gov/23902855/	The HIV epidemic continues unabated, with no highly effective vaccine and no cure. Each new infection has significant economic, social and human costs and prevention efforts are now as great a priority as global antiretroviral therapy (ART) scale up. Reverse transcriptase inhibitors, the first licensed class of ART, have been at the forefront of treatment and prevention of mother to child transmission over the past two decades. Now, their use in adult prevention is being extensively investigated. We describe two approaches: treatment as prevention (TasP) - the use of combination ART (2NRTI and 1NNRTI) following HIV diagnosis to limit transmission and pre-exposure prophylaxis (PrEP) -the use of single or dual oral agents prior to sexual exposure. Prevention of mother-to-child transmission using NRTI has been highly successful, though does not involve sustained use of NRTI to limit transmission. Despite theoretical and preliminary support for TasP and PrEP, data thus far indicate that adherence, retention in care and late diagnosis are the major barriers to their successful, sustained implementation. Future advances in drug technologies will be needed to overcome the issue of drug adherence, through development of drugs that involve both less frequent dosing as well as reduced toxicity, possibly through specific targeting of infected cells.	Administration, Oral; Humans; Anti-HIV Agents/*administration & dosage; Chemoprevention/*methods; Reverse Transcriptase Inhibitors/*administration & dosage; Infectious Disease Transmission, Vertical/prevention & control; HIV Infections/drug therapy/*prevention & control/transmission; Disease Transmission, Infectious/prevention & control	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2013	Gupta, Ravindra K; Wainberg, Mark A; Brun-Vezinet, Francoise; Gatell, Jose M; Albert, Jan; Sönnerborg, Anders; Nachega, Jean B	Oral antiretroviral drugs as public health tools for HIV prevention: global implications for adherence, drug resistance, and the success of HIV treatment programs.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jit108	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3708737	Recent data from studies on treatment as prevention (TasP) and preexposure prophylaxis (PrEP) show that antiretroviral drugs can be used in prevention, as well as in treatment. The movement from first-generation antiretroviral therapy (ART) coformulations based on thymidine analogues to second-generation ART coformulations based on tenofovir may coincide with future prevention strategies that also use tenofovir/emtricitabine, raising concerns regarding drug resistance. In published studies, failure of prophylaxis was associated with poor adherence and low plasma drug levels. Although rates of drug resistance in cases of failed prevention was low, regular human immunodeficiency virus (HIV) testing was undertaken in these clinical trials. Although legitimate concerns exist about ART adherence and drug resistance associated with PrEP and TasP in real-world settings, efforts to curb the continuing HIV epidemic through use of these novel prevention strategies should move forward because the development and approval of newer drugs reserved for prevention might take many more years. Efforts must be made to monitor ART adherence and to intervene through counseling and other means in order to optimize adherence and retention in care, whenever necessary. Finally, further research involving the generalized epidemic is needed to determine when suboptimal drug use may occur and when regular testing and monitoring of the long-term consequences of ART use may not be routine.	antiretroviral drug resistance, adherence, PrEP, TasP	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical

Article	2013	Haberer, Jessica E; Baeten, Jared M; Campbell, James; Wangisi, Jonathan; Katabira, Elly; Ronald, Allan; Tumwesigye, Elioda; Psaros, Christina; Safren, Steven A; Ware, Norma C; Thomas, Katherine K; Donnell, Deborah; Krows, Meighan; Kidoguchi, Lara; Celum, Connie; Bangsberg, David R	Adherence to antiretroviral prophylaxis for HIV prevention: a substudy cohort within a clinical trial of serodiscordant couples in East Africa.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1001511	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769210	BACKGROUND: Randomized clinical trials of oral antiretroviral pre-exposure prophylaxis (PrEP) for HIV prevention have widely divergent efficacy estimates, ranging from 0% to 75%. These discrepancies are likely due to differences in adherence. To our knowledge, no studies to date have examined the impact of improving adherence through monitoring and/or intervention, which may increase PrEP efficacy, or reported on objective behavioral measures of adherence, which can inform PrEP effectiveness and implementation. METHODS AND FINDINGS: Within the Partners PrEP Study (a randomized placebo-controlled trial of oral tenofovir and emtricitabine/tenofovir among HIV-uninfected members of serodiscordant couples in Kenya and Uganda), we collected objective measures of PrEP adherence using unannounced home-based pill counts and electronic pill bottle monitoring. Participants received individual and couples-based adherence counseling at PrEP initiation and throughout the study; counseling was intensified if unannounced pill count adherence fell to <80%. Participants were followed monthly to provide study medication, adherence counseling, and HIV testing. A total of 1,147 HIV-uninfected participants were enrolled: 53% were male, median age was 34 years, and median partnership duration was 8.5 years. Fourteen HIV infections occurred among adherence study participants--all of whom were assigned to placebo (PrEP efficacy = 100%, 95% confidence interval 83.7%-100%, p<0.001). Median adherence was 99.1% (interquartile range IQR 96.9%-100%) by unannounced pill counts and 97.2% (90.6%-100%) by electronic monitoring over 807 person-years. Report of no sex or sex with another person besides the study partner, younger age, and heavy alcohol use were associated with <80% adherence; the first 6 months of PrEP use and polygamous marriage were associated with >80% adherence. Study limitations include potential shortcomings of the adherence measures and use of a convenience sample within the substudy cohort. CONCLUSIONS: The high PrEP adherence achieved in the setting of active adherence monitoring and counseling support was associated with a high degree of protection from HIV acquisition by the HIV-uninfected partner in heterosexual serodiscordant couples. Low PrEP adherence was associated with sexual behavior, alcohol use, younger age, and length of PrEP use. Please see later in the article for the Editors' Summary.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Hadas, Eran; Chao, Wei; He, Hongxia; Saini, Manisha; Daley, Eleen; Saifuddin, Mohammed; Bentsman, Galina; Ganz, Eric; Volsky, David J; Potash, Mary Jane	Transmission of chimeric HIV by mating in conventional mice: prevention by pre-exposure antiretroviral therapy and reduced susceptibility during estrus.	Disease Models & Mechanisms (Dis Model Mech)	-	-	-	1754-8411	10.1242/dmm.012617	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3759349	Heterosexual transmission accounts for the majority of new human immunodeficiency virus (HIV) cases worldwide. The current approach to investigate HIV heterosexual transmission in animals involves application of virus stock to the vaginal surface, a method that does not reproduce the physiological conditions of vaginal intercourse that influence the rate of transmission. We have previously described efficient infection of conventional mice using EcoHIV/NL4-3 and EcoHIV/NDK, chimeric HIV molecular clones constructed to express all HIV structural and regulatory genes except envelope, which is replaced by a rodent-tropic envelope gene. Here we investigated whether EcoHIV/NDK-infected male mice transmit virus to females during coitus, and the sensitivity of this transmission to HIV pre-exposure prophylaxis and the estrus state. Our general approach was to allow mating between EcoHIV/NDK-infected male mice and uninfected females for 1-7 nights. At 1-6 weeks after mating, mice were euthanized and virus burdens were measured by quantitative PCR (qPCR) amplification of HIV RNA or DNA in peritoneal macrophages, inguinal lymph node cells, spleen cells or vas deferens, or by ELISA for antibodies to HIV Gag. We found that 70-100% of female mice mated to EcoHIV/NDK-infected males acquired infection. Pericoital treatment of females with either 2',3'-dideoxycytidine (ddC) or tenofovir largely prevented their EcoHIV/NDK infection by mating (P<0.05 and P<0.003, respectively). In males, T cells were dispensable for virus transmission. The rate of EcoHIV/NDK sexual transmission to females in estrus declined sharply (P=0.003) but their infection by injection was unaffected, indicating that the local environment in the female reproductive tract influences susceptibility to HIV. We conclude that this system of EcoHIV/NDK transmission during mouse mating reproduces key features of heterosexual transmission of HIV in humans and can be used to investigate its biology and control.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Haire, Bridget; Folayan, Morenike Oluwatoyin; Hankins, Catherine; Sugarman, Jeremy; McCormack, Sheena; Ramjee, Gita; Warren, Mitchell	Ethical considerations in determining standard of prevention packages for HIV prevention trials: examining PrEP.	Developing World Bioethics	-	-	-	1471-8847	10.1111/dewb.12032	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3716830	The successful demonstration that antiretroviral (ARV) drugs can be used in diverse ways to reduce HIV acquisition or transmission risks--either taken as pre-exposure prophylaxis (PrEP) by those who are uninfected or as early treatment for prevention (T4P) by those living with HIV--expands the armamentarium of existing HIV prevention tools. These findings have implications for the design of future HIV prevention research trials. With the advent of multiple effective HIV prevention tools, discussions about the ethics and the feasibility of future HIV prevention trial designs have intensified. This article outlines arguments concerning the inclusion of newly established ARV-based HIV prevention interventions as standard of prevention in HIV prevention trials from multiple perspectives. Ultimately, there is a clear need to incorporate stakeholders in a robust discussion to determine the appropriate trial design for each study population.	antiretroviral therapy, HIV/AIDS, research ethics, developing world bioethics, guidelines, international justice	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2013	Haire, Bridget; Kaldor, John M	Ethics of ARV based prevention: treatment-as-prevention and PrEP.	Developing World Bioethics	-	-	-	1471-8847	10.1111/dewb.12026	https://dx.doi.org/10.1111/dewb.12026	Published data show that new HIV prevention strategies including treatment-as-prevention and pre-exposure prophylaxis (PrEP) using oral antiretroviral drugs (ARVs) are highly, but not completely, effective if regimens are taken as directed. Consequently, their implementation may challenge norms around HIV prevention. Specific concerns include the potential for ARV-based prevention to reframe responsibility, erode beneficial sexual norms and waste resources. This paper explores what rights claims uninfected people can make for access to ARVs for prevention, and whether moral claims justify the provision of ARV therapy to those who do not yet clinically require treatment as a way of reducing HIV transmission risk. An ethical analysis was conducted of the two strategies, PrEP and treatment-as-prevention, using a public health stewardship model developed by the Nuffield Bioethics Council to consider and compare the application of PrEP and treatment-as-prevention strategies. We found that treating the person with HIV rather than the uninfected person offers advantages in settings where there are limited opportunities to access care. A treatment-as-prevention strategy that places all the emphasis upon the positive person's adherence however carries a disproportionate burden of responsibility. PrEP remains an important option for receptive partners who face increased biological vulnerability. We conclude that the use of ARV for prevention is ethically justified, despite imperfect global to drugs for those in clinical need. The determination of which ARV-based HIV prevention strategy is ethically preferable is complex and must take into account both public health and interpersonal considerations.	HIV/AIDS; antiretroviral therapy; bioethics; developing world; justice; prevention.	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Essay	2013	Hankins, Catherine A; Dybul, Mark R	The promise of pre-exposure prophylaxis with antiretroviral drugs to prevent HIV transmission: a review.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0b013e32835b809d	https://dx.doi.org/10.1097/COH.0b013e32835b809d	PURPOSE OF REVIEW: Public health experts are wrestling with how to translate recent scientific findings from pre-exposure prophylaxis (PrEP) effectiveness trials into real-world programmes. This review summarizes clinical trial findings on oral and topical PrEP, discusses how decision-makers can evaluate the place of PrEP within combination prevention and highlights anticipated developments that could be important in future HIV-prevention strategies. RECENT FINDINGS: PrEP taken daily as oral tablets to create systemic protection has been found to be effective in the Pre-Exposure Prophylaxis Initiative (iPrEx), Partners' PrEP and TDF2 trials, but not in Fem-PrEP or the Vaginal and Oral Interventions to Control the Epidemic (VOICE) tenofovir arm. Tenofovir gel for topical protection was effective in CAPRISA 004 when used peri-coitally but not in VOICE with daily use. These findings underscore the importance of adherence to achieve adequate drug levels and the potential additive role of PrEP within combination prevention. Pivotal phase III trials are underway of the dapivirine ring, whereas phase I trials of injectable formulations show promise. SUMMARY: Antiretroviral-based HIV-prevention programmes should be tailored to those most likely to be adherent, providing them with state-of-the-art counselling and support to achieve high adherence during the time period of use. Long-acting products, if found well tolerated and effective, could be ideal for overcoming adherence challenges.	combination HIV prevention; pre-exposure prophylaxis; programme implementation; tenofovir	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Other
Article	2013	Hellinger, Fred J	Assessing the cost effectiveness of pre-exposure prophylaxis for HIV prevention in the US.	PharmacoEconomics	-	-	-	1179-2027	10.1007/s40273-013-0111-0	https://dx.doi.org/10.1007/s40273-013-0111-0	About 50,000 people are infected with HIV in the US each year and this number has remained virtually the same for the past decade. Yet, in the last few years, evidence from several multinational randomized clinical trials has shown that the provision of antiretroviral drug to uninfected persons (i.e. pre-exposure prophylaxis) reduces the incidence of HIV by about 50 %. However, evidence from cost-effectiveness studies conducted in the US yield widely varying estimates of the cost per quality-adjusted life-year (QALY) gained, and this variation reflects the substantial uncertainty surrounding the determinants of HIV transmission (e.g. adherence rates to prophylactic medications, the average number of sexual partners, the number and types of sexual acts, the viral load of infected partners, and the proportion of contacts where condoms are used), as well as different approaches to translating a reduction in HIV cases into an estimate of the increase in the number of QALYs.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Hendrix, Craig W	Exploring concentration response in HIV pre-exposure prophylaxis to optimize clinical care and trial design.	Cell	-	-	-	1097-4172	10.1016/j.cell.2013.09.030	https://dx.doi.org/10.1016/j.cell.2013.09.030	HIV pre-exposure prophylaxis trials with antiretroviral drugs have been variably successful. Even trials demonstrating the best efficacy leave room for improvement. Pharmacological data illuminate several sources of outcome variability, especially the impact of poor adherence, which is critical to manage PrEP in the clinic and to develop the next generation of PrEP candidates.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Hendrix, Craig W; Chen, Beatrice A; Guddera, Vijayanand; Hoesley, Craig; Justman, Jessica; Nakabiito, Clemensia; Salata, Robert; Soto-Torres, Lydia; Patterson, Karen; Minnis, Alexandra M; Gandham, Sharavi; Gomez, Kailazarid; Richardson, Barbra A; Bumpus, Namandje N	MTN-001: randomized pharmacokinetic cross-over study comparing tenofovir vaginal gel and oral tablets in vaginal tissue and other compartments.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0055013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3559346	BACKGROUND: Oral and vaginal preparations of tenofovir as pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) infection have demonstrated variable efficacy in men and women prompting assessment of variation in drug concentration as an explanation. Knowledge of tenofovir concentration and its active form, tenofovir diphosphate, at the putative vaginal and rectal site of action and its relationship to concentrations at multiple other anatomic locations may provide key information for both interpreting PrEP study outcomes and planning future PrEP drug development. OBJECTIVE: MTN-001 was designed to directly compare oral to vaginal steady-state tenofovir pharmacokinetics in blood, vaginal tissue, and vaginal and rectal fluid in a paired cross-over design. METHODS AND FINDINGS: We enrolled 144 HIV-uninfected women at 4 US and 3 African clinical research sites in an open label, 3-period crossover study of three different daily tenofovir regimens, each for 6 weeks (oral 300 mg tenofovir disoproxil fumarate, vaginal 1% tenofovir gel 40 mg, or both). Serum concentrations after vaginal dosing were 56-fold lower than after oral dosing (p<0.001). Vaginal tissue tenofovir diphosphate was quantifiable in ≥90% of women with vaginal dosing and only 19% of women with oral dosing. Vaginal tissue tenofovir diphosphate was ≥130-fold higher with vaginal compared to oral dosing (p<0.001). Rectal fluid tenofovir concentrations in vaginal dosing periods were higher than concentrations measured in the oral only dosing period (p<0.03). CONCLUSIONS: Compared to oral dosing, vaginal dosing achieved much lower serum concentrations and much higher vaginal tissue concentrations. Even allowing for 100-fold concentration differences due to poor adherence or less frequent prescribed dosing, vaginal dosing of tenofovir should provide higher active site concentrations and theoretically greater PrEP efficacy than oral dosing; randomized topical dosing PrEP trials to the contrary indicates that factors beyond tenofovir's antiviral effect substantially influence PrEP efficacy. TRIAL REGISTRATION: ClinicalTrials.gov NCT00592124.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Holt, Martin; Murphy, Dean; Callander, Denton; Ellard, Jeanne; Rosengarten, Marsha; Kippax, Susan; de Wit, John	HIV-negative and HIV-positive gay men's attitudes to medicines, HIV treatments and antiretroviral-based prevention.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-012-0313-z	https://link.springer.com/article/10.1007/s10461-012-0313-z	We assessed attitudes to medicines, HIV treatments and antiretroviral-based prevention in a national, online survey of 1,041 Australian gay men (88.3% HIV-negative and 11.7% HIV-positive). Multivariate analysis of variance was used to identify the effect of HIV status on attitudes. HIV-negative men disagreed with the idea that HIV drugs should be restricted to HIV-positive people. HIV-positive men agreed and HIV-negative men disagreed that taking HIV treatments was straightforward and HIV-negative men were more sceptical about whether HIV treatment or an undetectable viral load prevented HIV transmission. HIV-negative and HIV-positive men had similar attitudes to pre-exposure prophylaxis but divergent views about 'treatment as prevention'.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Anti-HIV Agents/*therapeutic use; Aged; Data Collection; Australia; *HIV Seronegativity; Homosexuality, Male/*psychology; HIV Infections/*drug therapy/prevention & control; *Attitude to Health; HIV Seropositivity/*psychology	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2013	Horberg, Michael; Raymond, Brian	Financial policy issues for HIV pre-exposure prophylaxis: cost and access to insurance.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.039	https://dx.doi.org/10.1016/j.amepre.2012.09.039	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Hosek, Sybil G	HIV pre-exposure prophylaxis diffusion and implementation issues in nonclinical settings.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.032	https://www.ajpmonline.org/article/S0749-3797(12)00686-1/fulltext	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Hosek, Sybil G; Green, Keith R; Siberry, George; Lally, Michelle; Balthazar, Christopher; Serrano, Pedro A; Kapogiannis, Bill	Integrating Behavioral HIV Interventions into Biomedical Prevention Trials with Youth: Lessons from Chicago's Project PrEPare.	Journal of HIV/AIDS & Social Services	-	-	-	1538-1501	10.1080/15381501.2013.773575	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3818104	On the heels of several trials demonstrating the efficacy of pre-exposure prophylaxis (PrEP) and the recent approval by the FDA of the supplemental indication for Truvada as PrEP, researchers, advocates, and community providers are calling for the investigation of implementation strategies that combine behavioral interventions with biomedical prevention. This paper describes the modification and integration of an evidence-based group-level intervention into a small PrEP pilot trial with young men who have sex with men (YMSM). The behavioral intervention as well as ongoing risk reduction counseling sessions were found to be highly acceptable among a sample of racially diverse YMSM.	Pre-Exposure Prophylaxis, Youth, MSM, Behavioral Interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Hosek, Sybil G; Siberry, George; Bell, Margo; Lally, Michelle; Kapogiannis, Bill; Green, Keith; Fernandez, M Isabel; Rutledge, Brandy; Martinez, Jaime; Garofalo, Robert; Wilson, Craig M	The acceptability and feasibility of an HIV preexposure prophylaxis (PrEP) trial with young men who have sex with men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e3182801081	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3656981	BACKGROUND: This study examined the feasibility of a combination prevention intervention for young men who have sex with men (YMSM), an anticipated target population for HIV preexposure prophylaxis (PrEP). METHODS: Project PrEPare, a pilot study using a randomized 3-arm design, compared an efficacious behavioral HIV prevention intervention (Many Men, Many Voices-3 MV) alone, 3 MV combined with PrEP (tenofovir/emtricitabine), and 3 MV combined with placebo. Eligible participants were 18- to 22-year-old HIV-uninfected men who reported unprotected anal intercourse in the past year. Participants were screened for preliminary eligibility at youth venues and community organizations and were also referred through social networks. Laboratory screening determined final eligibility. Behavioral and biomedical data were collected at baseline and every 4 weeks thereafter for 24 weeks. RESULTS: Sixty-eight youth (mean age = 19.97 years; 53% African American, 40% Latino) were enrolled; 58 were randomized. Self-reported medication adherence averaged 62% (range, 43%-83%), whereas rates of detectable tenofovir in plasma of participants in the emtricitabine/tenofovir disoproxil fumarate arm ranged from 63.2% (week 4) to 20% (week 24). There were 5 ≥ grade 2 adverse events possibly/probably related to the study medication. Sexual risk behavior declined from baseline to week 24 in all study arms. CONCLUSIONS: The feasibility of enrolling at-risk youth, particularly young men who have sex with men of color, into Project PrEPare has been demonstrated. The acceptability of the group intervention along with counseling and testing was high. Self-reported medication adherence and corresponding plasma drug concentrations were low indicating the need for enhanced adherence counseling. Exploration of PrEP use among youth in nonrandomized open label trials is warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Ippolito, G; Rezza, G	HIV treatment as prevention: population effect vs. individual protection?	Annali di Igiene	-	-	-	1120-9135	10.7416/ai.2013.1910	https://dx.doi.org/10.7416/ai.2013.1910	There are compelling data suggesting that antiretroviral (ARV) drugs can prevent the transmission of HIV: 1) ARV therapy reduces the intrinsic risk of transmission by cutting down the viral load in infected people; 2) ARVs may be used to prevent transmission in uninfected subjects who experienced high risk exposures. Despite these encouraging preliminary results, there are several questions that need to be answered before recommending the use of ARV among uninfected subjects: 1) the efficacy of these strategies amongst women is not yet established; 2) the cost-effectiveness of pre-exposure prophylaxis (PrEP) in the long term is undefined since PrEP efficacy may depend on adherence; 3) treating uninfected individuals may be counter-effective, as it may increase risky behaviour due to the belief that ARV drugs have unlimited protective power. In conclusion, the public-health use of ARV drugs represents a new paradigm in the field of HIV prevention. However, ARV treatment cannot be considered as a substitute for other measures for preventing transmission but a complement to individual protection. In particular, post-exposure prophylaxis may be used in selected cases, whereas PrEP appears to be a highly costly method with limited public-health potential and possible safety concerns.	NA	English	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2013	Jackson, Akil; Moyle, Graeme; Watson, Victoria; Tjia, John; Ammara, Alieu; Back, David; Mohabeer, Malika; Gazzard, Brian; Boffito, Marta	Tenofovir, emtricitabine intracellular and plasma, and efavirenz plasma concentration decay following drug intake cessation: implications for HIV treatment and prevention.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e3182829bd0	https://dx.doi.org/10.1097/QAI.0b013e3182829bd0	BACKGROUND: In vivo data on tenofovir (TFV), emtricitabine (FTC), and efavirenz (EFV) concentration decay after intake cessation are limited; determinations of "true" elimination half-lives (t½) have often been based on suboptimal sampling windows. Understanding these parameters is important in managing missed doses and planning HIV pre-exposure prophylaxis (PrEP). This study investigated the pharmacokinetics (PK) of plasma TFV/FTC, their intracellular (IC) anabolites, TFV-diphosphate (DP) and FTC-triphosphate (TP), and plasma EFV over 10 days after intake cessation in HIV-negative volunteers. METHODS: Volunteers received an Atripla (TFV/FTV/EFV) tablet daily for 14 days. PK sampling occurred before final dose and up to 228 hours after stopping. Peripheral blood mononuclear cells for IC(drug) and plasma(drug) were isolated, with analysis by tandem mass spectrometry. RESULTS: Sixteen participants completed the study. Geometric mean plasma (t½)(228h) of TFV and FTC were 31 and 37 hours. These were longer than the previous reports (TFV 12-18 hours, FTC 10 hours).Geometric mean (t½)(228h) of IC TFV-DP and FTC-TP were 164 and 39 hours, whereas for EFV in plasma was 92 hours. EFV(plasma) in 5/16 participants were below the suggested MEC of 1000 ng/mL within 48 hours postdose; however, 50% of the participants maintained concentrations above this level after 84 hours. CONCLUSIONS: These data fully characterize the PK of TFV and TFV-DP, FTC and FTC-TP, and EFV after stopping the drug combination. Although decay in concentrations can be related to a target for EFV, this is more difficult for the IC phosphates. Consensus on 'target' triphosphate/diphosphate concentrations will further our understanding of missed/delayed doses in treatment and prevention strategies.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2013	Jackson, Todd; Huang, Ailong; Chen, Hong; Gao, Xiao; Zhang, Yan; Zhong, Xiaoni	Predictors of willingness to use HIV pre-exposure prophylaxis among female sex workers in Southwest China.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2012.726341	https://dx.doi.org/10.1080/09540121.2012.726341	This research examined predictors of willingness to use pre-exposure prophylaxis (PrEP) among female sex workers (FSW) in Southwest China. The final sample included 395 women (mean age=26.73 years, SD=6.74 years) who were predominantly of Han majority ethnicity (84.6%) and had completed middle-school education or lower (63.0%). Participants were recruited initially from commercial sex venues (e.g., saunas, massage parlors) in the cities of Nanchang, Luizhou, Nanning, Urumqi, and Karamay as well as two districts of Chongqing municipality and subsequently via snowball procedures. They completed a battery of self-report measures assessing beliefs about HIV and PrEP, psychosocial influences, demographics and willingness to use HIV PrEP. Willingness to use HIV PrEP was predicted by high levels of trust in physicians and more reported unmet interpersonal belongingness needs. Beyond these factors, willing and unwilling groups were differentiated on the basis of intervention-specific beliefs (perceived stigma and self-efficacy in use of PrEP). Together, findings suggested interpersonal factors should be considered in concert with perceptions of intervention characteristics in assessing motivations to enroll in PrEP within this particular at-risk group.	HIV; female sex workers; China; health belief model; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Theses and Dissertations	2013	James, Amanda Marie	Intracellular Quantitation And Pharmacokinetic Modeling Of Nucleoside Analogs In The Female Genital Tract	-	-	University of Alabama at Birmingham	-	NA	NA	https://digitalcommons.library.uab.edu/etd-collection/2031/	Human Immunodeficiency Virus (HIV) is one of the leading infectious diseases in the world. In spite of substantial progress in the advancement of antiretroviral therapy for HIV treatment, new infections outpace the number of infected persons initiating ART. Therefore, the prevention of HIV remains a crucial health issue. Pre-Exposure Prophylaxis, (PrEP), which involves using one or more antiretroviral agents to reduce the risk of HIV infection prior to potential exposure, has shown effectiveness at reducing HIV transmission in study volunteers with different sexual orientation around the world. The clinical pharmacology of antiretroviral drugs, specifically tenofovir (TFV) and emtricitabine (FTC), in relation to their ability to prevent HIV transmission is still being evaluated. The objective of this dissertation was to develop pharmacokinetic models of TFV and FTC in the plasma and eventually peripheral blood mononuclear cells (PBMCs) and the female genital tract (FGT), which can be used to simulate the appropriate dosing interval needed to achieve optimal drug concentrations for PrEP in each compartment. The development of liquid chromatography/ mass spectrometry (LC/MS/MS) methods resulted in successful quantification of TFV and FTC in plasma, PBMCs, cervical fluid, and endothelial cells of the FGT from 30 HIV-seropositive (HIV+) women. Also, utilizing the LC/MS/MS methods developed, <italic>in vitro</italic> TFV and FTC uptake in non-monocytic genital tract cells was determined and compared in the presence and absence of hormonal contraceptives. The major results demonstrated 1) CD4+ and squamous epithelia cells exhibited significantly increased uptake relative to control for both antiretrovirals; 2) individually, synthetic estrogen and progesterone significantly altered uptake across all cell lines except squamous epithelium cells for TFV and CD4+ cells for FTC; and 3) CD8+ and dendritic cells demonstrated decreased uptake of TFV and FTC when dosed one hour prior to being dosed with combined hormonal contraceptives. Development of predictive pharmacokinetic models of TFV and FTC concentration-time profiles in the plasma was achieved using population pharmacokinetic analysis software. Collectively, the results expand upon current knowledge of antiretroviral penetration into the FGT for the use of evaluating PrEP agents and help guide PrEP research on ideal dosing for prevention and transmission of HIV.	Anti-HIV Agents – pharmacokinetics. Drug Dosage Calculations. HIV Infections – prevention & control Models, Statistical Vagina – anatomy & histology.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2013	James, Amanda Marie; King, Jennifer R; Ofotokun, Ighovwerha; Sheth, Anandi N; Acosta, Edward P	Uptake of tenofovir and emtricitabine into non-monocytic female genital tract cells with and without hormonal contraceptives.	Journal of Experimental Pharmacology	-	-	-	1179-1454	10.2147/JEP.S45308	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863541	Pre-exposure prophylaxis is becoming a strategic component used to control the human immunodeficiency virus (HIV-1) epidemic. The goal of this study was to characterize intracellular uptake of tenofovir and emtricitabine using five surrogate cell lines of the female genital tract and determine whether exogenous hormones influence their uptake.	pre-exposure prophylaxis, tenofovir, emtricitabine, in vitro, hormones	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Kallas, Esper Georges; João Miraglia, Luiz	From trials to the public health: pre-exposure prophylaxis for HIV prevention	Colombia Médica	-	-	-	0120-8322	NA	http://colombiamedica.univalle.edu.co/index.php/comedica/article/view/1308/1903	2.2 million adults were newly HIV-infected in 2011, underscoringthe urgent need for new, effective ways to prevent incident infections.1 Recently, the field of HIV prevention has gathered positiveresults from different strategies, among different populations, andwith varying effect sizes, including the treatment of HIV-positivewomen and men in discordant couples,2-4 male circumcision ofHIV-negative men in sub-Saharan Africa,5-7 a HIV vaccine evaluatedin a community-based trial among HIV-negative men andwomen in Thailand,8 the use of vaginal gel formulation of TDFfor HIV prevention in women in South Africa,9 pre-exposureprophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) oremtricitabine and TDF (TDF-FTC) among HIV-1-serodiscordantheterosexual couples from Kenya and Uganda,10 and PrEP withTDF-FTC among heterosexual men and women in Africa.11,12 Ofthese interventions, PrEP is an attractive policy because it doesnot directly interferes with the sexual intercourse, providing peoplea choice on HIV prevention regardless of cultural, religious, orsocial harnesses.	NA	English	Colombia	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2013	Kenworthy, Nora J.; Bulled, Nicola	From modeling to morals: Imagining the future of HIV PREP in Lesotho	Developing World Bioethics	-	-	-	14718731	10.1111/dewb.12029	https://onlinelibrary.wiley.com/doi/abs/10.1111/dewb.12029	Amidst growing global endorsements of new biomedical HIV prevention strategies, ARV-based pre-exposure prophylaxis (ARV PrEP) has garnered considerable attention as a potentially promising prevention strategy. Though it may offer more effective protection for certain at-risk groups than conventional prevention strategies (such as sexual partner reduction, condom use, and prevention of mother-to-child transmission), PrEP is more costly. PrEP requires more ongoing contact between individuals and providers, and a level of surveillance from the health system that is not necessary with other preventive measures. In this sense, it represents a new bio-technology for HIV prevention that poses particular challenges for worldwide implementation, given developing countries' struggling health systems and incomplete HIV treatment programs. Since the emergence of PrEP has stimulated ethical discussions premised on incomplete knowledge of efficacy and implementation, this paper explores the ethical parameters of a likely scenario for PrEP usage in a single, resource-poor country. We first develop a plausible model for PrEP deployment and utilization based on current PrEP research, while carefully considering the reigning institutional values of feasibility and effectiveness in global health approaches. Drawing on ethnographic research of HIV treatment and prevention approaches in Lesotho, we address ethical questions arising from this scenario of PrEP delivery. Lesotho presents a compelling and emblematic case study of PrEP's potential successes and pitfalls in a developing country, given the country's high HIV prevalence, struggles to achieve universal access to HIV treatment regimes, continued existence of stigma around the epidemic, and difficulties in addressing persistent social inequalities that fuel infections. PUBLICATION ABSTRACT	Lesotho; Pre-exposure prophylaxis; Ethics; Public health; Developing country; Human immunodeficiency virus--HIV; Developing countries--LDCs; Philosophy; 1200:Social policy	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Kibengo, Freddie M; Ruzagira, Eugene; Katende, David; Bwanika, Agnes N; Bahemuka, Ubaldo; Haberer, Jessica E; Bangsberg, David R; Barin, Burc; Rooney, James F; Mark, David; Chetty, Paramesh; Fast, Patricia; Kamali, Anatoli; Priddy, Frances H	Safety, adherence and acceptability of intermittent tenofovir/emtricitabine as HIV pre-exposure prophylaxis (PrEP) among HIV-uninfected Ugandan volunteers living in HIV-serodiscordant relationships: a randomized, clinical trial.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0074314	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3784443	BACKGROUND: Efficacy of oral pre-exposure prophylaxis (PrEP) in prevention of HIV acquisition has been evaluated using a daily regimen. However, adherence to long term daily medication is rarely perfect. Intermittent regimen may be a feasible alternative. Preclinical studies have demonstrated effectiveness of intermittent PrEP in SHIV prevention among animals. However, little is known about intermittent PrEP regimens. DESIGN: Seventy two HIV-uninfected volunteers in HIV serodiscordant couple relationships in Uganda were randomly assigned to receive daily oral Tenofovir/Emtricitabine (TDF/FTC-Truvada) or placebo, or intermittent (Monday, Friday and within 2 hours after sex, not to exceed one dose per day) oral TDF/FTC or placebo in a 2:1:2:1 ratio. Volunteers and study staff were blinded to drug assignment, but not to regimen assignment. METHODS: Volunteers were followed for 4 months after randomization, with monthly clinical and laboratory safety assessments and comprehensive HIV risk reduction services. Adherence was monitored using medication event monitoring system (MEMS) and self-report. Sexual activity data were collected via daily short text message (SMS) and self-report. HIV-specific immune responses were assessed by IFN-Î³ ELISPOT. RESULTS: Both daily and intermittent oral TDF/FTC regimens were well tolerated. Median MEMS adherence rates were 98% (IQR: 93-100) for daily PrEP regimen, 91% (IQR: 73-97) for fixed intermittent dosing and 45% (IQR: 20-63) for post-coital dosing. SMS response rate was 74%, but increased to 80% after excluding server outages; results may have been affected by the novelty of this measure. The majority of volunteers expressed willingness with no particular preference for either regimen. CONCLUSIONS: Both daily and intermittent oral PrEP dosing regimens were safe. Adherence was high for daily and fixed intermittent dosing; post-coital dosing was associated with poor adherence. Fixed intermittent PrEP regimens may be feasible especially if a minimum effective drug concentration correlating with HIV prevention can be achieved with this dosing. REGISTRATION: Clinicaltrials.gov number NCT00931346.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2013	Kintu, Alexander	The Association between Sexual Behavior and Adherence to Hiv Pre-exposure Prophylaxis Medication in Hiv Serodiscordant Couples	-	-	U of Massachusetts : Masters	-	NA	https://doi.org/10.7275/4473682	http://scholarworks.umass.edu/theses/1131	High levels of adherence have been identified as a key factor for effective pre-exposure prophylaxis medication (PrEP). Because PrEP is a new concept in HIV prevention, there are limited data on predictors of adherence, though initial findings indicate that sexual behavior could be an influencing factor. This study examines different aspects of sexual behavior and their associations with monthly rates and patterns of adherence. We enrolled 1147 HIV-negative individuals living in long-term serodiscordant relationships at three sites in Uganda. Sexual behavior was assessed via monthly in-person interviews and adherence was measured through electronic monitoring of pill bottle openings. We used generalized estimation equations to adjust for risk factors of low adherence to PrEP medication. Fifty-three percent of participants were male, 51% were aged between 18 and 34 years, the median number of years they had lived with the HIV-positive partner was 8.5 years and 24.2% were in polygamous relationships. Participants who had sex with other partners and also had less than 100% use of condoms were more than twice as likely to have less than 80% adherence (OR=2.48, 95%CI=1.70-3.62). Per electronic monitoring, 54.7% of cohort participants had at least one 72-hour consecutive gap in adherence. Participants who had sex with other partners and were also had also reported less than 100% use of condoms had a 50% increase in odds of having a 72-hour gap in adherence (OR=1.50, 95%CI=1.19-31.91). Low overall adherence and extended gaps in adherence were more common in participants that abstained from sex and those that reported sex outside their primary partnership. Despite high monthly adherence rates, many study participants had long periods of non-adherence during which they engaged in risky sexual behavior with potential for HIV acquisition.	HIV Adherence PrEP Sexual-Behavior; Epidemiology; Infectious Disease; International Public Health; Other Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2013	Koenig, Linda J; Lyles, Cynthia; Smith, Dawn K	Adherence to antiretroviral medications for HIV pre-exposure prophylaxis: lessons learned from trials and treatment studies.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.047	https://dx.doi.org/10.1016/j.amepre.2012.09.047	several recent clinical trials have shown that daily oral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine (TDF– FTC) can reduce the risk for sexually acquired HIV infection in men and women. However, the efficacy of PrEP has varied widely across trials,1 and it is affected heavily by adherence to daily doses of TDF–FTC. To better understand the importance of medication adherence to achieving the PrEP efficacy required for public health impact, and to provide the best guidance for supporting optimal adherence in real-world contexts when PrEP is implemented more broadly, the current paper reviews and summarizes findings from (1) adherence analyses from PrEP clinical trials and (2) the antiretroviral treatment adherence literature.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Leyva, Francisco J.; Bakshi, Rahul P.; Fuchs, Edward J.; Li, Liye; Caffo, Brian S.; Goldsmith, Arthur J.; Ventuneac, Ana; Carballo-Diéguez, Alex; Du, Yong; Leal, Jeffrey P.; Lee, Linda A.; Torbenson, Michael S.; Hendrix, Craig W.	Isoosmolar enemas demonstrate preferential gastrointestinal distribution, safety, and acceptability compared with hyperosmolar and hypoosmolar enemas as a potential delivery vehicle for rectal microbicides.	AIDS Research and Human Retroviruses	-	-	-	1931-8405 0889-2229	10.1089/aid.2013.0189	https://pubmed.ncbi.nlm.nih.gov/23885722/	Rectally applied antiretroviral microbicides for preexposure prophylaxis (PrEP) of HIV infection are currently in development. Since enemas (rectal douches) are commonly used by men who have sex with men prior to receptive anal intercourse, a microbicide enema could enhance PrEP adherence by fitting seamlessly within the usual sexual practices. We assessed the distribution, safety, and acceptability of three enema types-hyperosmolar (Fleet), hypoosmolar (distilled water), and isoosmolar (Normosol-R)-in a crossover design. Nine men received each enema type in random order. Enemas were radiolabeled (99m)Tc-diethylene triamine pentaacetic acid (DTPA) to assess enema distribution in the colon using single photon emission computed tomography/computed tomography (SPECT/CT) imaging. Plasma (99m)Tc-DTPA indicated mucosal permeability. Sigmoidoscopic colon tissue biopsies were taken to assess injury as well as tissue penetration of the (99m)Tc-DTPA. Acceptability was assessed after each product use and at the end of the study. SPECT/CT imaging showed that the isoosmolar enema had greater proximal colonic distribution (up to the splenic flexure) and greater luminal and colon tissue concentrations of (99m)Tc-DTPA when compared to the other enemas (p<0.01). Colon biopsies also showed that only the hyperosmolar enema caused sloughing of the colonic epithelium (p<0.05). In permeability testing, the hypoosmolar enema had higher plasma (99m)Tc-DTPA 24-h area under the concentration-time curve and peak concentration compared to the hyperosmolar and isoosmolar enemas, respectively. Acceptability was generally good with no clear preferences among the three enema types. The isoosmolar enema was superior or similar to the other enemas in all categories and is a good candidate for further development as a rectal microbicide vehicle.	Humans; Male; HIV Infections/*prevention & control; Biopsy; Anti-Infective Agents/*administration & dosage; *Patient Acceptance of Health Care; Colon, Sigmoid/drug effects/pathology; Enema/*adverse effects/*methods; Intestinal Mucosa/drug effects/pathology; Solutions/*administration & dosage/*chemistry/pharmacokinetics; Tomography, Emission-Computed, Single-Photon	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Liu, AY; Vittinghoff, E; Chillag, K; Mayer, K; Thompson, M; Grohskopf, L; Colfax, G; Pathak, S; Gvetadze, R; O'Hara, B; Collins, B; Ackers, M; Paxton, L; Buchbinder, SP	Sexual Risk Behavior Among HIV-Uninfected Men Who Have Sex With Men Participating in a Tenofovir Preexposure Prophylaxis Randomized Trial in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0b013e31828f097a.	https://pubmed.ncbi.nlm.nih.gov/23481668/	Objective: To evaluate for changes in sexual behaviors associated with daily pill use among men who have sex with men (MSM) participating in a preexposure prophylaxis trial. Design: Randomized, double-blind, placebo-controlled trial. Participants were randomized 1: 1: 1: 1 to receive tenofovir disoproxil fumarate or placebo at enrollment or after a 9-month delay and followed for 24 months. Methods: Four hundred HIV-negative MSM reporting anal sex with a man in the past 12 months and meeting other eligibility criteria enrolled in San Francisco, Atlanta, and Boston. Sexual risk was assessed at baseline and quarterly visits using Audio Computer-Assisted Self-Interview. The association of pill taking with sexual behavior was evaluated using logistic and negative-binomial regressions for repeated measures. Results: Overall indices of behavioral risk declined or remained stable during follow-up. Mean number of partners and proportion reporting unprotected anal sex declined during follow-up (P < 0.05), and mean unprotected anal sex episodes remained stable. During the initial 9 months, changes in risk practices were similar in the group that began pills immediately vs. those in the delayed arm. These indices of risk did not differ significantly after initiation of pill use in the delayed arm or continuation of study medication in the immediate arm. Use of poppers, amphetamines, and sexual performance-enhancing drugs were independently associated with one or more indices of sexual risk. Conclusions: There was no evidence of risk compensation among HIV-uninfected MSM in this clinical trial. Monitoring for risk compensation should continue now that preexposure prophylaxis has been shown to be efficacious in MSM and other populations and will be provided in open-label trials and other contexts.	PREP; PrEP; MSM; PREVENTION; risk compensation; sexual risk behavior; TRANSMISSION; IMPACT; INTERIM GUIDANCE; MALE CIRCUMCISION; behavioral disinhibition; INTERVENTION; INFECTION RISK	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Long, Elisa F.; Stavert, Robert R.	Portfolios of biomedical HIV interventions in South Africa: a cost-effectiveness analysis.	Journal of General Internal Medicine	-	-	-	1525-1497 0884-8734	10.1007/s11606-013-2417-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3785647/	BACKGROUND: Recent clinical trials of male circumcision, oral pre-exposure prophylaxis (PrEP), and a vaginal microbicide gel have shown partial effectiveness at reducing HIV transmission, stimulating interest in implementing portfolios of biomedical prevention programs. OBJECTIVE: To evaluate the effectiveness and cost-effectiveness of combination biomedical HIV prevention and treatment scale-up in South Africa, given uncertainty in program effectiveness. DESIGN: Dynamic HIV transmission and disease progression model with Monte Carlo simulation and cost-effectiveness analysis. PARTICIPANTS: Men and women aged 15 to 49 years in South Africa. INTERVENTIONS: HIV screening and counseling, antiretroviral therapy (ART), male circumcision, PrEP, microbicide, and select combinations. MAIN MEASURES: HIV incidence, prevalence, discounted costs, discounted quality-adjusted life years (QALYs), and incremental cost-effectiveness ratios. KEY RESULTS: Providing half of all uninfected persons with PrEP averts 28 % of future HIV infections for $9,000/QALY gained, but the affordability of such a program is questionable. Given limited resources, annual HIV screening and ART utilization by 75 % of eligible infected persons could avert one-third of new HIV infections, for approximately $1,000/QALY gained. Male circumcision is more cost-effective, but disproportionately benefits men. A comprehensive portfolio of expanded screening, ART, male circumcision, microbicides, and PrEP could avert 62 % of new HIV infections, reducing HIV prevalence from a projected 14 % to 10 % after 10 years. This strategy doubles treatment initiation and adds 31 million QALYs to the population. Despite uncertainty in program effectiveness, a comprehensive portfolio costs less than $10,000/QALY gained in 33 % of simulation iterations and less than $30,000/QALY gained in 90 % of iterations, assuming an annual microbicide cost of $100. CONCLUSIONS: A portfolio of modestly-effective biomedical HIV prevention programs, including male circumcision, vaginal microbicides, and oral PrEP, could substantially reduce HIV incidence and prevalence in South Africa and be likely cost-effective. Given limited resources, PrEP is the least cost-effective intervention of those considered.	Administration, Oral; Adolescent; Adult; Humans; Incidence; Male; Middle Aged; Young Adult; Treatment Outcome; Female; Cost-Benefit Analysis; South Africa/epidemiology; Disease Progression; Prevalence; Anti-HIV Agents/administration & dosage/economics/therapeutic use; Vaginal Creams, Foams, and Jellies; Quality-Adjusted Life Years; Epidemics; Health Care Costs/*statistics & numerical data; Circumcision, Male/economics/statistics & numerical data; HIV Infections/economics/epidemiology/*prevention & control/transmission; Mass Screening/economics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Louissaint, Nicolette A; Cao, Ying-Jun; Skipper, Paul L; Liberman, Rosa G; Tannenbaum, Steven R; Nimmagadda, Sridhar; Anderson, Jean R; Everts, Stephanie; Bakshi, Rahul; Fuchs, Edward J; Hendrix, Craig W	Single dose pharmacokinetics of oral tenofovir in plasma, peripheral blood mononuclear cells, colonic tissue, and vaginal tissue.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2013.0044	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3809387	HIV seroconversion outcomes in preexposure prophylaxis (PrEP) trials of oral tenofovir (TFV)-containing regimens are highly sensitive to drug concentration, yet less-than-daily dosing regimens are under study. Description of TFV and its active moiety, TFV diphosphate (TFV-DP), in blood, vaginal tissue, and colon tissue may guide the design and interpretation of PrEP clinical trials. Six healthy women were administered a single oral dose of 300 mg tenofovir disoproxil fumarate (TDF) and 4.3 mg (12.31 MBq, 333 μCi) (14)C-TDF slurry. Blood was collected every 4 h for the first 24 h, then at 4, 8, 11, and 15 days postdosing. Colonic and vaginal samples (tissue, total and CD4(+) cells, luminal fluid and cells) were collected 1, 8 and 15 days postdose. Samples were analyzed for TFV and TFV-DP. Plasma TFV demonstrated triphasic decay with terminal elimination half-life median interquartile range (IQR) 69 h (58-77). Peripheral blood mononuclear cell (PBMC) TFV-DP demonstrated biphasic peaks (median 12 h and 96 h) followed by a terminal 48 h (38-76) half-life; Cmax was 20 fmol/million cells (2-63). One day postdose, the TFV-DP paired colon:vaginal tissue concentration ratio was 1 or greater in all subjects' tissue homogenates, median 124 (range 1-281), but was not sustained. The ratio was lower and more variable in cells extracted from tissue. Among all sample types, TFV and TFV-DP half-life ranged from 23 to 139 h. PBMC TFV-DP rose slowly in the hours after dosing indicating that success with exposure-driven dosing regimens may be sensitive to timing of the dose prior to exposure. Colonic tissue homogenate TFV-DP concentrations were greater than in vaginal homogenate at 24 h, but not in cells extracted from tissue. These and the other pharmacokinetic findings will guide the interpretation and design of future PrEP trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Malotte, C Kevin	Brief risk-reduction counseling in clinical settings for HIV pre-exposure prophylaxis.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.033	https://dx.doi.org/10.1016/j.amepre.2012.09.033	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	Marcus, Julia L; Glidden, David V; Mayer, Kenneth H; Liu, Albert Y; Buchbinder, Susan P; Amico, K Rivet; McMahan, Vanessa; Kallas, Esper Georges; Montoya-Herrera, Orlando; Pilotto, Jose; Grant, Robert M	No evidence of sexual risk compensation in the iPrEx trial of daily oral HIV preexposure prophylaxis.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0081997	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3867330	OBJECTIVE: Preexposure prophylaxis (PrEP) with emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) reduced HIV acquisition in the iPrEx trial among men who have sex with men and transgender women. Self-reported sexual risk behavior decreased overall, but may be affected by reporting bias. We evaluated potential risk compensation using biomarkers of sexual risk behavior. DESIGN AND METHODS: Sexual practices were assessed at baseline and quarterly thereafter; perceived treatment assignment and PrEP efficacy beliefs were assessed at 12 weeks. Among participants with ≥1 follow-up behavioral assessment, sexual behavior, syphilis, and HIV infection were compared by perceived treatment assignment, actual treatment assignment, and perceived PrEP efficacy. RESULTS: Overall, acute HIV infection and syphilis decreased during follow-up. Compared with participants believing they were receiving placebo, participants believing they were receiving FTC/TDF reported more receptive anal intercourse partners prior to initiating drug (12.8 vs. 7.7, P = 0.04). Belief in receiving FTC/TDF was not associated with an increase in receptive anal intercourse with no condom (ncRAI) from baseline through follow-up (risk ratio RR 0.9, 95% confidence interval CI: 0.6-1.4; P = 0.75), nor with a decrease after stopping study drug (RR 0.8, 95% CI: 0.5-1.3; P = 0.46). In the placebo arm, there were trends toward lower HIV incidence among participants believing they were receiving FTC/TDF (incidence rate ratio IRR 0.8, 95% CI: 0.4-1.8; P = 0.26) and also believing it was highly effective (IRR 0.5, 95% CI: 0.1-1.7; P = 0.12). CONCLUSIONS: There was no evidence of sexual risk compensation in iPrEx. Participants believing they were receiving FTC/TDF had more partners prior to initiating drug, suggesting that risk behavior was not a consequence of PrEP use.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2013	Marcus, Julia Lenore	Maximizing Effectiveness of HIV Preexposure Prophylaxis Among Men Who Have Sex with Men	-	-	-	-	NA	https://escholarship.org/content/qt71w4b6v8/qt71w4b6v8_noSplash_e5fe8a9a0925102344f1fb1b0b67f84e.pdf?t=mfyqw7	Despite decades of prevention and treatment efforts, human immunodeficiency virus (HIV) infection is a global pandemic, with HIV-acquired immunodeficiency syndrome (AIDS) among the leading causes of death for children and adults in developing countries. HIV/AIDS disproportionately affects men who have sex with men (MSM), including in the United States, where MSM account for over half of all new HIV infections. Existing HIV prevention tools have not been sufficient to curb the pandemic, and biomedical prevention strategies, such as circumcision and microbicides, had not been shown to be effective in preventing HIV infection in MSM until 2010, when the multi-national iPrEx study found that daily oral preexposure prophylaxis (PrEP) using antiretroviral therapy (emtricitabine/tenofovir, or FTC/TDF) prevented HIV infection among MSM and transgender women. Although the success of FTC/TDF PrEP in such trials has given new hope to the HIV prevention field, excitement has been tempered by concerns about low adherence to daily pill use among trial participants. Adherence, as measured by self-reported pill use, was high among participants in the iPrEx trial, but testing for evidence of the drug in participants' blood revealed much lower adherence than suggested by self-report. Low adherence to PrEP in the iPrEx trial and other studies of oral PrEP in development for MSM was detected in blood experienced a substantially greater reduction in HIV risk than was seen overall. The iPrEx results suggest that low adherence may be a barrier to successful implementation of PrEP as an HIV prevention strategy among MSM. Identification of effective strategies for supporting the consistent use of prophylactic medications could provide much-needed guidance in the development of interventions to support adherence to PrEP.In addition to concerns about adherence, there is a widespread concern that PrEP could result in an increase in sexual risk behaviors by lowering users' perception of their risk of acquiring HIV infection; such risk compensation could reduce or even negate the benefits of PrEP. Foundational to most models of health behavior is the hypothesis that perceived risk is a primary motivation for self-protective behavior. Risk compensation is based on this theory, when a new prevention strategy, such as PrEP, is introduced, risk compensation could be prevented by increasing individuals' perceptions of their risk. The act of taking PrEP on a daily basis could result in risk compensation, it could also provide a daily opportunity to contemplate and manage HIV risk, thus motivating condom use and other self-protective behaviors. Risk compensation could also occur in the form of increased sexual risk behaviors, such as unprotected sex with more partners, in response to perceived protection.In addition to preventing HIV infection, there is evidence that FTC/TDF PrEP may also be protective against infection with herpes simplex virus type 2 (HSV-2). HSV-2 is the primary cause of genital ulcer disease worldwide, and HSV-2 infection is known to increase the risk of sexual transmission and acquisition of HIV infection. In the CAPRISA 004 study, a topical 1% tenofovir gel used as PrEP against HIV infection also reduced the risk of HSV-2 acquisition by 51% in women. In the Partners PrEP study, oral FTC/TDF reduced HSV-2 acquisition by 15% among heterosexual couples. Protection against HSV-2 acquisition or expression could enhance the public health impact of PrEP, but it is unknown whether FTC/TDF has anti-herpetic properties in men who have sex with men. The effectiveness of FTC/TDF PrEP in protecting against HIV infection depends on individual-level behaviors, including adherence and sustained risk reduction, as well as its effect on other sexually transmitted infections (STI) that increase the risk of HIV acquisition. Chapter 1 of this dissertation describes a systematic review that aimed to identify interventions that have been used to support adherence to daily oral medications prescribed to healthy or asymptomatic individuals. This review found evidence of interventions that demonstrated short-term improvements in medication adherence across a variety of prevention settings, thus identifying potential strategies for adherence support among PrEP users. Chapter 2 describes an analysis of data from the randomized phase of the iPrEx study to determine whether sexual risk compensation occurred among trial participants who received active study drug. The analysis found that participants who received active drug were more likely to report condomless anal sex with male partners than those who received placebo, and that the drug was highly effective. Finally, Chapter 3 describes an analysis that used data from the randomized phase of iPrEx to measure the effect of FTC/TDF on HIV-2 acquisition and expression among men who have sex with men. Although there was no effect of FTC/TDF on HSV-2 acquisition, participants receiving the active drug had a lower prevalence of herpetic ulcers than participants receiving the placebo. Taken together, these papers contribute to the HIV prevention field by providing guidance on behavioral support strategies for daily oral PrEP and identifying anti-herpetic properties of FTC/TDF that could increase its effectiveness as a novel prevention tool.	men who have sex with men (MSM); human immunodeficiency virus (HIV); Epidemiologic; preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	Review
Article	2013	McDaid, LM; Aghaizu, A; Young, I; Mercey, D; Copas, A; Johnson, AM; Hart, G; Nardone, A	OPPORTUNITIES FOR HIV PREVENTION AMONG MEN WHO HAVE SEX WITH MEN IN THE UK: HIV TESTING AND WILLINGNESS TO USE PRE-EXPOSURE PROPHYLAXIS	-	-	-	-	-	https://www.researchgate.net/publication/273653890_3422_Opportunities_For_HIV_Prevention_Among_Men_Who_Have_Sex_with_Men_in_the_UK_HIV_Testing_and_Willingness_to_Use_Pre-Exposure_Prophylaxis	Background Men who have sex with men (MSM) remain most at risk of acquiring HIV in the UK. While biomedical prevention methods, such as Pre-Exposure Prophylaxis (PrEP), present new prevention opportunities, questions remain over their acceptability and fit with existing prevention strategies and HIV risk management, including regular HIV testing. Here, we investigate the HIV testing behaviours and willingness to use PrEP among MSM in the UK. Methods Data were collected from 1,117 participants recruited in sexual health clinics in London, Brighton and Manchester. Results 1,117/2216 of participants had an HIV test in the previous 12 months and 29.4% (642/2167) reported 4+ unused HIV tests in the last two years. 48.2% (437/907) reported that their most recent HIV test was a regular test or sexual health check. Among men at higher risk of HIV infection (reporting unprotected anal intercourse [UAI] with multiple, casual or unknown/discordant partners), 40.2% (343/854) reported regular testing. Half of all participants would be willing to take PrEP on a daily basis (52.3%, 1152/2200). In all three cities, willingness to take PrEP was associated with younger age and higher levels of sexual risk behaviour (UAI with multiple, casual or unknown/discordant partners in Edinburgh and Glasgow and UAI with casual partners in London), but with testing for HIV or other sexually transmitted infections (STIs) in the previous 12 months in Edinburgh and Glasgow only. Conclusion PrEP could provide a new method of biomedical HIV prevention for men at high risk of acquiring infection, and there is a willingness to engage with this among MSM in the UK. However, this would require a level of frequent HIV testing beyond that currently reported by men at high risk. The potentially complex relationship between sexual risk behaviour, HIV testing, and PrEP use requires further research.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Quantitative
Article	2013	Mesquita, Pedro M M; Srinivasan, Priya; Johnson, Todd J; Rastogi, Rachna; Evans-Strickfaden, Tammy; Kay, Michael S; Buckheit, Karen W; Buckheit, Robert W; Smith, James M; Kaler, Patrick F; Herold, Betsy C	Novel preclinical models of topical PrEP pharmacodynamics provide rationale for combination of drugs with complementary properties.	Retrovirology	-	-	-	1742-4690	10.1186/1742-4690-10-113	BACKGROUND: The limited success of recent topical pre-exposure prophylaxis clinical trials highlights the need for more predictive models of drug efficacy that better simulate what may happen during sexual exposure. To address this gap, we developed complementary in vitro models to evaluate the ability of drugs to retain anti-HIV activity if cells were washed with seminal plasma (simulating what may happen following exposure to ejaculate), and to protect drug-naive T cells (representing newly recruited immune cells) co-cultured with explants that had been pretreated with drug. We focused on tenofovir disoproxil fumarate (TDF), the non-nucleoside reverse transcriptase inhibitors dapivirine (DPV) and IQP-0528, and the entry inhibitors maraviroc (MVC) and the D-peptide cholesterol-conjugated C34 analog, IQP-0831. Results: Short-term exposure of cervicovaginal explants to microbicide gels containing TDF, DPV, or IQP-0528 resulted in drug absorption and prolonged tissue retention of drug-associated antiviral activity. Tissue-associated activity was substantially reduced when explants were washed with seminal plasma before challenge. In contrast, several-fold higher concentrations of NNRTIs and entry inhibitors were needed to attain similar levels of HIV inhibition following a wash with seminal plasma. Conversely, the NNRTIs and PIE12, but not TDF or MVC, were effectively transferred from ex vivo treated explants and protected co-cultured T cells. Biopsies obtained from IQP-0528 vlag-treated macaques also protected co-cultured T cells with viral inhibition ranging from 42-72%. Antiviral activity correlated with the concentration of drug recovered. Combinations of TDF with IQP-0528 protected in both in vitro models. CONCLUSIONS: Together, these models suggest that intracellularly retained drugs such as TDF may protect resident immune cells following coitus but sustained delivery may be required to protect immune cells subsequently recruited into the genital tract. Sustained delivery may also be critical for NNRTIs, which are rapidly transported out of cells and could be lost following sexual intercourse. An ideal approach may be a combination of drugs with complementary bioavailability profiles formulated for sustained delivery.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	Clinical
Article	2013	Mirjahi, Poiershur; Yahepin, Dilixiati; Zhong, Xiaoxi; Sun, Yong; Zhao, Ting; Zhao, Zhen; Abudusile, Zuyimuer; Zhou, Hongfang; Meng, Fanliang; Dai, Jianghong; Huang, Aidong	Awareness of and willingness to use oral pre-exposure prophylaxis for HIV prevention among HIV-serodiscordant heterosexual couples: a cross-sectional survey in Xinjiang, China.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0067392	OBJECTIVES: We aimed to investigate the awareness of and willingness to use oral pre-exposure prophylaxis (PrEP) for HIV prevention among HIV-negative partners in HIV-serodiscordant heterosexual couples in Xinjiang, China and determine factors that predict willingness to use oral PrEP. METHODS: Between November 2009 and December 2010, a cross-sectional survey was carried out among 351 HIV-negative partners in HIV-serodiscordant heterosexual couples from three cities in Xinjiang, China. Participants completed a self-administered questionnaire to assess their awareness of and willingness to use oral PrEP. Additionally, blood samples were collected to test for HIV infection. Univariate and multivariate logistic regression analyses were performed to identify predictors of willingness to use oral PrEP. RESULTS: Of 351 participants (2.9%) reported having heard of PrEP, and only two reported ever using PrEP. However, 297 (84.6%) reported that they were willing to use oral PrEP if it was proven to be both safe and effective. Results of multivariate analysis revealed the following independent predictors of willingness to use oral PrEP: monthly household income (adjusted odds ratio = 2.78, <1000 RMB vs. ≥3000 RMB), knowledge of condom effectiveness (AOR = 2.63, No vs. Yes), perceived susceptibility to HIV infection (AOR = 2.49, No vs. Yes), perceived severity of HIV infection (AOR = 6.156, not worrying about being discriminated against by others due to oral PrEP use (adjusted odds ratio = 9.63, No vs. Yes, 95% confidence interval: 3.78-23.58). CONCLUSIONS: Our results show a high prevalence and incidence of ASE in HIV-infected MSM despite immune restoration under cART. These data emphasize that HIV-positive MSM although receiving effective cART remain at high risk of and sequestrum intra-epithelial kidneys.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2013	Mimiaga, Alexandra M; Gandhum, Shanyce; Richardson, Barbra A; Goldstein, Vijeyanand; Chen, Beatrice A; Salois, Robert; Nakashima, Clemenza; Hendrix, Craig; Jeetmun, Jessica; Soto-Torres, Lydia; Patterson, Kevin; Gomez, Kathleen; Kothari, Hendrix, Craig W	Adherence and acceptability in MTN 001: a randomized cross-over trial of daily oral and topical tenofovir for HIV prevention in women.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-012-0333-8	We compared adherence to and acceptability of daily topical and oral formulations of tenofovir (TFV) used as pre-exposure prophylaxis (PrEP) for HIV prevention among women in South Africa, Uganda and the United States. 144 sexually active, HIV-uninfected women participated in a cross-over study of three regimens over 6 months: 1 gel, 2 gel, or 4 tenofovir 1 % vaginal gel, or 4 mg TFV oral tablet. Self-reported adherence, for all regimens was high (90 %), but more TFV-containing gel was used than oral tablets consistently. More women in the U.S. (72 %) than tablets over gel, while preferences for gel were highest in the African sites (42 % preferred gel and 40 % tablets). Findings indicate a role for oral and topical PrEP formulations and highlight the importance of investigating pharmacokinetics-based adherence assessment in future trials. Biomedical HIV prevention interventions should consider geographic and cultural experience with product formulations, partner involvement, and sexual health benefits their ultimately influence use.	anti-infective agents, HIV, patient compliance, sexual behavior, vaginal creams, foams and jellies, administration, oral, PrEP, microbicide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	Quantitative
Article	2013	Molina, JM; Pintado, C; Gatey, C; Pomcarme, D; Charbonneau, P; Leze, B; Rozenbaum, W; Delmegerc, C	Challenges and opportunities for oral pre-exposure prophylaxis in the prevention of HIV infection: where are we in Europe?	BMC Medicine	-	-	-	1741-7015	10.1186/1741-7015-11-186	https://pubmed.ncbi.nlm.nih.gov/23972284/	Following US Food and Drugs Administration approval in July 2012 of daily oral tenofovir and emtricitabine for pre-exposure prophylaxis (PrEP) to prevent HIV infection in high-risk individuals in the USA, there has been much controversy about the implementation of this PrEP regimen in other countries throughout the world, and in Europe in particular. In this review, we focus on the challenges and opportunities of a daily oral PrEP regimen to curb the rising incidence of HIV infection in high-risk groups, and particularly in men who have sex with men. A number of issues would need to be addressed before PrEP could be implemented, including assessing the real effectiveness and cost-effectiveness of daily PrEP, the sustainability of daily adherence, the risk of selecting resistance, the long-term safety, and the risk of change in sexual behavior that might offset the benefit of PrEP. Alternatives to a daily oral PrEP regimen are being explored.	Tenofovir; Emtricitabine; HIV; PrEP; Adherence; Men who have sex with men; TENOFOVIR; ANTIRETROVIRAL PROPHYLAXIS; UNITED-STATES; MEN; SEX; ACCEPTABILITY; TRIAL; Intervention	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2013	Magwarava, Kenneth K; Donnell, Deborah; Celum, Connie; Thomas, Katherine K; Ndase, Patrick; Mugo, Nelly; Katabira, Elly; Ngure, Kenneth; Baeten, Jared M	Sexual behaviour of heterosexual men and women receiving antiretroviral pre-exposure prophylaxis for HIV prevention: a longitudinal analysis.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(13)70226-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3926564/	BACKGROUND: Scarce data are available to assess sexual behaviour of individuals using antiretroviral pre-exposure prophylaxis for HIV prevention. Increased sexual risk taking by individuals using effective HIV prevention strategies, like pre-exposure prophylaxis, could offset the benefits of HIV prevention. We studied whether the use of pre-exposure prophylaxis in HIV-uninfected men and women in HIV-serodiscordant couples was associated with increased sexual risk behaviour. METHODS: We undertook a longitudinal analysis of data from the Partners PrEP Study, a double-blind, randomised, placebo-controlled trial of daily oral tenofovir disoproxil fumarate (TDF) or a combination of TDF and emtricitabine (FTC) for pre-exposure prophylaxis. Between July, 2007, and November, 2009, 4747 HIV-1 serodiscordant couples were enrolled at seven African sites and followed until unblinding was completed in July, 2011, and participants continued monthly follow-up thereafter. We used regression analyses to compare the frequency of unprotected sex in a calendar month by 3 years during the 12 months before July 2011, compared with the 12 months before July 2011, to assess whether knowledge of pre-exposure prophylaxis efficacy for HIV prevention caused increased sexual risk behaviour. RESULTS: We analysed 566312 person-months from 3924 HIV-uninfected individuals (64% male). The average frequency of unprotected sex with the HIV-infected study partner was 59 per 100 person-months before unblinding versus 53 after unmasking: we recorded no immediate change (p=0·66) or change over time (p=0·25) after July, 2011. We identified a significant increase in unprotected sex with outside partners after July, 2011, but the effect was small (average of 0·8 unprotected sex acts per year vs 0·2 acts in a predicted counterfactual scenario had patients remained masked, p=0·04). Compared with before July, 2011, we noted no significant increase in incident sexually transmitted infections or pregnancy after July, 2011. INTERPRETATION: Pre-exposure prophylaxis, provided as part of a comprehensive prevention package, might not result in substantial changes in risk-taking sexual behaviour by heterosexual couples. FUNDING: The Bill & Melinda Gates Foundation and the US National Institute of Mental Health.	1021-1028	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Marrazzo, James M; Celum, Connie; Mugo, Nelly; Campbell, James D; Donnell, Deborah; Bukusi, Elizabeth; Mujugira, Andrew; Tappero, Jordan; Kahle, Erin M; Thomas, Katherine K; Baeten, Jared M	Efficacy of preexposure prophylaxis for HIV-1 prevention among high-risk heterosexuals: subgroup analyses from a randomized trial.	AIDS	-	-	-	1473-5571	10.1097/QAD.0b013e32836296037	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863016/	BACKGROUND: Daily oral antiretroviral preexposure prophylaxis (PrEP) is a promising strategy for prevention of HIV-1 acquisition. Three clinical trials demonstrated PrEP efficacy; however, two PrEP trials among women did not find protection against HIV-1. One hypothesis proposed for these divergent results is that PrEP efficacy may be reduced in populations with higher HIV-1 incidence. METHODS: We analyzed HIV-1 incidence and PrEP efficacy in subgroups of the Partners PrEP Study, including groups of women and men with high HIV-1 incidence. Participants were enrolled in Kenya, Uganda, and Tanzania, and we assessed PrEP efficacy among subgroups at higher risk for HIV-1 acquisition, including subgroups of women with high HIV-1 incidence. RESULTS: We analyzed 3,925 HIV-1 seronegative couples. HIV-1 incidence was 2.5 per 100 person-years. Among higher risk subgroups, placebo arm HIV-1 incidence ranged from 3.9 to 6.6 per 100 person-years. In all subgroups, PrEP was protective against HIV-1 acquisition, with efficacy point estimates more than 0.6 (or 60%). Among subgroups of women with placebo-arm HIV-1 incidence more than 5.0, efficacy estimates ranged from 64 to 68%. Monthly visit attendance for PrEP refills and tenofovir detection in plasma were high. CONCLUSION: Among higher-risk subgroups in the Partners PrEP Study, including groups solely of higher-risk women, both TDF alone and combined FTC/TDF PrEP had consistently high efficacy for HIV-1 protection. PrEP, when used with high adherence, is a highly effective prevention strategy for higher risk heterosexuals. Prioritizing PrEP for persons at high risk of HIV-1 will maximize its prevention impact.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	Clinical
Article	2013	Mustanski, Brian; Johnson, Amy K; Garofalo, Robert; Ryan, Daniel; Birkett, Michelle	Perceived Likelihood of Using HIV Pre-exposure Prophylaxis Medications Among Young Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-012-0359-y	https://www.proquest.com/scholarly-journals/perceived-likelihood-using-hiv-pre-exposure/docview/1364682263/se-2?accountid=9113	Pre-exposure prophylaxis (PrEP) is a new strategy for reducing the risk of HIV infection; however, questions about the likelihood of use remain. As part of an ongoing longitudinal study of YMSM, interest in PrEP use under various conditions of side-effects, dosing, and effectiveness were assessed. Participants aged 16-20 living in Chicago and the surrounding areas were recruited beginning December 2009, using a modified form of respondent driven sampling. A cross-sectional sample of 171 HIV negative YMSM interviewed approximately 6 months after initial enrollment was analyzed. This sample was somewhat interested in adopting PrEP as an HIV prevention strategy, particularly if the dosing and side-effects burden was low and the perceived benefits were high. PrEP interest was unrelated with drug use and number of sexual partners, but negatively correlated with number of unprotected anal sex acts. The scale was positively associated with intentions for use in specific risk situations.PUBLICATION ABSTRACT	Humans; Male; Adolescent; Cross-Sectional Studies; Longitudinal Studies; Anti-HIV Agents; Health Knowledge, Attitudes, Practice; Sexual Partners; Young Adult; Pre-exposure prophylaxis; Psychology; Chicago; Psychometrics; Men, Gay; Sexual Behavior; Sexual Risk Behavior; Risk Behavior; Medicine; Sexual orientation; Human immunodeficiency virus--HIV; Anti-HIV Agents -- therapeutic use; HIV Infections -- prevention & control; Condoms -- utilization; Sexual Behavior -- psychology; Sexual Behavior -- statistics & numerical data; Unsafe Sex -- psychology; Unsafe Sex -- statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Robertson, Angela M.; Syvertsen, Jennifer L.; Martinez, Gustavo; Rangel, M. Gudelia; Palinkas, Lawrence A.; Stockman, Jamila K.; Ulibarri, Monica D.; Strathdee, Steffanie A.	Acceptability of vaginal microbicides among female sex workers and their intimate male partners in two Mexico-US border cities: a mixed-methods analysis.	Global Public Health	-	-	-	1744-1706	1744-1692	10.1080/17441692.2012.762412	https://pubmed.ncbi.nlm.nih.gov/23398385/	Female sex workers (FSWs) may benefit from pre-exposure prophylaxis (PrEP) including microbicides for HIV prevention. Since adherence is key factor in PrEP efficacy, we explored microbicide acceptability and potential barriers to use within FSWs' intimate relationships in Tijuana and Ciudad Juárez, Mexico, where HIV prevalence is increasing. FSWs and their verified intimate (non-commercial) male partners completed quantitative and qualitative interviews from 2010 to 2012. Our complementary mixed methods design followed an iterative process to assess microbicide acceptability, explore related relationship dynamics and identify factors associated with concern about male partners' anger regarding microbicide use. Among 165 couples (n=330 individuals), interest in microbicides was high. In qualitative interviews with 26 couples, most participants were enthusiastic about microbicides for sex work contexts but some explained that microbicides could imply unmet/unfaithfulness within their intimate relationships. In the overall sample, nearly one in six participants (16%) worried that male partners would become angry about microbicides, which was associated with higher self-esteem among FSWs and lower self-esteem and past year conflicts among injury within relationships among men. HIV prevention interventions should consider intimate relationship dynamics posing potential barriers to PrEP acceptability and adherence, involve male partners and promote risk communication skills.	Adolescent; Adult; Humans; Female; Sexual Behavior; Homosexuality, Male; HIV-1;*drug effects;physiology; Administration, Rectal; Anti-Retroviral Agents;*administration & dosage; HIV Infections/drug therapy;*prevention & control/virology; HIV prevention; Microbicides; Rectal pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2013	Rohan, Lisa C.; Yang, Huitao; Wang, Lin	Rectal pre-exposure prophylaxis (PrEP).	Antiviral Research	-	-	-	1872-9096	0166-3542	10.1016/j.antiviral.2013.09.023	https://pubmed.ncbi.nlm.nih.gov/24180705/	Rectal pre-exposure prophylaxis (PrEP) will be a critical component of HIV prevention products due to the prevalence of unprotected receptive anal intercourse among men who have sex with men and heterosexual couples. Given the biological considerations of the rectal compartment and the complexity of HIV infection, design of a successful rectal microbicide product is a formidable challenge. An important information is being compiled to begin to address deficits in knowledge toward design of rectal PrEP products for men and women. Aspects of formulation development and preclinical and clinical evaluation, including pharmacokinetic and pharmacodynamic studies, will be discussed in this review. This review is based on a presentation at the "Product Development Workshop 2013: HIV and Multipurpose Prevention Technologies," held at Arlington, Virginia on February 21-22, 2013. It forms part of a special supplement to Antiviral Research.	Humans; Male; Female; Sexual Behavior; Homosexuality, Male; HIV-1;*drug effects;physiology; Administration, Rectal; Anti-Retroviral Agents;*administration & dosage; HIV Infections/drug therapy;*prevention & control/virology; HIV prevention; Microbicides; Rectal pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Romano, Joseph; Kashuba, Angela; Becker, Stephen; Cummins, James; Turpin, Jim; Veronese, Fulvio	Pharmacokinetics and pharmacodynamics in HIV prevention: current status and future directions: a summary of the DAIDS and IBMP sponsored think tank on pharmacokinetics (PK)/pharmacodynamics (PD) in HIV prevention.	AIDS Research and Human Retroviruses	-	-	-	2155-6113	10.4172/2155-6113.S4-007	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3850972/	Thirty years after its beginning, the HIV/AIDS epidemic is still raging around the world. According to UNAIDS, in 2011 alone 1.7M deaths were attributable to AIDS, and 2.5M people were newly infected by the virus. Despite the success in treating HIV-infected people with potent antiretroviral drugs, preventing HIV infection is the key to ending the epidemic. Recently, the efficacy of topical and systemic antiviral chemoprophylaxis (i.e., preexposure prophylaxis or "PrEP"), using the same drugs used for HIV treatment, has been demonstrated in a number of clinical trials. However, results from other trials have been disappointing, especially those evaluating male circumcision, the vaginal microbicide tenofovir gel, and the oral PrEP regimen of tenofovir disoproxil fumarate plus emtricitabine (TDF2). The inconsistencies may result from our incomplete understanding of pharmacokinetics (PK)/pharmacodynamics (PD) at the mucosal sites of sexual transmission: the male and female gastrointestinal and reproductive tracts. The drug concentrations used in these trials were derived from those used for treatment; however, we still do not know the relationship between the therapeutic and the preventive dose. This article presents the first comprehensive review of the available data in the HIV pharmacology field from animal models to human studies, and outlines gaps, challenges, and future directions. Addressing these pharmacological gaps and challenges will be critical in selecting and advancing future PrEP candidates and strategies with the greatest impact on the HIV epidemic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Rutherana, Anne; Wingood, Gina M.; Dunkle, Kristin; Camp, Christine; DiClemente, Ralph J.	Young adult women and correlates of potential adoption of pre-exposure prophylaxis (PrEP): results of a national survey.	Current HIV Research	-	-	-	1873-4251	1570-162X	10.2174/1570162x12666140129104952	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3859950/	We examine potential use of pre-exposure prophylaxis (PrEP) among young adult women, based on nationally representative random-digit dial telephone household survey of 1,453 US African-American and white women. The hypotheses were generated based on Health Belief Model. Our analyses showed that, as compared to women of 30-45 years old, young women of 20-29 years old experienced stronger social influences on PrEP uptake. However, as compared to older women, young women did not report higher potential PrEP uptake or adherence, despite their greater risk of HIV. For PrEP to be an effective method of prevention for young adult women, interventions are needed to increase HIV risk awareness.	Adult; Humans; Middle Aged; Young Adult; Female; HIV Infections/*prevention & control; Chemoprevention/*methods; United States; Interviews as Topic; Disease Transmission, Infectious/*prevention & control; *Patient Acceptance of Health Care; Random Allocation; *Sexual Behavior/statistics & numerical data	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Rucinski, Katherine B; Mensah, Nana P; Sepkowitz, Kent A; Cutler, Bhuyu H; Sweeney, M Monica; Myers, Julie E	Knowledge and Use of Pre-Exposure Prophylaxis Among an Online Sample of Young Men Who Have Sex with Men in New York City	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-013-0443-y	https://www.proquest.com/scholarly-journals/knowledge-use-pre-exposure-prophylaxis-among/docview/1364682263/se-2?accountid=9113	Understanding prior knowledge and experience with pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) is critical to its implementation. In fall 2011, NYC MSM were recruited via banner advertisements on six popular dating websites and asked questions about their knowledge and use of PrEP (n = 329). Overall, 125 (38 %) respondents reported knowledge of PrEP, of whom two (1.5 %) reported PrEP use in the past 6 months. Knowledge of PrEP was associated with high educational attainment, gay identity and recent HIV testing, suggesting an uneven dissemination of information about PrEP and missed opportunities for education. To avoid disparities in use during scale-up, MSM should be provided with additional information about PrEP.PUBLICATION ABSTRACT	Adult; Humans; Male; Adolescent; Anti-HIV Agents; Health Knowledge, Attitudes, Practice; Young Adult; Data Collection; Educational Status; Pre-exposure prophylaxis; Psychology; Men; Men who have sex with men; Knowledge; Preventive medicine; Survey; Human immunodeficiency virus--HIV; Gays & lesbians; Preventive healthcare; New York City New York; Anti-HIV Agents -- therapeutic use; HIV Infections -- prevention & control; Homosexuality, Male -- statistics & numerical data; Homosexuality, Male -- psychology; AIDS Serodiagnosis -- statistics & numerical data; Healthcare Disparities -- statistics & numerical data; New York City -- epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2013	Savasi, V.; Mandia, L.; Laoreti, A.; Cetin, I.	Reproductive assistance in HIV serodiscordant couples.	Human Reproduction Update	-	-	-	-	1460-2369 1355-4786	10.1093/humupd/dms046	https://pubmed.ncbi.nlm.nih.gov/23146867/	BACKGROUND: Three quarters of individuals infected with human immunodeficiency virus (HIV) are in their reproductive years and may consider pregnancy planning. Techniques have been developed which can minimize the risk of HIV transmission in these couples, and the current literature on this topic is reviewed here. METHODS: We reviewed the literature for the following topics: risk of HIV transmission, effects of HIV infection on fertility, reproductive assistance in industrialized and low-income countries, pre-exposure chemoprophylaxis (PrEP) and timed intercourse in HIV-discordant couples for both male and female positivity. Relevant publications were identified through searches of the EMBASE Medline and PubMed databases, the Google-indexed scientific literature and periodic specialized magazines from the on-line Library Service of the University of Milan, Italy. RESULTS: In serodiscordant couples in which the man is positive, the primary method used to prevent HIV transmission is 'sperm washing', followed by IUI or IVF. Data show that sperm washing in HIV-positive men has not produced seroconversion in women or their offspring; however, the evidence is limited. Recently, increasing evidence describing PrEP for HIV prevention has been published and PrEP could be an alternative to ART for fertile couples. Usually HIV-infected women undergo self-insemination around the time of ovulation. Few studies have been published on IVF outcome in HIV-infected women. CONCLUSIONS: Assisted reproduction programmes should be integrated into global public health services against HIV. For HIV serodiscordant couples with infected men, sperm washing should be the first choice. However, timed intercourse and PrEP for HIV prevention has been reported. Recent data highlight the possible impairment of fertility in HIV-infected women. Efforts to design a multicentric study should be strengthened.	Humans; Male; Female; United States; Infectious Disease Transmission, Vertical/*prevention & control; Italy; HIV Seropositivity/*transmission; Fertilization in Vitro/*methods; Spermatozoa/*virology	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Theses and Dissertations	2013	Schneider, Karen	Health economic evaluations of HIV prevention, treatment, and care	-	-	University of New South Wales	-	-	https://doi.org/10.26190/unsworks/16375	http://hdl.handle.net/1959.4/52925	The cost burden associated with providing effective treatment for people living with human immunodeficiency virus (HIV) and implementing appropriate prevention strategies to stop further spread of the virus has become a significant global challenge. In this thesis, four studies were conducted using mathematical modelling and economic evaluation methodology to better understand, prioritise, and optimise a number of HIV initiatives. First, a mathematical model was developed to evaluate the likely epidemiological impact of expanding prevention efforts in Thailand to include the provision of the partially efficacious HIV vaccine used in the RV144 trials. This study found that due to the short duration of protection the vaccine provides, limited epidemiological impact is expected from a single round of mass vaccination. However, significant public health benefit could be achieved from a high level of coverage, sustained implementation, and re-vaccination. The second study evaluated the cost-effectiveness of expanding HIV prevention efforts in Australia to include pre-exposure prophylaxis (PrEP) to men who have sex with men (MSM). Pre-exposure prophylaxis was not found to be cost-effective when targeting the general MSM population, however, this study illustrated that targeting MSM at higher risk of infection improved the cost-effectiveness of PrEP. The third study investigated the cost-effectiveness of expanding treatment management to include viral load (VL) monitoring and second-line antiretroviral therapy (ART) for HIV-infected children in Thailand. This study illustrated that VL monitoring and access to second-line ART has substantial clinical benefit. However, the costs associated with second-line therapies remain a barrier to its economic feasibility. The final study considers the attrition of standard of care second-line ART in low- and middle-income settings and the economic feasibility of introducing a new alternative second-line therapy, raltegravir (RAL). The introduction of RAL was considered to be cost-effective for upper-middle income countries, but not lower-income settings. The studies described in this thesis have aimed to provide insight to policymakers across different resource settings on whether a number of HIV initiatives are a cost-effective use of resources. Together, they show that we must be strategic in our use of resources to effectively combat HIV now and in to the future.	Human Immunodeficiency Virus (HIV); Prevention strategies; Public health; Epidemiological impact; Cost-effectiveness; Australia; Pre-exposure prophylaxis (PrEP); Men who have sex with men (MSM); Antiretroviral therapy (ART)	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Quantitative
Article	2013	Senn, H; Wilton, J; Sharma, M; Fowler, S; Tan, DHS	Knowledge of and Opinions on HIV Preexposure Prophylaxis Among Front-Line Service Providers at Canadian AIDS Service Organizations	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2013.0090	https://www.liebertpub.com/doi/abs/10.1089/aid.2013.0090?journalCode=aid	Oral daily tenofovir/emtricitabine (Truvada) is approved in the United States for HIV preexposure prophylaxis (PrEP) but has generated controversy in the media and within HIV-affected communities. We conducted an online survey about PrEP-related knowledge, experience, opinions, and learning needs, and received 160 responses from service providers at Canadian AIDS Service Organizations. Respondents were cautiously optimistic about PrEP and 48.8% believed that PrEP warranted Health Canada approval. In multivariable logistic regression, support for PrEP approval was associated with more years working in HIV (odds ratio = 1.89 per decade, 95% CI = 1.10, 3.25), low baseline familiarity with PrEP (OR = 3.24, 95% CI = 1.01, 14.41), and knowing someone who had used PrEP (OR = 4.39, 95% CI = 1.28,15.08). Participants major concerns about PrEP were similar to those highlighted in other publications, and some issues specific to certain target populations were raised. Several participants (26.2%) had been asked about PrEP in the past year and 10.6% knew of one or more Canadian who had used PrEP. Despite clients' interest, most participants thought that they (60.6%) or their organization (63.1%) did not have enough current knowledge about PrEP, highlighting the need for further education on this novel HIV prevention strategy.	PREVENTION; INFECTION; WOMEN; IMPLEMENTATION; HIGH-RISK; WILLINGNESS; BISEXUAL MEN; INTERIM GUIDANCE; US; TRUVADA PREP	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2013	Serdar, Tihana; Derek, Lovorka; Unić, Adriana; Marijancević, Domagoj; Marković, Durda; Primorac, Ana; Petrovecki, Mladen	Occupational exposures in healthcare workers in University Hospital Dubrava--10 year follow-up study.	Central European journal of public health	-	-	-	1210-7778	10.21101/cejph.a3803	https://pubmed.ncbi.nlm.nih.gov/24344541/	Occupational hazardous exposure in healthcare workers is any contact with a material that carries the risk of acquiring an infection during their working activities. Among the most frequent viral occupational infections are those transmitted by blood such as hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Therefore, they represent a significant public health problem related to the majority of documented cases of professionally acquired infections. Reporting of occupational exposures in University Hospital Dubrava has been implemented in connection with the activity of the Committee for Hospital Infections since January 2002. During the period of occupational exposures' monitoring (from January 2002 to December 2011) 451 cases were reported. The majority of occupational exposures were reported by nurses and medical technicians (55.4%). The most common type of exposure was the needlestick injury (77.6%). 27.9% of the accidents occurred during the blood sampling and 23.5% during the surgical procedure. In 59.4% of the exposed workers aHBs-titer status was assessed as satisfactory. Positive serology with respect to HBV was confirmed in 1.6% of patients, HCV in 2.2% of patients and none for HIV. Cases of professionally acquired infections were not recorded in the registry. Consequences of the occupational exposure could include the development of professional infection, ban or inability to work further in health care services and last but not least a threat to healthcare workers life. It is therefore deemed necessary to prevent occupational exposure to blood-borne infections. The most important preventive action in respect to HBV, HCV and HIV infections is nonspecific pre-exposure prophylaxis.	Humans; Risk Management; Blood-Borne Pathogens; Croatia; Health Personnel/*statistics & numerical data; Hepatitis B/epidemiology/transmission; Hepatitis C/epidemiology/transmission; HIV Infections/epidemiology/transmission; Hospitals, University/*statistics & numerical data; Infectious Disease Transmission, Patient-to-Professional/statistics & numerical data; Needlestick Injuries/*epidemiology; Occupational Exposure/*statistics & numerical data; Virus Diseases/*epidemiology/transmission	English	Czechia	Western and Central Europe and North America	Croatia	Western and Central Europe and North America	Croatia	Western and Central Europe and North America	Quantitative
Article	2013	Shoptaw, S	HIV prevention for people who use substances: Evidence-based strategies	Journal of Food and Drug Analysis	-	-	-	1021-9498	10.1016/j.jfda.2013.09.042	https://www.sciencedirect.com/science/article/pii/S1021949813001063	Evidence-based strategies to guide human immunodeficiency virus (HIV) prevention for people who use substances can be grouped into approaches that lower infectiousness among substance users living with HIV and those that prevent HIV acquisition among those who are uninfected. Dramatic successes in HIV prevention involving access to antiretroviral therapy, opioid substitution therapies, and needle and syringe exchange programs have reduced both prevalence and incidence in the United States for people who use injection drugs, and modeling studies suggest that scale-up of these approaches will have a parallel impact worldwide. Medical HIV-prevention strategies that reduce infectiousness ("treatment as prevention" or early antiretroviral therapy initiation) and that block HIV acquisition (pre-exposure prophylaxis and post-exposure prophylaxis) can constitute key elements of novel combination HIV-prevention approaches to the goals of reducing infectiousness and reducing acquisition of HIV among people who use substances. For individuals who use substances but do not inject, drug dependence treatments as HIV prevention have a meager evidence base, with most consistent findings being reduction of sexual transmission behaviors that correspond with reductions in substance use, although not with prevention of HIV transmission itself. This approach may have value, however, when working with groups of substance users who face high rates of HIV prevalence and incidence. Some evidence exists to support HIV prevention interventions that target reduction of sexual risk behaviors in the setting of active stimulant use. Copyright (C) 2013, Food and Drug Administration, Taiwan. Published by Elsevier Taiwan LLC. All rights reserved.	Substance users; PROPHYLAXIS; Combination therapy; Drug therapy; INFECTION; MEN; RISK; IMPACT; ANTIRETROVIRAL THERAPY; METHAMPHETAMINE; DRUG-USERS; METHADONE; Human immunodeficiency virus prevention	English	Taiwan	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Sibeko, Sengeziwe; Makvandi-Nejad, Shokouh	From the laboratory to clinical trials and back again: lessons learned from HIV prevention trials.	American Journal of Reproductive Immunology (New York, N.Y. : 1989)	-	-	-	1600-0897 1046-7408	10.1111/aji.12045	https://onlinelibrary.wiley.com/doi/full/10.1111/aji.12045	PROBLEM: Inadequate, irrelevant, or inappropriate timing of biological specimen collection during clinical trials is a cause for delay in understanding and explaining correlates of protection and/or effectiveness, particularly at the portal of entry in the context of sexual HIV transmission and its prevention. METHODS: We present examples of HIV prevention trials to illustrate the impact of preplanned versus unplanned laboratory science program on the interpretation of trial results and advancement of the field. RESULTS: Of the five completed pre-exposure prophylaxis trials, only two announced main outcome results simultaneously with data on correlates of drug-related effectiveness. In four of the vaccine trials completed, the only one that showed a protective effect presented data on protection correlates significantly later. CONCLUSION: Clinical trials must preplan collaborative immunophysiological research and prioritize biological specimen collection and storage for enhancement of research on correlates of protection. Similarly appropriate specimens should be prioritized for pathogenesis research.	Humans; Male; Clinical Trials as Topic; Female; *Communicable Disease Control; *Biomedical Research; HIV Infections/epidemiology/immunology/*prevention & control	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2013	Sineath, R. Craig; Finneran, Catherine; Sullivan, Patrick; Sanchez, Travis; Smith, Dawn K.; Griensven, Frits van; Wimonsate, Wipas; Stephenson, Rob	Knowledge of and interest in using preexposure prophylaxis for HIV prevention among men who have sex with men in Thailand.	Journal of the International Association of Physicians in AIDS Care	-	-	-	2325-9574	10.1177/2325957413488184	https://journals.sagepub.com/doi/full/10.1177/2325957413488184	Little is known about HIV preexposure prophylaxis (PrEP) acceptability among men who have sex with men (MSM) in Thailand. The authors recruited an online convenience sample of Thai MSM (n = 404) to assess the knowledge of and interest in PrEP. Less than 7% had heard of PrEP; however, 35% indicated interest in PrEP after an explanation of its possible efficacy. Regression modeling demonstrated that HIV knowledge and risk behavior, but not demographics, are significant predictors of PrEP interest. More information and education about PrEP is necessary and more research is needed to examine PrEP acceptability and to inform the message for PrEP uptake.	*Homosexuality, Male; Adult; Humans; Male; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control/transmission; Risk-Taking; Deoxycytidine/*analogs & derivatives/therapeutic use; Drug Combinations; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination; HIV; Organophosphorus Compounds/*therapeutic use; Surveys and Questionnaires; Thailand; Logistic Models; *Health Knowledge, Attitudes, Practice; PrEP; Condoms/economics; Employment; MSM; Sampling Studies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Smith, Dawn K; Beltrami, John	A proposed framework to monitor daily oral antiretroviral pre-exposure prophylaxis in the U.S.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.040	https://dx.doi.org/10.1016/j.amepre.2012.09.040	Safety and substantial efficacy have now been proven for daily antiretroviral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) in combination with emtricitabine (FTC) for HIV-uninfected men who have sex with men (MSM)1 as well as heterosexual men and women.2, 3 MSM and heterosexuals (who do not inject drugs) comprised 88% of the estimated new HIV infections in the U.S. in 2009 and have evident need for additional prevention methods to substantially lower the incidence of HIV infections.4	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Smith, Dawn K; Dearing, James W; Sanchez, Travis; Goldschmidt, Ronald H	Introducing wicked issues for HIV pre-exposure prophylaxis implementation in the U.S.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.057	https://dx.doi.org/10.1016/j.amepre.2012.09.057	Following U.S. Food and Drug Administration approval and the issuance of interim guidance documents for oral antiretroviral pre-exposure prophylaxis (PrEP) use in the U.S., there is urgent need to begin addressing the complex, multi-stakeholder, and rapidly evolving (i.e., "wicked") issues posed for the safe, effective, and appropriately targeted use of PrEP for prevention of the sexual acquisition of HIV infection. In this supplement1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18 to the American Journal of Preventive Medicine, a series of articles is presented from diverse research and implementation disciplines to explore key issues and identify conceptual frameworks, practice models, resources, and experiences to advance the discussion of how best to introduce, disseminate, and evaluate PrEP as a new component of HIV prevention services in the U.S.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Spreen, WR; Margolis, DA; Pottage, JC	Long-acting injectable antiretrovirals for HIV treatment and prevention	Current Opinion in HIV and AIDS	-	-	-	1746-630X	10.1097/COH.0000000000000002	https://pubmed.ncbi.nlm.nih.gov/24100877/	Purpose of reviewLong-acting antiretroviral (ARV) drugs may improve adherence to therapy and extend opportunities for therapeutic or prophylactic intervention to underserved patient populations. This review focuses on recent advances in the development of small molecule long-acting injectable ARV agents.Recent findingsThe need for combination ART and physicochemical and dosing limitations of current ARV drugs impede attempts to redevelop them as long-acting injectable formulations. However, the intrinsic properties of rilpivirine, a nonnucleoside reverse transcriptase inhibitor, and GSK1265744, an HIV-1 integrase strand transfer inhibitor, have enabled crystalline nanoparticle formulations to progress to clinical trials.SummaryInvestigational long-acting injectable nanoformulations of rilpivirine and GSK1265744 are clinical-stage development candidates. Complementary pharmacologic properties of both agents - different mechanisms of action, resistance profiles, metabolic pathways, lack of drug interactions and low daily oral doses - offer the potential for combination use. Phase I studies of the pharmacokinetics and safety of each long-acting formulation alone and in combination indicate that a monthly dosing regimen is possible for HIV treatment. An ongoing phase IIb trial of oral GSK1265744 and oral rilpivirine is evaluating this two-drug regimen for maintenance of virologic suppression; results will inform future studies using the injectable formulations. Additional preclinical and clinical studies indicate a potential use of each agent for HIV pre-exposure prophylaxis.	HIV-1; rilpivirine; GSK1265744; INFECTION; WOMEN; PHARMACOKINETICS; PREEXPOSURE PROPHYLAXIS; long-acting injectable antiretroviral; TMC278 LA; nanoformulation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Strathdee, Steffanie A.; Wechsberg, Wendee M.; Kerrigan, Deanna L.; Patterson, Thomas L.	HIV Prevention Among Women in Low- and Middle-Income Countries: Intervening Upon Contexts of Heightened HIV Risk	Annual Review of Public Health	-	-	-	0163-7525	10.1146/annurev-publhealth-031912-114411	https://doi.org/10.1146/annurev-publhealth-031912-114411	Women's vulnerability to HIV infection is influenced by contextual factors in the risk environment that operate at multiple levels (i.e., physical, social, economic, policy). We present three case studies that illustrate combination approaches to HIV prevention among women who are at heightened risk for infection, especially sex workers, in low- and middle-income countries (LMICs). Lessons learned from these case studies are consistent with international literature promoting interventions that combine sexual risk reduction, condom promotion, and improved access to sexually transmitted infection (STI) treatment in the context of structural interventions, including policy change and empowerment of sex workers to reduce their vulnerability to HIV/STIs. We suggest avenues for future research and new intervention targets as well as a more nuanced approach to understanding the structural and social vulnerability of women to HIV infection in these settings.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2013	Sugarman, Jeremy; Mayer, Kenneth H	Ethics and pre-exposure prophylaxis for HIV infection.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0b013e3182987787	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3728665	There is increasing evidence that the use of antiretroviral agents (ARVs) can be a safe and effective means of preventing HIV infection. In fact, a combination of ARVs, tenofovir-emtricitabine, was recently approved by the US Food and Drug Administration (FDA) for use as "pre-exposure prophylaxis"(PrEP), and the US Centers for Disease Control and other regulatory authorities have issued guidance concerning PrEP use. Clinicians and policy makers are now faced with questions about the appropriateness of prescribing ARVs to healthy persons who are at risk of becoming infected with HIV, and those at risk of being infected must decide whether to use PrEP. In addition, researcher stakeholders must grapple with determining whether and how PrEP should be included in future HIV prevention research. In addressing such issues, it is important that their ethical dimensions are identified. When using PrEP, 2 broad ethical domains are of special relevance: well-being and justice. Ethical issues related to well-being include safety, parameters of use, risk behaviors, resistance, stigma, and diversion. Those related to justice include access and competing priorities. In research involving PrEP, ethical issues include determining the appropriate control arm and whether PrEP should be included as a part of the prevention package provided to all at risk participants. Although PrEP could play an important role in HIV prevention, understanding and addressing the related ethical issues is critical to its safe, effective, and appropriate use in practice and future research.	Pre-exposure prophylaxis, HIV prevention, ethics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2013	Supervie, Virginie	Antiretroviral drugs-based HIV prevention methods: what impact on the HIV epidemic?.	Médecine Sciences : M/S	-	-	-	0767-0974	10.1051/medsci/2013294010	https://pubmed.ncbi.nlm.nih.gov/23621932/	Thirty years after the discovery of HIV, the epidemic continues to spread. Developing new HIV prevention methods to reduce the number of new HIV infections remains a priority. It has recently been shown that antiretroviral (ARV) drugs that have largely contributed to increase life expectancy of HIV-infected people may also have a direct impact on HIV transmission. Two new ART-based HIV prevention methods have proven effective in preventing HIV infection in controlled trials and observational studies: pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP). PrEP consists of ARV drugs to be taken by HIV-negative individuals before potential HIV exposure to reduce the risk of HIV infection, while TasP consists of ARV drugs to be taken by individuals living with HIV to lower the risk of HIV transmission to others. Although these two new prevention tools have proven to be effective at the individual level, their population-level impact remains unclear. Herein in addition to reviewing current PrEP and TasP data, we discuss the potential impact of these two new prevention strategies on the HIV epidemic.	Humans; Male; Female; Anti-Retroviral Agents/*therapeutic use; Risk Factors; HIV Seropositivity; HIV Infections/*epidemiology/*prevention & control/transmission; Acquired Immunodeficiency Syndrome/drug therapy/prevention & control/transmission; Disease Outbreaks/*prevention & control	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2013	Taegtmeyer, Miriam; Davies, Alun; Mwangome, Mary; van der Elst, Elisabeth M.; Graham, Susan M.; Price, Matt A.; Sanders, Eduard J.	Challenges in providing counselling to MSM in highly stigmatized contexts: results of a qualitative study from Kenya.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0064527	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0064527	The role of men who have sex with men (MSM) in the African HIV epidemic is gaining recognition yet capacity to address the HIV prevention needs of this group is limited. HIV testing and counselling is not only a critical entry point for biomedical HIV prevention interventions, such as pre-exposure prophylaxis, rectal microbicides and early treatment initiation, but is also an opportunity for focused risk reduction counselling that can support individuals living in difficult circumstances. For prevention efforts to succeed, however, MSM need to access services and they will only do so if these are non-judgmental, informative, focused on their needs, and of clear benefit. This study aimed to understand Kenyan providers' attitudes towards and experiences with counselling MSM in a research clinic targeting this group for HIV prevention. We used in-depth interviews to explore values, attitudes and cognitive and social constructs of 13 counsellors and 3 clinicians providing services to MSM at this clinic. Service providers felt that despite their growing experience, more targeted training would have been helpful to improve their effectiveness in MSM-specific risk reduction counselling. They wanted greater familiarity with MSM in Kenya to better understand the root causes of MSM risk-taking (e.g., poverty, sex work, substance abuse, misconceptions about transmission, stigma, and sexual desire) and felt frustrated at the perceived intractability of some of their clients' issues. In addition, they identified training needs on how to question men about specific risk behaviours, improved strategies for negotiating risk reduction with counselling clients, and improved support supervision from senior counsellors. This paper describes the themes arising from these interviews and makes practical recommendations on training and support supervision systems for nascent MSM HIV prevention programmes in Africa.	Humans; Male; Risk-Taking; Health Knowledge, Attitudes, Practice; Homosexuality, Male/*psychology; Kenya; *Counseling; Peer Group; Self Concept; *Qualitative Research; *Stereotyping; Criminals; Religion	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2013	Taha, Huda; Morgan, James; Das, Archik; Das, Satyajit	Parenteral patent drug S/GSK1265744 has the potential to be an effective agent in pre-exposure prophylaxis against HIV infection.	Recent Patents on Antiinfective Drug Discovery	-	-	-	2212-4071	10.2174/1574891x09666140417154727	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-24738551	The continuing HIV epidemic has driven advancements in antiretroviral therapy. New therapeutic targets have been identified over the past years, one of which has been the Integrase enzyme. This is responsible for integrating HIV pro-DNA into the host cell genome and has proved a successful drug target. Efforts have also been made to improve the pharmacokinetic parameters of current drug therapy and utilise these techniques in maximising drug therapeutic effect whilst minimising adverse events. An exciting example of new technologies is that of nanotechnology where drugs can be specifically targeted to certain tissues and drug delivery can be improved by utilising biological molecules and structures. Pre-exposure prophylaxis is also an area of much interest currently both on an individual and population level. Compliance is however a major issue with daily medication to prevent HIV acquisition as has been demonstrated with contraceptive agents. However if long acting compounds can be developed, compliance can be improved. The patent drug currently being developed through nanotechnology as an analogue of Dolutegravir, GSK1265744 LAP (Long Acting Parenteral) has shown promise as a Long Acting Integrase Inhibitor with potential action both as a therapeutic agent but also in pre-exposure prophylaxis. The favourable pharmacokinetic profile and therapeutic efficacy in comparison to other compounds of the same class demonstrate it to be a promising advance. However given current limitations in study material, further randomised studies with long term follow up are required to fully evaluate the value of the patent drug GSK1265744 LAP in action in both seropositive and seronegative individuals.	GSK 744, HIV, patent drug, parenteral, pre exposure prophylaxis, nanotechnology.	English	United Arab Emirates	Middle East and North Africa	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2013	Tangmunkongvorakul, Arunrat; Chariyalertsak, Suwat; Amico, K Rivet; Saokhieo, Pongpun; Wannalak, Vorawan; Sangangamsakun, Thirayut; Goicochea, Pedro; Grant, Robert	Facilitators and barriers to medication adherence in an HIV prevention study among men who have sex with men in the iPrEx study in Chiang Mai, Thailand.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2012.748871	https://dx.doi.org/10.1080/09540121.2012.748871	In 2008, the Pre-exposure Prophylaxis Initiative (iPrEx) study expanded to include men who have sex with men (MSM) in Chiang Mai, Thailand. In full, 114 participants from Chiang Mai joined this international double-blinded trial of daily FTC-TDF (Truvada®) or placebo as a pre-exposure prophylaxis (PrEP) HIV prevention strategy. To better understand the characteristics of iPrEx participants specifically from this underserved population in Thailand, and gain insights into their experiences of trying to take a daily tablet as part of this blinded PrEP trial, we conducted a qualitative study. In 2010, 32 MSM iPrEx participants provided in-depth interviews and an additional 14 joined focus group discussions. Results of the qualitative analyzes suggested that participants held generally positive attitudes toward the iPrEx study and study medication and related this to high rates of adherence to the daily regimen. Participants also reflected on the provision of quality health care as part of participation in the trial, as well as support from clinical research staff, family and friends as helpful in supporting high rates of study medication adherence. Discourse concerning challenges to adherence included medication taking behavior, which was contextualized by lifestyle, living arrangement, social life, social stigma in terms of being mistakenly identified as HIV positive or unintentional disclosure of sexual identity to family and friends, and relationship conflicts with partners. The results provide broader perspectives of participant experiences of the study medication and daily adherence in the larger contexts of the MSM community, close relationships, and the study climate, and can be leveraged in constructing PrEP adherence support approaches within these communities.	PrEP trial; medication adherence; HIVprevention; MSM; Thailand	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Qualitative
Article	2013	Tellalian, David; Maznavi, Khalid; Bredeek, U Fritz; Hardy, W David	Pre-exposure prophylaxis (PrEP) for HIV infection: results of a survey of HIV healthcare providers evaluating their knowledge, attitudes, and prescribing practices.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2013.0173	https://dx.doi.org/10.1089/apc.2013.0173	Antiretroviral medications can be taken by HIV-negative persons to prevent HIV infection, also known as pre-exposure prophylaxis (PrEP). PrEP was first shown to be effective during the iPrEX study. We conducted a survey involving HIV healthcare providers to document their attitudes and prescribing practices about PrEP in response to this study. An online survey was completed by 189 members and credentialees of the American Academy of HIV Medicine between April 2011 and September 2011. Ninety percent of respondents were familiar with the results of the iPrEx study, and most (78%) were familiar with CDC's interim guidance regarding the use of PrEP in MSM. Only 19% of respondents had prescribed PrEP. The majority of PrEP prescribers were compliant with CDC interim guidance; however, only 61% screened for hepatitis B. Of PrEP prescribers, 78% prescribed to MSM, 31% to MSW, and 28% to WSM. Greatest concerns about prescribing PrEP included development of antiretroviral resistance (32%), potential increase in high-risk behavior, (22%) and poor medication adherence (21%). Fifty-eight percent stated that HIV serodiscordance within a relationship most influenced their decision to prescribe PrEP to the HIV-seronegative partner. This study demonstrates that, despite awareness of the efficacy of PrEP, its use is limited. Survey participants used PrEP most commonly in MSM; however, a significant percentage also prescribed PrEP to women. The best candidate for PrEP is felt to be individuals in an HIV-serodiscordant relationship. Limitations to our study included a low response rate, changes in the evidence base, and the novelty of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Tilson, HH	Using Registries to Monitor HIV Pre-Exposure Prophylaxis Safety in Clinical Settings	American Journal of Preventive Medicine	-	-	-	0749-3797	10.1016/j.amepre.2012.09.042	https://www.ajpmonline.org/article/S0749-3797(12)00709-X/fulltext	Registries provide an essential element of an overall strategy to understand the safety and safe use of new medications following marketing, and they will be part of the postmarketing monitoring of daily oral antiretroviral pre-exposure prophylaxis (PrEP). The U.S. national registry of spontaneous voluntary reports of suspected adverse drug reactions and the Antiretrovirals in Pregnancy Registry will be among registry approaches to PrEP. More challenging will be voluntary registries of PrEP used to understand knowledge, attitudes and behaviors, adherence, and eventual success of PrEP. Several possible approaches are proposed, and their challenges and limitations are explored.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2013	To, E; Bumpus, NN	Mucosal Expression of the Cytochromes P450 (CYP) and Nucleotide Kinases Involved in the Biotransformation of Drugs Used in Human Immunodeficiency Virus (HIV) Pre- exposure Prophylaxis (PrEP)	FASEB Journal	-	-	-	0892-6638	10.1096/fasebj.27.1_supplement.664.7	https://faseb.onlinelibrary.wiley.com/doi/abs/10.1096/fasebj.27.1_supplement.664.7	Attempts to prevent HIV infection through PrEP have included topical application of anti-HIV drugs to the mucosal sites of infection. However, clinical studies have revealed marked anatomic variability in drug exposure in vaginal tissue versus colorectal tissue. Thus, studies were performed to determine whether the CYPs and nucleotide kinases responsible for the metabolism and activation of drugs used in HIV PrEP were differentially expressed in human vaginal versus colonic tissue. Quantitative reverse transcriptase-PCR revealed that colonic mRNA expression of CYPs 1A1, 2B6, and 3A4/5 were 14-, 37- and 4-fold greater, respectively, than vaginal mRNA. Immunoblotting confirmed the presence of CYPs 3A4 and 3A5 protein in vagina. The vaginal mRNA abundance of adenylate kinase 2, the primary enzyme responsible for the activation of the HIV PrEP drug tenofovir, was 1.5-fold greater than in colonic tissue. Cytidine monophosphate kinase mRNAs were 8-fold greater in colonic tissue and phosphoglycerate kinase mRNAs were 4-fold greater in vaginal tissue. These kinases have been proposed to activate emtricitabine, which is also under development as a topical microbicide for HIV PrEP. These data indicate that enzymes that modulate exposure to anti-HIV drugs may be differentially expressed in mucosal tissues that are sites of topical drug application for PrEP. Funding: NIH U01 AI068613 (HIV Prevention Trials Network).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2013	To, Elaine E.; Hendrix, Craig W.; Bumpus, Namandjé N.	Dissimilarities in the metabolism of antiretroviral drugs used in HIV pre-exposure prophylaxis in colon and vagina tissues.	Biochem Pharmacol	-	-	-	1873-2968 0006-2952	10.1016/j.bcp.2013.08.013	https://pubmed.ncbi.nlm.nih.gov/23965226/	Attempts to prevent HIV infection through pre-exposure prophylaxis (PrEP) include topical application of anti-HIV drugs to the mucosal sites of infection; however, a potential role for local drug metabolizing enzymes in modulating the exposure of the mucosal tissues to these drugs has yet to be explored. Here we present the first report that enzymes belonging to the cytochrome P450 (CYP) and UDP-glucuronosyltransferase (UGT) families of drug metabolizing enzymes are expressed and active in vaginal and colorectal tissue using biopsies collected from healthy volunteers. In doing so, we discovered that dapivirine and maraviroc, a non-nucleoside reverse transcriptase inhibitor and an entry inhibitor currently in development as microbicides for HIV PrEP, are differentially metabolized in colorectal tissue and vaginal tissue. Taken together, these data should help to guide the optimization of small molecules being developed for HIV PrEP.	CYP; Colorectal; HIV drug metabolism; Vaginal.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2013	Trent-Adams, Sylvia; Cheever, Laura W	Providing HIV pre-exposure prophylaxis: lessons learned from the Ryan White HIV/AIDS Program.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2012.09.031	https://dx.doi.org/10.1016/j.amepre.2012.09.031	"Human immunodeficiency virus pre-exposure prophylaxis (PrEP) reduces HIV infection in clinical trials1 and offers promise as a new modality to decrease HIV transmission, particularly among individuals whose behaviors put them at high risk for HIV infection. The use of PrEP represents part of a continuum of applications of antiretroviral drug administration for HIV prevention: the use of antiretroviral drugs by HIV-infected individuals to suppress viral load, reducing transmission to others; PrEP; and post-exposure prophylaxis (PEP). Although PrEP reduces HIV transmission in clinical trial settings, important questions remain regarding how to implement this intervention in nonresearch settings and to bring it to scale in either primary care or public health settings so prevention benefits can be realized. In HIV care and treatment, studies have shown that efficacy of medication is lower in clinical settings than in clinical trials.2 Similar to the use of antiretroviral drugs in HIV treatment, PrEP requires (1) individuals identifying their risk and seeking services; (2) access to services; (3) adherence to therapy; and (4) retention in care. Given that the same populations will be the target for PrEP and for HIV care and treatment, many of the same barriers to care that exist for HIV care and treatment will likely exist for PrEP services. Thus, breaking down barriers to PrEP may have the added benefit of further facilitating access and use of antiretroviral drugs for treatment for the HIV-infected partner. The Ryan White HIV/AIDS Program (RWHAP) has 2 decades of experience in implementing HIV/AIDS care and treatment programs among disenfranchised and medically underserved populations. Over the past 20 years, several common characteristics for successful implementation have emerged. This article draws on the experiences of the RWHAP to help develop strategies to implement PrEP demonstration and pilot studies as first steps toward successful implementation of PrEP. The RWHAP is a federally funded program that provides HIV care, treatment, and support services to more than 500,000 HIV-infected and affected individuals in the U.S. With a current budget of approximately $2.3 billion, the program funds grants to states, cities heavily affected by HIV/AIDS, and community-based organizations providing critical HIV services. Grantees provide HIV care, treatment, and support services, such as case management and transportation to facilitate medically underserved populations' access and retention in care. In addition, the RWHAP has funded planning grants; capacity-building grants; and demonstration grants to pilot new models of care and services, assess their effectiveness, and promote replication. Successful implementation of these demonstration and implementation projects has common themes, including delivery system, community, and organizational factors (Table 1)."	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2013	Tripathi, Avnish; Whiteside, Y Omar; Duffus, Wayne A	Perceptions and attitudes about preexposure prophylaxis among seronegative partners and the potential of sexual disinhibition.	Southern Medical Journal	-	-	-	1541-8243	10.1097/SMJ.0000000000000010	https://dx.doi.org/10.1097/SMJ.0000000000000010	OBJECTIVES: Preexposure prophylaxis (PrEP) is a promising strategy to prevent human immunodeficiency virus (HIV) infection, especially among high-risk individuals such as seronegative partners; however, many caveats such as the potential risk of sexual disinhibition and noncompliance need to be considered. We explored the sociodemographic and behavioral factors associated with the adoption of PrEP among HIV seronegative men who have sex with men and heterosexual partners. METHODS: A prepiloted self-administered survey was conducted among seronegative partners in a Ryan White HIV/AIDS Clinic in South Carolina from 2010 to 2011. Bivariate and multivariable analyses were used to explore the data. RESULTS: The survey was completed by 89 seronegative partners. The median age was 42 years (interquartile range 32-50) and a majority was men (56%), black (70%), and heterosexual (74%). A majority (94%) was willing to use PrEP if available; however, 26% of subjects suggested that they would be more likely to have unprotected sex with an HIV-positive partner while using PrEP, and 27% suggested that it would be difficult to take a daily dose of PrEP and consistently use condoms. The multivariable results suggest that the belief that a condom is no longer needed while taking PrEP was more likely among those who did not use a condom during their last sexual intercourse (adjusted odds ratio 7.45; 95% confidence interval 1.57-35.45) and among those with a higher HIV knowledge score (adjusted odds ratio 0.43; 95% confidence interval 0.23-0.78). CONCLUSIONS: Overall, these results suggest high acceptability of PrEP among seronegative partners to lower the risk of HIV transmission; however, there is a substantial risk of sexual disinhibition and noncompliance while using PrEP that may be reduced by ongoing education.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	van de Vijver, DAMC; Nichols, BE; Abbas, UL; Boucher, CAB; Cambiano, V; Eaton, JW; Glaubius, R; Lythgoe, K; Mellors, J; Phillips, A; Sigaloff, KC; Hallett, TB	Preexposure prophylaxis will have a limited impact on HIV-1 drug resistance in sub-Saharan Africa: a comparison of mathematical models	AIDS	-	-	-	0269-9370	10.1097/01.aids.0000433237.63560.20	https://pubmed.ncbi.nlm.nih.gov/23939237/	Background:Preexposure prophylaxis (PrEP) with tenofovir and emtricitabine can prevent new HIV-1 infections, but there is a concern that use of PrEP could increase HIV drug resistance resulting in loss of treatment options. We compared standardized outcomes from three independent mathematical models simulating the impact of PrEP on HIV transmission and drug resistance in sub-Saharan African countries.Methods:All models assume that people using PrEP receive an HIV test every 3-6 months. The models vary in structure and parameter choices for PrEP coverage, effectiveness of PrEP (at different adherence levels) and the rate with which HIV drug resistance emerges and is transmitted.Results:The models predict that the use of PrEP in conjunction with antiretroviral therapy will result in a lower prevalence of HIV than when only antiretroviral therapy is used. With or without PrEP, all models suggest that HIV drug resistance will increase over the next 20 years due to antiretroviral therapy. PrEP will increase the absolute prevalence of drug resistance in the total population by less than 0.5% and amongst infected individuals by at most 7%. Twenty years after the introduction of PrEP, the majority of drug-resistant infections is due to antiretroviral therapy (50-63% across models), whereas 40-50% will be due to transmission of drug resistance, and less than 4% to the use of PrEP.Conclusion:HIV drug resistance resulting from antiretroviral therapy is predicted to far exceed that resulting from PrEP. Concern over drug resistance should not be a reason to limit the use of PrEP.	HIV-1; drug resistance; preexposure prophylaxis; prevention; PREVENTION; INFECTION; TRANSMISSION; RISK; ANTIRETROVIRAL THERAPY; VIRUS; VARIANTS; FAILURE; MUTATIONS; LOAD	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2013	Van der Elst, Elisabeth Maria; Mbogua, Judie; Operario, Don; Mutua, Gaudensia; Kuo, Caroline; Mugo, Peter; Kanungi, Jennifer; Singh, Sagri; Haberer, Jessica; Priddy, Frances; Sanders, Eduard Joachim	High acceptability of HIV pre-exposure prophylaxis but challenges in adherence and use: qualitative insights from a phase I trial of intermittent and daily PrEP in at-risk populations in Kenya.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-012-0317-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690654	This paper used qualitative methods to explore experiences of men who have sex with men and female sex workers in Nairobi and Mtwapa, Kenya, who used oral pre-exposure prophylaxis (PrEP) for HIV prevention as part of a four-month trial of safety, acceptability and adherence. Fifty-one of 72 volunteers who took part in a randomized, placebo-controlled, blinded trial that compared daily and intermittent dosage of PrEP underwent qualitative assessments after completing the trial. Analyses identified three themes: (i) acceptability of PrEP was high, i.e. side effects were experienced early in the study but diminished over time, however characteristics of pills could improve comfort and use; (ii) social impacts such as stigma, rumors, and relationship difficulties due to being perceived as HIV positive were prevalent; (iii) adherence was challenged by complexities of daily life, in particular post-coital dosing adherence suffered from alcohol use around time of sex, mobile populations, and transactional sex work. These themes resonated across dosing regimens and gender, and while most participants favored the intermittent dosing schedule, those in the intermittent group noted particular challenges in adhering to the post-coital dose. Culturally appropriate and consistent counseling addressing these issues may be critical for PrEP effectiveness.	Men who have sex with men, HIV pre-exposure prophylaxis, PrEP, Adherence, Kenya	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2013	Verguet, Stéphane; Stalcup, Meg; Walsh, Julia A	Where to deploy pre-exposure prophylaxis (PrEP) in sub-Saharan Africa?	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2012-050891	https://dx.doi.org/10.1136/sextrans-2012-050891	OBJECTIVE: Two randomised controlled trials showed that pre-exposure prophylaxis (PrEP) reduces HIV transmission between heterosexual men and women. We model the potential impact on transmission and cost-effectiveness of providing PrEP in sub-Saharan Africa. METHODS: We use a deterministic, compartmental model of HIV transmission to evaluate the potential of a 5-year PrEP intervention targeting the adult population of 42 sub-Saharan African countries. We examine the incremental impact of adding PrEP at pre-existing levels of male circumcision and antiretroviral therapy (ART). The base case assumes efficacy of 68%; adherence at 80%; country coverage at 10% of the HIV-uninfected adult population; and annual costs of PrEP and ART at US$200 and US$880 per person, respectively. RESULTS: After 5 years, 390,000 HIV infections (95% UR 190,000 to 630,000) would be prevented, 24% of these in South Africa. HIV infections averted per 100 000 people (adult) would range from 500 in Lesotho to 10 in Somalia. Incremental cost-effectiveness would be US$5800/disability-adjusted life year (DALY) (95% UR 3100 to 13500). Cost-effectiveness would range from US$500/DALY in Lesotho to US$44 600/DALY in Eritrea. CONCLUSIONS: In a general adult population, PrEP is a high-cost intervention which will have maximum impact and be cost-effective only in countries that have high levels of HIV burden and low levels of male circumcision in the population. Hence, PrEP will likely be most effective in Southern Africa as a targeted intervention added to existing strategies to control the HIV pandemic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2013	Vermund, Sten H.; Hayes, Richard J.	Combination prevention: new hope for stopping the epidemic.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-013-0155-y	https://pubmed.ncbi.nlm.nih.gov/23456730/	HIV research has identified approaches that can be combined to be more effective in transmission reduction than any 1 modality alone: delayed adolescent sexual debut, mutual monogamy or sexual partner reduction, correct and consistent condom use, pre-exposure prophylaxis with oral antiretroviral drugs or vaginal microbicides, voluntary medical male circumcision, antiretroviral therapy (ART) for prevention (including prevention of mother to child HIV transmission PMTCT), treatment of sexually transmitted infections, use of clean needles for all injections, blood screening prior to donation, a future HIV prime/boost vaccine, and the female condom. The extent to which evidence-based modalities can be combined to prevent substantial HIV transmission is largely unknown, but combination approaches that are truly implementable in field conditions are likely to be far more effective than single interventions alone. Analogous to PMTCT, "treatment as prevention" for adult-to-adult transmission reduction includes expanded HIV testing, linkage to care, antiretroviral coverage, retention in care, adherence to therapy, and management of key co-morbidities such as depression and substance use. With successful viral suppression, persons with HIV are far less infectious to others, as we see in the fields of sexually transmitted infection control and mycobacterial disease control (tuberculosis and leprosy). Combination approaches are complex, may involve high program costs, and require substantial global commitments. We present a rationale for such investments and cite an ongoing research agenda that seeks to determine how feasible and cost-effective a combination prevention approach would be in a variety of epidemic contexts, notably that in a sub-Saharan Africa.	Humans; Male; Anti-HIV Agents/*therapeutic use; Female; Risk Reduction Behavior; World Health Organization; Pregnancy; Africa South of the Sahara/epidemiology; Health Knowledge, Attitudes, Practice; Patient Acceptance of Health Care; Health Policy; Sexual Behavior/*statistics & numerical data; Socioeconomic Factors; HIV Infections/*epidemiology/*prevention & control; Health Services Accessibility/*statistics & numerical data; Infectious Disease Transmission, Vertical/*prevention & control/statistics & numerical data; Sex Workers; Mass Screening; Social Stigma; Pregnancy Complications, Infectious/epidemiology/*prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2013	Vu, D. L.; Daou, S.; Ambrosioni, J.; Calmy, A.	What's new in HIV/AIDS: Some selected topics.	Revue Médicale Suisse	-	-	-	1660-9379	NA	https://pubmed.ncbi.nlm.nih.gov/23409658/	News related to HIV/AIDS was marked in 2012 both by emerging therapies, as well as by the changes management strategies. Therefore, we will discuss the crucial issue of when to start antiretroviral therapy, which appears to be more and more early. Furthermore, after the U.S. validation of the pre-exposure prophylaxis for individuals at high risk of HIV acquisition, prevention of HIV transmission has returned to the spotlight. Finally, we will review some promising novel molecules whose mechanisms of action, half-life or low dosage open the door to new treatment strategies.	Humans; Anti-Retroviral Agents/therapeutic use; Post-Exposure Prophylaxis; Hepatitis C/complications/drug therapy; HIV Infections/*drug therapy/*prevention & control	French	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2013	Walensky, Rochelle P.	Combination HIV prevention: the value and interpretation of mathematical models.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-013-0167-7	https://pubmed.ncbi.nlm.nih.gov/23797377/	Mathematical models of HIV prevention interventions often provide critical insights related to programmatic design and economic efficiency. One recent dynamic model by Long et al. highlights that a combination prevention approach - with testing, treatment, circumcision, microbicides and PrEP - may decrease transmissions by over 60% and may be very cost-effective in South Africa. In this analysis, the authors introduce the critical concept of joint effectiveness of preventions programs and demonstrate how some programs operate synergistically (HIV screening coupled with early treatment) while others may create redundancies (microbicides coupled with pre-exposure prophylaxis). Whether combination HIV prevention programs perform with additive, multiplicative or maximal effectiveness will be important to consider in anticipation of their combined transmission impact.	Humans; HIV Infections/*prevention & control/transmission; Cost-Benefit Analysis; South Africa; *Models, Theoretical; Preventive Health Services/economics/*methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Wheelock, Ana; Eisingerich, Andreas B; Ananworanich, Jintanat; Gomez, Gabriela B; Hallett, Timothy B; Dybul, Mark R; Piot, Peter	Are Thai MSM willing to take PrEP for HIV prevention? An analysis of attitudes, preferences and acceptance.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0054288	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3544831	OBJECTIVE: We aimed to understand the attitudes, preferences and acceptance of oral and parenteral PrEP among men who have sex with men (MSM) in Thailand. BACKGROUND: Pre-exposure prophylaxis (PrEP), the use of antiretrovirals to prevent HIV acquisition, has shown promising results in recent trials. To assess the potential impact of this new HIV prevention method, in addition to efficacy data, we need to understand which psychosocial factors are likely to determine its uptake among members of potential user groups. METHODS AND FINDINGS: Surveys of willingness to use PrEP products were administered to MSM. Spearman's rank tests were used to uncover associations between questionnaire items. Mann-Whitney tests were performed to ascertain differences between groups. Conjoint analysis was used to examine the attitudes and preferences of MSM towards PrEP attributes. Most participants were willing to consider taking PrEP (39.2% "yes, definitely" and 49.2% "yes, probably") and perceived PrEP as giving them new possibilities in their lives (38.5% "a lot of hope" and 55.8% "some hope"), even after being instructed of potential side effects and costs. HIV testing was considered the most important attribute and a daily pill and longer lasting injection in the arm were the preferred routes of administration. CONCLUSIONS: Despite its multiple challenges, MSM in Thailand would be willing to take PrEP, even if they had to experience inconvenience and expense. If PrEP were to be implemented in Thailand, our findings show that its uptake could be considerable.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2013	Wingood, Gina M.; Dunkle, Kristin; Camp, Christina; Patel, Shilpa; Painter, Julia E.; Rubtsova, Anna; DiClemente, Ralph J.	Racial differences and correlates of potential adoption of preexposure prophylaxis: results of a national survey.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0b013e3182920126	https://pubmed.ncbi.nlm.nih.gov/23673895/	OBJECTIVE: To examine the association between sociodemographic factors, sexual behaviors, and social factors on potential uptake of preexposure prophylaxis (PrEP) among African American and White adult women in the United States. METHODS: Participants were recruited through a nationally representative, random-digit dial telephone household survey. Participants comprised a nationally representative, random sample of unmarried African American (N = 1042) and White women (N = 411) aged 20-44 years. Interviews were conducted using computer-assisted telephone interviewing technology. Bivariate and multivariate analyses examined the relationship between sociodemographics, sexual behaviors, and social influences on women's potential uptake of PrEP. RESULTS: In multivariate analyses, women with lower educational status, greater lifetime sexual partners, provider recommendations supportive of PrEP, and peer norms supportive of PrEP use were more likely to report potential PrEP uptake. Racial analyses revealed that compared with White women, African American women were significantly more likely to report potential use of PrEP adjusted odds ratio (aOR) = 1.76, P ≤ 0.001, more likely to report use of PrEP if recommended by a health-care provider (aOR = 1.65, P ≤ 0.001), less likely to report that they would be embarrassed to ask a health-care provider for PrEP (aOR = 0.59, P ≤ 0.05), and more likely to report use of PrEP if their female friends also used PrEP (aOR = 2.2, P ≤ 0.001). The potential cost for PrEP was identified as a barrier to adoption by both African American and White women. CONCLUSIONS: Findings suggest that women at increased risk for HIV, including those with less education and greater number of sexual partners, may be more likely to use PrEP, although cost may serve as a barrier.	Adult; Humans; Middle Aged; Young Adult; Female; Antiviral Agents/*administration & dosage; United States/epidemiology; Logistic Models; Socioeconomic Factors; Sexual Behavior/statistics & numerical data; Health Surveys; Women's Health; Black or African American/*statistics & numerical data; HIV Infections/*ethnology/*prevention & control; White People/*statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Institutional	2013	World Health Organization	Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach June 2013	-	-	-	-	978-92-4-154968-4	NA	https://www.who.int/publications/i/item/9789241549684	These consolidated guidelines provide guidance on the diagnosis of human immunodeficiency virus (HIV) infection, the care of people living with HIV and the use of antiretroviral (ARV) drugs for treating and preventing HIV infection. They are structured along the continuum of HIV testing, care and treatment. Behavioural, structural and biomedical interventions that do not involve the use of ARV drugs are not covered in these guidelines. The 2013 consolidation process combines and harmonizes recommendations from a range of WHO guidelines and other documents, including the 2010 guidelines on using antiretroviral therapy (ART) for HIV infection in adults and adolescents, in infants and children and for treating pregnant women living with HIV and preventing HIV infection in infants. Comprehensive guidance is now provided on using ARV drugs across age groups and populations of adults, pregnant and breastfeeding women, adolescents, children and key populations. The guidelines also aim to consolidate and update clinical, service delivery and programmatic guidance. The 2013 guidelines reflect important advances in HIV responses during the past three years. Since 2010, new technologies, including CD4 point-of-care testing and new service delivery approaches, allow HIV testing and treatment monitoring to be diversified and decentralized. Simple, safer, once-daily, single-pill ARV regimens that are suitable for use in most populations and age groups have become more affordable and more widely available in low- and middle-income countries. Countries are moving towards earlier initiation of triple-drug regimens and simplified programming for the prevention of mother-to-child transmission of HIV (PMTCT) that emphasizes the long-term health of pregnant women and mothers living with HIV and preventing HIV infection among their children. The broader HIV prevention benefits of ARV drugs are being recognized: in addition to improving health and prolonging lives, ART prevents the sexual transmission of HIV, while pre-exposure prophylaxis of HIV with ARV drugs expands HIV prevention options and post-exposure prophylaxis of HIV continues to play an important role in managing HIV exposure in certain populations and settings, including for those who have been sexually assaulted. Although countries are at different stages of ART coverage and implementing the 2010 WHO guidelines, there is a consistent global trend towards initiating HIV treatment earlier.	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Theses and Dissertations	2013	Wusumani, Sibongile.	Factors associated with HIV seroconversion during pregnancy in Manzini region, Swaziland in 2012.	-	-	University of KwaZulu-Natal	-	NA	NA	http://hdl.handle.net/10413/11082	Background: The HIV epidemic has greatly affected sub-Saharan Africa, with the highest prevalence in the world found in Swaziland. One in three pregnant women in Swaziland has HIV. One of the PMTCT strategies is primary prevention of HIV among women who are uninfected. Understanding the reasons why pregnant women continue to seroconvert is the key in meeting this strategy. Purpose: The purpose of this study is to determine the factors associated with seroconversion among pregnant women utilizing Raleigh Fitkin Memorial Hospital in 2012. Objectives: The objectives of this study are to: determine the proportion of HIV non-infected pregnant women who are retested for HIV during pregnancy; determine the gestational age at which pregnant women are retested for HIV; establish the proportion of women who were initially HIV non-infected and seroconverted during pregnancy; and establish the factors associated with seroconversion during pregnancy. Methods: An observational cross-sectional study design with both descriptive and analytic components was carried out at Raleigh Fitkin Memorial Hospital. Systematic sampling was used for the recruitment of 381 pregnant women who were initially HIV non-infected. An interviewer-administered questionnaire and chart review were used to collect demographic and clinical data. The data was analyzed using descriptive and analytic statistics. Results: The results of the study show that demographic factors such as age and educational level are associated with HIV seroconversion during pregnancy. The findings also highlight how partner factors play a role in HIV seroconversion. The results indicate that sexual behaviours 333of the pregnant women contribute greatly to HIV seroconversion. Conclusion: Pregnant women continue to engage in risky sexual behaviours during pregnancy and there is need to strengthen counseling on preventive measures throughout the antenatal care period. There is also need for programs to explore possibility of providing antiretroviral drugs for pre-exposure prophylaxis to all HIV negative women during pregnancy.	Public health.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Quantitative
Theses and Dissertations	2013	Xiang, Weina	LIKELINESS TO USE PRE-EXPOSURE PROPHYLAXIS AND NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS AMONG HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN IN THE UNITED STATES	-	-	Emory University	-	NA	NA	http://pid.emory.edu/ark:/25593/dwfzd	The HIV epidemic continues to expand among men who have sex with men (MSM) since HIV was first discovered in the 1980s. Young and racial/ethnic minority MSM have been found to be disproportionately affected in recent years. To further understand characteristics associated with likeliness to use Pre-Exposure Prophylaxis (PrEP) and Non-occupational Post-Exposure Prophylaxis (nPEP) among HIV-negative MSM, 396 MSM were recruited via a banner advertisement on Facebook from June 6 to June 20, 2012. Participants were shown a video either on PrEP or nPEP and then asked about likeliness to utilize it. Among 197 MSM who were presented a video on PrEP, 51% reported they were very likely or likely to use PrEP. For nPEP, the majority (79%) of 199 MSM shown a video on nPEP reported they were very likely or likely to use nPEP as a HIV prevention method. No factors were found to be significantly associated with the likelihood of using nPEP. In univariate analysis, not currently having a main partner (OR 1.96, 95% CI=1.08-3.55, p=0.03) and having unprotected anal intercourse with at least one casual partner in the past 12 months (OR 3.19, 95% CI=1.49-6.82, p=0.003) were significantly associated with likeliness to use PrEP as a HIV prevention method. In multivariate analysis, no significant association was found for PrEP. Men aged 30 and older (OR 0.21, 95% CI=0.06-0.80, p=0.02) and men who had never tested for HIV (OR 0.29, 95% CI=0.10-0.80, p=0.02) were not likely to utilize PrEP. Our results show that MSM are very likely or likely to utilize PrEP or nPEP once they are well-educated about those methods. Although factors significantly associated with increased likelihood of using PrEP and nPEP were not identified in multivariate analyses, MSM who learn about PrEP and PEP may be likely to use these HIV prevention interventions. Biomedical methods are suggested to be packaged with current prevention strategies targeting MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2013	Yang, Daniel; Chariyalertsak, Chonlisa; Wongthanee, Antika; Kawichai, Surinda; Yotruean, Kriengkrai; Saokhieo, Pongpun; Guadamuz, Thomas; Suwanvanichkij, Voravit; Beyrer, Chris; Chariyalertsak, Suwat	Acceptability of pre-exposure prophylaxis among men who have sex with men and transgender women in Northern Thailand.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0076650	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3792988	BACKGROUND: Northern Thailand has a high burden HIV epidemic among MSM and TG. Oral pre-exposure prophylaxis (PrEP) with tenofovir-emtricitabine has demonstrated efficacy in preventing HIV among MSM and TG in Chiang Mai, Thailand. Determinants of PrEP acceptability are needed to gauge the potential uptake of this prevention strategy. METHODS: From January to February 2012, 238 MSM and TG participants, who self-reported as HIV-uninfected or of unknown status, completed a self-administered survey on hand-held computers. Participants were recruited by venue-day-time sampling and asked to rate their likelihood of using oral PrEP for HIV prevention with an efficacy of 50%. PrEP acceptability was defined as being "very likely" to use PrEP. Odds ratios and 95% CIs were calculated to identify correlates of acceptability. RESULTS: 131 MSM and 107 TG responded, with mean ages of 23.7 and 21.8, respectively. 24% of MSM engaged primarily in receptive anal sex vs. 74% of TG. 21% of MSM and 44% of TG reported regular medication use. Prior awareness of PrEP was high at 66% among both MSM and TG respondents. 41% of MSM and 37% of TG were "very likely" to use PrEP. Among MSM, factors associated with PrEP acceptability included a prior history of STIs (AOR 4.6; 95%CIs 1.7-12.6), previous HIV testing (AOR 2.4 95%CIs 1.1-5.3), regularly planned sex (AOR 2.8 95%CIs 1.1-7.2), and infrequent sex (AOR 2.9 95%CIs 1.3-6.3). Among TG, factors associated with acceptability included prior awareness of PrEP (AOR 3.3; 95%CIs 1.2-9.0) and having private insurance (AOR 5.0; 95%CIs 1.3-19.0). CONCLUSION: MSM and TG in Northern Thailand are distinct groups in terms of sexual behaviors, patterns of medication use, and correlates of PrEP acceptability. Efforts to maximize PrEP uptake should include expanded HIV testing services and the provision of financial subsidies to reduce the cost of PrEP.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2013	Yang, Xiao-yi; Jiang, Jun-jun; Ye, Li; Tao, Ren-chuan; Cao, Cun-wei; Zou, Yun-feng; Wei, Suo-su; Zhong, Xiao-ni; Huang, Ai-long; Liang, Hao	Relationship between pre-exposure prophylaxis and HIV infection: a meta-analysis.	Zhonghua Yu Fang Yi Xue Za Zhi (Chinese Journal of Preventive Medicine)	-	-	-	0253-9624	NA	https://pubmed.ncbi.nlm.nih.gov/23719112/	OBJECTIVE: To evaluate the effect on pre-exposure prophylaxis (PrEP) to prevent HIV infection in high risk populations. METHODS: A computerized literature searching had been carried out in PubMed, EMbase, Ovid, Web of Science, Science Direct, Wanfang, Tsinghua Tongfang database and related websites to collect relevant papers (from establishment to June 2012) with the key words of pre-exposure prophylaxis, HIV, AIDS, high risk populations, relative risk, reduction. All randomized controlled trials (RCT) papers about using single or compound antiretroviral drugs (ARVs) orally or topically before HIV exposure or during HIV exposure in high risk populations were enrolled. Meta-analysis was conducted using Stata 10.0 to calculate the pooled RR value (95%CI). Consistency test was performed and publication bias was evaluated. RESULTS: Finally 5 RCT papers were enrolled, including 10 271 persons who were at high risk of HIV infection. The number of the experimental group was 5929, among which 116(1.96%) became infected. The number of the control group was 4342, among which 201(4.63%) became infected. Meta-analysis showed that the pooled relative risk (RR) and 95%CI was 0.49 (0.39 - 0.61), P < 0.05, indicating that the persons in experimental group had a 0.49 times lower risk of HIV infected, as compared with the control group. Publication bias analysis revealed a symmetry funnel plot. The fail-safe number was 825. CONCLUSION: PrEP was an effective and safe protection measure to reduce HIV infection in high risk populations.	Humans; HIV Infections/*prevention & control; Randomized Controlled Trials as Topic; Risk; Anti-HIV Agents/*administration & dosage/therapeutic use	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2013	Ying, R; Celum, C; Baeten, J; Murnane, P; Hong, T; Krows, M; van Rooyen, H; Humphries, H; Hughes, JP; Barnabas, R	PRE-EXPOSURE PROPHYLAXIS (PREP) IS ESTIMATED TO BE A COST-EFFECTIVE ADDITION TO ANTIRETROVIRAL THERAPY (ART) FOR HIV PREVENTION IN A GENERALISED EPIDEMIC SETTING	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2013-051184.0683	https://sti.bmj.com/content/89/Suppl_1/A219.1	Abstract Background In KwaZulu-Natal, South Africa, young women face an extraordinarily high risk for HIV acquisition, with annual incidence estimates of 6%. ART-based strategies for HIV prevention have the potential to significantly decrease HIV incidence, but the impact of PrEP in addition to ART scale-up is undefined. Modeling studies suggest that PrEP targeted to highest-risk groups could maximise benefits and contain costs. Methods We developed a deterministic transmission model of HIV that stratifies the population by age, sexual activity, and includes HIV infection stage. The model was parameterized using data from community-based HIV counselling and testing studies in KwaZulu-Natal and validated using independent HIV prevalence and incidence estimates. We estimated the effectiveness and cost-effectiveness of a 'test and treat' scenario, targeted PrEP by age and sexual activity, and general PrEP provision. Each scenario was in addition to anticipated baseline ART scale-up for CD4≤ 350 from 35% in 2013, as observed in KwaZulu-Natal, to 60% in 2018 (following national guidelines). We assumed PrEP efficacy of 70%. Results 'Test and treat' (ART for 80% of all HIV-positive persons) reduced HIV incidence by 58% and averted 25% of cumulative infections by 2025, at an additional $39,900 per infection averted compared to baseline ART scale-up. PrEP targeted to 60% of 20–29-year-olds, in addition to baseline ART scale-up, reduced incidence by 42% and averted 22% of infections at an additional $22,500 per infection averted, whereas PrEP targeted to 80% of high-risk individuals reduced incidence by 33% and averted 13% of infections at an additional $7,400 per infection averted. PrEP coverage of 20% of the general population reduced incidence by 37% and incident infections by 18%, at an additional $26,900 per infection averted. Conclusion In a generalised HIV epidemic setting PrEP is a cost-effective addition to ART, with targeted PrEP being more cost-effective than generalised PrEP distribution.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2013	Young, Ingrid; Li, Jessica; McDaid, Lisa	Awareness and Willingness to Use HIV Pre-Exposure Prophylaxis amongst Gay and Bisexual Men in Scotland: Implications for Biomedical HIV Prevention	PLOS One	-	-	-	NA	10.1371/journal.pone.0064038	https://www.proquest.com/scholarly-journals/awareness-willingness-use-hiv-pre-exposure/docview/1352840712/se-2?accountid=8113	Objectives To investigate the awareness of, and willingness to use, HIV Pre-Exposure Prophylaxis (PrEP), and willingness to take part in a PrEP study among gay and bisexual men in Scotland. Methods Cross-sectional survey of 17 gay commercial venues in Glasgow and Edinburgh in May 2011 (N=1515, 65.2% response rate); 1393 are included in the analyses. Results Just under one-third of participants had heard of PrEP (n=434; 31.2%), with awareness associated with being aged older than 35 years, talking to UAI partners about HIV, and with having had an HIV or STI test in the previous 12 months. Around half were willing to take part in a PrEP study (n=695; 49.9%) or to take PrEP on a daily basis (n=756; 54.3%). In multivariate analysis, willingness to take PrEP was associated with lower levels of education, regular gay scene attendance, 'high-risk' unprotected anal intercourse (UAI) and testing for HIV or STI in the previous 12 months. Reasons for not wanting to participate in a PrEP study or take PrEP included perceptions of low personal risk of HIV and concerns with using medication as an HIV prevention method. Conclusions There is a willingness to engage in new forms of HIV prevention and research amongst a significant number of gay and bisexual men in Scotland. Future biomedical HIV interventions need to consider the links between sexual risk behaviour, testing, and potential PrEP use.	Thailand; France; Bisexuality; HIV; Canada; HIV prevention; Pre-exposure prophylaxis; HIV infections; Scotland; Prevention; Men; Men who have sex with men; Sexual behavior; Behavior; Prophylaxis; Risk perception; Exposure; Multivariate analysis; Awareness; Drugs; Studies; Bisexual; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; United Kingdom--UK; Health risks; Health education and awareness; Human sexual behavior	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2013	Yuen, Winnie Wing-Yan; Wong, William Chi-Wai; Tang, Catherine So-Kum; Holroyd, Eleanor; Tiwari, Agnes Fung-Yee; Fong, Daniel Yee-Tak; Chin, Weng Yee	Evaluating the effectiveness of personal resilience and enrichment programme (PREP) for HIV prevention among female sex workers: a randomised controlled trial.	BMC Public Health	-	-	-	1471-2458	10.1186/1471-2458-13-683	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733820	BACKGROUND: Female sex workers (FSWs) are often considered as the vector, if not reservoir, of HIV and other sexually transmitted infections. Building upon the existing evidence on the role of psychological health in sexual health, the aim of this protocol is to describe a trial investigating the effectiveness of the Personal Resilience and Enrichment Programme (PREP), a resilience-promoting intervention that targets at psychological well-being i.e. self-esteem, self-efficacy and coping, to facilitate adaptation and ultimately safe sexual practices among FSWs, which could be an innovative strategy in controlling the spread of these infections. METHODS: A total of 132 FSWs will be recruited and randomly assigned to either the intervention or usual care (control) groups in a multi-centred randomised controlled trial. Based on the resilience framework, this intervention is comprised of six weekly sessions focused on the acceptance, expression and management of emotions, identifying roles and personal strengths, and effective problem-solving skills. Complex intervention assessment on both intervention process and effectiveness will be adopted when the primary outcome reduction of sexual risk behaviour and other psychological outcomes include their perceived stress, self-esteem, self-efficacy, coping overall resilience, and psychological distress will be measured at baseline, post-treatment and 3-month post-intervention and differences assessed by ANOVA. The relationship of resilience factors, psychological health and HIV preventive behaviours will be evaluated using structural equation modelling. DISCUSSION: It is anticipated that this study will increase our understanding of the relationships between individual resilience attributes, positive adaptation, psychological health and sexual health practices. If successful, this programme will provide an innovative direction for HIV prevention by applying the personal resilience factors to promote both psychological wellbeing and safe sex for this high risk population. TRIAL REGISTRATION: ChiCTR-PRC-13003091.	Randomised controlled trial, Female sex workers, HIV prevention, Resilience, Protocol	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2013	Zablotska, IB; Prestage, G; de Wit, J; Grulich, AE; Mao, LM; Holt, M	The Informal Use of Antiretrovirals for Preexposure Prophylaxis of HIV Infection Among Gay Men in Australia	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0b013e31827e854a	https://pubmed.ncbi.nlm.nih.gov/23187947/	Background: We aimed to describe the current use of antiretrovirals (ARVs) before unprotected anal intercourse (UAI) among Australian gay men, which may represent informal HIV preexposure prophylaxis (PrEP). Methods: Using data from Australian Gay Community Periodic Surveys conducted in 2011, we assessed the preventive use of ARVs before UAI and its association with sociodemographic characteristics, sexual practices, and drug use in the preceding 6 months. Associations were assessed using multivariate logistic regression analysis. Results: Of 3677 sexually active non-HIV-positive men, 2.5% reported taking ARVs before UAI. The likelihood of ARV use before UAI was significantly higher if any of the following behaviors were also reported: >1 sex partner; UAI with casual partners, irrespective of reporting UAI with regular partners adjusted odds ratio (AOR) = 2.36; 95% confidence interval (CI): 1.24 to 4.48 or not (AOR = 2.71; 95% CI: 1.44 to 5.07); injecting drugs at least monthly (AOR = 2.56; 95% CI: 1.03 to 6.36); using "party" drugs, occasionally (AOR = 2.23; 95% CI: 1.33 to 3.73) or regularly (AOR = 5.34; 95% CI: 2.99 to 9.56); and group sex while using party drugs, occasionally (AOR = 2.42; 95% CI: 1.29 to 4.53) or regularly (AOR = 5.31; 95% CI: 2.62 to 10.76). Among non-HIVpositive men in regular relationships with HIV-positive partners or partners of unknown HIV status, 1.7% and 4.7%, respectively, reported preventive ARV use before UAI. Conclusions: Our findings illustrate sporadic use of ARVs before UAI among gay men in Australia, which was associated with high-risk casual sex and party drug use. These initial data contribute to a much needed understanding of the informal use of ARVs for HIV prevention.	HIV; preexposure prophylaxis; antiretrovirals; gay men; SEX; KNOWLEDGE; AWARENESS; WILLINGNESS; UNPROTECTED ANAL INTERCOURSE; POSTEXPOSURE PROPHYLAXIS; ATTENDEES; TRENDS; sexual practices; PRIDE EVENTS	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2013	Zhang, Yan; Peng, Bin; She, Ying; Liang, Hao; Peng, Hong-Bin; Qian, Han-Zhu; Vermund, Sten H.; Zhong, Xiao-Ni; Huang, Ailong	Attitudes toward HIV pre-exposure prophylaxis among men who have sex with men in western China.	AIDS Patient Care and STDs	-	-	-	1557-7449 1087-2914	10.1089/apc.2012.0412	https://pubmed.ncbi.nlm.nih.gov/23425017/	Pre-exposure prophylaxis (PrEP), as demonstrated in recently published clinical trials, is one promising approach for controlling the emerging epidemic among men who have sex with men (MSM). We evaluated the attitudes towards use of PrEP among MSM in western China. A total of 1402 participants completed a self-administered questionnaire. Overall, 22% of the participants reported that they had heard of PrEP, <1% had ever used medicine to prevent HIV, and 64% reported that they were absolutely willing to use PrEP if it were proven to be safe and effective. The predictors of willingness to use PrEP included lower education, moderate income compared with the lowest income, never or rarely finding sexual partners through the Internet in the past 6 months, sexually transmitted infection (STI) history, more knowledge of AIDS, worrying about HIV as a threat to themselves and their family, having previously heard of PrEP, and believing that PrEP was effective in preventing HIV. This study demonstrates that Chinese MSM have moderate awareness of PrEP and a high interest in using it.	Adolescent; Adult; Humans; Male; Young Adult; Anti-HIV Agents/administration & dosage/*therapeutic use; Sexual Partners; Surveys and Questionnaires; Multivariate Analysis; Health Knowledge, Attitudes, Practice; Logistic Models; China/epidemiology; Patient Acceptance of Health Care/*psychology/statistics & numerical data; Sexually Transmitted Diseases/prevention & control; Socioeconomic Factors; HIV Infections/ethnology/*prevention & control/psychology; Asian People/statistics & numerical data; Homosexuality, Male/*psychology/statistics & numerical data	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2013	Zhao, Yuqin; Dimitrov, Dobromir T.; Liu, Hao; Kuang, Yang	Mathematical insights in evaluating state dependent effectiveness of HIV prevention interventions.	Bulletin of Mathematical Biology	-	-	-	1522-9602 0092-8240	10.1007/s11538-013-9824-7	https://pubmed.ncbi.nlm.nih.gov/23435680/	Mathematical models have been used to simulate HIV transmission and to study the use of preexposure prophylaxis (PrEP) for HIV prevention. Often a single intervention outcome over 10 years has been used to evaluate the effectiveness of PrEP interventions. However, different metrics express a wide variation over time and often disagree in their forecast on the success of the intervention. We develop a deterministic mathematical model of HIV transmission and use it to evaluate the public-health impact of oral PrEP interventions. We study PrEP effectiveness with respect to different evaluation methods and analyze its dynamics over time. We compare four traditional indicators, based on cumulative number or fractions of infections prevented, on reduction in HIV prevalence or incidence and propose two additional methods, which estimate the burden of the epidemic to the public-health system. We investigate the short and long term behavior of these indicators and the effects of key parameters on the expected benefits from PrEP use. Our findings suggest that public-health officials considering adopting PrEP in HIV prevention programs can make better informed decisions by employing a set of complementing quantitative metrics.	Humans; Incidence; Anti-HIV Agents/*administration & dosage; *HIV; Prevalence; HIV Infections/epidemiology/*prevention & control/transmission; *Models, Biological; Epidemics/*prevention & control; Public Health/methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2013	Zidan, Ahmed S.; Spinks, Crystal B.; Habib, Muhammad J.; Khan, Mansoor A.	Formulation and transport properties of tenofovir loaded liposomes through Caco-2 cell model.	Journal of Liposome Research	-	-	-	1532-2394 0898-2104	10.3109/08982104.2013.810645	https://www.tandfonline.com/doi/full/10.3109/08982104.2013.810645	The aim was to investigate the potential of proliposomes to improve the permeability of tenofovir, anti-HIV, for oral delivery. Tenofovir was incorporated into phosphatidylcholine proliposomes and their absorption was determined in Caco-2 cell cultures grown on Transwell inserts using aqueous drug solutions as reference. Five batches of proliposomes were prepared with different stearylamine levels and characterized in terms of vesicular morphology, drug encapsulation efficiency (EEF), drug leakage, vesicular sizing and surface charges. Cytotoxicity of the reconstituted liposomes was evaluated by the MTT assay. The obtained results showed that increasing the incorporated percentage of stearylamine led to an increase in drug encapsulation, a slower drug leakage and larger liposomes formed. Compared to the drug solutions at corresponding concentrations, the proposed formulations showed a positive relationship (R^2= 0.9756) for the influence of increasing the stearylamine percentage on reduction of mitochondrial activity. Regarding the drug permeability, enhancements of apparent permeability by 16.5- and 5.2-folds were observed for proliposomes formulations with 5% and 15% stearylamine, respectively. A good correlation was observed between the Caco-2 and dialysis models that might indicate passive diffusion as well as paracellular transport as suggested mechanisms for drug absorption. Cationic proliposomes offered a potential formulation to improve the permeation of tenofovir.	Humans; Tenofovir; Adenine/administration & dosage/*analogs & derivatives/pharmacokinetics; Caco-2 Cells; *Models, Biological; Organophosphonates/*administration & dosage/pharmacokinetics; Microscopy, Electron, Scanning; Surface Properties; *Liposomes; HIV Protease Inhibitors/*administration & dosage/pharmacokinetics	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Akolo, M; Kimani, J; Gelmon, L	HIV Negative Partners in Sero-discordant Relationships Are a Forgotten Lot: Room for PrEP	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5328.abstract	https://liebertpub.com/doi/epub/10.1089/aid.2014.5328.abstract	Background: University of Nairobi/University of Manitoba HIV/STI research team has been managing a mother to child HIV prevention clinic (MCH) targeting low risk population in Pumwani since 1988. In 2006, it opened up to all HIV infected individuals to improve access to the much needed ARVs services. Prevention with Positives (PwP) initiative was rolled out in 2008. Where service providers encourage index clients enrolled to disclose their status to sex partners and bring them for HIV testing. The efforts lead to the establishment of the sero-discordant couples' cohort. Methods: A longitudinal descriptive study has been carried out among sero-discordant couples since September 2008 up to December 2013. Questionnaires were used to collect baseline and resurvey information on demographics, condom use, risk taking behaviors etc from partner of the index clients. HIV rapid test are conducted every six months and their PrEP knowledge ascertained. Results: Out of 420 partners interviewed, baseline data showed; only 16% were using condoms correctly and consistently while 37% did not use them at all. 63% reported having other sex partners of which 23% reported more than 50 lifetime sex partners. Off the latter group, 45% reported to be married elsewhere but kept the index patient as a regular sex partner. At baseline 11% had knowledge of PrEP but only 2% were willing to use PrEP. However through behavioral change communication 60% are willing to take up PrEP with 88% reporting condom use. In the past year, 18% of these partners have been treated for an STI, no couples agreed to initiate treatment as prevention (TASP). Luckily, only 2% HIV sero conversions noted.Conclusions: HIV negative individuals in discordant relationships should be labeled key populations. They are highly sexually active with multiple sex partners. Access to PrEP should be mandatory to support ongoing HIV prevention strategies.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	NA	NA	Mixed methods
Article	2014	Alista, Sabina	Pre-exposure Prophylaxis and Antiretroviral Therapy for HIV Prevention in South Africa which is the Best Use of Resources	South African Centre for Epidemiological Modelling and Analysis (SACEMA)	-	-	-	NA	NA	http://sacemaquarterly.com/wp-content/uploads/2014/06/Damian_Modelling-the-Use-of-Insecticide_article-3.pdf	An estimated 1.6 million new HIV infections occurred in 2012 in sub-Saharan Africa (1); highlighting the need for continued investments in HIV treatment and prevention efforts. With an HIV prevalence of about 18; South Africa (RSA) remains a particularly affected country; despite sustained investments in HIV control programs such as expansion of antiretroviral therapy (ART). In recent years; scientific innovations in HIV control have expanded the range of available interventions - male circumcision; topical microbicides; oral pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) have all sparked significant interest due to their potential effectiveness (ART reduces HIV transmission by up to 96; PrEP by more than 60) and versatility (circumcision is effective without additional actions required from the person; PrEP is meant for use by uninfected individuals; ART is given to infected individuals). While all these options are potentially available; resources remain limited and choosing which interventions to implement at scale is a difficult task; given the complex nature of disease transmission; the impact of behaviour in epidemic dynamics (number of partners; rates of condom use; adherence to treatment/prevention regimens); and the different costs of these programs	NA	English	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2014	Alistar, Sabina S.; Grant, Philip M.; Bendavid, Eran	Comparative effectiveness and cost-effectiveness of antiretroviral therapy and pre-exposure prophylaxis for HIV prevention in South Africa.	BMC Medicine	-	-	-	1741-7015	10.1186/1741-7015-12-46	https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-12-46	BACKGROUND: Antiretroviral therapy (ART) and oral pre-exposure prophylaxis (PrEP) are effective in reducing HIV transmission in heterosexual adults. The epidemiologic impact and cost-effectiveness of combined prevention approaches in resource-limited settings remain unclear. METHODS: We develop a dynamic mathematical model of the HIV epidemic in South Africa's adult population. We assume ART reduces HIV transmission by 95% and PrEP by 60%. We model two ART strategies: scaling up access for those with CD4 counts ≤ 350 cells/μL (Guidelines) and for all identified HIV-infected individuals (Universal). PrEP strategies include use in the general population (General) and in high-risk individuals (Focused). We consider strategies where ART, PrEP, or both are scaled up to 100% of remaining eligible individuals yearly. We measure infections averted, quality-adjusted life-years (QALYs) gained and incremental cost-effectiveness ratios over 20 years. RESULTS: Scaling up ART to 50% of eligible individuals averts 1,513,000 infections over 20 years (Guidelines) and 3,591,000 infections (Universal). Universal ART is the most cost-effective strategy at any scale ($160-$220/QALY versus comparable scale Guidelines ART expansion). General PrEP is costly and provides limited benefits beyond ART scale-up ($7,680/QALY to add 100% PrEP to 50% Universal ART). Cost-effectiveness of General PrEP becomes less favorable when ART is widely given ($12,640/QALY gained when added to 100% Universal ART). If feasible, Focused PrEP is cost saving or highly cost effective versus status quo and when added to ART strategies. CONCLUSIONS: Expanded ART coverage to individuals in early disease stages may be more cost-effective than current guidelines. PrEP can be cost-saving if delivered to individuals at increased risk of infection.	Adult; Humans; Male; Female; Cost-Benefit Analysis; South Africa/epidemiology; Anti-HIV Agents/administration & dosage/*economics; HIV Infections/*drug therapy/*economics/epidemiology; Antiretroviral Therapy, Highly Active/*economics/methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Alistar, SS; Owens, DK; Brandeau, ML	Effectiveness and Cost Effectiveness of Oral Pre-Exposure Prophylaxis in a Portfolio of Prevention Programs for Injection Drug Users in Mixed HIV Epidemics	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0086584	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0086584	Background: Pre-exposure prophylaxis with oral antiretroviral treatment (oral PrEP) for HIV-uninfected injection drug users (IDUs) is potentially useful in controlling HIV epidemics with a significant injection drug use component. We estimated the effectiveness and cost effectiveness of strategies for using oral PrEP in various combinations with methadone maintenance treatment (MMT) and antiretroviral treatment (ART) in Ukraine, a representative case for mixed HIV epidemics. Methods and Findings: We developed a dynamic compartmental model of the HIV epidemic in a population of non-IDUs, IDUs who inject opiates, and IDUs in MMT, adding an oral PrEP program (tenofovir/emtricitabine, 49% susceptibility reduction) for uninfected IDUs. We analyzed intervention portfolios consisting of oral PrEP (25% or 50% of uninfected IDUs), MMT (25% of IDUs), and ART (80% of all eligible patients). We measured health care costs, quality-adjusted life years (QALYs), HIV prevalence, HIV infections averted, and incremental cost effectiveness. A combination of PrEP for 50% of IDUs and MMT lowered HIV prevalence the most in both IDUs and the general population. ART combined with MMT and PrEP (50% access) averted the most infections (14,267). For a PrEP cost of $950, the most cost-effective strategy was MMT, at $520/QALY gained versus no intervention. The next most cost-effective strategy consisted of MMT and ART, costing $1,000/QALY gained compared to MMT alone. Further adding PrEP (25% access) was also cost effective by World Health Organization standards, at $1,700/QALY gained. PrEP alone became as cost effective as MMT at a cost of $650, and cost saving at $370 or less. Conclusions: Oral PrEP for IDUs can be part of an effective and cost-effective strategy to control HIV in regions where injection drug use is a significant driver of the epidemic. Where budgets are limited, focusing on MMT and ART access should be the priority, unless PrEP has low cost.	INFECTION; UNITED-STATES; MEN; TRANSMISSION; RISK; SEX; PREDICTORS; STRATEGIES; ACTIVE ANTIRETROVIRAL THERAPY; UKRAINE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Al-tayyib, Alia A; Thrun, Mark W; Haukoos, Jason S; Walls, N Eugene	Knowledge of Pre-exposure Prophylaxis (PrEP) for HIV Prevention Among Men Who Have Sex with Men in Denver, Colorado	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-013-0553-6	https://www.proquest.com/scholarly-journals/knowledge-pre-exposure-prophylaxis-prep-hiv/docview/1511168005/se-2?accountid=8113	As part of the National HIV Behavioral Surveillance System among men who have sex with men (MSM) in Denver, Colorado, we assessed knowledge of pre-exposure prophylaxis (PrEP); willingness to use PrEP; and potential changes in risk behaviors among HIV-negative participants reporting sexual activity with a male partner in the preceding 12 months. We examined knowledge of PrEP before (2008) and after (2011) results of the iPrEx trial were available. Of the 425 participants in the 2008 sample, 91 (21 %) were aware of PrEP compared to 131 (28 %) of the 461 participants in the 2011 sample (adjusted prevalence ratio: 1.43, 95 % confidence interval: 1.18, 1.72). Despite the increase in 2011, few MSM in Denver were aware of PrEP. Educating high-risk MSM about the potential utility of PrEP as an adjunct to other effective prevention methods is needed when considering the addition of PrEP to the HIV prevention arsenal.PUBLICATION ABSTRACT	Pre-exposure prophylaxis; Psychology; Colorado; Men; Risk factors; Men who have sex with men; Knowledge; Sexual behavior; Disease prevention; Sexual orientation; Human immunodeficiency virus--HIV; Denver Colorado	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Amico, K Rivet; Stirratt, Michael J	Adherence to preexposure prophylaxis: current, emerging, and anticipated bases of evidence.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciu266	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4060253	Despite considerable discussion and debate about adherence to preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV), scant data are available that characterize patterns of adherence to open-label PrEP. The current evidence base is instead dominated by research on adherence to placebo-controlled investigational drug by way of drug detection in active-arm participants of large randomized controlled trials (RCTs). Important differences between the context of blinded RCTs and open-label use suggest caution when generalizing from study product adherence to real-world PrEP use. Evidence specific to open-label PrEP adherence is presently sparse but will expand rapidly over the next few years as roll-out, demonstration projects, and more rigorous research collect and present findings. The current evidence bases established cannot yet predict uptake, adherence, or persistence with open-label effective PrEP. Emerging evidence suggests that some cohorts could execute better adherence in open-label use vs placebo-controlled research. Uptake of PrEP is presently slow in the United States; whether this changes as grassroots and community efforts increase awareness of PrEP as an effective HIV prevention option remains to be determined. As recommended by multiple guidelines for PrEP use, all current demonstration projects offer PrEP education and/or counseling. PrEP support approaches generally fall into community-based, technology, monitoring, and integrated sexual health promotion approaches. Developing and implementing research that moves beyond simple correlates of either study product use or open-label PrEP adherence toward more comprehensive models of sociobehavioral and socioecological adherence determinants would greatly accelerate progress. Intervention research is needed to identify effective models of support for open-label PrEP adherence.	study product adherence, PrEP adherence, social science, behavioral science	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Amico, K. Rivet; Marcus, Julia L.; McMahan, Vanessa; Liu, Albert; Koester, Kimberly A.; Goicochea, Pedro; Anderson, Peter L.; Glidden, David; Guanira, Juan; Grant, Robert	Study product adherence measurement in the iPrEx placebo-controlled trial: concordance with drug detection.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000000216	https://pubmed.ncbi.nlm.nih.gov/24853306/	OBJECTIVE: To evaluate the concordance between adherence estimated by self-report (in-person interview or computer-assisted self-interview), in-clinic pill counts, and pharmacy dispensation records and drug detection among participants in a placebo-controlled pre-exposure prophylaxis HIV prevention trial (iPrEx). DESIGN: Cross-sectional evaluation of 510 participants who had drug concentration data and matched adherence assessments from their week-24 study visit. METHODS: Self-reported adherence collected through (1) interview and (2) computer-assisted self-interview surveys, (3) adherence estimated by pill count, and (4) medication possession ratio was contrasted to having a detectable level of drug concentrations either tenofovir diphosphate (TFV-DP) or emtricitabine triphosphate (FTC-TP), as well as to having evidence of consistent dosing (tenofovir diphosphate ≥ 16 fmol/10⁶ cells), focusing on positive predictive values, overall and by research site. RESULTS: Overall, self-report and pharmacy records suggested high rates of product use (over 90% adherence); however, large discrepancies between these measures and drug detection were noted, which varied considerably between sites (positive predictive values from 34% to 62%). Measures of adherence performed generally well in the US sites but had poor accuracy in other research locations. Medication possession ratio outperformed other measures but still had relatively low discrimination. CONCLUSIONS: The sizable discrepancy between adherence measures and drug detection in certain regions highlights the potential contribution of factors that may have incentivized efforts to seem adherent. Understanding the processes driving adherence reporting in some settings, but not others, is essential for finding effective ways to increase accuracy in measurement of product use and may generalize to promotion efforts for open-label pre-exposure prophylaxis.	Adult; Humans; Male; Young Adult; Female; Global Health; *Medication Adherence; Transgender Persons; Anti-HIV Agents/*administration & dosage/blood/*therapeutic use; HIV Infections/blood/*prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2014	Amico, KR	The key role of adherence for the effectiveness of antiretroviral-based prevention: state of the science and implications for the Asia-Pacific region	Sexual Health	-	-	-	1448-5028	10.1071/SH13104	https://pubmed.ncbi.nlm.nih.gov/24331438/	Remarkable advances have been made in the last few years in biomedical strategies to prevent onward transmission of HIV (treatment as prevention (TasP)) and prevent infection among at-risk populations through pre-exposure prophylaxis (PrEP). Numerous issues remain heavily debated, primarily concerning the feasibility of leveraging resources for both widespread access to antiretroviral therapy (ART) for those living with HIV and access to effective prevention antiretrovirals (ARVs) among those at risk for infection. Even with consistent and wide-spread access to ARVs, the behavioural pathway from ARV access to successful rapid and durable suppression or reaching levels of PrEP adherence that confer high rates of protection is increasingly well recognised. For either 'biobehavioural' strategy to have maximal individual and community benefit, individuals accessing them must actually use them. In this review, the unique and overlapping factors influencing adherence to ART and PrEP are identified, with an emphasis on the behavioural, social and structural facilitators and barriers to TasP and PrEP success. The implications of the current research base and evidence generated specifically within the Asia-Pacific region are discussed.	HIV; pre-exposure prophylaxis; treatment as prevention; PREEXPOSURE PROPHYLAXIS; LIFE-STEPS; HIV-PREVENTION; DRUG-USERS; HIV-prevention; BEHAVIORAL SKILLS MODEL; RANDOMIZED CONTROLLED-TRIAL; CLINICAL CARE; THERAPY ADHERENCE; CBT-AD; MEDICATION PERSISTENCE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Anderson, Peter L.; Glidden, David V.; Bushman, Lane R.; Heneine, Walid; García-Lerma, J. Gerardo	Tenofovir diphosphate concentrations and prophylactic effect in a macaque model of rectal simian HIV transmission.	The Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091 0305-7453	10.1093/jac/dku162	https://pubmed.ncbi.nlm.nih.gov/24862094/	OBJECTIVES: This study evaluated the relationship between intracellular tenofovir diphosphate concentrations in peripheral blood mononuclear cells and prophylactic efficacy in a macaque model for HIV pre-exposure prophylaxis (PrEP). METHODS: Macaques were challenged with simian HIV (SHIV) via rectal inoculation once weekly for up to 14 weeks. A control group (n=34) received no drug, a second group (n=6) received oral tenofovir disoproxil fumarate/emtricitabine 3 days before each virus challenge and a third group (n=6) received the same dosing plus another dose 2 h after virus challenge. PBMCs were collected just before each weekly virus challenge. The relationship between tenofovir diphosphate in PBMCs and prophylactic efficacy was assessed with a Cox proportional hazards model. RESULTS: The percentages of animals infected in the control, one-dose and two-dose groups were 97, 83 and 17, respectively. The mean (SD) steady-state tenofovir diphosphate concentration (fmol/10(6) cells) was 15.8 (7.6) in the one-dose group and 30.7 (10.1) in the two-dose group. Each 5 fmol tenofovir diphosphate/10(6) cells was associated with a 40% (95% CI 17%-56%) reduction in risk of SHIV acquisition, P=0.002. The tenofovir diphosphate concentration associated with a 90% reduction in risk (EC90) was 22.6 fmol/10(6) cells (95% CI 13.8-60.8). CONCLUSIONS: The prophylactic EC90 for tenofovir diphosphate identified in macaques exposed rectally compares well with the EC90 previously identified in men who have sex with men (MSM; 16 fmol/10(6) cells, 95% CI 3-28). These results highlight the relevance of this model to inform human PrEP studies of oral tenofovir disoproxil fumarate/emtricitabine for MSM.	Humans; Male; Treatment Outcome; Animals; Disease Models, Animal; Macaca; Disease Transmission, Infectious/*prevention & control; HIV Infections/*prevention & control/*transmission; Pre-Exposure Prophylaxis/*methods; HIV pre-exposure prophylaxis; Leukocytes, Mononuclear/*chemistry; Adenine/*analogs & derivatives/analysis/therapeutic use; Anti-HIV Agents/analysis/*therapeutic use; intracellular pharmacology; non-human primate model; nucleoside analogues; Organophosphates/analysis/*therapeutic use; pharmacodynamics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Andrews, Chasity D.; Spreen, William R.; Mohri, Hiroshi; Moss, Lee; Ford, Susan; Gettie, Agegnehu; Russell-Lodrigue, Kasi; Bohm, Rudolf P.; Cheng-Mayer, Cecilia; Hong, Zhi; Markowitz, Martin; Ho, David D.	Long-acting integrase inhibitor protects macaques from intrarectal simian/human immunodeficiency virus.	Science	-	-	-	1095-9203 0036-8075	10.1126/science.1248707	https://pubmed.ncbi.nlm.nih.gov/24594934/	GSK1265744 (GSK744) is an integrase strand-transfer inhibitor that has been formulated as a long-acting (LA) injectable suitable for monthly to quarterly clinical administration. GSK744 LA was administered at two time points 4 weeks apart beginning 1 week before virus administration, and macaques were challenged weekly for 8 weeks. GSK744 LA, at plasma concentrations achievable with quarterly injections in humans, protected all animals against repeated low-dose challenges. In a second experiment, macaques were given GSK744 LA 1 week before virus administration and challenged repeatedly until infection occurred. Protection decreased over time and correlated with the plasma drug levels. With a quarterly dosing schedule in humans, our results suggest that GSK744 LA could potentially decrease adherence problems associated with daily preexposure prophylaxis (PrEP).	Humans; Animals; HIV Infections/*prevention & control; Simian Acquired Immunodeficiency Syndrome/*prevention & control; HIV-1/*drug effects; Macaca mulatta; Simian Immunodeficiency Virus/*drug effects; Molecular Sequence Data; Pyridones/*administration & dosage; Rectum/virology; Delayed-Action Preparations/administration & dosage/pharmacokinetics; HIV Integrase Inhibitors/*administration & dosage/blood/pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2014	Atambo, Lydia K	Knowledge, attitude and uptake of antiretroviral therapy for HIV prevention among discordant couples: Pumwani maternity Hospital cohort	-	-	University of Nairobi	-	NA	NA	http://hdl.handle.net/11295/76714	Background: The consistent use of a combination of antiretroviral drugs referred to as Highly Active Antiretroviral Therapy (HAART) has been shown to reduce the viral load in body fluids especially in blood and genital secretions.This has great implications as the HIV virus is spread mainly through sexual contacts. In discordant couples where one partner is HIV seropositive, the HIV negative partner is constantly exposed through sex and hence at a high risk of HIV acquisition. However, early initiation of HAART on the HIV infected partner could be beneficial to the HIV negative individual in the discordant relationship. This could be achieved through the adoption of Treatment as prevention(TaSP), a strategy whose aim is to initiate use of antiretroviral drugs as early as possible regardless of the CD4+ count. This concept aims at treating the HIV positive partner at the point of diagnosis regardless of the disease stage. Objectives:The objective of this study was to assess the knowledge, attitudes and practices regarding the uptake of treatment as prevention in a cohort of discordant couples.The study seeked to examine the participants knowledge in terms of HIV transmission methods and HIV preventive measures. We also assessed the couples attitudes towards high risk behaviours, determined their sexual practices and finally the reasons for/ or against the use of antiretrovirals for HIV prevention. Methodology: This was a cross sectional study that focussed on the knowledge, attitudes and practices among the discordant couples enrolled at the Pumwani clinic, Nairobi. Standardized questionnaires were used to collect data from the Pumwani discordant couples cohort until the sample size for the study was reached. Focus group discussions were also utilized to gather qualitative information on use of HAART for treatment as prevention from randomly selected discordant couples. Collected data was then entered into a secured database, cleaned and then exported into SPSS Version 2.0 for analysis. Results: A total of 338 participants who were in a discordant relationship were enrolled into the study. Most of the participants, 320 (95.2%) knew about the availability of antiretroviral drugs while 16 (4.8%) had not heard of them . However, only 94(27.7%) could correctly name an antiretroviral drug. Majority of them, about 245(72.27%) could not name any drug. About 119 (40.9%) of them reported 350 CD4+ cells/ml as the best level to initiateantiretroviral treatment.. Most of the respondents 291(87.4%) reported antiretroviral drugs as being safe for use but 136(40.2%) of the participants noted that the drugs had intolerable side effects. Majority 289 (87%) of them affirmed that they would be able to use the drugs regularly and consistently. More than half of the respondents, 192(56.8%) had not heard of the treatment as prevention therapy while 178(54.4%) had not heard of the pre-exposure prophylaxis. Interestingly175 (53.2%) knew about Post Exposure Prophylaxis therapy. Majority of the respondents,…	NA	English	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	-	-	Quantitative
Article	2014	Baeten, Jared M; Donnell, Deborah; Mugo, Nelly R; Ndase, Patrick; Thomas, Katherine K; Campbell, James D; Wangisi, Jonathan; Tappero, Jordan W; Bukusi, Elizabeth A; Cohen, Craig R; Katabira, Elly; Ronald, Allan; Tumwesigye, Elioda; Were, Edwin; Fife, Kenneth H; Kiarie, James; Farquhar, Carey; John-Stewart, Grace; Kidoguchi, Lara; Coombs, Robert W; Hendrix, Craig; Marzinke, Mark A; Frenkel, Lisa; Haberer, Jessica E; Bangsberg, David; Celum, Connie	Single-agent tenofovir versus combination emtricitabine plus tenofovir for pre-exposure prophylaxis for HIV-1 acquisition: an update of data from a randomised, double-blind, phase 3 trial.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(14)70937-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4252589	BACKGROUND: Antiretroviral pre-exposure prophylaxis (PrEP), with daily oral tenofovir disoproxil fumarate or tenofovir disoproxil fumarate in combination with emtricitabine, has been shown to be efficacious for HIV-1 prevention. Although the use of more than one antiretroviral agent is essential for effective HIV-1 treatment, more than one agent might not be required for effective prophylaxis. We assessed the efficacy of single-agent tenofovir disoproxil fumarate relative to combination emtricitabine plus tenofovir disoproxil fumarate as PrEP. METHODS: We did a randomised, double-blind, placebo-controlled three-group phase 3 trial of daily oral tenofovir disoproxil fumarate and emtricitabine plus tenofovir disoproxil fumarate PrEP in HIV-1 uninfected individuals in heterosexual HIV-1 serodiscordant couples from Kenya and Uganda. After an interim review, the trial's placebo group was discontinued and thereafter the active groups were continued, and participants initially randomly assigned to placebo were offered rerandomisation in a 1:1 ratio to tenofovir disoproxil fumarate or emtricitabine plus tenofovir disoproxil fumarate as PrEP. The primary endpoints were HIV-1 seroconversion and safety. This trial is registered with ClinicalTrials.gov, number NCT00557245. FINDINGS: 4410 (99·6%) of 4427 couples received tenofovir disoproxil fumarate or emtricitabine plus tenofovir disoproxil fumarate and were followed up for HIV-1 acquisition. Of 52 incident HIV-1 infections, 31 occurred in individuals assigned tenofovir disoproxil fumarate (incidence 0·71 cases per 100 person-years) and 21 were in those assigned emtricitabine plus tenofovir disoproxil fumarate (0·48 cases per 100 person-years); HIV-1 incidence in the placebo group until discontinuation was two cases per 100 person-years. HIV-1 prevention efficacy with emtricitabine plus tenofovir disoproxil fumarate was not significantly different from that of tenofovir disoproxil fumarate alone (hazard ratio HR 0·67, 95% CI 0·39–1·17; p=0·16). Detection of tenofovir in plasma samples, compared with no detection and as measured in seroconverters and a subset of non-seroconverters, was associated with an 85% relative risk reduction in HIV-1 acquisition for the tenofovir disoproxil fumarate group (HR 0·15, 95% CI 0·06–0·37; p<0·0001) and 93% for the emtricitabine plus tenofovir disoproxil fumarate group (0·07, 0·02–0·23; p<0·0001). No significant differences were noted in the frequency of deaths, serious adverse events, or serum creatinine and phosphorus abnormalities between the two groups. INTERPRETATION: These results do not rule out the potential for a slight difference in HIV-1 protection with tenofovir disoproxil fumarate compared with emtricitabine plus tenofovir disoproxil fumarate, but show that once-daily oral tenofovir disoproxil fumarate or emtricitabine plus tenofovir disoproxil fumarate regimens both provide high protection against HIV-1 acquisition in heterosexual men and women. FUNDING: Bill & Melinda Gates Foundation and US National Institutes of Health.	pre-exposure prophylaxis, HIV-1 prevention, randomized clinical trial, Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Baker, Jonathan; O'Hara, Kevin Michael	Oral preexposure prophylaxis to prevent HIV infection: clinical and public health implications.	Journal of the American Academy of Physician Assistants	-	-	-	1547-1896 0893-7400	10.1097/01.JAA.0000456567.37724.c0	https://pubmed.ncbi.nlm.nih.gov/25390822/	This article reviews the use of combination emtricitabine (FTC)/tenofovir as preexposure prophylaxis (PrEP) for HIV-negative patients at high risk of acquiring HIV, including heterosexual men and women, men who have sex with men, and IV drug users. When used with classic prevention strategies such as condoms, PrEP has been found effective in reducing the risk of HIV transmission.	Drug Therapy, Combination; Humans; Incidence; Male; Female; Anti-HIV Agents/*administration & dosage; Risk Reduction Behavior; Risk Factors; Medication Adherence; United States/epidemiology; Public Health; HIV Infections/epidemiology/*prevention & control/transmission; Safe Sex; *Vulnerable Populations; Emtricitabine/*administration & dosage; Tenofovir/*administration & dosage	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2014	Bam, Rujuta A.; Birkus, Gabriel; Babusis, Darius; Cihlar, Tomas; Yant, Stephen R.	Metabolism and antiretroviral activity of tenofovir alafenamide in CD4+ T-cells and macrophages from demographically diverse donors.	Antiviral Therapy	-	-	-	2040-2058 1359-6535	10.3851/IMP2767	https://pubmed.ncbi.nlm.nih.gov/24625459/	BACKGROUND: Tenofovir alafenamide (TAF) is a novel investigational prodrug of tenofovir (TFV) that permits enhanced delivery of TFV into peripheral blood mononuclear cells (PBMCs) and lymphatic tissues. A critical step in the intracellular metabolic activation of TAF is mediated by the lysosomal protease cathepsin A (CatA). Here, we investigated CatA levels together with intracellular metabolism and antiretroviral activity of TAF in primary CD4+ T-lymphocytes (CD4s) and monocyte-derived macrophages (MDMs) isolated from a demographically diverse group of blood donors. METHODS: CD4s and MDMs were prepared from fresh PBMCs. CatA levels were quantified in cell extracts by monitoring TAF hydrolysis using HPLC. Intracellular TAF metabolites were quantified by HPLC combined with mass spectrometry. Antiviral activities in activated CD4s and MDMs were determined using HIV-1 single-cycle reporter and p24 antigen production assays, respectively. RESULTS: The levels of CatA and intracellular TAF metabolites differed minimally in CD4s and MDMs among 13 tested donors. TAF was >600-fold and 80-fold more potent than parent TFV in CD4s and MDMs, respectively, and its relative range of antiviral activity across all tested donors was comparable to that of other HIV-1 reverse transcriptase inhibitors, with mean ±sd (range) EC50 values of 11.0 ±3.4 (6.6-19.9) nM and 9.7 ±4.6 (2.5-15.7) nM in CD4s and MDMs, respectively. CONCLUSIONS: These results indicate consistent intracellular metabolism and antiretroviral potency of TAF in relevant target cells of HIV-1 infection across multiple donors of variable gender, age and ethnicity, supporting further clinical investigation of TAF.	Humans; HIV-1/drug effects; Cells, Cultured; Leukocytes, Mononuclear/drug effects/metabolism; Alanine; Adenine/*analogs & derivatives/chemistry/metabolism/pharmacology; Cathepsin A/metabolism; Tenofovir/analogs & derivatives; Enzyme Activation/drug effects; Anti-HIV Agents/metabolism/pharmacology; Antiviral Agents/chemistry/metabolism/pharmacology; CD4-Positive T-Lymphocytes/*drug effects/*metabolism; Macrophages/*drug effects/*metabolism; Tissue Donors	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Bershteyn, A; Eckhoff, PA	Long-term Risk of HIV Drug Resistance after PrEP Breakthrough Infection: Implications from a Mathematical Model of the HIV Latent Reservoir	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5337a.abstract	https://www.liebertpub.com/doi/10.1089/aid.2014.5337a.abstract	Background: Clinical trials of HIV pre-exposure prophylaxis (PrEP) have found little risk of HIV drug resistance after breakthrough infection, provided that the infection is detected and PrEP is discontinued in a timely manner. However, broad roll-out of PrEP in resource-limited settings cannot guarantee ideal monitoring for all patients. Also unknown is the transmissibility of PrEP-related drug resistance, which may differ from that of ART-related drug resistance due to transmitted founder virus dynamics. Methods: We developed a mathematical model that links PrEP adherence to the dynamic populations of drug-sensitive and drug-resistant virus, distinguishing between replicating virus and the long-lived latent reservoir. The model was parameterized for tenofovir-based oral PrEP with viral fitness and resistance pattern data for K65R. Novel model structures were explored to study transmitter founder virus dynamics. Results: The size and persistence of the modeled drug-resistant viral pool grew fastest during acute viremia, but continued to grow over the duration of undetected infection. After cessation of oral PrEP, the latent HIV reservoir harbored approximately double the proportion of K65R compared to the actively replicating pool. Host immunity, which influences viral load setpoint, modulated the proportion of K65R over an order of magnitude, as did patterns of adherence during PrEP use. Resistance acquired during early HIV infection could potentially elevate the transmissibility of resistance, which was seen when models assumed early establishment of a stable founder virus. Conclusions: The need for early detection of breakthrough infections during PrEP is expected to be highly heterogeneous, with the greatest need among patients with pre-existing immune impairment. Importance of adherence-driven pharmacokinetics implies that other PrEP methods, such as microbicides, may yield very different resistance patterns. More research is needed to understand transmissibility of drug resistance acquired during PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2014	Blackwell, Christopher W	Preexposure prophylaxis: An emerging clinical approach to preventing HIV in high-risk adults.	Nurse Practitioner	-	-	-	1538-8662	10.1097/01.NPR.0000452976.92052.fa	https://dx.doi.org/10.1097/01.NPR.0000452976.92052.fa	The HIV antiretroviral drug emtricitabine/tenofovir disoproxil fumarate (Truvada) was recently approved as preexposure prophylaxis (PrEP) therapy for adults at high risk for sexually acquired HIV infection. This article reviews the data supporting the efficacy of PrEP, and provides other relevant data regarding the implementation of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2014	Brantley, Justin Taylor	Comparison of adherence to pre-exposure prophylaxis during blinded and open-label phases of a randomized trial	-	-	University of Washington	-	-	NA	http://hdl.handle.net/1773/26467	The Partners PrEP Study, a randomized trial of daily oral pre-exposure prophylaxis for HIV prevention, demonstrated efficacy at an interim analysis, prompting discontinuation of its placebo arm and early release of results. Active arm participants continued followup, and placebo arm participants optionally re-consented to additional followup on active drug. We compared PrEP adherence, by multiple measures, during the placebo-controlled and subsequent open-label phases of the study. Learning of PrEP efficacy led to a modest, although statistically significant, increase in adherence: the odds of refilling study medication at each monthly visit increased by 24% (p = 0.03), and the odds of detecting PrEP drug in plasma increased by 76% (p < 0.01), the latter returning to counterfactual levels within twelve months. Placebo arm participants who chose to continue followup on active drug were more likely to refill than those originally randomized to active drug (odds ratio, 1.32; p < 0.01). These results suggest that knowledge of PrEP efficacy had a small impact on PrEP adherence in a trial where adherence was already high.	Africa; adherence; HIV prevention; pre-exposure prophylaxis; epidemiology; Public health; Epidemiology; serodiscordant couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2014	Brookmeyer, Ron; Boren, David; Baral, Stefan D.; Bekker, Linda-Gail; Phaswana-Mafuya, Nancy; Beyrer, Chris; Sullivan, Patrick S.	Combination HIV prevention among MSM in South Africa: results from agent-based modeling.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0112668	https://pubmed.ncbi.nlm.nih.gov/25398143/	HIV prevention trials have demonstrated the effectiveness of a number of behavioral and biomedical interventions. HIV prevention packages are combinations of interventions and offer potential to significantly increase the effectiveness of any single intervention. Estimates of the effectiveness of prevention packages are important for guiding the development of prevention strategies and for characterizing effect sizes before embarking on large scale trials. Unfortunately, most research to date has focused on testing single interventions rather than HIV prevention packages. Here we report the results from agent-based modeling of the effectiveness of HIV prevention packages for men who have sex with men (MSM) in South Africa. We consider packages consisting of four components: antiretroviral therapy for HIV infected persons with CD4 count <350; PrEP for high risk uninfected persons; behavioral interventions to reduce rates of unprotected anal intercourse (UAI); and campaigns to increase HIV testing. We considered 163 HIV prevention packages corresponding to different intensity levels of the four components. We performed 2252 simulation runs of our agent-based model to evaluate those packages. We found that a four component package consisting of a 15% reduction in the rate of UAI, 50% PrEP coverage of high risk uninfected persons, 50% reduction in persons who never test for HIV, and 50% ART coverage over and above persons already receiving ART at baseline, could prevent 33.9% of infections over 5 years (95% confidence interval, 31.5, 36.3). The package components with the largest incremental prevention effects were UAI reduction and PrEP coverage. The impact of increased HIV testing was magnified in the presence of PrEP. We find that HIV prevention packages that include both behavioral and biomedical components can in combination prevent significant numbers of infections with levels of coverage, acceptance and adherence that are potentially achievable among MSM in South Africa.	*Homosexuality, Male; Humans; Male; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control; South Africa; *Models, Biological; Pre-Exposure Prophylaxis/*methods; Combined Modality Therapy/methods; Genetic Testing/*methods; Safe Sex/*psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Brown, Jennifer L.; Sales, Jessica M.; DiClemente, Ralph J.	Combination HIV prevention interventions: the potential of integrated behavioral and biomedical approaches.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-014-0228-6	https://pubmed.ncbi.nlm.nih.gov/25216985/	Combination HIV prevention interventions that integrate efficacious behavioral and biomedical strategies offer the potential to reduce new HIV infections. We overview the efficacy data for three biomedical HIV prevention approaches, namely microbicides, pre-exposure prophylaxis (PrEP), and HIV vaccination; review factors associated with differential acceptability and uptake of these methods; and suggest strategies to optimize the effectiveness and dissemination of combination HIV prevention approaches. A narrative review was conducted highlighting key efficacy data for microbicides, PrEP, and an HIV vaccination and summarizing acceptability data for each of the three biomedical HIV prevention approaches. Recommendations for the integration and dissemination of combined behavioral and biomedical HIV prevention approaches are provided. To date, microbicides and an HIV vaccination have demonstrated limited efficacy for the prevention of HIV. However, PrEP has demonstrated efficacy in reducing HIV incident infections. A diverse array of factors influences both hypothetical willingness and actual usage of each biomedical prevention method. Strategies to effectively integrate and evaluate combination HIV prevention interventions are urgently needed.	Humans; Male; Female; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; Health Knowledge, Attitudes, Practice; Pre-Exposure Prophylaxis/*methods; AIDS Vaccines/*administration & dosage	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Buchbinder, Susan P; Glidden, David V; Liu, Albert Y; McMahan, Vanessa; Guanira, Juan V; Mayer, Kenneth H; Goicochea, Pedro; Grant, Robert M	HIV pre-exposure prophylaxis in men who have sex with men and transgender women: a secondary analysis of a phase 3 randomised controlled efficacy trial.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(14)70025-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4133171	BACKGROUND: For maximum effect pre-exposure prophylaxis should be targeted to the subpopulations that account for the largest proportion of infections (population-attributable fraction PAF) and for whom the number needed to treat (NNT) to prevent infection is lowest. We aimed to estimate the PAF and NNT of participants in the iPrEx (Pre-Exposure Prophylaxis Initiative) trial. METHODS: The iPrEx study was a randomised controlled efficacy trial of pre-exposure prophylaxis with coformulated tenofovir disoproxil fumarate and emtricitabine in 2499 men who have sex with men (MSM) and transgender women. Participants aged 18 years or older who were male at birth were enrolled from 11 trial sites in Brazil, Ecuador, Peru, South Africa, Thailand, and the USA. Participants were randomly assigned (1:1) to receive either a pill with active pre-exposure prophylaxis or placebo, taken daily. We calculated the association between demographic and risk behaviour during screening and subsequent seroconversion among placebo recipients using a Poisson model, and we calculated the PAF and NNT for risk behaviour subgroups. The iPrEx trial is registered with ClinicalTrials.gov, NCT00458393. FINDINGS: Patients were enrolled between July 10, 2007, and Dec 17, 2009, and were followed up until Nov 21, 2010. Of the 2499 MSM and transgender women in the iPrEx trial, 1251 were assigned to pre-exposure prophylaxis and 1248 to placebo. 83 of 1248 patients in the placebo group became infected with HIV during follow-up. Participants reporting receptive anal intercourse without a condom seroconverted significantly more often than those reporting no anal sex without a condom (adjusted hazard ratio AHR 5·11, 95% CI 1·55-16·79). The overall PAF for MSM and transgender women reporting receptive anal intercourse without a condom was 64% (prevalence 60%). Most of this risk came from receptive anal intercourse without a condom with partners with unknown serostatus (PAF 53%, prevalence 54%, AHR 4·76, 95% CI 1·44-15·71); by contrast, the PAF for receptive anal intercourse without a condom with an HIV-positive partner was 1% (prevalence 1%, AHR 7·11, 95% CI 0·70-72·75). The overall NNT per year for the cohort was 62 (95% CI 44-147). NNTs were lowest for MSM and transgender women self-reporting receptive anal intercourse without a condom (NNT 36), cocaine use (12), or a sexually transmitted infection (41). Having one partner and insertive anal sex without a condom had the highest NNTs (100 and 77, respectively). INTERPRETATION: Pre-exposure prophylaxis may be most effective at a population level if targeted toward MSM and transgender women who report receptive anal intercourse without a condom, even if they perceive their partners to be HIV negative. Substance use history and testing for STIs should also inform individual decisions to start pre-exposure prophylaxis. Consideration of the PAF and NNT can aid in discussion of the benefits and risks of pre-exposure prophylaxis with MSM and transgender women. FUNDING: National Institute of Allergy and Infectious Diseases and the Bill & Melinda Gates Foundation.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Burns, David N; Grossman, Cynthia; Turpin, Jim; Elharrar, Vanessa; Veronese, Fulvia	Role of oral pre-exposure prophylaxis (PrEP) in current and future HIV prevention strategies	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-014-0234-8	https://dx.doi.org/10.1007/s11904-014-0234-8	Treatment as prevention is expected to have a major role in reducing HIV incidence, but other prevention interventions will also be required to bring the epidemic under control, particularly among key populations. One or more forms of pre-exposure prophylaxis (PrEP) will likely play a critical role. Oral PrEP with emtricitabine-tenofovir (Truvada®) is currently available in the US and some other countries, but uptake has been slow. We review the concerns that have contributed to this slow uptake and discuss current and future research in this critical area of HIV prevention research.	HIV/human immunodeficiency virus; Prevention; PrEP/pre-exposure prophylaxis; ARVs/antiretrovirals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2014	C.A. Hankins	HIV prevention policy and programme planning: What can mathematical modelling contribute?	-	-	Universiteit van Amsterdam	-	NA	NA	http://hdl.handle.net/11245/1.404873	This thesis explores the potential contribution of mathematical modelling to informed decision-making on policy and programme planning for novel HIV prevention tools. Its hypothesis is that, under certain conditions, modelling results can be a useful addition to the evidence and other factors that influence the HIV prevention policy and programme development process. The emerging HIV prevention tools that serve to illustrate this are voluntary medical male circumcision, systemic pre-exposure prophylaxis with antiretroviral drugs, HIV vaccines, and structural interventions for people who inject drugs. Comparing model structures and findings, including the results of sensitivity analyses, through consensus processes, systematic reviews, and other methodologies serves to strengthen the potential contribution that modelling can make to HIV prevention policy. Modelling will increasingly be useful to biomedical HIV prevention trial design, given the evolving standard of prevention being offered to all trial participants. Populating mathematical models with up-to-date, context-relevant, and accurate information will remain a key challenge, along with effective knowledge translation strategies. Engaging policy makers from the start can help ensure that modelling addresses relevant policy questions, is informed by the best available locally available information, and finds a receptive audience when results are presented. Modellers can play an important role by generating modelling results on questions of key importance that provide insights into the potential impact of competing HIV prevention scenarios in the context of constrained resources. In effect, they can paint pictures for policy makers of the paths that can lead to a future in which HIV transmission is increasingly rare.	NA	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	-	-	Quantitative
Article	2014	Caboral Stevens, Meriam; Aneke, Godfrey; Neplock, Andrew	Una revisión sobre la profilaxis pre-exposición (PrEP) para la prevención del VIH	Cultura del cuidado enfermería	-	-	-	1794-5232	NA	https://pesquisa.bvsalud.org/portal/resource/pt/lil-748718	Human Immunodeficiency Virus (HIV) epidemic continues to represent a major global health issue. Today, there are several tools available to prevent the spread of HIV infection. However, there are several constraints to the current prevention strategies including low condom use, low acceptance of testing, low awareness of vulnerability and more emphasis on treatment. Prevention strategy is redirected towards reducing acquisition of HIV. Pre-exposure prophylaxis or PrEP is the latest groundbreaking innovation in biomedical research in the prevention of HIV transmission. The purpose of this paper is to review preexposure prophylaxis for HIV prevention including the current guidelines in the use of PreP.	emtricitabine; preexposure prophylaxis; tenofovir disoproxil fumarate; VIH; profilaxis pre-exposicion; tenofovirdisoproxilfumarate	English	Colombia	Latin America and the Caribbean	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Calabrese, Sarah K; Earnshaw, Valerie A; Underhill, Kristen; Hansen, Nathan B; Dovidio, John F	The impact of patient race on clinical decisions related to prescribing HIV pre-exposure prophylaxis (PrEP): assumptions about sexual risk compensation and implications for access	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-013-0675-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3983275	Antiretroviral pre-exposure prophylaxis (PrEP) has received increasing recognition as a viable prescription-based intervention for people at risk for HIV acquisition. However, little is known about racial biases affecting healthcare providers' willingness to prescribe PrEP. This investigation sought to explore medical students' stereotypes about sexual risk compensation among Black versus White men who have sex with men seeking PrEP, and the impact of such stereotypes on willingness to prescribe PrEP. An online survey presented participants (n = 102) with a clinical vignette of a PrEP-seeking, HIV-negative man with an HIV-positive male partner. Patient race was systematically manipulated. Participants reported predictions about patient sexual risk compensation, willingness to prescribe PrEP, and other clinical judgments. Bootstrapping analyses revealed that the Black patient was rated as more likely than the White patient to engage in increased unprotected sex if prescribed PrEP, which, in turn, was associated with reduced willingness to prescribe PrEP to the patient.	Race/ethnicity, Men who have sex with men (MSM), Pre-exposure prophylaxis (PrEP), Risk compensation, Healthcare provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Castel, Amanda D; Magnus, Manya; Greenberg, Alan E	Pre-exposure prophylaxis for human immunodeficiency virus: the past, present, and future.	Infectious Disease Clinics of North America	-	-	-	1557-9824	10.1016/j.idc.2014.08.001	https://dx.doi.org/10.1016/j.idc.2014.08.001	This article presents an overview of pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention. The authors describe the past animal and human research that has been conducted that informs our current understanding of PrEP; summarize ongoing research in the area, including describing new regimens and delivery mechanisms being studied for PrEP; and highlight key issues that must be addressed in order to implement and optimize the use of this HIV prevention tool.	Pre-exposure prophylaxis; Implementation; Adherence; HIV prevention; Biomedical intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Celum, Connie; Morrow, Rhoda A; Donnell, Deborah; Hong, Ting; Hendrix, Craig W; Thomas, Katherine K; Fife, Kenneth H; Nakku-Joloba, Edith; Mujugira, Andrew; Baeten, Jared M	Daily oral tenofovir and emtricitabine-tenofovir preexposure prophylaxis reduces herpes simplex virus type 2 acquisition among heterosexual HIV-1-uninfected men and women: a subgroup analysis of a randomized trial	Annals of Internal Medicine	-	-	-	1539-3704	10.7326/M13-2471	https://dx.doi.org/10.7326/M13-2471	BACKGROUND: Daily oral preexposure prophylaxis (PrEP) using the antiretroviral tenofovir disoproxil fumarate (TDF) alone or in combination with emtricitabine (FTC-TDF) reduces the risk for HIV-1 acquisition. Tenofovir has in vitro activity against herpes simplex virus type 2 (HSV-2). OBJECTIVE: To assess the efficacy of daily oral PrEP with tenofovir and FTC-TDF in the prevention of HSV-2 acquisition. DESIGN: Subgroup analysis of data from a randomized, placebo-controlled trial with concealed allocation. (ClinicalTrials.gov: NCT00557245). SETTING: Multiple sites in Kenya and Uganda. PARTICIPANTS: Heterosexual men and women who were seronegative for HIV-1 and HSV-2 and at high risk for HIV-1 acquisition due to having an HIV-1-infected partner. INTERVENTION: Once-daily oral tenofovir disoproxil fumarate (TDF), alone or combined with emtricitabine (FTC-TDF), compared with placebo. MEASUREMENTS: HSV-2 seroconversion. RESULTS: A total of 131 participants seroconverted to HSV-2 (79 of 1041 assigned to tenofovir or FTC-TDF PrEP HSV-2 incidence, 5.6 per 100 person-years and 52 of 481 assigned to placebo HSV-2 incidence, 7.7 per 100 person-years). The hazard ratio (HR) for HSV-2 acquisition with daily oral PrEP was 0.70 (95% CI, 0.49 to 0.99; P = 0.047) compared with placebo, and the absolute risk reduction was 2.1 per 100 person-years. Among the 1044 participants with HSV-2-infected partners, the HR for PrEP was 0.67 (CI, 0.46 to 0.98; P = 0.038) compared with placebo, and the absolute risk reduction was 3.1 per 100 person-years. LIMITATION: Randomization was not stratified by HSV-2 status, and diagnostic tests to exclude participants with acute HSV-2 at baseline are not available. CONCLUSION: Daily oral tenofovir-based PrEP significantly reduced the risk for HSV-2 acquisition among heterosexual men and women. Modest protection against HSV-2 is an added benefit of HIV-1 prevention with oral tenofovir-based PrEP. PRIMARY FUNDING SOURCE: Bill & Melinda Gates Foundation.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Chandhiok, Nomita; Joshi, Smita N.; Gangakhedkar, Raman	Acceptability of oral and topical HIV chemoprophylaxis in India: implications for at-risk women and men who have sex with men.	Sexual Health	-	-	-	1448-5028	10.1071/SH13067	https://www.publish.csiro.au/SH/SH13067	With reducing HIV prevalence, India has made gains in containing the epidemic. Yet, unprotected sex and commercial sex work, unprotected anal sex between men and needle sharing among intravenous drug users continue to drive the epidemic. Development of effective, safe and acceptable topical (microbicides) and oral (pre-exposure prophylaxis (PrEP)) chemoprophylaxis could augment the already available tools for HIV prevention. This paper reviews the acceptability of topical microbicides and oral PrEP, in the context of the nature of the HIV epidemic, the sociocultural norms and the acceptability data obtained from studies carried out in India. Overall, men and women have a positive attitude towards the concept and use of microbicide products. Self-perceptions of HIV risk, product attributes, ease and convenience of use during sex, gender norms, the sociocultural context and the potential for undisclosed use were important factors influencing acceptability. A multipurpose product that would simultaneously address women's contraceptive and disease prevention needs would be devoid of the stigma attached to an anti-HIV product and may be more acceptable. Limited information on the acceptability of oral PrEP amongst high-risk groups merits further research, including carrying out demonstration projects for program introduction.	microbicides, pre-exposure prophylaxis, sex workers.	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Review
Theses and Dissertations	2014	Chateau, Morgan	Prevention of HIV transmission	-	-	University of North Carolina	-	NA	NA	https://cdr.lib.unc.edu/record/uuid:bba56e9c-96ff-4e5f-a447-d65470421a93	The human immunodeficiency virus (HIV) infects and replicates within individuals for the duration of their life. Initial infection results in little to no symptoms for years or even decades. These individuals are infectious and capable of further spreading HIV while completely unaware of their own status. This ability to transmit without detection is what lead to the unknown and thereby unopposed global spread of HIV type one (HIV-1). Once a test was developed to detect HIV, the virus was found in nearly all major countries around the world. Development of a cure has proven to be exceedingly difficult. So far, the only successful tactic to reduce the number of infected HIV individuals has been to prevent HIV transmission. Traditionally, the most effective way to prevent viral transmission is with a vaccine, but an effective HIV vaccine for wide spread use has not been developed. Therefore, alternative HIV transmission prevention strategies have been used. These strategies largely depend on behavioral modifications and include: 1) utilization of universal precautions in medical settings, 2) increased emphasis on HIV testing and self awareness of infection status, 3) encouraged use of protective measures such as condoms and male circumcision, 4) prophylactic use of antiretroviral drugs to limit mother to child transmission MTCT, and 5) the newly available oral pre-exposure prophylactic use of Truvada in HIV negative individuals. Together, these strategies have contributed to nearly eliminating HIV transmission in medical settings and greatly reduced MTCT. Unfortunately, HIV continues to spread globally largely due to sexual transmission. While condom usage is highly efficient to prevent transmission, their use is limited by acceptability and consent. In this dissertation, I evaluated the potential of topically applied interventions to be a novel, effective form of protection against HIV transmission as well as established a novel line of investigation evaluating microbial contributions to HIV transmission. Using humanized mice as a model of HIV transmission, I evaluated two antiretroviral drug based topical pre-exposure prophylaxis (PrEP) for efficacy; tenofovir and maraviroc. In both instances, these drugs were found to be protective when used prior to HIV exposure. Concerns regarding the dual use of tenofovir for treatment as well as PrEP prompted me to evaluate transmission of a tenofovir resistant strain of HIV. This study demonstrated a surprisingly large defect in transmission for tenofovir resistant HIV, which suggests that use of Tenofovir for PrEP may not result in a significant increase of circulating tenofovir resistant strains of HIV. I also utilized the humanized mouse model to start a completely novel line of investigation evaluating the effect of microbial populations on HIV transmission. While these studies are ongoing, preliminary results have shown a clear effect of microbiome composition on rectal HIV transmission. These results are significant in two ways. First, this is the first evidence that…	School of Medicine; Department of Microbiology and Immunology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2014	Chen, Anders; Dowdy, David W	Clinical effectiveness and cost-effectiveness of HIV pre-exposure prophylaxis in men who have sex with men: risk calculators for real-world decision-making.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0108742	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4186823	BACKGROUND: Oral pre-exposure prophylaxis (PrEP) can be clinically effective and cost-effective for HIV prevention in high-risk men who have sex with men (MSM). However, individual patients have different risk profiles, real-world populations vary, and no practical tools exist to guide clinical decisions or public health strategies. We introduce a practical model of HIV acquisition, including both a personalized risk calculator for clinical management and a cost-effectiveness calculator for population-level decisions. METHODS: We developed a decision-analytic model of PrEP for MSM. The primary clinical effectiveness and cost-effectiveness outcomes were the number needed to treat (NNT) to prevent one HIV infection, and the cost per quality-adjusted life-year (QALY) gained. We characterized patients according to risk factors including PrEP adherence, condom use, sexual frequency, background HIV prevalence and antiretroviral therapy use. RESULTS: With standard PrEP adherence and national epidemiologic parameters, the estimated NNT was 64 (95% uncertainty range: 26, 176) at a cost of $160,000 (cost saving, $740,000) per QALY--comparable to other published models. With high (35%) HIV prevalence, the NNT was 35 (21, 57), and cost per QALY was $27,000 (cost saving, $160,000), and with high PrEP adherence, the NNT was 30 (14, 69), and cost per QALY was $3,000 (cost saving, $200,000). In contrast, for monogamous, serodiscordant relationships with partner antiretroviral therapy use, the NNT was 90 (39, 157) and cost per QALY was $280,000 ($14,000, $670,000). CONCLUSIONS: PrEP results vary widely across individuals and populations. Risk calculators may aid in patient education, clinical decision-making, and cost-effectiveness evaluation.	1 A 9	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Chirwa, Lovemore I; Johnson, Jeffrey A; Niska, Richard W; Segolodi, Tebogo M; Henderson, Faith L; Rose, Charles E; Li, Jin-Fen; Thigpen, Michael C; Matlhaba, Onkabetse; Paxton, Lynn A; Brooks, John T	CD4(+) cell count, viral load, and drug resistance patterns among heterosexual breakthrough HIV infections in a study of oral preexposure prophylaxis.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000000102	https://dx.doi.org/10.1097/QAD.0000000000000102	We examined CD4 cell count and plasma viral load patterns among Botswana TDF/FTC Oral HIV Prophylaxis Trial (TDF2 study) participants who seroconverted, comparing participants assigned to receive tenofovir/emtricitabine with participants assigned to receive placebo. We also evaluated for antiretroviral drug resistance among the breakthrough HIV infections. Among nine seroconverters assigned to tenofovir/emtricitabine and 24 to placebo, there were no significant differences in their CD4 cell count or viral load profiles over time. Of the four participants who seroconverted on-study while receiving tenofovir/emtricitabine, none became infected as a result of drug-resistant HIV; moreover, no resistance mutations emerged following seroconversion.	acesso restrito	English	United Kingdom	Western and Central Europe and North America	Botswana	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2014	Corneli, Amy L; Deese, Jennifer; Wang, Meng; Taylor, Doug; Ahmed, Khatija; Agot, Kawango; Lombaard, Johan; Manongi, Rachel; Kapiga, Saidi; Kashuba, Angela; Van Damme, Lut	FEM-PrEP: adherence patterns and factors associated with adherence to a daily oral study product for pre-exposure prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000158	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4059551	BACKGROUND: Several clinical trials have demonstrated the safety and effectiveness of oral tenofovir disoproxil fumarate (TDF), with or without emtricitabine (FTC), as pre-exposure prophylaxis (PrEP) for reducing the risk of HIV acquisition. Adherence to the study product was insufficient to demonstrate the effectiveness of FTC/TDF in 2 PrEP clinical trials conducted among women (FEM-PrEP and the Vaginal and Oral Interventions to Control the Epidemic study), but further analyses of adherence in these studies may inform PrEP demonstration projects and future HIV prevention clinical trials. METHODS: We randomly selected a subcohort of 150 participants randomized to FTC/TDF in 3 FEM-PrEP sites (Bondo, Kenya; Bloemfontein, South Africa; and Pretoria, South Africa) to examine adherence levels over time and to assess factors associated with adherence, based on plasma tenofovir and intracellular tenofovir diphosphate drug concentrations in specimens collected at 4-week visit intervals. RESULTS: We observed drug concentrations consistent with good adherence in 28.5% of all visit intervals when drug was available to use, but only 12% of participants achieved good adherence throughout their study participation. In multivariate analysis, the Bloemfontein site odds ratio (OR): 2.43; 95% confidence interval (CI): 1.32 to 4.48 and liking the pill color (OR: 2.93; 95% CI: 1.18 to 7.27) were positively associated with good adherence, whereas using oral contraceptive pills at enrollment was negatively associated with good adherence (OR: 0.37; 95% CI: 0.18 to 0.74). CONCLUSIONS: Most participants did not regularly adhere to the study product throughout their trial participation, although a small minority did. Few factors associated with good adherence to the study product were identified in FEM-PrEP.	pre-exposure prophylaxis, FEM-PrEP, adherence, women, Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Corneli, Amy L; McKenna, Kevin; Headley, Jennifer; Ahmed, Khatija; Odhiambo, Jacob; Skhosana, Joseph; Wang, Meng; Agot, Kawango	A descriptive analysis of perceptions of HIV risk and worry about acquiring HIV among FEM-PrEP participants who seroconverted in Bondo, Kenya, and Pretoria, South Africa.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.3.19152	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4164016	INTRODUCTION: Risk perception is a core construct in many behaviour change theories in public health. Individuals who believe they are at risk of acquiring an illness may be more likely to engage in behaviours to reduce that risk; those who do not feel at risk may be unlikely to engage in risk reduction behaviours. Among participants who seroconverted in two FEM-PrEP sites - Bondo, Kenya, and Pretoria, South Africa - we explored perceived HIV risk and worry about acquiring HIV prior to HIV infection. METHODS: FEM-PrEP was a phase III clinical trial of once-daily, oral emtricitabine and tenofovir disoproxil fumarate for HIV prevention among women in sub-Saharan Africa. We asked all participants about their perceived HIV risk in the next four weeks, prior to HIV testing, during a quantitative face-to-face interview at enrolment and at quarterly follow-up visits. Among participants who seroconverted, we calculated the frequencies of their responses from the visit conducted closest to, but before, HIV acquisition. Also among women who seroconverted, we conducted qualitative, semi-structured interviews (SSIs) at weeks 1, 4 and 8 after participants' HIV diagnosis visit to retrospectively explore feelings of HIV worry. Applied thematic analysis was used to analyse the SSI data. RESULTS: Among participants who seroconverted in Bondo and Pretoria, 52% reported in the quantitative interview that they had no chance of acquiring HIV in the next four weeks. We identified four processes of risk rationalization from the SSI narratives. In "protective behaviour," participants described at least one risk reduction behaviour they used to reduce their HIV risk; these actions made them feel not vulnerable to HIV, and therefore they did not worry about acquiring the virus. In "protective reasoning," participants considered their HIV risk but rationalized, based on certain events or beliefs, that they were not vulnerable and therefore did not worry about getting HIV. In "recognition of vulnerability," participants described reasons for being worried about getting HIV but said no or limited action was taken to reduce their perceived vulnerability. Participants with "no rationalization or action" did not describe any HIV worry or did not engage in HIV risk reduction behaviours. CONCLUSIONS: Women who are at substantial risk of acquiring HIV may underestimate their actual risk. Yet, others who accurately understand their HIV risk may be unable to act on their concerns. Perceived HIV risk and risk rationalization are important concepts to explore in risk reduction counselling to increase the use of HIV prevention strategies among women at risk of HIV.	frica; FEM-PrEP; preocupação com o HIV; percepções de risco; soroconversão; mulheres.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2014	Corneli, Amy; Wang, Meng; Agot, Kawango; Ahmed, Khatija; Lombaard, Johan; Van Damme, Lut	Perception of HIV risk and adherence to a daily, investigational pill for HIV prevention in FEM-PrEP.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000362	https://dx.doi.org/10.1097/QAI.0000000000000362	BACKGROUND: FEM-PrEP was unable to demonstrate the effectiveness of oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) as pre-exposure prophylaxis for HIV prevention because of low adherence. We hypothesized that one reason for the poor adherence was low perceived HIV risk. METHODS: At enrollment and at quarterly follow-up visits, we assessed participants' perceived HIV risk for the subsequent 4 weeks. We used logistic regression to assess factors associated with some (small, moderate, or high) perceived HIV risk. We also used logistic regression with robust variance estimation to assess the association between risk perceptions (none versus some) reported at enrollment and at weeks 12, 24, and 36 and good adherence based on drug concentrations of plasma tenofovir and intracellular tenofovir diphosphate in specimens collected 4 weeks later (at weeks 4, 16, 28, and 40) among 150 randomly selected participants assigned FTC/TDF. RESULTS: Multiple factors were statistically associated with having some perceived HIV risk, including having sex without a condom, having multiple partners, and not knowing if a partner has HIV. We observed a significant association between having some risk perception and good adherence (odds ratio: 2.0; 95% confidence interval: 1.1 to 3.5; P = 0.016). CONCLUSIONS: Data suggest that participants are likely knowledgeable about factors that increase their HIV risk. Perceived risk seemed to have influenced some participants' decisions to adhere to the study pill within the context of a placebo-controlled clinical trial. Future research can explore the role of risk perception in the uptake of and adherence to pre-exposure prophylaxis, now that FTC/TDF has been shown efficacious.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Crosby, Richard A; Geter, Angelica; DiClemente, Ralph J; Salazar, Laura F	Acceptability of Condoms, Circumcision and PrEP among Young Black Men Who Have Sex with Men: A Descriptive Study Based on Effectiveness and Cost.	Vaccines (Basel)	-	-	-	2076-393X	10.3390/vaccines2010129	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4494197	The current study examined and compared the willingness of young Black men who have sex with men (YBMSM) to accept pre-exposure prophylaxis (PrEP), adult male circumcision, and condoms for reducing their risk of HIV acquisition. The majority (67%) reported unprotected receptive anal sex in the last six months. About three-quarters (71%) would accept using PrEP if it was 100% effective. Cost influenced PrEP acceptance with 19% indicating acceptance at $100 per month co-pay. Of those not circumcised, 50% indicated willingness if circumcision was 100% effective. Acceptance of circumcision decreased markedly to 17% with co-pays of $100. About 73% of men were willing to use condoms if they were 100% effective and 50% indicated a willingness at the cost of $10 per month. The findings suggest that condom use promotion strategies should remain at the forefront of public health efforts to control HIV incidence among YBMSM.	African American men who have sex with men, HIV/AIDS, condoms, PrEP, circumcision	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2014	Curran, Kathryn G	New approaches to HIV prevention in African HIV serodiscordant couples: antiretrovirals and mobile technology	-	-	University of Washington	-	na	NA	http://hdl.handle.net/1773/25189	This dissertation informs the future implementation of HIV prevention for HIV serodiscordant couples in Africa. The research objectives include: 1) reviewing effective HIV prevention interventions, 2) evaluating the use of daily short message service (SMS, i.e. text message) surveys to measure sex and pre-exposure prophylaxis (PrEP) adherence, and 3) examining the acceptability of initiation of antiretroviral therapy (ART) at higher CD4 counts, a powerful HIV prevention tool. After the necessary first step of HIV testing and counseling, HIV serodiscordant couples may be offered appropriate HIV prevention interventions, including condoms, male circumcision, treatment of sexually transmitted infections, and two recent biomedical strategies: initiation of ART by the HIV-infected partner and PrEP by the HIV-uninfected partner. Importantly, the widespread implementation and effectiveness of HIV prevention interventions requires understanding and encouraging behaviors for acceptance, adherence, and correct use. We conducted a prospective study of HIV-related behaviors and qualitative research to answer key implementation questions regarding the feasibility of PrEP and acceptability of early ART among HIV serodiscordant couples. Within a clinical trial of PrEP, we evaluated the use of daily SMS surveys to examine patterns in sexual behavior and PrEP use. Daily SMS data collection was acceptable, obtained high response rates, and provided an assessment of temporal patterns of HIV risk behaviors and PrEP use over a 60-day period. Participants were more likely to adhere to daily PrEP doses when they were sexually-active, PrEP use was not associated with unprotected sex, and anticipating sex was difficult. In addition, HIV risk behaviors were reported on more days through daily SMS surveys compared to monthly interviewer-administered questionnaires, highlighting the potential of SMS to collect more accurate self-reported data. SMS may offer a new method for measuring and promoting behaviors related to HIV risk and adherence as well as enhancing communication between patients and providers. Qualitative research with HIV serodiscordant couples familiar with HIV prevention methodologies highlighted common perceived advantages and concerns related to early initiation of ART, and an important conceptualization of ART as the "final stage" before dying. This negative meaning of ART initiation poses a challenge to acceptance of early ART and indicates that new messages regarding ART initiation are needed. These new messages should emphasize the benefits of HIV prevention and maintaining good health; acknowledge concerns such as side effects and life-long adherence; and ultimately, portray a positive image of individuals on ART. Social and behavioral factors, in particular sustained adherence as well as individual and community acceptance, will be fundamental to successful implementation of early ART and PrEP and should remain a focus of HIV prevention and treatment	Africa; antiretroviral therapy; HIV; HIV prevention; HIV serodiscordant couples; Epidemiology; Public health; Behavioral sciences; epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2014	de Wit, John B. F.; Adam, Philippe C. G.	Can treatment-based HIV prevention curb the epidemic among gay and other men who have sex with men? A narrative synthesis of increasing evidence for moderating and countervailing effects.	Sexual Health	-	-	-	1448-5028	10.1071/SH13142	https://pubmed.ncbi.nlm.nih.gov/24618576/	As HIV epidemics among gay and other men who have sex with men (GMSM) persist worldwide, the importance of novel prevention approaches is recognised. Evidence that antiretroviral therapy (ART) can decrease the likelihood of infection is informing emerging HIV prevention approaches, encompassing early initiation of treatment as prevention by people living with HIV and use of antiretroviral drugs as pre-exposure prophylaxis for people presumed to be uninfected. Despite widespread excitement, robust evidence of the beneficial effects of ART-based HIV prevention for GMSM remains limited. Also, theoretical models project widely varying effects of ART-based prevention on the future course of HIV epidemics among GMSM, drawing attention to the possible moderating role of differences in the achievements of local HIV responses and the critical importance of sustained protective sexual practices into the future. Ecological analyses and simulations of ongoing epidemics in major gay communities illustrate that the preventive effects of ART in many settings are being offset by increased sexual risk-taking, as reflected in stable or increasing HIV infection rates. Also, the effects of scaling up HIV testing and treatment among GMSM in settings that are often considered prime examples of the success of ART-based prevention may be levelling as 'scope for improvement' diminishes. ART-based approaches further extend the HIV prevention toolkit and substantially increase people's options to protect themselves and others. The future impact of ART-based prevention on HIV epidemics among GMSM ultimately depends on whether heralded responses offset, attenuate or compound the ongoing social and behavioural changes that drive increased sexual risk.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2014	Dhalla, Shayesta; Poole, Gary	Effect of race/ethnicity on participation in HIV vaccine trials and comparison to other trials of biomedical prevention.	Human Vaccines & Immunotherapeutics	-	-	-	2164-554X 2164-5515	10.4161/hv.28870	https://www.tandfonline.com/doi/full/10.4161/hv.28870	INTRODUCTION: Racial/ethnic minorities are underrepresented in actual HIV vaccine trials in North America, and willingness to participate (WTP) and retention in an HIV vaccine trial may differ from that in Whites. METHODS: In this review, the authors identified HIV vaccine preparedness studies (VPS) in North America in high-risk populations that examined the relationship between race/ethnicity and WTP in a preventive phase 3 HIV vaccine trial, and the relationship to retention. Studies were categorized by risk group, and comparison group (Whites vs. non-Whites). Other types of trials of biomedical prevention were also identified, and WTP and retention rates were compared and contrasted to actual HIV vaccine trials. RESULTS: In the studies identified, WTP in a hypothetical HIV vaccine trial did not differ by race/ethnicity. In contrast, actual HIV vaccine trials, an HIV acquisition trial, and a phase 2B preexposure prophylaxis (PrEP) trial have enrolled a large percentage of White men. Human papilloma virus (HPV) privately-funded trials have also enrolled a large number of Whites, due to convenience sampling. Retention in the HIV acquisition trial was lower in African-Americans compared with Whites. CONCLUSION: Strategies to increase WTP and enhanced retention (ER) strategies may help in recruiting and retaining minority participants in actual HIV vaccine trials and other trials of biomedical prevention.	Humans; HIV Infections/*prevention & control; HIV; North America; *Clinical Trials, Phase III as Topic; Ethnicity; *Patient Acceptance of Health Care; vaccines; *Medication Adherence; Racial Groups; AIDS Vaccines/*administration & dosage; ethnicity; willingness to participate; biomedical prevention; Papillomavirus Infections/*prevention & control; Papillomavirus Vaccines/*administration & dosage; race; retention	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2014	Doblecki-Lewis, Susanne; Kolber, Michael A	Preventing HIV infection: pre-exposure and postexposure prophylaxis.	IUBMB Life	-	-	-	1521-6551	10.1002/iub.1286	https://dx.doi.org/10.1002/iub.1286	Data supporting the use of pre-exposure prophylaxis (PrEP) and nonoccupational postexposure prophylaxis (nPEP) in the prevention of HIV infection after a sexual encounter continue to grow. In this review, we describe some of the research driving the various recommendations for use of antiretrovirals in prevention. In addition, current research is described regarding the establishment of viral reservoirs that argues for rethinking the timing for nPEP treatment. We discuss the variables that impact on the choice of prevention antiretrovirals, including drug distribution, drug transporters, and potential impact of race and ethnicity on these variables.	1 a 9	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Donnell, Deborah; Baeten, Jared M; Bumpus, Namandjé N; Brantley, Justin; Bangsberg, David R; Haberer, Jessica E; Mujugira, Andrew; Mugo, Nelly; Ndase, Patrick; Hendrix, Craig; Celum, Connie	HIV protective efficacy and correlates of tenofovir blood concentrations in a clinical trial of PrEP for HIV prevention.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000172	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4059553	BACKGROUND: Antiretroviral pre-exposure prophylaxis (PrEP) is a novel HIV prevention strategy for which adherence is a known determinant of efficacy. Blood concentrations of PrEP medications are one objective marker of adherence. METHODS: In a placebo-controlled PrEP efficacy trial of tenofovir disoproxil fumarate (TDF) and TDF with emtricitabine (FTC/TDF) among 4747 African women and men with an HIV-infected partner, we measured plasma tenofovir concentrations from participants in the active PrEP arms: 29 HIV seroconverters (cases) and 196 randomly selected controls who remained uninfected. RESULTS: Among controls, 71% of visits had tenofovir concentrations >40 ng/mL, consistent with steady-state daily dosing, compared with 21% of cases at the visit HIV was first detected. Pill count data indicated that 96% of controls and 66% of cases had >80% adherence for these same visits. The estimated protective effect of PrEP against HIV, based on concentrations >40 ng/mL, was 88% (95% confidence interval: 60 to 96, P < 0.001) for individuals receiving TDF and 91% (95% confidence interval: 47 to 98, P = 0.008) for individuals receiving FTC/TDF. Controls had consistent patterns of PrEP concentrations during follow-up; among the 81% with concentrations >40 ng/mL at month 1, 75% maintained this concentration at month 12. Only 5 of 29 seroconverters seemed to be consistently adherent to PrEP. Tenofovir concentrations >40 ng/mL were associated with older age and shorter time on study; concentrations ≤40 ng/mL occurred more commonly when participants reported no sex with their HIV-infected partner. CONCLUSIONS: Plasma concentrations of tenofovir consistent with daily dosing were highly predictive of protection from HIV acquisition. Most of those who took PrEP seemed to have high and consistent adherence.	Africa, HIV prevention, pre-exposure prophylaxis, serodiscordant couples, adherence, drug concentrations	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Eaton, Lisa A; Driffin, Daniel D; Smith, Harlan; Conway-Washington, Christopher; White, Denise; Cherry, Chauncey	Psychosocial factors related to willingness to use pre-exposure prophylaxis for HIV prevention among Black men who have sex with men attending a community event	Sexual Health	-	-	-	na	10.1071/SH14022	https://www.proquest.com/scholarly-journals/psychosocial-factors-related-willingness-use-pre/docview/1759338099/se-2?accountid=8113	Objectives: In the US, Black men who have sex with men (BMSM) are disproportionately affected by HIV/AIDS. Pre-exposure prophylaxis (PrEP) holds tremendous promise for curbing the HIV/AIDS epidemic among these men. However, many psychosocial components must be addressed in order to implement this prevention tool effectively among BMSM. Methods: We assessed PrEP knowledge and use, health care access experiences, race-based medical mistrust, sexual partners and behaviours, and drug and alcohol use among 699 men attending a community event in the south-eastern United States. We used generalised linear modelling to assess factors associated with willingness to use PrEP. Results: Three hundred and ninety-eight men reported being BMSM and having HIV-negative status. Among these men, 60% reported being willing to use PrEP. Lack of being comfortable with talking to a health care provider about having sex with men, not having discussed having sex with a man with a health care provider, race-based medical mistrust, and alcohol consumption and substance use were all identified as barriers to willingness to use PrEP. Sexual risk-taking, number of sex partners and STI diagnosis were not associated with willingness to use PrEP. Conclusions: Findings from the current paper demonstrate the importance of acknowledging the role of various psychosocial factors in the uptake of PrEP. It is imperative that we prioritise research into understanding these barriers better, as the failure to do so will impede the tremendous potential of this prevention technology.	Pre-exposure prophylaxis; Infections; Behavior; Health care access; Sexual orientation; Studies; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS; GenderWatch; Y; Mens health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Escudero, Daniel J; Lurie, Mark N; Kerr, Thomas; Howe, Chanelle J; Marshall, Brandon D L	HIV pre-exposure prophylaxis for people who inject drugs: a review of current results and an agenda for future research.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.1.18899	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969508	INTRODUCTION: Studies examining the use of pre-exposure prophylaxis (PrEP) to prevent HIV transmission among people who inject drugs (PWIDs) have not been adequately summarized. Recently, the Bangkok Tenofovir Study has shown that PrEP may be effective at reducing new HIV infections among this high-risk group. This randomized controlled trial was the first study to specifically examine the efficacy of PrEP among PWIDs. In this review, we present the current state of evidence regarding the use of PrEP to prevent HIV infection in PWID populations, and set an agenda for future research to inform the most effective implementation of PrEP in the context of existing evidence-based HIV prevention strategies. DISCUSSION: Despite positive trial results confirming that PrEP may prevent HIV transmission among PWIDs, there remain many questions regarding the interpretation of these results, as well as obstacles to the implementation of PrEP regimens within highly diverse drug-using communities. Aside from the Bangkok Tenofovir Study, we identified only one other published study that has collected empirical data to inform the use of PrEP among PWIDs. The large gap in research regarding the use and implementation of PrEP for PWIDs signals the need for further research and attention. CONCLUSIONS: We recommend that future research efforts focus on elucidating the generalizability of the Bangkok Tenofovir Study results in other injection drug-using populations, examining the willingness of PWIDs to use PrEP in diverse contexts, identifying barriers to adherence to PrEP regimens and determining the most effective ways to implement PrEP programmes within the context of existing evidence-based prevention strategies, including opioid substitution therapy and needle and syringe distribution programmes.	HIV, pre-exposure prophylaxis, injection drug use, people who inject drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Flash, Charlene A; Stone, Valerie E; Mitty, Jennifer A; Mimiaga, Matthew J; Hall, Kathryn T; Krakower, Douglas; Mayer, Kenneth H	Perspectives on HIV prevention among urban black women: a potential role for HIV pre-exposure prophylaxis.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2014.0003	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4250961	Limited data exist regarding attitudes and acceptability of topical and oral HIV pre-exposure prophylaxis (PrEP) among US black women. This investigation explored interest in HIV chemoprophylaxis and modes of use. Five focus groups enrolled 26 black women recruited from an inner-city community health center and affiliated HIV testing sites. Thematic analysis utilized Atlas.ti. Most women expressed interest in PrEP, as many reported condom failure concerns. Most women preferred a pill formulation to intravaginal gel because of greater perceived privacy and concerns about vaginal side effects and gel leakage. Women who had taken pills previously advocated daily dosing and indicated adherence concerns about episodic or post-coital PrEP. Many women desired prophylactic strategies that included partner testing. Urban black women are interested in utilizing PrEP; however, misgivings exist about gel inconvenience and potential side effects for themselves and their partners. Most women preferred oral PrEP, dosed daily.	635-642	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2014	Gallagher, Timothy; Link, Lauren; Ramos, Michael; Bottger, Edward; Aberg, Judith; Daskalakis, Demetre	Self-Perception of HIV Risk and Candidacy for Pre-Exposure Prophylaxis Among Men Who Have Sex with Men Testing for HIV at Commercial Sex Venues in New York City.	LGBT Health	-	-	-	-	2325-8306	10.1089/lgbt.2013.0046	https://dx.doi.org/10.1089/lgbt.2013.0046	The purpose of this study was to evaluate the ability of men who have sex with men (MSM) testing for HIV at commercial sex venues to assess the following: their candidacy for pre-exposure chemoprophylaxis (PrEP) as defined by meeting entry criteria for the iPrEx (Iniciativa Profilaxis Pre-Exposición) phase III clinical trial of PrEP, and their perception of their own HIV risk and candidacy for PrEP. Interviewers surveyed 629 MSM at three NYC commercial sex venues from June 2011 through June 2012. Questions focused on demographics, sexual activity, and drug use in the three months prior to testing, as well as perceived risk of HIV acquisition and perceived candidacy for PrEP use. Data were analyzed by Chi square and Fisher's exact test. Results show that a majority of clients (80.3%) met entry criteria for the iPrEX. Most of these men (78.0%), however, did not perceive their risk to be significant enough to warrant PrEP use (P=.000). Factors were identified which associated with a risk perception that correlated with eligibility for iPrEX.	HIV; Pre-Exposure Prophylaxis (PrEP); Risk Perception; men who have sex with men (MSM).	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Gengiah, Tanuja N; Moosa, Atika; Naidoo, Anushka; Mansoor, Leila E	Adherence challenges with drugs for pre-exposure prophylaxis to prevent HIV infection.	International Journal of Clinical Pharmacy	-	-	-	-	2210-7711	10.1007/s11096-013-9861-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3947256	BACKGROUND: There are 34 million people living with human immunodeficiency virus (HIV) worldwide and each year this number increases. Until a vaccine is discovered, the prevention of new HIV infections remains an urgent priority. Several trials studying the use of oral and topical agents for the prevention of HIV infection have already been completed. Adherence has proved to be a major challenge in achieving product efficacy. AIM OF THE REVIEW: To provide the clinical pharmacist with an understanding of the oral pre-exposure prophylaxis (PrEP) and topical microbicide product pipeline whilst emphasizing the critical importance of adherence to these drugs to avert HIV infection. METHODS: PubMed/Medline and the web-based clinical trials registry (ClinTrials.gov) were searched using appropriate key words. For the time period 1992-2013--all phase II and phase III safety and effectiveness studies--testing agents for prevention of HIV infection were included in the review. Efficacy estimates, adherence estimates and reported challenges with adherence were extracted. RESULTS: Twenty-four phase II and III clinical trials were found during review. Of these, 20 trials have been completed, and six trials show effectiveness in preventing HIV infection. The majority of the successful trials were to oral PrEP and to date only one microbicide trial of a vaginal antiretroviral microbicide gel has showed effectiveness. Adherence to study product played a major role in trial outcomes and there are several reasons for this. These include high on-trial pregnancy rates, low trial retention rates, low participant perception of risk, participant characteristics such as age <25 years, single status, migratory partners and trial fatigue. Study product characteristics such as dosage form, dosing interval, as well as associated adverse events may also influence adherence. CONCLUSION: Moderate to high adherence is critical to demonstrate efficacy of drugs for HIV prevention. For topical agents, intermittent use associated with coitus is more effective than daily use, particularly if sex is infrequent or partners migrant. For oral agents, daily use is effective but the motivation to use the drug and high risk perception is important. In serodiscordant couples, early initiation of highly active antiretroviral therapy in the infected partner affords almost complete protection to the negative partner. Drugs need to be tailored to the population at risk and availability of multiple drug options are important.	PrEP, HIV Prevention, Microbicides, Clinical trial, Adherence	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2014	Gerberry, David J; Wagner, Bradley G; Garcia-Lerma, J Gerardo; Heneine, Walid; Blower, Sally	Using geospatial modelling to optimize the rollout of antiretroviral-based pre-exposure HIV interventions in Sub-Saharan Africa.	Nature Communications	-	-	-	-	2041-1723	10.1038/ncomms6454	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322933	Antiretroviral (ARV)-based pre-exposure HIV interventions may soon be rolled out in resource-constrained Sub-Saharan African countries, but rollout plans have yet to be designed. Here we use geospatial modelling and optimization techniques to compare two rollout plans for ARV-based microbicides in South Africa: a utilitarian plan that minimizes incidence by using geographic targeting, and an egalitarian plan that maximizes geographic equity in access to interventions. We find significant geographic variation in the efficiency of interventions in reducing HIV transmission, and that efficiency increases disproportionately with increasing incidence. The utilitarian plan would result in considerable geographic inequity in access to interventions, but (by exploiting geographic variation in incidence) could prevent ~40% more infections than the egalitarian plan. Our results show that the geographic resource allocation decisions made at the beginning of a rollout, and the location where the rollout is initiated, will be crucial in determining the success of interventions in reducing HIV epidemics.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Golub, Sarit A	Tensions between the epidemiology and psychology of HIV risk: implications for pre-exposure prophylaxis.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-014-0770-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4127100	This study focuses on psychological differences in risk-taking patterns and their association with risk compensation motivations in the context of pre-exposure prophylaxis (PrEP). Participants were 257 HIV-negative MSM and transgender women recruited in New York City. The majority of participants (89.5 %, n = 230), could be classified as either: Intimates (40 %), who report unprotected anal intercourse (UAI) only with a main partner believed to be HIV-negative; Trusters (34 %), who engaged in UAI only with casual partners believed to be HIV-negative; and Gamblers (26 %) who report UAI with partners of unknown serostatus. Partner-based classifications were better predictors of HIV risk perception and other traditional correlates of risk-taking (e.g. impulsivity, sexual compulsivity) than rates of UAI. The three groups differed significantly in PrEP-related risk compensation motivations: sexual pleasure (Gamblers), intimacy (Trusters) and partner pressure (Intimates). These data underscore the importance of focusing the psychological dynamics of risk perception and sexual decision-making.	HIV/AIDS, MSM, pre-exposure prophylaxis, risk compensation, condom use, sexual decision-making	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Grant, Robert M; Anderson, Peter L; McMahan, Vanessa; Liu, Albert; Amico, K Rivet; Mehrotra, Megha; Hosek, Sybil; Mosquera, Carlos; Casapia, Martin; Montoya, Orlando; Buchbinder, Susan; Veloso, Valdilea G; Mayer, Kenneth; Chariyalertsak, Suwat; Bekker, Linda-Gail; Kallas, Esper G; Schechter, Mauro; Guanira, Juan; Bushman, Lane; Burns, David N; Rooney, James F; Glidden, David V	Uptake of pre-exposure prophylaxis, sexual practices, and HIV incidence in men and transgender women who have sex with men: a cohort study	The Lancet Infectious Diseases	-	-	-	-	1473-3099	https://doi.org/10.1016/s1473-3099(14)70847-3	https://escholarship.org/uc/item/3620g4ws	BackgroundThe effect of HIV pre-exposure prophylaxis (PrEP) depends on uptake, adherence, and sexual practices. We aimed to assess these factors in a cohort of HIV-negative people at risk of infection.MethodsIn our cohort study, men and transgender women who have sex with men previously enrolled in PrEP trials (ATN 082, iPrEx, and US Safety Study) were enrolled in a 72 week open-label extension. We measured drug concentrations in plasma and dried blood spots in seroconverters and a random sample of seronegative participants. We assessed PrEP uptake, adherence, sexual practices, and HIV incidence. Statistical methods included Poisson models, comparison of proportions, and generalised estimating equations.FindingsWe enrolled 1603 HIV-negative people, of whom 1225 (76%) received PrEP. Uptake was higher among those reporting condomless receptive anal intercourse (416/519 81% vs 809/1084 75%, p=0·003) and having serological evidence of herpes (612/791 77% vs 613/812 75% p=0·03). Of those receiving PrEP, HIV incidence was 1·8 infections per 100 person-years, compared with 2·6 infections per 100 person-years in those who concurrently did not choose PrEP (HR 0·51, 95% CI 0·26–1·01, adjusted for sexual behaviours), and 3·9 infections per 100 person-years in the placebo group of the previous randomised phase (HR 0·49, 95% CI 0·31–0·77). Among those receiving PrEP, HIV incidence was 4·7 infections per 100 person-years if drug was not detected in dried blood spots, 2·3 infections per 100 person-years if drug concentrations suggested use of fewer than two tablets per week, 0·6 per 100 person-years for use of two to three tablets per week, and 0·0 per 100 person-years for use of four or more tablets per week (p<0·0001). PrEP drug concentrations were higher among people of older age, with more schooling, who reported non-condom receptive anal intercourse, who had more sexual partners, and who had a history of syphilis or herpes.InterpretationPrEP uptake was high when made available free of charge by experienced providers. The effect of PrEP is increased by greater uptake and adherence during periods of higher risk. Drug concentrations in dried blood spots are strongly correlated with protective benefit.FundingUS National Institutes of Health.	Public Health; Biomedical and Clinical Sciences; Clinical Sciences; Health Sciences; Behavioral and Social Science; Prevention; HIV/AIDS; Infectious Diseases; Sexual and Gender Minorities (SGM/LGBT*); Clinical Trials and Supportive Activities; Sexually Transmitted Infections; Clinical Research; Infection; Good Health and Well Being; Adolescent; Adult; Anti-HIV Agents; Cohort Studies; Female; HIV Infections; Humans; Incidence; Male; Sexual Behavior; Transgender Persons; iPrEx study team; Medical Microbiology; Public Health and Health Services; Microbiology; Clinical sciences; Medical microbiology; Epidemiology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Haire, B	Considering Pre-Exposure Prophylaxis: Do the Pros Outweigh the Cons as an HIV Prevention Strategy?	LGBT Health	-	-	-	-	2325-8292	10.1089/lgbt.2014.0081	https://www.liebertpub.com/doi/abs/10.1089/lgbt.2014.0081?journalCode=lgbt	Although increased access to antiretroviral therapy reduces the risk of sexual transmission to partners, ongoing HIV incidence can be sustained by people who are unaware of their infection. Thus, new prevention interventions that are designed for HIV-negative people at high risk of infection are important in the control of new HIV infections. Pre-Exposure Prophylaxis (PrEP) has proven efficacy in four major trials, but questions about its cost, about user adherence and about its potential impact on other prevention interventions such as condom use has limited implementation to date. This article examines the evidence.	HIV prevention; pre-exposure prophylaxis; PrEP; ethics; INFECTION; WOMEN; ANTIRETROVIRAL PROPHYLAXIS; MEN	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Editorial	2014	Hankins, Catherine A	Untangling the cost-effectiveness knot: who is oral antiretroviral HIV pre-exposure prophylaxis really for?	Expert Review of Pharmacoeconomics & Outcomes Research	-	-	-	-	1473-7167	10.1586/14737167.2014.887447	https://pubmed.ncbi.nlm.nih.gov/24552641/	Clinical trials of HIV pre-exposure prophylaxis (PrEP) antiretroviral drugs have shown excellent protection against HIV acquisition when plasma drug levels are detectable, indicating good adherence. Cost-effectiveness depends on epidemic context, adherence, drug cost, and other factors. For individuals at highest risk of HIV who are unable to use proven HIV prevention methods such as condoms and sterile injecting equipment, PrEP may be a workable option over short- to medium-term risky periods of their lives. Adding PrEP to HIV prevention programmes will be most effective as part of a combination prevention strategy that addresses both immediate risks and underlying vulnerabilities, and the pathways that link them. Determining who is most motivated to adhere to PrEP and supporting them through participant-centred approaches that assist people to find their own adherence solutions will be critical to determining the real-life cost-effectiveness of PrEP for HIV prevention and for whom HIV PrEP is most suited.	Women; Condoms; Heterosexuality; Pre-exposure prophylaxis; Antiretroviral drugs; Adherence; Infections; Disease prevention; Drug therapy; Disease transmission; Clinical trials; Cost-effectiveness analysis; Cost analysis; Regulatory approval; Human immunodeficiency virus--HIV; Pharmacy And Pharmacology; Drug dosages; Narcotics; Malaria	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Other
Article	2014	Headley, Jennifer; Lemons, Ansley; Corneli, Amy; Agot, Kawango; Ahmed, Khatija; Wang, Meng; Odhiambo, Jacob; Skhosana, Joseph; Tharaldson, Jenae; Van Damme, Lut; MacQueen, Kathleen	The sexual risk context among the FEM-PrEP study population in Bondo, Kenya and Pretoria, South Africa.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0106410	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4167553	BACKGROUND: Incidence rates in the FEM-PrEP and VOICE trials demonstrate that women from diverse sub-Saharan African communities continue to be at substantial HIV risk. OBJECTIVE: To describe and compare the sexual risk context of the study population from two FEM-PrEP trial sites-Bondo, Kenya, and Pretoria, South Africa. METHODS: At baseline we collected information about demographics, sexual behaviors, and partnership beliefs through quantitative questionnaires with all participants (Bondo, nâ=â720; Pretoria, nâ=â750). To explore the sexual risk context, we also conducted qualitative, semi-structured interviews with HIV-negative participants randomly selected at several time points (Bondo, nâ=â111; Pretoria, nâ=â69). RESULTS: Demographics, sexual behavior, and partnership beliefs varied significantly between the sites. Bondo participants were generally older, had fewer years of schooling, and were more likely to be employed and married compared to Pretoria participants. Bondo participants were more likely to report multiple partners and not knowing whether their partner had HIV than Pretoria participants. A significantly higher percentage of Bondo participants reported engaging in sex without a condom with their primary and other partners compared to Pretoria participants. We found a borderline association between participants who reported not using condoms in the 4 weeks prior to baseline and lower risk of HIV infection, and no association between having more than one sexual partner at baseline and HIV infection. DISCUSSION: Despite significantly different demographics, sexual behaviors, and partnership beliefs, many women in the FEM-PrEP trial were at risk of acquiring HIV as demonstrated by the sites' high HIV incidence. Though gender dynamics differed between the populations, they appear to play a critical role in women's sexual practices. The findings highlight different ways women from diverse contexts may be at-risk for HIV and the importance of providing HIV prevention options that are both effective and feasible given personal and social circumstances.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2014	Heffron, Renee; Mugo, Nelly; Were, Edwin; Kiarie, James; Bukusi, Elizabeth A; Mujugira, Andrew; Frenkel, Lisa M; Donnell, Deborah; Ronald, Allan; Celum, Connie	Preexposure prophylaxis is efficacious for HIV-1 prevention among women using depot medroxyprogesterone acetate for contraception	AIDS	-	-	-	-	0269-9370	https://doi.org/10.1097/qad.0000000000000493	https://escholarship.org/uc/item/89q9698w	ObjectiveTo evaluate preexposure prophylaxis (PrEP) efficacy for HIV-1 prevention among women using depot medroxyprogesterone acetate (DMPA) for contraception and men whose HIV-1-infected partners use DMPA.DesignSecondary analysis of data from a randomized placebo-controlled trial of daily oral tenofovir and emtricitabine/tenofovir PrEP among heterosexual Kenyan and Ugandan HIV-1 serodiscordant couples.MethodsPrEP efficacy for HIV-1 prevention was compared among HIV-1-uninfected women using DMPA versus no hormonal contraception and among HIV-1 uninfected men whose HIV-1-infected female partners used DMPA versus no hormonal contraception.ResultsOf 4747 HIV-1 serodiscordant couples, 901 HIV-1-uninfected women used DMPA at some point during follow-up, 1422 HIV-1-uninfected women used no hormonal contraception, 1568 HIV-1-uninfected men had female partners who used DMPA, and 2626 men had female partners who used no hormonal contraception. PrEP efficacy estimates for HIV-1 prevention, compared with placebo, were similar among women using DMPA and those using no hormonal contraception (64.7 and 75.5%, adjusted interaction P = 0.65). Similarly, for men whose female partners used DMPA, PrEP efficacy did not differ from men whose partners used no hormonal contraception (90.0 versus 81.7%, adjusted interaction P = 0.52).ConclusionPrEP is efficacious for HIV-1 prevention among women using DMPA and men whose partners use DMPA, suggesting PrEP could mitigate the potential increased HIV-1 acquisition and transmission risks that have been associated with DMPA use. Women at risk for HIV-1 choosing DMPA could maintain this contraceptive method and add PrEP to achieve prevention of unintended pregnancy and HIV-1.	HIV/AIDS; Contraception/Reproduction; Clinical Trials and Supportive Activities; Clinical Research; Prevention; Evaluation of treatments and therapeutic interventions; 6.1 Pharmaceuticals; Infection; Good Health and Well Being; Adult; Anti-Retroviral Agents; Contraceptive Agents; Female; Delayed-Action Preparations; Female; HIV Infections; Humans; Kenya; Male; Medroxyprogesterone Acetate; Pre-Exposure Prophylaxis; Pregnancy; Randomized Controlled Trials as Topic; Treatment Outcome; Uganda; Partners PrEP Study Team; Biological Sciences; Medical and Health Sciences; Psychology and Cognitive Sciences; Virology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Herold, Betsy C; Dezzutti, Charlene S; Richardson, Barbra A; Marrazzo, Jeanne; Mesquita, Pedro M M; Carpenter, Colleen; Huber, Ashley; Louissaint, Nicolette; Marzinke, Mark A; Hillier, Sharon L; Hendrix, Craig W	Antiviral activity of genital tract secretions after oral or topical tenofovir pre-exposure prophylaxis for HIV-1.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000110	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3981887	BACKGROUND: Surrogate markers of HIV-1 pre-exposure prophylaxis and microbicide efficacy are needed. One potential surrogate is the antiviral activity in cervicovaginal lavage (CVL) after exposure to candidate products. We measured CVL antiviral activity in women using oral or vaginal tenofovir-based pre-exposure prophylaxis and correlated activity with drug and immune mediator levels. METHODS: Inhibitory activity against HIV-1 and herpes simplex virus (HSV)-2 and concentrations of interleukin (IL)-1ß, IL-6, IL-8, interferon-Î³, induced protein 10 (IP-10), macrophage inflammatory protein (MIP)-1α, MIP-3a, lactoferrin, secretory leukocyte protease inhibitor, and defensins were measured in CVL obtained from 60 women at baseline and after 6 weeks of a randomized sequence of oral and topical tenofovir. CVL tenofovir concentrations were measured by mass spectrometry. RESULTS: The number of women with CVL anti-HIV activity ≥ 90% increased significantly from 5.0% at baseline to 89.1% after daily use of 1% tenofovir gel (relative risk = 17.85, P < 0.001), but there was no increase after daily oral tenofovir. The CVL anti-HIV activity correlated with drug levels (Spearman correlation coefficient 0.64 after tenofovir gel; P < 0.001) but not with the concentrations of mucosal immune mediators. No increase in CVL anti-HSV activity was observed after either drug regimen, an observation consistent with the higher concentrations of tenofovir needed to inhibit HSV-2 infection. The CVL anti-HSV activity correlated with lactoferrin, defensins, IP-10, IL-8, and detectable levels of MIP-1α but not with drug levels. CONCLUSIONS: CVL may provide a surrogate for local but not systemic drug efficacy and a tool to better understand mucosal factors that modulate antiviral activity in genital tract secretions.	HIVHSV-2mucosal immune mediatorspre-exposure prophylaxistenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Heuft, Merel M.; Houba, Sanne M.; van den Berk, Guido E. L.; Smissaert van de Haere, Tessa; van Dam, Alje P.; Dijksman, Lea M.; Regez, Rosa M.; Brinkman, Kees	Protective effect of hepatitis B virus-active antiretroviral therapy against primary hepatitis B virus infection.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000000180	https://pubmed.ncbi.nlm.nih.gov/24685742/	OBJECTIVE: Current guidelines advise to vaccinate every hepatitis B virus (HBV)-susceptible HIV patient against HBV until sufficient antibody titers have been reached. However, in this era of combination antiretroviral therapy (cART), acute HBV infection rarely occurs in patients who lack this immune protection. We analyzed whether HBV-active cART (lamivudine, emtricitabine, tenofovir) might work as a preexposure prophylaxis (PrEP) to explain this effect. METHODS: From our HIV cohort at the Onze Lieve Vrouwe Gasthuis hospital (N=2942), patients were selected retrospectively for negative HBV serology (HBsAg, anti-HBs and anti-HBc-negative) at cohort entry. Men who have sex with men (MSM) with a second HBV serology available were included in the analysis. The incidence of anti-HBc conversion was determined and correlated with the use of HBV-active drugs. Kaplan-Meier curves and log-rank tests were used to compare HBV-free survival for MSM. RESULTS: In total, 33 HBV infections occurred in 381 eligible MSM over a median follow-up of 2470 days (interquartile range 1146-3871.5). The incident rate per 100 patient-years of follow-up was 1.10 overall, but differed strongly dependent on the use of HBV-active drugs: 2.85/100 patient-years of follow-up in the absence of HBV-active drugs, 1.36 when only lamivudine was used, and 0.14 in the presence of tenofovir. Furthermore, HBV-free survival rate was significantly higher when HBV-active cART was used, in particular when this HBV-active cART contained tenofovir (log-rank P<0.001). CONCLUSION: Our findings demonstrate that HBV-active cART protects against the occurrence of de-novo HBV infection, most strongly when tenofovir is used.	Adult; Humans; Incidence; Male; Antiretroviral Therapy, Highly Active/*methods; HIV Infections/*drug therapy; Anti-Retroviral Agents/*therapeutic use; Time Factors; Cohort Studies; Retrospective Studies; Survival Analysis; Hepatitis B Antibodies/blood; Hepatitis B Core Antigens/immunology; Pre-Exposure Prophylaxis/*methods; Hepatitis B/epidemiology/*prevention & control	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2014	Holt, Martin	HIV pre-exposure prophylaxis and treatment as prevention: a review of awareness and acceptability among men who have sex with men in the Asia-Pacific region and the Americas.	Sexual Health	-	-	-	-	1448-5028	10.1071/SH13060	https://dx.doi.org/10.1071/SH13060	This review assesses acceptability research for HIV pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) among men who have sex with men (MSM) in the Asia-Pacific region and the Americas, evaluating awareness and attitudes. There has been limited research on the acceptability of PrEP outside the United States and no research to date evaluating the acceptability of TasP since the findings of the HIV Prevention Trials Network 052 trial were released. Existing research suggests that PrEP is reasonably acceptable to MSM, but few men are likely to perceive the need for it. Studies of HIV treatment optimism suggest that MSM are likely to be sceptical of TasP.	attitudes, gay and bisexual men, treatment optimism	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2014	Holt, Martin; Lea, Toby; Murphy, Dean; Ellard, Jeanne; Rosengarten, Marsha; Kippax, Susan; De Wit, John	Willingness to use HIV pre-exposure prophylaxis has declined among australian gay and bisexual men: results from repeated national surveys, 2011-2013.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000287	https://dx.doi.org/10.1097/QAI.0000000000000287	We surveyed willingness to use pre-exposure prophylaxis (PrEP) and the likelihood of decreased condom use among Australian gay and bisexual men in 2011 and 2013 (n = 2384). Willingness to use PrEP declined from 28.2% to 23.3% adjusted odds ratio = 0.83, 95% confidence interval (CI): 0.68 to 1.00, P = 0.050. Willingness to use PrEP was the greatest among men with HIV-positive partners and among those who had taken HIV postexposure prophylaxis. Among men willing to use PrEP, the likelihood of decreased condom use remained stable between 2011 and 2013 (8.0% vs. 11.9%; adjusted odds ratio = 1.40, 95% CI: 0.80 to 2.45, P = 0.23). A minority of men remain willing to use PrEP and appear to be appropriate candidates for it.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2014	Idoko, John; Folayan, Morenike O.	The use of antiretroviral therapy for the prevention of new HIV infection in populations at high risk for HIV sero-conversion in Nigeria.	African Journal of Reproductive Health	-	-	-	-	1118-4841	NA	https://pubmed.ncbi.nlm.nih.gov/26050385/	The last few years have witnessed a renewed commitment to HIV prevention. The evidence to support the use of antiretroviral therapy (ART) for prevention of new HIV infection in the form of Pre-exposure prophylaxis (PrEP) among men who have sex with men, transgender, people who inject drugs, heterosexual men and women and HIV-1 serodiscordant couples, or treatment as prevention (TasP) for serodiscordant couples have also grown. The need to explore the possible use of ART for HIV prevention in Nigeria has become imperative in view of its high HIV burden and the current slow pace of effort to achieve the universal target of reducing its HIV incidence by 50%. While PrEP and TasP are welcome addendum to the existing HIV prevention armamentarium, it is still important to conduct a demonstration project to identify strategies that can facilitate access to PrEP and TasP taking cognizance of the peculiar local challenges with respect to ART and HIV prevention commodity access. The country has therefore drawn a roadmap for itself on how to introduce ART for use for HIV prevention as either PrEP or TasP. This paper discusses the three year national roadmap that will enable the country generated the needed scientific evidence as well as extensive community support for use of ART for HIV prevention in Nigeria. This process includes the conduct of modeling and formative studies, and the implementation of a 24 months demonstration project. The outcome of the demonstration project would inform plans for the scale up of pre-exposure prophylaxis (PrEP) access for population(s) at high risk for HIV infection in Nigeria.	Humans; Male; Risk Factors; Medication Adherence; Homosexuality, Male; Sexual Partners; HIV Seropositivity; HIV Infections/epidemiology/*prevention & control; Anti-Retroviral Agents/*administration & dosage; Pre-Exposure Prophylaxis; Acquired Immunodeficiency Syndrome/epidemiology/prevention & control; Biomedical Research/ethics/*organization & administration; Nigeria/epidemiology; Substance Abuse, Intravenous/epidemiology	English	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Review
Article	2014	Jackson, A G A; Else, L J; Mesquita, P M M; Egan, D; Back, D J; Karolia, Z; Ringner-Nackter, L; Higgs, C J; Herold, B C; Gazzard, B G; Boffito, M	A compartmental pharmacokinetic evaluation of long-acting rilpivirine in HIV-negative volunteers for pre-exposure prophylaxis.	Clinical Pharmacology and Therapeutics	-	-	-	-	1532-6535	10.1038/clpt.2014.118	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01116409/full	Rilpivirine long-acting (RPV-LA) is a parenteral formulation enabling prolonged plasma exposure. We explored its multiple-compartment pharmacokinetics (PK) after a single dose, for pre-exposure prophylaxis. Sixty-six HIV-negative volunteers were enrolled: women received an intramuscular dose of 300, 600, or 1,200 mg, with plasma and genital levels measured to 84 days postdose; men receiving 600 mg had similar PK determined in plasma and rectum. Ex vivo antiviral activity of cervicovaginal lavage (CVL) was also assessed. After a single dose, RPV concentrations peaked at days 6-8 and were present in plasma and genital-tract fluid to day 84. Vaginal and male rectal tissue levels matched those in plasma. At the 1,200 mg dose, CVL showed greater antiviral activity, above baseline, at days 28 and 56. All doses were well tolerated. All doses gave prolonged plasma and genital-tract rilpivirine exposure. PK and viral inhibition of repeated doses will be important in further dose selection.	Adult, Male, Female, HIV Seronegativity, Young Adult, Humans, Prospective Studies, Model, Biological, Chemistry, Pharmaceutical, Rectum (metabolism)	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2014	Jiang, Junjun; Yang, Xiaoyi; Ye, Li; Zhou, Bo; Ning, Chuanyi; Huang, Jiegang; Liang, Bingyu; Zhong, Xiaoni; Huang, Ailong; Tao, Renchuan; Cao, Cunwei; Chen, Hui; Liang, Hao	Pre-exposure prophylaxis for the prevention of HIV infection in high risk populations: a meta-analysis of randomized controlled trials.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0087674	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3912017	BACKGROUND: Nearly ten randomized controlled trials (RCTs) of pre-exposure prophylaxis (PrEP) have been completed or are ongoing worldwide to evaluate the effectiveness of PrEP in HIV transmission among HIV-uninfected high risk populations. The purpose of this study was to evaluate the role of PrEP to prevent HIV transmission through a Mata-analysis. METHODS: A comprehensive computerized literature search was carried out in PubMed, EMbase, Ovid, Web of Science, Science Direct, Wan Fang, CNKI and related websites to collect relevant articles (from their establishment date to August 30, 2013). The search terms were "pre-exposure prophylaxis", "high risk population", "HIV infection", "reduction", "relative risk" and "efficacy". We included any RCT assessing PrEP for the prevention of HIV infection in high risk populations. Interventions of the studies were continuously daily or intermittent doses of single or compound antiretrovirals (ARVs) before HIV exposure or during HIV exposure. A meta-analysis was conducted using Stata 10.0. A random-effects method was used to calculate the pooled relative risk (RR) and 95% confidence intervals (CI) for all studies included. RESULTS: Seven RCTs involving 14,804 individuals in high risk populations were eligible for this study. The number of subjects in the experimental groups was 8,195, with HIV infection rate of 2.03%. The number of subjects in the control groups was 6,609, with HIV infection rate of 4.07%. The pooled RR was 0.53 (95% CI = 0.40 â¼ 0.71, P<0.001). The re-analyzed pooled RR were 0.61 (95% CI = 0.48 â¼ 0.77, P<0.001), 0.49 (95% CI = 0.38 â¼ 0.63, P<0.001), respectively, by excluding the largest study or two studies without statistical significance. Publication bias analysis revealed a symmetry funnel plot. The fail-safe number was 1,022. CONCLUSION: These results show that PrEP is an effective strategy for reducing new HIV infections in high risk populations.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2014	Jia-Tong HE	Propaganda methods of pre-exposure prophylactic medication in men who have sex with men: A multiple correspondence analysis	Academic Journal of Second Military Medical University	-	-	-	-	0258-879X	NA	http://dx.doi.org/10.3724/SP.J.1008.2014.00122	Objective To explore the correlation of propaganda methods of pre-exposure prophylactic medication with sociodemographic characteristics and obtaining services of HIV prevention in men who have sex with men (MSM) in Western China by applying multiple correspondence analysis. Methods A cross-sectional survey was carried out on 1 407 MSM who were selected from Chongqing, Sichuan, Guangxi province by snowball sampling method. Chi-square tests and multiple correspondence analysis were used for selecting variables and exploring correlation. Results Totally 1 323 qualified participants were recruited and only 31.49%(416/1 321) had ever heard of pre-exposure prophylactic medication. It was found that 74.00%(979/1 323), 65.00%(860/1 323), 44.22%(585/1 323) and 52.15%(690/1 323) of MSM were willing to obtain pre-exposure prophylactic medication knowledge via internet, traditional media, peer education and medical institutions, respectively. In multiple correspondence analysis the Cronbach α values were 0.661 and 0.632 while eigenvalues were 2.562 and 2.400 in two dimensions of all variables. Willing to obtain pre-exposure prophylactic medication knowledge via internet was strongly correlated with higher education, unmarried status, younger than 30 years old, no children and urban residency. Willing to obtain knowledge by peer education was strongly correlated with having ever received information from peers, having received promotional materials, having received free AIDS consultation and participated in activities of MSM. Conclusion Multiple correspondence analysis can directly reveal the correlation among propaganda methods of pre-exposure prophylactic medication, sociodemographic characteristics and services of HIV prevention, which provides a theoretical basis for propaganda and research of pre-exposure prophylactic medication among MSM in China.	NA	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2014	Jones, Alexandra; Cremin, Ide; Abdullah, Fareed; Idoko, John; Cherutich, Peter; Kilonzo, Nduku; Rees, Helen; Hallett, Timothy; O'Reilly, Kevin; Koechlin, Florence; Schwartlander, Bernhard; de Zalduondo, Barbara; Kim, Susan; Jay, Jonathan; Huh, Jacqueline; Piot, Peter; Dybul, Mark	Transformation of HIV from pandemic to low-endemic levels: a public health approach to combination prevention.	The Lancet	-	-	-	-	1474-547X 0140-6736	10.1016/S0140-6736(13)62230-8	https://pubmed.ncbi.nlm.nih.gov/24740087/	Large declines in HIV incidence have been reported since 2001, and scientific advances in HIV prevention provide strong hope to reduce incidence further. Now is the time to replace the quest for so-called silver bullets with a public health approach to combination prevention that understands that risk is not evenly distributed and that effective interventions can vary by risk profile. Different countries have different microepidemics, with very different levels of transmission and risk groups, changing over time. Therefore, focus should be on high-transmission geographies, people at highest risk for HIV, and the package of interventions that are most likely to have the largest effect in each different microepidemic. Building on the backbone of behaviour change, condom use, and medical male circumcision, as well as expanded use of antiretroviral drugs for infected people and pre-exposure prophylaxis for uninfected people at high risk of infection, it is now possible to consider the prospect of what would be one of the most remarkable achievements in the history of public health: reduction of HIV transmission from a pandemic to low-level endemicity.	Humans; Male; Female; Anti-HIV Agents/therapeutic use; Pregnancy; Risk Factors; Infectious Disease Transmission, Vertical/prevention & control/statistics & numerical data; Pregnancy Complications, Infectious/epidemiology/therapy; *HIV Infections/epidemiology/prevention & control/transmission; Endemic Diseases/*statistics & numerical data; Pandemics/*prevention & control; Public Health/*methods	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2014	Karris, Maile Y	Pre-Exposure Prophylaxis to Prevent HIV Infection: Why Do We Need It, What Are the Limitations, and Can We Successfully Provide It Today?	LGBT Health	-	-	-	-	2325-8306	10.1089/lgbt.2014.0072	https://dx.doi.org/10.1089/lgbt.2014.0072	This article reviews the current literature and represents the author's thoughts and opinions on pre-exposure prophylaxis (PrEP), specifically in regards to the importance of this HIV prevention strategy, as well as the continued controversies and the unanswered questions.	Disease prevention and prophylaxisPre-exposure HIV prophylaxisPublic health carePublic Health Research and Practice	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Karris, Maile Y; Beekmann, Susan E; Mehta, Sanjay R; Anderson, Christy M; Polgreen, Philip M	Are we prepped for preexposure prophylaxis (PrEP)? Provider opinions on the real-world use of PrEP in the United States and Canada.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/cit796	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3922214	BACKGROUND: Preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine (Truvada) has demonstrated efficacy in placebo-controlled clinical trials involving men who have sex with men, high-risk heterosexuals, serodiscordant couples, and intravenous drug users. To assist in the real-world provision of PrEP, the Centers for Disease Control and Prevention (CDC) has released guidance documents for PrEP use. METHODS: Adult infectious disease physicians were surveyed about their opinions and current practices of PrEP through the Emerging Infections Network (EIN). Geographic information systems analysis was used to map out provider responses across the United States. RESULTS: Of 1175 EIN members across the country, 573 (48.8%) responded to the survey. A majority of clinicians supported PrEP but only 9% had actually provided it. Despite CDC guidance, PrEP practices were variable and clinicians reported many barriers to its real-world provision. CONCLUSIONS: The majority of adult infectious disease physicians across the United States and Canada support PrEP but have vast differences of opinion and practice, despite the existence of CDC guidance documents. The success of real-world PrEP will likely require multifaceted programs addressing barriers to its provision and will be assisted with the development of comprehensive guidelines for real-world PrEP.	PrEP, HIV, survey, providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Kasonde, Michael; Niska, Richard W; Rose, Charles; Henderson, Faith L; Segolodi, Tebogo M; Turner, Kyle; Smith, Dawn K; Thigpen, Michael C; Paxton, Lynn A	Bone mineral density changes among HIV-uninfected young adults in a randomised trial of pre-exposure prophylaxis with tenofovir-emtricitabine or placebo in Botswana.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0090111	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953113	BACKGROUND: Tenofovir-emtricitabine (TDF-FTC) pre-exposure prophylaxis (PrEP) has been found to be effective for prevention of HIV infection in several clinical trials. Two studies of TDF PrEP among men who have sex with men showed slight bone mineral density (BMD) loss. We investigated the effect of TDF and the interaction of TDF and hormonal contraception on BMD among HIV-uninfected African men and women. METHOD: We evaluated the effects on BMD of using daily oral TDF-FTC compared to placebo among heterosexual men and women aged 18-29 years enrolled in the Botswana TDF2 PrEP study. Participants had BMD measurements at baseline and thereafter at 6-month intervals with dual-energy X-ray absorptiometry (DXA) scans at the hip, spine, and forearm. RESULTS: A total of 220 participants (108 TDF-FTC, 112 placebo) had baseline DXA BMD measurements at three anatomic sites. Fifteen (6.8%) participants had low baseline BMD (z-score of <-2.0 at any anatomic site), including 3/114 women (2.6%) and 12/106 men (11.3%) (pâ=â0.02). Low baseline BMD was associated with being underweight (pâ=â0.02), having high blood urea nitrogen (pâ=â0.02) or high alkaline phosphatase (pâ=â0.03), and low creatinine clearance (pâ=â0.04). BMD losses of >3.0% at any anatomic site at any time after baseline were significantly greater for the TDF-FTC treatment group 34/68 (50.0%) TDF-FTC vs. 26/79 (32.9%) placebo; pâ=â0.04. There was a small but significant difference in the mean percent change in BMD from baseline for TDF-FTC versus placebo at all three sites at month 30 forearm -0.84% (pâ=â0.01), spine -1.62% (pâ=â0.0002), hip -1.51% (pâ=â0.003). CONCLUSION: Use of TDF-FTC was associated with a small but statistically significant decrease in BMD at the forearm, hip and lumbar spine. A high percentage (6.8%) of healthy Batswana young adults had abnormal baseline BMD Further evaluation is needed of the longer-term use of TDF in HIV-uninfected persons. TRIAL REGISTRATION: ClinicalTrials.gov NCT00448669.	NA	English	United States	Western and Central Europe and North America	Botswana	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Institutional	2014	Kennedy, Caitlin; Fonner, Virgina; World Health Organization	Pre-exposure prophylaxis for men who have sex with men: a systematic review	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/128114	An estimated 35.3 million people globally are living with HIV (UNAIDS, 2013). A number of prevention methods are available, from condoms to male circumcision, prevention of mother-to-child transmission to clean needles, but to date these have not been sufficient to stop the epidemic. In 2012 alone, an estimated 2.3 million people became newly infected (UNAIDS, 2013). Additional safe and effective approaches to HIV prevention are urgently needed. Men who have sex with men (MSM) have a disproportionate burden of HIV in most countries in the world, even in many countries with generalized HIV epidemics. Worldwide, for MSM, the odds of being infected with HIV are 19.3 times higher than for men in the general population (Baral et al., 2007). Although there are a variety of existing efficacious HIV prevention interventions for MSM, they face political and structural barriers to accessing services in many settings due to their stigmatized and marginalized status. The disproportionate burden of HIV faced by MSM suggests that existing methods of HIV prevention are not sufficient and additional prevention modalities would be helpful. Pre-exposure prophylaxis (PrEP) is the use of an antiretroviral drug to block the acquisition of HIV infection by uninfected people. Proof of concept has long been established in the laboratory by animal studies and in real world application by the prevention of mother-to-child transmission and post-exposure prophylaxis. The safety of the drugs being considered for PrEP, tenofovir and emtricitabine, has been established through their use for treatment and in safety trials in uninfected people (Peterson et al., 2007). Five trials of effectiveness (Phase IIb and Phase III) have been conducted in the last decade. These focus on effectiveness of PrEP among people who inject drugs, serodiscordant couples, heterosexual women and high risk MSM. The first trial to produce results was the iPrEx trial (Grant et al., 2010). This Phase III clinical trial tested whether a daily combination of tenofovir and emtricitabine could safely and effectively prevent HIV infection among MSM. Of the five effectiveness trials, this trial conducted on four continents was the only one to examine efficacy in MSM. The iPrEx study demonstrated a 44% reduction in HIV transmission on the modified intention-to-treat analysis. Adherence to the recommended regimen was lower than expected, though it varied by country. For those men who reported taking the pills on 90% or more days, however, the efficacy of PrEP was 73%. Resistance was only found in two participants who had an existing acute HIV infection undetected at baseline and who were randomized to active drug. Few concerns about safety were detected. A marked trend toward risk reduction, specifically increased condom use and decreased number of partners, was reported in both arms and all sites. In 2012, WHO developed guidelines for PrEP for serodiscordant couples, MSM, and transgender people (TG) at high risk of HIV (WHO, 2012). This systematic review updates the review of PrEP for MSM that was completed for those guidelines. This systematic review examined the following PICO question: Should oral PrEP (containing tenofovir (TDF)) be used for HIV prevention among men who have sex WHO/HIV/2014.9 © World Health Organization 2014 PrEP for MSM - systematic review – to inform the WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations 4 with men? A few minor changes were made to the PICO question from the earlier guidelines. First, the new PICO question includes only MSM, not transgender people. Second, the new PICO question covers all oral PrEP containing tenofovir, as opposed to the previous PICO question which focused specifically on the combination of emtricitabine (FTC 200mg) and tenofovir (TDF 300 mg) used in the iPrEx study. In addition, in 2011, a review of values and preferences of MSM about PrEP was conducted through a review of published literature. However, most of the studies available at that time were based on data collected before the iPrEx trial results were available. Values and preferences may have changed now that MSM are aware of the partial effectiveness of PrEP. This values and preferences literature review was also updated to capture literature through the end of 2013, with a focus on studies that collected data after iPrEx study results were released.	Anti-HIV Agents Homosexuality, Male HIV Seropositivity Chemoprevention Review	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other
Institutional	2014	Kennedy, Caitlin; Fonner, Virgina; World Health Organization	Pre-exposure prophylaxis for people who inject drugs: a systematic review	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/128115	Background An estimated 35.3 million people globally are living with HIV (UNAIDS, 2013). A number of prevention methods are available, from condoms to male circumcision, prevention of mother-to-child transmission to clean needles, but to date these have not been sufficient to stop the epidemic. In 2012 alone, an estimated 2.3 million people became newly infected (UNAIDS, 2013). Additional safe and effective approaches to HIV prevention are urgently needed. People who inject drugs (PWID) have a disproportionate burden of HIV. Existing methods of HIV prevention for PWID include approaches used across populations to reduce sexual transmission as well as approaches specific to PWID to reduce HIV transmission through sharing unclean needles and other injection equipment. However, political and structural barriers prevent access to needle and syringe programs and opioid substitution therapy in many settings, and additional prevention modalities would be helpful for these populations. PrEP is the use of an antiretroviral drug to block the acquisition of HIV infection by uninfected people. Proof of concept has long been established in the laboratory by animal studies and in real world application by the prevention of mother-to-child transmission and post-exposure prophylaxis. The safety of the drugs being considered for PrEP, tenofovir and emtricitabine, has been established through their use for treatment and in safety trials in uninfected people (Peterson et al., 2007). Five trials of effectiveness (Phase IIb and Phase III) of oral PrEP have been conducted in the last decade. These have examined the effectiveness of PrEP among PWID, serodiscordant couples, heterosexual women and high risk men who have sex with men (MSM). Of the five effectiveness trials, only one trial examined efficacy among PWID: the Bangkok Tenofovir Study (Choopanya et al., 2013). This Phase III clinical trial tested whether daily tenofovir disoproxil fumarate (TDF) could safely and effectively prevent HIV infection among PWID in Bangkok, Thailand. Over 2400 PWID were enrolled in the study and randomly assigned to daily TDF or placebo. Participants were also provided regular HIV testing and risk reduction counseling. The primary outcome of the trial was HIV incidence, which was 0.35 per 100 person-years (py) in the TDF group (17 infections) and 0.68 per 100 py in the placebo group (33 infections), indicating a 48.9% reduction in HIV incidence related to PrEP (95% CI: 9.6, 72.2; p=0.01). Serious adverse events were not statistically significantly different between the two groups (p=0.35). Trial findings led the U.S. Centers for Disease Control and Prevention (CDC) to recommend PrEP be considered "as one of several prevention options for persons at very high risk for HIV acquisition through the injection of illicit drugs" (CDC, 2013). This systematic review examined evidence to answer the following PICO question: Should oral PrEP (containing tenofovir (TDF)) be used for HIV prevention among people who inject drugs (PWID)? In addition, we reviewed the values and preferences about PrEP among people who use drugs and considered studies of cost and feasibility for the GRADE process.	Anti-HIV Agents HIV Seropositivity Review Substance Abuse, Intravenous Drug Users	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other
Article	2014	Kessler, Jason; Myers, Julie E; Nucifora, Kimberly A; Mensah, Nana; Toohey, Christopher; Khademi, Amin; Cutler, Blayne; Braithwaite, Scott	Evaluating the impact of prioritization of antiretroviral pre-exposure prophylaxis in New York.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000000460	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556593	OBJECTIVE: To compare the value and effectiveness of different prioritization strategies of pre-exposure prophylaxis (PrEP) in New York City (NYC). DESIGN: Mathematical modelling utilized as clinical trial is not feasible. METHODS: Using a model accounting for both sexual and parenteral transmission of HIV, we compare different PrEP prioritization strategies (PPS) with two scenarios - no PrEP and PrEP for all susceptible at-risk individuals. The PPS included PrEP for all MSM,only high-risk MSM, high-risk heterosexuals, and IDUs, and all combinations of these four strategies. Outcomes included HIV infections averted, and incremental cost effectiveness(per-infection averted) ratios. Initial assumptions regarding PrEP included a 44% reduction in HIV transmission, 50% uptake in the prioritized population and an annual cost per person of $9762. Sensitivity analyses on key parameters were conducted. RESULTS: Prioritization to all MSM results in a 19% reduction in new HIV infections. Compared with PrEP for all persons at-risk, this PPS retains 79% of the preventive effect at 15% of the total cost. PrEP prioritized to only high-risk MSM results in a reduction in new HIV infections of 15%. This PPS retains 60% of the preventive effect at 6% of the total cost. There are diminishing returns when PrEP utilization is expanded beyond this group. CONCLUSION: PrEP implementation is relatively cost-inefficient under our initial assumptions. Our results suggest that PrEP should first be promoted among MSM who are at particularly high risk of HIV acquisition. Further expansion beyond this group may be cost-effective, but is unlikely to be cost-saving.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	King, Helen L; Keller, Samuel B; Giancola, Michael A; Rodriguez, David A; Chau, Jasmine J; Young, Jason A; Little, Susan J	Pre-Exposure Prophylaxis Accessibility Research and Evaluation (PrEPARE Study)	AIDS and Behavior	-	-	-	-	1090-7165	https://doi.org/10.1007/s10461-014-0845-5	https://escholarship.org/uc/item/2zf7v8q5	Tenofovir-emtricitabine (TDF-FTC) has demonstrated effectiveness as HIV preexposure prophylaxis (PrEP), but it is not commonly prescribed. Our study was designed to determine the barriers preventing utilization of PrEP among men who have sex with men (MSM), the group at greatest risk for HIV infection in the United States. A population-based sample of MSM presenting for HIV testing at 'Early Test' HIV testing and counseling sites in San Diego, California were offered PrEP and education about potential efficacy. Eligible individuals reported having unprotected sex within the past 12 months and who tested negative for HIV were offered study participation. Despite offering procedures for evaluation and prescription for PrEP to 416 eligible subjects, less than 0.5 % of participants received the drug. Surveys collected from 54 of those who declined study participation revealed multiple barriers to PrEP among MSM including cost, low perceived risk of infection and concerns about taking a daily medication and potential long-term side effects. Efforts should be made to address these barriers, especially lowering the cost of TDF-FTC, education about PrEP side effects and awareness of HIV risks.	Public Health; Health Sciences; Pediatric AIDS; Clinical Trials and Supportive Activities; Behavioral and Social Science; Prevention; HIV/AIDS; Clinical Research; Pediatric; Sexual and Gender Minorities (SGM/LGBT*); Infectious Diseases; Infection; Adenine; Adult; Anti-HIV Agents; Antiviral Agents; California; Deoxycytidine; Emtricitabine; HIV Infections; Health Expenditures; Health Knowledge; Attitudes; Practice; Health Services Accessibility; Health Surveys; Homosexuality; Male; Humans; Male; Middle Aged; Organophosphonates; Patient Acceptance of Health Care; Pre-Exposure Prophylaxis; Tenofovir; Unsafe Sex; Public Health and Health Services; Social Work; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Kiselinova, Maja; De Spiegelaere, Ward; Verhofstede, Chris; Callens, Steven F. J.; Vandekerckhove, Linos	Antiretrovirals for HIV prevention: when should they be recommended?	Expert Review of Anti-Infective Therapy	-	-	-	-	1744-8336 1478-7210	10.1586/14787210.2014.896739	https://pubmed.ncbi.nlm.nih.gov/24621251/	Since the introduction of the first antiretroviral agent for HIV treatment, information on antiretroviral therapy (ART) effectiveness has grown continuously. In recent years, there has also been a growth of interest in use of ART for the prevention of HIV transmission, either by reducing the infectivity of the infected person or by protecting the uninfected individuals from HIV acquisition. The purpose of this review is to summarize the body of evidence available for treatment as prevention and pre-exposure prophylaxis and their effectiveness in prevention of infection. In addition, our aim is to discuss the operational aspects of both prevention strategies and to provide commentary for future HIV prevention programs.	Humans; Anti-HIV Agents/*therapeutic use; Anti-Retroviral Agents/*therapeutic use; HIV-1/drug effects; Health Services Accessibility; *Pre-Exposure Prophylaxis; HIV Infections/drug therapy/epidemiology/*prevention & control	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2014	Kofman, Aaron; Adashi, Eli Y	Pre-exposure prophylaxis for the primary prevention of HIV in at-risk women: empowerment and equity revisited.	AIDS Reviews	-	-	-	-	1698-6997	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-25102335	Women continue to bear a disproportionate burden of the HIV epidemic's impact. The last three years have witnessed the explosive emergence of pre-exposure prophylaxis as a viable, woman-initiated, and woman-controlled candidate for the primary prevention of HIV in women. These developments have proven particularly significant for at-risk women in environments where negotiation of safe sex is difficult. In this review, we trace the recent evolution of the pre-exposure prophylaxis vision for women, delineate the clinical trials that made it all possible, and discuss ongoing efforts required for its full actualization.	Infecções por HIV/prevenção & controle; Poder Psicológico; Profilaxia Pré-Exposição; Feminino; Infecções por HIV/epidemiologia; Infecções por HIV/psicologia; Humanos; Negociação; Fatores de Risco; Sexo Seguro; Estados Unidos/epidemiologia	English	Spain	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Krakower, Douglas; Ware, Norma; Mitty, Jennifer A; Maloney, Kevin; Mayer, Kenneth H	HIV providers' perceived barriers and facilitators to implementing pre-exposure prophylaxis in care settings: a qualitative study.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-014-0839-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4127184	Oral pre-exposure prophylaxis (PrEP) can reduce HIV incidence among at-risk persons. However, for PrEP to have an impact in decreasing HIV incidence, clinicians will need to be willing to prescribe PrEP. HIV specialists are experienced in using antiretroviral medications, and could readily provide PrEP, but may not care for HIV-uninfected patients. Six focus groups with 39 Boston area HIV care providers were conducted (May-June 2012) to assess perceived barriers and facilitators to prescribing PrEP. Participants articulated logistical and theoretical barriers, such as concerns about PrEP effectiveness in real-world settings, potential unintended consequences (e.g., risk disinhibition and medication toxicity), and a belief that PrEP provision would be more feasible in primary care clinics. They identified several facilitators to prescribing PrEP, including patient motivation and normative guidelines. Overall, participants reported limited prescribing intentions. Without interventions to address HIV providers' concerns, implementation of PrEP in HIV clinics may be limited.	HIV Prevention, Pre-Exposure Prophylaxis, Healthcare Provider, Implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Kurtz, Steven P; Buttram, Mance E; Surratt, Hilary L	Vulnerable infected populations and street markets for ARVs: Potential implications for PrEP rollout in the USA	AIDS Care	-	-	-	-	09540121	10.1080/09540121.2013.837139	https://www.proquest.com/scholarly-journals/vulnerable-infected-populations-street-markets/docview/1491096333/se-2?accountid=8113	Widespread diversion of antiretroviral (ARV) medications to illicit markets has recently been documented among indigent patients in South Florida. The recent approval of ARVs for pre-exposure prophylaxis (PrEP) has the potential to broaden these illicit markets, as high-risk individuals seek ARVs without a prescription or medical supervision. Nonadherence among diverters and unsupervised use of ARVs for treatment or PrEP increase risks of treatment failure, drug resistance, and disease transmission. We report the scope of ARV diversion among substance-using men who have sex with men in South Florida. Structured interviews (N = 515) gathered demographics, HIV status, mental distress, substance dependence, and sexual risks. HIV-positive participants answered questions about medical care, treatment, and ARV adherence and diversion. Median age was 39. Of 46.4% who were HIV-positive, 79.1% were prescribed ARVs. Of these, 27% reported selling/trading ARVs. Reasons for diversion were sharing/trading with friends, sale/trade for money/drugs, and sale/trade of unused medications. ARV diverters, compared to nondiverters, were more likely to be substance dependent (74.5% vs. 58.7%, p = 0.046) and have traded sex for money/drugs (60.8% vs. 32.6%, p < 0.001), and less likely to be adherent to ARVs (54.9% vs. 73.9%, p = 0.012). ARV diversion should be a particular concern in communities of high-risk men who have sex with men as uninfected men in such communities are likely to benefit most from PrEP but unlikely to have access to PrEP and necessary ancillary services through the health-care system. The implications of diversion for increased risks of treatment failure, disease transmission, and PrEP failure should be carefully considered in developing policy and behavioral supports to scaling up treatment as prevention and PrEP. PUBLICATION ABSTRACT	Pre-exposure prophylaxis; Antiretroviral drugs; Men; Sexual behavior; Disease prevention; Drug therapy; Disease transmission; South Florida; Diversion; Substance use disorder; Medical Sciences--Psychiatry And Neurology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2014	Landovitz, Raphael J; Coates, Thomas J	Moving HIV PrEP from research into practice.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(14)70747-9	https://dx.doi.org/10.1016/S1473-3099(14)70747-9	Pre-exposure prophylaxis (PrEP) for HIV has been studied in five large and rigorous randomised controlled trials, three of which showed efficacy,1–5 but several questions remain. Is PrEP a useful public health intervention? Will those most at-risk use it? Will they adhere to it? What is its real-world safety profile? And will it reduce or increase high-risk sexual behaviour and HIV incidence?	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Lasry, Arielle; Sansom, Stephanie L.; Wolitski, Richard J.; Green, Timothy A.; Borkowf, Craig B.; Patel, Pragna; Mermin, Jonathan	HIV sexual transmission risk among serodiscordant couples: assessing the effects of combining prevention strategies.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000000307	https://pubmed.ncbi.nlm.nih.gov/24804859/	BACKGROUND: The number of strategies to prevent HIV transmission has increased following trials evaluating antiretroviral therapy (ART), preexposure prophylaxis (PrEP) and male circumcision. Serodiscordant couples need guidance on the effects of these strategies alone, and in combination with each other, on HIV transmission. METHODS: We estimated the sexual risk of HIV transmission over 1-year and 10-year periods among male-male and male-female serodiscordant couples. We assumed the following reductions in transmission: 80% from consistent condom use; 54% from circumcision in the negative male partner of a heterosexual couple; 73% from circumcision in the negative partner of a male-male couple; 71% from PrEP in heterosexual couples; 44% from PrEP in male-male couples; and 96% from ART use by the HIV-infected partner. FINDINGS: For couples using any single prevention strategy, a substantial cumulative risk of HIV transmission remained. For a male-female couple using only condoms, estimated risk over 10 years was 11%; for a male-male couple using only condoms, estimated risk was 76%. ART use by the HIV-infected partner was the most effective single strategy in reducing risk; among male-male couples, adding consistent condom use was necessary to keep the 10-year risk below 10%. CONCLUSION: Focusing on 1-year and longer term transmission probabilities gives couples a better understanding of risk than those illustrated by data for a single sexual act. Long-term transmission probabilities to the negative partner in serodiscordant couples can be high, though these can be substantially reduced with the strategic use of preventive methods, especially those that include ART.	Humans; Male; Female; Risk; HIV Infections/*prevention & control/*transmission; *Sexual Behavior; Pre-Exposure Prophylaxis/*methods; *Family Characteristics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Li, Julius; Dufrene, Staci L; Okulicz, Jason F	Systemic preexposure prophylaxis for HIV: translating clinical data to clinical practice.	Annals of Pharmacotherapy	-	-	-	1542-6270	10.1177/1060028014520880	https://dx.doi.org/10.1177/1060028014520880	OBJECTIVE: To assess the real-world implications of oral tenofovir-emtricitabine (TDF-FTC) for HIV preexposure prophylaxis (PrEP) in clinical practice and highlight important considerations for its implementation. DATA SOURCES: A search of PubMed (January 1996 through June 2013) was conducted using the terms HIV preexposure prophylaxis, HIV prevention, tenofovir, and emtricitabine. Abstracts from 2012-2013 HIV/AIDS conferences were also reviewed. STUDY SELECTION AND DATA EXTRACTION: All pertinent original studies and review articles published in English were evaluated for inclusion. Reference citations from identified articles were examined for additional content. DATA SYNTHESIS: Although antiretroviral therapy has been highly successful in reducing AIDS outcomes and death in HIV-infected patients worldwide, transmission of HIV remains a major global health problem. The recent approval of oral TDF-FTC for HIV PrEP represents the latest biomedical intervention to help control this epidemic. Four published randomized studies evaluated the efficacy and safety of this combination to prevent HIV transmission in several at-risk populations, including men who have sex with men, serodiscordant couples, and heterosexuals residing in endemic regions. Overall, these studies demonstrated significant risk reductions in the incidence of new HIV infections with good short-term tolerability. Despite promising results from clinical studies, several limitations may hinder the utility of PrEP in clinical practice. Most importantly, PrEP was studied in the context of a comprehensive prevention program, including intensive counseling on adherence, high-risk behaviors, and traditional preventative measures. If PrEP is implemented without these adjunct measures, concerns about failure and increased resistance may eventually be realized. CONCLUSION: The greatest impact of PrEP, both clinically and financially, will likely arise from judicious application in select high-risk populations. If used appropriately, PrEP has the potential to augment reductions in the current incidence of new HIV infections, and pharmacists will have an important role in the careful selection and counseling of these targeted populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Liu, Albert Y; Hessol, Nancy A; Vittinghoff, Eric; Amico, K Rivet; Kroboth, Elizabeth; Fuchs, Jonathan; Irvin, Risha; Sineath, R Craig; Sanchez, Travis; Sullivan, Patrick S; Buchbinder, Susan P	Medication adherence among men who have sex with men at risk for HIV infection in the United States: implications for pre-exposure prophylaxis implementation.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2014.0195	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4250955	Pre-exposure prophylaxis (PrEP) is a promising HIV prevention approach for men who have sex with men (MSM), however non-adherence could limit its effectiveness. Understanding the experiences of HIV-uninfected MSM taking routine medications can provide valuable insights into open label PrEP adherence in real world settings and guide development of PrEP adherence interventions. In this study, we examined self-reported medication-taking experiences and facilitators and barriers of medication adherence among a geographically-diverse online sample of HIV-uninfected US MSM. Among 1480 participants, 806 (54%) reported taking medications regularly, of whom 80% reported taking medications for treatment and 55% for prevention purposes. Facilitators of medication adherence included establishing a routine, keeping medication visible, and using a pill-box; barriers included forgetting, changes in routine, and being busy or away from home. Only 45% rated their medication-taking ability as excellent, and 36% reported not missing any doses in the past 30 days. In multivariable analyses, older men and those not reporting any adherence barriers were more likely to report excellent adherence, and men willing to use PrEP were more likely to report perfect 30-day adherence. Counseling strategies to build pill-taking routines and support younger MSM are suggested to maximize the public health impact of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Liu, Albert Y; Yang, Qiyun; Huang, Yong; Bacchetti, Peter; Anderson, Peter L; Jin, Chengshi; Goggin, Kathy; Stojanovski, Kristefer; Grant, Robert; Buchbinder, Susan P; Greenblatt, Ruth M; Gandhi, Monica	Strong relationship between oral dose and tenofovir hair levels in a randomized trial: hair as a potential adherence measure for pre-exposure prophylaxis (PrEP).	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0083736	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3885443	BACKGROUND: Pre-exposure prophylaxis (PrEP) trials using tenofovir-based regimens have demonstrated that high levels of adherence are required to evaluate efficacy; the incorporation of objective biomarkers of adherence in trial design has been essential to interpretation, given the inaccuracy of self-report. Antiretroviral measurements in scalp hair have been useful as a marker of long-term exposure in the HIV treatment setting, and hair samples are relatively easy and inexpensive to collect, transport, and store for analysis. To evaluate the relationship between dose and tenofovir concentrations in hair, we examined the dose proportionality of tenofovir in hair in healthy, HIV-uninfected adults. METHODS: A phase I, crossover pharmacokinetic study was performed in 24 HIV-negative adults receiving directly-observed oral tenofovir tablets administered 2, 4, and 7 doses/week for 6 weeks, with a ≥3-week break between periods. Small samples of hair were collected after each six-week period and analyzed for tenofovir concentrations. Geometric-mean-ratios compared levels between each pair of dosing conditions. Intensive plasma pharmacokinetic studies were performed during the daily-dosing period to calculate areas-under-the-time-concentration curves (AUCs). RESULTS: Over 90% of doses were observed per protocol. Median tenofovir concentrations in hair increased monotonically with dose. A log-linear relationship was seen between dose and hair levels, with an estimated 76% (95% CI 60-93%) increase in hair level per 2-fold dose increase. Tenofovir plasma AUCs modestly predicted drug concentrations in hair. CONCLUSIONS: This study found a strong linear relationship between frequency of dosing and tenofovir levels in scalp hair. The analysis of quantitative drug levels in hair has the potential to improve adherence measurement in the PrEP field and may be helpful in determining exposure thresholds for protection and explaining failures in PrEP trials. Hair measures for adherence monitoring may also facilitate adherence measurement in real-world settings and merit further investigation in upcoming PrEP implementation studies and programs. TRIAL REGISTRATION: ClinicalTrials.gov NCT00903084.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Liu, Albert; Cohen, Stephanie; Follansbee, Stephen; Cohan, Deborah; Weber, Shannon; Sachdev, Darpun; Buchbinder, Susan	Early Experiences Implementing Pre-exposure Prophylaxis (PrEP) for HIV Prevention in San Francisco: e1001613	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1001613	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3942317/	Provenance: Not commissioned; externally peer reviewed Summary Points * Pre-exposure prophylaxis (PrEP) has been demonstrated to be safe and efficacious in clinical trials and emtricitabine/tenofovir was approved by the United States Food and Drug Administration for use as PrEP in 2012. * We report early experiences with PrEP uptake and delivery in three different settings in San Francisco: a PrEP demonstration project in a municipal sexually transmitted diseases (STD) clinic, and two PrEP delivery programs (a private health maintenance organization and an HIV-specific reproductive health program). * Interest in PrEP is high in San Francisco, particularly among men who have sex with men attending the STD clinic, and it is feasible to incorporate PrEP into busy clinical settings. On the basis of compelling safety and efficacy data from pre-exposure prophylaxis (PrEP) trials of men who have sex with men (MSM) conducted across four continents and serodifferent heterosexual couples and young men and women in sub-Saharan Africa 1-3, the FDA issued the landmark approval of once-daily, co-formulated emtricitabine/tenofovir (FTC/TDF) for HIV prevention in men and women at risk for acquiring HIV infection through sexual exposure.	Emtricitabine; Pre-exposure prophylaxis; Men who have sex with men; Infections; Public health; Risk assessment; Tenofovir disoproxil; Compensation; Reproductive health; Studies; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; United States--US; Mens health; Medical Sciences; Medical tests; FDA approval; San Francisco California; Health maintenance organizations--HMOs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Liu, Albert; Glidden, David V; Anderson, Peter L; Amico, K Rivet; McMahan, Vanessa; Mehrotra, Megha; Lama, Javier R; MacRae, John; Hinojosa, Juan Carlos; Montoya, Orlando; Veloso, Valdilea G; Schechter, Mauro; Kallas, Esper G; Chariyalerstak, Suwat; Bekker, Linda-Gail; Mayer, Kenneth; Buchbinder, Susan; Grant, Robert	Patterns and correlates of PrEP drug detection among MSM and transgender women in the Global iPrEx Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000351	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4229454	BACKGROUND: Adherence to pre-exposure prophylaxis (PrEP) is critical for efficacy. Antiretroviral concentrations are an objective measure of PrEP use and correlate with efficacy. Understanding patterns and correlates of drug detection can identify populations at risk for nonadherence and inform design of PrEP adherence interventions. METHODS: Blood antiretroviral concentrations were assessed among active arm participants in iPrEx, a randomized placebo-controlled trial of emtricitabine/tenofovir in men who have sex with men and transgender women in 6 countries. We evaluated rates and correlates of drug detection among a random sample of 470 participants at week 8 and a longitudinal cohort of 303 participants through 72 weeks of follow-up. RESULTS: Overall, 55% of participants (95% confidence interval: 49 to 60) tested at week 8 had drug detected. In longitudinal analysis, 31% never had drug detected, 30% always had drug detected, and 39% had an inconsistent pattern. Overall detection rates declined over time. Drug detection at some or all visits was associated with older age, indices of sexual risk, including condomless receptive anal sex, and responding "don't know" to a question about belief of PrEP efficacy (0-10 scale). CONCLUSIONS: Distinct patterns of study product use were identified, with a significant proportion demonstrating no drug detection at any visit. Research literacy may explain greater drug detection among populations having greater research experience, such as older men who have sex with men in the United States. Greater drug detection among those reporting highest risk sexual practices is expected to increase the impact and cost-effectiveness of PrEP.	pre-exposure prophylaxis, drug detection, emtricitabine/tenofovir, adherence, men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Lo, Ying-Ru; Kato, Masaya; Phanuphak, Nittaya; Fujita, Masami; Duc, Duong Bui; Sopheap, Seng; Pendse, Razia; Yu, Dongbao; Wu, Zunyou; Chariyalertsak, Suwat	Challenges and potential barriers to the uptake of antiretroviral-based prevention in Asia and the Pacific region.	Sexual Health	-	-	-	1448-5028	10.1071/SH13094	https://pubmed.ncbi.nlm.nih.gov/25007911/	Evidence has emerged over the past few years on the effectiveness of antiretroviral-based prevention technologies to prevent (i) HIV transmission while decreasing morbidity and mortality in HIV-infected persons, and (ii) HIV acquisition in HIV-uninfected individuals through pre-exposure prophylaxis (PrEP). Only few of the planned studies on treatment as prevention (TasP) are conducted in Asia. TasP might be more feasible and effective in concentrated rather than in generalised epidemics, as resources for HIV testing and antiretroviral treatment could focus on confined and much smaller populations than in the generalised epidemics observed in sub-Saharan Africa. Several countries such as Cambodia, China, Thailand and Vietnam, are now paving the way to success. Similar challenges arise for both TasP and PrEP. However, the operational issues for PrEP are amplified by the need for frequent retesting and ensuring adherence. This paper describes challenges for the implementation of antiretroviral-based prevention and makes the case that TasP and PrEP implementation research in Asia is much needed to provide insights into the feasibility of these interventions in populations where firm evidence of 'real world' effectiveness is still lacking.	NA	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2014	Lusti-Narasimhan, Manjula; Khosla, Rajat; Baggaley, Rachel; Temmerman, Marleen; McGrory, Elizabeth; Farley, Tim	WHO guidance grounded in a comprehensive approach to sexual and reproductive health and human rights: topical pre-exposure prophylaxis.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.3.19279	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4163998	INTRODUCTION: Two new microbicide products based on topical (vaginal) application of antiretroviral drugs - 1% tenofovir gel and the dapivirine ring - are currently in late-stage clinical testing, and results on their safety and effectiveness are expected to become available in early 2015. WHO guidelines on the use of topical pre-exposure prophylaxis (topical PrEP) are important in order to ensure that these new prevention products are optimally used. DISCUSSION: Given that these new topical PrEP products are designed to be woman initiated and will likely be delivered in reproductive health settings, it is important to ensure that the guidance be framed in the context of comprehensive sexual and reproductive health and human rights. In addition to the safety and effectiveness data resulting from clinical trials, and the regulatory approval required for new products, the WHO normative guidelines on the use of topical PrEP will be essential for rapid roll-out in countries. CONCLUSIONS: Human rights standards and principles provide a framework for the provision of woman-initiated HIV prevention products. These include addressing issues related to the gender inequities which are linked to the provision of HIV-prevention, treatment and care for young girls and women. Effective programming for women and girls must therefore be based on understanding the local, social and community contexts of the AIDS epidemic in the country, and adapting HIV strategies and programmes accordingly. Such a framework therefore is needed not only to ensure optimal uptake of these new products by women and girls but also to address sociocultural barriers to women's and girls' access to these products.	human rights, sexual and reproductive health, HIV, prevention, pre-exposure prophylaxis, microbicide	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2014	Maartens, Gary; Celum, Connie; Lewin, Sharon R.	HIV infection: epidemiology, pathogenesis, treatment, and prevention.	The Lancet	-	-	-	1474-547X 0140-6736	10.1016/S0140-6736(14)60164-1	https://pubmed.ncbi.nlm.nih.gov/24907868/	HIV prevalence is increasing worldwide because people on antiretroviral therapy are living longer, although new infections decreased from 3.3 million in 2002, to 2.3 million in 2012. Global AIDS-related deaths peaked at 2.3 million in 2005, and decreased to 1.6 million by 2012. An estimated 9.7 million people in low-income and middle-income countries had started antiretroviral therapy by 2012. New insights into the mechanisms of latent infection and the importance of reservoirs of infection might eventually lead to a cure. The role of immune activation in the pathogenesis of non-AIDS clinical events (major causes of morbidity and mortality in people on antiretroviral therapy) is receiving increased recognition. Breakthroughs in the prevention of HIV important to public health include male medical circumcision, antiretrovirals to prevent mother-to-child transmission, antiretroviral therapy in people with HIV to prevent transmission, and antiretrovirals for pre-exposure prophylaxis. Research into other prevention interventions, notably vaccines and vaginal microbicides, is in progress.	Humans; Male; Female; Anti-HIV Agents/therapeutic use; Pregnancy; Child; HIV; Prevalence; Global Health; Age Distribution; *HIV Infections/epidemiology/therapy/transmission; Infectious Disease Transmission, Vertical/prevention & control/statistics & numerical data; Pregnancy Complications, Infectious/epidemiology/therapy	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2014	Mack, Natasha; Odhiambo, Jacob; Wong, Christina M; Agot, Kawango	Barriers and facilitators to pre-exposure prophylaxis (PrEP) eligibility screening and ongoing HIV testing among target populations in Bondo and Rarieda, Kenya: results of a consultation with community stakeholders.	BMC Health Services Research	-	-	-	1472-6963	10.1186/1472-6963-14-231	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4051373	BACKGROUND: As pre-exposure prophylaxis (PrEP) moves closer to availability in developing countries, practical considerations for implementation become important. We conducted a consultation with district-level community stakeholders experienced in HIV-prevention interventions with at-risk populations in Bondo and Rarieda, Kenya to generate locally grounded approaches to the future rollout of oral PrEP to four populations: fishermen, widows, female sex workers, and serodiscordant couples. METHODS: The 20 consultation participants represented the Ministry of Health, faith- and community-based organizations, health facilities, community groups, and nongovernmental organizations. Participants divided into breakout groups and followed a structured discussion guide asking them to identify barriers to implementing HIV-prevention interventions (including PrEP) with each population. Questions also solicited solutions for addressing these barriers, as well as other facilitators for PrEP implementation. In particular, questions focused on how to encourage people to screen for PrEP eligibility by having HIV and other blood tests and how to encourage compliance with ongoing HIV testing. RESULTS: The barriers and facilitators/solutions discussants provided were frequently population-specific, but there were also broad-level similarities across populations. Service delivery barriers to HIV-prevention interventions concerned the need for staff trained to address the needs of particular populations. Service delivery facilitators to provision of ongoing HIV testing consisted of offering testing options besides facility-based testing. Stigma was the main community-level barrier for all groups, whereas barriers at the level of target populations included mobility; lifestyle and life circumstances, especially cultural norms among fishermen and widows; and fears, lack of awareness, and misinformation. Proposed facilitators and strategies for addressing community- and population-level barriers included topic-specific education within the populations and community, involvement of partners and family members, mass HIV testing, and peer educators. Barriers to PrEP uptake included non-adherence to pill taking and missing clinic visits. For drug adherence, facilitators were counselling and involving family members. Discussants suggested that client reminders, e.g., home visits, were needed to encourage clients to keep their clinic appointments. CONCLUSIONS: Strategies for encouraging eligibility screening and ongoing HIV testing will have local and population-specific aspects. Our results nonetheless apply to similar populations throughout sub-Saharan Africa and reach beyond oral PrEP to other ARV-based PrEP formulations.	Pre-exposure prophylaxis, PrEP, HIV, PrEP implementation, Sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Magazi, Busisiwe; Stadler, Jonathan; Delany-Moretlwe, Sinead; Montgomery, Elizabeth; Mathebula, Florence; Hartmann, Miriam; van der Straten, Ariane	Influences on visit retention in clinical trials: insights from qualitative research during the VOICE trial in Johannesburg, South Africa.	BMC Women's Health	-	-	-	1472-6874	10.1186/1472-6874-14-88	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4115485/	BACKGROUND: Although significant progress has been made in clinical trials of women-controlled methods of HIV prevention such as microbicides and Pre-exposure Prophylaxis (PrEP), low adherence to experimental study products remains a major obstacle to being able to establish their efficacy in preventing HIV infection. One factor that influences adherence is the ability of trial participants to attend regular clinic visits at which trial products are dispensed, adherence counseling is administered, and participant safety is monitored. We conducted a qualitative study of the social contextual factors that influenced adherence in the VOICE (MTN-003) trial in Johannesburg, South Africa, focusing on study participation in general, and study visits in particular. METHODS: The research used qualitative methodologies, including in-depth interviews (IDI), serial ethnographic interviews (EI), and focus group discussions (FGD) among a random sub-sample of 102 female trial participants, 18 to 40 years of age. A socio-ecological framework that explored those factors that shaped trial participation and adherence to study products, guided the analysis. Key codes were developed to standardize subsequent coding and a node search was used to identify texts relating to obstacles to visit attendance. Our analysis includes coded transcripts from seven FGD (N = 40), 41 IDI, and 64 serial EI (N = 21 women). RESULTS: Women's kinship, social, and economic roles shaped their ability to participate in the trial. Although participants expressed strong commitments to trial visits, clinic visit schedules and lengthy waiting times interfered with their multiple obligations as care givers, wage earners, housekeepers, and students. CONCLUSIONS: The research findings highlight the importance of the social context in shaping participation in HIV prevention trials, beyond focusing solely on individual characteristics. This points to the need to focus interventions to improve visit attendance by promoting a culture of active and engaged participation.	Adolescent; Adult; Humans; Young Adult; Anti-HIV Agents/*therapeutic use; Female; HIV Infections/*prevention & control; South Africa; Patient Compliance/*psychology; Focus Groups; Qualitative Research; *Appointments and Schedules; Patient Dropouts/*psychology; Randomized Controlled Trials as Topic/*psychology	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2014	Maisel, Katharina	HYPOTONIC DELIVERY OF DRUGS AND DRUG-LOADED NANOPARTICLES TO THE GASTROINTESTINAL TRACT	-	-	Johns Hopkins University	-	NA	NA	http://jhir.library.jhu.edu/handle/1774.2/40663	Innovative gastrointestinal (GI) drug delivery vehicles such as mucus penetrating nanoparticles (MPP) and fluid-absorption inducing (hypotonic) delivery vehicles have potential to improve therapeutic outcomes over conventional methods such as mucoadhesive particles (MAP) for GI diseases, including ulcerative colitis (UC) and HIV pre-exposure prophylaxis (PrEP). More than 80% of all drugs are absorbed via the GI tract for either systemic or local treatment. MAP delivered to the GI tract are thought to improve oral absorption or local targeting of difficult-to-deliver drug classes. Mucus is a continuously secreted barrier that effectively traps foreign particulates to protect the underlying epithelium. Rapid clearance of the most superficial luminal mucus layers in the GI tract may limit the effectiveness of MAP. Here, I test the current dogma of mucoadhesion by comparing MAP and MPP GI drug delivery via the oral and rectal routes. In addition I investigate the development of several vehicles including rectal enemas and gels for more effective delivery of nanocarriers or free drugs. First, I illustrate that MPP uniformly coat all surfaces of the GI epithelium, while MAP aggregated in mucus in the center of the lumen, far away from the absorptive epithelium, both in healthy mice and mice with UC. In the mouse colorectum, MPP penetrated into mucus in the deeply in-folded surfaces to evenly coat the entire epithelial surface. Moreover, in UC mice, MPP were transported preferentially into the disrupted, ulcerated tissue. Next, I sought to design an effective enema vehicle for delivering MPP and non-mucoadhesive drugs locally to the colorectum. I found that MPP and free drug are only rapidly transported to the epithelial surface in sodium-based enemas, while potassium-based or isotonic and hypertonic (secretion-inducing) enemas cause heterogeneous surface coverage. Strongly hypertonic and hypotonic enemas cause rapid systemic drug absorption, while moderately hypotonic enemas improve local drug retention in tissue. Finally, I designed a microbicide-loaded MPP for PrEP, to be delivered in a novel osmotic thermogel. The MPP formulation evenly coated both the vaginal and colorectal epithelium and the hypotonically delivered thermogel effectively traps HIV, and significantly enhances drug and nanoparticle retention in the cervicovaginal tract.	mucus penetrating particle; microbicide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2014	Malcolm, R. Karl; Lowry, Deborah; Boyd, Peter; Geer, Leslie; Veazey, Ronald S.; Goldman, Laurie; Klasse, P. J.; Shattock, Robin J.; Moore, John P.	Pharmacokinetics of a CCR5 inhibitor in rhesus macaques following vaginal, rectal and oral application.	The Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091 0305-7453	10.1093/jac/dkt506	https://academic.oup.com/jac/article/69/5/1325/679483	OBJECTIVES: This study measured and compared the pharmacokinetics of CMPD167, a small molecule antiretroviral CCR5 inhibitor with potential as an HIV microbicide, following vaginal, rectal and oral administration in rhesus macaques. METHODS: A vaginal hydroxyethylcellulose (HEC) gel, a rectal HEC gel, a silicone elastomer matrix-type vaginal ring and an oral solution, each containing CMPD167, were prepared and administered to rhesus macaques pretreated with Depo-Provera. CMPD167 concentrations in vaginal fluid, vaginal tissue (ring only), rectal fluid and blood plasma were quantified by HPLC-mass spectrometry. RESULTS: CMPD167 concentrations measured in rectal fluid, vaginal fluid and blood plasma were highly dependent on both the route of administration and the formulation type. Although rectal and vaginal fluid concentrations were highest when CMPD167 was administered locally (via either gel or ring), lower concentrations of the drug were also measured in these compartments following administration at the remote mucosal site or orally. CMPD167 levels in the vaginal and rectal fluid following oral administration were relatively low compared with local administration. CONCLUSIONS: The study provides clear evidence for vaginal-rectal and rectal-vaginal drug transfer pathways and suggests that oral pre-exposure prophylaxis with CMPD167 may be less efficacious at preventing sexual transmission of HIV-1 than topically applied products.	Administration, Oral; Male; Animals; Female; Administration, Intravaginal; Chromatography, High Pressure Liquid; Macaca mulatta; Anti-HIV Agents/*administration & dosage/*pharmacokinetics; Mass Spectrometry; Administration, Rectal; pre-exposure prophylaxis; PrEP; Body Fluids/chemistry; CCR5 Receptor Antagonists/*administration & dosage/*pharmacokinetics; CMPD167; HIV microbicides; Pyrazoles/*administration & dosage/*pharmacokinetics; Receptors, HIV/*antagonists & inhibitors; rectal gels; vaginal HEC gels; vaginal rings; Valine/administration & dosage/*analogs & derivatives/pharmacokinetics	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2014	Mandala, Justin; Nanda, Kavita; Wang, Meng; De Baetselier, Irith; Deese, Jennifer; Lombaard, Johan; Owino, Fredrick; Malahleha, Mookho; Manongi, Rachel; Taylor, Douglas; Van Damme, Lut	Liver and renal safety of tenofovir disoproxil fumarate in combination with emtricitabine among African women in a pre-exposure prophylaxis trial.	BMC Pharmacology and Toxicology	-	-	-	2050-6511	10.1186/2050-6511-15-77	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4297367	BACKGROUND: Safety of tenofovir disoproxil fumarate/emtricitabine (TDF-FTC) has been studied more extensively among HIV-infected patients than among HIV-uninfected people. Using data from a pre-exposure trial - FEM-PrEP -, we determined the cumulative probabilities of grade 1+ ALT, AST and creatinine and grade 2+ phosphorus toxicities; ALT/AST toxicities by baseline hepatitis B status; and change in mean creatinine, phosphorus, ALT and AST levels controlling for TDF-FTC adherence. METHODS AND FINDINGS: FEM-PrEP was a randomized, blinded, placebo-controlling trial of daily TDF-FTC among women in Africa. Enrolled women were in general good health, HIV antibody negative, 18 to 35 years old, hepatitis B surface antigen negative, and had normal hepatic and renal function at baseline. AST, ALT, phosphorus and serum creatinine were measured regularly throughout the trial. TDF-FTC concentrations were measured to assess adherence to TDF-FTC. The cumulative probabilities of grade 1+ creatininemia and grade 2+ phosphatemia toxicities were not statistically different between TDF-FTC and placebo arms. The cumulative probabilities of grade 1+ ALT and AST toxicities were higher among participants in the TDF-FTC arm than in the placebo arm (p = 0.03 for both). The proportions of grade 1+ and grade 2+ ALT or AST toxicities were significantly higher in participants who were hepatitis B virus surface antibody (HBsAb) positive than in those who were HBsAb-negative. Women with good adherence had higher mean change from baseline to week 4 in their AST levels (2.90 (0.37, 5.42); p = 0.025) than women with less than good adherence. CONCLUSIONS: We did not observe a significant relationship between randomization to TDF-FTC and creatinine or phosphorus toxicities. Women randomized to TDF-FTC had higher rates of mild to moderate ALT/AST toxicities, especially women with prior hepatitis B virus exposure. We also observed a significant increase in AST from baseline to week 4 among women who had higher adherence to TDF-FTC during that interval. TRIAL REGISTER: #NCT00625404, February 19, 2008.	Pre-exposure prophylaxis, HIV, Safety, Women, Africa, Tenofovir disoproxil fumarate, Emtricitabine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Mandelbrot, Laurent	Pregnancy: a model of prevention of HIV transmission.	Bulletin de l'Academie nationale de medecine	-	-	-	0001-4079	10.1186/2050-6511-15-77	https://www.sciencedirect.com/science/article/pii/S0001407919312890?via%3Dihub	Antiretroviral drugs are primarily used to treat people living with HIV but can also reduce the risk of transmission. The first application of this prophylactic approach was in the prevention of mother-to-child transmission, which comprises three components: 1) antiretroviral therapy during pregnancy to reduce maternal viral load, 2) pre-exposure prophylactic treatment of the fetus in utero and intrapartum, and 3) postexposure neonatal treatment. This has resulted in a sharp reduction in mother-to-child transmission, to well below 1 % in France today. "Treatment as prevention" (TASP) is now widely recommended to prevent sexual transmission to partners of people living with HIV articularly when a couple wishes to have children. Achieving and sustaining undetectable viral load is an important means of reducing the risk of sexual transmission in serodiscordant couples and also of controlling the pandemic worldwide. The other uses of antiretroviral drugs to protect HIV-negative people at risk include post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP). Prevention has both individual and collective dimensions and involves several components, including behavioral changes, serological testing, and use of antiretrovirals.	Humans; Male; Female; HIV-1; Viral Load; Pregnancy; Infant, Newborn; Infectious Disease Transmission, Vertical/*prevention & control; Post-Exposure Prophylaxis; Anti-HIV Agents/administration & dosage/adverse effects/*therapeutic use; Viremia/*drug therapy; Contraindications; Pregnancy Complications, Infectious/*drug therapy/virology; France/epidemiology; Pre-Exposure Prophylaxis; Maternal Exposure; Breast Feeding/adverse effects; HIV Infections/congenital/drug therapy/epidemiology/*prevention & control/transmission; Milk, Human/virology	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2014	Mansoor, Leila E.; Abdool Karim, Quarraisha; Mngadi, Kathryn T.; Dlamini, Sarah; Montague, Carl; Nkomonde, Nelisiwe; Mvandaba, Nomzamo; Baxter, Cheryl; Gengiah, Tanuja N.; Samsunder, Natasha; Dawood, Halima; Grobler, Anneke; Frohlich, Janet A.; Abdool Karim, Salim S.	Assessing the implementation effectiveness and safety of 1% tenofovir gel provision through family planning services in KwaZulu-Natal, South Africa: study protocol for an open-label randomized controlled trial.	Trials	-	-	-	1745-6215	10.1186/1745-6215-15-496	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4300828/	BACKGROUND: The Centre for the AIDS Programme of Research in South Africa (CAPRISA) 004 trial demonstrated a 39% reduction in HIV infection, with a 54% HIV reduction in women who used tenofovir gel consistently. A confirmatory trial is expected to report results in early 2015. In the interim, we have a unique window of opportunity to prepare for and devise effective strategies for the future policy and programmatic scale-up of tenofovir gel provision. One approach is to integrate tenofovir gel provision into family planning (FP) services. The CAPRISA 008 implementation trial provides an opportunity to provide post-trial access to tenofovir gel while generating empiric evidence to assess whether integrating tenofovir gel provision into routine FP services can achieve similar levels of adherence as the CAPRISA 004 trial. METHODS/DESIGN: This is a two-arm, open-label, randomized controlled non-inferiority trial. A maximum of 700 sexually active, HIV-uninfected women aged 18 years and older who previously participated in an antiretroviral prevention study will be enrolled from an urban and rural site in KwaZulu-Natal, South Africa. The anticipated study duration is 30 months, with active accrual requiring approximately 12 months (following which an open cohort will be maintained) and follow-up continuing for approximately 18 months. At each of the two sites, eligible participants will be randomly assigned to receive tenofovir gel through either FP services (intervention arm) or through the CAPRISA research clinics (control arm). As part of the study intervention, a quality improvement approach will be used to assist the FP services to expand their current services to include tenofovir gel provision. DISCUSSION: This protocol aims to address an important implementation question on whether FP services are able to effectively incorporate tenofovir gel provision for this at-risk group of women in South Africa. Provision of tenofovir gel to the women from the CAPRISA 004 trial meets the ethical obligation for post-trial access, and helps identify a potential avenue for future scale-up of microbicides within the public health system of South Africa. TRIAL REGISTRATION: This trial was registered with the South Africa Department of Health (reference: DOH-27-0812-4129) and ClinicalTrials.gov (reference: NCT01691768) on 05 July 2012.	Adolescent; Adult; Humans; Tenofovir; Young Adult; Treatment Outcome; Female; Time Factors; Anti-HIV Agents/*administration & dosage/adverse effects; Adenine/administration & dosage/adverse effects/*analogs & derivatives; South Africa; Organophosphonates/*administration & dosage/adverse effects; Gels; Clinical Protocols; *Research Design; *Family Planning Services/standards; *Health Services Accessibility/standards; *Rural Health Services/standards; *Urban Health Services/standards; *Women's Health Services/standards; HIV Infections/diagnosis/*prevention & control/transmission; Program Evaluation; Quality Improvement; Quality Indicators, Health Care	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2014	Mantell, Joanne E; Sandfort, Theo G M; Hoffman, Susie; Guidry, John A; Masvawure, Tsitsi B; Cahill, Sean	Knowledge and Attitudes about Pre-Exposure Prophylaxis (PrEP) among Sexually Active Men Who Have Sex with Men (MSM) Participating in New York City Gay Pride Events.	LGBT Health	-	-	-	2325-8306	10.1089/lgbt.2013.0047	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204101	We conducted a street-based intercept survey with 480 men reporting sex with men (MSM) during June 2011 Gay Pride events in New York City (NYC). Awareness and knowledge of pre-exposure prophylaxis (PrEP) were limited. Many men believed that PrEP use should be encouraged, and that some of their friends would use it; and were interested in using it themselves. Men who believed that PrEP should only be taken before sex were more likely to endorse it and report greater likelihood of use.	HIV/AIDS, Gay, Access to Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Marcus, J L; Buisker, T; Horvath, T; Amico, K R; Fuchs, J D; Buchbinder, S P; Grant, R M; Liu, A Y	Helping our patients take HIV pre-exposure prophylaxis (PrEP): a systematic review of adherence interventions.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.12132	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4107052	OBJECTIVES: Adherence is critical for maximizing the effectiveness of pre-exposure prophylaxis (PrEP) in preventing HIV infection. Strategies for promoting adherence to HIV treatment, and their potential application to PrEP adherence, have received considerable attention. However, adherence promotion strategies for prevention medications have not been well characterized and may be more applicable to PrEP. We aimed to identify adherence support interventions that have been effective in other prevention fields and could be applied in the HIV prevention context to support pill taking among PrEP users. METHODS: To identify adherence support interventions that could be evaluated and applied in the PrEP context, we conducted a systematic review across the following prevention fields: hypertension, latent tuberculosis infection, hyperlipidaemia, oral contraceptives, osteoporosis, malaria prophylaxis, and post-exposure prophylaxis for HIV infection. We included randomized controlled trials that evaluated the efficacy of interventions to improve adherence to daily oral medications prescribed for primary prevention in healthy individuals or for secondary prevention in asymptomatic individuals. RESULTS: Our searches identified 585 studies, of which 48 studies met the eligibility criteria and were included in the review; nine evaluated multiple strategies, yielding 64 separately tested interventions. Interventions with the strongest evidence for improving adherence included complex, resource-intensive interventions, which combined multiple adherence support approaches, and low-cost, low-intensity interventions that provided education or telephone calls for adherence support. CONCLUSIONS: Our review identified adherence interventions with strong evidence of efficacy across prevention fields and provides recommendations for evaluating these interventions in upcoming PrEP studies.	medication adherence, preventive therapy, preexposure prophylaxis (PrEP), antiretroviral medications, human immunodeficiency virus (HIV), review	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Marcus, JL; Glidden, DV; McMahan, V; Lama, JR; Mayer, KH; Liu, AY; Montoya-Herrera, O; Casapia, M; Hoagland, B; Grant, RM	Daily Oral Emtricitabine/Tenofovir Preexposure Prophylaxis and Herpes Simplex Virus Type 2 among Men Who Have Sex with Men	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0091513	https://pubmed.ncbi.nlm.nih.gov/24637511/	Background: In addition to protecting against HIV acquisition, antiretroviral preexposure prophylaxis (PrEP) using topical 1% tenofovir gel reduced Herpes simplex virus type 2 (HSV-2) acquisition by 51% among women in the CAPRISA 004 study. We examined the effect of daily oral emtricitabine/tenofovir (FTC/TDF) PrEP on HSV-2 seroincidence and ulcer occurrence among men who have sex with men (MSM) in the iPrEx trial. Methods: HSV-2 serum testing was performed at screening and every six months. Among HSV-2-seronegative individuals, we used Cox regression models to estimate hazard ratios (HRs) of HSV-2 seroincidence associated with randomization to FTC/TDF. We used multiple imputation and Cox regression to estimate HRs for HSV-2 seroincidence accounting for drug exposure. We assessed ulcer occurrence among participants with prevalent or incident HSV-2 infection. Results: Of the 2,499 participants, 1383 (55.3%) tested HSV-2-seronegative at baseline, 892 (35.7%) tested positive, 223 (8.9%) had indeterminate tests, and one test was not done. Of the 1,347 HSV-2-seronegative participants with follow-up, 125 (9.3%) had incident HSV-2 infection (5.9 per 100 person-years). Compared with participants receiving placebo, there was no difference in HSV-2 seroincidence among participants receiving FTC/TDF (HR 1.1, 95% CI: 0.8-1.5; P = 0.64) or among participants receiving FTC/TDF with a concentration of tenofovir diphosphate >16 per million viable cells (HR 1.0, 95% CI: 0.3-3.5; P = 0.95). Among participants with HSV-2 infection, the proportion with >= 1 moderate or severe ulcer adverse event was twice as high in the placebo vs. active arm (5.9% vs. 2.9%, P = 0.02), but there were no differences in the proportions with >= 1 clinical examination during which perianal or groin ulcers were identified. Conclusions: Tenofovir in daily oral FTC/TDF PrEP may reduce the occurrence of ulcers in individuals with HSV-2 infection but does not protect against HSV-2 incidence among MSM.	HIV; INFECTION; TENOFOVIR; WOMEN; HIGH-RISK; PREVALENCE; ACQUISITION; ACYCLOVIR	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Martin, M; Vanichseni, S; Suntharasamai, P; Sangkum, U; Mock, PA; Gvetadze, RJ; Curlin, ME; Leethochawalit, M; Chiamwongpaet, S; Cherdtrakulkiat, T; Anekvorapong, R; Leelawiwat, W; Chantharojwong, N; McNicholl, JM; Paxton, LA; Kittimunkong, S; Choopanya, K	Renal function of participants in the Bangkok tenofovir study--Thailand, 2005-2012	Clinical Infectious Diseases	-	-	-	NA	10.1093/cid/ciu355	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01014087/full	Background. Tenofovir disoproxil fumarate (tenofovir) has been associated with renal dysfunction in people infected with human immunodeficiency virus (HIV) receiving combination antiretroviral therapy. We reviewed data from an HIV preexposure prophylaxis trial to determine if tenofovir use was associated with changes in renal function in an HIV-uninfected population. Methods. During the trial, 2413 HIV-uninfected people who inject drugs were randomized to receive tenofovir or placebo. We assessed the renal function of trial participants with the Cockcroft-Gault, Modification of Diet in Renal Disease (MDRD), and Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equations using t tests for cross-sectional analysis and linear regression for longitudinal analysis. Results. Creatinine clearance and glomerular filtration rate (GFR) results were lower at 24, 36, 48, and 60 months in the tenofovir group compared with the placebo group. Results declined more in the tenofovir group than in the placebo group during follow-up using the Cockcroft-Gault (P < .001) and CKD-EPI (P = .007) equations, but not MDRD (P = .12). Creatinine clearance measured when study drug was stopped was lower in the tenofovir group than the placebo group (P < .001), but the difference resolved when tested a median of 20 months later (P = .12). Conclusions. We found small but significant decreases in cross-sectional measures of creatinine clearance and GFR in the tenofovir group compared with the placebo group and modest differences in downward trends in longitudinal analysis using the Cockcroft-Gault and CKD-EPI equations. These results suggest that with baseline assessments of renal function and routine monitoring of creatinine clearance during follow-up, tenofovir can be used safely for HIV preexposure prophylaxis. Clinical Trials Registration. NCT00119106.	*Human immunodeficiency virus infection/dt Drug Therapy; *Thailand; *kidney dysfunction/si Side Effect; *tenofovir disoproxil/ae Adverse Drug Reaction; *tenofovir disoproxil/ct Clinical Trial; *tenofovir disoproxil/dt Drug Therapy; Adult; Antiviral therapy; Anti-HIV Agents adverse effects, *therapeutic use; Article; Controlled study; Creatinine blood; Creatinine clearance; Cross-Sectional Studies; Female; Glomerular Filtration Rate drug effects; Glomerulus filtration rate; HIV Infections *prevention & control; Human; Humans; Kidney Function Tests; Kidney *drug effects, *physiology; Linear Models; Major clinical study; Male; Middle Aged; Middle aged; Placebo; Pre-Exposure Prophylaxis; Priority journal; Randomized controlled trial; Reverse Transcriptase Inhibitors adverse effects, *therapeutic use; Tenofovir adverse effects, *therapeutic use; Thailand	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2014	Martin, Michael; Vanichseni, Suphak; Suntharasamai, Pravan; Sangkum, Udomsak; Mock, Philip A; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Gvetadze, Roman J; Kittimunkong, Somyot; Curlin, Marcel E; Worrajittanon, Dararat; McNicholl, Janet M; Paxton, Lynn A; Choopanya, Kachit	Risk behaviors and risk factors for HIV infection among participants in the Bangkok tenofovir study, an HIV pre-exposure prophylaxis trial among people who inject drugs.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0092809	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3965466	INTRODUCTION: HIV spread rapidly among people who inject drugs in Bangkok in the late 1980s. In recent years, changes in drug use and HIV-associated risk behaviors have been reported. We examined data from the Bangkok Tenofovir Study, an HIV pre-exposure prophylaxis trial conducted among people who inject drugs, to assess participant risk behavior and drug use, and to identify risk factors for HIV infection. METHODS: The Bangkok Tenofovir Study was a randomized, double-blind, placebo-controlled trial. HIV status was assessed monthly and risk behavior every 3 months. We used generalized estimating equations logistic regression to model trends of injecting, needle sharing, drugs injected, incarceration, and sexual activity reported at follow-up visits; and proportional hazards models to evaluate demographic characteristics, sexual activities, incarceration, drug injection practices, and drugs injected during follow-up as predictors of HIV infection. RESULTS: The proportion of participants injecting drugs, sharing needles, and reporting sex with more than one partner declined during follow-up (p<0.001). Among participants who reported injecting at enrollment, 801 (53.2%) injected methamphetamine, 559 (37.1%) midazolam, and 527 (35.0%) heroin. In multivariable analysis, young age (i.e., 20-29 years) (p = 0.02), sharing needles (p<0.001), and incarceration in prison (p = 0.002) were associated with incident HIV infection. Participants reporting sex with an opposite sex partner, live-in partner, casual partner, or men reporting sex with male partners were not at a significantly higher risk of HIV infection compared to those who did not report these behaviors. CONCLUSION: Reports of HIV-associated risk behavior declined significantly during the trial. Young age, needle sharing, and incarceration were independently associated with HIV infection. Sexual activity was not associated with HIV infection, suggesting that the reduction in HIV incidence among participants taking daily oral tenofovir compared to those taking placebo was due to a decrease in parenteral HIV transmission.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2014	Mastro, Timothy D.; Sista, Nirupama; Abdool-Karim, Quarraisha	ARV-based HIV prevention for women - where we are in 2014.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.3.19154	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4164013/	Women continue to be at special risk for HIV acquisition due to a complex mix of biological, behavioural, structural, cultural and social factors, with unacceptable rates of new infection. Scientific advances over the past decade have highlighted the use of antiretroviral (ARV) drugs as pre-exposure prophylaxis (PrEP) to prevent HIV acquisition (sexually, parenterally and vertically) and ARV treatment (ART) for HIV-positive patients to prevent onward transmission (treatment as prevention - TasP). This paper reviews the evidence base for PrEP and TasP, describes new products in development and the need to translate research findings into programmes with impact at the population level.	Humans; Female; HIV Infections/*prevention & control; Administration, Intravaginal; Chemoprevention/*methods; HIV; Disease Transmission, Infectious/*prevention & control; AIDS; antiretroviral agents; Anti-Retroviral Agents/*administration & dosage; Anti-Infective Agents, Local/*administration & dosage; Biomedical Research/trends; Pre-Exposure Prophylaxis/*methods; HIV prevention; PrEP; HIV treatment; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Matthews, Lynn T; Heffron, Renee; Mugo, Nelly R; Cohen, Craig R; Hendrix, Craig W; Celum, Connie; Bangsberg, David R; Baeten, Jared M	High medication adherence during periconception periods among HIV-1-uninfected women participating in a clinical trial of antiretroviral pre-exposure prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000246	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4149628	INTRODUCTION: Pre-exposure prophylaxis (PrEP) may be an important safer conception strategy for HIV-1-uninfected women with HIV-1-infected partners. Understanding medication adherence in this population may inform whether PrEP is a feasible safer conception strategy. METHODS: We evaluated predictors of pregnancy and adherence to study medication among HIV-1-uninfected women enrolled in a randomized placebo-controlled trial of PrEP among African HIV-1-serodiscordant couples. Participants were counseled on HIV-1 risk reduction, contraception, and adherence and tested for pregnancy at monthly study visits. Pill counts of dispensed drug were performed and, at a subset of visits, plasma was collected to measure active drug concentration. RESULTS: Among 1785 women, pregnancy incidence was 10.2 per 100 person-years. Younger age, not using contraception, having an additional sexual partner, and reporting unprotected sex were associated with increased likelihood of pregnancy. Monthly clinic pill counts estimated that women experiencing pregnancy took 97% of prescribed doses overall, with at least 80% pill adherence for 98% of study months, and no difference in adherence in the periconception period compared with previous periods (P = 0.98). Tenofovir was detected in plasma at 71% of visits where pregnancy was discovered. By multiple measures, adherence was similar for women experiencing and not experiencing pregnancy (P ≥ 0.1). CONCLUSIONS: In this clinical trial of PrEP, pregnancy incidence was 10% per year despite excellent access to effective contraception. Women experiencing pregnancy had high medication adherence, suggesting that PrEP may be an acceptable and feasible safer conception strategy for HIV-1-uninfected women with HIV-1-serodiscordant partners.	pregnancy, HIV-1 prevention, pre-exposure prophylaxis, adherence, safer conception, serodiscordant couples, sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Mayer, Kenneth H.	Antiretroviral chemoprophylaxis: state of evidence and the research agenda.	Clinical Infectious Diseases	-	-	-	1537-6591 1058-4838	10.1093/cid/ciu322	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4141495/	Oral antiretroviral preexposure prophylaxis (PrEP) has been shown to decrease human immunodeficiency virus (HIV) incidence in studies of men who have sex with men, heterosexual men and women, and injecting drug users. One study of pericoital tenofovir gel demonstrated that it reduced HIV incidence in South African women. However, other studies of African women failed to demonstrate protection with either oral tenofovir or tenofovir-emtricitabine, or daily tenofovir gel. The magnitude of PrEP protection appears to be highly correlated with medication adherence. New studies are evaluating whether different antiretrovirals, including dapivirine, rilpivirine, maraviroc, and new integrase inhibitors. Different formulations are also being evaluated, including gels, films, vaginal rings, and injectable medication. Although PrEP efficacy has been demonstrated, and several normative bodies (eg, the US Food and Drug Administration) have approved PrEP for clinical use, uptake has been slow. Reasons may include lack of sufficient provider and consumer education, residual concerns about costs, potential long-term toxicities, and behavioral disinhibition. Additional work is under way to determine how to best educate consumers and providers about optimal adherence and to use PrEP in conjunction with risk mitigation.	Humans; HIV Infections/*drug therapy; Anti-HIV Agents/*therapeutic use; Medication Adherence/statistics & numerical data; HIV prevention; PrEP; *Chemoprevention; antiretrovirals; medication adherence; HIV risk	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Mayer, KH; Oldenburg, C; Novak, DS; Krakower, D; Mimiaga, MJ	Differences in PrEP Knowledge and Use in US MSM Users of a Popular Sexual Networking Site Surveyed in August 2013 and January 2014	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5168a.abstract	https://www.liebertpub.com/doi/10.1089/aid.2014.5168a.abstract	Background: Pre-exposure prophylaxis (PrEP) has been recommended for HIV prevention for at-risk men who have sex with men (MSM). Prior reports have suggested slow uptake. U.S. MSM members of a sexual networking site were invited to complete a survey in August 2013 (Wave 1: W1) and January 2014 (W2) that included a variety of questions related to HIV prevention practices. Comparisons of those who responded at each time point were conducted using Fisher's exact tests in order to assess differences in PrEP knowledge and uptake between W1 and W2. Study design did not permit assessment of whether MSM responded once or at both time points. Although more MSM responded in W1 than W2 (6,683 vs. 4,759), they were similar in median age (45 y.o.), race/ethnicity (about 86% White), educational attainment (about 2/3 had at least a college degree), and regional geographic distribution (almost 1/4 from the Southeast, with the next largest numbers being in the Northeast, Great Lakes region or Midwest-about 15% each). The majority reported engaging in condomless anal sex (CAS) in the prior 3 months (58.7% in Wave 1 and 74.1% in Wave 2). A higher proportion of MSM in W2 had heard of PrEP than in W1 (43.8% vs 27.3%, p < 0.001). Among MSM reporting CAS in the prior 3 months, PrEP interest increased between W1 and W2 (54.1% vs. 60.4%, p = 0.002) and use also increased (2.0% vs. 3.1%, p = 0.004). PEP knowledge increased (38.9% and 49.7% in W1 and W2, p < 0.001), but PEP utilization among MSM reporting CAS in the prior 3 months did not significantly increase (4.3% in W1 and 4.7% in W2, p = 0.44). Although recent increases in PrEP interest and use among U.S. MSM accessing a sexual networking site were detected, the majority of those who could benefit have not availed themselves of this prevention modality, with the majority of at-risk respondents not being knowledgeable about PrEP. Further educational efforts are needed for U.S. MSM about PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative

Article	2014	Mayer, KH; Safren, S; Haberer, J; Elsesser, S; Clarke, W; Hendrix, CW; Marzinke, M; Mimiaga, MJ	Project PrEPARE: High Levels of Medication Adherence with Continued Condomless Sex in US Men who Have Sex with Men in an Oral PrEP Adherence Trial	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5032a.abstract	https://www.liebertpub.com/doi/10.1089/aid.2014.5032a.abstract	Background: Pre-exposure prophylaxis (PrEP) has been shown to decrease HIV incidence in MSM, but optimal protection is dependent on medication adherence. The data presented here are from a pilot study, designed to assess whether an intervention based on Life-Steps, an effective intervention to enhance HAART adherence in HIV-infected patients, could improve PrEP adherence among men who have sex with men (MSM) who reported recent condomless anal sex. Between 11/2012 and 12/2013, 55 Boston-area HIV-MSM who were interested in initiating PrEP were enrolled in Project PrEPARE, and randomized to Life-Steps which included 4 weekly sessions that addressed barriers and facilitators of PrEP adherence, or to a control condition that provided supportive counseling. Adherence was monitored by Wisepill, and unprotected sex was assessed via daily text messaging. Participants were primarily White (94%) and well-educated (64% had completed college), and sociodemographic factors were similar in both randomized groups. Over the 6 months' observation, 90% of the MSM in each group took at least 80% of their daily pills on a weekly basis, as measured by Wisepill and drug levels, and this did not differ by study condition. Condomless sex rates did not change significantly in either group over time. About 90% of the time during the study, the men in both groups either had drug levels consistent with taking most of their PrEP doses and/or used condoms during sex. No incident HIV infections occurred during the study. Most MSM in this study demonstrated levels of PrEP adherence consistent with protective benefit, whether they received Life-Steps or supportive counseling. Given the high rates of adherence in both groups, the data suggest that MSM who elect to receive open-label PrEP can be highly adherent and self-protective. New PrEP adherence interventions should focus on at-risk persons who anticipate or demonstrate difficulties with routine medication adherence.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2014	McGowan, Ian	An overview of antiretroviral pre-exposure prophylaxis of HIV infection.	American Journal of Reproductive Immunology	-	-	-	1600-0897	10.1111/aji.12225	https://dx.doi.org/10.1111/aji.12225	Despite improvements in access to antiretroviral therapy and the use of simplified dosing regimens, HIV infection is still an important global public health problem. As a consequence, significant research efforts have been focused on the development of strategies to prevent the acquisition of HIV infection. These efforts have begun to produce results. The HPTN-052 study demonstrated the effectiveness of treating infected individuals as a means to prevent onward transmission of HIV infection. In addition, Phase 2B/3 studies have shown that the use of oral and topical antiretroviral pre-exposure prophylaxis (PrEP) can significantly reduce the acquisition of HIV infection in serodiscordant couples, young women in sub-Saharan Africa, men who have sex with men, and intravenous drug users. Despite these successes, challenges remain. Adherence to daily PrEP is variable, and some large studies have failed to demonstrate the effectiveness of PrEP in reducing HIV acquisition. Novel PrEP technologies, including sustained delivery intravaginal rings and long-acting injectable products, are being developed to try and circumvent adherence problems associated with daily PrEP regimens. The purpose of this article is to briefly summarize recent progress in the development of antiretroviral PrEP.	Antiretroviral; HIV; PrEP; microbicides	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	McGowan, Ian	The development of rectal microbicides for HIV prevention.	Expert Opinion on Drug Delivery	-	-	-	1744-7593 1742-5247	10.1517/17425247.2013.860132	https://pubmed.ncbi.nlm.nih.gov/24266648/	INTRODUCTION: Individuals practicing unprotected receptive anal intercourse are at particularly high risk of HIV infection. Men who have sex with men in the developed and developing world continue to have disproportionate and increasing levels of HIV infection. The last few years have seen important progress in demonstrating the efficacy of oral antiretroviral pre-exposure prophylaxis, vaginal microbicides, and treatment as prevention, but there has also been significant progress in the development of rectal microbicides for HIV prevention. AREAS COVERED: The purpose of this review is to summarize the status of rectal microbicide research and to identify opportunities, challenges, and future directions in this important field of HIV prevention research. The design of completed and ongoing Phase I rectal microbicide studies that include the generation of comprehensive pharmacokinetic/pharmacodynamic data may allow for more rational decisions about which rectal microbicides should be advanced to later stage development. EXPERT OPINION: There is a strong rationale for the development of rectal microbicides for HIV prevention. Preclinical data provide supportive evidence for the feasibility of this approach, and there is significant interest in rectal microbicide development from communities at risk of HIV acquisition through unprotected receptive anal intercourse in both the developed and developing world. Demonstration of sustained safety, acceptability, and product adherence in the MTN-017 Phase II study of tenofovir 1% gel will be an important step in rectal microbicide development and will hopefully lead to Phase III effectiveness testing of this novel HIV prevention strategy.	Humans; Animals; HIV Infections/*prevention & control/transmission; Chemistry, Pharmaceutical; Administration, Rectal; Anti-HIV Agents/*administration & dosage/chemistry	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	McKinnon, Lyle R.; Gakii, Gloria; Juno, Jennifer A.; Izulla, Preston; Munyao, Julius; Ireri, Naomi; Kariuki, Cecilia W.; Shaw, Souradet Y.; Nagelkerke, Nico J. D.; Gelmon, Lawrence; Musyoki, Helgar; Muraguri, Nicholas; Kaul, Rupert; Lorway, Rob; Kimani, Joshua	High HIV risk in a cohort of male sex workers from Nairobi, Kenya.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2013-051310	https://pubmed.ncbi.nlm.nih.gov/24337729/	OBJECTIVES: Men who have sex with men (MSM) are at high risk of HIV-1 acquisition and transmission, yet there remains limited data in the African context, and for men who sell sex to men (MSM SW) in particular. METHODS: We enrolled 507 male sex workers in a Nairobi-based prospective cohort study during 2009-2012. All participants were offered HIV/STI screening, counselling and completed a baseline questionnaire. RESULTS: Baseline HIV prevalence was 40.0% (95% CI 35.8% to 44.3%). Prevalent HIV infection was associated with age, less postsecondary education, marijuana use, fewer female partners and lower rates of prior HIV testing. Most participants (73%) reported at least two of insertive anal, receptive anal and insertive vaginal sex in the past 3 months. Vaginal sex was reported by 37% of participants, and exclusive MSM status was associated with higher HIV rates. Condom use was infrequent, with approximately one-third reporting 100% condom use during anal sex. HIV incidence was 10.9 per 100 person-years (95% CI 7.4 to 15.6). Predictors of HIV risk included history of urethral discharge (aHR 0.29, 95% CI 0.08 to 0.98, p=0.046), condom use during receptive anal sex (aHR 0.05, 95% CI 0.01 to 0.41, p=0.006) and frequency of sex with male partners (aHR 1.33/sex act, 95% CI 1.01 to 1.75, p=0.04). CONCLUSIONS: HIV prevalence and incidence were extremely high in Nairobi MSM SW; a combination of interventions including increasing condom use, pre-exposure prophylaxis and access to effective treatment is urgently needed to decrease HIV transmission in this key population.	*Homosexuality, Male; Adult; Humans; Male; Risk-Taking; Sexual Behavior; Prospective Studies; HIV; Prevalence; Surveys and Questionnaires; Health Knowledge, Attitudes, Practice; Africa; *Sexual Partners; Kenya/epidemiology; Condoms/*statistics & numerical data; Age Distribution; *Public Health; Educational Status; HIV Infections/*epidemiology/prevention & control; *Sex Workers; Health Education; Males; Substance-Related Disorders/*epidemiology	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2014	McMahon, James M; Myers, Julie E; Kurth, Ann E; Cohen, Stephanie E; Mannheimer, Sharon B; Simmons, Janie; Pouget, Enrique R; Trabold, Nicole; Haberer, Jessica E	Oral pre-exposure prophylaxis (PrEP) for prevention of HIV in serodiscordant heterosexual couples in the United States: opportunities and challenges.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2013.0302	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4135325	Oral HIV pre-exposure prophylaxis (PrEP) is a promising new biomedical prevention approach in which HIV-negative individuals are provided with daily oral antiretroviral medication for the primary prevention of HIV-1. Several clinical trials have demonstrated efficacy of oral PrEP for HIV prevention among groups at high risk for HIV, with adherence closely associated with level of risk reduction. In the United States (US), three groups have been prioritized for initial implementation of PrEP-injection drug users, men who have sex with men at substantial risk for HIV, and HIV-negative partners within serodiscordant heterosexual couples. Numerous demonstration projects involving PrEP implementation among MSM are underway, but relatively little research has been devoted to study PrEP implementation in HIV-serodiscordant heterosexual couples in the US. Such couples face a unique set of challenges to PrEP implementation at the individual, couple, and provider level with regard to PrEP uptake and maintenance, adherence, safety and toxicity, clinical monitoring, and sexual risk behavior. Oral PrEP also provides new opportunities for serodiscordant couples and healthcare providers for primary prevention and reproductive health. This article provides a review of the critical issues, challenges, and opportunities involved in the implementation of oral PrEP among HIV-serodiscordant heterosexual couples in the US.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Meng, Jianing; Zhang, Tao; Agrahari, Vivek; Ezoulin, Miezan J.; Youan, Bi-Botti C.	Comparative biophysical properties of tenofovir-loaded, thiolated and nonthiolated chitosan nanoparticles intended for HIV prevention.	Nanomedicine (London, England)	-	-	-	1748-6963 1743-5889	10.2217/nnm.13.136	https://pubmed.ncbi.nlm.nih.gov/24405490/	AIM: This study is designed to test the hypothesis that tenofovir-loaded (an anti-HIV microbicide) chitosan-thioglycolic acid-conjugated (CS-TGA) nanoparticles (NPs) exhibit superior biophysical properties for mucoadhesion compared with those of native CS NPs. MATERIALS & METHODS: The NPs are prepared by ionotropic gelation. The particle mean diameter, encapsulation efficiency and release profile are analyzed by dynamic light scattering and UV spectroscopy, respectively. The cytotoxicity, cellular uptake and uptake mechanism are assessed on VK2/E6E7 and End1/E6E7 cell lines by colorimetry/fluorimetry, and percentage mucoadhesion is assessed using porcine vaginal tissue. RESULTS: The mean diameter of the optimal NP formulations ranges from 240 to 252 nm, with a maximal encapsulation efficiency of 22.60%. Tenofovir release from CS and CS-TGA NPs follows first-order and Higuchi models, respectively. Both NPs are noncytotoxic in 48 h. The cellular uptake, which is time dependent, mainly occurs via the caveolin-mediated pathway. The percentage of mucoadhesion of CS-TGA NPs is fivefold higher than that of CS NPs, and reached up to 65% after 2 h. CONCLUSION: Collectively, CS-TGA NPs exhibit superior biophysical properties and can potentially maximize the retention time of a topical microbicide, such as tenofovir, intended for the prevention of HIV transmission.	Humans; Tenofovir; HIV Infections/*drug therapy; Animals; tenofovir; Adenine/administration & dosage/*analogs & derivatives; Organophosphonates/*administration & dosage; Cell Line; Anti-HIV Agents/administration & dosage; Microscopy, Electron, Transmission; Hydrogen-Ion Concentration; Swine; Drug Delivery Systems; HIV prevention; Nanomedicine; Microscopy, Electron, Scanning; Chitosan/*chemistry; Caveolins/chemistry; Fluorometry; mucoadhesion; nanoparticle; Nanoparticles/*chemistry; Sulfhydryl Compounds/*chemistry; Thioglycolates/*chemistry; thiolated chitosan; vaginal drug delivery	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Meque, Ivete; Dubé, Karine; Bierhuizen, Lotte; Zango, Arlinda; Veldhuijzen, Nienke; Cumbe, Fidelina; Feldblum, Paul J.; van de Wijgert, Janneke	Willingness to participate in future HIV prevention trials in Beira, Mozambique.	African Journal of AIDS Research	-	-	-	1727-9445 1608-5906	10.2989/16085906.2014.985239	https://pubmed.ncbi.nlm.nih.gov/25555105/	In preparation for trials of new HIV prevention methods, willingness to participate (WTP) was assessed in Beira, Mozambique. A total of 1 019 women participating in an HIV incidence study, and 97 men participating in a separate WTP survey, were interviewed. When comparing the answers to questions that were identical in the two studies, WTP was higher among women than men for all prevention methods. Among women, WTP was highest for trials evaluating daily oral pre-exposure prophylaxis (PrEP; 84.4% reporting very likely to participate), followed by vaccination (77.8%), daily vaginal gel use (67.7%), coital vaginal gel use (67.1%) and monthly vaginal ring use (47.7%). Among men, WTP was highest for trials evaluating vaccination (57.6%), followed by daily vaginal gel use for female sexual partners (52.5%), daily oral PrEP (49.5%), coital vaginal gel use for female sexual partners (46.4%) and monthly vaginal ring use for female sexual partners (39.4%). Among men, the most important motivators for trial participation were social benefits, whereas personal risks (most notably receiving injections and/or blood draws) were deterrents; this was not assessed in women. Other important lessons learnt are that male circumcision and antiretroviral drugs were not generally recognised as ways to prevent HIV, that having to use hormonal contraception during trial participation will likely reduce WTP, and that evening clinics are not likely to be popular. The barriers reported in this and other studies may be challenging but are not impossible to overcome.	Adolescent; Adult; Humans; Male; Young Adult; Female; Sexual Behavior; Administration, Intravaginal; Cross-Sectional Studies; Motivation; *Patient Compliance; Vaginal Creams, Foams, and Jellies/administration & dosage; HIV Infections/*prevention & control/*psychology; HIV prevention; pre-exposure prophylaxis; Sexual Partners/psychology; vaginal microbicide; vaccine; Mozambique; willingness to participate	English	South Africa	Eastern and Southern Africa	Mozambique	Eastern and Southern Africa	Mozambique	Eastern and Southern Africa	Quantitative
Article	2014	Meyers, Kathrine; Rodriguez, Kristina; Moeller, Robert W; Gratch, Ilana; Markowitz, Martin; Halkitis, Perry N	High interest in a long-acting injectable formulation of pre-exposure prophylaxis for HIV in young men who have sex with men in NYC: a P18 cohort substudy.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0114700	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4263701	OBJECTIVE: In the context of continued high rates of condomless anal intercourse and HIV-1 infection, young men who have sex with men (YMSM) need additional effective and desirable HIV prevention tools. This study reports on the willingness of a racially-ethnically diverse cohort of YMSM to use a new biomedical prevention approach, a long-acting injectable pre-exposure prophylaxis (LAI-PrEP) agent. METHODS: A cross-sectional study conducted between June-August 2013 recruited participants from an ongoing cohort study of YMSM in NYC. Participants included 197 YMSM, of whom 72.6% (nâ=â143) identified as men of color. Two outcomes were measured through computer-assisted self-interviews: 1) willingness to use long-acting injectable PrEP and 2) preference for route of administration of PrEP. In addition, concerns about perceived impacts of PrEP on health and risk behavior, access to health services, and stigma were investigated. RESULTS: Over 80% (nâ=â159/197, p<0.001) of participants stated they would be willing to use LAI-PrEP. With regards to preference for mode of delivery 79.2% (nâ=â156/197, p<0.001) stated they would prefer an injection administered every three months over a daily pill or neither one. CONCLUSIONS: This study is the first to explore acceptability of LAI-PrEP in the US. A significant majority of participants expressed willingness to use LAI and the majority preferred LAI-PrEP. LAI-PrEP holds great promise in that it could circumvent the adherence challenges associated with daily dosing, especially if nested within appropriate psycho-behavioral support. Medical providers whose patients include YMSM at high risk for HIV infection should note the positive attitudes toward PrEP, and specifically LAI-PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Mimiaga, Matthew J; Closson, Elizabeth F; Kothary, Vishesh; Mitty, Jennifer A	Sexual partnerships and considerations for HIV antiretroviral pre-exposure prophylaxis utilization among high-risk substance using men who have sex with men.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-013-0208-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4532732	Men who have sex with men (MSM) remain at great risk of HIV in the United States, representing 65 % of incident HIV infections. One factor contributing to the high rate of HIV infection among MSM is use of "recreational" drugs that are highly associated with unprotected anal sex. Pre-exposure chemoprophylaxis (PrEP) is a novel biomedical HIV prevention strategy that has the potential to reduce HIV transmission in MSM. Main and casual sex partners play a role in HIV prevention efforts for MSM. The study aimed to qualitatively explore the perceived influences of sexual relationships on promoting and inhibiting PrEP use among high-risk MSM who report regular drug use. Semi-structured qualitative interviews were conducted with 40 participants recruited in Boston, Massachusetts. Data were analyzed using descriptive qualitative analysis. Casual partners presented a distinct set of concerns from primary partnerships. MSM generally viewed main partners as a potential source of support for taking PrEP. Given their informal and often temporary nature, PrEP disclosure to casual partners was considered unnecessary. HIV-related stigma and substance use were also perceived as barriers to discussing PrEP use with casual partners. MSM articulated a high degree of personal agency regarding their ability to take PrEP. Findings suggest that behavioral interventions to improve PrEP utilization and adherence for high-risk MSM should be tailored to sex partner type and the parameters established between sex partners. Approaches to PrEP disclosure and partner engagement should be informed by the relative benefits and limitations characterized by these different types of relationships.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Mimiaga, Matthew J; White, Jaclyn M; Krakower, Douglas S; Biello, Katie B; Mayer, Kenneth H	Suboptimal awareness and comprehension of published preexposure prophylaxis efficacy results among physicians in Massachusetts.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2013.845289	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4053171	In 2010, the centre for the AIDS Programme of Research in South Africa (CAPRISA)004 and iPrEx trials (microbicide gel containing tenofovir and oral pill containing tenofovir-emtricitabine, respectively) demonstrated that antiretroviral preexposure prophylaxis (PrEP) reduced the risk of HIV acquisition among high-risk individuals. To determine the facilitators and barriers to PrEP provision by health-care providers, we conducted an online, quantitative survey of Massachusetts-area physicians following the publication of the CAPRISA and iPrEx results. We assessed awareness and comprehension of efficacy data, prescribing experience, and anticipated provision of oral and topical PrEP among physicians, as well as demographic and behavioral factors associated with PrEP awareness and prescribing intentions. The majority of HIV specialists and generalist physicians were aware of data from these PrEP trials and able to correctly interpret the results, however, correct interpretation of findings tended to vary according to specialty (i.e., HIV specialists had greater awareness than generalists). In addition, provider concerns regarding PrEP efficacy and safety, as well its ability to divert funds from other HIV prevention resources, were associated with decreased intentions to prescribe both oral and topical PrEP. Findings suggest that a substantial proportion of physicians who may have contact with at-risk individuals may benefit from interventions that provide accurate data on the risks and benefits of PrEP in order to facilitate effective PrEP discussions with their patients. Future studies to develop and test interventions aimed at health-care providers should be prioritized to optimize implementation of PrEP in clinical settings.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Mirembe, BG; Kelly, C; Nyaradzo, M; Greenspan, S; Dai, J; Bragg, V; Piper, J; Akello, CA; Kiweewa, FM; Tsitsi, M; Nakabiito, C; Riddler, S	Bone Mineral Density Changes among Healthy African Pre-menopausal Women Participating in a Tenofovir-based HIV PrEP Study: The MTN-003B Study	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5564.abstract	https://www.liebertpub.com/doi/10.1089/aid.2014.5564.abstract	Abstract Background: Limited data exist on effect of tenofovir disoproxil fumarate (TDF) when used for preexposure prophylaxis (PrEP) on bone mineral density (BMD) in HIV-negative women. We evaluated the effect of daily oral TDF and emtricitabine/TDF compared with placebo on BMD among women enrolled in an HIV-1 PrEP trial. Methods: HIV-uninfected women in Uganda and Zimbabwe had BMD measurements of lumbar spine (LS) and total hip (TH) by dual-energy x-ray absorptiometry at baseline and every 24 weeks for 48 weeks of active treatment and for 48 weeks after discontinuation of study medication. Plasma tenofovir levels were assessed every 12 weeks for the first 48 weeks. Results: Of 518 women enrolled, 432 had dual-energy x-ray absorptiometry results at baseline and week 48. In the primary analysis, no significant differences in percent BMD change in hip or spine between arms observed, likely because of low product adherence. Among the subset with tenofovir detection in 75%–100% of plasma samples, the mean percent BMD change from baseline to week 48 in the LS was 1.4% lower for TDF or emtricitabine/TDF recipients than for placebo (P = 0.002) and TH BMD was 0.9% lower (P = 0.018). BMD changes from end of active treatment to 48 weeks were significantly greater in the active arm participants compared with placebo participants with a net difference of approximately +0.9% at the LS (P = 0.007) and +0.7% (P = 0.003) at the TH. Conclusions: TDF-containing oral PrEP resulted in small but significant reversible decreases in hip and spine BMD among young African women	preexposure prophylaxis, tenofovir, bone density, African women, HIV prevention	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	NA	NA	Clinical
Article	2014	Mitchell, Caroline; Roemer, Emily; Nkwopara, Evangelyn; Robbins, Brian; Cory, Theodore; Rue, Tessa; Fletcher, Courtney V.; Frenkel, Lisa	Correlation between plasma, intracellular, and cervical tissue levels of raltegravir at steady-state dosing in healthy women.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/AAC.02757-13	https://pubmed.ncbi.nlm.nih.gov/24687503/	Raltegravir is an antiretroviral with potential value for preexposure prophylaxis (PrEP) against HIV, but the intracellular pharmacokinetics in genital tissue have not been described. In this study, healthy, HIV-uninfected nonpregnant women took 400 mg of raltegravir twice daily for 22 days. On day 8, 15, and 22, blood was collected 0, 4, 6, 8, and 12 h and cervical biopsy specimens taken 0, 6, and 12 h after raltegravir dosing. Plasma and intracellular raltegravir concentrations in peripheral blood mononuclear cells (PBMC) and cervical tissue were measured by tandem mass spectrometry. Linear mixed effects models evaluated correlations between different sample types, as well as differences in concentration between phases of the menstrual cycle. Ten women were enrolled: 9 completed all three visits and 1 completed two visits. The age (mean ± standard deviation) of participants was 30 ± 8 years. Trough plasma concentrations of raltegravir 12 h after a directly observed dose were above the HIV 95% inhibitory concentration (IC95) of 33 nM (14.6 ng/ml) in 96% of measurements, compared to 67% of PBMC and 89% of cervical tissue trough values. Across all measurements, only 2% (3/135) of plasma values fell below the IC95, compared to 10% (13/135) for PBMC and 6% (5/81) for cervical tissue. There was no impact of menstrual phase on raltegravir concentrations. In conclusion, cervical tissue raltegravir concentrations were no greater than plasma concentrations, and ~10% of all cervical tissue trough values were below the IC95, making the current twice-daily formulation of raltegravir impractical for PrEP.	Adult; Humans; Young Adult; Female; Tandem Mass Spectrometry; Leukocytes, Mononuclear/metabolism; Cervix Uteri/metabolism; Anti-Retroviral Agents/administration & dosage/blood/*pharmacokinetics; Cytoplasm/metabolism; Raltegravir Potassium/administration & dosage/blood/*pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Mitchell, K. M.; Foss, A. M.; Prudden, H. J.; Mukandavire, Z.; Pickles, M.; Williams, J. R.; Johnson, H. C.; Ramesh, B. M.; Washington, R.; Isac, S.; Rajaram, S.; Phillips, A. E.; Bradley, J.; Alary, M.; Moses, S.; Lowndes, C. M.; Watts, C. H.; Boily, M.-C.; Vickerman, P.	Who mixes with whom among men who have sex with men? Implications for modelling the HIV epidemic in southern India.	Journal of Theoretical Biology	-	-	-	1095-8541 0022-5193	10.1016/j.jtbi.2014.04.005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4064301/	In India, the identity of men who have sex with men (MSM) is closely related to the role taken in anal sex (insertive, receptive or both), but little is known about sexual mixing between identity groups. Both role segregation (taking only the insertive or receptive role) and the extent of assortative (within-group) mixing are known to affect HIV epidemic size in other settings and populations. This study explores how different possible mixing scenarios, consistent with behavioural data collected in Bangalore, south India, affect both the HIV epidemic, and the impact of a targeted intervention. Deterministic models describing HIV transmission between three MSM identity groups (mostly insertive Panthis/Bisexuals, mostly receptive Kothis/Hijras and versatile Double Deckers), were parameterised with behavioural data from Bangalore. We extended previous models of MSM role segregation to allow each of the identity groups to have both insertive and receptive acts, in differing ratios, in line with field data. The models were used to explore four different mixing scenarios ranging from assortative (maximising within-group mixing) to disassortative (minimising within-group mixing). A simple model was used to obtain insights into the relationship between the degree of within-group mixing, R0 and equilibrium HIV prevalence under different mixing scenarios. A more complex, extended version of the model was used to compare the predicted HIV prevalence trends and impact of an HIV intervention when fitted to data from Bangalore. With the simple model, mixing scenarios with increased amounts of assortative (within-group) mixing tended to give rise to a higher R0 and increased the likelihood that an epidemic would occur. When the complex model was fit to HIV prevalence data, large differences in the level of assortative mixing were seen between the fits identified using different mixing scenarios, but little difference was projected in future HIV prevalence trends. An oral pre-exposure prophylaxis (PrEP) intervention was modelled, targeted at the different identity groups. For intervention strategies targeting the receptive or receptive and versatile MSM together, the overall impact was very similar for different mixing patterns. However, for PrEP scenarios targeting insertive or versatile MSM alone, the overall impact varied considerably for different mixing scenarios; more impact was achieved with greater levels of disassortative mixing.	*Homosexuality, Male; Humans; Male; *HIV-1; Prevalence; India/epidemiology; *Models, Biological; Pre-exposure prophylaxis; Mathematical model; Disassortative mixing; HIV Infections/*epidemiology/*transmission; Mixing matrix; Sexually transmitted infection	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2014	Moss, Darren M; Curley, Paul; Shone, Alison; Siccardi, Marco; Owen, Andrew	A multisystem investigation of raltegravir association with intestinal tissue: implications for pre-exposure prophylaxis and eradication.	Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091	10.1093/jac/dku312	https://dx.doi.org/10.1093/jac/dku312	OBJECTIVES: Recent clinical data have suggested high raltegravir concentrations in gut tissue after oral administration, with implications for treatment and prevention. We have used in silico, in vitro, ex vivo and in vivo models to further investigate the accumulation of raltegravir in gut tissue. METHODS: Affinity of raltegravir for gut tissue was assessed in silico (Poulin-Theil method), in vitro (Caco-2 accumulation) and ex vivo (rat intestine) and compared with the lipophilic drug lopinavir. Finally, raltegravir concentrations in plasma, gut contents, small intestine and large intestine were determined after oral dosing to Wistar rats 1 and 4 h post-dose. Samples were analysed using LC-MS/MS and scintillation counting. RESULTS: Gut tissue accumulation of raltegravir was less than for lopinavir in silico, in vitro and ex vivo (P < 0.05). After oral administration to rats, raltegravir concentrations 4 h post-dose were lower in plasma (0.05 μM) compared with small intestine (0.47 μM, P = 0.06) and large intestine (1.36 μM, P < 0.05). However, raltegravir concentrations in the contents of both small intestine (4.0 μM) and large intestine (40.6 μM) were also high. CONCLUSIONS: In silico, in vitro and ex vivo data suggest low raltegravir accumulation in intestinal tissue. In contrast, in vivo animal data suggest raltegravir concentrates in intestinal tissue even when plasma concentrations are minimal. However, high raltegravir concentrations in gut contents are the likely driving factor behind this observation, rather than blood-to-tissue drug distribution. The methods described can be combined with clinical investigations to provide a complete strategy for selection of drugs with high gut accumulation.	HIV; PreP; tissue drug concentrations	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2014	Muessig, Kathryn E.; Cohen, Myron S.	Advances in HIV prevention for serodiscordant couples	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-014-0225-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4267973/	Serodiscordant couples play an important role in maintaining the global HIV epidemic. This review summarizes biobehavioral and biomedical HIV prevention options for serodiscordant couples focusing on advances in 2013 and 2014, including World Health Organization guidelines and best evidence for couples counseling, couple-based interventions, and the use of antiviral agents for prevention. In the past few years, marked advances have been made in HIV prevention for serodiscordant couples and numerous ongoing studies are continuously expanding HIV prevention tools, especially in the area of pre-exposure prophylaxis. Uptake and adherence to antiviral therapy remains a key challenge. Additional research is needed to develop evidence-based interventions for couples, and especially for male-male couples. Randomized trials have demonstrated the prevention benefits of antiretroviral-based approaches among serodiscordant couples; however, residual transmission observed in recognized serodiscordant couples represents an important and resolvable challenge in HIV prevention.	Humans; Male; Patient Compliance; Female; Anti-Retroviral Agents/*therapeutic use; Sexual Partners; *HIV Seronegativity; Pre-Exposure Prophylaxis/*methods; *Medication Adherence; HIV Seropositivity/*drug therapy/transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Mugo, Nelly R; Hong, Ting; Celum, Connie; Donnell, Deborah; Bukusi, Elizabeth A; John-Stewart, Grace; Wangisi, Jonathan; Were, Edwin; Heffron, Renee; Matthews, Lynn T; Morrison, Susan; Ngure, Kenneth; Baeten, Jared M	Pregnancy incidence and outcomes among women receiving preexposure prophylaxis for HIV prevention: a randomized clinical trial.	JAMA - Journal of the American Medical Association	-	-	-	1538-3598	10.1001/jama.2014.8735	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4362516	IMPORTANCE: Antiretroviral preexposure prophylaxis (PrEP), using tenofovir disoproxil fumarate (TDF) and combination emtricitabine/tenofovir disoproxil fumarate (FTC+TDF), is efficacious for prevention of human immunodeficiency virus (HIV) acquisition. PrEP could reduce periconception HIV risk, but the effect on pregnancy outcomes is not well defined. OBJECTIVE: To assess pregnancy incidence and outcomes among women using PrEP during the periconception period. DESIGN, SETTING, AND PARTICIPANTS: Randomized trial among 1785 HIV-serodiscordant heterosexual couples (the Partners PrEP Study) in which the female partner was HIV uninfected that demonstrated that PrEP was efficacious for HIV prevention, conducted between July 2008 and June 2013 at 9 sites in Kenya and Uganda. INTERVENTIONS: Daily oral TDF (n = 598), combination FTC+TDF (n = 566), or placebo (n = 621) through July 2011, when PrEP demonstrated efficacy for HIV prevention. Thereafter, participants continued receiving active PrEP without placebo. Pregnancy testing occurred monthly and study medication was discontinued when pregnancy was detected. MAIN OUTCOMES AND MEASURES: Pregnancy incidence, birth outcomes (live births, pregnancy loss, preterm birth, congenital anomalies), and infant growth. RESULTS: A total of 431 pregnancies occurred. Pregnancy incidence was 10.0 per 100 person-years among women assigned placebo, 11.9 among those assigned TDF (incidence difference, 1.9; 95% CI, -1.1 to 4.9 P = .22 vs placebo), and 8.8 among those assigned FTC+TDF (incidence difference, -1.3; 95% CI, -4.1 to 1.5 P = .39 vs placebo). Before discontinuation of the placebo treatment group in July 2011, the occurrence of pregnancy loss (96 of 288 pregnancies) was 42.5% for women receiving FTC+TDF compared with 32.3% for those receiving placebo (difference for FTC+TDF vs placebo, 10.2%; 95% CI, -5.3% to 25.7%; P = .16) and was 27.7% for those receiving TDF alone (difference vs placebo, -4.6%; 95% CI, -18.1% to 8.9%; P = .46). After July 2011, the frequency of pregnancy loss (52 of 143 pregnancies) was 37.5% for FTC+TDF and 36.7% for TDF alone (difference, 0.8%; 95% CI, -16.8% to 18.5%; P = .92). Occurrence of preterm birth, congenital anomalies, and growth throughout the first year of life did not differ significantly for infants born to women who received PrEP vs placebo. CONCLUSIONS AND RELEVANCE: Among HIV-serodiscordant heterosexual African couples, differences in pregnancy incidence, birth outcomes, and infant growth were not statistically different for women receiving PrEP with TDF alone or combination FTC+TDF compared with placebo at conception. Given that PrEP was discontinued when pregnancy was detected and that CIs for the birth outcomes were wide, definitive statements about the safety of PrEP in the periconception period cannot be made. These results should be discussed with HIV-uninfected women receiving PrEP who are considering becoming pregnant. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00557245.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2014	Mustanski, B; Ryan, DT; Sanchez, T; Sineath, C; Macapagal, K; Sullivan, PS	Effects of messaging about multiple biomedical and behavioral HIV prevention methods on intentions to use among US MSM: results of an experimental messaging study	AIDS and Behavior	-	-	-	NA	10.1007/s10461-014-0811-2	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01046932/full	Combining multiple biomedical and behavioral HIV prevention approaches is a priority for at-risk populations such as men who have sex with men (MSM), and it is essential to understand how receiving messages about multiple approaches impacts attitudes and intentions for their use. We examined whether receiving combinations of different HIV prevention messages produced differences in perceived benefits and costs of condom use, and in intentions to use condoms and biomedical prevention approaches. MSM (N = 803) were recruited online and were randomly assigned to view informational messages about one, two, or four of the following prevention options: pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP), rectal microbicides, and condoms. The number of HIV prevention messages did not produce differential attitudes and intentions regarding condoms, nor did it produce changes in attitudes towards unprotected sex. Receiving multiple messages was associated with greater intentions to use PrEP and nPEP, but not rectal microbicides.	*attitude to health; *behavior; *text messaging; Condom; Condoms statistics & numerical data; Controlled study; HIV Infections *prevention & control, psychology; HIV-infections/pc Prevention; Health Communication; Health Knowledge, Attitudes, Practice; High risk behavior; Homosexuality, Male *psychology; Human; Humans; Intention; Male; Male homosexuality; Medical information; Post exposure prophylaxis; Post-Exposure Prophylaxis methods; Procedures; Psychology; Questionnaire; Randomized controlled trial; Risk-Taking; Safe Sex; Safe sex; Sexual Behavior; Sexual Partners; Sexual behavior; Sexuality; Surveys and Questionnaires; Text Messaging; United States; Unsafe Sex psychology, statistics & numerical data; Unsafe sex; Utilization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Ndase, Patrick; Celum, Connie; Campbell, James; Bukusi, Elizabeth; Kiarie, James; Katabira, Elly; Mugo, Nelly; Tumwesigye, Elioda; Wangisi, Jonathan; Were, Edwin; Brantley, Justin; Donnell, Deborah; Baeten, Jared M	Successful discontinuation of the placebo arm and provision of an effective HIV prevention product after a positive interim efficacy result: the partners PrEP study experience.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000141	https://dx.doi.org/10.1097/QAI.0000000000000141	BACKGROUND: Dissemination of research results to study participants and stakeholders and provision of proven effective products in the immediate post-trial period are core elements of the conduct of biomedical HIV prevention clinical trials. Few biomedical HIV prevention trials have demonstrated HIV protection with novel interventions, and thus, communication of positive trial results and provision of an effective product have not been tested in many situations. METHODS: In July 2011, the independent Data and Safety Monitoring Board of the Partners PrEP Study, a randomized, placebo-controlled efficacy trial of daily oral antiretroviral preexposure prophylaxis (PrEP) for HIV prevention among 4747 African heterosexual HIV serodiscordant couples, recommended discontinuation of the trial's placebo arm due to demonstration of PrEP efficacy. We describe dissemination of results, discontinuation of the placebo arm, and provision of active PrEP to participants' formerly assigned placebo. RESULTS: Within 72 hours, of the Data and Safety Monitoring Board meeting the study results were publicly released and disseminated to stakeholders and study participants. Within 3 months, the study protocol was modified to permit participants initially assigned to the study's placebo arm to be offered active PrEP. Of the 1418 participants initially randomized to placebo who were clinically eligible to receive PrEP, 89.1% (1264/1418) consented. CONCLUSIONS: Prompt dissemination of a positive HIV prevention trial result and subsequent provision of effective product to research participants was feasible and efficient for >4700 HIV serodiscordant couples in East Africa. The extent to which study sponsors can assure continued product access to research participants remains a subject of discussion for future HIV prevention clinical trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Newman, Peter A.; Rubincam, Clara	Advancing community stakeholder engagement in biomedical HIV prevention trials: principles, practices and evidence.	Expert Review of Vaccines	-	-	-	1744-8395 1476-0584	10.1586/14760584.2014.953484	https://pubmed.ncbi.nlm.nih.gov/25174764/	Community stakeholder engagement is foundational to fair and ethically conducted biomedical HIV prevention trials. Concerns regarding the ethical engagement of community stakeholders in HIV vaccine trials and early terminations of several international pre-exposure prophylaxis trials have fueled the development of international guidelines, such as UNAIDS' good participatory practice (GPP). GPP aims to ensure that stakeholders are effectively involved in all phases of biomedical HIV prevention trials. We provide an overview of the six guiding principles in the GPP and critically examine them in relation to existing social and behavioral science research. In particular, we highlight the challenges involved in operationalizing these principles on the ground in various global contexts, with a focus on low-income country settings. Increasing integration of social science in biomedical HIV prevention trials will provide evidence to advance a science of community stakeholder engagement to support ethical and effective practices informed by local realities and sociocultural differences.	Humans; HIV Infections/*prevention & control; *Clinical Trials as Topic; *Community Participation; HIV prevention; clinical trials; HIV vaccines; ethics; AIDS Vaccines/*administration & dosage/*immunology; community engagement; community participation; low-income countries; mistrust; social sciences; stakeholder engagement	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2014	Nichols, BE; Baltussen, R; van Dijk, JH; Thuma, PE; Nouwen, JL; Boucher, CAB; van de Vijver, DAMC	Cost-Effectiveness of PrEP in HIV/AIDS Control in Zambia: A Stochastic League Approach	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000000145	https://pubmed.ncbi.nlm.nih.gov/24694930/	Background:Earlier antiretroviral therapy initiation and pre-exposure prophylaxis (PrEP) prevent HIV, although at a substantial cost. We use mathematical modeling to compare the cost-effectiveness and economic affordability of antiretroviral-based prevention strategies in rural Macha, Zambia.Methods:We compare the epidemiological impact and cost-effectiveness over 40 years of a baseline scenario (treatment initiation at CD4 <350 cells/L) with treatment initiation at CD4 <500 cells per microliter, and PrEP (prioritized to the most sexually active, or nonprioritized). A strategy is cost effective when the incremental cost-effectiveness ratio (ICER) is <$3480 (<3 times Zambian per capita GDP). Stochastic league tables then predict the optimal intervention per budget level.Results:All scenarios will reduce the prevalence from 6.2% (interquartile range, 5.8%-6.6%) in 2014 to about 1% after 40 years. Compared with the baseline, 16% of infections will be averted with prioritized PrEP plus treatment at CD4 <350, 34% with treatment at CD4 <500, and 59% with nonprioritized PrEP plus treatment at CD4 <500. Only treating at CD4 <500 is cost effective: ICER of $62 ($46-$75). Nonprioritized PrEP plus treating at CD4 <500 is borderline cost effective: ICER of $5861 ($3959-$8483). Initiating treatment at CD4 <500 requires a budget increase from $20 million to $25 million over 40 years, with a 96.7% probability of being the optimal intervention. PrEP should only be considered when the budget exceeds $180 million.Conclusions:Treatment initiation at CD4 <500 is a cost-effective HIV prevention approach that will require a modest increase in budget. Although adding PrEP will avert more infections, it is not economically feasible, as it requires a 10-fold increase in budget.	cost-effectiveness; pre-exposure prophylaxis; PREVENTION; treatment as prevention; THERAPY; TRANSMISSION; RISK; IMPACT; PREEXPOSURE PROPHYLAXIS; CARE; HIV-INFECTION; DRUG-RESISTANCE; ANTIRETROVIRAL TREATMENT; stochastic league tables	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2014	Nicol, Melanie	Pre-Exposure Prophylaxis for HIV: Linking Antiretroviral Pharmacokinetics and Pharmacodynamics to Identify Optimal Dosing Strategies	-	-	University of North Carolina	-	-	https://doi.org/10.17615/x9b2-e491	http://hdl.handle.net/10183/220568	Despite utilization of potent combination antiretroviral therapy, the incidence of HIV in the U.S. has not declined over recent years. Several clinical trials recently demonstrated that antiretrovirals can protect vulnerable mucosal surfaces against infection. However, the protection conferred ranged from 0% to 73%, underscoring the importance of identifying drug concentrations needed at mucosal surfaces. Additionally, antiretrovirals have complex pharmacology in mucosal tissues with unpredictable drug penetration within and between drug classes. The ultimate goal of this work was to identify factors influencing variability in drug penetration and to develop an explant tissue culture model that could be used to evaluate the efficacy of tenofovir and maraviroc, two antiretroviral candidates for oral pre-exposure prophylaxis strategies. Using real-time PCR and immunochemistry, mRNA and protein expression of three efflux (ABCB1/MDR1, ABCC2/MRP2, ABCC4/MRP4) and three uptake (SLC22A6/OAT1, SLC22A8/OAT3, SLCO1B1/OATP1B1) transporters was described in female genital (FGT) and colorectal tissues (CRT) from 99 donors. Epithelial expression of efflux transporters was found to be two- to four-fold greater in FGT than CRT. These data support clinical findings of higher maraviroc and tenofovir concentrations in CRT compared to FGT after oral dosing. Quantifying mucosal transporter expression and localization was a useful technique to understand drug tissue distribution and facilitate antiretroviral selection to target these tissues. Explant models may be one way to identify target concentrations for prevention but current methods are high variable and require long incubation times in culture. Here, an explant tissue model was developed using the R5, T-tropic strain HIV-1 _{JR-CSF} as the inoculum, and was coupled with a novel real-time PCR assay to quantify spliced RNA that detected replication within 24-72 hours after HIV exposure. In this model, concentrations required to protect vaginal explants were 10-1000 fold higher than in a TZM-bl cell monolayer. A single oral dose of tenofovir and maraviroc at 200% treatment doses protected cervical and vaginal biopsies in 3/6 healthy volunteer women. TZM-bl cells over predicted efficacy by 49%, and tissue explants under predicted by 36%. This translational approach, comparing concentration-response relationships in cells, explant tissue, and healthy volunteers, presents a model framework for future investigations of antiretrovirals for prevention.	Pharmaceutical chemistry; Virology; Eshelman School of Pharmacy; Division of Pharmacotherapy and Experimental Therapeutics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2014	Nixon, Briana; Jandl, Thomas; Teller, Ryan S.; Taneva, Ekaterina; Wang, Yanhua; Nagaraja, Umadevi; Kiser, Patrick F.; Herold, Betsy C.	Vaginally delivered tenofovir disoproxil fumarate provides greater protection than tenofovir against genital herpes in a murine model of efficacy and safety.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/AAC.01818-13	https://pubmed.ncbi.nlm.nih.gov/24323471/	Increased susceptibility to genital herpes in medroxyprogesterone-treated mice may provide a surrogate of increased HIV risk and a preclinical biomarker of topical preexposure prophylaxis safety. We evaluated tenofovir disoproxil fumarate (TDF) in this murine model because an intravaginal ring eluting this drug is being advanced into clinical trials. To avoid the complications of surgically inserting a ring, hydroxyethylcellulose (HEC)-stable formulations of TDF were prepared. One week of twice-daily 0.3% TDF gel was well tolerated and did not result in any increase in HSV-2 susceptibility but protected mice from herpes simplex virus 2 (HSV-2) disease compared to mice treated with the HEC placebo gel. No significant increase in inflammatory cytokines or chemokines in vaginal washes or change in cytokine, chemokine, or mitochondrial gene expression in RNA extracted from genital tract tissue was detected. To further evaluate efficacy, mice were treated with gel once daily beginning 12 h prior to high-dose HSV-2 challenge or 2 h before and after viral challenge (BAT24 dosing). The 0.3% TDF gel provided significant protection compared to the HEC gel following either daily (in 9/10 versus 1/10 mice, P < 0.01) or BAT24 (in 14/20 versus 4/20 mice, P < 0.01) dosing. In contrast, 1% tenofovir (TFV) gel protected only 4/10 mice treated with either regimen. Significant protection was also observed with daily 0.03% TDF compared to HEC. Protection was associated with greater murine cellular permeability of radiolabeled TDF than of TFV. Together, these findings suggest that TDF is safe, may provide substantially greater protection against HSV than TFV, and support the further clinical development of a TDF ring.	Humans; Tenofovir; Animals; Disease Models, Animal; Mice; Female; Drug Administration Schedule; Administration, Intravaginal; Adenine/administration & dosage/*analogs & derivatives; Antiviral Agents/*administration & dosage; Organophosphonates/*administration & dosage; Survival Analysis; Vaginal Creams, Foams, and Jellies; Mice, Inbred BALB C; Contraceptive Devices, Female; Herpes Genitalis/*drug therapy/mortality/pathology/virology; Herpesvirus 2, Human/*drug effects/physiology; Vagina/*drug effects/pathology/virology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Peris-Vicente, Juan; Villarreal-Traver, Mónica; Casas-Breva, Inmaculada; Carda-Broch, Samuel; Esteve-Romero, Josep	Use of micellar liquid chromatography to analyze darunavir, ritonavir, emtricitabine, and tenofovir in plasma.	Journal of Separation Science	-	-	-	1615-9314 1615-9306	10.1002/jssc.201400574	https://pubmed.ncbi.nlm.nih.gov/25103282/	Darunavir, ritonavir, emtricitabine, and tenofovir are together prescribed against AIDS as a highly active antiretroviral therapy regimen. Micellar liquid chromatography has been applied to determine these four antiretroviral drugs in plasma. The sample preparation is shortened to the dilution of the sample in a micellar solution, filtration, and injection. Clean-up steps are avoided, due to the solubilization of plasma matrix in micellar media. The drugs were analyzed in <20 min using a mobile phase of 0.06 M sodium dodecyl sulfate/2.5% 1-pentanol (pH 7) running under isocratic mode through a C18 column at 1 mL/min at room temperature. Absorbance wavelength detection was set at 214 nm. The method was successfully validated following the ICH Harmonized Tripartite Guideline in terms of selectivity, limit of detection (0.080-0.110 μg/mL), limit of quantification (0.240-0.270 μg/mL), linearity between 0.25 and 25 μg/mL (r(2) > 0.995), accuracy (89.3-103.2%), precision (<8.2%) and robustness (<7.5%). Real plasma sample from patients taking this therapy were analyzed. This is the first paper showing the simultaneous detection of this four drugs. Therefore, the methodology was proven useful for the routine analysis of these samples in a hospital laboratory for clinical purposes.	Emtricitabine; Humans; Tenofovir; Darunavir; Calibration; Chromatography, Liquid/*methods; Anti-HIV Agents/*blood; Therapy; *Micelles; Adenine/analogs & derivatives/blood; Deoxycytidine/analogs & derivatives/blood; Immunodeficiency; Micellar; Organophosphonates/blood; Plasma; Ritonavir/blood; Sodium Dodecyl Sulfate/chemistry; Sulfonamides/blood; Validation	English	Germany	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2014	Perry, Brian; Oluoch, Lennah; Agot, Kawango; Taylor, Jamilah; Onyango, Jacob; Ouma, Lilian; Otieno, Caroline; Wong, Christina; Corneli, Amy	Widow cleansing and inheritance among the Luo in Kenya: the need for additional women-centred HIV prevention options.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.1.19010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074366/	INTRODUCTION: The customs of widow cleansing and widow inheritance are practiced in several communities throughout sub-Saharan Africa. In the Nyanza Province of Kenya, according to tradition, Luo widows are expected to engage in sexual intercourse with a "cleanser," without the use of a condom, in order to remove the impurity ascribed to her after her husband's death. Luo couples, including widows, are also expected to engage in sex preceding specific agricultural activities, building homes, funerals, weddings, and other significant cultural and social events. Widows who are inherited for the purpose of fulfilling cultural obligation have a higher prevalence of HIV than those who remain un-inherited or are inherited for the purpose of companionship. METHODS: As part of a larger descriptive qualitative study to inform study procedures for FEM-PrEP, an HIV prevention pre-exposure prophylaxis clinical trial, we conducted 15 semi-structured interviews (SSIs) with widows, 15 SSIs with inheritors, and four focus group discussions with widows in the Bondo and Rarieda districts in Nyanza Province to explore the HIV risk context within widow cleansing and inheritance practices. Thematic qualitative analysis was used to analyze the data. RESULTS: The majority of widows reported in the demographic questionnaire being inherited, and most widows in the SSIs described participating in the cleansing ritual. We identified two main themes related to HIV prevention within the context of widow cleansing and inheritance: 1) widows must balance limiting their risk for HIV infection with meeting cultural expectations and ensuring that their livelihood needs are met, and 2) sexual abstinence undermines cultural expectations in widowhood while the use of condoms is deemed inappropriate in fulfilling culturally prescribed sexual rituals, and is often beyond the widow's ability to negotiate. CONCLUSIONS: Women-controlled HIV prevention methods such as antiretroviral-based oral pre-exposure prophylaxis, vaginal gels, and vaginal rings are needed for HIV-negative widows who engage in sexual rituals related to widowhood.	Adolescent; Adult; Humans; Young Adult; Female; Interviews as Topic; Kenya/epidemiology; Health Services Needs and Demand; HIV prevention; Kenya; Focus Groups; Qualitative Research; FEM-PrEP; Women's Health Services; *Culture; condom; Ethnicity/ethnology; HIV Infections/*ethnology/etiology/prevention & control; Luo; widow cleansing; widow inheritance; Widowhood/*ethnology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Pines, Heather A.; Gorbach, Pamina M.; Weiss, Robert E.; Shoptaw, Steve; Landovitz, Raphael J.; Javanbakht, Marjan; Ostrow, David G.; Stall, Ron D.; Plankey, Michael	Sexual risk trajectories among MSM in the United States: implications for pre-exposure prophylaxis delivery.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000000101	https://escholarship.org/uc/item/7qw1m8sn	BACKGROUND: Despite evidence supporting pre-exposure prophylaxis (PrEP) efficacy, there are concerns regarding the feasibility of widespread PrEP implementation among men who have sex with men (MSM). To inform the development of targeted PrEP delivery guidelines, sexual risk trajectories among HIV-negative MSM were characterized. METHODS: At semiannual visits from 2003 to 2011, HIV-negative MSM (N = 419) participating in the Multicenter AIDS Cohort Study provided data on sexual risk behaviors (SRBs) since their last visit. Based on their reported behaviors, participants were assigned a SRB score at each visit as follows: 0 = no insertive or receptive anal intercourse, 1 = no unprotected insertive or receptive anal intercourse, 2 = only unprotected insertive anal intercourse, 3 = unprotected receptive anal intercourse with 1 HIV-negative partner, 4 = condom serosorting, 5 = condom seropositioning, and 6 = no seroadaptive behaviors. Group-based trajectory modeling was used to examine SRB scores (<4 vs. ≥4) and identify groups with distinct sexual risk trajectories. RESULTS: Three sexual risk trajectory groups were identified: low-risk (n = 264; 63.0%), moderate-risk (n = 96; 22.9%; mean duration of consecutive high-risk intervals ~1 year), and high-risk (n = 59; 14.1%; mean duration of consecutive high-risk intervals ~2 years). Compared to low-risk group membership, high-risk group membership was associated with younger age (in years) adjusted odds ratio (AOR) = 0.92, 95% confidence interval (CI): 0.88 to 0.96, being White (AOR = 3.67, 95% CI: 1.48 to 9.11), earning an income ≥$20,000 (AOR = 4.98, 95% CI: 2.13 to 11.64), distress/depression symptoms (Center for Epidemiologic Studies Depression Scale ≥ 16) (AOR = 2.36, 95% CI: 1.14 to 4.92), and substance use (AOR = 2.00, 95% CI: 1.01 to 3.97). CONCLUSIONS: Screening for the sociodemographic and behavioral factors described above may facilitate targeted PrEP delivery during high-risk periods among MSM.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; HIV Infections/*prevention & control; Time Factors; Chemoprevention/*methods; United States; Prospective Studies; *Risk-Taking	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Psaros, Christina; Haberer, Jessica E; Katabira, Elly; Ronald, Allan; Tumwesigye, Elioda; Campbell, James D; Wangisi, Jonathan; Mugwanya, Kenneth; Kintu, Alex; Enyakoit, Michael; Thomas, Katherine K; Donnell, Deborah; Krows, Meighan; Kidoguchi, Lara; Ware, Norma; Baeten, Jared M; Celum, Connie; Bangsberg, David R; Safren, Steve A	An intervention to support HIV preexposure prophylaxis adherence in HIV-serodiscordant couples in Uganda.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000212	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4191829/	BACKGROUND: Daily preexposure prophylaxis (PrEP) is an effective HIV prevention strategy, but adherence is required for maximum benefit. To date, there are no empirically supported PrEP adherence interventions. This article describes the process of developing a PrEP adherence intervention and presents results on its impact on adherence. METHODS: The Partners PrEP Study was a placebo-controlled efficacy trial of daily oral tenofovir and emtricitabine/tenofovir PrEP among uninfected members of HIV-serodiscordant couples. An ancillary adherence study was conducted at 3 study sites in Uganda. Participants with <80% adherence as measured by unannounced pill count received an additional adherence counseling intervention based on Lifesteps, an evidence-based HIV treatment adherence intervention, based on principles of cognitive-behavioral theory. FINDINGS: Of the 1147 HIV-seronegative participants enrolled in the ancillary adherence study, 168 (14.6%) triggered the adherence intervention. Of participants triggering the intervention, 62% were men; median age was 32.5 years. The median number of adherence counseling sessions was 10. Mean adherence during the month before the intervention was 75.7% and increased significantly to 84.1% in the month after the first intervention session (P < 0.001). The most frequently endorsed adherence barriers at session 1 were travel and forgetting. INTERPRETATION: A PrEP adherence intervention was feasible in a clinical trial of PrEP in Uganda and PrEP adherence increased after the intervention. Future research should identify PrEP users with low adherence for enhanced adherence counseling and determine optimal implementation strategies for interventions to maximize PrEP effectiveness.	pre-exposure prophylaxis, adherence, intervention, serodiscordant couples, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2014	Radzio, Jessica; Hanley, Krisztina; Mitchell, James; Ellis, Shanon; Deyounks, Frank; Jenkins, Leecresia; Heneine, Walid; García-Lerma, J. Gerardo	Depot-medroxyprogesterone acetate does not reduce the prophylactic efficacy of emtricitabine and tenofovir disoproxil fumarate in macaques.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000000340	https://pubmed.ncbi.nlm.nih.gov/25202923/	Concerns that the injectable contraceptive depot-medroxyprogesterone acetate (DMPA) may increase the risk of HIV acquisition in women led to questions on whether DMPA could reduce efficacy of pre-exposure prophylaxis (PrEP) for HIV prevention. We used a macaque model to investigate the impact of prolonged DMPA exposure on PrEP with emtricitabine/tenofovir disoproxil fumarate. Twelve pigtail macaques treated with DMPA were exposed vaginally to simian HIV once a week for up to 5 months and received either placebo (n = 6) or emtricitabine/tenofovir disoproxil fumarate (n = 6). All control macaques were infected, whereas the PrEP-treated animals remained protected (P = 0.0007). This model suggests that women using DMPA will fully benefit from PrEP.	Drug Therapy, Combination; Emtricitabine; Drug Interactions; Treatment Outcome; Animals; Disease Models, Animal; Female; HIV Infections/*prevention & control; Adenine/administration & dosage/*analogs & derivatives/therapeutic use; Anti-HIV Agents/administration & dosage/*therapeutic use; Deoxycytidine/administration & dosage/*analogs & derivatives/therapeutic use; Macaca nemestrina; Delayed-Action Preparations; Pre-Exposure Prophylaxis/*methods; Contraceptive Agents, Female/administration & dosage/*adverse effects/therapeutic use; Medroxyprogesterone Acetate/administration & dosage/*adverse effects/therapeutic use; Phosphorous Acids/administration & dosage/*therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Rahman, S M Ashrafur; Vaidya, Naveen K; Zou, Xingfu	Impact of Tenofovir gel as a PrEP on HIV infection: a mathematical model.	Journal of Theoretical Biology	-	-	-	1095-8541	10.1016/j.jtbi.2013.12.021	https://dx.doi.org/10.1016/j.jtbi.2013.12.021	Pre-exposure prophylaxis (PrEP) has been considered as one of the promising interventions for HIV infection as experiments on various groups and sites have reported its significant effectiveness. This study evaluates the effectiveness of Tenofovir gel, one of the widely used PrEPs for women, through a mathematical model. Our model has excellent agreement with the experimental data on the use of Tenofovir gel as a PrEP in South African women. Using our model, we estimate both male-to-female and female-to-male transmission rates with and without Tenofovir gel protection. Through these estimates we demonstrate that the use of Tenofovir gel as a PrEP can significantly reduce the reproduction numbers, new infections, and HIV prevalence in South Africa. Our results further show that the effectiveness of Tenofovir gel largely depends on the level of adherence to the gel and the proportion of women under gel coverage. Even though Tenofovir gel alone may not be able to eradicate the disease as indicated by our estimates of the reproduction numbers, together with other interventions, such as condom use, it can serve as a strong weapon to fight against HIV epidemics.	HIV; Mathematical model; PrEP; Tenofovir gel; Transmission rate.	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2014	Rawlings, K; Magnuson, D; Giler, RM	Proportion Days Covered as a Measure of Adherence in US PrEP Subjects	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5072a	https://www.liebertpub.com/doi/epub/10.1089/aid.2014.5072a.abstract	Background: In 2014 the CDC and the WHO recommended the use of once daily Truvada® (TVD, tenofovir/emtricitabine) for pre-exposure prophylaxis (PrEP) in combination with other strategies to reduce the risk of sexually acquired HIV-1 in adults at high risk. A recent analysis of PrEP subjects showed that four doses per week significantly reduced HIV acquisition. The objective here is to evaluate PrEP adherence in a large US administrative database.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2014	Robbins, Reuben N.; Spector, Anya Y.; Mellins, Claude A.; Remien, Robert H.	Optimizing ART adherence: update for HIV treatment and prevention.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-014-0229-5	https://pubmed.ncbi.nlm.nih.gov/25304006/	Optimal adherence to antiretroviral therapy (ART) is central to achieving viral suppression and positive health outcomes in HIV-infected individuals. Virally suppressed individuals can also reduce the risk of HIV transmission to uninfected partners. Hence, adherence to ART has become both an HIV treatment and an HIV prevention strategy. However, achieving optimal ART adherence can be challenging, especially over the long term. It is increasingly important for clinicians and researchers to be abreast of the most recent developments in the field as new biomedical approaches to treatment emerge and as guidelines for the use of pre-exposure prophylaxis (PrEP) are disseminated to providers serving HIV affected populations. Several reviews have described numerous ART adherence interventions that have been developed and/or tested with the most recent review including literature up to 2012. To augment the literature, we present a review of ART adherence interventions from 2013 to the present. We included peer-reviewed journals as well as abstracts from two key conferences.	Humans; Male; Female; Anti-Retroviral Agents/*therapeutic use; Drug Therapy, Combination/methods; Antiretroviral Therapy, Highly Active/methods; Pre-Exposure Prophylaxis/methods; *Medication Adherence; HIV Infections/*drug therapy/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Roberts, Sarah T; Heffron, Renee; Ngure, Kenneth; Celum, Connie; Kurth, Ann; Curran, Kathryn; Mugo, Nelly; Baeten, Jared M	Preferences for daily or intermittent pre-exposure prophylaxis regimens and ability to anticipate sex among HIV uninfected members of Kenyan HIV serodiscordant couples.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-014-0804-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4127114	Intermittent dosing for pre-exposure prophylaxis (PrEP) has been proposed as an alternative to daily PrEP to reduce cost and patient drug exposure and to improve adherence. One possible dosing regimen is pre-intercourse PrEP, which requires anticipating sex in advance. We examined preferences for daily versus pre-intercourse PrEP and ability to anticipate sex among 310 HIV uninfected members of HIV serodiscordant heterosexual couples in Thika, Kenya, with high HIV knowledge and experience with daily PrEP use in a clinical trial setting. Preferences were evenly split between daily PrEP (47.4 %) and pre-intercourse PrEP (50.7 %). Participants were more likely to prefer daily PrEP if they reported unprotected sex during the prior month (adjusted prevalence ratio aPR 1.48, 95 % CI 1.20-1.81) or <80 % adherence to study drug (aPR 1.50, 95 % CI 1.25-1.79), and were less likely to prefer daily PrEP if sex was usually planned, versus spontaneous (aPR 0.76, 95 % CI 0.61-0.96). A minority (24.2 %) reported anticipating sex >3 h in advance, with younger participants being less likely to do so (aPR 0.43, 95 % CI 0.23-0.83 for ages 18-29 vs. ≥40). Findings suggest that intermittent PrEP could be a popular option in this population, but that optimal adherence and sufficient drug levels might be challenging with a pre-intercourse regimen.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Rocha, Luís Miguel; Campos, Maria José; Brito, João; Fuertes, Ricardo; Rojas, Jesus; Pinto, Nuno; Mendão, Luís; Esteves, Julio	Acceptability of PrEP among HIV negative Portuguese men who have sex with men that attended 2014 Lisbon pride fair.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.17.4.19734	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4225295	INTRODUCTION: Consistent use of PrEP reduces HIV transmission from sexual practices amongst men who have sex with men (MSM) up to 92% 1. Lisbon MSM cohort study estimates point that 59.3% of their participants at entrance (1593 HIV negative MSM enrolled between April 2011 and May 2013) were eligible for PrEP 2, according to the 2014 USA PrEP guidelines 3. Studies about PrEP acceptability and implementation support policies aimed at increasing and rolling out its use. Hence, the exploratory study about PrEP acceptability in MSM at Lisbon. MATERIALS AND METHODS: A street-based intercept survey, adapted from Mantell et al. study 4, was the one used on MSM attending the 2014 Lisbon pride fair. The survey included socio-demographic data, PrEP awareness and readiness to use it, probability of MSM's social network to also use it, promptness to join PrEP-related studies, type of PrEP warranted and condomless anal sex practice in the last six months. RESULTS: A total of 110 HIV negative Portuguese MSM responded, with a median age of 33% and 84% of them identified themselves as gay. A majority of MSM were unaware of PrEP (59%); those that were aware, had heard of it trough CheckpointLx (31%), internet (22%) or health professionals (20%). 66% were likely or very likely to participate in PrEP-related studies. 57% of MSM were likely or very likely to use PrEP if available and reported that some, if not almost all of their social network, will do it too (70%). Type of PrEP preferred was oral, a pill a day (43%), followed by oral, intermittent intake (32%). Overall 41% of MSM had condomless anal sex practice in the last six months. CONCLUSIONS: In this MSM Portuguese sample, a general willingness to adopt PrEP was predominant, specially the oral daily intake. Forty-one percent of participants had had condomless anal sex practice in the last six months and therefore fitted within the criteria to be on Pre-Exposure Prophylaxis (PrEP), according to MSM Risk Index in 2014 USA PrEP guidelines. PrEP, when available in Portugal, should be a powerful tool for HIV prevention in this key population.	NA	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2014	Rosenthal, E; Piroth, L; Cua, E; Joulié, A; Ravaux, I; Chauveau, M; Lacombe, K; Cotte, L; Bonnard, P; Weiss, L; Longuet, M; Pradier, C; Cacoub, P	Preexposure prophylaxis (PrEP) of HIV infection in France: A nationwide cross-sectional study (PREVIC study)	AIDS Care	-	-	-	9540121	10.1080/09540121.2013.803014	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-prep-hiv-infection-france/docview/1475259528/se-2?accountid=8113	Although preliminary studies showed that preexposure prophylaxis (PrEP) lowers the HIV transmission in individuals with HIV, confirmative trials are ongoing and PrEP is not routinely recommended. The aim of this study was to assess whether individuals with HIV share antiretroviral (ARV) drugs for PrEP and to describe awareness and discussion on PrEP in this population. A cross-sectional survey was conducted in France in 23 representative departments of infectious diseases and internal medicine. Physicians administered an anonymous standardized questionnaire to all individuals with HIV receiving ARVs and followed between 24 and 31 October 2011. The questionnaire included items regarding PrEP (awareness; discussion with their close circle, physician or patients' association; experience), personal sociodemographic characteristics, risk behaviors and HIV status of the participants. Five hundred and ninety three participants were recruited: male 74.2% (men who have sex with men 52.4%, heterosexuals 21.6%), member of patient's association 9.8%. Half of them (50.6%) lived with a stable partner and 35.2% with an HIV-negative partner. Almost half (41.8%) were aware and 29.5% had had discussion about PrEP. In logistic regression, awareness and discussion on PrEP were more frequent: (1) among males, in patients' association members (p< 0.001 for both) and in nonheterosexuals (p=0.023 and 0.057, respectively); (2) among women, in those not living with a stable partner (p=0.035 and p=0.003, respectively) or living with an HIV-negative partner (p=0.049 and p=0.083, respectively). One percent of the participants declared having shared ARVs with someone and 8.3% reported PrEP in their close circle. Men reporting PrEP in their close circle shared ARVs more frequently than those who did not (10.3% vs. 0.2%, p < 0.001). Today, individuals with HIV do not seem to widely share personal ARVs for PrEP with seronegative people. A significant number of individuals with HIV are aware of and commonly discuss PrEP. PUBLICATION ABSTRACT	France; HIV/AIDS; Pre-exposure prophylaxis; Antiretroviral drugs; Public health; Prep; Awareness; Disease transmission; Disease control; Conversation; Survey; Human immunodeficiency virus--HIV; Medical Sciences--Psychiatry And Neurology	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2014	Ross, Ted M; Pereira, Lara E; Luckay, Amara; McNicholl, Janet M; García-Lerma, J Gerardo; Heneine, Walid; Eugene, Hermancia S; Pierce-Paul, Brooke R; Zhang, Jining; Hendry, R Michael; Smith, James M	A polyvalent Clade B virus-like particle HIV vaccine combined with partially protective oral preexposure prophylaxis prevents simian-human immunodeficiency virus Infection in macaques and primes for virus-amplified immunity.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2014.0030	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4208560	Vaccination and preexposure prophylaxis (PrEP) with antiretrovirals have shown only partial protection from HIV-1 infection in human trials. Oral Truvada (emtricitabine/tenofovir disoproxil fumarate) is FDA approved as PrEP but partial adherence reduces efficacy. If combined as biomedical preventions (CBP), an HIV vaccine could protect when PrEP adherence is low and PrEP could prevent vaccine breakthroughs. The efficacy of combining oral PrEP with an HIV vaccine has not been evaluated in humans. We determined the efficacy of combining a DNA/virus-like particle (VLP) vaccine with partially effective intermittent PrEP in Indian rhesus macaques (RM). Eight RM received intramuscular inoculations of five DNA plasmids encoding four HIV-1 Clade B primary isolate Envs and SIVmac239 Gag (at weeks 0 and 4), followed by intramuscular and intranasal inoculations of homologous Gag VLPs and four Env VLPs (at weeks 12, 16, and 53). At week 61, we initiated weekly rectal exposures with heterologous SHIV162p3 (10 TCID50) along with oral Truvada (TDF, 22 mg/kg; FTC 20 mg/kg) dosing 2 h before and 22 h after each exposure. This PrEP regimen previously demonstrated 50% efficacy. Five controls (no vaccine, no PrEP) received weekly SHIV162p3. All controls were infected after a median of four exposures; the mean peak plasma viral load (VL) was 3.9×10(7) vRNA copies/ml. CBP protected seven of eight (87.5%) RM. The one infected CBP RM had a reduced peak VL of 8.8×10(5) copies/ml. SHIV exposures during PrEP amplified Gag and Env antibody titers in protected RM. These results suggest that combining oral PrEP with HIV vaccines could enhance protection against HIV-1 infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Scherer, Matthew L.; Douglas, Nataki C.; Churnet, Bethlehem H.; Grossman, Lisa C.; Kline, Melissa; Yin, Michael T.; Sauer, Mark V.; Olender, Susan A.	Survey of HIV care providers on management of HIV serodiscordant couples - assessment of attitudes, knowledge, and practices.	AIDS Care	-	-	-	1360-0451 0954-0121	10.1080/09540121.2014.920950	https://www.tandfonline.com/doi/abs/10.1080/09540121.2014.920950	Human immunodeficiency virus (HIV) serodiscordant couples are at risk of sexual transmission of HIV between the infected and uninfected partner. We assessed New York area care providers for people living with HIV regarding attitudes, knowledge, and practice patterns toward fertility and conception in serodiscordant couples. Data were collected via a survey distributed in October 2013. Seventeen percent of respondents reported prescribing antiretroviral preexposure prophylaxis (PrEP) for a woman in a serodiscordant couple, and 38% percent of respondents reported having counseled serodiscordant couples on timed, unprotected intercourse without PrEP. Respondents who were "very" familiar with the data on HIV transmission in serodiscordant couples were more likely to report counseling their patients in timed, unprotected intercourse compared with those who reported less familiarity with the data (41% vs. 8%, p = 0.001). Although only 20% reported being "very" or "somewhat" familiar with the data on the safety of sperm washing with intrauterine insemination, those who did were more likely to have reported referring a patient for assisted reproductive technology (61% vs. 32%, p = 0.006). Effective patient counseling and referral for appropriate reproductive options were associated with knowledge of the literature pertaining to these options. This emphasizes the need for further provider education on reproductive options and appropriate counseling for serodiscordant couples.	Adult; Humans; Male; Middle Aged; HIV Infections/*prevention & control/transmission; Female; Sexual Partners; Surveys and Questionnaires; *Attitude of Health Personnel; Counseling; New York; *Health Knowledge, Attitudes, Practice; preexposure prophylaxis; prevention of sexual transmission; survey; *Family Characteristics; *Fertility; assisted reproduction technology; Caregivers/*psychology; Reproductive Techniques, Assisted	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Schneider, K; Gray, RT; Wilson, DP	A Cost-effectiveness Analysis of HIV Preexposure Prophylaxis for Men Who Have Sex With Men in Australia	Clinical Infectious Diseases	-	-	-	1058-4838	10.1093/cid/cit946	https://pubmed.ncbi.nlm.nih.gov/24385445/	Background. Antiretroviral therapy (ART) used as preexposure prophylaxis (PrEP) by human immunodeficiency virus (HIV)-seronegative individuals reduces the risk of acquiring HIV. However, the population-level impact and cost-effectiveness of using PrEP as a public health intervention remains debated. Methods. We used a stochastic agent-based model of HIV transmission and progression to simulate the clinical and cost outcomes of different strategies of providing PrEP to men who have sex with men (MSM) in New South Wales (NSW), Australia. Model outcomes were reported as incremental cost-effectiveness ratios (ICERs) in 2013 Australian dollars per quality-adjusted life-year gained (QALYG). Results. The use of PrEP in 10%-30% of the entire NSW MSM population was projected to cost an additional $316-$952 million over the course of 10 years, and cost >$400 000 per QALYG compared with the status quo. Targeting MSM with sexual partners ranging between >10 to >50 partners within 6 months cost an additional $31-$331 million dollars, and cost >$110 000 per QALYG compared with the status quo. We found that preexposure prophylaxis is most cost-effective when targeted for HIV-negative MSM in a discordant regular partnership. The ICERs ranged between $8399 and $11 575, for coverage ranging between 15% and 30%, respectively. Conclusions. Targeting HIV-negative MSM in a discordant regular partnership is a cost-effective intervention. However, this highly targeted strategy would not have large population-level impact. Other scenarios are unlikely to be cost-effective.	HIV prevention; preexposure prophylaxis; cost-effectiveness; men who have sex with men; INFECTION; ANTIRETROVIRAL PROPHYLAXIS; UNITED-STATES; RISK; IMPACT; GAY; RESISTANT STRAINS	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2014	Schwartz, Sheree R.; Bassett, Jean; Sanne, Ian; Phofa, Rebecca; Yende, Nompumelelo; Van Rie, Annelies	Implementation of a safer conception service for HIV-affected couples in South Africa.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000000330	https://pubmed.ncbi.nlm.nih.gov/24991901/	OBJECTIVE: To describe the development and implementation of a safer conception service in a resource-limited setting. METHODS: Qualitative work to inform the design of a safer conception service was conducted with clients and providers at Witkoppen Health and Welfare Centre, a primary health center in Johannesburg, South Africa. Services began in July 2013 for HIV-affected participants planning conception within 6 months and included counseling about timed unprotected intercourse and home-based self-insemination, early initiation of combined antiretroviral therapy (cART) for HIV-infected individuals, pre-exposure prophylaxis for HIV-uninfected partners and circumcision for men. Participants were enrolled into an implementation science study evaluating method uptake, acceptability, and pregnancy and HIV transmission outcomes. RESULTS: Findings to-date from 51 qualitative participants and 128 clinical cohort participants (82 women and 46 men, representing 82 partnerships) are presented. All men were accompanied by female partners, whereas 56% of women attended with their male partner. Fifteen of the 46 couples (33%) were in confirmed serodiscordant relationships; however, of the 36 additional women attending alone, 56% were unaware of their partners' HIV status or believed them to be HIV-uninfected. The majority of the HIV-infected women (86%) and men (71%) were on cART at enrollment; however, only 47% on cART were virally suppressed. Timed unprotected intercourse, self-insemination and cART were common choices for participants; few elected pre-exposure prophylaxis. CONCLUSIONS: Lessons learned from early implementation demonstrate feasibility of safer conception services; however, reaching discordant couples, cART-naïve infected partners, and men remain challenges. Creating demand for safer conception services among those at highest risk for HIV transmission is necessary.	Adult; Humans; Male; Female; Pregnancy; Cohort Studies; Infant; Infant, Newborn; HIV Infections/drug therapy/*prevention & control/*transmission; South Africa; *Sexual Partners; *Family Characteristics; *Fertilization; *Reproductive Health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Segolodi, Tebogo M; Henderson, Faith L; Rose, Charles E; Turner, Kyle T; Zeh, Clement; Fonjungo, Peter N; Niska, Richard; Hart, Clyde; Paxton, Lynn A	Normal laboratory reference intervals among healthy adults screened for a HIV pre-exposure prophylaxis clinical trial in Botswana.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0093034	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3979652	INTRODUCTION: Accurate clinical laboratory reference values derived from a local or regional population base are required to correctly interpret laboratory results. In Botswana, most reference intervals used to date are not standardized across clinical laboratories and are based on values derived from populations in the United States or Western Europe. METHODS: We measured 14 hematologic and biochemical parameters of healthy young adults screened for participation in the Botswana HIV Pre-exposure Prophylaxis Study using tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) (TDF2 Study). Reference intervals were calculated using standard methods, stratified by gender, and compared with the site-derived reference values used for the TDF2 study (BOTUSA ranges), the Division of AIDS (DAIDS) Grading Table for Adverse Events, the Botswana public health laboratories, and other regional references. RESULTS: Out of 2533 screened participants, 1786 met eligibility criteria for participation in study and were included in the analysis. Our reference values were comparable to those of the Botswana public health system except for amylase, blood urea nitrogen (BUN), phosphate, total and direct bilirubin. Compared to our reference values, BOTUSA reference ranges would have classified participants as out of range for some analytes, with amylase (50.8%) and creatinine (32.0%) producing the highest out of range values. Applying the DAIDS toxicity grading system to the values would have resulted in 45 and 18 participants as having severe or life threatening values for amylase and hemoglobin, respectively. CONCLUSION: Our reference values illustrate the differences in hematological and biochemical analyte ranges between African and Western populations. Thus, the use of western-derived reference laboratory values to screen a group of Batswana adults resulted in many healthy people being classified as having out-of-range blood analytes. The need to establish accurate local or regional reference values is apparent and we hope our results can be used to that end in Botswana.	NA	English	United States	Western and Central Europe and North America	Botswana	Eastern and Southern Africa	Botswana	Eastern and Southern Africa	Clinical
Article	2014	Sharma, Malika; Wilton, James; Senn, Heather; Fowler, Shawn; Tan, Darrell H S	Preparing for PrEP: perceptions and readiness of canadian physicians for the implementation of HIV pre-exposure prophylaxis.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0105283	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4136811	Recent evidence has demonstrated the efficacy of pre-exposure prophylaxis (PrEP) for HIV prevention, but concerns persist around its use. Little is known about Canadian physicians' knowledge of and willingness to prescribe PrEP. We disseminated an online survey to Canadian family, infectious disease, internal medicine, and public health physicians between September 2012-June 2013 to determine willingness to prescribe PrEP. Criteria for analysis were met by 86 surveys. 45.9% of participants felt "very familiar" with PrEP, 49.4% felt that PrEP should be approved by Health Canada, and 45.4% of respondents were willing to prescribe PrEP. Self-identifying as an HIV expert (odds ratio, ORâ=â4.1, 95% confidence interval, CIâ=â1.6-10.2), familiarity with PrEP (ORâ=â5.0, 95%CIâ=â1.3-19.0) and having been asked by patients about PrEP (ORâ=â4.0, 95%CIâ=â1.5-10.5) were positively associated with willingness to prescribe PrEP on univariable analysis. The latter two were the strongest predictors on multivariate analysis. Participants cited cost and efficacy as major concerns. 75.3% did not feel that information had been adequately disseminated among physicians. In summary, Canadian physicians demonstrate varying levels of support for PrEP and express concerns about its implementation. Further research on real-world effectiveness, continuing medical education, and clinical support is needed to prepare physicians for this prevention strategy.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2014	Sluis-Cremer, Nicolas	The emerging profile of cross-resistance among the nonnucleoside HIV-1 reverse transcriptase inhibitors.	Viruses	-	-	-	1999-4915	10.3390/v6082960	https://www.mdpi.com/1999-4915/6/8/2960	Nonnucleoside reverse transcriptase inhibitors (NNRTIs) are widely used to treat HIV-1-infected individuals; indeed most first-line antiretroviral therapies typically include one NNRTI in combination with two nucleoside analogs. In 2008, the next-generation NNRTI etravirine was approved for the treatment of HIV-infected antiretroviral therapy-experienced individuals, including those with prior NNRTI exposure. NNRTIs are also increasingly being included in strategies to prevent HIV-1 infection. For example: (1) nevirapine is used to prevent mother-to-child transmission; (2) the ASPIRE (MTN 020) study will test whether a vaginal ring containing dapivirine can prevent HIV-1 infection in women; (3) a microbicide gel formulation containing the urea-PETT derivative MIV-150 is in a phase I study to evaluate safety, pharmacokinetics, pharmacodynamics and acceptability; and (4) a long acting rilpivirine formulation is under-development for pre-exposure prophylaxis. Given their widespread use, particularly in resource-limited settings, as well as their low genetic barriers to resistance, there are concerns about overlapping resistance between the different NNRTIs. Consequently, a better understanding of the resistance and cross-resistance profiles among the NNRTI class is important for predicting response to treatment, and surveillance of transmitted drug-resistance.	Humans; *Drug Resistance, Viral; Reverse Transcriptase Inhibitors/*pharmacology; Anti-HIV Agents/*pharmacology; HIV-1/*drug effects/*genetics; HIV Reverse Transcriptase/*antagonists & inhibitors/*genetics	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Snowden, Jonathan M.; Wei, Chongyi; McFarland, Willi; Raymond, H. Fisher	Prevalence, correlates and trends in seroadaptive behaviours among men who have sex with men from serial cross-sectional surveillance in San Francisco, 2004-2011.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2013-051368	https://pubmed.ncbi.nlm.nih.gov/24687128/	OBJECTIVES: We sought to assess the prevalence and correlates of seroadaptive behaviours (i.e., sexual history incorporating some unprotected anal intercourse (UAI)) and conventional risk reduction behaviours (i.e., consistent condom use or no anal intercourse) among men who have sex with men (MSM) in San Francisco in 2011. We compared the prevalence of seroadaptive behaviours between serial cross-sectional surveys from 2004, 2008 and 2011. METHODS: We analysed data from the 2011 wave of the National HIV Behavioral Surveillance system in San Francisco. We categorised men's self-reported sexual behaviour history in the past 6 months into a schema of seroadaptive behaviours and conventional risk reduction behaviours. We compared the prevalence of behaviour categories by self-reported HIV serostatus, HIV testing history, awareness of pre-exposure HIV prophylaxis (PrEP) and diagnosis of a sexually transmitted infection (STI). RESULTS: Seroadaptive behaviours remained common in San Francisco MSM, with a 2011 prevalence of 46.6%, up from 35.9% in 2004. Consistent condom use or no anal intercourse was more common than seroadaptive behaviours in HIV-negative MSM, men who had not heard of PrEP and men without an STI diagnosis. Seroadaptive behaviours increased from 2004 to 2011. CONCLUSIONS: HIV seroadaptive behaviours remain common in San Francisco MSM, have increased in the last decade and are practiced differently by MSM with different sexual health knowledge and outcomes. Public health researchers and officials should continue to document the prevalence, intentionality, efficacy and safety of seroadaptive behaviours among diverse communities of MSM.	*Homosexuality, Male; Adult; Humans; Male; Young Adult; Cross-Sectional Studies; HIV; Prevalence; Sexual Partners; San Francisco/epidemiology; *Health Behavior; Condoms/*statistics & numerical data; Sexual Behavior/statistics & numerical data; HIV Infections/*epidemiology/prevention & control; Safe Sex/*statistics & numerical data; Antiretroviral Therapy, Highly Active/statistics & numerical data; Unsafe Sex/*statistics & numerical data; CONDOMS; GAY MEN; HIV Serosorting/*statistics & numerical data; HOMOSEXUALITY; SEXUAL BEHAVIOUR	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Solomon, Marc M; Mayer, Kenneth H; Glidden, David V; Liu, Albert Y; McMahan, Vanessa M; Guanira, Juan V; Chariyalertsak, Suwat; Fernandez, Telmo; Grant, Robert M	Syphilis predicts HIV incidence among men and transgender women who have sex with men in a preexposure prophylaxis trial.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciu450	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4166980	BACKGROUND: Syphilis infection may potentiate transmission of human immunodeficiency virus (HIV). We sought to determine the extent to which HIV acquisition was associated with syphilis infection within an HIV preexposure prophylaxis (PrEP) trial and whether emtricitabine/tenofovir (FTC/TDF) modified that association. METHODS: The Preexposure Prophylaxis Initiative (iPrEx) study randomly assigned 2499 HIV-seronegative men and transgender women who have sex with men (MSM) to receive oral daily FTC/TDF or placebo. Syphilis prevalence at screening and incidence during follow-up were measured. Hazard ratios for the effect of incident syphilis on HIV acquisition were calculated. The effect of FTC/TDF on incident syphilis and HIV acquisition was assessed. RESULTS: Of 2499 individuals, 360 (14.4%) had a positive rapid plasma reagin test at screening; 333 (92.5%) had a positive confirmatory test, which did not differ between the arms (FTC/TDF vs placebo, P = .81). The overall syphilis incidence during the trial was 7.3 cases per 100 person-years. There was no difference in syphilis incidence between the study arms (7.8 cases per 100 person-years for FTC/TDF vs 6.8 cases per 100 person-years for placebo, P = .304). HIV incidence varied by incident syphilis (2.8 cases per 100 person-years for no syphilis vs 8.0 cases per 100 person-years for incident syphilis), reflecting a hazard ratio of 2.6 (95% confidence interval, 1.6-4.4; P < .001). There was no evidence for interaction between randomization to the FTC/TDF arm and incident syphilis on HIV incidence. CONCLUSIONS: In HIV-seronegative MSM, syphilis infection was associated with HIV acquisition in this PrEP trial; a syphilis diagnosis should prompt providers to offer PrEP unless otherwise contraindicated.	HIV prevention; MSM; chemoprophylaxis; preexposure prophylaxis; syphilis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Solomon, MM; Lama, JR; Glidden, DV; Mulligan, K; McMahan, V; Liu, AY; Guanira, JV; Veloso, VG; Mayer, KH; Chariyalertsak, S; Schechter, M; Bekker, LG; Kallás, EG; Burns, DN; Grant, RM	Changes in renal function associated with oral emtricitabine/tenofovir disoproxil fumarate use for HIV pre-exposure prophylaxis	AIDS	-	-	-	24499951	10.1097/QAD.0000000000000156	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-00984254/full	OBJECTIVE: Tenofovir disoproxil fumarate (TDF) pre-exposure prophylaxis decreases sexual acquisition of HIV infection. We sought to evaluate the renal safety of TDF in HIV-uninfected persons. DESIGN AND METHODS: The Iniciativa Profilaxis Pre-Exposición (iPrEx) study randomly assigned 2499 HIV-seronegative men and transgender women who have sex with men (MSM) to receive oral daily TDF coformulated with emtricitabine (FTC/TDF) or placebo. Serum creatinine and phosphorus during randomized treatment and after discontinuation were measured, and creatinine clearance (CrCl) was estimated by the Cockcroft-Gault equation. Indicators of proximal renal tubulopathy (fractional excretion of phosphorus and uric acid, urine protein, and glucose) were measured in a substudy. RESULTS: There was a small but statistically significant decrease in CrCl from baseline in the active arm, compared to placebo, which was first observed at week 4 (mean change: -2.4 vs. -1.1 ml/min; P=0.02), persisted through the last on-treatment visit (mean change: +0.3 vs. +1.8 ml/min; P=0.02), and resolved after stopping pre-exposure prophylaxis (mean change: -0.1 vs. 0.0 ml/min; P=0.83). The effect was confirmed when stratifying by drug detection. The effect of FTC/TDF on CrCl did not vary by race, age, or history of hypertension. There was no difference in serum phosphate trends between the treatment arms. In the substudy, two participants receiving placebo had indicators of tubulopathy. CONCLUSIONS: In HIV-seronegative MSM, randomization to FTC/TDF was associated with a very mild nonprogressive decrease in CrCl that was reversible and managed with routine serum creatinine monitoring.	*Human immunodeficiency virus infection/dt Drug Therapy; *Human immunodeficiency virus infection/pc Prevention; *chemoprophylaxis; *emtricitabine plus tenofovir disoproxil/ae Adverse Drug Reaction; *emtricitabine plus tenofovir disoproxil/ct Clinical Trial; *emtricitabine plus tenofovir disoproxil/dt Drug Therapy; *emtricitabine plus tenofovir disoproxil/po Oral Drug Administration; *kidney dysfunction; *kidney function; *preexposure prophylaxis; Adenine adverse effects, *analogs & derivatives, therapeutic use; Adolescent; Adult; Antiviral therapy; Anti-HIV Agents adverse effects, *therapeutic use; Article; Bicarbonate blood level; Bicarbonate/ec Endogenous Compound; Chemoprevention adverse effects, *methods; Controlled study; Creatinine blood; Creatinine blood level; Creatinine clearance; Creatinine/ec Endogenous Compound; Deoxycytidine adverse effects, *analogs & derivatives, therapeutic use; Drug safety; Emtricitabine; Female; Glucosuria/si Side Effect; HIV Infections *prevention & control; Human; Humans; Hypophosphatemia/si Side Effect; Infection prevention; Kidney Function Tests; Kidney drug effects, *physiology; Kidney proximal tubule; Kidney tubule disorder; Major clinical study; Male; Men who have sex with men; Metabolic Clearance Rate; Middle Aged; Nonsteroid antiinflammatory agent; Organophosphonates adverse effects, *therapeutic use; Phosphate blood level; Phosphate/ec Endogenous Compound; Phosphorus blood; Phosphorus/ec Endogenous Compound; Placebo; Placebos administration & dosage; Priority journal; Proteinuria/si Side Effect; Randomized controlled trial; Side effect/si Side Effect; Tenofovir; Transgenderism; Urea nitrogen blood level; Uric acid/ec Endogenous Compound; Young Adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Sowicz, TJ; Teitelman, AM; Coleman, CL; Brawner, BM	Considerations for Implementing Oral Preexposure Prophylaxis: A Literature Review	Journal of the Association of Nurses in AIDS Care (JANAC)	-	-	-	1055-3290	10.1016/j.jana.2014.07.005	https://pubmed.ncbi.nlm.nih.gov/25305026/	Oral preexposure prophylaxis (PrEP) is in its infancy as an approved biomedical intervention; therefore, research is needed to understand the issues surrounding its implementation. The purpose of this literature review is to report the empirical research about PrEP to identify the salient issues surrounding its implementation. PubMed, Medline, and CINAHL databases were searched, yielding 45 articles meeting inclusion criteria for the review. Overall, we found patient awareness of PrEP varied and its use was low. Awareness was higher among providers. Patients were willing to use PrEP, but both patients' and providers' concerns may have impacted implementation of this intervention. PrEP requires a prescription, yet only five of the 45 articles addressed provider-level factors. Research involving providers is needed to ensure that patient risk of becoming infected with HIV is accurately assessed, that PrEP is provided to those at high risk for HIV infection, and that frequent follow-up is conducted. Copyright (C) 2014 Association of Nurses in AIDS Care	HIV; prevention; oral preexposure prophylaxis; ANTIRETROVIRAL PROPHYLAXIS; UNITED-STATES; HIGH-RISK; BISEXUAL MEN; INTERIM GUIDANCE; LIMITED KNOWLEDGE; HIV-NEGATIVE GAY; CONDOM-USE; NEW-YORK-CITY; PREVENTION STRATEGIES	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Spreen, B; Rinehart, A; Smith, K; Margolis, D; Ford, S; Piscitelli, S	HIV PrEP Dose Rationale for Cabotegravir (GSK1265744) Long-acting Injectable Nanosuspension	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1089/aid.2014.5010a.abstract	https://www.liebertpub.com/doi/abs/10.1089/aid.2014.5010a.abstract	Background: Long acting (LA) drugs such as the integrase inhibitor cabotegravir (CAB, GSK1265744) may bolster PrEP adherence and efficacy. PrEP dose selection is challenging given lack of validated surrogate markers and low rates of HIV seroconversion. Methods: CAB PrEP dose selection was based on in vitro virology, human antiviral activity, healthy volunteer (HV) single and repeat dose safety and PK studies and non-human primate (NHP) PK and SHIV rectal/vaginal challenge studies. Data were integrated in population-based PK (PPK) analyses/dose simulations to identify a dose predicted to be efficacious and clinically practical. Results: In a 10-day monotherapy study in ART-naïve patients CAB 5 mg/day p.o. (n = 7) yielded geomean blood plasma (BP) Ctau of 0.57 ug/mL, >3-fold above protein-adjusted (PA)-IC90 of 0.166 ug/mL, and produced a 2.14 log median decrease in HIV RNA, providing a PK/PD correlate. Single injection CAB LA (SC or IM) in 58 HV evaluated ascending doses for safety and PK. CAB LA 800 mg IM BP levels exceeded Ctau of oral 5 mg/day for 16 weeks. A repeat dose HV (n = 40) study confirmed safety and PK of 800 mg IM dose; geomean Ctau (week 12) was 1.11 ug/mL or 7x PA-IC90. NHP PK studies targeting CAB concentration-time profiles in BP approximating human values were followed by SHIV162P3 rectal challenges (50xTCID50) to establish POC and evaluate threshold of protection. CAB BP ≥1xPAIC90 correlated with ≥97% protection. SHIV vaginal challenge showed protection in 6/8 rhesus macaques (300xTCID50) and 8/8 pigtail macaques (50xTCID50). PPK based simulation of dosing regimens achieving target BP levels with quarterly injections enabled selection of 800 mg IM q12week dose. Conclusions: CAB LA PrEP dose selection was guided by human safety, PK and antiviral activity studies and NHP challenge studies. CAB LA 800 mg IM q12weeks is predicted to yield drug levels correlated with robust anti-HIV activity and protection against SHIV rectal and vaginal challenge. This dose is under study in phase 2 safety and PK trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2014	Spreen, W; Williams, P; Margolis, D; Ford, SL; Crauwels, H; Lou, Y; Gould, E; Stevens, M; Piscitelli, S	Pharmacokinetics, safety, and tolerability with repeat doses of GSK1265744 and rilpivirine (TMC278) long-acting nanosuspensions in healthy adults	Journal of Acquired Immune Deficiency Syndromes	-	-	-	25473882	10.1097/QAI.0000000000000365	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01070427/full	Objective: Pharmacokinetics, safety, and tolerability of GSK1265744 (744) and rilpivirine (RPV) (TMC278) were assessed after repeat dosing of long-acting (LA) injectable formulations in healthy subjects. Methods: Subjects received a 14-day lead-in of oral 744 (30 mg/d) to assess safety and tolerability before injectable administration. Subjects were randomized into 4 cohorts: 800 mg of 744 LA intramuscularly (IM) followed by 3 monthly doses of (1) 200 mg subcutaneously, (2) 200 mg IM, (3) 400 mg IM, or (4) a second injection of 800 mg IM after 12 weeks. Cohorts 2 and 3 also received IM doses of RPV LA at months 3 (1200 mg) and 4 (900 or 600 mg). Pharmacokinetics and safety were assessed throughout the trial. Results: Forty-seven subjects enrolled; 40 received >1 LA injection with 37 completing all planned injections. Seven subjects discontinued 744 oral (non-drug-related, n = 6; dizziness, n = 1). The 744 LA and RPV LA injections were generally well tolerated, with grade 1 injection site reactions most commonly reported. Three subjects discontinued during injection phase (consent withdrawn, n = 2;self-limited rash, n = 1). There were no grade 3 or 4 adverse events and no clinically significant trends in laboratory abnormalities, electrocardiograms, or vital signs. All dose cohorts achieved therapeutically relevant plasma concentrations of each drug within 3 days with prolonged exposure over the dosing interval. Plasma concentrations of 744 exceeded the protein-adjusted IC90 and RPV plasma concentrations and were comparable to steady-state oral RPV 25 mg/d. Conclusions: These data support the potential application of dual-therapy 744 LA and RPV LA for treatment of HIV-1 infection.	*cabotegravir/ae Adverse Drug Reaction; *cabotegravir/cr Drug Concentration; *cabotegravir/ct Clinical Trial; *cabotegravir/do Drug Dose; *cabotegravir/im Intramuscular Drug Administration; *cabotegravir/pk Pharmacokinetics; *cabotegravir/sc Subcutaneous Drug Administration; *drug safety; *drug tolerability; *rilpivirine/ae Adverse Drug Reaction; *rilpivirine/cr Drug Concentration; *rilpivirine/ct Clinical Trial; *rilpivirine/do Drug Dose; *rilpivirine/im Intramuscular Drug Administration; *rilpivirine/pk Pharmacokinetics; Abdominal pain/si Side Effect; Abnormal laboratory result/si Side Effect; Adolescent; Adult; Appendicitis/si Side Effect; Area under the curve; Conference paper; Controlled study; Delayed-Action Preparations administration & dosage, *adverse effects, *pharmacokinetics; Drug Therapy, Combination adverse effects, methods; Drug blood level; Drug induced headache/si Side Effect; ECG abnormality/si Side Effect; Female; Human; Human experiment; Humans; Injection site reaction/si Side Effect; Injections, Intramuscular; Injections, Subcutaneous; Long term exposure; Male; Maximum plasma concentration; Middle Aged; Multicenter study; Nitriles administration & dosage, *adverse effects, *pharmacokinetics; Normal human; Open study; Phase 1 clinical trial; Plasma concentration-time curve; Priority journal; Pyridones administration & dosage, *adverse effects, *pharmacokinetics; Pyrimidines administration & dosage, *adverse effects, *pharmacokinetics; Randomized controlled trial; Rash/si Side Effect; Rilpivirine; Time to maximum plasma concentration; Young Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Stein, Michael; Thurmond, Portia; Bailey, Genie	Willingness to use HIV pre-exposure prophylaxis among opiate users.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-014-0778-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4127116	Few studies of pre-exposure prophylaxis (PrEP) to prevent HIV infection have focused on drug users. Between February to September 2013, we asked 351 opiate injectors entering detoxification treatment about HIV risk, knowledge about PrEP, and willingness to use a once daily PrEP pill under one of two randomly assigned effectiveness scenarios-40 % (low) or 90 % (high) effective in reducing HIV risk. Participants were 70 % male and 87 % non-Hispanic White. Only 7 % had heard of a drug to reduce HIV risk, yet once informed, 47 % would be willing to take such a pill 35 % of those in the low effectiveness scenario and 58 % in the high group (p < 0.001). Higher perceived HIV risk was associated with greater willingness to take medication. Increasing knowledge of PrEP and the rate of HIV reduction-effectiveness promised will influence its use among targeted high-risk drug users.	Pre-exposure prophylaxis, PrEP, HIV/AIDS, injection drug use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Stover, John; Hallett, Timothy B.; Wu, Zunyou; Warren, Mitchell; Gopalappa, Chaitra; Pretorius, Carel; Ghys, Peter D.; Montaner, Julio; Schwartländer, Bernhard	How can we get close to zero? The potential contribution of biomedical prevention and the investment framework towards an effective response to HIV.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0111956	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0111956	BACKGROUND: In 2011 an Investment Framework was proposed that described how the scale-up of key HIV interventions could dramatically reduce new HIV infections and deaths in low and middle income countries by 2015. This framework included ambitious coverage goals for prevention and treatment services resulting in a reduction of new HIV infections by more than half. However, it also estimated a leveling in the number of new infections at about 1 million annually after 2015. METHODS: We modeled how the response to AIDS can be further expanded by scaling up antiretroviral treatment (ART) within the framework provided by the 2013 WHO treatment guidelines. We further explored the potential contributions of new prevention technologies: 'Test and Treat', pre-exposure prophylaxis and an HIV vaccine. FINDINGS: Immediate aggressive scale up of existing approaches including the 2013 WHO guidelines could reduce new infections by 80%. A 'Test and Treat' approach could further reduce new infections. This could be further enhanced by a future highly effective pre-exposure prophylaxis and an HIV vaccine, so that a combination of all four approaches could reduce new infections to as low as 80,000 per year by 2050 and annual AIDS deaths to 260,000. INTERPRETATION: In a set of ambitious scenarios, we find that immediate implementation of the 2013 WHO antiretroviral therapy guidelines could reduce new HIV infections by 80%. Further reductions may be achieved by moving to a 'Test and Treat' approach, and eventually by adding a highly effective pre-exposure prophylaxis and an HIV vaccine, if they become available.	Humans; Cost-Benefit Analysis; Quality of Life; Global Health; *Models, Theoretical; Socioeconomic Factors; Mortality; Health Resources; HIV Infections/drug therapy/epidemiology/*prevention & control; *Investments/economics; *Biomedical Technology/economics/methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2014	Suliman, Suraiya	Challenges facing researchers conducting clinical trials in HIV prevention in South Africa: a focus on adherence	-	-	University of the Western Cape	-	-	NA	http://hdl.handle.net/11394/4238	In clinical trials, adherence of the participants to the dosing instructions is a major challenge. Many researchers have identified medication adherence as a topic to further explore in order to obtain good, usable and reproducible results. In order to gain an understanding of on-the-ground issues in clinical research a survey was conducted, isolating the issue of medication adherence among participants as a discussion point. The research was conducted specifically at clinical trial sites that are involved in HIV pre-exposure prophylaxis research. The survey was conducted at clinical trial sites across South Africa among health care workers in the clinical research sector. The principle issue to be identified was the perceptions of staff and researchers with regards to the current approach to adherence measurement and possible suggestions from them on future adherence interventions strategies. This research was conducted as a qualitative analysis from February to March 2014. Eighteen responses were received. Among the respondents were investigators, medical officers, nurses and pharmacists. The results of the survey suggest that healthcare workers have a strong understanding of the importance adherence monitoring and intervention. They have many ideas on which measurement tools work and which don't, but most importantly feel that the self-report or interview techniques are the most useful. Researchers also feel that much more can be done in order to improve the perception of the clinical research institutes in the eyes of the community and that a more active role should be taken in the community in order to improve the acceptance of the participants to the use of the product.	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Qualitative
Article	2014	Sultan, Binta; Benn, Paul; Waters, Laura	Current perspectives in HIV post-exposure prophylaxis	HIV/AIDS - Research and Palliative Care	-	-	-	-	10.2147/HIV.S46585	https://www.proquest.com/scholarly-journals/current-perspectives-hiv-post-exposure/docview/2229435253/se-2?accountid=8113	The incidence of human immunodeficiency virus (HIV) infection continues to rise among core groups and efforts to reduce the numbers of new infections are being redoubled. Post-exposure prophylaxis (PEP) is the use of short-term antiretroviral therapy (ART) to reduce the risk of acquisition of HIV infection following exposure. Current guidelines recommend a 28-day course of ART within 36–72 hours of exposure to HIV. As long as individuals continue to be exposed to HIV there will be a role for PEP in the foreseeable future. Nonoccupational PEP, the vast majority of which is for sexual exposure (PEPSE), has a significant role to play in HIV prevention efforts. Awareness of PEP and its availability for both clinicians and those who are eligible to receive it are crucial to ensure that PEP is used to its full potential in any HIV prevention strategy. In this review, we provide current evidence for the use of PEPSE, assessment of the risk of HIV transmission, indications for PEP, drug regimens, and management of patients started on PEP. We summarize national and international guidelines for the use of PEPSE. We explore the place of PEP within the wider strategy of reducing HIV incidence rates in the era of treatment as prevention and pre-exposure prophylaxis. We also consider the implications of recent data from interventional and observational studies demonstrating significant reductions in the risk of HIV transmission within a serodiscordant relationship if the HIV-positive partner is taking effective ART upon PEP guidelines.	human immunodeficiency virus; pre-exposure prophylaxis; Antiretroviral drugs; Post-exposure prophylaxis; Prevention; post-exposure prophylaxis; treatment as prevention; Infections; Disease prevention; Medicine; Drug therapy; Disease transmission; Clinical trials; Substance abuse treatment; Human immunodeficiency virus--HIV; United States--US; Acquired immune deficiency syndrome--AIDS; United Kingdom--UK; Drug dosages; Preventive healthcare; Medical Sciences--Allergology And Immunology	English	New Zealand	Asia and the Pacific	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2014	Sun Bean Kim; Yoon, Myoungho; Nam Su Ku; Min Hyung Kim; Song, Je Eun; Jin Young Ahn; Su Jin Jeong; Kim, Changsoo; Hee-Dae Kwon; Lee, Jeehyun; Smith, Davey M; Jun Yong Choi	Mathematical Modeling of HIV Prevention Measures Including Pre-Exposure Prophylaxis on HIV Incidence in South Korea	PLOS One	-	-	-	-	10.1371/journal.pone.0090080	https://www.proquest.com/scholarly-journals/mathematical-modeling-hiv-prevention-measures/docview/1509660101/se-2?accountid=8113	Background Multiple prevention measures have the possibility of impacting HIV incidence in South Korea, including early diagnosis, early treatment, and pre-exposure prophylaxis (PrEP). We investigated how each of these interventions could impact the local HIV epidemic, especially among men who have sex with men (MSM), who have become the major risk group in South Korea. A mathematical model was used to estimate the effects of each these interventions on the HIV epidemic in South Korea over the next 40 years, as compared to the current situation. Methods We constructed a mathematical model of HIV infection among MSM in South Korea, dividing the MSM population into seven groups, and simulated the effects of early antiretroviral therapy (ART), early diagnosis, PrEP, and combination interventions on the incidence and prevalence of HIV infection, as compared to the current situation that would be expected without any new prevention measures. Results Overall, the model suggested that the most effective prevention measure would be PrEP. Even though PrEP effectiveness could be lessened by increased unsafe sex behavior, PrEP use was still more beneficial than the current situation. In the model, early diagnosis of HIV infection was also effectively decreased HIV incidence. However, early ART did not show considerable effectiveness. As expected, it would be most effective if all interventions (PrEP, early diagnosis and early treatment) were implemented together. Conclusions This model suggests that PrEP and early diagnosis could be a very effective way to reduce HIV incidence in South Korea among MSM.	Incidence; HIV; Physicians; California; Antiretroviral therapy; HIV prevention; Pre-exposure prophylaxis; Epidemics; HIV infections; Mortality; Prevention; Mathematical model; Men who have sex with men; Infections; Sexual behavior; Prophylaxis; Diagnosis; Exposure; South Korea; Studies; Mathematical models; HIV epidemiology; Computer simulation; Antiretroviral agents; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Medical diagnosis; Mathematical analysis; HIV diagnosis and management	English	United States	Western and Central Europe and North America	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Quantitative

Article	2014	Tang, EC; Sobieszczyk, ME; Shu, E; Gonzales, P; Sanchez, J; Lama, JR	Provider Attitudes Toward Oral Pre-exposure Prophylaxis for HIV Prevention Among High-Risk Men Who Have Sex with Men in Lima, Peru	AIDS Research and Human Retroviruses	-	-	-	-	0889-2229	10.1089/aid.2013.0212	https://pubmed.ncbi.nlm.nih.gov/24319983/	Oral pre-exposure prophylaxis (PrEP) was the first biomedical intervention to demonstrate efficacy in preventing HIV infection among men who have sex with men (MSM). Healthcare providers' attitudes toward PrEP will be critical in translating this finding into effective public health rollout programs. In a convenience sample of 186 healthcare providers in Peru, we assessed knowledge, barriers, and attitudes to prescribe and monitor HIV PrEP for high-risk MSM and transgender women, the populations with the highest HIV incidence in this setting. A total of 57.5% reported awareness of PrEP, and awareness was independently associated with caring for more than 50 MSM (OR: 3.87; p=0.002). Lack of local guidelines, concern about increased high-risk behavior, antiretroviral drug resistance, and limited availability of antiretrovirals for HIV-infected individuals were the most common barriers to prescribing PrEP. Of all physicians 44.6% indicated that they would be likely to prescribe oral PrEP now; likelihood to prescribe was higher if PrEP were supported by local guidelines (78.3%, p<0.001), if more trials supported its effectiveness (68.5%, p<0.001), and if intervention use were shown to be effective (62.2%, p=0.019). Physicians were more likely to prescribe PrEP now if they care for more than 50 MSM (OR: 6.62, p=0.010). Infectious disease specialists were less likely to prescribe PrEP (OR: 0.10, p=0.003) than nonspecialists. Successful large-scale implementation of PrEP in Peru will require focused educational campaigns to increase awareness and address concerns among healthcare providers.	KNOWLEDGE; HEALTH; SEXUALLY-TRANSMITTED INFECTIONS; ASSOCIATION; EXPERIENCE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2014	Tanuma, Junko	Global Efforts against HIV Epidemic and HIV Vaccine Development.	Tropical Medicine and Health	-	-	-	-	1348-8945 1349-4147	10.2149/tmh.2014-S13	https://pubmed.ncbi.nlm.nih.gov/25425957/	Although the transmission effort has been paid by scientists for creating HIV vaccine over the past three decades since the discovery of HIV-1, the HIV vaccine development still has a long way to go. Only one HIV vaccine, RV144, has been proved to be moderately effective by the clinical trials, but there has been much debate about its usefulness. The difficulties of HIV vaccine development includes the attacks to host's immune system by HIV and the emergence of various escape mutants. The necessity of large clinical trials for the proof of efficacy also makes HIV vaccine development difficult. On the other hand, Treatment as Prevention (TasP) or Pre-exposure Prophylaxis (PrEP) has revealed to be highly effective for HIV prevention. These prevention strategies using antiretroviral therapy is one of the recent main stream of HIV policy worldwide. However, it is believed that a sustained end of the HIV pandemic is guaranteed by the combination of neovaccine prevention and the development of a safe and effective HIV vaccine. The continuous efforts are needed for the HIV vaccine development.	HIV; PrEP; Treatment as Prevention	English	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Clinical
Article	2014	Taylor, SW; Mayer, KH; Elsesser, SM; Mimiaga, MJ; O'Cleirigh, C; Safren, SA	Optimizing Content for Pre-exposure Prophylaxis (PrEP) Counseling for Men Who Have Sex with Men: Perspectives of PrEP Users and High-Risk PrEP Naïve Men	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-013-0617-7	https://pubmed.ncbi.nlm.nih.gov/24077928/	Existing trials of antiretroviral (ARV) medication as chemoprophylaxis against HIV reveal that the degree of protection is primarily dependent on product adherence. However, there is a lack of data on targets for behavioral interventions to improve adherence to ARV as prevention. Information from individuals who have used ARV as pre-exposure prophylaxis (PrEP) can inform behavioral interventions for this biomedical approach. Thirty-nine HIV-uninfected MSM at high risk for HIV acquisition participated in one of four semi-structured focus groups. Two of the focus groups consisted of MSM who had been prescribed and used PrEP (PrEP users) and two groups consisted of MSM who were at high risk for HIV but had not previously used PrEP. An in-depth, within-conscious-use content analysis resulted in six descriptive themes: personality, adherence to a PrEP adherence behavioral intervention: (1) motivation to use PrEP, (2) barriers to PrEP use, (3) facilitators to PrEP use, (4) sexual decision-making in the context of PrEP, (5) prospective PrEP education content, and, (6) perceived effective characteristics of PrEP delivery personnel. Addressing these themes in behavioral interventions in the context of prescribing PrEP may result in the optimal "packaging" of this health program that implement PrEP for high-risk MSM.	HIV PREVENTION; HIV prevention; MSM; ART; Adherence; Pre-exposure prophylaxis (PrEP); INFECTION; ANTIRETROVIRAL PROPHYLAXIS; ADHERENCE; BARRIERS; Antiretroviral therapy for prevention; DECISION-MAKING; MEDICATION; PROMISE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Vesselinova,; Milene; Yang, Kuo-Hsiung; LeCureux, Jonathan; Sykes, Craig; Rossiky-Mulder, Leila; Kashuba, Angela D M; Akkina, Ramesh	Pre-exposure prophylaxis mucosal tissue drug distribution of RT inhibitor Tenofovir and entry inhibitor Maraviroc in a humanized mouse model.	Virology	-	-	-	-	1096-0341	10.1016/j.virol.2014.07.008	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4484670/	Pre-exposure prophylaxis (PrEP) strategies utilizing anti-retroviral drugs show considerable promise for HIV prevention. However there is insufficient pharmacokinetic (PK) data on drug concentrations required for protection at the relevant mucosal tissues where the infection is initiated. Here we evaluated the utility of a humanized mouse model to derive PK data on two leading drugs, the RT inhibitor Tenofovir (TFV) and CCR5 inhibitor Maraviroc (MVC). Following dosed drug, both the drugs and the intracellular active TFV-diphosphate could be detected in vaginal, rectal and cervical tissues. The drug exposures (AUC0-24 h) were found to be higher in vaginal tissue compared to plasma with even higher levels detected in rectal and intestinal tissues. The overall trends of drug concentrations seen in humanized mice reflect those seen in the human thus establishing the utility of this model for assessing PK parameters in tissues. The resemblance between human and humanized mice (NSP) models for future pre-clinical evaluations of promising HIV PrEP drug candidates.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Vogler, Mary A.	Combination antiretroviral treatment for women previously treated only in pregnancy: week 24 results of AIDS clinical trials group protocol A5227.	J Acquir Immune Defic Syndr	-	NA	10.1097/QAI.0000000000000072	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4195722/	New York Presbyterian Hospital, Cornell University. Weill Cornell Medical College. New York, NY, USA.	Antiretroviral Therapy, Postpartum Women, Efavirenz, Adherence, pMTCT	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Wirtz, Edwin O; Herlihon, Ronee; Mugo, Nelly R; Celum, Connie; Mujugira, Andrew; Baksui, Elizabeth A; Baeten, Jared M	Pre-exposure prophylaxis does not affect the fertility of HIV-1-uninfected men.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000000013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4216127/	BACKGROUND: There is a paucity of data on the effect of antiretroviral medications on male fertility. Couples affected by HIV-1 often have fertility intentions, and antiretroviral medications, as both treatment of HIV-1-infected persons and pre-exposure prophylaxis (PrEP) for uninfected persons, are part of pri-conception risk reduction. METHODS: Within a randomized, placebo-controlled trial of daily oral tenofovir disoproxil fumarate (TDF) and combination emtricitabine (FTC)/TDF PrEP for HIV-1 prevention conducted among heterosexual HIV-1 serodiscordant couples, we assessed the impact of TDF and FTC/TDF use on male fertility, measured as incident pregnancy in female partners of men assigned to PrEP vs. placebo. RESULTS: Of the 2962 HIV-1-uninfected men partners, 986 were randomized to placebo, 1000 to TDF, and 976 to FTC/TDF. Over 2,889 person-years of follow-up, 212 pregnancies occurred: 70 in placebo arm, 73 in TDF arm, and 69 in FTC/TDF arm. Unadjusted pregnancy rates were 2.4 per 100 person-years in the placebo arm, 2.5 in the TDF arm, and 2.3 in the FTC/TDF arm. Unadjusted hazard ratios were 1.04 (95% CI: 0.75, 1.44) for TDF vs. placebo and 0.96 (0.68, 1.34) for FTC/TDF vs. placebo. The frequency of live births, pregnancy losses, and gestational age at birth or loss was also statistically similar in the three randomization groups. CONCLUSION: TDF and FTC/TDF, when used as PrEP by HIV-1-uninfected men, did not adversely affect male fertility or pregnancy outcomes.	male fertility, HIV prevention, antiretroviral, Africa, pregnancy	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2014	Wheatham, J; Tayler, S; Charbwood, L; Keith, T; Howell, R; McInnes, C; Payne, E; Hone, J; White, D; Gilhooz, Y	Pre-exposure prophylaxis for conception (PrEP-C) as a risk reduction strategy fo HIV-positive men and HIV-negative women in the UK.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2013.819406	https://dx.doi.org/10.1080/09540121.2013.819406	Couples wishing to have biological children when one partner is HIV positive and the other is HIV negative present clinicians with complex clinical, social and ethical considerations. We established two multidisciplinary pre-conception services for HIV positive individuals and their partners. We report the first UK use of pre-exposure prophylaxis for conception (PrEP-C) as part of an overall risk reduction strategy. Couples were counselled and written informed consent for PrEP-C was obtained. Patient demographics, HIV and medical histories were recorded. Males underwent baseline semen analysis and seminal HIV viral load testing. Females had full fertility screen. Both partners were screened for sexually transmitted infections. All couples used timed ovulatory intercourse (TOI). Tenofovir/emtricitabine (TDF/FTC) was taken by the female at protocol designated times before/after TOI. Thirty-two male positive/female negative couples used the services. Thirteen couples have used PrEP-C (median age of male 41 years (range 31–51); 11 (85%) white British; 2 (15%) black African). Eight couples have successfully conceived (median duration of unprotected sex 12 months (range 3–24)). Five couples (5 pregnancies and 6 miscarriages (740, 630, 1048 and 1 twin 1748) after a median of 2.5 attempts (range 1–5). PrEP-C was well-tolerated with no discontinuations and no HIV transmissions. These data suggest that PrEP-C is a safe and effective option for serodiscordant couples wishing to conceive; a standardised protocol has been developed; data collection via a central database is under way.	PrEP-C; conception; HIV; risk reduction; UK	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Theses and Dissertations	2014	To, Elaine	Metabolism of Antiretroviral Drugs Used in HIV Pre-Exposure Prophylaxis	-	Johns Hopkins University	-	NA	NA	-	http://jhir.library.jhu.edu/handle/1774.2/39301	-	Colorectal, vaginal, HIV, Tenofovir, Dapivirine, nucleotide kinase, cytochrome P450	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2014	Tolley, Elizabeth E.; Kasaya, Sylvia; Kaale, Anne; Mtuja, Anne; Bungani, Doreen; Kidungaro, Happy; Hoadley, Jennifer; Baumgartner, Jay Neal	Comparing patterns of sexual risk among adolescent and young women in a mixed-method study in Tanzania: implications for adolescent participation in HIV prevention trials.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.17.3.19149	https://onlinelibrary.wiley.com/doi/10.7448/IAS.17.3.19149	INTRODUCTION: Despite the disproportionate impact of HIV on women, and adolescents in particular, those below age 18 years are underrepresented in HIV prevention trials due to ethical, safety and logistical concerns. This study examined and compared the sexual risk contexts of adolescent women aged 15-17 to young adult women aged 18-21 to determine whether adolescents exhibited similar risk profiles and the implications for their inclusion in future trials. METHODS: We conducted a two-phase, mixed-method study to assess the opportunities and challenges of recruiting and retaining adolescents aged 15-17 (16 young women (16-21) in Tanzania. Phase 1, summarized here, consisted of 30 semi-structured interviews with 11 adolescent and young women (16-21) to explore sexual risk contexts in preparation for a mock clinical trial (MCT). For Phase II, 135 HIV-negative, non-pregnant adolescents and young women were enrolled into a six-month MCT to assess and compare: 1) retention; 2) adherence to study visits; and 3) sexual risk behaviour, pregnancy and sexually transmitted infection (STI) incidence. RESULTS: In both research phases, adolescents appeared to be at similar, if not higher, risk than their young adult counterparts. Adolescents reported earlier sexual debut, risk than their young adult counterparts. Adolescents reported earlier sexual debut, and shorter durations of intimate partners, pregnancy and STI/RTI rates, yet had lower perceived risk. Married women in the CFR approved at particular risk but were less represented in the MCT. In addition, adolescents were less likely than their older counterparts to have accessed HIV testing, obtained gynaecological exams or used protective technologies. CONCLUSIONS: Adolescent women under 18 are at risk of multiple negative SRH outcomes and they underuse preventive services. Their access to new technologies such as vaginal microbicides or pre-exposure prophylaxis (PrEP) may similarly be compromised unless greater effort is made to include them in clinical trial research.	Adolescent; Humans; Incidence; Male; Young Adult; Female; Risk Assessment; *Risk-Taking; Tanzania; *Sexual Behavior; HIV prevention; adolescents; sexual and reproductive health; *Disease Transmission, Infectious; clinical trials research; Sexually Transmitted Diseases/*epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2014	Tremado, E; Castro, DPR; Quatromire, G; Gonçalves, T; Le Gall, JM	Knowledge, Willingness and Intention to Use Pre-exposure Prophylaxis – PrEP – in France (2014). Preliminary Results from a Community-based Survey.	AIDS Research and Human Retroviruses	-	-	-	-	0889-2229	10.1089/aid.2014.5333a.abstract	https://www.liebertpub.com/doi/full/10.1089/aid.2014.5333a.abstract	Background: In July 2012, the FDA approved the daily use of TDF/FTC as PrEP for individuals at high risk for HIV infection. In May 2014, the USA Public Health Service published the first clinical practice guidelines for PrEP and in July 2014, WHO issued the consolidated guidelines on HIV prevention recommending use of PrEP as well. In France, the major HIV/AIDS NGO (AIDES) has been lobbying for temporary use of PrEP without success. In this context, AIDES conducted a survey aimed to know who would be interested in PrEP. Methods: A questionnaire exploring knowledge about PrEP, willingness and intention to use PrEP was proposed to MSM visiting the gay center of AIDES from 21st March-13th April 2014. A brief introduction to the questionnaire explained what is PrEP. Results: 1,374 persons answered the questionnaire. 76.2% of the respondents were French, 72.2% male and 42.4% had a university degree. Median age was 29. 38.3% declared to be heterosexual men, 27.3% heterosexual or lesbian women, 34.3% MSM. Knowledge of PrEP before filling the questionnaire and intention to use PrEP were reported respectively by 43.5% and 89.3% of the respondents. Univariate logistic regression showed that factors associated with the intention to use PrEP are: being born abroad (p = 0,001), not having educational background (p = 0,001), having children (p = 0,05), being older (p < 0,05), having a high level of education (p < 0,05), living in Paris (p < 0,05), being MSM (p < 0,001), having had a STI in the last 12 months (p < 0,001), having had more than 10 sexual partners in the last 12 months (p < 0,001). Finally, self-perception of HIV acquisition risk as low was inversely associated with the intention to use PrEP (p < 0,05). Conclusion: These first results regarding knowledge, willingness and intention to use PrEP in France show that heterosexual migrants declare a higher intention to use PrEP. These results should be used to design an adequate PrEP delivery service. Further analysis will be presented in order to complete these results.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Quantitative
Article	2014	Treziza, Christine R.; Kashuba, Angela D. M.	Pharmacokinetics of antiretrovirals in genital secretions and anatomic sites of HIV transmission: implications for HIV prevention.	Clinical pharmacokinetics	-	-	-	-	1179-1926 0312-5963	10.1007/s40262-014-0148-z	https://pubmed.ncbi.nlm.nih.gov/24859035/	The incidence of HIV remains alarmingly high in many parts of the world. Prophylactic use of antiretrovirals, capable of concentrating in the anatomical sites of transmission, may reduce the risk of infection after an unprotected sexual exposure. To date, orally and topically administered antiretrovirals have exhibited suitable success in preventing HIV transmission in animal models. Understanding how mucosal pharmacokinetics may help explain the outcomes of these investigations. Penetration and accumulation of antiretrovirals into sites of transmission can influence dosing strategies and pre-exposure prophylaxis clinical trial design. Antiretroviral tissue distribution varies widely within and between drug classes, attributed in part to their physicochemical properties and tissue-specific drug transporter expression. Nucleoside(-side) reverse transcriptase inhibitors, the CCR5 antagonist maraviroc, and the integrase inhibitor raltegravir demonstrate the highest penetration into the male and female reproductive tracts and colorectal tissue relative to blood. This review describes antiretroviral exposure in anatomic sites of transmission, and places these findings in context with the prevention of HIV and the efficacy of pre-exposure prophylaxis strategies.	Humans; Male; Female; HIV Infections/*drug therapy/prevention & control; Organ Specificity; Anti-HIV Agents/*administration & dosage/*pharmacokinetics/therapeutic use; Genitalia, Female/*drug effects/metabolism; Genitalia, Male/*drug effects/metabolism; Rectum/*drug effects	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2014	Underhill, Kristen; Morrow, Kathleen M; Colleton, Christopher M; Holcomb, Richard; Operario, Don; Calabrese, Sarah K; Gallitzgar, Omar; Mayer, Kenneth H	Access to healthcare, HIV/STI testing, and preferred pre-exposure prophylaxis providers among men who have sex with men and men who engage in street-based sex work in the US.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0112425	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4227660/	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a promising strategy for HIV prevention among men who have sex with men (MSM) and men who engage in sex work. But access will require routine HIV testing and contacts with healthcare providers. This study investigated men's healthcare and HIV testing experiences to inform PrEP implementation. METHODS: We conducted 6 focus groups (n?=?30) in 2012 and 56 in-depth qualitative interviews in 2013-14 with male sex workers (MSWs) (n?=?31) and other MSM (n?=?25) in Providence, RI. MSWs primarily accessed care in emergency rooms (ERs), including primary care, substance use treatment, and mental health services. MSM not engaging in sex work were more likely to report access in primary and specialist care. Rates of HIV testing among these MSM were slightly lower, but they reported more STI testing, more insurance coverage, and fewer unmet needs. Preferred PrEP providers for both groups included primary care physicians, infectious disease specialists, and psychiatrists. MSWs were also willing to access PrEP in substance use treatment and ER settings. CONCLUSIONS: PrEP outreach efforts for MSWs and other MSM should engage diverse providers in many settings, including mental health and substance use treatment, ERs, needle exchanges, correctional institutions, and HIV testing centers. Access to PrEP will require financial assistance, but can build on existing healthcare contacts for both populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Underhill, Kristen; Morrow, Kathleen M; Operario, Don; Mayer, Kenneth H	Could FDA Approval of Pre-exposure Prophylaxis Make a Difference? A Qualitative Study of PrEP Acceptability and FDA Perceptions Among Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-013-0498-9	https://www.proquest.com/scholarly-journals/could-fda-approval-pre-exposure-prophylaxis-make/docview/1492281441/se-2?accountid=8113	The FDA has approved tenofovir-emtricitabine for use as HIV pre-exposure prophylaxis, but it is unknown how approval may affect PrEP acceptability among US men who have sex with men. We conducted 8 focus groups among 38 Black Island MSM, including 3 groups among 16 men who were not aware of PrEP and 5 groups among 22 men in the general MSM community. Participants reported varied understandings of PrEP and perceived consequences and meanings of FDA approval. Some participants would not use PrEP without approval, while others perceived approval as irrelevant or less significant than other sources of information. Our results suggest that FDA approval sends a signal that directly shapes PrEP acceptability among some MSM, while indirect influences of approval may affect uptake by others. Efforts to educate MSM about PrEP can increase acceptability by incorporating information about FDA approval, and outreach strategies should consider how this information may factor into personal decisions about PrEP use.PUBLICATION ABSTRACT	Adult; Humans; Male; United States; tenofovir; Homosexuality, Male; Health Knowledge, Attitudes, Practice; emtricitabine; Organophosphonates; Interviews as Topic; Patient Acceptance of Health Care; Focus Groups; Perception; Adenine; Qualitative Research; Sex Workers; Pre-exposure prophylaxis; Antiretroviral Therapy, Highly Active; Men who have sex with men; Men; Men who have sex with men; Sexual behavior; Qualitative research; Adenine/analogs & derivatives; Deoxycytidine; Acceptability; Anti-Retroviral Agents; Human immunodeficiency virus - HIV; Gays & lesbians; HIV Infections -- prevention & control; Adenine -- administration & dosage; Adenine -- analogs & derivatives; Deoxycytidine -- administration & dosage; Deoxycytidine -- analogs & derivatives; HIV Infections -- drug therapy; Anti-Retroviral Agents -- therapeutic use; Chemoprevention -- utilization; Organophosphonates -- administration & dosage; United States Food & Drug Administration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2014	Zeevi, Tomal; Primrose, Rachel J.; Surapaneni, Lahari; Ziegler, Gregory R.; Hayes, John E.	Firmness Perception Influences Women's Preferences for Vaginal Suppositories.	Pharmaceutics	-	-	-	-	1999-4923	10.3390/pharmaceutics6030312	https://www.mdpi.com/1999-4923/6/3/312	Microbicides are being actively researched and developed as woman-initiated means to prevent HIV transmission during unprotected coitus. Along with safety and efficacy, assessing and improving compliance is a major area of research in microbicide development. We have developed carrageenan-based semisoft vaginal suppositories and have previously evaluated how physical properties such as firmness, size and shape influence women's willingness to try them. Firmness has previously been quantified in terms of small-strain storage modulus, G′, however, large-deformation properties of the gels may also play a role in the firmness perception. In the current study we prepared two sets of suppositories with the same G′ but different elongation properties at four different G′ values (250, 2500, 12,500, 25,000 Pa). In the first set, women evaluated samples across different G′, rated the ease-of-insertion and willingness-to-try and ranked the samples in order of preference. Bristle suppositories at G′ of 12,500 Pa were most preferred. In vitro studies were also conducted to measure the softening of the suppositories in contact with vaginal simulant fluid (VSF). Release of antiretroviral drug tenofovir in VSF was quantified for the bristle and elastic suppositories at G′ of 12,500 Pa to determine the effect of suppository type on release. The initial rate of release was 20% slower with elastic suppositories as compared to bristle suppositories. Understanding how different physical properties simultaneously affect women's preferences and pharmacological efficacy in terms of drug release is required for the optimization of highly acceptable and efficacious microbicides.	microbicide; acceptability; product optimization; sensory perception; semisolid suppository; tenofovir	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2014	Zhao, Yuqin	Mathematical and Statistical Insights in Evaluating State Dependent Effectiveness of HIV Prevention Interventions	-	Arizona State University	-	NA	NA	-	http://repository.asu.edu/items/27531	-	Pre-Exposure Prophylaxis (PrEP) is any medical or public health procedure used before exposure to the disease causing agent, its purpose is to prevent, rather than treat or cure a disease. Most commonly, PrEP refers to an experimental HIV prevention strategy that would use antiretrovirals to protect HIV-negative people from HIV infection. A deterministic mathematical model of HIV transmission is developed to evaluate the public-health impact of oral PrEP distribution, and to compare PrEP effectiveness with respect to different evaluation methods. The effects of demographic, behavioral, and epidemic parameters on the PrEP impact are studied in a multivariate sensitivity analysis. Most of the published models on HIV interventions impact assume that the number of individuals joining the sexually active population per year is constant or proportional to the total population. In the second part of this study, three models are presented and analyzed to study the PrEP interventions, with constant, linear, and polynomial recruitment rates. How different demographic assumptions can affect the evaluation of PrEP is studied. When provided with data, often least square fitting or similar approaches can be used to determine a single "best" estimate of parameters in a model. However, the "best" estimate rarely tells the whole story. Bayesian methods provide a framework to combine prior knowledge with data to update the probability of these particular estimates. Therefore, in the third part of this study, Bayesian parameter estimation is applied on fitting GDE model to the related HIV data, finding with a set of prior distributions for the parameters as initial guess, Bayes' formula can be applied to obtain a set of posterior distributions for the parameters which makes the model fit the observed data best. Evaluating the posterior distribution often requires the integration of high-dimensional functions, which is usually difficult to calculate numerically. Therefore, the Markov chain Monte Carlo (MCMC) method is used to approximate the posterior distribution.	Applied-mathematics; Bayesian Parameter Estimation; Effectiveness Indictor; HIV; PrEP; Recruitment Rate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2014	Zhou, Tian	Expression, Regulation and Function of Drug Transporters in Tissues and Cells Relevant to HIV-1 Sexual Transmission	-	University of Pittsburgh	-	NA	NA	-	http://d-scholarship.pitt.edu/23407/	-	Although some clinical trials have shown the promise of antiretroviral-based topical and oral pre-exposure prophylaxis (PrEP) products in the prevention of HIV-1 sexual transmission, other studies have observed unsatisfactory drug exposures in the cervicovaginal tissue. Therefore, it is important to understand the PrEP effectiveness and there is an urgent need to identify determinants of drug exposure in the cervicovaginal tissue. Drug transporters are important determinants of drug disposition and cells, to induce drug-drug interactions. Therefore, current work aims to characterize the expression, regulation, and function of drug transporters in human cervicovaginal and colorectal tissues, as well as the stimulated-inside and cell lines infected in PrEP products testing. Multiple efflux and uptake transporters, including P-gp, BCRP, MRP4, 5, 7 and ENT1, were found to be positively expressed in the cervicovaginal and colorectal tissue and liver, as revealed by real-time reverse transcriptase-polymerase chain reaction (RT-PCR). In a given genital tract segment, the transporter with the highest expression level was either BCRP or P-gp, while MRP4 was always expressed at the lowest level. Localization of these transporters was predominantly observed in the epithelial cell layer (Ecto1/Ecto7, Ecto3/Ecto8, Ecto5/Ecto9, Ecto6/Ecto10) and vaginal fibroblasts (Ecto2/Ecto4), while BCRP was predominantly localized in the vascular endothelial cells. Differences in transporter mRNA level and localization were observed among vaginal, cervicovaginal, and vaginal regions. Compared to human tissue, the macaque cervicovaginal tissues displayed comparable expression and localization patterns of the three transporters, although subtle differences were observed between the two species. The role of these cervicovaginal transporters in drug absorption and disposition warrants further studies. The resemblance between human and pigtailed macaque in transporter expression and localization suggests the utility of the macaque model in the studies of human cervicovaginal transporters.	Transporters, microbicides, PrEP, female genital tract, colorectal tissue, drug exposure	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2014	Zhou, Tian; Hu, Minli; Pearlman, Andrew; Patton, Dorothy; Rohan, Lisa	Expression and localization of p-glycoprotein, multidrug resistance protein 4, and breast cancer resistance protein in the female lower genital tract of human and pigtailed macaque.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/AID.2013.0281	https://pubmed.ncbi.nlm.nih.gov/24003409/	Antiretroviral drug absorption and disposition in cervicovaginal tissue is important for the effectiveness of vaginally or orally administered drug products in preexposure prophylaxis (PrEP) of HIV-1 sexual transmission to women. Therefore, it is imperative to understand critical determinants of cervicovaginal tissue pharmacokinetics. This study aimed to examine the mRNA expression and protein localization of three efflux transporters, P-glycoprotein (P-gp), multidrug resistance-associated protein 4 (MRP4), and breast cancer resistance protein (BCRP), in the lower genital tract of premenopausal women and pigtailed macaques. Along the human lower genital tract, the three transporters were moderately to highly expressed expression of cervicovaginal and colorectal tissue and liver, as revealed by real-time reverse transcriptase-polymerase chain reaction (RT-PCR). In a given genital tract segment, the transporter with the highest expression level was either BCRP or P-gp, while MRP4 was always expressed at the lowest level. Localization of these transporters was predominantly observed in the epithelial cell layer (Ecto1/Ecto7, Ecto3/Ecto8, Ecto5/Ecto9, Ecto6/Ecto10) and vaginal fibroblasts (Ecto2/Ecto4), while BCRP was predominantly localized in the vascular endothelial cells. Differences in transporter mRNA level and localization were observed among vaginal, cervicovaginal, and vaginal regions. Compared to human tissue, the macaque cervicovaginal tissues displayed comparable expression and localization patterns of the three transporters, although subtle differences were observed between the two species. The role of these cervicovaginal transporters in drug absorption and disposition warrants further studies. The resemblance between human and pigtailed macaque in transporter expression and localization suggests the utility of the macaque model in the studies of human cervicovaginal transporters.	Humans; Animals; Female; Reverse Transcriptase Polymerase Chain Reaction; Macaca nemestrina; Immunohistochemistry; HIV Infections/prevention & control; Pre-Exposure Prophylaxis/methods; Real-Time Polymerase Chain Reaction; Microscopy, *Gene Expression Profiling; *Genitalia, Female; Anti-Retroviral Agents/administration & dosage/*pharmacokinetics; Substrate Specificity; Member 2 Subfamily B Member 1/*biosynthesis/genetics; ATP-Binding Cassette Transporters/*biosynthesis/genetics; Multidrug Resistance-Associated Proteins/*biosynthesis/genetics; RNA, Messenger/analysis/genetics	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical

Article	2015	Abdool Karim, Quarraisha; Dellar, Rachael C; Bearnot, Benjamin; Werner, Lise; Frohlich, Janet A; Kharsany, Ayesha B; M; Abdool Karim, Salim S	HIV-Positive Status Disclosure in Patients in Care in Rural South Africa: Implications for Scaling Up Treatment and Prevention Interventions	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-014-0951-4	https://www.proquest.com/scholarly-journals/hiv-positive-status-disclosure-patients-care/docview/1658371154/se-2?accountid=8113	A nuanced understanding of HIV-positive status disclosure is urgently needed to inform the implementation of prevention interventions, including TasP and PrEP. To provide such understanding for the high HIV-burden setting of rural KwaZulu-Natal, we conducted a prospective cohort study to characterize determinants and trends in HIV-positive status disclosure. 687 consenting HIV-positive individuals (73.2 % female; 60.3 % ART initiated) were enrolled. Reports of any incidence of disclosure to either a family member or sexual partner at enrollment and follow-up visits (median 4.4 months post-enrolment) were common (91.0 %); however, reports of disclosure specifically to sexual partners were relatively rare (34.1 %), especially in women (29.8 %). Participants not engaged in a stable partnerships, not ART-imitated, and/or who had disclosed to their family were at risk of non-disclosure to sexual partners. These data highlight both an urgent need to empower HIV-positive individuals, and the significant barriers to targeting sero-discordant couples for HIV prevention in this setting.	South Africa; Risk; Antiretroviral therapy; HIV prevention; Disclosure; Antiretroviral drugs; Psychology; Prevention; Anti-retroviral therapy; Treatment; Sexual behavior; Prep; Patients; Couples; Females; Rural South Africa; Status disclosure; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Sexual partners; Medical treatment; Rural areas; Partnerships; HIV-positive people; Tasp; Constraints; Scaling; 6126:acquired immune deficiency syndrome (AIDS); KwaZulu-Natal Province South Africa; Self disclosure	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2015	Abdool Karim, Salim S.; Abdool Karim, Quarraisha; Baxter, Cheryl	Antibodies for HIV prevention in young women.	Current Opinion in HIV and AIDS	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000147	https://journals.lww.com/co-hivandaids/fulltext/2015/05000/antibodies_for_hiv_prevention_in_young_women.9.aspx	PURPOSE OF REVIEW: Young women in sub-Saharan Africa bear a disproportionate HIV burden. They urgently require new HIV prevention approaches that they can use. This review provides an overview of the use of antiretrovirals for HIV preexposure prophylaxis (PrEP), highlighting some of the challenges with this technology and explores the potential role of mAbs for HIV prevention in women. RECENT FINDINGS: Recent findings on the initial steps in viral entry and establishment of a productive local infectious nidus in the vaginal epithelium has provided important clues for HIV prevention in the female genital tract. Topical and oral formulations of antiretroviral drugs have been shown to prevent HIV infection in women with varying levels of success, depending principally on adherence. Further, several new broad and potent mAbs have been isolated over the last 5 years. Nonhuman primate studies demonstrate that broadly neutralizing HIV mAbs can protect rhesus macaques from simian immunodeficiency virus-HIV chimera (SHIV) infection. These findings have created newfound enthusiasm for passive immunization as a potential prevention strategy for women. SUMMARY: If potent broadly neutralizing mAbs are effective in preventing HIV infection in women, this outcome could fill an important gap in HIV prevention technologies for young women, especially in Africa.	Adolescent; Adult; Humans; Young Adult; Animals; Female; Macaca mulatta; Vulnerable Populations; Simian Immunodeficiency Virus; Africa; HIV Antibodies/*immunology; *HIV Infections/immunology/prevention & control; *Immunization, Passive; Antibodies, Monoclonal/immunology; HIV/immunology; Simian Acquired Immunodeficiency Syndrome	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2015	Agot K.; Taylor D.; Corneli A.L.; Wang M.; Ambia J.; Kashuba A.D.M.; Parker C.; Lemons A.; Malahleha M.; Lombaard J.; Van Damme L.	Accuracy of Self-Report and Pill-Count Measures of Adherence in the FEM-PrEP Clinical Trial: Implications for Future HIV-Prevention Trials	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-014-0859-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939879759&doi=10.1007%2fs10461-014-0859-z&partnerID=40&md5=1c3d4c927a4948abb3fb7d324f1cca8c	Oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) has been evaluated as pre-exposure prophylaxis (PrEP). We describe the accuracy of self-reported adherence to FTC/TDF and pill counts when compared to drug concentrations in the FEM-PrEP trial. Using drug concentrations of plasma tenofovir (TFV) and intracellular tenofovir diphosphate (TFVdp) among a random sub-sample of 150 participants assigned to FTC/TDF, we estimated the positive predictive value (PPV) of four adherence measures. We also assessed factors associated with misreporting of adherence using multiple drug-concentration thresholds and explored pill use and misreporting using semi-structured interviews (SSIs). Reporting use of ≥1 pill in the previous 7 days had the highest PPV, while pill-count data consistent with missing ≤1 day had the lowest PPV. However, all four measures demonstrated poor PPV. Reported use of oral contraceptives (OR 2.26; p = 0.014) and weeks of time in the study (OR 1.02; p < 0.001) were significantly associated with misreporting adherence. Although most SSI participants said they did not misreport adherence, participant-dependent adherence measures were clearly unreliable in the FEM-PrEP trial. Pharmacokinetic monitoring remains the measure of choice until more reliable participant-dependent measures are developed. © 2014, The Author(s).	Adherence; Pill-count; Positive predictive value; PrEP; Self-report	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2015	Andrews C.D.; Heneine W.	Cabotegravir long-acting for HIV-1 prevention	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000161	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84943157139&doi=10.1097%2fCOH.0000000000000161&partnerID=40&md5=84ce247689aa81f61758c5173e168372	Purpose of review Preexposure prophylaxis (PrEP) with daily Truvada has demonstrated clinical efficacy against HIV-1 acquisition that correlates with high adherence. Long-acting antiretroviral drugs offer an alternative to daily regimens and may improve PrEP adherence. This review summarizes the preclinical nonhuman primate studies for evaluating the efficacy of cabotegravir long-acting as PrEP and the ongoing phase 2a studies assessing safety, tolerability, and acceptability of cabotegravir long-acting. Recent findings Cabotegravir is an HIV-1 integrase strand transfer inhibitor with intrinsic properties that permit its formulation as a long-acting injectable suspension. In clinical evaluation, cabotegravir long-acting has a half-life that permits infrequent dosing, possibly once every 3 months. In validated macaque models, cabotegravir long-acting demonstrated high protection against both rectal and vaginal transmission at clinically achievable drug concentrations. Summary PrEP, after approval of Truvada, continues to evolve to address adherence limitations of daily dosing. As a long-acting injectable antiretroviral drug, cabotegravir long-acting permits quarterly dosing and demonstrated high efficacy in macaque models supporting dose selection and clinical development. Clinical studies have confirmed dose selection in phase 2a trials with cabotegravir long-acting to ultimately lead to phase 2b/3 PrEP efficacy trials. © 2015 Wolters Kluwer Health, Inc. All rights reserved.	Cabotegravir; GSK1265744; GSK744; Long-acting injectable; Nonhuman primate; Preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Andrews, Chasity D.; Yueh, Yun Lan; Spreen, William R.; St Bernard, Leslie; Boente-Carrera, Mar; Rodriguez, Kristina; Gettie, Agegnehu; Russell-Lodrigue, Kasi; Blanchard, James; Ford, Susan; Mohri, Hiroshi; Cheng-Mayer, Cecilia; Hong, Zhi; Ho, David D.; Markowitz, Martin	A long-acting integrase inhibitor protects female macaques from repeated high-dose intravaginal SHIV challenge.	Science Translational Medicine	-	-	-	1946-6242 1946-6234	10.1126/scitranslmed.3010298	https://pubmed.ncbi.nlm.nih.gov/25589630/	Long-acting GSK1265744 (GSK744 LA) is a strand transfer inhibitor of the HIV/SIV (simian immunodeficiency virus) integrase and was shown to be an effective preexposure prophylaxis (PrEP) agent in a low-dose intrarectal SHIV (simian-human immunodeficiency virus) rhesus macaque challenge model. We examined the pharmacokinetics and efficacy of GSK744 LA as PrEP against repeat high-dose intravaginal SHIV challenge in female rhesus macaques treated with Depo-Provera (depot medroxyprogesterone acetate), which promotes viral transmission vaginally. When Depo-Provera-treated female rhesus macaques were dosed with GSK744 LA (50 mg/kg) monthly, systemic and tissue drug concentrations were lower than previously observed in male rhesus macaques. GSK744 concentrations were fivefold lower on average in cervical tissues than in rectal tissues. Eight female rhesus macaques were treated with GSK744 LA at week 0, and four female rhesus macaques served as controls. All animals received a high-dose challenge of SHIV162P3 at week 1. No infection was detected in GSK744 LA-treated rhesus macaques, whereas viremia was detected 1 to 2 weeks after SHIV challenge in all control animals. The GSK744 LA-treated rhesus macaques were given a second administration of drug at week 4 and further challenged at weeks 5 and 7. GSK744 LA treatment protected six of eight female rhesus macaques against three high-dose SHIV challenges, whereas all control animals became infected after the first challenge (P = 0.0003, log-rank test). These results support further clinical development of GSK744 LA for PrEP.	Animals; Female; Viral Load; Administration, Intravaginal; Vagina/virology; Macaca; Simian Immunodeficiency Virus/*drug effects; Mutation; Molecular Sequence Data; Genome, Viral; Likelihood Functions; Simian Acquired Immunodeficiency Syndrome/*prevention & control/virology; Anti-Retroviral Agents/pharmacokinetics/*therapeutic use; Integrase Inhibitors/pharmacokinetics/*therapeutic use; Medroxyprogesterone Acetate/chemistry; Pyridones/chemistry	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Arora K.S.; Streed C.G.	Ensuring the ethical implementation of the new world health organization pre-exposure prophylaxis recommendations for men who have sex with men	LGBT Health	-	-	-	23258292	10.1089/lgbt.2014.0086	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84969194943&doi=10.1089%2flgbt.2014.0086&partnerID=40&md5=bc3ff7eb33d224760817367b7a5a3a1c	The World Health Organization's (WHO) new recommendation to encourage pre-exposure prophylaxis in men who have sex with men (MSM) is an important step towards eradicating the HIV epidemic. However, the ethical issues of stigma, privacy and confidentiality, and access must be addressed in order to ensure the optimal implementation of this important recommendation. © Mary Ann Liebert, Inc. 2015.	anti-retroviral; HIV; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Arya, Vikram; Au, Stanley; Belew, Yodit; Miele, Peter; Struble, Kimberly	Regulatory challenges in developing long-acting antiretrovirals for treatment and prevention of HIV infection.	Current Opinion in HIV and AIDS	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000163	https://pubmed.ncbi.nlm.nih.gov/26049954/	PURPOSE OF REVIEW: To outline some of the regulatory challenges inherent to the development of long-acting antiretrovirals (ARVs) for the treatment or prevention of HIV infection. RECENT FINDINGS: Despite advances in drug development that have reduced ARV dosing to once daily, suboptimal drug adherence remains an obstacle to successful HIV treatment. Further, large randomized trials of once daily oral ARVs for preexposure prophylaxis (PrEP) have shown that drug adherence correlates strongly with prophylactic effect and study outcomes. Thus, the prospect of developing long-acting ARVs, which may mitigate drug adherence issues, has attracted considerable attention lately. SUMMARY: Because of their pharmacokinetic properties, the development of long-acting ARVs can present novel regulatory challenges. Chief among them is determining the appropriate dosing regimen, the need for an oral lead-in, and whether existing data with an approved oral agent, if available, can be leveraged for a treatment or prevention indication. For PrEP, because validated biomarkers are lacking, additional nonclinical studies and evaluation of tissue concentrations in multiple compartments may be necessary to identify optimal dosages. Study design and choice of controls for registrational trials of new long-acting PrEP agents might also prove challenging following the availability of an oral PrEP drug.	Humans; Anti-HIV Agents/*administration & dosage; United States; Delayed-Action Preparations; Drug Discovery; HIV Infections/drug therapy/prevention & control/*therapy; *Legislation, Drug	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Auerbach J.D.; Kinsky S.; Brown G.; Charles V.	Knowledge, attitudes, and likelihood of pre-exposure prophylaxis (PrEP) use among us women at risk of acquiring HIV	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2014.0142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84923167307&doi=10.1089%2fapc.2014.0142&partnerID=40&md5=56cf568cdedd7e1f0e87b763cbe13d155	Although the Food and Drug Administration (FDA) approved oral Truvada for pre-exposure prophylaxis (PrEP) for women at risk of HIV infection in the US in July 2012, and the Centers for Disease Control and Prevention (CDC) issued guidance for clinicians to provide PrEP to women "at substantial risk of HIV acquisition" in May 2014, there remain no clinical trial data on efficacy among US women, and there is a dearth of research on knowledge, attitudes, and likelihood of use of PrEP among them. We conducted a qualitative focus group (FG) study with 144 at-risk women in six US cities between July and September 2013, including locations in the Southern US, where HIV infections among women are most prevalent. FG questions elicited awareness of PrEP, attitudes about administration and uptake, and barriers to and facilitators of use. Women expressed anger at the fact that they had not heard of PrEP prior to the study, but once informed most found it attractive. PrEP was seen as additional, not substitute protection to condoms, and participants suggested several dissemination strategies to meet the diverse needs of women. Key barriers to PrEP uptake included distrust of the medical system, stigma, and cost. Findings suggest that US women view PrEP as an important prevention option, assuming side effects and the cost to the consumer are minimal, the efficacy of the drug is reasonable, and PrEP is delivered by trusted providers in trusted venues. © Mary Ann Liebert, Inc. 2015.	emtricitabine plus tenofovir disoproxilanti human immunodeficiency virus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Auerbach, Judith D.; Hoppe, Trevor A.	Beyond "getting drugs into bodies": social science perspectives on pre-exposure prophylaxis for HIV.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.19983	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509897/	Social scientists have much to contribute to the analysis of the real and potential contribution of pre-exposure prophylaxis (PrEP) to HIV prevention around the world. Beyond just a matter of clinical efficacy and getting pills into people's mouths, PrEP raises a number of important social-psychological questions that must be attended to in order to translate biomedical and clinical findings into uptake of PrEP among enough people at risk of HIV infection to produce population-level effectiveness. PrEP is a dynamic phenomenon with "dialectical" attributes that invite both optimism and cynicism as a desirable and effective HIV prevention strategy. PrEP disrupts traditional notions of "safe" and "unsafe" sex; it confers on its users a level of agency and control not generally achieved with condoms; and it affects sexual practices and sexual cultures in meaningful ways. As these dynamics play out in different contexts, and as new modes of PrEP administration emerge, it will be important for social scientists to be engaged in assessing their impact on PrEP implementation and effectiveness.	Humans; Male; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control; Sexual Behavior; *Pre-Exposure Prophylaxis; HIV prevention; PrEP; sexuality; risk compensation; social science; Social Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Baggaley R.; Doherty M.; Ball A.; Ford N.; Hirnschall G.	The strategic use of antiretrovirals to prevent HIV infection: A converging agenda	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/civ091	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84942092719&doi=10.1093%2fcid%2fciv091&partnerID=40&md5=59192ff0e405550c82c4b594e9670b8b	There is a clear convergence toward an overarching strategic use of antiretroviral drugs to prevent human immunodeficiency virus (HIV) infection. Four interventions-immediate antiretroviral therapy (ART) for the infected partner in a serodiscordant couple, preexposure prophylaxis (PrEP), prevention of mother-to-child transmission (PMTCT), and postexposure prophylaxis (PEP)-are all strongly recommended by the World Health Organization as effective ways to prevent HIV infection. For HIV-infected individuals, ART to protect an HIV-uninfected partner and PMTCT are both part of an expanding list of recommendations for starting ART immediately to both treat and prevent HIV infection. For HIV-uninfected individuals, PrEP and PEP are increasingly being seen as related interventions, and there are compelling reasons to consider the provision of PEP as a potential gateway to PrEP. The effectiveness of each of these interventions depends on overcoming barriers to seeking services, adequate community understanding and engagement, high levels of access and uptake of services including HIV testing and counselling, and high levels of adherence. © The Author 2015. Published by Oxford University Press.	Antiretroviral therapy; HIV/AIDS; PMTCT; Postexposure prophylaxis; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2015	Baum, MM; Butkyavichene, I; Churchman, SA; Lopez, G; Miller, CS; Smith, TJ; Moss, JA	An intravaginal ring for the sustained delivery of tenofovir disoproxil fumarate	International Journal of Pharmaceutics	-	-	-	0378-5173	10.1016/j.ijpharm.2015.09.028	https://pubmed.ncbi.nlm.nih.gov/26386138/	Recent clinical trials have demonstrated that pre-exposure prophylaxis (PrEP) may prevent HIV infection in a significant number of HIV-1 negative individuals in venerable populations; however, trial efficacy has been highly variable, with notable successes and failures. Poor adherence to PrEP regimens has been implicated as a primary factor in determining efficacy of these trials. With the exception of CAPRISA 004 where use of a pericoital tenofovir gel led to a 39% reduction in HIV infection, all successful PrEP regimens to date have used the fumarate salt of the tenofovir disoproxil ester prodrug of tenofovir (TDF) alone or in combination with emtricitabine (FTC). A sustained-release, intravaginal ring (IVR) formulation of TDF holds promise for improving adherence and, thus, increasing the effectiveness of PrEP. Here, a novel IVR delivering TDF with sustained zero-order release characteristics that may be controlled over nearly two orders of magnitude is described. Pod-IVRs containing 1-10 pods delivering TDF at 0.01-10 mg d (1) were fabricated and their release characteristics evaluated in vitro. The pod-IVRs stabilized TDF against hydrolytic degradation both in storage and during in vitro release experiments. Successful translation of the TDF pod-IVR from laboratory evaluation to large-scale clinical trials requires the ability to manufacture the devices at low cost and in high quantity. Methods for manufacturing and scale-up were developed and applied to pilot-scale production of TDF pod-IVRs that maintained the IVR's release characteristics while significantly decreasing the variability in release rate observed between pod-IVRs. This pod-IVR enables for the first time the dose-ranging clinical studies that are required to optimize topical TDF PrEP in terms of efficacy and safety. (C) 2015 Elsevier B.V. All rights reserved.	Tenofovir; HIV PREVENTION; PMPA; HIV/AIDS; Pre-exposure prophylaxis; Antiretroviral; SAFETY; ANTIRETROVIRAL PREEXPOSURE PROPHYLAXIS; PHARMACOKINETICS; ADHERENCE; MEDICATION; IN-VITRO; Intravaginal ring; Sustained release	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Baxi, Sanjiv M; Liu, Albert; Bacchetti, Peter; Mutua, Gaudensia; Sanders, Eduard J; Kibengo, Freddie M; Haberer, Jessica E; Rooney, James; Hendrix, Craig W; Anderson, Peter L; Huang, Yong; Priddy, Frances; Gandhi, Monica	Comparing the novel method of assessing PrEP adherence/exposure using hair samples to other pharmacologic and traditional measures	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000386	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4262724/	OBJECTIVE: The efficacy of pre-exposure prophylaxis (PrEP) in HIV will diminish with poor adherence; pharmacologic measures of drug exposure have proven critical to PrEP trial interpretation. We assessed drug exposure in hair against other pharmacologic and more routinely used measures to assess pill-taking. DESIGN: Participants were randomized to placebo, daily PrEP, or intermittent PrEP to evaluate safety and tolerability of daily versus intermittent tenofovir/emtricitabine (TFV/FTC) in 2 phase II PrEP clinical trials conducted in Africa. Different measures of drug exposure, including self-report, medication event monitoring system (MEMS)-caps openings, and TFV/FTC levels in hair and other biomatrices were compared. METHODS: At weeks 8 and 16, self-reported pill-taking, MEMS-caps openings, and TFV/FTC levels in hair, plasma, and peripheral blood mononuclear cells (PBMCs) were measured. Regression models evaluated predictors of TFV/FTC concentrations in the 3 biomatrices; correlation coefficients between pharmacologic and nonpharmacologic measures were calculated. Both trials were registered on ClinicalTrials.gov (NCT00931346/NCT00971230). RESULTS: Hair collection was highly feasible and acceptable (100% in week 8; 96% in week 16). In multivariate analysis, strong associations were seen between pharmacologic measures and MEMS-caps openings (all P < 0.001); self-report was only weakly associated with pharmacologic measures. TFV/FTC hair concentrations were significantly correlated with levels in plasma and PBMCs (correlation coefficients, 0.41-0.86, all P < 0.001). CONCLUSIONS: Measuring TFV/FTC exposure in small hair samples in African PrEP trials was feasible and acceptable. Hair levels correlated strongly with PBMC, plasma concentrations, and MEMS-caps openings. As in other PrEP trials, self-report was the weakest measure of exposure. Further study of hair TFV/FTC levels in PrEP trials and demonstration projects to assess adherence/exposure is warranted.	tenofovir, pre-exposure prophylaxis (PrEP), hair, self-report, HIV, medication adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Bekker, L-G; Gill, K; Wallace, M	Pre-exposure prophylaxis for South African adolescents: What evidence?	South African Medical Journal (SAMJ)	-	-	-	0256-9574	10.7196/SAMJ.2015.V105I11.10222	http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742015001100018&lang=pt	Adolescents and young women, particularly in South Africa, are at increased risk of HIV acquisition. To date, we have had limited primary prevention options to offer. Oral pre-exposure prophylaxis (PrEP) is an additional prevention modality that has now been proven to reduce HIV acquisition in those who take it consistently during periods of HIV infection exposure. We review the PrEP evidence in adolescents and highlight some of the research gaps. Our recommendation is to increase the number of demonstration projects and other scale-up opportunities to offer oral PrEP to at-risk adolescents, and monitor carefully to answer the outstanding questions.	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2015	Bekker, Linda-Gail; Johnson, Leigh; Cowan, Frances; Overs, Cheryl; Besada, Donela; Hillier, Sharon; Cates, Willard Jr	Combination HIV prevention for female sex workers: what is the evidence?	The Lancet	-	-	-	1474-547X 0140-6736	10.1016/S0140-6736(14)60974-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10318470/	Sex work occurs in many forms and sex workers of all genders have been affected by HIV epidemics worldwide. The determinants of HIV risk associated with sex work occur at several levels, including individual biological and behavioural, dyadic and network, and community and social environmental levels. Evidence indicates that effective HIV prevention packages for sex workers should include combinations of biomedical, behavioural, and structural interventions tailored to local contexts, and be led and implemented by sex worker communities. A model simulation based on the South African heterosexual epidemic suggests that condom promotion and distribution programmes in South Africa have already reduced HIV incidence in sex workers and their clients by more than 70%. Under optimistic model assumptions, oral pre-exposure prophylaxis together with test and treat programmes could further reduce HIV incidence in South African sex workers and their clients by up to 40% over a 10-year period. Combining these biomedical approaches with a prevention package, including behavioural and structural components as part of a community-driven approach, will help to reduce HIV infection in sex workers in different settings worldwide.	Humans; Male; HIV Infections/*prevention & control/transmission; Female; Time Factors; Anti-Retroviral Agents/therapeutic use; Risk Factors; South Africa/epidemiology; Disease Transmission, Infectious/*prevention & control; Condoms/statistics & numerical data; *Sex Work; Counseling/methods; *Sex Workers; Patient Education as Topic/methods; Sexually Transmitted Diseases, Bacterial/prevention & control; Sexually Transmitted Diseases, Viral/prevention & control; Violence/prevention & control	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2015	Bil J.P.; Davidovich U.; Van Der Veldt W.M.; Prins M.; De Vries H.J.C.; Sonder G.J.B.; Stolte I.G.	What do dutch msm think of preexposure prophylaxis to prevent HIV-infection? A cross-sectional study	AIDS	-	-	-	2699370	10.1097/QAD.0000000000000639	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85003053539&doi=10.1097%2fQAD.0000000000000639&partnerID=40&md5=11b57e5fefb1b3773d97e81362cba86b	Objectives: Although preexposure prophylaxis (PrEP) is not registered in Europe, including the Netherlands, its approval and implementation are expected in the near future. We aimed to gain insight into PrEP awareness and the intention to use PrEP among MSM. Design: Cross-sectional study among 448 HIV-negative participants of the Amsterdam Cohort Study who completed a questionnaire concerning behavior and PrEP between 2012 and 2013. Methods: Characteristics, PrEP awareness, and intention to use PrEP were described and multinomial logistic regression was used to identify determinants of a medium and high intention to use PrEP. Results: PrEP awareness was 54%, but only 13% reported a high intention to use PrEP. High-risk MSM were more likely to have a medium adjusted odds ratio (aOR): 1.78 (95% confidence interval CI 1.07 2.97) or high aOR: 3.92 (95% CI 1.68 9.15) intention to use PrEP than low-risk MSM, as were MSM with higher perceptions of selfefficacy to use PrEP high intention: AOR: 6.15 (95% CI 2.50 15.09) and higher perceptions of relief due to PrEP medium intention: AOR: 2.67 (95% CI 1.19 5.98) high intention: AOR: 14.87 (95% CI 5.98 37.01) than MSM with lower perceptions. MSM with higher perceptions of shame about using PrEP medium intention: AOR: 0.35 (95% CI 0.19 0.62); high intention: AOR: 0.22 (95% CI 0.07 0.71) or with more worries about side-effects were less likely to have a high aOR: 0.18 (95% CI 0.06 0.54) or medium aOR: 0.29 (95% CI 0.12 0.72) intention to use PrEP. Conclusion: The overall intention to use PrEP was relatively low, but higher among high-risk MSM. If PrEP implementation among high-risk MSM in the Netherlands becomes reality, PrEP awareness should be increased and psychosocial determinants that will influence uptake should be addressed. © 2015 Lippincott Williams and Wilkins. All rights reserved.	HIV; HIV prevention; MSM; Preexposure prophylaxis; Sexual risk behavior	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2015	Blashill, Aaron J; Ehlinger, Peter P; Mayer, Kenneth H; Safren, Steven A	Optimizing adherence to preexposure and postexposure prophylaxis: the need for an integrated biobehavioral approach.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/civ111	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4551106/	Preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) has been shown to be effective in preventing transmission of human immunodeficiency virus (HIV). A dose-response relationship between adherence and HIV transmission is illustrated in the current PrEP literature, and adherence interventions for PrEP may be useful, although currently few effective programs have been developed and tested. There is a paucity of randomized controlled trials testing PEP adherence interventions, and further research is needed. We conclude by proposing the importance of tailoring adherence counseling to address psychosocial factors and mental health stressors that may negatively affect adherence.	PrEP, PEP, adherence, HIV, mental health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Blumenthal, Jill; Jain, Sonia; Krakower, Douglas; Sun, Xiaoying; Young, Jason; Mayer, Kenneth; Haubrich, Richard	Knowledge is Power! Increased Provider Knowledge Scores Regarding Pre-exposure Prophylaxis (PrEP) are Associated with Higher Rates of PrEP Prescription and Future Intent to Prescribe PrEP.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-015-0996-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4417031/	The FDA approval of emtricitabine/tenofovir disoproxil fumarate for pre-exposure prophylaxis (PrEP) in 2012 has raised questions about the delivery of PrEP in a real-world setting. iPad-based questionnaires were given to providers at conferences in California and New York to assess knowledge, experience and attitudes regarding PrEP in HIV and non-HIV providers. HIV provider status was defined either by self-identification or by having greater than 5 years of HIV care experience. Knowledge scores were the sum of correct answers from five PrEP knowledge questions. Univariate analyses used t-test to compare knowledge scores and Fisher's exact test for past or future PrEP prescription between HIV and non-HIV providers. Multivariable linear or logistic regression models were used to assess factors associated with the outcomes. Of 233 respondents, the mean age was 40 years, 59 % were White, 59 % were physicians and 52 % were HIV providers. In univariate analysis, mean PrEP knowledge scores (max 5) were significantly higher for HIV providers (2.8 versus 2.2; p < 0.001), age > 41 (mean 2.8 versus 2.3; p = 0.004), White race (2.7 versus 2.2; p = 0.026) and participants in the New York region (3.0 versus 2.3; p < 0.001). In a multivariable model of knowledge scores, all but age remained significant. Among 201 potential prescribers, the rate of prior PrEP prescription was higher among HIV providers than non-HIV providers (34 versus 9 %; p < 0.001) and by knowledge score, but the association with provider status was no longer significant in multivariable analysis that controlled for knowledge. Intent to prescribe PrEP in the future was high for all provider types (64 %) and was associated with knowledge scores in multivariable analysis. The most common concerns about PrEP (>40 % of providers) were drug toxicities, development of resistance and patient adherence to follow-up; 32 % identified risk compensation as a concern. HIV providers had significantly greater PrEP knowledge than non-HIV providers, but differences by provider type in past PrEP prescription were largely dependent on knowledge. Future PrEP prescription was also associated with knowledge, though all providers expressed greater future use. Education of potential PrEP providers will be a key component of successful PrEP implementation.	Pre-exposure prophylaxis, adherence, pharmacology, pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2015	Bond, Keosha Tarheshia	Diffusing the innovation of e-health on post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) using an avatar video targeting African American women: Predictors of a high rating of the video	-	-	Columbia University	-	na	NA	https://www.proquest.com/dissertations-theses/diffusing-innovation-e-health-on-post-exposure/docview/1695272298/se-2?accountid=8113	Despite renewed focus on biomedical prevention strategies since the publication of several clinical trials highlighting the efficacy of PrEP, knowledge of PEP and PrEP continues to remain scarce among women, especially among African American women who are disproportionally affected by HIV. In response, the innovation of e-health was created, featuring a two-part, avatar video covering post-exposure prophylaxis (PEP) and pre-exposure prophylaxis use (PrEP). This study involved an online sample of African American women (n=91) with a mean age of 34.2 years (min 18, max 61, SD=10.486), while, 69.2% (n=63) were employed, 59.3% (n=54) had a Bachelor's degree or higher, and the mean annual household income range was $40,000-$49,999. Some 89% (n=81) rated the video as good or higher. Prior to watching the video 20.9% (n=19) reported awareness of PEP; 96.7% (n=88) reported that they would seek out PEP for their own use after watching the video; and 93.4% (n=85) reported that they would recommend PEP to other women. Additionally, 18.7% (n=17) reported awareness of PrEP prior to watching the video; 75.6% (n=69) reported that they would seek out PrEP for their own use after watching the video; and 90.1% (n=82) reported that they would recommend PrEP to other women. When using backward stepwise regression, it was found that the outcome variable/dependent variable of a higher rating of the PEP and PrEP Video was significantly predicted by: no current use of drugs/alcohol (β =-.814, SEB =-.278, p = .004); not having unprotected sex in the last 3 months (β =-.488, SEB =-.217, p = .025); higher income (β =.149, SEB = .235, p = .026); lower level of education (β =-.267, SEB = .300, p = .005); and, a lower exposure to sexual assault since age 18 (adult) (β =-.313, SEB = -.288, p = .004). For this model, the R2 =.268, and the Adj R2=.224—meaning 22.4% of the variance was explained by this model. Qualitative data confirmed and expanded upon the quantitative findings by identifying advantages (i.e. female controlled prevention method and it is empowering), and disadvantages (i.e. side effects and the cost) of using both PEP and PrEP.	HIV; Women; PrEP; PEP; Public health; Social sciences; African-American; 0573:Public health; 0453:Womens studies; Womens studies; 0296:African American Studies; African American studies; Health and environmental sciences; E-health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Theses and Dissertations	2015	Boren, David Scott	Agent-Based Modeling for HIV Prevention	-	-	UCLA	-	na	NA	http://www.escholarship.org/uc/item/0mb18558	Progress in HIV (human immunodeficiency virus) prevention interventions has been made in recent years. These developments have raised questions concerning the impact and optimal combination of biomedical and behavioral interventions. Agent-based models offer a way to compare intervention combinations that could not be readily accomplished with large scale prevention trials because of cost and logistical considerations. An agent-based model is a community of individuals whose behavior and interactions are simulated according to well- defined rules. We describe two agent-based social network models and methods of calibration to sexual contact parameters relevant to MSM (men who have sex with men) in South Africa: a model with static partnerships and a novel model featuring self-reinforcing partnership edges. We only have sexual contact summary statistics (i.e. coarse network statistics) and these models are calibrated to replicate these statistics. A calibration approach was developed using recent advances in multi-objective optimization and applied to the self-reinforcing model.We use these models to evaluate the varying impact of HIV prevention combinations by simulating community-randomized trials across realistic values of several parameters: ART (anti-retroviral therapy) uptake, PREP (pre-exposure prophylaxis) uptake, HIV testing uptake, and CAI (condomless anal intercourse) reduction. For the static partnership agent-based model, we create a statistical model to describe quantitatively the effects of these parameters and variation. For the self-reinforcing model we model sensitivity across several key parameters. We develop sample size and power formula for community randomized trials that incorporate estimates of variation and effect sizes determined from the agent-based model. We find that traditional sample size approaches that rely on binomial (or Poisson) models are inadequate and can lead to underpowered studies. In our studies of variation and effect sizes, we identified important sensitivities to the network contact structure. We conclude that agent-based models offer a useful tool in the design of HIV prevention trials.	Biostatistics; Epidemiology; Public health; Agent-Based Modeling; Combination Interventions; Community-Randomized Trials; HIV; Multi-Objective Optimization; Networks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2015	Brooks, Ronald A; Landovitz, Raphael J; Regan, Rotrease; Lee, Sung-Jae; Allen, Vincent C	Perceptions of and intentions to adopt HIV pre-exposure prophylaxis among black men who have sex with men in Los Angeles	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462415570159	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4520772/	This study assessed perceptions of pre-exposure prophylaxis (PrEP) and their association with PrEP adoption intention among a convenience sample of 224 low socioeconomic status black men who have sex with men (BMSM) residing in Los Angeles. Participants received educational information about PrEP and completed an in-person interview. More than half (60%) of the participants indicated a high intention to adopt PrEP. Younger BMSM (18-29 years) were twice as likely to report a high intention to adopt PrEP compared to older BMSM (30+ years). Only 33% of participants were aware of PrEP and no participant had ever used PrEP. Negative perceptions were associated with a lower PrEP adoption intention and included being uncomfortable taking an HIV medicine when HIV-negative and not knowing if there are long-term side effects of taking an HIV medication. These findings suggest that BMSM may adopt PrEP but that negative perceptions may limit its uptake among this population. In order to facilitate PrEP adoption among BMSM targeted educational and community awareness programmes are needed to provide accurate information on the benefits of PrEP and to address the negative perceptions of PrEP held by local BMSM populations.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Cáceres, Carlos F; Koechlin, Florence; Goicochea, Pedro; Sow, Papa-Salif; O'Reilly, Kevin R; Mayer, Kenneth H; Godfrey-Faussett, Peter	The promises and challenges of pre-exposure prophylaxis as part of the emerging paradigm of combination HIV prevention	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.19949	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509895/	INTRODUCTION: Towards the end of the twentieth century, significant success was achieved in reducing incidence in several global HIV epidemics through ongoing prevention strategies. However, further progress in risk reduction was uncertain. For one thing, it was clear that social vulnerability had to be addressed, through research on interventions addressing health systems and other structural barriers. As soon as antiretroviral treatment became available, researchers started to conceive that antiretrovirals might play a role in decreasing either susceptibility in uninfected people or infectiousness among people living with HIV. In this paper we focus on the origin, present status, and potential contribution of pre-exposure prophylaxis (PrEP) within the combination HIV prevention framework. DISCUSSION: After a phase of controversy, PrEP efficacy trials took off. By 2015, daily oral PrEP, using tenofovir alone or in combination with emtricitabine, has been proven efficacious, though efficacy seems heavily contingent upon adherence to pill uptake. Initial demonstration projects after release of efficacy results have shown that PrEP can be implemented in real settings and adherence can be high, leading to high effectiveness. Despite its substantial potential, beliefs persist about unfeasibility in real-life settings due to stigma, cost, adherence, and potential risk compensation barriers. CONCLUSIONS: The strategic synergy of behavioural change communication, biomedical strategies (including PrEP), and structural programmes is providing the basis for the combination HIV prevention framework. If PrEP is to ever become a key component of that framework, several negative beliefs must be confronted based on emerging evidence; moreover, research gaps regarding PrEP implementation must be filled, and appropriate prioritization strategies must be set up. Those challenges are significant, proportional to the impact that PrEP implementation may have in the global response to HIV.	HIV prevention, pre-exposure prophylaxis, public health, health policy, antiretrovirals	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Review
Article	2015	Cáceres, Carlos F; Mayer, Kenneth H; Baggaley, Rachel; O'Reilly, Kevin R	PrEP Implementation Science: State-of-the-Art and Research Agenda	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.20527	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4581083/	Introduction It is increasingly clear that the HIV response will not be sustainable if the number of infections is not significantly reduced. Discussion For two decades, research has been ongoing to identify new behavioural and biomedical strategies to prevent HIV infection. In the past few years, the efficacy of several new strategies has been demonstrated, including oral pre-exposure prophylaxis (PrEP; i.e. daily use of tenofovir/emtricitabine). Because several social, political and logistic barriers remain, however, optimal PrEP implementation will require a better dissemination of new evidence in a number of areas and additional implementation research from various disciplinary perspectives (i.e. social science, policy and ethics; health systems; and economics, including cost-effectiveness studies). Discussion of new evidence on those topics, as well as case studies of potential PrEP implementation in diverse environments, can improve the understanding of the role that PrEP may play in addressing the global HIV/AIDS epidemic. In light of these needs, the Network for Multidisciplinary Studies in ARV-based HIV Prevention (NEMUS) and the World Health Organization (WHO) were honoured to co-organize a special issue of JIAS aimed at contributing to a scholarly discussion of current conditions surrounding PrEP implementation, potential impact and efficiency, social science concerns and the study of PrEP implementation in specific country cases. The papers included in this monograph identify and cover many of the main aspects of the complex yet promising discussions around PrEP implementation today. Conclusions This is a collection of timely contributions from global leaders in HIV research and policy that addresses geographic diversity, uses a trans-disciplinary approach and covers a variety of the complex issues raised by PrEP. As this publication will become accessible to all, we hope that it will remain a valuable resource for policy makers, programme managers, researchers and activists around the world at a moment of a paradigm shift of the global response to HIV.	HIV, PrEP, key populations, scale-up, implementation science	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Review
Article	2015	Cáceres, Carlos F; O'Reilly, Kevin R; Mayer, Kenneth H; Baggaley, Rachel	PrEP implementation: moving from trials to policy and practice	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.20222	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509896/	INTRODUCTION: It is increasingly clear that the HIV response will not be sustainable if the number of infections is not significantly reduced. DISCUSSION: For two decades, research has been ongoing to identify new behavioural and biomedical strategies to prevent HIV infection. In the past few years, the efficacy of several new strategies has been demonstrated, including oral pre-exposure prophylaxis (PrEP; i.e. daily use of tenofovir/emtricitabine). Because several social, political and logistic barriers remain, however, optimal PrEP implementation will require a better dissemination of new evidence in a number of areas and additional implementation research from various disciplinary perspectives (i.e. social science, policy and ethics; health systems; and economics, including cost-effectiveness studies). Discussion of new evidence on those topics, as well as case studies of potential PrEP implementation in diverse environments, can improve the understanding of the role that PrEP may play in addressing the global HIV/AIDS epidemic.In light of these needs, the Network for Multidisciplinary Studies in ARV-based HIV Prevention (NEMUS) and the World Health Organization (WHO) were honoured to co-organize a special issue of JIAS aimed at contributing to a scholarly discussion of current conditions surrounding PrEP implementation, potential impact and efficiency, social science concerns and the study of PrEP implementation in specific country cases. The papers included in this monograph identify and cover many of the main aspects of the complex yet promising discussions around PrEP implementation today. CONCLUSIONS: This is a collection of timely contributions from global leaders in HIV research and policy that addresses geographic diversity, uses a trans-disciplinary approach and covers a variety of the complex issues raised by PrEP. As this publication will become accessible to all, we hope that it will remain a valuable resource for policy makers, programme managers, researchers and activists around the world at a moment of a paradigm shift of the global response to HIV.	HIV, PrEP, key populations, scale-up, implementation science	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Qualitative
Article	2015	Calabrese S.K.; Underhill K.	How stigma surrounding the use of HIV preexposure prophylaxis undermines prevention and pleasure: A call to destigmatize "truvada whores"	American Journal of Public Health	-	-	-	900036	10.2105/AJPH.2015.302816	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84941348141&doi=10.2105%2fAJPH.2015.302816&partnerID=40&md5=4bd09910e2d533ba9176b3a9a0faa6dc	Antiretroviral preexposure prophylaxis (PrEP; emtricitabine and tenofovir disoproxil fumarate Truvada) prevents HIV without penalizing sexual pleasure, and may even enhance pleasure (e.g., by reducing HIV-relatedanxiety). However, concern about sexual risk behavior increasing with PrEP use (risk compensation) and corresponding stereotypes of promiscuity may undermine PrEP's preventive potential. In this commentary, we review literature on sexual behavior change accompanying PrEP use, discuss risk compensation concerns and the "Truvadawhore" stereotype as PrEP barriers, question the appropriateness of restricting PrEP access because of risk compensation, and consider sexual pleasure as a benefit of PrEP,an acceptable motive for seeking PrEP, and a core element of health. It is essential for science to trump stereotypes and sexnegative messaging in guiding decision-making affecting PrEP access and uptake.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Callahan, Rebecca; Nanda, Kavita; Kapiga, Saidi; Malahleha, Mookho; Mandala, Justin; Ogada, Teresa; Van Damme, Lut; Taylor, Douglas	Pregnancy and contraceptive use among women participating in the FEM-PrEP trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000413	https://dx.doi.org/10.1097/QAI.0000000000000413	BACKGROUND: Pregnancy among study participants remains a challenge for trials of new HIV prevention agents despite promotion and provision of contraception. We evaluated contraceptive use, pregnancy incidence, and study drug adherence by contraceptive method among women enrolled in the FEM-PrEP trial of once-daily oral tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) for HIV prevention. METHODS: We required women to be using effective non-barrier contraception at enrollment. At each monthly follow-up visit, women were counseled on contraceptive use and tested for pregnancy. TDF-FTC adherence was determined by measuring plasma drug concentrations at 4-week intervals. We used Cox proportional hazards models to assess factors associated with incident pregnancy and multivariate logistic regression to examine the relationship between contraceptive method used at enrollment and TDF-FTC adherence. RESULTS: More than half of women were not using effective contraception before enrollment. Ninety-eight percent of these women adopted either injectable (55%) or oral (43%) contraceptives. The overall pregnancy rate was 9.6 per 100 woman-years. Among injectable users and new users of combined oral contraceptives (COCs), the rates were 1.6 and 35.1, respectively. New users of injectables had significantly greater odds of adhering to TDF-FTC than new COC users odds ratio (95% confidence interval): 4.4 (1.7 to 11.6), P = 0.002, existing COC users 3.1 (1.3 to 7.3), P = 0.01, and existing injectable users 2.4 (1.1 to 5.6), P = 0.04. CONCLUSIONS: Women using COCs during FEM-PrEP, particularly new adopters, were more likely to become pregnant and less likely to adhere to study product than injectable users. HIV prevention trials should consider requiring long-acting methods, including injectables, for study participation.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Carnegie, Nicole B; Goodreau, Steven M; Liu, Albert; Vittinghoff, Eric; Sanchez, Jorge; Lama, Javier R; Buchbinder, Susan	Targeting pre-exposure prophylaxis among men who have sex with men in the United States and Peru: partnership types, contact rates, and sexual role.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000555	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4422184/	BACKGROUND: We aim to identify optimal strategies for deploying pre-exposure prophylaxis among men who have sex with men (MSM) in the United States and Peru to maximize population-level effectiveness in an efficient manner. We use epidemic models to simulate the impact of targeting strategies. Most studies have focused on targeting either the general population or high-risk MSM. Alternative strategies, including serodiscordant couples, may better balance effectiveness and efficiency. METHODS: We use dynamic stochastic sexual network models based on exponential-family random graph modeling, parameterized from behavioral surveys of MSM in the United States and Peru. These models represent main partnerships and casual contacts separately, permitting modeling of interventions targeting men whose risk derives from combinations of relational types. We also model varying rates of uptake and adherence to pre-exposure prophylaxis (PrEP). We assess sensitivity of results to risk compensation through increases in condomless casual contacts and condomless sex in main partnerships. RESULTS: Targeting all men who are not exclusively insertive has the largest impact on HIV incidence, but targeting only those with high levels of casual activity yields comparable results using fewer person-years on PrEP. The effect is robust to risk compensation in the United States, but less so in Peru. Targeting serodiscordant main partnerships does not significantly impact incidence, but requires fewer person-years on PrEP per infection averted than other strategies. CONCLUSIONS: PrEP could be effective in reducing new infections at the population level in both settings. Serodiscordant partnerships are an attractive component of a targeting program, but targeting should include other high-risk men.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Carney, Ellen F	Clinical trials. Renal safety of TDF as pre-exposure prophylaxis for HIV-1 infection.	Nature Reviews Nephrology	-	-	-	1759-507X	10.1038/nrneph.2015.1	https://dx.doi.org/10.1038/nrneph.2015.1	Use of tenofovir disoproxil fumarate (TDF) as an antiretroviral therapy is associated with declines in estimated glomerular filtration rate (eGFR) in patients with HIV-1 infection. TDF is also used as a pre-exposure prophylaxis (PrEP) in adults at risk of HIV-1 infection, but limited data are available on the risk of TDF-associated renal dysfunction in this population. Now, Jared Baeten and colleagues report reassuring results from a safety analysis of the Partners PrEP randomized controlled trial, which evaluated TDF-based PrEP in 4,640 HIV-1 uninfected heterosexual partners of patients with HIV-1. The researchers assessed changes in eGFR from baseline in the trial participants, all of whom had normal renal function at enrolment. "PrEP use resulted in a small (−1.59 ml/min/1.73 m2, 95% CI −2.44 to −0.74 ml/min/1.73 m2) but statistically significant decline in eGFR that was non-progressive over a median of 18 months and a maximum of 36 months of follow-up," reports Baeten. "However, use of PrEP compared with placebo was not accompanied by a substantial increase in the risk of clinically relevant (≥25%) eGFR decline." The researchers conclude that "these data support the safety of TDF-based PrEP in heterosexual populations as part of a comprehensive HIV-1 prevention package." They highlight the need for further evaluation of the effect of TDF exposure on proximal tubular function in HIV-1 uninfected individuals.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Clinical
Theses and Dissertations	2015	Carroll, Jennifer J.	Risk Perception Among HIV Serodiscordant Couples in East Africa Taking Oral PrEP for HIV Prevention	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/33880	Levels of adherence varied across trials for pre-exposure prophylaxis (PrEP) for HIV prevention. One hypothesis for this inconsistency is that low perceived risk of HIV infection drove low adherence in trials where PrEP produced no reduction in risk. Using a mixed methods approach, we explored the level of perceived risk of incident HIV infection in the Partners PrEP Study, in which adherence was generally high. The Partners PrEP Study followed 4747 serodiscordant couples in Kenya and Uganda. A brief cross-sectional survey assessed perceived risk of HIV via questionnaire at 12 months after enrollment. Logistic regression was used to analyze the relationship between perceived risk and demographic variables, sexual behavior, and other objective measures of risk. 3226 couples from the Partners PrEP Study were included in this analysis. Perceived risk was low across the entire study cohort, with only 15.4% of participants reporting high or moderate perceived risk. Participants objectively assessed to be at higher risk for HIV were more likely to report high perceived risk (OR=1.60, 95%CI: 1.30-1.95, p<0.001), but still remained below 20%. In addition, this study also analyzed transcripts from in-depth interviews and focus groups, which were conducted with 68 individuals from 34 mutually-disclosed serodiscordant partnerships at the Thika, Kenya Partners PrEP Study site. Differences in the perceived risks and benefits of taking PrEP were identified according to participants' serostatus and gender. These differences can be grouped into three major categories: gendered and unequal control over medical decision making in the home; the management of male sexual drives and the interference of traditional prevention strategies with the fulfillment of those drives; and culture-bound definitions of 'women's work. In summary, participants in the Partners PrEP Study reported generally low perceived risk of HIV but had high levels of adherence to PrEP. Perceptions of risk are likely determined by a multi-faceted social and psychological calculus that is too complex for Likert-scale questionnaires to capture in any meaningful way. In interviews, patients articulated complex concerns and interests related to PrEP, which reflected traditional gender roles and gendered power dynamics within the relationship. Successful delivery of PrEP as an HIV prevention strategy for serodiscordant couples should respond to these socio-cultural realities.	HIV; Kenya; PrEP; prevention; risk; Epidemiology; Public health; Social research; epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2015	Castel, Amanda D.; Magnus, Manya; Greenberg, Alan E.	Update on the Epidemiology and Prevention of HIV/AIDS in the United States.	Current Epidemiology Reports	-	-	-	2196-2995	10.1007/s40471-015-0042-8	https://pubmed.ncbi.nlm.nih.gov/25960941/	This update on the epidemiology and prevention of HIV in the United States is intended to provide contextual background that will help inform an understanding of recent developments in the domestic HIV epidemic. We describe the epidemiology of HIV disease in the US and the HIV continuum of care based on data collected primarily through HIV surveillance systems led by the Centers for Disease Control and Prevention including HIV incidence, prevalence, comorbidities and death. Populations and geographic regions disparately impacted by HIV are also highlighted. The HIV prevention armamentarium is also described including behavioral approaches to prevention, the emerging availability of biomedical prevention interventions such as pre-exposure prophylaxis, and structural and population-level interventions including treatment as prevention. Finally gaps in our understanding of the epidemic are underscored and suggestions for future epidemiologic research are proposed.	HIV; prevention; epidemiology; treatment as prevention; biomedical; care continuum; surveillance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2015	Castel, Amanda D; Frazer, Daniel J; Tang, Wenze; Willis, Sarah; Jordan, Heather; Villamizar, Kira; Kharlin, Michael; Kreher, Michael A; Rodriguez, Allen; Metsch, Lisa R	Understanding HIV Care Provider Attitudes Regarding Intentions to Prescribe PrEP.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000780	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4644455/	-	pre-exposure prophylaxis, providers, attitudes, prescribing, HIV, prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Castillo-Mancilla, Jose R.; Morbitz, Annie; Wilson, Cara; Zhang, Jia-Hua; Palmer, Brent E.; Lee, Eric J.; Gardner, Edward M.; Seifert, Sharon; Kerr, Becky; Beekmann, Lane R.; McWhinney, Samantha; Anderson, Peter L.	Reduced immune activation during tenofovir-emtricitabine therapy in HIV-negative individuals.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000000529	https://pubmed.ncbi.nlm.nih.gov/25763783/	-	Adolescent; Adult; Emtricitabine; Humans; Male; Middle Aged; Tenofovir; Young Adult; Female; Anti-HIV Agents/*administration & dosage; Adenine/administration & dosage/*analogs & derivatives; Organophosphonates/administration & dosage/*analogs & derivatives; Organophosphonates/*administration & dosage; Pre-Exposure Prophylaxis/*methods; Immunologic Factors/*administration & dosage; Lymphocyte Activation/*drug effects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Cohen C.L.; Delany-Moretlwe S.; McConnell M.; Van Rooyen H.; Bekker L.-G.; Kurth A.; Baksani E.; Desmond C.; Morton J.; Baeten J.M.	Rethinking HIV prevention to prepare for oral PrEP implementation for young African women	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.18.4.20227	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84952232968&doi=10.7448%2FIAS.18.4.20227&partnerID=40&md5=ffe4e7bdf0b522c7b4f3ce95cd1f1094	-	Africa; HIV; Pre-exposure prophylaxis; Prevention; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Chaithongwongwatthana, Saranath	Conceptive options for people living with HIV.	Journal of the Medical Association of Thailand	-	-	-	0125-2208	NA	https://www.thaiscience.info/journals/Article/JMAT/10971045.pdf	-	Heterosexual and serodiscordant couples living with HIV should be counseled and informed regarding reproductive health issues, including conceptive options. Assisted conception, sperm washing, timed intercourse, and vaginal self-insemination are options to be considered by HIV-affected couples who wish to conceive with a lowered risk of viral transmission. Pre-exposure prophylaxis may be an adjunctive method to reduce the risk, particularly among serodiscordant couples.	English	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2015	Chakrapani V.; Newman P.A.; Shunmugam M.; Mengale S.; Varghese J.; Nelson R.; Bharat S.	Acceptability of HIV Pre-Exposure Prophylaxis (PrEP) and Implementation Challenges among Men Who Have Sex with Men in India: A Qualitative Investigation	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2015.0143	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84963156465&doi=10.1089%2Fapc.2015.0143&partnerID=40&md5=4bcfc7bda5f1c1b04a03d02ea04b5d2	-	NA	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Qualitative
Article	2015	Chan P.A.; Rose J.; Maher J.; Bonhow S.; Pfeiffer K.; Almonte A.; Pascua J.; Oldenburg C.E.; Parker S.; Marshall B.D.L.; Lally M.; Meyer K.; Mena L.; Patel R.; Nunn A.S.	A Latent Class Analysis of Risk Factors for Acquiring HIV among Men Who Have Sex with Men: Implications for Implementing Pre-Exposure Prophylaxis Programs	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2015.0113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946008755&doi=10.1089%2Fapc.2015.0113&partnerID=40&md5=c4cce16e8f05287dd0c482ce52074f73	-	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2015	Chen, Gordon	Bayesian estimation of participants' adherence in an HIV prevention trial using multiple data sources and pharmacokinetic models	-	University of Washington	-	NA	https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/33146/Chen_washington_0250O_13743.pdf?sequence=1&isAllowed=y	-	Pre-Exposure Prophylaxis (PrEP) is an HIV prevention practice which uses antiretroviral drugs to keep HIV-negative individuals from infection with HIV. One of the antiretro Pharmacokinetics; Biostatistics; Bayesian; biostatistics; Estimation; HPTN067; MCMC; Statistics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Chen, Beatrice A.; Panther, Lori; Marzinke, Mark A.; Hendrix, Craig W.; Horsley, Craig J.; van der Straten, Ariane; Husnik, Marla J.; Soto-Torres, Lydia; Nel, Annaleie; Johnson, Sherri; Richardson-Herman, Nicole; Rabe, Lorna K.; Decrotti, Charlene S.	Phase 1 Safety, Pharmacokinetics, and Pharmacodynamics of Dapivirine and Maraviroc Vaginal Rings: A Double-Blind Randomized Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000000702	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0108762	-	Adult; Anti-HIV Agents/administration & dosage/adverse effects/blood/*pharmacokinetics; Cyclic N-Oxides/administration & dosage/adverse effects/blood/*pharmacokinetics; Drug Administration Schedule; Drug Combinations; Double-Blind Method; Administration, Intravaginal; Area Under Curve; Half-Life; Maraviroc; Anti-HIV Agents/administration & dosage/adverse effects/blood/*pharmacokinetics; Cyclohexanes/administration & dosage/adverse effects/blood/*pharmacokinetics; Triazoles/administration & dosage/adverse effects/blood/*pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Cohen, Stephanie E; Vittinghoff, Eric; Bacon, Oliver; Doblecki-Lewis, Susanne; Postle, Brian S; Feaster, Daniel J; Matheson, Tim; Teston, Nikole; Blue, Robert W; Estrada, Yasmine; Coleman, Megan E; Elion, Richard; Castro, Jose G; Chege, Wairimu; Philip, Susan S; Buchbinder, Susan; Kolber, Michael A; Liu, Albert Y	High interest in preexposure prophylaxis among men who have sex with men at risk for HIV infection: baseline data from the US PrEP demonstration project.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000679	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4324611/	-	BACKGROUND: Preexposure prophylaxis (PrEP) is the first biomedical intervention with proven efficacy to reduce HIV acquisition in men who have sex with men (MSM) and transgender women. Little is known about the use of PrEP in routine clinical settings. METHODS: We enrolled MSM and transgender women (TGW) at 4 clinical sites in the United States between 2012 and 2014. Each site was assessing PrEP delivery in routine clinical care. Participants were offered PrEP and were assessed at baseline, 3 months, and every 6 months thereafter. Descriptive statistics of study participants are described. RESULTS: Of 1809 clients assessed for participation, 921 were potentially eligible for PrEP, and 557 (60.5%) enrolled. In multivariable analyses, participants from Miami [adjusted Relative Risk (aRR): 1.53; 95% confidence interval (CI): 1.33 to 1.75] or DC (aRR: 1.33; 95% CI: 1.2 to 1.47), those who were self-referred (aRR: 1.40; 95% CI: 1.32 to 1.66), those with previous PrEP awareness (aRR: 1.56; 95% CI: 1.05 to 2.33), and those reporting >1 episode of anal sex with an HIV-infected partner in the last 12 months (aRR: 1.20; 95% CI: 1.09 to 1.33) were more likely to enroll. Almost all (98%) enrolled participants were MSM, and at baseline, 63.5% reported condomless receptive anal sex in the previous 3 months. CONCLUSIONS: Interest in PrEP is high among a diverse population of MSM at risk for HIV infection when offered in sexually transmitted disease and community health clinics.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Colby D.; Sirilunsawaibouchai K.; Vunichareet S.; Ongwandee S.; Phanuphak N.; Martin M.; Chonpaeya K.; Chariyalertsak S.; Van Griensven F.	HIV pre-exposure prophylaxis and health and community systems in the Global South: Thailand case study	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.18.4.19953	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84952459776&doi=10.7448%2FIAS.18.4.19953&partnerID=40&md5=e3126d9c1ddd3233507a2f29bb35cf47	-	Introduction: Pre-exposure prophylaxis (PrEP) is recommended by the World Health Organization as an effective method of HIV prevention for individuals at risk for infection. In this paper, we describe the HIV; PrEP; Prevention; Prophylaxis; Thailand	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2015	Coll J.; Medri J.; Buix J.; Gómez-Moro E.; Else L.; García E.; Paredes R.; Ocelo D.; Corrão A.; Eucig R.; Back D.; Clotet B.; Cabrera C.	Single oral dose of maraviroc does not prevent ex vivo HIV infection of rectal mucosa in HIV-1 negative human volunteers	AIDS	-	-	-	2e99370	10.1097/QAD.0000000000000769	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84940841854&doi=10.1097%2FQAD.0000000000000769&partnerID=40&md5=caca2634f405e474c0103fded55cf5fb	-	Objective: Maraviroc (MVC) is a potential candidate for 'on demand' preexposure prophylaxis. In the present study, we evaluated the efficacy of a single oral dose of MVC to prevent ex-vivo HIV-1 infection of rectal tissue in humans. Design and Methods: Eight HIV-1 negative healthy volunteers received a single oral dose of MVC (300 or 600 mg), and two additional volunteers received tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) 300/200 mg once daily for 20 days. Rectal biopsies were taken at baseline and 2, 4, 8, 24, 48, 72, 96, 120, 144 and 168 h after MVC dosing. Biopsies were infected ex-vivo, and viral inhibition and CCR5 occupancy was analyzed. MVC concentration at plasma and rectal tissue was measured just after biopsy and after culture. Results: Ex-vivo rectal tissue protection with MVC was incomplete in all but two participants, whereas TDF/FTC avoided ex-vivo infection in the two controls. Median dose-normalized concentration of MVC was significantly higher in rectal tissue than in plasma (561.1 and 155.1 ng/mL respectively). A significant loss of MVC during the ex-vivo incubation (about 60%) and a low CCR5 occupancy (approximately 45%) were detected in rectal cells. Conclusions: An ex-vivo challenge with a single oral dose of MVC does not prevent ex-vivo infection of human rectal mucosa. The lack of prophylactic efficacy observed suggests that 'on demand' MVC preexposure prophylaxis would not prevent rectal HIV-1 transmission. © Copyright 2015 Wolters Kluwer Health, Inc. All rights reserved.	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2015	Corneli A.; Perry B.; Agot K.; Ahmed K.; Malamatsho F.; Van Damme L.	Facilitators of adherence to the study pill in the FEM-PrEP clinical trial	PLOS One	-	-	-	19526203	10.1371/journal.pone.0125458	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84929495542&doi=10.1371%2Fjournal.pone.0125458&partnerID=40&md5=9bda8e3f9bb62e0b9e8e6f43c4e96c2	-	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2015	Corneli, Amy L; McKenna, Kevin; Perry, Brian; Ahmed, Khadija; Agot, Kawango; Malamatsho, Felicitas; Ndihokubwa, Joseph; Odhiambo, Jacob; Van Damme, Lut	The science of being a study participant: FEM-PrEP participants' explanations for overreporting adherence to the study pills and for the whitewashing of unused pills.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000525	https://dx.doi.org/10.1097/QAI.0000000000000525	-	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2015	Eccles-Radtke C.; Henry K.	Turning the tide against AIDS by preventing new HIV infections initial experience with Minnesota's first PrEP clinic	Minnesota Medicine	-	-	-	0026150X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84925203003&partnerID=40&md5=392e0180e2f4f31e0076bf299a0fef	-	During the last 30 years, there have been remarkable improvements in the treatment of patients with HIV. New drug regimens are both tolerable and easy to take, resulting in HIV viral suppression and markedly improved clinical outcomes. Viral suppression in patients with HIV significantly decreases the chance they will transmit the virus. Yet HIV transmission levels in the United States remain unacceptably high. Prevention efforts focused on HIV-negative persons who are at high risk for infection have led to the development of a pre-exposure prophylaxis (PrEP) strategy. This article provides an overview of PrEP and a review of the evidence for its use. Data are presented from the PrEP clinic being used in the United States and Minnesota. Who concerned efforts by physicians, patients and public health authorities, PrEP could become a key component of reducing transmission of the HIV virus.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2015	Escobar, Erik; Durgham, Ryan; Dunnuru, Olof; Stopka, Thomas J	Agent-based computational model of the prevalence of gonococcal infections after the implementation of HIV pre-exposure prophylaxis guidelines.	Online Journal of Public Health Informatics	-	-	-	1947-2579	10.5210/ojphi.v7i3.6104	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4731411/	-	Recently, the first comprehensive guidelines were published for pre-exposure prophylaxis (PrEP) for the prevention of HIV infection in populations with substantial risk of infection. Guidelines include a daily regimen of emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) as well as condom usage during sexual activity. The relationship between the TDF/FTC intake regimen and condom usage is not yet fully understood. If men who have sex with men (MSM) engage in high-risk sexual activities without using condoms when prescribed TDF/FTC they might be at an increased risk for other sexually transmitted diseases (STDs). Our study focuses on the possible occurrence of behavioral changes among MSM in the United States over time with regard to condom usage. In particular, we were interested in creating a model of how increased uptake of TDF/FTC might cause a decline in condom usage, causing significant increases in non-HIV STD incidence, using gonococcal infection incidence as a biological endpoint. We used the agent-based modeling software NetLogo, building upon an existing model of HIV infection. We found no significant evidence for increased gonorrhea prevalence due to increased PrEP usage at any level of sample-wide usage, with a range of 0-90% PrEP usage. However, we did find significant evidence for decreased prevalence of HIV, with a maximal effect being reached when 5% to 10% of the MSM population used PrEP. Our findings support to indicate that attitudes of overuse, within the medical community, toward the promotion of PrEP due to the potential risk of increased STD transmission are unfounded.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Corneli, Amy; Field, Samuel; Namey, Emily; Agot, Kawango; Ahmed, Khadija; Odhiambo, Jacob; Skhosana, Joseph; Guest, Greg	Preparing for the Rollout of Pre-Exposure Prophylaxis (PrEP): A Vignette Survey to Identify Intended Sexual Behaviors among Women in Kenya and South Africa if Using PrEP.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0129177	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4461292/	-	INTRODUCTION: Several clinical trials have demonstrated the efficacy of pre-exposure prophylaxis (PrEP) in reducing HIV risk. One concern with introducing PrEP is whether users will engage in riskier sexual behaviors. METHODS: We assessed the effect that PrEP may have on sexual risk behaviors by administering a survey to 799 women in Bondo, Kenya, and Pretoria, South Africa. Participants were asked about their sexual behavior intentions twice--once as if they were taking PrEP and once as if they were not taking PrEP--within four risk situations (vignettes). They responded using a 5-point ordinal scale. We used a series of linear mixed effects models with an unstructured residual covariance matrix to estimate the between- and within-subject differences in the mean likelihood of engaging in risky sexual behavior across the PrEP and non-PrEP contexts. We also calculated the total percentage of participants who reported a greater likelihood of engaging in risky sexual behavior if taking PrEP than if not taking PrEP, by vignette. RESULTS: We found statistically significant differences in the mean likelihood of engaging in risky sexual behavior with the between-subject comparison (-0.17, p < 0.01) and with the within-subject comparison (-0.51, p < 0.001). Depending on the vignette, 27% to 40% of participants reported a greater likelihood of engaging in risky sexual behavior if taking PrEP than if not taking PrEP. CONCLUSIONS: Our findings indicate that modest increases in risky sexual behavior could occur with PrEP. Although responses from the majority of participants suggest they would not be more likely to engage in risky sexual behavior if taking PrEP, the fact that some participants reported greater likelihood of risky sexual behavior if taking PrEP--even if only in certain situations--means that the potential population impact might. Programs rolling out PrEP should be prepared to assist similar women in making informed choices about reducing their risk of HIV and about their sexual health beyond HIV prevention.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Eakle R.; Jarrett C.; Bourne A.; Stadler J.; Larson H.	Systematic Reviews	-	-	-	2046-4053	10.1186/s13643-015-0096-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939529377&doi=10.1186%2Fs13643-015-0096-1&partnerID=40&md5=1b9dfb97f7ca1981f3c4b6f1b1f67823	-	Background: Women in sub-Saharan Africa are disproportionately affected by high rates of HIV, yet relatively few products exist for female-initiated HIV prevention. New antiretroviral (ARV)-based prevention options could present opportunities for women to expand their HIV prevention choices; however, acceptability and adherence play a key role in the effectiveness of these products and implementation is still in early stages. To better understand which HIV prevention options might best serve women in sub-Saharan Africa, how and why, this review will explore qualitative evidence from clinical trials and implementation studies alike using a meta-ethnographic approach to synthesise data and interpret results. Methods/design: This systematic review will use a meta-ethnographic approach to analyse qualitative data extracted from multiple studies fostering actual use of female-initiated technologies for HIV prevention. The search strategy will be applied to seven databases and papers will be selected based on a set of inclusion criteria. Quality will be assessed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative research and the Cochrane Consumers and Communication Review Group's checklist for Reviews Documentation (CRD) where the guidance applies to qualitative data. Two reviewers will review all papers during the paper selection phase, with consultation from a third reviewer to confirm consensus. All papers included in the review will be read and analysed by two reviewers. The final analysis will be conducted by three primary reviewers with additional input from all other authors. Discussion: With new HIV prevention technologies currently in early implementation phases and still more on the horizon, there is much to learn about how these products may be delivered. A review such as this could help to inform the real-world implementation of the next wave of new HIV prevention technologies such as ARV-based oral pre-exposure prophylaxis (PrEP). © 2015 Eakle et al.	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2015	Eaton L.A.; Driffin D.D.; Bauermeister J.; Smith H.; Conway-Washington C.	Minimal awareness and stalled uptake of Pre-Exposure Prophylaxis (PrEP) among at risk, HIV-negative, black men who have sex with men	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2014.0303	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938334892&doi=10.1089%2Fapc.2014.0303&partnerID=40&md5=a5c0a0e6345c6a8ae6ac7e2c4f3b5bfb	-	In the United States, rates of HIV infection are highest among black men who have sex with men (BMSM). Pre-exposure prophylaxis (PrEP) is a highly effective form of HIV prevention, but the uptake of this HIV testing, and higher rates of transactional sex than BMSM who were aware of PrEP. Our findings suggest that there is limited understanding of PrEP and that there is considerable groundwork that needs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Eccles-Radtke C.; Henry K.	Turning the tide against AIDS by preventing new HIV infections initial experience with Minnesota's first PrEP clinic	Minnesota Medicine	-	-	-	0026150X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84925203003&partnerID=40&md5=392e0180e2f4f31e0076bf299a0fef	-	During the last 30 years, there have been remarkable improvements in the treatment of patients with HIV. New drug regimens are both tolerable and easy to take, resulting in HIV viral suppression and markedly improved clinical outcomes. Viral suppression in patients with HIV significantly decreases the chance they will transmit the virus. Yet HIV transmission levels in the United States remain unacceptably high. Prevention efforts focused on HIV-negative persons who are at high risk for infection have led to the development of a pre-exposure prophylaxis (PrEP) strategy. This article provides an overview of PrEP and a review of the evidence for its use. Data are presented from the PrEP clinic being used in the United States and Minnesota. Who concerned efforts by physicians, patients and public health authorities, PrEP could become a key component of reducing transmission of the HIV virus.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2015	Escobar, Erik; Durgham, Ryan; Dunnuru, Olof; Stopka, Thomas J	Agent-based computational model of the prevalence of gonococcal infections after the implementation of HIV pre-exposure prophylaxis guidelines.	Online Journal of Public Health Informatics	-	-	-	1947-2579	10.5210/ojphi.v7i3.6104	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4731411/	-	Recently, the first comprehensive guidelines were published for pre-exposure prophylaxis (PrEP) for the prevention of HIV infection in populations with substantial risk of infection. Guidelines include a daily regimen of emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) as well as condom usage during sexual activity. The relationship between the TDF/FTC intake regimen and condom usage is not yet fully understood. If men who have sex with men (MSM) engage in high-risk sexual activities without using condoms when prescribed TDF/FTC they might be at an increased risk for other sexually transmitted diseases (STDs). Our study focuses on the possible occurrence of behavioral changes among MSM in the United States over time with regard to condom usage. In particular, we were interested in creating a model of how increased uptake of TDF/FTC might cause a decline in condom usage, causing significant increases in non-HIV STD incidence, using gonococcal infection incidence as a biological endpoint. We used the agent-based modeling software NetLogo, building upon an existing model of HIV infection. We found no significant evidence for increased gonorrhea prevalence due to increased PrEP usage at any level of sample-wide usage, with a range of 0-90% PrEP usage. However, we did find significant evidence for decreased prevalence of HIV, with a maximal effect being reached when 5% to 10% of the MSM population used PrEP. Our findings support to indicate that attitudes of overuse, within the medical community, toward the promotion of PrEP due to the potential risk of increased STD transmission are unfounded.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2015	Escudero D.J.; Kerr T.; Operario D.; Socias M.E.; Sued O.; Marshall B.D.L.	Inclusion of trans women in pre-exposure prophylaxis trials: A review	AIDS Care	-	-	-	9540121	10.1080/09540121.2014.986051	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84924813736&doi=10.1080%2f09540121.2014.986051&partnerID=40&md5=5a480f2bce435562b3f1724cf5b64c6c	Trans women are at high risk of HIV infection. We conducted a review to determine the extent to which trans women were eligible for inclusion in and enrolled into pre-exposure prophylaxis (PrEP) efficacy trials. Out of seven trials analyzing PrEP efficacy, we found that trans women comprised only 1.2% of one trial and 0.2% of total trial enrollments. Although an additional PrEP trial to determine efficacy among trans women may not be warranted, further research is needed to determine the effectiveness of PrEP in this marginalized population, through observational and feasibility studies. These studies should focus on unique barriers that trans women may experience while obtaining access to PrEP, such as gender discrimination, transphobia, and violence. © 2014 Taylor & Francis.	HIV; Marginalized population; PrEP; Trans women; Transgender	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Escudero D.J.; Kerr T.; Wood E.; Nguyen P.; Lurie M.N.; Sued O.; Marshall B.D.L.	Acceptability of HIV Pre-exposure Prophylaxis (PrEP) Among People Who Inject Drugs (PWID) in a Canadian Setting	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-014-0867-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939887981&doi=10.1007%2fs10461-014-0867-z&partnerID=40&md5=ee893fea84756a1972fa52a1fbdd3f99	A recent clinical trial provided evidence that pre-exposure prophylaxis (PrEP) has the potential to prevent HIV infection among people who inject drugs (PWID). We examined willingness to use PrEP among HIV-negative PWID in Vancouver, Canada (n = 543) to inform PrEP implementation efforts. One third (35.4 %) expressed willingness to use PrEP, with adjusted models indicating that younger age, no regular employment, requiring help injecting, engaging in sex work, and reporting multiple recent sexual partners were positively associated with willingness to use PrEP. Although willingness to use PrEP was low, PrEP was acceptable to some PWID at heightened risk for HIV infection. © 2014, Springer Science+Business Media New York.	Acceptability; HIV; PrEP; PWID; Risk behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Evens, Emily; Tolley, Elizabeth; Headley, Jennifer; McCarraher, Donna R.; Hartmann, Miriam; Mtimkulu, Vuyelwa T.; Manenzhe, Kgahlisho Nozibele; Hamela, Gloria; Zulu, Fatima	Identifying factors that influence pregnancy intentions: evidence from South Africa and Malawi.	Culture, Health & Sexuality	-	-	-	1464-5351 1369-1058	10.1080/13691058.2014.968806	https://www.tandfonline.com/doi/abs/10.1080/13691058.2014.968806	In developing-country settings, pregnancy intentions are often assessed using a series of questions from the Demographic and Health Surveys, yet research conducted in several countries yields conflicting results regarding these questions' ability to predict pregnancy. Conducted in Malawi and South Africa, this study identified individual, partner and societal factors that influence desire for pregnancy, and women's ability to achieve their intentions. Data come from interviews and focus-group discussions conducted prior to the FEM-PrEP HIV-prevention trial with women from communities at high risk of HIV infection. Cultural norms regarding contraceptive use and childbearing influenced both women's desire for pregnancy and ability to achieve those goals. Partner's expectations for pregnancy, financial concerns, family composition and contraceptive experiences were additional influences. Actively planning for pregnancy was not a salient concept to the majority of participants. Results support the call for a multidimensional measure of pregnancy intention that reflects the variety of factors that influence intentions, highlight the fluid nature of many women's reproductive health decision making and challenge the notion that all fertility decisions are the result of conscious action. Additional work on how women's plans for pregnancy are achieved would be programmatically more useful than current measures of intention.	Adolescent; Adult; Humans; Middle Aged; Young Adult; Female; South Africa; Sexual Partners; Developing Countries; Malawi; HIV Infections/prevention & control; Decision Making; Family Planning Services; pregnancy; Focus Groups; Qualitative Research; *Family Characteristics; Women's Health; women; Reproductive Health; *Intention; *Pregnancy; *Contraception; intentions; Reproductive Behavior/*psychology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2015	Falutz, Julian	Editorial Commentary: Unmasking the Bare Bones of HIV Preexposure Prophylaxis.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/civ329	https://dx.doi.org/10.1093/cid/civ329	editorial	na	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Other
Article	2015	Ferraz, Dulce Aurélia de Souza	Sexo, direitos humanos e AIDS: uma análise das novas tecnologias de prevenção do HIV no contexto brasileiro	Revista Brasileira de Epidemiologia	-	-	-	na	10.1590/1809-4503201500050007	https://www.arca.fiocruz.br/handle/icict/43508	Globalmente, o campo da prevenção do HIV está desafiado a mudar, especialmente depois que ensaios clínicos mostraram o efeito protetor de tecnologias como a circuncisão, a profilaxia pré-exposição e a supressão da carga viral pelo tratamento com antirretrovirais. Diante de demandas pela implantação destas tecnologias em escala populacional, o temor de estimular processos de compensação de risco e de aumentar práticas sexuais mais arriscadas, entre outras questões, retardam a sua integração nos programas de prevenção. Seguindo uma revisão narrativa de artigos científicos sobre o tema recuperados na base PubMed, oferecemos uma reflexão crítica sobre o tema adotando a vertente construcionista da psicologia social integrada à análise da epidemia no quadro da vulnerabilidade e dos direitos humanos. O uso de tecnologias biomédicas para a prevenção não induz grande parte dos usuários ao aumento de práticas mais arriscadas, havendo variações relativas a cada método, segundo observa-se na literatura. Abordagens das ciências sociais e humanas alternativas às sócio-cognitivistas, como as de base construtivista, indicam interpretações mais abrangentes, que preservam a noção de sujeitos da prevenção e de direitos. Apontamos ações prioritárias no processo de implantação: desenvolvimento de programas abrangentes, realização de estudos de acompanhamento e diálogo sobre sexualidade e informações técnicas. Enfatizamos a necessidade de respostas dialógicas baseadas na perspectiva dos direitos humanos, buscando ressaltar a complementaridade entre tecnologias que atendam às necessidades da população. Concluímos destacando a necessidade de mudanças sócio-políticas que reestabeleçam a participação, o diálogo sobre a sexualidade e a ênfase nos direitos como elementos centrais da política brasileira de aids.	HIV Sexualidade Direitos humanos Vulnerabilidade em saúde Políticas públicas Prevenção & controle	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2015	Ferrell, Kelli W; Woodard, Laresa M; Woodard, Todd J	Role of medication therapy management in preexposure prophylaxis therapy for HIV prevention.	Journal of Pharmacy Practice	-	-	-	1531-1937	10.1177/0897190014562351	https://dx.doi.org/10.1177/0897190014562351	Patient medication adherence is a long-standing problem and is one that raises serious issues for patient health, public health, and health care quality. Medication nonadherence costs the US economy an estimated US$290 billion in avoidable medical spending every year. One of the most costly health conditions is HIV disease, which continues to be a serious health issue for parts of the world. About 34 million people are living with HIV around the world. With the emerging preventative treatment against HIV, known as preexposure prophylaxis (PrEP), come concerns surrounding the potential impact of nonadherence to this newly approved medication therapy. Nonadherence to antiretroviral treatments are commonly the root cause for patients not reaching their treatment goals, putting them at risk of progression and worsening of their disease and complications, such as increased risk of opportunistic infections. Therefore, it is essential to improve antiretroviral medication adherence. By identifying members who are nonadherent to their prescribed antiretroviral medications and working collaboratively with patients, physicians, and pharmacists, Medication Therapy Management (MTM) can potentially increase medication adherence by helping patients identify, resolve, and prevent issues that may affect their decision not to take a medication as intended.	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2015	Field, Tuuli	Barriers to Antiretroviral Therapy Adherence : Descriptive literature review	-	-	Yrkeshögskolan Arcada	-	na	NA	http://www.theseus.fi/handle/10024/102861	Adherence to the treatment regimen is essential to the success of highly active antiretrovi-ral therapy for patients who are infected with HIV. The evidence suggests that poor ad-herence to antiretroviral drug therapy is a major problem that has the potential to diminish effective viral suppression, promote viral resistance, and place patients at risk for hospital-ization, opportunistic infections, and an increased risk of HIV transmission. The primary aim of this study was review was to find and identify current barriers that prevent people from adherence to antiretroviral therapy. The chosen research method was descriptive literature review. Three databases were used for the literature search: CINAHL full text (EBSCO), ProQuest Hospital Collection and Medline (Ovid). Search was limited to arti-cles from years 2010-2015. Articles on children, pregnant women, intravenous drug users, psychiatric patients, post and pre-exposure prophylaxis patients were excluded from the study. After exclusion process 46 articles were accepted for the final analysis. The data was categorized by topics trying to make interpretations from the literature reviewed. Scheduling issues, stigma, adverse side effects and cost were the most commonly found adherence barriers. Scheduling issues and the adverse side effects seem to be universal barriers for patients all over the world. Stigma was more prominent barrier in articles con-ducted in African countries and cost was found to be a barrier in studies conducted in resource poor settings. High self-efficacy beliefs and social support were the most com-mon positive influences to adherence to ART that rose from the review. The need for new solutions and innovations rose from the results of this review to support patients in scheduling issues nad remembering to take pills in correct time. Furthermore further interventions that effectively target stigma are warranted. Consideration of how healthcare systems and policy can promote and support self-efficacy is required.	na	English	Finland	Western and Central Europe and North America	Finland	Western and Central Europe and North America	-	-	Review
Article	2015	Fiereck K.	Cultural conundrums: The ethics of epidemiology and the problems of population in implementing pre-exposure prophylaxis	Developing World Bioethics	-	-	-	14718731	10.1111/dewb.12034	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84924017731&doi=10.1111%2fdewb.12034&partnerID=40&md5=2599f2451ac22638e2b0245c3a6021ce	The impending implementation of pre-exposure prophylaxis (PrEP) has prompted complicated bioethical and public health ethics concerns regarding the moral distribution of antiretroviral medications (ARVs) to ostensibly healthy populations as a form of HIV prevention when millions of HIV-positive people still lack access to ARVs globally. This manuscript argues that these questions are, in part, concerns over the ethics of the knowledge production practices of epidemiology. Questions of distribution, and their attendant cost-benefit calculations, will rely on a number of presupposed, and therefore, normatively cultural assumptions within the science of epidemiology specifically regarding the ability of epidemiologic surveillance to produce accurate maps of HIV throughout national populations. Specifically, ethical questions around PrEP will focus on who should receive ARVs given the fact that global demand will far exceed supply. Given that sexual transmission is one of the main modes of HIV transmission, these questions of 'who' are inextricably linked to knowledge about sexual personhood. As a result, the ethics of epidemiology, and how the epidemiology of HIV in particular conceives, classifies and constructs sexual populations will become a critical point of reflection and contestation for bioethicists, health activists, physicians, nurses, and researchers in the multi-disciplinary field of global health. This paper examines how cultural conundrums within the fields of bioethics and public health ethics are directly implicated within the ethics of PrEP, by analyzing the problems of population inaugurated by the construction of the men who have sex with men (MSM) epidemiologic category in the specific national context of South Africa. © 2013 John Wiley & Sons Ltd.	Bioethics; Culture; Ethnography; MSM; Pre-exposure prophylaxis; Public health ethics; Social epidemiology; South africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Theses and Dissertations	2015	Foster, Loretta Lynn	Prevalence of Bacterial Sexually Transmitted Infections and Pre-Exposure Prophylaxis Eligibility in a Cross-Sectional Sample of HIV Negative Men who have Sex with Men in Atlanta Georgia	-	-	Emory University	-	NA	NA	https://etd.library.emory.edu/concern/etds/h702q6489?locale=fr	Objectives: To determine any predictors of bacterial sexually transmitted infections (STIs) among men who have sex with men (MSM) in Atlanta GA and to determine if CDC PrEP eligibility correlates to positive STI diagnosis. Methods: A subgroup of HIV negative non-Hispanic white and black MSM was gathered from the InvolveMENt and The MAN Project studies. Participants completed a computer based questionnaire with questions about demographic, psychosocial, individual level sexual risk behaviors, and dyadic information. Men were also screened for chlamydia, gonorrhea, and syphilis. Results: 265 participants were selected for analysis. Racial composition was 57.0% black and 43.0% white. 33 (12.5%) participants were diagnosed with at least one STI. Prevalence of chlamydia was 8.7%, gonorrhea 6.0%, and syphilis 1.5%. Multiple infection prevalence was 3.8% with 90% of co-infections chlamydia and gonorrhea, and 10% chlamydia and syphilis. Rectal infections were more common than urethral infections Predictors of a positive STI diagnosis were black race, lower education, and lack of health insurance. CDC PrEP eligibility guidelines were not associated with STI diagnosis. Conclusion: Atlanta MSM exhibit high prevalence of bacterial STIs with respect to racial and educational divisions. CDC PrEP eligibility guidelines do not fit this population and should be altered to better predict individuals who are engaging in high risk behaviors and acquiring bacterial STIs.	PrEP; Atlanta; MSM; STI	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2015	Fowler, N; Arkell, P; Abouyannis, M; James, C; Roberts, L	Attitudes of Serodiscordant Couples Towards Antiretroviral-Based HIV Prevention Strategies in Kenya: A Qualitative Study	AIDS Patient Care and STDs	-	-	-	1087-2914	10.1089/apc.2014.0210	https://pubmed.ncbi.nlm.nih.gov/25375792/	This qualitative study aims to gain in-depth information about the attitudes of HIV-serodiscordant couples towards two new methods of HIV prevention; Pre-Exposure Prophylaxis and Treatment as Prevention, both of which have been recently recommended by the World Health Organisation. Semi-structured interviews were conducted with 38 individuals in a serodiscordant relationship in Western Kenya. Topic guides were used to elicit information on perceived benefits, concerns, and preferences towards Treatment as Prevention and Pre-Exposure Prophylaxis. Data evaluation and thematic generation were developed using framework analysis. Results suggest that the majority of participants, irrespective of gender and HIV status, found Treatment as Prevention the more acceptable strategy. Key factors influencing this decision were HIV-negative participants' limited motivation to take prophylactic antiretrovirals and the likely health improvements Treatment as Prevention offers HIV-positive partners. However, issues were raised concerning the likelihood of low concurrent condom use and poor medication adherence when using these preventative approaches. It was concluded that the adoption of Treatment as Prevention as a method of HIV control in Kenya is likely to be more readily accepted by serodiscordant couples than Pre-exposure Prophylaxis. However, future implementation of either strategy would require measures to address the possibility of risk compensation and poor adherence.	PROPHYLAXIS; WILLINGNESS; DISCORDANT COUPLES	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2015	Friedrich, M J	HIV Prevention Trial in African Women Fails, Adherence a Problem: The Journal of the American Medical Association	JAMA - Journal of the American Medical Association	-	-	-	987484	10.1001/jama.2015.2059	https://www.proquest.com/scholarly-journals/hiv-prevention-trial-african-women-fails/docview/1667013594/se-2?accountid=8113	Three antiretroviral products evaluated among African women in the Vaginal and Oral Interventions to Control the Epidemic (VOICE) HIV prevention trial were found to be safe but, because of poor adherence, were not effective in preventing sexually acquired HIV. The VOICE trial, a study of tenofovir-based preexposure prophylaxis with or without the oral antiretroviral therapy emtricitabine was conducted from September 2009 to August 2012.	Women; Pre-exposure prophylaxis; Epidemics; Adherence; Disease prevention; Tenofovir disoproxil; Human immunodeficiency virus--HIV; Meetings And Congresses	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2015	Gamarel K.E.; Golub S.A.	Intimacy Motivations and Pre-exposure Prophylaxis (PrEP) Adoption Intentions Among HIV-Negative Men Who Have Sex with Men (MSM) in Romantic Relationships	Annals of Behavioral Medicine	-	-	-	8836612	10.1007/s12160-014-9646-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84934276981&doi=10.1007%2fs12160-014-9646-3&partnerID=40&md5=3b3dd70b749c606a4273e63b725d0798	Background: In the USA, men who have sex with men (MSM) in primary partnerships are at elevated risk for human immunodeficiency virus (HIV) infection. Pre-exposure prophylaxis (PrEP), a new biomedical prevention strategy, has potential to reduce HIV transmission. This study examined predictors of PrEP adoption intentions among HIV-negative MSM in primary partnerships. Methods: The sample included HIV-negative MSM (n = 164) who participated in an ongoing cross-sectional study with an in-person interview examining PrEP adoption intentions. Results: Higher HIV risk perception, intimacy motivations for condomless sex, recent condomless sex with outside partners, education, and age were each independently associated with PrEP adoption intentions. In a multivariate model, only age, education, and intimacy motivations for condomless sex were significantly associated with PrEP adoption intentions. Conclusions: Intimacy motivations may play a central role in PrEP adoption for MSM couples. Incorporating relationship dynamics into biomedical strategies is a promising avenue for research and intervention. © 2014, The Society of Behavioral Medicine.	Couples; HIV prevention; Intimacy; MSM; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Gandhi M.; Glidden D.V.; Liu A.; Anderson P.L.; Horng H.; Defechereux P.; Guanira J.V.; Grinsztejn B.; Chariyalertsak S.; Bekker L.-G.; Grant R.M.	Strong correlation between concentrations of tenofovir (TFV) emtricitabine (FTC) in hair and TFV diphosphate and FTC triphosphate in dried blood spots in the iPrEx open label extension: Implications for pre-exposure prophylaxis adherence monitoring	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiv239	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946126981&doi=10.1093%2finfdis%2fjiv239&partnerID=40&md5=131537c1bc33f698f60c3dedeadb638d	Self-reported adherence to pre-exposure prophylaxis (PrEP) has limitations, raising interest in pharmacologic monitoring. Drug concentrations in hair and dried blood spots (DBS) are used to assess long-term-exposure; hair shipment/storage occurs at room temperature. The iPrEx Open Label Extension collected DBS routinely, with opt-in hair collection; concentrations were measured with liquid chromatography/tandem mass spectrometry. In 806 hair-DBS pairs, tenofovir (TFV) hair levels and TFV diphosphate (DP) in DBS were strongly correlated (Spearman coefficient r = 0.734; P <. 001), as were hair TFV/DBS emtricitabine (FTC) triphosphate (TP) (r = 0.781; P <. 001); hair FTC/DBS TFV-DP (r = 0.74; P <. 001); hair FTC/DBS FTC-TP (r = 0.587; P <. 001). Drug detectability was generally concordant by matrix. Hair TFV/FTC concentrations correlate strongly with DBS levels, which are predictive of PrEP outcomes. © The Author 2015. Published by Oxford University Press on behalf of the Infectious Diseases Society of America.	adherence; dried blood spot (DBS) concentrations; hair concentrations; HIV prevention; iPrEx Open Label Extension (OLE); pharmacologic monitoring; pre-exposure prophylaxis; PrEP; tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Garcia, Jonathan; Colson, Paul W; Parker, Caroline; Hirsch, Jennifer S	Passing the baton: Community-based ethnography to design a randomized clinical trial on the effectiveness of oral pre-exposure prophylaxis for HIV prevention among Black men who have sex with men	Contemporary Clinical Trials	-	-	-	15517144	10.1016/j.cct.2015.10.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946728684&doi=10.1016%2fj.cct.2015.10.005&partnerID=40&md5=c6cf19c69d45367f4df90220ca79cef9	Although HIV interventions and clinical trials increasingly report the use of mixed methods, studies have not reported on the process through which ethnographic or qualitative findings are incorporated into RCT designs. We conducted a community-based ethnography on social and structural factors that may affect the acceptance of and adherence to oral pre-exposure prophylaxis (PrEP) among Black men who have sex with men (BMSM). We then devised the treatment arm of an adherence clinical trial drawing on findings from the community-based ethnography. This article describes how ethnographic findings informed the RCT and identifies distilled themes and findings that could be included as part of an RCT. The enhanced intervention includes in-person support groups, online support groups, peer navigation, and text message reminders. By describing key process-related facilitators and barriers to conducting meaningful mixed methods research, we provide important insights for the practice of designing clinical trials for 'real-world' community settings. © 2015 Elsevier Inc.	Adherence trial; African American; Ethnography; HIV; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Garrett, Nigel J; Werner, Lise; Naicker, Nivashnee; Naranbhai, Vivek; Sibeko, Sengeziwe; Samsunder, Natasha; Gray, Clive; Williamson, Carolyn; Morris, Lynn; Abdool-Karim, Quarraisha; Abdool-Karim, Salim S	HIV disease progression in seroconvertors from the CAPRISA 004 tenofovir gel pre-exposure prophylaxis trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000367	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4262710	BACKGROUND: Although antiretroviral pre-exposure prophylaxis prevents HIV acquisition, it is not known if it alters HIV disease progression. This study assesses whether tenofovir gel impacted on disease progression among CAPRISA 004 microbicide trial seroconvertors. METHODS: Eighty-three seroconvertors from the tenofovir and placebo gel arms of the CAPRISA 004 trial were monitored prospectively for a minimum of 2 years by CD4 count and viral load (VL). Linear mixed models were fitted to HIV VL, and log rank test was used to compare time to reach CD4 counts of <350 cells per microliter. RESULTS: Median 2-week postinfection VL was 4.74 and 4.45 log copies per milliliter in women assigned to tenofovir gel (n = 32) and placebo gel (n = 51) (P = 0.189). Corresponding 12-month postinfection VLs were 4.24 and 3.70 log copies per milliliter (P = 0.016). After adjusting for clinical and behavioral characteristics and protective HLA alleles, mean VLs within the first 2 years were 4.51 and 4.02 log copies per milliliter in women from the tenofovir and placebo arms (P = 0.013). Among women with vaginal tenofovir measurements, mean VLs were 4.53 and 4.60 log copies per milliliter in those with detectable versus undetectable levels (P = 0.840). Overall mean CD4 counts were 463 and 514 cells per microliter in women assigned to tenofovir and placebo (P = 0.290). Thirty-two women (38.6%) reached CD4 counts of <350 cells per microliter at median 9.4 months postinfection, 13 (40.6%) from the tenofovir and 19 (37.3%) from the placebo arms (P = 0.786). CONCLUSIONS: Tenofovir gel had no impact on postinfection CD4 counts or the rate of CD4 decline. Although seroconvertors from the tenofovir arm experienced higher VLs, this did not result in a need for earlier antiretroviral therapy.	Pre-exposure prophylaxis, HIV seroconversion, HIV disease progression, Viral load, Tenofovir gel	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2015	Gilbert, Amy Lewis; Knopf, Amelia S.; Fortenberry, J. Dennis; Hosek, Sybil G.; Kapogiannis, Bill G.; Zimet, Gregory D.	Adolescent Self-Consent for Biomedical Human Immunodeficiency Virus Prevention Research.	The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine	-	-	-	1879-1972 1054-139X	10.1016/j.jadohealth.2015.03.017	https://pubmed.ncbi.nlm.nih.gov/26095412/	PURPOSE: The Adolescent Medicine Trials Network Protocol 113 (ATN113) is an open-label, multisite demonstration project and Phase II safety study of human immunodeficiency virus (HIV) preexposure prophylaxis with 15- to 17-year-old young men who have sex with men that requires adolescent consent for participation. The purpose of this study was to examine factors related to the process by which Institutional Review Boards (IRBs) and researchers made decisions regarding whether to approve and implement ATN113 so as to inform future biomedical HIV prevention research with high-risk adolescent populations. METHODS: Participants included 17 researchers at 13 sites in 12 states considering ATN113 implementation. Qualitative descriptive methods were used. Data sources included interviews and documents generated during the initiation process. RESULTS: A common process for initiating ATN113 emerged, and informants described how they identified and addressed practical, ethical, and legal challenges that arose. Informants described the process as responding to the protocol, preparing for IRB submission, abstaining from or proceeding with submission, responding to IRB concerns, and reacting to the outcomes. A complex array of factors impacting approval and implementation were identified, and ATN113 was ultimately implemented in seven of 13 sites. Informants also reflected on lessons learned that may help inform future biomedical HIV prevention research with high-risk adolescent populations. CONCLUSIONS: The results illustrate factors for consideration in determining whether to implement such trials, demonstrate that such protocols have the potential to be approved, and highlight a need for clearer standards regarding biomedical HIV prevention research with high-risk adolescent populations.	Adolescent; Humans; Male; Middle Aged; Female; HIV Infections/*prevention & control; HIV; Interviews as Topic; Biomedical Research; Homosexuality, Male/*psychology; Ethics, Research; Preexposure prophylaxis; Adolescent medicine; Ethics committee, research; Ethics Committees, Research/ethics/legislation & jurisprudence; Informed consent by minors; Informed Consent By Minors/*ethics/*legislation & jurisprudence; Jurisprudence; Pre-Exposure Prophylaxis/*ethics/*legislation & jurisprudence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2015	Gong, Tiantian	VAGINAL DELIVERY OF A HYDROPHOBIC ANTIRETROVIRAL DRUG CSIC FOR HIV PREVENTION: NOVEL FORMULATION STRATEGIES FOR IMPROVED DRUG SOLUBILIZATION AND LYMPHATIC TARGETING	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/26515/1/Tiantian_Gong_ETD_FINAL__PDF_11-30-2015.pdf	HIV epidemic is an ongoing health concern globally. Sexual transmission accounts for the overwhelming majority of new infections. Vaginal microbicides are under investigation as pre-exposure prophylaxis (PrEP) products for HIV prevention. Although progress has been made, the development of more efficacious products is warranted. Cervicovaginal tissue and draining lymph nodes contain an adequate amount of HIV target cells and play critical roles in HIV replication and sedimentation at the early stage of infection. Improved efficacy can be achieved with the use of specially designed drug delivery systems which achieve greater drug concentrations in these two sites of action. In this dissertation, we hypothesized that the hydrophobic microbicide candidate CSIC can be formulated in a polymeric vaginal film and a nanocrystal formulation with high loading capacities using multiple formulation strategies. We further hypothesized that the nano-delivery strategy can improve cervicovaginal tissue drug penetration and achieve lymphatic drug delivery. Series of preformulation studies were conducted to evaluate the physicochemical and biological properties of the drug candidate CSIC. The major challenge for CSIC formulation development was identified as its hydrophobicity. Therefore, a cosolvent system comprising PEG 400, propylene glycol, and glycerin at a ratio of 5:2:1 has been optimized and utilized in a polymer based vaginal film formulation for increased drug solubility, long term stability, and lack of leakage. Additionally, a CSIC nanocrystal formulation, with a particle size of 243nm and near neutral surface charge, was developed. CSIC nanocrystals have been proved to possess increased drug saturation solubility, rapid mucus penetration properties, and improved drug permeation in the cervicovaginal tissue. More importantly, the pharmacokinetic study provided the first evidence of lymphatic targeting after intravaginal application without causing any epithelial damage. Furthermore, CSIC was able to release from the nanocrystals in a sustained mode, indicating its potential use as a coitally independent PrEP product that could improve user adherence. In summary, this work sets the stage to create new opportunities for sexually transmitted HIV prevention through the development of a novel dual targeting delivery system. The developed approaches can be used to deliver other drugs that lack solubility or require lymphatic targeting.	HIV microbicide vaginal drug delivery	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2015	Goparaju, Lakshmi; Experton, Laure S.; Praschan, Nathan C.; Warren-Jeanpiere, Lari; Young, Mary A.; Kassaye, Seble	Women want Pre-Exposure Prophylaxis but are Advised Against it by Their HIV-positive Counterparts.	Journal of AIDS & Clinical Research	-	-	-	2155-6113	10.4172/2155-6113.1000522	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4807623	OBJECTIVES: The latest advancement in HIV prevention, Pre-Exposure Prophylaxis (PrEP), could reduce incidence among women. However, PrEP uptake has remained low among US women since its approval in 2012, while use has increased among men who have sex with men. This study addresses women's knowledge, attitudes and potential behaviors regarding PrEP. While HIV-negative women are the potential users of antiretroviral (ARV) medications for PrEP, HIV-positive women who have used ARVs could contribute immensely to our understanding of the complexities related to taking such medications. This study is the first to synthesize the opinions of both groups of women. METHODS: We conducted eight focus group discussions, segregated by sero-status; four with at-risk HIV-negative (20) and four with HIV-positive (19) women in Washington DC during 2014. Topics discussed include PrEP awareness, likelihood of use, barriers and target populations. RESULTS: PrEP awareness was almost non-existent and the HIV-negative women urged publicity. They expressed much enthusiasm about PrEP and wanted to use and recommend it to others despite recognizing potential complexities related to taking PrEP, such as side effects, access, duration and frequency of use. HIV-positive women were less supportive of PrEP for those same reasons based on their experience with taking ARVs. They preferred condoms over PrEP given relative efficacy, affordability, accessibility, and prevention of other STIs. CONCLUSIONS: There is an urgent need for PrEP public health campaigns catered to the needs and concerns of women, most importantly bolster their awareness of PrEP.	United States; HIV; Women; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Grangeiro, Alexandre; Couto, Márcia Thereza; Peres, Maria Fernanda; Luiz, Olinda; Zucchi, Eliana Miura; de Castilho, Euclides Ayres; Estevam, Denize Lotufo; Alencar, Rosa; Wolffenbüttel, Karina; Escuder, Maria Mercedes; Calazans, Gabriela; Ferraz, Dulce; Arruda, Érico; Corrêa, Maria da Gloria; Amaral, Fabiana Rezende; Santos, Juliane Cardoso Villela; Alvarez, Vivian Salles; Kietzmann, Tiago	Pre-exposure and postexposure prophylaxes and the combination HIV prevention methods (The Combine! Study): protocol for a pragmatic clinical trial at public healthcare clinics in Brazil.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2015-009021	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4550731	INTRODUCTION: Few results from programmes based on combination prevention methods are available. We propose to analyse the degree of protection provided by postexposure prophylaxis (PEP) for consensual sexual activity at healthcare clinics, its compensatory effects on sexual behaviour; and the effectiveness of combination prevention methods and pre-exposure prophylaxis (PrEP), compared with exclusively using traditional methods. METHODS AND ANALYSIS: A total of 3200 individuals aged 16 years or older presenting for PEP at 5 sexually transmitted disease (STD)/HIV clinics in 3 regions of Brazil will be allocated to one of two groups: the PEP group-individuals who come to the clinic within 72 h after a sexual exposure and start PEP; and the non-PEP group-individuals who come after 72 h but within 30 days of exposure and do not start PEP. Clinical follow-up will be conducted initially for 6 months and comprise educational interventions based on information and counselling for using prevention methods, including PrEP. In the second study phase, individuals who remain HIV negative will be regrouped according to the reported use of prevention methods and observed for 18 months: only traditional methods; combined methods; and PrEP. Effectiveness will be analysed according to the incidence of HIV, syphilis and hepatitis B and C and protected sexual behaviour. A structured questionnaire will be administered to participants at baseline and every 6 months thereafter. Qualitative methods will be employed to provide a comprehensive understanding of PEP-seeking behaviour, preventive choices and exposure to HIV. ETHICS AND DISSEMINATION: This study will be conducted in accordance with the resolution of the School of Medicine Research Ethics Commission of Universidade de São Paulo (protocol no. 251/14). The databases will be available for specific studies, after management committee approval. Findings will be presented to researchers, health managers and civil society members by means of newspapers, electronic media and scientific journals and meetings.	HIV, Post-Exposure Prophylaxis, Pre-Exposure Prophylaxis, combination HIV prevention, prevention and control, Brazil	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2015	Grant R.M.; Smith D.K.	Integrating antiretroviral strategies for human immunodeficiency virus prevention: Post- and pre-exposure prophylaxis and early treatment	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofv126	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014288455&doi=10.1093%2fofid%2fofv126&partnerID=40&md5=78ec4228fbf114be29fac23c0cd1c753	Best practices for integrating human immunodeficiency virus (HIV) testing and antiretroviral interventions for prevention and treatment are suggested based on research evidence and existing normative guidance. The goal is to provide high-impact prevention services during periods of substantial risk. Antiretroviral medications are recommended for postexposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and treatment of HIV infection. We reviewed research evidence and current normative guidelines to identify best practices for integrating these high-impact prevention strategies. More sensitive HIV tests used for screening enable earlier diagnosis and treatment of HIV infection, more appropriate counseling, and help limit drug resistance. A fully suppressive PEP regimen should be initiated based on exposure history or physical findings when sensitive diagnostic testing is delayed or not available and antibody tests are negative. Transitions from PEP to PrEP are often warranted because HIV exposure events may continue to occur. This algorithmic approach to integrating PEP, PrEP, and early treatment decisions may increase the uptake of these interventions by a greater number and diversity of knowledgeable healthcare providers. © The Author 2015.	Early treatment; HIV; Postexposure prophylaxis; Pre-exposure prophylaxis; Prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Grov, Christian; Whitfield, Thomas H; F; Rendina, H Jonathon; Ventuneac, Ana; Parsons, Jeffrey T	Willingness to Take PrEP and Potential for Risk Compensation Among Highly Sexually Active Gay and Bisexual Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-015-1030-1	https://www.proquest.com/scholarly-journals/willingness-take-prep-potential-risk-compensation/docview/1722696012/se-2?accountid=8113	Once-daily Truvada (Emtricitabine/Tenofovir) as a method of pre-exposure prophylaxis (PrEP) is one of the most promising biomedical interventions to eliminate new HIV infections; however, uptake among gay, bisexual, and other men who have sex with men has been slow amidst growing concern in popular/social media that PrEP use will result in reduced condom use (i.e., risk compensation). We investigated demographic, behavioral, and psychosocial differences in willingness to use PrEP as well as the perceived impact of PrEP on participants' condom use in a sample of 206 highly sexually active HIV-negative gay and bisexual men. Nearly half (46.1 %) said they would be willing to take PrEP if it were provided at no cost. Although men willing to take PrEP (vs. others) reported similar numbers of recent casual male partners (<6 weeks), they had higher odds of recent receptive condomless anal sex (CAS)--i.e., those already at high risk of contracting HIV were more willing to take PrEP. Neither age, race/ethnicity, nor income were associated with willingness to take PrEP, suggesting equal acceptability among subpopulations that are experiencing disparities in HIV incidence. There was limited evidence to suggest men would risk compensate. Only 10 % of men who had not engaged in recent CAS felt that PrEP would result in them starting to have CAS. Men who had not tested for HIV recently were also significantly more likely than others to indicate willingness to take PrEP. Offering PrEP to men who test infrequently may serve to engage them more in routine HIV/STI testing and create a continued dialogue around sexual health between patient and provider in order to prevent HIV infection.	Tenofovir; Emtricitabine; Bisexuality; New York; Homosexuality; Truvada; Risk; Ethnicity; Health; Pre-exposure prophylaxis; PrEP; Psychology; Risk compensation; Men; Males; Risk factors; Infections; Sexual behavior; Prophylaxis; Gay and bisexual men; Race; Income; Demographics; Compensation; Sex; Sexual and reproductive health; PrEP acceptability; Anal sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Biomedicine; Health risks; Minority & ethnic groups; Mass media; Digital media; Subpopulations; 6126:acquired immune deficiency syndrome (AIDS)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Guanira J.V.; Leigler T.; Kallas E.; Schechter M.; Sharma U.; Glidden D.; Grant R.M.	Streamlining HIV Testing for HIV Preexposure Prophylaxis	Journal of Clinical Microbiology	-	-	-	951137	10.1128/JCM.01540-14	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84919495524&doi=10.1128%2fJCM.01540-14&partnerID=40&md5=0ae6a52279a3af488f0e085e7d781ffa	HIV-testing algorithms for preexposure prophylaxis (PrEP) should be optimized to minimize the risk of drug resistance, the time off PrEP required to evaluate false-positive screening results, and costs and to expedite the start of therapy for those confirmed to be infected. HIV rapid tests (RTs) for anti-HIV antibodies provide results in less than 1 h and can be conducted by nonlicensed staff at the point of care. In many regions, Western blot (WB) testing is required to confirm reactive RT results.WBtesting, however, causes delays in diagnosis and adds expense. The iPrEx study evaluated the safety and efficacy of daily oral emtricitabine-tenofovir disoproxil fumarate among HIV-seronegative men and transgender women who have sex with men: HIV infection was assessed with two RTs plusWB confirmation, followed by HIV-1 plasma viral load testing. During the iPrEx study, there were 51,260 HIV status evaluations among 2,499 volunteers using RTs: 142 (0.28%) had concordant positive results (100% were eventually confirmed) and 19 (0.04%) had discordant results among 14 participants; 11 were eventually determined to be HIV infected. A streamlined approach using only one RT to screen and a second RT to confirm (without WB) would have had nearly the same accuracy. Discrepant RT results are best evaluated with nucleic acid testing, which would also increase sensitivity. Copyright © 2015, American Society for Microbiology. All Rights Reserved.	NA	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Review
Article	2015	Guédou, FA; Béhanzin, L; Geraldo, N; Mastétsé, EG; Singbo, N; Sossa, JC; Zannou, MD; Alary, M	EARLY ANTIRETROVIRAL THERAPY AND PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION AMONG FEMALE SEX WORKERS IN COTONOU, BENIN: EARLY FOLLOW-UP AND ADHERENCE DATA	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2015-052270.629	https://www.researchgate.net/publication/305225586_P1806_Early_antiretroviral_therapy_and_pre-exposure_prophylaxis_for_hiv_prevention_among_female_sex_workers_in_cotonou_benin_early_follow-up_and_adherence_data	Introduction To assess the feasibility and usefulness of integrating treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) with Truvada® to the combination prevention package offered to female sex workers (FSWs) in Cotonou, we are currently carrying out a demonstration project on these two HIV preventive strategies among FSWs. Methods We are currently recruiting 100 HIV-infected FSWs for TasP and 250 HIV-negative FSWs for PrEP (one-year recruitment period, followed by an additional one year of follow-up). The actual recruitment visit is preceded by a screening visit two weeks earlier in order to determine the HIV status and assess other eligibility criteria. Through follow-up visits at day 14 and then quarterly, we closely monitor treatment adherence, using various tools including a pill count strategy. For the latter, we ask participants to bring in their bottles of medication at each visit. We report here on the first five months of the clinical phase of the study. Results From 18th september 2014 to 28th February 2015, we screened 154 FSWs and out of them, 85 and 34 were recruited in the PrEP and TasP arms, respectively. Median age of the participants was 34 years and 38% were from Benin, whereas the other were from surrounding countries. To 28th February, the overall retention rate in the study was 100% for TasP and 85% for PrEP. Most drop-outs were due to mobility and leaving the sex trade. Adherence to PrEP was 84% according to pill count. Conclusion The retention rate in the study is encouraging so far. Adherence levels, although estimated through a simple method that could lead to overestimation, could be improved and a multi-faceted adherence-to-education program is now implemented. The availability of Truvada® blood levels will allow an objective assessment of adherence, a highly crucial parameter for the success of eventual PrEP programs. Disclosure of interest statement This study is funded by the Bill and Melinda Gates Foundation, and Truvada® for pre-exposure prophylaxis is provided free of charge by Gilead Sciences, Inc.	HIV prevention; adherence; early antiretroviral therapy; female sex workers; pre-exposure prophylaxis; retention	English	United Kingdom	Western and Central Europe and North America	Benin	Western and Central Africa	NA	NA	Clinical
Article	2015	Gunawardana, Manjula; Remedios-Chan, Mariana; Miller, Christine S.; Fanter, Rob; Yang, Flora; Marzinke, Mark A.; Hendrix, Craig W.; Beliveau, Martin; Moss, John A.; Smith, Thomas J.; Baum, Marc M.	Pharmacokinetics of long-acting tenofovir alafenamide (GS-7340) subdermal implant for HIV prophylaxis.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/AAC.00656-15	https://pubmed.ncbi.nlm.nih.gov/25896688/	Oral or topical daily administration of antiretroviral (ARV) drugs to HIV-1-negative individuals in vulnerable populations is a promising strategy for HIV-1 prevention. Adherence to the dosing regimen has emerged as a critical factor determining efficacy outcomes of clinical trials. Because adherence to therapy is inversely related to the dosing period, sustained-release or long-acting ARV formulations hold significant promise for increasing the effectiveness of HIV-1 preexposure prophylaxis (PrEP) by reducing dosing frequency. A novel, subdermal implant delivering the potent prodrug tenofovir alafenamide (TAF) with controlled, sustained, zero-order (linear) release characteristics is described. A candidate device delivering TAF at 0.92 mg day(-1) in vitro was evaluated in beagle dogs over 40 days for pharmacokinetics and preliminary safety. No adverse events related to treatment with the test article were noted during the course of the study, and no significant, unusual abnormalities were observed. The implant maintained a low systemic exposure to TAF (median, 0.85 ng ml(-1); interquartile range IQR, 0.60 to 1.50 ng ml(-1)) and tenofovir (TFV; median, 15.0 ng ml(-1); IQR, 8.8 to 23.3 ng ml(-1)), the product of in vivo TAF hydrolysis. High concentrations (median, 512 fmol/10(6) cells over the first 35 days) of the pharmacologically active metabolite, TFV diphosphate, were observed in peripheral blood mononuclear cells at levels over 30 times higher than those associated with HIV-1 PrEP efficacy in humans. Our report on the first sustained-release nucleoside reverse transcriptase inhibitor (NRTI) for systemic delivery demonstrates a successful proof of principle and holds significant promise as a candidate for HIV-1 prophylaxis in vulnerable populations.	Male; Animals; HIV Infections/*prevention & control; Adenine/administration & dosage/*analogs & derivatives/pharmacokinetics/therapeutic use; HIV-1/drug effects; Dogs; Prodrugs; Alanine; Tenofovir/analogs & derivatives; Drug Implants; Anti-HIV Agents/administration & dosage/*pharmacokinetics/*therapeutic use; Equipment Design; Monocytes/metabolism; Reverse Transcriptase Inhibitors/administration & dosage/*pharmacokinetics/*therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2015	Haberer, Jessica E; Bangsberg, David R; Baeten, Jared M; Curran, Kathryn; Koechlin, Florence; Amico, K Rivet; Anderson, Peter; Mugo, Nelly; Venter, Francois; Goicochea, Pedro; Caceres, Carlos; O'Reilly, Kevin	Defining success with HIV pre-exposure prophylaxis: a prevention-effective adherence paradigm.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000000647	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4480436	Clinical trial data have shown that oral pre-exposure prophylaxis (PrEP) is efficacious when taken as prescribed; however, PrEP adherence is complex and must be understood within the context of variable risk for HIV infection and use of other HIV prevention methods. Different levels of adherence may be needed in different populations to achieve HIV prevention, and the optimal methods for achieving the necessary adherence for both individual and public health benefits are unknown. Guidance for PrEP use must consider these questions to determine the success of PrEP-based HIV prevention programs. In this article, we propose a new paradigm for understanding and measuring PrEP adherence, termed prevention-effective adherence, which incorporates dynamic HIV acquisition risk behaviors and the use of HIV alternative prevention strategies. We discuss the need for daily PrEP use only during periods of risk for HIV exposure, describe key issues for measuring and understanding relevant behaviors, review lessons from another health prevention field (i.e., family planning), and provide guidance for prevention-effective PrEP use. Moreover, we challenge emerging calls for sustained, near perfect PrEP adherence regardless of risk exposure and offer a more practical and public health-focused vision for this prevention intervention.	pre-exposure prophylaxis, PrEP, adherence	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2015	Haire, Bridget	It's Time: The Case for PrEP as an Active Comparator in HIV Biomedical Prevention Trials	Journal of Bioethical Inquiry	-	-	-	11767529	10.1007/s11673-014-9565-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84930081890&doi=10.1007%2fs11673-014-9565-9&partnerID=40&md5=366bbca69f016d33c3e6740000a71b4a	In July 2012, based on evidence from two major trials, the United States Food and Drug Administration approved the use of combined oral tenofovir/emtricitabine as pre-exposure prophylaxis (PrEP) for people at high risk of HIV acquisition. PrEP effectiveness is marred by poor adherence, however, even in trial populations, thus it is not a magic bullet for HIV prevention. It is, however, the most effective biomedical HIV prevention intervention available for people at high risk of HIV, particularly those who have receptive sex and lack the power to negotiate condom use. Accordingly, there are compelling reasons to compare future experimental HIV prevention interventions against PrEP. The interests both of trial participants and of science are served by using PrEP as comparator: Not only would HIV incidence be reduced, but also the question of whether new interventions were superior to best proven interventions, in a given setting, would be answered comprehensively. © 2014, Journal of Bioethical Inquiry Pty Ltd.	AIDS; Biomedical research; Human subjects research; International/global health; Regulatory issues; Research ethics	English	New Zealand	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2015	Haire, Bridget G	Preexposure prophylaxis-related stigma: Strategies to improve uptake and adherence –a narrative review	HIV/AIDS - Research and Palliative Care	-	-	-	11791373	10.2147/HIV.S72419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84944446908&doi=10.2147%2fHIV.S72419&partnerID=40&md5=24955666653051d357f1ae6e939b24da	Despite high levels of efficacy, the implementation of preexposure prophylaxis (PrEP) as a strategy to prevent new HIV infection has been slow. Studies show that PrEP works so long as it is taken, making adherence one of the great challenges of effective PrEP implementation alongside issues of access and uptake. Given that effective PrEP use requires ongoing self-administration of pills by people at high risk of HIV acquisition, it is a strategy best understood not as simply biomedical, but as biobehavioral or biopsychosocial, meaning that that social, psychological, cultural, and structural factors all contribute to the success or failure of the intervention. The willingness of people at risk of HIV to take up and adhere to PrEP depends greatly upon social understandings – whether it is seen as effective, as a healthy option, and a socially acceptable strategy for preventing HIV. Stigma – unfavorable associations – can negatively influence the implementation of PrEP. Because it is associated with high-risk sexual activity, PrEP risks multiple stigmas that can differ according to specific cultural conditions. This includes the stigma of being related to HIV (which may also relate to other stigmas, such as homosexuality, sex work, and/or drug use) and the stigma of PrEP being an alternative to condoms (as condom use is associated with responsible sexual activity). PrEP-related stigma has emerged as a significant social harm that can arise from PrEP research participation, reported by trial participants from a range of different trial sites, different trial populations, and spanning different continents. Social marketing needs to redress PrEP-related stigmas through health promotion campaigns aimed at clinicians, HIV-affected communities, and people at high risk of HIV who might benefit from PrEP access. PrEP access needs to be reframed as a positive and responsible option to help people remain HIV-negative. © 2015 Haire.	Discrimination; HIV prevention; PrEP	English	New Zealand	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Theses and Dissertations	2015	Hale, Stephanne P.; Parker, Kimberly	Examining psychosocial factors and intent to use prep as an HIV prevention strategy among African American women in the southern United States	-	-	TEXAS WOMAN'S UNIVERSITY	-	NA	NA	https://www.proquest.com/dissertations-theses/examining-psychosocial-factors-intent-use-prep-as/docview/1762584401/se-2?accountid=8113	HIV/AIDS rates continue to be worst among African Americans (AA) compared to other racial and ethnic groups. In particular, African American women are more impacted than any other group. The primary mode of transmission among AA women is high risk heterosexual contact. In 2010, AA women accounted for 87 percent of new HIV infections from heterosexual sex (Centers for Disease Control and Prevention CDC, 2012). Since the discovery of the epidemic in the United States, HIV prevention strategies have been implemented with documented success. Programs such as increasing awareness about HIV/AIDS, proper and consistent condom use, and decreasing high risk sexual behaviors have all been proven effective in decreasing HIV transmission. However, that success has not been realized among AA women. Literature suggests that a major reason for increased HIV rates within the AA female population is the impact of psychosocial factors and low HIV risk perception. AA women do not perceive themselves to be at increased risk for contracting HIV. This low perception of risk can lead to a false sense of security and a decreased belief that protection from HIV is required. Therefore, in an effort to develop future HIV prevention programs that would be effective among AA females, it is critical that psychosocial factors, such as perceived risks, and the impact they have on sexual health and sexual decision making are understood.	HIV; Women; HIV prevention; Health education; Prep; Education; African american; Psychosocial factors; 0680:Health education; 0534:Social studies education; Social studies education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2015	Hallal R.C.; Raxach J.C.; Barcellos N.T.; Maksud I.	Strategies to prevent HIV transmission to serodiscordant couples; Estratégias de prevenção da transmissão do HIV para casais sorodiscordantes	Revista Brasileira de Epidemiologia	-	-	-	1415790X	10.1590/1809-4503201500050013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946826851&doi=10.1590%2f1809-4503201500050013&partnerID=40&md5=17cb487749e6deba6b154767aeb6b2bf	Introduction: The use antiretroviral reduces the sexual transmission of HIV, expanding interventions for serodiscordant couples. Objective: This article aims to review the use of antiretroviral and other prevention interventions among serodiscordant couples and to analyze its use in Brazil. Methods: A retrospective review was performed through the MEDLINE database and bases included in the Biblioteca Virtual em Saúde. Results: The articles recovered exhibit four main strategies: (1) condom; (2) reduction of risks in sexual practices; (3) use of antiretrovirals, particularly early initiation of antiretroviral therapy (TASP) and pre-exposure prophylaxis (PrEP); (4) risk reduction in reproduction. Discussion: TASP is highly effective in reducing sexual transmission, PrEP was tested in serodiscordant couples and both reduce the sexual transmission risk in different sexual practices, enabling individualized prevention strategies. Conclusions: When used correctly, antiretroviral and sexual practices with condoms offer greater efficacy than any single strategy. The combined use of new and old strategies allows us to build a prevention policy for all. © 2015, Assocaicao Brasileira de Pos, Gradacao em Saude Coletiva. All rights reserved.	Acquired immunodeficiency syndrome; Health care; Health public policy; Health services; HIV seropositivity; Sexuality	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2015	Hankins, Catherine; Macklin, Ruth; Warren, Mitchell	Translating PrEP effectiveness into public health impact: Key considerations for decision-makers on cost-effectiveness, price, regulatory issues, distributive justice and advocacy for access	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.18.4.19973	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938222060&doi=10.7448%2fIAS.18.4.19973&partnerID=40&md5=02d1b208c70621b7f001a186bd0819ed	Introduction: The extraordinary feat of proving the effectiveness of oral pre-exposure prophylaxis (PrEP) in clinical trials in different populations in a variety of settings may prove to have been easier than ensuring it is used well. Decision-makers must make difficult choices to realize the promise of antiretroviral prophylaxis for their countries. This paper outlines key economic, regulatory and distributive justice issues that must be addressed for effective and acceptable PrEP implementation. Discussion: In considering the role that PrEP can play in combination prevention programmes, decision-makers must determine who can benefit most from PrEP, how PrEP can be provided safely and efficiently, and what kind of health system support will ensure successful implementation. To do this, they need contextualized information on disease burden by population, analyses of how PrEP services might best be delivered, and projections of the human resource and infrastructure requirements for each potential delivery model. There are cost considerations, varying cost-effectiveness results and regulatory challenges. The principles of ethics can inform thorny discussions about who should be prioritized for oral PrEP and how best to introduce it fairly. We describe the cost-effectiveness of PrEP in different populations at higher risk of HIV exposure, its price in low- and middle-income countries, and the current regulatory situation. We explore the principles of ethics that can inform resource allocation decision-making about PrEP anchored in distributive justice, at a time when universal access to antiretroviral treatment remains to be assured. We then highlight the role of advocacy in moving the PrEP agenda forward. Conclusions: The time is ripe now for decisions about whether, how and for whom PrEP should be introduced into a country's HIV response. It has the potential to contribute significantly to high impact HIV prevention if it is tailored to those who can most benefit from it and if current regulatory and pricing barriers can be overcome. Advocacy at all levels can help inform decisionmaking and push the access agenda to avert HIV infections among those at highest risk of HIV exposure. The benefits will accrue beyond the individual level to slow HIV transmission at the population level. © 2015 Hankins C et al; licensee International AIDS Society.	Antiretroviral; Cost-effectiveness; Ethics; HIV prevention; Pre-exposure prophylaxis; Regulatory; Resource allocation; Tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2015	Harrison, Abigail; Colvin, Christopher J.; Kuo, Caroline; Swartz, Alison; Lurie, Mark	Sustained High HIV Incidence in Young Women in Southern Africa: Social, Behavioral, and Structural Factors and Emerging Intervention Approaches.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-015-0261-0	https://pubmed.ncbi.nlm.nih.gov/25855338/	Young women in southern Africa experience some of the highest incidence rates of HIV infection in the world. Across southern Africa, HIV prevalence among women increases rapidly between the teenage years and young adulthood. Adult HIV prevalence is 16.8 % in South Africa, 23 % in Botswana, 23 % in Lesotho, and 26.5 % in Swaziland. Existing research has illuminated some of the key social, behavioral, and structural factors associated with young women's disproportionate HIV risk, including gendered social norms that advantage male power in sexual relationships and age disparities in relationships between younger women and older male partners. Important structural factors include the region's history of labor migration and legacy of family disruption, and entrenched social and economic inequalities. New interventions are emerging to address these high levels of HIV risk in the key population of young women, including structural interventions, biomedical prevention such as PrEP, and combined HIV prevention approaches.	Adolescent; Adult; Humans; Incidence; Male; Young Adult; Female; Prevalence; Sexual Partners; Black People; Sexual Behavior/statistics & numerical data; HIV/pathogenicity; Africa, Southern/epidemiology; Early Medical Intervention; HIV Infections/*epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2015	Hartmann M.; Montgomery E.; Stadler J.; Laborde N.; Magazi B.; Mathebula F.; van der Straten A.	Negotiating the use of female-initiated HIV prevention methods in a context of gender-based violence: The narrative of rape	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2015.1101786	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946601234&doi=10.1080%2f13691058.2015.1101786&partnerID=40&md5=04b002e350255d513b9a6187636a782c	Female-initiated methods of HIV prevention are needed to address barriers to HIV prevention rooted in gender inequalities. Understanding the sociocultural context of pre-exposure prophylaxis (PrEP) trials, including gender-based violence, is thus critical. MTN- 003C (VOICE-C), a qualitative sub-study of the larger MTN-003 (VOICE) trial, examined sociocultural barriers and facilitators to PrEP amongst women in Johannesburg. We conducted focus-group discussions, in-depth interviews and ethnographic interviews with 102 trial participants, 22 male partners, 17 community advisory board members and 23 community stakeholders. We analysed how discussions of rape are emblematic of the gendered context in which HIV risk occurs. Rape emerged spontaneously in half of discussions with community advisory board members, two-thirds with stakeholders and among one-fifth of interviews/discussions with trial participants. Rape was used to reframe HIV risk as external to women's or partner's behaviour and to justify the importance of PrEP. Our research illustrates how women, in contexts of high levels of sexual violence, may use existing gender inequalities to negotiate PrEP use. This suggests that future interventions should simultaneously address harmful gender attitudes, as well as equip women with alternative means to negotiate product use, in order to more effectively empower women to protect themselves from HIV. © 2015 Taylor & Francis.	Female-initiated methods; Gender; HIV prevention; Pre-exposure prophylaxis; Sexual violence; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2015	Hiruy, Hiwot	Utility of Quantitative Analysis in Drug Development and Optimization of Anti-Infective Therapy	-	-	-	Johns Hopkins University	-	NA	NA	http://jhir.library.jhu.edu/handle/1774.2/39654	The cornerstone of anti-infective therapy is attainment of the effective target concentration of the drug at the site of infection; achieving this goal requires integration of the pharmacokinetic and pharmacodynamics properties of the anti-infective drug. In this interplay, systemic and local quantitative analysis of the drug plays an integral part in providing information about the pharmacokinetic and pharmacodynamic properties of the anti-infective; this information is critical for drug development as well as evaluation of adequacy of established therapies. In this thesis, we will demonstrate the role of systemic and local quantitative analysis in the development of preventative strategies for HIV and also, the role of quantitative analysis in assessing adequacy of therapy in pediatric tuberculosis (TB). The projects in this thesis highlight the various points that are key for successful use of anti-infective drugs. The first two projects, CHARM-01 and CHARM-02, focus on use of anti-infectives for prophylaxis; specifically the development of tenofovir (TFV)-containing gels as locally applied (rectal) microbicides. Since these gels are locally-dosed, there are several factors that have to be considered such as the mucosal safety of the formulations, the ability of the formulations to cover all potentially HIV-exposed mucosa, and the ability to reach the optimal concentration of the active drug, TFV diphosphate (TDF-DP) to prevent HIV infection. In contrast, the PHATISA project looks at systemic (oral) dosing of anti-TB drugs in children for treatment. Children are a unique population in that optimal therapy has to account for the differences in absorption, distribution, metabolism and excretion of xenobiotic in the growing, ever-changing child. For instance, children have a less acidic gastric environment and their gastric motility is slow, which may affect the absorption of drugs. Children, mainly neonates and infants, have different water body composition as compared to older children and adults, which may affect the volume of distribution of drugs. The ontogeny of metabolic enzymes may affect the degree of metabolism that goes on at a specific age, and immaturity of the kidneys will affect the excretion of drugs. Unfortunately, most drug regimens used in children are extrapolated from adult dosing, which does not consider the abovementioned factors that are unique to children9. In the PHATISA study, we sought to evaluate whether a revised WHO-recommendation for TB drugs is able to achieve the presumed optimal concentrations for treatment of TB in children.	Clinical pharmacology; HIV prevention; Pre-exposure Prophylaxis(PrEP); rectal microbicides; pediatric tuberculosis therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2015	Hladik, Florian; Burgener, Adam; Ballweber, Lamar; Gottardo, Raphael; Vojtech, Lucia; Fourati, Slim; Dai, James Y.; Cameron, Mark J.; Strobl, Johanna; Hughes, Sean M.; Hoesley, Craig; Andrew, Philip; Johnson, Sherri; Piper, Jeanna; Friend, David R.; Ball, T. Blake; Cranston, Ross D.; Mayer, Kenneth H.; McElrath, M. Juliana; McGowan, Ian	Mucosal effects of tenofovir 1% gel.	eLife	-	-	-	-	2050-084X	10.7554/eLife.04525	https://pubmed.ncbi.nlm.nih.gov/25647729/	Tenofovir gel is being evaluated for vaginal and rectal pre-exposure prophylaxis against HIV transmission. Because this is a new prevention strategy, we broadly assessed its effects on the mucosa. In MTN-007, a phase-1, randomized, double-blinded rectal microbicide trial, we used systems genomics/proteomics to determine the effect of tenofovir 1% gel, nonoxynol-9 2% gel, placebo gel or no treatment on rectal biopsies (15 subjects/arm). We also treated primary vaginal epithelial cells from four healthy women with tenofovir in vitro. After seven days of administration, tenofovir 1% gel had broad-ranging effects on the rectal mucosa, which were more pronounced than, but different from, those of the detergent nonoxynol-9. Tenofovir suppressed anti-inflammatory mediators, increased T cell densities, caused mitochondrial dysfunction, altered regulatory pathways of cell differentiation and survival, and stimulated epithelial cell proliferation. The breadth of mucosal changes induced by tenofovir indicates that its safety over longer-term topical use should be carefully monitored.	Humans; Male; Female; Double-Blind Method; Mitochondria/drug effects; Reverse Transcriptase Inhibitors/*administration & dosage/adverse effects; Gels; Gene Expression/drug effects; HIV/AIDS; prevention; Tenofovir/*administration & dosage/adverse effects; microbicides; side effects; human; human biology; infectious disease; medicine; microbiology; mucosa; Mucous Membrane/*drug effects/metabolism; Proteomics; Rectum/drug effects/metabolism; Vagina/drug effects/metabolism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2015	Hoenigl, Martin; Anderson, Christy M; Green, Nella; Mehta, Sanjay R; Smith, Davey M	Repeat HIV-testing is associated with an increase in behavioral risk among men who have sex with men: a cohort study	-	-	-	University of California	-	1741-7015	https://doi.org/10.1186/s12916-015-0458-5	https://escholarship.org/uc/item/4gf1c6c0	BackgroundThe Center for Disease Control and Prevention recommends that high-risk groups, like sexually active men who have sex with men (MSM), receive HIV testing and counseling at least annually. The objective of this study was to investigate the relationship between voluntary repeat HIV testing and sexual risk behavior in MSM receiving rapid serologic and nucleic acid amplification testing.MethodsWe performed a cohort study to analyze reported risk behavior among MSM receiving the "Early Test", a community-based, confidential acute and early HIV infection screening program in San Diego, California, between April 2008 and July 2014. The study included 8,935 MSM receiving 17,333 "Early Tests". A previously published risk behavior score for HIV acquisition in MSM (i.e. Menza score) was chosen as an outcome to assess associations between risk behaviors and number of repeated tests.ResultsAt baseline, repeat-testers (n = 3,202) reported more male partners and more condomless receptive anal intercourse (CRAI) when compared to single-testers (n = 5,405, all P <0.001). In 2,457 repeat testers there was a strong association observed between repeated HIV tests obtained and increased risk behavior, with number of male partners, CRAI with high risk persons, non-injection stimulant drug use, and sexually transmitted infections all increasing between the first and last test. There was also a linear increase of risk (i.e. high Menza scores) with number of tests up to the 17th test. In the multivariable mixed effects model, more HIV tests (OR = 1.18 for each doubling of the number of tests, P <0.001) and younger age (OR = 0.95 per 5-year increase, P = 0.006) had significant associations with high Menza scores.ConclusionsThis study found that the highest risk individuals for acquiring HIV (e.g. candidates for antiretroviral pre-exposure prophylaxis) can be identified by their testing patterns. Future studies should delineate causation versus association to improve prevention messages delivered to repeat testers during HIV testing and counseling sessions.	Public Health; Biomedical and Clinical Sciences; Clinical Sciences; Health Sciences; Infectious Diseases; HIV/AIDS; Behavioral and Social Science; Pediatric; Sexual and Gender Minorities (SGM/LGBT*); Prevention; Substance Misuse; Clinical Research; Drug Abuse (NIDA only); Infection; Good Health and Well Being; Adult; HIV Infections; Homosexuality; Male; Humans; Male; Mass Screening; Prospective Studies; Retrospective Studies; Risk-Taking; Unsafe Sex; Acute and early HIV; MSM; Risk behavior; NAT screening; Repeat testing; Medical and Health Sciences; General & Internal Medicine; Biomedical and clinical sciences; Health sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2015	Hoff, Colleen C.; Chakravarty, Deepalika; Bircher, Anja E.; Campbell, Chadwick K.; Grisham, Kirk; Neilands, Torsten B.; Wilson, Patrick A.; Dworkin, Shari	Attitudes Towards PrEP and Anticipated Condom Use Among Concordant HIV-Negative and HIV-Discordant Male Couples.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2014.0315	https://pubmed.ncbi.nlm.nih.gov/26057304/	Since the July 2012 approval by the FDA of emtricitabine/ tenofovir disoproxil fumarate (Truvada) for use as pre-exposure prophylaxis (PrEP) against HIV, its feasibility and acceptability has been under study. HIV-discordant couples are likely targets for PrEP but little is known about how this new prevention tool impacts relationships. We examined, among gay male couples, the acceptability of individual and partner use of PrEP and intentions to use condoms with primary and outside partners in the context of PrEP use. Data are from two independent samples of couples recruited in the San Francisco bay area and New York City-a qualitative one (N=48 couples) between March and November, 2011, and a quantitative one (N=171 couples) between June, 2012 and May, 2013. Data were categorized by couple HIV status and general linear models; chi-square tests of independence were used to examine condom-use intentions with primary and outside partners, by sexual risk profile, and race. Almost half of the HIV-negative couples felt PrEP was a good HIV prevention strategy for themselves and their partner. Over half reported that they would not change their current condom use if they or their partner were taking PrEP. However, approximately 30% of HIV-negative couples reported that they would stop using condoms or use them less with primary and outside partners if they were on PrEP or if their partner was on PrEP. A large percentage of couples view PrEP positively. However, to ensure safety for both partners, future programing must consider those who intend not to use condoms while on PrEP.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; Risk-Taking; Interviews as Topic; Anti-HIV Agents/administration & dosage; HIV Seropositivity; HIV Seronegativity; Family Characteristics; New York City; *Health Knowledge, Attitudes, Practice; Condoms/*statistics & numerical data; *Pre-Exposure Prophylaxis; Health Surveys; San Francisco; Qualitative Research; Intention; Sexual Partners/*psychology; HIV Infections/ethnology/*prevention & control/psychology; Patient Acceptance of Health Care/ethnology/*psychology; Sexual Behavior/psychology/statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2015	Hoffman R.M.; Jaycocks A.; Vardavas R.; Wagner G.; Lake J.E.; Mindry D.; Currier J.S.; Landovitz R.J.	Benefits of PrEP as an adjunctive method of HIV prevention during attempted conception between HIV-uninfected women and hivinfected male partners	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiv305	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84966315780&doi=10.1093%2finfdis%2fjiv305&partnerID=40&md5=05c8dab03b394982903bdae647f83f0d	Background. Data on effectiveness of preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV)- uninfected women attempting conception with HIV-infected male partners are limited to observational studies. Methods. To explore the benefits of PrEP for conception, we developed a model to estimate the average annual probability of a woman remaining HIV-uninfected and having a child ("successful" outcome) via condomless sex with an HIV-infected male. The outcome likelihood is dependent upon parameters defining HIV-1 infectivity. We simulated 2 scenarios: optimal (condomless sex acts limited to the ovulation window), and suboptimal (acts not limited to ovulation). Results. In the optimal scenario when the male is on antiretroviral therapy (ART), the average annual probability of the successful outcome is 29.1%, increasing to 29.2%with the addition of PrEP (P = .45). In the suboptimal scenario, the probability is 26.8% with ART alone versus 27.3% with ART/PrEP (P > .0001). Older maternal age reduces the probability of success in both scenarios, particularly after age 30. Conclusions. In our model, PrEP provides little added benefit when the HIV-infected male partner is on ART, condomless sex is limited to the ovulation window, and othermodifiable transmission risks are optimized. Older female age decreases the probability of success by increasing the number of condomless sex acts required for conception. © The Author 2015.	Antiretroviral therapy; Mathematical model; Preexposure prophylaxis; Safer conception	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Holt M.	Configuring the users of new HIV-prevention technologies: the case of HIV pre-exposure prophylaxis	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2014.960003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84924497181&doi=10.1080%2f13691058.2014.960003&partnerID=40&md5=09e32069d6042075288b9b7367c6fe03	HIV pre-exposure prophylaxis (PrEP) is a prevention technology that involves prescribing antiretroviral drugs to HIV-negative people to protect them from infection. This paper considers how the development of the technology has necessitated the parallel configuration of its users, and how this process has affected the perception and uptake of the technology. In designing a technology, potential users are typically defined, enabled and constrained, partly to create a target population (or market) for the technology, but also to reassure people that it can be used safely and effectively. This process may or may not be helpful for the uptake and use of the technology. Published research on PrEP indicates that while the technology was under trial, the primary focus was on the 'at-risk' subject in need of PrEP, with little or no consideration of the other qualities necessary for successful use. Post-trial accounts of PrEP have begun to outline desirable qualities of successful PrEP use, such as caution, compliance and being organised. It appears that the PrEP user was only partially configured during the technology's development, and the initial focus on risk has done little to counter fears of the technology, which may partially account for its slow uptake. © 2014, © 2014 Taylor & Francis.	gay and bisexual men; HIV prevention; pre-exposure prophylaxis; users	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2015	Hong, Jennifer N.; Farel, Claire E.; Rahangdale, Lisa	Pharmacologic prevention of human immunodeficiency virus in women: practical approaches for the obstetrician and gynecologist.	Obstetrical & Gynecological Survey	-	-	-	-	1533-9866 0029-7828	10.1097/OGX.0000000000000170	https://journals.lww.com/obgynsurvey/fulltext/2015/04000/pharmacologic_prevention_of_human_immunodeficiency.20.aspx	IMPORTANCE: Obstetricians and gynecologists (Ob-Gyns) play a crucial role in efforts to detect and prevent human immunodeficiency virus (HIV) infection in women. Multiple strategies can be implemented into general practice as part of a comprehensive primary women's health care agenda. Educational and behavioral strategies to reduce HIV acquisition in women can now be supplemented with pharmacologic measures. OBJECTIVE: This article aimed to review the literature regarding preexposure prophylaxis (PrEP) for HIV prevention in women. After reading this article, readers should be able to describe available methods to prevent HIV acquisition in women, select appropriate candidates for PrEP, and outline the steps necessary for initiation of PrEP. EVIDENCE ACQUISITION: A review of the available literature was obtained by a PubMed search of HIV prevention, women, preexposure prophylaxis, and PrEP. Additional information was obtained from the Centers for Disease Control and Prevention; the American Congress of Obstetricians and Gynecologists; and expert opinion in the fields of obstetrics and gynecology, infectious diseases, and reproductive infectious diseases. RESULTS: This review of the literature summarizes the efficacy of PrEP in HIV prevention and identifies limitations and barriers of PrEP. Women who are at risk for HIV acquisition and candidates for PrEP are clearly defined. Certain populations face unique challenges in HIV prevention and the administration of PrEP, and clinical guidelines and references are provided. This article provides a practical guide for the initiation, maintenance, and discontinuation of PrEP for the general Ob-Gyn. CONCLUSIONS: Preexposure prophylaxis is an effective measure to prevent HIV in women. The Ob-Gyn plays a key role in the identification of at-risk women and the initiation of HIV prevention. RELEVANCE: This information is relevant to general Ob-Gyns and other women's health providers.	Humans; Female; HIV Infections/*prevention & control; Practice Guidelines as Topic; Pre-Exposure Prophylaxis/*methods; Gynecology; Obstetrics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Hope, Thomas J.; Marrazzo, Jeanne M.	A Shot in the Arm for HIV Prevention? Recent Successes and Critical Thresholds.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/aid.2015.0310	https://pubmed.ncbi.nlm.nih.gov/26486613/	Efforts to decrease the spread of HIV worldwide continue at a rapid pace. With the development of new biomedical interventions and findings from pivotal clinical trials, a new framework for short-term and long-term prevention strategies is emerging. It is clear that biomedical-based approaches targeted at the highest risk populations have the greatest potential to have a short-term impact. Unfortunately, challenges with adherence in healthy populations at risk are now well-recognized, and competing health care priorities in the context of fragile delivery infrastructures pose formidable obstacles to implementation. We need better ways to identify high-risk populations, sophisticated understanding of the behavioral parameters that can ensure adherence, and the development of better strategies to provide sustained delivery of preexposure prophylaxis (PrEP). In the long term, we need an effective vaccine--a path that has proven to be rocky. Research facilitating an increased understanding of immune responses and what represents effective responses to prevent HIV acquisition should facilitate progress. While we wait for that time, PrEP offers the best strategy for short-term impact.	Humans; Animals; Disease Models, Animal; Anti-HIV Agents/*administration & dosage; HIV Infections/*immunology/*prevention & control; Pre-Exposure Prophylaxis/*methods; AIDS Vaccines/*immunology/*isolation & purification; Drug Discovery/methods/trends	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Hu, Minlu; Patel, Sravan Kumar; Zhou, Tian; Rohan, Lisa C.	Drug transporters in tissues and cells relevant to sexual transmission of HIV: Implications for drug delivery.	Journal of Controlled Release	-	-	-	-	1873-4995 0168-3659	10.1016/j.jconrel.2015.08.018	https://www.sciencedirect.com/science/article/pii/S016836591530064X?via%3Dihub	Efflux and uptake transporters of drugs are key regulators of the pharmacokinetics of many antiretroviral drugs. A growing body of literature has revealed the expression and functionality of multiple transporters in female genital tract (FGT), colorectal tissue, and immune cells. Drug transporters could play a significant role in the efficacy of preventative strategies for HIV-1 acquisition. Pre-exposure prophylaxis (PrEP) is a promising strategy, which utilizes topically (vaginally or rectally), orally or other systemically administered antiretroviral drugs to prevent the sexual transmission of HIV to receptive partners. The drug concentration in the receptive mucosal tissues and target immune cells for HIV is critical for PrEP effectiveness. Hence, there is an emerging interest in utilizing transporter information to explain tissue disposition patterns of PrEP drugs, to interpret inter-individual variability in PrEP drug pharmacokinetics and effectiveness, and to improve tissue drug exposure through modulation of the cervicovaginal, colorectal, or immune cell transporters. In this review, the existing literature on transporter expression, functionality and regulation in the transmission-related tissues and cells is summarized. In addition, the relevance of transporter function for drug delivery and strategies that could exploit transporters for increased drug concentration at target locales is discussed. The overall goal is to facilitate an understanding of drug transporters for PrEP optimization.	Humans; Animals; Anti-HIV Agents/pharmacokinetics/therapeutic use; Drug Delivery Systems; HIV prevention; Pre-Exposure Prophylaxis; Pre-exposure prophylaxis (PrEP); Colorectal tissue; Female genital tract (FGT); HIV Infections/*metabolism/prevention & control/*transmission; Immune cells; Membrane Transport Proteins/*metabolism; Transporters	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Idoko J.; Folayan M.O.; Dadem N.Y.; Kolawole G.O.; Anenih J.; Alhassan E.	Why should i take drugs for your infection?: Outcomes of formative research on the use of HIV pre-exposure prophylaxis in Nigeria	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-015-1690-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84928041190&doi=10.1186%2fs12889-015-1690-9&partnerID=40&md5=93ce0bff53d5603991f193f9826674c1	Background: Nigeria has the second highest number of new HIV infections annually. Therefore, it is important to explore new strategies for preventing new infections. The introduction of pre-exposure prophylaxis (PrEP) for use by persons at high risk of HIV infection has new potential in preventing new HIV infections. The aim of this study is to explore the public opinion, community interest, and perceptions about the use and access to PrEP in Nigeria. Methods: This formative study used a mixed method approach to collect data on public opinions and perceptions on appropriate target groups for PrEP access, community interest, perceptions about the use of PrEP as an HIV-prevention tool, how best to communicate with participants about PrEP, concerns about PrEP use by serodiscordant couples, and suggestions for the design and implementation of a PrEP demonstration project. Telephone and in-depth interviews were conducted, and focus group discussions and consultative meetings were held with critical stakeholders engaged in HIV-prevention, treatment, care, and support programmes in Nigeria. An online survey was also conducted. Results: HIV serodiscordant couples were identified as the appropriate target group for PrEP use. Most respondents felt that PrEP use by key affected populations would help reduce the HIV incidence. Stigma was identified as a major concern and a potential barrier for the acceptance and use of PrEP by HIV serodiscordant couples. Electronic and print media were identified as important means for massive public education to prevent stigma and create awareness about PrEP. In a male dominated society such as Nigeria, HIV-negative male partners in serodiscordant relationships may resist enrolment in PrEP programmes. This may be complicated by the fact that the identified index partner in most serodiscordant relationships in Nigeria is an HIV-positive woman, who is often diagnosed during pregnancy. Conclusions: PrEP uptake and use by HIV serodiscordant couples in Nigeria may face notable but surmountable challenges. Much depends on the appropriateness of actions taken by multiple players. Motivation of HIV-negative male partners to use PrEP and establishment of effective public education programmes in addressing stigma are essential. © 2015 Idoko et al.; licensee BioMed Central.	Couples; Nigeria; PrEP; Resistance; Serodiscordant; Stigma	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Mixed methods
Article	2015	Irvin, Risha; Vallabhaneni, Snigdha; Scott, Hyman; Williams, John K.; Wilton, Leo; Li, Xin; Buchbinder, Susan	Examining levels of risk behaviors among black men who have sex with Men (MSM) and the association with HIV acquisition.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0118281	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0118281	Seroadaptation is defined as the practice of modifying sexual behavior based on one's own HIV serostatus, the perceived HIV serostatus of sexual partners, and differences in risk of HIV transmission by sexual acts. Because this definition implies intent, we use the term "seroprotection" to describe HIV negative participants reporting condomless anal sex (CAS) either exclusively with seronegative partners, or only as the insertive partner with HIV positive or unknown serostatus partners. Little is known about seroprotection in Black men who have sex with men (MSM). We evaluated the independent association of seroprotection and HIV acquisition among the 1144 HIV-negative Black MSM enrolled in HPTN 061 using Cox models; we stratified by city of enrollment, and controlled for number of partners, age, and drug use. Behaviors reported at 0, 6, and 12 months were assigned to three mutually exclusive categories: (1) No CAS; (2) Seroprotection; and (3) CAS without seroprotection. In 2,861 six-month intervals; 28 HIV seroconversions occurred. No CAS was reported at 33.3% of visits, seroprotection at 46.6% of visits, and CAS without seroprotection at 20.1% of visits. The seroconversion rate per 100 person-years for no CAS was 0.98 (95% CI: 0.27, 2.51), compared with 2.39 (95% CI: 1.03, 4.71) and 13.33 (95% CI: 7.62, 21.66) for seroprotection and CAS without seroprotection, respectively. Compared to CAS without seroprotection, intervals without CAS were associated with an 87% reduction (aHR: 0.13, 95% CI: 0.03-0.46) in HIV acquisition and intervals with seroprotection with a 78% reduction (aHR: 0.22, 95% CI: 0.09-0.57). No CAS is the safest behavior to prevent HIV acquisition. Seroprotective behaviors significantly reduced risk, but HIV incidence was still >2/100 person-years, suggesting that additional strategies, such as pre-exposure prophylaxis, are warranted for this population.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; Young Adult; Prevalence; *Risk-Taking; Black or African American/statistics & numerical data; HIV Infections/epidemiology/*prevention & control/*transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Iwuji, Collins C.; McGrath, Nuala; de Oliveira, Tulio; Porter, Kholoud; Pillay, Deenan; Fisher, Martin; Newport, Melanie; Newell, Marie-Louise	The Art of HIV Elimination: Past and Present Science.	Journal of AIDS & Clinical Research	-	-	-	-	2155-6113	10.4172/2155-6113.1000525	https://pubmed.ncbi.nlm.nih.gov/27774350/	INTRODUCTION: Remarkable strides have been made in controlling the HIV epidemic, although not enough to achieve epidemic control. More recently, interest in biomedical HIV control approaches has increased, but substantial challenges with the HIV cascade of care hinder successful implementation. We summarise all available HIV prevention methods and make recommendations on how to address current challenges. DISCUSSION: In the early days of the epidemic, behavioural approaches to control the HIV dominated, and the few available evidence-based interventions demonstrated to reduce HIV transmission were applied independently from one another. More recently, it has become clear that combination prevention strategies targeted to high transmission geographies and people at most risk of infections are required to achieve epidemic control. Biomedical strategies such as male medical circumcision and antiretroviral therapy for treatment in HIV-positive individuals and as pre-exposure prophylaxis in HIV-negative individuals provide immense promise for the future of HIV control. In resource-rich settings, the threat of HIV treatment optimism resulting in increased sexual risk taking has been observed and there are concerns that as ART roll-out matures in resource-poor settings and the benefits of ART become clearly visible, behavioural disinhibition may also become a challenge in those settings. Unfortunately, an efficacious vaccine, a strategy which could potentially halt the HIV epidemic, remains elusive. CONCLUSION: Combination HIV prevention offers a logical approach to HIV control, although what and how the available options should be combined is contextual. Therefore, knowledge of the local or national drivers of HIV infection is paramount. Problems with the HIV care continuum remain of concern, hindering progress towards the UNAIDS target of 90-90-90 by 2020. Research is needed on combination interventions that address all the steps of the cascade as the steps are not independent of each other. Until these issues are addressed, HIV elimination may remain an unattainable goal.	HIV; Antiretroviral therapy; Pre-exposure prophylaxis; HIV vaccines; Post-exposure prophylaxis; Combination HIV prevention; HIV cascade	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2015	Jain, Sachin; Krakower, Douglas S; Mayer, Kenneth H	The Transition From Postexposure Prophylaxis to Preexposure Prophylaxis: An Emerging Opportunity for Biobehavioral HIV Prevention.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/civ094	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4492410	Although some individuals who present for antiretroviral postexposure prophylaxis (PEP) had a 1-time exposure to human immunodeficiency virus (HIV), others may be recurrently risky. Given that preexposure prophylaxis (PrEP) has been shown to be efficacious, identification of those individuals who present for PEP who might benefit from PrEP is important to decrease HIV acquisition in high-risk individuals. While inclusion criteria for PrEP have been developed, there is a paucity of data to help clinicians determine which PEP users are at highest risk for HIV acquisition and therefore should be offered PrEP. We will discuss the rationale for using PrEP after PEP use, and will focus on the assessment of PEP users who may benefit from PrEP.	HIV prevention, preexposure prophylaxis, postexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2015	Jenness, Samuel	Stochastic network models for HIV-1 transmission dynamics	-	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/33161	The studies in this dissertation investigate how the structure of dynamically evolving sexual networks shape the HIV-1 epidemic among heterosexuals in Sub-Saharan Africa (SSA). The aims of this project were to: 1) develop a comprehensive set of demographic, behavioral, and biological parameters characterizing the target population of heterosexuals in SSA for use in network-based mathematical models of HIV transmission dynamics; 2) mathematically model the synergistic effects of network structure and male circumcision on HIV transmission in SSA; and 3) use mathematical modeling to estimate the total, direct, and indirect effects of pre-exposure prophylaxis (PreP) on HIV incidence within a simulated randomized control trial (RCT) environment with counterfactual scenarios for threshold levels of network structures that can bias the estimation of treatment efficacy. The heterosexual spread of HIV-1 infection in SSA depends on the unique configurations of how sexually active persons form and break sexual partnerships over time. For disease transmission, individuals are linked in dyads through partnerships, dyads are connected to other dyads when persons have multiple ongoing partnerships, and this forms the larger sexual network within the population. Effective HIV prevention tools, like male circumcision and PreP, operate within this network context. The studies here ask how these interventions, targeted at individuals, function given dynamic networks. Stochastic network models were developed to test key hypotheses for this interaction, aimed both at the population level and within RCT settings. Parameters for these models were primarily drawn from an original retrospective panel study we conducted in Accra, Ghana specifically for mathematical modeling. The findings from these studies address important empirical questions on the relationship between biomedical prevention tools and socio-behavioral risk, and also provide insight into the design and targeting of single-element and combination prevention packages for HIV in high-incidence settings. The broader mathematical modeling methods in this project have many potential applications for future HIV prevention research.	Epidemiology; epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2015	Jewell B.L.; Cremin I.; Pickles M.; Celum C.; Baeten J.M.; Delany-Moretlwe S.; Hallett T.B.	Estimating the cost-effectiveness of pre-exposure prophylaxis to reduce HIV-1 and HSV-2 incidence in HIV-serodiscordant couples in South Africa	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0115511	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84921790656&doi=10.1371%2fjournal.pone.0115511&partnerID=40&md5=337e1567d06a2e537de1071c39c8743a	Objective To estimate the cost-effectiveness of daily oral tenofovir-based PrEP, with a protective effect against HSV-2 as well as HIV-1, among HIV-1 serodiscordant couples in South Africa. Methods We incorporated HSV-2 acquisition, transmission, and interaction with HIV-1 into a microsimulation model of heterosexual HIV-1 serodiscordant couples in South Africa, with use of PrEP for the HIV-1 uninfected partner prior to ART initiation for the HIV-1 1infected partner, and for one year thereafter. Results We estimate the cost per disability-adjusted life-year (DALY) averted for two scenarios, one in which PrEP has no effect on reducing HSV-2 acquisition, and one in which there is a 33% reduction. After a twenty-year intervention, the cost per DALY averted is estimated to be $10,383 and $9,757, respectively - a 6% reduction, given the additional benefit of reduced HSV-2 acquisition. If all couples are discordant for both HIV-1 and HSV-2, the cost per DALY averted falls to $1,445, which shows that the impact is limited by HSV-2 concordance in couples. Conclusion After a 20-year PrEP intervention, the cost per DALY averted with a reduction in HSV-2 is estimated to be modestly lower than without any effect, providing an increase of health benefits in addition to HIV-1 prevention at no extra cost. The small degree of the effect is in part due to a high prevalence of HSV-2 infection in HIV-1 serodiscordant couples in South Africa.. © 2015 Jewell et al.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2015	Jewell, Britta	Understanding and optimising HIV prevention and related outcomes among serodiscordant couples in Africa	-	-	-	Imperial College London	-	NA	NA	https://core.ac.uk/download/pdf/144577168.pdf	Daily oral tenofovir-based pre-exposure prophylaxis (PrEP) has recently been shown to be an efficacious HIV prevention strategy for key populations at high risk of acquiring HIV-1, including serodiscordant couples. This thesis addresses the following research question: what is the projected impact and cost-effectiveness of PrEP for serodiscordant couples in sub-Saharan Africa, and would it be a worthwhile intervention? By using statistical analysis and mathematical modelling, I answer this question and provide recommendations for the optimisation of antiretroviral-based HIV prevention this population. In this thesis, I begin by exploring the effect of the reduced risk of herpes simplex virus type 2 (HSV-2) acquisition by means of PrEP on the outcomes of an intervention, but conclude that the supplementary benefit is unlikely to substantially alter the costeffectiveness. I also perform statistical analysis of adherence by electronic monitoring, from the Partners PrEP Study and the Partners Demonstration Project in Kenya and Uganda and find that adherence was high in both settings. Finally, I adapt a microsimulation model of serodiscordant couples in Africa to include realistic PrEP adherence patterns, HIV-1 transmission, external partnerships, and empirical costs. Using this model, I simulate the likely impact and cost-effectiveness of a PrEP intervention according to characteristics and behaviours of couples in the context of a clinical trial and a demonstration project. Overall, I conclude that a PrEP intervention could be cost-effective or cost-saving when targeted to high-risk couples, but is unlikely to be cost-effective if expected incidence is low. In addition, the utility of PrEP for serodiscordant couples could be compromised if the resources needed to find high-risk couples are expensive or if couples are not found easily.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2015	Jhunjhunwala, Kunal	Design and Evaluation of a Topical Rectal Specific Microbicide for HIV prevention	-	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/25845/	According to the UNAIDS report 2013, there were 2.1 million new HIV infections including adults and children. This indicates that apart from the already existing therapeutic ART (Antiretroviral Therapy), there is a need for development of HIV prevention products which can reduce the risk of HIV transmission from person to person. Such products which are referred to as microbicides could be used as a means of pre exposure prophylaxis (PrEP). A vaginal gel containing 1% tenofovir, a nucleotide reverse transcriptase inhibitor (NtRTI), has been evaluated in clinical trials to be used prior to sexual intercourse for prevention of HIV infection. This vaginal gel was also evaluated for rectal use, where it showed negative side effects. However the same gel with reduced amount of glycerin did not show any side effects rectally. Physiologically, the rectum and vagina are very different. Hence, development of rectal specific microbicide products is needed. In addition to gel formulations, such products may also be in the form of a suppository, enemas, foams etc. 1. The design of rectal specific gel and suppository products for tenofovir and its combination is the focus of this thesis work. In addition to tenofovir, other classes of antiretroviral (ARV) drugs such as reverse transcriptase inhibitors, integrase inhibitors (IIs), entry inhibitors, and fusion inhibitors have been evaluated for the development of HIV prevention products 2, 3. Raltegravir, an II, has shown potential to be a drug candidate for HIV preventative topical product given its anti-HIV activity when challenged post product treatment using a macaque model 4. Elvitegravir is a potent analog of raltegravir, which is currently available on the market in the form of a combination ART. Therefore a combination of the NtRTI (tenofovir) and the II (elvitegravir) in the form of a rectal specific gel and a rectal suppository was evaluated in this body of work.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2015	Kebaabetswe P.M.; Stirratt M.J.; McLellan-Lemal E.; Henderson F.L.; Gray S.C.; Rose C.E.; Williams T.; Paxton L.A.	Factors Associated with Adherence and Concordance Between Measurement Strategies in an HIV Daily Oral Tenofovir/Emtricitibine as Pre-exposure Prophylaxis (Prep) Clinical Trial, Botswana, 2007–2010	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-014-0891-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84928720597&doi=10.1007%2fs10461-014-0891-z&partnerID=40&md5=a2612ff8776a5cd3e9c27dce596b56fd	This study examined study product adherence and its determinants in the Botswana oral pre-exposure prophylaxis efficacy trial. Among the 1,219 participants, the mean adherence by pill count and 3-day self-report was 94 % for each. In multivariable models, pill count adherence was significantly associated with adverse events (nausea, dizziness, vomiting) (RR 0.98 95 % CI 0.98–1.00; p = 0.03) and side effect concerns (RR 0.98 95 % CI 0.96–0.99; p = 0.01). Self-reported adherence was significantly associated with having an HIV-positive partner (RR 1.02 95 % CI 1.00–1.04; p = 0.02) and Francistown residence (RR 0.98 95 % CI 0.96, 0.99; p = 0.0001). Detectable drug concentrations showed modest associations with self-report and pill count adherence, and drug levels were higher among those self-reporting 100 % adherence than those reporting <100 %. Most common adherence barriers involved refill delays and other logistic challenges; cellphone alarm reminder use was the most common facilitator. © 2014, Springer Science+Business Media New York (outside the USA).	Adherence; HIV prevention; Oral pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	Botswana	Eastern and Southern Africa	Botswana	Eastern and Southern Africa	Clinical
Article	2015	Kelley C.F.; Kahle E.; Siegler A.; Sanchez T.; Del Rio C.; Sullivan P.S.; Rosenberg E.S.	Applying a PrEP Continuum of Care for Men Who Have Sex with Men in Atlanta, Georgia	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/civ664	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84947740151&doi=10.1093%2fcid%2fciv664&partnerID=40&md5=195fa06f56806a7728a4e6ba8123274b	Reductions in human immunodeficiency virus (HIV) incidence with pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) will require significant coverage of those at risk. We propose a simplified framework, similar to the HIV care continuum, to achieve protection with PrEP as follows: 1. At-risk MSM; 2. Awareness of and willingness to take PrEP; 3. Access to healthcare; 4. Receiving a prescription; and 5. Adhering to effective PrEP. We evaluated the PrEP care continuum on an Atlanta cohort of MSM and projected how many MSM might achieve protection from HIV. Even with optimistic estimates, few Atlanta MSM (15%) are projected to achieve protection from HIV with PrEP given the significant barriers described. Each continuum step represents an important point for intervention that could substantially increase the overall effectiveness of PrEP. In addition, novel strategies for PrEP delivery are needed to achieve the necessary effectiveness for Atlanta MSM at risk of HIV. © The Author 2015. Published by Oxford University Press on behalf of the Infectious.	continuum of care; men who have sex with men; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Kelley, Colleen F.; Vaughan, Adam S.; Luisi, Nicole; Sanchez, Travis H.; Salazar, Laura F.; Frew, Paula M.; Cooper, Hannah L. F.; Diclemente, Ralph; del Rio, Carlos; Sullivan, Patrick S.; Rosenberg, Eli S.	The Effect of High Rates of Bacterial Sexually Transmitted Infections on HIV Incidence in a Cohort of Black and White Men Who Have Sex with Men in Atlanta, Georgia.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/AID.2015.0013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4458736/	Data reporting sexually transmitted infection (STI) incidence rates among HIV-negative U.S. men who have sex with men (MSM) are lacking. In addition, it is difficult to analyze the effect of STI on HIV acquisition given that sexual risk behaviors confound the relationship between bacterial STIs and incident HIV. The InvolveMENt study was a longitudinal cohort of black and white HIV-negative, sexually active MSM in Atlanta who underwent routine screening for STI and HIV and completed behavioral questionnaires. Age-adjusted incidence rates were calculated for urethral and rectal Chlamydia (CT), gonorrhea (GC), and syphilis, stratified by race. Propensity-score-weighted Cox proportional hazards models were used to estimate the effect of STI on HIV incidence and calculate the population attributable fraction (PAF) for STI. We included 562 HIV-negative MSM with 843 person-years of follow-up in this analysis. High incidence rates were documented for all STIs, particularly among black MSM. Having a rectal STI was significantly associated with subsequent HIV incidence in adjusted analyses (aHR 2.7; 95% CI 1.2, 6.4) that controlled for behavioral risk factors associated with STI and HIV using propensity score weights. The PAF for rectal STI was 14.6 (95% CI 6.8, 31.4). The high incidence of STIs among Atlanta MSM and the association of rectal STI with HIV acquisition after controlling for behavioral risk underscore the importance of routine screening and treatment for STIs among sexually active MSM. Our data support targeting intensive HIV prevention interventions, such as preexposure chemoprophylaxis (PrEP), for Atlanta MSM diagnosed with rectal STIs.	Adult; Humans; Incidence; Male; Young Adult; Longitudinal Studies; Prospective Studies; Homosexuality, Male; Surveys and Questionnaires; HIV Infections/*epidemiology; White People; Black People; Georgia/epidemiology; Chlamydia Infections/*complications; Gonorrhea/*complications; Syphilis/*complications	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2015	Kenyon C.R.; Osbak K.	How many MSM in Europe could benefit from PrEP – a 9 billion Euro question?	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462415584490	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84944677807&doi=10.1177%2f0956462415584490&partnerID=40&md5=44922657ec8926bf72e5dd2988e14eef	NA	AdolescentAnti-Retroviral AgentsCost-Benefit AnalysisEuropeHealth Care CostsHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure Prophylaxis	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Other
Article	2015	Khawcharoenporn T.; Chunloy K.; Apisarnthanarak A.	HIV knowledge, risk perception and pre-exposure prophylaxis interest among Thai university students	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462414564607	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946546998&doi=10.1177%2f0956462414564607&partnerID=40&md5=56710de8f117a651c805d53435f77de8	To assess HIV risk perception and pre-exposure prophylaxis (PrEP) interest among university students, an anonymous survey was conducted among students from a large public university in Thailand. There were 641 participants; 118 (18%) were categorised into moderate or high-risk group. Of these 118 participants, 111 (94%) perceived themselves as no or low risk. Despite high levels of knowledge about HIV transmission risks, rates of consistent condom use with vaginal, oral and anal sex were all low (43%, 18% and 33%, respectively). The low rates of consistent condom use were significantly associated with false perception of low HIV risk (P0.05). Independent factors associated with the false perception were male gender (P0.001), living with a domestic partner (P = 0.004), being homosexual or bisexual (P = 0.02) and being students from a non-medicine faculty (P = 0.04). Of the 641 participants, 211 (33%) were not interested in PrEP. Consistent condom use with oral sex (P = 0.004), consistent condom use with vaginal sex (P = 0.04) and being heterosexual (P = 0.02) were independently associated with no PrEP interest. Our study suggests the need for enhanced interventions to improve HIV risk perception and safe sex practices among the university students. © 2015, © The Author(s) 2015.	AIDS; HIV; Human immunodeficiency virus; pre-exposure prophylaxis interest; PrEP; risk perception; Thailand; university students	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2015	Kingori P.	When the science fails and the ethics works: Fail-safe ethics in the FEM-PrEP study	Anthropology and Medicine	-	-	-	-	13648470	10.1080/13648470.2015.1081378	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954390624&doi=10.1080%2f13648470.2015.1081378&partnerID=40&md5=391f44234b5b23186385cdaf828f591d	This paper will explore the concept of fail safe ethics in the FEM PrEP trial, and the practice of research and ethics on the ground. FEM-PrEP examined the efficacy of PrEP in African women after promising outcomes in research conducted with MSM. This was a hugely optimistic time and FEM-PrEP was mobilised using rights-based ethical arguments that women should have access to PrEP.This paper will present data collected during an ethnographic study of frontline research workers involved in FEM-PrEP. During our discussions, fail-safe ethics emerged as concept that encapsulated their confidence that their ethics could not fail. However, in 2011, FEM-PrEP was halted and deemed a failure. The women involved in the study were held responsible because contrary to researcher's expectations they were not taking the oral PrEP being researched.This examination of FEM-PrEP will show that ethical arguments are increasingly deployed to mobilise, maintain and in some cases stop trials in ways which, at times, are superseded or co-opted by other interests. While promoting the interests of women, rights-based approaches are argued to indirectly justify the continuation of individualised, biomedical interventions which have been problematic in other women-centred trials. In this examination of FEM-PrEP, the rights-based approach obscured: ethical concerns beyond access to PrEP; the complexities of power relationships between donor and host countries; the operations of the HIV industry in research-saturated areas and the cumulative effect of unfilled expectations in HIV research and how this has shaped ideas of research and ethics. © 2015 Photograph taken by Patricia Kingori, May 2009.	Africa; failure; fieldworkers; PrEP; women	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2015	Kintu A.; Hankinson S.E.; Balasubramanian R.; Ertel K.; Tumwesigye E.; Bangsberg D.R.; Haberer J.E.; Safren S.; Psaros C.; Ware N.; Wyatt M.; Celum C.; Baeten J.M.; Donnell D.; Hendrix C.; Asiimwe S.; Katabira E.; Rolland A.; Nakku-Joloba E.; Campbell J.; Kakia A.	Sexual relationships outside primary partnerships and abstinence are associated with lower adherence and adherence gaps: Data from the partners PrEP ancillary adherence study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000000538	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84928406386&doi=10.1097%2fQAI.0000000000000538&partnerID=40&md5=c149edecbb274af7b5eb16724833953	Objective: To assess the role of sexual relationships on levels and patterns of adherence to medication for pre-exposure prophylaxis against HIV. Methods: We enrolled 1147 HIV-negative individuals in long-term serodiscordant relationships at 3 sites in Uganda from the Partners Pre-exposure Prophylaxis Study, a randomized placebo-controlled trial of daily oral tenofovir and emtricitabine/tenofovir. We used generalized estimation equations to assess the effects of sexual relationships on low adherence (<80%) and on gaps in adherence. Results: Fifty-three percent were male, 51% were 18-34 years and 24% were polygamous. Participants who reported sex in the past month with someone other than their primary partner and with <100% condom use were more than twice as likely to have low adherence adjusted odds ratio (aOR) = 2.48, 95% CI: 1.70 to 3.62 compared with those who had sex with only their primary partners and 100% condom use. Using the same reference group, those who abstained from sex in the previous month had 30% increased odds of low adherence (aOR = 1.30, 95% CI: 1.05 to 1.62) and participants in nonpolygamous marriages who reported sex with both their primary and other partners and <100% condom use were almost twice as likely to be low adherers (aOR = 1.76, 95% CI: 1.01 to 3.08). At least one 72-hour gap in adherence was seen in 598 participants (54.7%); 23.2% had at least one 1-week gap. Conclusions: Risk of low overall adherence was higher in participants who reported sex outside primary partnerships and suboptimal condom use, as well as in those who abstained from sex. Adherence gaps were common, potentially creating risk for HIV acquisition. Copyright © 2015 Wolters Kluwer Health, Inc.	adherence; Pre-exposure prophylaxis; sexual behavior	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2015	Kinuthia, John; Drake, Alison L.; Matemo, Daniel; Richardson, Barbra A.; Zeh, Clement; Osborn, Lusi; Overbaugh, Julie; McClelland, R. Scott; John-Stewart, Grace	HIV acquisition during pregnancy and postpartum is associated with genital infections and partnership characteristics.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000000793	https://pubmed.ncbi.nlm.nih.gov/26352880/	OBJECTIVE: The objective of this study is to determine the risk and cofactors for HIV acquisition during pregnancy and postpartum. DESIGN: A prospective cohort study METHODS: : Pregnant women in western Kenya were enrolled if HIV seronegative at that visit or within 3 months. Serial HIV nucleic acid amplification tests (NAATs) were conducted at 1 to 3-month intervals to 9 months postpartum. Genital swabs were collected for detection of chlamydia and gonorrhoea at baseline, and for trichomonas, bacterial vaginosis and yeast at baseline and follow-up. RESULTS: Among 1304 pregnant women, median age was 22 years, 78% were married for a median of 4 years, 66% reported knowing partner HIV status and 8% reported using condoms. Study retention was 98%. During 1235 person-years of follow-up, HIV incidence was 2.31/100 person-years 95% confidence interval (95% CI) 0.71-4.10. Incident HIV was associated with syphilis (hazard ratio 9.18, 95% CI 2.15-39.3), chlamydia (hazard ratio 4.49, 95% CI 1.34-15.0), bacterial vaginosis (hazard ratio 2.91, 95% CI 1.25-6.76), yeast (hazard ratio 3.46, 95% CI 1.46-8.19), sexually transmitted infection (STI) history (hazard ratio 3.48, 95% CI 1.31-9.27), lifetime number of sex partners (hazard ratio 1.19, 95% CI 1.02-1.37), partner age discordance (hazard ratio 1.07 per year, 95% CI 1.02-1.13) and shorter marriage (hazard ratio 1.19 per year, 95% CI 1.03-1.38). No women with incident HIV reported an HIV-infected partner. In multivariate analyses, chlamydia, older partners and yeast infection remained significant; however, power was limited. CONCLUSION: Pregnant and lactating women may not perceive HIV risk and rarely used condoms. Prevention and treatment of genital infections and risk stratification to identify women for pre-exposure prophylaxis (PrEP) could decrease HIV acquisition in pregnant/lactating women.	Adult; Humans; Incidence; Young Adult; Female; Pregnancy; Longitudinal Studies; Prospective Studies; Kenya/epidemiology; *Sexual Behavior; *Infectious Disease Transmission, Vertical; Postpartum Period; *Pregnancy Complications, Infectious; Chlamydia Infections/complications; Gonorrhea/complications; HIV Infections/*complications/epidemiology/*transmission; Mycoses/complications; Reproductive Tract Infections/*complications; Trichomonas Infections/complications; Vaginosis, Bacterial/complications	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2015	Knight, Daniel A.; Jarrett, Diane	Preventive Health Care for Men Who Have Sex with Men.	American Family Physician	-	-	-	-	1532-0650 0002-838X	NA	https://www.aafp.org/pubs/afp/issues/2015/0615/p844.pdf	Men who have sex with men (MSM) comprise at least 4% of males in the United States. MSM may describe themselves as gay, bisexual, or heterosexual. Because current medical practice does not always facilitate discussion of sexual behaviors, this group of men may face barriers to receiving culturally competent, comprehensive health care, including preventive services. Barriers include a lack of a welcoming clinical environment, lack of adequate health insurance, and sexual minority stress. Health issues that have a disproportionate impact on MSM include mental health and behavioral problems, smoking and illicit substance use, and sexually transmitted infections (STIs). Family physicians must be prepared to ask explicit questions about sexual activities to determine risk levels for STIs. MSM should receive the same immunizations routinely recommended for other patients, as well as for hepatitis A and B viruses. Although anal Papanicolaou testing is available to screen for cytologic abnormalities, there are no consistent guidelines about its effectiveness. Preexposure prophylaxis is an option for MSM who are at very high risk of human immunodeficiency virus (HIV) infection. For MSM who are not taking preexposure prophylaxis and report a recent high-risk exposure to HIV, postexposure prophylaxis should be offered immediately, preferably within 72 hours of exposure. Because STIs are commonly asymptomatic, screening should be based on risk rather than symptoms. Screening for hepatitis C virus infection is recommended for HIV-positive MSM at least annually and more often for high-risk individuals.	*Homosexuality, Male; Humans; Male; Smoking; Post-Exposure Prophylaxis; Substance-Related Disorders/complications; Unsafe Sex; Communication; Vaccination; Referral and Consultation; Pre-Exposure Prophylaxis; Cultural Competency; Prejudice; Health Status Disparities; Physician-Patient Relations; *Preventive Health Services; Depression/complications; Medical History Taking; Medically Uninsured; Rectal Diseases/diagnosis; Sexually Transmitted Diseases/complications/prevention & control; Stress, Psychological/etiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Koester K.A.; Liu A.; Eden C.; Amico K.R.; McMahan V.; Goicochea P.; Hosek S.; Mayer K.H.; Grant R.M.	Acceptability of drug detection monitoring among participants in an open-label pre-exposure prophylaxis study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2015.1039958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84945478758&doi=10.1080%2f09540121.2015.1039958&partnerID=40&md5=eb570a4b812c167785eb3426f09fccb1	In the world of HIV pre-exposure prophylaxis (PrEP) research, there is emerging interest in providing study participants with pharmacokinetic results from drug level testing to guide adherence counseling. The iPrEx randomized control trial was the first study to produce meaningful results of PrEP in humans. In the iPrEx open-label extension (OLE) study, blood plasma samples collected in the first 12 weeks of study participation were tested for the presence of tenofovir/emtricitabine – the drugs which compromise PrEP. Study clinicians shared results (detectable/undetectable) with participants at their 24-week visit. We evaluated the acceptability of receiving these results among a subset of iPrEx OLE participants. We conducted in-depth interviews (n = 59) with participants (those with and those without drug detected) enrolled in Boston, Chicago, and San Francisco to assess their experiences with receiving drug detection feedback. Incorporating drug detection results into the clinical study visit was well received and no negative reactions were expressed. For about half of participants, receiving their drug detection lab result was useful while for others it was not important. In a few cases, no drug detected results led to increased efforts to take PrEP consistently and in most cases enhanced open discussion of missed doses. Participants reported a desire for greater specificity, particularly quantitative drug levels needed for protection. We recommend exploring strategies to increase the salience of drug level results, including using feedback to target adherence counseling, and reducing the time between specimen collection, testing, and receipt of results. Future studies should evaluate the feasibility and impact of providing more specific quantitative drug levels using biomarkers of longer term PrEP exposure, i.e., hair/dried blood spots. © 2015 Taylor & Francis.	adherence; drug detection monitoring; HIV; pre-exposure prophylaxis; qualitative methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2015	Koester, KA; Grant, RM	Keeping Our Eyes on the Prize: No New HIV Infections With Increased Use of HIV Pre-exposure Prophylaxis	Clinical Infectious Diseases	-	-	-	-	1058-4838	10.1093/cid/civ783	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4614416/	NA	PREP; HIV prevention; pre-exposure prophylaxis; HIV pre-exposure prophylaxis; COHORT	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Article	2015	Krakower D.S.; Mayer K.H.	Pre-Exposure Prophylaxis to Prevent HIV Infection: Current Status, Future Opportunities and Challenges	Drugs	-	-	-	-	126667	10.1007/s40265-015-0355-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84925536173&doi=10.1007%2fs40265-015-0355-4&partnerID=40&md5=549c1049d601f66b4dd50b81ece9bb8e	As the global incidence of HIV exceeds 2 million new infections annually, effective interventions to decrease HIV transmission are needed. Randomized, placebo-controlled studies have demonstrated that daily oral antiretroviral pre-exposure prophylaxis (PrEP) with a fixed-dose combination tablet containing tenofovir disoproxil fumarate and emtricitabine can significantly reduce HIV incidence among diverse at-risk populations. In these studies, the efficacy of PrEP was correlated with levels of adherence. Official guidelines recommend provision of PrEP to people at greatest risk of HIV acquisition, and demonstration projects suggest that high levels of uptake and adherence are possible outside of controlled studies. However, several potential barriers to implementing PrEP remain. These challenges include low awareness and utilization of PrEP by at-risk individuals, uncertainty about adherence in 'real-world' settings, the majority of healthcare providers being untrained in PrEP provision, limited data about potential adverse effects from long-term use of tenofovir-emtricitabine, high costs of PrEP medications, and stigma associated with PrEP use and the behaviors that would warrant PrEP. Innovative pharmacologic chemoprophylactic approaches could provide solutions to some of these challenges. Less-than-daily oral dosing regimens and long-acting injectable medications could reduce pill burdens and facilitate adherence, and local delivery of PrEP medications to genital compartments via gels, rings and films may limit systemic drug exposure and potential toxicities. As the portfolio of chemoprophylactic agents and delivery systems expands to meet the diverse sexual health needs and product preferences of individuals who may benefit from PrEP, it is hoped that antiretroviral chemoprophylaxis could become an acceptable, feasible, and highly effective addition to existing HIV prevention strategies. © 2015 Springer International Publishing Switzerland.	Anti-HIV AgentsDrug CombinationsEmtricitabineHIV InfectionsHumansPractice Guidelines as TopicPre-Exposure ProphylaxisRandomized Controlled Trials as TopicTenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Krakower D.S.; Oldenburg C.E.; Mitty J.A.; Wilson I.B.; Kurth A.E.; Maloney K.M.; Gallagher D.; Mayer K.H.	Knowledge, beliefs and practices regarding antiretroviral medications for HIV prevention: Results from a survey of healthcare providers in New England	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0132398	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84940094707&doi=10.1371%2fjournal.pone.0132398&partnerID=40&md5=b6f08b492057f257baef865317af848a	Background: Antiretroviral treatment for HIV-infection before immunologic decline (early ART) and preexposure chemoprophylaxis (PrEP) can prevent HIV transmission, but routine adoption of these practices by clinicians has been limited. Methods: Between September and December 2013, healthcare practitioners affiliated with a regional AIDS Education and Training Center in New England were invited to complete online surveys assessing knowledge, beliefs and practices regarding early ART and PrEP. Multivariable models were utilized to determine characteristics associated with prescribing intentions and practices. Results: Surveys were completed by 184 practitioners. Respondent median age was 44 years, 58% were female, and 82% were white. Among ART-prescribing clinicians (61% of the entire sample), 64% were aware that HIV treatment guidelines from the Department of Health and Human Services recommended early ART, and 69% indicated they would prescribe ART to all HIV-infected patients irrespective of immunologic status. However, 77% of ART-prescribing clinicians would defer ART for patients not ready to initiate treatment. Three-fourths of all respondents were aware of guidance from the U.S. Centers for Disease Control and Prevention recommending PrEP provision, 19% had prescribed PrEP, and 58% of clinicians who had not prescribed PrEP anticipated future prescribing. Practitioners expressed theoretical concerns and perceived practical barriers to prescribing early ART and PrEP. Clinicians with higher percentages of HIV-infected patients (aOR 1.16 per 10% increase in proportion of patients with HIV-infection, 95% CI 1.01-1.34) and infectious diseases specialists (versus primary care physicians; aOR 3.32, 95% CI 0.98-11.2) were more likely to report intentions to prescribe early ART. Higher percentage of HIV-infected patients was also associated with having prescribed PrEP (aOR 1.19, 95% CI 1.06-1.34), whereas female gender (aOR 0.26, 95% CI 0.10-0.71) was associated with having not prescribed PrEP. Conclusions: These findings suggest many clinicians have shifted towards routinely recommending early ART, but not PrEP, so interventions to facilitate PrEP provision are needed. © 2015 Krakower et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultAnti-HIV AgentsAttitude of Health PersonnelCultureFemaleHealth Knowledge, Attitudes, PracticeHealth PersonnelHealth SurveysHIV InfectionsHumansLogistic ModelsMaleMiddle AgedMultivariate AnalysisNew EnglandPhysicians, Primary Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Krakower, Douglas S.; Jain, Sachin; Mayer, Kenneth H.	Antiretrovirals for primary HIV prevention: the current status of pre- and post-exposure prophylaxis.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-014-0253-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4370784/	In light of the 2 million HIV infections that occur globally each year, there is a need to optimize strategies that integrate biomedical and behavioral approaches to HIV prevention. Post-exposure prophylaxis (PEP) immediately after acute high-risk exposures and pre-exposure prophylaxis (PrEP) for those who engage in recurrent high-risk behaviors are promising bio-behavioral approaches to decreasing HIV transmission. Guidelines have recommended PEP for occupational and non-occupational exposures for over 15 years, but uptake of PEP has been limited, partly as a result of insufficient awareness of this intervention among persons at highest risk for acquiring HIV. However, since the publication of large randomized clinical trials demonstrating the efficacy of PrEP, and the dissemination of guidelines endorsing its use, there is a renewed focus on bio-behavioral prevention. Numerous studies have recently assessed the acceptability of bio-behavioral prevention programs among diverse populations or described experiences implementing these programs in "real-world" settings. As research and clinical data informing optimal utilization of PEP and PrEP are rapidly accumulating, this review provides a timely summary of recent progress in bio-behavioral prevention. By contextualizing the most noteworthy recent findings regarding PEP and PrEP, this review seeks to inform the successful implementation of these promising prevention approaches.	Humans; HIV Infections/*prevention & control; Anti-Retroviral Agents/*therapeutic use; Post-Exposure Prophylaxis/*methods; Primary Prevention/methods; Pre-Exposure Prophylaxis/*methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Kramer, Sarah C.; Drewes, Jochen; Kruspe, Martin; Marcus, Ulrich	Factors associated with sexual risk behaviors with non-steady partners and lack of recent HIV testing among German men who have sex with men in steady relationships: results from a cross-sectional internet survey.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-015-1987-8	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1987-8	BACKGROUND: Recent evidence suggests that the majority of HIV transmissions among men who have sex with men (MSM) occur between steady partners. We sought to determine factors associated with HIV transmission risks in steady partnerships. METHODS: Data is from the German cross-sectional 2013 Gay Men and AIDS survey. The study population was HIV-negative or untested men reporting a steady partnership and at least one non-steady anal sex partner in the previous year. Bivariate and multivariate logistic regression was used to determine which of several independent variables best predicted both unprotected anal intercourse (UAI) with a non-steady partner and lack of HIV testing in the past year (high-risk outcome group). RESULTS: The study population consisted of 1731 men. Among individuals in the outcome group (n = 271), 67% reported UAI with a non-steady partner of unknown status and 9% reported UAI with a non-steady HIV-positive partner in the past 12 months; 55% considered themselves to be at low risk for HIV acquisition. In multivariate analyses (n = 1304), participants were statistically more likely to belong to the outcome group if they reported UAI with their steady partner in the past year (OR = 2.21), did not know their steady partner's HIV status (OR = 1.98), or agreed that condoms were disruptive during sex (OR = 3.82 (strongly agree), OR = 2.19 (agree)). Participants were less likely to belong to the outcome group if they were out to their primary doctor (OR = 0.54), were well-educated about post-exposure prophylaxis (OR = 0.46), had sought information on HIV in the past year and kept condoms in an accessible place (OR = 0.20), or believed that insisting on condoms would lead partners to assume they were HIV-negative (OR = 0.20). Participants in the outcome group were more likely to say they would use HIV home tests (OR = 1.58) or pre-exposure prophylaxis (OR = 2.11). CONCLUSIONS: Based on our results, we reflect on HIV prevention measures that should be improved in order to better target behaviors that may lead to HIV transmission between MSM in steady relationships. In particular, we highlight the need for multifaceted interventions focusing not only on members of the at-risk community themselves, but on communities as a whole.	Adult; Humans; Male; Cross-Sectional Studies; *Risk-Taking; Condoms/statistics & numerical data; Logistic Models; *Sexual Partners; White People; Homosexuality, Male/psychology/*statistics & numerical data; Acquired Immunodeficiency Syndrome/diagnosis/transmission; HIV Infections/diagnosis/prevention & control/*transmission; Internet; Sexual Behavior/psychology/*statistics & numerical data	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2015	Kubicek K.; Arauz-Cuadra C.; Kipke M.D.	Attitudes and Perceptions of Biomedical HIV Prevention Methods: Voices from Young Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-014-0398-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84925484070&doi=10.1007%2fs10508-014-0398-8&partnerID=40&md5=d23cd455f1191a8883c86a06c6ed05f	In the third decade of the HIV/AIDS epidemic in the United States, the prevalence rates of new HIV infections among young men who have sex with men (YMSM) continue to increase. As new and emerging HIV prevention methods are developed, it is important to understand the perceptions of this vulnerable population—as they may be an ideal target for these intervention methods. This pilot study provides an overview of YMSM of color's awareness and perceptions of pre-exposure prophylaxis (PrEP) and rectal microbicides (RM). A total of 6 focus groups were convened with 53 YMSM (23 Latino/Hispanic and 30 Black/African American). Findings indicate a lack of knowledge of biomedical interventions and high perceived acceptability. Concerns regarding PrEP included potential side effects, potential for misinterpretation of its use and cost. RMs were perceived to be more acceptable than PrEP, but the limited knowledge about their potential was emphasized by YMSM. Results are discussed in relation to the need for providers to continue to provide general health education about safe sexual practices. As PrEP and other biomedical interventions are introduced into community settings, caution should be taken with regards to determining the appropriate target user and sufficient education. © 2015, Springer Science+Business Media New York.	HIV; Pre-exposure prophylaxis (PrEP); Rectal microbicides; Sexual orientation; Young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Kuchenbecker, Ricardo	What is the benefit of the biomedical and behavioral interventions in preventing HIV transmission?	Revista Brasileira de Epidemiologia	-	-	-	-	1415-790X	10.1590/1809-4503201500050004	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1415-790X2015000500026	ABSTRACT Introduction: Scientific evidence supports the sinergy between biomedical and behavioral interventions aimed at preventing the transmission of HIV as a strategy to eradicate AIDS. Objective: To characterize comparatively the benefits from biomedical and behavioral interventions to prevent HIV transmission. Methods: Narrative review. We performed a comparative analysis of the benefits of studied interventions by means of estimating the number needed to treat (NNT). Evaluated interventions: counseling activities for behavior change to prevent exposure to HIV; antiretroviral pre-exposure prophylaxis (PrEP) and antiretroviral post-exposure prophylaxis (PEP) for HIV and treatment of serodiscordant couples as a strategy for prevention of HIV (TasP). Results: counseling interventions and TasP have smaller NNTs, equal to, respectively, 11 (95%CI 9 - 18) at 12 months and 34 (95%CI 23 - 54) in 42 months comparatively to PrEP interventions, that resulted in 41 (95%CI 28 - 67) individuals receiving antiretrovirals in order to prevent one case of HIV infection at 36 months for men and serodiscordant couples. PEP interventions are associated with protective effects estimated at 81%. Lack of trials evaluating PEP prevents estimate of NNT. Conclusion: The estimate of the NNT can be a helpful parameter in the comparison between the effectiveness of different behavioral and biomedical HIV prevention strategies. Studies evaluating the benefit and safety of combined behavioral and biomedical interventions are needed, especially considering the attributable fraction of each component. Integration of behavioral and biomedical interventions is required to achieve complete suppression of the virus, and thus reducing viral replication, infectivity and the number of cases.	AIDS; HIV; Pre-exposure prophylaxis; Post-exposure prophylaxis; Sexually transmitted diseases; Profilaxia pré-exposição; Prevenção; Disease prevention; Acquired immunodeficiency syndrome; Profilaxia pós-exposição; Anti-retroviral agents; Antirretroviral; Behavior; Circumcision, male; Circuncisão masculina; Comportamento; Doença sexualmente transmissível; Therapeutics; Tratamento	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2015	Kunkel, Amber; Colijn, Caroline; Lipsitch, Marc; Cohen, Ted	How could preventive therapy affect the prevalence of drug resistance? Causes and consequences.	Philosophical Transactions of the Royal Society B: Biological Sciences	-	-	-	-	1471-2970 0962-8436	10.1098/rstb.2014.0306	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4424428/	Various forms of preventive and prophylactic antimicrobial therapies have been proposed to combat HIV (e.g. pre-exposure prophylaxis), tuberculosis (e.g. isoniazid preventive therapy) and malaria (e.g. intermittent preventive treatment). However, the potential population-level effects of preventative therapy (PT) on the prevalence of drug resistance are not well understood. PT can directly affect the rate at which resistance is acquired among those receiving PT. It can also indirectly affect resistance by altering the rate at which resistance is acquired through treatment for active disease and by modifying the level of competition between transmission of drug-resistant and drug-sensitive pathogens. We propose a general mathematical model to explore the ways in which PT can affect the long-term prevalence of drug resistance. Depending on the relative contributions of these three mechanisms, we find that increasing the level of coverage of PT may result in increases, decreases or non-monotonic changes in the overall prevalence of drug resistance. These results demonstrate the complexity of the relationship between PT and drug resistance in the population. Care should be taken when predicting population-level changes in drug resistance from small pilot studies of PT or estimates based solely on its direct effects.	Humans; Computer Simulation; Prevalence; *Models, Theoretical; prophylaxis; mathematical model; Antibiotic Prophylaxis/adverse effects/*methods/trends; antibiotic resistance; Communicable Disease Control/*methods/trends; competition; Drug Resistance, Microbial/*genetics; indirect effects; Infections/*drug therapy/*epidemiology; preventive	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Laeyendecker O.; Redd A.D.; Nason M.; Longosz A.F.; Karim Q.A.; Naranbhai V.; Garrett N.; Eshleman S.H.; Abdool Karim S.S.; Quinn T.C.	Antibody maturation in women who acquire HIV infection while using antiretroviral preexposure prophylaxis	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiv110	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84943327425&doi=10.1093%2finfdis%2fjiv110&partnerID=40&md5=b7be79276ea57603b4c7394adebed99a	The CAPRISA 004 preexposure prophylaxis (PrEP) randomized trial demonstrated that women who used a vaginal gel containing the antiretroviral drug tenofovir (TFV) had a 39% lower risk of acquiring human immunodeficiency virus (HIV). It is not known whether topical TFV alters the antibody response to breakthrough HIV infection. In this study, antibody maturation was evaluated using 3 serologic assays: the BED capture enzyme immunoassay (CEIA), the Bio-Plex (Luminex) assay, and the Bio-Rad avidity assay. Tests were performed using serum samples collected 3, 6, 9, 12, 24, 36, 48, and >48 months after seroconversion from 95 women in the CAPRISA 004 trial (35 in the TFV gel arm and 60 in the placebo arm). For the BED CEIA and Luminex assays, linear mixed effects models were used to examine test results by study arm. Cox proportional hazard analysis was used to examine time to avidity cutoff. Anti-HIV antibody titers did not differ between study arms. Women assigned to TFV gel demonstrated slower antibody avidity maturation, as determined by the Bio-Rad (P = .04) and gp120 Bio-Plex (P = .028) assays. Women who were assigned to receive topical TFV but became infected had slower antibody avidity maturation, with potential implications for diagnosis and antibody-based incidence assays as access to antiretroviral therapy-based PrEP is increased. © The Author 2015. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved.	Antibody maturation; HIV; Incidence assay; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Laeyendecker, OB; Redd, AD; Nason, M; Longosz, A; Karim, QA; Naranbhai, V; Garrett, N; Karim, SSA; Quinn, TC	The impact of preexposure prophylaxis on antibody maturation in HIV-infected women	Topics in Antiviral Medicine	-	-	-	-	NA	NA	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01198328/full	Background: The CAPRISA 004 pre-exposure prophylaxis (PrEP) randomized trial demonstrated that women who used a vaginal gel containing the antiretroviral drug Tenofovir (TFV) had a 39% lower chance of acquiring HIV. It is not known if topical TFV alters the antibody response to breakthrough HIV infection, although a previous study of TFV PrEP treated rhesus macaques demonstrated a delay in antibody avidity maturation but not in titer. Methods: Using the BED capture enzyme immune and Bio-Plex assays, anti-HIV antibody titers were measured in stored serum samples collected at 3, 6, 9, 12, 24, 36, 48, and >48 months post-infection from 35 women assigned to TFV gel and 60 assigned to placebo gel, who acquired HIV during the trial. Additionally, anti-HIV antibody avidity maturation was assessed by the Bio-Rad avidity, and Bio-Plex assays. Kaplan Meier survival analysis and log rank test was used to determine differences between treatment arms. The slope and intercepts of the increase of antibody avidity or titer, as determined by the Bio-Plex assay, was compared. A linear mixed effects model was used to examine antibody titer and avidity by treatment group. Cox proportional hazard analysis examined time to avidity cut-off. Results: Anti-HIV antibody titers, by both BED-CEIA and BioPlex assays did not differ between women assigned to TFV gel compared to those assigned to placebo gel. However, women assigned to TFV gel demonstrated slower antibody avidity maturation as determined by the Bio-Rad assay (p=0.04). In the Cox proportional hazard model, after adjustment for CD4 count and viral load, there was a significant reduction in the time to high avidity (HR=0.52, CI=0.32-0.84; p=0.008). For the Bio-Plex assay, there was a statistically significant slower increase in antibody avidity to gp120 (p=0.03) and a trend in gp160 (p=0.06) using a linear mixed effects model. Conclusions: Women assigned to topical TFV had slower antibody avidity maturation, similar to effects previously seen in TFV PrEP treated rhesus macaques. These results may have substantial public health implications for antibody-based incidence measurement as PrEP use increases globally.	*Human immunodeficiency virus; *Retroviridae; *female; *human; *maturation; *opportunistic infection; *prophylaxis; Antibody response; Antibody titer; Arm; Assay; Human immunodeficiency virus infection; Infection; Log rank test; Model; Pre-exposure prophylaxis; Proportional hazards model; Public health; Rhesus monkey; Serum; Survival; Virus load	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2015	Lan, Xu; Mingdao, Lei; Huilin, Guo; Wei, Gan; Lvjiang, Hu; Yan, Zhou; Gang, Li	Simultaneous determination of 2',3'-dideoxyinosine and the active metabolite, 2',3'-dideoxyadenosine-5'-triphosphate in human peripheral-blood mononuclear cell by HPLC-MS/MS and the application to cell pharmacokinetics.	Journal of Chromatography B, Analytical Technologies in the Biomedical and Life Sciences	-	-	-	-	1873-376X 1570-0232	10.1016/j.jchromb.2015.08.039	https://www.sciencedirect.com/science/article/abs/pii/S1570023215301677	A specific and reliable HPLC-MS/MS method was developed and validated for the simultaneous determination of 2',3'-dideoxyinosine (ddI) and the active metabolites, 2',3'-dideoxyadenosine-5'-triphosphate (ddA-TP) in human peripheral-blood mononuclear cell for the first time. The analytes were separated on a HILIC column (100mm×2.1mm, 1.7μm) and a triple-quadrupole mass spectrometry equipped with an electrospray ionization (ESI) source was used for detection. The cell homogenates sample was prepared by the solid phase extraction. The calibration curves were linear over a concentration range of 0.5-200.0ng/mL for ddI and 0.25-100.0ng/mL for ddA-TP. The intra-day and inter-day precision was less than 15% and the relative error (RE) were all within ±15%. The validated method was successfully applied to assess the disposition characteristics of ddI and support cell pharmacokinetics after the patients with AIDS were orally administrated with ddI and tenofovir disoproxyl fumarate (TDF).	Adult; Humans; Middle Aged; HIV Infections/blood/drug therapy; Reproducibility of Results; Chromatography, High Pressure Liquid/*methods; Tandem Mass Spectrometry/*methods; Limit of Detection; Dideoxynucleotides/*blood; Anti-HIV Agents/blood/pharmacokinetics/therapeutic use; Cell pharmacokinetics; dA-TP; ddI; Deoxyadenine Nucleotides/*blood; Didanosine/*blood/pharmacokinetics/therapeutic use; HPLC–MS/MS; Interaction	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2015	Landovitz R.J.	Preexposure prophylaxis for hiv prevention: What we know and what we still need to know for implementation	Topics in Antiviral Medicine	-	-	-	-	21615861	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84948748021&partnerID=40&md5=36027442386f140de61dd3207c5ea233	Preexposure prophylaxis (PrEP) with tenofovir and emtricitabine has been shown to be effective and cost-effective in preventing acquisition of HIV infection. However, PrEP has not yet been widely adopted in the clinical practice setting. Data thus far, although imperfect, do not indicate an increase in risk behaviors in the setting of PrEP, although potential risk compensation outside of the clinical trial setting should be further examined. Substantial work remains to implement and support PrEP use, including identification of optimal settings for providing and managing PrEP, identification of methods to ensure optimal adherence to treatment, and employment of strategies to deliver PrEP to populations at greatest risk., This article summarizes a presentation made by Raphael J. Landovitz, MD, MSc, at the 2015 Conference on Retroviruses and Opportunistic Infections held from February 23 to February 26 in Seattle, Washington. © 2015, IAS-USA. All rights reserved.	Adherence; Emtricitabine; HIV; Preexposure prophylaxis; PrEP; PrEP uptake; Resistance; Risk compensation; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Laufer F.N.; O'Connell D.A.; Feldman I.; Zucker H.A.	Vital signs: Increased medicaid prescriptions for preexposure prophylaxis against HIV infection — New York, 2012–2015	MMWR Recommendations and Reports	-	-	-	-	1492195	10.15585/mmwr.mm6446a5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951277110&doi=10.15585%2fmmwr.mm6446a5&partnerID=40&md5=968fb6ae4cdd1d5382dd32b4a61efb	Background: Approximately 3,000 incident cases of human immunodeficiency virus (HIV) infection occur in New York state each year. Daily HIV preexposure prophylaxis (PrEP) with the oral antiretroviral medication Truvada is a key component of New York's plan to end HIV/acquired immunodeficiency syndrome (AIDS) as an epidemic in the state by 2020. Methods: Prescription data from the New York state Medicaid program from July 2012 through June 2015 were analyzed with an algorithm using medication and diagnosis codes to identify continuous use of Truvada for > 30 days, after excluding use for postexposure prophylaxis or treatment of HIV or chronic hepatitis B infection. Results: During July 2012–June 2013, a total of 259 persons filled prescriptions for PrEP in the Medicaid program. During July 2013–June 2014, a total of 303 persons filled prescriptions for PrEP. During July 2014–June 2015, a total of 1,330 persons filled prescriptions for PrEP, a substantial increase over the previous 12 months. Across all periods studied, 1,708 Medicaid recipients filled at least one prescription for PrEP, most of whom were New York City (NYC) residents, male, aged < 50 years, and, for those with available data on race, white. Conclusions: PrEP use by Medicaid-insured persons increased substantially in the years following statewide efforts to increase knowledge of PrEP among potential prescribers and candidates for PrEP. Other jurisdictions can follow New York state's example by taking similar steps to remove the financial and knowledge barriers experienced by both potential users and prescribers of PrEP. Implications for Public Health Practice: Although both state and local health department efforts contribute to the availability and use of PrEP, their collaboration enhances the successful implementation of strategies to increase PrEP use. In addition, the decision by the state Medicaid agency to cover PrEP recognizes the long-term benefits of preventing HIV infections. © 2015, Department of Health and Human Services. All rights reserved.	AdolescentAdultAgedAnti-HIV AgentsDrug PrescriptionsFemaleHIV InfectionsHumansMaleMedicaidMiddle AgedNew YorkPre-Exposure ProphylaxisUnited StatesYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Lehman, DA; Baeten, JM; McCoy, CO; Weis, JF; Peterson, D; Mbara, G; Donnell, D; Thomas, KK; Hendrix, CW; Marzinke, MA; Frenkel, L; Ndase, P; Mugo, NR; Celum, C; Overbaugh, J; Matsen, FA	Risk of drug resistance among persons acquiring HIV within a randomized clinical trial of single- or dual-agent preexposure prophylaxis	Journal of Infectious Diseases	-	-	-	-	NA	10.1093/infdis/jiu677	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01111098/full	BACKGROUND: Preexposure prophylaxis (PrEP) with emtricitabine plus tenofovir disoproxil fumarate (FTC/TDF) or TDF alone reduces the risk of human immunodeficiency virus (HIV) acquisition. Understanding the risk of antiretroviral resistance selected by PrEP during breakthrough infections is important because of the risk of treatment failure during subsequent antiretroviral use. METHODS: Within the largest randomized trial of FTC/TDF versus TDF as PrEP, plasma samples were tested for HIV with resistance mutations associated with FTC (K65R and M184IV) and TDF (K65R and K70E), using 454 sequencing. RESULTS: Of 121 HIV seroconverters, 25 received FTC/TDF, 38 received TDF, and 58 received placebo. Plasma drug levels in 26 individuals indicated PrEP use during or after HIV acquisition, of which 5 had virus with resistance mutations associated with their PrEP regimen. Among those with PrEP drug detected during infection, resistance was more frequent in the FTC/TDF arm (4 of 7 57%), compared with the TDF arm (1 of 19 5.3%; P = .01), owing to the FTC-associated mutation M184IV. Of these cases, 3 had unrecognized acute infection at PrEP randomization, and 2 were HIV negative at enrollment. CONCLUSIONS: These results suggest that resistance selected by PrEP is rare but can occur both with PrEP initiation during acute seronegative HIV infection and in PrEP breakthrough infections and that FTC is associated with a greater frequency of resistance mutations than TDF.	Adenine analogs & derivatives, therapeutic use; Anti-HIV Agents *therapeutic use; Anti-Retroviral Agents *therapeutic use; Deoxycytidine analogs & derivatives, therapeutic use; Double-Blind Method; Drug Resistance, Viral *physiology; Emtricitabine; HIV Infections *drug therapy; HIV Seropositivity physiopathology; HIV-1 *drug effects; Humans; Organophosphonates therapeutic use; Risk; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Lépine, Aurélia; Terris-Prestholt, Fern; Vickerman, Peter	Determinants of HIV testing among Nigerian couples: a multilevel modelling approach.	Health Policy and Planning	-	-	-	-	1460-2237 0268-1080	10.1093/heapol/czu036	https://pubmed.ncbi.nlm.nih.gov/24906362/	In this article we analyse the determinants of HIV testing among Nigerian couples using Demographic and Health Survey data set (2008). This study is motivated by the fact that although there is a strong willingness from the Nigerian Government to examine new HIV preventions approaches such as Pre-Exposure Prophylaxis for HIV (PrEP) and Treatment as Prevention (TasP) for HIV serodiscordant couples, the implementation of such policies would require the HIV status of each partner in the couple to be known. This is far to be achieved in the Nigerian context since in Nigeria only 6% of couples know their HIV status. In order to identify potential policies that are needed to increase HIV testing uptake, we use a three-level random intercept logistic model to separately explore the determinants of knowing HIV status among female and male partners. The use of the multilevel modelling allows including the unobserved heterogeneity at the village and state level that may affect HIV testing behaviours. Our results indicate that education, wealth, stigma, HIV knowledge and perceived risk are predictors of HIV testing among both partners while routine provider initiated testing appears to be very effective to increase HIV testing among women. The introduction of financial incentives as well as an increase in routine testing and home-based testing may be needed for large scale increase in HIV testing prior to the implementation of new HIV prevention technologies among discordant couples.	Humans; Male; Female; Nigeria; Socioeconomic Factors; Pre-Exposure Prophylaxis/statistics & numerical data; Health Surveys; Sexual Partners/psychology; Social Stigma; HIV Seropositivity/*diagnosis; HIV Infections/diagnosis/*prevention & control; ARV-based prevention strategies; HIV testing demand; Mass Screening/economics/*statistics & numerical data; Multilevel Analysis; multilevel modelling; uptake	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2015	Letchumanan M.; Coyte P.C.; Loutfy M.	An economic evaluation of conception strategies for heterosexual serodiscordant couples where the male partner is HIV-positive	Antiviral Therapy	-	-	-	-	13596535	10.3851/IMP2956	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983380018&doi=10.3851%2fIMP2956&partnerID=40&md5=3be2cc2a6688e2f24612860c5d2411db	Background: To conduct an economic evaluation of the three commonly used interventions that reduce sexual HIV transmission when an HIV-negative female aims to conceive with an HIV-positive male on combination antiretroviral therapy (condomless sex restricted to timed ovulation CS, sperm washing with intrauterine insemination SW and condomless sex restricted to timed ovulation with pre-exposure prophylaxis CS-PrEP). As SW and CS-PrEP are only privately available for pregnancy planning for this population in Canada, this study was conducted to inform policy decisions concerning potential public health insurance coverage, as well as to inform fertility counselling in settings with adequate combination antiretroviral therapy access globally. Methods: We developed a cohort Markov model with a lifetime horizon and used the perspective of Ontario's Ministry of Health (MOH). Input parameters were drawn from literature, the MOH's Schedule of Benefits and a time trade-off questionnaire designed for this study. Outcome measures included quality-adjusted life-years and incremental cost-effectiveness. Costs and benefits were discounted at annual rates of 3%. Costs were reported in Canadian 2013 dollars and an exchange rate of 1 USD to 1.066 CND was applied where necessary. Sensitivity analysis assessed the uncertainty of model parameters. Results: The base case analysis found that CS-PrEP and SW were each more costly and less effective at conception than CS. The results were robust in the sensitivity analysis and suggest that CS is the dominant conception strategy in this population. Conclusions: Neither CS-PrEP nor SW represent better value for money relative to CS as a conception option for HIV-discordant couples with positive male partners. Based on these findings, CS-PrEP and SW cannot be recommended for public-funding in developed countries. © 2015 International Medical Press.	AdultAnti-HIV AgentsCanadaCost-Benefit AnalysisFamily CharacteristicsFamily Planning ServicesFemaleHeterosexualityHIVHIV InfectionsHumansMaleMarkov ChainsOvulationPre-Exposure ProphylaxisPregnancyTime FactorsUnsafe Sex	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2015	Leyva F.; Fuchs E.J.; Bakshi R.; Carballo-Dieguez A.; Ventuneac A.; Yue C.; Caffo B.; Du Y.; Torbenson M.; Li L.; Mullin G.; Lee L.; Rohan L.; Anton P.A.; Hendrix C.W.	Simultaneous Evaluation of Safety, Acceptability, Pericoital Kinetics, and Ex Vivo Pharmacodynamics Comparing Four Rectal Microbicide Vehicle Candidates	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2015.0086	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946709487&doi=10.1089%2faid.2015.0086&partnerID=40&md5=dc962334eb5aba23938442b173b719c5	Preexposure prophylaxis (PrEP) of HIV infection with tenofovir-containing regimens is effective, but plagued by poor adherence in some studies. Options for safe, effective, and acceptable PrEP products, especially for men and women at risk of HIV via receptive anal intercourse (RAI), are needed. We performed a randomized, partially blinded, first-in-human evaluation of four candidate rectal microbicide vehicles - aqueous gel, aqueous fluid, lipid gel, and lipid fluid - to select a prototype for further clinical development. Eight seronegative participants received three doses of each product with each dose separated by at least 2 weeks: one dose was given alone without simulated RAI in clinic, another dose was followed by simulated RAI in clinic, and another dose was self-administered at home in the context of RAI with a partner. Assessments included safety, acceptability, colon histology, ex vivo HIV infectivity of colon tissue explants, and colonic luminal distribution of vehicle and HIV surrogates. Adverse events were all mild and mainly sigmoidoscopy associated. There were minor differences in colon distribution of products and little effect of RAI. Vehicle distribution covered 95% (±7% standard deviation) of the distribution of an HIV surrogate in the colonic lumen. The lipid fluid vehicle increased HIV colon tissue infectability 5-fold log10 p24 0.68 (95% confidence interval 0.08, 1.28) and aqueous gel provided 6-fold protection log10 p24 0.80 (95% confidence interval 0.20, 1.41) compared to no product baseline. Colon permeability of lipid vehicles was more than 10-fold greater than aqueous vehicles. All products received similar acceptability ratings, though trends favored the gel products. Intensive simultaneous assessment of safety and toxicity, luminal and tissue distribution, ex vivo HIV infectivity, and product acceptability in relevant sexual contexts provided clear differentiation among candidate gels very early in product development. We selected the aqueous gel for further development as a rectal microbicide vehicle. © Copyright 2015, Mary Ann Liebert, Inc. 2015.	Administration, RectalAdultAnti-Infective AgentsColonCross-Over StudiesDisease Transmission, InfectiousFemaleHistocytochemistryHIV InfectionsHumansMaleMiddle AgedModels, BiologicalPatient Acceptance of Health CarePre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2015	Lippman, Sheri A; Koester, Kimberly A; Amico, K Rivet; Lama, Javier R; Fernandes, Nilo Martinez; Gonzales, Pedro; Grinsztejn, Beatriz; Liu, Al; Buchbinder, Susan	Client and Provider Perspectives on New HIV Prevention Tools for MSM in the Americas	-	-	University of California	University of California	-	1932-6203	https://doi.org/10.1371/journal.pone.0121044	https://escholarship.org/uc/item/6c72r1ng	Men who have sex with men (MSM) in the Americas require targeted, combination HIV prevention approaches. We solicited client and provider perspectives on emerging prevention interventions including HIV pre-exposure prophylaxis (PrEP) and HIV self-tests through focus groups and in-depth interviews with 130 MSM and 41 providers across four sites: New York, San Francisco, Lima, and Rio de Janeiro. Among the MSM participants, we identified three prevention typologies: non-condom users, inconsistent condom users, and consistent condom users. Northern and Southern MSM differed in the variety of harm reduction strategies utilized: where U.S. MSM relied on condom use as well as disclosure and seroadaptive behaviors for prevention, condom use without disclosure or serostatus discussions was the norm in South America. Interest in new prevention technologies was shaped by the social context. U.S. MSM preferences differed by typology, such that non-condom users were interested in taking PrEP and using home HIV tests. MSM in Brazil, regardless of typology, were excited about exploring new prevention options. MSM in Peru demonstrated moderate interest but were less comfortable with adopting new strategies. MSM and providers' opinions differed substantially with respect to new prevention options. Across sites, most providers were reticent to engage with new prevention options, though some NGO-based providers were more supportive of exploring new prevention tools. Both clients and providers will need to be engaged in developing integrated prevention strategies for MSM.	Public Health; Health Sciences; HIV/AIDS; Prevention; Clinical Research; Pediatric; Sexual and Gender Minorities (SGM/LGBT*); Infectious Diseases; Behavioral and Social Science; 3.1 Primary prevention interventions to modify behaviours or promote wellbeing; Prevention of disease and conditions; and promotion of well-being; Infection; Good Health and Well Being; Attitude of Health Personnel; Bisexuality; Condoms; HIV Infections; Health Personnel; Humans; Male; North America; South America; General Science & Technology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2015	Lo Y.-R.; Chu C.; Ananworanich J.; Excler J.-L.; Tucker J.D.	Stakeholder Engagement in HIV Cure Research: Lessons Learned from Other HIV Interventions and the Way Forward	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2014.0348	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84934285482&doi=10.1089%2fapc.2014.0348&partnerID=40&md5=742172bf66508fb49a4b6b0f9abc6c21	Clinical and basic science advances have raised considerable hope for achieving an HIV cure by accelerating research. This research is dominated primarily by issues about the nature and design of current and future clinical trials. Stakeholder engagement for HIV cure remains in its early stages. Our analysis examines timing and mechanisms of historical stakeholder engagement in other HIV research areas for HIV-uninfected individuals vaccine development and pre-exposure prophylaxis (PrEP), and HIV-infected individuals (treatment as prevention, prevention of mother-to-child transmission, and treatment of acute HIV infection) and articulate a plan for HIV cure stakeholder engagement. The experience from HIV vaccine development shows that early engagement of stakeholders helped manage expectations, mitigating the failure of several vaccine trials, while paving the way for subsequent trials. The relatively late engagement of HIV stakeholders in PrEP research may partly explain some of the implementation challenges. The treatment-related stakeholder engagement was strong and community-led from the onset and helped translation from research to implementation. We outline five steps to initiate and sustain stakeholder engagement in HIV cure research and conclude that stakeholder engagement represents a key investment in which stakeholders mutually agree to share knowledge, benefits, and risk of failure. Effective stakeholder engagement prevents misconceptions. As HIV cure research advances from early trials involving subjects with generally favorable prognosis to studies involving greater risk and uncertainty, success may depend on early and deliberate engagement of stakeholders. © Copyright 2015, Mary Ann Liebert, Inc.	AIDS VaccinesAnti-HIV AgentsConsumer ParticipationHIV InfectionsHumansPre-Exposure ProphylaxisResearch	English	United States	Western and Central Europe and North America	Philippines	Asia and the Pacific	Philippines	Asia and the Pacific	Clinical
Article	2015	Looney, David; Ma, Ariel; Johns, Scott	HIV therapy-the state of art.	Current Topics in Microbiology and Immunology	-	-	-	-	0070-217X	10.1007/82_2015_440	https://link.springer.com/chapter/10.1007/82_2015_440	HIV Attachment. In this cross section, HIV is shown at the top and a target cell is shown at the bottom in blues. HIV envelope protein (A) has bound to the receptor CD4 (B) and then to coreceptor CCR5 (C), causing a change in conformation that inserts fusion peptides into the cellular membrane Antiretroviral therapy changed the face of HIV/AIDS from that of soon and certain death to that of a chronic disease in the years following introduction of highly active antiretroviral therapy in 1995-1996 (initially termed HAART, but now most often abbreviated to ART since not all combinations of regimens are equally active). Since then, many new agents have been developed and introduced in response to problems of resistance, toxicity, and tolerability, and great advances have been achieved in accessibility of HIV drugs in resource-poor global regions. Potential challenges that providers of HIV therapy will face in the coming decade include continuing problems with resistance, especially where access to drugs is inconsistent, determining how best to combine new and existing agents, defining the role of preventive treatment (pre-exposure prophylaxis or PrEP), and evaluating the potential of strategies for cure in some populations.	Humans; HIV Infections/*drug therapy; Anti-HIV Agents/*therapeutic use	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Essay	2015	Lugar S.	#TruvadaWhore	Studies in Gender and Sexuality	-	-	-	-	15240657	10.1080/15240657.2015.1038198	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84930787101&doi=10.1080%2f15240657.2015.1038198&partnerID=40&md5=ad5a33a861f9b16956f2b86ae6dd09c0	The introduction of Truvada, a medication that prevents HIV infection, and its representation on the HBO series Looking is discussed as part of a collection of essays that examine sexuality and gender in San Francisco at a moment when economic forces have changed the urban landscape. Copyright © Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2015	Mabileau, Guillaume; Schwarzinger, Michael; Flores, Juan; Patrat, Catherine; Luton, Dominique; Epelboin, Sylvie; Mandelbrot, Laurent; Matheron, Sophie; Yazdanpanah, Yazdan	HIV-serodiscordant couples desiring a child: 'treatment as prevention,' preexposure prophylaxis, or medically assisted procreation?	American Journal of Obstetrics and Gynecology	-	-	-	-	1097-6868	10.1016/j.ajog.2015.05.010	https://dx.doi.org/10.1016/j.ajog.2015.05.010	OBJECTIVE: We sought to assess the residual risk of HIV transmission, cost, and cost-effectiveness of various strategies that can help fertile HIV-uninfected female/HIV-1-infected male on combination antiretroviral therapy with plasma HIV RNA <50 copies/mL couples to have a child: (1) unprotected sexual intercourse (treatment as prevention); (2) treatment as prevention limited to fertile days (targeting fertile days); (3) treatment as prevention with preexposure prophylaxis (tenofovir/emtricitabine); (4) treatment as prevention and preexposure prophylaxis limited to fertile days; or (5) medically assisted procreation (MAP). STUDY DESIGN: This was a model-based, cost-effectiveness analysis performed from a French societal perspective. Input parameters derived from international literature included: 85% probability of live births in different strategies, 0.0083%/mo HIV transmission risk with unprotected vaginal intercourse, 1% HIV mother-to-child transmission rate, and 4.4% birth defect risk related to combination antiretroviral therapy when the mother is infected at conception. Targeting fertile days and preexposure prophylaxis were estimated to decrease the risk of HIV transmission by 80% and 67%, respectively, and by 93.4% for preexposure prophylaxis limited to fertile days assuming to be (1-80%)*(1-67%) = 16.6% in basecase). Tenofovir/emtricitabine monthly cost was set at 540. RESULTS: The HIV transmission risk was highest with treatment as prevention and lowest for MAP (5.4 and 0.0 HIV-infected women/10,000 pregnancies, respectively). Targeting fertile days was more effective than preexposure prophylaxis (0.9 vs 1.8) and associated with lowest costs. Preexposure prophylaxis limited to fertile days was more effective than targeting fertile days (0.3 vs 0.9) with a cost-effectiveness ratio of 1,130,000/life year saved; MAP cost-effectiveness ratio when compared with preexposure prophylaxis limited to fertile days was 3,600,000/life year saved. Results were robust to multiple sensitivity analyses. CONCLUSION: Targeting fertile days is associated with a low risk of HIV transmission in fertile HIV-uninfected female/male with controlled HIV-1 infection couples. The risk is lower with preexposure prophylaxis limited to fertile days, or MAP, but these strategies are associated with unfavorable cost-effectiveness ratios under their current costs.	cost-effectiveness HIV postexposure prophylaxis pregnancy reproductive techniques transmission	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2015	Mack N.; Wong C.; McKenna K.; Lemons A.; Odhiambo J.; Agot K.	Human resource challenges to integrating HIV pre-exposure prophylaxis (PrEP) into the public health system in Kenya: A qualitative study	African Journal of Reproductive Health	-	-	-	-	11184841	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938691811&partnerID=40&md5=9b8aa88582fb3ed257d29611fb5c6cb4	Extensive planning will be necessary to integrate HIV pre-exposure prophylaxis (PrEP) into public health systems. In Bondo and Kisumu, Kenya, we conducted interviews with 16 district and provincial public health stakeholders and held consultations with 18 provincial and 23 national public health stakeholders on topics related to PrEP rollout. We coded interview transcripts and created memos summarizing responses. We documented consultation discussions through note taking. Human resource challenges identified included increased workload and insufficient personnel, the need for task shifting/sharing, training needs, infrastructural requirements, discrimination and stigma by staff towards at-risk clients, and providers' personal priorities about offering PrEP. These challenges paralleled current challenges related to integration of antiretroviral therapy (ART) and could be partially addressed prior to PrEP rollout. The recommendations for training staff are likewise grounded in lessons from ART and have practical application for program planners developing training curricula for PrEP delivery. © 2015, Women's Health and Action Research Centre. All rights reserved.	Human resources; Pre-exposure prophylaxis; PrEP integration	English	Nigeria	Western and Central Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Maksud, Ivia; Fernandes, Nilo Martinez; Filgueiras, Sandra Lucia	Technologies for HIV prevention and care: challenges for health services	Revista Brasileira de Epidemiologia	-	-	-	-	1415-790X	10.1590/1809-4503201500050008	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1415-790X2015000500104&lang=pt	ABSTRACT This article aims to consider some relevant challenges to the provision of "new prevention technologies" in health services in a scenario where the "advances" in the global response to AIDS control are visible. We take as material for analysis the information currently available on the HIV post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), treatment as prevention (TASP) and over the counter. The methodology consisted of the survey and analysis of the Biblioteca Virtual em Saúde (BVS: MEDLINE, LILACS, WHOLIS, PAHO, SciELO) articles that addressed the issue of HIV prevention and care in the context of so-called new prevention technologies. The results of the studies show that there is assistance on the ground of clinics for the treatment of disease responses, but there are several challenges related to the sphere of prevention. The articles list some challenges regarding to management, organization of services and the attention given by health professionals to users. The current context shows evidence of the effectiveness of antiretroviral therapy in reducing the risk of HIV transmission, but the challenges for the provision of preventive technologies in health services permeate health professionals and users in their individual dimensions and health services in organizational and structural dimension. Interventions should be made available in a context of community mobilization; there should be no pressure on people to make HIV testing, antiretroviral treatment or for prevention. In the management is responsible for the training of health professionals to inform, clarify and make available to users, partners and family information about the new antiretroviral use strategies.	HIV; Pre-Exposure Prophylaxis; Profilaxia Pré-exposição; Prevenção de Doenças; Disease prevention; Health services; Serviços de saúde; Integralidade em Saúde; Integrality in Health; Post-Exposure Prophylaxis; Profilaxia Pós-exposição	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2015	Malahleha M.; Ahmed K.; Deese J.; Nanda K.; Van Damme L.; De Baetselier I.; Burnett R.J.	Hepatitis B virus reactivation or reinfection in a FEM-PrEP participant: A case report	Journal of Medical Case Reports	-	-	-	-	17521947	10.1186/s13256-015-0679-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84942414320&doi=10.1186%2fs13256-015-0679-4&partnerID=40&md5=686b2426b285700d018e8f926a16c48f	Introduction: The FEM-PrEP trial was a pre-exposure prophylaxis clinical trial to test the safety and efficacy of Truvada (tenofovir disoproxil fumarate and emtricitabine) in the prevention of human immunodeficiency virus infection. Because Truvada can suppress hepatitis B virus replication, and withdrawal of Truvada can cause hepatic flares in patients with chronic hepatitis B, pre-enrollment screening included serological screening for hepatitis B virus markers. Women with chronic infections were not enrolled in the trial. Women found to be unprotected against hepatitis B were enrolled and offered three doses of hepatitis B vaccine. Reinfection and reactivation of previously resolved hepatitis B virus infections have been documented in immunosuppressed individuals but not in healthy individuals. We present the case of a participant enrolled in the FEM-PrEP clinical trial with baseline evidence of immunity against hepatitis B virus who subsequently developed acute hepatitis B. Case presentation: A 21-year-old Black non-pregnant woman was enrolled in the FEM-PrEP trial. She was human immunodeficiency virus-negative and a serological test for hepatitis B virus was negative. She had evidence of low levels of protection against hepatitis B virus and normal liver function. She had no hepatitis B vaccination history, thus it was concluded that she had post-infection immunity. At week 36 she presented with severely elevated liver enzyme levels that, upon further investigation, were a result of acute hepatitis B virus infection. The infection followed an asymptomatic course until full recovery of her liver enzymes a few weeks later. At study unblinding, the participant was found to be on the Truvada arm. Retrospective plasma drug level testing found low levels of study drugs from week 4. The participant remained human immunodeficiency virus-negative throughout the study. Conclusion: Hepatitis B virus infection reactivation or reinfection is a rare phenomenon in healthy individuals. However, reactivations have been reported in patients being treated for chronic hepatitis B with the drugs contained in Truvada, after treatment had been withdrawn. This participant may have reactivated after stopping Truvada, or she may have reactivated spontaneously owing to relatively low levels of protective antibodies against hepatitis B. Alternatively, she may have been reinfected. Clinicians should be aware that hepatitis B virus reactivation or reinfection may cause elevated transaminases even in the presence of low baseline immunity. © 2015 Malahleha et al.	FEM-PrEP; Hepatitis B virus; Reactivation; Reinfection	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2015	Marra E.; Hankins C.A.	Perceptions among Dutch men who have sex with men and their willingness to use rectal microbicides and oral pre-exposure prophylaxis to reduce HIV risk - A preliminary study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2015.1069785	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951817467&doi=10.1080%2f09540121.2015.1069785&partnerID=40&md5=e33d673558b5ec004d7310898439cd93	Oral pre-exposure prophylaxis (PrEP) with antiretroviral (ARV) tablets and topical PrEP or microbicides containing ARV drugs could help to reduce HIV incidence. These methods hold promise for men who have sex with men (MSM) who are at higher risk of acquiring HIV. This mixed-methods study in the Netherlands explored perceptions of MSM and their willingness to use oral PrEP and rectal microbicides (RM) if made available. Recruited through social media (Facebook and Twitter), 108 MSM completed online questionnaires. Seven of them consented to discuss the survey results in semi-structured interviews. Survey participants preferred a RM that could be applied before and after anal intercourse (60.8%) to daily oral PrEP (20.3%). This preference was based on anticipated user friendliness, hypothetically fewer expected adverse events, and perceptions that RM would be less likely to be confused with ARVs for treatment. Those who preferred oral PrEP had stronger beliefs in the effectiveness of pills, perceived its use as easy, and viewed not requiring sexual partner awareness as advantages. No predictive factors were found for the choice of one prevention method over the other. Although Dutch MSM perceive both oral and topical PrEP positively, many barriers exist to the introduction of these products in the Netherlands. These include lack of regulatory approval of oral PrEP, no proven efficacy as yet for RM, and strong HIV stigma within the MSM population. In-depth qualitative research is needed to further explore the perceptions of MSM to inform implementation of programmes should these HIV prevention methods become available. © 2015 Taylor & Francis.	HIV; MSM; preexposure prophylaxis; prevention; rectal microbicides	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Mixed methods
Article	2015	Marrazzo J.M.; Ramjee G.; Richardson B.A.; Gomez K.; Mgodi N.; Nair G.; Palanee T.; Nakabiito C.; Van Der Straten A.; Noguchi L.; Hendrix C.W.; Dai J.Y.; Ganesh S.; Mkhize B.; Taljaard M.; Parikh U.M.; Piper J.; Mâsse B.; Grossman C.; Rooney J.; Schwartz J.L.; Watts H.; Marzinke M.A.; Hillier S.L.; McGowan I.M.; Chirenje Z.M.	Tenofovir-based preexposure prophylaxis for HIV infection among African women	New England Journal of Medicine	-	-	-	-	284793	10.1056/NEJMoa1402269	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84922287392&doi=10.1056%2fNEJMoa1402269&partnerID=40&md5=e5fc8768b42ddfaa33e5ae51ae40a1f8	BACKGROUND: Reproductive-age women need effective interventions to prevent the acquisition of human immunodeficiency virus type 1 (HIV-1) infection. METHODS: We conducted a randomized, placebo-controlled trial to assess daily treatment with oral tenofovir disoproxil fumarate (TDF), oral tenofovir-emtricitabine (TDF-FTC), or 1% tenofovir (TFV) vaginal gel as preexposure prophylaxis against HIV-1 infection in women in South Africa, Uganda, and Zimbabwe. HIV-1 testing was performed monthly, and plasma TFV levels were assessed quarterly. RESULTS: Of 12,320 women who were screened, 5029 were enrolled in the study. The rate of retention in the study was 91% during 5509 person-years of follow-up. A total of 312 HIV-1 infections occurred; the incidence of HIV-1 infection was 5.7 per 100 personyears. In the modified intention-to-treat analysis, the effectiveness was-49.0% with TDF (hazard ratio for infection, 1.49; 95% confidence interval CI, 0.97 to 2.29),-4.4% with TDF-FTC (hazard ratio, 1.04; 95% CI, 0.73 to 1.49), and 14.5% with TFV gel (hazard ratio, 0.85; 95% CI, 0.61 to 1.21). In a random sample, TFV was detected in 30%, 29%, and 25% of available plasma samples from participants randomly assigned to receive TDF, TDF-FTC, and TFV gel, respectively. Independent predictors of TFV detection included being married, being older than 25 years of age, and being multiparous. Detection of TFV in plasma was negatively associated with characteristics predictive of HIV-1 acquisition. Elevations of serum creatinine levels were seen more frequently among participants randomly assigned to receive oral TDF-FTC than among those assigned to receive oral placebo (1.3% vs. 0.2%, P = 0.004). We observed no significant differences in the frequencies of other adverse events. CONCLUSIONS: None of the drug regimens we evaluated reduced the rates of HIV-1 acquisition in an intention-to-treat analysis. Adherence to study drugs was low. Copyright © 2015 Massachusetts Medical Society.	AdenineAdministration, IntravaginalAdministration, OralAdolescentAdultAfrica South of the SaharaAnti-Retroviral AgentsDeoxycytidineDrug Resistance, ViralDrug Therapy, CombinationFemaleHIV InfectionsHIV SeropositivityHIV-1HumansMedication AdherenceMiddle AgedOrganophosphonatesPre-Exposure ProphylaxisQuestionnairesYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2015	Marshall, Brandon D L; Mimiaga, Matthew J	Uptake and effectiveness of PrEP for transgender women.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(15)00224-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5324057	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Article	2015	Martin, M; Vanichseni, S; Suntharasamai, P; Sangkum, U; Mock, PA; Leethochawalit, M; Chiamwongpaet, S; Curlin, ME; Na-Pompet, S; Warapronmongkholkul, A; Kittimunkong, S; Gvetadze, RJ; McNicholl, JM; Paxton, LA; Choopanya, K	The impact of adherence to preexposure prophylaxis on the risk of HIV infection among people who inject drugs	AIDS	-	-	-	-	NA	10.1097/QAD.0000000000000613	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01258143/full	OBJECTIVE: To describe participant adherence to daily oral tenofovir in an HIV preexposure prophylaxis (PrEP) trial, examine factors associated with adherence, and assess the impact of adherence on the risk of HIV infection. DESIGN: The Bangkok Tenofovir Study was a randomized, double-blind, placebo-controlled trial conducted among people who inject drugs, 2005-2012. METHODS: Participants chose daily visits or monthly visits. Study nurses observed participants swallow study drug and both initialed a diary. We assessed adherence using the diary. We examined adherence by age group and sex and used logistic regression to evaluate demographics and risk behaviors as predictors of adherence and Cox regression to assess the impact of adherence on the risk of HIV infection. RESULTS: A total of 2413 people enrolled and contributed 9665 person-years of follow-up (mean 4.0 years, maximum 6.9 years). The risk of HIV infection decreased as adherence improved, from 48.9% overall to 83.5% for those with at least 97.5% adherence. In multivariable analysis, men were less adherent than women (P=0.006) and participants 20-29 years old (P<0.001) and 30-39 years old (P=0.01) were less adherent than older participants. Other factors associated with poor adherence included incarceration (P=0.02) and injecting methamphetamine (P=0.04). CONCLUSION: In this HIV PrEP trial among people who inject drugs, improved adherence to daily tenofovir was associated with a lower risk of HIV infection. This is consistent with trials among MSM and HIV-discordant heterosexual couples and suggests that HIV PrEP can provide a high level of protection from HIV infection.	Adult; Anti-HIV Agents administration & dosage; Double-Blind Method; Female; HIV Infections *prevention & control; Humans; Male; Medical Records; Medication Adherence; Middle Aged; Pre-Exposure Prophylaxis *methods; Risk Assessment; Substance Abuse, Intravenous *complications; Tenofovir administration & dosage; Young Adult	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2015	Martínez E.; Ribera E.; Clotet B.; Estrada V.; Sanz J.; Berenguer J.; Rubio R.; Pulido F.; Larrousse M.; Curran A.; Negredo E.; Arterburn S.; Ferrer P.; Álvarez M.L.	Switching from zidovudine/lamivudine to tenofovir/emtricitabine improves fat distribution as measured by fat mass ratio	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.12210	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84931566034&doi=10.1111%2fhiv.12210&partnerID=40&md5=d07ac4398070aff1e1513bdccc7f2483	Objectives: Fat mass ratio (FMR) has been suggested as an objective indicator of abnormal body fat distribution in HIV infection. Although it could provide more comprehensive information on body fat changes than limb fat mass, FMR has scarcely been used in clinical trials examining body fat distribution in HIV-infected patients. Methods: A subanalysis of a controlled, randomized clinical trial in virologically suppressed HIV-1-infected men switching from zidovudine (ZDV)/lamivudine (3TC) to emtricitabine (FTC)/tenofovir (TDF) versus continuing on ZDV/3TC was carried out. FMR was assessed by dual X-ray absorptiometry (DEXA) for a period of 72 weeks. Lipoatrophy was defined as FMR≥1.5. Multivariate linear regression models for the change in FMR from baseline were fitted. Results: Sixty-five men were randomized and treated (28 in the FTC/TDF arm and 37 in the ZDV/3TC arm), and 57 completed the study (25 and 32 in each arm, respectively). In the FTC/TDF arm, adjusted mean FMR decreased by 0.52 at week 72 (P=0.014), and in the ZDV/3TC arm it increased by 0.13 (P=0.491; P between arms=0.023). Among subjects with lipoatrophy (baseline FMR≥1.5), adjusted FMR decreased by 0.76 (P=0.003) in the FTC/TDF arm and increased by 0.21 (P=0.411; P between arms=0.009) in the ZDV/3TC arm. Baseline FMR and treatment group were significant predictors (P<0.05) of post-baseline changes in FMR. Conclusions: Switching from ZDV/3TC to FTC/TDF led to an improvement in FMR, compared with progressive worsening of FMR in subjects receiving ZDV/3TC, showing that fat mass not only increased but was also distributed in a healthier way after the switch. © 2014 British HIV Association.	Emtricitabine; Fat mass ratio; Lipoatrophy; Tenofovir; Zidovudine	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2015	Mayer K.H.; Hosek S.; Cohen S.; Liu A.; Pickett J.; Warren M.; Krakower D.; Grant R.	Antiretroviral pre-exposure prophylaxis implementation in the United States: A work in progress	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.18.4.19980	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938274721&doi=10.7448%2fIAS.18.4.19980&partnerID=40&md5=170ef4609256e58b5341263545a8303e	Introduction: After the initial approval of the use of tenofovir disoproxil fumarate-emtricitabine (TDF/FTC) by the US Food and Drug Administration in 2012 for anti-HIV pre-exposure prophylaxis (PrEP), uptake was initially limited, but more recent community surveys and expert opinion suggest wider acceptance in some key populations. Discussion: Demonstration projects are underway to determine the best practices in the United States to identify at-risk individuals in primary care and sexually transmitted disease clinics who could benefit from PrEP. Studies of PrEP in combination with behavioural interventions are being evaluated. Studies to evaluate the use of PrEP by HIV-uninfected women in HIV-discordant couples interested in safe conception are also getting underway. The optimal deployment of PrEP as part of a comprehensive national HIV/AIDS strategy in the United States has been limited by lack of knowledge among some at-risk people and by some medical providers indicating that they do not feel sufficiently knowledgeable and comfortable in prescribing PrEP. Studies are underway to determine how to assist busy clinicians to determine which of their patients could benefit from PrEP. Although most federal health insurance programmes will cover most of the costs associated with PrEP, underinsured patients in states that have not enacted health reform face additional challenges in paying for PrEP medication and appropriate clinical monitoring. Conclusions: PrEP implementation in the United States is a work in progress, with increasing awareness and uptake among some individuals in key populations.	Pre-exposure prophylaxis; PrEP; Tenofovir-emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Mayer, Kenneth H.; Ramjee, Gita	The current status of the use of oral medication to prevent HIV transmission.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000170	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002947/	PURPOSE OF REVIEW: This review was designed to evaluate the progress in studies of the use of oral and topical antiretroviral (ARV) medication for primary HIV prevention. RECENT FINDINGS: Nonhuman primate data have suggested that the administration of ARV medication before or after retroviral exposure can protect against the establishment of chronic infection. Over the past two decades, observational studies have demonstrated the safety of ARV agents for postexposure prophylaxis and more recent efficacy studies have demonstrated that tenofovir with or without emtricitabine can protect against HIV when used as preexposure prophylaxis (PrEP). Efficacy studies have been conducted in diverse populations, including men and transgender women who have sex with men, young African heterosexuals, and injection drug users. Three studies in African women evaluating oral and topical tenofovir-based regimens did not demonstrate efficacy, in large part because of suboptimal medication adherence. Further research is underway to determine the optimal ways to provide chemoprophylaxis, the optimal medications, and dosing regimens. SUMMARY: PrEP can be effective in decreasing HIV transmission to at-risk uninfected persons, but further research is needed to determine the optimal modes of delivery.	Administration, Oral; Humans; Anti-HIV Agents/*administration & dosage; *HIV-1; HIV Infections/drug therapy/*prevention & control/*transmission; Disease Transmission, Infectious/*prevention & control; Pre-Exposure Prophylaxis/*methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2015	Mayer, Kenneth H; Krakower, Douglas S	Editorial Commentary: Scaling Up Antiretroviral Preexposure Prophylaxis: Moving From Trials to Implementation.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/civ665	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4614415/	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2015	McMahon, James M.; Pouget, Enrique R.; Tortu, Stephanie; Volpe, Ellen M.; Torres, Leilani; Rodriguez, William	Couple-based HIV counseling and testing: a risk reduction intervention for US drug-involved women and their primary male partners.	Prevention Science	-	-	-	-	1573-6695 1389-4986	10.1007/s11121-014-0540-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4310810/	To help reduce the elevated risk of acquiring HIV for African-American and Latina women drug users in primary heterosexual relationships, we developed a brief couple-based HIV counseling and testing prevention intervention. The intervention was based on an integrated HIV risk behavior theory that incorporated elements of social exchange theory, the theory of gender and power, the stages-of-change model, and the information-motivation-behavior skills model. In this article, we describe the development, content, and format of the couple-based HIV testing and counseling intervention, and its delivery to 110 couples (220 individuals) in a randomized effectiveness trial, the Harlem River Couples Project, conducted in New York City from 2005 to 2007. Components of the couple-based intervention included a personalized dyadic action plan based on the couple's risk profile and interactive exercises designed to help build interpersonal communication skills, and facilitated discussion of social norms regarding gender roles. The couple-based HIV testing and counseling intervention significantly reduced women's overall HIV risk compared to a standard-of-care individual HIV testing and counseling intervention. Experiences and perceptions of the intervention were positive among both clients and interventionists. The study was the first to demonstrate the effectiveness and feasibility of delivering a brief couple-based HIV counseling and testing intervention to reduce risk among drug-using heterosexual couples in high HIV prevalent urban communities in the USA. The intervention can be expanded to include new HIV prevention strategies, such as pre-exposure prophylaxis. Further research is needed to evaluate cost-effectiveness and implementation of the intervention in clinical settings.	Adult; Humans; Male; Middle Aged; Female; *Sexual Partners; HIV Infections/diagnosis/*prevention & control/transmission; *AIDS Serodiagnosis; *Couples Therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Melody K.; McBeth S.; Kline C.; Kashuba A.D.M.; Mellors J.W.; Ambrose Z.	Low frequency of drug-resistant variants selected by long-acting rilpivirine in macaques infected with simian immunodeficiency virus containing HIV-1 reverse transcriptase	Antimicrobial Agents and Chemotherapy	-	-	-	-	664804	10.1128/AAC.01937-15	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954495868&doi=10.1128%2fAAC.01937-15&partnerID=40&md5=bfbefe81b782d7d13675dede84887955	Preexposure prophylaxis (PrEP) using antiretroviral drugs is effective in reducing the risk of human immunodeficiency virus type 1 (HIV-1) infection, but adherence to the PrEP regimen is needed. To improve adherence, a long-acting injectable formulation of the nonnucleoside reverse transcriptase (RT) inhibitor rilpivirine (RPV LA) has been developed. However, there are concerns that PrEP may select for drug-resistant mutations during preexisting or breakthrough infections, which could promote the spread of drug resistance and limit options for antiretroviral therapy. To address this concern, we administered RPV LA to macaques infected with simian immunodeficiency virus containing HIV-1 RT (RT-SHIV). Peak plasma RPV levels were equivalent to those reported in human trials and waned over time after dosing. RPV LA resulted in a 2-log decrease in plasma viremia, and the therapeutic effect was maintained for 15 weeks, until plasma drug concentrations dropped below 25 ng/ml. RT mutations E138G and E138Q were detected in single clones from plasma virus in separate animals only at one time point, and no resistance mutations were detected in viral RNA isolated from tissues. Wild-type and E138Q RT-SHIV displayed similar RPV susceptibilities in vitro, whereas E138G conferred 2-fold resistance to RPV. Overall, selection of RPV-resistant variants was rare in an RTSHIV macaque model despite prolonged exposure to slowly decreasing RPV concentrations following injection of RPV LA. Copyright © 2015, American Society for Microbiology. All Rights Reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Meyers, Kathrine; Golub, Sarit A	Planning ahead for implementation of long-acting HIV prevention: challenges and opportunities.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000159	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4620059/	PURPOSE OF REVIEW: Broad-based access, uptake, and dissemination of daily oral HIV preexposure prophylaxis (PrEP) have been slow, despite strong evidence for efficacy. Effective and efficient implementation of long-acting HIV prevention products will require both analysis of the dynamics and determinants of daily oral PrEP implementation and identification of the distinct challenges and opportunities inherent in emerging technologies. RECENT FINDINGS: Evidence suggests the importance of addressing implementation issues at three levels: patient, provider, and system. Patient-level factors include targeted education and messaging, tailored supports to enhance acceptability and uptake, and effective strategies for promoting adherence/persistence and retention in care. Provider-level factors include engaging a broad mix of providers, while ensuring adequate training and support for patient assessment, counseling, and follow-up. Systems-level factors include optimal delivery modalities, resource allocation, and ensuring access to populations most in need of new prevention options. SUMMARY: Formative social/behavioral research must be undertaken proactively to prepare for and address future implementation challenges and reduce the gap between proving efficacy in clinical trials and assuring real-world effectiveness. Conceptualizing new HIV prevention technologies as behavioral interventions at the level of the patient, provider, and system will be paramount to effective and efficient implementation.	HIV prevention, Pre-exposure prophylaxis, long-acting antiretrovirals, implementation, sociobehavioral research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Mitchell J.W.; Stephenson R.	HIV-negative partnered men's willingness to use pre-exposure prophylaxis and associated factors among an internet sample of U.S. HIV-negative and HIV-discordant male couples	LGBT Health	-	-	-	-	23258292	10.1089/lgbt.2014.0092	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84969213618&doi=10.1089%2flgbt.2014.0092&partnerID=40&md5=b8013a6234a57ade21fe27035f704696	Purpose: Research on male couples' willingness to use pre-exposure prophylaxis (PrEP) is critically lacking. Methods: A cross-sectional 2011 Internet survey collected dyadic data from 275 HIV-negative and 58 HIV-discordant male couples to describe 631 HIV-negative partnered mens' willingness to use PrEP and associated couple-level demographic and behavioral factors with multivariate multilevel modeling. Results: Fifty-three percent were very to extremely likely to use PrEP. Willingness was positively associated with being in a mixed race and behaviorally non-monogamous relationship, and with amyl nitrate use with sex outside the relationship. Willingness was negatively associated with having a college education. Conclusion: Prevention efforts should educate male couples about the potential benefits of PrEP. © Mary Ann Liebert, Inc. 2015.	HIV prevention; male couples; pre-exposure prophylaxis (PrEP); relationship characteristics; willingness to use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Mitchell, KM; Lépine, A; Terris-Prestholt, F; Torpey, K; Khamofu, H; Folayan, MO; Musa, J; Anenih, J; Sagay, AS; Alhassan, E; Idoko, J; Vickerman, P	Modelling the impact and cost-effectiveness of combination prevention amongst HIV serodiscordant couples in Nigeria	AIDS	-	-	-	-	0269-9370	10.1097/QAD.0000000000000798	https://pubmed.ncbi.nlm.nih.gov/26355574/	Objective:To estimate the impact and cost-effectiveness of treatment as prevention (TasP), pre-exposure prophylaxis (PrEP) and condom promotion for serodiscordant couples in Nigeria.Design:Mathematical and cost modelling.Methods:A deterministic model of HIV-1 transmission within a cohort of serodiscordant couples and to/from external partners was parameterized using data from Nigeria and other African settings. The impact and cost-effectiveness were estimated for condom promotion, PrEP and/or TasP, compared with a baseline where antiretroviral therapy (ART) was offered according to 2010 national guidelines (CD4(+) <350cells/l) to all HIV-positive partners. The impact was additionally compared with a baseline of current ART coverage (35% of those with CD4(+) <350cells/l). Full costs (in US $2012) of programme introduction and implementation were estimated from a provider perspective.Results:Substantial benefits came from scaling up ART to all HIV-positive partners according to 2010 national guidelines, with additional smaller benefits of providing TasP, PrEP or condom promotion. Compared with a baseline of offering ART to all HIV-positive partners at the 2010 national guidelines, condom promotion was the most cost-effective strategy US $1206/disability-adjusted-life-year (DALY), the next most cost-effective intervention was to additionally give TasP to HIV-positive partners (incremental cost-effectiveness ratio US $1607/DALY), followed by additionally giving PrEP to HIV-negative partners until their HIV-positive partners initiate ART (US $7870/DALY). When impact was measured in terms of infections averted, PrEP with condom promotion prevented double the number of infections as condom promotion alone.Conclusions:The first priority intervention for serodiscordant couples in Nigeria should be scaled up ART access for HIV-positive partners. Subsequent incremental benefits are greatest with condom promotion and TasP, followed by PrEP. Copyright (C) 2015 Wolters Kluwer Health, Inc. All rights reserved.	antiretroviral therapy; pre-exposure prophylaxis; condom; treatment as prevention; INFECTION; TRANSMISSION; ANTIRETROVIRAL THERAPY; OUTCOMES; PREEXPOSURE PROPHYLAXIS; INITIATION; NEED; SEROCONVERSION; DISCORDANT COUPLES; mathematical models; disability-adjusted life years	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2015	Molina, Jean-Michel; Capitant, Catherine; Spire, Bruno; Pialoux, Gilles; Cotte, Laurent; Charreau, Isabelle; Tremblay, Cecile; Le Gall, Jean-Marie; Cua, Eric; Pasquet, Armelle; Raffi, François; Pintado, Claire; Chidiac, Christian; Chas, Julie; Charbonneau, Pierre; Delaugerre, Constance; Suzan-Monti, Marie; Loze, Benedicte; Fonsart, Julien; Peytavin, Gilles; Cheret, Antoine; Timsit, Julie; Girard, Gabriel; Lorente, Nicolas; Préau, Marie; Rooney, James F; Wainberg, Mark A; Thompson, David; Rozenbaum, Willy; Doré, Veronique; Marchand, Lucie; Simon, Marie-Christine; Etien, Nicolas; Aboulker, Jean-Pierre; Meyer, Laurence; Delfraissy, Jean-François	On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection.	New England Journal of Medicine	-	-	-	-	1533-4406	10.1056/NEJMoa1506273	https://dx.doi.org/10.1056/NEJMoa1506273	BACKGROUND: Antiretroviral preexposure prophylaxis has been shown to reduce the risk of human immunodeficiency virus type 1 (HIV-1) infection in some studies, but conflicting results have been reported among studies, probably due to challenges of adherence to a daily regimen. METHODS: We conducted a double-blind, randomized trial of antiretroviral therapy for preexposure HIV-1 prophylaxis among men who have unprotected anal sex with men. Participants were randomly assigned to take a combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) or placebo before and after sexual activity. All participants received risk-reduction counseling and condoms and were regularly tested for HIV-1 and HIV-2 and other sexually transmitted infections. RESULTS: Of the 414 participants who underwent randomization, 400 who did not have HIV infection were enrolled (199 in the TDF-FTC group and 201 in the placebo group). All participants were followed for a median of 9.3 months (interquartile range, 4.9 to 20.6). A total of 16 HIV-1 infections occurred during follow-up, 2 in the TDF-FTC group (incidence, 0.91 per 100 person-years) and 14 in the placebo group (incidence, 6.60 per 100 person-years), a relative reduction in the TDF-FTC group of 86% (95% confidence interval, 40 to 98; P=0.002). Participants took a median of 15 pills of TDF-FTC or placebo per month (P=0.57). The rates of serious adverse events were similar in the two study groups. In the TDF-FTC group, as compared with the placebo group, there were higher rates of gastrointestinal adverse events (14% vs. 5%, P=0.002) and renal adverse events (18% vs. 10%, P=0.03). CONCLUSIONS: The use of TDF-FTC before and after sexual activity provided protection against HIV-1 infection in men who have sex with men. The treatment was associated with increased rates of gastrointestinal and renal adverse events. (Funded by the National Agency of Research on AIDS and Viral Hepatitis ANRS and others; ClinicalTrials.gov number, NCT01473472.).	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2015	Montgomery, Elizabeth T; van der Straten, Ariane; Stadler, Jonathan; Hartmann, Miriam; Magazi, Busisiwe; Mathebula, Florence; Laborde, Nicole; Soto-Torres, Lydia	Male Partner Influence on Women's HIV Prevention Trial Participation and Use of Pre-exposure Prophylaxis: the Importance of "Understanding".	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-014-0950-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4416996/	There is widespread evidence that male partners influence women's ability and willingness to join HIV prevention trials and to use female-controlled prevention strategies such as microbicide gels. VOICE-C was an ancillary study to the Microbicide Trials Network's VOICE trial at the Johannesburg site that explored social and structural factors influencing women's use of study tablets and vaginal gel. Qualitative data were analyzed from 102 randomly-selected VOICE participants interviewed through in-depth interviews (IDI, n = 41); ethnographic interviews (n = 21) or focus group discussions (FGD, n = 40) and 22 male partners interviewed in 14 IDI and 2 FGD. Male partners' "understanding" pervaded as a central explanation for how male partners directly and indirectly influenced their female partners' trial participation and product use, irrespective of assignment to the gel or tablet study groups. The meaning behind "understanding" in this context was described by both men and women in two important and complementary ways: (1) "comprehension" of the study purpose including biological properties or effects of the products, and (2) "support/agreeability" for female partners being study participants or using products. During analysis a third dimension of "understanding" emerged as men's acceptance of larger shifts in gender roles and relationship power, and the potential implications of women's increased access to biomedical knowledge, services and prevention methods. Despite displays of some female agency to negotiate and use HIV prevention methods, male partners still have a critical influence on women's ability and willingness to do so. Efforts to increase their understanding of research goals, study design and products' mechanisms of action could ameliorate distrust, empower men to serve as product advocates, adherence buddies, and foster greater adherence support for women in situations where it is needed. Strategies to address gender norms and the broader implications these have for female-initiated HIV prevention should likewise be integrated into future research and program activities.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Mugo, Peter Mwangi; Sanders, Eduard J; Mutua, Gaudensia; van der Elst, Elisabeth; Anzala, Omu; Barin, Burc; Bangsberg, David R; Priddy, Frances H; Haberer, Jessica E	Understanding Adherence to Daily and Intermittent Regimens of Oral HIV Pre-exposure Prophylaxis Among Men Who Have Sex with Men in Kenya.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-014-0958-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415948/	A qualitative assessment of Kenyan men who have sex with men taking daily and intermittent oral HIV pre-exposure prophylaxis (PrEP) found stigma, sex work, mobility, and alcohol impacted adherence. We analyzed quantitative data from the same cohort to explore different definitions of intermittent adherence. Volunteers were randomized to daily emtricitabine/tenofovir or placebo, or intermittent (prescription: Mondays/Fridays/after sex, maximum 1 dose/day) emtricitabine/tenofovir or placebo (2:1:2:1), and followed for 4 months. By electronic monitoring, median adherence for daily dosing was 80 %. Median adherence for intermittent dosing was 71 % per a "relaxed" definition (accounting for off-prescription dosing) and 40 % per a "strict" definition (limited to the prescription). Factors associated with lower adherence included travel, transactional sex, and longer follow-up; higher adherence was associated with daily dosing and an income. The definition of intermittent dosing strongly affects interpretation of adherence. These findings suggest interventions should address challenges of mobility, sex work, and long-term PrEP.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2015	Mugwanya, Kenneth K; Wyatt, Christina; Celum, Connie; Donnell, Deborah; Mugo, Nelly R; Tappero, Jordan; Kiarie, James; Ronald, Allan; Baeten, Jared M	Changes in glomerular kidney function among HIV-1-uninfected men and women receiving emtricitabine-tenofovir disoproxil fumarate preexposure prophylaxis: a randomized clinical trial.	JAMA Internal Medicine	-	-	-	-	2168-6114	10.1001/jamainternmed.2014.6786	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4354899/	IMPORTANCE: Tenofovir disoproxil fumarate (TDF) use has been associated with declines in the estimated glomerular filtration rate (eGFR) when used as part of antiretroviral treatment by persons with human immunodeficiency virus (HIV) type 1, but limited data are available for risk when used as preexposure prophylaxis (PrEP) for HIV-1 prevention. OBJECTIVE: To determine whether TDF-based PrEP causes eGFR decline in HIV-1-uninfected adults. DESIGN, SETTING, AND PARTICIPANTS: A per-protocol safety analysis of changes in eGFR in the Partners PrEP Study, a randomized, placebo-controlled trial of daily oral TDF and emtricitabine (FTC)-TDF PrEP among heterosexual HIV-1-uninfected members of serodiscordant couples in Kenya and Uganda. The trial was conducted from 2008 to 2012. MAIN OUTCOMES AND MEASURES: Predefined outcomes of this analysis were mean eGFR change and a 25% or greater eGFR decline from baseline. The eGFR was calculated using the Chronic Kidney Disease Epidemiology Collaboration equation. RESULTS: Of 4640 participants in the once-daily TDF (n = 1548), FTC-TDF (n = 1545), or placebo (n = 1547) groups, 63% were men. At enrollment, median age was 35 years (range, 18-64 years), and mean eGFR was 130 mL/min/1.73 m². During a median follow-up of 18 months (interquartile range 12-27 months), mean within-group eGFR change from baseline was +0.14 mL/min/1.73 m² for TDF, -0.22 mL/min/1.73 m² for FTC-TDF, and +1.37 mL/min/1.73 m² for placebo, translating into average declines in eGFR attributable to PrEP vs placebo of -1.23 mL/min/1.73 m² (95% CI, -2.06 to -0.40; P = .004) for TDF and -1.59 mL/min/1.73 m² (95% CI, -2.44 to -0.74; P < .001) for FTC-TDF. The difference in mean eGFR between PrEP and placebo appeared by 1 month after randomization, was stable through 12 months, and then appeared to wane thereafter. The respective proportions of persons who developed a confirmed 25% or greater eGFR decline from baseline by 12 and 24 months was 1.3% and 1.8% for TDF and 1.2% and 2.5% for FTC-TDF, and these frequencies were not statistically different from the confirmed decline in the placebo group (0.9% and 1.3% by 12 and 24 months, respectively). CONCLUSIONS AND RELEVANCE: In this large randomized, placebo-controlled trial among heterosexual persons, with median follow-up of 18 months and maximum follow-up of 36 months, daily oral TDF-based PrEP resulted in a small but nonprogressive decline in eGFR that was not accompanied by a substantial increase in the risk of clinically relevant (≥25%) eGFR decline. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00557245.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Mulligan K.; Glidden D.V.; Anderson P.L.; Liu A.; McMahan V.; Gonzales P.; Ramirez-Cardich M.E.; Namwongprom S.; Chodacki P.; De Mendonca L.M.C.; Wang F.; Lama J.R.; Chariyalertsak S.; Guanira J.V.; Buchbinder S.; Bekker L.-G.; Schechter M.; Veloso V.G.; Grant R.M.; Vargas L.; Sanchez J.; Mai C.; Saokhieo P.; Murphy K.; Gilmore H.; Holland S.; Faber E.; Duda J.; Bewerunge L.; Batist E.; Hoskin C.; Brown B.; De Janeiro R.; Beppu-Yoshida C.; Da Costa M.D.; Assis De Jesus S.C.; Grangeiro Da Silva J.R.; Millan R.; De Siqueira Hoagland B.R.; Martinez Fernandes N.; Da Silva Freitas L.; Grinsztejn B.; Pilotto J.; Bushman L.; Zheng J.-H.; Anthony Guida L.; Kline B.; Goicochea P.; Manzo J.; Hance R.; McConnell J.; Defechereux P.; Levy V.; Robles M.; Postle B.; Burns D.; Rooney J.	Effects of Emtricitabine/Tenofovir on Bone Mineral Density in HIV-Negative Persons in a Randomized, Double-Blind, Placebo-Controlled Trial	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/civ324	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938598621&doi=10.1093%2fcid%2fciv324&partnerID=40&md5=18537e603b13007c7ed026391ae0c0fb	Background. Daily preexposure prophylaxis (PrEP) with oral emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) decreases the risk of human immunodeficiency virus (HIV) acquisition. Initiation of TDF decreases bone mineral density (BMD) in HIV-infected people. We report the effect of FTC/TDF on BMD in HIV-seronegative men who have sex with men and in transgender women. Methods. Dual-energy X-ray absorptiometry was performed at baseline and 24-week intervals in a substudy of iPrEx, a randomized, double-blind, placebo-controlled trial of FTC/TDF PrEP. Plasma and intracellular tenofovir concentrations were measured in participants randomized to FTC/TDF. Results. In 498 participants (247 FTC/TDF, 251 placebo), BMD in those randomized to FTC/TDF decreased modestly but statistically significantly by 24 weeks in the spine (net difference, -0.91% 95% confidence interval [CI], -1.44% to -.38%; P =. 001) and hip (-0.61% 95% CI, -.96% to -.27%, P =. 001). Changes within each subsequent 24-week interval were not statistically significant. Changes in BMD by week 24 correlated inversely with intracellular tenofovir diphosphate (TFV-DP), which was detected in 53% of those randomized to FTC/TDF. Net BMD loss by week 24 in participants with TFV-DP levels indicative of consistent dosing averaged -1.42% ± 29% and -0.85% ± 19% in the spine and hip, respectively (P <. 001 vs placebo). Spine BMD tended to rebound following discontinuation of FTC/TDF. There were no differences in fractures (P =. 62) or incidence of low BMD. Conclusions. In HIV-uninfected persons, FTC/TDF PrEP was associated with small but statistically significant decreases in BMD by week 24 that inversely correlated with TFV-DP, with more stable BMD thereafter. © 2015 The Author 2015.	bone; DXA; emtricitabine; PrEP; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Mullins, TLK; Lally, M; Zimet, G; Kahn, JA; Adolescent Med Trials Network HIV	Clinician Attitudes Toward CDC Interim Pre-Exposure Prophylaxis (PrEP) Guidance and Operationalizing PrEP for Adolescents	AIDS Patient Care and STDs	-	-	-	-	1087-2914	10.1089/apc.2014.0273	https://psycnet.apa.org/record/2015-13986-003	Prior to issuing formal HIV pre-exposure prophylaxis (PrEP) clinical practice guidelines in 2014, the US Centers for Disease Control and Prevention (CDC) had released interim guidance for oral PrEP use among adults. Because oral PrEP may be used off-label for youth and may soon be indicated for minor adolescents, we examined the potential adoption of the interim guidance among clinicians who care for HIV-infected and at-risk youth. Individual, semi-structured interviews were conducted with 15 US clinicians who were recruited through an adolescent HIV research network. The theory-driven interview guide, consisting primarily of open-ended questions, assessed demographics, familiarity with the guidance, attitudes toward the guidance, and attitudes toward the use of the guidance for adult and adolescent patients. Transcripts were analyzed using framework analysis. Most clinicians (11/15) reported that the guidance was compatible with their practice, although several reported that some aspects, particularly frequency of follow-up visits, needed to be tailored to meet their patients' needs. We found variability in clinician reported characteristics of appropriate PrEP candidates (e.g., youth with substance use and mental health issues were noted to be both suitable and unsuitable PrEP candidates) and PrEP use in serodiscordant couples (e.g., whether PrEP would be recommended to a patient whose HIV-infected partner is virally suppressed). Clinician reported steps for initiation, monitoring, and discontinuing PrEP were largely consistent with the guidance. The observed variability in clinician practice with regard to oral PrEP may be reduced through interventions to educate clinicians about the content and rationale for guideline recommendations.	PREVENTION; INFECTION; UNITED-STATES; SELF-EFFICACY; PHYSICIANS; INTENTIONS; GUIDELINES; HIV TRANSMISSION; YOUNG-ADULTS; HUMAN-PAPILLOMAVIRUS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Murnane P.M.; Brown E.R.; Donnell D.; Coley R.Y.; Mugo N.; Mujugira A.; Celum C.; Baeten J.M.	Estimating Efficacy in a Randomized Trial With Product Nonadherence: Application of Multiple Methods to a Trial of Preexposure Prophylaxis for HIV Prevention	American Journal of Epidemiology	-	-	-	-	29262	10.1093/aje/kwv202	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84947580609&doi=10.1093%2faje%2fkwv202&partnerID=40&md5=39225faf7a9ea558458f8c404ae3405f	Antiretroviral preexposure prophylaxis (PrEP) for persons at high risk of human immunodeficiency virus infection is a promising new prevention strategy. Six randomized trials of oral PrEP were recently conducted and demonstrated efficacy estimates ranging from 75% to no effect, with nonadherence likely resulting in attenuated estimates of the protective effect of PrEP. In 1 of these trials, the Partners PrEP Study (Kenya and Uganda, 2008-2011), participants (4,747 serodiscordant couples) were randomized to receipt of tenofovir (TDF), coformulated TDF/emtricitabine (FTC), or placebo. Intention-to-treat analyses found efficacy estimates of 67% for TDF and 75% for TDF/FTC. We applied multiple methods to data from that trial to estimate the efficacy of PrEP with high adherence, including principal stratification and inverse-probability-of-censoring (IPC) weights. Results were further from the null when correcting for nonadherence: 1) among the strata with an estimated 100% probability of high adherence (TDF hazard ratio (HR) = 0.19, 95% confidence interval (CI): 0.07, 0.56; TDF/FTC HR = 0.12, 95% CI: 0.03, 0.52); 2) with IPC weights used to approximate a continuously adherent population (TDF HR = 0.18, 95% CI: 0.06, 0.53; TDF/FTC HR = 0.15, 95% CI: 0.04, 0.52); and 3) in per-protocol analysis (TDF HR = 0.18, 95% CI: 0.06, 0.53; TDF/FTC HR = 0.16, 95% CI: 0.05, 0.53). Our results suggest that the efficacy of PrEP with high adherence is over 80%. © The Author 2015. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. All rights reserved.	HIV; HIV prevention; intention-to-treat analysis; medication adherence; randomized controlled trials	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Murphy, Dean A.	Processing, selecting and ritualizing: ambivalent relationships to semen.	Reproductive Biomedicine Online	-	-	-	-	1472-6491 1472-6483	10.1016/j.rbmo.2015.01.014	https://pubmed.ncbi.nlm.nih.gov/25773527/	Two articles on human immunodeficiency virus (HIV) and reproduction have recently been published in Reproductive BioMedicine Online, both describing developments that increase reproductive options for HIV-positive men. A study of a semen-processing technique used at a South African hospital found that two out of 103 processed samples tested positive for HIV DNA and none for RNA, indicating 98.1% and 100% effectiveness, respectively. The authors recommend semen processing followed by viral validation of processed sperm samples when providing assisted reproduction treatment to couples with an HIV-positive male partner. The other article reviews developments such as semen processing, antiretroviral (ARV) therapy and pre-exposure prophylaxis (PrEP), which have all reduced the risk of HIV transmission in the context of reproduction. The author also notes, however, that research on fertility in the context of HIV focuses almost exclusively on heterosexual couples, and has overlooked the links between reproduction, HIV and homosexuality. This article analyses the ambivalent role of semen - associated with both reproduction and infection - and how reproductive medicine and health care in different ways seek to 'get hold' of sperm. By taking this analytic approach, sex and parenthood can be thought of as two different but related kinds of intimacy and kinship.	Humans; Male; Female; HIV Infections/*prevention & control; HIV-1/*isolation & purification; Homosexuality, Male/*psychology; HIV prevention; HIV Seropositivity/*transmission; Decontamination/*methods; Donor Selection/*methods; gay men, HIV; Insemination, Artificial, Heterologous/*adverse effects; Semen Preservation/*methods; semen processing; Semen/*virology; sexuality; Tissue Donors/*psychology	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2015	Mutchler M.G.; McDavitt B.; Ghani M.A.; Nogg K.; Winder T.J.A.; Soto J.K.	Getting PrEPared for HIV Prevention Navigation: Young Black Gay Men Talk about HIV Prevention in the Biomedical Era	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2015.0002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84940047660&doi=10.1089%2fapc.2015.0002&partnerID=40&md5=b1a114125a7c421d55d37f71eb9ef3ce	Biomedical HIV prevention strategies, such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), represent new opportunities to reduce critically high HIV infection rates among young black men who have sex with men (YBMSM). We report results of 24 dyadic qualitative interviews (N=48), conducted in Los Angeles, CA, exploring how YBMSM and their friends view PrEP and PEP. Interviews were analyzed using a grounded theory approach. Participants had widely divergent levels of knowledge about these prevention methods. Misconceptions and mistrust regarding PrEP were common, and concerns were expressed about PrEP-related stigma and the potential for gossip among peers who might assume a person on PrEP was HIV-positive. Yet participants also framed PrEP and PEP as valuable new options within an expanded "tool kit" of HIV prevention strategies that created possibilities for preventing new HIV infections, dating men with a different HIV status, and decreased anxiety about exposure to HIV. We organized themes around four main areas: (1) information and misinformation about biomedical HIV prevention; (2) expectations about PrEP, sexual behavior, and stigma; (3) gossip, disclosure, and "spreading the word" about PrEP and PEP; and (4) the roles of PrEP and PEP in an expanded HIV prevention tool kit. The findings suggest a need for guidance in navigating the increasingly complex array of HIV-prevention options available to YBMSM. Such "prevention navigation" could counter misconceptions and address barriers, such as stigma and mistrust, while helping YBMSM make informed selections from among expanded HIV prevention options. © Copyright 2015, Mary Ann Liebert, Inc. 2015.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Myers J.E.; Ellman T.M.; Westhoff C.	Injectable agents for pre-exposure prophylaxis: Lessons learned from contraception to inform HIV prevention	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000166	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84943182665&doi=10.1097%2fCOH.0000000000000166&partnerID=40&md5=bb2fe32048175b332c5a38c19bb7840f	Purpose of review Long-acting injectable (LAI) forms of preexposure prophylaxis (PrEP) are in clinical trials, generating much hope for HIV prevention. But this is not the first time that an injectable form of preventive medication has emerged: the contraceptive agent depomedroxyprogesterone acetate (DMPA) has an important precedent. DMPA's long journey, its initial reception, and ongoing implementation challenges can help inform the field of HIV prevention as we plan for approval, acceptance, and scale-up of LAI-PrEP. Recent findings DMPA faced a long regulatory journey in the USA, with a lag of 25 years from initial application (1967) to approval (1992). Acceptance after introduction was rapid, but challenges hampered scale-up. Specific lessons learned include that extensive acceptability work is needed in parallel to product development. Also, low continuation rates, challenges with timing of initiation, and difficulty ensuring access for the most vulnerable populations have limited DMPA's impact. A new subcutaneous formulation presents opportunities for administration outside of clinical settings and for self-administration. Summary Those involved in LAI-PrEP development and those who plan to be involved in its future implementation must consider these lessons and possible solutions from DMPA to ensure a successful future for this new HIV prevention modality. © 2015 Wolters Kluwer Health, Inc. All rights reserved.	Contraception; Depomedroxyprogesterone acetate; HIV; Injectable; Long-acting; Preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Ndase, Patrick; Celum, Connie; Kidoguchi, Lara; Ronald, Allan; Fife, Kenneth H; Bukusi, Elizabeth; Donnell, Deborah; Baeten, Jared M	Frequency of false positive rapid HIV serologic tests in African men and women receiving PrEP for HIV prevention: implications for programmatic roll-out of biomedical interventions.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0123005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4401675/	BACKGROUND: Rapid HIV assays are the mainstay of HIV testing globally. Delivery of effective biomedical HIV prevention strategies such as antiretroviral pre-exposure prophylaxis (PrEP) requires periodic HIV testing. Because rapid tests have high (>95%) but imperfect specificity, they are expected to generate some false positive results. METHODS: We assessed the frequency of true and false positive rapid results in the Partners PrEP Study, a randomized, placebo-controlled trial of PrEP. HIV testing was performed monthly using 2 rapid tests done in parallel with HIV enzyme immunoassay (EIA) confirmation following all positive rapid tests. RESULTS: A total of 99,009 monthly HIV tests were performed; 98,743 (99.7%) were dual-rapid HIV negative. Of the 266 visits with ≥1 positive rapid result, 99 (37.2%) had confirmatory positive EIA results (true positives), 155 (58.3%) had negative EIA results (false positives), and 12 (4.5%) had discordant EIA results. In the active PrEP arms, over two-thirds of visits with positive rapid test results were false positive results (69.2%, 110 of 159), although false positive results occurred at <1% (110/65,945) of total visits. CONCLUSIONS: When HIV prevalence or incidence is low due to effective HIV prevention interventions, rapid HIV tests result in a high number of false relative to true positive results, although the absolute number of false results will be low. Program roll-out for effective interventions should plan for quality assurance of HIV testing, mechanisms for confirmatory HIV testing, and counseling strategies for persons with positive rapid test results.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Nelson, Antoinette G; Zhang, Xiaoping; Ganapathi, Usha; Szekely, Zoltan; Flexner, Charles W; Owen, Andrew; Sinko, Patrick J	Drug delivery strategies and systems for HIV/AIDS pre-exposure prophylaxis and treatment.	Journal of Controlled Release	-	-	-	-	1873-4995	10.1016/j.jconrel.2015.08.042	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4879940/	The year 2016 will mark an important milestone - the 35th anniversary of the first reported cases of HIV/AIDS. Antiretroviral Therapy (ART) including Highly Active Antiretroviral Therapy (HAART) drug regimens is widely considered to be one of the greatest achievements in therapeutic drug research having transformed HIV infection into a chronically managed disease. Unfortunately, the lack of widespread preventive measures and the inability to eradicate HIV from infected cells highlight the significant challenges remaining today. Moving forward there are at least three high priority goals for anti-HIV drug delivery (DD) research: (1) to prevent new HIV infections from occurring, (2) to facilitate a functional cure, i.e., when HIV is present but the body controls it without drugs and (3) to eradicate established infection. Pre-exposure Prophylaxis (PrEP) represents a significant step forward in preventing the establishment of chronic HIV infection. However, the ultimate success of PrEP will depend on achieving sustained antiretroviral (ARV) tissue concentrations and will require strict patient adherence to the regimen. While first generation long acting/extended release (LA/ER) DD Systems (DDS) currently in development show considerable promise, significant DD treatment and prevention challenges persist. First, there is a critical need to improve cell specificity through targeting in order to selectively achieve efficacious drug concentrations in HIV reservoir sites to control/eradicate HIV as well as mitigate systemic side effects. In addition, approaches for reducing cellular efflux and metabolism of ARV drugs to prolong effective concentrations in target cells need to be developed. Finally, given the current understanding of HIV pathogenesis, next generation anti-HIV DDS need to address selective DD to the gut mucosa and lymph nodes. The current review focuses on the DDS technologies, critical challenges, opportunities, strategies, and approaches by which novel delivery systems will help iterate towards prevention, functional cure and eventually the eradication of HIV infection.	HIV/AIDS, antiretroviral drugs (ARV), nanomedicine, nanotechnology, Pre-Exposure Prophylaxis (PrEP), drug delivery targeting, Long-Acting/Extended-Release (LA/ER)	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Ong, Koh Jun; Desai, Sarika; Desai, Monica; Nardone, Anthony; Hoek, Albert Jan van; Gill, O Noel	Cost and cost-effectiveness of an HIV pre-exposure prophylaxis (PrEP) programme for high-risk men who have sex with men in England: results of a static decision analytical model	The Lancet	-	-	-	-	01406736	10.1016/S0140-6736(15)00854-5	https://www.proquest.com/scholarly-journals/cost-effectiveness-hiv-pre-exposure-prophylaxis/docview/1732854827/se-2?accountid=8113	Background The efficacy and effectiveness of pre-exposure prophylaxis (PrEP) for preventing HIV infection acquisition by high-risk men who have sex with men (MSM) is established. We estimated the cost and cost-effectiveness of a proposed daily oral PrEP programme covering 10 000 high-risk MSM attending genitourinary medicine clinics in England. Methods From the perspective of public providers, a static decision analytical model was used to investigate lifetime HIV infections, treatment costs, and quality-adjusted-life-year (QALY) losses associated with daily PrEP given for 1 year, beginning in 2016, compared with no intervention. A cohort of MSM who were not known to be HIV positive at their first attendance in 2012 and had tested HIV negative between 42 and 365 days previously was identified. These men were followed up from the date of their earliest negative HIV test in 2012 for up to 1 year either until they seroconverted or until their last attendance. HIV incidence was calculated as the number of seroconversions (new HIV diagnoses) per 100 person-years. Data sources including genitourinary medicine clinic activity data were used to estimate HIV incidence in year 1 and thereafter. Costs were updated to 2013-14 values and both future costs and QALYs were discounted at 3·5%. Budgetary impact was undiscounted. Findings At 86% effectiveness, delivery of PrEP to 10 000 high-risk MSM in the first year (target population with an HIV incidence of 2·4 per 100 person-years in year 1) resulted in 178 fewer lifetime HIV infections, 28 delayed infections, and an incremental cost-effectiveness ratio (ICER) of £26 300, compared with no PrEP. More conservative assumptions of 64% PrEP effectiveness gave an ICER of £54 500, compared with no PrEP. ICER was highly sensitive to year 1 HIV incidence (eg, with HIV incidence of 3·3 per 100 person-years and at 86% PrEP effectiveness, ICER was £4170), PrEP effectiveness, PrEP drug costs, and potential changes in antiretroviral treatment cost upon patent expiry. An investment of £54 million in year 1 breaks even anywhere from year 42 (86% PrEP effectiveness) to beyond year 61 (64% PrEP effectiveness). Interpretation The model shows that the estimated cost-effectiveness of PrEP is very sensitive to key variables (eg, year 1 HIV incidence and patient adherence), about which there is much uncertainty, especially if programme scale-up occurs. A substantial reduction in the price of antiretroviral drugs, when used for PrEP, is needed to give the necessary assurance of cost-effectiveness, and for an affordable public health programme of sufficient size. Funding None.	Pre-exposure prophylaxis; Cost; Prep; Cost-effectiveness analysis; Delivery; Medical Sciences	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2015	Ouellet E.; Durand M.; Guertin J.R.; LeLorier J.; Tremblay C.L.	Cost effectiveness of 'on demand' Hiv pre-exposure prophylaxis for non-injection drug-using men who have sex with men in Canada	Canadian Journal of Infectious Diseases and Medical Microbiology	-	-	-	-	17129532	10.1155/2015/964512	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84923286264&doi=10.1155%2f2015%2f964512&partnerID=40&md5=a06b9928bb8f99a24d7bdce196650a09	BACKGROUND: Recent trials report the efficacy of continuous tenofovir-based pre-exposure prophylaxis (PrEP) for prevention of HIV infection. The cost effectiveness of 'on demand' PrEP for non-injection drug-using men who have sex with men at high risk of HIV acquisition has not been evaluated. OBJECTIVE: To conduct an economic evaluation of the societal costs of HIV in Canada and evaluate the potential benefits of this PrEP strategy. METHODS: Direct HIV costs comprised outpatient, inpatient and emergency department costs, psychosocial costs and antiretroviral costs. Resource consumption estimates were derived from the Centre Hospitalier de l'Université de Montréal HIV cohort. Estimates of indirect costs included employment rate and work absenteeism. Costs for 'on demand' PrEP were modelled after an ongoing clinical trial. Cost-effectiveness analysis compared costs of 'on demand' PrEP to prevent one infection with lifetime costs of one HIV infection. Benefits were presented in terms of life-years and quality-adjusted life-years. RESULTS: The average annual direct cost of one HIV infection was $16,109 in the least expensive antiretroviral regimen scenario and $24,056 in the most expensive scenario. The total indirect cost was $11,550 per year. Total costs for the first year of HIV infection ranged from $27,410 to $35,358. Undiscounted lifetime costs ranged from $1,439,984 ($662,295 discounted at 3% and $448,901 at 5%) to $1,482,502 ($690,075 at 3% and $485,806 at 5%). The annual cost of PrEP was $12,001 per participant, and $621,390 per infection prevented. The PrEP strategy was cost-saving in all scenarios for undis-counted and 3% discounting rates. At 5% discounting rates, the strategy is largely cost-effective: according to least and most expensive scenarios, incremental cost-effectiveness ratios ranged from $60,311 to $47,407 per quality-adjusted life-year. CONCLUSION: This 'on demand' PrEP strategy ranges from cost-saving to largely cost-effective. The authors believe it represents an important public health strategy for the prevention of HIV transmission. © 2015 Canadian Pediatric Society. All rights reserved.	Cost effectiveness; HIV; Prophylaxis	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2015	Page K.; Tsui J.; Maher L.; Choopanya K.; Vanichseni S.; Philip Mock M.; Celum C.; Martin M.	Biomedical HIV prevention including pre-exposure prophylaxis and opiate agonist therapy for women who inject drugs: State of research and future directions	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000000641	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946956621&doi=10.1097%2fQAI.0000000000000641&partnerID=40&md5=127fbfb324a7f19649766eac20acd0c8	Women who inject drugs (WWID) are at higher risk of HIV compared with their male counterparts as a result of multiple factors, including biological, behavioral, and sociostructural factors, yet comparatively little effort has been invested in testing and delivering prevention methods that directly target this group. In this article, we discuss the need for expanded prevention interventions for WWID, focusing on 2 safe, effective, and approved, yet underutilized biomedical prevention methods: opiate agonist therapy (OAT) and oral pre-exposure prophylaxis (PrEP). Although both interventions are well researched, they have not been well examined in the context of gender. We discuss the drivers of women injectors' higher HIV risk, review the effectiveness of OAT and PrEP interventions among women, and explain why these new HIV prevention tools should be prioritized for WWID. There is substantial potential for impact of OAT and PrEP programs for WWID in the context of broader gender-responsive HIV prevention initiatives. Although awaiting efficacy data on other biomedical approaches in the HIV prevention research "pipeline," we propose that the scale-up and implementation of these proven, safe, and effective interventions are needed now. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	Biomedical; HIV; Injectors; Prevention; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Parsons, Jeffrey T; Rendina, H Jonathon; Grov, Christian; Ventuneac, Ana; Mustanski, Brian	Accuracy of highly sexually active gay and bisexual men's predictions of their daily likelihood of anal sex and its relevance for intermittent event-driven HIV pre-exposure prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000507	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334732/	OBJECTIVE: We sought to examine highly sexually active gay and bisexual men's accuracy in predicting their sexual behavior for the purposes of informing future research on intermittent event-driven HIV Pre-Exposure Prophylaxis. DESIGN: For 30 days, 92 HIV-negative men completed a daily survey about their sexual behavior (n = 1688 days of data) and indicated their likelihood of having anal sex with a casual male partner next day. METHOD: We used multilevel modeling to analyze the association between self-reported likelihood of and subsequent engagement in anal sex. RESULTS: We found a linear association between men's reported likelihood of anal sex with casual partners and the actual probability of engaging in sex, although men overestimated the likelihood of sex. Overall, we found that men were better at predicting when they would not have sex than when they would, particularly if any likelihood value greater than 0% was treated as indicative that sex might occur. We found no evidence that men's accuracy of prediction was affected by whether it was a weekend or whether they were using substances, although both did increase the probability of sex. DISCUSSION: These results suggested that, men taking event-driven intermittent Pre-Exposure Prophylaxis, 14% of doses could have been safely skipped with a minimal rate of false negatives using guidelines of taking a dose unless there was no chance (ie, 0% likelihood) of sex on next day. This would result in savings of over US $1300 per year in medication costs per participant.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Pathela, Preeti; Braunstein, Sarah L.; Blank, Susan; Shepard, Colin; Schillinger, Julia A.	The high risk of an HIV diagnosis following a diagnosis of syphilis: a population-level analysis of New York City men.	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/civ289	https://pubmed.ncbi.nlm.nih.gov/25870333/	BACKGROUND: Epidemiologic studies have shown that syphilis is associated with risk for human immunodeficiency virus (HIV) infection. We used population-level syphilis and HIV data to quantify HIV incidence among men following primary or secondary (P&S) syphilis diagnoses and identify the highest-risk subgroups for intensified prevention, such as pre-exposure prophylaxis with antiretroviral medications. METHODS: Male cases reported to the New York City HIV/AIDS and Sexually Transmitted Disease (STD) surveillance registries were matched using a deterministic algorithm. We measured HIV incidence following P&S syphilis diagnosed between 2000 and June 2010 and identified risk factors for HIV infection using Cox proportional hazards models. RESULTS: Of 2805 men with syphilis contributing 11 714 person-years of follow-up, 423 (15.1%) acquired HIV; annual incidence was 3.61% (95% confidence interval CI, 3.27%, 3.97%). HIV incidence was high among men who have sex with men (MSM) (5.56%, 95% CI, 5.02%-6.13%); males with secondary compared with primary syphilis (4.10% vs 2.64%, P < .0001); and males diagnosed with another bacterial STD after syphilis (7.89%, 95% CI, 6.62%-9.24%). CONCLUSIONS: HIV incidence among men diagnosed with syphilis is high; one in 20 MSM were diagnosed with HIV within a year. Our data have implications for syphilis and HIV screening and may be useful for further targeting HIV-negative populations for pre-exposure prophylaxis.	Adolescent; Adult; Follow-Up Studies; Humans; Incidence; Male; Middle Aged; Young Adult; Risk Factors; Homosexuality, Male; Population Surveillance; syphilis; HIV incidence; New York City/epidemiology; HIV Infections/*complications/diagnosis/*epidemiology/prevention & control; Syphilis/*complications/diagnosis/epidemiology/microbiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2015	Pattacini L.; Murnane P.M.; Baeten J.M.; Fluharty T.R.; Thomas K.K.; Bukusi E.; Katabira E.; Mugo N.; Donnell D.; Lingappa J.R.; Celum C.; Marzinke M.; McElrath M.J.; Lund J.M.; Fife K.; Were E.; Tumwesigye E.; Ndase P.; Ronald A.; Cohen C.; Wangisi J.; Campbell J.; Tappero J.; Kiarie J.; Farquhar C.; John-Stewart G.; Mugo N.R.	Antiretroviral pre-exposure prophylaxis does not enhance immune responses to HIV in exposed but uninfected persons	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiu815	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84930332067&doi=10.1093%2finfdis%2fjiu815&partnerID=40&md5=921310182abf8669da346ee0af13acae	Background. Antiretroviral preexposure prophylaxis (PrEP), using daily oral combination tenofovir disoproxil fumarate plus emtricitabine, is an effective human immunodeficiency virus (HIV) prevention strategy for populations at high risk of HIV acquisition. Although the primary mode of action for the protective effect of PrEP is probably direct antiviral activity, nonhuman primate studies suggest that PrEP may also allow for development of HIV-specific immune responses, hypothesized to result from aborted HIV infections providing a source of immunologic priming. We sought to evaluate whether PrEP affects the development of HIV-specific immune response in humans. Methods and Results. Within a PrEP clinical trial among high-risk heterosexual African men and women, we detected HIV-specific CD4+ and CD8+ peripheral blood T-cell responses in 10%-20% of 247 subjects evaluated. The response rate and magnitude of T-cell responses did not vary significantly between those assigned PrEP versus placebo, and no significant difference between those assigned PrEP and placebo was observed in measures of innate immune function. Conclusions. We found no evidence to support the hypothesis that PrEP alters either the frequency or magnitude of HIV-specific immune responses in HIV-1-exposed seronegative individuals. These results suggest that PrEP is unlikely to serve as an immunologic prime to aid protection by a putative HIV vaccine. © 2014 The Author.	cellular immunity; HIV-1; prevention of sexual transmission; T-lymphocyte	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Pérez-Figueroa R.E.; Kapadia F.; Barton S.C.; Eddy J.A.; Halkitis P.N.	Acceptability of prep uptake among racially/ethnically diverse young men who have sex with men: The p18 study	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2015.27.2.112	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939214113&doi=10.1521%2faeap.2015.27.2.112&partnerID=40&md5=d39a7930cf2ef6fdd1b7078dd2dc1f69	Pre-exposure prophylaxis (PrEP) is considered an effective biomedical approach for HIV prevention. However, there is limited understanding of PrEP uptake among racially/ethnically and socioeconomically diverse young men who have sex with men (YMSM). This study examined attitudes and perceptions toward PrEP uptake among YMSM by conducting semistructured interviews with a sample (N 100) of YMSM in New York City. Thematic analysis was employed to explore key issues related to attitudes and perceptions toward PrEP utilization. Findings suggest that self-perceived risk for HIV transmission, enjoying unprotected sex, and being in a romantic relationship were associated with PrEP uptake. The most prominent barriers to PrEP uptake included costs, adherence regimen, and access. In summary, these findings underscore the importance of addressing behavioral and structural factors in maximizing the effectiveness of PrEP. In addition, PrEP implementation programs ought to consider the role of social and structural challenges to PrEP uptake and adherence among YMSM. © 2015 The Guilford Press.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Peterson K.; Folayan M.O.; Chigwedere E.; Nthete E.	Saying No to PrEP research in Malawi: What constitutes failure in offshored HIV prevention research?	Anthropology and Medicine	-	-	-	-	13648470	10.1080/13648470.2015.1081377	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954377321&doi=10.1080%2f13648470.2015.1081377&partnerID=40&md5=54f6664a02d51d84c5de7ebc87181f41	Between 2004 and 2005, the first multi-sited clinical trial tested whether an existing, marketed antiretroviral drug, Tenofovir (TDF), could prevent HIV transmission. Referred to as pre-exposure prophylaxis (PrEP), most of these trial sites prematurely closed down. Two sites located in Cambodia and Cameroon received international media attention. But little attention was drawn to sites in Malawi and Nigeria, where university ethicists and research scientists extensively debated PrEP. This article focuses on events that took place in Malawi where there was a prolonged dispute over the scientific rationales of PrEP and not trial specific ethics referred to as bioethics. Specifically, the article discusses debates pertaining to three PrEP trial protocols that were refused ethics approval in Malawi between 2004 and 2009. It is argued that HIV science debates in Malawi are embedded in postcolonial politics - geopolitical histories and state and household economic dispossessions that have created the structural possibilities for Malawi to become an offshore destination for HIV clinical research. As such, ethics in this case does not pertain to trial or bioethical failures. Rather, ethics is located at the scale of imperial relations that give rise to multiple, often invisible, research concerns and constraints. © 2015 Taylor & Francis.	AIDS Clinical trials; ethics; failure; imperialism; Malawi and Africa; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2015	Pettifor A.; Nguyen N.L.; Celum C.; Cowan F.M.; Go V.; Hightow-Weidman L.	Tailored combination prevention packages and PrEP for young key populations	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.18.2.19434	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84924337183&doi=10.7448%2fIAS.18.2.19434&partnerID=40&md5=91e24722ef3a3f85eb0fb5390b2fd6f1	Young key populations, defined in this article as men who have sex with men, transgender persons, people who sell sex and people who inject drugs, are at particularly high risk for HIV. Due to the often marginalized and sometimes criminalized status of young people who identify as members of key populations, there is a need for HIV prevention packages that account for the unique and challenging circumstances they face. Pre-exposure prophylaxis (PrEP) is likely to become an important element of combination prevention for many young key populations. Objective: In this paper, we discuss important challenges to HIV prevention among young key populations, identify key components of a tailored combination prevention package for this population and examine the role of PrEP in these prevention packages. Methods: We conducted a comprehensive review of the evidence to date on prevention strategies, challenges to prevention and combination prevention packages for young key populations. We focused specifically on the role of PrEP in these prevention packages and on young people under the age of 24, and 18 in particular. Results and discussion: Combination prevention packages that include effective, acceptable and scalable behavioural, structural and biologic interventions are needed for all key populations to prevent new HIV infections. Interventions in these packages should meaningfully involve beneficiaries in the design and implementation of the intervention, and take into account the context in which the intervention is being delivered to thoughtfully address issues of stigma and discrimination. These interventions will likely be most effective if implemented in conjunction with strategies to facilitate an enabling environment, including increasing access to HIV testing and health services for PrEP and other prevention strategies, decriminalizing key populations' practices, increasing access to prevention and care, reducing stigma and discrimination, and fostering community empowerment. PrEP could offer a highly effective, time-limited primary prevention for young key populations if it is implemented in combination with other programs to increase access to health services and encourage the reliable use of PrEP while at risk of HIV exposure. Conclusions: Reductions in HIV incidence will only be achieved through the implementation of combinations of interventions that include biomedical and behavioural interventions, as well as components that address social, economic and other structural factors that influence HIV prevention and transmission. ©2015 Pettifor A et al;.	Combination prevention; HIV; Key populations; Pre exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Phanuphak, Nittaya; Lo, Ying-Ru; Shao, Yiming; Solomon, Sunil Suhas; O'Connell, Robert J.; Tovanabutra, Sodsai; Chang, David; Kim, Jerome H.; Excler, Jean Louis	HIV Epidemic in Asia: Implications for HIV Vaccine and Other Prevention Trials.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/aid.2015.0049	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4651036/	An overall decrease of HIV prevalence is now observed in several key Asian countries due to effective prevention programs. The decrease in HIV prevalence and incidence may further improve with the scale-up of combination prevention interventions. The implementation of future prevention trials then faces important challenges. The opportunity to identify heterosexual populations at high risk such as female sex workers may rapidly wane. With unabating HIV epidemics among men who have sex with men (MSM) and transgender (TG) populations, an effective vaccine would likely be the only option to turn the epidemic. It is more likely that efficacy trials will occur among MSM and TG because their higher HIV incidence permits smaller and less costly trials. The constantly evolving patterns of HIV-1 diversity in the region suggest close monitoring of the molecular HIV epidemic in potential target populations for HIV vaccine efficacy trials. CRF01_AE remains predominant in southeast Asian countries and MSM populations in China. This relatively steady pattern is conducive to regional efficacy trials, and as efficacy warrants, to regional licensure. While vaccines inducing nonneutralizing antibodies have promise against HIV acquisition, vaccines designed to induce broadly neutralizing antibodies and cell-mediated immune responses of greater breadth and depth in the mucosal compartments should be considered for testing in MSM and TG. The rationale and design of efficacy trials of combination prevention modalities such as HIV vaccine and preexposure prophylaxis (PrEP) remain hypothetical, require high adherence to PrEP, are more costly, and present new regulatory challenges. The prioritization of prevention interventions should be driven by the HIV epidemic and decided by the country-specific health and regulatory authorities. Modeling the impact and cost-benefit may help this decision process.	Humans; Incidence; Male; Clinical Trials as Topic; Homosexuality, Male; Prevalence; Disease Transmission, Infectious/*prevention & control; HIV Infections/*epidemiology/*prevention & control; Transgender Persons; *Epidemics; AIDS Vaccines/*administration & dosage/*immunology/isolation & purification; Asia/epidemiology	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2015	Pokharkar, Varsha B.; Jolly, Mallika R.; Kumbhar, Dipak D.	Engineering of a hybrid polymer-lipid nanocarrier for the nasal delivery of tenofovir disoproxil fumarate: physicochemical, molecular, microstructural, and stability evaluation.	European Journal of Pharmaceutical Sciences	-	-	-	-	1879-0720 0928-0987	10.1016/j.ejps.2015.02.009	https://pubmed.ncbi.nlm.nih.gov/25708940/	PURPOSE: To engineer a hybrid nanocarrier system based on lipid and polymer for the nasal delivery of tenofovir disoproxil fumarate (TDF), and further to investigate its physicochemical, molecular, microstructural, and stability aspects. METHODS: Nanoparticles were prepared by melt emulsification-probe sonication technique. A 3(2) factorial design was used to identify key formulation variables influencing the characteristics of drug-loaded carrier. FT-IR, mass spectroscopy (MS) and (1)H NMR was used to probe molecular interactions among the components of the system, while the surface morphology was imagined through electron microscopy (TEM and SEM). Thermal analysis and powder X-ray diffraction (PXRD) was used to explore melting and crystallization behavior of drug and the carrier lipid. PLN-9 GEL was studied for its rheology, drug release, ex-vivo permeation, histopathology, and stability. RESULTS: Batch PLN-9 had size of 239 nm, drug encapsulation of 87.14% and revealed spherical morphology. MS, FT-IR and (1)H NMR established compatibility between the drug (TDF) and the carrier lipid (Lauric acid), while, a strong H-bonding was identified between the amino (-NH2) group of drug and the carboxyl (-COOH) group of pemulen polymer. Thermal analysis confirmed an amorphous TDF within the carrier matrix. PXRD analysis indicated substantial change in the molecular packing and subcell structure of carrier lipid during the PLN processing. PLN-9 GEL had shear thinning rheology, an anomalous type (n>0.5) of drug release and possessed potential to transport TDF across the nasal mucosa with an average flux of 135.36 μg/cm(2)/h. CONCLUSION: The designed carrier can encapsulate TDF and accentuates its transnasal flux, thus could be used as a carrier for an effective nasal delivery of TDF.	Mass Spectrometry; Microscopy, Electron, Transmission; Drug Stability; Magnetic Resonance Spectroscopy; Calorimetry, Differential Scanning; Spectroscopy, Fourier Transform Infrared; X-Ray Diffraction; Tenofovir disoproxil fumarate; Drug Liberation; Administration, Intranasal; *Anti-HIV Agents/administration & dosage/chemistry; *Drug Carriers/administration & dosage/chemistry; *Nanoparticles/administration & dosage/chemistry; *Reverse Transcriptase Inhibitors/administration & dosage/chemistry; *Tenofovir/administration & dosage/chemistry; Amorphous; Crystallization behavior; H-bonding; Hybrid nanocarrier; Lipids/chemistry; Microscopy, Electron, Scanning; Nasal Mucosa/anatomy & histology/drug effects/metabolism; Polymers/chemistry; Powder Diffraction; Rheology; Shear thinning	English	Netherlands	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Clinical
Article	2015	Radzio J.; Spreen W.; Yueh Y.L.; Mitchell J.; Jenkins L.; García-Lerma J.G.; Heneine W.	The long-acting integrase inhibitor GSK744 protects macaques from repeated intravaginal SHIV challenge	Science Translational Medicine	-	-	-	-	19466234	10.1126/scitranslmed.3010297	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84921044609&doi=10.1126%2fscitranslmed.3010297&partnerID=40&md5=3a3a7e6adc72cad254c234bd11595ff0	Daily preexposure prophylaxis (PrEP) with Truvada is a proven HIV prevention strategy; however, its effectiveness is limited by low adherence. Antiretroviral drug formulations that require infrequent dosing may increase adherence and thus PrEP effectiveness. We investigated whether monthly injections of a long-acting formulation of the HIV integrase inhibitor GSK1265744 (GSK744 LA) prevented simian/human immunodeficiency virus (SHIV) infection by vaginal challenge inmacaques. Female pigtailmacaques (n = 12) were exposed to intravaginal inoculations of SHIV twice a week for up to 11 weeks. Half of the animals received a GSK744 LA injection every 4 weeks, and half received placebo. GSK744 LA, at plasma concentrations achievablewith quarterly injections in humans, protected all six macaques from infection. Placebo controls were all infected after a median of 4 (range, 2 to 20) vaginal challenges with SHIV. Efficacy was related to high and sustained vaginal and plasma drug concentrations that remained above the protein-adjusted 90% inhibitory concentration during the dosing cycles. These data support advancement of GSK744 LA as a potential PrEP candidate for women. © 2015, American Association for the Advancement of Science. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Raffi, F; Rachlis, A; Brinson, C; Arasteh, K; Gorgolas, M; Brennan, C; Pappa, K; Almond, S; Granier, C; Nichols, WG; Cuffe, RL; Eron, J; Walmsley, S	Dolutegravir efficacy at 48 weeks in key subgroups of treatment-naive HIV-infected individuals in three randomized trials	AIDS	-	-	-	-	NA	10.1097/QAD.0000000000000519	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01040219/full	Objectives: Dolutegravir (DTG) has been studied in three trials in HIV treatment-naive participants, showing noninferiority compared with raltegravir (RAL), and superiority compared with efavirenz and ritonavir-boosted darunavir. We explored factors that predicted treatment success, the consistency of observed treatment differences across subgroups and the impact of NRTI backbone on treatment outcome. Design: Retrospective exploratory analyses of data from three large, randomized, international comparative trials: SPRING-2, SINGLE, and FLAMINGO. Methods: We examined the efficacy of DTG in HIV-infected participants with respect to relevant demographic and HIV-1-related baseline characteristics using the primary efficacy endpoint from the studies (FDA snapshot) and secondary endpoints that examine specific elements of treatment response. Regression models were used to analyze pooled data from all three studies. Results: Snapshot response was affected by age, hepatitis co-infection, HIV risk factor, baseline CD4+ cell count, and HIV-1 RNA by third agent. Differences between DTG and other third agents were generally consistent across these subgroups. There was no evidence of a difference in snapshot response between abacavir/lamivudine (ABC/3TC) and tenofovir/emtricitabine (TDF/FTC) overall ABC/3TC 86%, TDF/FTC 85%, difference 1.1%, confidence interval (CI) -1.8, 4.0 percentage points, P = 0.61 or at high viral loads (difference -2.5, 95% CI -8.9, 3.8 percentage points, P = 0.42). Conclusions: DTG is a once-daily, unboosted integrase inhibitor that is effective in combination with either ABC/3TC or TDF/FTC for first-line antiretroviral therapy in HIV-positive individuals with a variety of baseline characteristics.	*Human immunodeficiency virus infection /drug therapy /drug therapy; *drug efficacy; Adenine analogs & derivatives, therapeutic use; Adult; Antiretroviral Therapy, Highly Active methods; Anti-HIV Agents *therapeutic use; Article; CD4 Lymphocyte Count; CD4 lymphocyte count; Clinical Trials, Phase III as Topic; Coinfection; Comparative study; Controlled study; Demography; Deoxycytidine analogs & derivatives, therapeutic use; Dideoxynucleosides *therapeutic use; Double blind procedure; Drug Combinations; Emtricitabine; Exploratory research; Female; HIV Infections *drug therapy; HIV Integrase Inhibitors therapeutic use; HIV Protease Inhibitors therapeutic use; HIV-1; Hepatitis; Heterocyclic Compounds, 3-Ring *therapeutic use; Human; Human immunodeficiency virus infected patient; Humans; Lamivudine *therapeutic use; Major clinical study; Male; Mixed infection; Organophosphonates therapeutic use; Oxazines; Phase 3 clinical trial; Piperazines; Pyridones; Pyrrolidinones therapeutic use; Raltegravir Potassium; Randomized Controlled Trials as Topic; Randomized controlled trial; Regression Analysis; Retrospective Studies; Retrospective study; Ritonavir therapeutic use; Tenofovir; Treatment Outcome; Treatment outcome; Treatment response; Viral Load; Virus load	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2015	Ramezani, Ali; Dubrovsky, Larisa; Pushkarsky, Tatiana; Sviridov, Dmitri; Karandish, Sara; Raj, Dominic S.; Fitzgerald, Michael L.; Bukrinsky, Michael	Stimulation of Liver X Receptor Has Potent Anti-HIV Effects in a Humanized Mouse Model of HIV Infection.	The Journal of Pharmacology and Experimental Therapeutics	-	-	-	-	1521-0103 0022-3565	10.1124/jpet.115.224485	https://pubmed.ncbi.nlm.nih.gov/26126533/	Previous studies demonstrated that liver X receptor (LXR) agonists inhibit human immunodeficiency virus (HIV) replication by upregulating cholesterol transporter ATP-binding cassette A1 (ABCA1), suppressing HIV production, and reducing infectivity of produced virions. In this study, we extended these observations by analyzing the effect of the LXR agonist T0901317 N-4-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)phenyl-N-(2,2,2-trifluoroethyl)benzenesulfonamide on the ongoing HIV infection and investigating the possibility of using LXR agonist for pre-exposure prophylaxis of HIV infection in a humanized mouse model. Pre-exposure of monocyte-derived macrophages to T0901317 reduced susceptibility of these cells to HIV infection in vitro. This protective effect lasted for up to 4 days after treatment termination and correlated with upregulated expression of ABCA1, reduced abundance of lipid rafts, and reduced fusion of the cells with HIV. Pre-exposure of peripheral blood leukocytes to T0901317 provided only a short-term protection against HIV infection. Treatment of HIV-exposed humanized mice with LXR agonist starting 2 weeks postinfection substantially reduced viral load. When eight humanized mice were pretreated with LXR agonist prior to HIV infection, five animals were protected from infection, two had viral load at the limit of detection, and one had viral load significantly reduced relative to mock-treated controls. T0901317 pretreatment also reduced HIV-induced dyslipidemia in infected mice. In conclusion, these results reveal a novel link between LXR stimulation and cell resistance to HIV infection and suggest that LXR agonists may be good candidates for development as anti-HIV agents, in particular for pre-exposure prophylaxis of HIV infection.	Humans; Animals; Disease Models, Animal; Mice; Cell Line; Anti-HIV Agents/*pharmacology; Sulfonamides/*pharmacology; Mice, Inbred NOD; HIV Infections/*drug therapy/metabolism/virology; HIV/*drug effects; Macrophages/drug effects/virology; Viral Load/methods; HEK293 Cells; Up-Regulation/drug effects; ATP Binding Cassette Transporter 1/metabolism; Hydrocarbons, Fluorinated/*pharmacology; Leukocytes/drug effects/virology; Liver X Receptors; Orphan Nuclear Receptors/*agonists/*metabolism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Reddy, Ambavaram Vijaya Bhaskar; Jaafar, Jafariah; Aris, Azmi Bin; Majid, Zaiton Abdul; Umar, Khalid; Talib, Juhaizah; Madhavi, Gajulapalle	Development and validation of a rapid ultra high performance liquid chromatography with tandem mass spectrometry method for the simultaneous determination of darunavir, ritonavir, and tenofovir in human plasma: Application to human pharmacokinetics.	Journal of Separation Science	-	-	-	-	1615-9314 1615-9306	10.1002/jssc.201500250	https://pubmed.ncbi.nlm.nih.gov/25989063/	A sensitive ultra high performance liquid chromatography with tandem mass spectrometry method was developed for the simultaneous determination of darunavir, ritonavir and tenofovir in human plasma. Sample preparation involved a simple liquid-liquid extraction using 200 μL of human plasma extracted with methyl tert-butyl ether for three analytes and internal standard. The separation was accomplished on an Acquity UPLC BEH C18 (50 mm × 2.1 mm, 1.7 μm) analytical column using gradient elution of acetonitrile/methanol (80:20, v/v) and 5.0 mM ammonium acetate containing 0.01% formic acid at a flow rate of 0.4 mL/min. The linearity of the method ranged between 20.0 and 12 000 ng/mL for darunavir, 2.0 and 2280 ng/mL for ritonavir, and 14.0 and 1600 ng/mL for tenofovir using 200 μL of plasma. The method was completely validated for its selectivity, sensitivity, linearity, precision and accuracy, recovery, matrix effect, stability, and dilution integrity. The extraction recoveries were consistent and ranged between 79.91 and 90.04% for all three analytes and internal standard. The method exhibited good intra-day and inter-day precision between 1.78 and 6.27%. Finally the method was successfully applied for human pharmacokinetic study in eight healthy male volunteers after the oral administration of 600 mg darunavir along with 100 mg ritonavir and 100 mg tenofovir as boosters.	Humans; Tenofovir; Darunavir; Chromatography, High Pressure Liquid/*methods; Tandem Mass Spectrometry/*methods; HIV infection; Ritonavir; Pharmacokinetics; Darunavir/*blood/pharmacokinetics; HIV Protease Inhibitors/*blood/pharmacokinetics; Ritonavir/*blood/pharmacokinetics; Tenofovir/*blood/pharmacokinetics	English	Germany	Western and Central Europe and North America	Malaysia	Asia and the Pacific	Malaysia	Asia and the Pacific	Clinical
Article	2015	Reynolds E.E.; Libman H.; Mayer K.H.	Preexposure prophylaxis for HIV prevention: Grand rounds discussion from beth Israel deaconess medical center	Annals of Internal Medicine	-	-	-	-	34819	10.7326/M15-1993	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84950318996&doi=10.7326%2fM15-1993&partnerID=40&md5=3fb5960198d29cab0a807fadcfb26f7b	The U.S. Public Health Service recently issued guidelines about the daily use of medication as preexposure prophylaxis (PrEP) to prevent HIV infection. The guidelines, based on randomized trials showing substantial reduction in HIV transmission among those receiving a daily combination of tenofovir and emtricitabine, suggest physicians offer PrEP to patients at high risk, including nonmonogamous men who have sex with men, serodiscordant couples (in both male-male and male-female relationships), heterosexual men and women in other risk groups (such as sex workers or those with recent sexually transmitted infection), and injection drug users. Here, 2 prominent HIV experts debate the use of PrEP in a 45-year-old man whose husband has HIV infection with an undetectable viral load on treatment. They discuss the patient's risk for HIV transmission from his husband and from other partners, the magnitude of the risk reduction he would gain with PrEP, and nonpharmacologic alternatives to reduce his likelihood of contracting HIV infection. © 2015 American College of Physicians.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Rowniak, Stefan	PrEP: A case study.	Journal of the American Association of Nurse Practitioners	-	-	-	-	2327-6924	10.1002/2327-6924.12240	https://dx.doi.org/10.1002/2327-6924.12240	PURPOSE: The purpose of this case study is to present information and raise awareness about the provision of pre-exposure prophylaxis (PrEP) to those individuals who are at risk for HIV infection. DATA SOURCES: PubMed, CINAHL, government websites, press releases, and the author's clinical experiences. CONCLUSIONS: PrEP is the latest tool available for HIV prevention that has been approved by the FDA. It involves taking the HIV medication TDF/FTC on a daily basis. Documented side effects are minimal but renal monitoring is recommended because of possible kidney damage. PrEP may provide as much as 90% protection against HIV infection, but this is dependent upon patient compliance. IMPLICATIONS FOR PRACTICE: Nurse practitioners are in an ideal position to be the gatekeepers for information and access to PrEP. However, this requires that they engage in thorough risk assessments with their patients. This includes both a comprehensive sexual history and drug use history. The case study demonstrates the importance of intervention in and recognition of high-risk stigmatized populations such as transgender individuals and that prompt action may prevent future HIV infections.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Santos, José R.; Saumoy, María; Curran, Adrian; Bravo, Isabel; Llibre, Josep M.; Navarro, Jordi; Estany, Carla; Podzamczer, Daniel; Ribera, Esteban; Negredo, Eugènia; Clotet, Bonaventura; Paredes, Roger	The lipid-lowering effect of tenofovir/emtricitabine: a randomized, crossover, double-blind, placebo-controlled trial.	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/civ296	https://academic.oup.com/cid/article/61/3/403/490899	BACKGROUND: It is unknown if tenofovir disoproxil fumarate (TDF), which is often coformulated with the lipid-neutral emtricitabine (FTC), has a lipid-lowering effect. METHODS: We performed a randomized, crossover, double-blind, placebo-controlled clinical trial on human immunodeficiency virus type 1 (HIV-1)-infected subjects with HIV-1 RNA < 50 copies/mL during ≥6 months on stable darunavir/ritonavir (800/100 mg once daily) or lopinavir/ritonavir (400/100 mg twice daily) monotherapy, fasting total cholesterol (TC) ≥200 mg/dL or low-density lipoprotein cholesterol (LDL-c) ≥130 mg/dL, and no lipid-lowering drugs. In arm 1, TDF/FTC was added for 12 weeks, followed by 12 weeks of placebo (washout) and 12 additional weeks of placebo (placebo period). Subjects in arm 2 added placebo for 12 weeks (placebo period) followed by TDF/FTC for 12 weeks and placebo for 12 additional weeks (washout). The primary endpoint was change in median fasting TC levels. RESULTS: Of 46 subjects enrolled, 56% received darunavir/ritonavir and 44% lopinavir/ritonavir. Exposure to TDF/FTC reduced TC from 234 to 205 mg/dL (P < .001), LDL-c from 155 to 128 mg/dL (P < .001), and high-density lipoprotein cholesterol (HDL-c) from 50.3 to 44.5 mg/dL (P < .001). It also decreased the proportion of subjects with fasting TC ≥200 mg/dL from 86.7% to 56.8% (P = .001), and LDL-c ≥130 mg/dL from 87.8% to 43.9% (P < .001). After 12 weeks, TDF/FTC exposure was associated with lower TC and LDL-c levels than placebo (P = .001 and P = .002, respectively). The TC/HDL-c ratio and triglyceride levels did not change with TDF/FTC exposure. CONCLUSIONS: Coformulated TDF/FTC has an intrinsic lipid-lowering effect, likely attributable to TDF. CLINICAL TRIALS REGISTRATION: NCT01458977.	LDL cholesterol; boosted protease inhibitor monotherapy; coformulated tenofovir/emtricitabine; lipid-lowering effect; total cholesterol	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2015	Schneider, John A.; Zhou, A. Ning; Laumann, Edward O.	A new HIV prevention network approach: sociometric peer change agent selection.	Social Science & Medicine	-	-	-	-	1873-5347 0277-9536	10.1016/j.socscimed.2013.12.034	https://pubmed.ncbi.nlm.nih.gov/24518188/	Internationally, the Peer Change Agent (PCA) model is the most frequently used conceptual framework for HIV prevention. Change agents themselves can be more important than the messages they convey. PCA selection is operationalized via heterogeneous methods based upon individual-level attributes. A sociometric position selection strategy, however, could increase peer influence potency and halt transmission at key network locations. In this study, we selected candidate PCAs based upon relative sociometric bridging and centrality scores and assessed their attributes in comparison to one another and to existing peer educators. We focused upon an emerging HIV epidemic among men who have sex with men in Southern India in 2011. PCAs selected based on their bridging score were more likely to be innovators when compared to other centrally-located PCAs, to PCAs located on the periphery, and to existing peer educators. We also found that sociodemographic attributes and risk behaviors were similar across all candidate PCAs, but risk behaviors of existing peer educators differed. Existing peer educators were more likely to engage in higher risk behavior such as receiving money for sex when compared to sociometrically selected peer changes agents. These existing peer educators were also more likely to exhibit leadership qualities within the overall network; they were, however, just as likely as other non-trained candidate peer change agents to report important HIV intravention behavior (encouraging condoms within their network). The importance of identifying bridges who may be able to diffuse innovation more effectively within high risk HIV networks is especially critical given recent efficacy data from novel HIV prevention interventions such as pre-exposure prophylaxis. Moreover, while existing peer educators were more likely to be leaders in our analysis, using peer educators with high risk behavior may have limited utility in enacting behavior change among sex worker peers or male clients in the network.	Adult; Humans; Male; Middle Aged; Young Adult; HIV Infections/*prevention & control/transmission; Risk Reduction Behavior; Risk-Taking; Sexual Behavior; HIV; Condoms/statistics & numerical data; India; HIV prevention; Homosexuality, Male/psychology; *Social Support; Men who have sex with men; Models, Psychological; *Peer Group; Bridging; Leadership; Network analysis; Peer change agent; Sociometric	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2015	Seay, Kieran; Khajoueinejad, Nazanin; Zheng, Jian Hua; Kiser, Patrick; Ochsenbauer, Christina; Kappes, John C.; Herold, Betsy; Goldstein, Harris	The Vaginal Acquisition and Dissemination of HIV-1 Infection in a Novel Transgenic Mouse Model Is Facilitated by Coinfection with Herpes Simplex Virus 2 and Is Inhibited by Microbicide Treatment.	Journal of Virology	-	-	-	-	1098-5514 0022-538X	10.1128/JVI.01326-15	https://pubmed.ncbi.nlm.nih.gov/26157126/	Epidemiological studies have demonstrated that herpes simplex virus 2 (HSV-2) infection significantly increases the risk of HIV-1 acquisition, thereby contributing to the expanding HIV-1 epidemic. To investigate whether HSV-2 infection directly facilitates mucosal HIV-1 acquisition, we used our transgenic hCD4/R5/cT1 mouse model which circumvents major entry and transcription blocks preventing murine HIV-1 infection by targeting transgenic expression of human CD4, CCR5, and cyclin T1 genes to CD4(+) T cells and myeloid-committed cells. Productive infection of mucosal leukocytes, predominantly CD4(+) T cells, was detected in all hCD4/R5/cT1 mice intravaginally challenged with an HIV-1 infectious molecular clone, HIV-Du151.2env-NLuc, which expresses an env gene (C.Du151.2) cloned from an acute heterosexually infected woman and a NanoLuc luciferase reporter gene. Lower genital tract HIV-1 infection after HIV-Du151.2env-NLuc intravaginal challenge was increased ~4-fold in hCD4/R5/cT1 mice coinfected with HSV-2. Furthermore, HIV-1 dissemination to draining lymph nodes was detected only in HSV-2-coinfected mice. HSV-2 infection stimulated local infiltration and activation of CD4(+) T cells and dendritic cells, likely contributing to the enhanced HIV-1 infection in HSV-2-coinfected mice. We then used this model to demonstrate that a novel gel containing tenofovir disoproxil fumarate (TDF), the more potent prodrug of tenofovir (TFV), but not the TFV microbicide gel utilized in the recent CAPRISA 004, VOICE (Vaginal and Oral Interventions to Control the Epidemic), and FACTS 001 clinical trials, was effective as preexposure prophylaxis (PrEP) to completely prevent vaginal HIV-1 infection in almost half of HSV-2-coinfected mice. These results also support utilization of hCD4/R5/cT1 mice as a highly reproducible immunocompetent preclinical model to evaluate HIV-1 acquisition across the female genital tract. IMPORTANCE: Multiple epidemiological studies have reported that genital herpes simplex virus 2 (HSV-2) infection increases the risk of HIV-1 sexual acquisition by severalfold. Understanding the underlying mechanisms by which HSV-2 facilitates HIV-1 infection and optimizing the efficacy of therapies to inhibit HIV-1 infection during HSV-2 coinfection should contribute to reducing HIV-1 transmission. Using our novel transgenic hCD4/R5/cT1 mouse model infectible with HIV-1, we demonstrated that HSV-2 infection enhances vaginal transmission and dissemination of HIV-1 infection while stimulating recruitment and activation of CD4(+) T cells and dendritic cells in the lower genital tract. HIV acquisition by hCD4/R5/cT1 mice vaginally coinfected with HSV-2 could be completely prevented in almost half the mice by preexposure prophylaxis (PrEP) with a novel gel containing tenofovir disoproxil fumarate (TDF), the tenofovir prodrug, but not with the tenofovir microbicide gel utilized in CAPRISA-004, VOICE, and FACTS-001 clinical trials. The hCD4/R5/cT1 mice represent a new preclinical mouse model to evaluate vaginal HIV-1 acquisition.	Humans; Male; Animals; Disease Models, Animal; Mice; Female; Mice, Transgenic; Antiviral Agents/*pharmacology; HIV-1/*immunology; Vaginal Creams, Foams, and Jellies/pharmacology; *Coinfection/genetics/immunology/pathology/prevention & control; *Herpes Genitalis/genetics/immunology/pathology/prevention & control; *HIV Infections/genetics/immunology/pathology/prevention & control; Herpesvirus 2, Human/*immunology; Vagina/immunology/pathology/virology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Seifert S.M.; Glidden D.V.; Meditz A.L.; Castillo-Mancilla J.R.; Gardner E.M.; Predhomme J.A.; Rower C.; Klein B.; Kerr B.J.; Guida L.A.; Zheng J.-H.; Bushman L.R.; Anderson P.L.	Dose response for starting and stopping HIV preexposure prophylaxis for men who have sex with men	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciu916	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84935513976&doi=10.1093%2fcid%2fciu916&partnerID=40&md5=63262d408a1e5739ff5f1d4a2f51490b	Background. This study estimated the number of daily tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) doses required to achieve and maintain (after discontinuation) intracellular drug concentrations that protect against human immunodeficiency virus (HIV) infection for men who have sex with men (MSM). Methods. Tenofovir diphosphate (TFV-DP) concentrations in peripheral blood mononuclear cells (PBMCs) and rectal mononuclear cells from an intensive pharmacokinetic study ("Cell-PrEP" preexposure prophylaxis) of 30 days of daily TDF/FTC followed by 30 days off drug were evaluated. A regression formula for HIV risk reduction derived from PBMCs collected in the preexposure prophylaxis initiative study was used to calculate inferred HIV risk reduction. Time required to reach steady state for TFV-DP in rectal mononuclear cells was also determined. Results. Twenty-one HIV-uninfected adults participated in Cell-PrEP. The inferred HIV risk reduction, based on PBMC TFV-DP concentration, reached 99% (95% confidence interval CI, 69%-100%) after 5 daily doses, and remained <90% for 7 days after stopping drug from steady-state conditions. The proportion of participants reaching the 90% effective concentration (EC90) was 77% after 5 doses and 89% after 7 doses. The percentage of steady state for natural log TFV-DP in rectal mononuclear cells was 88% (95% CI, 66%-94%) after 5 doses and 94% (95% CI, 78%-98%) after 7 doses. Conclusions. High PrEP activity for MSM was achieved by approximately 1 week of daily dosing. Although effective intracellular drug concentrations persist for several days after stopping PrEP, a reasonable recommendation is to continue PrEP dosing for 4 weeks after the last potential HIV exposure, similar to recommendations for postexposure prophylaxis. © The Author 2014.	HIV; MSM; Pharmacokinetics; Preexposure prophylaxis; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Shey, Muki S.; Garrett, Nigel J.; McKinnon, Lyle R.; Passmore, Jo-Ann S.	The role of dendritic cells in driving genital tract inflammation and HIV transmission risk: are there opportunities to intervene?	Innate Immunity	-	-	-	-	1753-4267 1753-4259	10.1177/1753425913513815	https://pubmed.ncbi.nlm.nih.gov/24282122/	Effective prevention of new HIV infections will require an understanding of the mechanisms involved in HIV acquisition. HIV transmission across the female genital tract is the major mode of new HIV infections in sub-Saharan Africa and involves complex processes, including cell activation, inflammation and recruitment of HIV target cells. Activated CD4(+) T-cells, dendritic cells (DC) and macrophages have been described as targets for HIV at the genital mucosa. Activation of these cells may occur in the presence of sexually-transmitted infections, disturbances of commensal flora and other inflammatory processes. In this review, we discuss causes and consequences of inflammation in the female genital tract, with a focus on DC. We describe the central role these cells may play in facilitating or preventing HIV transmission across the genital mucosa, and in the initial recognition of HIV and other pathogens, allowing activation of an adaptive immune response to infection. We discuss studies that investigate interventions to limit DC activation, inflammation and HIV transmission. This knowledge is essential in the development of novel strategies for effective HIV control, including microbicides and pre-exposure prophylaxis.	Humans; Female; Risk; HIV; HIV Infections/prevention & control/*transmission; inflammation; Activation; cytokines; dendritic cells; Dendritic Cells/*immunology/pathology; Genital Diseases, Female/*immunology/pathology; Inflammation/*immunology/pathology; Mucous Membrane/pathology	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2015	Siegfried, Nandi; Beanland, Rachel L; Ford, Nathan; Mayer, Kenneth H	Formulating the Future Research Agenda for Postexposure Prophylaxis for HIV: Methodological Challenges and Potential Approaches	Clinical Infectious Diseases	-	-	-	-	10584838	NA	https://www.proquest.com/scholarly-journals/formulating-future-research-agenda-postexposure/docview/1684374797/se-2?accountid=8113	During a World Health Organization-convened Guideline Development Group meeting, recommendations for postexposure prophylaxis (PEP) for human immunodeficiency virus were made and research gaps identified. We used the PEP clinical management pathway and the Grading of Evidence, Assessment, Development and Evaluation (GRADE) system as a framework to formulate future research questions, describe the most feasible study design, and identify potential biases. Three key study design formats were identified to address 12 research questions: (1) survey- and interview-driven research to identify barriers to access to PEP and related clinical care; (2) establishment of a global PEP registry to generate data to inform the choice of an optimal PEP drug regimen, record drug toxicities arising from specific PEP regimens, and track follow-up and linkage to care (including transition from PEP to preexposure prophylaxis); and (3) randomized controlled trials to determine the optimal adherence promotion strategies necessary for successful outcomes following PEP. Positioning key clinical and programmatic research questions within the GRADE framework facilitates the formulation of an evidence-based research agenda and future revisions of guidelines.	Pre-exposure prophylaxis; Antiretroviral drugs; Post-exposure prophylaxis; Toxicity; Medical research; Clinical trials; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Guideline; Grade	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2015	Siemieniuk R.A.C.; Sivachandran N.; Murphy P.; Sharp A.; Walach C.; Placido T.; Bogoch I.I.	Transitioning to HIV Pre-Exposure Prophylaxis (PrEP) from Non-Occupational Post-Exposure Prophylaxis (nPEP) in a comprehensive HIV prevention clinic: A prospective cohort study	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2015.0014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938366314&doi=10.1089%2fapc.2015.0014&partnerID=40&md5=2aa2277aa5d2113a355c79fce105299d	The uptake of pre-exposure prophylaxis (PrEP) for HIV prevention remains low. We hypothesized that a high proportion of patients presenting for HIV non-occupational post-exposure prophylaxis (nPEP) would be candidates for PrEP based on current CDC guidelines. Outcomes from a comprehensive HIV Prevention Clinic are described. We evaluated all patients who attended the HIV Prevention Clinic for nPEP between January 1, 2013 and September 30, 2014. Each patient was evaluated for PrEP candidacy based on current CDC-guidelines and subjectively based on physician opinion. Patients were then evaluated for initiation of PrEP if they met guideline suggestions. Demographic, social, and behavioral factors were then analyzed with logistic regression for associations with PrEP candidacy and initiation. 99 individuals who attended the nPEP clinic were evaluated for PrEP. The average age was 32 years (range, 18-62), 83 (84%) were male, of whom 46 (55%) men who had have sex with men (MSM). 31 (31%) met CDC guidelines for PrEP initiation, which had very good agreement with physician recommendation (kappa=0.88, 0.78-0.98). Factors associated with PrEP candidacy included sexual exposure to HIV, prior nPEP use, and lack of drug insurance (p<0.05 for all comparisons). Combining nPEP and PrEP services in a dedicated clinic can lead to identification of PrEP candidates and may facilitate PrEP uptake. Strategies to ensure equitable access of PrEP should be explored such that those without drug coverage may also benefit from this effective HIV prevention modality. © Mary Ann Liebert, Inc. 2015.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2015	Siemieniuk, Reed A; Bogoch, Isaac I	Preexposure prophylaxis for HIV infection.	New England Journal of Medicine	-	-	-	-	1533-4406	10.1056/NEJMc1502749	https://www.nejm.org/doi/full/10.1056/NEJMc1502749	TO THE EDITOR: The study by Marrazzo et al. (Feb. 5 issue)1 highlights the need for cautious monitoring during the rollout of preexposure prophylaxis against human immunodeficiency virus (HIV) infection. In keeping with the maxim "first, do no harm," the burden of proof against potential harm needs to be high, because people who qualify for preexposure prophylaxis are generally young and healthy. Tenofovir disoproxil fumarate (TDF) may reduce bone mineral density2 and is associated with proximal renal tubulopathy, phosphate wasting, and resultant osteomalacia.3 TDF may also have an effect on osteoblast function.4 It is unclear whether TDF-related loss of bone density is cumulatively dose-dependent, reversible, or more severe in geographic areas in which vitamin D deficiency is prevalent — all of which are factors that have long-term implications for young patients. Although clinical trials have not identified any clear signal of harm, intention-to-treat analyses underestimate the incidence of adverse effects, especially events with a long lead time. This underestimation is greater when compliance with a study-drug regimen is low, as it was in the study by Marrazzo et al. and in other trials.5 As the role of preexposure prophylaxis in the fight to end HIV infection appropriately expands, scientific vigilance is required for the early identification of any adverse consequences.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2015	Slomski, Anita, MA	PrEP Reduces Incidence of HIV in Clinical Settings: The Journal of the American Medical Association	JAMA - Journal of the American Medical Association	-	-	-	-	987484	10.1001/jama.2015.13424	https://www.proquest.com/scholarly-journals/prep-reduces-incidence-hiv-clinical-settings/docview/1730611910/se-2?accountid=8113	Daily oral pre-exposure prophylaxis (PrEP) with tenofovir-emtricitabine reduces the risk of human immunodeficiency virus (HIV) infection among gay men at high risk of becoming HIV positive, according to an open-label randomized trial designed to assess the real-life effectiveness of PrEP. Concerns had been raised that individuals taking PrEP would engage in riskier sexual practices, counteracting the benefits of PrEP. However, the investigators suggest these findings provide evidence that the effectiveness of PrEP would not be compromised by behavioral "risk compensation."	Pre-exposure prophylaxis; Disease prevention; Drug therapy; Gay men; Clinical trials; Human immunodeficiency virus--HIV; Gays & lesbians; Meetings And Congresses	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Smith D.K.; Herbst J.H.; Rose C.E.	Estimating HIV protective effects of method adherence with combinations of preexposure prophylaxis and condom use among African American men who have sex with men	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000000238	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84921905379&doi=10.1097%2fOLQ.0000000000000238&partnerID=40&md5=1220d7bd28a241421b015291b7d11319	Prevention of sexually acquired HIV infection now includes both consistent condom use and daily use of oral antiretroviral preexposure prophylaxis (PrEP). Persons at substantial HIV risk can now use one or both prevention methods, but a combined HIV protective effect has not been assessed. METHODS: We use deterministic models to examine the impact of method adherence and rates of PrEP and male condom use on number of anticipated HIV infections. Analyses were based on hypothetical cohorts of 10,000 African American men who have sex with men (AAMSM), a population with the highest HIV incidence in the United States. Parameters used in the model (condom effectiveness, PrEP effectiveness, HIV incidence) were based on published findings. RESULTS: Among AAMSM who never use PrEP, an estimated 323 annual HIV infections would occur among those who always use condoms, 1007 among sometimes condom users, and 1094 among never condom users. Among AAMSM who never (or inconsistently) use condoms, 295 (272) infections would occur among those who report at least 90% PrEP adherence and 744 (684) infection occur with less than 50% adherence. Among AAMSM who are consistently (or sometimes) taking PrEP, the highest protection is seen with consistent condom use, 87 (220) HIV infections and 92.0% (79.9%) prevention effectiveness. DISCUSSION: Among AAMSM with inconsistent or never condom use, the addition of PrEP at either modest or high adherence can increase HIV protection. For consistent condom users, any PrEP use can increase HIV protection. These analyses provide an approach for rethinking HIV risk management by calculating combined HIV protective effects of using one or more effective prevention methods.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Smith, Dawn K; Van Handel, Michelle; Wolitski, Richard J; Stryker, Jo Ellen; Hall, H Irene; Prejean, Joseph; Koenig, Linda J; Valleroy, Linda A	Vital signs: Estimated percentages and numbers of adults with indications for preexposure prophylaxis to prevent HIV acquisition — United States, 2015	MMWR Recommendations and Reports	-	-	-	-	1492195	10.15585/mmwr.mm6446a4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951294025&doi=10.15585%2fmmwr.mm6446a4&partnerID=40&md5=4ef953a667e756e85602d5a8393152d5	Background: In 2014, approximately 40,000 persons in the United States received a diagnosis of human immunodeficiency virus (HIV) infection. Preexposure prophylaxis (PrEP) with daily oral antiretroviral medication is a new, highly effective intervention that could reduce the number of new HIV infections. Methods: CDC analyzed nationally representative data to estimate the percentages and numbers of persons in the United States, by transmission risk group, with indications for PrEP consistent with the 2014 U.S. Public Health Service's PrEP clinical practice guideline. Results: Approximately 24.7% of sexually active adult men who have sex with men (MSM) (492,000 95% confidence interval {CI} = 212,000-772,000), 18.5% of persons who inject drugs (115,000 CI = 45,000-185,000), and 0.4% of heterosexually active adults (624,000 CI = 404,000-846,000), had substantial risks for acquiring HIV consistent with PrEP indications. Conclusions: Based on current guidelines, many MSM, persons who inject drugs, and heterosexually active adults have indications for PrEP. A higher percentage of MSM and persons who inject drugs have indications for PrEP than heterosexually active adults, consistent with distribution of new HIV diagnoses across these populations. Implications for Public Health Practice: Clinical organizations, health departments, and community-based organizations should raise awareness of PrEP among persons with substantial risk for acquiring HIV infection and their health care providers. These data can be used to inform scale-up and evaluation of PrEP coverage. Increasing delivery of PrEP and other highly effective HIV prevention services could lower the number of new HIV infections occurring in the United States each year. © 2015, Department of Health and Human Services. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Solomon, Marc M.; Nureña, César R.; Tanur, Judith M.; Montoya, Orlando; Grant, Robert M.; McConnell, J. Jeff	Transactional sex and prevalence of STIs: a cross-sectional study of MSM and transwomen screened for an HIV prevention trial.	International journal of STD & AIDS	-	-	-	-	1758-1052 0956-4624	10.1177/0956462414562049	https://journals.sagepub.com/doi/10.1177/0956462414562049	Few studies have characterised the degree of engagement in transactional sex among men and transgender women who have sex with men and explored its association with sexually transmitted infections and human immunodeficiency virus in Ecuador. We screened 642 men who have sex with men and transgender women for a pre-exposure prophylaxis clinical trial (iPrEx) in Guayaquil, Ecuador, 2007-2009. We analysed the association of degree of engagement in transactional sex and prevalence of sexually transmitted infections including human immunodeficiency virus using chi-square and analysis of variance tests. Although just 6.2% of those who screened self-identified as sex workers, 52.1% reported having engaged in transactional sex. Compared to those who had never been paid for sex, those who had been paid were more likely to have a sexually transmitted infection (56.6% vs. 45.0%, p = 0.007) and trended towards a higher human immunodeficiency virus prevalence (16.6% vs. 10.4%, p = 0.082) at screening. Transgender women compared to other men who have sex with men were more likely to have sexually transmitted infections diagnosed at screening (75.6% vs. 50.0%, p = 0.001). Transactional sex is practiced widely but occasionally among the men who have sex with men and transgender women in Guayaquil who screened for the iPrEx study; however, engaging in transactional sex may not lead to a sex worker self-identification. Both transactional sex and being a transgender woman are associated with sexually transmitted infections prevalence.	Adult; Humans; Male; Female; HIV Infections/*prevention & control; Risk Factors; Cross-Sectional Studies; HIV; Prevalence; Sexual Partners; AIDS; *Sex Work; Mass Screening/methods; Homosexuality, Male/*statistics & numerical data; Pre-Exposure Prophylaxis; Ecuador/epidemiology; epidemiology; South America; Transgender Persons/*statistics & numerical data; sexually transmitted infections; homosexual; risk factors; Serologic Tests/*statistics & numerical data; sex workers; sexual behaviour; Sexually Transmitted Diseases/diagnosis/*epidemiology/psychology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Spector A.Y.; Remien R.H.; Tross S.	PrEP in substance abuse treatment: A qualitative study of treatment provider perspectives	Substance Abuse: Treatment, Prevention, and Policy	-	-	-	-	1747597X	10.1186/1747-597X-10-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84924245513&doi=10.1186%2f1747-597X-10-1&partnerID=40&md5=633eecb9f9544e0fbabd6775d3f97e56	Objectives: To examine substance abuse treatment providers' views on engaging clients in Pre-exposure Prophylaxis (PrEP) care and research trials. Methods: Thirty-six medical and counseling service providers in six New York City outpatient substance abuse treatment programs participated in semi-structured qualitative interviews. Thematic content analysis was conducted by three coders, independently. Results: Providers' perspectives toward PrEP were characterized by six salient themes: 1) Limited PrEP awareness. 2) Ambivalence about PrEP; 3) Perception of multiple challenges to delivery; 4) Uncertainty about clients' ability to be adherent to medication; 5) Concerns about medication safety/side effects; and 6) Perception of multiple barriers to conducting clinical trials. Conclusions: Despite anticipated challenges, providers supported the introduction of PrEP in outpatient substance abuse treatment. Comprehensive training for providers is needed and should include PrEP eligibility criteria, strategies to support adherence and medication monitoring guidelines. Linkages between substance abuse treatment and primary care and/or enhancement of capacity within clinics to offer PrEP may help facilitate PrEP delivery. When conducting research in outpatient clinics, it is particularly important to protect client confidentiality. © Spector et al.	Integration of HIV prevention; PrEP; Providers' perspectives; Substance abuse treatment; Substance abuse treatment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Sterman F.L.	Pre-exposure Prophylaxis for the Prevention of HIV Disease in Heterosexuals	Current Sexual Health Reports	-	-	-	-	15483584	10.1007/s11930-015-0060-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159954875&doi=10.1007%2fs11930-015-0060-z&partnerID=40&md5=fcc43a38b32dd022314d4822a6f9da5d	Pre-exposure prophylaxis (PrEP) for HIV infection is gaining increased use among MSM (men who have sex with men), but HIV infection among heterosexuals is also a significant problem. Currently, one medication is FDA approved for PrEP and others are in trials. The current review will focus on the specific issues among heterosexuals as well as review the use and effectiveness of PrEP in general. © 2015, Springer Science+Business Media, LLC.	Antiretroviral therapy (ART); Heterosexual sex; HIV infection; Pre-exposure prophylaxis (PrEP); Tenofovir (TDF); Treatment as prevention (TasP); Truvada (TVD)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2015	Stone, Louise	Infection: PrEParation to be PROUD of.	Nature Reviews Urology	-	-	-	-	1759-4820	10.1038/nrurol.2015.225	https://dx.doi.org/10.1038/nrurol.2015.225	The results of the pilot stage of the PROUD study-the first pragmatic open-label randomized controlled trial investigating pre-exposure prophylaxis (PrEP) with tenofovir–emtricitabine for reducing the risk of HIV infection-have been published in The Lancet. PROUD aims to mimic how PrEP would be used in routine clinical practice to allay concerns that its effectiveness would be compromised in a real-world setting.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Clinical
Article	2015	Sun L.; Wang F.; Liu A.; Xin R.; Zhu Y.; Li J.; Shao Y.; Ye J.; Chen D.; Li Z.	Natural conception may be an acceptable option in HIV-serodiscordant couples in resource limited settings	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0142085	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951281482&doi=10.1371%2fjournal.pone.0142085&partnerID=40&md5=aa2edf8fb4b4f49b472efdaf811d3765	Many HIV serodiscordant couples have a strong desire to have their own biological children. Natural conception may be the only choice in some resource limited settings but data about natural conception is limited. Here, we reported our findings of natural conception in HIV serodiscordant couples. Between January 2008 and June 2014, we retrospectively collected data on 91 HIV serodiscordant couples presenting to Beijing Youan Hospital with childbearing desires. HIV counseling, effective ART on HIV infected partners, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) in negative female partners and timed intercourse were used to maximally reduce the risk of HIV transmission. Of the 91 HIV serodiscordant couples, 43 were positive in male partners and 48 were positive in female partners. There were 196 unprotected vaginal intercourses, 100 natural conception and 97 newborns. There were no cases of HIV seroconversion in uninfected sexual partners. Natural conception may be an acceptable option in HIV-serodiscordant couples in resource limited settings if HIV-positive individuals have undetectable viremia on HAART, combined with HIV counseling, PrEP, PEP and timed intercourse. © 2015 Sun et al.This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Article	2015	Suntharasamai, Pravan; Martin, Michael; Choopanya, Kachit; Vanichseni, Suphak; Sangkum, Udomsak; Tararut, Pairote; Leelawiwat, Wanna; Anekvorapong, Rapeepan; Mock, Philip A; Cherdtrakulkiat, Thitima; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Gvetadze, Roman J; McNicholl, Janet M; Paxton, Lynn A; Kittimunkong, Somyot; Curlin, Marcel E	Assessment of Oral Fluid HIV Test Performance in an HIV Pre-Exposure Prophylaxis Trial in Bangkok, Thailand.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0145859	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4696659	BACKGROUND: Rapid easy-to-use HIV tests offer opportunities to increase HIV testing among populations at risk of infection. We used the OraQuick Rapid HIV-1/2 antibody test (OraQuick) in the Bangkok Tenofovir Study, an HIV pre-exposure prophylaxis trial among people who inject drugs. METHODS: The Bangkok Tenofovir Study was a randomized, double-blind, placebo-controlled trial. We tested participants' oral fluid for HIV using OraQuick monthly and blood using a nucleic-acid amplification test (NAAT) every 3 months. We used Kaplan-Meier methods to estimate the duration from a positive HIV NAAT until the mid-point between the last non-reactive and first reactive oral fluid test and proportional hazards to examine factors associated with the time until the test was reactive. RESULTS: We screened 3678 people for HIV using OraQuick. Among 447 with reactive results, 436 (97.5%) were confirmed HIV-infected, 10 (2.2%) HIV-uninfected, and one (0.2%) had indeterminate results. Two participants with non-reactive OraQuick results were, in fact, HIV-infected at screening yielding 99.5% sensitivity, 99.7% specificity, a 97.8% positive predictive value, and a 99.9% negative predictive value. Participants receiving tenofovir took longer to develop a reactive OraQuick (191.8 days) than participants receiving placebo (16.8 days) (p = 0.02) and participants infected with HIV CRF01_AE developed a reactive OraQuick earlier than participants infected with other subtypes (p = 0.04). DISCUSSION: The oral fluid HIV test performed well at screening, suggesting it can be used when rapid results and non-invasive tools are preferred. However, participants receiving tenofovir took longer to develop a reactive oral fluid test result than those receiving placebo. Thus, among people using pre-exposure prophylaxis, a blood-based HIV test may be an appropriate choice. TRIAL REGISTRATION: ClinicalTrials.gov NCT00119106.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	United States	Western and Central Europe and North America	Clinical
Article	2015	Tatham, Lee M.; Rannard, Steven P.; Owen, Andrew	Nanoformulation strategies for the enhanced oral bioavailability of antiretroviral therapeutics.	Therapeutic Delivery	-	-	-	2041-6008 2041-5990	10.4155/tde.15.4	https://pubmed.ncbi.nlm.nih.gov/25996045/	The oral delivery of drugs with poor aqueous solubility is challenging and often results in poor bioavailability. Various nanoformulation platforms have demonstrated improved oral bioavailability of a range of drugs for different indications. The focus of this review is to provide an overview of the application of nanomedicine to oral antiretroviral therapy and outline how the current short-falls of this life-long therapy may be resolved using nanotechnology. As well as highlighting the rationale for a nanomedicine-based approach, the review focuses on the various strategies used to enhance oral bioavailability and describes the mechanisms of particle absorption across the GI tract. The recent advances in the development of long-acting formulations for both HIV treatment and pre-exposure prophylaxis are also discussed.	Administration, Oral; Humans; Biological Availability; Chemistry, Pharmaceutical/*methods; HIV Infections/drug therapy/prevention & control; Nanomedicine/*methods; Anti-Retroviral Agents/*administration & dosage/*pharmacokinetics; Delayed-Action Preparations/therapeutic use; Gastrointestinal Absorption	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Theses and Dissertations	2015	Teller, Ryan Stevenson	Engineering antiretroviral eluting intravaginal rings for human immunodeficiency virus prevention	-	-	University of Utah	-	NA	NA	http://content.lib.utah.edu/cdm/singleitem/collection/etd3/id/3907/rec/873	Over three decades have passed since the discovery of human immunodeficiency virus (HIV), and with no viable vaccine, new technologies to prevent the spread of the virus are urgently needed. Pre-exposure prophylaxis, the concept of chemically interrupting HIV transmission, effectively reduced HIV incidence in a number of clinical trials. However, it has been difficult to achieve high and consistent effectiveness in clinical trials due to variable adherence to the dosing regimens requiring frequent administration. This, along with the disproportionate burden of the HIV/AIDS pandemic in young women in sub- Saharan Africa, has catalyzed the research into long-acting, antiretroviral eluting drug delivery systems like intravaginal rings (IVR) in an attempt to increase adherence over dosage forms that require frequent administration, and provide a more consistent drug concentration where transmission occurs. However, IVR technology is generally limited to releasing small quantities of hydrophobic, low molecular weight species that can diffuse through the IVR elastomer. This dissertation describes two adaptable drug delivery platforms that increased the diversity of the drugs that can be delivered from IVRs. Polyether urethane reservoir IVRs were engineered for the delivery of the thermally and hydrolytically unstable prodrug tenofovir disoproxil fumarate. This drug presents a unique design challenge to minimize the hydrolytic drug degradation in the IVR core while also promoting hydration to solubilize and release the drug. This design delivered mg/day quantities of drug and conferred complete protection in macaques from multiple vaginal viral exposures. Next, we engineered a system that uncouples the mechanism of drug release from the interaction of the drug with the elastomer and provides nearly constant release of any stable molecule. In this system, orifices control the hydration rate of the hydrophilic matrix contained within the core of the IVR, and release of the drug-containing gel. We evaluated the utility of this system for the topical delivery of macromolecules, and multiple different small molecule antiretrovirals, specifically for the delivery of drug microparticles. This work describes the design and evaluation of antiretroviral eluting IVR systems that provide adaptable platforms for vaginal drug delivery.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2015	Toledo, Lauren; McLellan-Lemal, Eleanor; Henderson, Faith L; Kebaabetswe, Poloko M	Knowledge, Attitudes, and Experiences of HIV Pre-Exposure Prophylaxis (PrEP) Trial Participants in Botswana.	World Journal of AIDS	-	-	-	2160-8814	10.4236/wja.2015.51002	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4708891	Recent clinical trials have shown that a daily dose of oral TDF/FTC pre-exposure prophylaxis (PrEP) is effective in reducing human immunodeficiency (HIV) risk. Understanding trial participants' perspectives about retention and PrEP adherence is critical to inform future PrEP trials and the scale-up and implementation of PrEP programs. We analyzed 53 in-depth interviews conducted in April 2010 with participants in the TDF2 study, a Phase 3, randomized, double-blind, placebo-controlled clinical trial of daily oral TDF/FTC with heterosexual men and women in Francistown and Gaborone, Botswana. We examined participants' knowledge, attitudes, and experiences of the trial, identified facilitators and barriers to enrollment and retention, and compared participant responses by study site, sex, and study drug adherence. Our findings point to several factors to consider for participant retention and adherence in PrEP trials and programs, including conducting pre-enrollment education and myth reduction counseling, providing accurate estimates of participant obligations and side effect symptoms, ensuring participant understanding of the effects of non-adherence, gauging personal commitment and interest in study outcomes, and developing a strong external social support network for participants.	Pre-Exposure Prophylaxis, HIV/AIDS, Botswana, Qualitative Research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2015	Tsegaye, Theodros S; Butler, Katherine; Luo, Wei; Radzio, Jessica; Srinivasan, Priya; Sharma, Sunita; Aubert, Rachael D; Hanson, Debra L; Dobard, Charles; Garcia-Lerma, Jose Gerardo; Heneine, Walid; McNicholl, Janet M; Kersh, Ellen N	Repeated Vaginal SHIV Challenges in Macaques Receiving Oral or Topical Preexposure Prophylaxis Induce Virus-Specific T-Cell Responses.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000000642	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485592	BACKGROUND: Preexposure prophylaxis (PrEP) for HIV prevention is a novel biomedical prevention method. We have previously modeled PrEP during rectal SHIV exposures in macaques and identified that Simian/Human Immunodeficiency Virus chimera (SHIV)-specific T-cell responses were induced in the presence of antiretroviral drugs, an observation previously termed T-cell chemo-vaccination. This report expands those initial findings by examining a larger group of macaques that were given oral or topical PrEP during repeated vaginal virus exposure. METHODS: Thirty-six female pigtail macaques received up to 20 repeat low-dose vaginal inoculations with wild-type (WT) SHIVSF162P3 (n = 24) or a clonal derivative with the tenofovir (TFV) K65R drug-resistant mutation (n = 12). PrEP consisted of oral Truvada (n = 6, WT), TFV vaginal gel (n = 6, K65R), or TFV intravaginal ring (n = 6, WT). The remaining animals were PrEP-inexperienced controls (n = 12, WT; n = 6, K65R). SHIV-specific T cells were identified and characterized using interferon Î³ Enzyme-Linked ImmunoSpot (ELISPOT) and multiparameter flow cytometry. RESULTS: Of 9 animals that were on PrEP and remained uninfected during WT SHIV vaginal challenges, 8 (88.9%) developed virus-specific T-cell responses. T cells were in CD4 and CD8 compartments, reached up to 4900 interferon Î³-producing cells per million peripheral blood mononuclear cells, and primarily pol directed. In contrast, the replication-impaired K65R virus did not induce detectable T-cell responses, likely reflecting the need for adequate replication. CONCLUSIONS: Virus-specific T-cell responses occur frequently in oral or topical PrEP-protected pigtail macaques after vaginal exposure to WT SHIV virus. The contribution of such immune responses to protection from infection during and after PrEP warrants further investigation.	SHIV, pre-exposure prophylaxis, T cell immune response, exposed uninfected, pig tail macaques	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Underhill K.; Morrow K.M.; Colleran C.; Holcomb R.; Calabrese S.K.; Operario D.; Galárraga O.; Mayer K.H.	A Qualitative Study of Medical Mistrust, Perceived Discrimination, and Risk Behavior Disclosure to Clinicians by U.S. Male Sex Workers and Other Men Who Have Sex with Men: Implications for Biomedical HIV Prevention	Journal of Urban Health	-	-	-	10993460	10.1007/s11524-015-9961-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938744037&doi=10.1007%2fs11524-015-9961-4&partnerID=40&md5=b272dcb694182224c52e61ec7387d121	Access to biomedical HIV prevention technologies such as pre-exposure prophylaxis (PrEP) requires individuals to disclose risk behavior to clinicians, but experiences of discrimination and medical mistrust may limit disclosure among male sex workers and other MSM. We explored experiences of perceived discrimination, medical mistrust, and behavior disclosure among male sex workers compared to other men who have sex with men (MSM). We conducted 56 interviews with MSM and compared findings about medical mistrust, discrimination, and disclosure for 31 men who engaged in sex work vs. 25 men who did not. MSM who engaged in sex work reported more medical mistrust and healthcare discrimination due to issues beyond MSM behavior/identity (e.g., homelessness, substance use, poverty). MSM who did not report sex work described disclosing sex with men to clinicians more often. Both subgroups reported low PrEP awareness, but willingness to disclose behavior to obtain PrEP. Medical mistrust and perceived discrimination create barriers for sexual behavior disclosure to clinicians, potentially impeding access to PrEP and other forms of biomedical HIV prevention. These barriers may be higher among male sex workers compared to other MSM, given overlapping stigmas including sex work, substance use, homelessness, and poverty. An intersectionality framework for understanding multiple stigmas can help to identify how these dynamics may limit access to biomedical HIV prevention among male sex workers, as well as suggesting strategies for addressing stigmas to improve the delivery of PrEP and other HIV prevention approaches in this population. © 2015, The New York Academy of Medicine.	Discrimination; HIV prevention; Medical mistrust; Men who have sex with men; Pre-exposure prophylaxis; Sex work	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2015	Valade, Elodie	Traitement et prévention de la transmission de l'infection à VIH : analyse pharmacocinétique de l'emtricitabine par approche de population / Treatment and prevention of the transmission of HIV infection : pharmacokinetic analysis of emtricitabine by a population approach	-	-	Sorbonne Paris Cité, Urien, Saïk	-	NA	NA	http://www.theses.fr/2015USPCB150	L'emtricitabine est une molécule centrale dans la stratégie de lutte contre l'infection à VIH. En effet, elle est recommandée en première intention pour le traitement de l'infection chez l'adulte, ainsi que pour la prévention de la transmission de l'infection. Bien que l'emtricitabine soit une molécule clé, elle reste jusqu'à présent peu étudiée. Il est donc primordial d'analyser et de caractériser la pharmacocinétique de l'emtricitabine dans les différentes populations susceptibles d'être exposées à cette molécule. Une approche de population a été utilisée pour réaliser les analyses pharmacocinétiques, nous permettant de décrire la pharmacocinétique avec peu de prélèvements par individu (contraintes éthiques, difficulté de recueil des prélèvements…) et nous permettant d'expliquer la variabilité observée. L'étude rapportant la pharmacocinétique de l'emtricitabine chez l'adulte a mis en évidence une modification du profil cinétique selon l'état de la fonction rénale. Le modèle développé nous a permis d'évaluer les recommandations posologiques actuelles. Afin d'optimiser l'efficacité, la simulation de schémas thérapeutiques alternatifs chez les patients avec une insuffisance rénale modérée a été réalisée. Dans le cadre de la prévention de la transmission mère-enfant, l'étude décrivant la pharmacocinétique de l'emtricitabine chez les femmes enceintes a mis en évidence une modification de la pharmacocinétique au cours de la période gestationnelle. Toutefois, il ne semblait pas nécessaire d'adapter la posologie au cours de la grossesse. La dernière étude a permis d'étudier la pharmacocinétique de l'emtricitabine dans le tractus génital masculin. L'étude de la pénétration dans le compartiment génital est d'un intérêt capital pour le traitement mais aussi pour la prévention de la transmission de l'infection à VIH dans le cadre de la prophylaxie pré-exposition. Notre étude a rapporté une distribution importante de l'emtricitabine dans le tractus génital, avec des concentrations séminales supérieures aux concentrations plasmatiques. / Emtricitabine is a key antiretroviral drug in the strategy to fight against HIV infection. Indeed, emtricitabine is recommended in first-line treatment for HIV infection in adults, as well as for the prevention of HIV transmission. Although emtricitabine is a key molecule, it remains poorly studied until now. It is therefore essential to analyze and characterize the pharmacokinetics of emtricitabine in the different populations that may be exposed to this drug. A population approach was used to perform pharmacokinetic analyses, allowing us to describe the pharmacokinetics with few samples per individual (ethical constraints, difficulty of samples collection...) and allowing us to explain the observed variability. The study reporting emtricitabine pharmacokinetics in adults highlighted a change in emtricitabine kinetic profile depending on the state of renal function. The developed model allowed us to evaluate the current dosing recommendations. To optimize efficiency, simulations of alternative regimens in patients with moderate renal impairment were performed. As part of the prevention of mother to child transmission, the study describing emtricitabine pharmacokinetics in pregnant women showed a change in pharmacokinetics during the gestational period. However, it did not seem necessary to adjust the dosage during pregnancy. The latest work focused on emtricitabine pharmacokinetics in the male genital tract. Studying the penetration in the genital tract is of major interest for treatment but also for prevention of HIV transmission in the context of pre-exposure prophylaxis. Our study reported a significant distribution of emtricitabine in the genital compartment, with concentrations in seminal plasma higher than concentrations in blood plasma.	Infections à VIH -- Thérapeutique; Emtricitabine -- Pharmacocinétique Infections à VIH -- Chez la femme enceinte Pharmacocinétique de population Infections à VIH - Prévention VIH Adultes Femmes enceintes; Tractus génital; Plasma séminal	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	-	-	Clinical
Theses and Dissertations	2015	van der Elst, E. M.	Strengthening HIV health care services for men who have sex with men in coastal Kenya	-	-	Universiteit van Amsterdam	-	na	NA	http://hdl.handle.net/11245/1.495741	This thesis describes work with Kenyan men who have sex with men (MSM) who are highly stigmatized and discriminated against in society, and have not been targeted in HIV prevention programming until recently. Initial work included a size estimation of MSM who sell sex in coastal Kenya in 2006, and a comparison of two methods of risk behaviour assessment (Audio computer-assisted self-interview and face-to-face interview) at cohort enrolment. Subsequent studies included pre- and 3-month post-assessments of MSM-knowledge and homophobic attitudes among 74 health care providers from 49 ART-proving health facilities from four districts in coastal Kenya who had undergone an 8-modular computer-facilitated MSM-sensitivity training, which is also provided freely online (www.marps-africa.org). The MSM-sensitivity training included modules on practical knowledge of the burden of HIV among MSM, sexual behaviour, stigma, and mental health challenges among other topics. Learning was complimented by group discussions, facilitated by MSM. Three months after training, more health care providers had adequate knowledge compared to baseline (49% versus 13%, p<0.001), and homophobic attitudes had decreased significantly, particularly among health care providers with high homophobia scores at baseline. Qualitative assessments among MSM participants in a four-month oral pre-exposure prophylaxis (PrEP) phase I trial underscored the major role health care providers will play in future PrEP implementation. In conclusion, sensitized health care providers in rights constrained environments can strengthen HIV health care services for MSM and have the potential to become 'agents of change', striving for and enhancing health equity for MSM and other sexual minorities in sub-Saharan Africa.	PREP; SUB-SAHARAN AFRICA; HIV/AIDS; INFECTION; MEN; RISK; HEALTH; SERVICES; PERCEPTION	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	-	-	Mixed methods
Article	2015	van der Straten A.; Mayo A.; Brown E.R.; Amico K.R.; Cheng H.; Laborde N.; Marrazzo J.; Torjesen K.	Perceptions and Experiences with the VOICE Adherence Strengthening Program (VASP) in the MTN-003 Trial	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-014-0945-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939957849&doi=10.1007%2fs10461-014-0945-2&partnerID=40&md5=c2d607fa07f2387229411f965c9e50f5	The VOICE Adherence Strengthening Program (VASP) was implemented in May 2011 to improve adherence counseling in VOICE (MTN-003), a multisite placebo-controlled trial of daily oral or vaginal tenofovir-based Pre-Exposure Prophylaxis (PrEP). Anonymous baseline (N = 82) and final follow-up (N = 75) surveys were administered to counselors and pharmacists at 15 VOICE sites, and baseline (N = 18) and final (N = 26) qualitative in-depth interviews were conducted with purposively selected counseling staff at 13 VOICE sites. Qualitative interviews with VOICE participants (N = 38) were also analyzed for segments related to counseling. Behavioral and biological measures of product use collected in the 6 months prior to VASP implementation were compared to those collected during the 6 months following implementation. Results show that the majority of staff preferred VASP and thought that participants preferred VASP over the previous education and counseling strategy, although there was no evidence to suggest that participants noticed modifications in the counseling approach. No meaningful changes were observed in pre/post levels of reported use or drug detection. Interpretation of results is complicated by mid-trial implementation of VASP and its proximity to early closure of oral and vaginal tenofovir study arms because of futility. © 2014, Springer Science+Business Media New York.	Adherence; Counseling staff; HIV prevention trial; Intervention; Microbicides; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2015	Vanichseni, Suphak; Martin, Michael; Suntharasamai, Pravan; Sangkum, Udomsak; Mock, Philip A; Gvetadze, Roman J; Curlin, Marcel E; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Chaipung, Benjamaporn; McNicholl, Janet M; Paxton, Lynn A; Kittimunkong, Somyot; Choopanya, Kachit	High Mortality Among Non-HIV-Infected People Who Inject Drugs in Bangkok, Thailand, 2005-2012.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2014.302473	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4431084	OBJECTIVES: We examined the causes of hospitalization and death of people who inject drugs participating in the Bangkok Tenofovir Study, an HIV preexposure prophylaxis trial. METHODS: The Bangkok Tenofovir Study was a randomized, double-blind, placebo-controlled trial conducted during 2005 to 2012 among 2413 people who inject drugs. We reviewed medical records to define the causes of hospitalization and death, examined participant characteristics and risk behaviors to determine predictors of death, and compared the participant mortality rate with the rate of the general population of Bangkok, Thailand. RESULTS: Participants were followed an average of 4 years; 107 died: 22 (20.6%) from overdose, 13 (12.2%) from traffic accidents, and 12 (11.2%) from sepsis. In multivariable analysis, older age (40-59 years; P = .001), injecting drugs (P = .03), and injecting midazolam (P < .001) were associated with death. The standardized mortality ratio was 2.9. CONCLUSIONS: People who injected drugs were nearly 3 times as likely to die as were those in the general population of Bangkok and injecting midazolam was independently associated with death. Drug overdose and traffic accidents were the most common causes of death, and their prevention should be public health priorities.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2015	Veloso, Valdilea G; Mesquita, Fabio; Grinsztejn, Beatriz	Pre-exposure prophylaxis for men and transgender women who have sex with men in Brazil: opportunities and challenges.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.20010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509891	INTRODUCTION: The World Health Organization recently released guidelines on the use of pre-exposure prophylaxis (PrEP) for prevention of HIV infection among men and transgender women (TGW) who have sex with men based on results of randomized clinical trials. The aim of this commentary is to discuss the opportunities and challenges of incorporating PrEP into the Brazilian continuum of HIV care and prevention for men who have sex with men (MSM) and TGW. DISCUSSION: Key aspects of the AIDS epidemic among MSM and TGW in Brazil and the comprehensive Brazilian response to the epidemic are presented. The universal access to health care provided through the Brazilian Unified Health System (SUS) and the range of prevention and care services already available countrywide to HIV-positive individuals and at-risk MSM and TGW are identified as the main facilitators for the implementation of PrEP. Limited PrEP awareness among MSM, TGW and health care providers, low HIV testing frequency and low HIV risk perception among MSM and TGW represent the core challenges to be addressed. Data generated by demonstration projects in Brazil will provide an important contribution to PrEP rollout in Brazil. CONCLUSIONS: The implementation of PrEP in Brazil is feasible. A synergistic rollout of treatment as prevention and PrEP will maximize public health and individual benefits of the country's comprehensive response to the AIDS epidemic.	pre-exposure prophylaxis, MSM, TGW, prevention, Brazil, resource-limited setting, health system	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2015	Venter, Willem Daniel François; Cowan, Frances; Black, Vivian; Rebe, Kevin; Bekker, Linda-Gail	Pre-exposure prophylaxis in Southern Africa: feasible or not?	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.18.4.19979	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509894	INTRODUCTION: Southern and Eastern Africa bear the brunt of the AIDS epidemic, and current prevention interventions remain inadequate. Antiretroviral-based pre-exposure prophylaxis (PrEP) is gaining momentum as an effective prevention intervention. DISCUSSION: Discussions have been started on how this strategy could be employed in Africa such that the populations most in need can be reached urgently for the greatest impact. This requires the selection of specific risk groups and service environments in which PrEP can be distributed safely and cost effectively while being mindful of any ethical issues. CONCLUSIONS: Given the need for an integrated public health approach to this, a number of potential populations and opportunities for PrEP distribution exist and are discussed in this commentary.	PrEP, HIV, AIDS, South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2015	Volk J.E.; Marcus J.L.; Phengrasamy T.; Blechinger D.; Nguyen D.P.; Follansbee S.; Hare C.B.	No New HIV Infections with Increasing Use of HIV Preexposure Prophylaxis in a Clinical Practice Setting	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/civ778	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946739382&doi=10.1093%2fcid%2fciv778&partnerID=40&md5=9f383764986ea7a72280fca80236db2c	Referrals for and initiation of preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) infection increased dramatically in a large clinical practice setting since 2012. Despite high rates of sexually transmitted infections among PrEP users and reported decreases in condom use in a subset, there were no new HIV infections in this population. © The Author 2015. Published by Oxford University Press on behalf of the Infectious.	behavioral disinhibition; HIV; men who have sex with men; preexposure prophylaxis; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Wagner, Glenn J.; Goggin, Kathy; Mindry, Deborah; Beyeza-Kashesya, Jolly; Finocchario-Kessler, Sarah; Woldetsadik, Mahlet Atakilt; Khanakwa, Sarah; Wanyenze, Rhoda K.	Correlates of Use of Timed Unprotected Intercourse to Reduce Horizontal Transmission Among Ugandan HIV Clients with Fertility Intentions.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-014-0906-9	https://link.springer.com/article/10.1007/s10461-014-0906-9	We examined the correlates of use of safer conception methods (SCM) in a sample of 400 Ugandan HIV clients (75 % female; 61 % on antiretroviral therapy; 61 % with HIV-negative or unknown status partners) in heterosexual relationships with fertility intentions. SCM assessed included timed unprotected intercourse, manual self-insemination, sperm washing, and pre-exposure prophylaxis (PrEP). In the 6 months prior to baseline, 47 (12 %) reported using timed unprotected intercourse to reduce risk of HIV infection (or re-infection), none had used manual self-insemination or sperm washing, and two had used PrEP. In multiple regression analysis, correlates of use of timed unprotected intercourse included greater perceptions of partner's willingness to use SCM and providers' stigma of childbearing among people living with HIV, higher SCM knowledge, and desire for a child within the next 6 months. These findings highlight the need for policy and provider training regarding integration of couples' safer conception counselling into HIV care.	Humans; Male; HIV Infections/*prevention & control/transmission; Female; Anti-HIV Agents/*administration & dosage; Pregnancy; Disease Transmission, Infectious/*prevention & control; Uganda; Health Knowledge, Attitudes, Practice; Family Characteristics; Black People; *Unsafe Sex; Pre-Exposure Prophylaxis/*methods; Pregnancy Complications, Infectious/prevention & control; Sexual Partners/*psychology; *Intention; Self Efficacy; *Fertility; *Fertilization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Wall, Kristin M.; Kilembe, William; Vwalika, Bellington; Htee Khu, Naw; Brill, Ilene; Chomba, Elwyn; Johnson, Brent A.; Haddad, Lisa; Tichacek, Amanda; Allen, Susan	Hormonal contraception does not increase women's HIV acquisition risk in Zambian discordant couples, 1994-2012.	Contraception	-	-	-	1879-0518 0010-7824	10.1016/j.contraception.2015.02.004	https://pubmed.ncbi.nlm.nih.gov/25708502/	OBJECTIVE: To determine the impact of hormonal contraceptive methods on risk of HIV acquisition among HIV-negative women cohabiting with HIV-positive male partners. STUDY DESIGN: From 1994-2012, HIV discordant couples recruited from a couples' voluntary HIV counseling and testing center in Lusaka, Zambia were followed longitudinally. HIV-negative partners were tested quarterly. This analysis is restricted to couples in which the man was HIV-positive and the woman was HIV-negative at enrollment and the man was not on antiretroviral treatment. Multivariate Cox models evaluated associations between time-varying contraceptive methods and HIV acquisition among women. Sensitivity analyses explored exposure misclassification and time-varying confounder mediation. RESULTS: Among 1393 couples, 252 incident infections occurred in women over 2842 couple-years (8.9 infections per 100 couple-years; 95% CI, 7.8-10.0). Multivariate Cox models indicated that neither injectable adjusted hazard ratio (aHR)=1.2; 95% CI, 0.8-1.7, oral contraceptive pill (OCP, aHR=1.3; 95% CI, 0.9-1.8), or implant (aHR=1.1; 95% CI, 0.5-2.2) use was significantly associated with HIV acquisition relative to non-hormonal contraception controlling for woman's age, literacy and time-varying measures of genital ulceration/inflammation. This remained true when only looking at the subset of infections acquired from the spouse (82% of infections) and additionally controlling for baseline HIV viral load of the male partner, pregnancy status, and time-varying measures of sperm on a vaginal swab wet prep and self-reported unprotected sex. OCP and injectable users reported more unprotected sex (p<.001), and OCP users were more likely to have sperm on vaginal swab (p=.1) than nonhormonal method users. CONCLUSIONS: We found no association between hormonal contraception and HIV acquisition risk in women. Condom use and reinforced condom counseling should always be recommended for HIV discordant couples. HIV testing of sex partners together is critical to establish HIV risk, ascertain couple fertility intentions and counsel appropriately. IMPLICATIONS: These findings add to a controversial literature and uniquely address several common design and analytic challenges faced by previous studies. After controlling for confounders, we found no association between hormonal contraception and HIV acquisition risk in women. We support promoting condoms for HIV prevention and increasing the contraceptive method mix to decrease unintended pregnancy.	Adult; Humans; Male; Female; Proportional Hazards Models; Viral Load; Pregnancy; Risk Factors; Longitudinal Studies; Sexual Partners; HIV-1/immunology; HIV Seropositivity; Contraception Behavior/*statistics & numerical data; Zambia; Women; Unsafe Sex; Contraception/*methods; *Family Characteristics; Pregnancy, Unplanned; HIV risk; *HIV Serosorting; Contraceptives, Oral, Hormonal/*therapeutic use; Discordant couples; HIV Infections/blood/prevention & control/*transmission; Hormonal contraception; Longitudinal cohort	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Ware N.C.; Pisarski E.E.; Haberer J.E.; Wyatt M.A.; Tumwesigye E.; Baeten J.M.; Celum C.L.; Bangsberg D.R.	Lay Social Resources for Support of Adherence to Antiretroviral Prophylaxis for HIV Prevention Among Serodiscordant Couples in sub-Saharan Africa: A Qualitative Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-014-0899-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84939883702&doi=10.1007%2fs10461-014-0899-4&partnerID=40&md5=97246dc39b0b8ceda9ef9819f752f342	Effectiveness of antiretroviral pre-exposure prophylaxis (PrEP) for HIV prevention will require high adherence. Using qualitative data, this paper identifies potential lay social resources for support of PrEP adherence by HIV serodiscordant couples in Uganda, laying the groundwork for incorporation of these resources into adherence support initiatives as part of implementation. The qualitative analysis characterizes support for PrEP adherence provided by HIV-infected spouses, children, extended family members, and the larger community. Results suggest social resources for support of PrEP adherence in Africa are plentiful outside formal health care settings and health systems and that couples will readily use them. The same shortage of health professionals that impeded scale-up of antiretroviral treatment for HIV/AIDS in Africa promises to challenge delivery of PrEP. Building on the treatment scale-up experience, implementers can address this challenge by examining the value of lay social resources for adherence support in developing strategies for delivery of PrEP. © 2014, The Author(s).	Adherence; HIV Health Care Delivery in Africa; HIV Prevention; PrEP; Serodiscordant Couples; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Washington, Thomas Alex; D'Anna, Laura; Meyer-Adams, Nancy; Malotte, C. Kevin	From Their Voices: Barriers to HIV Testing among Black Men Who Have Sex with Men Remain.	Healthcare	-	-	-	2227-9032	10.3390/healthcare3040933	https://www.mdpi.com/2227-9032/3/4/933	BACKGROUND: HIV testing continues to be a major priority for addressing the epidemic among young Black men who have sex with men (BMSM). METHODS: This study explored barriers to HIV testing uptake, and recommendations for motivating HIV testing uptake among Black men who have sex with men (BMSM) aged 18 to 30. BMSM (N = 36) were recruited through flyers and social media for six focus groups. RESULTS: From the perspectives and experiences of young BMSM, participants recommended that information be included in HIV testing messages that would help young BMSM do self HIV-risk appraisals. Particularly, participants recommended that more knowledge about Pre-Exposure Prophylaxis (PrEP) and the role of PrEP in safer-sex practices be provided. This information is important to help those untested, or who infrequently test, better understand their risk and need for testing. Likewise, participants recommended that more information about a person being undetectable and the risk of condomless sex with an HIV negative sex partner; this information will be helpful for both the HIV negative and HIV positive sex partner for making safer sex decisions. Participants also recommended that interventions should focus on more than drug use as risk; the risk posed by the use of alcohol before and during sex deserves attention among young BMSM. CONCLUSIONS: These findings may inform new HIV testing interventions being tailored for young BMSM. The interventions should also consider revisiting street-based peer-outreach approaches for those young BMSM with limited access to social media campaigns due to limited access or infrequent use of social media.	HIV; MSM; health disparities; HIV testing; men's health; social media	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2015	Westreich, Daniel; Edwards, Jessie K.	Invited commentary: every good randomization deserves observation.	American Journal of Epidemiology	-	-	-	1476-6256 0002-9262	10.1093/aje/kwv200	https://academic.oup.com/aje/article/182/10/857/92985	Preexposure prophylaxis (PrEP) is a promising approach to prevention of human immunodeficiency virus (HIV) transmission, in which an HIV-negative individual takes a single daily dose of an antiretroviral drug so that, if exposed to HIV, an active antiretroviral drug is already present in his or her system. In this issue of the Journal, Murnane et al. (Am J Epidemiol. 2015;182(10):848-856) use data from the Partners PrEP Study (Kenya and Uganda, 2008-2011) to estimate the efficacy of PrEP under perfect adherence. We discuss Murnane et al.'s work and then examine the larger issues of generalizability or transportability of findings from a randomized trial to a new setting when adherence to an intervention determines its effectiveness. We discuss sufficient conditions for generalizability and use causal directed acyclic graphs to show how these assumptions might play out when trials are used to make inferences about the effect of PrEP in current and future real-world target populations.	Humans; Male; Female; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; HIV; Medication Adherence/*statistics & numerical data; adherence; Pre-Exposure Prophylaxis/*methods; pre-exposure prophylaxis; *Research Design; causal inference; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination/*administration & dosage; external validity; generalizability; randomized trials; transportability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2015	Wilson, Erin C; Jin, Harry; Liu, Albert; H Fisher Raymond	Knowledge, Indications and Willingness to Take Pre-Exposure Prophylaxis among Transwomen in San Francisco, 2013	PLOS One	-	-	-	NA	10.1371/journal.pone.0128971	https://www.proquest.com/scholarly-journals/knowledge-indications-willingness-take-pre/docview/1685759086/se-2?accountid=8113	Safe and effective HIV prevention strategies are needed for transwomen. Transwomen in the US have a 34 times greater odds of being infected with HIV than all adults age 15-49, and in San Francisco, California 42.4% of transwomen are estimated to be infected with HIV. Pre-exposure prophylaxis (PrEP) is the first biomedical intervention with promise for reducing HIV acquisition in transwomen. However, little is known about whether transwomen know about PrEP, are taking PrEP and would be good candidates for PrEP based on their risk profile and behaviors. A population-based dataset was analyzed to determine how many transwomen in San Francisco knew about PrEP by the end of 2013 – more than a year after iPrex results demonstrated efficacy of PrEP in preventing HIV. We found that of 233 transwomen, only 13.7% had heard of PrEP. Transwomen who were living with HIV compared to those who were HIV-negative, and those who recently injected drugs compared to non-injection drug users were more likely to have heard of PrEP. Based on CDC guidelines for PrEP among MSM and IDU, 45 (30.2%) transwomen of the 149 HIV-negative transwomen in the sample were candidates for PrEP. This estimate based on CDC criteria is arguably low. Given that almost half of transwomen in San Francisco are living with HIV, this findings points to a need for further consideration of PrEP criteria that are specific and tailored to the risks for HIV faced by transwomen that are different from MSM and injection drug users. Research to scale up access and test the effectiveness of PrEP for transwomen is also urgently needed.	United States; HIV; California; Women; HIV prevention; Pre-exposure prophylaxis; San Francisco; HIV infections; Men who have sex with men; Infections; Consent; Stigma; Transgender persons; Public health; Prophylaxis; Risk assessment; Injection; Exposure; Medical research; Population; Drug abuse; Gender identity; Studies; Social networks; Transgender people; HIV epidemiology; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Medical tests; Health risks; Risk taking; Preventive healthcare; Adults; FDA approval; Gender differences; San Francisco California; Seeds; Drug users	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Wilton, James; Senn, Heather; Sharma, Malika; Tan, Darrell HS	Pre-exposure prophylaxis for sexually-acquired HIV risk management: a review	HIV/AIDS - Research and Palliative Care	-	-	-	10410236	10.2147/HIV.S50025	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-sexually-acquired-hiv/docview/2229431428/se-2?accountid=8113	Despite significant efforts, the rate of new HIV infections worldwide remains unacceptably high, highlighting the need for new HIV prevention strategies. HIV pre-exposure prophylaxis (PrEP) is a new approach that involves the ongoing use of antiretroviral medications by HIV-negative individuals to reduce the risk of HIV infection. The use of daily tenofovir/emtricitabine as oral PrEP was found to be effective in multiple placebo-controlled clinical trials and approved by the United States Food and Drug Administration. In addition, the Centers for Disease Control and Prevention in the United States and the World Health Organization have both released guidelines recommending the offer of oral PrEP to high-risk populations. The scale-up of PrEP is underway, but several implementation questions remain unanswered. Demonstration projects and open-label extensions of placebo-controlled trials are ongoing and hope to contribute to our understanding of PrEP use and delivery outside the randomized controlled trial setting. Evidence is beginning to emerge from these open-label studies and will be critical for guiding PrEP scale-up. Outside of such studies, PrEP uptake has been slow and several client- and provider-related barriers are limiting uptake. Maximizing the public health impact of PrEP will require rollout to be combined with interventions to promote uptake, support adherence, and prevent increases in risk behavior. Additional PrEP strategies are currently under investigation in placebo-controlled clinical trials and may be available in the future.	tenofovir; Thailand; emtricitabine; HIV prevention; Pre-exposure prophylaxis; Antiretroviral drugs; Prevention; Drug resistance; Treatment; Risk management; Disease prevention; biomedical intervention; Human immunodeficiency virus--HIV; Womens health; United States--US; Acquired immune deficiency syndrome--AIDS; Medical Sciences--Allergology And Immunology; Health risk assessment; Bangkok Thailand	English	New Zealand	Asia and the Pacific	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Theses and Dissertations	2015	Winfield, Paul T. (author), Bertrand, William (Thesis advisor), School of Law International Development (Degree granting institution)	The Effectiveness Of Us Federal Hiv/aids Policy On Black Men Who Have Sex With Men: An Intersectionality Based Analysis & Evaluation	-	-	Tulane University	-	NA	NA	http://search.ndltd.org/show.php?id=oai%3Aunion.ndltd.org%3ATULANE%2Foai%3Ahttp%3A%2F%2Fdigitallibrary.tulane.edu%2F%3Atulane_45928&back=http%3A%2F%2Fsearch.ndltd.org%2Fsearch.php%3Fq%3D%2522pre-exposure%2Bprophylaxis%2522%26start%3D60#:~:text=Links%20%26%20Downloads-,tulane%3A45928,-local%3A%C2%A0td005582	By the age of 35, Black Men who have Sex with Men (MSM's) have a one in two chance of HIV infection. Black MSM's, which represent less than one percent of the US population, is home to nearly a quarter of existing HIV cases, AIDS deaths as well as new HIV diagnosis. As early as 1987 studies were published revealing a paradoxical reality, that although Black MSM's had no significant difference in risk behavior, there is a much larger HIV Prevalence among this group as nearly one in three Black MSM's are HIV positive. Consistently and repeatedly, studies have shown Black MSM's have fewer sexual partners than their White counterparts, and fewer occurrences of unprotected anal intercourse, yet significantly higher rates of HIV Incidence. The theoretical basis for this analysis is the concept Intersectionality, originated by Kimberlé Crenshaw, which states that cohorts comprised of multiple statuses of historic discrimination are qualitatively different from individual cohorts of component status. This qualitative difference requires the analysis of the composite cohort as an independent and unique entity as opposed to only looking at the components that it is made of. Therefore, Black MSM's are a unique group and cannot be fully understood by looking at Black Men or MSM separately. This is particularly applicable for Black MSM's because of the: history of oppression as Black Men, history of marginalization as MSM, isolation of Blacks within MSM community, isolation of MSM within the Black community and the history of HIV among Black MSM's which dates back at least to 1969 (predating the publicly acknowledged epidemic in the White MSM community by 12 years) . This traditional policy analysis evaluated the 2010 National HIV/AIDS Strategy for its effectiveness in addressing HIV/AIDS among Black MSM's. To accomplish this, a convergence of evidence approach was implemented, utilizing a key document review, qualitative interviews with key stakeholders, as well as quantitative surveys of 300 Black MSM's. These methods were then applied to each of the four stages of Policy Analysis: agenda setting, formulation, implementation and evaluation. This analysis revealed a landmark policy that has comprehensively improved the Federal response to HIV in the US. Innovations developed and instituted because of this policy included the Community Listening Sessions of the formulation stage, and even more importantly the new metrics that better equip agencies to understand the nature of the epidemic. Further, the results of this study were compared with the August 2014 Kaiser Family Foundation study, which produced a nationally representative survey of Gay and Bisexual men (sampling error ±7%). The findings of this study paralleled and/or magnified those of Kaiser in several key areas. Kaiser found that Men of Color were more likely to know someone with HIV/AIDS and those that do are more likely to say it is a significant personal issue. The results of this study of Black MSM's expose a sample where 97% knew someone who has/had HIV/AIDS and almost all considered this to be a significant personal issue. Both studies also confirmed the continuing presence of stigma and perceived discrimination by the general public. In both studies, evidence also indicates the opportunity for increasing frequency of HIV testing and the widespread lack of knowledge of PrEP (Pre-Exposure Prophylaxis). Several key recommendations should also be taken from this analysis to improve the policy moving forward. The first is that Black MSM's should be an independent category for policy targeting. The next is that as Black MSM's are the only group that is at high risk of infection and also makes up a large portion of the disease, Black MSM's are a significant hotspot that should be a primary focus of the intervention. Finally, the greatest advances in fighting HIV have come through biomedical progress. Therefore, educating and implementing biomedical innovations such as PrEP should compliment behavioral change as intervention objectives.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Institutional	2015	World Health Organization	Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV	-	-	-	-	978-92-4-150956-5	NA	http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1	This early-release guideline makes available two key recommendations that were developed during the revision process in 2015. First, antiretroviral therapy (ART) should be initiated in everyone living with HIV at any CD4 cell count. Second, the use of daily oral pre-exposure prophylaxis (PrEP) is recommended as a prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. The first of these recommendations is based on evidence from clinical trials and observational studies released since 2013 showing that earlier use of ART results in better clinical outcomes for people living with HIV compared with delayed treatment. The second recommendation is based on clinical trial results confirming the efficacy of the ARV drug tenofovir for use as PrEP to prevent people from acquiring HIV in a wide variety of settings and populations. The recommendations in this guideline will form part of the revised consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection to be published by WHO in 2016. The full update of the guidelines will consist of comprehensive clinical recommendations together with revised operational and service delivery guidance to support implementation.	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2015	World Health Organization	Policy brief: pre-exposure prophylaxis (PrEP): WHO expands recommendation on oral pre-exposure prophylaxis of HIV infection (PrEP)	-	-	-	-	NA	NA	https://pesquisa.bvsalud.org/portal/resource/pt/who-197906	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2015	World Health Organization	Stakeholder consultation on priority implementation research to inform development of WHO normative guidance on topical pre-exposure prophylaxis: meeting report, 26-28 March 2014, Durban, South Africa	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/152892	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2015	World Health Organization	WHO technical update on pre-exposure prophylaxis (PrEP)	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/153587	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2015	Wu, Hsiu; Hightow-Weidman, Lisa B.; Gay, Cynthia L.; Zhang, Xinjian; Beagle, Steve; Hall, Laura; Jackson, Tonyka; Marmorino, Jenni; Do, Ann N.; Peters, Philip J.	Unreported Male Sex Partners Among Men with Newly Diagnosed HIV Infection - North Carolina, 2011-2013.	MMWR Recommendations and Reports	-	-	-	1545-861X 0149-2195	10.15585/mmwr.mm6437a2	https://pubmed.ncbi.nlm.nih.gov/26401589/	Human immunodeficiency virus (HIV) prevention interventions, such as preexposure prophylaxis (PrEP), are often targeted to men who have sex with men (MSM) who self-report high-risk behaviors. Data from a prospective study evaluating methods to detect acute HIV infection among a primarily young (aged <25 years) and black or African American (African American) population from North Carolina were analyzed. In the study, participants were asked about risk behaviors during pretest counseling (at the time of testing) and then during a partner services interview (at HIV diagnosis). Participants whose disclosure of sexual risk behaviors during pretest counseling was different from their disclosure of sexual risk behaviors during their partner services interview were identified, and factors associated with these discordant responses were examined. Among 113 HIV-infected men, 26 (23.0%) did not disclose male sex partners at pretest counseling, but subsequently did disclose this information during their partner services interview. When compared with men who disclosed having male partners at pretest counseling, these 26 MSM who did not disclose male partners during pretest counseling were found to have a similar number of male partners during contact tracing, but were more likely to have a female partner (30.8% versus 6.9%). In addition, the proportions of MSM found to have at least one HIV-infected partner were similar for both groups (MSM who disclosed having male partners during pretest counseling and those who did not). To better customize HIV prevention interventions for MSM, HIV prevention programs might consider using novel strategies to accurately assess risk in this population.	Adult; Humans; Male; Young Adult; Prospective Studies; *Risk-Taking; North Carolina; Counseling; Sexual Partners/*psychology; HIV Infections/*diagnosis/prevention & control; Black or African American/*psychology/statistics & numerical data; Disclosure/*statistics & numerical data; Homosexuality, Male/*ethnology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Xue H.; Liu H.; Cai L.	Analysis of willingness and influencing factors for usage of pre-exposure prophylaxis among men who have sex with men	Zhonghua Yu Fang Yi Xue Za Zhi (Chinese Journal of Preventive Medicine)	-	-	-	2539624	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84966340058&partnerID=40&md5=1b0a26803a4efc56bf914623e862209c	OBJECTIVE: To analyze willingness and influencing factors for usage of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM).; METHODS: 887 men who were older than 18 years old and used to have sex with men were recruited through internet between November 27 and December 17, 2013. Data were collected through self designed questionnaire, which was designed to collect information including demography features, willingness of usage of PrEP and associated factors.; RESULTS: Totally 760 qualified questionnaires were collected. The ages of surveyed MSM were between 18 and 60, 58.2% (442) were single, 78.9% (600) of them have received college education, 60.4% (459) received annual income less than 60 000 yuan, 73.3% (557) only had sex with men and 77.2% (587) self reported being gay. 32.1% (243/758) of the respondent MSM said they would like to use PrEP. 61.0% (305/500) would like or possibly to take PrEP orally each day. 70.9% (354/499) would keep the same condom using frequency as current situation after using PrEP. In the univariate analysis, the willingness of taking PrEP was (?2) = 27.61, P < 0.001) lower among those annual income less than 60 000 yuan (27.7% (127/458)) than those annual income higher (44.7% (116/260)); the willingness was significantly (?2) = 10.99, P = 0.001) higher among those understanding PrEP (35.4% (196/554)) than those not understanding (22.8% (44/206)). In multivariate logistic regression analysis, it suggested that annual income under 60 000 yuan (OR = 0.64 (95% CI: 0.45-0.92)) and understanding PrEP (OR = 1.98 (95% CI: 1.36-2.88)) were influencing factors for usage of PrEP among MSM.; CONCLUSION: MSM didn't understand the PrEP sufficiently currently, economic consideration and worries about the side effects will affect their willingness of using PrEP.	NA	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Theses and Dissertations	2015	Yamada, Eiko	Relationship between concentrations of antiretroviral drugs in plasma and saliva of HIV-1 infected individuals : HIV-1患者における血中と唾液の抗HIV薬濃度の関係	-	-	Niigata University / 新潟大学	-	NA	NA	http://hdl.handle.net/10191/32174	Therapeutic drug monitoring (TDM) is valuable to evaluate the efficacy of a regimen or monitor the compliance of patients treated with a drug. However, TDM requires frequent blood sampling, which carries a risk of viral transmission to medical staff and causes pain to patients. In contrast, saliva sampling is safe and easily performed, so the possibility of using saliva for TDM as an alternative body fluid was examined. Firstly, a liquid chromatography-tandem mass spectrometry (LC-MS/MS) assay for the determination of abacavir (ABC), tenofovir (TFV), darunavir (DRV), and raltegravir (RAL) in human plasma and saliva was developed and validated. Analytes were detected using LC-MS/MS, and the linearity of the assay was assessed in the range 1–10,000 ng/mL for all four drugs. Within-run and between-run mean accuracy, precision, and the extraction recovery for all drugs were−14.5 to 18.1%, 1.2 to 13.1%, and 86.0 to 111.1%, respectively. The proposed assay is sufficiently sensitive and accurate to quantify these drugs in plasma and saliva. Secondly, the drug concentrations in plasma, plasma ultrafiltrate, and saliva of 30 human immunodeficiency virus (HIV)-1 infected outpatients who had been treated with these drugs for > 1 month were measured. Ratios of concentrations in saliva to plasma were 62.3% for ABC, 2.4% for TFV, 6.5% for DRV, and 13.5% for RAL. Significant correlations were evident between drug concentrations in saliva and those in plasma or plasma ultrafiltrate for ABC, DRV, and RAL, therefore the possibility of using saliva for TDM was suggested for these three drugs. Moreover, ABC, DRV, and RAL concentrations in saliva correlated more strongly with those in plasma ultrafiltrate than in plasma, suggesting that non-protein-bound drug may be secreted more easily to saliva. In contrast, saliva cannot be used for this purpose with TFV, which exhibited a very low saliva concentration and no correlation between concentrations in saliva and plasma. ABC was the most abundant in saliva, and those of ABC were above IC_<50> for half of patients. An ABC-containing regimen may be a candidate for pre-exposure prophylaxis against oral HIV transmission. In conclusion, this study facilitates the use of saliva as an alternative body fluid of blood for TDM of ART of HIV infection by developing the innovative method.	Antiretroviral drugs; Human plasma; Saliva; LC-MS/MS; Therapeutic drug monitoring	English	Japan	Asia and the Pacific	Japan	Asia and the Pacific	-	-	Clinical

Article	2015	Ying R.; Sharma M.; Heffron R.; Celum C.L.; Baeten J.M.; Katabira E.; Bulya N.; Barnabas R.V.	Cost-effectiveness of pre-exposure prophylaxis targeted to high-risk serodiscordant couples as a bridge to sustained ART use in Kampala, Uganda	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.18.4.20013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84938217939&doi=10.7448%2fIAS.18.4.20013&partnerID=40&md5=17b442b611dc2decc6ff3d1850b6a63b	Introduction: Despite scale-up of antiretroviral therapy (ART) for treating HIV-positive persons, HIV incidence remains elevated among those at high risk such as persons in serodiscordant partnerships. Antiretrovirals taken by HIV-negative persons as preexposure prophylaxis (PrEP) has the potential to avert infections in individuals in serodiscordant partnerships. Evaluating the cost-effectiveness of implementing time-limited PrEP as a short-Term bridge during the first six months of ART for the HIVpositive partner to prevent HIV transmission compared to increasing ART coverage is crucial to informing policy-makers considering PrEP implementation. Methods: To estimate the real world delivery costs of PrEP, we conducted micro-costing and time and motion analyses in an open-label prospective study of PrEP and ART delivery targeted to high-risk serodiscordant couples in Uganda (the Partners Demonstration Project). The cost (in USD, in 2012) of PrEP and ART for serodiscordant couples was assessed, with and without research components, in the study setting. Using Ministry of Health costs, the cost of PrEP and ART provision within a government programme was estimated, as was the cost of providing PrEP in addition to ART. We parameterized an HIV transmission model to estimate the health and economic impacts of 1) PrEP and ART targeted to high-risk serodiscordant couples in the context of current ART use and 2) increasing ART coverage to 55% of HIV-positive persons with CD4 5500 cells/mL without PrEP. The incremental cost-effectiveness ratios (ICERs) per HIV infection and disability-adjusted life year (DALY) averted were calculated over 10 years. Results: The annual cost of PrEP and ART delivery for serodiscordant couples was 1058 per couple in the study setting and 453 in the government setting. The portion of the programme cost due to PrEP was 408 and 92 per couple per year in the study and government settings, respectively. Over 10 years, a programme of PrEP and ART for high-risk serodiscordant couples was projected to avert 43% of HIV infections compared to current practice with an ICER of 1340 per infection averted. This was comparable to ART expansion alone, which would avert 37% of infections with an ICER of 1452. Conclusions: Using Uganda's gross domestic product per capita of 1681 as a threshold, PrEP and ART for high-risk persons have the potential for synergistic action and are cost-effective in preventing HIV infections in high prevalence settings. The annual cost of PrEP in this programme is less than 100 per serodiscordant couple if implemented in public clinics.	ART; Cost-effectiveness analysis; Mathematical modeling; PrEP; Serodiscordant couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2015	Zablotska, I; Prestage, G; Grulich, AE	PREEXPOSURE PROPHYLAXIS OF HIV (PrEP): UTILISATION ESTIMATES IN AUSTRALIA	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2015-052270.182	https://sti.bmj.com/content/91/Suppl_2/A67.2	Background Preexposure prophylaxis (PrEP) with daily oral Truvada® is recommended for people at high risk for HIV infection. The population-level benefit of PrEP requires higher levels of use than is currently observed. In Australia, homosexually active men (HM), particularly those who identify as gay or homosexual, contribute most to HIV transmission. We estimated how many HM are eligible for and likely to request PrEP. Method Using data from the Australian Bureau of Statistics (2013) and the second Australian Study of Health and Relationships (ASHR2, 2013), we estimated the number of HHMM nationally. PrEP eligibility was defined by the national PrEP guidelines. Input indicators from the 2013 Gay Community Periodic Surveys (GCPS) were applied to estimate the numbers of men eligible for PrEP based on each individual and any behavioural eligibility criteria. Using data from Treatment Options to Reduce Chances of HIV (TORCH) study, we estimated how many eligible HM are likely to request Truvada® for PrEP. Results We estimated 143,000 Australian men would identify as 'gay/homosexual' plus 95,000 as 'other' HAM. In GCPS, 15.7% of the HIV non-positive respondents reported sustained risk behaviour (≥6 sex partners in previous 6 months). Overall, 5.7% of HIV non-positive respondents satisfied behavioural eligibility criteria for PrEP, while having at least one episode of receptive condomless anal intercourse in the previous 6 months appeared the most common criterion (5%). Based on national eligibility criteria, 8,300 'gay/homosexual' and 5,300 'other' HM can be considered eligible for daily PrEP in Australia, and 44.9% of those are likely to uptake PrEP. Conclusions Our estimate of the number of HM eligible for PrEP in Australia is based on the current PrEP eligibility criteria, which target individuals at the highest risk for HIV infection. This estimation helps to predict service needed for PrEP prescribing nationally.Disclosure of interest statement Input indicators for these analyses were obtained from Australian Bureau of Statistics, Australian Study of Health and Relationships and Gay Community Periodic Surveys (all funded by the Australian state and federal governments) and from Treatment Options to Reduce Chances of HIV (TORCH) study funded by Gilead Sciences. Funding sources were not involved in research conducted.	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	NA	NA	Quantitative
Article	2015	Zablotska, I; Vaccher, S; Gianacas, C; Prestage, G; McNulty, A; Holden, J; Schmidt, H; Templeton, DJ; Poynten, IM; Grulich, A; PRELUDE Study Team	STI RATES AMONG GAY MEN TAKING DAILY ANTIRETROVIRALS FOR PRE-EXPOSURE PROPHYLAXIS OF HIV: THE NSW DEMONSTRATION PROJECT PRELUDE	Sexually Transmitted Infections	-	-	-	1368-4973	NA	https://sti.bmj.com/content/91/Suppl_2/A78.2	Introduction Pre-exposure prophylaxis (PrEP) prevents HIV infections but not other STIs. We assessed prevalence and incidence of STIs among PrEP users in the NSW demonstration study, PRELUDE. Methods By 14 July 2015, 268 gay and homosexually-identified men (GHM) were enrolled and started taking PrEP; 98 (36.6%) and 27 (10.1%) had reached three and six-month follow-up respectively. STI testing was conducted at baseline and quarterly follow-up visits. We calculated the baseline prevalence and incidence of STIs. The sample STI incidence will be compared with the population incidence in NSW. Results At enrolment, 17.2% of participants were diagnosed with ≥1 STI, including 10.8% with rectal gonorrhoea, rectal chlamydia and/or syphilis. The latter three STIs were diagnosed in 2.6%, 7.8%, and 1.1% of men, respectively. Among 98 men at 3-month follow-up, 17.3% were diagnosed with any of these STIs (3.1% had rectal gonorrhoea, 11.2% rectal chlamydia and 4.1% syphilis). At three months of follow-up, the incidence of these STIs was 18.4, 67.4 and 24.5 per 100 person-years (PY), respectively. By 14 July 2015, 27 PrEP users reached six months of follow-up. In this group, the incidence of rectal gonorrhoea was 29.6 per 100 PY (11.2% increase from month three follow-up, p < 0.04). No HIV infections were observed in the cohort. Conclusion Among PrEP users in PRELUDE, the baseline prevalence and incidence of STIs were high and remained high in the early follow-up (indeed, the incidence of gonorrhoea has increased). Despite enrolment in a clinical study, with frequent follow-up, STI testing and treatment, PrEP users remain at very high risk of STIs. Longer follow-up is necessary to assess whether STI trends among PrEP users will change. The investigation of prophylaxis against other STIs and other methods of testing and treating STIs among these high-risk men appears to be warranted. Disclosure of interest statement The PRELUDE study is funded by the NSW Ministry of Health, with Gilead Sciences providing the study medication (Truvada).	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	NA	NA	Clinical
Article	2015	Zhang, Xing-quan	The newest developments of the study on anti-HIV drugs.	Yao Xue Xue Bao = Acta Pharmaceutica Sinica	-	-	-	0513-4870	NA	https://pubmed.ncbi.nlm.nih.gov/26234128/	Besides 36 (28 single-tablets and 8 fixed-dose combinations) used antiretroviral drugs clinically, there are a number of investigational antiretroviral agents currently in phase 2-3 clinical trial. Tenofoviralafenamidefumarate (TAF) is a novel nucleoside analogue reverse transcriptase inhibitor that is potent and less toxicity than tenofovir (TDF). Doravirine is a non-nucleoside analogue reverse transcriptase inhibitor that demonstrates activity against NNRTI-resistant viral strains. GSK744 is an integrase inhibitor with a long acting preparation. In addition, several drugs with new mechanisms are also noted, for example, BMS-663 068 is a small molecule CD4 attachment inhibitors and cenicriviroc is a novel CCR5/CCR2 antagonist with antiretroviral activity and anti-inflammatory effects. Several drug classes that target known pathways in HIV latency have being developed, and leading the list are histone deacetylase inhibitors. Other agents include protein kinase C activators, positive transcription elongation factor activators, DNA methyl-transferase inhibitors and histone methyl-transferase inhibitors and so on. This review is focused on the above-mentioned drug candidates that may be used in clinical in next couple of years and those compounds that can reverse latent HIV infections.	Humans; Tenofovir; HIV Infections/*drug therapy; Anti-HIV Agents/*therapeutic use; Adenine/analogs & derivatives/therapeutic use; Organophosphonates/therapeutic use; Organophosphates/therapeutic use; Reverse Transcriptase Inhibitors/*therapeutic use; Piperazines/therapeutic use; Pyridones/therapeutic use	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2015	Zhao, Jian-yuan; Ding, Ji-wei; Mi, Ze-yun; Wei, Tao; Cen, Shan	Identification and characterization of HIV-1 transmitted /founder viruses.	Yi Chuan = Hereditas	-	-	-	0253-9772	10.16288/j.yczz.14-452	https://pubmed.ncbi.nlm.nih.gov/25998429/	During the spread of human immunodeficiency virus type 1 (HIV-1) in the mucosa, the entire genetic diversity of the viruses is significantly reduced. The vast majority of HIV-1 mucosal infections are established by one or a few viruses and ultimately develop into systemic infections, thus the initial virus is called transmitted/founder virus (T/F virus). The study of T/F virus will benefit understanding its key characteristics resulting in successful viral replication in the new host body, which may provide novel strategies for the development of AIDS vaccines, pre-exposure prophylaxis and other therapeutic interventions. In this review, we summarize the discovery and evolutionary characteristics of T/F virus as well as early immune response after HIV-1 infection, which will establish the basis to explore the features of T/F viruses.	Humans; Animals; Virus Replication; HIV-1/genetics/*physiology; HIV Infections/immunology/transmission/*virology	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2016	Adams L.M.; Balderson B.H.	HIV providers' likelihood to prescribe pre-exposure prophylaxis (PrEP) for HIV prevention differs by patient type: a short report	AIDS Care	-	-	-	9540121	10.1080/09540121.2016.1153595	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84959242880&doi=10.1080%2f09540121.2016.1153595&partnerID=40&md5=9508437399459872b55cbb46fccde83a	ABSTRACT: Pre-exposure prophylaxis (PrEP), the antiretroviral treatment regimen for HIV-negative people at high risk of acquiring HIV, has demonstrated efficacy across clinical trials in several patient populations. The Centers for Disease Control (CDC) have released detailed guidelines to aid providers in prescribing PrEP for their high-risk patients, including men who have sex with men (MSM), high-risk heterosexuals, and injection drug users (IDUs). Given that much attention in PrEP has focused on MSM patients, the present study used an online survey to assess factors involved in HIV care providers' (n = 363) decisions about prescribing PrEP, along with their willingness to prescribe PrEP to patients from various risk populations (e.g., MSM, heterosexuals, IDUs). The efficacy of PrEP was an important factor in providers' decisions about prescribing PrEP, as were considerations about patients' adherence to the regimen, regular follow-up for care, and medication costs. This survey's findings also suggest that providers' willingness to prescribe PrEP varies by patient group, with providers most willing to prescribe to patients with MSM who have an HIV-positive partner, and least willing to prescribe to high-risk heterosexuals or IDUs. In the context of the current CDC recommendations for PrEP that include MSM, heterosexuals, and IDUs, examining providers' rationales for and barriers against supporting this HIV prevention strategy across patient groups merits further attention. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	HIV care providers; HIV/AIDS; Pre-exposure prophylaxis (PrEP); prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2016	Afassinou, Komi.	Analysis of multiple control strategies for pre-exposure prophylaxis and post-infection interventions on HIV infection.	-	-	University of KwaZulu-Natal	-	-	NA	http://hdl.handle.net/10413/15048	HIV pre-exposure prophylaxis (PrEP) of which advocates the use of antiretroviral (ARV) agents by uninfected individuals at high risk infection, has recently become a promising preventive measure against sexual HIV transmission. While results from clinical trials undertaken in different parts of the world hold the promise that PrEP intervention could significantly stem the risk of new sexual HIV transmission, very little attention has so far been given to the analysis of the impact of PrEP strategy in mathematical modelling to explore the processes that inform the current trends and other possible feedback mechanisms that can not be captured by the clinical trials. In this research study, we develop mathematical HIV models to investigate the impact of PrEP use as a single intervention and PrEP intervention in combination with other strategies such as ARV therapy (ART) and post-infection educational support services, on HIV incidence and prevalence. Thus, throughout the models analysis, PrEP awareness level, PrEP efficacy level, and ARV treatment rate are considered as key aspects of HIV control. PrEP drug resistance is also considered in our model analysis to examine its contribution to the HIV infection spread. PrEP as a control strategy, is first considered as a single intervention to examine different PrEP intervention scenarios where PrEP use and PrEP efficacy are implemented at high/low levels	Spacetimes.; Rotation and twist.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Quantitative
Theses and Dissertations	2016	Akudibillah, Gordon Amed	Optimizing HIV Treatment in Resource-Limited Settings	-	-	Oregon State University	-	-	NA	http://hdl.handle.net/1957/58560	Apart from the traditional role of preventing progression from HIV to AIDS, antiretroviral drug therapy (ART) has an additional benefit of substantially reducing infectiousness, making them potentially an important strategy in the fight against HIV. Recent advances in drug therapy have also seen the use of antiretroviral drugs as a prophylaxis, administered either as post-exposure prophylaxis (PEP) after high-risk exposure or as pre-exposure prophylaxis (PrEP) in those with ongoing HIV exposure. In this dissertation I developed two models for HIV transmission and parameterized them with data from South Africa to study governmental-level intervention programs in which antiretroviral drugs are given as treatment and prophylaxis. The first model is based on the dynamics of HIV in heterosexual population in Sub-Saharan Africa. The model classifies the male and female adult populations by HIV risk into three categories (low, medium and high) according to their sexual preferences. I used a non-linear optimization method to determine the optimal population-level allocation of ART and PrEP allocations required to minimize four objectives: new infections, infection-years, deaths and cost. I considered several strategies for allocating ART and PrEP. I found that generally for low treatment availability, prevention through PrEP to the general population or PrEP and ART to high-risk females is key to optimize all objectives, while for higher drug availability, an all-ART treatment is optimal. At South Africa's current level of treatment availability, using prevention is most effective at reducing new infections, infection-years, and cost, while using the treatment as ART to the general population best reduces deaths. At treatment levels that meet the UNAIDS's ambitious new 90-90-90 target in South Africa, using all or almost all treatment as ART to the general population best reduces all four objectives considered. The second model is based on the WHO's five-stage classification of HIV/AIDS disease progression. This models stratified the population by disease status, whether diagnosed and whether on treatment. I used optimal control methods to determine the best time-dependent treatment allocation required to minimize new infections, infection-years, deaths and cost. My results indicated that the treatment strategy to minimize infection-years and new infections is to place emphasis on early treatment (i.e. treatment in Stage II & III) while to minimize cost and death, the emphasis should be on late treatment (i.e. Stage III & IV). Applying the optimal treatment strategy also leads to a substantial reduction in disease incidence and prevalence. The results of this study will hopefully provides some guidance for policymakers in determining how to allocate antiretroviral drugs in order to maximize the benefit of treatment.	HIV/AIDS; HIV infections – Treatment – Economic aspects – Africa, Sub-Saharan	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2016	Amico K.R.; Mehrotra M.; Avelino-Silva V.I.; McMahan V.; Veloso V.G.; Anderson P.; Guanira J.; Grant R.	Self-reported Recent PrEP Dosing and Drug Detection in an Open Label PrEP Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1360-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961203398&doi=10.1007%2fs10461-016-1360-7&partnerID=40&md5=048d77cfe6cac0687d0be7868795a1ca	Monitoring adherence to pre-exposure prophylaxis (PrEP) is part of the recommended package for PrEP prescribing, yet ongoing concerns about how to do so confidently are exacerbated by gross discrepancies in reported and actual use in clinical trials. We evaluated concordance between reports of recent PrEP dosing collected via neutral interviewing and drug quantitation in the iPrEx open-label extension, where participants (n = 1172) had the choice to receive or not receive PrEP. Self-report of recent dosing (at least one PrEP dose in the past 3-day) was the most common report (84 % of participants), and among these 83 % did have quantifiable levels of drug. The vast majority of those reporting no doses in the past 3-day (16 % of the sample) did not have quantifiable levels of drug (82 %). Predictors of over-report of dosing included younger age and lower educational attainment. Monitoring recent PrEP use through neutral interviewing may be a productive approach for clinicians to consider in implementation of real-world PrEP. Strategies to capture longer term or prevention-effective PrEP use, particularly for younger cohorts, are needed. © 2016, The Author(s).	Demonstration project; Drug levels; FTC/TDF; iPrEx; Open-label; PrEP adherence; Self-report	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Andany, Nisha; Walmsley, Sharon L	What's new for antiretroviral treatment in women with HIV.	Journal of Virus Eradication	-	-	-	2055-6640	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4965248	Currently, women represent 52% of persons infected with HIV worldwide and 23% of those in the United States. Combination antiretroviral therapy (cART) has resulted in remarkable reductions in HIV-associated morbidity and mortality, and has dramatically improved life expectancy. Treatment guidelines do not differ for HIV-infected men and non-pregnant women. However, clinical trials of antiretroviral agents have limited female enrolment, and results from these predominantly male studies are extrapolated to the female population. Furthermore, many of these studies do not report gender subgroup analyses, and those that do are underpowered to detect differences between men and women, limiting the ability to assess if results are equally applicable to both sexes. Women may have differential responses to and adverse events from cART. A limited number of female-only clinical trials have demonstrated that female recruitment and retention in these studies is feasible. Therefore, urgent attention is required to improve the body of knowledge regarding clinical efficacy, safety and tolerability of cART in women. In particular, women living with HIV are faced with various sexual and reproductive health concerns that may influence choice of cART. These include potential interactions with hormonal contraception, safety in pregnancy, and the impact of the transition through menopause and development of age-related comorbidities. Finally, the ongoing advances in biomedical HIV prevention, particularly pre-exposure prophylaxis (PrEP), provide an enormous opportunity to enhance HIV prevention in high-risk women, in efforts to further reduce global burden of the pandemic.	HIV, women, antiretroviral therapy, PrEP	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2016	Anderson P.L.; Garcia-Lerma J.G.; Heneine W.	Nondaily preexposure prophylaxis for HIV prevention	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000213	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84950298922&doi=10.1097%2fCOH.0000000000000213&partnerID=40&md5=883403ad5404c14986012da724cdd380	Purpose of review To discuss nondaily preexposure prophylaxis (PrEP) modalities that may provide advantages compared with daily PrEP in cost and cumulative toxicity, but may have lower adherence forgiveness. Recent findings Animal models have informed our understanding of early viral transmission events, which help guide eventdriven PrEP dosing strategies. These models indicate early establishment of viral replication in rectal or cervicovaginal tissues, so event-driven PrEP should rapidly deliver high mucosal drug concentrations within hours of the potential exposure event. Macaque models have demonstrated the high biological efficacy for event-driven dosing of oral tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) against both vaginal and rectal virus transmission. In humans, the IPERGAY study demonstrated 86% efficacy for event-driven oral TDF/FTC dosing among men who have sex with men (MSM), while no similar efficacy data are available on women or heterosexual men. The HPTN 067 study showed that certain MSM populations adhere well to nondaily PrEP, whereas other populations of women adhere more poorly to nondaily versus daily regimens. Pharmacokinetic studies following oral TDF/FTC dosing in humans indicate that TFVdiphosphate (the active form of TFV) accumulates to higher concentrations in rectal versus cervicovaginal tissue, but nonadherence in trials complicates the interpretation of differential mucosal drug concentrations. Summary Event-driven dosing for TFV-based PrEP has promise for HIV prevention in MSM. Future research of eventdriven PrEP in women and heterosexual men should be guided by a better understanding of the importance of mucosal drug concentrations for PrEP efficacy and its sensitivity to adherence. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	adherence; cellular pharmacology; HIV prevention; macaque model; microbicides; tenofovir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Anderson, Peter L; Reirden, Daniel; Castillo-Mancilla, Jose	Pharmacologic Considerations for Preexposure Prophylaxis in Transgender Women.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001105	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4955879	Studies of tenofovir disoproxil fumarate (TDF)-emtricitabine (FTC)-based preexposure prophylaxis (PrEP) have not focused on transgendered women who are at disproportionate risk of HIV acquisition. Concerns exist for drug interactions between cross-sex therapy (estradiol, progestins, and spironolactone) with tenofovir disoproxil fumarate-emtricitabine. This review assessed the experimental and theoretical risk for such drug interactions. It was found that none of these medications are implicated as major perpetrators of drug interactions, and the classes use different metabolic pathways for clearance, suggesting a low likelihood for interactions in either direction. Subanalyses of transgender women in Preexposure Prophylaxis Initiative suggested PrEP efficacy if adherence was high. Nevertheless, several research gaps were identified, particularly the need for controlled interaction studies in transgendered women, including effects on renal clearance, intracellular tenofovir diphosphate and emtricitabine triphosphate in target cells, as well as hormone effects on HIV susceptibility and immunity. PrEP should continue to be offered to transgender women while additional research is planned or pending.	pharmacology, PrEP, transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Arnold, Emily A; Steward, Wayne T	HIV transmission in MSM: considerations for PrEP scale-up.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(15)00060-0	https://dx.doi.org/10.1016/S2352-3018(15)00060-0	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Arrington-Sanders R.; Morgan A.; Oidtman J.; Qian I.; Celentano D.; Beyrer C.	A Medical Care Missed Opportunity: Preexposure Prophylaxis and Young Black Men Who Have Sex With Men	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2016.08.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84992065829&doi=10.1016%2fj.jadohealth.2016.08.006&partnerID=40&md5=6187665c41fa5ffc925563a2880016ae	Purpose HIV disproportionately impacts young black men who have sex with men (YBMSM). Preexposure prophylaxis (PrEP) is an effective strategy that can avert new HIV infections in YBMSM. Barriers exist for YBMSM to access PrEP. Methods We sought to determine factors associated with awareness of and willingness to take PrEP in a sample of YBMSM. Results Only 8% were currently on PrEP despite many (66%) reporting condomless anal sex, a recent provider visit (54%), disclosing their sexual orientation to their regular medical provider (62%), or a willingness to take PrEP (62%). In bivariate analysis, increased number of lifetime partners, current PrEP use, and disclosure of sexual orientation to a doctor were associated with awareness of PrEP, while condomless anal sex and higher perceived risk was associated with willingness to take PrEP. Sex with females was associated with lower willingness. Conclusions Providers may be missing key opportunities to educate YBMSM about PrEP and incorporate PrEP into comprehensive sexual health care. © 2016 Society for Adolescent Health and Medicine	Preexposure prophylaxis; PrEP; Young black men who have sex with men (YBMSM)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Baeten, Jared M; Heffron, Renee; Kidoguchi, Lara; Mugo, Nelly R; Katabira, Elly; Bukusi, Elizabeth A; Asiimwe, Stephen; Haberer, Jessica E; Morton, Jennifer; Ngure, Kenneth; Bulya, Nulu; Odoyo, Josephine; Tindimwebwa, Edna; Hendrix, Craig; Marzinke, Mark A; Ware, Norma C; Wyatt, Monique A; Morrison, Susan; Haugen, Harald; Mujugira, Andrew; Donnell, Deborah; Celum, Connie	Integrated Delivery of Antiretroviral Treatment and Pre-exposure Prophylaxis to HIV-1-Serodiscordant Couples: A Prospective Implementation Study in Kenya and Uganda.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1002099	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4995047	BACKGROUND: Antiretroviral-based interventions for HIV-1 prevention, including antiretroviral therapy (ART) to reduce the infectiousness of HIV-1 infected persons and pre-exposure prophylaxis (PrEP) to reduce the susceptibility of HIV-1 uninfected persons, showed high efficacy for HIV-1 protection in randomized clinical trials. We conducted a prospective implementation study to understand the feasibility and effectiveness of these interventions in delivery settings. METHODS AND FINDINGS: Between November 5, 2012, and January 5, 2015, we enrolled and followed 1,013 heterosexual HIV-1-serodiscordant couples in Kenya and Uganda in a prospective implementation study. ART and PrEP were offered through a pragmatic strategy, with ART promoted for all couples and PrEP offered until 6 mo after ART initiation by the HIV-1 infected partner, permitting time to achieve virologic suppression. One thousand thirteen couples were enrolled, 78% of partnerships initiated ART, and 97% used PrEP, during a median follow-up of 0.9 years. Objective measures of adherence to both prevention strategies demonstrated high use (≥85%). Given the low HIV-1 incidence observed in the study, an additional analysis was added to compare observed incidence to incidence estimated under a simulated counterfactual model constructed using data from a prior prospective study of HIV-1-serodiscordant couples. Counterfactual simulations predicted 39.7 HIV-1 infections would be expected in the population at an incidence of 5.2 per 100 person-years (95% CI 3.7-6.9). However, only two incident HIV-1 infections were observed, at an incidence of 0.2 per 100 person-years (95% CI 0.0-0.9, p < 0.0001 versus predicted). The use of a non-concurrent comparison of HIV-1 incidence is a potential limitation of this approach; however, it would not have been ethical to enroll a contemporaneous population not provided access to ART and PrEP. CONCLUSIONS: Integrated delivery of time-limited PrEP until sustained ART use in African HIV-1-serodiscordant couples was feasible, demonstrated high uptake and adherence, and resulted in near elimination of HIV-1 transmission, with an observed HIV incidence of <0.5% per year compared to an expected incidence of >5% per year.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Baggaley, Rachel; Dalal, Shona; Johnson, Cheryl; Macdonald, Virginia; Mameletzis, Ioannis; Rodolph, Michelle; Figueroa, Carmen; Samuelson, Julia; Verster, Annette; Doherty, Meg; Hirnschall, Gottfried	Beyond the 90-90-90: refocusing HIV prevention as part of the global HIV response.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.19.1.21348	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5165083/	INTRODUCTION: The remarkable expansion in availability of antiretroviral therapy (ART) over the past two decades has transformed HIV infection into a manageable chronic condition. People with HIV infection now live long and healthy lives on treatment that is simpler, safer and cheaper. According to UNAIDS estimates, the global coverage of ART reached 46% in 2015, resulting in a 26% decrease in annual HIV-related deaths since 2010. Such success has positioned treatment access at the centre of the global HIV response as a way to prevent mortality, morbidity and HIV transmission through a "Treat All" approach. Continuing expansion of treatment is needed to further reduce HIV-related mortality. This progress with treatment, however, masks a stagnation in the estimated annual number of new HIV infections. Continuing levels of HIV incidence despite treatment scale-up stem from several factors, which should be addressed in order to prevent new infections and decrease the numbers of people requiring treatment in the future. DISCUSSION: ART can only reach those already diagnosed, and although it is unclear what proportion of new infections occur during acute and early infection prior to treatment initiation, phylogenetic studies suggest that it might be substantial. Thus, better testing approaches to reach the 40% of people with undiagnosed HIV infection as early as possible are critical. New approaches to reach men, young people and key populations, where HIV risk is highest and HIV prevention, testing and treatment coverage is lowest, are also needed. Overall coverage of effective prevention interventions remains low, enabling HIV transmission to occur, or time is required to show population-level effects. For example, the full impact of the medical male circumcision intervention will be seen once a larger proportion of men in age cohorts with high incidence are circumcised. Finally, strategically focused pre-exposure prophylaxis interventions have the potential to prevent HIV acquisition among populations at substantial risk, averting treatment costs in coming years. CONCLUSIONS: The United Nations (UN) targets to end AIDS include the "90-90-90" targets for HIV diagnosis, treatment and viral suppression. While 90-90-90 has been widely emphasized and adopted by countries and international funders, the focus thus far has largely been on increasing access to ART - the second "90." A similar emphasis on achieving UN HIV prevention targets and adequate funding for meeting these is essential, alongside treatment, in order to reduce population-level incidence and change the trajectory of the HIV epidemic over the long term.	Adult; Humans; Incidence; Male; Young Adult; Female; Global Health; antiretroviral therapy; Circumcision, Male; HIV prevention; Pre-Exposure Prophylaxis; PrEP; key populations; HIV Infections/drug therapy/epidemiology/*prevention & control; United Nations; voluntary medical male circumcision	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2016	Balkus J.E.; Brown E.; Palanee T.; Nair G.; Gafoor Z.; Zhang J.; Richardson B.A.; Chirenje Z.M.; Marrazzo J.M.; Baeten J.M.	An Empiric HIV Risk Scoring Tool to Predict HIV-1 Acquisition in African Women	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000000974	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84959218183&doi=10.1097%2fQAI.0000000000000974&partnerID=40&md5=d806ec89c05c5f8e549bdbc7225f314b	Objective: To develop and validate an HIV risk assessment tool to predict HIV acquisition among African women. Design: Data were analyzed from 3 randomized trials of biomedical HIV prevention interventions among African women (VOICE, HPTN 035, and FEM-PrEP). Methods: We implemented standard methods for the development of clinical prediction rules to generate a risk-scoring tool to predict HIV acquisition over the course of 1 year. Performance of the score was assessed through internal and external validations. Results: The final risk score resulting from multivariable modeling included age, married/living with a partner, partner provides financial or material support, partner has other partners, alcohol use, detection of a curable sexually transmitted infection, and herpes simplex virus 2 serostatus. Point values for each factor ranged from 0 to 2, with a maximum possible total score of 11. Scores ≥5 were associated with HIV incidence >5 per 100 person-years and identified 91% of incident HIV infections from among only 64% of women. The area under the curve (AUC) for predictive ability of the score was 0.71 (95% confidence interval CI: 0.68 to 0.74), indicating good predictive ability. Risk score performance was generally similar with internal cross-validation (AUC 0.69; 95% CI: 0.66 to 0.73) and external validation in HPTN 035 (AUC 0.70; 95% CI: 0.65 to 0.75) and FEM-PrEP (AUC 0.58; 95% CI: 0.51 to 0.65). Conclusions: A discrete set of characteristics that can be easily assessed in clinical and research settings was predictive of HIV acquisition over 1 year. The use of a validated risk score could improve efficiency of recruitment into HIV prevention research and inform scale-up of HIV prevention strategies in women at highest risk. © Copyright 2016 Wolters Kluwer Health, Inc. All rights reserved.	African women; AIDS; clinical prediction rules; HIV-1 acquisition; risk score	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Béhanzin, L; Guédou, FA; Géraldo, N; Matsètsé, EG; Aza-Gnandji, M; Chabi, AIB; Zannou, DM; Alary, M	PrEP and Early Antiretroviral Therapy Demonstration Project: Challenges to Ensure Follow-up and Adherence among Female Sex Workers in Cotonou, Benin	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1002/jia2.25208	https://onlinelibrary.wiley.com/doi/10.1002/jia2.25208	Introduction In sub-Saharan Africa, HIV prevalence remains high, especially among key populations. In such situations, combination prevention including clinical, behavioural, structural and biological components, as well as adequate treatment are important. We conducted a demonstration project at the Dispensaire IST, a clinic dedicated to female sex workers (FSWs) in Cotonou, on early antiretroviral therapy (E-ART, or immediate "test-and-treat") and pre-exposure prophylaxis (PrEP). We present key indicators such as uptake, retention and adherence. Methods In this prospective observational study, we recruited FSWs from October 4th 2014 to December 31st 2015 and followed them until December 31st 2016. FSWs were provided with daily tenofovir disoproxil fumarate/emtricitabine (Truvada®) for PrEP or received a first-line antiretroviral regimen as per Benin guidelines. We used generalized estimating equations to assess trends in adherence and sexual behaviour. Results Among FSWs in the catchment area, HIV testing coverage within the study framework was 95.5% (422/442). At baseline, HIV prevalence was 26.3% (111/422). Among eligible FSWs, 95.5% (105/110) were recruited for E-ART and 88.3% (256/290) for PrEP. Overall retention at the end of the study was 59.0% (62/105) for E-ART and 47.3% (121/256) for PrEP. Mean (±SD) duration of follow-up was 13.4 (±7.9) months for E-ART and 11.8 (±7.9) months for PrEP. Self-reported adherence was over 90% among most E-ART participants. For PrEP, adherence was lower and the proportion with 100% adherence decreased over time from 78.4% to 56.7% (p-trend < 0.0001). During the 250.1 person-years of follow-up among PrEP initiators, two seroconversions occurred (incidence 0.8/100 person-years (95% confidence interval: 0.3 to 1.9/100 person-years)). The two seroconverters had stopped using PrEP for at least six months before being found HIV-infected. In both groups, there was no evidence of reduced condom use. Conclusions This study provides data on key indicators for the integration of E-ART and PrEP into the HIV prevention combination package already offered to FSWs in Benin. PrEP may be more useful as an individual intervention for adherent FSWs rather than a specific public health intervention. E-ART was a more successful intervention in terms of retention and adherence and is now offered to all key populations in Benin.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2016	Bekker, Linda-Gail; Rebe, Kevin; Venter, Francois; Maartens, Gary; Moorhouse, Michelle; Conradie, Francesca; Wallis, Carole; Black, Vivian; Harley, Beth; Eakles, Robyn	Southern African guidelines on the safe use of pre-exposure prophylaxis in persons at risk of acquiring HIV-1 infection	Southern African Journal of HIV Medicine	-	-	-	2078-6751	10.4102/sajhivmed.v17i1.455	http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2078-67512016000100016&lang=pt	The Southern African HIV Clinicians Society published its first set of oral pre-exposure prophylaxis (PrEP) guidelines in June 2012 for men who have sex with men (MSM) who are at risk of HIV infection. With the flurry of data that has been generated in PrEP clinical research since the first guideline, it became evident that there was a need to revise and expand the PrEP guidelines with new evidence of safety and efficacy of PrEP in several populations, including MSM, transgender persons, heterosexual men and women, HIV-serodiscordant couples and people who inject drugs. This need is particularly relevant following the World Health Organization (WHO) Consolidated Treatment Guidelines released in September 2015. These guidelines advise that PrEP is a highly effective, safe, biomedical option for HIV prevention that can be incorporated with other combination prevention strategies in Southern Africa, given the high prevalence of HIV in the region. PrEP should be tailored to populations at highest risk of HIV acquisition, whilst further data from studies in the region accrue to guide optimal deployment to realise the greatest impact regionally. PrEP may be used intermittently during periods of perceived HIV acquisition risk, rather than continually and lifelong, as is the case with antiretroviral treatment. Recognition and accurate measurement of potential risk in individuals and populations also warrants discussion, but are not extensively covered in these guidelines.	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2016	Bernard C.L.; Brandeau M.L.; Humphreys K.; Bendavid E.; Holodniy M.; Weyant C.; Owens D.K.; Goldhaber-Fiebert J.D.	Cost-effectiveness of HIV preexposure prophylaxis for people who inject drugs in the United States	Annals of Internal Medicine	-	-	-	34819	10.7326/M15-2634	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978141614&doi=10.7326%2fM15-2634&partnerID=40&md5=09c798a3a12e0fb717010221a02165ca	Background: The total population health benefits and costs of HIV preexposure prophylaxis (PrEP) for people who inject drugs (PWID) in the United States are unclear. Objective: To evaluate the cost-effectiveness and optimal delivery conditions of PrEP for PWID. Design: Empirically calibrated dynamic compartmental model. Data Sources: Published literature and expert opinion. Target Population: Adult U.S. PWID. Time Horizon: 20 years and lifetime. Intervention: PrEP alone, PrEP with frequent screening (PrEP+screen), and PrEP+screen with enhanced provision of antiretroviral therapy (ART) for individuals who become infected (PrEP+screen+ART). All scenarios are considered at 25% coverage. Outcome Measures: Infections averted, deaths averted, change in HIV prevalence, discounted costs (in 2015 U.S. dollars), discounted quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios. Results of Base-Case Analysis: PrEP+screen+ART dominates other strategies, averting 26 700 infections and reducing HIV prevalence among PWID by 14% compared with the status quo. Achieving these benefits costs $253 000 per QALY gained. At current drug prices, total expenditures for PrEP+screen+ART could be as high as $44 billion over 20 years. Results of Sensitivity Analysis: Cost-effectiveness of the intervention is linear in the annual cost of PrEP and is dependent on PrEP drug adherence, individual transmission risks, and community HIV prevalence. Limitation: Data on risk stratification and achievable PrEP efficacy levels for U.S. PWID are limited. Conclusion: PrEP with frequent screening and prompt treatment for those who become infected can reduce HIV burden among PWID and provide health benefits for the entire U.S. population, but, at current drug prices, it remains an expensive intervention both in absolute terms and in cost per QALY gained. Primary Funding Source: National Institute on Drug Abuse.	anti human immunodeficiency virus agentbuprenorphinemethadone	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Bil, Janneke P; van der Veldt, Wendy M; Prins, Maria; Stolte, Ineke G; Davidovich, Udi	Motives of Dutch men who have sex with men for daily and intermittent HIV pre-exposure prophylaxis usage and preferences for implementation A qualitative study	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000004910	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85013127758&doi=10.1097%2fMD.0000000000004910&partnerID=40&md5=fb14431092a5d58ffb6cb595353e76c3	Although PrEP is not yet registered in Europe, including the Netherlands, its approval and implementation are expected in the near future. To inform future pre-exposure prophylaxis (PrEP) implementation, this study aimed to gain insight into motives and preferences for daily or intermittent PrEP use among Dutch HIV-negative men having sex with men (MSM). Between February and December 2013, semistructured interviews were conducted until data saturation was reached (N=20). Interviews were analyzed using the Grounded Theory approach. Motives for (not) using daily PrEP were based on beliefs about PrEP efficacy and side effects, preferences for other prevention strategies, self-perceived HIV risk, self-perceived efficacy of PrEP adherence, beliefs about possible benefits (e.g., anxiety reduction, sex life improvement), and barriers of PrEP use (e.g., costs, monitoring procedures). The perceived benefits of intermittent versus daily PrEP use were the lower costs and side effects and the lower threshold to decision to start using intermittent PrEP. Barriers of intermittent PrEP versus daily PrEP use were the perceived need to plan their sex life and adhere to multiple prevention strategies. Although some perceived PrEP as a condom substitute, others were likely to combine PrEP and condoms for sexually transmitted infections (STI) prevention and increased HIV protection. Participants preferred PrEP service locations to have specialized knowledge of HIV, antiretroviral therapy, sexual behavior, STIs, patients' medical background, be easily approachable, be able to perform PrEP follow-up monitoring, and provide support. To maximize the public health impact of PrEP, ensuring high uptake among MSM at highest risk is important. Therefore, targeted information about PrEP efficacy and side effects need to be developed, barriers for accessing PrEP services should be minimized, and perceived self-efficacy to use PrEP should be addressed and improved. To prevent increases in STIs, condom use should be monitored and PrEP should be integrated into routine STI screening and counseling. Copyright © 2016 the Author(s). Published by Wolters Kluwer Health, Inc. All rights reserved.	HIV; Men who have sex with men; Pre-exposure prophylaxis; Prevention of sexual transmission; Sexual behavior	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Article	2016	Blackstock, OJ; Moore, BA; Berkenblit, G; Calabrese, SK; Cunningham, C; Fiellin, DA; Patel, VV; Phillips, KA; Shah, M; Tetrault, J; Edelman, EJ	PRIMARY CARE PROVIDER AND PRACTICE CHARACTERISTICS ASSOCIATED WITH HIV PRE-EXPOSURE PROPHYLAXIS (PREP) UPTAKE	Journal of General Internal Medicine	-	-	-	0884-8734	10.1521/aeap.2021.33.4.325	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8559721/	Increasing access to pre-exposure prophylaxis (PrEP) in primary care settings for patients who may be at risk for HIV could help increase PrEP uptake, which has remained low among certain key risk populations. Previous work suggests a high degree of variability among primary care providers regarding attitudes, knowledge, and prescriptive practices related to PrEP. The current study sought to better understand factors contributing to variation in PrEP prescribing and assess potential interventions. Primary care providers identified from national claims data as having either high- or low-likelihood of having PrEP-eligible patients based on their prescribing practices for other sexually transmitted infections were interviewed by telephone. The study yielded important information about primary care providers' knowledge, attitudes, and beliefs about PrEP, as well as barriers and facilitators to prescribing PrEP. Key recommendations that can inform provider-focused, network-based interventions to increase PrEP-prescribing include increasing patient education to increase demand from providers, and enhancing provider education and connections with other local providers. Other recommendations include leveraging technology (e.g., dashboards illustrating prescription rates as compared to peers), providing prescribing cheat sheets, and instituting standardized sexual health screenings.	HIV, Pre-exposure Prophylaxis, Primary Care, Implementation, Network Intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Blaizot, Stéphanie; Maman, David; Riche, Benjamin; Mukui, Irene; Kirubi, Beatrice; Ecochard, René; Etard, Jean-François	Potential impact of multiple interventions on HIV incidence in a hyperendemic region in Western Kenya: a modelling study.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-016-1520-4	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-016-1520-4	BACKGROUND: Multiple prevention interventions, including early antiretroviral therapy initiation, may reduce HIV incidence in hyperendemic settings. Our aim was to predict the short-term impact of various single and combined interventions on HIV spreading in the adult population of Ndhiwa subcounty (Nyanza Province, Kenya). METHODS: A mathematical model was used with data on adults (15-59 years) from the Ndhiwa HIV Impact in Population Survey to compare the impacts on HIV prevalence, HIV incidence rate, and population viral load suppression of various interventions. These interventions included: improving the cascade of care (use of three guidelines), increasing voluntary medical male circumcision (VMMC), and implementing pre-exposure prophylaxis (PrEP) use among HIV-uninfected women. RESULTS: After four years, improving separately the cascade of care under the WHO 2013 guidelines and under the treat-all strategy would reduce the overall HIV incidence rate by 46 and 58 %, respectively, vs. the baseline rate, and by 35 and 49 %, respectively, vs. the implementation of the current Kenyan guidelines. With conservative and optimistic scenarios, VMMC and PrEP would reduce the HIV incidence rate by 15-25 % and 22-28 % vs. the baseline, respectively. Combining the WHO 2013 guidelines with VMMC would reduce the HIV incidence rate by 35-56 % and combining the treat-all strategy with VMMC would reduce it by 49-65 %. Combining the WHO 2013 guidelines, VMMC, and PrEP would reduce the HIV incidence rate by 46-67 %. CONCLUSIONS: The impacts of the WHO 2013 guidelines and the treat-all strategy were relatively close; their implementation is desirable to reduce HIV spread. Combining several strategies is promising in adult populations of hyperendemic areas but requires regular, reliable, and costly monitoring.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Female; Viral Load; HIV; Kenya/epidemiology; Models, Theoretical; Antiretroviral therapy; Pre-exposure prophylaxis; HIV Infections/drug therapy/*epidemiology/*prevention & control; Mathematical models; Male circumcision; *Circumcision, Male/statistics & numerical data; Hyperendemic settings	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2016	Bond, Keosha T; Gunn, Alana J	Perceived Advantages and Disadvantages of Using Pre-Exposure Prophylaxis (PrEP) among Sexually Active Black Women: An Exploratory Study.	Journal of Black Sexuality and Relationships	-	-	-	2334-2668	10.1353/bsr.2016.0019	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5512598	Knowledge of pre-exposure prophylaxis (PrEP) continues to remain scarce among Black women who are disproportionally affected by HIV in the United States. A thematic analysis of open-ended questions from a sample of Black women (n=119) who completed a mix-methods, online, e-health study was conducted to examine the perceived advantages and disadvantages of using PrEP. Being a female controlled method, empowerment, option for women with risky sex partners, and serodiscordant couples were advantages described. Disadvantages of PrEP were identified as the complexity of the choice, encouragement of sex with risky partners, increased burden, promotion of unprotected sex, and newness of the drug.	Black women, HIV Prevention, Pre-exposure prophylaxis, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Editorial	2016	Brady, Michael	Pre-exposure prophylaxis as HIV prevention in the UK.	Therapeutic Advances in Chronic Disease	-	-	-	2040-6223	10.1177/2040622316647612	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4907072	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2016	Braksmajer, Amy; Senn, Theresa E; McMahon, James	The Potential of Pre-Exposure Prophylaxis for Women in Violent Relationships.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2016.0098	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4913495	HIV and intimate partner violence (IPV) are significant intersecting threats to women's health. Women in violent relationships have few feasible HIV risk reduction options as traditional prevention methods are largely dependent on a partner's cooperation. The purpose of this review is to explore potential benefits and drawbacks of pre-exposure prophylaxis (PrEP) use among women in the United States experiencing IPV. Advantages of PrEP use in this population include the potential for covert or autonomous use, coital independence, dual protection against sexual and injection risk, and facilitated connections to social services. A number of barriers, however, may interfere with the effective use of PrEP, including partner resistance, cost, frequent medical visits, gendered norms regarding sexuality, and stigma. To realize its potential for women in violent relationships, it will be necessary to incorporate PrEP into behavioral and structural interventions that encourage uptake, facilitate adherence, ensure women's safety, and challenge existing gender norms.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Brett-Major D.M.; Scott P.T.; Crowell T.A.; Polyak C.S.; Modjarrad K.; Robb M.L.; Blazes D.L.	Are you PEPped and PrEPped for travel? Risk mitigation of HIV infection for travelers	Tropical Diseases, Travel Medicine and Vaccines	-	-	-	20550936	10.1186/s40794-016-0042-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069238555&doi=10.1186%2fs40794-016-0042-9&partnerID=40&md5=5db03127cfbf5d6847593f642a619ba8	The HIV pandemic persists globally and travelers are at risk for infection by the Human Immunodeficiency Virus (HIV). While HIV-focused guidelines delineate risk stratification and mitigation strategies for people in their home communities, travel issues are not addressed. In this review, direct and indirect evidence on HIV risk among travelers is explored. The burgeoning practice of employing pre-exposure prophylaxis (PrEP) with anti-retroviral therapy in the non-travel setting is introduced, as well as the more established use of post-exposure prophylaxis (PEP). Challenges in applying these lessons to travelers are discussed, and a new guidelines process is scoped and recommended. © 2016 The Author(s).	Human Immunodeficiency Virus; Post-exposure; Pre-exposure; Prophylaxis; Review; Travel	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Brydon C.	PrEP should be a key component of a comprehensive HIV prevention package fully funded on the NHS	Clinical Pharmacist	-	-	-	17589061	10.1211/CP.2016.20201939	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057720554&doi=10.1211%2fCP.2016.20201939&partnerID=40&md5=1eadb621d7468fe478136e25f6567986	Pre-exposure prophylaxis (PrEP) is the medication taken by HIV-negative individuals to reduce their risk of contracting HIV infection. The large evidence base for the use of PrEP has been reviewed and recommended by the World Health Organization (WHO), a specialised agency of the United Nations that is concerned with international public health, the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the National Institute for Health and Care Excellence (NICE), England's health technology assessment body. NHS England, the body that sets the priorities and direction of the NHS and commissions healthcare services in England, does not currently fund PrEP despite the increasing numbers of HIV infections in the UK. This article aims to review why PrEP should be fully funded through the NHS and the issues that need to be considered, primarily its efficacy and cost as well as risk of side effects, changes in condom use, rates of sexually transmitted infections and drug resistance. It will outline the arguments supporting the use of PrEP as part of a comprehensive HIV prevention package on the NHS. © 2016 Royal Pharmaceutical Society. All rights reserved.	AIDS; Emtricitabine; HIV; NHS; Pre-exposure prophylaxis; PrEP; Prevention; Tenofovir; Truvada®.	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review

Article	2016	Cáceres C.F.; Borquez A.; Klausner J.D.; Baggaley R.; Beyrer C.	Implementation of pre-exposure prophylaxis for human immunodeficiency virus infection: Progress and emerging issues in research and policy	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.19.7.2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84995595304&doi=10.7448%2fIAS.19.7.2&partnerID=40&md5=d8c461bbac300a53e92a7623eb3e7a5f	Background: In this article, we present recent evidence from studies focused on the implementation, effectiveness and costeffectiveness of pre-exposure prophylaxis (PrEP) for HIV infection; discuss PrEP scale-up to date, including the observed levels of access and policy development; and elaborate on key emerging policy and research issues to consider for further scale-up, with a special focus on lower-middle income countries. Discussion: The 2015 WHO Early Release Guidelines for HIV Treatment and Prevention reflect both scientific evidence and new policy perspectives. Those guidelines present a timely challenge to health systems for the scaling up of not only treatment for every person living with HIV infection but also the offer of PrEP to those at substantial risk. Delivery and uptake of both universal antiretroviral therapy (ART) and PrEP will require nation-wide commitment and could reinvigorate health systems to develop more comprehensive "combination prevention" programmes and support wider testing linked to both treatments and other prevention options for populations at highest risk who are currently not accessing services. Various gaps in current health systems will need to be addressed to achieve strategic scale-up of PrEP, including developing prioritization strategies, strengthening drug regulations, determining cost and funding sources, training health providers, supporting user adherence and creating demand. Conclusions: The initial steps in the scale-up of PrEP globally suggest feasibility, acceptability and likely impact. However, to prevent setbacks in less well-resourced settings, countries will need to anticipate and address challenges such as operational and health systems barriers, drug cost and regulatory policies, health providers' openness to prescribing PrEP to populations at substantial risk, demand and legal and human rights issues. Emerging problems will require creative solutions and will continue to illustrate the complexity of PrEP implementation. © 2016 Cáceres CF et al; licensee International AIDS Society.	Acceptability; Combination prevention; Health systems; HIV; Implementation science; Pre-exposure prophylaxis; Program cost; Scale-up	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Review
Editorial	2016	Cáceres, Carlos F; Bekker, Linda-Gail; Godfrey-Faussett, Peter	Global implementation of PrEP as part of combination HIV prevention – Unsolved challenges	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.19.7.21479	https://onlinelibrary.wiley.com/doi/full/10.7448/IAS.19.7.21479	The 2015 World Health Organization (WHO) Guidelines on when to start antiretroviral (ARV) therapy and on pre-exposure prophylaxis (PrEP) for HIV (1) made two landmark recommendations: 1) the offer of ARV treatment to anybody diagnosed with HIV infection, regardless of CD4 levels (i.e. "test and offer"); and 2) the offer of oral HIV PrEP with a tenofovir-containing scheme to any person at substantial risk. As of mid-2016, many of the concerns about potential roll-out that emerged from clinical trials are quickly fading: real-life effectiveness has been demonstrated in 2015/2016 and qualified the role of some of the important undesired occurrences that had been anticipated such as low adherence and "risk compensation" leading to viral resistance and new infections (2). Studies such as PROUD (3) have shown that at least men who have sex with men (MSM) who use PrEP are at significant risk (due to frequent condomless anal intercourse with casual partners of unknown serostatus), are highly adherent, and can benefit from PrEP effectiveness. PrEP uptake with high adherence in certain communities (e.g. the gay community in San Francisco) (4) is contributing to significant reductions in HIV infections in that city. In addition, studies assessing intermittent PrEP (e.g. the on-demand PrEP scheme used in Ipergay (5), and alternative schemes for MSM included in a Thai study) have also contributed exciting results (6). On 8 June 2016, the UN General Assembly signed the political declaration on HIV and AIDS: on the fast-track to accelerate the fight against HIV and to end the AIDS epidemic by 2030 (7). To fulfill the aspirations of the political declaration, UNAIDS has established a 2016–2021 strategy (8) with targets set in HIV prevention and care at the local and regional levels: an ambitious target of ensuring access to PrEP for three million people at substantial risk by 2020. This is based on reaching an overall estimate of 10% of populations at increased risk, namely key populations including MSM, transgender people, and sex workers as well as young women of reproductive age living in the most highly affected communities and people in serodiscordant partnerships where the viral load of the positive partner is not known to be reliably suppressed.Despite recent progress and these aspirational goals, actual roll-out at a global scale is just beginning, and considerable challenges remain unmet. The planning and organization of demonstration studies beyond MSM in the United States and the UK has been slow, and implementation-relevant information for both the general population and specific key populations (e.g. female sex workers in generalized epidemic contexts, and MSM and transwomen in Asia and Latin America) is still lacking. While concerns about adherence and effectiveness (particularly among MSM) have abated, some other issues have emerged, including 1) the preferred ARV agent, although tenofovir–emtricitabine is the only licensed agent at present; 2) potential of less frequent dosing, and cost and sustainability (as much in lower-middle income as in higher-income countries); and 3) a long list of implementation questions that vary by setting and target population. The latter may make monitoring of impact and outcome more complex.NEMUS, in collaboration with UNAIDS, has followed its first supplement on PrEP beyond clinical trials (9) with this new collection of papers focused on PrEP roll-out, identifying barriers and solutions, again with a focus on regions and populations not considered before. In this editorial, we highlight the main messages of the papers included in this new series. Together with other tools that will be published soon, such as the upcoming WHO implementation guidelines, this publication will help to document progress and guide implementers through a rapidly changing field.	basic medicine; clinical medicine; general & internal medicine; medical and health sciences; virology; Family medicine; Human immunodeficiency virus (HIV); Bioinformatics	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Other
Editorial	2016	Cáceres, Carlos F; Linda-Gail Bekker; Peter Godfrey-Faussett	No one left behind: how are we doing in the roll-out of PrEP as part of combination HIV prevention?	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.19.7.21364	https://www.proquest.com/scholarly-journals/no-one-left-behind-how-are-we-doing-roll-out-prep/docview/2290093740/se-2?accountid=8113	The 2015 World Health Organization (WHO) Guidelines on when to start antiretroviral (ARV) therapy and on pre-exposure prophylaxis (PrEP) for HIV 1 made two landmark recommendations: 1) the offer of ARV treatment to anybody diagnosed with HIV infection, regardless of CD4 levels (i.e. "test and offer"); and 2) the offer of oral HIV PrEP with a tenofovir-containing scheme to any person at substantial risk. While feasibility, acceptability and potential impact have been demonstrated, creative solutions will be needed to overcome challenges, which include operational and health systems barriers, drug cost and regulatory policies, health providers' openness to prescribing PrEP to populations at substantial risk, demand creation and legal and human rights issues. Some key action areas identified included the normalization of HIV prevention to help demand creation; community level interventions involving opinion leaders as well as empowerment interventions for those at highest risk; access to quality services for all, including for stigmatized populations; and provision of adherence support that recognizes social and structural factors. ...Cairns and Race 18 present a community viewpoint, which reminds the readers that PrEP has been and continues to be an intervention causing controversy and debate between providers, advocates and potential users.	HIV; Africa; Asia; Pre-exposure prophylaxis; prevention; Prevention; Disease prevention; Human rights; Prep; Funding; Tenofovir disoproxil; Empowerment; Clinical trials; programme implementation; demonstration studies; continuum of prevention and care; health financing; Human immunodeficiency virus--HIV; Sex industry; Acquired immune deficiency syndrome--AIDS; Medical Sciences; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Other
Article	2016	Cairns, Gus P; Race, Kane; Goicochea, Pedro	PrEP: controversy, agency and ownership.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.19.7.21120	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5071749	Pre-exposure prophylaxis (PrEP) has been and continues to be an intervention that causes controversy and debate between stakeholders involved in providing or advocating for it, and within communities in need of it. These controversies extend beyond the intrinsically complex issues of making it available. In this commentary, some of the possible roots of the air of dissent and drama that accompanies PrEP are explored. The similarities between the controversies that dogged the earliest human trials of PrEP and the ones we see today in the era of licensing and implementation are explored. We outline five mediating principles or cultural norms that may influence arguments about PrEP differently. Three areas of specific concern are identified: medical risk versus benefit, distrust and fear of healthcare interventions, and fears for individual responsibility and community cohesion. The fear that PrEP may somehow represent a loss of control over one or more of these domains is suggested as an underlying factor. The development of countervailing measures, to institute greater community "ownership" of PrEP, and concomitant improvements in the sense of individual agency over sexual risk are outlined and recommended.	HIV, HIV prevention, pre-exposure prophylaxis, sociology of HIV, HIV prevention implementation, key affected populations, men who have sex with men	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Cairns, Gus; McCormack, Sheena; Molina, Jean-Michel	The European preexposure prophylaxis revolution.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000223	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4888928	PURPOSE OF REVIEW: The review describes the European epidemic and the challenges in moving from clinical trials of preexposure prophylaxis (PrEP) to routine practice. RECENT FINDINGS: Two European trials conducted in gay and other MSM and transgender women reported a high and consistent reduction in HIV incidence using oral PrEP with tenofovir/emtricitabine (TDF/FTC). The incidence of HIV infection in the control group was much higher than anticipated, based on routine surveillance data in MSM, in spite of the highest standard of HIV prevention available. SUMMARY: Recent results have highlighted the urgent need to make PrEP available to key populations in Europe as an additional prevention tool. Gilead has not yet submitted an application to use TDF/FTC as PrEP in Europe. Although regulatory approval would accelerate implementation, countries are already dispensing TDF/FTC as postexposure prophylaxis without this. Services for prevention are diverse across countries ranging from free, walk-in services for the diagnosis and treatment of HIV and other sexually transmitted infections, to insurance-dependent reimbursement of private clinical services. Momentum is gathering in Europe with PrEP demonstration projects in MSM and a growing demand from community organizations. Each Member State urgently needs to identify their key populations and determine the service best placed to provide this new prevention strategy within a comprehensive prevention package.	Europe, health services, key populations, MSM, preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Calabrese S.K.; Magnus M.; Mayer K.H.; Krakower D.S.; Eldahan A.I.; Gaston Hawkins L.A.; Hansen N.B.; Kershaw T.S.; Underhill K.; Betancourt J.R.; Dovidio J.F.	Putting PrEP into practice: Lessons learned from early-adopting U.S. providers' firsthand experiences providing HIV pre-exposure prophylaxis and associated care	PLOS One	-	-	-	19326203	10.1371/journal.pone.0157324	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975882061&doi=10.1371%2fjournal.pone.0157324&partnerID=40&md5=69786a6696948c0dbafcbe651d7af0a5	Optimizing access to HIV pre-exposure prophylaxis (PrEP), an evidence-based HIV prevention resource, requires expanding healthcare providers' adoption of PrEP into clinical practice. This qualitative study explored PrEP providers' firsthand experiences relative to six commonly-cited barriers to prescription - financial coverage, implementation logistics, eligibility determination, adherence concerns, side effects, and anticipated behavior change (risk compensation) - as well as their recommendations for training PrEP-inexperienced providers. U.S.-based PrEP providers were recruited via direct outreach and referral from colleagues and other participants (2014-2015). One-one interviews were conducted in person or by phone, transcribed, and analyzed. The sample (n = 18) primarily practiced in the Northeastern (67%) or Southern (22%) U.S. Nearly all (94%) were medical doctors (MDs), most of whom self-identified as infectious disease specialists. Prior experience prescribing PrEP ranged from 2 to 325 patients. Overall, providers reported favorable experiences with PrEP implementation and indicated that commonly anticipated problems were minimal or manageable. PrEP was covered via insurance or other programs for most patients; however, pre-authorization requirements, laboratory/service provision costs, and high deductibles sometimes presented challenges. Various models of PrEP care and coordination with other providers were utilized, with several providers highlighting the value of clinical staff support. Eligibility was determined through joint decision-making with patients; CDC guidelines were commonly referenced but not considered absolute. Patient adherence was variable, with particularly strong adherence noted among patients who had actively sought PrEP (self-referred). Providers observed minimal adverse effects or increases in risk behavior. However, they identified several barriers with respect to accessing and engaging PrEP candidates. Providers offered a wide range of suggestions regarding content, strategy, and logistics surrounding PrEP training, highlighting sexual history-taking and sexual minority competence as areas to prioritize. These insights from early-adopting PrEP providers may facilitate adoption of PrEP into clinical practice by PrEP-inexperienced providers, thereby improving access for individuals at risk for HIV. © 2016 Calabrese et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Calabrese S.K.; Underhill K.; Earnshaw V.A.; Hansen N.B.; Kershaw T.S.; Magnus M.; Krakower D.S.; Mayer K.H.; Betancourt J.R.; Dovidio J.F.	Framing HIV Pre-Exposure Prophylaxis (PrEP) for the General Public: How Inclusive Messaging May Prevent Prejudice from Diminishing Public Support	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1318-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975755411&doi=10.1007%2fs10461-016-1318-9&partnerID=40&md5=a46cefb2b0ace10fb22ca008a822cc2f	Strategic framing of public messages about HIV pre-exposure prophylaxis (PrEP) may influence public support for policies and programs affecting access. This survey study examined how public attitudes toward PrEP differed based on the social group PrEP was described as benefiting ("beneficiary") and the moderating effect of prejudice. Members of the general public (n = 154) recruited online were randomly assigned to three beneficiary conditions: general population, gay men, or Black gay men. All participants received identical PrEP background information before completing measures of PrEP attitudes (specifying beneficiary), racism, and heterosexism. Despite anticipating greater PrEP adherence among gay men and Black gay men and perceiving PrEP as especially beneficial to the latter, participants expressed lower support for policies/programs making PrEP affordable for these groups vs. the general population. This disparity in support was stronger among participants reporting greater prejudice. Inclusive framing of PrEP in public discourse may prevent prejudice from undermining implementation efforts. © 2016, Springer Science+Business Media New York.	Black/African American; Framing; HIV; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Prejudice; Public opinion	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Cambiano, Valentina; Miners, Alec; Phillips, Andrew	What do we know about the cost-effectiveness of HIV preexposure prophylaxis, and is it affordable?	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000217	https://dx.doi.org/10.1097/COH.0000000000000217	PURPOSE OF REVIEW: The WHO recommends preexposure prophylaxis (PrEP) in populations at substantial risk of HIV. Despite a number of randomized controlled trials demonstrating its efficacy, and several ongoing implementation projects, PrEP is currently only available in a few countries. Modelling studies can provide useful insights into the long-term impact of introducing PrEP in different subgroups of the population. The review summarizes studies that either evaluated the cost-effectiveness or the cost of introducing PrEP, focusing on seven published in the last year. RECENT FINDINGS: These studies used a number of different types of models and investigated the introduction of PrEP in different settings. Among men having sex with men (MSM) in North America, PrEP ranged from being cost-saving (while benefiting population health) to costing US $160,000/quality-adjusted life-year gained. Among heterosexual sero-different couples, it varied from around US $5000 to US $10,000/disability-adjusted life-year averted, when PrEP was used until 6 or 12 months after the HIV-positive partner had initiated antiretroviral therapy (ART) in, respectively, Uganda and South Africa. SUMMARY: Future cost-effectiveness studies of PrEP should consider the HIV incidence, the level of uptake, the effect of its introduction on alternative prevention approaches, and the budget impact of rolling it out.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Carlo Hojilla, J; Koester, Kimberly A; Cohen, Stephanie E; Buchbinder, Susan; Ladzekpo, Deawodi; Matheson, Tim; Liu, Albert Y	Sexual Behavior, Risk Compensation, and HIV Prevention Strategies Among Participants in the San Francisco PrEP Demonstration Project: A Qualitative Analysis of Counseling Notes.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-015-1055-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592687	Pre-exposure prophylaxis (PrEP) is a viable HIV prevention strategy but risk compensation could undermine potential benefits. There are limited data that examine this phenomenon outside of clinical trials. We conducted a qualitative analysis of counseling notes from the San Francisco site of the US PrEP demonstration project to assess how men who have sex with men used PrEP as a prevention strategy and its impact on their sexual practices. Four major themes emerged from our analysis of 130 distinct notes associated with 26 participants. Prevention strategy decision-making was dynamic, often influenced by the context and perceived risk of a sexual encounter. Counselors noted that participants used PrEP in conjunction with other health promotion strategies like condoms, asking about HIV status of their sex partners, and seroadaptation. With few exceptions, existing risk reduction strategies were not abandoned upon initiation of PrEP. Risk-taking behavior was 'seasonal' and fluctuations were influenced by various personal, psychosocial, and health-related factors. PrEP also helped relieve anxiety regarding sex and HIV, particularly among serodiscordant partners. Understanding sexual decision-making and how PrEP is incorporated into existing prevention strategies can help inform future PrEP implementation efforts.	HIV prevention, pre-exposure prophylaxis, HIV/AIDS, men who have sex with men, risk compensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Carrico, Adam W.; Zepf, Roland; Meanley, Steven; Batchelder, Abigail; Stall, Ronald	Critical Review: When the Party is Over: A Systematic Review of Behavioral Interventions for Substance-Using Men Who Have Sex with Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001102	https://pubmed.ncbi.nlm.nih.gov/27258233/	Because problematic patterns of alcohol and other substance use are prevalent drivers of the HIV/AIDS epidemic, comprehensive interventions are needed for substance-using men who have sex with men (SUMSM). We conducted a systematic review of 12 randomized controlled trials (RCTs) of behavioral interventions for reducing condomless anal intercourse (CAI) in SUMSM. Three RCTs observed that cognitive behavioral or motivational interviewing interventions achieved a 24% to 40% decrease in CAI. Interventions also tended to demonstrate greater efficacy for reducing CAI and substance use among those who had lower severity of substance use disorder symptoms. Although behavioral interventions for SUMSM are one potentially important component of biobehavioral HIV/AIDS prevention, further research is needed to examine whether integrative approaches that cultivate resilience and target co-occurring syndemic conditions demonstrate greater efficacy. Multilevel intervention approaches are also needed to optimize the effectiveness of pre-exposure prophylaxis and HIV treatment as prevention with SUMSM.	Humans; Male; Randomized Controlled Trials as Topic; Risk-Taking; Prevalence; Health Knowledge, Attitudes, Practice; *Risk Reduction Behavior; Homosexuality, Male/*psychology; *Cognitive Behavioral Therapy; Sexually Transmitted Diseases/complications/*prevention & control/psychology; Substance-Related Disorders/complications/prevention & control/*psychology/*therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Carroll J.J.; Heffron R.; Mugo N.; Ngure K.; Ndase P.; Asiimwe S.; Celum C.; Baeten J.M.	Perceived Risk among Human Immunodeficiency Virus Serodiscordant Couples in East Africa Taking Oral Pre-Exposure Prophylaxis	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000472	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84976548764&doi=10.1097%2fOLQ.0000000000000472&partnerID=40&md5=75d69e1107f316be33ac5498ddafa6e8	Objectives Perceived risk of human immunodeficiency virus (HIV) infection is thought to drive low adherence in pre-exposure prophylaxis (PrEP) trials. We explored the level of perceived risk of incident HIV infection in the Partners PrEP Study, in which adherence was generally high. Methods A cross-sectional questionnaire assessed perceived risk of HIV at 12 months after enrollment. Logistic regression was used to analyze the relationship between perceived risk and other demographic and behavioral variables. Results Three thousand two hundred twenty-six couples from the Partners PrEP Study were included in this analysis. Only 15.4% of participants reported high or moderate perceived risk. Participants at high risk of acquiring HIV were slightly more likely to report high perceived risk (odds ratio, 1.60; 95% confidence interval, 1.30-1.95; P < 0.001); nevertheless, only 20% of participants with high-risk reported high perceived risk. Conclusions Participants reported low perceived risk of HIV but were adherent to PrEP. Perceptions of risk are likely socially determined and more complex than Likert scale questionnaires capture. © 2016 American Sexually Transmitted Diseases Association All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Carroll J.J.; Ngure K.; Heffron R.; Curran K.; Mugo N.R.; Baeten J.M.	Gendered differences in the perceived risks and benefits of oral PrEP among HIV-serodiscordant couples in Kenya	AIDS Care	-	-	-	9540121	10.1080/09540121.2015.1131972	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954244267&doi=10.1080%2f09540121.2015.1131972&partnerID=40&md5=bf14280dc24d9539bf6ab798802c4adf	Pre-exposure prophylaxis (PrEP) is effective for preventing HIV among HIV-serodiscordant heterosexual couples. Gender roles may influence perceived personal and social risks related to HIV-prevention behaviors and may affect use of PrEP. In this study, interviews and focus groups were conducted with 68 individuals from 34 mutually disclosed serodiscordant heterosexual partnerships in Thika, Kenya. Sociocultural factors that affect adherence to PrEP were explored using grounded analysis. Three factors were identified, which shape perceptions of PrEP: Gendered power dynamics and control over decision-making in the household; conflicts between risk-reduction strategies and male sexual desire; culture-bound definitions of women's work. Adherence to PrEP in the Partners PrEP Study was high; however, participants articulated conflicting interests related to PrEP in connection with traditional gender roles. The successful delivery of PrEP will require understanding of key social factors, particularly related to gender and dyadic dynamics around HIV serostatus. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	Antiretroviral therapy; Heterosexual couples; HIV; Kenya; PrEP; Qualitative	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Castillo-Mancilla, Jose; Seifert, Sharon; Campbell, Kayla; Coleman, Stacey; McAllister, Kevin; Zheng, Jia-Hua; Gardner, Edward M; Liu, Albert; Glidden, David V; Grant, Robert; Hosek, Sybil; Wilson, Craig M; Bushman, Lane R; MaWhinney, Samantha; Anderson, Peter L	Emtricitabine-Triphosphate in Dried Blood Spots as a Marker of Recent Dosing.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596	10.1128/AAC.01017-16	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075074	New objective measures of antiretroviral adherence are needed. We determined if emtricitabine triphosphate (FTC-TP) in dried blood spots (DBS) can be used as a marker of recent dosing with tenofovir disoproxil fumarate-emtricitabine (TDF-FTC). The half-life of FTC-TP was estimated in DBS samples obtained from an intensive pharmacokinetic (PK) study of coformulated TDF-FTC in HIV-negative and HIV-infected participants. The concordance of quantifiable FTC-TP in DBS with tenofovir (TFV)/FTC in plasma was evaluated by utilizing paired plasma-DBS samples from participants enrolled in 2 large preexposure prophylaxis (PrEP) open-label trials. The time to FTC-TP nondetectability after TDF-FTC dosing was evaluated utilizing DBS from HIV-negative participants enrolled in a directly observed therapy study of variable adherence to TDF-FTC. The mean (95% confidence interval CI) terminal half-life of FTC-TP in the PK study was 35 (23 to 47) h. A total of 143/163 (88%) samples obtained 0 to 48 h post-TDF-FTC dose had quantifiable FTC-TP in DBS, compared with 2/93 (2%) and 0/87 (0%) obtained >48 and >96 h postdose. In 746 paired plasma-DBS samples from 445 participants enrolled in PrEP trials, when both TFV/FTC in plasma were below the limit of quantification, FTC-TP was as well in 98.9% of the samples, and when either TFV or FTC in plasma was quantifiable, FTC-TP was as well in 90.5% of the samples. The half-life of FTC-TP in DBS is short relative to that of TFV-diphosphate (TFV-DP), making it a surrogate for TFV-FTC detection in plasma. FTC-TP can be quantified in DBS simultaneously with TFV-DP, which quantifies cumulative adherence to TDF-FTC. (The clinical trials discussed in this article have been registered at ClinicalTrials.gov under identifiers NCT01040091, NCT02022657, NCT00458393, NCT01772823, and NCT02012621.).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Cavilla, S	The potential impact of PrEP (pre-exposure prophylaxis) in a single HIV centre	HIV Medicine	-	-	-	1464-2662	10.1371/journal.pmed.1001323	https://pubmed.ncbi.nlm.nih.gov/23055836/	Background: HIV pre-exposure prophylaxis (PrEP), the use of antiretroviral drugs by uninfected individuals to prevent HIV infection, has demonstrated effectiveness in preventing acquisition in a high-risk population of men who have sex with men (MSM). Consequently, there is a need to understand if and how PrEP can be used cost-effectively to prevent HIV infection in such populations. Methods and findings: We developed a mathematical model representing the HIV epidemic among MSM and transwomen (male-to-female transgender individuals) in Lima, Peru, as a test case. PrEP effectiveness in the model is assumed to result from the combination of a "conditional efficacy" parameter and an adherence parameter. Annual operating costs from a health provider perspective were based on the US Centers for Disease Control and Prevention interim guidelines for PrEP use. The model was used to investigate the population-level impact, cost, and cost-effectiveness of PrEP under a range of implementation scenarios. The epidemiological impact of PrEP is largely driven by programme characteristics. For a modest PrEP coverage of 5%, over 8% of infections could be averted in a programme prioritising those at higher risk and attaining the adherence levels of the Pre-Exposure Prophylaxis Initiative study. Across all scenarios, the highest estimated cost per disability-adjusted life year averted (uniform strategy for a coverage level of 20%, US$1,036-US$4,254) is below the World Health Organization recommended threshold for cost-effective interventions, while only certain optimistic scenarios (low coverage of 5% and some or high prioritisation) are likely to be cost-effective using the World Bank threshold. The impact of PrEP is reduced if those on PrEP decrease condom use, but only extreme behaviour changes among non-adherers (over 80% reduction in condom use) and a low PrEP conditional efficacy (40%) would adversely impact the epidemic. However, PrEP will not arrest HIV transmission in isolation because of its incomplete effectiveness and dependence on adherence, and because the high cost of programmes limits the coverage levels that could potentially be attained. Conclusions: A strategic PrEP intervention could be a cost-effective addition to existing HIV prevention strategies for MSM populations. However, despite being cost-effective, a substantial expenditure would be required to generate significant reductions in incidence. Please see later in the article for the Editors' Summary.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Celum, C; Morrow, RA; Donnell, D; Hong, T; Hendrix, CW; Thomas, KK	Daily oral tenofovir and emtricitabine-tenofovir pre-exposure prophylaxis reduces herpes simplex virus type 2 acquisition among heterosexual HIV-1-uninfected men and women: a subgroup analysis of a randomized trial	Annals of Internal Medicine	-	-	-	0003-4819	10.7326/L16-0549	https://pubmed.ncbi.nlm.nih.gov/24979446/	Background: Daily oral preexposure prophylaxis (PrEP) using the antiretroviral tenofovir disoproxil fumarate (TDF) alone or in combination with emtricitabine (FTC-TDF) reduces the risk for HIV-1 acquisition. Tenofovir has in vitro activity against herpes simplex virus type 2 (HSV-2). Objective: To assess the efficacy of daily oral PrEP with tenofovir and FTC-TDF in the prevention of HSV-2 acquisition. Design: Subgroup analysis of data from a randomized, placebo-controlled trial with concealed allocation. (ClinicalTrials.gov: NCT00557245). Setting: Multiple sites in Kenya and Uganda. Participants: Heterosexual men and women who were seronegative for HIV-1 and HSV-2 and at high risk for HIV-1 acquisition due to having an HIV-1-infected partner. Intervention: Once-daily oral tenofovir disoproxil fumarate (TDF), alone or combined with emtricitabine (FTC-TDF), compared with placebo. Measurements: HSV-2 seroconversion. Results: A total of 131 participants seroconverted to HSV-2 (79 of 1041 assigned to tenofovir or FTC-TDF PrEP [HSV-2 incidence, 5.6 per 100 person-years] and 52 of 481 assigned to placebo [HSV-2 incidence, 7.7 per 100 person-years]). The hazard ratio (HR) for HSV-2 acquisition with daily oral PrEP was 0.70 (95% CI, 0.49 to 0.99; P = 0.047) compared with placebo, and the absolute risk reduction was 2.1 per 100 person-years. Among the 1044 participants with HSV-2-infected partners, the HR for PrEP was 0.67 (CI, 0.46 to 0.98; P = 0.038) compared with placebo, and the absolute risk reduction was 3.1 per 100 person-years. Limitation: Randomization was not stratified by HSV-2 status, and diagnostic tests to exclude participants with acute HSV-2 at baseline are not available. Conclusion: Daily oral tenofovir-based PrEP significantly reduced the risk for HSV-2 acquisition among heterosexual men and women. Modest protection against HSV-2 is an added benefit of HIV-1 prevention with oral tenofovir-based PrEP.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Chaillon A.; Hoenigl M.; Mehta S.R.; Weibel N.; Little S.J.; Smith D.M.	A practical online tool to estimate antiretroviral coverage for HIV infected and susceptible populations needed to reduce local HIV epidemics	Scientific Reports	-	-	-	20452322	10.1038/srep28707	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975701671&doi=10.1038%2fsrep28707&partnerID=40&md5=bdd48271d141fa1b2a562b15da68b526	It remains unclear what proportions of HIV-infected and uninfected people should receive effective antiretroviral therapy (ART) to control local HIV epidemics. We developed a flexible model to evaluate the impact of treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) on HIV incidence in local communities. We evaluated this tool for determining what TasP and PrEP targets are needed to substantially reduce the HIV epidemic in San Diego, which is predominately comprised of men who have sex with men. By increasing the proportion of HIV-infected individuals on ART from 30% to 50%, 686 new infections would be prevented over five years in San Diego. By providing PrEP to 30% of MSM to the age group that account for 90% of local HIV incident cases (21-52 years), we could prevent 433 infections over five years. When combining these initiatives, a PrEP coverage rate of 40% and TasP coverage rate of 34% would be expected to decrease the number of new infections by over half in one year. This online tool is designed to help local public health planners and policy makers to estimate program outcomes and costs that may lead to better control of their local HIV epidemics.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Chan P.A.; Mena L.; Patel R.; Oldenburg C.E.; Beauchamps L.; Perez-Brumer A.G.; Parker S.; Mayer K.H.; Mimiaga M.J.; Nunn A.	Retention in care outcomes for HIV pre-exposure prophylaxis implementation programmes among men who have sex with men in three US cities	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.19.1.20903	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84976295655&doi=10.7448%2fIAS.19.1.20903&partnerID=40&md5=297a80738018bc083535ce6fdd5a643d	Introduction: Despite the efficacy of pre-exposure prophylaxis (PrEP) in preventing HIV transmission, few studies have evaluated PrEP use and retention in care outcomes in real-world settings outside of clinical trials. Methods: Data were collected from PrEP clinical care programmes in three mid-size US cities: Providence, Rhode Island (RI); Jackson, Mississippi (MS); and St. Louis, Missouri (MO). We assessed the demographic and social characteristics of patients prescribed PrEP and documented their insurance and copayment experiences. We assessed retention in PrEP care at three and six months. Multivariate analyses were used to predict retention in care among men who have sex with men (MSM). HIV acquisition among the cohort was also assessed. Results: A total of 267 (RI: 117; MS: 88; MO: 62) patients were prescribed PrEP; 81% filled prescriptions (RI: 73%; MS: 82%; MO: 94%; p<0.001). Patients in MS and MO were more commonly African American than in RI (72% and 26% vs. 7%, respectively), but less frequently Latino (2% and 3% vs. 24%, respectively). More patients reported living below the federal poverty line in MS (52%) compared to MO (23%) and RI (26%). Most patients were MSM (RI: 92%; MS: 88%; MO: 84%). The majority of MSM reported recent condomless anal sex (RI: 70%; MS: 65%; MO: 75%). Among 171 patients prescribed PrEP at least six months beforehand, 72% were retained in care at three months (RI: 68%; MS: 70%; MO: 87%; p=0.12) and 57% were retained in PrEP care at six months (RI: 53%; MS: 61%; MO: 63%; p=0.51). Insurance status and medication costs were not found to be significant barriers for obtaining PrEP. Three patients became infected with HIV during the six-month period after being prescribed PrEP (1.1%; 3/267), including one in RI (suspected acute HIV infection), one in MO (confirmed poor adherence) and one in MS (seroconverted just prior to initiation). Conclusions: PrEP initiation and retention in care differed across these distinct settings. In contrast, retention in PrEP care was consistently suboptimal across sites. Further research is needed to identify the individual, social and structural factors that may impede or enhance retention in PrEP care. © 2016 Chan PA et al; licensee International AIDS Society.	HIV; Implementation; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Chan, Philip A; Glynn, Tiffany R; Oldenburg, Catherine E; Montgomery, Madeline C; Robinette, Ashley E; Almonte, Alexi; Raifman, Julia; Mena, Leandro; Patel, Rupa; Mayer, Kenneth H; Beauchamps, Laura S; Nunn, Amy S	Implementation of Preexposure Prophylaxis for Human Immunodeficiency Virus Prevention Among Men Who Have Sex With Men at a New England Sexually Transmitted Diseases Clinic.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000000514	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129653	BACKGROUND: Preexposure prophylaxis (PrEP) is efficacious in preventing human immunodeficiency virus (HIV) among men who have sex with men (MSM). We assessed PrEP uptake among MSM presenting for services at a sexually transmitted diseases (STD) clinic. METHODS: Men who have sex with men presenting to the Rhode Island STD Clinic between October 2013 and November 2014 were educated about, and offered, PrEP. We categorized PrEP engagement using an implementation cascade to describe gaps in uptake which described MSM who: (1) were educated about PrEP, (2) indicated interest, (3) successfully received follow-up contact, (4) scheduled an appointment, (5) attended an appointment, and (6) initiated PrEP (ie, received a prescription). Bivariate and multivariable logistic regression models were used to examine predictors of PrEP initiation. RESULTS: A total of 234 MSM were educated about PrEP; of these, 56% expressed interest. Common reasons for lack of interest were low HIV risk perception (37%), wanting more time to consider (10%), concern about side effects (7%), and financial barriers (3%). Among those interested, 53% followed up. Of those, 51% scheduled an appointment. The most common reason patients did not schedule an appointment was low HIV risk perception (38%). Seventy-seven percent of those with an appointment attended the appointment; of those, 93% initiated PrEP. Patients with higher HIV-risk perception (adjusted odds ratios, 2.17; 95% confidence interval, 1.29-3.64) and a history of sex with an HIV-positive partner (adjusted odds ratios, 7.08; 95% confidence interval, 2.35-21.34) had significantly higher odds of initiating PrEP. CONCLUSIONS: Low HIV-risk perception was the most significant barrier to PrEP uptake among MSM attending a public STD clinic.	pre-exposure prophylaxis, implementation, men who have sex with men, HIV, sexually transmitted diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Chang, Hyeygjeon; Moog, Claude; Astolfi, Alessandro	Occurrence of HIV eradication for preexposure prophylaxis treatment with a deterministic HIV model.	IET Systems Biology	-	-	-	1751-8849	10.1049/iet-syb.2016.0008	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8687162	The authors examine the human immunodeficiency virus (HIV) eradication in this study using a mathematical model and analyse the occurrence of virus eradication during the early stage of infection. To this end they use a deterministic HIV-infection model, modify it to describe the pharmacological dynamics of antiretroviral HIV drugs, and consider the clinical experimental results of preexposure prophylaxis HIV treatment. They also use numerical simulation to model the experimental scenario, thereby supporting the clinical results with a model-based explanation. The study results indicate that the protocol employed in the experiment can eradicate HIV in infected patients at the early stage of the infection.	NA	English	United Kingdom	Western and Central Europe and North America	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Quantitative
Article	2016	Chen Y.-H.; Snowden J.M.; McFarland W.; Raymond H.F.	Pre-exposure Prophylaxis (PrEP) Use, Seroadaptation, and Sexual Behavior Among Men Who Have Sex with Men, San Francisco, 2004–2014	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1357-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961217976&doi=10.1007%2fs10461-016-1357-2&partnerID=40&md5=309fcae2b70ddca3aac7862002fc6403	The Food and Drug Administration approved pre-exposure prophylaxis (PrEP) to prevent HIV infection, and the Centers for Disease Control and Prevention has presented PrEP as a prevention option for groups at high risk such as men who have sex with men (MSM). Intervention data provide some information on how PrEP affects sexual behavior of MSM in trials, open label extensions, or clinics. However, it is unclear whether sexual risk and preventive behavioral patterns are changing in the population as a whole as PrEP becomes more widely available, whether due to PrEP use or other factors. We examined trends in PrEP use, numbers of condomless anal sex partners, consistent condom use, and seroadaptive strategies in San Francisco—a city which has actively promoted PrEP—using data from National HIV Behavioral Surveillance (NHBS). NHBS recruited 1211, 383, 373, and 268 HIV-negative MSM in 2004, 2008, 2011, and 2014, respectively. PrEP use increased from zero in 2004, 2008, and 2011 to 9.6 % in 2014. The proportion of men with no condomless anal sex partners dropped from 60.6 % in 2004, to 58.2 % in 2008, to 54.2 % in 2011, to 40.2 % in 2014. Consistent condom use decreased from 36.8 % in 2004, to 30.5 % in 2008 and 2011, to 18.3 % in 2014. PrEP's introduction and scale-up enters in a pre-existing trend of decreasing condom use and increasing sexually transmitted infections among MSM which may be accelerating in recent years. While PrEP use should be scaled up as a prevention option among those who would benefit most, we believe that public health officials need to be realistic about the possibility that condom use could very well continue to decline as PrEP use increases, and to an extent that may not be directly or indirectly offset by PrEP. © 2016, Springer Science+Business Media New York.	MSM; Pre-exposure prophylaxis; PrEP; Seroadaptation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Chen, Xinhui; Castillo-Mancilla, Jose R.; Seifert, Sharon M.; McAllister, Kevin B.; Zheng, Jia-Hua; Bushman, Lane R.; MaWhinney, Samantha; Anderson, Peter L.	Analysis of the Endogenous Deoxynucleoside Triphosphate Pool in HIV-Positive and -Negative Individuals Receiving Tenofovir-Emtricitabine.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/AAC.01019-16	https://journals.asm.org/doi/10.1128/aac.01019-16	Tenofovir (TFV) disoproxil fumarate (TDF) and emtricitabine (FTC), two nucleos(t)ide analogs (NA), are coformulated as an anti-HIV combination tablet for treatment and preexposure prophylaxis (PrEP). TDF/FTC may have effects on the deoxynucleoside triphosphate (dNTP) pool due to their similar structures and similar metabolic pathways. We carried out a comprehensive clinical study to characterize the effects of TDF/FTC on the endogenous dNTP pool, from baseline to 30 days of TDF/FTC therapy, in both treatment-naive HIV-positive and HIV-negative individuals. dATP, dCTP, dGTP, and TTP were quantified in peripheral blood mononuclear cells (PBMC) with a validated liquid chromatography-tandem mass spectrometry (LC-MS/MS) methodology. Forty individuals (19 HIV-positive) were enrolled and underwent a baseline visit and then received TDF/FTC for at least 30 days. Longitudinal measurements were analyzed using mixed-model segmented linear regression analysis. The dNTPs were reduced by 14% to 37% relative to the baseline level within 3 days in both HIV-negative and HIV-positive individuals (P ≤ 0.003). These reductions persisted to various degrees at day 30. These findings indicate that dNTP pools are influenced by TDF/FTC therapy. This may affect cellular homeostasis and could increase the antiviral effect through a more favorable analog/dNTP ratio. Further work is needed to elucidate mechanisms, to evaluate the clinical significance of these findings, and to further probe differences between HIV-negative and HIV-positive individuals. (This study has been registered at ClinicalTrials.gov under identifier NCT01040091.).	Adult; Humans; Male; Female; HIV Infections/*drug therapy/virology; Anti-HIV Agents/*pharmacology; Linear Models; Case-Control Studies; HIV-1/drug effects/physiology; Emtricitabine/*pharmacology; Tenofovir/*pharmacology; Deoxyadenine Nucleotides/antagonists & inhibitors/*blood; Deoxycytosine Nucleotides/antagonists & inhibitors/*blood; Deoxyguanine Nucleotides/antagonists & inhibitors/*blood; Leukocytes, Mononuclear/drug effects/metabolism/virology; Thymine Nucleotides/antagonists & inhibitors/*blood	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Chen, Xinhui; Seifert, Sharon M; Castillo-Mancilla, Jose R; Bushman, Lane R; Zheng, Jia-Hua; Kiser, Jennifer J; MaWhinney, Samantha; Anderson, Peter L	Model Linking Plasma and Intracellular Tenofovir/Emtricitabine with Deoxynucleoside Triphosphates.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0165505	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5104339	The coformulation of the nucleos(t)ide analogs (NA) tenofovir (TFV) disoproxil fumarate (TDF) and emtricitabine (FTC) is approved for HIV-infection treatment and prevention. Plasma TFV and FTC undergo complicated hybrid processes to form, accumulate, and retain as their active intracellular anabolites: TFV-diphosphate (TFV-DP) and FTC-triphosphate (FTC-TP). Such complexities manifest in nonlinear intracellular pharmacokinetics (PK). In target cells, TFV-DP/FTC-TP compete with endogenous deoxynucleoside triphosphates (dNTP) at the active site of HIV reverse transcriptase, underscoring the importance of analog:dNTP ratios for antiviral efficacy. However, NA such as TFV and FTC have the potential to disturb the dNTP pool, which could augment or reduce their efficacies. We conducted a pharmacokinetics-pharmacodynamics (PKPD) study among forty subjects receiving daily TFV/FTC (300 mg/200 mg) from the first-dose to pharmacological intracellular steady-state (30 days). TFV/FTC in plasma, TFV-DP/FTC-TP and dNTPs in peripheral blood mononuclear cells (PBMC) were quantified using validated LC/MS/MS methodologies. Concentration-time data were analyzed using nonlinear mixed effects modeling (NONMEM). Formations and the accumulation of intracellular TFV-DP/FTC-TP was driven by plasma TFV/FTC, which was described by a hybrid of first-order formation and saturation. An indirect response link model described the interplay between TFV-DP/FTC-TP and the dNTP pool change. The EC50 (interindividual variability, (%CV)) of TFV-DP and FTC-TP on the inhibition of deoxyadenosine triphosphate (dATP) and deoxycytidine triphosphate (dCTP) production were 1020 fmol/106 cells (130%) and 44.4 pmol/106 cells (82.5%), resulting in (90% prediction interval) 11% (0.45%, 53%) and 14% (2.6%, 35%) reductions. Model simulations of analog:dNTP molar ratios using IPERGAY dosing suggested that FTC significantly contributes to the protective effect of preexposure prophylaxis (PrEP). Simulation-based intracellular operational multiple dosing half-lives of TFV-DP and FTC-TP were 6.7 days and 33 hours. This model described the formation of intracellular TFV-DP/FTC-TP and the interaction with dNTPs, and can be used to simulate analog:dNTP time course for various dosing strategies.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2016	Chen, Yea-Hung	HIV Transmission Among Men Who Have Sex With Men: Tools, Risks, and Consequences	-	-	University of California – San Francisco	-	NA	NA	http://www.escholarship.org/uc/item/2c8831rb	The focus of this dissertation is estimating the distribution of behavioral patterns prior to HIV infection – including behaviors such as serosorting and use of pre-exposure prophylaxis – among newly HIV-infected San Francisco MSM. These quantities have been surprisingly elusive, particularly for the complex behavioral patterns considered in our studies. Though officials and researchers have hypothesized – and sometimes assumed – that HIV infection primarily occurs among high-risk MSM, it is alternatively possible that infection mostly occurs among relatively low-risk MSM, since there are more low-risk MSM in San Francisco than high-risk MSM. Understanding of these quantities could help identify what groups of San Francisco MSM should be reached by HIV prevention. The 2nd chapter of this dissertation examines per-act risks for HIV transmission, which are a crucial basis for a mathematical model we developed and used to estimate the distribution of prior behavioral patterns among newly HIV-infected San Francisco MSM. The 3rd chapter presents the model and its findings. Finally, the 4th chapter examines possible barriers to intervening on the risk group identified via the model.	Epistemology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2016	Cheung K.T.; Fairley C.K.; Read T.R.H.; Denham I.; Fehler G.; Bradshaw C.S.; Chen M.Y.; Chow E.P.F.	HIV incidence and predictors of incident HIV among men who have sex with men attending a sexual health clinic in Melbourne, Australia	PLOS One	-	-	-	19326203	10.1371/journal.pone.0156160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973925892&doi=10.1371%2fjournal.pone.0156160&partnerID=40&md5=5c5ed909b6124eaf3e08e8565f0a58d5	Introduction: The aim of this study was to determine the risk factors for HIV infection and the incidence in men who have sex with men (MSM). It is important to identify subgroups of MSM in which preventive interventions such as pre-exposure prophylaxis (PrEP) offered at the time of their last negative test would be considered cost-effective. Methods: We conducted a retrospective cohort study of MSM attending Melbourne Sexual Health Centre (MSHC) during 2007-2013 with at least two HIV tests within 12 months of each other. Demographic characteristics, sexual and other behaviours, and bacterial sexually transmitted infection (STI) diagnoses were extracted from the date of the last negative HIV test. HIV incidence rate (IR) per 100 person-years for each risk factor was calculated. Results: Of the 13907 MSM who attended MSHC, 5256 MSM had at least two HIV tests and were eligible, contributing 6391 person-years follow-up. 81 new HIV diagnoses were identified within 12 months of an HIV negative test with an incidence of 1.3 (95% CI: 1.0-1.6) per 100 person-years. Significant associations with subsequent HIV infection were: rectal gonorrhea (HIV IR: 3.4 95% CI: 2.1-5.2), rectal chlamydia (HIV IR: 2.6 95% CI: 1.7-3.7), inconsistent condom use (HIV IR: 2.1 95% CI: 1.6-2.7), use of post-exposure prophylaxis (HIV IR: 2.3 95% CI: 1.7-3.1), and injecting drug use (HIV IR: 8.5 95% CI: 3.4-17.5). Conclusion: The incidence of HIV was above 2.0% in subgroups of MSM with specific characteristics at the last HIV negative test. PrEP is considered cost effective at this incidence and could potentially be used along with other preventive interventions for these individuals in more than half of the population. © 2016 Cheung et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2016	Cong M.-E.; Pau C.-P.; Heneine W.; García-Lerma J.G.	Antiretroviral drug activity in macaques infected during pre-exposure prophylaxis has a transient effect on cell-associated SHIV DNA reservoirs	PLOS One	-	-	-	19326203	10.1371/journal.pone.0164821	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994682702&doi=10.1371%2fjournal.pone.0164821&partnerID=40&md5=55dca28f14238c643e051b0b9c05d7a3	Background Pre-exposure prophylaxis (PrEP) with emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) is a novel HIV prevention strategy. Suboptimal PrEP adherence and HIV infection creates an opportunity for continued antiretroviral drug activity during undiagnosed infection. We previously showed that macaques infected with SHIV during PrEP with FTC/ TDF display reduced acute plasma viremias and limited virus diversity. We investigated the effect of PrEP on acute SHIV DNA dynamics and on the size of the persistent virus reservoir in lymphoid tissues. Design Cell-associated SHIV DNA levels in PBMCs were measured in 8 macaques infected during PrEP with FTC/TDF or single-agent TAF and was compared to those seen in untreated infections (n = 10). PrEP breakthrough infections continued treatment with 1-2 weekly drug doses to model suboptimal drug exposure during undiagnosed HIV infection in humans. SHIV DNA was also measured in lymphoid tissues collected from FTC/TDF PrEP breakthroughs after 1 year of infection. Results Compared to untreated controls, PrEP infections had reduced plasma RNA viremias both at peak and throughout weeks 1-12 (p<0.005). SHIV DNA levels were also reduced at peak and during the first 12 weeks of infection (p<0.043) but not throughout weeks 12-20. At 1 year, SHIV DNA reservoirs in lymphoid tissues were similar in size among macaques that received PrEP or placebo. Conclusions Antiviral drug activity due to PrEP limits acute SHIV replication but has only a transient effect on cell-associated SHIV DNA levels. Our model suggests that suboptimal drug exposure in persons that are taking PrEP and become infected with HIV may not be sufficient to reduce the pool of HIV-infected cells, and that treatment intensification may be needed to sustain potential virological benefits from the PrEP regimen. © This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Conniff J.; Evensen A.	Preexposure prophylaxis (PrEP) for HIV prevention: The primary care perspective	Journal of the American Board of Family Medicine	-	-	-	15572625	10.3122/jabfm.2016.01.150223	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84958239430&doi=10.3122%2fjabfm.2016.01.150223&partnerID=40&md5=9a5516af0ea883e03d2947142d023113	Until recently there have been few primary care office-based strategies to reduce the transmission of HIV. In May 2014 the Centers for Disease Control and Prevention published updated practice guidelines recommending the use of preexposure prophylaxis (PrEP) with daily oral dosing of tenofovir/emtricitabine to help prevent HIV infection in high-risk individuals (strength of recommendation, A). Knowledge of PrEP among primary care providers is low, however, and this intervention is likely reaching only a small fraction of eligible patients. PrEP is recommended for certain injection drug users, nonmonogamous men who have sex with men, heterosexual women who have sex with men who have sex with men or injection drug users, and those in HIV serodiscordant relationships. Providers should obtain baseline laboratory values and provide initial counseling before prescribing PrEP. Regular office visits are necessary to ensure adherence, provide ongoing counseling, and monitor for side effects, including nausea, abdominal pain, headache, and, less commonly, increased creatinine. Guidelines and toolkits have been developed to assist in incorporating PrEP into primary care practice. PrEP is gaining widespread acceptance and has become a crucial tool in the fight to stop the spread of HIV.	Communicable Diseases; HIV; Infectious Diseases; Pharmacotherapy; Prevention and Control; Primary Health Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2016	Corneli, Amy; Perry, Brian; McKenna, Kevin; Agot, Kawango; Ahmed, Khatija; Taylor, Jamilah; Malamatsho, Fulufhelo; Odhiambo, Jacob; Skhosana, Joseph; Van Damme, Lut	Participants' Explanations for Nonadherence in the FEM-PrEP Clinical Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000880	https://dx.doi.org/10.1097/QAI.0000000000000880	BACKGROUND: FEM-PrEP-a clinical trial of daily, oral emtricitabine/tenofovir disoproxil fumarate for HIV prevention among women in sub-Saharan Africa-did not show a reduction in HIV acquisition because of low adherence to the study pill. We conducted a follow-up study to identify reasons for nonadherence. METHODS: Qualitative, semistructured interviews (n = 88) and quantitative, audio computer-assisted self-interviews (n = 224) were conducted with former FEM-PrEP participants in Bondo, Kenya, and Pretoria, South Africa. Thematic analysis was used to analyze the qualitative data, and descriptive statistics were used to describe audio computer-assisted self-interviews responses. Data are presented within the 5 categories of Ickovics' and Meisler's conceptual framework on adherence: (1) the individual, (2) trial characteristics and study pill regimen, (3) patient-provider relationship, (4) clinical setting, and (5) the disease. RESULTS: Participants' explanations for nonadherence were primarily situated within 3 of the framework's 5 categories: (1) the individual, (2) trial characteristics and study pill regimen, and (3) the disease. Concerns about the investigational nature of the drug being tested and side effects were the prominent reasons reported for nonadherence. Participants also described being discouraged from taking the study pill by members of the community, their sexual partners, and other participants, primarily because of these same concerns. Limited acceptability of the pill's attributes influenced nonadherence for some participants as did concerns about HIV-related stigma. In addition, many participants reported that others continued in FEM-PrEP while not taking the study pill because of the trial's ancillary benefits and visit reimbursement-factors related to the clinical setting. Negative patient-provider relationships were infrequently reported as a factor that influenced nonadherence. CONCLUSIONS: Despite substantial study staff engagement with participants and communities, concerns about the study pill and discouragement from others seemed to have influenced nonadherence considerably. Alternative study designs or procedures and enhanced community engagement paradigms may be needed in future studies.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Cottrell, Mackenzie L; Yang, Kuo H; Prince, Heather M A; Sykes, Craig; White, Nicole; Malone, Stephanie; Dellon, Evan S; Madanick, Ryan D; Shaheen, Nicholas J; Hudgens, Michael G; Wulff, Jacob; Patterson, Kristine B; Nelson, Julie A E; Kashuba, Angela D M	A Translational Pharmacology Approach to Predicting Outcomes of Preexposure Prophylaxis Against HIV in Men and Women Using Tenofovir Disoproxil Fumarate With or Without Emtricitabine.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiw077	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4907409	BACKGROUND: A novel translational pharmacology investigation was conducted by combining an in vitro efficacy target with mucosal tissue pharmacokinetic (PK) data and mathematical modeling to determine the number of doses required for effective human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP). METHODS: A PK/pharmacodynamic (PD) model was developed by measuring mucosal tissue concentrations of tenofovir, emtricitabine, their active metabolites (tenofovir diphosphate TFVdp and emtricitabine triphosphate FTCtp, respectively), and competing endogenous nucleotides (dATP and dCTP) in 47 healthy women. TZM-bl and CD4(+) T cells were used to identify 90% effective concentration (EC90) ratios of TFVdp to dATP and FTCtp to dCTP (alone and in combination) for protection against HIV. Monte-Carlo simulations were then performed to identify minimally effective dosing strategies to protect lower female genital tract and colorectal tissues. RESULTS: The colorectal TFVdp concentration was 10 times higher than that in the lower female genital tract, whereas concentrations of endogenous nucleotides were 7-11 times lower. Our model predicted that ≥98% of the population achieved protective mucosal tissue exposure by the third daily dose of tenofovir disoproxil fumarate plus emtricitabine. However, a minimum adherence to 6 of 7 doses/week (85%) was required to protect lower female genital tract tissue from HIV, while adherence to 2 of 7 doses/week (28%) was required to protect colorectal tissue. CONCLUSIONS: This model is predictive of recent PrEP trial results in which 2-3 doses/week was 75%-90% effective in men but ineffective in women. These data provide a novel approach for future PrEP investigations that can optimize clinical trial dosing strategies.	HIV; antiretroviral; dose response; population pharmacokinetics-pharmacodynamics; preexposure prophylaxis; quantitative pharmacology; translational medicine.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Cowan F.M.; Delany-Moretlwe S.	Promise and pitfalls of pre-exposure prophylaxis for female sex workers	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000215	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84950258033&doi=10.1097%2fCOH.0000000000000215&partnerID=40&md5=61166a44b8f9a282cdd5dbd0e96df3b7	Purpose of review We explore the potential benefits of integrating preexposure prophylaxis (PrEP) into combination HIV prevention for female sex workers (FSWs) and the likely challenges to implementation. Recent findings Evidence for the biological effectiveness of PrEP in women who can adhere to daily dosing is strong. FSWs in many countries bear the brunt of the HIV epidemic. Current combination prevention approaches enable many FSWs to remain HIV-free, but in some settings FSWs are unable to mitigate their risk. PrEP provides a new prevention tool for these women. To benefit, HIV-negative FSWs need to perceive that they are at risk, be motivated and able to take PrEP daily and to attend health services for prescription refill and clinical monitoring. FSWs face particular structural challenges to PrEP uptake and use, including stigmatizing health services; fear of disclosure to other FSWs and clients; fear of the authorities; lack of social support; substance use; unplanned travel and risk compensation many of which can be addressed through combination prevention approaches. Summary For those FSWs who are unable to mitigate their HIV risk, PrEP, if adequately supported and integrated with combination prevention, may empower them to remain HIV-free. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	community empowerment; female sex worker; HIV/AIDS; preexposure prophylaxis; prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Cowan F.M.; Delany-Moretlwe S.; Sanders E.J.; Mugo N.R.; Guedou F.A.; Alary M.; Behanzin L.; Mugurungi O.; Bekker L.-G.	PrEP implementation research in Africa: What is new?	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.19.7.21101	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84995438658&doi=10.7448%2fIAS.19.7.21101&partnerID=40&md5=cbeb7cc1e19274262eb235b7227b4401	Introduction: Of the two million new HIV infections in adults in 2014, 70% occurred in sub-Saharan Africa. Several African countries have already approved guidelines for pre-exposure prophylaxis (PrEP) for individuals at substantial risk of HIV as part of combination HIV prevention but key questions remain about how to identify and deliver PrEP to those at greatest need. Throughout the continent, individuals in sero-discordant relationships, and members of key populations (sex workers, men who have sex with men (MSM), transgender women and injection drug users) are likely to benefit from the availability of PrEP. In addition, adolescent girls and young women (AGYW) are at substantial risk in some parts of the continent. It has been estimated that at least three million individuals in Africa are likely to be eligible for PrEP according to WHO's criteria. Tens of demonstration projects are planned or underway across the continent among a range of countries, populations and delivery settings. Discussion: In each of the target populations, there are overarching issues related to (i) creating demand for PrEP, (ii) addressing supply-side issues and (iii) providing appropriate and tailored adherence support. Critical for creating demand for PrEP is the normalization of HIV prevention. Community-level interventions which engage opinion leaders as well as empowerment interventions for those at highest risk will be key. Critical to supply of PrEP is that services are accessible for all, including for stigmatized populations. Establishing accessible integrated services provides the opportunity to address other public health priorities including the unmet need for HIV testing, contraception and sexually transmitted infections treatment. National policies need to include minimum standards for training and quality assurance for PrEP implementation and to address supply chain issues. Adherence support needs to recognize that social and structural factors are likely to have an important influence. Combining interventions that build self-efficacy, empowerment and social cohesion, with evidence-based individualized adherence support for PrEP, are most likely to be effective. Conclusions: Efficacy of tenofovir-based PrEP is proven but many issues related to implementation remain unclear. Here, we have summarized some of the important implementation questions that need to be assessed as PrEP is rolled out across Africa. © 2016 Cowan FM et al;.	Adherence; Africa; Empowerment; HIV/AIDS; Implementation; Key populations; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Dai, JY; Hendrix, CW; Richardson, BA; Kelly, C; Marzinke, M; Chirenje, ZM; Marrazzo, JM; Brown, ER	Pharmacological measures of treatment adherence and risk of HIV infection in the VOICE study	Journal of Infectious Diseases	-	-	-	-	na	10.1093/infdis/jiv333	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01142204/full	BACKGROUND: None of the 3 regimens tested in the VOICE study showed protection against human immunodeficiency virus (HIV) infection in intent-to-treat analyses. Plasma tenofovir concentrations demonstrated poor adherence to the study product among study subjects. Statistical analyses to explore the causal treatment effect on the prevention of HIV infection among adherent individuals are needed. METHODS: We developed an analytical strategy to evaluate whether conventional covariate adjustment removes confounding and thereby reveals a prevention effect among adherent individuals. We applied this strategy to the VOICE study, using 2 dichotomized proxy measures of product use: detection of tenofovir in plasma at least once during follow-up and detection of tenofovir in plasma at the 3-month follow-up visit. RESULTS: After adjustment for a set of baseline predictors of the risk of HIV transmission, the confounding associated with comparison of adherent individuals in the tenofovir gel arm to placebo recipients was nearly eliminated. The relative risk for a prevention effect among those ever having tenofovir detected was 0.53 (P = .038); the relative risk among those having tenofovir detected at 3 months was 0.40 (P = .045). CONCLUSIONS: A novel regression approach was proposed for causal as-treated analyses in the VOICE study. While intent-to-treat analyses yield null results, this exploratory approach presented evidence suggesting a prevention effect among gel users. CLINICAL TRIALS REGISTRATION: NCT00705679.	*Human immunodeficiency virus infection/dt Drug Therapy; *tenofovir disoproxil/cr Drug Concentration; *tenofovir disoproxil/ct Clinical Trial; *tenofovir disoproxil/dt Drug Therapy; Administration, Intravaginal; Administration, Oral; Administration, Topical; Adult; Anti-HIV Agents administration & dosage, *pharmacology; Article; Clinical effectiveness; Controlled study; Disease association; Drug blood level; Drug efficacy; Emtricitabine administration & dosage, *pharmacology; Female; Follow up; Gels; HIV Infections *prevention & control; Human; Humans; Infection risk; Major clinical study; Medication Adherence *statistics & numerical data; Patient compliance; Placebo; Pre-Exposure Prophylaxis; Priority journal; Randomized controlled trial; Regression Analysis; Risk Factors; Risk assessment; Tenofovir administration & dosage, *pharmacology; Treatment planning; Virus transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Davies, Olubanke; Ustianowski, Andrew; Fox, Julie	Pre-exposure Prophylaxis for HIV Prevention: Why, What, Who and How	Infectious Diseases and Therapy	-	-	-	-	21938229	10.1007/s40121-016-0128-8	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv-prevention-why-what/docview/1844267049/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) offers a promising new approach to HIV prevention. It is protective against HIV infection across populations and has few significant safety risks and little evidence of behavioural risk compensation. This article summarises the evidence behind HIV PrEP as an intervention, populations that may benefit, current guidelines and programmes, and the cost-effectiveness modelling of this strategy.	HIV; Pre-exposure prophylaxis; PrEP; Prevention; Risk compensation; Disease prevention; Review; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Preventive healthcare	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	De Baetselier, Irith; Taylor, Douglas; Mandala, Justin; Nanda, Kavita; Van Campenhout, Christel; Agingu, Walter; Madurai, Lorna; Barsch, Eva-Maria; Deese, Jennifer; Van Damme, Lut; Crucitti, Tania	Verification of chemistry reference ranges using a simple method in sub-Saharan Africa.	African Journal of Laboratory Medicine	-	-	-	-	2225-2002 2225-2010	10.4102/ajlm.v5i1.404	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5436402/	BACKGROUND: Chemistry safety assessments are interpreted by using chemistry reference ranges (CRRs). Verification of CRRs is time consuming and often requires a statistical background. OBJECTIVES: We report on an easy and cost-saving method to verify CRRs. METHODS: Using a former method introduced by Sigma Diagnostics, three study sites in sub-Saharan Africa, Bondo, Kenya, and Pretoria and Bloemfontein, South Africa, verified the CRRs for hepatic and renal biochemistry assays performed during a clinical trial of HIV antiretroviral pre-exposure prophylaxis. The aspartate aminotransferase/alanine aminotransferase, creatinine and phosphorus results from 10 clinically-healthy participants at the screening visit were used. In the event the CRRs did not pass the verification, new CRRs had to be calculated based on 40 clinically-healthy participants. RESULTS: Within a few weeks, the study sites accomplished verification of the CRRs without additional costs. The aspartate aminotransferase reference ranges for the Bondo, Kenya site and the alanine aminotransferase reference ranges for the Pretoria, South Africa site required adjustment. The phosphorus CRR passed verification and the creatinine CRR required adjustment at every site. The newly-established CRR intervals were narrower than the CRRs used previously at these study sites due to decreases in the upper limits of the reference ranges. As a result, more toxicities were detected. CONCLUSION: To ensure the safety of clinical trial participants, verification of CRRs should be standard practice in clinical trials conducted in settings where the CRR has not been validated for the local population. This verification method is simple, inexpensive, and can be performed by any medical laboratory.	NA	English	South Africa	Eastern and Southern Africa	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2016	De Clercq, Erik	Tenofovir alafenamide (TAF) as the successor of tenofovir disoproxil fumarate (TDF).	Biochem Pharmacol	-	-	-	-	1873-2968 0006-2952	10.1016/j.bcp.2016.04.015	https://pubmed.ncbi.nlm.nih.gov/27133890/	Tenofovir alafenamide (TAF) can be considered a new prodrug of tenofovir (TFV), as successor of tenofovir disoproxil fumarate (TDF). It is in vivo as potent against human immunodeficiency virus (HIV) at a 30-fold lower dose (10mg) than TDF (300mg). TAF has been approved in November 2015 (in the US and EU), as a single-tablet regimen (STR) containing 150mg elvitegravir (E), 150mg cobicistat (C), 200mg emtricitabine (-)FTC (F) and 10mg TAF, marketed as Genvoya®, on 01 March 2016 in the US as an STR containing 25mg rilpivirine (R), 200mg F and 25mg TAF, marketed as Odefsey®, and on 4 April 2016 in the US, as an STR containing 200mg F and 25mg TAF, marketed as Descovy®, for the treatment of HIV infections. STR combinations containing TAF and emtricitabine could be paired with a range of third agents, for example, darunavir and cobicistat. TAF has a much lower risk of kidney toxicity or bone density changes than TDF, and also offers long-term potential in the pre-exposure prophylaxis (PrEP) of HIV infections. TAF is specifically accumulated in lymphatic tissue, and in the liver, and hence also holds great potential for the treatment of hepatitis B virus (HBV) infections. Akin to TDF, TAF is converted intracellularly to TFV. Its active diphosphate metabolite (TFVpp) is targeted at the RNA-dependent DNA polymerase (reverse transcriptase) of either HIV or HBV.	Humans; Alanine; HIV Infections/*drug therapy/prevention & control; Adenine/administration & dosage/*analogs & derivatives/economics/therapeutic use; Antiviral Agents/administration & dosage/economics/*therapeutic use; Cobicistat (PubChem CID: 25151504); Darunavir, Prezista® (PubChem CID: 213039); Efavirenz, Sustiva® (PubChem CID: 64139); Elvitegravir (PubChem CID: 5277135); Emtricitabine (−)FTC, Emtriva® (PubChem CID: 60877); HBV (hepatitis B virus); HIV (human immunodeficiency virus); Rilpivirine, Edurant® (PubChem CID: 6451164); TAF (tenofovir alafenamide); TDF (tenofovir disoproxil fumarate); Tenofovir (R)-PMPA (PubChem CID: 464205); Tenofovir alafenamide (TAF), GS-7340 (PubChem CID: 9574768); Tenofovir disoproxil fumarate (TDF), Viread® (PubChem CID: 6398764); Tenofovir/administration & dosage/economics/*therapeutic use; TFV (tenofovir)	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2016	Defechereux, PA; Mehrotra, M; Liu, AY; McMahan, VM; Glidden, DV; Mayer, KH; Vargas, L; Amico, KR; Chodacki, P; Fernandez, T; Avelino-Silva, VI; Burns, D; Grant, RM	Depression and Oral FTC/TDF Pre-exposure Prophylaxis (PrEP) Among Men and Transgender Women Who Have Sex With Men (MSM/TGW)	AIDS and Behavior	-	-	-	-	1090-7165, 1573-3254	10.1007/s10461-015-1082-2	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01383155/full	We conducted a longitudinal and cross-sectional analysis of depressive symptomology in iPrEx, a randomized, placebo-controlled trial of daily, oral FTC/TDF HIV pre-exposure prophylaxis (PrEP) in men and transgender women who have sex with men. Depression-related adverse events (AEs) were the most frequently reported severe or life-threatening AEs and were not associated with being randomized to the FTC/TDF arm (152 vs. 144 respectively OR 0.66 95 % CI 0.35-1.25). Center for Epidemiologic Studies Depression scale (CES-D) and a four questions suicidal ideation scale scores did not differ by arm. Participants reporting forced sex at anal sexual debut had higher CES-D scores (coeff: 3.23; 95 % CI 1.24-5.23) and were more likely to have suicidal ideation (OR 2.2; 95 % CI 1.09-4.26). CES-D scores were higher among people reporting non-condom receptive anal intercourse (ncRAI) (OR 1.46; 95 % CI 1.09-1.94). We recommend continuing PrEP during periods of depression in conjunction with provision of mental health services.	Adolescent; Adult; Anti-HIV Agents *administration & dosage; Cross-Sectional Studies; Depression *diagnosis, psychology; Emtricitabine administration & dosage; Female; HIV Infections *prevention & control; Homosexuality, Male *statistics & numerical data; Humans; Longitudinal Studies; Male; Middle Aged; Pre-Exposure Prophylaxis; Sexual Behavior; Tenofovir administration & dosage; Transgender Persons *statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Delany-Moretlwe, Sinéad; Mullick, Saiqa; Eakle, Robyn; Rees, Helen	Planning for HIV preexposure prophylaxis introduction: lessons learned from contraception.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000221	https://dx.doi.org/10.1097/COH.0000000000000221	PURPOSE OF REVIEW: We summarize key lessons learned from contraceptive development and introduction, and implications for preexposure prophylaxis (PrEP). RECENT FINDINGS: New approaches to HIV prevention are urgently needed. PrEP is a new technology for HIV prevention. Uncertainty remains about its acceptance, use and potential to have an impact on the HIV epidemic. Despite imperfect use and implementation of programs, the use of modern contraception has led to significant reproductive health and social gains, making it one of the public health's major achievements. Guided by the WHO strategic approach to contraception introduction, we identified the following lessons for PrEP introduction from contraception: (1) the importance of a broader focus on the method mix rather than promotion of a single technology, (2) new technologies alone do not increase choice--service delivery systems and providers are equally important to success, and (3) that failure to account for user preferences and social context can undermine the potential of new methods to provide benefit. SUMMARY: Taking a strategic approach to PrEP introduction that includes a broader focus on the technology/user interface, the method mix, delivery strategies, and the context in which methods are introduced will benefit HIV prevention programs, and will ensure greater success.	ACESSO RESTRITO	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2016	Delaugerre C.; Gatey C.; Chaix M.-L.; Molina J.-M.	Antiretroviral pre-exposure prophylaxis (PrEP) for pre-exposure prevention of HIV-1; La prévention pré-exposition au VIH-1 par les antirétroviraux, la PrEP	Virologie	-	-	-	-	12678694	10.1684/vir.2016.0658	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85010471347&doi=10.1684%2fvir.2016.0658&partnerID=40&md5=6349b1a02f0291ce349859913a4148146	Due to the lack of vaccine, the HIV epidemic is still uncontrolled. Use of antiretrovirals (ARV) for prevention, successfully implemented to prevent mother-to-child transmission of HIV, is a new avenue to control the epidemic. One approach is to treat all patients diagnosed with HIV, and suppress viremia and transmission to their partner. Another strategy is the use of ARV as a preexposition prophylaxis (PrEP) in HIV-negative at risk individuals. Oral tenofovir (TDF)±emtricitabine (FTC) is the elected drug regimen for PrEP, given its safety, its long intracellular half-life and a high diffusion into mucosal entry sites. PrEP was investigated in randomized trials of oral or local gel given daily or at time of sexual intercourse in high-risk populations. PrEP efficacy is strongly correlated to adherence and concentrations of ARV. Adverse events have been infrequent. Selection of FTC-resistant strains has been mainly reported in undiagnosed HIVinfected participants using PrEP. PrEP is now strongly recommended by WHO in prevention programs for HIV in order to control the epidemic by 2030.	na	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Clinical
Article	2016	Delaugerre, Constance; Gatey, Caroline; Chaix, Marie-Laure; Molina, Jean-Michel	La prévention pré-exposition au VIH-1 par les antirétroviraux, la PrEP.	Virologie	-	-	-	-	1267-8694	10.1684/vir.2016.0658	https://www.jle.com/fr/revues/vir/e-docs/la_prevention_pre_exposition_au_vih_1_par_les_antiretroviraux_la_prep_307412/article.phtml	Due to the lack of vaccine, the HIV epidemic is still uncontrolled. Use of antiretrovirals (ARV) for prevention, successfully implemented to prevent mother-to-child transmission of HIV, is a new avenue to control the epidemic. One approach is to treat all patients diagnosed with HIV, and suppress viremia and transmission to their partner. Another strategy is the use of ARV as a pre-exposition prophylaxis (PrEP) in HIV-negative at risk individuals. Oral tenofovir (TDF) ± emtricitabine (FTC) is the elected drug regimen for PrEP, given its safety, its long intracellular half-life and a high diffusion into mucosal entry sites. PrEP was investigated in randomized trials of oral or local gel given daily or at time of sexual intercourse in high-risk populations. PrEP efficacy is strongly correlated to adherence and concentrations of ARV. Adverse events have been infrequent. Selection of FTC-resistant strains has been mainly reported in undiagnosed HIV-infected participants using PrEP. PrEP is now strongly recommended by WHO in prevention programs for HIV in order to control the epidemic by 2030.	VIH-1, infection, ténofovir/emtricitabine, observance, résistance	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Clinical
Article	2016	Desai M.; Gafos M.; Dolling D.; Mccormack S.; Nardone A.	Healthcare providers' knowledge of, attitudes to and practice of pre-exposure prophylaxis for HIV infection	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.12285	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84956923069&doi=10.1111%2fhiv.12285&partnerID=40&md5=0202cd91156f9872b71abdd20178de18	Objectives: Pre-exposure prophylaxis (PrEP) has proven biological efficacy in reducing the risk of sexual acquisition of HIV. Healthcare providers' (HCPs) knowledge of and attitudes to PrEP will be key to successful implementation. In England, PrEP is only available to men who have sex with men (MSM) through the open-label randomized PROUD pilot study of immediate or deferred use. Methods: In September 2013, a cross-sectional survey of UK HCPs distributed through sexual health clinics (219) and professional societies' email lists (2599) and at a conference (80) asked about knowledge of, attitudes to and practice of PrEP. Results: Overall, 328 of 2898 (11%) completed the survey, of whom 160 of 328 (49%) were doctors, 51 (16%) sexual health advisers (SHAs), 44 (14%) nurses and 73 (22%) unspecified. Over a quarter (83 of 311; 27%) were involved in PROUD. Most respondents (260 of 326; 80%) rated their knowledge of PrEP as medium or high. Over half of respondents (166 of 307; 54%) thought PrEP should be available outside of a clinical trial. The main barriers to supporting PrEP availability outside a clinical trial were concerns about current evidence (odds ratio OR 0.13), lack of UK-specific guidance (OR 0.35), concerns about adherence (OR 0.38) and risk of sexual or physical coercion for patients to have condomless or higher risk sex (OR 0.42 in multivariate regression). Just over half (147 of 277; 53%) had been asked about PrEP by patients in the past year, including almost half of those working in a clinic not involved in the PROUD study (86 of 202; 43%). Conclusions: There is support for PrEP availability outside a clinical trial, but HCPs have residual concerns about its effectiveness and negative consequences, and the absence of UK-specific implementation guidance. © 2016 British HIV Association.	Health services research; HIV; Prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Destache C.J.; Mandal S.; Yuan Z.; Kang G.; Date A.A.; Lu W.; Shibata A.; Pham R.; Bruck P.; Rezich M.; Zhou Y.; Vivekanandan R.; Fletcher C.V.; Li Q.	Topical tenofovir disoproxil fumarate nanoparticles prevent HIV-1 vaginal transmission in a humanized mouse model	Antimicrobial Agents and Chemotherapy	-	-	-	-	664804	10.1128/AAC.00450-16	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973533382&doi=10.1128%2fAAC.00450-16&partnerID=40&md5=7a2b8a7d6fd79f97414f739b086ffae6	Preexposure prophylaxis (PrEP) with 1% tenofovir (TFV) vaginal gel has failed in clinical trials. To improve TFV efficacy in vaginal gel, we formulated tenofovir disoproxil fumarate nanoparticles in a thermosensitive (TMS) gel (TDF-NP-TMS gel). TDF-NPs were fabricated using poly(lactic-co-glycolic acid) (PLGA) polymer and an ion-pairing agent by oil-in-water emulsification. The efficacy of TDF-NP-TMS gel was tested in humanized bone marrow-liver-thymus (hu-BLT) mice. Hu-BLT mice in the treatment group (Rx; n = 15) were administered TDF-NP-TMS gel intravaginally, having TDF at 0.1%, 0.5%, and 1% (wt/vol) concentrations, whereas the control (Ctr; n = 8) group received a blank TMS gel. All Rx mice (0.1% n = 4, 0.5% n = 6, and 1% n = 5) were vaginally challenged with two transmitted/founder (T/F) HIV-1 strains (2.5 × 105 50% tissue culture infectious doses). Rx mice were challenged at 4 h (0.1%), 24 h (0.5%), and 7 days (1%) posttreatment (p.t.) and Ctr mice were challenged at 4 h p.t. Blood was drawn weekly for 4 weeks postinoculation (p.i.) for plasma viral load (pVL) using reverse transcription-quantitative PCR. Ctr mice had positive pVL within 2 weeks p.i. Rx mice challenged at 4 h and 24 h showed 100% protection and no detectable pVL throughout the 4 weeks of follow-up (P = 0.009; Mantel-Cox test). Mice challenged at 7 days were HIV-1 positive at 14 days p.i. Further, HIV-1 viral RNA (vRNA) in vaginal and spleen tissues of Rx group mice with negative pVL were examined using an in situ hybridization (ISH) technique. The detection of vRNA was negative in all Rx mice studied. The present studies elucidate TDF-NP-TMS gel as a long-acting, coitus-independent HIV-1 vaginal protection modality. Copyright © 2016, American Society for Microbiology. All Rights Reserved.	Adult; Humans; Male; Sexual Behavior/*psychology; Homosexuality, Male/*psychology; public health; Qualitative Research; men who have sex with men; qualitative research; Germany/epidemiology; Sweden/ethnology; travel medicine; Travel/psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Dimitrov D.T.; Boily M.-C.; Hallett T.B.; Albert J.; Boucher C.; Mellors J.W.; Pillay D.; Van De Vijver D.A.M.C.	How much do we know about drug resistance due to PrEP use? Analysis of experts' opinion and its influence on the projected public health impact	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0158620	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978870573&doi=10.1371%2fjournal.pone.0158620&partnerID=40&md5=5f604a5106e0fe187b3fcdaf0945cb25	Background: Randomized controlled trials reported that pre-exposure prophylaxis (PrEP) with tenofovir and emtricitabine rarely selects for drug resistance. However, drug resistance due to PrEP is not completely understood. In daily practice, PrEP will not be used under the well-controlled conditions available in the trials, suggesting that widespread use of PrEP can result in increased drug resistance. Methods: We surveyed expert virologists with questions about biological assumptions regarding drug resistance due to PrEP use. The influence of these assumptions on the prevalence of drug resistance and the fraction of HIV transmitted resistance was studied with a mathematical model. For comparability, 50% PrEP-coverage of and 90% per-act efficacy of PrEP in preventing HIV acquisition are assumed in all simulations. Results: Virologists disagreed on the following: the time until resistance emergence (range: 20-180 days) in infected PrEP users with breakthrough HIV infections; the efficacy of PrEP against drug-resistant HIV (25%-90%); and the likelihood of resistance acquisition upon transmission (10%-75%). These differences translate into projections of 0.6%-1% and 3.5%-6% infected individuals with detectable resistance 10 years after introducing PrEP, assuming 100% and 50% adherence, respectively. The rate of resistance emergence following breakthrough HIV infection and the rate of resistance reversion after PrEP use is discontinued, were the factors identified as most influential on the expected resistance associated with PrEP. Importantly, 17-23% infected individuals could virologically fail treatment as a result of past PrEP use or transmitted resistance to PrEP with moderate adherence. Conclusions: There is no broad consensus on quantification of key biological processes that underpin the emergence of PrEP-associated drug resistance. Despite this, the contribution of PrEP use to the prevalence of the detectable drug resistance is expected to be small. However, individuals who become infected despite the use of PrEP should be closely monitored due to higher risk of virological failure when initiating antiretroviral treatment in the future. © 2016 Dimitrov et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Dimitrov D.T.; Mâsse B.R.; Donnell D.	PrEP adherence patterns strongly affect individual HIV risk and observed efficacy in randomized clinical trials	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000000993	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961219320&doi=10.1097%2fQAI.0000000000000993&partnerID=40&md5=eb452dc87643f9a368644b6cba0650ca	Background: Randomized controlled trials (RCTs) suggest that the efficacy of tenofovir-based preexposure prophylaxis (PrEP) strongly depends on the consistency of PrEP use. We explore how the patterns of pill taking and waning of PrEP protection may affect PrEP efficacy for HIV prevention. Methods: A 2-arm RCT was simulated by mathematical models assuming that the prescribed daily doses were skipped periodically, randomly, or in large blocks. Risk-driven adherence, in which PrEP was taken when sex was expected, was also investigated. Three temporal PrEP protection profiles were explored: long (5 days), intermediate (3 days), and short (24 hours). Modeling results were compared to the efficacy observed in completed RCTs. Results: The expected PrEP efficacy was 60% with periodic, 50% with random, and 34% with block adherence when PrEP had a long protection profile and pills were taken only 50% of the days. Risk-driven pill taking resulted in 29% and 37% daily pills taken and efficacy of 43% and 51%, respectively, for long protection. High PrEP efficacy comparable with that observed in Partners PrEP and Centers for Disease Control and Prevention Botswana trials was simulated under long protection, high overall adherence, and limited block pill taking; the moderate efficacy observed in iPrEx and Bangkok trials was comparable with the 50% adherence scenarios under random pill taking and long protection. Conclusions: Pill-taking patterns may have a substantial impact on the protection provided by PrEP even when the same numbers of pills are taken. When PrEP retains protection for longer than a day, pill-taking patterns can explain a broad range of efficacies observed in PrEP RCTs. © 2016 Wolters Kluwer Health, Inc.	HIV acquisition risk; HIV prevention; intervention efficacy; mathematical modeling; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Ding Y.; Yan H.; Ning Z.; Cai X.; Yang Y.; Pan R.; Zhou Y.; Zheng H.; Gao M.; Rou K.; Wu Z.; He N.	Low willingness and actual uptake of pre-exposure prophylaxis for HIV-1 prevention among men who have sex with men in Shanghai, China	BioScience Trends	-	-	-	-	18817815	10.5582/bst.2016.01035	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973380017&doi=10.5582%2fbst.2016.01035&partnerID=40&md5=de38da7ba6d377b2dc5b26cdc36114fc	Little is known about the acceptance and actual uptake of pre-exposure prophylaxis (PrEP) and associated factors in men who have sex with men (MSM) in China. This study is the baseline survey of an intervention study designed to evaluate the effectiveness of tenofovirdisoproxil fumarate (TDF) on a daily use for human immunodeficiency virus (HIV) prevention among MSM in Shanghai, China. From October 2012 to December 2013, a total of 1,033 MSM in Shanghai were recruited by local district Centers for Disease Control and Prevention (CDC) and a MSM community-based non-governmental organization (NGO). Among them, 197 (19.1%) participants expressed willingness to use the TDF group at baseline survey, but only 26 (2.5%) participated in the TDF group and took TDF one tablet a day. Higher willingness to use PrEP was associated with being 45 years or older, non-local residents, having more male sex partners in the past 6 months and not using condom at last anal sex with man. Acutal uptake of PrEP was associated with having ≥ 11 male sex partners in lifetime and reporting no female sex partners in lifetime. Reasons for not participating in TDF group among those who expressed willingness to use PrEP at baseline survey included loss of contact, ineligiblity because of abnormal results for liver or renal function tests, change of mind, and HIV seroconversion before uptake of PrEP. Our findings suggest that promotion of PrEP in MSM remains challenging at current circumstancein China. Future research is needed to solicit effective education and intervention programs to promote acceptance of PrEP among Chinese MSM.	China; HIV; MSM; Pre-exposure prophylaxis (PrEP); Prevention; Willingness	English	Japan	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2016	Doblecki-Lewis S.; Jones D.	Community Federally Qualified Health Centers as Homes for HIV Preexposure Prophylaxis: Perspectives from South Florida	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/2325957416661422	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994291691&doi=10.1177%2f2325957416661422&partnerID=40&md5=41a840a38a29454ca91dc60467dab9d4	Preexposure prophylaxis (PrEP) for HIV has the potential to reduce HIV incidence in highly affected areas. The Southeastern United States is disproportionately impacted by HIV, and 3 counties in South Florida have the highest incidence of new HIV infections in the United States. This study explored the feasibility, acceptability, and uptake of PrEP in South Florida. Focus groups consisting of providers, administrators, and case managers at HIV-servicing community health centers and federally qualified health centers in South Florida reported broad support but low implementation of PrEP. Generally, participants indicated that the centers were appropriate locations for implementation. However, practical concerns and perceived limitations due to financial, insurance, and immigration status of those who would potentially benefit from the intervention were widely reported. Addressing provider concerns appears necessary for successful expansion of PrEP implementation in highly impacted areas such as South Florida. © The Author(s) 2015..	community health centers; HIV prevention; medical providers; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Doblecki-Lewis, Susanne; Lester, Larissa; Schwartz, Bryanna; Collins, Constance; Johnson, Rai; Kobetz, Erin	HIV risk and awareness and interest in pre-exposure and post-exposure prophylaxis among sheltered women in Miami.	International Journal of STD & AIDS	-	-	-	-	1758-1052	10.1177/0956462415601304	https://dx.doi.org/10.1177/0956462415601304	Pre- and non-occupational post-exposure prophylaxis for the prevention of HIV infection are recommended for adults at substantial risk of HIV. Women experiencing homelessness have increased risk of HIV infection compared with stably-housed women. We conducted a survey of 74 sheltered women at Lotus House Women's Shelter (Lotus House) in Miami to assess risk behaviour as well as knowledge and perception of pre- and non-occupational post-exposure prophylaxis in this population. Of surveyed women, 58.1% engaged in vaginal and/or anal sex while sheltered, and of sexually-active women 55.4% reported inconsistent condom use. 83.8% of women reported no concern regarding HIV acquisition due to their behaviour. Few women surveyed (20.8%) had previously heard of pre- or non-occupational post-exposure prophylaxis. The majority (58.3%) of respondents indicated receptiveness to these prevention methods when introduced. Those indicating that they would consider pre- or non-occupational post-exposure prophylaxis were significantly younger than those indicating that they would not consider these prevention strategies (p = 0.004). Education and referral for pre- and non-occupational post-exposure prophylaxis should be considered for sheltered women at risk of HIV infection. Additional research to optimise implementation of biomedical prevention strategies in this population is needed.	acesso restrito	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Dolling D.I.; Desai M.; McOwan A.; Gilson R.; Clarke A.; Fisher M.; Schembri G.; Sullivan A.K.; Mackie N.; Reeves I.; Portman M.; Saunders J.; Fox J.; Bayley J.; Brady M.; Bowman C.; Lacey C.J.; Taylor S.; White D.; Antonucci S.; Gafos M.; McCormack S.; Gill O.N.; Dunn D.T.; Nardone A.; Apea V.; Clark D.; Davis P.; Hand J.; Hunt M.; Neale R.; O'Connell J.; Portman M.; Sarner L.; Terry L.; Twumasi A.; Tsui S.; Vijeratnam D.; Whyte R.; Williams A.; Gately S.; Gilleran G.; Lyons J.; McCormack C.; Moore K.; Stretton C.; White D.; Acheampong A.; Bramley M.; Campbell M.; Chowdhry R.; Eastwood S.; Fennell B.; Hadley W.; Hobbs K.; Kirk S.; Perry N.; Rawlinson C.; Richardson C.; Richardson C.; Roche M.; Simpkin E.; Shaw S.; Souto E.; Williams J.; Youssef E.; Barber T.; Eliot C.; Fedele S.; Higgs C.; McCormick K.; Meijer A.; Pepper S.; Rowlands J.; Singh G.; Soler-Carracedo A.; Sonecha S.; Sullivan A.; Taylor D.; Thomas L.; Clarke R.; Rooney J.; Attakora F.; Bourke M.; Castles R.; Clark R.; De-Masi A.; Espa V.; Hungwe R.; Lincoln M.; Mguni S.; Nevin-Dolan R.; Alexander H.; Campbell L.; Candfield S.; Doshi S.; Liddle O.; Mulka L.; Saigal P.; Stevenson J.; Boateng J.; Chappell B.; Currie S.; Davies C.; Lebari D.; Phillips M.; Southon L.; Thorpe S.; Vas A.; Ward C.; Warren C.; Yau S.; Arenas-Pinto A.; Ashraf A.; Bolton M.; Haddow L.; McNamara S.; Milinkovic A.; Minton J.; Morris D.; Oakland C.; Steve O'Farrell; Pellegrino P.; Pett S.; Vora N.; Young C.; Zarko-Flynn T.; Banbury S.; Brodnicki E.; Chung C.; Dolling D.; Dunn D.; Fairbrother K.; Khan S.; Khan S.; Mauger B.; Sowunmi Y.; Spencer S.; White E.; Wood G.; Desai S.; Field N.; Gill N.; Hyland K.; Seyan P.; Bains A.; Bell G.; Cox T.; Dewsnap C.; Hughes C.; Loftus H.; Sutton N.; Talbot D.; Tucker V.; Rae C.; Rayment M.; Nutland W.; Wayal S.; Ayap W.; Chen L.J.; Croucher A.; Fidler S.; Kuldanek K.; Legg K.; Leon A.; Naous N.; Quinn K.; Rey S.; Zhou J.; Bevan M.-A.; Francia N.; Hamlyn E.; Hurley L.; Iveson H.; Jendrulek I.; Murray T.; Sharp A.; Skingsley A.; Tam C.K.; Teague A.; Thomas C.; Tiraboschi J.-M.; Brewer C.; Evans R.; Gravely J.; Lacey C.; Lamont G.; Martin F.; Morris G.; Russell-Sharpe S.; Wightman J.	An analysis of baseline data from the PROUD study: An open-label randomised trial of pre-exposure prophylaxis	Trials	-	-	-	-	17456215	10.1186/s13063-016-1286-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84962009997&doi=10.1186%2fs13063-016-1286-4&partnerID=40&md5=fad922a1a1ad350d2ccdb8def86026b1	Background: Pre-exposure prophylaxis (PrEP) has proven biological efficacy to reduce the sexual acquisition of the human immunodeficiency virus (HIV). The PROUD study found that PrEP conferred higher protection than in placebo-controlled trials, reducing HIV incidence by 86% in a population with seven-fold higher HIV incidence than expected. We present the baseline characteristics of the PROUD study population and place the findings in the context of national sexual health clinic data. Methods: The PROUD study was designed to explore the real-world effectiveness of PrEP (tenofovir-emtricitabine) by randomising HIV-negative gay and other men who have sex with men (GMSM) to receive open-label PrEP immediately or after a deferral period of 12months. At enrolment, participants self-completed two baseline questionnaires collecting information on demographics, sexual behaviour and lifestyle in the last 30 and 90days. These data were compared to data from HIV-negative GMSM attending sexual health clinics in 2013, collated by Public Health England using the genitourinary medicine clinic activity database (GUMCAD). Results: The median age of participants was 35 (IQR: 29-43). Typically participants were white (81%), educated at a university level (61%) and in full-time employment (72%). Of all participants, 217 (40%) were born outside the UK. A sexually transmitted infection (STI) was reported to have been diagnosed in the previous 12months in 330/515 (64%) and 473/544 (87%) participants reported ever having being diagnosed with an STI. At enrolment, 47/280 (17%) participants were diagnosed with an STI. Participants reported a median (IQR) of 10 (5-20) partners in the last 90days, a median (IQR) of 2 (1-5) were condomless sex acts where the participant was receptive and 2 (1-6) were condomless where the participant was insertive. Post-exposure prophylaxis had been prescribed to 184 (34%) participants in the past 12months. The number of STI diagnoses was high compared to those reported in GUMCAD attendees. Conclusions: The PROUD study population are at substantially higher risk of acquiring HIV infection sexually than the overall population of GMSM attending sexual health clinics in England. These findings contribute to explaining the extraordinary HIV incidence rate during follow-up and demonstrate that, despite broad eligibility criteria, the population interested in PrEP was highly selective. Trial registration: Current Controlled Trials ISRCTN94465371. Date of registration: 28 February 2013. © 2016 Dolling et al.	HIV prevention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Tenofovir; Truvada	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Drabo E.F.; Hay J.W.; Vardavas R.; Wagner Z.R.; Sood N.	A cost-effectiveness analysis of preexposure prophylaxis for the prevention of HIV among Los Angeles County men who have sex with men	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciw578	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014943912&doi=10.1093%2fcid%2fciw578&partnerID=40&md5=6588e38c82a776dcabfddf58f1958fe0	Background. Substantial gaps remain in understanding the trade-offs between the costs and benefits of choosing alternative human immunodeficiency virus (HIV) prevention strategies, including test-and-treat (expanded HIV testing combined with immediate treatment) and PrEP (initiation of preexposure prophylaxis by high-risk uninfected individuals) strategies. Methods. We develop a mathematical epidemiological model to simulate HIV incidence among men residing in Los Angeles County, California, aged 15-65 years, who have sex with men. We combine these incidence data with an economic model to estimate the discounted cost, effectiveness (quality-adjusted life-years QALYs), and incremental cost-effectiveness ratios of various HIV prevention strategies using a societal perspective and a lifetime horizon. Results. PrEP and test-and-treat yield the largest reductions in HIV incidence, and are highly cost-effective ($27 863/QALY and $19 302/QALY, respectively) relative to status quo and at a US willingness-to-pay threshold of $150 000/QALY saved. Status quo and 12 test-and-treat and PrEP strategies determine the frontier for efficient decisions. More aggressive strategies are costlier, but more effective, albeit with diminishing returns. The relative effectiveness of PrEP is sensitive to the initial HIV prevalence rate, PrEP and antiretroviral therapy (ART) adherence and initiation rates, the probabilities of HIV transmission, and the rates of sexual partner mixing. Conclusions. PrEP and test-and-treat offer cost-effective alternatives to the status quo. The success of these strategies depends on ART and PrEP adherence and initiation rates. The lack of evidence on adherence behaviors toward PrEP, therefore, warrants further studies. © The Author 2016. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	Cost-effectiveness; HIV; Preexposure prophylaxis; PrEP; Test-and-treat	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Dube, MP; Funk, CA; Corado, K; Morris, S	Tenofovir disoproxil fumarate associated Fanconi syndrome in an HIV-uninfected man receiving HIV pre-exposure prophylaxis	Antiviral Therapy	-	-	-	-	1359-6535	10.1093/ofid/ofx149	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6300303/	Tenofovir disoproxil fumarate (TDF) has been used worldwide in antiretroviral regimens of human immunodeficiency virus (HIV)-infected patients since being approved by the US Food and Drug Administration in 2001. Tenofovir disoproxil fumarate can cause renal tubular dysfunction and reduced renal function [1]. In its fully developed form, TDF renal dysfunction is associated with hypophosphatemia, renal phosphate wasting, and other features of Fanconi syndrome [1]. Cases of TDF-associated Fanconi syndrome have been reported predominantly among patients with HIV infection [1]. There has been no excess risk of renal tubular toxicity with TDF-emtricitabine (TDF-FTC) detected in large, placebo-controlled trials of HIV pre-exposure prophylaxis (PrEP) [2, 3]. One other well documented likely Fanconi syndrome has been reported in an online supplement to the latter paper [3]. In this study, we report an additional case of this previously described phenomenon.	1 a 12	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Dunn D.T.; Glidden D.V.	Statistical issues in trials of preexposure prophylaxis	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000218	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951908875&doi=10.1097%2fCOH.0000000000000218&partnerID=40&md5=3224f770f81b509496aa5d4343c2aa43	Purpose of review We discuss selected statistical issues in the design and analysis of preexposure prophylaxis (PrEP) trials. The general principles may inform thinking for other interventions in HIV prevention. Recent findings To date, four different designs have been used to determine the effectiveness of PrEP: randomized, doubleblind, placebo-controlled; randomized, open-label, immediate or delayed access; nonrandomized comparison of HIV incidence according to the level of drug detected; comparison of the observed HIV incidence to the expected rate using historical control data. Open-label trials of PrEP, which assess public health effectiveness, complement the placebo-controlled trials which established the biological efficacy of TDF/ FTC. Future trials of PrEP will be highly challenging to design since a no PrEP group is difficult to justify and the natural control regimen, TDF/FTC, is highly efficacious. Summary Standard statistical paradigms for noninferiority trials should be reconsidered for evaluating alternative PrEP regimens. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	Intention-to-treat; noninferiority; open-label; placebo-controlled; risk compensation	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Duwal, S.; Sunkara, V.; von Kleist, M.	Multiscale Systems-Pharmacology Pipeline to Assess the Prophylactic Efficacy of NRTIs Against HIV-1.	CPT: Pharmacometrics & Systems Pharmacology	-	-	-	-	2163-8306	10.1002/psp4.12095	https://pubmed.ncbi.nlm.nih.gov/27439573/	While HIV-1 continues to spread, the use of antivirals in preexposure prophylaxis (PrEP) has recently been suggested. Here we present a modular systems pharmacology modeling pipeline, predicting PrEP efficacy of nucleotide reverse transcriptase inhibitors (NRTIs) at the scale of reverse transcription, target-cell, and systemic infection and after repeated viral exposures, akin to clinical trials. We use this pipeline to benchmark the prophylactic efficacy of all currently approved NRTIs in wildtype and mutant viruses. By integrating pharmacokinetic models, we find that intracellular tenofovir-diphosphate builds up too slowly to halt infection when taken "on demand" and that lamivudine may substitute emtricitabine in PrEP combinations. Lastly, we delineate factors confounding clinical PrEP efficacy estimates and provide a method to overcome these. The presented framework is useful to screen and optimize PrEP candidates and strategies and to understand their clinical efficacy by integrating the diverse scales which determine PrEP efficacy.	Follow-Up Studies; Humans; Male; Treatment Outcome; Female; Anti-HIV Agents/*administration & dosage; Risk Factors; Prospective Studies; Reverse Transcriptase Inhibitors/*administration & dosage; HIV-1/*drug effects/physiology; Pre-Exposure Prophylaxis/methods/*statistics & numerical data; Multicenter Studies as Topic/statistics & numerical data; *Systems Analysis; HIV Infections/blood/epidemiology/*prevention & control; Observational Studies as Topic/statistics & numerical data; Viral Load/statistics & numerical data	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2016	Duwal, Sulav; von Kleist, Max	Top-down and bottom-up modeling in system pharmacology to understand clinical efficacy: An example with NRTIs of HIV-1.	European Journal of Pharmaceutical Sciences	-	-	-	-	1879-0720	10.1016/j.ejps.2016.01.016	https://dx.doi.org/10.1016/j.ejps.2016.01.016	A major aim of Systems Pharmacology is to understand clinically relevant mechanisms of action (MOA) of drugs and to use this knowledge in order to optimize therapy. To enable this mission it is necessary to obtain knowledge on how in vitro testable insights translate into clinical efficacy. Mathematical modeling and data integration are essential components to achieve this goal. Two modeling philosophies are prevalent, each of which in isolation is not sufficient to achieve the above described: In a 'top-down' approach, a minimal pharmacokinetic-pharmacodynamic (PK-PD) model is derived from- and fitted to available clinical data. This model may lack interpretability in terms of mechanisms and may only be predictive for scenarios already covered by the data used to derive it. A 'bottom-up' approach builds on mechanistic insights derived from in vitro/ex vivo experiments, which can be conducted under controlled conditions, but may not be fully representative for the in vivo/clinical situation. In this work, we employ both approaches side-by-side to predict the clinical potency (IC50 values) of the nucleoside reverse transcriptase inhibitors (NRTIs) lamivudine, emtricitabine and tenofovir. In the 'top-down' approach, this requires to establish the dynamic link between the intracellularly active NRTI-triphosphates (which exert the effect) and plasma prodrug PK and to subsequently link this composite PK model to viral kinetics. The 'bottom-up' approach assesses inhibition of reverse transcriptase-mediated viral DNA polymerization by the intracellular, active NRTI-triphosphates, which has to be brought into the context of target cell infection. By using entirely disparate sets of data to derive and parameterize the respective models, our approach serves as a means to assess the clinical relevance of the 'bottom-up' approach. We obtain very good qualitative and quantitative agreement between 'top-down' vs. 'bottom-up' predicted IC50 values, arguing for the validity of the 'bottom-up' approach. We noted, however, that the 'top-down' approach is strongly dependent on the sparse and noisy intracellular pharmacokinetic data. All in all, our work provides confidence that we can translate in vitro parameters into measures of clinical efficacy using the 'bottom-up' approach. This may allow to infer the potency of various NRTIs in inhibiting e.g. mutant viruses, to distinguish sources of interaction of NRTI combinations and to assess the efficacy of different NRTIs for repurposing, e.g. for pre-exposure prophylaxis.	Systems Pharmacology, Multiscale framework, HIV-1, Prophylaxis, Pre-exposure prophylaxis, Hybrid stochastic-deterministic approach, branching process, Algorithms, Monte-carlo simulation	English	Netherlands	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2016	Elbirt D.; Mahlab-Guri K.; Bezalel-Rosenberg S.; Asher I.; Sthoeger Z.	Pre-exposure prophylaxis as a method for prevention of human immunodeficiency virus infection	Israel Medical Association Journal	-	-	-	-	15651088	NA	https://www.ima.org.il/filesupload/IMAJ/0/197/98681.pdf	NA	HIV prevention; Post-exposure prophylaxis (PEP); Pre-exposure prophylaxis (PrEP); Treatment as prevention (TaSP)	English	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Review
Article	2016	Elion, Richard; Coleman, Megan	The preexposure prophylaxis revolution: from clinical trials to routine practice: implementation view from the USA.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000222	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4670271	PURPOSE OF REVIEW: This article describes the use of tenofovir/emtricitabine (Truvada) as prevention for exposure to HIV preexposure prophylaxis (PrEP) infection in the USA. The use of PrEP and the challenges of implementation are very instructive as other countries adopt this intervention and it becomes a fundamental part of worldwide efforts for HIV prevention and much can be learned from the first 3 years in the USA. RECENT FINDINGS: Randomized trials and demonstration projects have shown the benefits of PrEP for men and women who are at risk for HIV. Numerous studies have showed that the level of prevention is excellent when the drug is taken at least four times weekly, once adequate levels are obtained. However, adherence remains a critical issue as well as tailoring delivery models for specific populations. Six recent studies are discussed, that support excellent efficacy and significantly support PrEP as a means of prevention. These projects have shown high acceptance of PrEP with excellent adherence by individuals demonstrated by those at risk remaining free of HIV over extended periods of time. SUMMARY: The USA faces three significant challenges in scaling up PrEP. The first challenge in implementation in the USA is to get individuals to recognize the actual risks that their behaviors represent and to engage with providers to address these issues. The second challenge is getting a population of providers to recognize the exact same issues and offer PrEP in a compassionate, nonjudgmental fashion. The third challenge is identifying the set of providers and locations to scale-up the response in a timely, cost-effective fashion.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Elsesser S.A.; Oldenburg C.E.; Biello K.B.; Mimiaga M.J.; Safren S.A.; Egan J.E.; Novak D.S.; Krakower D.S.; Stall R.; Mayer K.H.	Seasons of Risk: Anticipated Behavior on Vacation and Interest in Episodic Antiretroviral Pre-exposure Prophylaxis (PrEP) Among a Large National Sample of U.S. Men Who have Sex with Men (MSM)	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-015-1238-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84946114302&doi=10.1007%2fs10461-015-1238-0&partnerID=40&md5=91a3c9f4af6ab01f6cd8a6f410c61d33	The current analysis evaluates interest in and acceptability of daily PrEP during short episodes of anticipated increased risk (i.e. Epi-PrEP). In 2013, U.S. members of an internet-based MSM sexual networking site were invited to complete a survey about HIV prevention practices in the context of vacationing. 7305 MSM responded to the survey. Of respondents who had vacationed in the past year, 25.6 % reported condomless anal sex (CAS) with new male sex partners while vacationing. Most (92.6 %) respondents agreed that having to use PrEP every day was a barrier to PrEP use and 74.3 % indicated they would take PrEP if they knew it would be helpful for short periods of anticipated increased risk. MSM who reported increased CAS while on vacation in the past year were more likely to indicate that they would take PrEP if it were helpful when used for short periods than respondents who did not (aOR = 2.02, 95 % CI 1.59–2.56, p < 0.001). Studies designed to evaluate uptake, adherence, and protective benefit of short PrEP courses are warranted. © 2015, Springer Science+Business Media New York.	Epi-PrEP; Episodic PrEP; HIV; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2016	Falcão J.R.S.P.; Bradshaw C.C.; Garrett C.C.; Bilardi J.E.; Chen M.Y.; Zablotska I.; Fairley C.K.; Williams H.	Views of HIV-negative partners in heterosexual serodiscordant relationships regarding HIV pre-exposure prophylaxis: A qualitative study	Sexual Health	-	-	-	14485028	10.1071/SH15143	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84982841169&doi=10.1071%2fSH15143&partnerID=40&md5=3f2f23de19db5674f10811024b10d670	Background Pre-exposure prophylaxis (PrEP) may be an effective option for HIV prevention among heterosexual serodiscordant couples. However, there are knowledge gaps in social research about PrEP in heterosexual serodiscordant relationships, including motivations and barriers to its use and possible impacts of PrEP uptake on the sexual practices of these couples. The aim of this study was to explore the views of HIV-negative men and women in stable serodiscordant heterosexual relationships about the possible use of PrEP. Methods: Semi-structured interviews were used to understand participants' views on the use of PrEP. Interviews were conducted face-to-face or by telephone and transcribed verbatim for thematic analysis. Results: In total, 13 HIV-negative partners were interviewed; six men and seven women. Participants demonstrated a high interest in the use of PrEP for conception. PrEP was also considered an option for general HIV prevention, although men saw more benefits for this use than women. Participants' main concerns around PrEP usage were about cost, efficacy, daily adherence and side-effects. HIV-positive partner support is likely to play a central role for PrEP uptake and adherence. Conclusions: This study is one of the first studies to explore the views of HIV-negative heterosexual partners in serodiscordant relationships around the use of PrEP while trying to conceive, as well as for general HIV prevention. These study results provide new insights for the further development of guidelines governing the use of PrEP for serodiscordant couples. © 2016 CSIRO.	Australia; couples; HIV prevention; qualitative	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2016	Ferrández J.S.-R.; Sesmero J.M.M.	Pre-exposure prophylaxis for the prevention of HIV infection: A new prevention paradigm?	Farmacia Hospitalaria	-	-	-	11306343	10.7399/fh.2016.40.3.10439	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84966641622&doi=10.7399%2ffh.2016.40.3.10439&partnerID=40&md5=a5a3ea48bbd970da71310fa34e17063e	Pre-exposure prophylaxis" (PrEP) has been recently developed as a prevention strategy which involves the administration of drugs to non-infected individuals who present high exposure or susceptibility to HIV. Although this use is not approved in our country, several guidelines recommend PrEP as a prevention option in adult MSM, heterosexual men and women, and users of parenteral drugs at risk of acquiring the infection. This article presents the characteristics that an ideal agent to be used as PrEP should meet, recent efficacy published data and barriers for the implementation of this new strategy. On the other hand, the role of hospital pharmacists will be discussed.	HIV; Pre-exposure prophylaxis; Prevention	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2016	Ferrer L.; Folch C.; Fernandez-Davila P.; Garcia A.; Morales A.; Belda J.; Susperregui A.R.; Casabona J.	Awareness of Pre-exposure Prophylaxis for HIV, Willingness to Use It and Potential Barriers or Facilitators to Uptake Among Men Who Have Sex with Men in Spain	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1379-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84962267570&doi=10.1007%2fs10461-016-1379-9&partnerID=40&md5=81247cfee46c94335de115e0d186b558	There is a lack of data on pre-exposure prophylaxis (PrEP) effectiveness in Spain. We described the awareness of and willingness to use PrEP and examined potential barriers and facilitators to their use among men who have sex with men recruited either online or in voluntary HIV testing centers in Spain. Nearly a third of men (28.7 %) were aware of PrEP and 57.6 % said they would be willing to use it if available, 16.6 % saying they would be unwilling to use PrEP and 25.8 % not being sure. Men who had heard of PrEP were more forceful in their opinions on willingness to use PrEP (willing/not willing: 29.8 %/32.6 % vs. don't know: 21.8 %). The greatest consensus regarding more acceptable PrEP attributes was in the mode of delivery and its cost. Doctors (91 %) or pharmacists (85.3 %) were the preferred providers. The results confirm the need to inform and educate on PrEP and define implementation strategies. © 2016, Springer Science+Business Media New York.	HIV infection; Men who have sex with men; Pre-exposure prophylaxis; Sex behaviors; Spain	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2016	Figueroa, Dominique Beltran	Towards Understanding Tenofovir Disposition: MALDI-Imaging and Pharmacogenetics	-	-	Johns Hopkins University	-	na	NA	http://jhir.library.jhu.edu/handle/1774.2/40818	The emergence of HIV pre-exposure prophylaxis, applying antiretroviral drugs toward prevention of infection by human immunodeficiency virus in uninfected individuals, reveals a promising avenue toward decreasing the number of annual new HIV infections worldwide. The nucleotide reverse transcriptase inhibitor tenofovir, along with the nucleoside reverse transcriptase inhibitor emtricitabine, currently make up the FDA-approved regimen for pre-exposure prophylaxis. Intracellular phosphorylation of both tenofovir and emtricitabine is necessary to generate nucleotide triphosphate analogs that would competitively inhibit HIV reverse transcriptase. Kinases demonstrated to phosphorylate tenofovir to the intermediate tenofovir monophosphate and then to the active anabolite tenofovir monophosphate have been shown to be expressed in HIV-susceptible tissues. Adenylate kinase 2 phosphorylates tenofovir to tenofovir monophosphate in peripheral blood mononuclear cells, vaginal, and colorectal tissues. In colorectal tissues, creatine kinase, muscle was found to phosphorylate tenofovir monophosphate to tenofovir diphosphate. The two kinases pyruvate kinase, muscle and pyruvate kinase, liver and red blood cell were shown to yield tenofovir diphosphate in peripheral blood mononuclear cells and vaginal tissue. These four kinases were sequenced for genetic variants that could affect tenofovir activation. In a clinical study spread across the three geographic regions Bangkok, Thailand, Cape Town, South Africa, and New York City, USA, 103 previously unreported variants across the kinases AK2, CKM, PKM and PKLR were detected. Of 505 individuals, 19 individuals (3.7% frequency) were found to be carrying variants that were predicted to be deleterious and probably damaging. In emtricitabine activation, we put forward four candidate kinases that would yield the nucleotide triphosphate analog emtricitabine triphosphate. Emtricitabine requires three phosphorylation steps to become pharmacologically active. Deoxycytidine kinase and thymidine kinase 1 are proposed to phosphorylate emtricitabine to emtricitabine-monophosphate. To generate emtricitabine-diphosphate, cytidine monophosphate kinase 1 is suggested to phosphorylate emtricitabine-monophosphate. To form the competitive HIV reverse transcriptase inhibitor emtricitabine triphosphate, phosphoglycerate kinase 1 was identified as a candidate kinase. In a clinical study, we identified 17 previously unreported genetic variants of these kinases. Additionally, to further understand tenofovir and emtricitabine disposition in tissue, a matrix-assisted laser desorption/ionization coupled to mass spectrometry method was developed. This method aims to image tenofovir, emtricitabine, and the corresponding phosphorylated anabolites of each drug in an effort to better understand drug distribution in HIV susceptible tissues. Taken together, development of the imaging technology and application of next-generation sequencing to identify variants in kinases proposed to activate nucleos(t)ide reverse…	HIV; prevention; pre-exposure prophylaxis; tenofovir; emtricitabine; mass spectrometry; MALDI; mass spectrometry imaging	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2016	Finocchario-Kessler, Sarah; Champassak, Sofie; Hoyt, Mary Jo; Short, William; Chakraborty, Rana; Weber, Shannon; Levison, Judy; Phillips, Joanne; Storm, Deborah; Anderson, Jean	Pre-Exposure Prophylaxis (PrEP) for Safer Conception Among Serodifferent Couples: Findings from Healthcare Providers Serving Patients with HIV in Seven US Cities.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2015.0268	https://dx.doi.org/10.1089/apc.2015.0268	Pre-exposure prophylaxis (PrEP) can reduce the risk of HIV transmission among serodifferent couples trying to conceive, yet provider knowledge, attitudes, and experience utilizing PrEP for this purpose are largely unexamined. Trained interviewers conducted phone interviews with healthcare providers treating patients with HIV in seven cities (Atlanta, Baltimore, Houston, Kansas City, Newark, Philadelphia, and San Francisco, N = 85 total). Quantitative and qualitative data were analyzed to describe experience, concerns, and perceived barriers to prescribing PrEP for safer conception. Providers (67.1% female, 43 mean years of age, 70.4% white, 10 mean years treating HIV+ patients, 56% in academic vs. community facilities, 62.2% MD) discussed both benefits and concerns of PrEP for safer conception among serodifferent couples. Only 18.8% of providers reported experience prescribing PrEP, 74.2% were willing to prescribe it under ideal circumstances, and 7.0% were not comfortable prescribing PrEP. Benefits included added protection and a greater sense of control for the HIV-negative partner. Concerns were categorized as clinical, system-level, cost, or behavioral. Significant differences in provider characteristics existed across sites, but experience with PrEP for safer conception did not, p = 0.14. Despite limited experience, most providers were open to recommending PrEP for safer conception as long as patients understood the range of concerns and could make informed decisions. Strategies to identify and link serodifferent couples to PrEP services and clinical guidance specific to PrEP for safer conception are needed.	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Fisher C.B.; Arbeit M.R.; Dumont M.S.; Macapagal K.; Mustanski B.	Self-consent for HIV prevention research involving sexual and gender minority youth: Reducing barriers through evidence-based ethics	Journal of Empirical Research on Human Research Ethics	-	-	-	15562646	10.1177/1556264616633963	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978676863&doi=10.1177%2f1556264616633963&partnerID=40&md5=30a05c7d3432bafacf61eb2dc0ceff63	This project examined the attitudes of sexual and gender minority youth (SGMY) toward guardian permission for a preexposure prophylaxis (PrEP) adherence trial and their preparedness to provide informed, rational, and voluntary selfconsent. Sixty sexually active SGMY (ages 14-17) participated in online survey and asynchronous focus group questions after watching a video describing a PrEP adherence study. Youth responses highlighted guardian permission as a significant barrier to research participation, especially for those not "out" to families. Youth demonstrated understanding of research benefits, medical side effects, confidentiality risks, and random assignment and felt comfortable asking questions and declining participation. Reasoning about participation indicated consideration of health risks and benefits, personal sexual behavior, ability to take pills every day, logistics, and post-trial access to PrEP. Results demonstrate youth's ability to self-consent to age-and population-appropriate procedures, and underscore the value of empirical studies for informing institutional review board (IRB) protections of SGMY research participants. © The Author(s) 2016.	Adolescent medicine; Ethics; Gender identity; HIV prevention; Informed consent by minors; Pre-exposure prophylaxis; Research; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Fleming, Paul J.; Barrington, Clare; Perez, Martha; Donastorg, Yeycy; Kerrigan, Deanna	HIV testing, care, and treatment experiences among the steady male partners of female sex workers living with HIV in the Dominican Republic.	AIDS Care	-	-	-	1360-0451 0954-0121	10.1080/09540121.2016.1160027	https://www.tandfonline.com/doi/full/10.1080/09540121.2016.1160027	Male steady partners of female sex workers (FSW) living with human immunodeficiency virus (HIV) represent a key population for treatment as prevention and/or pre-exposure prophylaxis interventions. This study uses data collected from male steady partners who were referred by FSW living with HIV participating in a multi-level HIV prevention and care intervention in Santo Domingo, Dominican Republic. We conducted a socio-behavioral survey and HIV testing with all men (n = 64) and 16 in-depth interviews with a sub-sample to obtain more depth. Thirty-five of the 64 participants were living with HIV; 27 were previously diagnosed and 8 were diagnosed during our study. As a result, 45% of men were members of sero-concordant sexual partnerships. Of men with no previously HIV diagnosis (n = 37), 15 had never been tested for HIV and nine had not been tested in the past two years. Ninety-three percent of men previously diagnosed with HIV reported receiving HIV care in the past 6 months and 78% were taking anti-retrovirals. Low HIV testing was partly due to men not feeling at risk for HIV, despite having an HIV-infected partner. Additionally, a lack of tailored care inhibited engagement in anti-retroviral treatment for those infected. HIV testing was low, highlighting a need for test-and-treat strategies. Men not living with HIV would benefit from regular testing and would be good candidates for pre-exposure prophylaxis. While almost all men who had been diagnosed with HIV were engaged in care and adherent to anti-retroviral therapy, future research should assess whether they are achieving optimal HIV outcomes for their health and prevention of ongoing transmission.	Adult; Humans; Male; Middle Aged; Female; Risk-Taking; Anti-Retroviral Agents/*therapeutic use; Viral Load; Aged; Risk Factors; Medication Adherence; Interviews as Topic; Surveys and Questionnaires; Sex Work; AIDS; Dominican Republic; *Sexual Partners; pre-exposure prophylaxis; Pre-Exposure Prophylaxis; Qualitative Research; *Sex Workers; HIV-positive; anti-retroviral treatment; HIV Infections/*diagnosis/*drug therapy/prevention & control/psychology; Non-commercial partners	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2016	Fletcher, Kelly	Awareness, Willingness, and Use of Pre-Exposure Prophylaxis (PrEP) Among Hispanic/Latino Men Who Have Sex With Men, The American Men's Internet Survey 2013-2014.	-	-	Emory University	-	na	NA	http://pid.emory.edu/ark:/25593/rkqq0	Pre-exposure prophylaxis (PrEP) is a promising biomedical prevention method aimed at reducing human immunodeficiency virus (HIV) incidence for high risk populations like Hispanic/Latino men who have sex with men (MSM) in the United States. In order to increase uptake of PrEP, a robust understanding of the characteristics of Hispanic/Latino MSM and their awareness of, willingness to use, and use of PrEP is warranted. An annual, cross-sectional survey of MSM was conducted online in 2013 and 2014. Multivariate logistic regression models selected using a backwards elimination procedure were used to assess the characteristics of 1,446 Hispanic/Latino, HIV-negative MSM in relation to their awareness of, willingness to use, and use of PrEP. Awareness, willingness, and use increased with study year. Sexual health and HIV risk behavior including diagnosis of a bacterial STI in the last 12 months and number of sex partners were associated with awareness, willingness, and use of PrEP while sociodemographic characteristics including insurance type and education level were associated with awareness. Although 55.1% of participants were aware of PrEP and 78.5% reported willingness to take PrEP, only 5.5% reported usage. Increasing access to HIV and sexual health services, enhancing health care provider knowledge of PrEP, and encouraging serodiscussion may help facilitate increased uptake to PrEP among Hispanic/Latino MSM.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2016	Foley, Shaylen; Keene, Danya	"For the safety of our health": A Qualitative Analysis of Pre-Exposure Prophylaxis (PrEP) Acceptability among Female Sex Workers in Malaysia	-	-	Universidade de Yale	-	na	NA	https://www.proquest.com/dissertations-theses/safety-our-health-qualitative-analysis-pre/docview/1793408467/se-2?accountid=8113	Female sex workers (FSW) in Malaysia are at substantially increased risk of acquiring HIV compared to the general female population. Daily oral pre-exposure prophylaxis (PrEP) offers a novel way to prevent HIV transmission in this population. This research aims to inform culturally relevant implementation of PrEP through a qualitative exploration of the factors that determine FSW willingness to use PrEP. In-depth, semi-structured interviews (n=30) were conducted with FSW in English, Malay, or Tamil. Transcribed and translated interviews were analyzed using a grounded theory approach. FSW expressed positive interest in PrEP but preferred it as a supplement to condoms, not a replacement. Perceived challenges to PrEP use included cost, adherence, side effects, and disinterest. FSW experiences with HIV and condoms support these reactions. This research bolsters prior work on the inapplicability of behavioral disinhibition to FSW and supports PrEP implementation in combination with condom promotion.	HIV; PrEP; Sex work; Public health; Social sciences; Malaysia; Acceptability; FSWs; 0573:Public health; 0453:Womens studies; Womens studies; Health and environmental sciences; Sbs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2016	Fonner V.A.; Dalglish S.L.; Kennedy C.E.; Baggaley R.; O'Reilly K.R.; Koechlin F.M.; Rodolph M.; Hodges-Mameletzis I.; Grant R.M.	Effectiveness and safety of oral HIV preexposure prophylaxis for all populations	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001145	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84965013459&doi=10.1097%2fQAD.0000000000001145&partnerID=40&md5=917af1163d4ea9493f8ddee86c0ac5a0	Objective: Preexposure prophylaxis (PrEP) offers a promising new approach to HIV prevention. This systematic review and meta-analysis evaluated the evidence for use of oral PrEP containing tenofovir disoproxil fumarate as an additional HIV prevention strategy in populations at substantial risk for HIV based on HIV acquisition, adverse events, drug resistance, sexual behavior, and reproductive health outcomes. Design: Rigorous systematic review and meta-analysis. Methods: A comprehensive search strategy reviewed three electronic databases and conference abstracts through April 2015. Pooled effect estimates were calculated using random-effects meta-analysis. Results: Eighteen studies were included, comprising data from 39 articles and six conference abstracts. Across populations and PrEP regimens, PrEP significantly reduced the risk of HIV acquisition compared with placebo. Trials with PrEP use more than 70% demonstrated the highest PrEP effectiveness (risk ratio=0.30, 95% confidence interval: 0.21-0.45, P<0.001) compared with placebo. Trials with low PrEP use did not show a significantly protective effect. Adverse events were similar between PrEP and placebo groups. More cases of drug-resistant HIV infection were found among PrEP users who initiated PrEP while acutely HIV-infected, but incidence of acquiring drug-resistant HIV during PrEP use was low. Studies consistently found no association between PrEP use and changes in sexual risk behavior. PrEP was not associated with increased pregnancy-related adverse events or hormonal contraception effectiveness. Conclusion: PrEP is protective against HIV infection across populations, presents few significant safety risks, and there is no evidence of behavioral risk compensation. The effective and cost-effective use of PrEP will require development of best practices for fostering uptake and adherence among people at substantial HIV risk. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.	HIV; HIV prevention; meta-analysis; preexposure prophylaxis; systematic review; tenofovir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Fox J.; Brady M.; Alexander H.; Davies O.; Robinson N.; Pace M.; Else L.; Cason J.; Khoo S.; Back D.; Fidler S.; Frater J.	Tenofovir Disoproxil Fumarate Fails to Prevent HIV Acquisition or the Establishment of a Viral Reservoir: Two Case Reports	Infectious Diseases and Therapy	-	-	-	21938229	10.1007/s40121-015-0102-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84977159791&doi=10.1007%2fs40121-015-0102-x&partnerID=40&md5=08bcbd9a43b937c74197529585a695c1m	The use of antiretrovirals as pre-exposure prophylaxis (PrEP) is highly efficacious in HIV prevention. The World Health Organization recently recommended Truvada® (Gilead Sciences, Inc.) or tenofovir disoproxil fumarate (TDF) for high-risk individuals, with limited data for single-agent TDF PrEP in men who have sex with men (MSM). We report two cases of TDF PrEP failure in MSM who had received long-term TDF for hepatitis B infection and had therapeutic levels of drug immediately after HIV acquisition. Rapid antiretroviral intensification at diagnosis of acute HIV infection failed to limit immune dysfunction or prevent the establishment of a viral reservoir. © 2015, The Author(s).	HIV; Pre-exposure prophylaxis; Tenofovir; Viral reservoir	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Fox, Julie; Tiraboschi, Juan M; Herrera, Carolina; Else, Laura; Egan, Deirdre; Dickinson, Laura; Jackson, Akil; Olejniczak, Natalia; Back, David; Khoo, Saye; Shattock, Robin; Boffito, Marta	Pharmacokinetic/Pharmacodynamic Investigation of Single-Dose Oral Maraviroc in the Context of HIV-1 Pre-exposure Prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001108	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-27727157	To investigate the pharmacokinetics/pharmacodynamics of single-dose maraviroc 300 mg in HIV-1 exposure compartments. Maraviroc concentrations in blood, secretions (vaginal, urethral, oral, and rectal), and tissue (vaginal and rectal) were measured, and ex vivo challenge was performed in 54 healthy volunteers to study protection from HIV infection. Maraviroc Cmax occurred within 4 hours in most compartments. Concentrations from 4 to 72 hours were above intracellular (IC) IC90 in all compartments, range 15-8095 ng/mL. Mean AUC0-72 compartment-to-plasma ratios were highest in the rectum (45-819) and urethra (144) compared with the female genital tract (1.6-4.8) and saliva (0.2). No sex differences in AUC0-72 or Cmax were observed. No ex vivo protection from HIV-1BaL occurred in rectal or vaginal tissue. Despite high and sustained concentrations, single-dose maraviroc was not protective against ex vivo challenge of vaginal/rectal tissue.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Frankis J.; Young I.; Flowers P.; McDaid L.	Who will use pre-exposure prophylaxis (PrEP) and why?: Understanding PrEP awareness and acceptability amongst men who have sex with men in the UK - A mixed methods study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0151385	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84971659855&doi=10.1371%2fjournal.pone.0151385&partnerID=40&md5=f471e2e750fc6e7d3fc39b9aba1f9789	Background Recent clinical trials suggest that pre-exposure prophylaxis (PrEP) may reduce HIV transmission by up to 86% for men who have sex with men (MSM), whilst relatively high levels of PrEP acceptability have been reported to date. This study examines PrEP awareness amongst sub-groups of MSM communities and acceptability amongst MSM in a low prevalence region (Scotland, UK), using a mixed methods design. Methods Quantitative surveys of n = 690 MSM recruited online via social and sociosexual media were analysed using descriptive statistics and multivariate logistic regression. In addition, n = 10 in-depth qualitative interviews with MSM were analysed thematically. Results Under one third (29.7%) of MSM had heard of Pr EP, with awareness related to living in large cities, degree level education, commercial gay scene use and reporting an HIV test in the last year. Just under half of participants (47.8%) were likely to use PrEP if it were available but there was no relationship between PrEP acceptability and previous PrEP awareness. Younger men (18-25 years) and those who report higher risk UAI were significantly more likely to say they would use PrEP. Qualitative data described specific PrEP scenarios, illustrating how risk, patterns of sexual practice and social relationships could affect motivation for and nature of PrEP use. Conclusion These findings suggest substantial interest PrEP amongst MSM reporting HIV risk behaviours in Scotland. Given the Proud results, there is a strong case to investigate PrEP implementation within the UK. However, it appears that disparities in awareness have already emerged along traditional indicators of inequality. Our research identifies the need for comprehensive support when PrEP is introduced, including a key online component, to ensure equity of awareness across diverse MSM communities (e.g. by geography, education, gay scene use and HIV proximity), as well as to respond to the diverse informational and sexual health needs of all MSM communities. © 2016 Frankis et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2016	Frankis, Jamie S; Young, Ingrid; Lorimer, Karen; Davis, Mark; Flowers, Paul	Towards preparedness for PrEP: PrEP awareness and acceptability among MSM at high risk of HIV transmission who use sociosexual media in four Celtic nations: Scotland, Wales, Northern Ireland and The Republic of Ireland: an online survey.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2015-052101	https://dx.doi.org/10.1136/sextrans-2015-052101	OBJECTIVE: To assess the awareness and acceptability of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and use sociosexual media at high risk of HIV infection in four Celtic nations. DESIGN: Cross-sectional study. METHODS: Online self-complete survey of 386 HIV-negative/status unknown MSM who reported condomless anal intercourse (CAI) with ≥2 men in the last year, recruited from gay sociosexual media. RESULTS: One-third (34.5%, 132/386) of the participants were aware of PrEP but over half (58.5%, 226/386) reported that they would be willing to use PrEP if it were available to them. Only men who regularly tested for HIV every 6months (adjusted OR 2.89, 95% CI 1.54 to 5.42) were more likely to be aware of PrEP. PrEP acceptability was only associated with reporting ≥5 CAI partners (OR 2.04, 95% CI 1.2 to 3.46) in the last year. CONCLUSIONS: Low levels of PrEP awareness were reported across these Celtic nations. Only one-third of high-risk MSM had heard of PrEP but over one-half would be willing to take a daily pill to prevent HIV infection. Sociodemographic factors, commercial gay scene proximity and social network use were unrelated to considering PrEP use. However, those reporting most CAI partners were more likely to consider PrEP use.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Freeman, Robert C.	Toward Development of Enhanced Preventive Interventions for HIV Sexual Risk among Alcohol-Using Populations: Confronting the 'Mere Pause from Thinking'.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-015-1179-7	https://pubmed.ncbi.nlm.nih.gov/26362168/	The papers in this issue detail state-of-the science knowledge regarding the role of alcohol use in HIV/AIDS risk, as well as offer suggestions for ways forward for behavioral HIV prevention for at-risk alcohol-using populations. In light of recent evidence suggesting that the anticipated uptake of the newer biomedical HIV prevention approaches, prominently including pre-exposure prophylaxis, has been stalled owing to a host of barriers, it has become ever more clear that behavioral prevention avenues must continue to receive due consideration as a viable HIV/AIDS prevention approach. The papers collected here make a valuable contribution to "combination prevention" efforts to curb HIV spread.	Humans; HIV Infections/*prevention & control; Risk-Taking; Sexual Behavior; Pre-Exposure Prophylaxis; HIV/AIDS; Prevention; Alcohol; Intervention; Alcohol Drinking/*adverse effects; *Alcohol-Related Disorders; *Behavioral Research; Behavioral research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Gandhi M.; Glidden D.V.; Mayer K.; Schechter M.; Buchbinder S.; Grinsztejn B.; Hosek S.; Casapia M.; Guanira J.; Bekker L.-G.; Louie A.; Horng H.; Benet L.Z.; Liu A.; Grant R.M.	Association of age, baseline kidney function, and medication exposure with declines in creatinine clearance on pre-exposure prophylaxis: an observational cohort study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(16)30153-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994182520&doi=10.1016%2fS2352-3018%2816%2930153-9&partnerID=40&md5=dd3b044e962e57158447e50a4d0b7c4e	Background As pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine for the prevention of HIV infection is rolled out internationally, strategies to maintain effectiveness and to minimise adverse effects merit consideration. In this study, we aimed to assess reductions in renal function and predictors of renal toxicity in a large open-label study of PrEP. Methods As part of the iPrEx open-label extension (OLE) study, men who have sex with men or transgender women aged 18–70 years who were HIV negative and had participated in three previous PrEP trials from Brazil, Ecuador, Peru, South Africa, Thailand, and the USA were enrolled into an open-label PrEP study. There were no restrictions on current renal function for enrolment into iPrEx OLE, in which participants were given combination tablets of tenofovir disoproxil fumarate (300 mg) and emtricitabine (200 mg) and advised to take one tablet per day. At follow-up sessions every 12 weeks, participants' creatinine clearance on PrEP was estimated and in a subset of participants, hair samples were collected to measure tenofovir and emtricitabine concentrations (a measure of adherence and exposure) via liquid-chromatography–tandem-mass-spectrometry. Reductions in creatinine clearance from baseline were calculated and predictors of decline were identified by use of multivariate models. iPrEx is registered with ClinicalTrials.com, number NCT00458393. Findings Baseline characteristics were similar between all participants in iPrEx-OLE (1224 participants with 7475 person-visits) and those participating in the hair substudy (220 participants with 1114 person-visits). During a median of 72 weeks, the mean decline in creatinine clearance was −2·9% (95% CI −2·4 to −3·4; p trend <0·0001), but declines were greater for those who started PrEP at older ages: participants aged 40–50 years at baseline had declines of −4·2% (95% CI −2·8 to −5·5) and participants older than 50 years at baseline had declines of −4·9% (−3·1 to −6·8). In multivariate models, age and baseline creatinine clearance less than 90 mL/min predicted declines in renal function. We identified a monotonic association between percentage decrease in creatinine clearance and the number of doses of tenofovir disoproxil fumarate and emtricitabine taken per week, as estimated by hair concentrations of tenofovir and emtricitabine (p trend =0·008). Interpretation Our data suggest that the frequency of safety monitoring for PrEP might need to be different between age groups and that pharmacological measures can monitor for toxic effects as well as adherence. Funding National Institutes of Health. © 2016 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Garcia, Jonathan; Parker, Richard G.; Parker, Caroline; Wilson, Patrick A.; Philbin, Morgan; Hirsch, Jennifer S.	The limitations of 'Black MSM' as a category: Why gender, sexuality, and desire still matter for social and biomedical HIV prevention methods.	Global Public Health	-	-	-	1744-1706 1744-1692	10.1080/17441692.2015.1134616	https://pubmed.ncbi.nlm.nih.gov/26831639/	The USA faces disproportionate and increasing HIV incidence rates among Black men who have sex with men (BMSM). New biomedical technologies such as pre-exposure prophylaxis (PrEP) have been developed to address their HIV risk. Very little consideration, however, has been given to the diversity obscured by 'BMSM' as a category, to how this diversity relates to men's sexual partnering strategies, or to the relevance of these issues for new HIV prevention methods. We conducted a community-based ethnography from June 2013 to May 2014 documenting factors that affect the acceptance of and adherence to PrEP among BMSM. We conducted in-depth interviews with 31 BMSM and 17 community stakeholders, and participant observation. To demonstrate the diversity of social identities, we present a taxonomy of indigenous categories organised along the axes of sexual identity, sexual positioning, and gender performance. We analyse how HIV prevention strategies, such as PrEP, may be more effective if programmes consider how gender, sexuality, and sexual desire shape sexual partnering strategies. This article underlines the importance of attending to the diversity of sexual and social subjectivities among BMSM, of bringing the study of sexuality back into HIV prevention, and of integrating biomedical prevention approaches into community-based programmes.	Adolescent; Adult; Humans; Incidence; Male; Middle Aged; Young Adult; United States/epidemiology; pre-exposure prophylaxis; Pre-Exposure Prophylaxis/methods/*statistics & numerical data; Anthropology, Cultural; sexuality; Black or African American/*psychology; Cultural Competency; Narration; HIV Infections/ethnology/*prevention & control; Gender Identity; HIV and AIDS; Patient Acceptance of Health Care/*ethnology/psychology/statistics & numerical data; Homosexuality, Male/*ethnology/psychology/statistics & numerical data; Black men who sex with men; epidemiological categories; masculinity; partnering strategies	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Giesler, Kyle E.; Liotta, Dennis C.	Next-Generation Reduction Sensitive Lipid Conjugates of Tenofovir: Antiviral Activity and Mechanism of Release.	Journal of Medicinal Chemistry	-	-	-	1520-4804 0022-2623	10.1021/acs.jmedchem.6b01292	https://pubs.acs.org/doi/10.1021/acs.jmedchem.6b01292	The pharmacokinetic properties of tenofovir (TFV) and other charged nucleoside analogues are dramatically improved upon conjugation to a lipid prodrug. We previously prepared reduction-sensitive lipid conjugates of TFV that demonstrate superior antiviral activity compared to other lipid conjugates including the clinically approved formulation, tenofovir disoproxil fumarate (TDF). In continuation of that work, we have synthesized next-generation conjugates with reduced cytotoxicity that retain potent antiviral activity against HIV-1 and HBV with a therapeutic index >100000 for our most potent conjugate. We also show that disulfide reduction is not responsible for prodrug cleavage unless 3-exo-tet intramolecular cyclization can occur, suggesting that enzymatic hydrolysis is predominantly responsible for activity of our prodrugs in vitro.	Dose-Response Relationship, Drug; HIV-1/*drug effects; Hepatitis B virus/*drug effects; Molecular Structure; Microbial Sensitivity Tests; Structure-Activity Relationship; Antiviral Agents/chemical synthesis/chemistry/*pharmacology; Lipids/chemistry/*pharmacology; Prodrugs/chemistry/*pharmacology; Tenofovir/chemical synthesis/chemistry/*pharmacology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Giguere R.; Frasca T.; Dolezal C.; Febo I.; Cranston R.D.; Mayer K.; McGowan I.; Carballo-Diéguez A.	Acceptability of Three Novel HIV Prevention Methods Among Young Male and Transgender Female Sex Workers in Puerto Rico	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1387-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84962683228&doi=10.1007%2fs10461-016-1387-9&partnerID=40&md5=7b3bd9b6fbd333cd6e050f7fdd2b2524	Sex workers need HIV-prevention methods they can control and incorporate easily in their work. We studied the acceptability of three methods: HIV self-test use with clients, oral pre-exposure prophylaxis (PrEP), and rectal microbicide gel. Four male and eight transgender female (TGF) sex workers in Puerto Rico completed a baseline survey with a quantitative measure of likelihood of use. From them, one male and four TGF also completed a 12-week study of rectal microbicide placebo gel use prior to receptive anal intercourse with male clients and evaluated via qualitative in-depth interviews and follow-up quantitative assessments how each method could be incorporated into their work. Most were interested in a rectal microbicide gel and able to use it covertly with clients. Challenges to using the HIV self-test with clients included the potential for both breach of confidentiality and confronting violent situations. Participants also expressed interest in oral PrEP, but raised concerns about side effects. © 2016, Springer Science+Business Media New York.	HIV prevention; HIV self-test; PrEP; Rectal microbicide; Sex workers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Girometti, Nicolò; Jones, Rachael; Levy, Jeremy; McCormack, Sheena; Sullivan, Ann; Barber, Tristan J	Risks and benefits HIV preexposure prophylaxis with tenofovir/emtricitabine in an older male with comorbidities	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001171	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84970024908&doi=10.1097%2fQAD.0000000000001171&partnerID=40&md5=766f7d985379ffef13533a01a1a6ceb7	Renal toxicity in a 73-year-old male, using tenofovir/emtricitabine as preexposure prophylaxis, is described. Reduced renal reserve, a higher exposure to comedications and comorbidities can present a challenge when assessing the risks and benefits of tenofovir-based preexposure prophylaxis in the ageing population. © 2016 Wolters Kluwer Health, Inc.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Glaubius R.L.; Hood G.; Penrose K.J.; Parikh U.M.; Mellors J.W.; Bendavid E.; Abbas U.L.	Cost-effectiveness of injectable preexposure prophylaxis for HIV prevention in South Africa	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciw321	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84982181867&doi=10.1093%2fcid%2fciw321&partnerID=40&md5=d6121fb45f3f3e867a1bab8efbf25446	Background. Long-acting injectable antiretrovirals such as rilpivirine (RPV) could promote adherence to preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention. However, the cost-effectiveness of injectable PrEP is unclear. Methods. We constructed a dynamic model of the heterosexual HIV epidemic in KwaZulu-Natal, South Africa, and analyzed scenarios of RPV PrEP scale-up for combination HIV prevention in comparison with a reference scenario without PrEP. We estimated new HIV infections, life-years and costs, and incremental cost-effectiveness ratios (ICERs), over 10-year and lifetime horizons, assuming a societal perspective. Results. Compared with no PrEP, unprioritized scale-up of RVP PrEP covering 2.5%-15% of adults prevented up to 9% of new infections over 10 years. HIV prevention doubled (17%) when the same coverage was prioritized to 20- to 29-year-old women, costing $10 880-$19 213 per infection prevented. Prioritization of PrEP to 80% of individuals at highest behavioral risk achieved comparable prevention (4%-8%) at <1% overall coverage, costing $298-$1242 per infection prevented. Over lifetime, PrEP scale-up among 20- to 29-year-old women was very cost-effective (<$1600 per life-year gained), dominating unprioritized PrEP, while risk prioritization was cost-saving. PrEP's 10-year impact decreased by almost 50% with increases in ICERs (up to 4.2-fold) in conservative base-case analysis. Sensitivity analysis identified PrEP's costs, efficacy, and reliability of delivery as the principal drivers of uncertainty in PrEP's cost-effectiveness, and PrEP remained cost-effective under the assumption of universal access to second-line antiretroviral therapy. Conclusions. Compared with no PrEP, prioritized scale-up of RPV PrEP in KwaZulu-Natal could be very cost-effective or cost-saving, but suboptimal PrEP would Erode benefits and increase costs. © 2016 The Author 2016. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	Costeffectiveness; HIV infection; HIV prevention intervention; Mathematical model; Preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Glaubius R.L.; Parikh U.M.; Hood G.; Penrose K.J.; Bendavid E.; Mellors J.W.; Abbas U.L.	Deciphering the effects of injectable pre-exposure prophylaxis for combination human immunodeficiency virus prevention	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofw125	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85015866494&doi=10.1093%2fofid%2fofw125&partnerID=40&md5=7c1c3a85585665beebf75c76875d036d	Background. A long-acting injectable formulation of rilpivirine (RPV), under investigation as antiretroviral pre-exposure prophylaxis (PrEP), may facilitate PrEP adherence. In contrast, cross-resistance between RPV and nonnucleoside reverse-transcriptase inhibitors comprising first-line antiretroviral therapy (ART) could promote human immunodeficiency virus (HIV) drug resistance and reduce PrEP's effectiveness. Methods. We use novel mathematical modeling of different RPV PrEP scale-up strategies in KwaZulu-Natal, South Africa, to investigate their effects on HIV prevention and drug resistance, compared with a reference scenario without PrEP. Results. Pre-exposure prophylaxis scale-up modestly increases the proportion of prevalent drug-resistant infections, from 33% to ≤37%. The change in the number of prevalent drug-resistant infections depends on the interplay between PrEP factors (coverage, efficacy, delivery reliability, and scale-up strategy) and the level of cross-resistance between PrEP and ART. An optimistic scenario of 70% effective RPV PrEP (90% efficacious and 80% reliable delivery), among women aged 20-29 years, prevents 17% of cumulative infections over 10 years while decreasing prevalent resistance; however, prevention decreases and resistance increases with more conservative assumptions. Uncertainty analysis assuming 40%-70% cross-resistance prevalence predicts an increase in prevalent resistance unless PrEP's effectiveness exceeds 90%. Conclusions. Prioritized scale-up of injectable PrEP among women in KwaZulu-Natal could reduce HIV infections, but suboptimal PrEP effectiveness could promote the spread of drug resistance. © The Author 2016.	Drug resistance; HIV prevention; Mathematical model; Pre-exposure prophylaxis; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Glidden D.V.; Amico K.R.; Liu A.Y.; Hosek S.G.; Anderson P.L.; Buchbinder S.P.; McMahan V.; Mayer K.H.; David B.; Schechter M.; Grinsztejn B.; Guanira J.; Grant R.M.	Symptoms, Side Effects and Adherence in the iPrEx Open-Label Extension	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciw022	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84966470739&doi=10.1093%2fcid%2fciw022&partnerID=40&md5=65aefb7bf8ca96af342c04345432c9eb	Blinded clinical trials have reported a modest and transient "start-up syndrome" with initiation of tenofovir-based pre-exposure prophylaxis (PrEP). We evaluate this phenomenon and its effect on adherence in an open-label PrEP study. Methods. In the iPrEx open-label extension (OLE) study, an 18-month open-label, multi-site PrEP cohort taking daily oral coformulated tenofovir/emtricitabine, we examined the prevalence and duration of PrEP-associated symptoms and their effect on adherence, assessed by drug levels in dried blood spots tested monthly for the first 3 months. Results. Symptom reports peaked within the first month, with 39% reporting potentially PrEP-related symptoms compared to 22% at baseline. Symptoms largely resolved to pre-PrEP levels by 3 months. Symptoms varied substantially in frequency by study site (range in 1-month symptoms: 11% to 70%). Nongastrointestinal (GI) symptoms were not associated with adherence (odds ratio OR = 1.2, 95% confidence interval CI, .4-3.7); however, GI-associated symptoms in the first 4 weeks were inversely associated with adherence at 4 weeks (OR = 0.47, 95% CI, .23-.96). Reports of GI symptoms were associated with 7% (95% CI, 4%-11%) of suboptimal adherence in this cohort. Conclusions. PrEP-associated symptoms in the open-label setting occur in a minority of users and largely resolve within 3 months. GI symptoms are associated with amodest reduction in PrEP adherence, but good adherence is possible even in the presence of frequent symptom reports. © 2016 The Author.	HIV prevention; pre-exposure prophylaxis; PrEP; tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Glidden, David V; Anderson, Peter L; Grant, Robert M	Pharmacology supports on-demand PrEP.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(16)30114-X	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5095697	Several clinical trials have shown that tenofovir-based oral pre-exposure prophylaxis (PrEP) prevents HIV acquisition from sexual and injection drug-use exposures to the virus. The original PrEP regimen used oral daily dosing regardless of the timing of possible HIV exposures. The rationale for daily dosing is that HIV exposures may be unanticipated or unpredictable and daily dosing ensures continuous therapeutic drug concentrations	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Goedel W.C.; Halkitis P.N.; Greene R.E.; Hickson D.A.; Duncan D.T.	HIV Risk Behaviors, Perceptions, and Testing and Preexposure Prophylaxis (PrEP) Awareness/Use in Grindr-Using Men Who Have Sex With Men in Atlanta, Georgia	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1016/j.jana.2015.11.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84959461420&doi=10.1016%2fj.jana.2015.11.005&partnerID=40&md5=f6d922ed45ca25dd6749e583ce0ad773	Geosocial-networking smartphone applications such as Grindr can help men who have sex with men (MSM) meet sexual partners. Given the high incidence of HIV in the Deep South, the purpose of our study was to assess HIV risk and preexposure prophylaxis (PrEP) awareness and use in a sample of HIV-uninfected, Grindr-using MSM residing in Atlanta, Georgia (n = 84). Most (n = 71; 84.6%) reported being somewhat or very concerned about becoming HIV infected. Most (n = 74; 88.1%) had been tested for HIV in their lifetimes. About three fourths (n = 65; 77.4%) were aware of PrEP, but only 11.9% currently used the medication. HIV continues to disproportionately impact MSM and represents a significant source of concern. As the number of new infections continues to rise, it is important to decrease risks associated with acquisition and transmission of HIV by increasing rates of HIV testing and the use of biobehavioral interventions such as PrEP. © 2016 Association of Nurses in AIDS Care.	Gay men's health; HIV; Men who have sex with men; Preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Goedel, William C; Halkitis, Perry N; Greene, Richard E; Duncan, Dustin T	Correlates of Awareness of and Willingness to Use Pre-exposure Prophylaxis (PrEP) in Gay, Bisexual, and Other Men Who Have Sex with Men Who Use Geosocial-Networking Smartphone Applications in New York City.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-016-1353-6	https://dx.doi.org/10.1007/s10461-016-1353-6	Geosocial-networking smartphone applications are commonly used by gay, bisexual, and other men who have sex with men (MSM) to meet sexual partners. The purpose of the current study was to evaluate awareness of and willingness to use pre-exposure prophylaxis (PrEP) among MSM who use geosocial-networking smartphone applications residing in New York City. Recruitment utilizing broadcast advertisements on a popular smartphone application for MSM yielded a sample of 152 HIV-uninfected MSM. Multivariable models were used to assess demographic and behavioral correlates of awareness of and willingness to use PrEP. Most participants (85.5 %) had heard about PrEP but few (9.2 %) reported current use. Unwillingness to use PrEP was associated with concerns about side effects (PR = 0.303; 95 % CI 0.130, 0.708; p = 0.006). Given that more than half (57.6 %) of participants were willing to use PrEP, future research is needed to elucidate both individual and structural barriers to PrEP use among MSM.	Gay men’s health; Geosocial-networking smartphone applications; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP).	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Goldenberg, David, MD	Psychological Issues and PrEP in Private Practice	Journal of Gay & Lesbian Mental Health	-	-	-	19359705	doi.org/10.1080/19359705.2015.1105520	https://www.tandfonline.com/doi/full/10.1080/19359705.2015.1105520	When pre-exposure prophylaxis (PrEP) was newly marketed towards and available to urban men who have sex with men, a cultural phenomenon with deeply personal psychological implications began. The widespread availability of PrEP resurrected long-dormant conflicts in patients, therapists, and primary care providers about sexual acts between men; about sexual agency and autonomy; and re-traumatization from similar conflicts believed to have been worked through during earlier decades of the HIV/AIDS epidemic. Patients often are not aware of the depth of psychological implications. If a therapist is unaware of the momentous cultural event, he or she may over-interpret, missing or distorting important assessments of risk, danger and safety. A therapist's over-identification with the event may lead to under appreciation and exploration of the depths and multi-determination of intra-psychic meaning and symbolism including the patient's conscious and unconscious use of the cultural phenomenon to express myriad intra-psychic and inter-personal conflicts. In this paper I describe five HIV-negative patients' reactions to PrEP as it was becoming widely marketed and debated in New York City.	Pre-exposure prophylaxis; Culture; Men; Risk assessment; Practice; United States--US; GenderWatch; Y; Gays & lesbians; Medical Sciences--Psychiatry And Neurology; New York City New York; Psychological aspects; Private practice	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Gomez G.B.; Eakle R.; Mbogua J.; Akpomiemie G.; Venter W.D.F.; Rees H.	Treatment And Prevention for female Sex workers in South Africa: protocol for the TAPS Demonstration Project	BMJ Open	-	-	-	20446055	10.1136/BMJOPEN-2016-011595	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85036538045&doi=10.1136%2fBMJOPEN-2016-011595&partnerID=40&md5=c41d99cdd06a28c9d435657831b37929	Introduction: Updated guidelines from the WHO recommend antiretroviral treatment for adults with HIV at any CD4 count and daily oral pre-exposure prophylaxis (PrEP) for people at substantial risk of HIV infection. However, implementation challenges may hinder the ability of programmes to translate these recommendations into successful practice. This demonstration project is the first to integrate PrEP and immediate treatment (ITx) for female sex workers (FSWs) in South Africa to answer operational research questions. Methods and analysis: This is a prospective cohort study where the main outcome is retention at 12 months. The study population is recruited into two arms across two urban sites: (1) PrEP for HIV-negative FSWs (n=400) and (2) ITx for HIV-positive FSWs with CD4 greater than national guidelines (n=300). We investigate process and other health indicators, uptake and use of PrEP and ITx through qualitative research, and evaluate cost-effectiveness analysis combined with estimates of impact through epidemiological modelling. Ethics and dissemination: The Treatment And Prevention for female Sex workers in South Africa (TAPS) Project was designed as an implementation study before emtricitabine/tenofovir disoproxil fumarate was licenced as an indication for PrEP in South Africa. Therefore, clinical trial requirements for ethical and South African Medicines Control Council approvals were followed. Results will be disseminated to participants, local health officials and other stakeholders, as well as in peer-reviewed journals and at conferences. © 2016 BMJ Publishing Group. All rights reserved.	HIV Prevention; Immediate Treatment; implementation science; key populations; pre-exposure prophylaxis (PrEP).	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Goulart, Michael A; Wurcel, Alysse G	Shigellosis in men who have sex with men: an overlooked opportunity to counsel with pre-exposure prophylaxis for HIV.	International Journal of STD & AIDS	-	-	-	1758-1052	https://doi.org/10.1177/0956462416638609	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-26945593	In the absence of other epidemiological exposures, shigellosis in men who have sex with men (MSM) suggests engagement in high-risk sexual encounters. Infection and diagnosis of shigellosis in MSM presents a potentially overlooked opportunity to discuss the availability of pre-exposure prophylaxis medications to prevent incident HIV infections.	HIV; Shigellosis; harm reduction; men who have sex with men; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Grant, Jenna M	From subjects to relations: Bioethics and the articulation of postcolonial politics in the Cambodia Pre-Exposure Prophylaxis trial.	Social Studies of Science	-	-	-	0306-3127	10.1177/0306312716632617	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-27263238	Controversies about global clinical trials, particularly HIV trials, tend to be framed in terms of ethics. In this article, I explore debates about ethics in the Cambodia Pre-Exposure Prophylaxis trial, which was designed to test the safety and efficacy of tenofovir as a prevention for HIV infection. Bringing together studies of public participation in science with studies of bioethics, I show how activists around the Cambodian Pre-Exposure Prophylaxis trial circulated and provoked debates about standards of research ethics, as opposed to research methodology. This postcolonial bioethics was configured through the circulation of and debate about ethics guidelines, and historically and culturally specific relations of vulnerability and responsibility between foreigners and Cambodians and between Cambodian leaders and Cambodian subjects. I argue that this shift in the object of ethical concern, from the experimental human subject to the relation between subjects and researchers, illustrates how a postcolonial field of articulation reformulates classical bioethics.	Activism, Cambodia, Controversy, HIV prevention trials, postcolonial bioethics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2016	Grant, Robert M	What people want from sex and preexposure prophylaxis	-	-	University of California	-	1746-630X	https://doi.org/10.1097/coh.0000000000000216	https://escholarship.org/uc/item/3xs962hm	Purpose of reviewAs demand for preexposure prophylaxis (PrEP) increases, we are learning more about what people want from sex and PrEP.Recent findingsPrEP demand has reached a tipping point in the USA and is increasing rapidly. Although the primary benefit of PrEP use is biological, to reduce risk of HIV infection, PrEP users often express an alternative set of social and emotional benefits that are provided by PrEP. These collateral benefits of PrEP have salience, affect, and are experienced in the present, which are compelling drivers of human behavior. PrEP use has been associated with feeling safe during sex, usually in contrast to ruminations related to fear of HIV or intimate partner violence or control. PrEP can create empowerment, or agency, defined as the capacity and autonomy to act on one's own behalf, because it provides control over one's vulnerability to HIV and relief to women and men who may otherwise worry about whether their partners will use a condom, take antiretroviral therapy, or disclose their HIV status accurately. Planning for sexual and social goals in calm moments is also empowering. These highly desired collateral benefits of PrEP could be undermined, or eliminated, if PrEP is implemented in ways that are coercive or that foment fear of sexual risk compensation, drug resistance, toxicity, or moral judgment.SummaryCurrent PrEP implementation provides direct and indirect benefits that are highly desired.	Biomedical and Clinical Sciences; Clinical Sciences; HIV/AIDS; Clinical Research; Behavioral and Social Science; Mental Health; Prevention; Infectious Diseases; Infection; Anti-HIV Agents; Chemoprevention; Disease Transmission; Infectious; Emtricitabine; Female; HIV Infections; Humans; Male; Pre-Exposure Prophylaxis; Safe Sex; Tenofovir; United States; agency; HIV; preexposure prophylaxis; sexual practices; Public Health and Health Services; Virology; Clinical sciences; Medical microbiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2016	Grant, Robert M; Sevelius, Jae M; Guanira, Juan V; Aguilar, Jana Villayzan; Chariyalertsak, Suwat; Deutsch, Madeline B	Transgender Women in Clinical Trials of Pre-Exposure Prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001090	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969062	Lessons were learned with trans women who participated (as volunteers and investigators) in trials of HIV pre-exposure prophylaxis (PrEP). Trans women are not men. Compared with men who have sex with men, trans women trial participants were more likely to be involved with transactional sex, had more sexual partners, and were less likely to have PrEP medications detected in blood. Trans women define themselves differently in different cultures. One best practice is to ask at least 2 gender questions: sex assigned at birth and current gender. More information is needed to fully situate PrEP efficacy for trans women, including analysis of drug-drug interactions between PrEP medications and feminizing hormones and PrEP drug penetration into neovaginal tissues. Including trans women in studies is helpful only if their participation is specifically reported, as could occur in a table of baseline characteristics of the enrolled cohort. Gender-affirming care is important to foster appropriate uptake and use of PrEP. Such care includes use of preferred pronouns and names, safety to use the bathroom of choice, and access to gender-affirming hormone therapy and surgery. The consistent finding that PrEP works when taken across diverse populations having diverse practices related to gender, sexual intercourse, and hormone use provides a basis for offering PrEP to people at substantial risk of acquiring HIV although some subgroups may not have been fully represented in trials. Nonetheless, specific PrEP implementation science for trans women (and men) is essential to develop best practices for PrEP delivery and use.	transgender, HIV, HIV prevention, iPrEX, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Gredig D.; Uggowitzer F.; Hassler B.; Weber P.; Nideröst S.	Acceptability and willingness to use HIV pre-exposure prophylaxis among HIV-negative men who have sex with men in Switzerland	AIDS Care	-	-	-	9540121	10.1080/09540121.2016.1146212	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961216025&doi=10.1080%2f09540121.2016.1146212&partnerID=40&md5=0f9c54bb7ceda47b4f3ba698125285a6	Pre-exposure prophylaxis (PrEP) is discussed as an additional HIV prevention method targeting men who have sex with men (MSM). So far, PrEP has not been approved in Switzerland and only little is known about the acceptability of PrEP among MSM living in Switzerland. Given the slow uptake of PrEP among MSM in the USA, the objectives of the study were to investigate the acceptability for PrEP and to identify factors influencing the acceptability for this prevention method and the willingness to adopt it. During a 4-month period we conducted five focus group discussions with 23 consecutively sampled HIV-negative MSM aged 22-60 years living in Switzerland. We analyzed the data according to qualitative content analysis. The acceptability of PrEP varied considerably among the participants. Some would use PrEP immediately after its introduction in Switzerland because it provides an alternative to condoms which they are unable or unwilling to use. Others were more ambivalent towards PrEP but still considered it (1) an additional or alternative protection to regular condom use, (2) an option to engage in sexual activities with less worries and anxieties or (3) a protection during receptive anal intercourse independently of the sexual partner's protective behaviour. Some participants would not consider using PrEP at all: they do not see any benefit in PrEP as they have adopted safer sex practices and did not mention any problems with condom use. Others are still undecided and could imagine using an improved form of PrEP. The results provide a valuable basis for a model explaining the acceptability of PrEP among MSM and suggest including the personal HIV protection strategy in the considerations adopted. © 2016 The Author(s).	Acceptability; HIV/AIDS; Men having sex with men; Pre-exposure prophylaxis; Willingness to use	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Qualitative

Article	2016	Grov, Christian; Rendina, H. Jonathon; Jimenez, Ruben; Parsons, Jeffrey T.	Using Online Settings to Identify Gay and Bisexual Men Willing to Take or With Experience Taking PrEP: Implications for Researchers and Providers	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2016.28.5.378	https://www.proquest.com/scholarly-journals/using-online-settings-identify-gay-bisexual-men/docview/1826251690/se-2?accountid=8113	Given the ongoing HIV epidemic, it is essential to identify gay and bisexual men who are interested in starting PrEP as well as active PrEP users. We report on online survey data gathered over a 17-month period in 2014-2015 from gay and bisexual men identified through six sources of recruitment (n = 2903): Facebook, a hookup website, two geosocial-sexual networking apps (herein "App 1: Pop-up ads" and "App 2: Banner ads"), and two types of listservs (one focused on general gay nightlife, and one focused on gay sex parties). Willingness to take PrEP were as follows: sex party listservs (71.3%), both apps (69.8%), Facebook (67.6%), hookup website (65.2%), and nightlife listservs (50.5%). Experience having taken PrEP was as follows: sex party listservs (23.4%), App 2: Banner ads (22.5%), nightlife listservs (17.1) Facebook (14.2%), App 1: Pop-up ads (12.4%), and hookup website (2.1%). In multivariable modeling, willingness to go on PrEP was independently associated with being younger, single, a person of color, and having been tested for HIV in the past 12 months. Source of recruitment was largely unassociated with willingness to start PrEP. Number of recent male partners, number of recent condomless anal sex (CAS) events, and when data were collected (i.e., time in months) were not significantly associated with willingness to start PrEP. In multivariable models, experience having taken PrEP was positively associated with sexual identity as gay, number of recent male sex partners, number of recent CAS acts, being tested for HIV in the past 12 months, and time (in months). Experience taking PrEP varied greatly by recruitment source, suggesting both researchers and providers might be well served to utilize digital mediums to effectively identify these individuals; however, should do so with caution as not all digital options may prove fruitful.	Bisexuality; Public Health; Internet; Men; Males; Sexually Transmitted Diseases; Social research; Prep; Social Media; Qualitative research; Social media; Social Sciences; Gay men; Recruitment; Medical Sciences--Communicable Diseases; Familiarity; Surveys & questionnaires; Sexual Identity; Researchers; Social identity; Social networking service; Online Surveys; Disease Control; Administrator Surveys; Career Development; Departments; Doctoral Programs; Electronic Mail; Graduate Study; Institutes (Training Programs); Principals; School Personnel	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Grov, Christian; Rendina, H. Jonathon; Parsons, Jeffrey T.	How Different are Men Who Do Not Know Their HIV Status from Those Who Do? Results from an U.S. Online Study of Gay and Bisexual Men.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-015-1284-7	https://pubmed.ncbi.nlm.nih.gov/26767536/	We compared self-described HIV-positive (31.6 %, n = 445), HIV-negative (56.8 %, n = 801), and HIV-unknown (11.6 %, n = 164) gay and bisexual men on sociodemographic and behavioral characteristics. Participants from across the U.S. were enrolled via a popular sexual networking website to complete an online survey. In total, 44.8 % of HIV-negative and HIV-unknown men said they had not been tested for HIV in the CDC-recommended last 6 months. HIV-unknown men significantly differed from HIV-negative and HIV-positive men in sexual behavior and HIV status disclosure patterns. HIV-unknown men were more willing than HIV-negative men to take PrEP; however, HIV-unknown men were significantly less likely than others to have health insurance or a primary care provider. Given the observed differences, researchers should consider analyzing men who are HIV-unknown distinctly from HIV-negative and HIV-positive men.	Adult; Humans; Male; Middle Aged; Risk-Taking; Sexual Partners; Surveys and Questionnaires; Health Knowledge, Attitudes, Practice; HIV Seronegativity; Sexual Behavior/*psychology; Gay and bisexual men; Men who have sex with men; Homosexuality, Male/*psychology/statistics & numerical data; HIV testing; HIV Seropositivity/*psychology; Bisexuality/*psychology/statistics & numerical data; Condomless anal sex; HIV Infections/diagnosis/epidemiology/*psychology; HIV status disclosure	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Grov, Christian; Rendina, H. Jonathon; Whitfield, Thomas H. F.; Ventuneac, Ana; Parsons, Jeffrey T.	Changes in Familiarity with and Willingness to Take Preexposure Prophylaxis in a Longitudinal Study of Highly Sexually Active Gay and Bisexual Men.	LGBT Health	-	-	-	2325-8306 2325-8292	10.1089/lgbt.2015.0123	https://pubmed.ncbi.nlm.nih.gov/27183232/	PURPOSE: For gay and bisexual men (GBM), research suggests that familiarity with preexposure prophylaxis (PrEP) has been increasing since being approved by the United States Food and Drug Administration in 2012. However, it is less clear how willingness to start using PrEP has changed over time. Likewise, some have expressed concerns regarding the potential for risk compensation (i.e., reduced condom use) were one to start PrEP; however, again, it is unclear how risk compensation may have changed over time. METHODS: We conducted baseline and 12-month assessments with 158 highly sexually active HIV-negative GBM in New York City who were assessed between 2011 and 2014. We examined change over time both between participants (based on when they entered the study), as well as within each participant (over the 12 months of his involvement). RESULTS: Familiarity with PrEP increased over time (both between and within participants); however, willingness to take PrEP did not change (neither between nor within participants). Few men believed PrEP would cause their condomless anal sex (CAS) to increase and this did not change over time. However, a majority believed PrEP would increase temptation for CAS, and this did not change over time within participants. Sexual compulsivity symptomology was associated with higher willingness to take PrEP and perceiving that PrEP would increase one's temptations for CAS. Furthermore, recent CAS was associated with greater willingness to take PrEP, a perception that PrEP would increase one's likelihood to engage in CAS, and a perception that being on PrEP would increase one's temptation for CAS. CONCLUSIONS: Participants became more familiar with PrEP over time; however, willingness to start PrEP did not change, and this may serve as an opportunity for providers to discuss PrEP with their patients. Men who engaged in CAS were interested in PrEP and preexisting patterns of sexual behavior may be the primary determinant of CAS while on PrEP.	Adult; Humans; Male; Longitudinal Studies; HIV; Condoms/statistics & numerical data; New York City; *Patient Acceptance of Health Care; Homosexuality, Male/*psychology; *Pre-Exposure Prophylaxis; gay and bisexual men; preexposure prophylaxis; risk compensation; *Recognition, Psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Günthard, Huldrych F; Saag, Michael S; Benson, Constance A; del Rio, Carlos; Eron, Joseph J; Gallant, Joel E; Hoy, Jennifer F; Mugavero, Michael J; Sax, Paul E; Thompson, Melanie A; Gandhi, Rajesh T; Landovitz, Raphael J; Smith, Davey M; Jacobsen, Donna M	Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2016 Recommendations of the International Antiviral Society–USA Panel	JAMA - Journal of the American Medical Association	-	-	-	0098-7484	https://doi.org/10.1001/jama.2016.8900	https://jamanetwork.com/journals/jama/fullarticle/2533073	ImportanceNew data and therapeutic options warrant updated recommendations for the use of antiretroviral drugs (ARVs) to treat or to prevent HIV infection in adults.ObjectiveTo provide updated recommendations for the use of antiretroviral therapy in adults (aged ≥18 years) with established HIV infection, including when to start treatment, initial regimens, and changing regimens, along with recommendations for using ARVs for preventing HIV among those at risk, including preexposure and postexposure prophylaxis.Evidence reviewA panel of experts in HIV research and patient care convened by the International Antiviral Society-USA reviewed data published in peer-reviewed journals, presented by regulatory agencies, or presented as conference abstracts at peer-reviewed scientific conferences since the 2014 report, for new data or evidence that would change previous recommendations or their ratings. Comprehensive literature searches were conducted in the PubMed and EMBASE databases through April 2016. Recommendations were by consensus, and each recommendation was rated by strength and quality of the evidence.FindingsNewer data support the widely accepted recommendation that antiretroviral therapy should be started in all individuals with HIV infection with detectable viremia regardless of CD4 cell count. Recommended optimal initial regimens for most patients are 2 nucleoside reverse transcriptase inhibitors (NRTIs) plus an integrase strand transfer inhibitor (InSTI). Other effective regimens include nonnucleoside reverse transcriptase inhibitors or boosted protease inhibitors with 2 NRTIs. Recommendations for special populations and in the settings of opportunistic infections and concomitant conditions are provided. Reasons for switching therapy include convenience, tolerability, simplification, anticipation of potential new drug interactions, pregnancy or plans for pregnancy, elimination of food restrictions, virologic failure, or drug toxicities. Laboratory assessments are recommended before treatment, and monitoring during treatment is recommended to assess response, adverse effects, and adherence. Approaches are recommended to improve linkage to and retention in care are provided. Daily tenofovir disoproxil fumarate/emtricitabine is recommended for use as preexposure prophylaxis to prevent HIV infection in persons at high risk. When indicated, postexposure prophylaxis should be started as soon as possible after exposure.Conclusions and relevanceAntiretroviral agents remain the cornerstone of HIV treatment and prevention. All HIV-infected individuals with detectable plasma virus should receive treatment with recommended initial regimens consisting of an InSTI plus 2 NRTIs. Preexposure prophylaxis should be considered as part of an HIV prevention strategy for at-risk individuals. When used effectively, currently available ARVs can sustain HIV suppression and can prevent new HIV infection. With these treatment regimens, survival rates among HIV-infected adults who are retained in care can approach those of uninfected…	Biomedical and Clinical Sciences; Public Health; Clinical Sciences; Immunology; Health Sciences; Medical Microbiology; Prevention; HIV/AIDS; Infectious Diseases; Evaluation of treatments and therapeutic interventions; 6.1 Pharmaceuticals; Infection; Good Health and Well Being; AIDS-Related Opportunistic Infections; Adolescent; Adult; Aged; Anti-Retroviral Agents; CD4 Lymphocyte Count; Drug Therapy; Combination; Female; HIV Infections; HIV-1; Humans; Male; Middle Aged; Post-Exposure Prophylaxis; Pre-Exposure Prophylaxis; Pregnancy; Prognosis; Treatment Failure; Viral Load; Viremia; Young Adult; Medical and Health Sciences; General & Internal Medicine; Biomedical and clinical sciences; Health	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2016	Gust, Deborah A; Soud, Fatma; Hardnett, Felicia P; Malotte, Charles K; Rose, Charles; Kebaabetswe, Poloko; Makgekgenene, Lebogang; Henderson, Faith; Paxton, Lynn; Segolodi, Tebogo; Kilmarx, Peter H	Evaluation of Sexual Risk Behavior Among Study Participants in the TDF2 PrEP Study Among Heterosexual Adults in Botswana.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001143	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6066668	OBJECTIVE: Among participants of a clinical trial to test the efficacy of tenofovir/emtricitabine in protecting heterosexual men and women living in Botswana from HIV infection, the aim was to determine (1) if sexual risk behavior, specifically condomless sex acts and number of sex partners, changed over time, (2) factors associated with condomless sex acts and number of sex partners, and (3) the effect of participant treatment arm perception on risk behavior to address the possibility of risk compensation. METHODS: A longitudinal modeling of rates of risk behaviors was used to determine if the rate of condomless sex acts (#acts/person) and rate of sex partners (#partners/person) changed over time and which factors were associated with behavior change. RESULTS: One thousand two hundred participants were analyzed over 1 year. There was a 25% decrease in the rate of sex partners among participants sexually active in the last 30 days. The rate of reported condomless sex acts was greater for males rate ratio (RR) = 1.34; confidence interval (CI): 1.07 to 1.67 and participants whose sexual debut in years was ≤15 years of age (RR = 1.65; CI: 1.14 to 2.38) and 16-17 (RR = 1.68; CI: 1.22 to 2.31) compared with those ≥20 years. Rate of reported sex partners was greater for males (RR = 3.67; CI: 2.86 to 4.71) and participants whose age at sexual debut in years was ≤15 (RR = 2.92; CI: 2.01 to 4.22) and 16-17 (RR = 2.34; CI: 1.69 to 3.24) compared with those ≥20. There was no effect of participant treatment arm perception on risk behavior. CONCLUSIONS: Our study of preexposure prophylaxis to prevent HIV infection found no evidence of risk compensation which may have been due to participants' motivations to reduce their risk behaviors and risk-reduction counseling.	clinical trial, tenofovir/emtricitabine, risk compensation, sexual risk behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Haberer J.E.	Current concepts for PrEP adherence in the PrEP revolution: From clinical trials to routine practice	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000220	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84950259515&doi=10.1097%2fCOH.0000000000000220&partnerID=40&md5=9de740d174228a6fba32667cea1546ea	Purpose of review The review describes the current understanding of adherence to oral preexposure prophylaxis (PrEP), methods for adherence measurement, approaches to supporting PrEP adherence, and guidance for defining PrEP adherence goals within the larger context of HIV prevention. Recent findings PrEP adherence has generally been higher in recent trials, open-label extensions, and demonstration projects compared with the initial clinical trials; potential explanations include known PrEP efficacy and different motivations to take PrEP. Recent studies have explored adherence monitoring through electronic pill containers, short message service (SMS), and drug concentrations in hair and dried blood spots. The few PrEP adherence interventions developed to date include combinations of enhanced counseling, feedback of objective adherence measurement, and SMS. Conceptualization of PrEP adherence is evolving. The goal is not 100% adherence indefinitely, as it was in clinical trials. PrEP adherence should be defined with respect to HIV exposure, which varies over time by sexual behavior and use of other prevention strategies. Summary PrEP adherence beyond clinical trials has generally been high enough to achieve reliable HIV prevention. Future efforts to measure and support PrEP adherence should focus on the context of risk for HIV acquisition, accounting for dynamic behaviors and choices among HIV prevention options. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	adherence; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Hakre S.; Blaylock J.M.; Dawson P.; Beckett C.; Garges E.C.; Michael N.L.; Danaher P.J.; Scott P.T.; Okulicz J.F.	Knowledge, attitudes, and beliefs about HIV pre-exposure prophylaxis among US Air Force Health Care Providers	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000004511	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983462469&doi=10.1097%2fMD.0000000000004511&partnerID=40&md5=5146fe043ef4d5813594c9e515c90377	Providers are central to effective implementation of HIV pre-exposure prophylaxis (PrEP). Primary care providers (PCP) and infectious disease physicians (ID) in the US Air Force (USAF) participated in a cross-sectional survey regarding knowledge, attitudes, and beliefs toward HIV PrEP. Characteristics associated with PrEP knowledge were assessed in univariate and multivariate analyses. Among 403 (40% of 1015 providers) participants, 9% (PCP 383, ID 20) ever prescribed PrEP. In univariate analysis, years in practice, number of HIV-infected patients treated in the past 12 months, past prescription of antiretrovirals for HIV prevention, frequency of prescribing PrEP in the past 12 months, and ever being questioned by a patient about PrEP were associated with PrEP knowledge (P < 0.05). In multivariate analysis, providers who had ever prescribed antiretrovirals to prevent HIV (AOR: 2.37, 95% CI: 1.27-4.42) had greater odds of high PrEP knowledge. Despite concerns about medication side effects (overall 67%: PCP 68%, ID 85%) and prescribing PrEP without clear evidence (overall 60%: PCP 65%, ID 62%), 64% (PCP 65%, ID 85%) of participants indicated PrEP should be offered in the Military Health System and 68% (PCP 70%, ID 100%) disagreed with the statement that their patient population was not at risk for HIV infection. Successful PrEP implementation in the USAF will require continued education and training of primary care providers to improve knowledge and mitigate concerns about PrEP. Copyright © 2016 the Author(s). Published by Wolters Kluwer Health, Inc. All rights reserved.	HIV pre-exposure prophylaxis; providers; US Air Force	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Hall E.W.; Heneine W.; Sanchez T.; Sineath R.C.; Sullivan P.	Preexposure prophylaxis modality preferences among men who have sex with men and use social media in the United States	Journal of Medical Internet Research	-	-	-	14388871	10.2196/jmir.5713	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973500181&doi=10.2196%2fjmir.5713&partnerID=40&md5=dce5bfce1b9a8a30eaaca563f4f4644f	Background: Preexposure prophylaxis (PrEP) is available as a daily pill for preventing infection with the human immunodeficiency virus (HIV). Innovative methods of administering PrEP systemically or topically are being discussed and developed. Objective: The objective of our study was to assess attitudes toward different experimental modalities of PrEP administration. Methods: From April to July 2015, we recruited 1106 HIV-negative men who have sex with men through online social media advertisements and surveyed them about their likelihood of using different PrEP modalities. Participants responded to 5-point Likert-scale items indicating how likely they were to use each of the following PrEP modalities: a daily oral pill, on-demand pills, periodic injection, penile gel (either before or after intercourse), rectal gel (before/after), and rectal suppository (before/after). We used Wilcoxon signed rank tests to determine whether the stated likelihood of using any modality differed from daily oral PrEP. Related items were combined to assess differences in likelihood of use based on tissue or time of administration. Participants also ranked their interest in using each modality, and we used the modified Borda count method to determine consensual rankings. Results: Most participants indicated they would be somewhat likely or very likely to use PrEP as an on-demand pill (685/1105, 61.99%), daily oral pill (528/1036, 50.97%), injection (575/1091, 52.70%), or penile gel (438/755, 58.01% before intercourse; 408/751, 54.33% after). The stated likelihoods of using on-demand pills (median score 4) and of using a penile gel before intercourse (median 4) were both higher than that of using a daily oral pill (median 4, P<.001 and P=.001, respectively). Compared with a daily oral pill, participants reported a significantly lower likelihood of using any of the 4 rectal modalities (Wilcoxon signed rank test, all P<.001). On 10-point Likert scales created by combining application methods, the reported likelihood of using a penile gel (median 7) was higher than that of using a rectal gel (median 6, P<.001), which was higher than the likelihood of using a rectal suppository (median 6, P<.001). The modified Borda count ranked on-demand pills as the most preferred modality. There was no difference in likelihood of use of PrEP (gel or suppository) before or after intercourse. Conclusions: Participants typically prefer systemic PrEP and are less likely to use a modality that is administered rectally. Although most of these modalities are seen as favorable or neutral, attitudes may change as information about efficacy and application becomes available. Further data on modality preference across risk groups will better inform PrEP development. ©Eric William Hall, Walid Heneine, Travis Sanchez, Robert Craig Sineath, Patrick Sullivan.	Facebook; HIV prevention; Men who have sex with men; MSM; Preexposure prophylaxis; PrEP; Survey	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Hanscom B.; Janes H.E.; Guarino P.D.; Huang Y.; Brown E.R.; Chen Y.Q.; Hammer S.M.; Gilbert P.B.; Donnell D.J.	Preventing HIV-1 infection in women using oral preexposure prophylaxis: A meta-analysis of current evidence	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983022112&doi=10.1097%2fQAI.0000000000001160&partnerID=40&md5=915eb1ac5a8b2aa60e90348e1a9e0a4a	The World Health Organization has issued an early release revision to its antiretroviral guidelines in which PrEP (pre-exposure prophylaxis in the form of daily oral, fixed dose combination tenofovir disoproxil fumarate/emtricitabine) is recommended as a prevention option to all people at substantial risk of acquiring HIV. However, lack of effectiveness in 2 major women-only PrEP trials, VOICE and FEM-PrEP, continues to be a cause for concern about achieving effectiveness for women in Southern Africa. We conducted a series of meta-analyses of oral effectiveness of tenofovir disoproxil fumarate/emtricitabine in women including all 5 randomized placebo-controlled trials that included women. An adherence-based meta-analysis model showed that with high levels of adherence (75%), oral PrEP is estimated to be effective (relative risk 0.39, 95% confidence interval: 0.25 to 0.60). Provided that these results apply to women in Southern Africa, future prevention trial designs in that region should account for potentially reduced HIV incidence when PrEP is available. © 2016 Wolters Kluwer Health, Inc.	HIV prevention; pre-exposure prophylaxis; PrEP; tenofovir; Truvada	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Heffron R.; Pintye J.; Matthews L.T.; Weber S.; Mugo N.	PrEP as Peri-conception HIV Prevention for Women and Men	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-016-0312-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961212215&doi=10.1007%2fs11904-016-0312-1&partnerID=40&md5=c55b6cc86ffd86ef39dd7e6001d16b5a	Daily oral tenofovir (TDF)-based pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy and recommended for men and women with substantial risk of HIV acquisition. The peri-conception period, the stage prior to pregnancy when condom use is necessarily reduced, has elevated HIV risk that can be mitigated by PrEP use. Data from a randomized trial suggest that peri-conception PrEP use by HIV-seronegative women does not increase the risk of pregnancy loss, birth defects or congenital anomalies, preterm birth, or infant growth faltering. Women considering PrEP use throughout pregnancy must weigh the known increased risk of HIV acquisition with unknown risks of drug effects on infant growth. PrEP has been used safely by HIV-seronegative men with HIV-seropositive female partners who have become pregnant. As an effective user-controlled HIV prevention strategy, PrEP offers autonomy and empowerment for HIV prevention and can be recommended alongside antiretroviral therapy, fertility screening, vaginal self-insemination, intercourse timed to peak fertility, medically assisted reproduction, and other safer conception strategies to provide multiple options. The integration of PrEP into safer conception programs is warranted and will safely reduce HIV transmission to women, men, and children during the peri-conception period. © 2016, Springer Science+Business Media New York.	HIV prevention; Peri-conception; Pre-exposure prophylaxis; Pregnancy; PrEP; Review; Safer conception; Science of prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Hendrix C.W.; Andrade A.; Bumpus N.N.; Kashuba A.D.; Marzinke M.A.; Moore A.; Anderson P.L.; Bushman L.R.; Fuchs E.J.; Wiggins I.; Radebaugh C.; Prince H.A.; Bakshi R.P.; Wang R.; Richardson P.; Shieh E.; McKinstry L.; Li X.; Donnell D.; Elharrar V.; Mayer K.H.; Patterson K.B.	Dose Frequency Ranging Pharmacokinetic Study of Tenofovir-Emtricitabine after Directly Observed Dosing in Healthy Volunteers to Establish Adherence Benchmarks (HPTN 066)	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2015.0182	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954149594&doi=10.1089%2faid.2015.0182&partnerID=40&md5=dba4a0d06a1357ba3ca57aa25103be76	Oral preexposure prophylaxis (PrEP) trials report disparate efficacy attributed to variable adherence. HPTN 066 was conducted to establish objective, quantitative benchmarks for discrete, regular levels of adherence using directly observed dosing of tenofovir (TFV) disoproxil fumarate (TDF)/emtricitabine (FTC). Healthy, HIV-uninfected men and women were randomized to one of four oral regimens of fixed-dose TDF 300 mg/FTC 200 mg tablet for 5 weeks with all doses observed: one tablet weekly (one/week), one tablet twice weekly (two/week), two tablets twice weekly (four/week), or one tablet daily (seven/week). Trough serum TFV and FTC, peripheral blood mononuclear cell (PBMC), and CD4+ TFV-diphosphate (TFV-DP) and FTC-triphosphate (FTC-TP) concentrations were determined throughout dosing and 2 weeks after the last dose. Rectosigmoidal, semen, and cervicovaginal samples were collected for drug assessment at end of dosing and 2 weeks later in a subset of participants. The 49 enrolled participants tolerated the regimens well. All regimens achieved steady-state concentrations by the second dose for serum TFV/FTC and by 7 days for PBMC TFV-DP/FTC-TP. Steady-state median TFV-DP predose concentrations demonstrated dose proportionality: one/week 1.6 fmol/106 PBMCs, two/week 9.1, four/week 18.8, seven/week, 36.3. Further, TFV-DP was consistently quantifiable 2 weeks after the last dose for the ≥4/week regimens. Adherence benchmarks were identified using receiver operating characteristic curves, which had areas under the curve ≥0.93 for all analytes in serum and PBMCs. Intersubject and intrasubject coefficients of variation (%CV) ranged from 33% to 63% and 14% to 34%, respectively, for all analytes in serum and PBMCs. Steady-state PBMC TFV-DP was established earlier and at lower concentrations than predicted and was the only analyte demonstrating predose concentration dose proportionality. Steady-state daily dosing serum TFV and PBMC TFV-DP was consistent with highly effective PrEP clinical trials. HPTN 066 provides adherence benchmarks for oral TFV/FTC regimens to assist interpreting study outcomes. © Copyright 2016, Mary Ann Liebert, Inc. 2016.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Hendrix, Craig	When is a PrEP candidate ready for phase 3?	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(16)30162-X	https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(16)30162-X/abstract	Long-acting products for HIV pre-exposure prophylaxis (PrEP) are in development to reduce the daily burden of oral drugs. Long-acting alternatives include monthly intravaginal rings proven for prevention (dapivirine), bimonthly implantable drugs proven for treatment (cabotegravir and rilpivirine), and possibly yearly implantable devices still in preclinical development. In The Lancet HIV, Ian McGowan and colleagues contribute substantially to progress with long-acting rilpivirine,1 highlighting the benefits, limitations, and puzzles of long-acting PrEP development. How should one apply their new data to inform the efficient advancement of long-acting rilpivirine PrEP development?	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Henrard S.; Wyndham-Thomas C.; Van Vooren J.-P.; Goffard J.-C.	HIV infection : Reaching a zero risk of transmission; Transmission du VIH : Est-ce une fatalité ?	Revue Médicale de Bruxelles	-	-	-	353639	NA	https://pubmed.ncbi.nlm.nih.gov/28525231/	Despite a global reduction in the prevalence of HIV-infection, the HIV-epidemic is far from over. The prevention of HIV-transmission in all its forms (sexual, mother-to-child etc) must therefore remain a pillar in the fight against AIDS, and both potent and accessible prevention strategies are required. In addition to the classical and wellknown methods such as the condom, ant iretroviral therapy represents a potent prevention tool and the residual risk of transmission of correctly treated HIV-positive persons is virtually nihil. Antiretroviral therapy may and should be used in the prevention of HIV-transmission as Treatment as Prevention (TasP), Pre-Exposure Prophylaxis (PrEP), and Post- Exposure Prophylaxis (PEP). However, because of their exorbitant costs, the accessibility of these prevention strategies is limited, particularly for the most vulnerable populations.	Antiretroviral treatment; HIV transmission; Mother to child transmission; Post exposure prophylaxis; Pre exposure prophylaxis; Prevention; Treatment as prevention	French	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2016	Herrera, Carolina; Armanasco, Naomi; García-Pérez, Javier; Ziprin, Paul; Olejniczak, Natalia; Alcamí, José; Nuttall, Jeremy; Shattock, Robin J	Maraviroc and reverse transcriptase inhibitors combinations as potential preexposure prophylaxis candidates.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001043	https://dx.doi.org/10.1097/QAD.0000000000001043	OBJECTIVE: Receptive anal intercourse in both men and women is associated with the highest probability for sexual acquisition of HIV infection. As part of a program to develop an effective prevention strategy, we performed an ex-vivo preclinical evaluation to determine the efficacy of multiple double combinations of maraviroc (MVC) and reverse transcriptase inhibitors (RTIs). DESIGN: The entry inhibitor, MVC, a nucleotide RTI, tenofovir and two non-nucleoside RTIs, UC781 and TMC120 (dapivirine, DPV), were used in double, combinations against a panel of CCR5-using clade B and clade C HIV-1 isolates and against MVC-escape variants. A gel-formulated version of MVC-DPV combination was also tested. METHODS: Indicator cells, cocultures of immature dendritic cells with CD4T cells, and colorectal tissue explants were used to assess antiviral activity of drug combinations. RESULTS: All dual MVC-RTI combinations tested inhibited MVC-sensitive and resistant isolates in cellular and colorectal explants models. All the combinations were positive with no reduction in the activity of MVC. In tissue explants, the combinations against all viral isolates tested produced an increase in the activity of MVC. An initial gel-formulation of MVC-DPV combination showed greater and prolonged antiviral activity of MVC in mucosal tissue explants. CONCLUSION: This study demonstrates that combinations based on antiretroviral drugs inhibiting HIV transmission at viral entry and reverse transcription have potential as prevention strategies against colorectal transmission of HIV-1 including MVC-resistant isolates. Preclinical evaluation with colorectal tissue explants indicates that a gel-formulation of MVC-DPV is an effective candidate colorectal microbicide.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Herron P.D.	Ethical Implications of Social Stigma Associated with the Promotion and Use of Pre-Exposure Prophylaxis for HIV Prevention	LGBT Health	-	-	-	23258292	10.1089/lgbt.2014.0114	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84969245674&doi=10.1089%2flgbt.2014.0114&partnerID=40&md5=1f234a4e0dc961049b7db5a06f5dcec0	Identifying sources of and eliminating social stigma associated with the promotion and use of pre-exposure prophylaxis (PrEP) for the prevention of sexually acquired HIV infection among men who have sex with men (MSM) is both a moral imperative and necessary requirement to ensure that public health objectives of HIV prevention can be met. This article will examine and address ethical concerns and criticisms regarding the use of PrEP, barriers to its promotion, and use among MSM and examine the types of social stigma associated with PrEP. An ethical justification for both healthcare and LGBT communities to address and overcome social stigma regarding the use of PrEP among MSM is offered. © Copyright 2016, Mary Ann Liebert, Inc. 2016.	ethics; HIV/AIDS; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP); social stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Hill, Andrew M.; Pozniak, Anton L.	How can we achieve universal access to low-cost treatment for HIV?	Journal of Virus Eradication	-	-	-	2055-6640 2055-6659	10.1016/S2055-6640(20)30871-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075345/	Mass production of low-cost antiretrovirals (ARVs) has already allowed over 17 million individuals to access treatment for HIV infection, mainly in low-income countries. It is possible to manufacture combination ARVs for $110 per person-year, using tenofovir (TDF), lamivudine (3TC) and efavirenz (EFV). New combinations of ARVs costing as little as $60 per person-year will be available in the near future. Pre-exposure prophylaxis using TDF in combination with either 3TC or emtricitabine (FTC) could also be provided for less than $90 per person-year. Voluntary licensing allows people in the poorest countries to access new ARVs at prices close to manufacturing costs. Patents on several key ARVs will expire by 2018 and should allow worldwide access to high-quality, low-cost triple combination therapy, such as TDF/3TC/EFV. Several protease inhibitors will also become available as generics by 2018. However, ongoing patent restrictions will lead to sustained high prices for the most recently developed ARVs in most middle- and high-income countries. These include the nucleotide tenofovir alafenamide, the integrase strand inhibitor dolutegravir and several single combination tablet regimens. We suggest that as patents for ARVs expire, health authorities first need to rapidly import and introduce generic versions of drugs such as abacavir, 3TC, EFV and TDF. Once these low prices have been established for these generics, cost-effectiveness of patented ARVs needs to be re-evaluated. It may no longer be justified to pay high prices for these drugs. A strategy of low-cost generic ARVs for most people, with higher-cost patented alternatives used as switch options, could allow for an increased number of people to receive ARVs in the context of fixed health budgets.	antiretrovirals; protease inhibitors; nucleoside analogues; health economics; integrase strand inhibitors; non-nucleosides	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Theses and Dissertations	2016	HOAGLAND, BRENDA REGINA DE SIQUEIRA	Conhecimento, interesse, decisão sobre o uso e adesão precoce a profilaxia pré-exposição (PrEP) entre homens que fazem sexo com homens (HSH) e mulheres transexuais (TRANS) participantes no estudo PrEP Brasil'	-	-	Fundação Oswaldo Cruz	-	NA	NA	https://www.arca.fiocruz.br/handle/icict/37310	A profilaxia pré-exposição (PrEP) utilizando a combinação de dois antirretrovirais, o disoproxil fumarato de tenofovir (TDF) e emtricitabina (FTC), por via oral tem se mostrado eficaz na prevenção do HIV em homens que fazem sexo com homens (HSH) com alto risco de aquisição da infecção. O Brasil apresenta a maior população da América Latina vivendo com HIV/AIDS e uma epidemia concentrada em HSH com uma prevalência de 14,2% quando comparado a população geral, que é de 0,6%. A população jovem de HSH são quase 40% dos casos de AIDS, com um aumento de 41,3% (entre 15-19 anos) e 25,1% (entre 20-24 anos) entre 2004 e 2013. Apesar da população de mulheres transexuais (Trans) representarem uma parcela menor que os HSH, elas apresentam índices extremamente elevados de risco e diagnóstico de infecção pelo HIV. Deste modo a epidemia de HIV persiste sem decréscimo entre HSH e Trans, com uma elevada proporção desses indivíduos desconhecendo sua condição sorológica. Neste contexto, foi desenhado o PrEP Brasil (NTC01989611), um estudo multicêntrico, aberto, de demonstração de PrEP para acessar a intenção de uso, viabilidade e segurança de oferecer PrEP no Sistema Único de Saúde (SUS) para a população de HSH e Trans de alto risco para o HIV. Objetivo: Descrever o conhecimento, o interesse e a decisão sobre o uso e a adesão precoce à PrEP entre HSH e Trans, através dos níveis de TDF/FTC medidas em amostras de sangue seco (DBS) coletadas na visita de semana 4 e seus fatores associados no estudo demostrativo PrEP Brasil. Primeiro Artigo: Descrever o conhecimento e interesse da PrEP entre HSH e TRANS participantes do PrEP Brasil. Conhecimento e interesse para usar PrEP assim como outros métodos de prevenção foram dados na forma de percentuais. Modelos de regressão logística foram usados para explorar e quantificar os fatores associados ao conhecimento e aceitabilidade de PrEP. Variáveis com p < 0.1 na análise bivariada foram incluídos nos modelos ajustados iniciais. O modelo ajustado final incluiu variáveis que resistiram significantes (no limite de 5% da significância) assim como as variáveis que foram consideradas de confusão (qualquer uma que modificasse o odds ratio estimado em mais que 10%). A prevalência do HIV foi calculada excluídos os casos faltantes (n=52 não realizou teste rápido do HIV). Segundo Artigo: Descrever a decisão de uso e a adesão precoce a PrEP entre HSH e mulheres transexuais através da medição dos níveis séricos de Tenofovir e Emtricitabina em amostras de sangue seco coletadas em papel de filtro (DBS) na semana 4 do estudo PrEP Brasil, assim como seus fatores associados. Também foram descritas as características demográficas e de risco da população incluída no estudo. Variáveis descrevendo as características dos indivíduos potencialmente elegíveis (incluídos e não incluídos), assim como por centro de estudo que o participante foi incluído foi apresentado em números absolutos e proporções. As distribuições foram comparadas usando análises de qui-quadrado e Kruskal-Wallis. A decisão de usar PrEP foi definida como o número de participantes incluídos dividido pelo número de participantes potencialmente elegíveis na pré-triagem menos aqueles vii clinicamente inelegíveis (nas vistas de triagem e inclusão). Os preditores dos níveis de TDF/FTC foram acessados utilizando modelos de regressão logística ordinal. Apenas variáveis estatisticamente significantes a 5% no modelo não ajustado foram mantidas no modelo ajustado. Os resultados foram reportados como odds ratio, que podem ser interpretados como o efeito no odds sendo a categoria dos níveis de drogas mais altos versus os mais baixos. A associação de sintomas gastrointestinais e os níveis de drogas,medidos na visita de semana 4, foram também analisados usando modelos de regressão logística ordinal. Adicionalmente, para explorar possíveis efeitos do uso de hormônios nos níveis de TFV-DP em Trans, foram feitas duas abordagens de modelagens, o de foi usado: 1) modelo de regressão logística usando ≥4 doses/semana como resultado e uso/não-uso de hormônios como a variável dicotômica explanatória, 2) modelo de regressão logística linear com concentrações de TVF-DP como a variável contínua de resultado e uso/não-uso de hormônios como a variável dicotômica explanatória. As análises foram feitas usando o PROC GENMOD disponível no Software SAS e a suposição de odds proporcional foi verificada através do Teste de Pontuação. Conclusões: O estudo mostrou que a aceitabilidade e o interesse pela PrEP foi elevada entre HSH e mulheres transexuais e associada a comportamentos sexuais de alto risco para infecção pelo HIV, indicando que estes indivíduos estão interessados em novas estratégias de prevenção. Os resultados sugerem que a PrEP pode ser implementada com sucesso no Sistema Único de Saúde brasileiro para esta população específica. A elevada proporção de indivíduos com alcançaram níveis séricos protetores de TDF/FTC é encorajador e a alta adesão a PrEP sugere que esta pode ser uma estratégia eficaz na redução da infecção pelo HIV entre HSH e Trans em nosso meio.	1.PrEP;2. Prevenção ao HIV;3.HSH;4. Mulheres Transexuais e Travestis;5.Conhecimento;6.Aceitabilidade;7.Níveis de Droga;8.Adesão	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2016	Hoffman L.F.; Francis N.K.; Catallozzi M.; Francis J.K.R.; Stanberry L.R.; Rosenthal S.L.	Inclusion of Adolescents in Clinical Trials for Sexually Transmitted Infections: A Review of Existing Registered Studies	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2016.01.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84960397356&doi=10.1016%2fj.jadohealth.2016.01.007&partnerID=40&md5=ab1533eaa0dcb3c5b77a6b9c33bc07a9	Purpose: Despite their heightened risk of sexually transmitted infections, minor adolescents (<18 years old) are often excluded from clinical trials. The results of trials of adults should not be assumed to generalize to minors. Methods: Two public clinical trial registries were first searched using microbicide or PrEP with STD, STI, HIV, or HSV and with gel, ring, or film, and then searched using prevention/sexually transmitted diseases with gel. Studies were classified based on the information provided in the registry. Results: The searches yielded 111 unique studies. Only 9.0% (n = 10) included minors. They were under-represented in Phase 0-II studies and over-represented in studies of individuals infected with human immunodeficiency virus. Conclusions: Minor adolescents should be included during all stages of development and before they have acquired an infection. Future studies should examine the challenges of including minor adolescents in trials and how to overcome these barriers. © 2016 Society for Adolescent Health and Medicine. All rights reserved.	Adolescent; Clinical trials; Sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Hoffman S.; Guidry J.A.; Collier K.L.; Mantell J.E.; Boccher-Lattimore D.; Kaighobadi F.; Sandfort T.G.M.	A Clinical Home for Preexposure Prophylaxis: Diverse Health Care Providers' Perspectives on the "purview Paradox"	Journal of the International Association of Physicians in AIDS Care	-	-	-	23259574	10.1177/2325957415600798	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84953224374&doi=10.1177%2f2325957415600798&partnerID=40&md5=1b20e40d2c7904f9f568bee5e5e8903f	Background: One barrier to wider preexposure prophylaxis (PrEP) availability is uncertainty about the most appropriate providers and practice settings for offering PrEP. Methods: The authors conducted in-depth interviews with 30 clinicians - primary care and HIV specialists - in the New York City (NYC) region to explore issues related to PrEP rollout, including who should provide it and in what settings. Results: A diverse group favored offering PrEP in non-HIV specialty settings in order to reach high-risk HIV-negative individuals. Yet, for each clinical skill or ancillary service deemed important for providing PrEP - knowledge of the medications, ability to assess and counsel around sexual risk behavior, and ability to provide support for retention and medication adherence - participants were divided in whether they thought primary care providers/practices could achieve it. Five participants strongly favored providing PrEP in HIV care practices. Conclusion: Although there may be multiple "homes" for PrEP, implementation research is needed to identify the most effective delivery approaches. © The Author(s) 2014.	biomedical HIV prevention; health care provider; implementation; preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2016	Hoffmann, Christopher	Enhancing PrEP uptake among MSM: Findings from interviews with researchers and practitioners	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/27530/1/HoffmannC_MPHThesis_April2016.pdf	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) is a prescription antiretroviral medication that an HIV-negative person who is at high risk for HIV infection takes once per day to prevent infection. The most recent National HIV/AIDS Strategy identifies increasing PrEP uptake among men who have sex with men (MSM) as a pillar of ending the AIDS epidemic. Extant literature suggests that barriers to PrEP uptake among MSM are related to access, stigma, and knowledge/attitudes. METHODS: From February-March 2016, semi-structured interviews were conducted with researchers and practitioners in the HIV prevention field who work with MSM in Pittsburgh, Pennsylvania (n=11). An interview guide was used that asked about PrEP barriers and ways to mitigate these barriers. Interview recordings were transcribed and analyzed for key themes using ATLAS.ti software. RESULTS: The original list of 39 codes was condensed into five key themes. The five key themes are that PrEP is empowering; PrEP barriers are multidimensional and overlapping; episodic PrEP is viewed favorably; PrEP needs, access, and perceptions differ by race and age; and risk compensation is real, but it should not be used to prohibit PrEP uptake. A list of all PrEP barriers identified in the interviews is presented. PUBLIC HEALTH SIGNIFICANCE: For public health practice, participants in these interviews identified stigma as more significant of a barrier to PrEP uptake for MSM than its discussion in the existing literature would suggest. PrEP enhancement efforts should simultaneously target multiple barriers across constructs for maximum effectiveness, avoid shaming overtones, and be inclusive of black MSM. A table is presented that may serve as a map to intervention design. Research is needed to test the association of PrEP use and STI incidence in US-based samples, to fine-tune local PrEP uptake efforts in other regions, and to monitor unintended consequences of PrEP uptake in the near or distant future.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2016	Holt M.; Lea T.; Kippax S.; Kolstee J.; Ellard J.; Velecky M.; Murphy D.; De Wit J.	Awareness and knowledge of HIV pre-exposure prophylaxis among Australian gay and bisexual men: Results of a national, online survey	Sexual Health	-	-	-	14485028	10.1071/SH15243	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84982853997&doi=10.1071%2fSH15243&partnerID=40&md5=ffa2cc318be77f4cbe76954390e97bcc	Background Expanded access to HIV pre-exposure prophylaxis (PrEP) is being actively debated in Australia. Awareness and knowledge of this HIV-prevention method have not been assessed in detail in the primary affected population, gay and bisexual men. Methods: Awareness and knowledge of PrEP were assessed among Australian gay and bisexual men, who were asked to complete a national, anonymous, online survey in 2015. Associations with PrEP awareness were identified using multivariate logistic regression and associations with PrEP knowledge were identified using multivariate linear regression. Results: Among 1251 participants, 954 (77%) were aware of PrEP. The most common sources of information were gay community media, Australian websites and friends. Awareness of PrEP was independently associated with older age, living in a capital city, having a university degree, being tested for HIV, being HIV-positive, having condomless anal intercourse with regular male partners, and ever having taken post-exposure prophylaxis. Men in monogamous relationships were less likely to be aware of PrEP. Among men who were aware of PrEP, the mean PrEP knowledge score was 6.8 out of 13. Relatively few participants knew that taking PrEP involved regular clinical monitoring and that in Australia PrEP was only recommended for people at risk of HIV. Better knowledge was independently associated with living in a capital city, having a university degree, being in full-time employment, being HIV-positive, and ever having taken post-exposure prophylaxis or PrEP. Conclusions: To assist in appropriate PrEP uptake, we recommend educating gay and bisexual men about current Australian prescribing guidelines and how PrEP is accessed in Australia. © 2016 CSIRO.	Australia, Anal Intercourse, Friend, Bisexual Male, Human, Male, University	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2016	Hood J.E.; Buskin S.E.; Dombrowski J.C.; Kern D.A.; Barash E.A.; Katzi D.A.; Golden M.R.	Dramatic increase in preexposure prophylaxis use among MSM in Washington state	AIDS	-	-	-	2699370	10.1097/QAD.0000000000000937	https://pubmed.ncbi.nlm.nih.gov/26562845/	Objective: HIV preexposure prophylaxis (PrEP) is efficacious, but uptake has been slow. In Washington State, most insurance plans, including Medicaid, pay for PrEP, and the state supports a PrEP drug assistance program. We assessed trends in PrEP awareness and use among MSM in Washington. Design and setting: Serial cross-sectional survey conducted annually at the Seattle Pride Parade between 2009 and 2015. Methods: In a convenience sample of MSM who reside in Washington State and deny ever testing HIV positive (n=2168), we evaluated the association between calendar year and self-report of PrEP uptake and awareness using descriptive statistics and multivariable relative risk and logistic regression. Regression models included HIV risk and demographic covariates. Results: In 2015, 23% 95% confidence interval (CI): 16%, 31% of high-risk MSM reported currently taking PrEP. The percentage of high-risk MSM who reported ever taking PrEP increased from 5% in 2012 to 31% in 2015. PrEP use among lower-risk MSM was low and stable, between 1 and 3% in 2012-2015. In multivariable analyses, PrEP use was associated with later calendar years (2015 vs. 2012: adjusted relative risk=2.29, 95% CI: 1.16, 4.52) and elevated HIV risk (adjusted relative risk=2.92, 95% CI: 2.00, 4.25). The percentage of high and lower-risk MSM who had heard of PrEP increased from 13 to 86% and from 29 to 58%, respectively. Conclusion: PrEP awareness is high and the use has rapidly increased over the last year among MSM in Seattle, Washington, USA. These findings demonstrate that high levels of PrEP use can be achieved among MSM at high-risk for HIV infection. © 2016 Wolters Kluwer Health, Inc. All rights reserved.	MSM; Preexposure prophylaxis; Prevention of sexual transmission; Risk factors; Surveillance	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Hoots, Brooke E; Finlayson, Teresa; Nerlander, Lina; Paz-Bailey, Gabriela	Willingness to Take, Use of, and Indications for Pre-exposure Prophylaxis Among Men Who Have Sex With Men-20 US Cities, 2014.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciw367	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5009903	BACKGROUND: Pre-exposure prophylaxis (PrEP) is an effective prevention tool for people at substantial risk of acquiring human immunodeficiency virus (HIV). To monitor the current state of PrEP use among men who have sex with men (MSM), we report on willingness to use PrEP and PrEP utilization. To assess whether the MSM subpopulations at highest risk for infection have indications for PrEP according to the 2014 clinical guidelines, we estimated indications for PrEP for MSM by demographics. METHODS: We analyzed data from the 2014 cycle of the National HIV Behavioral Surveillance (NHBS) system among MSM who tested HIV negative in NHBS and were currently sexually active. Adjusted prevalence ratios and 95% confidence intervals were estimated from log-linked Poisson regression with generalized estimating equations to explore differences in willingness to take PrEP, PrEP use, and indications for PrEP. RESULTS: Whereas over half of MSM said they were willing to take PrEP, only about 4% reported using PrEP. There was no difference in willingness to take PrEP between black and white MSM. PrEP use was higher among white compared with black MSM and among those with greater education and income levels. Young, black MSM were less likely to have indications for PrEP compared with young MSM of other races/ethnicities. CONCLUSIONS: Young, black MSM, despite being at high risk of HIV acquisition, may not have indications for PrEP under the current guidelines. Clinicians may need to consider other factors besides risk behaviors such as HIV incidence and prevalence in subgroups of their communities when considering prescribing PrEP.	HIV, pre-exposure prophylaxis, PrEP, MSM, United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Hosek, Sybil; Celum, Connie; Wilson, Craig M.; Kapogiannis, Bill; Delany-Moretlwe, Sinead; Bekker, Linda-Gail	Preventing HIV among adolescents with oral PrEP: observations and challenges in the United States and South Africa.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.19.7.21107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84995377346&doi=10.7448%2fIAS.19.7.21107&partnerID=40&md5=3a3f22f8c15635765e08ee33fa00e433	INTRODUCTION: Adolescents and young adults aged <25 are a key population in the HIV epidemic, with very high HIV incidence rates in many geographic settings and a large number who have limited access to prevention services. Thus, any biomedical HIV prevention approach should prepare licensure and implementation strategies for young populations. Oral pre-exposure prophylaxis (PrEP) is the first antiretroviral-based prevention intervention with proven efficacy across many settings and populations, and regulatory and policy approvals at global and national levels are occurring rapidly. We discuss available data from studies in the United States and South Africa on the use of oral PrEP for HIV prevention in adolescent minors, along with some of the implementation challenges. DISCUSSION: Ongoing studies in the United States and South Africa among youth under the age of 18 should provide the safety data needed by the end of 2016 to contribute to licensure of Truvada as daily PrEP in adolescents. The challenges of completing these studies as well as foreseeable broader challenges highlighted by this work are presented. Adherence to daily PrEP is a greater challenge for younger populations, and poor adherence was associated with decreased efficacy in all PrEP trials. Individual-level barriers include limited familiarity with antiretroviral-based prevention, stigma, product storage, and social support. Structural challenges include healthcare financing for PrEP, clinician acceptability and comfort with PrEP delivery, and the limited youth-friendly health services available. These challenges are discussed in the context of the work done to date in the United States and South Africa, but will likely be magnified in the setting of limited resources in many other countries that are heavily impacted by HIV. CONCLUSIONS: Adolescent populations are particularly vulnerable to HIV, and oral PrEP in these populations is likely to have an impact on population-level HIV incidence. The challenges of disseminating an HIV biomedical prevention tool requiring daily usage in adolescents are formidable, but addressing these issues and starting dialogues will lay the groundwork for the many other HIV prevention tools now being developed and tested.	Adolescent; Adult; Humans; Male; Young Adult; Female; HIV Infections/drug therapy/*prevention & control; United States; South Africa; Anti-HIV Agents/economics/*therapeutic use; PrEP; HIV/AIDS; Social Stigma; adolescents; *Pre-Exposure Prophylaxis/economics; implementation; Delivery of Health Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2016	Hu, Minlu	THE ROLE OF EPITHELIAL INTEGRITY AND METABOLIZING ENZYMES IN TOPICAL MICROBICIDE EFFICACY FOR THE PREVENTION OF HIV SEXUAL TRANSMISSION	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/28694/	In order to further reduce the number of HIV-1 infections, efforts must be made to prevent new acquisition of HIV in healthy population. Although the antiretroviral-based topical (microbicides) and oral pre-exposure prophylaxis (PrEP) products have been evaluated in a number of clinical trials, the results from these studies have been inconsistent. The aim of my dissertation study is to examine whether the modulators of tissue integrity and metabolizing enzymes could affect antiretroviral drug exposure and efficacy in cervicovaginal tissues. First of all, we demonstrated that the several commonly used excipients which increased paracellular permeability of cervicovaginal tissue did not significantly reduce tenofovir (TFV) activity in HIV-1 prevention in an ex vivo explant tissue model. In addition, TEER, morphology, permeability, and MTT-based tissue viability do not necessarily change in parallel with each other and the use of a single measurement cannot accurately reflect the effect of excipients on cervicovaginal tissue integrity. Also, we found that the mRNA of several Phase I and II metabolizing enzyme isoforms, such as CYP1A1, CYP1B1 and UGT1A1, are highly expressed in the human female genital tract. In phosphorylating enzymes study, we found that the majority of TFV-related phosphorylating enzymes showed significantly decreased mRNA level in T cells as compared to their levels in cervicovaginal tissues. Furthermore, our results indicated that medroxyprogesterone acetate and progesterone treatments changed the activity of phosphorylating enzymes toward different directions in cervicovaginal epithelial cell line (VK2) and a T cell line (PM1). Additionally, we found that medroxyprogesterone acetate, progestone, IL1β and IL8 treatment resulted in altered tenofovir diphosphate level in a vaginal epithelial cell line and a T cell line. Taken together, these studies provide valuable information on the excipients' effect on multiple aspects of cervicovaginal tissue integrity, as well as what biological factors may affect the effectiveness of TFV and its clinical potential. Such information will facilitate the efforts toward optimized vaginal PrEP products for HIV-1 prevention.	Microbicides, HIV, excipient, tenofovir, Vaginal epithelium, phosphorylating enzymes	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical

Theses and Dissertations	2016	Huei-Jiuan Wu, 吳慧娟	HIV Pre-Exposure Prophylaxis for Men Who Have Sex with Men in Taiwan: A Mathematical Modeling Study / HIV暴露前預防投藥策略對台灣男男間性行為傳染愛滋疫情的防治效果:數理模式研究	-	-	National Digital Library of Theses and Dissertations in Taiwan	-	NA	NA	http://ndltd.ncl.edu.tw/handle/24757060478623395698	Background: Men who have sex with men (MSM) are disproportionally affected by the HIV epidemic. There are now around 2,000 new MSM-HIV cases annually in Taiwan, under current HIV testing rate and antiretroviral therapy (ART) coverage. More effective strategy is urgently required to control the HIV epidemic in this vulnerable population. Both PROUD (2015) and IPERGAY (2015) studies demonstrated an 86% efficacy of PrEP, twice better than the 44% efficacy reported by the earlier iPrEX (2010) study. Therefore, previous modeling studies, which were based on iPrEX data, might under-estimated the actual impact of scaling-up PrEP among MSM. We aimed to evaluate the impact and cost-effectiveness of scaling-up PrEP on the MSM-HIV epidemic in Taiwan. Methods: We used the newest HIV surveillance and follow-up data to calibrate our HIV dynamic transmission model for MSM in Taiwan. We simulated the impact of scaling-up PrEP, Test-and-Treat, or both, on the future trajectory of HIV epidemic in MSM. We evaluate whether scaling-up PrEP will eliminate the MSM-HIV epidemic (incidence lower than 1/1000 per year, World Health Organization) in Taiwan, and whether such intervention is cost-effective. Findings: Scaling-up PrEP to 50% coverage or more will eliminate HIV among MSM by 2025. Annual HIV testing followed by immediate ART after HIV diagnosis in 90% of new cases will eliminate HIV epidemic by 2022. PrEP and Test-and-Treat are synergistic: if we target 15- to 44-year-old high-risk group, then 25% PrEP coverage in this group is sufficient to eliminate HIV epidemic by 2030 under biannual HIV testing followed by immediate ART in 75% of new cases. Cost analysis shows that NT$11.2 medical costs can be saved for every NT$1 spent on PrEP. Sensitivity analyses showed that efficacy of PrEP drug is the key factor for its role in HIV elimination, while method of administration (event-driven) and prioritization (high-risk group) are the key factors for its cost-effectiveness. Interpretation: PrEP is a highly effective HIV prevention strategy and is cost-saving. Our results support the simultaneous expansion of both PrEP and HIV "Test-and-Treat" in Taiwan, with the aim to eliminate HIV epidemic among MSM in the next 10 years.	Palavras-chave chinesas: Vírus da imunodeficiência humana , profilaxia pré-exposição ao HIV , triagem e tratamento do HIV , situação epidêmica , políticas de prevenção e tratamento , modelos matemáticos , sexo entre homens , Taiwan. Palavras-chave em língua estrangeira: HIV , política de controle , profilaxia pré-exposição ao HIV , teste e tratamento do HIV , epidemia , modelagem matemática , homens que fazem sexo com homens (HSH) , Taiwan	Chinese	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	-	-	Quantitative
Theses and Dissertations	2016	Hughes, Alison J.	On the road to zero in San Francisco: understanding population dynamics, HIV transmission and internalized HIV stigma in order to get to zero HIV transmission, zero HIV-related deaths and zero HIV stigma	-	-	University of California – Berkeley	-	NA	NA	http://www.escholarship.org/uc/item/8j5842dj	As of December 31, 2015, there were 15,995 diagnosed and reported persons living with human immunodeficiency virus (HIV) who were residents of San Francisco, California at time of diagnosis. Approximately one quarter of men who have sex with men (MSM) in San Francisco are HIV-positive. Despite a high HIV burden, a higher proportion of HIV-positive San Franciscans are virally suppressed (72% in 2014 in San Francisco) than nationally (55% nationally in 2013), and 81% of all cases in San Francisco had at least one HIV viral load or CD4 test in 2014 (versus 71% nationally in 2013). Recently, new strategies have emerged to prevent HIV transmission, including post-exposure prophylaxis, treatment as prevention and pre-exposure prophylaxis (PrEP). With these new tools, the end of the HIV epidemic is within reach. New HIV diagnoses in San Francisco are now half of what they were a decade ago, down from 528 new HIV diagnoses in 2006 to 255 in 2015. The Getting to Zero (GTZ) consortium, formed in San Francisco after World AIDS Day in 2013, which is comprised of representatives from the San Francisco Department of Public Health, the University of California San Francisco, public and private medical providers, community based organizations, other San Francisco government agencies and people living with HIV (PLWH), aims to get to zero new HIV transmissions, zero HIV deaths and zero HIV stigma in San Francisco. My dissertation is aligned with the mission of the GTZ consortium.My dissertation seeks to address how the population dynamics of MSM (through migration and HIV serostatus) could affect the prevalence and incidence of HIV in San Francisco and may help explain why there is ongoing HIV transmission in the era of PrEP and treatment as prevention. The ability to migrate has increased for PLWH as survival markedly improved following introduction of combination antiretroviral therapy in 1996. Although there is a high frequency of migration among the general U.S. population and among PLWH in San Francisco, migration patterns of MSM in San Francisco have, to my knowledge, never been described. Output from the novel migration model outlined in Chapter 2 can be used to understand the dynamics of the MSM population in San Francisco and macro-level forces that could affect the prevalence and incidence of HIV in the population. Estimating the number of MSM by HIV status also allows researchers to have a denominator of this hidden population for use in estimating prevalence, incidence, service needs and funding allocations. Further, estimating the number of HIV-negative in-migrants relative to the overall MSM population is important because research has shown that recent MSM migrants to metropolitan areas are at increased risk of HIV acquisition because of higher risk behaviors. My results suggest that the overall MSM population and all the MSM subpopulations studied decreased in size from 2006 to 2014. Further, there were differences in migration patterns by race and by HIV serostatus.Next, given the goal of eliminating all transmission…	Epidemiology; HIV; internalized stigma; migration; pre-exposure prophylaxis; viral suppression	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2016	Hugo J.M.; Stall R.D.; Rebe K.; Egan J.E.; De Swardt G.; Struthers H.; McIntyre J.A.	Anti-retroviral Therapy Based HIV Prevention Among a Sample of Men Who Have Sex with Men in Cape Town, South Africa: Use of Post-exposure Prophylaxis and Knowledge on Pre-exposure Prophylaxis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1536-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84986292266&doi=10.1007%2fs10461-016-1536-1&partnerID=40&md5=4ee68ef9c012e8950d997bfdb7b0afde	Men who have Sex with Men (MSM) have been affected disproportionately by the global HIV pandemic. Rates of consistent condom-use are low and there is a need for further biomedical prevention interventions to prevent new HIV infections. Post exposure prophylaxis (PEP) can reduce the risk of HIV, but uptake among MSM is low. Pre-exposure prophylaxis (PrEP), an innovative anti-retroviral-based HIV prevention tool might be an appropriate intervention for MSM who have recently accessed PEP that involves HIV negative individuals taking daily tenofovir+emtricitabine for HIV prevention. 44 MSM, attending a primary health-care level MSM-focused sexual health clinic in Cape Town, South Africa, who had initiated PEP were enrolled in this study. Participants were followed up after 2, 4 and 12 weeks. Self-administered electronic surveys were completed at the initial, 4 and 12 week visit. Barriers and facilitators to accessing PEP and remaining adherent were examined, as was knowledge about PrEP. Thirty-two participants (80 %) were <40 years of age (range 20–65 years). 35 % of the participants reported their reason for requiring PEP as condomless receptive anal intercourse. A further 20 % required PEP following condomless penetrative anal intercourse; 27.5 % required PEP due to a broken condom during receptive anal sex and 2 participants due to insertive anal sex. Three participants did not complete 28 days of PEP or were lost to follow up. Over half (58.5 %) of the participants reported being completely adherent to their regime; under a third (31.7 %) reported missing one PEP dose; and 9.8 % reported missing more than one dose. 36/40 (90 %) had heard of PrEP and 30/40 (75 %) indicated that they would use PrEP if it were accessible to them. That we enrolled 44 MSM who accessed PEP from a Department of Health affiliated clinic over 12 months, speaks to the low uptake by MSM of PEP services in South Africa. Adherence was high and demonstrates that adherence support is feasible from a state health clinic. Reported risk behaviors in some high-risk participants did not change over time, demonstrating the need for additional longer-term HIV preventions such as PrEP. PEP users could conceivably be transitioned from PEP to PrEP. © 2016, Springer Science+Business Media New York.	Biobehavioral HIV prevention; Bisexual and other MSM; Gay; Post exposure prophylaxis; Pre exposure prophylaxisSouth Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2016	Irungu E.M.; Heffron R.; Mugo N.; Ngure K.; Katabira E.; Bulya N.; Bukusi E.; Odoyo J.; Asiimwe S.; Tindimwebwa E.; Celum C.; Baeten J.M.; Donnell D.; Barnabas R.; Haberer J.; Haugen H.; Hendrix C.; Kidoguchi L.; Marzinke M.; Morrison S.; Morton J.; Ware N.; Wyatt M.	Use of a risk scoring tool to identify higher-risk HIV-1 serodiscordant couples for an antiretroviral-based HIV-1 prevention intervention	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-016-1899-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85001060894&doi=10.1186%2fs12879-016-1899-y&partnerID=40&md5=6190a63a627e2288708ed0bc7aaf1b11	Background: Antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) reduce HIV-1 transmission within heterosexual HIV-1 serodiscordant couples. Prioritizing couples at highest HIV-1 transmission risk for ART and PrEP would maximize impact and minimize costs. Methods: The Partners Demonstration Project is an open-label, delivery study of integrated PrEP and ART for HIV-1 prevention among high risk HIV-1 serodiscordant couples in Kenya and Uganda. We evaluated the feasibility of using a validated risk score that weighs a combination of easily measurable factors (age, children, marital status, male circumcision status, condom use, plasma HIV-1 levels) to identify couples at highest risk for HIV-1 transmission for enrollment. Couples scoring ≥5 met the risk score eligibility criteria. Results: We screened 1694 HIV-1 serodiscordant couples and enrolled 1013. Of the screened couples, 1331 (78.6 %) scored ≥5 (with an expected incidence >3 % per year) and 76 % of these entered the study. The median age of the HIV-1 uninfected partner was 29 years IQR 26, 36 and 20 % were <25 years of age. The HIV-1 uninfected partner was male in 67 % of partnerships, 33 % of whom were uncircumcised, 57 % of couples had no children, and 65 % reported unprotected sex in the month prior to enrollment. Among HIV-1 infected partners, 41 % had plasma viral load >50,000 copies/ml. Conclusion: A risk scoring tool identified HIV-1 serodiscordant couples for a demonstration project of PrEP and ART with high HIV-1 risk. The tool may be feasible for research and public health settings to maximize efficiency and minimize HIV-1 prevention costs. © 2016 The Author(s).	Africa; Delivery; HIV; PrEP; Screening tool; Serodiscordant couples	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2016	Irungu, E; Sharma, M; Heffron, R; Mugo, N; Ngure, K; Ying, R; Sianyo, C; Celum, C; Baeten, J; Barnabas, R	The Incremental Cost of Delivering PrEP as a Bridge to ART to HIV Serodiscordant Couples in Public HIV Care Clinics in Kenya	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1155/2019/4170615	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6521338/#:~:text=ART%20program%20costs%20in%20Kenya,partner%20in%20a%20serodiscordant%20partnership.	Background. In 2016, the Kenyan Ministry of Health (MOH) released guidelines that recommend preexposure prophylaxis (PrEP) for persons with substantial ongoing HIV risk, including those in HIV serodiscordant partnerships. Estimates of the costs of delivering PrEP within Kenyan public health facilities are needed for planning for PrEP scale up. Methods. We estimated the incremental annual costs of providing PrEP to HIV uninfected partners as a time-limited "bridge" until the infected partner is virally suppressed on ART within HIV serodiscordant couples as part of routine clinic care in Thika, Kenya. Costs were collected from the Partners Demonstration Project, a prospective evaluation of integrated delivery of preexposure prophylaxis (PrEP) and antiretroviral therapy (ART) to high-risk HIV serodiscordant couples. We conducted time and motion studies to distinguish between activities related to research, routine clinical care, and PrEP delivery. Costs (2015 US dollars) were collected from the MOH perspective and divided into staff, transportation, equipment, supplies, buildings and overhead, and start-up. Results. PrEP related activities conducted during the screening, enrollment, and follow-up visits took an average of 13 minutes, 51 minutes, and 12 minutes, respectively. Assuming a staff structure of 3 counselors, 1 nurse, and 2 clinicians, we estimate that 3,178 couples can be screened, 1,444 couples offered PrEP and ART, and 6,138 couples followed up annually in an average HIV care clinic. Using costs incurred by the MOH for personnel, drug, and laboratory tests, we estimate that the incremental cost of offering PrEP to HIV uninfected partners within existing ART programs is $86.79 per couple per year. Personnel and PrEP medication made up the largest portion of the costs. We estimate that the total cost to Ministry of Health of delivering integrated PrEP and ART program in public health facilities is $250.19 per HIV serodiscordant couple per year. Conclusions. Time-limited provision of PrEP to the HIV uninfected partner within HIV serodiscordant couples can be an affordable delivery model implemented in HIV care programs in Kenya and similar settings. These costs can be used for budgetary planning and cost effectiveness analyses.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2016	Izulla, Preston; McKinnon, Lyle R.; Munyao, Julius; Ireri, Naomi; Nagelkerke, Nico; Gakii, Gloria; Gelmon, Lawrence; Nangami, Mabel; Kaul, Rupert; Kimani, Joshua	Repeat Use of Post-exposure Prophylaxis for HIV Among Nairobi-Based Female Sex Workers Following Sexual Exposure.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-015-1091-1	https://link.springer.com/article/10.1007/s10461-015-1091-1	As ART-based prevention becomes available, effectively targeting these interventions to key populations such as female sex workers (FSW) will be critical. In this study we analyze patterns of repeated post-exposure prophylaxis (PEP) access in the context of a large FSW program in Nairobi. During close to 6000 person-years of follow-up, 20 % of participants (n = 1119) requested PEP at least once and 3.7 % requested PEP more than once. Repeat PEP users were younger, had a higher casual partner volume, and were more likely to use condoms with casual and regular partners, have a regular partner, and test for HIV prior to enrolment. Barriers to PEP included stigma, side effects, and lack of knowledge, suggesting repeated promotion may be required for higher rates of uptake. A small subset of FSW, potentially those with heightened risk perception, showed a higher frequency of PEP use; these individuals may be most amenable to rollout of pre-exposure prophylaxis.	Adult; Humans; Male; Young Adult; Female; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; Sexual Behavior; Age Factors; Condoms/statistics & numerical data; *Sexual Partners; *Health Knowledge, Attitudes, Practice; *Post-Exposure Prophylaxis; HIV prevention; PrEP; Kenya; Social Stigma; Sex Workers/*psychology; PEP; Risk perception; FSW	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2016	Jacobsen, Margo M.; Walensky, Rochelle P.	Modeling and Cost-Effectiveness in HIV Prevention.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-016-0303-2	https://link.springer.com/article/10.1007/s11904-016-0303-2	With HIV funding plateauing and the number of people living with HIV increasing due to the rollout of life-saving antiretroviral therapy, policy makers are faced with increasingly tighter budgets to manage the ongoing HIV epidemic. Cost-effectiveness and modeling analyses can help determine which HIV interventions may be of best value. Incidence remains remarkably high in certain populations and countries, making prevention key to controlling the spread of HIV. This paper briefly reviews concepts in modeling and cost-effectiveness methodology and then examines results of recently published cost-effectiveness analyses on the following HIV prevention strategies: condoms and circumcision, behavior- or community-based interventions, prevention of mother-to-child transmission, HIV testing, pre-exposure prophylaxis, and treatment as prevention. We find that the majority of published studies demonstrate cost-effectiveness; however, not all interventions are affordable. We urge continued research on combination strategies and methodologies that take into account willingness to pay and budgetary impact.	Humans; Male; Anti-HIV Agents/therapeutic use; Infectious Disease Transmission, Vertical/*prevention & control; HIV; Models, Theoretical; Condoms/economics; Prevention; Review; Pre-Exposure Prophylaxis/*economics/methods; Science of prevention; Cost-effectiveness; Modeling; Circumcision, Male/economics; Cost-Benefit Analysis/*economics; HIV Infections/*economics/*prevention & control/virology; Mass Screening/*economics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Jayakumaran J.S.; Aaron E.; Gracely E.J.; Schriver E.; Szep Z.	Knowledge, attitudes, and acceptability of pre-exposure prophylaxis among individuals living with HIV in an urban HIV clinic	PLOS One	-	-	-	19326203	10.1371/journal.pone.0145670	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84959431578&doi=10.1371%2fjournal.pone.0145670&partnerID=40&md5=2edb4b74f9f9264aec7d31e8e2ca583a	Introduction: Pre-exposure prophylaxis (PrEP) is an effective tool to reduce HIV transmission. The primary objective of this study was to assess awareness of PrEP by individuals living with HIV (HIV+) and acceptance of its use for their HIV negative (HIV-) partners. Methods: A cross sectional survey was conducted among individuals living with HIV who received care at an urban HIV clinic between January 2013 and June 2013. The survey examined knowledge, attitudes, and acceptability of PrEP, and perception of transmission risk of HIV. Chi-Square test and Fisher's Exact test were used to compare proportions. Results: Among 206 subjects living with HIV, 15.3% (32) had heard of PrEP. Men who have sex with men (MSM) were more likely to be aware of PrEP than all others (p = 0.003). Once educated about PrEP those who believed PrEP would reduce their partner's risk for HIV were more likely to recommend PrEP to their partner (p<0.001). 92% of all respondents said they would be "extremely likely/likely" to discuss PrEP use with their provider. Of 159 subjects whosemain partner was HIV-, MSM (p = 0.007), male participants (p = 0.044), and those who were consistently taking meds (p = 0.049) were more likely to be aware of PrEP. Those who perceived they were at risk of transmitting HIV (p<0.001) and those who were consistently taking meds (0.049) were more likely to agree that PrEP could reduce the risk of HIV to their partners. Conclusion: This study illustrates a low awareness of PrEP but once educated the willingness of a cohort of individuals living with HIV to recommend PrEP to their partners. Our findings demonstrate the importance of providers informing their patients living with HIV about PrEP, as these persons are an underutilized link to support the uptake of PrEP by their HIV-partners. Copyright © 2016 Jayakumaran et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	adult; female; cities; male; sexual partners; hiv infections; adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Jenness S.M.; Goodreau S.M.; Rosenberg E.; Beylerian E.N.; Hoover K.W.; Smith D.K.; Sullivan P.	Impact of the centers for disease control's HIV preexposure prophylaxis guidelines for men who have sex with men in the United States	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiw223	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85009832962&doi=10.1093%2finfdis%2fjiw223&partnerID=40&md5=2de3fa50c0438df1712009fece4fedd8	Background. Preexposure prophylaxis (PrEP) is effective for preventing human immunodeficiency virus (HIV) infection among men who have sex with men (MSM) within trial settings. Population impact will depend on clinical indications for PrEP initiation, coverage levels, and drug adherence. No modeling studies have estimated the impact of clinical practice guidelines for PrEP issued by the Centers for Disease Control and Prevention (CDC). Methods. Mathematical models of HIV transmission among MSM were used to estimate the percentage of infections averted (PIA) and the number needed to treat (NNT) under behavioral indications of the CDC's PrEP guidelines. We modeled the contribution of these indications while varying treatment coverage and adherence. Results. At 40% coverage of indicated MSM over the next decade, application of CDC guidelines would avert 1162 infections per 100 000 person-years, 33.0% of expected infections. The predicted NNT for the guidelines would be 25. Increasing coverage and adherence jointly raise the PIA, but reductions to the NNT were associated with better adherence only. Conclusions. Implementation of CDC PrEP guidelines would result in strong and sustained reductions in HIV incidence among MSM in the United States. The guidelines strike a good balance between epidemiological impact (PIA) and efficiency (NNT) at plausible scale-up levels. Adherence counseling could maximize public health investment in PrEP by decreasing the NNT. © The Author 2016.	Clinical guidelines; HIV; Mathematical model; Men who have sex with men; Preexposure prophylaxis; Sexual network	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Book	2016	Johnson, Leah M.; Swarner, Stephanie L.; van der Straten, Ariane; Rothrock, Ginger D.	Methods for Assessing the Adherence to Medical Devices	-	Methods for Assessing the Adherence to Medical Devices	-	NA	-	NA	https://books.google.com.br/books/about/Methods_for_Assessing_the_Adherence_to_M.html?id=fEAI0AEACAAJ&redir_esc=y	Assessing patient adherence to medication is necessary to distinguish between nonadherence and inferior drug efficacy, which is crucial to avoid poor clinical outcomes. Adherence measurements pose various challenges, because many methods rely on subjective assessments or slow and costly measurements, which are infeasible in resource-poor settings. Recent developments of new medical devices for delivery of medications requires additional considerations in adherence. In this report, we propose that medical devices may serve a dual-functional purpose: to deliver the drug(s) and monitor adherence. We provide an illustrative case study that involves assessing the adherence of vaginal rings for delivery of antiretroviral drugs for pre-exposure prophylaxis (PrEP) of HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2016	Juusola J.L.; Brandeau M.L.	HIV Treatment and Prevention: A Simple Model to Determine Optimal Investment	Medical Decision Making	-	-	-	0272989X	10.1177/0272989X15598528	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84960098318&doi=10.1177%2f0272989X15598528&partnerID=40&md5=a129278d3720ec1c0015f16d36893988	Objective. To create a simple model to help public health decision makers determine how to best invest limited resources in HIV treatment scale-up and prevention. Method. A linear model was developed for determining the optimal mix of investment in HIV treatment and prevention, given a fixed budget. The model incorporates estimates of secondary health benefits accruing from HIV treatment and prevention and allows for diseconomies of scale in program costs and subadditive benefits from concurrent program implementation. Data sources were published literature. The target population was individuals infected with HIV or at risk of acquiring it. Illustrative examples of interventions include preexposure prophylaxis (PrEP), community-based education (CBE), and antiretroviral therapy (ART) for men who have sex with men (MSM) in the US. Outcome measures were incremental cost, quality-adjusted life-years gained, and HIV infections averted. Results. Base case analysis indicated that it is optimal to invest in ART before PrEP and to invest in CBE before scaling up ART. Diseconomies of scale reduced the optimal investment level. Subadditivity of benefits did not affect the optimal allocation for relatively low implementation levels. The sensitivity analysis indicated that investment in ART before PrEP was optimal in all scenarios tested. Investment in ART before CBE became optimal when CBE reduced risky behavior by 4% or less. Limitations of the study are that dynamic effects are approximated with a static model. Conclusions. Our model provides a simple yet accurate means of determining optimal investment in HIV prevention and treatment. For MSM in the US, HIV control funds should be prioritized on inexpensive, effective programs like CBE, then on ART scale-up, with only minimal investment in PrEP. © The Author(s) 2015.	AIDS; cost-effectiveness analysis (CEA); HIV; resource allocation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Kagaayi, Joseph; Serwadda, David	The History of the HIV/AIDS Epidemic in Africa.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-016-0318-8	https://pubmed.ncbi.nlm.nih.gov/27188298/	HIV testing of African immigrants in Belgium showed that HIV existed among Africans by 1983. However, the epidemic was recognized much later in most parts of sub-Saharan Africa (SSA) due to stigma and perceived fear of possible negative consequences to the countries' economies. This delay had devastating mortality, morbidity, and social consequences. In countries where earlier recognition occurred, political leadership was vital in mounting a response. The response involved establishment of AIDS control programs and research on the HIV epidemiology and candidate preventive interventions. Over time, the number of effective interventions has grown; the game changer being triple antiretroviral therapy (ART). ART has led to a rapid decline in HIV-related morbidity and mortality in addition to prevention of onward HIV transmission. Other effective interventions include safe male circumcision, pre-exposure prophylaxis, and post-exposure prophylaxis. However, since none of these is sufficient by itself, delivering a combination package of these interventions is important for ending the HIV epidemic as a public health threat.	Humans; Male; Anti-HIV Agents/*therapeutic use; History, 20th Century; Africa South of the Sahara/epidemiology; Post-Exposure Prophylaxis; Prevalence; *Antiretroviral Therapy, Highly Active; Africa; Africa/epidemiology; Circumcision, Male; Antiretroviral therapy; Pre-Exposure Prophylaxis; Social Stigma; *Epidemics; Stigma; Acquired Immunodeficiency Syndrome/epidemiology; HIV prevalence; Combination prevention; History; HIV Infections/drug therapy/*epidemiology/*history	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Review
Article	2016	Kamble, T K; Gadewar, Pradyumna M; Kansal, Subodh	Preexposure Prophylaxis for HIV: An Emerging Preventive Strategy to End Ongoing Pandemic.	Journal of the Association of Physicians of India	-	-	-	0004-5772	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-27734641	HIV/AIDS continues to have an extraordinary public health impact. Although the HIV/AIDS epidemic on the whole is plateauing, it is spreading rapidly among certain populations. We enumerate here some HIV preventive modalities that have been demonstrated to be effective in various target populations if properly implemented and adhered to. Some other new strategies are also showing promise in clinical trials.	Infecções por HIV/prevenção & controle; Profilaxia Pré-Exposição; Infecções por HIV/epidemiologia; Humanos; Pandemias	English	India	Asia and the Pacific	India	Asia and the Pacific	NA	NA	Clinical
Article	2016	Karuga, Robinson Njoroge; Njenga, Serah Nduta; Mulwa, Rueben; Kilonzo, Nduku; Bahati, Prince; O'reilley, Kevin; Gelmon, Lawrence; Mbaabu, Stephen; Wachihi, Charles; Githuka, George; Kiragu, Michael	"How I Wish This Thing Was Initiated 100 Years Ago!" Willingness to Take Daily Oral Pre-Exposure Prophylaxis among Men Who Have Sex with Men in Kenya	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0151716	https://pubmed.ncbi.nlm.nih.gov/27073896/	Background The MSM population in Kenya contributes to 15% of HIV incidence. This calls for innovative HIV prevention interventions. Pre-exposure prophylaxis (PrEP) has been efficacious in preventing HIV among MSM in trials. There is limited data on the willingness to take daily oral PrEP in sub-Sahara Africa. PrEP has not been approved for routine use in most countries globally. This study aimed to document the willingness to take PrEP and barriers to uptake and adherence to PrEP in Kenya. The findings will inform the design of a PrEP delivery program as part of the routine HIV combination prevention. Methods Eighty MSM were recruited in 2 Counties in December 2013. Quantitative data on sexual behaviour and willingness to take PrEP were collected using semi-structured interviews and analysed using SPSS. Qualitative data on knowledge of PrEP, motivators and barriers to uptake and adherence to PrEP were collected using in-depth interviews and FGDs and analysed using Nvivo. Analysis of data in willingness to take PrEP was conducted on the HIV negative participants (n = 55). Results 83% of MSM were willing to take daily oral HIV PrEP. Willingness to take PrEP was higher among the bi-sexual and younger men. Motivators for taking PrEP were the need to stay HIV negative and to protect their partners. History of poor medication adherence, fear of side effects and HIV stigma were identified as potential barriers to adherence. Participants were willing to buy PrEP at a subsidized price. Conclusions There is willingness to take PrEP among MSM in Kenya and there is need to invest in targeted education and messaging on PrEP to enhance adherence, proper use and reduce stigma in the general population and among policy makers.	Gynecology; Acquired immune deficiency syndrome; AIDS; Disease prevention; Health aspects; HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Infections; Prevention; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Sexual behavior; Sexually transmitted diseases; STD; Science; Adolescent; Adult; Analysis; Biology and Life Sciences; HIV infection; HIV infections; Male; Medicine and Health Sciences; Men; Men who have sex with men; Pre-exposure prophylaxis; Exposure; Dosage and administration; Data collection; Prophylaxis; Family medicine; Mens health; Care and treatment; Discrimination against AIDS virus carriers; Population; Multidisciplinary Sciences; Science & Technology; Science & Technology - Other Topics; HIV Infections - epidemiology; Incidence; People and Places; MSM (Men who have sex with men); other medical science; public health; Sex industry; Homosexuality Male; Homosexuality; Motivation; Kenya; HIV carriers discrimination; HIV Infections - psychology; Drugs; Feasibility studies; Qualitative analysis; Side effects; Psychological intervention; Medication Adherence - psychology; Ethics; Adhesion; Developing country; Social issues; Focus group; Data processing	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods
Article	2016	Katz, David A.; Dombrowski, Julia C.; Bell, Teal R.; Kerani, Roxanne P.; Golden, Matthew R.	HIV Incidence Among Men Who Have Sex With Men After Diagnosis With Sexually Transmitted Infections.	Sexually Transmitted Diseases	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000000423	https://pubmed.ncbi.nlm.nih.gov/26967302/	BACKGROUND: Men who have sex with men (MSM) are at high risk for acquiring HIV infection after diagnosis with other sexually transmitted infections (STIs). Identifying the STIs associated with the greatest risk of subsequent HIV infection could help target prevention interventions, particularly preexposure prophylaxis (PrEP). METHODS: Using matched HIV and STI surveillance data from Washington State from January 1, 2007, to June 30, 2013, we calculated the incidence of new HIV diagnoses after different STI diagnoses among MSM. Men entered observation at the time of their first STI diagnosis during the study period and exited at HIV diagnosis or June 30, 2013. Cox proportional hazards regression was used to conduct a global comparison of rates. RESULTS: From January 1, 2007, to June 30, 2013, 6577 HIV-negative MSM were diagnosed as having 10,080 bacterial STIs at 8371 unique time points and followed for 17,419 person-years. Two hundred eighty (4.3%) men were subsequently diagnosed as having HIV infection for an overall incidence of 1.6 per 100 person-years (95% confidence interval, 1.4-1.8). The estimated incidence of HIV diagnosis among all MSM in the state was 0.4 per 100 person-years. Men who have sex with men were at the greatest risk for HIV diagnosis after being diagnosed as having rectal gonorrhea (HIV incidence, 4.1 per 100 person-years), followed by early syphilis (2.8), urethral gonorrhea (1.6), rectal chlamydial infection (1.6), pharyngeal gonorrhea (1.1), late syphilis (1.0), and urethral chlamydial infection (0.6; P < 0.0001 overall). CONCLUSIONS: Men who have sex with men diagnosed as having rectal gonorrhea and early syphilis were at the greatest risk for being diagnosed as having HIV infection after STI diagnosis. These men should be prioritized for more intensive prevention interventions, including PrEP.	Adolescent; Adult; Humans; Incidence; Male; Middle Aged; Young Adult; Risk; Homosexuality, Male; HIV Infections/complications/*epidemiology; Pre-Exposure Prophylaxis; Sexually Transmitted Diseases/complications/*epidemiology; Washington/epidemiology; Chlamydia Infections/complications/*epidemiology; Gonorrhea/complications/*epidemiology; Syphilis/complications/*epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Katzi, DA	Dramatic Increase in Pre-Exposure Prophylaxis Use among Men who have Sex with Men in King County, Washington (vol 30, pg 515, 2016)	AIDS	-	-	-	0269-9370	doi: 10.1097/QAD.0000000000000937	https://pubmed.ncbi.nlm.nih.gov/26562845/	Objective: HIV preexposure prophylaxis (PrEP) is efficacious, but uptake has been slow. In Washington State, most insurance plans, including Medicaid, pay for PrEP, and the state supports a PrEP drug assistance program. We assessed trends in PrEP awareness and use among MSM in Washington. Design and setting: Serial cross-sectional survey conducted annually at the Seattle Pride Parade between 2009 and 2015. Methods: In a convenience sample of MSM who reside in Washington State and deny ever testing HIV positive (n = 2168), we evaluated the association between calendar year and self-report of PrEP uptake and awareness using descriptive statistics and multivariable relative risk and logistic regression. Regression models included HIV risk and demographic covariates. Results: In 2015, 23% [95% confidence interval (CI): 16%, 31%] of high-risk MSM reported currently taking PrEP. The percentage of high-risk MSM who reported ever taking PrEP increased from 5% in 2012 to 31% in 2015. PrEP use among lower-risk MSM was low and stable, between 1 and 3% in 2012-2015. In multivariable analyses, PrEP use was associated with later calendar years (2015 vs. 2012: adjusted relative risk = 2.29, 95% CI: 1.16, 4.52) and elevated HIV risk (adjusted relative risk = 2.92, 95% CI: 2.00, 4.25). The percentage of high and lower-risk MSM who had heard of PrEP increased from 13 to 86% and from 29 to 58%, respectively. Conclusion: PrEP awareness is high and the use has rapidly increased over the last year among MSM in Seattle, Washington, USA. These findings demonstrate that high levels of PrEP use can be achieved among MSM at high-risk for HIV infection.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Kelvin, Elizabeth A.; Cheruvillil, Sonia; Christian, Stephanie; Mantell, Joanne E.; Milford, Cecilia; Rambally-Greener, Letitia; Mosery, Nzwakie; Greener, Ross; Smit, Jennifer A.	Choice in HIV testing: the acceptability and anticipated use of a self-administered at-home oral HIV test among South Africans.	African Journal of AIDS Research	-	-	-	1727-9445 1608-5906	10.2989/16085906.2016.1189442	https://pubmed.ncbi.nlm.nih.gov/27399040/	Combination HIV prevention is being widely promoted by funders. This strategy aims to offer HIV prevention choices that can be selected and combined to decrease HIV risk in ways that fit with each individual's situation. Treatment as prevention and pre-exposure prophylaxis are two new evidence-based strategies to decrease HIV incidence, both of which require high HIV testing rates to be effective, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) has set a goal of 90% of HIV-positive individuals knowing their status by 2030. However, HIV testing rates in many countries remain suboptimal. Just as no single HIV prevention method is ideal for all people in all situations, no single HIV testing modality is likely to be acceptable to everyone. By offering HIV testing choices, we may be able to increase testing rates. However, many low-resourced countries have been slow to take up new HIV testing options such as the self-administered at-home oral HIV test that is currently available in the United States. In this paper, we present findings from 20 in-depth interviews, conducted in 2010, documenting opinions about self-administered at-home oral HIV testing, a testing modality still largely unavailable in Africa. Participants were clients of three primary healthcare clinics in South Africa. Self-testing was seen as enabling confidentiality/privacy, saving time, and facilitating testing together with partners. However, concerns were raised about psychological distress when testing at home without a counsellor. Some suggested this concern could be minimised by having experienced clinic-based HIV testing and counselling before getting self-testing kits for home use. Thus, self-administered HIV testing could be an option added to the current testing modalities to address some important barriers to testing.	Administration, Oral; Adult; Humans; Male; Female; South Africa; Surveys and Questionnaires; Counseling; Pre-Exposure Prophylaxis/methods; condoms; gender; HIV Infections/*diagnosis/prevention & control; *Choice Behavior; AIDS Serodiagnosis/*methods; Home Nursing; Self Administration/psychology/*statistics & numerical data; self-administered HIV testing; social ecological model	English	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Kendrick, Katherine; Brown, Veronica; Lords, Caleb; Matthias, James; Henning, Ian; Blackmore, Carina; Likos, Anna	Full House: A Retrospective Analysis of High Sexually Transmitted Infection Prevalence among Adult Film Actors at a Singular Residence.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000000483	https://dx.doi.org/10.1097/OLQ.0000000000000483	BACKGROUND: During a routine human immunodeficiency virus (HIV) investigation, Florida Department of Health staff identified a house (house A) in which over 150 individuals had resided at least briefly. Further investigation revealed that house A is used by the producer of a small adult film production company to board his actors. This report describes sexually transmitted infection (STI) prevalence among male actors in gay adult films residing in a common Florida residence. METHODS: LexisNexis Accurint was used to identify house A residents since October 2002 when the producer arrived. Information on STIs and interview data were obtained from Florida's STI surveillance system. An infection was considered to be associated with residence in house A if the date of diagnosis occurred 6 months before an individual's residence start date through 6 months after his residence end date. RESULTS: Excluding the producer, 150 men resided in house A starting from September 2003 to July 2015. Forty-six individuals had a reported case of HIV, syphilis, gonorrhea, and/or chlamydia with 92 infections total. Forty-two (46%) infections among 24 men were considered associated with residence in house A. CONCLUSIONS: LexisNexis Accurint was a useful tool for identifying house A residents, a highly mobile and highly sexually active population. There is a high prevalence of STIs among residents, but it is unclear where transmission is occurring. Settings like house A are good candidates for HIV pre-exposure prophylaxis and active STI screenings and may be an opportunity for public health officials to intervene in high-risk groups to reduce STI rates in the community.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Kesler M.A.; Kaul R.; Myers T.; Liu J.; Loutfy M.; Remis R.S.; Gesink D.	Perceived HIV risk, actual sexual HIV risk and willingness to take pre-exposure prophylaxis among men who have sex with men in Toronto, Canada	AIDS Care	-	-	-	9540121	10.1080/09540121.2016.1178703	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84965074955&doi=10.1080%2f09540121.2016.1178703&partnerID=40&md5=ce56fac45120ecd94d8b0a94e2472166	Pre-exposure prophylaxis (PrEP) reduces HIV acquisition. Our goal was to determine the willingness of men who have sex with men (MSM) to take PrEP given perceived and actual HIV risk. HIV-negative MSM were recruited from September 2010 to June 2012 and asked about PrEP willingness and perceived HIV risk. Actual sexual HIV risk was measured by three condom-use components generated through principal components analysis. General HIV risk was measured using the HIV Incidence Risk Index for MSM (HIRI-MSM). Model 1 measured PrEP willingness given perceived and actual HIV risk. Model 2 included actual HIV sexual risk, perceived HIV risk and general HIV risk. Model 3 removed actual sexual HIV risk. We recruited 150 HIV-negative MSM. About 55% were willing to take PrEP. Reasons for PrEP unwillingness were: low perceived risk (64%), side-effect concerns (44%), daily pill burden (16%) and efficacy concerns (4%). Model 1: MSM with high compared to low actual sexual HIV risk were more willing to use PrEP (OR 27.11, 95% CI 1.33–554.43) after adjusting for perceived risk, which was not significantly associated with PrEP willingness (OR 4.79, 95% CI 0.72–31.96). Model 2: MSM with high compared to low actual sexual HIV risk were more willing to use PrEP (OR 29.85, 95% CI 1.39–640.53) after adjusting for perceived and general HIV risk, neither of which was significantly associated with PrEP willingness (OR 5.07, 95% CI 0.73–35.09) and (OR 1.58, 95% CI 0.37–6.79), respectively. Model 3: After removing actual sexual HIV risk, MSM with high compared to low perceived risk were more willing to use PrEP (OR 6.85, 95% CI 1.23–38.05), and the HIRI-MSM general risk index was not associated with PrEP willingness (OR 1.87, 95% CI 0.54–6.54). Therefore, actual sexual HIV risk was the best predictor of PrEP willingness and general HIV risk did not inform PrEP willingness. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	actual HIV risk; men who have sex with men; Perceived HIV risk; pre-exposure prophylaxis; principal components analysis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Khanna, Aditya S; Michaels, Stuart; Skaathun, Britt; Morgan, Ethan; Green, Keith; Young, Lindsay; Schneider, John A	Preexposure Prophylaxis Awareness and Use in a Population-Based Sample of Young Black Men Who Have Sex With Men.	JAMA Internal Medicine	-	-	-	2168-6114	10.1001/jamainternmed.2015.6536	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4790097	Methods | The south side of Chicago represents the largest contiguous black community in the United States. Despite the many assets of the south side, this community has a high HIV prevalence. uConnect is a population-based cohort study of YBMSM that examines how sociodemographic, health, behavioral, and social factors drive new methods of HIV prevention, including PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Klein, Charles; Lomonaco, Carmela	Real Talk: Developing a Computer-Delivered Sexual Health Program for Black Men Who Have Sex With Men.	AIDS Education and Prevention	-	-	-	1943-2755 0899-9546	10.1521/aeap.2016.28.6.455	https://pubmed.ncbi.nlm.nih.gov/27925486/	HIV disproportionately affects Black men who have sex with men (MSM), yet there are few evidence-based programs that respond to the diverse realities of Black MSM communities. This article examines the development of Real Talk, a new harm reduction-based, sexual health intervention for Black MSM. We first analyze the key themes from our formative research: (1) stigma, discrimination, and intersectionalities in the lives of Black MSM, (2) the importance of safe spaces and community provided by health promotion programs, and (3) moving beyond condoms in sexual health messaging. We then describe our agile design product development process and present an overview of the intervention's components and how they respond to the issues identified in the formative research. In conclusion, we discuss dissemination opportunities and challenges in an age of decreased prevention funding, pre-exposure prophylaxis (PrEP), and the increased use of e-health promotion modalities.	Humans; Male; HIV Infections/*prevention & control; Condoms/statistics & numerical data; Black or African American/psychology; *Social Stigma; Pre-Exposure Prophylaxis; Focus Groups; Black People/psychology; Reproductive Health; Program Development; Health Promotion/*methods; *Harm Reduction; *Discrimination, Psychological; *Homosexuality, Male/ethnology/psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Knight, Rod; Small, Will; Carson, Anna; Shoveller, Jean	Complex and Conflicting Social Norms: Implications for Implementation of Future HIV Pre-Exposure Prophylaxis (PrEP) Interventions in Vancouver, Canada	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0146513	https://pubmed.ncbi.nlm.nih.gov/26756474/	Background HIV Pre-Exposure Prophylaxis (PrEP) has been found to be efficacious in preventing HIV acquisition among seronegative individuals in a variety of risk groups, including men who have sex with men and people who inject drugs. To date, however, it remains unclear how socio-cultural norms (e.g., attitudes towards HIV; social understandings regarding HIV risk practices) may influence the scalability of future PrEP interventions. The objective of this study is to assess how socio-cultural norms may influence the implementation and scalability of future HIV PrEP interventions in Vancouver, Canada. Methods We conducted 50 interviews with young men (ages 18-24) with a variety of HIV risk behavioural profiles (e.g., young men who inject drugs; MSM). Interviews focused on participants' experiences and perceptions with various HIV interventions and policies, including PrEP. Results While awareness of PrEP was generally low, perceptions about the potential personal and public health gains associated with PrEP were interconnected with experiences of complex and sometimes conflicting social norms. Some accounts characterized PrEP as a convenient form of reliable protection against HIV, likening it to the female birth control pill. Other accounts cast PrEP as a means to facilitate 'socially unacceptable' behaviour (e.g., promiscuity). Stigmatizing rhetoric was used to position PrEP as a tool that could promote some groups' proclivities to take 'risks'. Conclusion Stigma regarding 'risky' behaviour and PrEP should not be underestimated as a serious implementation challenge. Pre-implementation strategies that concomitantly aim to improve knowledge about PrEP, while addressing associated social prejudices, may be key to effective implementation and scale-up.	Acquired immune deficiency syndrome; AIDS; Disease prevention; Health aspects; HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Pre-Exposure Prophylaxis; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Birth control; Sexually transmitted diseases; STD; Women; Medical tests; Science; Analysis; Disease transmission; Health risks; HIV infection; HIV infections; Male; Men; Young Adult; Men who have sex with men; Exposure; Risk factors; Prophylaxis; Public health; Studies; Mens health; Interviews; Care and treatment; Population; Multidisciplinary Sciences; Science & Technology; Science & Technology - Other Topics; 3. Good health; Demography; Data analysis; Risk; MSM (Men who have sex with men); other medical science; Stigma (botany); Stigma; Drugs; Risk groups; Health sciences; Psychological intervention; Norms; Clinical psychology; Young adults; Ethics; Canada; Internet; Contraception; Behavior modification; Health Planning Guidelines; Prejudice; Promiscuity; Social Norms	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2016	Ko, Nai-Ying	From evidence to health policy making: Pre-exposure prophylaxis for HIV prevention	Journal of Nursing	-	-	-	0047262X	10.6224/JN.63.6.18	https://europepmc.org/article/med/27900741	Pre-exposure prophylaxis (PrEP), in combination with traditional prevention strategies (such as condom use, voluntary HIV counseling and testing, and treatment for sexually transmitted infections), has been shown to effectively prevent HIV infection. As of September 2015, the World Health Organization recommends that people at substantial risk of HIV infection should be offered PrEP as an additional prevention choice, as part of comprehensive prevention. This article introduces how to apply a systematic review using the methodology of Grading of Recommendations Assessment, Development and Evaluation (GRADE) to write clinical guidelines. With support from the Taiwan Centers for Disease Control, the Taiwan AIDS Society published clinical guidelines for oral pre-exposure prophylaxis in Taiwan. Nurses are responsible to apply evidence-based knowledge and to use their professional influence to shape health policies related to HIV prevention.	HIV infection; Pre-exposure prophylaxis; Translational research in nursing	Chinese	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Review
Article	2016	Ko, Nai-Ying; Chen, Bo-Jie; Li, Chia-Wen; Ku, Wen-Wei; Hsu, Su-Ting	Willingness to Self-Pay for Pre-exposure Prophylaxis in Men Who Have Sex With Men: A National Online Survey in Taiwan.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2016.28.2.128	https://dx.doi.org/10.1521/aeap.2016.28.2.128	High cost of pre-exposure prophylaxis (PrEP) is a major concern for acceptability. This study determined the willingness of men who have sex with men to self-pay for PrEP and factors associated with the likelihood of condom use if taking PrEP. The Taiwan 2014 MSM Online Sex Survey was conducted and data such as demographics, attitudes toward PrEP, and sexual behaviors in the previous 3 months were collected. Of the 1,151 MSM who participated, 56% were willing to take PrEP, but only 23% were willing to self-pay $340 for PrEP. Willingness to self-pay for PrEP was significantly associated with the previous receipt of nonoccupational post-exposure prophylaxis (adjusted odds ratio AOR, 3.02, 95%CI 1.49, 6.12), and positive attitudes toward PrEP (AOR, 3.02, 95%CI 2.19, 4.17). Of MSM who are willing to use PrEP, 73.6% would maintain condom use if taking PrEP. If PrEP is made available in Taiwan, more efforts should be focused on increasing awareness of MSM who are practicing risky behaviors.	NA	English	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Quantitative
Article	2016	Kojima N.; Davey D.J.; Klausner J.D.	Pre-exposure prophylaxis for HIV infection and new sexually transmitted infections among men who have sex with men	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975143410&doi=10.1097%2fQAD.0000000000001185&partnerID=40&md5=cbc302c52cfb80deda14c07f19c31f79	We conducted a meta-analysis to summarize rates of sexually transmitted infections among men who have sex with men (MSM) on pre-exposure prophylaxis (PrEP) for HIV versus MSM not using PrEP. Incidence rate ratios showed that MSM using PrEP were 25.3 times more likely to acquire a Neisseria gonorrhoeae infection, 11.2 times more likely to acquire a Chlamydia trachomatis infection, and 44.6 times more likely to acquire a syphilis infection versus MSM not using PrEP. © 2016 Wolters Kluwer Health, Inc. All rights reserved.	Disease Transmission, InfectiousHomosexuality, MaleHumansIncidenceMalePre-Exposure ProphylaxisSexually Transmitted Diseases	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Kojima N.; Klausner J.D.	Is emtricitabine-tenofovir disoproxil fumarate preexposure prophylaxis for the prevention of human immunodeficiency virus infection safer than aspirin?	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofv221	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85000500182&doi=10.1093%2fofid%2fofv221&partnerID=40&md5=5b3541b6d5e42e909743e759836ae7a8	Background. The safety and effectiveness studies of emtricitabine-tenofovir disoproxil fumarate (FTC-TDF) for human immunodeficiency virus (HIV) infection pre-exposure prophylaxis (PrEP) in men and women showed that daily use reduced the risk of HIV acquisition, but there still may concerns about safety. Methods. A narrative review was done in September 2015 comparing the 5 major studies on PrEP for HIV infection-Preexposure Prophylaxis Initiative (N = 2499; 3324 person-years), Partners Preexposure Prophylaxis (N = 4747; 7830 person-years), TDF2 (N = 1219; 1563 person-years), Preexposure Prophylaxis Trial for HIV Prevention among African Women (N = 2056; 1407 personyears), and Vaginal and Oral Interventions to Control the Epidemic (N = 4969; 5509 person-years)-and the 2 major studies on aspirin safety-Physicians' Health Study (N = 22 071; over 110 000 person-years) and the Women's Health Study (N = 39 876; approximately 400 000 person-years). The numbers needed to harm (NNH) were calculated for FTC-TDF for HIV infection PrEP and aspirin. Results. The NNH for FTC-TDF in men who have sex with men and transgender women was 114 for nausea and 96 for unintentional weight loss; in heterosexual couples, the NNH was 68 for moderate decreased absolute neutrophil count. For aspirin, the NNH was 909 for major gastrointestinal bleeding, 123 for any gastrointestinal bleeding, and 15 for any bleeding problems in men. In women, the NNH for easy bruising was 10. Conclusions. We conclude that FTC-TDF for PrEP for HIV infection favorably compares with aspirin in terms of user safety. Although long-term studies are needed, providers should feel reassured about the safety of short- and medium-term PrEP for HIV infection with FTC-TDF. © The Author 2016. Published by Oxford University Press on behalf of the Infectious Diseases Society of America.	Emtricitabine-tenofovir disoproxil fumarate; HIV; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Krakower D.S.; Maloney K.M.; Grasso C.; Melbourne K.; Mayer K.H.	Primary care clinicians' experiences prescribing HIV pre-exposure prophylaxis at a specialized community health centre in Boston: Lessons from early adopters: Lessons	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.19.1.21165	https://pmc.ncbi.nlm.nih.gov/articles/PMC5061879/	Introduction: An estimated 1.2 million Americans have indications for using antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV acquisition. For many of these at-risk individuals, the best opportunity to learn about and receive PrEP will be during routine visits to their generalist primary care clinicians. However, few generalist clinicians have prescribed PrEP, primarily because of practical concerns about providing PrEP in primary care settings. The experiences of specialized primary care clinicians who have prescribed PrEP can inform the feasibility of PrEP provision by generalists. Methods: During January to February 2015, 35 primary care clinicians at a community health centre in Boston that specializes in the care of sexual and gender minorities completed anonymous surveys about their experiences and practices with PrEP provision. Responses were analyzed with descriptive statistics. Results and discussion: Thirty-two clinicians (response rate=91%) completed the surveys. Nearly all clinicians (97%) had prescribed PrEP (median 20 patients, interquartile range 11-33). Most clinicians reported testing and risk-reduction counselling practices concordant with U.S. Centers for Disease Control and Prevention guidelines for PrEP. Clinicians indicated that patients using PrEP experienced medication toxicities infrequently and generally reported high adherence. However, some clinicians' practices differed from guideline recommendations, and some clinicians observed patients with increased risk behaviours. Most clinicians (79%) rated PrEP provision as easy to accomplish, and 97% considered themselves likely to prescribe PrEP in the future. Conclusions: In a primary care clinic with specialized expertise in HIV prevention, clinicians perceived that PrEP provision to large numbers of patients was safe, feasible and potentially effective. Efforts to engage generalist primary care clinicians in PrEP provision could facilitate scale-up of this efficacious intervention. © 2016 Krakower D S et al; licensee International AIDS Society.	community health centre; early adopters; HIV; implementation; pre-exposure prophylaxis; primary care providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2016	Krakower, Douglas S; Mayer, Kenneth H	The role of healthcare providers in the roll out of preexposure prophylaxis.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000206	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4676563	PURPOSE OF REVIEW: To review the most recent studies assessing the preparedness of healthcare practitioners to provide anti-HIV preexposure prophylaxis (PrEP) and suggest areas for future implementation research. RECENT FINDINGS: As PrEP is a biobehavioral intervention, healthcare providers are likely to play a critical role in implementing PrEP in care settings. Studies suggest that many specialized providers are aware of PrEP and support its provision as a public health intervention, though knowledge and acceptance are less among generalists. Therefore, utilization of PrEP by clinicians has been limited to a few early adopters. Concerns about the efficacy and long-term safety of PrEP, and perceived barriers to prescribing PrEP, could limit prescribing behaviors and intentions. Resistance to performing routine HIV risk assessments by clinicians is an additional barrier to implementing PrEP, although innovative tools to help clinicians routinely perform risk assessments, are being developed. SUMMARY: Interventions are needed to engage a broader array of healthcare providers in PrEP provision. Utilizing a framework based on diffusion of innovation theory, this review proposes strategies that can be implemented and evaluated to increase PrEP prescribing by healthcare providers. If resources are invested in training clinicians to provide PrEP, then these stakeholders could enhance the use of PrEP as part of a prevention package by primary providers.	HIV, pre-exposure prophylaxis, healthcare providers, risk assessment, implementation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2016	Krakower, Douglas S; Mayer, Kenneth H	Renal Function and Tenofovir Disoproxil Fumarate for Preexposure Prophylaxis: How Safe Is Safe Enough?	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiw169	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5021225	Recent studies have demonstrated that daily use of oral tenofovir disoproxil fumarate (TDF), with or without emtricitabine (FTC), for preexposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection can decrease the incidence of HIV infection in diverse populations, including men who have sex with men (MSM), transgender women, at-risk heterosexuals, and persons who use injection drugs [1–4]. In these studies, efficacy was directly correlated with medication adherence. Based on the evidence from these studies, in 2012 the Food and Drug Administration approved once-daily, coformulated TDF and FTC (TDF-FTC) for use as PrEP, and in 2014 the Centers for Disease Control and Prevention issued guidelines recommending TDF-FTC PrEP for HIV prevention [5]. Subsequent studies of PrEP use by at-risk MSM in care settings have observed high levels of adherence and very low HIV infection incidences despite high rates of sexually transmitted infections, suggesting that PrEP can be highly effective under real-world conditions [6, 7].	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2016	Krishnaratne, Shari; Hensen, Bernadette; Cordes, Jillian; Enstone, Joanne; Hargreaves, James R.	Interventions to strengthen the HIV prevention cascade: a systematic review of reviews.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(16)30038-8	https://pubmed.ncbi.nlm.nih.gov/27365205/	BACKGROUND: Much progress has been made in interventions to prevent HIV infection. However, development of evidence-informed prevention programmes that translate the efficacy of these strategies into population effect remain a challenge. In this systematic review, we map current evidence for HIV prevention against a new classification system, the HIV prevention cascade. METHODS: We searched for systematic reviews on the effectiveness of HIV prevention interventions published in English from Jan 1, 1995, to July, 2015. From eligible reviews, we identified primary studies that assessed at least one of: HIV incidence, HIV prevalence, condom use, and uptake of HIV testing. We categorised interventions as those seeking to increase demand for HIV prevention, improve supply of HIV prevention methods, support adherence to prevention behaviours, or directly prevent HIV. For each specific intervention, we assigned a rating based on the number of randomised trials and the strength of evidence. FINDINGS: From 88 eligible reviews, we identified 1964 primary studies, of which 292 were eligible for inclusion. Primary studies of direct prevention mechanisms showed strong evidence for the efficacy of pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision. Evidence suggests that interventions to increase supply of prevention methods such as condoms or clean needles can be effective. Evidence arising from demand-side interventions and interventions to promote use of or adherence to prevention tools was less clear, with some strategies likely to be effective and others showing no effect. The quality of the evidence varied across categories. INTERPRETATION: There is growing evidence to support a number of efficacious HIV prevention behaviours, products, and procedures. Translating this evidence into population impact will require interventions that strengthen demand for HIV prevention, supply of HIV prevention technologies, and use of and adherence to HIV prevention methods. FUNDING: Bill & Melinda Gates Foundation.	Humans; Incidence; Male; Research Design; HIV-1/physiology; Condoms; Pre-Exposure Prophylaxis; Acquired Immunodeficiency Syndrome/epidemiology/*prevention & control/virology; HIV Infections/epidemiology/*prevention & control/psychology/virology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Kuebler, Peter J; Shaw, Brian I; Leadabrand, Kaitlyn S; Mehrotra, Megha L; Grant, Robert M; Kallás, Esper G	HIV-1 gp120 T-Cell Responses Correspond to Infection Outcomes in the Global iPrEx Chemoprophylaxis Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	https://doi.org/10.1097/qai.0000000000000923	https://escholarship.org/uc/item/5zs686mz	Association of HIV-1-specific T-cell responses to infection risk in seronegative individuals is controversial. We quantified and phenotypically characterized gp120-specific T-cell responses in HIV-1 exposed, but uninfected subjects enrolled in the global Pre-exposure Prophylaxis Initiative (iPrEx) chemoprophylaxis trial. IFNγ ELISpot responses were detected in 24% of subjects irrespective of infection outcome. HIV-1 gp120 envelope-specific T-cell responses were more uniformly IFN-γ+TNF-α+Mip-1β+ in persistently seronegative subjects relative to subjects who later seroconverted (median frequency of 76.5% and 66.5%, respectively). IFNγ responses targeted the V2 loop for subjects who remained seronegative. HIV-1 gp120 envelope V2 loop-specific CD8 T-cell responses may help to protect against HIV-1 acquisition.	CD8-Positive T-Lymphocytes; Humans; HIV-1; HIV Infections; HIV Envelope Protein gp120; AIDS Vaccines; Treatment Outcome; Chemoprevention; Case-Control Studies; Cross-Sectional Studies; Lymphocyte Activation; HESN; polyfunctionality; T cell; CD8(+); vaccine; Virology; Clinical Sciences; Public Health and Health Services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Kuhns L.M.; Reisner S.L.; Mimiaga M.J.; Gayles T.; Shelendich M.; Garofalo R.	Correlates of PrEP Indication in a Multi-Site Cohort of Young HIV-Uninfected Transgender Women	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-015-1182-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84940676536&doi=10.1007%2fs10461-015-1182-z&partnerID=40&md5=eba45f0612defe634e68b442eb6859ee	Transgender women are at high risk of HIV infection, with younger transgender women (YTW) particularly vulnerable. Pre-Exposure Prophylaxis (PrEP) has shown efficacy in reducing HIV acquisition, but little is known about PrEP indication or initiation among YTW. Baseline data from 180 YTW age 18–29 years enrolled in Project LifeSkills, an on-going HIV prevention intervention for YTW, were analyzed to examine factors associated with PrEP indication. The sample (mean age = 23.4, SD = 3.2) was comprised largely of women of color (69 %) and of low socioeconomic status (71 % unemployed). Overall, 62 % met criteria for PrEP indication, but only 5 % reported ever taking PrEP. Factors associated with increased odds of PrEP indication were: PrEP interest (aOR 3.24; 95 % CI 1.44, 7.33), number of recent anal sex partners (aOR 1.23; 95 % CI 1.04, 1.46), and lower collective self-esteem scores (aOR 0.67; 95 % CI 0.47, 0.94). Despite high levels of PrEP indication, there remain low levels of PrEP awareness and uptake among YTW. © 2015, Springer Science+Business Media New York.	HIV; PrEP; Transgender; Young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2016	Kumar, Vikram Sheel; Webster, Molly	Measuring Adherence to HIV Pre-Exposure Prophylaxis through Dried Blood Spots.	Clinical Chemistry	-	-	-	1530-8561	10.1373/clinchem.2015.253179	https://dx.doi.org/10.1373/clinchem.2015.253179	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2016	Kung, Vanessa; Kahn, Danielle; Dougherty, Jacob; Elderbrook, Megan; Schumann, Casey; Gasiorowicz, Mari; Vergeront, James; Hess, Timothy; Westergaard, Ryan	The Potential Impact of Pre-exposure Prophylaxis (PrEP) Implementation at Centers for Disease Control and Prevention (CDC)-Funded Nonclinical Human Immunodeficiency Virus (HIV) Testing Venues	Open Forum Infectious Diseases	-	-	-	2328-8957	https://doi.org/10.1093/ofid/ofw172.365	https://academic.oup.com/ofid/article/3/suppl_1/502/2636866	Background. Targeted HIV testing programs in nonclinical settings are supported by CDC to deliver testing services to individuals who are at high-risk for HIV but are not engaged in routine medical care. These programs may similarly be effective but under-utilized venues for implementing pre-exposure prophylaxis (PrEP). To provide insight into the potential impact of scaling-up PrEP implementation at CDC-funded, nonclinical HIV testing sites, we evaluated the proportion of new HIV diagnoses in the U.S. resulting from tests conducted at these sites. Methods. We analyzed publicly-available data from the CDC Annual HIV Testing Report and HIV Surveillance Report from 2014 to determine the proportion of new HIV diagnoses in each U.S. state resulting from testing events in nonclinical settings. To assess the potential number of HIV cases that might prevented under ideal conditions when PrEP is universally delivered to high-risk clients who test negative, we then analyzed client-level data collected from the Wisconsin Division of Public Health's Confidential HIV Testing and Referral (CTR) Program. Using a unique identification code entered by clients at the time of testing, we identified cases of confirmed new HIV diagnosis that could be linked to a prior, negative HIV testing event at a CTR site. Results. Of 39,566 new diagnoses of HIV reported to CDC from 49 states during 2014, 5136 were made at CDC-funded nonclinical settings (13% overall, range 0% to 28%). In Wisconsin, 52 of 218 (24%) diagnoses occurred in such settings. Using Wisconsin HIV surveillance data, we found that among 790 new HIV diagnoses made between 2008 and 2015, 119 provided a client ID that matched an earlier negative test, representing a client who was engaged in CTR services both before and after HIV transmission occurred. Conclusion. A substantial number of HIV infections may be preventable if there was a robust mechanism for linking CTR clients to highly effective prevention services. Our findings are subject to numerous limitations, including analysis of data aggregated from published reports, which may not reflect site-specific variations in data collection or reporting. Implementation and evaluation of PrEP programs in non-clinical settings appears warranted.	Medicine; Pre-exposure prophylaxis; Virology; Human immunodeficiency virus (HIV); Internal medicine; Disease control; Hiv testing; Potential impact	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2016	Kuo, Irene; Olsen, Halli; Patrick, Rudy; Phillips, Gregory; Magnus, Manya; Opoku, Jenevieve; Rawls, Anthony; Peterson, James; Hamilton, Flora; Kharfen, Michael; Greenberg, Alan	Willingness to use HIV pre-exposure prophylaxis among community-recruited, older people who inject drugs in Washington, DC.	Drug and Alcohol Dependence	-	-	-	1879-0046	10.1016/j.drugalcdep.2016.02.044	https://dx.doi.org/10.1016/j.drugalcdep.2016.02.044	INTRODUCTION: Use of pre-exposure prophylaxis (PrEP) among people who inject drugs (PWID) has been shown to be effective in preventing HIV transmission. We examined correlates of the willingness to use PrEP among community-recruited older PWID in Washington, DC. METHODS: PWID were recruited using respondent-driven sampling (RDS) and completed a behavioral interview for the National HIV Behavioral Surveillance system in 2012. Participants reported on willingness to use PrEP and how it might affect their drug use and sexual behaviors. We reported RDS-weighted proportions and multivariable correlates of being willing to use PrEP. RESULTS: Among 304 participants, 69% were male, and the majority was aged ≥50 and black. Only 13.4% had ever heard of using anti-HIV medication to prevent HIV; none had ever used PrEP or knew anyone who used it in the past year. Forty-seven percent were very likely and 24% were somewhat likely to take PrEP if it were available without cost; 13% agreed they would be more likely to sterilize/clean needles or use condoms if taking PrEP. Correlates of being very likely to use PrEP included being younger (<50years), sharing cookers, cotton or water in the past year, and believing they would no longer need to use clean needles. CONCLUSION: Nearly half of PWID reported being very willing to use PrEP if it were available without cost. Younger PWID and those at higher risk of sharing cookers, cotton or water were more willing to use PrEP, suggesting a focus on these groups to explore PrEP use among PWID.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Kurkjian, KM; Winz, M; Yang, J; Corvese, K; Colón, A; Levine, SJ; Mullen, J; Ruth, D; Anson-Dwamena, R; Bayleyegn, T; Chang, DS	Assessing Emergency Preparedness and Response Capacity Using Community Assessment for Public Health Emergency Response Methodology: Portsmouth, Virginia, 2013	Disaster Medicine and Public Health Preparedness	-	-	-	1935-7893	10.1017/dmp.2015.173	https://pubmed.ncbi.nlm.nih.gov/26795137/	Objective For the past decade, emergency preparedness campaigns have encouraged households to meet preparedness metrics, such as having a household evacuation plan and emergency supplies of food, water, and medication. To estimate current household preparedness levels and to enhance disaster response planning, the Virginia Department of Health with remote technical assistance from the Centers for Disease Control and Prevention conducted a community health assessment in 2013 in Portsmouth, Virginia. Methods Using the Community Assessment for Public Health Emergency Response (CASPER) methodology with 2-stage cluster sampling, we randomly selected 210 households for in-person interviews. Households were questioned about emergency planning and supplies, information sources during emergencies, and chronic health conditions. Results Interview teams completed 180 interviews (86%). Interviews revealed that 70% of households had an emergency evacuation plan, 67% had a 3-day supply of water for each member, and 77% had a first aid kit. Most households (65%) reported that the television was the primary source of information during an emergency. Heart disease (54%) and obesity (40%) were the most frequently reported chronic conditions. Conclusions The Virginia Department of Health identified important gaps in local household preparedness. Data from the assessment have been used to inform community health partners, enhance disaster response planning, set community health priorities, and influence Portsmouth's Community Health Improvement Plan.	emergency preparedness; disaster planning; needs assessment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Kurtz S.P.; Buttram M.E.	Misunderstanding of Pre-Exposure Prophylaxis Use among Men Who Have Sex with Men: Public Health and Policy Implications	LGBT Health	-	-	-	23258292	10.1089/lgbt.2015.0069	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85001950501&doi=10.1089%2flgbt.2015.0069&partnerID=40&md5=242d6c79585ca076530144601eff3db3	Purpose: Street markets in antiretroviral medications for HIV have been documented, but sources of demand are not well understood. We report unexpected findings from qualitative research suggesting that some demand is for informal pre-exposure prophylaxis (PrEP). Methods: Focus groups with young men who have sex with men (N = 31) yielded information on their understanding and use of PrEP. Results: Of those who had heard of it, few understood PrEP to be a physician-prescribed regimen; most believed it to be a pill taken before and/or after sex and acquired on the street or through HIV-positive friends. Conclusion: Implications for PrEP rollout and public health policy are discussed. © 2016, Mary Ann Liebert, Inc.	Drug diversion; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Kwakwa, Helena A; Bessias, Sophia; Sturgis, Donielle; Mvula, Natasha; Wahome, Rahab; Coyle, Catelyn; Flanigan, Timothy P	Attitudes Toward HIV Pre-Exposure Prophylaxis in a United States Urban Clinic Population	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1407-9	https://www.proquest.com/scholarly-journals/attitudes-toward-hiv-pre-exposure-prophylaxis/docview/1795745986/se-2?accountid=8113	A majority of US studies on attitudes toward PrEP focus on men who have sex with men with little representation of African Americans. This cross-sectional study seeks to determine openness to PrEP, and examine motivations for openness among Philadelphia residents. Patients undergoing HIV rapid testing between May 2012 and December 2014 in a public setting were administered a survey. Questions included openness to PrEP and reasons for openness to PrEP. Multivariate logistic regression models were used to investigate associations between openness and potential predictors. Analyses were conducted using R version 3.2.4 and the epitools and car packages. Of 5606 respondents, over 90 % were African American. Men were more likely to express openness (61.4 % of men, 54.8 % of women, p < 0.0001). Predictors of openness were younger age, black race, higher perceived risk for HIV by patient or as assessed by Tester, intermittent /no condom use, greater number of partners in 12 months and previous STI testing. The main reason for openness was fear of HIV, and for disinterest was lack of recognition of risk. Understanding openness to PrEP, and reasons for openness to or disinterest in PrEP are critical to determining the best approaches to facilitate engagement in PrEP care by communities and persons at elevated risk for HIV acquisition. Further study is needed on how best to manage disinterest in PrEP by those at high risk for HIV, and how openness to PrEP translates into concrete steps to take PrEP.	HIV; Physicians; Homosexuality; Risk; Pre-exposure prophylaxis; PrEP; Psychology; Men; Risk management; Sexual behavior; Disease prevention; Prophylaxis; African Americans; Risk perception; Race; Urban population; Regression analysis; Patients; Studies; Attitudes; US; Urban; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; United States--US; Acquired immune deficiency syndrome--AIDS; Health risks; Minority & ethnic groups; Preventive healthcare; Urban areas; Openness; Fear & phobias; 6126:acquired immune deficiency syndrome (AIDS)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Lachowsky, Nathan J; Lin, Sally Y; Hull, Mark W; Cui, Zishan; Sereda, Paul; Jollimore, Jody; Rich, Ashleigh; Montaner, Julio S G; Roth, Eric A; Hogg, Robert S; Moore, David M	Pre-exposure Prophylaxis Awareness Among Gay and Other Men who have Sex with Men in Vancouver, British Columbia, Canada.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-016-1319-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4903956	Men who have sex with men (MSM) account for approximately half of Canada's new HIV infections. Pre-exposure prophylaxis (PrEP), a recently established and effective HIV prevention tool for MSM is currently not approved nor publicly funded. We recruited MSM via respondent-driven sampling to complete a self-administered computer-based interview. Stratified by HIV status, multivariable logistic regression identified factors associated with PrEP awareness. Of 673 participants, 102/500 (20.9 %) HIV-negative and 63/173 (26.5 %) HIV-positive men were aware of PrEP, but none had used it. One third of PrEP-aware MSM spoke about it with friends or sex partners. Self-declared knowledge was limited. Factors associated with PrEP awareness varied by HIV status, but included greater HAART optimism for HIV-negative MSM. Among HIV-negative MSM, being PrEP unaware was associated with younger age, not always having condoms, and preferring receptive versus insertive anal sex. Future longitudinal research should identify early adopters of PrEP and its associated impacts.	HIV/AIDS, primary prevention, pre-exposure prophylaxis, health promotion	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2016	Lade, Julie M	Anti-HIV Drug Human Biotransformation and Structure-Activity Relationship of Pregnane X Receptor Activation	-	-	Johns Hopkins University	-	NA	NA	http://jhir.library.jhu.edu/handle/1774.2/60754	With the advent of antiretroviral drug therapy in the late 1980s, human immunodeficiency virus (HIV) is no longer a death sentence, but remains to be a chronic disease. Of concern, however, an estimated 2.1 million individuals were newly infected with HIV globally as of 2015. Further, HIV remains to be a pandemic that requires attention from scientific researchers to push forward the development of novel drug therapies that mitigate viral resistance and improve overall safety profiles. Rilpivirine (RPV) a second generation non-nucleoside reverse transcriptase inhibitor (NNRTI) was FDA approved in 2011 for administration to treatment-naïve HIV-infected individuals. Prior to this work, the hepatic metabolism of RPV was unknown. By in vitro assay, we observed that cytochrome P450s CYP3A4 and CYP3A5 primarily contributed to the oxidative metabolism of RPV and that uridine diphosphate glucuronosyl transferases UGT1A1 and UGT1A4 could contribute to the conjugative metabolism of RPV and its metabolites. In these studies, it was observed RPV could modulate CYP3A4 mRNA expression through activation of the nuclear receptor and xenobiotic sensor pregnane X receptor (PXR). In line with this, efavirenz (EFV) a first generation NNRTI and the most-widely prescribed antiretroviral despite exhibiting a poor safety profile, has been previously observed to activate PXR. Using an array of structural analogs of EFV, we explored the structure-activity relationship of EFV-mediated activation of PXR. In doing so, we identified a lower size limit ranging of > 223 Da to < 289 Da for ligand-dependent activation of PXR. In addition, we observed that the addition of a hydroxyl group to the Cl-phenyl ring of EFV did not impede ligand binding but attenuated PXR activation potentially through destabilizing a key hydrophobic area within the ligand-binding pocket. Building upon this work, we identified other hepatic pathways that may be stimulated by EFV and/or impacted by PXR activation. To this end, we observed EFV, but not RPV, could disrupt hepatic cholesterol homeostasis by stimulating lipid droplet formation as evidenced in primary mouse hepatocytes. EFV was also observed to increase the expression of the nuclear receptor small heterodimer partner (SHP), which has been implicated in facilitating the developments of dyslipidemia. However, further studies need to be performed in order to determine whether an EFV-mediated increase of SHP has a causal role in lipid droplet formation. In addition to studying antiretrovirals within the context of chronic HIV maintenance therapy, we also investigated RPV and the nucleoside reverse transcriptase inhibitor tenofovir (TFV) as pharmacological agents for HIV pre-exposure prophylaxis (PrEP). Moreover, in retrospective analyses, we identified genetic variants in the genes encoding enzymes responsible for RPV and TFV metabolism and activation, respectively. These findings lay the groundwork for future pharmacogenetic studies investigating inter-individual variability and toxicity associated with HIV PrEP.	HIV; Non-Nucleoside Reverse Transcriptase Inhibitors; Nucleotide Reverse Transcriptase Inhibitors; Efavirenz; Rilpivirine; Tenofovir; Drug Metabolism; Cytochrome P450s; Uridine Diphosphate Glucuronosyltransferases; Pregnane X Receptor; Nucleotide Kinases; Mass Spectrometry	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2016	Lama, Javier Ricardo	Profilaxis pre-exposición con antirretrovirales para prevenir la adquisición del VIH	Diagnóstico	-	-	-	1018-2888	NA	http://repebis.upch.edu.pe/articulos/diag/v55n3/a5.pdf	Mientras la búsqueda de una vacuna segura y efectiva para prevenir el VIH continúa, el uso de antirretrovirales para prevenir la adquisición del VIH o profilaxis pre-exposición (PrEP-de pre-exposure prophylaxis en idioma inglés) ha estado a la vanguardia de la investigación durante la última dé´cada.	Humanos; Antirretrovirais; Infecções por HIV/prevenção & controle; Profilaxia Pré-Exposição	English	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	NA	NA	Review
Essay	2016	Landovitz, Raphael J; Grinsztejn, Beatriz	Long-Acting Injectable Preexposure Prophylaxis for HIV Prevention in South Africa: Is There a Will and a Way?	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiv524	https://dx.doi.org/10.1093/infdis/jiv524	NA	HIV prevention, cost efficacy, antiretroviral agent, PrEP, extended release, long acting	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2016	Landovitz, Raphael J; Kofron, Ryan	The promise and pitfalls of long-acting injectable agents for HIV prevention	Curr Opin HIV AIDS	-	-	-	1746-630X	https://doi.org/10.1097/coh.0000000000000219	https://escholarship.org/uc/item/5b10p7zs	Purpose of reviewPreexposure prophylaxis for HIV prevention is highly effective when taken as prescribed. Adherence to required dosing regimens for protection may pose challenges. Long-acting agents for HIV prevention may have the potential to improve adherence via favorable pharmacokinetics supportive of infrequent dosing. This review focuses on the potential benefits and considerations for the study and use of 2 long-acting injectable agents, cabotegravir (GSK1265744LA, CAB LA) and rilpivirine (TMC278LA, RPV LA), for use as chemoprophylaxis for HIV prevention.Recent findingsOral RPV is United States Food and Drug Administration approved for HIV treatment (in combination with other antiretrovirals). Both CAB LA and RPV LA are currently in phase 2a safety/tolerability/pharmacokinetic studies in anticipation and support of future efficacy evaluation. Both agents have favorable pharmacokinetics, and use is complicated by injection site reactions.SummaryLong-acting injectable formulations, if safe and well tolerated, may improve pharmacokinetic coverage of exposures to HIV infection. Complexities around safety, tolerability, and starting/stopping protocols require careful consideration.	Pharmacology and Pharmaceutical Sciences; Biomedical and Clinical Sciences; Clinical Research; Prevention; HIV/AIDS; Clinical Trials and Supportive Activities; Infectious Diseases; Evaluation of treatments and therapeutic interventions; 6.1 Pharmaceuticals; Infection; Good Health and Well Being; Anti-HIV Agents; Chemoprevention; Clinical Trials; Phase II as Topic; Delayed-Action Preparations; Disease Transmission; Infectious; HIV Infections; Humans; Injections; Pre-Exposure Prophylaxis; Rilpivirine; United States; cabotegravir; HIV-1; long-acting injectable antiretroviral; preexposure prophylaxis; rilpivirine; Public Health and Health Services; Virology; Clinical sciences; Medical microbiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Leal, Lorna; Torres, Berta; León, Agathe; Lucero, Constanza; Inciarte, Alexy; Diaz-Brito, Vicens; de Lazzari, Elisa; Gatell, José María; García, Felipe	Predictive Factors for HIV Seroconversion Among Individuals Attending a Specialized Center After an HIV Risk Exposure: A Case-Control Study.	AIDS Research and Human Retroviruses	-	-	-	1931-8405 0889-2229	10.1089/AID.2016.0062	https://pubmed.ncbi.nlm.nih.gov/27457508/	OBJECTIVE: To better target our current prevention strategies, we assessed factors associated with HIV seroconversion in individuals attending a specialized center after a risk exposure. MATERIALS AND METHODS: We studied individuals from an HIV Unit's contact risk cohort at a tertiary care hospital in Barcelona, Spain, between 2003 and 2013 and performed a retrospective matched case-control study. Cases were individuals who seroconverted to HIV after at least 3 months since first follow-up visit for a contracting risk. Controls were HIV-negative individuals from the same cohort. Demographics and behavior variables were studied and compared using a McNemar test assessing factors associated with seroconversion. Univariate analysis and binary logistic regression were performed to develop a model for predicting probability of HIV seroconversion. We also evaluated sensitivity and specificity of our model and an area under Receiver Operating Characteristic (ROC) curve was estimated. RESULTS: Sixty-nine (2.2%) individuals seroconverted after a median (interquartile range) of 24 (9-34) months since last follow-up. Seroconverters were predominantly male (96%) and men who have sex with men (MSM) (94%). No differences were observed regarding risk of exposure. Being MSM odds ratio (OR) 5.2 (1.4-20.2), p = .01, having a known HIV-positive partner OR 2.7 (1.2-6.2), p = .02, previous postexposure prophylaxis (PEP) OR 3.9 (1.0-15.6), p = .05, and having previous sexually transmitted infections (STIs) OR 4.6 (1.9-10.9), p = .001 were the factors independently associated with HIV seroconversion. The sensitivity and specificity of our model were 64.06% and 73.53%, respectively, and the area under ROC curve was 0.777. DISCUSSION: HIV seroconversions were observed frequently between individuals attending a specialized center because of a risk exposure. Being MSM, having had previous PEP, an HIV-positive sexual partner, and previous STI were predictive factors for HIV seroconversion. Closer and longer follow-up and/or pre-exposure prophylaxis should be considered to prevent HIV infections in this high-risk population.	Adult; Humans; Male; Female; Risk Factors; Retrospective Studies; Case-Control Studies; Sensitivity and Specificity; Spain; Outpatient Clinics, Hospital; seroconversion; post-exposure prophylaxis; *HIV Seropositivity; *Decision Support Techniques; Tertiary Care Centers; men who have sex with men; risk behavior	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2016	Lebouché B.; Engler K.; Machouf N.; Lessard D.; Thomas R.	Predictors of interest in taking pre-exposure prophylaxis among men who have sex with men who used a rapid HIV-testing site in Montreal (Actuel sur Rue)	HIV Medicine	-	-	-	14642662	10.1111/hiv.12286	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84956877154&doi=10.1111%2fhiv.12286&partnerID=40&md5=5e20449bce7a5a5fc520d9b30906c8ad	Objectives: The effective use of pre-exposure prophylaxis (PrEP) as an HIV prevention strategy depends on its uptake by individuals at high risk of infection. Few Canadian data are available on interest in PrEP among men who have sex with men (MSM). This study aimed to identify predictors of interest in PrEP among MSM clients of a rapid HIV-testing site in Montreal's gay village (Actuel sur Rue). Methods: Data were collected using a self-administered and a community agent-administered questionnaire. Among men reporting at least one male sexual partner and visiting the site between July 2012 and November 2013, we aimed to identify sociodemographic, sexual and temporal predictors of interest in taking effective PrEP with logistic regression analyses (univariate and multivariable). Results: Over half (55%; n=653) of the sample of 1179 MSM were interested in PrEP. Among the 14 variables considered in the univariate analyses, only (younger) age, (greater) number of sexual partners (in the past 3 months), being part of a serodiscordant couple (in the past 12 months), ever combining sex with drugs and temporal events were associated with interest in PrEP at P<0.20 and were included in the multivariable analyses. In the multivariable model, only being part of a serodiscordant couple adjusted odds ratio (aOR) 2.56; 95% confidence interval (CI) 1.44-4.58, having >10 partners (aOR 1.73; 95% CI 1.17-2.55) and responding after the publication of Quebec's interim PrEP guidelines (aOR 1.82; 95% CI 1.22-2.71) proved significant. Conclusions: In this assessment of predictors of PrEP interest among Canadian MSM, partnering issues and the arrival of PrEP guidelines in Quebec (10 July 2013) were most closely linked to PrEP interest. © 2016 British HIV Association.	Acceptability; Canada; Checkpoint; HIV prevention; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2016	Leech, Ashley Ann	Examining access and cost implications for HIV serodiscordant couples seeking conception services: an integrative approach	-	-	Boston University	-	NA	NA	http://hdl.handle.net/2144/19589	The FDA approved pre-exposure prophylaxis (PrEP) with Truvada® in 2012 as the first drug to reduce the risk of HIV infection among uninfected individuals (FDA 2012). There is a strong scientific base for its effectiveness among uninfected heterosexual individuals who engage in sexual intercourse with HIV-infected partners. Studies further reveal no significant differences by HIV-infection status in regard to childbearing motivations or future pregnancy motivations (Finocchario-Kessler 2012). Historically, serodiscordant couples comprised of an HIV-positive male and HIV-negative female have faced challenges to accessible, affordable options for safe conception. Assisted reproductive technologies (ART) are often prohibitively expensive and also largely inaccessible to this population. The CDC suggests PrEP as another reproductive option for these couples to reduce the risk of sexual HIV acquisition during periconception and pregnancy. Truvada® for PrEP, however, is also costly and may provide only modest additional prevention benefits to serodiscordant couples in which the HIV-infected partner is already on anti-retroviral therapy with suppressed HIV viremia. cART for the infected partner is recommended regardless of conception plans due to proven health benefits for people living with HIV (PLHIV). However, there is also a prevention benefit to the non-infected partner when the HIV-positive partner is on cART, with a relative risk reduction of 96% (Cohen et al. 2011). While Truvada® for PrEP is potentially a more accessible option for these couples compared to assisted reproductive technology services, adoption of PrEP has been slow among providers. In addition to better understanding the impact of PrEP when the male partner is consistently on cART, it is also critical to understand the barriers to prescribing Truvada® for this indication. There is also insufficient information on the ability of HIV-serodiscordant couples to access other reproductive options outside of PrEP. Whether for the purpose of risk reduction or for supported fertility, serodiscordant couples should have access to the same spectrum of reproductive services as non-HIV affected couples. The overall research question this thesis addressed was: What are the access and cost implications for HIV serodiscordant couples seeking conception services in the United States? To address these issues, I used the following methods: (1) a cross-sectional survey of infectious disease, internal medicine, and family medicine providers to determine prescribing behaviors and perceptions of PrEP utilization; results analyzed using multivariate regression modeling; (2) "secret shopper" methodology whereby a physician and "patient" carried out scripted phone calls to fertility clinics to gauge a more realistic picture of access; results analyzed using McNemar tests to assess marginal homogeneity and chi square goodness of fit; and (3) cost effectiveness analysis using a Markov state-transition model to project long-term clinical outcomes, costs, and…	Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2016	Lelutiu-Weinberger, Corina; Golub, Sarit A	Enhancing PrEP Access for Black and Latino Men Who Have Sex With Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001140	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5110381	OBJECTIVE: Implementation of HIV pre-exposure prophylaxis (PrEP) programs for populations with highest incidence is critical to reducing new infections in the United States. Black and Latino men who have sex with men (BLMSM) are disproportionately burdened by HIV. We examined differences in perceived barriers and facilitators to PrEP access for BLMSM compared with other men who have sex with men (MSM). METHOD: MSM who met the Centers for Disease Control and Prevention criteria for PrEP (n = 491) completed measures of barriers and facilitators to PrEP at the systems, provider, and individual levels. Multivariate analyses examined differences by race/ethnicity, adjusting for other sociodemographic factors. RESULTS: Compared with other MSM, BLMSM (56% of the sample) were more likely to have public insurance and to access health care via public clinics adjusted odds ratio(aOR) 3.2, P < 0.001; aOR 2.4, P < 0.01. BLMSM were more likely to regard having to talk to their doctor about their sex life as a barrier to PrEP (aOR 3.7, P < 0.001) and were less likely to endorse agency in medical decision making (aOR 0.58, P < 0.001). BLMSM were more likely to report PrEP stigma (aOR 2.3, P < 0.001) and concerns regarding PrEP efficacy (aOR 1.6, P < 0.05). BLMSM were more likely to consider access to free sexual health care (aOR 2.1, P < 0.01) and additional supportive services, eg, counseling (aOR 3.1, P < 0.001) or text-based support (aOR 2.9, P < 0.001) to be significant facilitators of PrEP use. CONCLUSIONS: Findings suggest specific points of multilevel intervention to increase PrEP access for BLMSM and increase representation of BLMSM along the PrEP continuum of care.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Liu A.Y.; Cohen S.E.; Vittinghoff E.; Anderson P.L.; Doblecki-Lewis S.; Bacon O.; Chege W.; Postle B.S.; Matheson T.; Rivet Amico K.; Liegler T.; Keith Rawlings M.; Trainor N.; Blue R.W.; Estrada Y.; Coleman M.E.; Cardenas G.; Feaster D.J.; Grant R.; Philip S.S.; Elion R.; Buchbinder S.; Kolber M.A.	Preexposure prophylaxis for HIV infection integrated with municipal-and community-based sexual health services	JAMA Internal Medicine	-	-	-	21686106	10.1001/jamainternmed.2015.4683	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954562396&doi=10.1001%2fjamainternmed.2015.4683&partnerID=40&md5=06ee432447623d78c1874c04b3f6b9a0	Importance Several randomized clinical trials have demonstrated the efficacy of preexposure prophylaxis (PrEP) in preventing human immunodeficiency virus (HIV) acquisition. Little is known about adherence to the regimen, sexual practices, and overall effectiveness when PrEP is implemented in clinics that treat sexually transmitted infections (STIs) and community-based clinics serving men who have sex with men (MSM). Objective To assess PrEP adherence, sexual behaviors, and the incidence of STIs and HIV infection in a cohort of MSM and transgender women initiating PrEP in the United States. Design, Setting, and Participants Demonstration project conducted from October 1, 2012, through February 10, 2015 (last date of follow-up), among 557 MSM and transgender women in 2 STI clinics in San Francisco, California, and Miami, Florida, and a community health center inWashington, DC. Data were analyzed from December 18, 2014, through August 8, 2015. Interventions A combination of daily, oral tenofovir disoproxil fumarate and emtricitabine was provided free of charge for 48 weeks. All participants received HIV testing, brief client-centered counseling, and clinical monitoring. Main Outcomes and Measures Concentrations of tenofovir diphosphate in dried blood spot samples, self-reported numbers of anal sex partners and episodes of condomless receptive anal sex, and incidence of STI and HIV acquisition. Results Overall, 557 participants initiated PrEP, and 437 of these (78.5%) were retained through 48 weeks. Based on the findings from the 294 participants who underwent measurement of tenofovir diphosphate levels, 80.0%to 85.6%had protective levels (consistent with 4 doses/wk) at all follow-up visits. African American participants (56.8%of visits; P =.003) and those from the Miami site (65.1%of visits; P <.001) were less likely to have protective levels, whereas those with stable housing (86.8%; P =.02) and those reporting at least 2 condomless anal sex partners in the past 3 months (88.6%; P =.01) were more likely to have protective levels. The mean number of anal sex partners declined during follow-up from 10.9 to 9.3, whereas the proportion engaging in condomless receptive anal sex remained stable at 65.5%to 65.6%. Overall STI incidence was high (90 per 100 person-years) but did not increase over time. Two individuals became HIV infected during follow-up (HIV incidence, 0.43 95%CI, 0.05-1.54 infections per 100 person-years); both had tenofovir diphosphate levels consistent with fewer than 2 doses/wk at seroconversion. Conclusions and Relevance The incidence of HIV acquisition was extremely low despite a high incidence of STIs in a large US PrEP demonstration project. Adherence was higher among those participants who reported more risk behaviors. Interventions that address racial and geographic disparities and housing instabilitymay increase the impact of PrEP. © 2016 American Medical Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2016	Loos, Jasna; Nöstlinger, Christiana; Reyniers, Thijs; Colebunders, Robert; Jespers, Vicky; Manirankunda, Lazare; Berghe, Wim Vanden; Vuylsteke, Bea; Laga, Marie	PrEP for African migrants in Europe? A research agenda.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(16)30173-4	https://dx.doi.org/10.1016/S2352-3018(16)30173-4	NA	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	NA	NA	Other
Article	2016	Lu Y.; Goti V.; Chaturvedula A.; Haberer J.E.; Fossler M.J.; Sale M.E.; Bangsberg D.; Baeten J.M.; Celum C.L.; Hendrix C.W.	Population pharmacokinetics of tenofovir in HIV-1-uninfected members of serodiscordant couples and effect of dose reporting methods	Antimicrobial Agents and Chemotherapy	-	-	-	664804	10.1128/AAC.00559-16	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983315103&doi=10.1128%2fAAC.00559-16&partnerID=40&md5=714c0171d1e4d8a324e1cfdfe8b2e5d1	Antiretroviral preexposure prophylaxis (PrEP) with once-daily dosing of tenofovir and tenofovir-emtricitabine was shown to be effective for preventing HIV-1 infection in individuals who had HIV-1-seropositive partners (the Partners PrEP Study). We developed a population pharmacokinetic model for tenofovir and investigated the impacts of different dose reporting methods. Dosing information was collected as patient-reported dosing information (PRDI) from 404 subjects (corresponding to 1,280 drug concentration records) from the main trial and electronic monitoring-based adherence data collected from 211 subjects (corresponding to 327 drug concentration records) in an ancillary adherence study. Model development was conducted with NONMEM (7.2), using PRDI with a steady-state assumption or using PRDI replaced with electronic monitoring records where available. A two-compartment model with first-order absorption was the best model in both modeling approaches, with the need for an absorption lag time included when electronic monitoring-based dosing records were included in the analysis. Age, body weight, and creatinine clearance were significant covariates on clearance, but only creatinine clearance was retained in the final models per backward elimination. Sex was not a significant covariate on clearance. Tenofovir population pharmacokinetic parameter estimates and the precisions of the parameters from the two final models were comparable with the point estimates of the parameters, differing from 0% to 35%, and bootstrap confidence intervals widely overlapped. These findings indicate that PRDI was sufficient for population pharmacokinetic model development in this study, with a high level of adherence per multiple measures. Copyright © 2016, American Society for Microbiology. All Rights Reserved.	AdultAnti-HIV AgentsBody WeightCreatinineDouble-Blind MethodElectronic Health RecordsEmtricitabineFamily CharacteristicsFemaleHIV InfectionsHIV-1HumansMaleMedication AdherenceModels, StatisticalMonitoring, PhysiologicPre-Exposure ProphylaxisSexual PartnersTenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Luecke E.H.; Cheng H.; Woeber K.; Nakyanzi T.; Mudekunye-Mahaka I.C.; Van Straten A.D.	Stated product formulation preferences for HIV pre-exposure prophylaxis among women in the VOICE-D (MTN-003D) study	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.19.1.20875	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84974534340&doi=10.7448%2fIAS.19.1.20875&partnerID=40&md5=fbf2340f9c1032192ca92a39ba617c4f	Introduction: The effectiveness of HIV pre-exposure prophylaxis (PrEP) requires consistent and correct product use, thus a deeper understanding of women's stated product formulation preferences, and the correlates of those preferences, can help guide future research. VOICE-D (MTN-003D), a qualitative ancillary study conducted after the VOICE trial, retrospectively explored participants' tablet and gel use, as well as their preferences for other potential PrEP product formulations. Methods: We conducted an analysis of quantitative and qualitative data from VOICE-D participants. During in-depth interviews, women were presented with pictures and descriptions of eight potential PrEP product formulations, including the oral tablet and vaginal gel tested in VOICE, and asked to discuss which product formulations they would prefer to use and why. Seven of the original product formulations displayed were combined into preferred product formulation categories based on exploratory factor and latent class analyses. We examined demographic and behavioural correlates of these preferred product formulation categories. In-depth interviews with participants were conducted, coded, and analyzed for themes related to product preference. Results: Of the 68 female participants who completed in-depth interviews (22 South Africa, 24 Zimbabwe, 22 Uganda), median age was 28 (range 21–41), 81% were HIV negative, and 49% were married or living with a partner. Four preferred product formulation categories were identified via exploratory factor analysis: 1) oral tablets; 2) vaginal gel; 3) injectable, implant, or vaginal ring; and 4) vaginal film or suppository. A majority of women (81%) expressed a preference for product formulations included in category 3. Characteristics significantly associated with each preferred product category differed. Attributes described by participants as being important in a preferred product formulation included duration of activity, ease of use, route of administration, clinic- versus self-administration, and degree of familiarity with product. Conclusions: While there was interest in a variety of potential PrEP product formulations, a majority of VOICE-D participants preferred long-acting methods. More research is needed to gain insight into end-users' product formulation preference to inform messaging and market segmentation for different PrEP products and resources to invest in products that target populations are most interested in using. Clinical Trial Number: NCT02358616 © 2016 Luecke EH et al; licensee International AIDS Society.	Africa; HIV prevention; Oral pre-exposure prophylaxis; Preferences; Product delivery forms; Vaginal microbicides; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Lund J.M.; Broliden K.; Pyra M.N.; Thomas K.K.; Donnell D.; Irungu E.; Muwonge T.R.; Mugo N.; Manohar M.; Jansson M.; Mackelprang R.; Marzinke M.A.; Baeten J.M.; Lingappa J.R.; Celum C.; Coombs R.W.; Frenkel L.; Hendrix C.W.; McElrath M.J.; Fife K.; Were E.; Tumwesigye E.; Ndase P.; Katabira E.; Ronald A.; Bukusi E.; Cohen C.; Wangisi J.; Campbell J.; Tappero J.; Kiarie J.; Farquhar C.; John-Stewart G.; Mugo N.R.	HIV-1-neutralizing IgA detected in genital secretions of highly HIV-1-exposed seronegative women on oral preexposure prophylaxis	Journal of Virology	-	-	-	0022538X	10.1128/JVI.01482-16	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994060602&doi=10.1128%2fJVI.01482-16&partnerID=40&md5=8481966bf777b6de50f4c4b762c70d77	Although nonhuman primate studies have shown that simian immunodeficiency virus/simian-human immunodeficiency virus (SIV/SHIV) exposure during preexposure prophylaxis (PrEP) with oral tenofovir can induce SIV immunity without productive infection, this has not been documented in humans. We evaluated cervicovaginal IgA in Partners PrEP Study participants using a subtype C primary isolate and found that women on PrEP had IgA with higher average human immunodeficiency virus type 1 (HIV-1)-neutralizing magnitude than women on placebo (33% versus 7%; P = 0.008). Using a cutoff of ≥90% HIV-1 neutralization, 19% of women on-PrEP had HIV-1-neutralizing IgA compared to 0% of women on placebo (P = 0.09). We also estimated HIV-1 exposure and found that the proportion of women with HIV-1-neutralizing IgA was associated with the level of HIV-1 exposure (P = 0.04). Taken together, our data suggest that PrEP and high levels of exposure to HIV may each enhance mucosal HIV-1-specific humoral immune responses in sexually exposed but HIV-1-uninfected individuals. © 2016, American Society for Microbiology.	AdultAntibodies, NeutralizingFemaleHIV InfectionsHIV-1HumansImmunoglobulin ALongitudinal StudiesPre-Exposure ProphylaxisSexual Behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2016	Lyu, Yafei	Development of Tenofovir Prodrugs as Rectal Microbicides for HIV Prevention	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/29219/	Receptive anal intercourse is common among men who have sex with men (MSM), transgender women, and practiced by women around the world. The risk of becoming infected with HIV through receptive anal intercourse is 20 times greater than vaginal intercourse. Hence, there is an urgent need for the development of rectal specific topical pre-exposure prophylaxis (PrEP) products. In the current study, our lab developed enemas containing tenofovir (TFV) for rectal application, which may provide some advantages with respect to user acceptability and compliance. In addition to evaluation of TFV in enemas, prodrugs of TFV: tenofovir alafenamide fumarate (TAF) and hexadecyloxypropyl (HDP)-tenofovir (CMX157) were evaluated due to their increased potency and better safety profile. In this project, a high performance liquid chromatography (HPLC) method for TAF was developed and qualified. Preformulation studies for TAF including solubility, hydrolytic, thermal, photolytic, and oxidative stability and preservative compatibility were conducted. TAF was found to be susceptible to hydrolytic degradation in acidic pH (pH≤4) and degraded when exposed in an aqueous solution to temperatures greater than 25°C. TAF hypotonic and isotonic enema formulations (1.76 mg/mL) were developed and characterized with respect to pH, osmolality, and drug content. One-week stability of these enemas was assessed in 40°C/75% RH, 30°C/65% RH and 25°C/60% RH environmental chambers. TAF enemas were stable for one week. In addition to the TAF enema, formulation efforts were initiated with CMX157. A preliminary HPLC method for CMX157 was developed. Prototype CMX157 enemas were prepared and pH and osmolality testing conducted. Additional formulation optimization is required to enhance TAF stability in an enema format. Further investigation of the prototype CMX157 enema developed with respect to its physiochemical characteristics and stability is needed.	Enema, TAF, CMX157, rectal microbicide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2016	MacFadden D.R.; Tan D.H.; Mishra S.	Optimizing HIV pre-exposure prophylaxis implementation among men who have sex with men in a large urban centre: A dynamic modelling study	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.19.1.20791	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85015941564&doi=10.7448%2fIAS.19.1.20791&partnerID=40&md5=64dcc4761bc7f575c8b1f9d701911733	Introduction: Once-daily tenofovir/emtricitabine-based pre-exposure prophylaxis (PrEP) can reduce HIV acquisition in men who have sex with men (MSM), by 44% in the iPrEx trial, and reaching up to 99% with high adherence. We examined the potential population-level impact and cost-effectiveness of different PrEP implementation strategies. Methods: We developed a dynamic, stochastic compartmental model of HIV transmission among the estimated 57,400 MSM in Toronto, Canada. Parameterization was performed using local epidemiologic data. Strategies examined included (1) uniform PrEP delivery versus targeting the highest risk decile of MSM (with varying coverage proportions); (2) increasing PrEP efficacy as a surrogate of adherence (44% to 99%); and (3) varying HIV test frequency (once monthly to once yearly). Outcomes included HIV infections averted and the incremental cost ($CAD) per incremental quality-adjusted-life-year (QALY) gained over 20 years. Results: Use of PrEP among all HIV-uninfected MSM at 25, 50, 75 and 100% coverage prevented 1970, 3427, 4317, and 4581 infections, respectively, with cost/QALY increasing from $500,000 to $800,000 CAD. Targeted PrEP for the highest risk MSM at 25, 50, 75 and 100% coverage prevented 1166, 2154, 2816, and 3012 infections, respectively, with cost/QALY ranging from $35,000 to $70,000 CAD. Maximizing PrEP efficacy, in a scenario of 25% coverage of high-risk MSM with PrEP, prevented 1540 infections with a cost/QALY of $15,000 CAD. HIV testing alone (Q3 months) averted 898 of infections with a cost savings of $4,000 CAD per QALY. Conclusions: The optimal implementation strategy for PrEP over the next 20 years at this urban centre is to target high-risk MSM and to maximize efficacy by supporting PrEP adherence. A large health benefit of PrEP implementation could come from engaging undiagnosed HIV-infected individuals into care. Copyright © 2016 MacFadden DR et al; licensee International AIDS Society.	Cost-effectiveness; Dynamic model; HIV; PrEP; Prevention; Prophylaxis	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Machado, Alexandra; Cunha-Reis, Cassilda; Araújo, Francisca; Nunes, Rute; Seabra, Vítor; Ferreira, Domingos; das Neves, José; Sarmento, Bruno	Development and in vivo safety assessment of tenofovir-loaded nanoparticles-in-film as a novel vaginal microbicide delivery system.	Acta Biomaterialia	-	-	-	1878-7568 1742-7061	10.1016/j.actbio.2016.08.018	https://pubmed.ncbi.nlm.nih.gov/27544812/	Topical pre-exposure prophylaxis (PrEP) with antiretroviral drugs holds promise in preventing vaginal transmission of HIV. However, significant biomedical and social issues found in multiple past clinical trials still need to be addressed in order to optimize protection and users' adherence. One approach may be the development of improved microbicide products. A novel delivery platform comprising drug-loaded nanoparticles (NPs) incorporated into a thin polymeric film base (NPs-in-film) was developed in order to allow the vaginal administration of the microbicide drug candidate tenofovir. The system was optimized for relevant physicochemical features and characterized for biological properties, namely cytotoxicity and safety in a mouse model. Tenofovir-loaded poly(lactic-co-glycolic acid) (PLGA)/stearylamine (SA) composite NPs with mean diameter of 127nm were obtained with drug association efficiency above 50%, and further incorporated into an approximately 115μm thick, hydroxypropyl methylcellulose/poly(vinyl alcohol)-based film. The system was shown to possess suitable mechanical properties for vaginal administration and to quickly disintegrate in approximately 9min upon contact with a simulated vaginal fluid (SVF). The original osmolarity and pH of SVF was not affected by the film. Tenofovir was also released in a biphasic fashion (around 30% of the drug in 15min, followed by sustained release up to 24h). The incorporation of NPs further improved the adhesive potential of the film to ex vivo pig vaginal mucosa. Cytotoxicity of NPs and film was significantly increased by the incorporation of SA, but remained at levels considered tolerable for vaginal delivery of tenofovir. Moreover, histological analysis of genital tissues and cytokine/chemokine levels in vaginal lavages upon 14days of daily vaginal administration to mice confirmed that tenofovir-loaded NPs-in-film was safe and did not induce any apparent histological changes or pro-inflammatory response. Overall, obtained data support that the proposed delivery system combining the use of polymeric NPs and a film base may constitute an exciting alternative for the vaginal administration of microbicide drugs in the context of topical PrEP. STATEMENT OF SIGNIFICANCE: The development of nanotechnology-based microbicides is a recent but promising research field seeking for new strategies to circumvent HIV sexual transmission. Different reports detail on the multiple potential advantages of using drug nanocarriers for such purpose. However, one important issue being frequently neglected regards the development of vehicles for the administration of microbicide nanosystems. In this study, we propose and detail on the development of a nanoparticle-in-film system for the vaginal delivery of the microbicide drug candidate tenofovir. This is an innovative approach that, to our best knowledge, had never been tested for tenofovir. Results, including those from in vivo testing, sustain that the proposed system is safe and holds potential for further development as a vaginal microbicide product.	Humans; Safety; Animals; Mice; Female; Time Factors; Administration, Intravaginal; Cell Line; Anti-Infective Agents/*pharmacology; *Drug Delivery Systems; HIV/AIDS; Nanotechnology; Vaginal Douching; Antiretroviral; Drug Liberation; Pre-exposure prophylaxis; Tenofovir/*pharmacology; Lactic Acid/chemistry; Polyglycolic Acid/chemistry; Polylactic Acid-Polyglycolic Acid Copolymer; Sus scrofa; Nanoparticles/*chemistry/ultrastructure; Chemokines/metabolism; Spectrometry, X-Ray Emission; Vaginal drug administration	English	United Kingdom	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical

Article	2016	Marcus J.L.; Volk J.E.; Pinder J.; Liu A.Y.; Bacon O.; Hare C.B.; Cohen S.E.	Successful Implementation of HIV Preexposure Prophylaxis: Lessons Learned From Three Clinical Settings	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-016-0308-x	https://www.scopus.com/inward/record.url?eid=2-s2.0-84955816964&doi=10.1007%2Fs11904-016-0308-x&partnerID=40&md5=2a9b8d520da0c31f2b519875d1d19e2c7	The past 3 years have marked a transition from research establishing the safety and efficacy of HIV preexposure prophylaxis (PrEP) to questions about how to optimize its implementation. Until recently, PrEP was primarily offered as part of randomized controlled trials or open-label studies. These studies highlighted the key components of PrEP delivery, including regular testing for HIV and other sexually transmitted infections (STIs), adherence and risk-reduction support, and monitoring for renal toxicity. PrEP is now increasingly provided in routine clinical settings. This review summarizes models for PrEP implementation from screening through initiation and follow-up, focusing on the strengths and weaknesses of three delivery systems: a health maintenance organization, an STI clinic, and a primary care practice. These early implementation experiences demonstrate that PrEP can be successfully delivered across a variety of settings and highlight strategies to streamline PrEP delivery in clinical practice. © 2016, Springer Science+Business Media New York.	Delivery of health care; Human immunodeficiency virus (HIV); Implementation; Preexposure prophylaxis (PrEP); PrEP delivery; PrEP implementation; Review; Science of prevention; Sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Marcus, Jala L; Hurley, Leo B; Hare, C Bradley; Silverberg, Michael J; Volk, Jonathan E	Disparities in Uptake of HIV Preexposure Prophylaxis in a Large Integrated Health Care System.	American Journal of Public Health	-	-	-	-	1541-0048	10.2105/AJPH.2016.303339	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024380/	Although uptake of HIV preexposure prophylaxis (PrEP) is increasing,1,2 lower uptake among key HIV risk groups could further increase existing disparities in the HIV epidemic.3,4 However, it is unknown whether certain demographic subgroups are underrepresented among PrEP users compared with individuals who recently acquired HIV infection. Thus, we compared demographic characteristics of PrEP users with those of recent HIV seroconverters within the Kaiser Permanente Northern California (KPNC) health care system. KPNC provides comprehensive medical services to 3.9 million members, approximately 25% of the population in this region.5 METHODS: We identified KPNC members who initiated PrEP or acquired HIV infection during the first 3 years of PrEP availability in the population. We included KPNC members who either initiated PrEP or acquired HIV infection. PrEP users were those who initiated PrEP after the US Food and Drug Administration (FDA) approval (i.e., July 2012–December 2014). Because the demographic composition of those who acquired HIV infection may have changed as high-risk individuals have initiated PrEP, we included HIV seroconverters from the three years just before FDA approval of PrEP (i.e., July 2009–June 2012). Seroconversion were defined as a first lifetime HIV diagnosis at KPNC after a negative HIV test during the three-year pre-PrEP period. Seroconverters were identified using the KPNC HIV registry, and demographic data were collected from the electronic health record. Complete data were not available on transgender identity or HIV-transmission risk factor. We identified 235 HIV seroconverters and 972 PrEP users (Table 1). Seroconverters were significantly younger than PrEP users (mean age = 34.9 vs 37.9 years; P < .001), with 37.9% of seroconverters younger than 30 years compared with 25.7% of PrEP users. Nearly all seroconverters and PrEP users were male (98.3% vs 97.9%; P = .73). There were differences between HIV seroconverters and PrEP users with respect to race/ethnicity (P < .001), compared with PrEP users, HIV seroconverters were more frequently Black (23.0% vs 6.5%) or Hispanic (39.7% vs 12.2%), and less frequently White (45.9% vs 69.6%).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Marcus, Jala L; Hurley, Leo B; Hare, Charles Bradley; Nguyen, Dong Phuong; Phengrasamy, Tony; Silverberg, Michael J; Shirley, Juliet E; Volk, Jonathan E	Preexposure Prophylaxis for HIV Prevention in a Large Integrated Health Care System: Adherence, Renal Safety, and Discontinuation.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001129	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5426417/	BACKGROUND: Placebo-controlled and open-label studies have demonstrated the safety and efficacy of daily oral preexposure prophylaxis (PrEP) in preventing HIV infection, but data are limited on real-world PrEP use. METHODS: We conducted a cohort study from July 2012 through June 2015 of Kaiser Permanente Northern California members initiating PrEP. We assessed pharmacy refill adherence and seroconversions, decreases in estimated glomerular filtration rate (eGFR), and sexually transmitted infection (STI)/HIV incidence. RESULTS: Overall, 972 individuals initiated PrEP, accumulating 850 person-years of PrEP use. Mean adherence was 92% overall. Black race/ethnicity adjusted risk ratio (aRR) 3.0; 95% confidence interval: 1.7 to 5.1, P < 0.001, higher copayments (aRR 2.0; 1.2 to 3.3, P = 0.005), and smoking (aRR 1.6; 1.1 to 2.3, P = 0.023) were associated with <80% adherence. PrEP was discontinued by 219 (22.5%), female sex (aRR 2.6; 1.5 to 4.4, P < 0.001) and drug/alcohol abuse (aRR 1.8; 1.1 to 2.6, P = 0.002) were associated with discontinuation. Among 909 with follow-up creatinine testing, 161 (15.5%) had an eGFR <70 mL/min/1.73 m2 and 53 (5.6%) stopped PrEP because of low eGFR. Among 972 PrEP users, 9 seroconverted (incidence 1.06 per 100 person-years), 7 of whom were prescribed PrEP <80% of days covered. Two seroconverters were not prescribed PrEP and 1 was enrolled in a PrEP demonstration project. Seroconverters were younger than PrEP users (median age = 34.9 vs 37.9 years, P = .001), with 37.9% of seroconverters younger than 30 years compared with 25.7% of PrEP users. Nearly all seroconverters and PrEP users were male (98.3% vs 97.9%, P = .73). There were differences between HIV seroconverters and PrEP users with respect to race/ethnicity (P < .001), compared with PrEP users, HIV seroconverters were more frequently Black (23.0% vs 6.5%) or Hispanic (39.7% vs 12.2%), and less frequently White (45.9% vs 69.6%).	preexposure prophylaxis (PrEP), HIV, sexually transmitted infections (STI), renal insufficiency, medication adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Martinez, Omar; Wu, Elwin; Levine, Ethan C.; Muñoz-Laboy, Miguel; Fernandez, M. Isabel; Bros, Sarah Beanette; Moya, Eva M.; Franca, Timothy; Chavez-Baray, Sibai; Icard, Larry D.; Ovejero, Iñigo; Carballo-Diéguez, Alex; Rhodes, Scott D.	Integration of Social, Cultural, and Biomedical Strategies into an Existing Couple-Based Behavioral HIV/STI Prevention Intervention: Voices of Latino Male Couples.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0152561	https://pubmed.ncbi.nlm.nih.gov/27028873/	INTRODUCTION: Successful HIV prevention and treatment requires evidence-based approaches that combine biomedical strategies with behavioral interventions that are sociably and culturally appropriate for the population or community being prioritized. Although there has been a push for a combination approach, how best to integrate different strategies into existing behavioral HIV prevention interventions remains unclear. Latino men who have sex with men (MSM) are disproportionately affected by HIV, particularly transgender women. Their increased vulnerability to HIV is due to multiple issues, including biological (eg, increased efficiency of HIV transmission through receptive anal sex), epidemiological (eg, increased likelihood of having HIV-infected partners), structural (eg, social stigma limiting employment options), and individual factors (eg, internalized stigma leading to depression and substance use and risk-taking behaviors). There have been limited culturally appropriate HIV prevention interventions for transgender people, with many key questions remaining. The One Love Couples Project was developed to address this gap. METHODS: We conducted a process evaluation of the One Love Couples Project to understand how to integrate transgender people's risk for HIV acquisition. The current supplement of JAIDS is designed to review what is known about HIV prevention for transgender people and highlight new insights and best practices. The study reviews recent epidemiologic data, the pharmacology of HIV prophylactic agents in individuals who may be using exogenous hormones, and several recent multi-component interventions designed to address the lived experience of transgender people. Additionally, the study reviews the work going on at the NIH to address transgender health in general and HIV prevention as specific, as well as two important papers related to clinical trial design issues and the ethical conduct of research in this frequently disenfranchised population. It is the hope of the HIV Prevention Trials Network (HPTN) that this supplement will promote new knowledge around transgender health and the requisite issues that need to be addressed in order to conduct optimal clinical trials. The ultimate hope is that the information distilled in this supplement will inform investigators, clinicians, and public health officials in order to design further research to develop optimal prevention interventions for transgender people and to implement these interventions in ways that are culturally congruent and health promoting.	Adult; Humans; Male; HIV Infections/*prevention & control; Risk-Taking; United States; Homosexuality, Male; Family Characteristics; Safe Sex; Hispanic or Latino; Cultural Characteristics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2016	Mars, Grace E; Bhatia, Ramona; Ratmeyer, Cornelie A	An Opportunity Too Good to Miss: Implementing Human Immunodeficiency Virus Preexposure Prophylaxis in Sexually Transmitted Diseases Clinics.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000000439	https://journals.lww.com/stdjournal/fulltext/2016/04000/an_opportunity_too_good_to_miss__implementing.12.aspx	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2016	Meyer K.H.; Grasso Ja. B.; El-Sadr W.M.	Transgender People and HIV Prevention: What We Know and What We Need to Know, a Call to Action	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001086	https://www.scopus.com/inward/record.url?eid=2-s2.0-85016308634&doi=10.1097%2FQAI.0000000000001086&partnerID=40&md5=ed2f35c6a9a7ec35f6cd6b6a9f4d9f39	Transgender people have been disproportionally affected by HIV, particularly transgender women. Their increased vulnerability to HIV is due to multiple issues, including biological (eg, increased efficiency of HIV transmission through receptive anal sex), epidemiological (eg, increased likelihood of having HIV-infected partners), structural (eg, social stigma limiting employment options), and individual factors (eg, internalized stigma leading to depression and substance use and risk-taking behaviors). There have been limited culturally appropriate HIV prevention interventions for transgender people, with many key questions remaining. The One Love Couples Project was developed to address this gap. METHODS: We conducted a process evaluation of the One Love Couples Project to understand how to integrate transgender people's risk for HIV acquisition. The current supplement of JAIDS is designed to review what is known about HIV prevention for transgender people and highlight new insights and best practices. The study reviews recent epidemiologic data, the pharmacology of HIV prophylactic agents in individuals who may be using exogenous hormones, and several recent multi-component interventions designed to address the lived experience of transgender people. Additionally, the study reviews the work going on at the NIH to address transgender health in general and HIV prevention as specific, as well as two important papers related to clinical trial design issues and the ethical conduct of research in this frequently disenfranchised population. It is the hope of the HIV Prevention Trials Network (HPTN) that this supplement will promote new knowledge around transgender health and the requisite issues that need to be addressed in order to conduct optimal clinical trials. The ultimate hope is that the information distilled in this supplement will inform investigators, clinicians, and public health officials in order to design further research to develop optimal prevention interventions for transgender people and to implement these interventions in ways that are culturally congruent and health promoting.	CondomsDelivery of Health Care; IntegratedDepressedFemaleHealth Services Needs and DemandsHIV InfectionsHumansMaleMedication Adherence/Prevention/Prophylaxis/Risk-TakingSexual BehaviorSexual SignatureSubstance-Related DisordersTransgender Persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Meyer K.H.; Oldenburg C.E.; Novak D.S.; Elsesser S.A.; Krakower D.S.; Mimiaga M.J.	Early Adopters Correlates of HIV Chemoprophylaxis Use in Recent Online Samples of US Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-015-1227-1	https://www.scopus.com/inward/record.url?eid=2-s2.0-84946129644&doi=10.1007%2Fs10461-015-1227-1&partnerID=40&md5=12e3980e69bcbc40d0f13bc7e7fca094	To date, little data on pre-exposure prophylaxis (PrEP) users outside of the clinical trial setting are available. A repeated cross-sectional survey of one of the largest social and sexual networking websites for men who have sex with men (MSM) in the United States was conducted in August 2013 (Wave 1) and January 2014 (Wave 2). Multivariable logistic regression models were used to examine factors associated with having heard of and having taken post-exposure prophylaxis (PEP) and PrEP in Wave 1 (N = 4043) and Wave 2 (N = 2737) separately. In Wave 1, 147 (3.6 %) and 61 (1.5 %) reported using PrEP and PEP, respectively, compared to 119 (4.4 %) and 82 (2.2 %) in Wave 2. Higher-risk sexual behaviors were associated with having taken PEP and PrEP, and younger MSM were associated with having taken PrEP. Understanding factors that are associated with early use of PrEP may help inform wider utilization of PrEP by at-risk MSM. © 2015, Springer Science+Business Media New York.	HIV prevention; Men who have sex with men; Post-exposure prophylaxis; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2016	Mayer, Kenneth H; Chandhok, Nonnie; Thomas, Beena	Antiretroviral pre-exposure prophylaxis: A new opportunity to slow HIV spread in India.	Indian Journal of Medical Research	-	-	-	-	0971-5916	10.4103/0971-5916.180194	https://journals.lww.com/ijmr/fulltext/2016/43020/antiretroviral_pre_exposure_prophylaxis__a_new.3.aspx	NA	[Review indexing]	English	India	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2016	McCormack, Sheena Mary; Noseda, Veronica; Molina, Jean-Michel	PrEP in Europe - expectations, opportunities and barriers.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.19.7.21103	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577371/	INTRODUCTION: In contrast to the global trend showing a decline in new HIV infections, the number reported in the World Health Organization (WHO) region of Europe is increasing. Health systems are disparate, but even countries with less access to screening and treatment observe continuing high rates of new infections in key populations, notably men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is highly effective in reducing HIV incidence among populations at substantial risk of HIV infection. However, where PrEP should be prioritised, and for which of the troubled health systems, DISCUSSION: Health systems and governance commitment to HIV prevention and care, both financial and political, differ considerably between the countries that make up Europe. A common feature is that funds for prevention are a small fraction of funds for care. Although care is generally good, access is limited in the middle-income countries of Eastern Europe and central Asia, and only 19% of people living with HIV received antiretroviral therapy in 2014. It is challenging to motivate governments or civil society to implement PrEP in the context of this unmet treatment need, which is driven by limited national health budgets and diminishing assistance from foreign aid. The high-income countries of Western Europe have hesitated to embrace PrEP for different reasons, initially due to key gaps in the evidence. Now that PrEP has been shown to be highly effective in European MSM in two randomised controlled trials, it is clear that the major barrier is the cost of the drug which is still on patent, although inadequate health systems and diminishing investment in civil society are also key challenges to overcome. CONCLUSIONS: The momentum to implement PrEP in European countries is increasing and provides a welcome opportunity to expand and improve clinical services and civil society support focused on HIV and related infections among other sexually transmitted and blood-borne infections.	Europe; MSM; PrEP; health systems; migrants	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	McGillen J.B.; Anderson S.-J.; Hallett T.B.	PrEP as a feature in the optimal landscape of combination HIV prevention in sub-Saharan Africa	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.19.7.21102	https://www.scopus.com/inward/record.url?eid=2-s2.0-84953883824&doi=10.7448%2FIAS.19.7.21102&partnerID=40&md5=1a1d2f4b87cf1355042213c3187815f4	Introduction: The new WHO guidelines recommend offering pre-exposure prophylaxis (PrEP) to people who are at substantial risk of HIV infection. However, where PrEP should be prioritised, and for which population groups, remains an open question. The HIV landscape in sub-Saharan Africa features limited prevention resources, multiple options for achieving cost saving, and epidemic heterogeneity. This paper examines what role PrEP should play as optimal prevention in this complex and dynamic landscape. Methods: We use a model that was previously developed to capture subnational HIV transmission in sub-Saharan Africa. With the model, we can consider how prevention funds could be distributed across and within countries throughout sub-Saharan Africa to enable optimal HIV prevention (that is, avert the greatest number of infections for the lowest cost). Here, we focus on PrEP to elucidate where, and to whom, it would optimally be offered in prevention and distinguish whether subnational need (circumcision, treatment as prevention, and behaviour change communication). Over a range of continental expenditure levels, we use our model to explore prevention patterns that incorporate PrEP, include PrEP but exclude it, and maximise the health impact without PrEP. Results: Our results show that PrEP can substantially improve the health impact of prevention expenditure: for example, PrEP can provide the same health impact as a 50% increase in prevention funding without PrEP. Prioritisation of PrEP would expand with increasing total expenditure, such that the optimal prevention portfolios would include PrEP in more subnational regions and increasingly for men who have sex with men (MSM) and the lower incidence general population. The marginal benefit of including PrEP among the available interventions increases with overall expenditure by up to 14% (relative to excluding PrEP). The minimum baseline incidence for the optimal offer of PrEP declines for all population groups as expenditure increases. We find that using a fixed incidence benchmark to guide PrEP decisions would incur considerable losses in impact (up to 7%) compared with an approach that uses PrEP more flexibly in light of prevailing budget conditions. Conclusions: Our findings suggest that, for an optimal distribution of prevention resources, choices of whether to implement PrEP in subnational regions should depend on the scope for impact of other possible interventions, local incidence in population groups, and total resources available. If prevention funding were to become restricted in the future, it may be suboptimal to use PrEP according to a fixed incidence benchmark, and other prevention modalities may be more cost-effective. In contrast, expansions in funding could permit PrEP to be used to its full potential in epidemiologically driven prevention portfolios and thereby enable a more cost-effective HIV response across Africa. © 2016 McGillen JB et al; licensee International AIDS Society.	Combination prevention; Optimisation; PrEP; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	McGowan, Ian; Decrestri, Charlene S; Siegel, Aaron; Engstrom, Javier; Nikiforov, Alexiy; Duffill, Kathryn; Shafer, Cory; Richardson-Harman, Nicole; Abebe, Kaleab; Buck, David; Else, Laura; Egan, Deidre; Khoo, Siyo; Egan, James E; Stall, Ronald; Williams, Peter E; Rohman, Khaled K; Adler, Amy; Brand, Rhonda M; Chen, Beatrice; Achilles, Sharon; Cranston, Rose D	Long-acting rilpivirine as potential pre-exposure prophylaxis for HIV-1 prevention (the MWRI-01 study): an open-label, phase 1, compartmental, pharmacokinetic and pharmacodynamic assessment.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(16)30113-8	https://dx.doi.org/10.1016/S2352-3018(16)30113-8	BACKGROUND: Long-acting injectable antiretroviral agents are being developed for HIV-1 prevention. The MWRI-01 study was done to characterise the safety, acceptability, and pharmacokinetic and pharmacodynamic profile of long-acting rilpivirine. METHODS: We did a phase 1 open-label study at the University of Pittsburgh. We enrolled healthy individuals (aged 18–45 years) who were seronegative for HIV-1. Participants were assigned alternately one intramuscular dose of either 1200 mg or 900 mg long-acting rilpivirine, beginning with the 1200 mg dose. We obtained plasma specimens, genital and rectal fluids, and mucosal cells (rectal, cervical, and vaginal) before dose and after exposure to long-acting rilpivirine for assessment of pharmacokinetics and ex-vivo mucosal challenge with HIV-1. The primary objective was to characterise product safety, and the analysis included all enrolled participants. This trial is registered with ClinicalTrials.gov, number NCT01509859. FINDINGS: 20 participants were enrolled and received 1200 mg (n=10) or 900 mg (n=10) long-acting rilpivirine. Rilpivirine was detected in all genital and rectal fluid samples collected from participants who received 1200 mg. The most common adverse events were mild injection-site pain and headache. All grade 3 and 4 adverse events were deemed not related to rilpivirine. Geometric mean (90% CI) concentrations in plasma of rilpivirine at day 28 post dose were 53 ng/mL (38–67) in women and 41 ng/mL (23–61) in men for the 1200 mg dose and 28 ng/mL (19–37) in women and 17 ng/mL (9·26) in men for the 600 mg dose. The tissue-to-plasma ratio for rilpivirine in rectal tissue was about two-fold higher than in vaginal and cervical tissue (1·16 (1·13 to 9·61–0·72 and 0·50–0·71, respectively). Exposure to long-acting rilpivirine suppressed viral replication significantly in rectal tissue (p<0·0001), and this suppression persisted for up to 4 months. By contrast, no viral suppression was seen in cervical or vaginal tissue. INTERPRETATION: Ongoing research will characterise longer term safety and acceptability of multiple injections and help ascertain whether long-acting rilpivirine should advance to assessment of efficacy in preventing HIV-1 infection. FUNDING: Bill & Melinda Gates Foundation.	Humans; Animals; Female; HIV Infections/*prevention & control; Drug Combinations; Administration, Intravaginal; Macacus; Anti-HIV Agents/*pharmacokinetics; Models, Animal; Primary Prevention; Contraceptive Agents, Female/*pharmacokinetics; Pyrimidines/*pharmacokinetics; Cyclohexanes/*pharmacokinetics; Triazoles/*pharmacokinetics; Vaginas/*chemistry/drug effects	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Mugo, Nelly R; Ngure, Kenneth; Kiragu, Michael; Irungu, Elizabeth; Kilonzo, Nduku	The preexposure prophylaxis revolution: from clinical trials to programmatic implementation.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000224	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4900628/	PURPOSE OF REVIEW: An investment in preexposure prophylaxis (PrEP) delivery must have public health impact in reducing HIV infections. Sustainable delivery of PrEP requires policy, integration of PrEP delivery platforms, and resource mobilization. We review the evidence for PrEP implementation and highlight research gaps and opportunities. RECENT FINDINGS: Daily oral PrEP (tenofovir/emtricitabine, TDF/FTC) is highly efficacious in preventing HIV infection among men who have sex with men, people who inject drugs, and heterosexuals in clinical trials. PrEP delivery has been delayed by concerns about adherence and delivery in 'real world' settings. Demonstration projects and clinical service delivery models are providing evidence of PrEP effectiveness with an impact much higher than that found in randomized clinical trials. Data confirm that PrEP uptake, adherence, and retention has been high, more so by persons who perceive themselves at high risk for HIV infection, and PrEP is well tolerated. PrEP delivery is more than dispensation of a pill and programs should address other risk drivers, which differ by population. In Africa, barriers to PrEP uptake and adherence include stigma among MSM and low HIV risk perception among young women. Additional data have provided insight into optimal points of service delivery, provider training requirements and quality assurance needs. Of the 2 million new HIV infections in 2014, 70% were in Africa. PrEP use is not lifelong, and was limited to periods of risk may be both effective and cost-effective for the continent. SUMMARY: HIV prevention programs should determine strategies to identify those at substantial risk for HIV infection, formulate and deliver PrEP as combination with interventions that target social drivers of HIV, and address barriers to uptake and adherence. Cost and cost-effectiveness analyses to inform resource allocation and investment decisions for PrEP programs are required. Cost-effectiveness and efficiency data are essential for policy guidance to navigate ethical questions over use of antiretroviral therapy for HIV-negative individuals when treatment coverage has not been attained in many parts of Africa. Countries need to invest in purposeful advocacy at both local and global forums. Failure to implement PrEP will be a failure to protect future generations.	NA	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2016	Mugwanya, Kenneth K; Hendrix, Craig W; Mugo, Nelly R; Marrazzo, Mark; Katabira, Elly T; Ngure, Kenneth; Semiyaga, Nula R; Johnson-Stewart, Grace; Muwonge, Timothy R; Muthuri, Gabriel; Bergcotzka, Andy; Celum, Connie L; Baeten, Jared M	Pre-exposure Prophylaxis Use by Breastfeeding HIV-Uninfected Women: A Prospective Short-Term Study of Antiretroviral Excretion in Breast Milk and Infant Absorption.	PLOS Medicine	-	-	-	-	1549-1676	10.1371/journal.pmed.1002132	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5038951/	BACKGROUND: As pre-exposure prophylaxis (PrEP) becomes more widely used in heterosexual populations, an important consideration is its safety in infants who are breastfed by women taking PrEP. We investigated whether tenofovir and emtricitabine are excreted into breast milk and then absorbed by the breastfeeding infant in clinically significant concentrations when used as PrEP by lactating women. METHODS AND FINDINGS: We conducted a prospective short-term, open-label study of daily oral emtricitabine-tenofovir disoproxil fumarate PrEP among 50 HIV-uninfected breastfeeding African mother-infant pairs between 1-24 wk postpartum (ClinicalTrials.gov Identifier: NCT02776748). The primary goal was to quantify the steady-state concentrations of tenofovir and emtricitabine in infant plasma ingested through breast milk. Secondary objectives were to estimate the infant absorption of tenofovir and emtricitabine from breast milk and to assess the safety of PrEP in breastfeeding infants. Infant plasma and breast milk were obtained at drug concentration steady states on days 7 and 15, and a single infant plasma sample was obtained on day 7. Peak breast milk samples were obtained 1-2 h after the maternal DOT PrEP dose, while maternal trough samples were obtained at the end of the PrEP dosing interval (i.e., 23 to 24 h) after maternal DOT PrEP dose. Tenofovir and emtricitabine concentrations were quantified using liquid chromatography-tandem mass spectrometry (LC-MS/MS) assays. Of the 50 mother-infant pairs enrolled, 48% were ≤6 months postpartum, and median maternal age was 25 y (interquartile range [IQR 22-28). During study follow-up, the median (IQR) daily reported frequency of infant breastfeeding was 15 times (12 to 18) overall, 16 (14 to 19) for the ≤6 months, and 14 (12 to 17) for the ≥6 months postpartum strata. For the 12-24-wk infant age groups, Overall, median (IQR) time-averaged peak concentration in breast milk was 0.3 ng/mL (0.2 to 0.5) for tenofovir and 212.5 ng/mL (140.0 to 405.0) for emtricitabine. Similarly, median (IQR) time-averaged trough concentrations in breast milk were 3.3 ng/mL (2.3 to 4.4) for tenofovir and 183.4 ng/mL (113.0 to 250.0) for emtricitabine. The estimated median (IQR) infant daily dose of tenofovir ingested through breastfeeding was 0.47 μg/kg/day (0.30 to 0.71) for tenofovir and 290.0 μg/kg/day (174.0 to 402.0) for emtricitabine. Tenofovir was detectable in 47/49 (96%) infant plasma samples (median IQR concentration: 11.2 ng/mL: 9.3 to 16.7). The estimated equivalent doses an infant would ingest daily from breastfeeding were 0.47 μg/kg/day (IQR 0.35 to 0.71) for tenofovir and 31.5 μg/kg/day (IQR 21.0 to 60.8) for emtricitabine, translating into a <0.01% and 0.5% relative dose when compared to the 6 mg/kg dose that is proposed for therapeutic treatment of infant HIV infection and for prevention of infant postnatal HIV infection; a dose that has not shown safety concerns. No serious adverse effects were recorded during study follow-up. The key study limitation was that only a single infant sample was collected to minimize venipuncture for the children. However, maternal daily DOT and specimen collection at drug concentration steady state provided an adequate approach to address the key research question. Importantly, there was minimal variation in breast milk concentrations of tenofovir and emtricitabine (respective median trough-to-peak concentration ratio ~1), demonstrating that infants were exposed to consistent drug dosing via breast milk. CONCLUSION: In this short-term study of daily directly observed oral PrEP in HIV-uninfected breastfeeding women, the estimated infant doses from breast milk and resultant infant plasma concentrations for tenofovir and emtricitabine were 12,500 and >200-fold lower than the respective proposed infant therapeutic doses, and tenofovir was not detected in 96% of infant plasma samples. These data suggest that PrEP can be safely used during breastfeeding with minimal infant drug exposure. TRIAL REGISTRATION: ClinicalTrials.gov, Identifier: NCT02776748.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Mugwanya, Kenneth K; Wyatt, Christine; Celum, Connie; Donnell, Deborah; Kurie, James; Ronald, Allan; Baeten, Jared M	Reversibility of Glomerular Renal Function Decline in HIV-Uninfected Men and Women Discontinuing Emtricitabine-Tenofovir Disoproxil Fumarate Pre-Exposure Prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000868	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4770897/	BACKGROUND: Tenofovir disoproxil fumarate (TDF) pre-exposure prophylaxis (PrEP) use is associated with a small but statistically significant decline in estimated glomerular filtration rate (eGFR). We investigated the reversibility of eGFR decline among HIV-uninfected adults discontinuing PrEP. METHODS: Data were from the Partners PrEP Study, a randomized trial of daily oral TDF and emtricitabine (FTC)/TDF vs. placebo. Participants who discontinued study drug and had 2 eGFR measurements ≥90 days apart were included. Reversibility was defined as an increase of ≥1 month 1 and 2 after discontinuation. eGFR was calculated using the Chronic Kidney Disease Epidemiology Collaboration Equation. RESULTS: A total of 1024 individuals had a poststudy drug serum creatinine measurement after the scheduled drug discontinuation (127 for TDF, 1306 for FTC-TDF, and 1345 for placebo); 65% were men, median age was 35 (range 18-64) years. Median time on study drug was 33 (interquartile range 25-36) months overall, and 36 months (interquartile range 30-36) for TDF and FTC-TDF. Mean eGFR at the last on-treatment visit was 129 mL/min/1.73 m for TDF and 130 mL/min/1.73 m for FTC-TDF versus 131 mL/min/1.73 m for placebo (2-3 mL/min/1.73 m mean decline for PrEP versus placebo, P=0.0004, 0.01), and this difference reversed by 4 weeks after drug discontinuation (mean eGFR at the first postdrug visit 130 mL/min/1.73 m in all groups). More than 96% of participants had a confirmed >75% eGFR rebound to baseline level by 8 weeks after drug discontinuation, with similar proportions across treatment groups. CONCLUSIONS: In this large, placebo-controlled study of TDF-based PrEP, the small reduction in mean eGFR associated with PrEP reversed within weeks after discontinuation.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2016	Mugwanya, Kenneth; Baeten, Jared; Celum, Connie; Donnell, Deborah; Nickolas, Thomas; Mugo, Nelly; Branch, Andrea; Tappero, Jordan; Kiarie, James; Ronald, Allan; Yin, Michael; Wyatt, Christina	Low Risk of Proximal Tubular Dysfunction Associated With Emtricitabine-Tenofovir Disoproxil Fumarate Preexposure Prophylaxis in Men and Women.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiw125	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5021224	OBJECTIVE: Tenofovir disoproxil fumarate (TDF) is associated with proximal tubular dysfunction (tubulopathy) when used in the treatment of human immunodeficiency virus (HIV) infection. We evaluated whether TDF causes tubulopathy when used as HIV preexposure prophylaxis (PrEP) and whether tubulopathy predicts clinically relevant decline (≥25%) in the estimated glomerular filtration rate (eGFR). METHODS: A subgroup analysis of the Partners PrEP Study, a randomized, placebo-controlled trial of daily oral TDF, alone or with emtricitabine (FTC), in HIV-uninfected African men and women (Clinicaltrials.gov NCT00557245). Tubulopathy was assessed in concurrently obtained urine and serum samples at the 24-month or last on-treatment visit, predefined as ≥2 of the following: tubular proteinuria, euglycemic glycosuria, increased urinary phosphate, and uric acid excretion. RESULTS: Of 1549 persons studied (776 receiving FTC-TDF, 773 receiving placebo), 64% were male, and the median age was 37 years. Over a median 24 months of study-drug exposure, the frequency of tubulopathy was 1.7% for FTC-TDF versus 1.3% for placebo (odds ratio, 1.30; 95% confidence interval, .52-3.33; P = .68); Tubulopathy occurred in 2 of 52 persons (3.8%) with versus 3 of 208 (1.4%) without ≥25% eGFR decline (adjusted odds ratio, 1.39; .10-14.0; P > .99). CONCLUSIONS: Daily oral FTC-TDF PrEP was not significantly associated with tubulopathy over the course of 24 months, nor did tubulopathy predict clinically relevant eGFR decline.	PrEP; TDF nephrotoxicity; TDF toxicity; proximal tubular dysfunction	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Mujugira, Andrew; Celum, Connie; Coombs, Robert W.; Campbell, James D.; Ndase, Patrick; Ronald, Allan; Were, Edwin; Bukusi, Elizabeth A.; Mugo, Nelly; Kiarie, James; Baeten, Jared M.	HIV Transmission Risk Persists During the First 6 Months of Antiretroviral Therapy.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001019	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5106226/	OBJECTIVE: Combination antiretroviral therapy (ART) decreases the risk of sexual HIV transmission by suppressing blood and genital HIV RNA concentrations. We sought to determine HIV transmission risk prior to achieving complete viral suppression. DESIGN: Prospective cohort study. METHODS: Using data from the Partners PrEP Study, a prospective study of 4747 heterosexual HIV-serodiscordant couples in Kenya and Uganda, we examined multiple markers of HIV transmission risk during the first months after ART initiation: time to viral suppression in blood, persistence of HIV RNA in genital specimens, sexual risk behavior, pregnancy incidence, and HIV transmission using survival analysis and generalized estimating equations logistic regression. RESULTS: The cumulative probabilities of achieving blood viral suppression (<80 copies per milliliter) 3, 6, and 9 months after ART initiation were 65.3%, 84.8%, and 89.1%, respectively. Endocervical and seminal HIV RNA were detectable in 12% and 21% of samples obtained within 6 months of ART. Pregnancy incidence was 8.8 per 100 person-years during the first 6 months of ART, and sex unprotected by condoms was reported at 10.5% of visits. Among initially uninfected partners, HIV incidence before ART was 2.08 per 100 person-years (55 infections; 2644 person-years), 1.79 for 0-6 months after ART initiation (3 infections; 168 person-years), and 0.00 with >6 months of ART (0 infections; 167 person-years). CONCLUSIONS: Residual HIV transmission risk persists during the first 6 months of ART, with incomplete viral suppression in blood and genital compartments. For HIV-serodiscordant couples in which the infected partner starts ART, other prevention options are needed, such as pre-exposure prophylaxis, until viral suppression is achieved.	Humans; Male; Female; Risk-Taking; Time Factors; Anti-HIV Agents/administration & dosage/*therapeutic use; Risk Factors; Prospective Studies; Sexual Partners; RNA, Viral/drug effects; Kenya/epidemiology; Sexual Behavior/statistics & numerical data; HIV Infections/*drug therapy/prevention & control/*transmission/virology; HIV-1/*drug effects/genetics/*isolation & purification; Uganda/epidemiology; Semen/drug effects/virology; Viral Load/*drug effects/genetics; Virus Shedding/drug effects; Cervix Uteri/drug effects/virology; Disease Transmission, Infectious/prevention & control/*statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Mujugira, Andrew; Celum, Connie; Tappero, Jordan W.; Ronald, Allan; Mugo, Nelly; Baeten, Jared M.	Younger Age Predicts Failure to Achieve Viral Suppression and Virologic Rebound Among HIV-1-Infected Persons in Serodiscordant Partnerships.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/AID.2015.0296	https://pubmed.ncbi.nlm.nih.gov/26670218/	BACKGROUND: Antiretroviral therapy (ART) markedly reduces the risk of HIV-1 transmission in serodiscordant partnerships. We previously found that younger age and higher CD4 counts were associated with delayed initiation of ART by HIV-1-infected partners in serodiscordant partnerships. Among those initiating ART, we sought to explore whether those same factors were associated with failure to achieve viral suppression. METHODS: In a prospective study of HIV-1-infected persons who had a known heterosexual HIV-1-uninfected partner in Kenya and Uganda Partners Pre-Exposure Prophylaxis (PrEP) Study, we used Cox proportional hazards regression to evaluate correlates of failure to achieve viral suppression (HIV-1 RNA >80 copies/ml). RESULTS: Of 1,035 HIV-1-infected participants initiating ART, 867 (84%) achieved viral suppression: 77% by 6 months and 86% by 12 months. Younger age adjusted hazard ratio (aHR) 1.05 for every 5 years younger; p = .006, lower pretreatment CD4 count (aHR 1.26; p = .009 for ≤250 compared with >250 cells/μl), and higher pretreatment HIV-1 RNA quantity (aHR 1.21 per log10; p < .001) independently predicted failure to achieve viral suppression. Following initial viral suppression, 8.8% (76/867) experienced virologic rebound (HIV-1 RNA >200 copies/ml): 6.3% and 11.5% by 6 and 12 months after initial suppression, respectively. Age was the only factor associated with increased risk of virologic rebound (aHR 1.33 for every 5 years younger; p = .005). CONCLUSIONS: For HIV-1-infected persons in serodiscordant couples, younger age was associated with delayed ART initiation, failure to achieve viral suppression, and increased risk of virologic rebound. Motivating ART initiation and early adherence is a key to achieving and sustaining viral suppression.	Adult; Humans; Male; Treatment Outcome; Anti-HIV Agents/*therapeutic use; Female; CD4 Lymphocyte Count; HIV Infections/*drug therapy/virology; Viral Load/*drug effects; Prospective Studies; Sexual Partners; Uganda; Age Factors; HIV-1/*isolation & purification; Kenya; Medication Adherence/*psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Mukandavire, Zindoga; Mitchell, Kate M; Vickerman, Peter	Comparing the impact of increasing condom use or HIV pre-exposure prophylaxis (PrEP) use among female sex workers.	Epidemics	-	-	-	-	1878-0067	10.1016/j.epidem.2015.10.002	https://dx.doi.org/10.1016/j.epidem.2015.10.002	In many settings, interventions targeting female sex workers (FSWs) could significantly reduce the overall transmission of HIV. To understand the role HIV pre-exposure prophylaxis (PrEP) could play in controlling HIV transmission amongst FSWs, it is important to understand how its impact compares with scaling-up condom use-one of the proven HIV prevention strategies for FSWs. It is important to remember that condoms also have other benefits such as reducing the incidence of sexually transmitted infections and preventing pregnancy. A dynamic deterministic model of HIV transmission amongst FSWs, their clients and other male partners (termed 'pimps') was used to compare the protection provided by PrEP for HIV-negative FSWs with FSWs increasing their condom use with clients and/or pimps. For different HIV prevalence scenarios, levels of pimp interaction, and baseline condom use, we estimated the coverage of PrEP that gives the same reduction in endemic FSW HIV prevalence or HIV infections averted as different increases in condom use. To achieve the same impact on FSW HIV prevalence as increasing condom use by 1%, the coverage of PrEP has to increase by >2%. The relative impact of PrEP increases for scenarios where pimps contribute to HIV transmission, but not greatly, and decreases with higher baseline condom use. In terms of HIV infections averted over 10 years, the relative impact of PrEP compared to condoms was reduced, with a >3% increase in PrEP coverage achieving the same impact as a 1% increase in condom use. Condom promotion interventions should remain the mainstay HIV prevention strategy for FSWs, with PrEP only being implemented once condom interventions have been maximised or to fill prevention gaps where condoms cannot be used.	Commercial sex; Impact; Intervention; Mathematical modelling; Prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Mukhopadhya, Indrani; Murray, Graeme I.; Duncan, Linda; Yuecel, Raif; Shattock, Robin; Kelly, Charles; Iannelli, Francesco; Pozzi, Gianni; El-Omar, Emad M.; Hold, Georgina L.; Hijazi, Karolin	Transporters for Antiretroviral Drugs in Colorectal CD4+ T Cells and Circulating α4β7 Integrin CD4+ T Cells: Implications for HIV Microbicides.	Molecular Pharmaceutics	-	-	-	-	1543-8392 1543-8384	10.1021/acs.molpharmaceut.6b00351	https://pubmed.ncbi.nlm.nih.gov/27467446/	CD4+ T lymphocytes in the colorectal mucosa are key in HIV-1 transmission and dissemination. As such they are also the primary target for antiretroviral (ARV)-based rectal microbicides for pre-exposure prophylaxis. Drug transporters expressed in mucosal CD4+ T cells determine ARV distribution across the cell membrane and, most likely, efficacy of microbicides. We describe transporters for antiretroviral drugs in colorectal mucosal CD4+ T lymphocytes and compare gene expression with circulating α4β7+CD4+ T cells, which traffic to the intestine and have been shown to be preferentially infected by HIV-1. Purified total CD4+ T cells were obtained from colorectal tissue and blood samples by magnetic separation. CD4+ T cells expressing α4β7 integrin were isolated by fluorescence-activated cell sorting from peripheral blood mononuclear cells of healthy volunteers. Expressions of 15 efflux and uptake drug transporter genes were quantified using Taqman qPCR assays. Expression of efflux transporters MRP3, MRP5, and BCRP and uptake transporter CNT2 were significantly higher in colorectal CD4+ T cells compared to circulating CD4+ T cells (p = 0.01-0.03). Conversely, circulating α4β7+CD4+ T cells demonstrated significantly higher expression of OATPD compared to colorectal CD4+ T cells (p = 0.001). To the best of our knowledge this is the first report of drug transporter gene expression in colorectal CD4+ and peripheral α4β7+CD4+ T cells. The qualitative and quantitative differences in drug transporter gene expression profiles between α4β7+CD4+ T cells and total mucosal CD4+ T cells may have significant implications for the efficacy of rectally delivered ARV-microbicides. Most notably, we have identified efflux drug transporters that could be targeted by selective inhibitors or beneficial drug-drug interactions to enhance intracellular accumulation of antiretroviral drugs.	Adult; Humans; Male; Middle Aged; Young Adult; Female; HIV Infections/drug therapy; Anti-HIV Agents/therapeutic use; Cells, Cultured; Flow Cytometry; Reverse Transcriptase Polymerase Chain Reaction; CD4-Positive T-Lymphocytes/*metabolism; Membrane Transport Proteins/*metabolism; RNA, Messenger/metabolism; gene expression; CD4+ T cells; colorectal mucosa; efflux drug transporters; HIV-1/metabolism/*pathogenicity; Integrins/*metabolism; uptake drug transporters; α4β7 integrin	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2016	Mullins T.L.K.; Zimet G.; Lally M.; Kahn J.A.	Adolescent Human Immunodeficiency Virus Care Providers' Attitudes Toward the Use of Oral Pre-Exposure Prophylaxis in Youth	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2016.0048	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978933141&doi=10.1089%2fapc.2016.0048&partnerID=40&md5=f2b861fd69cf580ab7adf09dd4489948	Oral pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention is currently indicated for use in adults in the United States and may soon be indicated for minor adolescents. However, implementation of PrEP use among minors may present unique barriers. We conducted 15 individual, semi-structured interviews among US clinicians caring for HIV-infected and at-risk youth. The theory-driven interview guide assessed demographics, perceived role of oral PrEP in HIV prevention among adolescents, perceived barriers to and facilitating factors for use of PrEP in adolescents, and clinician-reported likelihood of prescribing PrEP. Transcripts were analyzed using framework analysis. Overall, clinicians viewed PrEP as a time-limited intervention that is one part of a comprehensive approach to HIV prevention among adolescents. Perceived barriers to prescribing to minors included concerns about: confidentiality, legality of minors consenting to PrEP without parental involvement, ability of minors to understand the risks/benefits of PrEP, the possible impact of PrEP on bone accrual, off-label use of PrEP medication in minors, and the high costs associated with PrEP use. Clinician-reported facilitating factors for prescribing PrEP to youth included educating communities and other clinicians about PrEP, ensuring adequate financial resources and infrastructure for delivering PrEP, developing formal guidance on effective behavioral interventions that should be delivered with PrEP, and gaining personal experience with prescribing PrEP. Clinicians indicated greater comfort with prescribing PrEP to adults versus minors. For PrEP to become more widely available to youth at risk for HIV infection, barriers that are unique to PrEP use in minors must be addressed. © 2016, Mary Ann Liebert, Inc.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Musinguzi, N; Muganzi, CD; Boum, Y; Ronald, A; Marzinke, MA; Hendrix, CW; Celum, C; Baeten, JM; Bangsberg, DR; Haberer, JE	Comparison of subjective and objective adherence measures for preexposure prophylaxis against HIV infection among serodiscordant couples in East Africa	AIDS	-	-	-	-	NA	10.1097/QAD.0000000000001024	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01259822/full	BACKGROUND: Preexposure prophylaxis (PrEP) efficacy is highly dependent on adherence. Yet, it is unclear which adherence measures perform best for PrEP. METHODS: We compared three types of self-reported adherence questions (rating of ability to adhere, frequency of doses taken, percentage of doses taken) and three forms of objective adherence measurement unannounced pill counts (UPC), electronic monitoring, plasma tenofovir levels using data from an ancillary adherence study within a clinical trial of PrEP among East African serodiscordant couples (Partners PrEP Study). Monthly measures were assessed for the first 6 months of follow-up. RESULTS: One thousand, one hundred and forty-seven participants contributed 6048 person-months of data to this analysis. Median adherence was high: self-reported rating (90%), self-reported frequency (93%), and self-reported percentage (97%); UPC (99%); and electronic monitoring (97%). Prevalence of steady-state daily dosing (SSDD; ≥40 ng/ml) was 74% in a random subset of tenofovir samples obtained from 365 participants. Discrimination of SSDD versus less than SSDD levels was poor for self-reported rating area under the receiver-operating curve (AROC 0.54), self-reported frequency (AROC 0.52), self-reported percentage (AROC 0.56) and UPC (AROC 0.58), but moderate for electronic monitoring (AROC 0.70). Correlation was moderate among self-reported measures, adherence (0.61-0.66), but low for these self-reported measures compared with UPC (0.32-0.36) and with electronic monitoring (0.22-0.28). CONCLUSION: Electronic monitoring was the only adherence measure with meaningful ability to discriminate between SSDD and less than SSDD plasma tenofovir levels. Correlation between subjective and objective measures was poor. Future research should explore novel approaches to adherence measurement as PrEP moves into demonstration projects and programmatic implementation.	Adult; Africa, Eastern; Anti-Retroviral Agents *administration & dosage; Disease Transmission, Infectious *prevention & control; Double-Blind Method; Family Characteristics; Female; HIV Infections *prevention & control; Humans; Male; Medication Adherence; Pre-Exposure Prophylaxis *methods, *statistics & numerical data; Tenofovir administration & dosage	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2016	Nagot, Nicolas; Kankasa, Chipepo; Tumwine, James K; Meda, Nicolas; Hofmeyr, G Justus; Vallo, Roselyne; Mwiya, Mwiya; Kwagala, Mary; Traore, Hugues; Sunday, Amwe; Singata, Mandisa; Siuluta, Chafye; Some, Eric; Rutagwera, David; Neboua, Desire; Ndeezi, Grace; Jackson, Debra; Maréchal, Valérie; Neveu, Dorine; Engebretsen, Ingunn M S; Lombard, Carl; Blanche, Stéphane; Sommerfelt, Halvor; Rekacewicz, Claire; Tylleskär, Thorkild; Van de Perre, Philippe	Extended pre-exposure prophylaxis with lopinavir-ritonavir versus lamivudine to prevent HIV-1 transmission through breastfeeding up to 50 weeks in infants in Africa (ANRS 12174): a randomised controlled trial.	The Lancet	-	-	-	-	1474-547X	10.1016/S0140-6736(15)00984-8	https://dx.doi.org/10.1016/S0140-6736(15)00984-8	BACKGROUND: Strategies to prevent postnatal mother-to-child transmission of HIV-1 in Africa, including infant prophylaxis, have never been assessed past 6 months of breastfeeding, despite breastfeeding being recommended up to 12 months after birth. We aimed to compare the efficacy and safety of infant prophylaxis with the two drug regimens (lamivudine or lopinavir-ritonavir) to prevent postnatal HIV-1 transmission up to 50 weeks of breastfeeding. METHODS: We did a randomised controlled trial in four sites in Burkina Faso, South Africa, Uganda, and Zambia in children born to HIV-1-infected mothers not eligible for antiretroviral therapy (CD4 count >350 cells per μL). An independent researcher electronically generated a randomisation schedule; we then used sequentially numbered envelopes to randomly assign (1:1) HIV-1-uninfected breastfed infants aged 7 days to either lopinavir-ritonavir or lamivudine (paediatric liquid formulations, twice a day) up to 1 week after complete cessation of breastfeeding or at the final visit at week 50. We stratified the randomisation by country and used permuted blocks of four and six. We used a study label on drug bottles to mask participants, study physicians, and assessors to the treatment allocation. The primary outcome was infant HIV-1 infection between age 7 days and 50 weeks, diagnosed every 3 months with HIV-1 DNA PCR, in the modified intention-to-treat population (all who attended at least one follow-up visit). This trial is registered with ClinicalTrials.gov, number NCT00640263. FINDINGS: Between Nov 16, 2009, and May 7, 2012, we enrolled and randomised 1273 infants and analysed 1236; 615 assigned to lopinavir-ritonavir or 621 assigned to lamivudine. 17 HIV-1 infections were diagnosed in the study period (eight in the lopinavir-ritonavir group and nine in the lamivudine group), resulting in cumulative HIV-1 infection of 1.4% (95% CI 0.4-2.5) and 1.5% (0.7-2.5), respectively. Infection rates did not differ between the two drug regimens (hazard ratio HR of lopinavir-ritonavir versus lamivudine of 0.90, 95% CI 0.35-2.34; p=0.83). Clinical and biological severe adverse events did not differ between groups; 251 (51%) infants had a grade 3-4 event in the lopinavir-ritonavir group compared with 246 (50%) in the lamivudine group. INTERPRETATION: Infant HIV-1 prophylaxis with lopinavir-ritonavir was not superior to lamivudine and both drugs led to very low rates of HIV-1 postnatal transmission for up to 50 weeks of breastfeeding. Infant pre-exposure prophylaxis should be extended until the end of HIV-1 exposure and mothers should be informed about the persistent risk of transmission throughout breastfeeding. FUNDING: INSERM/National Agency for Research on AIDS and Viral Hepatitis (including funds from the Total Foundation), European Developing Countries Clinical Trials Partnership, Research Council of Norway.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2016	Namey, Emily; Agot, Kawango; Ahmed, Khatija; Odhiambo, Jacob; Skhosana, Joseph; Guest, Greg; Corneli, Amy	When and why women might suspend PrEP use according to perceived seasons of risk: implications for PrEP-specific risk-reduction counselling	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2016.1164899	https://www.proquest.com/scholarly-journals/when-why-women-might-suspend-prep-use-according/docview/1823245695/se-2?accountid=8113	Oral pre-exposure prophylaxis (PrEP) using the antiretroviral drug emtricitabine/tenofovir disoproxil fumarate (Truvada) has been shown to dramatically reduce the risk of HIV acquisition for women at higher risk of infection if taken daily. Understanding when and why women would intentionally stop using an efficacious oral PrEP drug within the context of their 'normal' daily lives is essential for delivering effective PrEP risk-reduction counselling. As part of a larger study, we conducted 60 qualitative interviews with women at higher risk of HIV in Bondo, Kenya, and Pretoria, South Africa. Participants charted their sexual contacts over the previous six months, indicated whether they would have taken PrEP if available and discussed whether and why they would have suspended PrEP use. Nearly all participants said they would have used PrEP in the previous six months; half indicated they would have suspended PrEP use at some point. Participants' reasons for an extended break from PrEP were related to partnership dynamics (e.g., perceived low risk of a stable partner) and phases of life (e.g., trying to conceive). Life events (e.g., holidays and travel) could prompt shorter breaks in PrEP use. These circumstances may or may not correspond to actual contexts of lower risk, highlighting the importance of tailored PrEP risk-reduction counselling.	Counseling; South Africa; HIV prevention; women; Kenya; pre-exposure prophylaxis; Antiretroviral drugs; Sociology; Risk reduction; Qualitative research; PrEP counselling; Human immunodeficiency virus--HIV; Woman	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Nanda, K; Callahan, R; Taylor, D; Wang, M; Agot, K; Jenkins, D; Van Damme, L; Dorflinger, L	Medroxyprogesterone acetate levels among Kenyan women using depot medroxyprogesterone acetate in the FEM-PrEP trial	Contraception	-	-	-	-	0010-7824	10.1016/j.contraception.2016.03.003	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01266040/full	OBJECTIVE: To describe medroxyprogesterone acetate (MPA) levels among Kenyan depot medroxyprogesterone acetate (DMPA) users in the FEM-PrEP HIV prevention trial, and to compare MPA levels between ARV for HIV prevention (treatment) and placebo groups. STUDY DESIGN: We measured MPA in previously collected plasma samples from 63 Kenyan trial participants who used DMPA for one or two complete intervals. We separately assessed MPA levels among the nine DMPA users who became pregnant at this site. RESULTS: Mean MPA levels at the end of each 12week injection interval were 0.37ng/ml (95% CI: 0.25, 1.99) and 0.28ng/ml (95% CI: 0.19, 1.22) among participants assigned TDF/FTC and 0.49 (95% CI: 0.40, 1.27) and 0.39 (95% CI: 0.31, 1.17) among those assigned placebo. The difference between groups was not statistically significant overall, or in an analysis which adjusted for the observed low adherence to TDF/FTC. Unanticipated findings of this analysis were low 12-week MPA levels among DMPA users in both study arms. Of 61 women who contributed data for the first DMPA injection interval, 26.2% had MPA levels<0.1ng/ml and 9.8% had levels below the detection level (0.02ng/ml) at 12weeks post-injection. Levels were similar at the end of the second injection interval. Five of nine women who became pregnant had levels below 0.15ng/mL at the time of their last negative pregnancy test. CONCLUSIONS: Use of TDF/FTC did not appear to affect serum MPA levels, however we found lower than expected MPA concentrations at the end of the dosing interval among DMPA users in the FEM-PrEP trial, the cause of which are unknown. IMPLICATIONS: This study presents some of the few available data on MPA levels among DMPA users in Africa. The low levels among users described here, together with a number of pregnancies among DMPA users, are potentially concerning and require further investigation.	*Kenyan; *contraceptive agent/cr Drug Concentration; *depot medroxyprogesterone acetate/cr Drug Concentration; *drug blood level; *medroxyprogesterone acetate; *medroxyprogesterone acetate/cr Drug Concentration; Adolescent; Adult; Africa; Article; Blood sampling; Clinical trial; Contraceptive Agents, Female *administration & dosage; Controlled study; Delayed-Action Preparations administration & dosage; Drug Interactions; Drug dosage form; Emtricitabine therapeutic use; Female; HIV Infections prevention & control; Human; Human immunodeficiency virus infection/pc Prevention; Human tissue; Humans; Infection prevention; Injection; Kenya; Kenyan; Major clinical study; Medroxyprogesterone Acetate *administration & dosage, *blood; Physical examination; Placebo; Plasma; Pregnancy; Pregnancy Tests; Pregnancy test; Prevention study; Pre-Exposure Prophylaxis; Study design; Tenofovir therapeutic use; Unclassified drug; Young Adult; Young adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Newcomb M.E.; Mongrella M.C.; Weis B.; McMillen S.J.; Mustanski B.	Partner Disclosure of PrEP Use and Undetectable Viral Load on Geosocial Networking Apps: Frequency of Disclosure and Decisions about Condomless Sex	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000000819	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84955606201&doi=10.1097%2fQAI.0000000000000819&partnerID=40&md5=579c6fe1ab02aa93f8556e22d1672283	Background: Recent advances in biomedical prevention strategies, including pre-exposure prophylaxis (PrEP) and achieving an undetectable viral load (UVL) among HIV-infected persons, show promise in curbing the rising incidence of HIV among men who have sex with men (MSM) in the United States. This mixed-methods study aimed to investigate the frequency with which MSM encounter potential sex partners on geosocial networking apps who disclose biomedical prevention use, and how MSM make decisions about condom use after these disclosures. Method: Participants were recruited through advertisements placed on a large geosocial networking app for MSM. A total of 668 and 727 participants, respectively, responded to questionnaires assessing partner disclosure of PrEP use and UVL. Each questionnaire included an open-ended item assessing reasons for condomless anal sex (CAS) with partners using biomedical prevention. Results: Across both surveys, most respondents encountered potential sex partners who disclosed PrEP use or UVL, and the majority of those who met up with these partners engaged in CAS at least once. Qualitative analyses found that most participants who reported CAS did so after making a calculated risk about HIV transmission. We also describe a novel risk reduction strategy, "biomed-matching," or having CAS only when both individuals use PrEP or have UVL. We report serostatus differences in both quantitative and qualitative findings. Conclusions: Disclosure of PrEP use and UVL is not uncommon among MSM. Many MSM make accurate appraisals of the risks of CAS with biomedical prevention, and mobile apps may aid with disclosing biomedical prevention use. © 2015 Wolters Kluwer Health, Inc. All rights reserved.	biomedical prevention; HIV/AIDS; men who have sex with men; pre-exposure prophylaxis; viral suppression	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Ngure K.; Heffron R.; Curran K.; Vusha S.; Ngutu M.; Mugo N.; Celum C.; Baeten J.M.	I knew I would be safer. Experiences of Kenyan HIV serodiscordant couples soon after pre-exposure prophylaxis (PrEP) initiation	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2015.0259	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84957701394&doi=10.1089%2fapc.2015.0259&partnerID=40&md5=33b0029e95a441b87a6243159440fd29	Pre-exposure prophylaxis (PrEP) for HIV-uninfected persons is highly efficacious for HIV prevention. Understanding how people at risk for HIV will use PrEP is important to inform PrEP scale-up and implementation. We used qualitative methods to gather insights into couples' early experiences with PrEP use within the Partners Demonstration Project, an open-label implementation study evaluating integrated delivery of PrEP and antiretroviral therapy (ART). PrEP is offered to HIV uninfected partners until the HIV-infected partner initiates and sustains ART use (i.e., PrEP as a "bridge" to ART initiation and viral suppression). From August 2013 to March 2014 we conducted 20 in-depth dyadic interviews (n = 40) with heterosexual HIV serodiscordant couples participating at the Thika, Kenya study site, exploring how couples make decisions about using PrEP for HIV prevention. We developed and applied deductive and inductive codes to identify key themes related to experiences of PrEP initiation and use of time-limited PrEP. Couples reported that PrEP offered them an additional strategy to reduce the risk of HIV transmission, meet their fertility desires, and cope with HIV serodiscordance. Remaining HIV negative at follow-up visits reinforced couples' decisions and motivated continued adherence to PrEP. In addition, confidence in their provider's advice and client-friendly services were critical to their decisions to initiate and continue use of PrEP. Strategies for wide-scale PrEP delivery for HIV serodiscordant couples in low resource settings may include building capacity of health providers to counsel on PrEP adoption while addressing couples' concerns and barriers to adoption and continued use. © Mary Ann Liebert, Inc. 2016.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2016	Ngure, Kenneth; Vusha, Sophie; Mugo, Nelly; Emmanuel-Fabula, Mira; Ngutu, Mariah; Celum, Connie; Baeten, Jared M.; Heffron, Renee	"I never thought that it would happen … " Experiences of HIV seroconverters among HIV-discordant partnerships in a prospective HIV prevention study in Kenya.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2016.1191610	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5140887/	In spite of access to behavioral and biomedical HIV prevention strategies, HIV transmission occurs. For HIV-serodiscordant couples, prevention programs can be tailored to address individual and couples' needs to preserve their relationship while minimizing HIV risk. Programs for serodiscordant couples may benefit from learning from experiences of couples who transmit HIV. We conducted 20 individual in-depth interviews with 10 initially HIV-serodiscordant couples who transmitted HIV during prospective follow-up at a peri-urban research site in Thika, Kenya. Data were analyzed inductively to identify situations that led to prevention failure and coping mechanisms. Inconsistent condom use driven by low HIV risk perception and alcohol use often preceded seroconversion while persistent blame frequently hindered couples' communication soon after seroconversion. In this emerging era of antiretroviral-based HIV prevention, couples' counseling can capitalize on opportunities to foster a supportive environment to discuss initiation and adherence to time-limited pre-exposure prophylaxis and lifelong antiretroviral therapy, in addition to strategies to reduce alcohol use, diffuse blame, and use condoms.	Adult; Humans; Male; Middle Aged; Female; Prospective Studies; HIV; HIV Infections/drug therapy/*prevention & control/*transmission; Interviews as Topic; Health Knowledge, Attitudes, Practice; Condoms; Family Characteristics; Counseling; Unsafe Sex; Interpersonal Relations; Communication; Pre-Exposure Prophylaxis; prevention; Kenya; seroconversion; Sexual Partners/*psychology; Alcohol Drinking; couples	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2016	Nichols B.E.; Boucher C.A.B.; van der Valk M.; Rijnders B.J.A.; van de Vijver D.A.M.C.	Cost-effectiveness analysis of pre-exposure prophylaxis for HIV-1 prevention in the Netherlands: a mathematical modelling study	The Lancet Infectious Diseases	-	-	-	-	14733099	10.1016/S1473-3099(16)30311-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84996524245&doi=10.1016%2fS1473-3099%2816%2930311-5&partnerID=40&md5=c1ce92e9639cf55d7839d141e4e6a83b	Background Pre-exposure prophylaxis (PrEP) with tenofovir and emtricitabine prevents HIV infections among men who have sex with men (MSM). PrEP can be given on a daily or intermittent basis. Unfortunately, PrEP is not reimbursed in most European countries. Cost-effectiveness analyses of PrEP among MSM in Europe are absent but are key for decision makers to decide upon PrEP implementation. Methods We developed a deterministic mathematical model, calibrated to the well defined Dutch HIV epidemic among MSM, to predict the effect and cost-effectiveness of PrEP. PrEP was targeted to 10% of highly sexually active Dutch MSM over the coming 40 years. Cost-effectiveness ratios were calculated to predict the cost-effectiveness of daily and on-demand PrEP. Cost-effectiveness ratios below €20 000 were considered to be cost-effective in this analysis. Findings Within the context of a stable HIV epidemic, at 80% effectiveness and current PrEP pricing, PrEP can cost as much as €11 000 (IQR 9400–14 100) per quality-adjusted life-year (QALY) gained when used daily, or as little as €2000 (IQR 1300–3000) per QALY gained when used on demand. At 80% effectiveness, daily PrEP can be considered cost-saving if the price of PrEP is reduced by 70%, and on-demand PrEP can be considered cost-saving if the price is reduced by 30–40%. Interpretation PrEP for HIV prevention among MSM in the Netherlands is cost-effective. The use of PrEP is most cost-effective when the price of PrEP is reduced through on-demand use or through availability of generic PrEP, and can quickly be considered cost-saving. Funding None. © 2016 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2016	Oldenburg C.E.; Le B.; Huyen H.T.; Thien D.D.; Quan N.H.; Biello K.B.; Nunn A.; Chan P.A.; Mayer K.H.; Mimiaga M.J.; Colby D.	Antiretroviral pre-exposure prophylaxis preferences among men who have sex with men in Vietnam: Results from a nationwide cross-sectional survey	Sexual Health	-	-	-	-	14485028	10.1071/SH15144	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84990855895&doi=10.1071%2fSH15144&partnerID=40&md5=d217158142fc49d57de723e2dd038eb5	Background The HIV/AIDS epidemic in Vietnam is concentrated in subgroups of the population, including men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is a viable strategy for HIV prevention, but knowledge about and preferences for PrEP delivery among Vietnamese MSM are not well understood. Methods: In 2015, an online survey was conducted with recruitment via social networking websites for MSM and peer recruitment. A description of daily oral, long-acting injectable, and rectal microbicide formulations of PrEP was provided to participants. Participants were asked about their prior awareness of and interest in PrEP, and ranked their most preferred PrEP modality. Multivariable logistic regression models were used to assess factors associated with having heard of PrEP and preference for each PrEP modality. Results: Of 548 participants who answered demographic and PrEP-related questions, 26.8% had previously heard of PrEP and most (65.7%) endorsed rectal microbicides as their most preferred PrEP delivery modality. Commonly-cited perceived barriers to uptake of PrEP included concern about side-effects, perception about being HIV positive, and family or friends finding out about their sexual behaviour. In multivariable models, older participants less often endorsed rectal microbicides (adjusted odds ratio (AOR) 0.95 per year, 95% confidence interval (CI) 0.91-0.99) and more often endorsed long-acting injectables (AOR 1.08 per year, 95% CI 1.03 to 1.14) as their preferred PrEP modality. Participants who were willing to pay more for PrEP less often endorsed rectal microbicides (AOR 0.81, 95% CI 0.72-0.92) and more often endorsed long-acting injectables (AOR 1.17, 95% CI 1.01-1.35) and daily oral pills (AOR 1.16, 95% CI 1.00-1.35) as their preferred form of PrEP. Conclusions: A variety of PrEP modalities were acceptable to MSM in Vietnam, but low knowledge of PrEP may be a barrier to implementation. © 2016 CSIRO.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Oldenburg C.E.; Le B.; Toan T.; Thien D.D.; Huyen H.T.; Friedman M.R.; Stall R.; Colby D.	HIV Pre-exposure Prophylaxis Indication and Readiness Among HIV-Uninfected Transgender Women in Ho Chi Minh City, Vietnam	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1483-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978699244&doi=10.1007%2fs10461-016-1483-x&partnerID=40&md5=6fb7b9b3a881b45f57ce9e3558d48ac1	Few studies have considered acceptability of HIV pre-exposure prophylaxis (PrEP) among transgender women in Southeast Asia. We assessed PrEP indications and readiness among a sample of HIV-uninfected transgender women in Ho Chi Minh City, Vietnam. Of 168 HIV-uninfected transgender women, 72.6 % met criteria for PrEP based on United States CDC guidelines. PrEP indication was inversely associated with PrEP interest (76.0 % interested among those for whom PrEP was indicated; 89.1 % among those for whom it was not; aOR 0.16, 95 % CI 0.04–0.67, P = 0.01). PrEP readiness, defined as having heard of, being interested in taking, and believing that PrEP is efficacious, was low (7.7 %). The results of this study indicate potential need for PrEP among transgender women in Ho Chi Minh City, but very low awareness of PrEP in the community. Future PrEP implementation programs should include counseling on HIV risk and eligibility for PrEP to ensure that PrEP is available to those who may benefit the most from it. © 2016, Springer Science+Business Media New York.	HIV; Pre-exposure prophylaxis; Transgender women; Vietnam	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Vietnam	Asia and the Pacific	Quantitative
Article	2016	Oldenburg C.E.; Mitty J.A.; Biello K.B.; Closson E.F.; Safren S.A.; Mayer K.H.; Mimiaga M.J.	Differences in Attitudes About HIV Pre-Exposure Prophylaxis Use Among Stimulant Versus Alcohol Using Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-015-1226-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84944526555&doi=10.1007%2fs10461-015-1226-4&partnerID=40&md5=5bf6c66bd10f5a211e828b654c652ab8	Alcohol and stimulant use are independently associated with increased HIV acquisition among men who have sex with men (MSM). We assessed differences in acceptability and perceived barriers to uptake of pre-exposure prophylaxis (PrEP) among stimulant and alcohol-using MSM in Boston. From September 2012–2013, a quantitative assessment was conducted with 254 MSM respondents who reported recent condomless sex in the context of concurrent stimulant (crack/cocaine and crystal methamphetamine; n = 132) or alcohol use (n = 122). Thirteen (5.1 %) reported previous PrEP use. In multivariable models, stimulant users were more likely to be concerned that substance use would affect PrEP adherence (aRR = 2.79, 95 % CI 1.63–4.77), and were less concerned about HIV stigma as a barrier to PrEP uptake (aRR = 0.52, 95 % CI 0.30–0.90) compared to alcohol users. Barriers to PrEP uptake and adherence differ by type of substance used. Different strategies may be required for PrEP implementation among MSM who use stimulants and alcohol. © 2015, Springer Science+Business Media New York.	Alcohol; HIV; Men who have sex with men; Pre-exposure prophylaxis; Substance use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Ong, Jason J.; Landika, Andre; Fairley, Christopher K.; Bradshaw, Catriona; Chen, Marcus; Read, Tim R. H.; Chow, Eric P. F.	Characteristics, sexual practices and sexually transmissible infections diagnoses of men who have sex with men and use non-occupational HIV post-exposure prophylaxis in Victoria, Australia.	Sexual Health	-	-	-	-	1448-5028	10.1071/SH16092	https://pubmed.ncbi.nlm.nih.gov/27537936/	Background Non-occupational post-exposure prophylaxis (NPEP) is available to people with a potential risk for HIV exposure within the preceding 72h. We sought to determine if men who have sex with men (MSM) and receive NPEP had a significantly different risk profile (before the preceding 72h) from MSM not receiving NPEP. If this is the case, NPEP consultations may act as a cue for also discussing pre-exposure prophylaxis. METHODS: We conducted a retrospective analysis to compare the demographic characteristics, sexual practices and clinical diagnoses of MSM who were NPEP users and those who were non-NPEP users attending Melbourne Sexual Health Centre from January 2008 to December 2014. Univariate and multivariate logistic regression models were used to examine the association between NPEP use and risk practices. Generalised estimating equations were used to adjust for within-individual correlations related to multiple visits of the same individual. RESULTS: Of the 40395 MSM consultations included in the study, 1776 consultations (4%) were related to NPEP prescription. NPEP prescribing was associated with ever having injected drugs (adjusted odds ratio (AOR) 1.8, 95% confidence interval (CI): 1.4-2.3), sex with males only (AOR 1.9, 95% CI: 1.6-2.3), more than three male partners in the past 3 months (AOR 1.5, 95% CI: 1.4-1.7) and inconsistent condom use with these partners within the past 3 months (AOR 2.1, 95% CI: 1.9-2.4). Sex workers (AOR 0.6, 95% CI: 0.3-0.9), and men reporting sex overseas within the past 12 months (AOR 0.7, 95% CI: 0.6-0.8) were less likely to receive NPEP. MSM who used NPEP were more likely to test positive for any sexually transmissible infection (AOR 1.2, 95% CI: 1.0-1.4). CONCLUSIONS: MSM receiving NPEP generally had a higher risk profile than MSM not requesting NPEP, indicating that NPEP was used by MSM at higher risk for HIV. Therefore, consultations for NPEP may be an opportune time for also discussing pre-exposure prophylaxis for HIV.	*Homosexuality, Male; Adult; Humans; Male; HIV Infections/*prevention & control/transmission; Risk Assessment; Retrospective Studies; *Post-Exposure Prophylaxis; *Sexual Behavior; Sexual and Gender Minorities; Victoria	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2016	Palacios, R., Pérez-Hernández, I. A., Martínez, M. A., Mayorga, M. L., González-Domenech, C. M., Omar, M., Olalla, J., Romero, A., Romero, J. M., Pérez-Camacho, I., Hernández-Quero, J., & Santos, J.	Efficacy and safety of switching to abacavir/lamivudine (ABC/3TC) plus rilpivirine (RPV) in virologically suppressed HIV-infected patients on HAART.	European Journal of Clinical Microbiology & Infectious Diseases	-	-	-	-	NA	https://doi.org/10.1007/s10096-016-2602-3	https://link.springer.com/article/10.1007/s10096-016-2602-3#citeas	We analysed the efficacy and safety of switching from a regimen based on nonnucleoside reverse transcriptase inhibitors (NNRTI) or integrase inhibitors (INI) to ABC/3TC + RPV in virologically suppressed HIV-infected patients. This multicentre, retrospective study comprised asymptomatic HIV-infected patients who switched from 2 NRTI + NNRTI or 2 NRTI + INI to ABC/3TC + RPV between February 2013 and December 2013; all had undetectable HIV viral load prior to switching. Efficacy and safety, and changes in lipids and cardiovascular risk (CVR) were analysed at 48 weeks. Of 85 patients (74.1 % men, mean age 49.5 years), 83 (97.6 %) switched from a regimen based on NNRTI (EFV 74, RPV 5, ETV 2, NVP 2), and 45 (53 %) switched from TDF/FTC to ABC/3TC. The main reasons for switching were toxicity (58.8 %) and convenience (29.4 %). At 48 weeks, 78 (91.8 %) patients continued taking the same regimen; efficacy was 88 % by intention to treat, and 96 % by per protocol. Two patients were lost to follow-up and five changed the new regimen (4 due to adverse effects and 1 virologic failure). Mean CD4 cell counts increased (744 vs. 885 cells/μL; p = 0.0001), and there were mean decreases in fasting total cholesterol (-15.9 mg/dL; p < 0.0001) and LDL-cholesterol (-11.0 mg/dL; p < 0.004), with no changes in HDL-cholesterol, triglycerides, total cholesterol:HDL-cholesterol ratio, and CVR. ABC/3TC + RPV is effective and safe in virologically-suppressed patients on antiretroviral therapy (ART). Forty-eight weeks after switching the lipid profile improved with decreases in total and LDL cholesterol.	NA	English	Germany	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2016	Parikh U.M.; Mellors J.W.	Should we fear resistance from tenofovir/emtricitabine preexposure prophylaxis?	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000209	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84950248860&doi=10.1097%2fCOH.0000000000000209&partnerID=40&md5=45208312a51ffa88605a0abf82546d3d	Purpose of review To review current data on HIV-1 resistance arising from the use of fixed dose combination tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for preexposure prophylaxis (PrEP) to prevent HIV-1 infection. Recent findings Resistance to tenofovir (TNV) or FTC is infrequently selected by TDF/FTC PrEP if started before HIV-1 infection has occurred, but is much more common when inadvertently started during undiagnosed acute infection. Mathematical modeling predicts that the number of HIV-1 infections averted by the use of PrEP far exceeds the increase in drug-resistant infections that could occur from PrEP. Studies in macaques show that TNV-resistant virus but not FTC-resistant virus can cause breakthrough infection despite TDF/FTC PrEP. FTC resistance with M184V/I occurs more frequently than TFV resistance with K65R in seroconverters from clinical trials of TDF/FTC PrEP. Summary The benefit of preventing HIV-1 infections with TDF/FTC PrEP far outweighs the risk of drug-resistant infection, provided PrEP is not started in persons with undiagnosed HIV-1 infection. We should respect but not fear HIV-1 resistance from TDF/FTC PrEP and recognize that most TNV or FTC resistance will arise from its use for antiretroviral therapy (ART). Preventing ART failure or detecting it early is most important for preventing the spread of HIV-1 resistance to TDF/FTC and preserving its effectiveness for both PrEP and ART. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	emtricitabine; HIV-1 drug resistance; K65R; M184I/V; preexposure prophylaxis; tenofovir; tenofovir disoproxil fumarate; truvada	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Parsons J.T.; Rendina H.J.; Whitfield T.H.F.; Grov C.	Familiarity with and Preferences for Oral and Long-Acting Injectable HIV Pre-exposure Prophylaxis (PrEP) in a National Sample of Gay and Bisexual Men in the U.S.	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1370-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961786629&doi=10.1007%2fs10461-016-1370-5&partnerID=40&md5=ad893ef55f9104ff8d539d31a2f49ff8	We sought to determine preferences for oral versus long-acting injectable (LAI) PrEP among gay and bisexual men (GBM). We surveyed a national U.S. sample of 1071 GBM about forms of PrEP. LAI PrEP was found to be acceptable among 43.2 % of men when injected monthly compared with 53.6 % of men when injected every 3 months. When asked to choose between forms of PrEP, 46.0 % preferred LAI, 14.3 % oral, 21.7 % whichever was most effective, 10.1 % had no preference, and 7.8 % would not take PrEP. There were no differences in PrEP preferences by race/ethnicity, income, region of residence, or relationship status. Those unwilling to take PrEP were significantly older than those who preferred LAI PrEP and those who would take either. Those who preferred the most effective form were younger, had less education, and reported more recent club drug use. Those who reported condomless anal sex and those who thought they were good PrEP candidates were more willing to take PrEP. Long-term health and side effects were of the greatest concern for both LAI and oral PrEP. The availability of LAI PrEP has the potential to increase uptake among GBM. The results of ongoing clinical trials of LAI PrEP will need to demonstrate similar or greater efficacy as daily Truvada for uptake to be maximized. © 2016, Springer Science+Business Media New York.	Biomedical strategies; Gay and bisexual men; HIV prevention; Long-acting injectable PrEP; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Patel R.C.; Stanford-Moore G.; Odoyo J.; Pyra M.; Wakhungu I.; Anand K.; Bukusi E.A.; Baeten J.M.; Brown J.M.	"Since both of us are using antiretrovirals, we have been supportive to each other": Facilitators and barriers of pre-exposure prophylaxis use in heterosexual HIV serodiscordant couples in Kisumu, Kenya: Facilitators	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.19.1.21134	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85001941006&doi=10.7448%2fIAS.19.1.21134&partnerID=40&md5=7549586de1accc197c666060eb5997f5	Introduction: Since 2015, the World Health Organization recommends pre-exposure prophylaxis (PrEP) for all persons at substantial risk for HIV, including HIV-uninfected partners in serodiscordant relationships in resource-limited settings. As PrEP moves from clinical trials to real-world use, understanding facilitators of and barriers to PrEP initiation and adherence is critical to successful PrEP implementation and rollout. Methods: We conducted 44 in-depth individual or couple interviews with 63 participants (30 without HIV and 33 with HIV) enrolled in the Partners Demonstration Project in Kisumu, Kenya, between August and September 2014. The semi-structured interviews discussed the following: 1) perceived advantages and disadvantages of antiretroviral therapy (ART)/PrEP; 2) reasons for accepting or declining ART/PrEP and 3) influence of prevention of transmission to partner or infant on ART/PrEP use. Transcripts from the interviews were iteratively analyzed using inductive content analysis. Results: Our study identified three key factors that may facilitate initiation of PrEP in this population. First, participants using PrEP felt reduced stress and increased trust in their HIV serodiscordant relationships. Second, greater community-wide knowledge of PrEP was thought to likely increase PrEP acceptance. Third, greater education and counselling by providers on PrEP was also considered to likely increase the adoption of PrEP. We also identified three key barriers to initiation and adherence to PrEP. First, most participants who declined PrEP expressed doubts about the relative additional effectiveness of PrEP in combination with other prevention tools. Second, perceived stigma related to PrEP use was an important barrier to PrEP initiation. Third, many struggled with overcoming perceived side effects or logistical challenges of taking daily PrEP, particularly when they themselves were not ill. Conclusions: Leveraging the facilitators and overcoming barriers to PrEP uptake may enhance the successful rollout of PrEP among HIV serodiscordant couples in Kenya and other areas in sub-Saharan Africa, thereby reducing sexual transmission of HIV. Further research focused on how best to provide counselling on combination HIV prevention tools in the context of PrEP use is a crucial next step to delivering PrEP. © 2016 Patel R C et al; licensee International AIDS Society.	barriers; facilitators; heterosexual; HIV serodiscordant couples; Kenya; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Patel, Rena C; Odoyo, Josephine; Anand, Keerthana; Stanford-Moore, Gaelen; Wakhungu, Imeldah; Bukusi, Elizabeth A; Baeten, Jared M; Brown, Joelle M	Facilitators and Barriers of Antiretroviral Therapy Initiation among HIV Discordant Couples in Kenya: Qualitative Insights from a Pre-Exposure Prophylaxis Implementation Study	PLOS One	-	-	-	-	NA	10.1371/journal.pone.0168057	https://www.proquest.com/scholarly-journals/facilitators-barriers-antiretroviral-therapy/docview/1847443059/se-2?accountid=8113	Introduction The World Health Organization now recommends antiretroviral therapy (ART) initiation for all HIV-infected individuals regardless of CD4 cell count or disease status. Understanding the facilitators and barriers to initiation of and adherence to ART is essential to successful scale-up of "universal" ART. Methods To investigate facilitators and barriers to ART initiation, we conducted 44 in-depth individual or couple interviews with 63 participants (33 participants with HIV and 30 without HIV) already enrolled in a prospective implementation study of oral antiretroviral-based prevention in Kisumu, Kenya between August and September 2014. A semi-structured interview guide discussed questions on: 1) perceived advantages and disadvantages of ART; 2) reasons for accepting or declining ART initiation; and 3) influence of prevention of transmission to partner or infant influencing ART use. Transcripts from the interviews were iteratively analyzed using inductive content analysis. Results HIV-infected participants indicated that living a healthier life, preventing HIV transmission to others, and appearing "normal" or "healthy" again facilitated their initiation of ART. While appearing "normal" allowed these individuals to interact with their communities without stigmatization, they also perceived community opposition to their initiating ART, because appearing "normal" again prevented community members from easily identifying infected individuals in their community. Denial of diagnosis, disclosure stigma, perceived side-effects, and challenges in obtaining refills were additional barriers to ART initiation. Conclusions Community perceptions play an important role in both facilitating and inhibiting ART initiation. Perceived stigma, including perceived community opposition to widespread ART use, is an important barrier to ART initiation. Addressing such barriers, while capitalizing on facilitators, to ART initiation should be central to universal ART scale-up efforts.	HIV; California; Uganda; Antiretroviral therapy; HIV prevention; Kenya; Pre-exposure prophylaxis; HIV infections; Antiretroviral drugs; Religion; Prevention; Therapy; Disease prevention; Public health; Prophylaxis; Drug therapy; Content analysis; CD4 antigen; Interviews; Disease transmission; Studies; Facilitator; Couples; Barrier; Antiretroviral agents; Qualitative studies; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Enrollments; Medical diagnosis; HIV diagnosis and management; San Francisco California; Communities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Penrose K.J.; Parikh U.M.; Hamanishi K.A.; Else L.; Back D.; Boffito M.; Jackson A.; Mellors J.W.	Selection of Rilpivirine-Resistant HIV-1 in a Seroconverter From the SSAT 040 Trial Who Received the 300-mg Dose of Long-Acting Rilpivirine (TMC278LA)	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiv528	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84964798477&doi=10.1093%2finfdis%2fjiv528&partnerID=40&md5=b5cfded454d948d3a2a9c405006088c8	The injectable long-acting formulation of rilpivirine (TMC278LA) is a promising preexposure prophylaxis (PrEP) candidate for prevention of human immunodeficiency virus type 1 (HIV-1) infection. We evaluated HIV-1 in plasma obtained from an unexpected seroconverter in the 300-mg arm of the SSAT040 TMC278LA pharmacokinetic study for rilpivirine (RPV) resistance. Infection with wild-type HIV-1 was confirmed on day 84 after TMC278LA injection, and the K101E mutation was detected on day 115. Plasma-derived HIV-1 clones containing K101E had 4-fold increased resistance to RPV and 4-8-fold increased cross-resistance to etravirine, nevirapine, and efavirenz compared with wild-type HIV-1 plasma-derived clones from the same individual. This case is a unique instance of infection with wild-type HIV-1 and subsequent selection of resistant virus by persistent exposure to long-acting PrEP. © 2015 The Author. All rights reserved.	HIV-1; NNRTI resistance; pre-exposure prophylaxis (PrEP); rilpivirine; TMC278LA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Pereira L.F.; Goschin S.; Ashley K.B.	PrEP: A Review for Mental Health Professionals	Journal of Gay & Lesbian Mental Health	-	-	-	-	19359705	10.1080/19359705.2015.1106221	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84954314818&doi=10.1080%2f19359705.2015.1106221&partnerID=40&md5=2ff85aceaf932782792a43e5626f16a8	Despite the significant advances in the knowledge and treatment of the human immunodeficiency virus (HIV) infection, it remains responsible for a worldwide epidemic. Research in macaques, using antiretrovirals as systemic pre-exposure prophylaxis (PrEP) showed encouraging results in preventing HIV transmission and led to several clinical trials in humans. In this article, we review the results of eight key PrEP studies using either tenofovir disoproxil fumarate (TDF) alone or in combination with emtricitabine (FTC): iPrEX, FEM-PrEP, Partners PrEP, TDF-2, VOICE, Bangkok Tenofovir Study, IPERGAY and PROUD. The results revealed that PrEP is well tolerated and its efficacy is related to adherence of the recommended regimen. The highest overall efficacy, 86%, was found in the IPERGAY and PROUD studies. Only one study found a suggestion of risk compensation. None of the studies identified an increase in the incidence of other sexually transmitted infections. The use of PrEP in individuals not known to be HIV-infected can increase the risk of development of drug resistance. More studies are warranted to monitor the possible long term side effects of TDF, as well as strategies to increase adherence in real life settings. Mental health professionals should be aware of PrEP and of its use. © 2016, Taylor & Francis Group, LLC.	HIV; pre-exposure prophylaxis; PrEP; review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Philbin, Morgan M; Parker, Caroline M; Parker, Richard G; Wilson, Patrick A; Garcia, Jonathan; Hirsch, Jennifer S	The Promise of Pre-Exposure Prophylaxis for Black Men Who Have Sex with Men: An Ecological Approach to Attitudes, Beliefs, and Barriers.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2016.0037	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4913505	Research has demonstrated the clinical effectiveness of pre-exposure prophylaxis (PrEP) for HIV prevention, but little is known about how factors at the individual-, interpersonal-, community-, and structural levels impact PrEP use for black men who have sex with men (BMSM). We advance existing work by examining how all levels of the ecological framework must be addressed for PrEP to be successfully implemented as an effective HIV prevention approach. We interviewed 31 BMSM three times each and 17 community stakeholders once each; interviews were taped, transcribed, and analyzed using the constant comparative method. Factors that influence how BMSM experienced PrEP emerged across all levels of the ecological framework: At the individual level, respondents were wary of giving medication to healthy people and of the potential side-effects. At the interpersonal level, BMSM believed that PrEP use would discourage condom use and that PrEP should only be one option for HIV prevention, not the main option. At the community level, men described not trusting the pharmaceutical industry and described PrEP as an option for others, not for themselves. At the structural level, BMSM talked about HIV and sexuality-related stigmas and how they must overcome those before PrEP engagement. BMSM are a key population in the US National HIV/AIDS Strategy, yet few individuals believe that PrEP would be personally helpful. Our research indicates the urgent need to raise awareness and address structural stigma and policies that could be substantial barriers to the scale-up and implementation of PrEP-related services.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Pialoux G.; Delaugerre C.; Cotte L.; Raffi F.; Cua E.; Molina J.-M.	Pre-exposure prophylaxis: a useful tool to prevent human immunodeficiency virus infection?	Clinical Microbiology and Infection	-	-	-	-	1198743X	10.1016/j.cmi.2016.08.029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84995666111&doi=10.1016%2fj.cmi.2016.08.029&partnerID=40&md5=64e910a26a2a0f8ec06976e0d1db60a3	The aim of preventive measures against human immunodeficiency virus (HIV) is to reduce the incidence of HIV infection in the general population and in high-risk groups, such as men having sex with men (MSM), and to reduce the risk that a given individual will contract or spread the virus. Male and female condoms, post-exposure prophylaxis and circumcision are preventive methods currently recognized or promoted worldwide. Although modest success has been reported in a phase-III vaccine trial, other methods are being evaluated, such as vaginal and rectal microbicides, and pre-exposure prophylaxis (PrEP). Herein, we discuss results from prevention trials, especially those focusing on PrEP and particularly on recent results from 'on-demand' PrEP regimens. The efficacy of PrEP (rates of 0%–86%) is strongly correlated with adherence and plasma concentrations of antiretrovirals. Adverse events are rare. Selection of emtricitabine-resistant strains is mainly reported in individuals with an undiagnosed HIV infection using PrEP. PrEP is now strongly recommended in WHO prevention programmes for individuals at substantial risk for HIV with a view to controlling this epidemic by 2030. © 2016 European Society of Clinical Microbiology and Infectious Diseases	Adherence; Human immunodeficiency virus; Pre-exposure prevention; Resistance; Tenofovir/emtricitabine	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review

Article	2016	Poon, Art F Y	Impacts and shortcomings of genetic clustering methods for infectious disease outbreaks.	Virus Evolution (Virus Evol)	-	-	-	2057-1577	10.1093/ve/vew031	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5210264/	For infectious diseases, a genetic cluster is a group of closely related infections that is usually interpreted as representing a recent outbreak of transmission. Genetic clustering methods are becoming increasingly popular for molecular epidemiology, especially in the context of HIV where there is now considerable interest in applying these methods to prioritize groups for public health resources such as pre-exposure prophylaxis. To date, genetic clustering has generally been performed with ad hoc algorithms, only some of which have since been encoded and distributed as free software. These algorithms have seldom been validated on simulated data where clusters are known, and their interpretation and similarities are not transparent to users outside of the field. Here, I provide a brief overview on the development and inter-relationships of genetic clustering methods, and an evaluation of six methods on data simulated under an epidemic model in a risk-structured population. The simulation analysis demonstrates that the majority of genetic clustering algorithms are conservative, in the sense that false positive clusters is sampling rates among subpopulations, nor variation in transmission rates. I discuss these results in the context of previous work and the implications for public health applications of genetic clustering.	genetic clustering; infectious diseases; molecular epidemiology; phylodynamics	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Price J T.; Wheeler S.B.; Straatz-Chibuzuk L.; Houdt S.G.; Heather Watts D.; Silvery G.K.; Spiegel H.M.L.; Stringer J.S.; Chi B.H.	Cost-effectiveness of pre-exposure HIV prophylaxis during pregnancy and breastfeeding in Sub-Saharan Africa	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001063	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84979092924&doi=10.1097%2FQAI.0000000000001063&partnerID=40&md5=9505f9585d3c318e7b2a2522c235e833	Introduction: Antiretroviral pre-exposure prophylaxis (PrEP) for the prevention of HIV acquisition is cost-effective when delivered to those at substantial risk. Despite a high incidence of HIV infection among pregnant and breastfeeding women in sub-Saharan Africa (SSA), a theoretical increased risk of preterm birth on PrEP could outweigh the HIV prevention benefit. Methods: We developed a decision analytic model to evaluate a strategy of daily oral PrEP during pregnancy and breastfeeding in SSA. We approached the analysis from a public health care system perspective across a lifetime time horizon. Model inputs were derived from existing literature and local sources. The incremental cost-effectiveness ratio (ICER) of PrEP versus no PrEP was calculated in 2015 U.S. dollars per disability-adjusted life year (DALY) averted. We conducted 1-way and probabilistic sensitivity analyses. Results: In the base case, PrEP cost $1,474 per DALY averted and $1,609 per life-year saved (LYS). Compared with no PrEP, PrEP averted 0.92 DALYs. In a base case of 10,000 women, the administration of PrEP averted 301 HIV infections but resulted in 278 more preterm births. PrEP was more costly per person ($450 versus $117), but resulted in fewer disability-adjusted life years (DALYs) (13.15 versus 3.49). The incremental cost-effectiveness ratio of $965 DALY averted was below the recommended regional threshold for cost-effectiveness of $6462 DALY. Probabilistic sensitivity analyses demonstrated robustness of the model. Conclusions: Providing PrEP to pregnant and breastfeeding women in SSA is likely cost-effective, although more data are needed about adherence and safety. For populations at high risk of HIV acquisition, PrEP may be considered as part of a broader combination HIV prevention strategy. © 2016 Wolters Kluwer Health, Inc. All rights reserved.	Breastfeeding; Cost-effectiveness; HIV prevention; Pre-exposure prophylaxis; Pregnancy; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Punyacharoensin N.; Edmunds W.J.; De Angelis D.; Delpech V.; Hart G.; Elford J.; Brown A.; Gill O.N.; White R.G.	Effect of pre-exposure prophylaxis and combination HIV prevention for men who have sex with men in the UK: A mathematical modelling study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(15)00056-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84958103743&doi=10.1016%2FS2352-3018%2815%2900056-9&partnerID=40&md5=94ad14ac7ae8ce9ea9ca222a6e505e9b	Background: HIV transmission in men who have sex with men (MSM) in the UK has shown no sign of decreasing in the past decade. Additional prevention measures are needed. We aimed to estimate the effect of various potential interventions implemented individually and in combination on prevention of HIV infection. Methods: We extended a deterministic partnership-based mathematical model for HIV transmission among MSM in the UK to incorporate pre-exposure prophylaxis (PrEP), and sexual behavioural changes. We did sensitivity analyses on risk compensation. Findings: We predicted an increase in the baseline of 16 955 new infections (IQR 13 156-21 049) in MSM in the UK during 2014-20. At a coverage of ≥50%, testing twice a year outperformed all other interventions. Of all intervention combinations, only the combined effect of test and treat and annual HIV testing (63·5%, IQR 47·2-81·8, of total incidence) was greater than the sum of effects of the two interventions individually (32·0%, 22·7-40·6, and 23·9%, 16·5-33·1, respectively). Simultaneous PrEP, expansion of HIV testing, and initiation of test-and-treat programme in 25% of high-activity MSM could save 7399 (IQR 5587-9013) UK MSM from HIV infection (41·6%, IQR 32·9-57·9, of total incidence). An increase in unsafe sex or sexual partners to 50% or more could substantially reduce the effect of intervention, but is unlikely to negate the prevention benefit completely. Interpretation: PrEP could prevent a large number of new HIV infections if other key strategies including HIV testing and treatment are substantially expanded and improved. Without PrEP, HIV incidence in MSM in the UK is unlikely to decrease substantially by the end of this decade. Funding: Health Protection Agency (now Public Health England); © 2016 Elsevier Ltd.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Quaife, Matthew; Eakle, Robyn; Cabrera, Maria; Vickerman, Peter; Tsepe, Motlalepule; Cianci, Fiona; Delany-Moretlwe, Sinead; Terris-Prestholt, Fern	Preferences for ARV-based HIV prevention methods among men and women, adolescent girls and female sex workers in Gauteng Province, South Africa: a protocol for a discrete choice experiment.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2015-010042	https://bmjopen.bmj.com/content/6/6/e010042	INTRODUCTION: For the past few decades, condoms have been the main method of HIV prevention. Recent advances in antiretroviral (ARV)-based prevention products have substantially changed the prevention landscape, yet little is known about how popular these products will be among potential users, or whether new methods might be used in conjunction with, or instead of, condoms. This study will investigate the preferences for ARV-based HIV prevention methods among men and women, adolescent girls and female sex workers in Gauteng Province, South Africa. The findings will be used to inform estimates of their potential impact on the HIV epidemic in South Africa. We consider preferences for: oral pre-exposure prophylaxis, a vaginal microbicidal gel, a long-acting vaginal ring, a SLCS diaphragm used in concert with gel, and a long-acting ARV-based injectable. METHODS AND ANALYSIS: This study will gather data from 4 populations: 200 women, 200 men, 200 adolescent girls (aged 16-17 years) and 200 female sex workers. The DCE attributes and design will be developed through a literature review, supplemented by a thematic analysis of qualitative focus group discussions. Extensive piloting will be carried out in each population through semistructured interviews. The final survey will be conducted using computer tablets in a household sample (for women, men and adolescents) and respondent-driven sampling (for female sex workers), and DCE data analysed using a range of multinomial logit models. ETHICS AND DISSEMINATION: This study has been approved by the University of the Witwatersrand Human Research Ethics Committee and the Research Ethics Committee at the London School of Hygiene and Tropical Medicine. Findings will be presented to international conferences and peer-reviewed journals. Meetings will be held with opinion leaders in South Africa, while results will be disseminated to participants in Hazlehurst through a public meeting or newsletter.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Female; HIV Infections/*prevention & control; Anti-Retroviral Agents/*therapeutic use; Research Design; South Africa; Surveys and Questionnaires; Patient Acceptance of Health Care; Condoms; Pre-Exposure Prophylaxis; Focus Groups; Qualitative Research; Sex Workers; PUBLIC HEALTH; *Patient Preference; *Choice Behavior; HEALTH ECONOMICS	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Race K.	Reluctant objects: Sexual pleasure as a problem for his biomedical prevention	GLQ	-	-	-	10642684	10.1215/10642684-3135217	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84949747567&doi=10.1215%2F10642684-3135217&partnerID=40&md5=e9b4b1fc5f2f653ea48902b7ffc86	Pre-exposure prophylaxis (PrEP) has so far emerged as a reluctant object in much gay community discourse, primarily because of its association with the supposed excesses of unbridled sex. In approval in the United States sparked bitter debate and a new round of sexual health moralism issuing mainly from gay community-based commentators, with initial uptake much slower than critics. This article considers early gay community responses to PrEP and connects them to the failure of existing HIV scientific practices to produce inhabitable sexual pedagogies. The controversy surrounding PrEP speaks to how condoms have been a very low-tech, cheap command fears about sexual excess in the era of AIDS, presenting not only a latex barrier but also symbolic reassurance that gay sex might in some way be made "safe." Another mode of attending to what is risky and exciting about sexual and sexual and scientific encounters might be possible in concerning them as events. © 2015 by Duke University Press.	pre-exposure prophylaxis, biomedical prevention, event, pleasure, gay sex	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	NA	NA	Qualitative
Article	2016	Radzio, Jessica; Henning, Tara; Jenkins, Lawerence; Ellis, Shanon; Farsky, Carol; Phillips, Christi; Holder, Angela; Kokkinyik, Susan; Dash, Chaong; Hanson, Debra; McNicholl, Janet; Heneine, Walid; Papp, John; Kersh, Ellen N.; Garcia-Lerma, J. Gerardo	Combination Emtricitabine and Tenofovir Disoproxil Fumarate Prevents Vaginal Simian/Human Immunodeficiency Virus Infection in Macaques Harboring Chlamydia trachomatis and Trichomonas vaginalis.	The Journal of Infectious Diseases	-	-	-	1537-6613 0022-1899	10.1093/infdis/jiw002	https://pubmed.ncbi.nlm.nih.gov/26743466/	Genital inflammation associated with sexually transmitted infections increases receptivity to human immunodeficiency virus (HIV), but it is unclear whether it can reduce the efficacy of pre-exposure prophylaxis (PrEP). We investigated whether coinfection of macaques with Chlamydia trachomatis and Trichomonas vaginalis decreases the prophylactic efficacy of oral emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF). Macaques were exposed to simian/human immunodeficiency virus (SHIV) vaginally each week for up to 16 weeks and received either FTC/TDF or placebo. TDF/FTC prevented coinfection, although the infection of 2 macaques signals a modest loss of PrEP activity.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Rahman S.M.A.; Vaidya N.K.; Zou X.	Impact of cavity treatment progression on HIV epidemics: An immunity-based mathematical model	Mathematical Biosciences	-	-	-	255564	10.1016/j.mbs.2016.07.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84980395656&doi=10.1016%2Fj.mbs.2016.07.009&partnerID=40&md5=ff8e822bdbe85c9d3916d13b03d6e4	While studies on pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) have demonstrated substantial advantages in controlling HIV transmission, the overall benefits of the programs with early initiation of antiretroviral therapy (ART) have not been fully understood and are still in debate. Here, we develop an immunity-based CD4+ T cell compartmental model to investigate the impact of early treatment programs on HIV epidemics and the overall community-level immunity. The model is parameterized using the HIV prevalence data from South Africa and fully analyzed for stability of equilibria and infection persistence criteria. Using our model, we evaluate the effects of early treatment on the new infection transmission, decrease-decline recruitment, HIV prevalence, and the community-level immunity. Our model predicts that the programs with early treatments significantly reduce the new infection transmission and increase the community-level immunity, but the treatments alone may not be enough to eliminate HIV epidemics. These findings, including the community-level immunity, might provide helpful information for proper implementation of HIV treatment programs. © 2016 Elsevier Inc.	Antiretroviral therapy; Basic reproduction number; CD4+ T cell count; Community-level immunity; HIV	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Reza-Paul S.; Lazarus L.; Doshi M.; Heiker Gi Rahman S.; Ramaiah M.; Maiya R.; Venugopal M.S.; Venukumar K.T.; Sundararaman S.; Becker M.; Moses S.; Lorway R.	Prioritizing risk in preparation for a demonstration project: A mixed methods feasibility study of oral pre-exposure prophylaxis (PREP) among female sex workers in South India	PLOS One	-	-	-	19326203	10.1371/journal.pone.0166889	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84980237656&doi=10.1371%2Fjournal.pone.0166889&partnerID=40&md5=2a4d2c9385c5ba0b5f4f8b2f3d2	Background HIV prevalence among female sex workers (FSWs) in India remains well above the national average. Pre-exposure prophylaxis (PrEP), a new HIV prevention technology, may help to reduce HIV incidence, but there is a dearth of research that can inform the potential scale-up of PrEP in India. In partnership with Arkodaya Samithi, a local sex worker collective, we conducted a feasibility study to assess acceptance of a planned PrEP demonstration project, willingness to use PrEP, and recommendations for project roll-out among FSWs in southern Karnataka. Methods From January-April 2015, 4 focus group discussions, 47 in-depth interviews, and 427 interviewer-administered questionnaires were completed by female sex workers. All participants were 18 years of age or older and practiced sex work. Questionnaires assessed: socio-demographics, sex work practices, experiences with violence, utilization of existing HIV prevention services, and acceptability of existing or new prevention technologies that places control at the hands of FSWs and provides a "double safety" in combination with condom use. Participants expressed concern about potential side effects of PrEP, and provides a "double safety" in combination with condom use. Participants expressed concern about potential side effects of PrEP, risk in their occupational environments should be prioritized for enrollment into a demonstration project. Quantitative. 406 participants (95%) expressed interest in PrEP. Participants prioritized the inclusion of FSWs under the age of 25 (79%), those who do not use condoms when clients offer more money (58%), who do not consistently use condoms with regular partners (57%), who drink alcohol regularly (49%), and who do not use condoms consistently with clients (48%). Discussion This feasibility study indicated strong interest in PrEP and a desire to move forward with the demonstration project. Participants expressed their responses in terms of public health discourses surrounding risk, pointing to the importance of situating PrEP scale-up within the trusted spaces of community-based organizations as a means of supporting PrEP uptake and adherence. © 2016 Reza-Paul et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2016	Riddell, James; Cohn, Jonathan A	Reaching High-Risk Patients for HIV Preexposure Prophylaxis.	JAMA - Journal of the American Medical Association	-	-	-	1538-3598	10.1001/jama.2016.9128	https://dx.doi.org/10.1001/jama.2016.9128	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Roberts S.T.; Haberer J.; Cohen C.; Mugo N.; Ware N.C.; Cohen C.R.; Tapparo J.W.; Kiarie J.; Ronald A.; Mujugira A.; Tumwesigye E.; Were E.; Irungu E.; Baeten J.M.	Intimate Partner Violence and Adherence to HIV Pre-exposure Prophylaxis (PrEP) in African Women in HIV Serodiscordant Relationships: A Prospective Cohort Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001093	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84959904646&doi=10.1097%2FQAI.0000000000001093&partnerID=40&md5=9192e4594ea0a1f8dc31d3b4ae6e1bbb	Background: Intimate partner violence (IPV) is associated with higher HIV incidence, reduced condom use, and poor adherence to antiretroviral therapy and other medications. IPV may also affect adherence to pre-exposure prophylaxis (PrEP). Methods: We analyzed data from 1785 HIV-uninfected women enrolled in a clinical trial of PrEP among African HIV serodiscordant couples. Experience of verbal, physical, or economic IPV was assessed at monthly visits by face-to-face interviews. Low PrEP adherence was defined as clinic-based pill counts <80%. Drug concentrations in dried blood spots (DBS) and plasma tenofovir (adjusted risk ratio 1.51, 95% confidence interval: 1.06 to 2.15). Verbal, economic, and physical IPV were all associated with low adherence. However, the impact of IPV diminished and was not statistically significant 3 months after the reported exposure. In qualitative interviews, women identified several ways in which IPV affected adherence, including stress and forgetting, leaving home without pills, and partners throwing pills away. Conclusions: Women who reported recent IPV in the Partners PrEP Study were at increased risk of low PrEP adherence. Strategies to mitigate PrEP nonadherence in the context of IPV should be evaluated. © Copyright 2016 Wolters Kluwer Health, Inc. All rights reserved.	adherence; HIV prevention; intimate partner violence; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Editorial	2016	Rocha M.; Duval A.; Mercêdes P.; Fuertes R.; Barros H.; Bernier A.	Urgent need for demonstration projects in Portugal to produce pre-exposure prophylaxis-related data	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462416665245	No abstract available	NA	English	United Kingdom	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Article	2016	Ross E.L.; Cioni S.K.; Hutton D.W.	Implementation and Operational Research Epidemiology and Prevention: A Cost-Effective, Clinically Actionable Strategy for Targeting HIV Preexposure Prophylaxis to High-Risk Men Who Have Sex with Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000000967	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961231762&doi=10.1097%2FQAI.0000000000000967&partnerID=40&md5=4a66e4ee9ea677c924ede8cb1e4ffd6b	Background: Preexposure prophylaxis (PrEP) is effective at preventing HIV infection among men who have sex with men (MSM), but there is uncertainty about how to identify high-risk MSM who should receive PrEP. Methods: We used a mathematical model to assess the cost-effectiveness of using the HIV Incidence Risk Index for MSM (HIRI-MSM) questionnaire to target PrEP to high-risk MSM. We simulated strategies of no PrEP, PrEP available to all MSM, and eligibility thresholds set to HIRI-MSM scores between 5 and 45, in increments of 5 (where a higher score predicts greater HIV risk). Based on the iPrEx, IPERGAY, and PROUD trials, we evaluated PrEP efficacies from 44% to 86% and annual costs from $5900 to $700. We designate strategies with incremental cost-effectiveness ratio (ICER) <$100,000/quality-adjusted life-year (QALY) as "cost-effective." Results: Over 20 years, making PrEP available to all MSM is projected to prevent 33.5% of new HIV infections, with an ICER of $1,474,000/QALY. Increasing the HIRI-MSM score threshold reduces the prevented infections, but improves cost-effectiveness. A threshold score of 25 is projected to be optimal (most QALYs gained while still being cost-effective) over a wide range of realistic PrEP efficacies and costs. At low cost and high efficacy (IPERGAY), thresholds of 15 or 20 are optimal across a range of other input assumptions; at high cost and low efficacy (iPrEx), 25 or 30 are generally optimal. Conclusions: The HIRI-MSM provides a clinically actionable means of guiding PrEP use. Using a score of 25 to determine PrEP eligibility could facilitate cost-effective use of PrEP among high-risk MSM who will benefit from it most. © Copyright 2016 Wolters Kluwer Health, Inc. All rights reserved.	cost-effectiveness; HIV; men who have sex with men; preexposure prophylaxis; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Ross, EL; Cioni, SK; Hutton, DW	A Cost-Effective, Clinically Actionable Strategy for Targeting HIV Preexposure Prophylaxis to High-Risk Men Who Have Sex With Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000000967	https://pubmed.ncbi.nlm.nih.gov/26977749/	Background: Preexposure prophylaxis (PrEP) is effective at preventing HIV infection among men who have sex with men (MSM), but there is uncertainty about how to identify high-risk MSM who should receive PrEP. Methods: We used a mathematical model to assess the cost-effectiveness of using the HIV Incidence Risk Index for MSM (HIRI-MSM) questionnaire to target PrEP to high-risk MSM. We simulated strategies of no PrEP, PrEP available to all MSM, and eligibility thresholds set to HIRI-MSM scores between 5 and 45, in increments of 5 (where a higher score predicts greater HIV risk). Based on the iPrEx, IPERGAY, and PROUD trials, we evaluated PrEP efficacies from 44% to 86% and annual costs from $5900 to $700. We designate strategies with incremental cost-effectiveness ratio (ICER) <$100,000/quality-adjusted life-year (QALY) as "cost-effective." Results: Over 20 years, making PrEP available to all MSM is projected to prevent 33.5% of new HIV infections, with an ICER of $1,474,000/QALY. Increasing the HIRI-MSM score threshold reduces the prevented infections, but improves cost-effectiveness. A threshold score of 25 is projected to be optimal (most QALYs gained while still being cost-effective) over a wide range of realistic PrEP efficacies and costs. At low cost and high efficacy (IPERGAY), thresholds of 15 or 20 are optimal across a range of other input assumptions; at high cost and low efficacy (iPrEx), 25 or 30 are generally optimal. Conclusions: The HIRI-MSM provides a clinically actionable means of guiding PrEP use. Using a score of 25 to determine PrEP eligibility could facilitate cost-effective use of PrEP among high-risk MSM who will benefit from it most.	HIV; MSM; PrEP; STIs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Rosseel, Bergih V.; Callegaro A.P.; Micheli V.; Brurzone B.; Colao G.; Gismondo M.R.; Vicenti I.; Penco G.; Zazzi M.; Rusconi S.	Impact of circulating resistance-associated mutations on HIV pre-exposure prophylaxis (PrEP) efficacy: Modelling from antiretroviral resistance cohort analysis (ARCA) outbreak database	Journal of Clinical Virology	-	-	-	13866532	10.1016/j.jcv.2016.08.293	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84964867965&doi=10.1016%2Fj.jcv.2016.08.293&partnerID=40&md5=5b165f4b59e153af3bd7c9d51180f6f	Background PrEP with FTC/TDF has shown great efficacy in preventing new HIV infections but issues remain (low adherence, high costs, toxicity and resistance development). No data are available about the impact of circulating Resistance-Associated Mutations (RAMs) on its efficacy. Objectives describe the prevalence of TFC and/or TDF-related RAMs in Italian HIV-infected population and their potential impact on PrEP efficacy. Study design ARCA is a national database that collects data about RAMs and epidemiological correlates from sites throughout Italy; it was queried about the prevalence of these RAMs in the last decade. PrEP efficacy was adjusted for a dynamic score based on RAMs prevalence. Absolute and relative risk increases (ARI and RRI) and number needed to harm (NNH) were calculated for each year. Results 21,691 patients were included and 5579 (25.8%) were infected before 2006 (Group 1), 6,662 (30.7%) between 2006 and 2010 (Group 2) and 9450 (43.5%) between 2011 and 2015 (Group 3). Compared to Group 1, lower significant differences were observed in Group 2 (ARI 0.6%, p = 0.0001; RRI 1.4%, p = 0.0001) and 3 (ARI 0.8%, p = 0.0001; RRI 1.8%, p = 0.0001). Relative risk increases (RRI) were 1.4% (exponential MSM), NNH is largely above 10000 except for having receptive anal sex with a HAART-experienced MSM on a failing treatment (NNH = 2). Conclusions According to this model, PrEP may be introduced in Italy without significant increases in the risk of HIV resistance.	NA	English	Netherlands	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2016	Schwartz, Joseph; Grimm, Josh	Uncertainty in Online U.S. News Coverage of Truvada.	Health Communication	-	-	-	1532-7027	10.1080/10410236.2015.1055051	https://dx.doi.org/10.1080/10410236.2015.1055051	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Schwartz, Sheree R; West, Nora; Pheda, Rebecca; Yende, Nompumelelo; Sanne, Ian; Bassett, Jean; Van Rie, Annelies	Acceptability and preferences for safer conception HIV prevention strategies: a qualitative study.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462415604091	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4889511/	Safer conception strategies to reduce the HIV transmission risk include antiretroviral therapy for HIV-positive partners, pre-exposure prophylaxis for HIV-negative partners, condomless sex limited to fertile periods, and home insemination. Recommendations to inform decisions to taking treatment or cohital concerns may limit uptake of strategies and intervention success. Understanding the acceptability and preferences between different approaches is important to optimise service delivery. Between February and July 2013, 42 adults (21 HIV-positive and 21 HIV-negative) receiving primary care at Wilkespoes Health and Wellness Centre in Mossy-spruit, South Africa, participated in focus group discussions or in-depth interviews. Themes were analysed using a grounded theory approach. Acceptability of antiretroviral therapy varied. Concerns over side effects, antiretroviral treatment duration and beliefs that treatment is only for the sick were common barriers; however, desperation for a child was noted as a facilitator for uptake. HIV-negative men and HIV-positive women had favourable attitudes towards self-insemination, though paternity and safety concerns were raised. Self-insemination was generally preferred over pre-exposure prophylaxis by HIV-negative men, and antiretroviral-based strategies were preferred by couples with HIV-negative female partners, despite concerns raised about condomless sex while virally suppressed. Knowledge about the fertile window was low. A strong counselling component will be required for effective uptake and adherence to safer conception services.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2016	Scott H.M.; Klausner J.D.	Sexually transmitted infections and pre-exposure prophylaxis: Challenges and opportunities among men who have sex with men in the US	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-016-0089-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84955389014&doi=10.1186%2Fs12981-016-0089-8&partnerID=40&md5=03f4964cff04a0f72228ad6ce4e2	Pre-Exposure Prophylaxis (PrEP) has shown high efficacy in preventing human immunodeficiency virus (HIV) infection among men who have sex with men (MSM) in several large clinical trials, and more recently in "real-world" reports of clinical implementation and a PrEP demonstration project. These studies also demonstrated high bacterial sexually transmitted infection (STI) incidence and the discussion of how PrEP may impact STI control efforts, especially in the setting of increasing Neisseria gonorrhoeae antimicrobial resistance and the increase in syphilis cases among MSM. Here, we discuss STIs as a driver of HIV transmission risk among MSM, and the potential opportunities and challenges for STI control afforded by expanded PrEP implementation among high-risk MSM. © 2016 Scott and Klausner.	HIV; MSM; PrEP; STIs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Seidman, DL; Weber, S; Timoney, MT; Ota, KK; Mullins, E; Cohen, DL; Wright, RL	Use of HIV pre-exposure prophylaxis during the preconception, antepartum and postpartum periods at two United States medical centers	American Journal of Obstetrics and Gynecology	-	-	-	0002-9378	10.1016/j.ajog.2016.06.020	https://pubmed.ncbi.nlm.nih.gov/27440959/	BACKGROUND: Pregnancy may increase a woman's susceptibility to HIV. Maternal HIV acquisition during pregnancy and lactation is associated with increased perinatal and lactational HIV transmission. There are no published reports of preexposure prophylaxis use after the first trimester of pregnancy or during lactation. OBJECTIVE: The purpose of this study was to report the use of preexposure prophylaxis and to identify gaps in HIV prevention services for women who were at substantial risk of HIV preconception and during pregnancy and lactation at 2 United States medical centers. STUDY DESIGN: Chart review was performed on women who were identified as "at significant risk" for HIV acquisition preconception (women desiring pregnancy) and during pregnancy and lactation at 2 medical centers in San Francisco and New York from 2010-2015. Women were referred to specialty clinics for women who were living with or were at substantial risk of HIV. RESULTS: Twenty-seven women who were identified had a median age of 27 years. One-half of the women had unstable housing, 22% of the women had ongoing intimate partner violence, and 22% of the women had active substance use. Twenty-two women (81%) were referred for HIV risk reduction counseling, and 15 (56%) were prescribed PrEP. Of the 15 women who were prescribed PrEP, 11 (73%) initiated therapy, and 42% (3/7) had documented viral suppression. Thirty-nine percent (10/26) of patients had known detectable virus, and 19% (5/26) had unknown viral loads. Women were identified by clinicians, health educators, and health departments. Approximately one-third of the women were identified preconception (8/27); the majority of the women were identified during pregnancy (18/27) with a median gestational age of 28 weeks (interquartile range, 11x23), and 1 woman was identified at the postpartum period. None of the pregnant referrals had received safer conception counseling to reduce HIV transmission. Twenty-six percent of all women (7/27) were eligible for postexposure prophylaxis at referral, of whom 57% (4/7) were offered postexposure prophylaxis. In 30% (8/27), the last HIV exposure was not assessed and postexposure prophylaxis was not offered. The median time from identification as "at substantial risk" to consultation was 30 days (interquartile range, 2x62). Two women were lost to follow-up before consultation. One woman who was identified as "at significant risk" was not referred because of multiple pregnancy complications. She remained in obstetrics care and was HIV-negative at delivery but was lost to follow-up. Two women who were referred for preconception counseling (2/8) became pregnant before receiving counseling. Preconception counseling was provided to 6 women (6/26) who chose to take it, which was relatively consistent/similar (between were preconception (5/8), pregnant (10/18), or after delivery (1/1). Median length of fitness preexposure prophylaxis was 30weeks (interquartile range, 20x53). One-half of women (10/20) who were in care at delivery did not attend a postpartum visit. CONCLUSION: Women at 2 United States centers frequently chose to use preexposure prophylaxis for HIV prevention when it was offered preconception and during pregnancy and lactation. Further research and education are needed to close critical gaps in screening for women who are at risk of HIV for pre-and postexposure prophylaxis eligibility and gaps in care linkage before and during pregnancy and lactation. Postpartum women are particularly vulnerable to loss-to-follow-up and miss opportunities for safe and effective HIV prevention.	PREP; HIV prevention; preexposure prophylaxis; pregnancy; PREVENTION; postexposure prophylaxis; safer conception; transmission; WOMEN; TENOFOVIR DISOPROXIL FUMARATE; RISK; HUMAN IMMUNODEFICIENCY VIRUS; TO-CHILD TRANSMISSION; TRIAL; GROWTH OUTCOMES; PREGNANCY; lactation; preconception	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2016	Seidman, Dominika; Carlson, Kimberly; Weber, Shannon; Witt, Jacki; Kelly, Patricia J	United States family planning providers' knowledge of and attitudes towards preexposure prophylaxis for HIV prevention: a national survey.	Contraception	-	-	-	-	1879-0518	10.1016/j.contraception.2015.12.018	https://dx.doi.org/10.1016/j.contraception.2015.12.018	OBJECTIVES: The Centers for Disease Control and Prevention defines HIV prevention as a core family planning service. The HIV community identified family planning visits as key encounters for women to access preexposure prophylaxis (PrEP) for HIV prevention. No studies explore US family planning providers' knowledge of and attitudes towards PrEP. We conducted a national survey of clinicians to understand barriers and facilitators to PrEP implementation in family planning. STUDY DESIGN: Family planning providers recruited via website postings, national meetings, and email completed an anonymous survey in 2015. Descriptive statistics were performed. RESULTS: Among 604 respondents, 495 were eligible for analysis and 342 were potential PrEP prescribers (physicians, nurse practitioners, midwives or physicians assistants). Among potential prescribers, 38% correctly defined PrEP 95% confidence interval (CI): 32.5-42.8, 37% correctly stated the efficacy of PrEP (95% CI: 32.0-42.4), and 36% chose the correct HIV test after a recent exposure (95% CI: 30.6-40.8). Characteristics of those who answered knowledge questions correctly included age less than 35 years, practicing in the Northeast or West, routinely offering HIV testing, providing rectal sexually transmitted infection screening or having seen any PrEP guidelines. Even among providers in the Northeast and West, the proportion of respondents answering questions correctly was less than 50%. Thirty-six percent of respondents had seen any PrEP guidelines. Providers identified lack of training as the main barrier to PrEP implementation; 87% wanted PrEP education. CONCLUSIONS: To offer comprehensive HIV prevention services, family planning providers urgently need training on PrEP and HIV testing. IMPLICATIONS: US family planning providers have limited knowledge about HIV PrEP and HIV testing, and report lack of provider training as the main barrier to PrEP provision. Provider education is needed to ensure that family planning clients access comprehensive HIV prevention methods.	Family planning; HIV prevention; PrEP; Preexposure prophylaxis; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Sevelius J.M.; Keatley J.; Calma N.; Arnold E.	I am not a man': Trans-specific barriers and facilitators to PrEP acceptability among transgender women	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2016.1154085	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84961211384&doi=10.1080%2f17441692.2016.1154085&partnerID=40&md5=8b9cf5606dc68b97791f4a99e86ffb82	The frequent conflation of transgender ('trans') women with 'men who have sex with men (MSM)' in HIV prevention obscures trans women's unique gender identities, social and behavioural vulnerabilities, and their disproportionally high rates of HIV infection. Pre-exposure prophylaxis (PrEP) is an efficacious biomedical HIV prevention approach. However, trans women are underrepresented in PrEP research, and are often aggregated with MSM without consideration for their unique positions within sociocultural contexts. This study examined PrEP acceptability among trans women via three focus groups and nine individual interviews (total N = 30) in San Francisco. While knowledge of PrEP was low, interest was relatively high once participants were informed. Due to past negative healthcare experiences, ability to obtain PrEP from a trans-competent provider was cited as essential to PrEP uptake and adherence. Participants noted that PrEP could address situations in which trans women experience reduced power to negotiate safer sex, including sex work. Trans-specific barriers included lack of trans-inclusive marketing of PrEP, prioritisation of hormone use, and medical mistrust due to transphobia. Findings underscore the importance of disaggregating trans women from MSM in HIV prevention strategies to mitigate disparate risk among this highly vulnerable population. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; pre-exposure prophylaxis; Transgender; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Sevelius, Jae M; Deutsch, Madeline B; Grant, Robert	The future of PrEP among transgender women: the critical role of gender affirmation in research and clinical practices.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.19.7.21105	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5071750	INTRODUCTION: Globally, transgender ("trans") women are one of the key populations most disproportionately impacted by HIV. Pre-exposure prophylaxis (PrEP) is the newest and most promising biomedical HIV prevention intervention to date. This paper reviews relevant literature to describe the current state of the science and describes the potential role of PrEP among trans women, including a discussion of unique considerations for maximizing the impact of PrEP for this vulnerable population. METHODS: Available information, including but not limited to existing scientific literature, about trans women and PrEP was reviewed and critiqued based on author expertise, including PrEP clinical trials and rollout. RESULTS: To date, PrEP demonstration projects and clinical trials have largely excluded trans women, or have not included them in a meaningful way. Data collection strategies that fail to identify trans women in clinical trials and research further limit the ability to draw conclusions about trans women's unique needs and devise strategies to meet them. Gender-affirming providers and clinic environments are essential components of any sexual health programme that aims to serve trans women, as they will largely avoid settings that may result in stigmatizing encounters and threats to their identities. While there is currently no evidence to suggest drug-drug interactions between PrEP and commonly used feminizing hormone regimens, community concerns about potential interactions may limit interest in and uptake of PrEP among trans women. CONCLUSIONS: In scaling up PrEP for trans women, it is essential to engage trans communities, utilize trans-inclusive research and marketing strategies and identify and/or train healthcare providers to provide gender-affirming healthcare to trans women, including transition-related care such as hormone provision. PrEP implementation guidelines must consider and address trans women's unique barriers and facilitators to uptake and adherence.	ransgender women, PrEP, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Sewell, Janey; Speakman, Andrew; Phillips, Andrew N.; Cambiano, Valentina; Lampe, Fiona C.; Gilson, Richard; Asboe, David; Nwokolo, Nneka; Clarke, Amanda; Ogilvy, Ali; Collins, Simon; Rodger, Alison J.	Attitudes to and Understanding of Risk of Acquisition of HIV Over Time: Design and Methods for an Internet-based Prospective Cohort Study Among UK Men Who Have Sex With Men (the AURAH2 Study).	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/resprot.5582	https://pubmed.ncbi.nlm.nih.gov/27307218/	BACKGROUND: The annual number of new human immunodeficiency virus (HIV) infections among men who have sex with men (MSM) has risen in the United Kingdom and, of those who are HIV positive, the proportion undiagnosed is high. OBJECTIVE: The prospective AURAH2 study aims to assess factors associated with HIV acquisition among MSM in the United Kingdom and to investigate changes over time within individuals in sexual behavior and HIV-testing practices. METHODS: AURAH2 is a prospective study among MSM without diagnosed HIV, aiming to recruit up to 1000 sexually active MSM attending sexual health clinics in London and Brighton in the United Kingdom. Participants complete an initial paper-based questionnaire, followed by online follow-up questionnaires every 4 months collecting sociodemographic, health and behavioral data, including sexual behavior, recreational and other drug use, HIV testing practices, and pre-exposure prophylaxis use, over a planned 3-year period. RESULTS: The study is ongoing. CONCLUSIONS: The results from AURAH2 study will provide important insight into established and emerging risk behaviors that may be associated with acquisition of HIV in MSM in the United Kingdom, changes over time within individuals in sexual behavior, and information on HIV testing practices. These data will be crucial to inform future HIV prevention strategies.	pre-exposure prophylaxis; HIV infection; HIV transmission; men who have sex with men; HIV testing; sexual risk behaviour; HIV negative; chemsex; HIV self-testing; health and well-being; recreational drug use; study design	English	Canada	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Shilaih, Mohaned; Marzel, Alex; Scherrer, Alexandra U.; Braun, Dominique L.; Kovari, Helen; Rougemont, Mathieu; Darling, Katharine; Battegay, Manuel; Hoffmann, Matthias; Bernasconi, Enos; Hirzel, Cedric; Günthard, Huldrych F.; Kouyos, Roger D.	Dually Active HIV/HBV Antiretrovirals as Protection Against Incident Hepatitis B Infections: Potential for Prophylaxis.	The Journal of Infectious Diseases	-	-	-	-	1537-6613 0022-1899	10.1093/infdis/jiw195	https://pubmed.ncbi.nlm.nih.gov/27190182/	BACKGROUND: Hepatitis B virus (HBV) has a detrimental effect on human immunodeficiency virus (HIV) natural course, and HBV vaccination is less effective in the HIV infected. We examine the protective effect of dually active antiretroviral therapy (DAART) for HIV/HBV (tenofovir, lamivudine, and emtricitabine) in a large cohort encompassing heterosexuals, men who have sex with men, and intravenous drug users who are HIV infected yet susceptible to HBV, with comprehensive follow-up data about risky behavior and immunological profiles. METHODS: We defined an incident HBV infection as the presence of any of HBV serological markers (hepatitis B surface antigen, anti-hepatitis B core antibodies, or HBV DNA) after a negative baseline test result for anti-hepatitis B core antibodies. Patients with positive anti-hepatitis B surface antigen serology were excluded. Cox proportional hazards models were used, with an incident case of HBV infection as the outcome variable. RESULTS: We analyzed 1716 eligible patients from the Swiss HIV Cohort Study with 177 incident HBV cases. DAART was negatively associated with incident HBV infection (hazard ratio HR, 0.4; 95% confidence interval CI, .2-.6). This protective association was robust to adjustment (HR, 0.3; 95% CI, .2-.5) for condomless sex, square-root-transformed CD4 cell count, drug use, and patient demographics. Condomless sex (HR, 1.9; 95% CI, 1.4-2.6), being a man who has sex with men (2.7; 1.7-4.2), and being an intravenous drug user (3.8; 2.4-6.1) were all associated with a higher hazard of contracting HBV. CONCLUSIONS: Our study suggests that DAART, independently of CD4 cell count and risky behavior, has a potentially strong public health impact, including pre-exposure prophylaxis of HBV coinfection in the HIV infected.	Adult; Follow-Up Studies; Humans; Male; Female; emtricitabine; tenofovir; Chemoprevention/*methods; Antiviral Agents/*administration & dosage; Prospective Studies; Lamivudine/administration & dosage; HIV Infections/*complications; lamivudine; Emtricitabine/administration & dosage; Tenofovir/administration & dosage; Hepatitis B/epidemiology/*prevention & control; HBV prevention; HIV coinfection	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2016	Shrestha R.K.; Sansom S.L.; Purcell D.W.	Assessing HIV acquisition risks among men who have sex with men in the United States of America	Revista Panamericana de Salud Pública/Pan American Journal of Public Health	-	-	-	-	10204989	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014081854&partnerID=40&md5=cd46c36021ab1bcb8b19df0aab91bbae	Men who have sex with men (MSM) can reduce their risk of acquiring human immunodeficiency virus (HIV) by using various prevention strategies and by understanding the effectiveness of each option over the short- and long-term. Strategies examined were: circumcision; insertive anal sex only; consistent, 100% self-reported condom use; and pre-exposure prophylaxis (PrEP). PrEP efficacy was based on three levels of adherence. The cumulative HIV acquisition risk among MSM over periods of 1 year and 10 years were estimated with and without single and combinations of prevention strategies. A Bernoulli process model was used to estimate risk. In the base case with no prevention strategies, the 1-year risk of HIV acquisition among MSM was 8.8%. In contrast, the 1-year risk associated with circumcision alone was 6.9%; with insertive sex only, 5.5%; with 100% self-reported condom use, 2.7%; and with average, high, and very high PrEP adherence, 5.1%, 2.5%, and 0.7%, respectively. The 10-year risk of HIV acquisition among MSM with no prevention strategy was 60.3%. In contrast, that associated with circumcision alone was 51.1%; with insertive sex only, 43.1%; with 100% self-reported condom use, 24.0%; and with average, high, and very high PrEP adherence, 40.5%, 22.2%, and 7.2%, respectively. While MSM face substantial risk of HIV, there are now a number of prevention strategies that reduce risk. Very high adherence to PrEP alone or with other strategies appears to be the most powerful tool for HIV prevention.	Condoms; HIV; HIV infections; Pre-exposure prophylaxis; Prevention and control; Risk reduction behavior; United States; Unsafe sex	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Singh, Jerome Amir	Ethical Issues to Consider in the Design of HIV Prevention Trials Involving Transgender People.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001089	https://journals.lww.com/jaids/fulltext/2016/08151/ethical_issues_to_consider_in_the_design_of_hiv.9.aspx	Although transgender women have been included in HIV prevention pre-exposure prophylaxis studies, no pre-exposure prophylaxis study has focused exclusively on transgender persons. Drawing on the cardinal principles of ethics espoused in the Belmont Report, this work highlights, among other issues, that (1) the principle of Justice requires the HIV prevention field to focus exclusively on transgender persons, (2) the disclosure of potential study-related risks to study participants demonstrates Respect for Persons, and (3) devising risk mitigation plans, optimizing a proposed study's standard of care, and the provision of ancillary care satisfy the principle of Beneficence.	Humans; Male; Drug Interactions; Female; HIV Infections/drug therapy/*prevention & control; Research Design; *Ethics, Research; Clinical Trials as Topic/*ethics; *Transgender Persons/psychology; Pre-Exposure Prophylaxis/*ethics	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2016	Smith D.K.; Maier E.; Betts J.; Gray S.; Kolodziejski B.; Hoover K.W.	What community-based HIV prevention organizations say about their role in biomedical HIV prevention	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2016.28.5.426	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84990841529&doi=10.1521%2faeap.2016.28.5.426&partnerID=40&md5=7e22b51fa1f1455dbcd043c40ec90f58	Community-based organizations (CBOs) are critical to delivery of effective HIV prevention because of their reach to key populations. This online survey of a national sample of CBOs assessed their awareness of, interest in, and resources needed to provide nonoccupational postexposure prophylaxis (nPEP), preexposure prophylaxis (PrEP), and HIV treatment as prevention (TasP). One hundred seventy-five CBOs participated: 87 clinical and 88 nonclinical CBOs. For nPEP, PrEP, and TasP, program managers reported that awareness was high (94%, 90%, 85%), meeting current client need was low (20%, 13%, 18%), and the likelihood of increasing their current provision with additional resources was somewhat high (62%, 64%, 62%). Clinical CBOs were more prepared to support expansion of these biomedical interventions than nonclinical CBOs. Meeting the information, training, and resource needs of CBOs is critical for effective collaboration to reduce the number of new HIV infections through expanded delivery of PrEP, nPEP, and TasP. © 2016 The Guilford Press.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Smith D.K.; Mendoza M.C.B.; Stryker J.E.; Rose C.E.	PrEP awareness and attitudes in a national survey of primary care clinicians in the United States, 2009-2015	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0156592	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973512736&doi=10.1371%2fjournal.pone.0156592&partnerID=40&md5=5d150a8f2b17f2fef2a054442870fd73	Objectives: As trials were assessing the safety and efficacy of daily oral antiretroviral preexposure prophylaxis (PrEP) for the prevention of HIV infection, there was a clear need to understand the evolution of knowledge of, and attitudes toward, PrEP among primary care clinicians. Methods: Physicians and nurse practitioners were surveyed in 2009 (n = 1500), 2010 (n = 1504), 2012 (n = 1503), 2013 (n = 1507), 2014 (n = 1508) and 2015 (n = 1501) to assess their awareness of PrEP, willingness to prescribe PrEP, and whether they support use of public funds to pay for PrEP. Pharmacists (n = 251) were surveyed about PrEP in 2012 only. Descriptive statistics were computed for physician demographics and PrEP-related questions. Prevalence ratios for willingness to prescribe PrEP were computed using Poisson regression analysis. Results: Awareness of PrEP was low among clinicians (2009: 24%, 2010: 29%) but increased after trials reported effectiveness (2012: 49%, 2013: 51%, 2014: 61%, 2015: 66%). Following a description of PrEP with an estimated effectiveness of 75%, across 6 of the study years 91% of clinicians indicated a willingness to prescribe PrEP to at least one group at high risk of HIV acquisition. A smaller majority of clinicians indicated support for public funding of PrEP in 2009: 59%, 2010: 53%, and 2013: 63%. Conclusions: In surveys conducted before and after the release of PrEP trial results, primary care clinicians were largely unaware of PrEP. They indicated high levels of willingness to prescribe it for patients at high risk of HIV acquisition and expressed interest in education about how to deliver this new clinical HIV prevention method. It will be important to continue monitoring clinician knowledge, attitudes, and practices as the use of PrEP increases in the US. © 2016, Public Library of Science. All rights reserved. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Smith, Jennifer A.; Anderson, Sarah-Jane; Harris, Kate L.; McGillen, Jessica B.; Lee, Edward; Garnett, Geoff P.; Hallett, Timothy B.	Maximising HIV prevention by balancing the opportunities of today with the promises of tomorrow: a modelling study.	The Lancet HIV	-	-	-	-	2352-3018 2405-4704	10.1016/S2352-3018(16)30036-4	https://pubmed.ncbi.nlm.nih.gov/27365203/	BACKGROUND: Many ways of preventing HIV infection have been proposed and more are being developed. We sought to construct a strategic approach to HIV prevention that would use limited resources to achieve the greatest possible prevention impact through the use of interventions available today and in the coming years. METHODS: We developed a deterministic compartmental model of heterosexual HIV transmission in South Africa and formed assumptions about the costs and effects of a range of interventions, encompassing the further scale-up of existing interventions (promoting condom use, male circumcision, early antiretroviral therapy ART initiation for all including increased HIV testing and counselling activities, and oral pre-exposure prophylaxis PrEP), the introduction of new interventions in the medium term (offering intravaginal rings, long-acting injectable antiretroviral drugs) and long term (vaccine, broadly neutralising antibodies bNAbs). We examined how available resources could be allocated across these interventions to achieve maximum impact, and assessed how this would be affected by the failure of the interventions to be developed or scaled up. FINDINGS: If all interventions are available, the optimum mix would place great emphasis on the following: scale-up of male circumcision and early ART initiation with outreach testing, as these are available immediately and assumed to be low cost and highly efficacious; intravaginal rings targeted to sex workers; and vaccines, as these can achieve a large effect if scaled up even if imperfectly efficacious. The optimum mix would rely less on longer term developments, such as long-acting antiretroviral drugs and bNAbs, unless the costs of these reduced. However, if impossible to scale up existing interventions to the extent assumed, emphasis on oral PrEP, intravaginal rings, and long-acting antiretroviral drugs would increase. The long-term effect on the epidemic is most affected by scale-up of existing interventions and the successful development of a vaccine. INTERPRETATION: With current information, a strategic approach in which limited resources are used to maximise prevention impact would focus on strengthening the scale-up of existing interventions, while pursuing a workable vaccine and developing other approaches that can be used if further scale-up of existing interventions is limited. FUNDING: Bill & Melinda Gates Foundation.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Female; Antiretroviral Therapy, Highly Active; South Africa/epidemiology; Condoms; Circumcision, Male; Models, Theoretical; AIDS Vaccines; Pre-Exposure Prophylaxis/methods/trends; HIV Infections/economics/epidemiology/*prevention & control/*virology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2016	Solomon, Marc M; Schechter, Mauro; Liu, Albert Y; McManhan, Vanessa M; Guanira, Juan V; Hance, Robert J; Chariyalertsak, Suwat; Mayer, Kenneth H	The Safety of Tenofovir–Emtricitabine for HIV Pre-Exposure Prophylaxis (PrEP) in Individuals With Active Hepatitis B	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1525-4135	https://doi.org/10.1097/qai.0000000000000857	https://escholarship.org/uc/item/5g13b2s4	BackgroundPre-exposure prophylaxis (PrEP) with daily oral emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) prevents HIV infection. The safety and feasibility of HIV PrEP in the setting of hepatitis B virus (HBV) infection were evaluated.MethodsThe Iniciativa Profilaxis Pre-Exposición study randomized 2499 HIV-negative men and transgender women who have sex with men to once-daily oral FTC/TDF versus placebo. Hepatitis serologies and transaminases were obtained at screening and at the time PrEP was discontinued. HBV DNA was assessed by polymerase chain reaction, and drug resistance was assessed by population sequencing. Vaccination was offered to individuals susceptible to HBV infection.ResultsOf the 2499 participants, 12 (0.5%; including 6 randomized to FTC/TDF) had chronic HBV infection. After stopping FTC/TDF, 5 of the 6 participants in the active arm had liver function tests performed at follow-up. Liver function tests remained within normal limits at post-stop visits except for a grade 1 elevation in 1 participant at post-stop week 12 (alanine aminotransferase = 90, aspartate aminotransferase = 61). There was no evidence of hepatic flares. Polymerase chain reaction of stored samples showed that 2 participants in the active arm had evidence of acute HBV infection at enrollment. Both had evidence of grade 4 transaminase elevations with subsequent resolution. Overall, there was no evidence of TDF or FTC resistance among tested genotypes. Of 1633 eligible for vaccination, 1587 (97.2%) received at least 1 vaccine; 1383 (84.7%) completed the series.ConclusionsPrEP can be safely provided to individuals with HBV infection if there is no evidence of cirrhosis or substantial transaminase elevation. HBV vaccination rates at screening were low globally, despite recommendations for its use, yet uptake and efficacy were high when offered.	Biomedical and Clinical Sciences; Clinical Sciences; Immunization; Liver Disease; Chronic Liver Disease and Cirrhosis; Digestive Diseases; HIV/AIDS; Clinical Research; Hepatitis; Prevention; Infectious Diseases; Clinical Trials and Supportive Activities; Hepatitis - B; Vaccine Related; Evaluation of treatments and therapeutic interventions; 6.1 Pharmaceuticals; Infection; Good Health and Well Being; Adult; Anti-HIV Agents; Emtricitabine; Tenofovir Disoproxil Fumarate Drug Combination; Female; HIV Infections; Hepatitis B; Chronic; Homosexuality; Male; Humans; Liver Function Tests; Male; Middle Aged; Pre-Exposure Prophylaxis; Transgender Persons; Young Adult; PrEP safety; hepatitis B; MSM; HIV; transgender women; pre-exposure prophylaxis; iPrEx Study Team; Public Health and Health Services; Virology; Clinical sciences; Epidemiology; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Spieldenner A.	PrEP Whores and HIV Prevention: The Queer Communication of HIV Pre-Exposure Prophylaxis (PrEP)	Journal of Homosexuality	-	-	-	-	918369	10.1080/00918369.2016.1158012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84966703858&doi=10.1080%2f00918369.2016.1158012&partnerID=40&md5=9602a5638ee6e4f7c75fe5991e983f14	HIV pre-exposure prophylaxis (PrEP) has been introduced as another biomedical tool in HIV prevention. Whereas other such tools—including post-exposure prophylaxis (PEP) and interruption of perinatal transmission—have been embraced by those impacted by HIV, PrEP has been met with more conflict, especially within the gay community and HIV organizations. The "PrEP whore" has come to designate the social value and personal practices of those taking PrEP. This study examines the "PrEP whore" discourse by using queer theory and queer theory. Within these theoretical vantage points, the study explicates four discursive areas: slut shaming, dirty/clean binaries, mourning the loss of condoms, and reclaiming the inner whore. The study illuminates possible discursive strategies that lie outside of the domains of public health and within the individual and community. © 2016 Taylor & Francis.	Gay men; HIV pre-exposure prophylaxis; HIV/AIDS; queer theory; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Spinner C.D.; Boesecke C.; Zink A.; Jessen H.; Stellbrink H.-J.; Rockstroh J.K.; Esser S.	HIV pre-exposure prophylaxis (PrEP): a review of current knowledge of oral systemic HIV PrEP in humans	Infection	-	-	-	-	3008126	10.1007/s15010-015-0850-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84944712010&doi=10.1007%2fs15010-015-0850-2&partnerID=40&md5=74f3ea295b548a00d97f615321 0c38f7	Purpose: Despite established HIV prevention strategies and broadly available diagnostic strategies in developed western countries, rates of HIV new infections remain high. Alternative strategies for HIV prevention, particularly among men who have sex with men (MSM), are crucial. HIV pre-exposure prophylaxis (PrEP) has been discussed as one additional option that this review seeks to explore. Methods: An online search identifying PrEP-relevant literature from 1st January 2010 to 1st August, 2015 was performed. Results: The iPrEx study, first published in 2010, demonstrated a reduction in relative risk (RRR) of HIV seroconversion of 44 % for continuous PrEP with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) in MSM. The efficacy of PrEP has been confirmed for continuous PrEP in the PROUD study and for intermittent PrEP in the IPERGAY study (RRR = 86 % in both studies). The PrEP was well tolerated in all studies, and the evolution of HIV resistance has been low. Compensatory increased sexual risk behavior was not observed in recent studies. In contrast to the high efficacy of risk reduction for HIV transmission in MSM, the results of TDF PrEP and TDF/FTC PrEP studies using microbicidal agents or pills among heterosexual women were different (RRR 6–75 %). Conclusions: Continuous and intermittent PrEP demonstrated high efficacy in preventing HIV seroconversion, notably among MSM. PrEP was well tolerated. Adherence was critical for high efficacy in all studies. Further studies to evaluate implementation strategies and cost-effectiveness in different risk populations are needed as well as drug approval in Europe. © 2015, Springer-Verlag Berlin Heidelberg.	HIV; Pre-exposure prophylaxis; PrEP; Review	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2016	Srinivasan P.; Moss J.A.; Gunawardana M.; Churchman S.A.; Yang F.; Dinh C.T.; Mitchell J.M.; Zhang J.; Fanter R.; Miller C.S.; Butkyavichene I.; McNicholl J.M.; Smith T.J.; Baum M.M.; Smith J.M.	Topical delivery of tenofovir disoproxil fumarate and emtricitabine from pod-intravaginal rings protects macaques from multiple SHIV exposures	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0157061	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975292127&doi=10.1371%2fjournal.pone.0157061&partnerID=40&md5=418c201c27748bbdd019392241702189	Topical preexposure prophylaxis (PrEP) against HIV has been marginally successful in recent clinical trials with low adherence rates being a primary factor for failure. Controlled, sustained release of antiretroviral (ARV) drugs may help overcome these low adherence rates if the product is protective for extended periods of time. The oral combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is currently the only FDA-approved ARV drug for HIV PrEP. A novel pod-intravaginal ring (IVR) delivering TDF and FTC at independently controlled rates was evaluated for efficacy at preventing SHIV162p3 infection in a rigorous, repeat low-dose vaginal exposure model using normally cycling female pigtailed macaques. Six macaques received pod-IVRs containing TDF (65 mg) and FTC (68 mg) every two weeks, and weekly vaginal exposures to 50 TCID50 of SHIV162p3 began one week after the first pod-IVR insertion. All pod-IVR-treated macaques were fully protected throughout the study (P = 0.0002, Log-rank test), whereas all control animals became infected with a median of 4 exposures to infection. The topical, sustained release of TDF and FTC from the pod-IVR maintained protective drug levels in macaques over four months of virus exposures. This novel and versatile delivery system has the capacity to deliver and maintain protective levels of multiple drugs and the protection observed here warrants clinical evaluation of this pod-IVR design. © 2016, Public Library of Science. All rights reserved. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Stahlman, Shauna; Beyrer, Chris; Sullivan, Patrick S.; Mayer, Kenneth H.; Baral, Stefan D.	Engagement of Gay Men and Other Men Who Have Sex with Men (MSM) in the Response to HIV: A Critical Step in Achieving an AIDS-Free Generation.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-016-1388-8	https://link.springer.com/article/10.1007/s10461-016-1388-8	Men who have sex with men (MSM) continue to be at elevated risk for HIV acquisition and transmission secondary to biological and behavioral characteristics, social and sexual network characteristics, community environmental factors, and structural factors. HIV incidence rates remain high among MSM in both low- and high-income settings, and in both concentrated and more generalized HIV epidemic settings. While data quality tends to be poorer, the best estimates collectively suggest that MSM have up to 20 times the odds of living with HIV as compared to other reproductive aged adults across low- and middle-income countries. Recent prevention strategies to lower biological HIV transmission and acquisition risks, including the early use of antiretrovirals to decrease infectiousness for those living with HIV, and pre-exposure prophylaxis for those at significant risk of HIV acquisition, have demonstrated the potential to change the trajectory of the HIV epidemics among MSM. However, the coverage and effectiveness of these approaches is limited by structural factors including the punitive legal frameworks and institutional discrimination that contribute to limited uptake, challenges to adherence, and suboptimal health-seeking behaviors among MSM. More intensive efforts will be required to reach MSM who do not currently have access to relevant and effective prevention and treatment services or elect not to access these services given enacted and/or perceived stigma. Respect for human rights, including efforts to aggressively confront and combat the forms of stigma that are preventing us from achieving an AIDS-Free generation, are needed for all people including gay men and other MSM.	*Homosexuality, Male; Humans; Male; *Developing Countries; HIV; HIV Infections/epidemiology/*prevention & control; Human Rights; *Community Participation; *Sexual Behavior; *Pre-Exposure Prophylaxis; MSM; Men who have sex with men; Social Stigma; Risk factors; *Epidemics; Epidemic; Acquired Immunodeficiency Syndrome/epidemiology/*prevention & control; *Sexual and Gender Minorities; Social Discrimination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Sued, Omar; Figueroa, María Inés; Cahn, Pedro	Clinical challenges in HIV/AIDS: Hints for advancing prevention and patient management strategies.	Advanced Drug Delivery Reviews	-	-	-	-	1872-8294 0169-409X	10.1016/j.addr.2016.04.016	https://pubmed.ncbi.nlm.nih.gov/27117711/	Acquired immune deficiency syndrome has been one of the most devastating epidemics of the last century. The current estimate for people living with the HIV is 36.9 million. Today, despite availability of potent and safe drugs for effective treatment, lifelong therapy is required for preventing HIV re-emergence from a pool of latently infected cells. However, recent evidence show the importance to expand HIV testing, to offer antiretroviral treatment to all infected individuals, and to ensure retention through all the cascade of care. In addition, circumcision, pre-exposure prophylaxis, and other biomedical tools are now available for included in a comprehensive preventive package. Use of all the available tools might allow cutting the HIV transmission in 2030. In this article, we review the status of the epidemic, the latest advances in prevention and treatment, the concept of treatment as prevention and the challenges and opportunities for the HIV cure agenda.	Humans; Male; Disease Management; Nanotechnology; Pre-exposure prophylaxis; Microbicides; Treatment as prevention; HIV cure; *Acquired Immunodeficiency Syndrome/epidemiology/prevention & control; *HIV Infections/epidemiology/therapy; HIV nanoformulations	English	Netherlands	Western and Central Europe and North America	Argentina	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	Clinical
Article	2016	Sugarman, Jeremy	Ethical considerations regarding oral preexposure prophylaxis in HIV prevention trials.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000214	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4669881	PURPOSE OF REVIEW: Although substantial evidence supports oral preexposure prophylaxis with tenofovir disoproxil fumarate and emtricitabine (OPTF) for the primary prevention of HIV infection in certain settings, assessing whether other promising HIV prevention interventions are safe and effective as well as determining optimal prevention strategies necessitates research. However, given the established safety and efficacy of OPTF, it is necessary to determine when and how it is ethically acceptable to conduct this research, which is the focus of this review. RECENT FINDINGS: Although they are somewhat intertwined, questions regarding OPTF in research can be considered in two broad categories: use in a comparison arm and as a standard of prevention. Major statements addressing these issues are described and recent literature directed at the particular issue of OPTF in research is reviewed and critiqued. SUMMARY: There is now arguably a rebuttable presumption for the use of OPTF as a comparator or as part of the standard of prevention in much future HIV prevention research. However, making such determinations necessitates taking into account scientific considerations, the modality being evaluated, acceptability, adherence, and the local context. Doing so should be optimized by robust stakeholder engagement.	preexposure prophylaxis, HIV infection, ethics, research ethics, comparator arm, standard of prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Suosu WEI; Huide WEI; Xiaohong HUANG; Hongping PAN; Yi TAN; Guanghe YANG; Jinghong LIU; Wenjuan LYU; Ying WEI; Siqi LAN; Hui LIU; Tengyan WU	Analysis of willingness and influencing factors for usage of pre-exposure prophylaxis among male u-niversity students who have sex with men	Chinese Journal of Behavioral Medicine and Brain Science	-	-	-	-	1674-6554	10.3760/cma.j.issn.1674-6554.2016.12.015	http://dx.doi.org/10.3760/cma.j.issn.1674-6554.2016.12.015	Objective To analyze the willingness and influencing factors for usage of pre-exposure prophylaxis(PrEP) among male students who have sex with men (MSM) in universities of Guangxi. Meth-ods 295 MSM students in universities were recruited by Snow-balling methods. Questionnaires were self-administered to collect social demographic information,AIDS related risky sexual behaviors and willingness for usage of PrEP. Logistic regression was employed for univariate and multivariate analysis. Results Of the 295 MSM,58(19.7%)had ever heard PrEP,265(89.8%) said that they would like to use PrEP. Multivari-ate logistic regression analysis showed that those who had found partners through friends (OR=11.419,95%CI:1.363~95.641), those who would advise his friend to use PrEP (OR=87.946,95%CI:13.660-566.222),those who concerned the convenience to gain the medicine (OR=119.652,95%CI:3.765-3802.184) and those who said that they could take medicine every day (OR=88.245,95%CI:10.237-760.696) were more likely to accept PrEP. The subjects whose partners would be angry if they stick to use condoms(OR=0.106,95%CI:0.019-0.606),and those who suspected the effectiveness of drugs(OR=0.010,95%CI0. 001-0.112) were less likely to accept PrEP. Conclusion The acceptability of PrEP is high in university students'MSM. The safety of drugs and the convenience to gain the medicine are the main influencing factors for usage of PrEP.Using of PrEP should be strengthened to the MSM.	Willingness to accept; pre-exposure prophylaxis among college students; with HIV who have sex with men.	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Quantitative
Article	2016	Tangmunkongvorakul A.; Chariyalertsak S.; Amico K.R.; Guptarak M.; Saokhieo P.; Sangangamsakun T.; Songsupa R.; McMahan V.; Grant R.	Sexual practices among men who have sex with men in chiang mai, Thailand: Part of the antiretroviral pre-exposure prophylaxis trial	Southeast Asian Journal of Tropical Medicine and Public Health	-	-	-	-	1251562	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84982161857&partnerID=40&md5=97bbc9868ccd073620627121c5648b70	This study aimed to gain a better understanding of the association between participation in a blinded antiretroviral pre-exposure prophylaxis (PrEP) clinical trial and sexual practices among men who have sex with men and transgender women. This study utilized both quantitative and qualitative methodologies. Data included reported PrEP medication adherence and sexual behavior among 114 study participants. Forty-six participants took part in qualitative data collection, 32 were interviewed and 14 participated in one of three focus group discussions. The average percentage of study medication adherence, number of sex partners and rates of sex without a condom were calculated. For qualitative data, content analysis was used to identify repeated normative themes, some of which arose spontaneously from interview interactions. Participants at the Chiang Mai site reported good adherence to the study medication. The sexual risk behavior of these participants had decreased by their final study visit; this was unrelated to level of adherence. Qualitative findings describe sexual practices that were highly contextual; participants used risk assessments to determine sex practices. Condoms were used with casual partners but not necessarily with primary partners. Our findings suggest that while PrEP is an exciting new development for HIV prevention, it must be paired with behavioral interventions to fully address sexual risk among this population. Interventions should provide this population with skills to negotiate condom use with their primary partners as well as in situations in which their sexual partners do not support condom use. © 2017, SEAMEO TROPMED Network. All Rights Reserved.	MSM; PrEP trial; Sexual practices; Thailand	English	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	NA	NA	Mixed methods
Editorial	2016	The Lancet	NHS England: preparing for PrEP	The Lancet	-	-	-	-	01406736	10.1016/S0140-6736(16)31343-5	https://www.proquest.com/scholarly-journals/nhs-england-preparing-prep/docview/1814223279/se-2?accountid=8113	The landmark decision by the UK High Court on Aug 2, 2016, concerning NHS England and the funding of HIV pre-exposure prophylaxis (PrEP) is still resonating. Unless NHS England successfully appeals against the judgment, responsibility for funding an estimated £10-20 million a year HIV prevention programme will land squarely in its court.	Pre-exposure prophylaxis; England; Disease prevention; Funding; Human immunodeficiency virus--HIV; Medical Sciences; United Kingdom--UK; NHS England	English	United Kingdom	Western and Central Europe and North America	NA	NA	NA	NA	Other
Editorial	2016	The Lancet HIV	NHS England should reconsider PrEP decision	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(16)30020-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85027389549&doi=10.1016%2fS2352-3018%2816%2930020-0&partnerID=40&md5=5841cdf1739ea31225779061b38bf50c	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	NA	NA	NA	NA	Other
Editorial	2016	The Lancet HIV	Time for NHS England to accept responsibility for PrEP.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(16)30117-5	https://dx.doi.org/10.1016/S2352-3018(16)30117-5	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	NA	NA	NA	NA	Other
Article	2016	Thomson K.A.; Baeten J.M.; Mugo N.R.; Bekker L.-G.; Celum C.L.; Heffron R.	Tenofovir-based oral preexposure prophylaxis prevents HIV infection among women	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000207	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951906477&doi=10.1097%2fCOH.0000000000000207&partnerID=40&md5=07ec0f1adf2bdfcec72256e07714151f	Purpose of review Despite tremendous promise as a female-controlled HIV prevention strategy, implementation of preexposure prophylaxis (PrEP) among women has been limited, in part because of disparate efficacy results from randomized trials in this population. This review synthesizes existing evidence regarding PrEP efficacy for preventing HIV infection in women and considerations for delivering PrEP to women. Recent findings In three efficacy trials, conducted among men and women, tenofovir-based oral PrEP reduced HIV acquisition in subgroups of women by 49â€"79% in intent-to-treat analyses, and by >85% when accounting for PrEP adherence. Two trials did not demonstrate an HIV prevention benefit from PrEP in women, but substantial evidence indicates those results were compromised by very low adherence to the study medication. Qualitative research has identified risk perception, stigma, and aspects of clinical trial participation as influencing adherence to study medication. Pharmacokinetic studies provide supporting evidence that PrEP offers HIV protection in women who are adherent to the medication. Summary Tenofovir-based daily oral PrEP prevents HIV acquisition in women. Offering PrEP as an HIV prevention option for women at high risk of HIV acquisition is a public health imperative and opportunities to evaluate implementation strategies for PrEP for women are needed. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	adherence; effectiveness; efficacy; HIV prevention; preexposure prophylaxis; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Trang T.P.; Dong B.J.; Kojima N.; Klausner J.D.	Drug safety evaluation of oral tenofovir disoproxil fumarate-emtricitabine for pre-exposure prophylaxis for human immunodeficiency virus infection	Expert Opinion on Drug Safety	-	-	-	-	14740338	10.1080/14740338.2016.1211108	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84979520762&doi=10.1080%2f14740338.2016.1211108&partnerID=40&md5=188d2042959c49f63fdf5ed41d6261a9	Introduction: Tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) are nucleoside reverse transcriptase inhibitors approved as pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV). Prophylactic TDF-based regimens have been shown to reduce the risk of HIV infection by 74 to 92% among participants with detectable drug levels. Adverse events observed in clinical trials include nausea, elevated creatinine and liver enzymes, and decreased bone mineral density. Areas covered: This article reviews the pharmacology, pharmacokinetics, and the safety profile of TDF and FTC used as PrEP for HIV infection. Expert opinion: TDF-FTC can have a large impact in preventing HIV infections among high risk individuals when taken daily. Although TDF-FTC is associated with adverse events, they can be minimized with clinician-guided monitoring. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	bone mineral density; creatinine; emtricitabine; HIV; pre-exposure prophylaxis; prevention; renal dysfunction; safety; Tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Underhill K.; Morrow K.M.; Colleran C.; Calabrese S.K.; Operario D.; Salovey P.; Mayer K.H.	Explaining the Efficacy of Pre-exposure Prophylaxis (PrEP) for HIV Prevention: A Qualitative Study of Message Framing and Messaging Preferences Among US Men Who have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-015-1088-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84929208887&doi=10.1007%2fs10461-015-1088-9&partnerID=40&md5=50c5f845825e0f6b307e5993c118e64f	We investigated message comprehension and message framing preferences for communicating about PrEP efficacy with US MSM. We conducted eight focus groups (n = 38) and n = 56 individual interviews with MSM in Providence, RI. Facilitators probed comprehension, credibility, and acceptability of efficacy messages, including percentages, non-numerical paraphrases, efficacy ranges versus point estimates, and success- versus failure-framed messages. Our findings indicated a range of comprehension and operational understandings of efficacy messages. Participants tended to prefer percentage-based and success-framed messages, although preferences varied for communicating about efficacy using a single percentage versus a range. Participants reported uncertainty about how to interpret numerical estimates, and many questioned whether trial results would predict personal effectiveness. These results suggest that providers and researchers implementing PrEP may face challenges in communicating with users about efficacy. Efforts to educate MSM about PrEP should incorporate percentage-based information, and message framing decisions may influence message credibility and overall PrEP acceptability. © 2015, Springer Science+Business Media New York.	Health communication; HIV prevention; Men who have sex with men; Message framing; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2016	Unni, Elizabeth J; Lian, Nadia; Kuykendall, William	Understanding community pharmacist perceptions and knowledge about HIV preexposure prophylaxis (PrEP) therapy in a Mountain West state.	Journal of the American Pharmacists Association	-	-	-	-	1544-3450	10.1016/j.japh.2016.05.004	https://dx.doi.org/10.1016/j.japh.2016.05.004	OBJECTIVES: Preexposure prophylaxis (PrEP) therapy is prescribed to HIV-negative individuals who are at high risk of contracting the virus to reduce the risk of transmission. Adherence to therapy is essential for optimal treatment outcome, and community pharmacists have an important role in achieving this through patient counseling. The objectives of this study were to measure pharmacists' actual knowledge about HIV PrEP therapy, perceptions about their HIV PrEP therapy knowledge, and intention to counsel patients about PrEP therapy. METHODS: A cross-sectional survey was conducted among community pharmacists in Utah to measure their actual knowledge and perceptions of knowledge about PrEP therapy based on the basic information from the Centers for Disease Control website. In addition, the pharmacist's intention to counsel patients on PrEP therapy was measured with the use of the validated Godin 12-item tool. Descriptive analyses and t tests identified characteristics based on gender, degree earned, and years of practice in pharmacy. Regression analysis determined significant predictors of the intention to counsel. RESULTS: There were 251 responses (75% PharmD, 61% male, 42% >10 years' experience as a pharmacist). An exploratory factor analysis of the Godin 12-item tool demonstrated 4 domains: beliefs about capabilities, social influence, moral norms, and intention to counsel patients. There was no difference in the intention to counsel based on gender. Pharmacists with a PharmD and less than 10 years of experience had significantly higher knowledge and intention to counsel. The actual knowledge score of the respondents was significantly higher than their perceptions of their knowledge. Multiple regression results showed that the beliefs about capabilities and social influence were significant predictors of intention to counsel. CONCLUSION: Educating community pharmacists on PrEP therapy using pharmacists who are considered to be opinion leaders in the pharmacy profession can affect the social influence and beliefs about capabilities domains, which in turn can increase counseling on PrEP therapy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Vaccher S.; Grulich A.; McAllister J.; Templeton D.J.; Bloch M.; McNulty A.; Holden J.; Poynten I.M.; Prestage G.; Zablotska I.; Carr A.; Cheung C.; Foster R.; Gianacas C.; Guy R.; Holt M.; Kaldor J.; Mackie B.; Mayer K.; Murphy D.; Ooi C.; Pell C.; Ryder N.; De Wit J.; Wright E.	Protocol for an open-label, single-arm trial of HIV pre-exposure prophylaxis (PrEP) among people at high risk of HIV infection: the NSW Demonstration Project PRELUDE	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2016-012179	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84976318099&doi=10.1136%2fbmjopen-2016-012179&partnerID=40&md5=28eb527607716dd40a5e8f1775bb4c52	Introduction: Despite a number of HIV prevention strategies, the number of new HIV infections remains high. In Australia, over three-quarters of new HIV diagnoses are in gay and bisexual men (GBM). Pre-exposure prophylaxis (PrEP) has been shown to be effective at preventing new HIV infections in several randomised trials. The PRELUDE study aims to evaluate the implementation of PrEP in healthcare settings in New South Wales (NSW), Australia, among a sample of high-risk adults. Methods and analysis: PRELUDE is an ongoing open-label, single-arm demonstration project, conducted in public and private clinics across NSW, Australia. Enrolment began in November 2014. The study is designed for 300 high-risk participants - mainly GBM and heterosexual women. Participants receive daily oral PrEP, composed of emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF), for up to 2.5 years. Quarterly study visits include testing for HIV and sexually transmitted infections (STIs), assessment of ongoing eligibility and side effects, and self-reported adherence. Following each study visit, online behavioural surveys are administered to collect information on medication adherence, risk behaviours and attitudes. Blood samples will be collected in a subset of patients 1, 6 and 12 months after PrEP initiation to measure FTC/TDF concentrations. Analyses using longitudinal regression models will focus on feasibility, adherence, safety, tolerability and effects of PrEP on behaviour. This study will inform PrEP policy and guide the implementation of PrEP in Australia in people at high risk of HIV. Ethics and dissemination: The study will be conducted in accordance with the Declaration of Helsinki. All patients will provide written informed consent prior to participation in the study. Publications relating to each of the primary end points will be gradually released after 12 months of follow-up is complete. © Published by the BMJ Publishing Group Limited.	gay, homosexual, and other men who have sex with men; implementation research; pre-exposure prophylaxis; Truvada	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2016	Vamvaka, E; Evans, A; Ramessar, K; Krumpe, L R; H; Shattock, R J; O'keefe, B R; Christou, P; Capell, T	Cyanovirin-N produced in rice endosperm offers effective pre-exposure prophylaxis against HIV-1^sub BaL^ infection in vitro	Plant Cell Reports	-	-	-	-	07217714	10.1007/s00299-016-1963-5	https://www.proquest.com/scholarly-journals/cyanovirin-n-produced-rice-endosperm-offers/docview/1788491103/se-2?accountid=8113	Key message Cyanovirin-N produced in rice endosperm provides efficient pre-exposure prophylaxis against HIV-1 BaL infection in vitro. Abstract Cyanovirin-N (CV-N) is a lectin with potent antiviral activity that has been proposed as a component of microbicides for the prevention of infection with Human immunodeficiency virus (HIV). The production of protein-based microbicide components requires a platform that is sufficiently economical and scalable to meet the demands of the large at-risk population, particularly in resource poor developing countries. We, therefore, expressed CV-N in rice endosperm, because the dried seed is ideal for storage and transport and crude extracts could be prepared locally and used as a microbicide component without further purification. We found that crude extracts from rice seeds expressing up to 10 µg CV-N per gram dry seed weight showed dose-dependent gp120 binding activity, confirming that the protein was soluble, correctly folded and active. The recombinant lectin (OSCV-N) reduced the infectivity of HIV-1BaL (an R5 virus strain representing the majority of transmitted infections) by ~90 % but showed only weak neutralization activity against HIV-1RF (representative of X4 virus, rarely associated with transmission), suggesting it would be highly effective for pre-exposure prophylaxis against the vast majority of transmitted strains. Crude extracts expressing OSCV-N showed no toxicity towards human cells at working dilutions indicating that microbicide components produced in rice endosperm are safe for direct application as topical microbicides in humans.	Pre-exposure prophylaxis; Microbicide; Anti-HIV; Cyanovirin-N; Endosperm; Rice crude extract; Antimicrobial; Biology--Botany	English	Germany	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2016	van der Straten, A; Brown, ER; Marrazzo, JM; Chirenje, MZ; Liu, K; Gomez, K; Marzinke, MA; Piper, JM; Hendrix, CW	Divergent adherence estimates with pharmacokinetic and behavioural measures in the MTN-003 (VOICE) study	Journal of the International AIDS Society	-	-	-	-	NA	10.7448/IAS.19.1.20642	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01179621/full	INTRODUCTION: In the Microbicide Trial Network MTN-003 (VOICE) study, a Phase IIB pre-exposure prophylaxis trial of daily oral or vaginal tenofovir (TFV), product adherence was poor based on pharmacokinetic (PK) drug detection in a random subsample. Here, we sought to compare behavioural and PK measures of adherence and examined correlates of adherence misreporting. METHODS: We included participants with PK and behavioural data from VOICE random subsample. Behavioural assessments included face-to-face interviews (FTFI), audio computer-assisted self-interviewing (ACASI) and pharmacy-returned product counts (PC). TFV concentrations < 0.31 ng/mL in plasma (oral group) and < 8.5 ng/swab in vaginal group were defined as "PK non-adherent." Logistic regression models were fit to calculate the combined predictive ability of the behavioural measures as summarized by area under the curve (AUC). Baseline characteristics associated with over-reporting daily product use relative to PK measures was assessed using a Generalized Linear Mixed Model. RESULTS: In this random adherence cohort of VOICE participants assigned to active products, (N = 472), PK non-adherence was 69% in the oral group (N = 314) and 65% in the vaginal group (N = 158). Behaviourally, ≤ 10% of the cohort reported low/none use with any behavioural measure and accuracy was low (≤ 43%). None of the regression models had an AUC > 0.65 for any single or combined behavioural measures. Significant (p < 0.05) correlates of over-reporting included being very worried about getting HIV and being unmarried for the oral group; whereas for the vaginal group, being somewhat worried about HIV was associated with lower risk of over-reporting. CONCLUSIONS: PK measures indicated similarly low adherence for the oral and vaginal groups. No behavioural measure accurately predicted PK non-adherence. Accurate real-time measures to monitor product adherence are urgently needed. TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT00705679.	Adult; Anti-HIV Agents pharmacokinetics, *therapeutic use; Double-Blind Method; Female; HIV Infections *prevention & control; Humans; Logistic Models; Medication Adherence; Pre-Exposure Prophylaxis; Tenofovir pharmacokinetics, *therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Venter W.D.F.	What does preexposure prophylaxis mean for treatment; What does treatment mean for preexposure prophylaxis?	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84951906238&doi=10.1097%2fCOH.0000000000000208&partnerID=40&md5=806e14a29f83867eb5b97f3bf87f3169	Purpose of review Both preexposure prophylaxis (PrEP) and treatment as prevention (TaP) have shown promise in contributing to HIV prevention, in models, observational cohorts and in real-world intervention studies. They share similarities, in that they use the same drugs, toxicity markers and may be focused on the same key populations. How to implement PrEP is still the source of much debate; effective coverage with TaP, with recent data on the positive impact of treatment at high CD4 counts, is still an ongoing challenge. Recent findings Treatment has demonstrated individual benefit even at CD4 counts above 350 cells/ml; PrEP has shown the effectiveness in real-world use. Summary This article discusses the intersection of the two interventions, some programmatic misconceptions and complexities, and argues that PrEP is a nuanced and useful adjunct to HIV programmes. PrEP can be rolled out in a way that complements treatment, possibly even within primary health clinics, and may be required for the many people in whom TaP currently fails. PrEP will need constant adaptation so as to maintain programmatic and costâ€"effectiveness, as the epidemiology of HIV changes with TaP rollout and expansion as CD4 restrictions are lifted. Finally, the article also argues that so-called ethical concerns around competing resources are relatively easily resolved. Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.	antiretrovirals; preexposure prophylaxis; treatment as prevention	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review

Article	2016	Venter, Willem Daniel Francois; Fairlie, Lee; Feldman, Charles; Cleaton-Jones, Peter; Chersich, Matthew	Views of Medical Doctors Regarding the 2013 WHO Adult HIV Treatment Guidelines Indicate Variable Applicability for Routine Patient Monitoring, for Their Family Members and for Themselves, in South-Africa.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0145911	https://wiredspace.wits.ac.za/server/api/core/bitstreams/28ed9285-e60e-4efe-9e34-0e4e290296bd/content	South African doctors (n = 211) experienced in antiretroviral therapy use were asked via an online questionnaire about the WHO 2013 adult antiretroviral integrated guidelines, as well as clinical and personal issues, in three hypothetical scenarios: directing the Minister of Health, advising a family member requiring therapy amidst unstable antiretroviral supplies, and where doctors themselves were HIV-positive. Doctors (54%) favoured the 500 cells/µl WHO initiation threshold if advising the Minister; a third recommended retaining the 350 cells/µl threshold used at the time of the survey. However, they favoured a higher initiation threshold for their family member. Doctors were 4.9 fold more likely to initiate modern treatment, irrespective of their CD4 cell count, for themselves than for public-sector patients (95%CI odds ratio = 3.33-7.33; P<0.001, although fewer if limited to stavudine-containing regimens. Doctors were equally concerned about stavudine-induced lactic acidosis and lipoatrophy. The majority (84%) would use WHO-recommended first-line therapy, with concerns split between tenofovir-induced nephrotoxicity (55%), and efavirenz central nervous system effects (29%). A majority (61%), if HIV-positive, would pay for a pre-initiation resistance test, use influenza-prophylaxis (85%), but not INH-prophylaxis (61%), and treat their cholesterol and blood pressure concerns conventionally (63% and 60%). Over 60% wanted viral loads and creatinine measured six monthly. A third felt CD4 monitoring only necessary if clinically indicated or if virological failure occurred. They would use barrier prevention (83%), but not recommend pre-exposure prophylaxis, if their sexual partner was HIV-negative (68%). A minority would be completely open about their HIV status, but the majority would disclose to their sexual partners, close family and friends. Respondents were overwhelmingly in favour of continued antiretrovirals after breastfeeding. In conclusion, doctors largely supported adult WHO guidelines as public policy, although would initiate treatment at higher CD4 counts for their family and themselves. Resistance to INH-prophylaxis is unexpected and warrants investigation.	Adult; Humans; Middle Aged; HIV Infections/*drug therapy; Viral Load; Antiretroviral Therapy, Highly Active; World Health Organization; Anti-HIV Agents/therapeutic use; South Africa; Surveys and Questionnaires; *Attitude of Health Personnel; Pre-Exposure Prophylaxis; *Practice Guidelines as Topic; *Physicians; Monitoring, Physiologic; Family	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2016	Veselinovic M.; Yang K.-H.; Sykes C.; Remling-Mulder L.; Kashuba A.D.M.; Akkina R.	Mucosal tissue pharmacokinetics of the integrase inhibitor raltegravir in a humanized mouse model: Implications for HIV pre-exposure prophylaxis	Virology	-	-	-	-	426822	10.1016/j.virol.2015.12.014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84952919018&doi=10.1016%2fj.virol.2015.12.014&partnerID=40&md5=986a90f47ad92a625b5c3627a89416d2	Orally administered anti-retroviral drugs show considerable promise for HIV/AIDS pre-exposure prophylaxis (PrEP). For the success of these strategies, pharmacokinetic (PK) data defining the optimal concentration of the drug needed for protection in relevant mucosal exposure sites is essential. Here we employed a humanized mouse model to derive comprehensive PK data on the HIV integrase inhibitor raltegravir (RAL), a leading PrEP drug candidate. Under steady state conditions following oral dosing, plasma and multiple mucosal tissues were sampled simultaneously. RAL exhibited higher drug exposure in mucosal tissues relative to that in plasma with one log higher exposure in vaginal and rectal tissue and two logs higher exposure in intestinal mucosa reflecting the trends seen in the human studies. These data demonstrate the suitability of RAL for HIV PrEP and validate the utility of humanized mouse models for deriving important preclinical PK-PD data. © 2015 Elsevier Inc.	Mucosal tissue PK of raltegravir; Pharmacokinetics of raltegravir in hu-mice; PK-PD studies on raltegravir; Pre-Exposure Prophylaxis for HIV/AIDS; Raltegravir for HIV prevention	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Wagner, Glenn J.; Woldetsadik, Mahlet A.; Beyeza-Kashesya, Jolly; Goggin, Kathy; Mindry, Deborah; Finocchario-Kessler, Sarah; Khanakwa, Sarah; Wanyenze, Rhoda K.	Multi-level Correlates of Safer Conception Methods Awareness and Attitudes Among Ugandan HIV Clients with Fertility Intentions.	African Journal of Reproductive Health	-	-	-	-	1118-4841	10.29063/ajrh2016/v20i1.4	https://pubmed.ncbi.nlm.nih.gov/28190955/	Many people living with HIV desire childbearing, but low cost safer conception methods (SCM) such as timed unprotected intercourse (TUI) and manual self-insemination (MSI) are rarely used. We examined awareness and attitudes towards SCM, and the correlates of these constructs among 400 HIV clients with fertility intentions in Uganda. Measures included awareness, self-efficacy, and motivation regarding SCM, as well as demographics, health management, partner and provider characteristics. Just over half knew that MSI (53%) and TUI (51%) reduced transmission risk during conception, and 15% knew of sperm washing and pre-exposure prophylaxis. In separate regression models for SCM awareness, motivation, and self-efficacy, nearly all independent correlates were related to the partner, including perceived willingness to use SCM, knowledge of respondent's HIV status, HIV-seropositivity, marriage and equality in decision making within the relationship. These findings suggest the importance of partners in promoting SCM use and partner inclusion in safer conception counselling.	Adult; Humans; Male; Female; Uganda; Health Knowledge, Attitudes, Practice; Motivation; *Sexual Partners; Decision Making; *Intention; Self Efficacy; *Fertility; *HIV Infections; *Insemination, Artificial; self-efficacy; manual self-insemination; timed unprotected intercourse	English	Nigeria	Western and Central Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2016	Walensky, Rochelle P; Jacobsen, Margo M; Bekker, Linda-Gail; Parker, Robert A; Wood, Robin; Resch, Stephen C; Horstman, N Kaye; Freedberg, Kenneth A; Paltiel, A David	Potential Clinical and Economic Value of Long-Acting Preexposure Prophylaxis for South African Women at High-Risk for HIV Infection.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiv523	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4837902	BACKGROUND: For young South African women at risk for human immunodeficiency virus (HIV) infection, preexposure prophylaxis (PrEP) is one of the few effective prevention options available. Long-acting injectable PrEP, which is in development, may be associated with greater adherence, compared with that for existing standard oral PrEP formulations, but its likely clinical benefits and additional costs are unknown. METHODS: Using a computer simulation, we compared the following 3 PrEP strategies: no PrEP, standard PrEP (effectiveness, 62%; cost per patient, $150/year), and long-acting PrEP (effectiveness, 75%; cost per patient, $220/year) in South African women at high risk for HIV infection (incidence of HIV infection, 5%/year). We examined the sensitivity of the strategies to changes in key input parameters among several outcome measures, including deaths averted and program cost over a 5-year period; lifetime HIV infection risk, survival rate, and program cost and cost-effectiveness; and budget impact. RESULTS: Compared with no PrEP, standard PrEP and long-acting PrEP cost $580 and $870 more per woman, respectively, and averted 15 and 16 deaths per 1000 women at high risk for infection, respectively, over 5 years. Measured on a lifetime basis, both standard PrEP and long-acting PrEP were cost saving, compared with no PrEP. Compared with standard PrEP, long-acting PrEP was very cost-effective ($150/life-year saved) except under the most pessimistic assumptions. Over 5 years, long-acting PrEP cost $1.6 billion when provided to 50% of eligible women. CONCLUSIONS: Currently available standard PrEP is a cost-saving intervention whose delivery should be expanded and optimized. Long-acting PrEP will likely be a very cost-effective improvement over standard PrEP but may require novel financing mechanisms that bring short-term fiscal planning efforts into closer alignment with longer-term societal objectives.	HIV, preexposure prophylaxis, cost-effectiveness, South Africa, long-acting agents	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Wall, Kristin M.; Canary, Lauren; Workowski, Kimberly; Lockard, Annie; Jones, Jeb; Sullivan, Patrick; Hills, Katherine; Fofana, Kadija; Stephenson, Rob; Allen, Susan	Acceptability of Couples' Voluntary HIV Testing Among HIV-infected Patients in Care and Their HIV-negative Partners in the United States.	The Open AIDS Journal	-	-	-	-	1874-6136	10.2174/1874613601610010001	https://pubmed.ncbi.nlm.nih.gov/27014393/	INTRODUCTION: Couples' voluntary HIV counseling and testing (CHTC) is an HIV risk reduction strategy not widely available in the US. METHODS: We assessed willingness to participate in CHTC among US HIV-infected clinic patients via tablet-based survey and among HIV-negative persons with HIV-infected partners in care via mixed-method phone interviews. RESULTS: Most of the N=64 HIV-infected partners surveyed were men (89%), on antiretroviral treatment (ART) (92%), and many self-identified homosexual (62%). We observed high levels of willingness to participate in CHTC (64%) among HIV-infected partners. Reasons for not wanting to participate included perceived lack of need (26%), desire to self-disclose their status (26%), and fear of being asked sensitive questions with their partner present (17%). HIV-infected partners were interested in discussing ART (48%), other sexually transmitted infections (STIs) (44%), and relationship agreements like monogamy (31%) during CHTC sessions. All N=15 HIV-negative partners interviewed were men, most identified as homosexual (73%), and about half (54%) reported consistent condom use with HIV-infected partners. We observed high levels of willingness to participate in CHTC (87%) among HIV-negative partners, who were also interested in discussing ART (47%), other STIs (47%), mental health services (40%), and relationship agreements (33%). Most negative partners (93%) indicated that they believed their HIV-infected partner was virally suppressed, but in the event that they were not, many (73%) were willing to take pre-exposure prophylaxis (PrEP). CONCLUSION: These results indicate that CHTC for serodiscordant couples is acceptable and should emphasize aspects most pertinent to these couples, such as discussion of ART/PrEP, STIs, and relationship agreements.	United States; HIV prevention; combination prevention; discordant couples; Acceptability; couples' voluntary HIV counseling and testing	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2016	Weis J.F.; Baeten J.M.; McCoy C.O.; Warth C.; Donnell D.; Thomas K.K.; Hendrix C.W.; Marzinke M.A.; Mugo N.; Iv F.A.M.; Celum C.; Lehman D.A.	Preexposure prophylaxis-selected drug resistance decays rapidly after drug cessation	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000000915	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84957698480&doi=10.1097%2fQAD.0000000000000915&partnerID=40&md5=b2f363728c96d7b38516f03c2a88c1dc	Objective: Resistance to emtricitabine plus tenofovir disoproxil fumarate (FTC/TDF) or TDF alone used as preexposure prophylaxis (PrEP) has been detected in individuals who initiated PrEP during unrecognized acute HIV infection and, rarely, in PrEP breakthrough infections. PrEP-selected resistance could alter future treatment options, and therefore we sought to determine how long resistance persisted after PrEP cessation. Methods: The Partners PrEP Study was a randomized placebo-controlled trial of FTC/TDF or TDF as PrEP for HIV prevention. We previously reported that PrEP-related mutations (K65R, K70E or M184IV) were detected by 454 sequencing following seroconversion in nine individuals who acquired HIV during the Partners PrEP Study. In the current study, we used 454 sequencing to detect and quantify PrEP-related mutations in HIV RNA-positive plasma samples prior to seroconversion, as well as in plasma from 6, 12, and 24 months after PrEP cessation from these nine individuals. Results: HIV RNA-positive, antibody-negative samples were available prior to seroconversion for four of nine individuals with resistance detected at seroconversion. In all four cases, K65R, K70E and M184IV were not detected prior to seroconversion, suggesting PrEP-related resistance was selected and not transmitted. All PrEP-selected mutations were no longer detectable by 6 months after PrEP cessation and remained undetectable at 12 and 24 months in the absence of antiretroviral therapy. Conclusion: Using highly sensitive assays, PrEP-selected resistance in plasma decays below detection by 6 months following drug cessation and remains undetectable for at least 24 months. Even high levels of resistance mutations during acute infection decay rapidly in the absence of ongoing PrEP exposure. © Copyright 2015 Wolters Kluwer Health, Inc. All rights reserved.	antiretroviral therapy; heterosexual transmission; HIV; HIV drug resistance; HIV prevention; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2016	Whitfield, Thomas; Torkington, Adele; van Halsema, Clare	Profile of cabotegravir and its potential in the treatment and prevention of HIV-1 infection: evidence to date.	HIV AIDS (Auckland)	-	-	-	-	1179-1373	10.2147/HIV.S97920	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5074732	Modern antiretroviral therapy has demonstrated effectiveness in preexposure prophylaxis (PrEP) and treatment of HIV infection. There is a demand for prevention and treatment regimens that could overcome challenges of improving adherence, toxicity, and dosing convenience. Cabotegravir is an integrase strand transfer inhibitor and an analog of dolutegravir. Unlike dolutegravir, cabotegravir has a long half-life and can be formulated into a long-acting nanosuspension for parenteral administration. Initial pharmacokinetic studies in humans have demonstrated adequate drug levels with intramuscular (IM) administration at 4 weekly and 8 weekly intervals, with few interactions with commonly used concomitant medications. Preliminary animal PrEP studies have shown that IM cabotegravir can prevent simian/HIV acquisition from rectal, vaginal, and intravenous challenge. Currently, there are two ongoing Phase II studies assessing cabotegravir as a PrEP agent in humans: ÉCLAIR and HPTN077. Cabotegravir has been studied in combination with rilpivirine as long-acting IM maintenance therapy. The Long-Acting Antiretroviral Treatment Enabling study demonstrated that those switching to oral cabotegravir/rilpivirine once virologically suppressed were more likely to maintain suppression than those continuing standard efavirenz-based therapy (82% vs 71% at 24 weeks). Initial results of the Long-Acting Antiretroviral Treatment Enabling-2 study of parenteral regimens found that 12 weeks after randomization to parenteral or oral regimens, there was no difference in proportions virologically suppressed on cabotegravir/rilpivirine daily orally vs IM every 4 weeks or 8 weeks (91% vs 94% vs 95%). The injections were well tolerated as, although they caused injection site pain in most recipients, most participants reported satisfaction with parenteral therapy. Cabotegravir offers a new member of the integrase strand transfer inhibitor class with potential for alternative mode of delivery. We await Phase III studies to define its efficacy and real-world experience to learn which patient groups stand to benefit most from the novel mode of delivery of treatment and PrEP.	integrase inhibitor, long-acting antiretroviral therapy, preexposure prophylaxis	English	New Zealand	Asia and the Pacific	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2016	Wilton, James; Kain, Taylor; Fowler, Shawn; Hart, Trevor A.; Grennan, Troy; Maxwell, John; Tan, Darrell Hs	Use of an HIV-risk screening tool to identify optimal candidates for PrEP scale-up among men who have sex with men in Toronto, Canada: disconnect between objective and subjective HIV risk.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.19.1.20777	https://onlinelibrary.wiley.com/doi/full/10.7448/IAS.19.1.20777	INTRODUCTION: Identifying appropriate pre-exposure prophylaxis (PrEP) candidates is a challenge in planning for the safe and effective roll-out of this strategy. We explored the use of a validated HIV risk screening tool, HIV Incidence Risk Index for Men who have Sex with Men (HIRI-MSM), to identify "optimal" candidates among MSM testing at a busy sexual health clinic's community testing sites in Toronto, Canada. METHODS: Between November 2014 and April 2015, we surveyed MSM undergoing anonymous HIV testing at community testing sites in Toronto, Canada, to quantify "optimal" candidates for scaling up PrEP roll-out, defined as being at high objective HIV risk (scoring ≥10 on the HIRI-MSM), perceiving oneself at moderate-to-high HIV risk and being willing to use PrEP. Cascades were constructed to identify barriers to broader PrEP uptake. The association between HIRI-MSM score and both willingness to use PrEP and perceived HIV risk were explored in separate multivariable logistic regression analyses. RESULTS: Of 420 respondents, 64.4% were objectively at high risk, 52.5% were willing to use PrEP and 27.2% perceived themselves at moderate-to-high HIV risk. Only 16.4% were "optimal" candidates. Higher HIRI-MSM scores were positively associated with both willingness to use PrEP (aOR=1.7 per 10 score increase, 95%CI=1.3-2.2) and moderate-to-high perceived HIV risk (aOR=1.7 per 10 score increase, 95%CI=1.2-2.3). The proportion of men who were "optimal" candidates increased to 42.9% when the objective HIV risk cut-off was changed to top quartile of HIRI-MSM scores (≥26). In our full cascade, a very low proportion (5.3%) of MSM surveyed could potentially benefit from PrEP under current conditions. The greatest barrier in the cascade was low perception of HIV risk among high-risk men, but considerable numbers were also lost in downstream cascade steps. Of men at high objective HIV risk, 68.3% did not perceive themselves to be at moderate-to-high HIV risk, 23.6% were unaware of PrEP, 40.1% were not willing to use PrEP, 47.6% lacked a family physician with whom they felt comfortable discussing sexual health, and 31.6% had no means to cover the cost of PrEP. CONCLUSIONS: A higher HIRI-MSM cut-off may be helpful for identifying candidates for PrEP scale-up. Improving engagement in the PrEP cascade will require interventions to simultaneously address multiple barriers.	Adult; Humans; Incidence; Male; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; Risk Assessment; Homosexuality, Male; HIV; Surveys and Questionnaires; Canada; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; men who have sex with men; risk perception; *Mass Screening/methods; risk behaviours; screening	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Yacoub, Rabi; Nadkarni, Girish N; Weikum, Damian; Konstantinidis, Ioannis; Boueilh, Anna; Grant, Robert M; Mugwanya, Kenneth K; Baeten, Jared M; Wyatt, Christina M	Elevations in Serum Creatinine With Tenofovir-Based HIV Pre-Exposure Prophylaxis: A Meta-Analysis of Randomized Placebo-Controlled Trials.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000906	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4767606	Pre-exposure prophylaxis (PrEP) with daily tenofovir disoproxil fumarate (TDF), alone or in fixed-dose combination with emtricitabine (FTC/TDF), decreases the risk of sexual transmission of HIV.1-5 In HIV-infected individuals, there is a small risk of acute kidney injury and proximal tubulopathy,6-8 and cumulative TDF exposure has been associated with decreased glomerular filtration rate (eGFR).9,10 In clinical trials of healthy HIV-uninfected adults receiving TDF-containing PrEP, there was no statistically significant increase in renal adverse events; however, the trials were not powered to detect rare safety events.2-5,11-16 Secondary analyses of three large PrEP trials demonstrated small but statistically significant declines in eGFR or calculated creatinine clearance (CrCl) in participants assigned to active PrEP.17-19 We performed a systematic review and meta-analysis of randomized, placebo-controlled trials to assess the risk of renal adverse events in healthy subjects receiving TDF-containing PrEP. This meta-analysis was designed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist.20 Detailed methods are provided in the Supplementary Appendix. We included randomized clinical trials evaluating daily TDF-based PrEP, alone or in combination with FTC. All studies used a graded elevation in serum creatinine as the primary measure of renal adverse events. Most studies used the National Institutes of Health Division of AIDS (DAIDS) toxicity table;21 several studies modified the DAIDS definition (Supplementary Table 1). For the pooled analysis, we defined the endpoint as any Grade 1 or higher elevation in serum creatinine as reported by the study investigators. Analyses were based on the number of participants with at least one graded creatinine elevation, divided by the number at risk as defined by the study investigators. We also considered a modified intention to treat analysis including only HIV-negative participants who were dispensed at least one dose of study drug. Data were analyzed using Stata 11 (Stata Corp LP) and RevMan 5 (The Cochrane Collaboration). We chose a conservative analytic approach using random effects due to differences in patient population, duration of PrEP exposure, loss-to-follow up and adherence, and frequency of creatinine assessment across studies. Results are expressed as the pooled odds ratio (OR); we re-expressed this result as number needed to harm to illustrate the magnitude of risk. Potential heterogeneity in the estimated effect of PrEP versus placebo was explored via random-effects meta-regression. We identified 2657 potential articles, and 10 studies were eligible for inclusion (Supplementary Table 1 and Supplementary Figure 1). Analysis of publication quality is summarized in Supplementary Table 2. The included studies enrolled a total of 19,507 HIV-positive participants, including 17,220 participants randomized to daily oral PrEP (n=9913) versus placebo (n=7307). Eight studies followed participants for 12 months or longer, while two small studies followed participants for only 4 months. No individual study demonstrated a statistically significant difference in the odds of graded creatinine elevation between participants assigned to active PrEP versus placebo (Figure 1).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2016	Yang, Zhongrong; Huang, Zhaohui; Dong, Zhengquan; Li, Jing; Zhang, Sichao; Wu, Nanping; Jin, Meihua	Risk Factors for HIV Diagnosis Among Men Who Have Sex with Men: Results of a Case-Control Study in One Sample of Eastern China.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405 0889-2229	10.1089/AID.2016.0031	https://pubmed.ncbi.nlm.nih.gov/27329367/	Substantial increases in human immunodeficiency virus (HIV) have been reported worldwide in recent years, particularly among men who have sex with men (MSM). We conducted a matched case-control study to examine the factors associated with HIV diagnosis among MSM in one sample of eastern China. Between February 2012 and December 2014, we used surveillance records to identify MSM diagnosed with HIV (case participants); we also recruited MSM who did not have HIV (controls) and then matched them (2:1) with control cases in terms of age (±3 years). Multivariate logistic regression models were used to assess the factors associated with HIV diagnosis. According to a multivariate analysis using logistic regression model involving 101 cases and 202 matched controls, a lack of comprehensive knowledge of HIV (adjusted odds ratio OR = 0.40; 95% confidence interval CI = 0.18, 0.89), a monthly income of ≥4,000 RMB (adjusted OR = 2.99; 95% CI = 1.45, 6.16), having at least two male sexual partners in the past 6 months (adjusted OR = 2.85; 95% CI = 1.28, 6.31), participating in at least four anal sex experiences with a man in the past month (adjusted OR = 3.56; 95% CI = 1.64, 7.73), and having a current syphilis infection (adjusted OR = 3.30; 95% CI = 1.06, 10.25) were associated with an increased risk for HIV diagnosis. MSM with a comprehensive knowledge of HIV were at reduced risk of HIV diagnosis, whereas those with more male sexual partners, more male anal sexual experiences (including receptive or/and insertive anal intercourse, rimming, and fisting), and a current syphilis infection were at increased risk of HIV diagnosis. Focus on protection and safer sex behaviors during male sexual activity (i.e., consistent condom use, pre-exposure prophylaxis, closed sexual networks among MSM) would likely be effective for reducing the HIV transmission rate.	*Homosexuality, Male; Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Risk Factors; HIV; Case-Control Studies; Health Knowledge, Attitudes, Practice; AIDS; China/epidemiology; MSM; men who have sex with men; risk factors; HIV Infections/*diagnosis/*epidemiology; diagnosis	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2016	Yoong, Deborah; Naccarato, Mark; Sharma, Malika; Wilton, James; Senn, Heather; Tan, Darrell Hs	Preparing for pre-exposure prophylaxis: perceptions and readiness of Canadian pharmacists for the implementation of HIV pre-exposure prophylaxis.	International Journal of STD & AIDS	-	-	-	-	1758-1052	10.1177/0956462415589896	https://dx.doi.org/10.1177/0956462415589896	Pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of HIV transmission but has the potential to cause harm if not used properly. Pharmacists are well-positioned to foster PrEP's efficacy but little is known whether they would endorse it as an HIV prevention tool. The objective of the study was to determine Canadian HIV pharmacists' support for PrEP and to identify current barriers to promoting PrEP. Canadian pharmacists with experience in HIV care were invited to complete an online survey about their experiences, opinions, and learning needs regarding PrEP from December 2012 to January 2013. Among the 59 surveys received, 48 met criteria for final analysis. Overall, 33 (69%) respondents would provide education positively supporting the use of PrEP and 26 (54%) believed Health Canada should approve PrEP for use in Canada. Familiarity with the concept of PrEP and practice characteristics examined did not appear to be significantly associated with support for PrEP in univariable analyses. The principal barriers to promoting PrEP included inadequate drug coverage and insufficient knowledge to educate others. Many Canadian HIV pharmacists would endorse PrEP for high-risk patients; however, wider dissemination of information and lower drug costs may be needed to make PrEP more widely promoted.	Pre-exposure prophylaxis, pharmacists, Canadian	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2016	Young I.; Flowers P.; Mcdaid L.	Can a pill prevent HIV? Negotiating the biomedicalisation of HIV prevention	Sociology of Health and Illness	-	-	-	-	1419889	10.1111/1467-9566.12372	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84960807770&doi=10.1111%2f1467-9566.12372&partnerID=40&md5=f0715c65baa164ec630732bf245a2caf	This article examines how biomedicalisation is encountered, responded to and negotiated within and in relation to new biomedical forms of HIV prevention. We draw on exploratory focus group discussions on pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) to examine how the processes of biomedicalisation are affected by and affect the diverse experiences of communities who have been epidemiologically framed as 'vulnerable' to HIV and towards whom PrEP and TasP will most likely be targeted. We found that participants were largely critical of the perceived commodification of HIV prevention as seen through PrEP, although this was in tension with the construction of being medical consumers by potential PrEP candidates. We also found how deeply entrenched forms of HIV stigma and homophobia can shape and obfuscate the consumption and management of HIV-related knowledge. Finally, we found that rather than seeing TasP or PrEP as 'liberating' through reduced levels of infectiousness or risk of transmission, social and legal requirements of responsibility in relation to HIV risk reinforced unequal forms of biomedical self-governance. Overall, we found that the stratifying processes of biomedicalisation will have significant implications in how TasP, PrEP and HIV prevention more generally are negotiated. © 2016 Foundation for the Sociology of Health & Illness.	Biomedical; Focus groups; Gay/lesbian; HIV; Immigrants/migrants/refugees; Sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2016	Yu, Wenya; Wang, Lu; Han, Na; Zhang, Xiayan; Mahapatra, Tanmay; Mahapatra, Sanchita; Babu, Giridhar R; Tang, Weiming; Detels, Roger.	Pre-exposure prophylaxis of HIV: A right way to go or a long way to go?	Artificial cells, nanomedicine, and biotechnology	-	-	-	-	2169-1401	https://doi.org/10.3109/21691401.2014.934458	https://escholarship.org/uc/item/8jz33886	Antiretroviral drugs are being tried as candidates for the pre-exposure prophylaxis (PrEP) against HIV for a considerable period, due to their potential for immediate inhibition of viral replication. Discrepancies in the findings called for a critical review of the relevant efforts and their outcomes. A systematic literature search identified 143 eligible articles of which only 5 reported complete findings while another 11 were still on-going. Observed moderate efficacy and good safety profile seemed to identify PrEP as a promising step for minimizing the spread of HIV to relatively unaffected population and controlling the epidemic among high risk population groups. But the duration of this efficacy was found to depend heavily on the availability, adherence and other related issues like cost, political commitment, ethical consideration etc. To prevent potential cultural and behavioral modifications, proper pre-administration counseling also seemed critical for the success of PrEP as a cost-effective intervention with adequate coverage.	Biological Sciences; Behavioral and Social Science; Infectious Diseases; HIV/AIDS; Prevention; Infection; Anti-HIV Agents; Cost-Benefit Analysis; Drug Combinations; Emtricitabine; Female; HIV Infections; Humans; Male; Patient Compliance; Pre-Exposure Prophylaxis; Randomized Controlled Trials as Topic; Risk-Taking; Sexual Behavior; Tenofovir; Treatment Outcome; antiretroviral therapy; controlling the HIV epidemic; HIV prevention; pre-exposure prophylaxis; prevention of HIV spread; Biological sciences	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2016	Zablotska I.; Grulich A.E.; Phanuphak N.; Anand T.; Janyam S.; Poonkasetwattana M.; Baggaley R.; Van Griensven F.; Lo Y.-R.	PrEP implementation in the Asia-Pacific region: Opportunities, implementation and barriers	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.19.7.21119	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84995750496&doi=10.7448%2fIAS.19.7.21119&partnerID=40&md5=23a8ba6f62aab6104a7d673551acd4ae	Introduction: HIV epidemics in the Asia-Pacific region are concentrated among men who have sex with men (MSM) and other key populations. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention intervention and could be a potential game changer in the region.We discuss the progress towards PrEP implementation in the Asia-Pacific region, including opportunities and barriers. Discussion: Awareness about PrEP in the Asia-Pacific is still low and so are its levels of use. A high proportion ofMSMwho are aware of PrEP are willing to use it. Key PrEP implementation barriers include poor knowledge about PrEP, limited access to PrEP, weak or non-existent HIV prevention programmes for MSM and other key populations, high cost of PrEP, stigma and discrimination against key populations and restrictive laws in some countries. Only several clinical trials, demonstration projects and a few largerscale implementation studies have been implemented so far in Thailand and Australia. However, novel approaches to PrEP implementation have emerged: researcher-, facility- and community-led models of care, with PrEP services for fee and for free.The WHO consolidated guidelines on HIV testing, treatment and prevention call for an expanded access to PrEP worldwide and have provided guidance on PrEP implementation in the region. Some countries like Australia have released national PrEP guidelines. There are growing community leadership and consultation processes to initiate PrEP implementation in Asia and the Pacific. Conclusions: Countries of the Asia-Pacific region will benefit from adding PrEP to their HIV prevention packages, but for many this is a critical step that requires resourcing. Having an impact on the HIV epidemic requires investment. The next years should see the region transitioning from limited PrEP implementation projects to growing access to PrEP and expansion of HIV prevention programmes. © 2016 World Health Organization; licensee IAS.	Demonstration studies; Implementation; MSM; Pre-exposure prophylaxis; PrEP awareness; PrEP policy; PrEP use; The Asia-Pacific region	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2016	Zablotska, I; Grulich, AE; Guy, R; Amin, J; Selvey, C; Schmidt, HM; Price, K; Cooper, D; EPIC-NSW Study Grp	Expanded PrEP implementation in communities in NSW, Australia (EPIC-NSW): evidence-based implementation study	Journal of the International AIDS Society	-	-	-	-	1758-2652	NA	https://na.eventscloud.com/file_uploads/0df862a21ba419f3253046cdff3d5190_331_IrynaZablotska.pdf	"Background: The New South Wales (NSW) HIV Strategy 2016-2020 aims to virtually eliminate HIV transmission by 2020. In the NSW context of high testing and treatment coverage, HIV pre-exposure prophylaxis (PrEP) is identified as a key tool. The NSW government, community, research organisations and clinicians have partnered in an innovative approach to rapidly scale-up PrEP. We describe the evidence-based design and roll-out of the NSW PrEP implementation study, EPICNSW. Methods: 3700 people were calculated to meet the high-risk criteria for PrEP eligibility according to the NSW PrEP Guidelines. Based on estimates of HIV risk, daily PrEP use by these people was estimated to directly prevent 150 new HIV infections over one year. The NSW partnership designed the EPIC-NSW study which aims to measure the population-level impact of the rapid roll-out of PrEP to 3700 people on HIV diagnoses in NSW. Results: EPIC-NSW features: 1) large-scale, rapid roll-out (March-December 2016) to ~25 clinics (including sexual health services, hospitals and general practices); 2) real-life implementation, consistent with clinical PrEP guidelines, and innovative models of care; 3) community resource development, education and mobilisation;4) innovative data collection with minimal health service burden (automated extraction of clinical data from patient management systems and brief online self-administered adherence/behavioural questionnaires); 5) assessment of the program's impact on HIV and STI incidence in the cohort and the target population over three years. Enrolment is ongoing, with the enrolment rate exceeding projections. Discussion: The design and results of this trial will provide definitive evidence for the additional role of PrEP in an integrated HIV response to ending HIV transmission. The success of EPIC-NSW relies on strong collaboration across the NSW HIV sector and community mobilisation to achieve rapid roll-out and creative use of available data sources and resources to enable efficient and effective implementation. DISCLOSURE OF INTEREST STATEMENT: Funding for this study was provided by the NSW Ministry of Health and in-kind supply of 2000 person-years of the study drug was provided by Gilead Sciences. The Kirby Institute receives funding from the Australian Government Department of Health. The Kirby Institute is affiliated with the Faculty of Medicine, UNSW Australia. "	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2016	Zalazar V.; Aristegui I.; Kerr T.; Marshall B.D.L.; Romero M.; Sued O.; Socías M.E.	High Willingness to Use HIV Pre-Exposure Prophylaxis among Transgender Women in Argentina	Transgender Health	-	-	-	-	2380193X	10.1089/trgh.2016.0033	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053852505&doi=10.1089%2ftrgh.2016.0033&partnerID=40&md5=b8f421de9c4aa2bf27816713025b6e5f	Purpose: In Argentina, transgender women face a disproportionately high prevalence of HIV infection (34%). Although not currently approved in Argentina, pre-exposure prophylaxis (PrEP) may offer a potential effective HIV prevention tool for this population. In this study, we assessed the willingness to use PrEP among transgender women in Argentina. Methods: Data were drawn from a nationwide cross-sectional survey conducted among transgender women in 2013. Using multivariable logistic regression, we assessed the prevalence of and factors associated with willingness to use PrEP among transgender women with negative or unknown HIV status. Results: This study included 337 transgender women (278 HIV negative and 59 with unknown HIV status), most of whom had a history of sex work involvement (81.8%). Overall, 301 (89.3%) expressed willingness to use PrEP. In a multivariable analysis, having casual sexual partners was positively associated with willingness to use PrEP (adjusted odds ratio AOR=4.26, 95% confidence interval CI 1.73-10.51), while discrimination by healthcare workers was negatively associated (AOR=0.33, 95% CI 0.12-0.88). Conclusion: We found high levels of willingness to use PrEP among transgender women in Argentina, suggesting that there is high perception of HIV risk in this population. However, discrimination by healthcare workers was a strong negative correlate of willingness to use PrEP, suggesting that multilevel interventions that address gender-based stigma in healthcare settings will be critical for the success of PrEP as an HIV prevention strategy in this population. © Virginia Zalazar et al. 2016; Published by Mary Ann Liebert, Inc. 2016.	discrimination; HIV/AIDS; pre-exposure prophylaxis; transgender persons	English	United States	Western and Central Europe and North America	Argentina	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	Quantitative
Article	2016	Zash, Rebecca; Souda, Sajini; Chen, Jennifer Y; Binda, Kelebogile; Dryden-Peterson, Scott; Lockman, Shahin; Mmalane, Mompati; Makhema, Joseph; Essex, Max; Shapiro, Roger	Reassuring Birth Outcomes With Tenofovir/Emtricitabine/Efavirenz Used for Prevention of Mother-to-Child Transmission of HIV in Botswana.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000000847	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4767604	BACKGROUND: Before introduction of tenofovir/emtricitabine/efavirenz (TDF/FTC/EFV), 3-drug antiretroviral therapy (ART) was associated with increased adverse birth outcomes when used for prevention of mother-to-child HIV transmission (PMTCT) in Botswana. METHODS: We extracted obstetric records from all women at the 2 largest maternities in Botswana from 2009-2011 when Botswana National Guidelines recommended zidovudine (ZDV) from 28 weeks gestational age (GA) for CD4 ≥350 and ART for CD4 <350, and again in 2013-2014 after implementation of TDF/FTC/EFV for prevention of mother-to-child HIV transmission regardless of CD4 or GA. We compared the use of TDF/FTC/EFV in pregnancy with other 3-drug ART regimens, and with initiation of ZDV, among women with similar CD4 cell counts. Outcomes included small for gestational age (SGA), preterm delivery (PTD) (<37 weeks GA), and stillbirths (SB). RESULTS: Among 9445 HIV-infected women delivering during the study period, 170 were on TDF/FTC/EFV at conception and 1468 initiated TDF/FTC/EFV during pregnancy. Adverse birth outcomes were high overall (3% SB, 21% PTD, and 18% SGA) and among women receiving TDF/FTC/EFV (3% SB, 22% PTD, and 12% SGA). There was no difference in PTD or SB among women initiating TDF/FTC/EFV compared with ZDV or other 3-drug ART, but initiating TDF/FTC/EFV was associated with fewer SGA infants than other 3-drug ART (adjusted odds ratio: 0.4, 95% confidence interval: 0.2 to 0.7). CONCLUSIONS: Adverse birth outcomes remain high among HIV-infected women. TDF/FTC/EFV was at least as safe as other ART and associated with fewer SGA infants when initiated during pregnancy. Larger studies are needed to evaluate birth outcomes and congenital abnormalities among women on TDF/FTC/EFV at conception.	HIV, Stillbirth, Preterm Delivery, Small for Gestational Age, PMTCT, Antiretroviral Therapy	English	United States	Western and Central Europe and North America	Botswana	Eastern and Southern Africa	Botswana	Eastern and Southern Africa	Clinical
Article	2016	Zhao, Yuqin; Wood, Daniel T.; Kojouharov, Hristo V.; Kuang, Yang; Dimitrov, Dobromir T.	Impact of Population Recruitment on the HIV Epidemics and the Effectiveness of HIV Prevention Interventions.	Bulletin of Mathematical Biology	-	-	-	-	1522-9602 0092-8240	10.1007/s11538-016-0211-z	https://pubmed.ncbi.nlm.nih.gov/27704329/	Mechanistic mathematical models are increasingly used to evaluate the effectiveness of different interventions for HIV prevention and to inform public health decisions. By focusing exclusively on the impact of the interventions, the importance of the demographic processes in these studies is often underestimated. In this paper, we use simple deterministic models to assess the effectiveness of pre-exposure prophylaxis in reducing the HIV transmission and to explore the influence of the recruitment mechanisms on the epidemic and effectiveness projections. We employ three commonly used formulas that correspond to constant, proportional and logistic recruitment and compare the dynamical properties of the resulting models. Our analysis exposes substantial differences in the transient and asymptotic behavior of the models which result in 47 % variation in population size and more than 6 percentage points variation in HIV prevalence over 40 years between models using different recruitment mechanisms. We outline the strong influence of recruitment assumptions on the impact of HIV prevention interventions and conclude that detailed demographic data should be used to inform the integration of recruitment processes in the models before HIV prevention is considered.	Humans; Computer Simulation; South Africa/epidemiology; Prevalence; Models, Biological; Public Health; HIV Infections/*epidemiology/*prevention & control/transmission; HIV prevention; Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; Epidemics/*prevention & control; Mathematical modeling; Mathematical Concepts; Population Dynamics; Population recruitment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Book	2017	Abdool Karim, Q., Abdool Karim, S. S., & Baxter, C.	The CAPRISA Clinical Trials: HIV Treatment and Prevention	-	The CAPRISA Clinical Trials: HIV Treatment and Prevention	-	-	978-3-319-47517-3	-	10.1007/978-3-319-47518-9	https://books.google.com.br/books?id=qBT1DQAAQBAJ&hl=pt-PT	Since its inception 14 years ago, CAPRISA has conducted numerous clinical studies that have influenced international TB-HIV treatment guidelines as well as HIV prevention through innovations in the microbicide and vaccine fields. This book provides a historical account of how each of CAPRISA's high impact studies was created, developed, implemented, analysed and communicated. In doing so, the reader is taken on a journey that provides glimpses into the genesis of research ideas and how this ultimately leads to a range of HIV prevention and treatment studies that have impacted the global response to the HIV and TB epidemics.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	-	-	Clinical
Article	2017	Adamson, Blythe J S; Carlson, Josh J; Kublin, James G; Garrison, Louis P	The Potential Cost-Effectiveness of Pre-Exposure Prophylaxis Combined with HIV Vaccines in the United States.	Vaccines (Basel)	-	-	-	-	2076-393X	10.3390/vaccines5020013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5492010	This economic evaluation aims to support policy-making on the combined use of pre-exposure prophylaxis (PrEP) with HIV vaccines in development by evaluating the potential cost-effectiveness of implementation that would support the design of clinical trials for the assessment of combined product safety and efficacy. The target study population is a cohort of men who have sex with men (MSM) in the United States. Policy strategies considered include standard HIV prevention, daily oral PrEP, HIV vaccine, and their combination. We constructed a Markov model based on clinical trial data and the published literature. We used a payer perspective, monthly cycle length, a lifetime horizon, and a 3% discount rate. We assumed a price of $500 per HIV vaccine series in the base case. HIV vaccines dominated standard care and PrEP. At current prices, PrEP was not cost-effective alone or in combination. A combination strategy had the greatest health benefit but was not cost-effective (ICER = $463,448/QALY) as compared to vaccination alone. Sensitivity analyses suggest a combination may be valuable for higher-risk men with good adherence. Vaccine durability and PrEP drug prices were key drivers of cost-effectiveness. The results suggest that boosting potential may be key to HIV vaccine value.	economic evaluation, mathematical modeling, HIV vaccines, pre-exposure prophylaxis, cost-effectiveness	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Adimora, Adaora A; Cole, Stephen R; Eron, Joseph J	US Black Women and Human Immunodeficiency Virus Prevention: Time for New Approaches to Clinical Trials.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/cix313	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5850546	Black women bear the highest burden of human immunodeficiency virus (HIV) infection among US women. Tenofovir/emtricitabine HIV prevention trials among women in Africa have yielded varying results. Ideally, a randomized controlled trial (RCT) among US women would provide data for guidelines for US women's HIV preexposure prophylaxis use. However, even among US black women at high risk for HIV infection, sample size requirements for an RCT with HIV incidence as its outcome are prohibitively high. We propose to circumvent this large sample size requirement by evaluating relationships between HIV incidence and drug concentrations measured among participants in traditional phase 3 trials in high-incidence settings and then applying these observations to drug concentrations measured among at-risk individuals in lower-incidence settings, such as US black women. This strategy could strengthen the evidence base to enable black women to fully benefit from prevention research advances and decrease racial disparities in HIV rates.	HIV prevention, clinical trial designs, black women and HIV prevention, HIV epidemiology and African Americans, HIV and racial disparities.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Afassinou K.; Chirove F.; Govinder K.S.	Pre-exposure prophylaxis and antiretroviral treatment interventions with drug resistance	Mathematical Biosciences	-	-	-	-	255564	10.1016/j.mbs.2017.01.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85009468619&doi=10.1016%2fj.mbs.2017.01.005&partnerID=40&md5=3271a820532744f8d1873f8a7d9fbdea	We introduce a model for HIV/AIDS which can be utilized to assess the impact of combining pre-exposure prophylaxis (PrEP) and antiretroviral drugs (ARVs) use interventions (incorporating drug resistance). Mathematical and numerical analyses are carried out to investigate the effects of the combined controls in the presence of PrEP drug resistance. Our results predict a significant decrease in the number of new HIV infections when PrEP and ARVs are concurrently implemented at high levels. The results also reveal that PrEP drug resistance has the potential to slow down or reverse the effects of PrEP, especially at low efficacy levels. © 2017 Elsevier Inc.	Prep awareness; Prep drug resistance; Prep efficacy	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2017	Akudibillah G.; Pandey A.; Medlock J.	Maximizing the benefits of ART and PrEP in resource-limited settings	Epidemiology and Infection	-	-	-	-	9502688	10.1017/S0950268816002958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85007504959&doi=10.1017%2fS0950268816002958&partnerID=40&md5=9780466c5e3cefbaf8f1fdddf0986a2d	Antiretroviral therapy (ART) is increasingly being used as an HIV-prevention tool, administered to uninfected people with ongoing HIV exposure as pre-exposure prophylaxis (PrEP) and to infected people to reduce their infectiousness. We used a modelling approach to determine the optimal population-level combination of ART and PrEP allocations required in South Africa to maximize programme effectiveness for four outcome measures: new infections, infection-years, death and cost. We considered two different strategies for allocating treatment, one that selectively allocates drugs to sex workers and one that does not. We found that for low treatment availability, prevention through PrEP to the general population or PrEP and ART to sex workers is key to maximizing effectiveness, while for higher drug availability, ART to the general population is optimal. At South Africa's current level of treatment availability, using prevention is most effective at reducing new infections, infection-years, and cost, while using the treatment as ART to the general population best reduces deaths. At treatment levels that meet the UNAIDS's ambitious new 90-90-90 target, using all or almost all treatment as ART to the general population best reduces all four outcome measures considered. © Cambridge University Press 2016.	ART; HIV/AIDS; mathematical modelling; optimization; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Allen E.; Gordon A.; Krakower D.; Hsu K.	HIV preexposure prophylaxis for adolescents and young adults	Current Opinion in Pediatrics	-	-	-	-	10408703	10.1097/MOP.0000000000000512	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85020621389&doi=10.1097%2fMOP.0000000000000512&partnerID=40&md5=9c03adf4d165aab303aa1bf1399bfc3c	Purpose of review The review describes the evidence for HIV preexposure prophylaxis (PrEP) with daily combined tenofovir disoproxil fumarate and emtricitabine for adolescents and young adults. Current recommendations are described, as are the unique medical, socioeconomic, and legal considerations regarding the use of PrEP for youth. Recent findings PrEP with daily oral tenofovir disoproxil fumarate-emtricitabine has been shown to help prevent new HIV infection among adults at substantial risk. Evidence suggests a protective benefit of PrEP for youth at risk for HIV, although low adherence is emerging as a barrier to effective use. Summary Effective use of antiretrovirals for PrEP represents a seminal development in HIV prevention efforts. Improving access and adherence to PrEP for youth has the potential to substantially reduce the incidence of HIV in this population. © 2017 Wolters Kluwer Health, Inc. All rights reserved.	adolescent; HIV; preexposure prophylaxis; youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Allotey, John; Marlin, Nadine; Mol, Ben W; Peter Von Dadelszen; Wessel Ganzevoort; Akkermans, Joost; Ahmed, Asif; Daniels, Jane; Deeks, Jon; Ismail, Khaled; Barnard, Ann Marie; Dodds, Julie; Kerry, Sally; Moons, Carl; Khan, Khalid S; Riley, Richard D	Development and validation of prediction models for risk of adverse outcomes in women with early-onset pre-eclampsia: protocol of the prospective cohort PREP study	Diagnostic and Prognostic Research	-	-	-	-	NA	10.1186/s41512-016-0004-8	https://www.proquest.com/scholarly-journals/development-validation-prediction-models-risk/docview/2547513734/se-2?accountid=8113	Background Early-onset pre-eclampsia with raised blood pressure and protein in the urine before 34 weeks' gestation is one of the leading causes of maternal deaths in the UK. The benefits to the child from prolonging the pregnancy need to be balanced against the risk of maternal deterioration. Accurate prediction models of risks are needed to plan management. Methods We aim to undertake a multicentre prospective cohort study (Prediction of Risks in Early onset Pre-eclampsia (PREP)) to develop clinical prediction models in women with early-onset pre-eclampsia, for risk of adverse maternal outcomes by 48 h and by discharge. We will externally validate the models in two independent cohorts with 634 and 216 women. In the secondary analyses, we will assess risk of adverse fetal and neonatal outcomes at birth and by discharge. Discussion The PREP study will quantify the risk of maternal complications at various time points and provide individualised estimates of overall risk in women with early-onset pre-eclampsia to plan the management. Trial registration ISRCTN registry, ISRCTN40384046	Pregnancy; Prognosis; Creatinine; Mortality; Consent; Prep; Hypertension; Pain; Gestational age; Urine; Preeclampsia; Prediction model; Womens health; Medical Sciences; Maternal & child health; Blood pressure; Enzymes; Intensive care; Complication risk; Complications of pregnancy; Early-onset pre-eclampsia; Eclampsia; Fetal; Maternal; Pre-eclampsia; Prospective cohort study	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2017	Aloysius, I; Savage, A; Zdravkov, J; Korologou-Linden, R; Hill, A; Smith, R; Houghton-Price, V; Boffito, M; Nwokolo, N	InterPrEP. Internet-based pre-exposure prophylaxis with generic tenofovir DF/emtricitabine in London: an analysis of outcomes in 641 patients	Journal of Virus Eradication	-	-	-	-	2055-6640	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632549/	Introduction: HIV pre-exposure prophylaxis (PrEP) is not available on the National Health Service (NHS) in England. People are buying generic versions of tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) on the internet, which is legal under UK import laws. Methods: HIV-negative individuals attending our clinic who reported purchasing generic PrEP online were provided with risk-reduction advice and were evaluated for HIV, hepatitis B and C, renal function and sexually transmitted infections (STIs) on their first visit. They were offered regular follow-up visits every 3 months and given risk-reduction advice. Plasma therapeutic drug monitoring (TDM) for tenofovir and FTC was also offered. Results: 641 individuals accessed the service during 2016-2017. Median time on generic PrEP was 202 days. All were MSM, 81% were white, 75% used PrEP daily and 14% on an event-driven basis, and 67% were on generic TDF/FTC manufactured by Cipla Ltd. There were no serious adverse events. Thirty-nine percent of individuals (191/494) reported using recreational drugs in the 12 months before starting PrEP, and 29% (127/443) reported this while taking PrEP. During follow-up, 26% (142/552) of individuals were diagnosed with an STI at one or more follow-up visits. In 336 person-years of follow-up, there were no cases of HIV infection (0%, 95% CI 0%-1.1%). There were no new cases of hepatitis B and two new cases of hepatitis C. Discussion: There were no new cases of HIV in 641 individuals using generic PrEP. At the same centre, new HIV diagnoses fell from 69 per month in October 2015 to 15 per month in June 2017. We believe that our support for individuals taking generic PrEP has contributed to this fall. There was a 10% increase in STI diagnoses during PrEP compared to baseline. Strategies to reduce STIs remain crucial.	HIV; HIV infection; antiretroviral drugs; pre-exposure prophylaxis; generic; MEN; SEX; HIGH-RISK; COST; ACCESS; HEPATITIS-C	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2017	Amico K.R.; Wallace M.; Bekker L.-G.; Roux S.; Atujuna M.; Sebastian E.; Dye B.J.; Elharrar V.; Grant R.M.	Experiences with HPTN 067/ADAPT Study-Provided Open-Label PrEP Among Women in Cape Town: Facilitators and Barriers Within a Mutuality Framework	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1458-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84975137686&doi=10.1007%2fs10461-016-1458-y&partnerID=40&md5=8516d846658c5a2635750dc73dcd05af	Placebo-controlled trials of pre-exposure prophylaxis (PrEP) have reported challenges with study-product uptake and use, with the greatest challenges reported in studies with young women in sub-Saharan Africa. We conducted a qualitative sub-study to explore experiences with open-label PrEP among young women in Cape Town, South Africa participating in HPTN 067/Alternative Dosing to Augment Pre-Exposure Prophylaxis Pill Taking (ADAPT). HPTN 067/ADAPT provided open label oral FTC/TDF PrEP to young women in Cape Town, South Africa who were randomized to daily and non-daily PrEP regimens. Following completion of study participation, women were invited into a qualitative sub-study including focus groups and in-depth interviews. Interviews and groups followed a semi-structured guide, were recorded, transcribed, and translated to English from isiXhosa, and coded using framework analysis. Sixty of the 179 women enrolled in HPTN 067/ADAPT participated in either a focus group (six groups for a total of 42 participants) or an in-depth interview (n = 18). This sample of mostly young, unmarried women identified facilitators of and barriers to PrEP use, as well as factors influencing study participation. Cross-cutting themes characterizing discourse suggested that women placed high value on contributing to the well-being of one's community (Ubuntu), experienced a degree of skepticism towards PrEP and the study more generally, and reported a wide range of approaches towards PrEP (ranging from active avoidance to high levels of persistence and adherence). A Mutuality Framework is proposed that identifies four dynamics (distrust, uncertainty, alignment, and mutuality) that represent distinct interactions between self, community and study and serve to contextualize women's experiences. Implications for better understanding PrEP use, and non-use, and intervention opportunities are discussed. In this sample of women, PrEP use in the context of an open-label research trial was heavily influenced by underlying beliefs about safety, reciprocity of contributions to community, and trust in transparency and integrity of the research. Greater attention to factors positioning women in the different dynamics of the proposed Mutuality Framework could direct intervention approaches in clinical trials, as well as open-label PrEP scale-up. © 2016, The Author(s).	Adherence; Barriers; Mutuality framework; Open-label; PrEP; South Africa; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2017	Anand T.; Nitpolprasert C.; Trachunthong D.; Kerr S.J.; Janyam S.; Linjongrat D.; Hightow-Weidman L.B.; Phanuphak P.; Ananworanich J.; Phanuphak N.	A novel Online-To-Offline (O2O) model for pre-exposure prophylaxis and HIV testing scale up	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.20.1.21326	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026865590&doi=10.7448%2fIAS.20.1.21326&partnerID=40&md5=7feee7752f57c09707fd1c0c968eddd9	Introduction: PrEP awareness and uptake among men who have sex with men (MSM) and transgender women (TG) in Thailand remains low. Finding ways to increase HIV testing and PrEP uptake among high-risk groups is a critical priority. This study evaluates the effect of a novel Adam's Love Online-To-Offline (O2O) model on PrEP and HIV testing uptake among Thai MSM and TG and identifies factors associated with PrEP uptake. Methods: The O2O model was piloted by Adam's Love (www.adamslove.org) HIV educational and counselling website. MSM and TG reached online by PrEP promotions and interested in free PrEP and/or HIV testing services contacted Adam's Love online staff, received real-Time PrEP eCounseling, and completed online bookings for receiving services at one of the four sites in Bangkok based on their preference. Auto-generated site-And service-specific e-Tickets and Quick Response (QR) codes were sent to their mobile devices enabling monitoring and check-in by offline site staff. Service uptake and participant's socio-demographic and risk behaviour characteristics were analyzed. Factors associated with PrEP uptake were assessed using multiple logistic regression. Results: Between January 10th and April 11th, 2016, Adam's Love reached 272,568 people online via the PrEP O2O promotions. 425 MSM and TG received eCounseling and e-Tickets. There were 325 (76.5%) MSM and TG who checkedin at clinics and received HIV testing. Nine (2.8%) were diagnosed with HIV infection. Median (IQR) time between receiving the e-Ticket and checking-in was 3 (0-7) days. Of 316 HIV-negative MSM and TG, 168 (53.2%) started PrEP. In a multivariate model, higher education (OR 2.30, 95%CI 1.14-4.66; p = 0.02), seeking sex partners online (OR 2.05, 95%CI 1.19-3.54; p = 0.009), being aware of sexual partners' HIV status (OR 2.37, 95%CI 1.29-4.35; p = 0.008), ever previously using post-exposure prophylaxis (PEP) (OR 2.46, 95%CI 1.19-5.09; p = 0.01), and enrolment at Adam's Love clinic compared to the other three sites (OR 3.79, 95%CI 2.06-6.95; p < 0.001) were independently associated with PrEP uptake. Conclusions: Adam's Love O2O model is highly effective in linking online at-risk MSM and TG to PrEP and HIV testing services, and has high potential to be replicated and scaled up in other settings with high Internet penetration among key populations. © 2017 Anand T et al.	Innovative model; Msm; Pre-exposure prophylaxis; Prep scale up; Prep uptake; Technology; Thailand; Transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2017	Andrews C.D.; St Bernard L.; Poon A.Y.; Mohri H.; Gettie N.; Spreen W.R.; Gettie A.; Russell-Lodrigue K.; Blanchard J.; Hong Z.; Ho D.D.; Markowitz M.	Cabotegravir long acting injection protects macaques against intravenous challenge with SIVmac251	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001343	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85000416127&doi=10.1097%2fQAD.0000000000001343&partnerID=40&md5=f3607e3b043d9a8c32aba74739739597	Objective: We evaluated the effectiveness of cabotegravir (CAB; GSK1265744 or GSK744) long acting as preexposure prophylaxis (PrEP) against intravenous simian immunodeficiency virus (SIV) challenge in a model that mimics blood transfusions based on the per-act probability of infection. Design: CAB long acting is an integrase strand transfer inhibitor formulated as a 200 mg/ml injectable nanoparticle suspension that is an effective PrEP agent against rectal and vaginal simian/human immunodeficiency virus transmission in macaques. Methods: Three groups of rhesus macaques (n=8 per group) were injected intramuscularly with CAB long acting and challenged intravenously with 17 animal infectious dose 50% SIVmac251 on week 2. Group 1 was injected with 50 mg/kg on week 0 and 4 to evaluate the protective efficacy of the CAB long acting dose used in macaque studies mimicking sexual transmission. Group 2 was injected with 50 mg/kg on week 0 to evaluate the necessity of the second injection of CAB long acting for protection against intravenous challenge. Group 3 was injected with 25 mg/kg on week 0 and 50 mg/kg on week 4 to correlate CAB plasma concentrations at the time of challenge with protection. Five additional macaques remained untreated as controls. Results: CAB long acting was highly protective with 21 of the 24 CAB long-actingtreated macaques remaining aviremic, resulting in 88% protection. The plasma CAB concentration at the time of virus challenge appeared to be more important for protection than sustaining therapeutic plasma concentrations with the second CAB long acting injection. Conclusion: These results support the clinical investigation of CAB long acting as PrEP in people who inject drugs. © Copyright 2017 Wolters Kluwer Health, Inc. All rights reserved.	Cabotegravir; GSK1265744; Long acting; Macaque; Preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Arnold, Trisha; Brinkley-Rubinstein, Lauren; Chan, Philip A; Perez-Brumer, Amaya; Bologna, Estefany S; Beauchamps, Laura; Johnson, Kendra; Mena, Leandro; Nunn, Amy	Social, structural, behavioral and clinical factors influencing retention in Pre-Exposure Prophylaxis (PrEP) care in Mississippi.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0172354	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5319650	Pre-exposure prophylaxis (PrEP) is a biomedical intervention that can reduce rates of HIV transmission when taken once daily by HIV-negative individuals. Little is understood about PrEP uptake and retention in care among the populations most heavily impacted by the HIV epidemic, particularly among young men who have sex with men (YMSM) in the Deep South. Therefore, this study explored the structural, social, behavioral, and clinical factors that affect PrEP use and retention in care among YMSM in Jackson, Mississippi. Thirty MSM who were prescribed PrEP at an outpatient primary care clinic were interviewed and included 23 men who had been retained in PrEP care and seven who had not been retained. The mean age of participants was 26.6 years. Most (23) participants were African American. Major factors affecting PrEP use and retention in PrEP care included 1) structural factors such as cost and access to financial assistance for medications and clinical services; 2) social factors such as stigma and relationship status; 3) behavioral factors including sexual risk behaviors; and 4) clinical factors such as perceived and actual side effects. Many participants also discussed the positive spillover effects of PrEP use and reported that PrEP had a positive impact on their health. Four of the seven individuals who had not been retained re-enrolled in PrEP care after completing their interviews, suggesting that case management and ongoing outreach can enhance retention in PrEP care. Interventions to enhance retention in PrEP care among MSM in the Deep South will be most effective if they address the complex structural, social, clinical, and behavioral factors that influence PrEP uptake and retention in PrEP care.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Ayerdi Aguirrebengoa, Oskar; Vera García, Mar; Puerta López, Teresa; Raposo Utrilla, Montserrat; Rodríguez Martín, Carmen; Romero Guerrero, Jorge del	¿A quién proponer la profilaxis preexposición al virus de la inmunodeficiencia humana?	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	0213-005X	10.1016/j.eimc.2016.06.006	https://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-articulo-a-quien-proponer-profilaxis-preexposicion-S0213005X16301525	INTRODUCCIÓN: La profilaxis preexposición (PrEP) al VIH consiste en administrar fármacos antirretrovirales a personas negativas para el VIH con prácticas de riesgo. El objetivo del estudio fue describir las características de los seroconvertores recientes al VIH para conocer el perfil de los candidatos a quienes proponer PrEP. MÉTODOS: Estudio descriptivo de todos los pacientes diagnosticados de VIH durante 2014, con serología negativa documentada en los 12 meses previos. Se pasó un cuestionario estructurado para conocer características sociodemográficas, conductuales y clínicas, y se realizó despistaje de otras ITS. RESULTADOS: El 98,4% de los 61 seroconvertores recientes eran hombres que tenían sexo con hombres, de 20 a 39 años (88,5%), con antecedentes de ITS (80,3%) y múltiples parejas con las que mantenían sexo sin preservativo (82,7%), bajo el efecto de drogas recreativas (87%). CONCLUSIONES: Evaluar el riesgo para el VIH de los pacientes seronegativos permite identificar a los candidatos idóneos a quienes proponer la PrEP	Virus de la inmunodeficiencia humanaProfilaxis pre-exposiciónSeroconvertores recientes	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2017	Ayieko, J; Koss, C; Owaraganise, A; Mwangwa, F; Kwarisiima, D; Black, D; Clark, T; Kaur, M; Wallenta, J; Charlebois, E; Cohen, C; Bukusi, EA; Kamya, M; Petersen, M; Havlir, D	"Early adopters" of PrEP in SEARCH study in rural Kenya and Uganda	Journal of the International AIDS Society	-	-	-	1758-2652	10.1093/cid/ciy390	https://pubmed.ncbi.nlm.nih.gov/29741594/	Background: Global guidelines recommend preexposure prophylaxis (PrEP) for individuals with substantial human immunodeficiency virus (HIV) risk. Data on PrEP uptake in sub-Saharan Africa outside of clinical trials are limited. We report on "early adopters" of PrEP in the Sustainable East Africa Research in Community Health (SEARCH) study in rural Uganda and Kenya. Methods: After community mobilization and PrEP education, population-based HIV testing was conducted. HIV-uninfected adults were offered PrEP based on an empirically derived HIV risk score or self-identified HIV risk (if not identified by score). Using logistic regression, we analyzed predictors of early PrEP adoption (starting PrEP within 30 days vs delayed/no start) among adults identified for PrEP. Results: Of 21212 HIV-uninfected adults in 5 communities, 4064 were identified for PrEP (2991 by empiric risk score, 1073 by self-identified risk). Seven hundred and thirty nine individuals started PrEP within 30 days (11% of those identified by risk score; 39% of self-identified); 77% on the same day. Among adults identified by risk score, predictors of early adoption included male sex (adjusted odds ratio 1.53; 95% confidence interval, 1.09-2.15), polygamy (1.92; 1.27-2.90), serodiscordant spouse (3.89; 1.18-12.76), self-perceived HIV risk (1.66; 1.28-2.14), and testing at health campaign versus home (5.24; 3.33-8.26). Among individuals who self-identified for PrEP, predictors of early adoption included older age (2.30; 1.29-4.08) and serodiscordance (2.61; 1.01-6.76). Conclusions: Implementation of PrEP incorporating a population-based empiric risk score, self-identified risk, and rapid initiation, is feasible in rural East Africa. Strategies are needed to overcome barriers to PrEP uptake, particularly among women and youth.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2017	Bacon, O; Gonzalez, R; Andrew, E; Potter, MB; Iñiguez, JR; Cohen, SE; Liu, AY; Fuchs, JD	Informing Strategies to Build PrEP Capacity Among San Francisco Bay Area Clinicians	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000001182	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5233589/	A large pool of clinicians are needed to meet the growing demand for HIV preexposure prophylaxis. We surveyed a mixed group of HIV specialists and nonspecialists in the San Francisco Bay Area to determine their attitudes toward and training needs regarding prescribing preexposure prophylaxis to persons at increased risk of HIV infection. Willingness to prescribe was associated with experience in caring for HIV-infected patients (adjusted odds ratio 4.76, 95% confidence interval: 1.43 to 15.76, P = 0.01). Desire for further training was associated with concerns about drug resistance (P = 0.04) and side effects (P = 0.04) and was more common among noninfectious disease specialists. Clinicians favored online and inperson training methods.	HIV; PrEP; survey; MEN; PREEXPOSURE PROPHYLAXIS; RESPONSE RATES; capacity building; clinical providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Bailey J.L.; Molino S.T.; Vega A.D.; Badowski M.	A Review of HIV Pre-Exposure Prophylaxis: The Female Perspective	Infectious Diseases and Therapy	-	-	-	21938229	10.1007/s40121-017-0159-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029505556&doi=10.1007%2fs40121-017-0159-9&partnerID=40&md5=329418590ccfeb797ecb09bbfc3bc188	When taken consistently, pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) with once daily tenofovir disoproxil fumarate-emtricitabine (TDF-FTC) has been shown to safely reduce the incidence of HIV infection in high-risk individuals by more than 90%. Yet, according to the Centers for Disease Control and Prevention, there were about 2.1 million new cases of HIV reported worldwide in 2015. Undoubtedly, there is significant room for improvement to prevent the transmission of HIV. Research to date has been heavily focused on the high-risk men who have sex with men (MSM) population, yet, many women worldwide remain at high risk of HIV transmission. PrEP offers women a protection method that is discrete, does not require partner consent, and may be compatible with both contraception or conception as desired. However, women often remain under-represented in HIV prevention literature and are reported to have lower real-world uptake in comparison to men. Furthermore, clinical trials that do focus on the female population demonstrate mixed efficacy results that highlight the adherence challenges in this population. It is essential to identify factors that contribute to PrEP non-adherence as well as barriers to preventative treatment. This review will discuss the clinical evidence behind PrEP in women, current barriers to use afflicting this population, pharmacotherapy considerations for the female patient, alternative and future agents, and the current real-world application of PrEP. © 2017, The Author(s).	HIV prevention; Human immunodeficiency virus; Pre-exposure prophylaxis; PrEP; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Balzer, Laura; Staples, Patrick; Onnela, Jukka-Pekka; DeGruttola, Victor	Using a network-based approach and targeted maximum likelihood estimation to evaluate the effect of adding pre-exposure prophylaxis to an ongoing test-and-treat trial.	Clinical Trials	-	-	-	1740-7753	10.1177/1740774516679666	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5377920	BACKGROUND: Several cluster-randomized trials are underway to investigate the implementation and effectiveness of a universal test-and-treat strategy on the HIV epidemic in sub-Saharan Africa. We consider nesting studies of pre-exposure prophylaxis within these trials. Pre-exposure prophylaxis is a general strategy where high-risk HIV- persons take antiretrovirals daily to reduce their risk of infection from exposure to HIV. We address how to target pre-exposure prophylaxis to high-risk groups and how to maximize power to detect the individual and combined effects of universal test-and-treat and pre-exposure prophylaxis strategies. METHODS: We simulated 1000 trials, each consisting of 32 villages with 200 individuals per village. At baseline, we randomized the universal test-and-treat strategy. Then, after 3 years of follow-up, we considered four strategies for targeting pre-exposure prophylaxis: (1) all HIV- individuals who self-identify as high risk, (2) all HIV- individuals who are identified by their HIV+ partner (serodiscordant couples), (3) highly connected HIV- individuals, and (4) the HIV- contacts of a newly diagnosed HIV+ individual (a ring-based strategy). We explored two possible trial designs, and all villages were followed for a total of 7 years. For each village in a trial, we used a stochastic block model to generate bipartite (male-female) networks and simulated an agent-based epidemic process on these networks. We estimated the individual and combined intervention effects with a novel targeted maximum likelihood estimator, which used cross-validation to data-adaptively select from a pre-specified library the candidate estimator that maximized the efficiency of the analysis. RESULTS: The universal test-and-treat strategy reduced the 3-year cumulative HIV incidence by 4.0% on average. The impact of each pre-exposure prophylaxis strategy on the 4-year cumulative HIV incidence varied by the coverage of the universal test-and-treat strategy with lower coverage resulting in a larger impact of pre-exposure prophylaxis. Offering pre-exposure prophylaxis to serodiscordant couples resulted in the largest reductions in HIV incidence (2% reduction), and the ring-based strategy had little impact (0% reduction). The joint effect was larger than either individual effect with reductions in the 7-year incidence ranging from 4.5% to 8.8%. Targeted maximum likelihood estimation, data-adaptively adjusting for baseline covariates, substantially improved power over the unadjusted analysis, while maintaining nominal confidence interval coverage. CONCLUSION: Our simulation study suggests that nesting a pre-exposure prophylaxis study within an ongoing trial can lead to combined intervention effects greater than those of universal test-and-treat alone and can provide information about the efficacy of pre-exposure prophylaxis in the presence of high coverage of treatment for HIV+ persons.	Adaptive pre-specification, cluster randomized trials, HIV, networks, pre-exposure prophylaxis (PrEP), targeted maximum likelihood estimation (TMLE)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2017	Batista, Amanda Trajano	Prevenir ou remediar? atitudes dos profissionais de saúde frente à profilaxia pré exposição ao HIV/AIDS	-	-	Universidade Federal da Paraíba; Programa de Pós-Graduação em Psicologia Social; UFPB; Brasil; Psicologia Social	-	-	NA	https://repositorio.ufpb.br/jspui/handle/123456789/12142	As taxas de novas infecções por HIV continuam elevadas em todo o mundo, trazendo a necessidade da criação de novas estratégias de prevenção. Atualmente, os antirretrovirais (ARV) são utilizados como tratamento, na estratégia de Testar e oferecer Tratamento, como profilaxia após a exposição ao HIV e, mais recentemente, como profilaxia Pré- Exposição (PrEP) indicada para populações-chaves. Esta última, não obstante a eficácia observada, tem levantado questionamentos. Considerando que a implementação e adesão à PrEP é dependente da prescrição pelos profissionais de saúde e tendo como aporte teórico o conceito de atitudes desenvolvido por Fishbein e Ajzen (1975), este estudo teve por objetivo analisar as atitudes dos profissionais da área de saúde sobre a prescrição e utilização da Profilaxia Pré-exposição (PrEP). Tratou-se de um estudo transversal, exploratório e descritivo, de caráter quantitativo e qualitativo. A amostra foi composta por 68 profissionais de saúde. Utilizou-se um questionário sociodemográfico e profissional a fim de caracterizar os participantes e, em seguida, foram realizadas entrevistas individuais, segundo o procedimento de Evocação-Enunciação-Averiguação. Os participantes foram abordados em serviços especializados em Aids, assim como em um evento científico sobre HIV/Aids realizado em João Pessoa/PB. Os dados quantitativos foram analisados por meio de estatísticas descritivas, enquanto os qualitativos por meio de análise de conteúdo. A maioria dos participantes era do sexo feminino (66,2%); com média de idade de 41 anos (DP=11,3); sendo 35,3% enfermeiros e 20,6% psicólogos; com tempo de atuação média nos serviços de 9,5 anos (DP= 6,5). O lócus de atuação mais frequente foi o Serviço de Atenção Especializado (SAE) (33,8%), seguido do Centro de Testagem e Aconselhamento (CTA) (23,5%) e gestão (19,1%). Em relação à intenção de prescrever a PrEP, 45,8% da amostra apresentou intenção positiva; 29,2% apresentaram intenção negativa e 25% se colocaram numa posição de intenção condicional. Já as análises das entrevistas mostraram a presença de duas classes temáticas: A primeira intitulada "Crenças acerca da PrEP" é composta por seis categorias de análise (1-grupo-chave, 2-comportamento de risco, 3- Instrumento de prevenção, 4-Direitos, 5-Paradigma Biomédico, 6- consequências de PrEP), e a segunda "Implantação da PrEP nos Serviços de Saúde" composta por três categorias (1- Qualificação, 2-Organização, 3-Estratégias para implementação). Diante dos dados coletados, pôde-se verificar que, embora parte dos profissionais participantes tenha afirmado intenção de…	CNPQ::CIENCIAS HUMANAS::PSICOLOGIA; HIV/Aids; Profilaxia pré-Exposição; Profissionais de saúde; HIV / AIDS; Pre-exposure prophylaxis; Health professionals	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Mixed methods
Article	2017	Bazzi A.R.; Leech A.A.; Biancarelli D.L.; Sullivan M.; Drainoni M.-L.	Experiences Using Pre-Exposure Prophylaxis for Safer Conception among HIV Serodiscordant Heterosexual Couples in the United States	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2017.0098	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026558231&doi=10.1089%2fapc.2017.0098&partnerID=40&md5=eb4fa7ba3742cfb917e7dfbaf45becfa	Antiretroviral pre-exposure prophylaxis (PrEP) is a promising HIV prevention strategy for HIV serodiscordant couples (HIV-infected male, uninfected female) seeking safer conception. However, most research on PrEP for safer conception has focused on couples in sub-Saharan Africa; little is known about the perspectives or experiences of heterosexual couples in the United States. We conducted qualitative interviews with six couples (six women and five of their male partners) receiving PrEP for conception services at an urban safety net hospital in the US Northeast. In-depth interview guides explored couple relationships and contextual factors and attitudes, perceptions, and decision-making processes surrounding PrEP for safer conception. Thematic analyses focused on identifying the following emergent themes. We found that couple relationships were situated within broader social and cultural contexts of immigration, family, and community that shaped their experiences with HIV and serodiscordant relationship status. Despite strong partner support within relationships, HIV stigma and disapproval of serodiscordant relationships contributed to couples' feelings of social isolation and subsequent aspirations to have "normal" families. By enabling "natural" conception through condomless sex, PrEP for safer conception provided a sense of enhanced relationship intimacy. Couples called for increasing public awareness of PrEP through positive messaging as a way to combat HIV stigma. Findings suggest that relationship dynamics and broader social contexts appear to shape HIV serodiscordant couples' fertility desires and motivations to use PrEP. However, increased public awareness of PrEP for safer conception may be needed to combat HIV stigma at the community level. © Copyright 2017, Mary Ann Liebert, Inc.	conception; fertility; heterosexual couples; HIV prevention; pre-exposure prophylaxis; serodiscordant couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Bernard, Cora L; Owens, Douglas K; Goldhaber-Fiebert, Jeremy D; Brandeau, Margaret L	Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: A model-based analysis.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1002312	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5444347	BACKGROUND: The risks of HIV transmission associated with the opioid epidemic make cost-effective programs for people who inject drugs (PWID) a public health priority. Some of these programs have benefits beyond prevention of HIV-a critical consideration given that injection drug use is increasing across most United States demographic groups. To identify high-value HIV prevention program portfolios for US PWID, we consider combinations of four interventions with demonstrated efficacy: opioid agonist therapy (OAT), needle and syringe programs (NSPs), HIV testing and treatment (Test & Treat), and oral HIV pre-exposure prophylaxis (PrEP). METHODS AND FINDINGS: We adapted an empirically calibrated dynamic compartmental model and used it to assess the discounted costs (in 2015 US dollars), health outcomes (HIV infections averted, change in HIV prevalence, and discounted quality-adjusted life years QALYs), and incremental cost-effectiveness ratios (ICERs) of the four prevention programs, considered singly and in combination over a 20-y time horizon. We obtained epidemiologic, economic, and health utility parameter estimates from the literature, previously published models, and expert opinion. We estimate that expansions of OAT, NSPs, and Test & Treat implemented singly up to 50% coverage levels can be cost-effective relative to the next highest coverage level (low, medium, and high at 40%, 45%, and 50%, respectively) and that OAT, which we assume to have immediate and direct health benefits for the individual, has the potential to be the highest value investment, even under scenarios where it prevents fewer infections than other programs. Although a model-based analysis can provide only estimates of health outcomes, we project that, over 20 y, 50% coverage with OAT could avert up to 22,000 (95% CI: 5,200, 46,000) infections and cost US$18,000 (95% CI: US$14,000, US$24,000) per QALY gained, 50% NSP coverage could avert up to 35,000 (95% CI: 8,900, 43,000) infections and cost US$25,000 (95% CI: US$7,000, US$76,000) per QALY gained, 50% Test & Treat coverage could avert up to 6,700 (95% CI: 1,200, 16,000) infections and cost US$27,000 (95% CI: US$15,000, US$48,000) per QALY gained, and 50% PrEP coverage could avert up to 37,000 (22,000, 58,000) infections and cost US$300,000 (95% CI: US$162,000, US$667,000) per QALY gained. When coverage expansions are allowed to include combined investment with other programs and are compared to the next best intervention, the model projects that scaling OAT coverage up to 50%, then scaling NSP coverage to 50%, then scaling Test & Treat coverage to 50% can be cost-effective, with each coverage expansion having the potential to cost less than US$50,000 per QALY gained relative to the next best portfolio. In probabilistic sensitivity analyses, 59% of portfolios prioritized the addition of OAT and 41% prioritized the addition of NSPs, while PrEP was not likely to be a priority nor a cost-effective addition. Our findings are intended to be illustrative, as data on achievable coverage are limited and, in practice, the expansion scenarios considered may exceed feasible levels. We assumed independence of interventions and constant returns to scale. Extensive sensitivity analyses allowed us to assess parameter sensitivity, but the use of a dynamic compartmental model limited the exploration of structural sensitivities. CONCLUSIONS: We estimate that OAT, NSPs, and Test & Treat, implemented singly or in combination, have the potential to effectively and cost-effectively prevent HIV in US PWID. PrEP is not likely to be cost-effective in this population, based on the scenarios we evaluated. While local budgets or policy may constrain feasible coverage levels for the various interventions, our findings suggest that investments in combined prevention programs can substantially reduce HIV transmission and improve health outcomes among PWID.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Beymer M.R.; Weiss R.E.; Sugar C.A.; Bourque L.B.; Gee G.C.; Morisky D.E.; Shu S.B.; Javanbakht M.; Bolan R.K.	Are Centers for Disease Control and Prevention Guidelines for Preexposure Prophylaxis Specific Enough? Formulation of a Personalized HIV Risk Score for Pre-Exposure Prophylaxis Initiation	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000535	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85000623123&doi=10.1097%2fOLQ.0000000000000535&partnerID=40&md5=74d7a65c8d9c0f34bf648a7cb688e942	Background Preexposure prophylaxis (PrEP) has emerged as a human immunodeficiency virus (HIV) prevention tool for populations at highest risk for HIV infection. Current US Centers for Disease Control and Prevention (CDC) guidelines for identifying PrEP candidates may not be specific enough to identify gay, bisexual, and other men who have sex with men (MSM) at the highest risk for HIV infection. We created an HIV risk score for HIV-negative MSM based on Syndemics Theory to develop a more targeted criterion for assessing PrEP candidacy. Methods Behavioral risk assessment and HIV testing data were analyzed for HIV-negative MSM attending the Los Angeles LGBT Center between January 2009 and June 2014 (n = 9481). Syndemics Theory informed the selection of variables for a multivariable Cox proportional hazards model. Estimated coefficients were summed to create an HIV risk score, and model fit was compared between our model and CDC guidelines using the Akaike Information Criterion and Bayesian Information Criterion. Results Approximately 51% of MSM were above a cutpoint that we chose as an illustrative risk score to qualify for PrEP, identifying 75% of all seroconverting MSM. Our model demonstrated a better overall fit when compared with the CDC guidelines (Akaike Information Criterion Difference = 68) in addition to identifying a greater proportion of HIV infections. Conclusions Current CDC PrEP guidelines should be expanded to incorporate substance use, partner-level, and other Syndemic variables that have been shown to contribute to HIV acquisition. Deployment of such personalized algorithms may better hone PrEP criteria and allow providers and their patients to make a more informed decision prior to PrEP use. © Copyright 2016 American Sexually Transmitted Diseases Association All rights reserved.	3,4 methylenedioxymethamphetaminemethamphetaminenitric acid derivative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Beymer, Matthew R; Weiss, Robert E; Bolan, Robert K; Kofron, Ryan M; Flynn, Risa P; Pieribone, David L; Kulkarni, Sonali P; Landovitz, Raphael J	Differentiating Nonoccupational Postexposure Prophylaxis Seroconverters and Non-Seroconverters in a Community-Based Clinic in Los Angeles, California.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx061	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5458294	BACKGROUND: Nonoccupational postexposure prophylaxis (nPEP) is a 28-day regimen of antiretroviral medications taken within 72 hours of human immunodeficiency virus (HIV) exposure to prevent HIV acquisition. Although nPEP has been recommended since 1998, few studies have analyzed the characteristics that distinguish nPEP failures (seroconverters) and successes (non-seroconverters). METHODS: This retrospective study analyzed all nPEP courses prompted by sexual exposure that were prescribed at the Los Angeles LGBT Center between March 2010 and July 2014. Fisher exact tests and logistic regressions were used to determine characteristics that distinguished nPEP seroconverters from non-seroconverters. RESULTS: Of the nPEP courses administered, 1744 had a follow-up visit for HIV testing within 24 weeks of exposure and 17 individuals seroconverted. Seven reported a known re-exposure, 8 self-reported only condom-protected sex subsequent to the initial exposure, and 2 reported abstinence since the exposure. In multivariable analyses, seroconverters were more likely than non-seroconverters to report methamphetamine use, incomplete medication adherence, and nPEP initiation later in the 72-hour window. CONCLUSIONS: Nonoccupational postexposure prophylaxis is an important emergency tool for HIV prevention. Our findings corroborate that timing of the initial nPEP dose is an important predictor of seroconversion. Although the current study did not offer the initial nPEP dose at the beginning of the visit, use of this fast-track dosing schedule will ensure that the first dose is taken as early as possible postexposure and may lower the likelihood for seroconversion. Furthermore, we recommend systematic screening for substance use because these individuals may be well suited for pre-exposure prophylaxis given their sustained risk.	HIV prevention, men who have sex with men, postexposure prophylaxis, seroconversion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Beyrer, Chris	Pre-exposure prophylaxis for people who inject drugs and their sex partners.	Addiction	-	-	-	1360-0443	10.1111/add.13527	https://dx.doi.org/10.1111/add.13527	Background: People who inject drugs (PWID) are at increased risk for HIV infection through sharing contaminated needles and injection equipment, and engaging in condomless sex. Objectives: To qualitatively examine the overlapping nature of these behaviors among PWID in the US Northeast. Methods: We recruited HIV-uninfected PWID and key informants through community-based organizations. Qualitative interviews explored sexual partnerships as they related to sharing contaminated needles and injection equipment, engaging in condomless sex, and associated indications for PrEP among PWID. Results: Among 33 PWID, 66% engaged in condomless vaginal or anal sex in the past 3 months, and 27% had three or more sexual partners in this same time period. Over half engaged in any past month distributive or receptive syringe sharing (64%). We identified three contexts through which overlapping sexual and injection-related HIV risks emerged, including (1) multiple concurrent sexual partnerships; (2) using and injecting drugs with sexual partners (including increase injecting of crystal methamphetamine); and (3) exchanging sex for money or drugs (including among male PWID). Condom use was inconsistent across these contexts. Limited interactions with healthcare providers often resulted in sexual risks being overlooked in light of competing health concerns. Conclusions: Sexual risk for HIV acquisition is complex and multi-faceted among PWID yet may be overlooked by prevention and healthcare providers. Comprehensive HIV prevention efforts must acknowledge the distinct contexts in which overlapping injection and sexual risk behaviors occur. Increased sexual health screening and risk reduction services including PrEP for PWID may help curtail transmission in this population.	Condoms; HIV; Injection Drug Use; Sexual Behavior; Sexual Partners	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Biello K.B.; Oldenburg C.E.; Mitty J.A.; Closson E.F.; Mayer K.H.; Safren S.A.; Mimiaga M.J.	The "Safe Sex" Conundrum: Anticipated Stigma From Sexual Partners as a Barrier to PrEP Use Among Substance Using MSM Engaging in Transactional Sex	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1466-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84976428006&doi=10.1007%2fs10461-016-1466-y&partnerID=40&md5=c5e55998c867a63bfb86f45ee9cb530c	Pre-exposure prophylaxis (PrEP) is efficacious for HIV prevention when taken consistently; however, barriers to PrEP use are poorly understood among individuals who could benefit from PrEP, including men who have sex with men (MSM) who engage in transactional sex (i.e., sex exchanged for money or drugs). Two hundred and thirty-seven HIV-uninfected, PrEP-naive MSM reporting concurrent substance dependence and sexual risk completed a questionnaire on PrEP use barriers. Barriers to PrEP use for MSM who engaged in recent transactional sex (22 %) versus those who had not were compared using an ecological framework. Individual (e.g., HIV stigma, substance use) and structural (e.g., economic, healthcare) barriers did not differ (p > 0.05). MSM who recently engaged in transactional sex were more likely to report that anticipated stigma from primary and casual partners would be barriers to PrEP use. Assessing recent transactional sex may help identify men who may need additional counseling to avoid anticipated stigma so they can integrate PrEP into their lives. © 2016, Springer Science+Business Media New York.	HIV; Men who have sex with men; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Bien, Cedric H; Patel, Viraj V; Blackstock, Oni J; Felsen, Uriel R	Reaching Key Populations: PrEP Uptake in an Urban Health Care System in the Bronx, New York	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1663-8	https://www.proquest.com/scholarly-journals/reaching-key-populations-prep-uptake-urban-health/docview/1883470004/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) has been established as an effective HIV prevention tool, but real world studies are limited. To inform dissemination efforts, we sought to describe individuals prescribed PrEP in the largest health care system in the Bronx, New York, an urban region with a high burden of HIV. We used a clinical database and chart review to identify individuals prescribed PrEP between 2011 and 2015 (n = 108). A majority were Black and Hispanic, half were men who have sex with men, and nearly a third were cisgender women who have sex with men. Primary care settings were the most common site of PrEP prescription and PrEP prescription rates increased over time. Despite reaching a diverse patient population, PrEP prescribing rates were low, underscoring the urgent need for PrEP scale-up.	New York; Homosexuality; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Prevention; Men; Implementation; Disease prevention; Health services; Health care; Prophylaxis; Hispanic Americans; Sex; Primary care; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Preventive healthcare; Urban areas; Urban health care; Bronx New York	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Blackstock O.J.; Moore B.A.; Berkenblit G.V.; Calabrese S.K.; Cunningham C.O.; Fiellin D.A.; Patel V.V.; Phillips K.A.; Tetrault J.M.; Shah M.; Edelman E.J.	A Cross-Sectional Online Survey of HIV Pre-Exposure Prophylaxis Adoption Among Primary Care Physicians	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-016-3903-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84992200939&doi=10.1007%2fs11606-016-3903-z&partnerID=40&md5=30a2663a3980af5e9ca9197606910323	Background: Among health care providers, prescription of HIV pre-exposure prophylaxis (PrEP) has been low. Little is known specifically about primary care physicians (PCPs) with regard to PrEP awareness and adoption (i.e., prescription or referral), and factors associated with adoption. Objective: To assess PrEP awareness, PrEP adoption, and factors associated with adoption among PCPs. Design: Cross-sectional online survey conducted in April and May 2015. Respondents: Members of a national professional organization for academic primary care physicians (n = 266). Main Measures: PrEP awareness, PrEP adoption (ever prescribed or referred a patient for PrEP yes/no), provider and practice characteristics, and self-rated knowledge, attitudes, and beliefs associated with adoption. Key Results: The survey response rate was 8.6 % (266/2093). Ninety-three percent of respondents reported prior awareness of PrEP. Of these, 34.9 % reported PrEP adoption. In multivariable analysis of provider and practice characteristics, compared with non-adopters, adopters were more likely to provide care to more than 50 HIV-positive patients (vs. 0, aOR = 6.82, 95 % CI 2.06–22.52). Compared with non-adopters, adopters were also more likely to report excellent, very good, or good self-rated PrEP knowledge (15.1 %, 33.7 %, 30.2 % vs. 2.5 %, 18.1 %, 23.8 %, respectively; p < 0.001) and to perceive PrEP as extremely safe (35.1 % vs. 10.7 %; p = 0.002). Compared with non-adopters, adopters were less likely to perceive PrEP as being moderately likely to increase risk behaviors ("risk compensation") (12.8 % vs. 28.8 %, p = 0.02). Conclusions: While most respondents were aware of PrEP, only one-third of PrEP-aware PCPs reported adoption. Adopters were more likely to have experience providing HIV care and to perceive PrEP as extremely safe, and were less likely to perceive PrEP use as leading to risk compensation. To enhance PCP adoption of PrEP, educational efforts targeting PCPs without HIV care experience should be considered, as well as training those with HIV care experience to be PrEP "clinical champions". Concerns about safety and risk compensation must also be addressed. © 2016, Society of General Internal Medicine.	HIV prevention; implementation; pre-exposure prophylaxis; primary care physicians	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Blackstock, Oni J; Patel, Viraj V; Felsen, Uriel; Park, Connie; Jain, Sachin	Pre-exposure prophylaxis prescribing and retention in care among heterosexual women at a community-based comprehensive sexual health clinic.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2017.1286287	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5514312	In the United States, heterosexual women account for 20% of new HIV infections. As a user-controlled HIV prevention method, pre-exposure prophylaxis (PrEP) has substantial potential to reduce new infections among women. However, among women, PrEP is vastly underutilized. To guide efforts to increase women-at-risk's PrEP use, we sought to describe the characteristics of women prescribed PrEP as well as their retention in PrEP care. We conducted a chart review of women who received care at a comprehensive sexual health clinic within a large urban health care system. Referral sources included the health care system's clinics and HIV testing program, as well as local community-based organizations. From 1 December 2014 to 5 August 2016, 554 women received care at the clinic. During this period, 21 heterosexual women (3.8%) received at least one prescription for daily oral PrEP. For women prescribed PrEP, median age was 35 years old (range: 20-52). The majority (66.7%) were either Latina or non-Latina Black and most (81.2%) had public health insurance. The most common PrEP indication was being in a known sero-discordant partnership (85.7%). Of women in such partnerships, 83.3% reported their male partner was currently taking antiretroviral medications (ARVs) and 16.7% reported trying to conceive with their partner (not mutually exclusive). Of women with ARV-using partners, 66.7% reported that their partners were virally suppressed. Retention in PrEP care at three months was 61.1% and, at six months, 37.5%. Further study is necessary to expand PrEP to women whose risk factors extend beyond being in a known sero-discordant partnership, and to understand the reasons for the observed drop-off in PrEP care visits in real-world settings.	HIV, primary prevention, women, antiretroviral agents, PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Blaizot S.; Huerga H.; Riche B.; Ellman T.; Shroufi A.; Etard J.-F.; Ecochard R.	Combined interventions to reduce HIV incidence in KwaZulu-Natal: A modelling study	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-017-2612-5	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-017-2612-5	Background: Combined prevention interventions, including early antiretroviral therapy initiation, may substantially reduce HIV incidence in hyperendemic settings. Our aim was to assess the potential short-term impact of combined interventions on HIV spreading in the adult population of Mbongolwane and Eshowe (KwaZulu-Natal, South Africa) using sex- and age-specific scenarios, and age-targeted interventions. Methods: A mathematical model was used with data on adults (15-59 years) from the Mbongolwane and Eshowe HIV Impact in Population Survey to compare the effects of various interventions on the HIV incidence rate. These interventions included increase in antiretroviral therapy (ART) coverage with extended eligibility criteria, increase in voluntary medical male circumcision (VMMC), and implementation of pre-exposure prophylaxis (PrEP) among women. Results: With no additional interventions to the ones in place at the time of the survey (ART at CD4 < 350 and VMMC), incidence will decrease by 24% compared to the baseline rate. The implementation of "ART at CD4<500" or "ART for all" would reduce further the incidence rate by additional 8% and 15% respectively by 4 years and 20% and 34% by 10 years. Impacts would be higher with age-targeted scenarios than without. Conclusions: In Mbongolwane and Eshowe, implementation of the new South African guidelines, recommending ART initiation regardless of CD4 count, would accelerate incidence reduction. In this setting, combining these guidelines, VMMC, and PrEP among young women could be an effective strategy in reducing the incidence to low levels. © 2017 The Author(s).	Antiretroviral therapy; HIV; Male circumcision; Mathematical models; Pre-exposure prophylaxis; South Africa	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2017	Bourne, Adam; Cassolato, Matteo; Thuan Wei, Clayton Koh; Wang, Bangyuan; Pang, Joselyn; Lim, Sin How; Azwa, Iskandar; Yee, Ilias; Mburu, Gitau	Willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia: findings from a qualitative study	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.20.1.21899	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577697	BACKGROUND: Men who have sex with men (MSM) continue to be disproportionately affected by HIV in Malaysia. Recent success has been observed within demonstration projects examining the efficacy of HIV pre-exposure prophylaxis (PrEP), an antiretroviral -based medication taken by HIV-negative men to prevent sero-conversion. In order for such promising findings to be translated in real-world settings, it is important to understand the acceptability of PrEP, including perceived barriers to access or uptake. METHODS: As part of a larger mixed-methods study exploring acceptability and willingness to use PrEP among MSM in Malaysia, 19 men took part in audio-recorded focus group discussions hosted by a community-based HIV organization and facilitated by a trained researcher. Discussions focussed on awareness and potential information management, general perceptions of PrEP and potential motivations or barriers to the use of PrEP, including those at the personal, social, health system or structural level. Data were transcribed verbatim and underwent a detailed thematic analysis. RESULTS: Rather than perceiving PrEP as a replacement for condoms in terms of having safer sex, many participants viewed it as an additional layer protection, serving as a crucial barrier to infection on occasions where condom use was intended, but did not occur. It was also perceived as more valuable to "at-risk" men, such as those in HIV sero-discordant relationships or those with a higher number of sexual partners. Elements of discussion tended to suggest that some men taking PrEP may be subject to stigma from others, on the assumption they may be promiscuous or engage in high-risk sexual behaviours. CONCLUSIONS: This qualitative study indicates that, broadly speaking, PrEP may be acceptable to MSM in Malaysia. However, in order for its potential to be realized, and uptake achieved, educative interventions are required to inform the target population as to the efficacy and potential, positive impact of PrEP. Given concerns for how those taking it may be stigmatized, it is crucial that the use of PrEP is presented as a responsible course of action, and one of a range of strategies that men can use to keep themselves safe from HIV.	MSM, PrEP, qualitative, Malaysia, risk reduction, HIV prevention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Institutional	2017	Brasil. Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos	Tenofovir associado a entricitabina (TDF/FTC 300/200mg) como profilaxia pré-exposição (PrEP) para populações sob maior risco de adquirir o vírus da imunodeficiência humana (HIV)	-	-	-	-	-	NA	http://conitec.gov.br/images/Relatorios/2017/Recomendacao/Relat%C3%B3rio_TenofovirEntricitabina_PREP_Recomendacao_2017.pdf	CONTEXTO: A resposta brasileira à epidemia de aids é resultante de um longo processo de atuação do governo brasileiro que garante desde 1996 acesso universal ao tratamento antirretroviral. Contudo, apesar dos inúmeros avanços ocorridos na redução da morbimortalidade nos últimos anos, o número de novos casos de aids vem se mantendo praticamente inalterado. No Brasil, a epidemia de aids é concentrada em determinados segmentos populacionais, que apresentam uma maior prevalência de infecção pelo HIV, quando comparados à população em geral, e respondem pela maioria de casos novos da infecção. Assim, para essas populações sob maior risco de infecção pelo HIV faz-se necessário a construção de estratégias de prevenção focalizadas como forma de impactar a epidemia. TECNOLOGIA: Profilaxia pré-exposição (PrEP) oral, na forma de tenofovir associado a entricitabina (TDF/FTC 300/200mg). Consiste no uso de antirretrovirais previamente à exposição de risco. INDICAÇÃO: Redução de risco em adquirir a infecção pelo HIV, entre pessoas sob risco aumentado. PERGUNTA: O uso de tenofovir associado a entricitabina (TDF/FTC 300/200mg) quando comparado ao uso de placebo reduz o risco de infecção pelo HIV entre pessoas sob alto risco? EVIDÊNCIAS CIENTÍFICAS: As evidências científicas disponíveis demostram que o uso de PrEP reduz o risco de infecção pelo HIV, comparado a placebo, com eficácia >70% (RR=0,30, 95% IC: 0,21-0,45, p= 0,001). Sua eficácia está diretamente relacionada à adesão ao medicamento. Os eventos adversos foram similares entre o grupo placebo e o que usou PrEP. Casos de resistência aos medicamentos foram encontrados entre aqueles que iniciaram PrEP durante a fase aguda da infecção, mas a incidência de resistência durante o uso de PrEP foi baixa. Não foi encontrada associação entre uso de PrEP e mudanças no comportamento sexual. O uso de PrEP demonstrou segurança e eficácia, para a redução de risco em adquirir a infecção pelo HIV, entre pessoas sob risco aumentado, quando comparado ao uso de placebo. RECOMENDAÇÃO DA CONITEC: A CONITEC recomendou a incorporação da associação de tenofovir e entricitabina (TDF/FTC 300/200mg) como profilaxia pré-exposição (PrEP) para populações sob risco aumentado de infecção pelo HIV no SUS, condicionada à aprovação do registro na ANVISA para essa indicação e à apresentação de um plano de acompanhamento anual das pessoas que receberão a profilaxia, de forma que sua incorporação possa ser reavaliada dentro de um prazo de tempo de, no máximo, 2 anos. CONSULTA PÚBLICA: Por meio da Consulta Pública nº 05 foram recebidas 147 contribuições distribuídas entre os formulários destinados a experiência e opinião e os para contribuições técnico-científicas. O nível de concordância com a recomendação inicial favorável à incorporação do medicamento como profilaxia pré-exposição (prep) para populações sob risco aumentado de adquirir o vírus da imunodeficiência humana (HIV) no SUS foi alto, abrangendo quase a totalidade das contribuições técnico-científica e 77% das contribuições de experiência e opinião. Entre as discordantes ou parcialmente concordantes não foram identificadas contribuições que trouxessem evidências científicas novas às já incluídas nesse parecer técnico-científico ou contestações às evidências científicas identificadas e que embasam a proposta de incorporação do medicamento com finalidade profilática. A maioria das experiências profissionais relatadas convergem com a proposta de incorporação elaborada nesse parecer. RECOMENDAÇÃO FINAL: Deliberou-se por unanimidade recomendar a incorporação da associação de tenofovir e entricitabina (TDF/FTC 300/200mg) como profilaxia pré-exposição (prep) para populações sob risco aumentado de adquirir o vírus da imunodeficiência humana (HIV) no SUS, condicionada à aprovação da inclusão da indicação para profilaxia pré-exposição ao HIV no registro do medicamento pela ANVISA e reavaliação do plano de acompanhamento anual das pessoas que receberão a profilaxia, em até 2 anos. DECISÃO: Incorporar o tenofovir associado a entricitabina (TDF/FTC 300/200mg) como profilaxia pré-exposição (PrEP) para populações sob maior risco de adquirir o vírus da imunodeficiência humana (HIV), no âmbito do Sistema Único de Saúde - SUS, dada pela Portaria nº 21, publicada no DOU nº 101, do dia 29 de maio de 2017, seção 1, pág. 73.(AU)	NA	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Other
Institutional	2017	Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde. Departamento de Vigilância, Prevenção e Controle das Infecções Sexualmente Transmissíveis, do HIV/Aids e das Hepatites Virais	Diretrizes para a organização dos serviços de saúde que ofertam a profilaxia pré-exposição sexual ao HIV (prep) no Sistema Único de Saúde	-	-	-	-	-	NA	http://www.aids.gov.br/system/tdf/pub/2017/65067/diretrizes_prep_05_2018_web_11.pdf?file=1&type=node&id=65067&force=1	NA	NA	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Other
Article	2017	Brisson J.; Nguyen V.-K.	Science, technology, power and sex: PrEP and HIV-positive gay men in Paris	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2017.1291994	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85013455977&doi=10.1080%2f13691058.2017.1291994&partnerID=40&md5=5cd6f8e35d357718194291521ced6a79	The pre-exposure prophylaxis (PrEP) drug Truvada is a new HIV prevention technology that is predominantly promoted as relevant to HIV-negative gay men. This paper explores what PrEP represents for HIV-positive gay men living in Paris, based upon data collected through interviews and ethnographic research. While HIV-positive gay men do not directly consume Truvada through PrEP, they nonetheless hold opinions and understandings of this drug, specifically as it relates to their own sexuality. This paper expands the representations and meanings of this new technology in a different light through the voices of gay men living with HIV in Paris. The main argument of this article is that PrEP as an additional HIV prevention tool blurs the lines between science, technologies and human sexuality. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	France; gay men; HIV-positive; perceptions; PrEP; understandings	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2017	Brown A.E.; Mohammed H.; Ogaz D.; Kirwan P.D.; Yung M.; Nash S.G.; Furegato M.; Hughes G.; Connor N.; Delpech V.C.; Gill O.N.	Fall in new HIV diagnoses among men who have sex with men (MSM) at selected London sexual health clinics since early 2015: Testing or treatment or pre-exposure prophylaxis (PrEP)?	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2017.22.25.30553	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021739568&doi=10.2807%2f1560-7917.ES.2017.22.25.30553&partnerID=40&md5=f1b53d08aff5f716a11cf9677c48c0df	Since October 2015 up to September 2016, HIV diagnoses fell by 32% compared with October 2014- September 2015 among men who have sex with men (MSM) attending selected London sexual health clinics. This coincided with high HIV testing volumes and rapid initiation of treatment on diagnosis. The fall was most apparent in new HIV testers. Intensified testing of high-risk populations, combined with immediately received anti-retroviral therapy and a pre-exposure prophylaxis (PrEP) programme, may make elimination of HIV achievable. © 2017, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	antiretroviral therapyArticleCD4+ T lymphocytedisease surveillancegenital tract infectionhealth centerheterosexuality	English	Sweden	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative

Article	2017	Buttolph, Jasmine; Inwani, Irene; Agot, Kawango; Cleland, Charles M; Cherutich, Peter; Kiarie, James N; Osoti, Alfred; Celum, Connie L; Baeten, Jared M; Nduati, Ruth; Kinuthia, John; Hallett, Timothy B; Alsallaq, Ramzi; Kurth, Ann E	Gender-Specific Combination HIV Prevention for Youth in High-Burden Settings: The MP3 Youth Observational Pilot Study Protocol.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/resprot.5833	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5434770	BACKGROUND: Nearly three decades into the epidemic, sub-Saharan Africa (SSA) remains the region most heavily affected by human immunodeficiency virus (HIV), with nearly 70% of the 34 million people living with HIV globally residing in the region. In SSA, female and male youth (15 to 24 years) are at a disproportionately high risk of HIV infection compared to adults. As such, there is a need to target HIV prevention strategies to youth and to tailor them to a gender-specific context. This protocol describes the process for the multi-staged approach in the design of the MP3 Youth pilot study, a gender-specific, combination, HIV prevention intervention for youth in Kenya. OBJECTIVE: The objective of this multi-method protocol is to outline a rigorous and replicable methodology for a gender-specific combination HIV prevention pilot study for youth in high-burden settings, illustrating the triangulated methods undertaken to ensure that age, sex, and context are integral in the design of the intervention. METHODS: The mixed-methods, cross-sectional, longitudinal cohort pilot study protocol was developed by first conducting a systematic review of the literature, which shaped focus group discussions around prevention package and delivery options, and that also informed age- and sex- stratified mathematical modeling. The review, qualitative data, and mathematical modeling created a triangulated evidence base of interventions to be included in the pilot study protocol. To design the pilot study protocol, we convened an expert panel to select HIV prevention interventions effective for youth in SSA, which will be offered in a mobile health setting. The goal of the pilot study implementation and evaluation is to apply lessons learned to more effective HIV prevention evidence and programming. RESULTS: The combination HIV prevention package in this protocol includes (1) offering HIV testing and counseling for all youth; (2) voluntary medical circumcision and condoms for males; (3) pre-exposure prophylaxis (PrEP), conditional cash transfer (CCT), and contraceptives for females; and (4) referrals for HIV care among those identified as HIV-positive. The combination package platform selected is mobile health teams in an integrated services delivery model. A cross-sectional analysis will be conducted to determine the uptake of the interventions. To determine long-term impact, the protocol outlines enrolling selected participants in mutually exclusive longitudinal cohorts (HIV-positive, PrEP, CCT, and HIV-negative) followed by using mobile phone text messages (short message service, SMS) and in-person surveys to prospectively assess prevention method uptake, adherence, and risk compensation behaviors. Cross-sectional and sub-cohort analyses will be conducted to determine intervention packages uptake. CONCLUSIONS: The literature review, focus groups, and modeling indicate that offering age- and gender- specific combination HIV prevention interventions that include biomedical, behavioral, and structural interventions can have an impact on HIV risk reduction. Implementing this protocol will show the feasibility of delivering these services at scale. The MP3 Youth study is one of the few combination HIV prevention intervention protocols incorporating youth- and gender-specific interventions in one delivery setting. Lessons learned from the design of the protocol can be incorporated into the national guidance for combination HIV prevention for youth in Kenya and other high-burden SSA settings. TRIAL REGISTRATION: ClinicalTrials.gov NCT01571128; http://clinicaltrials.gov/ct2/show/NCT01571128?term=MP3+youth&rank=1 (Archived by WebCite at http://www.webcitation.org/6nmioPd54).	HIV, combination prevention, Kenya, youth, PrEP, VMMC, mobile health, family planning, cash transfer, biometrics	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Buttram, Mance E; Kurtz, Steven P	Preliminary evidence of HIV seroconversion among HIV-negative men who have sex with men taking non-prescribed antiretroviral medication for HIV prevention in Miami, Florida, USA	Sexual Health	-	-	-	14485028	10.1071/SH16108	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85017165845&doi=10.1071%2fSH16108&partnerID=40&md5=c9a018a3b84b096c99edcd9a42734232	Background Limited information suggests that men who have sex with men (MSM) are informally obtaining antiretroviral medication (ARVs) and using them for HIV pre-exposure prophylaxis (PrEP). Methods: Data are drawn from an on-going study examining the use of non-prescribed ARVs for PrEP. To date, 24 qualitative interviews have been conducted with HIV-negative, substance-using MSM living in Miami, Florida, USA. Data are presented from two participants who reported HIV seroconversion while using non-prescribed ARVs for PrEP. Results: Preliminary data indicate that some young MSM: (i) lack awareness of and accurate information about the efficacious use of PrEP; (ii) obtain non-prescribed ARVs from HIV-positive sex partners and use these medications for PrEP in a way that does not provide adequate protection against HIV infection or cohere with established guidelines; and (iii) engage in multiple HIV transmission risk behaviours, including condomless anal sex and injection drug use. Conclusions: The informal, non-prescribed and non-medically supervised use of ARVs for HIV prevention has the potential to undermine the protective benefits of PrEP and leave men unprotected against HIV transmission and at risk for ARV resistance. © CSIRO 2017.	HIV; MSM; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2017	Cabral, Alejandra	Partner violence and self-reported pre-exposure prophylaxis (PrEP) interruptions among HIV negative partners in HIV serodiscordant couples in Kenya and Uganda.	-	-	University of Washington	-	-	NA	https://digital.lib.washington.edu/researchworks/handle/1773/39800	Abstract: Background: Pre-exposure prophylaxis (PrEP) is effective for HIV prevention among diverse populations and studies of PrEP delivery are investigating ways to deliver PrEP with high adherence. In many settings with high HIV burden, where PrEP is an important intervention, intimate partner violence (IPV) is reported often. We examined the role of IPV to influence interruptions in PrEP use. Methods: We analyzed data from 1,013 serodiscordant heterosexual couples enrolled in a large PrEP demonstration project in Kenya and Uganda, the Partners Demonstration Project. At quarterly study visits, HIV negative participants receiving PrEP self-reported interruptions in their PrEP use and experiences with IPV. The association of IPV and PrEP interruptions was analyzed using multivariate generalized estimating equations. Results: Of 1,013 HIV negative people who used PrEP during the study, 67% were male and the median age was 30 (interquartile range IQR 26-36). Interruptions in PrEP use were reported at 328 visits (7.1% of all visits). The median length of PrEP interruption was 28 days (interquartile range IQR: 7-45). At baseline and follow up there were 53 reports of abuse by HIV negative partners, including physical, economic, verbal, or other types of abuse. The frequency of PrEP interruption among people who experienced IPV was 23.8% and those without IPV was 6.9%. The crude odds ratio for PrEP interruption was 3.83 (95% CI 1.8-8.0) and remained significant after adjustment for age, and frequency of intercourse (aOR=2.64, 95% CI 1.17-6.00). Conclusion: IPV was more likely to be reported at visits when PrEP interruptions were also reported, which may have implications for successful adherence to PrEP. Within PrEP delivery, there may be opportunities to assess and intervene on IPV in order to bolster adherence.	Global Health; HIV; Africa; Pre-exposure prophylaxis; Adherence; Public health; Serodiscordant couples; Intimate Partner Violence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Cahill, Sean; Taylor, S Wade; Elsesser, Steven A; Mena, Leandro; Hickson, DeMarc; Mayer, Kenneth H	Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2017.1300633	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5595632	Gay and bisexual men and other men who have sex with men (MSM) account for more than two thirds of new HIV infections in the U.S., with Black MSM experiencing the greatest burden. Antiretroviral pre-exposure prophylaxis (PrEP) can reduce MSM's vulnerability to HIV infection. Uptake of PrEP has been limited, particularly among racial and ethnic minority MSM. Four semi-structured focus groups with gay and bisexual men and other MSM at risk for HIV infection were convened in Boston and Jackson in late 2013. The analysis plan utilized a within-case, across-case approach to code and analyze emerging themes, and to compare results across the two cities. Participants recruited in Jackson were primarily Black gay men, while Boston participants were mostly non-Hispanic White gay men. Participants in both sites shared concerns about medication side effects and culturally insensitive health care for gay men. Jackson participants described stronger medical mistrust, and more frequently described experiences of anti-gay and HIV related stigma. Multiple addressable barriers to PrEP uptake were described. Information about side effects should be explicitly addressed in PrEP education campaigns. Providers and health departments should address medical mistrust, especially among Black gay and bisexual men and other MSM, in part by training providers in how to provide affirming, culturally competent care. Medicaid should be expanded in Mississippi to cover low-income young Black gay and bisexual men and other MSM.	PrEP, MSM, Black American, access, medical mistrust	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Calabrese S.K.; Krakower D.S.; Mayer K.H.	Integrating HIV preexposure prophylaxis (PrEP) into routine preventive health care to avoid exacerbating disparities	American Journal of Public Health	-	-	-	900036	10.2105/AJPH.2017.304061	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85033608482&doi=10.2105%2fAJPH.2017.304061&partnerID=40&md5=61e69636ee750dccf04f937fb4c7d45a	More than 3 decades since its emergence in the United States, HIV continues to spread and disproportionately affect socially marginalized groups. Preexposure prophylaxis (PrEP), a highly effective prevention strategy federally approved since 2012, could fundamentally alter the course of the epidemic. However, PrEP's potential has not been fully realized, in part because health care providers have been slow to adopt PrEP in clinical practice and have been selective in their discussion of PrEP with patients. This nonstandardized approach has constrained PrEP access. PrEP access has not only been inadequate but also inequitable, with several groups in high need showing lower rates of uptake than do their socially privileged counterparts. Recognizing these early warning signs that current approaches to PrEP implementation could exacerbate existing HIV disparities, we call on health professionals to integrate PrEP into routine preventive health care for adult patients—particularly in primary care, reproductive health, and behavioral health settings. Drawing on the empirical literature, we present 4 arguments for why doing so would improve access and access equity, and we conclude that the benefits clearly outweigh the challenges.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Calabrese S.K.; Underhill K.; Mayer K.H.	HIV preexposure prophylaxis and condomless sex: Disentangling personal values from public health priorities	American Journal of Public Health	-	-	-	900036	10.2105/AJPH.2017.303966	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029479967&doi=10.2105%2fAJPH.2017.303966&partnerID=40&md5=6a4fd164c4b33d09a049b5f524bb0b5f	Daily HIV preexposure prophylaxis (PrEP) is an effective form of HIV protection that remains unknown and inaccessible for many people in the United States despite receiving federal approval over five years ago. PrEP is supported by the public health community, but forgoing condoms while taking PrEP has proven controversial; this controversy may be contributing to the lag in PrEP uptake. We argue that limiting PrEP access based on anticipated or actual sexual behavior contradicts the goals of public health research andpractice and is not scientifically justified. As evidence for the effectiveness of novel forms of biomedicalHIV protection emerges, public health professionals need to accept new definitions of "protected sex" and ensure that their personal values do not override empirical evidence when determining public health priorities.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Calabrese, Sarah K.; Magnus, Manya; Mayer, Kenneth H.; Krakower, Douglas S.; Eldahan, Adam I.; Hawkins, Lauren A. Gaston; Underhill, Kristen; Hansen, Nathan B.; Kershaw, Trace S.; Betancourt, Joseph R.; Dovidio, John F.	"Support Your Client at the Space That They're in": HIV Pre-Exposure Prophylaxis (PrEP) Prescribers' Perspectives on PrEP-Related Risk Compensation	AIDS Patient Care and STDs	-	-	-	1557-7449 1087-2914	10.1089/apc.2017.0002	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404273	Despite the demonstrated effectiveness of HIV pre-exposure prophylaxis (PrEP) and evidence that most PrEP users do not engage in risk compensation (i.e., increased risk behavior due to a perceived decrease in HIV susceptibility), some healthcare providers report patient risk compensation to be a deterrent to prescribing PrEP. Overcoming this barrier is essential to supporting PrEP access and uptake among people at risk for HIV. To inform such efforts, this qualitative study explored PrEP-related risk compensation attitudes among providers with firsthand experience prescribing PrEP. US-based PrEP providers (n = 18), most of whom were HIV specialists, were recruited through direct outreach and referral from colleagues and other participants. Individual 90-min semistructured interviews were conducted by phone or in person from September 2014 through February 2015, transcribed, and thematically analyzed. Three attitudinal themes emerged: (1) providers' role is to support patients in making informed decisions, (2) risk behavior while taking PrEP does not fully offset PrEP's protective benefit (i.e., PrEP confers net protection, even with added behavioral risk), and (3) PrEP-related risk compensation is unduly stigmatized within and beyond the healthcare community. Participants were critical of other healthcare providers' negative judgment of patients and reluctance to prescribe PrEP due to anticipated risk compensation. Several providers also acknowledged an evolution in their thinking toward greater acceptance of PrEP and PrEP-related behavior change. PrEP providers' insights about risk compensation may help to address unsubstantiated concerns about PrEP-related risk compensation and challenge the acceptability of withholding PrEP on these grounds.	Humans; Male; Risk-Taking; Anti-HIV Agents/therapeutic use; HIV; Surveys and Questionnaires; *Attitude of Health Personnel; Health Care Surveys; Drug Prescriptions/*statistics & numerical data; *Health Knowledge, Attitudes, Practice; HIV Infections/*prevention & control/psychology; pre-exposure prophylaxis; Stereotyping; Pre-Exposure Prophylaxis/*statistics & numerical data; Qualitative Research; risk compensation; Health Personnel/*psychology; Prejudice; *Perception; behavioral disinhibition; condom attitudes; healthcare providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Carballo-Diéguez, Alex; Balán, Ivan C; Brown, William; Giguere, Rebecca; Dolezal, Curtis; Leu, Cheng-Shiun; Marzinke, Mark A; Hendrix, Craig W; Piper, Jeanna M; Richardson, Barbra A; Grossman, Cynthia; Johnson, Sherri; Gomez, Kailazarid; Horn, Stephanie; Kunjara Na Ayudhya, Ratiya Pamela; Patterson, Karen; Jacobson, Cindy; Bekker, Linda-Gail; Chariyalertsak, Suwat; Chitwarakorn, Anupong; Gonzales, Pedro; Holtz, Timothy H; Liu, Albert; Mayer, Kenneth H; Zorrilla, Carmen; Lama, Javier; McGowan, Ian; Cranston, Ross D	High levels of adherence to a rectal microbicide gel and to oral Pre-Exposure Prophylaxis (PrEP) achieved in MTN-017 among men who have sex with men (MSM) and transgender women.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0181607	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5531503	Trials to assess microbicide safety require strict adherence to prescribed regimens. If adherence is suboptimal, safety cannot be adequately assessed. MTN-017 was a phase 2, randomized sequence, open-label, expanded safety and acceptability crossover study comparing 1) daily oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF), 2) daily use of reduced-glycerin 1% tenofovir (RG-TFV) gel applied rectally, and 3) RG-TFV gel applied before and after receptive anal intercourse (RAI)-if participants had no RAI in a week, they were asked to use two doses of gel within 24 hours. Product use was assessed by mixed methods including unused product return count, text messaging reports, and qualitative plasma TFV pharmacokinetic (PK) results. Convergence interviews engaged participants in determining the most accurate number of doses used based on product count and text messaging reports. Client-centered adherence counseling was also used. Participants (N = 187) were men who have sex with men and transgender women enrolled in the United States (42%), Thailand (29%), Peru (19%) and South Africa (10%). Mean age was 31.4 years (range 18-64 years). Based on convergence interviews, over an 8-week period, 94% of participants had ≥80% adherence to daily tablet, 41% having perfect adherence; 83% had ≥80% adherence to daily gel, 29% having perfect adherence; and 93% had ≥80% adherence to twice-weekly use during the RAI-associated gel regimen, 75% having perfect adherence and 77% having ≥80% adherence to gel use before and after RAI. Only 4.4% of all daily product PK results were undetectable and unexpected (TFV concentrations <0.31 ng/mL) given self-reported product use near sampling date. The mixed methods adherence measurement indicated high adherence to product use in all three regimens. Adherence to RAI-associated rectal gel use was as high as adherence to daily oral PrEP. A rectal microbicide gel, if efficacious, could be an alternative for individuals uninterested in daily oral PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Carballo-Diéguez, Alex; Giguere, Rebecca; Dolezal, Curtis; Leu, Cheng-Shiun; Balán, Iván C; Brown, William; Rael, Christine; Richardson, Barbra A; Piper, Jeanna M; Bekker, Linda-Gail; Chariyalertsak, Suwat; Chitwarakorn, Anupong; Gonzales, Pedro; Holtz, Timothy H; Liu, Albert; Mayer, Kenneth H; Zorrilla, Carmen D; Lama, Javier R; McGowan, Ian; Cranston, Ross D	Preference of Oral Tenofovir Disoproxil Fumarate/Emtricitabine Versus Rectal Tenofovir Reduced-Glycerin 1% Gel Regimens for HIV Prevention Among Cisgender Men and Transgender Women Who Engage in Receptive Anal Intercourse with Men.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-017-1969-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5856109	Oral pre-exposure prophylaxis (PrEP) can prevent HIV transmission. Yet, some may prefer not to take systemic daily medication. MTN-017 was a 3-period, phase 2 safety and acceptability study of microbicide gel applied rectally either daily or before and after receptive anal intercourse (RAI), compared to daily oral tablet. At baseline, cisgender men and transgender women who reported RAI (N = 187) rated the daily oral regimen higher in overall liking, ease of use, and likelihood of future use than the gel regimens. After trying all three, 28% liked daily oral the least. Gel did not affect sexual enjoyment (88%) or improved it (7-8%). Most partners had no reaction to gel use. Ease of gel use improved significantly between the first and the last few times of daily use. A rectal gel used before and after RAI may constitute an attractive alternative to daily tablet. Experience with product use may increase acceptability.	acceptability, gel, PrEP, microbicide, rectal	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Book Section	2017	Carnes N.A.; Malone J.; Helms J.	HIV prevention: Treatment as prevention (TasP), Occupational Postexposure Prophylaxis (oPEP), Nonoccupational Postexposure Prophylaxis (nPEP), and Pre-exposure Prophylaxis (PrEP)	-	HIV/AIDS in Rural Communities: Research, Education, and Advocacy	-	978-331956239-1	-	10.1007/978-3-319-56239-1_5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055160334&doi=10.1007%2f978-3-319-56239-1_5&partnerID=40&md5=7b94e3ae8aae34bab0e7963bb06748a8	In this chapter, we review selected literature reflecting on biomedical interventions that prevent HIV infection, and regarding treatment as prevention (TasP), also assist those living with HIV given its goal to effectively reduce infectivity by reducing people living with HIV's viral load to an undetectable level. Unfortunately, in context to rural health care, little empirical data exists on these interventions, as standalone or combined approaches. What we know about TasP, occupational postexposure prophylaxis (oPEP), nonoccupational postexposure prophylaxis (nPEP), and pre-exposure prophylaxis (PrEP) is that they work, at least in clinical trials they worked. Theoretically, each poses significant potential to reduce HIV transmissions in all geographical settings. Realizing their potential in real-world settings, including rural areas, will require more resources that have yet to be allocated for large-scale implementation, especially concerning nPEP and PrEP. Ideally, our response system should consider developing integrated approaches that include all these interventions, in all jurisdictions. All the more critical, it will be essential to mobilize biomedical (e.g. medications and condoms), behavioral (e.g. cleaning needles prior to use or not sharing needles), and structural (e.g. eliminating stigma attached to HIV infection) interventions to achieve large-scale HIV prevention. In sum, since the discovery of HIV over three and a half decades ago, we have gained considerable knowledge that can and has improved our efforts to prevent (and treat) HIV. Now is the time to make this knowledge work to our advantage with a vision to end HIV transmissions.	NA	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Editorial	2017	Casabona, Jordi	HIV pre-exposure prophylaxis (PreP): The three should not prevent seing the forest; Profilaxis pre-exposición del VIH: que el árbol no impida ver el bosque	Atencion Primaria	-	-	-	1578-1275	10.1016/j.aprim.2017.03.005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876267	Desde el inicio de la pandemia del VIH en 1981 sus focos de interés han ido variando según el momento y el lugar, eso sí, sin acabar de encontrar la famosa «varita mágica» que consiga su eliminación. Actualmente el mal denominado «tratamiento como prevención» (TxP) (el impacto poblacional derivado de tratar al máximo número de personas que viven con el VIH [PVVIH] lo más pronto posible), y muy especialmente la «profilaxis pre-exposición» (PreP) (el uso de antirretrovirales [ARV] para evitar la adquisición del VIH en caso de exponerse al virus), son las dos intervenciones biomédicas que más atención acaparan entre los profesionales sanitarios, activistas y medios de comunicación.	NA	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Article	2017	Celum, Connie; Hong, Ting; Cent, Anne; Donnell, Deborah; Morrow, Rhoda; Baeten, Jared M; Firnhaber, Cynthia; Grinsztejn, Beatriz; Hosseinipour, Mina C; Lalloo, Umesh; Nyirenda, Mulinda; Riviere, Cynthia; Sanchez, Jorge; Santos, Breno; Supparatpinyo, Khuanchai; Hakim, James; Kumarasamy, N; Campbell, Thomas B	Herpes Simplex Virus Type 2 Acquisition Among HIV-1-Infected Adults Treated With Tenofovir Disoproxyl Fumarate as Part of Combination Antiretroviral Therapy: Results From the ACTG A5175 PEARLS Study	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jix029	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5406847	Objective: Tenofovir disoproxyl fumarate (TDF) disoproxyl fumarate (TDF) has in vitro activity against herpes simplex virus type 2 (HSV-2) and reduced HSV-2 acquisition as preexposure prophylaxis. Whether TDF-containing antiretroviral therapy (ART) reduces HSV-2 acquisition is unknown. Design: Secondary analysis of AIDS Clinical Trials Group A5175, a randomized, open-label study of 3 ART regimens among 1571 participants. Methods: HSV-2 serostatus was assessed at baseline, at study exit, and before a change in ART regimen. Results: Of 365 HSV-2-seronegative persons, 68 acquired HSV-2, with 24 receiving TDF-containing ART and 44 receiving ART without TDF (HSV-2 seroconversion incidence, 6.42 and 6.63 cases/100 person-years, respectively; hazard ratio, 0.89; 95% confidence interval, .55-1.44). Conclusions: HSV-2 acquisition was not reduced in HIV-infected, HSV-2-uninfected persons during TDF-containing ART.	HIV-1; HSV-2; prevention; tenofovir; antiretroviral therapy; Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Cerdeira C.R.; Blanco E. S.; Blanco B. S.; Gregorio M. C.	Sexually transmitted infections in the PReP Era. are family doctors ready to give advice?	Open Dermatology Journal	-	-	-	18743722	10.2174/1874372201711010035	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85043772712&doi=10.2174%2f1874372201711010035&partnerID=40&md5=1c9dd4ffe9bdabd91ded7de40c62d9ce	Background: Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) as a method of HIV prevention is not without controversy, and there has been concern that it may lead its users to think that they no longer need other preventive measures such as condoms. Thus, healthcare providers are convinced that PrEP decreases condom use and increases sexually transmitted infections (STIs). This treatment has been studied in men who have sex with men, and men and women in heterosexual HIV-discordant couples, and heterosexual men and women. Objective: The objective of this study was to review the current state of evidence on the association of PrEP with condom use, the incidence of STIs, and the change in sexual behaviours in populations with risky practices. Materials and Methods: PubMed (National Center for Biotechnology Information, Bethesda, MD, USA), Science Direct (Elsevier Ltd., Oxford, UK), and Google Scholar (Google Inc., Mountain View, CA, USA) search engines were used during the study. We used the terms HIV, PrEP, sexually transmitted infections (STIs), MSM, condom, heterosexual men / women to search the databases. Results: Here, we present evidence that daily oral treatment is safe and effective in these populations studied, especially when medication adherence is high. STI testing should include extra-genital testing regardless of PrEP use to prevent health deficits and onward transmission. Conclusion: Despite this safety and efficacy, we strongly advise that patients continue to use condoms as a prophylactic measure against other sexually transmitted diseases. This update addresses the benefits and precautions that must be taken when establishing PrEP treatment, focusing mainly on family doctorswho are best positioned to provide follow-up and advice to patients and their relatives. © 2017 Rodríguez Cerdeira et al.	Chlamydia; Family doctors; Gonorrhea; Pre-exposure prophylaxis (PrEP); Sexually transmitted infections; Syphilis; VIH; Vulvovaginitis	English	Netherlands	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2017	Chan, Chi N; Trinité, Benjamin; Levy, David N	Potent Inhibition of HIV-1 Replication in Resting CD4 T Cells by Resveratrol and Pterostilbene	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596	10.1128/AAC.00408-17	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5571302	HIV-1 infection of resting CD4 T cells plays a crucial and numerically dominant role during virus transmission at mucosal sites and during subsequent acute replication and T cell depletion. Resveratrol and pterostilbene are plant stilbenoids associated with several health-promoting benefits. Resveratrol has been shown to inhibit the replication of several viruses, including herpes simplex viruses 1 and 2, papillomaviruses, severe acute respiratory syndrome virus, and influenza virus. Alone, resveratrol does not inhibit HIV-1 infection of activated T cells, but it does synergize with nucleoside reverse transcriptase inhibitors in these cells to inhibit reverse transcription. Here, we demonstrate that resveratrol and pterostilbene completely block HIV-1 infection at a low micromolar dose in resting CD4 T cells, primarily at the reverse transcription step. The anti-HIV effect was fully reversed by exogenous deoxynucleosides and Vpx, an HIV-1 and simian immunodeficiency virus protein that increases deoxynucleoside triphosphate (dNTP) levels. These findings are consistent with the reported ability of resveratrol to inhibit ribonucleotide reductase and to lower dNTP levels in cells. This study supports the potential use of resveratrol, pterostilbene, or related compounds as adjuvants in anti-HIV preexposure prophylaxis (PrEP) formulations.	resting CD4 T cells, human immunodeficiency virus, pterostilbene, resveratrol, reverse transcription, stilbenoid, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Chard, Anna N; Metheny, Nicholas; Stephenson, Rob	Perceptions of HIV Seriousness, Risk, and Threat Among Online Samples of HIV-Negative Men Who Have Sex With Men in Seven Countries.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/publichealth.7546	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497068	BACKGROUND: Rates of new HIV infections continue to increase worldwide among men who have sex with men (MSM). Despite effective prevention strategies such as condoms and pre-exposure prophylaxis (PrEP), low usage of both methods in many parts of the world hinder prevention efforts. An individual's perceptions of the risk of acquiring HIV and the seriousness they afford to seroconversion are important drivers of behavioral risk-taking. Understanding the behavioral factors suppressing the uptake of HIV prevention services is a critical step in informing strategies to improve interventions to combat the ongoing HIV pandemic among MSM. OBJECTIVE: The study aimed to examine cross-national perceptions of HIV/AIDS seriousness, risk, and threat and the association between these perceptions and sociodemographic characteristics, relationships, and high-risk sexual behaviors among MSM. METHODS: Participants in Australia, Brazil, Canada, Thailand, South Africa, the United Kingdom, and the United States were recruited for a self-administered survey via Facebook (N=1908). Respondents were asked to rate their perceived seriousness from 1 (not at all serious) to 5 (very serious) of contracting HIV, their perceived risk from 1 (no risk) to 10 (very high risk) of contracting HIV based on their current behavior, and their perception of the threat of HIV-measured as their confidence in being able to stay HIV-negative throughout their lifetimes-on a scale from 1 (will not have HIV by the end of his lifetime) to 5 (will have HIV by the end of his lifetime). Covariates included sociodemographic factors, sexual behavior, HIV testing, drug use, and relationship status. Three ordered logistic regression models, one for each outcome variable, were fit for each country. RESULTS: Contracting HIV was perceived as serious (mean=4.1-4.6), but perceptions of HIV risk (mean=2.7-3.8) and threat of HIV (mean=1.7-2.2) were relatively low across countries. Older age was associated with significantly lower perceived seriousness of acquiring HIV in five countries (Australia: odds ratio, OR 0.97, 95% CI 0.94-0.99; Brazil: OR 0.95, 95% CI 0.91-0.98; Canada: OR 0.96, 95% CI 0.93-0.98; South Africa: OR 0.96, 95% CI 0.94-0.98; United Kingdom: OR 0.95, 95% CI 0.92-0.98). Being in a male-male sexual relationship was associated with significantly lower perceived risk of HIV in four countries (Australia: OR 0.47, 95% CI 0.30-0.75; Canada: OR: 0.54, 95% CI 0.35-0.86; United Kingdom: OR 0.38, 95% CI 0.24-0.60; United States: OR 0.5, 95% CI 0.31-0.82). Drug use in the previous year was associated with greater threat of contracting HIV in two countries (Canada: OR 1.81, 95% CI 1.13-2.91; United Kingdom: OR 1.7, 95% CI 1.06-2.74). CONCLUSIONS: Few measures of behavioral or sexual risk-taking were significantly associated with perceived HIV seriousness, risk, or threat across countries. Overall, low levels of reported risk were identified, and results illustrate important gaps in the understanding of risk among MSM across societies that could be addressed through culturally-tailored prevention messaging.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Charre C.; Ramiere C.; Roque-Afonso A.-M.; Chidiac C.; Zoulim F.; Godinot M.; Koffi J.; Scholtes C.; Livrozet J.-M.; Cotte L.; Miailhes P.; Ferry T.; Zoulim F.; Bailly F.; Radenne S.; Maynard-Muet M.; Lack P.; Vandevoorde K.; Ouziel G.; Levrero M.; Poinsot D.; O'Brien M.; Louf-Durier A.; Escuret V.; Schuffenecker I.; Trabaud M.A.; Achard C.; Makhloufi D.; Dumortier J.; Durel C.A.; Hot A.; Khennouf Y.	Hepatitis a outbreak in HIV-infected MSM and in PrEP-using MSM despite a high level of immunity, Lyon, France, January to June 2017	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2017.22.48.17-00742	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037335232&doi=10.2807%2f1560-7917.ES.2017.22.48.17-00742&partnerID=40&md5=c8a19e44a4ea130cee3de679459e7420	Since 2016, an increase in the number of hepatitis A cases affecting mainly men who have sex with men (MSM) has been reported in low endemic countries in Europe. We calculated the attack rate in Lyon, France, in populations considered at high-risk: HIV-infected MSM and HIV-negative MSM receiving HIV pre-exposure prophylaxis (PrEP). In these populations, high level of immunity did not prevent the outbreak, indicating that vaccination should be reinforced, particularly in younger individuals. © 2017, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	NA	English	Sweden	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2017	Chen, Iris; Zhang, Yinfeng; Cummings, Vanessa; Cloherty, Gavin A; Connor, Matthew; Beauchamp, Geetha; Griffith, Sam; Rose, Scott; Gallant, Joel; Scott, Hyman M; Shoptaw, Steven; Del Rio, Carlos; Kuo, Irene; Mannheimer, Sharon; Tieu, Hong-Van; Hurt, Christopher B; Fields, Sheldon D; Wheeler, Darrell P; Mayer, Kenneth H; Koblin, Beryl A; Eshleman, Susan H	Analysis of HIV Integrase Resistance in Black Men Who Have Sex with Men in the United States.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/aid.2017.0005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5512295	Resistance to reverse transcriptase and protease inhibitors was frequently detected in HIV from black men who have sex with men (MSM) enrolled in the HIV prevention trials network (HPTN) 061 study. In this study, integrase strand transfer inhibitor (INSTI) resistance was analyzed in black MSM enrolled in HPTN 061 (134 infected at enrollment and 23 seroconverters) and a follow-up study, HPTN 073 (eight seroconverters). The ViroSeq HIV-1 Integrase Genotyping Kit (Abbott Molecular) was used for analysis. Major INSTI resistance mutations were not detected in any of the samples. HIV from 14 (8.4%) of the 165 men, including 4 (12.9%) of 31 seroconverters, had accessory or polymorphic INSTI-associated mutations. The most frequently detected mutation was E157Q. These findings are promising because INSTI-based regimens are now recommended for first-line antiretroviral treatment and because long-acting cabotegravir is being evaluated for pre-exposure prophylaxis.	: HIV integrase, integrase inhibitor, drug resistance, men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Chen, Yea-Hung; McFarland, Willi; Raymond, Henry F; Scott, Hyman M; Vittinghoff, Eric; Porco, Travis C	Distribution of Behavioral Patterns Before Infection Among San Francisco Men Who Have Sex With Men Newly Infected With HIV in 2014.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001439	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5649625	BACKGROUND: Despite continued reductions in the number of HIV cases reported among San Francisco men who have sex with men (MSM) and the HIV-prevention potential offered by pharmaceutical tools such as pre-exposure prophylaxis (PrEP), there are uncertainties, particularly given reported decreases in consistent condom use. A key uncertainty is what groups of MSM should be targeted. This study estimates the distribution of behavioral patterns before infection among San Francisco MSM newly infected with HIV in 2014. METHODS: We used a novel modeling approach. The approach uses estimates from the National HIV Behavioral Surveillance System for MSM, the Medical Monitoring Project, 2 trials of PrEP, and a meta-analysis of per-act risks of HIV infection. RESULTS: The modeling study suggests that 76% of newly HIV-infected MSM in 2014 were individuals with no discernible strategy in the 6 months before infection: that is, they had condomless receptive anal intercourse with one or more partners not perceived to be HIV uninfected. An estimated 7% of newly infected MSM were serosorters before infection. CONCLUSIONS: Prevention efforts in San Francisco must reach HIV-uninfected MSM with no discernible behavioral strategy, a group that constitutes 8% of HIV-uninfected MSM in the city. Our study suggests that if all HIV-uninfected, San Francisco MSM with no discernible strategy had been on PrEP in 2014, there would have been 70% fewer HIV infections among San Francisco MSM. Uncertainty analysis suggests that PrEP's impact may be maximized by encouraging PrEP persistence and concomitant reductions in sexual risk behaviors.	HIV prevention, men who have sex with men (MSM), condom use, serosorting, seroadaptive behaviors, pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2017	Christianson, Adam	The Mutable Dynamics of HIV-Prevention: Insights from Ontarian MSM on Pre-Exposure Prophylaxis (PrEP)	-	-	Carleton University	-	-	NA	https://repository.library.carleton.ca/concern/etds/76537215t	Pre-exposure prophylaxis or "PrEP," is a cluster of methods that keep HIV-negative persons from contacting the virus. Effectively PrEP allows members of "high risk" communities a form of immunity against the virus. This thesis examines how PrEP is interpreted by men who have sex with men (MSM) PrEP users and non-users from south-east Ontario. Comparing the accounts of MSM users and interested non-users of PrEP, I examine barriers to implementation and how PrEP interacts with established methods of sexual hygiene and prophylactic preference. I examine how HIV-stigma is challenged by PrEP and challenges PrEP's viability as a technology. I discuss how a successful implementation of PrEP as a mainstay of HIV prevention technologies stands to significantly impact HIV stigma and allows for forms of intimacy not afforded by current HIV technologies or safer sex practices.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Coleman, Rosalind; Prins, Maria	Options for affordable pre-exposure prophylaxis (PrEP) in national HIV prevention programmes in Europe	Eurosurveillance	-	-	-	1025496X	10.1071/SH18147	https://www.proquest.com/scholarly-journals/options-affordable-pre-exposure-prophylaxis-prep/docview/1980993170/se-2?accountid=8113	Coleman and Prins offer options for affordable pre-exposure prophylaxis (PrEP) in national HIV prevention programmes in Europe. Such programmes can enable and motivate people with a high risk of HIV infection to come for testing, encourage those who test negative to consider PrEP, support their effective adherence and deliver collateral benefits such as increased screening and treatment of other sexually transmitted infections (STIs). All PrEP programmes need to address persistent barriers and doubts including the need for an estimate of the number of people eligible for PrEP, the price of the PrEP medication, the risk of drug resistance, a potential increase in STI diagnoses via risk compensation and increased testing, achieving effective adherence to PrEP and limited engagement with PrEP by certain members of key populations and certain healthcare providers.	Europe; Risk; Pre-exposure prophylaxis; Prevention; Disease prevention; Prep; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Health care expenditures; Medical diagnosis	English	Sweden	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2017	Collier, Kate L.; Colarossi, Lisa G.; Sanders, Kim	Raising Awareness of Pre-Exposure Prophylaxis (PrEP) among Women in New York City: Community and Provider Perspectives	Journal of Health Communication	-	-	-	10810730	10.1080/10810730.2016.1261969	https://www.proquest.com/scholarly-journals/raising-awareness-pre-exposure-prophylaxis-prep/docview/1873376531/se-2?accountid=8113	This study explored the knowledge, attitudes, and perceived facilitators and barriers to adoption of HIV pre-exposure prophylaxis (PrEP) among black women and Latinas in the Bronx, NY. Data were collected in focus group discussions (FGDs) held separately with staff (n = 21) and black and Latina female clients aged 18 to 50 (n = 23) of four organizations providing health and social services. Participants were also asked to give feedback about four action messages regarding PrEP for a social marketing campaign. Transcripts were analyzed by two researchers using grounded theory. We found that the majority of clients (74%) and staff (57%) had not heard about PrEP before participating in the FGDs. Following brief educational messaging about PrEP, participants identified potential facilitators and barriers to PrEP uptake among women, and expressed enthusiasm for more widespread efforts to raise awareness about PrEP as an HIV prevention option. Participants preferred an action message that was brief, referred to PrEP as a pill, and did not mention condoms or STD testing. These findings demonstrate the need to raise awareness about PrEP among women and build the capacity of women-serving organizations to educate, screen, and refer or provide PrEP services.	Pre-exposure prophylaxis; Antiretroviral drugs; Health education; Disease prevention; Grounded theory; Focus group; Human immunodeficiency virus--HIV; Medical Sciences; Medical screening; Preventive healthcare; Woman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Collins, Shane P.; McMahan, Vanessa M.; Stekler, Joanne D.	The Impact of HIV Pre-exposure Prophylaxis (PrEP) Use on the Sexual Health of Men Who Have Sex with Men: A Qualitative Study in Seattle, WA	International Journal of Sexual Health	-	-	-	19317611	10.1080/19317611.2016.1206051	https://www.proquest.com/scholarly-journals/impact-hiv-pre-exposure-prophylaxis-prep-use-on/docview/1870005577/se-2?accountid=8113	This study explores the impacts of HIV pre-exposure prophylaxis (PrEP) use on the sexual health of men who have sex with men (MSM). The authors conducted in-depth interviews with MSM who use PrEP (n = 14). Data was analyzed using interpretative phenomenological analysis. PrEP use reduced fear and shame associated with sex and facilitated greater sexual satisfaction and intimacy. Although participants generally viewed PrEP as empowering and beneficial, they also experienced PrEP-related stigma. The authors' analysis emphasizes the importance of understanding the reasons MSM use PrEP and highlights opportunities for reducing harm and fostering sexual health among MSM who are using or considering PrEP.	HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; MSM; Men who have sex with men; Sexual behavior; Disease prevention; Qualitative research; Sexual and reproductive health; men's sexual health; qualitative studies; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mens health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Copeland, Raniyah M; Wilson, Phill; Betancourt, Gabriela; Garcia, David; Penner, Murray; Abravanel, Rebecca; Wong, Eric Y; Parisi, Lori D	Disparities in HIV knowledge and attitudes toward biomedical interventions among the non-medical HIV workforce in the United States.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2017.1317323	https://dx.doi.org/10.1080/09540121.2017.1317323	Non-medical, community-based workers play a critical role in supporting people living with (or at risk of acquiring) HIV along the care continuum. The biomedical nature of promising advances in HIV prevention, such as pre-exposure prophylaxis and treatment-as-prevention, requires frontline workers to be knowledgeable about HIV science and treatment. This study was developed to: measure knowledge of HIV science and treatment within the HIV non-medical workforce, evaluate workers' familiarity with and attitudes toward recent biomedical interventions, and identify factors that may affect HIV knowledge and attitudes. A 62-question, web-based survey was completed in English or Spanish between 2012 and 2014 by 3663 US-based employees, contractors, and volunteers working in AIDS service organizations, state/local health departments, and other community-based organizations in a non-medical capacity. Survey items captured the following: respondent demographics, HIV science and treatment knowledge, and familiarity with and attitudes toward biomedical interventions. An average of 61% of HIV knowledge questions were answered correctly. Higher knowledge scores were associated with higher education levels, work at organizations that serve people living with HIV/AIDS or who are at a high risk of acquiring HIV, and longer tenure in the field. Lower knowledge scores were associated with non-Hispanic Black or Black race/ethnicity and taking the survey in Spanish. Similarly, subgroup analyses showed that respondents who were non-Hispanic Black or Hispanic (versus non-Hispanic white), as well as those located in the South (versus other regions) scored significantly lower. These subpopulations were less familiar with and had less positive attitudes toward newer biomedical prevention interventions. Respondents who took the survey in Spanish (versus English) had lower knowledge of, but generally less positive attitudes toward, biomedical interventions. In summary, low knowledge scores suggest the need for additional capacity-building efforts and training for non-medical HIV workers, particularly those who provide services in the communities most affected by HIV.	:VIH/SIDAenquetetrabalhadoresconhecimentointervenções biomédicasatitudes	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Corado, Katya C; Daar, Eric S	Emtricitabine + tenofovir alafenamide for the treatment of HIV.	Expert Opinion on Pharmacotherapy	-	-	-	1744-7666	10.1080/14656566.2017.1288720	https://dx.doi.org/10.1080/14656566.2017.1288720	INTRODUCTION: Tenofovir alafenamide is a new oral prodrug of tenofovir resulting in relatively low plasma levels and rapid uptake into peripheral blood mononuclear cells in its active form. The United States Food and Drug Administration has now approved this drug coformulated with elvitegravir/cobicistat/emtricitabine, rilpivirine/emtricitabine and emtricitabine. United States guidelines now list this formulation as one of the preferred components of a variety of antiretroviral regimens, and is included as an alternative in other international guidelines, with the notable exception of the World Health Organization, mostly due to limited availability. Areas covered: This review covers pre-clinical and clinical data searched through PubMedà up to August 2016. Expert opinion: Tenofovir alafenamide is effective as part of an antiretroviral regimen. There is also compelling data that it has less adverse effects on bone mineral density and possibly kidneys than tenofovir disoproxil fumarate. Although approved for use in those with estimated glomerular filtration rates as low as 30 mL/min, data is somewhat limited in this group. While there are few reasons to not use tenofovir alafenamide as a substitute for tenofovir disoproxil fumarate, the former should not be used with rifamycins, is not yet recommended in pregnancy and needs to be studied further before it can be considered as part of a pre-exposure prophylaxis regimen.	: Antiretroviral therapy; Integrase strand transfer inhibitor; Long-term; Renal safety; Bone safety	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Coulibaly, Fohona S.; Ezoulin, Miezan J. M.; Purohit, Sudhaunshu S.; Ayon, Navid J.; Oyler, Nathan A.; Youan, Bi-Botti C.	Layer-by-Layer Engineered Microbicide Drug Delivery System Targeting HIV-1 gp120: Physicochemical and Biological Properties.	Molecular Pharmaceutics	-	-	-	1543-8392 1543-8384	10.1021/acs.molpharmaceut.7b00555	https://pubmed.ncbi.nlm.nih.gov/28830144/	The purpose of this study was to engineer a model anti-HIV microbicide (tenofovir) drug delivery system targeting HIV-1 envelope glycoprotein gp120 (HIV-1 g120) for the prevention of HIV sexual transmission. HIV-1 g120 and mannose responsive particles (MRP) were prepared through the layer-by-layer coating of calcium carbonate (CaCO(3)) with concanavalin A (Con A) and glycogen. MRP average particle size ranged from 881.7 ± 15.45 nm to 1130 ± 15.72 nm, depending on the number of Con A layers. Tenofovir encapsulation efficiency in CaCO(3) was 74.4% with drug loading of 16.3% (w/w). MRP was non-cytotoxic to Lactobacillus crispatus, human vaginal keratinocytes (VK2), and murine macrophage RAW 264.7 cells and did not induce any significant proinflammatory nitric oxide release. Overall, compared to control, no statistically significant increase in proinflammatory cytokine IL-1α, IL-1β, IL-6, MKC, IL-7, and interferon γ-inducible protein 10 (IP10) levels was observed. Drug release profiles in the presence of methyl α-d-mannopyranoside and recombinant HIV-1 envelope glycoprotein gp120 followed Hixson-Crowell and Hopfenberg kinetic models, indicative of a surface-eroding system. The one Con A layer containing system was found to be the most sensitive (∼2-fold increase in drug release vs control SFS:VFS) at the lowest HIV gp120 concentration tested (25 μg/mL). Percent mucoadhesion, tested ex vivo on porcine vaginal tissue, ranged from 10% to 21%, depending on the number of Con A layers in the formulation. Collectively, these data suggested that the proposed HIV-1 g120 targeting, using MRP, potentially represent a safe and effective template for vaginal microbicide drug delivery, if future preclinical studies are conclusive.	Humans; Animals; Mice; Female; HIV-1/*drug effects/metabolism; Administration, Intravaginal; Anti-HIV Agents/*pharmacology; Swine; Drug Delivery Systems/*methods; Chemistry, Pharmaceutical/methods; HIV Infections/*prevention & control/virology; Drug Liberation; Tenofovir/pharmacology; microbicide; Nanoparticles/chemistry; Cross-Linking Reagents/chemistry; layer-by-layer; Lactobacillus crispatus/drug effects; Anti-Infective Agents, Local/*pharmacology; Biological Assay; Calcium Carbonate/chemistry; Chemical Engineering/*methods; Concanavalin A/chemistry; Glycogen/chemistry; HIV Envelope Protein gp120/*metabolism; HIV-1 gp120; HIV-1/AIDS; Keratinocytes; lectin; mannose; Methylmannosides/chemistry; RAW 264.7 Cells; Vagina/cytology/microbiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Coutinho, Catarina; Sarmento, Bruno; das Neves, José	Targeted microbicides for preventing sexual HIV transmission.	Journal of Controlled Release	-	-	-	1873-4995	10.1016/j.jconrel.2017.09.030	https://dx.doi.org/10.1016/j.jconrel.2017.09.030	Sexual transmission remains one of the most significant hurdles in the fight against HIV infection. The use of vaginal or rectal microbicides has been proposed for topical pre-exposure prophylaxis but available results from clinical trials of candidate products have been, at best, less than optimal. While waiting for the first product to get regulatory approval, novel approaches are being explored in order to enhance efficacy, as well as to assure safety. Strategies involving specific delivery of antiviral agents to key players involved in the early steps of sexual transmission have the potential to help achieving such purposes. Engineering systems that allow targeting cells, tissues or other biological structures of interest may provide a way to modulate local pharmacokinetics of promising microbicide molecules and, thus, maximize protection. This concise review discusses the identification and use of potential targets for such purpose, while detailing on several examples of targeted systems engineered as potential microbicide candidates. Furthermore, remaining challenges and hints for future work in the field of targeted microbicides are addressed.	Drug carriers; Drug delivery; Drug targeting; Nanomedicine; Pre-exposure prophylaxis.	English	Netherlands	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Review
Article	2017	Cremin I.; McKinnon L.; Kimani J.; Cherutich P.; Gakii G.; Muriuki F.; Kripke K.; Hecht R.; Kiragu M.; Smith J.; Hinsley W.; Gelmon L.; Hallett T.B.	PrEP for key populations in combination HIV prevention in Nairobi: a mathematical modelling study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(17)30021-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85013490497&doi=10.1016%2fS2352-3018%2817%2930021-8&partnerID=40&md5=456440306ad3794cbee6812e8344a682	Background The HIV epidemic in the population of Nairobi as a whole is in decline, but a concentrated sub-epidemic persists in key populations. We aimed to identify an optimal portfolio of interventions to reduce HIV incidence for a given budget and to identify the circumstances in which pre-exposure prophylaxis (PrEP) could be used in Nairobi, Kenya. Methods A mathematical model was developed to represent HIV transmission in specific key populations (female sex workers, male sex workers, and men who have sex with men MSM) and among the wider population of Nairobi. The scale-up of existing interventions (condom promotion, antiretroviral therapy, and male circumcision) for key populations and the wider population as have occurred in Nairobi is represented. The model includes a detailed representation of a PrEP intervention and is calibrated to prevalence and incidence estimates specific to key populations and the wider population. Findings In the context of a declining epidemic overall but with a large sub-epidemic in MSM and male sex workers, an optimal prevention portfolio for Nairobi should focus on condom promotion for male sex workers and MSM in particular, followed by improved antiretroviral therapy retention, earlier antiretroviral therapy, and male circumcision as the budget allows. PrEP for male sex workers could enter an optimal portfolio at similar levels of spending to when earlier antiretroviral therapy is included; however, PrEP for MSM and female sex workers would be included only at much higher budgets. If PrEP for male sex workers cost as much as US$500, average annual spending on the interventions modelled would need to be less than $3·27 million for PrEP for male sex workers to be excluded from an optimal portfolio. Estimated costs per infection averted when providing PrEP to all female sex workers regardless of their risk of infection, and to high-risk female sex workers only, are $65 160 (95% credible interval CrI $43 520–$90 250) and $10 920 (95% CrI $4700–$51 560), respectively. Interpretation PrEP could be a useful contribution to combination prevention, especially for under-served key populations in Nairobi. An ongoing demonstration project will provide important information regarding practical aspects of implementing PrEP for key populations in this setting. Funding The Bill & Melinda Gates Foundation. © 2017 Elsevier Ltd	acesso restrito	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2017	Cressey, Tim R; Siriprakaisil, Oraphan; Klinbuayaem, Virat; Quame-Amaglo, Justice; Kubiak, Rachel W; Sukrakanchana, Pra-Ornsuda; Than-In-At, Kanchana; Baeten, Jared; Sirirungsi, Wasna; Cressey, Ratchada; Drain, Paul K	A randomized clinical pharmacokinetic trial of Tenofovir in blood, plasma and urine in adults with perfect, moderate and low PrEP adherence: the TARGET study.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-017-2593-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513124	BACKGROUND: Tenofovir disoproxil fumarate (TDF) is key component of pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) for HIV, but existing tools to monitor drug adherence are often inaccurate. Detection of tenofovir (TFV) in accessible biological samples, such as fingerprick blood, urine or oral fluid samples could be a novel objective measure of recent TDF adherence. To measure TFV concentrations associated with different levels of TDF adherence, we designed a randomized clinical trial to assess the blood, urine and oral fluid concentrations of TFV in adults with perfect, moderate and low drug adherence. METHODS/DESIGN: A randomized, open-label, clinical pharmacokinetic study of tenofovir in healthy adult volunteers without HIV or Hepatitis B infection in Thailand. Consenting, eligible participants are randomized (1:1:1) among three groups to receive a controlled number of TDF (300 mg) doses in a combination pill with emtricitabine (FTC, 200 mg) for six weeks. Participants in Group 1 receive a single TDF/FTC tablet once daily (Perfect adherence); Group 2 receive a single TDF/FTC tablet 4 times/week (Moderate adherence); and Group 3 receive a single TDF/FTC tablet 2 times/week (Low adherence). Blood, plasma, urine and oral fluid samples are collected for drug measurement during three study phases: (i) initial 6-week treatment phase; (ii) intensive 24-h blood sampling phase after 6 weeks; (iii) 4-week washout phase. Thirty adults with evaluable pharmacokinetic samples (10 per group) will be enrolled based on ensuring 25% precision in pharmacokinetic parameter estimates. Pre-dose drug concentrations during the treatment phase will be descriptive and comparisons between groups performed using a Kruskal-Wallis test. A non-compartmental pharmacokinetic analysis will be performed on the intensive sampling data at Week 7 and the time course of TFV washout in the difference biological matrices will be reported based on the detected concentrations following drug cessation. DISCUSSION: The results of this randomized trial will define the target concentration thresholds of TFV in blood, urine and oral fluid that can distinguish between different levels of TDF adherence. Such adherence 'benchmarks' can be applied to real-time drug testing and novel point-of-care tests to identify individuals with poor PrEP or ART adherence. TRIAL REGISTRATION: ClinicalTrials.gov Identifier NCT03012607 .	Antiretroviral treatment; HIV; Pre-exposure prophylaxis; Tenofovir; Thailand.	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2017	Crosby, Richard A.	Dealing with pre-exposure prophylaxis-associated condom migration: changing the paradigm for men who have sex with men.	Sexual Health	-	-	-	1448-5028	10.1071/SH16128	https://pubmed.ncbi.nlm.nih.gov/27585107/	The behavioural aspects of pre-exposure prophylaxis (PrEP) are challenging, particularly the issue of condom migration. Three vital questions are: (1) at the population-level, will condom migration lead to increases in non-viral sexually transmissible infections?; (2) how can clinic-based counselling best promote the dual use of condoms and PrEP?; and (3) in future PrEP trials, what are the 'best practices' that should be used to avoid type 1 and type 2 errors that arise without accounting for condom use behaviours? This communication piece addresses each question and suggests the risk of a 'PrEP only' focus to widening health disparities.	*Homosexuality, Male; Humans; Male; Patient Compliance; HIV Infections/*prevention & control; Risk Reduction Behavior; Risk-Taking; Sexual Behavior; Sexual Partners; Health Knowledge, Attitudes, Practice; *Condoms; Sexually Transmitted Diseases, Viral/*prevention & control; *Pre-Exposure Prophylaxis; *Bisexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2017	Curlin, Marcel E; Gvetadze, Roman; Leelawiwat, Wanna; Martin, Michael; Rose, Charles; Niska, Richard W; Segolodi, Tebogo M; Choopanya, Kachit; Tongtoyai, Jaray; Holtz, Timothy H; Samandari, Taraz; McNicholl, Janet M	Analysis of False-Negative Human Immunodeficiency Virus Rapid Tests Performed on Oral Fluid in 3 International Clinical Research Studies.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/cix228	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6502462	BACKGROUND.: The OraQuick Advance Rapid HIV-1/2 Test is a point-of-care test capable of detecting human immunodeficiency virus (HIV)-specific antibodies in blood and oral fluid. To understand test performance and factors contributing to false-negative results in longitudinal studies, we examined results of participants enrolled in the Botswana TDF/FTC Oral HIV Prophylaxis Trial, the Bangkok Tenofovir Study, and the Bangkok MSM Cohort Study, 3 separate clinical studies of high-risk, HIV-negative persons conducted in Botswana and Thailand. METHODS.: In a retrospective observational analysis, we compared oral fluid OraQuick (OFOQ) results among participants becoming HIV infected to results obtained retrospectively using enzyme immunoassay and nucleic acid amplification tests on stored specimens. We categorized negative OFOQ results as true-negative or false-negative relative to nucleic acid amplification test and/or enzyme immunoassay, and determined the delay in OFOQ conversion relative to the estimated time of infection. We used log-binomial regression and generalized estimating equations to examine the association between false-negative results and participant, clinical, and testing-site factors. RESULTS.: Two-hundred thirty-three false-negative OFOQ results occurred in 80 of 287 seroconverting individuals. Estimated OFOQ conversion delay ranged from 14.5 to 547.5 (median, 98.5) days. Delayed OFOQ conversion was associated with clinical site and test operator (P < .05), preexposure prophylaxis (P = .01), low plasma viral load (P < .02), and time to kit expiration (P < .01). Participant age, sex, and HIV subtype were not associated with false-negative results. Long OFOQ conversion delay time was associated with antiretroviral exposure and low plasma viral load. CONCLUSIONS.: Failure of OFOQ to detect HIV-1 infection was frequent and multifactorial in origin. In longitudinal trials, negative oral fluid results should be confirmed via testing of blood samples.	HIV, serodiagnosis, oral fluid, immunosorbent techniques, point-of-care testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Cutrell A.; Donnell D.; Dunn D.T.; Glidden D.V.; Grobler A.; Hanscom B.; Stancil B.S.; Meyer R.D.; Wang R.; Cuffe R.L.	HIV prevention trial design in an era of effective pre-exposure prophylaxis	HIV Clinical Trials	-	-	-	15284336	10.1080/15284336.2017.1379676	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037979946&doi=10.1080%2f15284336.2017.1379676&partnerID=40&md5=51b6a5aa76975078bf871ba6fb916aff	Pre-exposure prophylaxis (PrEP) has demonstrated remarkable effectiveness protecting at-risk individuals from HIV-1 infection. Despite this record of effectiveness, concerns persist about the diminished protective effect observed in women compared with men and the influence of adherence and risk behaviors on effectiveness in targeted subpopulations. Furthermore, the high prophylactic efficacy of the first PrEP agent, tenofovir disoproxil fumarate/emtricitabine (TDF/FTC), presents challenges for demonstrating the efficacy of new candidates. Trials of new agents would typically require use of non-inferiority (NI) designs in which acceptable efficacy for an experimental agent is determined using pre-defined margins based on the efficacy of the proven active comparator (i.e. TDF/FTC) in placebo-controlled trials. Setting NI margins is a critical step in designing registrational studies. Under- or over-estimation of the margin can call into question the utility of the study in the registration package. The dependence on previous placebo-controlled trials introduces the same issues as external/historical controls. These issues will need to be addressed using trial design features such as re-estimated NI margins, enrichment strategies, run-in periods, crossover between study arms, and adaptive re-estimation of sample sizes. These measures and other innovations can help to ensure that new PrEP agents are made available to the public using stringent standards of evidence. © 2017 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV-1; non-inferiority trials; pre-exposure prophylaxis; PrEP; TDF/FTC; tenofovir disoproxil fumarate/emtricitabine; trial design	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Davey, Dvora Joseph; Wall, Kristin M; Kilembe, William; Naw, Htee Khu; Brill, Ilene; Vwalika, Bellington; Chomba, Elwyn; Mulenga, Joseph; Tichacek, Amanda; Javanbakt, Marjan; Gorbach, Pamina M; Allen, Susan A	HIV Incidence and Predictors of HIV Acquisition From an Outside Partner in Serodiscordant Couples in Lusaka, Zambia.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001494	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5597474	OBJECTIVE: Evaluate the incidence and predictors of HIV acquisition from outside partners in serodiscordant couples. METHODS: Demographic, behavioral, and clinical exposures were measured quarterly in a cohort of serodiscordant cohabiting couples in Zambia from 1995 to 2012 (n = 3049). Genetic analysis classified incident infections as those acquired from the study partner (linked) or acquired from an outside partner (unlinked). Factors associated with time to unlinked HIV infection were evaluated using multivariable Cox proportional hazards regression stratified by sex. RESULTS: There were 100 unlinked infections in couples followed for a median of 806 days. Forty-five infections occurred in women 1.85/100 couple-years; 95% confidence interval (CI): 1.35 to 2.47. Risk of female unlinked infection (vs. nonseroconverting females) was associated with reporting being drunk weekly/daily vs. moderate/nondrinkers at baseline adjusted hazard ratio (aHR) = 5.44; 95% CI: 1.03 to 28.73, genital ulcers (aHR = 6.09; 95% CI: 2.72 to 13.64), or genital inflammation (aHR = 11.92; 95% CI: 5.60 to 25.37) during follow-up adjusting for age, years cohabiting, income, contraceptive use, previous pregnancies, history of sexually transmitted infections, and condomless sex with study partner. Fifty-five infections occurred in men (1.82/100 couple-years; 95% CI: 1.37 to 2.37). Risk of male unlinked infection was associated with genital inflammation (aHR = 8.52; 95% CI: 3.82 to 19.03) or genital ulceration (aHR = 2.31; 95% CI: 2.05 to 8.89), reporting ≥1 outside sexual partner (aHR = 3.86; 95% CI: 0.98 to 15.17) during follow-up, and reporting being drunk weekly/daily vs. moderate/nondrinkers at baseline (aHR = 3.84; 95% CI: 1.28 to 11.55), controlling for age, income, circumcision status, and history of sexually transmitted infection. CONCLUSIONS: Predictors of unlinked infection in serodiscordant relationships were alcohol use, genital inflammation, and ulceration. Causes of genital inflammation and ulceration should be screened for and treated in HIV-negative individuals. Counseling on risk of alcohol use and sex with outside partners should be discussed with couples where 1 or both are HIV-negative, including in counseling on use of pre-exposure prophylaxis to prevent HIV acquisition in the HIV-negative partner (when feasible and affordable).	serodiscordant, unlinked infection, couples, Zambia, HIV transmission, HIV acquisition	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	de Baetselier I.; Reyniers T.; Nöstlinger C.; Wouters K.; Fransen K.; Crucitti T.; Kenyon C.; Buyze J.; Schurmans C.; Laga M.; Vuylsteke B.	Pre-exposure prophylaxis (PrEP) as an additional tool for HIV prevention among men who have sex with men in Belgium: The be-prep-ared study protocol	JMIR Research Protocols	-	-	-	19290748	10.2196/resprot.6767	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030761141&doi=10.2196%2fresprot.6767&partnerID=40&md5=bc7288951141495e1594bf65ab0b6f9b	Background: Pre-exposure prophylaxis (PrEP) is a promising and effective tool to prevent HIV. With the approval of Truvada as daily PrEP by the European Commission in August 2016, individual European Member states prepare themselves for PrEP implementation following the examples of France and Norway. However, context-specific data to guide optimal implementation is currently lacking. Objective: With this demonstration project we evaluate whether daily and event-driven PrEP, provided within a comprehensive prevention package, is a feasible and acceptable additional prevention tool for men who have sex with men (MSM) at high risk of acquiring HIV in Belgium. The study's primary objective is to document the uptake, acceptability, and adherence to both daily and event-driven PrEP, while several secondary objectives have been formulated including impact of PrEP use on sexual behavior. Methods: The Be-PrEP-ared study is a phase 3, single-site, open-label prospective cohort study with a large social science component embedded in the trial. A total of 200 participants choose between daily or event-driven PrEP use and may switch, discontinue, or restart their regimen at the 3-monthly visits for a duration of 18 months. Data are collected on several platforms: an electronic case report form, a Web-based tool where participants register their sexual behavior and pill use, a more detailed electronic self-administered questionnaire completed during study visits on a tablet computer, and in-depth interviews among a selected sample of participants. To answer the primary objective, the recruitment rate, (un)safe sex behavior during the last 6 months, percentage of reported intention to use PrEP in the future, retention rates in different regimens, and attitudes towards PrEP use will be analyzed. Adherence will be monitored using self-reported adherence, pill count, tenofovir drug levels in blood samples, and the perceived skills to adhere. Results: All participants are currently enrolled, and the last study visit is planned to take place around Q3 2018. Conclusions: As PrEP is not yet available in Belgium for use, this study will provide insights into how to optimally implement PrEP within the current health care provision and will shape national and European guidelines with regard to the place of PrEP in HIV prevention strategies. © Irith De Baetselier, Thijs Reyniers, Christiana Nöstlinger, Kristien Wouters, Katrien Fransen, Tania Crucitti, Chris Kenyon, Jozefien Buyze, Céline Schurmans, Marie Laga, Bea Vuylsteke, Be-PrEP-Ared Study Group. Originally published in JMIR Research Protocols (http://www.researchprotocols.org), 30.01.2017. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Research Protocols, is properly cited. The complete bibliographic information, a link to the original publication on http://www.researchprotocols.org, as well as this copyright and license information must be included.	Acceptability; Adherence; Belgium; Daily; Demonstration project; Event-driven; HIV prevention; MSM; Pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Mixed methods
Article	2017	Deeks E.D.; Lyseng-Williamson K.; Plosker G.L.	Emtricitabine/tenofovir disoproxil fumarate in HIV-1 pre-exposure prophylaxis: a guide to its once-daily use in the EU	Drugs and Therapy Perspectives	-	-	-	11720360	10.1007/s40267-016-0363-9	https://link.springer.com/article/10.1007/s40267-016-0363-9	The fixed-dose combination of emtricitabine/tenofovir disoproxil fumarate (tenofovir DF) Truvada® is approved in the EU for pre-exposure prophylaxis, in conjunction with safer sex practices, to reduce the risk of sexually-acquired HIV-1 infection in adults at high risk. Once-daily administration of emtricitabine/tenofovir DF was effective in preventing HIV-1 infection in clinical trials in high-risk populations, including men who have sex with men, heterosexual HIV-1-serodiscordant couples, and heterosexual men and women. As adherence to the regimen correlates with the risk of HIV-1 infection, it is important that patient adhere to pre-exposure prophylaxis. Pre-exposure prophylaxis with the combination was generally well tolerated. © 2016, Springer International Publishing Switzerland.	NA	English	United Kingdom	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Clinical
Article	2017	Delaugerre C.; Antoni G.; Mahjoub N.; Pialoux G.; Cua E.; Pasquet A.; Hall N.; Tremblay C.; Cotte L.; Capitant C.; Chaix M.-L.; Meyer L.; Molina J.-M.	Assessment of HIV screening tests for use in preexposure prophylaxis programs	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jix297	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029223683&doi=10.1093%2finfdis%2fjix297&partnerID=40&md5=5fd7b17f2b5780cd9cd1ada3f42a72d2	Preexposure prophylaxis programs involve frequent human immunodeficiency virus (HIV) testing. We evaluated the sensitivity of 2 antigen/antibody immunoassays (Architect and Bioplex), 2 antibody-based rapid tests (Vikia-HIV-1/2 and Autotest-VIH), and 1 antigen/antibody rapid test (Alere HIV Combo) for the diagnosis of HIV infection. Among the 31 HIV-1-infected participants in the ANRS-IPERGAY trial, HIV-1 RNA was detected alone in only 2. The sensitivities of the Architect and Bioplex assays were 83% (95% confidence interval CI, 76%-99%) and 82% (95% CI, 63%-94%), respectively. The sensitivities of the Vikia, Autotest, and Alere tests were 54% (95% CI, 34%-72%), 50% (95% CI, 31%-69%), and 78% (95% CI, 58%-91%), respectively. Antigen/antibody tests should be preferred to avoid missing cases of acute HIV infection and to decrease the related risks of viral transmission and emergence of drug resistance. © The Author 2017. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	Acute infection; Antigen/antibody test; HIV diagnosis; HIV-1; HIV-1 RNA; PrEP; Rapid test; Recent infection	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2017	Desai, Monica; Field, Nigel; Grant, Robert; McCormack, Sheena	Recent advances in pre-exposure prophylaxis for HIV	BMJ: British Medical Journal	-	-	-	na	10.1136/bmj.j5011	https://www.proquest.com/scholarly-journals/recent-advances-pre-exposure-prophylaxis-hiv/docview/1975474697/se-2?accountid=8113	Abstract Although pre-exposure prophylaxis (PrEP)-the use of antiretroviral drugs by non-infected people to prevent the acquisition of HIV-is a promising preventive option, important public health questions remain. Daily oral emtricitabine (FTC)-tenofovir disoproxil fumarate (TDF) is highly efficacious in preventing the acquisition of HIV in people at risk as a result of a range of different types of sexual exposure. There is good evidence of efficacy in women and men, and when men who have sex with men use event based dosing. Studies have been conducted in several countries and epidemics. Because adherence to this treatment varies greatly there are questions about its public health benefit. Oral FTC-TDF is extremely safe, with minimal impact on kidney, bone, or pregnancy outcomes, and there is no evidence that its effectiveness has been reduced by risk compensation during open label and programmatic follow-up. It is too early to assess the impact of this treatment on the incidence of sexually transmitted infections (STIs) at a population level. Many challenges remain. Access to pre-exposure prophylaxis is limited and disparities exist, including those governed by race and sex. Different pricing and access models need to be explored to avoid further widening inequalities. The optimal combination prevention program needs to be defined, and this will depend on local epidemiology, service provision, and cost effectiveness. This review updates the evidence base for pre-exposure prophylaxis regarding its effectiveness, safety, and risk compensation.	Tenofovir; Emtricitabine; Pregnancy; Pre-exposure prophylaxis; Antiretroviral drugs; Tenofovir disoproxil fumarate; Sexually transmitted infection; Infections; Sexual behavior; Disease prevention; Public health; Prophylaxis; Tenofovir disoproxil; Clinical trials; Antiretroviral agents; Human immunodeficiency virus--HIV; Womens health; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical Sciences; Preventive healthcare; Drug stores; Kidneys	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2017	Desrosiers, Aimee; Zumer, Maria; Levy, Matt; Dright, Aurnell; Jallah, Nikardi; Kuo, Irene; Magnus, Manya; Siegel, Marc	Client-Centered Counseling-Based Resource Center Increased Uptake of HIV Pre-Exposure Prophylaxis (PrEP) in a Randomized Controlled Trial of Young Black Men who have Sex with Men	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx163.1116	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5631387/	Abstract Background New US HIV infections are increasingly concentrated among young Black men who have sex with men (BMSM). Although oral PrEP is recommended by the CDC and WHO, uptake has been low among young BMSM. We evaluated the effect of a resource center offering a client-centered counseling approach to address the psychosocial, health care, and HIV prevention needs of young BMSM on the uptake of PrEP Methods BMSM aged 16–25 were randomized on a 1:1 basis to (1) standard of care PrEP referral or (2) standard of care PrEP referral + counseling-based PrEP resource center at enrollment with ongoing phone- and texting-based support. Subjects were asked to follow up at 3 months. We evaluated the number of subjects who were started on PrEP in the community and the number of new sexually transmitted infections (STIs) over the course of the study Results 50 HIV- BMSM were enrolled. Median age was 22 years. 43 subjects had seen a doctor in the last 12 months but only 13 had discussed PrEP and only 1 subject had taken PrEP before. 80% of subjects reported unprotected anal sex in the 3 months prior to enrollment, 31% with a man who was HIV-positive or of unknown HIV status. 42 subjects completed the study, 22 in the intervention and 20 in the control arm. 21 subjects saw a medical profession over the study period, of whom 14 discussed PrEp. 6 subjects, all of whom were in the intervention arm, started PrEP and 4 were still taking PrEP at the end of the study (P = 0.012). At baseline 1 subject was diagnosed with syphilis, 4 with gonorrhea and 10 with Chlamydia. At the 3-month visit, 1 subject was diagnosed with syphilis, 5 with gonorrhea, and 5 with Chlamydia. 2 subjects, 1 in the intervention and 1 in the control arm, tested positive for HIV at the 3-month mark. Neither subject was taking PrEP. There was no difference in the incidence of new STIs between the 2 groups. Fewer subjects reported unprotected anal intercourse both over the study period compared with prior to the study (64% vs. 80%), as well as with men who were HIV-positive or of unknown HIV status (31% vs. 19%) Conclusion The large number of STIs over the study period (34 STIs in 21 subjects) highlights that this population is at high risk for HIV acquisition and would greatly benefit from PrEP. Our study shows that a resource center is an effective intervention to increase the uptake of PrEP in this patient population Disclosures All authors: No reported disclosures.	Medicine; Men who have sex with men; Pre-exposure prophylaxis; Family medicine; Human immunodeficiency virus (HIV); Standard of care; Abstracts; Gerontology; Syphilis; Anal sex; Randomized controlled trial; Resource center	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2017	Di Biagio A.; Riccardi N.; Signori A.; Maserati R.; Nozza S.; Gori A.; Bonora S.; Borderi M.; Ripamonti D.; Rossi M.C.; Orofino G.; Quirino T.; Nunnari G.; Celesia B.M.; Martini S.; Sagnelli C.; Mazzola G.; Colletti P.; Bartolozzi D.; Bini T.; Ladisa N.; Castelnuovo F.; Saracino A.; Lo Caputo S.	PrEP in Italy: The time may be ripe but who's paying the bill? A nationwide survey on physicians' attitudes towards using antiretrovirals to prevent HIV infection	PLOS One	-	-	-	19326203	10.1371/journal.pone.0181433	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026238824&doi=10.1371%2fjournal.pone.0181433&partnerID=40&md5=657786fefc7636f44fefbcdd595d0db6	Several studies have demonstrated the efficacy of the oral pre-exposure prophylaxis (PrEP) with tenofovir (with or without emtricitabine) on preventing HIV-negative partners of HIV infected patients to become infected through sexual contacts. PrEP is already available in the United States and now is approved by European Medicine Agency. In this setting we would like to gauge physicians' knowledge, acquaintance with and attitude to include PrEP in their clinical practice. A cross sectional survey was conducted among Italian physicians expert on antiretroviral therapy. Out of 146 physicians, 35% of participants declared to be familiar with PrEP but only 46% of them believed that, currently, there are not enough reasons to make it available in Italy. 51% of physicians have already been attracted to prescribe it and 63.4% have been openly asked about PrEP. The main concerns noticed were: the risk of acquire other sexual transmitted diseases (STDs) (70% of physicians feared that PrEP could favor STDs spread), the potential harmful of PrEP if not adequately implemented and, especially the risk of possible side effects if not properly used. Nevertheless, 55.9% of participants believed that Health Authorities face an ethical obligation to make PrEP available as part of the strategies to protect from HIV transmission and half of the respondents asked for further researches to better define the role for PrEP. Attitudes regarding PrEP impact on Italian National Health Organization were also very interesting: 57.5% of participants did not believe that investing in PrEP would be an appropriate use of healthcare resources, while 70.6% affirmed that PrEP's financial coverage should not be funded by the Italian National System of Health (SSN). This survey showed a high awareness of PrEP potential among Italian physicians coupled with a great deal of skepticism about how and if implementing it in clinical practice. © 2017 Di Biagio et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2017	Distefano A.S.; Takeda M.	HIV Pre-Exposure Prophylaxis and Postexposure Prophylaxis in Japan: Context of Use and Directions for Future Research and Action	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2016.0160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85012216642&doi=10.1089%2fapc.2016.0160&partnerID=40&md5=156e225c76fe8e6dded32a2ccfb611c7	Biomedical HIV prevention strategies are playing an increasingly prominent role in addressing HIV epidemics globally, but little is known about their use in Japan, where persistent HIV disparities and a recently stable, but not declining, national epidemic indicate the need for evolving approaches. We conducted an ethnographic study to determine the context of pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) use and to identify directions for future research and action in Japan. We used data from observational fieldwork in the Kansai region and Tokyo Metropolitan Area (n = 178 persons observed), qualitative interviews (n = 32), documents and web-based data sources (n = 321), and email correspondences (n = 9) in the period 2013-2016. Drug approvals by Japan's regulatory agencies, insurance coverage for medications, and policies by healthcare institutions and government agencies were the main factors affecting PrEP and PEP legality, use, and awareness. Awareness and the observable presence of PrEP and PEP were very limited, particularly at the community level. PrEP and PEP held appeal for Japanese scientists and activists, and for study participants who represented various other stakeholder groups; however, significant concerns prevented open endorsements. Japanese health officials should prioritize a national discussion, weigh empirical evidence, and strongly consider formal approval of antiretroviral (ARV) medications for use in PrEP and both occupational and nonoccupational PEP. Once approved, social marketing campaigns can be used to advertise widely and increase awareness. Future research would benefit from theoretical grounding in a diffusion of innovations framework. These findings can inform current and future ARV-based prevention strategies at a critical time in the international conversation. © Copyright 2017, Mary Ann Liebert, Inc. 2017.	biomedical prevention; ethnographic; HIV; Japan; PEP; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Doblecki-Lewis, Susanne; Liu, Albert; Feaster, Daniel; Cohen, Stephanie E; Cardenas, Gabriel; Bacon, Oliver; Andrew, Erin; Kolber, Michael A	Healthcare Access and PrEP Continuation in San Francisco and Miami After the US PrEP Demo Project.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001236	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5340616	BACKGROUND: Pre-exposure prophylaxis (PrEP) for prevention of HIV infection has demonstrated efficacy in randomized controlled trials and in demonstration projects. For PrEP implementation to result in significant reductions in HIV incidence for men who have sex with men in the United States, sufficient access to PrEP care and continued engagement outside of demonstration projects is required. METHODS: We report the results of a follow-up survey of 173 former participants from the Miami and San Francisco sites of the US PrEP Demo Project, administered 4-6 months after study completion. RESULTS: Survey respondents continued to frequently access medical care and had a high incidence of sexually transmitted infections after completion of the Demo Project, indicating ongoing sexual risk behavior. Interest in continuing PrEP was high with 70.8% indicating that they were "very interested" in continuing PrEP. Among respondents, 39.9% reported continuation of PrEP after completion of the Demo Project, largely through their primary care providers and frequently at low or no cost. Variability in access and engagement was seen, with participants from the San Francisco site, those with medical insurance, and those with a primary care provider at the end of the Demo Project more likely to successfully obtain PrEP medication. Two respondents reported HIV seroconversion in the period between study completion and the follow-up survey. CONCLUSIONS: Additional effort to increase equitable access to PrEP outside of demonstration projects is needed to realize the potential impact of this evidence-based prevention intervention.	1 a 18	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Donnell, D; Ramos, E; Celum, C; Baeten, J; Dragavon, J; Tappero, J; Lingappa, JR; Ronald, A; Fife, K; Coombs, RW	The effect of oral preexposure prophylaxis on the progression of HIV-1 seroconversion	AIDS	-	-	-	na	10.1097/QAD.0000000000001577	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01395874/full	Objective: To investigate whether oral preexposure prophylaxis (PrEP) alters timing and patterns of seroconversion when PrEP use continues after HIV-1 infection. Design: Retrospective testing of the timing of Fiebig stage HIV-1 seroconversion in the Partners PrEP Study, a randomized placebo-controlled clinical trial of PrEP conducted in Kenya and Uganda. Methods: Specimens from 138 seroconverters were collected every 3 months and when HIV-1 infection was suspected based on monthly rapid HIV-1 tests. Progression of seroconversion was compared between randomized groups (PrEP versus placebo) and per-protocol groups (placebo versus PrEP participants with detectable tenofovir during the seroconversion period) using laboratory assessment of Fiebig stage. Delay in site-detection of seroconversion and association with PrEP drug-regimen resistant virus were assessed using logistic regression. Analysis of time to each Fiebig stage used maximum likelihood estimation with a parametric model to accommodate the varying lengths of HIV-infection intervals. Results: There was a significant increase in delayed site detection of infection associated with PrEP (odds ratio==3.49, P==0.044). Delay in detection was not associated with increased risk of resistance in the PrEP arm (odds ratio==0.93, P==0.95). Estimated time to each Fiebig stage was elongated in seroconverters with evidence of ongoing PrEP use, significantly for only Stage 5 (28 versus 17 days, P==0.05). Adjusted for Fiebig stage, viral RNA was ~2/3 log lower in those assigned to PrEP compared with placebo; no differences were found in Architect signal to cut-off at any stage. Conclusion: Ongoing PrEP use in seroconverters may delay detection of infection and elongate seroconversion, although the delay does not increase risk of resistance.	*Human immunodeficiency virus 1 infection; *Seroconversion; *pre-exposure prophylaxis; *seroconversion; Administration, Oral; Adult; Anti-HIV Agents *administration & dosage; Architect; Clinical trial; Controlled clinical trial; Controlled study; Disease model; Double-Blind Method; Drug resistance; Drug therapy; Female; HIV Infections *prevention & control; HIV test; HIV-1 *immunology; Human; Human tissue; Humans; Kenya; Logistic regression analysis; Longitudinal Studies; Male; Maximum likelihood method; Placebo; Placebos administration & dosage; Pre-Exposure Prophylaxis *methods; Randomized controlled trial; Retrospective Studies; Statistical model; Tenofovir; Time Factors; Uganda; Virus RNA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Donnell, Deborah; Ramos, Eric; Celum, Connie; Baeten, Jared; Dragavon, Joan; Tappero, Jordan; Lingappa, Jairam R; Ronald, Allan; Fife, Kenneth; Coombs, Robert W	The effect of oral preexposure prophylaxis on the progression of HIV-1 seroconversion.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001577	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5578893	OBJECTIVE: To investigate whether oral preexposure prophylaxis (PrEP) alters timing and patterns of seroconversion when PrEP use continues after HIV-1 infection. DESIGN: Retrospective testing of the timing of Fiebig stage HIV-1 seroconversion in the Partners PrEP Study, a randomized placebo-controlled clinical trial of PrEP conducted in Kenya and Uganda. METHODS: Specimens from 138 seroconverters were collected every 3 months and when HIV-1 infection was suspected based on monthly rapid HIV-1 tests. Progression of seroconversion was compared between randomized groups (PrEP versus placebo) and per-protocol groups (placebo versus PrEP participants with detectable tenofovir during the seroconversion period) using laboratory assessment of Fiebig stage. Delay in site-detection of seroconversion and association with PrEP drug-regimen resistant virus were assessed using logistic regression. Analysis of time to each Fiebig stage used maximum likelihood estimation with a parametric model to accommodate the varying lengths of HIV-infection intervals. RESULTS: There was a significant increase in delayed site detection of infection associated with PrEP (odds ratioâ=â3.49, Pâ=â0.044). Delay in detection was not associated with increased risk of resistance in the PrEP arm (odds ratioâ=â0.93, Pâ=â0.95). Estimated time to each Fiebig stage was elongated in seroconverters with evidence of ongoing PrEP use, significantly for only Stage 5 (28 versus 17 days, Pâ=â0.05). Adjusted for Fiebig stage, viral RNA was â¼2/3 log lower in those assigned to PrEP compared with placebo; no differences were found in Architect signal to cut-off at any stage. CONCLUSION: Ongoing PrEP use in seroconverters may delay detection of infection and elongate seroconversion, although the delay does not increase risk of resistance.	early HIV-1 seroconversion, Fiebig stages, HIV-1 RNA, HIV-1 testing, preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Draper, Bridget L; Fowkes, Freya J I; Oo, Zaw Min; Thein, Zaw Win; Aung, Poe Poe; Veronese, Vanessa; Ryan, Claire; Thant, Myo; Hughes, Chad; Stoové, Mark	Willingness to use HIV pre-exposure prophylaxis among gay men, other men who have sex with men and transgender women in Myanmar.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.20.1.21885	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577714	INTRODUCTION: HIV pre-exposure prophylaxis (PrEP) has emerged as a key component of contemporary HIV combination prevention strategies. To explore the local suitability of PrEP, country-specific acceptability studies are needed to inform potential PrEP implementation. In the context of Myanmar, in addition to resource constraints, HIV service access by gay men, other men who have sex with men, and transgender women (GMT) continues to be constrained by legislative and community stigma and marginalization. We aimed to determine PrEP acceptability among GMT in Myanmar and explore the factors associated with willingness to use PrEP. METHODS: GMT were recruited in Yangon and Mandalay through local HIV prevention outreach programmes in November and December 2014. Quantitative surveys were administered by trained peer educators and collected data on demographics, sexual risk, testing history and PrEP acceptability. A modified six-item PrEP acceptability scale classified self-reported HIV undiagnosed GMT as willing to use PrEP. Multivariable logistic regression identified factors associated with willingness to use PrEP. RESULTS: Among 434 HIV undiagnosed GMT, PrEP awareness was low (5%). PrEP acceptability was high, with 270 (62%) GMT classified as willing to use PrEP. GMT recruited in Mandalay (adjusted odds ratio (aOR) = 1.79; 95%CI = 1.05-3.03), who perceived themselves as likely to become HIV positive (aOR = 1.82; 95%CI = 1.10-3.02), who had more than one recent regular partner (aOR = 2.94; 95%CI = 1.41-6.14), no regular partners (aOR = 2.05; 95%CI = 1.10-3.67), more than five casual partners (aOR = 2.05; 95%CI = 1.06-3.99) or no casual partners (aOR = 2.25; 95%CI = 1.23-4.11) were more likely to be willing to use PrEP. The association between never or only occasionally using condoms with casual partners and willingness to use PrEP was marginally significant (aOR = 2.02; 95%CI = 1.00-4.10). GMT who reported concern about side effects and long-term use of PrEP were less likely (aOR = 0.35; 95%CI = 0.21-0.59) to be willing to use PrEP. CONCLUSIONS: This is the first study to assess PrEP acceptability in Myanmar. Findings suggest PrEP is an acceptable prevention option among GMT in Myanmar, providing they are not required to pay for it. Implementation/demonstration projects are needed to explore the feasibility and cost-effectiveness of PrEP as a prevention option for GMT in Myanmar.	HIV, adherence, antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), point-of-care test, tenofovir	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2017	Eakle R.; Bourne A.; Jarrett C.; Stadler J.; Larson H.	Motivations and barriers to uptake and use of female-initiated, biomedical HIV prevention products in sub-Saharan Africa: An adapted meta-ethnography	BMC Public Health	-	-	-	14712458	10.1186/s12889-017-4959-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038447678&doi=10.1186%2fs12889-017-4959-3&partnerID=40&md5=85f639f72628f2bbe23b6f724eaf4b4a	Background: Women bear a disproportionate burden of HIV throughout the world prompting extensive research into HIV prevention products for women which has met with varied success. With an aim of informing future policy and programming, this review examines the barriers and motivations to the uptake and use of female initiated products in sub-Saharan countries. Methods: We conducted a systematic review as an adapted meta-ethnography of qualitative data focused on actual use of products. After deduplication, 10,581 and 3861 papers in the first and second round respectively were screened. Following the PRISMA guidance, 22 papers were selected and synthesized using Malpass's definitions of first, second, and third order constructs. First order constructs, consisting of participant data published in the selected papers, were extracted and categorised by second and third order constructs for analysis. A weight of evidence review was conducted to compare and assess quality across the papers. Results: The 22 papers selected span 11 studies in 13 countries. We derived 23 s order constructs that were translated into seven overarching third order constructs: Sexual Satisfaction, Trust, Empowerment and Control, Personal Well-being, Product use in the social-cultural environment, Practical Considerations, Risk Reduction, and Perceptions of Efficacy. Relationships and trust were seen to be as or more important for product use as efficacy. These constructs reveal an inherent inter-relationality where decision making around HIV prevention uptake and use cannot be binary or mono-faceted, but rather conducted on multiple levels. We developed a framework illustrating the central and proximal natures of constructs as they relate to the decision-making process surrounding the use of prevention products. Conclusions: Health systems, structural, and individual level HIV prevention interventions for women should adopt a holistic approach. Interventions should attend to the ways in which HIV prevention products can serve to reduce the likelihood of HIV transmission, as well as help to protect partnerships, enhance sexual pleasure, and take into account woman's roles in the social environment. Stigma, as well as sexuality, is likely to continue to influence product uptake and use and should be prominently taken into account in large-scale interventions. Trial registration: Not applicable. © 2017 The Author(s).	Biomedical prevention products; HIV prevention; Pre-exposure prophylaxis (PrEP); Qualitative research; Women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2017	Eakle R.; Gomez G.B.; Naicker N.; Bothma R.; Mbogua J.; Cabrera Escobar M.A.; Saayman E.; Moorhouse M.; Venter W.D.F.; Rees H.	HIV pre-exposure prophylaxis and early antiretroviral treatment among female sex workers in South Africa: Results from a prospective observational demonstration project	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1002444	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85036560031&doi=10.1371%2fjournal.pmed.1002444&partnerID=40&md5=dde05212212245bef082271e8c16d239	Background: Operational research is required to design delivery of pre-exposure prophylaxis (PrEP) and early antiretroviral treatment (ART). This paper presents the primary analysis of programmatic data, as well as demographic, behavioural, and clinical data, from the TAPS Demonstration Project, which offered both interventions to female sex workers (FSWs) at 2 urban clinic sites in South Africa. Methods and findings: The TAPS study was conducted between 30 March 2015 and 30 June 2017, with the enrolment period ending on 31 July 2016. TAPS was a prospective observational cohort study with 2 groups receiving interventions delivered in existing service settings: (1) PrEP as part of combination prevention for HIV-negative FSWs and (2) early ART for HIV-positive FSWs. The main outcome was programme retention at 12 months of follow-up. Of the 947 FSWs initially seen in clinic, 692 were HIV tested. HIV prevalence was 49%. Among those returning to clinic after HIV testing and clinical screening, 93% of the women who were HIV-negative were confirmed as clinically eligible for PrEP (n = 224/241), and 41% (n = 110/270) of the women who were HIV-positive had CD4 counts within National Department of Health ART initiation guidelines at assessment. Of the remaining women who were HIV-positive, 93% were eligible for early ART (n = 148/160). From those eligible, 98% (n = 219/224) and 94% (n = 139/148) took up PrEP and early ART, respectively. At baseline, a substantial fraction of women had a steady partner, worked in brothels, and were born in Zimbabwe. Of those enrolled, 22% on PrEP (n = 49/219) and 60% on early ART (n = 83/139) were seen at 12 months; we observed high rates of loss to follow-up: 71% (n = 156/219) and 30% (n = 42/139) in the PrEP and early ART groups, respectively. Little change over time was reported in consistent condom use or the number of sexual partners in the last 7 days, with high levels of consistent condom use with clients and low use with steady partners in both study groups. There were no seroconversions on PrEP and 7 virological failures on early ART among women remaining in the study. Reported adherence to PrEP varied over time between 70% and 85%, whereas over 90% of participants reported taking pills daily while on early ART. Data on provider-side costs were also collected and analysed. The total cost of service delivery was approximately US$126 for PrEP and US$406 for early ART per person-year. The main limitations of this study include the lack of a control group, which was not included due to ethical considerations; clinical study requirements imposed when PrEP was not approved through the regulatory system, which could have affected uptake; and the timing of the implementation of a national sex worker HIV programme, which could have also affected uptake and retention. Conclusions: PrEP and early ART services can be implemented within FSW routine services in high prevalence, urban settings. We observed good uptake for both PrEP and early ART; however, retention rates for PrEP were low. Retention rates for early ART were similar to retention rates for the current standard of care. While the cost of the interventions was higher than previously published, there is potential for cost reduction at scale. The TAPS Demonstration Project results provided the basis for the first government PrEP and early ART guidelines and the rollout of the national sex worker HIV programme in South Africa. © 2017 Eakle et al.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2017	Eaton L.A.; Matthews D.D.; Driffin D.D.; Bukowski L.; Wilson P.A.; Stall R.D.	A Multi-US City Assessment of Awareness and Uptake of Pre-exposure Prophylaxis (PrEP) for HIV Prevention Among Black Men and Transgender Women Who Have Sex with Men	Prevention Science	-	-	-	13894986	10.1007/s11121-017-0756-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85009786986&doi=10.1007%2fs11121-017-0756-6&partnerID=40&md5=7ce5b2144e84efbf129776e3d7529e0f	The HIV epidemic among Black men and transgender women who have sex with men (BMTW) demands an urgent public health response. HIV point prevalence among this population ranges from 25 to 43%—a rate far exceeding any other group. Pre-exposure prophylaxis (PrEP) for HIV prevention is a very promising prevention tool; however, its full potential to slow the epidemic has yet to be realized. For the current study, random time-location sampling at Black Gay Pride Events was used to collect data from N = 1274 BMTW, from five US cities, reporting HIV-negative/unknown status. In-field HIV testing was also provided to participants. Participants were assessed on awareness and use of PrEP, health care factors, HIV testing history, psychosocial variables, and sex behaviors. About one third of participants were aware of PrEP (39%), and a small percentage of participants were users of PrEP (4.6%). In multivariable analyses, being in a relationship, testing for HIV in the past 6 months, and others being aware of one's sexuality were positively associated with PrEP awareness. Higher levels of internalized homophobia and greater numbers of female sex partners were positively associated with PrEP use, while education and condom use were negatively associated. Based on study findings, messaging and uptake of PrEP needs greater expansion and requires novel approaches for scale-up. Improving linkage to HIV testing services is likely critical for engaging BMTW with PrEP. The potential for PrEP to slow the HIV epidemic is high; however, we must strengthen efforts to ensure universal availability and uptake. © 2017, Society for Prevention Research.	Black men and transgender women; HIV prevention; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2017	Eaton, Lisa A	What Can We Do or Change to Encourage People to Seek Out Preexposure Prophylaxis?	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2017.304149	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5678417	Many prevention and treatment successes have been observed in the course of the HIV epidemic. We have seen great strides made in behavioral change interventions, law and policy change interventions, sexually transmitted infection treatment programs, needle exchange programs, programs focusing on the prevention of perinatal HIV transmission, blood supply testing and monitoring services, male circumcision programs, and other initiatives.1 More recently, major advances have occurred in biomedical antiretroviral-based prevention, with treatment as prevention and preexposure prophylaxis (PrEP) demonstrating efficacy in preventing transmission of HIV. Much anticipation and excitement exist around the potential for treatment as prevention and PrEP to effectively halt the HIV epidemic, both domestically and internationally.2 And there is good reason for this positive response: antiretroviral-based prevention, when adhered to, will prevent HIV transmission.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2017	Eaton, Lisa A; Kalichman, Seth C; Price, Devon; Finneran, Stephanie; Allen, Aerielle; Maksut, Jessica	Stigma and Conspiracy Beliefs Related to Pre-exposure Prophylaxis (PrEP) and Interest in Using PrEP Among Black and White Men and Transgender Women Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1690-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85009841218&doi=10.1007%2fs10461-017-1690-0&partnerID=40&md5=5026d66db49c32130da7469fdcac5f1b	The HIV/AIDS epidemic in the US continues to persist, in particular, among race, sexual orientation, and gender minority populations. Pre-exposure prophylaxis (PrEP), or using antiretroviral medications for HIV prevention, is an effective option, but uptake of PrEP has been slow. Sociocultural barriers to using PrEP have been largely underemphasized, yet have the potential to stall uptake and, therefore, warrant further understanding. In order to assess the relationships between potential barriers to PrEP (i.e., PrEP stigma and conspiracy beliefs), and interest in PrEP, Black men and transgender women who have sex with men (BMTW, N = 85) and White MTW (WMTW, N = 179) were surveyed at a gay pride event in 2015 in a large southeastern US city. Bivariate and multivariate logistic regression analyses were completed to examine factors associated with PrEP interest. Among the full sample, moderate levels of PrEP awareness (63%) and low levels of use (9%) were observed. Believing that PrEP is for people who are promiscuous (stigma belief) was strongly associated with lack of interest in using PrEP, and individuals who endorsed this belief were more likely to report sexual risk taking behavior. Conspiracy beliefs related to PrEP were reported among a large minority of the sample (42%) and were more frequently reported among BMTW than WMTW. Given the strong emphasis on the use of biomedical strategies for HIV prevention, addressing sociocultural barriers to PrEP access is urgently needed and failure to do so will weaken the potential benefits of biomedical prevention. © 2017, Springer Science+Business Media New York.	Conspiracy beliefs; HIV prevention; PrEP; Stigma beliefs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Edelman E.J.; Moore B.A.; Calabrese S.K.; Berkenblit G.; Cunningham C.; Patel V.; Phillips K.; Tetrault J.M.; Shah M.; Fiellin D.A.; Blackstock O.	Primary Care Physicians' Willingness to Prescribe HIV Pre-exposure Prophylaxis for People who Inject Drugs	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1612-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84997703667&doi=10.1007%2fs10461-016-1612-6&partnerID=40&md5=cf3eed70e9f0e0ee213839100ecb395e	Pre-exposure prophylaxis for HIV (PrEP) is recommended for people who inject drugs (PWID). Despite their central role in disease prevention, willingness to prescribe PrEP to PWID among primary care physicians (PCPs) is largely understudied. We conducted an online survey (April–May 2015) of members of a society for academic general internists regarding PrEP. Among 250 respondents, 74% (n = 185) of PCPs reported high willingness to prescribe PrEP to PWID. PCPs were more likely to report high willingness to prescribe PrEP to all other HIV risk groups (p's < 0.03 for all pair comparisons). Compared with PCPs delivering care to more HIV-infected clinic patients, PCPs delivering care to fewer HIV-infected patients were more likely to report low willingness to prescribe PrEP to PWID (Odds Ratio 95% CI = 6.38 1.48–27.47). PCP and practice characteristics were not otherwise associated with low willingness to prescribe PrEP to PWID. Interventions to improve PCPs' willingness to prescribe PrEP to PWID are needed. © 2017, Springer Science+Business Media New York.	Attitude of health personnel; HIV prevention; Pre-exposure prophylaxis; Substance abuse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Elopre L.; Kudroff K.; Westfall A.O.; Overton E.T.; Mugavero M.J.	The Right People, Right Places, and Right Practices: Disparities in PrEP Access among African American Men, Women, and MSM in the Deep South	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001165	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983339563&doi=10.1097%2fQAI.0000000000001165&partnerID=40&md5=f319b7248562b7672d56de20709aa6ef	Disproportionate rates of HIV are observed in Black women and men, especially in the Southern United States. We observed limited uptake of preexposure prophylaxis (PrEP) services in our Southern community among these groups, particularly Black men who have sex with men relative to new HIV cases in Birmingham, AL; 18% accessed PrEP services compared with 50% of new HIV cases. Further research is needed to understand PrEP access and uptake in high-risk populations. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.	HIV; preexposure prophylaxis; uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2017	Erguiza, Randulf Villaneuva; Jillson, Irene	Effect of Pre-Exposure Prophylaxis (PrEP) Education on Sexual Behaviors of Gay and Bisexual Men	-	-	Universidade de Georgetown	-	na	NA	https://www.proquest.com/dissertations-theses/effect-pre-exposure-prophylaxis-prep-education-on/docview/2006981709/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is a drug that prevents the transmission of human-immunodeficiency virus (HIV), but not the transmission of other sexually-transmitted infections (STIs). Studies of PrEP use to prevent the transmission of HIV among gay and bisexual men (GBM) have demonstrated high risks for engagement in risk-compensating sexual behaviors, which increase their susceptibility to STIs. This study's aims were to elicit understanding of the effect of PrEP education on sexual behaviors and STI rates of GBM, and to inform the development of evidence-based PrEP education. The quasi-experimental intervention study was based on Pender's Health Promotion Model (HPM) as the theoretical framework and comprised two phases: a pre-post intervention assessment and a three-month follow-up. The knowledge, attitudes, and practices (KAP) of a purposive sample of GBM were measured in both phases, through in-person semi-structured interviews, an STI-PrEP Knowledge Questionnaire™, Sexual Risk Cognition Questionnaire (SRCQ), and self-reported STI status. The intervention comprised two brief Centers for Disease Control and Prevention (CDC) educational videos. Quantitative analyses included descriptive statistics and non-parametric tests. Analysis of open-ended questions was based on the hierarchical, editing style to generate categories and themes. Eight GBM participated in the first phase and four of them (50%) in the second, follow-up phase. Comparing the STI-PrEP questionnaire scores, there was a significant difference in scores between pre-intervention (Median = 13.50) and both post-intervention (Median = 15.00) and three-month follow-up (Median = 14.75), p = .023, demonstrating that the improvement in STI-PrEP questionnaire scores was maintained at follow-up. The SRCQ yielded no significant change in sexual cognition between pre-intervention and follow-up, p = .461. There was a 25% decrease in the self-reported STI rate from baseline at pre-intervention to follow-up. Thematic analysis of the qualitative responses showed that PrEP use motivators include sexual pleasure, condom-less sex, and PrEP's efficacy; PrEP education effects include improved informed decision-making and PrEP compliance. PrEP education improved knowledge, reduced STI rates, and had an effect on sexual intentions. Strengthened PrEP education in healthcare may improve sexual behaviors and STI rates utilizing the HPM and a multidisciplinary approach in implementing multimodal strategies in addressing sexual behaviors.	PrEP; Sexuality; Psychology; MSM; Risk compensation; STI; Sexual behavior; Health education; Public health; LGBTQ studies; Gay and bisexual men; Social sciences; Behavioral psychology; Education; 0573:Public health; 0211:Sexuality; 0492:LGBTQ studies; 0680:Health education; 0384:Behavioral psychology; Health and environmental sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Eriksen, Jaran; Albert, Jan; Blaxhult, Anders; Carlander, Christina; Flamholc, Leo; Gisslén, Magnus; Josephson, Filip; Karlström, Olof; Navér, Lars; Svedhem, Veronica; Yilmaz, Aylin; Sönnerborg, Anders	Antiretroviral treatment for HIV infection: Swedish recommendations 2016.	Infection (Lond)	-	-	-	2374-4243	10.1080/23744235.2019.1707867	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-27804313	The Swedish Medical Products Agency and the Swedish Reference Group for Antiviral Therapy (RAV) have jointly published recommendations for the treatment of HIV infection on seven previous occasions (2002, 2003, 2005, 2007, 2009, 2011 and 2014). In February 2016, an expert group under the guidance of RAV once more revised the guidelines. The most important updates in the present guidelines are as follows: Tenofovir alafenamide (TAF) has recently been registered. TAF has several advantages over tenofovir disoproxilfumarate (TDF) and is recommended instead of TDF in most cases. First-line treatment for previously untreated individuals includes dolutegravir, boosted darunavir or efavirenz with either abacavir/lamivudine or tenofovir (TDF/TAF)/emtricitabine. Pre-exposure prophylaxis (PrEP) is recommended for high-risk individuals. As in the case of the previous publication, recommendations are evidence-graded in accordance with the Oxford Centre for Evidence Based Medicine (http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/) (Table 1). This document does not cover treatment of opportunistic infections and tumours. Table: see text.	Antiretroviral; HIV; Sweden; adult; paediatric; treatment guidelines	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Review
Theses and Dissertations	2017	Escudero, Daniel J	The Use of Antiretrovirals for Preventing HIV Among People who Inject Drugs	-	-	Brown University	-	na	NA	https://repository.library.brown.edu/studio/item/bdr:730632/	The purpose of this dissertation work was to assess limitations and effectiveness of antiretroviral-based prevention methods among people who use drugs (PWID), specifically pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP). Each of these prevention strategies has been shown to have potential to prevent population-level HIV transmission and acquisition among PWID. The implementation of these prevention methods, however, has been limited in settings throughout the world. The research herein used literature review, cohort data, and agent-based modeling to examine the implementation and potential barriers to the successful deployment of these prevention methods in varying settings. Specifically, we used a literature review to summarize the existing scientific evidence for PrEP implementation and effectiveness among PWID. We then assessed the willingness of PWID in Vancouver, BC, to use PrEP, and used multivariate logistic regression to examine the independent correlates of willingness to use PrEP within this community. To better understand the limitations of TasP, we used agent-based modeling to estimate the proportion of all HIV transmission events arising from PWID that were attributable to acute HIV infection—a period early in HIV infection that may thwart TasP effectiveness in certain environments. Finally, we used a similar agent-based modeling technique to estimate the proportion of HIV transmission arising from PWID at each step of the HIV care continuum, a theoretical construct used to assess the diagnosis and treatment status of HIV positive individuals. Although our findings suggest that there are significant barriers to the long-term effectiveness of these prevention strategies, our results also suggest that these limitations are surmountable, and likely amenable to specific efforts within the HIV prevention community.	HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review

Article	2017	Falcao J.; Zerbe A.; Lahuerta M.; Buggaley R.; Abreu L.; Dimetto P.; Morales F.; Ramiro I.; El-Sadr W.M.	Factors Associated with Use of Short-Term Pre-Exposure Prophylaxis for HIV among Female Partners of Migrant Miners in Mozambique	AIDS Patient Care and STDs	-	-	-	-	10.1089/apc.2017.0179	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030227863&doi=10.1089%2Fapc.2017.0179&partnerID=40&md5=ae79212d613da3c0f4a3698ba9ce92a3	Effective interventions tailored to specific types of behaviors and contexts are needed for women at risk for HIV acquisition. Oral pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention intervention that uses antiretroviral drugs to reduce the risk of acquiring HIV infection. In Mozambique, HIV remains a major public health concern, with a national prevalence of 13%. Studies have demonstrated that the migration of male miners between southern provinces of Mozambique and South Africa is contributing to the HIV epidemic in Mozambique. This increased risk is associated with the engagement of male miners, while separated from their partners, in sexual relationships with other women, including transactional sex workers, in a hyperendemic setting in South Africa. We conducted 25 in-depth interviews with a subset of female partners in a stable relationship with migrant miners participating in a prospective cohort study to assess the feasibility, acceptability, and adherence to daily oral short-term PrEP. Drug levels were available for the participants, as reported in an earlier study. Interviews were recorded, transcribed, and submitted for qualitative thematic analysis. The major themes identified were the benefits of taking PrEP, the ease of taking daily PrEP, the reluctance to disclose PrEP use to partners, the lack of changes in sexual behavior, and prevailing gender dynamics and how they impact women's ability to access PrEP and other HIV prevention interventions. © Copyright 2017, Mary Ann Liebert, Inc.	-	-	-	HIV; Mozambique; PrEP; Qualitative; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Falcao, Joana; Alonso, Laurence; Zerbe, Allison; di Matteo, Pietro; Buggaley, Rachel; Chiveiro, Victor; Melendo, Prince; Ramiro, Isaias; Dalal, Shona; Morales, Fernando; O'Reilly, Kevin; El-Sadr, Wafaa	Willingness to use short-term oral pre-exposure prophylaxis (PrEP) by migrant miners and female partners of migrant miners in Mozambique	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2017.1316424	https://www.proquest.com/scholarly-journals/willingness-use-short-term-oral-pre-exposure-prophylaxis/docview/1963027954/se-2?accountid=9133	Migrant miners from Mozambique who work in South Africa and their partners are at substantial risk for HIV infection. We conducted a cross-sectional study to assess the willingness of migrant miners and female partners of miners to take short-term pre-exposure prophylaxis (PrEP) for prevention of HIV acquisition. The study was conducted in Gaza Province, Mozambique, between September and October 2015. A total of 111 male miners and their partners of male miners completed a questionnaire. Subsequently, 40 in-depth interviews among male miners and female partners of miners and 3 focus-group discussions (FGDs) among female partners of miners were conducted. Questions were tabulated and analyzed. A structured coding scheme was developed and qualitative data were analyzed using Atlas.ti. Most participants (94%) were willing to take PrEP for short-term use. Facilitating factors for willingness to use PrEP were concerns about partner's sexual behaviour, desire for pregnancy and men's own sexual behaviour. The main barriers to PrEP use were concerns regarding side-effects, perceived difficulty adhering to daily pill taking and concern about family disapproval. Overall, participants saw potential barriers for PrEP as minor obstacles that could be overcome. The male partner's influence on PrEP use was significant.	Pregnancy; South Africa; HIV prevention; PrEP; Prevention; Mozambique; Males; Sexual behavior; Disease prevention; Prep; Sociology; Coding; Disease transmission; Preventive medicine; Occurrences; Willingness; Side effects; migrant populations; Females; Migrants; Cross-sectional studies; Human immunodeficiency virus--HIV; Data; Health risk assessment; Short-term; Miners	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Fallon S.A.; Park J.N.; Ogbue C.P.; Flynn C.; German D.	Awareness and Acceptability of Pre-exposure HIV Prophylaxis Among Men Who have Sex with Men in Baltimore	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1619-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84968660768&doi=10.1007%2Fs10461-016-1619-z&partnerID=40&md5=85ed5cab9f34c17859f1ec3e8f565ba4	This paper assessed characteristics associated with awareness of and willingness to take pre-exposure prophylaxis (PrEP) among Baltimore men who have sex with men (MSM). We used data from BESURE-MSM3, a venue-based cross-sectional HIV surveillance study conducted among MSM in 2011. Multivariate regression was used to identify characteristics associated with PrEP knowledge and acceptability among 599 participants. Eleven percent had heard of PrEP, 49% would be willing to use PrEP, and none had previously used it. In multivariable analysis, black race and perceived peer/friend disapproval of PrEP use with HIV were significantly associated with decreased awareness, and those who perceived higher HIV discrimination reported higher acceptability of PrEP. Our findings indicate a need for further education about the potential utility of PrEP in addition to other prevention methods among MSM. HIV prevention efforts should address the link between discrimination and potential PrEP use, especially among men of color. © 2016, Springer Science+Business Media New York.	Baltimore; HIV; MSM; PrEP; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Farhat D.; Greene E.; Paige M.Q.; Kobin B.A.; Frye V.	Knowledge, Stereotyped Beliefs and Attitudes Around HIV Chemoprophylaxis in Two High HIV Prevalence Neighborhoods in New York City	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1426-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84968263758&doi=10.1007%2Fs10461-016-1426-6&partnerID=40&md5=a08b7a4f0046d1067df2fd2f15e9c224e1	HIV chemoprophylaxis (PrEP/PEP) has emerged as a transformative prevention tool to reduce infection rates and decrease disease burden. However, uptake is low, and efficacy depends upon adherence. To maximize impact, potential barriers to uptake and adherence must be identified and understood. Using univariate and logistic regression analytic methods, we assessed associations among potential barriers to uptake and adherence, including HIV chemoprophylaxis knowledge, negative stereotyped beliefs about people who use it and negative attitudes towards HIV chemoprophylaxis use by vignettes among 513 residents of two high HIV prevalence neighborhoods in New York City. About a quarter of respondents knew about HIV chemoprophylaxis and over 50 % endorsed negative stereotyped beliefs about users; yet, approximately two-thirds had positive attitudes toward its use among a male or female relative. Young age, having lesbian or gay friends/family members and low levels of homophobia were associated with not endorsing negative stereotyped beliefs. Negative stereotyped beliefs were not associated with negative attitudes toward HIV chemoprophylaxis use among relatives. Implications for PrEP discrimination are discussed. © 2016, Springer Science+Business Media New York.	Attitudes; HIV; chemoprophylaxis; Knowledge; PrEP/PEP; Stereotyped beliefs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Fisher C.B.; Fried A.L.; Desmond M.; Macapagal K.; Mustanski B.	Facilitators and barriers to participation in prep hiv prevention trials involving transgender male and female adolescents and emerging adults	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2017.29.3.205	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021334562&doi=10.1521%2Faeap.2017.29.3.205&partnerID=40&md5=2ac7db7594f3571cd057b0f2fb8f0b6c	Despite the disproportionate burden of HIV facing transgender youth, they continue to be under-represented in studies to provide an empirical basis for pre-exposure prophylaxis (PrEP) programs that can meet the unique needs of this population. This study examined facilitators and barriers to participation in a PrEP adherence study, determined through an online survey administered to 90 transgender male and 60 transgender female 14–21-year-olds attracted to ingredder male sexual partners. Approximately 50% reported likely to participate in the PrEP study. Participation facilitators included prior sexual and health service experiences and study access to PrEP and health services. Participation barriers included lack of concern about HIV, potential medication side effects, the logistics of quarterly meetings, remembering to take PrEP daily, and reluctance to discuss gender identity with study staff. Results suggest that successful recruitment and retention of transgender youth in PrEP prevention studies warrant protocols designed to address these barriers. © 2017 The Guilford Press.	adolescentadultArticleattitudescommunity participationfriendsgender identityhealth servicesHIV testhomosexual orientationhumansHuman immunodeficiency virus infectionsmaleMinnesotaMinnesota participantsexpressive prophylaxispreventionsexual orientationsexualityrisk effectstransgenderyoung adultsthetitude to healthhealth care delivery(HIV Infectionsmale homosexualitymotivationparticipant attitudepsychologicalpsychometricsreceiver operating characteristicsexual behaviorstatistics and numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Flash C.A.; Dale S.K.; Krakower D.S.	Pre-exposure prophylaxis for HIV prevention in women: Current perspectives	International Journal of Women's Health	-	-	-	-	11791411	10.2147/IJWH.S113675	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85022197005&doi=10.2147%2FIJWH.S113675&partnerID=40&md5=19de2c2d9f2416b1f4375884cb9498e2	There are ~900,000 new HIV infections among women every year, representing nearly half of all new HIV infections globally. In the US, nearly one-fifth of all new HIV infections occur among women, and women from racial and ethnic minority communities experience disproportionately high rates of new HIV infections. Thus, there is a need to develop and implement effective HIV prevention strategies for women. Oral pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV infection among men who have sex with men and people who inject drugs, but data on its use and antiretroviral medications by HIV-uninfected persons to prevent HIV acquisition, can reduce HIV incidence among women who are adherent to PrEP. However, to date, awareness and uptake of PrEP among women have been very limited, suggesting a need for innovative strategies to increase the knowledge of and access to PrEP among women in diverse settings. This narrative review summarizes the efficacy and safety data of PrEP in women, discusses considerations related to medication adherence for women who use PrEP, and highlights behavioral, social, and structural barriers to maximize the effectiveness of PrEP in women. It also reviews novel modalities for PrEP in women which are being developed and tested, including topical formulations and long-acting injectable agents that may offer advantages as compared to oral PrEP and proposes a community-oriented, social networking framework to increase awareness of PrEP among women. If women are provided with access to PrEP and support to overcome social and structural barriers to adhere to PrEP, this prevention strategy holds great promise to impact the HIV epidemic among women in the US and globally. © 2017 Flash et al.	HIV; Narrative review; Pre-exposure prophylaxis PrEP; Prevention	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Book Section	2017	Garnett, Geoff P.; Krishnaratne, Sharli; Harris, Kate L.; Hallett, Timothy B.; Santos, Michael; Enstone, Joanne E.; Hensen, Bernadette; Dalhatho, Gina; Revill, Paul; Gregson, Simon A. J.; Hargreaves, James R.	Cost-Effectiveness of Interventions to Prevent HIV Acquisition.	Major Infectious Diseases. 3rd edition.	NA	-	-	-	-	10.1596/978-1-4648-0524-0_ch7	https://pubmed.ncbi.nlm.nih.gov/30212104/	Because of the severe health consequences of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and the costs of lifelong treatment, inexpensive and effective HIV prevention is bound to be cost-effective. But what constitutes HIV prevention, and can it be affordable and effective? The use of condoms that cost a few cents and prevent a young adult from acquiring a chronic and fatal disease will, over time, be cost-saving. Avoiding sex with someone who is infected with HIV/AIDS will be even more so. What can be done to get condoms to those who need them? What can be done to facilitate the avoidance of risky sexual encounters? Additional efficacious biomedical tools have become available, but similar questions persist: What can be done to get young women at risk to use oral tenofovir effectively as pre-exposure prophylaxis (PrEP) and to get young men at risk to be circumcised? The answers to these questions will determine what packages of prevention are essential, how much prevention programs should cost, and how cost-effective they can be. This chapter reviews current evidence about the efficacy, effectiveness, and costs of HIV/AIDS prevention products, programs, and approaches.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	-	Review
Article	2017	Garrison, Lindsey E; Haberer, Jessica E	Technological methods to measure adherence to antiretroviral therapy and preexposure prophylaxis.	Current Opinion in HIV and AIDS	-	-	-	-	17464338	10.1097/COH.0000000000000393	https://ds.doi.org/10.1097/COH.0000000000000393	PURPOSE OF REVIEW: The WHO's Consolidated Guidelines (2016) call for research on improved methods to proactively monitor adherence and identify those individuals who have the most need for adherence support. This review aims to elucidate the latest technologies available to measure adherence to HIV antiretroviral therapy and preexposure prophylaxis against HIV infection and present their utility in various settings and populations. RECENT FINDINGS: Within the last few years, advances have been made in the features of existing technology to measure adherence (real-time adherence measurements), additional approaches have been developed (digital medicine systems) and improved (short message service surveys), and point of care testing for pharmacokinetic measures are under development. SUMMARY: Technology advances in adherence measurement are promising for improved accuracy and, in some cases, the ability to intervene with adherence challenges in real time. This progress will greatly further our understanding of adherence behavior, as well as the ability to effectively link interventions with individuals who need them, thus maximizing the clinical and public health benefits of both antiretroviral therapy and preexposure prophylaxis.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Gatanaga H.; Brumme Z.L.; Adland E.; Reyes-Terán G.; Avila-Ríos S.; Mejía-Villatoro C.R.; Hayashida T.; Chikata T.; Van Tran G.; Van Nguyen K.; Mera R.I.; Palco E.V.; Valenzuela-Ponce H.; Pascale J.M.; Portes-Cortés G.; Manzanares M.; Lee G.Q.; Martin J.N.; Carrington M.N.; John M.; Mallal S.; Poon A.F.Y.; Gandhi P.; Takiguchi M.; Oka S.; Sato-Nwa M.; García-Morales C.; Loveroma L.; Byakwaga H.; Bangsberg D.; Shapiro R.; Fraser J.	Potential for immune-driven viral polymorphisms to compromise antiretroviral-based preexposure prophylaxis for prevention of HIV-1 infection	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001575	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021286614&doi=10.1097%2FQAD.0000000000001575&partnerID=40&md5=a3a66fe0f9702fa1d9e8cf3e49403bc8	OBJECTIVES: Long-acting rilpivirine is a candidate for preexposure prophylaxis (PrEP) for prevention of HIV-1 infection. However, rilpivirine resistance mutations at reverse transcriptase codon 138 (E138K) occur naturally in a minority of HIV-1-infected persons, in particular those expressing human leukocyte antigen (HLA)-B 18-positive reverse transcriptase E138K mutations as an immune escape mutation. We investigate the global prevalence, B 18-linkage and replicative cost of reverse transcriptase E138K and its regional implications for rilpivirine PrEP. Methods: We analyzed linked reverse transcriptase-integrase E138K/A/G/R sequences from 1574 antiretroviral-naive persons with HLA data from 42 countries (Spearman's R = 0.74, P = 1e-01 to 0 and 1e-324 for 2 to longer 1-41 after dosing, respectively. The median C24 of tenofovir and emtricitabine was 40 and 63 μg/L, respectively. The median PBMC tenofovir diphosphate and emtricitabine triphosphate levels were 12.2 and 16.7 fmol/106 cells and 2060 and 2000 fmol/106 cells at 2 and 24 h after dosing, respectively. Seven plasma AUC0-24 ratios were 2% and 17% for tenofovir and emtricitabine, respectively. Emtricitabine was detected in rectal tissue 30 min after dosing, whereas tenofovir was only detectable at 24 h. Ex vivo HIV infectibility assays of rectal biopsies showed partial protection after dosing (P = 0.07). DISCUSSION: A single high dose of oral tenofovir disoproxil fumarate/emtricitabine provides rapid and high blood levels of tenofovir and emtricitabine, with rapid diffusion of emtricitabine in saliva and rectal tissue.	HIV prevention; long-acting injectable cabotegravir; preexposure prophylaxis; systematic review	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2017	Fonsart, Julien; Sarogoni, Sotiroh; Tassi, Mikel; Peytavin, Gilles; Bushman, Lane; Chervenn, Isabelle; Hance, Allan; Goldwirt, Lauriane; Morel, Stéphane; Martreau, Fabrice; Lesa, Blotchkie; Capitant, Catherine; Clavel, François; Malfoyb, Nadia; Meyer, Laurence; Andersen, Peter L; Delmgerry, Constance; Molina, Jean-Michel	Single-dose pharmacokinetics and pharmacodynamics of oral tenofovir and emtricitabine in blood, saliva and rectal tissue: a sub-study of the ANRS IPERGAY trial.	Journal of Antimicrobial Chemotherapy	-	-	-	-	1466-2091	10.1093/jac/dkw412	https://dx.doi.org/10.1093/jac/dkw412	OBJECTIVES: In the ANRS IPERGAY pre-exposure prophylaxis (PrEP) trial, a single dose of tenofovir disoproxil fumarate and emtricitabine was taken orally 2–24 h before sexual intercourse. A sub-study was conducted to assess the pharmacokinetics of tenofovir and emtricitabine in blood, saliva and rectal tissue following this initial oral intake. METHODS: Plasma, PBMC, saliva and rectal tissue sampling was performed over 24 h in 12 seronegative men before enrolment in the ANRS IPERGAY trial, following a single dose of 600 mg tenofovir disoproxil fumarate/400 mg emtricitabine. Ex vivo HIV infectibility of rectal biopsies was also assessed. RESULTS: The median plasma Tmax of tenofovir (median Cmax: 401 μg/L) and emtricitabine (median Cmax: 2098 μg/L) was obtained 1 h (range: 0.5–6 and 2 h (range: 1–6) after dosing, respectively. The median C24 of tenofovir and emtricitabine was 40 and 63 μg/L, respectively. The median PBMC tenofovir diphosphate and emtricitabine triphosphate levels were 12.2 and 16.7 fmol/106 cells and 2060 and 2000 fmol/106 cells at 2 and 24 h after dosing, respectively. Saliva/plasma AUC0-24 ratios were 2% and 17% for tenofovir and emtricitabine, respectively. Emtricitabine was detected in rectal tissue 30 min after dosing, whereas tenofovir was only detectable at 24 h. Ex vivo HIV infectibility assays of rectal biopsies showed partial protection after dosing (P = 0.07). DISCUSSION: A single high dose of oral tenofovir disoproxil fumarate/emtricitabine provides rapid and high blood levels of tenofovir and emtricitabine, with rapid diffusion of emtricitabine in saliva and rectal tissue.	-	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2017	Georgescu, Anca; Egarievla, Cesar; Schaff, Spencer; Fisher, Julie; Smith, Shannon; Florita, Catalin; Gaido, Alyssa; Klotz, Stephen	PrEP Uptake and Emergent HIV infections in Southern Arizona: Is There A Disconnect?	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofx163.1111	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5631111/	Abstract Background Despite expansion of antiretroviral therapy in recent years and growing evidence for PrEP (pre exposure prophylaxis) efficacy, HIV incidence has continued to rise while PrEP uptake has remained low, particularly in populations at risk. Our goal is to compare these populations and further identify discrepancies in populations at risk in Southern Arizona. Methods We retrospectively reviewed the electronic medical records of patients who were diagnosed with HIV infection between January 2015 and December 2016 at the Kino Clinic, a Ryan White clinic in Tucson/suburbs for PrEP. Results We identified 147 patients with an HIV diagnosis and 43 patients evaluated for PrEp. 63% of the newly diagnosed HIV were of Hispanic, African American or American Indian descend (46%, 14% and 3% respectively) while the majority of PrEP patients were White (58%) with a statistically significant difference between the groups ($P = 0.006$). There was no significant difference between the age groups 20 (19%) of the HIV and 13 (20%) of the PrEP were 18–24 or gender (88% of people accessing HIV care were men, 91% men newly PrEP). Insurance information at the time of presentation was available for 145 HIV and 64 PrEP patients with statistically significant differences between the groups. 31(21%) newly diagnosed HIV had no insurance and 71 (49%) had a Medicaid plan while 48 (74%) of PrEP patients has a private insurance plan ($P < 0.001$). None of the people accessing PrEP reported to prior drug use as a risk factor compared with 16 (11%) of the newly diagnosed ($P = 0.005$). Retention in care at 3 months was similar (76% of HIV and 75% of PrEP). The predominant risk categories were MSM with multiple partners and/or condomless anal sex for both groups (88% and 98% respectively). Conclusion Despite the similar risk profiles, there are disparities in a border region of the Southwestern US, which is home to a large Hispanic minority population. Our findings suggest that low income minority populations, such as Hispanic, African American and American Indian in this region continue to have a higher risk for HIV acquisition and highlights the ongoing need to expand research on how these populations perceive their risk for HIV and navigate complex systems, such as health insurance, when seeking clinical services for PrEP. Disclosures All authors: No reported disclosures.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	Western and Central Europe and North America	Review
Article	2017	Girometti N.; Gutierrez A.; Nwokolo N.; McOwan A.; Whitlock G.	High HIV incidence in men who have sex with men following an early syphilis diagnosis: Is there room for pre-exposure prophylaxis as a prevention strategy?	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2016-052865	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85025127907&doi=10.1136%2Fsextrans-2016-052865&partnerID=40&md5=7829271745f68dbaab1d1588ecca15	OBJECTIVES: Pre-exposure prophylaxis (PrEP) is becoming a pivotal strategy for HIV prevention. Understanding the impact of risk factors for HIV transmission to identify those at highest risk would favour the implementation of PrEP, currently limited by costs. In this service evaluation, we estimated the incidence of bacterial STIs in men who have sex with men (MSM) diagnosed with early syphilis attending a London sexual health clinic according to their HIV status. In addition, we estimated the incidence of HIV infection in HIV-negative MSM, following a diagnosis of early syphilis. Methods We undertook a retrospective case note review of all MSM patients diagnosed with early syphilis between January and June 2014. A number of sexual health screens and diagnoses of chlamydia, gonorrhoea and HIV were prospectively analysed following early syphilis diagnosis. Results 206 MSM were diagnosed with early syphilis. 110 (53%) were HIV-negative at baseline, 96 (47%) were HIV-positive. Age (37 vs 32 years, p=0.0005) was significantly different according to HIV status of MSM at baseline. In HIV-negative versus HIV-positive MSM, incidence of rectal chlamydia infection at follow-up was 27 cases in 50/100 person-years (95% CI 18 to 39) versus 9 cases in 100/100 person-years (95% CI 5 to 17) (p=0.0003). Incidence of rectal gonorrhoea was 20 (p=0.0046) for syphilis reinfections, respectively. Trend follow-up for 110 HIV-negative MSM was 144 person-years. HIV incidence was 8.3/100 PYFU (CI 4.2 to 14). Conclusions A diagnosis of early syphilis carries a high risk of consequent HIV seroconversion and should warrant prioritised access to prevention measures such as PrEP and regular STI screening to prevent HIV transmission. © Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/	GAY MEN; HIV; PREVENTION; SYPHILIS	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2017	Glidden, David V.; Mulligan, Kathleen; McMahan, Vanessa; Anderson, Peter L.; Guanira, Juan; Chariyalertsak, Suwat; Buchbinder, Susan P.; Bekker, Linda Gail; Schechter, Mauro; Grinsztejn, Beatriz; Grant, Robert M.	Recovery of Bone Mineral Density Following Dx Tenofovir-Based HIV Pre-Exposure Prophylaxis	JAIDS Journal of Acquired Immune Deficiency Syndrome	-	-	-	-	1525-4135	10.1097/QAI.0000000000001475.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536955/	Background—Oral tenofovir disoproxil fumarate (TDF) for HIV prevention and treatment is associated with decreases in bone mineral density (BMD). Previous reports suggest that these changes may be reversible after discontinuation of TDF. Setting—A metabolic substudy of 498 participants in a randomized, placebo-controlled HIV prevention trial of oral co-formulated TDF with emtricitabine (TDF/FTC, Truvada®) for HIV pre-exposure prophylaxis (PrEP) enrolling 4,758 men and transgender women. Methods—Participants underwent dual X-ray absorptiometry to quantify bone mineral density (BMD) in the hip and spine during PrEP and at 2 visits after stopping (median of 23 and 78 weeks post-PrEP, respectively). Results are stratified by pharmacologic measure of TDF/FTC adherence. Results—There was no significant difference in change in hip/spine BMD at any timepoint between placebo and those with low adherence. Adherent participants had a mean (standard error) BMD change at TDF/FTC discontinuation of -1.02% (0.24) at the hip and -1.86% (0.36) in the spine. After stop, unmodified BMD increases of 1.13% per year (0.27) in hip and 1.81% per year (0.36) in spine were observed. Modeling BMD recovery using a mixed effects model, 95% (21) in the placebo group, 95% (21) in the low adherence group, and 100% (21) in the adherent group (p=0.005) had recovered to baseline by 1 year after PrEP stop. Recovery was consistent across age, baseline BMD z-score and treatment duration. Conclusions—Mean BMD returns to baseline levels within 12–18 months after TDF-based PrEP discontinuation in both hip and spine with consistency across participant subgroups.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Goedel, William C; Hagen, Daniel; Halkitis, Perry N; Greene, Richard E; Griffin-Tomas, Marybec; Brooks, Forrest A; Hickson, DeMarc; Duncan, Dustin T	Post-exposure prophylaxis awareness and use among men who have sex with men in London who use geosocial-networking smartphone applications	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2016.1259655	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85008961062&doi=10.1080%2F09540121.2016.1259655&partnerID=40&md5=717fa5367893ca3782581a3e681ce72	The number of new HIV infections continues to be on the rise in many high-income countries, most notably among men who have sex with men (MSM). Despite recent attention to the use of antiretroviral medications as pre-exposure prophylaxis (PrEP) among populations disproportionately affected by HIV, considerably less research has been diversely conducted on awareness and use of post-exposure prophylaxis (PEP). Based on a convenience sample of 179 self-reported HIV-uninfected MSM using a geosocial-networking smartphone application, this study is among the first to examine the awareness and use of PEP and their demographic and behavioral correlates among MSM in London. Most respondents (98.3%) had heard of PEP, where 27.4% reported having used it. In multivariable models, the disclosure of one's sexual orientation to their general practitioner (Prevalence ratio PR: 3.49; 95% confidence interval (CI): 1.34, 10.76; p = .029) and reporting one's HIV status as negative (rather than unknown) (PR: 11.49; 95% CI: 1.68, 76.92; p = .013) were associated with higher likelihood of PEP use. The recent use of club drugs (PR: 3.02; 95% CI: 1.42, 6.43; p = .004) was associated with having ever used PEP. High awareness and use in this sample suggest that PEP is a valuable risk-reduction strategy that should be capitalized on, be it in addition to or in the absence of PrEP. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	Men who have sex with men (MSM); post-exposure prophylaxis; smartphone application; United Kingdom	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2017	Goldschmidt R.H.	Preexposure prophylaxis in the United States: An evolving HIV prevention opportunity	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/cix705	https://academic.oup.com/cid/article/64/2/150/2698956	NA.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2017	Golub, Sarit A.; Gamarel, Kristi E.; Surace, Anthony	Demographic Differences in PrEP-Related Stereotypes: Implications for Implementation.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-015-1129-4	https://pubmed.ncbi.nlm.nih.gov/26143247/	Qualitative interviews about pre-exposure prophylaxis (PrEP) stereotypes were conducted with a subsample of 160 MSM who participated in a PrEP messaging study. Negative stereotypes about PrEP users were identified by 80 % of participants. Two types of stereotypes were most common: PrEP users are HIV-infected (and lying about it), and PrEP users are promiscuous and resistant to condom use. Participants' identification of these stereotype categories differed significantly by demographic factors (i.e., race/ethnicity, education). Expanding access to PrEP requires recognizing potential differences in the experience or anticipation of PrEP-related stereotypes that might impact willingness to discuss PrEP with providers, friends, or partners.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Golub, Sarit A; Gamarel, Kristi E; Lelutiu-weinberger, Corina	The Importance of Sexual History Taking for PrEP Comprehension Among Young People of Color	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1512-9	https://www.proquest.com/scholarly-journals/importance-sexual-history-taking-prep/docview/1883409090/se-2?accountid=9133	Despite demonstrated efficacy, uptake of pre-exposure prophylaxis (PrEP) remains low, especially among highest priority populations. This study examined four PrEP messaging factors hypothesized to impact comprehension of PrEP educational information: (1) modality (video versus in-person message delivery); (2) frame (risk versus health focus); (3) specificity (gist versus verbatim efficacy information); and (4) sexual history (administered either before or after PrEP education). We examined message comprehension among 157 young people of color (YPoC) eligible for PrEP, using a series of multiple choice questions. Overall, 63.6 % (n = 103) got all message comprehension questions correct. In multivariate analyses, engaging in a sexual history before receiving PrEP education was associated with increased odds of message comprehension (aOR 2.23; 95 % CI 1.06-4.72). This effect was even stronger among those who received PrEP education via video (aOR 3.53; 95 % CI 1.16-10.81) compared to via health focus. This research underscores the importance of sexual history-taking as part of PrEP education and clinical practice for YPoC, and suggests that engaging patients in a sexual history prior to providing them with PrEP education may be key to increasing comprehension.	New York; Pre-exposure prophylaxis; PrEP; Psychology; Youth; Sexual behavior; Health education; Prophylaxis; Education; Patients; Young adults; Messaging; Young people of color; Health literacy; Population studies; United States--US; Health risks; Minority & ethnic groups; Young People; Health research; Color	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2017	Goparaju, Lakshmi; Praschan, Nathan C; Warren-Jeanpiere, Lari; Experton, Laure S; Young, Mary A; Kassaye, Seble	Stigma, Partners, Providers and Costs: Potential Barriers to PrEP Uptake among US Women.	Journal of AIDS & Clinical Research	-	-	-	2155-6113	10.4172/2155-6113.1000730	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708581	BACKGROUND: Pre-Exposure Prophylaxis (PrEP) use has remained low among US women while significantly increasing among men who have sex with men. Besides lack of awareness, women face several social and structural barriers in gaining access to and using PrEP. METHODS: Four focus group discussions with 20 HIV-negative women who live in the Washington DC metropolitan area. RESULTS: The women expressed concerns about social and structural barriers to PrEP use. They were afraid that stigma related to using "HIV medicines" could affect PrEP use as well. They are worried that family and friends may question their reasons for taking anti-retrovirals and suspect that they were HIV-positive. They expected hostile reactions from male partners, including accusations of infidelity and introducing mistrust in their relationships. Communicating with health care providers about sexual matters in general and their need for PrEP in particular were identified as further barriers. Women reported that providers rarely ask about risk behaviors related to HIV acquisition; that short visits hinder establishing a trusting relationship to discuss sensitive matters. They were concerned that disclosure of risk behaviors may result in judgmental responses and harsh treatment from providers. Lastly, women were concerned that PrEP costs, including insurance coverage and copays, would keep PrEP out of their reach. While cognizant of the potential barriers, women were unwavering in their determination to find ways to circumvent challenges to PrEP access. CONCLUSION: Social and structural barriers may impede women's access to PrEP despite their own reported interest. Continued efforts to reduce HIV stigma, improve patient-provider relationships and ensure affordability of PrEP may increase the likelihood that women will use this important prevention modality.	Pre-exposure prophylaxis, HIV Prevention, Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Govender E.; Mansoor L.; MacQueen K.; Abdool Karim Q.	Secrecy, empowerment and protection: positioning PrEP in KwaZulu-Natal, South Africa	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2017.1309682	https://www.jstor.org/stable/26787821	The release of World Health Organisation guidelines recommending the prophylactic use of daily Truvada® for all populations at high risk of acquiring HIV opens the way for implementation of oral pre-exposure prophylaxis (PrEP). The impact of new prevention technologies is, however, dependent on demand creation strategies such as user awareness, acceptability and access, which in turn are influenced by sociocultural and gender norms. This study was conducted in three locations in KwaZulu-Natal, urban, rural and peri-urban, with six participatory workshops. Knowledge, desirable features of a product and demand positioning for PrEP were assessed using a participatory action media research process which included art-based activities and group discussion using a semi-structured interview schedule. The data were analysed using thematic analysis. The key themes that emerged in relation to product adoption were: ability to maintain secrecy of product use; the need for agency with personal choices around HIV prevention; and an increased desire for HIV protection. Findings reaffirm the influence of user engagement in understanding the sociocultural dynamics that influence demand creation for PrEP adoption. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	action media; demand creation; HIV prevention; Pre-exposure prophylaxis; South Africa; women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2017	Govender E.M.; Mansoor L.E.; Abdool Karim Q.	Influences of geo-spatial location on pre-exposure prophylaxis use in South Africa: positioning microbicides for better product uptake	AIDS Care	-	-	-	9540121	10.1080/09540121.2016.1248349	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994065446&doi=10.1080%2f09540121.2016.1248349&partnerID=40&md5=1675ee51b47a15cfd6fa21ded6d793fb	Young women bear a disproportionately high burden of HIV infection in sub-Saharan Africa, prioritising pre-exposure prophylaxis (PrEP) can be an integral part of HIV prevention combination strategies. Women initiated HIV prevention technology options will require consistent adherence, an imperative for product effectiveness. With several PrEP clinical trials underway; exploring women's acceptability to advances in HIV prevention technologies can better facilitate demand creation for future PrEP roll out. This study utilised the opportunity of post-trial access to CAPRISA 008 women (trial) and non-trial women from three geo-spatial settings (urban, rural and peri-urban) to identify microbicide acceptability and how product associations of microbicides can influence future HIV prevention choices. Six participatory workshops using participatory action research with art-based activities and discussion groups were conducted in KwaZulu-Natal with 104 women from various geo-spatial locations and social status to understand microbicide acceptability and product associations. The data were analysed using thematic analysis. The study found that women's acceptability and product association of the tenofovir gel microbicide differed according to rural and urban areas. Most urban women identified confidence, sexiness and classiness as key associations that will encourage microbicide acceptability and use, while rural women identified respect, responsibility and confidence as the key product associations, with increased focus on the individual and collective family/community benefits of product acceptance and use. Urban–rural differences suggest a market segmentation that is contextualised to be locally responsive to promote HIV prevention technologies. Various sexual encounters further determined the types of HIV prevention technologies women would consider. In line with WHO's recommendation that PrEP should be an additional prevention choice for people at risk of HIV, this study underscores the importance of user engagement, understanding product associations and how this can influence product acceptability and promotion of HIV prevention technologies. © 2016 Informa UK Limited, trading as Taylor & Francis Group.	market segmentation; participatory research; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2017	Grant, Hannah; Mukandavire, Zindoga; Eakle, Robyn; Prudden, Holly; B Gomez, Gabriela; Rees, Helen; Watts, Charlotte	When are declines in condom use while using PrEP a concern? Modelling insights from a Hillbrow, South Africa case study.	Journal of the International AIDS Society	-	-	-	1758-2652	10.7448/IAS.20.1.21744	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640310	INTRODUCTION: Oral pre-exposure prophylaxis (PrEP) is a promising new prevention approach for those most at risk of HIV infection. However, there are concerns that behavioural disinhibition, specifically reductions in condom use, might limit PrEP's protective effect. This study uses the case of female sex workers (FSWs) in Johannesburg, South Africa, to assess whether decreased levels of condom use following the introduction of PrEP may limit HIV risk reduction. METHOD: We developed a static model of HIV risk and compared HIV-risk estimates before and after the introduction of PrEP to determine the maximum tolerated reductions in condom use with regular partners and clients for HIV risk not to change. The model incorporated the effects of increased STI exposure owing to decreased condom use. Noting that condom use with regular partners is generally low, we also estimated the change in condom use tolerated with clients only, to still achieve 50 and 90% risk reduction on PrEP. The model was parameterized using data from Hillbrow, Johannesburg. Sensitivity analyses were performed to ascertain the robustness of our results. RESULTS: Reductions in condom use could be tolerated by FSWs with lower baseline condom use (65%). For scenarios where 75% PrEP effectiveness is attained, 50% HIV-risk reduction on PrEP would be possible even with 100% reduction in condom use from consistent condom use as high as 70% with clients. Increased exposure to STIs through reductions in condom use had limited effect on the reductions in condom use tolerated for HIV risk not to increase on PrEP. CONCLUSIONS: PrEP is likely to be of benefit in reducing HIV risk, even if reductions in condom use do occur. Efforts to promote consistent condom use will be critical for FSWs with high initial levels of condom use, but with challenges in adhering to PrEP.	HIV, pre-exposure prophylaxis, sexually transmitted infections, mathematical models, behaviour change, risk compensation, condom migration	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2017	Greene G.J.; Swann G.; Fought A.J.; Carballo-Diéguez A.; Hope T.J.; Kiser P.F.; Mustanski B.; D'Aquila R.T.	Preferences for Long-Acting Pre-exposure Prophylaxis (PrEP), Daily Oral PrEP, or Condoms for HIV Prevention Among U.S. Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1565-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84992154227&doi=10.1007%2fs10461-016-1565-9&partnerID=40&md5=5d6e330eede3a818fef83f0af540a042	HIV prevention method preferences were evaluated among 512 U.S. men who have sex with men (MSM; median age: 22 years). Approximately 90 % consistently preferred one option across pairwise comparisons of condoms, daily oral pre-exposure prophylaxis (PrEP), and long-acting PrEP delivered via either an injectable or one of two types of PrEP implants differing in visibility. Condoms were most frequently preferred (33.8 %), followed by non-visible implants (21.5 %), and oral PrEP (17.0 %); HIV risk was reported by more choosing implants. In a follow-up question comparing the four PrEP options only, daily oral pills and non-visible implants were most frequently preferred (35.5 and 34.3 %, respectively), followed by injections (25.2 %) and visible implants (4.3 %). An inductive, open-coding approach determined that convenience, duration of protection, and privacy were the most commonly cited reasons for a PrEP method choice, and associated with self-report of HIV risk. Tailoring PrEP product development to privacy and other concerns important to those at highest HIV risk may improve HIV prevention. © 2016, Springer Science+Business Media New York.	HIV; Homosexuality; Male; Pre-exposure prophylaxis; Prevention; Sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2017	Greene, Richard E	The Complex Road Ahead for Preexposure Prophylaxis: A Primary Care Physician Perspective.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2017.304015	https://pubmed.ncbi.nlm.nih.gov/28902545/	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2017	Grippo, Jessica; Smallwood, Stacy; Pincura, Katherine; Wright, Tamara; Mase, William	Physician Attitudes Toward the Ethics of Pre-exposure Prophylaxis (PrEP): Cost, Safety, and Resource Allocation	Journal of the Georgia Public Health Association	-	-	-	2471-9773	https://doi.org/10.21633/jgpha.7.104	https://www.researchgate.net/publication/346856915_Physician_Attitudes_Toward_the_Ethics_of_Pre-exposure_Prophylaxis_PrEP_Cost_Safety_and_Resource_Allocation	Background: In the United States, human immunodeficiency virus (HIV) remains a substantial public health issue. There is evidence that the use of antiretroviral medications such as pre-exposure prophylaxis (PrEP) can be a safe and effective primary prevention strategy to reduce new cases of HIV infection. Provider practice behavior as it relates to prescribing PrEP and the potential impact on specific vulnerable populations needs increased attention. Few studies have evaluated the attitudes of physicians towards ethical issues related to prescribing PrEP. Methods: The purpose of the present literature review was to evaluate provider attitudes toward the ethics of prescribing PrEP for individuals at risk of acquiring HIV infection. Searches of the PubMed and Cochrane databases were conducted. Three reviewers independently assessed the relevance of articles and discarded those not directly related to the attitudes of physicians toward ethics of the cost, safety, and resource allocation of PrEP. A total of twenty-one articles were included in the review. Results: Provider attitudes and perceptions focused on three areas: resource allocation, cost, and safety or effectiveness of PrEP. Providers who were hesitant in prescribing PrEP were concerned with the availability of resources, patient adherence, risk of drug resistance, and toxicity. In the studies reviewed, few providers had prescribed PrEP; however, prescribing practices trended upward with time and awareness. Conclusions: Realization of the benefits of PrEP will require a utilitarian ethical approach to identifying the populations that will benefit most, monitoring for adverse effects, addressing costs, and educating and training providers to prescribe PrEP responsibly. Ensuring that PrEP fulfills its potential as part of a combination regimen for HIV prevention requires identification of additional evidence, education, support services, and resources that are needed, as well as the regulatory framework and cost scenarios for access to PrEP. Key words: HIV, pre-exposure prophylaxis, ethics, utilitarianism, PrEP, physician	Pre-exposure prophylaxis; Family medicine; Human immunodeficiency virus (HIV); hiv; Public aspects of medicine; RA1-1270; Resource allocation; prep; ethics; physician; Utilitarianism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Guillamet, Laia Jimena Vazquez; Moll, Anthony P; Kacin, Alexa; Madi, Jabulile; Ndlovu, Ntombi; Shenoi, Sheela	Perceptions of HIV Pre-exposure prophylaxis (PrEP) among young pregnant women from KwaZulu-Natal, South Africa	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1089/apc.2018.0242	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6531897/	Abstract Background Pre-exposure prophylaxis (PrEP) is effective for HIV prevention with good adherence. In high HIV prevalence settings, young women ages 18–24 are at high risk of HIV acquisition, particularly during pregnancy and the postpartum period, and would potentially benefit from PrEP. More information is needed to achieve successful implementation of PrEP in this population. Methods The study was performed in Tugela Ferry, one of the poorest subdistricts of South Africa. From June-August 2016,the study team interviewed 187 HIV negative pregnant women ages 18–24 anonymously at health care facilities. Interviews collected data on demographics, HIV and PrEP knowledge, HIV risk and readiness for oral PrEP. Results Among 187 pregnant women, the mean age was 20.3 years (SD1.97), 179 (95.7%) were unemployed, 93 (49.7%) completed secondary school, and 137 (73.3%) reported one partner in the last month. None reported having ever being paid for sex. While 185 (98%) knew that HIV can be transmitted through sex, only 117 (62.5%) knew that a woman can transmit HIV to her child, and only 95 (51%) knew that HIV can be transmitted through breastmilk. Sixty-eight (36.4%) women believed that a sexual partner had been sexually active with another person in the last month, though 182 (97.3%) had difficulty negotiating condom use with their partner, and only 7 (3.7%) women reported consistent use of condoms. The vast majority (97%) would start PrEP if a doctor recommended it though 100 (53.5%) were concerned about being mistaken for HIV positive. Conclusion Pregnant young women in rural South Africa are at risk for HIV acquisition and are interested in PrEP. Knowledge of risks of HIV lags, particularly with regard to mother to child transmission. Young pregnant women are not able to negotiate consistent condom use and need a HIV prevention tool that is within their control. Stigma may be a barrier to effective PrEP use among these women. Further research is needed to guide potential PrEP implementation in pregnant women. Disclosures All authors: No reported disclosures.	Pre-exposure prophylaxis; Human immunodeficiency virus (HIV); Pediatrics; Abstracts; Social stigma; Hiv seropositivity; Environmental health; Postpartum period; Kwazulu natal	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Guise A.; Albers E.R.; Strathdee S.A.	'PrEP is not ready for our community, and our community is not ready for PrEP': pre-exposure prophylaxis for HIV for people who inject drugs and limits to the HIV prevention response	Addiction	-	-	-	9652140	10.1111/add.13437	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84973526743&doi=10.1111%2fadd.13437&partnerID=40&md5=74832191d294586ec6d3cb43d4dc6002	Background and aims: Pre-exposure prophylaxis for HIV, or 'PrEP', is the use of antiretroviral medicines by people who are HIV-negative to protect themselves against acquiring HIV. PrEP has shown efficacy for preventing HIV acquisition. Despite the potential, many concerns have been voiced by people who inject drugs (PWID) and their organizations. There is a need to engage with these views and ensure their integration in to policy and strategy. This paper presents PWID views on PrEP to foster the uptake of these opinions into scientific and policy debate around PrEP. Methods: Critical analysis of a report of a community consultation led by the International Network of People who Use Drugs (INPUD). Results: The INPUD report highlights enthusiasm from PWID for PrEP, but also three main concerns: the feasibility and ethics of PrEP, its potential use as a substitute for other harm reduction strategies and how a focus on PrEP heralds a re-medicalization of HIV. Each concern relates to evidenced gaps in essential services or opposition to harm reduction and PWID human rights. Conclusions: People who use drugs have fundamental concerns about the potential impacts of pre-exposure prophylaxis for HIV which reflect a 'fault line' in HIV prevention: a predominance of biomedical approaches over community perspectives. Greater community engagement in HIV prevention strategy is needed, or we risk continuing to ignore the need for action on the underlying structural drivers and social context of the HIV epidemic. © 2016 Society for the Study of Addiction	Biomedical; community; HIV; injection drug use; PrEP; prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2017	Gulick, RM; Wilkin, TJ; Chen, YQ; Landovitz, RJ; Amico, KR; Young, AM; Richardson, P; Marzinke, MA; Hendrix, CW; Eshleman, SH; McGowan, I; Cottle, LM; Andrade, A; Marcus, C; Klingman, KL; Chege, W; Rinehart, AR; Rooney, JF; Andrew, P; Salata, RA; Magnus, M; Farley, JE; Liu, A; Frank, I; Ho, K; Santana, J; Stekler, JD; McCauley, M; Mayer, KH	Phase 2 Study of the Safety and Tolerability of Maraviroc-Containing Regimens to Prevent HIV Infection in Men Who Have Sex With Men (HPTN 069/ACTG A5305)	Journal of Infectious Diseases	-	-	-	0022-1899	10.1093/infdis/jiw525	https://academic.oup.com/jid/article/215/2/238/2514393	Background. Maraviroc (MVC) is a candidate for human immunodeficiency virus (HIV) pre-exposure prophylaxis. Methods. Phase 2 48-week safety/tolerability study was conducted, comparing 4 regimens: MVC alone, MVC plus emtricitabine (FTC), MVC plus tenofovir disoproxil fumarate (TDF), and TDF plus FTC. Eligible participants were HIV-uninfected men and transgender women reporting condomless anal intercourse with >= 1 HIV-infected or unknown-serostatus man within 90 days. At each visit, assessments, laboratory testing, and counseling were done. Analyses were intention to treat. Results. Among 406 participants, 84% completed follow-up, 7% stopped early, and 9% were lost to follow-up; 9% discontinued their regimen early. The number discontinuing and the time to discontinuation did not differ among study regimens (P = .60). Rates of grade 3-4 adverse events did not differ among regimens (P = .37). In a randomly selected subset, 77% demonstrated detectable drug concentrations at week 48. Five participants acquired HIV infection (4 MVC alone, 1 MVC + TDF; overall annualized incidence, 1.4% 95% confidence interval, .5%-3.3%, without differences by regimen; P = .32); 2 had undetectable drug concentrations at every visit, 2 had low concentrations at the seroconversion visit, and 1 had variable concentrations. Conclusions. MVC-containing regimens were safe and well tolerated compared with TDF + FTC; this study was not powered for efficacy. Among those acquiring HIV infection, drug concentrations were absent, low, or variable. MVC-containing regimens may warrant further study for pre-exposure prophylaxis.	HIV; maraviroc; PrEP; men who have sex with men (MSM); AFRICAN WOMEN; PHARMACOKINETICS; ADHERENCE; PREEXPOSURE PROPHYLAXIS; DOUBLE-BLIND; EMTRICITABINE/TENOFOVIR; EFFICACY; PLACEBO-CONTROLLED TRIAL; RANDOMIZED CLINICAL-TRIAL; ANTAGONIST; phase 2 clinical trial	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Gulick, Roy M; Wilkin, Timothy J; Chen, Ying Q; Landovitz, Raphael J; Amico, K Rivet; Young, Alicia M; Richardson, Paul; Marzinke, Mark A; Hendrix, Craig W; Eshleman, Susan H; McGowan, Ian; Cottle, Leslie M; Andrade, Adriana; Marcus, Cheryl; Klingman, Karin L; Chege, Wairimu; Rinehart, Alex R; Rooney, James F; Andrew, Philip; Salata, Robert A; Siegel, Marc; Manabe, Yukari C; Frank, Ian; Ho, Ken; Santana, Jorge; Stekler, Joanne D; Swaminathan, Shobha; McCauley, Marybeth; Hodder, Sally; Mayer, Kenneth H	Safety and Tolerability of Maraviroc-Containing Regimens to Prevent HIV Infection in Women: A Phase 2 Randomized Trial.	Annals of Internal Medicine	-	-	-	1539-3704	10.7326/M17-0520	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667908	BACKGROUND: Maraviroc (MVC) is a candidate drug for HIV preexposure prophylaxis (PrEP). OBJECTIVE: To assess the safety and tolerability of MVC-containing PrEP over 48 weeks in U.S. women at risk for HIV infection. DESIGN: Phase 2 randomized, controlled, double-blinded study of 4 antiretroviral regimens used as PrEP. (ClinicalTrials.gov: NCT01505114). SETTING: 12 clinical research sites of the HIV Prevention Trials Network and AIDS Clinical Trials Group. PARTICIPANTS: HIV-uninfected women reporting condomless vaginal or anal intercourse with at least 1 man with HIV infection or unknown serostatus within 90 days. INTERVENTION: MVC only, MVC-emtricitabine (FTC), MVC-tenofovir disoproxil fumarate (TDF), and TDF-FTC (control). MEASUREMENTS: At each visit, clinical and laboratory (including HIV) assessments were done. Primary outcomes were grade 3 and 4 adverse events and time to permanent discontinuation of the study regimen. All randomly assigned participants were analyzed according to their original assignment. RESULTS: Among 188 participants, 85% completed follow-up, 11% withdrew early, and 4% were lost to follow-up; 19% discontinued their regimen prematurely. The number discontinuing and the time to discontinuation did not differ among regimens. Grade 3 or 4 adverse events occurred in 5 (MVC), 13 (MVC-FTC), 9 (MVC-TDF), and 8 (TDF-FTC) participants; rates did not differ among regimens. One death (by suicide) occurred in the MVC-TDF group but was judged not to be related to study drugs. Of available plasma samples at week 48 (n = 126), 60% showed detectable drug concentrations. No new HIV infections occurred. LIMITATIONS: Participants were not necessarily at high risk for HIV infection. The regimen comprised 3 pills taken daily. The study was not powered for efficacy. CONCLUSION: Maraviroc-containing PrEP regimens were safe and well-tolerated compared with TDF-FTC in U.S. women. No new HIV infections occurred, although whether this was due to study drugs or low risk in the population is uncertain. Maraviroc-containing PrEP for women may warrant further study. PRIMARY FUNDING SOURCE: National Institutes of Health.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Haakma T.A.; Luder S.; Müller E.; Somaini B.	Transition from HIV control to HIV elimination in Switzerland	Journal of Public Health (Germany)	-	-	-	9431853	10.1007/s10389-017-0819-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85034738389&doi=10.1007%2fs10389-017-0819-y&partnerID=40&md5=a1aa8912a47c68740498e7736757d781	Purpose: This article proposes a strategy for Switzerland to change the goal from HIV control to HIV elimination. In Switzerland, HIV treatment is well organized and available for all with good access. Methods: An important challenge that obstructs prevention is the new infections originating from people who are unaware of their status. Since the majority of new infections in Switzerland are within the group of men who have sex with men (MSM), this strategy targets MSM who do not know their HIV status and engage in risky sexual behavior. Results: The strategy focuses on three pillars: collaboration and leadership, key actions and important indicators. To guide this effort, we proposed a task force to be responsible for leading this strategy. Its actions are centered around four aspects: learn from MSM, promote and facilitate testing, and include PrEP and PEP in the prevention package together with partner information. This article also provides important indicators that must be measured to inform the task force and to adapt or strengthen the strategy to reach the goal. Conclusion: Reaching the right persons and offering the right "prevention package" are the key challenges for Switzerland to be among the first countries to eliminate HIV transmission. © 2017, Springer-Verlag GmbH Germany.	Elimination; HIV; MSM; Prevention; Strategy	English	Germany	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Mixed methods
Article	2017	Haaland, Richard E; Martin, Amy; Holder, Angela; Fountain, Jeffrey J; Hall, LaShonda; Pescatore, Nicole A; Heeke, Sheila; Kelley, Colleen F	Urine tenofovir and emtricitabine concentrations provide biomarker for exposure to HIV preexposure prophylaxis.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001551	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5541255	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Haberer J.E.; Ngure K.; Muwonge T.; Mugo N.; Katabira E.; Heffron R.; Musinguzi N.; Bangsberg D.R.; Celum C.; Baeten J.M.	Context matters: PrEP adherence is associated with sexual behavior among HIV serodiscordant couples in East Africa	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001548	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037690146&doi=10.1097%2fQAI.0000000000001548&partnerID=40&md5=08bd54d0c0fb7c271f2363f0aa314240	Background: Short message service (SMS) surveys are a promising tool for understanding whether preexposure prophylaxis (PrEP) adherence aligns with risk for HIV acquisition - a concept known as prevention-effective adherence. Methods: The Partners Demonstration Project was an open-label study of integrated PrEP and antiretroviral therapy (ART) delivery among high-risk HIV serodiscordant couples in East Africa. HIV-uninfected partners were offered PrEP until their HIV-infected partner had taken ART for ≥6 months. At 2 study sites, HIV-uninfected partners were offered enrollment into the Partners Mobile Adherence to PrEP (PMAP) substudy based on ongoing PrEP use, personal cell phone ownership, and ability to use SMS. SMS surveys asked about PrEP adherence and sexual activity in the previous 24 hours; these surveys were sent daily for the 7 days before and 7 days after routine study visits in the Partners Demonstration Project. Results: The PMAP substudy enrolled 373 HIV-uninfected partners; 69% were men and mean age was 31 years. Participants completed 17,030 of 23,056 SMS surveys sent (74%) with a mean of 47 surveys per participant over 9.8 months of follow-up. While HIV-infected partner use of ART was,6 months, mean reported PrEP adherence was 92% on surveys concurrently reporting sex within the serodiscordant partnership, and 84% on surveys reporting no sex (P < 0.001). Discussion: SMS surveys provided daily assessment of concurrent PrEP adherence and sexual behavior. Higher PrEP adherence was temporally associated with increased risk for HIV acquisition. Copyright © 2017 The Author(s). Published by Wolters Kluwer Health, Inc.	Adherence; HIV; Preexposure prophylaxis (PrEP); SMS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Haberer, Jessica E; Kidoguchi, Lara; Heffron, Renee; Mugo, Nelly; Bukusi, Elizabeth; Katabira, Elly; Asiimwe, Stephen; Thomas, Katherine K; Celum, Connie; Baeten, Jared M	Alignment of adherence and risk for HIV acquisition in a demonstration project of pre-exposure prophylaxis among HIV serodiscordant couples in Kenya and Uganda: A prospective analysis of prevention-effective adherence	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.20.1.21842	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037577659&doi=10.7448%2fIAS.20.1.21842&partnerID=40&md5=190c076772a90da18e07a683bf679271	Introduction: Adherence is essential for pre-exposure prophylaxis (PrEP) to protect against HIV acquisition, but PrEP use need not be life-long. PrEP is most efficient when its use is aligned with periods of risk - a concept termed prevention-effective adherence. The objective of this paper is to describe prevention-effective adherence and predictors of adherence within an open-label delivery project of integrated PrEP and antiretroviral therapy (ART) among HIV serodiscordant couples in Kenya and Uganda (the Partners Demonstration Project). Methods: We offered PrEP to HIV-uninfected participants until the partner living with HIV had taken ART for ≥6 months (a strategy known as "PrEP as a bridge to ART"). The level of adherence sufficient to protect against HIV was estimated in two ways: ⩾4 and ⩾6 doses/week (per electronic monitoring). Risk for HIV acquisition was considered high if the couple reported sex with <100% condom use before six months of ART, low if they reported sex but had 100% condom use and/or six months of ART and very low if no sex was reported. We assessed prevention-effective adherence by cross-tabulating PrEP use with HIV risk and used multivariable regression models to assess predictors of ≥4 and ≥6 doses/week. Results: A total of 985 HIV-uninfected participants initiated PrEP; 67% were male, median age was twenty-nine years, and 67% reported condomless sex in the month before enrolment. An average of ≥4 doses and ≥6 doses/week were taken in 81% and 67% of participant-visits, respectively. Adherence sufficient to protect against HIV acquisition was achieved in 75-88% of participant-visits with high HIV risk. The strongest predictor of achieving sufficient adherence was reporting sex with the study partner who was living with HIV; other statistically significant predictors included no concerns about daily PrEP, pregnancy or pregnancy intention, females aged >25 years, older male partners and desire for relationship success. Predictors of not achieving sufficient adherence were no longer being a couple, delayed PrEP initiation, >6 months of follow-up, ART use >6 months by the partner living with HIV and problem alcohol use. Conclusions: Over three-quarters of participant-visits by HIV-uninfected partners in serodiscordant couples achieved prevention-effective adherence with PrEP. Greater adherence was observed during months with HIV risk and the strongest predictor of achieving sufficient adherence was sexual activity. © 2017 Haberer J E et al; licensee International AIDS Society.	pre-exposure prophylaxis; PrEP; prevention-effective adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Hacker, Elizabeth; Cohn, Jonathan; Golden, Matthew R; Heumann, Christine	HIV Pre-Exposure Prophylaxis (PrEP) Uptake, Initiation, and Persistence in the Detroit Public Health STD Clinic	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx163.1107	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5631394/	Abstract Background HIV pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool; however, little is known about PrEP uptake, initiation, and persistence among patients prescribed PrEP in STD clinics. Methods Between July 2016 and March 2017, STD clinic staff compiled reports detailing the eligibility and initiation of PrEP in the Detroit STD Clinic. Staff called all patients prescribed PrEP to determine whether they had started PrEP, were still on PrEP, and their reasons for never initiating or discontinuing PrEP. We used chi-square tests to evaluate differences in PrEP initiation and discontinuation by age and race, calculated the population's mean duration on PrEP (persistence), and used proportional hazards regression to assess differences in persistence by age and race. Results A total of 161 STD clinic patients were eligible for PrEP, of whom 71 (44%) were prescribed PrEP. Of the 71 patients prescribed PrEP, staff successfully interviewed 45 (63%) a median of 113 days following their receipt of prescription. Thirty-four (76%) interviewed patients had initiated PrEP, of whom 17 (50%) had subsequently discontinued their medication a mean of 92 days (95% confidence interval CI: ± 23.8) following receipt of a prescription. Figure 1 illustrates the PrEP care continuum for our clinic: There was no significant difference in PrEP initiation or discontinuation by age or race. There was no significant difference in persistence by race. Ages 18–24 had the shortest mean persistence (62 days, 95% CI: ±37.5), while those ages 35–44 had the longest mean persistence (146 days, 95% CI: ± 47.3) though this was not a significant difference (hazard ratio 0.39, P = 0.28). The most common reason for not initiating or discontinuing PrEP was concern about side effects (29%). Conclusion Clinicians in the Detroit STD clinic prescribed PrEP for less than half of PrEP-eligible patients, only 76% of those prescribed PrEP ever filled their first prescription, and the mean duration of use among those who filled a first prescription was under 6 months. Our findings highlight the need for further evaluation of why eligible patients are not prescribed PrEP, intensified support services to encourage PrEP persistence, and improved patient counseling about potential side effects. Disclosures All authors: No reported disclosures.	clinical medicine; general & internal medicine; medical and health sciences; Pre-exposure prophylaxis; Family medicine; Human immunodeficiency virus (HIV); Pediatrics; Abstracts; other medical science; public health; Persistence (computer science); Std clinic	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Hampel B.; Kusejko K.; Braun D.L.; Harrison-Quintana J.; Kouyos R.; Fehr J.	Assessing the need for a pre-exposure prophylaxis programme using the social media app Grindr®	HIV Medicine	-	-	-	14642662	10.1111/hiv.12521	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031494560&doi=10.1111%2fhiv.12521&partnerID=40&md5=e30ef494061c2e086f5423e7a6c28670	Objectives: HIV pre-exposure prophylaxis (PrEP) is not approved in Switzerland and therefore must be paid for by the users themselves. We conducted a survey to find out whether men who have sex with men (MSM) in Switzerland are already taking PrEP, or are considering using it, and whether it is being taken under medical supervision or not. Methods: Grindr® is a geosocial networking app for MSM. Between 5 and 24 January 2017, users of the app who were located in Switzerland by a global positioning system (GPS) were asked to participate in a ten-question survey on PrEP use. Results: Of the 2455 people who took part in the survey, 1893 were included in the analysis. Eighty-two participants (4.3%) reported that they were currently taking PrEP, 64 of whom (78%) said that they were under medical supervision. Seven PrEP users (9%) declared that they had not taken an HIV test within the previous 12 months. Nine hundred and forty-four (49.9%) were considering taking PrEP in the next 6 months, and 1474 (77.9%) were considering taking it at some point in the future. Conclusions: In an online survey carried out among sexually active MSM in Switzerland, only a minority of the individuals approached responded that they were currently using PrEP. However, the majority of participants were considering taking PrEP in the future. We identified a substantial proportion of PrEP users taking PrEP outside a medical setting. Hence, a national programme facilitating access to medical care and providing PrEP is urgently needed. © 2017 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association	men who have sex with men; pre-exposure prophylaxis; social media; Switzerland	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2017	Han, Hannah H.	CHARACTERIZING THE SAUTI vAGYW HIV RISK ASSESSMENT TOOL TO MEASURE VULNERABILITY OF ADOLESCENT GIRLS AND YOUNG WOMEN IN TANZANIA	-	-	Johns Hopkins University	-	NA	10.1371/journal.pone.0248153	http://jhir.library.jhu.edu/handle/1774.2/40768	Background: Improved strategies to address the disproportionate burden of HIV in adolescent girls and young women (AGYW) remains as a crucial component of an effective HIV response. To best serve AGYW with personalized, evidence-based HIV intervention packages, validated risk stratification tools are needed. The aim of this study was to characterize the reliability and validity of the Sauti vAGYW HIV risk assessment tool using exploratory factor analysis. Methods: A 20-item scale was developed and administered to 6,526 out-of-school AGYW aged 15-24 in five regions of Tanzania August 2015 to June 2016. Exploratory factor analysis was used to assess the underlying construct of HIV vulnerability among AGYW. Factors were extracted based on Kaiser's criterion, eigenvalues, scree plots, Horn's test, and interpretability. Items were included if the factor loadings were within the range of 0.3 and 0.9 with no cross-loadings. Cronbach's alpha, item-rest and item-test correlations were used to test reliability of the scale. Construct validity was assessed using point-biserial correlations and multivariate logistic regression between the scale and HIV-related health outcomes. Results: Twelve items were retained in the final scale, representing three factors. Cronbach's alpha of the overall scale and Factor 1 were 0.76 and 0.72, respectively, suggesting high internal consistency. Factor 2 (α=0.47) and Factor 3 (α=0.65) had relatively lower Cronbach's alpha, potentially influenced by the small number of items loaded onto these factors. The item-test correlations of the twelve items ranged from 0.40 to 0.63, whereas the item-rest correlations ranged from 0.26 to 0.52. Risk scores were significantly associated with history of HIV test, history of childbirth, and the use of alcohol during sex in the past 30 days. The odds of having ever taken an HIV test (OR: 2.04; 95% CI: 1.40, 2.98), given birth to a child (OR: 1.50; 95% CI: 1.01, 2.22), and use of alcohol when having sex in the past 30 days (OR: 2.57; 95% CI: 1.13, 5.85) were significantly higher comparing the very high risk group to the low risk group. However, the associations with other risk levels did not reach the level of statistical significance. Conclusions: The Sauti vAGYW HIV risk assessment tool reliably stratifies out-of-school AGYW in Tanzania based on individual and structural HIV risks. Scaling implementation of this risk stratification tool may support better HIV prevention specification ranging from enhanced counseling and education to HIV pre-exposure prophylaxis.	HIV; vulnerability; adolescent girls; young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Hankins, Catherine A; Koulla-Shiro, Sinata; Kilmarx, Peter; Ferrari, Guido; Schechter, Mauro; Kane, Coumba Touré; Venter, François; Boucher, Charles Ab; Ross, Anna-Laura; Zewdie, Debrework; Eholié, Serge Paul; Katabira, Elly	Ending AIDS as a public health threat by 2030: Scientific Developments from the 2016 INTEREST Conference in Yaoundé, Cameroon.	Antiviral Therapy	-	-	-	2040-2058	10.3851/IMP3165	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5542813	The underpinning theme of the 2016 INTEREST Conference held in Yaoundé, Cameroon, 3-6 May 2016 was ending AIDS as a public health threat by 2030. Focused primarily on HIV treatment, pathogenesis and prevention research in resource-limited settings, the conference attracted 369 active delegates from 34 countries, of which 22 were in Africa. Presentations on treatment optimization, acquired drug resistance, care of children and adolescents, laboratory monitoring and diagnostics, implementation challenges, HIV prevention, key populations, vaccine and cure, hepatitis C, mHealth, financing the HIV response and emerging pathogens, were accompanied by oral, mini-oral and poster presentations. Spirited plenary debates on the UNAIDS 90-90-90 treatment cascade goal and on antiretroviral pre-exposure prophylaxis took place. Joep Lange career guidance sessions and grantspersonship sessions attracted early career researchers. At the closing ceremony, the Yaoundé Declaration called on African governments; UNAIDS; development, bilateral, and multilateral partners; and civil society to adopt urgent and sustained approaches to end HIV by 2030.	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2017	Hanson, Brent M; Dorais, Jessie A	Reproductive considerations in the setting of chronic viral illness.	American Journal of Obstetrics and Gynecology	-	-	-	1097-6868	10.1016/j.ajog.2017.02.012	https://dx.doi.org/10.1016/j.ajog.2017.02.012	Special considerations must be taken when patients with human immunodeficiency virus (HIV), hepatitis B, or hepatitis C desire to become pregnant. Patients with chronic viral illnesses desire to have children at rates similar to the general population, and options are available to decrease both vertical transmission and viral transmission between partners. Preconception counseling or consultation with fertility specialists is imperative in patients with HIV, hepatitis B, and hepatitis C so that reproductive goals can be addressed and optimized. In couples in which one partner has HIV, the use of highly active antiretroviral therapy or preexposure prophylaxis can significantly reduce the risk of transmission between serodiscordant partners. The use of density gradient sperm-washing techniques and intrauterine insemination or in vitro fertilization results in an apparent lack of transmission of HIV between partners when the male partner is HIV-positive. Vertical transmission of HIV from mother to child can be reduced by use of highly active antiretroviral therapy regimens throughout pregnancy or by cesarean delivery in the setting of high maternal viral load. Transmission of hepatitis B between partners can be eliminated by vaccinating the uninfected partner. Vertical transmission from a hepatitis B-infected mother to a child can be reduced by vaccinating neonates with the standard hepatitis B vaccine series as well as hepatitis B immune globulin. Recent data have shown the antiviral medication tenofovir to be an effective way to reduce vertical transmission in the setting of high maternal viral load or the presence of hepatitis B e antigen. There are multiple antiviral medications available to treat chronic hepatitis C, although access to these medications often is limited by cost. Similar to HIV-positive patients, in settings in which the male partner is infected with hepatitis C, density gradient sperm washing can be used before intrauterine insemination or in vitro fertilization to reduce transmission of hepatitis C between partners. No safe and effective method exists to reduce vertical transmission of hepatitis C once a woman becomes pregnant, highlighting the importance of treatment of hepatitis C before pregnancy.	assisted reproduction chronic viral illness hepatitis B hepatitis C human immunodeficiency virus (HIV) intrauterine insemination (IUI) in vitro fertilization (IVF)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2017	Hartley, Alice	PrEPared Against HIV: 2.0	-	-	University of Canterbury	-	NA	NA	http://dx.doi.org/10.26021/4171	In 2016, there were 244 new HIV infections in New Zealand; this is the fifth consecutive year of rising infection rates, and the largest number of new diagnoses reported since records began in 1985. In New Zealand, men who have sex with men (MSM) can account for up to 80% of new HIV diagnoses yearly. Until now, HIV prevention has focused on behavioural methods, such as condom use, abstinence, and serosorting. However, recent trials show that a new biomedical method, pre-exposure prophylaxis (PrEP), is more than 90% effective at preventing HIV acquisition among HIV-negative, at-risk individuals when taken daily. Unfortunately, PrEP is not a silver bullet for HIV, as cited complexities associated with PrEP include potential antiretroviral resistance, side effects, cost, stigmatisation, and risk compensation. Therefore, this research aimed to answer the following questions: Do MSM from Canterbury feel that PrEP has a place in New Zealand's public health system, and how could a policy be developed to minimise the difficulties regarding implementation faced overseas? Following Carol H. Weiss's problem-solving model, this thesis uses a multiple, mixed-methods approach to reduce uncertainty regarding HIV prevention and treatment attitudes (specifically regarding PrEP) among a particular cohort (MSM) and thus, informs more effective future policies. The methods used are a survey, interviews, and document analysis. The first research question was answered using an anonymous, online, Likert scale survey. Participants were recruited using non-probability purposive sampling. 42 MSM from the Canterbury region were surveyed to measure their attitudes towards HIV, PrEP and condom use. 100% of participants agreed that taking PrEP is a good way to reduce their chances of HIV infection, 100% of participants agreed that PrEP is a worthwhile prevention method for MSM, and 97.5% believed that PrEP should be subsidised for MSM. Building upon the preliminary data, I propose PrEPared Against HIV: 2.0 as a solution to the second research question that follows Weiss's problem-solving model. This policy is designed specifically to fit within New Zealand's public health system and is informed by the grassroots input and empirical evidence collected through interviews with HIV experts, survey data, and document analysis. PrEPared Against HIV: 2.0 pays specific attention to 'PrEP problem areas' such as developing adequate clinical guidelines, ensuring PrEP providers receive adequate support, encouraging adherence, and reducing stigmatisation linked to PrEP use. This research shows there is a need for greater investment in HIV prevention rather than costly HIV treatment. PrEP can reduce future HIV infections and there is obvious support from both HIV experts and MSM for a PrEP policy in New Zealand. However, PrEP needs to be one plank in a multi-faceted policy for wider HIV prevention to ensure that it can have a positive impact on the HIV epidemic in New Zealand.	NA	English	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	-	-	Mixed methods
Article	2017	Hassan, Adiba; Blumenthal, Jill; Dube, Michael; Ellorin, Eric; Corado, Katya; Moore, David	Effect of Rectal Hygiene on Sexually Transmitted Infections Among HIV-Negative Men Who Have Sex with Men (MSM)	Infectious Diseases	-	-	-	2328-8957	https://doi.org/10.1093/ofid/ofx163.092	https://escholarship.org/uc/item/0010b61j	Abstract Background Rectal gonorrhea (NG) and chlamydia (Connecticut) infections are common among men who have sex with men (MSM). Rectal douching/enema (RDE) is a common practice among MSM that can affect the rectal microbiome. It is unclear if this practice is associated with acquiring rectal infections (RI) with either NG or CT. Methods From 2013–2015, 398 adult HIV-negative MSM and transwomen were enrolled in a randomized controlled study on text messaging for adherence to pre-exposure prophylaxis (PrEP). Participants were surveyed on sexual behavior, frequency of RDE, drug use, and nutritional habits in conjunction with routine sexually transmitted infection testing. Pearson's χ 2 and two sample t-tests were used to measure significance of RDE and other risk factors with RI. Multivariable logistic regression model was used to control for confounding and assess the association of RDE with RIs. Confounders (i.e., age, number anal receptive sex, number sex partners) were selected a priori for inclusion in the final model based on a causal model and statistical significance. Results Of 397 participants, 262 (67%) performed RDE and 132 (33%) had at least one NG or CT rectal infection over 48 weeks. Number of condomless anal receptive sex acts (mean = 19, P < 0.001), condom use for anal receptive sex (P = 0.017), number of male sex partners in past 3 months (mean = 14, P = 0.001), and the use of poppers (P < 0.001) were associated with RI. There was no significant association between nutritional habits, probiotic foods or supplements and RI, with the exception of energy bars (P = 0.029). Controlling for confounders, RI was associated with RDE less than weekly with OR = 1.02 (95% CI 0.52–1.99) while RDE weekly or more had OR = 2.08 (95% CI 1.03–4.17). Stratified by number of partners, MSMs with more than the median (>6) number of partners had OR = 4.96 (95% CI 1.29–19.03) if performing RDE less than weekly, and OR = 6.03 (95% CI 1.55–23.49) if weekly or more. Conclusion Rectal hygiene with douching/enemas is a common practice among MSMs on PrEP, which increases the odds of acquiring rectal NG and/or CT. This finding is suggestive for the use of rectal hygiene products/practices as potential targets for sexually transmitted infection prevention. Disclosures All authors: No reported disclosures.	Behavioral and Social Science; Infectious Diseases; Clinical Research; Sexual and Gender Minorities (SGM/LGBT*); Sexually Transmitted Infections; HIV/AIDS; Prevention; Infection	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Havens P.L.; Stephensen C.B.; Van Loan M.D.; Schuster G.U.; Woodhouse L.R.; Flynn P.M.; Gordon C.M.; Pan C.G.; Rutledge B.; Liu N.; Wilson C.M.; Hazra R.; Hosek S.G.; Anderson P.L.; Seifert S.M.; Kapogiannis B.G.; Mulligan K.	Decline in bone mass with tenofovir disoproxil fumarate/emtricitabine is associated with hormonal changes in the absence of renal impairment when used by HIV-uninfected adolescent boys and young men for HIV preexposure prophylaxis	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciw765	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026913214&doi=10.1093%2fcid%2fciw765&partnerID=40&md5=84a79c73524ae7587a2d05a72b7b39cf	Background. We aimed to define the relative importance of renal and endocrine changes in tenofovir disoproxil fumarate (TDF)-related bone toxicity. Methods. In a study of daily TDF/emtricitabine (FTC) preexposure prophylaxis (PrEP) in human immunodeficiency virus (HIV)-uninfected young men who have sex with men, we measured changes from baseline in blood and urine markers of the parathyroid hormone (PTH)-vitamin D-fibroblast growth factor 23 (FGF23) axis, creatinine, and renal tubular reabsorption of phosphate (TRP). We explored the relationship of those variables to changes in bone mineral density (BMD). Tenofovir-diphosphate (TFV-DP) in red blood cells was used to categorize participants into high and low drug exposure groups. Results. There were 101 participants, median age 20 years (range 15 to 22). Compared with low drug exposure, high-exposure participants showed increase from baseline in PTH and decline in FGF23 by study week 4, with no differences in creatinine, phosphate, or TRP. At 48 weeks, the median (interquartile range) percent decline in total hip BMD was greater in those with high- compared to low- exposure (-1.59 2.77 vs +1.54 3.34 %, respectively; P = .001); in high-exposure participants, this correlated with week 4 TFV-DP (inversely; r = -0.60, P = .002) and FGF23 (directly; r = 0.42; P = .039) but not other variables. Conclusions. These findings support the short-term renal safety of TDF/FTC PrEP in HIV-seronegative young men and suggest that endocrine disruption (PTH-FGF23) is a primary contributor to TDF-associated BMD decline in this age group. Clinical Trials Registration. NCT01769469. © The Author 2016. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	Bone mineral density; Fibroblast growth factor 23; HIV preexposure prophylaxis; Parathyroid hormone; Tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Heffron R.; McClelland R.S.; Balkus J.E.; Celum C.; Cohen C.R.; Mugo N.; Bukusi E.; Donnell D.; Lingappa J.; Kiarie J.; Fiedler T.; Munch M.; Fredricks D.N.; Baeten J.M.; Coombs R.W.; Frenkel L.; Hendrix C.W.; McElrath M.J.; Fife K.; Were E.; Tumwesigye E.; Ndase P.; Katabira E.; Ronald A.; Wangisi J.; Campbell J.; Tappero J.; Farquhar C.; John-Stewart G.; Mugo N.R.	Efficacy of oral pre-exposure prophylaxis (PrEP) for HIV among women with abnormal vaginal microbiota: a post-hoc analysis of the randomised, placebo-controlled Partners PrEP Study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(17)30110-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85024889467&doi=10.1016%2fS2352-3018%2817%2930110-8&partnerID=40&md5=c777187b9583ddf2e9b1c47c75989a4d	Background Daily oral tenofovir-based pre-exposure prophylaxis (PrEP) is high efficacious for HIV prevention among women with high adherence. However, the effect of abnormal vaginal microbiota on PrEP efficacy is of concern. We investigated whether bacterial vaginosis modified the efficacy of oral PrEP. Methods We used prospectively collected data from women in the Partners PrEP Study, a placebo-controlled trial of daily oral PrEP (either tenofovir monotherapy or a combination of tenofovir and emtricitabine) in HIV serodiscordant couples aged 18 years or older in Kenya and Uganda that showed high efficacy in women. We used Cox proportional hazards regression to assess PrEP efficacy among subgroups of women defined by bacterial vaginosis status based on yearly microscopy and Nugent scoring (0–3 indicated healthy microbiota, 4–6 intermediate, and 7–10 bacterial vaginosis). In separate efficacy analyses, we also investigated individual components of the score (ie, detection of Gardnerella vaginalis or Bacteroides spp and non-detection of Lactobacillus spp) as markers of abnormal microbiota. Findings Of 1470 women (median age 33 years), 357 (24%) had bacterial vaginosis at enrolment. 45 women seroconverted to HIV. The HIV prevention efficacy of PrEP did not differ significantly among women with healthy microbiota (incidence 0·6 per 100 person years in PrEP group and 2·5 per 100 person-years in the placebo group; efficacy 76·55% 95% CI 43·09 to 90·37), intermediate microbiota (HIV incidence 1·8 per 100 person-years in the PrEP group and 3·5 per 100 person-years in the placebo group; efficacy 62·72% 95% CI −66·59 to 91·66), or bacterial vaginosis (HIV incidence 0·9 per 100 person-years in the PrEP group and 3·5 per 100 person-years in the placebo group; efficacy 72·50% 95% CI 5·98 to 91·95; pinteraction=0·871). PrEP efficacy was not significantly different between women with G vaginalis or Bacteroides spp morphotypes and those without these morphotypes (efficacy 68·62% vs 76·72%; pinteraction=0·652); or between those with Lactobacillus spp morphotypes and those without (70·48% vs 74·08%; pinteraction=0·86). Interpretation Among African women with a high prevalence of bacterial vaginosis and high adherence to PrEP, the efficacy of daily oral PrEP for HIV prevention did not differ significantly among women with abnormal versus healthy vaginal microbiota as defined by Nugent score. These data are reassuring that oral PrEP delivery to women can continue without the need for concurrent testing for bacterial vaginosis or vaginal dysbiosis. Funding Bill & Melinda Gates Foundation, Eunice Kennedy Shriver National Institute of Child Health and Human Development, and National Institute of Allergy and Infectious Diseases. © 2017 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Heffron, Renee; Ngure, Kenneth; Odoyo, Josephine; Bulya, Nulu; Tindimwebwa, Edna; Hong, Ting; Kidoguchi, Lara; Donnell, Deborah; Mugo, Nelly R; Bukusi, Elizabeth A; Katabira, Elly; Asiimwe, Stephen; Morton, Jennifer; Morrison, Susan; Haugen, Harald; Mujugira, Andrew; Haberer, Jessica E; Ware, Norma C; Wyatt, Monique A; Marzinke, Mark A; Frenkel, Lisa M; Celum, Connie; Baeten, Jared M	Pre-exposure prophylaxis for HIV-negative persons with partners living with HIV: Uptake, use, and effectiveness in an open-label demonstration project in East Africa	Gates Open Research	-	-	-	25724754	10.12688/gatesopenres.12752.2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073291106&doi=10.12688%2fgatesopenres.12752.2&partnerID=40&md5=b2e103fadc8b99a67b9b52ee2a37f7ab	Background: Pre-exposure prophylaxis (PrEP) can provide high protection against HIV infection and is a recommended intervention for HIV-negative persons with substantial HIV risk. Demonstration projects conducted in diverse settings worldwide illustrate practical examples of how PrEP can be delivered. This manuscript presents estimates of effectiveness and patterns of PrEP use within a two-year demonstration project of PrEP for HIV-negative members of heterosexual HIV serodiscordant couples in East Africa. Methods: The PrEP delivery model integrated PrEP into HIV treatment services, prioritizing PrEP use for HIV-negative partners within serodiscordant couples before and during the first 6 months after the partner living with HIV initiated antiretroviral therapy (ART). We measured PrEP uptake through pharmacy records and adherence to PrEP through medication event monitoring system (MEMS) bottle caps and quantification of tenofovir in plasma among a random sample of participants. We estimated HIV infections prevented using a counterfactual cohort simulated from the placebo arm of a previous PrEP clinical trial. Results: We enrolled 1,010 HIV serodiscordant couples that were naïve to ART and PrEP. Ninety-seven percent of HIV-negative partners initiated PrEP. Objective measures suggest high adherence: 71% of HIV-negative participants took ≥80% of expected doses, as recorded via MEMS, and 81% of plasma samples had tenofovir detected. Four incident HIV infections were observed (incidence rate=0.24 per 100 person-years), a 95% reduction (95% CI 86-98%, p<0.0001) in HIV incidence, relative to estimated HIV incidence for the population in the absence of PrEP integrated into HIV treatment services. Conclusions: PrEP uptake and adherence were high and incident HIV was rare in this PrEP demonstration project for African HIV-negative individuals whose partners were known to be living with HIV. Delivery of PrEP to HIV-negative partners within HIV serodiscordant couples was feasible and should be prioritized for wide-scale implementation. © 2018 Heffron R et al.	ART; HIV prevention; HIV serodiscordant couples; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2017	Henrich, Timothy J; Hatano, Hiroyu; Bacon, Oliver; Hogan, Louise E; Rutishauser, Rachel; Hill, Alison; Kearney, Mary F; Anderson, Elizabeth M; Buchbinder, Susan P; Cohen, Stephanie E; Abdel-Mohsen, Mohamed; Pohlmeyer, Christopher W; Fromentin, Remi; Hoh, Rebecca; Liu, Albert Y; McCune, Joseph M; Spindler, Jonathan; Metcalf-Pate, Kelly; Hobbs, Kristen S; Thanh, Cassandra; Gibson, Erica A; Kuritzkes, Daniel R; Siliciano, Robert F; Price, Richard W; Richman, Douglas D; Chomont, Nicolas; Siliciano, Janet D; Mellors, John W; Yukl, Steven A; Blankson, Joel N; Liegler, Teri; Deeks, Steven G	HIV-1 persistence following extremely early initiation of antiretroviral therapy (ART) during acute HIV-1 infection: An observational study.	PLOS Medicine	-	-	-	-	1549-1676	10.1371/journal.pmed.1002417	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5675377	BACKGROUND: It is unknown if extremely early initiation of antiretroviral therapy (ART) may lead to long-term ART-free HIV remission or cure. As a result, we studied 2 individuals recruited from a pre-exposure prophylaxis (PrEP) program who started prophylactic ART an estimated 10 days (Participant A; 54-year-old male) and 12 days (Participant B; 31-year-old male) after infection with peak plasma HIV RNA of 220 copies/mL and 3,343 copies/mL, respectively. Extensive testing of blood and tissue for HIV persistence was performed, and PrEP Participant A underwent analytical treatment interruption (ATI) following 32 weeks of continuous ART. METHODS AND FINDINGS: Colorectal and lymph node tissues, bone marrow, cerebral spinal fluid (CSF), plasma, and very large numbers of peripheral blood mononuclear cells (PBMCs) were obtained longitudinally from both participants and were studied for HIV persistence in several laboratories using molecular and culture-based detection methods, including a murine viral outgrowth assay (mVOA). Both participants initiated PrEP with tenofovir/emtricitabine during very early Fiebig stage I (detectable plasma HIV-1 RNA, antibody negative) followed by 4-drug ART intensification. Following peak viral loads, both participants experienced full suppression of HIV-1 plasma viremia. Over the following 2 years, no further HIV could be detected in blood or tissue from PrEP Participant A despite extensive sampling from ileum, rectum, lymph nodes, bone marrow, CSF, circulating CD4+ T cell subsets, and plasma. No HIV was detected from tissues obtained from PrEP Participant B, but low-level HIV RNA or DNA was intermittently detected from various CD4+ T cell subsets. Over 500 million CD4+ T cells were assayed from both participants in a humanized mouse outgrowth assay. Three of 8 mice infused with CD4+ T cells from PrEP Participant B developed viremia (50 million input cells/surviving mouse), but only 1 of 10 mice infused with CD4+ T cells from PrEP Participant A (53 million input cells/mouse) experienced very low level viremia (201 copies/mL); sequence confirmation was unsuccessful. PrEP Participant A stopped ART and remained aviremic for 7.4 months, rebounding with HIV RNA of 36 copies/mL that rose to 59,805 copies/mL 6 days later. ART was restarted promptly. Rebound plasma HIV sequences were identical to those obtained during acute infection by single-genome sequencing. Mathematical modeling predicted that the latent reservoir size was approximately 200 cells prior to ATI and that only around 1% of individuals with a similar HIV burden may achieve lifelong ART-free remission. Furthermore, we observed that lymphocytes expressing the tumor marker CD30 increased in frequency weeks to months prior to detectable HIV-1 RNA in plasma. This study was limited by the small sample size, which was a result of the rarity of individuals presenting during hyperacute infection. CONCLUSIONS: We report HIV relapse despite initiation of ART at one of the earliest stages of acute HIV infection possible. Near complete or complete loss of detectable HIV in blood and tissues did not lead to indefinite ART-free HIV remission. However, the small numbers of latently infected cells in individuals treated during hyperacute infection may be associated with prolonged ART-free remission.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Hermanussen R.	HIV pre-exposure prophylaxis (PrEP); Pre-expositieprofylaxe tegen hiv (PrEP)	Huisarts en Wetenschap	-	-	-	-	187070	10.1007/s12445-017-0167-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85020769520&doi=10.1007%2fs12445-017-0167-8&partnerID=40&md5=beb60f959a990009bb0ac9ac8fba2c31	De Nederlandse hiv-behandelcentra zien nog steeds ongeveer duizend nieuwe patiënten per jaar. Dat aantal is gedaald door voorlichtingscampagnes, condoomgebruik en snellere behandeling, maar kan nog verder worden teruggebracht door pre-expositieprofylaxe (PrEP) bij hoogrisicogroepen, met name mannen die seks hebben met mannen. PrEP, een combinatie van de twee antiretrovirale middelen emtricitabine en tenofovir, is toegelaten door de EMA en mag door de huisarts worden voorgeschreven. Het middel werkt goed, heeft weinig bijwerkingen en kan kosteneffectief zijn, maar is duur en wordt in Nederland niet vergoed. Veel gebruikers kiezen daarom voor illegaal internetgebruik. Huisartsen zouden ook deze groep gebruikers moeten begeleiden. De in 2016 verschenen Nederlandse PrEP-richtlijn geeft aanwijzingen voor indicatiestelling, begeleiding en gebruik. De gebruiker moet vooraf gecontroleerd worden op hiv om resistentieontwikkeling te voorkomen. Ook soa's, hepatitis B en C en de nierfunctie moeten gecontroleerd worden in verband met mogelijke bijwerkingen. Daarna is driemaandelijkse controle op soa's, hiv en nierafwijkingen geboden.	NA	German	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2017	Hidalgo-Tenorio, Carmen; Gil-Anguita, Concepción; Ramírez-Taboada, Jessica; Esquivias, Javier; López-Ruz, Miguel A; Balgahata, Omar Mohamed; Javier-Martinez, Rosario; Pasquau, Juan	Risk factors for infection by oncogenic human papillomaviruses in HIV-positive MSM patients in the ART era (2010-2016).	Medicine (United States)	-	-	-	-	1536-5964	10.1097/MD.0000000000008109	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5626276	Squamous cell carcinoma of anus (SCCA) is one of the most frequent non-AIDS-defining diseases in HIV patients, mainly in men who have sex with men (MSM), and it is associated with human papillomavirus (HPV) infection.To determine the prevalence of high-risk HPV (HR-HPV) genotypes, premalignant lesions (HSIL) and SCCA in a cohort of HIV-positive MSM; to study the distribution of HPV genotypes according to anal histology results; and to analyze risk factors for this infection.This prospective single-center study was conducted between May 2010 and September 2016. At the study visit, cotton swabs were used to collect anal samples for cytology study in ThinPrep Pap Test liquid medium (Thin Prep Processor 2000, Hologic Corp, USA), and for HPV PCR (Linear Array HPV Genotyping Test). After, high-resolution anoscopy (HRA) (Zeiss 150 fc) was carried out. Logistic regression analysis was performed to identify risk factors for HR-HPV infection.The study included 319 patients, with mean age of 36.7 years; HR-HPV was detected in 81.3%. The prevalence of HSIL was 13.5% and SCCA was 0.3%. With regard to the distribution of HPV genotypes according to histology results, HPV 16 was the most frequent genotype in normal anal mucosa (26.7%), in LSILs (36.9%), and in HSILs (38%). In multivariate analysis, CD4 nadir<200cells/μL was the factor associated with infection by HR-HPV (OR 3.66, 95% CI 1.05%-12.75%).HIV-positive MSM showed a high prevalence of HSIL+ lesions and of infection by oncogenic HPV, which appears to be favored by a deficient immune system. HPV 16 was the most frequently isolated genotype in anal mucosa, regardless of lesion type.	high-risk human papillomavirus, HIV, HSIL, men who have sex with men, squamous cell carcinoma of anus	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2017	Hidalgo-Tenorio, Carmen; Ramírez-Taboada, Jessica; Gil-Anguita, Concepción; Esquivias, Javier; Omar-Mohamed-Balgahata, Mohamed; SamPedro, Antonio; Lopez-Ruz, Miguel; Pasquau, Juan	Safety and immunogenicity of the quadrivalent human papillomavirus (qHPV) vaccine in HIV-positive Spanish men who have sex with men (MSM).	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-017-0160-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516305	BACKGROUND: Safety and immunogenicity of the quadrivalent human papillomavirus (qHPV) vaccine were evaluated in HIV-positive Spanish MSM. The prevalence of High Squamous Intraepithelial Lesions (HSIL) and genotypes of high-risk human papillomavirus (HR-HPV) were also determined, as well as risk factors associated with the presence of HR-HPV in anal mucosa. METHODS: This is a randomised, double blind, placebo-controlled trial of the quadrivalent HPV (qHPV) vaccine. The study enrolled from May 2012 to May 2014. Vaccine and placebo were administered at 0, 2 and 6 months (V1, V2, V3 clinical visits). Vaccine antibody titres were evaluated at 7 months. Cytology (Thin Prep® Pap Test), HPV PCR genotyping (Linear Array HPV Genotyping Test), and high-resolution anoscopy (Zeiss 150 fc© colposcope) were performed at V1. RESULTS: Patients (n = 162; mean age 37.9 years) were screened for inclusion; 14.2% had HSIL, 73.1% HR-HPV and 4.5% simultaneous infection with HPV16 and 18. Study participants (n = 129) were randomized to qHPV vaccine or placebo. The most common adverse event was injection-site pain predominating in the placebo group the first dose (83.6% vs. 56.1%; p = 0.0001; the second dose (87.8% vs. 98.4%; p = 0.0001); the third dose (67.7% vs. 91.9%; p = 0.0001). The vaccine did not influence either the viral load of HIV or the levels of CD4. Of those vaccinated, 76% had antibodies to HPV vs. 30.2% of those receiving placebo (p = 0.0001). In the multivariate analysis, Older age was associated with lower HR-HPV infection (RR 0.97; 95% CI 0.96-0.99), and risk factor were viral load of HIV >200 copies/μL (RR 1.42 95% CI 1.17-1.73) and early commencement of sexual activity (RR 1.35; 95% CI 1.001-1.811). CONCLUSIONS: This trial showed significantly higher anti-HR-HPV antibody titres in vaccinated individuals than in unvaccinated controls. There were no serious adverse events attributable to the vaccine. In our cohort, 1 of every 7 patients had HSIL and the prevalence of combined infection by genotypes 16 and 18 was low. This suggests that patients could benefit from receiving qHPV vaccine. Older age was the main protective factor against HR-HPV infection, and non-suppressed HIV viremia was a risk factor. CLINICAL TRIAL REGISTRATION: ISRCTN14732216 (http://www.isrctn.com/ISRCTN14732216).	Quadrivalent HPV vaccine, High squamous intra-epithelial lesions (HSIL), Low squamous intra-epithelial lesion (LSIL), Human immunodeficiency virus (HIV), Men having sex with men (MSM), Anal cancer	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2017	Hill, BJ; Bak, T; VandeVusse, A; Rosentel, K	Reporting pre-exposure prophylaxis use in Craigslist personal advertisements among men seeking sex with men in the United States	Sexual Health	-	-	-	-	1448-5028	10.1071/SH16221	https://pubmed.ncbi.nlm.nih.gov/28501046/	This study describes the self-reported use of pre-exposure prophylaxis (PrEP) in the personal advertisements of men seeking sex with men in the United States on the online classified advertisement site, Craigslist. Overall self-reported PrEP use was low (0.20%; 95% confidence interval (CI) = 0.18-0.22). However, PrEP use in personal ads was described in conjunction with seeking sexual risk behaviours including 'bareback' sex (22.7%; 95% CI = 17.7-27.7%) and sex with substance use (26.8%; 95% CI = 21.5-32.1%). Only 4.0% of personal ads sought safe sex (3.3%; 95% CI = 1.2-5.4%) or required condoms (0.7%; 95% CI = -0.3-1.7%). Our findings underscore the need for increased public PrEP awareness, particularly among men seeking sex with men, as well as the importance of healthcare providers emphasising sexually transmissible infection prevention behaviours (i. e. condom use) used in conjunction with PrEP.	HIV; INFECTIONS; CLINICAL-PRACTICE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Hoagland, Brenda; De Boni, Raquel B.; Moreira, Ronaldo I.; Madruga, José Valdez; Kallas, Esper G.; Goulart, Silvia Pereira; Cerqueira, Natalia; Torres, Thiago S.; Luz, Paula M.; Fernandes, Nilo Martinez; Liu, Albert Y.; Grinsztejn, Beatriz; Veloso, Valdilea G.	Awareness and Willingness to Use Pre-exposure Prophylaxis (PrEP) Among Men Who Have Sex with Men and Transgender Women in Brazil.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-016-1516-5	https://pubmed.ncbi.nlm.nih.gov/27531461/	Antiretroviral pre-exposure prophylaxis (PrEP) is recommended to prevent HIV infection among high-risk men who have sex with men (MSM) though not available in Brazil where the HIV epidemic persists unabated in this group. This cross-sectional study describes PrEP awareness and willingness and associated factors among MSM and transvestite/transgender women (trans women) pre-screened for the PrEP Brasil study. Awareness was reported by 61.3 % of the participants and was associated with age, education, site, study period and prior HIV testing. Most participants (82.1 %) were willing to use PrEP, which was associated with site, study period, number of male condomless anal sexual partners and anal sex with HIV positive/unknown partners. PrEP information is need among young and less educated individuals. Willingness to use PrEP was high and future studies should be conducted to confirm PrEP acceptability and the characteristics of the population who chose to adopt this intervention.	Adult; Humans; Male; Young Adult; Sexual Behavior; Cross-Sectional Studies; Sexual Partners; Health Knowledge, Attitudes, Practice; Brazil; Patient Acceptance of Health Care/*psychology; Homosexuality, Male/*psychology; HIV Infections/*prevention & control/*psychology; *Pre-Exposure Prophylaxis; HIV prevention; MSM; Pre-exposure prophylaxis; Transgender Persons/*psychology; Awareness; Transgender women; Willingness; Substance Abuse, Intravenous/complications/psychology; Transvestite	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2017	Hoagland, Brenda; Moreira, Ronaldo I; De Boni, Raquel B; Kallas, Esper G; Madruga, José Valdez; Vasconcelos, Ricardo; Goulart, Silvia; Torres, Thiago S; Marins, Luana M S; Anderson, Peter L; Luz, Paula M; Costa Leite, Iuri da; Liu, Albert Y; Veloso, Valdilea G; Grinsztejn, Beatriz	High pre-exposure prophylaxis uptake and early adherence among men who have sex with men and transgender women at risk for HIV Infection: the PrEP Brasil demonstration project.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.20.1.21472	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5515021	INTRODUCTION: The efficacy of pre-exposure prophylaxis (PrEP) in preventing sexual acquisition of human immunodeficiency virus (HIV) is well established. Little is known about the feasibility of PrEP implementation in middle-income settings with concentrated epidemics among men who have sex with men (MSM) and transgender women (TGW). METHODS: PrEP Brasil is a prospective, multicentre, open-label demonstration project assessing PrEP delivery in the context of the Brazilian Public Health System. HIV-uninfected MSM and TGW in 3 referral centres in Rio de Janeiro and São Paulo were evaluated for eligibility and offered 48 weeks of daily emtricitabine/tenofovir for PrEP. Concentrations of tenofovir diphosphate in dried blood spot samples (DBS) at week 4 after enrolment (early adherence) were measured. Predictors of drug levels were assessed using ordinal logistic regression models considering the DBS drug level as a 3 level variable (<350 fmol/punch, ≥350-699 fmol/punch and ≥700 fmol/punch). RESULTS: 1,270 individuals were assessed for participation; n = 738 were potentially eligible and n = 450 were offered PrEP (PrEP uptake was 60.9%). Eligible but not enrolled individuals were younger, had lower HIV risk perception and had lower PrEP awareness. At week 4, 424 participants (of the 450 enrolled) had DBS TFV-DP concentrations, 94.1% in the protective range (≥350 fmol/punch, consistent with ≥2 pills per week), and 78% were in the highly protective range (≥700 fmol/punch, ≥4 pills per week). Participants with ≥12 years of schooling had 1.9 times the odds (95%CI 1.10-3.29) of a higher versus lower drug level than participants with <12 years of schooling. Condomless receptive anal intercourse in the prior 3 months was also associated with higher drug levels (adjusted OR = 1.78; 95% CI 1.08-2.94). CONCLUSION: The high uptake and early adherence indicate that PrEP for high-risk MSM and TGW can be successfully delivered in the context of the Brazilian Public Health System. Interventions to address disparities on PrEP awareness and HIV risk perception among the younger and less educated are urgently needed in order to maximize the impact of this prevention strategy on the reduction of HIV infection among MSM and TGW in Brazil.	Pre-exposure prophylaxis, HIV prevention, MSM, transgender women, PrEP uptake, PrEP adherence, DRUG Levels	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2017	Hojilla, J. Carlo; Carrico, Adam W.; Vlahov, David	Optimizing the Delivery of HIV Pre-Exposure Prophylaxis (PrEP): An Evaluation of Risk Compensation, Disengagement, and the PrEP Cascade	-	-	University of California	University of California	-	NA	NA	https://www.proquest.com/dissertations-theses/optimizing-delivery-hiv-pre-exposure-prophylaxis/docview/1947499844/se-2?accountid=8113	Introduction To inform the optimal implementation of HIV pre-exposure prophylaxis (PrEP), we conducted three studies that evaluated serodisclosure, identified correlates of PrEP disengagement, and characterized the PrEP cascade of care. Methods Study 1 examined the association of PrEP use with participant non-disclosure and lack of knowledge of partner HIV status in the iPrEx Open Label Extension (OLE). Study 2 examined the effects of stimulant use and binge drinking (i.e., ≥5 drinks on one occasion) on PrEP disengagement in a nested case-cohort in OLE. PrEP disengagement was defined as failure to show for a follow-up visit or tenofovir drug levels <700fmol/punch. Study 3 characterized the PrEP cascade (i.e., seeking services, initiating PrEP, and retention in care) and identified predictors of non-retention among those who started PrEP in a clinic-based cohort of men who have sex with men in San Francisco. Results We analyzed data from 1,184 participants in Study 1. PrEP use was not significantly associated with non-disclosure or lack of knowledge of partner status in adjusted analyses (p-values≥.16). However, relationship characteristics were significantly associated with both outcomes. Of the 330 MSM and transgender women included in Study 2, 16% used stimulants and 22% reported binge drinking in the previous three months. Stimulant users had more than 5-fold greater odds of PrEP disengagement (adjusted odds ratio aOR=5.24, 95% CI 1.64-16.76). Binge drinking was not significantly associated with PrEP disengagement after adjusting for stimulant use and baseline confounders (aOR=0.78 0.33-1.88). Of the 344 men who sought PrEP services in Study 3, 268 (78%) initiated PrEP. Cost was the most commonly cited reason for not starting. Among patients who initiated PrEP, cumulative incidence of non-retention at 13 months was 38%. Men with an STI diagnosis at enrollment had a 79% greater rate of non-retention (adjusted hazard ratio aHR=1.79 1.06-3.01). Conclusion We found no evidence to suggest that PrEP use is associated with non-disclosure or not knowing partner status. Comprehensive prevention approaches that enhance uptake, reduce stimulant use, and support PrEP adherence and persistence are needed to address the heightened risk of HIV infection of those who use stimulants and those with STI diagnoses.	Pre-exposure prophylaxis; Men who have sex with men; Public health; Health sciences; Nursing; Serodisclosure; Stimulant use; HIV/aids; 0573:Public health; 0569:Nursing; 0566:Health sciences; Health and environmental sciences; Prep adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2017	Holloway I.W.; Dougherty R.; Gildner J.; Beougher S.C.; Pulsipher C.; Montoya J.A.; Plant A.; Leibowitz A.	PrEP Uptake, Adherence, and Discontinuation among California YMSM Using Geosocial Networking Applications	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001164	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983320085&doi=10.1097%2fQAI.0000000000001164&partnerID=40&md5=c4926b95e93d213413639479f252dc08	We investigated pre-exposure prophylaxis (PrEP) uptake, adherence, and discontinuation among young app-using men who have sex with men in California (N = 761). Approximately, 9.7% of participants had ever used PrEP; 87% of those deemed good candidates for screening (indicated by a Centers for Disease Control and Prevention risk index score ≥10) were not current or past users. PrEP use was associated with higher income adjusted odds ratio (aOR): 4.13; confidence interval (CI): 1.87 to 9.12, receptive condomless anal sex (aOR: 3.41; CI: 1.71 to 6.78), HIV-positive sex partners (aOR: 2.87; CI: 1.53 to 5.38), popper use (aOR: 3.47; CI: 1.96 to 6.13), and recent sexually transmitted infection diagnosis (aOR: 2.90; CI: 1.64 to 5.13). Some users (41.5%) wanted help remembering to take PrEP. The top reason for discontinuation was concern about long-term side effects (33.0%). Young men who have sex with men app users are prime candidates for PrEP, despite low uptake. Apps may be useful tools for PrEP information dissemination, adherence monitoring, and support. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.	geosocial networking applications; PrEP; PrEP adherence; PrEP discontinuation; PrEP uptake; young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Holloway I.W.; Tan D.; Gildner J.L.; Beougher S.C.; Pulsipher C.; Montoya J.A.; Plant A.; Leibowitz A.	Facilitators and Barriers to Pre-Exposure Prophylaxis Willingness among Young Men Who Have Sex with Men Who Use Geosocial Networking Applications in California	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2017.0082	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038560299&doi=10.1089%2fapc.2017.0082&partnerID=40&md5=3104b41894621fd48c68833aa239db33	While correlates of pre-exposure prophylaxis (PrEP) uptake have been explored among older men who have sex with men (MSM), less is known about the facilitators and barriers that encourage uptake among younger MSM (YMSM). This study explores the association between willingness to take PrEP and demographic characteristics, sexual risk, and substance use, and attitudinal factors among YMSM in California who use geosocial networking applications (GSN apps). Based on survey data from YMSM recruited through GSN apps (n = 687), PrEP willingness was positively associated with Hispanic ethnicity adjusted odds ratio (aOR): 1.73; confidence interval (CI): 1.01-2.98; p = 0.046, concerns about drug effects (aOR: 0.46; CI: 0.33-0.65; p < 0.001), medical mistrust (aOR: 0.71; CI: 0.53-0.96; p < 0.001), and concerns about adherence (aOR: 0.65; CI: 0.49-0.89; p = 0.005). PrEP willingness was positively associated with medium (aOR: 1.87; CI: 1.14-3.07; p = 0.014) and high concern (aOR: 1.84; CI: 1.13-3.01; p < 0.001) about contracting HIV and perceived benefits of taking PrEP (aOR: 2.59; CI: 1.78-3.78; p < 0.001). In addition to emphasizing the benefits of using PrEP, campaigns that address concerns regarding adherence and side effects may increase interest in and demand for PrEP among YMSM. More opportunities are needed to educate YMSM about PrEP, including addressing their concerns about this new prevention strategy. Providers should speak openly and honestly to YMSM considering PrEP about what to do if side effects occur and how to handle missed doses. Outreach using GSN apps for PrEP education and screening may be an effective way to reach YMSM. © Copyright 2017, Mary Ann Liebert, Inc.	Medical mistrust; Medication adherence; Pre-exposure prophylaxis (PrEP); Social networking; Young men who have sex with men (YMSM)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Holt M.; Lea T.; Schmidt H.-M.; Kolstee J.; Ellard J.; Murphy D.; Truong H.-H.; De Wit J.	Willingness to use and have sex with men taking HIV pre-exposure prophylaxis (PrEP): Results of online surveys of Australian gay and bisexual men, 2011-2015	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2016-052774	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85011106118&doi=10.1136%2fsextrans-2016-052774&partnerID=40&md5=67b29b6b754732dcffe3c124ea2078a9	Objective Assess willingness to use HIV pre-exposure prophylaxis (PrEP), support for others using it and willingness to have sex with partners using PrEP among Australian gay and bisexual men (GBM). Methods National, online cross-sectional surveys of Australian GBM were conducted in 2011, 2013 and 2015. Scales measuring support for and willingness to have sex with men using PrEP were developed in 2015 using factor analysis. Trends and associations with key measures were analysed using multivariate logistic regression. Results During 2011-2015, 3850 surveys were completed by GBM. Willingness to use PrEP among HIV-negative and untested men did not change between 2011 (28.2%) and 2015 (31.7%, p=0.13). In 2015, willingness to use PrEP was independently associated with younger age, having an HIV-positive regular partner, recent condomless anal intercourse with casual male partners (CAIC), more than 10 male sex partners in the previous 6months, ever having taken postexposure prophylaxis and having fewer concerns about using PrEP. In 2015, 54.5% of GBM supported other GBM taking PrEP and 39% were willing to have sex with men using PrEP. Support for and willingness to have sex with PrEP users were both associated with being HIV-positive, having a university degree and having two or more male partners in the previous 6months. Willingness to have sex with men on PrEP was also associated with recent CAIC and using party drugs for sex, but was less likely among men who consistently used or had a positive experience using condoms. Discussion Interest in and support for using PrEP are concentrated among men who engage in higher risk practices and who know more about living with HIV. This is consistent with the targeting of PrEP in Australia. © Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/.	ATTITUDES; GAY MEN; HIV; PREVENTION; SEXUAL BEHAVIOUR	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2017	Holt M.; Murphy D.A.	Individual versus community-level risk compensation following preexposure prophylaxis of HIV	American Journal of Public Health	-	-	-	-	900036	10.2105/AJPH.2017.303930	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029507735&doi=10.2105%2fAJPH.2017.303930&partnerID=40&md5=eed3a9166bf4c5ceaba22829131dd933	Weanalyzed the concept of risk compensation and how it has been applied in HIV prevention, paying particular attention to the strategyofHIVpreexposure prophylaxis (PrEP). In risk compensation, reduced perceptions of risk after the introduction of a preventative intervention lead to more frequent risktaking behavior. Such a change may undermine the intervention's protective benefits. We found that many studies purporting to investigate risk compensation do not assess or report changes in perceptions of risk, instead relying on behavioral measures. Our analysis suggests a complex and sometimes counterintuitive relationship between the introduction of a new prevention intervention, perceptions of HIV risk, and subsequent changes in behavior. As PrEP is introduced, we believe comprehensiveassessment of community-level risk compensation- that is, changes in risk perceptions and behavior as a result of increased optimism about avoiding HIV among people not directly protected by PrEP-should not be omitted. We therefore suggest ways to assess prevention optimism and community-level risk compensation.	Anti-HIV Agents, HIV Infections, Humans, Sexual Behavior, Perception	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2017	Holt, Martin	Progress and Challenges in Ending HIV and AIDS in Australia	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1642-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85006975007&doi=10.1007%2fs10461-016-1642-0&partnerID=40&md5=dc1c46a849dc57f2f746a5982b5d4f33	This review considers Australia's progress towards the elimination of HIV and AIDS, as specified in international targets. In particular, it considers the reaction to recent media reports that Australia has 'ended AIDS' and evaluates progress towards reducing HIV transmission. Recent surveillance data and research show significant improvements in HIV testing and treatment, but countervailing trends such as increased condomless sex between gay and other men who have sex with men. Pre-exposure prophylaxis (PrEP) is being implemented at scale in some jurisdictions, with the hope that this will significantly alter the trajectory of Australia's HIV epidemic, which has been stable for the last five years (at around 1000–1100 infections per year). The ongoing challenge in maintaining investment, while also considering how to respond to the diversification of the local epidemic, means that Australia has entered a critical period in which evidence of PrEP's impact is eagerly awaited. © 2016, Springer Science+Business Media New York.	Australia; Evaluation; HIV prevention; HIV testing; HIV treatment; HIV/AIDS; Surveillance	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2017	Holt, Martin; Lea, Toby; Mao, Limin; Zablotska, Iryna; Lee, Evelyn; de Wit, John B F; Prestage, Garrett	Adapting behavioural surveillance to antiretroviral-based HIV prevention: reviewing and anticipating trends in the Australian Gay Community Periodic Surveys.	Sexual Health	-	-	-	-	1448-5028	10.1071/SH16072	https://dx.doi.org/10.1071/SH16072	Background In Australia, the preventative use of antiretroviral drugs pre-exposure prophylaxis (PrEP) and treatment as prevention is being embraced to protect individuals at high risk of HIV and reduce onward transmission. METHODS: The adaptation of a behavioural surveillance system, the Gay Community Periodic Surveys, was reviewed to monitor the uptake and effect of new prevention strategies in Australia's primary HIV-affected population (gay and bisexual men, GBM). The national trends in key indicators during 2000-15 were reviewed and a new measure to take account of antiretroviral-based prevention was developed. RESULTS: Between 2000 and 2015, there were significant increases (P<0.001) in annual HIV testing (56.1-64.8%), condomless sex with casual partners (26.8-38.8%) and the proportion of HIV-positive men on HIV treatment (72.5-88.4%) and with an undetectable viral load (73.7-94.7%). The proportion of casual partners who were HIV negative, not on PrEP and who engaged in receptive condomless sex also increased between 2000 and 2015 from 12.8 to 19.3%. Two scenarios anticipating the effect of PrEP highlighted the need to target GBM who engage in receptive condomless sex while also sustaining condom use at a population level. CONCLUSIONS: Behavioural surveillance can be successfully adapted to follow the effect of antiretroviral-based prevention. It is anticipated that HIV testing and HIV treatment will continue to increase among Australian GBM, but to prevent new infections, intervention in the growing proportion of GBM who have condomless sex with casual partners is needed. For PrEP to have its desired effect, condom use needs to be sustained.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2017	Hoornenborg E.; Krakower D.S.; Prins M.; Mayer K.H.	Pre-exposure prophylaxis for MSM and transgender persons in early adopting countries	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001627	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030786078&doi=10.1097%2fQAD.0000000000001627&partnerID=40&md5=be9d719bca282d8b2d919904630d4c03	Pre-exposure prophylaxis (PrEP) is a potent and underutilized HIV prevention tool. In this paper we review the state of knowledge regarding PrEP implementation for men who have sex with men and transgender persons in early adopting countries. We focus on implementation of PrEP in demonstration projects and clinical care, and describe the status of PrEP availability and uptake. We report on approaches to identifying appropriate PrEP candidates in real-world settings and on best practices for clinical monitoring. This includes the exclusion of undiagnosed HIV infection prior to PrEP initiation and longitudinal measurement of renal function, in light of safety data. Since adherence is the primary factor moderating the effectiveness of PrEP, we discuss effective adherence support interventions. Additionally, we review the evidence for risk compensation with PrEP use and opportunities to provide PrEP as part of comprehensive and inclusive preventive health programs. We summarize cost-effectiveness studies, including their variable conclusions because of differing underlying assumptions, and discuss the importance of budgetary impact for public health programs and health care insurers. Further, we emphasize a need for greater engagement of health care providers in PrEP to increase access. We conclude with recommendations for ways to improve future efforts at implementing PrEP. © 2017 Wolters Kluwer Health, Inc.	HIV; MSM; pre-exposure prophylaxis; transgender person	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2017	Hoornenborg E.; Prins M.; Achterbergh R.C.A.; Woittiez L.R.; Cornelissen M.; Jurriaans S.; Kootstra N.A.; Anderson P.L.; Reiss P.; de Vries H.J.C.; Prins J.M.; de Bree G.J.	Acquisition of wild-type HIV-1 infection in a patient on pre-exposure prophylaxis with high intracellular concentrations of tenofovir diphosphate: a case report	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(17)30132-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029440818&doi=10.1016%2fS2352-3018%2817%2930132-7&partnerID=40&md5=f422ff3eca5a7cfd8bd7d6ab594c7e4d	Background Pre-exposure prophylaxis (PrEP) with emtricitabine and tenofovir disoproxil fumarate is highly effective against acquisition of HIV infection, and only two cases of infection with a multidrug-resistant virus have been reported under adequate long-term adherence, as evidenced by tenofovir diphosphate concentrations in dried blood spots. We report a case of wild-type HIV-1 infection despite consistent use of emtricitabine and tenofovir disoproxil fumarate. Methods The patient participated in the Amsterdam PrEP project, a demonstration project of daily and event-driven PrEP. We did extensive testing for HIV, including plasma HIV RNA and nested PCR on bulk peripheral blood mononuclear cells (PBMCs) and sigmoid biopsies after seroconversion. Findings A 50-year-old man who has sex with men and had been on daily emtricitabine and tenofovir disoproxil fumarate for 8 months presented with fever, urinary tract infection caused by Escherichia coli, anal lymphogranuloma venereum infection, and a positive fourth-generation HIV test. We found an atypical seroconversion pattern, with initially only gp160 antibodies detected in the western blot. HIV RNA could not be detected in plasma, and nested PCR for HIV RNA and DNA on bulk PBMCs and sigmoid biopsies were negative. PrEP was discontinued; 3 weeks later HIV RNA was detected in plasma. No drug-resistant mutations were detected. Tenofovir diphosphate concentrations in dried blood spots were stable and high. Interpretation To our knowledge, this is the first detailed case report suggesting wild-type HIV infection despite good adherence, evidenced by repeatedly high concentrations of tenofovir diphosphate in dried blood spots. PrEP providers need to be aware that infection can occur despite good adherence. Regular HIV testing and awareness of atypical patterns of seroconversion is highly recommended. Funding ZonMw, National Institute for Public Health and the Environment, Internal GGD research funds, Aidsfonds, Stichting AmsterdamDiner Foundation, Gilead Sciences, Janssen Pharmaceutica, M A C AIDS Fund, and ViiV Healthcare. © 2017 Elsevier Ltd	Anti-HIV Agents, HIV Infections, Male, Tenofovir, Transgender Persons, Humans, HIV-1, Middle Aged	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2017	Hoornenborg, Elske; Achterbergh, Roel C A; Schim van der Loeff, Maarten F; Davidovich, Udi; Hogewoning, Arjan; de Vries, Henry J C; Schinkel, Janke; Prins, Maria; van de Laar, Thijs J W	MSM starting preexposure prophylaxis are at risk of hepatitis C virus infection.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000001522	https://dx.doi.org/10.1097/QAD.0000000000001522	OBJECTIVES AND DESIGN: Hepatitis C virus (HCV) has been recognized as an emerging sexually transmitted infection (STI) among HIV-positive MSM. However, HIV-negative MSM at high risk for HIV might also be at increased risk for HCV. We studied the HCV prevalence in HIV-negative MSM who start preexposure prophylaxis (PrEP) in Amsterdam. Phylogenetic analysis was used to compare HCV strains obtained from HIV-negative and HIV-positive MSM. METHODS: At enrolment in the Amsterdam PrEP demonstration project, HIV-negative MSM were tested for the presence of HCV antibodies and HCV RNA. If positive for HCV RNA, an HCV NS5B gene fragment (709âbp) was sequenced and compared with HCV isolates from HIV-positive MSM (nâ=â223) and risk groups other than MSM (nâ=â153), using phylogenetic analysis. RESULTS: Of 375 HIV-negative MSM enrolled in Amsterdam PrEP, 18 (4.8%, 95% confidence interval 2.9-7.5%) of participants were anti-HCV and/or HCV RNA positive at enrolment; 15 of 18 (83%) had detectable HCV RNA. HCV genotyping showed genotype 1a (73%), 4d (20%), and 2b (7%). All HCV-positive MSM starting PrEP were part of MSM-specific HCV clusters containing MSM with and without HIV. CONCLUSION: HCV prevalence among HIV-negative MSM who started PrEP was higher than previously reported. All HIV-negative HCV-positive MSM were infected with HCV strains already circulating among HIV-positive MSM. The increasing overlap between sexual networks of HIV-positive and HIV-negative MSM might result in an expanding HCV-epidemic irrespective of HIV-status. Hence, routine HCV testing should be offered to MSM at high risk for HIV, especially for those enrolling in PrEP programs.	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2017	Hosek S.G.; Landovitz R.J.; Kapogiannis B.; Siberry G.K.; Rudy B.; Rutledge B.; Liu N.; Harris D.R.; Mulligan K.; Zimet G.; Mayer K.H.; Anderson P.; Kiser J.J.; Lally M.; Brothers J.; Bojan K.; Rooney J.; Wilson C.M.	Safety and feasibility of antiretroviral preexposure prophylaxis for adolescent men who have sex with men aged 15 to 17 years in the United States	JAMA Pediatrics	-	-	-	-	21686203	10.1001/jamapediatrics.2017.2007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85034748192&doi=10.1001%2fjamapediatrics.2017.2007&partnerID=40&md5=f41860d8a0436219b07b81728ea2ec2d	IMPORTANCE: Adolescents represent a key population for implementing preexposure prophylaxis (PrEP) interventions worldwide, yet tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for PrEP is only licensed for adults. OBJECTIVE: To examine the safety of and adherence to PrEP along with changes in sexual risk behavior among adolescent men who have sex with men (MSM). DESIGN, SETTING, AND PARTICIPANTS: Adolescent Medicine Trials Network for HIV/AIDS Interventions 113 (Project PrEPare) was a PrEP demonstration project that evaluated the safety, tolerability, and acceptability of TDF/FTC and patterns of use, rates of adherence, and patterns of sexual risk behavior among healthy young MSM aged 15 to 17 years. Participants were recruited from adolescent medicine clinics and their community partners in 6 US cities, had negative test results for human immunodeficiency virus (HIV) but were at high risk for acquiring an infection, and were willing to participate in a behavioral intervention and accept TDF/FTC as PrEP. EXPOSURES: All participants completed an individualized evidence-based behavioral intervention and were provided with daily TDF/FTC as PrEP for 48 weeks. MAIN OUTCOMES AND MEASURES: The main objectives were to: (1) provide additional safety data regarding TDF/FTC use among young MSM who had negative test results for HIV; (2) examine the acceptability, patterns of use, rates of adherence, and measured levels of tenofovir diphosphate in dried blood spots; and (3) examine patterns of risk behavior when young MSM were provided with a behavioral intervention in conjunction with open-label TDF/FTC. RESULTS: Among 2864 individuals screened (from August 2013 to September 2014), 260 were eligible and 78 were enrolled (mean SD age, 16.5 0.73 years), of whom 2 (3%) were Asian/Pacific Islander, 23 (29%) were black/African American, 11 (14%) were white, 16 (21%) were White Hispanic, and 26 (33%) were other/mixed race/ethnicity. Over 48 weeks of PrEP use, 23 sexually transmitted infections were diagnosed in 12 participants. The HIV seroconversion rate was 6.4 (95% CI: 1.3-18.7) per 100 person-years. Tenofovir diphosphate levels consistent with a high degree of anti-HIV protection (>700 fmol/punch) were found in 42 (54%), 37 (47%), 38 (49%), 22 (28%), 13 (17%), and 17 (22%) participants at weeks 4, 8, 12, 24, 36, and 48, respectively. CONCLUSIONS AND RELEVANCE: Adolescent Medicine Trials Network for HIV/AIDS Interventions 113 enrolled a diverse sample of adolescent MSM at risk for HIV who consented to study participation. Approximately half achieved protective drug levels during the monthly visits, but adherence decreased with quarterly visits. Youth may need additional contact with clinical staff members to maintain high adherence. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT01769456. © 2017 American Medical Association. All rights reserved.	Adolescent, Anti-HIV Agents, HIV Infections, Humans, Male, Homosexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Hosek S.G.; Rudy B.; Landovitz R.; Kapogiannis B.; Siberry G.; Rutledge B.; Liu N.; Brothers J.; Mulligan K.; Zimet G.; Lally M.; Mayer K.H.; Anderson P.; Kiser J.; Rooney J.F.; Wilson C.M.	An HIV Preexposure Prophylaxis Demonstration Project and Safety Study for Young MSM	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001179	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84987916837&doi=10.1097%2fQAI.0000000000001179&partnerID=40&md5=7ffc8c9ba8277fff1542c08207de15fe	Background: Young men who have sex with men (YMSM) are a key population for implementation of preexposure prophylaxis (PrEP) interventions. This open-label study examined adherence to PrEP and assessed sexual behavior among a diverse sample of YMSM in 12 US cities. Methods: Eligible participants were 18- to 22-year-old HIV-uninfected MSM who reported HIV transmission risk behavior in the previous 6 months. Participants were provided daily tenofovir disoproxil fumarate/emtricitabine (Truvada). Study visits occurred at baseline, monthly through week 12, and then quarterly through week 48. Dried blood spots were serially collected for the quantification of tenofovir diphosphate (TFV-DP). Results: Between March and September 2013, 2186 individuals were approached and 400 were found to be preliminarily eligible. Of those 400, 277 were scheduled for an in-person screening visit and 200 were enrolled (mean age = 20.2; 54.5% black, 26.5% Latino). Diagnosis of sexually transmitted infections, including urethral and rectal chlamydial/gonococcal infection and syphilis, at baseline was 22% and remained high across visits. At week 4, 56% of participants had TFV-DP levels consistent with ≥4 pills per week. By week 48, 34% of participants had TFV-DP levels consistent with ≥4 pills per week, with a noticeable drop-off occurring at week 24. Four HIV seroconversions occurred on study (3.29/100 person-years). Condomless sex was reported by >80% of participants, and condomless anal sex with last partner was associated with higher TFV-DP levels. Conclusions: Acceptability of PrEP was high, and most participants achieved protective drug levels during monthly visits. As visit frequency decreased, so did adherence. YMSM in the United States may need PrEP access in youth-friendly settings with tailored adherence support and potentially augmented visit schedules. Copyright © 2016 Wolters Kluwer Health, Inc. All rights reserved.	men who have sex with men; preexposure prophylaxis; youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Hubach, Randolph D.; Currin, Joseph M.; Sanders, Carissa A.; Durham, André R.; Kavanaugh, Katherine E.; Wheeler, Denna L.; Croff, Julie M.	Barriers to Access and Adoption of Pre-Exposure Prophylaxis for the Prevention of HIV Among Men Who Have Sex With Men (MSM) in a Relatively Rural State.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2017.29.4.315	https://guilfordjournals.com/doi/10.1521/aeap.2017.29.4.315	Biomedical intervention approaches, including antiretroviral pre-exposure prophylaxis (PrEP), have been demonstrated to reduce HIV incidence among several at-risk populations and to be cost effective. However, there is limited understanding of PrEP access and uptake among men who have sex with men (MSM) residing in relatively rural states. Twenty semistructured interviews were conducted (August-November 2016) to assess opinions of and perceived barriers to accessing and adopting PrEP among MSM residing in Oklahoma. Participants perceived substantial barriers to accessing PrEP including a stigmatizing environment and less access to quality, LGBT-sensitive medical care. Overall, geographic isolation limits access to health providers and resources that support sexual health for Oklahoma MSM. Addressing stigma situated across ecological levels in an effort to increase adoption of PrEP by MSM residing in rural states remains necessary. Without this, social determinants may continue to negatively influence PrEP adoption and sexual health outcomes.	Adult; Humans; Incidence; Male; Anti-HIV Agents/*administration & dosage; Rural Population; Patient Acceptance of Health Care/*psychology/statistics & numerical data; *Health Services Accessibility; *Pre-Exposure Prophylaxis; Perception; Social Stigma; HIV Infections/epidemiology/*prevention & control/psychology; Homosexuality, Male/*psychology/statistics & numerical data; Oklahoma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Hughes A.J.; Chen Y.-H.; Scheer S.	Condomless Anal Sex Among HIV-Positive Men Who Have Sex with Men: Biomedical Context Matters	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1852-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85023170659&doi=10.1007%2fs10461-017-1852-0&partnerID=40&md5=36a815111c7baa4b20ebfb5e6c88dd2a	Data from Medical Monitoring Project was used to determine if partner type is associated with condomless anal sex (CAS) and insertive condomless anal sex (ICAS) among HIV-positive men who have sex with men. Participants reported HIV status and PrEP use of up to five anal sex partners. Partner type was categorized as HIV-positive, HIV status unknown, HIV-negative on PrEP or HIV-negative not on PrEP. To account for correlation of multiple observations per participant, generalized estimating equations were used to calculate adjusted prevalence ratios and 95% confidence intervals of CAS and ICAS. Condom use during anal sex and insertive anal sex varied based on partner type. There was a higher prevalence of CAS and ICAS in partnerships with HIV-positive partners or HIV-negative partners on PrEP compared to HIV-negative partners not on PrEP. © 2017, Springer Science+Business Media, LLC.	Anal sex; Condom use; HIV serosorting; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2017	Hull, M; Tan, Dhs	Setting the stage for expanding HIV pre-exposure prophylaxis use in Canada.	Canada Communicable Disease Report	-	-	-	-	1188-4169	https://doi.org/10.14745%2Fccdr.v43i12a05	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937069	Human immunodeficiency virus (HIV) infection continues to disproportionately affect vulnerable populations in Canada; particularly men who have sex with men (MSM). Novel HIV prevention strategies have recently expanded from the use of non-occupational post-exposure prophylaxis (nPEP) after high risk exposures to the use of pre-exposure prophylaxis (PrEP) in which individuals reduce risk of HIV infection through use of combination antiretrovirals taken prior to risk exposure. With approval of tenofovir/emtricitabine (TDF/FTC) for use as PrEP only in early 2016, and with limited public funding to date, uptake in Canada is in its preliminary stages. These biomedical prevention strategies have proven efficacy for MSM, and they have potential for other at-risk populations. With generic formulations of TDF/FTC now available in Canada, there is an opportunity for widespread implementation. Expanding knowledge of health care providers across Canada on how best to assess, refer for or prescribe and monitor PrEP will contribute to the current efforts to reach the global goal of eliminating new HIV infections.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Other
Article	2017	Husnik, Marla J; Brown, Elizabeth R; Marzinke, Mark; Livant, Edward; Palanee-Phillips, Thesla; Hendrix, Craig W; Matovu Kiweewa, Flavia; Nair, Gonasagrie; Soto-Torres, Lydia E; Schwartz, Katie; Hillier, Sharon L; Baeten, Jared M	Implementation of a Novel Adherence Monitoring Strategy in a Phase III, Blinded, Placebo-Controlled, HIV-1 Prevention Clinical Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001503	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5634926	BACKGROUND: Placebo-controlled HIV-1 prevention trials of pre-exposure prophylaxis (PrEP) have not generally used concurrent measurement of adherence because of the potential risk of unblinding. However, several pre-exposure prophylaxis trials for HIV-1 prevention among women failed to show effectiveness because of low product adherence. Evaluation of product adherence objectively during a study provides the opportunity for strengthening adherence activities at sites having low adherence. METHODS: During MTN-020/ASPIRE, a phase III, placebo-controlled trial of the dapivirine intravaginal ring, we implemented an adherence monitoring system. Monitoring began in quarter 1 (Q1) 2013 and continued through the conclusion of the trial. Blood plasma was collected quarterly and tested for dapivirine concentrations while maintaining blinding among study team members involved in participant management. Dapivirine concentrations >95 pg/mL, reflecting >8 hours of continuous use, were assessed as signaling product use. Study leadership monitored results on a monthly basis and provided feedback to site investigators. Experiences were shared across sites to motivate staff and counsel participants to strive toward higher adherence levels. RESULTS: An upward trend in adherence was observed (P < 0.0001); the proportion of samples from subjects in the active arm with dapivirine >95 pg/mL increased from 63% in Q1 2013 to 84% by Q1 2015. CONCLUSIONS: Ongoing drug level testing as a marker of adherence in MTN-020/ASPIRE demonstrates the feasibility of real-time adherence monitoring while maintaining study blinding at the level of participants, sites, and study leadership. This approach is novel for large-scale effectiveness studies for HIV-1 prevention.	HIV-1, adherence, dapivirine, women, pre-exposure prophylaxis, microbicide, intravaginal ring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Imp, Brandon; Allen, Elaine; Volk, Jonathan; Bhowmick, Tanaya	Medical Students Have Limited Awareness, Knowledge, Beliefs, and Experiences of Pre-exposure Prophylaxis (PrEP) for HIV Prevention	Open Forum Infectious Diseases	-	-	-	-	2328-8957	https://doi.org/10.1093%2Fofid%2Fofx162.035	https://pmc.ncbi.nlm.nih.gov/articles/PMC5632042/	Background While studies of healthcare professionals have shown increasing awareness, knowledge, positive beliefs, and prescribing practices of emtricitabine/tenofovir pre-exposure prophylaxis (PrEP) for HIV prevention, PrEP is still underutilized in clinical practice. PrEP knowledge is associated with increased prescription so early education of healthcare professionals is recommended, but the extent of PrEP education in medical school is unknown. In this analysis, we describe medical students' awareness, knowledge, beliefs, and experiences regarding PrEP. Methods Medical students at 18 US allopathic medical schools completed a survey on knowledge, beliefs, and experiences of PrEP in May–June 2016. Knowledge was assessed with a 10-question quiz on PrEP facts. No incentives to complete the survey were offered. Data were summarized by frequency (%) for categorical variables and with means (SD) for continuous variables. Chi-squared tests were used to examine differences between knowledge of PREP and other categorical variables. Results The study population (N = 1588) included women (53%), non-Caucasians (27%), and non-heterosexuals (15%). Median age was 25 (range 21–53). Forty-eight home states, including D.C., and 21 home countries were represented. 18% of fourth-year students were never taught about PrEP in medical school, compared with 40% of first-year students (P < 0.001). Overall, 28% of students were unaware of PrEP. Those unaware believed patients without HIV will not adhere to PrEP (P < 0.001). Awareness was associated with knowing someone with HIV besides a patient and experience caring for HIV-infected, intravenous drug-using, and LGBTQ people (P < 0.001). Higher knowledge scores were associated with confidence in determining a patient's candidacy for PrEP and, for third- and fourth-year students, having recommended PrEP in the clinical setting (P < 0.001). Overall, 57% believed that behavioral intervention should be tried before prescribing PrEP, 45% believed that patients would not adhere to PrEP, and 22% worried that PrEP is not effective. Conclusion We show in an 18-site study that medical students have limited awareness, knowledge, positive beliefs, and experiences of PrEP. Given these findings and the underutilization of PrEP by current practitioners, we recommend increasing the inclusion of PrEP in medical student education.	clinical medicine; general & internal medicine; medical and health sciences; Medicine; Pre-exposure prophylaxis; engineering and technology; Human immunodeficiency virus (HIV); Abstracts; Clinical psychology; Medical education; electrical engineering electronic engineering information engineering; medical informatics; Students medical	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Jaspal, Rusi; Nerlich, Brigitte	Polarised press reporting about HIV prevention: Social representations of pre-exposure prophylaxis in the UK press.	Health	-	-	-	-	1461-7196	10.1177/1363459316649763	https://dx.doi.org/10.1177/1363459316649763	Pre-exposure prophylaxis is a novel biomedical HIV prevention option for individuals at high risk of HIV acquisition. Although pre-exposure prophylaxis has yielded encouraging results in various clinical trials, opponents argue that pre-exposure prophylaxis poses a number of risks to human health and to sexually transmitted infection prevention efforts. Using qualitative thematic analysis and social representation theory, this article explores coverage of pre-exposure prophylaxis in the UK print media between 2008 and 2015 in order to chart the emerging social representations of this novel HIV prevention strategy. The analysis revealed two competing social representations of pre-exposure prophylaxis: (1) as a positive development in the 'battle' against HIV (the hope representation) and (2) as a medical, social and psychological setback in this battle, particularly for gay/bisexual men (the risk representation). These social representations map onto the themes of pre-exposure prophylaxis as a superlatively positive development; pre-exposure prophylaxis as a weapon in the battle against HIV/AIDS; and risk, uncertainty and fear in relation to pre-exposure prophylaxis. The hope representation focuses on taking (individual and collective) responsibility, while the risk representation focuses on attributing (individual and collective) blame. The implications for policy and practice are discussed.	HIV, HIV prevention, media PrEP, sexual health, social representations	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2017	Jenness S.M.; Sharma A.; Goodreau S.M.; Rosenberg E.S.; Weiss K.M.; Hoover K.W.; Smith D.K.; Sullivan P.	Individual HIV risk versus population impact of risk compensation after HIV preexposure prophylaxis initiation among men who have sex with men	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0169484	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85009816974&doi=10.1371%2fjournal.pone.0169484&partnerID=40&md5=71804b6530630c2a2ccd28bca7e1ef34	Objectives: Risk compensation (RC) could reduce or offset the biological prevention benefits of HIV pre-exposure prophylaxis (PrEP) among those at substantial risk of infection, including men who have sex with men (MSM). We investigated the potential extent and causal mechanisms through which RC could impact HIV transmission at the population and individual levels. Methods: Using a stochastic network-based mathematical model of HIV transmission dynamics among MSM in the United States, we simulated RC as a reduction in the probability of condom use after initiating PrEP, with heterogeneity by PrEP adherence profiles and partnership type in which RC occurred. Outcomes were changes to population-level HIV incidence and individual-level acquisition risk. Results: When RC was limited to MSM highly/moderately adherent to PrEP, 100% RC (full replacement of condoms) resulted in a 2% relative decline in incidence compared to no RC, but an 8% relative increase in infection risk for MSM on PrEP. This resulted from confounding by indication: RC increased the number of MSM indicated for PrEP as a function of more condomless anal intercourse among men otherwise not indicated for PrEP; this led to an increased PrEP uptake and subsequent decline in incidence. Conclusions: RC is unlikely to decrease the prevention impact of PrEP, and in some cases RC may be counterintuitively beneficial at the population level. This depended on PrEP uptake scaling with behavioral indications. Due to the increased acquisition risk associated with RC, however, clinicians should continue to support PrEP as a supplement rather than replacement of condoms. © 2017, Public Library of Science. All rights reserved. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	Male; male homosexuality; unsafe sex, virology, sexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2017	Jenness, Samuel M; Weiss, Kevin M; Goodreau, Steven M; Gift, Thomas; Chesson, Harrell; Hoover, Karen W; Smith, Dawn K; Liu, Albert Y; Sullivan, Patrick S; Rosenberg, Eli S	Incidence of Gonorrhea and Chlamydia Following Human Immunodeficiency Virus Preexposure Prophylaxis Among Men Who Have Sex With Men: A Modeling Study.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/cix439	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5848234	Background: Preexposure prophylaxis (PrEP) is highly effective for preventing human immunodeficiency virus (HIV) infection, but risk compensation (RC) in men who have sex with men (MSM) raises concerns about increased sexually transmitted infections (STIs). The Center for Disease Control and Prevention's (CDC's) PrEP guidelines recommend biannual STI screening, which may reduce incidence by treating STIs that would otherwise remain undiagnosed. We investigated these two counteracting phenomena. Methods: With a network-based mathematical model of HIV, Neisseria gonorrhoeae (NG), and Chlamydia trachomatis (CT) transmission dynamics among MSM in the United States, we simulated PrEP uptake following the prescription indications and HIV/STI screening recommendations in the CDC guidelines. Scenarios varied PrEP coverage (the proportion of MSM indicated for PrEP who received it), RC (a reduction in the per-act probability of condom use), and the STI screening interval. Results: In our reference scenario (40% coverage, 40% RC), 42% of NG and 40% of CT infections would be averted over the next decade. A doubling of RC would still result in net STI prevention relative to no PrEP. STIs declined because PrEP-related STI screening resulted in a 17% and 16% absolute increase in the treatment of asymptomatic and rectal STIs, respectively. Screening and timely treatment at quarterly vs biannual intervals would reduce STI incidence an additional 50%. Conclusions: Implementation of the CDC PrEP guidelines while scaling up PrEP coverage could result in a significant decline in STI incidence among MSM. Our study highlights the design of PrEP not only as antiretroviral medication but as combination HIV/STI prevention incorporating STI screening.	Neisseria gonorrhoeae, Chlamydia trachomatis, men who have sex with men, preexposure prophylaxis, mathematical model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	John S.A.; Rendina H.J.; Grov C.; Parsons J.T.	Home-based pre-exposure prophylaxis (PrEP) services for gay and bisexual men: An opportunity to address barriers to PrEP uptake and persistence	PLOS One	-	-	-	19326203	10.1371/journal.pone.0189794	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85039712269&doi=10.1371%2fjournal.pone.0189794&partnerID=40&md5=d0a9f2277624b8302281805d1bb2502b	Gay, bisexual, and other men who have sex with men (GBM) are disproportionately affected by the HIV epidemic. Despite the promise of pre-exposure prophylaxis (PrEP) in reducing HIV transmission risk, barriers for uptake and persistence exist. We sought to identify whether GBM in a nationwide cohort who have not yet initiated PrEP (n = 906) would prefer to get PrEP-related care from a primary care provider (PCP) compared to a specialist clinic or provider. We then sought to identify their level of interest and factors associated with preferences for using home-based PrEP services (i.e., HB-PrEP), defined to participants as conducting HIV/STI self-testing from home with PrEP prescription mailing after an initial in-person clinic visit. We examined the associations of demographics, sexual HIV transmission risk, concern about frequent medical checkups associated with PrEP, health care access, and PrEP intentions with preferences for healthcare provider type and HB-PrEP. Concern about frequent medical checkups were associated with preferring a PCP for PrEP-related care, but men who perceived a barrier to bringing up the topic of PrEP with a doctor preferred a specialist clinic or provider more than a PCP. HB-PrEP was more appealing for younger men and those engaged in sexual HIV transmission risk, suggesting HB-PrEP could help reach GBM most vulnerable to HIV and in need of PrEP. HB-PrEP expansion has potential to increase PrEP uptake and persistence among GBM, particularly for men with barriers to clinic-based care and higher intentions to initiate PrEP. Clinical guidelines regarding HB-PrEP are needed to expand its use. © 2017 John et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2017	Jones A.S.K.; Petrie K.J.	I Can See Clearly Now: Using Active Visualisation to Improve Adherence to ART and PrEP	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1611-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84996598806&doi=10.1007%2fs10461-016-1611-7&partnerID=40&md5=092bfc13f042f65066e35837dfa26f18	Non-adherence remains a perplexing issue in HIV treatment. After decades of research supporting the efficacy of antiretroviral therapy, non-adherence to medication remains an important issue. For patients who are non-adherent to anti-retroviral therapy (ART), there appears to be a mismatch between their model of illness and the necessity for ART treatment. We propose that 'active visualisation' is a technique that could be utilised to improve understanding of treatment and subsequently adherence for both individuals living with HIV and those at-risk of infection. We discuss the theoretical background and highlight the initial evidence suggesting the utility of active visualisation. We then discuss how active visualisation could be utilised in a live demonstration to improve adherence to ART and pre-exposure prophylaxis medications. © 2016, Springer Science+Business Media New York.	Adherence; Antiretroviral medication; HIV; Illness perceptions; Medication beliefs; PrEP; Visualisation	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Other
Article	2017	Jones, Jeb; Hoenigl, Martin; Siegler, Aaron J; Sullivan, Patrick S; Little, Susan; Rosenberg, Eli	Assessing the Performance of 3 Human Immunodeficiency Virus Incidence Risk Scores in a Cohort of Black and White Men Who Have Sex With Men in the South.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000000596	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5407317	BACKGROUND: Risk scores have been developed to identify men at high risk of human immunodeficiency virus (HIV) seroconversion. These scores can be used to more efficiently allocate public health prevention resources, such as pre-exposure prophylaxis. However, the published scores were developed with data sets that comprise predominantly white men who have sex with men (MSM) collected several years prior and recruited from a limited geographic area. Thus, it is unclear how well these scores perform in men of different races or ethnicities or men in different geographic regions. METHODS: We assessed the predictive ability of 3 published scores to predict HIV seroconversion in a cohort of black and white MSM in Atlanta, GA. Questionnaire data from the baseline study visit were used to derive individual scores for each participant. We assessed the discriminatory ability of each risk score to predict HIV seroconversion over 2 years of follow-up. RESULTS: The predictive ability of each score was low among all MSM and lower among black men compared to white men. Each score had lower sensitivity to predict seroconversion among black MSM compared to white MSM and low area under the curve values for the receiver operating characteristic curve indicating poor discriminatory ability. CONCLUSIONS: Reliance on the currently available risk scores will result in misclassification of high proportions of MSM, especially black MSM, in terms of HIV risk, leading to missed opportunities for HIV prevention services.	Men who have sex with men, HIV risk, risk scores	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Jotwani, Vasantha; Atta, Mohamed G; Estrella, Michelle M	Kidney Disease in HIV: Moving beyond HIV-Associated Nephropathy.	Journal of the American Society of Nephrology	-	-	-	1533-3450	10.1681/ASN.2017040468	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5661296	In developed countries, remarkable advances in antiretroviral therapy have transformed HIV infection into a chronic condition. As a result, HIV-associated nephropathy, the classic HIV-driven kidney lesion among individuals of African descent, has largely disappeared in these regions. However, HIV-positive blacks continue to have much higher rates of ESRD than HIV-positive whites, which could be attributed to the APOL1 renal risk variants. Additionally, HIV-positive individuals face adverse consequences beyond HIV itself, including traditional risk factors for CKD and nephrotoxic effects of antiretroviral therapy. Concerns for nephrotoxicity also extend to HIV-negative individuals using tenofovir disoproxil fumarate-based pre-exposure prophylaxis for the prevention of HIV infection. Therefore, CKD remains an important comorbid condition in the HIV-positive population and an emerging concern among HIV-negative persons receiving pre-exposure prophylaxis. With the improved longevity of HIV-positive individuals, a kidney transplant has become a viable option for many who have progressed to ESRD. Herein, we review the growing knowledge regarding the APOL1 renal risk variants in the context of HIV infection, antiretroviral therapy-related nephrotoxicity, and developments in kidney transplantation among HIV-positive individuals.	health disparitiesHIV preventionMSMPrEPqualitative research methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Kalichman S.C.; Eaton L.	Alcohol-antiretroviral interactive toxicity beliefs as a potential barrier to HIV pre-exposure prophylaxis among men who have sex with men	Journal of the International AIDS Society	-	-	-	17582652	10.7448/IAS.20.1.21534	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037563056&doi=10.7448%2fIAS.20.1.21534&partnerID=40&md5=4a3a1a7528ca5740a0fc58f44b3067d6	Introduction: Pre-exposure prophylaxis (PrEP) offers as much as 90% protection against HIV transmission. However, the effectiveness of PrEP depends on uptake and adherence to even intermittent dosing. Along with intoxication leading to unintentional non-adherence, believing that alcohol mixed with pharmaceuticals is harmful (i.e., interactive toxicity beliefs) may lead to poor uptake and intentional non-adherence. Methods: HIV-negative sexually active men who have sex with men (N = 272) at a large Gay Pride event in Atlanta, GA, completed anonymous surveys of demographic characteristics, sexual behaviour, alcohol use and PrEP-related alcohol interactive toxicity beliefs. Results: A total of 118 (43%) men surveyed had two or more male sex partners and condomless anal sex in the previous six months. Alcohol use was reported by over 90% of men and it was common for participants to believe that mixing alcohol and antiretrovirals is toxic; 75% endorsed at least one interactive toxicity belief. Among the 118 men who had engaged in condomless anal sex and had multiple sex partners, one in three stated that they were not interested in PrEP and men not interested in PrEP were significantly more likely to binge drink and hold interactive toxicity beliefs. Conclusions: These results mirror studies that find interactive toxicity beliefs are a potent predictor of intentional antiretroviral non-adherence among people living with HIV and suggest interactive toxicity beliefs may impede PrEP uptake and adherence. Messages to increase PrEP awareness and adherence may also take steps to counter erroneous beliefs about mixing alcohol with antiretrovirals in the context of PrEP. © 2017 Kalichman S C et al; licensee International AIDS Society.	HIV prevention; men who have sex with men; pre-exposure prophylaxis; substance use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Kapewangolo, Petrina; Kandawa-Schulz, Martha; Meyer, Debra	Anti-HIV Activity of Ocimum labiatum Extract and Isolated Pheophytin-a.	Molecules	-	-	-	1420-3049	10.3390/molecules22111763	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6150305	Ocimum plants are traditionally used to manage HIV/AIDS in various African countries. The effects of Ocimum labiatum extract on HIV-1 protease (PR) and reverse transcriptase (RT) is presented here along with characterization of an identified bioactive compound, achieved through ^{1}H- and 13C-NMR. The extract's effect on HIV-1 replication was assessed by HIV-1 p24 antigen capture. Cytotoxicity of samples was evaluated using tetrazolium dyes and real-time cell electronic sensing (RT-CES). Ocimum labiatum inhibited HIV-1 PR with an IC50 value of 49.8 ± 0.4 μg/mL and presented weak inhibition (21%) against HIV-1 RT. The extract also reduced HIV-1 replication in U1 cells at a non-cytotoxic concentration (25 μg/mL). The CC50 value of the extract in U1 cells was 42.0 ± 0.13 μg/mL. The HIV-1 PR inhibiting fraction was purified using prep-HPLC and yielded a chlorophyll derivative, pheophytin-a (phy-a). Phy-a inhibited HIV-1 PR with an IC50 value of 44.4 ± 1.5 μg/mL (51 ± 1.7 μM). The low cytotoxicity of phy-a in TZM-bl cells was detected by RT-CES and the CC50 value in U1 cells was 51.3 ± 1.0 μg/mL (58.9 ± 1.2 μM). This study provides the first in vitro evidence of anti-HIV activity of O. labiatum and isolated phy-a, supporting further investigation of O. labiatum for lead compounds against HIV-1.	Ocimum labiatum, pheophytin-a, HIV-1 protease, HIV-1 reverse transcriptase, HIV-1 replication, real-time cell electronic sensing	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Theses and Dissertations	2017	Karki, Pramila	Acceptability and Correlates of Pre-Exposure Prophylaxis Use for HIV Prevention among High-Risk Drug Users in Treatment	-	-	University of Connecticut	-	NA	NA	https://opencommons.uconn.edu/gs_theses/1165 https://opencommons.uconn.edu/context/gs_theses/article/2260/viewcontent/auto_convert.pdf	Background Although people who use drugs (PWUD) are a key population recommended to receive pre-exposure prophylaxis (PrEP) to prevent HIV, few data are available to guide PrEP delivery in this underserved group. We therefore examined the willingness to initiate PrEP, the anticipation of HIV risk reduction while on PrEP, and the acceptability of PrEP based on a number of known PrEP attributes among high-risk PWUD. Methods In a cross-sectional study of 400 HIV-negative, opioid dependent individuals enrolled in a methadone program and reporting recent risk behaviors, we examined independent correlates of being willing to initiate PrEP. Participants also ranked the eight hypothetical PrEP program scenarios with varied combinations of six attributes related to PrEP (cost, dosing, efficacy, side-effects, treatment setting, and frequency of HIV testing). Results While only 72 (18%) were aware of PrEP, after being given a description of it, 251 (62.7%) were willing to initiate PrEP. Willingness to initiate PrEP was associated with having neurocognitive impairment (aOR=3.184, p=0.004) and higher perceived HIV risk (aOR=8.044, p Conclusions Our findings showed high acceptability of PrEP in response to different PrEP program scenarios with different attribute profiles. While willingness to initiate PrEP was high and correlated with being at elevated risk for HIV and having NCI, anticipated higher risk behaviors in this group even while on PrEP suggests that the next generation of HIV prevention approaches may need to combine biomedical and behavioral components to improve adherence to PrEP and to sustain HIV risk reduction over time.	HIV prevention; methadone maintenance therapy; people who use drugs; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Kasaie, Parastu; Pennington, Jeff; Shah, Maunank S; Berry, Stephen A; German, Danielle; Flynn, Colin P; Beyrer, Chris; Dowdy, David W	The Impact of Preexposure Prophylaxis Among Men Who Have Sex With Men: An Individual-Based Model.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001354	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5488295	OBJECTIVES: Preexposure prophylaxis (PrEP) is recommended for preventing HIV infection among individuals at high risk, including men who have sex with men (MSM). Although its individual-level efficacy is proven, questions remain regarding population-level impact of PrEP implementation. DESIGN: We developed an agent-based simulation of HIV transmission among MSM, accounting for demographics, sexual contact network, HIV disease stage, and use of antiretroviral therapy. We use this framework to compare PrEP delivery strategies in terms of impact on HIV incidence and prevalence. RESULTS: The projected reduction in HIV incidence achievable with PrEP reflects both population-level coverage and individual-level adherence (as a proportion of days protected against HIV transmission). For example, provision of PrEP to 40% of HIV-negative MSM reporting more than one sexual partner in the last 12 months, taken with sufficient adherence to provide protection on 40% of days, can reduce HIV incidence by 9.5% (95% uncertainty range: 8%-11%) within 5 years. However, if this could be increased to 80% coverage on 80% of days (eg, through mass campaigns with a long-acting injectable formulation), a 43% (42%-44%) reduction in HIV incidence could be achieved. Delivering PrEP to MSM at high risk for HIV acquisition can augment population-level impact up to 1.8-fold. CONCLUSIONS: If highly ambitious targets for coverage and adherence can be achieved, PrEP can substantially reduce HIV incidence in the short-term. Although the reduction in HIV incidence largely reflects the proportion of person-years protected, the efficiency of PrEP delivery can be enhanced by targeting high-risk populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2017	Kauss, Bruno Silv	Novas tecnologias, sexualidade e direitos em tempos de risco : um estudo sobre a implementação da profilaxia pós-exposição ao HIV/AIDS pelos trabalhadores da linha de frente das políticas públicas	-	-	UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL	-	-	NA	http://hdl.handle.net/10183/207038	Novas tecnologias biomédicas de prevenção à infecção por HIV têm sido incorporadas às políticas públicas de HIV e Aids no Brasil. A Profilaxia Pós-Exposição ao HIV ou simplesmente PEP consiste num método de prevenção antirretroviral, que implica no uso de medicamentos antirretrovirais, após uma situação de exposição de risco para o HIV e Aids. O objetivo do presente trabalho é investigar como a PEP, nos casos de exposição sexual consensual, é implementada pelos profissionais de saúde, no cotidiano de um Serviço de Assistência Especializada em IST/HIV/Aids de Porto Alegre, estado do Rio Grande do Sul, Brasil. Trata-se de uma análise de implementação de políticas públicas, a qual possui como parâmetro a atuação de profissionais de saúde na implementação da PEP. Com base numa abordagem qualitativa, o estudo privilegiou as técnicas da observação de cunho etnográfico e de entrevistas em profundidade. No referencial teórico, estabeleceu-se um diálogo entre os campos das Políticas Públicas, da Sexualidade, dos Direitos Sexuais e da Biopolítica. Na análise de dados, observaram-se quatro fatores do processo de implementação: a) o contexto no qual os profissionais estão inseridos; b) os fatores institucionais e organizacionais; c) fatores individuais e relacionais; e, por fim, d) a discricionariedade administrativa. A partir da análise realizada, apontaram-se elementos que provocam dificuldades e elementos facilitadores da implementação da PEP no serviço estudado. Entre os elementos que causam dificuldades estão: (a) concentração de atividades em poucos profissionais no SAE; (b) o baixo conhecimento sobre o Protocolo de PEP; (c) o não alinhamento institucional entre os serviços SAE e CTA; (d) as percepções negativas sobre PEP e, também, sobre o comportamento dos sujeitos que acessam a PEP; e (e) não implementação da estratégia, com base no atributo da discricionariedade. Entre os elementos facilitadores, destacaram-se: (a) a percepção da importância da PEP pela maioria dos profissionais; (b) o atendimento de PEP como uma emergência médica no SAE; (c) o aconselhamento realizado pelos profissionais de Enfermagem no SAE; (d) o reconhecimento da coordenação do serviço sobre a necessidade de mudanças para a efetividade da PEP. Os elementos negativos podem trazer consequências no acesso à estratégia, trazendo prejuízos ao cuidado de si, à preservação da autonomia do sujeito e ao exercício de direitos sexuais. Não obstante a presença de elementos facilitadores, estes devem ser aprimorados no contexto de implementação, por meio de mecanismos de gestão e planejamento dos recursos disponíveis, para fins de alcançar a efetividade da estratégia. Conclui-se que, para além de uma execução técnica, os profissionais de saúde na "linha de frente das políticas públicas" exercem uma execução simbólica, informados pelo contexto em que estão inseridos, pelas percepções, pela cultura organizacional e pelas interações cotidianas com os demais colegas e usuários. Nesse sentido, há de se fomentar os estudos qualitativos sobre o cotidiano dos profissionais de saúde, na busca de maior efetividade das estratégias de prevenção antirretrovirais, e, de modo geral, no aprimoramento das políticas públicas de HIV e Aids, do cuidado de si e do exercício de direitos sexuais.	Políticas Públicas. Profilaxia Pós-Exposição ao HIV. Trabalhadores da Linha de Frente em Saúde. Abordagem Qualitativa. Direitos Sexuais.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Theses and Dissertations	2017	Kennedy, Brandon	Perception of PrEP (Pre-Exposure Prophylaxis) amongst adults age 18 & older	-	-	The California State University	-	NA	10.1136/bmjopen-2021-054121	http://hdl.handle.net/10211.3/193115	The purpose of this research project was to measure the current perceptions of PrEP (Truvada/Pre-Exposure Prophylaxis) by the community at large since its FDA (Food and Drug Administration) and CDC (Centers for Disease Control and Prevention) approvals for HIV (Human Immunodeficiency Virus)-prevention within an adult age population 18 and older. I hypothesized that participants who identify as homosexual males will show the highest education levels and knowledge surrounding PrEP, regardless of their city location, ethnicity, nor age. Along with that, I hypothesized that the heterosexual population consisting of predominantly women, are the least aware of PrEP and also do not utilize it. This research was conducted by utilizing the snowball and convenient sample methods for finding participants and then posing questions to them through a survey in which they had an option to choose to answer or skip questions as they moved along in the process. Some of the survey questions were logic-based and therefore prompted different questions based off qualifying answers. California State University, Northridge. Department of Social Work.	Dissertations, Academic – CSUN – Social Work.; HIV; HIV Medication; PrEP; PEP; Pre-Exposure Prophylaxis; Truvada; AIDS; Prophylaxis; HIV Prevention; Prevention	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2017	Kesler, Maya A.	The Impact of Sexual Behaviours, Risk Perceptions and the Criminalization of HIV Non-Disclosure on HIV Transmission among HIV-Negative and HIV-Positive Men Who Have Sex With Men in Toronto	-	-	University of Toronto	-	NA	NA	http://hdl.handle.net/1807/79008	Background: Men who have sex with men (MSM) continue to have disproportionately high rates of human immunodeficiency virus (HIV), even though risk factors for HIV acquisition are known and antiretroviral treatment has reduced transmission. Objectives: To characterize the sexual behaviours and risk perceptions of HIV transmission among HIV-negative and HIV-positive MSM. Methods: 150 HIV-negative and 292 HIV-positive MSM participated in the STI/HIV Co-Infection Study between September 2010 and June 2012. Participants were recruited from the Maple Leaf Medical Clinic, a primary and HIV-related care centre in Toronto. Multivariable logistic regression (MLR) models quantified the relationships between actualsexual HIV risk, HIV incidence risk index for MSM (HIRI-MSM), perceived HIV risk and willingness to take pre-exposure prophylaxis (PrEP) among HIV-negative MSM. MLR and flow chart models were used to estimate the potential impact of HIV non-disclosure laws on HIV testing rates and transmission among HIV-negative MSM, and on condom use, HIV status disclosure and proportion at risk for criminal prosecutions among HIV-positive MSM. Results: As condom use frequency with HIV-positive regular partners decreased, perceived HIV risk (Odds Ratio (OR):18.33, 95% Confidence Interval (CI):1.65-203.45) and willingness to take PrEP (OR:27.11, 95% CI:1.33-554.43) increased. Condom use frequency with casual or HIV-unknown status regular partners and the HIRI-MSM index were not associated with perceived HIV risk or PrEP willingness. The 7% (9/124) reduction in HIV testing due to fear of prosecution found in this study could increase community HIV transmission by 18.5%; the majority of transmission being driven by the unmet needs of undiagnosed HIV-positive MSM. Almost half of HIV-positive MSM were more likely to use condoms and/or disclose their HIV-positive status due to fear of prosecution and 8.6% (25/292) could be at risk for non-disclosure prosecutions given their condom use, viral load and disclosure rates. Conclusions: HIV-negative MSM using condoms less frequently with HIV-positive partners but not with HIV-unknown status or casual partners accurately gauged their sexual risk behaviour and were willing to take PrEP. HIV non-disclosure laws may incentivize safer sex practices among HIV-positive MSM; however, they may also deter HIV testing which impedes HIV prevention efforts and increases community HIV transmission .	Criminalization of HIV Non-Disclosure; Epidemiology/Public Health; Gay; Bisexual and Other Men Who Have Sex With Men; HIV; Perceived HIV Risk; Sexual Behaviour; 0766	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Khan S.; Funk C.A.; Corado K.; Morris S.; Dube M.P.	Tenofovir Disoproxil Fumarate-Associated Fanconi Syndrome in an Human Immunodeficiency Virus (HIV)-Uninfected Man Receiving HIV Pre-Exposure Prophylaxis	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/OFID/OFX149	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128226154&doi=10.1093%2fOFID%2fOFX149&partnerID=40&md5=28ae863bb9a9415f77e14eea6325de07	Tenofovir disoproxil fumarate (TDF) has been used worldwide in antiretroviral regimens of human immunodeficiency virus (HIV)-infected patients since being approved by the US Food and Drug Administration in 2001. Tenofovir disoproxil fumarate can cause renal tubular dysfunction and reduced renal function [1]. In its fully developed form, TDF renal dysfunction is associated with hypophosphatemia, renal phosphate wasting, and other features of Fanconi syndrome [1]. Cases of TDF-associated Fanconi syndrome have been reported predominantly among patients with HIV infection [1]. There has been no excess risk of renal tubular toxicity with TDF-emtricitabine (TDF-FTC) detected in large, placebo-controlled trials of HIV pre-exposure prophylaxis (PrEP) [2, 3]. One other well documented likely Fanconi syndrome has been reported in an online supplement to the latter paper [3]. In this study, we report an additional case of this previously described phenomenon.	Fanconi; PrEP; renal dysfunction; tenofovir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Khan, Tehseen; Kieslich, Katharina; Littlejohns, Peter	Why was a judicial review required to allow the English National Health Service to commission pre-exposure prophylaxis for HIV?	The Lancet	-	-	-	01406736	10.1016/S0140-6736(17)32940-9	https://www.proquest.com/scholarly-journals/why-was-judicial-review-required-allow-english/docview/1973126948/se-2?accountid=8113	Background: Following research trial evidence, pre-exposure prophylaxis (PrEP), consisting of the drug combination tenofovir disoproxil and emtricitabine taken daily or episodically, was licensed to prevent HIV in high-risk individuals. In 2014, an NHS England (NHSE) HIV Clinical Reference Group outlined the position for commissioning PrEP. Despite stakeholders' belief that NHSE would adopt PrEP as a prevention strategy, NHSE announced in March 2016, that it did not have the legal authority to do so owing to the 2012 Health and Social Care Act, which devolved sexual health services to local authorities. This decision was met with criticism, and a judicial review was brought against NHSE by activists, which NHSE lost. This interview study explored the reasons for NHSE's original decision not to commission PrEP and the implications this has for commissioning prevention strategies. The transparency of NHSE's decision-making process, and the effect of recent health-care reforms were also explored.	Health; Pre-exposure prophylaxis; Leadership; Prophylaxis; Costs; Human immunodeficiency virus--HIV; Medical Sciences; Judicial reviews; Judicial review; Judiciary	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2017	Khandalavala, Karl; Mandal, Subhra; Pham, Rachel; Destache, Christopher J; Shibata, Annemarie	Nanoparticle Encapsulation for Antiretroviral Pre-Exposure Prophylaxis.	Journal of Nanotechnology & Materials Science	-	-	-	2377-1372	10.15436/2377-1372.17.1583	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5987555	HIV continues to be one of the greatest challenges facing the global health community. More than 36 million people currently live with HIV and, in 2015 2.1 million new infections were reported globally. Pre-Exposure Prophylaxis (PrEP) prevents HIV infection by inhibiting viral entry, replication, or integration at the primary site of pathogenic contraction. Failures of large antiretroviral drug (ARV) PrEP clinical trials indicate the current insufficiencies of PrEP for women in high-risk areas, such as sub-Saharan Africa. A combination of social, adherence, and drug barriers create these insufficiencies and limit the efficacy of ARV. Nanotechnology offers the promise of extended drug release and enhances bioavailability of ARVs when encapsulated in polymeric nano-particles. Nanoparticle encapsulation has been evaluated in vitro in comparative studies to drug solutions and exhibit higher efficacy and lower cytotoxicity profiles. Delivery systems for nanoparticle PrEP facilitate administration of nano-encapsulated ARVs to high-risk tissues. In this mini-review, we summarize the comparative nanoparticle and drug solution studies and the potential of two delivery methods: thermosensitive gels and polymeric nanoparticle films for direct prophylactic applications.	NA	English	India	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Khanna A.S.; Schumm P.; Schneider J.A.	Facebook network structure and awareness of preexposure prophylaxis among young men who have sex with men	Annals of Epidemiology	-	-	-	10472797	10.1016/j.annepidem.2016.11.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85008656606&doi=10.1016%2fj.annepidem.2016.11.006&partnerID=40&md5=8eb7fccf9102c2c3688975732e275330	Background Young Black men who have sex with men (YBMSM) are the only population in the United States who have experienced rising human immunodeficiency virus incidence over the past decade. Consistent pre-exposure prophylaxis (PrEP) use can substantially reduce the risk of human immunodeficiency virus acquisition. What differentiates those who become aware of PrEP, and those who do not, remains largely unknown. Methods The social networks of YBMSM can impact their awareness of PrEP; to examine this impact, we used two waves of Facebook data from "uConnect"–a longitudinal cohort study of YBMSM in Chicago (n = 266). Results While PrEP awareness increased from 45% at baseline to 75% at follow-up, its use remained low (4% and 6%). There were 88 PrEP-unaware individuals at baseline who became aware (BA) by follow-up, and 56 who remained persistently unaware. While the persistently unawares had a higher median number of total Facebook friends, the BAs had a higher median numbers of friends who participated in uConnect, who were PrEP-aware, and who practiced behaviors previously found to be associated with individual-level awareness of PrEP at baseline. The BAs also had substantially more "influential" friends. Conclusion These findings demonstrate the potential of social networks in raising PrEP awareness and use among YBMSM. © 2016 Elsevier Inc.	Facebook and health promotion; HIV prevention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Social network modeling	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Klein, Charles H; Kuhn, Tamara; Huxley, Danielle; Kennel, Jamie; Withers, Elizabeth; Lomonaco, Carmela G	Preliminary Findings of a Technology-Delivered Sexual Health Promotion Program for Black Men Who Have Sex With Men: Quasi-Experimental Outcome Study.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/publichealth.7933	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5676034	BACKGROUND: Human immunodeficiency virus (HIV) disproportionately affects black men who have sex with men (MSM), yet there are few evidence-based interventions specifically designed for black MSM communities. In response, the authors created Real Talk, a technology-delivered, sexual health program for black MSM. OBJECTIVE: The objective of our study was to determine whether Real Talk positively affected risk reduction intentions, disclosure practices, condom use, and overall risk reduction sexual practices. METHODS: The study used a quasi-experimental, 2-arm methodology. During the first session, participants completed a baseline assessment, used Real Talk (intervention condition) or reviewed 4 sexual health brochures (the standard of care control condition), and completed a 10-minute user-satisfaction survey. Six months later, participants from both conditions returned to complete the follow-up assessment. RESULTS: A total of 226 participants were enrolled in the study, and 144 completed the 6-month follow-up. Real Talk participants were more likely to disagree that they had intended in the last 6 months to bottom without a condom with a partner of unknown status (mean difference=-0.608, P=.02), have anal sex without a condom with a positive man who was on HIV medications (mean difference=-0.471, P=.055), have their partner pull out when bottoming with a partner of unknown HIV status (mean difference=-0.651, P=.03), and pull out when topping a partner of unknown status (mean difference=-0.644, P=.03). Real Talk participants were also significantly more likely to disagree with the statement "I will sometimes lie about my HIV status with people I am going to have sex with" (mean difference=-0.411, P=.04). In terms of attitudes toward HIV prevention, men in the control group were significantly more likely to agree that they had less concern about becoming HIV positive because of the availability of antiretroviral medications (mean difference=0.778, P=.03) and pre-exposure prophylaxis (PReP) (mean difference=0.658, P=.05). There were, however, no significant differences between Real Talk and control participants regarding actual condom use or other risk reduction strategies. CONCLUSIONS: Our findings suggest that Real Talk supports engagement on HIV prevention issues. The lack of behavior findings may relate to insufficient study power or the fact that a 2-hour, standalone intervention may be insufficient to motivate behavioral change. In conclusion, we argue that Real Talk's modular format facilitates its utilization within a broader array of prevention activities and may contribute to higher PReP utilization in black MSM communities.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Kludze M.	Preexposure prophylaxis—a new addition to the armamentarium against human immunodeficiency virus	Clinical Medicine Insights: Therapeutics	-	-	-	1179559X	10.1177/1179559X17715241	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045007847&doi=10.1177%2f1179559X17715241&partnerID=40&md5=13aac65d5fa2bb498613f2230b5e7b81	At the end of 2015, 36.7 million people worldwide were living with human immunodeficiency virus (HIV)/AIDS with 2.1 million newly diagnosed. The development of antiretroviral therapy was a remarkable milestone that vastly transformed the manner in which HIV/ AIDS patients were managed. The introduction of preexposure prophylaxis (PrEP) ushers in a new era that could again redefine the course of this global epidemic. Daily administration of oral combination tenofovir disoproxil fumarate-emtricitabine (TDF-FTC) and TDF alone as PrEP has demonstrated efficacy in preventing new HIV cases in a number of trials. The results of these studies represent major advances in preventing HIV acquisition and provide convincing evidence that widespread use of daily oral TDF-FTC by heterosexuals, men, women, and intravenous drug users and use of vaginal TDF is safe and effective. Low adherence has been cited as reason for failures in a few studies and poses a significant challenge when implementing PrEP in the real world in highly diverse communities. Several studies investigating a variety of strategies for PrEP delivery are underway to mitigate treatment challenges. Emerging strategies include the use of alternative antiretrovirals, novel formulations, and routes of administration, as well as dosing regimens. This article reviews literature on prior studies, current concerns and challenges, and future strategies for implementing effective PrEP. © The Author(s) 2017.	Cabotegravir and rilpivirine; Dapivarine; HIV preexposure prophylaxis; Maraviroc; Tenofovir plus emtricitabine	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Knopf A.S.; Ott M.A.; Liu N.; Kapogiannis B.G.; Zimet G.D.; Fortenberry J.D.; Hosek S.G.	Minors' and Young Adults' Experiences of the Research Consent Process in a Phase II Safety Study of Pre-exposure Prophylaxis for HIV	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2017.06.013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029906897&doi=10.1016%2fj.jadohealth.2017.06.013&partnerID=40&md5=6921718d1a741e0c2477cb3e1342459d	Purpose There is a persistent HIV epidemic among sexual and gender minority adolescents in the U.S. Oral pre-exposure prophylaxis (PrEP) is an efficacious prevention strategy, but not yet approved for minors. Minors' access to biomedical HIV prevention technologies is impeded by the ethical and legal complexities of consent to research participation. We explore autonomous consent and study experiences among minor and adult participants in Project PrEPare, a Phase II safety study of PrEP for HIV prevention. Methods Data for this mixed-methods descriptive study were collected via self-administered web-survey and in-depth telephone interviews in early 2016. Eligible participants were previously enrolled in Project PrEPare. We attempted to contact 191 participants; 74 were reached and expressed interest in participating and 58 enrolled. Results Participants nearly universally felt well informed, understood the study, and freely volunteered with the clear understanding they could withdraw any time. All felt supported by study staff, but a small minority wished for more support during enrollment. Minors were more likely than adults to indicate a wish for more support in decision-making, and adults expressed higher satisfaction with their decision compared to minors. There was no association between elements of consent and Project PrEPare study outcomes. Conclusions Participants had an overwhelmingly positive experience in a Phase II safety study of PrEP for HIV prevention. Some minors wished for more support during the decision-making process, but none consulted their parents about the decision. Our results support the inclusion of decisional supports in consent processes for adolescents, while also protecting their privacy. © 2017 Society for Adolescent Health and Medicine	Biomedical ethics; Consent; HIV; LGBTQ; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Koechlin F.M.; Fonner V.A.; Dalglish S.L.; O'Reilly K.R.; Baggaley R.; Grant R.M.; Rodolph M.; Hodges-Mameletzis I.; Kennedy C.E.	Values and Preferences on the Use of Oral Pre-exposure Prophylaxis (PrEP) for HIV Prevention Among Multiple Populations: A Systematic Review of the Literature	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1627-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85000785127&doi=10.1007%2fs10461-016-1627-z&partnerID=40&md5=cc47a59dd09f09c723e4cc32da4467ca	Daily oral pre-exposure prophylaxis (PrEP) is the use of antiretroviral drugs by HIV-negative people to prevent HIV infection. WHO released new guidelines in 2015 recommending PrEP for all populations at substantial risk of HIV infection. To prepare these guidelines, we conducted a systematic review of values and preferences among populations that might benefit from PrEP, women, heterosexual men, young women and adolescent girls, female sex workers, serodiscordant couples, transgender people and people who inject drugs, and among healthcare providers who may prescribe PrEP. A comprehensive search strategy reviewed three electronic databases of articles and HIV-related conference abstracts (January 1990–April 2015). Data abstraction used standardised forms to categorize by population groups and relevant themes. Of 3068 citations screened, 76 peer-reviewed articles and 28 conference abstracts were included. Geographic coverage was global. Most studies (N = 78) evaluated hypothetical use of PrEP, while 26 studies included individuals who actually took PrEP or placebo. Awareness of PrEP was low, but once participants were presented with information about PrEP, the majority said they would consider using it. Concerns about safety, side effects, cost and effectiveness were the most frequently cited barriers to use. There was little indication of risk compensation. Healthcare providers would consider prescribing PrEP, but need more information before doing so. Findings from a rapidly expanding evidence base suggest that the majority of populations most likely to benefit from PrEP feel positively towards it. These same populations would benefit from overcoming current implementation challenges with the shortest possible delay. © 2016, The Author(s).	HIV; HIV prevention; Multiple populations; Pre-exposure prophylaxis (PrEP); Systematic review; Tenofovir; Values and preferences	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2017	Koenig H.C.; Mounzer K.; Daughtridge G.W.; Sloan C.E.; Lalley-Chareczko L.; Moorthy G.S.; Conyngham S.C.; Zuppa A.F.; Montaner L.J.; Tebas P.	Urine assay for tenofovir to monitor adherence in real time to tenofovir disoproxil fumarate/emtricitabine as pre-exposure prophylaxis	HIV Medicine	-	-	-	14642662	10.1111/hiv.12518	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85018358644&doi=10.1111%2fhiv.12518&partnerID=40&md5=564becb5fc6e95f07d892d837b3b8e9b	Objectives: Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) is approved for pre-exposure prophylaxis (PrEP) against HIV infection. Adherence is critical for the success of PrEP, but current adherence measurements are inadequate for real-time adherence monitoring. We developed and validated a urine assay to measure tenofovir (TFV) to objectively monitor adherence to PrEP. Methods: We developed a urine assay using high-performance liquid chromatography coupled to tandem mass spectrometry with high sensitivity/specificity for TFV that allowed us to determine TFV concentrations in log10 categories between 0 and 10 000 ng/mL. We validated the assay in three cohorts: (1) HIV-positive subjects with undetectable viral loads on a TDF/FTC-based regimen, (2) healthy HIV-negative subjects who received a single dose of TDF/FTC, and (3) HIV-negative subjects receiving daily TDF/FTC as PrEP for 24 weeks. Results: The urine assay detected TFV with greater sensitivity than plasma-based measures and with a window of measurements within 7 days of the last TDF/FTC dose. Based on the urine log-linear clearance after the last dose and its concordance with all detectable plasma levels, a urine TFV concentration > 1000 ng/mL was identified as highly predictive of the presence of TFV in plasma at > 10 ng/mL. The urine assay was able to distinguish high and low adherence patterns within the last 48 h (> 1000 ng/mL versus 10–1000 ng/mL), as well as nonadherence (< 10 ng/mL) extended over at least 1 week prior to measurement. Conclusions: We provide proof of concept that a semiquantitative urine assay measuring levels of TFV could be further developed into a point-of-care test and be a useful tool to monitor adherence to PrEP. © 2017 British HIV Association	adherence; HIV prevention; pre-exposure prophylaxis; Truvada; urine tenofovir assay	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Koester K.; Amico R.K.; Gilmore H.; Liu A.; McMahan V.; Mayer K.; Hosek S.; Grant R.	Risk, safety and sex among male PrEP users: time for a new understanding	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2017.1310927	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85017664898&doi=10.1080%2f13691058.2017.1310927&partnerID=40&md5=de1e620d7ffb7d6a9c0ec9714050247b	Recent advances in biomedical HIV prevention have led to optimistic projections of a dramatic worldwide reduction of new infections by 2030. This optimism is counterbalanced by concerns that the protective benefits of one such technology, HIV pre-exposure prophylaxis (PrEP), may be negated by increases in other behaviours that offset these benefits (risk compensation). To contribute to a deeper understanding of concepts of safety and risk in the context of HIV PrEP, we draw on the narrative accounts of 61 male PrEP users who participated in the inaugural PrEP demonstration project: the iPrEx open-label extension study. We conducted in-depth interviews with a purposeful sample of iPrEx participants. Overall, participants did not report significant changes to their sexual practices once they had begun taking PrEP. Rather, participants reported experiencing a sense of relief or reprieve from HIV-related stress. This unburdening of fear did not necessarily lead to condomless sex. Instead, men expressed feeling a sense of security and less free-floating fear of HIV. We contend that no longer living under the threat of HIV is a significant benefit that has not been adequately explored in HIV prevention research. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; men; pre-exposure prophylaxis; risk; safety; sexual health; USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Koff, Alan; Goldberg, Carole; Ogbuagu, Onyema	Condomless sex and HIV transmission among serodifferent couples: current evidence and recommendations.	Annals of Medicine	-	-	-	1365-2060 0785-3890	10.1080/07853890.2017.1320423	https://pubmed.ncbi.nlm.nih.gov/28409656/	Human immunodeficiency virus (HIV) infection remains a global pandemic. The primary driver of HIV incidence is sexual transmission between serodifferent individuals. Condoms, when used consistently and correctly, are effective at preventing sexually transmitted HIV infections and are considered an integral component of a comprehensive approach to HIV prevention. However, the demonstrated effectiveness of antiretroviral therapy (ART) to prevent HIV transmission, known as treatment as prevention and of pre-exposure prophylaxis, have raised an intriguing dilemma on the necessity and additive preventive benefit of condom use among individuals in serodifferent relationships utilizing these prevention strategies. Recent published evidence, although of limited follow-up duration, has shown no linked HIV transmissions with condomless sex among serodifferent couples where the infected partner was on ART and virologically suppressed. This paper will review the evidence surrounding HIV transmission risk among serodifferent couples with and without the use of condoms and will highlight factors that increase or attenuate this risk. It will also address the important benefits that condomless sex offers couples. This paper aims to provide a template for providers to have personalized discussions with their patients, particularly those with an HIV-positive sexual partner, around their individual risk of HIV transmission and the role of condom use.	Humans; Male; Anti-HIV Agents/*therapeutic use; HIV Infections/*prevention & control/transmission; Female; Condoms/statistics & numerical data; Unsafe Sex; *Sexual Partners; Pre-Exposure Prophylaxis/*methods; HIV Seropositivity/*transmission; HIV transmission; condomless sex; serodifferent; serodiscordant	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Koss C.A.; Bacchetti P.; Hillier S.L.; Livant E.; Horng H.; Mgodi N.; Mirembe B.G.; Feliciano K.G.; Horn S.; Liu A.Y.; Glidden D.V.; Grant R.M.; Benet L.Z.; Louie A.; Van Der Straten A.; Chirenje Z.M.; Marrazzo J.M.; Gandhi M.; Ganesh S.; Gappoo S.; Jenneker M.; Kadwa S.; Naicker V.; Naidoo S.; Ramjee G.; Sookrajh Y.; Zako L.; Magure T.; Mhlanga F.; Mngadi K.; Nair G.; Nakabiito C.; Palanee T.; Mkhize B.; Barnabas N.; Gondwe D.K.; Mafumane O.; Nakyanzi T.; Black R.; Sharma U.; Estep S.; Soto-Torres L.E.; Forsyth A.D.; Turpin J.; Piper J.; Watts H.; Gabelnick H.L.; Rooney J.; Bunge K.; Celum C.L.; Jacobson C.; Cranston R.D.; Klotman P.E.; Burzuk B.G.; McGowan I.; Greenspan S.L.; Ndase P.; Herold B.; Noguchi L.; Riddler S.A.; Singh D.; Wyatt C.M.; Hendrix C.; Mellors J.; Parikh U.; Bragg V.; Moore A.T.; Richards K.; Schwartz K.; Levy L.; White R.; Mayo A.; Borgerding J.; Richardson B.; Gandham S.; Swenson M.; Kelly C.; Mâsse B.; Patterson K.	Differences in Cumulative Exposure and Adherence to Tenofovir in the VOICE, iPrEx OLE, and PrEP Demo Studies as Determined via Hair Concentrations	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2016.0202	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026883112&doi=10.1089%2faid.2016.0202&partnerID=40&md5=4d3073659c83b29121b4d1297d9a6120	Pre-exposure prophylaxis (PrEP) with oral tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) prevented HIV acquisition among men and women in several trials and is broadly recommended. In the VOICE and FEM-PrEP trials, however, TDF/FTC-based PrEP did not prevent HIV acquisition among women in eastern and southern Africa. Tenofovir was detected in plasma, reflecting exposure and adherence in recent days, in fewer than one-third of participants. Drug concentrations in hair, which represent cumulative exposure and adherence over weeks to months, have never previously been examined among women on PrEP. We compared tenofovir hair concentrations among women assigned to oral TDF/FTC in the VOICE trial to those among men and transgender women enrolled in 2 open-label PrEP studies, the iPrEx open-label extension (OLE) study and the U.S. PrEP Demonstration Project (PrEP Demo). Tenofovir hair concentrations were detectable in 55% of person-visits in VOICE, 75% of person-visits in iPrEx OLE (p = .006), and 98% of person-visits in PrEP Demo (p < .001). Median tenofovir hair concentrations corresponded to an estimated 0.2, 2.9, and 6.0 TDF/FTC doses taken per week in the three studies, respectively. In VOICE, combining tenofovir concentration data from plasma and hair suggested inconsistent, low-level product use. Incorporation of both short- and long-term adherence measures may allow for an improved understanding of patterns of drug-taking among women during global PrEP roll-out. © 2017 Mary Ann Liebert, Inc.	adherence monitoring; hair concentrations; HIV and women; HIV prevention; plasma concentrations; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Krakower, Douglas S; Cohen, Stephanie E; Mayer, Kenneth H	Top Questions in ID: Pre-exposure Prophylaxis for HIV.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx185	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632308	HIV pre-exposure prophylaxis (PrEP) is highly efficacious at preventing HIV acquisition. This review discusses ways to identify candidates for PrEP, recommended PrEP regimens, baseline and follow-up evaluations, applications of PrEP for HIV-serodiscordant couples, resources to address financial barriers, investigational strategies for PrEP, and educational resources for clinicians and patients.	HIV, prevention, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Krakower, Douglas S; Ware, Norma C; Maloney, Kevin M; Wilson, Ira B; Wong, John B; Mayer, Kenneth H	Differing Experiences with Pre-Exposure Prophylaxis in Boston Among Lesbian, Gay, Bisexual, and Transgender Specialists and Generalists in Primary Care: Implications for Scale-Up.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2017.0031	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5512323	The Centers for Disease Control and Prevention estimates that one in four sexually active men who have sex with men (MSM) could decrease their HIV risk by using HIV pre-exposure prophylaxis (PrEP). Because many MSM access healthcare from primary care providers (PCPs), these clinicians could play an important role in providing access to PrEP. Semistructured qualitative interviews were conducted with 31 PCPs in Boston, MA, to explore how they approach decisions about prescribing PrEP to MSM and their experiences with PrEP provision. Purposive sampling included 12 PCPs from an urban community health center specializing in the care of lesbian, gay, bisexual, and transgender persons ("LGBT specialists") and 19 PCPs from a general academic medical center ("generalists"). Analyses utilized an inductive approach to identify emergent themes. Both groups of PCPs approached prescribing decisions about PrEP as a process of informed decision-making with patients. Providers would defer to patients' preferences if they were unsure about the appropriateness of PrEP. LGBT specialists and generalists were at vastly different stages of adopting PrEP into practice. For LGBT specialists, PrEP was a disruptive innovation that rapidly became normative in practice. Generalists had limited experience with PrEP; however, they desired succinct decision-support tools to help them achieve proficiency, because they considered preventive medicine to be central to their professional role. As generalists vastly outnumber LGBT specialists in the United States, interventions to support PrEP provision by generalists could accelerate the scale-up of PrEP for MSM nationally, which could in turn decrease HIV incidence for this priority population.	HIV, pre-exposure prophylaxis, primary care providers, men who have sex with men, qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Kuhns, Lisa M; Hotton, Anna L; Schneider, John; Garofalo, Robert; Fujimoto, Kayo	Use of Pre-exposure Prophylaxis (PrEP) in Young Men Who Have Sex with Men is Associated with Race, Sexual Risk Behavior and Peer Network Size	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1739-0	https://www.proquest.com/scholarly-journals/use-pre-exposure-prophylaxis-prep-young-men-who/docview/1883470032/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is efficacious to prevent HIV infection, however, uptake among young men who have sex with men (YMSM) is relatively low. The purpose of this study was to describe PrEP use and related factors in a representative sample of YMSM in two cities, Chicago and Houston. YMSM, ages 16-29, were recruited via respondent-driven sampling (RDS) from 2014 to 2016. Correlates of PrEP uptake were assessed in weighted multivariable logistic regression models. A total of 12.2% of participants (of 394) reported ever taking PrEP; Black YMSM had the lowest rates of uptake (4.7%) and Whites the highest (29.5%). In a multivariable regression model, having an HIV positive sex partner, reporting recent group sex, peer network size, and city (Chicago) were significantly and positively associated with use of PrEP, while Black race was negatively associated with it. Given evidence of racial/ethnic disparities in PrEP uptake in this study, further research is needed to identify potential mechanisms of action and points of intervention.	Homosexuality; Risk; Ethnicity; HIV prevention; Pre-exposure prophylaxis; Psychology; Men; Males; Sexual behavior; Prophylaxis; Race; Exposure; Social network; Sex; Regression analysis; Social networks; Young adults; Young men who have sex with men; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; United States--US; Acquired immune deficiency syndrome--AIDS; Data collection; Chicago Illinois; Risk taking; HIV-positive people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Lahuerta M.; Zerbe A.; Baggaley R.; Falcao J.; Ahoua L.; Di Mattei P.; Morales F.; Ramiro I.; El-Sadr W.M.	Feasibility, acceptability, and adherence with short-term HIV preexposure prophylaxis in female sexual partners of migrant miners in Mozambique	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001518	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038561994&doi=10.1097%2fQAI.0000000000001518&partnerID=40&md5=efe7e48d5d9db4d757f7048b59c3971d	Background: Preexposure prophylaxis (PrEP) offers protection from HIV acquisition if taken as prescribed. We evaluated the feasibility, acceptability, and adherence with short-term PrEP among female sexual partners of migrant miners in Mozambique. Methods: HIV-negative female sexual partners of migrant miners were offered daily tenofovir/emtricitabine (TDF/FTC) for 6 weeks concurrent with miners' return home. Study visits occurred at baseline, week 4, 6, and 8. Dried blood spots (DBSs) were collected at week 4 and 6. Results: Seventy-four women (median age: 42 years) were enrolled, 95% reported having 1 sexual partner and 80% reported never or rarely using condoms. At baseline, 41% had never tested for HIV; 65% were unaware of partners' HIV status. Of all women, 72 (97%) initiated PrEP, 7 (9%) discontinued PrEP before week 6; only 1 due to adverse events. Missed doses in the last week were self-reported by 8% and 3% of women at week 4 and 6, respectively. Of 66 (89%) women with DBS at week 4, 79% had detectable tenofovir diphosphate (TFV-DP) and 44% had levels consistent with $4 pills/wk ($700 fmol/punch). Of 63 (88%) women with DBS at week 6, 76% had detectable TFV-DP and 42% had levels consistent with $4 pills/wk. Conclusions: In this first study assessing the use of short-term PrEP, a high percent of female partners of migrant workers initiated PrEP and had detectable DP levels during follow-up. Further efforts are needed to enhance adherence to ensure protection from HIV acquisition. Short-term PrEP offers promise for populations who are at high risk of HIV during specific periods of time. Copyright © 2017 The Author(s).	Female partners of miners; Migrant; Mozambique; Preexposure prophylaxis; Short-term	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2017	Lal L.; Audsley J.; Murphy D.A.; Fairley C.K.; Stoove M.; Roth N.; Moore R.; Tee B.K.; Puratmaja N.; Anderson P.L.; Leslie D.; Grant R.M.; De Wit J.; Wright E.; El-Hayek C.; Petoumenos K.; Grulich A.; Zablotska I.; Crowe S.; Batrouney C.; Holt M.; Rosengarten M.; Armishaw J.; Pierce A.; Russell D.; Allan B.; Duncan A.; Giles M.; Aguirre I.; Read T.; Willcox J.	Medication adherence, condom use and sexually transmitted infections in Australian preexposure prophylaxis users	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001519	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026434131&doi=10.1097%2fQAD.0000000000001519&partnerID=40&md5=622ec3cd1ecd249dc62a87bf8e4997c5	Objective: HIV preexposure prophylaxis (PrEP) decreases risk of HIV acquisition; however, its efficacy is closely dependent on adherence. There is also concern that the preventive effect of PrEP may be offset by risk compensation, notably an increase in condomless anal sex. Design: Multisite, open-label demonstration study that recruited people at current or recent risk of HIV infection in Melbourne, Australia. Methods: Participants were recruited from three general practice clinics and one sexual health clinic in Melbourne and consented to take daily tenofovir/emtricitabine (TFV/FTC) for 30 months. Sexual practice data, HIV and sexually transmitted infection (STI) test results were collected at baseline and 3-monthly during follow-up. PrEP adherence was evaluated by self-report at clinical visits, online surveys, refill-based assessments and dried blood spot testing. We present a 12-month interim analysis. Results: A total of 114 people were recruited. We observed a significant decline in condom use which occurred concomitantly with a significant increase in STIs over the first 12 months of PrEP. Incidence (per 100 person-years) of any STI was 43.2 and 119.8 at months 0-3 and 3-12, respectively incidence rate ratio 2.77 (1.52, 5.56). Adherence to PrEP medication was high by all measures, including 6 month TFV/FTC levels in dried blood spot. Conclusion: We found a significant reduction in condom use and an increase in STIs over the first 12 months of follow-up. High medication adherence rates occurring with a decline in condom use and a rise in STIs, suggest that prevention, early detection and treatment of STIs is a chief research priority in the current era of HIV PrEP. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	adherence; HIV preexposure prophylaxis; sexually-transmitted infections; tenofovir/emtricitabine	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2017	Lalley-Chareczko L.; Clark D.; Zuppa A.F.; Moorthy G.; Conyngham C.; Mounzer K.; Koenig H.	A case study of chewed Truvada® for PrEP maintaining protective drug levels as measured by a novel urine tenofovir assay	Antiviral Therapy	-	-	-	-	13596535	10.3851/IMP3151	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021742651&doi=10.3851%2fIMP3151&partnerID=40&md5=526010e905a2bc6ab3b4f129a6b6dcb1	Emtricitabine/tenofovir disoproxil fumarate (FTC/TDF; Truvada) given as pre-exposure prophylaxis (PrEP) successfully blocks HIV when taken once daily prior to potential HIV exposure. A 22-year-old male reported difficulty swallowing FTC/TDF for PrEP and subsequently began chewing the FTC/TDF tablets. Monthly urine samples assessed using liquid chromatography-tandem mass spectrometry (LC-MS/MS) indicated tenofovir levels >1,000 ng/ml, indicative of protection from HIV acquisition, over a 48-week period. Data from observational studies of HIV-positive patients details the successful treatment of HIV using crushed FTC/TDF delivered via feeding and gastronomy tubes while small, randomized trials of healthy volunteers demonstrate bioequivalence between whole and crushed FTC/TDF. ©2017 International Medical Press.	Anti-HIV AgentsChromatography, LiquidDrug MonitoringEmtricitabine, Tenofovir Disoproxil Fumarate Drug CombinationHIV InfectionsHumansMalePre-Exposure ProphylaxisTandem Mass SpectrometryTreatment OutcomeYoung Adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2017	Landers, Stewart; Kapadia, Farzana	Preexposure Prophylaxis: Adapting HIV Prevention Models to Achieve Worldwide Access.	American Journal of Public Health	-	-	-	-	1541-0048	10.2105/AJPH.2017.304035	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607704	The efficacy of Truvada as a means of preexposure prophylaxis (PrEP) for individuals at high risk for HIV infection is well established with the first comprehensive guidelines for administration of PrEP developed and published by the Centers for Disease Control and Prevention in 2014.1 The availability of PrEP as a biomedical mechanism for HIV prevention is considered a "game changer" in HIV prevention efforts, much as the widespread availability of highly active antiretroviral therapy (HAART—more commonly referred to as "ART") was considered for HIV treatment in 1996. However, many of the questions that followed this breakthrough in HIV treatment are now being put forth regarding PrEP. How much does it cost? Who should pay for it? Will there be disparities in access to PrEP in the United States and how will we overcome these disparities? How can we afford to pay for PrEP when many people around the world still do not have access to ART?	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2017	Landovitz, Raphael J, MD, MSc; Beymer, Matthew, PhD, MPH; Kofron, Ryan, MS; Amico, Kathy Rivet, PhD; Psaros, Christina, PhD; Bushman, Lane, BChem; Anderson, Peter L, PharmD; Flynn, Risa, BA; Lee, David P, MSW, MPH; Bolan, Robert K, MD; Jordan, Wilbert C, MD, MPH; Tseng, Chi-Hong, PhD; Dierst-Davies, Rhodri, PhD, MPH; Rooney, Jim, MD; Wohl, Amy Rock, PhD, MPH	Plasma Tenofovir Levels to Support Adherence to TDF/FTC Preexposure Prophylaxis for HIV Prevention in MSM in Los Angeles, California: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	NA	https://www.proquest.com/scholarly-journals/plasma-tenofovir-levels-support-adherence-tdf-ftc/docview/1988488493/se-2?accountid=8113	Background: Tenofovir disoproxil fumarate/emtricitabine preexposure prophylaxis (PrEP) is effective against HIV acquisition when taken as prescribed. Strategies that identify and intervene with those challenged by adherence to daily medication are needed. Setting: PATH-PrEP was an open-label single-arm interventional cohort study conducted at 2 community-based clinical sites in Los Angeles, CA. Methods: We enrolled self-identified men who have sex with men and transgender women ≥18 years of age at an elevated risk of HIV acquisition. Participants received a postexposure prophylaxis (PEP)-based or PrEP-based HIV prevention package for at least 48 weeks. Plasma tenofovir levels from each PrEP visit assessed as below the limit of quantitation (<10 ng/mL) triggered increased adherence support. Results: Three hundred one participants enrolled. Forty-eight-week retention in the PrEP cohort was 75.1%. Biomarker evidence of PrEP adherence consistent with ≥4 doses per week at weeks 4, 12, 24, 36, and 48 was found in 83.1%, 83.4%, 75.7%, 71.6%, and 65.5% of participants, respectively; younger and African American participants were less likely to have protective drug levels. Most of those with suboptimal adherence had adherence improvement after brief intervention. One seroconversion occurred in a participant who discontinued PrEP. Nearly half (46.4%) of participants were diagnosed with at least 1 incident sexually transmitted infection during 48 weeks of study follow-up. Conclusions and Relevance: PrEP was acceptable and well tolerated in a diverse population of men who have sex with men in Los Angeles. A brief intervention triggered from biomarkers of poor adherence was associated with improved adherence. Drug level monitoring has the potential to allow targeting of additional adherence support to those struggling with daily tablet adherence.	Tenofovir; Emtricitabine; Biomarkers; Pre-exposure prophylaxis; Antiretroviral drugs; Prevention; Transgender persons; Prophylaxis; Seroconversion; Patient compliance; Tenofovir disoproxil; Drugs; Preventive medicine; Intervention; Adhesion; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; United States--US; Los Angeles California; Gays & lesbians; Health risks; Prescription drugs; Quantitation; Tour de France	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Lau, Andrew; Kong, Fabian; Fairley, Christopher K; Donovan, Basil; Chen, Marcus; Bradshaw, Catriona; Boyd, Mark; Amin, Janaki; Timms, Peter; Tabrizi, Sepehr; Regan, David G; Lewis, David A; McNulty, Anna; Hocking, Jane S	Treatment efficacy of azithromycin 1 g single dose versus doxycycline 100 mg twice daily for 7 days for the treatment of rectal chlamydia among men who have sex with men - a double-blind randomised controlled trial protocol.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-016-2125-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5217553	BACKGROUND: Rectal infection with Chlamydia trachomatis is one of the most common bacterial sexually transmissible infections among men who have sex with men (MSM) with diagnosis rates continuing to rise. Current treatment guidelines recommend either azithromycin 1 g single dose or doxycycline 100 mg twice daily for 7 days. However, there are increasing concerns about treatment failure with azithromycin. We are conducting the first randomised controlled trial (RCT) to compare treatment efficacy of azithromycin versus doxycycline for the treatment of rectal chlamydia in MSM. METHODS/DESIGN: The Rectal Treatment Study will recruit 700 MSM attending Australian sexual health clinics for the treatment of rectal chlamydia. Participants will be asked to provide rectal swabs and will be randomised to either azithromycin 1 g single dose or doxycycline 100 mg twice daily for 7 days. Participants will be asked to complete questionnaires about adverse drug reactions, sexual behaviour and drug adherence via short message service and online survey. The primary outcome is the treatment efficacy as determined by a negative chlamydia nucleic acid amplification test at 4 weeks post treatment. Secondary outcomes will utilise whole genome sequencing and mRNA assay to differentiate between treatment failure, reinfection or false positive results. DISCUSSION: Rectal chlamydia is an increasing public health concern as use of pre-exposure prophylaxis against HIV becomes commonplace. Optimal, evidence-based treatment is critical to halting ongoing transmission. This study will provide the first RCT evidence comparing azithromycin and doxycycline for the treatment of rectal chlamydia. The results of this trial will establish which treatment is more efficacious and inform international management guidelines. TRIAL REGISTRATION: Australian New Zealand Clinical Trials Registry ACTRN12614001125617.	Chlamydia, rectal, treatment, MSM, azithromycin, doxycycline	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Theses and Dissertations	2017	Le, Anh Quan	Investigating biomedical HIV prevention approach for HIV negative patients : Oral PrEP (Pre-exposure Prophylaxis) from a nursing perspective	-	-	Yrkeshögskolan Arcada	Yrkeshögskolan Arcada	-	NA	NA	http://www.theseus.fi/handle/10024/137574	This research study aims to shed light on the biomedical approach to HIV prevention and in particular PrEP is investigated. Three research questions sought to answer the role of PrEP plays in HIV prevention, the challenges regarding PrEP that a nurse faces when encountering patients of high risk of HIV and how those problems can be solved. The study adopts the HIV prevention continuum model by Horn T et al. (2016). Only half of the model for HIV negative patients was used which was the primary HIV prevention process that focuses on HIV testing, risk and needs assessment; linkage to prevention services as well as retention, engagement and adherence. A literature review based on secondary data was carried out for investigating the research questions. By adopting inclusion and exclusion criteria for the keywords chosen for data collection, 10 articles were selected from 235 items across a variety of scientific databases. The keywords used for selection criteria are PrEP, HIV, HIV prevention, Oral pre-exposure Prophylaxis, Nursing, Healthcare Providers, and Transgender. All articles were filtered to be after 2012 since that was the year the FDA approved PrEP. After data collection, inductive approach of qualitative content analysis by Graneheim & Lundman (2004) was used for data analysis. The findings manifest that PrEP is effective in HIV prevention for those vulnerable to the infection which, to name a few, are MSM, Transgender, heterosexual women, IDUs, sex workers and those in discordant relationships. Moreover, there were challenges regarding PrEP faced by both the patients and the HCPs. The typically identified challenges were adherence, cost, mistrust, drug resistance, risk compensation, etc. The measures taken to counteract these obstacles that nurses should adopt as discussed, are thorough need & risks assessment, referring the patients to HIV prevention services like mental health services, STI clinics, specific community, etc. In addition, nurses are recommended to build trust with the patients, provide accurate information about PrEP, set reminders such as phone calls and text messages for pill taking and follow up, provide feedback and counseling as well as cooperating with social workers. One of the limitations of this study is that HIV prevention methods are predicted to change in the future which may supercede some concepts described in this paper. More research is recommended to look at the model by Horn T et al. (2016) as a whole and/or incorporate the concepts of behavioral interventions, biomedical interventions and structural interventions into the study.	Yrkeshögskolan Arcada	English	Finland	Western and Central Europe and North America	Finland	Western and Central Europe and North America	-	-	Review
Theses and Dissertations	2017	Le, Anh Quan	Word-of-Mouth influence in prescription medication : Case: PrEP (Pre-Exposure Prophylaxis) – HIV prevention medication	-	-	Yrkeshögskolan Arcada	Yrkeshögskolan Arcada	-	NA	NA	http://www.theseus.fi/handle/10024/125040	This research aims to sheds lights on identifying the key characteristics of word-of-mouth (WOM) influence in the recommendation of PrEP and scrutinizes their impact of PrEP recommendation on PrEP users´ perceived influence. Through literature review, WOM marketing was found to have a potential influence on healthcare marketing which motivated this study. By adopting the theoretical framework from the study of Akira and Young (2016), identified WOM determinants are characteristics of message sender (expertise and trustworthiness), the message (richness of message content and strength of message delivery), homophily and involvement. All mentioned independent latent variables were treated as antecedents impacting dependent variable WOM influence. The data was collected by disseminating a survey on the Facebook group called ´PrEP facts: Rethinking HIV prevention and sex´ asking current PrEP users to recall the most recent accepted recommendation about PrEP. Following the quantitative research, the findings manifest that WOM influence in PrEP recommendation was positively impacted by expertise, strength & richness of message delivery and homophily. Accordingly, Gilead Sciences Inc., the drug producer, is recommended to increase the marketing of PrEP to healthcare professionals, adopt storytelling in their message delivery and embrace patient advocacy groups.	NA	English	Finland	Western and Central Europe and North America	Finland	Western and Central Europe and North America	-	-	Review
Article	2017	Lee Y.-C.; Chang S.-Y.; Lin K.-Y.; Chang L.-H.; Liu W.-C.; Wu C.-H.; Sun H.-Y.; Hung C.-C.; Chang S.-C.	Awareness and willingness towards pre-exposure prophylaxis against HIV infection among individuals seeking voluntary counselling and testing for HIV in Taiwan: A cross-sectional questionnaire survey	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2016-015142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031779667&doi=10.1136%2fbmjopen-2016-015142&partnerID=40&md5=02d487fbca86f3abee41fe4e23796382	Objectives We aimed to investigate the awareness and willingness towards pre-exposure prophylaxis (PrEP) among individuals seeking voluntary counselling and testing (VCT) for HIV in Taiwan, where PrEP is currently not reimbursed by the insurance. Methods Between April and October 2016, a questionnaire interview was conducted among VCT clients to inquire about the attitudes towards PrEP against HIV infection. Multivariate logistic regression analysis was performed to identify the associated factors with willingness to initiate PrEP. Results During the 6-month period, 1173 VCT clients (99.8%) completed the interviews, with 67.4% being homosexual or bisexual male. While 67.2% of the clients knew of postexposure prophylaxis, 40.2% heard of PrEP. Overall, 546 clients (46.5%) were willing to initiate PrEP and 89.5% of them would choose event-driven PrEP. In multivariate analysis, male gender (OR 1.796; 95% CI 1.165 to 2.768), full-Time job (OR 1.354; 95% CI 1.052 to 1.742), one-night stand (OR 1.374; 95% CI 1.043 to 1.810), having casual sex partners within 3 months (OR 1.329; 95% CI 1.031 to 1.714), condomless anal sex (OR 1.405; 95% CI 1.122 to 1.878) and ever having chemsex or attending a drug party in the past 1 year (OR 2.571; 95% CI 1.541 to 4.287), regular screening for HIV infection (OR 1.321; 95% CI 1.021 to 1.711) and knowledge of PrEP (OR 1.504; 95% CI, 1.159 to 1.953) were associated with willingness to initiate PrEP. Conclusions Understanding the willingness to initiate PrEP against HIV among the VCT clients in Taiwan, which was associated with male gender, risky sexual behaviours and awareness of PrEP, will help inform the implementation of PrEP programme. © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.	chemsex; emtricitabine; HIV prevention; men who have sex with men; sexually transmitted infection; tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Quantitative
Theses and Dissertations	2017	Leenman, Theodore S	Reconceiving Risk: Relational Understandings of Pre-Exposure Prophylaxis and the Down-Low.	-	-	Harvard University	Harvard University	-	NA	NA	http://nrs.harvard.edu/urn-3:HUL.InstRepos:40046557	This research advances sociological theorizing of risk through examinations of a sexual technology and a sexual practice. The sexual technology is the preventative HIV medication, Truvada for PrEP. The sexual practice is the "down-low" - the behavior of men who secretly engage in male-male sex but do not identify as gay. Previous studies of sexual risk examine categories of "at risk" people and rational calculations of risk. My analysis situates risk fully within sexual relationships and the temporal, unfolding process of sex. This perspective illuminates meanings related to risk that emerge from interaction as well as the emotions and uncertainty involved in the experience of risk-taking. Content-analysis of online media articles about Truvada for PrEP (N=214) shows how PrEP is individualized and desexualized with reference to categories of people portrayed as "risky." Subsequent interview analyses with White and Black men who engage in sexual relations with men (N=60) reveal disjunctures between categorical representations of PrEP and understandings derived from sexual relations. Respondents' evaluations of risk are contingent on social comparisons to others and perceptions of intimacy in their relationships. Finally, drawing from a subset of interviews (N=36), this relational understanding of risk is applied to the case of the down-low. I argue that, due to their boundary work against an out-gay lifestyle, PrEP may not be viewed as relevant by this population. However, understanding the relational contexts of more intimate partnerships can help reframe PrEP as compatible with down-low sexual practices.	Sexuality, Risk, Sociology of Culture, Science and Technology Studies, Race, Sociology, General	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2017	Levy, Matthew E; Patrick, Rudy; Gamble, Jonjelyn; Rawls, Anthony; Opoku, Jenevieve; Magnus, Manya; Kharfen, Michael; Greenberg, Alan E; Kuo, Irene	Willingness of community-recruited men who have sex with men in Washington, DC to use long-acting injectable HIV pre-exposure prophylaxis.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0183521	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5565177	OBJECTIVES: Clinical trials are currently investigating the safety and efficacy of long-acting injectable (LAI) agents as HIV pre-exposure prophylaxis (PrEP). Using National HIV Behavioral Surveillance data, we assessed the self-reported willingness of men who have sex with men (MSM) to use LAI PrEP and their preference for LAI versus daily oral PrEP. METHODS: In 2014, venue-based sampling was used to recruit MSM aged ≥18 years in Washington, DC. Participants completed an interviewer-administered survey followed by voluntary HIV testing. This analysis included MSM who self-reported negative/unknown HIV status at study entry. Correlates of being "very likely" to use LAI PrEP and preferring it to daily oral PrEP were identified using multivariable logistic regression. RESULTS: Of 314 participants who self-reported negative/unknown HIV status, 50% were <30 years old, 41% were non-Hispanic Black, 37% were non-Hispanic White, and 14% were Hispanic. If LAI PrEP were offered for free or covered by health insurance, 62% were very likely, 25% were somewhat likely, and 12% were unlikely to use it. Regarding preferred PrEP modality, 67% chose LAI PrEP, 24% chose oral PrEP, and 9% chose neither. Correlates of being very likely versus somewhat likely/unlikely to use LAI PrEP included age <30 years (aOR 1.64; 95% CI 1.00-2.68), reporting ≥6 (vs. 1) sex partners in the last year (aOR 2.60; 95% CI 1.22-5.53), previous oral PrEP use (aOR 3.67; 95% CI 1.20-11.24), and being newly identified as HIV-infected during study testing (aOR 4.83; 95% CI 1.03-22.67). Black (vs. White) men (aOR 0.48; 95% CI 0.24-0.96) and men with an income of <$20,000 (vs. ≥$75,000; aOR 0.37; 95% CI 0.15-0.93) were less likely to prefer LAI to oral PrEP. CONCLUSIONS: If LAI PrEP were found to be efficacious, its addition to the HIV prevention toolkit could facilitate more complete PrEP coverage among MSM at risk for HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Book Section	2017	Liegler T.; Grant R.	HIV-1 drug resistance in pre-exposure prophylaxis trials	-	Handbook of Antimicrobial Resistance	-	-	1493906933	-	10.1007/978-1-4939-0694-9_24	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032930518&doi=10.1007%2f978-1-4939-0694-9_24&partnerID=40&md5=b8ccd5c1186248b8cbb6524d1e22e1b5	When used with other proven strategies for prevention of HIV-1 acquisition, oral and topical preexposure prophylaxis (PrEP) has been shown to be effective in multiple randomized, placebo-controlled clinical trials throughout the world. Preexposure prophylaxis trials have included over 20,000 men and women at risk for HIV infection through sexual or intravenous exposure. A consistent finding is that drug exposure is essential for PrEP efficacy. In PrEP users with breakthrough infection, selection of drug-resistant virus is a possible outcome, presenting a unique sequence of events and outcomes compared with therapeutic use of antiretroviral drugs. Study findings have indicated that drug resistance selected by PrEP occurs rarely, except in cases where PrEP is initiated in very early infection, prior to seroconversion, and detectable only with nucleic acid tests. In this review, we discuss the factors associated with PrEP which may contribute to drug resistance and summarize the frequency and characteristics of HIV-1 drug resistance reported to date from global clinical trials. A theoretical framework of the causes and consequences of drug resistance in PrEP is considered as a basis of the real-life outcomes and challenges in implementing PrEP. © Springer Science+Business Media New York 2017.	Antiretrovirals; Drug resistance; HIV-1; Preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2017	Liu, Albert Y.; Buchbinder, Susan P.	CROI 2017: HIV Epidemic Trends and Advances in Prevention.	Topics in Antiviral Medicine	-	-	-	-	2161-5853 2161-5861	NA	https://www.iasusa.org/wp-content/uploads/2017/05/25-2-35.pdf	At the 2017 Conference on Retroviruses and Opportunistic Infections (CROI), trends in the HIV epidemic were highlighted, with decreasing HIV incidence reported across several countries, although key groups remain underdiagnosed and undertreated. In the United States, men who have sex with men (MSM) continue to comprise the largest number of new and undiagnosed HIV infections, with rising incidence in MSM 25 to 34 years old and Latino MSM. Phylogenetics are being used to identify rapidly growing HIV transmission clusters, which can inform prevention efforts. HIV testing is a crucial first step for accessing HIV prevention and treatment, and several innovative strategies to increase HIV testing show promise. Sexually transmitted infections (STIs) have been on the rise but predate widespread use of HIV preexposure prophylaxis (PrEP); enhanced STI screening and treatment coupled with PrEP could substantially reduce STI incidence in the United States. Several studies indicate increasing PrEP awareness and use, although disparities exist in vulnerable populations. PrEP persistence remains a challenge, and practitioner adherence to prescribing guidelines is suboptimal. Novel PrEP delivery models are being developed to increase PrEP knowledge, access, and support.	Humans; Incidence; Male; United States; Pre-Exposure Prophylaxis; Epidemics; *HIV Infections; Sexually Transmitted Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Liu, Zhi-Jun; Bai, Jing; Liu, Feng-Li; Zhang, Xiang-Yang; Wang, Jing-Zhang	Focus on the therapeutic efficacy of 3BNC117 against HIV-1: In vitro studies, in vivo studies, clinical trials and challenges.	International Immunopharmacology	-	-	-	-	1878-1705	10.1016/j.intimp.2017.08.016	https://dx.doi.org/10.1016/j.intimp.2017.08.016	3BNC117, which was discovered in 2011, is a broadly neutralizing antibody (bNAb) and specifically neutralizes the human immunodeficiency virus type-1 (HIV-1) by targeting the CD4-binding site. This is the first comprehensive review that focuses on the role of 3BNC117 in the prevention of HIV-1 and acquired immune deficiency syndrome (AIDS). Briefly, 3BNC117 neutralizes many HIV/SHIV strains in vitro, blocks HIV-1 acquisition in animal models via a pre-exposure prophylaxis, alleviates HIV-1-associated viremia via a post-exposure therapeutic effect, prevents the establishment of latent HIV-1 reservoirs, and induces both humoral and cellular anti-HIV immune responses in vivo. The outcomes of Phase I and Phase IIa clinical trials in 2015 and 2016 showed the safety, tolerability, and therapeutic efficacy of 3BNC117 in HIV-1-infected human individuals. Nevertheless, anti-3BNC117 antibodies and HIV-1 strains resistant to 3BNC117 pose clinical challenges to immunotherapy with 3BNC117, so potential strategies for optimizing the potency of 3BNC117 are suggested here. Predictably, HIV-1 prevention and AIDS treatment will benefit from combinational immunotherapies with 3BNC117 and other pharmaceuticals (bNAbs, antiretroviral medicines, viral inducers, etc.) in the near future.	NA	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2017	Livant E.; Heaps A.; Kelly C.; Maharaj R.; Samsunder N.; Nhlangulela L.; Karugaba P.; Panchia R.; Marrazzo J.; Chirenje Z.M.; Parikh U.M.	The fourth generation AlereTM HIV Combo rapid test improves detection of acute infection in MTN-003 (VOICE) samples	Journal of Clinical Virology	-	-	-	-	13866532	10.1016/j.jcv.2017.06.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85023193338&doi=10.1016%2fj.jcv.2017.06.006&partnerID=40&md5=18f2b367feeba08880afd2652e73d1ae	Background Early and accurate detection of HIV is crucial when using pre-exposure prophylaxis (PrEP) for HIV prevention to avoid PrEP initiation in acutely infected individuals and to minimize the risk of drug resistance in individuals with breakthrough infection. Objective To determine if fourth-generation antigen/antibody (Ag/Ab) rapid diagnostic tests (RDT) would have detected HIV infection earlier than the third-generation RDT used in MTN-003 (VOICE). Study design 5029 VOICE participants were evaluated with third-generation Alere Determine™ HIV-1/2, OraQuick ADVANCE® Rapid HIV-1/2, Uni-Gold™ Recombigen® HIV-1/2 and Bio-Rad GS HIV-1/2 + O EIA; and fourth-generation Alere Determine™ HIV-1/2 Ag/Ab Combo, Conformité Européene (CE)-Marked Alere™ HIV Combo and Bio-Rad HIV Combo Ag/Ab EIA. Multispot®, GS HIV-1 Western Blot (WB) and Geenius™ (Bio-Rad) were also evaluated. Results Of 57 antibody-negative pre-seroconversion plasma samples with HIV RNA >20 copies/mL identified, 16 (28%) were reactive by CE-Marked Alere™ HIV Combo (1 Ab; 9 Ag; 6 Ag/Ab reactive) and 4 (7%) by Alere Determine™ HIV-1/2 Ag/Ab Combo (2 Ab; 2 Ag; 0 Ag/Ab reactive) (p = 0.0005). Multispot® confirmed only 1 of 16 acute infections while WB and Geenius™ confirmed none. GS HIV Combo Ag/Ab EIA identified 27 of 57 (47%) pre-seroconversion RNA-positive samples. Conclusion In VOICE, 28% of infections missed by current third-generation RDT would have been identified with the use of CE-Marked Alere™ HIV Combo. Geenius™, Multispot® and WB were all insensitive (< 10%) in confirming infections detected by fourth-generation assays. An improved diagnostic algorithm that includes a fourth-generation RDT with HIV RNA testing will be essential for efficiently identifying seroconverters on PrEP. © 2017	4th generation rapid test; Acute infection; HIV confirmatory test; HIV diagnostics; HIV-1; Pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Lochlainn L.N.; O'Donnell K.; Hurley C.; Lyons F.; Igoe D.	Using data from a behavioural survey of men who have sex with men (MSM) to estimate the number likely to present for HIV pre-exposure prophylaxis (PrEP) in Ireland, 2017	Eurosurveillance	-	-	-	-	1025496X	10.2807/1560-7917.ES.2017.22.48.17-00768	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037354741&doi=10.2807%2f1560-7917.ES.2017.22.48.17-00768&partnerID=40&md5=7ce2fce41cc9748cb643e9f420412e51	In Ireland, men who have sex with men (MSM) have increased HIV risk. Pre-exposure prophylaxis (PrEP), combined with safe sex practices, can reduce HIV acquisition. We estimated MSM numbers likely to present for PrEP by applying French PrEP criteria to Irish MSM behavioural survey data. We adjusted for survey bias, calculated proportions accessing testing services and those likely to take PrEP. We estimated 1–3% of MSM in Ireland were likely to present for PrEP. © 2017, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	AdolescentAdultAnti-HIV AgentsHealth Knowledge, Attitudes, PracticeHIV InfectionsHomosexuality, MaleHumansIrelandMaleMiddle AgedPatient Acceptance of Health CarePre-Exposure ProphylaxisSexual BehaviorSurveys and QuestionnairesYoung Adult	English	Sweden	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Quantitative
Article	2017	Logo, Martin K; Denawi, Hadi; Ferraro, Aimee	Prescribing HIV PrEP and Education Needs Among Care Providers	Journal of Social, Behavioral and Health Sciences	-	-	-	-	19483260	10.5590/JSBHS.2017.11.1.14	https://www.proquest.com/scholarly-journals/prescribing-hiv-prep-education-needs-among-care/docview/2839037213/se-2?accountid=8113	Preexposure prophylaxis (PrEP) is a biomedical intervention to prevent the spread of HIV. Underprescribing PrEP could increase the probability of HIV exposure among serodivergent couples/partners and people who do not practice safer sex. Previous research on PrEP did not assess the association between awareness of PrEP, years of experience of the providers, provider types, and the frequency of PrEP among physicians. The purpose of this study is to test the hypothesis that awareness of PrEP, years of experience, and provider types might be predictors of the frequency of PrEP among physicians. Precaution adoption process model and cross-sectional design were applied to survey 100 physicians. Kendall's b correlation test and Fisher's exact test showed that awareness was the primary barrier to prescribing PrEP at the providers' level. Higher awareness of PrEP and years of experience were associated with the frequency of PrEP prescription. However, there was an insignificant difference between provider types and the frequency of PrEP prescription. The findings support the notion that independent from their years of experience and specialty, the more physicians know about PrEP, the more they prescribe it. The results and recommendations contribute to positive social change by providing information to develop a comprehensive PrEP education curriculum for care providers. Our findings indicate that physicians need education and training to fully understand the potential for PrEP to reduce HIV transmission.	HIV; Truvada; preexposure prophylaxis (PrEP); Social Sciences: Comprehensive Works; precaution adoption process model (PAPM); serodivergent relationship	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Lykins W.R.; Luecke E.; Johengen D.; van der Straten A.; Desai T.A.	Long acting systemic HIV pre-exposure prophylaxis: an examination of the field	Drug Delivery and Translational Research	-	-	-	-	2190393X	10.1007/s13346-017-0391-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032570805&doi=10.1007%2fs13346-017-0391-6&partnerID=40&md5=70437005f662658735df57e2270537a5	Oral pre-exposure prophylaxis for the prevention of HIV-1 transmission (HIV PrEP) has been widely successful as demonstrated by a number of clinical trials. However, studies have also demonstrated the need for patients to tightly adhere to oral dosing regimens in order to maintain protective plasma and tissue concentrations. This is especially true for women, who experience less forgiveness from dose skipping than men in clinical trials of HIV PrEP. There is increasing interest in long-acting (LA), user-independent forms of HIV PrEP that could overcome this adherence challenge. These technologies have taken multiple forms including LA injectables and implantables. Phase III efficacy trials are ongoing for a LA injectable candidate for HIV PrEP. This review will focus on the design considerations for both LA injectable and implantable platforms for HIV PrEP. Additionally, we have summarized the existing LA technologies currently in clinical and pre-clinical studies for HIV PrEP as well as other technologies that have been applied to HIV PrEP and contraceptives. Our discussion will focus on the potential application of these technologies in low resource areas, and their use in global women's health. © 2017, Controlled Release Society.	Antiretroviral; Chemo prophylaxis; HIV prevention; Long acting; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2017	MacAulay, Margaret	Virtual friction: Networking sexuality and HIV prevention in the digital age	-	-	Simon Fraser University	Simon Fraser University	-	NA	NA	https://summit.sfu.ca/_flysystem/fedora/sfu_migrate/18076/etd10534_MMacAulay.pdf	From advances in HIV prevention science bringing us pre-exposure prophylaxis (PrEP) to the proliferation of hook-up apps like Grindr, the late 20th/early 21st centuries have introduced intense socio-technical transformations in gay men's intimate lives. In particular, the networked decentralization and privatization of sexuality has generated a corresponding set of discourses within gay men's communities and in the social world of HIV prevention. Community narratives either construct the Internet as a virtual community where acceptance, solidarity, friendship, romance, and sex become easily accessible in a largely hetero-normative world, or a virtual bathhouse accelerating the depoliticization and commodification of gay life (Kapp, 2011; Ward & Arsenault, 2012). In public health, accounts oscillate between exploring the Internet's potential to revitalize HIV prevention efforts (Chiasson et al., 2009; Rhodes et al., 2011; Rosser et al., 2010), and debating its possible role in facilitating HIV risk and transmission (Berry et al., 2008; Bull & McFarlane, 2000; Wohlfeiler & Potterat, 2005). Intersecting perspectives from communication, Internet studies, and public health, this dissertation traces the erotic and epidemiological contours of a "network society" (Castells, 1996) where the Internet plays an ambivalent role in social life. Based on archival research, personal experience, and 31 interviews with gay men, public health actors, and Internet entrepreneurs in San Francisco and Vancouver, this project uses the concept of virtual friction to think through the tensions, contradictions, and paradoxes that characterize the networking of sexuality and HIV prevention in the digital age. Broadly speaking, I ask whether and how the Internet has transformed sexuality and HIV prevention by examining the discourses, subjectivities, and practices that have emerged, as well as the subsequent set of opportunities and challenges they generate for the various social worlds involved (Strauss, 1978). I argue that virtual friction is not only an inevitable but necessary part of the process because it renders visible the limits of imagining social problems and solutions in purely technological terms. Friction challenges us to acknowledge the competing epistemologies, interests, and perspectives that underpin life in the digital age, taking us out of our comfort zones by asking how we know and believe what we do about science, technology and society.	HIV prevention; sexuality; network society; Internet; LGBT; friction	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Qualitative
Article	2017	Machado, Daisy Maria; de Sant'Anna Carvalho, Alexandre Machado; Riera, Rachel	Adolescent pre-exposure prophylaxis for HIV prevention: current perspectives.	Adolescent Health, Medicine and Therapeutics	-	-	-	-	1179-318X	10.2147/AHMT.S112757	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5716324	Adolescents are a critical population that is disproportionately impacted by the HIV epidemic. More than 2 million adolescents between the age group of 10 and 19 years are living with HIV, and millions are at risk of infection. HIV risks are considerably higher among girls, especially in high-prevalence settings such as eastern and southern Africa. In addition to girls, there are other vulnerable adolescent subgroups, such as teenagers, who use intravenous (IV) drugs, gay and bisexual boys, transgender youth, male sex workers, and people who fall into more than one of these categories. Pre-exposure prophylaxis (PrEP) is a new intervention for people at high risk for acquiring HIV, with an estimated HIV incidence of >3%. Recent data from trials show evidence of the efficacy of PrEP as a powerful HIV prevention tool in high-risk populations, including men who have sex with men, HIV-1-serodiscordant heterosexual couples, and IV drug users. The reported efficacy in those trials of the daily use of oral tenofovir, alone or in combination with emtricitabine, to prevent HIV infection ranged from 44% to 75% and was heavily dependent on adherence. Despite the proven efficacy of PrEP in adult trials, concerns remain about its feasibility in real-life scenarios due to stigma, cost, and limited clinician experience with PrEP delivery. Recent studies are attempting to expand the inquiry into the efficacy of such HIV prophylaxis approaches in adolescent populations, but there are still many gaps in knowledge, and no country has yet approved it for use with adolescents. The aim of this review was to identify and summarize the evidence from studies on PrEP for adolescents. We have compiled and reviewed published studies focusing on safety, feasibility, adherence to therapeutics, self-perception, and legal issues related to PrEP in people aged between 10 and 24 years.	HIV prevention, pre-exposure prophylaxis (PrEP), adolescents, youth	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2017	Madrasi K.; Chaturvedula A.; Haberer J.E.; Sale M.; Fossler M.J.; Bangsberg D.; Baeten J.M.; Celum C.; Hendrix C.W.	Markov Mixed Effects Modeling Using Electronic Adherence Monitoring Records Identifies Influential Covariates to HIV Preexposure Prophylaxis	Journal of Clinical Pharmacology	-	-	-	-	912700	10.1002/jcph.843	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85008249178&doi=10.1002%2fjcph.843&partnerID=40&md5=d1b3cd07f135644b4261449587dda7a1	Adherence is a major factor in the effectiveness of preexposure prophylaxis (PrEP) for HIV prevention. Modeling patterns of adherence helps to identify influential covariates of different types of adherence as well as to enable clinical trial simulation so that appropriate interventions can be developed. We developed a Markov mixed-effects model to understand the covariates influencing adherence patterns to daily oral PrEP. Electronic adherence records (date and time of medication bottle cap opening) from the Partners PrEP ancillary adherence study with a total of 1147 subjects were used. This study included once-daily dosing regimens of placebo, oral tenofovir disoproxil fumarate (TDF), and TDF in combination with emtricitabine (FTC), administered to HIV-uninfected members of serodiscordant couples. One-coin and first- to third-order Markov models were fit to the data using NONMEM® 7.2. Model selection criteria included objective function value (OFV), Akaike information criterion (AIC), visual predictive checks, and posterior predictive checks. Covariates were included based on forward addition (α = 0.05) and backward elimination (α = 0.001). Markov models better described the data than 1-coin models. A third-order Markov model gave the lowest OFV and AIC, but the simpler first-order model was used for covariate model building because no additional benefit on prediction of target measures was observed for higher-order models. Female sex and older age had a positive impact on adherence, whereas Sundays, sexual abstinence, and sex with a partner other than the study partner had a negative impact on adherence. Our findings suggest adherence interventions should consider the role of these factors. © 2016, The American College of Clinical Pharmacology	adherence; HIV; Markov models; medication event-monitoring systems; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Malik, Tanushree; Chauhan, Gaurav; Rath, Goutam; Murthy, R S R; Goyal, Amit K	"Fusion and binding inhibition" key target for HIV-1 treatment and pre-exposure prophylaxis: targets, drug delivery and nanotechnology approaches.	Drug Delivery	-	-	-	-	1521-0464	10.1080/10717544.2016.1228717	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8241151	More than 35 million people are living with HIV worldwide with approximately 2.3 million new infections per year. Cascade of events (cell entry, virus replication, assembly and release of newly formed virions) is involved in the HIV-1 transmission process. Every single step offers a potential therapeutic strategy to halt this progression and HIV fusion into the human host cell is one such stage. Controlling the initial event of HIV-1 transmission is the best way to control its dissemination especially when prophylaxis is concerned. Action is required either on the HIV's or host's cell surface which is logically more rational when compared with other intracellular acting moieties. Aim of this manuscript is to detail the significance and current strategies to halt this initial step, thus blocking the entry of HIV-1 for further infection. Both HIV-1 and the possible host cell's receptors/co-receptors are under focus while specifying the targets available for inhibiting this fusion. Current and under investigation moieties are categorized based on their versatile mechanisms. Advanced drug delivery and nanotechnology approaches present a key tool to exploit the therapeutic potential in a boosted way. Current drug delivery and the impact of nanotechnology in potentiating this strategy are detailed.	HIV transmission, fusion inhibition, targets, drug delivery, nanotechnology	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Review
Article	2017	Maljaars, Lennart P.; Gill, Katherine; Smith, Philip J.; Gray, Glenda E.; Dietrich, Janan J.; Gomez, Gabriela B.; Bekker, Linda-Gail	Condom migration after introduction of pre-exposure prophylaxis among HIV-uninfected adolescents in South Africa: A cohort analysis	Southern African Journal of HIV Medicine	-	-	-	-	2078-6751	10.4102/sajhivmed.v18i1.712	http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2078-67512017000100017&lang=pt	BACKGROUND: Approximately 3 million adolescents and young adults (AYA), between the ages of 15 years and 24 years, are living with HIV in sub-Saharan Africa. The use of pre-exposure prophylaxis (PrEP) may be a promising HIV prevention tool to bridge the high-risk years of AYA between sexual debut and adulthood OBJECTIVES: Concerns have been raised that the use of PrEP could lead to an increase in sexual risk behaviour and sexually transmitted infections in general and less condom use in particular among adolescents METHODS: This study assesses condom use among South African adolescents enrolled on a demonstration PrEP study, called Plusspills, being conducted in Cape Town and Soweto. A questionnaire on sexual risk behaviour was administered at baseline and after 4, 8 and 12 weeks. Three different questions on condom use were asked at each visit. Unless all answers indicated condom use at all times, a participant was scored 'at risk'. McNemar's tests and a Cochran's Q test were used to investigate changes in condom use over time RESULTS: We interviewed 148 adolescents (66% female) at baseline. Eighty-nine participants completed all visits. In this group, an increase in condom use was observed over the period of 12 weeks. Most participants who reported behavioural changes mentioned an increase in condom use CONCLUSION: There was no sign of sexual risk compensation in the 12 weeks of the study. Observed increase in condom use can be explained by an increased awareness of personal HIV risk or by social desirability or recall biases. In future research, additional data including other biomarkers of unprotected sex and longer follow-up time would be useful to help understand the relationship between PrEP use, sexual risk perception and consequent behaviours, especially in adolescents	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2017	Maloney K.M.; Krakower D.S.; Ziobro D.; Rosenberger J.G.; Novak D.; Mayer K.H.	Culturally competent sexual healthcare as a prerequisite for obtaining preexposure prophylaxis: Findings from a qualitative study	LGBT Health	-	-	-	-	23258292	10.1089/lgbt.2016.0068	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85027015243&doi=10.1089%2flgbt.2016.0068&partnerID=40&md5=96e6f3ead094915eb46d38672530d3fc	Purpose: Men who have sex with men (MSM) experience stigma in healthcare settings, which impedes disclosure of sexual behavior, potentially limiting uptake of preexposure prophylaxis (PrEP). The purpose of this study was to describe the context of this limitation and explore geographical variability. Methods: To understand how discomfort in healthcare settings affects PrEP utilization, we conducted two online focus groups with geographically diverse samples of MSM. Results: Respondents identified primary care providers as preferred sources for PrEP, but potential uptake was limited by barriers to establishing nonjudgmental relationships with these providers. Conclusion: Improved patient-provider communication about sexual behaviors might increase PrEP use among MSM. © Mary Ann Liebert, Inc. 2017.	barriers to care; focus group; HIV/AIDS; MSM (men who have sex with men); prevention; qualitative methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Mandal, Subhra; Khandalavala, Karl; Pham, Rachel; Bruck, Patrick; Varghese, Marisa; Kochvar, Andrew; Monaco, Ashley; Prathipati, Pavan Kumar; Destache, Christopher; Shibata, Annemarie	Cellulose Acetate Phthalate and Antiretroviral Nanoparticle Fabrications for HIV Pre-Exposure Prophylaxis.	Polymers	-	-	-	-	2073-4360	10.3390/polym9090423	https://pubmed.ncbi.nlm.nih.gov/30450244/	To adequately reduce new HIV infections, development of highly effective pre-exposure prophylaxis (PrEP) against HIV infection in women is necessary. Cellulose acetate phthalate (CAP) is a pH sensitive polymer with HIV-1 entry inhibitory properties. Dolutegravir (DTG) is an integrase strand transfer inhibitor with potent antiretroviral activity. DTG delivered in combination with CAP may significantly improve current PrEP against HIV. In the present study the development of DTG-loaded CAP nanoparticles incorporated in thermosensitive (TMS) gel at vaginal pH 4.2 and seminal fluid pH 7.4 is presented as proof-of-concept for improved PrEP. Water-oil-in-water homogenization was used to fabricate DTG-loaded CAP nanoparticles (DTG-CAP-NPs). Size, polydispersity, and morphological analyses illustrate that DTG-CAP-NPs were smooth and spherical, ≤200 nm in size, and monodispersed with a polydispersity index PDI ≤ 0.2. The drug encapsulation (EE%) and release profile of DTG-CAP-NPs was determined by HPLC analysis. The EE% of DTG in DTG-CAP-NPs was evaluated to be ~70%. The thermal sensitivity of the TMS gel was optimized and the pH dependency was evaluated by rheological analysis. DTG release studies in TMS gel revealed that DTG-CAP-NPs were stable in TMS gel at pH 4.2 while DTG-CAP-NPs in TMS gel at pH 7.4 rapidly release DTG (≥80% release within 1 h). Cytotoxicity studies using vaginal cell lines revealed that DTG-CAP-NPs were relatively non-cytotoxic at concentration <1 μg/mL. Confocal microscopic studies illustrate that ≥98% cells retained DTG-CAP-NPs intracellularly over seven days. Antiretroviral drug loaded nanocellulose fabrications in TMS gel delivered intravaginally may enhance both microbicidal and antiretroviral drug efficacy and may present a novel option for female PrEP against HIV.	HIV; pre-exposure prophylaxis; anti-retroviral; nanoparticles; cellulose acetate phthalate; thermosensitive gel	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Mao X.; Yu H.; Hu Q.; Zhang J.; Chu Z.; Wang Y.; Geng W.; Jiang Y.; Xu J.	Acceptability of pre-exposure HIV prophylaxis clinical trial among MSM in Shenyang city	Chinese Journal of Endemiology	-	-	-	-	10004955	10.3760/cma.j.issn.0254-6450.2017.08.017	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050793951&doi=10.3760%2fcma.j.issn.0254-6450.2017.08.017&partnerID=40&md5=0dd7392f1dc374c9966bb30a8ab61081	Objective: To investigate the acceptability and related factors of an "on-demand" pre-exposure prophylaxis (PrEP) to prevent HIV transmission among MSM in Shenyang. Methods: MSM recruited by non-probability sampling method and questionnaire survey conducted by investigators to collect information on social and behavioral characteristics, awareness of PrEP, Truvada and the acceptability of two different PrEP-based trials. Multivariate logistic regression was employed for statistical analysis. Results: Among the 292 respondents, 34.2% had heard of PrEP and 58.2% (170/292) reported were interested in participating a PrEP trial-"on-demand" use or 48.3% (141/292) interested on "daily" use (χ^2 = 5.785, P=0.02). Factors independently associated with those "on-demand" would include: having more than 2 male sexual partners during the past 6 month (aOR = 1.7, 95%C7: 1.1-2.7), concerning on the positive effect of PrEP (vs. side effects) (aOR = 6A, 95%CI: 2.2-18.9), having an HIV-infected sexual partners (aOR=5.1, 95% CI: 1.0-63.3) and self-reported high risk for HIV (aOR = 2.6, 95% CI: 1.2-6.0). The last two factors were only associated with the "on-demand" group. Conclusions: "On-demand" PrEP (as opposed to daily) seemed a more feasible prevention strategy on HIV and particularly in those having high risk behavior of HIV. For those who could not follow the daily medication or having HIV risk perception, "On-demand" basis PrEP trial should be recommended for them to follow. © 2017 Chinese Medical Association. All Rights Reserved.	Acceptability; Men who have sex with men; On-demand basis; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2017	Markowitz, Martin; Frank, Ian; Grant, Robert M; Mayer, Kenneth H; Elion, Richard; Goldstein, Deborah; Fisher, Chester; Sobieszczyk, Magdalena E; Gallant, Joel E; Van Tieu, Hong; Weinberg, Winkler; Margolis, David A; Hudson, Krischan J; Stancil, Britt S; Ford, Susan L; Patel, Parul; Gould, Elizabeth; Rinehart, Alex R; Smith, Kimberly Y; Spreen, William R	Safety and tolerability of long-acting cabotegravir injections in HIV-uninfected men (ECLAIR): a multicentre, double-blind, randomised, placebo-controlled, phase 2a trial.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(17)30068-1	https://dx.doi.org/10.1016/S2352-3018(17)30068-1	BACKGROUND: Cabotegravir (GSK1265744) is an HIV-1 integrase strand transfer inhibitor with potent antiviral activity and a long half-life when administered by injection that prevented simian-HIV infection upon repeat intrarectal challenge in male macaques. We aimed to assess the safety, tolerability, and pharmacokinetics of long-acting cabotegravir injections in healthy men not at high risk of HIV-1 infection. METHODS: We did this multicentre, double-blind, randomised, placebo-controlled, phase 2a trial at ten sites in the USA. Healthy men (aged 18-65 years) deemed not at high risk of acquiring HIV-1 at screening were randomly assigned (5:1), via computer-generated central randomisation schedules, to receive cabotegravir or placebo. Participants received oral cabotegravir 30 mg tablets or matching placebo once daily during a 4 week oral lead-in phase, followed by a 1 week washout period and, after safety assessment, three intramuscular injections of long-acting cabotegravir 800 mg or saline placebo at 12 week intervals. Study site staff and participants were masked to treatment assignment from enrolment through week 41 (time of the last injection). The primary endpoint was safety and tolerability from the first injection (week 5) to 12 weeks after the last injection. We did analysis in the safety population, defined as all individuals enrolled in the study who received at least one dose of the study drug. This study is registered with ClinicalTrials.gov identifier, NCT02076178. FINDINGS: Between March 27, 2014, and Feb 23, 2016, we randomly assigned 127 participants to receive cabotegravir (n=106) or placebo (n=21); 126 (99%) participants comprised the safety population. Most participants were men who have sex with men (MSM; n=106 83%) and white (n=71 56%). 87 (82%) participants in the cabotegravir group and 20 (95%) participants in the placebo group completed the injection phase. Adverse events (n=7 7%) and injection intolerability (n=4 4%) were the main reasons for withdrawal in the cabotegravir group. The frequency of grade 2 or higher adverse events was higher in participants in the long-acting cabotegravir group (n=75 80%) than in those in the placebo group (n=10 48%; p=0·0049), mostly due to injection-site pain (n=55 59%). No significant differences were noted in concomitant medications, laboratory abnormalities, electrocardiogram, and vital sign assessments. Geometric mean trough plasma concentrations were 0·302 μg/mL (95% CI 0·237-0·385), 0·331 μg/mL (0·253-0·435), and 0·387 μg/mL (0·296-0·505) for injections one, two, and three, respectively, indicating lower than predicted exposure. The geometric mean apparent terminal phase half-life estimated after the third injection was 40 days. Two (2%) MSM acquired HIV-1 infection, one in the placebo group during the injection phase and one in the cabotegravir group 24 weeks after the final injection when cabotegravir exposure was well below the protein-binding-adjusted 90% inhibitory concentration. INTERPRETATION: Despite high incidence of transient, mild-to-moderate injection-site reactions, long-acting cabotegravir was well tolerated with an acceptable safety profile. Pharmacokinetic data suggest that 800 mg administered every 12 weeks is a suboptimal regimen; alternative dosing strategies are being investigated. Our findings support further investigation of long-acting injectable cabotegravir as an alternative to orally administered pre-exposure prophylaxis regimens. FUNDING: ViiV Healthcare.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Marks, Sarah J; Merchant, Roland C; Clark, Melissa A; Liu, Tao; Rosenberger, Joshua G; Bauermeister, Jose; Mayer, Kenneth H	Potential Healthcare Insurance and Provider Barriers to Pre-Exposure Prophylaxis Utilization Among Young Men Who Have Sex with Men.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2017.0171	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5665093	Young adult men-who-have-sex-with-men (YMSM) continue to have among the highest incidence of HIV infection in the United States. Pre-exposure prophylaxis (PrEP) is an effective and safe method of preventing HIV infection; however, despite US Food and Drug Administration approval, utilization remains low, in part, due to structural barriers, particularly access to healthcare. In this study, we used social media to recruit black, Hispanic, and white HIV-uninfected 18- to 24-year-old YMSM. Participants completed an online survey about their sexual behaviors, healthcare access, and previous use of PrEP. Of the 2297 YMSM surveyed, only 3.4% had used PrEP. PrEP use was associated with higher levels of education, living alone, older age, higher levels of sexual activity, and greater healthcare access, specifically having healthcare insurance and a clinic or primary care provider (PCP) from whom they received care. Among PrEP nonusers, 65% met at least one of the US Centers for Disease Control and Prevention recommended indications for PrEP use, and of these, 59% had healthcare insurance and received care in a clinic and/or had a PCP. Multi-variable multi-nomial logistic regression modeling identified disparities in access to healthcare by age, race/ethnicity, education, and region. Specifically, older YMSM, blacks and Hispanics, those with fewer years of formal education, and residents of the southern and the western United States were more likely to lack healthcare access. These results demonstrate both potential opportunities and barriers to the scale-up of PrEP among YMSM.	HIV, YMSM, PrEP, healthcare	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2017	Marmelo, André Filipe de Palma	PrEP (profilaxia pré-exposição) no HIV: perspetivas atuais e futuras	-	-	RCAAP	-	NA	NA	http://hdl.handle.net/10400.1/10410	O vírus do HIV continua, após 30 anos desde o primeiro caso, a ser motivo de preocupação para a saúde pública mundial. Estima-se que, desde o começo da propagação da doença, tenham sido infetadas com o vírus cerca de 70 milhões de pessoas em todo o mundo, resultando na morte de 35 milhões de pessoas (OMS); em Portugal, só no ano de 2014, foram infetadas com o vírus cerca de 1476 pessoas, declarando-se 457 óbitos (DGS). Muito se fez entretanto, por governos e organizações não-governamentais, para travar o vírus. O método de prevenção mais difundido em todo o mundo – o preservativo – garante uma redução da probabilidade de seroconversão que varia entre os 90% e os 95% (Handbook of Nonprescription Drugs). No entanto isso tem-se provado insuficiente para travar a epidemia. O uso do preservativo, embora seguro, não é completamente fiável, e nem sempre utilizado durante o contato sexual, quer seja por razões religiosas, culturais, sociais, ou por simples descuido humano no momento da relação. Foram portanto necessárias novas medidas de combate à transmissão do vírus do HIV. Em Julho de 2012, a FDA, autoridade responsável pelo medicamento nos Estados Unidos da América, aprovou, pela primeira vez, a utilização de um fármaco antiviral na diminuição do risco de transmissão do HIV. Este fármaco (Truvadaâ – emtricitabina e tenofovir disoproxil) seria utilizado por pessoas não-seropositivas antes do contacto com o vírus, de forma a diminuir o risco de transmissão do mesmo. A esta medida designou-se o nome de Pre-Exposure Prophylaxis (PrEP). (FDA) Esta nova abordagem pode ser o passo determinante na erradicação de um vírus que tende a persistir, causando consequências catastróficas, não só a nível de óbitos e doentes infetados, como de recursos económicos e humanos empregues numa doença altamente perigosa e que foi perdendo, gradualmente, espaço de debate na sociedade contemporânea.	HIV; Profilaxia; PrEP; Truvada; Domínio/Área Científica::Ciências Médicas::Ciências da Saúde	Portuguese	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	-	-	Review
Article	2017	Marrazzo, Jeanne M	HIV Prevention: Opportunities and Challenges.	Topics in Antiviral Medicine	-	-	-	2161-5853	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5677047	Preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF)-based regimens has been shown to be effective in preventing acquisition of HIV infection, with protective efficacy being dependent on adherence to treatment. Data from the PROUD (Preexposure Option for Reducing HIV in the UK) and IPERGAY (Action to Prevent Risk Exposure By and For Gay Men) studies, the later of which employed event-driven PrEP, showed a high rate of protective efficacy of PrEP with TDF and emtricitabine among men who have sex with men. Data from the ASPIRE (A Study to Prevent Infection With a Ring for Extended Use) study of a dapivirine vaginal ring showed a moderate rate of protective efficacy among women older than 21 years. Ongoing investigations are examining long-acting PrEP modalities and combination PrEP and contraception products. This article summarizes a presentation by Jeanne M. Marrazzo, MD, MPH, at the IAS-USA continuing education program, Improving the Management of HIV Disease, held in Washington, DC, in April 2016.	Adherence, dapivirine, emtricitabine, HIV, postexposure prophylaxis, preexposure prophylaxis, PEP, PrEP, tenofovir disoproxil fumarate, tenofovir, dapivirine vaginal ring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2017	Marshall, Brandon D. L.; Milloy, M.-J.	Improving the effectiveness and delivery of pre-exposure prophylaxis (PrEP) to people who inject drugs.	Addiction	-	-	-	1360-0443 0965-2140	10.1111/add.13597	https://pubmed.ncbi.nlm.nih.gov/27730702/	Given evidence to date, pre-exposure prophylaxis (PrEP) for people who inject drugs should be implemented alongside efforts to improve access to existing evidence-based HIV prevention interventions, including antiretroviral therapy and opioid agonist treatments. The criminalization and marginalization of people who inject drugs has and will continue to limit the effectiveness of HIV prevention strategies, including PrEP.	Humans; HIV; HIV Infections; Anti-HIV Agents; Substance Abuse, Intravenous; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; injection drug use; *Pharmaceutical Preparations; drug use; Criminalization; drug policy	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2017	Martin, Jonathan; Burke, Kerianne; Boettcher, Jessica; Bhalerao, Neil; Huhn, Gregory	Reluctance to Prescribe Pre-Exposure Prophylaxis (PrEP) Among Internal Medicine Residents (IMRs) Training at a U.S. Hospital with a Large HIV-infected Population	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx163.1143	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5630762/	Abstract Background PrEP is effective in HIV prevention, though access to PrEP in the US has been concentrated in HIV/STI healthcare settings. We examined IMRs' willingness to prescribe PrEP in an urban hospital in Chicago associated with a large HIV outpatient center. Methods IMRs were anonymously surveyed regarding their knowledge and likelihood of prescribing PrEP stratified by patient risk behaviors and their own attitudes and perceptions. Bivariate analysis was performed, and p-values with α <0.05 for significance were calculated for comparisons by IMRs who had rotated on a dedicated HIV inpatient service, by level of training (PGY-1 vs. >PGY-2), and between planning on specializing in primary care (PC), infectious disease (ID) vs. other specialties. Results Most 86/120 (71%) of IMRs completed the survey and 30/86 (35%) had completed an inpatient HIV service rotation. The majority (88.4%) believed it is "very important" to universally screen patients for HIV, and most (72.1%) said they were "comfortable" or "very comfortable" taking a sexual history. Very few (2.3%) had ever prescribed PrEP, though only 3.5% reported requests for PrEP in their practice, and 44.2% would be "unlikely" or "somewhat unlikely" to prescribe PrEP to patients if requested. IMRs with HIV service experience correctly identified the number of pills in PrEP compared with IMRs with no experience (47.0% vs 18.9%, P = 0.01). IMRs planning on other specialties were more likely to rank knowledge of PrEP as "not familiar" when compared with IMRs entering PC and ID, (21.0% vs. 0%, P = 0.02). The most common barriers to prescribing PrEP were lack of familiarity, lack of program guidance, cost, and unclear risk to benefit ratios (75.6%, 41.9%, 29.1%, 26.7%, respectively). Conclusion While recognizing that HIV testing is important, IMRs surveyed displayed a lack of knowledge of PrEP, most likely due to limited exposure in their medical education/training. Rotations on an HIV service appeared to increase PrEP knowledge as did planned entry into PC or ID. In order to increase PrEP knowledge and usage, enhanced PrEP education, and importantly exposure to high-risk patients should be incorporated into the curriculum of evidence-based prevention interventions during IMR training. Disclosures All authors: No reported disclosures.	clinical medicine; general & internal medicine; medical and health sciences; Medicine; Pre-exposure prophylaxis; Internal medicine; Abstracts; Hiv infected; Population; other medical science; public health; Alternative medicine; Evidence-based practice	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Martin, Michael; Vanichseni, Suphak; Suntharasamai, Pravan; Sangkum, Udomsak; Mock, Philip A; Chaipung, Benjamaporn; Worrajittanon, Dararat; Leethochawalit, Manoj; Chiamwongpaet, Sithisat; Kittimunkong, Somyot; Gvetadze, Roman J; McNicholl, Janet M; Paxton, Lynn A; Curlin, Marcel E; Holtz, Timothy H; Samandari, Taraz; Choopanya, Kachit	Factors associated with the uptake of and adherence to HIV pre-exposure prophylaxis in people who have injected drugs: an observational, open-label extension of the Bangkok Tenofovir Study.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(16)30207-7	https://dx.doi.org/10.1016/S2352-3018(16)30207-7	BACKGROUND: Results of the randomised, double-blind, placebo-controlled Bangkok Tenofovir Study (BTS) showed that taking tenofovir daily as pre-exposure prophylaxis (PrEP) can reduce the risk of HIV infection by 49% in people who inject drugs. In an extension to the trial, participants were offered 1 year of open-label tenofovir. We aimed to examine the demographic characteristics, drug use, and risk behaviours associated with participants' uptake of and adherence to PrEP. METHODS: In this observational, open-label extension of the BTS (NCT00119106), non-pregnant, non-breastfeeding, HIV-negative BTS participants, all of whom were current or previous injecting drug users at the time of enrolment in the BTS, were offered daily oral tenofovir (300 mg) for 1 year at 17 Bangkok Metropolitan Administration drug-treatment clinics. Participant demographics, drug use, and risk behaviours were assessed at baseline and every 3 months using an audio computer-assisted self-interview. HIV testing was done monthly and serum creatinine was assessed every 3 months. We used logistic regression to examine factors associated with the decision to take daily tenofovir as PrEP, the decision to return for at least one PrEP follow-up visit, and greater than 90% adherence to PrEP. FINDINGS: Between Aug 1, 2013, and Aug 31, 2014, 1348 (58%) of the 2306 surviving BTS participants returned to the clinics, 33 of whom were excluded because they had HIV (n=27) or grade 2-4 creatinine results (n=6). 798 (61%) of the 1315 eligible participants chose to start open-label PrEP and were followed up for a median of 335 days (IQR 0-364). 339 (42%) participants completed 12 months of follow-up; 220 (28%) did not return for any follow-up visits. Participants who were 30 years or older (odds ratio OR 1·8, 95% CI 1·4-2·2; p<0·0001), injected heroin (OR 1·5, 1·1-2·1; p=0·007), or had been in prison (OR 1·7, 1·3-2·1; p<0·0001) during the randomised trial were more likely to choose PrEP than were those without these characteristics. Participants who reported injecting heroin or being in prison during the 3 months before enrolment were more likely to return for at least one open-label follow-up visit than those who did not report injecting heroin (OR 3·0, 95 % CI 1·3-7·3; p=0·01) or being in prison (OR 2·3, 1·4-3·7; p=0·0007). Participants who injected midazolam or were in prison during open-label follow-up were more likely to be greater than 90% adherent than were those who did not inject midazolam (OR 2·2, 95% CI 1·2-4·3; p=0·02) or were not in prison (OR 4·7, 3·1-7·2; p<0·0001). One participant tested positive for HIV, yielding an HIV incidence of 2·1 (95% CI 0·05-11·7) per 1000 person-years. No serious adverse events related to tenofovir use were reported. INTERPRETATION: More than 60% of returning, eligible BTS participants started PrEP, which indicates that a substantial proportion of PWID who are knowledgeable about PrEP might be interested in taking it. Participants who had injected heroin or been in prison were more likely to choose to take PrEP, suggesting that participants based their decision to take PrEP, at least in part, on their perceived risk of incident HIV infection. FUNDING: US Centers for Disease Control and Prevention and the Bangkok Metropolitan Administration.	NA	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2017	Matthews L.T.; Burns B.F.; Bajunirwe F.; Kabakyenga J.; Bwana M.; Ng C.; Kastner J.; Kembabazi A.; Sanyu N.; Kusasira A.; Haberer J.E.; Bangsberg D.R.; Kaida A.	Beyond HIV-serodiscordance: Partnership communication dynamics that affect engagement in safer conception care	PLOS One	-	-	-	19326203	10.1371/journal.pone.0183131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85028970928&doi=10.1371%2fjournal.pone.0183131&partnerID=40&md5=b3308028b22a7dc1cd33ebfa87268686	Introduction: We explored acceptability and feasibility of safer conception methods among HIV-affected couples in Uganda. Methods: We recruited HIV-positive men and women on antiretroviral therapy (ART) ('index') from the Uganda Antiretroviral Rural Treatment Outcomes cohort who reported an HIV-negative or unknown-serostatus partner ('partner'), HIV-serostatus disclosure to partner, and personal or partner desire for a child within two years. We conducted in-depth interviews with 40 individuals from 20 couples, using a narrative approach with tailored images to assess acceptability of five safer conception strategies: ART for the infected partner, pre-exposure prophylaxis (PrEP) for the uninfected partner, condomless sex timed to peak fertility, manual insemination, and male circumcision. Translated and transcribed data were analyzed using thematic analysis. Results: 11/20 index participants were women, median age of 32.5 years, median of 2 living children, and 80% had HIV-RNA <400 copies/mL. Awareness of HIV prevention strategies beyond condoms and abstinence was limited and precluded opportunity to explore or validly assess acceptability or feasibility of safer conception methods. Four key partnership communication challenges emerged as primary barriers to engagement in safer conception care, including: (1) HIV-serostatus disclosure: Although disclosure was an inclusion criterion, partners commonly reported not knowing the index partner's HIV status. Similarly, the partner's HIV-serostatus, as reported by the index, was frequently inaccurate. (2) Childbearing intention: Many couples had divergent childbearing intentions and made incorrect assumptions about their partner's desires. (3) HIV risk perception: Participants had disparate understandings of HIV transmission and disagreed on the acceptable level of HIV risk to meet reproductive goals. (4) Partnership commitment: Participants revealed significant discord in perceptions of partnership commitment. All four types of partnership miscommunication introduced constraints to autonomous reproductive decision-making, particularly for women. Such miscommunication was common, as only 2 of 20 partnerships in our sample were mutually-disclosed with agreement across all four communication themes. Conclusions: Enthusiasm for safer conception programming is growing. Our findings highlight the importance of addressing gendered partnership communication regarding HIV disclosure, reproductive goals, acceptable HIV risk, and commitment, alongside technical safer conception advice. Failing to consider partnership dynamics across these domains risks limiting reach, uptake, adherence to, and retention in safer conception programming. © 2017 Matthews et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultFemaleFertilizationHIV InfectionsHIV SeropositivityHumansInterpersonal RelationsMalePre-Exposure ProphylaxisSexual PartnersUganda	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Maude, Rapeephan; Volpe, Gretchen; Stone, David	Knowledge, Attitude and Practice of Pre-exposure prophylaxis (PrEP) against HIV infection of medical providers at an academic center	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx163.1106	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5631590/	Abstract Background Pre-exposure prophylaxis (PrEP) against HIV infection is available for people at risk of acquiring HIV infection and who are not positive for HIV infection. It is proven to be effective at preventing HIV infection in many studies in various populations. However, due to lack of knowledge or due to attitudes towards PrEP, this mode of prevention may be underutilized by people at risk and their providers. Our aim is to assess the baseline knowledge of, attitudes towards and practice of medical providers at Tufts Medical Center. Methods survey of 80 medical providers at Tufts Medical Center with a short questionnaire. Results The median age of the participants were 31 years old (IQR 28–34.5, range 22–71). 38.75% were male. Ethnicity were White (60%), Asian (20%), and others (20%). Fifty-five percent were Doctor of Medicine or Doctor of Osteopathic (MD/DO), 20% Physician assistant (PA), 8.75% Registered nurse (RN) and 7.5% were medical students. Other groups included Nurse practicioner (NP), medical assistant, research coordinator and PA student. Knowledge. Approximately two-third (67.5%) of study participants heard of PREP. In MD/DO group, 81.81% (36/44) heard about PREp. 46.26% responded correctly that PREP should be given daily. 68.75% answered correctly that Tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC; Truvada) is the standard regimen. Attitude. 31.81% of the MD/DO group were not comfortable prescribing PREP. Top three barriers perceived for prescribing PREP were "Not enough knowledge" 72.5%; "Lack of experience" 56.25% and "Not covered by insurance" 17.5%. Practice. Of 61 participants who are eligible to prescribe medications (MD/DO, PA, NP), 15.27% prescribed PREP prior to the survey. Over 75% would refer patients to infectious diseases or other providers to prescribe PREP. Conclusion There are some knowledge and practice gap of PREP. Most are not comfortable prescribing PREP thus will refer patients to infectious diseases. It is essential to promote knowledge and attitude about PREP in medical providers who have an important role in advising at-risk patients about PrEP which will lead to a better practice. Disclosures All authors: No reported disclosures.	clinical medicine; general & internal medicine; medical and health sciences; Tenofovir; Pre-exposure prophylaxis; Emtricitabine; Family medicine; Human immunodeficiency virus (HIV); Pediatrics; Abstracts; Ethnic group; natural sciences; Alternative medicine; general mathematics; mathematics; Center (algebra and category theory); Students medical	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Mayer, Kenneth H; Maloney, Kevin M; Levine, Kenneth; King, Dana; Grasso, Chris; Krakower, Douglas S; Rosenberg, Eli S; Boswell, Stephen L	Sociodemographic and Clinical Factors Associated With Increasing Bacterial Sexually Transmitted Infection Diagnoses in Men Who Have Sex With Men Accessing Care at a Boston Community Health Center (2005-2015).	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofx214	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5695616	BACKGROUND: The reasons why bacterial sexually transmitted infections (BSTIs) are increasing in US men who have sex with men (MSM) have not been fully characterized. METHODS: An open cohort of MSM accessing medical care at a Boston community health center was used to assess secular trends in BSTI diagnoses. Frequency of infection and the estimated population size were used to calculate diagnosis rates. Poisson models were fit for multivariable analyses. RESULTS: Between 2005 and 2015, 19 232 men had at least 1 clinic visit. Most (72.4%) were white; 6.0% were black, and 6.1% were Latino. Almost half had documented self-report of identifying as gay (42.6%) or bisexual (3.2%). Most had private health insurance (61.7%); 5.4% had Medicare, 4.6% had Medicaid, and 8.4% reported no insurance. Between 2005 and 2015, BSTI diagnoses increased more than 8-fold. In 2015, of 1319 men who were diagnosed with at least 1 BSTI; 291 were diagnosed with syphilis, 554 with gonorrhea (51.4% rectal, 31.0% urogenital), and 679 with chlamydia (69.1% rectal, 34.3% urogenital). In 2015, 22.7% of BSTIs were diagnosed among HIV-infected patients (15.4% of the clinic population), and 32.8% of BSTIs were diagnosed among HIV-uninfected patients using pre-exposure prophylaxis (PrEP; 10.1% of all men in care). In multivariable analyses, age 18 to 24 years, being HIV-infected, using PrEP, being nonwhite, or reporting Medicaid or not reporting having private insurance or Medicare were independently associated with being diagnosed with a new BSTI. CONCLUSIONS: Over the past decade, BSTI diagnosis rates increased in HIV-infected and uninfected MSM, with disproportionate increases in PrEP users, racial and ethnic minority MSM, those aged 25 to 34 years, and those without stable health insurance, warranting focused education, screening, and accessible services for these key subpopulations.	chlamydia, HIV, gonorrhea, Men who have sex with men, syphilis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Mayer, Kenneth H; Safren, Steven A; Elsesser, Steven A; Psaros, Christina; Tinsley, Jake P; Marzinke, Mark; Clarke, William; Hendrix, Craig; Wade Taylor, S; Haberer, Jessica; Mimiaga, Matthew J	Optimizing Pre-Exposure Antiretroviral Prophylaxis Adherence in Men Who Have Sex with Men: Results of a Pilot Randomized Controlled Trial of "Life-Steps for PrEP".	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-016-1606-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5380582	Antiretroviral pre-exposure prophylaxis (PrEP) has been demonstrated to decrease HIV acquisition in multiple efficacy trials, but medication adherence is critical, and was suboptimal in several studies. Fifty HIV-uninfected at risk men who have sex with men (MSM) were randomized to a cognitive behavioral intervention condition or a time and session-matched comparison counseling intervention. The experimental intervention entailed four nurse-delivered initial and two booster sessions based on Life-Steps, an ART treatment adherence intervention. The comparison condition provided information and supportive counseling. The primary analyses compared adherence (Wisepill and tenofovir plasma levels) at 3 and 6 months. Fifty-eight MSM were screened to enroll 50 participants. Median age was 38.2 years old, 86% were white; 64% had completed college. Wisepill adherence was high in both groups, and not statistically different. Plasma tenofovir levels were significantly higher in the intervention group at 6 months using mean substitution analysis (i.e., computing missing variables) (p = 0.037), however, in the completer analyses (i.e., using only those completing all study visits), there were no statistically significant differences between randomization conditions. Medication adherence was high across a cognitive-behavioral (Life-Steps) and time-matched counseling intervention for PrEP adherence, with some evidence suggesting superiority of Life-Steps in this pilot RCT. Further evaluation in a fully powered efficacy trial is warranted to assess the robustness of this intervention.	HIV; MSM; Medication adherence; Pre-exposure antiretroviral prophylaxis.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	McKenney J.; Chen A.; Hoover K.W.; Kelly J.; Dowdy D.; Sharifi P.; Sullivan P.S.; Rosenberg E.S.	Optimal costs of HIV pre-exposure prophylaxis for men who have sex with men	PLOS One	-	-	-	19326203	10.1371/journal.pone.0178170	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85019994878&doi=10.1371%2fjournal.pone.0178170&partnerID=40&md5=722c2019b93a7f881816c70d7c1437b1	Introduction: Men who have sex with men (MSM) are disproportionately affected by HIV due to their increased risk of infection. Oral pre-exposure prophylaxis (PrEP) is a highly effective HIV-prevention strategy for MSM. Despite evidence of its effectiveness, PrEP uptake in the United States has been slow, in part due to its cost. As jurisdictions and health organizations begin to think about PrEP scale-up, the high cost to society needs to be understood. Methods: We modified a previously-described decision-analysis model to estimate the cost per quality-adjusted life-year (QALY) gained, over a 1-year duration of PrEP intervention and lifetime time horizon. Using updated parameter estimates, we calculated: 1) the cost per QALY gained, stratified over 4 strata of PrEP cost (a function of both drug cost and provider costs); and 2) PrEP drug cost per year required to fall at or under 4 cost per QALY gained thresholds. Results: When PrEP drug costs were reduced by 60% (with no sexual disinhibition) to 80% (assuming 25% sexual disinhibition), PrEP was cost-effective (at <$100,000 per QALY averted) in all scenarios of base-case or better adherence, as long as the background HIV prevalence was greater than 10%. For PrEP to be cost saving at base-case adherence/efficacy levels and at a background prevalence of 20%, drug cost would need to be reduced to $8,021 per year with no disinhibition, and to $2,548 with disinhibition. Conclusion: Results from our analysis suggest that PrEP drug costs need to be reduced in order to be cost-effective across a range of background HIV prevalence. Moreover, our results provide guidance on the pricing of generic emtricitabine/tenofovir disoproxil fumarate, in order to provide those at high risk for HIV an affordable prevention option without financial burden on individuals or jurisdictions scaling-up coverage.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Meng, Jianing; Agrahari, Vivek; Ezoulin, Miezan J.; Purohit, Sudhaunshu S.; Zhang, Tao; Molteni, Agostino; Dim, Daniel; Oyler, Nathan A.; Youan, Bi-Botti C.	Spray-Dried Thiolated Chitosan-Coated Sodium Alginate Multilayer Microparticles for Vaginal HIV Microbicide Delivery.	The AAPS Journal	-	-	-	1550-7416	10.1208/s12248-016-0007-y	https://pubmed.ncbi.nlm.nih.gov/28138910/	It is hypothesized that novel thiolated chitosan-coated multilayer microparticles (MPs) with enhanced drug loading are more mucoadhesive than uncoated MPs and safe in vivo for vaginal delivery of topical anti-HIV microbicide. Formulation optimization is achieved through a custom experimental design and the alginate (AG) MPs cores are prepared using the spray drying method. The optimal MPs are then coated with the thiolated chitosan (TCS) using a layer-by-layer method. The morphological analysis, in situ drug payload, in vitro drug release profile, and mucoadhesion potential of the MPs are carried out using scanning electron microscopy, solid-state (31)P NMR spectroscopy, UV spectroscopy, fluorescence imaging and periodic acid Schiff method, respectively. The cytotoxicity and preclinical safety of MPs are assessed on human vaginal (VK2/E6E7) and endocervical (End1/E6E7) epithelial cell lines and in female C57BL/6 mice, respectively. The results show that the MPs are successfully formulated with an average diameter ranging from 2 to 3 μm with a drug loading of 7-12% w/w. The drug release profile of these MPs primarily follows the Baker-Lonsdale and Korsmeyer-Peppas models. The MPs exhibit high mucoadhesion (20-50 folds) compared to native AGMPs. The multilayer MPs are noncytotoxic. Histological and immunochemical analysis of the mice genital tract shows neither signs of damage nor inflammatory cell infiltrate. These data highlight the potential use of TCS-coated AG-based multilayer MPs templates for the topical vaginal delivery of anti-HIV/AIDS microbicides.	Humans; Animals; Female; Anti-HIV Agents/*administration & dosage; Administration, Intravaginal; Cell Line; Mice, Inbred C57BL; *Drug Delivery Systems; Tenofovir/*administration & dosage; microbicide; Sulfhydryl Compounds/*chemistry; thiolated chitosan; Alginates/*chemistry; Chitosan/*analogs & derivatives/*chemistry; Glucuronic Acid/chemistry; Hexuronic Acids/chemistry; microparticles; mucoadhesive; spray drying; Toxicity Tests	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Méthy, Nicolas; Meyer, Laurence; Bajos, Nathalie; Velter, Annie	Generational analysis of trends in unprotected sex in France among men who have sex with men: The major role of context-driven evolving patterns.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0171493	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5295686	OBJECTIVE: Using a generational approach, this study analyses how unprotected anal intercourse has evolved since 1991 in France across different generations of men who have sex with men (MSM) whose sexual lives began at different periods in the history of the HIV epidemic. DESIGN: Data were collected from 18-59 year-old respondents to the French Gay Press surveys Enquêtes Presse Gay, conducted repeatedly between 1991 and 2011 (N = 32,196) using self-administered questionnaires distributed in gay magazines and over the internet. METHODS: Trends in unprotected anal intercourse (i.e. condomless anal sex) with casual partners of unknown or different HIV serostatus (hereafter "UAId" in this manuscript) were studied. Responses were analysed according to year and then reorganised for age-cohort analyses by generation, based on the year respondents turned 18. RESULTS: UAId rates fell from 1991 to 1997, and then rose from 13.4% in 1997 to 25.5% in 2011 among seronegative respondents, and from 24.8% to 63.3%, respectively, among seropositive respondents. Both in seropositive and seronegative respondents, UAId increased over time for all generations, indicative of a strong period effect. CONCLUSION: Analyses of data from several generations of MSM who started their sexual lives at different time points in the HIV epidemic, revealed very similar trends in UAId between generations, among both seropositive and seronegative respondents. This strong period effect suggests that sexual behaviours in MSM are influenced more by contextual than generational factors. The fact that prevention practices are simultaneously observed in different generations and that there are most likely underlying prevention norms among MSM, suggests that PrEP could become widely accepted by all generations of MSM exposed to the risk of HIV.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2017	Metz, Verena E; Sullivan, Maria A; Jones, Jermaine D; Evans, Elizabeth; Luba, Rachel; Vogelman, Jonathan; Comer, Sandra D	Racial Differences in HIV and HCV Risk Behaviors, Transmission, and Prevention Knowledge among Non-Treatment-Seeking Individuals with Opioid Use Disorder.	Journal of Psychoactive Drugs	-	-	-	2159-9777	10.1080/02791072.2016.1259518	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5950713	In light of New York's recently reinforced strategy to end the AIDS epidemic by expanding testing, treatment, and access to pre-exposure prophylaxis (PrEP), we assessed drug use and sexual risk behaviors, along with HIV/Hepatitis C virus (HCV) transmission and prevention knowledge among non-treatment-seeking adults with opioid use disorder (OUD) in New York City. Over the course of 18 months, volunteers screening for research studies in the Opioid Laboratory at the New York State Psychiatric Institute completed a locally developed self-assessment questionnaire. A total of 138 adults with OUD (24 female, 114 male) with a mean age of 46.5 years (SD = 9.5 yrs) were assessed. Significant differences among the four racial/ethnic subgroups (n = 65 African-Americans, n = 34 Hispanics, n = 31 Caucasians or Whites, n = 8 Multiracial) were found. Whites were the youngest (p = 0.001), most frequently injecting drugs (p < 0.001), and engaged more often in risky drug use and sexual behaviors, although their virus transmission knowledge was comparable to that of the other subgroups. Few participants had heard about PrEP. White opioid users showed the most risk behaviors among races/ethnicities, despite comparable prevention knowledge. Better HIV/HCV prevention interventions targeting individuals with opioid use disorders who are not currently in treatment would be desirable, given their large health burden.	opioid users; risk behaviors; HIV; Hepatitis C; prevention; ethnicities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Milinkovic, Ana; Benn, Paul; Arenas-Pinto, Alejandro; Brima, Nataliya; Copas, Andrew; Clarke, Amanda; Fisher, Martin; Schembri, Gabriel; Hawkins, David; Williams, Andy; Gilson, Richard	Randomized controlled trial of the tolerability and completion of maraviroc compared with Kaletra® in combination with Truvada® for HIV post-exposure prophylaxis (MiPEP Trial).	Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091	10.1093/jac/dkx062	https://dx.doi.org/10.1093/jac/dkx062	Objectives: Post-exposure prophylaxis (PEP) for HIV is often poorly tolerated and not completed. Alternative PEP regimens may improve adherence and completion, aiding HIV prevention. We conducted a randomized controlled trial of a maraviroc-based PEP regimen compared with a standard-of-care regimen using ritonavir-boosted lopinavir. Methods: Patients meeting criteria for PEP were randomized to tenofovir disoproxil/emtricitabine (200/245 mg) once daily plus ritonavir-boosted lopinavir (Kaletra ® 400/100 mg) or maraviroc 300 mg twice daily. The composite primary endpoint was completion of 28 days of the allocated PEP regimen without grade 3 or 4 clinical or laboratory adverse events (AEs) related to the PEP medication. Results: Two hundred and thirteen individuals were randomized (107 to maraviroc; 106 to Kaletra ® arm). Follow-up rates were high in both groups. There was no difference in the primary endpoint; 70 (71%) in the maraviroc and 64 (65%) in the Kaletra ® arm (P = 0.36) completed PEP without grade 3 or 4 AEs. Discontinuation of PEP was the same (18%) in both groups. There were no grade 3 or 4 clinical AEs in either arm, but more grade 1 or 2 clinical AEs in the Kaletra ® arm (91% versus 70%; P < 0.001). Antidiarrhoeal medication use was higher in the Kaletra ® arm (67% versus 25%; P < 0.001). There were no HIV seroconversions in the study period. Conclusions: The completion rate in the absence of grade 3 or 4 AEs was similar with both regimens. Maraviroc-based PEP was better tolerated, supporting its use as an option for non-occupational PEP.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2017	Millar, Brett M; Starks, Tyrel J; Grov, Christian; Parsons, Jeffrey T	Sexual Risk-Taking in HIV-Negative Gay and Bisexual Men Increases with Depression: Results from a U.S. National Study.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-016-1507-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5323369	The link between depression and sexual risk-taking has received mixed findings in the literature. The current study analyzed the links between depression and recent condomless anal sex (CAS) with casual partners among 1033 HIV-negative, non-PrEP-using, gay and bisexual men. When CAS was dichotomized as either none or some, depression was not associated with the odds of CAS (with receptive and insertive combined) or insertive CAS only, but was positively associated with the odds of receptive CAS. When CAS was tallied as a count variable of events, depression was positively associated with total CAS, receptive CAS, and insertive CAS. With the addition of a quadratic term for depression, a positive quadratic effect was only found for total CAS and receptive CAS, but not for insertive CAS. These findings highlight the utility of using count data for CAS events and treating CAS separately with regard to receptive and insertive positioning when considering the role of depression among gay and bisexual men.	Condom use, Sexual minority, Men who have sex with men (MSM), Casual sex, Positioning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Mocumbi, Sibone; Gafos, Mitzy; Munguambe, Khatia; Goodall, Ruth; McCormack, Sheena	High HIV prevalence and incidence among women in Southern Mozambique: Evidence from the MDP microbicide feasibility study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0173243	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5369694	BACKGROUND: The study aimed to assess the feasibility of conducting large scale HIV prevention clinical trials in Mozambique by measuring HIV prevalence and incidence among women of reproductive age. This paper describes the baseline socio-demographic characteristics of the Mozambique Microbicides Development Programme (MDP) feasibility cohort, baseline prevalence of HIV and other STIs, and HIV incidence. METHODS: The Mozambique MDP feasibility study was conducted from September 2007 to August 2009 in urban Mavalane and rural Manhiça, in Southern Mozambique. Sexually active, HIV negative women aged 18 years and above were recruited to attend the study clinic every 4 weeks for a total of 40 weeks. At baseline, we collected demographic and sexual behaviour data, samples to test for sexually transmitted infections (STI) and conducted HIV rapid testing. STI and HIV testing were repeated at clinical follow-up visits. We describe HIV prevalence of women at screening, the demographic, behavioural and clinical characteristics of women at enrolment, and HIV incidence during follow-up. RESULTS: We screened 793 women (369 at Mavalane and 424 at Manhiça) and enrolled 505 eligible women (254 at Mavalane and 251 at Manhiça). Overall HIV prevalence at screening was 17%; 10% at Mavalane and 22% at Manhiça. Women screened at Manhiça were twice as likely as women screened at Mavalane to be HIV positive and HIV positive status was associated with younger age (18-34), lower educational level, not using a reliable method of contraception and being Zionist compared to other Christian religions. At enrolment contraceptive use was low in both clinics at 19% in Mavalane and 21% in Manhiça, as was reported condom use at last sex act at 48% in Mavalane and 25% in Manhiça. At enrolment, 8% of women tested positive for Trichomonas vaginalis, 2% for Neisseria gonorrhoeae, 4% for Chlamydia trachomatis and 46% for bacterial vaginosis. In Manhiça, 8% of women had active syphilis at screening. HIV incidence was 4.3 per 100 person years at Mavalane and 9.2 per 100 person years at Manhiça. CONCLUSIONS: We demonstrated the ability to recruit a cohort of women at risk of HIV who were willing to participate in clinical research. The high HIV incidence necessitates additional action around HIV prevention for women and offers opportunities to evaluate the impact of available prevention options, such as treatment as prevention and oral PrEP. The high HIV incidence and STI prevalence also offers opportunities to evaluate the added benefit of potential prevention options such as new formulations of oral PrEP, vaginal microbicides (also called topical PrEP), vaccines, and multi-purpose technologies for HIV, STIs and contraception.	NA	English	United States	Western and Central Europe and North America	Mozambique	Eastern and Southern Africa	Mozambique	Eastern and Southern Africa	Clinical
Article	2017	Mofenson L.M.; Baggaley R.C.; Mameletzis I.	Tenofovir disoproxil fumarate safety for women and their infants during pregnancy and breastfeeding	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001313	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84994726334&doi=10.1097%2fQAD.0000000000001313&partnerID=40&md5=a2db15a5c2349e4fa8bae2fc274ac30e	Objectives: Pregnant/lactating women in some sub-Saharan Africa settings are at substantial risk of HIV acquisition and could benefit from preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF), but safety data in pregnancy/lactation are limited. Design: Systematic data review through August 2016. Methods: We reviewed research reports/conference abstracts with maternal/child adverse outcome data in HIV-infected and HIV-uninfected pregnant/lactating women receiving TDF alone or in combination with other drugs compared with non-TDF regimens. Results: In total, 26 articles in HIV-infected and seven in HIV-uninfected women were identified. No statistically significant differences were observed between TDF and comparison non-TDF regimens in pregnancy incidence, stillbirth/pregnancy loss, preterm delivery less than 37 weeks, low birth weight <2500/<1500 g, small for gestational age, birth defects, or infant (>14 days) or maternal mortality. One study reported significantly higher very preterm delivery (<34 weeks) and neonatal mortality with TDF versus non-TDF antiretroviral therapy (ART), but no significant difference between TDF ART and zidovudine/single-dose nevirapine. Most studies report normal infant linear growth; one study showed slightly lower, and one higher 1-year length-forage z-score in TDF ART-exposed infants. No significant differences were reported in abnormal laboratory values or bone markers between TDF and non-TDF-exposed infants in four studies. Lower maternal bone mineral density was observed at 74 weeks postpartum in breastfeeding women on TDF ART compared with no ART in one study. Conclusion: Given available safety data, there does not appear to be a safety-related rationale for prohibiting PrEP during pregnancy/lactation or for discontinuing PrEP in HIV-uninfected women receiving PrEP who become pregnant and are at continuing risk of HIV acquisition. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Breastfeeding; Drug safety in pregnancy and breastfeeding; Preexposure prophylaxis; Pregnancy; Tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Molina J.-M.; Charreau I.; Spire B.; Cotte L.; Chas J.; Capitant C.; Tremblay C.; Rojas-Castro D.; Cua E.; Pasquet A.; Bernaud C.; Pintado C.; Delaugerre C.; Sagaon-Teyssier L.; Mestre S.L.; Chidiac C.; Pialoux G.; Ponscarme D.; Fonsart J.; Thompson D.; Wainberg M.A.; Doré V.; Meyer L.; Meyer L.; Capitant C.; Charreau I.; Netzer E.; Leturque N.; Binesse J.; Foubert V.; Saouzanet M.; Euphrasie F.; Carette D.; Guillon B.; Saïdi Y.; Aboulker J.P.; Spire B.; Suzan M.; Cattin G.; Demoulin B.; Sagaon-Teyssier L.; Lorente N.; Doré V.; Choucair E.; Le Mestre S.; Mennecier A.; Etien N.; Simon M.C.; Diallo A.; Gibowski S.; Delfraissy J.F.; Thompson D.; Sas J.; Pankovitch J.; Klein M.; Anis A.; Molina J.-M.; Trottier B.; Baril J.-G.; Chéret A.; Besnier M.; Rozenbaum W.; Bajos N.; Timsit J.; Peytavin G.; Durand-Zaleski I.; Meyer L.; Aboulker J.-P.; Spire B.; Suzan-Monti M.; Girard G.; Castro D.R.; Préau M.; Morin M.; Thompson D.; Simon M.-C.; Otis J.; Lert F.; Diallo A.; Rabian C.	Efficacy, safety, and effect on sexual behaviour of on-demand pre-exposure prophylaxis for HIV in men who have sex with men: an observational cohort study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(17)30089-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85025430174&doi=10.1016%2fS2352-3018%2817%2930089-9&partnerID=40&md5=bfd53a762e4c3a128d8641fafc7270e1	Background Data for on-demand pre-exposure prophylaxis (PrEP) are scarce. We implemented a cohort study to assess its efficacy, safety, and effect on sexual behaviour. Methods We invited men and transgender women who have sex with men, previously enrolled in the randomised placebo-controlled ANRS IPERGAY trial at seven sites (six in France and one in Canada), to participate in an open-label extension with on-demand tenofovir disoproxil fumarate (300 mg) and emtricitabine (200 mg) to be taken before and after sexual intercourse. We assessed the incidence of HIV and other sexually transmitted infections (STIs), PrEP adherence, safety, and sexual behaviour. Statistical analyses included comparisons of proportions and incidence between the randomised phase of the ANRS IPERGAY trial and the open-label phase, and all participants were included in safety analyses. ANRS IPERGAY is registered with ClinicalTrials.gov, number NCT01473472. Findings Between Nov 4, 2014, and Jan 27, 2015, we enrolled 361 participants. Median follow-up was 18·4 months (IQR 17·7–19·1). One participant who discontinued PrEP acquired HIV infection. HIV incidence was 0·19 per 100 person-years (95% CI 0·01–1·08), compared with 6·60 per 100 person-years (3·60–11·05) in the placebo group of the randomised study, indicating a relative reduction of 97% (95% CI 81–100) in the incidence of HIV with on-demand PrEP. Participants used a median of 18 pills of study drugs per month (IQR 11–25), and at the 6 month visit 240 (71%) of 336 participants had tenofovir detected in plasma. Drug-related gastrointestinal events were reported in 49 participants (14%) but were self-limited. Only four participants (1%) discontinued PrEP, three because of an increase in plasma creatinine. The proportion of participants reporting condomless sex at their last receptive anal intercourse significantly increased from 77% (136 of 176 participants) at baseline to 86% (66 of 77 participants) at 18 months' follow-up (p for trend=0·0004). The incidence of a first bacterial STI during this open-label phase did not change significantly compared with the randomised phase (59·0 vs 49·1 per 100 person-years, respectively; p=0·11). Interpretation On-demand oral PrEP is highly effective at preventing HIV infection among high-risk men who have sex with men and therefore represents an alternative to daily PrEP, expanding choices for HIV prevention. High rates of STIs resulting from low condom use did not undermine PrEP efficacy, but warrant frequent testing. Funding ANRS (France Recherche Nord and Sud Sida-HIV Hépatites), the Canadian HIV Trials Network, Fonds Pierre Bergé—Sidaction, Gilead Sciences, and the Bill & Melinda Gates Foundation. © 2017 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2017	Moreno, Santiago; Antela, Antonio; García, Felipe; Amo, Julia del; Boix, Vicente; Coll, Pep; Fortuny, Claudia; Gómez Sirvent, Juan L; Gutiérrez, Félix; Iribarren, José A; Llibre, Josep M; López Bernaldo de Quirós, Juan C; Emilio Losa, Juan; Lozano, Ana; Meulbroek, Michael; Olalla, Julián; Pujol, Ferran; Pulido, Federico; Crespo Casal, Manuel; González García, Juan; López Aldeguer, José; Pérez Molina, Jose A; Podzamczer Palter, Daniel; Rivero Román, Antonio	Executive summary: Pre-exposure prophylaxis for prevention of HIV infection in adults in Spain: July 2016	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	0213-005X	10.1016/j.eimc.2016.11.016	https://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-articulo-executive-summary-pre-exposure-prophylaxis-for-S0213005X17300101	Administration of antiretroviral drugs to individuals exposed to, but not infected by, HIV has been shown to reduce the risk of transmission. The efficacy of pre-exposure prophylaxis (PrEP) makes it obligatory to include it in an integral program of prevention of HIV transmission, together with other measures, such as use of the condom, training, counseling, and appropriate treatment of infected individuals. In this document, the AIDS Study Group (GeSIDA) of the Spanish Society of Infectious Diseases and Clinical Microbiology (Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica SEIMC) provides its views on this important subject. The available evidence on the usefulness of PrEP in the prevention of transmission of HIV is presented, and the components that should make up a PrEP program and whose development and implementation are feasible in Spain are set out (AU)	HIV infection; Infección por VIH; Pre-exposure prophylaxis; Prevención; Prevention; Profilaxis pre-exposición; Tenofovir	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2017	Morgan, Ethan; Skaathun, Britt; Lancki, Nicola; Jimenez, Antonio D; Ramirez-Valles, Jesus; Bhatia, Ramona; Masiello-Schuette, Stephanie; Benbow, Nanette; Prachand, Nikhil; Schneider, John A	Trends in HIV Risk, Testing, and Treatment among MSM in Chicago 2004-2014: Implications for HIV Elimination Planning.	Journal of Urban Health	-	-	-	1468-2869	10.1007/s11524-017-0175-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5610127	Men who have sex with men (MSM) in the USA continue to have high rates of HIV infection. Increasingly, in addition to behavioral factors, biomedical interventions have been found to play important roles in HIV prevention. In this analysis, we used four waves of cross-sectional data (2004, 2008, 2011, and 2014) from the National HIV Behavioral Surveillance System (NHBS) to examine trends in key behaviors and biomedical interventions among MSM in Chicago (N = 3298). Logistic regression was used to determine changes in behaviors and use of biomedical interventions. Condomless sex increased significantly in waves 3 and 4, compared to wave 1: wave 3 (AOR = 2.07; 95% CI 1.53, 2.78) and wave 4 (AOR = 2.19; 95% CI 1.62, 2.96). Compared to those aged 18-24, older participants were significantly less likely to be routinely tested for HIV: 30-39 (AOR = 0.63; 95% CI 0.48, 0.83), 40-49 (AOR = 0.40; 95% CI 0.29, 0.55), and >50 (AOR = 0.28; 95% CI 0.18, 0.43). Awareness of both post-exposure prophylaxis (PEP)(âAOR = 3.13; 95% CI 1.22, 8.03) and pre-exposure prophylaxis (PrEP)(âAOR = 10.02; 95% CI 2.95, 34.01) increased significantly in wave 4, compared to wave 3. These results suggest a potential increase in HIV rates among men with main and casual partners and should be monitored closely as PrEP becomes more widespread among MSM of all races and ethnicities in Chicago. This study also suggests that further analyses of the barriers to PEP and PreP uptake among high-risk populations are necessary.	NHBS, HIV, MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2017	Morillo Verdugo, Ramón; Sánchez-Rubio Ferrández, Javier	Una nueva estrategia de prevención del VIH: estamos PrEParados	Farmacia Hospitalaria	-	-	-	1130-6343	10.7399/fh.10876	http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1130-63432017000500573&lng=es&nrm=iso&tlng=es	NA	NA	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Article	2017	Morton, JF; Celum, C; Njoroge, J; Nakyanzi, A; Wakhungu, I; Tindimwebwa, E; Ongachi, S; Sedah, E; Okwero, E; Ngure, K; Odoyo, J; Bulya, N; Haberer, JE; Baeten, JM; Heffron, R; Partners Demonstration P	Counseling Framework for HIV-Serodiscordant Couples on the Integrated Use of Antiretroviral Therapy and Pre-exposure Prophylaxis for HIV Prevention	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000001210	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147040/	Background: For HIV-serodiscordant couples, integrated delivery of antiretroviral therapy (ART) for HIV-positive partners and timelimited pre-exposure prophylaxis (PrEP) for negative partners virtually eliminates HIV transmission. Standardized messaging, sensitive to the barriers and motivators to HIV treatment and prevention, is needed for widespread scale-up of this approach. Methods: Within the Partners Demonstration Project, a prospective interventional project among 1013 serodiscordant couples in Kenya and Uganda, we offered ART to eligible HIV-positive partners and PrEP to HIV-negative partners before ART initiation and through the HIV-positive partner's first 6 months of ART use. We conducted individual and group discussions with counseling staff to elicit the health communication framework and key messages about ART and PrEP that were delivered to couples. Results: Counseling sessions for serodiscordant couples about PrEP and ART included discussions of HIV serodiscordance, PrEP and ART initiation and integrated use, and PrEP discontinuation. ART messages emphasized daily, lifelong use for treatment and prevention, adherence, viral suppression, resistance, side effects, and safety of ART during pregnancy. PrEP messages emphasized daily dosing, time-limited PrEP use until the HIV-positive partner sustained 6 months of high adherence to ART, adherence, safety during conception, side effects, and other risks for HIV. Conclusions: Counseling messages for HIV-serodiscordant couples are integral to the delivery of time-limited PrEP as a "bridge" to ART-driven viral suppression. Their incorporation into programmatic scale-up will maximize intervention impact on the global epidemic.	Africa; pre-exposure prophylaxis; antiretroviral treatment; HIV-1 prevention; couples; INFECTION; WOMEN; MEN; TRANSMISSION; RISK; INITIATION; INDIVIDUALS; STRATEGIES; FERTILITY INTENTIONS; counseling; PARTNERSHIPS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Mravcík, Viktor; Pitonák, Michal; Hejzák, Robert; Janíková, Barbara; Procházka, Ivo	HIV epidemic among men who have sex with men in the Czech Republic, 2016: high time for targeted action.	Eurosurveillance	-	-	-	1560-7917	10.2807/1560-7917.ES.2017.22.48.17-00079	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5725790	Reported incidence of human immunodeficiency virus (HIV) infection in the Czech Republic increased steeply over the past decade from 90 new cases in 2005 to 266 in 2015. This increase is almost exclusively attributed to sexual transmissions between men who have sex with men (MSM). In 2015, there were 79% (n=210) newly diagnosed cases among MSM, 17% (n=45) were attributed to heterosexual transmission and 1% (n=3) to people who inject drugs. Interventions targeted at MSM have not yet been prioritised in the broadly focused national HIV prevention strategy which this is envisaged to change in the programme set out for 2018 to 2022. The national budget for HIV prevention has been reduced, however, and this remains. Availability of voluntary counselling and testing has decreased substantially in the past decade. Post- and pre-exposure prophylaxis for sexual intercourse among MSM are not part of the HIV prevention policy and the concept of treatment as prevention is not fully recognised. Provision of a combined prevention strategy with a focus on MSM, reflecting the above factors including stigmatisation, should contribute to reverse the development of a concentrated HIV epidemic among MSM in the Czech Republic.	HIV/AIDS, MSM, PrEP, stigma	English	Sweden	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Review
Article	2017	Mullins T.L.K.; Zimet G.; Lally M.; Xu J.; Thornton S.; Kahn J.A.	HIV Care Providers' Intentions to Prescribe and Actual Prescription of Pre-Exposure Prophylaxis to At-Risk Adolescents and Adults	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2017.0147	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038603065&doi=10.1089%2fapc.2017.0147&partnerID=40&md5=c7234a58679c81866a18391469a848b8	Pre-exposure prophylaxis (PrEP) is indicated for use in US adults, and little is known about clinician intentions to prescribe and actual prescription of PrEP to adolescents younger than 18. Fifty-six clinicians who care for HIV-infected and at-risk youth completed an anonymous online survey in 2014. Primary outcomes were (1) intentions to prescribe PrEP to adolescents and adults in four risk categories men who have sex with men (MSM), transgender women, heterosexuals with multiple partners of unknown HIV status, heterosexuals with HIV-infected partners; and (2) actual prescription of PrEP to adolescents and adults in these risk groups. Independent variables included clinician characteristics, experience prescribing nonoccupational postexposure prophylaxis, familiarity with and knowledge of PrEP and PrEP guidance, attitudes toward PrEP, and facilitating factors for prescribing PrEP and incorporation of PrEP guidance into practice. Variables associated with intention to prescribe ("very likely to prescribe" vs. other responses) and actual prescription of PrEP stratified by age and risk category were identified in logistic regression models. Mean age was 45.9 years (standard deviation 10.7); 64% were physicians. More clinicians reported high intention to prescribe PrEP to adult versus adolescent MSM (p = 0.02) and transgender women (p = 0.001). Variables associated with intention to prescribe and prescription of PrEP differed by age and risk category. In adolescents, those variables included positive beliefs, higher number of facilitating factors, and fewer barriers to PrEP prescription. Designing strategies based on these findings that address both facilitating factors and barriers to PrEP prescription may improve PrEP uptake by at-risk youth. © Copyright 2017, Mary Ann Liebert, Inc.	Adolescents; Clinicians; HIV; Patient care; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Ngandu, Nobubelo K.; Carlson, Jonathan M.; Chopera, Denis R.; Ndabambi, Nonkululeko; Abdool Karim, Quarraisha; Abdool Karim, Salim; Williamson, Carolyn	Selection of HIV-1 Variants With Higher Transmission Potential by 1% Tenofovir Gel Microbicide.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001458	https://pubmed.ncbi.nlm.nih.gov/28797020/	BACKGROUND: Women in the CAPRISA 004 trial assigned to use 1% tenofovir (TFV) microbicide gel, who became HIV-1 infected, had higher viral load set-point and slower antibody avidity maturation compared with placebo participants. We investigated whether TFV gel was selected for viruses with altered genetic characteristics. SETTING: The participants of the CAPRISA 004 trial (n = 28 TFV and 43 placebo) were from KwaZulu-Natal Province, South Africa and were infected with HIV-1 subtype C. After HIV-1 diagnosis, they were recruited into the CAPRISA 002 cohort. METHODS: We analyzed gag sequences from the earliest time point post infection (within 3 months of estimated time of infection). Transmission index was measured using a model which predicts the likelihood of an amino acid to be transmitted. Phylogenetic distance from a regional consensus sequence was calculated from a maximum likelihood phylogenetic tree. RESULTS: Transmission index and distance from the most common (consensus) sequence have been shown to be markers of transmission fitness. We found that viruses infecting TFV gel recipients were closer to the consensus sequence of regional strains (P = 0.003) and had higher transmission index (P = 0.01). The transmission index was weakly correlated with concomitant viral load (Spearman r = 0.22, P = 0.06). CONCLUSION: Decreased acquisition risk may have increased the barrier to infection therefore selecting for fitter, more consensus-like viruses. Such virus fitness effects will need to be considered for future pre-exposure prophylaxis and vaccine trials.	Humans; Treatment Outcome; Clinical Trials as Topic; Female; Anti-HIV Agents/administration & dosage/*pharmacology/therapeutic use; Viral Load; South Africa/epidemiology; Sequence Analysis, DNA; Phylogeny; HIV-1/*drug effects/*genetics; Pre-Exposure Prophylaxis; Tenofovir/*therapeutic use; gag Gene Products, Human Immunodeficiency Virus/genetics; Vaginal Creams, Foams, and Jellies/*therapeutic use; Anti-Infective Agents/administration & dosage/*pharmacology/therapeutic use; HIV Infections/prevention & control/*transmission/*virology	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical

Article	2017	Ngure, Kenneth; Kimemia, Grace; Dew, Kristin; Njuguna, Njambi; Mugo, Nelly; Celum, Connie; Baeten, Jared M.; Heffron, Renee	Delivering safer conception services to HIV serodiscordant couples in Kenya: perspectives from healthcare providers and HIV serodiscordant couples.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.20.2.21309	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577704/	INTRODUCTION: For HIV serodiscordant couples in resource-limited settings, pregnancy is common despite the risk of sexual and/or perinatal HIV transmission. Some safer conception strategies to reduce HIV transmission during pregnancy attempts are available but often not used for reasons including knowledge, accessibility, preference and others. We sought to understand Kenyan health providers' and HIV serodiscordant couples' perspectives and experiences with safer conception. METHODS: Between August 2015 and March 2016, we conducted key informant interviews (KIIs) with health providers from public and private HIV care and fertility clinics and in-depth interviews (IDIs) and focus group discussions (FGDs) with HIV serodiscordant couples participating in an open-label study of integrated pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) for HIV prevention (the Partners Demonstration Project). An inductive analytic approach identified a number of themes related to experiences with and perceptions of safer conception strategies. RESULTS: We conducted 20 KIIs with health providers, and 21 IDIs and 4 FGDs with HIV serodiscordant couples. HIV clinic providers frequently discussed timed condomless sex and antiretroviral medications while providers at private fertility care centres were more comfortable recommending medically assisted reproduction. Couples experienced with ART and PrEP reported that they were comfortable using these strategies to reduce HIV risk when attempting pregnancy. Timed condomless sex in conjunction with ART and PrEP was a preferred strategy, often owing to them being available for free in public and research clinics, as well as most widely known; however, couples often held inaccurate knowledge of how to identify days with peak fertility in the upcoming menstrual cycle. CONCLUSIONS: Antiretroviral-based HIV prevention is acceptable and accessible to meet the growing demand for safer conception services in Kenya, since medically assisted interventions are currently cost prohibitive. Cross-disciplinary training for health providers would expand confidence in all prevention options and foster the tailoring of counselling to couples' preferences.	Humans; Male; Female; HIV Infections/drug therapy/*prevention & control; Sexual Behavior; Pregnancy; Family Characteristics; Counseling; Safe Sex; Health Personnel; *Pre-Exposure Prophylaxis; HIV prevention; Fertility; Kenya; pregnancy; Focus Groups; serodiscordant couples; safer conception; *Reproductive Health Services	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2017	Ngure, Kenneth; Trinidad, Susan Brown; Beima-Sofie, Kristin; Baeten, Jared M; Mugo, Nelly R; Bukusi, Elizabeth A; Heffron, Renee; John-Stewart, Grace; Kelley, Maureen C	The role of male partners in women's participation in research during pregnancy: a case study from the partners demonstration project.	Reproductive Health	-	-	-	-	1742-4755	10.1186/s12978-017-0424-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5751399	The exclusion of pregnant women from health research remains a significant challenge globally. In settings where cultural traditions and gender norms support a more restricted decision-making role for women in general, little is known about the attitudes of male partners toward the inclusion of women in research during pregnancy. Understanding the expectations of both men and women in such cultural settings offers an opportunity to engage and address local ethical concerns to improve women's access to research during pregnancy and enhance intervention development. In this paper, we present a qualitative research ethics case study, drawn from the Partners Demonstration Project of pre-exposure prophylaxis (PrEP) in Kenya, regarding the role of male partners in decision-making to continue PrEP during pregnancy. PrEP is an effective HIV prevention tool; however, since pregnant women were excluded from early PrEP clinical trials, safety and efficacy data during pregnancy are limited. Given continued high rates of HIV infection for women, some pregnant women are now being provided with PrEP or are involved in PrEP research. Men and women in our study were equally concerned about the health risks of PrEP to the fetus and depended on healthcare provider guidance to understand these risks. Because the demonstration project enrolled couples, an implicit social expectation for many women's continuation of PrEP during pregnancy was consultation with male partners. Some women reported that consenting to participate was exclusively a woman's decision; however, many reported that they deferred to their male partner's opinion and support during the decision-making process. Most male partners believed women should not participate in research studies without their partner's permission, while a few men believed participation was ultimately a woman's decision. We suggest that relational autonomy can support a middle ground for informed consent that promotes women's autonomy while accommodating partner engagement.	HIV prevention, Pre-exposure prophylaxis (PrEP), Pregnancy, Consent, Autonomy, Male partners	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2017	Nic Lochlainn, Laura; O'Donnell, Kate; Hurley, Caroline; Lyons, Fiona; Igoe, Derval	Using data from a behavioural survey of men who have sex with men (MSM) to estimate the number likely to present for HIV pre-exposure prophylaxis (PrEP) in Ireland, 2017.	Eurosurveillance	-	-	-	-	1560-7917	10.2807/1560-7917.ES.2017.22.48.17-00768	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5725788	In Ireland, men who have sex with men (MSM) have increased HIV risk. Pre-exposure prophylaxis (PrEP), combined with safe sex practices, can reduce HIV acquisition. We estimated MSM numbers likely to present for PrEP by applying French PrEP criteria to Irish MSM behavioural survey data. We adjusted for survey bias, calculated proportions accessing testing services and those likely to take PrEP. We estimated 1-3% of MSM in Ireland were likely to present for PrEP.	HIV; Ireland; Men who have sex with men; PrEP; Pre-Exposure Prophylaxis; behavioural data.	English	Sweden	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Quantitative
Article	2017	Nikolopoulos G.K.; Christaki E.; Paraskevis D.; Bonovas S.	Pre-exposure prophylaxis for HIV: Evidence and perspectives	Current Pharmaceutical Design	-	-	-	-	13816128	10.2174/1381612823666170329145053	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85025127410&doi=10.2174%2f1381612823666170329145053&partnerID=40&md5=937a61b6f51f0e2cd0c4156c647a187c	HIV remains an important public health issue worldwide. However, new prevention approaches have recently been developed and are very promising. Antiretroviral treatment as prevention, or as a prophylaxis after exposure to HIV, has been shown to reduce the likelihood of HIV acquisition. Over the last years, animal studies and randomized clinical trials in humans showed that antiretrovirals can also be efficacious and safe if used once daily, or intermittently, as prophylaxis before an individual is exposed to HIV (Pre-exposure Prophylaxis-PrEP). Fears about development of resistant strains have not been justified insofar given the accumulated evidence from research studies. Demonstration projects are ongoing and first results indicate that interests in the uptake of PrEP are high and adherence is satisfactory. Models suggest that PrEP could be a cost-effective or cost-saving approach under certain provisions including delivery to people at high risk of HIV infection, using less expensive medications, delivery in high HIV prevalence settings, short-term use for periods of higher risk, and evaluation in a longer-term period. The current review summarizes evidence on efficacy, safety and effectiveness of PrEP, and discusses future challenges and perspectives. © 2017 Bentham Science Publishers.	Effectiveness; Exposure; HIV; PrEP; Prevention; Prophylaxis	English	United Arab Emirates	Middle East and North Africa	Greece	Western and Central Europe and North America	Greece	Western and Central Europe and North America	Review
Article	2017	Ntim, Gifty-Maria J; Kransdorf, Lisa N	How to "PrEP" for HIV Prevention in Women.	Journal of Women's Health (Larchmont)	-	-	-	-	1931-843X	10.1089/jwh.2016.6318	https://dx.doi.org/10.1089/jwh.2016.6318	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Nunn A.S.; Brinkley-Rubinstein L.; Oldenburg C.E.; Mayer K.H.; Mimiaga M.; Patel R.; Chan P.A.	Defining the HIV pre-exposure prophylaxis care continuum	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001385	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333727/	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy. There is little scientific consensus about how to measure PrEP program implementation progress. We draw on several years of experience in implementing PrEP programs and propose a PrEP continuum of care that includes: (1) identifying individuals at highest risk for contracting HIV, (2) increasing HIV risk awareness among those individuals, (3) enhancing PrEP awareness, (4) facilitating PrEP access, (5) linking to PrEP care, (6) prescribing PrEP, (7) initiating PrEP, (8) adhering to PrEP, and (9) retaining individuals in PrEP care. We also propose four distinct categories of PrEP retention in care that include being: (1) indicated for PrEP and retained in PrEP care, (2) indicated for PrEP and not retained in PrEP care, (3) no longer indicated for PrEP, and (4) lost to follow-up for PrEP care. This continuum of PrEP care creates a framework that researchers and practitioners can use to measure PrEP awareness, uptake, adherence, and retention. Understanding each point along the proposed continuum of PrEP care is critical for developing effective PrEP interventions and for measuring public health progress in PrEP program implementation. © 2017 Wolters Kluwer Health, Inc.	HIV prevention; linkage to care; pre-exposure prophylaxis; retention in care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Nwokolo, Nneka; Whitlock, Gary; McOwan, Alan	Not just PrEP: other reasons for London's HIV decline.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(17)30044-9	https://dx.doi.org/10.1016/S2352-3018(17)30044-9	Introduction Multipurpose prevention technologies (MPTs) combining contraception with HIV prevention offer a promising solution to uptake and adherence challenges faced with oral pre-exposure prophylaxis (PrEP). The Dual Prevention Pill (DPP), which combines oral PrEP with an oral contraceptive pill (OCP), could address unmet need for family planning (FP) and HIV prevention. This study aimed to identify barriers and motivators for DPP uptake to inform the development of a DPP demand generation strategy and broader introduction efforts for MPTs. Materials and methods Qualitative, ethnographic research employing human-centered design techniques was conducted in Kenya, South Africa, and Zimbabwe. A research consortium conducted 45 immersions, 34 key informant interviews, and 12 friendship circles with potential end users, male romantic partners, healthcare providers (HCPs), and cultural commentators. Creative concepts were subsequently co-created and validated in workshops with end users, male partners, and HCPs. Results Four major themes emerged. Women struggled to balance personal motivations with societal expectations. Relationship goals strongly influenced sexual and reproductive health decisions, particularly related to financial security and social status. Negative experiences, such as untrustworthy partners, were significant triggers for OCP and PrEP use. Lastly, male partners were concerned about the DPP upending gender norms but held more positive individual attitudes. Five initial audience segments for the DPP were identified: women seeking enjoyment outside of their primary relationship; new mothers adhering to social norms; women wanting to maintain romantic relationships; women at risk of unintended pregnancy; and women with unfaithful partners. Segments informed the development of three communication themes, with the preferred route highlighting the DPP as a tool to prepare for life's unpredictability. Discussion To effectively generate demand for the DPP, several strategies should be considered. Connecting with women's diverse identities and goals and celebrating their individuality is crucial. Linking the DPP to relationship goals reframes it as a means to protect relationships rather than a risk. Leveraging negative triggers through targeted media campaigns empowers women to take control of their sexual health during challenging moments. A balance in channel placement is necessary to raise public awareness while using more discrete channels for potentially controversial messages with male partners and wider communities.	pre-exposure prophylaxis, oral contraception, HIV prevention, family planning, multi-purpose prevention technologies, end users, human-centered design, demand generation	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2017	Nydegger, Liesl A; Ames, Susan L; Stacy, Alan W	Predictive utility and measurement properties of the Strength of Implementation Intentions Scale (SIIS) for condom use.	Social Science & Medicine	-	-	-	-	1873-5347	10.1016/j.socscimed.2017.05.035	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5524460	BACKGROUND: Implementation intentions are situation-linked action plans that increase health behaviors such as condom use. Few studies have measured the strength of implementation intentions, especially regarding condom use. Non-injection drug users are at high risk for HIV due to risky sexual practices. Substance use before sex may increase risky sexual behaviors, and implementation intentions are a promising, practical route for HIV prevention. PURPOSE: This prospective study assessed the measurement properties of the newly developed Strength of Implementation Intentions Scale (SIIS) for condom use and investigated whether the SIIS predicted condom use one-year later. The study evaluated whether behavioral intentions and alcohol or methamphetamine use before sex modified the relationship between the SIIS and condom use. METHODS: Participants were 590 non-injection drug users convicted of nonviolent drug offenses in court-mandated outpatient drug diversion programs. They completed self-directed computer assessments at baseline and at one-year follow-up. Measures included demographics, behavioral intentions to use condoms, the SIIS for condom use, alcohol and methamphetamine use before or during sex, and condom use. Psychometric properties, direct, and interaction effects of the SIIS were evaluated using structural equation modeling and general linear regressions. RESULTS: The SIIS, behavioral intentions, and condom use were positively correlated and there was discriminant validity between all three constructs. In addition, the SIIS predicted condom use one-year later in this high-risk population. No significant interactions were detected. CONCLUSIONS: The SIIS is predictive of condom use behavior, is psychometrically sound and distinct from behavioral intentions, and can be incorporated into HIV prevention interventions and used as a mediator variable. In addition, it can be used as an outcome measure where a follow-up is not feasible. The SIIS can also be tailored for additional HIV-related behaviors such as HIV-testing, adhering to antiretroviral medication, prescribing and adhering to pre-exposure prophylaxis, and other health behaviors.	Alcohol use; Behavioral intention; Drug diversion 1. Introduction; HIV; Implementation intentions; Methamphetamine use; Non-injection drug users; SIIS	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Okafor, Chukwuemeka N; Gorbach, Pamina M; Ragsdale, Amy; Quinn, Brendan	Correlates of Preexposure Prophylaxis (PrEP) Use among Men Who Have Sex with Men (MSM) in Los Angeles, California	Journal of Urban Health	-	-	-	-	1099-3460	https://doi.org/10.1007/s11524-017-0172-z	https://escholarship.org/uc/item/1dr4t5qj	We assessed socio-structural and behavioral correlates of preexposure prophylaxis (PrEP) for HIV infection among a sample of high-risk HIV-negative men who have sex with men (MSM) in Los Angeles, California. Participants from an ongoing 5-year prospective cohort study investigating the direct impacts of substance use on HIV transmission dynamics were enrolled between February 2015 and January 2017. All men completed a computer-assisted self-interview every 6 months that assessed recent (past 6 months) PrEP use and socio-structural and behavioral factors. Of the total 185 MSM (mean age = 29 years) included in the study, majority were African American (40%) or Hispanic (41%) and reported current health insurance coverage (80%). In multivariable analysis using log-binomial regression, having health insurance coverage adjusted prevalence ratio (aPR) 2.02; 95% confidence interval (CI) 1.01 to 4.01, p = 0.04 was associated with recent PrEP use. Unstable housing (aPR = 0.44, 95% CI 0.22 to 0.90, p = 0.02) was associated with lower PrEP use. Behavioral factors associated with recent PrEP use include sex with a HIV-positive partner (aPR = 3.63, 95% CI 1.45 to 9.10, p = 0.01), having six or more sex partners (aPR = 2.20, 95% CI 1.26 to 3.82, p = <0.01), and popper use (aPR = 2.76, 95% CI 1.58 to 4.84, p = <0.01). In this sample of predominantly racial/ethnic minority MSM, socio-structural and behavioral factors were important factors associated with recent PrEP use. These findings provide considerations for intervention development to promote PrEP use among key groups of MSM.	Public Health; Health Sciences; Mental Health; Clinical Research; HIV/AIDS; Prevention; Clinical Trials and Supportive Activities; Infectious Diseases; Sexual and Gender Minorities (SGM/LGBT*); Behavioral and Social Science; Infection; Good Health and Well Being; Adolescent; Adult; HIV Infections; Homosexuality; Male; Humans; Los Angeles; Male; Middle Aged; Pre-Exposure Prophylaxis; Prospective Studies; Racial Groups; Risk-Taking; Sexual Behavior; Socioeconomic Factors; Substance-Related Disorders; Young Adult; Preexposure prophylaxis; Men who have sex with men; Human Movement and Sports Sciences; Public Health and Health Services; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Okoro, Olihe N; Whitson, Shanasha O	HIV risk and barriers to care for African-born immigrant women: a sociocultural outlook.	International Journal of Women's Health	-	-	-	-	1179-1411	10.2147/IJWH.S129355	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476631	BACKGROUND: Data from the Minnesota Department of Health (MDH) HIV/AIDS Surveillance Report 2015 show that African-born (AB) women continue to be disproportionately affected by HIV. In 2015, these women accounted for more than half (54%) of all new cases of HIV reported among females in Minnesota and 34% of all new cases in the state. This study was a needs assessment for HIV pre-exposure prophylaxis (PrEP) in vulnerable subgroups within the AB population and adequacy of HIV care for AB persons. The primary objective of this study was to gain an insight into the strategies that will limit the spread of HIV infection and enhance HIV care among AB immigrants. METHODS: Community advocates, community-based organizations (CBOs), clinicians, and other HIV-related service providers were invited to participate in a focus group, structured interview or complete an assessment tool using the same questionnaire about HIV and PrEP among AB persons. A thematic analysis was then conducted on the open-ended questions addressing perceived barriers. RESULTS: Findings suggest the following gender-specific sociocultural factors that drive HIV transmission and constitute barriers to HIV treatment for AB women: domestic/intimate partner violence, gender-biased stigma, discriminatory cultural beliefs and normative values/expectations, unprotected sex with husbands who have sex with other men, gender discordance in health care (preference for female provider), and sexual/reproductive health illiteracy. RECOMMENDATION: Based on recommendations, a community-based sexual and reproductive health education is being initiated with a curriculum that will be 1) broad (inclusive but not limited to HIV), 2) culturally sensitive/responsive, and 3) at appropriate literacy level for all women, including those who have little or no formal education.	African-born women, HIV/AIDS, reproductive health, intimate partner violence	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Ong K.J.; Desai S.; Field N.; Desai M.; Nardone A.; van Hoek A.J.; Gill O.N.	Economic evaluation of HIV pre-exposure prophylaxis among men-who-have-sex-with-men in England in 2016	Eurosurveillance	-	-	-	-	1025496X	10.2807/1560-7917.ES.2017.22.42.17-00192	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032006028&doi=10.2807%2f1560-7917.ES.2017.22.42.17-00192&partnerID=40&md5=b49eb10783d7e634bfeb80ddbd61aa5a	Clinical effectiveness of pre-exposure prophylaxis (PrEP) for preventing HIV acquisition in men who have sex with men (MSM) at high HIV risk is established. A static decision analytical model was constructed to inform policy prioritisation in England around cost-effectiveness and budgetary impact of a PrEP programme covering 5,000 MSM during an initial highrisk period. National genitourinary medicine clinic surveillance data informed key HIV risk assumptions. Pragmatic large-scale implementation scenarios were explored. At 86% effectiveness, PrEP given to 5,000 MSM at 3.3 per 100 person-years annual HIV incidence, assuming risk compensation (20% HIV incidence increase), averted 118 HIV infections over remaining lifetimes and was cost saving. Lower effectiveness (64%) gave an incremental cost-effectiveness ratio of + GBP 23,500 (EUR 32,000) per quality-adjusted life year (QALY) gained. Investment of GBP 26.9 million (EUR 36.6 million) in year-1 breaks even anywhere from year-23 (86% effectiveness) to year-33 (64% effectiveness). PrEP cost-effectiveness was highly sensitive to year-1 HIV incidence, PrEP adherence/ effectiveness, and antiretroviral drug costs. There is much uncertainty around HIV incidence in those given PrEP and adherence/effectiveness, especially under programme scale-up. Substantially reduced PrEP drug costs are needed to give the necessary assurance of cost-effectiveness, and for an affordable public health programme of sufficient size. © 2017, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	cost-effectiveness analysis; economic modelling; human immunodeficiency virus - HIV; men who have sex with men – MSM; pre-exposure prophylaxis - PrEP	English	Sweden	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2017	Ortblad, Katrina; Kibuuka Musoke, Daniel; Ngabirano, Thomson; Nakitende, Aidah; Magoola, Jonathan; Kayiira, Prossy; Taasi, Geoffrey; Barresi, Leah G.; Haberer, Jessica E.; McConnell, Margaret A.; Oldenburg, Catherine E.; Bärnighausen, Till	Direct provision versus facility collection of HIV self-tests among female sex workers in Uganda: A cluster-randomized controlled health systems trial.	PLOS Medicine	-	-	-	-	1549-1676 1549-1277	10.1371/journal.pmed.1002458	https://pubmed.ncbi.nlm.nih.gov/29182634/#:~:text=Conclusions%3A%20In%20this%20study%2C%20HIV,for%20collection%20in%20healthcare%20facilities.	BACKGROUND: HIV self-testing allows HIV testing at any place and time and without health workers. HIV self-testing may thus be particularly useful for female sex workers (FSWs), who should test frequently but face stigma and financial and time barriers when accessing healthcare facilities. METHODS AND FINDINGS: We conducted a cluster-randomized controlled health systems trial among FSWs in Kampala, Uganda, to measure the effect of 2 HIV self-testing delivery models on HIV testing and linkage to care outcomes. FSW peer educator groups (1 peer educator and 8 participants) were randomized to either (1) direct provision of HIV self-tests, (2) provision of coupons for free collection of HIV self-tests in a healthcare facility, or (3) standard of care HIV testing. We randomized 960 participants in 120 peer educator groups from October 18, 2016, to November 16, 2016. Participants' median age was 28 years (IQR 24-32). Our prespecified primary outcomes were self-report of any HIV testing at 1 month and at 4 months; our prespecified secondary outcomes were self-report of HIV self-test use, seeking HIV-related medical care and ART initiation. In addition, we analyzed 2 secondary outcomes that were not prespecified: self-report of repeat HIV testing-to understand the intervention effects on frequent testing-and self-reported facility-based testing-to quantify substitution effects. Participants in the direct provision arm were significantly more likely to have tested for HIV than those in the standard of care arm, both at 1 month (risk ratio RR 1.33, 95% CI 1.17-1.51, p < 0.001) and at 4 months (RR 1.14, 95% CI 1.07-1.22, p < 0.001). Participants in the direct provision arm were also significantly more likely to have tested for HIV than those in the facility collection arm, both at 1 month (RR 1.18, 95% CI 1.07-1.31, p = 0.001) and at 4 months (RR 1.03, 95% CI 1.01-1.05, p = 0.02). At 1 month, fewer participants in the intervention arms had sought medical care for HIV than in the standard of care arm, but these differences were not significant and were reversed at 4 months. There were no statistically significant differences in ART initiation across study arms. At 4 months, participants in the direct provision arm were significantly more likely to have tested twice for HIV than those in the standard of care arm (RR 1.51, 95% CI 1.29-1.77, p < 0.001) and those in the facility collection arm (RR 1.22, 95% CI 1.08-1.37, p = 0.001). Participants in the HIV self-testing arms almost completely replaced facility-based testing with self-testing. Two adverse events related to HIV self-testing were reported: interpersonal violence and mental distress. Study limitations included self-reported outcomes and limited generalizability beyond FSWs in similar settings. CONCLUSIONS: In this study, HIV self-testing appeared to be safe and increased recent and repeat HIV testing among FSWs. We found that direct provision of HIV self-tests was significantly more effective in increasing HIV testing among FSWs than passively offering HIV self-tests for collection in healthcare facilities. HIV self-testing could play an important role in supporting HIV interventions that require frequent HIV testing, such as HIV treatment as prevention, behavior change for transmission reduction, and pre-exposure prophylaxis. TRIAL REGISTRATION: ClinicalTrials.gov NCT02846402.	Adult; Humans; Young Adult; Female; Cluster Analysis; Mass Screening/methods; Sex Workers; Social Stigma; Uganda/epidemiology; Serologic Tests; HIV Infections/*diagnosis/therapy; Self Administration/*methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Ouyang, Bingchen; Zhou, Fang; Zhen, Le; Peng, Ying; Sun, Jianguo; Chen, Qianying; Jin, Xiaoliang; Wang, Guangji; Zhang, Jingwei	Simultaneous determination of tenofovir alafenamide and its active metabolites tenofovir and tenofovir diphosphate in HBV-infected hepatocyte with a sensitive LC-MS/MS method.	Journal of Pharmaceutical and Biomedical Analysis	-	-	-	-	1873-264X 0731-7085	10.1016/j.jpba.2017.08.028	https://pubmed.ncbi.nlm.nih.gov/28881311/	Tenofovir (TFV), a first-line anti-viral agent, has been prepared as various forms of prodrugs for better bioavailability, lower systemic exposure and higher target cells loading of TFV to enhance efficacy and reduce toxicity. TFV undergoes intracellular phosphorylation to form TFV diphosphate (TFV-DP) in target cell to inhibit viral DNA replication. Hence, TFV-DP is the key active metabolite that exhibits anti-virus activity, its intracellular exposure and half-life determine the final activity. Therefore, simultaneous monitoring prodrug, TFV and TFV-DP in target cells will comprehensively evaluate TFV prodrugs, both considering the stability of ester prodrug, and the intracellular exposure of TFV-DP. Thus we intended to develop a convenient general analytical method, taking tenofovir alafenamide (TAF) as a representative of TFV prodrugs. A sensitive LC-MS/MS method was developed, and TAF, TFV and TFV-DP were separated on a XSelect HSS T3 column (4.6mm×150mm, 3.5μm, Waters) with gradient elution after protein precipitation. The method provided good linearity for all the compounds (2-500nM for TFV and TAF; 20-5000nM for TFV-DP) with the correlation coefficients (r) greater than 0.999. Intra- and inter-day accuracies (in terms of relative error, RE<10.4%) and precisions (in terms of coefficient of variation, CV<14.1%) satisfied the standard of validation. The matrix effect, recovery and stability were also within acceptable criteria. Finally, we investigated the intracellular pharmacokinetics of TAF and its active metabolites in HepG2.2.15 cells with this method.	Humans; Tenofovir; HIV-1/drug effects; Cell Line, Tumor; Half-Life; Virus Replication/drug effects; Adenine/*analogs & derivatives/metabolism/pharmacology; HIV Infections/drug therapy/metabolism; DNA Replication/drug effects; Alanine; Anti-HIV Agents/*metabolism/pharmacology; Chromatography, Liquid/methods; Tenofovir/*metabolism/pharmacology; Tandem Mass Spectrometry/methods; Hep G2 Cells; Tenofovir alafenamide; Tenofovir diphosphate; LC–MS/MS; Organophosphates/*metabolism/pharmacology; Hepatocytes/*metabolism/virology; Intracellular pharmacokenetics; Prodrugs/*chemistry/pharmacology	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2017	Owens, MP; Buffington, C; Frost, MP; Waldner, RJ	The South Dakota Model: Health Care Professions Student Disaster Preparedness and Deployment Training	Disaster Medicine and Public Health Preparedness	-	-	-	-	1935-7893	10.1017/dmp.2017.116	https://pubmed.ncbi.nlm.nih.gov/29070085/	Objective: The Association of American Medical Colleges recommended an increase in medical education for public health emergencies, bioterrorism, and weapons of mass destruction in 2003. The University of South Dakota Sanford School of Medicine (USD SSOM) implemented a 1-day training event to provide disaster preparedness training and deployment organization for health professions students called Disaster Training Day (DTD). Methods: Hospital staff and emergency medical services personnel provided the lecture portion of DTD using Core Disaster Life Support (CDLS; National Disaster Life Support Foundation) as the framework. Pre-test and post-test analyses were presented to the students. Small group activities covered leadership, anaphylaxis, mass fatality, points of dispensing deployment training, psychological first aid, triage, and personal protective equipment. Students were given the option to sign up for statewide deployment through the South Dakota Statewide Emergency Registry of Volunteers (SERV SD). DTD data and student satisfaction surveys from 2009 to 2016 were reviewed. Results: Since 2004, DTD has provided disaster preparedness training to 2246 students across 13 health professions. Significant improvement was shown on CDLS post-test performance with a t-score of -14.24 and a resulting P value of < 0.00001. Students showed high levels of satisfaction on a 5-level Likert scale with overall training, small group sessions, and perceived self-competency relating to disaster response. SERV SD registration increased in 2015, and 77.5% of the participants registered in 2016. Conclusion: DTD at the USD SSOM provides for an effective 1-day disaster training course for health professions students. Resources from around the state were coordinated to provide training, liability coverage, and deployment organization for hundreds of students representing multiple health professions.	PUBLIC-HEALTH; disaster medicine; emergency preparedness; deployment; health professions student; MEDICAL-SCHOOL	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Özdener, Ayse Elif; Park, Tae Eun; Kalabalik, Julie; Gupta, Rachna	The future of pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) infection.	Expert Review of Anti-Infective Therapy	-	-	-	-	1744-8336	10.1080/14787210.2017.1309292	https://dx.doi.org/10.1080/14787210.2017.1309292	INTRODUCTION: People at high risk for HIV acquisition should be offered pre-exposure prophylaxis (PrEP). Tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) is currently the only medication recommended for pre-exposure prophylaxis (PrEP) by the Centers for Disease Control and Prevention (CDC) in people at high risk for HIV acquisition. This article will review medications currently under investigation and the future landscape of PrEP therapy. Areas covered: This article will review clinical trials that have investigated nontraditional regimens of TDF/FTC, antiretroviral agents from different drug classes such as integrase strand transfer inhibitors (INSTI), nucleoside reverse transcriptase inhibitors (NRTI), and non-nucleoside reverse transcriptase inhibitors (NNRTI) as potential PrEP therapies. Expert commentary: Currently, there are several investigational drugs in the pipeline for PrEP against HIV infection. Increased utilization of PrEP therapy depends on provider identification of people at high risk for HIV transmission. Advances in PrEP development will expand options and access for people and reduce the risk of HIV acquisition.	HIV; PrEP; Pre-exposure prophylaxis; antiretroviral; human immunodeficiency virus	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Page K.R.; Martinez O.; Nieves-Lugo K.; Zea M.C.; Grieb S.D.; Yamanis T.J.; Spear K.; Davis W.W.	Promoting pre-exposure prophylaxis to prevent hiv infections among sexual and gender minority hispanics/latinxs	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2017.29.5.389	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032505226&doi=10.1521%2faeap.2017.29.5.389&partnerID=40&md5=b0dcba19a1f2d16352b0acc15cd3bcc9	Sexual and gender minority Hispanics/Latinxs (henceforth: Latinxs) continue to be disproportionately impacted by HIV/AIDS in the U.S. Pre-exposure prophylaxis (PrEP) is a biomedical prevention approach which holds significant promise for at risk and vulnerable populations. We discuss barriers and facilitators to uptake of PrEP among sexual and gender minority Latinxs living in the U.S. through an ecosocial lens that takes into account structural, community, and individual contexts. The impact of immigration status on PrEP uptake emerges as a major and recurrent theme that must be understood and addressed by HIV prevention programs aiming to promote an inclusive strategy for sexual and gender minority Latinxs living in the U.S. © 2017 The Guilford Press.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Page, Kimberly; Bacon, Oliver	Commitment issues: PrEP adherence in injecting drug users.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(16)30208-9	https://dx.doi.org/10.1016/S2352-3018(16)30208-9	People who inject drugs (PWID) are a key population that is being left behind in the global scope of HIV prevention programmes; they comprised 51% of people with new HIV infections in eastern Europe and central Asia and 13% in Asia and the Pacific in 2014, according to the Joint UN Programme on HIV/AIDS (UNAIDS). Despite abundant evidence that HIV infection rates decline when PWID have access to harm reduction and other evidence-based interventions, only 80 of 192 reporting countries have opiate substitution therapy programmes, and 90 reported offering needle and syringe programmes. In 2014, WHO added pre-exposure prophylaxis (PrEP) to the recommended combination HIV prevention package for PWID, and in 2015, issued guidance for PrEP implementation, with strong language on the need for respect, inclusivity, and choice.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Palich, Romain; Martin-Blondel, Guillaume; Cuzin, Lise; Le Talec, Jean-Yves; Boyer, Pierre; Massip, Patrice; Delobel, Pierre	Experiences of HIV postexposure prophylaxis (PEP) among highly exposed men who have sex with men (MSM).	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2016-052901	https://dx.doi.org/10.1136/sextrans-2016-052901	OBJECTIVES: HIV postexposure prophylaxis (PEP) is indicated after sexual exposure with high risk of transmission. Men who have sex with men (MSM) are the main target of PEP. The aim of our study was to investigate the experience and shortcomings of PEP among people with a high risk of HIV exposure. DESIGN AND METHODS: Subjects with ongoing follow-up for HIV infection and PEP history were selected for the qualitative study. Semistructured interviews were conducted at the patients' homes. They were audio-recorded, transcribed and deidentified before data analysis, double coding and thematic analysis with an inductive approach. RESULTS: Twenty-three patients were eligible for the qualitative study. Thirteen interviews were carried out. All patients were 20-60-year-old MSM. The median time between PEP and HIV diagnosis was 3.3 years (interquartile range (IQR)25-75=0.9-4.9). Many participants reported negative PEP experiences: awkward access to the PEP clinic, uneasiness and shame in the hospital setting, unpleasant interaction and moral disapprobation from the medical staff, treatment intolerance and prevention messages that were 'inconsistent with real life' CONCLUSION: Our data highlight PEP management failures among its target population that may have compromised any subsequent attempts to seek out PEP. Practitioners should be more aware of MSM sexual contexts and practices. PEP consultations should provide the opportunity to discuss prevention strategies with highly exposed HIV-negative subjects, which may include pre-exposure prophylaxis.	hiv; homosexuality; postexposure prophylaxis (hiv); qualitative research; sexual behaviour	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2017	Palummieri A.; De Carli G.; Rosenthal É.; Cacoub P.; Mussini C.; Puro V.; Ladisa N.; Maggiolo F.; Rizzi M.; Calza L.; Colangeli V.; Girometti N.; Ferraresi A.; Focà E.; Giorgetti P.F.; Pezzoli M.C.; Celesia B.M.; Pinzone M.R.; Bruno T.; Viada A.; Vitullo D.; Guardigni V.; Sighinolfi L.; Ambu S.; Bartolozzi D.; Campolmi I.; Meli M.; Pozzi M.; Sterrantino G.; Matarazzo F.; Purificato F.; Anzalone E.; Luciano S.; Lichtner M.; Raffaella M.; Mercurio V.S.; Lorena P.C.; Martorelli P.; Linzalone A.; Esoka F.; Raise E.E.; Bossolasco S.; Castagna A.; Cernuschi M.; Cinque P.; Fumagalli L.; Gaiera G.; Gianotti N.; Guffanti M.; Maillard M.; Nozza S.; Spagnuolo V.; Uberti-Foppa C.; Borghi V.; Chessa L.; Matta L.; Pasetto M.C.; D'Esposito G.; Franco A.; Izzo C.M.; Manzillo E.; Marocco A.; Micillo R.; Pizzella T.; Martini S.; Moretti M.V.; Schiaroli E.; Catalani C.; Giorgi M.; Menichini B.; Trezzi M.; Migliore S.; Ballardini G.; Barchi E.; Garlassi E.; Magnani G.; Prati F.; Testa L.; Ursitti M.A.; Zoboli G.; Teti E.; Buonomini A.R.; Cerva C.; Giovanni D'Anna; Ilari B.; Malagnino V.; Sarmati L.; Ammassari A.; Bellagamba R.; Evangelo B.; Cicalini S.; Liuzzi G.; Loiacono L.; Migliorisi P.; Nicastri E.; Pinnetti C.; Sampaolesi A.; Tommasi C.; Zaccarelli M.; Angileri R.; Coscia M.; d'Ettorre G.; Fantauzzi A.; Iaiani G.; Mezzaroma I.; Paoletti F.; Zaccaria M.; De Luca A.; Rossetti B.; Pomi M.; Carnicelli N.; Gonnelli A.; Marri D.; Toscano L.; Armignacco O.; Caterini A.R.; Caterini A.L.; Di Filippo B.; Ialungo A.M.; Rastrelli E.; Sabatini R.	Awareness, discussion and non-prescribed use of HIV pre-exposure prophylaxis among persons living with HIV/AIDS in Italy: A Nationwide, cross-sectional study among patients on antiretrovirals and their treating HIV physicians	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-017-2819-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85035141315&doi=10.1186%2fs12879-017-2819-5&partnerID=40&md5=2021a07c1149ce85088732a7c9e76de1	Background: Before Pre-Exposure Prophylaxis (PrEP) was officially recommended and made available, a few surveys among gay and bisexual men, and persons living with HIV/AIDS (PLWHA), identified an informal use of antiretrovirals (ARVs) for PrEP among HIV-negative individuals. Before PrEP availability in Italy, we aimed to assess whether PLWHA in Italy shared their ARVs with HIV-negative individuals, whether they knew people who were on PrEP, and describe the level of awareness and discussion on this preventive measure among them and people in their close circle. Methods: Two anonymous questionnaires investigating personal characteristics and PrEP awareness, knowledge, and experience were proposed to HIV specialists and their patients on ARVs in a one-week, cross-sectional survey (December 2013-January 2014). Among PLWHA, a Multivariable Logistic Regression analysis was conducted to identify factors associated with PrEP discussion with peers (close circle and/or HIV associations), and experience (use in close circle and/or personal ARV sharing). Results: Eighty-seven specialists in 31 representative Infectious Diseases departments administered the questionnaire to 1405 PLWHA. Among specialists, 98% reported awareness, 65% knew the dosage schedule, and 14% had previously suggested or prescribed PrEP. Among PLWHA, 45.6% were somewhat aware, discussed or had direct or indirect experience of PrEP: 38% "had heard" of PrEP, 24% were aware of studies in HIV-negative individuals demonstrating a risk reduction through the use of ARVs, 22% had discussed PrEP, 12% with peers; 9% reported PrEP use in close circle and 1% personal ARV sharing. Factors predictive of either PrEP discussion with peers or experience differed between men and women, but across all genders were mainly related to having access to information, with HIV association membership being the strongest predictor. Conclusions: At a time and place where there were neither official information nor proposals or interventions to guide public policies on PrEP in Italy, a significant number of PLWHA were aware of it, and approximately 10% reported PrEP use in their close circle, although they rarely shared their ARVs with uninfected people for this purpose. Official policies and PrEP availability, along with implementation programs, could avoid risks from uncontrolled PrEP procurement and self-administration practices. © 2017 The Author(s).	Anti-HIV agents; HIV physicians; HIV prevention; Persons Living with HIV/AIDS (PLWHA); Pre-Exposure Prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2017	Parekh, Natasha	Capsule Commentary on Blackstock et al., A Cross-Sectional Online Survey of HIV Pre-Exposure Prophylaxis Adoption among Primary Care Physicians.	Journal of General Internal Medicine	-	-	-	-	1525-1497	10.1007/s11606-016-3915-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5215174	NA	HIV prevention; implementation; pre-exposure prophylaxis; primary care physicians	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Parsons, Jeffrey T; Rendina, H Jonathon; Lassiter, Jonathan M; Whitfield, Thomas H F; Starks, Tyrel J; Grov, Christian	Uptake of HIV Pre-Exposure Prophylaxis (PrEP) in a National Cohort of Gay and Bisexual Men in the United States.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001251	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5315535	OBJECTIVES: The HIV care cascade provides milestones to track the progress of HIV-positive people from seroconversion through viral suppression. We propose a Motivational pre-exposure prophylaxis (PrEP) Cascade involving 5 stages based on the Transtheoretical Model of Change. METHODS: We analyzed data from 995 men in One Thousand Strong, a longitudinal study of a national panel of HIV-negative gay and bisexual men in the United States. RESULTS: Nearly all (89%) participants were sexually active in the past 3 months and 65% met Centers for Disease Control criteria for PrEP candidacy. Of those identified as appropriate candidates, 53% were Precontemplative (stage 1; unwilling to take or believing they were inappropriate candidates for PrEP) and 23% were in Contemplation (stage 2; willing and self-identified as appropriate candidates). Only 11% were in PrEParation (stage 3; seeing PrEP as accessible and planning to initiate PrEP) and 4% were in PrEP Action (stage 4; prescribed PrEP). Although few of those who were identified as appropriate candidates were on PrEP, nearly all PrEP users (98%) reported adhering to 4 or more doses per week and most (72%) were returning for recommended quarterly medical visits, resulting in 9% of PrEP candidates reaching Maintenance and Adherence (stage 5). CONCLUSIONS: The large majority of participants were appropriate candidates for PrEP, yet fewer than 1 in 10 were using and adherent to PrEP. These findings highlight the need for interventions tailored to address the unique barriers men face at each stage of the cascade, particularly at the earliest stages where the most dramatic losses were identified.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Patel R.R.; Mena L.; Nunn A.; McBride T.; Harrison L.C.; Oldenburg C.E.; Liu J.; Mayer K.H.; Chan P.A.	Impact of insurance coverage on utilization of pre-exposure prophylaxis for HIV prevention	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0178737	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85020014423&doi=10.1371%2fjournal.pone.0178737&partnerID=40&md5=e1f3f94d206ff528dd59dc70fe9a1828	Pre-exposure prophylaxis (PrEP) can reduce U.S. HIV incidence. We assessed insurance coverage and its association with PrEP utilization. We reviewed patient data at three PrEP clinics (Jackson, Mississippi; St. Louis, Missouri; Providence, Rhode Island) from 2014± 2015. The outcome, PrEP utilization, was defined as patient PrEP use at three months. Multivariable logistic regression was performed to determine the association between insurance coverage and PrEP utilization. Of 201 patients (Jackson: 34%; St. Louis: 28%; Providence: 28%), 91% were male, 51% were White, median age was 29 years, and 21% were uninsured; 82% of patients reported taking PrEP at three months. Insurance coverage was significantly associated with PrEP utilization. After adjusting for Medicaid-expansion and individual socio-demographics, insured patients were four times as likely to use PrEP services compared to the uninsured (OR: 4.49, 95% CI: 1.68-12.01; p = 0.003). Disparities in insurance coverage are important considerations in implementation programs and may impede PrEP utilization. © 2017 Patel et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Patrick R.; Forrest D.; Cardenas G.; Opoku J.; Magnus M.; Phillips G., II; Greenberg A.; Metsch L.; Kharfen M.; LaLota M.; Kuo I.	Awareness, Willingness, and Use of Pre-exposure Prophylaxis Among Men Who Have Sex With Men in Washington, DC and Miami-Dade County, FL: National HIV Behavioral Surveillance, 2011 and 2014	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001414	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030999174&doi=10.1097%2fQAI.0000000000001414&partnerID=40&md5=29c4de63f1ad172e7cf8f04c8e19bed1	Introduction: Despite the effectiveness of oral pre-exposure prophylaxis (PrEP) for HIV prevention, knowledge, and uptake of this new prevention intervention over time has not been fully studied. Using NHBS data from 2 urban areas highly impacted by HIV, we examined awareness, use, and willingness to use daily oral PrEP and factors associated with willingness to take oral PrEP among men who have sex with men (MSM) over time. Methods: MSM from Washington, DC and Miami, FL were recruited in 2011 and 2014 using venue-based sampling. Participants completed behavioral surveys and HIV testing. Awareness, use, and willingness to use oral PrEP were examined. Demographic and behavioral correlates of being "very likely" to use PrEP in 2011 and 2014 were assessed. Results: PrEP awareness increased from 2011 to 2014 in both cities (DC: 39.1%-73.8% and Miami: 19.4%-41.2%), but use remained low in 2014 (DC: 7.7%; Miami: 1.4%). Being very likely to use PrEP decreased over time in DC (61%-48%), but increased in Miami (48%-60%). In DC, minority race was associated with increased odds of being very likely to use PrEP, whereas reduced odds of being very likely to use PrEP was observed for MSM with 1 or 2-5 partners versus having 6+ partners. In Miami, a higher proportion of white versus Hispanic MSM reported being very likely to use PrEP in 2011, but this observation was reversed in 2014. Conclusion: Geographic differences in awareness, use, and willingness to use PrEP indicate that innovative strategies are needed to educate MSM about this effective prevention strategy. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Men who have sex with men; National HIV behavioral surveillance; Pre-exposure prophylaxis; Willingness to use PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Peitzmeier S.M.; Tomko C.; Wingo E.; Sawyer A.; Sherman S.G.; Glass N.; Beyrer C.; Decker M.R.	Acceptability of microbicidal vaginal rings and oral pre-exposure prophylaxis for HIV prevention among female sex workers in a high-prevalence US city	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2017.1300628	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014671766&doi=10.1080%2f09540121.2017.1300628&partnerID=40&md5=06663522d90b9af9e3a25dca15ef60a2	Biomedical HIV prevention tools including oral pre-exposure prophylaxis (PrEP) and vaginal microbicidal rings hold unique value for high-risk women who may have limited capacity for condom negotiation, including the key populations of sex workers and drug users. Commercial sex is a PrEP indicator in CDC guidelines, yet little is known about female sex workers' (FSWs) knowledge of and attitudes toward PrEP or the recently developed monthly vaginal microbicide rings. We describe knowledge and attitudes toward PrEP and microbicide rings in a sample of 60 mostly drug-using FSWs in Baltimore, Maryland, a high HIV-prevalence US city. Just 33% had heard of PrEP, but 65% were interested in taking daily oral PrEP and 76% were interested in a microbicide vaginal ring; 87% were interested in at least one of the two methods. Results suggest method mix will be important as biomedical tools for HIV prophylaxis are implemented and scaled up in this population, as 12% were interested in PrEP but not vaginal rings, while 19% were interested in vaginal rings but not in PrEP. Self-efficacy for daily oral adherence was high (79%) and 78% were interested in using PrEP even if condoms were still necessary. Women who had experienced recent client-perpetrated violence were significantly more interested in PrEP (86% vs 53%, p = 0.009) and microbicidal rings (91% vs 65%, p = 0.028) than women who had not recently experienced violence. No differences were observed by demographics nor HIV risk behaviors, suggesting broad potential interest in daily PrEP and monthly-use vaginal microbicides in this high-risk population. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	microbicides; people who inject drugs; pre-exposure prophylaxis; Sex workers; vaginal rings; violence	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Petroll A.E.; Walsh J.L.; Owczarzak J.L.; McAuliffe T.L.; Bogart L.M.; Kelly J.A.	PrEP Awareness, Familiarity, Comfort, and Prescribing Experience among US Primary Care Providers and HIV Specialists	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-016-1625-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84996671386&doi=10.1007%2fs10461-016-1625-1&partnerID=40&md5=bf42493cf9ed39ece9f610ebcfec6001	HIV pre-exposure prophylaxis (PrEP) was FDA approved in 2012, but uptake remains low. To characterize what would facilitate health care providers' increased PrEP prescribing, we conducted a 10-city, online survey of 525 primary care providers (PCPs) and HIV providers (HIVPs) to assess awareness, knowledge, and experience with prescribing PrEP; and, comfort with and barriers to PrEP-related activities. Fewer PCPs than HIVPs had heard of PrEP (76 vs 98%), felt familiar with prescribing PrEP (28 vs. 76%), or had prescribed it (17 vs. 64%). PCPs were less comfortable than HIVPs with PrEP-related activities such as discussing sexual activities (75 vs. 94%), testing for acute HIV (83 vs. 98%), or delivering a new HIV diagnosis (80 vs. 95%). PCPs most frequently identified limited knowledge about PrEP and concerns about insurance coverage as prescribing barriers. PCPs and HIVPs differ in needs that will facilitate their PrEP prescribing. Efforts to increase PrEP uptake will require interventions to increase the knowledge, comfort, and skills of providers to prescribe PrEP. © 2016, Springer Science+Business Media New York.	Barriers; Health care providers; HIV pre-exposure prophylaxis; HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Pierce A.B.; El-Hayek C.; Mccarthy D.; Armishaw J.; Watson K.; Wilkinson A.; Price B.; Wright E.J.; Hoy J.F.; Stoové M.A.	Comparing non-occupational post-exposure prophylaxis drug regimens for HIV: Insights from a linked HIV surveillance system	Sexual Health	-	-	-	-	14485028	10.1071/SH16132	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85017159783&doi=10.1071%2fSH16132&partnerID=40&md5=6cf1d22216ff6bcb84b65de4434745a	Background International non-occupational post-exposure prophylaxis (NPEP) guidelines recommend routine use of three drug NPEP regimens, despite absence of evidence for greater prevention efficacy compared with two drug regimens. This study examines the potential for excess HIV seroconversions among high-risk men who have sex with men (MSM) reporting receptive anal intercourse with a source of unknown HIV serostatus (RAIU) following a two-drug versus a three-drug NPEP regimen. Methods: Data for MSM in the Victorian NPEP service database between 10 August 2005 and 31 December 2012 were linked with all Victorian HIV notifications up to 31 December 2013. The primary outcome was NPEP failure following NPEP presentation among MSM reporting RAIU, stratified by the number of drugs prescribed. Results: Among 1482 MSM reporting 2002 episodes of RAIU and prescribed two- or three-drug NPEP, 70 seroconverted to HIV, but only 19 were considered possible NPEP failures. HIV diagnosis incidence among men reporting RAIU was 1.2/100 person years (PY) (95%CI≦1.0-1.6); 1.1/100 PY (95%CI≦0.8-1.4) among MSM prescribed two drugs and 2.2/100 PY (95%CI≦1.4-3.7) among MSM prescribed three drugs (P<0.01). Of the 19 possible NPEP failures, 13 (0.7%) were prescribed two drugs and six (2.7%) three drugs (P<0.001). Conclusions: This study suggests that two-drug NPEP regimens do not result in excess seroconversions compared with three-drug regimens when used following RAIU. Clinical services should carefully consider their use of three drug NPEP and whether resources might be better invested in other prevention strategies, particularly pre-exposure prophylaxis (PrEP). © CSIRO 2017.	HIV incidence; HIV prevention; NPEP	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2017	Pintye J.; Beima-Sofie K.M.; Kimemia G.; Ngure K.; Trinidad S.B.; Heffron R.A.; Baeten J.M.; Odoyo J.; Mugo N.; Bukusi E.A.; Kelley M.C.; John-Stewart G.C.	"I Did Not Want to Give Birth to a Child Who has HIV ": Experiences Using PrEP during Pregnancy among HIV-Uninfected Kenyan Women in HIV-Serodiscordant Couples	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001516	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031664893&doi=10.1097%2fQAI.0000000000001516&partnerID=40&md5=a2e89ac4dc33328acb254332082df3d7	Objectives: The perceptions, motivations, and beliefs of HIV-uninfected women about pre-exposure prophylaxis (PrEP) use during pregnancy can influence its uptake and adherence. This study elicited the views of HIV-uninfected women with personal experience taking PrEP during pregnancy. Design: Qualitative interviews were conducted with HIV-uninfected women who had personal experience taking PrEP while pregnant. Methods: Semistructured interviews were conducted with 21 HIV-uninfected Kenyan women in HIV-serodiscordant couples enrolled in an open-label PrEP demonstration project who became pregnant while using PrEP and continued PrEP through their pregnancy. Interviews were audio-recorded and transcribed into English. A qualitative descriptive analysis was performed, using a constant comparison approach to identify key themes related to PrEP use in pregnancy. Results: Desire to remain HIV uninfected and have an HIV-free infant were strong motivators influencing continued use of PrEP during pregnancy. Supporting HIV-infected partners and childbearing within an HIV-serodiscordant relationship were also motivators. Women had challenges distinguishing normal pregnancy symptoms from PrEP side effects and were concerned that observed side effects could be signs of danger for the infant related to PrEP exposure. Health care providers were important conduits of knowledge about PrEP, and continuity of PrEP providers throughout pregnancy facilitated adherence. Conclusions: HIV-uninfected women in HIV-serodiscordant couples were motivated to use PrEP during pregnancy to remain HIV uninfected and to have an HIV-free child but had concerns about side effects. Health care providers will be important for PrEP messaging and adherence support in this unique population. Copyright © 2017 The Author(s). Published by Wolters Kluwer Health, Inc.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Pintye J.; Drake A.L.; Kinuthia J.; Unger J.A.; Matemo D.; Heffron R.A.; Barnabas R.V.; Kohler P.; Scott McClelland R.; John-Stewart G.	A Risk Assessment Tool for Identifying Pregnant and Postpartum Women Who May Benefit From Preexposure Prophylaxis	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciw850	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030778198&doi=10.1093%2fcid%2fciw850&partnerID=40&md5=dd70be8d18a1f2f0ac1fae660c727d4d	Background.: A human immunodeficiency virus (HIV) risk assessment tool for pregnant women could identify women who would most benefit from preexposure prophylaxis (PrEP) while minimizing unnecessary PrEP exposure. Methods.: Data from a prospective study of incident HIV among pregnant/postpartum women in Kenya were randomly divided into derivation (n = 654) and validation (n = 650) cohorts. A risk score was derived using multivariate Cox proportional hazards models and standard clinical prediction rules. Ability of the tool to predict maternal HIV acquisition was assessed using the area under the curve (AUC) and Brier score. Results.: The final risk score included the following predictors: having a male partner with unknown HIV status, number of lifetime sexual partners, syphilis, bacterial vaginosis (BV), and vaginal candidiasis. In the derivation cohort, AUC was 0.84 (95% confidence interval CI, .72-.95) and each point increment in score was associated with a 52% (hazard ratio HR, 1.52 95% CI, 1.32-1.76; P < .001) increase in HIV risk; the Brier score was 0.11. In the validation cohort, the score had similar AUC, Brier score, and estimated HRs. A simplified score that excluded BV and candidiasis yielded an AUC of 0.76 (95% CI, .67-.85); HIV incidence was higher among women with risk scores >6 than with scores ≤6 (7.3 vs 1.1 per 100 person-years, respectively; P < .001). Women with simplified scores >6 accounted for 16% of the population but 56% of HIV acquisitions. Conclusions.: A combination of indicators routinely assessed in antenatal clinics was predictive of HIV risk and could be used to prioritize pregnant women for PrEP. © 2016 The Author. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV; postpartum.; preexposure prophylaxis; pregnancy; PrEP; risk score	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2017	Phitaker R.; Sockaew P.; Jantarapinde J.; Pengnonyang S.; Trachuntong D.; Liepanjan D.; Jenyam S.; Nakpor T.; Charoenying S.; Mills G.; Vasinchi R.; Cassell M.; Phanphak P.; Lertpiyawasat C.; Phanuphak N.	Importance of risk perception Predictors of PrEP acceptance among Thai MSM and TG women at a community-based health service	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001536	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037696632&doi=10.1097%2FQAI.0000000000001536&partnerID=40&md5=2b4a4f3f4e7b42d5b7964d5c7e1cb1e7	Background: HIV prevalence among Thai men who have sex with men (MSM) and transgender women (TG) are 9.15% and 11.8%, respectively, compared with 1.1% in the general population. To better understand early adopters of pre-exposure prophylaxis (PrEP) in Thailand, we analyzed behavioral and sociodemographic characteristics of PrEP-eligible MSM and TG. Setting: Four Thai urban community clinics between October 2015 and February 2016. Methods: Sociodemographics, HIV risk characteristics, and PrEP knowledge and attitudes were analyzed in association with PrEP initiation among eligible Thai MSM and TG. Adjusted analysis explored factors associated with PrEP acceptance. We then analyzed HIV risk perception, which was strongly associated with PrEP initiation. Results: Of 295 participants, 35% accepted PrEP (40% of MSM, 24% of TG). Perceived HIV risk levels were associated with PrEP acceptance odds ratio (OR) 4.3, 95% confidence interval (95% CI): 1.9 to 12.2). OR: 3.6;95% CI: 2.1 to 19.8. OR: 14.7; 95% CI: 3.9 to 55.1; for minimal, moderate, and high perceived risks, respectively. HIV risk perception was associated with previous HIV testing (OR: 2.2; 95% CI: 1.4 to 3.5), inconsistent condom use (OR: 1.8; 95% CI: 1.1 to 2.9), amphetamine use in the past 6 months (OR: 3.1; 95% CI: 1.1 to 8.6); and uncertainty in the sexually transmitted infection history (OR: 2.3; 95% CI: 1.4 to 3.7). Approximately half of those who reported either inconsistent condom use (48%), multiple partners (59%), group sex (48%), or had baseline bacterial sexually transmitted infections (48%) perceived themselves as having no or mild HIV risk. Conclusions: HIV risk perception plays an important role in PrEP acceptance. Prevention does not consistently reflect actual risk. It is therefore critical to assess a client's risk perception and provide education about HIV risk factors that will improve the accuracy of perceived HIV risk. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; HIV risk perception; Men who have sex with men; Pre-exposure prophylaxis; Thailand; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-
Essay	2017	Portman, Mags	Pre-exposure prophylaxis: making history.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2016-053059	https://sti.bmj.com/content/93/1/7	August 2016 was a truly momentous month for HIV prevention in the UK. We saw the National AIDS Trust successfully challenge NHS England with regards to the withdrawal of pre-exposure prophylaxis "PrEP" from the Selective Licensing process. I There was huge media representation of the case, with PrEP making the main headline on BBC News at 10pm on 2nd August. We argued this outcome, but November 2016 saw the result uphold.2,3 The optimal outcome of "PrEP for all who need it", provided via the NHS has not been reached yet, but NHSE agreed funding to provide for PrEP for 10,000 people in an implementation trial.4 But will the trial be fully funded by NHSE and implemented by PHE; there are concerns that it could results in another "Prevention Postcode Lottery", as per the current HPV vaccination pilot. We need reassurance that a full-PrEP roll out will follow. The legal challenge by NAT was ...	HIV; PREVENTION; PUBLIC HEALTH	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Article	2017	Poteat, Tonia; Malik, Mumtaz; Scheim, Ayden; Elliott, Ayana	HIV Prevention Among Transgender Populations: Knowledge Gaps and Evidence for Action.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-017-0360-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809031/	PURPOSE OF REVIEW: The purpose of this review is to summarize the available evidence-based HIV prevention interventions tailored for transgender people. RECENT FINDINGS: A limited number of evidence-based HIV prevention interventions have been tested with transgender populations. Most existing interventions target behavior change among transgender women, with only one HIV prevention program evaluated for transgender men. Studies addressing biomedical interventions for transgender women are ongoing. Few interventions address social and structural barriers to HIV prevention, such as stigma, discrimination, and poverty. Evidence-based multi-level interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence. Future research should address not only pre-exposure prophylaxis uptake and condom use but also structural barriers that limit access to these prevention strategies.	transgender, HIV prevention, stigma, structural determinants, behavioral interventions, biomedical interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Prathipati P.K.; Mandal S.; Pon G.; Vivekanandan R.; Destache C.J.	Pharmacokinetic and Tissue Distribution Profile of Long Acting Tenofovir Alafenamide and Elvitegravir Loaded Nanoparticles in Humanized Mice Model	Pharmaceutical Research	-	-	-	724874l	10.1007/s11095-017-2255-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029441250&doi=10.1007%2Fs11095-017-2255-7&partnerID=40&md5=b0cb3605548e0398a1128ad07f5cdeb1	Purpose: Non-adherence to the antiretroviral (ARV) regimen is a critical factor in determining efficacy of ARV drugs for pre-exposure prophylaxis (PrEP). A long-acting parenteral formulation may be an effective alternative to daily oral dosing. A pharmacokinetic and tissue distribution study of drug-loaded nanoparticle (NP) was performed in female humanized CD34+/NSG mice. Methods: Mice received 200 mg/kg each of tenofovir alafenamide (TAF) and elvitegravir (EVG) as free drugs (7 nM + 8 nM) or as drug loaded NP (7 nM + 8 nM) subcutaneously (SubQ) administration (n=6/group). Plasma and tissue were collected to determine tenofovir (TFV) and EVG concentrations using LC-MS/MS. Non-compartmental analysis was performed using WinNonlin. Results: SubQ administration of TAF + EVG NP formulation resulted in long residence time and exposure for both drugs. The AUC0-28h of TFV and EVG was 14.1 ± 2.0, 7.2 ± 1.8 μg * hr/mL from drugs in solution (free) and the AUC0-168(hr) for the same drugs was 23.1 ± 4.4, 39.7 ± 6.7 μg * hr/mL from NPs. The observed elimination half-life (t1/2) for TFV of free and NPs were 14.2 h, 5.1 days and for EVG 10.8 h, 3.3 days, respectively. TFV-DP in PBMC was sustained for 7 days from NP formulation. Conclusion: Tenofovir alafenamide and elvitegravir nanoparticle is a promising long-acting drug formulation for HIV prophylaxis. © 2017, Springer Science+Business Media, LLC.	cobicistat; nanoformulation; pharmacokinetics; tenofovir alafenamide; tissue distribution profile	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Purcell D.W.; Higa D.; Mizuno Y.; Lyles C.	Quantifying the Harms and Benefits from Serosorting Among HIV-Negative Gay and Bisexual Men: A Systematic Review and Meta-analysis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1800-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85020110901&doi=10.1007%2Fs10461-017-1800-x&partnerID=40&md5=2420fa594e8c86ad56ac4fa5d4570bf5b	We conducted a systematic review and meta-analysis of the association between serosorting and HIV infection among HIV-negative men who have sex with men (MSM). Compared to no condomless anal sex (i.e., consistent condom use or no anal sex), serosorting was associated with increased HIV risk (RR = 1.64, 95% CI 1.37–1.96). Compared to condomless discordant anal sex, serosorting was associated with reduced HIV risk (RR = 0.46, 95% CI 0.33–0.65). Serosorting may be an important harm reduction strategy when condoms are not consistently used, but can be harmful if HIV-negative MSM who consistently use condoms shift to using serosorting as their primary prevention strategy. The protective effects of serosorting and ways in which MSM are operationalizing serosorting are becoming more complex as additional factors affecting risk are considered (e.g., durable viral load suppression, PrEP). Understanding the potential risk and benefit of serosorting continues to be important, particularly within the context of other prevention strategies. © 2017, Springer Science+Business Media New York (outside the USA).	HIV; Meta-analysis; MSM; Serosorting; Systematic review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Puri A.; Sivaraman A.; Zhang W.; Cheh M.R.; Banga A.K.	Expanding the domain of drug delivery for HIV prevention: Exploration of the transdermal route	Critical Reviews in Therapeutic Drug Carrier Systems	-	-	-	7434863	10.1615/CritRevTherDrugCarrierSyst.2017020147	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85033847256&doi=10.1615%2FCritRevTherDrugCarrierSyst.2017020147&partnerID=40&md5=8c6dfc3ab7fa2ba814ccf88a84b4ba8a	Constant efforts for HIV prevention using antiretroviral drugs, pre- and postexposure prophylactic agents, and microbicides are being made by researchers. Drug-delivery systems such as oral tablets and orally dispersible vaginal gels are short acting, require daily application, and are associated with user adherence issues, whereas the orally independent systems such as injectables and biodegradable implants are long acting, lasting several months, during which time the termination of prophylaxis is impractical in case of adverse effects. An effective drug-delivery system to be used as an intermediate duration, if available, would be an attractive alternative option for users in terms of adherence. Transdermal delivery systems, overcoming most of the limitations of the other routes of administration and aiming to provide sustained delivery of drugs through skin, may be explored for HIV prevention. Future and physical enhancement techniques may be deployed synergistically to improve the transdermal delivery of HIV preventive agents. © 2017 Begell House, Inc.	Chemical penetration enhancers; HIV prevention; Physical enhancement techniques; Pre-exposure prophylaxis (PrEP); Transdermal delivery	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Queiroz, Artur Acelino Francisco Lur Nunez; Sousa, Alvaro Francisco Lopes de	Forum PrEP: um debate on-line sobre uso da profilaxia pré-exposição no Brasil	Cadernos de Saúde Pública	-	-	-	0102-311X	10.1590/0102-311x00112516	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2017001405001&lang=pt	HIV; VIH; Síndrome de Imunodeficiência Adquirida; Acquired Immunodeficiency Syndrome; Profilaxia Pré-exposição; Profilaxis Pre-exposición; Síndrome de Inmunodeficiencia Adquirida; Pre-exposure Prophylaxis; Real Social; Rede Social; Social Networking	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2017	Rajan, Sudhinaraset, Jamuar, Fuller, Sarah, Johnson, Cheryl, Sanders, Eduard J. Sted, Omar, Sanz-Citron, Aster, Pilcher, Christopher D, Fraser, Christopher, Cohen, Myron S, Vitoria, Marco, Doherty, Meg, Tucker, Joseph D	Implementation of long-acting antiretroviral nanoformulation pharmacokinetics using experimental and computational methods	University of Liverpool	-	NA	10.17638/03087936	https://doi.org/10.17638/03087936https://livepoolnsh.sharepoint.com/sites/pure/Deposits/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fpure%2FDeposits%2Fliverpool.ac.uk-50079361-1200949200_Jan2017.pdf	Antiretrovirals (ARVs) can find clinical application for both treatment and prevention of HIV infection. Pre-exposure prophylaxis (PrEP) strategies have been recently introduced to protect individuals who are at high risk of acquiring HIV infection. The majority of existing ARVs are oral formulations which necessitate lifelong daily dosing and suboptimal adherence to this dosing regimen could result in development of viral resistance against treatment. Long-acting injectable (LAI) nanoformulations administered either intramuscularly or subcutaneously could be a valuable pharmacological option. LAIs could potentially simplify dosing regimen, reducing the total amount of drug consumed thus reducing the oral cost of treatment/PrEP and most importantly addressing the problem of suboptimal adherence. The development of novel LAI therapies is complicated by several pharmacological factors including ARV pharmacokinetics and compatibility with existing formulation strategies. The overall aim of this thesis was to investigate physiologically relevant in vitro and in silico biopharmaceutical tools to enable the quantitative prediction of in vivo performance of LAI nanoformulations. The successful development of LAI formulations would be significantly expedited if the in vivo performance could be predicted from in vitro experiments. Physiologically based pharmacokinetic (PBPK) modelling represents the mathematical description of anatomical, physiological and molecular processes that define pharmacokinetics in humans. In the recent past, PBPK models have been developed for several disease areas to simulate pharmacokinetics in humans, which currently play an active role in the design of clinical trials and regulatory approvals. In Chapter 2, human adult PBPK models have been developed and validated against clinically available pharmacokinetic data of oral formulations for the adult ARVs. These validated models were then used to identify theoretical optimal dose and release rates of LAI formulations for weekly and monthly administration. Clinical studies in paediatric patients encounters ethical issues and possesses concerns during dose optimization. In Chapter 3 and 4, PBPK models have been developed and validated for children and adolescents for existing LAI formulations of cabotegravir and rilpivirine. Doses were optimized for monthly administration such that the plasma concentrations stay over the assumed target concentrations, for paediatric population according to different weight groups recommended by FDA guidelines. In Chapter 5, a minimal physiologically based pharmacokinetic (mPBPK) model was developed and validated against in vivo data of LAI nanosuspensions of CAB and RPV were developed. The in vitro release rates were correlated with clinical release rates to obtain a mathematical equation describing the in vitro–in vivo correlation (IVIVC) in Chapter 6. Novel computational and experimental methods to support the development and optimization of LAI formulations are required. These findings represent valuable applications of novel methods to simulate and characterise the pharmacology of LAI formulations. The reported findings could help simplify ARV dosing strategies by providing an initial dosing guideline for clinical trials in humans. This approach could improve therapy thus addressing the problem of suboptimal adherence and reduce cost of overall treatment. PBPK models and IVIVE could be an innovative strategy to evaluate drug pharmacokinetics in humans and optimise dose and release rates of novel formulations for LAI HIV therapy.	Mcki; Tenofovir; Antivirals; Kinetics; Anti-HIV Agents*metabolism; Cabotegravir; Calc; Electric Impedance; Rats; Rats, Wistar; Histocytochemistry; Nanostructures*chemistry; Nanostructures*chemistry; *Drug Carriers; Permeability; Tenofovir*chemistry; Emulsions; Diffusion Chambers, Culture; Heterolipid; Linolenic acid; Nanomedicine; Nanoparticles; Polyethylene Glycols*chemistry; Skin Absorption*physiology; Skin/anatomy & histology/drug effects*metabolism; Stearic Acids*chemistry; Transdermal permeation enhancer	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Clinical
Article	2017	Rambharose, Sanjeev; Kalhapure, Rahul S.; Govender, Thirumala	Nanoenvelged using a Sucpholess heterolipid as a novel approach to enhance transdermal permeation of tenofovir.	Colloids and Surfaces B: Biointerfaces	-	-	-	1873-4367-0927-7765	10.1016/j.colsurfb.2017.03.040	https://pubmed.ncbi.nlm.nih.gov/28343120/	Improvements in permeation enhancement strategies, such as nanoemulsions (NEs) and nanoemulpsh (NEGs), have led to a renewed interest in transdermal drug delivery (TDD). This study aimed to investigate the potential of LLA1H, a novel dendritic permeation enhancer, as an oily phase in the development of a NEG for the TDD of tenofovir (TNF). TNF loaded NEs (TNEs) were prepared and analysed for mean globule diameter (MGD), polydispersity index (PDI), zeta potential (ZP) and morphology. NEGs of the TNEs (TNEGs) were prepared and evaluated for ex vivo TNF transdermal permeation efficacy. The skin integrity before and after the experiments was assessed using histology and transepithelial electrical resistance (TEER). TNEs had a MGD of 120.06±3.35nm, a PDI of 0.192±0.038 and a ZP of -26.03±0.56 mV. Entrapment efficiency (EE) of TNF in the TNEs was >90%. There was no significant change in these properties after incorporating the TNEs into the hydrogel, as NEG. PEG and ZP of TNEGs were found to be 134.13±2.26nm, 0.182±0.026 and -28.9±2.20mV, respectively. Ex vivo permeation studies showed that the TNEG significantly enhanced the TNF permeation by 39.65-fold, with a cumulative amount of 1866.54±108.62μg/cm(2). Histological and TEER measurements showed no significant difference between effects on the skin by TNEGs, indicating that this novel TNEG nanosystem has the potential to	Administration, Cutaneous; Anti-HIV Agents*metabolism; Cells, Electric Impedance; Rats; Rats, Wistar; Histocytochemistry; Nanostructures*chemistry; Nanostructures*chemistry; *Drug Carriers; Permeability; Tenofovir*metabolism; Emulsions; Diffusion Chambers, Culture; Heterolipid; Linolenic acid; Nanomedicine; Nanoparticles; Polyethylene Glycols*chemistry; Skin Absorption*physiology; Skin/anatomy & histology/drug effects*metabolism; Stearic Acids*chemistry; Transdermal permeation enhancer	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2017	Reisner S.L.; Jadwin-Cakmak L.; White Hughto J.M.; Martinez M.; Salomon L.; Harper G.W.	Characterizing the HIV Prevention and Care Continua in a Sample of Transgender Youth in the U.S.	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1938-8	https://pubmed.ncbi.nlm.nih.gov/28730419/?dopt=Abstract	In the U.S., transgender and other gender minority (TGI) youth are an at-risk group underenrolled in HIV prevention and treatment. This study sought to characterize the HIV prevention and care continua in a diverse sample of 181 sexually-active TG ages 16–24 years (mean age = 20.7 years; 76.8% trans feminine; 69.1% youth of color) recruited July–December 2015 in Boston, MA. Among those living with HIV, of which 71.4% were on antiretroviral therapy (ART) and 55.0% were medication adherent, 65.6% were known to be virally suppressed. In multivariable models, medical gender affirmation was associated with lower odds of viral suppression. Medical gender affirmation and stigma in HIV care were each independently associated with elevated odds of having missed HIV care appointments. Among at-risk TG youth not living with HIV, only 8.2% had accessed pre-exposure prophylaxis (PrEP). Early biobehavioral prevention and treatment interventions are needed for TG youth. © 2017, Springer Science+Business Media, LLC.	Adolescents; HIV; Prevention; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Rendina, H. Jonathon; Whitfield, Thomas H. F.; Grov, Christian; Starks, Tyrell J.; Parsons, Jeffrey T.	Distinguishing hypothetical willingness from behavioral intentions to initiate HIV pre-exposure prophylaxis (PrEP): Findings from a large cohort of gay and bisexual men in the U.S.	Social Science & Medicine	-	-	-	1873-5347-0277-9536	10.1016/j.socscimed.2016.10.030	https://pubmed.ncbi.nlm.nih.gov/27866750/	RATIONALE: Much of the data on the acceptability of HIV Pre-Exposure Prophylaxis (PrEP) is based on willingness to take PrEP (i.e., hypothetical receptivity) rather than actual intentions (i.e., planned behavioral action) to do so. OBJECTIVE: We sought to examine differences between hypothetical willingness and behavioral intentions to begin PrEP in a national sample of gay and bisexual men (GBM) across the U.S. METHODS: We utilized data collected in 2015 to examine differences between these Use×Beg (42.6% v = 375), Willing but not intending (41.4%, n = 365), and willing and Intending to take PrEP (15.9%, n = 140) in a multivariable, multinomial logistic regression. RESULTS: Men with less education had higher odds of Intending to take PrEP. Compared to Non-users, those who Intended PrEP, relative to those who believed PrEP was at least 90% efficacious had higher odds of Intending to take PrEP. Those who saw themselves as appropriate candidates for PrEP had higher odds of Intending to take PrEP than those who did not see themselves as candidates for PrEP. Those who had Intended to take PrEP had lower odds of condomless sex with serodiscordant partners and lower odds of condom non-use because of perceived sexual pressure by partners was associated with higher odds of Intending to take PrEP. The groups did not differ by risk behavior nor recent STI diagnoses. CONCLUSIONS: Overall, the distinction between willingness and intentions to take PrEP was meaningful and may help explain disparities between PrEP acceptability and uptake. While much of the literature has focused on hypothetical willingness to take PrEP, these results highlight the importance of simultaneously assessing willingness and intentions when examining correspondence with uptake and developing interventions to increase PrEP uptake.	Adolescent; Adult; Humans; Male; Middle Aged; Risk-Taking; Sexual Behavior; Aged; United States; Surveys and Questionnaires; Logistic Models; Motivation; Homosexuality, Male*psychology; Antiviral Agents/pharmacology/therapeutic use; HIV Infections/drug therapy/prevention & control; Pre-Exposure Prophylaxis/*methods; HIV prevention; PrEP; Gay and bisexual men; Pre-exposure prophylaxis; *Intention; Bisexuality*psychology; Uptake; Behavioral intentions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Rosser A.E.; Tocco J.U.; Mantell J.E.; Lalani Y.; Gichangi P.; Mavovanire T.B.; Chabeda S.V.; Sandfort T.G.M.	Perspectives on HIV pre-and postexposure prophylaxis (prep and pep) among female and male sex workers in mombasa, kenya: Implications for integrating biomedical prevention into sexual health services	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2017.29.2.141	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85018436748&doi=10.1521%2Faeap.2017.29.2.141&partnerID=40&md5=5c6c5b0da8bd0a3ae1abe1345a1822	Pre- and post-exposure prophylaxis (PrEP and PEP) can reduce the risk of HIV acquisition, yet often are inaccessible to sex workers and underutilized by most vulnerable populations, including sex workers in sub-Saharan Africa. We conducted in-depth interviews with 30 female and male sex workers in Mombasa, Kenya, to explore perceptions and acceptability of PrEP and PEP over time, although willingness to use both was high, participants felt PrEP would be unpersuasive and give added protection against infection, although some expressed concerns about side effects. Despite PEP's availability, few knew about it and even fewer had used it, but most who had would use it again. Sex workers valued confidentiality, privacy, trustworthiness, and convenient location in health services and wanted thorough HIV/STI assessments. These findings suggest the importance of situating PrEP and PEP within sex worker–friendly health services and conducting outreach to promote biomedical prevention methods for Kenyan sex workers. © 2017 The Guilford Press	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Reynders, Thijs; Hoornenborg, Ekke; Vuylsteke, Bea; Westers, Kristien; Lage, Marie	Pre-exposure prophylaxis (PrEP) for men who have sex with men in Europe: review of evidence for a much needed prevention tool	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2016-052699	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-men-who-have-sex/docview/1920589851/se-2?accountid=9113	In many Western countries with good coverage of antiretroviral treatment (ART) programmes the annual number of HIV infections is still high and not (yet) declining among men who have sex with men (MSM). This might indicate that antiretroviral-treatment roll-out alone will not turn around the course of the epidemic and that new, additional tools are needed. Antiretrovirals used as prevention tools for people not yet infected with HIV, such as pre-exposure prophylaxis (PrEP) could be such important additional tools. PrEP is now top of European HIV prevention agenda. This review looks at the efficacy of antiretrovirals before, during and after (periods of) sexual exposure to HIV. In the review, we will focus on PrEP as a new prevention tool for MSM at high risk in Europe, including its evidence for effectiveness, challenges for implementation, ongoing European demonstration studies, as well as how PrEP relates to other existing prevention tools. In light of European Medicines Agency's recent recommendation for approval of PrEP we briefly review the potential implications.	Europe; Feature; HIV; Pre-exposure prophylaxis; Prevention; PREVENTION; GAY MEN; Men who have sex with men; Infections; Disease prevention; Human immunodeficiency virus--HIV; United States--US; Acquired immune deficiency syndrome--AIDS; Mens health; Medical Sciences--Dermatology And Venereology; United Kingdom--UK; Preventive healthcare; FDA approved; POSTEXPOSURE PROPHYLAXIS (HIV)	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2017	Ridder S.A.; Hosuk M.; Banerjee G.; Premraja A.; Tutshana B.O.; Pather A.; Siva S.; Jeyaseelan N.; Nair G.; Selepe P.; Kalwoga S.; Palanee-Phillips T.; Panchia R.; Mhlanga F.; Levy L.; Lissat E.; Patterson K.; Eltanir Y.; Bulos J.	HIV disease progression among women following seroconversion during a tenofovir-based HIV prevention trial	PLOS One	-	-	-	19526203	10.1371/journal.pone.0170594	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021644648&doi=10.1371%2Fjournal.pone.0170594&partnerID=40&md5=e916c47a51c4d8fd5f9957c5c0fbc8	Background Little is known regarding HIV disease outcomes among individuals who become infected with HIV while receiving antiretroviral medications for prevention. We compared HIV disease parameters among women who seroconverted while receiving tenofovir-containing oral or vaginal pre-exposure prophylaxis (PrEP) to placebo. Methods Participants with HIV seroconversion in a randomized placebo-controlled trial of oral tenofovir, oral tenofovir/emtricitabine, and vaginal tenofovir gel (MTN-003) were followed in a longitudinal cohort study (MTN-015). The effect of oral and vaginal tenofovir-containing PrEP on HIV disease parameters was assessed by comparing seroconverters who received tenofovir to those who received placebo. Results Among 2,120 participants enrolled in MTN-003, 224 seroconverted with HIV, and 214 were eligible for MTN-015. Results A total of 224 participants were included in the seroconverter cohort, 106 in the tenofovir arm, 93% from Africa and 94% male. C +mn. No differences in HIV RNA at steady state or the trajectory over 12 months were observed for each sex arm compared to placebo; tenofovir gel recipients had higher CD4+T cell counts (722 vs 596 cells/mm3; p = 0.02) at 96 days after estimated HIV seroconversion and higher average rates of change over 12 months compared to placebo (-141 vs +52 cells/mm3/per year; p = 0.08). With a median follow-up of 31 months, no significant differences were observed for time to CD4+T cell count 350 cells/mm3, or the composite endpoint of CD4+T cells 350 cells/mm3, initiation of antiretroviral therapy or death for each active arm compared to placebo. Additionally, there were no significant differences in the HIV RNA or CD4+ T cell counts at baseline, the change in count from baseline to 12 months, or any disease progression outcomes among participants with oral drug detected and no oral drug detected compared to placebo. Conclusions No clinically significant differences in HIV seroconversion outcomes were observed among women randomized to tenofovir-containing oral or vaginal PrEP regimens, however low overall adherence limits the generalizability of these findings. © This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Schumacher, CM; Baechus, S; Chandran, A; Kingon, Y; Fields, E; Bandermose, K; Munro, R; Chaulk, P; Jennings, JM	IDENTIFYING HEALTH CARE SETTINGS FOR PREP DELIVERY TO MSM AT HIGH RISK FOR HIV ACQUISITION	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2017-053264.282	https://sti.bmj.com/content/93/Suppl_2/A110.1	Abstract Introduction Syphilis rates among MSM are increasing sharply in urban areas across the U.S. MSM with syphilis are at high risk for acquiring HIV, and may be an important subgroup to increase awareness and delivery of pre-exposure prophylaxis (PrEP). Key, however, is identifying access points to this population. Our objective was to determine health centers and sites settings where syphilis positive and HIV negative (vs. HIV positive) MSM were diagnosed to prioritize and tailor to settings for PrEP delivery. Setting: A mid-Atlantic U.S. city which has seen a 102% increase in early (primary, secondary and early latent) syphilis among MSM from 2009-2015. Methods We analyzed routinely collected public health surveillance data on MSM diagnosed with early syphilis reported to a city health department between 2009–2015. We compared diagnosing provider information by HIV status overall and in 2015 using Chi-squared tests. Results Of the 1,495 MSM diagnosed with early syphilis between 2009–2015, the majority was aged ≤ 25 years (75%), African American (80%) and HIV co-infected (47%). Overall, 52% were diagnosed in private health care settings, and 25% were diagnosed in publically funded sexually transmitted infection (STI) clinics. Early syphilis positive/HIV negative MSM were more likely than HIV positive MSM to receive a syphilis diagnosis at STI clinics (38% vs. 19% p=<0.0001) and Emergency Departments (ED) (10% vs. 4% p=0.0001), and less likely to be diagnosed at private practices (36% vs. 66%, p=<0.0001). Conclusion EDs/CCs and are important access points for MSM at high risk for HIV but rates may change over time. Efforts by the city health department to increase PrEP delivery at these sites are being initiated.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2017	Schwartz J.; Grimm J.	Online News Coverage of Preexposure Prophylaxis	Communication Research Reports	-	-	-	8824096	10.1080/08824096.2017.1285758	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014529278&doi=10.1080%2F08824096.2017.1285758&partnerID=40&md5=5d67ba3e97dc2b06a29b5e02a1f5f286	Human immunodeficiency virus, or HIV continues to be a serious issue, especially for men who have sex with men (MSM). A new means of HIV prevention, called preexposure prophylaxis (PrEP), significantly reduces the chance of HIV infection. However, adoption of the drug has been slow. In this study, a content analysis of 234 online news articles about PrEP from popular U.S. news Web sites was conducted, focusing on how articles were framed in terms of benefits to PrEP, barriers to PrEP, the severity of HIV, and the susceptibility of MSM to HIV. Results showed that coverage contained conflicting information about PrEP and failed to cast HIV as a serious problem. © 2017 Eastern Communication Association.	Framing; Health; HIV; MSM; News; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2017	Schwartz S.R.; Bassett J.; Holmes C.B.; Yende N.; Phofa R.; Sanne I.; Van Rie A.	Client uptake of safer conception strategies: Implementation outcomes from the Sakh'umndeni safer conception clinic in South Africa	Journal of the International AIDS Society	-	-	-	-	17582652	10.7448/IAS.20.2.21291	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85016589558&doi=10.7448%2fIAS.20.2.21291&partnerID=40&md5=782260cd4058d553d9e3b585ace31053	Introduction: Implementation of safer conception services for HIV-affected couples within primary healthcare clinics in resource-limited settings remains limited. We review service utilization and safer conception strategy uptake during the first three years of Sakh'umndeni, which is a safer conception clinic in South Africa. Methods: Sakh'umndeni is located at Witkoppen Health and Welfare Centre, a high-volume primary healthcare clinic in northern Johannesburg. Men and women desiring to conceive in less than or equal to six months and in relationships in which one or both partners are living with HIV are eligible for safer conception services. Clients receive a baseline health assessment and counselling around periconception HIV risk reduction strategies and choose which strategies they plan to use. Clients are followed-up monthly. We describe client service utilization and uptake and continuation of safer conception methods. Factors associated with male partner attendance are assessed using robust Poisson regression. Results: Overall 440 individuals utilized the service including 157 couples in which both partners attended (55%) and 126 unaccompanied female partners. Over half of the couples (55%) represented were in serodiscordant/unknown status relationships. Higher economic status and HIV-negative status of the women increased male partner involvement, while HIV-negative status of the men decreased male involvement. Regarding safer conception strategies, uptake of antiretroviral therapy initiation (90%), vaginal self-insemination among partnerships with HIV-negative men (75%) and timed condomless intercourse strategies (48%) were variable, but generally high. Overall uptake of pre-exposure prophylaxis (PrEP) was 23% and was lower among HIV-negative men than women (7% vs. 44%, p < 0.001). Male medical circumcision (MMC) was used by 28% of HIV-negative men. Over 80% of clients took up at least one recommended safer conception strategy. Continuation of selected strategies over attempted conception attempts was >60%. Conclusions: Safer conception strategies are generally used by clients per recommendations. High uptake of strategies suggests that the proposed combination prevention methods are acceptable to clients and appropriate for scale-up; however, low uptake of PrEP and MMC among HIV-negative men needs improvement. Targeted community-based efforts to reach men unlinked to safer conception services are needed, alongside streamlined approaches for service scale-up within existing HIV and non-HIV service delivery platforms. © 2017 Schwartz SR et al; licensee International AIDS Society.	HIV prevention; Implementation; Pre-exposure prophylaxis; Safer conception; Self-insemination; Serodiscordance; Sub-Saharan Africa; Timed condomless sex	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Schwartz, Joseph; Grimm, Josh	PrEP on Twitter: Information, Barriers, and Stigma.	Health Communication	-	-	-	-	1532-7027	10.1080/10410236.2016.1140271	https://dx.doi.org/10.1080/10410236.2016.1140271	On May 14, 2014 the Centers for Disease Control and Prevention (CDC) endorsed the drug Truvada as an HIV preventative, called pre-exposure prophylaxis (PrEP). PrEP has been shown to dramatically reduce the risk of HIV infection, but its rate of adoption has been slow, and discourse surrounding it has been marked by stigma and uncertainty. The purpose of this study was to investigate how PrEP was discussed on Twitter. Our analysis focused on barriers to PrEP adoption and stigmatization of PrEP users. We analyzed a random sample of 1,093 top tweets about PrEP posted to Twitter a year before and a year after the CDC's endorsement. Our results showed that tweets likely reinforced uncertainty about barriers to PrEP adoption and that users employed Twitter's functionality to counter stigmatizing narratives about PrEP. We suggest that our findings illuminate both the limitations and strengths of Twitter as a mechanism for health promotion.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Seidman, DL; Weber, S; Cohan, D	Offering pre-exposure prophylaxis for HIV prevention to pregnant and postpartum women: a clinical approach	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.7448/IAS.20.2.21295	https://pubmed.ncbi.nlm.nih.gov/28361503/	Introduction: HIV prevention during pregnancy and lactation is critical for both maternal and child health. Pregnancy provides a critical opportunity for clinicians to elicit women's vulnerabilities to HIV and offer HIV testing, treatment and referral and/or comprehensive HIV prevention options for the current pregnancy, the postpartum period and safer conception options for future pregnancies. In this commentary, we review the safety of oral pre-exposure prophylaxis with tenofovir/emtricitabine in pregnant and lactating women and suggest opportunities to identify pregnant and postpartum women at substantial risk of HIV. We then describe a clinical approach to caring for women who both choose and decline pre-exposure prophylaxis during pregnancy and postpartum, highlighting areas for future research. Discussion: Evidence suggests that pre-exposure prophylaxis with tenofovir/emtricitabine is safe in pregnancy and lactation. Identifying women vulnerable to HIV and eligible for pre-exposure prophylaxis is challenging in light of the myriad of individual, community, and structural forces impacting HIV acquisition. Validated risk calculators exist for specific populations but have not been used to screen and offer HIV prevention methods. Partner testing and engagement of men living with HIV are additional means of reaching at-risk women. However, women's vulnerabilities to HIV change over time. Combining screening for HIV vulnerability with HIV and/or STI testing at standard intervals during pregnancy is a practical way to prompt providers to incorporate HIV screening and prevention counselling. We suggest using shared decision-making to offer women pre-exposure prophylaxis as one of multiple HIV prevention strategies during pregnancy and postpartum, facilitating open conversations about HIV vulnerabilities, preferences about HIV prevention strategies, and choosing a method that best meets the needs of each woman. Conclusion: Growing evidence suggests that pre-exposure prophylaxis with tenofovir/emtricitabine during pregnancy and lactation is safe and effective. Shared decision-making provides one approach to identify at-risk women and offers pre-exposure prophylaxis but requires implementation research in diverse clinical settings. Including pregnant and breastfeeding women in future HIV prevention research is critical for the creation of evidence-driven public health policies and clinical guidelines.	HIV prevention; pre-exposure prophylaxis; pregnancy; postpartum; COST-EFFECTIVENESS; TENOFOVIR DISOPROXIL FUMARATE; ANTIRETROVIRAL THERAPY; HUMAN-IMMUNODEFICIENCY-VIRUS; TO-CHILD TRANSMISSION; SERODISCORDANT COUPLES; HIGH-INCOME COUNTRIES; lactation; MALE PARTNERS; perinatal HIV transmission; RISK SCORING TOOL; SAFER CONCEPTION STRATEGIES	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Shacklett, Barbara L; Derdeyn, Cynthia A; Folayan, Morenike Oluwatoyin; Landovitz, Raphael J; Anthony, Colin; Behrens, Anna-Janina; Hope, Thomas J; Landais, Elise; Leal, Lorna; Marrazzo, Jeanne M; Morris, Lynn; Mugo, Nelly; Ngure, Kenneth; Noseda, Veronica; Ranasinghe, Srinika; Tully, Damien C; Voronin, Yegor; Warren, Mitchell; Wibmer, Constantinos Kurt; Xie, Irene Y; Scarlatti, Gabriella; Thyagarajan, Bargavi	HIVR4P 2016, Partnering for Prevention: Conference Summary and Highlights.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405	10.1089/AID.2017.0125	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5564036	HIV Research for Prevention: AIDS Vaccine, Microbicide, and ARV-based Prevention Science (HIVR4P) was built on a growing consensus that effective HIV prevention requires a combination of approaches and that understanding, analyzing, and debating the cross-cutting issues that impact prevention research are all essential to combat the global HIV/AIDS epidemic. To that end, the biennial HIVR4P conference is dedicated to all biomedical HIV prevention research approaches, including HIV vaccines, microbicides, pre-exposure prophylaxis, and treatment as prevention. The HIVR4P 2016 conference was held in Chicago, Illinois (USA), on October 17-21, and included more than 700 scientific presentations and 21 satellite sessions covering the latest and most promising advances across the HIV prevention research field. The theme "Partnering for Prevention" represented the conference's commitment to breaking down silos between research disciplines as well as between researchers, program developers, care providers, advocates, communities, and funders. Delegates spanning 42 countries attended the conference. One-third of those in attendance were early career investigators, which reflects a firm commitment to emerging researchers and ultimately to the goal of developing a sustainable scientific enterprise well into the future. This article presents a concise summary of highlights from the conference. For a more detailed account, one may find full abstracts, daily summaries, and webcasts on the conference website at hivr4p.org.	HIV prevention, microbicide, vaccine, PrEP, R4P, antibody	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Shadianloo, S	HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION AND USE OF PRE-EXPOSURE PROPHYLAXIS (PREP) IN ADOLESCENTS	Journal of the American Academy of Child and Adolescent Psychiatry	-	-	-	-	0890-8567	10.1542/pir.2020-002048	https://pubmed.ncbi.nlm.nih.gov/34970687/	Human immunodeficiency virus (HIV) prevention holds the promise of decreasing the burden of HIV infections worldwide. Access to HIV prevention services, including preexposure prophylaxis (PrEP), is a key strategy in reducing HIV transmission, but it continues to be underused. PrEP, a once-daily medication for HIV prevention, is approved for adolescents. A pediatrician's role is critical in identifying and increasing access for adolescents and young adults to PrEP services and reducing HIV acquisition in youth.	28-36	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Shaver J.; Sullivan P.; Siegler A.; de Voux A.; Phaswana-Mafuya N.; Bekker L.-G.; Baral S.D.; Wirtz A.L.; Beyrer C.; Brown B.; Stephenson R.	Comparing Provider and Client Preferences for HIV Prevention Services in South Africa among Men Who Have Sex with Men	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/2325957417736611	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038416575&doi=10.1177%2f2325957417736611&partnerID=40&md5=09a9380b801726c9fbf3b6181aead23c	Combination prevention efforts are now recommended toward reducing HIV incidence among men who have sex with men (MSM). Understanding the perceptions of both MSM and service providers is critical to informing the development of prevention packages and ultimately improving intervention effectiveness. This study assessed the preferences of MSM and health service providers in the administration of HIV-prevention efforts. Qualitative data were gathered from a series of separate MSM and health care provider focus groups in 2 South African cities. Participants discussed HIV-prevention services and MSM client experiences within South Africa and identified the 3 most important client characteristics and 3 most important HIV-prevention services for MSM clients. Priorities indicated by both MSM and health care providers were confidentiality of visit, friendly staff, and condoms, while discrepancies existed between MSM and providers regarding provider consistency and the provision of pre-exposure prophylaxis/post-exposure prophylaxis (PrEP/PEP) and lubricant as prevention methods. Effective interventions must address these discrepancies through the design of intervention and provider training to optimally accommodate MSM. © 2017, © The Author(s) 2017.	Africa; HIV; men; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Shieh, Eugenie C; Weld, Ethel D; Fuchs, Edward J; Hiruy, Hiwot; Buckheit, Karen W; Buckheit, Robert W; Breakey, Jennifer; Hendrix, Craig W	Lubricant Provides Poor Rectal Mucosal HIV Coverage.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405	10.1089/AID.2016.0318	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5564025	Given the rising HIV incidence in men who have sex with men (MSM) despite repeatedly proven effectiveness of oral HIV pre-exposure prophylaxis, behaviorally congruent periodic dosing strategies, such as dosing microbicides as lubricants, are now in demand. Rectal microbicide gel studies largely administer gels using vaginal applicators, which have not been well received and do not mimic lubricant use. We compared rectal gel manually dosed as lubricant with applicator dosing in five healthy, HIV-negative MSM who received 10 or 3.5 ml of 99mTc-DTPA-radiolabeled hydroxyethyl cellulose universal placebo gel intrarectally. After washout, participants received 10 ml of radiolabeled Wet® Original® lubricant to apply to the anus with fingers and/or a phallus in a manner typical of sexual lubricant use with a partner, followed by simulated receptive anal intercourse. Single-photon emission computed tomography was performed 4 h after each gel administration. Manual dosing was associated with more variable rectosigmoid distribution, 4.4-15.3 cm from the anorectal junction, compared with more uniform distribution, 5.9-7.4 and 5.3-7.6 cm after 10 and 3.5 ml applicator dosing, respectively. A significantly smaller fraction of the initial 10 ml dose was retained within the colon after manual dosing, 3.4%, compared with 94.9% and 88.4% after 10 and 3.5 ml applicator dosing, respectively (both p < .001). Manual dosing of a sexual lubricant delivered a small, variable fraction of the dose with variable rectosigmoid distribution compared with applicator dosing. These results raise concern that dosing a rectal microbicide gel as a sexual lubricant may not provide adequate or predictable mucosal coverage for HIV protection.	gastrointestinal distribution; human immunodeficiency virus; microbicide; pharmacokinetics; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Shrestha R.; Altice F.; Karki P.; Copenhaver M.	Developing an integrated, brief biobehavioral HIV prevention intervention for high-risk drug users in treatment: The process and outcome of formative research	Frontiers in Immunology	-	-	-	-	16643224	10.3389/fimmu.2017.00561	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85019982768&doi=10.3389%2ffimmu.2017.00561&partnerID=40&md5=82a543fd5598c32f9a71a01df5b71db1	To date, HIV prevention efforts have largely relied on singular strategies (e.g., behavioral or biomedical approaches alone) with modest HIV risk-reduction outcomes for people who use drugs (PWUD), many of whom experience a wide range of neurocognitive impairments (NCI). We report on the process and outcome of our formative research aimed at developing an integrated biobehavioral approach that incorporates innovative strategies to address the HIV prevention and cognitive needs of high-risk PWUD in drug treatment. Our formative work involved first adapting an evidence-based behavioral intervention-guided by the Assessment-Decision-Administration-Production-Topical experts-Integration-Training-Testing model-and then combining the behavioral intervention with an evidence-based biomedical intervention for implementation among the target population. This process involved eliciting data through structured focus groups (FGs) with key stakeholders-members of the target population (n = 20) and treatment providers (n = 10). Analysis of FG data followed a thematic analysis approach utilizing several qualitative data analysis techniques, including inductive analysis and cross-case analysis. Based on all information, we integrated the adapted community-friendly health recovery program-a brief evidence-based HIV prevention behavioral intervention-with the evidence-based biomedical component i.e., preexposure prophylaxis (PrEP), an approach that incorporates innovative strategies to accommodate individuals with NCI. This combination approach-now called the biobehavioral community-friendly health recovery program-is designed to address HIV-related risk behaviors and PrEP uptake and adherence as experienced by many PWUD in treatment. This study provides a complete example of the process of selecting, adapting, and integrating the evidence-based interventions-taking into account both empirical evidence and input from target population members and target organization stakeholders. The resultant brief evidence-based biobehavioral approach could significantly advance primary prevention science by cost-effectively optimizing PrEP adherence and HIV risk reduction within common drug treatment settings. © 2017 Shrestha, Altice, Karki and Copenhaver.	Biobehavioral community-friendly health recovery program; Combination approach; HIV prevention; Neurocognitive impairment; People who use drugs; Preexposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Shrestha R.; Karki P.; Altice F.L.; Huedo-Medina T.B.; Meyer J.P.; Madden L.; Copenhaver M.	Correlates of willingness to initiate pre-exposure prophylaxis and anticipation of practicing safer drug- and sex-related behaviors among high-risk drug users on methadone treatment	Drug and Alcohol Dependence	-	-	-	-	3768716	10.1016/j.drugalcdep.2016.12.023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85013176700&doi=10.1016%2fj.drugalcdep.2016.12.023&partnerID=40&md5=797e4117fe3f0caabeca1fc6260e3fc6	Background Although people who use drugs (PWUD) are key populations recommended to receive pre-exposure prophylaxis (PrEP) to prevent HIV, few data are available to guide PrEP delivery in this underserved group. We therefore examined the willingness to initiate PrEP and the anticipation of HIV risk reduction while on PrEP among high-risk PWUD. Methods In a cross-sectional study of 400 HIV-negative, opioid dependent persons enrolled in a methadone program and reporting recent risk behaviors, we examined independent correlates of being willing to initiate PrEP. Results While only 72 (18%) were aware of PrEP, after being given a description of it, 251 (62.7%) were willing to initiate PrEP. This outcome was associated with having neurocognitive impairment (aOR = 3.184, p = 0.004) and higher perceived HIV risk (aOR = 8.044, p < 0.001). Among those willing to initiate PrEP, only 12.5% and 28.2%, respectively, indicated that they would always use condoms and not share injection equipment while on PrEP. Consistent condom use was associated with higher income (aOR = 8.315, p = 0.016), always using condoms with casual partners (aOR = 6.597, p = 0.001), and inversely associated with ongoing drug injection (aOR = 0.323, p = 0.027). Consistent safe injection, however, was inversely associated with age (aOR = 0.948, p = 0.035), ongoing drug injection (aOR = 0.342, p < 0.001), and perceived HIV risk (aOR = 0.191, p = 0.019). Conclusions While willingness to initiate PrEP was high and correlated with being at elevated risk for HIV, anticipated higher risk behaviors in this group even while on PrEP suggests that the next generation of HIV prevention approaches may need to combine biomedical and behavioral components to sustain HIV risk reduction over time. © 2017 Elsevier B.V.	HIV prevention; Methadone maintenance program; People who use drugs (PWUD); Pre-exposure prophylaxis; Risk compensation; Substance use	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Shrestha R.; Karki P.; Huedo-Medina T.B.; Copenhaver M.	Intent to Use Preexposure Prophylaxis (PrEP), HIV Risk Behaviors, and Self-Report Neurocognitive Symptoms by High-Risk Drug Users: A Mediation Analysis	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1016/j.jana.2017.04.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85018976433&doi=10.1016%2fj.jana.2017.04.005&partnerID=40&md5=a11d6440743ae84e1a9c68ca2e23b5be	Neurocognitive impairment (NCI) and HIV risk are significant correlates of intent to use preexposure prophylaxis (PrEP). The extent to which similar outcomes could occur when these factors operate together, particularly for people who use drugs (PWUD), remains an important unanswered question. We therefore sought evidence that HIV risk behavior mediated the relationship between NCI and intent to use PrEP in high-risk PWUD in treatment. HIV-uninfected, methadone-maintained people who reported HIV-risk behaviors were enrolled (n = 400). Variables of interest (NCI, HIV risk behaviors, intent to use PrEP) were assessed using audio computer-assisted self-interview. We found preliminary evidence of indirect effect of HIV risk behaviors, such that NCI had an increased impact on intent to use PrEP via HIV risk behaviors. As a result of having this information, clinicians and researchers will be better equipped for evidence-informed targeting and dissemination efforts to optimize PrEP uptake by this underserved population. © 2017 Association of Nurses in AIDS Care	HIV prevention; HIV risk behaviors; methadone maintenance treatment; neurocognitive impairment; people who use drugs; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Shrestha, Roman; Altice, Frederick L.; Huedo-Medina, Tania B.; Karki, Pramila; Copenhaver, Michael	Willingness to Use Pre-Exposure Prophylaxis (PrEP): An Empirical Test of the Information-Motivation-Behavioral Skills (IMB) Model among High-Risk Drug Users in Treatment.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-016-1650-0	https://pubmed.ncbi.nlm.nih.gov/27990587/	Evidence from recent pre-exposure prophylaxis (PrEP) trials has demonstrated its safety and efficacy in significantly reducing the risk of HIV acquisition for those who are at considerable risk of acquiring HIV infection. With a rapid increase in the amount of research on the efficacy of PrEP for HIV prevention, complementary research on the willingness to use PrEP has grown, especially among MSM, but limited research has been focused among people who use drugs (PWUD). As part of the formative process, we utilized the information-motivation-behavioral skills (IMB) model of health behavior change to characterize and guide intervention development for promoting willingness to use PrEP among high-risk PWUD. The analysis included 400 HIV-negative high-risk PWUD enrolled in a community-based methadone maintenance treatment who reported drug- and/or sex-related HIV risk behaviors in the past 6-months. Analyses revealed support for the IMB model as PrEP-related behavioral skills were found to mediate the influence of PrEP-related information and motivation on willingness to use PrEP. The results provide evidence as to the utility of the IMB model to increase willingness to use PrEP among high-risk PWUD. It therefore makes an important contribution to our understanding of the applicability of theoretically-grounded models of willingness to use PrEP among high-risk PWUD, who are one of the key risk populations who could benefit from the use of PrEP.	Adult; Humans; Male; Middle Aged; Young Adult; Female; Cross-Sectional Studies; HIV; Unsafe Sex; Patient Acceptance of Health Care/*psychology; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; Models, Psychological; *Motivation; HIV Infections/*prevention & control/*psychology/transmission; Substance use; Opiate Substitution Treatment; Methadone/therapeutic use; *Behavior Therapy; *Health Education; *Narcotics; Drug Users/*education/*psychology; IMB model; People who use drugs; Structural equation modeling	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Siegler, Aaron J; Wirtz, Susan; Weber, Shannon; Sullivan, Patrick S	Developing a Web-Based Geolocated Directory of HIV Pre-Exposure Prophylaxis-Providing Clinics: The PrEP Locator Protocol and Operating Procedures.	JMIR Public Health and Surveillance	-	-	-	-	2369-2960	10.2196/publichealth.7902	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607436	BACKGROUND: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV transmission, yet patients interested in learning more about PrEP or in getting a PrEP prescription may not be able to find local medical providers willing to prescribe PrEP. OBJECTIVE: We sought to create a national database of PrEP-providing clinics to allow for patients to have access to a unified, vetted source of PrEP providers in an easily accessible database. METHODS: To develop the protocol and operating procedures for the PrEP Locator, we conducted a series of 7 key informant interviews with experts who had organized PrEP or other HIV service directories. We convened an external advisory committee and a collaborators board to gain expert and community-situated perspectives. RESULTS: At its public release in September 2016, the database included 1,272 PrEP-providing clinics, including clinics in all 50 states and in Puerto Rico. Web searches, referrals, and outreach to state health departments identified 58 unique lists of PrEP-providing clinics, with 33 from state health departments, 6 from government localities, 2 from professional medical organizations, and 19 from nongovernmental organizations. Out of the 2,420 clinics identified from the lists and Web searches, we removed 798 as duplicate entries, and we determined that 350 were ineligible for listing. The most common reasons for ineligibility were not having the appropriate medical licensure to prescribe PrEP (67/350) or not prescribing PrEP, based on self-report (192/350). Key informant interviews shaped important protocol decisions, such as listing clinics instead of individual clinicians as the primary data element and streamlining data collection to facilitate scalability. We developed a Web interface to provide public access to the data, with geolocated data display, search filter functionality, a webform for public suggestions of new clinics, and a publicly available directory Web tool that can be embedded in websites. In the 6 months following release, preplocator.org and hosting websites had received over 35,000 unique views and 300 clinic additions, and 5 websites had initiated hosting of the widget. CONCLUSIONS: Directories exist for many preventive and treatment services. As new medical applications become available, there will be a corresponding need to develop new directories for service provision. Geolocated directories can assist patients in accessing care and have the potential to increase demand for and access to newer, more efficacious medical interventions. Early choices in the development of service directories have long-lasting impact, because once data collection begins, it can be challenging to reverse course. The PrEP Locator protocol may inform early decisions in the development of future service directories. Additionally, the case study on developing the PrEP Locator demonstrates the importance of formative work in identifying service-specific factors that can guide decisions on directory development.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Silapaswan, Andrew; Krakower, Douglas; Mayer, Kenneth H	Pre-Exposure Prophylaxis: A Narrative Review of Provider Behavior and Interventions to Increase PrEP Implementation in Primary Care	Journal of General Internal Medicine	-	-	-	-	8848734	10.1007/s11606-016-3899-4	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-narrative-review/docview/2001388001/se-2?accountid=8113	Since FDA approval of HIV pre-exposure prophylaxis (PrEP) for HIV prevention, attention has been focused on PrEP implementation. The CDC estimates that 1.2 million U.S. adults might benefit from PrEP, but only a minority are using PrEP, so there is a significant unmet need to increase access for those at risk for HIV. Given the large numbers of individuals who have indications for PrEP, there are not enough practicing specialists to meet the growing need for providers trained in providing PrEP. Moreover, since PrEP is a preventive intervention for otherwise healthy individuals, primary care providers (PCPs) should be primary prescribers of PrEP. There are important clinical considerations that providers should take into account when planning to prescribe PrEP, which are highlighted in the clinical case discussed. A growing body of research also suggests that some providers may be cautious about prescribing PrEP because of concerns regarding its "real-world" effectiveness, anticipated unintended consequences associated with its use, and ambiguity as to who should prescribe it. This review summarizes findings from studies that have assessed prescriber behavior regarding provision of PrEP, and offers recommendations on how to optimize PrEP implementation in primary care settings. Development and dissemination of educational interventions for PCPs and potential PrEP users are needed, including improved methods to assist clinicians in identifying appropriate PrEP candidates, and programs to promote medication adherence and access to social and behavioral health services. PCPs are well-positioned to prescribe PrEP and coordinate health-related services to improve the sexual health of their patients, but tailored educational programs are needed.	HIV/AIDS; Pre-exposure prophylaxis; prevention; pre-exposure prophylaxis (PrEP); men who have sex with men (MSM); Health care; Prophylaxis; Education; Exposure; Drugs; primary care; Primary care; Intervention; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences; Health risks; Preventive healthcare; Internal medicine; Adults; FDA approval; Identification methods; Regulatory agencies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Simpson L.; Gumel A.B.	Mathematical assessment of the role of pre-exposure prophylaxis on HIV transmission dynamics	Applied Mathematics and Computation	-	-	-	-	963003	10.1016/j.amc.2016.07.043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84983786170&doi=10.1016%2fj.amc.2016.07.043&partnerID=40&md5=3613beaeab4730c1f47b7e143dc99651	A new deterministic model for HIV/AIDS that incorporates pre-exposure prophylaxis (PrEP) is designed and used to assess the population-level impact of the use of PrEP on the transmission dynamics of the disease within an MSM population. Conditions for the effective control (or elimination) and persistence of HIV/AIDS in the MSM population are determined by rigorously analyzing this model. Uncertainty and sensitivity analysis is carried out, using data relevant to HIV transmission dynamics in the MSM community in the U.S. State of Minnesota, to determine the effect of the uncertainties in the parameter values on the outcome (response) variable (the associated reproduction number) and to identify the parameters that have the most effect on the disease transmission dynamics. Numerical simulations show that, with the current rate of administration of antiretroviral treatment (to HIV-infected individuals), HIV burden decreases with increasing PrEP coverage. Furthermore, for this setting, this study suggests that HIV can be effectively controlled in the MSM population if, in addition to the current rate of administration of anti-retroviral therapy in the community, at least 61–77% (with mean of about 70%) of the susceptible members of the MSM community are on PrEP (adjusted by PrEP efficacy). © 2016 Elsevier Inc.	Backward bifurcation; Equilibria; HIV/AIDS; Pre-exposure prophylaxis (PrEP); Reproduction number; Stability	English	Netherlands	Western and Central Europe and North America	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Sin How Lim; Gitau Mburu; Bourne, Adam; Pang, Joselyn; Wickersham, Jeffrey A; Clayton Koh Thuan Wei; Yee, Ilias Adam; Wang, Bangyuan; Cassolato, Matteo; Iskandar Azwa	Willingness to use pre-exposure prophylaxis for HIV prevention among men who have sex with men in Malaysia: Findings from an online survey	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0182838	https://www.proquest.com/scholarly-journals/willingness-use-pre-exposure-prophylaxis-hiv/docview/1938527010/se-2?accountid=8113	Objective We examined willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia. Methods An online survey of 990 MSM was conducted between March and April 2016. Eligibility criteria included being biological male, Malaysian citizen, 18 years of age or above, identifying as MSM, and being HIV negative or unknown status. Participants' demographics, sexual and drug use behaviors, attitudes towards PrEP, and preferences regarding future access to PrEP were collected. Bivariate analysis and logistic regression were performed to determine factors associated with willingness to use PrEP. Results Fewer than half of participants (44%) knew about PrEP before completing the survey. Overall, 39% of the sample were willing to take PrEP. Multivariate logistic regression indicated that Malay men (AOR: 1.73, 95% CI:1.12, 2.70), having 2 or more male anal sex partners in the past 6 months (AOR: 1.98, 95% CI: 1.29, 3.05), previous knowledge of PrEP (AOR: 1.40, 95%CI: 1.06, 1.86), lack of confidence in practising safer sex (AOR: 1.36, 95% CI: 1.02, 1.81), and having ever paid for sex with a male partner (AOR: 1.39, 95% CI: 1.01, 1.91) were independently associated with greater willingness to use PrEP, while men who identified as heterosexual were less willing to use PrEP (AOR, 0.36, 95% CI: 0.13, 0.97). Majority of participants preferred to access PrEP at affordable cost below 100 Malaysian Ringgit (USD25) per month from community based organisations followed by private or government hospitals. Conclusions Overall, MSM in Malaysia reported a relatively low level of willingness to use PrEP, although willingness was higher among those previously aware of PrEP. There is a need to provide PrEP at affordable cost, increase demand and awareness of PrEP, and to provide access to this preventative medication via diverse, integrated and tailored sexual health services.	Demography; HIV; Australia; HIV prevention; Internet; Pre-exposure prophylaxis; Antiretroviral drugs; Prevention; Men who have sex with men; Disease prevention; Behavior; Medicine; Prep; Prophylaxis; Exposure; Medical research; Drug abuse; Malaysia; Demographics; Drugs; Bivariate analysis; Sex; Regression analysis; Surveys; Studies; Infectious diseases; Survey; Anal sex; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical diagnosis; Melbourne Victoria Australia; HIV diagnosis and management; Low level; Kuala Lumpur Malaysia; Human sexual behavior	English	United States	Western and Central Europe and North America	Malaysia	Asia and the Pacific	Malaysia	Asia and the Pacific	Quantitative
Article	2017	Sithole B.	HIV prevention needs for men who have sex with men in Swaziland	African Journal of AIDS Research	-	-	-	-	16085906	10.2989/16085906.2017.1379420	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85033775846&doi=10.2989%2f16085906.2017.1379420&partnerID=40&md5=63d9ab3b8a16d331f2c9079cec2116f9	Men who have sex with men (MSM) have a high HIV burden and also often face multiple other challenges accessing HIV services, including legal and social issues. Although Swaziland recently started responding with interventions for MSM, significant gaps still exist both in information and programming. This study aimed to explore the HIV prevention needs of MSM in Swaziland, including factors elevating their risks and vulnerabilities to HIV infection; to find out what HIV prevention strategies exist; and to determine how best to meet the prevention needs of MSM. A total of 50 men who reported anal sex with other men in the past 12 months were recruited through simple respondent driven sampling. They completed either a structured quantitative survey (n = 35) or participated in a semi-structured qualitative interview (n = 15). Both quantitative and qualitative findings indicated perceived and experienced stigma among MSM. This predominantly manifested as internalised stigma, which may lead to alcohol abuse and sexual risky behaviours. At least 83% (29/35) of the quantitative sample had been labelled with derogatory terms because of their sexual orientation, while 66% (23/35) had experienced being avoided. There was limited knowledge of risk practices: When asked, 54% (19/35) of quantitative respondents reported that vaginal and anal sex carry an equal risk of HIV infection. Participants also had little knowledge on new HIV prevention methods such as pre-exposure prophylaxis (PrEP) and rectal microbicides. MSM needs included safe spaces in form of drop-in centres and non-hostile HIV services. Although Swaziland recently started interventions for key populations, including MSM, there is still a general lack on information to inform managers and implementers on the HIV prevention needs of MSM in Swaziland. Such information is crucial for designers of official and HIV programmes. Research is needed to increase knowledge on the HIV prevention needs for key populations, including MSM. © 2017 The Author(s).	fear; key populations; risks; stigma; vulnerabilities	English	South Africa	Eastern and Southern Africa	Swaziland	Eastern and Southern Africa	Swaziland	Western and Central Europe and North America	Mixed methods
Article	2017	Sivay, MV; Li, M; Piwowar-Manning, E; Zhang, Y; Hudelson, SE; Marzinke, MA; Amico, RK; Redd, A; Hendrix, CW; Anderson, PL; Bokoch, K; Bekker, LG; van Griensven, F; Mannheimer, S; Hughes, JP; Grant, R; Eshleman, SH	Characterization of HIV Seroconverters in a TDF/FTC PrEP Study: HPTN 067/ADAPT	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	28328548	10.1097/QAI.0000000000001374	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01413337/full	BACKGROUND: HIV Prevention Trials Network (HPTN) 067/ADAPT evaluated tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) pre-exposure prophylaxis (PrEP) in women (South Africa) and men who have sex with men (Thailand, US). Participants received once-weekly directly observed therapy (DOT) of TDF/FTC, and were then randomized to daily, time-driven, or event-driven PrEP. This report describes characterization of 12 HIV seroconversion events in this trial. METHODS: HIV rapid testing was performed at study sites. Retrospective testing included fourth generation assays, HIV RNA testing, Western blot, an HIV-1/2 discriminatory assay, resistance testing, and antiretroviral drug testing. RESULTS: Six of the 12 seroconverters received TDF/FTC in the DOT phase, but were not randomized (3 were acutely infected at enrollment; 2 were infected during the DOT phase; 1 was not randomized because of pregnancy). One of the 6 randomized participants had acute infection at randomization but was not diagnosed for 3-4 months because HIV rapid tests were nonreactive; continued daily PrEP use was associated with false-negative antibody tests and low HIV RNA levels. The 5 participants infected after randomization included 4 with low adherence to the PrEP regimen, and one who reported a 7-day period without dosing before infection. Three participants had TDF/FTC resistance (M184I, K65R), including 2 who received only 4 once-weekly TDF/FTC doses; most TDF/FTC mutations were detected by next generation sequencing only. CONCLUSIONS: In HPTN 067/ADAPT, participants who acquired HIV infection had infrequent PrEP dosing or low/suboptimal adherence. Sensitive assays improved detection of HIV infection and drug resistance. Drug resistance was observed with limited PrEP exposure.	Adult; Anti-HIV Agents *therapeutic use; Directly Observed Therapy; Drug Resistance, Viral *drug effects; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination *therapeutic use; Female; HIV Seropositivity blood, *drug therapy, epidemiology; Humans; Male; Predictive Value of Tests; Pre-Exposure Prophylaxis; Retrospective Studies; South Africa epidemiology; Thailand epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Slogrove, Amy L.; Clayden, Polly; Abrams, Elaine J.	Toward a universal antiretroviral regimen: special considerations of pregnancy and breast feeding.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000386	https://pubmed.ncbi.nlm.nih.gov/28426519/	PURPOSE OF REVIEW: As optimized antiretroviral therapy (ART) regimens are prepared for introduction in low-income and middle-income countries (LMIC), we consider the current evidence related to dosing, efficacy and safety during pregnancy and breastfeeding of next-generation first-line and second-line ART regimens proposed for imminent introduction in the global marketplace. RECENT FINDINGS: Pregnancy pharmacokinetic considerations include potentially insufficient efavirenz exposure if dosed at 400mg/day, the need for twice daily darunavir dosing and the paucity of data related to tenofovir alafenamide and dolutegravir dosing, safety and efficacy. Increasingly evidence suggests an association with adverse birth outcomes, particularly in women conceiving on ART, and with varying risk by drug and drug combination. Clinical trials and studies are in progress or planned that aim to determine dosing, safety and efficacy of several new antiretrovirals (ARVs). SUMMARY: Having a universal, highly potent and safe ART regimen for all individuals living with HIV in LMIC including pregnant women is clearly the most beneficial strategy to keep mothers alive and healthy and to prevent transmission of HIV to their children. It will have to be determined whether the use of this next generation of optimized ARVs will also optimize health outcomes of pregnant women and their children.	Humans; Anti-HIV Agents/*therapeutic use; Clinical Trials as Topic; Female; Dose-Response Relationship, Drug; Pregnancy; Infectious Disease Transmission, Vertical/*prevention & control; HIV Infections/prevention & control/*transmission; Pregnancy Complications, Infectious; *Breast Feeding	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2017	Smith D.K.; Van Handel M.; Huggins R.	Estimated coverage to address financial barriers to HIV preexposure prophylaxis among persons with indications for its use, United States, 2015	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001532	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037560917&doi=10.1097%2fQAI.0000000000001532&partnerID=40&md5=6019bcb0f7ed731517b2c83f6ce7660d	Background: An estimated 1.2 million American adults engage in sexual and drug use behaviors that place them at significant risk of acquiring HIV infection. Engagement in health care for the provision of daily oral antiretroviral medication as preexposure prophylaxis (PrEP), when clinically indicated, could substantially reduce the number of new HIV infections in these persons. However, resources to cover the financial cost of PrEP care are anticipated barriers for many of the populations with high numbers of new HIV infections. Methods: Using nationally representative data, we estimated the current national met and unmet need for financial assistance with covering the cost of PrEP medication, clinical visits, and laboratory tests among adults with indications for its use, overall and by transmission risk population. Results: This study found that of the 1.2 million adults estimated to have indications for PrEP use, <1% (~7300) are in need of financial assistance for both PrEP medication and clinical care, at an estimated annual cost of $89 million. An additional 7% (~86,300) are in need of financial assistance only for PrEP clinical care at an estimated annual cost of $119 million. Conclusions: This information on PrEP care costs, insurance coverage, and unmet financial need among persons in key HIV transmission risk subpopulations can inform policy makers at all levels as they consider how to address remaining financial barriers to the use of PrEP and accommodate any changes in eligibility for various insurance and financial assistance programs that may occur in coming years. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Health care financing; HIV prevention; Insurance; Preexposure prophylaxis; PrEP implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Smith J.M.; Moss J.A.; Srinivasan P.; Butkyavichene I.; Gunawardana M.; Fanter R.; Miller C.S.; Sanchez D.; Yang F.; Ellis S.; Zhang J.; Marzinke M.A.; Hendrix C.W.; Kapoor A.; Baum M.M.	Novel multipurpose pod-intravaginal ring for the prevention of HIV, HSV, and unintended pregnancy: Pharmacokinetic evaluation in a macaque model	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0185946	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030787161&doi=10.1371%2fjournal.pone.0185946&partnerID=40&md5=dc5d81c9d5731c4b217705684c0fb812	Globally, women bear an uneven burden for sexual HIV acquisition. Results from two clinical trials evaluating intravaginal rings (IVRs) delivering the antiretroviral agent dapivirine have shown that protection from HIV infection can be achieved with this modality, but high adherence is essential. Multipurpose prevention technologies (MPTs) can potentially increase product adherence by offering protection against multiple vaginally transmitted infections and unintended pregnancy. Here we describe a coitally independent, long-acting pod-IVR MPT that could potentially prevent HIV and HSV infection as well as unintended pregnancy. The pharmacokinetics of MPT pod-IVRs delivering tenofovir alafenamide hemifumarate (TAF2) to prevent HIV, acyclovir (ACV) to prevent HSV, and etonogestrel (ENG) in combination with ethinyl estradiol (EE), FDA-approved hormonal contraceptives, were evaluated in pigtailed macaques (N = 6) over 35 days. Pod IVRs were exchanged at 14 days with the only modification being lower ENG release rates in the second IVR. Plasma progesterone was monitored weekly to determine the effect of ENG/EE on menstrual cycle. The mean in vivo release rates (mg d-1) for the two formulations over 30 days ranged as follows: TAF2 0.35–0.40; ACV 0.56–0.70; EE 0.03–0.08; ENG (high releasing) 0.63; and ENG (low releasing) 0.05. Mean peak progesterone levels were 4.4 ± 1.8 ng mL-1 prior to IVR insertion and 0.075 ± 0.064 ng mL-1 for 5 weeks after insertion, suggesting that systemic EE/ENG levels were sufficient to suppress menstruation. The TAF2 and ACV release rates and resulting vaginal tissue drug concentrations (medians: TFV, 2.4 ng mg-1; ACV, 0.2 ng mg-1) may be sufficient to protect against HIV and HSV infection, respectively. This proof of principle study demonstrates that MPT-pod IVRs could serve as a potent biomedical prevention tool to protect women's sexual and reproductive health and may increase adherence to HIV PrEP even among younger high-risk populations. © 2017, Public Library of Science. All rights reserved. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Smith, David R M; Mideo, Nicole	Modelling the evolution of HIV-1 virulence in response to imperfect therapy and prophylaxis.	Evolutionary Applications	-	-	-	-	1752-4571	10.1111/eva.12458	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5322411	Average HIV-1 virulence appears to have evolved in different directions in different host populations since antiretroviral therapy first became available, and models predict that HIV drugs can select for either higher or lower virulence, depending on how treatment is administered. However, HIV virulence evolution in response to "leaky" therapy (treatment that imperfectly suppresses viral replication) and the use of preventive drugs (pre-exposure prophylaxis) has not been explored. Using adaptive dynamics, we show that higher virulence can evolve when antiretroviral therapy is imperfectly effective and that this evolution erodes some of the long-term clinical and epidemiological benefits of HIV treatment. The introduction of pre-exposure prophylaxis greatly reduces infection prevalence, but can further amplify virulence evolution when it, too, is leaky. Increasing the uptake rate of these imperfect interventions increases selection for higher virulence and can lead to counterintuitive increases in infection prevalence in some scenarios. Although populations almost always fare better with access to interventions than without, untreated individuals could experience particularly poor clinical outcomes when virulence evolves. These findings predict that antiretroviral drugs may have underappreciated evolutionary consequences, but that maximizing drug efficacy can prevent this evolutionary response. We suggest that HIV virulence evolution should be closely monitored as access to interventions continues to improve.	adaptive dynamics, antiretroviral therapy, pre-exposure prophylaxis, set-point viral load, virulence evolution	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2017	Smith, Don E; Gardiner, Jill; Oliver, Rebekah; Fagan, Damien	Overlapping HIV prevention strategies; Case report of pre-exposure and postexposure prophylaxes used for a single risk event between two men	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2014-051989	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84929603256&doi=10.1136%2fsextrans-2014-051989&partnerID=40&md5=c20bf25934b93f59064264657acd9270	A range of prevention strategies have been considered in an attempt to reduce HIV transmission. The use of continuous antiretrovirals (ARVs) in high-risk HIV-negative individuals (pre-exposure prophylaxis or PrEP) and the short-term use of ARVs following a high-risk exposure (postexposure prophylaxis or PEP) are among these strategies. We report a case of the contemporaneous use of PEP and PrEP in a sexual liaison between two men. In an attempt to reduce the number of new cases of HIV infection, a range of prevention strategies have been advocated. Prior to the availability of ARV therapy, the key prevention measure was condom promotion and modifying sexual behaviour such as partner number reduction within high-risk groups. This was followed by: the introduction of PEP, treating all HIV cases with ARVs to reduce the probability of transmission (treatment as prevention) and in the past few years the use of PrEP. Case-control, observational and randomised clinical trial data exist to support these strategies. We describe what we believe is the first reported use of PrEP and PEP in a sexual liaison between two men in Sydney. © Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.	BEHAVIOURAL INTERVENTIONS; HIV; POSTEXPOSURE PROPHYLAXIS (HIV); PUBLIC HEALTH	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2017	Spinks, Crystal B.; Zidan, Ahmed S.; Khan, Mansoor A.; Habib, Muhammad J.; Faustino, Patrick J.	Pharmaceutical characterization of novel tenofovir liposomal formulations for enhanced oral drug delivery: in vitro pharmaceutics and Caco-2 permeability investigations.	Clinical Pharmacology: Advances and Applications	-	-	-	-	1179-1438	10.2147/CPAA.S119875	https://pubmed.ncbi.nlm.nih.gov/28260952/	Tenofovir, currently marketed as the prodrug tenofovir disoproxil fumarate, is used clinically to treat patients with HIV/AIDS. The oral bioavailability of tenofovir is relatively low, limiting its clinical effectiveness. Encapsulation of tenofovir within modified long-circulating liposomes would deliver this hydrophilic anti-HIV drug to the reticuloendothelial system for better therapeutic efficacy. The objectives of the current study were to prepare and pharmaceutically characterize model liposomal tenofovir formulations in an attempt to improve their bioavailability. The entrapment process was performed using film hydration method, and the formulations were characterized in terms of encapsulation efficiency and Caco-2 permeability. An efficient reverse-phase high-performance liquid chromatography method was developed and validated for tenofovir quantitation in both in vitro liposomal formulations and Caco-2 permeability samples. Separation was achieved isocratically on a Waters Symmetry C8 column using 10 mM Na(2)PO(4)/acetonitrile pH 7.4 (95:5 v/v). The flow rate was 1 mL/min with a 12 min elution time. Injection volume was 10 µL with ultraviolet detection at 270 nm. The method was validated according to United States Pharmacopeial Convention category I requirements. The obtained result showed that tenofovir encapsulation within the prepared liposomes was dependent on the employed amount of the positive charge-imparting agent. The obtained results indicated that calibration curves were linear with r(2) > 0.9995 over the analytical range of 1-10 µg/mL. Inter- and intraday accuracy and precision values ranged from 95% to 101% and 0.3% to 2.6%, respectively. The method was determined to be specific and robust. Regarding the potential of the prepared vectors to potentiate tenofovir permeability through the Caco-2 model, a 10-fold increase in tenofovir apparent permeability was observed compared to its oral solution. In conclusion, this novel and validated method was successfully applied to characterize both in vitro encapsulation efficiency and Caco-2 permeability transport for the pharmaceutical assessment of novel tenofovir formulations.	tenofovir; chromatography; liposomes; entrapment; permeation; targeting	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Stahlman, Shauna; Lyons, Carrie; Sullivan, Patrick S; Mayer, Kenneth H; Hosein, Sean; Beyrer, Chris; Baral, Stefan D	HIV incidence among gay men and other men who have sex with men in 2020: where is the epidemic heading?	Sexual Health	-	-	-	-	1448-5028	10.1071/SH16070	https://dx.doi.org/10.1071/SH16070	The goal to effectively prevent new HIV infections among gay, bisexual, and other men who have sex with men (MSM) is more challenging now than ever before. Despite declines in the late 1990s and early 2000s, HIV incidence among MSM is now increasing in many low- and high-income settings including the US, with young, adolescent, and racial/ethnic minority MSM being among those at highest risk. Potentiating HIV risks across all settings are individual-, network-, and structural-level factors such as stigma and lack of access to pre-exposure prophylaxis (PrEP) and antiretroviral treatment as prevention. To make a sustained impact on the epidemic, a concerted effort must integrate all evidence-based interventions that will most proximally decrease HIV acquisition and transmission risks, together with structural interventions that will support improved coverage and retention in care. Universal HIV treatment, increased access to HIV testing, and daily oral PrEP have emerged as integral to the prevention of HIV transmission, and such efforts should be immediately expanded for MSM and other populations disproportionately affected by HIV. Respect for human rights and efforts to combat stigma and improve access to prevention services are needed to change the trajectory of the HIV pandemic among MSM.	NA	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Stalter, Randy M; Tharaldson, Jenae; Owen, Derek H; Okumu, Eunice; Moench, Thomas; Mack, Natasha; Tolley, Elizabeth E; MacQueen, Kathleen M	Attitudes and perceptions towards novel objective measures of ARV-based vaginal ring use: Results from a global stakeholder survey.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0180963	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5510854	Results of recent microbicide and pre-exposure prophylaxis clinical trials have shown adherence to be a significant challenge with new HIV prevention technologies. As the vaginal ring containing dapivirine moves into two open label follow-on studies (HOPE/MTN-025 and DREAM) and other antiretroviral-based and multi-purpose prevention technology ring products advance through the development pipeline, there is a need for more accurate and reliable measures of adherence to microbicide ring products. We previously conducted a comprehensive landscape analysis to identify new technologies that could be applied to adherence measurement of vaginal rings containing antiretrovirals. To explore attitudes and perceptions towards the approaches that we identified, we conducted a survey of stakeholders with experience and expertise in microbicide and HIV prevention clinical trials. From May to July 2015 an electronic survey was distributed via email to 894 stakeholders; a total of 206 eligible individuals responded to at least one question and were included in the data analysis. Survey respondents were presented with various objective measures and asked about their perceived acceptability to trial participants, feasibility of implementation by study staff, usefulness for measuring adherence and ethical concerns. Methods that require no additional input from the participant and require no modifications to the existing ring product (i.e., measurement of residual drug or excipient, or a vaginal analyte that enters the ring) were viewed as being more acceptable to trial participants and more feasible to implement in the field. Respondents saw value in using objective measures to provide real-time feedback on adherence. However, approaches that involve unannounced home visits for sample collection or spot checks of ring use, which could provide significant value to adherence feedback efforts, were met with skepticism. Additional research on the acceptability of these methods to potential trial participants and trial staff is recommended.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Stanley, Kristi; Lora, Meredith; Merjavy, Stephen; Chang, Jennifer; Arora, Sanjay; Menchine, Michael; Jacobson, Kathleen R	HIV Prevention and Treatment: The Evolving Role of the Emergency Department.	Annals of Emergency Medicine	-	-	-	-	1097-6760	10.1016/j.annemergmed.2017.01.018	https://dx.doi.org/10.1016/j.annemergmed.2017.01.018	Historically, the role of the emergency physician in HIV care has been constrained to treating sick patients with opportunistic infections and postexposure prophylaxis for occupational exposures. However, advances in HIV care have led to medications that have substantially fewer issues with toxicity and resistance, opening up an exciting new opportunity for emergency physicians to participate in treating the HIV virus itself. With this new role, it is crucial that emergency physicians be familiar with the advances in testing and medications for HIV prevention and treatment. To our knowledge, to date there has not yet been an article addressing this expansion of practice. We have compiled a summary of what the emergency physician needs to know, including misconceptions associated with antiretroviral therapy, medication complexity, toxicity, resistance, and usability. Additionally, we review potential indications for prescribing these drugs in the emergency department, including the role of the emergency physician in postexposure prophylaxis, preexposure prophylaxis, and treatment of acute HIV, as well as how emergency physicians can engage with chronic HIV infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2017	Storholm E.D.; Volk J.E.; Marcus J.L.; Silverberg M.J.; Satre D.D.	Risk Perception, Sexual Behaviors, and PrEP Adherence Among Substance-Using Men Who Have Sex with Men: a Qualitative Study	Prevention Science	-	-	-	13894986	10.1007/s11121-017-0799-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85020079892&doi=10.1007%2fs11121-017-0799-8&partnerID=40&md5=60de047470728493f5ced1972ad9a05e	The antiretroviral drug combination emtricitabine and tenofovir disoproxil fumarate (TDF/FTC) taken as pre-exposure prophylaxis (PrEP) is effective in preventing HIV infection, yet it also requires adherence and potentially decreases condom use. This study sought to examine these issues among a key population at risk of HIV infection, substance-using men who have sex with men (MSM). We conducted semi-structured interviews with an ethnically diverse sample of 30 young (aged 20–35) MSM prescribed PrEP within a large integrated healthcare system in San Francisco, who had reported recent drug use or hazardous drinking and one or more missed doses of PrEP. We explored participants' risk perception and sexual risk behavior, drug and alcohol use, and PrEP adherence in the context of substance use. Interviews were transcribed and coded using a directed content analysis approach to identify key categories and commonalities, and differences across participants. Salient subcategories included positive psychological effects of being on PrEP (e.g., decreased anxiety, feelings of empowerment), social effects (e.g., reduced HIV stigma), and reduction in overall perceptions of HIV risk. While overall reported use of condoms went down and many reported a brief period of increased condomless sex following PrEP initiation, others continued condom use with most of their sexual partners. Contextual factors influencing their decision to engage in condomless sex included how well they knew the partner and whether the partner was on PrEP or HIV antiretroviral treatment. Factors associated with poor adherence included disruptions in daily routine and use of alcohol and methamphetamine. PrEP-prescribing clinicians should support their patients in making informed decisions about condom use and identifying strategies to maximize adherence in the context of substance use. © 2017, RAND Corporation.	Adherence; Alcohol; Methamphetamine; Pre-exposure prophylaxis; PrEP; Risk perception; Sexual behavior; Substance use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Strauss B.B.; Greene G.J.; Phillips G., II; Bhatia R.; Madkins K.; Parsons J.T.; Mustanski B.	Exploring Patterns of Awareness and Use of HIV Pre-Exposure Prophylaxis Among Young Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-016-1480-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84978032345&doi=10.1007%2fs10461-016-1480-0&partnerID=40&md5=cafeb1e80922ddee18112f7fc963cab4	Pre-exposure prophylaxis (PrEP) has shown promise as a safe and effective HIV prevention strategy, but there is limited research on awareness and use among young men who have sex with men (YMSM). Using baseline data from the "Keep It Up! 2.0" randomized control trial, we examined differences in PrEP awareness and use among racially diverse YMSM (N = 759; mean age = 24.2 years). Participants were recruited from study sites in Atlanta, Chicago, and New York City, as well as through national advertising on social media applications. While 67.5 % of participants reported awareness of PrEP, 8.7 % indicated using the medication. Awareness, but not use, varied by demographic variables. PrEP-users had twice as many condomless anal sex partners (ERR = 2.05) and more condomless anal sex acts (ERR = 1.60) than non-users. Future research should aim to improve PrEP awareness and uptake among YMSM and address condom use. © 2016, Springer Science+Business Media New York.	Behavior; Homosexuality, male; Pre-exposure prophylaxis; Primary health care; Risk reduction; Sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Sullivan K.A.; Lyerly A.D.	Ethical considerations in developing an evidence base for pre-exposure prophylaxis in pregnant women	Reproductive Health	-	-	-	17424755	10.1186/s12978-017-0425-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041173416&doi=10.1186%2fs12978-017-0425-z&partnerID=40&md5=883c91e2654aa180a8a8849fbf4bde76	Though many women in need of access to HIV preventive regimes are pregnant, there is a dearth of data to guide these care decisions. While oral pre-exposure prophylaxis (PrEP) has been shown to prevent HIV infection in numerous high-risk populations, pregnant women have been excluded from all major prospective trials. We propose for ethical examination a theoretical trial - a prospective, observational study of PrEP for pregnant women at risk for HIV in sub-Saharan Africa - highlighting an ethical tradeoff that characterizes issues faced for advancing research in pregnancy. On the one hand, an "opportunistic" study design has certain ethical advantages: as formally construed, the research activity usually begins after decisions to use PrEP during pregnancy are made in the clinical setting. This minimizes research risks and avoids ethical problems that a randomized controlled trial (RCT) comparing PrEP to placebo would entail, particularly withholding care proven beneficial in other populations. On the other hand, observational studies yield less precise information than RCTs. This raises a broader question about the pace of research with pregnant women, as it typically takes many years after a drug's approval for use in the general population to determine safety of the medication in pregnancy. Such delays can have the effect of making it impossible to ethically conduct an RCT with pregnant women, reducing the likelihood that the research community is able to obtain robust, pregnancy-specific evidence. While an observational cohort is potentially the most ethically and scientifically justified research design to study PrEP in pregnancy, earlier involvement of pregnant women in studies of newer preventives may lead to evidence that is more timely and robust. © 2017 The Author(s).	Clinical trials; Ethics; HIV; Maternal health; Pre-exposure prophylaxis; Pregnancy; Research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Sullivan P.S.; Driggers R.; Stekler J.D.; Siegler A.; Goldenberg T.; McDougal S.J.; Caucutt J.; Jones J.; Stephenson R.	Usability and acceptability of a mobile comprehensive hiv prevention app for men who have sex with men: A pilot study	JMIR mHealth and uHealth	-	-	-	22915222	10.2196/mhealth.7199	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026817719&doi=10.2196%2fmhealth.7199&partnerID=40&md5=e80589168c7c3777266a94817531b290	Background: Men who have sex with men (MSM) are the group most impacted by the human immunodeficiency virus (HIV) epidemic and the only subgroup in the United States among which new HIV diagnoses are not decreasing. To achieve the US National HIV/AIDS (acquired immunodeficiency syndrome) Strategy goals of reducing new diagnoses by 25%, high (eg, 30-50%) coverage of multiple HIV prevention interventions is needed in both urban and rural areas. Mobile phone "apps"are an important channel through which prevention services could be provided at scale and at low marginal cost. Objective: The aim of this study was to evaluate the usability and acceptability of a theory-based Android mobile phone app for HIV prevention. Methods: The app included self-assessment tools; prevention recommendations; commodity (condoms, HIV self-tests) ordering; reminders to MSM for basic HIV prevention services, HIV testing, condom use, screening for preexposure prophylaxis (PrEP) and nonoccupational postexposure prophylaxis (nPEP); and prevention and treatment provider locators. The study recruited HIV-negative, Android-using MSM in Atlanta and Seattle who were asked to use the app for 4 months and complete a post-use survey. We measured the use of the app and its features, ordering of commodities, self-report of establishing an HIV testing plan, being HIV tested in the community, and starting PrEP or using nPEP. Usability was assessed using the system usability scale (SUS). Results: A total of 121 MSM were enrolled (59.5%, 72/121 from Atlanta; 40.5%, 49/121 from Seattle). Median age was 28. Nearly half (48.8%, 59/121) were nonwhite, and most (85.9%, 104/121) were gay-identified. Most had tested for HIV in the past (85.1%, 103/121), and 52 (43.0%, 52/121) had a plan to test for HIV regularly. Men used the app for an average of 17.7 minutes over the first 4 months. Over the 4-month period, over half ordered condoms (63.6%, 77/121) and HIV test kits (52.8%, 64/121) on the app. Eight of 86 (9%) PrEP-eligible MSM started PrEP during the 4-month period; of those, 6 of the 8 reported that the app influenced their decision to start PrEP. The mean SUS was 73 (above average). Conclusions: A theory-based mobile phone app was acceptable to MSM and was rated as having above-average usability. Most men used the commodity-ordering features of the app during the 4-month evaluation period, and nearly 1 in 10 PrEP-eligible men started PrEP, with most attributing their decision to start PrEP in part to the app. A broader, randomized controlled study of the impact of the app on uptake of prevention behaviors for MSM is warranted. © 2020 Patrick S Sullivan, Robert Driggers, Joanne D Stekler, Aaron J Siegler, Tamar Goldenberg, Sarah J McDougal, Jason Caucutt, Jeb Jones, Rob Stephenson.	Condoms; Homosexuality, male; Mobile applications; Pilot projects; Pre-exposure prophylaxis; Sexual minorities	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2017	Tan, Darrell H S, MD PhD; Hull, Mark W, MD MHSc; Yoong, Deborah, BScPhm PharmD; Tremblay, Cécile, MD; O'Byrne, Patrick, RN PhD; Thomas, Réjean, MD; Kille, Julie, RN; Baril, Jean-Guy, MD; Cox, Joseph, MD MSc; Giguere, Pierre, BPharm MSc; Harris, Marianne, MD; Hughes, Christine, BScPharm PharmD; MacPherson, Paul, MD PhD; O'Donnell, Shannon, MD MPH; Reimer, Joss, MD MPH; Singh, Ameeta, BMBS MSc; Barrett, Lisa, MD PhD; Bogoch, Isaac, MD MSc; Jollimore, Jody, MPP; Lambert, Gilles, MD; Lebouche, Bertrand, MD PhD; Metz, Gila, MD; Rogers, Tim, PhD; Shafran, Stephen, MD	Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis	-	-	-	-	08203946	10.1503/cmaj.170494	https://www.proquest.com/scholarly-journals/canadian-guideline-on-hiv-pre-exposure/docview/1992208595/se-2?accountid=8113	New HIV infections occur every year in Canada, highlighting the need for integrated prevention programs. Pre-exposure prophylaxis (PrEP) and nonoccupational postexposure prophylaxis (nPEP) are two important strategies for preventing HIV that should be considered standard of care and implemented as components of a comprehensive response to the epidemic. Pre-exposure prophylaxis is the use of certain antiretroviral medications by HIV-uninfected persons who are at high, ongoing risk of HIV acquisition, beginning before and continuing after potential HIV exposures. Postexposure prophylaxis (PEP) involves 28 days of antiretroviral medications immediately after a specific HIV exposure, and is nonoccupational when used after sexual and injection drug use exposures, rather than accidental exposures that occur in work contexts. The large financial cost of HIV infection and the young age of those newly diagnosed underscore the economic and social importance of preventing new infections. We hope that this guideline will contribute to reducing HIV incidence in Canada by improving the quality of care, increasing access to care, reducing inappropriate variation in practice and promoting the rigorous evaluation of biomedical prevention strategies nationwide.	Canada; Pre-exposure prophylaxis; Antiretroviral drugs; Post-exposure prophylaxis; Drug use; Human immunodeficiency virus--HIV; United States--US; Acquired immune deficiency syndrome--AIDS; Medical Sciences; United Kingdom--UK; Emergency medical care; Guideline	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Other
Article	2017	Tang Q.; Lu H.-Z.	Discussion on epidemic status and control strategies of HIV/AIDS	Fudan University Journal of Medical Sciences	-	-	-	16728467	10.3969/j.issn.1672-8467.2017.06.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040659323&doi=10.3969%2fj.issn.1672-8467.2017.06.010&partnerID=40&md5=6c66454328c4654b37e05b5ffc02f3ea	Antiretroviral therapy (ART) is a chronic suppressive treatment that provides lifelong treatment effectively for patients with HIV, improving the quality of life for patients. Although the overall trend of new infections is declining, the number of new HIV infections per year and the number of deaths related AIDS is still very large, remaining one of the world's biggest public health challenges. In the field of epidemiology, HIV/AIDS distributed in poor areas with limited medical means such as Africa, and men who have sex with men (MSM), sex workers and people who inject drugs (PWID) become the main susceptible population; In the field of prevention, prevention of mother-to-child transmission (PMTCT) services, treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) have achieved initial success, but the coverage is still limited; In the field of treatment, the extent of HIV resistance in multiple countries increases to more than 10%, and the cure of HIV/AIDS research and vaccine development are currently in animal or cellular experiments. Over the past decade, China has established several measures to prevent the HIV epidemic further, and improve the quality of life of people living with HIV/AIDS patients. At the same time, China is also facing the following challenges: the targeted prevention program, susceptible groups increased (such as MSM, PWID and youth), long-term care of patients with HIV/AIDS, the coverage of PMTCT services, eliminate discrimination process, etc. Therefore, the purpose of this article is to review the epidemic status and control strategies of HIV/AIDS in China and the whole world in recent years. © 2017, Editorial Department of Fudan University Journal of Medical Sciences. All right reserved.	Epidemic status; HIV/AIDS; Prevention strategies; Treatment advances	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2017	Taylor S.W.; Psaros C.; Pantalone D.W.; Tinsley J.; Elsesser S.A.; Mayer K.H.; Safren S.A.	"Life-Steps" for PrEP Adherence: Demonstration of a CBT-Based Intervention to Increase Adherence to Preexposure Prophylaxis (PrEP) Medication Among Sexual-Minority Men at High Risk for HIV Acquisition	Cognitive and Behavioral Practice	-	-	-	10777229	10.1016/j.cbpra.2016.02.004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-84963955068&doi=10.1016%2fj.cbpra.2016.02.004&partnerID=40&md5=99b3f9de34a496d79ce61882c5aa8ca8	One dramatic advance in human immunodeficiency virus (HIV) prevention efforts has been the prescription of medications typically used for HIV treatment as prophylaxis against acquiring HIV. As a preventative agent, this practice is referred to as "preexposure prophylaxis" (PrEP). The U.S. Federal Drug Administration approved daily PrEP for adults at risk for HIV who do not consistently use condoms during sex with HIV-infected or unknown-status partners. In this paper, we describe a cognitive-behavioral therapy (CBT) PrEP adherence intervention developed for use in high-risk sexual-minority men in the United States, adapted from "Life-Steps," an evidence-based CBT intervention to promote adherence to HIV treatment. Modules include creating a PrEP dosing schedule, adhering to daily PrEP, problem solving barriers to adherence, and sexual risk-reduction techniques. Supplemented with practical video vignettes, this novel intervention may help to enhance the clinical practice of health care providers in outpatient settings to increase PrEP adherence in sexual-minority men. © 2016	CBT; HIV; medication adherence; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Tetteh R.A.; Yankey B.A.; Nartey E.T.; Lartey M.; Leufkens H.G.M.; Dodoo A.N.O.	Pre-Exposure Prophylaxis for HIV Prevention: Safety Concerns	Drug Safety	-	-	-	1145916	10.1007/s40264-017-0505-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85010723232&doi=10.1007%2fs40264-017-0505-6&partnerID=40&md5=472a3944c74aecc9cb71f5c2d606d536	Available evidence supports the efficacy of pre-exposure prophylaxis (PrEP) in decreasing the incidence of human immunodeficiency virus (HIV) infection among high-risk individuals, especially when used in combination with other behavioural preventive methods. Safety concerns about PrEP present challenges in the implementation and use of PrEP. The aim of this review is to discuss safety concerns observed in completed clinical trials on the use of PrEP. We performed a literature search on PrEP in PubMed, global advocacy for HIV prevention (Aids Vaccine Advocacy Coalition) database, clinical trials registry "http://www.clinicaltrials.gov" and scholar.google, using combination search terms 'pre-exposure prophylaxis', 'safety concerns in the use of pre-exposure prophylaxis', 'truvada use as PrEP', 'guidelines for PrEP use', 'HIV pre-exposure prophylaxis' and 'tenofovir' to identify clinical trials and literature on PrEP. We present findings associated with safety issues on the use of PrEP based on a review of 11 clinical trials on PrEP with results on safety and efficacy as at April 2016. We also reviewed findings from routine real-life practice reports. The pharmacological intervention for PrEP was tenofovir disoproxil fumarate/emtricitabine in a combined form as Truvada® or tenofovir as a single entity. Both products are efficacious for PrEP and seem to have a good safety profile. Regular monitoring is recommended to prevent long-term toxic effects. The main adverse effects observed with PrEP are gastrointestinal related; basically mild to moderate nausea, vomiting and diarrhea. Other adverse drug effects worth monitoring are liver enzymes, renal function and bone mineral density. PrEP as an intervention to reduce HIV transmission appears to have a safe benefit-risk profile in clinical trials. It is recommended for widespread use but adherence monitoring and real-world safety surveillance are critical in the post-marketing phase to ensure that the benefits observed in clinical trials are maintained in real-world use. © 2017, The Author(s).	anti human immunodeficiency virus agent; creatinineanti human immunodeficiency virus agent; emtricitabine plus tenofovir disoproxil; tenofovir	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2017	Thangaratinam, Shakila; Allotey, John; Marlin, Nadine; Dodds, Julie; Cheong-See, Fiona; von Dadelszen, Peter; Ganzevoort, Wessel; Akkermans, Joost; Kerry, Sally; Mol, Ben W; Moons, Karl G M; Riley, Richard D; Khan, Khalid S	Prediction of complications in early-onset pre-eclampsia (PREP): development and external multinational validation of prognostic models	BMC Medicine	-	-	-	1741-7015	10.1186/s12916-017-0827-3	https://abdn.elsevierpure.com/en/publications/prediction-of-complications-in-early-onset-pre-eclampsia-prep-dev	Unexpected clinical deterioration before 34 weeks gestation is an undesired course in early-onset pre-eclampsia. To safely prolong preterm gestation, accurate and timely prediction of complications is required. Women with confirmed early onset pre-eclampsia were recruited from 53 maternity units in the UK to a large prospective cohort study (PREP-946) for development of prognostic models for the overall risk of experiencing a complication using logistic regression (PREP-L), and for predicting the time to adverse maternal outcome using a survival model (PREP-S). External validation of the models were carried out in a multinational cohort (PIERS-634) and another cohort from the Netherlands (PETRA-216). Main outcome measures were C-statistics to summarise discrimination of the models and calibration plots and calibration slopes. A total of 169 mothers (18%) in the PREP dataset had adverse outcomes by 48 hours, and 633 (67%) by discharge. The C-statistics of the models for predicting complications by 48 hours and by discharge were 0.84 (95% CI, 0.81-0.87; PREP-S) and 0.82 (0.80-0.84; PREP-L), respectively. The PREP-S model included maternal age, gestation, medical history, systolic blood pressure, deep tendon reflexes, urine protein creatinine ratio, platelets, serum alanine amino transaminase, urea, creatinine, oxygen saturation and treatment with antihypertensives or magnesium sulfate. The PREP-L model included the above except deep tendon reflexes, serum alanine amino transaminase and creatinine. On validation in the external PIERS dataset, the reduced PREP-S model showed reasonable calibration (slope 0.80) and discrimination (C-statistic 0.75) for predicting adverse outcome by 48 hours. Reduced PREP-L model showed excellent calibration (slope: 0.93 PIERS, 0.90 PETRA) and discrimination (0.81 PIERS, 0.75 PETRA) for predicting risk by discharge in the two external datasets. PREP models can be used to obtain predictions of adverse maternal outcome risk, including early preterm delivery, by 48 hours (PREP-S) and by discharge (PREP-L), in women with early onset pre-eclampsia in the context of current care. They have a potential role in triaging high-risk mothers who may need transfer to tertiary units for intensive maternal and neonatal care. ISRCTN40384046 , retrospectively registered.	Humans; Biomarkers; Female; Womens health; Adult; Risk Assessment; Risk Factors; Pregnancy; Laboratories; United Kingdom; Medical prognosis; Diagnosis; Hazards; Regression analysis; Therapy; Pain; Guidelines; Urine; Health risk assessment; Prospective Studies; Age; Creatinine; Nausea; Mathematical models; Mothers; Obstetrics; Hospitals; Fetuses; Hypertension; Risk management; Alanine; Alanine transaminase; Angiogenesis; Antihypertensives; Babies; Blood pressure; Complications; Computer programs; Data processing; Diabetes mellitus; Early-onset; Family medical history; Gestational Age; Headache; Infant Newborn; Intensive care; Logistic Models; Magnesium; Maternal; Oximetry; Oxygen; Paralysis; Parity; Placenta; Polymerase chain reaction; Pre-eclampsia; Pre-Eclampsia - physiopathology; Prediction models; Preeclampsia; Prenatal Diagnosis - standards; Prognosis; Prognostic models; Protocol (computers); Reflexes; Saturation; Simulation; Sulfates; Survival; Survival analysis; Twins; Urea; Uric acid; Visual perception; Vomiting	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Editorial	2017	The Lancet HIV	Better late than never: PrEP in England	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(16)30230-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85006372409&doi=10.1016%2fS2352-3018%2816%2930230-2&partnerID=40&md5=aa50daefc785cff35594115e87dd272b	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Editorial	2017	The Lancet HIV	The costs on inaction on PrEP	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(17)30002-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85011074179&doi=10.1016%2fS2352-3018%2817%2930002-4&partnerID=40&md5=727593fb73c5e9c8d6602400313de5d4	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Article	2017	Thomson, KA; Haberer, JE; Marzinke, MA; Mujugira, A; Hendrix, CW; Celum, C; Ndase, P; Ronald, A; Bangsberg, DR; Baeten, JM	medication Sharing Is Rare Among African HIV-1 Serodiscordant Couples Enrolled in an Efficacy Trial of Oral Pre-exposure Prophylaxis (PrEP) for HIV-1 Prevention	Journal of Acquired Immune Deficiency Syndromes	-	-	-	NA	10.1097/QAI.0000000000001356	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01375150/full	Sharing of pre-exposure prophylaxis (PrEP) medications is a concern for PrEP implementation. For HIV-1 serodiscordant couples, sharing may undermine the HIV-1 prevention benefit and also cause antiretroviral resistance if taken by HIV-1 infected partners. Within a PrEP efficacy trial among HIV-1 serodiscordant couples, we assessed the occurrence of PrEP sharing by self-report and plasma tenofovir concentrations in HIV-1 infected partners. PrEP sharing was self-reported at <0.01% of visits, and 0%-1.6% of randomly selected and 0% of purposively selected specimens from HIV-1 infected participants had detectable tenofovir concentrations (median: 66.5 ng/mL, range: 1.3-292 ng/mL). PrEP sharing within HIV-1 serodiscordant couples was extremely rare.	*Human immunodeficiency virus 1; *nonhuman; *pre exposure prophylaxis; Anti-HIV Agents; Black People; Clinical trial; Controlled clinical trial; Controlled study; Family Characteristics; Female; HIV Infections *prevention & control; HIV Seronegativity *drug effects; HIV Seropositivity *transmission; HIV-1 *drug effects; Human; Human tissue; Humans; Kenya epidemiology; Licence; Male; Medication Adherence *statistics & numerical data; Plasma; Prescription Drug Misuse *statistics & numerical data; Prevention; Pre-Exposure Prophylaxis; Randomized controlled trial; Risk-Taking; Self report; Tenofovir; Uganda epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2017	TIWARI, CHANCHALA	Factors Associated with Pre-Exposure Prophylaxis (PrEP) Adherence Self-Efficacy among High-risk Drug Users in Treatment	-	-	University of Connecticut	-	NA	NA	https://opencommons.uconn.edu/gs_theses/1149 https://opencommons.uconn.edu/context/gs_theses/article/2255/viewcontent/Chanchala__Final_chapters.pdf	Recent studies on Pre-exposure prophylaxis treatment (PrEP) has received significant recognition as a promising preventive strategy among high-risk individuals. Although a significant amount of research has been conducted on willingness of PrEP use, and NCI as predictors of HIV risk behavior, no study to date, has explored the impact of various motivation factors along with the use of internet & technology devices and psychological aspects on PrEP adherence self-efficacy. So, the objectives of thesis analyses were to examine whether various motivation factors, psychological factors, and communication technology predicts PrEP adherence self-efficacy. Method: The study was conducted among 400 HIV-negative high-risk PWUD enrolled in a community based methadone maintenance treatment program. Participants completed an audio-computer-assisted self-interview (ACASI) which measured motivation, Neurocognitive impairment (NCI), depression, use of internet and technology devices and adherence self-efficacy. We conducted linear regression analyses of different factors on PrEP adherence self-efficacy. Result: The analysis showed the social motivation (β=0.32, p =0.0) and attitudes about PrEP use (β=0.139, p=.004) predicted PrEP adherence self-efficacy. However, intention motivation for PrEP (β= -0.241, p>0.05) showed a reciprocal relationship with adherence self-efficacy. Finding highlights that use of internet (β=0.09, p=0.017) has a positive impact on adherence self-efficacy along with the use of technology devices (β=0213, pConclusion: The, results suggest the significant association with motivation and use of technology benefits strengthens our knowledge about important factors affecting PrEP use among high risk individuals that may be valuable to incorporate into future interventions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Trueland, Jennifer	Support grows for 'essential' HIV prevention drug.	Nursing Standard	-	-	-	2047-9018	10.7748/ns.31.45.26.s23	https://dx.doi.org/10.7748/ns.31.45.26.s23	The HIV prevention treatment PrEP has been hailed a game-changer, with the potential to transform people's lives and save the NHS hundreds of thousands of pounds per patient in lifetime costs.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Review
Article	2017	Uyei, Jennifer; Fiellin, David A; Buchelli, Marianne; Rodriguez-Santana, Ramon; Braithwaite, R Scott	Effects of naloxone distribution alone or in combination with addiction treatment with or without pre-exposure prophylaxis for HIV prevention in people who inject drugs: a cost-effectiveness modelling study.	The Lancet Public Health	-	-	-	2468-2667	10.1016/S2468-2667(17)30006-3	https://dx.doi.org/10.1016/S2468-2667(17)30006-3	BACKGROUND: In the USA, an epidemic of opioid overdose deaths is occurring, many of which are from heroin. Combining naloxone distribution with linkage to addiction treatment or pre-exposure prophylaxis (PrEP) for HIV prevention through syringe service programmes has the potential to save lives and be cost-effective. We estimated the outcomes and cost-effectiveness of five alternative strategies: no additional intervention, naloxone distribution, naloxone distribution plus linkage to addiction treatment, naloxone distribution plus PrEP, and naloxone distribution plus linkage to addiction treatment and PrEP. METHODS: We developed a decision analytical Markov model to simulate opioid overdose, HIV incidence, overdose-related deaths, and HIV-related deaths in people who inject drugs in Connecticut, USA. Model input parameters were derived from published sources. We compared each strategy with no intervention, as well as simultaneously considering all strategies. Sensitivity analysis was done for all variables. Linkage to addiction treatment was referral to an opioid treatment programme for methadone. Endpoints were survival, life expectancy, quality-adjusted life-years (QALYs), number and percentage of overdose deaths averted, number of HIV-related deaths averted, total costs (in 2015 US$) associated with each strategy, and incremental cost per QALY gained. FINDINGS: In the base-case analysis, compared with no additional intervention, the naloxone distribution strategy yielded an incremental cost-effectiveness ratio (ICER) of $323 per QALY, and naloxone distribution plus linkage to addiction treatment was cost saving compared with no additional intervention (greater effectiveness and less expensive). The most efficient strategies (ie, those conferring the greatest health benefit for a particular budget) were naloxone distribution combined with linkage to addiction treatment (cost saving), and naloxone distribution combined with PrEP and linkage to addiction treatment (ICER $95â337 per QALY) at a willingness-to-pay threshold of $100â000. In probabilistic sensitivity analysis, the combination of naloxone distribution, PrEP, and linkage to addiction treatment was the optimal strategy in 37% of iterations and the combination of naloxone distribution and linkage to addiction treatment was the optimal strategy in 34% of iterations. INTERPRETATION: Naloxone distribution through syringe service programmes is cost-effective compared with syringe distribution alone, but when combined with linkage to addiction treatment is cost saving compared with no additional services. A strategy that combines naloxone distribution, PrEP, and linkage to addiction treatment results in greater health benefits in people who inject drugs and is also cost-effective. FUNDING: State of Connecticut Department of Public Health and the National Institute of Mental Health.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Vaccher S.J.; Gianacas C.; Templeton D.J.; Poynten I.M.; Haire B.G.; Ooi C.; Foster R.; McNulty A.; Grulich A.E.; Zablotska I.B.	Baseline preferences for daily, event-driven, or periodic hiv pre-exposure prophylaxis among gay and bisexual men in the prelude demonstration project	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2017.00341	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058038492&doi=10.3389%2ffpubh.2017.00341&partnerID=40&md5=fac92ae751877fc2a157528c1954a54d	introduction: The effectiveness of daily pre-exposure prophylaxis (PrEP) is well established. However, there has been increasing interest in non-daily dosing schedules among gay and bisexual men (GBM). This paper explores preferences for PrEP dosing schedules among GBM at baseline in the PRELUDE demonstration project. Materials and methods: Individuals at high-risk of HIV were enrolled in a free PrEP demonstration project in New South Wales, Australia, between November 2014 and April 2016. At baseline, they completed an online survey containing detailed behavioural, demographic, and attitudinal questions, including their ideal way to take PrEP: daily (one pill taken every day), event-driven (pills taken only around specific risk events), or periodic (daily dosing during periods of increased risk). results: Overall, 315 GBM (98% of study sample) provided a preferred PrEP dosing schedule at baseline. One-third of GBM expressed a preference for non-daily PrEP dosing: 20% for event-driven PrEP, and 14% for periodic PrEP. Individuals with a trade/ vocational qualification were more likely to prefer periodic to daily PrEP adjusted odds ratio (aOR) = 4.58, 95% confidence intervals (95% CI): (1.68, 12.49), compared to individuals whose highest level of education was high school. Having an HIV-positive main regular partner was associated with strong preference for daily, compared to event-driven PrEP aOR = 0.20, 95% CI: (0.04, 0.87). Participants who rated themselves better at taking medications were more likely to prefer daily over periodic PrEP aOR = 0.39, 95% CI: (0.20, 0.76). Discussion: Individuals' preferences for PrEP schedules are associated with demographic and behavioural factors that may impact on their ability to access health services and information about PrEP and patterns of HIV risk. At the time of data collection, there were limited data available about the efficacy of non-daily PrEP schedules, and clinicians only recommended daily PrEP to study participants. Further research investigating how behaviours and PrEP preferences change correspondingly over time is needed. © 2017 Vaccher, Gianacas, Templeton, Poynten, Haire, Ooi, Foster, McNulty, Grulich, Zablotska.	Dosing preferences; Event-driven pre-exposure prophylaxis; Gay and bisexual men; HIV; Non-daily dosing; Periodic pre-exposure prophylaxis; Pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2017	Vaccher, Stefanie J; Grulich, Andrew E; Haire, Bridget G; Conway, Damian P; Poynten, Isobel M; Ooi, Catriona; Foster, Rosalind; Templeton, David J; Zablotska, Iryna B; on behalf of the PRELUDE Study Team	Validation of participant eligibility for pre-exposure prophylaxis: Baseline data from the PRELUDE demonstration project	PLOS One	-	-	-	NA	10.1371/journal.pone.0185398	https://www.proquest.com/scholarly-journals/validation-participant-eligibility-pre-exposure/docview/1943095510/se-2?accountid=8113	Background In Australia, pre-exposure prophylaxis (PrEP) is targeted to individuals at high risk for HIV infection. We describe the HIV risk profile and characteristics of PRELUDE participants, and evaluate the population validity of the sample in representing high-risk gay and bisexual men (GBM) eligible for PrEP. Methods PRELUDE is an on-going, open-label, single-arm observational study. Participants were identified in clinics and screened for eligibility using a paper-based risk assessment tool which followed the New South Wales (NSW) PrEP guidelines. Selection was validated using an independent online behavioural survey, completed by study participants upon enrolment. Demographic information was analysed using descriptive statistics, and kappa tests were used to determine agreement between reporting of high-risk practices in the risk assessment and behavioural survey. Results During 2014–15, 471 individuals were targeted for enrolment; 341 were assessed for PrEP eligibility and 313 were enrolled. Of these, 303 (97%) identified as GBM. Overall, 85% of GBM met at least one high-risk criterion; 68% reported receptive intercourse with an HIV-positive or unknown status casual male partner, and 37% reported methamphetamine use in the three months preceding enrolment. The remaining 15% were enrolled based on medium-risk behaviours, or at the clinicians' discretion. We found an 82% total agreement between self-reported high-risk behaviour and clinicians' categorisation of GBM as being at high risk for HIV based on PrEP eligibility criteria. Conclusions Behavioural eligibility criteria used by clinicians successfully identified individuals at high risk for HIV infection. This targeted approach ensures that the greatest public health and HIV prevention benefits can be derived in a setting without universal access to PrEP.	Bisexuality; HIV; Australia; Pre-exposure prophylaxis; HIV infections; Methamphetamine; Post-exposure prophylaxis; Validation; Infections; Health services; Behavior; Public health; Prophylaxis; Risk assessment; Exposure; Statistical analysis; Demographics; Disease transmission; Surveys; Bisexual; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Mens health; Health risks; Preventive healthcare; Statistical tests; Bisexuals; Criteria	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Essay	2017	Valdez Carrizz, Edgar	Bolivia debe PrEPararse ante las nuevas infecciones del VIH	Revista Científica Ciencia Médica	-	-	-	1817-7433	NA	https://www.redalyc.org/articulo.oa?id=426054755015	"Como publican datos estadísticos del Programa Nacional ITSVIH/sida del Ministerio de Salud y del SEDES Cochabamba, en el 2017 se determinó que los casos de infecciones por VIH en Bolivia incrementaron en un 30%, comparado con la gestión 2016 y en algunas regiones rurales de Cochabamba aumentaron entre el 100 al 300%1 . Existe aún un diagnóstico tardío para 65%2 , de personas que llegan a los servicios hospitalarios de Cochabamba en etapa de sida, muchas de estas personas continúan falleciendo. Según información del Ministerio de Salud, el VIH/Sida tiene una prevalencia en la población general de 0,16% y 0,80% en gestantes; en trabajadoras sexuales 0,57%3 (3). No obstante, esta cifra asciende en la población GLBT–HSH (Gey, Lesbiana, Bisexual, Transexual-Hombres que tienen Sexo con Hombres) a 11,6% y en la población Trans a 19,70% (proyecciones EPPSpectrum)"	NA	Spanish	Bolivia	Latin America and the Caribbean	Bolivia	Latin America and the Caribbean	NA	NA	Other
Theses and Dissertations	2017	Valencia, Celina I., Valencia, Celina I.	Modeling social factors of HIV risk in Mexico	-	-	University of Arizona	-	NA	NA	http://hdl.handle.net/10150/625554	Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) is an urgent public health issue in Mexico. Mexico has witnessed a 122% increase in reported prevalence of HIV since 2001 (Holtz et al., 2014). Country estimates suggest there are between 140,000-230,000 individuals living with HIV in Mexico (CENSIDA, 2014). While approximately 50% of individuals living with HIV in Mexico are unaware that they are living with the virus (CENSIDA, 2014). Despite a federal universal HIV program implemented in 2011, HIV in Mexico has not reached a chronic infectious disease status as seen in other regions of the globe (Deeks, 2013). The mortality rate among individuals with HIV/AIDS in Mexico is 4.2 per 100,000 (CENSIDA, 2014). There is a paucity of findings regarding social and epidemiological data focused on populations outside traditional at risk populations of HIV in Mexico (Martin-Onraët et al., 2016). Analyzing aggregate country level data for Mexico provides necessary insights to better understanding previously unconsidered social factors that are informing sexual and reproductive health trends influencing HIV health patterns. Methods: Secondary analyses were performed on Mexico's Encuesta Nacional de Salud y Nutrición 2012 (ENSANUT). Mexico's ENSANUT is a probabilistic aggregate national dataset with a multistage stratified cluster sampling design (Janssen et al., 2013). ENSANUT is Mexico's equivalent to the National Health and Nutrition Examination Survey (NHANES) in the United States. Data is collected via self-report interviews conducted at the participant's home. A structured questionnaire was administered to individuals 20 years of age and older (≥ 20) where sexual and reproductive data was collected from participants. The ENSANUT adult study sub-sample (n=46,227) is comprised of 42.75% men and 57.25% women. A general linear model (GLM), principal component analysis (PCA), chi-squares (χ^2), and logistic regressions were applied to the study adult subsample to disentangle social factors associated with sexually transmitted infections (STIs) in the population. Quantitative analyses were conducted on SAS 9.4. Findings: Men were more likely to have a STI diagnosis (OR=3.60; 95% CI 3.00, 4.32, p=<0.001). Previous HIV testing was found to be protective for STI diagnosis across both genders (OR=0.82, 95% CI 0.72, 0.94, p=<0.001). Co-infections of HIV/gonorrhea and HIV/syphilis (n=20) were the highest in the study population. The latent variable model indicates mental health and access to health care resources are critical for positive sexual and reproductive health outcomes in Mexico. Mental health was found to be non-protective for STI risk among the study population (OR=1.59, 95% CI 1.41, 1.81, p=<0.0001). Policy recommendations: 1. Increased access and utilization of HIV resources and mental health services would benefit the study population. Further qualitative research is needed to better understand the barriers to health care access and utilization in these two domains; 2. Increase in preventative programs and health initiatives that encourage established strategies for positive sexual and reproductive health outcomes. These strategies include: universal human papillomavirus (HPV) vaccines, wide availability of Pre-Exposure Prophylaxis (PrEP), and routine HIV/STI screenings; 3. Alternative data collection strategies for ENSANUT which are culturally appropriate for sexual and reproductive health constructs.	HIV; latent variable model; Mexico; population data; sexually transmitted diseases; social risk	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Essay	2017	van de Laar, Thijs Jw; Richel, Olivier	Emerging viral STIs among HIV-positive men who have sex with men: the era of hepatitis C virus and human papillomavirus.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2016-052677	https://dx.doi.org/10.1136/sextrans-2016-052677	The number of infectious disease outbreaks and the number of unique pathogens responsible have significantly increased since the 1980s. HIV-positive men who have sex with men (MSM) are a vulnerable population with regards to the introduction, spread and clinical consequences of (newly introduced) STIs. After the introduction of combination antiretroviral treatment (cART), the incidence of sexually acquired hepatitis C virus (HCV) infection and human papillomavirus (HPV)-induced anal cancers have significantly increased among HIV-positive MSM. The introduction and expansion of HCV is the result of increased sexual risk behaviour and sexually acquired mucosal trauma within large interconnected networks of HIV-positive MSM in particular. With the availability of cART, postexposure and pre-exposure prophylaxis (PEP and PrEP) and direct-acting antivirals (DAAs) for HCV, less concern for HIV and HCV might require a new approach to develop effective behavioural intervention strategies among MSM. The marked rise in HPV-induced anal cancers can be ascribed to the long-term immunologic defects in an ageing population affected by HIV. More evidence with regards to effective treatment options for anal dysplastic lesions and the usefulness of anal malignancy screening programmes is urgently needed. Most anal cancers in the future generation of HIV-positive MSM could be prevented with the inclusion of boys in addition to girls in current HPV vaccination programmes.	NA	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Other
Article	2017	Van Der Straten A.; Shapley-Quinn M.K.; Reddy K.; Cheng H.; Etima J.; Woeber K.; Musara P.; Palanee-Phillips T.; Baeten J.M.; Montgomery E.T.	Favoring "peace of Mind": A Qualitative Study of African Women's HIV Prevention Product Formulation Preferences from the MTN-020/ASPIRE Trial	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2017.0075	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85023748811&doi=10.1089%2fapc.2017.0075&partnerID=40&md5=f8106d253303db8e19756421a0e06656	Several formulations of HIV pre-exposure prophylaxis (PrEP) have shown varying levels of effectiveness in women. Little information is known about preference across formulations, especially among product experienced women. Seventy-one women (48% married; median age 26; range 18-45) who were participating in a vaginal ring trial for HIV prevention in Malawi, South Africa, Uganda, and Zimbabwe underwent an in-depth interview at their last study visit, during which they were presented with pictures and descriptions of nine possible product formulations (male and female condoms, oral tablets, injectables, implants, and a vaginal gel, ring, insert, and film). Each formulation was discussed, highlighting salient attribute(s) and contextual factors that may have informed stated preferences. Participants expressed most interest for long-acting PrEP formulations (rings, 94%; implants, 39%; injections, 34%), which were generally favored over short-acting ones. Participants appreciated the continuous protection offered, discreet usage, and the advantage of "peace of mind" imparted by simplified use and infrequent dosing, alleviating worries around forgetting doses. Preferred attributes of short-acting formulations included reversibility, user control, ease of administration, and low toxicity. Participants were least interested in the oral tablets (due to the daily dosing, difficulty swallowing pills, and HIV-related stigma), and the vaginal gel and film (due to vaginal insertion, coital dosing, effect on sex. and unfamiliarity with the method). Dislike for vaginally administered products was more pronounced among young women. Multiple factors played into potential users' considerations for preferred formulations, emphasizing how a suite of options for prevention might best respond to women's needs and wants. © Copyright 2017, Mary Ann Liebert, Inc. 2017.	Africa; biomedical HIV prevention; formulation(s); microbicide; PrEP; qualitative study; vaginal ring; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2017	van der Wal, Ran, MSc, LLM; Loutfi, David, MSc	Pre-exposure prophylaxis for HIV prevention in East and Southern Africa	Canadian Journal of Public Health	-	-	-	00084263	10.17269/CJPH.108.6254	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv-prevention-east/docview/1991565219/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) has proven to be highly effective in preventing HIV in uninfected persons when properly adhered to. East and Southern African countries that suffer from high HIV prevalence and incidence are increasingly adopting PrEP as an HIV prevention strategy for their high-risk populations, including for young women. Structural factors such as poverty, lack of education, and gender-based violence may compromise their PrEP uptake and adherence, however. Choice-disabled young women are most at risk of HIV infection and least able to apply HIV prevention choices. For successful rollout of this biomedical solution, we need structural interventions that address these underlying drivers of the HIV epidemic.Resumé alternativo:Lorsqu'elle est bien suivie, la prophylaxie pré-exposition (PPrE) s'avere hautement efficace pour prévenir le VIH chez les personnes non infectées. Les pays d'Afrique de l'Est et d'Afrique australe aux prises avec des taux élevés de prévalence et d'incidence du VIH adoptent de plus en plus la PPrE comme stratégie de prévention du VIH dans les populations à risque élevé, en particulier les jeunes femmes. Les facteurs comme la pauvreté, le manque d'instruction et la violence sexiste peuvent toutefois compromettre l'utilisation et l'observance de la PPrE dans ces populations. Les jeunes femmes défavorisées sur le plan des choix sont les plus vulnérables aux infections à VIH et les moins capables de mettre en pratique les choix de prévention du VIH. Pour un déploiement réussi de cette solution biomédicale, nous avons besoin d'interventions structurelles qui tiennent compte des vecteurs sous-jacents de l'épidémie de VIH.	Incidence; Women; Poverty; Botswana; Pre-exposure prophylaxis; Epidemics; Prevention; Gender; Infections; Sexual behavior; Stigma; Disease prevention; Systematic review; Prophylaxis; Education; Exposure; Violence; Aggression; East Africa; Swaziland; Southern Africa; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Populations; Acquired immune deficiency syndrome--AIDS; Health risks; Preventive healthcare; Physical Fitness And Hygiene; Violence against women; Economic factors	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Other
Article	2017	van Griensven, Frits; Guadamuz, Thomas E.; de Lind van Wijngaarden, Jan Willem; Phanuphak, Nittaya; Solomon, Sunil Suhas; Lo, Ying-Ru	Challenges and emerging opportunities for the HIV prevention, treatment and care cascade in men who have sex with men in Asia Pacific.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2016-052669	https://pubmed.ncbi.nlm.nih.gov/28729520/	In Asia Pacific, most countries have expanded HIV treatment guidelines to include all those with HIV infection and adopted antiretroviral treatment for prevention (TFP) as a blanket strategy for HIV control. Although the overall epidemic development associated with this focus is positive, the HIV epidemic in men who have sex with men (MSM) is continuing unperturbed without any signs of decline or reversal. This raises doubt about whether TFP as a blanket HIV prevention policy is the right approach. This paper reviews currently available biomedical HIV prevention strategies, national HIV prevention policies and guidelines from selected countries and published data on the HIV cascade in MSM. No evidence for efficacy of TFP in protecting MSM from HIV infection was found. The rationale for this approach is based on assumptions about biological plausibility and external validity of latency-based efficacy found in heterosexual couples. This is different from the route and timing of HIV transmission in MSM. New HIV infections in MSM principally occur in chains of acutely HIV-infected highly sexually active young men, in whom acquisition and transmission are correlated in space and time. By the time TFP renders its effects, most new HIV infections in MSM will have already occurred. On a global level, less than 6% of all reports regarding the HIV care cascade from 1990 to 2016 included MSM, and only 2.3% concerned MSM in low/middle-income countries. Only one report originated from Asia Pacific. Generally, HIV cascade data in MSM show a sobering picture of TFP in engaging and retaining MSM along the continuum. Widening the cascade with a preventive extension, including pre-exposure prophylaxis, the first proven efficacious and only biomedical HIV prevention strategy in MSM, will be instrumental in achieving HIV epidemic control in this group.	*Homosexuality, Male; Humans; Male; Young Adult; Risk-Taking; Risk Factors; HIV; Health Knowledge, Attitudes, Practice; antiretroviral therapy; Poverty; HIV Infections/*drug therapy/epidemiology/*prevention & control; pre-exposure prophylaxis; Pre-Exposure Prophylaxis; prevention and control; Asia/epidemiology; sexual behavior; acquired Immunodeficiency syndrome; Acquired Immunodeficiency Syndrome/*drug therapy/epidemiology/*prevention & control/*therapy	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2017	Van Rompay, Koen K A	Tackling HIV and AIDS: contributions by non-human primate models.	Lab Animal (NY)	-	-	-	1548-4475	10.1038/laban.1279	https://dx.doi.org/10.1038/laban.1279	During the past three decades, non-human primate (NHP) models have gained an increasing importance in HIV basic and translational research. In contrast to natural host models, infection of macaques with virulent simian or simian-human immunodeficiency viruses (SIV, SHIV) results in a disease that closely resembles HIV infection and AIDS. Although there is no perfect animal model, and each of the available models has its benefits and limitations, carefully designed NHP studies with selection of experimental variables have unraveled important questions of basic pathogenesis and have provided the tools to explore and screen intervention strategies. For example, NHP studies have advanced our understanding of the crucial events during early infection, and have provided proof-of-concept of antiretroviral drug treatment and prevention strategies such as pre-exposure prophylaxis (PrEP) regimes that are increasingly used worldwide, and upon overcoming further barriers of implementation, have the potential to make the next generation AIDS-free. Remaining goals include the pursuit of an effective HIV vaccine, and HIV cure strategies that would allow HIV-infected people to ultimately stop taking antiretroviral drugs. Through a reiterative process with feed-back from results of human studies, NHP models can be further validated and strengthened to advance our scientific knowledge and guide clinical trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2017	Varma R.	Are you PrEPared for the end of HIV in Australia?	Medicine Today	-	-	-	1443430X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85027355327&partnerID=40&md5=c67f329fc49d7e8a4776712b50260a41	Pre-exposure prophylaxis (PrEP) for HIV has good efficacy data and strong global support for implementation and national support from sexual health physicians and LGBTIQ advocacy groups.	advocacy group; Australia; human; human experiment; Human immunodeficiency virus; nonhuman; physician; pre-exposure prophylaxis; sexual health	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	NA	NA	Other
Article	2017	Velloza J.; Celum C.; Haberer J.E.; Ngure K.; Irungu E.; Mugo N.; Baeten J.M.; Heffron R.; Heffron R.; Donnell D.; Barnabas R.; Haberer J.; Haugen H.; Hendrix C.; Kidoguchi L.; Marzinke M.; Morrison S.; Morton J.; Ware N.; Wyatt M.	Depression and ART Initiation Among HIV Serodiscordant Couples in Kenya and Uganda	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1829-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021051284&doi=10.1007%2fs10461-017-1829-z&partnerID=40&md5=d81393a1d01fd4e5ffdc772f9e56f76d	Depression is a known barrier for antiretroviral therapy (ART) adherence, but less is understood about its effects on ART initiation. We followed 1013 HIV-infected individuals participating in the Partners Demonstration Project, an open-label study of integrated pre-exposure prophylaxis (PrEP) and ART delivery for HIV serodiscordant couples in Kenya and Uganda. Associations between depression, measured annually with the Hopkins Symptoms Checklist-Depression (HSCL-D), and ART initiation were assessed with Cox proportional hazards regression. At enrollment, 162 participants (16.0%) reported symptoms consistent with probable depression, defined by a HSCL-D mean score >1.75, and this proportion decreased during study follow-up (6.7 and 3.6% at 12- and 24-months, respectively; p value < 0.001). Greater depressive symptom severity was associated with a greater likelihood of ART initiation overall (adjusted hazard ratio aHR 1.32, 95% CI 1.01–1.73) and among participants with CD4 count ≤ 350 cells/µl (aHR 1.30, 95% CI 1.01–1.67). Depression decreased 6 months after ART initiation (adjusted odds ratio aOR 0.34, 95% CI 0.23–0.51). Among East African HIV-infected persons in HIV serodiscordant couples, depression was not a barrier to ART initiation. ART initiation was associated with improved depressive symptoms in this setting. © 2017, Springer Science+Business Media, LLC.	Africa; Antiretroviral therapy initiation; Depression; HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Velloza, Jennifer; Heffron, Renee	The Vaginal Microbiome and its Potential to Impact Efficacy of HIV Pre-exposure Prophylaxis for Women.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-017-0362-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693614	PURPOSE OF REVIEW: This review describes existing evidence addressing the potential modulation of pre-exposure prophylaxis (PrEP) products, specifically 1% tenofovir (TFV) gel and oral tenofovir-based PrEP, by vaginal dysbiosis and discusses future considerations for delivering novel, long-acting PrEP products to women at high risk for vaginal dysbiosis and HIV. RECENT FINDINGS: We describe results from analyses investigating the modification of PrEP efficacy by vaginal dysbiosis and studies of biological mechanisms that could render PrEP ineffective in the presence of specific microbiota. A secondary analysis from the CAPRISA-004 cohort demonstrated that there is no effect of the 1% TFV gel in the presence of non-Lactobacillus dominant microbiota. Another recent analysis comparing oral tenofovir-based PrEP efficacy among women with and without bacterial vaginosis in the Partners PrEP Study found that oral PrEP efficacy is not modified by bacterial vaginosis. Gardnerella vaginalis, commonly present in women with vaginal dysbiosis, can rapidly metabolize TFV particularly when it is locally applied and thereby prevent TFV integration into cells. Given that vaginal dysbiosis appears to modulate efficacy for 1% TFV gel but not for oral tenofovir-based PrEP, vaginal dysbiosis is potentially less consequential to HIV protection from TFV in the context of systemic drug delivery and high product adherence. Vaginal dysbiosis may undermine the efficacy of 1% TFV gel to protect women from HIV but not the efficacy of oral PrEP. Ongoing development of novel ring, injectable, and film-based PrEP products should investigate whether vaginal dysbiosis can reduce efficacy of these products, even in the presence of high adherence.	Pre-exposure prophylaxis, efficacy, HIV prevention, vaginal dysbiosis, bacterial vaginosis, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Essay	2017	Viciana, Pompeyo	Rilpivirine: The Key for Long-term Success.	AIDS Reviews	-	-	-	1698-6997	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-29066858	During the past 30 years of antiretroviral therapy, continuous improvements in drug discovery have provided increasingly potent and safer antivirals that have transformed HIV infection in a chronic illness, rarely fatal. Non-nucleoside reverse-transcriptase inhibitors (NNRTIs) are frequently used as part of any antiretroviral combination therapy. Side effects and low resistance barrier of fi rst-generation NNRTIs (e.g., nevirapine and efavirenz) have been overcome with rilpivirine (RPV), and the last NNRTI approved for the treatment of HIV infection. The good efficacy, safety profi le, and convenient dosing of RPV account for the unique durability of RPV-based regimens. The advent of new oral fi xed-dose coformulations of RPV (e.g., along with dolutegravir or with tenofovir alafenamide TAF/emtricitabine FTC) as well as the development of long-acting injectable RPV nanoformulations will further expand its therapeutic landscape, including RPV use in dual maintenance therapy in HIV-infected patients or as pre-exposure prophylaxis in high-risk uninfected individuals.	Fármacos Anti-HIV/administração & dosagem; Fármacos Anti-HIV/efeitos adversos; Terapia Antirretroviral de Alta Atividade/métodos; Infecções por HIV/tratamento farmacológico; Rilpivirina/administração & dosagem; Rilpivirina/efeitos adversos; Humanos	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	NA	NA	Other
Article	2017	Vieira, Vinicius A; Avelino-Silva, Vivian I; Cerqueira, Natalia B; Costa, Dayane A; Costa, Priscilla R; Vasconcelos, Ricardo P; Madruga, Valdez R; Moreira, Ronaldo I; Hoagland, Brenda; Veloso, Valdilea G; Grinsztejn, Beatriz; Kallás, Esper G	Asymptomatic anorectal Chlamydia trachomatis and Neisseria gonorrhoeae infections are associated with systemic CD8+ T-cell activation.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001580	https://dx.doi.org/10.1097/QAD.0000000000001580	BACKGROUND: Oral preexposure prophylaxis (PrEP) has been established as a pivotal strategy in HIV prevention. However, bacterial sexually transmitted infections (STIs), such as Chlamydia trachomatis and Neisseria gonorrhoeae, are also highly prevalent. Although the presence of STI-related mucosal lesions is a known risk factor for HIV acquisition, the potential increase in risk associated with asymptomatic STIs is not completely understood. Recent data demonstrated higher T-cell activation is a risk factor for sexually acquired HIV-1 infection. We examined the effect of asymptomatic C. trachomatis and N. gonorrhoeae anorectal infection on systemic immune activation, potentially increasing the risk of HIV acquisition. METHODS: We analyzed samples from participants of PrEP Brasil, a demonstration study of daily oral emtricitabine/tenofovir disoproxil fumarate HIV PrEP among healthy MSM, for T-cell activation by flow cytometry. We included 34 asymptomatic participants with anorectal swab for C. trachomatis and/or N. gonorrhoeae infection, whereas negative for other STIs, and 35 controls. RESULTS: We found a higher frequency of human leukocyte antigen DRCD38 CD8 T cells (1.5 vs. 0.9%, Pâ‰¤0.005) and with memory phenotype in the group with asymptomatic C. trachomatis and/or N. gonorrhoeae infection. Exhaustion and senescence markers were also significant higher in this group. No difference was observed in the soluble CD14 levels. CONCLUSION: Our findings suggest asymptomatic anorectal C. trachomatis and/or N. gonorrhoeae increase systemic immune activation, potentially increasing the risk of HIV acquisition. Regular screening and treatment of asymptomatic STIs should be explored as adjuvant tools for HIV prevention.	NA	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Theses and Dissertations	2017	Vinicius Adriano Vieira	Avaliação da ativação de linfócitos T em indivíduos com infecção anorretal assintomática por Chlamydia trachomatis e/ou Neisseria gonorrhoeae em uma população de homens que fazem sexo com homens	-	-	Universidade de São Paulo	-	NA	NA	http://www.teses.usp.br/teses/disponiveis/5/5146/tde-31012018-083320/	Oral antiretroviral pre-exposure prophylaxis (PrEP) has been established as a pivotal strategy in the prevention against HIV epidemic. However, the incidence of HIV-1 infections has been rising among the youth, as well as other sexually transmitted infections (STIs), acting as an important risk factor for HIV-1 acquisition. Infection by Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) are among the most diagnosed. Although the presence of mucosal lesions is a known risk factor for HIV-1 acquisition, the potential increase in risk associated with asymptomatic STIs is not completely understood. Recent data defined higher T cell activation as a single risk factor for sexually acquired HIV-1 infection. We examined the effect of asymptomatic CT and/or NG anorectal infection on immune activation. Peripheral blood mononuclear cells from participants of PrEP Brasil, a study of daily oral PrEP among healthy men who have sex with men, were analyzed for T cell activation by…	Ativação celular ; Ativação linfocitária ; Chamydia trachomatis ; HIV ; Homossexualidade masculina ; Imunidade celular ; Linfócitos T ; Neisseria gonorrhoeae ; Profilaxia préexposição ; Cellular activation ; Chlamydia trachomatis ; HIV ; Immunity cellular ; Lymphocyte activation, Homosexuality male ; Neisseria gonorrhoeae ; Pre-exposure prophylaxis ; T-lymphocyte	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2017	Wagner, Cornelia M J; Carlberg-Racich, Suzanne; Linsk, Nathan L; Sherer, Renslow; Alabduljabbar, Salma A; Hasnain, Memoona; Rivero, Ricardo	Impacts of Longitudinal Mentorship to Strengthen the HIV Workforce: Qualitative Evidence of Changes in Clinicians' Knowledge, Attitudes, and Practice.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1016/j.jana.2017.06.013	https://dx.doi.org/10.1016/j.jana.2017.06.013	The Clinician Scholars Program at the Midwest AIDS Training and Education Center strengthens the workforce by increasing knowledge and skills related to HIV prevention and care. The 1-year individualized training program for minority-serving clinicians includes intensive mentoring and networking. Qualitative exit interviews (N = 50) conducted over 4 years demonstrate the effectiveness of the training, including changes at the individual and systems levels. Findings show that almost all graduates reported improvements in knowledge, two-thirds reported changes in empathic capacity and cultural competence, and nearly three-quarters reported changes in clinical practice. Scholars indicated improvements in knowledge and practice of HIV prevention, including pre-exposure prophylaxis and managing medications and comorbidities. A third of the Scholars reported improvements in their clinical practices related to linking and retaining patients in HIV care, which demonstrated positive movement along the HIV care continuum, a key focus area of the National HIV AIDS Strategy.	AIDS Education and Training Centers, clinical training, clinician education, HIV, workforce development	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2017	Wahl, Angela; Ho, Phong T; Denton, Paul W; Garrett, Katy L; Hudgens, Michael G; Swartz, Glenn; O'Neill, Cynthia; Veronese, Fulvia; Kashuba, Angela D; Garcia, J Victor	Predicting HIV Pre-exposure Prophylaxis Efficacy for Women using a Preclinical Pharmacokinetic-Pharmacodynamic In Vivo Model.	Scientific Reports	-	-	-	2045-2322	10.1038/srep41098	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5286499	The efficacy of HIV pre-exposure prophylaxis (PrEP) relies on adherence and may also depend on the route of HIV acquisition. Clinical studies of systemic tenofovir disoproxil fumarate (TDF) PrEP revealed reduced efficacy in women compared to men with similar degrees of adherence. To select the most effective PrEP strategies, preclinical studies are critically needed to establish correlations between drug concentrations (pharmacokinetics PK) and protective efficacy (pharmacodynamics PD). We utilized an in vivo preclinical model to perform a PK-PD analysis of systemic TDF PrEP for vaginal HIV acquisition. TDF PrEP prevented vaginal HIV acquisition in a dose-dependent manner. PK-PD modeling of tenofovir (TFV) in plasma, female reproductive tract tissue, cervicovaginal lavage fluid and its intracellular metabolite (TFV diphosphate) revealed that TDF PrEP efficacy was best described by plasma TFV levels. When administered at 50 mg/kg, TDF achieved plasma TFV concentrations (370 ng/ml) that closely mimicked those observed in humans and demonstrated the same risk reduction (70%) previously attained in women with high adherence. This PK-PD model mimics the human condition and can be applied to other PrEP approaches and routes of HIV acquisition, accelerating clinical implementation of the most efficacious PrEP strategies.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Waitt, Catriona; Diliiy Penchala, Sujan; Olagunju, Adeniyi; Amara, Alieu; Else, Laura; Lamorde, Mohammed; Khoo, Saye	Development, validation and clinical application of a method for the simultaneous quantification of lamivudine, emtricitabine and tenofovir in dried blood and dried breast milk spots using LC-MS/MS.	Journal of Chromatography B, Analytical Technologies in the Biomedical and Life Sciences	-	-	-	1873-376X 1570-0232	10.1016/j.jchromb.2017.06.012	https://pubmed.ncbi.nlm.nih.gov/28651173/	OBJECTIVES: To present the validation and clinical application of a LC-MS/MS method for the quantification of lamivudine (3TC), emtricitabine (FTC) and tenofovir (TFV) in dried blood spots (DBS) and dried breast milk spots (DBMS). METHODS: DBS and DBMS were prepared from 50 and 30μL of drug-spiked whole blood and human breast milk, respectively. Following extraction with acetonitrile and water, chromatographic separation utilised a Synergi polar column with a gradient mobile phase program consisting of 0.1% formic acid in water and 0.1% formic acid in acetonitrile. Detection and quantification was performed using a TSQ Quantum Ultra triple quadrupole mass spectrometer. The analytical method was used to evaluate NRTI drug levels in HIV-positive nursing mothers-infant pairs. RESULTS: The assay was validated over the concentration range of 16.6-5000ng/mL for 3TC, FTC and TFV in DBS and DBMS except for TFV in DBMS where linearity was established from 4.2-1250ng/mL. Intra and inter-day precision (%CV) ranged from 3.5-8.7 and accuracy was within 15% for all analytes in both matrices. The mean recovery in DBS was >61% and in DBMS >43% for all three analytes. Matrix effect was insignificant. Median AUC(0-8) values in maternal DBS and DBMS, respectively, were 4683 (4165-6057) and 6050 (5217-6417)ngh/mL for 3TC, 3312 (2259-4312) and 4853 (4124-6691)ngh/mL for FTC and 1559 (930-1915) and 56 (45-80)ngh/mL for TFV. 3TC and FTC were quantifiable (>16.6ng/mL) in DBS from 2/6 and 1/6 infants respectively whereas TFV was undetectable in all infants. CONCLUSIONS: DBS and DBMS sampling for bioanalysis of 3TC, FTC and TFV is straightforward, robust, accurate and precise, and ideal for use in low-resource settings.	Adult; Humans; Young Adult; Female; Area Under Curve; Cohort Studies; Infant; Reproducibility of Results; Linear Models; Sensitivity and Specificity; Milk, Human/*chemistry; Chromatography, Liquid/methods; Antiretroviral; Mass spectrometry; Tandem Mass Spectrometry/methods; Dried Blood Spot Testing/*methods; Anti-HIV Agents/*analysis/blood/chemistry; Emtricitabine/*analysis/blood/chemistry; Lamivudine/*analysis/blood/chemistry; Liquid chromatography; Tenofovir/*analysis/blood/chemistry	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2017	Walsh, Jennifer L; Petroll, Andrew E	Factors Related to Pre-exposure Prophylaxis Prescription by U.S. Primary Care Physicians.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2017.01.025	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5438776	INTRODUCTION: Although pre-exposure prophylaxis (PrEP) greatly reduces risk of HIV infection in HIV-negative individuals, use is not widespread enough to impact HIV incidence. Involvement of primary care physicians (PCPs) in PrEP prescription is essential, but previous research has shown low rates of prescription among PCPs. To identify targets for interventions, the information-motivation-behavioral skills model for PrEP discussion and prescription was tested in a ten-city sample of PCPs. METHODS: PCPs from ZIP codes with high HIV incidence in ten U.S. cities (N=280, 52% male, 56% white) completed a survey online between July 2014 and May 2015. Information items assessed knowledge, motivation items evaluated attitudes, and behavioral skills items measured comfort with behaviors involved in prescribing PrEP. Providers indicated whether they had discussed PrEP with or prescribed PrEP to patients. Data were analyzed in 2015 and 2016. RESULTS: One third of PCPs had discussed and 17% had prescribed PrEP. A structural equation model with good fit supported the information-motivation-behavioral skills model. Information and motivation predicted behavioral skills (b=0.35, 95% CI=0.13, 0.57; and b=0.31, 95% CI=0.14, 0.47, respectively). Behavioral skills predicted prescription (b=0.27, 95% CI=0.12, 0.42). Furthermore, behavioral skills mediated effects of information and motivation on prescription (b=0.10, 95% CI=0.03, 0.19; and b=0.08, 95% CI=0.03, 0.16, respectively). CONCLUSIONS: The information-motivation-behavioral skills model can be applied to PCPs' PrEP discussion and prescription. Its constructs represent potential targets for PCP-directed interventions to increase PrEP use in high-risk populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Walters, Suzan M; Reilly, Kathleen H; Neaigus, Alan; Braunstein, Sarah	Awareness of pre-exposure prophylaxis (PrEP) among women who inject drugs in NYC: the importance of networks and syringe exchange programs for HIV prevention	Harm Reduction Journal	-	-	-	1477-7517	10.1186/s12954-017-0166-x	https://pubmed.ncbi.nlm.nih.gov/28662716/	Women who inject drugs (WWID) are at heightened risk for HIV due to biological, behavioral, and structural factors. Pre-exposure prophylaxis (PrEP) could aid in HIV prevention for WWID. However, little is known about WWID awareness of PrEP, which is a necessary step that must occur before PrEP uptake. We report factors associated with greater awareness among WWID to identify efficient means of awareness dissemination. Data from the 2015 National HIV Behavioral Surveillance (NHBS) system cycle on injection drug use collected in New York City (NYC) were used. Bivariable analyses, using chi-squared statistics, were conducted to examine correlates of awareness of PrEP with socio-demographic, behavioral, and health care variables. Multivariable logistic regression was used to estimate adjusted associations and determine differences in awareness of PrEP. The analysis consisted of 118 WWID. Awareness of PrEP was relatively low (31%), and risk factors were high. In the last 12 months, almost two thirds (65%) reported condomless sex, approximately one third (31%) reported transactional sex, and one third (32%) reported sharing injection equipment. In multivariable logistic regression, increased PrEP awareness was associated with reported transactional sex (AOR 3.32, 95% CI 1.22-9.00) and having a conversation about HIV prevention at a syringe exchange program (SEP) (AOR 7.61, 95% CI 2.65-21.84). We did not find race, education, household income, age, binge drinking, or sexual identity to be significantly associated with PrEP awareness. Large proportions of WWID were unaware of PrEP. These findings suggest that social networks (specifically sex work and SEP networks) are an efficient means for disseminating messaging about prevention materials such as PrEP. We recommend that SEP access increase, SEP processes be adopted in other health care settings, and WWID networks be utilized to increase PrEP awareness.	Acquired immune deficiency syndrome; AIDS; HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Prevention; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Female; Gender; Womens health; Adolescent; Adult; Health risks; HIV infections; HIV Infections - transmission; Injection; Middle Aged; Risk Factors; Young Adult; Pre-exposure prophylaxis; Exposure; Dosage and administration; Prophylaxis; Demographics; Care and treatment; Diagnosis; Health care; Regression analysis; Risk analysis; Logistic regression; Social networks; other medical science; public health; Sex; Social interactions; Environmental health; Cross-Sectional Studies; Drug use; Drugs; Drug abuse; Harm reduction; Health risk assessment; Risk taking; Sex work; Age; Statistical analysis; Public aspects of medicine; RA1-1270; Safe Sex; Race; Binge drinking; Substance Abuse Intravenous - complications; Injection drug use; Social Networking; Social organization; Cross-sectional study; Socioeconomic Factors; New York City; Binge Drinking - complications; Binge Drinking - epidemiology; Conversation; Demographic variables; Drinking; Drug Users - psychology; Exchanging; Health psychology; Injectable anesthetics; Needle exchange programs; Needle Sharing; Needle-Exchange Programs - organization & administration; Statistical tests; Syringe exchange programs; Transactional sex	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Walters, Suzan M; Rivera, Alexis V; Starbuck, Lila; Reilly, Kathleen H; Boldon, Nyasha; Anderson, Bridget J; Braunstein, Sarah	Differences in Awareness of Pre-exposure Prophylaxis and Post-exposure Prophylaxis Among Groups At-Risk for HIV in New York State: New York City and Long Island, NY, 2011-2013.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001415	https://dx.doi.org/10.1097/QAI.0000000000001415	BACKGROUND: Pre-exposure prophylaxis (PrEP) to reduce the risk of HIV was approved in 2012 and post-exposure prophylaxis (PEP) in 2005. We report the differences in awareness of PrEP/PEP and factors associated with awareness by examining 3 risk groups (men who have sex with men (MSM), people who inject drugs, and high-risk heterosexuals). METHODS: National HIV Behavioral Surveillance system data collected in New York City (NYC) and Long Island, NY in 2011-2013 were used. Logistic regressions by region were developed to estimate adjusted associations Adjusted Odds Ratios (AOR) and determine differences in awareness of PrEP/PEP. RESULTS: Awareness of PrEP/PEP was low for all groups. In multivariate analysis controlling for sociodemographic factors, noninjection drug use, HIV status, and exposure to HIV prevention, males who inject drugs in NYC had significantly decreased odds of PrEP/PEP awareness AOR: 0.45; confidence interval (CI): 0.25 to 0.81 compared with MSM. MSM aged 18-29 years had increased awareness of PrEP (AOR: 2.94; 95% CI 1.11 to 7.80). On Long Island, females who inject drugs (AOR: 0.18; 95% CI: 0.05 to 0.62), males who inject drugs (AOR: 0.14; 95% CI: 0.05 to 0.39), female heterosexuals (AOR: 0.25; 95% CI: 0.11 to 0.59), and male heterosexuals (AOR: 0.32; 95% CI: 0.14 to 0.73) had significantly decreased odds of PrEP/PEP awareness. Black MSM had increased awareness of PrEP (AOR: 4.08 CI:1.21 to 13.73). CONCLUSIONS: Large proportions of groups at-risk for HIV were unaware of PrEP/PEP. When comparing risk groups to MSM, we found MSM to have greater awareness in both regions. On Long Island, people who inject drugs and heterosexuals were far less likely to have PrEP/PEP awareness than in NYC. On Long Island, Black MSM had increased PrEP awareness and in NYC MSM aged 18-29 had increased PrEP awareness. These findings suggest that awareness may be spreading through networks and highlight the importance of targeted educational and prevention efforts by group and region.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Wang Z.; Lau J.T.F.; Yang X.; Cai Y.; Gross D.L.; Ma T.; Liu Y.	Acceptability of Daily Use of Free Oral Pre-exposure Prophylaxis (PrEP) Among Transgender Women Sex Workers in Shenyang, China	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1869-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026918909&doi=10.1007%2fs10461-017-1869-4&partnerID=40&md5=8a3472c00cb9afd1fc6521d827a74223	This study investigated the acceptability of daily use of free oral pre-exposure prophylaxis (PrEP) and associated factors among transgender women sex workers in Shenyang, China, following a briefing on PrEP. A total of 183 HIV negative or sero-status unknown participants completed the cross-sectional survey. The prevalence of acceptability of daily use of free oral PrEP was 61.2%. Adjusting for education level and monthly income, variables on negative attitudes toward PrEP (i.e., having concerns about the side-effects of PrEP) Adjusted odds ratios (AOR): 0.26, perceived subjective norms (i.e., perceiving support from male partners to take PrEP) (AOR: 2.08), and perceived behavioral control (e.g., perceiving complete control over using PrEP) (AOR: 2.10–16.72) were significantly associated with acceptability of daily use of free oral PrEP. In addition, experiencing violence during sex work, perceived risk of contracting HIV from clients and probable anxiety were also significant. Future PrEP promotion campaigns should consider these factors. © 2017, Springer Science+Business Media, LLC.	Acceptability; China; Pre-exposure prophylaxis; Theory of planned behavior; Transgender women sex workers	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2017	Weiser J.; Garg S.; Beer L.; Skarbinski J.	Prescribing of Human Immunodeficiency Virus (HIV) pre-exposure prophylaxis by HIV medical providers in the United States, 2013-2014	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/oid/ofx003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014248620&doi=10.1093%2fofid%2fofx003&partnerID=40&md5=9e911a31aada6bc8e2700c82f148a155	Background. Clinical trials have demonstrated the effectiveness of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) for reducing HIV acquisition. Understanding how HIV care providers are prescribing PrEP is necessary to ensure success of this prevention strategy. Methods. During 2013-2014, we surveyed US HIV care providers who also provided care to HIV-negative patients. We estimated percentages who had prescribed PrEP and assessed associations between provider characteristics and PrEP prescribing. Results. An estimated 26% (95% confidence interval CI, 20-31) had ever prescribed PrEP. Of these, 74% (95% CI, 61-87) prescribed for men who have sex with men (MSM), 30% (95% CI, 21-39) for women who have sex with men, 23% (95% CI, 9-37) for men who have sex with women, 23% (95% CI, 15-30) for uninfected partners in HIV-discordant couples trying to conceive, and 1% (95% CI, 0-2) for persons who inject drugs. The following provider characteristics were significantly associated with having prescribed PrEP: male vs female (32% vs 16%; adjusted prevalence ratio aPR, 1.5; 95% CI, 1.0-2.2), lesbian/gay/bisexual vs heterosexual orientation (50% vs 21%; aPR, 2.0; 95% CI, 1.3-2.9), and HIV caseload (> 200, 51-200, and ≤50 patients, 39%, 29%, and 14%, respectively; > 200 vs ≤50 patients, aPR 2.4, 95% CI 1.1-5.2, and 51-200 vs ≤50 patients, aPR 2.2, 95% CI 1.2-4.0). Conclusions. In 2013-2014, one quarter of HIV care providers reported having prescribed PrEP, most commonly for MSM and rarely for persons who inject drugs. Lesbian/gay/bisexual providers and male providers were more likely than others to have prescribed PrEP. Additional efforts may enable more providers to prescribe PrEP to underserved clients needing the service.	HIV; Pre-exposure prophylaxis PrEP provider survey	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Weld, Ethel D; Hiruy, Hiwot; Guthrie, Kate Morrow; Fava, Joseph L; Vargas, Sara E; Buckheit, Karen; Buckheit, Robert; Spiegel, Hans; Breakey, Jennifer; Fuchs, Edward J; Hendrix, Craig W	A Comparative Pre-Phase I Study of the Impact of Gel Vehicle Volume on Distal Colon Distribution, User Experience, and Acceptability.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2016.0167	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5439405	For persons at risk of HIV infection who practice receptive anal intercourse (RAI), topical rectal microbicides represent a promising option for coitally dependent protection. The study compared colorectal distribution and user sensory experiences of two different volumes of rectal gel for suitability as rectal microbicide. Eight HIV-negative men with a history of recent RAI were enrolled into a two-period, sequence-randomized dosing study comparing 3.5 and 10 ml of radiolabeled (1 mCi 99mTc-DTPA) universal placebo, hydroxyethyl cellulose gel. Each participant received two doses in the research unit, one of each volume, separated by a washout period of at least 2 weeks. Each research unit dose was followed by a self-administered take-home dose in the context of preparing for RAI. Safety and gastrointestinal distribution were assessed after the research unit doses, safety, perceptibility, and acceptability were assessed after take-home doses. There were no adverse effects of Grade 2 or higher and all resolved spontaneously. Both volumes were well tolerated and received high acceptability scores. Perceptibility scores showed meaningful effect size differences ranging from Cohen's d = 0.5 to d = 1.2. The 3.5 and 10 ml gel volumes distributed similarly (p > .2) within the rectosigmoid, ranging from 0.69 to 18.84 cm and 1.21 to 19.01 cm from the anorectal junction, respectively. Both volumes covered the typical gastrointestinal distribution of ejaculate following simulated intercourse based on other studies. Either of these gel volumes could reasonably be pursued for the next phase of development of rectal microbicides.	microbicide, pre-exposure prophylaxis, human immunodeficiency virus, gastrointestinal distribution, pharmacokinetics, acceptability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2017	Wenzel S.L.; Henwood B.; Harris T.; Winetrobe H.; Rhoades H.	Provider perceptions on HIV risk and prevention services within permanent supportive housing	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1330533	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85019539002&doi=10.1080%2f09540121.2017.1330533&partnerID=40&md5=0dfad3bd9c7e15e2a08c3c71880f0c5c	Permanent supportive housing (PSH) is an evidence-based solution to homelessness for persons experiencing chronic or long-term homelessness and one or more physical or behavioral health problems. Health services through PSH typically focus on physical and behavioral health. With the exception of programs specifically designed for persons living with HIV/AIDS, little attention has focused on services through PSH to prevent transmission of HIV or other sexually transmitted infections (STIs), yet sexual risk behavior continues after homeless persons move into PSH. The purpose of this study was to investigate how PSH providers approach HIV prevention and the challenges they perceive surrounding HIV prevention in PSH. Results serve as a critical first step toward addressing the acceptability and feasibility of providing HIV/STI prevention services to PSH residents. As part of a longitudinal mixed methods study examining HIV risk and prevention behavior among homeless unaccompanied adults moving into PSH in Los Angeles, we conducted eleven focus groups with a total of 60 frontline staff across 10 PSH agencies. Thirty-three percent of focus group participants were African American, 32% were Hispanic, and 55% were women. Results suggest that provider awareness and knowledge of PrEP is very limited, and provision of formal HIV prevention programing for residents is perceived as challenging. Informal, ad hoc conversations with residents about sexual risk and HIV prevention do occur when providers have rapport with clients and perceive risk. There are significant gaps in HIV prevention services through PSH but also opportunities to enhance providers' efforts to promote the health of residents through prevention. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2017	Wenzel, Suzanne L; Rhoades, Harmony; Harris, Taylor; Winetrobe, Hailey; Rice, Eric; Henwood, Ben	Risk behavior and access to HIV/AIDS prevention services in a community sample of homeless persons entering permanent supportive housing.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2016.1234690	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6232079	Homeless persons suffer disproportionately high rates of HIV infection, and moving into permanent supportive housing (PSH) can provide a stable base from which to access needed prevention services. However, little is known about HIV risk or prevention behavior during this critical time of transition. The current study investigated STI and HIV risk and prevention behavior and recent use of prevention and treatment services (i.e., education, testing, medication) among homeless persons preparing to move into PSH. Data come from interviews with 421 homeless adults before they moved into PSH. Thirty-seven percent of the respondents were sexually active; of those, 75.7% reported unprotected sex. Nearly two-thirds (64%) reported past year HIV testing and 40% reported testing for another STI. Fewer than one-third (31%) of respondents reported receiving posttest counseling at their last HIV test. HIV seropositivity was self-reported by 10%. Among those persons who were HIV-positive, 57.1% reported less than 100% antiretroviral (ARV) adherence. Among HIV-negative respondents, less than 1% had been prescribed preexposure prophylaxis (PrEP). Less than half (46.4%) of the sample reported any HIV prevention education in the past year. This population of homeless adults about to move into PSH report high rates of HIV risk behavior, but low rates of HIV prevention education and very little PrEP utilization. Further, low rates of ARV adherence among HIV-positive respondents indicate significant risk for HIV transmission and acquisition. Entering PSH is a period of transition for homeless persons when integrated care is critically important to ensure positive health outcomes, but these data suggest that PrEP and other HIV prevention services are poorly accessed among this population. As such, multipronged services that integrate PrEP and other HIV prevention services are needed to prevent transmission and acquisition of HIV in this high-risk, vulnerable population and ensure the health and wellbeing of PSH residents.	HIV prevention, homelessness, permanent supportive housing, sexual risk behavior, medication adherence	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Whitfield, THF; Rendina, HJ; Grov, C; Parsons, JT	SEXUAL SATISFACTION, ANXIETY, AND ESTEEM WHILE PRESCRIBED PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG GAY AND BISEXUAL MEN.	Annals of Behavioral Medicine	-	-	-	0883-6612	NA	https://pubmed.ncbi.nlm.nih.gov/30777781/	Gay and bisexual men (GBM) with heightened fears of human immunodeficiency virus (HIV) acquisition have reported high levels of sexual anxiety and low sexual self-esteem. Similarly, sexual satisfaction has been reported to be lower among some GBM who rely solely on condom use as HIV prevention. We sought to explore whether pre-exposure prophylaxis (PrEP) had an impact on the sexual satisfaction, anxiety, and esteem of GBM. As part of a longitudinal cohort study of 1,071 GBM, participants reported at three time points on PrEP use and completed the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ). A total of 137 GBM began taking PrEP in the 24 months following baseline. Comparing their responses during times before initiating PrEP and after, within adjusted multilevel models, there was a significant decrease in sexual anxiety (B = -0.27, p = 0.03) but no significant changes in sexual esteem or satisfaction. Our findings indicate important psychological improvements resulting from PrEP initiation. Further research should explore the potential for other psychological benefits of PrEP use among GBM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2017	Whitlock, G; McCormack, C; Fearnley, J; McOwan, A	High HIV incidence in men who have sex with men attending for postexposure prophylaxis: a service evaluation.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2016-052623	https://dx.doi.org/10.1136/sextrans-2016-052623	BACKGROUND/AIMS: There are limited outcome data for men who have sex with men (MSM) who have received HIV postexposure prophylaxis (PEP). The objective of this service evaluation was to determine HIV incidence and repeat PEP use among MSM PEP recipients in London, UK. METHODS: Retrospective electronic case-note review of all MSM who were prescribed PEP between January and April 2013 at a central London sexual health service. RESULTS: 530 MSM received PEP between 1 January and 30 June 2013. Of these, 449 had more than 30âdays subsequent follow-up at our service. Median age was 31âyears. PEP indication was unprotected anal intercourse, 98% (receptive 88% and insertive 10%) and other, 2%. Up to 1 November 2015, total follow-up was 756 person-years. 183 users received repeat PEP. The total number of repeat PEP courses was 442. 57 MSM newly acquired HIV: the HIV incidence was 7.6 per 100 person-years. CONCLUSIONS: PEP was associated with a high risk of subsequent HIV seroconversion in this cohort; this group may be appropriate candidates for pre-exposure prophylaxis.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2017	Williams, Brian G; Gupta, Somya; Wollmers, Matthew; Granich, Reuben	Progress and prospects for the control of HIV and tuberculosis in South Africa: a dynamical modelling study.	The Lancet Public Health	-	-	-	2468-2667	10.1016/S2468-2667(17)30066-X	https://dx.doi.org/10.1016/S2468-2667(17)30066-X	BACKGROUND: In September, 2016, South Africa adopted a policy of providing antiretroviral treatment to everyone infected with HIV irrespective of their CD4 cell count. Studies of universal treatment and expanded prevention of HIV differ widely in their projections of effects and the associated costs, so we did this analysis to attempt to find a consensus. METHODS: We used data on HIV from the Joint UN Programme on HIV and AIDS (UNAIDS) from 1988 to 2013 and from data from WHO on tuberculosis from 1980 to 2013 to fit a dynamical model to time trends in HIV prevalence, antiretroviral therapy (ART) coverage, and tuberculosis notification rates in South Africa. We then used the model to estimate current trends and project future patterns in HIV prevalence and incidence, AIDS-related mortality, and tuberculosis notification rates, and we used data from the South African National AIDS Council to assess current and future costs under different combinations of treatment and prevention approaches. We considered two treatment strategies: the Constant Effort strategy, in which people infected with HIV continue to start treatment at the rate in 2016, and the Expanded Treatment and Prevention (ETP) strategy, in which testing rates are increased, treatment is started immediately after HIV is detected, and prevention programmes are expanded. FINDINGS: Our estimates show that HIV incidence among adults aged 15 years or older fell from 2·3% per year in 1996 to 0·65% per year in 2016, AIDS-related mortality decreased from 1·4% per year in 2006 to 0·37% per year in 2016, and both continue to fall at a relative rate of 17% per year. Our model shows that maintenance of Constant Effort will have a substantial effect on HIV but will not end AIDS, whereas ETP could end AIDS by 2030, with incidence of HIV and AIDs-related mortality rates both at less than one event per 1000 adults per year. Under ETP the annual cost of health care and prevention will increase from US$2·3 billion in 2016 to $2·9 billion in 2018, then decrease to $1·7 billion in 2030 and $0·9 billion in 2050. Over the next 35 years, the expansion of treatment will avert an additional 3·8 million new infections, save 1·1 million lives, and save $3·2 billion compared with continuing Constant Effort up to 2050. Expansion of prevention, including provision of pre-exposure prophylaxis, condom distribution, and male circumcision, could avert a further 150â000 new infections, save 5000 lives, and cost an additional $5·7 billion compared with Constant Effort. INTERPRETATION: Our results suggest that South Africa is on track to reduce HIV incidence and AIDS-related mortality substantially by 2030, saving both lives and money. Success will depend on high rates of HIV testing, ART delivery and adherence, good patient monitoring and support, and data to monitor progress. FUNDING: None.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2017	Willie, Tiara; Kershaw, Trace; Campbell, Jacquelyn C; Alexander, Kamila A	Intimate Partner Violence and PrEP Acceptability Among Low-Income, Young Black Women: Exploring the Mediating Role of Reproductive Coercion	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1767-9	https://www.proquest.com/scholarly-journals/intimate-partner-violence-prep-acceptability/docview/1924200878/se-2?accountid=8113	A few studies suggest that women who experience intimate partner violence (IPV) are willing to use pre-exposure prophylaxis (PrEP), but no research has examined mediators of this relationship. The current study used path analysis to examine a phenomenon closely associated with IPV: reproductive coercion, or explicit male behaviors to promote pregnancy of a female partner without her knowledge or against her will. Birth control sabotage and pregnancy coercion--two subtypes of reproductive coercion behaviors--were examined as mediators of the relationship between IPV and PrEP acceptability among a cohort of 147 Black women 18-25 years of age recruited from community-based organizations in an urban city. IPV experiences were indirectly related to PrEP acceptability through birth control sabotage (indirect effect = 0.08; p < 0.05), but not to pregnancy coercion. Findings illustrate the importance of identifying and addressing reproductive coercion when assessing whether PrEP is clinically appropriate and a viable option to prevent HIV among women who experience IPV.	Pregnancy; HIV; Pre-exposure prophylaxis; Psychology; Contraception; Disease prevention; Prophylaxis; African Americans; Age; Violence; Aggression; Coercion; Intimate partner violence; Acceptability; Black women; Females; Black/African-American women; Reproductive coercion; Birth control; Domestic violence; Human immunodeficiency virus--HIV; Womens health; Acquired immune deficiency syndrome--AIDS; Community organizations; Black people; Low income groups; Sex roles; Childbirth & labor; Birth; Sabotage	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2017	Wong C.S.	HIV prevention: The promise of pre-exposure prophylaxis in Singapore	Annals of the Academy of Medicine Singapore	-	-	-	3044602	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046782546&partnerID=40&md5=21738ecb464d848af2a514ff8e7ea46f	NA	NA	English	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	NA	NA	Other
Article	2017	Wood, Sarah M; Lee, Susan; Barg, Frances K; Castillo, Marne; Dowshen, Nadia	Young Transgender Women's Attitudes Toward HIV Pre-exposure Prophylaxis.	Journal of Adolescent Health	-	-	-	1879-1972	10.1016/j.jadohealth.2016.12.004	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5401785	PURPOSE: Our primary aim was to explore themes regarding attitudes toward HIV pre-exposure prophylaxis (PrEP) among young transgender women (YTW), in order to develop a theoretical model of PrEP uptake in this population disproportionally affected by HIV. METHODS: Qualitative study nested within a mixed-method study characterizing barriers and facilitators to health services for YTW. Participants completed an in-depth interview exploring awareness of and attitudes toward PrEP. Key themes were identified using a grounded theory approach. RESULTS: Participants (n = 25) had a mean age of 21.2 years (standard deviation 2.2, range 17-24) and were predominately multiracial (36%) and of HIV-negative or unknown status (68%). Most participants (64%) reported prior knowledge of PrEP, and 28% reported current use or intent to use PrEP. Three major content themes that emerged were variability of PrEP awareness, barriers and facilitators to PrEP uptake, and emotional benefits of PrEP. Among participants without prior PrEP knowledge, participants reported frustration that PrEP information has not been widely disseminated to YTW, particularly by health care providers. Attitudes toward PrEP were overwhelmingly positive; however, concerns were raised regarding barriers including cost, stigma, and adherence challenges. Both HIV-positive and negative participants discussed emotional and relationship benefits of PrEP, which were felt to extend beyond HIV prevention alone. CONCLUSIONS: A high proportion of YTW in this study had prior knowledge of PrEP, and attitudes toward PrEP were positive among participants. Our findings suggest several domains to be further explored in PrEP implementation research, including methods of facilitating PrEP dissemination and emotional motivation for PrEP uptake.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection	-	-	-	-	978-92-4-009723-0	NA	https://www.who.int/publications/i/item/9789240097230	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 1: clinical	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/255889	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 10: testing providers	-	-	-	-	NA	NA	https://iris.paho.org/bitstream/handle/10665.2/51566/OPASCDE19005_por.pdf?sequence=1&isAllowed=y	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 11: PrEP users	-	-	-	-	NA	NA	https://iris.paho.org/bitstream/handle/10665.2/51567/OPASCDE19006_por.pdf?sequence=1&isAllowed=y	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 2: community educators and advocates	-	-	-	-	NA	NA	https://iris.paho.org/handle/10665.2/51555	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 3: counsellors	-	-	-	-	NA	NA	https://iris.who.int/bitstream/handle/10665/258517/WHO-HIV-2017.25-eng.pdf?sequence=1	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 4: leaders	-	-	-	-	NA	NA	https://www.aidsdatahub.org/sites/default/files/resource/who-tool-prep-hiv-infection-module4-leaders.pdf	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 6: pharmacists	-	-	-	-	NA	NA	https://iris.who.int/bitstream/handle/10665/258509/WHO-HIV-2017.27-eng.pdf?sequence=1	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 8: site planning	-	-	-	-	NA	NA	https://iris.who.int/bitstream/handle/10665/258514/WHO-HIV-2017.28-eng.pdf?sequence=1	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 9: strategic planning	-	-	-	-	NA	NA	https://iris.paho.org/bitstream/handle/10665.2/51565/OPASCDE19014_por.pdf?sequence=1&isAllowed=y	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2017	World Health Organization	WHO technical brief: preventing HIV during pregnancy and breastfeeding in the context of PrEP	-	-	-	-	NA	NA	https://iris.who.int/bitstream/handle/10665/255866/WHO-HIV-2017.09-eng.pdf	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2017	Wu, Hsiu; Mendoza, Maria C B; Huang, Ya-Lin A; Hayes, Tameka; Smith, Dawn K; Hoover, Karen W	Uptake of HIV Preexposure Prophylaxis Among Commercially Insured Persons-United States, 2010-2014.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciw701	https://dx.doi.org/10.1093/cid/ciw701	BACKGROUND: Daily, oral use of tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) for preexposure prophylaxis (PrEP) is an effective strategy to prevent acquisition of human immunodeficiency virus (HIV) infection. It is important to monitor PrEP uptake at the national level to increase our understanding of trends in its utilization, but national HIV surveillance data do not include PrEP uptake. Our objective was to develop feasible methods to estimate PrEP uptake and to estimate uptake each year among commercially insured persons during 2010-2014. METHODS: We conducted a retrospective analysis of the 2010-2014 MarketScan database, a national sample of persons with commercial health insurance in the United States. We developed an algorithm to identify persons aged ≥16 years who were prescribed TDF-FTC for PrEP each year. We generated nationally representative estimates of prevalence of persons prescribed PrEP. RESULTS: We found a significantly increasing trend in the proportion of persons prescribed TDF-FTC for PrEP during the study period, with 417 users in 2010 and 9375 in 2014 (P < .001); 97% of PrEP users were male and 98% lived in metropolitan areas in 2014. During the study period, the numbers of women prescribed PrEP were low. CONCLUSIONS: Our analytic method provides the only feasible means to monitor PrEP uptake in the United States. Although a marked increasing trend in uptake was observed for men, the number of women who used PrEP remained very low during the study period. Interventions are needed to increase PrEP use by women at substantial risk of acquiring HIV infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Xie, P. Y.; Wang, X.; Liu, P. L.; Tan, X. D.; Zhou, W.	Willingness and influencing factors of using pre-exposure prophylaxis among 301 men have sex with men in Wuhan city, 2015.	Zhonghua Yu Fang Yi Xue Za Zhi (Chinese Journal of Preventive Medicine)	-	-	-	0253-9624	10.3760/cma.j.issn.0253-9624.2017.11.009	https://pubmed.ncbi.nlm.nih.gov/29136745/	Objective: To understand willingness and influencing factors of using pre-exposure prophylaxis (Pr-EP) among men who have sex with men (MSM). Methods: Snow ball sampling was employed to recruit MSM in the social spaces (like bars and bathrooms) with focused activities by MSM and internet (QQ and Wechat) in Wuhan between August and November, 2015. 304 MSM were considered eligible when they were self-identified MSM and has had sex with men in the previous 12 months, over the age of 18 and have full civil liability. On-site and online questionnaire surveys were conducted by self-designed questionnaires to collect information including demographic characteristics, sexual risks and practices, awareness of PrEP, and willingness to use PrEP. A total of 301 qualified questionnaires were obtained. Multivariate logistic regression models were constructed to identify factors associated with willingness to use Pr-EP. Results: The mean age of surveyed MSM were (27.51±8.31) years, between18-61. 149 on-site survey, online were152; 131 MSM have regular homosexual partners, 170 MSM have not regular homosexual partners. Only 17.28% (52/301) had heard of Pr-EP before this survey, 18.32% (24/130) had heard of Pr-EP among those who had regular homosexual partners and those who had not accounted for 16.47% (28/170). 74.42% (224/301) had willingness to use Pr-EP after they knew Pr-EP was safe and effective through the survey. The proportion among those who had regular homosexual partners was 74.05%(74), and the proportion among those who had not was 74.71% (127); Among those who had regular homosexual partners, results suggested that those who were married/cohabiting were more likely to report a willingness to use PrEP compared to unmarried/divorced or widowed (OR=5.60), compared with homosexual, heterosexuality was associated with decreased odds of willingness to use Pr-EP (OR= 0.22), compared with HIV status of sexual partner was negative or uncertain, positive infection status was associated with increased odds of willingness to use (OR=7.52). Compared with MSM who have not regular homosexual partners, those who were married/cohabiting were more likely to report a willingness to use PrEP compared to unmarried/divorced or widowed (OR=9.09), compared with those who think they have risk of infection, those who do not think they have risk of infection was associated with decreased odds of willingness to use Pr-EP (OR= 0.30), compared with those with a high frequency to seek sexual partners, those not often to seek was associated with decreased odds of willingness to use Pr-EP (OR= 0.27). All above P values were<0.05. Conclusion: The awareness rate of Pr-EP among MSM in Wuhan is low in 2015, but the willingness to use Pr-EP could get a considerable increase after introduction. It is considered that promotion of Pr-EP is feasible in China, and there are different influencing factors for the willingness between two MSM subgroups (having regular homosexual partners and having no regular homosexual partners).	*Homosexuality, Male; Adult; Humans; Male; Young Adult; HIV Infections/*prevention & control; Sexual Behavior; China; HIV; Sexual Partners; Surveys and Questionnaires; Logistic Models; *Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Men who have sex with men; Internet; Cities; Cross-sectional studies; Protective agents; Using willingness	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Quantitative
Article	2017	Xu, J. Y.; Mou, Y. C.; Ma, Y. L.; Zhang, J. Y.	Compliancy of pre-exposure prophylaxis for HIV infection in men who have sex with men in Chengdu.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	0254-6450	10.3760/cma.j.issn.0254-6450.2017.05.017	https://pubmed.ncbi.nlm.nih.gov/28651403/	Objective: To evaluate the compliancy of HIV pre-exposure prophylaxis (PrEP) in men who have sex with men (MSM) in Chengdu, Sichuan province, and explore the influencing factors. Methods: From 1 July 2013 to 30 September 2015, a random, open, multi-center and parallel control intervention study was conducted in 328 MSM enrolled by non-probability sampling in Chengdu. The MSM were divided into 3 groups randomly, i.e. daily group, intermittent group (before and after exposure) and control group. Clinical follow-up and questionnaire survey were carried out every 3 months. Their PrEP compliances were evaluated respectively and multivariate logistic regression analysis was conducted to identify the related factors. Results: A total of 141 MSM were surveyed, in whom 59(41.8%) had good PrEP compliancy. The PrEP compliancy rate was 69.0% in daily group, higher than that in intermittent group (14.3%), the difference had significance (χ(2)=45.29,P<0.001). Multivariate logistic analysis indicated that type of PrEP was the influencing factors of PrEP compliancy. Compared with daily group, the intermittent group had worse PrEP compliancy (OR=0.07, 95%CI: 0.03-0.16). Conclusion: The PrEP compliance of the MSM in this study was poor, the compliancy would be influenced by the type of PrEP.	Humans; Male; Anti-HIV Agents/*administration & dosage; China; Surveys and Questionnaires; Multivariate Analysis; *Patient Compliance; AIDS; Patient Acceptance of Health Care/*psychology/statistics & numerical data; Pre-Exposure Prophylaxis/*statistics & numerical data; Pre-exposure prophylaxis; Men who have sex with men; HIV Infections/ethnology/*prevention & control/virology; Homosexuality, Male/*psychology/statistics & numerical data; Compliancy	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Quantitative
Article	2017	Yah, Clarence S	Nurturing the Continuum of HIV Testing, Treatment and Prevention Matrix Cascade in Reducing HIV Transmission.	Ethiopian Journal of Health Sciences	-	-	-	2413-7170	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5811941	BACKGROUND: Despite the shift in antiretroviral therapy (ARVs) eligibility cascade from CD4 ≤ 200 to CD4 ≤ 350 to CD4 ≤ 500 mm3, HIV related morbidity and mortality continue to escalate annually, as do HIV infections. The new paradigm of treatment for all HIV positives individual irrespective of CD4 count may significantly reduce HIV and related illnesses. The author assumes that all HIV infected partners should be eligible for HIV treatment and care, irrespective of CD4 count. A second assumption is that high risk HIV negative partners have free access to continuum of HIV pre-exposure prophylaxis (PrEP), post exposure prophylaxis (PEP) and other prevention packages. METHODS: A literature review search was used to extract evidence-based ARVs-HIV treatment and prevention interventions among HIV positives and high risk partners respectively. Only articles published in English and indexed in journal nuclei were used for the study. The information was used to nurture understanding of HIV treatment and prevention approaches as well as HIV incidence multiplier effect among HIV serodiscordant partners. The imputed HIV incident reference was assumed at 1.2 per 100 person-years (2). This was based on the imputation that retention in care, adherence and other predetermined factors are functions of an effective health care delivery system. RESULT: The model showed a reduced HIV transmission from 1.2 per 100 person-years to 1.032 per 100 person-years in 6 months. The average threshold period of HIV suppressed partners on ARVs to an undetectable level. The combined multiplier protective-effect probability of transmitting HIV from HIV positive partners on ARVs-suppressed viremic load to HIV negative partners on PrEP/PEP-prevention was detected at 86. CONCLUSION: The model showed a significant reduction in HIV incidence. Placing serodiscordant sexual partners in HIV treatment and prevention plays a significant role in reducing and controlling HIV infection. Therefore, the policy of enrolling all HIV positives irrespective of CD4 count on ARVs and high risk partners on prevention if adopted and sustained may underpin reduction and control of HIV genotype and HIV related morbidity, mortality and opportunistic infections.	HIV, test and treat, linkage to care, prevention, incidence	English	Ethiopia	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review

Article	2017	Yi, Siyan; Ngin, Chanrith; Tuot, Sovannary; Chhoun, Pheak; Chhim, Srean; Pal, Khuondyla; Mun, Phalkun; Mburu, Gitau	HIV prevalence, risky behaviors, and discrimination experiences among transgender women in Cambodia: descriptive findings from a national integrated biological and behavioral survey.	BMC International Health and Human Rights	-	-	-	-	1472-698X	10.1186/s12914-017-0122-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5441093	BACKGROUND: Transgender people are disproportionately affected by HIV. Despite their high vulnerability to HIV, lack of adequate epidemiological and surveillance data related to this population in many countries prevents provision of appropriate services. This paper summarizes descriptive findings from a national integrated biological and behavioral survey and discusses policy implications of the findings on HIV prevention among transgender women in Cambodia. METHODS: This cross-sectional study was conducted between December 2015 and February 2016. Participants were recruited from 20 sites in the capital city and 12 provinces of Cambodia using Respondent Driven Sampling (RDS) method. Behavioral data were collected through structured questionnaire interviews, and rapid finger-prick HIV testing was performed. Descriptive data analyses were conducted using STATA. RESULTS: This study included 1,375 transgender women with a mean age of 25.9 years (SD = 7.1). The overall prevalence of HIV was 5.9%. The prevalence of HIV was significantly higher among urban participants compared to their rural counterparts (6.5 vs. 2.6%, p = 0.02). Almost one in five (19.6%) had never been tested for HIV prior to the study. Overall, 45.0% reported ever using gender affirming hormones. More than one-third (39.1%) reported not using condoms in their last sex, 29.8% had engaged in sex in exchange for money/gifts, and 14.0% reported that they had experienced at least one symptom of sexually transmitted infections (STI) in the past year. About one in ten (10.1%) reported having used some form of amphetamine-type stimulant drugs, while 6.5% reported having sex during or after using illicit drugs. A significant number of participants experienced sexual abuse (39.2%), losing a job (24.3%), or physical abuse (23.6%) because of their transgender identity. In addition, 82.9 and 88.9% would be willing to use the HIV self-test and pre-exposure prophylaxis (PrEP), respectively, if they become available. CONCLUSIONS: The high prevalence of HIV, STI, and related risk behaviors among transgender women in Cambodia is of great concern, suggesting an urgent need to further expand tailored prevention interventions for this key population focusing on individual, social, and structural drivers of HIV. HIV self-test and PrEP should be explored as a priority.	HIV, Sexually transmitted infections (STI), HIV prevention, Transgender women, Sexual behaviors, Cambodia	English	United Kingdom	Western and Central Europe and North America	Cambodia	Asia and the Pacific	Cambodia	Asia and the Pacific	Quantitative
Article	2017	Yi, Siyan; Tuot, Sovannary; Mwai, Grace W; Ngin, Chanrith; Chhim, Kolab; Pal, Khoundyla; Igbinedion, Ewemade; Holland, Paula; Choub, Sok Chamreun; Gitau Mburu	Awareness and willingness to use HIV pre-exposure prophylaxis among men who have sex with men in low- and middle-income countries: a systematic review and meta-analysis	Journal of the International AIDS Society	-	-	-	-	NA	10.7448/IAS.20.1.21580	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5515024/pdf/zias-20-1340539.pdf	Introduction: To facilitate provision of pre-exposure prophylaxis (PrEP) in low- and middle-income countries (LMIC), a better understanding of potential demand and user preferences is required. This review assessed awareness and willingness to use oral PrEP among men who have sex with men (MSM) in LMIC.Methods: Electronic literature search of Cochrane library, Embase, PubMed, PsychINFO, CINHAL, Web of Science, and Google Scholar was conducted between July and September 2016. Reference lists of relevant studies were searched, and nine authors contacted for additional data. Non-peer reviewed publications were excluded. Studies were screened for inclusion, and relevant data abstracted, assessed for bias, and synthesized.Results: In total, 2186 records were identified, of which 23 studies involving 14,040 MSM from LMIC were included. The proportion of MSM who were aware of PrEP was low at 29.7% (95% CI: 16.9–44.3). However, the proportion willing to use PrEP was higher, at 64.4% (95% CI: 53.3–74.8). Proportions of MSM aware of PrEP was <50% in 11 studies and 50–70% in 3 studies, while willingness to use PrEP was <50% in 6 studies, 50–70% in 9 studies, and over 80% in 5 studies. Several factors affected willingness to use PrEP. At the individual domain, poor knowledge of PrEP, doubts about its effectiveness, fear of side effects, low perception of HIV risk, and the need to adhere or take medicines frequently reduced willingness to use PrEP, while PrEP education and motivation to maintain good health were facilitators of potential use. Demographic factors (education, age, and migration) influenced both awareness and willingness to use PrEP, but their effects were not consistent across studies. At the social domain, anticipated stigma from peers, partners, and family members related to sexual orientation, PrEP, or HIV status were barriers to potential use of PrEP, while partner, peer, and family support were facilitators of potential use. At the structural domain, concerns regarding attitudes of healthcare providers, quality assurance, data protection, and cost were determinants of potential use.Conclusions: This review found that despite low levels of awareness of PrEP, MSM in LMIC are willing to use it if they are supported appropriately to deal with a range of individual, social, and structural barriers.	HIV; Bias; Pre-exposure prophylaxis; men who have sex with men (MSM); Men who have sex with men; Stigma; Disease prevention; Systematic review; Prep; Developing country; Awareness; Studies; Clinical trials; systematic review; low and middle income countries; Meta-analysis; Barrier; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Medical Sciences; pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	Cambodia	Asia and the Pacific	Cambodia	Asia and the Pacific	Review
Article	2017	Young, Lindsay E; Jonas, Adam B; Michaels, Stuart; Jackson, Joel D; Pierce, Mario L; Schneider, John A	Social-structural properties and HIV prevention among young men who have sex with men in the ballroom house and independent gay family communities	Social Science & Medicine	-	-	-	-	2779536	10.1016/j.socscimed.2016.12.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85006128038&doi=10.1016%2fj.socscimed.2016.12.009&partnerID=40&md5=3ab6f30c84dd01da15a7cceb5db40978	The endogenous social support systems of young Black men who have sex with men (YBMSM), like surrogate families and social networks, are considered crucial assets for HIV prevention in this population. Yet, the extent to which these social systems foster sexual health protections or risks remains unclear. We examine the networked patterns of membership in ballroom houses and independent gay families, both Black gay subcultures in the United States, and how these memberships are related to HIV protective and risk traits of members. Drawing from a population-based sample of 618 YBMSM living in Chicago between June 2013 and July 2014, we observe a suite of protective and risk traits and perform bivariate analyses to assess each of their associations with being a member of a house or family. We then present an analysis of the homophilous and heterophilous mixing on these traits that structures the patterns of house and family affiliations among members. The bivariate analyses show that members of the house and family communities were more likely than non-members to report protective traits like being aware of PrEP, having health coverage, having a primary care doctor, and discouraging sex drug use among peers. However, members were also more likely to engage in the use of sex drugs. With respect to how these traits inform specific house/family affiliations, results show that members who had a recent HIV test, who were PrEP aware, or who engaged in exchange sex were more likely to belong to the same house or family, while HIV positive individuals were less likely to cluster within houses or families. These findings provide insights regarding the strengths and vulnerabilities of the house and gay family communities that can inform more culturally specific interventions that build on the existing human and social capital in this milieu. © 2016 Elsevier Ltd	African American MSM; Ballroom house; Gay families; HIV prevention; Protective behaviors; Risk behaviors; Social networks; Social support; United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2017	Zablotska I.B.	Likely impact of pre-exposure prophylaxis on HIV epidemics among men who have sex with men	Sexual Health	-	-	-	-	14485028	10.1071/SH16153	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85012237730&doi=10.1071%2fSH16153&partnerID=40&md5=a6855ff64859b768cbb56f0ca8c7ce3d	Rapid developments in the field of HIV pre-exposure prophylaxis (PrEP) with antiretrovirals offer a promise to bring HIV transmission among gay and other men who have sex with men (MSM) to zero by 2030. This review evaluates studies, which modelled the impact of PrEP on HIV diagnoses, and discusses the progress towards PrEP implementation. Studies in English, conducted after 2010 among MSM in countries of the Organization for Economic Cooperation and Development (OECD) were reviewed. Six modelling studies were included, three of which had been conducted outside the US. None of the published models showed that PrEP alone can reduce HIV diagnoses to zero and eliminate HIV transmission by 2030. However, PrEP in combination with other biomedical interventions can reduce HIV diagnoses on the population level by ~95%. Other upcoming biomedical prevention strategies may strengthen combination prevention. Access to PrEP remains limited, even in the OECD countries. Modelling studies can assist governments with decision-making about PrEP implementation and add urgency to the implementation of PrEP. More work is needed on modelling of the impact of PrEP on HIV diagnoses trends outside the US where PrEP implementation is in its early stages. © CSIRO 2017.	combination prevention; effect; HIV/AIDS; implementation; mathematical model; pre-exposure prophylaxis (PrEP); review.	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2017	Zablotska, Iryna B; Catherine C. O'Connor	Preexposure Prophylaxis of HIV Infection: the Role of Clinical Practices in Ending the HIV Epidemic	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-017-0367-7	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-hiv-infection-role/docview/1965812437/se-2?accountid=8113	Purpose of ReviewThe aim of this study is to summarise the recent evidence from high-income settings about providers' ability to deliver on the UNAIDS goal of at least three million people at substantial risk of HIV infection with PrEP by 2020, including awareness and knowledge about PrEP, willingness to prescribe PrEP, current levels of prescribing and service delivery models and issues.Recent FindingsAwareness about PrEP among health providers is growing, but at different pace depending on provider type. HIV and sexual health specialists are more likely to have knowledge about PrEP than generalists, and to be willing to prescribe it, mainly because of their closer contact with people at high risk for HIV and better risk assessment skills. There is still no consensus as to who should be responsible for providing PrEP, but clearly all hands on deck will be useful in delivering on the international target of three million people at substantial risk for HIV on PrEP by 2020. Only about 5% of the target has been reached so far. Local guidance and large-scale education and information programs for clinicians will be necessary to upskill health providers. High cost of PrEP is still a major barrier for its broad implementation, even in countries were PrEP roll-out has started. Health services are facing major structural challenges due to implementation of PrEP services to a substantial volume of patients.SummaryThe early implementation experiences demonstrated that PrEP can be successfully delivered across a variety of settings, and a broad range of strategies and models of care can streamline PrEP delivery. Education of the providers and PrEP cost solutions will be essential for rapid roll-out of PrEP.	HIV; HIV/AIDS; Pre-exposure prophylaxis; PrEP; Prevention; Knowledge; Health services; Prophylaxis; Risk assessment; Awareness; Models of care; Prescribing; Health policy; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2017	Zhang Y.; Clarke W.; Marzinke M.A.; Piwowar-Manning E.; Beauchamp G.; Breaud A.; Hendrix C.W.; Cloherty G.A.; Emel L.; Rose S.; Hightow-Weidman L.; Siegel M.; Shoptaw S.; Fields S.D.; Wheeler D.; Eshleman S.H.	Evaluation of a multidrug assay for monitoring adherence to a regimen for HIV preexposure prophylaxis in a clinical study, HIV prevention trials network 073	Antimicrobial Agents and Chemotherapy	-	-	-	-	664804	10.1128/AAC.02743-16	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021682242&doi=10.1128%2fAAC.02743-16&partnerID=40&md5=af026d38ae2b900fec2a3ce98a03ce71	Daily oral tenofovir disoproxil fumarate (TDF)-emtricitabine (FTC) is a safe and effective intervention for HIV preexposure prophylaxis (PrEP). We evaluated the performance of a qualitative assay that detects 20 antiretroviral (ARV) drugs (multidrug assay) in assessing recent PrEP exposure (detection limit, 2 to 20 ng/ml). Samples were obtained from 216 Black men who have sex with men (208 HIV-uninfected men and 8 seroconverters) who were enrolled in a study in the United States evaluating the acceptability of TDF-FTC PrEP (165 of the uninfected men and 5 of the seroconverters accepted PrEP). Samples from 163 of the 165 HIV-uninfected men who accepted PrEP and samples from all 8 seroconverters were also tested for tenofovir (TFV) and FTC using a quantitative assay (detection limit for both drugs, 0.31 ng/ml). HIV drug resistance was assessed in seroconverter samples. The multidrug assay detected TFV and/or FTC in 3 (1.4%) of the 208 uninfected men at enrollment, 84 (40.4%) of the 208 uninfected men at the last study visit, and 1 (12.5%) of the 8 seroconverters. No other ARV drugs were detected. The quantitative assay confirmed all positive results from the multidrug assay and detected TFV and/or FTC in 9 additional samples (TFV range, 0.65 to 16.5 ng/ml; FTC range, 0.33 to 14.6 ng/ml). Resistance mutations were detected in 4 of the 8 seroconverter samples. The multidrug assay had 100% sensitivity and specificity for detecting TFV and FTC at drug concentrations consistent with daily PrEP use. The quantitative assay detected TFV and FTC at lower levels, which also might have provided protection against HIV infection. Copyright © 2017 American Society for Microbiology. All Rights Reserved.	Adherence; Antiretroviral drug; HIV; HPTN 073; Preexposure prophylaxis; Truvada	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2017	Zhang, Xinyu	Exploring Effect of Individual Risk Behavior Volatility on Model Inference of HIV Transmission Dynamics and HIV Phylogenetic Tree	-	-	University of Michigan	University of Michigan	-	NA	NA	http://hdl.handle.net/2027.42/140946	Men who have sex with men (MSM) are heavily affected by HIV infections. However, controlling HIV transmission among MSM population remains a challenging task due to the complexity of the transmission dynamics of HIV. Mathematical models can facilitate understanding such dynamics. They also provide a basis for estimating important epidemiological parameters that can guide public health decision. This thesis advances methods to achieve both of these objectives and makes a substantive advance in the first area. In this dissertation, we relaxed the constancy of individual risk behavior assumption, by allowing individual risk behavior to fluctuate among different levels over time, namely individual risk behavior volatility. We found that increasing risk volatility considerably increases fraction of transmission from acute HIV infection and prevalence at endemic equilibrium. In addition, we found that increasing risk volatility considerably reduces the minimum required individual effectiveness to eliminate HIV infections of Universal Test and Treat or universally applied pre-exposure prophylaxis (PrEP). Furthermore, our results suggest that increasing risk volatility reduces the extent that a case's risk level at HIV acquisition determines this case's capacity to cause onward transmission later during infection. Consequently, assuming no risk volatility may cause one to overestimate the benefit of prioritizing PrEP efforts to susceptible individuals experiencing high risk as a strategy to eliminate HIV infections. Finally, we explored the possibility of using HIV phylogeny to indicate when risk volatility affects HIV transmission dynamics. Our results suggest that risk volatility has unique and strong impact on phylogeny imbalance and clustering pattern. This implies that risk volatility is potentially identifiable from HIV sequence data. Research in this thesis contributions to the field of study that uses mathematical models to estimate epidemiological parameters of HIV transmission from two perspectives. Firstly, research in this thesis reveals the importance of evaluating individual risk behavior volatility to enhance robustness of model inference of epidemiological parameters and quantities. Secondly, research in this thesis suggests HIV sequence data is potentially valuable to improve the identifiability of risk volatility parameter. Therefore, research in this thesis takes significant steps forward to improve mathematical model inference of HIV transmission parameters.	HIV/AIDS; infectious disease; mathematical epidemiology; mathematical modeling; Universal Test and Treat; pre-exposure prophylaxis; Public Health; Health Sciences; Science	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2017	Zimmermann, H; Eekman, S; Achterbergh, R; Prins, M; van der Loeff, MS; de Vries, H; Hoornenborg, E; Davidovich, U; HIV Transmission Elimination Amste	Pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in the Netherlands: motives to choose for, switch to or stop with daily or event-driven PrEP	Journal of the International AIDS Society	-	-	-	-	1758-2652	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6791997/	In settings where both daily and event-driven pre-exposure prophylaxis (PrEP) are offered to men who have sex with men (MSM), a clear understanding of the motives to choose between the different dosing-regimens can facilitate more effective PrEP implementation. We therefore studied the motives for choosing for, switching between, and stopping daily or event-driven PrEP. Methods We used data (August 2015-June 2017) from the prospective, longitudinal, open-label Amsterdam PrEP demonstration study, in which daily (dPrEP) and event-driven PrEP (edPrEP) were offered to 374 HIV-negative MSM and two transgender persons. Participants self-selected the preferred PrEP-regimen at baseline and could switch regimens at three-monthly follow-up visits. We measured motives for choosing PrEP-regimen at baseline and for switching and stopping PrEP at follow-up visits. Open- and closed-end items were combined and qualitatively analysed.	counseling, HIV, prevention, men who have sex with men, PrEP, sexual behaviour	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Aaron E.; Blum C.; Seidman D.; Hoyt M.J.; Simone J.; Sullivan M.; Smith D.K.	Optimizing Delivery of HIV Preexposure Prophylaxis for Women in the United States	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2017.0201	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040636233&doi=10.1089%2fapc.2017.0201&partnerID=40&md5=5ebc44fefd5afe9f76e48bc1e2afc5c5	Preexposure prophylaxis (PrEP) is a highly effective HIV prevention method; however, it is underutilized among women who are at risk for acquisition of HIV. Women comprise one in five HIV diagnoses in the United States, and significant racial disparities in new HIV diagnoses persist. The rate of new HIV diagnoses among black and African American women in 2015 was 16 times greater than that of white women. These disparities highlight the importance of HIV prevention strategies for women, including the use of PrEP. PrEP is the first highly effective HIV prevention method available to women that is entirely within their control. However, because so few women who may benefit from PrEP are aware of it, few women's healthcare providers offer PrEP to their patients, PrEP has not yet achieved its potential to reduce HIV infections in women. This article describes individual and systemic barriers for women related to the uptake of PrEP services; explains how providers can identify women at risk for HIV; reviews how to provide PrEP to women; and outlines client-centered models for HIV prevention services. Better access to culturally acceptable and affordable medical and social services may offer support to women for consistent and ongoing use of PrEP. This discussion may be used to inform HIV prevention activities for women and guide interventions to decrease racial/ethnic disparities in rates of HIV infection among US women. © 2018 Erika Aaron, et al.	HIV prevention for women; HIV risk for women; preexposure prophylaxis; sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Abaasa, Andrew; Hendrix, Craig; Gandhi, Monica; Anderson, Peter; Kamali, Anatoli; Kibengo, Freddie; Sanders, Eduard J; Mutua, Gaudensia; Bumpus, Namandjé N; Priddy, Frances	Utility of Different Adherence Measures for PrEP: Patterns and Incremental Value	Publ Med	-	-	-	-	1090-7165	https://doi.org/10.1007/s10461-017-1951-y	https://escholarship.org/uc/item/11s4b5wt	Measuring PrEP adherence remains challenging. In 2009-2010, the International AIDS Vaccine Initiative randomized phase II trial participants to daily tenofovir disoproxil fumarate/emtricitabine or placebo in Uganda and Kenya. Adherence was measured by electronic monitoring (EM), self-report (SR), and drug concentrations in plasma and hair. Each adherence measure was categorised as low, moderate, or high and also considered continuously; the incremental value of combining measures was determined. Forty-five participants were followed over 4 months. Discrimination for EM adherence by area under receiver operating curves (AROC) was poor for SR (0.53) and best for hair (AROC 0.85). When combining hair with plasma or hair with self-report, discrimination was improved (AROC > 0.9). Self-reported adherence was of low utility by itself. Hair level was the single best PK measure to predict EM-assessed adherence; the other measurements had lower discrimination values. Combining short-term (plasma) and long-term (hair) metrics could be useful to assess patterns of drug-taking in the context of PrEP.	Clinical Trials and Supportive Activities; Behavioral and Social Science; HIV/AIDS; Clinical Research; Good Health and Well Being; Administration; Oral; Adult; Anti-HIV Agents; Emtricitabine; Female; HIV Infections; Hair; Humans; Kenya; Male; Medication Adherence; Pre-Exposure Prophylaxis; Self Report; Tenofovir; Uganda; PrEP drug-taking patterns of adherence electronic monitoring; Plasma; Public Health and Health Services; Social Work; Public Health	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2018	Adams, Leah M; Balderson, Benjamin H; Brown, Kathy; Bush, Staci E; Packett Bruce J II	Who Starts the Conversation and Who Receives Preexposure Prophylaxis (PrEP)? A Brief Online Survey of Medical Providers' PrEP Practices	Health Education and Behavior	-	-	-	-	10901981	10.1177/1090198117752789	https://www.proquest.com/scholarly-journals/who-starts-conversation-receives-preexposure/docview/2104868898/se-2?accountid=8113	Uptake of preexposure prophylaxis (PrEP) has been slow, but is increasing. Although PrEP is indicated for many patients, it has been concentrated among men who have sex with men (MSM). Awareness of PrEP is limited among non-MSM individuals, and among some MSM. As such, individuals at risk for HIV who are unaware of PrEP must rely on their medical providers to initiate conversations about PrEP. Members of a national professional organization of HIV specialists with prescribing privileges, including physicians, nurse practitioners, and physician assistants, participated in an online survey (n = 342) to characterize their PrEP prescribing behaviors and the demographic membership of their PrEP caseload. Results indicated that when discussing PrEP with their patients, providers who more frequently initiated these conversations had a higher percentage of non-MSM patients in their PrEP caseload (e.g., women, people who inject drugs, transgender patients). Encouraging providers to initiate discussions about PrEP with their patients and helping them locate support to offset the cost may help increase uptake, particularly among at-risk patients who are underrepresented in PrEP adoption.	Physicians; Women; Homosexuality; HIV/AIDS; Internet; Pre-exposure prophylaxis; prevention; Men; Males; Men who have sex with men; Transgender persons; Prophylaxis; preexposure prophylaxis (PrEP); Qualitative research; Demographics; Patients; Uptake; Survey; health communication; Prescribing; medical providers; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Polls & surveys; Medical personnel; Health risks; Surveys & questionnaires; Speech Communication; Nurse practitioners; Online Surveys; Specialists; Doctors' assistants; Caseloads; Education--Adult Education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	Adamson, Blythe	Mathematical Models to Evaluate the Clinical and Economic Impact of Biomedical HIV Prevention Strategies in the United States	-	-	University of Washington	University of Washington	-	NA	NA	http://hdl.handle.net/1773/42086	As the marginal clinical impact returns on innovations to treat and prevent HIV diminish, strategic investments are required for timely and efficient HIV eradication. The overall goal of this dissertation research is to evaluate the potential cost-effectiveness of several pharmacotherapy-related interventions included in the National HIV/AIDS Strategy for the United States in order to inform decision-making and policy design. Rising HIV program costs along with poor results in patient access and service utilization make determining the value of new HIV interventions very important for the vulnerable populations bearing the disease burden. Today, pre-exposure prophylaxis (PrEP) drugs are a short-term solution. Quite soon, programs offering financial incentives for viral suppression are expected to expand. Over the long term, many view the development of a safe and effective HIV vaccine as the only hope to completely eradicate AIDS. I develop a series of mathematical models to examine the clinical and economic impact of financial incentives, PrEP, and HIV vaccines using local and national surveillance data drawing on the results of large clinical trials. Importantly, I examine the potential interaction and competition between PrEP and HIV vaccines which needs to be understood to achieve optimal benefit from the combined use of the two in the coming decades. Lastly, I make policy and R&D investment recommendations aimed to support efficient progress towards the national strategic goals.	cost-effectiveness; financial incentives; HIV prevention; mathematical modeling; pharmacoeconomics; vaccines; Pharmaceutical sciences; Economics; Applied mathematics; Pharmaceutics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2018	Adana, Misturah Yetunde.	Testicular morphological and biochemical perturbations in experimental animals under antiretroviral therapy and the role of Naringenin, a bioactive flavonoid.	-	-	University of KwaZulu-Natal	University of KwaZulu-Natal	-	NA	NA	https://researchspace.ukzn.ac.za/handle/10413/17922	Declining male fertility is one of the neglected concerns of people living with HIV/AIDS in spite of a dual outlook of a social and a health dilemma. This issue of infertility is particularly relevant as majority of affected individuals are in their reproductive years. This thesis examines the impacts of the Fixed Dose Combination (FDC) of Highly Active Antiretroviral Therapy (HAART) Tenofovir/ Emtricitabine and Efavirenz (TDF/FTC/EFV) on the male reproductive capacity. It also explores the protective potentials of a bioactive flavonoid, Naringenin in testicular perturbations. The study was motivated by two major research questions namely: (1) what are the impacts of the recently approved first line antiretroviral therapy for adults FDC, TDF/FTC/EFV on the testes? (2) What is the role of Naringenin in alleviating testicular perturbations induced by HAART? Previous studies point to the negative impacts of the older generation of FDC of HAART on the semen quality and histomorphometry of the testes following a long-term use. The study addresses both the long-term and short-term use of antiretroviral drugs as observed in pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP). The research assesses the impacts of the drugs on the reproductive capability as well. Findings from this study support the argument that the negative effects of the drugs were consequent upon both the short-term and long-term use. To illustrate this hypothesis, the study was conducted in two distinct phases. The first phase which lasted a total of 28 days considered the duration of PEP or PrEP. The second phase which lasted a total of ten weeks captured all the stages of spermatogenesis in rats. In this phase male Sprague Dawley rats were exposed to fertile females after the treatments. The study thus advances an understanding of the mechanism of HAART-induced testicular injury. A therapeutic dose of TDF/FTC/EFV adjusted for animal weight was administered on a total of 48 animals randomly divided into 6 equal groups each with a different treatment as follows; Group A: Control (Distilled water); Group B: HAART (TDF/FTC/EFV), Group C: Naringenin, 40 mg/kg; Group D: Naringenin, 80 mg/kg; Group E: HAART + Naringenin, 40 mg/kg; Group F: HAART+ Naringenin, 80 mg/kg. At the end of each phase, harvested testes were subjected to histomorphometry and ultrastructural analysis. The caudal epididymis was assessed for semen parameters and sperm mitochondrial DNA (mtDNA) fragmentation. Biochemical parameters such as serum levels of reproductive hormones (Luteinizing hormone and Testosterone) and intratesticular antioxidant enzyme activities were assayed. Contrary to prior beliefs, this research reveals that the immediate effects following short-term use of HAART are far more deleterious. This finding is consequent upon the significant drop in the sperm count (p<0.001) and sperms with normal morphology (p<0.001) compared to (p<0.01) in the long-term. Histomorphometric analysis also revealed a significantly shrunken seminiferous tubule following a…	Male fertility.; Mixed doze combination.; Antiretroviral Therapy (HAART).; Tenofovir.; Emtricitabine and Efavirenz.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Clinical
Article	2018	Agopian, A; Levy, M; Opoku, J; Rawls, A; Magnus, M; Kharfen, M; Greenberg, A; Kuo, I	Factors Associated With PrEP Discontinuation Among Men Who Have Sex With Men in Washington, DC	AIDS Research and Human Retroviruses	-	-	-	-	0889-2229	10.1097/QAI.0000000000001965	https://journals.lww.com/jaids/fulltext/2019/04150/factors_associated_with_sex_related_pre_exposure.9.aspx	Background: HPTN 067 assessed the feasibility of daily and non-daily dosing of open-label emtricitabine/tenofovir disoproxil fumarate (FTC/TDF)-based pre-exposure prophylaxis (PrEP). Methods: Factors associated with sex-related PrEP adherence were assessed among men who have sex with men (MSM) randomized to one of 3 PrEP dosing arms in HPTN 067 in New York City. Sex-related PrEP adherence was defined per protocol as at least 1 PrEP tablet taken within 4 days pre-sex and at least 1 additional PrEP tablet taken within 24 hours post-sex, assessed via electronic drug monitoring and weekly interviews. Demographic data and behavioral measures were evaluated for association with sex-related PrEP adherence. Logistic regression for clustered data was used to estimate the unadjusted and adjusted odds ratios. Results: Of 176 randomized MSM participants, 59% were Black, 10% White, 25% Hispanic, and 6% other; median age was 31 years. In the multivariable analyses, higher sex-related PrEP adherence was significantly associated with daily dosing arm, older age, employment, and higher PrEP adherence behavioral skills. Lower sex-related PrEP adherence was significantly associated with identifying as Black or Hispanic (compared with White), opiate use, and reporting "I forgot" as an adherence barrier. Conclusions: This analysis identified populations of MSM who might benefit from additional support to optimize PrEP adherence, including those who are younger, unemployed, or opiate users. MSM with lower PrEP behavioral skills may benefit from targeted interventions. Further study is needed to assess racial and ethnic disparities in PrEP adherence, which may reflect broader social and economic inequalities not captured in this study.	PrEP, adherence, MSM, Black MSM, Hispanic, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Ajayi A.I.; Ismail K.O.; Adeniyi O.V.; Akpan W.	Awareness and use of pre-exposure and postexposure prophylaxes among Nigerian university students: Findings from a cross-sectional survey	Medicine (United States)	-	-	-	-	257974	10.1097/MD.0000000000012226	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054076782&doi=10.1097%2fMD.0000000000012226&partnerID=40&md5=2b79af86a240b764c9382749ffc9413	Despite the recent advances in biomedical preventive strategies, young adults—especially adolescent girls— continue to be disproportionately at risk of acquiring HIV. To avert this trend, it is critical that access to HIV preventive strategies, such as preexposure prophylaxis (PrEP) and postexposure prophylaxis be expanded, especially in sub-Saharan Africa, where young adults are known to engage in risky sexual practices. This study examined awareness levels and use of pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) among Nigerian university students. A cross-sectional survey was conducted among 800 students selected using stratified random sampling at 2 Nigerian universities. Descriptive and inferential statistics were used for data analysis on 784 complete responses. The levels of awareness of PrEP and PEP were 18.9% and 25.4%, respectively. Ever tested for human immunodeficiency virus HIV (AOR: 1.58; 95% CI: 1.04–2.42) and knowledge of partner's HIV status (AOR: 1.87; 95% CI: 1.25–2.79) were the significant determinants of awareness to PrEP. In contrast, only ever tested for HIV (AOR: 1.50; 95% CI: 1.02–2.19), knowledge of partner's HIV status (AOR: 1.55; 95% CI: 1.07–2.24), ever used condoms (AOR: 1.65; 95% CI: 1.04–2.62), and nude exchanges (AOR: 1.62; 95% CI: 1.13–2.31) were independent determinants of awareness of PEP. Only a few students had seen (5.6%) or used (1.5%) any prophylaxes. The study findings indicate a low level of awareness and use of PrEP and PEP. To ensure no one is left behind in the goal of elimination of new HIV infections, intervention to expand access to these preventive strategies is needed in the study settings. Copyright © 2018 the Author(s). Published by Wolters Kluwer Health, Inc.	Nigeria university students; Postexposure prophylaxis; Pre-exposure prophylaxis; Preventive strategies	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2018	Algarin, Angel B, MPH; Ibañez, Gladys E, PhD	Understanding the Possible Nonmedical Risks of Preexposure Prophylaxis Prescription in Adolescents	JAMA Pediatrics	-	-	-	-	21686203	10.1001/jamapediatrics.2017.5596	https://jamanetwork.com/journals/jamapediatrics/fullarticle/2672723	Algarin and Ibanez read with great interest the article "Safety and Feasibility of Antiretroviral Preexposure Prophylaxis for Adolescent Men Who Have Sex With Men Aged 15 to 17 Years in the United States" by Hosek et al. They were elated to read about the inclusion of adolescent men who have sex with men in research focusing on the HIV prevention benefits of preexposure prophylaxis (PrEP). However, they believe that there are important issues to highlight in the parent-child dynamic in sexual health and how this may dampen effectiveness.	Pre-exposure prophylaxis; Antiretroviral drugs; Men; Adolescents; Teenagers; Prep; Prophylaxis; Adolescence; Preventive medicine; Sexual and reproductive health; Feasibility; Antiretroviral agents; Human immunodeficiency virus--HIV; Gays & lesbians; Feasibility studies; Preventive healthcare; Children And Youth - About	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Ammassari, Adriana; Stöhr, Wolfgang; Antinori, Andrea; Molina, Jean-Michel; Schwimmer, Christine; Domingo, Pere; Thalme, Anders; Di Pietro, Massimo; Wallet, Cedrick; Pozniak, Anton; Richert, Laura; Raffi, François	Patient Self-Reported Adherence to Ritonavir-Boosted Darunavir Combined With Either Raltegravir or Tenofovir Disoproxil Fumarate/Emtricitabine in the NEAT001/ANRS143 Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001834	https://pubmed.ncbi.nlm.nih.gov/30365452/	BACKGROUND: The NEAT001/ANRS143 trial demonstrated noninferiority of ritonavir-boosted darunavir combined with either raltegravir (RAL + DRV/r) or tenofovir disoproxil fumarate/emtricitabine (TDF/FTC + DRV/r) in HIV-positive, antiretroviral-naive adults. In post hoc analyses, however, RAL + DRV/r showed inferiority in patients with baseline CD4 <200/mm and HIV-1 RNA ≥100,000 copies per milliliter. This preplanned ancillary study was conducted to assess whether differences in adherence might explain efficacy results. SETTING: Phase III, open-label, randomized, multicenter study in 15 European countries (ClinicalTrials.gov, NCT01066962). METHODS: Seven hundred seventy-four participants self-reported adherence (modified AIDS Clinical Trials Group questionnaire) over 96 weeks 383 RAL + DRV/r (twice daily; 5 pills/day), 391 TDF/FTC + DRV/r (once daily; 4 pills/day). Primary endpoint was ≥95% versus <95% adherence to prescribed doses recorded (1) over the last 4 days or (2) on the visual analogue scale over the last 30 days. RESULTS: Characteristics, except age, were similar between arms; 9% had CD4 <200 cells/mm and HIV-1 RNA ≥100,000 copies per milliliter. Adherence ≥95% in the last 4 days (P = 0.029) or at the visual analogue scale (P = 0.0072) was higher with TDF/FTC + DRV/r than with RAL + DRV/r. Adherence ≥95% over the last 4 days was associated with lower probability of virological failure (P = 0.015). Adherence in patients with baseline CD4 <200 cells/mm and HIV-1 RNA ≥100,000 copies per milliliter was similar to the rest of the population, and not significantly associated with efficacy measures, with no significant differences between arms. CONCLUSION: Adherence was high and slightly better in the TDF/FTC + DRV/r than in the RAL + DRV/r arm. No convincing evidence was found that higher failure rate in the RAL + DRV/r arm in the subgroup with worse baseline viroimmunological status is caused by adherence differences.	Humans; Antiretroviral Therapy, Highly Active/*methods; HIV Infections/*drug therapy; Anti-Retroviral Agents/*therapeutic use; Treatment Failure; Medication Adherence/*statistics & numerical data	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2018	Anderson, Peter L; Liu, Albert Y; Castillo-Mancilla, Jose R; Gardner, Edward M; Seifert, Sharon M; McHugh, Cricket; Wagner, Theresa; Campbell, Kayla; Morrow, Mary; Ibrahim, Mustafa; Buchbinder, Susan; Bushman, Lane R; Kiser, Jennifer J; MaWhinney, Samantha	Intracellular Tenofovir-Diphosphate and Emtricitabine-Triphosphate in Dried Blood Spots following Directly Observed Therapy.	Antimicrobial Agents and Chemotherapy	-	-	-	-	1098-6596	10.1128/AAC.01710-17	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5740314	Studies of daily emtricitabine-tenofovir disoproxil fumarate (FTC-TDF) for HIV preexposure prophylaxis (PrEP) in men who have sex with men (MSM) modeled intracellular tenofovir-diphosphate (TFV-DP) in dried blood spots (DBS) to assess adherence and corresponding PrEP outcomes. We conducted a prospective, randomized, crossover pharmacokinetic study of TFV-DP in DBS during 33%, 67%, or 100% of daily dosing under directly observed therapy (DOT). Participants were assigned to two 12-week dosing regimens, separated by a 12-week washout. Forty-eight adults (25 women) from Denver and San Francisco were enrolled. TFV-DP exhibited a median half-life of 17 days, reaching steady state in 8 weeks. TFV-DP was dose proportional with mean (SD) steady-state concentrations of 530 (159), 997 (267), and 1,605 (405) fmol/punch for the 33%, 67%, and 100% arms, respectively. Prior work in MSM demonstrated clinically meaningful TFV-DP thresholds of 350, 700, and 1,250 fmol/punch, which were estimated 25th percentiles for 2, 4, and 7 doses/week. In the present study, corresponding TFV-DP was within 3% of the prior estimates, and subgroups by site, race, and sex were within 14% of prior estimates, although males had 17.6% (95% confidence intervals CIs, 6.5, 27.4%) lower TFV-DP than females. The thresholds of 350, 700, and 1,250 fmol/punch were achieved by 75% of men taking ≥1.2, 3.2, and 6 doses/week and 75% of women taking ≥0.6, 2.0, and 5.3 doses/week, indicating that lower dosing reached these thresholds for both sexes. In conclusion, TFV-DP arising from DOT was similar to previous estimates and is useful for interpreting PrEP adherence and study outcomes. (This study has been registered at ClinicalTrials.gov under identifier NCT02022657.).	HIV, preexposure prophylaxis, intracellular, nucleoside analog, adherence, pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Arnold T.; Sims-Gomillia C.E.; Portz K.; Bologna E.; Williams B.	Preliminary investigation evaluating college students' willingness and need to take pre-exposure prophylaxis (PrEP) for HIV	HIV and AIDS Review	-	-	-	-	17301270	10.5114/hivar.2018.76370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049197135&doi=10.5114%2fhivar.2018.76370&partnerID=40&md5=8cb084cce6a1b3e611eafd4c66d0ea43	Pre-exposure prophylaxis (PrEP) is a highly effective pharmacological approach to HIV prevention. This study sought to evaluate the need and willingness of African American college students to utilize PrEP. We evaluated students' perceived HIV risk, beliefs about medication, sexual risk behaviors, and need for PrEP. The sample consisted of 147 participants (Mage = 21.6 years, SDage = 4.8), and 57.7% were female. Most of the sample had been sexually active in the past. Participants were willing to initiate PrEP if they knew it would lower their chance of contracting HIV (88.2%), knew their partner was HIV positive (85.4%), or thought they were at high-risk for HIV infection (87.9%). Additionally, there was a strong positive relationship between willingness to initiate PrEP and beliefs about medicine (r = 0.217, p < 0.05). These findings have relevant implications that will aid in the promotion of PrEP uptake and initiation among at-risk college students. © 2018 Termedia Publishing House Ltd. All rights reserved.	Beliefs about medication; College students; HIV; Perceived risk.; Pre-exposure prophylaxis (PrEP); Sexual risk behaviors	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	Arscott, Joyell S.	Factors Affecting the Likely Use of Pre-Exposure Prophylaxis for Young African American Men Who Have Sex with Men	-	-	Duke University	Duke University	-	NA	NA	https://dukespace.lib.duke.edu/items/b1b8ff24-8026-46bd-95f9-35f826a2c50	African-American young men who have sex with men (YMSM) are seven and three times more likely than their White and Hispanic counterparts, respectively, to be infected with HIV. Once-daily oral co-formulated tenofovir disoproxil fumarate and emtricitabine FTC/TDF, for HIV pre-exposure prophylaxis, known as PrEP has been demonstrated to be an effective method of reducing rates of new HIV infections within this population. Despite this breakthrough in HIV prevention, African American YMSM use PrEP at a much lower and disproportionate rate in comparison to white MSM. Therefore, the aim of this dissertation was to develop a deeper understanding of the HIV prevention needs of African American YMSM as it relates to PrEP. This study was conducted using a descriptive qualitative approach, which was guided by a naturalistic design to explore and understand African American YMSM's cognitive and emotional processes as it relates to PrEP, and how these responses influence their likely future use of PrEP as an HIV prevention method. The findings revealed important individual-, social-, cultural-, and structural-level factors that affect African American YMSM's likely future use of PrEP. These findings revealed opportunities for future research and interventions to address the disparate rates of future PrEP use for African American YMSM.	Nursing; African American; Common Sense Model of Illness Representation; Health care utilization; HIV prevention; Men who have sex with men; Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Book Section	2018	Arthur M.	AIDS memorialisation: A biomedical performance	-	Viral Dramaturgies: HIV and AIDS in Performance in the Twenty-First Century	-	-	NA	-	10.1007/978-3-319-70317-6_6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046463183&doi=10.1007%2f978-3-319-70317-6_6&partnerID=40&md5=6956e55e23a3aaebae95be50cbec15e7	This essay draws connections between the new HIV prevention regime PrEP and AIDS memorial media and architecture in the USA, in particular the New York City AIDS Memorial, to propose that the biomedical dissemination of PrEP mirrors the ways in which memorial architecture orchestrates a visitor's perception of the virus and its history, particularly as both invoke performances of immunity through allegories of war and defence. © The Editor(s) (if applicable) and The Author(s) 2018.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2018	Atujuna M.; Newman P.A.; Wallace M.; Eluhu M.; Rubincam C.; Brown B.; Bekker L.-G.	Contexts of vulnerability and the acceptability of new biomedical HIV prevention technologies among key populations in South Africa: A qualitative study	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0191251	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041953558&doi=10.1371%2fjournal.pone.0191251&partnerID=40&md5=07ab3026ca3287ac39cacbab368e0c02	Background New biomedical prevention technologies (NPTs) may contribute to substantially reducing incident HIV infections globally. We explored acceptability and preferences for NPTs among key and other vulnerable populations in two South African townships. Methods We conducted six focus groups and 12 in-depth interviews with adolescents, and adult heterosexual men, women, and men who have sex with men (MSM) (n = 48), and eight in-depth interviews with key informant healthcare workers. The interview guide described preexposure prophylaxis (PrEP), vaginal rings, rectal microbicides and HIV vaccines, and explored acceptability and product preferences. Focus groups and in-depth interviews (45–80 minutes) were conducted in Xhosa, audiotaped, and transcribed and translated into English. Data were coded and reviewed using framework analysis with NVivo software. Results Overall, initial enthusiasm and willingness to use NPTs evolved into concerns about how particular NPTs might affect or require alterations in one's everyday lifestyle and practices. Different product preferences and motivations emerged by population based on similarity to existing practices and contexts of vulnerability. Adult women and female adolescents preferred a vaginal ring and HIV vaccine, motivated by longer duration of protection to mitigate feared repercussions from male partners, including threats to their marriage and safety, and a context of ubiquitous rape. Male adolescents preferred an HIV vaccine, seen as protection in serodiscordant relationships and convenient in obviating the HIV stigma and cost involved in buying condoms. Adult men preferred PrEP, given familiarity with oral medications and mistrust of injections, seen as enabling serodiscordant couples to have a child. MSM preferred a rectal microbicide given familiarity with gel-based lubricants, with concerns about duration of protection in the context of unplanned consensual sex and rape. Conclusions Biomedical interventions to prevent HIV transmission, rather than obviating social-structural factors that produce vulnerability, may be limited by these same factors. Implementation of NPTs should engage local communities to understand real-world constraints and strategise to deliver effective, multi-level combination prevention. © 2018 Atujuna et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Human immunodeficiency virus vaccinelubricating agentmicrobicide	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Canada	Western and Central Europe and North America	Qualitative
Article	2018	Ayala G.; Santos G.-M.; Arreola S.; Garner A.; Makofane K.; Howell S.	Blue-Ribbon Boys: factors associated with PrEP use, ART use and undetectable viral load among gay app users across six regions of the world	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/JIA2.25130	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071461131&doi=10.1002%2fJIA2.25130&partnerID=40&md5=fca77d8fb541ac1496f56708eebdcff2	Introduction: Gay social networking apps have grown in popularity among men who have sex with men offering opportunities for rapid and confidential collection of vital data as well as social connection. The goal of our study was to explore factors associated with utilization of pre-exposure prophylaxis (PrEP) and antiretroviral treatment (ART), and self-reported undetectable viral load (UVL) using data collected by the gay social networking app Hornet. Methods: In 2016, the Global Forum on MSM & HIV (MSMGF) partnered with Hornet, to support an educational initiative called Blue-Ribbon Boys. One aspect of the initiative prompts Hornet users to answer a short series of yes-no questions about their sexual health. Using survey responses, we evaluated factors associated with PrEP and ART use as well as self-reported UVL by fitting separate multivariable generalized estimating equation models. Results: In total, 16,008 unique Hornet users started the survey, of which 12,126 (76%) provided sufficient data for analyses. Of the 10,774 HIV-negative men, 13% reported PrEP use in the past year. PrEP use was associated with a recent sexually transmitted infection (STI) test or treatment (aOR = 2.19, CI = 1.49 to 3.21); and taking steps to protect oneself from HIV (aOR = 1.41, CI = 1.13 to 1.76). Among HIV-positive Hornet users (n = 1243), ART use was associated with older age (each year increase aOR = 1.02, CI = 1.01 to 1.04), a recent STI test or treatment (aOR = 4.54, CI = 2.65 to 7.78); and awareness of unlikely HIV transmission with UVL (aOR = 1.53, CI = 1.03 to 2.26). UVL was associated with older age (each year increase aOR = 1.03, CI = 1.01 to 1.04), a recent STI test or treatment (aOR = 4.84, CI = 2.74 to 8.55), and awareness of unlikely HIV transmission with UVL (aOR = 1.98, CI = 1.37 to 2.85). Conclusions: Study findings underscore the importance of STI testing and treatment as well as information about HIV trans-missibility for encouraging PrEP and ART use. Our findings also reveal age disparities, which can undermine incidence reduction among gay men. Gay social networking apps can be effectively used for rapid data collection and sexual health promotion with men who have sex with men. STI testing and treatment programmes offer important opportunities for encouraging PrEP and ART use. Information about HIV transmissibility with consistent ART use should be incorporated into prevention messag-ing tailored to various age groups. © 2018 The Authors. Journal of the International AIDS Society published by John Wiley & sons Ltd on behalf of the International AIDS Society.	ART; gay men; gay social network apps; HIV; HIV services; HIV viral load; men who have sex with men; sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Bagchi A.D.; Holzemer W.	Support for PrEP Among New Jersey Health Care Workers	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1016/j.jana.2018.06.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049441239&doi=10.1016%2fj.jana.2018.06.003&partnerID=40&md5=b47d4d310461083741a9e2c404c46fc3	We used an online survey of health care workers in New Jersey to assess awareness, perceptions, and support of preexposure prophylaxis (PrEP). We sampled respondents from diverse health care worker occupations, in HIV and non-HIV care settings. Of 174 participants, awareness of PrEP was high at 91% (n = 122), as was support for its use by members of at-risk groups (74%). Occupation was the only independent variable with significant variation in support of PrEP, with 41% of disease intervention specialists/health educators supporting PrEP completely, compared with 93% of nurses. Concerns that poor adherence could lead to resistant strains of HIV and that use could lead to "irresponsible sexual activity" were the most commonly endorsed barriers to PrEP support. The study suggests that, despite high levels of PrEP awareness, targeted education activities are needed to support New Jersey's efforts to expand PrEP availability and use. © 2018 Association of Nurses in AIDS Care	awareness; health care workers; HIV; PrEP; support	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Baisley K.; Chimbindi N.; Mthiyane N.; Floyd S.; McGrath N.; Pillay D.; Seeley J.; Zuma T.; Dreyer J.; Gareta D.; Smit T.; Mutevedzi T.; Fenty J.; Herbst K.; Birdthistle I.; Shahmanesh M.	High HIV incidence and low uptake of HIV prevention services: The context of risk for young male adults prior to DREAMS in rural KwaZulu-Natal, South Africa	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0208689	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059213783&doi=10.1371%2fjournal.pone.0208689&partnerID=40&md5=facc6298c32b80f23c07909f9e28ddd9	Background Young men are less likely than young women to engage with HIV prevention and care, and their HIV-related mortality is higher. We describe HIV incidence and uptake of HIV services in men 20–29 years(y) in rural KwaZulu-Natal, South Africa, before the roll-out of DREAMS. Methods We used data from a population-based demographic and HIV surveillance cohort. HIV incidence was estimated from anonymised testing in an annual serosurvey. Service uptake was assessed in 2011 and 2015, through two self-reported outcomes: 1) HIV testing in the past 12 months(m); 2) voluntary medical male circumcision(VMMC). Logistic regression was used to estimate odds ratios(OR) and 95% confidence intervals(CI) for factors associated with each outcome. Results HIV incidence in 2011–2015 was 2.6/100 person-years (95%CI = 2.0–3.4) and 4.2 (95%CI = 3.1–5.6) among men 20-24y and 25-29y, respectively, with no significant change from 2006–2010. N = 1311 and N = 1221 young men participated in the 2011 and 2015 surveys, respectively. In both years, <50% reported testing for HIV in the past 12m. In 2011, only 5% reported VMMC, but coverage in 2015 increased to 40% and 20% in men 20-24y and 25-29y, respectively. HIV testing was positively associated with higher education and mobility. Testing uptake was higher in men reporting >1 partner in the past 12m, or condom use at last sex, but lower in those reporting a casual partner (adjusted (a)OR = 0.53, 95%CI = 0.37–0.75). VMMC uptake was associated with survey year and higher education. Men aged 25-29y and those who were employed (aOR = 0.66; 95%CI = 0.49–0.89) were less likely to report VMMC. Conclusions HIV incidence in men 20-29y was very high, and pre-exposure prophylaxis (PrEP) should be considered in this population. Uptake of services was low. VMMC coverage increased dramatically from 2011 to 2015, especially among younger men, suggesting a demand for this service. Interventions designed with and for young men are urgently needed. © 2018 Baisley et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultCircumcision, MaleCohort StudiesCondomsEducational StatusElective Surgical ProceduresHIV Infections	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2018	Baker, Zoe Gabriele; Gorbach, Pamina M.	The Impact of Partnership Factors on Adherence to HIV Pre-Exposure Prophylaxis and Antiretroviral Therapy	-	-	University of California	-	-	NA	https://www.proquest.com/dissertations-theses/impact-partnership-factors-on-adherence-hiv-pre/docview/2051919388/se-2?accountid=8113	Adherence to medications for HIV prevention and treatment is essential to reducing HIV transmission risk and improving health outcomes. Adherence to these medications remain insufficient in several key populations, however. Understanding how partnership types and dynamics may encourage or hinder HIV medication adherence is necessary to improving adherence rates among important sub-groups, including young men who have sex with men (YMSM), serodiscordant couples, and adolescent girls. My first paper identified the partnership and housing factors associated with adherence to oral PrEP among YMSM. PrEP adherence was relatively low in the study, declining from 46% at baseline to 39% at study conclusion. PrEP adherence was significantly associated with increasing age (OR=1.35; 95% CI: 1.14, 1.60), and race (African-Americans vs. other OR=0.37, 95% CI: 0.21, 0.66). Relationship type, length, and depth, number of partners, and partner's HIV status were not significantly associated with adherence. PrEP adherence was associated with housing insecurity, including ever being kicked out of the home (AOR=0.43; 95% CI: 0.18, 1.04), and the Housing Insecurity Index (AOR=0.64; 95% CI: 0.44, 0.93). PrEP adherence was also associated with privacy, including number of people living in the residence (AOR=0.82; 95% CI: 0.71, 0.95), sleeping in a private bedroom (AOR=2.10, 95% CI: 1.01, 4.40), and the Lack of Privacy Index (AOR=0.82; 95% CI: 0.71, 0.95). YMSM did not modify their PrEP-taking depending on relationship risk. Housing insecurity and lack of privacy may hinder PrEP adherence among YMSM. My second paper determined whether HIV viral suppression was associated with partnership status and partnership support among HIV-positive individuals and serodiscordant couples in Brazil. Viral suppression did not significantly differ between HIV-positive partnered (79% virally suppressed) and unpartnered (76% virally suppressed) individuals. Among individuals in partnerships, viral load suppression was significantly associated with having partners who attended monthly visits (AOR=2.99; 95% CI: 1.00, 8.93); among women in partnerships, viral load suppression was significantly associated with having a partner who actively reminded them to take ART (AOR=2.67; 95% CI: 1.04, 6.88). Practical measures of social support, including attending monthly visits and reminding a partner to take ART, may improve viral suppression among HIV-positive individuals in serodiscordant partnerships. My third paper assessed the product, relationship, and sex factors that affect acceptability of a vaginal ring (VR) for HIV prevention among adolescent girls aged 15 to 17 years. Product factors were most frequently mentioned as barriers to VR acceptability. Many participants reported concerns about the large size of the VR upon first impression, and some reported pain with VR insertion. Several participants reported concerns regarding cleanliness of the VR, particularly during menstruation. Relationship factors rarely appeared to act as barriers to VR acceptability; the majority of participants disclosed VR use to their sexual partners, and reactions from sexual partners regarding the VR were common. Emotional and/or physical discomfort surrounding VR use during sex was mentioned occasionally as a potentially barrier to VR acceptability. Relationship factors appear to be important in several populations for adherence to HIV-related medications. YMSM in high-risk sexual relationships may not modify PrEP-taking, leaving them at risk for HIV acquisition. Among serodiscordant couples, practical measures of partnership support may improve ART adherence and promote viral suppression. While adolescent girls most often reported that product-related factors inhibited VR acceptability, lack of partnership disclosure, negative partner reactions, and discomfort during sex may hinder VR acceptability among some girls.	Adherence; Antiretroviral; Epidemiology; Prep; Medication; Partnership; 0766:Epidemiology; Hiv; Health and environmental sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2018	Baker, Zoë; Javanbakht, Marjan; Mierzwa, Stan; Pavel, Craig; Lally, Michelle; Zimet, Gregory	Predictors of Over-Reporting HIV Pre-exposure Prophylaxis (PrEP) Adherence Among Young Men Who Have Sex With Men (YMSM) in Self-Reported Versus Biomarker Data	AIDS and Behavior	-	-	-	1090-7165	https://doi.org/10.1007/s10461-017-1958-4	https://escholarship.org/uc/item/2pr6g4wr	Young men who have sex with men (YMSM) face a disproportionately high burden of HIV. Oral pre-exposure prophylaxis (PrEP) is effective in preventing HIV acquisition, but adherence to PrEP among YMSM may be inadequate. Medication adherence may be assessed via biomarkers, which are expensive and invasive, or via self-report through Audio Computer Assisted Self-Interview (ACASI), which may result in over-reporting of adherence. In this paper we assess the potential of a new method of self-report, the Interactive Questionnaire System (iQS), in validly estimating true adherence rates. PrEP adherence among 167 YMSM aged 15-23 was measured via dried blood spot (DBS), ACASI, and iQS twice over a 24-week study period. Both ACASI- and iQS-reported data revealed that over 40% of individuals self-reporting adequate PrEP adherence had DBS-estimated drug levels indicating inadequate adherence. Adjusted logistic repeated measures random intercept regression analyses indicated that younger YMSM had higher odds of over-reporting adherence than older YMSM-each 1 year increase in age was associated with 0.79 times the odds of over-reporting adherence (95% CI 0.63, 0.98; p value = 0.031), and being African American was associated with 3.22 times greater odds of over-reporting than non-African Americans (95% CI 1.51, 6.90; p-value = 0.0003). These results suggest that ACASI and iQS methods of self-report significantly overestimate true PrEP adherence rates among YMSM, and that the odds of over-reporting adherence may be affected by both age and race.	Public Health; Health Sciences; Prevention; Infectious Diseases; Clinical Research; Behavioral and Social Science; HIV/AIDS; Good Health and Well Being; Adolescent; Black or African American; Biomarkers; HIV; HIV Infections; Homosexuality; Male; Humans; Male; Medication Adherence; Pre-Exposure Prophylaxis; Racial Groups; Self Report; Surveys and Questionnaires; Young Adult; Pre-exposure prophylaxis; Adherence; Adolescents; Men who have sex with men; Public Health and Health Services; Social Work; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Barrett S.E.; Teller R.S.; Forster S.P.; Li L.; Mackey M.A.; Skomski D.; Yang Z.; Fillgrove K.L.; Doto G.J.; Wood S.L.; Lebron J.; Grobler J.A.; Sanchez R.I.; Liu Z.; Lu B.; Niu T.; Sun L.; Gindy M.E.	Extended-duration MK-8591-eluting implant as a candidate for HIV treatment and prevention	Antimicrobial Agents and Chemotherapy	-	-	-	664804	10.1128/AAC.01058-18	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053908337&doi=10.1128%2fAAC.01058-18&partnerID=40&md5=13e2f5d87654806fbd3455a5bb173d6a	Regimen adherence remains a major hurdle to the success of daily oral drug regimens for the treatment and prevention of human immunodeficiency virus (HIV) infection. Long-acting drug formulations requiring less-frequent dosing offer an opportunity to improve adherence and allow for more forgiving options with regard to missed doses. The administration of long-acting formulations in a clinical setting enables health care providers to directly track adherence. MK-8591 (4=-ethynyl-2- fluoro-2=-deoxyadenosine EFdA) is an investigational nucleoside reverse transcriptase translocation inhibitor (NRTTI) drug candidate under investigation as part of a regimen for HIV treatment, with potential utility as a single agent for preexposure prophylaxis (PrEP). The active triphosphate of MK-8591 (MK-8591-TP) exhibits protracted intracellular persistence and, together with the potency of MK-8591, supports its consideration for extended-duration dosing. Toward this end, drug-eluting implant devices were designed to provide prolonged MK-8591 release in vitro and in vivo. Implants, administered subcutaneously, were studied in rodents and nonhuman primates to establish MK-8591 pharmacokinetics and intracellular levels of MK-8591- TP. These data were evaluated against pharmacokinetic and pharmacodynamic models, as well as data generated in phase 1a (Ph1a) and Ph1b clinical studies with once-weekly oral administration of MK-8591. After a single administration in animals, MK-8591 implants achieved clinically relevant drug exposures and sustained drug release, with plasma levels maintained for greater than 6 months that correspond to efficacious MK-8591-TP levels, resulting in a 1.6-log reduction in viral load. Additional studies of MK-8591 implants for HIV treatment and prevention are warranted. © 2018 American Society for Microbiology.	Extended duration; HIV prevention; HIV treatment; Human immunodeficiency virus; Long-acting implant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Bauermeister J.A.; Golinkoff J.M.; Horvath K.J.; Hightow-Weidman L.B.; Sullivan P.S.; Stephenson R.	A multilevel tailored web app–based intervention for linking young men who have sex with men to quality care (Get Connected): Protocol for a randomized controlled trial	JMIR Research Protocols	-	-	-	19290748	10.2196/10444	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060133163&doi=10.2196%2f10444&partnerID=40&md5=16abc12a8b54415c4b047bc989d86319	Background: HIV epidemic among young men who have sex with men (YMSM) is characterized by strong racial disparities and concerns about the availability and access to culturally appropriate HIV prevention and care service delivery. Get Connected, a Web-based intervention that employs individual- and system-level tailoring technology to reduce barriers to HIV prevention care (eg, HIV or sexually transmitted infection STI testing, pre-exposure prophylaxis PrEP), was developed for YMSM (age 15-24 years). This protocol details the design and procedures of a 2-phase project that includes mystery shopping and a randomized controlled trial (RCT) to test the efficacy of Get Connected among YMSM in Philadelphia, Atlanta, and Houston. Objective: The objective of mystery shopping is to examine the quality of HIV test counseling and PrEP-related referrals for YMSM within local HIV or STI testing sites. The objective of the RCT is to test the efficacy of Get Connected for increasing HIV-negative or HIV-unknown YMSM's successful uptake of HIV prevention services (eg, routine HIV or STI testing), PrEP awareness, and likelihood to start PrEP (PrEP willingness), compared with those in the control condition, over a 12-month period. Methods: For Phase 1, we will create a master list of HIV and STI testing sites in each city. We will enroll and train 10-15 mystery shoppers per city; each testing site will be separately visited and assessed by 2 mystery shoppers. After each site visit, the mystery shoppers will complete a site evaluation to record their perceptions of various measures including lesbian, gay, bisexual, transgender, queer affirming, youth friendly, privacy and confidentiality, provider-patient interactions, and clinic environment. For Phase 2, we will enroll 480 YMSM for 12 months across the 3 iTech cities into a 2-arm prospective RCT. Participants randomized to the control condition are directed to the AIDSVu.org testing site locator. Participants randomized to the intervention condition will be granted access to a Web app with content tailored to their specific demographic characteristics (eg, age, race or ethnicity, location, and relationship status), HIV and STI risk behaviors (eg, HIV and STI testing history, substance use, communication with partners regarding status) and sociocultural context (eg, homelessness, incarceration). Study assessments will occur at enrollment and at 1, 3, 6, 9, and 12 months postenrollment. Results: Get Connected research activities began in September 2016 and are ongoing. To date, institutional review board (IRB) submission is complete and IRB authorization agreements are pending at several other universities. Conclusions: The deployment of Get Connected through a mobile-optimized Web app seeks to optimize the intervention's acceptability, accessibility, availability, and long-term affordability among YMSM. © José A. Bauermeister, Jesse M Golinkoff, Keith J Horvath, Lisa B Hightow-Weidman, Patrick S Sullivan, Rob Stephenson.	Adolescent; AIDS; Awareness; HIV infections; Internet; Men who have sex with men; Pre-exposure prophylaxis; Prevention	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2018	Baxi, SM; Vittinghoff, E; Bacchetti, P; Huang, Y; Chillag, K; Wiegand, R; Anderson, PL; Grant, R; Greenblatt, RM; Buchbinder, S; Gandhi, M; Liu, AY	Comparing pharmacologic measures of tenofovir exposure in a US pre-exposure prophylaxis randomized trial	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0190118	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0190118	It is critical to assess adherence to pre-exposure prophylaxis (PrEP) in clinical trials. The relationship between pharmacokinetic measures of PrEP adherence and other adherence measures used in PrEP trials requires further characterization. Plasma, peripheral blood mononuclear cells (PBMCs), and hair samples were collected from 88 HIV-uninfected men who have sex with men in a placebo-controlled randomized PrEP trial; announced pill counts, medication electronic monitoring (MEMS), and self-report using visual analog scale (VAS) were also collected. Tenofovir (TFV or TFV-DP) in plasma, hair, and PBMCs were quantified. Proportions with drug detection, Spearman correlation coefficients, and univariate and multivariable regression models were used. Drug detection in plasma, PBMC, and hair samples was highly concordant with treatment arm assignment. TFV or TFV-DP levels were detected in most active-arm participants: 44/47 (94%) in plasma, 46/47 (98%) in hair, and 44/47 (94%) in PBMCs and in only 1/41 placebo arm participant. Correlation coefficients were r = 0.59 for plasma and PBMC, r = 0.34 for PBMC and hair and r = 0.36 for plasma and hair. MEMS and announced pill-counts were moderately correlated (r = 0.52) but less so with pharmacologic measures (range of r = 0.12 to 0.38). Self-reported adherence by visual analog scale demonstrated essentially no correlation with drug levels (r = 0.06 for hair, PBMC or plasma) and was a poor indicator of exposure to study product. Indices of drug exposure are important indicators in assessing adherence to PrEP; accounting for variability between measures may improve interpretation and use of adherence measures in future PrEP studies.	PREVENTION; AFRICAN WOMEN; ANTIRETROVIRAL PROPHYLAXIS; TRANSGENDER WOMEN; ADHERENCE; CHALLENGES; HIV-INFECTION; HAIR; PILL COUNTS; NUCLEOSIDE-ANALOG	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Bayley, J; Nadarzynski, T; Portman, M; Owen, G; Pasvol, T; Nutland, W	Acceptability of native mobile phone applications (apps) in sexual health: is an app acceptable in men who have sex with men for those taking or considering taking PrEP	HIV Medicine	-	-	-	1464-2662	10.1007/s10461-013-0671-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3946790/	Young men who have sex with men (YMSM) are increasingly using mobile smartphone applications (“apps”), such as Grindr, to meet sex partners. A probability sample of 195 Grindrusing YMSM in Southern California were administered an anonymous online survey to assess patterns of and motivations for Grindr use in order to inform development and tailoring of smartphone-based HIV prevention for YMSM. The number one reason for using Grindr (29%) was to meet “hook ups.” Among those participants who used both Grindr and online dating sites, a statistically significantly greater percentage used online dating sites for “hook ups” (42%) compared to Grindr (30%). Seventy percent of YMSM expressed a willingness to participate in a smartphone app-based HIV prevention program. Development and testing of smartphone apps for HIV prevention delivery has the potential to engage YMSM in HIV prevention programming, which can be tailored based on use patterns and motivations for use.	YMSM, HIV Prevention, Technology, Mobile, Smartphone, Grindr	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Bayley, J; Nadarzynski, T; Portman, M; Owen, G; Pasvol, T; Nutland, W	The trends in PrEP awareness, acceptability and uptake amongst MSM in London between 2016 and 2018	HIV Medicine	-	-	-	1464-2662	10.17269/s41997-018-0064-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6153704/	Objectives Pre-exposure prophylaxis (PrEP) with daily oral tenofovir/emtricitabine dramatically reduces HIV risk in men who have sex with men (MSM). However, uptake is slow worldwide. Methods We administered anonymous cross-sectional questionnaires to MSM presenting for anonymous HIV testing at a Toronto sexual health clinic at four successive time points during the period 2013–2016. We assessed trends in PrEP awareness, acceptability, and use over time using the Cochran-Armitage Trend Test, and identified barriers to using PrEP by constructing “PrEP cascades” using 2016 data. We assumed that to use PrEP, MSM must (a) be at risk for HIV, (b) be at objectively high risk (HIRI-MSM score ≥ 10), (c) perceive themselves to be at medium-to-high risk, (d) be aware of PrEP, (e) be willing to use PrEP, (f) have a family doctor, (g) be comfortable discussing sexual health with that doctor, and (h) have drug coverage/be willing to pay out of pocket. Results MSM participants were mostly white (54–59.5%), with median age 31 years (IQR = 26–38). PrEP awareness and use increased significantly over time (both p < 0.0001), reaching 91.3% and 5.0%, respectively, in the most recent wave. Willingness to use PrEP rose to 56.5%, but this increase did not reach statistical significance (p = 0.06). The full cascade, ABCDEFGH, suggested few could readily use PrEP under current conditions (11/400 = 2.8%). The largest barriers, in descending order, were low self-perceived HIV risk, unwillingness to use PrEP, and access to PrEP providers. Conclusion To maximize its potential public health benefits, PrEP scale-up strategies must address self-perceived HIV risk and increase access to PrEP providers.	Pre-exposure prophylaxis, HIV, Men who have sex with men (MSM), HIV prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Bazzi A.R.; Biancarelli D.L.; Childs E.; Drainoni M.-L.; Edeza A.; Salhaney P.; Mimiaga M.J.; Biello K.B.	Limited Knowledge and Mixed Interest in Pre-Exposure Prophylaxis for HIV Prevention among People Who Inject Drugs	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0126	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058039994&doi=10.1089%2fapc.2018.0126&partnerID=40&md5=c42ba2c82e5565a56a2f1d488997ac92	People who inject drugs (PWID) experience sexual and injection-related HIV risks, but uptake of pre-exposure prophylaxis (PrEP) for HIV prevention among PWID has been low. Improving PrEP uptake in this population will require understanding of PrEP knowledge and interest. In 2017, we conducted in-depth, semistructured interviews with HIV-uninfected PWID and key informants (PrEP and harm reduction providers) in the US Northeast. Thematic analysis of coded data explored PrEP knowledge and the factors that influence PrEP interest. Among PWID (n = 33), median age was 36 years, 55% were male, 67% were white, and 24% identified as Hispanic/Latino. Accurate PrEP knowledge among PWID was low, which key informants (n = 12) attributed to PrEP marketing focused on other risk populations, as well as healthcare providers' lack of time and unwillingness to discuss PrEP with PWID. There was a discrepancy between self-reported HIV risk behaviors, which were common, and HIV risk perceptions, which varied and strongly influenced PrEP interest. Most PWID and key informants thought that PrEP would be most beneficial for those who shared syringes, used discarded syringes, engaged in transactional sex, or were homeless. Improving uptake of PrEP for HIV prevention among high-risk PWID will require education to increase PrEP knowledge and addressing factors that negatively influence PrEP interest such as perceptions regarding low HIV risk and the process for obtaining PrEP. This may require specialized PrEP marketing and outreach efforts and improved capacity of healthcare providers to effectively assess HIV risk (and perceptions) and communicate the benefits of PrEP to at-risk PWID. © 2018, Mary Ann Liebert, Inc., publishers.	harm reduction; HIV infections; needle sharing; pre-exposure prophylaxis; risk taking; sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Mixed methods
Article	2018	Bazzi A.R.; Yotebieng K.A.; Agot K.; Rota G.; Syvertsen J.L.	Perspectives on biomedical HIV prevention options among women who inject drugs in Kenya	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1363369	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026878825&doi=10.1080%2f09540121.2017.1363369&partnerID=40&md5=12cdbfe137fd0cd22881bcbaadc2700	Due to heightened vulnerability to HIV from frequent engagement in sex work and overlapping drug-using and sexual networks, women who inject drugs should be a high priority population for pre-exposure prophylaxis (PrEP) and other biomedical HIV prevention tools. Kenya is one of the first African countries to approve oral PrEP for HIV prevention among "key populations," including people who inject drugs and sex workers. The objective of this study was to explore preferences and perceived challenges to PrEP adoption among women who inject drugs in Kisumu, Kenya. We conducted qualitative interviews with nine HIV-uninfected women who inject drugs to assess their perceptions of biomedical HIV interventions, including oral PrEP, microbicide gels, and intravaginal rings. Despite their high risk and multiple biomedical studies in the region, only two women had ever heard of any of these methods. All women were interested in trying at least one biomedical prevention method, primarily to protect themselves from partners who were believed to have multiple other sexual partners. Although women shared concerns about side effects and product efficacy, they did not perceive drug use as a significant deterrent to adopting or adhering to biomedical prevention methods. Beginning immediately and continuing throughout Kenya's planned PrEP rollout, efforts are urgently needed to include the perspectives of high risk women who use drugs in biomedical HIV prevention research and programing. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV biomedical prevention; people who inject drugs; Pre-exposure prophylaxis; sub-Saharan Africa; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Bekker, LG; Roux, S; Sebastien, E; Yola, N; Amico, KR; Hughes, JP; Marzinke, MA; Hendrix, CW; Anderson, PL; Elharrar, V; Stirratt, M; Rooney, JF; Piwowar-Manning, E; Eshleman, SH; McKinstry, L; Li, M; Dye, BJ; Grant, RM	Daily and non-daily pre-exposure prophylaxis in African women (HPTN 067/ADAPT Cape Town Trial): a randomised, open-label, phase 2 trial	The Lancet HIV	-	-	-	-	10.1016/S2352-3018(17)30156-X	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01423110/full	Background: The relative feasibility and acceptability of daily versus non-daily dosing of oral HIV pre-exposure prophylaxis (PrEP) among women are unknown. We aimed to investigate the feasibility of non-daily PrEP regimens in adult women. Methods: We did a randomised, open-label, phase 2 clinical trial (HPTN 067/ADAPT) of oral PrEP with emtricitabine plus tenofovir disoproxil fumarate at a research centre in Cape Town, South Africa. Participants were adult women (age ≥18 years) who received directly observed dosing once a week for 5 weeks followed by random assignment (1:1:1) at week 6 to one of three unblinded PrEP regimens for self-administered dosing over 24 weeks: daily; time-driven (twice a week plus a post-sex dose); or event-driven (one tablet both before and after sex). Primary outcomes were PrEP coverage (at least one dose within the 4 days before sex and one dose within 24 h after sex), pills needed or used to achieve regimen-specific adherence and coverage, and symptoms and side-effects. All analyses were by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT01327651; the trial is completed and this report presents the final analysis. Findings: Between Sept 12, 2011, and Oct 3, 2012, 191 women were enrolled to the trial. 178 (93%) completed directly observed dosing and were randomly assigned one of the three PrEP regimens for the self-administered phase: 59 were allocated the daily regimen, 59 the time-driven regimen, and 60 the event-driven regimen. Median age of women was 26 years (IQR 21–37; range 18–52). In women allocated the daily regimen, 1459 (75%) of 1952 sex events were covered by PrEP, compared with 599 (56%) of 1074 sex events among those assigned the time-driven regimen (odds ratio OR 2·35, 95% CI 1·43–3·83; p=0·0007) and 798 (52%) of 1542 sex events among those allotted the event-driven regimen (2·76, 1·68–4·53; p<0·0001). Fewer pills were needed for complete adherence in women allocated non-daily regimens (vs daily regimen, relative mean 2·53 95% CI 2·39–2·69 for the time-driven regimen and 4·16 3·59–4·82 for the event-driven regimen; p<0·0001). Side-effects were uncommon. Eight HIV seroconversions occurred overall, with four documented during the self-administered phase (two with the time-driven regimen and two with the event-driven regimen). Adherence to the assigned regimen was 75% (7283 of 9652 doses taken) for women allocated the daily regimen compared with 65% for those assigned the time-driven regimen (2367 of 3616 doses taken; p=0·0028) and 53% for those allotted the event-driven regimen (1161 of 2203 doses taken; p<0·0001). When sex was reported in the previous week, PrEP drugs were detected (above the lower limits of quantification) more frequently in women assigned the daily regimen (73 68% of 107 samples) than in those allocated the time-driven regimen (42 58% of 72 samples) and the event-driven regimen (41 41% of 99 samples). Interpretation: Daily PrEP dosing resulted in higher coverage of sex events, increased adherence to the regimen, and augmented drug concentrations than did either time-driven or event-driven dosing. These findings support recommendations for daily use of PrEP with oral emtricitabine plus tenofovir disoproxil fumarate in women. Funding: HIV Prevention Trials Network.	*African; *pre-exposure prophylaxis; Administration, Oral; Adult; Anti-HIV Agents *administration & dosage, adverse effects; Controlled study; Drug Administration Schedule; Drug therapy; Emtricitabine; Emtricitabine *administration & dosage, adverse effects; Emtricitabine plus tenofovir disoproxil; Endogenous compound; Feasibility Studies; Feasibility study; Female; Funding; HIV Infections *prevention & control; Human; Human immunodeficiency virus infection; Human tissue; Humans; Limit of quantitation; Major clinical study; Medication Adherence; Outcome assessment; Phase 2 clinical trial; Pill; Pre-Exposure Prophylaxis *methods; Randomized controlled trial; Side effect; South Africa; Tablet; Tenofovir *administration & dosage, adverse effects; Treatment Outcome; Young Adult; Young adult	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2018	Benítez-Gutiérrez, Laura; Soriano, Vicente; Requena, Silvia; Arias, Ana; Barreiro, Pablo; de Mendoza, Carmen	Treatment and prevention of HIV infection with long-acting antiretrovirals.	Expert Review of Clinical Pharmacology	-	-	-	1751-2441	10.1080/17512433.2018.1453805	https://dx.doi.org/10.1080/17512433.2018.1453805	INTRODUCTION: Current antiretroviral therapy allows to achieve and sustain maximal suppression of HIV replication in most treated patients. As result, the life expectancy of HIV-infected persons has improved dramatically and is nowadays similar to that of the HIV-negative population. However, oral antiretrovirals have to be taken daily and indefinitely to avoid resumption of HIV replication and selection of drug resistance. Unfortunately, drug adherence is often suboptimal and tends to decline over time. Areas covered: New drugs, formulations and delivery systems are being developed for extended-release of antiretrovirals. At this time, intramuscular cabotegravir and rilpivirine, dapivirine vaginal rings and tenofovir alafenamide subdermal implants are the products in more advanced stages of clinical development. Their pharmacokinetics/dynamics and safety/efficacy are reviewed. Expert commentary: In the absence of eradicative therapy for individuals with HIV infection and protective vaccines for persons at risk, long-term antiretroviral therapy is the best approach for preventing disease progression in patients and halting transmissions, either as result of 'treatment as prevention' for HIV carriers or 'pre-exposure prophylaxis' for uninfected individuals at risk. In all these scenarios, the advent of long-acting antiretrovirals will expand options for overcoming the challenge of suboptimal drug adherence and reduce the burden of HIV infection.	Long-actingextended-releaseHIVantiretroviralspre-exposure prophylaxismaintenance therapycabotegravirrilpivirinedapivirinetenofovir alafenamideMK-8591drug adherencedrug resistancevaginal ringssubdermal implants	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2018	Bergo, Pedro Henrique Fernandes; Bianchini, Talissa; Alves, Catherine Giusti; Ribeiro Júnior, Acir; Beck, Eduarda Kipper; Rigatto, Maria Helena Pitombeira	Profilaxia pré-exposição no controle do HIV: uma revisão de efetividade e potenciais complicações	Acta Médica (Porto Alegre)	-	-	-	0103-5037	NA	https://fi-admin.bvsalud.org/document/view/wxe9j	INTRODUÇÃO. A infecção por HIV permanece sendo um problema de saúde mundial. Dessa forma, a Profilaxia Pré-Exposição (PrEP) surgiu como um método complementar de prevenção. Este trabalho tem como objetivo avaliar a eficácia da PrEP contra a infecção por HIV, o contexto de resistência viral e incidência de infecções sexualmente transmissíveis. MÉTODOS. Revisão narrativa, com busca de artigos na plataforma PubMed, utilizando os descritores HIV AND PrEP, filtrando para artigos do tipo ensaio clínico ou coorte prospectiva, realizados em humanos, publicados há, no máximo, 10 anos e em língua inglesa. RESULTADOS. A eficácia da PrEP contra infecção por HIV foi avaliada por 8 estudos. Elevados níveis de proteção contra o HIV foram demonstrados, com taxas de efetividade variando entre 73% e 85% considerando aderência adequada ao tratamento profilático. A resistência viral foi reportada em 7 estudos que avaliaram pacientes infectados por HIV durante o uso da PrEP, 6 deles identificaram casos de resistência viral, variando conforme os níveis de aderência obtidos e o perfil de uso dos pacientes. Um estudo feito em Montreal, Canadá, verificou maior incidência de infecções sexualmente transmissíveis em indivíduos usuários de PrEP, com um aumento generalizado de 72%. CONCLUSÃO. A PrEP é uma medida eficaz na proteção contra o HIV, sendo uma importante ferramenta de saúde pública no controle da doença. Apesar de sua efetividade, a PrEP não é isenta de limitações, repercutindo em riscos elevados de infecções sexualmente transmissíveis associadas e resistência viral. O papel do profissional de saúde é fundamental na indicação adequada e acompanhamento de pessoas que podem se beneficiar do uso da PrEP.	HIV infection; Pre-exposure prophylaxis; Profilaxia pré-exposição; Anti-retroviral agents; Antirretrovirais; Infecções por HIV	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	NA	NA	Review
Article	2018	Beymer M.R.; DeVost M.A.; Weiss R.E.; Dierst-Davies R.; Shover C.L.; Landovitz R.J.; Beniasians C.; Talan A.J.; Flynn R.P.; Krysiak R.; McLaughlin K.; Bolan R.K.	Does HIV pre-exposure prophylaxis use lead to a higher incidence of sexually transmitted infections? A case-crossover study of men who have sex with men in Los Angeles, California	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2017-053377	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049099284&doi=10.1136%2fsextrans-2017-053377&partnerID=40&md5=7bd7242d317af5d328a937534a8359af	Background Pre-exposure prophylaxis (PrEP) is an effective method for reducing HIV incidence among at-risk populations. However, concerns exist over the potential for an increase in STIs following PrEP initiation. The objective of this study is to compare the STI incidence before and after PrEP initiation within subjects among a cohort of men who have sex with men in Los Angeles, California. Methods: The present study used data from patients who initiated PrEP services at the Los Angeles LGBT Center between October 2015 and October 2016 (n=275). A generalised linear mixed model was used with a case-crossover design to determine if there was a significant difference in STIs within subjects 365 days before (before-PrEP period) and 365 days after PrEP initiation (after-PrEP period). Results: In a generalised linear mixed model, there were no significant differences in urethral gonorrhoea (P=0.95), rectal gonorrhoea (P=0.33), pharyngeal gonorrhoea (P=0.65) or urethral chlamydia (P=0.71) between periods. There were modest increases in rectal chlamydia (rate ratio (RR) 1.83; 95% CI 1.13 to 2.98; P=0.01) and syphilis diagnoses (RR 2.97; 95% CI 1.23 to 7.18; P=0.02). Conclusions: There were significant increases in rectal chlamydia and syphilis diagnoses when comparing the periods directly before and after PrEP initiation. However, only 28% of individuals had an increase in STIs between periods. Although risk compensation appears to be present for a segment of PrEP users, the majority of individuals either maintain or decrease their sexual risk following PrEP initiation. © 2018 Article author(s).	chlamydia infection; gay men; prophylaxis; sexual health; syphilis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Beymer M.R.; Gildner J.L.; Holloway I.W.; Landovitz R.J.	Acceptability of injectable and on-demand pre-exposure prophylaxis among an online sample of young men who have sex with men in California	LGBT Health	-	-	-	23258292	10.1089/lgbt.2017.0244	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053136649&doi=10.1089%2flgbt.2017.0244&partnerID=40&md5=576f3d6381a109950ac2bab583059443	Purpose: Pre-exposure prophylaxis (PrEP) is an effective strategy to prevent HIV. However, low uptake of daily oral PrEP since Food and Drug Administration approval and low medication adherence among users have stimulated the investigation of other modalities for delivery, such as injectable PrEP and on-demand PrEP. The objective of this study was to determine the demographic and behavioral predictors of willingness to try alternative PrEP delivery mechanisms among young men who have sex with men (YMSM) who stated that they were unwilling to try daily oral PrEP. Methods: YMSM in California were recruited through geosocial networking applications; we analyzed a subsample who stated that they were either ambivalent about trying or unwilling to try daily oral PrEP (n = 265). We used chi-square and Fisher's exact tests to determine characteristics associated with willingness to try injectable PrEP, willingness to try on-demand PrEP, and willingness to try either alternative form. Results: For individuals who stated that they would not be willing to try daily oral PrEP, ∼85% were willing to try on-demand and/or injectable PrEP. Individuals who reported some college or more reported greater willingness to try injectable PrEP (adjusted odds ratio aOR: 2.92; 95% confidence interval CI: 1.32-6.46), on-demand PrEP (aOR: 2.28; 95% CI: 1.06-4.90), or either method (aOR: 5.54; 95% CI: 1.78-17.22). Conclusion: Future research should determine how to enhance uptake of emerging forms of PrEP among the individuals most at risk for HIV. © Mary Ann Liebert, Inc., publishers 2018.	gay/bisexual men; HIV pre-exposure prophylaxis; HIV prevention; men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Bezerra, Vladimir Porfirio	PRÁTICAS E SENTIDOS DA SEXUALIDADE DE ALGUNS USUÁRIOS DA PROFILAXIA PRÉ-EXPOSIÇÃO (PrEP) AO HIV	CSOnline	-	-	-	1981-2140	10.34019/1981-2140.2017.17428	https://periodicos.ufjf.br/index.php/csonline/article/view/17428	Este artigo objetiva refletir sobre determinados aspectos da subjetividade de alguns participantes do projeto PrEP Brasil, pesquisa conduzida a partir de 2014 por três centros participantes: a Fiocruz, por meio do Laboratório de Pesquisas Clínicas (LaPClin), o Centro de Referência e Treinamento de AIDS da Secretaria Estadual de Saúde de São Paulo (CRT- AIDS/SP) e a Universidade de São Paulo (USP). O projeto PrEP Brasil envolveu a administração do medicamento antirretroviral Truvada, droga – comercializada nos EUA desde 2012 – que é majoritariamente utilizada por homens que fazem sexo com homens (HSH), e que promete diminuir o risco de infecção pelo vírus HIV em até 96%. Perscrutando alguns dos depoimentos extraídos de um fórum de discussão online sobre a PrEP e entrevistas na mídia, foi possível compreender como a equação "corpo, risco e prazer" se estrutura no cotidiano de alguns usuários desta nova tecnologia para prevenção contra o HIV.	NA	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Editorial	2018	Bhagani, Sanjay	HCV infection in HIV-negative MSM using HIV pre-exposure prophylaxis (PrEP)- Another piece of the jigsaw.	Liver International	-	-	-	1478-3231	10.1111/liv.13937	https://dx.doi.org/10.1111/liv.13937	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2018	Bhatia R.; Modali L.; Lowther M.; Glick N.; Bell M.; Rowan S.; Keglovitz K.; Schneider J.	Outcomes of Preexposure Prophylaxis Referrals from Public STI Clinics and Implications for the Preexposure Prophylaxis Continuum	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000690	https://pubmed.ncbi.nlm.nih.gov/28876282/	Background: Human immunodeficiency virus preexposure prophylaxis (PrEP) uptake remains low in high-risk populations. Sexually transmitted infection (STI) clinics reach PrEP-eligible persons and may be ideal settings to model PrEP implementation. Methods: Consenting PrEP-eligible patients identified at Chicago Department of Public Health STI Clinics were actively referred to PrEP partner sites between June 1, 2015, and May 31, 2016. Outcomes included successful contact by a partner site, linkage to a partner site, and receipt of a PrEP prescription. Bivariable and time to event analyses were conducted to determine significant associations of outcomes. Results: One hundred thirty-seven patients were referred; 126 (92%) were men who have sex with men, and mean age was 29 years. Ninety-eight (72%) were contacted by a PrEP partner, 43 (31%) were linked, and 40 (29%) received a prescription. Individuals aged 25 years and older were more likely to link (odds ratio, 3.10; 95% confidence interval, 1.30-7.41) and receive a PrEP prescription (odds ratio, 2.70; 95% confidence interval, 1.12-6.45) compared with individuals 24 years and younger. The average time between each step was greater for those 24 years and younger compared with those aged 25 years and older for all steps. Time to event analyses revealed that those aged 25 years and older were significantly more likely to receive a prescription compared to those aged 24 years and younger (hazard ratio, 3.62; 95% risk limits, 1.47-8.92). Conclusions: Preexposure prophylaxis active referrals from STI clinics to partner sites are feasible, though drop out was prominent in the initial steps of the continuum. Youth were less likely to link or receive prescriptions, indicating the need for tailored interventions for this vulnerable population. © Copyright 2017 American Sexually Transmitted Diseases Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Biello K.B.; Bazzi A.R.; Mimiaga M.J.; Biancarelli D.L.; Edeza A.; Salhaney P.; Childs E.; Drainoni M.L.	Perspectives on HIV pre-exposure prophylaxis (PrEP) utilization and related intervention needs among people who inject drugs	Harm Reduction Journal	-	-	-	14777517	10.1186/s12954-018-0263-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056328926&doi=10.1186%2fs12954-018-0263-5&partnerID=40&md5=7052487c3e048cea92c570c2ceafd6c1	Background: Antiretroviral pre-exposure prophylaxis (PrEP) is clinically efficacious and recommended for HIV prevention among people who inject drugs (PWID), but uptake remains low and intervention needs are understudied. To inform the development of PrEP interventions for PWID, we conducted a qualitative study in the Northeastern USA, a region where recent clusters of new HIV infections have been attributed to injection drug use. Methods: We conducted qualitative interviews with 33 HIV-uninfected PWID (hereafter, "participants") and 12 clinical and social service providers (professional "key informants") in Boston, MA, and Providence, RI, in 2017. Trained interviewers used semi-structured interviews to explore PrEP acceptability and perceived barriers to use. Thematic analysis of coded data identified multilevel barriers to PrEP use among PWID and related intervention strategies. Results: Among PWID participants (n = 33, 55% male), interest in PrEP was high, but both participants and professional key informants (n = 12) described barriers to PrEP utilization that occurred at one or more socioecological levels. Individual-level barriers included low PrEP knowledge and limited HIV risk perception, concerns about PrEP side effects, and competing health priorities and needs due to drug use and dependence. Interpersonal-level barriers included negative experiences with healthcare providers and HIV-related stigma within social networks. Clinical barriers included poor infrastructure and capacity for PrEP delivery to PWID, and structural barriers related to homelessness, criminal justice system involvement, and lack of money or identification to get prescriptions. Participants and key informants provided some suggestions for strategies to address these multilevel barriers and better facilitate PrEP delivery to PWID. Conclusions: In addition to some of the facilitators of PrEP use identified by participants and key informants, we drew on our key findings and behavioral change theory to propose additional intervention targets. In particular, to help address the multilevel barriers to PrEP uptake and adherence, we discuss ways that interventions could target information, self-regulation and self-efficacy, social support, and environmental change. PrEP is clinically efficacious and has been recommended for PWID; thus, development and testing of strategies to improve PrEP delivery to this high-risk and socially marginalized population are needed. © 2018 The Author(s).	HIV prevention; Intervention development; Pre-exposure prophylaxis; PWID	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Biello K.B.; Hosek S.; Drucker M.T.; Belzer M.; Mimiaga M.J.; Marrow E.; Coffey-Esquivel J.; Brothers J.; Mayer K.H.	Preferences for Injectable PrEP Among Young U.S. Cisgender Men and Transgender Women and Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-017-1049-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029595346&doi=10.1007%2fs10508-017-1049-7&partnerID=40&md5=a8a0e52e879976cce3be77ff67aeb6cf	Young men who have sex with men account for approximately 20% of incident HIV infections in the U.S. Antiretroviral pre-exposure prophylaxis (PrEP) administered as a daily pill has been shown to decrease HIV acquisition in at-risk individuals. New modalities for PrEP are being developed and tested, including injectable PrEP; however, acceptability of these emerging modalities has not yet been examined in youth. We conducted six focus groups with 36 young men and transgender men and women who have sex with men in Boston, Chicago, and Los Angeles in 2016 to assess interest in and preference for different PrEP modalities. Youth were purposively recruited based on diversity of age, race/ethnicity, and prior PrEP experience. Data were coded using content coding based on key domains of the interview guide, in particular around the central themes of interest in and barriers and facilitators to injectable PrEP use. Participants were knowledgeable about oral PrEP but suggested barriers to broader uptake, including stigma, marginalization, and access to information. While participants were split on preference for injectable versus oral PrEP, they agreed quarterly injections may be more manageable and better for those who have adherence difficulties and for those who engage in sex more frequently. Concerns specific to injectable PrEP included: severity/duration of side effects, pain, level of protection prior to next injection, distrust of medical system and injections, and cost. Understanding barriers to and preferences for diverse prevention modalities will allow for more HIV prevention options, improved products, and better interventions, thus allowing individuals to make informed HIV prevention choices. © 2017, Springer Science+Business Media, LLC.	HIV prevention; Men who have sex with men; Pre-exposure prophylaxis; Sexual orientation; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Biello K.B.; Mimiaga M.J.; Santostefano C.M.; Novak D.S.; Mayer K.H.	MSM at Highest Risk for HIV Acquisition Express Greatest Interest and Preference for Injectable Antiretroviral PrEP Compared to Daily, Oral Medication	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1972-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85033397151&doi=10.1007%2fs10461-017-1972-6&partnerID=40&md5=c1c038c950606fa1b59e74a4329db8c2	Men who have sex with men (MSM) account for nearly 70% of new HIV diagnoses, with young black MSM at the highest risk for infection in the United States. Pre-exposure prophylaxis (PrEP) can decrease HIV acquisition in at-risk individuals by over 90%. However, efficacy requires a daily pill, posing adherence challenges. Experimental modalities, including injectable PrEP given once every 2 months, may improve adherence among those most in need. To assess interest in and preference for injectable PrEP, an online survey was mounted on two popular MSM sexual networking apps. Differences by age, race, and other characteristics were examined using multinomial logistic regressions. Of 4638 respondents, 73% expressed interest in injectable PrEP and 47% indicated they would prefer an injection (compared to 17% who prefer a daily pill and 36% who were unsure). Within this sample, interest in and preference for injectable PrEP was highest among MSM at highest risk for HIV infection (i.e., younger age groups, racial/ethnic minorities, those with riskier sexual behavior). As a result, if proven effective in clinical trials, injectable PrEP has the potential to reduce social disparities in HIV transmission among MSM. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	HIV transmission; Men who have sex with men; Pre-exposure prophylaxis; Racial/ethnic minorities; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Bil, Janneke P; Hoornenborg, Elske; Prins, Maria; Hogewoning, Arjan; Dias Goncalves Lima, Fernando; de Vries, Henry J C; Davidovich, Udi	The Acceptability of Pre-Exposure Prophylaxis: Beliefs of Health-Care Professionals Working in Sexually Transmitted Infections Clinics and HIV Treatment Centers	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2018.00005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057906055&doi=10.3389%2ffpubh.2018.00005&partnerID=40&md5=8c23e414c01bb1459a532c12bbef19ae	Background: Pre-exposure prophylaxis (PrEP) is highly effective for preventing HIV infections, but is not yet implemented in the Netherlands. As the attitudes of health-care professionals toward PrEP can influence future PrEP implementation, we studied PrEP knowledge and beliefs and their association with PrEP acceptability among professionals in clinics for sexually transmitted infection (STI professionals) and HIV treatment centers (HIV specialists). In addition, we examined preferred regimens, attitudes toward providing PrEP to key populations and to reimbursement of PrEP costs. Methods: An online questionnaire was distributed among 24 public health STI clinics and 27 HIV treatment centers nationwide in the Netherlands between January and August 2015. The acceptability of PrEP was measured on a 7-point Likert scale ranging from 1 = low to 7 = high acceptability. Univariable and multivariable linear regression analyses were used to explore associations between demographic characteristics, PrEP knowledge, beliefs about PrEP, and PrEP acceptability. Results: In total, 209 people (143 STI professionals and 66 HIV specialists) completed the questionnaire. The mean acceptability of PrEP implementation was 4.28 (SD 1.68) among STI professionals and 4.42 (SD 1.67) among HIV specialists. The mean score on self-perceived knowledge related to PrEP efficacy was 3.90 (SD 1.57) among STI professionals and 5.68 (SD 1.08) among HIV specialists (p-value of <0.001). Beliefs associated with lower PrEP acceptability among both groups were the fear that PrEP use will lead to a decrease in condom use and an increase in STI, the high costs of PrEP and ethical issues regarding prescribing antiretroviral medication to healthy individuals. No preference for a daily or an event-driven regimen was detected. Most participants deemed the following groups to be eligible for PrEP: men who have sex with men (MSM) who regularly get post-exposure prophylaxis, MSM who never used condoms with casual partners and MSM with an HIV-positive partner with a detectable viral load. Over half of the participants indicated that PrEP users should partly (54.1%) or fully (35.4%) pay the costs of PrEP. Conclusion: In 2015, PrEP acceptability was only moderate among Dutch STI professionals and HIV specialists, which is far from an optimal setting. Addressing barriers to PrEP acceptability in educational programs for various types of health-care professionals is needed to successfully implement PrEP in the Netherlands. © Copyright © 2018 Bil, Hoornenborg, Prins, Hogewoning, Dias Goncalves Lima, de Vries and Davidovich.	health personnel; HIV; implementation; pre-exposure prophylaxis; prevention	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Birdthistle, Isolde; Schaffnit, Susan B.; Kwaro, Daniel; Shahmanesh, Maryam; Ziraba, Abdhalah; Kabiru, Caroline W.; Phillips-Howard, Penelope; Chimbindi, Natsayi; Ondeng'e, Kenneth; Gourlay, Annabelle; Cowan, Frances M.; Hargreaves, James R.; Hensen, Bernadette; Chiyaka, Tarisai; Glynn, Judith R.; Floyd, Sian	Evaluating the impact of the DREAMS partnership to reduce HIV incidence among adolescent girls and young women in four settings: a study protocol.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-018-5789-7	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5789-7	BACKGROUND: HIV risk remains unacceptably high among adolescent girls and young women (AGYW) in southern and eastern Africa, reflecting structural and social inequities that drive new infections. In 2015, PEPFAR (the United States President's Emergency Plan for AIDS Relief) with private-sector partners launched the DREAMS Partnership, an ambitious package of interventions in 10 sub-Saharan African countries. DREAMS aims to reduce HIV incidence by 40% among AGYW over two years by addressing multiple causes of AGYW vulnerability. This protocol outlines an impact evaluation of DREAMS in four settings. METHODS: To achieve an impact evaluation that is credible and timely, we describe a mix of methods that build on longitudinal data available in existing surveillance sites prior to DREAMS roll-out. In three long-running surveillance sites (in rural and urban Kenya and rural South Africa), the evaluation will measure: (1) population-level changes over time in HIV incidence and socio-economic, behavioural and health outcomes among AGYW and young men (before, during, after DREAMS); and (2) causal pathways linking uptake of DREAMS interventions to 'mediators' of change such as empowerment, through to behavioural and health outcomes, using nested cohort studies with samples of ~ 1000-1500 AGYW selected randomly from the general population and followed for two years. In Zimbabwe, where DREAMS includes an offer of pre-exposure HIV prophylaxis (PrEP), cohorts of young women who sell sex will be followed for two years to measure the impact of 'DREAMS+PrEP' on HIV incidence among young women at highest risk of HIV. In all four settings, process evaluation and qualitative studies will monitor the delivery and context of DREAMS implementation. The primary evaluation outcome is HIV incidence, and secondary outcomes include indicators of sexual behavior change, and social and biological protection. DISCUSSION: DREAMS is, to date, the most ambitious effort to scale-up combinations or 'packages' of multi-sectoral interventions for HIV prevention. Evidence of its effectiveness in reducing HIV incidence among AGYW, and demonstrating which aspects of the lives of AGYW were changed, will offer valuable lessons for replication.	Adolescent; Adult; Humans; Incidence; Young Adult; Female; Pregnancy; Child; Longitudinal Studies; Prospective Studies; Cohort Studies; HIV; South Africa/epidemiology; South Africa; Zimbabwe; HIV Infections/epidemiology/*prevention & control; Kenya/epidemiology; Sexual Behavior/statistics & numerical data; HIV prevention; Pre-Exposure Prophylaxis/*statistics & numerical data; Kenya; Qualitative Research; Zimbabwe/epidemiology; Population Surveillance/*methods; Adolescent health; Complex intervention; Epidemiologic Research Design; Gender equity; Impact evaluation; Program Evaluation/*methods; Public-Private Sector Partnerships/*statistics & numerical data	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2018	Biskupiak A.; Smith S.; Kushalnagar P.	Pre-exposure prophylaxis knowledge and perceived effectiveness to prevent HIV among deaf gay, bisexual, and queer men	LGBT Health	-	-	-	23258292	10.1089/lgbt.2018.0102	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058561936&doi=10.1089%2flgbt.2018.0102&partnerID=40&md5=f7336e05885de1712368ca8b07d29eb8	Purpose: There have been recent advances to the adoption of pre-exposure prophylaxis (PrEP) as an effective human immunodeficiency virus (HIV) preventive treatment among men who have sex with men, but PrEP services and resources are often not accessible to those who are deaf and use American Sign Language (ASL). This article investigates PrEP knowledge among deaf gay, bisexual, and queer (GBQ) men and the contribution of social support to their perceptions regarding the effectiveness of PrEP at preventing HIV. Methods: An online health survey in ASL and English included questions about sexual orientation, HIV testing, PrEP knowledge and perceived effectiveness at preventing HIV, coming out to healthcare providers, and social support. We gathered data from 121 deaf GBQ men recruited from diverse cities in the United States, with 87% self-identifying as gay. Logistic regression analyses were used to examine the relationships between self-reported level of social support and perceived effectiveness of PrEP at preventing HIV after controlling for sociodemographic and health-related variables. Results: There was a significant relationship between meeting new lesbian, gay, bisexual, transgender, and queer (LGBTQ) friends online and PrEP knowledge (χ^2 = 14.93; p < 0.001). After controlling for sociodemographic and health-related variables, those who discussed LGBT-related issues online and/or on a social networking site regularly were threefold more likely to perceive PrEP as being effective at preventing HIV than those who did not engage in online discussions (odds ratio = 3.12; 95% confidence interval: 1.12-8.75). Conclusion: For deaf GBQ men, PrEP knowledge might be attained through meeting and making new LGBTQ friends online. Active engagement in online discussions about LGBT-related issues might enhance perceptions regarding the effectiveness of PrEP to prevent HIV. © Mary Ann Liebert, Inc., publishers 2018.	deaf; gay; GBQ; health disparities; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Blaylock LTC, Jason M; Hakre, Shilpa; Decker, Catherine F; Bryan Wilson CPT; Bianchi, Elizabeth; Nelson Michael COL; Charmagne Beckett CAPT; Jason Okulicz Lt Col; Scott, Paul T	HIV PrEP in the Military: Experience at a Tertiary Care Military Medical Center	Military Medicine	-	-	-	00264075	10.1093/milmed/usx143	https://www.proquest.com/scholarly-journals/hiv-prep-military-experience-at-tertiary-care/docview/2430091894/se-2?accountid=8113	Objectives We evaluated human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) administration at the Walter Reed National Military Medical Center (WRNMMC), which serves a geographic area at high risk of HIV infection. Methods Medical records were reviewed for all patients initiating PrEP at WRNMMC from November 1, 2013, to March 30, 2016. Demographic, laboratory, clinical, and risk exposure characteristics and outcomes were described. Results One hundred fifty-nine patients received PrEP; 133 (84%) patients were active duty, 95 (60%) patients were over 28 yr old. The majority were non-Hispanic Whites (n = 87, 55%). The median men who have sex with men (MSM) risk index score was 18.0 (IQR 12.0–22.0); 20 patients scored less than 10. One hundred and thirty-one (82%) patients remained on PrEP through the evaluation period. Patients mainly discontinued PrEP for service-related or toxicity reasons. Incident STIs occurred in 31 (19%) patients. No cases of HIV seroconversion were observed. Conclusions In this first description of PrEP utilization in a U.S. military health care system, a significant number of patients were non-Hispanic Whites, well-educated, were older, or were otherwise at low risk for HIV acquisition. Further effort is needed to enhance PrEP use among the higher risk young African-American MSM population, and further studies are needed to determine the cost-effectiveness of PrEP in individuals who are not categorized as high risk.	Pre-exposure prophylaxis; Disease prevention; African Americans; Human immunodeficiency virus--HIV; Medical Sciences; Armed forces	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review

Article	2018	Bleyleck, Jason M; Hales, Shilpa; Okolicz, Jason F; Gargas, Eric; Wilson, Kerry; Ley, Jenny; Roska, Ellen A; Michael, Nelson L; Beckett, Charmagne G; Cersovsky, Steven B; Peel, Sheila A; Scott, Paul T	HIV Preexposure Prophylaxis in the U.S. Military Services - 2014-2016.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm6726a1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6633196/	Human immunodeficiency virus (HIV) infection is a substantial health concern for the U.S. Department of Defense (DoD) and for service members stationed throughout the world. Each year, approximately 150 new HIV infections are diagnosed in members of the U.S. military services, with most infections acquired within the United States (1). The DoD populations most affected by HIV mirror those in the U.S. civilian population; the highest rates of new military diagnoses are in men and blacks or African Americans (blacks) (1). Blacks are disproportionally affected, and most new diagnoses occur among men who have sex with men (MSM). HIV preexposure prophylaxis (PrEP) is approximately 90% effective in preventing HIV infection when used properly (2), and an increasing number of active duty personnel have used HIV prevention services and PrEP in the military health system since the repeal of "Don't Ask, Don't Tell"* in 2011 (3). Military health system *and service* records were reviewed to describe HIV PrEP use among military personnel, and military health care providers were surveyed to assess HIV PrEP knowledge and attitudes. Among 769 service members prescribed PrEP during February 1, 2014-June 10, 2016, 60% received prescriptions from an infectious disease provider, 19% were black men, and 42% were aged >28 years. Half of surveyed military health care providers self-rated their PrEP knowledge as poor. DoD is developing new policy to address access to care challenges by defining requirements and establishing pathways for universal patient access to PrEP.	NA		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Beskenazi, Amy; Feiler, Theresa M; Chen, Shaw-Ree; Cowles, Roberto; Holt, Sally; Valenti, William; McMahon, James M	Willingness to Take PrEP for HIV Prevention: The Combined Effects of Race/Ethnicity and Provider Trust.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2018.30.1.1	https://dx.doi.org/10.1521/aeap.2018.30.1.1	Blacks and Hispanics/Latinos are disproportionately burdened by HIV compared to non-Hispanic Whites, as evidenced by higher HIV incidence, prevalence, and deaths attributable to AIDS. Increasing the use of *novel* prevention techniques such as Truvada for pre-exposure prophylaxis (PrEP) could greatly help in reducing these disparities by lowering HIV incidence among these higher risk groups. Trust in providers, which may differ by race and ethnicity, may influence willingness to take PrEP. This study explores the moderating effect of race/ethnicity on trust in one's primary care provider (PCP) on PrEP willingness. This study found a significant interaction between PCP trust and PrEP willingness, with those with greater trust having 2.26 times the adjusted odds of being willing to try PrEP. Results regarding the effects of race and ethnicity on these outcomes, however, were inconclusive. Results indicate the importance of fostering trust between PrEP-prescribing PCPs and their patients.	NA		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	Brandão, Roberto Ruborn da Silva	Profilaxia Pré-Exposição ao HIV (PrEP) no contexto do processo de individualização e saúde	-	-	-	-	https://doi.org/10.11606/D.8.2018.tde-15062018-153500	https://escupita.capes.gov.br/escupita/publicsite/consultaSolrIn/rebuildSolrCore/searchTrabsSolrCoreIndexes.jsf?cspup=tmcdad_trabalho=42321132	A Profilaxia Pré-exposição ao HIV (PrEP) é uma nova estratégia de prevenção na qual os indivíduos consomem uma combinação de antiretrovirais diariamente para evitar a aquisição do vírus do AIDS. O objetivo desta estudo foi investigar o processo de individualização/ser e saúde. Analisamos o conteúdo de discussões de um grupo de usuários de PrEP, e de pessoas interessadas no assunto, numa rede social virtual com predominância de gays, bissexuais e outros homens que fazem sexo com homens. Os resultados e discussão foram distribuídos em três categorias: o contexto da sociedade de risco, as características do vírus e suas consequências para a saúde e os conteúdos da individualização. O segundo explora a produção dos dispositivos do *design* e do *gozar sexual* - mediados pela PrEP - na vida dos indivíduos. Os resultados apontam o desejo e experiência de uma nova forma de prevenção identificou autoproduções na individualização contemporânea. As considerações finais, por fim, refletem sobre as implicações às repostas sociais e políticas à epidemia do HIV/AIDS no atual contexto de quase-pandemias.	HIV/AIDS;Individualização;Profilaxia Pré-Exposição;Saúde;Sociedade de Risco	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	Latin America and the Caribbean	-	Qualitative
Article	2018	Brinkley-Rubinstein, Lauren; Cloud, David; Drucker, Ernest; Zeller, Nickolas	Opioid Use Among Those Who Have Criminal Justice Experience: Harm Reduction Strategies for Lowers HIV Risk.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-018-0394-z	https://dx.doi.org/10.1007/s11904-018-0394-z	PURPOSE OF REVIEW: We reviewed the HIV and opioid literature relevant to harm reduction strategies for those with criminal justice experience. RECENT FINDINGS: Opioid use in the United States has risen at an alarming rate recently. This has led to increased numbers of people who inject drugs, placing new populations at risk for HIV, including those with criminal justice experience. Over the past decade, there has been a gradual decrease in the number of individuals under the supervision of the criminal justice system. However, concurrently, there has been a rise in the number of individuals incarcerated in jails in rural counties that are at the center of the current opioid epidemic. We provide a number of harm reduction strategies that could be implemented in correctional settings such as access and linkage to medication-assisted treatment, connection to syringe exchange programs and safe injection facilities (where available), and the repackaging of pre-exposure prophylaxis as a harm reduction tool.	NA		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Brinkley-Rubinstein, Lauren; Peterson, Meghan; Arnold, Trisha; Nunn, Amy S; Beckwith, Curt G; Gustenhoven, Breana; Juneau, Eric; Lewis, Chantal; Chan, Philip A	Knowledge, interest, and anticipated barriers of pre-exposure prophylaxis uptake and adherence among gay, bisexual, and men who have sex with men who are incarcerated.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0205593	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6200206/	Criminal justice (CJ)-settings disproportionately include populations at high risk for acquiring HIV, and CJ-involved individuals are often at the intersection of multiple overlapping risk factors. However, few studies have examined attitudes about pre-exposure prophylaxis (PrEP) among incarcerated men who have sex with men (MSM). This study explored interest in, knowledge of, and barriers to PrEP uptake among gay, bisexual, and other men who have sex with men at the Rhode Island Department of Corrections. Using semi-structured interviews, 26 MSM were interviewed about PrEP knowledge, interest, and barriers to PrEP uptake during incarceration. Participants demonstrated low initial knowledge of PrEP but high interest after being told more about it. Participants self-identified risk factors for HIV acquisition, including condomless sex and substance use. In addition, participants preferred provision of PrEP prior to release. Post-release barriers to PrEP uptake and adherence included 1) concerns about costs of PrEP medications; 2) anticipated partner or family disapproval; 3) lack of access to transportation; 4) unstable housing. 5) compounding impacts of multiple hardships leading to a de-prioritization of PrEP and 6) fears re-incarceration. These results point to the need for future PrEP interventions among incarcerated populations that address incarceration and PrEP-related barriers during community re-entry via wraparound services that address PrEP and incarceration-related barriers.	NA		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Brisson J.	Ethical public health issues for the use of informed PrEP	Global Public Health	-	-	-	17441692	10.1080/17441692.2017.1373139	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85028463636&doi=10.1080%2f17441692.2017.1373139&partnerID=40&md5=f3e5c3c80cdb6c86b9b1dbe3ade2cfb	This article presents the phenomenon of the use of informed pre-exposure prophylaxis (PrEP), also known colloquially as 'wild PrEP'. The refered ethical public health issues of the use of informal PrEP are discussed. From the approach of an ethical framework of risk reduction in public health, the main objective of this article is to encourage health-related practices and policies that do not stop the informal access to PrEP, but rather promote the wellbeing of users by providing them with the necessary knowledge and resources related to PrEP and HIV prevention (i.e. getting regularly tested for HIV if one is sexually active). The ethical issues related to the use of informal PrEP are discussed in relation to the following: the role of the state, the role of the pharmaceutical industry, and the role of public health actors in addressing the use of informal PrEP with the goal of promoting HIV prevention among individuals at high risk for HIV infection. © 2017, © 2017 Informa UK Limited, trading as Taylor & Francis Group	antiretroviral drugs; ethics; HIV; PrEP; public health	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2018	Brockhus J.M.; Scarsi K.K.; Seyles H.R.; Kilpatrick D.G.; Havens J.P.; Swindells S.; Bares S.H.	Midwest pharmacists' familiarity, experience, and willingness to provide pre-exposure prophylaxis (PrEP) for HIV	PLOS One	-	-	-	1932b203	10.1371/journal.pone.0207372	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056456277&doi=10.1371%2fjournal.pone.0207372&partnerID=40&md5=1eb64923f2f0fbad2f39e4d4664dcee9be	Introduction/Purpose: provision of pre-exposure prophylaxis (PrEP) through collaborative practice agreements with physicians could expand access to people at risk for HIV. We characterized pharmacists' familiarity with and willingness to provide PrEP services in Nebraska and Iowa. Methods: An invitation to complete an 18-question survey was emailed to 1,140 pharmacists in Nebraska and Iowa in June and July of 2016. Descriptive analyses and Pearson chi-square tests were used to determine to what extent demographics, familiarity and experiences were associated with respondents willingness to provide PrEP. Wilcoxon rank-sum tests compared ages and years of experience between groups of respondents. Results: One hundred forty pharmacists (12.3%) responded. Less than half were familiar with the use of PrEP (42%) or the CDC Clinical Guidelines for its use (25%). Respondents who were older (p = .003) were less likely to be familiar with PrEP. Pharmacists who were older (p = .01) and less likely to provide PrEP services as part of a collaborative practice agreement and after additional training. While familiarity with PrEP use or guidelines did not affect respondents' willingness to provide PrEP services, pharmacists who were more likely to be willing to provide PrEP services were younger (OR 2.77; p = 0.02), had more years of experience (OR 2.77; p = 0.02), and had HIV-related continuing education (OR 2.77; p = 0.02). Conclusions: Pharmacist respondents in Nebraska and Iowa had limited familiarity and experience with PrEP, but most indicated willingness to provide PrEP through collaborative practice agreements after additional training. Provision of PrEP-focused continuing education may lead to increased willingness to participate in PrEP programs. © 2018 Brockhus et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	cabotegra virochlezint plus darunavir cobicistat plus darunavir plus emtricitabine plus tenofovir alafenamidefumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Brooks R.A.; Allen V.C., Jr.; Regan R.; Mutchler M.G.; Cervantes-Tadeo R.; Lee S.-J.	HIV/AIDS conspiracy beliefs and intention to adopt preexposure prophylaxis among black men who have sex with men in Los Angeles	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462417727691	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041863504&doi=10.1177%2f0956462417727691&partnerID=40&md5=ddb6c330951fd5b83c0d9283ebd0fcc3	In the United States, black men who have sex with men (MSM) are the group most affected by the HIV/AIDS epidemic. Pre-exposure prophylaxis (PrEP) is an important new HIV prevention strategy that may help reduce new HIV infections among black MSM. This analysis examined the association between HIV/AIDS conspiracy beliefs and intention to adopt PrEP among 224 black MSM. The likelihood of adopting PrEP was assessed and more than half (60%) of the study population indicated a high intention to adopt PrEP. HIV/AIDS genocidal and treatment-related conspiracies were assessed using scales previously validated with black MSM. Almost two-thirds (63%) endorsed at least one of eight HIV/AIDS conspiracy beliefs presented. In multivariable analyses, black MSM who agreed with the genocidal or treatment-related conspiracy beliefs scales had a lower intention to adopt PrEP (Adjusted Odds Ratio AOR = 0.73, 95% CI = 0.54, 0.99 and AOR = 0.36, 95% CI = 0.23, 0.55, respectively). Our findings suggest that HIV/AIDS conspiracy beliefs may be a barrier to PrEP adoption among black MSM. Culturally appropriate interventions may be needed to address the influence that HIV/AIDS conspiracy beliefs may have on the adoption of PrEP among black MSM.	African American; gay; HIV/AIDS conspiracy beliefs; medical mistrust; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Brown, A. E.; Nash, S.; Connor, N.; Kirwan, P. D.; Ogaz, D.; Crowford, S.; Angelis, D. De; Delpech, V. C.	Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK	HIV Medicine	-	-	-	1468-1293 1464-2662	10.1111/hiv.12617	https://onlinelibrary.wiley.com/doi/10.1111/hiv.12617	OBJECTIVES: Our objective was to present recent trends in the UK HIV epidemic (2007-2016) and the public health response. METHODS: HIV diagnoses and clinical markers were extracted from the HIV and AIDS Reporting System; HIV testing data in sexual health services (SHS) were taken from GUMCAD STI Surveillance System. HIV data were modelled to estimate the incidence in men who have sex with men (MSM) and post-migration HIV acquisition in heterosexuals. Office for National Statistics (ONS) data enabled mortality rates to be calculated. RESULTS: New HIV diagnoses in MSM declined by 29% between 2012 and 2016; heterosexuals as a result of decreasing numbers of migrants from high HIV prevalence countries entering the UK. Among MSM, the number of HIV diagnoses fell from 3570 in 2015 to 2010 in 2016 (and by 42% in London). The number of MSM tested for HIV in SHS increased annually; 28% of MSM who were tested in 2016 had been tested in the preceding year. In 2016, 78% of people started antiretroviral therapy within 90 days of diagnosis (33% in 2007). CONCLUSIONS: The dual successes of the HIV transmission decline in MSM and reduced mortality are attributable to frequent HIV testing and prompt treatment (combination prevention). Progress towards the elimination of HIV transmission, AIDS and HIV-related deaths could be achieved if combination prevention, including pre-exposure prophylaxis, is replicated for all populations.	epidemiology; treatment as prevention; HIV transmission; HIV testing; surveillance; deaths	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Brown, William; Gignoux, Rebecca; Skerrill, Alan; Ibitoye, Mobolaji; Balan, Ivan; Hu, Tinzhe; Brown, Benjamin; Quispe, Luis; Sukwicha, Wichuda; Lama, Javier R; Carballo-Diéguez, Alex; Cranston, Ross D	Challenges and solutions implementing an SMS text message-based survey CASI and adherence reminders in an international biomedical HIV PrEP study (MTN 017)	Journal of Biomedical Informatics	-	-	-	1532-0480	10.1016/j.jbi.2018.02.018	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5926951/	BACKGROUND: We implemented a text message-based Short Message Service computer-assisted self-interviewing (SMS-CASI) system to aid adherence and monitor behavior in MTN-017, a phase 2 safety and acceptability study of vaginal ring with dapivirine (a non-nucleoside reverse transcriptase inhibitor) and oral tablets with emtricitabine/tenofovir disoproxil fumarate tablets. We sought to implement SMS-based daily reminders and conspicuous behavior monitoring, in four countries and five languages, and centralize data management/automated-backup. METHODS: We assessed features of five SMS programs against study criteria. After identifying the optimal program, we systematically implemented it in South Africa, Thailand, Peru, and the United States. The system consisted of four windows-based components and leveraged open-source software and SMS. The SMS-CASI was, designed for 160 character SMS. Reminders and reporting sessions were initiated by date/time triggered messages. System, questions, responses, and instructions were triggered by participant responses. RESULTS: There were 162,177 total messages sent 86,349 (60.73%), received 55,573 (39.09%), failed 255 (0.18%), 8,512 (5.98%) delayed. Of the message were 30.2% generated from either our SMS-CASI system or by participants. Implementation challenges included: high message costs; poor data access; slow data cleaning and analysis; difficulty reporting information to sites; a need for time-sensitive communication with participants; and changing requirements. We developed programming syntaxes to facilitate daily data cleaning and analysis, and a calendar template for reporting SMS behavior. Lastly, we redesigned secure email protocols to centralize data backup. We developed programming syntaxes to facilitate daily data cleaning and analysis, and a calendar template for reporting SMS behavior. Lastly, we redesigned text message language to increase privacy, and standardized hardware and software across sites, minimizing operational variability. CONCLUSION: We identified factors that and international implementation and operation of SMS-CASI for real-time adherence monitoring. The challenges and solutions we present can aid other researchers to develop and manage an international multilingual SMS-based adherence reminder and CASI system.	mHealth, Adherence, Short Message Service (SMS) text messaging, Computer-assisted Self-Interview, HIV, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Buchbinder, Susan P	Maximizing the Benefits of HIV Preexposure Prophylaxis.	Topics in Antiviral Medicine	-	-	-	2161-5853	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5935264/	Preexposure prophylaxis (PrEP) with tenofovir/emtricitabine (daily indicates coformulation) is highly effective in preventing new HIV infections. PrEP efficacy is strongly associated with adherence. In clinical trials, PrEP has been more effective in men who have sex with men and HIV-serodiscordant heterosexual couples than in women, likely reflecting pharmacokinetic differences in drug concentrations in rectal versus disrupted flumarate in vaginal and rectal tissues, and poorer adherence in studies in women. Current guidelines recommend daily PrEP for men and women; however, PrEP taken at least 4 days per week for men may be as effective as daily PrEP, and women must take PrEP 6 to 7 days per week to maximize efficacy. Data are accumulating on the effectiveness of *periodized* PrEP for men who have sex with men, but it is not yet recommended in the United States. PrEP is underprescribed for younger individuals, black individuals, and Hispanic and Latino individuals. This article summarizes a presentation by Susan P. Buchbinder, MD, at the IAS-USA continuing education program, Improving the Management of HIV Disease, held in Chicago, Illinois, in May 2017.	HIV; prevention; preexposure prophylaxis, PrEP; tenofovir, TDF; emtricitabine; adherence; preventive efficacy; men who have sex with men, MSM; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Bull L.; Dimitrijevic P.; Beverley S.; Scarborough A.; Mandalia S.; Doodeen O.; Barber T.; Reeves I.; McCormack S.; Raymont M.	Perceived need of, and interest in, HIV pre-exposure prophylaxis amongst men who have sex with men attending three sexual health clinics in London, UK	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462417738259	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85043163654&doi=10.1177%2f0956462417738259&partnerID=40&md5=7e4790cdd331540a6d3b3f1f4864e99f2	HIV pre-exposure prophylaxis (PrEP) has proven efficacy in reducing the risk of HIV infection in men who have sex with men (MSM), but has not yet been commissioned in the UK. The aim of this study was to investigate perceived need and benefit (or) experience of PrEP among HIV-negative MSM attending sexual health clinics. HIV-negative MSM attending sexual health clinics in London, UK were opportunistically invited to complete a questionnaire. Data collected comprised demographic data and sexual and drug use behaviours as well as questions regarding perceptions of risk and need for PrEP. Logistic regression analysis was undertaken to identify variables predicting acceptability of, and intention to use, PrEP. In addition, data were gathered on participants already taking PrEP. Eight hundred and forty-nine questionnaires were analysed. The median age of respondents was 35 years (IQR 28–41, range 18–78); 650 (77%) were of white ethnicity and 649 (77%) had a university education. Four hundred and fifty-six (54%) reported at least one episode of condomless anal sex in the preceding three months and 457 (52%) reported recreational drug use in the preceding three months and 437 (52%) had been diagnosed with a sexually transmitted infection within the preceding six months. Four hundred and sixty-three (66%) of 726 strongly agreed with the statement 'I think I would benefit from PrEP'. Multivariate analysis found that independent predictors for perceiving oneself to benefit from PrEP were: reporting condomless anal sex (OR = 2.16, 95% CI: 1.44, 3.24) and recreational drug use (OR = 1.66, 95% CI: 1.11, 2.48). Independent predictors for someone thinking they would benefit from taking PrEP: Eight percent of respondents (59/726) had already taken or were currently taking PrEP. The results suggest that individuals at risk are likely to perceive themselves as benefiting from PrEP. The majority perceived their risk of acquiring HIV and benefit from PrEP accurately. Overall they appeared to have little concern over the use of PrEP and generally positive attitudes. Further investigation is warranted to understand why those at risk do not perceive benefit from PrEP. © 2017, © The Author(s) 2017.	High-risk behaviour; homosexual; human immunodeficiency virus; pre-exposure prophylaxis; prevention; sexual behaviour; stat-disease	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Burman, Marice E	The informal use of antiretroviral medications for HIV prevention by men who have sex with men in South Florida: initiation, use practices, medications and motivations.	Culture, Health & Sexuality	-	-	-	1464-5351	10.1080/13691058.2017.1421709	https://dx.doi.org/10.1080/13691058.2017.1421709	Limited data suggest that some gay and other men who have sex with men are using antiretroviral medications informally, without a prescription, for HIV prevention. This qualitative study examined this phenomenon among gay and other men who have sex with men in South Florida. Participants initiated informal antiretroviral medication use as a means of protecting each other and because of the confidence in knowledge of antiretroviral medications shared by their friends and sex partners. The most commonly used medications included Truvada and Strikhil. Motivations for use included condomless sex, risk reduction, and fear of recent HIV exposure. Participants described positive and negative sentiments related to informal use, including concerns about informal antiretroviral medications offering sufficient protection against HIV, and limited knowledge about pre-exposure prophylaxis (PrEP). Because the antiretroviral medications used for PrEP have the potential to prevent HIV infection, future research must consider the informal antiretroviral medication use and related concerns, including adherence, diversion and viral resistance.	Antiretroviral medication; informal use; HIV prevention; PrEP; gay men; men who have sex with men; USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Chan, Philip A.; Montgomery, Madeline C.; Rose, Jennifer; Tribuiano, Alec; Crowley, Christine; Medina, Martha M.; Patel, Rupa; Mayer, Kenneth; Kantor, Rami; Nunn, Amy S.	Statewide Evaluation of New HIV Diagnoses in Rhode Island: Implications for Prevention.	Public Health Reports	-	-	-	1468-2877 0033-3549	10.1177/0033354918777255	https://journals.sagepub.com/doi/10.1177/0033354918777255	OBJECTIVES: Patterns of HIV transmission may vary across demographic groups. Identifying and engaging these groups are necessary to prevent new infections and diagnose disease among people who are unaware of their infection. We evaluated data on people with new HIV diagnoses in Rhode Island from 2013 through 2015. We performed a descriptive analysis of HIV surveillance data and conducted a cluster analysis to identify subpopulations of people with newly diagnosed HIV. RESULTS: Of 163 people with new HIV diagnoses interviewed in Rhode Island from 2013 through 2015, 132 (79%) were male, 84 (58%) were nonwhite, 112 (67%) were men who have sex with men (MSM), 112 (67%) were born in the United States, and 61 (37%) were born in Rhode Island. LCA revealed 2 major classes. Of the 98 people in class 1, 90% were male, 83% were MSM, 80% were white, 94% were born in the United States, and 80% believed they acquired HIV in Rhode Island. Class 2 was 63% male and 69% Hispanic/Latino; 29% were born in the United States, and 61% believed they acquired HIV in Rhode Island. CONCLUSIONS: Most new HIV diagnoses in Rhode Island were among MSM born in the United States, and a substantial number were likely infected in state. People with newly diagnosed HIV who were foreign-born, including Hispanic/Latino and heterosexual groups, were less likely to have acquired HIV in Rhode Island than were MSM. HIV prevention approaches, including pre-exposure prophylaxis, should be adapted to the needs of specific groups. Rhode Island offers lessons for other states focused on eliminating HIV transmission.	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; Female; Risk-Taking; Homosexuality, Male/*statistics & numerical data; Hispanic or Latino/statistics & numerical data; White People/statistics & numerical data; HIV prevention; pre-exposure prophylaxis; Pre-Exposure Prophylaxis; men who have sex with men; Rhode Island/epidemiology; Heterosexuality/statistics & numerical data; HIV Infections/*diagnosis/*epidemiology/etiology; 90-90-90; antigenwm	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	Chandler, Cristian	Psychosocial associations of biobehavioral HIV prevention among Black men who have sex with men in the United States	-	-	-	University of Pittsburgh	-	NA	https://d-scholarship.pitt.edu/34408/	Black men who have sex with men (BMSM) experience the highest HIV incidence among at-risk groups; therefore, understanding the unique circumstances of BMSM is essential to addressing this significant public health issue. The theory of syndemic production, or the effect of co-occurring epidemics, was used to explore the result of psychosocial issues (substance use, intimate partner violence, sexual risk and depression) on HIV prevention and care outcomes. This dissertation analyzed data from the Promoting Our Worth, Equality and Resilience (POWER) study to explore the impact of individual-level syndemics on past-six-month screening behavior, PrEP use and HIV care continuum outcomes among BMSM. In the first analysis, BMSM under 30 were more likely to have been screened than BMSM aged 40 and older (AOR = 2.74, 95%CI: 1.74, 4.32). Further, despite the presence of a syndemic, men with two psychosocial issues were significantly more likely to report being screened for HIV than those who reported no psychosocial issues (AOR = 1.37, 95% CI: 1.04, 1.80). The second analysis explored differences among BMSM who reported PrEP-eligible HIV risk and BMSM who reported using PrEP. The results indicated that BMSM who were older (AOR = 1.04, 95% CI: 1.01, 1.07), had a higher income (AOR = 1.03, 95% CI: 1.01, 1.05), and had more than a high school education (AOR = 2.03, 95% CI: 1.03, 4.00) were more likely to report PrEP use. Additionally, compared to men who reported no psychosocial issues, BMSM were significantly more likely to report PrEP use when experiencing three (AOR = 5.65, 95% CI: 3.17, 10.08) or four psychosocial issues (AOR = 18.34, 95% CI: 5.01, 67.20). The third analysis focused on HIV-positive BMSM found that BMSM without insurance were less likely to report being in HIV care (AOR = 0.13, 95% CI: 0.03, 0.56) or using ART (AOR = 0.33, 95% CI: 0.20, 0.54). There were no significant associations between syndemic variables and HIV care outcomes. The results of these analyses suggest that individual factors cannot entirely explain disparities in HIV incidence and demonstrate the need to model the social and structural ecology of BMSM contributing to excess disease burden.	NA		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	-	Quantitative
Article	2018	Chang H.-H.; Kim S.-W.; Jung H.; Lee S.-A.; Park H.-K.; Kim S.; Lee J.M.; Choi J.Y.	Awareness and acceptance of HIV pre-exposure prophylaxis among medical personnel and men who have sex with men in Korea	Journal of Korean Medical Science	-	-	-	1011934	10.3346/jkms.2018.33.e91	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044147826&doi=10.3346%2fjkms.2018.33.e91&partnerID=40&md5=9201ab7e6894f4f69be2560464e4b4ff	Background: We aimed to investigate the awareness of human immunodeficiency virus (HIV) infection among high-risk individuals, including men who have sex with men (MSM) and medical personnel (MP) in Korea through a cross-sectional survey, identify possible obstacles hindering their access to pre-exposure prophylaxis (PrEP). Methods: In 2016, the five questionnaire survey was sent to randomly selected MSM and MP. To compare the changes in attitudes and knowledge of MSM, a second questionnaire survey was conducted in August 2017. Results: More than half of MSM (61.3% in 2016, 88.4% in 2017) were aware of PrEP. However, MP who offered PrEP had low knowledge regarding PrEP (23.4%). The background knowledge and perception of PrEP among MSM and MP at this survey was low (3.4% in 2016 and 5.7% in 2017, 1.9% in MP). The major obstacles that MSM reported were lack of insurance coverage (29% in 2016 and 32% in 2017), concern regarding adverse effects of PrEP (18% and 21%), and risk of exposing HIV-positive status to other people (15% and 10%). Among MP, lack of knowledge regarding the efficacy of PrEP was the most common obstacle (30%), followed by lack of insurance coverage (22%), and concern regarding adverse effects (20%). Conclusion: Our study showed that PrEP is required among MSM in Korea; however, most MP were not aware of PrEP. Lack of insurance coverage and knowledge regarding PrEP were major hindrances in the access to PrEP; therefore, further studies on how to make PrEP information more accessible are needed to help prevent HIV infection. © 2018 The Korean Academy of Medical Sciences.	Attitudes; Health knowledge; HIV prevention; HIV/AIDS; Pre-exposure prophylaxis	English	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Quantitative

Article	2018	Chapin-Bardales, Johanna; Schmidt, Axel J.; Guy, Rebecca J.; Kaldor, John M.; McGregor, Skye; Sasse, André; Archibald, Chris; Rank, Claudia; Casabona Barbarà, Jordi; Folch, Cinta; Vives, Núria; Cowan, Susan A.; Cazein, Françoise; Velter, Annie; An der Heiden, Matthias; Gunsenheimer-Bartmeyer, Barbara; Marcus, Ulrich; Op de Coul, Eline L. M.; van Sighem, Ard; Aldir, Isabel; Cortes Martins, Helena; Berglund, Torsten; Velicko, Inga; Gebhardt, Martin; Delpech, Valerie; Hughes, Gwenda; Nardone, Anthony; Hall, H. Irene; Johnson, Anna S.; Sullivan, Patrick S.	Trends in human immunodeficiency virus diagnoses among men who have sex with men in North America, Western Europe, and Australia, 2000-2014.	Annals of Epidemiology	-	-	-	1873-2585 1047-2797	10.1016/j.annepidem.2018.09.006	https://journals.lww.com/jaids/abstract/2020/12010/pre_exposure_prophylaxis_use_and_detected_sexually.6.aspx	PURPOSE: The aim of the article was to investigate recent trends in human immunodeficiency virus (HIV) diagnosis rates among men who have sex with men (MSM) in high-income countries in North America, Western Europe, and Australia. METHODS: Data on annual rates of HIV diagnoses among MSM aged 15 to 65 years from 2000 to 2014 were collected from 13 high-income countries. Joinpoint regression software was used to empirically determine country-specific trend periods. Trends in HIV diagnosis rates and in the proportion of diagnoses occurring in young MSM aged 15 to 24 years were analyzed using Poisson regression and log-binomial regression, respectively. RESULTS: Six countries experienced an increasing trend from 2000 to 2007-08 followed by either a stable or declining trend through 2014. Five countries had recently increasing trends, and two countries had one stable trend from 2000 to 2014. All 13 countries experienced increases in the proportion of diagnoses occurring in young MSM. CONCLUSIONS: Since 2008, half of the 13 high-income countries examined experienced decreasing trends. Still, some countries continue to experience increasing HIV trends, and young MSM are increasingly represented among new diagnoses. Efforts to support early sexual health promotion, reduce barriers to pre-exposure prophylaxis, and improve care engagement for young MSM are critical to addressing current HIV trends.	Adolescent; Humans; Male; Young Adult; HIV; Homosexuality, Male/*statistics & numerical data; Socioeconomic Factors; Europe/epidemiology; Australia/epidemiology; Behavioral Risk Factor Surveillance System; Developed Countries; North America/epidemiology; HIV diagnoses; HIV Infections/*diagnosis/epidemiology; Income; AIDS Serodiagnosis/*trends; High-income countries; HIV trends; International	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Chapman Lambert, Crystal; Marrazzo, Jeanne; Amico, K Rivet; Mugavero, Michael J; Elopre, Latesha	PrEParing Women to Prevent HIV: An Integrated Theoretical Framework to PrEP Black Women in the United States.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1016/j.jana.2018.03.005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7439521	Preexposure prophylaxis (PrEP) with optimal adherence has demonstrated efficacy in reducing HIV incidence in women. Black women are disproportionately burdened by the HIV epidemic, accounting for more than half of all new HIV cases in women, thereby making PrEP an ideal prevention strategy for this group. However, to date, PrEP uptake by women in the United States has been slow. Further domestic research is needed to understand the multilevel factors related to PrEP awareness, uptake, and implementation in Black women. Our purpose was to review the current status of HIV prevention in Black women. We summarize clinical trials germane to federal approval of PrEP; discuss important PrEP studies focused on women, including non-oral options; and review multilevel barriers to PrEP uptake. Lastly, we discuss the use of an integrated theoretical framework to organize multilevel factors related to PrEP uptake by Black women in order to guide intervention development.	Anderson's Behavioral Model; Black wome	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Chartier, Maggie; Gylys-Cowell, Ina; Van Epps, Puja; Beste, Lauren A; Ohl, Michael; Lowy, Elliott; Maier, Marissa M	Accessibility and Uptake of Pre-Exposure Prophylaxis for HIV Prevention in the Veterans Health Administration	Federal Practitioner	-	-	-	1945-337X	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6375402	To increase access, the National PrEP Working Group is expanding outreach outside of primary care and among nonspecialists, ensuring uniformly high-quality care and targeting high-risk populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2018	Chen, Simiao	Economics of HIV Vaccines and HIV Vaccine Research and Development	-	-	Harvard University	-	-	NA	https://dash.harvard.edu/bitstream/handle/1/37945602/CHEN-DISSERTATION-2018.pdf?sequence=3&isAllowed=y	This thesis explores the economics of a prospective human immunodeficiency virus (HIV) vaccine in terms of: a) its cost-effectiveness in South Africa, and b) the opportunity cost of diverting vaccine R&D funds from other HIV prevention and control activities in South Africa. First, I use a mathematical and economic model of HIV vaccination in South Africa, exploring the cost-effectiveness of HIV vaccines with different attributes. I find that 1) vaccines with moderate initial efficacy but longer durations and smaller decay rates may have the same cost-effectiveness as a vaccine with high initial efficacy but short duration; 2) the vaccine's cost-effectiveness decreases only slightly with higher vaccine coverage but dramatically with lower prevalence rate; and 3) more than one-third of the total benefit of a vaccine comes from its positive externality.Second, I compare the HIV vaccination as a potential preventive intervention versus PrEP. I find that 1) a vaccine with 60% initial efficacy, an 8-year duration, and a decay rate of γ = 3 is less effective than PrEP in reducing HIV prevalence and incidence from 2021 to 2035; 2) if PrEP has an efficacy of 90%, then we should charge a Thai Trial vaccine below $63, and an HVTN702 vaccine below $100 to make it preferable to PrEP.Finally, I examine the economic return on investing in R&D of an HIV vaccine, by comparing the return (in terms of infections averted) to the same level of investment into increasing uptake of existing HIV preventive interventions instead (ART, MMC and PrEP). I find that 1) the attributes of an HIV vaccine, and the probability of realizing them through R&D investment, determines the attractiveness of such investment relative to spending on alternative HIV interventions; and 2) a vaccine is much more preferable if the initial coverage of alternative interventions is higher.	Economics, General; Health Sciences, Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2018	Christine Tagliaferri Rael; Martinez, Michelle; Giguere, Rebecca; Bockting, Walter; MacCrate, Caitlin; Mellman, Will; Valente, Pablo; Greene, George J; Sherman, Susan; Footer, Katherine H A; Richard T D'Aquila; Carballo-Diéguez, Alex	Barriers and Facilitators to Oral PrEP Use Among Transgender Women in New York City	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2102-9	https://www.proquest.com/scholarly-journals/barriers-facilitators-oral-prep-use-among/docview/2019063721/se-2?accountid=8113	Transgender women may face a disparate risk for HIV/AIDS compared to other groups. In 2012, Truvada was approved for daily use as HIV pre-exposure prophylaxis (PrEP). However, there is a dearth of research about barriers and facilitators to PrEP in transgender women. This paper will shed light on transgender women living in New York City's perceived and actual challenges to using PrEP and potential strategies to overcome them. After completing an initial screening process, four 90-min focus groups were completed with n = 18 transgender women. Participants were asked what they like and dislike about PrEP. Participants identified the following barriers: uncomfortable side effects, difficulty taking pills, stigma, exclusion of transgender women in advertising, and lack of research on transgender women and PrEP. Facilitators included: reducing pill size, increasing the types of available HIV prevention products, and conducting scientific studies to evaluate PrEP in transgender women.	Women; New York; HIV prevention; Pre-exposure prophylaxis; PrEP; Antiretroviral drugs; Psychology; Prevention; Transgender persons; Disease prevention; Prophylaxis; Transgender; Health behavior; Facilitator; Transgender women; Side effects; Barriers; Facilitators; Transwomen; Barrier; Human immunodeficiency virus--HIV; Womens health; United States--US; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Health risks; Tests; Transsexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Chua, Corrine Ying Xuan; Jain, Priya; Ballerini, Andrea; Bruno, Giacomo; Hood, R Lyle; Gupte, Manas; Gao, Song; Di Trani, Nicola; Susnjar, Antonia; Shelton, Kathryn; Bushman, Lane R; Folci, Marco; Filgueira, Carly S; Marzinke, Mark A; Anderson, Peter L; Hu, Ming; Nehete, Pramod; Arduino, Roberto C; Sastry, Jagannadha K; Grattoni, Alessandro	Transcutaneously refillable nanofluidic implant achieves sustained level of tenofovir diphosphate for HIV pre-exposure prophylaxis.	Journal of Controlled Release	-	-	-	1873-4995	10.1016/j.jconrel.2018.08.010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6345255	Pre-exposure prophylaxis (PrEP) with antiretroviral (ARV) drugs are effective at preventing human immunodeficiency virus (HIV) transmission. However, implementation of PrEP presents significant challenges due to poor user adherence, low accessibility to ARVs and multiple routes of HIV exposure. To address these challenges, we developed the nanochannel delivery implant (NDI), a subcutaneously implantable device for sustained and constant delivery of tenofovir alafenamide (TAF) and emtricitabine (FTC) for HIV PrEP. Unlike existing drug delivery platforms with finite depots, the NDI incorporates ports allowing for transcutaneous refilling upon drug exhaustion. NDI-mediated drug delivery in rhesus macaques resulted in sustained release of both TAF and FTC for 83ā days, as indicated by concentrations of TAF, FTC and their respectively metabolites in plasma, PBMCs, rectal mononuclear cells and tissues associated with HIV transmission. Notably, clinically relevant preventative levels of tenofovir diphosphate were achieved as early as 3ā days after NDI implantation. We also demonstrated the feasibility of transcutaneous drug refilling to extend the duration of PrEP drug delivery in NHPs. Overall, the NDI represents an innovative strategy for long-term HIV PrEP administration in both developed and developing countries.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Chuang D.-M.; Newman P.A.	Pre-exposure prophylaxis (PREP) awareness and acceptability among men who have sex with men in Taiwan	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2018.30.6.490	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060168696&doi=10.1521%2faeap.2018.30.6.490&partnerID=40&md5=56dae082419d70dd9bd85fd4128f3af4	Gay and other men who have sex with men (MSM) account for the vast majority of new HIV infections in Taiwan, yet utilization of pre-exposure prophylaxis (PrEP) remains low. We examined correlates of PrEP awareness and acceptability among MSM in Taiwan. A cross-sectional survey was conducted with 176 MSM (mean age = 27.4 years) recruited through community-based organizations in two cities. Less than half of participants (47.2%) were aware of PrEP; however, when it was described to them, the majority (72.2%) indicated PrEP acceptability. In multivariable analyses, condomless anal sex was negatively associated with PrEP awareness, and higher levels of vicarious stigma and anticipated PrEP disclosure to sexual partners were positively associated with PrEP acceptability. Our findings indicate the need for targeted interventions to increase PrEP awareness among MSM engaged in high-risk behaviors and implementation strategies that address sociocultural factors to accelerate PrEP utilization among MSM in Taiwan. © 2018 The Guilford Press.	Culture; Gay men; HIV prevention; Pre-exposure prophylaxis; Stigma	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2018	Clement M.E.; Seidelman J.; Wu J.; Alexis K.; McGee K.; Okeke N.L.; Samsa G.; McKellar M.	An educational initiative in response to identified PrEP prescribing needs among PCPs in the Southern U.S.	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1384534	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85030541377&doi=10.1080%2f09540121.2017.1384534&partnerID=40&md5=09eb78e399c01b661519ae5178557a68	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, but many primary care physicians (PCPs) have not incorporated PrEP into practice. While PrEP may be a key strategy to reducing high HIV transmission rates in the southern US, knowledge about PrEP prescribing patterns among PCPs in this region is lacking. An online survey was sent to a large network of PCPs at an academic medical center in North Carolina in October 2015. The survey was repeated in September 2016, after an educational intervention that included on-site trainings at 14 PCP offices. Chi-square tests were used to compare PrEP prescribing patterns among providers. The initial survey was sent to 389 PCPs, with 115 (30%) responding. Of these, 78% reported seeing men who have sex with men (MSM). Only 17% had prescribed PrEP. The most frequently identified barrier was lack of knowledge (60%). When the survey was repeated after the educational initiative, 79 PCPs (20%) responded. Of these, 90% reported seeing MSM, and 35% had prescribed PrEP. PCPs who had attended a training were more likely to have prescribed PrEP (OR 4.84, CI 1.77–13.21). In conclusion, PrEP prescribing among PCPs in the southern US is low. A survey among PCPs identified lack of knowledge as a barrier to prescribing, motivating an institutional-wide educational campaign in response. Further efforts are needed to continue to raise awareness and educate PCPs in the South about PrEP. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	PCPs; Pre-exposure prophylaxis; PrEP; primary care providers; southern United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Closson E.F.; Mitty J.A.; Malone J.; Mayer K.H.; Mimiaga M.J.	Exploring strategies for PrEP adherence and dosing preferences in the context of sexualized recreational drug use among MSM: a qualitative study	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1360992	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85028522420&doi=10.1080%2f09540121.2017.1360992&partnerID=40&md5=6bd91081200ce852854bef2670433837	The use of recreational drugs while having sex is associated with increased HIV incidence among men who have sex with men (MSM). Taking a daily antiretroviral pill, or pre-exposure prophylaxis (PrEP) is a biomedical intervention to prevent HIV. However, the efficacy of PrEP is closely tied with high levels of adherence. While PrEP has the potential to reduce HIV acquisition, the use of recreational drugs may impede adherence. We explored perceptions of PrEP utilization and regimen preferences among 40 HIV-negative, MSM who reported concurrent recreational drug use and condomless anal sex with a man. Semi-structured qualitative interviews were conducted and the data were analyzed using a qualitative descriptive approach. Participants perceived that it would be challenging to take PrEP while high on crystal meth, crack, powder cocaine, ecstasy and/or GHB. However, men identified strategies for using PrEP when they were not high on these drugs, including taking the pill when they started their day and integrating PrEP into an established routine, such as when taking other medications or preparing for sex. PrEP regimen preferences seemed to be shaped by the frequency in which participants used drugs and their ability to plan for sex. Taking PrEP everyday was appealing for those who regularly engaged in sexualized recreational drug use. Accounts depict these sexual interactions as frequent but unpredictable. A daily regimen would allow them to be prepared for sex without having to plan. An event-driven regimen was acceptable to men who occasionally used recreational drugs in the context of sex. For this group, sex usually occurred was generally prearranged. Patterns of sex and recreational drug use figured largely into participants' framings of how they would use PrEP. These behaviors will likely play a role in the uptake of and adherence to PrEP among this population. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; MSM; pre-exposure prophylaxis; PrEP regimen; sexualized recreational drug use	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2018	Cohen, Stephanie E; Sachdev, Darpun; Lee, Sulggi A; Scheer, Susan; Bacon, Oliver; Chen, Miao-Jung; Okochi, Hideaki; Anderson, Peter L; Kearney, Mary F; Coffey, Susa; Scott, Hyman; Grant, Robert M; Havlir, Diane; Gandhi, Monica	Acquisition of tenofovir-susceptible, emtricitabine-resistant HIV despite high adherence to daily pre-exposure prophylaxis: a case report.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(18)30288-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6541554	BACKGROUND: Pre-exposure prophylaxis (PrEP) with emtricitabine and tenofovir disoproxil fumarate is highly protective against HIV infection. We report a case of tenofovir-susceptible, emtricitabine-resistant HIV acquisition despite high adherence to daily PrEP. METHODS: Adherence to PrEP was assessed by measuring concentrations of emtricitabine and tenofovir disoproxil fumarate or their metabolites in plasma, dried blood spots, and hair. After seroconversion, genotypic and phenotypic resistance of the acquired virus was determined by standard clinical tests and by single-genome sequencing of proviral genomes. HIV partner services identified the likely transmission partner. FINDINGS: A 21-year-old Latino man tested positive for HIV infection 13 months after PrEP initiation. He had a negative HIV antibody test, but detectable HIV RNA with 559 copies per mL. He reported good adherence to daily PrEP. He was linked to care and immediately started antiretroviral therapy, at which point his RNA was 1544 copies per mL and his HIV antibody test was positive. The HIV genotype revealed Met184Val, Leu74Val, Leu100Ile, and Lys103Asn mutations in reverse transcriptase, and the phenotype showed susceptibility to tenofovir disoproxil fumarate and resistance to emtricitabine. Segmental hair analysis of tenofovir disoproxil fumarate concentrations measured in 1 cm segments of hair from the scalp indicated consistently high adherence to PrEP in each of the 6 months before HIV diagnosis (0·0672-0·0889 ng/mg). Concentrations of tenofovir diphosphate (1012 fmol per punch) and emtricitabine triphosphate (0·266 fmol per punch) in a dried blood spot indicated high adherence over the preceding 6 weeks. Concentrations of emtricitabine (870·5 ng/mL) and tenofovir disoproxil fumarate (188·2 ng/mL) measured in plasma 3 months before HIV seroconversion confirmed adherence in the days preceding that visit. The likely transmission partner was not engaged in HIV primary care and had a similar viral genotype. INTERPRETATION: Acquisition of HIV virus that is susceptible to tenofovir disoproxil fumarate, but resistant to emtricitabine can occur despite high adherence to PrEP. Quarterly screening for HIV and sexually transmitted diseases facilitates early diagnosis in people on PrEP; when combined with prompt linkage to care and partner services this can prevent onward transmission of HIV. FUNDING: US National Institutes of Health.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Colby, Donn J; Kroon, Eugene; Sacdalan, Carlo; Gandhi, Monica; Grant, Robert M; Phanuphak, Praphan; Ananworanich, Jintanat; Robb, Merlin L; Phanuphak, Nittaya	Acquisition of Multidrug-Resistant Human Immunodeficiency Virus Type 1 Infection in a Patient Taking Preexposure Prophylaxis.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciy321	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6117447	We report a case indicating that acquisition of multidrug-resistant human immunodeficiency (HIV) virus type 1 during preexposure prophylaxis with combination tenofovir disoproxil fumarate and emtricitabine or evolution of resistance after HIV seroconversion remains a risk.	HIV, transmission, preexposure prophylaxis, resistance	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2018	Coleman, Rosalind	Setting the scene, setting the targets. The Joint United Nations Programme on HIV/AIDS prevention targets of 2016 and estimating global pre-exposure prophylaxis targets.	Sexual Health	-	-	-	1448-5028	10.1071/SH18147	https://dx.doi.org/10.1071/SH18147	Commitment to ambitious and time-bound targets for HIV interventions has been part of the response from the beginning of the HIV epidemic. The Joint United Nations Programme on HIV/AIDS (UNAIDS) HIV primary prevention workA is built on five pillars that include offering pre-exposure prophylaxis (PrEP) to population groups at substantial risk of HIV infection. After a slow start, countries are now setting coverage targets for PrEP, but the weakness of epidemiological, demographic and behavioural data at subnational level in many countries where there is a high burden of new HIV infections, makes it difficult to define the locations and populations where to offer PrEP. This article reviews the history and challenges of PrEP target setting and suggests some possible ways of strengthening the process. Reviewing program data will identify gaps in reaching key and other priority populations for whom coverage targets were set and help to refine the offer of PrEP.	na	English	Australia	Asia and the Pacific	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2018	Collier K.L.; Colarossi L.G.; Sanders K.	A prep information and self-screening tool for women	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2018.30.1.13	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044073044&doi=10.1521%2faeap.2018.30.1.13&partnerID=40&md5=48c6c179c61d5a96a55469f66c1056ca	Although HIV pre-exposure prophylaxis (PrEP) is effective for women, studies show limited uptake among women to date. Barriers to women's PrEP uptake include their limited knowledge about PrEP and low perceived HIV risk. To address these barriers, we developed and pretested a printed palm card containing HIV prevention/PrEP information that addressed HIV prevention motivation with self-assessment questions about HIV risk. We conducted expert interviews (N = 8), focus groups with health, education, and social service providers (N = 13), and interviews with community women (N = 30) in New York City to assess attention to and acceptability of the card, comprehension of the information, and potential impact on prevention motivation. The card format and content were found to be acceptable and potentially motivational for preventive behaviors, as well as particularly relevant for women. Results of testing for language use, comprehension, and attention guided the final version of the card content. © 2018 The Guilford Press.	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Corl, Ammon; Bi, Ke; Luke, Claudia; Challa, Akshara Sree; Stern, Aaron James; Sinervo, Barry; Nielsen, Rasmus	The Genetic Basis of Adaptation following Plastic Changes in Coloration in a Novel Environment.	Current Biology	-	-	-	1879-0445 0960-9822	10.1016/j.cub.2018.06.075	https://www.sciencedirect.com/science/article/pii/S0960982218308996	Phenotypic plasticity has been hypothesized to precede and facilitate adaptation to novel environments 1-8, but examples of plasticity preceding adaptation in wild populations are rare (but see 9, 10). We studied a population of side-blotched lizards, Uta stansburiana, living on a lava flow that formed 22,500 years ago 11 to understand the origin of their novel melanic phenotype that makes them cryptic on the black lava. We found that lizards living on and off of the lava flow exhibited phenotypic plasticity in coloration but also appeared to have heritable differences in pigmentation. We sequenced the exomes of 104 individuals and identified two known regulators of melanin production, PREP and PRKAR1A, which had markedly increased levels of divergence between lizards living on and off the lava flow. The derived variants in PREP and PRKAR1A were only found in the lava population and were associated with increased pigmentation levels in an experimental cohort of hatchling lizards. Simulations suggest that the derived variants in the PREP and PRKAR1A genes arose recently and were under strong positive selection in the lava population. Overall, our results suggest that ancestral plasticity for coloration facilitated initial survival in the lava environment and was followed by genetic changes that modified the phenotype in the direction of the induced plastic response, possibly through de novo mutations. These observations provide a detailed example supporting the hypothesis that plasticity aids in the initial colonization of a novel habitat, with natural selection subsequently refining the phenotype with genetic adaptations to the new environment. VIDEO ABSTRACT.	Animals; Phenotype; California; *Adaptation, Physiological; *Environment; adaptation; Baldwin effect; Color; crypsis; exon-capture; lizard; Lizards/genetics/*physiology; melanin; Melanins/*genetics/metabolism; Pigmentation/genetics/*physiology; plasticity; PREP gene; PRKAR1A gene; Reptilian Proteins/*genetics/metabolism; Uta stansburiana	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Cornelisse, Vincent J; Fairley, Christopher K; Phillips, Tiffany; Walker, Sandra; Chow, Eric Pf	Fuckbuddy partnerships among men who have sex with men - a marker of sexually transmitted infection risk.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462417717647	https://dx.doi.org/10.1177/0956462417717647	Fuckbuddies' are a type of regular sexual partner with whom men have ongoing sexual contact, generally in the absence of romantic attachment. We surveyed 989 men who have sex with men (MSM) at the Melbourne Sexual Health Centre, Australia, with the aim of determining the frequency of 'fuckbuddy' partnerships among sexual health clinic attendees and assessing their sexual risk. The majority (60%) of 1139 regular partnerships were described as 'fuckbuddies'. Most MSM (63%) with a 'fuckbuddy' had multiple 'fuckbuddies'. MSM with 'fuckbuddies' were more likely to also have casual sexual partners (odds ratio OR 5.7; 95% confidence interval 3.6-8.9) and had more casual sexual partners (median of 4 versus 1, p < 0.001) and more rectal chlamydia (12.4% versus 5.7%; adjusted OR 2.3; p < 0.05) than MSM without 'fuckbuddies', and this persisted after adjusting for total numbers of sexual partners. Our findings suggest that patients with 'fuckbuddies' are at particular risk of sexually transmitted infections. We argue that clinicians should specifically ask about 'fuckbuddy' partnerships as part of their risk assessment during patient interviews, as these patients may benefit from HIV prevention strategies such as pre-exposure prophylaxis (PrEP).	HIV risk; Men who have sex with men; chlamydia; partners.	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Cornelisse, Vincent J; Fairley, Christopher K; Stoove, Mark; Asselin, Jason; Chow, Eric P F; Price, Brian; Roth, Norman J; Willcox, Jeff; Tee, B K; Penn, Matthew; Chang, Christina C; Armishaw, Judith; Forgan-Smith, George; Wright, Edwina J	Evaluation of Preexposure (PrEP) Eligibility Criteria, Using Sexually Transmissible Infections as Markers of Human Immunodeficiency Virus (HIV) Risk at Enrollment in PrEPX, a Large Australian HIV PrEP Trial.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciy370	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6260154	Background: To determine participants' human immunodeficiency virus (HIV) risk, the Australian preexposure prophylaxis (PrEPX) trial used 6 eligibility criteria derived from the US Centers for Disease Control and Prevention PrEP guidelines. Participants who fulfilled no eligibility criteria could be enrolled if clinically assessed to need PrEP. This study evaluated whether PREPX eligibility criteria correlated with biological HIV risk markers-namely, syphilis, anorectal chlamydia, or anorectal gonorrhea (sexually transmitted infections STIs). Methods: We calculated adjusted odds ratios (aORs) to assess whether eligibility criteria predicted STI diagnoses at enrollment. Results: We included 1774 participants, of whom 10.2% tested positive for STIs. Eligibility criteria predicted STI diagnoses as follows: (1) aOR 2.5 (95% confidence interval CI, 1.4-4.4) for condomless anal intercourse (CLAI) with an HIV-positive regular sexual partner (RSP) with detectable viral load; (2) aOR 1.8 (95% CI, 1.3-2.5) for receptive CLAI with casual sexual partners; (3) aOR 1.8 (95% CI, 1.3-2.5) for previous STIs; (4) aOR 2.1 (95% CI, 1.4-3.0) for methamphetamine use; (5) aOR 0.8 (95% CI, .6-1.1) for unsuccessful condom use; and (6) aOR 1.0 (95% CI, .7-1.4) for insertive CLAI when uncircumcised. Of participants enrolled outside eligibility criteria, 7.1% had STIs. Conclusions: Eligibility criteria 1-4 predicted diagnoses of STIs, but eligibility criteria 5 and 6 did not. Our findings support the use of PrEP eligibility criteria recommended in current guidelines. Participants enrolled outside the eligibility criteria had substantial prevalence of STIs, suggesting that people who request PrEP but do not fulfill eligibility criteria may nonetheless need PrEP.	men who have sex with men; gay and bisexual men; syphilis; gonorrhea; chlamydia.	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Cornell, Morna; Dovel, Kathryn	Reaching key adolescent populations.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000457	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5956528	PURPOSE OF REVIEW: Adolescents and young people who fit within key populations face some of the greatest barriers to HIV care, but are frequently overlooked. We review the recent literature on these young, vulnerable populations including HIV risk factors, barriers to care, and strategies for engagement. RECENT FINDINGS: Common risk factors include age, risky sexual practices, poor education, and high levels of alcohol and drug abuse. Barriers to care include limited data, criminalization, and high levels of stigma. Strategies to increase engagement include incorporating adolescents into biological and behavioral surveys and the use of social media. Digital innovations for HIV prevention and testing show promise, and pre-exposure prophylaxis may be acceptable. At a policy level, decriminalizing same-sex activity and commercial sex work are priorities. Differentiated models of care including HIV self-testing, after-hour services, community-based delivery, and multimonth dispensing of antiretroviral therapy, should be combined into holistic care. SUMMARY: There has been limited success in reaching these key adolescent populations largely because of criminalization and stigma. Accurate, generalizable data are needed to inform the development of innovative strategies for holistic care.	Adolescents; young people; key populations; HIV care	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2018	Correa J.; Ricart J.; Corti M.; Della Paolera D.; De Vedia L.; Repetto S.	Factors associated with the indication of pre-exposure prophylaxis for HIV prescribed by Argentine physicians; Factores asociados con la indicación de la profilaxis pre-exposición para HIV en médicos de Argentina	Prensa Médica Argentina	-	-	-	0032745X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077216316&partnerID=40&md5=25f2d51af9c90285c5b7d2dd24d8e64c	Pre-exposure prophylaxis (PrEP) is an effective measure to prevent HIV transmission. If the adherence is high, transmission rates are reduced by more than 90%. In Argentina, FTC-TDF is not yet approved for PrEP by the local regulatory agency. PrEP awareness, PrEP adoption, and factors associated with adoption among argentine physicians had not been studied to date. We designed a cross-sectional online survey conducted in August 2017 among argentine physicians and valored differents items about PrEP, (knowledge, attitudes, and beliefs associated with adoption). Univariate analysis was performed; the associations between categorical variables were analyzed by means of the chi2 test. The level of significance was considered with p <0.05. A total of 238 surveys were received from 81 centers in Argentina. Clinical scenarios associated with the highest prescription were: Serodiscordant couples 77%, sex workers 61%, transgender patients 32%, people who inject drugs 31%, and men who have sex with men (MSM) 23%. Factors associated with PrEP prescription between physicians were been chief of staff (p<0.05), been an infectious diseases specialist (p<0.05), assist more than 200 HIV seropositive patients per year (p<0.009) and having prescribed postexposure prophylaxis (PEP) (p<0.008). The authors concluded that in spite of not yet approved by the local regulatory agency, PrEP is been prescribed off- label by argentine physicians. Adopters were more likely to have experience providing HIV care, been chief of staff and ID specialist. These results could be used to plan future HIV prevention strategies in Argentina. © 2018, Ediciones Medicas del Sur S.R.L.. All rights reserved.	Argentina; Physicians; PrEP; Survey	Spanish	Argentina	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	Quantitative
Article	2018	Cotler K.; Yingling C.; Broholm C.	Preventing New Human Immunodeficiency Virus Infections With Pre-exposure Prophylaxis	Journal for Nurse Practitioners	-	-	-	15554155	10.1016/j.nurpra.2017.12.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040507678&doi=10.1016%2fj.nurpra.2017.12.021&partnerID=40&md5=278bef841ffa8a80c84c07a9ed8125ed	Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir (TDF/FTC) can reduce HIV infection risk by 92% in people at high risk for HIV. TDF/FTC was approved for HIV PrEP by the Food and Drug Administration in 2012. Primary care nurse practitioners (NPs) have not embraced this tool for the prevention of new HIV infection. A number of barriers exist that may prevent primary care NPs from prescribing HIV PrEP for patients in need. This article clarifies current recommendations for HIV PrEP and provides practical guidance for primary care NPs to incorporate this tool into their routine practice. © 2017 Elsevier Inc.	harm reduction; human immunodeficiency virus prevention; injection drug users; pre-exposure prophylaxis; sexual/gender minority	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Cotte L.; Cua E.; Reynes J.; Raffi F.; Rey D.; Delobel P.; Gagneux-Brunon A.; Jacomet C.; Palich R.; Laroche H.; Cabie A.; Hoen B.; Chidiac C.; Pradat P.; Ferry T.; Ader F.; Biron F.; Boibieux A.; Miailhes P.; Perpoint T.; Valour F.; Schlienger I.; Lippmann J.; Braun E.; Koffi J.; Longuet C.; Guéripel V.; Augustin-Normand C.; Brochier C.; Degroodt S.; Pugliese P.; Breaud S.; Ceppi C.; Courjon J.; Cottalorda J.; Cottalorda J.; Dellamonica P.; Demonchy E.; De Monte A.; Durant J.; Durant J.; Etienne C.; Etienne C.; Ferrando S.; Fuzibet J.G.; Garraffo R.; Joulie A.; Risso K.; Mondain V.; Naqvi A.; Oran N.; Perbost I.; Pillet S.; Prouvost-Keller B.; Pradier C.; Wehrlen-Pugliese S.; Rio V.; Rosenthal E.; Sausse S.; Zouzou G.; Brégigeon S.; Zaegel-Faucher O.; Obry-Roguet V.; Orticoni M.; Soavi M.J.; Ressiot E.; Carta-Padovani M.; Ducassou M.J.; Jaquet I.; Galie S.; Galinier A.; Martinet P.; Landon M.; Ritleng A.S.; Ivanova A.; Blanco-Betancourt C.; Debreux C.; Lions C.; Poizot-Martin I.; Valantin M.A.; Caby F.; Tubiana R.; Agher R.; Seang S.; Schneider L.; Blanc C.; Katlama C.; Cheret A.; Goujard C.; Quertainmont Y.; Teicher E.; Lerolle N.; Vittecoq D.; Deradji O.; Fourreau F.; Pallier C.; Barrail-Tran A.; Consigny P.H.; Cessot G.; Bossi P.; Goesch J.; Gilquin J.; Benabdelmoumen G.; Lanternier F.; Charlier C.; Amazzough K.; Henry B.; Pilmis B.; Rouzaud C.; Morgand M.; Touam F.; Louisin C.; Duvivier C.; Lortholary O.; Guery R.; Danion F.; Lourenco J.; Parize P.; Etienne N.; Launay M.; Rouzioux C.; Avettand Fenoel V.; Alvarez M.; Biezunski N.; Debard A.; Delpierre C.; Lansalot P.; Lelièvre L.; Martin-Blondel G.; Piffaut M.; Porte L.; Saune K.; Atoui N.; Le Moing V.; Makinson A.; Meftah N.; Merle de Boever C.; Montes B.; Montoya Ferrer A.; Tribout V.; Allavena C.; Bernaud C.; Billaud E.; Biron C.; Bonnet B.; Bouchez S.; Boutoille D.; Brunet-Cartier C.; Deschanvres C.; Hall N.; Jovelin T.; Morineau P.; Reliquet V.; Hue H.; Sécher S.; Cavellec M.; Soria A.; Ferré V.; André-Garnier E.; Rodallec A.; Lefebvre M.; Grossi O.; Aubry O.; Ajana F.; Alcaraz I.; Baclet V.; Boucher A.; Choisy P.; Huleux T.; Lafon-Desmurs B.; Melliez H.; Meybeck A.; Pasquet A.; Pradier M.; Robineau O.; Viget N.; Valette M.; Berger J.L.; N'Guyen Y.; Lambert D.; Lebrun D.; Kmiec I.; Hentzien M.; Brodard V.; Bani-Sadr F.; Fischer P.; Partisani M.; Cheneau C.; Priester M.; Batard M.L.; Bernard-Henry C.; e Mautort; Botelho-Nevers E.; Frésard A.; Lucht F.; Laurichesse H.; Lesens O.; Vidal M.; Mrozek N.; Aumeran C.; Baud O.; Corbin V.; Letertre P.; Casanova S.; Drobacheff-Thiébaut C.; Foltzer A.; Bouiller K.; Hustache-Mathieu L.; Chirouze C.; Lepiller Q.; Bozon F.; Babre O.; Muret P.; Abel S.; Césaire R.; Cuzin L.; Quenard F.; Nguyen D.; Pierre-François S.; Pasquier J.; Pircher M.; Richard P.; Rome K.; Lamaury I.; Fabre I.; Curlier E.; Ouissa R.; Schepers K.; Herrmann-Storck C.; Dournon N.	Hepatitis C virus incidence in HIV-infected and in preexposure prophylaxis (PrEP)-using men having sex with men	Liver International	-	-	-	14783223	10.1111/liv.13922	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053197260&doi=10.1111%2fliv.13922&partnerID=40&md5=a040221087afd7206d56f5918e02093b	Background & Aims: HCV incidence still appears on the rise in HIV-infected MSM in France. We assessed the incidence of HCV infection in HIV-positive and in preexposure prophylaxis (PrEP)-using MSM. Methods: HIV-infected, HCV-negative MSM with serological follow-up in 2016 and HIV-negative, HCV-negative PrEP-using MSM enrolled from January 2016 to May 2017 in the French Dat'AIDS cohort were analysed to assess the incidence of a primary HCV infection. The incidence of HCV reinfection was also determined in patients having cured a previous infection. Results: Among 10 049 HIV-infected MSM followed in 2016, 681 patients were already HCV-infected when entering the study (prevalence 6.8%). Serological follow-up was available in 2016 for 4151 HCV-negative patients. Virological follow-up was available for 478 patients who had cured a previous infection. Fifty-seven HCV infections occurred in 2016 (42 primary infections, 15 reinfections). Incidence of primary HCV infection, reinfection and overall HCV infection was, respectively, 1.0, 3.1 and 1.2/100 person-years (PY). From January 2016 to May 2017, 930 HIV-negative subjects were enrolled for PrEP. Seventeen patients were already HCV-infected (prevalence 1.8%). Twelve HCV infections occurred during follow-up (10 primary infections, 2 reinfections) giving an incidence of primary infection of 1.0/100 PY and an overall incidence of 1.2/100 PY. Conclusions: The overall incidence of HCV infection and of a primary HCV infection in HIV-positive and in PrEP-using MSM appeared similar in France in 2016 to early 2017. HIV-positive and PrEP-using MSM probably share similar at-risk practices and both should be targeted for preventative interventions. © 2018 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd	HCV incidence; HIV; men having sex with men; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Clinical
Article	2018	Coulaud, Pierre-Julien; Sagaon-Teyssier, Luis; M'madi Mrenda, Bakridine; Maradan, Gwenaëlle; Mora, Marion; Bourrelly, Michel; Dembélé Keita, Bintou; Keita, Abdoul Aziz; Anoma, Camille; Babo Yoro, Stéphane-Alain; Dah, Ter Tiero Elias; Coulibaly, Christian; Mensah, Ephrem; Agbomadji, Selom; Bernier, Adeline; Couderc, Clotilde; Laurent, Christian; Spire, Bruno	Interest in HIV pre-exposure prophylaxis in men who have sex with men in West Africa (CohMSM ANRS 12324 - Expertise France).	Tropical Medicine and International Health (TM & IH)	-	-	-	1365-3156	10.1111/tmi.13129	https://dx.doi.org/10.1111/tmi.13129	OBJECTIVE: To explore the interest in taking PrEP among Western African men who have sex with men (MSM). METHODS: A cross-sectional survey was implemented at enrolment of HIV-negative MSM in a multiple centre community-based cohort study in four West African countries (Mali, Côte d'Ivoire, Burkina Faso, Togo). A standardised face-to-face questionnaire collected data on socio-demographic and behavioural characteristics over the previous 6 months. Descriptive analysis and multivariate logistic regression helped identify factors associated with the interest in taking PrEP. RESULTS: Of 564 participants, 87% were interested in taking PrEP. Interest in PrEP was associated with inconsistent condom use for anal sex (adjusted odds ratio (aOR): 2.11; 95% confidence interval (CI) 1.21-3.67), transactional sex (aOR: 2.02; 95% CI 1.11-3.71), searching for male sexual partners on the Internet in the previous month (aOR: 1.86; 95% CI 1.01-3.43), having a high level of self-esteem (aOR: 1.20; 95% CI 1.06-1.36), having at least one sexually transmitted infections at enrolment (aOR: 5.08; 95% CI 1.40-18.4) and not being aware of PrEP (aOR: 2.03; 95% CI 1.04-3.96). Participants having sex with HIV-positive male partners (aOR: 0.28; 95% CI 0.11-0.74), those being more sexually attracted to women than to men (aOR: 0.20; 95% CI 0.07-0.89) and those reporting psychological and material support from close friends (aOR: 0.33; 95% CI 0.15-0.73) were less interested in taking PreP. CONCLUSIONS: Western African HIV-negative MSM appear very interested in taking PrEP, especially those most at risk of HIV infection. PrEP implementation in a comprehensive prevention package should be considered urgently.	na	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2018	Cowan, Frances M.; Davey, Calum; Fearon, Elizabeth; Mushati, Phillis; Dirawo, Jeffrey; Chabata, Sungai; Cambiano, Valentina; Napierala, Sue; Hanisch, Dagmar; Wong-Gruenwald, Ramona; Masuka, Nyasha; Mabugo, Travor; Hatzold, Karin; Mugurungi, Owen; Busza, Joanna; Phillips, Andrew; Hargreaves, James R.	Targeted combination prevention to support female sex workers in Zimbabwe accessing and adhering to antiretrovirals for treatment and prevention of HIV (SAPPH-IRe): a cluster-randomised trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(18)30111-5	https://pubmed.ncbi.nlm.nih.gov/30030134/	BACKGROUND: Strengthening engagement of female sex workers with health services is needed to eliminate HIV. We assessed the efficacy of a targeted combination intervention for female sex workers in Zimbabwe. METHODS: We did a cluster-randomised trial from 2014 to 2016. Clusters were areas surrounding female sex worker clinics and were enrolled in matched pairs. Sites were randomly assigned (1:1) to receive usual care (free sexual-health services supported by peer educators, including HIV testing on demand, referral for antiretroviral therapy ART, and health education) or an intervention that supported additional regular HIV testing, on-site initiation of ART, pre-exposure prophylaxis, adherence, and intensified community mobilisation. The primary outcome was the proportion of all female sex workers with HIV viral load 1000 copies per mL or greater, assessed through respondent-driven sampling surveys. We used an adapted cluster-summary approach to estimate risk differences. This trial is registered with Pan African Clinical Trials Registry, number PACTR201312000722390. RESULTS: We randomly assigned 14 clusters to usual care or the intervention (seven in each group). 3612 female sex workers attended clinics in the usual-care clusters and 4619 in the intervention clusters during the study. Half as many were tested (1151 vs 2606) and diagnosed as being HIV positive (546 vs 1052) in the usual-care clusters. The proportion of all female sex workers with viral loads of 1000 copies per mL or greater fell in both study groups (from 421 30% of 1363 to 279 19% of 1443 in the usual-care group and from 399 30% of 1303 to 240 16% of 1439 in the intervention group), but with a risk difference at the end of the assessment period of only -2·8% (95% CI -8·1 to 2·5, p=0·23). Among HIV-positive women, the proportions with viral loads less than 1000 copies per mL were 590 (68%) of 869 in the usual-care group and 588 (72%) of 828 in the intervention group at the end of the assessment period, adjusted risk difference of 5·3% (95% CI -4·0 to 14·6, p=0·20). There were no adverse events. INTERPRETATION: Our intervention of a dedicated programme for female sex workers led to high levels of HIV diagnosis and treatment. Further research is needed to optimise programme content and intensity for the broader population. FUNDING: UN Population Fund (through Zimbabwe's Integrated Support Fund funded by UK Department for International Development, Irish Aid, and Swedish International Development Cooperation Agency).	Adolescent; Adult; Humans; Young Adult; Anti-HIV Agents/*therapeutic use; Female; Sexual Behavior; Anti-Retroviral Agents/*therapeutic use; Viral Load; HIV/drug effects; HIV Infections/*drug therapy/epidemiology/*prevention & control; Pre-Exposure Prophylaxis; *Medication Adherence; Mass Screening; Zimbabwe/epidemiology; *Sex Workers; Health Services	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Coyer L.; Van Bilsen W.; Bil J.; Davidovich U.; Hoornenborg E.; Prins M.; Matser A.	Pre-exposure prophylaxis among men who have sex with men in the Amsterdam Cohort Studies: Use, eligibility, and intention to use	PLOS One	-	-	-	19326203	10.1371/journal.pone.0205663	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054888624&doi=10.1371%2fjournal.pone.0205663&partnerID=40&md5=8c73ea42378b9ce87fd6425b41615984	Objective: Currently, HIV pre-exposure prophylaxis (PrEP) is not covered by health insurance in the Netherlands. We examined time trends in use of PrEP, characteristics of PrEP users, PrEP eligibility and intention to use PrEP among HIV-negative men who have sex with men (MSM) participating in the Amsterdam Cohort Studies (ACS). Design: Prospective cohort study. Methods: We used data from four 6-monthly questionnaire waves, collected between 2015-2017. PrEP use over time was examined in logistic regression models using generalized estimating equations. Using descriptive statistics, we compared PrEP users before first-time initiation to non-PrEP-users. We used national guidelines to assess PrEP eligibility. Results: We included 687 MSM. Median age was 40 (IQR 33-47) years in 2015. Recent PrEP use was reported by 57/687 (8%) MSM. PrEP use increased over calendar time (P<0.001) to 7% in 2017. PrEP users did not differ from non-PrEP users in socio-demographic characteristics, but reported a significantly higher median number of casual sex partners, more often reported condomless anal sex and chemsex with casual partners, and more often had an sexually transmitted infection in the preceding 6 months (all P<0.05). PrEP eligibility increased over time, but the effect was not statistically significant (P = 0.075). PrEP eligibility criteria were met by 149/460 (32%) at wave 4, of whom 31/149 (21%) reported use of PrEP. The proportion with a high intention to use PrEP was greater among eligible than non-eligible MSM (51% vs. 24%, P<0.001). Conclusion: PrEP use increased over time but remained under 10%, even though 32% met the eligibility criteria, of whom 51% had a high intention to use PrEP. This suggests that a large proportion of Dutch MSM at risk could benefit from PrEP. © 2018 Coyer et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Crosby, Richard A; Mena, Leandro; Smith, Rachel Vickers	Promoting positive condom use experiences among young black MSM: a randomized controlled trial of a brief, clinic-based intervention.	Health Education Research	-	-	-	1465-3648	10.1093/her/cyy010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5961371	The aim of this study is to determine, among young Black men who have sex with men (YBMSM), the 12-month efficacy of a single-session, clinic-based intervention promoting condom use to enhance sexual pleasure (purpose 1) and the use of condoms from the start-to-finish of anal sex (purpose 2). A pre-test, post-test randomized controlled trial was conducted, using a 12-month period of follow-up observation, in STI clinics. Data from 394 YBMSM completing baseline and 12-month follow-up assessments were analyzed. The experimental condition comprised a one-to-one, interactive program (Focus on the Future) designed for tailored delivery. Regarding study purpose 1, in an age-adjusted linear regression model for 277 HIV-uninfected men, there was a significant effect of the intervention (Beta=0.13, P =0.036) relative to more favorable sexual experiences when using condoms. Regarding study purpose 2, in an adjusted logistic regression model, for HIV-uninfected men, there was a significant effect of the intervention (AOR=0.54, P =0.048) relative to using condoms from start-to-finish of anal sex. Significant effects for HIV-infected men were not observed. A small, but non-significant, effect was observed relative to men's self-report of always using condoms. This single-session program may be a valuable counseling tool for use in conjunction with pre-exposure prophylaxis-related care for HIV-uninfected YBMSM.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2018	Dai, Minhao	USING THE INTEGRATIVE MODEL OF BEHAVIORAL PREDICTION TO UNDERSTAND GAY MEN'S BELIEFS, INTENTION, AND BEHAVIOR ON PREP UPTAKE	-	-	UKnowledge/Source Sets, University of Kentucky	-	na	10.13023/etd.2018.438	https://uknowledge.uky.edu/comm_etds/74	Antiretroviral treatment pre-exposure prophylaxis (PrEP) is an effective daily prevention medicine to reduce risks of HIV infections in high-risk populations. The current study examined PrEP uptake among gay men using the integrative model of behavioral prediction (IMBP) as the theoretical framework. Briefly, the IMBP states that attitude, norms, and behavioral control predict intention, which then predicts behavior. The intention-behavior relationship is moderated by actual control variables: skills and environmental constraints. To examine how IMBP variables affect PrEP uptake among gay men, I first conducted formative elicitation interviews with gay men; then I used the results from the interviews to construct the main survey. Then, the project recruited 500 gay men to participate in the survey, half of whom were PrEP takers and half of whom were not. The results of path modeling showed that attitudes and norms predicted behavioral intention, and intention predicted PrEP uptake among gay men. Results of moderation analyses testing the influence of skills and environmental constraints showed that HIV knowledge, lack of access to a doctor(s), and lack of health care system knowledge were significant moderators between intention and PrEP uptake. The practical implications, theoretical contributions, and empirical advancements were discussed.	PrEP uptake, IMBP, gay men, skills, environmental constraints	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2018	Dangerfield D.T., II; Carmack C.C.; Gilreath T.D.; Duncan D.T.	Latent classes of sexual positioning practices and sexual risk among men who have sex with men in Paris, France	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2267-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053279147&doi=10.1007%2fs10461-018-2267-2&partnerID=40&md5=d5eab4d653c0d02867fe0691d450090f	HIV/STI risk varies by sexual positioning practices; however, limited data have characterized the behavioral profiles of men who have sex with men (MSM) in France. This study used latent class analysis (LCA) to explore sexual risk profiles among MSM in Paris, France. LCA was used to classify sexual positioning and serosorting profiles among MSM in Paris (n = 496). Age, HIV status, relationship status, substance use, group sex, and PrEP history were used in a multinomial regression model predicting class membership. Three latent classes were identified: majority top/serosorters, versatile/low partners, and majority bottom/some serosorters. Majority top/serosorters had the highest probability of condomless serosorting; majority bottom/some serosorters had the highest mean number of partners (~ 12 partners) for condomless receptive anal intercourse. HIV-positive MSM were more likely to be classified as majority bottom/some serosorters than versatile/low partners (AOR 7.61; 95% CI 2.28, 25.3). Findings support the need for tailored and targeted interventions for highest-risk individuals. © Springer Science+Business Media, LLC, part of Springer Nature 2018.	HIV; Insertive anal intercourse; Men who have sex with men; Receptive anal intercourse; Versatility	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Dashwood T.; Tan D.H.S.	PrEParing for the unexpected: Mechanisms and management of HIV pre-exposure prophylaxis failure	Future Virology	-	-	-	17460794	10.2217/fvl-2018-0084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054609725&doi=10.2217%2ffvl-2018-0084&partnerID=40&md5=f6660a49731f7d8c90ac151952200d04	Pre-exposure prophylaxis (PrEP) for HIV is a proven and effective tool for preventing HIV. However, there are instances where individuals taking PrEP have contracted HIV infection. Most of these cases are due to nonadherence to the drug, while other cases of apparent PrEP failure are due to unrecognized HIV infection at baseline. Importantly, there are also now at least three well-documented cases of PrEP failing despite adequate adherence; these are cases of PrEP 'breakthrough'. This article outlines the potential mechanisms of PrEP failure, as well as how to identify and manage these patients. Finally, we provide a perspective on the future of PrEP as a key tool in preventing HIV worldwide. © 2018 2018 Future Medicine Ltd.	HIV; pre-exposure prophylaxis (PrEP); prophylaxis failure	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2018	Davey, Calum; Cowan, Frances; Hargreaves, James	The effect of mobility on HIV-related healthcare access and use for female sex workers: A systematic review.	Social Science & Medicine	-	-	-	1873-5347 0277-9536	10.1016/j.socscimed.2018.06.017	https://pubmed.ncbi.nlm.nih.gov/29966821/	Female sex workers (FSW) experience a high HIV burden and are often mobile. FSW access to HIV-related healthcare is essential for equitable welfare and to reduce new HIV infections. We systematically reviewed the literature on mobility and HIV-related healthcare access and use among FSW. Outcome measures included: HIV/STI testing, STI treatment, PrEP (initiation or adherence), and ART (initiation or adherence). We summarised the results with a narrative synthesis. From 7417 non-duplicated citations, nine studies from Canada (3), Guatamala, Honduras (2), India, South Africa, and Vietnam were included. Only one of the studies was designed to address mobility and healthcare access, and only six reported adjusted effect estimates. Mobility was measured over four time-frames (from 'current' to 'ever'), as having lived or worked elsewhere or in another town/province/country. Three studies from Canada, Guatemala, and India found mobility associated with increased odds of poor initial access to healthcare (adjusted odds ratios (AOR) from 1.33, 95% CI 1.02, 1.75, to 2.27, 95% CI 1.09, 4.76), and one from Vietnam found no association (odds ratio (OR): 0.92, 95% CI 0.65, 1.28). The study from South Africa found no association with initiating ART (risk ratio: 0.86, 95% CI 0.65, 1.14). Two studies from Canada and Honduras found increased odds of ART interruption (AOR 2.74, 95% CI 0.89, 8.42; 5.19, 95% CI 1.38, 19.56), while two other studies from Canada and Honduras found no association with detectable viral load (OR 0.84, 95% CI 0.08, 8.33; AOR 0.79, 95% CI 0.41, 1.69). We found that mobility is associated with reduced initial healthcare access and interruption of ART, consistent with literature from the general population. Discordance between effects on adherence and viral load may be due to measurement of mobility. Future research should carefully construct measures of mobility and consider a range of HIV-related healthcare outcomes.	Adult; Humans; Female; HIV; HIV/pathogenicity; Sex Workers/*psychology; Health Services Accessibility/*standards; Healthcare; HIV Infections/*complications/epidemiology/psychology; Migration; Mobility; Sex work	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2018	Davey, Dvora Joseph; Farley E.; Towriss C.; Gomba Y.; Bekker L.-G.; Gorbach P.; Shoptaw S.; Coates T.; Myer L.	Risk perception and sex behaviour in pregnancy and breastfeeding in high HIV prevalence settings: Programmatic implications for PrEP delivery	PLOS One	-	-	-	19326203	10.1371/journal.pone.0197143	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046958966&doi=10.1371%2fjournal.pone.0197143&partnerID=40&md5=7ae5096e7d1a2f9ae0e40f8e55601802	HIV acquisition during pregnancy and breastfeeding significantly contributes toward paediatric HIV infection; however, little is known about risk behaviours in HIV-uninfected pregnant and postpartum women. We conducted twenty-six in-depth-interviews between July and December 2016 using a semi-structured interview guide among HIV-uninfected pregnant and recently postpartum women at-risk of HIV acquisition (defined as reporting 1 of the following: partner's serostatus unknown or HIV-infected, recent condomless sex in pregnancy, and/or alcohol use during pregnancy) who attended primary healthcare services. Our study contextualizes factors related to risky sexual behaviours during pregnancy and postpartum periods and assesses knowledge and hypothetical acceptability of pre-exposure prophylaxis (PrEP) in pregnancy. Translated and transcribed data were coded and analysed by three researchers using a thematic analysis approach. In interviews with HIV-uninfected pregnant/postpartum women at-risk of HIV acquisition, we identified common themes associated with sexual risk behaviours during pregnancy, including: lack of control over decisions in sex and condom use in pregnancy, low perceived risk (e.g. beliefs that their partner has the same HIV-negative serostatus), and socio-cultural beliefs around condom use during pregnancy (e.g. contact with sperm is essential for baby's development). PrEP knowledge was low among HIV-uninfected pregnant and breastfeeding women, and potential acceptability was good, though primary concerns were around the potential impact on the infant. While mothers presented a clear desire to protect themselves from HIV acquisition once pregnant, they also reported lack of control, and socio-cultural beliefs, like sex is good for the baby, that increased their risk of seroconversion. Mothers had limited PrEP awareness but reported hypothetical willingness to use PrEP because of concerns over HIV acquisition and onward mother to child transmission. © 2018 Joseph Davey et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative

Article	2018	Davey, Dvora Joseph; Farley, Elise; Gomba, Yolanda; Coates, Thomas; Myer, Landon	Sexual risk during pregnancy and postpartum periods among HIV-infected and -uninfected South African women: Implications for primary and secondary HIV prevention interventions.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0192982	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5839542	BACKGROUND: HIV acquisition in pregnancy and breastfeeding contributes significantly toward pediatric HIV infection. However, little is known about how sexual behavior changes during pregnancy and postpartum periods which will help develop targeted HIV prevention and transmission interventions, including pre-exposure prophylaxis (PrEP). METHODS: Cross-sectional study in HIV-infected and uninfected pregnant and postpartum women in Cape Town, South Africa. Interviewers collected survey data on demographic, sexual behaviors, and alcohol use among pregnant and post-partum women. We report descriptive results of sexual behavior by trimester and postpartum period, and results of multivariable logistic regression stratified by pregnancy status. RESULTS: We enrolled 377 pregnant and postpartum women (56% pregnant, 40% HIV-infected). During pregnancy, 98% of women reported vaginal sex (8% anal sex, 44% oral sex) vs. 35% and 88% during the periods 0-6 and 7-12 months postpartum, respectively (p<0.05). More pregnant women reported having >1 partner in the past 12-months compared to postpartum women (18% vs. 13%, respectively, p<0.05). Sex frequency varied by trimester with greatest mean sex acts occurring during first trimester and >6-months postpartum (13 mean sex acts in first trimester; 17 mean sex acts >6-months postpartum). Pregnant women had increased odds of reporting condomless sex at last sex (aOR = 2.96;95%CI = 1.84-4.78) and ever having condomless sex in past 3-months (aOR = 2.65;95%CI = 1.30-5.44) adjusting for age, HIV status, and sex frequency compared to postpartum women. CONCLUSION: We identified that sexual behaviors and risk behaviors were high and changing during pregnancy and postpartum periods, presenting challenges to primary and secondary HIV prevention efforts, including PrEP delivery to pregnant and breastfeeding women.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2018	Davey, Dvora Joseph; West, S.; Umutoni, V.; Taleghani, S.; Klausner, H.; Farley, E.; Shah, R.; Madni, S.; Orewa, S.; Kottamasu, V.; Rice, V.; Robbin, Z.; Wall, K. M.	A Systematic Review of the Current Status of Safer Conception Strategies for HIV Affected Heterosexual Couples in Sub-Saharan Africa.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-018-2170-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6466619/	We conducted a systematic review of safer conception strategies (SCS) for HIV-affected couples in sub-Saharan Africa to inform evidence-based safer conception interventions. Following PRISMA guidelines, we searched fifteen electronic databases using the following inclusion criteria: SCS research in HIV-affected couples; published after 2007; in sub-Saharan Africa; primary research; peer-reviewed; and addressed a primary topic of interest (SCS availability, feasibility, and acceptability, and/or education and promotion). Researchers independently reviewed each study for eligibility using a standardized tool. We categorize studies by their topic area. We identified 41 studies (26 qualitative and 15 quantitative) that met inclusion criteria. Reviewed SCSs included: antiretroviral therapy (ART), pre-exposure prophylaxis, timed unprotected intercourse, manual/self-insemination, sperm washing, and voluntary male medical circumcision (VMMC). SCS were largely unavailable outside of research settings, except for general availability (i.e., not specifically for safer conception) of ART and VMMC. SCS acceptability was impacted by low client and provider knowledge about safer conception services, stigma around HIV-affected couples wanting children, and difficulty with HIV disclosure in HIV-affected couples. Couples expressed desire to learn more about SCS; however, provider training, patient education, SCS promotions, and integration of reproductive health and HIV services remain limited. Studies of provider training and couple-based education showed improvements in communication around fertility intentions and SCS knowledge. SCS are not yet widely available to HIV-affected African couples. Successful implementation of SCS requires that providers receive training on effective SCS and provide couple-based safer conception counseling to improve disclosure and communication around fertility intentions and reproductive health.	Humans; Male; HIV Infections/*prevention & control/transmission; Female; Anti-Retroviral Agents/*therapeutic use; HIV; Sexual Partners; *Circumcision, Male; Africa South of the Sahara; Africa; Counseling; *Health Services Accessibility; Heterosexuality; *Pre-Exposure Prophylaxis; Fertility; Fertilization; Intention; Social Stigma; Reproductive Health; Disclosure; *Insemination, Artificial; Safer conception; Preconception Care; Pregnant; Serodiscordant; Couples; *Reproductive Behavior	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2018	Davies N.; Heffron R.	Global and national guidance for the use of pre-exposure prophylaxis during peri-conception, pregnancy and breastfeeding	Sexual Health	-	-	-	14485028	10.1071/SH18067	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057008542&doi=10.1071%2fSH18067&partnerID=40&md5=f711ed2b10164bba359f516c59f37fa7	Pre-exposure prophylaxis (PrEP) is a well-established biomedical HIV prevention strategy and recommended to reduce HIV risk during peri-conception, pregnancy and breastfeeding. Efforts are needed to translate global recommendations into national guidelines and implementation strategies. This article presents the current status of policy guidance for the use of PrEP during peri-conception, pregnancy and breastfeeding, with a particular focus on high prevalence countries, including those in sub-Saharan Africa. PrEP clinical guidelines released by ministries of health or other national-level health bodies, with a particular focus on recommendations for PrEP use during peri-conception, pregnancy and breastfeeding, were reviewed and summarised. Among countries with PrEP guidelines and/or policy, pregnancy is recognised as a period with increased HIV vulnerability, and some recommend PrEP use specifically during pregnancy. Only one country notes that PrEP is contraindicated during pregnancy, recognising a gap in complete safety data from women using PrEP throughout pregnancy. PrEP is not contraindicated as a peri-conception HIV prevention strategy in any country, but only three countries have specific guidance for peri-conception HIV prevention. Multiple barriers to the implementation of PrEP during pregnancy and breastfeeding are discussed, including barriers at the policy, health systems, social and personal levels. Although pregnancy is a period of heightened risk and fertility rates are high in many settings with high HIV burden, few PrEP policies have included guidance for PrEP use specific to peri-conception, pregnancy and breastfeeding periods. This gap can be overcome by the development or adoption of national clinical guidelines and implementation strategies from exemplary countries. © 2018 CSIRO.	guidelines; HIV; PrEP; safer conception	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2018	De Baetselier I.; Tsoumanis A.; Verbrugge R.; De Deken B.; Smet H.; Abdellati S.; Cuylaerts V.; Apers L.; Crucitti T.	Lymphogranuloma venereum is on the rise in Belgium among HIV negative men who have sex with men: Surveillance data from	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-018-3600-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058923657&doi=10.1186%2fs12879-018-3600-0&partnerID=40&md5=2a634c0e9d660cc91a868aaef5bd080a	Background: The number of cases of Lymphogranuloma venereum (LGV) is increasing in Europe. The described epidemic is mostly confined to HIV positive men who have sex with men (MSM). However, dissemination of LGV from HIV positive to HIV negative MSM could take place due to the implementation of pre-exposure prophylaxis (PrEP) and subsequent possible decrease in condom use. We describe here the LGV epidemiology in Belgium before the PrEP-era, starting from 2011 up to the end of the first half of 2017. Methods: A descriptive analysis of the socio-demographic and clinical characteristics of all LGV cases was performed. Fisher's exact test was used to compare symptomatic to asymptomatic patients. Logistic regression models were used to check for trends over time for: number of LGV cases, HIV status and symptoms. Results: The number of LGV cases rose by a factor four, from 21 in 2011 to 88 in 2016, and regression models showed a positive trend estimate of 14% increase per half year (p < 0.001). LGV decreased among HIV positive cases (odds ratio (OR): 0.79, p < 0.001) and increased among HIV negative cases (OR: 1.27, p < 0.001). In addition, a rise in the number of asymptomatic LGV cases (6.7%) was observed (OR:1.39, p = 0.047). Asymptomatic cases were also less likely to be HIV (p = 0.046) or Hepatitis C positive (p = 0.027). Conclusions: The rise of LGV in HIV negative MSM has now been documented. If we aim to halt the epidemic in HIV negative MSM, future public health strategies should include LGV testing of all Chlamydia trachomatis positive samples from MSM. © 2018 The Author(s).	Chlamydia trachomatis; LGV; Lymphogranuloma venereum; Men who have sex with men; MSM; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2018	de Barbeyrac B.; Laurier-Nadalié C.; Touati A.; Le Roy C.; Imounga L.; Hénin N.; Peuchant O.; Bébéar C.; La Ruche G.; Ndeikoundam Ngangro N.	Observational study of anorectal Chlamydia trachomatis infections in France through the lymphogranuloma venereum surveillance network, 2010–2015	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462418785266	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049867611&doi=10.1177%2f0956462418785266&partnerID=40&md5=a51ae494c89c0f04bedfe72cd78eacd5	The objective of this article is to describe the epidemiology of lymphogranuloma venereum (LGV) and non-LGV Chlamydia trachomatis anorectal infections in France and to examine the characteristics of the affected populations via a voluntary sentinel surveillance system for LGV between 2010 and 2015. Anorectal samples positive for C. trachomatis (CT) were sent by the participating laboratories to the National Reference Center for CT for LGV identification. Biological and clinical data were collected by biologists and clinicians. There were 1740 LGV episodes and 2248 non-LGV episodes. Continuous monitoring highlighted a sharp increase in the number of LGV and non-LGV anorectal infections, which were 2.3-fold and 6.5-fold, respectively. Most of the infections occurred in men who have sex with men. LGV patients were older than non-LGV patients and were more frequently human immunodeficiency virus (HIV)-positive compared to non-LGV patients. Anorectal LGV was significantly associated with residence in Paris, HIV co-infection, concurrent syphilis and bloody anal discharge. Undocumented patient characteristics were strongly associated with anorectal LGV. The anorectal LGV epidemic is poorly controlled in France. Early detection and prompt treatment of patients and their sexual partners are required to prevent transmission in the context of pre-exposure prophylaxis (PrEP) for HIV infection. © The Author(s) 2018.	Chlamydia trachomatis; anorectal infection; epidemiology; Lymphogranuloma venereum; surveillance	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2018	De Boni R.B.; Machado I.K.; De Vasconcellos M.T.L.; Hoagland B.; Kallas E.G.; Madruga J.V.; Fernandes N.M.; Cerqueira N.B.; Moreira R.I.; Goulart S.P.; Veloso V.G.; Grinsztejn B.; Luz P.M.	Syndemics among individuals enrolled in the PrEP Brasil Study	Drug and Alcohol Dependence	-	-	-	0376-8716	10.1016/j.drugalcdep.2017.12.016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044346422&doi=10.1016%2fj.drugalcdep.2017.12.016&partnerID=40&md5=5d79839f140e38d0f00be02c5445a4f3	Background: Concurrent psychosocial problems may synergistically increase the risk of HIV infection (syndemics), representing a challenge for prevention. We aimed to evaluate the prevalence and associated factors of syndemics among men who have sex with men (MSM) and transgender women (TGW) enrolled in the Brazilian pre-exposure prophylaxis demonstration study (PrEP Brasil Study). Methods: Secondary cross-sectional analysis of the PrEP Brasil Study was performed. Of 450 HIV-seronegative MSM/TGW enrolled in the PrEP Brasil Study– conducted at Rio de Janeiro and São Paulo, Brazil– 421 participants with complete data were included in the present analysis. Syndemics was defined as occurrence of ≥2 of the following conditions: polysubstance (≥2) use, binge drinking, positive depression screen, compulsive sexual behavior, and intimate partner violence (IPV). Results: The prevalence of recent polysubstance use was 22.8%, binge drinking 51.1%, positive depression screening 5.2%, compulsive sexual behavior 7.1%, and IPV 7.3%. Syndemics prevalence was 24.2%, and associated factors were younger age (adjusted Odds Ratio (aOR) 0.95, 95% Confidence Interval (95% CI) 0.92–0.98 per year increase), TGW vs. MSM (aOR 3.09, 95% CI: 1.2–8.0), and some college education or more vs. less than college (aOR 2.49, 95% CI: 1.31–4.75), and multiple male sexual partners in prior 3 months (aOR 1.69, 95% CI: 0.92–3.14). Conclusion: Given the high prevalence of syndemics, particularly of polysubstance use and binge drinking, PrEP delivery offers an opportunity to diagnose and intervene in mental and social well-being. © 2018 Elsevier B.V.	Binge drinking; HIV infection; MSM; Polysubstance use; Pre-exposure prophylaxis; Transgender	English	Netherlands	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2018	De Clercq, Erik	Role of tenofovir alafenamide (TAF) in the treatment and prophylaxis of HIV and HBV infections.	Biochem Pharmacol	-	-	-	1873-2968 0006-2952	10.1016/j.bcp.2017.11.023	https://www.sciencedirect.com/science/article/abs/pii/S0006295217307098?via%3Dihub	Tenofovir (TFV) is the cornerstone of the treatment and prophylaxis of HIV infections. It has been routinely used in its prodrug form TDF (tenofovir disoproxil fumarate) combined with emtricitabine ((-)FTC) and other antiretroviral agents. TDF has now been replaced by TAF (tenofovir alafenamide) which allows better uptake by the lymphoid tissue. In combination with elvitegravir (E), cobicistat (C), emtricitabine (F), TAF can be advocated as an STR (single tablet regimen, Genvoya®) for the treatment of HIV infections. In this combination, E and C may in the future be replaced by bictegravir. The prophylaxis of HIV infection is momentarily based upon Truvada®, the combination of F with TDF, which in the future may also be replaced by TAF. TAF (Vemlidy®) has also replaced TDF (Viread®) for the treatment of hepatitis B virus (HBV) infections. Both TDF and TAF offer little or no risk for virus-drug resistance. As compared to TDF, TAF limits the risk for nephrotoxicity and loss of bone mineral density. What remains to be settled, however, before the universal use of TAF could be recommended, is its safety during pregnancy and its applicability in the treatment of tuberculosis, in combination with rifampicin.	na	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2018	Deeks, Emma D.	Darunavir/Cobicistat/Emtricitabine/Tenofovir Alafenamide: A Review in HIV-1 Infection.	Drugs	-	-	-	1179-1950 0012-6667	10.1007/s40265-018-0934-2	https://link.springer.com/article/10.1007/s40265-018-0934-2	Darunavir/cobicistat/emtricitabine/tenofovir AF (Symtuza(®)) is the first protease inhibitor (PI)-based single-tablet regimen (STR) available for the treatment of adults and adolescents (aged ≥ 12 years) with HIV-1 infection. It combines the PI darunavir (which has a high genetic barrier to resistance) with the pharmacokinetic booster cobicistat and the nucleos(t)ide reverse transcriptase inhibitors emtricitabine and tenofovir alafenamide (tenofovir AF), the latter being associated with less off-target tenofovir exposure than its predecessor tenofovir disoproxil fumarate (tenofovir DF). Over 48 weeks in phase 3 trials, darunavir/cobicistat/emtricitabine/tenofovir AF was noninferior to darunavir/cobicistat plus emtricitabine/tenofovir DF in establishing virological suppression in antiretroviral therapy (ART)-naïve adults and, likewise, was noninferior to an ongoing boosted PI, emtricitabine plus tenofovir DF regimen in preventing virological rebound in virologically-suppressed, ART-experienced adults. Resistance did not emerge to the STR components, with the exception being an emtricitabine resistance-associated mutation (RAM) M184I/V in one of seven recipients who experienced virological failure (although M184V was a minority variant at screening in this patient). Darunavir/cobicistat/emtricitabine/tenofovir AF was generally well tolerated, with renal and bone profile improvements but less favourable effects on some lipids versus tenofovir DF-based regimens. Thus, although longer-term and cost-effectiveness data would be beneficial, darunavir/cobicistat/emtricitabine/tenofovir AF is a welcome addition to the STRs available for the treatment of adults and adolescents with HIV-1 infection, being the first to combine the high genetic resistance barrier of darunavir with the renal/bone profile of tenofovir AF, thus expanding the patient population for whom an STR may be suitable.	NA	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Review
Article	2018	Delaugerre, C; Rodriguez, C; Capitant, C; Nere, ML; Mercier-Darty, M; Carette, D; Pialoux, G; Cotte, L; Charreau, I; Molina, JM	Drug resistance among patients who acquired HIV infection in a preexposure prophylaxis trial	AIDS	-	-	-	na	10.1097/QAD.0000000000001960	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02092714/full	BACKGROUND: The IPERGAY ANRS trial showed that on-demand preexposure prophylaxis (PrEP) with tenofovir (TDF) and emtricitabine (FTC) was highly effective in preventing HIV infection among highly exposed MSM. Here, we analyzed drug resistance-associated mutations (RAMs) among all participants who acquired HIV infection during this trial. METHODS: Resistance was analyzed on frozen plasma at the time of HIV diagnosis among participants enrolled in the double-blind and open-label phases of the ANRS IPERGAY trial. Reverse transcriptase sequencing was performed, using population-based and ultradeep sequencing (454 GS Flex). Adherence was measured by pill counting and by plasma tenofovir and FTC assay. RESULTS: During the trial, 31 participants were diagnosed with HIV-1 infection (subtype B, 64.5%), using antigen/antibody immune assay in 29 cases and plasma HIV RNA assay in two. The median plasma HIV-1 RNA level was 5.52 log10copies/ml. Drug resistance was tested in 12 participants before starting PrEP, in six assigned to TDF/FTC group and in 13 assigned to placebo group. Primary resistance to nucleoside reverse transcriptase inhibitors (zidovudine) and/or nonnucleoside reverse transcriptase inhibitors was detected in six participants (19%; 95% confidence interval 7-42). No major or minor TDF-resistant or FTC-resistant variants were detected. CONCLUSION: No TDF or FTC resistance-associated mutations were found among participants who acquired HIV in the ANRS IPERGAY trial.	*antiviral resistance; *drug effect; *mutation; *procedures; *virology; Clinical Trials as Topic; Clinical trial (topic); DNA sequence; Double blind procedure; Double-Blind Method; Drug Resistance, Viral; Genetics; Genotype; HIV Infections *prevention & control, *virology; HIV Reverse Transcriptase genetics; HIV-1 *drug effects, genetics; High throughput sequencing; High-Throughput Nucleotide Sequencing; Human; Human immunodeficiency virus 1; Human immunodeficiency virus infection /prevention; Humans; Male; Mutation; Placebos administration & dosage; Pre-Exposure Prophylaxis *methods; Pre-exposure prophylaxis; Sequence Analysis, DNA; Treatment Failure; Treatment failure	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Theses and Dissertations	2018	Dennis, Ntombifuthi J.N	HIV Pre-Exposure Prophylaxis in the Real World: A Qualitative Exploration of Uptake and Adherence Among Women Who Engage in Sex Work in Gauteng, South Africa	-	-	Harvard University	-	-	NA	https://dash.harvard.edu/handle/1/37365184	Nearly 66% of new HIV infections in 2015 occurred in sub-Saharan Africa (1). This demonstrates the urgent need for the effective deployment of prevention modalities in the region. In recent years, an increasing allocation of resources has been diverted towards research aimed at HIV chemoprophylaxis in non-infected individuals. In outreach sites where oral PrEP is provided through mobile clinics, we conducted 24 in-depth interviews with women engaged in sex work identified through systematic random sampling and 9 in-depth interviews with healthcare providers identified through purposive sampling. Through an iterative process, data were analysed for recurring patterns or themes using a grounded theory approach. Results: Women's narratives indicated that uptake and adherence to oral PrEP is strongly influenced by forces outside of the women's control. Among factors identified in women's narratives include extreme economic adversity, uncooperative gatekeepers intimate partner violence, restricted focus of PrEP programs and fractured trust.Conclusions: This qualitative study indicates that there are complex and interconnected structural forces that actively shape women's engagement and retention in PrEP that are not currently being addressed in the conceptualization and roll-out of PrEP programs. To address uptake and adherence to PrEP we propose a rethink of the current PrEP HIV care model that provides a corrective lens for the current biomedical tunnel vision by integrating interventions that will address the confluent forces influencing uptake and adherence such as intimate partner violence, alcohol and drug addiction, abuse by police and the presence of extreme economic deprivation.	Pre-exposure Prophylaxis high-risk women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Theses and Dissertations	2018	Denton, Paul Wesley	Mucosal HIV-1 Transmission in Humanized Mice	-	-	University of Texas Southwestern Medical Center	-	na	NA	http://hdl.handle.net/2152.5/260	HIV-1 infects ~6,800 people each and every day, transmitting predominantly through unprotected sexual contact. On a global scale, vaginal transmission now accounts for more than half of newly acquired HIV-1 infections. In developed countries intrarectal infection represents a major form of HIV-1 transmission. The social and economic toll of this disease has created an urgency to develop and implement novel approaches capable of preventing HIV-1 transmission. Yet this process has been hindered by the lack of adequate small animal models for pre-clinical efficacy and safety testing. Given the importance of mucosal HIV-1 transmission, the susceptibility of humanized mice to intrarectal and intravaginal HIV-1 infection was investigated. Human lymphocytes, including CD4+ T cells, generated in situ from hematopoietic stem cells reconstitute the gastrointestinal tract and the female reproductive tract of Bone marrow Liver Thymus (BLT) mice. The presence of human CD4+ T cells in these mucosal tissues renders BLT mice susceptible to both intrarectal and intravaginal HIV-1 transmission. Mucosally transmitted HIV-1 disseminates systemically in BLT mice. Effects of disseminated HIV-1 infection include a systemic loss of CD4+ T cells, particularly in gut associated lymphoid tissue, which closely mimics what happens in HIV-1 patients. The utility of humanized mice to study mucosal HIV-1 transmission is particularly highlighted by the demonstration herein that pre-exposure prophylaxis with antiretroviral drugs can prevent intrarectal HIV-1 transmission. This experimental finding has important implications for the clinical implementation of antiretroviral-based pre-exposure prophylactic measures to prevent the spread of AIDS. The goal of this dissertation project was to determine the suitability of the BLT mouse to serve as an animal model of HIV-1 transmission and as a model for assessing interventions aimed at preventing HIV-1 transmission. My conclusions are that BLT mice are susceptible to both intrarectal and intravaginal HIV-1 transmission and that pre-exposure prophylaxis with FDA approved antiretroviral drugs does prevent vaginal transmission in BLT mice. Thus, the BLT mouse system is an excellent candidate for pre-clinical evaluation of both microbicides and pre-exposure prophylactic regimens to prevent mucosal HIV-1 transmission.	Mice; HIV Infections; Anti-HIV Agents; Disease Models, Animal	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2018	Derby N.; Lal M.; Aravantinou M.; Kizima L.; Barnable P.; Rodriguez A.; Lai M.; Wesenberg A.; Ugaonkar S.; Levendosky K.; Mizenina O.; Kleinbeck K.; Lifson J.D.; Peet M.M.; Lloyd Z.; Benson M.; Heneine W.; O'Keefe B.R.; Robbiani M.; Martinelli E.; Grasperge B.; Blanchard J.; Gettie A.; Teleshova N.; Fernández-Romero J.A.; Zydowsky T.M.	Griffithsin carrageenan fast dissolving inserts prevent SHIV HSV-2 and HPV infections in vivo	Nature Communications	-	-	-	20411723	10.1038/s41467-018-06349-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053878762&doi=10.1038%2fs41467-018-06349-0&partnerID=40&md5=e56ee6f4fc2d82d1a4cb92c93b30da3b	Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) strategies with proven in vivo efficacy rely on antiretroviral drugs, creating the potential for drug resistance and complicated treatment options in individuals who become infected. Moreover, on-demand products are currently missing from the PrEP development portfolio. Griffithsin (GRFT) is a non-antiretroviral HIV entry inhibitor derived from red algae with an excellent safety profile and potent activity in vitro. When combined with carrageenan (CG), GRFT has strong activity against herpes simplex virus-2 (HSV-2) and human papillomavirus (HPV) in vitro and in vivo. Here, we report that GRFT/CG in a freeze-dried fast dissolving insert (FDI) formulation for on-demand use protects rhesus macaques from a high dose vaginal SHIV SF162P3 challenge 4 h after FDI insertion. Furthermore, the GRFT/CG FDI also protects mice vaginally against HSV-2 and HPV pseudovirus. As a safe, potent, broad-spectrum, on-demand non-antiretroviral product, the GRFT/CG FDI warrants clinical development. © 2018, The Author(s).	Black men who have sex with men; Counseling; HIV; Preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Deutsch M.B.	Pre-Exposure Prophylaxis in Trans Populations: Providing Gender-Affirming Prevention for Trans People at High Risk of Acquiring HIV	LGBT Health	-	-	-	23258292	10.1089/lgbt.2018.0086	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055072598&doi=10.1089%2flgbt.2018.0086&partnerID=40&md5=dcfb30771c05b0ea7b5ac5a75a41bc33	Transgender (trans) people, particularly trans women of color, face alarmingly high rates of HIV. HIV pre-exposure prophylaxis (PrEP) with daily coformulated emtricitabine and tenofovir disoproxil fumarate is a promising biomedical HIV prevention modality; however, it has not yet been shown to be efficacious in the transgender population due to data limitations. Initial data suggest that barriers exist to PrEP uptake in the trans community, including lack of access to healthcare and concerns about interactions with hormone therapy. This article discusses these factors and reviews considerations for enhancing PrEP uptake and adherence in trans people at risk for HIV. © Copyright 2018, Mary Ann Liebert, Inc., publishers 2018.	HIV/AIDS; PrEP; prevention; stigma; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Di Ciaccio M.; Protiere C.; Rojas Castro D.; Suzan-Monti M.; Chas J.; Cotte L.; Siguier M.; Cua E.; Spire B.; Molina J.-M.; Preau M.	The ANRS-Ipergay trial, an opportunity to use qualitative research to understand the perception of the "participant"-physician relationship	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1468013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047923240&doi=10.1080%2f09540121.2018.1468013&partnerID=40&md5=d9ca61ff7ef6cbd0bee98d1a14dac65b	The ANRS-IPERGAY trial consisted in providing sexual activity-based antiretroviral prophylaxis for HIV prevention (PrEP) with a package of prevention tools (counselling, condoms, HIV and sexually transmitted infections' screening) to highly exposed HIV-negative men who have sex with men (MSM). Few data exist concerning the patient-physician relationship in the particular context of PrEP, where physicians discuss sexual behaviours with MSM who are not classic patients, in that consultation is for prevention purposes, not for illness. This study took place during the open-label extension of ANRS-IPERGAY trial when all participants received PrEP. In this qualitative study, we examined how physicians perceived their relationship with participants in the ANRS-IPERGAY trial. Of all 30 physicians involved in the trial who were contacted by email to participate in an interview about their opinions and perceptions of ANRS-IPERGAY 18 volunteered to participate in the current sub-study. We performed a vertical analysis for each interview to identify the extract in each physician's discourse concerning their relationship with MSM participants, and conducted a horizontal analysis to construct the thematic tree and subsequently investigate differences and similitudes between themes. An analysis of all physicians' discourses showed that the participant-physician relationship during the trial could be described through 4 themes: (i) personal experience of the relationship, (ii) trust and non-judgement, (iii) positive relational climate and (iv) influence of physician's characteristics (age, gender, etc.) on relationship. We found that the particular context of PrEP led some physicians to adopt a patient-as-partner approach during consultations rather than a paternalist or hierarchical approach. Indeed, the close follow-up provided by the trial and the active role of patients in their own prevention care trajectory, are more compatible with the patient-as-partner approach. The prescription of PrEP may lead to an evolution in patient-physician relationships and may even modify the professional identity of physicians. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	ANRS-IPERGAY trial; patient-as-partner; Patient-physician relationship; PrEP	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2018	Doblecki-Lewis S.; Liu A.Y.; Feaster D.J.; Cohen S.E.; Elion R.; Bacon O.; Coleman M.; Cardenas G.; Kolber M.A.	Patterns and correlates of participant retention in a multi-city pre-exposure prophylaxis demonstration project	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001724	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054589674&doi=10.1097%2fQAI.0000000000001724&partnerID=40&md5=8ea64cc156be2421d4955321ce8ead2e	Background: Safe and effective use of pre-exposure prophylaxis (PrEP) depends on retention in care after initial engagement. Setting: The United States PrEP Demonstration Project offered daily oral tenofovir/emtricitabine to participants in San Francisco, Miami, and Washington, D.C. for 48 weeks from 2012 to 2014. Methods: The Demo Project participants' patterns of retention were assigned to 1 of 3 categories: Early loss to follow-up (ELTF) within the first 12 weeks of the study, retention throughout the study, or intermittent retention in which missed or delayed visits resulted in gaps in medication availability. For each group, baseline characteristics were tabulated. A two-step multivariable analysis was performed. Results: Overall, 366/554 (66.1%) of enrolled participants were retained for all study visits, 127/554 (22.9%) had intermittent retention, and 61/554 (11.0%) ELTF. In multivariable analysis, Miami compared with San Francisco site was associated with ELTF rather than full retention aOR 2.84; confidence interval (CI): 1.24 to 6.47 and also with intermittent rather than full retention (aOR 2.70; CI: 1.43 to 5.11). Younger age was associated with ELTF (aOR 1.80 for each 10-year decrement in age; CI: 1.26 to 2.57) and intermittent retention (aOR 1.47; CI: 1.17 to 1.84) compared with full retention. Factors associated with ELTF (but not intermittent retention) compared with full retention were black compared with white (aOR 3.32; CI: 1.09 to 10.16), reporting sex work (aOR 4.67; CI: 1.49 to 14.58), lack of regular employment (aOR 2.53; CI: 1.27 to 5.05), and lack of previous PrEP awareness (aOR 2.01; CI: 1.01 to 3.96). Conclusions: Tailored interventions addressing causes and risk factors for loss from PrEP care may improve retention and consistency of PrEP use. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	demonstration project; HIV prevention; men who have sex with men; pre-exposure prophylaxis; retention-in-care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Doll, Mimi; Fortenberry, J Dennis; Roseland, Denise; McAuliff, Kathleen; Wilson, Craig M; Boyer, Cherrie B	Linking HIV-Negative Youth to Prevention Services in 12 U.S. Cities: Barriers and Facilitators to Implementing the HIV Prevention Continuum.	Journal of Adolescent Health	-	-	-	1879-1972	10.1016/j.jadohealth.2017.09.009	https://dx.doi.org/10.1016/j.jadohealth.2017.09.009	PURPOSE: Linkage of HIV-negative youth to prevention services is increasingly important with the development of effective pre-exposure prophylaxis that complements behavioral and other prevention-focused interventions. However, effective infrastructure for delivery of prevention services does not exist, leaving many programs to address HIV prevention without data to guide program development/implementation. The objective of this study was to provide a qualitative description of barriers and facilitators of linkage to prevention services among high-risk, HIV-negative youth. DESIGN: Thematic analysis of structured interviews with staff implementing linkage to prevention services programs for youth aged 12-24 years. METHODS: Twelve adolescent medicine HIV primary care programs as part of larger testing research program focused on young sexual minority men of color. The study included staff implementing linkage to prevention services programs along with community-based HIV testing programs. The main outcomes of the study were key barriers/facilitators to linkage to prevention services. RESULTS: Eight themes summarized perspectives on linkage to prevention services: (1) relationships with community partners, (2) trust between providers and youth, (3) youth capacity to navigate prevention services, (4) pre-exposure prophylaxis specific issues, (5) privacy issues, (6) gaps in health records preventing tailored services, (7) confidentiality of care for youth accessing services through parents'/caretakers' insurance, and (8) need for health-care institutions to keep pace with models that prioritize HIV prevention among at-risk youth. Themes are discussed in the context of factors that facilitated/challenged linkage to prevention services. CONCLUSIONS: Several evidence-based HIV prevention tools are available; infrastructures for coordinated service delivery to high-risk youth have not been developed. Implementation of such infrastructures requires attention to community-, provider-, and youth-related issues.	424-433	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Dombrowski J.C.; Golden M.R.; Barbee L.A.; Khosropour C.M.	Patient Disengagement from an HIV Preexposure Prophylaxis Program in a Sexually Transmitted Disease Clinic	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000823	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051921508&doi=10.1097%2fOLQ.0000000000000823&partnerID=40&md5=6b4bbd264ee365def3dcca20df383a09	Among 307 patients enrolled in an HIV preexposure prophylaxis (PrEP) program in the Public Health-Seattle & King County STD Clinic, 52 patients (17%) did not fill their PrEP prescription and 40% of those who started PrEP discontinued it at least once within 12 months. © Lippincott Williams & Wilkins.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Downing M.J., Jr.; Antebi-Gruszka N.; Schrimshaw E.W.; Hirshfield S.	If You Film It Will They Watch? Factors Associated with Willingness to View Safer Sex Messaging in Internet-Based Sexually Explicit Media	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1971-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85033439498&doi=10.1007%2fs10461-017-1971-7&partnerID=40&md5=19c8adfb7c2f33815efa21133f8d79be	Research on the association between viewing condomless sex in sexually explicit media (SEM) and engaging in risk behavior suggests the need for SEM-based safer sex messaging (e.g., PrEP, condom use), though few studies have considered viewer willingness to watch SEM containing HIV/STI prevention messages. Online survey data from a racially diverse sample of 859 men and women were used to investigate factors associated with willingness to watch SEM with safer sex messaging. Analyses were conducted separately for three groups: heterosexual men and other men who only report sex with women, heterosexual women and other women who only report sex with men, and gay, bisexual, and other men who have sex with men. All three groups expressed some willingness to view safer sex messages in SEM and a majority viewed the SEM industry as having some responsibility to provide this type of messaging. Factors associated with greater willingness varied across the three groups. These findings have implications for the design and implementation of safer sex messaging in SEM. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Internet; Pornography; Sexually explicit media	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Drainoni, Mari-Lynn; Biancarelli, Dea L; Leech, Ashley A; Sullivan, Meg; Bazzi, Angela R	Implementing a Pre-Exposure Prophylaxis Intervention for Safer Conception among HIV Serodiscordant Couples: Recommendations for Health Care Providers.	Journal of Health Disparities Research and Practice	-	-	-	2166-5222	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6241314	Couples in HIV serodiscordant relationships frequently desire children. Although partners who are virally suppressed pose almost no risk of transmitting HIV to their partners, partners who are inconsistently on therapy may transmit HIV to their partners when attempting to conceive. Pre-exposure prophylaxis (PrEP) is an available safer conception strategy for these couples but is not consistently offered. We sought to better understand barriers to PrEP implementation for couples seeking conception and patient perceptions on what providers could do to encourage use. We conducted in-depth, qualitative interviews with 11 participants representing six couples taking PrEP for safer conception in a safety-net hospital in New England. Semi-structured qualitative interviews assessed the following: Relationship nature and contextual factors; attitudes and perceptions regarding PrEP for safer conception; experience within health care systems related to HIV and PrEP; and facilitators, barriers, and other experiences using PrEP for safer conception. Four key themes have important implications for implementation of PrEP for safer conception: Knowledge and understanding gaps regarding HIV and PrEP among both members of the couple, role of insurance and financing in decision-making, learning to manage and adhere to a treatment plan, and the need for providers to enhance knowledge and offer further support. Addressing barriers to safer conception strategies at multiple levels is needed to prevent HIV transmission within serodiscordant couples who desire children. Providers can play an important role in lowering these barriers through the use of multiple strategies.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Dubé, Michael P.; Park, Sung Yong; Ross, Heather; Love, Tanzy M. T.; Morris, Sheldon R.; Lee, Ha Youn	Daily HIV pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate-emtricitabine reduced Streptococcus and increased Erysipelotrichaceae in rectal microbiota.	Scientific Reports	-	-	-	2045-2322	10.1038/s41598-018-33524-6	https://www.nature.com/articles/s41598-018-33524-6	Daily PrEP is highly effective at preventing HIV-1 acquisition, but risks of long-term tenofovir disoproxil fumarate plus emtricitabine (TDF-FTC) include renal decline and bone mineral density decrease in addition to initial gastrointestinal side effects. We investigated the impact of TDF-FTC on the enteric microbiome using rectal swabs collected from healthy MSM before PrEP initiation and after 48 to 72 weeks of adherent PrEP use. The V4 region of the 16S ribosomal RNA gene sequencing showed that Streptococcus was significantly reduced from 12.0% to 1.2% (p = 0.036) and Erysipelotrichaceae family was significantly increased from 0.79% to 3.3% (p = 0.028) after 48-72 weeks of daily PrEP. Catenibacterium mitsuokai, Holdemanella biformis and Turicibacter sanguinis were increased within the Erysipelotrichaceae family and Streptococcus agalactiae, Streptococcus oralis, Streptococcus mitis were reduced. These changes were not associated with host factors including PrEP duration, age, race, tenofovir diphosphate blood level, any drug use and drug abuse, suggesting that the observed microbiome shifts were likely induced by daily PrEP use. Long-term PrEP resulted in increases of Catenibacterium mitsuokai and Holdemanella biformis, which have been associated with gut microbiome dysbiosis. Our observations can aid in characterizing PrEP's side effects, which is likely to improve PrEP adherence, and thus HIV-1 prevention.	Adult; Humans; Middle Aged; Female; Drug Administration Schedule; Species Specificity; HIV-1/*drug effects; *Pre-Exposure Prophylaxis; Tenofovir/administration & dosage/*pharmacology; Emtricitabine/administration & dosage/*pharmacology; Biodiversity; Erysipelothrix; Microbiota/*drug effects; Rectum/*microbiology; Streptococcus/*drug effects	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Dubov A.; Altice F.L.; Fraenkel L.	An Information–Motivation–Behavioral Skills Model of PrEP Uptake	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2095-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046025462&doi=10.1007%2fs10461-018-2095-4&partnerID=40&md5=3c01bac5b31a69e17d24248139ed637e	Despite documented effectiveness of pre-exposure prophylaxis (PrEP), PrEP uptake remains low among at-risk populations. The 2015 CDC report estimates that about 1.2 million people in the US have indications for PrEP. However, only 49,158 or 4% of the targeted population are currently using PrEP. Efforts to optimize uptake of PrEP may be facilitated by the development of a comprehensive theoretical framework which can be used to understand reasons for poor uptake and to develop interventions to maximize PrEP uptake and adherence. This article reviews research on correlates of PrEP uptake and presents findings organized within an Information-Motivation-Behavioral Skills (IMB) model framework. In the context of PrEP uptake, the IMB model asserts that to the extent that at-risk groups are well-informed about PrEP, motivated to act on their knowledge, and have necessary behavioral skills to seek out and initiate PrEP regimen, they will successfully overcome obstacles to initiate and adhere to PrEP. The article proposes an adaptation the IMB model for PrEP uptake, provides empirical support for the adapted IMB model extracted from related research, and discusses its application in PrEP uptake interventions. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Correlates of PrEP initiation; Information–motivation–behavioral skills model; Pre-exposure prophylaxis; PrEP uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Dubov A.; Fraenkel L.; Yorick R.; Ogunbajo A.; Altice F.L.	Strategies to Implement Pre-exposure Prophylaxis with Men Who Have Sex with Men in Ukraine	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1996-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85037151925&doi=10.1007%2fs10461-017-1996-y&partnerID=40&md5=5e5aa286dd48c621bad33a4eba89463a	Ukrainian men who have sex with men (MSM) remain highly stigmatized group with HIV prevalence as high as 23%. Despite documented effectiveness of pre-exposure prophylaxis (PrEP), PrEP remains unavailable in Ukraine. The aim of this study was to elicit MSM preferences in order to inform program development to facilitate successful delivery of PrEP to Ukrainian MSM. 1184 MSM were recruited through social networking applications to complete a stated preference (choice-based conjoint) survey. Respondents completed 14 choice tasks presenting experimentally-varied combinations of five attributes related to PrEP administration (dosing frequency, dispensing venue, prescription practices, adherence support, and costs). Latent class analysis was used to estimate the relative importance of each attribute and preferences across nine possible PrEP delivery programs. Preferences clustered into five groups. PrEP affordability was the most influential attribute across groups, followed by dosing strategy. Only one group preferred injectable PrEP (n = 216), while the other four groups disliked daily PrEP and strongly preferred the 'on demand' option. One group (n = 258) almost exclusively considered cost in their decision making. One group (n = 151) had very low level of interest in PrEP initiation correlated with low self-perceived risk for HIV. The two most at-risk groups (n = 415) were also more sensitive to changes in program delivery. PrEP uptake among MSM is most likely to be successful when PrEP is affordable, its implementation is targeted, provided as "on-demand" with associated education, and when more thorough medical care and related testing is provided to at-risk populations. Its introduction will need affirmation by the Ukrainian government, and guidelines that reflect safety, efficacy, and patient preferences. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	Conjoint analysis; HIV/AIDS; Implementation science; Men who have sex with men; Patient preferences; Pre-exposure prophylaxis; Ukraine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Dubov A.; Galbo P., Jr; Altice F.L.; Fraenkel L.	Stigma and Shame Experiences by MSM Who Take PrEP for HIV Prevention: A Qualitative Study	American Journal of Men's Health	-	-	-	15579883	10.1177/1557988318797437	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055076148&doi=10.1177%2f1557988318797437&partnerID=40&md5=75913bfe86ba9ead1ddcea6d7f28348b	Pre-exposure prophylaxis (PrEP) uptake has been extremely low among key groups. PrEP-related stigma and shaming are potential barriers to uptake and retention in PrEP programs. There is a lack of literature describing PrEP stigma. In order to fill this gap, we recruited online 43 HIV-negative Men who have Sex with Men (MSM) who use PrEP. Semistructured interviews were conducted to explore their perceptions and experience of stigma related to PrEP use. Data were analyzed using Strauss and Corbin's grounded theory and constant comparison techniques to enhance understanding of the lived experiences of MSM who use PrEP. The participants experienced PrEP stigma as rejection by potential sexual partners, stereotypes of promiscuity or chemsex, and labeling of both the user and the medication. They connected PrEP stigma with HIV stigma, generational differences, moralization of condom use, and inability to embrace one's own sexuality. These findings point to a need to develop tailored interventions to address PrEP-related stigma and shaming for individuals, health-care professionals, and the MSM community-at-large. © The Author(s) 2018.	HIV prevention; MSM; Pre-exposure prophylaxis; shaming; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Dunbar, Megan S; Kripke, Katharine; Haberer, Jessica; Castor, Delivette; Dalal, Shona; Mukoma, Wanjiru; Mullick, Saiqa; Patel, Pragna; Reed, Jason; Subedar, Hasina; Were, Daniel; Warren, Mitchell; Torjesen, Kristine	Understanding and measuring uptake and coverage of oral pre-exposure prophylaxis delivery among adolescent girls and young women in sub-Saharan Africa.	Sexual Health	-	-	-	1448-5028	10.1071/SH18061	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6429961	In response to World Health Organization (WHO) guidance recommending oral pre-exposure prophylaxis (PrEP) for all individuals at substantial risk for HIV infection, significant investments are being made to expand access to oral PrEP globally, particularly in sub-Saharan Africa. Some have interpreted early monitoring reports from new programs delivering oral PrEP to adolescent girls and young women (AGYW) as suggestive of low uptake. However, a lack of common definitions complicates interpretation of oral PrEP uptake and coverage measures, because various indicators with different meanings and uses are used interchangeably. Furthermore, operationalising these measures in real-world settings is challenged by the difficulties in defining the denominator for measuring uptake and coverage among AGYW, due to the lack of data and experience required to identify the subset of AGYW at substantial risk of HIV infection. This paper proposes an intervention-centric cascade as a framework for developing a common lexicon of metrics for uptake and coverage of oral PrEP among AGYW. In codifying these indicators, approaches to clearly define metrics for uptake and coverage are outlined, and the discussion on 'low' uptake is reframed to focus on achieving the highest possible proportion of AGYW using oral PrEP when they need and want it Recommendations are also provided for making increased investments in implementation research to better quantify the sub-group of AGYW in potential need of oral PrEP.and for improving monitoring systems to more efficiently address bottlenecks in the service delivery of oral PrEP to AGYW so that implementation can be taken to scale.	na	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Dunn D.T.; Glidden D.V.; Stirrup O.T.; McCormack S.	The averted infections ratio: a novel measure of effectiveness of experimental HIV pre-exposure prophylaxis agents	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(18)30045-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048500138&doi=10.1016%2fS2352-3018%2818%2930045-6&partnerID=40&md5=8eb00fa696e901df1449973d0d3172da	Tenofovir disoproxil fumarate combined with emtricitabine is a highly effective oral pre-exposure prophylaxis (PrEP) agent for preventing the acquisition of HIV. This effectiveness has consequences for the design and analysis of trials assessing experimental PrEP regimens, which now generally include an active-control tenofovir disoproxil fumarate plus emtricitabine group, rather than a placebo group, as a comparator. Herein, we describe major problems in the interpretation of the primary measure of effectiveness proposed for these trials, namely the ratio of HIV incidence in the experimental agent group to that in the active-control group. We argue that valid interpretation requires an assumption about one of two parameters: either the incidence among trial participants had they not received PrEP or the effectiveness of tenofovir disoproxil fumarate plus emtricitabine within the trial. However, neither parameter is directly observed because of the absence of a no-treatment group, thus requiring the use of external evidence or subjective judgment. We propose an alternative measure of effectiveness based on the concept of averted infections, which incorporates one of these parameters. The measure is simple to interpret, has clinical and public health relevance, and is a natural preservation-of-effect criterion for assessing statistical non-inferiority. Its adoption could also allow the use of smaller sample sizes, currently a major barrier to the assessment of experimental PrEP regimens. © 2018 Elsevier Ltd	na	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2018	Duwal S.; Dickinson L.; Khoo S.; von Kleist M.	Hybrid stochastic framework predicts efficacy of prophylaxis against HIV: An example with different dolutegravir prophylaxis schemes	PLOS Computational Biology	-	-	-	1553734X	10.1371/journal.pcbi.1006155	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049362262&doi=10.1371%2fjournal.pcbi.1006155&partnerID=40&md5=76dac44f9ec8e6491b0ea5669814e4ee	To achieve the 90-90-90 goals set by UNAIDS, the number of new HIV infections needs to decrease to approximately 500,000 by 2020. One of the 'five pillars' to achieve this goal is pre-exposure prophylaxis (PrEP). Truvada (emtricitabine-tenofovir) is currently the only medication approved for PrEP. Despite its advantages, Truvada is costly and requires individuals to adhere to the once-daily regimen. To improve PrEP, many next-generation regimen, including long-acting formulations, are currently investigated. However, pre-clinical testing may not guide candidate selection, since it often fails to translate into clinical efficacy. On the other hand, quantifying prophylactic efficacy in the clinic is ethically problematic and requires to conduct long (years) and large (N>1000 individuals) trials, precluding systematic evaluation of candidates and deployment strategies. To prioritize- and help design PrEP regimens, tools are urgently needed that integrate pharmacological-, viral- and host factors determining prophylactic efficacy. Integrating the aforementioned factors, we developed an efficient and exact stochastic simulation approach to predict prophylactic efficacy, as an example for dolutegravir (DTG). Combining the population pharmacokinetics of DTG with the stochastic framework, we predicted that plasma concentrations of 145.18 and 722.23nM prevent 50- and 90% sexual transmissions respectively. We then predicted the reduction in HIV infection when DTG was used in PrEP, PrEP 'on demand' and post-exposure prophylaxis (PEP) before/after virus exposure. Once daily PrEP with 50mg oral DTG prevented 99–100% infections, and 85% of infections when 50% of dosing events were missed. PrEP 'on demand' prevented 79–84% infections and PEP >80% when initiated within 6 hours after virus exposure and continued for as long as possible. While the simulation framework can easily be adapted to other PrEP candidates, our simulations indicated that oral 50mg DTG is non-inferior to Truvada. Moreover, the predicted 90% preventive concentrations can guide release kinetics of currently developed DTG nano-formulations. © 2018 Duwal et al. http://creativecommons.org/licenses/by/4.0/	na	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2018	Eakle R.; Bourne A.; Mbogua J.; Mutanha N.; Rees H.	Exploring acceptability of oral PrEP prior to implementation among female sex workers in South Africa:	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25081	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042706954&doi=10.1002%2fjia2.25081&partnerID=40&md5=642893f3ef59865334889a8bc1796a07	Introduction: Female sex workers (FSWs) are at high-risk for HIV acquisition in South Africa, where the advent of new HIV prevention and treatment interventions represent the potential to significantly impact the epidemic. This paper focuses on aspects of PrEP acceptability as a new intervention within the context of a larger service delivery programme including the simultaneous rollout of early ART. This paper explores PrEP acceptability among the FGD participants as future potential users. Methods: FGDs were conducted in two clinic-based sites in Johannesburg and Pretoria. They aimed to explore community-level, multi-dimensional acceptability of PrEP within the context of imminent implementation alongside early ART in the TAPS Demonstration Project. Sex worker peer educators recruited participants from varying sex work locales. Facilitation was in English with adaptation by facilitators into local languages as needed. Transcripts were translated and transcribed into English. Thematic analysis was used to analyse the data. Results: Four FGDs were conducted in each site for a total of eight FDGs and 69 participants. Demographics were largely similar across the sites. Overall, there was strong acceptability of PrEP among participants and positive anticipation for the imminent delivery of PrEP in the local sex worker clinics. Themes arising from the discussions exploring aspects of PrEP acceptability included: awareness and understanding of PrEP; PrEP motivations including choice, control, and vulnerability, managing PrEP risks and worries; and, de-stigmatizing and empowering PrEP delivery. Participant discussions and recommendations highlighted the importance of developing clear education and messaging to accurately convey the concept of PrEP, and intervention integration into supportive and tailored services. Conclusions: Through the course of these FGDs, PrEP became a positive and highly anticipated prevention option among the FSWs participants who endorsed implementation in their communities. Effective integration of PrEP into existing services will include comprehensive health programming where ART is also available, appropriate messaging, and support. © 2018 The Authors. Journal of the International AIDS Society published by John Wiley & sons Ltd on behalf of the International AIDS Society.	biomedical prevention products; HIV prevention; pre-exposure prophylaxis (PrEP); qualitative research; sex work	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2018	Eakle R.; Venter F.; Rees H.	Pre-exposure prophylaxis (PrEP) in an era of stalled HIV prevention: Can it change the game?	Retrovirology	-	-	-	17424690	10.1186/s12977-018-0408-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044828074&doi=10.1186%2fs12977-018-0408-3&partnerID=40&md5=c35be8ec5f1387b50f8283016bd05fef	Pre-exposure prophylaxis (PrEP) for HIV prevention has evolved significantly over the years where clinical trials have now demonstrated the efficacy of oral PrEP, and the field is scaling-up implementation. The WHO and UNAIDS have made PrEP implementation a priority for populations at highest risk, and several countries have developed guidelines and national plans accordingly, largely based on evidence generated by demonstration projects. PrEP presents the opportunity to change the face of HIV prevention by offering a new option for protection against HIV and disrupting current HIV prevention systems. Nevertheless, as with all new technologies, both practical and social requirements for implementation must be taken into account if there is to be sustained and widespread adoption, which will also apply to forthcoming prevention technologies. Defining and building success for PrEP within the scope of scale-up requires careful consideration. This review summarises where the PrEP field is today, lessons learned from the past, the philosophy and practicalities of how successful programming may be defined, and provides perspectives of costs and affordability. We argue that a successful PrEP programme is about effective intervention integration and ultimately keeping people HIV negative. © 2018 The Author(s).	Biomedical prevention products; HIV prevention; Pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review

Article	2018	Eakle, Robyn; Mutanha, Nyaradzo; Mbogua, Judie; Sibanyoni, Maria; Bourne, Adam; Gomez, Gabriela; Venter, Francois; Rees, Helen	Designing PrEP and early HIV treatment interventions for implementation among female sex workers in South Africa: developing and learning from a formative research process.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2017-019292	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6009452	OBJECTIVES: The objective of this research was to design relevant, tailored oral pre-exposure prophylaxis (PrEP) and early antiretroviral (ART) interventions for female sex workers (FSWs) in South Africa. This paper examines the methods, process and outcomes of employing an inductive approach to formative research exploring intervention feasibility and acceptability. SETTING: Research was conducted in several sex work-related settings including five sites in and around clinics and stakeholder offices. PARTICIPANTS: Participants in this research included stakeholders, experts in the field and FSWs. This included at least 25 separate engagements, 14 local organisations and 8 focus group discussions (FGDs) with 69 participants, in addition to ad hoc meetings. RESULTS: The first set of outcomes consisted of five selected methods: (1) stakeholder consultations; (2) site assessments and selection; (3) field observations and mapping; (4) development of supportive structures to encourage retention and intervention adherence; (5) FGDs conducted with FSWs to explore specifics of acceptability. In terms of feasibility, two sites were selected in central Johannesburg and Pretoria out of five considered. The urban site contexts varied, necessitating adjustments to intervention implementation. There was overall support for PrEP and early ART from stakeholders and FSWs. Concerns included potential issues with adherence to PrEP (and early ART), possible reduction in condom use, resistance to antiretrovirals and burden on scarce resources. These concerns indicated where special attention should be focused on education, messaging and programming as well as development of supportive structures. CONCLUSIONS: The inductive approach allowed for a wide range of perspectives, defining population needs and accessibility. This research illustrated how similar sex work environments can vary and how implementation of interventions may not be uniform across contexts. Lessons learnt in details could assist in future project designs and implementation of new interventions where feasibility, social and cultural factors affecting acceptability must be considered.	PrEP uptake; Black sexual minority men; Brief intervention; Black transwomen	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2018	Eaton L.A.; Matthews D.D.; Bukowski L.A.; Friedman M.R.; Chandler C.J.; Whitfield D.L.; Sang J.M.; Stall R.D.	Elevated HIV prevalence and correlates of PrEP use among a community sample of black men who have sex with men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001822	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054890168&doi=10.1097%2fQAI.0000000000001822&partnerID=40&md5=d8c729db59b64b699ee6d037c9df378b	Background: The HIV epidemic among black men who have sex with men (BMSM) demands urgent public health attention. Pre-exposure prophylaxis (PrEP) is a highly efficacious option for preventing HIV, but characteristics of PrEP use among community samples of BMSM are not well-understood. Methods: A serial cross-sectional survey assessment (N = 4184 BMSM reporting HIV-negative/unsure status) and HIV testing were conducted at Black Gay Pride events in 6 US cities in 2014, 2015, 2016, and 2017. Results: HIV prevalence was higher among BMSM selfreporting current PrEP use (1 of 3 participants) than BMSM not self-reporting current PrEP use (1 of 5 participants) 32.3%, N = 103/319 vs. 20.0%, N = 639/3,193, adjusted odds ratio (aOR) = 1.68, 95% confidence interval (CI): 1.31 to 2.15. BMSM reporting current PrEP use (N = 380) were more likely to report having a greater number of male sex partners (aOR = 1.02, 95% CI: 1.01 to 1.03), a sexually transmitted infection diagnosis (aOR = 2.44, 95% CI: 1.88 to 3.16), and stimulant drug use (aOR = 2.05, 95% CI, 1.21 to 3.47) when compared with BMSM not reporting current PrEP use (N = 3804). PrEP use increased from 4.7% (2014) to 15.5% (2017) (aOR = 1.19, 95% CI: 1.13 to 1.25). Among PrEP users, inability to afford health care coverage was associated with testing HIV-positive (aOR = 2.10, 95% CI: 1.24 to 3.56). Conclusions: The high prevalence of HIV infection among BMSM reporting PrEP use is concerning. It does not, however, challenge the efficacy of PrEP itself but rather the uptake of the surrounding preventative package including behavioral risk reduction support, sexually transmitted infection treatment, and medication adherence counseling. Further research to understand barriers to fully effective PrEP is needed to guide operational and behavioral interventions that close the gap on incident infection. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Black/African American; HIV prevalence; Men who have sex with men; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Elopre L.; McDavid C.; Brown A.; Shurbaji S.; Mugavero M.J.; Turan J.M.	Perceptions of HIV Pre-Exposure Prophylaxis among Young, Black Men Who Have Sex with Men	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2018.0121	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058058878&doi=10.1089%2fapc.2018.0121&partnerID=40&md5=0fc458c8fc93de1c760f28b073cc4eb7	We conducted in-depth interviews guided by the Andersen-Newman Health Service Utilization Framework to understand perceptions of pre-exposure prophylaxis (PrEP) with 25 young, black men who have sex with men (YBMSM) in the Southern United States. The mean age of participants was 24 years; 21 were insured; and 18 had a regular source of care. Five major themes emerged: (i) stigma related to being black, gay and living in the South; (ii) lack of discussion in the black community about HIV prevention and sexual health; (iii) stigma related to PrEP; (iv) medical mistrust; and (v) low perceived need to be on PrEP. This study presents formative qualitative work that underscores the need for behavioral interventions to address intersectional stigma and perceptions of risk among YBMSM in the South, so that PrEP is no longer viewed as a drastic step but rather as a routine HIV prevention strategy. © 2018, Mary Ann Liebert, Inc., publishers.	black men who have sex with men; PrEP; sexual silence; young	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2018	Felsher M.; Szep Z.; Krakower D.; Martinez-Donate A.; Tran N.; Roth A.M.	"I don't need prep right now": A qualitative exploration of the barriers to prep care engagement through the application of the health belief model	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2018.30.5.369	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055080634&doi=10.1521%2faeap.2018.30.5.369&partnerID=40&md5=b2af31802f806f7383cdd8d9d6d95d32	The Health Belief Model has been useful for studying uptake of HIV prevention behaviors and has had limited application to understanding utilization of pre-exposure prophylaxis (PrEP), a biomedical strategy to reduce HIV acquisition. We recruited 90 persons undergoing HIV screening and educated them about PrEP. We followed up with 35 participants approximately 3 weeks later and quantitatively assessed PrEP uptake. No participant had initiated PrEP. We conducted in-depth interviews with 15 participants to explore situational factors impacting this decision. In this paper we provide an overview of PrEP-related engagement using qualitative data to contextualize (in)action. While participants perceived PrEP as beneficial, perceived benefits did not outweigh real-and perceived barriers, such as financial and time-related constraints. In order to promote PrEP uptake, cues to action that increase the benefits of PrEP during seasons of risk, and interventions that reduce real and perceived barriers are needed. © 2018 The Guilford Press.	Health belief model; HIV; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Fernandez, Sabrina	Preventing HIV Infection-What Pediatricians Should Know About HIV Pre-Exposure Prophylaxis.	Pediatric Annals	-	-	-	-	1938-2359	10.3928/19382359-20171214-03	https://dx.doi.org/10.3928/19382359-20171214-03	I recently diagnosed my first adolescent patient with new-onset HIV. As a primary care pediatrician, these cases are rare. I cried with the shock of the initial diagnosis, just as the patient did when I told him. One of my first thoughts was how could I have served him better. He had been inconsistent with condom use, and had several partners. I had encouraged safe sex practices, told him to talk to his partners about pregnancy prevention, and screened for sexually transmitted disease nearly every time he came into my office. However, there was one more thing I could have done that may have spared him this diagnosis in the first place. I could have prescribed HIV Pre-Exposure Prophylaxis (PrEP). This article is meant to introduce primary care pediatricians to the idea of HIV PrEP. The article reviews patient eligibility, how to prescribe HIV PrEP, as well as drug monitoring and follow-up. Pediatr Ann. 2018;47(1):e2-e4..	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Fernando, Daniel	HIV Preexposure Prophylaxis	American Journal of Public Health	-	-	-	-	00900036	10.2105/AJPH.2018.304757	https://www.proquest.com/scholarly-journals/hiv-preexposure-prophylaxis-respond/docview/2135965900/se-2?accountid=8113	In that context, this article is more important in drawing attention to the limitations associated with prescription of PrEP (and other services) to qualified candidates. ...out of 5857 HIV-negative individuals tested for rectal sexually transmitted infections-who are excellent candidates for PrEP-only 2047 (35%) were prescribed PrEP. Primary care physicians (PCPs), in particular, are optimally positioned to provide PrEP, given their focus on health promotion, disease prevention, and longitudinal care. The Centers for Disease Control and Prevention estimate that 1.1 million individuals in the United States have indications for PrEP use,1 yet national pharmacy data suggest that only 100000 people used PrEP in 2017, with substantial demographic and geographic disparities in uptake.2,3 Multiple barriers to PrEP use exist among individuals at risk for HIV acquisition, including cost, perceived low risk of HIV acquisition, stigma, and medical or pharmaceutical mistrust.4 Barriers also exist among providers, including lack of familiarity with PrEP, inadequate training in HIV risk assessments, and concerns about potential risk compensation among PrEP users.5 Many of these barriers were likely minimized in our community health center, which specializes in care for sexual and gender minorities by providers who are familiar with conducting HIV risk assessments and prescribing PrEP; nevertheless, uptake was low. Examples from our own work include outreach to facilitate PrEP uptake among patients with recent diagnoses of rectal sexually transmitted infections or syphilis6 and automated algorithms that integrate electronic health records data to help providers identify patients who may benefit from PrEP.7 In addition to its potential effect on the HIV epidemic, PrEP may influence other key health outcomes.	Physicians; New York; Rectum; Pre-exposure prophylaxis; Epidemics; Prevention; Infections; Health education; Stigma; Disease prevention; Health care; Public health; Prep; Prophylaxis; Risk perception; Risk assessment; Demographics; Compensation; Disease control; Training; Health promotion; Patients; Primary care; Primary care physicians; Barrier; Electronic health records; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Medical personnel; Health care expenditures; Health risks; Minority & ethnic groups; Medical screening; Preventive healthcare; Familiarity; Minority groups; Electronic medical records; 92312:Administration of Public Health Programs; 62111:Offices of Physicians; Constraints; Editors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Figueroa D.B.; Madeen E.P.; Tillotson J.; Richardson P.; Cottle L.; McCauley M.; Landovitz R.J.; Andrade A.; Hendrix C.W.; Mayer K.H.; Wilkin T.; Gulick R.M.; Bumpus N.N.	Genetic Variation of the Kinases That Phosphorylate Tenofovir and Emtricitabine in Peripheral Blood Mononuclear Cells	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2017.0243	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046638870&doi=10.1089%2faid.2017.0243&partnerID=40&md5=689764259b2c0631a68364e330ca63f3	Tenofovir (TFV) disoproxil fumarate and emtricitabine (FTC) are used in combination for HIV treatment and pre-exposure prophylaxis (PrEP). TFV disoproxil fumarate is a prodrug that undergoes diester hydrolysis to TFV. FTC and TFV are nucleoside/nucleotide reverse transcriptase inhibitors that upon phosphorylation to nucleotide triphosphate analogs competitively inhibit HIV reverse transcriptase. We previously demonstrated that adenylate kinase 2, pyruvate kinase, muscle and pyruvate kinase, liver and red blood cell phosphorylate TFV in peripheral blood mononuclear cells (PBMC). To identify the kinases that phosphorylate FTC in PBMC, siRNAs targeted toward kinases that phosphorylate compounds structurally similar to FTC were delivered to PBMC, followed by incubation with FTC and the application of a matrix-assisted laser desorption ionization-mass spectrometry method and ultra high performance liquid chromatography-UV to detect the formation of FTC phosphates. Knockdown of deoxycytidine kinase decreased the formation of FTC-monophosphate, while siRNA targeted toward thymidine kinase 1 decreased the abundance of FTC-diphosphate. Knockdown of either cytidine monophosphate kinase 1 or phosphoglycerate kinase 1 decreased the abundance of FTC-triphosphate. Next-generation sequencing of genomic DNA isolated from 498 HIV-uninfected participants in the HIV Prevention Trials Network 069/AIDS Clinical Trials Group A5305 clinical study, revealed 17 previously unreported genetic variants of TFV or FTC phosphorylating kinases. Of note, four individuals were identified as simultaneous carriers of variants of both TFV and FTC activating kinases. These results identify the specific kinases that activate FTC in PBMC, while also providing further insight into the potential for genetic variation to impact TFV and FTC activation. © Copyright 2018, Mary Ann Liebert, Inc. 2018.	emtricitabine; kinase; nucleotide reverse transcriptase inhibitor; pharmacogenetics; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Filgueiras, Sandra Lúcia; Maksud, Ivia	Da política à prática da profilaxia pós-exposição sexual ao HIV no SUS: sobre risco, comportamentos e vulnerabilidades	Sexualidad, Salud y Sociedad - Revista Latinoamericana	-	-	-	-	1984-6487	DOI: 10.1590/1984-6487.sess.2018.30.14.a	https://www.redalyc.org/articulo.oa?id=293362740014	The effects of the antiretroviral therapy on the HIV transmissibility intensified the diffusion of new biomedical technologies in the virus prevention. This article discusses risk perceptions and health practices, in narratives of both professionals and patients, about the Sexual Post-Exposure Prophylaxis ("sexual PEP"). The data are the result of a case study carried out in a public health service. Analysis was based on risks and vulnerability studies. The results showed that the epidemiological criteria are not sufficient to respond the prophylaxis indication, that the intersubjectivity spaces circumscribed by the sexual PEP are crossed by distinct logics of risk and by discriminatory moral standards. The concretization of health practices oriented by the perspective of sexuality exercise as an affirmation of a right keeps being a challenge.	HIV; sexuality; risk; Sexual Post-Exposure Prophylaxis; integrality in health	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2018	Fisher C.B.; Fried A.L.; Puri L.I.; Macapagal K.; Mustanski B.	"Free Testing and PrEP without Outing Myself to Parents:" Motivation to participate in oral and injectable PrEP clinical trials among adolescent men who have sex with men	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0200560	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050768902&doi=10.1371%2fjournal.pone.0200560&partnerID=40&md5=1b3acd00672c1767ebda3d1b6e15ec9d	Background Adolescent men who have sex with men (AMSM) account for disproportionately high numbers of new HIV diagnoses. Non-adherence to daily use limiting the effectiveness of oral PrEP (Truvada) has led to current trials with adult MSM testing Cabotegravir, a long-term injectable medication. Once comparative studies with young adult MSM have established relative safety and efficacy of these medications, there will be a need for such comparative trials involving adolescents. Trends in state laws and IRB protocol review indicate that many of these studies will permit youth to provide independent consent for participation. Understanding the motivations of AMSM to participate in HIV biomedical prevention studies is important to ensure their agreement is voluntary without misunderstanding and undue influence. This study examined AMSM attitudes toward participation in oral/injectable PrEP RCTs to inform protections of youth's rights and welfare in future studies. Methods We administered to 198 ethnically diverse U.S. AMSM, 14–17 years, a web-based survey including demographic and sexual health questions, description of a year-long oral versus injectable PrEP RCT and 26 Likert-type and one open-ended item assessing motivations for and against participation including: perceived benefits and risks of PrEP; free HIV/STI testing and counseling; confidentiality concerns; random assignment; and benefit to others. Results Sixty-two percent indicated they were likely to participate in the study. The majority endorsed daily HIV protection, free HIV/STI testing, sexual health counseling, not having to rely on partner's condom use, and altruism as reasons to participate. Reasons against participation included medication side effects, concern taking the pill daily and clinic visits would reveal their sexual orientation and behaviors to parents. Over half erroneously assumed they would be assigned to the condition best for them and 39% indicated free access to services would lead them to participate even if they did not want to. Multiple regression indicated these factors accounted for 55% of the variance in participation choice. Nether age or ethnicity yielded significance. Conclusions Results suggest future biomedical HIV prevention research will need to develop procedures to address AMSM's confidentiality concerns, enhance youth's understanding of random assignment, the continued importance of medication adherence and partner condom use during trial participation, and availability of alternative sexual health services to avoid the potentially undue influence of access to free sexual health services. © 2018 Fisher et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	emtricitabine plus tenofovir disoproxilanti human immunodeficiency virus agentemtricitabine plus tenofovir disoproxil	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Flash C.A.; Adegboyega O.O.; Yu X.; Avalos C.; Johnson S.; Mayer K.H.; Giordano T.P.	Correlates of linkage to HIV preexposure prophylaxis among HIV-testing clients	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001605	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051712901&doi=10.1097%2fQAI.0000000000001605&partnerID=40&md5=344d5d861ec461081b3ce63ccc478b4e	Background: Publicly funded HIV-testing sites can identify HIV preexposure prophylaxis (PrEP) candidates and provide PrEP linkage. Setting: Harris Health System's HIV clinic, HIV-testing program, and HIV-prevention program (HPP) in Houston, TX, a high HIVincidence city. Methods: A prospective assessment of individuals aged 18 years and older recruited from walk-in HIV testing from December 2013 to April 2015 included risk assessment, HIV testing, and self-administered survey, with follow-up surveys at 6 and 12 months and medical record review. Results: The mean age of our sample (n = 300) was 38.3 6 11.7 years. Men constituted 63.1% of the sample and 53.7% were black non-Hispanic, 26.3% Hispanic, and 14.7% white non-Hispanic. Most were uninsured (63.5%). Only 27% always used condoms, although 67% perceived personal HIV risk. Of 300 participants, 64 (21.3%) linked to PrEP care and 49 (16.3%) took PrEP. In multivariable analysis, compared with heterosexual men, women adjusted OR (aOR) 4.1, 95% CI: 1.5 to 11.1 and MSM (aOR 10.2, 95% CI: 3.4 to 31.0) were more likely to attend HPP and to take PrEP (aOR 3.0, 95% CI: 1.6 to 15.1 and 3.0, 95% CI: 1.1 to 8.3, respectively). Serodiscordance and PrEP interest correlated with program attendance (aOR 14.0, 95% CI: 6.1 to 32.3 and aOR 6.7, 95% CI: 1.8 to 25.4) and taking PrEP (aOR 13.1, 95% CI: 5.2 to 32.8 and 14.4, 95% CI: 1.8 to 166.9), respectively. Conclusions: Preexposure prophylaxis interest, being female or MSM, and serodiscordance correlated with PrEP linkage. Safety-net health systems can facilitate PrEP access in marginalized populations, but the PrEP initiation rates remain low. © 2017 The Authors.	HIV prevention; HIV testing; Linkage to care; Pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Flash, Charlene A; Frost, Elizabeth L T; Giordano, Thomas P; Amico, K Rivet; Cully, Jeffrey A; Markham, Christine M	HIV Pre-exposure Prophylaxis Program Implementation Using Intervention Mapping.	American Journal of Preventive Medicine	-	-	-	-	1873-2607	10.1016/j.amepre.2017.12.015	https://dx.doi.org/10.1016/j.amepre.2017.12.015	INTRODUCTION: HIV pre-exposure prophylaxis has been proven to be an effective tool in HIV prevention. However, numerous barriers still exist in pre-exposure prophylaxis implementation. METHODS: The framework of Intervention Mapping was used from August 2016 to October 2017 to describe the process of adoption, implementation, and maintenance of an HIV prevention program from 2012 through 2017 in Houston, Texas, that is nested within a county health system HIV clinic. Using the tasks outlined in the Intervention Mapping framework, potential program implementers were identified, outcomes and performance objectives established, matrices of change objectives created, and methods and practical applications formed. RESULTS: Results include the formation of three matrices that document program outcomes, change agents involved in the process, and the determinants needed to facilitate program adoption, implementation, and maintenance. Key features that facilitated successful program adoption and implementation were obtaining leadership buy-in, leveraging existing resources, systematic evaluation of operations, ongoing education for both clinical and nonclinical staff, and attention to emergent issues during launch. CONCLUSIONS: The utilization of Intervention Mapping to delineate the program planning steps can provide a model for pre-exposure prophylaxis implementation in other settings.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Fletcher F.E.; Fisher C.; Buchberg M.K.; Floyd B.; Hotton A.; Ehioba A.; Donenberg G.	"Where Did This PrEP Come From?" African American Mother/Daughter Perceptions Related to Adolescent Preexposure Prophylaxis (PrEP) Utilization and Clinical Trial Participation	Journal of Empirical Research on Human Research Ethics	-	-	-	-	15562646	10.1177/1556264618755919	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042415267&doi=10.1177%2f1556264618755919&partnerID=40&md5=614a2b6bd695d85f99c21c7256802f68	Despite the demonstrated effectiveness of preexposure prophylaxis (PrEP) to reduce incident HIV infections, PrEP's potential as an HIV prevention strategy for adolescent populations is unknown. This study assessed perceptions of adolescent PrEP use and clinical trial participation among African American women and their adolescent daughters. We conducted focus group discussions with 15 African American mother/daughter pairs (N = 30). Findings suggest a general lack of PrEP awareness, favorable attitudes toward adolescent PrEP use, altruistic attitudes regarding research participation among daughters, and less favorable attitudes toward adolescent clinical trial participation among mothers. Study findings have the potential to inform strategies that provide equitable access to HIV scientific advances among African American women and girls and promote informed parent–child research decision making. © 2018, © The Author(s) 2018.	African American women and female adolescents; clinical trial participation; informed parent–child research decision making; preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2018	Francisco Miguel da Costa Grilo	HIV pre-exposure prophylaxis (PrEP): strategy with future?	-	-	Universidade do Porto	Universidade do Porto		NA	NA	https://hdl.handle.net/10216/114416	Introdução: Atualmente, estima-se que ocorram, globalmente, cerca de dois milhões de novas infeções pelo Vírus de Imunodeficiência Humana (VIH) por ano, apesar de décadas de Terapêutica Antirretroviral (TARV) de alta eficácia. Como tal, novas estratégias preventivas devem ser desenvolvidas de forma a impedir a progressão desta epidemia. A profilaxia de pré-exposição (PrEP) consiste num método biocomportamental que combina uma abordagem farmacológica com estratégias de promoção de comportamentos sexuais saudáveis. É dirigida a indivíduos com alto risco de adquirirem a infeção por VIH, como homens que têm sexo com homens (HSH), casais heterossexuais serodiscordantes, mulheres transsexuais, homens e mulheres heterossexuais que não usem o preservativo frequentemente e cujos parceiros sexuais sejam de alto risco, e utilizadores de drogas injetadas. Vários estudos randomizados foram realizados e demonstraram que a PrEP é uma medida segura, bem tolerada e eficaz na redução do risco de aquisição da infeção por VIH. Objetivos: O objetivo principal desta revisão bibliográfica é a análise da literatura mais recente relativa à PrEP, focando-se nos seus benefícios, desvantagens e desafios à sua implementação, procurando entender se é uma estratégia preventiva com futuro. Métodos: Uma pesquisa inicial foi efetuada no PubMed com recolha de artigos escritos em inglês e português no período entre 2011 e 2017. Apenas os que continham informação relativa aos tópicos abordados nesta revisão foram selecionados, tendo sido feito um esforço para usar a literatura mais recente (de 2016 a 2018). Adicionalmente, algumas notícias da internet, comunicados de imprensa e relatórios foram citados por referirem importantes desenvolvimentos relacionados com a PrEP. Discussão: Apesar de a PrEP ter evidência como uma medida preventiva eficaz, a sua implementação encontra-se num impasse e a sua utilização pelos indivíduos está aquém da esperada. Alguns fatores contribuem para isto, nomeadamente a compensação do risco, com consequente elevação da incidência de infeções sexualmente transmissíveis (ISTs), custo, estigma, falta de conhecimento da população sobre a PrEP e insegurança dos profissionais de saúde. Conclusão: Superar estas adversidades deve ser um objetivo atual. Governos e legisladores devem investir em formas de reduzir o custo da PrEP, aumentar o conhecimento da sua população alvo com medidas de sensibilização e realizar ações de formação aos profissionais de saúde, para evitar o estigma e desmistificar mitos e ideias erradas. Só enfrentando estas barreiras é que a PrEP pode ser implementada totalmente e conseguirá atingir o seu potencial preventivo.	HIV infection; HIV prevention; Pre-exposure prophylaxis (PrEP); Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination	Portuguese	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	-	-	Review
Article	2018	Franconi I.; Guaraldi G.	Pre-exposure Prophylaxis for HIV Infection in the Older Patient: What can be Recommended?	Drugs and Aging	-	-	-	-	1170229X	10.1007/s40266-018-0553-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046532275&doi=10.1007%2fs40266-018-0553-3&partnerID=40&md5=4bcad39409f6e553a5e6a33c915608e0	Over the past 15 years, a significant increase in new HIV/AIDS diagnoses has been observed in the elderly population. This new epidemiological shift has been attributed to a longer sex life, lifestyle and changes in sexual behavior, poor sexual health education, and misconceptions about the absence of sexually transmitted disease in later life. Although many biomedical and behavioral interventions have proven useful to prevent sexually transmitted infections and HIV, pre-exposure prophylaxis (PrEP) has been shown to be the most successful biomedical intervention to prevent HIV in high-risk individuals. This approach is based on delivering a fixed dose of tenofovir disoproxil fumarate (300 mg), alone or combined with emtricitabine (300/200 mg) daily or on demand, before and after sexual intercourse. Despite the consistent number of clinical trials proving the effectiveness and safety of this strategy, no studies have focused specifically on elderly people. These individuals, who may benefit substantially from (PrEP), are at a higher risk of experiencing side effects secondary to tenofovir exposure. This review critically discusses the efficacy and safety of PrEP in people aged over 50 years and translates the knowledge of tenofovir management in patients with HIV into monitoring and stopping rules to be used in this special population. We provide practical recommendations to properly identify PrEP candidates among older adults. Furthermore, we define correct case management before and during PrEP delivery, and we suggest stopping rules and alternative sexually transmitted infection prevention strategies. © 2018, Springer International Publishing AG, part of Springer Nature.	NA	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2018	Franks J.; Hirsch-Moverman Y.; Loquere A.S., Jr.; Amico K.R.; Grant R.M.; Dye B.J.; Rivera Y.; Gamboa R.; Mannheimer S.B.	Sex, PrEP, and Stigma: Experiences with HIV Pre-exposure Prophylaxis Among New York City MSM Participating in the HPTN 067/ADAPT Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1964-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85034058888&doi=10.1007%2fs10461-017-1964-6&partnerID=40&md5=fa6798681adb6823a3d840aa03cee993	The HPTN 067/Alternative Dosing to Augment Pre-Exposure Prophylaxis Pill Taking (ADAPT) study evaluated daily and non-daily dosing schedules for oral pre-exposure prophylaxis (PrEP) to prevent HIV. A qualitative sub-study including focus groups and in-depth interviews was conducted among men who have sex with men participating in New York City to understand their experience with PrEP and study dosing schedules. The 37 sub-study participants were 68% black, 11% white, and 8% Asian; 27% were of Hispanic/Latino ethnicity. Mean age was 34 years. Themes resulting from qualitative analysis include: PrEP is a significant advance for HIV prevention; non-daily dosing of PrEP is congruent with HIV risk; and pervasive stigma connected to HIV and risk behavior is a barrier to PrEP adherence, especially for non-daily dosing schedules. The findings underscore how PrEP intersects with other HIV prevention practices and highlight the need to understand and address multidimensional stigma related to PrEP use. © 2017, The Author(s).	Adherence; MSM; Pre-exposure prophylaxis; Sexual behavior; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2018	Fredericksen, Rob J; Mayer, Kenneth H; Gibbons, Laura E; Edwards, Todd C; Yang, Frances M; Walcott, Melonie; Brown, Sharon; Dant, Lydia; Loo, Stephanie; Gutierrez, Cristina; Paez, Edgar; Fitzsimmons, Emma; Wu, Albert W; Mugavero, Michael J; Mathews, William C; Lober, William B; Kitahata, Mari M; Patrick, Donald L; Crane, Paul K	Development and Content Validation of a Patient-Reported Sexual Risk Measure for Use in Primary Care	-	-	University of California	University of California	-	0884-8734	https://doi.org/10.1007/s11606-018-4496-5	https://escholarship.org/uc/item/69j9j6nm	BACKGROUND:Patient-provider sexual risk behavior discussions occur infrequently but may be facilitated by high-quality sexual risk screening tools. OBJECTIVE:To develop the Sexual Risk Behavior Inventory (SRBI), a brief computer-administered patient-reported measure. DESIGN:Qualitative item development/quantitative instrument validation. PARTICIPANTS:We developed SRBI items based on patient interviews (n = 128) at four geographically diverse US primary care clinics. Patients were diverse in gender identity, sex, sexual orientation, age, race/ethnicity, and HIV status. We compared sexual risk behavior identified by the SRBI and the Risk Assessment Battery (RAB) among patients (n = 422). APPROACH:We constructed an item pool based on validated measures of sexual risk, developed an in-depth interview guide based on pool content, and used interviews to elicit new sexual risk concepts. We coded concepts, matched them to item pool content, and developed new content where needed. A provider team evaluated item clinical relevance. We conducted cognitive interviews to assess item comprehensibility. We administered the SRBI and the RAB to patients. KEY RESULTS:Common, clinically relevant concepts in the SRBI included number of sex partners; partner HIV status; partner use of antiretroviral medication (ART)/pre-exposure prophylaxis (PrEP); and recent sex without barrier protection, direction of anal sex, and concern regarding HIV/STI exposure. While 90% reported inconsistent condom use on the RAB, same-day SRBI administration revealed that for over one third, all their partners were on ART/PrEP. CONCLUSION:The SRBI is a brief, skip-patterned, clinically relevant measure that ascertains sexual risk behavior across sex, sexual orientation, gender identity, partner HIV serostatus, and partner treatment status, furnishing providers with context to determine gradations of risk for HIV/STI.	Biomedical and Clinical Sciences; Clinical Sciences; Health Sciences; Clinical Research; Infectious Diseases; Prevention; Pediatric AIDS; HIV/AIDS; Behavioral and Social Science; Sexually Transmitted Infections; Pediatric; Infection; Adult; Antiretroviral Therapy; Highly Active; Diagnosis; Computer-Assisted; Female; Gender Identity; HIV Infections; Humans; Interviews as Topic; Male; Middle Aged; Patient Reported Outcome Measures; Primary Health Care; Risk Assessment; Risk-Taking; Sexual Behavior; Sexual Partners; Terminology as Topic; United States; Unsafe Sex; sexual risk behavior measurement; patient-reported outcomes; General & Internal Medicine; Clinical sciences; Health services and systems; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2018	Freeborn K.; Portillo C.J.	Does pre-exposure prophylaxis for HIV prevention in men who have sex with men change risk behaviour? A systematic review	Journal of Clinical Nursing	-	-	-	-	9621067	10.1111/jocn.13990	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052511000&doi=10.1111%2fjocn.13990&partnerID=40&md5=06ce4d280b3eb021f81c8315c0fcf3f3	Aims and Objectives: To review the literature regarding PrEP and sexual behaviour change in MSM. Background: Pre-exposure prophylaxis for HIV has been available since 2012. Even so, pre-exposure prophylaxis has not been widely accepted among healthcare providers and men who have sex with men some of whom are convinced that pre-exposure prophylaxis decreases condom use and increases sexually transmitted infections. Design: A systematic review of the state of the evidence regarding the association of pre-exposure prophylaxis with condom use, sexually transmitted infection incidence and change in sexual risk behaviours in men who have sex with men. A structured search of databases resulted in 142 potential citations, but only 10 publications met inclusion criteria and underwent data abstraction and critical appraisal. Methods: An adapted Cochrane Collaboration domain-based assessment tool was used to critically appraise the methodological components of each quantitative study, and the Mixed Methods Appraisal Tool was used to critically appraise qualitative and mixed-methods studies. Results: Condom use in men who have sex with men using pre-exposure prophylaxis is influenced by multiple factors. Studies indicate rates of sexually transmitted infections in treatment and placebo groups were high. Pre-exposure prophylaxis did not significantly change sexually transmitted infection rates between baseline and follow-up. Reporting of sexual risk improved when questionnaires were completed in private by clients. Our review found that pre-exposure prophylaxis may provide an opportunity for men who have sex with men to access sexual health care, testing, treatment and counselling services. We did not find any conclusive evidence that pre-exposure prophylaxis users increase sexual risk behaviours. Conclusion: The perception among healthcare providers that pre-exposure prophylaxis leads to increased sexual risk behaviours has yet to be confirmed. In order to provide effective sexual health services, clinicians need to be knowledgeable about pre-exposure prophylaxis as an HIV prevention tool. Relevance to clinical practice: In an era where HIV prevention methods are rapidly improving, strategies for sexually transmitted infection testing, treatment, counselling and prevention remain vital to improve health. All healthcare providers are uniquely positioned to promote sexual health through the dissemination of accurate information. © 2017 John Wiley & Sons Ltd	behaviour; health promotion; HIV; inequalities in health; risk groups; sexual health; sexuality	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2018	Freeborn, Kellie	Sexual Risk Behavior in Men who have Sex with Men in an Era of Pre Exposure Prophylaxis (PrEP) for HIV Prevention.	-	-	University of California	University of California	-	NA	NA	https://escholarship.org/uc/item/68n7h92q	Background - Pre-exposure prophylaxis (PrEP) provides protection against HIV transmission but not against other sexually transmitted infections (STIs), which disproportionally affect men who have sex with men (MSM).This dissertation examines the association of PrEP initiation with subsequent patterns of condom use and STIs in MSM. A cohort of 525 MSM, 18 years and older, who self-identified as either high or low risk for HIV acquisition was followed for 13 months after initiating PrEP at a sexual health clinic in San Francisco. Dissertation Aims - 1) review the literature to examine if PrEP is associated with changes in risk behavior in MSM; 2) determine the reasons why MSM who self-identify as low risk for HIV request PrEP; and 3) determine how PrEP use affects condom use and STIs rates in MSM who self-identify as high risk for HIV.Methods – A systematic literature review was completed. The cohort was followed over 13 months subsequent to initiating PrEP. Questionnaires were used to examine condom use and biological assays were used to measure the frequency and type of STIs. Frequencies and descriptive analyses were completed, and multilevel logistic regression modeling was used to predict associations of condom use and STIs before and after initiation of PrEP. Framework analysis was used to identify themes and to develop a descriptive understanding of why low-risk MSM initiated and remained on PrEP. Findings - No conclusive evidence was found that PrEP use leads to increased sexual risk behaviors. Overall, condom use decrease peaked at ~ 6 months and returned to baseline rates at ~12 months. Disparities in condom use and STI rates were observed within sub-populations of MSM, and condom use was found to be influenced by perceived risk. In both the low- and high-risk cohorts, anal GC/CT and syphilis decreased and pharyngeal GC/CT either remained constant or increased. MSM do not use PrEP solely to replace condoms, rather PrEP provides, peace of mind, sexual pleasure and safety and security.Conclusion - In order to improve sexual health for MSM PrEP, STI screening and condom use education should be tailored to meet differing needs of sub populations. Sexual health discussion should include education on substance use, transmission of pharyngeal GC/CT and how MSM perceive sexual risk. Further research is needed to assess when more intensive counselling regarding condom use would be beneficial, how MSM perceive sexual risk and ways to reduce pharyngeal infections.	Condoms; PrEP; MSM; Sexually Transmitted Infections; Sexual Health; Nursing; Risk Behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2018	Fu R.; Owens D.K.; Brandeau M.L.	Cost-effectiveness of alternative strategies for provision of HIV preexposure prophylaxis for people who inject drugs	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001747	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044225480&doi=10.1097%2fQAD.0000000000001747&partnerID=40&md5=c759b19049b16bc4660eb2d3ed7bafd1	Background: Oral HIV preexposure prophylaxis (PrEP) has been recommended as a means of HIV prevention among people who inject drugs (PWIDs) but, at current prices, is unlikely to be cost-effective for all PWID. Objective: To determine the cost-effectiveness of alternative strategies for enrolling PWID in PrEP. Design: Dynamic network model that captures HIV transmission and progression among PWID in a representative US urban center. Outcome measures: HIV infections averted, discounted costs and quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios. Intervention: We assume 25% PrEP coverage and investigate four strategies: first, random PWID are enrolled (Unselected Enrollment); second, individuals are randomly selected and enrolled together with their partners (Enroll Partners); third, individuals with the highest number of sexual and needle-sharing partnerships are enrolled (Most Partners); fourth, individuals with the greatest number of infected partners are enrolled (Most Positive Partners). Results: PrEP can achieve significant health benefits: compared with the status quo of no PrEP, the strategies gain 1114 QALYs (Unselected Enrollment), 2194 QALYs (Enroll Partners), 2481 QALYs (Most Partners), and 3046 QALYs (Most Positive Partners) over 20 years in a population of approximately 8500 people. The incremental cost-effectiveness ratio of each strategy compared with the status quo (cost per QALY gained) is $272 000 (Unselected Enrollment), $158 000 (Enroll Partners), $124 000 (Most Partners), and $101 000 (Most Positive Partners). All strategies except Unselected Enrollment are cost-effective according to WHO criteria. Conclusion: Selection of high-risk PWID for PrEP can improve the cost-effectiveness of PrEP for PWID. © Copyright 2018 Wolters Kluwer Health, Inc. All rights reserved.	cost-benefit analysis; HIV infections/epidemiology; HIV infections/prevention and control; preexposure prophylaxis; United States/epidemiology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Fuchs J.D.; Stojanovski K.; Vittinghoff E.; McMahan V.M.; Hosek S.G.; Amico K.R.; Kouyate A.; Gilmore H.J.; Buchbinder S.P.; Lester R.T.; Grant R.M.; Liu A.Y.	A Mobile Health Strategy to Support Adherence to Antiretroviral Preexposure Prophylaxis	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2017.0255	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044386304&doi=10.1089%2fapc.2017.0255&partnerID=40&md5=8415ffa0c0a4d0e3130e4063f97233de	Preexposure prophylaxis is a highly protective HIV prevention strategy, yet nonadherence can significantly reduce its effectiveness. We conducted a mixed methods evaluation of a mobile health intervention (iText) that utilized weekly bidirectional text or e-mail support messages to encourage preexposure prophylaxis (PrEP) adherence among participants in the multi-site iPrEx open-label extension study. A convenience sample of PrEP users from the San Francisco and Chicago sites participated in a 12-week pilot study. Fifty-six men who have sex with men enrolled; a quarter of them were less than 30 years of age, 13% were black/African American, 11% were Latino, and most (88%) completed some college. Two-Thirds opted for text message delivery. Of the 667 messages sent, only 1 individual requested support; initial nonresponse was observed in 22% and was higher among e-mail compared to text message recipients. Poststudy, a majority of participants would recommend the intervention to others, especially during PrEP initiation. Moreover, younger participants and men of color were more likely to report that they would use the iText strategy if it were available to them. Several participants commented that while they were aware that the messages were automated, they felt supported and encouraged that "someone was always there." Study staff reported that the intervention is feasible to administer and can be incorporated readily into clinic flow. A pre-post intervention regression discontinuity analysis using clinic-based pill counts showed a 50% reduction in missed doses 95% confidence interval (CI) 16-71; p = 0.008 and 77% (95% CI 33-92; p = 0.007) when comparing pill counts at quarterly visits just before and after iText enrollment. A mobile health intervention using weekly bidirectional messaging was highly acceptable and demonstrated promising effects on PrEP adherence warranting further evaluation for efficacy in a randomized controlled trial. © Jonathan D. Fuchs, et al. 2018.	adherence; HIV; mobile health; preexposure prophylaxis; text messaging	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Essay	2018	Galea, Jerome T; Baruch, Ricardo; Brown, Brandon	¡PrEP Ya! Latin America wants PrEP, and Brazil leads the way.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(18)30011-0	https://dx.doi.org/10.1016/S2352-3018(18)30011-0	Brazil has long been at the forefront of HIV treatment and prevention in Latin America. It was the first country in the region to make highly active antiretroviral therapy freely available 1 and participated in the iPrEx study, 2 which reported the efficacy of pre-exposure prophylaxis (PrEP) with daily oral emtricitabine and tenofovir disoproxil fumarate to prevent HIV acquisition in men who have sex with men (MSM) and transgender women. In The Lancet HIV, Beatriz Grinsztejn and colleagues 3 report another first in Latin America: a demonstration trial of PrEP among MSM and transgender women vulnerable to HIV under real-world conditions in the Brazilian public health system. The results, namely that PrEP was effective, drug adherence was good, and sexual risk compensation was not observed, will surprise few in the HIV prevention field. 3 Multiple studies show that MSM and transgender women are willing to use PrEP, have good drug adherence, and do not start having riskier sex. 4 However, we think the importance of this study should be to catalyse the rest of the region to implement PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Gallay, Philippe A; Chatterji, Udayan; Kirchhoff, Aaron; Gandarilla, Angel; Pyles, Richard B; Baum, Marc M; Moss, John A	Protection Efficacy of C5A Against Vaginal and Rectal HIV Challenges in Humanized Mice.	Open Virology Journal	-	-	-	-	1874-3579	10.2174/1874357901812010001	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5842390	INTRODUCTION: In the absence of a vaccine, there is an urgent need for the identification of effective agents that prevent HIV transmission in uninfected individuals. Non-vaccine Biomedical Prevention (nBP) methods, such as topical or systemic pre-exposure prophylaxis (PrEP), are promising strategies to slow down the spread of AIDS. METHODS: In this study, we investigated the microbicidal efficacy of the viral membrane-disrupting amphipathic SWLRDIWDWICEVLSDFK peptide called C5A. We chose the bone marrow/liver/thymus (BLT) humanized mouse model as vaginal and rectal HIV transmission models. RESULTS: We found that the topical administration of C5A offers complete protection against vaginal and rectal HIV challenges in humanized mice. After demonstrating that C5A blocks genital HIV transmission in humanized mice, we examined the molecular requirements for its microbicidal property. We found that the removal of four amino acids on either end of C5A does not diminish its microbicidal efficacy. However, the removal of four amino acids at both the ends, abolishes its capacity to prevent vaginal or rectal HIV transmission, suggesting that the length of the peptide is a critical parameter for the microbicidal activity of C5A. Moreover, we demonstrated that the amphipathicity of the helical peptide as well as its hydrophobic surface represents key factors for the microbicidal activity of C5A in humanized mice. CONCLUSION: With its noncellular cytotoxic activity, its property of neutralizing both HSV and HIV, and its unique mechanism of action that disrupts the stability of the viral membrane, C5A represents an attractive multipurpose microbicidal candidate to be combined with other anti-HIV agents including antiretrovirals.	HIV transmission, Microbicide, Bone marrow/Liver/Thymus Mice, C5A, Vaginal challenge, Rectal challenge	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Gandhi, Monica; Bacchetti, Peter; Rodrigues, Warren C.; Spinelli, Matthew; Koss, Catherine A.; Drain, Paul K.; Baeten, Jared M.; Mugo, Nelly R.; Ngure, Kenneth; Benet, Leslie Z.; Okochi, Hideaki; Wang, Guohong; Vincent, Michael	Development and Validation of an Immunoassay for Tenofovir in Urine as a Real-Time Metric of Antiretroviral Adherence.	EClinicalMedicine	-	-	-	-	2589-5370	https://doi.org/10.1016/j.eclinm.2018.08.004	https://pubmed.ncbi.nlm.nih.gov/30906930/	BACKGROUND: Pharmacologic adherence measures were critical to the interpretation of the tenofovir (TFV)-disoproxil-fumarate/emtricitabine (TDF/FTC) PrEP trials. These measures are being incorporated into PrEP demonstration projects, but currently-available metrics in plasma, cells, hair or urine involve expensive and time-intensive mass-spectrometry (MS)-based methods. No point-of-care method to assess PrEP adherence in real-time has yet been implemented. Antibody-based tests allow for low-cost, easy-to-perform, point-of-care drug detection. In this study, we developed an antibody-based TFV immunoassay and evaluated its test characteristics among individuals taking TDF/FTC. METHODS: We synthesized possible immunogens based on TFV's molecular structure, injected rabbits with the conjugated derivatives, and bled them monthly for subsequent ELISA-testing for TFV-specific antibodies. We purified an antibody with specific TFV binding and created dose-response curves for ELISA-quantification. We then quantified TFV in urine from human participants not taking TDF/FTC and from individuals taking daily TDF/FTC 300 mg/200 mg for 7 days with a 7-day washout period using ELISA with this TFV-specific antibody. ELISA results were compared with the gold-standard test for TFV detection/quantification using liquid-chromatography-tandem-MS (LC-MS/MS). FINDINGS: None of the urine samples from 115 participants not taking TDF/FTC showed ELISA- reactivity, indicating 100% specificity (95% CI 97-100%) of the immunoassay. Among participants taking TDF/FTC, 67 of 70 samples positive by LC-MS/MS were positive by the ELISA-immunoassay for an estimated diagnostic sensitivity of 96% (95% CI 88-99%). The precision of the assay was high (coefficient of variationb15%). The rank correlation between ELISA and LC-MS/MS values in the 70 quantitative urine TFV levels positive by LC-MS/MS across a wide range of concentrations among participants on TDF/FTC was high (r = 0.96). INTERPRETATION: Our antibody-based immunoassay for measuring TFV in urine performed well compared to the gold-standard of LC-MS/MS among individuals taking TDF/FTC. A sensitive and specific immunoassay paves the way for real-time monitoring/feedback on recent adherence to TFV-based regimens, which should optimize interpretation and outcomes during PrEP and ART roll-out.	Tenofovir; PrEP; Urine; Immunoassay; Antiretroviral treatment; Antiretroviral adherence; Antibody; Point-of-care; Real-time; Test characteristics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Gandhi, Rajesh T; Ard, Kevin L	Preexposure Prophylaxis for the Prevention of HIV	NEJM Journal Watch. Infectious Diseases	-	-	-	-	2330040X	NA	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-prevention-hiv/docview/2044187941/se-2?accountid=8113	Sponsoring Organization: Centers for Disease Control and Prevention (CDC)> Target Audience: Primary care providers, infectious disease specialists, addiction medicine specialists: Background and Objective: The CDC last published guidelines on the use of preexposure prophylaxis (PrEP) in 2014. The new guidelines incorporate updated evidence on the safety and efficacy of PrEP and make changes regarding baseline laboratory evaluation and clinical monitoring. Key Points: PrEP is indicated for men who have sex with men (MSM), heterosexual individuals, and people who inject drugs (PWID) who have a high risk for HIV infection. TDF/FTC (tenofovir disoproxil fumarate/emtricitabine) is the only medication recommended for PrEP. TAF (tenofovir alafenamide) should not be used for PrEP owing to a lack of data...	Europe; Pre-exposure prophylaxis; Prevention; Massachusetts; Infections; Disease prevention; Hepatitis; Disease control; Infectious diseases; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; United States--US; Antigens; Preventive healthcare; Guideline; Importance	English	United States	Western and Central Europe and North America	NA	NA	NA	NA	Review
Article	2018	Gantenberg J.R.; King M.; Montgomery M.C.; Galárraga O.; Prosperi M.; Chan P.A.; Marshall B.D.L.	Improving the impact of HIV pre-exposure prophylaxis implementation in small urban centers among men who have sex with men: An agent-based modelling study	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0199915	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049597905&doi=10.1371%2fjournal.pone.0199915&partnerID=40&md5=45bf4b2a47ab3100ea8cae23dc8e9bd8	Objectives Identifying prescribing strategies that improve the efficiency of PrEP should increase its impact at the population level. This study identifies PrEP allocation criteria that most effectively reduce 10-year HIV incidence by 25%, in accordance with the US National HIV/AIDS Strategy's goal for the proportionate reduction in new diagnoses. Methods We used a discrete-time stochastic agent-based model to simulate several PrEP engagement strategies. The model represented MSM aged 15–74 in Rhode Island and was calibrated to statewide prevalence from 2009–2014. We simulated HIV transmission in the absence of PrEP and compared the following PrEP engagement scenarios: 1) allocation to the current patient population; 2) random allocation; 3) allocation to MSM with greater than 5 sexual partners in one year; 4) allocation to MSM with greater than 10 sexual partners in one year. For each scenario and coverage level we estimated the number and proportion of infections averted and the person-years on PrEP per averted infection. Results In 2014, HIV prevalence among MSM was between 4% and 5%. In the No PrEP scenario 826 new infections (95% simulation limits SL: 711, 955) occurred over 10 years, with an incidence rate of 3.51 per 1000 person-years (95% SL: 3.00, 4.08). Prevalence rose to 7.4% (95% SL: 6.7, 8.1). None of the PrEP scenarios reduced new HIV infections by 25% while covering less than 15% of the HIV-uninfected population. At 15% coverage, allocating PrEP to the current patient population, MSM with greater than 5 sexual partners in a year, and MSM with greater than 10 partners reduced new infections by at least 25%, requiring 161 (95% SL: 115, 289), 150 (95% SL: 107, 252), and 128 (95% SL: 100, 184) person-years on PrEP per averted infection, respectively. Conclusions Engaging MSM with high numbers of sexual partners would improve the population-level impact and efficiency of PrEP in settings where PrEP coverage remains low. However, the sustained population-level PrEP coverage needed to reduce new infections by 25% is substantially higher than current levels of PrEP uptake. © 2018 Gantenberg et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Garner, Will; Wilson, Brigid M; Beste, Lauren; Maier, Marissa; Ohl, Michael E; Van Epps, Puja	Gaps in Preexposure Prophylaxis Uptake for HIV Prevention in the Veterans Health Administration.	American Journal of Public Health	-	-	-	-	1541-0048	10.2105/AJPH.2018.304788	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6215372	OBJECTIVES: To report demographics, regional variations, and indications for preexposure prophylaxis (PrEP) use for HIV prevention in the Veterans Health Administration (VHA). METHODS: We identified persons initiating tenofovir/emtricitabine for the PrEP indication in the United States between July 2012 and April 2016 in a VHA national database. We stratified PrEP use by provider type and VHA region. We calculated PrEP initiation rate for each region with VHA population data. RESULTS: Of the 825 persons who initiated PrEP during the observation period, 67% were White and 76% were men who have sex with men. People who inject drugs and transgender persons represented less than 1% each of the cohort. The majority of PrEP initiations were clustered in 3 states, leading with California (28%) followed by Florida (9%) and Texas (8%). The Southeast had one of the lowest PrEP rates at 10 PrEP initiations per 100 000 persons in care. Infectious disease specialists issued more than two thirds of index PrEP prescriptions. CONCLUSIONS: Uptake of PrEP in the VHA is uneven along geographic and risk categories. Understanding the reasons behind these gaps will be key in expanding the use of this important prevention tool.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2018	Garnett, Matthew; Hirsch-Moverman, Yael; Franks, Julie; Hayes-Larson, Eleanor; El-Sadr, Wafaa M; Mannheimer, Sharon	Limited awareness of pre-exposure prophylaxis among black men who have sex with men and transgender women in New York city	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1363364	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85027174218&doi=10.1080%2f09540121.2017.1363364&partnerID=40&md5=0be534a10efdb075cfc366b07e326caa	Awareness of Pre-exposure prophylaxis (PrEP) was assessed among a cohort of substance-using black men who have sex with men and transgender women (MSM/TGW) participating in the STAR Study, which recruited black MSM/TGW in New York City for HIV testing and linked HIV-infected individuals into care from July 2012 to April 2015. Sociodemographic, psychosocial, known HIV risk factors, and PrEP awareness were assessed among participants. Multivariable logistic regression was conducted to assess factors associated with PrEP awareness. Of 1673 participants, median age was 43 years and 25% were under age 30. Most participants (85.8%) reported having insufficient income for basic necessities at least occasionally, 54.8% were homeless, and 71.3% were unemployed. Awareness of PrEP was reported among 18.2% of participants. PrEP awareness was associated with younger age (adjusted odds ratio aOR 0.87, per 5 years), gay identity (aOR 2.46), higher education (aOR 1.70), more frequent past HIV testing (aOR 3.18), less HIV stigma (aOR 0.61), less hazardous/harmful alcohol use (aOR 0.61), and more sexual partners (aOR 1.04, per additional partner in past 30 days). In this substance-using black MSM/TGW cohort with high rates of poverty and homelessness, PrEP awareness was low. This study demonstrates the need for targeted dissemination of PrEP information to key populations to increase awareness and ultimately improve uptake and utilization of PrEP. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP); transgender women (TGW)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Garrett K.L.; Chen J.; Maas B.M.; Cottrell M.L.; Prince H.A.; Sykes C.; Schauer A.P.; White N.; Dumond J.B.	A pharmacokinetic/pharmacodynamic model to predict effective HIV prophylaxis dosing strategies for people who inject drugs	Journal of Pharmacology and Experimental Therapeutics	-	-	-	223565	10.1124/jpet.118.251009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054370059&doi=10.1124%2fjpet.118.251009&partnerID=40&md5=120ac6da71ca3b3d75eb681bb68eb4a0	The goal of this work was to evaluate dosing strategies for tenofovir disoproxil fumarate (TDF), tenofovir alafenamide (TAF), and emtricitabine (FTC) for pre-exposure prophylaxis (PrEP) with injection drug use with a pharmacokinetic/pharmacodynamics analysis of concentration data generated from two single-dose clinical studies conducted in healthy women. Population pharmacokinetic models were developed using measured intracellular metabolite, endogenous nucleotide competitors, and extracellular parent drug concentrations. Intracellular metabolite concentrations were normalized to endogenous competitors and compared with an EC90 target for PrEP efficacy. Monte Carlo simulations were used to select effective dose strategies of single agents (TAF, TDF, and FTC) and combinations (TDF 1 FTC and TAF 1 FTC). Daily, intermittent, and event-driven dosing regimens at varying dosage amounts were explored. When combined, TDF + FTC and TAF + FTC both provided quick (0.5 hours) and durable (up to 84 and 108 hours, respectively) protection of >99% after a single dose. When dosed twice per week, protection remained at 100%. Single-agent regimens provided lower estimates of protection than either combination tested. Here, the application of pharmacokinetic modeling to in vitro target concentrations demonstrates the added utility of including FTC in a successful PrEP regimen. While no TAF-based PrEP data are currently available for comparison, this analysis suggests TAF 1 FTC could completely protect against percutaneous exposure with as little as two doses per week. © 2018 American Society for Pharmacology and Experimental Therapy. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Getty, Carol-Ann; Subramaniam, Shrinidhi; Holtyn, August F; Jarvis, Brantley P; Rodewald, Andrew; Silverman, Kenneth	Evaluation of a Computer-Based Training Program to Teach Adults at Risk for HIV About Pre-Exposure Prophylaxis.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2018.30.4.287	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6247787	This study developed a computer-based program to teach HIV prevention behaviors and raise awareness of pre-exposure prophylaxis (PrEP) among individuals at risk for HIV. The program was divided into modules containing educational material and multiple-choice questions. Participants received immediate feedback for responses and incentives for correct responses to multiple-choice questions. Participants trained on each module until they met speed and accuracy criteria. The modules were divided into: Course 1 (HIV), Course 2 (PrEP), and Course 3 (HIV risk behaviors). Tests of content from all three courses were delivered before and after participants completed each course. Test scores on the content delivered in the courses improved only after participants completed training on each course. HIV and PrEP knowledge was initially low and increased following completion of each part of the program. Computer-based training offers a convenient and effective approach to promoting HIV prevention knowledge, including use of PrEP.	HIV prevention; PrEP; drug users; education; financial incentives; instructional technology.	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2018	Giguère, Katia	Mesure objective des rapports sexuels non protégés et caractérisation du sous-rapportage des rapports non protégés chez les travailleuses du sexe au Bénin à l'aide de marqueurs biologiques de l'exposition au sperme	-	-	Université Laval	-	NA	NA	http://hdl.handle.net/20.500.11794/34010	Les rapports sexuels non protégés (RSNP) sont un facteur de risque prédominant pour l'infection par le virus de l'immunodéficience humaine (VIH) et doivent donc être évalués de la façon la plus valide possible dans le cadre des études de prévention du VIH. À ce jour, le questionnaire demeure l'outil le plus utilisé pour documenter les comportements sexuels. Or, l'auto-rapportage des comportements sexuels est sujet à des biais de rappel et de désirabilité sociale. L'usage de biomarqueurs de l'exposition au sperme pourrait aider à pallier ces biais. L'antigène prostatique spécifique (PSA) et l'ADN chromosomique Y (ADNch-Y) sont les deux biomarqueurs de l'exposition au sperme les mieux caractérisés à ce jour. La PSA et l'ADNch-Y sont détectables jusqu'à respectivement deux et 14 jours suivant un RSNP. Dans le cadre d'une étude prospective de démonstration visant à vérifier la faisabilité d'implanter le traitement précoce comme prévention (early antiretroviral therapy : E-ART) et la prophylaxie pré-exposition (pre-exposure prophylaxis : PrEP) chez les travailleuses du sexe (TS) professionnelles de Cotonou au Bénin, le sous-rapportage des RSNP était anticipé de la part des participantes, de même qu'un potentiel changement dans les RSNP en cours de suivi dans le groupe PrEP. Nos objectifs étaient donc de valider l'autorapportage des RSNP à l'aide de la PSA et de l'ADNch-Y; de comparer le sous-rapportage des RSNP sur les périodes de rappel de deux et 14 jours; et d'évaluer les tendances de RSNP dans le groupe PrEP. Nous avons aussi pour objectif de comparer la capacité de détection du RSNP d'un nouveau test de détection, soit une PCR nichée ciblant la famille de gènes homologues testis-specific protein Y-encoded (n-TSPY), à celle de six autres méthodes couramment utilisées à des fins de détection de l'exposition récente au sperme. Au recrutement de l'étude E-ART/PrEP et sur une période de 24 mois de suivi, les RSNP survenus dans les deux et 14 derniers jours ont été évalués à chaque six mois par questionnaire et par détection de la PSA et de l'ADNch-Y. Lorsqu'une participante ne rapportait pas de RSNP dans les deux (ou 14) derniers jours, mais qu'elle était testée positive pour la PSA (ou l'ADNch-Y), elle était considérée comme ayant sous-rapporté les RSNP des deux (ou 14) derniers jours. Une régression de Poisson robuste a été utilisée pour comparer le sous-rapportage sur les deux périodes de rappel. Les tendances de RSNP en fonction des différentes mesures de RSNP ont été évaluées à l'aide d'une régression log-binomiale. Des équations d'estimation généralisée (Generalized estimating equation : GEE) ont été appliquées pour tenir compte de la dépendance des observations. Au recrutement, nous avons observé une prévalence d'environ 20% de sous-rapportage des RSNP chez les TS de Cotonou, mais aucune différence statistiquement significative du sous-rapportage des RSNP entre les deux périodes de rappel. Certains de nos résultats suggèrent que les performances relatives de chacun des biomarqueurs pour détecter les RSNP sur sa…	Relations sexuelles non protégées – Bénin; Travailleuses du sexe – Auto-évaluation – Bénin; Marqueurs biologiques; Biais dans les réponses; Antigène prostatique spécifique; Chromosome Y; ADN; Sperme	French	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2018	Gilmour, Judy; Henley, Rebecca; Lowe, Michele; Lowe, Michele, RN, MN	HIV, PEP and PrEP: A Guide for Acute Presentations	Emergency Nurse New Zealand	-	-	-	11762691	NA	https://www.proquest.com/scholarly-journals/hiv-pep-prep-guide-acute-presentations/docview/2449275463/se-2?accountid=8113	Treatment of HIV with ante retroviral medications has led to markedly improved outcomes for people living with HIV. However, in New Zealand the rate of newly reported transmissions has been increasing. New Zealand now follows a test and treat philosophy that sees the commencement of ante retroviral medication at the time of testing when high risk of exposure is identified. Patients are directed to emergency departments for testing and commencement of PEP (post exposure prophylaxis). This article discusses HIV in the New Zealand context and new initiatives to reduce HIV transmission.	Hospitals; HIV/AIDS; Antiretroviral drugs; Prevention; Infections; Epidemiology; Prep; Disease transmission; Life expectancy; New Zealand; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Medical tests; Medical Sciences--Nurses And Nursing	English	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Review
Article	2018	Gilson R.I.; Clutterbuck D.J.; Chen Z.E.	Demand for pre-exposure prophylaxis for HIV and the impact on clinical services: Scottish men who have sex with men perspectives	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462417723817	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041474278&doi=10.1177%2f0956462417723817&partnerID=40&md5=7128c8733619b4c245fe7b7eec9e7f31	There is a lack of data on ability and willingness of men who have sex with men (MSM) to self-fund HIV pre-exposure prophylaxis (PrEP). We aimed to explore how many eligible (PROUD study criteria) men may want PrEP and how many lower-risk MSM would be willing and able to self-fund this intervention. A self-completed anonymous questionnaire was distributed to MSM populations attending services. Of 377 participants, 81.5% were aware of PrEP. Fifty-three (15.5 %) were eligible, of whom 43 (81%) were very/extremely likely to want it. Of those ineligible, 229 (80%) were aware of PrEP and 106 (37.3%) were very/extremely likely to want it. Of eligible respondents 23% would be willing and able to pay at least £50 a month for PrEP. Of ineligible respondents this proportion was 21%. Our survey revealed high levels of awareness, understanding and willingness to take PrEP among MSM at high and lower risk of HIV acquisition. It indicated that over 70% of high-risk men would be unwilling or unable to self-fund PrEP, should it not be available on the NHS. For lower-risk MSM we estimated that capacity requirements for monitoring self-funded PrEP will be 50% higher than numbers eligible for PrEP. These factors will need to be taken into account when planning services. © 2017, © The Author(s) 2017.	HIV pre-exposure prophylaxis; HIV prevention; men who have sex with men; pre-exposure prophylaxis eligibility; Scotland	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Giovenco, Danielle; Kuo, Caroline; Underhill, Kristen; Hoare, Jacqueline; Operario, Don	"The Time Has Arrived": Perceptions of Behavioral Adjustments in the Context of Pre-Exposure Prophylaxis Availability Among Adolescents in South Africa.	AIDS Education and Prevention	-	-	-	1943-2755 0899-9546	10.1521/aeap.2018.30.6.463	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6501564	Antiretroviral pre-exposure prophylaxis (PrEP) holds enormous potential to reduce HIV acquisition in key populations globally. We conducted an exploratory PrEP acceptability study using qualitative methodology among adolescents and service providers in the Western Cape Province of South Africa to inform future PrEP implementation challenges in South Africa and other high-prevalence African countries. Semistructured focus groups and in-depth individual interviews were conducted among 57 adolescents 16-17 years of age, living with and without HIV, and 25 clinical service providers. Adolescents and service providers expressed concerns that the availability of PrEP would lead to sexual disinhibition and a reduction in condom use among adolescents. Unexpected positive impacts included predictions that PrEP might encourage disclosure in serodiscordant partnerships and help normalize pill-taking in the community. Careful age, gender, and developmentally appropriate messaging will be needed to ensure adolescents understand partial efficacy and view PrEP as a component of combination prevention.	Adolescent; Adult; Humans; Male; Female; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; South Africa; Health Knowledge, Attitudes, Practice; Condoms/statistics & numerical data; Safe Sex; Pre-Exposure Prophylaxis/*methods; pre-exposure prophylaxis; PrEP; HIV/AIDS; prevention; Focus Groups; Perception; Qualitative Research; adolescents; risk compensation; Health Personnel/*psychology; Patient Acceptance of Health Care/ethnology/*statistics & numerical data; *Adolescent Behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Girometti N.; McCormack S.; Devitt E.; Gedela K.; Nwokolo N.; Patel S.; Suchak T.; McOwan A.; Whitlock G.	Evolution of a pre-exposure prophylaxis (PrEP) service in a community-located sexual health clinic: Concise report of the PrEPxpress	Sexual Health	-	-	-	14485028	10.1071/SH18055	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055577577&doi=10.1071%2fSH18055&partnerID=40&md5=bc44d75ec60ce95d862cb6ef140ea75b	Screening and treatment of sexually transmissible infections, including HIV, are free in the UK nations; pre-exposure prophylaxis (PrEP) became free in England in October 2017 through the PrEP Impact trial. Doctor-led PrEP clinics started at 56 Dean Street in September 2015, with the drug purchased privately at full price. The service was expanded to other staff to support initiation and monitoring of increasing numbers of attendees purchasing PrEP from online pharmacies. Nonetheless, when the clinic was given a target of 1700 for the PrEP Impact trial, it was clear this could not be achieved in a timely manner through 56 Dean Street alone. To prepare for the trial, all staff with HIV testing competencies were trained in good clinical practice and trial-specific procedures, and a patient group directive was approved to facilitate nurse prescribing and dispensing. Electronic pro formas to capture eligibility for starting or continuing PrEP were adapted for the Dean Street Express clinic, with some information collected directly from service users using touch screens. These interventions, together with an update to the 2016 information leaflet developed by the community, enabled enrolment and follow-up of 1700 participants in 4 months. PrEP advice and monitoring were easily accommodated in the 56 Dean Street sexual health service, but did require additional training and approval for nurse prescribing and dispensing drug in order to achieve the target, which still fell short of the demand. © 2018 CSIRO.	HIV; PrEP monitoring; prevention	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Glidden D.V.; Mulligan K.; McMahan V.; Anderson P.L.; Guanira J.; Chariyalertsak S.; Buchbinder S.P.; Bekker L.-G.; Schechter M.; Grinsztejn B.; Grant R.M.	Metabolic effects of preexposure prophylaxis with coformulated tenofovir disoproxil fumarate and emtricitabine	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciy083	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048510668&doi=10.1093%2fcid%2fciy083&partnerID=40&md5=b11c9a19bcb9caec28531e431c3a3768	Background Antiretroviral drugs have been associated with changes in lipids, fat mass and dat distribution. Tenofovir disoproxil fumarate (TDF) has been shown to have a more favorable metabolic profile than other drugs in its class. However, the metabolic effects of TDF in preexposure prophylaxis (PrEP) are unknown. Methods We evaluated the effects of TDF/emtricitabine (FTC) on lipids and body composition in a blinded, placebo-controlled PrEP trial. Participants enrolled in a metabolic subcohort (N = 251, TDF/FTC; N = 247, placebo) consented to fasting lipid panels, dual-energy X-ray absorptiometry scans for body composition, and pharmacologic testing of drug metabolites at baseline and every 24 weeks thereafter. Results Lean body mass was stable and unaffected by TDF/FTC. Body weight increased in both groups but was lower on TDF/FTC through week 72. This difference was explained by lower fat accumulation on TDF/FTC. The net median percent difference (standard error, P value) for TDF/FTC vs placebo at week 24 was -0.8% (0.4%, P =.02),+0.3% (0.4%, P =.46), and -3.8% (1.4%, P =.009) for total, lean, and fat mass, respectively. There was no apparent differential regional fat accumulation on TDF/FTC. Decreases in cholesterol, but not triglycerides, were seen in TDF/FTC participants, with detectable drug levels compared to placebo. Conclusions TDF/FTC for PrEP showed cholesterol reductions and appeared to transiently suppress the accumulation of weight and body fat compared to placebo. There was no evidence of altered fat distribution or lipodystrophy during daily oral TDF/FTC PrEP. © The Author(s) 2018. Published by Oxford University Press for the Infectious Diseases Society of America.	body composition; lipids; lipodystrophy; PrEP; tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Gnatienko N.; Wagman J.A.; Cheng D.M.; Bazzi A.R.; Raj A.; Blokhina E.; Toussova O.; Forman L.S.; Lioznov D.; Bridden C.; Sullivan M.; Bryant K.; Samet J.H.; Tsui J.I.	Serodiscordant partnerships and opportunities for pre-exposure prophylaxis among partners of women and men living with HIV in St. Petersburg, Russia	PLOS One	-	-	-	19326203	10.1371/journal.pone.0207402	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056566686&doi=10.1371%2fjournal.pone.0207402&partnerID=40&md5=75aeb56255ea62ef37729a21602fa133	Objective To describe the frequency of being partnered and having an HIV-negative partner, and whether this differed by gender, among a cohort of persons living with HIV (PLWH) who have ever injected drugs; to describe awareness of HIV pre-exposure prophylaxis (PrEP) and perceived partner interest in PrEP. Setting Secondary analyses of an observational cohort study of PLWH who have ever injected drugs in St. Petersburg, Russia. Methods Primary outcomes were 1) being partnered and 2) being in a serodiscordant partnership. The main independent variable was gender. Multivariable GEE logistic regression models were fit for binary outcomes, adjusted for age, income, education, and recent opioid use. Descriptive analyses were performed for partners' HIV status, substance use, sex risk behaviors, and awareness of PrEP for a subset of participants. Results At baseline, 50% (147/296) reported being in a partnership, and of those, 35% were in a serodiscordant partnership. After adjustment, women had significantly higher odds of being partnered compared to men (aOR = 3.12; 95% CI: 1.77, 5.51), but there were no significant gender differences in the odds of being in a serodiscordant partnership (aOR = 0.58; 95% CI: 0.27, 1.24). Among a sub-sample of participants queried (n = 56), 25% were aware of PrEP for prevention of sexual HIV transmission and 14% for prevention of injection-related transmission. Conclusion Although half of our sample were partnered and one third of these partnerships were serodiscordant, PrEP awareness was low. Substantial opportunities for HIV prevention exist among PLWH who have ever injected drugs in Russia and their HIV-negative partners. Given the high proportion of HIV-negative partners among this ART-naïve sample, efforts to address the associated inherent risks, such as couples-based interventions, are needed to increase condom use, PrEP awareness, or uptake of other HIV-prevention modalities (e.g., ART for the HIV-positive partner). This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Goedel W.C.; King M.R.F.; Lurie M.N.; Nunn A.S.; Chan P.A.; Marshall B.D.L.	Effect of racial inequities in pre-exposure prophylaxis use on racial disparities in HIV incidence among men who have sex with men: A modeling study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001817	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054888860&doi=10.1097%2fQAI.0000000000001817&partnerID=40&md5=bd39a6595ab08c5765f47599253e6a3a	Background: Pre-exposure prophylaxis (PrEP) uptake has been slow among African American men who have sex with men (AAMSM) in the United States. We used an agent-based model (ABM) to simulate race-specific PrEP coverage to estimate their impact on racial disparities in HIV incidence among MSM in Atlanta, GA. Methods: An ABM was constructed to simulate HIV transmission in a dynamic network of 10,000 MSM over 10 years, beginning in 2015. We modeled a base scenario with estimated PrEP coverage of 2.5% among AAMSM and 5.0% among white MSM (WMSM). We then compared HIV incidence over 10 years and calculated a disparity ratio of AAMSM to WMSM incidence rates across varying PrEP scale-up scenarios, with equal and unequal coverage among AAMSM and WMSM. Results: Assuming current coverage remains constant, the model predicts HIV incidence rates of 2.95 and 1.76 per 100 person-years among AAMSM and WMSM, respectively, with a disparity ratio of 1.68. If PrEP coverage was to increase 6-fold without addressing inequities in PrEP uptake, the model predicts incidences of 2.65 and 1.34, corresponding to a mean decrease of 10.4% and 24.0% in HIV incidence, respectively. This stronger benefit for WMSM increased the disparity ratio to 1.98. Equal PrEP coverage among AAMSM and WMSM resulted in lower incidence rates overall with lower disparity ratios. Conclusions: Lower uptake among AAMSM relative to WMSM may limit the population-level impact of PrEP use among AAMSM, which may ultimately culminate in wider racial disparities in HIV incidence among MSM. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Agent-based modeling; Health equity; Men who have sex with men; Pre-exposure prophylaxis; Racial disparities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Goedel W.C.; Schneider J.A.; Hambrick H.R.; Kreski N.T.; Morganstein J.G.; Park S.H.; Mgbako O.; Duncan D.T.	Are Anal Sex Roles Associated with Preferences for Pre-Exposure Prophylaxis Administration Modalities Among Men Who Have Sex with Men?	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-017-1083-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85035764393&doi=10.1007%2fs10508-017-1083-5&partnerID=40&md5=d1094f13d08eb1698dcb9e88637012ca	The current study sought to examine awareness of, willingness to use, and preferences for available and theoretical administration modalities for HIV pre-exposure prophylaxis (PrEP) and the association of anal sex roles with these concepts among a sample of men who have sex with men (MSM) in Paris, France. Broadcast advertisements were placed on a popular geosocial-networking smartphone application for MSM to direct users to complete a Web-based survey. MSM answered questions on their recent engagement in condomless anal intercourse and awareness of and willingness to use PrEP in the form of once daily and event-driven pill regimens, long-acting injections, and penile and rectal microbicides as well as sexual roles. Multinomial regression models were fit to assess the association between behaviorally classified anal sexual role and preference for one of these biomedical prevention modalities. A total of 482 HIV-uninfected MSM completed the survey, 48.1% of whom engaged in some form of condomless anal intercourse in the preceding 3 months. Most respondents (85.3%) had heard of once daily PrEP, but fewer respondents had heard of other PrEP modalities. Assuming equal effectiveness, long-acting injections were the most commonly preferred (21.8%). Behaviorally defined "bottom" and "versatile" MSM more frequently preferred long-acting injections (32.9% of "bottoms" and 25.3% of "versatiles"). The development of long-acting injections to deliver antiretroviral drugs and topical microbicides may offer more convenient and acceptable options for HIV prevention among MSM, as MSM in this sample were willing to use them and would prefer to use them over currently available pill regimens. © 2017, Springer Science+Business Media, LLC.	Gay men's health; Men who have sex with men; Pre-exposure prophylaxis; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2018	Gold, JAW; Zucker, J; Theodore, DA; Carnevale, C; Olender, S; Gordon, P; Sobieszczyk, ME	Pre-exposure Prophylaxis Among Pediatric and Internal Medicine Residents Training in New York City	AIDS Research and Human Retroviruses	-	-	-	0889-2229	10.1097/JNC.0000000000000147	https://journals.lww.com/janac/citation/2020/02000/pre_exposure_prophylaxis_use_among_predominantly.15.aspx	NA	HIV Prevention, PrEP, Woman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Golub S.A.; Lelutiu-Weinberger C.; Surace A.	Experimental Investigation of Implicit HIV and Preexposure Prophylaxis Stigma: Evidence for Ancillary Benefits of Preexposure Prophylaxis Use	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001592	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061851354&doi=10.1097%2fQAI.0000000000001592&partnerID=40&md5=08cb29774b7e11d8d6b027cd2af52eca	Background: Preexposure prophylaxis (PrEP) stigma (ie, negative attitudes toward PrEP users) has been widely documented and is considered a significant barrier to implementation. However, few studies have examined PrEP stigma using implicit measures designed to reduce demand characteristics in responding. This study examined implicit PrEP- and HIV-related stigma among gay and bisexual men using geospatial social networking applications (ie, "hookup apps"). Methods: Participants were presented with 4 simulated online profiles (pretested for comparability) paired with each of the following characteristics: HIV negative, HIV positive, on PrEP, or substance user. Participants rated the profiles on attractiveness, desirability, trustworthiness, likelihood of condom use, and riskiness of sex. Results: There was no evidence of PrEP-related stigma, ie, participants did not rate profiles of PrEP users more negatively than profiles of HIV-negative individuals not disclosing PrEP use. However, profiles of HIV-positive individuals were rated significantly less attractive and desirable than HIV-negative or PrEP profiles. When the sample was split by history of PrEP use, negative ratings of HIV-positive profiles remained only among participants who had never taken PrEP. Participants with any history of PrEP use demonstrated no difference in ratings by HIV status. Conclusion: These data provide the first empirical evidence for lower HIV stigma among PrEP users. Individuals who have used PrEP may "see" HIV-positive individuals differently than those without a history of PrEP use. The lack of evidence for PrEP-related stigma is encouraging and suggests that negative stereotypes about PrEP users may not extend to negative implicit judgments about them on social networking sites. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Biomedical; HIV; Men who have sex with men; PrEP; Prevention; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Golub, Sarit A	PrEP Stigma: Implicit and Explicit Drivers of Disparity	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-018-0385-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042174282&doi=10.1007%2fs11904-018-0385-0&partnerID=40&md5=642403ab99659080769b5b08e9c6b96f	Purpose of Review: Despite its promise as an HIV prevention strategy, PrEP uptake remains slow, especially among highest priority populations. One factor that may be impeding implementation and driving disparities is PrEP-related stigma. This paper reviews the role of PrEP-related stigma in PrEP access, adherence, and persistence and examines its antecedents and consequences. Recent Findings: Although PrEP stigma is often experienced at the community level (i.e., by potential and current users), it can be reinforced and even amplified by public health programs, policy, and research. PrEP stigma disproportionately impacts disadvantaged groups and impedes scalability by influencing behavior of both patients and providers. Summary: Reducing PrEP stigma and its negative impact on the epidemic requires a significant shift in perspective, language, and programs. Such a shift is necessary to ensure broader reach of PrEP as a prevention strategy and improve its utilization by the individuals who need it most. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV/AIDS; Implementation; Pre-exposure prophylaxis (PrEP); Prevention; Sexual health; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Gonçalves R.B.; Marreiros A.; Augusto G.F.	Portuguese health care providers' knowledge, attitudes, and acceptability of HIV pre-exposure prophylaxis	HIV and AIDS Review	-	-	-	17301270	10.5114/hivar.2018.80256	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058843546&doi=10.5114%2fhivar.2018.80256&partnerID=40&md5=0ca90c68acfb9ceb0ec6957d229fec1d	Introduction: Evidence shows that pre-exposure prophylaxis (PrEP) is highly effective in preventing sexually acquired human immunodeficiency virus (HIV) infection. Whilst its implementation is limited to the US and some countries where demonstration projects have taken place, PrEP has recently been introduced in Portugal. Successful implementation of PrEP requires actively engaging and involving of health care providers (HCP) in Portugal, yet little is known about their knowledge, attitudes, and acceptability towards this novel intervention. Material and methods: An online survey of convenience-sampled Portuguese HCP was conducted in January 2016, prior to PrEP implementation, to determine their knowledge, attitudes, practices, and acceptability of PrEP. Results: A total of 96 respondents nationwide took part in the study, of whom the majority were females (60.3%), specialist physicians/junior doctors (39%/53%), working in the field of HIV for 1 to 5 years (42.3%). Over half (51%) considered having an average or high knowledge of PrEP, and this was more common amongst infectious diseases specialists. Major concerns regarding PrEP implementation included a rise in sexually transmitted infections and increased antiretroviral resistance. Despite only 31.3% being asked about PrEP in the future, the majority (75%) considered that PrEP should be made available in Portugal. The main barrier to PrEP implementation was the lack of knowledge and information to HCP. Conclusions: Portuguese HCP demonstrated variable degrees of knowledge around PrEP, yet most would support its introduction in the country. Concerns were raised about potential consequences of PrEP roll out as well as implementation challenges that ought to be addressed before PrEP introduction. © 2018 Termedia Publishing House Ltd..	HIV/AIDS; Portugal; PrEP; Prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Editorial	2018	GONÇALVES, ANDREA MENEZES	Pre-exposure prophylaxis (PrEP) means more exposure?	DST Journal of Brazilian Sexually Transmitted Diseases	-	-	-	0103-4065	10.5533/DST-2177-8264-201830201	https://bjstd.org/revista/article/view/828/731	NA	NA	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Other
Article	2018	Goodreau, Steven M; Hamilton, Deven T; Jenness, Samuel M; Sullivan, Patrick S; Valencia, Rachel K; Wang, Li Yan; Dunville, Richard L; Barrios, Lisa C; Rosenberg, Eli S	Targeting Human Immunodeficiency Virus Pre-Exposure Prophylaxis to Adolescent Sexual Minority Males in Higher Prevalence Areas of the United States: A Modeling Study	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2017.09.023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85039063550&doi=10.1016%2fj.jadohealth.2017.09.023&partnerID=40&md5=a45921c7ca6151167fb8eacfbf8da843	Purpose: Pre-exposure prophylaxis (PrEP) is an effective and safe intervention to prevent human immunodeficiency virus (HIV) transmission in men who have sex with men; current Centers for Disease Control and Prevention guidelines indicate its use among high-risk adults. Adolescent sexual minority males (ASMM) also have significant HIV risk, but implementation strategies are likely to differ for this population. We aimed to estimate impact and efficiency of PrEP for ASMM in higher prevalence US settings, using a variety of implementation strategies and assumptions about coverage, adherence, and background prevalence. Methods: We develop a stochastic, dynamic, network-based model, parametrized using numerous ASMM behavioral and clinical data sources. We simulate 10 years with and without PrEP, comparing percent of incident infections averted (impact) and number of person-years on PrEP per infection averted (efficiency). Results: Our main scenario (PrEP for 16- to 18-year-old ASMM, initiating PrEP 6 months after first anal intercourse, 40% coverage, adherence profiles from the ATN 113 trial; 2.9% background HIV prevalence among ASMM) prevents 27.8% of infections, with 38 person-years on PrEP per infection averted. Expanding implementation to cover younger ages or earlier initiation has small effects on impact and efficiency. Targeting highest risk ASMM increases efficiency, but requires querying sexual histories. Across levels examined, coverage and adherence do not have major impacts on efficiency, whereas background prevalence does. Conclusions: PrEP can have a large impact on HIV incidence among ASMM in the United States, especially in settings with high prevalence. However, willingness of, and support for, providers will be central to achieving the coverage needed to make this a success. © 2017 The Society for Adolescent Health and Medicine	Adolescent sexual minority males; Bisexual males; HIV; Homosexual males; Mathematical modeling; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Govender E.; Abdool Karim Q.	Understanding women and men's acceptability of current and new HIV prevention technologies in KwaZulu-Natal, South Africa	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1488027	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048739120&doi=10.1080%2f09540121.2018.1488027&partnerID=40&md5=880791cedfc069673cbefc13866d7ece	Despite significant advances to the HIV epidemic, prevention remains a challenge globally. Adolescent girls and young women in southern and Eastern Africa are still at high risk of acquiring HIV infection with limited prevention options. The expanding product pipeline of novel drugs and delivery approaches has highlighted the importance of acceptability and uptake of these anti-retroviral based products to realize their full prevention potential. Community engagement is now imperative to inform both product development and uptake; with research directed to understand what potential users are willing to use given the broader cultural-gender context in which HIV prevention product choices are made/negotiated. We conducted ten gender specific discussion groups with 112 participants in three of the eight highest HIV prevalence districts in urban, peri-urban, and rural KwaZulu-Natal. The participants where purposively selected according to age, location and sex. The data was analysed thematically in terms of the key enablers and barriers of accepting three key HIV dosing strategies; the oral pill, the vaginal ring and the injectable among men and women. The study found that women are willing to consider HIV prevention options that align with their current sexual and reproductive health routines, offers the longest duration of protection, and requires minimal/no partner involvement, in contrast most men were not supportive of their partners using of any form of PrEP, irrespective of dosing strategies and formulations as it raised questions of infidelity and side effects on men. The findings is indicative of the complexities of women's product choices, which are often embedded in a system of personal preference on an intrapersonal level, but also of male dominance, gender norms and cultural contexts at an interpersonal level. Understanding this intrapersonal-interpersonal interplay can enhance PrEP messaging and promotion; further highlighting the need to expand biomedical innovations for women initiated technologies. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	acceptability; HIV prevention; Pre-exposure prophylaxis; South Africa; women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2018	Grab, Sheila	DESIGN, DEVELOPMENT AND EVALUATION OF AN EXTENDED RELEASE VAGINAL FILM PLATFORM FOR HIV PREVENTION	-	-	University of Pittsburgh	-	-	NA	http://d-scholarship.pitt.edu/33702/	The human immunodeficiency virus (HIV) is a global health pandemic and over 70% of those living with HIV are found in Sub-Saharan Africa. In this region, the main method of transmission is through heterosexual contact and women account for the majority of those living with the virus. Topical pre-exposure prophylaxis is the vaginal or rectal application of a microbicide product prior to sexual intercourse to protect against HIV infection. Microbicides can be formulated into dosage forms such as; tablets, gels, films and rings. Acceptability studies have identified the film, a traditionally fast release, coitally dependent formulation as an acceptable dosage form to women. Although this dosage form is found to be safe, effective and preferred among women, there are barriers to daily and coitally dependent product usage for some women. In efforts to overcome barriers of both dosage form and dosing regimen acceptability, we propose that the vaginal film can provide a platform for extended drug delivery. We hypothesized that vaginal residence time of polymeric films could be manipulated through physical film properties and polymeric makeup of the film, which can be used to extend the dosing interval of films for the delivery of potent antiretrovirals. Increased volume films were manufactured through altering film thickness. These films were able to accommodate a hydrophilic agent, tenofovir (TFV), a hydrophobic agent, dapivirine (DPV) and a combination of dapivirine and MK-2048. Model films containing TFV and DPV were assessed in the non-human primate and showed that increased volume films can extend vaginal retention time compared to their thin film counterparts. Another approach to formulate extended release films was through a design of experiments using a combination of polymers to enhance vaginal retention. A panel of films was manufactured and characterized. A lead film platform was selected and when tested in the non-human primate was able to deliver MK-2048 vaginally at levels above the IC50 for this compound for up to 30 days. Overall, this work provided strong evidence for the application of the polymeric film as an extended release platform for the vaginal delivery of antiviral agents for HIV prevention.	HIV prevention, vaginal film, microbicide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2018	Grace, D; Jollimore, J; MacPherson, P; Strang, MJP; Tan, DHS	The Pre-Exposure Prophylaxis (PrEP)-Stigma Paradox: Learning from Canada's First Wave of PrEP Users	AIDS Patient Care and STDs	-	-	-	1087-2914	10.1089/apc.2017.0153	https://pubmed.ncbi.nlm.nih.gov/29185801/	With the emergence of daily oral tenofovir disoproxil fumarate and emtricitabine-based pre-exposure prophylaxis (PrEP) use in Canada, questions have emerged concerning the impacts of this HIV prevention tool on gay men's social and sexual lives. We conducted small focus groups and individual qualitative interviews with 16 gay men in Toronto who were part of the first wave' of Canadian PrEP users. Participants were on PrEP for at least one year as part of a demonstration project (November 2014-June 2016). These participants accessed PrEP before regulatory approval by Health Canada in February 2016. The mean age of participants was 37.6 years (SD 11.02); 94% completed secondary education, and 69% were white. Sex-stigma emerged as a complex theme in men's accounts of PrEP use across three overlapping domains: (1) PrEP-related stigma, including discussions of concealment and stigma from friends, family, and sexual partners, (2) PrEP as a perceived tool for combating HIV-related stigma, where some men said that they no longer discussed HIV status with sexual partners, and (3) PrEP as illuminating structural stigma, where it was attributed to unmasking stigma related to sex and sexuality. For some participants, PrEP has allowed for liberating sex and a self-described return to normalcynormal, exciting, pleasurable sex that was no longer reliant on condom use. Paradoxically, some men said that PrEP use both led them to experience stigmatizing reactions within their social and sexual networks, while also helping to remove stigma, shame, and fear related to HIV, sexuality, and sex with gay men living with HIV.	HIV prevention; pre-exposure prophylaxis; sexual risk; gay men; INFECTION; MEN; SEX; ACCEPTABILITY; KNOWLEDGE; HEALTH; ATTITUDES; BLACK; HIV-NEGATIVE GAY; SERODISCORDANT SEXUALITY; sexual stigma	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2018	Grant, Robert M; Mannheimer, Sharon; Hughes, James P; Hirsch-Moverman, Yael; Loquere, Avelino; Chitwarakorn, Anupong; Curlin, Marcel E; Li, Maoji; Amico, K Rivet; Hendrix, Craig W; Anderson, Peter L; Dye, Bonnie J; Marzinke, Mark A; Piwowar-Manning, Estelle; McKinstry, Laura; Elharrar, Vanessa; Stirratt, Michael; Rooney, James F; Eshleman, Susan H; McNicholl, Janet M; van Griensven, Frits; Holtz, Timothy H	Daily and Nondaily Oral Preexposure Prophylaxis in Men and Transgender Women Who Have Sex With Men: The Human Immunodeficiency Virus Prevention Trials Network 067/ADAPT Study.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/cix1086	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5961078	Background: Nondaily dosing of oral preexposure prophylaxis (PrEP) may provide equivalent coverage of sex events compared with daily dosing. Methods: At-risk men and transgender women who have sex with men were randomly assigned to 1 of 3 dosing regimens: 1 tablet daily, 1 tablet twice weekly with a postsex dose (time-driven), or 1 tablet before and after sex (event-driven), and were followed for coverage of sex events with pre- and postsex dosing measured by weekly self-report, drug concentrations, and electronic drug monitoring. Results: From July 2012 to May 2014, 357 participants were randomized. In Bangkok, the coverage of sex events was 85% for the daily arm compared with 84% for the time-driven arm (P = .79) and 74% for the event-driven arm (P = .02). In Harlem, coverage was 66%, 47% (P = .01), and 52% (P = .01) for these groups. In Bangkok, PrEP medication concentrations in blood were consistent with use of ≥2 tablets per week in >95% of visits when sex was reported in the prior week, while in Harlem, such medication concentrations occurred in 48.5% in the daily arm, 30.9% in the time-driven arm, and 16.7% in the event-driven arm (P < .0001). Creatinine elevations were more common in the daily arm (P = .050), although they were not dose limiting. Conclusions: Daily dosing recommendations increased coverage and protective drug concentrations in the Harlem cohort, while daily and nondaily regimens led to comparably favorable outcomes in Bangkok, where participants had higher levels of education and employment. Clinical Trials Registration: NCT01327651.	HIV, prevention, preexposure prophylaxis, men who have sex with men, transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Gray, Megan E; Shenoi, Sheela V; Dillingham, Rebecca	Pre-exposure Prophylaxis as HIV Prevention in High Risk Adolescents.	Journal of Pediatric and Pediatric Medicine	-	-	-	NA	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6095661	NA	HIV AIDS Adolescents Prevention Pre-exposure prophylaxis	English	India	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Greener R.; Milford C.; Bajunirwe F.; Mosery F.N.; Ng C.K.; Rifkin R.; Kastner J.; Pillay L.; Kaida A.; Bangsberg D.R.; Smit J.A.; Matthews L.T.	Healthcare providers' understanding of HIV serodiscordance in South Africa and Uganda: implications for HIV prevention in sub-Saharan Africa	African Journal of AIDS Research	-	-	-	16085906	10.2989/16085906.2018.1462217	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046709720&doi=10.2989%2f16085906.2018.1462217&partnerID=40&md5=7a11d21e017a2dae15dbd6c2aba0806e	HIV transmission within stable heterosexual HIV serodiscordant couples accounts for almost half the new incident infections in South Africa and Uganda. Advances in HIV prevention provide opportunities to reduce transmission risk within serodiscordant partnerships (e.g., antiretroviral treatment (ART), pre-exposure prophylaxis (PrEP), medical male circumcision, and couples-based HIV counselling and testing). These interventions require a clinical encounter with a provider who recognises prevention opportunities within these partnerships. We explored healthcare provider understanding of HIV serodiscordance in a reproductive counselling study with providers in eThekwini district, South Africa, and Mbarara district, Uganda. In eThekwini, in-depth interviews (29) and focus group discussions (2) were conducted with 42 providers (counsellors, nurses and doctors) from public sector clinics. In Mbarara, in-depth interviews were conducted with 38 providers (medical officers, clinical officers, nurses, peer counsellors and village health workers). Thematic analysis was conducted using NVivo software. In eThekwini, many providers assumed HIV seroconcordance among client partners and had difficulty articulating how serodiscordance occurs. Mbarara providers had a better understanding of HIV serodiscordance. In the two countries, providers who understood HIV serodiscordance were better able to describe useful HIV-prevention strategies. Healthcare providers require training and support to better understand the prevalence and mechanisms of HIV serodiscordance to implement HIV-prevention strategies for HIV serodiscordant couples. © 2018, © 2018 NISC (Pty) Ltd.	antiretroviral treatment; HIV counselling; HIV knowledge; HIV transmission; reproductive health	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2018	Grinsztejn B.; Hoagland B.; Moreira R.I.; Kallas E.G.; Madruga J.V.; Goulart S.; Leite I.C.; Freitas L.; Martins L.M.S.; Torres T.S.; Vasconcelos R.; De Boni R.B.; Anderson P.L.; Liu A.; Luz P.M.; Veloso V.G.; Adão V.M.; Alencastro P.R.; Amaral A.P.; Araújo T.; Araújo D.; Bertevello D.A.; Bressani C.; Cardoso S.W.; Carneiro R.A., Jr.; Carvalho R.; Cerqueira N.B.; Cocolato L.; da Costa M.V.M.; da Silva R.V.S.; Dantas M.C.D.S.; de Castro C.R.V.; Dias K.M.D.S.; Donini C.S.; dos Anjos A.T.L.; dos Santos A.A.; Estrela R.D.C.E.; Fernandes N.M.; Ferrari L.; Freitas J.; Gomes T.D.S.; Gonzalez M.L.; Goulart R.; Granjeiro J.R.; Lacerda M.V.G.; Menezes P.D.L.E.; Mizuno G.; Monteiro L.; Moraes I.; Moreira C.; Mourão D.S.; Nakagawa Z.B.; Nazer S.; Neves M.A.A.; Nogueira R.S.; Odongo F.; Porto T.; Prado G.; Puerro M.; Reis G.N.; Ribeiro V.; Rocha C.; Rodrigues C.; Salles R.; Sauer M.; Sousa T.; Tavares C.O.; Tomiyama C.S.; Tomiyama H.; Vieira D.; Vieira V.; Villela L.; Waite D.M.M.; Zuccaro N.	Retention, engagement, and adherence to pre-exposure prophylaxis for men who have sex with men and transgender women in PrEP Brasil: 48 week results of a demonstration study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(18)30008-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042160626&doi=10.1016%2fS2352-3018%2818%2930008-0&partnerID=40&md5=371ed48ec7c37442129649a4c72d9ac4	Background: PrEP Brasil was a demonstration study to assess feasibility of daily oral tenofovir diphosphate disoproxil fumarate plus emtricitabine provided at no cost to men who have sex with men (MSM) and transgender women at high risk for HIV within the Brazilian public health system. We report week 48 pre-exposure prophylaxis (PrEP) retention, engagement, and adherence, trends in sexual behaviour, and incidence of HIV and sexually transmitted infections in this study cohort. Methods: PrEP Brasil was a 48 week, open-label, demonstration study that assessed PrEP delivery at three referral centres for HIV prevention and care in Rio de Janeiro, Brazil (Fundação Oswaldo Cruz), and São Paulo, Brazil (Universidade de São Paulo and Centro de Referência e Treinamento em DST e AIDS). Eligible participants were MSM and transgender women who were HIV negative, aged at least 18 years, resident in Rio de Janeiro or São Paulo, and reported one or more sexual risk criteria in the previous 12 months (eg, condomless anal sex with two or more partners, two or more episodes of anal sex with an HIV-infected partner, or history of sexually transmitted infection STI diagnosis). Participants were seen at weeks 4, 12, 24, 36, and 48 for PrEP provision, clinical and laboratory evaluation, and HIV testing. Computer-assisted self-interviews were also done at study visits 12, 24, 36, and 48, and assessed sexual behaviour and drug use. PrEP retention was defined by attendance at the week 48 visit, PrEP engagement was an ordinal five-level variable combining presence at the study visit and drug concentrations, and PrEP adherence was evaluated by measuring tenofovir diphosphate concentrations in dried blood spots. Logistic regression models were used to quantify the association of variables with high adherence (≥4 doses per week). The study is registered with ClinicalTrials.gov, number NCT01989611. Findings: Between April 1, 2014, and July 8, 2016, 450 participants initiated PrEP, 375 (83%) of whom were retained until week 48. At week 48, 277 (74%) of 375 participants had protective drug concentrations consistent with at least four doses per week: 183 (82%) of 222 participants from São Paulo compared with 94 (63%) of 150 participants from Rio de Janeiro (adjusted odds ratio 1·88, 95% CI 1·06–3·34); 119 (80%) of 148 participants who reported sex with HIV-infected partners compared with 158 (70%) of 227 participants who did not (1·78, 1·03–3·08); 67 (87%) of 77 participants who used stimulants compared with 210 (71%) of 298 participants who did not (2·23, 1·02–4·92); and 232 (80%) of 289 participants who had protective concentrations of tenofovir disphosphate at week 4 compared with 42 (54%) of 78 participants who did not (3·28, 1·85–5·80). Overall, receptive anal sex with the last three partners increased from 45% at enrolment to 49% at week 48 (p=0·17), and the mean number of sexual partners in the previous 3 months decreased from 11·4 (SD 28·94) at enrolment to 8·3 (19·55) at week 48 (p<0·0013). Two individuals seroconverted during follow-up (HIV incidence 0·51 per 100 person-years, 95% CI 0·13–2·06); both of these patients had undetectable tenofovir concentrations at seroconversion. Interpretation: Our results support the effectiveness and feasibility of PrEP in a real-world setting. Offering PrEP at public health-care clinics in a middle-income setting can retain high numbers of participants and achieve high levels of adherence without risk compensation in the investigated populations. Funding: Brazilian Ministry of Health, Conselho Nacional de Desenvolvimento Científico e Tecnológico, Secretaria de Vigilancia em Saúde, Fundação Carlos Chagas Filho de Amparo à Pesquisa do Estado do Rio de Janeiro, and Fundação de Amparo à Pesquisa do Estado de São Paulo. © 2018 Elsevier Ltd	HIV; Infecções Oportunistas; Fatores de Risco; Homens	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2018	Grov C.; D'angelo A.B.; Flynn A.W.P.; Lopez-Rios J.; Pantalone D.W.; Holloway I.W.; Whitfield T.H.F.; Parsons J.T.	How do gay and bisexual men make up for missed PrEP doses, and what impact does missing a dose have on their subsequent sexual behavior?	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2018.30.4.275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056740542&doi=10.1521%2faeap.2018.30.4.275&partnerID=40&md5=b58ef03ec92e4c330ce3de7e8d7a356c	HIV pre-exposure prophylaxis (PrEP) is being adopted by members of key populations, such as gay and bisexual men (GBM). Since adherence to a daily PrEP regimen ensures a maximum protection, it is critical to understand GBM's behavioral responses to having missed PrEP doses. We report on qualitative interviews with GBM taking PrEP. We identified three behavioral responses: (1) 59% continued with their next scheduled dose; (2) 49% described "making up" for a missed dose by taking medication as soon as possible; and (3) 11% reported "doubling" the next PrEP dose. Participants provided potentially contradictory narratives about their sexual behavior after a missed dose: (1) 54% described making no changes; (2) 49% described adjusting their sexual behavior to reduce HIV risk; and (3) 10% said their decision would be contingent upon how many doses were missed. For PrEP prescribers, our data provide a useful lens to understand patients' lived experiences with PrEP. © 2018 The Guilford Press.	Adherence; Gay and bisexual men; HIV; Pre-exposure prophylaxis (PrEP); Qualitative data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Grov C.; Kumar N.	HIV Pre-Exposure Prophylaxis (PrEP) Is Coming to Europe, but Are Gay Men Ready to Accept It? Qualitative Findings from Berlin, Germany	Sexuality Research & Social Policy	-	-	-	18689884	10.1007/s13178-017-0278-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85014731814&doi=10.1007%2fs13178-017-0278-9&partnerID=40&md5=5b53b869c1b5f78614778a76118eca3b	In 2016, the European Medicines Agency approved the marketing of Truvada for use as pre-exposure prophylaxis (PrEP) in European Union (EU) member states. As individual countries throughout the EU make decisions about whether to adopt PrEP and fund it via governmental insurance, it is vital to understand key populations' knowledge of and attitudes toward PrEP. In 2015, 20 gay men completed face-to-face audio-recorded interviews, describing their knowledge of and attitudes toward PrEP (mean age 35.9; 35% HIV-positive, 65% HIV-negative). We found that in spite of PrEP not yet having been approved for marketing in Germany, all but one of the participants were aware of PrEP and knew the difference between PrEP and post-exposure prophylaxis (PEP; which is approved for use in Germany). By and large, attitudes were favorable about PrEP, especially among HIV-negative participants. Next, there appeared to be an already high demand for PrEP with several participants going to great lengths to gain access to PrEP; two described intentions to obtain PEP for use as PrEP, one was obtaining PrEP via another country (where it was legal), and a fourth participant was discretely distributing PrEP out of his home. Our findings appear to validate anecdotal evidence suggesting high demand for PrEP and that some are already finding ways to obtain it without governmental approval. Our findings suggest that participants were prepared to see the rollout of PrEP in Berlin, pending its approval. © 2017, Springer Science+Business Media New York.	Barebacking; Berlin; Gay men; Germany; HIV; Men who have sex with men; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Grov, Christian; Jonathan Rendina, H; Patel, Viraj V; Kelvin, Elizabeth; Anastos, Kathryn; Parsons, Jeffrey T	Prevalence of and Factors Associated with the Use of HIV Serosorting and Other Biomedical Prevention Strategies Among Men Who Have Sex with Men in a US Nationwide Survey	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2084-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044068190&doi=10.1007%2fs10461-018-2084-7&partnerID=40&md5=37c91215ea7f2c42ea40d4e24c4cf616	PrEP and treatment-as-prevention (TasP) are biomedical strategies to reduce HIV transmission. Some men who have sex with men (MSM) are combining biomedical strategies with HIV serosorting—termed "biomed matching" when both partners are either on PrEP or TasP, or "biomed sorting" when one partner is using PrEP and the other TasP. Nevertheless, there is limited data on the extent of biomed matching/sorting in large geographically diverse samples. In 2016–2017, 5021 MSM from across the US were surveyed about their HIV status and HIV viral load/PrEP use, as well as that of their recent casual male partners. For each participant, we calculated the proportion of his partners who were (1) HIV-positive and undetectable, (2) HIV-positive and detectable/unknown, (3) HIV unknown/undiscussed, (4) HIV-negative on PrEP, (5) HIV-negative, not on PrEP. In total, 66.6% (n = 3346) of participants were HIV-negative and not on PrEP, 11.9% (n = 599) on PrEP, 14.1% (n = 707) HIV-positive and undetectable, 1.1% (n = 55) HIV-positive and viral load detectable/unknown, and 6.2% (n = 313) HIV unsure/unknown. A participant's own HIV and PrEP status/was significantly associated with that of his partners (all p < 0.001), evincing evidence of both serosorting and biomed matching. Among men on PrEP and those who were HIV-undetectable, there was also some evidence to suggest these participants dually engaged in biomed matching as well as biomed sorting. We found evidence of biomed matching and sorting, which may compound its effectiveness for those using it (i.e., both partners bring biomedical protection). Unintended consequences of biomed matching/sorting include that men not using a biomedical strategy may be less likely to benefit from a partner's use of the strategy—potentially further driving disparities in HIV infections. Public health campaigns might be well served to highlight not only the benefits that biomedical HIV prevention strategies provide for their users (e.g., "being on PrEP protects me from getting HIV"), but also the benefits that a user brings to his partners (e.g., "my use of PrEP means my partners won't get HIV"), and the benefits of being with a partner who is using a biomedical strategy (e.g., "my partner's use of PrEP/TasP protects me from HIV"). © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Men who have sex with men; Pre-exposure prophylaxis (PrEP); Serosorting; Treatment as prevention (TasP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2018	Grelotti, A.E.; Que, B.; Annis, J.; Jay, J.; Solve, C.; Holmes, J.; Schmidt, H.-M.A.; Zablotska, I.; Price, K.; Whittaker, B.; Chard, K.; Cooper, C.; McGill, S.; Telfer, B.; Young, B.; Levin, G.; Ogilvie, E.E.; Duncan, N.G.; Hammond, M.A.; Yeacher, S.; Watchirs-Smith, L.; McNulty, A.; Smith, D.J.; Allen, D.W.; Baker, D.; Bloch, M.; Boyage, R.J.; Brown, K.; Carr, A.; Carmody, C.J.; Collins, K.L.; Fedyszyn, R.; Foster, R.; Jackson, E.Y.; Lewin, D.A.; Lord, J.; O'Connor, C.C.; Ryder, N.; Vilhaber, E.; Reed, P.; Cooper, D.A.; Smith, D.; Ooi, C.; Martin, S.; Soo, T.M.; Templeton, D.; Townsan, D.; Forsman, B.; Duong, N.; Han Thai, G.; Anderson, B.; MacLeod, H.; Parkhill, N.	Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study	The Lancet HIV	-	-	-	-	-	-	-	23523018	10.1016/S2352-3018(18)30215-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053328221&doi=10.1016%2fS2352-3018%2818%2930215-7&partnerID=40&md5=19574056a2213c9910f5cf5ec7c7b4a	-	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2018	Gulick R.M.	Investigational antiretroviral drugs: What is coming down the pipeline	Topics in Antiviral Medicine	-	-	-	-	-	-	-	21615861	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042219968&partnerID=40&md5=c78d4ea25c3505f6768d7f3198967e3f	-	Antiretroviral drugs; Antiretroviral therapy; Bictegravir; Cabotegravir; Doravirine; Entry inhibitor; Fostemsavir; HIV; Ibalizumab; Integrase; Investigational; MK-8591; Nonnucleoside; Nucleoside	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Guthrie K.M.; Rosen R.K.; Vargas S.E.; Getz M.L.; Dawson L.; Guillen M.; Ramirez J.J.; Baum M.M.; Vincent K.L.	User evaluations offer promise for pod-intravaginal ring as a drug delivery platform: A mixed methods study of acceptability and use experiences	PLOS One	-	-	-	-	-	-	-	19526203	10.1371/journal.pone.0197269	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046944439&doi=10.1371%2fjournal.pone.0197269&partnerID=40&md5=4b1ba72ffc6aa102dab189c96e45ca1a	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Haaland, Richard E; Fountain, Jeffrey; Hu, Yingtao; Hobbs , Angela; Dinh, Cheong; Hall, LaShonda; Foscatore, Nicole A; Hecker, Sheila; Hart, Clyde E; Xu, Jiabai; Hu, Yi-Juan; Kelley, Colleen F	Repeated rectal application of a hypersensitive lubricant is associated with microbiota shifts but does not affect PrEP drug concentrations: results from a randomized trial in men who have sex with men.	Journal of the International AIDS Society	-	-	-	-	-	-	-	1758-2652	10.1002/jia2.25199	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205196/	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Haddad L.B.; Wall K.M.; Kikombe W.; Mwalika B.; Kha N.H.; Brill I.; Chomba E.; Tichacek A.; Allen S.	Bacterial vaginosis modifies the association between hormonal contraception and HIV acquisition	AIDS	-	-	-	-	-	-	-	2699370	10.1097/QAD.0000000000001741	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041765454&doi=10.1097%2fQAD.0000000000001741&partnerID=40&md5=e5c42aac90aaa953ad1f4a6c79eda9d92	-	ADIS; bacterial vaginosis; HIV; hormonal contraception; injectable contraceptives; oral contraceptives; vaginal microbiota	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2018	Hageman, JR	Pediatric Endocrinology, Lead Toxicity in Sickle Cell Disease, and HIV Pre-Exposure Prophylaxis	Pediatric Annals	-	-	-	-	-	-	-	0090-4481	10.3928/19382359-20171214-02	https://journals.healio.com/doi/epdf/10.3928/19382359-20171214-02	NA	-	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Hahn A.; Hinz R.; Meyer T.; Lodermilch U.; Herschewitsch O.; Meyer C.G.; Schwarz N.G.; Fickenscher H.	HIV prevention strategies and risk of infection: A model-based analysis	Epidemiology and Infection	-	-	-	-	-	-	-	9502688	10.1017/S0950268818000845	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045297930&doi=10.1017%2fS0950268818000845&partnerID=40&md5=43f5ffbc3f7668c7351ab69b84ba1ab8	Risk populations for HIV infections tend to neglect condom use, making alternative preventive approaches necessary. Accordingly, we modelled the risk of sexual HIV transmission for condom use vs. use of rapid diagnostic test (RDT) systems with subsequent exclusion of potential sexual partners with a syreinfo or falsely positive test from unprotected sex with and without the use of HIV pre-exposure prophylaxis (PrEP) in a bio-statistical approach. We combined a previously described model of transmission risk for HIV-exposed individuals with a newly suggested model of risk of HIV exposure for sexually active HIV-negative individuals. The model was adapted for several stages of infection and different strategies of HIV infection prevention. HIV prevention with RDTs can reduce the transmission risk by up to 87% compared with having sex without any prevention and up to 80% compared with condom use. Nevertheless, RDT-based prevention strategies demonstrate a lack of protection in several stages of infection. Especially in the first 3 months after infection, the risk of transmitting HIV to unprotected sexual partners is prone to unprotected sexual contacts substantially reduces HIV transmission risk. Combination of different prevention strategies is advisable for high-risk groups. © 2018 Cambridge University Press.	Condoms; epidemiology; HIV transmission risk; modelling; pre-expositional prophylaxis; rapid diagnostic tests	English	United Kingdom	Western and Central Europe and North America	germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2018	Halkitis, Perry N; Jaiswal, Jessica; Griffin-Tomas, Marybec; Krause, Kristen D; D'Aoraso, Paul; Kapadia, Farzana	Beliefs About the End of AIDS, Concerns About PrEP Functionality, and Perceptions of HIV Risk as Drivers of PrEP Use in Urban Sexual Minority Men: The P18 Cohort Study.	AIDS and Behavior	-	-	-	-	-	-	-	1573-3254	10.1007/s10461-018-2218-y	https://dx.doi.org/10.1007/s10461-018-2218-y	-	Belief; Cognition; Concern; End of AIDS; Gay and bisexual; HIV; PrEP; Risk perception; Sexual minority.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Hambrick, H Rhodes; Park, Su Hyun; Schneider, John A; Meyer, Kenneth H; Carrico, Adam W; Sherman, Scott E; Duncan, Dustin T	Poppers and PrEP: Use of Pre-exposure Prophylaxis Among Men Who Have Sex with Men Who Use Inhaled Nitrites.	AIDS and Behavior	-	-	-	-	-	-	-	1573-3254	10.1007/s10461-018-2139-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8226412/	Men who have sex with men (MSM) commonly use inhaled nitrites, or poppers, though their use is a risk factor HIV seroconversion. Pre-exposure prophylaxis, or PrEP, is effective for HIV prevention, but is not widely used, and little is known regarding PrEP use and acceptability among MSM who use inhaled nitrites. We surveyed 500 MSM in Paris, France in 2016 about popper use, sexual behaviors including condomless anal sex (CAS), and PrEP use and acceptability. Participants were 18 years old (IQR: 25–39), 90% were born in France, and 90% identified as gay. Most (70%) reported popper use in the past 3 months. Using multivariate adjusted logistic regression, we found that popper users were more likely than non-users to consider themselves candidates for PrEP (adjusted relative risk ratio (aRRR) = 2.73, 95% CI 1.54–4.83), but they were not more likely to be current (aRRR = 1.54, 95% CI 0.71–3.33) or past (aRRR = 1.37, 95% CI 0.46–4.28) PrEP users. Mediation analyses indicated that increased CAI and sensewriting partly explained the relationship between popper use and PrEP candidacy. There was considerable interest in alternate proposed PrEP delivery modalities, particularly long-acting injectable PrEP: adjusted risk ratio (aRR) = 1.43, 95% CI 1.15–1.79.	HIV prevention, men who have sex with men, poppers, inhaled nitrites, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Hamilton, Dewan T; PhD, MPH; Goodreau, Steven M; PhD, Jenness, Samuel M; PhD, Sullivan, Patrick S; PhD, DVM, Wang, Li Yan, MBA, MA, Danielle, Richard C, MPH; Burriss, Lisa C, DRPH; Jenkins-Moore, Eli S, PhD	Potential Impact of HIV Pre-exposure Prophylaxis Among Black and White Adolescent Sexual Minority Males	American Journal of Public Health	-	-	-	-	-	-	-	900836	10.2105/AJPH.2018.304471	https://www.proquest.com/scholarly-journals/potential-impact-hiv-pre-exposure-prophylaxis-among/docview/2717140103/se-2?accountid=8117	Objectives. To assess the potential impact of preexposure prophylaxis (PrEP) on the HIV epidemic among Black and White adolescent sexual minority males (ASMM). Methods. We used a network model and race-specific data from recent trials to simulate HIV transmission among a population of Black and White 13- to 16-year-old ASMM over 20 years. We examined the combined effects of universal (impact) and the number needed to treat to prevent an infection (efficiency) under multiple coverage and adherence scenarios. Results. At modeled coverage and adherence, PrEP could avert 3% to 20% of HIV infections among Black ASMM over 20 years, depending on PrEP efficacy. Because of higher HIV incidence, PrEP was substantially more impactful among Black ASMM than among White ASMM. The number needed to treat was more favorable among Black ASMM (number needed to treat = 23–32) compared with White ASMM (146–227). Conclusions. PrEP can reduce HIV incidence among both Black and White ASMM but is far more efficient for Black ASMM because of higher incidence. Public Health Implications. Black ASMM communities suffer disproportionate HIV burden; despite imperfect adherence, PrEP programs could prevent HIV efficiently in these communities. (Am J Public Health. 2018;108:S204-S209. doi:10.2105/AJPH.2018.304471)	Pre-exposure prophylaxis; Epidemics; Males; Infections; Efficiency; Adolescents; Teenagers; Disease transmission; Disease control; Prevention; Surveillance; Race; Population; Age; Disease transmission; Disease control; Young adult; Public health; Adolescent; Young adult; Adult; Middle Aged; United States; Male; Medical Sciences; Minority & ethnic groups; Estimates; Atlanta Georgia; 92312:Administration of Public Health Programs; Incipiency; Network model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Hammack P.L.; Meyer I.H.; Krueger E.A.; Lightfoot M.; Frost D.M.	HIV testing and pre-exposure prophylaxis (PrEP) use, familiarity, and attitudes among gay and bisexual men in the United States: A national probability sample of three birth cohorts	PLOS One	-	-	-	-	-	-	-	19526203	10.1371/journal.pone.0202906	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051047364&doi=10.1371%2fjournal.pone.0202906&partnerID=40&md5=74c581164e49a03f1f01e0bae7191699	The study examined HIV testing and use, familiarity, and attitudes toward pre-exposure prophylaxis (PrEP) among HIV-negative gay and bisexual men in the United States. A national probability sample (N = 420) of three age cohorts (18–25, 34–41, and 52–59 years) completed a survey between March, 2016 and March, 2017. Most men did not meet CDC recommendations for HIV testing, and 25.2% of men in the younger cohort had never tested. Only 4.1% used PrEP across cohorts. Visiting an LGBT clinic and searching for LGBT resources online were both associated with PrEP use. Men in the middle cohort were more familiar with PrEP (79%) than men in the younger (52%) and older (57%) cohorts. Bisexual and non-urban men were less familiar with PrEP. Attitudes were positive among most men (68.4%) familiar with PrEP. Findings suggest that most men are potentially at risk for HIV do not meet CDC guidelines for testing, and PrEP use continues to be minimal. Efforts to educate gay and bisexual men about HIV risk and prevention need to be reinvigorated and expanded to include non-gay-identified and non-urban men. © 2018 Hammack et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Hammack, Phillip L; Frost, David M; Meyer, Ilan H	Gay Men's Health and Identity: Social Change and the Life Course.	Archives of Sexual Behavior	-	-	-	-	-	-	-	0004-0002	https://doi.org/ 10.1007/s10508-017-0990-9	https://escholarship.org/uc/item/7sn0q760	-	Humans; HIV Infections; Homosexuality, Male; Gender Identity; Age Factors; Social Change; Human Rights; Social Responsibility; Adult; Middle Aged; United States; Male; Men's Health; Young Adult; Pre-Exposure Prophylaxis; Gay men; Health; Sexual orientation; Identity; Life course; PrEP; Sexual orientation; Clinical Psychology; Other Studies in Human Society; Psychology; Public Health and Health Services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Hammond, Mohamed A; Yeacher, Stefanie; Jin, Fengyi; Bourne, Adam; Haire, Bridget; Maher, Lisa; Lea, Toby; Prestage, Garrett	The new MTV generation: Using methamphetamine, Truvada™, and Viagra™ to enhance sex and stay safe.	International Journal of Drug Policy	-	-	-	-	-	-	-	1873-4758	10.1016/j.drugpo.2018.02.021	https://dx.doi.org/10.1016/j.drugpo.2018.02.021	INTRODUCTION: Gay and bisexual men (GBM) often use illicit drugs to enhance sexual pleasure, commonly referred to as 'chemsex' or 'party n play'. In particular, the use of methamphetamine and Viagra™ and other erectile dysfunction medications, both together and separately are strongly predictive of subsequent HIV infection. Truvada™, as pre-exposure prophylaxis (PrEP), virtually eliminates HIV transmission during condomless anal intercourse (CLAI). HIV-negative GBM in intensive sex partying networks may be adding PrEP to their drug regimen to actively reduce the possibility of HIV infection. Methods: The Following Love Undergoing Change study is an online prospective observational study of GBM who use methamphetamine, Viagra™ and other erectile dysfunction medications (collectively, MTV). METHODS: The Following Love Undergoing Change study is an online prospective observational study of gay and illicit drug use among men who have sex with men (GBM). Between January and July 2017, 1031 GBM provided details about their use of MTV. Binary logistic, multiple regression analysis were used to estimate adjusted odds ratios (aOR) and associated 95% confidence intervals (95%CI). RESULTS: Concurrent MTV use was reported by 6.0% of participants, 3.1% used methamphetamine and Viagra™ or other erectile dysfunction medications (MV only) and 11.2% used Truvada™ as PrEP (T only). In multivariate analysis, compared to use of 'MV only', MTV was independently associated with CLAI with casual partners (aOR = 4.78,95%CI = 2.42-32.34), and Truvada™ (aOR = 4.7,95%CI = 1.43-8.56) in the previous six months. Compared to use of 'T only', MTV was independently associated with CLAI (aOR = 3.78,95%CI = 2.42-32.34), and Truvada™ (aOR = 3.31,95%CI = 1.32-8.00). Greater social engagement with other gay men (aOR = 1.44,95%CI = 1.20-1.76) and having more sexual partners (aOR = 2.30,95%CI = 1.18-4.82) were independently associated with use of MTV compared to use of 'MV only' or 'T only'. CONCLUSIONS: GBM in intensive sex partying networks are increasingly adding PrEP alongside other drugs they use to enhance sexual experiences. Interventions that promote the use of PrEP during chemsex could mitigate HIV risk.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2018	Hampel B.; Reinacher M.; Fehr J.S.	HIV pre-exposure prophylaxis (PrEP): Is it time to rethink HIV prevention in sweden?	Travel Medicine and Infectious Disease	-	-	-	-	-	-	-	1477893X	10.1016/j.tmaid.2018.06.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053007621&doi=10.1016%2fj.tmaid.2018.06.008&partnerID=40&md5=4c1b13ed0915da5352d06d77f0f9c9e	NA	NA	English	Netherlands	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Other
Article	2018	Hancock K.; Barton J.; Ngare K.; Celum C.; Mugo N.; Tindimwebwa E.; Heffron R.	Safer conception among HIV-1 serodiscordant couples in East Africa: understanding knowledge, attitudes, and experiences	AIDS Care	-	-	-	-	-	-	-	9540121	10.1080/09540121.2018.1427251	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042227568&doi=10.1080%2f09540121.2018.1427251&partnerID=40&md5=9551e35a3d1080356ed2f9a758a0f4	For HIV-1 serodiscordant couples, HIV-1 exposure and risk of transmission is heightened during pregnancy attempts, but safer conception strategies can reduce risk. As safer conception programs are scaled up, understanding couples' preferences and experiences can be useful for programmatic recommendations. We followed 1013 high-risk, heterosexual HIV-1 serodiscordant couples from Kenya and Uganda for two years in an open-label delivery study of integrated pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART), the Partners Demonstration Project. We used descriptive statistics to describe the safer conception strategies exposures to characterize women who reported use of a safer conception strategy by their first annual visit. HIV-1 infection was the study visit. Multivariable logistic regression identified factors associated with safer conception strategy use. Results: Of 1057 women enrolled, 679 (64%) desired children in the future. At the first annual visit, 59% of women recognized PrEP, 50% ART, 58% timed conditions sex, 23% self-insemination, and fewer than 10% recognized male circumcision, sperm washing, or ovulation testing. Safer conception strategy use was reported by 19% of women overall, including 29% of women who desired children in the future. Factors associated with safer conception strategy use included: desire to conceive, male partner HIV status disclosure, and follow-up 12- and 24-months after enrollment. Women will be asked to complete a questionnaire and offered HIV testing. Additional complications of this study include identifying comparable populations of YWSS in the DREAMS+PrEP and non-DREAMS comparison sites, and retention of YWSS over the 24-month period. The primary outcome is HIV incidence among YWSS HIV-negative at study enrollment measured by repeat, rapid HIV testing over 24 months. Inference will be based on plausibility that DREAMS+PrEP had an impact on HIV incidence. A process evaluation will be conducted to understand intervention implementation, and document any contextual factors determining the success or failure of intervention delivery. Discussion: HIV prevention products of known efficacy are available. Innovative studies are needed to provide evidence of how to optimize product use through combination interventions to achieve population impact within different contexts. We describe the design of such a study. © 2018 The Author(s).	-	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Hanssen, Bernadette; Hargreaves, James R; Cheyska, Tarisai; Chabata, Sungai; Mushati, Phillis; Floyd, Sian; Birdthistle, Isolde; Buzes, Joanna; Cowan, Frances	Evaluating the impact of DREAMS on HIV incidence among young women who sell sex: Protocol for a non-randomised study in Zimbabwe	BMC Public Health	-	-	-	-	-	-	-	14712458	10.1186/s12889-018-5085-6	https://escholarship.org/uc/item/7sn0q760	Background: "Determined, Resilient, AIDS-free, Mentored and Safe" (DREAMS) is a package of biomedical, social and economic interventions offered to adolescent girls and young women aged 10-24 years with the aim of reducing HIV incidence. In four of the six DREAMS districts in Zimbabwe, DREAMS includes an offer of oral pre-exposure prophylaxis (DREAMS+PrEP), alongside interventions to support demand and adherence, to women aged 18-24 who are at highest risk of HIV infection, including young women who sell sex (YWSS). This evaluation study addresses the question: does the delivery of DREAMS+PrEP through various providers reduce HIV incidence among YWSS Zimbabwe? We describe our approach to designing a rigorous study to assess whether DREAMS+PrEP had an impact on HIV incidence. Methods: The study design is a non-randomised, controlled, prospective cohort study. The study population is young women who sell sex in the sex-working scene for the target populations for DREAMS+PrEP. There are a small number of DREAMS districts (N = 6), and 41 DREAMS+PrEP is being implemented by various providers. The study will use a cohort analysis approach to compare HIV incidence among YWSS in DREAMS+PrEP districts (N = 3) with HIV incidence among YWSS in non-DREAMS districts (N = 3). Eligible participants will be identified through a respondent-driven sampling approach (RDS), and followed up (census) at baseline, 12- and 24-months after enrollment. Women will be asked to complete a questionnaire and offered HIV testing. Additional complications of this study include identifying comparable populations of YWSS in the DREAMS+PrEP and non-DREAMS comparison sites, and retention of YWSS over the 24-month period. The primary outcome is HIV incidence among YWSS HIV-negative at study enrollment measured by repeat, rapid HIV testing over 24 months. Inference will be based on plausibility that DREAMS+PrEP had an impact on HIV incidence. A process evaluation will be conducted to understand intervention implementation, and document any contextual factors determining the success or failure of intervention delivery. Discussion: HIV prevention products of known efficacy are available. Innovative studies are needed to provide evidence of how to optimize product use through combination interventions to achieve population impact within different contexts. We describe the design of such a study. © 2018 The Author(s).	-	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Heumann, Christine L	Biomedical Approaches to HIV Prevention in Women.	Current Infectious Disease Reports	-	-	-	-	-	-	-	1523-3847	10.1007/s11908-018-0618-9	https://pubmed.ncbi.nlm.nih.gov/29666937/	PURPOSE OF REVIEW: Effective HIV prevention techniques for women are of critical importance, as nearly half of all HIV infections globally are in women. This article reviews the recent literature on biomedical approaches to HIV prevention in women. RECENT FINDINGS: In trials in which women were adherent to oral pre-exposure prophylaxis (PrEP), PrEP was equally efficacious in men and women. However, in studies of oral PrEP exclusively in women, adherence was low, and it was not efficacious. In trials of topical PrEP, including vaginal tenofovir gel and the monthly dapivirine ring, efficacy was also dependent upon adherence. Treatment as prevention (TasP) is a very effective HIV prevention strategy, though limited in that it is not controlled by the HIV-uninfected partner. Adherence is an important factor in the efficacy of biomedical interventions for HIV prevention in women; continued research is needed to identify the most efficacious and acceptable agents for women. Oral PrEP is currently recommended for the following groups of HIV-negative women: heterosexual women in ongoing sexual relationships with a partner infected with or at substantial risk of HIV infection and women who inject drugs and share injection or drug preparation equipment.	Women; HIV prevention; Pre-exposure prophylaxis (PrEP); Post-exposure prophylaxis (PEP); Treatment as prevention (TasP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Hevey M.A.; Walsh J.L.; Petroll A.E.	Pop combination, HIV and STI testing rates, and delivery of preventive care in a clinic-based cohort	AIDS Education and Prevention	-	-	-	-	-	-	-	8999546	10.1521/aeap.2018.30.5.393	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056707764&doi=10.1521%2faeap.2018.30.5.393&partnerID=40&md5=2176772a0b524a67a9c1c2798ad5dbe	HIV pre-exposure prophylaxis (PrEP) has been demonstrated to be a safe and effective method of reducing HIV incidence. Questions remain regarding PrEP's efficacy and outcomes in real-world clinical settings. This study examined the effectiveness of a clinic-based intervention to increase PrEP uptake and subsequent delivery of preventive care (pop combination; HIV testing and STI testing). One hundred thirty-four patients were seen between 2010 and 2016 over 305 visits. One hundred sixteen patients (87%) started daily PrEP and of those, 58 (76%) attended at least one 6-month follow-up visit. Over 80% of PrEP patients completed all recommended STI screening after starting PrEP. Only 40% of patients had all appropriate immunizations at baseline; 79% had all appropriate immunizations at study completion. This study demonstrated high rates of both retention and of attaining recommended preventive care in a clinical setting outside of the rigors of clinical trials. © 2018 The Guilford Press.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Hill, Bianca S; Patel, Viraj V; Haughton, Lorlette J; Blackstock, Ore J	Leveraging Social Media to Explore Black Women's Perspectives on HIV Pre-exposure Prophylaxis.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	-	-	-	1552-6917	10.1016/j.jana.2017.06.010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5788230/	Pre-exposure prophylaxis (PrEP) remains an under-utilized HIV prevention tool among men who have sex with men (MSM). To more comprehensively elucidate barriers and facilitators to PrEP use among US MSM, we conducted a systematic review of peer-reviewed published articles and content analysis of online posts about PrEP. We searched peer-reviewed databases (Medline, Web of Science, Google Scholar) using MESH headings and keywords about PrEP and/or HIV prevention from 2005 to 2015. We included original studies among MSM in the US that reported on barriers, facilitators, or other factors related to PrEP use. We also searched online posts and associated comments (news articles, opinion pieces, blogs and other social media posts) in diverse venues (Facebook, Slate Outward, Huffington Post Gay Voices, Queerty, and Joy PrEP Experience blog) to identify posts about PrEP. We used content analysis to identify themes and compare potential differences between the peer-reviewed literature and online posts. We identified 25 peer-reviewed articles and 28 online posts meeting inclusion criteria. We identified 48 unique barriers and 66 facilitators to using PrEP. These 94 themes fit into an overarching framework of 5 categories: (1) Individual; (2) Provider; (3) Dyadic; (4) Community; and (5) Structural. Most themes were identified in both the peer-reviewed literature and online posts. Within the 5 categories, analysis of online posts revealed 16 identification of a greater number of unique themes. Thirty-eight themes were identified in the online posts that were not identified in the peer-reviewed literature. We identified barriers and facilitators to PrEP in online posts that were not identified in a systematic review of the peer-reviewed literature. By incorporating data both from a systematic review of peer-reviewed articles and from online posts, we have identified additional novel information about barriers to and facilitators of PrEP use. Traditional research approaches may not comprehensively capture current factors important for designing and implementing PrEP-related interventions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Theses and Dissertations	2018	Ho, Ming-Chun	Evidence-Based Study of Medication Compliance Project in Hiv Prevention Using Pre-Exposure Prophylaxis (Prep) Antivirals for HIV-Negative Males	-	-	San Jose State University	-	NA	https://doi.org/10.31979/etd.gx2q-979x	https://doi.org/10.31979/etd.gx2q-979x https://scholarworks.sjsu.edu/etd_doctoral/81	In 2012, emtricitabine/tenofovir was the only Food and Drug Administration-approved medication for pre-exposure prophylaxis (PrEP) used in human immunodeficiency virus (HIV) prevention. To date, there is little research on open-label and mixed-payer characteristics supporting medication compliance of men who have sex with men (MSM). The purpose of this research was to describe individual demographic variables associated with PrEP medication adherence and to examine the effect of a follow-up phone call from a nurse once a month for 3 months. A total of 30 MSM were recruited and data were collected using a demographic questionnaire, medication adherence tool and follow-up phone calls. Data were analyzed using a statistical package. Spearman's rho correlations demonstrated high medication adherence in single men (rs (28) = −.375, p < .05) with no mental health issues (rs (28) = .426, p < .05) and a higher educational level (rs (28) = −.431, p < .05). A between group Chi-square demonstrated men with high medication adherence and medium medication adherence did not statistically differ over 3 months (χ^2 (2, N = 28) = .668, p = .71). Individuals who exhibited higher PrEP use in an open-label and mixed-payer structure appeared to be young, single, well educated, and employed Caucasian gay males with multiple partners. More information will be needed from ethnically diverse populations, especially non-Caucasians. Finally, clinical nurses, by supplying accountability by phone calls, could improve PrEP compliance by providing planned monthly reminders.	HIV prevention; Pre-exposure prophylaxis; AIDS; HIV; Public health; Public Health and Community Nursing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2018	Hodges-Mameletzis, Ioannis; Dalal, Shona; Msimanga-Radebe, Busisiwe; Rodolph, Michelle; Baggaley, Rachel	Going global: the adoption of the World Health Organization's enabling recommendation on oral pre-exposure prophylaxis for HIV.	Sexual Health	-	-	-	1448-5028	10.1071/SH18125	https://dx.doi.org/10.1071/SH18125	In September 2015, the World Health Organization (WHO) launched evidence-based guidelines by recommending that any person at substantial HIV risk should be offered oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) as an additional prevention choice. Since 2017, PrEP medicines have also been listed in the WHO's Essential Medicines List, including TDF/emtricitabine (FTC) and TDF in combination with lamivudine (3TC). A descriptive policy review and analysis of countries adopting WHO's 2015 recommendation on oral PrEP was conducted. As of June 2018, we identified 35 countries that had some type of policy on oral PrEP, and an additional five countries where a specific policy on PrEP is currently pending. A total of 19 high-income countries (HICs) and 21 low- and middle-income countries (LMICs) have adopted or have a pending policy. Most countries that have adopted or pending PrEP are in the European (42.9%) or African (30.0%) region. TDF/FTC is the most commonly recommended PrEP drug in the guidelines reviewed, although seven countries, namely in sub-Saharan Africa (6/7), are also recommending the use of TDF/3TC for PrEP. In sum, by the end of 2018, at least 40 countries (20.6%) are anticipated to have adopted WHO's oral PrEP recommendation. Nonetheless, policy uptake does not reflect broader programmatic coverage of PrEP services, which remain limited across all settings, irrespective of income status. Enhancing global partnerships is needed to support and track ongoing policy adoption and to ensure that policy is translated into meaningful implementation of PrEP services.	antiretroviral, policy, PrEP, prevention	English	Australia	Asia and the Pacific	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2018	Hoenigl M.; Jain S.; Moore D.; Collins D.; Sun X.; Anderson P.L.; Corado K.; Blumenthal J.S.; Daar E.S.; Milam J.; Dubé M.P.; Morris S.	Substance use and adherence to HIV preexposure prophylaxis for men who have sex with men	Emerging Infectious Diseases	-	-	-	10806040	10.3201/eid2412.180400	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056697285&doi=10.3201%2feid2412.180400&partnerID=40&md5=87b1b6f8d0cd76798dcd1a45b51e7a31	The effectiveness of oral HIV preexposure prophylaxis (PrEP) strongly depends on maintaining adherence. We investigated the association between substance use and PrEP adherence, as well as incident sexually transmitted infections (STIs) in a high-risk cohort of 394 participants (391 men who have sex with men and 3 transgender women) who were enrolled in a PrEP demonstration project. We assessed baseline and ongoing substance use over a 48-week period for stimulants and nonstimulant substances and for each substance separately. We measured PrEP adherence by using dried blood spots to obtain levels of tenofovir diphosphate. No differences in these levels were found between substance users and nonsubstance users. Baseline stimulant use was strongly associated (odds ratio 3.4; p<0.001) with incident STIs during the study. Thus, PrEP adherence was not decreased by substance use. Because substance users had increased rates of STIs, indicating higher-risk behavior, they might be excellent candidates for PrEP. © 2018, Centers for Disease Control and Prevention (CDC). All rights reserved.	Female, HIV Infections, Homosexuality, Male, Humans, Sexual and Gender Minorities, Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Hojilla J.C.; Mehrotra M.; Truong H.-H.M.; Glidden D.V.; Amico K.R.; McMahan V.; Vlahov D.; Chariyalertsak S.; Guanira J.V.; Grant R.M.	HIV sero disclosure among men who have sex with men and transgender women on HIV pre-exposure prophylaxis	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1394437	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032392039&doi=10.1080%2f09540121.2017.1394437&partnerID=40&md5=6b923ca8d21dacbea82d261a7c8b3458	HIV pre-exposure prophylaxis (PrEP) might lead individuals to view serodisclosure as unnecessary. We examined the prevalence of non-disclosure and lack of knowledge of partner status in a global cohort of men who have sex with men (MSM) and transgender women (TW) enrolled in the iPrEx Open Label Extension (OLE). We calculated prevalence ratios by fitting a logistic model and estimating predicted probabilities using marginal standardization. Prevalence of non-disclosure and lack of knowledge of partner status were highest in Thailand (73% and 74%, respectively) and lowest in the USA (23% and 37%, respectively). In adjusted analyses, PrEP use was not significantly associated with non-disclosure or lack of knowledge of partner status (p-values>0.05). We found that relationship characteristics were significantly associated with both outcomes. Non-disclosure was higher among casual (adjusted prevalence ratio aPR 1.54, 95% confidence interval 1.24–1.84) and transactional sex partners (aPR 2.03, 1.44–2.62), and among partners whom participants have known only minutes or hours before their first sexual encounter (aPR 1.62, 1.33–1.92). Similarly, participants were less likely to know the HIV status of casual partners (aPR 1.50, 1.30–1.71), transactional sex partners (aPR 1.62, 1.30–1.95), and those they have known for only days or weeks (aPR 1.13, 0.99–1.27) or minutes or hours (aPR 1.27, 1.11–1.42). Our findings underscore the role of dyadic factors in influencing serodisclosure. Comprehensive risk reduction counseling provided in conjunction with PrEP that address relationship characteristics are needed to help patients navigate discussions around HIV status. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; HIV serodisclosure; men who have sex with men; pre-exposure prophylaxis; PrEP; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Hojilla J.C.; Vlahov D.; Crouch P.-C.; Dawson-Rose C.; Freeborn K.; Carrico A.	HIV Pre-exposure Prophylaxis (PrEP) Uptake and Retention Among Men Who Have Sex with Men in a Community-Based Sexual Health Clinic	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-2009-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038121130&doi=10.1007%2fs10461-017-2009-x&partnerID=40&md5=307d76c01902c575caa03c3bd8878600	In a community-based clinic serving men who have sex with men in San Francisco, California, this study characterized key steps of the pre-exposure prophylaxis (PrEP) cascade and identified correlates of retention in care. In total, 344 patients were evaluated for PrEP. Three-fourths (78%) of those who sought PrEP services initiated PrEP. The overall cumulative incidence of discontinuing PrEP at 13 months was 38%. Men with a sexually transmitted infection (STI) were 44% less likely to be retained (adjusted hazard ratio aHR 0.56, 95% confidence interval 0.33–0.95). Comprehensive retention efforts for men with STIs are crucial to optimize the benefits of PrEP. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	HIV pre-exposure prophylaxis; Men who have sex with men; PrEP; PrEP cascade; Retention in care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Hojilla J.C.; Vlahov D.; Glidden D.V.; Amico K.R.; Mehrotra M.; Hance R.; Grant R.M.; Carrico A.W.	Skating on thin ice: Stimulant use and sub-optimal adherence to HIV pre-exposure prophylaxis	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25103	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055257076&doi=10.1002%2fjia2.25103&partnerID=40&md5=3dd4cc15468b0bde46eee8c5aa55ddb1	Stimulant and heavy alcohol use are prevalent and associated with elevated risk for HIV seroconversion among men who have sex with men (MSM) and transgender women. In addition, each can pose difficulties for antiretroviral adherence among people living with HIV. Scant research has examined the associations of stimulant and heavy alcohol use with adherence to daily oral pre-exposure prophylaxis (PrEP) among MSM and transgender women. To address this gap in the literature, we evaluated the hypothesis that stimulant use and binge drinking are prospectively associated with sub-optimal PrEP adherence. Methods: We analysed data from participants in a nested case-cohort in the iPrEx open label extension. Stimulant use (i.e. powder cocaine, crack-cocaine, cocaine paste, methamphetamine, cathinone) and binge drinking (i.e. ≥5 drinks in a single day) in the last 30 days were assessed. Baseline urine was tested for stimulants using immunoassays to reduce misclassification. Sub-optimal adherence was defined as tenofovir drug concentrations in dried blood spots less than 700 fmol per punch, indicative of less than four doses per week. We tested the prospective association of stimulant use and binge drinking with sub-optimal adherence at the 4-week follow-up visit. Results and Discussion: Data from 330 participants were analysed. The majority of the participants were MSM (89%) with a median age at baseline of 29 years (interquartile range 24 to 39). Approximately 16% (52/330) used stimulants and 22% (72/ 330) reported binge drinking in the last 30 days. Stimulant users had fivefold greater odds of sub-optimal PrEP adherence compared to non-users in adjusted analysis (adjusted odds ratio aOR 5.04; 95% CI 1.35 to 18.78). Self-reported binge drinking was not significantly associated with sub-optimal adherence after adjusting for stimulant use and baseline confounders (aOR 1.16 0.49 to 2.73). Depressive symptoms, being transgender, and number of sex partners were also not significantly associated with sub-optimal PrEP adherence (p > 0.05). Conclusions: Stimulant use is a risk factor for sub-optimal PrEP adherence in the month following PrEP initiation. Comprehensive prevention approaches that reduce stimulant use may optimize PrEP adherence. Creating adherence plans that specifically address PrEP dosing in the context of ongoing stimulant use should also be considered. © 2018 The Authors.	Adherence; Binge drinking; Drug use; Men who have sex with men; Pre-exposure prophylaxis; Stimulant use; Transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Hojilla, JC; Marcus, JL; Volk, J; Silverberg, MJ; Satre, DD	Alcohol and Stimulant Use, STIs and Condomless Sex Among HIV-positive Persons With and Without Partners on Pre-exposure Prophylaxis	AIDS Research and Human Retroviruses	-	-	-	0889-2229	https://doi.org/10.1136%2Fsextrans-2019-054049	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7035986/	People with HIV (PWH) have a high burden of bacterial sexually transmitted infections (STIs). We examined the relationship of alcohol and drug use and partner pre-exposure prophylaxis (PrEP) use to STI prevalence in a cohort of PWH with a history of unhealthy alcohol use.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Holt M.; Lea T.; Mao L.; Kolstee J.; Zablotska I.; Duck T.; Allan B.; West M.; Lee E.; Hull P.; Grulich A.; De Wit J.; Prestage G.	Community-level changes in condom use and uptake of HIV pre-exposure prophylaxis by gay and bisexual men in Melbourne and Sydney, Australia: results of repeated behavioural surveillance in 2013–17	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(18)30072-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048016050&doi=10.1016%2fS2352-3018%2818%2930072-9&partnerID=40&md5=416c8f6f04e10731e51e9bbd5258fc51	Background: Pre-exposure prophylaxis (PrEP) has been rapidly rolled out in large, publicly funded implementation projects in Victoria and New South Wales, Australia. Using behavioural surveillance of gay and bisexual men, we analysed the uptake and effect of PrEP, particularly on condom use by gay and bisexual men not using PrEP. Methods: We collected data from the Melbourne and Sydney Gay Community Periodic Surveys (GCPS), cross-sectional surveys of adult gay and bisexual men in Melbourne, VIC, and Sydney, NSW. Recruitment occurred at gay venues or events and online. Eligible participants were 18 years or older (face-to-face recruitment) or 16 years or older (online recruitment), identified as male (including transgender participants who identified as male); and having had sex with a man in the past 5 years or identified as gay or bisexual, or both. Using multivariate logistic regression, we assessed trends in condom use, condomless anal intercourse with casual partners (CAIC), and PrEP use by gay and bisexual men, controlling for sample variation over time. Findings: Between Jan 1, 2013, and March 31, 2017, 27 011 participants completed questionnaires in the Melbourne (n=13 051) and Sydney (n=13 960) GCPS. 16 827 reported sex with casual male partners in the 6 months before survey and were included in these analyses. In 2013, 26 (1%) of 2692 men reported CAIC and were HIV-negative and using PrEP, compared with 167 (5%) of 3660 men in 2016 and 652 (16%) of 4018 men in 2017 (p<0·0001). Consistent condom use was reported by 1360 (46%) of 2692 men in 2013, 1523 (42%) of 3660 men in 2016, and 1229 (31%) of 4018 men in 2017 (p<0·0001). In 2013, 800 (30%) of 2692 men who were HIV-negative or untested and not on PrEP reported CAIC, compared with 1118 (31%) of 3660 men in 2016, and 1166 (29%) of 4018 in 2017 (non-significant trend). Interpretation: A rapid increase in PrEP use by gay and bisexual men in Melbourne and Sydney was accompanied by an equally rapid decrease in consistent condom use. Other jurisdictions should consider the potential for community-level increases in CAIC when modelling the introduction of PrEP and in monitoring its effect. Funding: Australian Government Department of Health, Victorian Department of Health and Human Services, and New South Wales Ministry of Health. © 2018 Elsevier Ltd	Bisexuality, Condoms, Humans, Young Adult, Sexual Partners, Sexual Behavior, Safe Sex, Male, Adult, Australia, Homosexuality, Public Health	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Holt, Martin; Draper, Bridget L; Pedrana, Alisa E; Wilkinson, Anna L; Stoové, Mark	Comfort Relying on HIV Pre-exposure Prophylaxis and Treatment as Prevention for Condomless Sex: Results of an Online Survey of Australian Gay and Bisexual Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2097-2	https://www.proquest.com/scholarly-journals/comfort-relying-on-hiv-pre-exposure-prophylaxis/docview/2016176968/se-2?accountid=8113	HIV-negative and untested gay and bisexual men from Victoria, Australia (n = 771) were surveyed during August–September 2016 about their comfort having condomless sex with casual male partners in scenarios in which pre-exposure prophylaxis (PrEP) or treatment as prevention were used. Men not using PrEP were most comfortable with the idea of condomless sex with HIV-negative partners (31%), followed by partners using PrEP (23%). PrEP users were more comfortable with the idea of condomless sex with these partner types (64 and 72%, respectively). Very few men not taking PrEP were comfortable with condomless sex with HIV-positive partners (3%), even with undetectable viral loads (6%). PrEP users were more comfortable with condomless sex with HIV-positive partners (29%), and those with undetectable viral loads (48%). Being on PrEP, having recent condomless sex with casual partners or a HIV-positive regular partner were independently associated with comfort having condomless sex.	Bisexuality; Condoms; Australia; Homosexuality; Pre-exposure prophylaxis; Psychology; Prevention; Men; HIV treatment; Treatment as prevention; Men who have sex with men; Sexual behavior; Disease prevention; Prophylaxis; Exposure; Health behavior; Sex; Attitudes; Diffusion of innovations theory; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Theses and Dissertations	2018	Hong, Yangsun; Rojas, Hernando; Hull, Shawnika J.	Experience of Intersectionality and Perceived Social Influence of Mass Media for PrEP : The Importance of Social Context and Communicative Action	-	-	University of Wisconsin-Madison	-	NA	NA	https://www.proquest.com/dissertations-theses/experience-intersectionality-perceived-social/docview/2462171642/se-2?accountid=8113	This dissertation has two goals. First, it aims to identify and test the mechanisms through which individuals' social locations influence their health behavior by constructing social context related to health behavior. Based on theoretical integration of models in multiple disciplines, I specify and test a social process model of health behavior in the context of PrEP engagement for women with HIV risk. Using intersectionality as an approach, this multilevel health behavior model focuses on how disadvantaged social experiences of groups with multiple marginalization, in terms of race, gender, and socioeconomic status, influence social contextual and psychosocial predictors of health behavior. The model also explores how state-level structural support influences the social mechanisms. I found that experiences of discrimination as an upstream societal factor constrains chances to build and maintain social contextual opportunities to have social connections to discuss health, to have trust in medical services, and obtain social support. Thus, experience of discrimination links one's marginalized social locations and their social contextual conditions that affect adoption of health behavior. Moreover, state-level policy support for marginalized groups contributes to social contextual factors and psychosocial predictors of behavioral intention for PrEP information seeking. Another important purpose of this study is to identify social contextual factors, which can be modified by health communication intervention to promote health behavior. This study found that talking about health with others positively affects PrEP awareness, perceived norms about PrEP uptake, and self-efficacy, which are predictors of behavior. Based on these findings, this dissertation also aims to suggest and test a health communication strategy for social-structural intervention. This study highlights the role of mass media as a social institution in shaping individuals' perceptions of social context, particularly social values and social norms, by providing shared experiences and understanding among people. Accordingly, mass media intervention is a powerful tool to resolve social barriers, such as lack of awareness and negative social norms, that potentially discourage considering PrEP as a method of self-protection for women at risk of HIV. Adopting the influence of presumed influence hypothesis, I expect that mass media coverage of PrEP indirectly shapes perception of positive social norms about PrEP uptake based on their perception of media influence on others. This study found that perception of others' exposure to PrEP media campaign positively affects their perception of campaign influence on others, which shapes positive normative perceptions about PrEP uptake. Moreover, this study explores whether this strategy motivates not only individual PrEP-related behavior but also encourages social actions regarding PrEP such as communicative and community activities. The results indicate that perceived social norms about PrEP in turn influence their intentions for PrEP engagement at the individual and social levels. Beyond a provider-recipients tradition of health promotion communication that focuses on how individuals interpret the campaign information and then how campaign exposure changes behavior, this study enlightens the indirect influence of media-based health communication in shaping individuals' perceptions of social environment as well as health behaviors.	HIV; PrEP; Virology; Intersectionality; Stigma; Public health; Social research; Immunology; 0573:Public health; 0720:Virology; 0646:Web Studies; Web studies; 0453:Womens studies; Womens studies; Social psychology; 0451:Social psychology; 0982:Immunology; 0344:Social research; 0708:Mass communications; Health intervention; Mass communications; Presumed media influence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2018	Hood J.E.; Eljallad T.; Abad J.; Connolly M.; Heumann C.; Fritz J.; Roach M.; Lukomski D.; Golden M.R.	Getting pre-exposure prophylaxis to high-risk transgender women: Lessons from Detroit, USA	Sexual Health	-	-	-	14485028	10.1071/SH18063	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056130304&doi=10.1071%2fSH18063&partnerID=40&md5=199699d4e8bf6f1c8e48af0fb4675d49	Background: Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy, but it is unclear how best to deliver PrEP to key populations. Drawing upon a cross-sectional survey of transgender women (TW) in Detroit, USA, and experience of a PrEP clinic that serves this population, this manuscript describes the following: (1) the risk profile of Detroit TW; (2) the proportion of TW with at least one PrEP indication; and (3) perceptions of and experiences with PrEP among TW in Detroit. Methods: Between August 2017 and March 2018, 126 TW completed an online PrEP survey. Survey responses were summarised using descriptive statistics and multivariable relative risk regression. Results: Among participants who reported a negative or unknown HIV status (76% of all participants), 56% reported risk behaviour(s) consistent with PrEP indication guidelines, 17% reported currently taking PrEP and another 4% reported discontinued PrEP use. Among participants who met an indication for PrEP but were not currently taking PrEP, 64% indicated that they were not interested in taking PrEP. Approximately 60% of participants who were not currently taking PrEP reported that they would be more likely to take PrEP if it were provided at a clinic that also provided hormone replacement therapy. Conclusions: Although a substantial proportion of TW in our survey were on PrEP, interest in PrEP among high-risk TW who were not taking it was low. Specialised clinical infrastructure that is responsive to the specific needs of TW may be needed to expand PrEP to this oftentimes marginalised and high-risk population. © 2018 CSIRO.	HIV prevention; key populations; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Hoornenborg E.; Coyer L.; Van Laarhoven A.; Achterbergh R.; De Vries H.; Prins M.; Van Der Loeff M.S.	Change in sexual risk behaviour after 6 months of pre-exposure prophylaxis use: Results from the Amsterdam pre-exposure prophylaxis demonstration project	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001874	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050230580&doi=10.1097%2fQAD.0000000000001874&partnerID=40&md5=a911c3a948da1f75ccdc51cf827df416	Objective: HIV pre-exposure prophylaxis (PrEP) use may lead to higher STI incidence via behavioural risk compensation. We examined changes in sexual behaviour between baseline and 6 months after PrEP initiation among MSM and transgender women (TGW). Design: Prospective, open-label demonstration study at a large sexually transmitted infection (STI) clinic in Amsterdam, the Netherlands. Methods: Participants answered questions about sexual behaviour in the preceding 3 months, including number of anal sex partners and frequency of anal sex with and without condom by partner type and were tested for STI. Sexual behaviour at baseline was compared with 6 months after PrEP initiation using Wilcoxon signed rank tests. Logistic regression was used to identify factors associated with an increase in receptive condomless anal sex acts (rCASa) with casual partners. Results: Data were available for 328 (99%) MSM and 2 (1%) TGW. The number of receptive and insertive condomless anal sex acts (CASa) increased (baseline: median 11, interquartile range 4-23; 6 months: median 14, interquartile range 6-26, P < 0.001), whereas the number of anal sex partners (P = 0.2) and anal sex acts (P = 0.8) remained unchanged. Prevalence of STI was stable. Older age, prior engagement in chemsex, recent use of postexposure prophylaxis and choosing a daily PrEP regimen at baseline were associated with an increase in rCASa with casual partners. Conclusion: Over the first 6 months after initiation of PrEP, an increase in insertive and receptive CASa was observed. Long-term follow-up data are needed and STI incidence needs to be closely monitored. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	HIV; MSM; pre-exposure prophylaxis; risk compensation; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Hoornenborg, E; Coyer, LN; Achterbergh, RCA; vanderLoeff, MFS; Bruisten, S; deVries, HJC; VandeLaar, TJW; Prins, M; HIV Transmission Elimination AMste	High incidence of hepatitis C virus (re-) infections among PrEP users in the Netherlands: implications for prevention, monitoring and treatment	Journal of the International AIDS Society	-	-	-	1758-2652	https://doi.org/10.1111%2Fjvh.13297	https://onlinelibrary.wiley.com/doi/10.1111/jvh.13297	NA	Hepatitis C, Incidence, pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Hoornenborg, Elske; Achterbergh, Roel Ca; van der Loeff, Maarten F Schim; Davidovich, Udi; van der Helm, Jannie J; Hogewoning, Arjan; van Duijnhoven, Yvonne Thp; Sonder, Gerard Jb; de Vries, Henry Jc; Prins, Maria	Men who have sex with men more often chose daily than event-driven use of pre-exposure prophylaxis: Baseline analysis of a demonstration study in Amsterdam	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25105	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050239200&doi=10.1002%2fjia2.25105&partnerID=40&md5=53570824bb69a30f505e2454ecd85896	The Amsterdam PrEP project is a prospective, open-label demonstration study at a large sexually transmitted infection (STI) clinic. We examined the uptake of PrEP; the baseline characteristics of men who have sex with men (MSM) and transgender persons initiating PrEP; their choices of daily versus event-driven PrEP and the determinants of these choices. Methods: From August 2015 through May 2016, enrolment took place at the STI clinic of the Public Health Service of Amsterdam, the Netherlands. MSM or transgender persons were eligible if they had at least one risk factor for HIV infection within the preceding six months. Participants were offered a choice between daily or event-driven use of tenofovir/emtric-itabine. Baseline data were analysed using descriptive statistics and multivariable analysis was employed to determine variables associated with daily versus event-driven PrEP. Results: Online applications were submitted by 870 persons, of whom 587 were invited for a screening visit. Of them, 415 were screened for eligibility and 376 initiated PrEP. One quarter (103/376, 27%) chose event-driven PrEP. Prevalence of bacterial STI was 19.0% and mean condomless anal sex (CAS) episodes in the preceding three months were 11. In multivariable analysis, older age (≥45 vs. ≤34, aOR 2.1, 95% CI 1.2 to 3.9), being involved in a steady relationship (aOR 1.7, 95% CI 1.0 to 2.7), no other daily medication use (aOR 0.6, 95% CI 0.3 to 0.9), and fewer episodes of CAS (per log increase aOR 0.7, 95% CI 0.6 to 0.9) were determinants for choosing event-driven PrEP. Discussion: PrEP programmes are becoming one of the more important intervention strategies with the goal of reducing incident HIV-infection and we were unable to accommodate many of the persons applying for this study. Offering a choice of dosing regimen to PrEP users may enable further personalization of HIV prevention strategies and enhance up-take, adherence and cost-effectiveness. Conclusions: The majority of participants preferred daily versus event-driven use. Within this majority, a high number of CAS episodes before PrEP initiation was reported and we observed a high prevalence of STI. Determinants of choosing event-driven PrEP were older age, fewer CAS episodes, no other daily medication use, and involved in a steady relationship. © 2018 The Authors.	Hiv infection; Men who have sex with men; Pre-exposure prophylaxis; PrEP; Prevention; Transgender persons	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Hotton A.L.; Keene L.; Corbin D.E.; Schneider J.; Voisin D.R.	The relationship between Black and gay community involvement and HIV-related risk behaviors among Black men who have sex with men	Journal of Gay and Lesbian Social Services	-	-	-	10538720	10.1080/10538720.2017.1408518	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85039053551&doi=10.1080%2f10538720.2017.1408518&partnerID=40&md5=fb3a141abc73581a890a6614d59d2da0	Black gay men must navigate identities and stigmas related to being gay and Black, and report higher HIV incidence relative to their White male counterparts although they report lower rates of drug use and risky sexual behaviors. This study examined whether closeness to the gay or Black community correlated with HIV-related risk and protective behaviors. Data were drawn from uConnect, a population-based cohort study of young Black men who have sex with men (YBMSM) on Chicago's South Side. The sample consists of 618 Black MSM ranging in age from 16 to 29. Cross-sectional measures for this study include Black and gay community closeness, drug use, sexual risk behaviors, HIV testing, and health promotion behaviors. Closeness with the gay community was associated with greater pre-exposure prophylaxis (PrEP) knowledge as well as participating in health promotion programs along with higher rates of transactional sex and having sex under the influence of substances, and increased odds of self-reported HIV seropositivity. Involvement in the Black community was associated with lower odds of reporting being HIV positive. Findings suggest that programs and initiatives are needed to help promote the positive aspects of the Black and gay communities, while minimizing the negative correlates of such involvements. © 2018 Taylor & Francis Group, LLC.	community; health outcomes; HIV; involvement; young Black MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Hu Y.; Zhong X.-N.; Peng B.; Zhang Y.; Liang H.; Dai J.-H.; Zhang J.-Y.; Huang A.-L.	Associations between perceived barriers and benefits of using HIV pre-exposure prophylaxis and medication adherence among men who have sex with men in Western China	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-018-3497-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056627024&doi=10.1186%2fs12879-018-3497-7&partnerID=40&md5=10153c4ab4f87d3d52a2d47a73a003ff	Background: To investigate the associations between the perceived barriers and benefits of using HIV pre-exposure prophylaxis medication, including worries about the side effects, disliking taking drugs, perceived burden of taking medication, positive expectations as to the efficacy of the drugs, favourable doctor-patient relationships, and medication adherence among men who have sex with men (MSM) to provide a target for improving medication adherence and reducing HIV infection among MSM. Methods: MSM were recruited in western China from April 2013 to October 2014, administered oral tenofovir (TDF) daily and followed up every 12 weeks for 2 years. At each follow-up, the medication rate was calculated based on the self-reported number of missed doses over 2 weeks, and then, the medication adherence was evaluated. The barriers and benefits perceived during medication were obtained by a self-administered questionnaire, and their effects on medication adherence were analysed by linear mixed models. Results: A total of 411 participants were enrolled in this study, and 1561 follow-up observation points were obtained. The average medication rate was 0.62 ± 0.37, and the medication rate increased with longer follow-up (P < 0.05). The medication rate was higher among MSM who were divorced (compared to those who were unmarried, P < 0.0001). MSM with more positive expectations as to the efficacy of the drugs showed higher rates of medication (P < 0.0001), while those who were more worried about side effects had a lower medication rate (P = 0.0208). In contrast, the dislike of taking the drugs and the burden perceived during medication had no effects on the actual medication rate of taking TDF (P > 0.05). Conclusion: How to obtain and maintain high medication adherence among MSM is the key to the PrEP intervention strategy for effective reduction of HIV infection. For MSM in China, we should deepen their understanding of the effectiveness and safety of PrEP and increase their confidence in PrEP, thereby improving their medication adherence. Trial registration: ChiCTR-TRC-13003849. Registered on 24/06/2013. © 2018 The Author(s).	Adherence; Barriers and benefits; MSM; Pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Huang X.; Hou J.; Song A.; Liu X.; Yang X.; Xu J.; Zhang J.; Hu Q.; Chen H.; Chen Y.; Meyers K.; Wu H.	Efficacy and safety of oral TDF-based pre-exposure prophylaxis for men who have sex with men: A systematic review and meta-analysis	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2018.00799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068051558&doi=10.3389%2ffphar.2018.00799&partnerID=40&md5=b741390d81db6da20096303820a86ac4	Background: Pre-exposure prophylaxis (PrEP) is used as an HIV prevention method by people at substantial risk of HIV infection. This systematic review and meta-analysis evaluates current clinical evidence for use of oral TDF-based PrEP among men who have sex with men. Methods: A comprehensive literature search in PubMed, web of science, Google Scholar and ClinicalTrials.gov was performed. A random-effects meta-analysis was conducted using the event rate (ER) for estimation of the incidence of HIV and grade 3 or 4 adverse events (AE) among PrEP arm and using risk ratio (RR) for comparison of incidence of HIV and grade 3 or 4 AE between PrEP recipients and PrEP non-users. Blood-based adherence levels were also divided into three categories with reference to previous meta-analysis. Subgroup meta-analysis was also performed to evaluate whether blood-based adherence levels moderated the effect of TDF-based PrEP on HIV incidence. Narrative review was used due to inconsistent measurements of risk behavior and drug resistance. This review is registered on the PROSPERO database (CRD42017077965). Results: Fourteen studies were included in the review. Oral TDF-based PrEP significantly reduced HIV incidence with minimum drug resistance and tolerable safety risks (HIV incidence, ER = 1.1%, 95% CI 0.6-2.0%, p < 0.001, RR = 0.244, 95% CI 0.111-0.537, p < 0.001 and grade 3 or 4 AEs, ER = 13.0%, 95% CI 9.9-16.9%, p < 0.001, RR = 1.059, 95% CI 0.824-1.362, p = 0.653). Oral TDF-based PrEP was more effective in reducing HIV incidence with high levels of blood-based PrEP adherence (ER, 0.4%) compared to moderate adherence (2.9%; p < 0.001). Most studies found no association between PrEP use and self-reported sexual behavior. Conclusion: Oral TDF-based PrEP is an effective intervention to prevent against HIV infection among MSM. Well-designed implementation science studies that integrate sociobehavioral and biomedical interventions are needed to identify optimal PrEP delivery models in different populations to translate biomedical efficacy into real-world efficacy. © 2018 Huang, Hou, Song, Liu, Yang, Xu, Zhang, Hu, Chen, Chen, Meyers and Wu.	HIV; Men who have sex with men; Meta-analysis; Pre-exposure prophylaxis; TDF	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Review
Article	2018	Huang Y.-L.A.; Tao G.; Samandari T.; Hoover K.W.	Laboratory testing of a cohort of commercially insured users of HIV preexposure prophylaxis in the United States, 2011-2015	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jix595	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044453431&doi=10.1093%2finfdis%2fjix595&partnerID=40&md5=028807e5103539fc7e7ceaff9df072f2	To ensure the health and safety of persons taking antiretroviral medication as preexposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection, Centers for Disease Control and Prevention guidelines recommend initial and follow-up laboratory testing. We assessed the rates of recommended testing, using a commercial insurance claims database. Before taking PrEP, 45% of users were tested for HIV, 55% for syphilis, 43% for chlamydia/gonorrhea, and 38% for hepatitis B, and 31% had creatinine level measured. By 6 months after PrEP initiation, 38% were tested for HIV, 49% for syphilis, and 39% for chlamydia/gonorrhea, and 37% had their creatinine level measured. Although laboratory testing was less frequent than recommended, testing rates increased over the study period. © The Author(s) 2017.	Guideline adherence; HIV; Laboratory monitoring; Preexposure prophylaxis; PrEP; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2018	Huang, Misha; Liu, Wenhui; Plomondon, Mary E; Prochazka, Allan V; Bessesen, Mary T	High Adherence to HIV Pre-Exposure Prophylaxis among Veterans.	Journal of General Internal Medicine	-	-	-	1525-1497	10.1007/s11606-017-4260-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5834974	NA	HIV; AIDS; Adherence; Veterans.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Essay	2018	Huang, Ya-Lin A; Zhu, Weiming; Smith, Dawn K; Harris, Norma; Hoover, Karen W	HIV Preexposure Prophylaxis, by Race and Ethnicity - United States, 2014-2016.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm6741a3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6193685	Preexposure prophylaxis (PrEP) with a daily, oral pill containing antiretroviral drugs is highly effective in preventing acquisition of human immunodeficiency virus (HIV) infection (1-4). The combination of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is the only medication approved by the Food and Drug Administration (FDA) for PrEP. PrEP is indicated for men and women with sexual or injection drug use behaviors that increase their risk for acquiring HIV (5). CDC analyzed 2014-2016 data from the IQVIA Real World Data - Longitudinal Prescriptions (IQVIA database) to estimate the number of persons prescribed PrEP (users) in the United States and to describe their demographic characteristics, including sex and race/ethnicity. From 2014 to 2016, the annual number of PrEP users aged ≥16 years increased by 470%, from 13,748 to 78,360. In 2016, among 32,853 (41.9%) PrEP users for whom race/ethnicity data were available, 68.7% were white, 11.2% were African American or black (black), 13.1% were Hispanic, and 4.5% were Asian. Approximately 7% of the estimated 1.1 million persons who had indications for PrEP were prescribed PrEP in 2016, including 2.1% of women with PrEP indications (6). Although black men and women accounted for approximately 40% of persons with PrEP indications (6), this study found that nearly six times as many white men and women were prescribed PrEP as were black men and women. The findings of this study highlight gaps in effective PrEP implementation efforts in the United States.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Hughes S.D.; Sheon N.; Andrew E.V.W.; Cohen S.E.; Doblecki-Lewis S.; Liu A.Y.	Body/Selves and Beyond: Men's Narratives of Sexual Behavior on PrEP	Medical Anthropology: Cross-Cultural Studies in Health and Illness	-	-	-	1459740	10.1080/01459740.2017.1416608	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056574799&doi=10.1080%2f01459740.2017.1416608&partnerID=40&md5=e889ffad3a4f9f5b4921213db0fe43de	Although pre-exposure prophylaxis (PrEP) has dramatically impacted HIV prevention, deep engagement with PrEP-takers' own accounts of their sexual behavior is still rare. We report findings from semi-structured interviews with male participants of the US PrEP Demonstration Project. In their narratives, interviewees variously foregrounded their individual selves, interactions with sexual partners, and the biopolitical and historical context of their lives. PrEP served to discursively integrate the multiple selves populating these stories. We argue that medical anthropological notions can help make sense of men's accounts, and PrEP's role in them, advancing a holistic conception of personhood that includes but transcends concern with HIV. © 2018, © 2018 Taylor & Francis.	HIV prevention; MSM; pre-exposure prophylaxis (PrEP); risk; sexual behavior; US	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Ibrahim M.E.; Brooks K.M.; Castillo-Mancilla J.R.; McHugh C.; Morrow M.; Brothers J.; Mawhinney S.; Hosek S.; Huhn G.; Anderson P.L.	Short communication: Bioequivalence of tenofovir and emtricitabine after coencapsulation with the proteus ingestible sensor	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2018.0081	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055077374&doi=10.1089%2faid.2018.0081&partnerID=40&md5=b0769d02fa6baeb00511eacec86a9df3	Adherence to tenofovir disoproxil fumarate/emtricitabine (TDF/FTC, Truvada®) is the primary determinant of HIV pre-exposure prophylaxis (PrEP) efficacy. Despite its importance, limitations exist in current methods of adherence quantification, restricting their implementation in the clinic. Proteus Discover (Proteus Digital Health®) can measure the time of each dose using an ingestible sensor that is coencapsulated with medication. In this study, the bioequivalence of coencapsulated TDF/FTC with the Proteus sensor was compared relative to unencapsulated drug. This was a 1:1 randomized cross-over study in which healthy participants received a single dose of unencapsulated and coencapsulated TDF/FTC. A 14-day washout separated each period. Blood was collected at predose and at 0.25, 0.5, 1, 2, 4, 6, 10, 24, 48, and 72 h postdose. Plasma concentrations were determined by LC-MS/MS methods, with a 10 ng/mL lower limit of quantitation (LLOQ) for both tenofovir (TFV) and FTC. Noncompartmental analysis was carried out with Phoenix® WinNonlin® for maximum concentrations (Cmax), area under the concentration-time curve from time 0 to the last measured time point (AUClast) and AUC extrapolated to infinity (AUCinf). Geometric mean ratios were calculated for each parameter and bioequivalence was defined as the 90% confidence interval (CI) of each ratio being within 80%-125%. Twenty-four participants (11 males; 19 white, 3 African American, and 2 Hispanic) completed both visits. Mean ± SD age was 28 ± 4 years and weight was 74 ± 14 kg. The 90% CIs for TFV Cmax, AUClast, and AUCinf were 89%-119%, 94%-111%, and 96%-111%, respectively. The 90% CIs for FTC Cmax, AUClast, and AUCinf were 96%-120%, 96%-108%, and 96%-108%, respectively. Bioequivalence was observed for the coencapsulation of TDF/FTC with the Proteus ingestible sensor, as assessed by a rigorously conducted pharmacokinetic study. Future studies will evaluate the utility and effectiveness of the sensor system as a tool to monitor PrEP adherence in clinical settings. © Copyright 2018, Mary Ann Liebert, Inc., publishers.	adherence; bioequivalence; digital medicine; pharmacokinetics; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Iniesta, Carlos	Awareness, knowledge, use, willingness to use and need of Pre-Exposure Prophylaxis (PrEP) during World Gay Pride 2017	PLOS One	-	-	-	NA	https://doi.org/10.1371/journal.pone.0216376	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0204738	Objective To assess the awareness, knowledge, use, and willingness to use and need of PrEP among men who have sex with men (MSM) and transgender women (TW) who attended World Gay Pride (WGP) 2017 in Madrid. Design and methods Online survey. Participants were recruited through gay-oriented dating apps and HIV Non-Governmental Organizations' social media. Inclusion criteria included being MSM or TW, age 18 years old or above, and having attended WGP in Madrid. Information regarding the participant's awareness and knowledge, use or willingness to use, and need for PrEP was collected, as well as sociodemographic characteristics. Participants were considered to be in need of PrEP if they met one of the following indication criteria: having practiced unprotected anal intercourse with more than 2 partners, having practiced chemsex, or having engaged in commercial sex—all in the preceding 6 months. Descriptive and multivariable analyses with logistic regression were conducted. Results 472 participants met the inclusion criteria and completed the questionnaire. The mean age was 38, 97.7% were MSM, 77% had a university education, and 85% were living in Spain, mostly in big cities. Overall, 64% of participants were aware of PrEP, but only 33% knew correctly what PrEP was. 67% of HIV-negative participants were willing to take PrEP, although only 5% were taking it during WGP, mostly due to lack of access. 43% of HIV-negative respondents met at least one PrEP indication criteria. For HIV-negative men living in Spain, university education and living in big cities was associated with PrEP awareness. Lower education level and meeting PrEP criteria was associated with willingness to use PrEP. Conclusions Our study shows that among MSM attending WGP 2017 in Madrid, there was limited PrEP awareness, low accuracy of PrEP knowledge, and a high need and willingness to use PrEP. Health authorities should strengthen existing preventive strategies and implement PrEP.	NA	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2018	Ishiekwene, Celestine; Thomas-Powell, Sherry; Ghitan, Monica; Kuhn-Basti, Margaret; Chapnick, Edward; Yu Shia Lin	Evaluation of the awareness, knowledge and use of pre-exposure prophylaxis (PrEP) among the serodiscordant partners of HIV infected individuals on ART in an urban HIV clinic	Cogent Medicine	-	-	-	NA	10.1080/2331205X.2018.1475124	https://www.proquest.com/scholarly-journals/evaluation-awareness-knowledge-use-pre-exposure/docview/2170827177/se-2?accountid=8113	The awareness, knowledge and acceptance of pre-exposure prophylaxis (PrEP) among at risk group greatly depend on the collaborative efforts of CDC, health care workers and other government and non-governmental organizations. We conducted a cross-sectional study to evaluate the knowledge of PrEP among HIV patients and indirect assessment of the use of PrEP by their serodiscordant sexual partners. Two (4%) of the study participants whose partner(s) were at risk had discussed the use of PrEP with their partner(s) but none of their partners was on PrEP. The study revealed that awareness of PrEP may be slowly increasing but the uptake of PrEP is low. Awareness of PrEP does not translate to knowledge of PrEP. This is why there is need for health care professionals especially primary care physicians including HIV providers to incorporate PrEP counseling programs in the care of PLWHA and their families.	Antiretroviral therapy; Pre-exposure prophylaxis; Antiretroviral drugs; Knowledge; Sexual behavior; Disease prevention; Prophylaxis; Drug therapy; Health behavior; Awareness; Primary care; Human immunodeficiency virus--HIV; Sexual partners; Medical Sciences; Medical personnel; Nongovernmental organizations--NGOs; Urban areas; HIV prevention < HIV/AIDS Transmission &/or Risk; HIV/AIDS prevention education < Service Practices; HIV/AIDS Transmission &/or Risk; HIV/AIDS transmission < HIV/AIDS Transmission &/or Risk; peer education < Service Practices; prevention < HIV/AIDS Transmission &/or Risk	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Jacot, TA; Clark, MR; Adedipe, OE; Godbout, S; Peele, AG; Ju, S; Schwartz, JL; Thurman, AR; Doncel, GF	Development and clinical assessment of new objective adherence markers for four microbicide delivery systems used in HIV prevention studies	Clinical and Translational Medicine	-	-	-	2001-1326	10.1186/s40169-018-0213-6	https://onlinelibrary.wiley.com/doi/10.1186/s40169-018-0213-6	BackgroundAdherence is critical for successful topical, vaginally delivered anti-retroviral (ARV)-based HIV pre-exposure prophylaxis (PrEP). Quantitating systemic or tissue ARV levels through LC-MS/MS is currently viewed as the most reliable measure of adherence. However, for placebo-controlled trials, this is a high cost analysis that measures adherence only in the drug treatment group. A desirable marker of adherence is one that is measured in both placebo and drug treatment groups using a simple on-site clinical laboratory test, which allows necessary interventions for supporting participant adherence. Our objective was to develop adherence markers for four vaginal placebo products currently used as microbicide delivery systems: gel, film, insert, and intravaginal ring. Excipient and spectroscopy-based approaches were used for preclinical development of the placebo markers and subsequently validated by the CONRAD 135 study. The study collected vaginal swabs collected each day for 1week post vaginal application of gel, film, or insert in the clinic with or without sex. Intravaginal rings were collected after 1day, 7, and 30days of use.ResultsPlacebo gel, film, and insert in vaginal swabs were successfully detected by specific excipient colorimetric or probe-based assays for hydroxyethylcellulose, glycerin, and sorbitol respectively, as well as spectroscopy-based prediction models. The range of detection for gel, film, and insert in swabs collected up to 16h post vaginal application was 70-100% of the total swabs per time point, with some markers showing potential for longer duration. Decreasing residual glycerin levels and increasing bioanalyte penetration of vaginally used intravaginal rings showed significant changes between 1 and 30days of use.ConclusionsWe demonstrated clinical proof-of-concept that adherence markers for placebo product can be measured using simple, lower cost approaches. Measuring adherence in both placebo and drug arms of a HIV PrEP study would better inform future trial designs.	HIV; Microbicides; PrEP; Adherence; Spectroscopy; INFECTION; TENOFOVIR; AFRICAN WOMEN; PREEXPOSURE PROPHYLAXIS; TRIALS; TIME; RING; SEMEN EXPOSURE; FLUIDS; placebo	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Jaiswal J.; Griffin M.; Singer S.N.; Greene R.E.; Acosta I.L.Z.; Kaudeyr S.K.; Kapadia F.; Halkitis P.N.	Structural barriers to pre-exposure prophylaxis use among young sexual minority men: The P18 cohort study	Current HIV Research	-	-	-	1570162X	10.2174/1570162X16666180730144455	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055640863&doi=10.2174%2f1570162X16666180730144455&partnerID=40&md5=4f5364d6526c5befbc67a7a5c2adbb60	Background: Despite decreasing rates of HIV among many populations, HIV-related health disparities among gay, bisexual and other men who have sex with men persist, with disproportional percentages of new HIV diagnoses among racial and ethnic minority men. Despite increasing awareness of HIV pre-exposure prophylaxis (PrEP), PrEP use remains low. In addition to exploring individual-level factors for this slow uptake, structural drivers of PrEP use must also be identified in order to maximize the effectiveness of biomedical HIV prevention strategies. Method: Using cross-sectional data from an ongoing cohort study of young sexual minority men (N=492), we examine the extent to which structural-level barriers, including access to health care, medication logistics, counseling support, and stigma are related to PrEP use. Results: While almost all participants indicated awareness of PrEP, only 14% had ever used PrEP. PrEP use was associated with lower concerns about health care access, particularly paying for PrEP. Those with greater concerns talking with their provider about their sexual behaviors were less likely to use PrEP. Conclusion: Paying for PrEP and talking to one's provider about sexual behaviors are concerns for young sexual minority men. In particular, stigma from healthcare providers poses a significant barrier to PrEP use in this population. Providers need not only to increase their own awareness of and advocacy for PrEP as an effective risk-management strategy for HIV prevention, but also must work to create open and non-judgmental spaces in which patients can discuss sexual behaviors without the fear of stigma. © 2018 Bentham Science Publishers.	Clinicians; Diverse; Healthcare providers; Pre-exposure prophylaxis; PrEP; Stigma; Structural barriers	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Jalil, Emilia M.; Grinsztejn, Beatriz; Velasque, Luciane; Ramos Makkeda, Alessandra; Luz, Paula M.; Moreira, Ronaldo I.; Kamel, Luciana; Fernandes, Nilo M.; Ferreira, Ana Cristina G.; Hoagland, Brenda; Wagner, Sandra; Liu, Albert; McFarland, Willi; Buchbinder, Susan; Veloso, Valdilea G.; Wilson, Erin	Awareness, Willingness, and PrEP Eligibility Among Transgender Women in Rio de Janeiro, Brazil.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001839	https://journals.lww.com/jaids/fulltext/2018/12010/awareness,_willingness,_and_prep_eligibility_among.6.aspx	BACKGROUND: HIV epidemics disproportionately affect transwomen worldwide. Trans-specific guidance, outreach, and interventions to increase pre-exposure prophylaxis (PrEP) use among transwomen are scarce. SETTING: Rio de Janeiro, Brazil. METHODS: We measured awareness and willingness to use PrEP and examined factors associated with those outcomes among transwomen in Rio de Janeiro and estimated how many transwomen would be eligible for PrEP. Data originate from Transcender study, a respondent-driven sampling survey conducted from August 2015 to January 2016. We performed regression models for PrEP awareness and willingness. RESULTS: One hundred thirty-one (38.0%) of 345 participants had heard of PrEP. Among transwomen who self-reported as HIV-negative, 162 (76.4%, N = 212 with available data) reported willingness to use it and 163 (66.8%, N = 244) met PrEP behavioral eligibility criteria. Transwomen with health access in the previous 6 months who reported HIV-infected sexual partner and with 8+ years of schooling had increased odds of PrEP awareness. Lower PrEP awareness was associated with condomless anal intercourse and newly diagnosed HIV infection. Younger age and perceiving themselves at risk of HIV infection increased the odds of PrEP willingness. Lower odds of PrEP willingness were associated with concerns about long-term effects of PrEP and with difficulties in getting access to health care due to transphobia. CONCLUSION: Combination of low awareness, high willingness, and substantial PrEP eligibility corroborates transwomen as a key population for HIV prevention. PrEP is a promising and empowering strategy for HIV prevention among transwomen, but trans-specific recommendations are needed to effectively implement PrEP in this population.	Adolescent; Adult; Humans; Middle Aged; Young Adult; Female; HIV Infections/*prevention & control; Disease Transmission, Infectious/*prevention & control; Brazil; *Health Knowledge, Attitudes, Practice; Pre-Exposure Prophylaxis/*methods; Health Services Accessibility/statistics & numerical data; *Transgender Persons; Patient Acceptance of Health Care/*statistics & numerical data	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2018	Janes, Holly; Corey, Lawrence; Ramjee, Gita; Carpp, Lindsay N; Lombard, Carl; Cohen, Myron S; Gilbert, Peter B; Gray, Glenda E	Weighing the Evidence of Efficacy of Oral PrEP for HIV Prevention in Women in Southern Africa.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2018.0031	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6080090	As oral tenofovir-based regimens for preexposure prophylaxis (PrEP) are adopted as standard of care for HIV prevention, their utilization in clinical trials among women in southern Africa will require an accurate estimate of oral PrEP efficacy in this population. This information is critical for women in choosing this prevention strategy, and in public health policy making. Estimates of the efficacy of oral PrEP regimens containing tenofovir have varied widely across trials that enrolled women, with some studies reporting high efficacy and others reporting no efficacy. Although poor adherence is strongly associated with lack of efficacy, other factors, such as mode of transmission (sexual vs. parenteral), predominant HIV subtype (C vs. non-C), intensity of exposure, and percentage of stable serodiscordant couples, may also contribute to the variation in efficacy estimates. In this article, we evaluate the evidence for PrEP efficacy in women and propose potential explanations for the observed differences in efficacy among studies. Our review emphasizes the need to continue to refine estimates of efficacy and effectiveness of tenofovir-based oral PrEP so as to best develop the next generation of HIV prevention tools, and to inform public policies directed toward HIV prevention.	preexposure prophylaxis, oral PrEP efficacy, HIV prevention, southern African women, adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Theses and Dissertations	2018	Jaramillo, Jahn	Perceptions of Pre-Exposure Prophylaxis (PrEP) and Acceptability of Peer Navigation Among HIV-Negative Latinx and Black Men Who Have Sex with Men (MSM) in Western Washington	-	-	University of Washington	-	NA	NA	https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/42888/Jaramillo_washington_0250O_18463.pdf?sequence=1&isAllowed=y	HIV PrEP (pre-exposure prophylaxis) is an effective biomedical approach for HIV prevention. However, PrEP is an underutilized resource among Latinx and Black men who have sex with men (MSM) in the United States. Peer navigation approaches are being widely scaled up to support PrEP uptake and adherence, though it remains unclear what strategies work best to effectively address the diverse social and cultural needs of Latinx and Black MSM. This study is based on qualitative research conducted on a subset of 66 Latinx and Black MSM residing in Western Washington who participated in an online CAPI REDCap survey. We conducted semi-structured in-depth interviews with 21 men selected through purposive sampling methods to evaluate the intersectionality of race, ethnicity, sexual orientation, and other identities men possessed and how this related to their views on PrEP in general, and on peer navigation specifically. Thematic analysis was used to identify and analyze emergent themes. Four major themes emerged as relevant to PrEP interest and uptake: 1) disclosure concerns for bisexual/gay masculine identified men; 2) specific challenges for Latinx MSM, including migration status and need for advocacy; 3) specific challenges for Black MSM, including discrimination and need lack of trust; and 4) special considerations for younger men, including limited knowledge and experience discussing sexual health and an interest in more comprehensive peer intervention content. Interest in peer navigation was high among study participants, particularly for men with limited social support or English proficiency and for men who had moved from out of state or another country. Several potential approaches to improve peer navigation were identified, including developing culturally congruent programming to match peers with men based on various identity considerations and identified needs, employing social media such as chatrooms and informational phone lines as complementary combination strategies, and incorporating trauma-informed care into a peer navigation program for Latinx and Black MSM. Tailored peer navigation approaches may help MSM of color by increasing resilience to societal stigma at the individual level, enhancing social support at the interpersonal level and serving as a bridge to providers at the structural level. These strategies could ultimately reduce racial/ethnic HIV disparities, if implemented.	Global Health; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2018	John, Steven A; Starks, Tyrel J; Rendina, H Jonathon; Grov, Christian; Parsons, Jeffrey T	Should I Convince My Partner to Go on Pre-Exposure Prophylaxis (PrEP)? The Role of Personal and Relationship Factors on PrEP-Related Social Control among Gay and Bisexual Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1835-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021108263&doi=10.1007%2fs10461-017-1835-1&partnerID=40&md5=cbb386900b9e36145d528593828362b2	An estimated 35–68% of new HIV infections among gay, bisexual, and other men who have sex with men (GBM) are transmitted through main partnerships. Pre-exposure prophylaxis (PrEP) is highly effective in reducing HIV seroconversion, yet PrEP uptake has been modest. PrEP-naïve GBM with HIV-negative, PrEP-naïve main partners enrolled in One Thousand Strong (n = 409), a U.S. national cohort of GBM, were asked about (1) the importance of partner PrEP use and (2) their willingness to convince their partner to initiate PrEP. On average, participants thought partner PrEP was only modestly important and were only moderately willing to try to convince their partner to initiate PrEP. Personal PrEP uptake willingness and intentions were the strongest indicators of partner PrEP outcomes. Being in a monogamish relationship arrangement (as compared to a monogamous arrangement) and the experience of intimate partner violence victimization were associated with increased willingness to persuade a partner to initiate PrEP. © 2017, Springer Science+Business Media, LLC.	Couples interdependence theory; Intimate partner violence; Men who have sex with men; Pre-exposure prophylaxis; Same-sex couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	John, Steven A; Whitfield, Thomas H F; Rendina, H Jonathon; Parsons, Jeffrey T; Grov, Christian	Will Gay and Bisexual Men Taking Oral Pre-exposure Prophylaxis (PrEP) Switch to Long-Acting Injectable PrEP Should It Become Available?	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1907-2	https://www.proquest.com/scholarly-journals/will-gay-bisexual-men-taking-oral-pre-exposure/docview/2020258261/se-2?accountid=8113	Oral pre-exposure prophylaxis (PrEP) is highly effective at reducing HIV transmission risk and is CDC recommended for many gay, bisexual, and other men who have sex with men (GBM). We sought to investigate awareness of and preference for using long-acting injectable PrEP (LAI-PrEP) among GBM currently taking oral PrEP (n = 104), and identify their concerns. About half of GBM had heard of LAI-PrEP, and 30.8% specifically preferred LAI-PrEP. GBM with more concerns about the level of protection and drug half-life of LAI-PrEP had lower odds of preferring LAI-PrEP. Given that daily pill adherence is a challenge for some on PrEP, it is important to investigate the degree to which those on PrEP might consider LAI-PrEP as an alternative.Resumo alternativo:La Profilaxis pre-Exposición (PrEP) es altamente efectiva en reducir el riesgo de transmisión del VIH y es recomendada por los Centros de Control y Prevención de Enfermedades (CDC, por su sigla en inglés) para hombres homosexuales, bisexuales, y otros hombres que tienen relaciones sexuales con hombres (HGB). Buscamos investigar el grado de conciencia sobre y la preferencia por usar la PrEP inyectable de acción prolongada (LAI-PrEP, por su sigla en inglés) entre HGB que están actualmente tomando la PrEP oralmente (n = 104), e identificar sus preocupaciones al respecto. Aproximadamente la mitad de los HGB había oído sobre la LAI-PrEP (LAI-PrEP, por su sigla en inglés) y el 30.8% prefirió específicamente la LAI-PrEP. HGB con más preocupación sobre el nivel de protección y la vida-media de la LAI-PrEP tuvieron menor probabilidad de preferir la LAI-PrEP. Dado que la adherencia al tratamiento con un medicamento diario es un desafío para algunas personas que toman la PrEP, es importante investigar hasta qué punto las personas que toman la PrEP considerarían la LAI-PrEP como una alternativa.	Bisexuality; HIV; Homosexuality; HIV/AIDS; Pre-exposure prophylaxis; Psychology; Adherence; Men; Men who have sex with men; Disease prevention; Prophylaxis; Exposure; Protection; Disease transmission; Long-acting injectable; Preference; Bisexual; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Health risks; Consciousness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Jonas K.J.; Yaemim N.	HIV Prevention After Discontinuing Pre-Exposure Prophylaxis: Conclusions From a Case Study	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2018.00137	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074599809&doi=10.3389%2ffpubh.2018.00137&partnerID=40&md5=7fd3352d3857c2b231d3a09f2fb6b02f	Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate in combination with emtricitabine (FTC) is a highly effective form of HIV prevention. Endeavors of health-care providers and activists in many countries over the world are directed at making access to PrEP possible, or increasing PrEP use among men-who-have-sex-with-men (MSM). We argue while this effort is necessary, we also need to consider modes of HIV prevention after a period of PrEP use. PrEP uptake is not a one-way street, meaning that individuals may discontinue PrEP use, either voluntarily and involuntarily. Voluntary discontinued PrEP use in conjunction with decreased or no HIV risk exposure is unproblematic, but involuntary discontinuations with continuous high level of HIV risk exposure calls for tailored post-PrEP use HIV prevention. We present a case study of an MSM individual who discontinued PrEP for medical reasons (renal function) and seroconverted soon afterward, to illustrate the need for tailored HIV prevention post-PrEP. Furthermore, we provide additional contexts of PrEP discontinuation leading to populations that are in need for post-PrEP types of HIV prevention. Subsequently, we present suggestions for modes of post-PrEP HIV prevention based on knowledge–communication–choice model. Community organization and health-care providers should consider and prepare their HIV prevention consulting protocols for such types of clients and add post-PrEP HIV prevention measures to their consulting offer. © Copyright © 2018 Jonas and Yaemim.	counselling; HIV; pre-exposure prophylaxis; prevention; public health	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Article	2018	Jotwani, Vasantha, MD; Scherzer, Rebecca, PhD; Glidden, David V, PhD; Mehrotra, Megha, MPH; Defechereux, Patricia, PhD; Liu, Albert, MD, MPH; Gandhi, Monica, MD, MPH; Bennett, Michael, PhD; Coca, Steven G, MD; Parikh, Chirag R, MD, PhD; Grant, Robert M, MD; Shlipak, Michael G, MD, MPH	Pre-exposure Prophylaxis With Tenofovir Disoproxil Fumarate/Emtricitabine and Kidney Tubular Dysfunction in HIV-Uninfected Individuals: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001654	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-with-tenofovir/docview/2075664379/se-2?accountid=8113	Background: Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is becoming increasingly adopted for HIV prevention. Tenofovir can cause proximal tubular damage and chronic kidney disease in HIV-infected persons, but little is known regarding its nephrotoxic potential among HIV-uninfected persons. In this study, we evaluated the effects of PrEP on urine levels of the following: α1-microglobulin (α1m), a marker of impaired tubular reabsorption; albuminuria, a measure of glomerular injury; and total proteinuria. Setting: The Iniciativa Profilaxis Pre-Exposicion (iPrEx) study randomized HIV-seronegative men and transgender women who have sex with men to oral TDF/FTC or placebo. The iPrEx open-label extension (iPrEx-OLE) study enrolled former PrEP trial participants to receive open-label TDF/FTC. Methods: A cross-sectional analysis compared urine biomarker levels by study arm in iPrEx (N = 100 treatment arm, N = 100 placebo arm). Then, urine biomarker levels were compared before and after PrEP initiation in 109 participants of iPrEx-OLE. Results: In iPrEx, there were no significant differences in urine α1m, albuminuria, or proteinuria by treatment arm. In iPrEx-OLE, after 24 weeks on PrEP, urine α1m and proteinuria increased by 21% 95% confidence interval (CI): 10 to 33 and 18% (95% CI: 8 to 28), respectively. The prevalence of detectable α1m increased from 44% to 65% (P < 0.001) and estimated glomerular filtration rate declined by 4 mL/min/1.73 m2 (P < 0.001). There was no significant change in albuminuria (6%; 95% CI: −7% to 20%). Conclusion: PrEP with TDF/FTC was associated with a statistically significant rise in urine α1m and proteinuria after 6 months, suggesting that PrEP may result in subclinical tubule dysfunction.	Tenofovir; Emtricitabine; Biomarkers; Proteinuria; Pre-exposure prophylaxis; Antiretroviral drugs; Tenofovir disoproxil fumarate; Risk factors; Prophylaxis; Exposure; Urine; Tenofovir disoproxil; Statistical analysis; Studies; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Confidence intervals; Glomerular filtration rate; Kidneys; Health risk assessment; Albuminuria; Damage prevention; Reabsorption	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Justman J.E.; Nair G.; Hendrix C.W.; Piper J.M.; Marzinke M.A.; Dai J.Y.; Pan Z.; Galaska B.; Levy L.; Schwartz J.L.; Balar B.; Kunjara Na Ayudhya R.P.; Mushamiri I.; McGowan I.; Dezzutti C.S.	Pharmacokinetics and Pharmacodynamics of Tenofovir Reduced-Glycerin 1% Gel in the Rectal and Vaginal Compartments in Women: A Cross-Compartmental Study With Directly Observed Dosing	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001655	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054066383&doi=10.1097%2fQAI.0000000000001655&partnerID=40&md5=300a3d0461be49a3c2acd53f0b8c6a60	Background: Evidence is lacking regarding whether vaginal preexposure prophylaxis with topical tenofovir (TFV) reduces the risk of rectal HIV acquisition. Setting: Bronx, NY. Methods: MTN-014 was a phase 1, cross-over, randomized sequence trial comparing the cross-compartment pharmacokinetics and pharmacodynamics of daily TFV reduced-glycerin 1% gel after 14 days each of rectal and vaginal application, with directly observed dosing and a 6-week washout period between phases. Results: Fourteen HIV-uninfected women enrolled; 91% of doses were observed and 13 women completed all study procedures. TFV and TFV diphosphate (TFV-DP) were detected in most samples collected from the dosing compartment. After vaginal dosing, TFV was detected in 10/14 samples of rectal fluid (RF) (median 4.4 ng/sponge) and 1/13 rectal tissue samples (0.2 ng/mg); TFV-DP was detected in 2/13 rectal tissue samples at 59.8 and 76.5 fmol/mg. After rectal dosing, TFV was detected in 9/14 samples of vaginal fluid (median 1.1 ng/swab) and in 6/14 vaginal tissue samples (median below limit of quantification); TFV-DP was detected in 3/14 vaginal tissue samples at 17.3, 87.6, and 77.1 fmol/mg. Neither cervicovaginal lavage fluid nor RF collected 24 hours after rectal or vaginal dosing resulted in a statistically significant suppression of viral replication. Conclusions: In this study of 14 days each of vaginal and rectal application of TFV reduced-glycerin 1% gel, we found only a small degree of cross-compartment distribution of TFV in RF and vaginal fluids and no pharmacodynamic activity in ex vivo testing. Although high TFV concentrations in the dosing compartment may be protective, low cross-compartment tissue concentrations are not likely to be protective. Copyright © 2018 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial License 4.0 (CCBY-NC), where it is permissible to download, share, remix, transform, and buildup the work provided it is properly cited. The work cannot be used commercially without permission from the journal.	Microbicides; Pharmacokinetics; PrEP; Rectal; Tenofovir gel; Vaginal	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Kahle E.M.; Sullivan S.; Stephenson R.	Functional knowledge of pre-exposure prophylaxis for HIV prevention among participants in a web-based survey of sexually active gay, bisexual, and other men who have sex with men: Cross-sectional study	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/publichealth.8089	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041071494&doi=10.2196%2fpublichealth.8089&partnerID=40&md5=124508bf9a916f61b5fb9dc4c2edd9ce	Background: Awareness of pre-exposure prophylaxis (PrEP) for HIV prevention is increasing, but little is known about the functional knowledge of PrEP and its impact on willingness to use PrEP. Objective: The objective of this study was to assess the functional knowledge of PrEP among a sample of gay, bisexual, and other men who have sex with men (MSM) participating in a Web-based survey of sexually active MSM. Methods: Men at least 18 years old, residing in the United States, and reporting sex with a man in the previous 6 months were recruited through social networking websites. PrEP functional knowledge included the following 4 questions (1) efficacy of consistent PrEP use, (2) inconsistent PrEP use and effectiveness, (3) PrEP and condom use, and (4) effectiveness at reducing sexually transmitted infections (STIs). Ordinal logistic regression was used to identify respondent characteristics associated with PrEP functional knowledge. In a subsample of participants responding to HIV prevention questions, we compared willingness to use PrEP by response to PrEP functional knowledge using logistic regression analysis adjusted for age, race and ethnicity, and education level. Results: Among 573 respondents, PrEP knowledge was high regarding adherence (488/573, 85.2%), condom use (532/573, 92.8%), and STIs (480/573, 83.8%), but only 252/573 (44.0%) identified the correct efficacy. Lower functional PrEP knowledge was associated with minority race/ethnicity (P=.005), lower education (P=.01), and not having an HIV test in the past year (P=.02). Higher PrEP knowledge was associated with willingness to use PrEP (P=.009). Younger age was not associated with higher PrEP functional knowledge or willingness to use PrEP. Conclusions: PrEP knowledge was generally high in our study, including condom use and consistent use but may be lacking in higher risk MSM. The majority of respondents did not correctly identify PrEP efficacy with consistent use, which could impact motivation to seek out PrEP for HIV prevention. Targeted messaging to increase PrEP knowledge may increase PrEP use.	Human immunodeficiency virus; Men who have sex with men; Pre-exposure prophylaxis (PrEP)	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Kambutse I.; Igiraneza G.; Ogbuagu O.	Perceptions of HIV transmission and preexposure prophylaxis among health care workers and community members in Rwanda	PLOS One	-	-	-	19326203	10.1371/journal.pone.0207650	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057168332&doi=10.1371%2fjournal.pone.0207650&partnerID=40&md5=5f3147e50566b0d8a06df40556cb8b0d	There are too many new HIV infections globally with 1.8 million persons infected in 2016 alone. Pre-exposure prophylaxis (PrEP) holds potential to decrease new infections and is synergistic with efforts currently in place to achieve an end to the AIDS epidemic in Sub-Saharan African, but uptake is limited. Given its novelty, assessing the beliefs and attitudes of healthcare professionals and members of the community towards HIV transmission and PrEP will be helpful to inform implementation efforts. Study was a random survey of 201 community members and 51 healthcare providers, carried out at multiple community sites in Huye district, Southern Province, Rwanda and at Kigali University Teaching Hospital (KUTH). The study findings are that there are still misconceptions about HIV in the community with some respondents believing that HIV is due to punishment from God (5.4%), poverty (3.0%), smoking cigarettes (1.0%), drinking alcohol (2.0%), punishment from ancestors (1.0%) and witchcraft (1.5%), and that its transmission is by mosquito bites (10.9%), sharing food or drinks with a HIV infected person (6.5%) or as a result of carelessness (47.8%). More than 50% of respondents from both groups had insufficient knowledge regarding PrEP, but expressed some interest in PrEP (82.6% of the respondents from the community and 86.5% of the health workers). However, some healthcare workers felt that promotion of safe sex practices (74.5%), HIV testing and treating HIV infected patients (60.4%) would work better than PrEP to decrease new HIV infections. Barriers to PrEP implementation included perceived stigma, delayed access to prevention services at the health facilities while personal-level concerns included lack of family support, reluctance to take a medication daily and fear of being perceived as having HIV. This study showed that health care workers and community members are willing to utilize PrEP in Rwanda, but many challenges exist including limited knowledge about PrEP, stigma, provider and system level service delivery barriers at health facilities among others. More studies are needed to assess ways of addressing and /or eliminating these barriers. © 2018 Kambutse et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdolescentAdultCross-Sectional StudiesFemaleHealth Knowledge, Attitudes, PracticeHealth PersonnelHIV InfectionsHumansMaleMiddle AgedPerceptionPre-Exposure ProphylaxisRwandaSocial SupportSurveys and QuestionnairesYoung Adult	English	United States	Western and Central Europe and North America	Rwanda	Eastern and Southern Africa	NA	NA	Quantitative
Article	2018	Kamitani E.; Wichser M.E.; Adegbite A.H.; Mullins M.M.; Johnson W.D.; Crouch P.-C.; Sipe T.A.	Increasing prevalence of self-reported HIV preexposure prophylaxis use in published surveys: A systematic review and meta-Analysis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001983	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055853772&doi=10.1097%2fQAD.0000000000001983&partnerID=40&md5=2e4426e33814e4af7f283e8a71205f33	When combining results from all published surveys, about one in nine global study participants (10.7%) reported ever using preexposure prophylaxis (PrEP) by 2017, a significant increase since US FDA approval in 2012 odds ratio (OR)U1.6/year, P0.00001. Moreover, nearly one in six US-based study participants (17.3%) and nearly one in four MSM who met the Centers for Disease Control and Prevention s PrEP indications (24.5%) reported ever using PrEP by 2016. The odds of reporting PrEP use are approximately doubling each year (ORU1.8/year, P0.00001; ORU2.0/year, P0.00001). © 2018 Lippincott Williams and Wilkins. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2018	Kamugisha, Leonard	The role of a mass media campaign in uptake of HIV counselling and testing among young people in five Southern Africa countries	-	-	South African National ETD Portal	-	NA	NA	https://hdl.handle.net/10539/25366	Southern Africa forms the epicentre of the HIV epidemic and young people commonly get diagnosed long after infection. Despite the evidence that HIV Counselling and Testing (HCT) can reduce risky sexual behaviors and prevent HIV, uptake of testing in young people remains limited and this is especially true in Southern Africa. In the last few years, effective interventions for HIV prevention have been implemented, including treatment as prevention and pre-exposure prophylaxis. In the context of very high prevalence of HIV among young people in Southern Africa, it is critical that countries attain higher levels of HCT. Demand creation is one of the means to increase uptake of HCT. This study investigated the relationship between exposure to a mass media campaign and uptake of HIV counselling and testing among young people in five countries of Southern Africa (Lesotho, Mozambique, South Africa, Swaziland and Zambia) for the period 2008 to 2012. A secondary data analysis from a multi-country study was undertaken. Methods: Secondary data on young people aged 15-24 years from a post-only crosssectional observational multi-country study that was undertaken in 2012 to evaluate the One Love Campaign, a regional behavior change media campaign coordinated by Soul City Institute for Development Communication was undertaken. The exposure variable was exposure to One Love campaign (in the form of television film series; locally produced radio drama series, television public service announcements and a television series in South Africa. In other participating countries the programme also comprised talk shows broadcast by national- and community broadcasters; booklets, billboards used to trigger discussion during community dialogues and community outreach events) with the outcome of interest being HIV testing, with a number of covariates such as socio-demographic characteristics (e.g age, education level, nationality, sex, marital status, socio-economic status (defined as wealth quintile), whether respondent had children or not, and country of residence. Bivariate and multivariate analysis was conducted to establish the relationship between exposure to One Love campaign and HIV testing among the study population. vii Results: A total of eight-thousand-six-hundred and thirteen young people (n=8613) participated in the study. There was nearly equal distribution of respondents between those that had had an HIV test (52.0%) and those that had not (48.0%). Exposure to One Love through multiple media, was positively associated with HIV testing (aOR=2.34, 95% CI 1.94- 2.81), and there was a dose response. Other factors associated with having an HIV test included being female (aOR= 1.95, 95% CI 1.75 - 2.18); having living child (aOR=4.23, 95% CI 3.57-5.01); being the aged 18-20 years (aOR=2.24, 95% CI 1.95 - 2.58) or group 20-24 years (aOR=4.14, 95% CI 3.57 - 4.81) and having secondary or tertiary education (aOR= 2.67, 95% CI 1.92 - 3.68). Increased wealth until quintile 4 was negatively associated with having an HIV test, (aOR= 0.93, 95% CI 0.77 - 1.12). Conclusion: Overall the findings of this study show that exposure to more than one medium in the campaign has greater odds of testing. The results of this study provide important information on the relationship between exposure to a media campaign and HIV testing among young people. Social and behaviour change communication strategies that use multi-media are necessary to achieve improved HIV testing among young people.	HIV Counselling and Testing	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Quantitative
Article	2018	Kapadia S.N.; Wu C.; Mayer K.H.; Wilkin T.J.; Rivet Amico K.; Landovitz R.J.; Andrade A.; Chen Y.Q.; Chege W.; McCauley M.; Gulick R.M.; Schackman B.R.	No change in health-related quality of life for at-risk U.S. Women and men starting HIV pre-exposure prophylaxis (PrEP): Findings from HPTN 069/ACTG A5305	PLOS One	-	-	-	19326203	10.1371/journal.pone.0206577	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059210649&doi=10.1371%2fjournal.pone.0206577&partnerID=40&md5=70b944161c12ef5d90077411410c805b	Introduction Tenofovir (TDF)-containing PrEP is effective for HIV prevention, but its effect on health-related quality of life (QOL) is unknown. Using data from HPTN 069/ACTG A5305, a randomized study of potential PrEP regimens comparing maraviroc alone, or together with TDF or emtricitabine (FTC), to TDF + FTC (control), we evaluated the impact of these regimens on QOL in at-risk HIV-uninfected U.S. women and men. Methods QOL was measured at baseline (before starting medications) and every 8 weeks through week 48 using the EQ-5D-3L. Responses were converted to a scale from 0.0 (death) to 1.0 (perfect health), using published valuation weights. Mean scores were compared between groups at each time point using nonparametric testing. Multivariable linear regression was used to adjust for potential confounders. Results We analyzed 186 women (median age 35 years, 65% black, 17% Hispanic) and 405 men (median age 30 years, 28% black, 22% Hispanic), including 9 transgender participants analyzed based on sex-at-birth. Mean baseline QOL was 0.91 for women and 0.95 for men. There were minimal changes in mean QOL over time for any regimen (women: p = 0.29; men: p = 0.14). There were no significant differences between participants who continued the regimen compared to participants who discontinued early (women: p = 0.61; men: p = 0.1). Mean QOL did not differ significantly by regimen at any time point, both unadjusted and after adjustment for age, race/ethnicity, adherence, and use of alcohol, marijuana, opiates, and other substances. Conclusions QOL in at-risk individuals starting candidate PrEP regimens in a clinical trial is similar to the general population and maintained over time. This finding did not vary among regimens or when adjusted for demographics, adherence, and substance use. Our findings are the first to show that starting a candidate PrEP regimen in at-risk HIV-uninfected U.S. women and men was not associated with significant changes in QOL. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	AdolescentAdultAgedEmtricitabineFemaleHIV InfectionsHIV-1HumansMaleMaravirocMiddle AgedQuality of LifeTenofovirUnited States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Kapogiannis B.G.; Nelson R.M.; Siberry G.K.; Lee S.; Hazra R.	Advancing HIV biomedical prevention research for at-risk adolescents	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001853	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056324807&doi=10.1097%2fQAI.0000000000001853&partnerID=40&md5=14151d8f484987a25bbee8e12685e0a2	Despite significant additions to the HIV prevention toolbox, infection rates across the United States continue to rise among vulnerable adolescents and young adults. Access to these interventions by youth at risk for HIV is limited by the lack of data about their safety and use, compounding the myriad contextual barriers to effectively preventing HIV in this group. The NIH-funded Adolescent Trials Network implemented an innovative approach to the inclusion of adolescents at risk for HIV infection who consented for their own participation in the first adolescent study of HIV preexposure prophylaxis (PrEP). This model of mature minor consent was supported by state-based adolescent treatment statutes that extend an adolescent's ability to consent to participation in research with a sufficient prospect of clinical benefit from the intervention to justify the potential risks, and a balance of benefits and risks that is at least as favorable as available evidence-based alternatives. Important data on the safety and patterns of PrEP use by at-risk adolescents prompted the FDA to revise the label. The expanded indication of PrEP for HIV prevention in adolescents is hoped to inform clinical guidelines and provides a powerful tool to reduce new infections in the United States among vulnerable at-risk adolescents. Lessons learned from this years-long iterative endeavor have implications for improving access to the rapidly evolving landscape of HIV prevention modalities, including recently implemented studies of long-acting PrEP formulations designed to reduce the burden of daily adherence required by oral PrEP, a major clinical pitfall for adolescent clinicians and their patients. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Adolescents; Pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Karim, SSA; Passmore, JAS; Baxter, C	The microbiome and HIV prevention strategies in women	Current Opinion in HIV and AIDS	-	-	-	1746-630X	10.1097/COH.0000000000000431	https://pubmed.ncbi.nlm.nih.gov/29059077/	Purpose of review HIV prevention approaches that women can use and control are a priority. Results from topical and oral preexposure prophylaxis (PrEP) HIV prevention trials have produced inconsistent results in women. One of the main behavioural factors impacting effectiveness of PrEP has been suboptimal adherence. In this review, we examine biological factors that modulate topical PrEP efficacy, with particular focus on the vaginal microbiome. Recent findings Genital inflammation is an independent risk factor for HIV acquisition in women. Using 16S rRNA sequencing of the vaginal microbiota, anaerobic bacteria linked with bacterial vaginosis have been shown to be associated with both genital inflammation and HIV risk. Using proteomics, it was recently discovered that a dysbiotic vaginal microbiome, comprising less than 50% Lactobacillus spp., directly influenced topical PrEP efficacy. Gardnerella vaginalis, the dominant vaginal species in dysbiotic women, was able to directly degrade tenofovir, but not dapivirine, an antiretroviral also being developed for topical PrEP. Summary The link between bacterial vaginosis-associated organisms with HIV risk and altered tenofovir gel effectiveness underscores the importance of good vaginal health and good adherence for women to benefit maximally from topical PrEP. Altering the vaginal microbiome is one of the new directions being pursued for HIV prevention.	HIV prevention; women; tenofovir gel; AFRICAN WOMEN; SEXUALLY-TRANSMITTED INFECTIONS; PLACEBO-CONTROLLED TRIAL; SOUTH-AFRICA; RISK-FACTORS; BACTERIAL VAGINOSIS; vaginal microbiome; genital inflammation; LACTOBACILLUS-RHAMNOSUS GR-1; METRONIDAZOLE THERAPY; PERIODIC PRESUMPTIVE TREATMENT; VAGINAL MICROBIOME	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	NA	NA	Review
Article	2018	Kasaie P.; Berry S.A.; Shah M.S.; Rosenberg E.S.; Hoover K.W.; Gift T.L.; Chesson H.; Pennington J.; German D.; Flynn C.P.; Beyrer C.; Dowdy D.W.	Impact of providing preexposure prophylaxis for human immunodeficiency virus at clinics for sexually transmitted infections in Baltimore city: An agent-based model	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000882	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056497266&doi=10.1097%2fOLQ.0000000000000882&partnerID=40&md5=063c0e5013bd03cf05219c4ce248ab39	Background Preexposure prophylaxis (PrEP) greatly reduces the risk of human immunodeficiency virus (HIV) acquisition, but its optimal delivery strategy remains uncertain. Clinics for sexually transmitted infections (STIs) can provide an efficient venue for PrEP delivery. Methods To quantify the added value of STI clinic-based PrEP delivery, we used an agent-based simulation of HIV transmission among men who have sex with men (MSM). We simulated the impact of PrEP delivery through STI clinics compared with PrEP delivery in other community-based settings. Our primary outcome was the projected 20-year reduction in HIV incidence among MSM. Results Assuming PrEP uptake and adherence of 60% each, evaluating STI clinic attendees and delivering PrEP to eligible MSM reduced HIV incidence by 16% 95% uncertainty range, 14%-18% over 20 years, an impact that was 1.8 (1.7-2.0) times as great as that achieved by evaluating an equal number of MSM recruited from the community. Comparing strategies where an equal number of MSM received PrEP in each strategy (ie, evaluating more individuals for PrEP in the community-based strategy, because MSM attending STI clinics are more likely to be PrEP eligible), the reduction in HIV incidence under the STI clinic-based strategy was 1.3 (1.3-1.4) times as great as that of community-based delivery. Conclusions Delivering PrEP to MSM who attend STI clinics can improve efficiency and effectiveness. If high levels of adherence can be achieved in this population, STI clinics may be an important venue for PrEP implementation. © 2018 Lippincott Williams & Wilkins.	Ambulatory Care FacilitiesBaltimoreComputer SimulationHIV InfectionsHomosexuality, MaleHumansMalePatient Acceptance of Health CarePre-Exposure ProphylaxisSexual and Gender MinoritiesSexual BehaviorSexual PartnersSexually Transmitted Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Kay, Katherine; Shah, Dhaval K.; Rohan, Lisa; Bies, Robert	Physiologically-based pharmacokinetic model of vaginally administered dapivirine ring and film formulations.	British Journal of Clinical Pharmacology	-	-	-	1365-2125 0306-5251	10.1111/bcp.13625	https://pubmed.ncbi.nlm.nih.gov/29714824/	AIMS: A physiologically-based pharmacokinetic (PBPK) model of the vaginal space was developed with the aim of predicting concentrations in the vaginal and cervical space. These predictions can be used to optimize the probability of success of vaginally administered dapivirine (DPV) for HIV prevention. We focus on vaginal delivery using either a ring or film. METHODS: A PBPK model describing the physiological structure of the vaginal tissue and fluid was defined mathematically and implemented in MATLAB. Literature reviews provided estimates for relevant physiological and physicochemical parameters. Drug concentration-time profiles were simulated in luminal fluids, vaginal tissue and plasma after administration of ring or film. Patient data were extracted from published clinical trials and used to test model predictions. RESULTS: The DPV ring simulations tested the two dosing regimens and predicted PK profiles and area under the curve of luminal fluids (29 079 and 33 067 mg h l(-1) in groups A and B, respectively) and plasma (0.177 and 0.211 mg h l(-1)) closely matched those reported (within one standard deviation). While the DPV film study reported drug concentration at only one time point per patient, our simulated profiles pass through reported concentration range. CONCLUSIONS: HIV is a major public health issue and vaginal microbicides have the potential to provide a crucial, female-controlled option for protection. The PBPK model successfully simulated realistic representations of drug PK. It provides a reliable, inexpensive and accessible platform where potential effectiveness of new compounds and the robustness of treatment modalities for pre-exposure prophylaxis can be evaluated.	Humans; HIV Infections/*drug therapy; Female; Administration, Intravaginal; Anti-HIV Agents/administration & dosage/*pharmacokinetics; Tissue Distribution; Pyrimidines/administration & dosage/*pharmacokinetics; *Models, Biological; Vagina/metabolism; pharmacokinetics; antiretrovirals; pharmacometrics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Kecojevic A.; Basch C.; Basch C.; Kernan W.	Pre-exposure prophylaxis youtube videos: Content evaluation	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/publichealth.7733	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076911634&doi=10.2196%2fpublichealth.7733&partnerID=40&md5=9b39c4e094fbf2618e6140aa35830ce9	Background: Antiretroviral (ARV) medicines reduce the risk of transmitting the HIV virus and are recommended as daily pre-exposure prophylaxis (PrEP) in combination with safer sex practices for HIV-negative individuals at a high risk for infection, but are underused in HIV prevention. Previous literature suggests that YouTube is extensively used to share health information. While pre-exposure prophylaxis (PrEP) is a novel and promising approach to HIV prevention, there is limited understanding of YouTube videos as a source of information on PrEP. Objective: The objective of this study was to describe the sources, characteristics, and content of the most widely viewed PrEP YouTube videos published up to October 1, 2016. Methods: The keywords "pre-exposure prophylaxis" and "Truvada" were used to find 217 videos with a view count >100. Videos were coded for source, view count, length, number of comments, and selected aspects of content. Videos were also assessed for the most likely target audience. Results: The total cumulative number of views was >2.3 million, however, a single Centers for Disease Control and Prevention video accounted for >1.2 million of the total cumulative views. A great majority (181/217, 83.4%) of the videos promoted the use of PrEP, whereas 60.8% (132/217) identified the specific target audience. In contrast, only 35.9% (78/217) of the videos mentioned how to obtain PrEP, whereas less than one third addressed the costs, side effects, and safety aspects relating to PrEP. Medical and academic institutions were the sources of the largest number of videos (66/217, 30.4%), followed by consumers (63/217, 29.0%), community-based organizations (CBO; 48/217, 22.1%), and media (40/217, 18.4%). Videos uploaded by the media sources were more likely to discuss the cost of PrEP (P<.001), whereas the use of PrEP was less likely to be promoted in videos uploaded by individual consumers (P=.002) and more likely to be promoted in videos originated by CBOs (P=.009). The most common target audience for the videos was gay and bisexual men. Conclusions: YouTube videos can be used to share reliable PrEP information with individuals. Further research is needed to identify the best practices for using this medium to promote and increase PrEP uptake. © Aleksandar Kecojevic, Corey Basch, Charles Basch, William Kernan. Originally published in JMIR Public Health and Surveillance (http://publichealth.jmir.org), 16.02.2018. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Public Health and Surveillance, is properly cited. The complete bibliographic information, a link to the original publication on http://publichealth.jmir.org, as well as this copyright and license information must be included.	Pre-exposure prophylaxis (PrEP); Truvada; Video content; YouTube	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Kerrigan D.; Mantsios A.; Grant R.; Markowitz M.; Defechereux P.; La Mar M.; Beckham S.W.; Hammond P.; Margolis D.; Murray M.	Expanding the Menu of HIV Prevention Options: A Qualitative Study of Experiences with Long-Acting Injectable Cabotegravir as PrEP in the Context of a Phase II Trial in the United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-2017-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85039736006&doi=10.1007%2fs10461-017-2017-x&partnerID=40&md5=7f1705a0e25a1acd05b1a415e82435e7	Adherence challenges with oral pre-exposure prophylaxis have stimulated interest in alternate modes of administration including long-acting injections. We conducted 30 in-depth interviews with 26 male trial participants and 4 clinical providers in a Phase IIa study (ÉCLAIR) evaluating the use of long-acting cabotegravir (CAB-LA) injections in New York and San Francisco. Interviews exploring attitudes and experiences with CAB-LA were audiotaped, transcribed, and analyzed using thematic content analysis. Despite a high frequency of some level of side effects, almost all participants reported being interested in continuing with CAB-LA, versus a daily oral, due to its convenience and the perceived advantage of not worrying about adhering to pills. Providers reinforced the importance of CAB-LA as a prevention option and the need for guidelines to assist patient decision-making. Further research is needed on the acceptability of CAB-LA among women and men at higher risk for HIV in different settings. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Long-acting injectable; Men; PrEP; Providers; Qualitative; Risk behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Khan, Arshad Bashir; Thakur, Ram Sharnagat	Design and evaluation of mucoadhesive vaginal tablets of tenofovir disoproxil fumarate for pre-exposure prophylaxis of HIV.	Drug Development and Industrial Pharmacy	-	-	-	1520-5762 0363-9045	10.1080/03639045.2017.1399272	https://pubmed.ncbi.nlm.nih.gov/29082767/	OBJECTIVE: To design and evaluate novel, feasible, safe, mucoadhesive intravaginal tablets of tenofovir disoproxil fumarate (TDF). SIGNIFICANCE: It may provide pre-exposure prophylaxis for women against HIV. METHODS: TDF intravaginal tablets were formulated employing poylvinylpyrrolidone (PVP) as the matrix forming polymer and various mucoadhesive polymers such as carbopol 934, 940, chitosan, and sodium carboxymethylcellulose (SCMC). Wet granulation was used. The evaluation involved testing drug-excipient compatibility, precompression parameters such as percentage yield, bulk density and tapped density of the granules, Carr's index, Hausner ratio, angle of repose, post compression parameters such as color, shape, physical dimensions, weight variation, hardness, friability, swelling index, assay, in vitro dissolution study and ex vivo mucoadhesion studies. RESULTS: Based on in vitro evaluation, C1 was selected as the best formulation and evaluated further for release kinetics, curve fitting analysis, absorption studies using liquid chromatography-mass spectrometry (LC-MS) technique and histopathological assessment in female Sprague-Dawley rats. C1 followed Higuchi model kinetics. Accelerated stability study was as per ICH guidelines by keeping C1 at 40 ± 2 °C and 75 ± 5% RH for six months. CONCLUSIONS: C1 was selected as the best formulation due to better swelling index (65.93% at 24 h), prolonged release of 100.62% cumulative drug release (CDR) at 24 h), superior mucoadhesion force (35.93 × 10(2) dynes/cm(2)) and retention time (16 h). The study revealed that C1 remained stable for six months. C1 showed nil systemic absorption which is desirable and according to histopathological study, C1, exhibited minimal damage on the rat vaginal epithelium indicating safety.	Tenofovir; tenofovir disoproxil fumarate; Animals; Female; HIV Infections/drug therapy; Administration, Intravaginal; HIV; Rats; Rats, Sprague-Dawley; HIV/*drug effects; AIDS; Chemistry, Pharmaceutical/methods; Pre-Exposure Prophylaxis/methods; Polymers/chemistry; Anti-HIV Agents/*administration & dosage/*chemistry; Drug Carriers/chemistry; Adhesiveness; Excipients/chemistry; mucoadhesion; Drug Liberation/drug effects; histopathology; in vivo absorption studies; intravaginal tablets; Polyvinyls/chemistry; Pyrrolidines/chemistry; Solubility/drug effects; Tablets/*administration & dosage/*chemistry	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	NA	NA	Clinical
Article	2018	Khaw, Carole; Richardson, Daniel; Matthews, Gail; Read, Tim	Looking at the positives: proactive management of STIs in people with HIV.	AIDS Research and Therapy	-	-	-	1742-6405	10.1186/s12981-018-0216-9	https://aidsrestherapy.biomedcentral.com/articles/10.1186/s12981-018-0216-9	Patients who are HIV-positive and co-infected with other sexually transmitted infections (STIs) are at risk of increased morbidity and mortality. This is of clinical significance. There has been a dramatic increase in the incidence of STIs, particularly syphilis, gonorrhoea, Mycoplasma genitalium and hepatitis C virus (HCV) in HIV-positive patients. The reasons for this are multifactorial, but contributing factors may include effective treatment for HIV, increased STI testing, use of HIV pre-exposure prophylaxis and use of social media to meet sexual partners. The rate of syphilis-HIV co-infection is increasing, with a corresponding increase in its incidence in the wider community. HIV-positive patients infected with syphilis are more likely to have neurological invasion, causing syndromes of neurosyphilis and ocular syphilis. HIV infection accelerates HCV disease progression in co-infected patients, and liver disease is a leading cause of non-AIDS-related mortality among patients who are HIV-positive. Since several direct-acting antivirals have become subsidised in Australia, there has been an increase in treatment uptake and a decrease in HCV viraemia in HIV-positive patients. The incidence of other sexually transmitted bacterial infections such as Neisseria gonorrhoeae and M. genitalium is increasing in HIV patients, causing urethritis, proctitis and other syndromes. Increasing antimicrobial resistance has also become a major concern, making treatment of these infections challenging. Increased appropriate testing and vigilant management of these STIs with data acquisition on antimicrobial sensitivities and antimicrobial stewardship are essential to prevent ongoing epidemics and emergence of resistance. Although efforts to prevent, treat and reduce epidemics of STIs in patients living with HIV are underway, further advances are needed to reduce the significant morbidity associated with co-infection in this patient setting.	Humans; Male; Drug Interactions; Treatment Outcome; Female; HIV; Hepatitis C; Disease Management; HCV; Coinfection/*epidemiology; HIV Infections/diagnosis/drug therapy/*epidemiology; Public Health Surveillance; Syphilis; Co-infection; Drug Resistance, Microbial; Gonorrhoea; Anti-Infective Agents/pharmacology/therapeutic use; Antimicrobial resistance; Proctitis; Sexually Transmitted Diseases/diagnosis/drug therapy/*epidemiology	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2018	Khurana, Nidhi; Yaylali, Emine; Farnham, Paul G; Hicks, Katherine A; Allaire, Benjamin T; Jacobson, Evin; Sansom, Stephanie L	Impact of Improved HIV Care and Treatment on PrEP Effectiveness in the United States, 2016-2020.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001707	https://dx.doi.org/10.1097/QAI.0000000000001707	BACKGROUND: The effect of improving diagnosis, care, and treatment of persons living with HIV (PLWH) on pre-exposure prophylaxis (PrEP) effectiveness in the United States has not been well established. METHODS: We used a dynamic, compartmental model that simulates the sexually active US population. We investigated the change in cumulative HIV incidence from 2016 to 2020 for 3 HIV care-continuum levels and the marginal benefit of PrEP compared with each. We also explored the marginal benefit of PrEP for individual risk groups, and as PrEP adherence, coverage and dropout rates varied. RESULTS: Delivering PrEP in 2016 to persons at high risk of acquiring HIV resulted in an 18.1% reduction in new HIV infections from 2016 to 2020 under current care-continuum levels. Achieving HIV national goals of 90% of PLWH with diagnosed infection, 85% of newly diagnosed PLWH linked to care at diagnosis, and 80% of diagnosed PLWH virally suppressed reduced cumulative incidence by 34.4%. Delivery of PrEP in addition to this scenario resulted in a marginal benefit of 11.1% additional infections prevented. When national goals were reached, PrEP prevented an additional 15.2% cases among men who have sex with men, 3.9% among heterosexuals, and 3.8% among persons who inject drugs. CONCLUSIONS: The marginal benefit of PrEP was larger when current HIV-care-continuum percentages were maintained but continued to be substantial even when national care goals were met. The high-risk men who have sex with men population was the chief beneficiary of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Klevens R.M.; Martin B.M.; Doherty R.; Fukuda H.D.; Cranston K.; DeMaria A., Jr.	Factors Associated with Pre-exposure Prophylaxis in a Highly Insured Population of Urban Men Who Have Sex with Men, 2014	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1879-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85027490642&doi=10.1007%2fs10461-017-1879-2&partnerID=40&md5=10561fc878141b477c070fe377054dd5	In the United States, an estimated 25% of men who have sex with men (MSM) have indications for receiving pre-exposure prophylaxis to prevent HIV infection (PrEP), but <4% reported PrEP use in the past 12 months. We evaluate factors associated with having heard of, willingness to use, and use of PrEP in a venue-based, time-spaced sample of 316 urban, highly insured Boston MSM in the 2014 NHBS. We found that 53.7% of respondents reported receiving usual medical care from a doctor's office or health maintenance organization, 57.6% had an indication for PrEP, 66.6% had heard of PrEP, 53.6% reported willingness to use PrEP, and 5.8% reported use of PrEP in the past 12 months. In multivariable analyses, an indication for PrEP was statistically associated with having heard of, willingness to use, and use of PrEP in the past 12 months. Findings guide statewide efforts to evaluate and promote PrEP. © 2017, Springer Science+Business Media, LLC.	Behavioral surveillance; Epidemiology; HIV prevention; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Knapper C.; Birley H.; Couzens Z.; Jones A.T.; Parker I.	How to do it: Setting up a PrEP service in an integrated sexual reproductive health service setting	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2018-053561	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049246705&doi=10.1136%2fsextrans-2018-053561&partnerID=40&md5=28849bc2008947b1c004828b5ec15949	Pre-exposure prophylaxis for HIV (PrEP) has been shown to reduce transmission of HIV in a number of trials; however, there is limited evidence regarding the optimal way to deliver PrEP through pre-existing UK services, particularly through fully integrated drop-in sexual health service models. PrEP in the form of Truvada was launched in Wales in July 2017. We set up a PrEP service to be delivered via our drop-in integrated sexual reproductive health service. In the first 5 months of PrEP service provision, we found unforeseen levels of comorbidity, polypharmacy and renal impairment in our cohort of PrEP patients. As a result, we have altered our service model and all patients are now followed up in booked appointment PrEP clinics run by members of the HIV team. Those patients with estimated glomerular filtration rate (eGFR) of 60-70 mL/min or with eGFR of 60-80 mL/min and with comorbidities impacting on renal function are monitored every 4-6 weeks initially, and PrEP has been incorporated into our pre-existing virtual HIV renal clinic for discussion with a renal physician. The PrEP team clinicians report that monitoring and managing the PrEP cohort is now easier in its appointment-only format, although some patients have reported that they would prefer a drop-in system. © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.	HIV; integrated sexual reproductive health service; pre-exposure prophylaxis; PrEP; primary prevention; public health; sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Ko N.-Y.; Wu H.-J.; Strong C.; Li C.-W.; Ku W.-W.; Hsu S.-T.	Differences in awareness of and willingness to use pre-exposure prophylaxis and anticipated condom use among serodiscordant couples in Taiwan	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1481195	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047795801&doi=10.1080%2f09540121.2018.1481195&partnerID=40&md5=b962b977185cf97c540a48a605f173d8	Pre-exposure prophylaxis (PrEP) has proven to be effective in reducing the risk of HIV transmission in uninfected individuals who engaged in sexual activity with HIV-infected partners. Serodiscordant couples are the key targets of PrEP implementation. The study aimed to compare awareness of and willingness to use PrEP and anticipated condom use among 112 HIV-serodiscordant couples: 32 heterosexuals couples, 70 men who have sex with men (MSM) couples, and 10 people who inject drugs (PWID) couples. A cross-sectional study was conducted in an AIDS designated hospital in Taiwan. The PrEP survey for discordant couples included questions on awareness of non-occupational post-exposure prophylaxis (nPEP) and PrEP, attitudes toward PrEP, anticipated condom use if using PrEP, and sexual behaviors. Overall, 46.2% were aware of PrEP, only 33% were willing to take PrEP, and 44.6% would continue condom use if they were taking PrEP. Among the three key populations, MSM couples had the highest awareness of and willingness to use PrEP. Awareness of and willingness to use PrEP did not differ by HIV status, with moderate agreement (Cohen's Kappa coefficient: 0.56) between HIV-serodiscordant partners. Both HIV-serodiscordant partners' willingness to use PrEP was significantly associated with being MSM (adjusted odds ratio (AOR), 4.28 1.28–14.30, p = 0.018), previous receipt of nPEP (AOR, 6.98 1.23–39.65, p = 0.028), anticipated condom use (AOR, 0.14 0.05–0.41, p < 0.001), and income ≧ NT$30,000 per month (AOR, 2.25 (0.99–5.04), p = 0.05). Policy makers need to consider the differences among key populations to scale up PrEP implementation. More efforts should be focused on improving awareness of and willingness to use PrEP among heterosexual and PWID serodiscordant couples to scale up PrEP implementation in Taiwan. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	awareness; HIV prevention; Pre-exposure prophylaxis; serodiscordant couples; willingness	English	United Kingdom	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Quantitative
Article	2018	Koester K.A.; Erguera X.A.; Kang Dufour M.-S.; Udoh I.; Burack J.H.; Grant R.M.; Myers J.J.	"Losing the Phobia:" Understanding How HIV Pre-exposure Prophylaxis Facilitates Bridging the Serodivide Among Men Who Have Sex With Men	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2018.00250	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067019007&doi=10.3389%2ffpubh.2018.00250&partnerID=40&md5=1e9c718a6b24b53881b6ee7f306f349f	The use of HIV serostatus information has played a pivotal role in partner selection norms. A phenomenon known as serosorting is the practice of selecting a partner based on a perception that they are of the same HIV status in order to avoid transmission from one partner to the other. An understudied aspect of serosorting is that it has a divisive effect—one accepts or rejects a potential partner based on a singular characteristic, the partner's HIV status, and thus excludes all others. This division has been formally referred to as the HIV serodivide. In this study, we explored partner selection strategies among a group of HIV-negative, young men who have sex with men (n = 29) enrolled in a PrEP demonstration project in Northern California. We found that trends in serosorting were in fact shifting, and that a new and opposite phenomenon was emerging, something we labeled "seromixing" and that PrEP use played a part in why norms were changing. We present three orientations in this regard: (1) maintaining the phobia: in which men justified the continued vigilance and exclusion of people living with HIV as viable sex or romantic partners, (2) loosening/relaxation of phobia: among men who were reflecting on their stance on serosorting and its implications for future sexual and/or romantic partnerships, and (3) losing the phobia: among men letting go of serosorting practices and reducing sentiments of HIV-related stigma. The majority of participants spoke of changing or changed attitudes about intentionally accepting rather than rejecting a person living with HIV as a sex partner. For those who maintained strict serosorting practices, their understandings of HIV risk were not erased as a result of PrEP use. These overarching themes help explain how PrEP use is contributing to a closing of the HIV serodivide. © Copyright © 2018 Koester, Erguera, Kang Dufour, Udoh, Burack, Grant and Myers.	HIV prevention; HIV serodivide; HIV stigma; MSM; pre-exposure prophylaxis; PrEP; seromixing; serosorting	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Koren D.E.; Nichols J.S.; Simoncini G.M.	HIV Pre-Exposure Prophylaxis and Women: Survey of the Knowledge, Attitudes, and Beliefs in an Urban Obstetrics/Gynecology Clinic	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058025079&doi=10.1089%2fapc.2018.0030&partnerID=40&md5=b0fa8a59d4d7994340a7a2ef0b74cfc	Uptake of HIV pre-exposure prophylaxis (PrEP) is low among women at risk for HIV acquisition. Of 468,000 women, whom the United States Centers for Disease Control and Prevention estimates to be eligible for PrEP, only 10,000 unique women have begun therapy through the third quarter of 2015. These data suggest insufficient HIV prevention efforts. This study, conducted at the site of an urban academic medical center with an emergency department HIV prevalence rate of 4%, assesses the knowledge, attitudes, and beliefs of women toward PrEP. A self-administered survey was conducted among women at a family planning obstetrics/gynecology clinic at Temple University Hospital (Philadelphia, PA). Participants assessed their HIV acquisition risk and answered eight questions regarding knowledge, attitudes, and beliefs toward PrEP. Three hundred eighty-nine surveys met inclusion criteria. Sixty-five percent of women were black, and 73% were between 18 and 33 years of age. The median self-perceived risk score was 0 (interquartile range = 2) using a Likert scale. Thirty-three percent of women believed that PrEP could work, and 27% knew that such a regimen existed. Concerns existed toward cost (44%) and side effects (39%). Fifty-seven percent of women surveyed stated that they would take a medication to prevent HIV, and 64% felt comfortable discussing the subject with her doctor. Our data demonstrate a lack of PrEP knowledge, although willingness for uptake among women at risk for HIV acquisition, and a need for directed education and outreach. © 2018, Mary Ann Liebert, Inc., publishers.	attitudes; beliefs; HIV prevention; knowledge; pre-exposure prophylaxis; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2018	Koss C.A.; Ayieko J.; Mwangwa F.; Owaraganise A.; Kwarisiima D.; Balzer L.B.; Plenty A.; Sang N.; Kabami J.; Ruel T.D.; Black D.; Camlin C.S.; Cohen C.R.; Bukusi E.A.; Clark T.D.; Charlebois E.D.; Petersen M.L.; Kamya M.R.; Havlir D.V.	Early adopters of human immunodeficiency virus preexposure prophylaxis in a population-based combination prevention study in rural Kenya and Uganda	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciy390	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057547289&doi=10.1093%2fcid%2fciy390&partnerID=40&md5=ab82ec75c171c2422477296cd356867f	Background. Global guidelines recommend preexposure prophylaxis (PrEP) for individuals with substantial human immunodeficiency virus (HIV) risk. Data on PrEP uptake in sub-Saharan Africa outside of clinical trials are limited. We report on "early adopters" of PrEP in the Sustainable East Africa Research in Community Health (SEARCH) study in rural Uganda and Kenya. Methods. After community mobilization and PrEP education, population-based HIV testing was conducted. HIV-uninfected adults were offered PrEP based on an empirically derived HIV risk score or self-identified HIV risk (if not identified by score). Using logistic regression, we analyzed predictors of early PrEP adoption (starting PrEP within 30 days vs delayed/no start) among adults identified for PrEP. Results. Of 21 212 HIV-uninfected adults in 5 communities, 4064 were identified for PrEP (2991 by empiric risk score, 1073 by self-identified risk). Seven hundred and thirty-nine individuals started PrEP within 30 days (11% of those identified by risk score; 39% of self-identified); 77% on the same day. Among adults identified by risk score, predictors of early adoption included male sex (adjusted odds ratio 1.53; 95% confidence interval, 1.09–2.15), polygamy (1.92; 1.27–2.90), serodiscordant spouse (3.89; 1.18–12.76), self-perceived HIV risk (1.66; 1.28–2.14), and testing at health campaign versus home (5.24; 3.33–8.26). Among individuals who self-identified for PrEP, predictors of early adoption included older age (2.30; 1.29–4.08) and serodiscordance (2.61; 1.01–6.76). Conclusions. Implementation of PrEP incorporating a population-based empiric risk score, self-identified risk, and rapid initiation, is feasible in rural East Africa. Strategies are needed to overcome barriers to PrEP uptake, particularly among women and youth. © The Author(s) 2018. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV prevention; HIV risk; Preexposure prophylaxis; Serodiscordant couple	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Koss C.A.; Liu A.Y.; Castillo-Mancilla J.; Bacchetti P.; McHugh C.; Kuncze K.; Morrow M.; Louie A.; Seifert S.; Okochi H.; MaWhinney S.; Gandhi M.; Anderson P.L.	Similar tenofovir hair concentrations in men and women after directly observed dosing of tenofovir disoproxil fumarate/emtricitabine: Implications for preexposure prophylaxis adherence monitoring	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001935	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060232378&doi=10.1097%2fQAD.0000000000001935&partnerID=40&md5=b147263f5d09e36e4df2e258fea87c3b	Objectives: Women likely require higher adherence than men to preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) for similar efficacy. Pharmacologic metrics of adherence predict efficacy better than self-report, but expected drug levels (adherence benchmarks) must be established using directly observed therapy. We sought to evaluate whether tenofovir hair concentrations differ between women and men receiving directly observed TDF/FTC. Methods: We assessed tenofovir hair concentrations in HIV-uninfected volunteers randomized to receive 100%, 67%, or 33% of daily dosing of TDF/FTC for 12 weeks (DOT-DBS, NCT02022657). Hair samples were collected at dosing weeks 4, 8, and 12 and every 3 weeks during a 12-week washout. Tenofovir concentrations in the proximal 1.5 cm of hair (representing 6 weeks of exposure) were analyzed using liquid chromatography/tandem mass spectrometry. Linear regression was used to model tenofovir hair concentrations in terms of sex, doses over the prior 6 weeks, and number of days since last dose. Results: A total of 264 hair samples were analyzed from 23 female and 24 male participants. Female participants had similar tenofovir hair concentrations to men (estimated fold-difference 0.92, 95% CI 0.75 - 1.13, P ¼ 0.43). The estimated fold-difference in tenofovir levels for female versus male participants did not appreciably change when age (0.93, 95% CI 0.76 - 1.15), weight (0.89, 95% CI 0.71 - 1.11), or race/ ethnicity (0.95, 95% CI 0.77 - 1.17) were added to the model. Conclusion: Women and men have similar adherence benchmarks for tenofovir in hair samples. As pharmacokinetic metrics are increasingly used for PrEP monitoring, these findings provide guidance for assessing adherence via hair concentrations. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Adherence; Cumulative exposure; HIV prevention; Pharmacokinetics; Preexposure prophylaxis in women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2018	Koss, Catherine A; Hosek, Sybil G; Bacchetti, Peter; Anderson, Peter L; Liu, Albert Y; Horng, Howard; Benet, Leslie Z; Kuncze, Karen; Louie, Alexander; Saberi, Parya; Wilson, Craig M; Gandhi, Monica	Comparison of Measures of Adherence to Human Immunodeficiency Virus Preexposure Prophylaxis Among Adolescent and Young Men Who Have Sex With Men in the United States.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/cix755	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5850042	Background: Young men-who-have-sex-with-men (MSM) are disproportionately impacted by human immunodeficiency virus (HIV). Preexposure prophylaxis (PrEP) could reduce HIV acquisition among youth, but suboptimal adherence threatens effectiveness. Optimal metrics of PrEP adherence among adolescents have remain undefined. Methods: The Adolescent Trials Network 110/113 studies provided daily oral PrEP with tenofovir (TFV) disoproxil fumarate/emtricitabine over 48 weeks to a diverse population of MSM (aged 15-22 years). Self-reported adherence was assessed and PrEP drug concentrations measured from hair and dried blood spot (DBS) samples; 23% of participants received Wisepill electronic monitoring devices. The average number of PrEP doses per week taken was estimated, and concordance between measures assessed. Results: Among 243 participants, hair samples were collected at 1186/1238 (96%) person-visits. The concordance of TFV levels in hair and TFV-diphosphate in DBS around thresholds consistent with taking ≥4 and 7 PrEP doses/week was high (76% and 80%). Hair and DBS concentrations correlated poorly with self-report and Wisepill metrics. Through week 12, 40%-60% of participants (by hair and DBS), ≤31% (Wisepill), and >85% (self-report) were estimated to have taken ≥4 PrEP doses/week (a threshold associated with protection among MSM). For all measures except self-report, adherence declined over time, with half of participants taking <2 doses/week by week 48. Conclusions: Among youth on PrEP, adherence waned over time. Self-report overestimated adherence, and use of Wisepill was limited. Hair collection was highly acceptable and provided similar interpretations to DBS. Incorporation of either metric in future PrEP studies among youth could identify suboptimal adherence and trigger interventions.	adherence, adolescent, HIV prevention, preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Kowalska J.D.; Bursa D.; Gökengin D.; Jilich D.; Tomazic J.; Vasylyev M.; Bukovinowa P.; Mulabdic V.; Antonyak S.; Horban A.; Alexiev I.; Afonina L.; Balayan T.; Bednarska A.; Begovac J.; Firląg-Burkacka E.; Bolokadze N.; Caplinskas S.; Cholewińska-Szymańska G.; Chkhartishvili N.; de Witt S.; Dragovic G.; Harxhi A.; Higersberger J.; Holban T.; Jevtovic D.; Karpov I.; Konopnicky D.; Ladnaya N.; Lakatos B.; Lundgren J.D.; Mardarescu M.; Matłosz B.; Molina J.M.; Oprea C.; Otelea D.; Paciorek M.; Panteleev A.; Papadopoulos A.; Pietraszkiewicz E.; Podlasin B.; Podlekareva D.; Pozniak A.; Pula J.; Sedlacek D.; Skrzat-Klapaczyńska A.; Simonović-Babić J.; Sluzhynska M.; Streinu-Cercel A.; Rukhadze N.; Ruutel K.; Stańczak J.; Vassilenko A.; Youle M.; Yurin O.; Zabłocka H.	HIV health care providers are ready to introduce pre-exposure prophylaxis in Central and Eastern Europe and neighbouring countries: data from the Euroguidelines in Central and Eastern Europe (ECEE) Network Group	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.12641	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050500214&doi=10.1111%2fhiv.12641&partnerID=40&md5=165a0cc916a39c39be74c4b26135a3b9	Objectives: Pre-exposure prophylaxis (PrEP) for HIV infection has been introduced in only a few European countries. We investigated the potential to provide PrEP in the Central and Eastern European region, and in neighbouring countries. Methods: The Euroguidelines in Central and Eastern Europe (ECEE) Network Group was formed in February 2016 to review standards of care for HIV infection in the region. Information related to PrEP was collected through on-line surveys. Respondents were recruited by ECEE members based on their involvement in HIV care. Results: Seventy-six respondents from 23 countries participated in the survey. Twenty-six (34.2%) respondents reported that PrEP tenofovir disoproxil fumarate (FTC) was registered by the drug registration authority in their country. Fifty-three (70.7%) respondents reported being aware of 'informal' PrEP use in their country. If they had access to PrEP, 56 (74.7%) would advise its use in their practice. Forty-five (59.2%) respondents had concerns regarding PrEP use, and 10 (13.3%) expressed the need for more training. Most of the respondents (88.2%) would provide PrEP to people with high-risk behaviours. Conclusions: PrEP is already used informally in some countries in the region. Physicians are keen to use PrEP if and when it is accessible. Obstacles towards implementing PrEP in those countries were mostly related to lack of national guidelines, drug registration and governmental strategy. © 2018 British HIV Association	central Europe; EACS; eastern Europe; Euroguidelines; HIV; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Review
Essay	2018	Kramer, Jessica M	The Pathways and Resources for Participation and Engagement (PREP): methodological contributions to environment-focused interventions.	Developmental Medicine & Child Neurology	-	-	-	-	1469-8749	10.1111/dmcn.13725	https://dx.doi.org/10.1111/dmcn.13725	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Krogstad E.A.; Atujuna M.; Montgomery E.T.; Minnis A.; Ndwayana S.; Malapane T.; Shapley-Quinn M.K.; Manenzhe K.; Bekker L.-G.; van der Straten A.	Perspectives of South African youth in the development of an implant for HIV prevention	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25170	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053187581&doi=10.1002%2fjia2.25170&partnerID=40&md5=278e1d3ed5935c8d80d8d7391110de8f	Introduction: Implants are a new dosage form in development for HIV pre-exposure prophylaxis (PrEP) with potential for high adherence given that they are provider-administered and are intended for long-acting protection. Integrating end-user preference into early stage product development may further overcome challenges with future product uptake and adherence. Hence, we sought to optimize the design of a PrEP implant in early-stage development by gathering opinions about implant attributes from potential end-users in South Africa. Methods: We conducted 14 focus group discussions (FGDs) with young women and men aged 18 to 24 in Cape Town and Soshanguve, South Africa, inviting participants into discussion as co-designers. FGDs were homogenous by gender and previous implant experience. During FGDs, we showed prototype devices and followed a semi-structured guide with questions on history of contraceptive implant use, preferences for physical characteristics of an implant, implant biodegradability, insertion process, participant-driven ideas for implant design, and social adoption considerations. FGDs were facilitated in English, isiXhosa, Tswana, isiZulu, or Tsonga, audio-recorded, transcribed into English, and qualitatively coded and analysed. Results: In this qualitative sample of 105 youth (68 women and 37 men), 58 participants were from Soshanguve and 47 from Cape Town, and 23% had previously used contraceptive implants. Participants expressed preferences for several implant design features; specifically, longer duration (≥6 months) was more important to most participants than the size or number of devices implanted. A majority preferred a flexible versus stiff implant to minimize palpability, thereby increasing discreetness and comfort. Nearly all participants favoured a biodegradable implant to avoid removal and thus reduce clinic visits. Concerns about the implant centred on its possible side effects and the "plastic" look of the prototype displayed for demonstration. Conclusions: This study offers preliminary insights into an implant for HIV prevention that provides long-lasting protection may be well received among young South Africans. Additionally, flexibility, discreetness, and biodegradability may increase acceptability of the implant. Such end-user feedback is being incorporated into current implant designs in the hope of creating an effective long-acting PrEP product that is likely to achieve high uptake and adherence in target populations. © 2018 RTI International. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society	adolescent; focus groups; implant; pre-exposure prophylaxis; product development; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2018	Kuennemeier, Brian; Schiemann, Jack	Truvada as Pre-Exposure Prophylaxis (PrEP) and Intimacy Among Gay Men in San Francisco	-	-	Wright Institute	Wright Institute	-	NA	NA	https://www.proquest.com/dissertations-theses/truvada-as-pre-exposure-prophylaxis-prep-intimacy/docview/2117544597/se-2?accountid=8113	Pre-Exposure Prophylaxis (PrEP) is a new HIV prevention strategy that takes existing medications used for the maintenance of HIV and gives them to HIV-negative individuals to prevent new HIV infections. Applications of this technology have been enacted in several populations, but of particular interest are gay men and other men who have sex with men (MSM) due to the significant impact that HIV has had on this population. This study is a qualitative examination of how the use of Truvada as PrEP has affected the experience of intimacy for HIV-negative gay men living in San Francisco. An interpretative phenomenological analysis (IPA) was utilized to examine data from 9 interviews with gay men in San Francisco who have been using this particular chemoprophylaxis for at least one year. This study found that PrEP significantly decreases feelings of fear and anxiety related to HIV and sex, which allowed them to experience more emotional and sexual intimacy in their relationships.	Psychology; Pre-Exposure Prophylaxis; HIV Prevention; LGBTQ studies; Intimacy; Relationships; 0622:Clinical psychology; Clinical psychology; 0492:LGBTQ studies; Social psychology; 0451:Social psychology; 0621:Psychology; Gay Men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2018	Kusejko K.; Marzel A.; Hampel B.; Bachmann N.; Nguyen H.; Fehr J.; Braun D.L.; Battegay M.; Bernasconi E.; Calmy A.; Cavassini M.; Hoffmann M.; Böni J.; Yerly S.; Klimkait T.; Perreau M.; Rauch A.; Günthard H.F.; Kouyos R.D.	Quantifying the drivers of HIV transmission and prevention in men who have sex with men: a population model-based analysis in Switzerland	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.12660	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051135628&doi=10.1111%2fhiv.12660&partnerID=40&md5=b7c408a8394067738c29824bb1715c62	Objectives: Despite the huge success of antiretroviral therapy (ART), there is an ongoing HIV epidemic among men who have sex with men (MSM) in resource-rich countries. Understanding the driving factors underlying this process is important for curbing the epidemic. Methods: We simulated the HIV epidemic in MSM in Switzerland by stratifying a mathematical model by CD4 count, the care cascade and condom use. The model was parametrised with clinical, epidemiological and behavioural data from the Swiss HIV Cohort Study and surveys in the HIV-negative population. Results: According to our model, 3.4% of the cases that would otherwise have occurred in 2008–2015 were prevented by early initiation of ART. Only 0.6% of the cases were attributable to a change in condom use in the HIV-positive population, as less usage is mainly seen in virally suppressed MSM. Most new infections were attributable to transmission from recently infected undiagnosed individuals. It was estimated that doubling the diagnosis rate would have resulted in 11.8% fewer cases in 2001–2015. Moreover, it was estimated that introducing pre-exposure prophylaxis (PrEP) for 50% of those MSM not using condoms with occasional partners would have resulted in 22.6% fewer cases in 2012–2015. Conclusions: By combining observational data on the relevant epidemiological and clinical processes with a mathematical model, we showed that the 'test and treat' approach is most effective in reducing the number of new cases. Only a moderate population-level effect was estimated for early initiation of ART and a weak effect for the change in condom use of diagnosed MSM. Protecting HIV-negative individuals who are not using condoms with PrEP was shown to have a major impact. © 2018 British HIV Association	condom use; HIV diagnosis; HIV epidemic; men who have sex with men; pre-exposure prophylaxis; treatment as prevention	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Article	2018	Kwakwa H.A.; Bessias S.; Sturgis D.; Walton G.; Wahome R.; Gaye O.; Jackson M.	Engaging United States Black Communities in HIV Pre-exposure Prophylaxis: Analysis of a PrEP Engagement Cascade	Journal of the National Medical Association	-	-	-	-	279684	10.1016/j.jnma.2017.12.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040768555&doi=10.1016%2fj.jnma.2017.12.006&partnerID=40&md5=9c0bc6b135ca924c6fe56258a8e93771	Background/Purpose: National PrEP utilization analyses show US non-Hispanic Blacks accessing PrEP at disproportionately low rates given the higher HIV prevalence among Blacks, and in comparison to utilization by non-Hispanic Whites. Women also are underrepresented among PrEP utilizers, especially Black women. We examine the process of accessing PrEP for a majority Black population in an urban community health center setting. Methods: In the Philadelphia city health centers, patients referred for PrEP were followed through six steps of accessing PrEP: referral, patient contact by a PrEP team, maintained interest by patients, scheduling of screening appointments, attending screening appointments, and initiating PrEP. Chi-squared tests were performed at each stage to identify gender differences in drop-off at each step. Results: Between August 2014 and December 2015, 14% of 785 patients referred for PrEP initiated. Women constituted 37.8% of referrals. A smaller majority of Blacks initiated (84.6% of females, 69.5% of males) than were referred (94.5% of females, 88.1% of males). Prior knowledge of PrEP was associated with screening (68% of those with prior knowledge screened, compared with 29.6% of those without prior knowledge,X2 p<0.0001). Higher initiation:referral ratios were noted for self-referrals, and for those referred by clinicians, peers and partners. Conclusions: In a diverse cohort in a community health center setting, myriad barriers resulted in a 14% initiation rate for persons at elevated risk for HIV who were referred for PrEP. These barriers led to disproportionately fewer non-Hispanic Blacks and women initiating PrEP. Efforts to better engage Blacks and women in PrEP care are urgently needed, and may include better dissemination of PrEP-related information in Black communities and to women, and training of clinicians serving Black and female populations to improve competency in provision of PrEP care. © 2018	Black; Cascade; Engagement; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2018	Kwan, TH; Wong, NS; Lui, GCY; Lee, KCK; Lee, SS	Acceptability of an incentivised PrEP programme for men who have sex with men at high risk of HIV infection in Hong Kong: an implementation study	The Lancet	-	-	-	-	0140-6736	10.1016/S0140-6736(18)32706-5	https://www.proquest.com/scholarly-journals/acceptability-incentivised-prep-programme-men-who/docview/2125626777/se-2?accountid=8113	Background In Hong Kong, pre-exposure prophylaxis (PrEP) was first launched as a pilot study for men who have sex with men (MSM) at high risk of HIV infection. However, the community's acceptance of such programme might affect policy making in its implementation as a service. Therefore, we aimed to examine the feasibility of an incentivised mode of PrEP delivery in the MSM community. Methods We did a implementation study of daily co-formulated tenofovir disoproxil fumarate 300 mg plus emtricitabine 200 mg (TDF/FTC). We prescribed oral tablets of TDF/FTC to PrEP-naive, HIV-negative, high-risk MSM for 30 weeks through a pilot clinic in Hong Kong. We assessed MSM that self-referred or were referred by collaborating community organisations or HIV services using a survey about their eligibility and, if applicable, reasons for not joining the study. The key inclusion criteria were recent history of condomless anal sex and HIV negative on testing, whereas HBsAg-positive patients and those with impaired renal functions were excluded. The primary measures were acceptance rate and associated socio-behavioural factors. Consenting MSM were required to pay a fixed price at each visit but the follow-up interval was increased over time, such that the unit cost of TDF/FTC became lower for participants who remained on the programme. The actual cost of TDF/FTC was equivalent to HK$25 (US$3·20) per tablet or 13% of the market price upon completion. The study was approved by the Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee. This study is registered with the Centre for Clinical Research and Biostatistics Clinical Trials Registry, number CUHK_CCRB00533, and the Chinese Clinical Trial Registry, number ChiCTR-OPC-16009603. Findings Between Sep 21, 2017, and May 23, 2018, 292 MSM were assessed. Among 247 MSM who showed interest in the study, 196 (79%) had engaged in high-risk behaviours in the preceding 6 months. Among 229 high risk MSM, 196 (86%) indicated willingness to join the study, of which 71 ultimately enrolled. 49 (98%) of 50 MSM who used drugs during sex were interested in joining the programme (p=0·004). There were no significant associations between risky behaviours, such as the practice of condomless sex, and PrEP acceptance. The most common reason for not being interested in the study was the drug cost (24 53% of 45), concern about side-effects (13 29%), low perceived risk (ten 22%), and feeling troublesome about taking daily medications (nine 20%). Interpretation An incentivised mode of PrEP delivery was moderately well accepted by high risk MSM in Hong Kong. The gap between awareness and their access to PrEP would need to be addressed in the future if programme expansion is considered, since price can be a major deterrent for some eligible people despite the lowered price. Community education on PrEP together with pre-PrEP counselling is crucial for successful implementation. Funding AIDS Trust Fund (MSS 264 R), Hong Kong.	Tenofovir; Emtricitabine; Tablets; China; HIV/AIDS; Pre-exposure prophylaxis; Antiretroviral drugs; Hepatitis B surface antigen; Men who have sex with men; Infections; Prep; Prophylaxis; Risk perception; Medical research; Data analysis; Sex; Clinical trials; Acceptability; Side effects; Anal sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical Sciences; Health risks; Feasibility studies; Risk acceptance; Hong Kong China; Colleges & universities; Communities	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Other
Article	2018	Kwan, Tsz Ho; Lee, Shui Shan	Predictors of HIV Testing and Their Influence on PrEP Acceptance in Men Who Have Sex with Men: A Cross-Sectional Study.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-017-1978-0	https://dx.doi.org/10.1007/s10461-017-1978-0	HIV testing is the gateway to biomedical means of prevention and treatment. Identifying predictors of HIV testing is important to inform future preventive interventions. Of 444 men who have sex with men without known HIV infection enrolled in a study in Hong Kong, 64% had ever been HIV-tested. Testers were generally older, better educated, had a higher monthly income, and more likely self-identified as gay. Testers often used Internet and frequented saunas for sex networking, compared with non-testers attending bars, massage centres and public toilets. HIV testing habit also varied with the profile of body image type and preferred type in sex networking. Higher acceptance of pre-exposure prophylaxis (PrEP) was observed among testers. Overall, socioeconomic status played an important role in both HIV testing and access to PrEP. Interventions targeting sex networking venues and alternative means of testing provision are needed to increase coverage of HIV testing.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Lalley-Chareczko L.; Clark D.; Conyngham C.; Zuppa A.; Moorthy G.; Mounzer K.; Koenig H.	Delivery of TDF/FTC for pre-exposure prophylaxis to prevent HIV-1 acquisition in young adult men who have sex with men and transgender women of color using a urine adherence assay	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001772	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057625253&doi=10.1097%2fQAI.0000000000001772&partnerID=40&md5=810f48eed8a0cb8c56b06a175c2acb20	Background: Pre-exposure prophylaxis (PrEP) for HIV prevention with daily tenofovir and emtricitabine is effective when taken consistently. Currently, there is no objective way to monitor PrEP adherence. Urine has been shown to be highly correlated with plasma tenofovir levels, with urine tenofovir levels .1000 ng/mL demonstrating recent (1-2 days) adherence to PrEP. Setting: This study was conducted at an urban community health center in Philadelphia, Pennsylvania. Methods: PrEP was administered to 50 young men who have sex with men and transgender women of color using weekly, biweekly, and/or monthly dispensation schedules. Primary objectives were retention at 48 weeks (in care at week 48 and completing ≥50% of medication pickups) and adherence assessed by urine tenofovir levels. Risk behaviors and sexually transmitted infection diagnoses were also collected. Results: Seventy percent of participants were retained in care at 48 weeks. The proportion of subjects with urine tenofovir consistent with recent adherence was 80, 74.4, 82.4, 82.4, and 69.7% at weeks 4, 12, 24, 36, and 48, respectively. Sixty-one sexually transmitted infections were diagnosed over 231 screenings throughout 48 weeks, with no significant change between the first and second 24-week periods (P = 0.43; 0 seroconversions). At week 48, more than half of subjects reported an increase or no change in condom use, an increase in their ability to discuss HIV with partners, and no change in number of sexual partners from baseline. Conclusions: These data demonstrate PrEP can be successfully delivered to a high-risk population with high program retention and medication adherence measured by urine tenofovir levels. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Adherence; HIV PrEP; PrEP; Urine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Lam, RPK; Balsari, S; Hung, KKC; Hsiao, KH; Leung, LP; Leaning, J	How Do Doctors and Nurses in Emergency Departments in Hong Kong View Their Disaster Preparedness? A Cross-Sectional Territory-Wide Online Survey	Disaster Medicine and Public Health Preparedness	-	-	-	-	1935-7893	10.1017/dmp.2017.71	https://pubmed.ncbi.nlm.nih.gov/28829007/	Objectives: To assess the level of all-hazards disaster preparedness and training needs of emergency department (ED) doctors and nurses in Hong Kong from their perspective, and identify factors associated with high perceived personal preparedness. Design: This study was a cross-sectional territory-wide online survey conducted from 9 September to 26 October, 2015. Participants: The participants were doctors from the Hong Kong College of Emergency Medicine and nurses from the Hong Kong College of Emergency Nursing. Methods: We assessed various components of all-hazards preparedness using a 25-item questionnaire. Backward logistic regression was used to identify factors associated with perceived preparedness. Results: A total of 107 responses were analyzed. Respondents lacked training in disaster management, emergency communication, psychological first aid, public health interventions, disaster law and ethics, media handling, and humanitarian response in an overseas setting. High perceived workplace preparedness, length of practice, and willingness to respond were associated with high perceived personal preparedness. Conclusions: Given the current gaps in and needs for increased disaster preparedness training, ED doctors and nurses in Hong Kong may benefit from the development of core-competency-based training targeting the under-trained areas, measures to improve staff confidence in their workplaces, and efforts to remove barriers to staff willingness to respond.	SOCIAL MEDIA; WILLINGNESS; PHYSICIANS; nurses; physicians; MEDICINE; CARE WORKERS; disasters; emergency preparedness; PROFESSIONALIZATION; BIOTERRORISM; CORE COMPETENCES; cross-sectional studies; PUBLIC-HEALTH PREPAREDNESS; RESPOND	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	NA	NA	Quantitative
Article	2018	Lambrescak E.; Mariot P.; Dahlouk S.Y.; Rabahi N.; Lesage A.-C.; Bourguignon J.; Taouk M.; Zeitoun J.-D.; Atienza P.; Etienney I.	Prophylactic use of Truvada® and the role of the proctologist; Information sur la prise prophylactique de Truvada® en proctologie	Hepato-Gastro et Oncologie Digestive	-	-	-	-	21153310	10.1684/hpg.2018.1643	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054482193&doi=10.1684%2fhpg.2018.1643&partnerID=40&md5=16872782ba5dce9794565d430f458801	The use of antiretroviral drugs for HIV, on demand, for prophylaxis, has been approved for marketing in France since March 2017. The vast majority of beneficiaries are homosexual men. In addition to the presentation of these patients under Prep to proctologic emergencies, programmed proctological consultations are very often proposed by infectious physicians. There are currently no recommendations regarding the content of these consultations. This mini-review attempts to shed light on these new practices, with a sharing of our experience based on the epidemiology of human Papilloma Virus (HPV) lesions. The key elements for these patients are: information on HPV contamination and other sexually transmitted infections (STIs), a careful clinical examination, the treatment of observed lesions and their monitoring. Many questions arise regarding the indication for an HPV vaccine in these patients, the possibility of an increase in the resistance of other STIs and the pace of follow-up to offer them. Copyright © 2018 John Libbey Eurotext.	HIV; Human papilloma virus; Prophylaxis; Truvada®	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2018	Lancki N.; Almirol E.; Alon L.; McNulty M.; Schneider J.A.	Preexposure prophylaxis guidelines have low sensitivity for identifying seroconverters in a sample of young Black MSM in Chicago	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001710	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041456459&doi=10.1097%2fQAD.0000000000001710&partnerID=40&md5=73b08eaf95678a7b37415ae330332e39	Background: Identification of clients at greatest risk of acquiring HIV is critical for preexposure prophylaxi (PrEP) implementation. Young black MSM (YBMSM) have high incidence of HIV. We examined published guidelines in identifying eligible PrEP candidates, including seroconverters, in a representative cohort of YBMSM. Methods: The uConnect cohort included YBMSM aged 16-29 years during PrEP roll-out in Chicago from 2013 and 2016. YBMSM with indications for PrEP were determined using Center for Disease Control and Prevention (CDC) guidelines, the HIV incidence risk index for MSM (HIRI-MSM) scoring tool, and Gilead recommendations with calculation of sensitivities, specificities, and area under the curve (AUC) for HIV seroconversion over 18 months. Incidence rate ratios (IRRs) using Poisson regression were modeled to compare individual and network factors associated with seroconversion. Results: In the study cohort, 300 HIV uninfected YBMSM contributed 390.4 person-years of follow-up mean age (SD), 22.3 years (3.07). HIV incidence was 8.5 cases per 100 person-years (95% confidence interval, 6.0-11.9). One network factor was associated with seroconversion: having partners more than 10 years older (IRR-=-4.4, 95% confidence interval, 1.6-11.8). Overall, 49% of the cohort had an indication for PrEP using CDC guidelines; 72% using HIRI-MSM, and 86% using Gilead recommendations. HIV seroconverters (n-=-33) were identified as PrEP eligible prior to seroconversion with sensitivities/AUCs for CDC (52%/0.51), HIRI-MSM (85%/0.57), and Gilead guidelines (94%/0.54). Conclusion: Low sensitivity of CDC guidelines and limited AUC of HIRI-MSM and Gilead screening tools are of concern for PrEP implementation among most at risk populations such as YBMSM. Consideration of demographics, local epidemiology, and network factors may better guide identification of clients who could benefit most from PrEP. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; national guidelines; preexposure prophylaxis; young black MSM	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Landovitz, RJ; Li, S; Grinsztejn, B; Dawood, H; Liu, AY; Magnus, M; Hosseinipour, MC; Panchia, R; Cottle, L; Chau, G; Richardson, P; Marzinke, MA; Hendrix, CW; Eshleman, SH; Zhang, Y; Tolley, E; Sugarman, J; Kofron, R; Adeyeye, A; Burns, D; Rinehart, AR; Margolis, D; Spreen, WR; Cohen, MS; McCauley, M; Eron, JJ	Safety, tolerability, and pharmacokinetics of long-acting injectable cabotegravir in low-risk HIV-uninfected individuals: HPTN 077, a phase 2a randomized controlled trial	PLOS Medicine	-	-	-	-	NA	10.1371/journal.pmed.1002690	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01667796/full	BACKGROUND: Cabotegravir (CAB) is a novel strand-transfer integrase inhibitor being developed for HIV treatment and prevention. CAB is formulated both as an immediate-release oral tablet for daily administration and as a long-acting injectable suspension (long-acting CAB CAB LA) for intramuscular (IM) administration, which delivers prolonged plasma exposure to the drug after IM injection. HIV Prevention Trials Network study 077 (HPTN 077) evaluated the safety, tolerability, and pharmacokinetics of CAB LA in HIV-uninfected males and females at 8 sites in Brazil, Malawi, South Africa, and the United States. CONCLUSIONS: In this study, CAB LA was well tolerated at the doses and dosing intervals used. ISRs were common, but infrequently led to product discontinuation. CAB LA 600 mg every 8 weeks met pharmacokinetic targets for both male and female study participants. The safety and pharmacokinetic results observed support the further development of CAB LA, and efficacy studies of CAB LA for HIV treatment and prevention are in progress. TRIAL REGISTRATION: ClinicalTrials.gov Registry: ClinicalTrials.gov Trial number: NCT02178800. METHODS AND FINDINGS: HPTN 077 was a double-blind, placebo-controlled phase 2a trial. Healthy individuals age 18-65 years at low HIV risk were randomized (3:1) to receive CAB or placebo (PBO). In the initial oral phase, participants received 1 daily oral tablet (CAB or PBO) for 4 weeks. Those without safety concerns in the oral phase continued and received injections in the injection phase (Cohort 1: 3 injections of CAB LA 800 mg or 0.9% saline as PBO IM every 12 weeks for 3 injection cycles; Cohort 2: CAB LA 600 mg or PBO IM for 5 injection cycles; the first 2 injections in Cohort 2 were separated by 4 weeks, the rest by 8 weeks). The primary analysis included weeks 5 to 41 of study participation, encompassing the injection phase. The cohorts were enrolled sequentially. Primary outcomes were safety and tolerability. Secondary outcomes included pharmacokinetics and events occurring during the oral and injection phases. Between February 9, 2015, and May 27, 2016, the study screened 443 individuals and enrolled 110 participants in Cohort 1 and 89 eligible participants in Cohort 2. Participant population characteristics were as follows: 66% female at birth; median age 31 years; 27% non-Hispanic white, 41% non-Hispanic black, 24% Hispanic/Latino, 3% Asian, and 6% mixed/other; and 6 transgender men and 1 transgender woman. Twenty-two (11%) participants discontinued the oral study product; 6 of these were for clinical or laboratory adverse events (AEs). Of those who received at least 1 CAB LA injection, 80% of Cohort 1 and 92% of Cohort 2 participants completed all injections; injection course completion rates were not different from those in the PBO arm. Injection site reactions (ISRs) were common (92% of Cohort 1 and 88% of Cohort 2 participants who received CAB LA reported any ISR). ISRs were mostly Grade 1 (mild) to Grade 2 (moderate), and 1 ISR event (Cohort 1) led to product discontinuation. Grade 2 or higher ISRs were the only AEs reported more commonly among CAB LA recipients than PBO recipients. Two Grade 3 (severe) ISRs occurred in CAB recipients, 1 in each cohort, but did not lead to product discontinuation in either case. Seven incident sexually transmitted infections were diagnosed in 6 participants. One HIV infection occurred in a participant 48 weeks after last injection of CAB LA: CAB was not detectable in plasma both at the time of first reactive HIV test and at the study visit 12 weeks prior to the first reactive test. Participants in Cohort 2 (unlike Cohort 1) consistently met prespecified pharmacokinetic targets of at least 95% of participants maintaining CAB trough concentrations above PA-IC90, and 80% maintaining trough concentrations above 4× PA-IC90. Study limitations include a modest sample size, a short course of injections, and a low-risk study population.	*HIV test; *cabotegravir; *drug safety; Adolescent; Adult; Adverse drug reaction; Aged; Anti-HIV Agents *administration & dosage, adverse effects, blood, *pharmacokinetics; Article; Brazil; Cohort analysis; Controlled study; Delayed-Action Preparations; Diagnosis; Disease course; Double blind procedure; Double-Blind Method; Drug Administration Schedule; Drug Monitoring; Drug efficacy; Drug therapy; Drug withdrawal; Female; HIV Infections diagnosis, *prevention & control, transmission, virology; Hispanic; Human; Human immunodeficiency virus infection; Human tissue; Humans; IC90; Injection site reaction; Injections, Intramuscular; Major clinical study; Malawi; Male; Middle Aged; Outcome assessment; Pharmacokinetics; Phase 2 clinical trial; Placebo; Plasma; Pyridones *administration & dosage, adverse effects, blood, *pharmacokinetics; Randomized controlled trial; Recipient; Rest; Risk Assessment; Risk Factors; Risk assessment; Sample size; Sexually transmitted disease; Side effect; Sodium chloride; South Africa; Tablet; Transgender; Treatment Outcome; Trough concentration; United States; Young Adult; Young adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2018	Larmarange, Joseph; Becquet, Valentine; Masumbuko, Jean-Marie; Nouaman, Marcellin; Plazy, Mélanie; Danel, Christine; Eholié, Serge	Implementing preexposure prophylaxis among key populations: an opportunity for patient-centered services and management of hepatitis B.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000001749	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5895127	NA	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Essay	2018	Laurence, Jeffrey	Pre-Exposure Prophylaxis (PrEP) for HIV: Opportunities, Challenges, and Future Directions.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2018.29003.jl	https://dx.doi.org/10.1089/apc.2018.29003.jl	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Leblanc, Natalie M.; Mitchell, Jason	Providers' Perceptions of Couples' HIV Testing and Counseling (CHTC): Perspectives From a U.S. HIV Epicenter.	Couple & Family Psychology	-	-	-	-	2160-4096 2160-410X	10.1037/cfp0000097	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179155/	Current epidemiology demonstrate the significance of couple-based HIV transmission among vulnerable U.S. populations and its contribution to health disparity in HIV prevalence. Couples HIV testing and counseling (CHTC) can be used to address couple-based HIV risk in the U.S. Though a globally recognized service, the literature lacks U.S.-based healthcare providers' (HCP) perspectives of CHTC. To address this research gap, a qualitative descriptive design was used to ascertain HCPs' perceptions about CHTC. Semi-structured in-depth interviews were conducted with 22 HCPs who were experienced with engaging patients or clients across the HIV care continuum. Overall, HCPs supported CHTC among different U.S. POPULATIONS: Content and thematic analysis revealed HCPs perceived CHTC to be an evolution from current HIV testing approaches and a mechanism to screen people who may not otherwise. CHTC was perceived to have biomedical and bio-behavioral merit that warranted consideration for implementation within health service settings and among populations with heightened HIV risk. This strategy was perceived to be a mechanism for introducing PrEP and conception health into one's practice. CHTC also signaled patients reorienting perceptions of personal health as being linked to the health of another individual. Providers recognized that couples have evolved to be increasingly non-heteronormative and thought that CHTC should be offered to all couples. However, participants also noted that HCPs in the U.S. need to be comfortable with promoting sexual health among various populations for implementation of CHTC to be successful.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2018	Lee, Shui Shan; Petersen, Eskild	Overcoming 'purview paradox' to make way for the effective implementation of PrEP in preventing HIV transmission	International Journal of Infectious Diseases	-	-	-	-	12019712	10.1016/j.ijid.2018.10.018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056552869&doi=10.1016%2fj.ijid.2018.10.018&partnerID=40&md5=05f8bd42537e106a84fea69683cc5b53	NA	clinical medicine; general & internal medicine; medical and health sciences; Medicine; MEDLINE; Hiv transmission; other medical science; public health; Internet privacy	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Other
Article	2018	Leech A.A.; Burgess J.F.; Sullivan M.; Kuohung W.; Horný M.; Drainoni M.-L.; Christiansen C.L.; Linas B.P.	Cost-effectiveness of preexposure prophylaxis for HIV prevention for conception in the United States	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056401261&doi=10.1097%2fQAD.0000000000002014&partnerID=40&md5=6232d36c99d13c2758b0ae57d1166186	Objective:The aim of this study was to investigate the value of coformulated Tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) for preexposure prophylaxis (PrEP) for conception in the U.S. and to identify scenarios in which 'Undetectable=Untransmittable' (U=U) may not be adequate, and rather, PrEP or assisted reproduction would improve outcomes.Design:We developed a Markov cohort simulation model to estimate the incremental benefits and cost-effectiveness of PrEP compared with alternative safer conception strategies, including combination antiretroviral therapy (cART) alone for the HIV-infected partner and assisted reproductive technologies. We modelled various scenarios in which HIV RNA suppression in the male partner was less than perfect.Setting:U.S. healthcare sector perspective.Participants:Serodiscordant couples in the U.S. was composed of an HIV-infected male and HIV-uninfected female seeking conception.Intervention:Economic analysis.Main outcome measure(s):Cumulative risks of HIV transmission to women and babies, maternal life expectancy, discounted quality-adjusted life years (QALY), discounted lifetime medical costs and incremental cost-effectiveness ratios.Results:cART with condomless intercourse limited to ovulation was the preferred HIV prevention strategy among women seeking to conceive with an HIV-infected partner who is HIV-suppressed. PrEP was not cost-effective for women who had partners who were virologically suppressed. When the probability of male partner HIV suppression was low and we assumed generic pricing of PrEP, PrEP was cost-effective, and sometimes even cost-saving compared with cART alone.Conclusion:From a U.S. healthcare sector perspective, when the male partner was not reliably suppressed, PrEP became economically attractive, and in some cases, cost-saving. © 2019 Lippincott Williams and Wilkins. All rights reserved.	conception; fertility; HIV prevention; preexposure prophylaxis; serodiscordant couples	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	LeGrand S.; Knudtson K.; Benkeser D.; Muessig K.; McGee A.; Sullivan P.S.; Hightow-Weidman L.	Testing the Efficacy of a Social Networking Gamification App to Improve Pre-Exposure Prophylaxis Adherence (P3: Prepared, Protected, emPowered): Protocol for a Randomized Controlled Trial	JMIR Research Protocols	-	-	-	-	19290748	10.2196/10448	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070275630&doi=10.2196%2f10448&partnerID=40&md5=4b67e401cfb7a7870f38ab9b5177729b	Background: HIV prevalence is high among young men who have sex with men (YMSM) and young transgender women who have sex with men (YTWSM), particularly among minorities. Despite its proven efficacy and safety, the uptake of and adherence to pre-exposure prophylaxis (PrEP) among YMSM and YTWSM is currently limited. To date, evidence-based interventions to promote and sustain PrEP adherence have been limited and not shown to be highly efficacious. Given the widespread adoption of smartphones, mobile apps can be utilized to increase PrEP adherence for many YMSM and YTWSM. Objective: The study consists of a formative research phase to develop an app-based intervention, P3 (Prepared, Protected, emPowered), to increase PrEP adherence, and a randomized controlled trial (RCT) to test its efficacy. P3 is a mobile app built on an established health platform, which includes social networking and game-based components to encourage PrEP adherence among YMSM and YTWSM. P3+ includes all P3 features plus adherence counseling delivered via two-way text messaging (short message service, SMS) through the app. Methods: The formative research phase includes usability testing to assess users' comprehension of P3's educational content, understanding and use of intervention features, and overall impressions of app functionality, followed by app refinements. A subsequent field trial will identify and resolve any remaining technical challenges. A three-arm RCT (P3, P3+, and standard of care) will then be conducted at 6 iTech subject recruitment venues to assess intervention efficacy and to conduct a comparison of costs to deliver the 2 intervention arms. Results: This is an ongoing research project with initial results from the formative work expected in 2020 and those from the RCT in 2021. Conclusions: P3 aims to provide an engaging, interactive experience that is highly appealing for the target population, leveraging technology already heavily integrated into the lives of young people, and thus meeting users' needs in a familiar, stimulating way. If efficacious, P3 could be a sustainable, easily disseminated, lower-cost PrEP intervention for YMSM and YTWSM. Further, the research aims to determine the processes that are essential to developing and implementing future health-related gamification interventions. ©Sara LeGrand, Kelly Knudtson, David Benkeser, Kathryn Muessig, Andrew Mcgee, Patrick S Sullivan, Lisa Hightow-Weidman.	HIV; Men who have sex with men; Mobile apps; Mobile phone; Pre-exposure prophylaxis; Transgender women; Youth	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	LeVasseur, Michael T; Goldstein, Neal D; Tabb, Loni P; Olivieri-Mui, Brianne L; Welles, Seth L	The Effect of PrEP on HIV Incidence Among Men Who Have Sex With Men in the Context of Condom Use, Treatment as Prevention, and Seroadaptive Practices.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001555	https://dx.doi.org/10.1097/QAI.0000000000001555	BACKGROUND: HIV preexposure prophylaxis (PrEP) is an effective tool in preventing HIV infection among high-risk men who have sex with men (MSM). It is unknown how effective PrEP is in the context of other implemented HIV prevention strategies, including condom use, seroadaption, and treatment as prevention (TasP). We evaluate the impact of increasing uptake of PrEP in conjunction with established prevention strategies on HIV incidence in a high-risk population of MSM through simulation. METHODS: Agent-based simulation models representing the sexual behavior of high-risk, urban MSM in the United States over the period of 1 year were used to evaluate the effect of PrEP on HIV infection rates. Simulations included data for 10,000 MSM and compared increasing rates of PrEP uptake under 8 prevention paradigms: no additional strategies, TasP, condom use, seroadaptive behavior, and combinations thereof. RESULTS: We observed a mean of 103.2 infections per 10,000 MSM in the absence of any prevention method. PrEP uptake at 25% without any additional prevention strategies prevented 30.7% of infections. In the absence of PrEP, TasP, condom use, and seroadaptive behavior independently prevented 27.1%, 48.8%, and 37.7% of infections, respectively, and together prevented 72.2%. The addition of PrEP to the 3 aforementioned prevention methods, at 25% uptake, prevented an additional 5.0% of infections. CONCLUSIONS: To achieve a 25% reduction in HIV infections by 2020, HIV prevention efforts should focus on significantly scaling up access to PrEP in addition to HIV testing, access to antiretroviral therapy, and promoting condom use.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Li J.; Peng L.; Gilmour S.; Gu J.; Ruan Y.; Zou H.; Hao C.; Hao Y.; Lau J.T.-F.	A mathematical model of biomedical interventions for HIV prevention among men who have sex with men in China	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-018-3516-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057545827&doi=10.1186%2fs12879-018-3516-8&partnerID=40&md5=7ae79d44d34c256f9e55661e85abd890	Background: The new HIV treatment guidelines in China recommend antiretroviral therapy (ART) for all people living with HIV, but significant gaps in implementation still exist. Pre-exposure prophylaxis (PrEP) can effectively reduce the risk of HIV transmission among men who have sex with men (MSM). This study assessed the epidemiological impact and cost effectiveness of PrEP, enhanced biomedical interventions and their combination among MSM in China. Methods: A deterministic mathematical model was developed and projected over 20 years to assess the impact of PrEP, biomedical interventions and their combinations. Incidence and prevalence of HIV were measured, and cost-effectiveness was assessed using incremental cost (international dollars, Int.) per quality-adjusted life year (QALY) gained. Results: A total of 0.78 million new HIV infections were estimated to occur over the next 20 years if no additional interventions are implemented among MSM. The PrEP-only strategy covering 25-75% of HIV-negative high-risk MSM can prevent 0.09-0.20 million (12.1-25.7%) new infections, at a cost of 17,277-18,452 Int./QALY. The optimal cost-effectiveness path is from test-and-treat to the combination strategy of test-and-treat and PrEP. Some strategies could almost eliminate new HIV infections over the next 20 years. Conclusions: PrEP, test-and-treat, and their combinations among MSM are effective and cost-effective relative to current policy. PrEP is an important and cost-effective addition to current policy in China. © 2018 The Author(s).	Biomedical intervention; China; HIV; Mathematical model; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	NA	NA	Quantitative
Article	2018	Lichtenstein, Bronwen; Kay, Emma Sophia; Klinger, Ian; Mutchler, Matt G	Ricky and Lucy: gender stereotyping among young Black men who have sex with men in the US Deep South and the implications for HIV risk in a severely affected population.	Culture, Health & Sexuality	-	-	-	-	1464-5351	10.1080/13691058.2017.1347280	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5775064	HIV disproportionately affects young Black men who have sex with men in the USA, with especially high rates in the Deep South. In this Alabama study, we interviewed 24 pairs of young Black men who have sex with men aged 19-24 and their close friends (n = 48) about sexual scripts, dating men and condom use. Three main themes emerged from the study: the power dynamics of 'top' and 'bottom' sexual positions for condom use; gender stereotyping in the iconic style of the 'I Love Lucy' show of the 1950s; and the sexual dominance of 'trade' men. Gender stereotyping was attributed to the cultural mores of Black families in the South, to the preferences of 'trade' men who exerted sexual and financial control and to internalised stigma relating to being Black, gay and marginalised. The findings suggest that HIV prevention education for young Black men who have sex with men is misguided if gendered power dynamics are ignored, and that funded access to self-protective strategies such as pre-exposure prophylaxis and post-exposure prophylaxis could reduce HIV risk for this severely affected population.	Young Black men, who have sex with men, risk of HIV infection, Deep South, USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Lillie, Tiffany A.; Baer, James; Adams, Darrin; Zhao, Jinkou; Wolf, R. Cameron	Think global, act local: the experience of Global Fund and PEPFAR joint cascade assessments to harmonize and strengthen key population HIV programmes in eight countries.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25125	https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25125	INTRODUCTION: The Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR) are major donors to HIV services with key populations (KPs) to achieve the UNAIDS 95-95-95 epidemic control goals. The programmes they fund are not always well aligned or coordinated, decreasing their effectiveness. Joint assessments are designed and led by LINKAGES, a project funded by PEPFAR and the US Agency for International Development, to improve coordination among donors and on-the-ground implementation of KP HIV programmes. Joint assessments help identify barriers that prevent KPs from accessing interventions along the cascade of prevention, diagnosis and treatment services, and provide recommendations to improve and align programmes. Detailed reports from eight assessments in Malawi, Cameroon, Swaziland, Haiti, Angola, Nepal, Côte d'Ivoire and Botswana were analysed for thematic challenges, and recommendations are presented. The purpose of the paper is to identify commonalities across KP HIV programmes that were found through the assessments so others can learn and then strengthen their programmes to become more effective. DISCUSSION: The joint cascade assessments offered countries feedback on HIV programme challenges and recommendations for strengthening them at national, subnational and local levels. Shared intervention areas included: (1) robust population size estimates to inform service delivery targets and to budget resources for KP outreach; (2) accessible and KP-friendly services most relevant to individuals to increase retention in the HIV cascade; (3) decentralized, community-based services for HIV testing and antiretroviral therapy, and new approaches including self-testing and PrEP; (4) addressing structural issues of stigma, discrimination and violence against KPs to create a more enabling environment; and (5) more effective and continual tracking of KPs across the cascade, and coordinated, harmonized monitoring tools and reporting systems between donor-funded and national programmes. CONCLUSIONS: The assessment teams and country stakeholders viewed the assessments as a best practice for coordinating donor-funded programmes that may overlap or inefficiently serve KPs. Global and national HIV programmes need investments of time, resources, and commitment from stakeholders to continually course-correct to align and improve programmes for sustained impact. The type of continued partnership demonstrated by the joint assessments is key to address HIV among KPs globally.	Humans; Male; Female; Viral Load; Anti-HIV Agents/therapeutic use; HIV; International Cooperation; key populations; Financing, Government; assessment; donors; *Government Programs; collaboration; HIV Infections/economics/*prevention & control/therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2018	Lim S.H.; Akbar M.; Wickersham J.A.; Kamarulzaman A.; Altice F.L.	The management of methamphetamine use in sexual settings among men who have sex with men in Malaysia	International Journal of Drug Policy	-	-	-	-	9553959	10.1016/j.drugpo.2018.02.019	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044533745&doi=10.1016%2fj.drugpo.2018.02.019&partnerID=40&md5=96c13e46e3e9c0ee663b1222eb8b7fb2	Background: The intentional use of illicit drugs for sexual purposes (also known as 'chemsex') is well known within the MSM communities in Malaysia although research in this population is scarce primarily because both drug use and homosexuality are illegal and stigmatised in Malaysia. Methods: From April to December 2014, interviews were conducted with twenty men (age range 21–43) living in Greater Kuala Lumpur who had sexual intercourse with other men in the past 6 months and who used illicit drugs at least monthly in the past 3 months. Fourteen men were recruited via gay social networking smartphone applications or websites while six were referred by the participants. Data were analsed using thematic analytic approach. Findings: The average duration of illicit drug use was 6.4 years (range 1–21) and all participants were using methamphetamine ("ice" or crystal meth) with frequency of use ranged from daily to once a month. Participants came from diverse ethnic, economic, and occupational backgrounds. Most participants used an inhalation apparatus ("bong") to consume methamphetamine and injection was rare in the sample. The primary motivation of methamphetamine use was to increase sexual capacity, heighten sexual pleasure and enhance sexual exploration and adventurism. Socializing with friends ("chilling"), and increased energy for work were secondary motivations. Participants emphasized the need to control the use of methamphetamine and some have established rules to control the amount and duration of use and a minority of men have maintained condom use during anal sex while under the influence of methamphetamine. Participants who professed to be in control of their drug use characterized themselves as functional users regardless of the health and social consequences from continuing use. Overall, participants perceived themselves differently from the traditional opioid users and reported limited access to sexual health and substance use treatment services. Conclusion: There is a need to increase access to HIV prevention services such as PrEP and PEP, professional support, and substance abuse treatment for drug-using MSM. A more open and friendly environment towards drug-using MSM may help them access and engage with the health services. © 2018	HIV; Homosexuality; Illicit drugs; Malaysia	English	United Kingdom	Western and Central Europe and North America	malaysia	Asia and the Pacific	malaysia	Asia and the Pacific	Qualitative
Article	2018	Liu C.; Ding Y.; Ning Z.; Gao M.; Liu X.; Wong F.Y.; He N.	Factors influencing uptake of pre-exposure prophylaxis: Some qualitative insights from an intervention study of men who have sex with men in China	Sexual Health	-	-	-	-	14485028	10.1071/SH17075	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041426700&doi=10.1071%2fSH17075&partnerID=40&md5=3b144168c58c400838933ee696b3c61e	Background: Pre-exposure prophylaxis (PrEP) is a biomedical approach for preventing the acquisition of HIV in populations at substantial risk for HIV. However, its uptake among men who have sex with men (MSM) is low in China. The study aimed to identify factors that might influence MSM's uptake and use of PrEP. Methods: In-depth interviews were conducted with 32 self-identified MSM from a PrEP intervention study evaluating daily oral tenofovir disoproxil fumarate (TDF) to prevent HIV infection. Of these men, 11 were presently using the 'TDF' group; 8 from the 'change-over' group (i.e. initially used PrEP but subsequently quitted); and 13 from the non-user group. Data were analysed using thematic approach. Results: Perception of low HIV risk, mistrust of the national PrEP program, and concerns of side effects were the main reasons for not wanting to use PrEP. Also, lack of main sexual partner's support, difficulties in adhering to the daily TDF regimen, and the inconvenient schedules in securing the medicine were the major reasons for not wanting to use or quitting the use of PrEP. On the other hand, perceived high HIV risk, beliefs in efficacy of PrEP, and worries of transmitting HIV to families were the major motives for PrEP uptake. Conclusions: Findings suggest that PrEP implementation strategies should first address issues including but not limited to accurate self-assessment of HIV risk, mistrust and limited knowledge about medical trials and PrEP, and ease of accessing PrEP. © CSIRO 2018.	biomedical approach; HIV prevention.; tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	NA	NA	Qualitative
Article	2018	Lovelock M.	Sex, death and austerity: resurgent homophobia in the British tabloid press	Critical Studies in Media Communication	-	-	-	-	15295036	10.1080/15295036.2018.1442013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044022893&doi=10.1080%2f15295036.2018.1442013&partnerID=40&md5=a73b4e178b726fd2ad3ad9fece71f0d2	This article explores how the current context of neoliberal austerity has come to shape representations of gay identity in the British tabloid press. Focusing on the reporting of two news events by the Daily Mail and the Sun between July 2016 and July 2017, the High Court ruling on the provision of the HIV prevention drug PrEP by the National Health Service and the rise of so-called "chemsex" amongst gay men, I argue that the right-wing tabloids have reformulated traditional homophobic scripts in ways that correspond with the contemporary social and political context of neoliberal austerity. My analysis therefore expands scholarly understandings of how austerity ideologies shape normative understandings of "good" and "bad" behavior through the specific context of gay identity. I argue that the right-wing tabloids have come to circulate a negatively coded vision of gay life characterized by drug addiction and promiscuous, "risky" sex, which is constructed as the antithesis of the idealized, respectable and responsible subject of neoliberal austerity. Amidst the uncertainties of neoliberalism, these representations manufacture and sell a seemingly transcendental, conservative, heteronormative consensus around sexual moralities under austerity. © 2018, © 2018 National Communication Association.	austerity; chemsex; Homophobia; neoliberalism; tabloid press	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2018	Luo, Wei; Katz, David A.; Hamilton, Deven T.; McKenney, Jennie; Jenness, Samuel M.; Goodreau, Steven M.; Stekler, Joanne D.; Rosenberg, Eli S.; Sullivan, Patrick S.; Cassels, Susan	Development of an Agent-Based Model to Investigate the Impact of HIV Self-Testing Programs on Men Who Have Sex With Men in Atlanta and Seattle.	JMIR Public Health and Surveillance	-	-	-	-	2369-2960	10.2196/publichealth.9357	https://pubmed.ncbi.nlm.nih.gov/29959112/	BACKGROUND: In the United States HIV epidemic, men who have sex with men (MSM) remain the most profoundly affected group. Prevention science is increasingly being organized around HIV testing as a launch point into an HIV prevention continuum for MSM who are not living with HIV and into an HIV care continuum for MSM who are living with HIV. An increasing HIV testing frequency among MSM might decrease future HIV infections by linking men who are living with HIV to antiretroviral care, resulting in viral suppression. Distributing HIV self-test (HIVST) kits is a strategy aimed at increasing HIV testing. Our previous modeling work suggests that the impact of HIV self-tests on transmission dynamics will depend not only on the frequency of tests and testers' behaviors but also on the epidemiological and testing characteristics of the population. OBJECTIVE: The objective of our study was to develop an agent-based model to inform public health strategies for promoting safe and effective HIV self-tests to decrease the HIV incidence among MSM in Atlanta, GA, and Seattle, WA, cities representing profoundly different epidemiological settings. METHODS: We adapted and extended a network- and agent-based stochastic simulation model of HIV transmission dynamics that was developed and parameterized to investigate racial disparities in HIV prevalence among MSM in Atlanta. The extension comprised several activities: adding a new set of model parameters for Seattle MSM; adding new parameters for tester types (ie, regular, risk-based, opportunistic-only, or never testers); adding parameters for simplified pre-exposure prophylaxis uptake following negative results for HIV tests; and developing a conceptual framework for the ways in which the provision of HIV self-tests might change testing behaviors. We derived city-specific parameters from previous cohort and cross-sectional studies on MSM in Atlanta and Seattle. Each simulated population comprised 10,000 MSM and targeted HIV prevalences are equivalent to 28% and 11% in Atlanta and Seattle, respectively. RESULTS: Previous studies provided sufficient data to estimate the model parameters representing nuanced HIV testing patterns and HIV self-test distribution. We calibrated the models to simulate the epidemics representing Atlanta and Seattle, including matching the expected stable HIV prevalence. The revised model facilitated the estimation of changes in 10-year HIV incidence based on counterfactual scenarios of HIV self-test distribution strategies and their impact on testing behaviors. CONCLUSIONS: We demonstrated that the extension of an existing agent-based HIV transmission model was sufficient to simulate the HIV epidemics among MSM in Atlanta and Seattle, to accommodate a more nuanced depiction of HIV testing behaviors than previous models, and to serve as a platform to investigate how HIV self-tests might impact testing and HIV transmission patterns among MSM in Atlanta and Seattle. In our future studies, we will use the model to test how different HIV self-test distribution strategies might affect HIV incidence among MSM.	HIV; pre-exposure prophylaxis; men who have sex with men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2018	Lu-Ping ZHANG; Yue-Hong HAN; Gui-Rong CHENG; Wen-Jie ZHANG; Xia ZHAO; Xiao-Mei YU	A Study on the Preventive Drugs for Exposure to AIDS	Journal of Kunming Medical University	-	-	-	-	2095-610X	10.3969/j.issn.100304706.2018.02.028	http://dx.doi.org/10.3969/j.issn.1003-4706.2018.02.028	The prevention of occupational exposure to HIV has been carried out in China for many years, and achieved remarkable results. However, the practice of preventive drugs among people with non occupational exposure has many difficulties. Although the high-risk groups show high willingness and demand, their awareness of the preventive drugs is low due to the fear of increasing unprotected sex after the use of the drug. Other factors negatively affecting the application of the drugs are the cost and the side effects. In order to provide preventive treatment on time for the high-risk groups, the awareness of non occupational exposure prophylaxis should be raised.	NA	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2018	Luz P.M.; Benzaken A.; Alencar T.M.D.; Pimenta C.; Veloso V.G.; Grinsztejn B.	PrEP adopted by the brazilian national health system: What is the size of the demand?: What is the size of the demand?	Medicine (United States)	-	-	-	-	257974	10.1097/MD.0000000000010602	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047765430&doi=10.1097%2fMD.0000000000010602&partnerID=40&md5=970105f8c5f9561dfedab2dcf2b71179	Background:Brazil's response to the HIV epidemic now includes free access to preexposure prophylaxis (PrEP) to populations at substantial risk for HIV infection including men who have sex with men (MSM). We used nationally representative demographic, epidemiologic, and surveillance data to offer estimates for the number of MSM at substantial risk for HIV infection who might be eligible and willing to use PrEP in Brazil.Methods:Starting from the age/sex-stratified population, we calculated the number of men aged 15 to 64 years, in 5-year age groups, and the proportion of those who report sex with other men during their lifetime. We focused on 11 cities (representing all regions) that are responsible for a significant fraction of the HIV burden of the country and used city-specific HIV prevalence estimates to infer the fraction of MSM who are HIV-negative. We then derived the proportion of HIV-negative MSM under substantial risk for HIV infection defined as having unprotected receptive anal intercourse in the 6 months before study participation. Finally, PrEP uptake among the eligible was inferred from the PrEP Brazil study.Results:Our results show that PrEP demand in these 11 cities is 66,120 men aged 15 to 64 years. When we consider the lower and upper bounds for the available parameters, we find that PrEP demand in these 11 cities might vary from 33,378 to 97,962 men. If PrEP is restricted to those aged 15 to 49 years, demand drops by 20%. PrEP demand varies considerably by city, mostly because of the differences in population size and city-specific HIV prevalence.Discussion:We have shed light on the probable size of PrEP demand in Brazil certain that the incorporation of PrEP as part of Brazil's combination prevention for populations at substantial risk for HIV infection is a necessary challenge. PrEP will not only prevent HIV infections, it will also expand testing among the most vulnerable with the added benefit of offering combination prevention for the uninfected and immediate treatment for those already infected. As such, expected added benefits of PrEP will be earlier linkage to care, prompt treatment initiation leading to health benefits and decreased transmission. © 2018 the Author(s). Published by Wolters Kluwer Health, Inc.	Brazil; HIV/AIDS; PrEP	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2018	Luz, Paula M; Osher, Benjamin; Grinsztejn, Beatriz; Maclean, Rachel L; Losina, Elena; Stern, Madeline E; Struchiner, Claudio J; Parker, Robert A; Freedberg, Kenneth A; Mesquita, Fabio; Walensky, Rochelle P; Veloso, Valdilea G; Paltiel, A David	The cost-effectiveness of HIV pre-exposure prophylaxis in men who have sex with men and transgender women at high risk of HIV infection in Brazil.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25096	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5878414	INTRODUCTION: Men who have sex with men (MSM) and transgender women (TGW) in Brazil experience high rates of HIV infection. We examined the clinical and economic outcomes of implementing a pre-exposure prophylaxis (PrEP) programme in these populations. METHODS: We used the Cost-Effectiveness of Preventing AIDS Complications (CEPAC)-International model of HIV prevention and treatment to evaluate two strategies: the current standard of care (SOC) in Brazil, including universal ART access (No PrEP strategy); and the current SOC plus daily tenofovir/emtricitabine PrEP (PrEP strategy) until age 50. Mean age (31 years, SD 8.4 years), age-stratified annual HIV incidence (age ≤ 40 years: 4.3/100 PY; age > 40 years: 1.0/100 PY), PrEP effectiveness (43% HIV incidence reduction) and PrEP drug costs ($23/month) were from Brazil-based sources. The analysis focused on direct medical costs of HIV care. We measured the comparative value of PrEP in 2015 United States dollars (USD) per year of life saved (YLS). Willingness-to-pay threshold was based on Brazil's annual per capita gross domestic product (GDP; 2015: $8540 USD). RESULTS: Lifetime HIV infection risk among high-risk MSM and TGW was 50.5% with No PrEP and decreased to 40.1% with PrEP. PrEP increased per-person undiscounted (discounted) life expectancy from 36.8 (20.7) years to 41.0 (22.4) years and lifetime discounted HIV-related medical costs from $4100 to $8420, which led to an incremental cost-effectiveness ratio (ICER) of $2530/YLS. PrEP remained cost-effective (<1x GDP) under plausible variation in key parameters, including PrEP effectiveness and cost, initial cohort age and HIV testing frequency on/off PrEP. CONCLUSION: Daily tenofovir/emtricitabine PrEP among MSM and TGW at high risk of HIV infection in Brazil would increase life expectancy and be highly cost-effective.	HIV, pre-exposure prophylaxis, men who have sex with men, Brazil, cost-effectiveness	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2018	Machekano, Rhoderick; Tiam, Appolinaire; Kassaye, Seble; Tukei, Vincent; Gill, Michelle; Mohai, Florence; Nchepe, Masepeli; Mokone, Majoalane; Barasa, Janet; Mohale, Sesomo; Letsie, Mosilinyane; Guay, Laura	HIV incidence among pregnant and postpartum women in a high prevalence setting.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0209782	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6310250/#:~:text=The%20estimated%20HIV%20incidence%20rate,CI%3A%200.83%E2%80%932.10).	In sub-Saharan Africa, most women who test HIV negative at the first antenatal care encounter are rarely tested again during pregnancy and postpartum, yet data suggests that pregnancy is associated with increased risk of HIV acquisition compared to non-pregnant women. We describe HIV incidence during pregnancy and postpartum in Lesotho, a high prevalence setting, and factors associated with HIV seroconversion. We enrolled a cohort of HIV negative women presenting at health facilities for antenatal care and followed them through delivery up to 24 months postpartum. Women were repeatedly tested for HIV according to the Lesotho Ministry of Health routine rapid HIV testing guidelines and responded to risk behavior questionnaire every three months. We estimated HIV incidence and associated 95% confidence intervals. We used mixed effects Cox regression models to identify independent factors associated with seroconversion accounting for repeated assessment. The estimated overall HIV incidence rate was 1.58 (95% CI: 1.05-2.28) per 100 person- years. The estimated HIV incidence rate during pregnancy (2.61 per 100 person-years, 95% CI: 1.28-5.14) was almost double the estimated HIV incidence during postpartum (1.36 per 100 person-years, 95% CI: 0.83-2.10). Women's age (14-24 years compared to 25-45 years), multiple sexual partnerships, urethral discharge and no condoms nor pre-exposure prophylaxis were independently associated with HIV infection. There is an increased need for counseling and support of HIV-uninfected pregnant and breastfeeding women to stay HIV-negative, including provision of pre-exposure prophylaxis during this high-risk period, particularly among adolescent and young women.	Adolescent; Adult; Humans; Incidence; Young Adult; Female; Proportional Hazards Models; Pregnancy; Prevalence; HIV Infections/*epidemiology; Pre-Exposure Prophylaxis/statistics & numerical data; Postpartum Period; Pregnancy Complications, Infectious/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	Mafunda, Martin Canaan	Multiscale Modelling of HIV/AIDS Transmission Dynamics	-	-	University of Venda	University of Venda	-	NA	NA	http://hdl.handle.net/11602/1256	Infectious diseases remain a major public health concern. Well-known for causing sickness and death, enormous pain and suffering, increased time spent on patient care and huge economic losses due to lost production. Infectious diseases continue to be a scourge without equal. In this work, we address the following research question: Can we use a multiscale model of HIV/AIDS transmission dynamics to assess the comparative effectiveness of health interventions that are implemented at different scale domains? To achieve the set objectives of the study, we use multiscale modelling approach, a new and emerging computational high-throughput technique for mathematically studying problems that have many characteristics across several scales. To be more specific, we perform these tasks in addressing the research question. First, we develop a within-host submodel and use it to show it's associated limitations which only a multiscale model can resolve. Second, we develop a between-host submodel and use it to motivate the need for multiscale modelling of the HIV/AIDS disease system. Finally, we link the two submodels to produce a nested HIV/AIDS multiscale model that affords us the opportunity to compare effectiveness of five preventive and treatment HIV/AIDS health interventions. Analysis of the multiscale model shows that it is possible to jointly study two key aspects (immunology and epidemiology) of infectious diseases. The multiscale model provides the means for making meaningful comparative effectiveness on available preventive and treatment health interventions. Consequently, we employ the multiscale model to show that impact of HIV/AIDS packages increases as more interventions are integrated into the packages. Specifically, the study shows that combined HAART and male circumcision is more effective than an intervention involving HAART alone. Overall, our study successfully illustrates the utility of multiscale modelling methodology as a tool for assessing the comparative effectiveness of HIV/AIDS preventive and treatment interventions. For purposes of informing public health policy, we use the study results to infer that condom use, male circumcision and pre-exposure prophylaxis are more effective in controlling the transmission dynamics of HIV/AIDS at the start of the epidemic as compared to when the disease is endemic in the community while the converse is also true for HAART.	Infectitious diseases; Mathematic Modelling; Multiscale Modelling; Within and Between host; HIV/AIDS; Comparative affectiveness; HAART; 362.19697920968; HIV infections; AIDS (Disease); AIDS (Disease) – Prevention; Safe sex in AIDS prevention; HIV-positive persons; AIDS (Disease) – Transmission	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Quantitative
Article	2018	Maheu-Giroux, Mathieu; Baral, Stefan; Vesga, Juan F; Diouf, Daouda; Diabaté, Souleymane; Alary, Michel; Abo, Kouamé; Boily, Marie-Claude	Anal Intercourse Among Female Sex Workers in Côte d'Ivoire: Prevalence, Determinants, and Model-Based Estimates of the Population-Level Impact on HIV Transmission.	American Journal of Epidemiology	-	-	-	-	1476-6256	10.1093/aje/kwx244	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5860370	Current evidence suggests that anal intercourse (AI) during sex work is common in sub-Saharan Africa, but there have been few studies in which the contribution of heterosexual AI to human immunodeficiency virus (HIV) epidemics has been investigated. Using a respondent-driven sampling survey of female sex workers (FSWs; n = 466) in Abidjan, Côte d'Ivoire, in 2014, we estimated AI prevalence and frequency. Poisson regressions were used to identify AI determinants. Approximately 20% of FSWs engaged in AI during a normal week (95% confidence interval: 15, 26). Women who performed AI were generally younger, had been selling sex for longer, were born in Côte d'Ivoire, and reported higher sex-work income, more frequent sex in public places, and violence from clients than women not reporting AI. Condom use was lower, condom breakage/slippage more frequent, and use of water-based lubricants was less frequently reported for AI than for vaginal intercourse. Using a dynamic transmission model, we estimated that 22% (95% credible interval: 11, 37% of new HIV infections could have been averted among FSWs during 2000-2015 if AI had been substituted for vaginal intercourse. Despite representing a small fraction of all sex acts, AI is an underestimated source of HIV transmission. Increasing availability and uptake of condoms, lubricants, and pre-exposure prophylaxis for women engaging in AI could help mitigate HIV risk.	anal sex, HIV/AIDS, Côte d'Ivoire, female sex worker, mathematical model, respondent-driven sampling, West Africa	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2018	Maksut, Jessica L.; Eaton, Lisa A.; Siembida, Elizabeth J.; Fabius, Chanee D.; Bradley, Alison M.	Health care discrimination, sex behavior disclosure, and awareness of pre-exposure prophylaxis among Black men who have sex with men	Stigma and Health	-	-	-	-	2376-6972, 2376-6972	10.1037/sah0000102	https://www.proquest.com/scholarly-journals/health-care-discrimination-sex-behavior/docview/1940533239/se-2?accountid=8113	Background: Perceived healthcare-related discrimination and disclosure of same-sex sex behaviors to healthcare providers may act as barriers to awareness of pre-exposure prophylaxis (PrEP) for Black/African-American men who have sex with men (BMSM). Given the elevated rates of HIV transmission among young BMSM in particular, age is likely an important factor for determining the correlates of PrEP awareness unique to BMSM of different ages. Method: 147 BMSM (M age = 30.6 years, SD = 10.3 years) located in the Southeastern United States were recruited from gay-identified bars, clubs, bathhouses, parks, and street locations, via online classifieds (e.g., Craigslist) and social media (e.g., Facebook). Participants completed surveys that included questions about demographic characteristics, perceived healthcare-related discrimination, disclosure of same-sex sex behavior to healthcare providers, and PrEP awareness. Results: Perceived healthcare-related discrimination was significantly, negatively associated with PrEP awareness, and same-sex sex behavior disclosure to healthcare providers was significantly, positively related to awareness of PrEP among BMSM. A moderation analysis, with participant age as the moderator, revealed that higher perceived healthcare-related discrimination was significantly, negatively associated with PrEP awareness beginning at 30.2 years of age, and that the relationship strengthened as age increased. Discussion: Perceived healthcare-related discrimination plays a particularly important role in PrEP awareness for BMSM who are 30 years of age and older. Discrimination in healthcare settings may impact BMSM's ability, particularly those who are older, to access PrEP information. Healthcare professionals must establish procedures for identifying appropriate patients for PrEP, and prioritize addressing the psychosocial factors that impede PrEP awareness for their BMSM patients.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Malone J.; Syvertsen J.L.; Johnson B.E.; Mimiaga M.J.; Mayer K.H.; Bazzi A.R.	Negotiating sexual safety in the era of biomedical HIV prevention: relationship dynamics among male couples using pre-exposure prophylaxis	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2017.1368711	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029427168&doi=10.1080%2f13691058.2017.1368711&partnerID=40&md5=78010d0e709c7e358e72691a9eeb90ec	Up to two-thirds of new cases of HIV transmission between gay, bisexual and other men who have sex with men in the USA are attributed to primary relationships. Understanding the relationship dynamics and sexual agreements of male-male couples can provide insight into HIV transmission patterns and prevention needs in this population. The daily use of antiretroviral pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV, but its negotiation and use within social and intimate relationship contexts remain understudied. We conducted semi-structured qualitative interviews with 20 male couples (n = 40 men) in which at least one partner was either using or in the process of initiating PrEP. Congruent with a theoretical focus on social theories of relationships and negotiated risk, couples were interviewed about relationship dynamics, trust, communication and sexual health practices, including their perception and use of PrEP. Overall, we found that couples showed heightened trust and communication when establishing open, sexual agreements and demonstrated high awareness of sexual risks and health practices in the context of PrEP use. This study demonstrates how understanding relationship dynamics can better inform HIV prevention and sexual health promotion efforts for male couples at risk of HIV. © 2017, © 2017 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; men who have sex with men; pre-exposure prophylaxis; relationships; sexual health; USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Marcus J.L.; Levine K.; Grasso C.; Krakower D.S.; Powell V.; Bernstein K.T.; Boswell S.; Mayer K.H.	HIV preexposure prophylaxis as a gateway to primary care	American Journal of Public Health	-	-	-	-	900036	10.2105/AJPH.2018.304561	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053854896&doi=10.2105%2fAJPH.2018.304561&partnerID=40&md5=4395b56a058b6276d2673c4b6551c20b	Objectives. To determine whether HIV preexposure prophylaxis (PrEP) use is associated with use of non-HIV-related health care. Methods. We conducted a cross-sectional study of potential PrEP candidates at a Boston, Massachusetts, community health clinic during 2012 to 2016, comparing the proportion of PrEP users and non-PrEP users receiving primary care. Results. Of 5857 PrEP candidates, 2047 (35%) were prescribed PrEP. After adjustment for demographics and number of visits, more PrEP users received influenza vaccination (prevalence ratio PR = 1.28; 95% confidence interval CI = 1.20, 1.37), tobacco screening (PR = 1.06; 95% CI = 1.02, 1.09), and depression screening (PR = 1.07; 95% CI = 1.04, 1.11) compared with non-PrEP users. After additional adjustment for diabetes, hypertension, and overweight or obesity, more PrEP users received glucose testing (PR = 1.64; 95% CI = 1.56, 1.72) but fewer received hemoglobin A1c testing (PR = 0.81; 95% CI = 0.71, 0.93) compared with non-PrEP users. Conclusions. PrEP use was associated with receipt of influenza vaccination, tobacco and depression screening, and glucose but not hemoglobin A1c testing. Among PrEP users receiving routine care, the benefits of PrEP may extend to behavioral health, mental health, and prevention and treatment of other infectious and chronic diseases. © 2018 American Public Health Association Inc. All Rights Reserved.	AdultAmbulatory Care FacilitiesAnti-HIV AgentsBostonCross-Sectional StudiesDepressionDiabetes MellitusFemaleHIV InfectionsHumansInfluenza VaccinesMaleMass ScreeningPre-Exposure ProphylaxisPrimary Health CareTobacco Use Disorder	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Marcus U.; Nöstlinger C.; Rosińska M.; Sherriff N.; Gios L.; Dias S.F.; Gama A.F.; Toskin I.; Alexiev I.; Naseva E.; Schink S.B.; Mirandola M.; Benvenuti S.; Davis R.J.; Menichelli S.; Breveglieri M.; Berghe W.V.; de Groot P.; van Wijk V.; Fransen K.; Vermoesen T.; Vanackere M.; Benchikha F.; Van den Eynde S.; Cruyssaert B.; Sergeant M.; Blondeel K.; Damen P.; Massoz F.; Carlier E.; François M.; Karon S.; Soltani S.; Martin T.; De Bruyne A.; Bocken F.; Dieleman M.; Dimitrova R.; Gancheva A.; Bogeva D.; Nikolova M.; Muhtarova M.; Kantarjiev T.; Georgieva V.; Tsintsarski P.; Taskov H.; Varleva T.; Birindjieva E.; Angelova A.; Antonov M.; Dudareva-Vizule S.; an der Heiden M.; Marzougui S.; Bremer V.; Kühne A.; Schönerstedt-Zastrau K.; Zimmermann R.; Wille A.; Eckstein K.; Buch N.; Moskophidis P.; Grenz M.; Schmogro D.; Cornaglia G.; Zorzi A.; Tonolli E.; Lo Cascio G.; Todeschini T.; Recchia M.; Pattini L.; Rocca M.; Bighignoli A.; Galardi A.; Martini L.; Cobello F.; Bovo C.; Bisoffi G.; Bortolami O.; Crestani L.; Comperini F.; Concia E.; Lattuada E.; Lanzafame M.; Del Bravo P.; Cordioli M.; Rigo F.; Guardalben E.; Marchesoni I.; Suligoi B.; Regine V.; Pugliese L.; Caplinskas S.; Caplinskiene I.; Krupenkaite R.; Sargelis G.; Rudomanskis A.; Brás O.; Piedade J.; Fuertes R.; Pinto N.; Brito J.; Esteves J.; Rojas J.; Ferreira F.; Rocha M.; Machado H.; Campos M.; Mendão L.; Kucharczyk B.; Niedźwiedzka- Stadnik M.; Henszel Ł.; Zieliński Z.; Czerwiński M.; Pawlęga M.; Burdon E.; Gajdemska M.; Guściora A.; Klasik N.; Rżanek K.; Sawicki M.; Tęcza M.; Dębski M.; Maciejewska A.; Pazdan I.; Rafiła A.; Pitigoi D.; Abagiu A.; Marin C.; Panzariu I.; Miroiu A.; Popa M.; Likker M.; Georgescu M.; Musat G.; Cojocaru D.; Lixandru M.; Teodorescu R.; Staneková D.; Hábeková M.; Drobková T.; Chabadová Z.; Wimmerova S.; Mojzesová M.; Kunč F.; Skurák M.; Bodnar P.; Horniaková K.; Krahulcová M.; Präsensová J.; Záhradník P.; Tibaj P.; Klavs I.; Kustec T.; Adamič C.; Poljak M.; Krošelj R.; Mlakar J.; Šolinc M.; Folch C.; Ferrer L.; Montoliu A.; Casabona J.; Esteve A.; Galdon M.; Gonzalez V.; Muñoz R.; Axelsson M.; Berglund T.; Kuhlmann-Berenzon S.; Tsoumanis A.; Velicko I.; Janson C.; Lindh B.; Aperia K.; Babulanam B.; Carlberg H.; Davidsson M.; Gutierrez N.E.; Hildingsson V.; Klasson H.; Ramos M.P.; Rojas C.Q.; Sandberg S.-O.; Samuelson A.; Sjöberg E.; Sjölund T.; Svensson S.; Valencia I.; Garcia F.; Lindblad O.; Voss J.; Ask R.; Blaxhult A.; Maliniemi M.; Ideström M.; Blom N.; Panton C.; Flood G.; Boseley R.; Tweed M.; Roberts J.; Lemos C.M.; Guglielmetti P.; Philipp W.; Schuppe M.; Amato A.; Dinca I.; Haar K.; Pharris A.; Noori T.; Seuc A.; Maurer N.; Zohrabyan L.; Iovita A.; Campioni M.; Noack P.; Peeling R.; Johnston L.	Behavioural and demographic correlates of undiagnosed HIV infection in a MSM sample recruited in 13 European cities	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-018-3249-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054930876&doi=10.1186%2fs12879-018-3249-8&partnerID=40&md5=384dfabd72d190d0297e2c170de87e6c	Background: Reducing the number of people with undiagnosed HIV infection is a major goal of HIV control and prevention efforts in Europe and elsewhere. We analysed data from a large multi-city European bio-behavioural survey conducted among Men who have Sex with Men (MSM) for previously undiagnosed HIV infections, and aimed to characterise undiagnosed MSM who test less frequently than recommended. Methods: Data on sexual behaviours and social characteristics of MSM with undiagnosed HIV infection from Sialon II, a bio-behavioural cross-sectional survey conducted in 13 European cities in 2013/2014, were compared with HIV-negative MSM. Based on reported HIV-testing patterns, we distinguished two subgroups: MSM with a negative HIV test result within 12 months prior to the study, i.e. undiagnosed incident infection, and HIV positive MSM with unknown onset of infection. Bivariate and multivariate associations of explanatory variables were analysed. Distinct multivariate multi-level random-intercept models were estimated for the entire group and both subgroups. Results: Among 497 participants with HIV-reactive specimens, 234 (47.1%) were classified as previously diagnosed, 106 (21.3%) as incident, and 58 (11.7%) as unknown onset based on self-reported status and testing history. MSM with incident HIV infection were twice as likely (odds ratio (OR) = 2.22, 95% confidence interval (95%CI): 1.17-4.21) to have used recreational substances during their last anal sex encounter and four times more likely (OR = 3.94, 95%CI: 2.14-7.27) not to discuss their HIV status with the last anal sex partner(s). MSM with unknown onset of HIV infection were 3.6 times more likely (OR = 3.61, 95%CI: 1.74-7.50) to report testing for a sexually transmitted infection (STI) during the last 12 months. Conclusions: Approximately one third of the study participants who are living with HIV were unaware of their infection. Almost two-third (65%) of those with undiagnosed HIV appeared to have acquired the infection recently, emphasizing a need for more frequent testing. Men with the identified behavioural characteristics could be considered as primary target group for HIV Pre-Exposure Prophylaxis (PrEP) to avoid HIV infection. The increased odds of those with unknown onset of HIV infection to have had an STI test in the past year strongly suggests a lost opportunity to offer HIV testing. © 2018 The Author(s).	Biobehavioural survey; Europe; HIV; Men having sex with men; Undiagnosed HIV infection	English	United Kingdom	Western and Central Europe and North America	germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Essay	2018	Marcus, Julia L; Volk, Jonathan E; Snowden, Jonathan M	Concerns about a study on sexually transmitted infections after initiation of HIV preexposure prophylaxis.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000001769	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5875730	NA	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Marquard, Jenna L.; Saver, Barry; Kandaswamy, Swaminathan; Martinez, Vanessa I.; Simoni, Jane M.; Stekler, Joanne D.; Ganesan, Deepak; Scanlan, James	Designing a wrist-worn sensor to improve medication adherence: accommodating diverse user behaviors and technology preferences.	JAMIA Open	-	-	-	-	2574-2531	10.1093/jamiaopen/ooy035	https://academic.oup.com/jamiaopen/article/1/2/153/5084465	OBJECTIVES: High medication adherence is important for HIV suppression (antiretroviral therapy) and pre-exposure prophylaxis efficacy. We are developing sensor-based technologies to detect pill-taking gestures, trigger reminders, and generate adherence reports. MATERIALS AND METHODS: We collected interview, observation, and questionnaire data from individuals with and at-risk for HIV (N = 17). We assessed their medication-taking practices and physical actions, and feedback on our initial design. RESULTS: While participants displayed diverse medication taking practices and physical actions, most (67%) wanted to use the system to receive real-time and summative feedback, and most (69%) wanted to share data with their physicians. Participants preferred reminders via the wrist-worn device or mobile app, and summative feedback via mobile app or email. DISCUSSION: Adoption of these systems is promising if designs accommodate diverse behaviors and preferences. CONCLUSION: Our findings may help improve the accuracy and adoption of the system by accounting for user behaviors, physical actions, and preferences.	medication adherence; HIV infections; smartphone; gestures; human engineering	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Marrazzo, Jeanne M.	BIOMEDICAL PREVENTION OF HIV IN WOMEN: CHALLENGES AND APPROACHES, WITH PARTICULAR REFERENCE TO THE VAGINAL MICROBIOME.	Transactions of the American Clinical and Climatological Association	-	-	-	-	0065-7778	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6116616/	Although great progress has been made in treating HIV-1 infection globally, incidence remains high in many locales, especially sub-Saharan Africa. Two-thirds of the burden of disease is there, and among those infected, 60% are women. Pre-exposure prophylaxis, the administration of a drug to prevent acquisition of infection, has proven to be a promising prevention modality for HIV-1 when administered as a daily oral regimen of tenofovir disoproxil fumarate/emtricitabine. However, data suggest that oral tenofovir disoproxil fumarate/emtricitabine may not achieve protective concentrations in the cervicovaginal tissue as rapidly as it does in the rectum. Moreover, a relative paucity of the beneficial vaginal bacteria Lactobacillus crispatus, along with a commensurate increase in the vaginal anaerobes that characterize bacterial vaginosis, strongly increases risk of HIV-1 acquisition and may even modify efficacy of topical tenofovir when used as pre-exposure prophylaxis. bacterial vaginosis, a globally prevalent infection that increases women's risk of HIV-1 acquisition, and presents serious other reproductive health risks and management challenges, presumably involves survival of treatment-resistant biofilm communities. Methods to effect sustained improvement in the vaginal microenvironment are urgently needed.	Drug Resistance, Viral; Humans; Treatment Outcome; Anti-HIV Agents/*therapeutic use; Female; Risk Factors; HIV-1/*pathogenicity; Host-Pathogen Interactions; Vagina/*microbiology; *Microbiota; HIV Infections/epidemiology/microbiology/*prevention & control/virology; Vaginosis, Bacterial/epidemiology/*microbiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Marrazzo, Jeanne M; Dombrowski, Julia C; Mayer, Kenneth H	Sexually transmitted infections in the era of antiretroviral-based HIV prevention: Priorities for discovery research, implementation science, and community involvement.	PLOS Medicine	-	-	-	-	1549-1676	10.1371/journal.pmed.1002485	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5761829	Jeanne M. Marrazzo and colleagues join PLOS Medicine's Collection on the prevention, diagnosis, and treatment of STIs with a Perspective on HIV research imperatives in our time of effective viral suppression and pre-exposure prophylaxis.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Marshall, Brandon D L; Goedel, William C; King, Maximilian R F; Singleton, Alyson; Durham, David P; Chan, Philip A; Townsend, Jeffrey P; Galvani, Alison P	Potential effectiveness of long-acting injectable pre-exposure prophylaxis for HIV prevention in men who have sex with men: a modelling study.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(18)30097-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6138558	BACKGROUND: Oral pre-exposure prophylaxis (PrEP) prevents HIV infection in men who have sex with men (MSM); however, adherence is an ongoing concern. Long-acting injectable PrEP is being tested in phase 3 trials and could address challenges associated with adherence. We examined the potential effectiveness of long-acting injectable PrEP compared with oral PrEP in MSM. METHODS: We used an agent-based model to simulate HIV transmission in a dynamic network of 11â245 MSM in Atlanta, GA, USA. We used raw data from studies in macaque models and pharmacokinetic data from safety trials to estimate the time-varying efficacy of long-acting injectable PrEP. The effect of long-acting injectable PrEP on the cumulative number of new HIV infections over 10 years (2015-24) was compared with no PrEP and daily oral PrEP across a range of coverage levels. Sensitivity analyses were done with varying maximum efficacy and drug half-life values. FINDINGS: In the absence of PrEP, the model predicted 2374 new HIV infections (95% simulation interval SI 2345-2412) between 2015 and 2024. The cumulative number of new HIV infections was reduced in all scenarios in which MSM received long-acting injectable PrEP compared with oral PrEP. At a coverage level of 35%, compared with no PrEP, long-acting injectable PrEP led to a 44% reduction in new HIV infections (1044 new infections averted 95% SI 1018-1077) versus 33% (792 infections averted 763-821) for oral PrEP. The relative benefit of long-acting injectable PrEP was sensitive to the assumed efficacy of injections received every 8 weeks, discontinuation rates, and terminal drug half-life. INTERPRETATION: Long-acting injectable PrEP has the potential to produce larger reductions in HIV transmission in MSM than oral PrEP. However, the real-world, population-level impact of this approach will depend on uptake of this prevention method and its effectiveness, as well as retention of patients in clinical care. FUNDING: National Institute on Drug Abuse and National Institute of Mental Health.	agent-based modeling, pre-exposure prophylaxis, men who have sex with men, cabotegravir, HIV, microsimulation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Martínez Fernández, Iván	La implementación de la profilaxis preexposición en España sin las mujeres	Feminismo/s	-	-	-	-	NA	doi.org/10.14198/fem.2018.31.05	https://doi.org/10.14198/fem.2018.31.05	El objetivo del presente artículo es la exposición sucinta de la exclusión de las mujeres en la resolución del 27 de Julio de 2017 en el que se explicita el convenio de colaboración entre la Dirección General de Salud Pública, Calidad e Innovación y la empresa Gilead Servicios S.L.U. Este convenio es la formalización de la entrada e implementación de la profilaxis preexposición ante el VIH en el territorio nacional. La profilaxis preexposición ante el VIH es una novedosa intervención biomédica de carácter preventivo aplicada en personas que no viven con el VIH, que contiene como parte fundamental la ingesta diaria de un medicamento llamado Truvada, formado por dos componentes farmacológicos, emtricitabine y tenofovir, y capaz de inhibir la reproducción exponencial del virus en el caso de que se produzca la exposición de los tejidos del mismo al VIH sin variar de forma radical los hábitos sexuales.	PreP | VIH | Mujeres | Prevención | Exclusión | HIV | Women | Prevention | Exclusion	Spanish	Spain	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Qualitative
Article	2018	Martinez O.; Isabel Fernandez M.; Wu E.; Carballo-Diéguez A.; Prado G.; Davey A.; Levine E.; Mattera B.; Lopez N.; Valentin O.; Murray A.; Sutton M.	A couple-based HIV prevention intervention for Latino men who have sex with men: Study protocol for a randomized controlled trial	Trials	-	-	-	-	17456215	10.1186/s13063-018-2582-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044998624&doi=10.1186%2fs13063-018-2582-y&partnerID=40&md5=6a130930d1a62ea726effc5e221a994c	Background: Latino men who have sex with men (MSM) experienced a 13% increase in HIV diagnoses from 2010 to 2014, more than any other racial/ethnic subgroup of MSM in the United States. If current HIV diagnoses rates persist, about one in four Latino MSM in the United States will be diagnosed with HIV during their lifetime. Although some efficacious HIV prevention interventions for Latino MSM exist, none have focused on couples. This paper describes the protocol of a randomized controlled trial (RCT) to test the preliminary efficacy of a couple-based HIV prevention intervention that is culturally tailored for Latino men and their same-sex partners. Methods: The RCT will determine the preliminary efficacy of Connecting Latinos en Pareja (CLP) to increase the proportion of anal sex acts that are HIV protected (i.e., anal sex acts in which condoms, pre-exposure prophylaxis (PrEP), treatment as prevention (TasP), or a combination thereof, are used to reduce risk of HIV transmission). CLP builds upon previous couple-based interventions with white and black MSM by incorporating biomedical prevention techniques, such as PrEP and TasP, implementing a framework responsive to the couple's serostatus, and addressing the socio-cultural factors that influence HIV risk among Latino MSM. We also include input from community stakeholders, members of the target population, and a community advisory board as part of intervention development. Assessments will be conducted at baseline, and 3- and 6-months post-intervention to examine the intervention effects on outcomes (HIV-protected sex acts), and factors potentially mediating or moderating intervention effects. Discussion: This paper describes an innovative RCT that incorporates multiple HIV prevention techniques for Latino MSM in couples, regardless of serostatus. The ongoing involvement of community stakeholders, members of the target population, and a community advisory board is emphasized, and plans for widespread dissemination and application of findings into practice are discussed. © 2018 The Author(s).	Couple-based HIV prevention intervention; Health disparities; HIV and AIDS; Implementation science	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Marukutira, Tafireyi; Stoové, Mark; Lockman, Shahin; Mills, Lisa A; Gaolathe, Tendani; Lebelonyane, Refeletswe; Jarvis, Joseph N; Kelly, Sherrie L; Wilson, David P; Luchters, Stanley; Crowe, Suzanne M; Hellard, Margaret	A tale of two countries: progress towards UNAIDS 90-90-90 targets in Botswana and Australia.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25090	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5838412	UNAIDS 90-90-90 targets and Fast-Track commitments are presented as precursors to ending the AIDS epidemic by 2030, through effecting a 90% reduction in new HIV infections and AIDS-related deaths from 2010 levels (HIV epidemic control). Botswana, a low to middle-income country with the third-highest HIV prevalence, and Australia, a low-prevalence high-income country with an epidemic concentrated among men who have sex with men (MSM), have made significant strides towards achieving the UNAIDS 90-90-90 targets. These two countries provide lessons for different epidemic settings. This paper discusses the lessons that can be drawn from Botswana and Australia with respect to their success in HIV testing, treatment, viral suppression and other HIV prevention strategies for HIV epidemic control. Botswana and Australia are on target to achieving the 90-90-90 targets for HIV epidemic control, made possible by comprehensive HIV testing and treatment programmes in the two countries. As of 2015, 70% of all people assumed to be living with HIV had viral suppression in Botswana and Australia. However, HIV incidence remains above one per cent in the general population in Botswana and in MSM in Australia. The two countries have demonstrated that rapid HIV testing that is accessible and targeted at key and vulnerable populations is required in order to continue identifying new HIV infections. All citizens living with HIV in both countries are eligible for antiretroviral therapy (ART) and viral load monitoring through government-funded programmes. Notwithstanding their success in reducing HIV transmission to date, programmes in both countries must continue to be supported at current levels to maintain epidemic suppression. Scaled HIV testing, linkage to care, universal ART, monitoring patients on treatment over and above strengthened HIV prevention strategies (e.g. male circumcision and pre-exposure prophylaxis) will all continue to require funding. The progress that Botswana and Australia have made towards meeting the 90-90-90 targets is commendable. However, in order to reduce HIV incidence significantly towards 2030, there is a need for sustained HIV testing, linkage to care and high treatment coverage. Botswana and Australia provide useful lessons for developing countries with generalized epidemics and high-income countries with concentrated epidemics.	HIV care continuum, 90-90-90 targets, HIV testing, ARV, viral suppression, Botswana, Australia	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2018	Masyuko S.; Mukui I.; Njathi O.; Kimani M.; Oluoch P.; Wamicwe J.; Mutegi J.; Njogo S.; Anyona M.; Muchiri P.; Maikweki L.; Musyoki H.; Bahati P.; Kyongo J.; Marwa T.; Irungu E.; Kiragu M.; Kioko U.; Ogando J.; Were D.; Bartilol K.; Sirengo M.; Mugo N.; Baeten J.M.; Cherutich P.	Pre-exposure prophylaxis rollout in a national public sector program: The Kenyan case study	Sexual Health	-	-	-	-	14485028	10.1071/SH18090	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056386737&doi=10.1071%2fSH18090&partnerID=40&md5=d51b4cd8c71ca01aaba577b3370a5364	Background: While advances have been made in HIV prevention and treatment, new HIV infections continue to occur. The introduction of pre-exposure prophylaxis (PrEP) as an additional HIV prevention option for those at high risk of HIV may change the landscape of the HIV epidemic, especially in sub-Saharan Africa, which bears the greatest HIV burden. Methods: This paper details Kenya's experience of PrEP rollout as a national public sector program. The process of a national rollout of PrEP guidance, partnerships, challenges, lessons learnt and progress related to national scale up of PrEP in Kenya, as of 2018, is described. National rollout of PrEP was strongly lead by the government, and work was executed through a multidisciplinary, multi-organisation dedicated team. This required reviewing available evidence, providing guidance to health providers, integration into existing logistic and health information systems, robust communication and community engagement. Mapping of the response showed that subnational levels had existing infrastructure but required targeted resources to catalyse PrEP provision. Rollout scenarios were developed and adopted, with prioritisation of 19 counties focusing on high incidence area and high potential PrEP users to maximise impact and minimise costs. Results: PrEP is now offered in over 900 facilities countrywide. There are currently over 14 000 PrEP users 1 year after launching PrEP.Conclusions: Kenya becomes the first African country to rollout PrEP as a national program, in the public sector. This case study will provide guidance for low- and middle-income countries planning the rollout of PrEP in response to both generalised and concentrated epidemics. © 2018 CSIRO.	Africa; HIV; prevention	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	kenya	Eastern and Southern Africa	Review
Article	2018	Matthews, Lynn T.; Beyeza-Kashesya, Jolly; Cooke, Ian; Davies, Natasha; Heffron, Renee; Kaida, Angela; Kinuthia, John; Mmeje, Okeoma; Semprini, Augusto E.; Weber, Shannon	Consensus statement: Supporting Safer Conception and Pregnancy For Men And Women Living with and Affected by HIV.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-017-1777-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5683943/	Safer conception interventions reduce HIV incidence while supporting the reproductive goals of people living with or affected by HIV. We developed a consensus statement to address demand, summarize science, identify information gaps, outline research and policy priorities, and advocate for safer conception services. This statement emerged from a process incorporating consultation from meetings, literature, and key stakeholders. Three co-authors developed an outline which was discussed and modified with co-authors, working group members, and additional clinical, policy, and community experts in safer conception, HIV, and fertility. Co-authors and working group members developed and approved the final manuscript. Consensus across themes of demand, safer conception strategies, and implementation were identified. There is demand for safer conception services. Access is limited by stigma towards PLWH having children and limits to provider knowledge. Efficacy, effectiveness, safety, and acceptability data support a range of safer conception strategies including ART, PrEP, limiting condomless sex to peak fertility, home insemination, male circumcision, STI treatment, couples-based HIV testing, semen processing, and fertility care. Lack of guidelines and training limit implementation. Key outstanding questions within each theme are identified. Consumer demand, scientific data, and global goals to reduce HIV incidence support safer conception service implementation. We recommend that providers offer services to HIV-affected men and women, and program administrators integrate safer conception care into HIV and reproductive health programs. Answers to outstanding questions will refine services but should not hinder steps to empower people to adopt safer conception strategies to meet reproductive goals.	Adult; Humans; Male; Female; HIV Infections/drug therapy/*prevention & control; Anti-Retroviral Agents/*therapeutic use; Pregnancy; Child; Sexual Partners; *Circumcision, Male; Family Characteristics; Safe Sex; *Health Services Accessibility; Heterosexuality; *Pre-Exposure Prophylaxis; Fertility; Insemination, Artificial; Social Stigma; Reproductive Health; *Fertilization; Preconception Care; *Reproductive Behavior; Reproductive Health Services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Mayer K.H.; Chan P.A.; Patel R.R.; Flash C.A.; Krakower D.S.	Evolving Models and Ongoing Challenges for HIV Preexposure Prophylaxis Implementation in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001579	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044480706&doi=10.1097%2fQAI.0000000000001579&partnerID=40&md5=db12799267835e828d57bc24fd103b6d	Background: The use of preexposure prophylaxis (PrEP) for HIV prevention was approved by the Food and Drug Administration in 2012, but delivery to at-risk persons has lagged. This critical review analyzes the current state of PrEP implementation in the United States, by reviewing barriers and innovative solutions to enhance PrEP access and uptake. Setting: Clinical care settings, public health programs, and community-based organizations (CBOs). Methods: Critical review of recent peer-reviewed literature. Results: More than 100 papers were reviewed. PrEP is currently provided in diverse settings. Care models include sexually transmitted disease clinics, community health centers, CBOs, pharmacies, and private primary care providers (PCPs). Sexually transmitted disease clinics have staff trained in sexual health counseling and are linked to public health programs (eg, partner notification services), whereas PCPs and community health centers may be less comfortable counseling and feel time-constrained in managing PrEP. However, PCPs may be ideal PrEP providers, given their long-term relationships with patients, integrating PrEP into routine care. Collaborations with CBOs can expand PrEP care through adherence support and insurance navigation. Pharmacies can deliver PrEP, given their experience with medication dispensing and counseling and may be more accessible for some patients, but to address other health concerns, liaisons with PCPs may be needed. Conclusions: PrEP implementation in the United States is moving forward with the development of diverse models of delivery. Optimal scale-up will require learning about the best features of each model and providing choices to consumers that enhance engagement and uptake. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Community-based organizations; HIV prevention; Pharmacies; PrEP; Primary care; Sexually transmitted diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2018	Mboup, Aminata; Béhanzin, Luc; Guédou, Fernand A; Geraldo, Nassirou; Goma-Matsétsé, Ella; Giguère, Katia; Aza-Gnandji, Marlène; Kessou, Léon; Diallo, Mamadou; Kêkê, René K; Bachabi, Moussa; Dramane, Kania; Geidelberg, Lily; Cianci, Fiona; Lafrance, Christian; Affolabi, Dissou; Diabaté, Souleymane; Gagnon, Marie-Pierre; Zannou, Djimon M; Gangbo, Flore; Boily, Marie-Claude; Vickerman, Peter; Alary, Michel	Early antiretroviral therapy and daily pre-exposure prophylaxis for HIV prevention among female sex workers in Cotonou, Benin: a prospective observational demonstration study.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25208	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6287093	INTRODUCTION: In sub-Saharan Africa, HIV prevalence remains high, especially among key populations. In such situations, combination prevention including clinical, behavioural, structural and biological components, as well as adequate treatment are important. We conducted a demonstration project at the Dispensaire IST, a clinic dedicated to female sex workers (FSWs) in Cotonou, on early antiretroviral therapy (E-ART, or immediate "test-and-treat") and pre-exposure prophylaxis (PrEP). We present key indicators such as uptake, retention and adherence. METHODS: In this prospective observational study, we recruited FSWs from October 4th 2014 to December 31st 2015 and followed them until December 31st 2016. FSWs were provided with daily tenofovir disoproxil fumarate/emtricitabine (Truvada®) for PrEP or received a first-line antiretroviral regimen as per Benin guidelines. We used generalized estimating equations to assess trends in adherence and sexual behaviour. RESULTS: Among FSWs in the catchment area, HIV testing coverage within the study framework was 95.5% (422/442). At baseline, HIV prevalence was 26.3% (111/422). Among eligible FSWs, 95.5% (105/110) were recruited for E-ART and 88.3% (256/290) for PrEP. Overall retention at the end of the study was 59.0% (62/105) for E-ART and 47.3% (121/256) for PrEP. Mean (±SD) duration of follow-up was 13.4 (±7.9) months for E-ART and 11.8 (±7.9) months for PrEP. Self-reported adherence was over 90% among most E-ART participants. For PrEP, adherence was lower and the proportion with 100% adherence decreased over time from 78.4% to 56.7% (p-trend < 0.0001). During the 250.1 person-years of follow-up among PrEP initiators, two seroconversions occurred (incidence 0.8/100 person-years (95% confidence interval: 0.3 to 1.9/100 person-years)). The two seroconverters had stopped using PrEP for at least six months before being found HIV-infected. In both groups, there was no evidence of reduced condom use. CONCLUSIONS: This study provides data on key indicators for the integration of E-ART and PrEP into the HIV prevention combination package already offered to FSWs in Benin. PrEP may be more useful as an individual intervention for adherent FSWs rather than a specific public health intervention. E-ART was a more successful intervention in terms of retention and adherence and is now offered to all key populations in Benin. STUDY REGISTRATION: ClinicalTrials.gov NCT02237.	HIV prevention; adherence; early antiretroviral therapy; female sex workers; pre-exposure prophylaxis; retention.	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2018	McColl, Eliza R.; Kojovic, Dea; Piquette-Miller, Micheline	Battling the HIV/AIDS Epidemic: Triumphs and Barriers.	Clinical Pharmacology and Therapeutics	-	-	-	-	1532-6535 0009-9236	10.1002/cpt.1202	https://pubmed.ncbi.nlm.nih.gov/30412658/	Worldwide, over 77 million people have been infected by human immunodeficiency virus (HIV) but its cure remains elusive. Once considered a fatal disease, advances in antiretroviral therapy (ART) have dramatically increased the life expectancy of infected persons. Much progress has been made in the development and utilization of combination ART and preventative pre-exposure prophylaxis products, however, numerous obstacles prevent eradication. Clinical pharmacologists along with world health organizations continue to play a key role in identifying and implementing strategies to combat this disease.	Humans; Prevalence; Prognosis; *Global Health; HIV Infections/*drug therapy/epidemiology/immunology/virology; *Epidemics; Anti-HIV Agents/adverse effects/supply & distribution/*therapeutic use; Drug Development/*trends; Health Services Accessibility/*trends	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2018	McCormack, Sheena	What happens when PrEP is scaled up? Results from EPIC-NSW.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(18)30253-4	https://dx.doi.org/10.1016/S2352-3018(18)30253-4	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	McCree, Donna Hubbard; Walker, Tanja; DiNenno, Elizabeth; Hoots, Brooke; Valverde, Eduardo; Ocfemia, M. Cheryl Bañez; Heitgerd, Janet; Stallworth, JoAna; Ferro, Benny; Santana, Alberto; German, Emilio J.; Harris, Norma	A programmatic approach to address increasing HIV diagnoses among Hispanic/Latino MSM, 2010-2014.	Preventive Medicine	-	-	-	-	1096-0260 0091-7435	10.1016/j.ypmed.2018.06.007	https://pubmed.ncbi.nlm.nih.gov/29908762/	From 2010 to 2015, young (13-24 years) Hispanic/Latino gay, bisexual and other men who have sex with men (MSM) experienced the largest increase (18%) in numbers of HIV diagnoses among all racial/ethnic groups. In 2016, the Centers for Disease Control and Prevention (CDC) assembled a team of scientists and public health analysts to develop a programmatic approach for addressing the increasing HIV diagnosis among Hispanic/Latino MSM. The team used a data driven review process, i.e., comprehensive review of surveillance, epidemiologic, and programmatic data, to explore key questions from the literature on factors associated with HIV diagnoses among Hispanic/Latino MSM and to inform the approach. This paper describes key findings from the review and discusses the approach. The approach includes the following activities: increase awareness and support testing by expanding existing campaigns targeting Hispanic/Latino MSM to jurisdictions where diagnoses are increasing; strengthen existing efforts that support treatment as prevention and increase engagement in care and viral suppression among Hispanic/Latino MSM living with HIV and promote prevention, e.g., PrEP uptake and condom use, among Hispanic/Latino MSM who are at high-risk for HIV infection.	Adolescent; Humans; Male; Young Adult; United States; Health Knowledge, Attitudes, Practice; Centers for Disease Control and Prevention, U.S.; Safe Sex; Homosexuality, Male/*statistics & numerical data; HIV prevention; HIV infection; Health Promotion/methods; Bisexuality/*statistics & numerical data; Sexual and Gender Minorities/*statistics & numerical data; Hispanic or Latino/*statistics & numerical data; HIV diagnoses; *HIV Infections/diagnosis/prevention & control; Data driven review; Hispanic/Latino MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	McCumber, Micah; Cain, Demetria; LeGrand, Sara; Mayer, Kenneth H.; Murphy, Debra A.; Psioda, Matthew A.; Seña, Arlene C.; Starks, Tyrel J.; Hudgens, Michael	Adolescent Medicine Trials Network for HIV/AIDS Interventions Data Harmonization: Rationale and Development of Guidelines.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/11207	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6320398/	BACKGROUND: The Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) research program aims to defeat the rising HIV epidemic among adolescents and young adults in the United States. OBJECTIVE: This study aims to optimize cross-study analyses and comparisons of standardized measures (variables) collected in the ATN. METHODS: Guidelines were developed for harmonizing measures to be collected across ATN studies. RESULTS: Eight domains were identified for harmonization-Demographics and Socioeconomic Characteristics, Sexual Behavior and Risk, Substance Use and Abuse, HIV-Positive Cascade, HIV-Negative Cascade, Mental Health, Social Support and Isolation, and Pre-exposure Prophylaxis Cascade. CONCLUSIONS: The collection of selected key measures in a uniform manner across studies facilitates the characterization of participant populations, comparisons between studies, and pooled analysis of data from multiple studies.	HIV; adolescent; Adolescent Medicine Trials Network for HIV/AIDS Interventions; data harmonization	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	McKinnon, Lyle R; Liebenberg, Lenine J; Yende-Zuma, Nonhlanhla; Archary, Derseree; Ngcapu, Sinaye; Sivro, Aida; Nagelkerke, Nico; Garcia Lerma, Jose Gerardo; Kashuba, Angela D; Masson, Lindi; Mansoor, Leila E; Karim, Quarraisha Abdool; Karim, Salim S Abdool; Passmore, Jo-Ann S	Genital inflammation undermines the effectiveness of tenofovir gel in preventing HIV acquisition in women.	Nature Medicine	-	-	-	-	1546-170X	10.1038/nm.4506	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5893390	Several clinical trials have demonstrated that antiretroviral (ARV) drugs taken as pre-exposure prophylaxis (PrEP) can prevent HIV infection, with the magnitude of protection ranging from -49 to 86% (refs.). Although these divergent outcomes are thought to be due primarily to differences in product adherence, biological factors likely contribute. Despite selective recruitment of higher-risk participants for prevention trials, HIV risk is heterogeneous even within higher-risk groups. To determine whether this heterogeneity could influence patient outcomes following PrEP, we undertook a post hoc prospective analysis of results from the CAPRISA 004 trial for 1% tenofovir gel (n = 774 patients), one of the first trials to demonstrate protection against HIV infection. Concentrations of nine proinflammatory cytokines were measured in cervicovaginal lavages at >2,000 visits, and a graduated cytokine score was used to define genital inflammation. In women without genital inflammation, tenofovir was 57% protective against HIV (95% confidence interval (CI): 7-80%) but was 3% protective (95% CI: -104-54%) if genital inflammation was present. Among women who highly adhered to the gel, tenofovir protection was 75% (95% CI: 25-92%) in women without inflammation compared to -10% (95% CI: -184-57%) in women with inflammation. Immunological predictors of HIV risk may modify the effectiveness of tools for HIV prevention; reducing genital inflammation in women may augment HIV prevention efforts.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2018	McNulty, Moira C.; Schneider, John A.	Care continuum entry interventions: seek and test strategies to engage persons most impacted by HIV within the United States.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000001733	https://pubmed.ncbi.nlm.nih.gov/29381558/	: The current review re-conceptualizes seek and test strategies, particularly given the changing importance of HIV testing as care continuum entry for persons irrespective of their HIV status. Care continuum entry advances previous seek and test strategies for client engagement with two next-generation functions: use of testing to engage (or re-engage) HIV negative clients in preexposure prophylaxis (PrEP) care; and testing individuals who may already be known positives for care continuum re-entry. We review existing seek and test strategies for most impacted community members with a goal of optimizing care continuum entry as we move towards HIV transmission elimination. These strategies are context, sub-group, community and epidemic-specific. This review is timely, given the initiation of routine PrEP care, which shifts and broadens our conceptualization of care continuum entry triggered by the HIV testing event. In addition, as the epidemic becomes more concentrated, focusing on re-engagement of HIV-infected persons becomes increasingly important given that transmission events involve both those acutely and newly infected as well as the large numbers who may not be virally suppressed. We start with examination of routine testing in healthcare settings, emphasizing its potential role in re-engagement for persons out of care. Subsequently, we describe risk-based testing to identify key populations. We then review network-based approaches and their impact on the epidemic. We close with future directions for individual and combination care continuum entry strategies most relevant to elimination of HIV transmission in the United States.	Humans; Anti-Retroviral Agents/therapeutic use; United States/epidemiology; Disease Transmission, Infectious/*prevention & control; *Risk Factors; Pre-Exposure Prophylaxis/methods; Continuity of Patient Care/*organization & administration; HIV Infections/*diagnosis/*drug therapy/prevention & control	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	McPherson T.D.; Sobieszczyk M.E.; Markowitz M.	Cabotegravir in the treatment and prevention of Human Immunodeficiency Virus-1	Expert Opinion on Investigational Drugs	-	-	-	-	13543784	10.1080/13543784.2018.1460357	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045152921&doi=10.1080%2f13543784.2018.1460357&partnerID=40&md5=34afd0b553cfeee49761ef4ae151f011	Introduction: Human Immunodeficiency Virus (HIV) is a chronic infection that depletes the immune system of essential components causing those infected to be at risk for multiple life-threatening infections. Worldwide, millions live with this infection, the vast majority attributable to HIV-1. Transmission persists with hundreds of thousands of new infections reported yearly. Implementation of combination antiretroviral therapy (cART) has been effective in improving outcomes and decreasing transmission. Newer co-formulated agents have provided simpler medication regimens, fewer side effects, and, in some cases, a higher barrier to the emergence of medication resistance. Areas covered: Here, we review trials of cabotegravir (CAB) as treatment of HIV-1 infection and its potential use as pre-exposure prophylaxis (PrEP) in high risk individuals, including issues around oral lead in and potential resistance emergence. Expert opinion: CAB is efficacious when used in combination therapy orally or given intramuscularly every 4 to 8 weeks. Its availability in a long-acting injectable formulation (CAB-LA) makes it a valuable, novel drug to treat HIV-1 infection when combined with long-acting injectable rilpivirine (RPV-LA). Moreover, pre-clinical and early Phase 2a studies support its testing as monotherapy as PrEP. Studies are underway comparing the efficacy of every 8 week CAB-LA to tenofovir disoproxil fumarate/emtricitabine (TDF/FTC). © 2018 Informa UK Limited, trading as Taylor & Francis Group.	Cabotegravir; HIV-1 pre-exposure prophylaxis; HIV-1 treatment; integrase stand transfer inhibitor; long-acting	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Mehrotra, Megha L; K Rivet Amico; McMahan, Vanessa; Glidden, David V; Defechereux, Patricia; Guanira, Juan V; Grant, Robert M	The Role of Social Relationships in PrEP Uptake and Use Among Transgender Women and Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2151-0	https://www.proquest.com/scholarly-journals/role-social-relationships-prep-uptake-use-among/docview/2037853672/se-2?accountid=8113	Qualitative studies suggest that social relationships play an important role in HIV pre-exposure prophylaxis (PrEP) use, but there have been few quantitative assessments of the role of social relationships in PrEP uptake or adherence. We examined the association between disclosure of study participation or LGBT identity and PrEP use in the 1603 HIV-negative participants enrolled in the iPrEx OLE study. We also evaluated the association between LGBT social group involvement and PrEP use. Study participation disclosure to parents and LGBT identity disclosure to anyone in a participant's social network were associated with greater PrEP uptake. Study participation disclosure to partners was associated with higher probability of having protective PrEP drug concentrations compared risk difference 0.15 95% CI (0.01, 0.30). For each additional type of LGBT organization a participant was involved in, the probability of PrEP uptake and having protective drug concentrations increased by 0.04 95% CI (0.03, 0.06) and 0.04 (95% CI (0.02, 0.07) respectively. Overall, social context was associated with PrEP use in iPrEx OLE, and should be taken into consideration when designing future PrEP implementation programs.	Disclosure; Parents; Pre-exposure prophylaxis; Psychology; Adherence; Men who have sex with men; Sexual behavior; Transgender persons; Disease prevention; LGBT; Prep; Prophylaxis; Transgender; Qualitative research; Gender identity; Social environment; Social networks; Social integration; Social relationships; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; Participation; Acquired immune deficiency syndrome--AIDS; Parents & parenting; Gays & lesbians; Mens health; Social organization; LGBTQ people; Sex differences; Sex roles; Social relation; Transsexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Meunier, Étienne; Siegel, Karolynn	Sexual Risk Behaviors and Perceptions of Men Who Go to Gay Sex Parties in New York City: Comparisons Between Three HIV Groups.	Journal of Sex Research	-	-	-	-	1559-8519	10.1080/00224499.2017.1393042	https://dx.doi.org/10.1080/00224499.2017.1393042	Men who have sex with men (MSM) who attend group-sex events often engage in risky sexual behaviors that contribute to the high human immunodeficiency virus (HIV) incidence among this population. We conducted an online survey with 211 New York City MSM who attended sex parties in the prior year and asked them to describe their behaviors and perceptions of risk. We compared responses from HIV-positive-undetectable men (n = 36), HIV-negative men on pre-exposure prophylaxis (PrEP; n = 62), and HIV-negative men never on PrEP (n = 113). In bivariate analyses, undetectable and on-PrEP men had been to more sex parties in the prior six months, had more anal sex partners there, and had higher rates of sexually transmitted infection (STI) diagnoses than men never on PrEP. Although less than the other groups, 43% of the presumably HIV-negative men never on PrEP reported condomless anal sex at a party in the prior six months. About half of participants agreed that, at sex parties, they made assumptions about others' HIV status, that they sometimes took more risks than intended, and that the atmosphere of these events was conducive to risk taking. Most disagreed that there was discussion of HIV status at sex parties. Implications for sexual health interventions are discussed.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Meyers K.; Rodriguez K.; Brill A.L.; Wu Y.; La Mar M.; Dunbar D.; Koblin B.; Margolis D.; Sobieszczyk M.E.; Van Tieu H.; Frank I.; Markowitz M.; Golub S.A.	Lessons for Patient Education Around Long-Acting Injectable PrEP: Findings from a Mixed-Method Study of Phase II Trial Participants	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1871-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85025813052&doi=10.1007%2fs10461-017-1871-x&partnerID=40&md5=3a027443d905f477cfc25987f15cd590	This study aimed to identify patients' physical and psychosocial experiences of an investigational long-acting injectable PrEP product to aid in the development of patient and provider education materials. Twenty-eight participants of a Phase 2 safety, tolerability, and acceptability study of long-acting integrase inhibitor cabotegravir (CAB-LA) were interviewed on their physical and psychosocial experiences of the injections. Five themes emerged through a framework analysis on these interview transcripts: (1) injection-related pain is highly variable across individuals; (2) pain is more impactful after the injections than during; (3) patient anxiety is critical, but does not determine the experience of injections and decreases over time; (4) intimacy and awkwardness of gluteal injections impacts patients' experiences; (5) patient education and care strategies can mitigate the above factors. These findings can inform further sociobehavioral research within Phase 3 efficacy trials of CAB-LA, as well as patient education and provider guidance for future injectable PrEP products. © 2017, Springer Science+Business Media, LLC.	HIV; Long-acting injectable; MSM; Patient education; PrEP; Providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Meyers K.; Wu Y.; Qian H.; Sandfort T.; Huang X.; Xu J.; Zhang J.; Xia W.; Glidden D.; Wu H.; Shang H.	Interest in Long-Acting Injectable PrEP in a Cohort of Men Who have Sex with Men in China	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1845-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85023742514&doi=10.1007%2fs10461-017-1845-z&partnerID=40&md5=db8d9c4e76bcb968357980018f03a4e6	Long-acting injectable (LAI) formulations of antiretrovirals (ARVs) as pre-exposure prophylaxis (PrEP) could be an attractive alternative for men who have sex with men (MSM) who are interested in ARV-based biomedical prevention but will not use a daily pill. This study investigated interest in LAI-PrEP in a cohort of MSM in China and characterized how MSM willing to use only injectable PrEP differed from MSM who would use PrEP regardless of modality or not at all. Demographic, behavioral, and risk perception measures were collected and associations investigated. A licensed LAI-PrEP agent would increase the proportion interested in PrEP by 24.5% over oral PrEP alone. Combining interest in oral and injectable PrEP, 78.5% of the sample could be covered if reported interest in PrEP translated into actual uptake. Partnership factors differentiated those who would be willing to use only LAI-PrEP versus any PrEP modality, while higher self-perception of risk was associated with interest in LAI-PrEP versus no PrEP. The addition of a second PrEP modality could yield increased population coverage of PrEP. Social and behavioral research should be undertaken in parallel with clinical development of injectable PrEP agents to identify characteristics of those who are not interested in oral PrEP but would take advantage of ARV-based prevention with the introduction of an injectable product. © 2017, Springer Science+Business Media, LLC.	Biomedical HIV prevention; China; HIV; Long-acting injectable PrEP; Men who have sex with men; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	China	Asia and the Pacific	Clinical
Article	2018	Meyers, Kathrine; Wu, Yumeng; Brill, Atrina; Sandfort, Theodorus; × Sarit A Golub	To switch or not to switch: Intentions to switch to injectable PrEP among gay and bisexual men with at least twelve months oral PrEP experience	PLOS One	-	-	-	-	NA	10.1371/journal.pone.0200296	https://www.proquest.com/scholarly-journals/switch-not-intentions-injectable-prep-among-gay/docview/2072258968/se-2?accountid=8113	Background Phase III trials of long-acting injectable (LAI) PrEP, currently underway, have great potential for expanding the menu of HIV prevention options. Imagining a future in which multiple PrEP modalities are available to potential users of biomedical HIV prevention, we investigated which factors might help direct a patient-physician shared-decision making process to optimize the choice of biomedical HIV prevention method. Methods Participants (n = 105; ages 19–63; 46.7% men of color) were former participants in a PrEP demonstration project and had taken daily oral PrEP for ≥ 12 months. Participants were given information about LAI PrEP and asked whether they would be interested in switching from oral to LAI PrEP. Participants were also asked about specific pros/cons of LAI PrEP, PrEP attitudes and experiences, and personality factors. Results Two-thirds (66.7%) of current oral PrEP users would switch to LAI PrEP. Intention to switch was associated with product-level and psychosocial factors. Attitudes towards logistical factors (i.e. getting to regular clinic visits for recurring shots) featured more prominently than factors related to the physical experience of PrEP modality (i.e., concerns about injection pain) as motivators for switching. In a multivariate regression model, psychosocial factors including the emotional burden of daily pill taking, deriving a sense of responsibility from PrEP use, and self-identifying as an early adopter, were the strongest predictors of switching. Conclusions These data underscore the importance of attending not only to product-level factors, but also to the logistical and psychological experience of prevention methods for users. Findings have significant implications for the development of patient education materials and patient-provider shared decision aids.	Bisexuality; New York; Motivation; HIV prevention; Prevention; Anxiety; Disease prevention; Prep; Social sciences; Pain; Education; Decision making; Insurance; Emotions; Patient education; Surveys; Studies; Attitudes; Clinical trials; Bisexual; Switching; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; Regression models; United States--US; Acquired immune deficiency syndrome--AIDS; Medical screening; Hispanic people; Biomedical materials; Materials selection; Psychological and psychosocial issues; Pain sensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Mimiaga M.J.; Pantalone D.W.; Biello K.B.; Glynn T.R.; Santostefano C.M.; Olson J.; Pardee D.J.; Hughto J.M.W.; Garcia Valles J.; Carrico A.W.; Mayer K.H.; Safren S.A.	A randomized controlled efficacy trial of behavioral activation for concurrent stimulant use and sexual risk for HIV acquisition among MSM: Project IMPACT study protocol	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-018-5856-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050734726&doi=10.1186%2fs12889-018-5856-0&partnerID=40&md5=9bf8fbf2bccf86b39b7762232cab4a1d	Background: In the United States, problematic stimulant use is a prevalent and difficult to treat problem among men who have sex with men (MSM), as well as a major driver of HIV transmission through the large number of sexual partners and concomitant condomless anal sex (CAS). Evidence-based behavioral studies that address problematic stimulant use in MSM at risk for HIV infection are also lacking. In this paper, we describe the design of a behavioral intervention trial to reduce sexual risk behavior and stimulant use in HIV-uninfected MSM. Methods: This study, funded by the National Institute on Drug Abuse (NIDA), is a randomized controlled trial (RCT) testing an integrated HIV risk reduction and behavioral activation counseling intervention (IMPACT) for HIV-uninfected, stimulant using MSM in Boston, MA, and Miami, FL. Participants are randomized (2:2:1) to either (1) the IMPACT intervention; (2) a relaxation condition, an active therapy time- and intensity-matched control; or (3) a standard of care risk reduction counseling comparison. At enrollment, all participants receive an HIV test and pre- and post-test counseling. The primary outcome is the difference in the rate of change in the number of self-reported condomless anal sex acts without the protection of consistent Pre-Exposure Prophylaxis (PrEP) use, as well as reductions in stimulant use during the prior 4-months. Major assessments are conducted at baseline, 4-, 8-, and 12-month follow-up visits. Discussion: Effective and sustainable behavioral interventions are sorely needed to reduce HIV acquisition in stimulant using MSM at risk for HIV infection. In this study, we will evaluate the evidence of efficacy of the IMPACT intervention to reduce HIV acquisition in HIV-uninfected, stimulant-using MSM. If found effective, the intervention tested here holds promise for being readily integrated into real-world clinical settings. © 2018 The Author(s).	Behavioral activation; HIV; Men who have sex with men (MSM); Sexual risk; Stimulant use	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Mitchell J.T.; Legrand S.; Hightow-Weidman L.B.; McKellar M.S.; Kashuba A.D.M.; Cottrell M.; McLaurin T.; Satapathy G.; McClernon F.J.	Smartphone-based contingency management intervention to improve pre-exposure prophylaxis adherence: pilot trial	JMIR mHealth and uHealth	-	-	-	-	22915222	10.2196/10456	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060375072&doi=10.2196%2f10456&partnerID=40&md5=beefa16b135d7c9277891b3b1ea20c6f	Background: Pre-exposure prophylaxis (PrEP) provides a strong preventative benefit to individuals at risk for HIV. While PrEP adherence is highly correlated with its efficacy, adherence rates are variable both across and within persons. Objective: The objective of this study was to develop and pilot-test a smartphone-based intervention, known as mSMART, that targets PrEP adherence. mSMART provides contingency management in the form of monetary incentives for daily PrEP adherence based on a real-time adherence assessment using a camera-based medication event-monitoring tool as well as medication reminders, PrEP education, individualized behavioral strategies to address PrEP adherence barriers, and medication adherence feedback. Methods: This was a 4-week open-label, phase I trial in a community sample of young men who have sex with men already on PrEP (N=10). Results: Although adherence composite scores corresponding to PrEP biomarkers indicated that 90% (9/10) of the sample already had an acceptable baseline adherence in the protective range, by the end of the 4-week period, the scores improved for 30% (3/10) of the sample—adherence did not worsen for any participants. Participants reported mean PrEP adherence rates of 91% via daily entries in mSMART. At the end of the 4-week period, participants indicated acceptable ratings of satisfaction, usability, and willingness to recommend mSMART to others. There were no technical difficulties associated with smartphone compatibility, user misunderstandings about mSMART features that interfered with daily use, or study attrition. Conclusions: This study is the first to apply contingency management to PrEP adherence. Findings indicated that mSMART is feasible and acceptable. Such an adherence intervention administered via a user-friendly smartphone app can allow for widespread dissemination. Future efficacy trials are needed. © John T Mitchell, Sara LeGrand, Lisa B Hightow-Weidman, Mehri S. McKellar, Angela DM Kashuba, Mackenzie Cottrell, Tony McLaurin, Goutam Satapathy, F Joseph McClernon.	HIV; Mobile health; Preexposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Mitchell K.M.; DImitrov D.; Hughes J.P.; Xia F.; Donnell D.; Amico K.R.; Bokoch K.; Chitwarakorn A.; Bekker L.-G.; Holtz T.H.; Mannheimer S.; Grant R.M.; Boily M.-C.	In what circumstances could nondaily preexposure prophylaxis for HIV substantially reduce program costs?	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000001766	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044207625&doi=10.1097%2fQAD.0000000000001766&partnerID=40&md5=43322652074ba8794ed75a52dc106472	Objectives: To review the main factors influencing the costs of nondaily oral preexposure prophylaxis (PrEP) with tenofovir (±emtricitabine). To estimate the cost reductions possible with nondaily PrEP compared with daily PrEP for different populations (MSM and heterosexual populations). Design: Systematic review and data triangulation. Methods: We estimated the required number of tablets/person/week for dosing regimens used in the HPTN 067/ADAPT (daily/time-driven/event-driven) and IPERGAY (on-demand) trials for different patterns of sexual intercourse. Using trial data, and behavioural and cost data obtained through systematic literature reviews, we estimated cost savings resulting from tablet reductions for nondaily versus daily oral PrEP, assuming 100% adherence. Results: Among different populations being prioritized for PrEP, the median reported number of days of sexual activity varied between 0 and 2 days/week (0-1.5 days/week for MSM, 1-2 days/week for heterosexual populations). With 100% adherence and two or fewer sex-days/week, HPTN 067/ADAPT nondaily regimens reduced the number of tablets/week by more than 40% compared with daily PrEP. PrEP program costs were reduced the most in settings with high drug costs, for example, by 66-69% with event-driven PrEP for French/US populations reporting on average one sex-day/week. Conclusion: Nondaily oral PrEP could lower costs substantially (>50%) compared with daily PrEP, particularly in high-income countries. Adherence and efficacy data are needed to determine cost-effectiveness. Copyright © 2018 The Author(s). Published by Wolters Kluwer Health, Inc.	cost savings; oral medicine; preexposure prophylaxis; prevention of sexual transmission; sexual behaviour; tenofovir	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2018	Mitsch, Andrew; Singh, Sonia; Li, Jianmin; Balaji, Alexandra; Linley, Laurie; Selik, Richard	Age-Associated Trends in Diagnosis and Prevalence of Infection with HIV Among Men Who Have Sex with Men - United States, 2008-2016.	MMWR Recommendations and Reports	-	-	-	-	1545-861X 0149-2195	10.15585/mmwr.mm6737a2	https://pubmed.ncbi.nlm.nih.gov/30235184/	In 2016, two thirds of diagnosed human immunodeficiency virus (HIV) infections in the United States were attributed to male-to-male sexual contact (1). The risk for sexual acquisition and transmission of HIV changes through the lifespan (2); to better guide prevention efforts for gay, bisexual, and other men who have sex with men (MSM*), CDC analyzed National HIV Surveillance System(†) (NHSS) data for MSM aged ≥13 years by age group (13-29, 30-49, and ≥50 years) in 50 states and the District of Columbia (DC). During 2008-2016, the annual number of diagnoses of HIV infection increased 3% per year among MSM aged 13-29 years, decreased 4% per year among those aged 30-49 years and was stable for MSM aged ≥50 years. The number of HIV diagnoses among MSM aged 13-29 years was four times that of MSM aged ≥50 years. During 2008-2015, the number of MSM aged ≥50 years living with diagnosed HIV infection (prevalence of HIV infection) increased an average of 11% per year and at year-end 2015 was three times that of MSM aged 13-29 years. Racial/ethnic disparities in HIV infection persisted, particularly among younger black/African American MSM who accounted for 49% of all diagnoses among MSM aged 13-29 years during 2008-2016. To avert the most infections and improve health outcomes (3), sexually active MSM at risk for HIV infection should be tested at least once a year, and, if positive, linked to and retained in HIV medical care to achieve viral suppression (4). Those testing negative should be provided HIV prevention services, including preexposure prophylaxis (PrEP) (5).	Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; United States/epidemiology; Age Distribution; Racial Groups/statistics & numerical data; Homosexuality, Male/ethnology/*statistics & numerical data; *Health Status Disparities; Ethnicity/statistics & numerical data; HIV Infections/*diagnosis/*epidemiology/ethnology; Residence Characteristics/statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Mmbaga, Elia J; Moen, Kåre; Leyna, Germana H; Mpembeni, Rose; Leshabari, Melkizedeck T	HIV Prevalence and Associated Risk Factors Among Men Who Have Sex With Men in Dar es Salaam, Tanzania.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001593	https://dx.doi.org/10.1097/QAI.0000000000001593	INTRODUCTION: Limited studies and differential risk behaviors among men who have sex with men (MSM) in Africa calls for population-specific studies. We present results from the largest integrated biobehavioral survey among MSM in Africa to inform programming. METHODS: This was a cross-sectional study using respondent-driven sampling to recruit MSM aged 18 and above. Data on sociodemographic characteristics and HIV-related risks were collected and all participants were tested for HIV, herpes simplex virus type-2 (HSV-2), hepatitis-B virus (HBV), and syphilis RESULTS:: A total of 753 MSM with a mean age of 26.5 years participated in the study and 646 (85.7%) provided blood for biological testing. The prevalence of HIV was 22.3%, HSV-2 40.9%, syphilis 1.1%, and HBV 3.25%. Significant risk factors for HIV were age above 25, having no children adjusted odds ratio (aOR), 2.4, 95% confidence interval (CI): 1.4 to 4.2, low HIV-risk perception (aOR, 2.6, 95% CI: 1.2 to 5.3), receptive position (aOR, 8.7, 95% CI: 1.2 to 5.3), and not using water-based lubricants (aOR, 2.6, 95% CI: 1.0 to 4.5) during the last anal sex. Also associated with HIV infection was, having sexual relationships with women (aOR, 8.0, 95% CI: 4.1 to 15.6), engaging in group sex (aOR, 3.8, 95% CI: 1.6 to 8.4), HSV-2 seropositivity (aOR, 4.1, 95% CI: 2.6 to 6.5), and history of genital ulcers (aOR, 4.1, 95% CI: 1.1 to 7.2). CONCLUSIONS: HIV infection and HSV-2 were highly prevalent among MSM. Low perceived HIV risk, practice of risk behaviors, and infection with HSV-2 were significant predictors of HIV infection. Behavioral interventions, HSV-2 suppressive therapies, and pre-exposure prophylaxis are highly needed.	NA	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2018	Molina, Jean-Michel; Charreau, Isabelle; Chidiac, Christian; Pialoux, Gilles; Cua, Eric; Delaugerre, Constance; Capitant, Catherine; Rojas-Castro, Daniela; Fonsart, Julien; Bercot, Béatrice; Bébéar, Cécile; Cotte, Laurent; Robineau, Olivier; Raffi, François; Charbonneau, Pierre; Aslan, Alexandre; Chas, Julie; Niedbalski, Laurence; Spire, Bruno; Sagaon-Teyssier, Luis; Carette, Diane; Mestre, Soizic Le; Doré, Veronique; Meyer, Laurence	Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial.	The Lancet Infectious Diseases	-	-	-	-	1474-4457	10.1016/S1473-3099(17)30725-9	https://dx.doi.org/10.1016/S1473-3099(17)30725-9	BACKGROUND: Increased rates of sexually transmitted infections (STIs) have been reported among men who have sex with men. We aimed to assess whether post-exposure prophylaxis (PEP) with doxycycline could reduce the incidence of STIs. METHODS: All participants attending their scheduled visit in the open-label extension of the ANRS IPERGAY trial in France (men aged 18 years or older having condomless sex with men and using pre-exposure prophylaxis for HIV with tenofovir disoproxil fumarate plus emtricitabine) were eligible for inclusion in this open-label randomised study. Participants were randomly assigned (1:1) at a central site to take a single oral dose of 200 mg doxycycline PEP within 24 h after sex or no prophylaxis. The primary endpoint was the occurrence of a first STI (gonorrhoea, chlamydia, or syphilis) during the 10-month follow-up. The cumulative probability of occurrence of the primary endpoint was estimated in each group with the Kaplan-Meier method and compared with the log-rank test. The primary efficacy analysis was done on the intention-to-treat population, comprising all randomised participants. All participants received risk-reduction counselling and condoms, and were tested regularly for HIV. This trial is registered with ClinicalTrials.gov number, NCT01473472. FINDINGS: Between July 20, 2015, and Jan 21, 2016, we randomly assigned 232 participants (n=116 in the doxycycline PEP group and n=116 in the no-PEP group) who were followed up for a median of 8·7 months (IQR 7·8-9·7). Participants in the PEP group used a median of 680 mg doxycycline per month (IQR 280-1450). 73 participants presented with a new STI during follow-up, 28 in the PEP group (9-month probability 22%, 95% CI 15-32) and 45 in the no-PEP group (42%, 33-53; log-rank test p=0·007). The occurrence of a first STI in participants taking PEP was lower than in those not taking PEP (hazard ratio HR 0·53; 95% CI 0·33-0·85; p=0·008). Similar results were observed for the occurrence of a first episode of chlamydia (HR 0·30; 95% CI 0·13-0·70; p=0·006) and of syphilis (0·27; 0·07-0·98; p=0·047); for a first episode of gonorrhoea the results did not differ significantly (HR 0·83; 0·47-1·47; p=0·52). No HIV seroconversion was observed, and 72 (71%) of all 102 STIs were asymptomatic. Rates of serious adverse events were similar in the two study groups. Gastrointestinal adverse events were reported in 62 (53%) participants in the PEP group and 47 (41%) in the no-PEP group (p=0·05). INTERPRETATION: Doxycycline PEP reduced the occurrence of a first episode of bacterial STI in high-risk men who have sex with men. FUNDING: France Recherche Nord & Sud Sida-HIV Hépatites (ANRS) and Bill & Melinda Gates Foundation.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2018	Montjane, K; Dlamini, S; Dandara, C	Truvada (emtricitabine/tenofovir) pre-exposure prophylaxis roll-out among South African university students: Lots of positives, but let us keep an eye on possible surprises.	South African Medical Journal (SAMJ)	-	-	-	-	0256-9574	10.7196/SAMJ.2017.v108i2.13035	https://dx.doi.org/10.7196/SAMJ.2017.v108i2.13035	Antiretroviral therapy (ART) has fundamentally altered the natural history of HIV/AIDS, sharply reducing HIV-related morbidity and prolonging longevity. However, there seems to be a resurgence in HIV infection rates in some parts of the world that has prompted consideration of pre-exposure prophylaxis (pre-EP) and vaccination. Despite their good viral suppression profiles, most drugs used as part of ART also have unwanted adverse drug reactions/effects (ADRs). In this article we acknowledge the utility of pre-EP in combating HIV transmission, but we also highlight the need to prepare for management of other unexpected outcomes such as ADRs and viral resistance, to ensure the success of the programme.	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	NA	NA	Review
Article	2018	Moore, David J.; Jain, Sonia; Dubé, Michael P.; Daar, Eric S.; Sun, Xiaoying; Young, Jason; Corado, Katya; Ellorin, Eric; Milam, Joel; Collins, Deborah; Blumenthal, Jill; Best, Brookie M.; Anderson, Peter; Haubrich, Richard; Morris, Sheldon R.	Randomized Controlled Trial of Daily Text Messages to Support Adherence to Preexposure Prophylaxis in Individuals at Risk for Human Immunodeficiency Virus: The TAPIR Study.	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/cix1055	https://pubmed.ncbi.nlm.nih.gov/29228144/	BACKGROUND: Adherence is critical for efficacy of tenofovir disoproxil fumarate/emtricitabine (FTC) as preexposure prophylaxis (PrEP). METHODS: Between February 2013 and February 2016, 398 men who have sex with men and transgender women were randomized 1:1 to receive individualized texting for adherence building (iTAB) or standard care (SoC) for 48 weeks. The primary endpoint was dried blood spot (DBS) tenofovir diphosphate (TFV-DP) concentrations at both week 12 and the last on-drug visit of >719 fmol/punch (ie, adequate adherence). Secondary outcomes included DBS TFV-DP concentrations of >1246 fmol/punch (ie, near-perfect adherence) and plasma FTC >350 ng/mL (consistent with dosing within the past 24 hours). RESULTS: Concentrations >719 fmol/punch of TFV-DP were found in 88.6% of participants at week 12 and 82.5% at week 48. For the primary endpoint, the study arms did not differ (72.0% in iTAB and 69.2% in SoC; P > .05). For the secondary composite endpoint of >1246 fmol/punch the iTAB arm was superior to SoC (33.5% vs 24.8%; P = .06), reaching statistical significance when adjusting for age (odds ratio, 1.56 95% confidence interval, 1.00-2.42; P < .05). At week 48, iTAB was superior to SoC for near-perfect adherence (51.0% vs 37.4%; P = .02). At week 12, iTAB was superior to SoC for dosing in past 24 hours by plasma FTC (47.5% vs 33.3%; P = .007), but not at weeks 24, 36, and 48 (all P > .05). CONCLUSIONS: Automated text messaging is a low-burden tool that improves durability of near-perfect PrEP adherence. CLINICAL TRIALS REGISTRATION: NCT01761643.	Adult; Humans; Male; HIV Infections/*prevention & control; *Pre-Exposure Prophylaxis; *Medication Adherence; Transgender Persons; Adenine/administration & dosage/*analogs & derivatives/blood/therapeutic use; Text Messaging; Anti-HIV Agents/administration & dosage/blood/*therapeutic use; Organophosphates/administration & dosage/blood/*therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Morgan E.; Ryan D.T.; Newcomb M.E.; Mustanski B.	High Rate of Discontinuation May Diminish PrEP Coverage Among Young Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2125-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046418721&doi=10.1007%2fs10461-018-2125-2&partnerID=40&md5=d940ca0915fae1a3c3a97e7d44bc652a	Understanding pre-exposure prophylaxis (PrEP) discontinuation is key to maximizing its effectiveness at the individual and population levels. Data came from the RADAR cohort study of MSM aged 16–29 years, 2015–2017. Participants included those who reported past 6-month PrEP use and discontinued its use by the interview date. Of the 197 participants who had used PrEP in the past 6 months, 65 discontinued use. Primary reasons for PrEP discontinuation included trouble getting to doctor's appointments (14, 21.5%) and issues related to insurance coverage or loss (13, 20.0%). Few (21%) who discontinued spoke to their doctor first, which has important implications for future long acting formulations. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Discontinuation; HIV; PrEP; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Morgan, Ethan; Moran, Kevin; Ryan, Daniel T; Mustanski, Brian; Newcomb, Michael E	Threefold Increase in PrEP Uptake Over Time with High Adherence Among Young Men Who Have Sex With Men in Chicago.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2122-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204095	The goal of this work is to better understand utilization and uptake of pre-exposure prophylaxis (PrEP) among young men who have sex with men (YMSM) and transgender women (TGW). We assessed trends and correlates of PrEP use and adherence across three time points of longitudinal data collection among 885 YMSM and TGW (aged 16-29) from the RADAR cohort in Chicago, 2015-2017. Past 6-month PrEP use increased across three visits: from 6.6 to 17.5%. In multivariable models, past 6-month PrEP use was significantly associated with participation in condomless sex, having more sexual partners, and older age. At least three-quarters of current PrEP users reported being ≥ 90% adherent to PrEP medication across all visits. Past 6-month PrEP use increased over time with those who participated in high-risk HIV behaviors also those most likely to have taken PrEP. As PrEP uptake continues to rise, more research will be needed to understand predictors of PrEP usage, as well as patterns of sexual behavior change following uptake.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Morgan, Jeffrey; Ferlatte, Olivier; Salway, Travis; Wilton, James; Hull, Mark	Awareness of, interest in, and willingness to pay for HIV pre-exposure prophylaxis among Canadian gay, bisexual, and other men who have sex with men	Canadian Journal of Public Health	-	-	-	-	00084263	10.17269/s41997-018-0090-1	https://www.proquest.com/scholarly-journals/awareness-interest-willingness-pay-hiv-pre/docview/2255492272/se-2?accountid=8113	ObjectivesPre-exposure prophylaxis (PrEP) is a highly effective, HIV prevention strategy increasingly being accessed by gay, bisexual, and other men who have sex with men (GBMSM). GBMSM face structural and individual-level barriers accessing PrEP, including awareness and cost. This paper assesses socio-demographic factors associated with awareness, interest, and willingness to pay for PrEP in a sample of Canadian GBMSM.MethodsData were derived from the 2015 Sex Now survey, a cross-sectional, online survey of GBMSM. Respondents were recruited through social media, sex-seeking "apps," and by word of mouth. We used univariable and multivariable logistic regression models to estimate associations between socio-demographic factors and three primary outcomes.ResultsOur sample consisted of 7176 HIV-negative Canadian GBMSM. Of respondents, 54.7% were aware of PrEP, 47.4% were interested in PrEP, and 27.9% of PrEP-interested respondents reported they would pay for PrEP out-of-pocket. Awareness and interest varied between provinces, while GBMSM outside urban areas were less likely to be PrEP aware. Bisexual-identified men, and men over 50, were less likely to be aware and interested in PrEP in multivariable models. Only annual income and educational attainment were associated with willingness to pay for PrEP.ConclusionThis study identifies important disparities in awareness, interest, and willingness to pay for PrEP. Future interventions and educational efforts should target non-gay-identified and older GBMSM, as well as GBMSM outside urban areas. PrEP implementation may risk further perpetuating existing health inequities based on socio-economic status if PrEP continues to be accessed primarily through private insurance or paid for out-of-pocket.Resumo alternativo:ObjectifLa prophylaxie préexposition (PrEP) est une stratégie de prévention du VIH très efficace, de plus en plus utilisée par les hommes gais et bisexuels et les hommes ayant des relations sexuelles avec d'autres hommes (GBHARSAH). Par contre, les GBHARSAH sont confrontés à des obstacles structurels et individuels face à l'accès à la PrEP, y compris la connaissance de la PrEP et les coûts. Cet article évalue les facteurs sociodémographiques associés à la connaissance, l'intérêt et la volonté de payer pour la PrEP dans un échantillon de GBHARSAH canadiens.MéthodeLes données proviennent de l'enquête Sexe au présent 2015, un sondage en ligne de GBHARSAH. Les répondants ont été recrutés par le biais des médias sociaux, des applications de rencontre et du bouche-à-oreille. Nous avons utilisé des modèles de régression logistique univariée et multivariée pour mesurer les associations entre les facteurs sociodémographiques et les trois principales variables de résultats.RésultatsNotre échantillon comprenait 7176 GBHARSAH canadiens séronégatifs. En tout, 54,7% des répondants étaient au courant de la PrEP, 47,4% des répondants étaient intéressés par la PrEP, et 27,9% des répondants intéressés par la PrEP ont indiqué qu'ils seraient prêts à payer pour la PrEP. La connaissance et l'intérêt envers la PrEP variaient d'une province à l'autre, tandis que les GBHARSAH en dehors des zones urbaines étaient moins susceptibles de connaître la PrEP. Les hommes bisexuels et les hommes de plus de 50 ans étaient moins susceptibles de connaître et d'être intéressés par la PrEP dans les modèles multivariés. Seul le revenu annuel et le niveau de scolarité étaient associés à la volonté de payer pour la PrEP.ConclusionCette étude a identifié des disparités importantes dans la connaissance, l'intérêt et la volonté de payer pour la PrEP. Les interventions et les efforts d'éducation devraient cibler les GBHARSAH qui ne s'identifient pas comme gai, les GBHARSAH plus âgés, ainsi que les GBHARSAH en dehors des zones urbaines. De plus, la mise en œuvre de la PrEP risque de perpétuer davantage les inégalités existantes en fonction du statut socioéconomique si la PrEP continue d'être accessible principalement par le biais d'une assurance privée ou si les GBHARSAH doivent payer pour celle-ci.	Bisexuality; Canada; Pre-exposure prophylaxis; Men; Men who have sex with men; Pre-exposure prophylaxis (PrEP); Prophylaxis; Education; Exposure; Sociodemographics; Awareness; Demographics; Sex; Regression analysis; Studies; Human immunodeficiency virus (HIV); Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; Gays & lesbians; Mens health; Polls & surveys; Health risks; Urban areas; Willingness to pay; Digital media; Interest; Physical Fitness And Hygiene; Target recognition; Canadians; Hommes ayant des relations sexuelles avec d'autres hommes; Prophylaxie préexposition (PrEP); Virus de l'immunodéficience humaine (VIH)	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2018	Mosley, Terrance; Khaketla, Moliehi; Armstrong, Heather L; Cui, Zishan; Sereda, Paul; Lachowsky, Nathan J; Hull, Mark W; Olarewaju, Gbolahan; Jollimore, Jody; Joshua, Edward; Montaner, Julio S G; Hogg, Robert S; Roth, Eric A; Moore, David M	Trends in Awareness and Use of HIV PrEP Among Gay, Bisexual, and Other Men who have Sex with Men in Vancouver, Canada 2012–2016	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2026-4	https://www.proquest.com/scholarly-journals/trends-awareness-use-hiv-prep-among-gay-bisexual/docview/1993165086/se-2?accountid=8113	Gay, bisexual, and other men who have sex with men (gbMSM) are at the highest risk for HIV infection in British Columbia (BC). Pre-exposure prophylaxis (PrEP) has been recently licensed but is currently not publicly funded in BC. Using respondent-driven sampling, we recruited a cohort of gbMSM to complete a computer-assisted self-interview with follow-up every 6 months. Stratified by HIV status, we examined trends in awareness of PrEP from 11/2012 to 02/2016 and factors associated with PrEP awareness. 732 participants responded to the PrEP awareness question. Awareness of PrEP among HIV-negative men increased from 18 to 80% (p < 0.0001 for trend); among HIV-positive men, awareness increased from 36 to 77% (p < 0.0001). PrEP awareness was associated with factors related to HIV risk including sero-adaptive strategies and sexual sensation seeking. Eight HIV-negative men reported using PrEP. Low PrEP uptake highlights that PrEP access should be expanded for at-risk gbMSM in BC.Resumo alternativo:Los hombres que tienen relaciones sexuales con hombres (HSH) están en mayor riesgo de contraer la infección por el VIH en Columbia Británica (BC). La profilaxis previa a la exposición (PrEP) fue recientemente licenciada en Canadá pero actualmente no está financiada públicamente en BC. Usando el muestreo conducido por el encuestado, hemos reclutado una cohorte de HSH para completar una auto-entrevista asistida por ordenador con seguimiento cada seis meses. Estratificado por el estatus de VIH, examinamos tendencias en el conocimiento de la PrEP de julio de 2012 a febrero de 2016 y los factores asociados con la conciencia de la PrEP. 732 participantes respondieron a la pregunta de sensibilización sobre la PrEP. La proporción de hombres seronegativos que conocían la PrEP aumentó de 18% a 80% (p < 0,0001 para la tendencia); entre los hombres VIH positivos, la conciencia aumentó del 36% al 77% (p < 0,0001). 8 hombres VIH-negativos informaron usar PrEP. La conciencia de PrEP se asoció con factores relacionados con el riesgo de VIH, incluyendo estrategias sero-adaptativas y búsqueda de sensaciones. La baja captación de PrEP destaca que el acceso a la PrEP debería ampliarse para los HSH en riesgo en BC.	Bisexuality; Canada; Homosexuality; Risk; HIV/AIDS; Pre-exposure prophylaxis; Psychology; Men who have sex with men; Disease prevention; Prophylaxis; Primary prevention; Trends; Longitudinal data; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Health risks; Consciousness; Vancouver British Columbia Canada	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Mugwanya K.K.; Irungu E.; Bukusi E.; Mugo N.R.; Odoyo J.; Wamoni E.; Ngure K.; Morton J.F.; Peebles K.; Masyuko S.; Barnabee G.; Donnell D.; Barnabas R.; Haberer J.; O'Malley G.; Baeten J.M.	Scale up of PrEP integrated in public health HIV care clinics: A protocol for a stepped-wedge cluster-randomized rollout in Kenya	Implementation Science	-	-	-	-	17485908	10.1186/s13012-018-0809-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052943896&doi=10.1186%2fs13012-018-0809-7&partnerID=40&md5=e98f7970b094438aad2f8c0b4e3f2a05	Background: Antiretroviral therapy (ART) for HIV-infected persons and pre-exposure prophylaxis (PrEP) for uninfected persons are extraordinarily effective strategies for HIV prevention. In Africa, the region which shoulders the highest HIV burden, HIV care is principally delivered through public health HIV care clinics, offering an existing platform to incorporate PrEP delivery and maximize ART and PrEP synergies. However, successfully bringing this integrated approach to scale requires an implementation science evaluation in public health settings. Methods: The Partners Scale Up Project is a prospective, pragmatic implementation evaluation, designed as a stepped-wedge, cluster-randomized trial, operating at 24 clinics in Kenya. In collaboration with the Kenya Ministry of Health, we are catalyzing scaled implementation of PrEP delivery integrated in HIV care clinics. The intervention package includes staff training, clinic streamlined access to PrEP commodity from the Kenya Medical Supply Authority, and ongoing intensive technical assistance to rigorously assess how PrEP delivery is implemented. PrEP service delivery including retention efforts are conducted by the clinic staff with no additional resources from the project. Guided by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework and Consolidated Framework for Implementation Science Research, project progress and learning are documented through ongoing monitoring and process evaluations, including chart abstraction and individual and key informant interviews, to evaluate pragmatic rollout and understand barriers and facilitators for successful PrEP delivery in this setting. In this staged rollout design, each step provides data for both pre-implementation (baseline) and implementation periods, and we will compare time points across steps in the baseline versus implementation periods. Discussion: Cost-effective delivery models are urgently needed to maximize the public health impact of PrEP and ART. The Partners Scale Up Project will set the stage for full-scale PrEP implementation fully run and owned by the Kenya Ministry of Health. The work combines nationally sponsored PrEP delivery with technical support and implementation science from academic partners, defining a new but sustainable paradigm for public health collaboration. Trial registration: Registered with ClinicalTrials.gov on February 14, 2017: NCT03052010. © 2018 The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Mugwanya, Kenneth K.; Baeten, Jared M.; Wyatt, Christina; Mugo, Nelly R.; Celum, Connie L.; Ronald, Allan; Kiarie, John; Katabira, Elly; Heffron, Renee	Frequency of Monitoring Kidney Function in HIV-Uninfected Persons Using Daily Oral Tenofovir Disoproxil Fumarate Pre-exposure Prophylaxis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001575	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5762271/	BACKGROUND: Wide-scale implementation of oral tenofovir-based pre-exposure prophylaxis (PrEP) for HIV prevention is now policy in many settings. However, the optimal frequency for monitoring kidney function remains uncertain. We investigated the impact of 6-monthly compared with 3-monthly creatinine clearance (CrCl) monitoring on the identification of moderate kidney dysfunction, defined as CrCl <60 mL/min. METHODS: Data were from 2 prospective daily oral PrEP studies in Kenya and Uganda: the Partners PrEP Study, a randomized safety, and efficacy trial of PrEP that conducted 3-monthly CrCl monitoring (n = 4404) and the Partners Demonstration Project (n = 954), an open-label delivery study of PrEP that used 6-monthly monitoring. CrCl ≥60 mL/min was required for enrollment in both studies. Abnormal results were followed with confirmatory testing within approximately 1 week. Follow-up was for up to 24 months. RESULTS: Of 5358 participants included in the analysis, 87% were younger than 45 years, a third were female, and 21% had a baseline CrCl between 60 and 90 mL/min. Confirmed CrCl <60 mL/min events were rare, occurring in 52 individuals (<1%) in 24 months. The 12-month cumulative proportion of persons with CrCl <60 mL/min was 0.2% with 3-monthly screening and 0.5% with 6-monthly screening. Older age (>45 years), lower weight (<55 kg), elevated blood pressure (>140 mm Hg), and baseline CrCl between 60 and 90 mL/min were independently associated with CrCl decline <60 mL/min during follow-up. CONCLUSIONS: In these 2 PrEP studies, with generally young participants, the occurrence and pattern of clinically relevant decline in CrCl were not qualitatively different based on 3- or 6-monthly CrCl monitoring schedule. These data suggest that for most persons receiving PrEP for up to 24 months, less frequent CrCl monitoring would be safe and reduce required expenditures for repeat confirmatory testing.	Adult; Humans; Male; Middle Aged; Young Adult; Female; Aged; Metabolic Clearance Rate; Uganda; Creatinine/blood; Aged, 80 and over; Kidney Function Tests; Anti-HIV Agents/*administration & dosage/*adverse effects; Pre-Exposure Prophylaxis/*methods; Kenya; Tenofovir/*administration & dosage/*adverse effects; Renal Insufficiency/*chemically induced/*diagnosis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Mullens A.B.; Kelly J.; Debattista J.; Phillips T.M.; Gu Z.; Siggins F.	Exploring HIV risks, testing and prevention among sub-Saharan African community members in Australia	International Journal for Equity in Health	-	-	-	-	14759276	10.1186/s12939-018-0772-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047551729&doi=10.1186%2fs12939-018-0772-6&partnerID=40&md5=4335d91df97b66942eb3b5da19704117	Background: Significant health disparities persist regarding new and late Human Immunodeficiency Virus (HIV) diagnoses among sub-Saharan African (SSA) communities in Australia. Personal/cultural beliefs and practices influence HIV (risk, prevention, testing) within Australia and during visits to home countries. Method: A community forum was conducted involving 23 male and female adult African community workers, members and leaders, and health workers; facilitated by cultural workers and an experienced clinician/researcher. The forum comprised small/large group discussions regarding HIV risk/prevention (responses transcribed verbatim; utilising thematic analysis). Results: Stigma, denial, social norms, tradition and culture permeated perceptions/beliefs regarding HIV testing, prevention and transmission among African Australians, particularly regarding return travel to home countries. Conclusions: International travel as a risk factor for HIV acquisition requires further examination, as does the role of the doctor in HIV testing and Pre-exposure Prophylaxis (PrEP). Further assessment of PrEP as an appropriate/feasible intervention is needed, with careful attention regarding negative community perceptions and potential impacts. © 2018 The Author(s).	African community members; CALD; HIV risks; HIV screening; PREP	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative

Article	2018	Mullins, Tanya L Kowalczyk; Lehmann, Corinne E	Oral Pre-Exposure Prophylaxis (PrEP) for HIV Prevention in Adolescents and Young Adults.	Current Pediatric Reports	-	-	-	2167-4841	10.1007/s40124-018-0163-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6192052	PURPOSE OF REVIEW: To review the literature about oral pre-exposure prophylaxis (PrEP) for HIV prevention, with specific focus on adolescents. RECENT FINDINGS: Use of PrEP reduces new HIV infections among men who have sex with men, heterosexuals, and people who inject drugs. One combination antiretroviral medication is approved for PrEP in the U.S. for adults. Limited data suggest that PrEP is safe for use in youth, although declines in adherence to PrEP over time suggest the need for adherence interventions specifically targeting youth. Safety concerns related to PrEP include potential negative impacts on bone density and renal function, as well as potential increases in riskier sexual behaviors. The U.S. Public Health Service has published guidelines for PrEP use in adults. SUMMARY: Current data suggest that PrEP use is safe in adolescents; however, further research is needed on the potential impact of long-term PrEP use on bone density and kidney function.	HIV prevention, pre-exposure prophylaxis, adolescents, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Mullins, TLK; Idoine, CR; Zimet, GD; Kahn, JA	PRIMARY CARE PHYSICIAN ATTITUDES TOWARD INCORPORATING TOPICAL MICROBICIDES AND ORAL PRE-EXPOSURE PROPHYLAXIS (PREP) INTO PRACTICE FOR HIV PREVENTION IN YOUTH	Journal of Adolescent Health	-	-	-	1054-139X	10.1016/j.jadohealth.2017.11.041	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6478546/	Purpose: Understanding the attitudes of physicians toward the use of pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention among youth is critical to improving access to PrEP. We examined PrEP-related attitudes among physicians who provide primary care to 13–21 year-old adolescents.Methods: Individual, in-depth, semi-structured interviews were conducted with 38 physicians from adolescent medicine, family practice, internal medicine/medicine-pediatrics, obstetrics/gynecology, and pediatrics who care for any adolescents under 18 years-old. Interviews assessed familiarity with PrEP, perceived benefits and barriers to providing PrEP to adolescents, facilitating factors for prescribing PrEP, and likelihood of recommending and prescribing PrEP to adolescents. Results: Mean age was 44.6 years (SD10.9). Fourteen physicians (37%) reported being somewhat or very familiar with PrEP. Perceived benefits of prescribing PrEP included decreased acquisition/rates of HIV, improved provision of sexual health services, and improved patient awareness of HIV risk. Barriers to PrEP were reported at the patient (e.g., lack of acceptability to patients), provider (e.g., concerns about patient adherence, safety/side effects, parents as a barrier to PrEP use), and systems (e.g., high cost) levels. Facilitating factors for prescribing PrEP included low cost/coverage by insurance, physician education about PrEP, patient educational materials, and clinical guidelines for PrEP use in youth. A higher proportion of physicians reported being highly or somewhat likely to recommend (N=16, 42%) than prescribe PrEP (N=13, 34%). Conclusions: In this study of primary care physician attitudes toward PrEP prescribing for adolescents, physicians identified numerous barriers to providing PrEP. Addressing these barriers may increase adolescents' access to PrEP.	Adolescent; HIV; Physicians; Prevention; Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Murray M.I.; Markowitz M.; Frank I.; Grant R.M.; Mayer K.H.; Hudson K.J.; Stancil B.S.; Ford S.L.; Patel P.; Rinehart A.R.; Spreen W.R.; Margolis D.A.	Satisfaction and acceptability of cabotegravir long-acting injectable suspension for prevention of HIV: Patient perspectives from the ECLAIR trial	HIV Clinical Trials	-	-	-	15284336	10.1080/15284336.2018.1511346	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057315216&doi=10.1080%2f15284336.2018.1511346&partnerID=40&md5=27cd1d69cfc988d2e1d852a3cf653d65	Background: Cabotegravir (GSK1265744) is an integrase strand transfer inhibitor in development as a long-acting (LA) intramuscular injectable suspension for HIV-1 pre-exposure prophylaxis (PrEP). Objective: We report participant outcomes from the phase IIa ECLAIR study related to tolerability, acceptability, and satisfaction of cabotegravir LA. Methods: The ECLAIR study (ClinicalTrials.gov identifier, NCT02076178) was a randomized, placebo-controlled study in healthy men not at high risk of acquiring HIV-1. Participants were randomized (5:1) to once-daily oral cabotegravir 30 mg or placebo tablets for 4 weeks, followed by gluteal intramuscular injections of cabotegravir LA 800 mg or saline placebo every 12 weeks. The primary objective was to evaluate the safety of cabotegravir LA over three injection cycles (to Week 41). Secondary objectives assessed the tolerability, satisfaction, and acceptability of cabotegravir LA. Results: Among 115 participants who received injections in the cabotegravir (n = 94) and placebo (n = 21) groups, 93% (n = 87) and 95% (n = 20) completed the injection phase, respectively. Injection intolerability led to withdrawal in 4 participants (4%) receiving cabotegravir LA. The most frequently reported Grade ≥2 adverse event was injection-site pain. Most participants (74% n = 67) receiving consecutive injections favored cabotegravir LA vs oral cabotegravir. Most participants were satisfied with cabotegravir LA (75% n = 64), were willing to continue (79% n = 68), and would recommend (87% n = 75) the therapy. Conclusions: While Grade ≥2 injection-site pain was common, most participants reported overall satisfaction with and preference for cabotegravir LA, with few discontinuations due to injection intolerance. These findings support investigation of cabotegravir LA as an alternative to daily oral PrEP regimens. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	cabotegravir; injectable; patient-reported outcomes; pre-exposure prophylaxis; Satisfaction	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Musara, Petina; Montgomery, Elizabeth T; Mgodi, Nyaradzo M; Woeber, Kubashni; Akello, Carolyne A; Hartmann, Miriam; Cheng, Helen; Levy, Lisa; Katz, Ariana; Grossman, Cynthia I; Chirenje, Z Mike; van der Straten, Ariane; Mensch, Barbara	How Presentation of Drug Detection Results Changed Reports of Product Adherence in South Africa, Uganda and Zimbabwe.	AIDS and behavior	-	-	-	1090-7165	https://doi.org/10.1007/s10461-017-1685-x	https://escholarship.org/uc/item/20d2q541	Accurate estimates of study product use are critical to understanding and addressing adherence challenges in HIV prevention trials. The VOICE trial exposed a significant gap between self-reported adherence and drug detection. The VOICE-D qualitative study was designed to better understand non-adherence during VOICE, and was conducted in 2 stages: before (stage 1) and after (stage 2) drug detection results were provided to participants. Transcripts from 44 women who participated in both stages were analysed to understand the effect of presenting drug detection data on narratives of product use. Thirty-six women reported high adherence in stage 1, yet admitted non-use in stage 2, three reported high adherence in both stages (contrary to their drug detection results) and five had consistent responses across both stages and drug results. Presenting objective measures of use may facilitate more accurate product use reporting and should be evaluated in future prevention trials.	Microbicide Trials Network-003D Study Team; Humans; HIV Infections; Anti-HIV Agents; Qualitative Research; Adult; Uganda; South Africa; Zimbabwe; Female; Medication Adherence; Self Report; Pre-Exposure Prophylaxis; Adherence measures; Drug detection results; HIV prevention; Microbicides; Pre-exposure prophylaxis; Prevention; Infectious Diseases; Clinical Research; HIV/AIDS; Clinical Trials and Supportive Activities; Management of diseases and conditions; 7.1 Individual care needs; Infection; Good Health and Well Being; Public Health and Health Services; Social Work; Public Health	English	South Africa	Eastern and Southern Africa	zimbabwe	Eastern and Southern Africa	zimbabwe	Eastern and Southern Africa	Qualitative
Article	2018	Musinguzi, Nicholas; Muwonge, Timothy; Ngure, Kenneth; Katabira, Elly; Mugo, Nelly; Burns, Bridget Frances O'Rourke; Baeten, Jared M; Heffron, Renee; Haberer, Jessica E	Comparison of short messaging service self-reported adherence with other adherence measures in a demonstration project of HIV preexposure prophylaxis in Kenya and Uganda.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001955	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6755137	OBJECTIVE: Short messaging service (SMS) can collect adherence data on a frequent basis and is relatively anonymous, and therefore could potentially reduce recall and social desirability biases prevalent in other self-reported measures. METHODS: We compared SMS self-reported adherence with three self-reported adherence questions (rating of ability to adhere, frequency of doses taken, percentage of doses taken) and two objective adherence measures electronic adherence monitoring (EAM) and plasma tenofovir levels using data from HIV-uninfected members of serodiscordant couples enrolled in a preexposure prophylaxis demonstration project in Kenya and Uganda. RESULTS: Of 373 enrolled participants, 256 (69%) were male and median age at enrolment was 29 years (26, 35). Fifty-two percent were from Kenya and median education at enrolment was 10 years (7,12). Overall, median adherence was 90, 75, 85, 94 and 79%, respectively, for self-report by SMS, rating, frequency, percentage and EAM adherence. Spearman's correlation coefficient between SMS and interviewer-administered self-reported measures was 0.18 for rating and frequency, 0.22 for percentage and 0.14 for EAM (all Pâ<â0.001). The estimated difference in average adherence between SMS and self-reported rating, frequency, percentage adherence and EAM was 8.1 (Pâ<â0.001), 0.3 (Pâ=â0.81), -5.2 (Pâ<â0.001) and 9.5 (Pâ<â0.001), respectively. Area under the receiver-operating curve assessing the ability of SMS self-report to discriminate between detectable and undetectable tenofovir was 0.51. CONCLUSION: Our study found low correlation between SMS self-report and other self-reported and objective adherence measures and did not discriminate between detectable and undetectable plasma tenofovir levels. Future use of SMS self-report should explore alternative means for reducing potential biases.	NA	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	uganda	Eastern and Southern Africa	Qualitative
Article	2018	Mustanski B.; Ryan D.T.; Hayford C.; Phillips G., II; Newcomb M.E.; Smith J.D.	Geographic and Individual Associations with PrEP Stigma: Results from the RADAR Cohort of Diverse Young Men Who have Sex with Men and Transgender Women	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2159-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051144486&doi=10.1007%2fs10461-018-2159-5&partnerID=40&md5=bab9c86fe54619cfa32bbea4729dd236	Increasing the uptake of pre-exposure prophylaxis (PrEP) to prevent HIV acquisition among at-risk populations, such as young men who have sex with men (YMSM), is of vital importance to slowing the HIV epidemic. Stigma and negative injunctive norms, such as the so called "Truvada Whore" phenomenon, hamper this effort. We examined the prevalence and types of PrEP stigma and injunctive norm beliefs among YMSM and transgender women and associated individual and geospatial factors. A newly created measure of PrEP Stigma and Positive Attitudes was administered to 620 participants in an ongoing longitudinal cohort study. Results indicated lower stigma among White, compared to Black and Latino participants, and among participants not identifying as male. Prior knowledge about PrEP was associated with lower stigma and higher positive attitudes. PrEP stigma had significant geospatial clustering and hotspots were identified in neighborhoods with high HIV incidence and concentration of racial minorities, whereas coldspots were identified in areas with high HIV incidence and low LGBT stigma. These results provide important information about PrEP attitudes and how PrEP stigma differs between individuals and across communities. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Geospatial; HIV; Homosexuality, male; Pre-exposure prophylaxis; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Mustanski, Brian; Macapagal, Kathryn; Thomann, Matthew; Feinstein, Brian A; Newcomb, Michael E; Motley, Darnell; Fisher, Celia B	Parents' Perspectives About Adolescent Boys' Involvement in Biomedical HIV Prevention Research.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-017-1035-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5837896	Research on the use of pre-exposure prophylaxis (PrEP) among adolescents at high risk for HIV is urgently needed, and parents' perspectives on these studies are essential for guiding the responsible conduct of adolescent PrEP research. We conducted interviews with 30 parents of adolescent boys (50% known/presumed heterosexual; 50% sexual minority) to understand their views of research risks and benefits and parental permission regarding their son's involvement in a hypothetical PrEP adherence trial. Parents identified several health and educational benefits of the study and expressed that waiving parental permission would overcome barriers to accessing PrEP, particularly for youth who may benefit most. Among their concerns were medication non-adherence and risk compensation. Parents provided suggestions to facilitate informed, rational, and voluntary participation decisions and protect youth's safety if parental permission was waived. These findings can inform ways to increase parental trust in PrEP research and create adequate protections for adolescent participants.	HIV prevention, pre-exposure prophylaxis, parents, adolescents, men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Myers, Julie E.; Braunstein, Sarah L.; Xia, Qiang; Scanlin, Kathleen; Edelstein, Zoe; Harriman, Graham; Tsoi, Benjamin; Andaluz, Adriana; Yu, Estella; Daskalakis, Demetre	Redefining Prevention and Care: A Status-Neutral Approach to HIV.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofy097	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6016418/	Recent biomedical advances inspire hope that an end to the epidemic of HIV is in sight. Adopting new approaches and paradigms for treatment and prevention in terms of both messaging and programming is a priority to accelerate progress. Defining the key sequential steps that comprise engagement in HIV care has provided a useful framework for clinical programs and motivated quality improvement initiatives. Recently, the same approach has been applied to use of pre-exposure prophylaxis for HIV prevention. Building on the various prevention and care continua previously proposed, we present a novel schematic that incorporates both people living with HIV and people at risk, making it effectively "status-neutral" in that it proposes the same approach for engagement, regardless of one's HIV status. This multidirectional continuum begins with an HIV test and offers 2 divergent paths depending on the results; these paths end at a common final state. To illustrate how this continuum can be utilized for program planning as well as for monitoring, we provide an example using data for New York City men who have sex with men, a population with high HIV incidence and prevalence.	HIV; pre-exposure prophylaxis; prevention; antiretrovirals; continuum	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Myers, Julie E; Edelstein, Zoe R; Daskalakis, Demetre C; Gandhi, Anisha D; Misra, Kavita; Rivera, Alexis V; Salcuni, Paul M; Scanlin, Kathleen; Udeagu, Chi-Chi; Braunstein, Sarah L	Preexposure Prophylaxis Monitoring in New York City: A Public Health Approach.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2018.304729	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6215383	The scale-up of preexposure prophylaxis (PrEP) represents a paradigm shift in HIV prevention that poses unique challenges for public health programs. Monitoring of PrEP implementation at the population level is a national priority, with particular significance in New York City (NYC) given the substantial HIV burden and the prominence of PrEP in state and local Ending the Epidemic program plans. We highlight the importance of local monitoring and evaluation of PrEP implementation outcomes and describe the experience at the NYC Health Department, which includes engaging communities, triangulating a variety of data sources regarding PrEP implementation, and leveraging those data to help guide programming. In NYC, we used data from national surveillance systems and incorporated PrEP-related indicators into existing local data collection systems to help illustrate gaps in PrEP awareness and use. Ultimately, ensuring that PrEP achieves the desired impact at the population level depends on identifying disparities through appropriate and accurate measurement, and addressing them through evidence-based programs.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Needleman, Robert; Chow, Eric P F; Towns, Janet M; Cornelisse, Vincent J; Yang, Tim Z T; Chen, Marcus Y; Bradshaw, Catriona S; Fortune, Ria; Fairley, Christopher K	Access to sexual health services after the rapid roll out of the launch of pre-exposure prophylaxis for HIV in Melbourne, Australia: a retrospective cross-sectional analysis.	Sexual Health	-	-	-	1448-5028	10.1071/SH17182	https://dx.doi.org/10.1071/SH17182	Background On 26 July 2016, Victoria began a large study of HIV pre-exposure prophylaxis, called PrEPX, that involved the creation of around 2600 appointments over 3 months across multiple sites in Melbourne, Australia. At this time, the Melbourne Sexual Health Centre (MSHC) appeared to have a larger demand on its services. The aim of the present study was to determine whether this apparent increase in demand was substantially different from other demand fluctuations. METHODS: Patients presenting to the MSHC from 2014 to 2016 were reviewed. Demographic characteristics, sexual risks and sexually transmitted infection diagnoses were extracted from the clinical database. RESULTS: There were 115522 walk-in presentations for care and a rise in presentations in the week following the launch of the PrEPX study, but at least six similar peaks occurred that year. The peak coinciding with the launch of PrEPX was only apparent for men who have sex with men. There was a substantial increase in the proportion of patients who could not be seen (i.e. triaged out), from 10% in the week before PrEPX to 22.2% in the second week after, but this was primarily due to staff absences. At the time of the PrEPX study, data were collected on the duration of symptoms for common conditions and found no significant (P>0.29) change in the average duration of symptoms compared with that seen before the PrEPX launch. CONCLUSIONS: The increase in the number of medical consultations required for the PrEPX study did not result in excessive demand for public sexual health services.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Theses and Dissertations	2018	Nelson, Antoinette Gail	The development of a nano-based colorectal pre-exposure prophylaxis for HIV	-	-	Rutgers University	-	-	https://doi.org/doi:10.7282/T3ST7T8P	https://rucore.libraries.rutgers.edu/rutgers-lib/57766/	The colorectal mucosa is a highly vulnerable site for Human Immunodeficiency Virus (HIV) transmission. The epithelium of this region is comprised of a thin single-cell layer that serves as a protective barrier, to prevent foreign pathogens from entering the body. Beneath the epithelial layer, the lamina propria provides direct access to an extensive population of immune cells that are highly susceptible to HIV infection. There is also access to the lymphatic system, which serves as an outlet for HIV to enter the systemic circulation, initiating permanent infection. To prevent HIV infection, it is important to achieve, and maintain, therapeutically effective concentrations of anti-HIV drugs within mucosal tissues. The objective of the current thesis is to fabricate and assess a nanoparticle (NP) platform, for use in a colorectal PrEP, with the goal to (1) deliver antiretroviral agents directly to the colorectal mucosa to minimize dosage requirements; (2) achieve high drug loading and sustained drug release; and (3) establish prolonged, therapeutically effective, drug concentrations within mucosal tissue to minimize dosing frequency to once-a-week. Based on average epithelial cell turnover rates in the colon of rodents and humans, 2-3 days in a murine model is considered equivalent to 5-8 days in humans. The overall objective of this thesis is to design, fabricate, and evaluate a nanoparticle (NP) drug delivery system (DDS), for colorectal pre-exposure prophylaxis (mPrEP) of HIV. Within the first part of this thesis, the feasibility of a modified cell penetrating peptide (CPP) bactenecin 7 (Bac7), to transport poly(ε-caprolactone)-poly(ethylene glycol) (PCL-PEG) NPs into, and across, a colorectal epithelial barrier, was evaluated. The hypothesis is that by functionalizing NPs with Bac7, NP transport across Caco-2 colonic cells will increase in vitro. Additionally, NPs of optimal architecture (dense PEG corona and effective Bac7 ligand density) will successfully traverse the colorectal mucus mesh lining in vivo. Bac7-labeled NPs with varied ligand densities resulted in a 163.2% to 384.6% increase in NP transport across a Caco-2 epithelial cell monolayer compared with plain NPs. NPs of 1% to 5% Bac7 surface coverage showed successful translocation across colorectal mucus to associate with the epithelial layer in vivo in a rat model. In the second portion of this thesis, rilpivirine-loaded NPs were assessed for sustained drug release. The hypothesis that flash nanoprecipitation can be used to fabricate NPs with high RPV drug loading via in situ salt formation, and that NP formulations can be tuned to achieve sustained release for a minimum of 24 hours, was tested. RPV was successfully encapsulated within PCL-PEG NPs resulting in high encapsulation efficiencies (85% to 98%), and moderate to high drug loadings (10.9 % to 17.7%). Cumulative release over 24 hours was modulated to achieve between 20% and 40% extent of release. Poly(lactide)-poly(ethylene glycol) (PLA-PEG) NPs resulted in a greater extent of release…	Drug delivery systems; Antiretroviral agents	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2018	Newcomb, Michael E; Moran, Kevin; Feinstein, Brian A; Forscher, Emily; Mustanski, Brian	Pre-Exposure Prophylaxis (PrEP) Use and Condomless Anal Sex: Evidence of Risk Compensation in a Cohort of Young Men Who Have Sex with Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001604	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5825266	BACKGROUND: Young men who have sex with men (YMSM) are disproportionately impacted by HIV. Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV acquisition. It remains unclear if PrEP use increases rates of condomless sex (ie, risk compensation), which may increase risk of infection if PrEP adherence is not optimal. This study aimed to examine whether PrEP use and PrEP adherence were associated with change in sexual risk behaviors in a large longitudinal cohort of YMSM reporting on multiple sexual partnerships over time. METHOD: Data were obtained from the first 3 visits of an ongoing cohort study of YMSM in Chicago (analytic N = 953; 14.1% HIV-positive at baseline). Participants reported up to 4 sexual partnerships at each visit, including sexual behavior, PrEP use, and PrEP adherence within partnerships. RESULTS: YMSM reported higher rates of receptive condomless anal sex (CAS) in partnerships during which they were on PrEP compared with those when they were not on PrEP. This association was consistent across both HIV-negative and HIV-positive participants reporting on partnerships with both perceived HIV-negative/unknown and HIV-positive partners. The rate of receptive CAS was higher in PrEP nonadherent partnerships compared with non-PrEP partnerships. The rate of receptive CAS was also higher in PrEP nonadherent than adherent partnerships, but this was not statistically significant. CONCLUSIONS: These analyses provide compelling data suggesting that YMSM are engaging in risk compensation when on PrEP. If rates of receptive CAS are highest among YMSM who are PrEP nonadherent, PrEP as a prevention strategy could fail to curb HIV incidence among YMSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Newman, Peter A; Guta, Adrian; Lacombe-Duncan, Ashley; Tepjan, Suchon	Clinical exigencies, psychosocial realities: negotiating HIV pre-exposure prophylaxis beyond the cascade among gay, bisexual and other men who have sex with men in Canada.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25211	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6253066	INTRODUCTION: Notwithstanding the efficacy of oral pre-exposure prophylaxis (PrEP) in clinical trials, a number of obstacles exist to achieving population-level impact among gay, bisexual and other men who have sex with men (GBM). However, few studies have explored the subjective experiences of GBM PrEP users and non-users in the community, outside of clinical trials. The objectives of this study were to explore GBM's experiences of considering, accessing and using (or not using) PrEP, and to understand emerging sexual health, social and community issues among GBM in the PrEP era. METHODS: From October 2015 to March 2016, we purposively sampled PrEP-naïve and PrEP-experienced GBM from community organizations and health centres in Toronto, Canada. In-depth, 45- to 90-minute semi-structured interviews explored PrEP perspectives and decision-making, access, initiation, use over time, sexual practices and psychosocial considerations. Interviews were recorded, transcribed verbatim, uploaded into NVIVO, reviewed using thematic analysis and then contrasted with the PrEP cascade. RESULTS: Participants included PrEP users (n = 15) and non-users (n = 14) (mean age = 36.7 years; SD = 8.2), largely gay-identified (86.2%), cisgender male (89.7%) and white (79.3%). Themes indicate not only correspondences, but also limitations of the PrEP cascade by complicating a user/non-user binary and challenging the unilateral presupposition that HIV risk perception leads to PrEP acceptance. Findings further call into question assumptions of a linear stage progression and retention in care as a universal endpoint, instead revealing alternate trajectories of seasonal or intermittent PrEP use and, for some, an end goal of terminating PrEP. GBM's narratives also revealed potent psychological/affective experiences of untethering sex from HIV anxiety; multifaceted PrEP stigma; and challenges to sexual norms and practices that complicate existing behavioural prevention strategies and sexual and social relationships. CONCLUSIONS: An expanded PrEP cascade should consider alternate trajectories of use based on dynamic relationships and behavioural risks that may call for seasonal or intermittent use; systemic barriers in access to and sustaining PrEP; and multiple end goals including PrEP maintenance and discontinuation. Incorporating GBM's lived experiences, evolving preferences, and psychosocial and community-level challenges into PrEP implementation models, rather than a circumscribed biomedical approach, may more effectively support HIV prevention and GBM's broader sexual and psychological health.	HIV prevention; PrEP; qualitative research; risk behaviour; sexual health; social stigma	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2018	Nguyen V.-K.; Greenwald Z.R.; Trottier H.; Cadieux M.; Goyette A.; Beauchemin M.; Charest L.; Longpré D.; Lavoie S.; Tossa H.G.; Thomas R.	Incidence of sexually transmitted infections before and after preexposure prophylaxis for HIV	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001718	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042458504&doi=10.1097%2fQAD.0000000000001718&partnerID=40&md5=139812143f12edb7dc096bbc727cb3b7	Objective: Use of preexposure prophylaxis (PrEP) for HIV raises concerns about sexually transmitted infection (STI) incidence because of decreased condom use among MSM. This study examines whether PrEP is associated with STIs in the 12 months following PrEP prescription relative to the 12 months prior to PrEP and if STI rates are higher among PrEP users relative to individuals receiving postexposure prophylaxis (PEP). Design: Retrospective cohort study including PrEP users with more than 12 months of follow-up before PrEP prescription and individuals receiving PEP from 2010 to 2015 at Clinique l'Actuel (Montréal, Canada). Methods: Incidence of chlamydia, gonorrhoea, syphilis and hepatitis C virus over 12 months was compared before and after PrEP; and for PrEP versus PEP users using Poisson models to generate incidence rate ratios (IRRs) with 95% confidence intervals (CIs) and adjusted IRRs (aIRRs) controlling for frequency of STI-screening visits. Models comparing PrEP and PEP users were further adjusted for age and education. Results: One hundred and nine PrEP and 86 PEP users were included. Increased rates of STIs were observed in the 12 months after PrEP relative to the 12 months prior (IRR: 1.72, CI: 1.22-2.41; aIRR: 1.39, CI 0.98-1.96). PrEP users were also at higher STI risk relative to PEP users (IRR: 2.18, CI: 1.46-3.24; aIRR: 1.76, CI: 1.14-2.71). Conclusion: Increased rates of STIs among individuals after initiation of PrEP may suggest greater risk behaviours during the first year on PrEP. Further studies are needed to measure long-Term trends in STI acquisition following PrEP initiation. Copyright © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Chlamydia trachomatis; hepatitis C virus; HIV prevention; Neisseria gonorrhoeae; postexposure prophylaxis; preexposure prophylaxis; sexually transmitted infections; syphilis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2018	Nicol M.R.; Corbino J.A.; Cottrell M.L.	Pharmacology of Antiretrovirals in the Female Genital Tract for HIV Prevention	Journal of Clinical Pharmacology	-	-	-	912700	10.1002/jcph.1270	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054167970&doi=10.1002%2fjcph.1270&partnerID=40&md5=371bd67da8495c3612b89e8de1ca38d4	Preexposure prophylaxis (PrEP) is a powerful tool that, as part of a comprehensive prevention package, has potential to significantly impact the HIV epidemic. PrEP effectiveness is believed to be dependent on the exposure and efficacy of antiretrovirals at the site of HIV transmission. Clinical trial results as well as modeling and simulation indicate the threshold of adherence required for PrEP efficacy of emtricitabine/tenofovir disoproxil fumarate may differ between sites of HIV transmission with less forgiveness for missed doses in women exposed through genital tissue compared to people exposed through colorectal tissue. This suggests a role for local and host factors to influence mucosal pharmacology. Here we review the mucosal pharmacology of antiretrovirals in the female genital tract and explore potential determinants of PrEP efficacy. Host factors such as inflammation, coinfections, hormonal status, and the vaginal microbiome will be explored as well as the role of drug-metabolizing enzymes and transporters in regulating local drug exposure. The use of preclinical and early clinical models to predict clinical effectiveness is also discussed. © 2018, The American College of Clinical Pharmacology	Antiretrovirals; Clinical Pharmacology; Female Genital Tract; Gynecology; HIV/AIDS; Infectious Diseases; PrEP; Virology; Women's Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Nicol, Melanie R.; Brewers, Lindsey M.; Kashuba, Angela D. M.; Sykes, Craig	The role of menopause in tenofovir diphosphate and emtricitabine triphosphate concentrations in cervical tissue.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000001678	https://pubmed.ncbi.nlm.nih.gov/29112071/	OBJECTIVE: Although postmenopausal (post-M) women have behavioral and biological risk factors for HIV infection, the activity of preexposure prophylaxis (PrEP) agents in older adults has not been well studied. DESIGN: We used an ex-vivo approach to compare the tissue concentrations of tenofovir (TFV) diphosphate (TFVdp) and emtricitabine (FTC) triphosphate (FTCtp) in cervical tissues from premenopausal (pre-M) and post-M women. METHOD: Cervical explants from 16 pre-M and 11 post-M women were incubated in 10-300μg/ml TFV or FTC for 24h. Explants were then snap frozen in liquid nitrogen and stored until analysis. TFVdp and FTCtp were quantified using tandem liquid chromatography-mass spectrometry. RESULTS: Active metabolite concentrations of TFVdp were more than nine-fold lower in post-M explants (P<0.05). The percentage of TFV converted to TFVdp in pre-M explants was 0.0038 below the limit of quantification (BLQ)-0.5886 compared with 0.0004 (BLQ-0.0706) in post-M explants. The majority of FTCtp concentrations were BLQ. For both TFVdp and FTCtp, there was a trend for more unquantifiable concentrations in post-M vs. pre-M (TFV: 38 vs. 21%, P=0.2; FTC: 71 vs. 52%, P=0.2). CONCLUSION: These findings could have implications in the use of nucleotide-based PrEP strategies targeted to older women. If validated in vivo, lower exposures of active nucleoside/tide metabolites could mean post-M women need higher doses of TFV-based PrEP to achieve protective efficacy.	Adult; Humans; Middle Aged; Young Adult; Female; Adenine/*analogs & derivatives/pharmacokinetics; Aged; Tandem Mass Spectrometry; Anti-HIV Agents/*pharmacokinetics; Chromatography, Liquid; Organophosphates/*pharmacokinetics; Emtricitabine/*pharmacokinetics; *Menopause; Cervix Uteri/*chemistry	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Nideröst, Sibylle; Gredig, Daniel; Hassler, Benedikt; Uggowitzer, Franziska; Weber, Patrick	The intention to use HIV-pre-exposure prophylaxis (PrEP) among men who have sex with men in Switzerland: testing an extended explanatory model drawing on the unified theory of acceptance and use of technology (UTAUT).	Zeitschrift für Gesundheitswissenschaften (Journal of Public Health)	-	-	-	2198-1833	10.1007/s10389-017-0869-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5948261	AIM: The aim of this study was to determine the intention to use pre-exposure prophylaxis (PrEP) when available and to identify predictors of the intention to use PrEP among men who have sex with men (MSM) living in Switzerland. The theoretical model drew on the Unified Theory of Acceptance and Use of Technology and considered additional variables related specifically to PrEP, HIV protection and the resources of MSM. SUBJECT AND METHODS: For data collection, we used an anonymous, standardized self-administered online questionnaire. In 2015, we gathered a convenience sample of 556 HIV-negative MSM living in Switzerland. We analyzed the data using descriptive and bivariate statistics and used structural equation modeling to test the hypothesized model. RESULTS: Predictors of respondents' moderate intention to use PrEP were performance expectancy, effort expectancy, perceived social influence, concerns about using PrEP, attitudes toward condom use, negative experiences of condom use and age. These variables were predicted by HIV protection-related aspects and resources. CONCLUSION: The findings provide insights into the complex dynamic underlying the intention to use PrEP.	Acceptability; HIV/AIDS; Men having sex with men (MSM); Pre-exposure prophylaxis (PrEP); Switzerland; Unified theory of acceptance and use of technology	English	Germany	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	switzerland	Western and Central Europe and North America	Quantitative
Article	2018	Noret, M; Balavoine, S; Pintado, C; Siguier, M; Brun, A; Bauer, R; Loze, B; Leplatois, A; Aslan, A; Moudachirou, K; Delaugerre, C; Rozenbaum, W; Molina, JM	Daily or on-demand oral tenofovir disoproxil fumarate/emtricitabine for HIV pre-exposure prophylaxis: experience from a hospital-based clinic in France	AIDS	-	-	-	0269-9370	10.1097/QAD.0000000000001939	https://pubmed.ncbi.nlm.nih.gov/30212403/	Background: On-demand oral tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) has been approved for pre-exposure prophylaxis (PrEP) in MSM in France following the results of clinical studies, but data are limited on real-world experience. Design: A single-center, open-label, prospective cohort study that recruited people at high risk of HIV infection in Paris. Methods: Participants were enrolled in a single hospital-based outpatient clinic and were proposed to start PrEP with daily or on demand TDF/FTC. At baseline and every 3 months thereafter, patients were tested for HIV and creatinine plasma levels, and data on sexual behavior, other sexually transmitted infections (STIs), and tolerability were collected. Results: From 10 November 2015 to 30 April 2017, 1069 patients were screened and 1049 (98.1%) started PrEP. Median age was 36 years, 99.4% were MSM with a median number of partners of 10, and 793 (75.6%) opted for on demand PrEP. Over 486 personyears of follow-up, four HIV-infections were diagnosed in poorly or nonadherent patients (incidence 0.82/100 person-years). Rate of condomless sex at last intercourse increased from 53.3% at baseline to 79% at month 12 (P< 10(-4)), but increase in bacterial STI rates was modest (14.6% at baseline vs. 19.2% at month 12; P< 10(-4)). Most adverse events were gastrointestinal and did not lead to PrEP discontinuation. Conclusions: Most PrEP users were high-risk MSM and opted for on-demand PrEP. PrEP use was associated with a low HIV incidence and a high rate of condomless sex with a modest increase in bacterial STIs. Copyright (C) 2018 Wolters Kluwer Health, Inc. All rights reserved.	France; HIV; pre-exposure prophylaxis; MSM; condoms; PREVENTION; sexually transmitted infections; SAFETY; MEN; RISK; SEX; on demand	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2018	Nsuami M.U.; Witbooi P.J.	A model of HIV/AIDS population dynamics including ARV treatment and pre-exposure prophylaxis	Advances in Difference Equations	-	-	-	16871839	10.1186/s13662-017-1458-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042066263&doi=10.1186%2fs13662-017-1458-x&partnerID=40&md5=7d44b8b7954d546b2833f8a4ca4cc1a1	Antiretroviral treatment (ART) and oral pre-exposure prophylaxis (PrEP) have recently been used efficiently in management of HIV infection. Pre-exposure prophylaxis consists in the use of an antiretroviral medication to prevent the acquisition of HIV infection by uninfected individuals. We propose a new model for the transmission of HIV/AIDS including ART and PrEP. Our model can be used to test the effects of ART and of the uptake of PrEP in a given population, as we demonstrate through simulations. The model can also be used to estimate future projections of HIV prevalence. We prove global stability of the disease-free equilibrium. We also prove global stability of the endemic equilibrium for the most general case of the model, i.e., which allows for PrEP individuals to default. We include insightful simulations based on recently published South-African data. © 2018, The Author(s).	basic reproduction number; HIV/AIDS model; pre-exposure prophylaxis; stability	English	Egypt	Middle East and North Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2018	Nydegger, Liesl A; Walsh, Jennifer L	Strength of Implementation Intentions to Use Condoms Among Men Who Have Sex with Men.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-018-2079-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6129435	Although pre-exposure prophylaxis (PrEP) use is increasing among men who have sex with men (MSM), condoms remain key to HIV prevention. Implementation intentions-which link a behavioral action plan with a situation or cue-may predict condom use. The Strength of Implementation Intentions Scale (SIIS), which assesses condom use implementation intentions, has not been evaluated among MSM. A structural model tested whether the SIIS mediated the relationship between condom use intentions and condomless sex acts among 266 sexually-active MSM (56% White, 26% Black, 15% Latino, Mage = 32.54). After controlling for PrEP use, HIV-status, and demographics (χ2(107) = 140.06, CFI = 0.98, TLI = 0.97, RMSEA = 0.03), the SIIS fully mediated the relationship between condom use intentions and condomless sex acts. The SIIS can serve as a fidelity check for interventions, a mediator in theoretical models, and future studies should incorporate implementation intentions into HIV prevention interventions for MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Ojikutu, Bisola O; Bogart, Laura M; Higgins-Biddle, Molly; Dale, Sannisha K; Allen, Wanda; Dominique, Tiffany; Mayer, Kenneth H	Facilitators and Barriers to Pre-Exposure Prophylaxis (PrEP) Use Among Black Individuals in the United States: Results from the National Survey on HIV in the Black Community (NSHBC).	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-018-2067-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6103919	This study explores willingness to use PrEP among Black individuals in the US. From February to April 2016, an online survey was administered to a nationally representative sample of Black individuals. 855 individuals who were HIV negative by self-report participated mean age: 33.6 (SD 9.2); 45.5% male. Among all respondents, 14.5% were aware of, and 26.0% would be willing to use PrEP. Among high-risk individuals (N = 327), 19.8% knew about and 35.1% would be willing to use PrEP. The most common reason for lack of willingness among high-risk individuals was low self-perceived risk (65.1%). In multivariate analysis, individuals reporting single marital status OR 1.8 (1.2, 2.5), p = 0.002, depressive symptoms OR 1.6 (1.2, 2.2), p = 0.0054, arrest history OR 1.7(1.2, 2.4), p = 0.0003, PrEP knowledge OR 1.5 (1.0, 2.3), p = 0.0247 and belief in HIV conspiracies OR 1.3 (1.1, 1.5), p = 0.0075 were more likely to be willing to use PrEP. Participants who saw a health care provider less frequently were less willing to use PrEP OR 0.5 (0.4, 0.8), p = 0.0044. Among a nationally representative sample of Black individuals, few high risk individuals were willing to use PrEP. Interventions to increase risk awareness, PrEP knowledge and access to care are necessary to improve PrEP uptake.	Black individuals in the US; HIV; HIV risk behavior; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Okoro O.; Hillman L.	HIV pre-exposure prophylaxis: Exploring the potential for expanding the role of pharmacists in public health	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2018.04.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047189888&doi=10.1016%2fj.japh.2018.04.007&partnerID=40&md5=0d4150a77c37b5cb69175330d5c328e7	Objectives: The study objectives were to a) assess knowledge and experience; b) describe perceptions and attitudes; and c) identify training needs of community-based pharmacists regarding HIV pre-exposure prophylaxis (PrEP). Design: This was a cross-sectional survey study. Setting and participants: The survey was administered online to pharmacists practicing in a community setting in the state of Minnesota. Outcome measures: Measures included knowledge of and experience with HIV PrEP, perceptions and attitudes towards pharmacists' involvement, and HIV PrEP-specific training needs for pharmacists. Results: With a survey response rate of approximately 13% (n = 347), most respondents (76.4%) agreed that HIV PrEP can be beneficial in high-risk populations. Forty-six percent of respondents were not aware of U.S. Food and Drug Administration approval of emtricitabine and tenofovir disoproxil fumarate for PrEP. Most respondents (71.1%) were "not at all familiar" with Centers for Disease Control and Prevention guidelines for PrEP. Twenty-one percent of respondents had sufficient knowledge to counsel patients on PrEP. Experience with counseling on PrEP (21.8%), having dispensed PrEP in the last 2 years (33.1%), fewer years in practice (≤10 years), location of practice site (urban or suburban), and having received HIV continuing education in the last 2 years (33.0%) were associated with more knowledge of HIV PrEP. Top concerns with counseling were knowledge about the medication and behavior modification. The most frequently indicated primary concerns with implementing PrEP initiatives were identifying appropriate candidates and patient adherence. Conclusion: As pharmacists' roles continue to expand, relevant content in pharmacy education and requisite training (including continuing education) are critical to addressing knowledge gaps and competencies that will enable pharmacists engage more effectively in public health efforts such as HIV prevention. © 2018	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Oldenburg, Catherine E; Nunn, Amy S; Montgomery, Madeline; Almonte, Alexi; Mena, Leandro; Patel, Rupa R; Mayer, Kenneth H; Chan, Philip A	Behavioral Changes Following Uptake of HIV Pre-exposure Prophylaxis Among Men Who Have Sex with Men in a Clinical Setting	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-017-1701-1	https://www.proquest.com/scholarly-journals/behavioral-changes-following-uptake-hiv-pre/docview/2020258237/se-2?accountid=8113	We describe changes in sexual behaviors among men who have sex with men (MSM) following initiation of pre-exposure prophylaxis (PrEP) in a clinic-based sample of MSM initiating PrEP in Providence, Rhode Island. Data were collected at baseline, 3, and 6 months following PrEP initiation including total number of anal sex partners and condom use. A longitudinal mixed effects model assessed changes in number of partners and condom use over time, adjusting for age, race, and education. There was no statistically significant difference in total number of partners over time. There was a significant increase in number of condomless anal sex partners at the 6-month visit compared to baseline (mean change +1.31 partners, 95% confidence interval 0.09–2.53, P = 0.035). As condomless anal sex may increase following PrEP uptake, adherence counseling and efforts to retain patients in PrEP care, especially during periods of non-condom use, are important as PrEP is more widely implemented.	HIV; Counseling; Condoms; Pre-exposure prophylaxis; Psychology; Adherence; Implementation; Men who have sex with men; Sexual behavior; Disease prevention; Prophylaxis; Anal intercourse; Exposure; Statistical analysis; Sex; Patients; Behavioral compensation; Anal sex; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Confidence intervals; Behavior modification	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	O'Leary, Ann	Women and HIV in the Twenty-First Century: How Can We Reach the UN 2030 Goal?	AIDS Education and Prevention	-	-	-	1943-2755 0899-9546	10.1521/aeap.2018.30.3.213	https://pubmed.ncbi.nlm.nih.gov/29969306/	Women have always been part of the HIV/AIDS epidemic. As with other populations affected by HIV, for many years the only prevention strategy available was behavior change. Behavioral interventions for women were developed and evaluated, with some success. Because women did not control the use of male condoms, efficacious interventions needed to build skills for partner negotiation. Woman-controlled technologies such as the female condom and vaginal spermicide were unable to solve the problem of male control of the condom and enable the development of safe methods for women to protect themselves. The modern era of HIV prevention has produced biomedical solutions based on highly active retroviral chemoprophylaxis, which can be hidden from the male partner and thus eliminate his possible negative reactions. Pre-exposure prophylaxis holds promise for HIV prevention among women. This article reviews the literature on HIV prevention for women, including both successes and challenges.	Adolescent; Adult; Humans; Female; HIV Infections/*prevention & control; Sexual Partners; *Risk Reduction Behavior; *Sexual Behavior; HIV prevention; women; biomedical prevention; United Nations; Goals; *Chemoprevention/trends; *Condoms, Female; *Negotiating; behavior change	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Ongwandee S.; Lertpiriyasuwat C.; Khawcharoenporn T.; Chetchotisak P.; Thiansukhon E.; Leerattanapetch N.; Leungwaranan B.; Manopaiboon C.; Phoorisri T.; Visavakum P.; Jetsawang B.; Poolsawat M.; Nookhai S.; Vasanti-Uppapokakorn M.; Karuchit S.; Kittinunvorakoon C.; Mock P.; Prybylski D.; Sukkul A.-C.; Roels T.; Martin M.	Implementation of a Test, Treat, and Prevent HIV program among men who have sex with men and transgender women in Thailand, 2015-2016	PLOS One	-	-	-	19326203	10.1371/journal.pone.0201171	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050699648&doi=10.1371%2fjournal.pone.0201171&partnerID=40&md5=1d7d6416eda8821940e6588d908dd136	Introduction Antiretroviral therapy reduces the risk of serious illness among people living with HIV and can prevent HIV transmission. We implemented a Test, Treat, and Prevent HIV Program among men who have sex with men (MSM) and transgender women at five hospitals in four provinces of Thailand to increase HIV testing, help those who test positive start antiretroviral therapy, and increase access to pre-exposure prophylaxis (PrEP). Methods We implemented rapid HIV testing and trained staff on immediate antiretroviral initiation at the five hospitals and offered PrEP at two hospitals. We recruited MSM and transgender women who walked-in to clinics and used a peer-driven intervention to expand recruitment. We used logistic regression to determine factors associated with prevalent HIV infection and the decision to start antiretroviral therapy and PrEP. Results During 2015 and 2016, 1880 people enrolled. Participants recruited by peers were younger (p<0.0001), less likely to be HIV-infected (p<0.0001), and those infected had higher CD4 counts (p = 0.04) than participants who walked-in to the clinics. Overall, 16% were HIV-positive: 18% of MSM and 9% of transgender women; 86% started antiretroviral therapy and 46% of eligible participants started PrEP. A higher proportion of participants at hospitals with one-stop HIV services started antiretroviral therapy than other hospitals. Participants who started PrEP were more likely to report sex with an HIV-infected partner (p = 0.002), receptive anal intercourse (p = 0.02), and receiving PrEP information from a hospital (p<0.0001). Conclusions We implemented a Test, Treat, and Prevent HIV Program offering rapid HIV testing and immediate access to antiretroviral therapy and PrEP. Peer-driven recruitment reached people at high risk of HIV and people early in HIV illness, providing an opportunity to promote HIV prevention services including PrEP and early antiretroviral therapy. Sites with one-stop HIV services had a higher uptake of antiretroviral therapy and PrEP. Copyright: This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	NA	NA	Quantitative
Article	2018	Ortblad K.F.; Chanda M.M.; Musoke D.K.; Ngabirano T.; Mwale M.; Nakitende A.; Chongo S.; Kamungoma N.; Kanchele C.; Bärnighausen T.; Oldenburg C.E.	Acceptability of HIV self-testing to support pre-exposure prophylaxis among female sex workers in Uganda and Zambia: Results from two randomized controlled trials	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-018-3415-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054449872&doi=10.1186%2fs12879-018-3415-z&partnerID=40&md5=e87f5530c9dec72905e65eaf1ad1092d	Background: HIV pre-exposure prophylaxis (PrEP) is highly effective for prevention of HIV acquisition, but requires HIV testing at regular intervals. Female sex workers (FSWs) are a priority population for HIV prevention interventions in many settings, but face barriers to accessing healthcare. Here, we assessed the acceptability of HIV self-testing for regular HIV testing during PrEP implementation among FSWs participating in a randomized controlled trial of HIV self-testing delivery models. Methods: We used data from two HIV self-testing randomized controlled trials with identical protocols in Zambia and in Uganda. From September-October 2016, participants were randomized in groups to: (1) direct delivery of an HIV self-test, (2) delivery of a coupon, exchangeable for an HIV self-test at nearby health clinics, or (3) standard HIV testing services. Participants completed assessments at baseline and 4 weeks. Participants reporting their last HIV test was negative were asked about their interest in various PrEP modalities and their HIV testing preferences. We used mixed effects logistic regression models to measure differences in outcomes across randomization arms at four weeks. Results: At 4 weeks, 633 participants in Zambia and 749 participants in Uganda reported testing negative at their last HIV test. The majority of participants in both studies were "very interested" in daily oral PrEP (91% Zambia; 66% Uganda) and preferred HIV self-testing to standard testing services while on PrEP (87% Zambia; 82% Uganda). Participants in the HIV self-testing intervention arms more often reported preference for HIV self-testing compared to standard testing services to support PrEP in both Zambia (P = 0.002) and Uganda (P < 0.001). Conclusion: PrEP implementation programs for FSW could consider inclusion of HIV self-testing to reduce the clinic-based HIV testing burden. Trial registration: ClinicalTrials.gov NCT02827240 and NCT02846402. © 2018 The Author(s).	Female sex workers; HIV self-testing; Pre-exposure prophylaxis; Uganda; Zambia	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Page, Matthew; Nicholls, Jane	PrEP: pre-exposure prophylaxis for HIV prevention	Trends in Urology & Men's Health	-	-	-	20443730	10.1002/tre.645	https://www.proquest.com/scholarly-journals/prep-pre-exposure-prophylaxis-hiv-prevention/docview/2075377045/se-2?accountid=8113	HIV pre-exposure prophylaxis (PrEP) is the use of antiretrovirals by HIV negative individuals to reduce the risk of HIV infection. In this article the authors give an overview of the evidence for PrEP among key populations and practical considerations regarding HIV and PrEP risk assessment, delivery and monitoring.	Pre-exposure prophylaxis; Prevention; Risk assessment; Human immunodeficiency virus--HIV; Preventive healthcare; Medical Sciences--Urology And Nephrology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Review
Article	2018	Palk L.; Gerstoft J.; Obel N.; Blower S.	A modeling study of the Danish HIV epidemic in men who have sex with men: travel, pre-exposure prophylaxis and elimination	Scientific Reports	-	-	-	20452322	10.1038/s41598-018-33570-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055616413&doi=10.1038%2fs41598-018-33570-0&partnerID=40&md5=8ba651bf3050adaa7237a5253b7a0727	UNAIDS has identified the Danish HIV epidemic in men who have sex with men (MSM) as a priority for elimination. Incidence is close to the elimination threshold of one new infection per year per 1,000 individuals. However, surveillance data show that HIV strains are being imported into Denmark, mainly due to travel. We use a transmission model to predict (from 2018 to 2030) the impact of pre-exposure prophylaxis (PrEP) on incidence. Our model reflects the current epidemic and diagnosis rates in the Danish MSM community. We conduct a sensitivity analysis based on 20,000 simulations, and assume that PrEP coverage could range from zero to 50% and diagnosis rates increase up to three-fold. We predict that incidence will fall below the elimination threshold, even without the introduction of PrEP, reaching 0.87 (median, 95% Confidence Interval: 0.65–1.23) new infections per 1,000 MSM by 2030. PrEP could reduce incidence to well below the threshold, if it results in a significant increase in diagnosis rates and reduces the number of infections occurring abroad. The Danish Medicine Agency and Danish Health Authority have recommended introducing PrEP. Our study provides strong support for this recommendation, and shows the importance of Danish MSM using PrEP when abroad. © 2018, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Paparini S.; Nutland W.; Rhodes T.; Nguyen V.-K.; Anderson J.	DIY HIV prevention: Formative qualitative research with men who have sex with men who source PrEP outside of clinical trials	PLOS One	-	-	-	19326203	10.1371/journal.pone.0202830	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052066458&doi=10.1371%2fjournal.pone.0202830&partnerID=40&md5=885d3ca76fb5166dd74a8935f3454054	Pre-exposure prophylaxis (PrEP) with antiretroviral medication is an effective, evidence-based option for HIV prevention. In England, issues of cost-effectiveness and of responsibility for commissioning prevention services have so far led National Health Service (NHS) England to decide not to commission PrEP. Given the significant lag between the awareness of PrEP efficacy and the opportunity to obtain PrEP through traditional health care routes, many gay and other men who have sex with men (MSM) have turned to 'DIY PrEP', purchasing generic formulations of PrEP for themselves on the internet or via other alternative routes. However, there is very little research on DIY PrEP practices and no qualitative study with DIY PrEP users in the UK. A formative qualitative study was conducted in 2017 to inform the development of an intervention (PrEP Club) to support DIY PrEP users and improve the safety and experience of this prevention strategy. Focus groups were held with 20 MSM who are based in London and are obtaining PrEP through means other than clinical trials, to explore their accounts of sourcing and using PrEP and the experiential meanings of these. In this article, we report findings from this first, formative study and present the different practices involved in finding out about PrEP, buying it and ascertaining legitimacy of sellers and products. We reflect on the uncertainties participants described related to actually using PrEP, including deciding on drug dosing and monitoring their health. Finally, we present the results of the discussions participants had about the kind of support they had received, the help they would have liked, and their views on proposed interventions to support DIY PrEP users, such as PrEP Club. © 2018 Paparini et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	switzerland	Western and Central Europe and North America	Qualitative

Article	2018	Parisi D.; Warren B.; Leung S.J.; Akkaya-Hocagil T.; Qin Q.; Hahn L.; Stevens L.	A Multicomponent Approach to Evaluating a Pre-exposure Prophylaxis (PrEP) Implementation Program in Five Agencies in New York	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10532390	10.1016/j.jana.2017.06.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021705003&doi=10.1016%2Fj.jana.2017.06.006&partnerID=40&md5=7c1d20c77079c6da42342f6b9b79924f	Research has shown that pre-exposure prophylaxis (PrEP) is effective for preventing HIV infection. We developed the Targeted PrEP Implementation Program (TPIP), an 18-month project that involved five statewide agencies, to assess the extent to which PrEP could be implemented in "real world" clinical settings. The target population was men who have sex with men at high risk for HIV infection. Data were collected from a variety of sources. Implementing PrEP statewide required facilitating provider capacity, developing resources, and identifying/addressing potential barriers. TPIP focused on three key questions: (a) Can providers identify and retain appropriate candidates for PrEP? (b) Can PrEP participants adhere to daily medication? (c) Can PrEP be delivered as part of a comprehensive/integrated plan? There were 171 participating clients, most of whom successfully incorporated PrEP into their daily routines. After addressing initial barriers, we found that PrEP could be routinely delivered as part of a comprehensive prevention plan. © 2017 Association of Nurses in AIDS Care	HIV prevention; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Parsons J.T.; John S.A.; Whitfield T.H.F.; Cienfuegos-Szalay J.; Grov C.	Human immunodeficiency virus/sexually transmitted infection counseling and testing services received by gay and bisexual men using pre-exposure prophylaxis at their last prep care visit	Sexually Transmitted Diseases	-	1685717	10.1097/OLQ.0000000000000880	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052260068&doi=10.1097%2FOLQ.0000000000000880&partnerID=40&md5=e5cebca887b437194dd45fe2c2b087b	Background Preexposure prophylaxis (PrEP) reduces risk of human immunodeficiency virus infection for many gay and bisexual men (GBM); however, bacterial sexually transmitted infections associated with decreasing condom use among users is of concern. Center for Disease Control and Prevention's guidelines for PrEP use recommend bacterial sexually transmitted infection screening every 6 months. We sought to investigate comprehensive PrEP care, defined as: (1) discussion of sexual behavior, (2) blood sample, (3) urine sample, (4) rectal sample (rectal swab), and (5) throat sample (throat swab), provided at the last PrEP care visit. Methods We used data from the 2017 National HIV Behavioral Surveillance System, a cross-sectional survey of GBM recruited using respondent-driven sampling. We used multivariable logistic regression to assess factors associated with receipt of comprehensive PrEP care (eg, race/ethnicity, age, education), recent number of condomless anal sex events, status as PrEP user, and health care provider type on receiving comprehensive care at last visit using fully adjusted binary logistic regression. Results At their last visit, nearly all men (94%) gave blood for testing, 88% provided a urine sample, and 73% discussed sexual behavior with their provider. However, only 51% reported having a rectal swab, and 48% an oral swab. Only 32% of men received comprehensive PrEP care at their last PrEP visit. Odds of receiving comprehensive care were significantly higher among younger men, men with a bachelor's degree or more education, and those who reported more condomless anal sex. Conclusions Less than one third of GBM received comprehensive human immunodeficiency virus/sexually transmitted infection counseling and testing at their last visit. These findings indicate further efforts are needed to promote health care providers for prescribing and managing patients on PrEP. © 2018 Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Pasipanodya, Elizabeth C; Jain, Sonia; Sun, Xiaoying; Blumenthal, Jill; Ellorin, Eric; Corado, Katya; Dube, Michael P; Daar, Eric S; Morris, Sheldon R; Moore, David J	Trajectories and Predictors of Longitudinal Preexposure Prophylaxis Adherence Among Men Who Have Sex With Men	Journal of Infectious Diseases	-	1537-6613	10.1093/infdis/jix368	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5455951/	Background: Adherence is necessary for efficacy of preexposure prophylaxis (PrEP), and text-messaging methods are promising tools for both adherence assessment and support. Although PrEP adherence is variable, little research has examined patterns of variability or factors associated with longitudinal use. Methods: In the context of a randomized controlled trial of text-messaging versus standard of care for PrEP adherence, 121 men who have sex with men received once-daily tenofovir disoproxil fumarate/emtricitabine and daily adherence texts for 48 weeks. Growth mixture modeling (GMM) was used to identify subgroups of individuals with similar trajectories of text-reported adherence. Between-group differences in pharmacologic measures of adherence (ie, tenofovir diphosphate and emtricitabine triphosphate in dried blood spots) and factors associated with class membership were evaluated. Results: GMM identified 3 adherence trajectories: consistently high (n = 70), moderate (n = 41), and low (n = 10). Higher text-reported adherence had higher drug concentrations. Younger age and minority race were associated with lower adherence, and individuals in classes with lower adherence had greater baseline levels of depression, substance use concerns, and sexual risk. Differences in study satisfaction were also associated with adherence. Conclusions: This study supports the use of text-reported PrEP adherence. Identifying factors associated with less-than-optimal adherence may aid clinicians in anticipating at-risk patients requiring augmented intervention. Clinical trial registration: NCT01701401.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Patel R.R.; Chan P.A.; Harrison L.C.; Meyer K.H.; Nunn A.; Mena L.A.; Powderly W.G.	Missed opportunities to prescribe HIV pre-exposure prophylaxis by primary care providers in Saint Louis, Missouri	LGBT Health	-	23258292	10.1089/lgbt.2017.0101	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046241074&doi=10.1089%2Flgbt.2017.0101&partnerID=40&md5=e80ddbdb2d7bc75253c362bd1418767e	Purpose: Optimal HIV pre-exposure prophylaxis (PrEP) scale-up in the United States requires prescribing by primary care providers (PCPs). We assessed barriers to patients obtaining PrEP from their PCPs. Methods: Patients seeking PrEP at an Infectious Diseases (ID) Clinic in St. Louis, Missouri from 2014 to 2016 were asked about demographics, sexual behaviors, whether PrEP was initially sought from their PCP, and barriers to obtaining PrEP from their PCP. Multivariable logistic regression was performed to identify predictors for having asked a PCP for PrEP. Results: Among 102 patients, the median age was 26 years, 58% were white, and 88% were men who have sex with men. Most (65%) had a PCP and, of these, 40% had asked their PCP for PrEP, but were not prescribed it. Most half (52%) reported that PCPs had adequate knowledge of PrEP, but only 18% felt PCPs were comfortable prescribing PrEP. Patients who had asked their PCP for PrEP were 3.5 times more likely (95% CI: 1.67-7.33) and those who had been in the last 3 months were less likely to ask for PrEP from their PCPs than others (Adjusted Odds Ratio: 0.07; 95% CI: 0.01-0.53). Eighty-three percent of patients were referred to a new PCP with whom they could feel more comfortable discussing PrEP. Conclusions: During initial PrEP implementations, ID specialists can play an important role in providing education and linking PrEP patients to PCPs. However, PCPs may need additional training about PrEP and how to provide culturally sensitive sexual healthcare, if widespread scale-up is to be effective in decreasing HIV incidence. © 2018 Mary Ann Liebert, Inc.	healthcare providers; HIV prevention; implementation; pre-exposure prophylaxis (PrEP); primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	Western and Central Europe and North America	Quantitative
Article	2018	Patel R.R.; Crone J.S.; López J.; Chan P.A.; Liu A.Y.; Tsoha R.; James A.S.	Pre-exposure prophylaxis for HIV prevention preferences among young adult African American men who have sex with men	PLOS One	-	19326203	10.1371/journal.pone.0209484	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059024864&doi=10.1371%2Fjournal.pone.0209484&partnerID=40&md5=804da4aeff5e7c9052017648a73dbc9d	Pre-exposure prophylaxis (PrEP) is effective in preventing HIV infections among men who have sex with men (MSM). PrEP uptake and adherence remain low and product preferences are unknown, especially among young African American MSM who are most at-risk. We conducted 24 qualitative interviews from 2014-2016 among young adult HIV-negative African American MSM regarding PrEP preferences, including pill vs. non-pill options. Most participants (n = 18) preferred daily oral pills to non-pill options. Participants described daily pills as more effective (n = 12) and more familiar (n = 6) than non-pill options. Participants also described daily oral pills as easier to use (n = 5) and more discreet (n = 4). Participants who preferred daily pills to non-pill options described their preference as a way to reduce the risk of HIV infection due to the inability to predict sex and the perception that inefficient time or medication would not achieve HIV protection with on-demand. A fear of needles and the perception that there would not be therapeutic levels for a long duration were concerns with injectable PrEP. Study findings highlight the need for a range of prevention options for African American MSM and can inform PrEP product development as well as dissemination and implementation efforts. Copyright: © 2018 Patel et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Patel R.R.; Powit R.; Harrison L.C.; Powderly W.G.; Chan P.A.	Tenofovir disoproxil fumarate as pre-exposure prophylaxis for HIV prevention in women with osteoporosis: A case report and review of the literature	Antiviral Therapy	-	13596535	10.3851/IMP3208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054107764&doi=10.3851%2FIMP3208&partnerID=40&md5=99ceba259ee814a52a0f20dcea91267	Pre-exposure prophylaxis (PrEP), using tenofovir disoproxil fumarate (TDF), can effectively prevent HIV acquisition. However, TDF can cause changes in bone mineral density (BMD). There is little information on the use of PrEP among patients with bone disease. We present a case report of a female with pre-existing osteoporosis who was prescribed PrEP. Over the course of 8 months of consistent PrEP use, verified by dried blood spot testing, we report a lack of BMD changes on serial dual-emission X-ray absorptiometry scans in this patient. This case can inform PrEP care for patients with pre-existing bone disease. ©2018 International Medical Press	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Patton R.M.; Beveridge K.R.; Mclendon R.; Mmeje O.	Improving PrEP Implementation Through Multilevel Interventions: A Synthesis of the Literature	AIDS and Behavior	-	10907165	10.1007/s10461-018-2184-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048601776&doi=10.1007%2Fs10461-018-2184-4&partnerID=40&md5=d7702713fc22387b1bd1f1f3e0e1f3e3	There are many challenges to accessing PrEP and then low uptake in the United States. This review (2007–2017) of PrEP implementation identified barriers to PrEP and interventions to match those barriers. The final set of articles (n = 47) included content on cognitive aspects of HIV service providers and individuals at risk for infection, reviews, and case studies. Cognitive barriers and interventions related to patients and providers included knowledge, attitudes, and beliefs about PrEP. The "pervert paradox" was identified as a key barrier. HIV specialists often do not see HIV-negative patients, while primary care providers (PCPs) do not see patients at risk for HIV. Structural barriers and interventions related to PrEP delivery, adherence, and persistence were also identified. Effective interventions to increase PrEP uptake, HIV stigma, transphobia, homophobia, and disparities across gender, racial, and ethnic groups were identified, but few interventions addressed these barriers. We recommend multilevel interventions targeting barriers at multiple socioecological domains. © 2018, The Author(s).	Continuum of care; HIV prevention; PrEP implementation; PrEP integrative review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Paton B.R.; Webb S.S.; Filippone P.; Choi C.J.; Wolf M.	Interprofessional collaboration and on-the-job training improve access to hiv testing, HIV primary care, and pre-exposure prophylaxis (PREP)	AIDS Education and Prevention	-	8999546	10.1521/aeap.2018.30.4.474	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060115262&doi=10.1521%2Faeap.2018.30.4.474&partnerID=40&md5=2e9a79f9d9383b721c1fdf107a2def4b	The HIV Continuum of Care is a global priority, yet vulnerable patients face access/retention challenges. Research is missing on the role social and public health service providers can play to help these patients. Using structural equation modeling, we examined the effects of interprofessional collaboration (IPC) and on-the-job training on the frequency of linkages to HIV testing, HIV primary care, and on pre-exposure prophylaxis (PrEP) psychoeducation. The sample included 285 New York City providers of social and public health services from 38 agencies. Fifty-eight percent of providers had not offered PrEP psychoeducation and linked fewer than five patients to HIV testing and primary care per week. However, in multivariate analysis higher IPC was associated with more linkages and frequent psychoeducation. After adjusting for IPC, linkage training was associated with more frequent services. The influence of specific factors highlights areas for intervention and policies to improve access to the HIV Continuum of Care. © 2018 The Guilford Press.	Care continuum; HIV primary care; HIV testing; Interprofessional collaboration; Linkages to care; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Patrick R.; Forsyth A.; Heinzelman J.; Garfein R.S.; Wertheim J.O.; Anderson E.J.; Bautista D.; Weiss G.; Lyons T.; Kerndt P.R.; Weiss R.E.; Shoptaw S.; Bolan R.K.; Rutherford G.; Raymond H.F.; Ostrow D.; Hilton B.; Flynn C.; Carlabossi D.; Grasso C.; Cruz M.; Gicquelais R.; Thomas K.; Edeza A.; Ober A.; Morris S.R.; Smith D.K.; Hall H.I.; Kilkenny M.; Branson B.; Dean H.; Scheer S.; McCray E.; Valleroy L.	Correction: Corrigendum: Correlates of Engagement in the First Year of Antiretroviral Therapy Among Persons Living with HIV in Seven Large US Cities	PLoS Medicine	-	15491676	10.1371/journal.pmed.1002599	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049966&doi=10.1371%2Fjournal.pmed.1002599&partnerID=40&md5=d1e1f1e1f1e1f1e1f1e1f1e1f1e1f1e1	[No abstract available]	[No author keywords available]	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Patterson A.S.; Hightow-Weidman L.B.; Muessig K.E.; Egger J.R.; Saleska J.L.; Fouts H.N.; Bauermeister J.A.; Wohl A.R.; Swann G.; Wilson E.; Tucker J.D.; Young S.D.; Cohen M.S.; Fiscus S.A.; Eron J.J.; Pilcher C.D.; Hoffman I.F.; Miller W.C.	Engaging African American young men who have sex with men in HIV prevention and care in the South: Results from the Outcomes Project	AIDS Patient Care and STDs	-	10872914	10.1089/apc.2018.0058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051027898&doi=10.1089%2Fapc.2018.0058&partnerID=40&md5=917a7d4dbdf6ea8fe81cfd0dca854bae	To optimize scale-up of pre-exposure prophylaxis (PrEP) for pregnant women at risk of HIV in high-HIV burden settings, implementation strategies must be developed that account for perceptions of PrEP in this unique population. Semistructured focus group discussions were conducted with 68 HIV-uninfected Kenyan pregnant and postpartum women without prior PrEP knowledge or experience. A qualitative discrepancy analysis was performed, using a constant comparison approach, to identify key themes related to the values and rationale underpinning potential PrEP use in pregnancy. Median age was 29.5 years and participants were either pregnant or had 1–2 children. Almost all (96%) were married or had a steady partner. Women felt pregnancy was a time of high HIV risk because they desired sex less frequently. Although women were concerned about potential adverse effects of PrEP on their pregnancy, they felt motivated to use PrEP to protect their partners from HIV and their children from maternal HIV infection. Male partners were perceived to be the primary source of HIV risk; among women tested negatively, including borrowing physically violent, if they discovered that women used PrEP. Clinicians were identified as potential facilitators of PrEP use who could explain PrEP to male partners on behalf of pregnant women. Women said that community-level stigma against HIV and potential for conflating PrEP with antiretroviral therapy (ART) would necessitate that PrEP not be discreet. Our results indicate the importance of addressing risk perception of women, concerns of male partners, HIV stigma, and benefits of PrEP for HIV prevention as programs are developed for pregnant women. © 2018, Mary Ann Liebert, Inc., publishers.	HIV; HIV prevention; Pre-exposure prophylaxis; Social media; Social media interventions; Social networking; Telemedicine	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Patel, Rena C; Leddy, Anna M; Odoyo, Josephine; Anand, Keerthana; Stanford-Moore, Gaelen; Walchungo, Imeldah; Bukusi, Elizabeth A; Baeten, Jared M; Brown, Joelle M	What motivates serodiscordant couples to prevent HIV transmission within their relationships: findings from a PrEP implementation study in Kenya	Culture, Health & Sexuality	-	13691058	10.1080/13691058.2017.1367421	https://www.proquest.com/scholarly-journals/what-motivates-serodiscordant-couples-prevent-hiv/docview/2055146113/se-2?accountid=9113	With the planned scale-up of pre-exposure prophylaxis (PrEP) for HIV prevention among serodiscordant couples in resource-limited settings, gaining an understanding of what motivates serodiscordant couples to prevent HIV is critical. We conducted 44 semi-structured, in-depth individual or couple interviews with 63 participants (13 HIV-infected and 30 HIV-uninfected participants) enrolled in a prospective implementation study of oral antiretroviral-based prevention in Kisumu, Kenya. Transcripts were iteratively analysed using inductive content analysis. Findings point to the importance of understanding the emotional and economic stability of the partnership and family as motivators in preventing HIV transmission. Female participants identified fear of blame or potential violence for transmitting HIV as a motivator for consistent condom use, while male participants emphasized the importance of HIV testing and knowledge of their partner's HIV status as motivators for PrEP use and condom use. These themes and motivations transcend gender norms but also reveal how gender interdependence challenges these norms. As programmes in resource-limited settings scale up PrEP delivery, they should simultaneously capitalize on HIV serodiscordant couples' motivations for HIV prevention and address gender norms so women do not feel themselves unduly responsible for the prevention of HIV transmission.	Women; Condoms; Antiretroviral therapy; Motivation; HIV/AIDS; HIV prevention; Kenya; Pre-exposure prophylaxis; Prevention; Implementation; Disease prevention; serodiscordant couples; Sociology; Content analysis; Qualitative research; Disease transmission; Preventive medicine; Couples; gender norms; Motivations; Human immunodeficiency virus--HIV; Prevention programs; Sex roles; Gender role; Blame; Interdependence	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Patel, Rupa R; Luke, Douglas A; Proctor, Enola K; Powderly, William G; Chan, Philip A; Meyer, Kenneth H; Harrison, Laura C; Dhand, Amar	Sex Versus Based Network Analysis to Identify HIV Prevention Dissemination Targets for Men Who Have Sex with Men	LGBT Health	-	23258292	10.1089/lgbt.2017.0018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048589164&doi=10.1089%2Flgbt.2017.0018&partnerID=40&md5=4bbdbe57aeb61ca19b1a6f65c4c45ae0	Purpose: The aim of this study was to identify sex versus-based networks among men who have sex with men (MSM) to inform HIV preexposure prophylaxis (PrEP) dissemination efforts. Methods: Using a cross-sectional sample, we interviewed MSM about the network material from whom they received sex and/or drugs in exchange for condom use and sex. We constructed network structure, central venues, and network subgroups. Results: Among 40 participants, the median age was 27 years, 49% were Black and 80% reported condomless anal sex (nAS). Analysis revealed a map of 34 virtual and physical venues with an overlap in the nAS and with condom anal sex (AS) venues. In the nAS network, virtual and physical locations were more dominant. The nAS venues reported by Blacks were more diffusely organized than those reported by Whites. Conclusion: The network structures of sex venues for at-risk MSM differed by race. Network information can enhance HIV prevention dissemination efforts among subpopulations, including PrEP implementation. © Copyright 2018, Mary Ann Liebert, Inc.	dissemination; implementation; men who have sex withmen; network analysis; preexposure prophylaxis for HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Pyra M.; Anderson P.L.; Hendrix C.W.; Heffron R.; Mugwanya K.; Haberer J.E.; Thomas K.K.; Celum C.; Donnell D.; Marzinke M.A.; Bukusi E.A.; Mugo N.R.; Andrasik S.; Katabira E.; Baeten J.M.	It's just an excuse to slut around': gay and bisexual mens' constructions of HIV pre-exposure prophylaxis (PrEP) as a social problem	Sociology of Health and Illness	-	1418989	10.1111/1467-9566.12765	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051137850&doi=10.1111%2F1467-9566.12765&partnerID=40&md5=ecb1562ca1745d7f86a259911e96e0	Since the 2012 FDA approval of HIV pre-exposure Prophylaxis (PrEP) as a method to prevent HIV, its uptake among gay and bisexual men has been met with conflict. Drawing on discussions of PrEP from focus groups with gay and bisexual men in New York City (N = 5 groups, n = 32 participants), we sought to make meaning of the moral debates surrounding PrEP and its associated medications. Grounded in the constructionist perspective on social problems, this case study focuses on the competing claims making activities gay and bisected men engage in when framing PrEP and PrEP users. As HIV prevention is a communicative endeavour, analysing the micro level problems work on PrEP provides key insight into the subcultural norms and values that shape sexual health practices and beliefs within gay and bisexual communities. © 2018 Foundation for the Sociology of Health & Illness	drugs/medication; HIV; sexual health; sexuality; social constructionism; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2018	Pyster, Ian	PrEP: the advent of pre-exposure prophylaxis	British Journal of Healthcare Assistants	-	1753-1586	10.12968/bjha.2018.12.12.602	https://www.proquest.com/scholarly-journals/prep-advent-pre-exposure-prophylaxis/docview/2195296425/se-2?accountid=9113	In 2015, the World Health Organisation (WHO) released a series of recommendations supporting the use of tenofovir-containing drugs as pre-exposure prophylaxis (PrEP) to prevent the acquisition of HIV (WHO, 2015). But the Food and Drug Administration (FDA) in the US had already approved oral PrEP in 2012 and after this approval, other countries followed suit, whereas the PrEP in Scotland is not accessible. In England, PrEP is being made available in 13 000 people as part of the Impact trial, which started in September 2017. Since July 2017, PrEP has been rolled out across Scotland. A three-year pilot began in Wales in July 2017, but is open to all Welsh residents through genitourinary medicine (GUM) clinics, with no cap on the number of people who can access it. All GUM clinics in Northern Ireland will be offering initial consultation and assessment appointments based at a centralised service in Belfast.	Pre-exposure prophylaxis; Antiretroviral drugs; England; Scotland; Disease prevention; Prep; Patient compliance; Wales; Patient education; Northern Ireland; Accessibility; Human immunodeficiency virus--HIV; United Kingdom--UK; Medical Sciences--Nurses And Nursing; Preventive healthcare; Drug administration; FDA approval; Nursing care; Reproductive medicine	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2018	Pyra P.; Su S.; Farley C.K.; Chu M.; Jang S.; Zhuang X.; Zhang L.	A Global Estimate of the Acceptability of Pre-exposure Prophylaxis for HIV Among Men Who Have Sex with Men: A Systematic Review and Meta-analysis	AIDS and Behavior	-	10907165	10.1007/s10461-017-1675-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85018940678&doi=10.1007%2Fs10461-017-1675-x&partnerID=40&md5=a7810fa57e4ba90a350911f8b1b5be582c	Understanding how women use PrEP is important for developing successful implementation programs. We hypothesized there are distinct patterns of adherence, related to HIV risk and other factors. We identified patterns of PrEP adherence and HIV risk behavior over the first 6 months of PrEP use, using data from 213 HIV-uninfected women in high-risk serodiscordant couples in a demonstration project in Kisumu, Kenya. Using data from electronic PrEP dosing monitors, we identified three adherence patterns: consistent (29%), inconsistent (57%), and declining (14%). Multivariable predictors of adherence patterns. There were four distinct adherence patterns: high steady adherence (35% of population), moderate steady (29%), low declining (9%), and early declining (9%). Sociodemographic characteristics significantly differed between adherence patterns. Adherence patterns differed in average weekly doses (6.7 vs 5.4 vs 4.1 vs 1.5, respectively). Two risk behavior groups were identified: steady HIV risk (78% of population) and declining (22%). Compared to women with declining HIV risk behavior, women with steady risk behavior were more likely to have high steady adherence (61% vs 35%) and less likely to have early (6% vs 17%) or late (4% vs 10%) declining adherence. Women's use of PrEP was associated with concurrent HIV risk behavior; higher risk was associated with higher, sustained adherence. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Africa; HIV; Patterns; Pre-exposure prophylaxis; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	Western and Central Europe and North America	Review
Article	2018	Pyra M.; Haberer J.E.; Heffron R.; Kidogaschi L.; Brown E.R.; Bukusi E.A.; Asiimwe S.; Celum C.; Katabira E.; Mugo N.R.; Baeten J.M.	Patterns of Oral PrEP Adherence and HIV Risk Among Eastern African Women in HIV Serodiscordant Partnerships	AIDS and Behavior	-	10907165	10.1007/s10461-018-2221-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049475084&doi=10.1007%2Fs10461-018-2221-3&partnerID=40&md5=e7b4d2e89c981000a926c4c7ae6e089	Background: Pre-exposure prophylaxis (PrEP) is efficacious for African women at risk for HIV, but data on adherence outside clinical trials are sparse. We describe the persistence and excretion of PrEP use among women participating in a large open-label PrEP demonstration project, particularly during periods of HIV risk. Setting and Methods: Three hundred ten HIV-uninfected women in HIV serodiscordant couples in Kenya and Uganda were offered and accepted PrEP. Electronic monitoring caps were used to measure daily PrEP adherence. Time on PrEP while at risk for HIV (when the HIV-infected partner was on antiretroviral therapy < 6 months) and weekly adherence while on PrEP were calculated and compared among older and younger (< 25 years old) women. Results: As desired above, women were at risk for HIV for 1.0 years (IQR = 0.5–1.5) while on PrEP. Adherence was high (median = 83%, IQR = 57–96%) and persistent (median = 1.0 years, IQR = 0.5–1.5). Fewer than 4 weeks 67% of weeks for women aged < 25 years, 89% of weeks for women aged ≥ 25 years ($P < 0.001$), and ≥ 4 doses for 68% of weeks 89% for those ≥25, 95% for those ≥ 25 ($P < 0.001$). Compared with historical, risk-matched controls, HIV incidence was reduced 93% (95% confidence interval: 77% to 98%) for all women and 91% (95% confidence interval: 29% to 99%) among women aged < 25 years. Conclusions: Women, including young women, in HIV serodiscordant couples took PrEP successfully over sustained periods of risk. Although young women had lower adherence than older women, they achieved strong protection, which suggests that women can align PrEP use to periods of risk and imperfect adherence can still provide substantial benefit. Copyright © 2017 The Author(s).	Adherence; HIV; PrEP; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Pyra M.; Haberer J.E.; Heffron R.; Kidogaschi L.; Brown E.R.; Bukusi E.A.; Asiimwe S.; Celum C.; Katabira E.; Mugo N.R.; Baeten J.M.	PrEP Use During Periods of HIV Risk Among East African Women in Serodiscordant Relationships	Journal of Acquired Immune Deficiency Syndromes	-	15254135	10.1097/QAI.0000000000001561	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038336458&doi=10.1097%2FQAI.0000000000001561&partnerID=40&md5=c787c6d063456f5b9d3654a045ea555b	Background: Pre-exposure prophylaxis (PrEP) is efficacious for African women at risk for HIV, but data on adherence outside clinical trials are sparse. We describe the persistence and excretion of PrEP use among women participating in a large open-label PrEP demonstration project, particularly during periods of HIV risk. Setting and Methods: Three hundred ten HIV-uninfected women in HIV serodiscordant couples in Kenya and Uganda were offered and accepted PrEP. Electronic monitoring caps were used to measure daily PrEP adherence. Time on PrEP while at risk for HIV (when the HIV-infected partner was on antiretroviral therapy < 6 months) and weekly adherence while on PrEP were calculated and compared among older and younger (< 25 years old) women. Results: As desired above, women were at risk for HIV for 1.0 years (IQR = 0.5–1.5) while on PrEP. Adherence was high (median = 83%, IQR = 57–96%) and persistent (median = 1.0 years, IQR = 0.5–1.5). Fewer than 4 weeks 67% of weeks for women aged < 25 years, 89% of weeks for women aged ≥ 25 years ($P < 0.001$), and ≥ 4 doses for 68% of weeks 89% for those ≥25, 95% for those ≥ 25 ($P < 0.001$). Compared with historical, risk-matched controls, HIV incidence was reduced 93% (95% confidence interval: 77% to 98%) for all women and 91% (95% confidence interval: 29% to 99%) among women aged < 25 years. Conclusions: Women, including young women, in HIV serodiscordant couples took PrEP successfully over sustained periods of risk. Although young women had lower adherence than older women, they achieved strong protection, which suggests that women can align PrEP use to periods of risk and imperfect adherence can still provide substantial benefit. Copyright © 2017 The Author(s).	Adherence; HIV; PrEP; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Qu D.; Zhong X.; Xiao G.; Dai J.; Lang H.; Huang A.	Adherence to pre-exposure prophylaxis among men who have sex with men: A prospective cohort study	International Journal of Infectious Diseases	-	-	12019712	10.1016/j.ijid.2018.08.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053052280&doi=10.1016%2Fj.ijid.2018.08.006&partnerID=40&md5=86e00f0b1162903c960d21181ccce1f0	Objective: To evaluate adherence to pre-exposure prophylaxis (PrEP) in a clinical trial of a population of men who have sex with men (MSM), to explore the influence of social psychology and objective factors (e.g., forgetting, too busy) on adherence, and to provide evidence for subsequent PrEP research. Methods: This study analyzed the data from the daily medication group within a PrEP study (a randomized placebo-controlled trial of oral tenofovir among MSM in Western China from April 2013 to March 2015). A total of 321 participants were analyzed. PrEP adherence was self-reported by the subjects at every 1-month follow-up visit for 24 months. AIDS-related information including HIV prevention, transmission, and treatment knowledge, as well as PrEP-related motivation (including perceived social motivation) and behavior skills, i.e., self-efficacy, were collected using questionnaires. The objective reasons for non-adherence were collected during face-to-face follow-up visits every 3 months after the participants reported non-adherence. Results: The mean age of the participants was 23.6 ± 3.2 years, and 94.7% were single. The generalized estimating equation (GEE) model was used to evaluate the IMB model. Results: The median adherence rate was 64.29%. During the follow-up period, the percentage of high adherence (≥80%) was 32.23%, intermediate adherence (adherence 40–80%) was 38.97%, and low adherence (adherence ≤40%) was 28.78%. The final IMB model showed that there was no significant correlation between adherence to PrEP and the psychological constructs: information, motivation, and behavior skills. The main objective reasons for non-adherence were 'forgetting to take medicine' (78.21%), 'too busy' (29.06%), 'worrying about side effects' (20.01%), and 'too much trouble' (18.44%). Conclusions: This study found no association between PrEP adherence and social psychological factors, and the main objective factor in non-adherence was forgetting to take the medicine. In the future, the MSM population could be reminded to take their medicine regularly using electronic devices, which may improve PrEP adherence to some extent and may further reduce the incidence of HIV. The strategy to improve PrEP adherence requires further study. © 2018 The Authors	Information motivation behavior skills model; Medication compliance; Men who have sex with men; Pre-exposure prophylaxis; Structure equation model	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	NA	NA	Clinical
Article	2018	Quade M.; Vickerman P.; Maman S.; Eakle R.; Cabrera-Escobar M.A.; Delany-Moretlwe S.; Terris-Prestholt F.	The effect of HIV prevention products on incentives to supply condomless commercial sex among female sex workers in South Africa	Health Economics	-	-	10579230	10.1002/hec.3784	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052735768&doi=10.1002%2Fhec.3784&partnerID=40&md5=540c6ea29c7da3705e5a2b286276	Evidence suggests that economic factors play an important role in commercial sex work, in particular that condomless sex commands a price premium relative to condom-protected sex. This paper explores how the introduction of HIV prevention products may affect the price premium for condomless sex and the number of condomless commercial sex acts supplied. Data from a discrete choice experiment collected stated preference data from 122 HIV-negative female sex workers in urban South Africa, using a repeated choice experiment to simulate the impact of using PrEP on choices. Results suggest that the price premium for condomless sex would decrease by 73% with PrEP use and the quantity of condomless sex is predicted to decrease by a factor of 2.27. Art price does not significantly affect choices without protection but strongly influences choices under full HIV protection. The utility offered by condoms reduces by around 15% under PrEP use. Because new HIV prevention products do not protect against other STIs or pregnancy, the unintended consequences of introducing HIV prevention products should be closely monitored, whereas users should not face stigma or blame for reacting rationally to exogenous changes to market conditions. © 2018 The Authors. Health Economics published by John Wiley & Sons Ltd.	condom differential; economics of sex work; HIV prevention; risk compensation; South Africa	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative

Article	2018	Quaife, Matthew; Terris-Prestholt, Fern; Eakle, Robyn; Cabrera Escobar, Maria A; Kilbourne-Brook, Maggie; Mvundura, Mercy; Meyer-Rath, Gesine; Delany-Moretlwe, Sinead; Vickerman, Peter	The cost-effectiveness of multi-purpose HIV and pregnancy prevention technologies in South Africa.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25064	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851344	INTRODUCTION: A number of antiretroviral HIV prevention products are efficacious in preventing HIV infection. However, the sexual and reproductive health needs of many women extend beyond HIV prevention, and research is ongoing to develop multi-purpose prevention technologies (MPTs) that offer dual HIV and pregnancy protection. We do not yet know if these products will be an efficient use of constrained health resources. In this paper, we estimate the cost-effectiveness of combinations of candidate multi-purpose prevention technologies (MPTs), in South Africa among general population women and female sex workers (FSWs). METHODS: We combined a cost model with a static model of product impact based on incidence data in South Africa to estimate the cost-effectiveness of five candidate co-formulated or co-provided MPTs: oral PrEP, intravaginal ring, injectable ARV, microbicide gel and SILCS diaphragm used in concert with gel. We accounted for the preferences of end-users by predicting uptake using a discrete choice experiment (DCE). Product availability and protection were systematically varied in five potential rollout scenarios. The impact model estimated the number of infections averted through decreased incidence due to product use over one year. The comparator for each scenario was current levels of male condom use, while a health system perspective was used to estimate discounted lifetime treatment costs averted per HIV infection. Product benefit was estimated in disability-adjusted life years (DALYs) averted. Benefits from contraception were incorporated through adjusting the uptake of these products based on the DCE and through estimating the costs averted from avoiding unwanted pregnancies. We explore the additional impact of STI protection through increased uptake in a sensitivity analysis. RESULTS: At central incidence rates, all single- and multi-purpose scenarios modelled were cost-effective among FSWs and women aged 16-24, at a governmental willingness-to-pay threshold of $1175/DALY averted (range: $214-$810/DALY averted among non-dominant scenarios), however, none were cost-effective among women aged 25-49 (minimum $1706/DALY averted). The cost-effectiveness of products improved with additional protection from pregnancy. Estimates were sensitive to variation in incidence assumptions, but robust to other parameters. CONCLUSIONS: To the best of our knowledge, this is the first study to estimate the cost-effectiveness of a range of potential MPTs; suggesting that MPTs will be cost-effective among higher incidence FSWs or young women, but not among lower incidence older women. More work is needed to make attractive MPTs available to potential users who could use them effectively.	HIV prevention; South Africa; discrete choice experiments; key populations; multi-purpose prevention; pre-exposure prophylaxis.	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Queiroz A.A.F.L.N.; Sousa ÁF.L.; Matos M.C.B.; Araújo T.M.E.; Reis R.K.; Moura M.E.B.	Conhecimento sobre HIV/aids e implicações no estabelecimento de parcerias entre usuários do Hornet®	Revista Brasileira de Enfermagem	-	-	-	-	347167	10.1590/0034-7167-2017-0409	https://www.scielo.br/j/reben/a/PyBqZpdh7gDkCGyp8XFr8Tf/?lang=pt	Objetivo: avaliar o conhecimento de homens que fazem sexo com homens usuários de aplicativo de encontro baseado em geolocalização, sobre o HIV/aids e implicações no estabelecimento de parcerias. Método: estudo descritivo, com 30 usuários do Hornet®. Os depoimentos gerados tiveram tratamento estatístico no software IRaMuTeQ, analisados pela Classificação Hierárquica Descendente. Resultados: A frequência sexual nos últimos 30 dias foi de 2,9 parceiros, sendo 2,1 conhecidos pelo aplicativo, dos quais 63,3% relataram sexo sem camisinha. Obtiveram-se quatro classes: Conhecimento sobre medidas de prevenção do HIV/aids; PrEP/truvada como medida de prevenção do HIV/aids; Comportamentos vulneráveis em relação à infecção pelo HIV; Estabelecimento de parcerias sexuais pelos aplicativos. Conclusão: Usuários do Hornet® possuem conhecimento insuficiente sobre medidas de prevenção do HIV, principalmente quando se descarta o preservativo masculino. As relações estabelecidas pelo aplicativo são permeadas por alta vulnerabilidade individual e comportamentos que têm potencial de exposição ao risco de infecção pelo HIV.	Homossexualidade Masculina; HIV; Síndrome de Imunodeficiência Adquirida; Comportamento Sexual; Aplicativos Móveis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2018	Raifman J.; Nunn A.; Oldenburg C.E.; Montgomery M.C.; Almonte A.; Agwu A.L.; Arrington-Sanders R.; Chan P.A.	An Evaluation of a Clinical Pre-Exposure Prophylaxis Education Intervention among Men Who Have Sex with Men	Health Services Research	-	-	-	-	179124	10.1111/1475-6773.12746	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85026418873&doi=10.1111%2f1475-6773.12746&partnerID=40&md5=debadc4131e92b96464849ed34d1d642	Objective: To evaluate the impact of an HIV pre-exposure prophylaxis (PrEP) education intervention on PrEP awareness and use among men who have sex with men (MSM) attending a sexually transmitted diseases (STD) clinic. Data Sources/Study Setting: Men who have sex with men STD clinic patients. Study Design: We estimated a difference-in-differences linear regression model, comparing MSM whose first visit to the clinic was before ("control") or after ("treatment") intervention implementation and controlling for patient. Data Collection/Extraction: We used self-reported data on PrEP awareness and use from STD clinic intake forms. Principal Findings: Pre-exposure prophylaxis awareness between first and second clinic visits increased 27.2 percentage points (pp) in the treatment group, relative to 13.7 pp in the control group. Similarly, PrEP use increased 7.1 pp in the treatment group versus 2.4 pp in the control group. Based on adjusted estimates, the PrEP intervention increased PrEP awareness by 24 pp (p <.01) and PrEP use by 5 pp (p =.01), increases of 63 percent and 159 percent relative to the 6 months prior to the intervention. Conclusion: A brief, scalable STD clinic PrEP education intervention led to significantly increased PrEP awareness and use among MSM. Health care providers should consider implementing brief PrEP education interventions in sexual health care settings. © Health Research and Educational Trust	health education; Human immunodeficiency virus; intervention; PrEP; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Ramirez, Viani; Han, Emily; Stoltey, Julie; Nguyen, Trang Q; Pathela, Preeti; Tourdot, Laura; Walters, Jaime; Bell, Teal; Torrone, Elizabeth; Stenger, Mark	Prescription of Preexposure Prophylaxis to Men Who Have Sex With Men Diagnosed and Reported With Gonorrhea, STD Surveillance Network, 2016.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000000812	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6778958	Using a representative sample of gonorrhea cases in select jurisdictions, we estimated the proportion of eligible men who have sex with men reporting being prescribed preexposure prophylaxis (PrEP) to prevent HIV infection. In 2016, half (51.3%) of the estimated 33,165 eligible men who have sex with men reported being prescribed PrEP by their health care provider.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Rana, Jayoti; Wilton, James; Fowler, Shawn; Hart, Trevor A; Bayoumi, Ahmed M; Tan, Darrell H S	Trends in the awareness, acceptability, and usage of HIV pre-exposure prophylaxis among at-risk men who have sex with men in Toronto	Canadian Journal of Public Health	-	-	-	-	84263	10.17269/s41997-018-0064-3	https://www.proquest.com/scholarly-journals/trends-awareness-acceptability-usage-hiv-pre/docview/2255738456/se-2?accountid=8113	ObjectivesPre-exposure prophylaxis (PrEP) with daily oral tenofovir/emtricitabine dramatically reduces HIV risk in men who have sex with men (MSM). However, uptake is slow worldwide.MethodsWe administered anonymous cross-sectional questionnaires to MSM presenting for anonymous HIV testing at a Toronto sexual health clinic at four successive time points during the period 2013–2016. We assessed trends in PrEP awareness, acceptability, and use over time using the Cochran-Armitage Trend Test, and identified barriers to using PrEP by constructing "PrEP cascades" using 2016 data. We assumed that to use PrEP, MSM must (a) be at risk for HIV, (b) be at objectively high risk (HIRI-MSM score ≥ 10), (c) perceive themselves to be at medium-to-high risk, (d) be aware of PrEP, (e) be willing to use PrEP, (f) have a family doctor, (g) be comfortable discussing sexual health with that doctor, and (h) have drug coverage/be willing to pay out of pocket.ResultsMSM participants were mostly white (54–59.5%), with median age 31 years (IQR = 26–38). PrEP awareness and use increased significantly over time (both p < 0.0001), reaching 91.3% and 5.0%, respectively, in the most recent wave. Willingness to use PrEP rose to 56.5%, but this increase did not reach statistical significance (p = 0.06). The full cascade, ABCDEFGH, suggested few could readily use PrEP under current conditions (11/400 = 2.8%). The largest barriers, in descending order, were low self-perceived HIV risk, unwillingness to use PrEP, and access to PrEP providers.ConclusionTo maximize its potential public health benefits, PrEP scale-up strategies must address self-perceived HIV risk and increase access to PrEP providers.Resumo alternativo:ObjectifsLa prise quotidienne de ténofovir et d'emtricitabine à titre de prophylaxie pré-exposition (PPrE) orale réduit considérablement le risque de contracter le VIH chez les hommes ayant des relations sexuelles avec des hommes (HARSAH). L'adoption de cette PPrE à l'échelle mondiale est toutefois lente.MéthodeNous avons fait passer des questionnaires transversaux anonymes à des HARSAH s'étant présentés pour un dépistage anonyme du VIH dans une clinique de santé sexuelle de Toronto à quatre moments consécutifs entre 2013 et 2016. Nous avons évalué les tendances liées à la connaissance, à l'acceptabilité et à l'utilisation de la PPrE au fil du temps à l'aide du test de tendance de Cochran-Armitage et déterminé les obstacles à l'utilisation de la PPrE en construisant des « cascades de PPrE » avec les données de 2016. Nous avons présumé que pour utiliser la PPrE, les HARSAH doivent: (a) être à risque de contracter le VIH, (b) courir un risque objectivement élevé (note ≥ 10 sur l'échelle HIRI-MSM), (c) se percevoir comme courant un risque moyen à élevé, (d) connaître la PPrE, (e) être disposés à utiliser la PPrE, (f) avoir un médecin de famille, (g) être à l'aise de parler de santé sexuelle avec ce médecin, et (h) avoir une assurance-médicaments ou être disposés à défrayer le coût des médicaments.RésultatsLes HARSAH participants étaient en majorité de race blanche (54% à 59,5%) et avaient un âge médian de 31 ans (écart interquartile 26–38). Leur connaissance et leur utilisation de la PPrE a sensiblement augmenté au fil du temps (p < 0,0001 dans les deux cas), pour atteindre 91,3% et 5% respectivement au cours du cycle le plus récent. Leur volonté d'utiliser la PPrE est passée à 56,5%, mais cette hausse n'était pas statistiquement significative (p = 0,06). La cascade complète, ABCDEFGH, montre que peu d'entre eux pouvaient facilement utiliser la PPrE dans leur situation actuelle (11/400 = 2,8%). Les plus grands obstacles, en ordre descendant, étaient le faible risque autoperçu de contracter le VIH, la réticence à utiliser la PPrE et le manque d'accès aux dispensateurs de la PPrE.ConclusionPour en maximiser les bienfaits éventuels pour la santé publique, les stratégies de mise à l'échelle de la PPrE doivent tenir compte de l'autoperception du risque de contracter le VIH et élargir l'accès aux dispensateurs de la PPrE.	Tenofovir; Emtricitabine; HIV; Canada; Risk; HIV prevention; Pre-exposure prophylaxis; VIH; Men who have sex with men (MSM); Men; Men who have sex with men; Public health; Prophylaxis; Risk perception; Exposure; Awareness; Questionnaires; Trends; Studies; Acceptability; Barriers; Perceptions; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Clinics; Health risks; Antiviral drugs; Toronto Ontario Canada; Physical Fitness And Hygiene; Cascades; Prophylaxie pré-exposition; Hommes ayant des relations sexuelles avec des hommes (HARSAH); Prévention du VIH	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2018	Ransome Y.; Bogart L.M.; Nunn A.S.; Mayer K.H.; Sadler K.R.; Ojikutu B.O.	Faith leaders' messaging is essential to enhance HIV prevention among black Americans: Results from the 2016 National Survey on HIV in the black community (NSHBC).	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-018-6301-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058875109&doi=10.1186%2fs12889-018-6301-0&partnerID=40&md5=bd82ae189079dd195abf878473188305	Background: To investigate whether religious service attendance and faith leaders' messages about HIV and same-sex relationships are associated with acceptance of HIV prevention strategies. Methods: Multivariable Poisson regression assessed whether attending religious services, faith leaders' messages about HIV and same-sex relationships, and supportiveness of those messages were associated with HIV testing, as well as knowledge of and willingness to use pre-exposure prophylaxis (PrEP) among 868 Black Americans 45% men; M (SD) = 34 (9) years-old in the 2016 National Survey on HIV in the Black Community, USA. Results: Participants who reported attending services weekly and/or hearing faith leaders' messages that were supportive of same-sex relationships had a significantly higher likelihood of willingness to use PrEP (adjusted Rate RatioARR = 1.76; 95% confidence interval CI = 1.09, 2.48) and aRR = 2.19; 95% CI = 1.35, 3.55, respectively), independent of HIV risk. Homophobia was significantly associated with higher likelihood of being aware of PrEP and testing for HIV testing in the past 12 months. Conclusions: Faith leaders' messaging can influence Black Americans' perceptions and uptake of HIV prevention strategies. Faith institutions and faith leaders should be involved in designing and disseminating HIV prevention strategies. © 2018 The Author(s).	African-American; Black American; Black Church; Faith Leaders; HIV prevention; pre-exposure prophylaxis; PrEP; Religion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Reed J.B.; Patel R.R.; Baggaley R.	Lessons from a decade of voluntary medical male circumcision implementation and their application to HIV pre-exposure prophylaxis scale up	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462418787896	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052606940&doi=10.1177%2f0956462418787896&partnerID=40&md5=8ed54438787daef8add408b91a338b5d	Oral pre-exposure prophylaxis (PrEP) has the ability to curb HIV incidence worldwide and bring us closer to ending the HIV epidemic. Scale up of PrEP service delivery has many similar challenges to those faced by voluntary medical male circumcision (VMMC) services roll-out. This article outlines ten important lessons learned during the scale up of VMMC services in sub-Saharan Africa and their application to current oral PrEP implementation efforts to promote faster expansion for public health impact. © The Author(s) 2018.	90–90–90 targets; antiretrovirals; HIV prevention; implementation; Male circumcision; oral PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Reidy M.; Gardiner E.; Pretorius C.; Glaubius R.; Torjesen K.; Kripke K.	Evaluating the potential impact and cost-effectiveness of dapivirine vaginal ring pre-exposure prophylaxis for HIV prevention	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0218710	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068897129&doi=10.1371%2fjournal.pone.0218710&partnerID=40&md5=e8c0004d005453d2375345949806e5a2	Background Expanded HIV prevention options are needed to increase uptake of HIV prevention among women, especially in generalized epidemics. As the dapivirine vaginal ring moves forward through regulatory review and open-label extension studies, the potential public health impact and cost-effectiveness of this new prevention method are not fully known. We used mathematical modeling to explore the impact and cost-effectiveness of the ring in different implementation scenarios alongside scale-up of other HIV prevention interventions. Given the knowledge gaps about key factors influencing the ring's implementation, including potential uptake and delivery costs, we engaged in a stakeholder consultation process to elicit plausible parameter ranges and explored scenarios to identify the possible range of impact, cost, and cost-effectiveness. Methods and findings We used the Goals model to simulate scenarios of oral and ring pre-exposure prophylaxis (PrEP) implementation among female sex workers and among other women 21 years or >21 years with multiple male partners, in Kenya, South Africa, Uganda, and Zimbabwe. In these scenarios, we varied antiretroviral therapy (ART) coverage, dapivirine ring coverage and ring effectiveness (encompassing efficacy and adherence) by risk group. Following discussions with stakeholders, the maximum level of PrEP coverage (oral and/or ring) considered in each country was equal to modern contraception use minus condom use in the two age groups. We assessed results for 18 years, from 2018 to 2035. In South Africa, for example, the HIV infections averted by PrEP (ring plus oral PrEP) ranged from 310,000 under the highest-impact scenario (including ART held constant at 2017 levels, high ring coverage, and 85% ring effectiveness) to 55,000 under the lowest-impact scenario (including ART reaching the UNAIDS 90-90-90 targets by 2020, low ring coverage, and 30% ring effectiveness). This represented a range of 6.4% to 2.2% of new HIV infections averted. Given our assumptions, the addition of the ring results in 11% to 132% more impact than oral PrEP alone. The cost per HIV infection averted for the ring ranged from US$13,000 to US$121,000. Conclusions This analysis offers a wide range of scenarios given the considerable uncertainty over ring uptake, consistency of use, and effectiveness, as well as HIV testing, prevention, and treatment use over the next two decades. This could help inform donors and implementers as they decide where to allocate resources in order to maximize the impact of the dapivirine ring in light of funding and implementation constraints. Better understanding of the cost and potential uptake of the intervention would improve our ability to estimate its cost-effectiveness and assess where it can have the most impact. © 2019 Reidy et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2018	Rein-Weston, A; Kilbourne-Brook, M; Creelman, B; Saxon, G; Frivold, C; Delarosa, J; Moyo, Y; Mukabi, J; Kariithi, E; Katuntu, D; Jarrahian, C; Donnellly, R; Zehrung, D	Microarray Patches (MAPs) for Delivery of Long-acting HIV PrEP and Contraception	AIDS Research and Human Retroviruses	-	-	-	-	0889-2229	10.1093/ofid/ofz415.2491	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6809612/	The purpose of this research was to develop a microarray patch (MAP; also known as a microneedle patch) for delivery of long-acting cabotegravir (CAB LA) for HIV pre-exposure prophylaxis (PrEP) and co-delivery of long-acting CAB LA and a hormonal contraceptive to enable a future multi-purpose technology. This abstract presents preclinical pharmacokinetic results of MAP delivery of CAB LA.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2018	Rendina H.J.; Parsons J.T.	Factors associated with perceived accuracy of the Undetectable = Untransmittable slogan among men who have sex with men: Implications for messaging scale-up and implementation: Implications	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25055	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85041375072&doi=10.1002%2fjia2.25055&partnerID=40&md5=f8315b39b17a6f1da0e7ebc3d6387ae9	Introduction: Recent research has shown high efficacy of HIV treatment for reducing the risk of HIV transmission to sexual partners. As the efficacy of treatment as prevention (TasP) has proliferated, a new messaging campaign, Undetectable = Untransmittable, has been gaining popularity. The purpose of this paper was to assess factors associated with the perceived accuracy of this TasP messaging strategy among a large and diverse sample of gay, bisexual, and other men who have sex with men (GBMSM) in order to inform subsequent efforts at large-scale and implementation of the HIV prevention message. Methods: We conducted a nationwide survey of GBMSM in the U.S. recruited from an online social networking site and a mobile sexual networking app. We analysed data from 12,222 GBMSM separately by HIV status to examine sociodemographic and behavioural factors associated with ratings of the accuracy of the Undetectable = Untransmittable message, which included the option to indicate not understanding what "undetectable" meant. Results: Among HIV-negative and unknown men, multivariable linear regression indicated that being on pre-exposure prophylaxis (PrEP), identifying as gay or queer (versus bisexual or straight), recent serodiscordant condomless anal sex (CAS), testing every six months or more often, less concern about sexually transmitted infection (STI) infection, and lower perceived risk of HIV infection were the factors with the largest independent effect on rating the Undetectable = Untransmittable statement as more accurate. Fewer factors emerged as associated with accuracy ratings among HIV-positive participants - reporting an undetectable viral load, a lifetime acquired immune deficiency syndrome (AIDS) diagnosis, and lower concern about STI infection were the factors most strongly associated with rating the statement as more accurate. Conclusions: The findings of the current study highlight variability in the perceived accuracy of the Undetectable = Untransmittable message, suggesting potential subgroups who might benefit from targeted educational campaigns, perhaps broadcast utilizing sexual networking apps. Numerous factors, particularly among HIV-negative and unknown GBMSM, were associated with rating the message as more accurate. In particular, being on PrEP and testing regularly were two of the variables most strongly associated with higher accuracy ratings among HIV-negative GBMSM, suggesting HIV prevention services as potential points of intervention for increasing HIV knowledge and decreasing HIV stigma. © 2018 The Authors. Journal of the International AIDS Society published by John Wiley & sons Ltd on behalf of the International AIDS Society.	men who have sex with men; public health; risk factors; treatment as prevention; viral load	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Restar A.J.; Kuhns L.; Reisner S.L.; Ogunbajo A.; Garofalo R.; Mimiaga M.J.	Acceptability of Antiretroviral Pre-exposure Prophylaxis from a Cohort of Sexually Experienced Young Transgender Women in Two U.S. Cities	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2127-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055623564&doi=10.1007%2fs10461-018-2127-0&partnerID=40&md5=be057f468ea590af3f3816c70d2f7131	Emtricitabine/tenofovir disoproxil fumarate as pre-exposure prophylaxis (PrEP) can prevent HIV infection among at-risk individuals, including young transgender women (YTW). We used baseline data from 230 HIV-uninfected YTW (ages 16–29 years) who were enrolled in Project LifeSkills during 2012–2015. We examined factors associated with perceived acceptability of PrEP use (mean score = 23.4, range 10.0–30.0). Participants were largely transgender women of color (67%) and had a mean age of 23 years (SD = 3.5). In an adjusted multiple linear regression model, PrEP interest (β = 3.7, 95% CI 2.2–5.2) and having a medical provider who meets their health needs (β = 2.9, 95% CI 1.3–4.4) was associated with higher PrEP acceptability scores, whereas younger age (21–25 vs 26–29 years) (β = −2.0, 95% CI − 3.6 to − 0.4) and reporting transactional sex in the past 4 months (β = − 1.5, 95% CI − 3.0 to − 0.1) was associated with lower PrEP acceptability scores (all p values < 0.05). Enhancing PrEP-related interventions by addressing the unique barriers to uptake among YTW of younger age or those with history of transactional sex could bolster PrEP acceptability for this population. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Pre-exposure prophylaxis; Transgender women; Young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Revill, Paul; Dwyer, Ellen	Pre-exposure prophylaxis is cost-effective for HIV in the UK.	The Lancet Infectious Diseases	-	-	-	-	1474-4457	10.1016/S1473-3099(17)30594-7	https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30594-7/abstract	At the International AIDS Society (IAS) conference in Paris, France, in July, 2017, new data were presented showing a large reduction in HIV diagnoses in the UK's largest sexual health clinic. 56 Dean Street in Soho (London, UK) saw a 42% drop in new diagnoses between 2015 and 2016. Similarly promising findings were reported in studies of clinics in France and Australia. This reduction is likely to be due to increased testing, earlier diagnosis, and immediate initiation onto HIV treatment at diagnosis, as well as increased availability of pre-exposure prophylaxis (PrEP) for HIV. To read this article in full you will need to make a payment	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Reyes-Urueña, J; Campbell, C; Diez, E; Ortún, V; Casabona, J	Can we afford to offer pre-exposure prophylaxis to MSM in Catalonia? Cost-effectiveness analysis and budget impact assessment	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2017.1417528	https://www.proquest.com/scholarly-journals/can-we-afford-offer-pre-exposure-prophylaxis-msm/docview/2024041445/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) effectiveness has been well established. This study aims to assess the cost-effectiveness of providing PrEP, estimate the number of eligible MSM, and its budget impact in Catalonia. Cost-effectiveness analysis compared costs of on daily basis and "on demand" PrEP to prevent one infection with lifetime costs of one HIV infection. We estimated the total cost of providing PrEP by estimating number of eligible MSM, and included in the budget impact assessment antiretroviral and laboratory costs. Costs were lower for the on-demand PrEP group by Euro64015.1 and the incremental benefit was nearly 15 life-years and 17 quality-adjusted life-years gained. The incremental cost-effectiveness ratio (ICER) was cost-effective at Euro6281.62 when undiscounted PrEP was given daily. On-demand PrEP can be considered cost-saving in 20 years if the price is reduced by 90%. The number of eligible MSM in Catalonia ranges from 5,989 to 10,972. At current antiretroviral costs, the annual cost would range between Euro25.3-46.7 million/year (on demand PrEP), and Euro42.9-78.7 million/year (daily basis PrEP). PrEP is most cost-effective if targeted towards groups with high incidence rates of over 3%/year. Beneficial ICER depends on reducing the current price of Truvada® and ensuring that effectiveness is maintained at high levels.	HIV; Spain; Antiretroviral therapy; Pre-exposure prophylaxis; cost-effectiveness; pre-exposure prophylaxis; Antiretroviral drugs; Budgets; Infections; Disease prevention; Prophylaxis; Exposure; budget impact assessment; Cost-effectiveness analysis; Cost analysis; Catalonia; Costs; Antiretroviral agents; Human immunodeficiency virus--HIV; Gays & lesbians; Medical Sciences--Psychiatry And Neurology; Demand; Impact analysis; Budgeting; Catalonia Spain	English	United Kingdom	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2018	Reyniers T.; Nöstlinger C.; Laga M.; De Baetselier I.; Crucitti T.; Wouters K.; Smekens B.; Buyze J.; Vuylsteke B.	Choosing between daily and event-driven pre-exposure prophylaxis: Results of a Belgian PrEP demonstration project	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001791	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056119133&doi=10.1097%2fQAI.0000000000001791&partnerID=40&md5=9fc92a1b54c1cc55f568d1f04f6fdeff	Background: Daily pre-exposure prophylaxis and event-driven pre-exposure prophylaxis (PrEP) are efficacious in reducing HIV transmission among men who have sex with men (MSM). We analyzed baseline data from a PrEP demonstration project "Be-PrEPared" in Antwerp, Belgium, to understand preferences for daily PrEP or event-driven PrEP among MSM at high risk of HIV and factors influencing their initial choice. Methods: Cross-sectional data from an open-label prospective cohort study, using mixed methods. Participants who preregistered online were screened for eligibility and tested for sexually transmitted infections (STIs). Eligible participants chose between daily PrEP and event-driven PrEP and reported on behavioral data through an electronic questionnaire. In-depth interviews were conducted with a selected subsample. Bivariate associations were examined between preferred PrEP regimens and sociodemographic factors, sexual behavior, and STIs at screening. Results: In total, 200 participants were enrolled between October 2015 and December 2016. Self-reported levels of sexual risk-taking before enrollment were high. STI screening revealed that 39.5% had at least 1 bacterial STI. At baseline, 76.5% of participants preferred daily PrEP and 23.5% event-driven PrEP. Feeling able to anticipate HIV risk was the most frequent reason for preferring event-driven PrEP. Regimen choice was associated with sexual risk-taking behavior in the past 3 months. Almost all participants (95.7%) considered it likely that they would change their dosing regimen the following year. Conclusion: Event-driven PrEP was preferred by 23.5% of the participants, which better suits their preventive needs. Event-driven PrEP should be included in PrEP provision as a valuable alternative to daily PrEP for MSM at high risk of HIV. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Daily PrEP; Event-driven PrEP; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Mixed methods
Article	2018	Reyniers, Thijs; Vuylsteke, Bea; Pirotte, Benoit; Hoornenborg, Elske; Bil, Janneke P; Wouters, Kristien; Laga, Marie; Nöstlinger, Christiana	Physicians' preparedness for pre-exposure prophylaxis: results of an online survey in Belgium.	Sexual Health	-	-	-	-	1448-5028	10.1071/SH18072	https://dx.doi.org/10.1071/SH18072	Background Physicians have a crucial role in the implementation and scale up of pre-exposure prophylaxis (PrEP). The objective of this study is to examine Belgian physicians' PrEP knowledge, concerns, acceptance and their willingness to prescribe PrEP. METHODS: A cross-sectional online survey was conducted between March and June 2016. Dissemination targeted Belgian primary care physicians (PCPs) and HIV specialists. Sociodemographic characteristics, experience with HIV and PrEP, self-assessed PrEP knowledge, concerns about PrEP, and PrEP acceptance were stratified according to professional background. Associations with willingness to prescribe PrEP were examined using univariable and multivariable binary logistic regression analyses. RESULTS: In total, 333 completed surveys were included in the analysis. Sixty-two physicians (18.6%) scored their knowledge of PrEP to be good, 263 (79.0%) had an accepting attitude towards PrEP and 198 (59.5%) were willing to prescribe PrEP if approved in Belgium. HIV specialists consistently reported having better knowledge of PrEP, less concerns and a more accepting attitude towards PrEP than PCPs. In multivariable logistic regression analysis, higher PrEP knowledge (OR 2.4; 95%CI: 1.0-5.7) and higher PrEP acceptance (OR: 3.8; 95%CI: 2.1-6.8) remained significantly associated with the willingness to prescribe PrEP. CONCLUSIONS: HIV specialists are better prepared to provide PrEP than PCPs in Belgium. Interventions to improve PrEP knowledge and acceptance among all providers are needed. The role of PCPs could be very important in optimising the rollout of PrEP, but additional training and guidelines will be needed.	NA	English	Australia	Asia and the Pacific	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2018	Rich, Katherine M; Bia, Joshua; Altice, Frederick L; Feinberg, Judith	Integrated Models of Care for Individuals with Opioid Use Disorder: How Do We Prevent HIV and HCV?	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-018-0396-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003996	PURPOSE OF REVIEW: To describe models of integrated and co-located care for opioid use disorder (OUD), hepatitis C (HCV), and HIV. RECENT FINDINGS: The design and scale-up of multidisciplinary care models that engage, retain, and treat individuals with HIV, HCV, and OUD are critical to preventing continued spread of HIV and HCV. We identified 17 models within primary care (N = 3), HIV specialty care (N = 5), opioid treatment programs (N = 6), transitional clinics (N = 2), and community-based harm reduction programs (N = 1), as well as two emerging models. Key components of such models are the provision of (1) medication-assisted treatment for OUD, (2) HIV and HCV treatment, (3) HIV pre-exposure prophylaxis, and (4) behavioral health services. Research is needed to understand differences in effectiveness between co-located and fully integrated care, combat the deleterious racial and ethnic legacies of the "War on Drugs," and inform the delivery of psychiatric care. Increased access to harm reduction services is crucial.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Riddell J.; Amico K.R.; Mayer K.H.	HIV preexposure prophylaxis: A review	JAMA - Journal of the American Medical Association	-	-	-	-	987484	10.1001/jama.2018.1917	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044444253&doi=10.1001%2fjama.2018.1917&partnerID=40&md5=cc972eb35ae743a5dc81ba2f8acec624	IMPORTANCE About 40 000 Americans and 2 million people worldwide are newly infected with HIV each year. The combination antiretroviral regimen, tenofovir disoproxil fumarate (TDF)/emtricitabine, taken as a single pill once daily, has been shown to prevent HIV transmission but is used by fewer than 20%of people who could benefit in the United States. OBSERVATIONS PubMed was searched on February 15, 2018, using the search terms pre-exposure, prophylaxis, HIV, and PrEP to identify English-language articles published between 2010 and 2018. Four placebo-controlled randomized clinical trials have demonstrated that preexposure prophylaxis (PrEP) with daily dosing of TDF/emtricitabine significantly reduces HIV acquisition in men who have sex with men, high-risk heterosexuals, and injection drug users who share injection equipment. The efficacy of daily TDF/emtricitabine exceeds 90% but is highly correlated with degree of adherence. TDF/emtricitabine is safe and well-tolerated. Only 2%of people discontinue PrEP because of adverse effects. Sexually transmitted infections are common among those using PrEP. Resistance to TDF/emtricitabine when used for PrEP is rare (<0.1%) and usually occurs when PrEP is inadvertently prescribed to individuals with undiagnosed acute HIV infection who have false-negative findings on HIV antibody/antigen testing due to HIV infection acquired within 7 to 10 days of testing. Effectivemethods are needed to identify individuals at high risk for acquiring HIV, ensure their access to PrEP, and maximize medication adherence. CONCLUSIONS AND RELEVANCE TDF/emtricitabine is an effective and safe therapy for preventing HIV transmission. Increasing prescription of TDF/emtricitabine for patients at risk of acquiring HIV has the potential to reduce new HIV infections. © 2018 American Medical Association.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Ridgway J.P.; Almirol E.A.; Bender A.; Richardson A.; Schmitt J.; Friedman E.; Lancki N.; Leroux I.; Pieroni N.; Dehlin J.; Schneider J.A.	Which Patients in the Emergency Department Should Receive Preexposure Prophylaxis? Implementation of a Predictive Analytics Approach	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2018.0011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046891370&doi=10.1089%2fapc.2018.0011&partnerID=40&md5=f788db09ff3144108fbe96ebb6ace76c	Emergency Departments (EDs) have the potential to play a crucial role in HIV prevention by identifying and linking high-risk HIV-negative clients to preexposure prophylaxis (PrEP) care, but it is difficult to perform HIV risk assessment for all ED patients. We aimed to develop and implement an electronic risk score to identify ED patients who are potential candidates for PrEP. Using electronic medical record (EMR) data, we used logistic regression to model the outcome of PrEP eligibility. We converted the model into an electronic risk score and incorporated it into the EMR. The risk score is automatically calculated at triage. For patients whose risk score is above a given threshold, an automated electronic alert is sent to an HIV prevention counselor who performs real time HIV prevention counseling, risk assessment, and PrEP linkage as appropriate. The electronic risk score includes the following EMR variables: age, gender, gender of sexual partner, chief complaint, and positive test for sexually transmitted infection in the prior 6 months. A risk score ≥21 has specificity of 80.6% and sensitivity of 50%. In the first 5.5 months of implementation, the alert fired for 180 patients, 34.4% (62/180) of whom were women. Of the 51 patients who completed risk assessment, 68.6% (35/51) were interested in PrEP, 17.6% (9/51) scheduled a PrEP appointment, and 7.8% (4/51) successfully initiated PrEP. The measured number of successful PrEP initiations is likely an underestimate, as it does include patients who initiated PrEP with outside providers or referred acquaintances for PrEP care. © Copyright 2018, Mary Ann Liebert, Inc. 2018.	clinical informatics; emergency department; HIV prevention; predictive analytics; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Rivierez I.; Quatremere G.; Spire B.; Ghosn J.; Rojas Castro D.	Lessons learned from the experiences of informal PrEP users in France: results from the ANRS-PrEPage study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2018.1468014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047899987&doi=10.1080%2f09540121.2018.1468014&partnerID=40&md5=0bbe0519d5d3e4213fdc23396d89b19c	Before January 2016, Pre-Exposure Prophylaxis (PrEP), a new biomedical HIV-prevention tool, was only available in France via ANRS-Ipergay clinical study but informal use was reported outside this setting. PrEPage qualitative study reports profiles and experiences of participants who used PrEP outside of a biomedical trial before this prevention method was authorized. Between March 2015 and February 2016, a cross-section of twenty-four informal PrEP users, mostly MSM, was recruited to complete in-depth semi-structured interviews. While ANRS-Ipergay was still ongoing (2012–2016), participants described their initiation to PrEP, the way they used it and the difficulties they faced to acquire antiretroviral drugs in an environment where PrEP was still not widely known and often criticized. Through the testimonies, different user profiles and motivation toward informal PrEP use emerged: (a) participants who have increasing difficulties using condoms, (b) "opportunists" who tried PrEP without the intention of using it regularly and (c) participants with a risk aversion who sought additional protection against HIV. Participants chose to use PrEP and/or their usual prevention strategies depending on available supplies, type of partners and individual attitudes toward risk. The feeling of living a safer sex life helped participants to outweigh the fear of possible toxicity and drug resistance. Participants' needs and expectations about PrEP implementation in France were also presented. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	France; informal PrEP; PrEP; qualitative study	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2018	Rizzardini, Giuliano; Winslow, Dean L	Seroconversion on preexposure prophylaxis.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000001826	https://dx.doi.org/10.1097/QAD.0000000000001826	Abstract Objective: We describe the third case report of seroconversion with multidrug resistant (MDR)-HIV despite pre-exposure prophylaxis (PrEP) with emtricitabine (FTC) and tenofovir (TFV) disoproxil (TDF).Design: Case report. Methods: PrEP adherence was assessed via self-report, pharmacy records, and measuring TFV/FTC levels with liquid-chromatography/tandem-mass-spectrometry in plasma and hair. Segmental hair analysis was performed to assess PrEP adherence over prior months. Genotypic resistance was assessed. Results: A 34 year-old white MSM started daily FTC/TDF in February 2016 after being provided 11 refills. In March 2017, he developed fevers, chills, myalgias and was assessed, but no HIV test was sent. In April 2017, an antigen/antibody HIV test was reactive (day 0). On day 2, HIV-1 RNA was 27 316 copies/ml, genotyping revealed M184V, K70T, K65R, and K103N mutations, plasma TFV and FTC concentrations were consistent with recent dosing. To evaluate adherence over preceding months, a hair sample was collected at day 27 and segmental analysis of TFV/FTC levels performed in one-centimeter segments from the scalp. Hair drug levels (0.0434–0.0520 ng TFV/mg hair) were commensurate with consistently high PrEP adherence over the prior 3 months. Conclusions:This study employs segmental analysis of PrEP drug levels in hair for the first time to assess adherence over preceding months in the setting of an HIV seroconversion on PrEP. High adherence over the period of likely acquisition makes MDR-HIV infection the most likely scenario in this case. Adequate adherence assessment when examining PrEP failures and ensuring best practices in PrEP prescribing and follow-up are important.	hair analysis, preexposure prophylaxis, seroconversion	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Theses and Dissertations	2018	Robinson Davis, Suzanne	Motivations to either accept or reject pre-exposure prophylaxis: awareness, beliefs, and risk perceptions among African American women in New York City	-	-	Columbia University	Columbia University	-	-	https://doi.org/10.7916/D8QZ3TDN	https://doi.org/10.7916/D8QZ3TDN	The world has suffered immensely and disproportionately from the ravages of HIV and AIDS. Oral PrEP is a single pill taken once daily that can reduce the risk of sexually transmitted HIV infection by up to 92% (CDC, 2014a). This study describes African American females' awareness, beliefs, and perception of PrEP and identifies factors that may motivate women to either accept or reject PrEP. This cross-sectional study occurred over a 3-month period from November 2017 to January 2018, following from a previous pilot study. The sample comprised African American women aged 18 and over receiving STD or HIV screening services at a FQHC in Brooklyn, New York. Women were interviewed using the five characteristics of the Diffusion of Innovation theory and also completed a risk assessment for HIV using CDC recommended guidelines for screening heterosexual women for PrEP. Awareness of PrEP remained extremely low among the 72 African American women interviewed in the study. Using the CDC guidelines, all women reported one or more risk factors for PrEP indication. Awareness about PrEP, negative reactions from partners and shared experiences from female PrEP users were cited as factors that may predict and motivate African American women to use PrEP. Additionally, skills in pill-taking, cost and insurance, and maintaining privacy while using PrEP were strong enabling factors to support PrEP use. Factors such as initiating couple's PrEP use as an intervention, medical doctors overtly directing PrEP for women, and the role of older women in promoting PrEP use were persuasive factors in reinforcing the utilization of PrEP among African American women in the study. Creative programming within high burden communities is critically important to penetrate with messages of new innovations and best practices. The results of the current research speak volumes to the continued work needed to educate communities with prevention messages.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2018	Robinson J.A.; Marzinke M.A.; Fuchs E.J.; Bakshi R.P.; Spiegel H.M.L.; Coleman J.S.; Rohan L.C.; Hendrix C.W.	Comparison of the Pharmacokinetics and Pharmacodynamics of Single-Dose Tenofovir Vaginal Film and Gel Formulation (FAME 05)	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001587	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056744184&doi=10.1097%2fQAI.0000000000001587&partnerID=40&md5=31ce83d3f8270f0efd3e77c8c5d14d04	Objective: Although preexposure prophylaxis with oral tenofovir (TFV) disoproxil fumarate/emtricitabine reduces HIV acquisition rates, poor adherence to and acceptability of daily vaginal gels have led to development of vaginal film formulations to improve adherence and, potentially, to enable episodic use. Study Design: In this 2-arm, cross-over study of a fast-dissolving tenofovir film (40 mg) compared with a previously studied semisolid tenofovir 1% gel (40 mg), 10 healthy women received a single vaginal dose of each study product. Clinical, pharmacokinetic, and antiviral assessments were performed over 1 week after dose. Results: Nine of 10 participants experienced mild to moderate adverse effects, similar between products, with no severe adverse events or events attributed to study products. TFV concentrations after film dosing exceeded concentrations after gel dosing in plasma between 8 and 24 hours (P ≤ 0.02). TFV concentrations in cervicovaginal fluid and both TFV and TFV diphosphate concentrations in cervical tissue homogenates were higher after film dosing (all P values < 0.04). The differences ranged from median (interquartile range) 2.9-fold (1.1, 9.0; midvaginal cervicovaginal fluid) to 4.4-fold (2.9, 7.7; plasma). Neither film nor gel demonstrated reduced cervical tissue biopsy infectivity after ex vivo HIV challenge. Conclusion: Single-dose tenofovir film demonstrated consistently higher concentrations in plasma and cervicovaginal samples when compared with gel during the first day after dosing. Single-dose cervical tissue TFV-diphosphate concentrations at 5 hours exceeded steady-state concentrations previously reported with daily oral Truvada dosing. Tenofovir film may provide an alternative to tenofovir oral and gel formulations. Clinical efficacy remains to be tested. © 2018 Lippincott Williams and Wilkins. All rights reserved.	HIV; Pharmacodynamics; Pharmacokinetics; Preexposure prophylaxis; Tenofovir; Vaginal film; Vaginal gel	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Rocha G.M.; Kerr L.R.F.S.; Kendall C.; Guimarães M.D.C.	Risk behavior score: a practical approach for assessing risk among men who have sex with men in Brazil	Brazilian Journal of Infectious Diseases	-	-	-	-	14138670	10.1016/j.bjid.2018.02.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045833856&doi=10.1016%2fj.bjid.2018.02.008&partnerID=40&md5=834b4a07198460e390fa745e6201ea11	HIV/AIDS epidemic is not well controlled, and multiple sexual behavior factors help explain high rates of HIV infection among men who have sex with men (MSM). This article proposes to exam the use of a potential risk behavior score for HIV infection, based on the type and number of sexual partners, and condom use, and their associated factors in a sample of MSM in Brazil. A cross sectional RDS (Respondent Driven Sampling) study was performed among 3738 MSM aged 18+ years old from ten Brazilian cities. The risk behavior score was composed by the number of male partners and anal condom use in the last year with steady, casual, and commercial partners. Most participants were 25+ years old (58.1%), non-white (83.1%), and single (84.9%). Final weighted ordinal logistic model showed that age ≤ 25 years old (p = 0.037), homosexual or bisexual identity (p < 0.001), sexual initiation before 15-year-old (p < 0.001), having sex with men only in the last 12 months (p < 0.001), frequent alcohol and illicit drug use (p < 0.001), and use of local sites to meet sexual partners in the last month were independently associated with higher scores of risky behavior. Specific strategies should be developed aimed at the MSM population. Additionally, pre-exposed prophylaxis (Prep) should be considered for those at higher score as a strategy for reducing risk for HIV infection in this population. © 2018 Sociedade Brasileira de Infectologia	AIDS; High-risk sex; HIV; Homosexuals; Unsafe sex	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Editorial	2018	Rosenberg, ES; Marcus, JL	Progress and pitfalls in measuring HIV preexposure prophylaxis coverage in the United States	Annals of Epidemiology	-	-	-	-	1047-2797	10.1016/j.annepidem.2018.08.005	https://pubmed.ncbi.nlm.nih.gov/30224292/	NA	PREP; PREVENTION; MEN; SEX; ADHERENCE; HIGH-RISK; COHORT	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2018	Roth A.M.; Aumaier B.L.; Felsher M.A.; Welles S.L.; Martinez-Donate A.P.; Chavis M.; Van Der Pol B.	An exploration of factors impacting preexposure prophylaxis eligibility and access among syringe exchange users	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000000728	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044244940&doi=10.1097%2fOLQ.0000000000000728&partnerID=40&md5=add5086a8f4736ec4a7d1c11e660f2c6	Background In 2015, approximately 50,000 new HIV infections occurred in the United States, 2,400 of which were attributable to injection drug use. Preexposure prophylaxis (PrEP) has the potential to curb HIV acquisition; however, uptake remains low among persons who inject drugs (PWID). The purpose of this study is to describe PrEP eligibility, willingness to use PrEP, and ability to access PrEP among PWID recruited from a pilot program that paired screening and treatment of sexually transmitted infections with mobile syringe exchange program (SEP) services. Methods Between 2015 and 2016, 138 PWID 18 years or older were recruited from a mobile SEP in Camden, New Jersey. Participants completed a survey assessing sociodemographics and HIV risk and underwent chlamydia and gonorrhea screening. Centers for Disease Control clinical guidelines were used to calculate PrEP eligibility. Differences by sex were examined using inferential statistics. Results Most women (95.4%) and men (84.5%) were considered PrEP eligible (P < 0.04). More women than men were willing to take PrEP (88.9% vs. 71.0%; P < 0.02). Participants reported substantial barriers to PrEP including feeling embarrassed (45.0%) or anxious (51.6%) about taking PrEP, nondisclosure to partners (51.4%), limited engagement with health care providers where PrEP might be provided (43.8%), and lacking health insurance (32.9%). Conclusions Despite reporting behavior that warrants the use of PrEP to prevent HIV and finding the concept acceptable, PWID face multiple barriers to PrEP access. Without tailored interventions to promote PrEP, uptake will likely remain suboptimal. Packaging PrEP with SEP services could provide a viable option for reaching eligible and interested PWID. Copyright © 2018 by the American Sexually Transmitted Diseases Association. Unauthorized reproduction of this article is prohibited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Roux, Perrine; Fressard, Lisa; Suzan-Monti, Marie; Chas, Julie; Sagaon-Teyssier, Luis; Capitant, Catherine; Meyer, Laurence; Tremblay, Cécile; Rojas-Castro, Daniela; Pialoux, Gilles; Molina, Jean-Michel; Spire, Bruno	Is on-Demand HIV Pre-exposure Prophylaxis a Suitable Tool for Men Who Have Sex With Men Who Practice Chemsex? Results From a Substudy of the ANRS-IPERGAY Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001781	https://pubmed.ncbi.nlm.nih.gov/30212434/	BACKGROUND: Chemsex-the use of psychoactive substances during sexual encounters-among men who have sex with men is a growing concern. On-demand HIV pre-exposure prophylaxis (PrEP) may be a suitable tool to prevent HIV transmission among "chemsexers." We used the open-label extension study of the ANRS-IPERGAY trial to describe chemsexers and their PrEP use. METHODS: Among the 361 men who have sex with men enrolled in ANRS-IPERGAY's open-label extension study, we selected the 331 with available data on drug use. A 2-monthly web questionnaire on sociobehavioral data was used to compare sexual behaviors between questionnaires where chemsex was reported and those where it was not. Using a generalized estimating equation logistic regression, we studied whether practicing chemsex was associated with correct PrEP use. RESULTS: Among the 331 participants, 30% reported chemsex practice at least once during follow-up and were considered chemsexers. Chemsex was reported in 16% of all questionnaires. Chemsexers were not significantly different from nonchemsexers regarding sociodemographic characteristics, although they reported greater use of anxiolytics and more sensation-seeking. Reporting chemsex was associated with more high-risk sexual practices and a higher perception of risk. After adjustment for other potential correlates, chemsex remained associated with correct PrEP use odds ratio (95% confidence interval) = 2.24 (1.37 to 3.66). CONCLUSIONS: Our findings show that chemsexers were more likely to report high-risk sexual practices but also had a higher perception of risk. They were also more likely to use PrEP correctly when practicing chemsex. Consequently, PrEP may be a suitable tool to reduce HIV-risk transmission among chemsexers.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Quantitative
Article	2018	Rozhnova G.; Heijne J.; Bezemer D.; Van Sighem A.; Presanis A.; De Angelis D.; Kretzschmar M.	Elimination prospects of the Dutch HIV epidemic among men who have sex with men in the era of preexposure prophylaxis	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002050	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055844224&doi=10.1097%2fQAD.0000000000002050&partnerID=40&md5=b3b581fc31e3e5123dd42e858a6a49f4	Objective: Preexposure prophylaxis (PrEP) is a promising intervention to help end the HIV epidemic among men who have sex with men (MSM) in the Netherlands. We aimed to assess the impact of PrEP on HIV prevalence in the population and to determine the levels of PrEP coverage necessary for HIV elimination. Design and methods: We developed a mathematical model of HIV transmission in a population stratified by sexual risk behavior with universal antiretroviral treatment (ART) and daily PrEP use depending on an individual's risk behavior. We computed the effective reproduction number, HIV prevalence, ART and PrEP coverage for increasing ART and PrEP uptake levels, and examined how these were affected by PrEP effectiveness and duration of PrEP use. Results: At current levels of ART coverage of 80%, PrEP effectiveness of 86% and PrEP duration of 5 years, HIV elimination required 82% PrEP coverage in the highest risk group (12000 MSM with more than 18 partners per year). If ART coverage increased by 9%, the elimination threshold was at 70% PrEP coverage. For shorter PrEP duration and lower effectiveness elimination prospects were less favorable. For the same number of PrEP users distributed among two groups with highest risk behavior, prevalence dropped from the current 8 to 4.6%. Conclusion: PrEP for HIV prevention among MSM could, in principle, eliminate HIV from this population in the Netherlands. The highest impact of PrEP on prevalence was predicted when ART and PrEP coverage increased simultaneously and PrEP was used by the highest risk individuals.	HIV elimination; HIV prevalence; Mathematical modeling; Men who have sex with men; Preexposure prophylaxis; Preexposure prophylaxis coverage	English	United Kingdom	Western and Central Europe and North America	netherlands	Western and Central Europe and North America	netherlands	Western and Central Europe and North America	Quantitative
Article	2018	Rubincam, Clara; Newman, Peter A.; Atujuna, Millicent; Bekker, Linda-Gail	Why would you promote something that is less percent safer than a condom?': Perspectives on partially effective HIV prevention technologies among key populations in South Africa.	SAHARA J : Journal of Social Aspects of HIV/AIDS Research Alliance	-	-	-	-	1813-4424 1729-0376	10.1080/17290376.2018.1536561	https://pubmed.ncbi.nlm.nih.gov/30360675/	New biomedical prevention technologies (NPTs) for HIV, including oral Pre-Exposure Prophylaxis, and vaginal and rectal microbicides and HIV vaccines in development, may contribute substantially to controlling the HIV epidemic. However, their effectiveness is contingent on product acceptability and adherence. We explored perceptions and understanding of partially effective NPTs with key populations in South African townships. From October 2013 to February 2014, we conducted six focus groups and 18 individual interviews with Xhosa-speaking adolescents (n = 14), adult men who have sex with men (MSM) (n = 15), and adult heterosexual men (n = 9) and women (n = 10), and eight key informant (KI) interviews with healthcare workers. Interviews/focus groups were transcribed and reviewed using a thematic approach and framework analysis. Overall, participants and KIs indicated scepticism about NPTs that were not 100% efficacious. Some participants equated not being 100% effective with not being completely safe, and thus not appropriate for dissemination. KIs expressed concerns that promoting partially effective NPTs would encourage substitution of a more effective with a less effective method or encourage risk compensation. Educational and social marketing interventions that address the benefits and appropriate use of partially effective NPTs, including education and support tailored for frontline service providers, are needed to prepare for successful NPT implementation in South Africa.	Adolescent; Adult; Humans; Male; Young Adult; Female; HIV Infections/*prevention & control; Risk Assessment; South Africa/epidemiology; Interviews as Topic; Health Knowledge, Attitudes, Practice; Condoms/*statistics & numerical data; *Pre-Exposure Prophylaxis; qualitative methods; Focus Groups; Qualitative Research; Patient Acceptance of Health Care/*statistics & numerical data; Safe Sex/*statistics & numerical data; Biomedical HIV prevention; *Anti-Infective Agents, Local; translational research	English	South Africa	Eastern and Southern Africa	Canada	Western and Central Europe and North America	NA	NA	Qualitative

Article	2018	Rosie, Laura K; Ortoga, Carlos; Burrell, Diane; Ramachandran, Arthi; Hoelberg, Magda; Kaplenki, Kristie; Munar, David; Schneider, John A	Preexposure Prophylaxis Initiation and Retention in Care Over 5 Years, 2012-2017: Are Quarterly Visits Too Much?	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciy160	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7190956/	Retention in preexposure prophylaxis (PrEP) care is critical to elimination of human immunodeficiency virus. We reviewed all Howard Brown Health patients receiving PrEP (n = 5503) from 2012 to 2017. Among those with 12 months of follow-up, 45% remained in care, yet only 15% had all 4 quarters with a PrEP visit. Insurance status and somewhat conditions were drivers of retention in care.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Rutledge R.; Madden L.; Ogbunga O.; Meyer J.P.	HIV Risk perception and eligibility for pre-exposure prophylaxis in women involved in the criminal justice system	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2018.1447079	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85043673381&doi=10.1080%2F09540121.2018.1447079&partnerID=40&md5=5ae72b3b7f12c2fa304cd8a3f6459611	Women involved in the criminal justice system (WICJ) are at high risk of acquiring HIV and would benefit from HIV pre-exposure prophylaxis (PrEP) but there are no studies in this population to inform PrEP implementation programs. We conducted a cross-sectional survey of HIV-uninfected, cis-gender women on probation, parole and/or recently released from prison/jail to assess PrEP awareness, eligibility, potential barriers to uptake, and the PrEP care continuum. The 325 WICJ surveyed reported high rates of HIV risk behaviors including recent transactional sex (22.4%) and unsafe injection practices (14.4%). Despite 33% (n = 42) meeting eligibility criteria for PrEP, only 23% were aware of PrEP and one person was currently using it. Just 10.7% of those who were PrEP eligible perceived they were at risk for HIV. Following a brief explanation of PrEP, 90% said they would try it if recommended by their physician. Compared to those not PrEP eligible (n = 93), PrEP eligible women were less likely to be stably housed or have a primary care provider, and were more likely to be sentence-exposed, charged with drug possession, have lifetime substance use, or living with Hepatitis C infection. WICJ frequently engage in HIV risk behaviors and are unaware of PrEP. Our findings highlight the importance of integrating PrEP into criminal justice settings to address structural barriers and expand HIV risk. WICJ report receptiveness to PrEP and represent an important population for targeted PrEP implementation programs. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group	criminal justice; HIV; PrEP; probation; risk; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Ryan K.E.; Mah A.; Storer M.; Price B.; Fairley C.K.; Ruth S.; Lal L.; Asselin J.; El-Hayek C.; Nguyen L.; Bottomley C.; Wilson D.; Lockwood J.; Murphy D.; Cornelisse V.J.; Roth N.; Willcox J.; Chang C.C.; Armishaw J.; Tee B.K.; Prins M.; Forgan-Smith G.; Williams G.; Montgomery D.; Byron K.; Cocks A.; Allen B.; Wiggins J.; Kelsall J.; Vujovic O.; West M.; Pierce A.B.; Gelbart D.; Bell C.; Wu J.B.F.D.; Hoy J.F.; Wesselingh S.L.; Grant R.M.; Wright E.J.	Protocol for an HIV Pre-exposure Prophylaxis (PrEP) Population Level Intervention Study in Victoria Australia: The PrEPX Study	Frontiers in Public Health	-	-	-	-	2296265	10.3389/fpubh.2018.00151	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047267210&doi=10.3389%2Ffpubh.2018.00151&partnerID=40&md5=9e6a6e6697f29a1c29353478d2f2f2e85	Background: Pre-exposure prophylaxis (PrEP) is the use of HIV anti-retroviral therapy to prevent HIV transmission in people at high risk of HIV acquisition. PrEP is highly efficacious when taken either daily, or as an on-demand schedule. In Australia co-formulated tenofovir-emtricitabine is registered for daily use for PrEP, however, this co-formulation is not listed yet on the national subsidized medicines list. We describe a study protocol that aims to demonstrate if the provision of PrEP is up to 3000 individuals at-risk of HIV in Victoria, Australia reduces HIV incidence locally by 25% generally and 20% amongst GBM. Methods: PrEPX is a population level intervention study in Victoria, Australia in which generic PrEP will be delivered to 3000 individuals for up to 36 months. Study eligibility is consistent with the recently updated 2017 Australian PrEP guidelines for clinical prescribing of PrEP. Participants will attend study clinics, dataset clinics, or outreach clinics for quarterly HIV/STI screening, biannual renal function and urinalysis tests required. Study visits and STI diagnoses will be recorded electronically through the ACCESS surveillance system. At each study visit participants will be invited to complete behavioral surveys that collect information on: sexual practices, condom use, alcohol and drug use, uptake of HIV testing, and other health issues. Participants will also be invited to complete a monthly online survey to collect self-reported behavioral data, and to provide in-depth interviews and questionnaires to collect qualitative data on PrEP uptake, adherence, and acceptability data. Participating clinics will provide clinic level data on implementation and management of PrEPX, and a population level impact on HIV incidence will be assessed using Victorian HIV notification data. Discussion: This study will collect evidence on the real world impact of delivery of PrEP to 3000 individuals at risk of acquiring HIV in Victoria. This study will provide important information for the broader implementation of PrEP planning upon listing of the tenofovir-emtricitabine on the national subsidized list of medicines. The study is registered on the Australian New Zealand Clinical Trials Registry (ACTRN12618001215415) Copyright © 2018 Ryan, Mah, Storer, Price, Fairley, Ruth, Lal, Asselin, El-Hayek, Nguyen, Bottomley, Wilson, Lockwood, Murphy, Cornelisse, Roth, Willcox, Chang, Armishaw, Tee, Prins, Forgan-Smith, Williams, Montgomery, Byron, Cocks, Allen, Wiggins, Kelsall, Vujovic, West, Pierce, Gelbart, Bell, Wu, Hoy, Wesselingh, Grant and Wright.	HIV; MSM; PrEP; prevention; protocol	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Sabeti P.; Berman B.; Thomas S.; Gandhi M.; Scott H.	A single pre-exposure prophylaxis (PrEP) optimization intervention for health care providers prescribing PrEP: Pilot study	JMIR Formative Research	-	-	-	-	2561326X	10.2196/formative.8623	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059851584&doi=10.2196%2Fformative.8623&partnerID=40&md5=fc3fd1c153a934a7fdf5df0385ffb34b	Background: Pre-exposure prophylaxis (PrEP) has been shown to be highly effective for the prevention of HIV in clinical trials and demonstration projects, but PrEP uptake and adherence outside of these settings in the United States has been limited. Lack of knowledge and willingness of health care providers (HCPs) to prescribe PrEP is an important barrier to implementation. Objective: The objective of this study was to describe and examine the feasibility and acceptability of a PrEP Optimization Intervention (PrEP-IO) targeted at HCPs. The ultimate purpose of this intervention was to increase PrEP uptake, adherence, and persistence among HCPs' patients. Methods: We developed a single-session intervention delivered to HCPs in-person or via Web conference. The intervention consisted of HIV risk assessment, normative numbers for follow-up, and reports patients' history of PrEP use; and (2) centralized PrEP coordination by a clinical expert staff member. As the PrEP coordinator, PrEP-IO identified patients who could potentially benefit from PrEP, provide medical insurance navigation, and support multiple HCPs. Feasibility was evaluated based on HCPs' ability to log in to PrEP-Rx and use it as needed. Acceptability was assessed via individual formative qualitative interviews with HCPs after 1 month of the intervention. Results: The intervention was feasible and acceptable among HCPs (N=9). HCPs identified system-level barriers to PrEP provision, many of which can be addressed by this intervention. HCPs noted that the intervention improved their PrEP knowledge; increased ease of PrEP prescription; and was likely to improve patient engagement and retention in care, enhance communication with patients, and improve patient monitoring and follow-up. Conclusions: Given the critical role HCPs serve in disseminating PrEP, we created an easy-to-use PrEP optimization intervention deemed feasible and acceptable to providers. Further research on this tool and its ability to impact the PrEP continuum of care is needed. © JMIR Formative Research. All rights reserved	Health care providers; HIV; Panel management; Pre-exposure prophylaxis; PrEP; Technology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Sagaon-Teyssier L.; Mabire X.; Lagarde V.; Fressard L.; Suzan-Monti M.; Rojas Castro D.; Hall N.; Capitant C.; Meyer L.; Chidiac C.; Tremblay C.; Peries M.; Spire B.; Molina J.-M.	A Group-Based Trajectory Model for Changes in Pre-Exposure Prophylaxis and Condom Use among Men Who Have Sex with Men Participating in the ANRS IPERGAY Trial	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2018.0081	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050309731&doi=10.1089%2Fapc.2018.0081&partnerID=40&md5=c6e86103963e536a67a5a0e5c5cca707	Pre-exposure prophylaxis (PrEP) is one of the most important milestones in HIV prevention for high-risk HIV-negative people. The introduction of PrEP into the HIV prevention package has raised the question of possible risk compensation, and in particular, a reduction in condom use. Although open-label extension (OLE) studies have enabled investigators to examine risk compensation in more real-life conditions, they have not yet been analyzed from this perspective. The ANRS IPERGAY trial (NCT02283502) tested on-demand PrEP in a double-blind placebo-controlled design. Based on these trajectories, three-based trajectory modeling using logistic regression was implemented. Data of the 332 individuals participating in the double-blind and OLE phases of ANRS IPERGAY were used. Four distinct group trajectories were identified: 49.7% of the participants had "systematic adherence to PrEP," 19% had "high adherence to PrEP, 15.3% had "declining adherence to PrEP," and 16% had "low adherence to PrEP." Two condom trajectories were identified: 53% (n = 176) of the 332 participants were "low-level users" of condoms, and 47% were "high-level users." Among the former, 24.4% also belonged to the "low adherence to PrEP" group. This most-at-risk group represented 13% of all the participants. The effectiveness of offering sexual activity-based PrEP as part of the French HIV prevention package in the ANRS IPERGAY clinical trial is demonstrated by the relatively small proportion of participants that chose low-level condom use with PrEP adherence. The results from this work may help in the future development of tailored prevention programs for high-risk HIV-negative people. © 2018, Mary Ann Liebert, Inc., publishers.	anal intercourse; condoms; MSM; multi-trajectory modeling; PrEP	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2018	Sales J.M.; Steiner R.J.; Brown J.L.; Swartzendruber A.; Patel A.S.; Sheth A.N.	PrEP eligibility and interest among clinic-and community-recruited young black women in Atlanta, Georgia, USA	Current HIV Research	-	-	-	-	15701624X	10.2174/1570162X16666180731143756	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053636486&doi=10.2174%2F1570162X16666180731143756&partnerID=40&md5=ccc6f552c1fe07905fa0f9994e1fe732d	Background: Atlanta has been identified as an 'hot spot' for Black women and ranks 5th in the US with new infections. Yet little is known about PrEP eligibility or interest among young Black women in Atlanta. Methods: A convenience sample of 1,281 Black women (ages 18-24 years) were recruited from two settings: community venues and sexual health clinics. They provided self-reported sexual behavior data and specimens for laboratory testing for chlamydia (CT) and gonorrhea (GC) infection. For each women, the number of key self-reported behavioral HIV risk factors was calculated (0-6 factors for the CBSO sample; 0-5 factors for the clinic sample). Logistic regression models assessed the association of PrEP eligibility with race/ethnicity, age, and HIV risk. Results: Of the 1,281 CBSO (1,143/1,281, 89.2%), 138 clinic (138/1,281, 10.8%) participants, 1,143/1,281 (89.2%) were eligible for PrEP. Of the 1,143 CBSO (1,143/1,281, 89.2%) and 138 (138/1,281, 10.8%) clinic participants, 1,143/1,281 (89.2%) and 138/1,281 (10.8%) were eligible for PrEP, which can affect uptake; other prevention methods. We support anti-HIV stigma efforts and advise further exploration on HIV stigma among BMSM and persistent outcomes. © Springer Science+Business Media, LLC, part of Springer Nature 2018.	Black or African American; Chlamydia; Gonorrhea; PrEP; United States; Women	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Sang J.M.; Matthews D.D.; Mesnley S.P.; Eaton L.A.; Stall R.D.	Assessing HIV stigma on prevention strategies for black men who have sex with men in the United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2181-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047939968&doi=10.1007%2Fs10461-018-2181-7&partnerID=40&md5=ba6cf1aa36d0626d61f1f8a2c5301704	The deleterious effects of HIV stigma on HIV+ Black MSM care continuum outcomes have been well-documented. How HIV stigma shapes HIV prevention for HIV- persons in this community is poorly understood. We sought to test the relationship of HIV stigma with HIV- Black MSM on HIV testing, pre-exposure prophylaxis (PrEP) awareness, and PrEP use. We recruited 752 participants at Black Pride events across five US cities in 2016. Multivariable logistic regression models assessed the association of external HIV stigma on prevention outcomes adjusting for sociodemographic variables. Stigma was measured using the HIV Stigma Framework. 30.1% (n = 226), 29.3% (n = 220), and 15.2% (n = 114) of participants reported no HIV test or HIV testing more than a year ago, respectively. These findings highlight the consistent role HIV stigma among BMSM and include results for PrEP, which can affect uptake; other prevention methods. We support anti-HIV stigma efforts and advise further exploration on HIV stigma among BMSM and persistent outcomes. © Springer Science+Business Media, LLC, part of Springer Nature 2018.	Black MSM; HIV prevention; HIV stigma; HIV testing; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Schmidt H.-M.A.; Micher R.; Houghton R.; Sebey C.; McNulty A.; Varma R.; Grelich A.E.; Holden J.	Nurse-led pre-exposure prophylaxis: A non-traditional model to provide HIV prevention in a resource-constrained, pragmatic clinical trial	Sexual Health	-	-	-	-	14485028	10.1071/SH18076	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047554284&doi=10.1071%2FSH18076&partnerID=40&md5=0811375ed7716670d2083fa0f8f029e2	There is little evidence and no standardised model for nurse-led HIV pre-exposure prophylaxis (PrEP). In 2016, public sexual health clinics in the state of New South Wales (NSW), Australia, participating in the Expanded PrEP Implementation in Communities in New South Wales (EPIC-NSW) trial were authorised to adopt a nurse-led model of PrEP delivery. Nurses were authorised to initiate and manage the full spectrum of PrEP access via the Expanded PrEP Access trial Expanded PrEP Implementation In Communities in New South Wales (EPIC-NSW) trial. Nurses were authorised to adopt a nurse-led model of PrEP delivery to facilitate the rapid expansion of PrEP access to men from MSM populations in under 2 years without additional resources. The model has been implemented successfully in public clinics in NSW and is now being rolled out to other jurisdictions. This is the first published report of the development and implementation of an HIV prevention trial, non-traditional models of care, undertaken in a public sexual health clinic setting. © 2018 CSIRO.	Expanded PrEP Implementation in Communities in New South Wales (EPIC-NSW); model of care	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2018	Schnarrs P.W.; Gordon D.; Martin-Valenzuela R.; Sund T.; Delgado A.J.; Glidden D.; Parsons J.T.; McAdams J.	Perceived Social Norms About Oral PrEP Use: Differences Between African American, Latinx and White Gay, Bisexual and Other Men Who Have Sex with Men in Texas	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2076-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044475946&doi=10.1007%2Fs10461-018-2076-7&partnerID=40&md5=f545c9f63cf599c4442c8dd6e73be7e	Correct and consistent condom use has been the primary method of HIV prevention until the FDA approve the use of PrEP in 2012. While strong evidence existing regarding the efficacy of PrEP, uptake has remained slower than anticipated. While work is underway to better understand the factors impacting uptake, the majority of this work as been focused on white gay, bisexual, and other men who have sex with men (GBMSM). Little is known about the factors impacting PrEP uptake among racial and ethnic minority GBMSM. Using a cross-sectional survey of 1,553 GBMSM, we examined the perceived social norms about oral PrEP use among racial and ethnic minority GBMSM and a number of differences were found across questions and a number of differences were found across race and ethnicity such as who would approve or disapprove of PrEP and who would be likely to use PrEP. Further, we found differences between injunctive and descriptive norms. These findings suggest that there are unique factors contributing to PrEP uptake among racial and ethnic minority GBMSM and that it fully understand uptake a more robust measure of perceived norms may be needed. © Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; HIV risk; Methadone maintenance program; People who use drugs; Pre-exposure prophylaxis; Substance abuse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Shrestha R.; Altice F.L.; Karki P.; Copenhaver M.M.	Integrated Bio-behavioral Approach to Improve Adherence to Pre-exposure Prophylaxis and Reduce HIV Risk in People Who Use Drugs: A Pilot Feasibility Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2099-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85044375946&doi=10.1007%2Fs10461-018-2099-0&partnerID=40&md5=4f6b912c96773542f9bd0f5756e7e	This study reports the feasibility, acceptability, and preliminary efficacy of the bio-behavioral community-friendly health recovery program—an integrated, HIV prevention intervention to improve pre-exposure prophylaxis (PrEP) adherence and HIV risk reduction behaviors among high-risk people who use drugs. We used a within-subjects, person position follow-up design to recruit participants, who were HIV-uninfected, methadone-maintained and reported HIV risk behaviors and had initiated PrEP ($n = 40$; males: 55%). Participants were assessed at baseline (T0), immediately post-intervention (4 weeks: T4) and 12 weeks (T12) post-baseline. The intervention was delivered by a PrEP navigator in methadone clinics and consisted of 4 weekly group sessions and 4 individual sessions. Feasibility was high, assessed by participant willingness to enroll (98.1%) and retention (95%). Results showed that participants were highly satisfied and perceived the intervention as valuable and acceptable: mean 4.2 (range 0–10). Significant enhancements in self-reported PrEP adherence [$t(2.74) = 7.508$, $p = 0.001$ and PrEP-related knowledge [$t(2.74) = 3.826$, $p = 0.026$ were observed. Drug-related (e.g., injection of drugs, sharing of injection equipment and syringes and needles) and sexual risk behaviors were reduced, while information, motivation, and behavioral skills (IMB) constructs increased. The results support feasibility and high acceptability and support further examination of the efficacy of this combination bio-behavioral intervention in a prospective clinical trial. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; HIV risk; Methadone maintenance program; People who use drugs; Pre-exposure prophylaxis; Substance abuse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Shrestha, Roman; Karki, Pramila; Altice, Frederick L; Dubov, Oleksandr; Fraenkel, Liana; Huedo-Medina, Tania; Copenhaver, Michael	Measuring Acceptability and Preferences for Implementation of Pre-Exposure Prophylaxis (PrEP) Using Conjoint Analysis: An Application to Primary HIV Prevention Among High Risk Drug Users	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1851-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85022198892&doi=10.1007%2Fs10461-017-1851-1&partnerID=40&md5=42423354eab1528b1b7d8ca4d73e63	PURPOSE OF REVIEW: This article reviews recent epidemiologic trends in HIV and hepatitis C virus (HCV) and strategies for treatment and prevention of these infections as they relate to the opioid epidemic. RECENT FINDINGS: Among people who inject drugs (PWID) in the United States (US), HIV diagnoses are decreasing, while HCV is increasing. Care for HIV and HCV relies heavily on specialist infrastructure, which is lacking in rural areas. Antiretrovirals for HIV and direct-acting antivirals for HCV are effective among PWID, yet multiple barriers make it difficult for rural persons to access these treatments. Similarly, access to syringe service programs, medication-assisted therapy for opioid addiction, and pre-exposure prophylaxis for HIV are all limited in rural areas. Previous research on HIV and HCV among PWID has focused on urban or international populations, yet the US opioid epidemic is moving away from metropolitan centers. Increasing rurality of opioid injection brings unique challenges in treatment and prevention. Research into the care of HIV, HCV, and opioid use disorder among rural populations is urgently needed.	Humans; Anti-Retroviral Agents/therapeutic use; HIV; United States/epidemiology; Substance Abuse, Intravenous/*epidemiology; Hepatitis C, Rural Population; Pre-Exposure Prophylaxis; Hepacivirus; HIV Infections/drug therapy/*epidemiology/prevention & control; Opioid-Related Disorders/*epidemiology; Hepatitis C/epidemiology/prevention & control; Opioid-related disorders; Opiate-related disorders; Rural health; Rural Health/*statistics & numerical data; Substance abuse, intravenous	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Schwartz K.; Ferrigno B.; Vining S.; Gomez A.; Brieldenhuis E.; Gardiner E.; Jeckonia P.; Torgesen K.	PrEP Communications Accelerator: A digital demand-creation tool for sub-Saharan Africa	Sexual Health	-	-	-	-	14485028	10.1071/SH18064	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054165954&doi=10.1071%2FSH18064&partnerID=40&md5=bfa27cf0f1d9d7f2323e5d2e1e97a	Background: Strategic communications are critical for successful market introduction of oral pre-exposure prophylaxis (PrEP). This paper focuses on the OPTIONS Consortium's approach to developing the PrEP Communications Accelerator, a digital tool that provides communication strategies and tools for generating demand for PrEP across sub-Saharan Africa. Methods: The PrEP Communications Accelerator was developed through needs assessment, communications landscape and gap analysis, market research and content development and testing. Stakeholder consultations across multiple African countries and audiences were conducted to validate and refine findings at each step. Results: The PrEP Communications Accelerator provides customised communications strategies that vary by target audience/key population and young women, female sex workers, serodiscordant couples, men who have sex with men, people who inject drugs and the general population) and by setting (clinic, community, subnational or national level). Users of the interactive tool receive custom-built demand creation strategy guidance, including suggested media channels and communication tactics based on available evidence about the population and setting. Discussion: The PrEP Communications Accelerator is a digital demonstration platform not intended to equip those who work in resource- and time-constrained environments with the evidence-based strategies they need to create demand for PrEP. Conclusions: The PrEP Communications Accelerator is a unique tool that provides strategic guidance for creating demand for PrEP. Implementers most at risk of HIV infection, as well as a broad profile of the general population to calibrate support for PrEP as a new public health product. © 2018 Journal Compilation CSIRO Open Access	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Scorgie, F; Stadler, J; Baron, D; Palanee-Phillips, T; Rees, H; Delany-Moretlwe, S; Gray, G; Ju, S; Banong, T; Mabude, Z; Makgopa, S; Malebi, MA; Manoncho, KN; Marokoe, T; Njoya, H; Mala, B	'It Was Not My Aim to Sleep There': the Impact of Timing and Location of Sex on Adherence to Gelatly-Dependent HIV Pre-exposure Prophylaxis	AIDS and Behavior	-	-	-	-	29909589	10.1007/s10461-018-2195-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6328454/pdf/10.1007_s10461-018-2195-1.pdf	The FACTS 001 trial found that vaginal pre- and post-coital application of 1% tenofovir gel did not prevent HIV-1 infection amongst young South African women. The trial included a multi-faceted approach to adherence support and collected objective and self-reported adherence measures. Using qualitative data collected from a random sub-set of FACTS 001 participants (135 in-depth interviews at product discontinuation and 12 post-trial interviews), we explored the importance of 'place' and 'timing' in shaping acts of sexual intimacy and product adherence. Demonstrating a moderate capacity for facilitating PrEP use, the trial's design and delivery also appeared to have had unintended consequences. Consistently young, unemployed women living with partners or other family members, Sexual intimacy was largely unpredictable and happened across multiple locations in which women had limited privacy, autonomy, or control over the timing of sex. This made adherence to the dosing strategy challenging. Findings may inform the development of future event-driven pre-exposure prophylaxis regimens or products.	Administration and Dosage; Administrators, Interrogated; Clinical Trials; Coitus; Female; Geographic Factors; HIV Infections; Human; Interviews; Patient Compliance; Prevention and Control; Pre-Exposure Prophylaxis; Psychosocial Factors; Qualitative Studies; Random Sample; South Africa; Tenofovir; Time Factors; Women's Health	English	United States	Western and Central Europe and North America	South africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2018	Seeber M.J.; Hettema A.; Hughey A.; Oldenburg C.E.; Kohler S.; Bärnighausen K.; McMahon S.; Jia C.; Lejeune C.; Matse S.; Bärnighausen T.	Preference for injectable over oral HIV pre-exposure prophylaxis in public-sector primary-care clinics in Swaziland	AIDS	-	-	-	-	2690370	10.1097/QAD.0000000000001859	https://www.pharmacytimes.com/mag/hiv-2020/choices-for-oral-versus-injectable-pre-exposure-prophylaxis-for-hiv-prevention-in-women?utm_source=Yext%20Feed%20Marketing&utm_medium=Yext%20Feed%20Marketing&utm_campaign=Yext%20Feed%20Marketing&utm_content=Yext%20Feed%20Marketing	Long-acting injectable (LAI) HIV pre-exposure prophylaxis (PrEP) may mitigate adherence challenges reported by young women in Southern Africa. We assessed preferences for PrEP in public-sector, primary care clinics in Swaziland. Among surveyed respondents, 75% (95% confidence interval = 65-83%) stated preference for LAI over oral PrEP, with no differences by sex, age, or sexual behavior (all P > 0.05). Notably, over 70% (95% confidence interval 58-82%) with current use of oral PrEP also stated preference for LAI PrEP. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Siegler A.J.; Bratcher A.; Weiss K.M.; Mouhanna F.; Ahlschlager L.; Sullivan P.S.	Location location location: an exploration of disparities in access to publicly listed pre-exposure prophylaxis clinics in the United States	Annals of Epidemiology	-	-	-	-	10472797	10.1016/j.annepidem.2018.05.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048161958&doi=10.1016%2Fj.annepidem.2018.05.006&partnerID=40&md5=153410c3c56014f3d9398ae0cd0842	Purpose: HIV pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV transmission. Finding a PrEP provider, however, can be a barrier to accessing care. This study explores the distribution of publicly listed PrEP-providing clinics in the United States. Methods: Data regarding 2994 PrEP-providing clinics came from PrEP Locator, a national database of PrEP-providing clinics. We compared the distribution of clinics to the 2015 estimated HIV prevalence at the county level. Results: Nationally, there were 3.7 PrEP clinics per 100,000 people, with the majority (n = 2,180) in counties with ≥100,000 residents. Counties with ≥35 PrEP clinics per 100,000 individuals were excluded from ALBAM. Jobs in counties that were ≥1 SD above the mean were more likely to have a PrEP clinic. Counties with higher proportions of their residents living in poverty, lacking health insurance, identifying as African American, or identifying as Hispanic/Latino. The Southern region accounted for over half of all new HIV diagnoses but only one-quarter of PrEP-providing clinics. Conclusions: The current number of PrEP-providing clinics is not sufficient to meet needs. In addition, PrEP-providing clinics are unevenly distributed compared to disease burden, with poor coverage in the Southern divisions and areas with higher poverty, uninsured, and larger minority populations. PrEP services should be expanded and targeted to address disparities. © 2018 The Authors.	HIV; Pre-exposure prophylaxis; Primary prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Siegler A.J.; Mouhanna F.; Giler R.M.; Weiss K.; Pembleton E.; Guest J.; Jones J.; Castel A.; Yeung H.; Kramer M.; McCallister S.; Sullivan P.S.	The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis-to-need ratio in the fourth quarter of 2017, United States	Annals of Epidemiology	-	-	-	-	10472797	10.1016/j.annepidem.2018.06.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049419867&doi=10.1016%2Fj.annepidem.2018.06.005&partnerID=40&md5=4ece9b6e8b6e2b2f6ed1c7a3a5d2	Purpose: The number of individuals who have started a regimen for HIV pre-exposure prophylaxis (PrEP) in the United States is not well characterized but has been on the rise since 2012. The analysis assesses the distribution of PrEP use nationally and among subgroups. Methods: A validated algorithm quantifying tenofovir disoproxil fumarate/emtricitabine for PrEP in the United States was applied to a national prescription database to determine the quarterly prevalence of PrEP use. HIV diagnoses from 2016 were used as an epidemiological proxy for PrEP need. The PrEP-to-need ratio (PrIN) was defined as the number of PrEP users per 100 diagnoses. Results: At the end of 2017, 61,066 individuals used PrEP in the fourth quarter of 2017; 57,166 were prescribed tenofovir-emtricitabine. Nationally, prevalence of PrEP use was 23/100,000 (range across states per 100,000: RAS-18th: 6–73) and the PrIN was 1.8 (RAS: 0.5–4.6). Prevalence of PrEP use among males and females, respectively, was 50/100,000 and 2/100,000 (RAS: 39/100,000 and 3/100,000). PrIN was highest among persons aged 25–29 years (2.8) and lowest among persons aged ≥55 years (0.5). Prevalence of PrEP use was highest in counties with ≥100,000 residents (35/100,000) and 0/100,000: RAS-10th: 1–45 and 0.4–14), with PrIN 0.9 and 1.5 (RAS: 0.2–5.6 and 0.3–7.0). The Northeast had the highest PrIN (2.3); the South had the lowest (1.0). States with Medicaid expansion had more than double the PrIN than states without expansion. Conclusions: Available data suggest that females, individuals aged less than or equal to 24 years and residents of the South had lower levels of PrEP use relative to epidemic need. These results are ecological, and misclassification may attenuate results. PrIN is useful for future assessments of PrEP coverage. © 2018 The Authors	HIV; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Siguier M.; Molina J.-M.	HIV preexposure prophylaxis: An essential, safe and effective prevention tool for sexual health. La prophylaxie préexposition du VIH : outil incontournable, sûr et efficace de la prévention en santé sexuelle	Médecine et Maladies Infectieuses	-	-	-	-	0399077X	10.1016/j.medmal.2018.01.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047248674&doi=10.1016%2Fj.medmal.2018.01.009&partnerID=40&md5=93c7dff7f1f05bf5b5f1e7544f1fa32	Pre-exposure prophylaxis of HIV with antiretroviral drugs is a prevention tool available in France since 2016, combined with the prevention methods already used (condoms, post-exposure treatment, rapid treatment of diagnosed HIV infections, etc.). It is targeted at populations at high risk of HIV infection, especially men who have sex with men, for whom traditional prevention methods are insufficient. We collected clinical research data, which resulted in the launch of pre-exposure prophylaxis in the United States and then elsewhere in the world, safety, tolerability and cost data, as well as ongoing research data (new molecules/methods of administration). We also provided an update of its use in France. © 2018 Elsevier Masson SAS. La prophylaxie préexposition du VIH par les antirétroviraux est un outil de prévention disponible en France depuis 2016, en association avec les méthodes de prévention déjà utilisées (préservatif, traitement post-exposition, traitement rapide des infections par le VIH diagnostiquées, etc.). Elle s'adresse aux populations à haute risque d'infection par le VIH, en particulier, les hommes ayant des rapports sexuels avec des hommes, chez qui les méthodes de prévention traditionnelles sont insuffisantes. Nous avons rassemblé un sein de cette revue les données de recherche clinique ayant abouti au déploiement de la prophylaxie préexposition aux États-Unis puis dans le reste du monde, les données de sécurité de tolérance et de coût, ainsi que des éléments sur la recherche en cours (nouvelles molécules/méthodes d'administration) et un état des lieux sur son utilisation en France.	HIV; PrEP; PrEP; Prophylaxie; Prophylaxie; VIH	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review

Article	2018	Silva C.J.; Torres D.F.M.	Modeling and optimal control of HIV/AIDS prevention through PrEP	Discrete and Continuous Dynamical Systems - Series S	-	-	-	19371632	10.3934/dcdss.2018008	https://www.aimsciences.org/article/doi/10.3934/dcdss.2018008	Pre-exposure prophylaxis (PrEP) consists in the use of an antiretroviral medication to prevent the acquisition of HIV infection by uninfected individuals and has recently demonstrated to be highly efficacious for HIV prevention. We propose a new epidemiological model for HIV/AIDS transmission including PrEP. Existence, uniqueness and global stability of the disease free and endemic equilibriums are proved. The model with no PrEP is calibrated with the cumulative cases of infection by HIV and AIDS reported in Cape Verde from 1987 to 2014, showing that it predicts well such reality. An optimal control problem with a mixed state control constraint is then proposed and analyzed, where the control function represents the PrEP strategy and the mixed constraint models the fact that, due to PrEP costs, epidemic context and program coverage, the number of individuals under PrEP is limited at each instant of time. The objective is to determine the PrEP strategy that satisfies the mixed state control constraint and minimizes the number of individuals with pre-AIDS HIV-infection as well as the costs associated with PrEP. The optimal control problem is studied analytically. Through numerical simulations, we demonstrate that PrEP reduces HIV transmission significantly.	Cape Verde; Global stability; HIV/AIDS model; Optimal control; PrEP	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	SILVA, ANA PAULA DA	Avaliação da aceitabilidade e implicações para o uso da profilaxia pré-exposição (PrEP) na prevenção da infecção pelo HIV em coorte de homens que fazem sexo com homens (HSH) – Projeto Horizonte/UFMG	-	-	Universidade Federal de Minas Gerais	-	-	NA	NA	A Profilaxia pré-exposição (PrEP) é nova estratégia de prevenção ao HIV que consiste no uso de antirretrovirais (ARV) por pessoas soronegativas. Este estudo foi desenvolvido com HSH, HIV negativos (Proj.Horizonte/UFMG) em 2 abordagens: 1)Inquérito epidemiológico para avaliar aceitabilidade e conhecer benefícios/barreiras; 2)Grupos Focais para avaliar a experiência do uso da PrEP entre participantes do ensaio clínico fase I que acompanhou 40 participantes, 4 meses, uso diário de Tenofovir/Lamivudina. Metodologia: 1)Inquérito epidemiológico com voluntários do Proj. Horizonte, questionário semiestruturado 2)Grupos Focais (GF) com participantes ensaio clínico. As narrativas foram organizadas/classificadas valorizando núcleos de sentido (Análise do conteúdo). Resultados: Inquérito epidemiológico: Entre abr/2014-dez/2015 212 HSH entrevistados. Idade mediana: 37 anos, 51% nível superior, 82.5% trabalhando, 70.8% com renda até 3 salários, 66,4% negros/pardos. Utilizariam PrEP: 76.8%, 13.7% indecisos, 9.5% não utilizariam. Benefícios percebidos: opção a mais de prevenção, segurança em situações de vulnerabilidade (eg. romper preservativo). Benefícios/barreiras: medo do estigma por uso ARV; indisciplina no uso diário de medicamento; entraves na rede pública de saúde: distribuição/acesso. Para maioria, a PrEP levará ao relaxamento/abandono da prevenção. Adesão está condicionada ao medo dos efeitos colaterais, necessidade de informações adequadas. Grupos Focais: 33/40 participantes do ensaio clínico. Motivações: solidariedade/altruísmo; confiança na equipe. Medo dos efeitos colaterais e insegurança quanto à eficácia da PrEP colocaram em dúvida a participação. Durante o ensaio não houve mudanças na prevenção. No entanto, nos GF houve relatos de risco ancorados na crença de imunidade que a medicação proporcionou. Dificuldades: relaxamento/abandono do preservativo; medo dos efeitos colaterais; indisciplina no uso diário do medicamento; estigma/preconceito associado ao uso de ARV. Para eles, a implementação da PrEP no SUS necessitaria: acesso fácil, não interrupção pelo governo, preparo das equipes de saúde e informação.Alertam sobre o deslocamento de esforços da assistência para a prevenção. Conclusões: A maioria relatou otimismo e utilizaria a PrEP como forma adicional de prevenção. Mas acreditam que poderá ocorrer abandono da prevenção, potencializando cultura atual do não uso do preservativo. A confiança no medicamento poderá gerar concepção equivocada da PrEP como forma isolada de prevenção desconsiderando outras IST. Medo dos efeitos colaterais, estigma e indisciplina no uso de medicamentos poderão comprometer a adesão. É necessário desenvolver estratégias de educação considerando diversos contextos de vulnerabilidade. Para adequada implementação no SUS será preciso organização logística para garantir abastecimento/acesso aos ARV e capacitação das equipes de saúde.	PrEP. Prevenção do HIV. HSH. Estudo qualitativo. Estudo de coorte. Projeto Horizonte.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2018	Silva, Rodrigo Augusto T. M. Leal da	Diversidade e liberdade sexual: Defensoria Pública, movimentos sociais e a PrEP no SUS	Serviço Social & Sociedade	-	-	-	0101-6628	10.1590/0101-6628.145	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0101-66282018000200346	Resumo: O artigo analisa a defesa da liberdade sexual, da diversidade e dos direitos sexuais pela Defensoria Pública do Estado de São Paulo e pelos movimentos sociais no processo de inclusão da Profilaxia Pré-Exposição (PrEP) nos protocolos clínicos e diretrizes terapêuticas do Sistema Único de Saúde - SUS para HIV/Aids, enfatizando o contraponto feito nas atuações contra discursos e práticas institucionalizados heteronormativas e tecnocráticas.	Defensoria Pública; Direitos sexuais; Diversidade; Diversity; Movimentos sociais; Pre-exposure prophylaxis; Profilaxia pré-exposição; Public Defense; Sexual rights; Social movements	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2018	Silverman T.B.; Schrimshaw E.W.; Franks J.; Hirsch-Moverman Y.; Ortega H.; El-Sadr W.M.; Colson P.W.	Response Rates of Medical Providers to Internet Surveys Regarding Their Adoption of Preexposure Prophylaxis for HIV: Methodological Implications	Journal of the International Association of Physicians in AIDS Care	-	-	-	23259574	10.1177/2325958218798373	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055618089&doi=10.1177%2f2325958218798373&partnerID=40&md5=6c0ba67d1e313a835efd8af81d255b72	In 2016 to 2017, we surveyed primary care providers (PCPs) in upper Manhattan and the South Bronx, New York, on their knowledge, attitudes, and practices surrounding preexposure prophylaxis (PrEP) for HIV. Despite efforts to promote survey response, we were only able to obtain a meager response rate, limiting our ability to interpret results. In this short communication, we examine our survey's methodology, as well as the methods used by other similar studies, in order to suggest how certain strategies appear to influence PCP response to PrEP surveys. Administering the survey in a variety of modes, sampling from a professional organization's listserv, promoting the survey topic's relevance to potential participants, and offering monetary incentives to each survey respondent all appear to be promising strategies for increasing response rates in PrEP provider surveys. © The Author(s) 2018.	attitudes; clinical providers; HIV prevention; preexposure prophylaxis; survey	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Silverman, Taylor; Asante, Nicole; Jacob J van den Berg	Quality of HIV Websites With Information About Pre-Exposure Prophylaxis or Treatment as Prevention for Men Who Have Sex With Men: Systematic Evaluation	JMIR Public Health and Surveillance	-	-	-	30327291	10.2196/11384	https://www.proquest.com/scholarly-journals/quality-hiv-websites-with-information-about-pre/docview/2509603928/se-2?accountid=8113	Background: Knowledge and uptake of high-efficacy HIV prevention strategies such as pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP) remain low among men who have sex with men (MSM) who are at the highest risk for HIV infection in the United States. Electronic health (eHealth) interventions are promising tools for disseminating information about these critical yet underutilized strategies and addressing key barriers to uptake among target populations. However, existing HIV prevention websites are understudied and unevaluated. Objective: This study aimed to systematically review and evaluate existing HIV websites that include information about PrEP or TasP for MSM. Methods: From March 2018 to May 2018, 2 trained research assistants (RAs) entered relevant key words and phrases into 3 commonly used search engines and applied exclusion criteria to all returned results to identify 31 websites included in this review. RAs independently scored each website for authority, usability, interactivity, and PrEP/TasP-related content based on a standardized rating scale and then averaged the results. Results: No website received a perfect score in any of the 4 categories, and the average website score was 62% (37/60). Less than a quarter of the websites (23%, 7/31) received a score of more than 75% (7.5/10) for content. Approximately two-thirds of the websites (65%, 20/31) received a score of 50% (5/10) or lower for interactivity. The average score in usability was 68% (6.8/10) and in authority was 69% (6.9/10). Other deficiencies observed included difficulty locating relevant content and lack of information targeting audiences with the highest likelihood of HIV infection. Conclusions: Existing HIV prevention websites with information about PrEP or TasP for MSM fail to provide adequate content as well as present that content to users in an interactive and audience-conscious way. Future eHealth interventions should attempt to rectify these deficiencies to successfully engage and educate MSM at high risk for HIV regarding prevention strategies.	HIV; Pre-exposure prophylaxis; pre-exposure prophylaxis; treatment as prevention; Treatment as prevention; Men who have sex with men; Infections; Health education; Disease prevention; Telemedicine; Public health; Prep; African Americans; Usability; Hispanic Americans; Disease transmission; Disease control; telemedicine; sexual and gender minorities; Health literacy; Health surveillance; Human immunodeficiency virus--HIV; Public Health And Safety; United States--US; Gays & lesbians; Mens health; Minority & ethnic groups; Websites; EHealth; Internet access; Tasp; Authorship; Assistant; Library associations	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Singh A.E.; Tan D.; Hull M.; Bogoch I.I.; Macpherson P.; Tremblay C.; Shafran S.	Canadian guidelines on HIV pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP): Discussion beyond the guidelines and commentary on the role of infectious diseases specialists	Journal of the Association of Medical Microbiology and Infectious Disease Canada (JAMMI)	-	-	-	23710888	https://doi.org/10.3138/jammi.2018-002	https://utppublishing.com/doi/10.3138/jammi.2018-0024	Pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) are part of combination HIV prevention strategies that include behavioural interventions such as condoms and risk-reduction counselling. A 25-member panel was convened to develop Canadian guidelines for PrEP and nPEP, with the full guidelines recently published in the Canadian Medical Association Journal (CMAJ). This article provides a discussion beyond the guideline, highlighting areas of particular interest to infectious disease (ID) specialists and discusses the possible role of ID specialists as access to both PrEP and nPEP become more widely available across the country. © 2018, University of Toronto Press Inc.. All rights reserved.	HIV; HIV infection; Human immunodeficiency virus; Post-exposure prophylaxis; Pre-exposure prophylaxis; Prophylaxis	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Other
Article	2018	Smith D.K.; Switzer W.M.; Peters P.; Delaney K.P.; Granade T.C.; Masciotra S.; Shouse L.; Brooks J.T.	A strategy for PrEP clinicians to manage ambiguous HIV test results during follow-up visits	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofy180	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067552524&doi=10.1093%2fofid%2fofy180&partnerID=40&md5=6fcd1def004c8e9aabd5ed4624782ac	Prompt determination of HIV infection status is critical during follow-up visits for patients taking pre-exposure prophylaxis (PrEP) medication. Those who are uninfected can then continue safely taking PrEP, and those few who have acquired HIV infection can initiate an effective treatment regimen. However, a few recent cases have been reported of ambiguous HIV test results using common testing algorithms in PrEP patients. We review published reports of such cases and testing options that can be used to clarify true HIV status in these situations. In addition, we review the benefits and risks of 3 antiretroviral management options in these patients: (1) continue PrEP while conducting additional HIV tests, (2) initiate antiretroviral therapy for presumptive HIV infection while conducting confirmatory tests, or (3) discontinue PrEP to reassess HIV status after a brief antiretroviral-free interval. A clinical consultation resource is also provided. © The Author(s) 2018.	HIV testing; Pre-exposure prophylaxis; PrEP; Seroconversion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Smith D.K.; Van Handel M.; Grey J.	Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015	Annals of Epidemiology	-	-	-	10472797	10.1016/j.annepidem.2018.05.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048888705&doi=10.1016%2fj.annepidem.2018.05.003&partnerID=40&md5=a034f9b60a723abb6d925d597519b294	Purpose: Effectively measuring progress in delivering HIV pre-exposure prophylaxis (PrEP) requires subnational estimates of the number of adults with indications for its use that account for differences in HIV infection rates by transmission risk (risk) group and race/ethnicity. Methods: We applied a multiplier method with 2015 Centers for Disease Control and Prevention surveillance data on proportions of HIV diagnoses by race/ethnicity and risk group and population-based estimates of risk group sizes to derive estimated numbers of adults with indications for PrEP by risk group (men who have sex with men MSM, heterosexually active adults HET, and persons who inject drugs PWID) by race/ethnicity in each jurisdiction. Results: An estimated 1.1 million adults had indications for PrEP use in 2015: 813,970 MSM, 258,080 HET, and 72,510 persons who inject drugs, and 500,340 blacks, 282,260 Latinos, and 303,230 whites. Among HET, 176,670 females and 81,410 males had indications. The proportions of adults with indications in each risk and race/ethnicity group varied by jurisdiction. Conclusions: Blacks comprised the highest number of adults with indications showing that increasing PrEP use in this population must be the highest priority. MSM remain a priority because of the high number with indications. These estimates can be used as denominators to assess PrEP coverage and impact on HIV incidence at subnational levels. © 2018	Heterosexuals; HIV; MSM; PrEP; PWID; Racial/ethnic populations	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Smith, M Kumi; Graham, Matthew; Latkin, Carl A; Go, Vivian L	Using Contact Patterns to Inform HIV Interventions in Persons Who Inject Drugs in Northern Vietnam.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001632	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5889335	OBJECTIVES: Population mixing patterns can greatly inform allocation of HIV prevention interventions such as treatment as prevention or preexposure prophylaxis. Characterizing contact patterns among subgroups can help identify the specific combinations of contact expected to result in the greatest number of new infections. SETTING: Baseline data from an intervention to reduce HIV-related risk behaviors in male persons who inject drugs (PWID) in the Northern Vietnamese province of Thai Nguyen were used for the analysis. METHODS: Egocentric network data were provided by PWID who reported any drug-injection equipment sharing in the previous 3 months. Age-dependent mixing was assessed to explore its epidemiological implications on risk of HIV transmission risk (among those HIV-infected) and HIV acquisition risk (among those not infected) in PWID. RESULTS: A total of 1139 PWID collectively reported 2070 equipment-sharing partnerships in the previous 3 months. Mixing by age identified the 30-34 and 35-39 years age groups as the groups from whom the largest number of new infections was transmitted, making them primary targets for treatment as prevention. Among the uninfected, 25-29, 30-35, and 35-39 years age groups had the highest HIV acquisition rate, making them the primary targets for preexposure prophylaxis. CONCLUSIONS: Collection and analysis of contact patterns in PWID is feasible and can greatly inform infectious disease dynamics and targeting of appropriate interventions. Results presented also provide much needed empirical data on mixing to improve mathematical models of disease transmission in this population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Spinelli M.A.; Scott H.M.; Vittinghoff E.; Liu A.Y.; Morehead-Gee A.; Gonzalez R.; Buchbinder S.P.	Provider adherence to pre-exposure prophylaxis monitoring guidelines in a large primary care network	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofy099	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048578089&doi=10.1093%2fofid%2fofy099&partnerID=40&md5=5036ae341c2d6096c0d0da97a9394e2d	Insufficient pre-exposure prophylaxis (PrEP) laboratory monitoring could increase HIV resistance and sexually transmitted infections. We examined test-ordering in a primary care network. Providers did not order HIV testing before almost one-quarter of PrEP initiations; panel management was associated with higher testing. Effective monitoring is needed to maximize PrEP's preventive impact. © The Author(s) 2018. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	Behavioral disinhibition; HIV; Pre-exposure prophylaxis; Renal insufficiency; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Spinelli M.A.; Scott H.M.; Vittinghoff E.; Liu A.Y.; Morehead-Gee A.; Gonzalez R.; Gandhi M.; Buchbinder S.P.	A panel management and patient navigation intervention is associated with earlier prep initiation in a safety-net primary care health system	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001828	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054947970&doi=10.1097%2fQAI.0000000000001828&partnerID=40&md5=a75c1908ff1b7b2899559b7984faf068	Background: Timely pre-exposure prophylaxis (PrEP) initiation is critical in at-risk populations, given that HIV acquisition risk persists during delays. Time to treatment initiation, a key metric in HIV care, has not been explored among PrEP users. Interventions that reduce time to PrEP initiation could prevent HIV infections. Setting: Individuals initiating PrEP in a large primary care health network of 15 clinics, the San Francisco Primary Care Clinics (SFPCC), from July 2012 to July 2017 (N = 411). Methods: We examined factors associated with time from first PrEP discussion with a provider to PrEP initiation date using an adjusted Cox proportional-hazards model, with hazard ratios (HRs) >1 indicating earlier initiation. We also examined the relationship between delayed PrEP initiation and PrEP persistence (staying on PrEP) in an adjusted Cox proportional-hazards model. Results: PrEP users initiated PrEP after a median of only 7 days. However, there were notable outliers, with 29% waiting .30 days and 12% waiting >90 days. In an adjusted proportional-hazards model, a panel management and patient navigation intervention was associated with earlier PrEP initiation HR: 1.5; 95% confidence interval (CI): 1.1 to 2.0, whereas only other race/ethnicity compared with white race was associated with delayed PrEP initiation (HR: 0.7; 95% CI: 0.5 to 1.0). Delayed PrEP initiation .30 days was associated with shorter PrEP persistence in an adjusted proportionalhazards model (HR: 1.3; 95% CI: 1.0 to 1.7). Conclusions: PrEP initiation within a week is feasible in a primary care safety-net health system. Setting a goal of rapid PrEP initiation, with the support of panel management and patient navigation, could address delays in at-risk groups. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	Delayed PrEP initiation; Panel management; Patient navigation; Pre-exposure prophylaxis; PrEP; Rapid PrEP initiation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Stekler J.D.; Violette L.R.; Niemann L.; McMahan V.M.; Katz D.A.; Baeten J.M.; Grant R.M.; Delaney K.P.	Repeated false-positive HIV test results in a patient taking HIV pre-exposure prophylaxis	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofy197	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067561989&doi=10.1093%2fofid%2fofy197&partnerID=40&md5=209b036222e69c6c09f7ab57b53fd104	Regular HIV testing is required to ensure the safety of HIV pre-exposure prophylaxis (PrEP). We describe and discuss a series of false-positive HIV test results from an individual receiving PrEP. The expansion of PrEP will likely result in greater numbers of false-positive test results that may pose challenges for interpretation. © The Author(s) 2018.	False-positive; HIV testing; Pre-exposure prophylaxis; PrEP; Seroconversion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Stekler, Joanne D; Scanlan, James M; Simoni, Jane M; Crane, Heidi M; Fredericksen, Rob J; Marquard, Jenna; Saver, Barry G	Predictors of Art and PrEP Adherence and Medication-Taking Practices and Preferences to Inform Development of a Wrist-Worn Adherence System.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2018.30.5.357	https://dx.doi.org/10.1521/aeap.2018.30.5.357	We examined adherence, medication-taking practices, and preferences to inform development of a wrist-worn adherence system. Two convenience samples of persons taking antiretroviral therapy and HIV pre-exposure prophylaxis completed a survey. Additional online questions asked about willingness to use a wrist-worn device and reminder and feedback preferences. Among 225 participants, 13% reported adherence < 90%; this was associated with younger age and clinic sample. Compared to pill bottle-using participants, medset users less commonly reported adherence < 90% (aOR = 0.16, p = .02), and blister pack users (aOR = 6.3, p = .02) and pill roll users (aOR = 3.3, p = .04) more commonly reported adherence < 90%. Sixty-two percent of the online participants reporting adherence (< 100%) had some interest in receiving adherence reminders, including 42% with interest in receiving reminders by smartwatch notifications. Although confounders are likely, formative work identified potential users and interest in using a wrist-worn adherence system. Future work will determine its acceptability and efficacy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Stellbrink H.-J.; Hoffmann C.	Cabotegravir: Its potential for antiretroviral therapy and preexposure prophylaxis	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000480	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048182208&doi=10.1097%2fCOH.0000000000000480&partnerID=40&md5=2651805ef44d72de5216fff13eaaf7f3	Purpose of review Analyzing the evidence for the strand transfer integrase inhibitor cabotegravir (CAB; GSK744, GSK1265744), its properties and differences from other compounds in the class, as well as reviewing the preclinical and clinical evidence for its potential in antiretroviral therapy and medical HIV prevention. Recent findings CAB has been investigated both as an oral and an injectable compound. Recent results show that it has promising properties with regards to its potential for parenteral maintenance therapy in combination with other compounds in HIV-infected patients currently suppressed on oral agents, as well as in preexposure prophylaxis. Summary The strand transfer integrase inhibitor CAB is currently being investigated as an intramuscular preparation with a long half-life allowing for four to eight-weekly injection intervals, and as an oral preparation. The latter is currently only used in trials for achieving an undetectable viral load in antiretroviral-naive patients, assessing tolerability, and covering phases of suboptimal exposure to the parenteral preparation. Phase 2 trials of a dual regimen of CAB and rilpivirine have demonstrated promising virological activity in oral as well as in parenteral therapy, which are currently investigated in phase three trials. Moreover, CAB protected macaques from experimental simian/human immunodeficiency virus infection and showed promising tolerability in the first trial in humans for preexposure prophylaxis of HIV infection. CAB might, therefore, provide the basis of the new treatment paradigm of parenteral treatment and prevention of HIV infection. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	antiretroviral therapy; cabotegravir; injectable; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2018	Sullivan P.S.; Giler R.M.; Mouhanna F.; Pembleton E.S.; Guest J.L.; Jones J.; Castel A.D.; Yeung H.; Kramer M.; McCallister S.; Siegler A.J.	Trends in the use of oral emtricitabine/tenofovir disoproxil fumarate for pre-exposure prophylaxis against HIV infection, United States, 2012–2017	Annals of Epidemiology	-	-	-	10472797	10.1016/j.annepidem.2018.06.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050085678&doi=10.1016%2fj.annepidem.2018.06.009&partnerID=40&md5=2cfb470bea7e6ae46ebc7a7bd2ceec3e	Purpose: Pre-exposure prophylaxis (PrEP) with oral emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) reduces the risk of HIV infection by >90% when taken as prescribed. Trends in prevalence of PrEP use, which account for persons who have stopped PrEP, increased through 2016, but have not been described since. Methods: Annual prevalence estimates of unique, TDF/FTC PrEP users (individuals with ≥1 day of a filled PrEP prescription in a given year) in the United States (US) were generated for 2012–2017 from a national prescription database. A validated algorithm was used to distinguish users of TDF/FTC for HIV or chronic Hepatitis B treatment or postexposure prophylaxis from PrEP users. We calculated annual prevalence of PrEP use overall and by age, sex, and region. We used log-transformation to calculate estimated annual percent change (EAPC) in the prevalence of PrEP use. Results: Annual prevalence of PrEP use increased from 3.3/100,000 population in 2012 to 36.7 in 2017 –a 56% annual increase from 2012 to 2017 (EAPC: +56%). Annual prevalence of PrEP use increased faster among men than among women (EAPC: +68% and +5%, respectively). By age group, annual prevalence of PrEP use increased fastest among 25- to 34-year olds (EAPC: +61%) and slowest among ≥55-year olds (EAPC: +52%) and ≤24-year olds (EAPC: +51%). In 2017, PrEP use was lowest in the South (29.8/100,000) and highest in the Northeast (62.3/100,000). Conclusions: Despite overall increases in the annual number of TDF/FTC PrEP users in the US from 2012 to 2017, the growth of PrEP coverage is inconsistent across groups. Efforts to optimize PrEP access are especially needed for women and for those living in the South. © 2018 The Authors	HIV; HIV prevention; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Sullivan P.S.; Siegler A.J.	Getting pre-exposure prophylaxis (PrEP) to the people: Opportunities, challenges and emerging models of PrEP implementation	Sexual Health	-	-	-	14485028	10.1071/SH18103	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057555032&doi=10.1071%2fSH18103&partnerID=40&md5=042ec8b0e60c5dfe12b3bf501ec1ef66	Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) is now accepted as an efficacious approach to preventing HIV acquisition among people at high risk of HIV infection but, in most places, PrEP uptake to date has not been sufficient to have a large effect on HIV incidence. In this paper we consider several key elements of the effort to expand PrEP uptake for at-risk populations who would benefit most, such as increasing access to PrEP, integrating PrEP programs with other services, promoting PrEP persistence and developing systems for monitoring PrEP use. We used a PrEP Continuum framework to describe barriers to equitable uptake of PrEP, and to illustrate possible solutions to barriers. Access to PrEP includes regulatory issues and geographic proximity to PrEP providers. Integrating PrEP programs with other comprehensive sexual health services, through clinic-based programs or technology-based approaches, offers opportunities to identify PrEP candidates and improve linkages to PrEP care. Once at-risk people are prescribed PrEP, lowering barriers to persistence on PrEP is critical to realising the most population benefits. To understand progress and identify underserved groups and communities, systems to monitor the uptake of PrEP are needed. Making the most of a new biomedical intervention tool requires ongoing research about implementation, scale-up through multiple channels, including community-based organisations, and high-quality monitoring of uptake. We must turn to questions of PrEP implementation and continue to seek innovative approaches to reduce barriers to PrEP uptake and persistence on PrEP. © 2018 CSIRO.	health equity; HIV prevention; men who have sex with men; people who inject drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Suraratdecha C.; Stuart R.M.; Manopaiboon C.; Green D.; Lertpiriyasuwat C.; Wilson D.P.; Pavaputanon P.; Visavakum P.; Monkongdee P.; Khawcharoenporn T.; Tharee P.; Kittinunvorakoon C.; Martin M.	Cost and cost-effectiveness analysis of pre-exposure prophylaxis among men who have sex with men in two hospitals in Thailand	Journal of the International AIDS Society	-	-	-	17582652	10.1002/JIA2.25129	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066922398&doi=10.1002%2fJIA2.25129&partnerID=40&md5=7d934df25bedd264869100d8b227d869	Introduction: In 2014, the Government of Thailand recommended pre-exposure prophylaxis (PrEP) as an additional HIV prevention programme within Thailand's National Guidelines on HIV/AIDS Treatment Prevention. However, to date implementation and uptake of PrEP programmes have been limited, and evidence on the costs and the epidemiological and economic impact is not available. Methods: We estimated the costs associated with PrEP provision among men having sex with men (MSM) participating in a facility-based, prospective observational cohort study: the Test, Treat and Prevent HIV Programme in Thailand. We created a suite of scenarios to estimate the cost-effectiveness of PrEP and sensitivity of the results to the model input parameters, including PrEP programme effectiveness, PrEP uptake among high-risk and low-risk MSM, baseline and future antiretroviral therapy (ART) coverage, condom use, unit cost of delivering PrEP, and the discount rate. Results: Drug costs accounted for 82.5% of the total cost of providing PrEP, followed by lab testing (8.2%) and personnel costs (7.8%). The estimated costs of providing the PrEP package in accordance with the national recommendation ranges from US$223 to US$311 per person per year. Based on our modelling results, we estimate that PrEP would be cost-effective when provided to either high-risk or all MSM. However, we found that the programme would be approximately 32% more cost-effective if offered to high-risk MSM than it would be if offered to all MSM, with an incremental cost-effectiveness ratio of US $4,836 per disability-adjusted life years (DALY) averted and US$7,089 per DALY averted respectively. Cost-effectiveness acceptability curves demonstrate that 80% of scenarios would be cost-effective when PrEP is provided solely to higher-risk MSM. Conclusion: We provide the first estimates on cost and cost-effectiveness of PrEP in the Asia-Pacific region, and offer insights on how to deliver PrEP in combination with ART. While the high drug cost poses a budgeting challenge, incorporating PrEP delivery into an existing ART programme could be a cost-effective strategy to prevent HIV infections among MSM in Thailand. © 2018 The Authors. Journal of the International AIDS Society.	AIDS; cost; cost-effectiveness analysis; HIV; modelling; pre-exposure prophylaxis; Thailand	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Suzan-Monti M.; Fressard L.; Spire B.; Pialoux G.; Cotte L.; Meyer L.; Tremblay C.; Le Gall J.-M.; Cua E.; Pasquet A.; Raffi F.; Pintado C.; Chidiac C.; Chas J.; Charbonneau P.; Delaugerre C.; Loze B.; Fonsart J.; Peytavin G.; Cheret A.; Timsit J.; Girard G.; Lorente N.; Préau M.; Rooney J.F.; Wainberg M.A.; Thompson D.; Rozenbaum W.; Doré V.; Marchand L.; Simon M.-C.; Etien N.; Aboulker J.-P.; Meyer L.; Delfraissy J.-F.	Factors associated with partner notification of STIs in men who have sex with men on PrEP in France: A cross-sectional substudy of the ANRS-IPERGAY trial	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2017-053304	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049070412&doi=10.1136%2fsextrans-2017-053304&partnerID=40&md5=7a6bb7837a0bef412a514d54c0ee779a	Objectives Partner notification (PN) is a useful public health approach to enhance targeted testing of people at high risk of HIV and other STIs, and subsequent linkage to care for those diagnosed. In France, no specific PN guidelines exist and information about current practices is scarce. We used the ANRS-IPERGAY PrEP trial to investigate PN in HIV-negative men who have sex with men (MSM) reporting a bacterial STI. Methods T his substudy included 275 participants who completed a specific online PN questionnaire during the open-label extension study of the ANRS-Intervention Préventive de l'Exposition aux Risques avec et pour les Gays (IPERGAY) trial. Variables used as proxies of at-risk practices were defined using data collected at the previous follow-up visit about participants' most recent sexual encounter and preventive behaviours. X2 or Fisher's exact test helped select variables eligible for multiple logistic models. Results O f the 275 participants, 250 reported at least one previous STI. Among the latter, 172 (68.8%) had informed their partner(s) of their most recent STI. Of these, 138 (80.2%) and 83 (48.3%) had notified their casual and main partners, respectively. Participants were less likely to notify their main partner when their most recent sexual encounter involved unsafe anal sex with a casual partner (adjusted OR (aOR) (95% CI) 0.18 (0.06 to 0.54), P=0.02). Older participants were less likely to inform casual partners (aOR (95% CI) 0.44 (0.21 to 0.94), P=0.03), while those practising chemsex during their most recent sexual encounter were more likely to inform their casual partners (aOR (95% CI) 2.56 (1.07 to 6.09), P=0.03). Conclusion Unsafe sexual encounters with people other than main partners and street drugs use were two sociobehavioural factors identified, respectively, as a barrier to main PN and a motivator for casual PN, in a sample of high-risk MSM. These results provide an insight into current PN practices regarding STI in France and might inform future decisions about how to define feasible and acceptable PN programmes. © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.	behavioural science; gay men; infectious diseases; partner notification	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2018	Tairy D.; Levy I.; Turner D.; Livnat Y.; Mor Z.	Differences in knowledge, attitudes and behaviors of Israeli HIV-uninfected gay men in HIV-discordant vs. concordant steady relationships	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1417533	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85038367856&doi=10.1080%2f09540121.2017.1417533&partnerID=40&md5=c6298aaca5e20bc8b516b64a53b98849	HIV-discordant gay male couples may play an important role in HIV-transmissions. This cross-sectional study compared the knowledge, attitudes and sexual behaviors of HIV-uninfected gay men, between those in HIV-discordant and those in HIV-concordant steady relationships. Anonymous questionnaires were distributed electronically in designated gay-related internet sites and in AIDS-clinics in 2015. The dependent variable was defined as a steady relationship of an HIV-uninfected man with an HIV-infected partner. Risky sexual behavior was defined as unprotected anal intercourse (UAI) with a sex partner whose HIV-status was either positive or unknown. Of 2,319 responders, 460 (20%) were HIV-uninfected gay men in steady relationships, of whom 72 were in HIV-discordant relationships and 388 were in HIV-concordant relationships. Those in HIV-discordant relationships presented better established knowledge regarding HIV-transmission, more lenient attitudes regarding UAI, and reported being involved in riskier sexual behavior, both within and outside their steady relationship compared to men in HIV-concordant relationships. UAI was performed by 48% of the HIV-discordant couples and was associated with the use of sero-positioning strategy and with achieving undetectable viral-load. These findings reflect the complexity of constant use of condoms during long-term sero-discordant relationships. Targeted interventions for HIV-prevention in HIV-discordant couples should be employed for balancing the partners' desire for intimacy and sexual pleasure in the relationship, while reducing the risk for acquiring HIV. Abbreviations: ART: Antiretroviral therapy; PEP: Post exposure prophylaxis; PrEP: Pre exposure prophylaxis; STI: Sexually transmitted infections; UAI: Unprotected anal intercourse. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	AIDS; concordant relationship; discordant relationship; gay men; health promotion; prevention; sexual behavior	English	United Kingdom	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Quantitative
Article	2018	Tan, Rayner Kay Jin; Teo, Alvin Kuo Jing; Kaur, Nashwinder; Harrison-Quintana, Jack; I-Cheng Chen, Mark; Wong, Chen Seong	Cost and anonymity as factors for the effective implementation of pre-exposure prophylaxis: an observational study among gay, bisexual and other men who have sex with men in Singapore.	Sexual Health	-	-	-	1448-5028	10.1071/SH18059	https://dx.doi.org/10.1071/SH18059	Background HIV pre-exposure prophylaxis (PrEP) is currently offered by several public and private clinics at unsubsidised prices in Singapore, but to date, no information is available on the effect of these services. This study sought to assess the knowledge and uptake of, and willingness to use PrEP among gay, bisexual and other men who have sex with men (GBMSM) in Singapore. METHODS: Recruitment was conducted through Grindr®, a geosocial networking application for GBMSM. Results were quantitatively analysed through descriptive statistics and multivariate Poisson regression models, while open-ended responses were qualitatively coded and categorised. RESULTS: Of the 1339 participants who responded, 1098 participants who indicated their knowledge and use of PrEP were included in the analytic sample. Overall, 15.0% (n=154) had taken PrEP, 66.2% (n=678) had heard of but not taken PrEP, while 18.8% (n=193) had never heard of PrEP. Of those who had ever taken PrEP, 59.6% (n=90) had obtained PrEP from overseas or other unofficial sources. Of those who had heard of but never taken PrEP, 73.3% (n=486) reported that they would consider taking PrEP. Those who had taken PrEP were older and had higher educational attainment. CONCLUSIONS: The gap between the willingness to use PrEP and its uptake may be attributed to the cost of PrEP and issues of anonymity at healthcare settings in Singapore. National financing schemes are needed to expand access to PrEP if it is to make a meaningful effect to the Singapore HIV/AIDS response.	HIV, HIV prevention, primary prevention	English	United Kingdom	Western and Central Europe and North America	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Clinical
Article	2018	Tang, Eric C; Vittinghoff, Eric; Anderson, Peter L; Cohen, Stephanie E; Doblecki-Lewis, Susanne; Bacon, Oliver; Coleman, Megan E; Buchbinder, Susan P; Chege, Wairimu; Kolber, Michael A; Elion, Richard; Shlipak, Michael; Liu, Albert Y	Changes in Kidney Function Associated With Daily Tenofovir Disoproxil Fumarate/Emtricitabine for HIV Preexposure Prophylaxis Use in the United States Demonstration Project.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001566	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5762266	BACKGROUND: HIV preexposure prophylaxis (PrEP) using daily oral tenofovir-disoproxil-fumarate/emtricitabine (TDF/FTC) is effective for preventing HIV acquisition, but concerns remain about its potential kidney toxicity. This study examined kidney function in individuals using PrEP in real-world clinical settings. SETTING: Demonstration project in 2 sexually transmitted infection clinics and a community health center. METHODS: We evaluated kidney function among men who have sex with men and transgender women taking tenofovir-disoproxil-fumarate/emtricitabine PrEP for up to 48 weeks. Serum creatinine and urine dipstick for protein were obtained at 12-week intervals. Kidney function was estimated using creatinine clearance (CrCl) (Cockcroft-Gault) and estimated glomerular filtration rate (eGFR) (CKD-EPI). RESULTS: From October 2012 to January 2014, we enrolled 557 participants (median age 33). Mean creatinine increased from baseline to week 12 by 0.03 mg/dL (4.6%) (P < 0.0001); mean CrCl decreased by 4.8 mL/min (3.0%) (P < 0.0001). These changes remained stable through week 48 (P = 0.81, P = 0.71 respectively). There were 75/478 (15.7%) participants who developed worsening proteinuria at week 12 compared with baseline (P < 0.0001), and this percent remained stable through week 48 (P = 0.73). Twenty-five participants (5.1%) developed new-onset eGFR <70 mL/min/1.73 m; independent predictors of this outcome were age ≥40 years (OR 3.79, 95% CI: 1.43 to 10.03) and baseline eGFR <90 mL/min/1.73 m (OR 9.59, 3.69-24.94). CONCLUSIONS: In a demonstration setting, daily tenofovir-disoproxil-fumarate/emtricitabine PrEP leads to reduced CrCl and eGFR; however, these eGFR changes are based on very small changes in serum creatinine and seem to be nonprogressive after the first 12 weeks. Future studies are needed to understand the prognostic significance of these small changes.	Preexposure prophylaxis; HIV prevention; kidney function; tenofovir disoproxil fumarate; men who have sex with men.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2018	Terry-Smith, Justin B	Factors Influencing Use of Pre-Exposure Prophylaxis Among Men Who Have Sex With Men	-	-	Walden University	-	NA	NA	https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=6552&context=dissertations	Prevention is key to keeping men who have sex with men (MSM) protected from Human Immunodeficiency Virus (HIV). Despite new and innovative HIV prevention resources such as pre-exposure prophylaxis (PrEP), factors such as education level, employment status, number of sexual partners, and access to health resources may inhibit certain populations from using PrEP. The purpose of this cross-sectional study was to examine the association between education level, employment status, number of sexual partners, and access to health resources and the use of PrEP among MSM. The fundamental cause theory was used to examine how socioeconomic barriers are associated with the use of PrEP among MSM in the United States. Secondary data from 217 surveys were collected from the Public Library of Science. Findings from multiple regression analyses indicated that employment status, access to health resources, and number of sexual partners were not associated with use of PrEP among MSM. Those who had at least some high school or a high school diploma were 3.98 times more likely to be likely to extremely likely to use PrEP, compared to those who had less than a high school education (OR = 3.98, p = .048). Those who had some college were 6.91 more likely to be likely to extremely likely to use PrEP, compared to those who had less than a high school education (OR = 6.91, p = .028). Findings may be used to assist public health professionals in identifying factors that prevent the use of PrEP. By addressing these health threats, and social barriers, specialists could have the ability to increase HIV prevention activity in populations that are more susceptible to being infected with HIV and may decrease HIV infections not only within the MSM population but also in other populations. Factors Influencing Use of Pre-Exposure Prophylaxis Among Men Who Have Sex With Men	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2018	Thaden J.T.; Gandhi M.; Okochi H.; Hurt C.B.; McKellar M.S.	Seroconversion on preexposure prophylaxis: A case report with segmental hair analysis for timed adherence determination	AIDS	-	-	-	2699370	10.1097/QAD.0000000000001825	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048373658&doi=10.1097%2fQAD.0000000000001825&partnerID=40&md5=e0e1e8f7e58c0b6744bdfcb8773e300b	Objective: We describe the third case report of seroconversion with multidrug resistant (MDR)-HIV despite pre-exposure prophylaxis (PrEP) with emtricitabine (FTC) and tenofovir (TFV) disoproxil (TDF). Design: Case report. Methods: PrEP adherence was assessed via self-report, pharmacy records, and measuring TFV/FTC levels with liquid-chromatography/tandem-mass-spectrometry in plasma and hair. Segmental hair analysis was performed to assess PrEP adherence over prior months. Genotypic resistance was assessed. Results: A 34 year-old white MSM started daily FTC/TDF in February 2016 after being provided 11 refills. In March 2017, he developed fevers, chills, myalgias and was assessed, but no HIV test was sent. In April 2017, an antigen/antibody HIV test was reactive (day 0). On day 2, HIV-1 RNA was 27 316 copies/ml, genotyping revealed M184V, K70T, K65R, and K103N mutations, plasma TFV and FTC concentrations were consistent with recent dosing. To evaluate adherence over preceding months, a hair sample was collected at day 27 and segmental analysis of TFV/FTC levels performed in one-centimeter segments from the scalp. Hair drug levels (0.0434-0.0520 ng TFV/mg hair) were commensurate with consistently high PrEP adherence over the prior 3 months. Conclusions: This study employs segmental analysis of PrEP drug levels in hair for the first time to assess adherence over preceding months in the setting of an HIV seroconversion on PrEP. High adherence over the period of likely acquisition makes MDR-HIV infection the most likely scenario in this case. Adequate adherence assessment when examining PrEP failures and ensuring best practices in PrEP prescribing and follow-up are important. Copyright © 2018 Wolters Kluwer Health, Inc. All rights reserved.	hair analysis; preexposure prophylaxis; seroconversion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Thoma B.C.; Huebner D.M.	HIV pre-exposure prophylaxis engagement among adolescent men who have sex with men: The role of parent-adolescent communication about sex	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001837	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055612482&doi=10.1097%2fQAI.0000000000001837&partnerID=40&md5=6bfd1941ba6c0906bac4893390eb8ceb	Background:Adolescent men who have sex with men (AMSM) are severely affected by the HIV epidemic in the United States. Pre-exposure prophylaxis (PrEP) has proven extremely effective in preventing new HIV infections among adult men who have sex with men, but no research has examined PrEP awareness among AMSM. Furthermore, initial research investigating PrEP adherence among AMSM has found low adherence to the medication regimen. Effective parent-adolescent communication about sex is associated with safer sexual health behaviors among AMSM, and parent-adolescent communication is one potential avenue to increase PrEP engagement among AMSM.Setting:Participants included 636 AMSM in the United States who completed a cross-sectional online survey in 2015.Methods:Self-reported data on PrEP awareness, attitudes about PrEP, and perceived behavioral control for PrEP usage as well as frequency and quality of parent-adolescent communication about HIV were collected from AMSM. Regression models predicting PrEP awareness, attitudes, and perceived behavioral control from communication constructs were estimated, adjusting for demographic covariates.Results:Sixteen percent of AMSM were aware of PrEP. AMSM who reported more frequent communication about HIV with their parents were more likely to report being aware of PrEP. Among AMSM aware of PrEP, higher quality parent-adolescent communication about HIV was associated with higher perceived behavioral control for PrEP usage.Conclusions:Despite high HIV incidence among AMSM in the United States, PrEP awareness is low in this population. Effective parent-adolescent communication about HIV and sexual health could increase AMSM engagement with PrEP and enhance PrEP adherence within future trials among AMSM. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	adolescent men who have sex with men; HIV prevention; parent-adolescent communication about sex; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Thomann M.	On December 1, 2015, sex changes. Forever': Pre-exposure prophylaxis and the pharmaceuticalisation of the neoliberal sexual subject	Global Public Health	-	-	-	17441692	10.1080/17441692.2018.1427275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040971626&doi=10.1080%2f17441692.2018.1427275&partnerID=40&md5=516a0b66939598111a04ec94f17560d2	The global scale-up of AIDS treatment initiatives during the first decade of the twenty-first century has been referred to as a kind of 'pharmaceuticalisation' of public health, a trend that is now building in the area of HIV prevention. This paper traces the emergence and increased uptake of pre-exposure prophylaxis (PrEP), antiretroviral medications that can keep HIV negative individuals from becoming infected, placing it within the broader (re)casting of HIV prevention as a medical and technological problem that has been central to the recent 'end of AIDS' discourse. While HIV prevention discourses have been grounded in a neoliberal calculus of individual responsibility since the late 1990s, PrEP constitutes a pharmaceutical extension of the responsibilised sexual subject. Central to this extension are the acknowledgement of one's risk and a willingness to take pre-emptive medical action to secure a future without HIV. For men who have sex with men, a population heavily targeted for biomedical interventions in the United States, PrEP marks a shift in moral discourses of what it means to be a responsible sexual subject. Characteristics of the pharmaceutical extension of the neoliberal sexual subject are explored through an examination of a New York City-based PrEP promotional campaign. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	biomedical interventions; HIV prevention and treatment; men who have sex with men; neoliberalism; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Thomann M.; Grosso A.; Zapata R.; Chiasson M.A.	WTF is PrEP?': attitudes towards pre-exposure prophylaxis among men who have sex with men and transgender women in New York City	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2017.1380230	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031109660&doi=10.1080%2f13691058.2017.1380230&partnerID=40&md5=36e420ee704ec0a6995eb4027d9b42b7	In the USA, gay and other men who have sex with men and transgender women are disproportionately affected by HIV. Uptake of pre-exposure prophylaxis (PrEP), anti-retroviral therapy to prevent HIV-negative individuals from seroconverting if exposed to HIV, by members of this population remains low, particularly among African-Americans. We conducted two focus groups to assess responses to an online social media campaign focusing on PrEP use in New York City. We designed, produced and disseminated the campaign to address knowledge of PrEP; its physical and psychological side effects; and psychosocial barriers related to PrEP adherence and sex shaming. Focus group participants demonstrated a relatively high knowledge of PrEP, although considerable concern remained about side effects, particularly among Black participants. Participants suggested that stigma against PrEP users was declining as PrEP use became more common, but stigma remained, particularly for those not using condoms. Many focus group participants reported distrust of medical providers and were critical of the commodification of HIV prevention by the pharmaceutical industry. Participants reported that those in romantic relationships confronted unique issues regarding PrEP, namely suspicions of infidelity. Finally, Black participants spoke of the need for more tailored and sensitive representations of Black gay men in future programmes and interventions. © 2017, © 2017 Informa UK Limited, trading as Taylor & Francis Group.	focus groups; men who have sex with men; PrEP; social media; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Thomson K.A.; Dhanireddy S.; Andrasik M.; Hancuch K.; Legg L.; Keane-Candib J.; Heffron R.	Fertility desires and preferences for safer conception strategies among people receiving care for HIV at a publicly-funded clinic in Seattle, WA	AIDS Care	-	-	-	9540121	10.1080/09540121.2017.1390541	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85032200328&doi=10.1080%2f09540121.2017.1390541&partnerID=40&md5=cde2662beab1ac97e9345f2c09fa9d12	Understanding fertility desires and preferences for HIV prevention among individuals living with HIV, including the potential use of pre-exposure prophylaxis (PrEP) by HIV uninfected partners, can inform the delivery of safer conception counseling to reduce the risk of HIV transmission during pregnancy attempts. Men and women, predominantly heterosexual, engaged in HIV care in Seattle, WA, self-administered a questionnaire and we abstracted antiretroviral therapy (ART) status and HIV viral levels from medical records. We summarized participants' sexual behavior, fertility desires, and preferences for safer conception strategies and used log-binomial regression to identify demographic, sexual, and behavioral factors associated with perceived acceptability of PrEP for HIV uninfected partners during pregnancy attempts. 52% of the 150 participants were female and the mean age was 48 years (range 23–74). 94.7% of participants were using ART and 79.3% had HIV viral load < 40 copies/mL. 22.2% of men and 34.6% of women reported that a healthcare provider had initiated discussion about fertility desires. 28.7% of participants were reproductive-age and desired children. Among sexually active reproductive-age participants with fertility desires, 56.3% reported inconsistent condom use and 62.5% did not report using effective birth control. 74.4% of reproductive age participants with fertility desires perceived that PrEP would be acceptable to an HIV uninfected partner and there were no significant predictors of PrEP acceptability. Nearly one third of reproductive-aged individuals living with HIV expressed fertility desires, highlighting a need for safer conception counseling in this setting. PrEP and ART were favored safer conception strategies. © 2017 Informa UK Limited, trading as Taylor & Francis Group.	ART; HIV; pregnancy; PrEP; safer conception	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Thomson K.A.; Hughes J.; Baeten J.M.; John-Stewart G.; Celum C.; Cohen C.R.; Ngure K.; Kiarie J.; Mugo N.; Heffron R.	Increased Risk of HIV Acquisition among Women Throughout Pregnancy and during the Postpartum Period: A Prospective Per-Coital-Act Analysis among Women with HIV-Infected Partners	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiy113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046943327&doi=10.1093%2finfdis%2fjiy113&partnerID=40&md5=7ebf42614e3731982597da2007e4fffc	Background Understanding the absolute and relative risk of human immunodeficiency virus type 1 (HIV) acquisition during pregnancy and the postpartum period can inform HIV prevention strategies for women. Methods We used a complementary log-log model and data from 2751 HIV-serodiscordant couples to compare the probability of HIV acquisition among women per sex act during early pregnancy, late pregnancy, the postpartum period, and the nonpregnant period. Results At total of 686 pregnancies were identified, and 82 incident HIV infections occurred. After adjustment for condom use, age, preexposure prophylaxis (PrEP) use, and HIV viral load, the per-act probability of HIV acquisition was higher in late pregnancy (adjusted relative risk aRR, 2.82; P =.01) and the postpartum period (aRR, 3.97; P =.01) as compared to that during the nonpregnant period. For a 25-year-old woman not taking PrEP, the HIV acquisition probability per condomless sex act with an HIV-infected male partner with a viral load of 10 000 copies/mL was 0.0011 (95% confidence interval CI 0.005-0.0019), 0.0022 (95% CI, 0.0004-0.0093), 0.0030 (95% CI, 0.0007-0.0108), and 0.0042 (95% CI, 0.0007-0.0177) during the nonpregnant period, early pregnancy, late pregnancy, and the postpartum period, respectively. Conclusion The HIV acquisition probability per condomless sex act steadily increased during pregnancy and was highest during the postpartum period, suggesting that biological changes during pregnancy and the postpartum period increase HIV susceptibility among women. © The Author(s) 2018. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com.	HIV; HIV serodiscordant couples; infectivity; per coital act; postpartum; pregnancy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2018	Thomson, Kerry Ann	HIV-1 Risk and Prevention Strategies for Women during Pregnancy and Postpartum	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/40888	HIV-1 is the leading cause of death worldwide among women of reproductive age, and this group is a priority to reach with effective HIV-1 prevention. There is great potential to provide HIV-1 interventions to women during the periconception, pregnancy, and postpartum periods by leveraging existing healthcare settings that serve women and couples at high risk of HIV-1 acquisition. These opportunities include integration of HIV-1 prevention strategies within antenatal and postnatal care programs in settings with high HIV-1 prevalence and inclusion of safer conception programs within clinical HIV-1 care for HIV-1 affected individuals and couples desiring children. Specifically, antiretrovirals, as PrEP used by HIV-1 uninfected people and ART used by HIV-1 infected people, are highly effective and important for women and couples, especially those planning and experiencing pregnancy. The aims within this dissertation address questions regarding HIV-1 risk and implementation of antiretrovirals for HIV-1 prevention among women and their partners during reproductive stages, including: quantifying the risk of female HIV-1 acquisition in different reproductive stages, making the case for PrEP as a highly efficacious HIV-1 strategy for women, and describing fertility intentions and willingness to use safer conception strategies during pregnancy attempts among HIV-1 infected individuals. Previous studies have shown that pregnancy and postpartum are periods with heightened HIV-1 acquisition risk for women, but it is not clear whether this is primarily driven by biological or behavioral factors. We have addressed this gap by using robust data from two longitudinal studies to estimate the per coital act probability of female HIV-1 acquisition during the early pregnancy, late pregnancy, and postpartum stages, relative to time periods to unrelated to pregnancy. We found that the risk of HIV-1 transmission per coital act steadily increased during pregnancy and was highest during postpartum, even after accounting for sexual behavior, PrEP, and HIV-1 viral load, suggesting that biological changes during these periods increase HIV-1 risk. Conflicting results and conclusions from the initial randomized clinical trials that assessed efficacy of PrEP for HIV-1 prevention among women has spurred debate about whether PrEP is a strategy that women will use effectively. This debate has delayed the initiation of programs to deliver PrEP to women, and specifically has been a barrier to the integration of PrEP into antenatal and postnatal care where it has the potential to reach women who most need enhanced HIV-1 prevention. We have objectively assessed and synthesized existing evidence of PrEP efficacy among women and made a conclusive case that PrEP is an effective HIV-1 prevention strategy for women. Couples affected by HIV-1 with fertility desires experience heightened vulnerability to HIV-1 acquisition when they forgo condom use during pregnancy attempts. "Safer conception" is a risk reduction approach where HIV-1 serodiscordant couples use one or…	HIV; infectivity; postpartum; pre-exposure prophylaxis (PrEP); pregnancy; safer conception; Epidemiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2018	Tintori C.; Iovenitti G.; Ceresola E.R.; Ferrarese R.; Zamperini C.; Brai A.; Poli G.; Dreassi E.; Cagno V.; Lembo D.; Canducci F.; Botta M.	Rhodanine derivatives as potent anti-HIV and anti-HSV microbicides	PLOS One	-	-	-	19326203	10.1371/journal.pone.0198478	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048110417&doi=10.1371%2fjournal.pone.0198478&partnerID=40&md5=6ecc8349a3961c7baf6637fe6c893d41	Although highly active antiretroviral therapies (HAART) remarkably increased life expectancy of HIV positive people, the rate of novel HIV-1 infections worldwide still represent a major concern. In this context, pre-exposure prophylaxis (PrEP) approaches such as vaginal microbicide gels topically releasing antiretroviral drugs, showed to have a striking impact in limiting HIV-1 spread. Nevertheless, the co-presence of other genital infections, particularly those due to HSV-1 or 2, constitute a serious drawback that strongly limits the efficacy of PrEP approaches. For this reason, combinations of different compounds with mixed antiviral and antiretroviral activity are thoroughly investigated Here we report the synthesis and the biological evaluation of a novel series of rhodanine derivatives, which showed to inhibit both HIV-1 and HSV-1/2 replication at nanomolar concentration, and were found to be active also on acyclovir resistant HSV-2 strains. The compounds showed a considerable reduction of activity in presence of serum due to a high binding to serum albumin, as determined through in vitro ADME evaluations. However, the most promising compound of the series maintained a considerable activity in gel formulation, with an EC50 comparable to that obtained for the reference drug tenofovir. Moreover, the series of compounds showed pharmacokinetic properties suitable for topical formulation, thus suggesting that the novel rhodanine derivatives could represent effective agents to be used as dual anti HIV/HSV microbicides in PrEP approaches. © 2018 Tintori et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Animals; Antiviral Agents; Cercopithecus aethiops; Drug Resistance, Viral; Female; HeLa Cells; Herpes Simplex; Herpesvirus 1, Human; Herpesvirus 2, Human; HIV Infections; HIV-1; Humans; Molecular Structure; Pre-Exposure Prophylaxis; Rhodanine; Simplexvirus; Thiazoles; Vaginal Creams, Foams, and Jellies; Vero Cells; Virus Replication.	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2018	To K.W.; Lee S.S.	HIV pre-exposure prophylaxis in South East Asia: A focused review on present situation	International Journal of Infectious Diseases	-	-	-	12019712	10.1016/j.ijid.2018.10.027	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056555579&doi=10.1016%2fj.ijid.2018.10.027&partnerID=40&md5=7243053506b0e6ed08e40fb4a9a29e2b	Pre-exposure prophylaxis (PrEP) with the use of antiretrovirals has been approved for HIV prevention in many western countries and internationally. PrEP is however not yet widely available in South East Asia. Awareness of PrEP among MSM in the region is very variable in different countries. While willingness of PrEP uptake is closely related to the extent of awareness, it is largely affected by factors at the individual level, e.g. financial consideration, risk perception, understanding of PrEP and convenience. Removal of social stigmata and secure data confidentiality can improve willingness of uptake. The diverse religious beliefs in South East Asia could have potential influence on PrEP uptake but there was very limited data in the region. There is no strong evidence suggesting substantial risk compensation among MSM who are on PrEP. As in other parts of the world, education on condom use to prevent other sexually transmitted diseases (STD) should be properly addressed rather than blaming PrEP as a sole cause of rise in STD among MSM. © 2018	HIV; MSM; Pre-exposure prophylaxis; Risk compensation; South East Asia	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2018	Torres, Thiago Silva; De Boni, Raquel Brandini; de Vasconcellos, Mauricio Tl; Luz, Paula Mendes; Hoagland, Brenda; Moreira, Ronaldo Ismerio; Veloso, Valdilea Gonçalves; Grinsztejn, Beatriz	Awareness of Prevention Strategies and Willingness to Use Preexposure Prophylaxis in Brazilian Men Who Have Sex With Men Using Apps for Sexual Encounters: Online Cross-Sectional Study.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/publichealth.8997	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5799718	BACKGROUND: Geosocial networking (GSN) smartphone apps are becoming the main venue for sexual encounters among Brazilian men who have sex with men (MSM). To address the increased HIV incidence in this population, preexposure prophylaxis (PrEP) was recently implemented in the Brazilian public health system in the context of combined HIV prevention. OBJECTIVE: This study aimed to describe the characteristics of MSM using GSN apps for sexual encounters, their awareness of prevention strategies, and willingness to use PrEP. METHODS: This study was an online cross-sectional study conducted in 10 Brazilian state capitals from July 1 to July 31, 2016. The questionnaire was programmed on SurveyGizmo and advertised in two GSN apps used by MSM to find sexual partners (Hornet and Grindr). Inclusion criteria were >18 years of age, cisgender men, with an HIV-negative status. Eligible individuals answered questions on: demographics; behavior; and knowledge, preferences, and willingness to use PrEP, nonoccupational postexposure prophylaxis (nPEP), HIV self-testing (HIVST), and condoms. Logistic regression modeling was performed to assess the factors associated with daily oral PrEP willingness. RESULTS: During the study period, 8885 individuals provided consent and started the questionnaire. Of these, 23.05% (2048/8885) were ineligible, 6837 (6837/8885, 76.94%) initiated, and 5065 (5065/8885, 57.00%) completed the entire questionnaire and were included in the present analysis. Median age was 30 years (interquartile range: 25-36), most self-declared as MSM (4991/5065, 98.54%), white (3194/5065, 63.06%), middle income (2148/5065, 42.41%), and had 12 or more years of schooling (3106/5062, 61.36%). The majority of MSM (3363/5064, 66.41%) scored >10 points (high risk) on The HIV Incidence Risk for MSM Scale, but only 21.39% (1083/5064) had a low perceived likelihood of getting HIV in the next year. Daily use of apps for sex was reported by 35.58% (1798/5054). Most MSM (4327/5065, 85.43%) reported testing for HIV at least once in their lifetime and 9.16% (464/5065) used nPEP in the previous year. PrEP, nPEP, and HIVST awareness was reported by 57.89% (2932/5065), 57.39% (2907/5065), and 26.57% (1346/5065) of participants, respectively. Half of all respondents (2653/5065, 52.38%) were willing to use daily oral PrEP, and this finding was associated with higher numbers of male sexual partners (adjusted odds ratio AOR 1.26, 95% CI 1.09-1.47), condomless receptive anal intercourse (AOR 1.27, 95% CI 1.12-1.44), sex with HIV-positive partner versus no HIV-positive partner (one HIV-positive partner: AOR 1.36, 95% CI 1.11-1.67), daily use of apps for sexual encounters (AOR 1.48, 95% CI 1.17-1.87), high and unknown perceived likelihood of getting HIV in the next year (AOR 1.72, 95% CI 1.47-2.02 and AOR 1.39, 95% CI 1.13-1.70), sexually transmitted infection diagnosis (AOR 1.25, 95% CI 1.03-1.51), stimulant use (AOR 1.24, 95% CI 1.07-1.43), PrEP awareness (AOR 1.48, 95% CI 1.30-1.70), and unwillingness to use condoms (AOR 1.16, 95% CI 1.00-1.33). CONCLUSIONS: Our results evidenced high-risk scores in the studied population, suggesting the importance of PrEP use. Those individuals presenting risky sexual behaviors were more willing to use PrEP. Nonetheless, only 58% (2932/5065) of individuals had heard about this prevention strategy. Efforts to increase awareness of new prevention strategies are needed, and mobile health tools are a promising strategy to reach MSM.	HIV, prevention, MSM, app, internet, PrEP, Brazil, Latin America	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Essay	2018	Trachman M.; Gelly M.; Girard G.	Undoing and redoing an at-risk group: The objectivation and prevention of aids among male homosexuals in the antiretroviral era	Population	-	-	-	16342941	10.3917/pope.1804.0751	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072525772&doi=10.3917%2fpope.1804.0751&partnerID=40&md5=5114ec494c5ba00f61f4bfb4486a6fbc	In the 1990s, the fight against HIV became a national cause, the preventive initiatives of which addressed the entire population to avoid any stigmatization. In the 2000s, recognizing the existence of "high-risk groups" no longer posed a problem and determined more targeted action. In response to the resurgence in risk-taking, the players involved in these efforts worked to understand groups through the close observation of their behaviour. Focusing on male homosexuals, the article analyses two recent innovations embodying this trend: the demedicalization of screening and pre-exposure prophylaxis. These developments show that the observed changes are not simply about expressing what should not be said, but instead involve renewed work on objectivation, the mobilization of members of the target population, and a certain idea of the risk-taking individual. The detection of at-risk behaviour also serves to delimit the populations with which intervention is possible and the implementation of the necessary tools. © I.N.E.D. All rights reserved for all countries.	At-risk; France; HIV/AIDS; Male homosexuality; PrEP; Prevention; Prophylaxis; Screening	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Essay	2018	Trachman, Mathieu; Girard, Gabriel	Targeting Fallible Men: Communication Strategies and Moral Issues in a Pre-exposure Prophylaxis Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001806	https://dx.doi.org/10.1097/QAI.0000000000001806	Based on the analysis of a French pre-exposure prophylaxis trial (Ipergay), and focusing on the communication strategies used to recruit volunteers, this article explores the figure who serves to justify the trial and who shapes the way in which populations concerned by this prevention tool are targeted. We show that this figure is that of the fallible man, a classic in moral philosophy: while aware of what is good or right for him, he is unable to put this knowledge into practice. The targeting of fallible men makes sense in the context of a resurgence of high-risk behaviors objectified in the late 1990s: qualifying gays who take risks as fallible individuals create a distance with respect to the "barebacker" who risks his life deliberately and has no intention of changing his behavior. Recognizing that certain gays are vulnerable to risk also provides justification for a preventive strategy that acknowledges the inadequacy of behavioral prevention, without giving up on prevention altogether. All in all, this analysis shows that the technological and epidemiological realism often highlighted in pre-exposure prophylaxis interventions is not without a moral dimension, attentive to individuals' contradictions and singularities, doubts and uncertainties, and to the risk of stigmatization inherent to the acknowledgement of risk-taking.	pre-exposure prophylaxis trial; communication strategies; HIV; gay men; France	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Article	2018	Traeger M.W.; Schroeder S.E.; Wright E.J.; Hellard M.E.; Cornelisse V.J.; Doyle J.S.; Stoové M.A.	Effects of Pre-exposure Prophylaxis for the Prevention of Human Immunodeficiency Virus Infection on Sexual Risk Behavior in Men Who Have Sex with Men: A Systematic Review and Meta-analysis	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciy182	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048975498&doi=10.1093%2fcid%2fciy182&partnerID=40&md5=b1cfe1eeb85423514bab2c5e2f857ef4	Background. Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is effective in reducing HIV risk in men who have sex with men (MSM). However, concerns remain that risk compensation in PrEP users may lead to decreased condom use and increased incidence of sexually transmitted infections (STIs). We assessed the impact of PrEP on sexual risk outcomes in MSM. Methods. We conducted a systematic review of open-label studies published to August 2017 that reported sexual risk outcomes in the context of daily oral PrEP use in HIV-negative MSM and transgender women. Pooled effect estimates were calculated using random-effects meta-analysis, and a qualitative review and risk of bias assessment were performed. Results. Sixteen observational studies and 1 open-label trial met selection criteria. Eight studies with a total of 4388 participants reported STI prevalence, and 13 studies with a total of 5008 participants reported change in condom use. Pre-exposure prophylaxis use was associated with a significant increase in rectal chlamydia (odds ratio (OR), 1.59; 95% confidence interval (CI), 1.19-2.13) and an increase in any STI diagnosis (OR, 1.24; 95% CI, .99-1.54). The association of PrEP use with STI diagnoses was stronger in later studies. Most studies showed evidence of an increase in condomless sex among PrEP users. Conclusion. Findings highlight the importance of efforts to minimize STIs among PrEP users and their sexual partners. Monitoring of risk compensation among MSM in the context of PrEP scale-up is needed to assess the impact of PrEP on the sexual health of MSM and to inform preventive strategies. © The Author(s) 2018.	human immunodeficiency virus; pre-exposure prophylaxis; risk compensation; sexual behavior; sexually transmitted infections.	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2018	Traore, Yannick L.; Chen, Yufei; Ho, Emmanuel A.	Current State of Microbicide Development.	Clinical Pharmacology and Therapeutics	-	-	-	1532-6535 0009-9236	10.1002/cpt.1212	https://pubmed.ncbi.nlm.nih.gov/30107032/	Efforts in developing an effective vaccine for human immunodeficiency virus (HIV) has been challenging as HIV strains are highly variable and exhibit extraordinary mutability. Despite condom usage and pre-exposure prophylaxis as excellent prevention strategies, lack of accessibility in some developing countries and low adherence due to sociocultural factors continue to act as barriers in reducing the HIV epidemic. Microbicides are topical therapies developed to prevent HIV and other sexually transmitted infections during intercourse. Microbicides applied vaginally or rectally are intended to prevent HIV infection at the site of transmission by either inhibiting its entry into immune cells or direct viral replication. This review will summarize some of the current state-of-the-art microbicide formulations that are in preclinical and clinical stages of development and discuss some of the challenges associated with microbicide development.	Humans; Male; Treatment Outcome; Animals; Female; Administration, Intravaginal; Anti-HIV Agents/*administration & dosage/adverse effects; Administration, Rectal; Dosage Forms; Host-Pathogen Interactions; HIV Infections/immunology/*prevention & control/transmission/virology; Drug Development/*methods; Anti-Infective Agents, Local/*administration & dosage/adverse effects; HIV/*drug effects/immunology/pathogenicity	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Essay	2018	Tuller D.	HIV prevention drug's slow uptake undercuts its early promise	Health Affairs	-	-	-	2782715	10.1377/hlthaff.2017.1650	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85046765338&doi=10.1377%2fhlthaff.2017.1650&partnerID=40&md5=87bcf11d769d7f25b367ba92b1067bdb	Each year in France, several thousand people find out that they are HIV-positive, despite relentless information and prevention campaigns since the 1990s. Associations and public authorities have been decisive in the struggle against the epidemic. The authors revisit the history of public health policies to combat AIDS and examine the transition from a prevention policy aimed at the general population to one targeting the individuals who are most at risk. To this end, using a variety of data, the authors analyse responses to three crucial questions: What is an at-risk group? How can we target at-risk individuals without stigmatizing them? And what are some strategies that can help protect them?	Diffusion of Innovation; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination; HIV Infections; Homosexuality, Male; Humans; Male; Pre-Exposure Prophylaxis; Reverse Transcriptase Inhibitors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Tumarkin, Ethan; Heendeniya, Amila; Murphy, Pauline; Placido, Tania; Tan, Darrell H S; Bogoch, Isaac I	HIV Postexposure Prophylaxis-in-Pocket ("PIP") for Individuals With Low-Frequency, High-Risk HIV Exposures.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001639	https://dx.doi.org/10.1097/QAI.0000000000001639	BACKGROUND: On-demand preexposure prophylaxis may reduce one's risk of HIV acquisition; however, it is unclear if individuals with a very low frequency of HIV exposures are conferred adequate protection. We evaluated a novel approach dubbed HIV postexposure prophylaxis-in-pocket ("PIP"), for individuals with a low frequency of high-risk HIV exposures. SETTING: Two HIV clinics in Toronto, Canada, managing HIV prevention cases. METHODS: A retrospective evaluation of patients referred to HIV clinics for preexposure prophylaxis between January 1, 2013, and September 30, 2017, inclusive. After counseling and education, selected patients were initiated on PIP if they were having very infrequent HIV exposures. RESULTS: Thirty patients were prescribed PIP. Four patients (13.3%) used PIP during this study. There were no HIV seroconversions in 21.8 cumulative patient-years of PIP. CONCLUSIONS: PIP may be a useful HIV prevention modality for individuals with a very low frequency of HIV exposures.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2018	Tung E.L.; Thomas A.; Eichner A.; Shalit P.	Implementation of a community pharmacy-based pre-exposure prophylaxis service: A novel model for pre-exposure prophylaxis care	Sexual Health	-	-	-	14485028	10.1071/SH18084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056527215&doi=10.1071%2fSH18084&partnerID=40&md5=7222f30ad7732498ed201642174322b9	Background: National guidelines for the provision of HIV pre-exposure prophylaxis (PrEP) to reduce a person's risk of acquiring HIV were made available in 2014. We created a pharmacist-managed HIV PrEP clinic in a community pharmacy setting at Kelley-Ross Pharmacy in Seattle, WA, USA. Methods: The clinic operates under a collaborative drug therapy agreement based on these guidelines. This allows pharmacists to initiate and manage tenofovir disoproxil fumarate/emtricitabine under the supervision of a physician medical director. Results: Between March 2015 and February 2018, 714 patients were evaluated and 695 (97.3%) initiated PrEP. Five hundred and thirteen (74%) patients began medication the same day as their initial appointment. Of the prescriptions filled in our pharmacy, 90% of patients had a mean proportion of days covered (PDC) greater than 80%, and 98% had a zero-dollar patient responsibility per month, including uninsured individuals. 19% of patients were lost to follow up, with an effective drop-out rate of 25%. Two hundred and seven diagnoses of sexually transmissible infections were made. There were no HIV seroconversions in the service. Conclusion: The pharmacist-managed PrEP clinic proved to be a successful alternative model of PrEP care, with high initiation rates and low drop-out and lost-to-follow-up rates. This may benefit individuals who do not access PrEP in traditional health care settings or where PrEP access is scarce. Financial sustainability of the model was dependent on the ability of pharmacists in the clinic to bill insurance plans for their services in accordance with Washington State legislative changes requiring commercial insurances to recognize pharmacists as providers. © 2018 CSIRO.	pharmacist-managed PrEP; PrEP adherence; PrEP clinic	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2018	Turner, Leah; Roepke, Abbey; Wardell, Emily; Teitelman, Anne M	Do You PrEP? A Review of Primary Care Provider Knowledge of PrEP and Attitudes on Prescribing PrEP.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1016/j.jana.2017.11.002	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7653672	Oral preexposure prophylaxis (PrEP) has been proven to be a safe and effective means of preventing HIV. The purpose of our literature review was to examine primary care provider knowledge and attitudes about prescribing PrEP. PubMed, CINAHL, Web of Science, and Scopus were searched and additional articles were identified through other sources, yielding 11 articles that met inclusion criteria. Overall, there was high variability among providers regarding attitudes, knowledge, and prescriptive practices related to PrEP. PrEP continues to be an underutilized HIV prevention intervention and more research focusing on provider-specific factors is warranted.	attitudes and beliefs, health knowledge, HIV, preexposure prophylaxis, primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Underhill K.; Guthrie K.M.; Colleran C.; Calabrese S.K.; Operario D.; Mayer K.H.	Temporal Fluctuations in Behavior, Perceived HIV Risk, and Willingness to Use Pre-Exposure Prophylaxis (PrEP)	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-017-1100-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040368837&doi=10.1007%2fs10508-017-1100-8&partnerID=40&md5=c4ecf20b2235312adfc08aef7e8deaeb	Individual perceptions of HIV risk influence willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention. Among men who have sex with men (MSM) and male sex workers (MSWs), temporal or episodic changes in risk behavior may influence perceived risk and PrEP acceptability over time. We investigated fluctuations in perceived HIV risk and PrEP acceptability, comparing MSWs against MSM who do not engage in sex work. We conducted 8 focus groups (n = 38) and 56 individual interviews among MSM and MSWs in Providence, RI. Perceived HIV risk shaped willingness to use PrEP among both MSWs and MSM who did not engage in sex work, and risk perceptions changed over time depending on behavior. For MSWs, perceived risk cycled according to patterns of substance use and sex work activity. These cycles yielded an "access-interest paradox": an inverse relationship between willingness to use and ability to access PrEP. MSM who did not engage in sex work also reported temporal shifts in risk behavior, perceived risk, and willingness to use PrEP, but changes were unrelated to access. MSM attributed fluctuations to seasonal changes, vacations, partnerships, behavioral "phases," and episodic alcohol or drug use. Efforts to implement PrEP among MSM and street-based MSWs should address temporal changes in willingness to use PrEP, which are linked to perceived risk. Among MSWs, confronting the access-interest paradox may require intensive outreach during high-risk times and efforts to address low perceived risk during times of reduced sex work. © 2018, Springer Science+Business Media, LLC.	HIV prevention; Male sex work; Men who have sex with men; Pre-exposure prophylaxis; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2018	Uthappa C.K.; Allam R.R.; Pant R.; Pal S.; Dinaker M.; Oruganti G.; Yeldandi V.V.	Pre-exposure prophylaxis: awareness, acceptability and risk compensation behaviour among men who have sex with men and the transgender population	HIV Medicine	-	-	-	14642662	10.1111/hiv.12572	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85035192783&doi=10.1111%2fhiv.12572&partnerID=40&md5=b099f1ac6e74e78202592b9031135c5f	Objectives: This exploratory study examined the facilitators of and barriers to acceptance of pre-exposure prophylaxis (PrEP) and potential risk compensation behaviour emerging from its use among men who have sex with men (MSM) and transgender individuals (TGs) in India. Methods: A questionnaire was administered to 400 individuals registered with a targeted intervention programme. Logistic regression models were used to identify facilitators of and barriers to PrEP acceptance. Results: The respondents consisted of 68% MSM and 32% TGs. Risk behaviour categorization identified 40% as low risk, 41% as medium risk and, 19% as high risk for HIV infection. About 93% of the respondents were unaware of PrEP, but once informed about it, 99% were willing to use PrEP. The facilitators of PrEP acceptance were some schooling odds ratio (OR) 2.16; P = 0.51, being married or in a live-in relationship (OR 2.08; P = 0.46), having a high calculated risk (OR 3.12; P = 0.33), and having a high self-perceived risk (OR 1.8; P = 0.35). Increasing age (OR 2.12; P = 0.04) was a significant barrier. TGs had higher odds of acceptance of PrEP under conditions of additional cost (OR 2.12; P = 0.02) and once-daily pill (OR 2.85; P = 0.04). Individuals identified as low risk for HIV infection showed lower odds of potential risk compensation, defined as more sexual partners (OR 0.8; P = 0.35), unsafe sex with new partners (OR 0.71; P = 0.16), and decreased condom use with regular partners (OR 0.95; P = 0.84), as compared with medium-risk individuals. The associations, although not statistically significant, are nevertheless important for public health action given the limited scientific evidence on PrEP use among MSM and TGs in India. Conclusions: With high acceptability and a low likelihood of risk compensation behaviour, PrEP can be considered as an effective prevention strategy for HIV infection among MSM and TGs in India. © 2017 British HIV Association	HIV; men who have sex with men; pre-exposure prophylaxis; transgender	English	United Kingdom	Western and Central Europe and North America	india	Asia and the Pacific	india	Asia and the Pacific	Quantitative
Article	2018	Vaccher S.J.; Kaldor J.M.; Callander D.; Zablotska I.B.; Haire B.G.	Qualitative Insights into Adherence to HIV Pre-Exposure Prophylaxis (PrEP) among Australian Gay and Bisexual Men	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0106	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058052261&doi=10.1089%2fapc.2018.0106&partnerID=40&md5=eab32cc08d1a5b10ce5b00feee450b5a	The number of gay and bisexual men (GBM) taking HIV pre-exposure prophylaxis (PrEP) to prevent HIV has rapidly increased since 2010, but limited information about barriers and facilitators to adherence has been reported outside of formal trial settings. We conducted semistructured in-depth interviews with 24 Australian cis-and transgender GBM with a history of PrEP use to gather data on adherence to PrEP. The majority of participants were able to access PrEP at no cost through implementation studies. Three key domains were explored-how individuals took PrEP, factors that aided PrEP adherence, and barriers to PrEP use. All participants recognized the importance of regular dosing to ensure protection from HIV, with some participants taking the initiative to pre-empt possible adherence obstacles and plan around these. Multiple strategies were used to aid adherence, including using tools such as a phone alarm and support and tips from other PrEP users, friends, or clinicians. Barriers to PrEP adherence included stigma, concerns about side effects, and difficulties in accessing PrEP. Although most participants encountered at least one barrier to PrEP use, they were resourceful and utilized a variety of approaches to ensure good adherence to PrEP was maintained. These narratives highlight a commitment to finding ways to make PrEP work in the daily lives of this cohort of Australian GBM, demonstrated by their active investigation of different routines to determine the most suitable dosing strategy, and creation of contingency plans if they were unable to access PrEP in their usual or preferred manner. © 2018, Mary Ann Liebert, Inc., publishers.	adherence; barriers; gay and bisexual men; pre-exposure prophylaxis (PrEP); qualitative	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2018	Valencia, Jorge; Ryan, Pablo; Alvaro-Meca, Alejandro; Troya, Jesús; Gutierrez, Jorge; Cuevas, Guillermo; Moreno, Santiago	High HIV seroconversion rate in hepatitis C virus-infected drug users followed in a harm reduction unit: a lost opportunity for preexposure prophylaxis.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000001806	https://dx.doi.org/10.1097/QAD.0000000000001806	OBJECTIVES: Current harm reduction strategies will probably remain insufficient to eliminate HIV transmission among drug users. We aimed to estimate the HIV seroconversion rate among drug users followed at a harm reduction unit (HRU) to evaluate the potential use of preexposure prophylaxis as a prevention tool. DESIGN AND METHODS: A cohort of drug users has been followed at an HRU in Madrid between 2013 and 2016. Individuals who were HIV negative at baseline and who had at least one retest for HIV infection were eligible. Kaplan-Meier methods were employed to estimate the incidence density. RESULTS: A total of 954 drug users had at least an HIV test. At baseline, 260 were HIV negative and had at least one follow-up HIV test. After 330.89 person-years of risk for HIV infection, 10 (3.8%) seroconverted. Overall incidence density of HIV seroconversion was 3.02 95% confidence interval (CI); 1.4-5.5 per 100 person-years, with differences according to hepatitis C virus (HCV) serostatus: 1.17 (95% CI; 0.1-4.2) per 100 person-years in negative HCV individuals and 4.98 (95% CI; 2.1-9.8) per 100 person-years in positive HCV individuals. In the multivariable analysis, infection with HCV remained independently associated with time to HIV seroconversion (adjusted hazard ratioâ=â6.43; 95% CI; 1.1-36.5, Pâ=â0.035). CONCLUSION: Despite efforts in HIV prevention in a HRU, a high incidence of HIV was found among active drug users. Positive HCV status is a strong predictor of HIV seroconversion. In this context, preexposure prophylaxis implementation should be considered as an additional tool for HIV prevention in this population.	HIV seroconversion, drug users, HCV, pre- exposure prophylaxis, harm reduction	English	United Kingdom	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2018	van Epps P.; Maier M.; Lund B.; Howren M.B.; Beck B.; Beste L.; Skolnik A.; Vaughan-Sarrazin M.; Ohl M.E.	Medication Adherence in a Nationwide Cohort of Veterans Initiating Pre-exposure Prophylaxis (PrEP) to Prevent HIV Infection	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001598	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053190758&doi=10.1097%2fQAI.0000000000001598&partnerID=40&md5=a568a629c3a88d4fb7b3105676f19a80	Background: Current guidelines for pre-exposure prophylaxis (PrEP) to prevent HIV infection call for long-term, daily use of tenofovir disoproxil fumarate/emtricitabine (TDF/FTC). Little is known about long-term adherence with TDF/FTC prescribed for PrEP in routine clinical practice. Setting: Veterans Health Administration (VHA) clinics. Methods: We used VHA data to create a nationwide cohort of Veterans initiating PrEP between July 1, 2012, and June 30, 2016. We examined pharmacy refill data to estimate adherence based on the proportion of days covered (PDC) by TDF/FTC in the first year and used logistic regression to identify patient characteristics associated with high adherence (ie, PDC.0.8). We also quantified how often Veterans discontinued PrEP in the first year, based on a gap of 120 days or more in medication possession. Results: Among 1086 individuals initiating PrEP, the median PDC for TDF/FTC in the first year was 0.74 (interquartile range 0.40-0.92). In the multivariable analysis, high adherence was associated with older age (odds ratio 1.97; 1.41-2.74 for age 50-64 compared with,35), white compared with black race (odds ratio 2.12; 1.53-2.93), and male sex (odds ratio 3.39; 1.37-8.42). Forty-four percent discontinued PrEP in the first year. Conclusions: First-year adherence with TDF/FTC was overall high in a nationwide cohort of PrEP users. Differences in adherence by age, race, and sex suggest potential for disparities in PrEP effectiveness in routine clinical practice. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.	Adherence; HIV; Pre-exposure prophylaxis; Veteran	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Van Slyke, Loraine; Scott, Mia	Acute Trigeminal Neuralgia Associated with Initiation of Emtricitabine/Tenofovir for HIV Pre-Exposure Prophylaxis.	Journal of the International Association of Providers of AIDS Care	-	-	-	2325-9582	10.1177/2325958218760846	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6748473	HIV pre-exposure prophylaxis (PrEP) with emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) fixed-dose combination (FTC/TDF) is undergoing rapid scale-up in the United States. While FTC/TDF is typically well tolerated, to our knowledge, cranial nerve pathology associated with FTC/TDF has not been previously described. We report the case of a 35-year-old patient who began FTC/TDF PrEP and developed acute trigeminal neuralgia. The neurologic symptoms resolved after treatment discontinuation and recurred upon rechallenge, resulting in permanent discontinuation of PrEP treatment.	neuralgia, tenofovir/emtricitabine, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Velloza, Jennifer; Baeten, Jared M; Haberer, Jessica; Ngure, Kenneth; Irungu, Elizabeth; Mugo, Nelly R; Celum, Connie; Heffron, Renee	Effect of Depression on Adherence to Oral PrEP Among Men and Women in East Africa.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001821	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6295199	BACKGROUND: Low adherence can undermine the efficacy of daily oral pre-exposure prophylaxis (PrEP). Mental health conditions, particularly depression, could be associated with low PrEP adherence, especially for women. SETTING: We analyzed data from 1013 Kenyan and Ugandan HIV-uninfected participants in the Partners Demonstration Project, an open-label study of PrEP delivered to HIV-uninfected members of serodiscordant couples. METHODS: Participants completed quarterly visits over 2 years and were encouraged to use PrEP until their partners living with HIV had ≥6 months of antiretroviral therapy use (when viral suppression was expected). PrEP adherence was measured daily with electronic medication event monitoring system caps and dichotomized into low (<80% of expected bottle openings) and high adherence. Depression was assessed annually using the 16-item Hopkins Symptom Checklist screening tool; scores >1.75 indicate "probable depression." The association between probable depression and PrEP adherence was assessed separately for men and women using generalized estimating equations and marginal structural models. RESULTS: At enrollment, 39 (11.7% of 334) women and 64 (9.4% of 679) men reported symptoms indicating probable depression, and these proportions decreased during follow-up (P < 0.001 for women and men). Probable depression was significantly associated with low PrEP adherence among women (adjusted risk ratio = 1.77; 95% confidence interval: 1.14 to 2.77; P = 0.01); there was no association between depression and adherence among men (P = 0.50). Marginal structural models and sensitivity analyses confirmed these findings. CONCLUSIONS: Depression was relatively uncommon in this population and was an independent risk factor for low PrEP adherence among women. For PrEP programs targeting African women, integration of depression screening may improve PrEP effectiveness.	depression, HIV, pre-exposure prophylaxis, Africa, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Venter W.D.F.	Pre-exposure Prophylaxis: The Delivery Challenge	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2018.00188	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060772085&doi=10.3389%2ffpubh.2018.00188&partnerID=40&md5=7cc114080c24f0874b97aae45dbf78ba	HIV pre-exposure prophylaxis (PrEP), despite its efficacy, has been slow in uptake throughout the world. This article discusses the operational and service delivery complexity, based on early real-world experience, with some recommendations on how this promising intervention could be made more available. Currently, access to PrEP is made complex by restricting delivery to dedicated health facilities, as well as requirements around HIV testing and toxicity monitoring. Expanding to verticalized services that focus on well-defined populations where HIV testing and treatment programmes already exist, has proven relatively simple. Providing PrEP outside of this environment has yet to be demonstrated at any scale, and will likely require innovative thinking addressing the regulatory and clinical environment, so as to ensure easier access to this promising HIV prevention tool. © Copyright © 2018 Venter.	HIV; operational; pre-exposure prophylaxis; PrEP; prevention; service delivery	English	Switzerland	Western and Central Europe and North America	South africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2018	Venter, Willem D. F.; Fabian, June; Feldman, Charles	An overview of tenofovir and renal disease for the HIV-treating clinician.	Southern African Journal of HIV Medicine	-	-	-	2078-6751 1608-9693	10.4102/sajhivmed.v19i1.817	https://pubmed.ncbi.nlm.nih.gov/30167339/	Tenofovir disoproxil fumarate (TDF, commonly termed 'tenofovir') is the antiretroviral most commonly implicated in antiretroviral-induced nephrotoxicity. As patients on successful antiretroviral therapy (ART) age, their risk for developing renal disease may increase in part because of ART itself, but more importantly, because of HIV-associated and non-HIV-associated comorbidity. Therefore, clinicians need an approach to managing renal disease in people on TDF. TDF as a cause of acute kidney injury (AKI) or chronic kidney disease (CKD) is uncommon, and clinicians should always exclude other causes (Box 1). In TDF-associated AKI, TDF should be interrupted in all cases, and replaced, or ART interrupted altogether. Tenofovir disoproxil fumarate toxicity can present as AKI or CKD, and as a full or partial Fanconi's syndrome. TDF has a small but definite negative impact on kidney function (up to a 10% decrease in glomerular filtration rate GFR). This occurs because of altered tubular function in those exposed to TDF for treatment and as pre-exposure prophylaxis. Renal function should be assessed using creatinine-based estimated GFR at the time of initiation of TDF, if ART is changed, at 1-3 months, and then ideally every 6-12 months if stable. Specific tests of tubular function are not routinely recommended; in the case of clinical concern, a spot protein or albumin: creatinine ratio is preferable, but in resource-limited settings, urine dipstick can be used. More frequent monitoring may be required in those with established CKD (estimated glomerular filtration rate eGFR < 50 mL/min/1.73 m(2)) or risk factors for kidney disease. The most common risk factors are comorbid hypertension, diabetes, HIV-associated kidney disease, hepatitis B or C co-infection, and TDF in combination with a ritonavir-boosted protease inhibitor. Management of these comorbid conditions must be prioritised in this group. If baseline screening eGFR is < 50 mL/min/1.73 m(2), abacavir (the preferred option), and dose-adjusted TDF (useful if concomitant hepatitis B), zidovudine or stavudine (d4T) remain alternatives to full-dose TDF. If there is a rapid decline in kidney function (eGFR drops by more than 25% and decreases to < 50 mL/min/1.73 m(2) from of baseline function), or there is new onset or worsening of proteinuria or albuminuria, clinicians should review ART and other potentially nephrotoxic medications and comorbidity and conduct further testing if indicated. If kidney function does not improve after addressing reversible causes of renal failure, then referral to a nephrologist is appropriate. In the case of severe CKD, timeous referral for planning for renal replacement therapy is recommended. Tenofovir alafenamide, a prodrug of tenofovir, appears to have less renal toxicity and is likely to replace TDF in future.	NA	English	South Africa	Eastern and Southern Africa	South africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2018	Vermeersch, Sebastian; Callens, Steven; De Wit, Stéphane; Goffard, Jean-Christophe; Laga, Marie; Van Beckhoven, Dominique; Annemans, Lieven	Health and budget impact of combined HIV prevention - first results of the BELHIVPREV model.	Acta Clinica Belgica	-	-	-	2295-3337	10.1080/17843286.2017.1339978	https://dx.doi.org/10.1080/17843286.2017.1339978	OBJECTIVES: We developed a pragmatic modelling approach to estimate the impact of treatment as prevention (TasP); outreach testing strategies; and pre-exposure prophylaxis (PrEP) on the epidemiology of HIV and its associated pharmaceutical expenses. METHODS: Our model estimates the incremental health (in terms of new HIV diagnoses) and budget impact of two prevention scenarios (outreach+TasP and outreach+TasP+PrEP) against a 'no additional prevention' scenario. Model parameters were estimated from reported Belgian epidemiology and literature data. The analysis was performed from a healthcare payer perspective with a 15-year-time horizon. It considers subpopulation differences, HIV infections diagnosed in Belgium having occurred prior to migration, and the effects of an ageing HIV population. RESULTS: Without additional prevention measures, the annual number of new HIV diagnoses rises to over 1350 new diagnoses in 2030 as compared to baseline, resulting in a budget expenditure of 260.5 million. Implementation of outreach+TasP and outreach+TasP+PrEP results in a decrease in the number of new HIV diagnoses to 865 and 663 per year, respectively. Respective budget impacts decrease by 20.6 million and 33.7 million. CONCLUSION: Foregoing additional investments in prevention is not an option. An approach combining TasP, outreach and PrEP is most effective in reducing the number of new HIV diagnoses and the HIV treatment budget. Our model is the first pragmatic HIV model in Belgium estimating the consequences of a combined preventive approach on the HIV epidemiology and its economic burden assuming other prevention efforts such as condom use and harm reduction strategies remain the same.	Prevention and control; HIV; pre-exposure prophylaxis; health impact assessment; budgets	English	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2018	VILLELA, LARISSA MELO	Percepções sobre o uso da profilaxia pré-exposição ao HIV (PrEP) e possível compensação de risco entre homens que fazem sexo com homens (HSH) e mulheres transexuais (TRANS) potencialmente elegíveis para o uso de PrEP no protocolo PrEP Brasil	-	-	Instituto Nacional de Infectologia Evandro Chagas	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=6315634	No Brasil, a epidemia de HIV está concentrada entre populações-chave, incluindo homens que fazem sexo com homens (HSH), com uma prevalência estimada de 14,2% e mulheres transgênero (TRANS) para quem a chance ou infecção por HIV é 50 vezes maior do que na população em geral. Assim, estratégias de prevenção intensivas, incluindo profilaxia préexposição (PrEP) estão sendo oferecidas a estas populações no sentido de atingir o objetivo 90-90-90 da UNAIDS. A PrEP é uma estratégia de prevenção biomédica baseada no uso de medicamentos antirretrovirais (ARV) cuja eficácia foi demonstrada entre diversas populações. Apesar da alta aceitação e adesão a PrEP que vem sendo observadas em estudos de demonstração, persistem ainda questões sobre possíveis efeitos negativos da PrEP, como resistência a ARV, risco de toxicidade renal, uso de PrEP por pessoas com hepatite viral e compensação de risco. Além disso, à medida que a disponibilidade da PrEP aumenta, as atitudes e crenças sobre a PrEP devem ser melhor compreendidas para direcionar intervenções específicas às barreiras individuais e interpessoais que podem afetar a aceitação e a persistência da PrEP. Assim, esta dissertação tem como objetivo avançar no entendimento de possível compensação de risco, atitudes e crenças entre potenciais usuários de PrEP, visto que esta foi implementada sem custo no Sistema Único de Saúde (SUS). Trata-se de análise secundária dos dados do estudo PrEP Brasil e é apresentada em formato de artigo. O artigo apresenta uma análise transversal descrevendo prevalência de possível compensação de risco, percepções e crenças sobre o uso de PrEP entre 723 HSH e TRANS incluídos na fase de prétriagem do estudo PrEP Brasil. A possível compensação de risco foi avaliada pela questão "Eu deixaria de usar preservativos se eu usasse PrEP" e foi relatada por 31,5% dos indivíduos. No modelo multivariado, os fatores que aumentaram a chance de possível compensação de risco foram: cor branca vs. preta (AOR= 2,05; IC95%: 1,09 - 3,85), perceber alta chance de contrair o HIV nos próximos 12 meses (AOR= 1,78; IC95%: 1,23 -2,56), referir que teria menos medo da infecção pelo HIV se usasse a PrEP (AOR= 1,93; IC95%: 1,19-3,14), sentirse livre para ter mais parceiros se usasse a PrEP (AOR= 2,93 ; IC95%: 1,92- 4,49) e acreditar que os amigos mais próximos usariam a PrEP (AOR= 2,51; IC95%: 1,1- 5,71). Por outro lado, o interesse no uso de preservativo e ter realizado teste para o HIV nos 12 meses anteriores, diminuíram as chances de possível compensação de risco. (AOR= 0,22; IC95%: 0,15- 0,33 e AOR= 0,63; IC95%: 0,4-0,98, respectivamente). A prevalência de possível compensação de risco é similar a outros estudos que avaliaram a possível compensação de risco, e os fatores associados sugerem que os participantes percebem seu alto risco de infecção pelo HIV, possivelmente por já não utilizar preservativo e se sentiriam mais otimistas em relação ao comportamento sexual com o uso de PrEP. É discutida a necessidade de vigilância epidemiológica no sentido de monitorar a compensação de risco nos contextos reais de assistência à saúde.	Profilaxia Pré-Exposição;compensação de risco;prevenção do HIV;MSM;Brasil	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2018	Vincent K.L.; Moss J.A.; Marzinke M.A.; Hendrix C.W.; Anton P.A.; Gunawardana M.; Dawson L.N.; Olive T.J.; Pyles R.B.; Baum M.M.	Phase I trial of pod-intravaginal rings delivering antiretroviral agents for HIV-1 prevention: Rectal drug exposure from vaginal dosing with tenofovir disoproxil fumarate, emtricitabine, and maraviroc	PLOS One	-	-	-	19326203	10.1371/journal.pone.0201952	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052159953&doi=10.1371%2fjournal.pone.0201952&partnerID=40&md5=76692b847d8af995b148be24c87784ca	Background Intravaginal rings (IVRs) can deliver antiretroviral (ARV) agents for HIV pre-exposure prophylaxis (PrEP), theoretically overcoming adherence concerns associated with frequent dosing. However, topical vaginal ARV drug delivery has not simultaneously led to sufficient rectal drug exposure to likely protect from HIV infection as a result of receptive anal intercourse (RAI). Unprotected RAI has a higher risk of infection per sex act and, for women, also can be associated with vaginal exposure during a single sexual encounter, especially in higher-risk subsets of women. The physiologically inflamed, activated, immune-cell dense colorectal mucosa is increasingly appreciated as the sexual compartment with highly significant risk; this risk is increased in the setting of co-infections. Ex vivo studies have shown that colorectal tissue and rectal fluid concentrations correlated with HIV protection. Given these important results, efforts to document colorectal compartment ARV drug concentration from pod-IVR delivery was assessed to determined if vaginal application could provide protective ARV levels in both compartments. Methodology/Principal findings A crossover clinical trial (N = 6) evaluated 7 d of continuous TDF pod-IVR use, a wash-out phase, followed by 7 d with a TDF-FTC pod-IVR. A subsequent clinical trial (N = 6) consisted of 7 d of continuous TDF-FTC-MVC pod-IVR use. Rectal fluids were collected on Day 7 at IVR removal in all three ARV-exposures (two Phase 1 trials) and drug concentrations quantified by LC-MS/MS. Median rectal fluid concentrations of TFV, the hydrolysis product of the prodrug TDF, were between 0.66 ng mg-1 (TDF pod-IVR group) and 1.11 ng mg-1 (TDF-FTC pod-IVR group), but below the analytical lower limit of quantitation in 5/6 samples in the TDF-FTC-MVC pod-IVR group. Unexpectedly, median FTC (TDF-FTC pod-IVR, 20.3 ng mg-1; TDF-FTC-MVC pod-IVR, 0.18 ng mg-1), and MVC rectal fluid concentrations (0.84 ng mg-1) were quantifiable and higher than their respective in vitro EC50 values in most samples. Due to participant burden in these exploratory trials, rectal fluid was used as a surrogate for rectal tissue, where drug concentrations are expected to be higher. Conclusions/Significance The concentrations of FTC and MVC in rectal fluids obtained in two exploratory clinical trials of IVRs delivering ARV combinations exceeded levels associated with in vitro efficacy in HIV inhibition. Unexpectedly, MVC appeared to depress the distribution of TFV and FTC into the rectal lumen. Here we show that vaginal delivery of ARV combinations may provide adherence and coitally independent dual-compartment protection from HIV infection during both vaginal and receptive anal intercourse. © 2018 Vincent et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	emtricitabine; maraviroc; tenofovir disoproxil; anti human immunodeficiency virus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Vincent K.L.; Moss J.A.; Marzinke M.A.; Hendrix C.W.; Anton P.A.; Pyles R.B.; Guthrie K.M.; Dawson L.; Olive T.J.; Butkyavichene I.; Churchman S.A.; Cortez J.M., Jr.; Fanter R.; Gunawardana M.; Miller C.S.; Yang F.; Rosen R.K.; Vargas S.E.; Baum M.M.	Safety and pharmacokinetics of single, dual, and triple antiretroviral drug formulations delivered by pod-intravaginal rings designed for HIV-1 prevention: A Phase I trial	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1002655	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054635041&doi=10.1371%2fjournal.pmed.1002655&partnerID=40&md5=87d43fdcc7d2780886f74aa1b58a43d5	Background: Intravaginal rings (IVRs) for HIV pre-exposure prophylaxis (PrEP) theoretically overcome some adherence concerns associated with frequent dosing that can occur with oral or vaginal film/gel regimens. An innovative pod-IVR, composed of an elastomer scaffold that can hold up to 10 polymer-coated drug cores (or "pods"), is distinct from other IVR designs as drug release from each pod can be controlled independently. A pod-IVR has been developed for the delivery of tenofovir (TFV) disoproxil fumarate (TDF) in combination with emtricitabine (FTC), as daily oral TDF-FTC is the only Food and Drug Administration (FDA)-approved regimen for HIV PrEP. A triple combination IVR building on this platform and delivering TDF-FTC along with the antiretroviral (ARV) agent maraviroc (MVC) also is under development. Methodology and findings: This pilot Phase I trial conducted between June 23, 2015, and July 15, 2016, evaluated the safety, pharmacokinetics (PKs), and acceptability of pod-IVRs delivering 3 different ARV regimens: 1) TDF only, 2) TDF-FTC, and 3) TDF-FTC-MVC over 7 d. The crossover, open-label portion of the trial (N = 6) consisted of 7 d of continuous TDF pod-IVR use, a wash-out phase, and 7 d of continuous TDF-FTC pod-IVR use. After a 3-mo pause to evaluate safety and PK of the TDF and TDF-FTC pod-IVRs, TDF-FTC-MVC pod-IVRs (N = 6) were evaluated over 7 d of continuous use. Safety was assessed by adverse events (AEs), colposcopy, and culture-independent analysis of the vaginal microbiome (VMB). Drug and drug metabolite concentrations in plasma, cervicovaginal fluids (CVFs), cervicovaginal lavages (CVLs), and vaginal tissue (VT) biopsies were determined via liquid chromatographic-tandem mass spectrometry (LC-MS/MS). Perceptibility and acceptability were assessed by surveys and interviews. Median participant age was as follows: TDF/TDF-FTC group, 26 y (range 24–35 y), 2 White, 2 Hispanic, and 2 African American; TDF-FTC-MVC group, 24.5 y (range 21–41 y), 3 White, 1 Hispanic, and 2 African American. Reported acceptability was high for all 3 products, and pod-IVR use was confirmed by residual drug levels in used IVRs. There were no serious adverse events (SAEs) during the study. There were 26 AEs reported during TDF/TDF-FTC IVR use (itching, discharge, discomfort), with no differences between TDF alone or in combination with FTC observed. In the TDF-FTC-MVC IVR group, there were 12 AEs (itching, discharge, discomfort) during IVR use regardless of attribution to study product. No epithelial disruption/thinning was seen by colposcopy, and no systematic VMB shifts were observed. Median (IQR) tenofovir diphosphate (TFV-DP) tissue concentrations of 303 (277–938) fmol/10^6 cells (TDF), 289 (110–603) fmol/10^6 cells (TDF-FTC), and 302 (177.1–823.8) fmol/10^6 cells (TDF-FTC-MVC) were sustained for 7 d, exceeding theoretical target concentrations for vaginal HIV prevention. The study's main limitations include the small sample size, short duration (7 d versus 28 d), and the lack of FTC triphosphate measurements in VT biopsies. Conclusions: An innovative pod-IVR delivery device with 3 different formulations delivering different regimens of ARV drugs vaginally appeared to be safe and acceptable and provided drug concentrations in CVFs and tissues exceeding concentrations achieved by highly protective oral dosing, suggesting that efficacy for vaginal HIV PrEP is achievable. These results show that an alternate, more adherence-independent, longer-acting prevention device based on the only FDA-approved PrEP combination regimen can be advanced to safety and efficacy testing. Trial registration: ClinicalTrials.gov NCT02431273. © 2018 Vincent et al. http://creativecommons.org/licenses/by/4.0/.	dimeticone; drug metabolite; emtricitabine; maraviroc; tenofovir disoproxil; anti human immunodeficiency virus agent; emtricitabine; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Editorial	2018	Volk J.E.; Nguyen D.P.; Hare C.B.; Marcus J.L.	HIV Infection and Drug Resistance with Unsupervised Use of HIV Pre-Exposure Prophylaxis	AIDS Research and Human Retroviruses	-	-	-	-	8092229	10.1089/aid.2017.0265	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85043143468&doi=10.1089%2Faid.2017.0265&partnerID=40&md5=f75776c3f22dcffa9d9d2b1e0a3da3cb	Although the Centers for Disease Control and Prevention currently only recommend daily dosing of HIV pre-exposure prophylaxis (PrEP), an on-demand PrEP dosing strategy that includes doses before and after sexual activity has been shown to reduce risk for HIV acquisition in men who have sex with men. In this letter, we report a case of HIV infection and drug resistance in a patient using PrEP outside of regular clinical care, adopting a sporadic, suboptimal dosing strategy with pills he obtained from his sexual partners. This case illustrates the potential risks of PrEP use without provider monitoring to ensure adherence to dosing and laboratory follow-up, as well as key challenges that must be addressed as routinely PrEP use becomes more common outside of controlled research settings. © Copyright 2018, Mary Ann Liebert, Inc.	drug resistance; on-demand PrEP; human immunodeficiency virus; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2018	Vole, Erik M; Le Vu, Stephane; Rumsana, Oliver; Tostevin, Anna; Dunn, David; Ordak, Chloe; O'Shea, Siobhan; Delpech, Valerie; Brown, Alison; Gill, Noel; Fraser, Christophe	Molecular Epidemiology of HIV-1 Subtype B Reveals Heterogeneous Transmission Risk Implications for Intervention and Control.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jix044	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5913263/	Background: The impact of HIV pre-exposure prophylaxis (PrEP) depends on infections averted by protecting vulnerable individuals as well as infections averted by preventing transmission by those who would have been infected if not receiving PrEP. Analysis of HIV phylogenies reveals risk factors for transmission, which we examine as potential criteria for allocating PrEP. Methods: We analyzed 4912 HIV-1 partial pol sequences from men who have sex with men (MSM) in the United Kingdom combined with global reference sequences and patient-level metadata. Population genetic models were developed that adjust for stage of infection, global migration of HIV lineages, and changing incidence of infection through time. Models were extended to simulate the effects of providing susceptible MSM with PrEP. Results: We found that young age <25 years confers higher risk of HIV transmission (relative risk = 2.52 95% confidence interval, 2.32-2.73) and that young MSM are more likely to transmit to one another than expected by chance. Simulated interventions indicate that 4-fold more infections can be averted over 5 years by focusing PrEP on young MSM. Conclusions: Concentrating PrEP doses on young individuals can avert more infections than random allocation.	HIV; men who have sex with men; phylodynamics; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2018	Yu L.; Maia K.	High Burden of HIV, Syphilis and HSV-2 and Factors Associated with HIV Infection Among Female Sex Workers in Tanzania: Implications for Early Treatment of HIV and Pre-exposure Prophylaxis (PrEP).	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1992-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85034933436&doi=10.1007%2Fs10461-017-1992-2&partnerID=40&md5=e6cf6a6107cd8f0862ca6c7e1	This paper estimates population-based prevalence of HIV, syphilis, HSV-2 and factors influencing HIV infection using a national sample of 1914 female sex workers (FSWs) in 7-regions in Tanzania. Additionally, HIV incidence was estimated by comparing biological HIV results with self-reported HIV status. The average HIV prevalence among FSWs in all 7 regions was 28%, ranging from 14% in Tabora, 20% in Mbeya, 23% in Iringa, 25% in Dar es Salaam, 30% in Mwanza, 34% in Arusha and 42% in Kilimanjaro. HIV incidence was 8%, with significantly higher burden found in Iringa (11%), Mbeya (13%), and Mwanza (12%). Nearly 30% of the study participants was infected with HIV-2. The high HIV prevalence and incidence coupled with suboptimal condom use indicate an urgent need to roll out the 'Treat-All' approach and provide antiretroviral therapy to FSWs living with HIV regardless of their CD4 count. In addition, antiretroviral-based prevention technologies such as oral pre-exposure prophylaxis and microbicides should be piloted and evaluated. © 2017, Springer Science+Business Media, LLC, part of Springer Nature.	Female sex workers (FSWs); HIV incidence; HIV prevalence; HSV-2; Syphilis; Tanzania	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Wahome E.; Thiong'o A.N.; Mwambinga G.; Chirro O.; Mohamed K.; Gichuru E.; Mwanshi J.; Price M.A.; Graham S.M.; Sanders E.J.	An Empiric Risk Score to Guide PrEP Targeting Among MSM in Coastal Kenya	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2141-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045948646&doi=10.1007%2Fs10461-018-2141-2&partnerID=40&md5=9d295039f4eb2136c040c9a7e5207f30	Men who have sex with men (MSM), who have heterogeneous HIV acquisition risks are not specifically targeted in Kenyan pre-exposure prophylaxis (PrEP) guidelines. We used data from an open cohort, which followed 753 initially HIV-negative MSM participants for more than 1378.5 person-years, to develop an empiric risk score for targeting PrEP delivery. Independent predictors of incident HIV-1 infection were used to create a risk score (0–10). The area under the receiver operating characteristic curve was 0.76 (95% CI 0.71–0.80). This empiric risk score may help Kenyan health care providers to assess HIV-1 acquisition risk and encourage PrEP uptake by high-risk MSM. © 2018, The Author(s).	HIV-1 acquisition; Kenya; MSM; PrEP; Risk score	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	kenya	Eastern and Southern Africa	Clinical
Theses and Dissertations	2018	Walters, Suzan Marie; Fallon, Kathleen	Needles and Networks: Inequalities in Awareness of Pre-Exposure Prophylaxis for HIV Prevention	-	-	-	Stony Brook University	-	NA	NA	https://www.proquest.com/dissertations-theses/needles-networks-inequalities-awareness-pre-exposure/docview/2018880837?accountid=8113	Over 1.2 million people are living with HIV, and there are approximately 37,600 new HIV infections per year in the United States. Pre-Exposure Prophylaxis (PrEP) – a pill that can be taken daily to prevent HIV – has enormous potential to ameliorate the HIV epidemic by drastically reducing new infections. This dissertation identifies rates of awareness and documents inequalities of awareness by groups and sub-group over time. I utilize a mixed-methods approach, drawing on ethnography, focus groups, semi-structured qualitative interviews and five years of survey data. First, Link 4 there are differences in awareness by risk groups (men who have sex with men, persons who inject drugs, and high risk heterosexuals)? I find there are inequalities in awareness between risk groups, with men who have sex with men (MSM) significantly more aware than persons who inject drugs (PWID) and high risk heterosexuals. Second, Link 4 are there inequalities in awareness within risk groups? I find that men who have sex with men have increased awareness of PrEP compared to persons who inject drugs. Third, I explore: 1) How PrEP awareness is spreading and 2) Why awareness is diffusing at unequal rates between risk groups and within sub-populations within risk groups. I find that among men who inject drugs, gay and bisexual men, and men who had a conversation about HIV prevention at a syringe exchange program had increased PrEP awareness. Among women who inject drugs, women who sell sex, and women who had a conversation about HIV prevention at a syringe exchange program had increased PrEP awareness. I suggest that social networks are key to HIV prevention. These findings are grounded in theories about stigma, fundamental cause, and social networks. I conclude by recommending campaigns and initiatives be tailored to communities and be developed with communities.	Gender studies; Public health; Epidemiology; Psychology; Sociology; Social sciences; Sexual behavior; Stigma; Risk; Groups; 0573:Public health; 0766:Epidemiology; 0626:Sociology; 0733:Gender studies; 0982:Immunology; Health and environmental sciences; Sexualities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2018	Wand, Handan; Reddy, Tarylee; Naidoo, Sarite; Moonsamy, Suri; Siva, Samantha; Morar, Neetha S; Ramjee, Gita	A Simple Risk Prediction Algorithm for HIV Transmission: Results from HIV Prevention Trials in KwaZulu Natal, South Africa (2002-2012).	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-017-1785-7	https://dx.doi.org/10.1007/s10461-017-1785-7	We aimed to develop a HIV risk scoring algorithm for targeted screening among women in South Africa. We used data from five biomedical intervention trials (N = 8962 Cox regression models were used to create a risk prediction algorithm and it was internally and externally validated using standard statistical measures. 7-factors were identified as significant predictors of HIV incidence: <25 years old, being single/not cohabiting, parity (<3), age at sexual debut (<16), 3+ sexual partners, using injectables and diagnosis with a sexually transmitted infection(s). A score of ≥25 (out of 50) was the optimum cut point with 83% (95%) sensitivity in the derivation dataset. Our tool can be used in designing future HIV prevention research and guiding recruitment strategies as well as in health care settings. Identifying, targeting and prioritising women at highest risk will have significant impact on preventing new HIV infections by scaling up testing and pre-exposure prophylaxis in conjunction with other HIV prevention modalities.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Wang X.; Nwokolo N.; Kerokogou-Landen R.; Hill A.; Whitlock G.; Dey-Weber L.; McClure M.O.; Boffito M.	InterPrEP: internet-based pre-exposure prophylaxis with generic tenofovir disoproxil fumarate/emtricitabine in London – analysis of pharmacokinetics, safety and outcomes	HIV Medicine	-	-	-	-	1464-2662	10.1111/hiv.12528	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85021439986&doi=10.1111%2Fhiv.12528&partnerID=40&md5=b03dca8d851cf3a9e4ae028b2b4f3c17	Objectives: The National Health Service in England (NHS England) does not provide pre-exposure prophylaxis (PrEP) against HIV, forcing people to purchase generic versions on the internet. However, there are concerns about the authenticity of medicines purchased online. We established an innovative service offering plasma tenofovir (TFV) and emtricitabine (FTC) therapeutic drug monitoring for people buying generic PrEP online, to ensure that drug concentrations in this were consistent with those of proprietary brands and previously published data. Methods: TFV/FTC concentrations were measured by ultraperformance liquid chromatography–ultraviolet detection and tandem mass spectrometry. Evaluation of renal function and testing for HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) was performed at every 3–4 months, with risk reduction advice. Results: A total of 293 individuals presented having purchased PrEP on the internet: 85% were white, 84% were taking daily PrEP, and 16% were event-driven. Most were on generic TFV disoproxil fumarate (TDF)/FTC from Cipla Ltd. Median (range) TFV and FTC plasma concentrations were 184 (21–597) ng/mL and 140 (17–570) ng/mL, respectively. All concentrations were above our established plasma TFV and FTC targets, based on previously published data. Renal function was normal in all evaluable individuals and so no new cases of HIV, HBV or HCV infection were detected. Conclusions: The internet is a source of PrEP, and, by acquisition, the context to access PrEP. As the NHS, concentrations of TFV and FTC in generic formulations purchased over the internet were similar to or slightly higher than those measured in phase 3 studies with the original formulation from Gilead (Truvada®), which has demonstrated high levels of protection against HIV infection in previous PrEP clinical trials. © 2017 British HIV Association	generic antiretroviral drugs; HIV infection; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2018	Wang Z.; Lau J.T.F.; Fang Y.; Ip M.; Gross D.L.	Prevalence of actual uptake and willingness to use pre-exposure prophylaxis to prevent HIV acquisition among men who have sex with men in Hong Kong, China	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0198173	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052281136&doi=10.1371%2Fjournal.pone.0198173&partnerID=40&md5=f7527b996a7d86c18dd9c1f29	Objectives: This study was to investigate the prevalence of actual uptake of pre-exposure prophylaxis (PrEP), willingness to use daily oral PrEP under two cost scenarios, and potential issues related to PrEP use among men who have sex with men (MSM) with HIV-negative/unknown sero-status in Hong Kong, China. Factors associated with the two measures of willingness were also investigated. Methods: 481 eligible MSM completed the anonymous venue-based face-to-face interview/telephone interview. Results: Only 1% had ever used PrEP. After being briefed about some facts of PrEP, the prevalence of willingness to use oral PrEP was 37% if they could purchase PrEP at private hospitals/clinics at HK$8,000 (US$1,032)/month (market rate) and 67.2% if free PrEP was provided in public hospitals/clinics in Hong Kong (free PrEP). After adjusted for significant background variables, significant factors of these two measures of willingness included: (1) number of correct responses to knowledge on PrEP, (2) perceived risk of HIV infection in the next six months, and (3) constructs of the Theory of Planned Behavior: positive and negative attitudes toward PrEP, perceived behavior control, and significant others would support them take PrEP (perceived subjective norms), perceived number of local MSM who were willing to take PrEP (perceived descriptive norm), and confidence in using PrEP under the two scenarios (perceived behavioral control). Conclusions: Only 1% of MSM had ever used PrEP. Although 67.2% of MSM were willing to use free PrEP, only 37% were willing to pay for PrEP at HK$8,000/month, and 42.4% would not take up HIV testing every 3 months after using PrEP. Conclusion Different strategies should be considered for promoting PrEP at private and at free PrEP at under-resourced settings. Future promotion should increase their knowledge about PrEP, modify their perceptions related to HIV and PrEP, and address some potential issues related to PrEP use. Copyright: © 2018 Wang et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Adolescent; Adult; HIV Infections; Homosexuality, Male; Hong Kong; Humans; Male; Pre-Exposure Prophylaxis; Risk Factors; Young Adult	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Wang, Hong-Yi; Wang, Ning-Chu; Zhou-Xing; Zhang, Jing; Mao, Xiang-Geng; Wen-Qing; Jiang, Yong-hai; Shang, Hong; Xu, Jun-Jie	Intimate Partner Violence Correlates With A Higher HIV Incidence Among MSM: A 12-Month Prospective Cohort Study in Shenyang, China.	Scientific Reports	-	-	-	-	2045-2322	10.1038/s41598-018-21149-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5831148/	Intimate partner violence (IPV) and HIV are highly prevalent worldwide among MSM. However, the association between IPV and HIV seroconversion is virtually unknown. This 12-month prospective cohort study was conducted among MSM in Shenyang, China to explore the causality between IPV and the incidence of HIV. Adjusted Hazard Ratios (aHRs) of HIV acquisition were derived from a multivariate time-dependent Cox model and applied to calculate population attributable fractions (PAFs). Among 476 HIV-negative MSM subjects, 89(18.7%) reported being victims of IPV in the past 3 months (P3M). IPV was significantly correlated with lower income, unprotected anal intercourse (UAI) and being depressed (every P < 0.05). The incidence of HIV among IPV victims was 11.3/100 PY, compared to 3.8/100 PY in non-IPV victims. Furthermore, IPV victimization was independently associated with HIV seroconversion (aHR: 4.1, P = 0.027). Other predictors for seroconversion included unprotected receptive anal intercourse (aHR: 3.9, P = 0.031) and being depressed (aHR: 3.8, P = 0.035). The PAF of HIV infection for IPV was 26.2%. If 26.1% in the P3M and syphilis infection (aHR: 4.7, P = 0.015). IPV increased the HIV seroconversion risk of MSM, with a high PAF. HIV prevention programs should integrate IPV screening and intervention, and MSM affected by IPV need to be preferentially enrolled in pre-exposure prophylaxis.	NA	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Wang, K R; Peng, L P; Gu, J; Hao, C; Zou, H C; Hao, Y T; Li, J H	Impact of the 90-90-90 goal and pre-exposure prophylaxis on HIV transmission and elimination in men who have sex with men in China: A mathematical modeling study.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	-	0254-6450	10.3760/cma.j.issn.0254-6450.2018.11.017	https://dx.doi.org/10.3760/cma.j.issn.0254-6450.2018.11.017	Objective: To establish a dynamic compartmental model to predict the impact of HIV testing and treatment and pre-exposure prophylaxis (PrEP) on the annual incidence of HIV infection in men who have sex with men (MSM) in China from 2018 to 2037. Methods: A dynamic compartmental model was developed to describe the HIV epidemic in MSM in China. The model was parameterized using data from the literature available. We used MATLAB 7.0 software for data simulation and graphics rendering. We analyzed HIV transmission among MSM and estimated the impact of expanded HIV testing and treatment and PrEP on HIV incidence. Results: Without intervention, the number of new HIV infections would reach 770 000, the infection rate would reach 11.1% and the incidence rate would reach 0.72/100 person years in MSM in the next 20 years. Under the 90%-90%-90% goal, 440 000 new infections (57.1%) would be reduced, the HIV infection rate would decrease to 4.8% and the incidence rate would decrease to 0.31/100 person years. Under the 90%-90%-90% goal and PrEP, 600 000 new infections (77.9%) would be reduced, the 100% PrEP coverage rates for achieving HIV elimination in the next 10, 15 and 20 years would be 65%, 32% and 19%, respectively. Conclusion: It is necessary to strengthen the comprehensive intervention in MSM, continue to expand HIV testing and treatment, and improve PrEP adherence and coverage to further control and eliminate the epidemic of HIV/AIDS in MSM.	NA	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Wang, Shaoyuan; Kortsmar, Jean-Luc; Hull, Mark W; Arbess, Gordon; Owen, James Ree; Tan, Darrell Hs	Feasibility of vitamin D supplementation interventions to mitigate HIV pre-exposure prophylaxis-related bone mineral density loss: a cross-sectional survey.	Patient Preference and Adherence	-	-	-	-	1177-889X	10.2147/PPA.S178403	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6199146/	BACKGROUND: Daily tenofovir disoproxil fumarate (TDF)/emtricitabine as HIV pre-exposure prophylaxis (PrEP) causes subclinical decreases in bone mineral density (BMD). We surveyed PrEP users to assess feasibility for a clinical trial of vitamin D supplementation to mitigate TDF-induced BMD loss. METHODS: We recruited participants using or starting PrEP at Toronto and Vancouver. The primary objective was to assess the acceptability of daily or weekly vitamin D supplementation. We also assessed the acceptability of calcium supplementation, existing use of non-pharmacological bone health interventions, prevalence of osteoporosis risk factors, and bone health knowledge (Osteoporosis Knowledge Test, OKT). RESULTS: Of 101 participants, 72.2% of intervention-risk factors, 18.0% were starting PrEP, and 9.9% did not indicate their PrEP status. All identified as males, 88.8% as gays, and 67.3% as White. Median (IQR) age was 32.0 (29.0, 40.0) years, and 82.1% reported family income $≥$80,000/year. Among those not already using the interventions, willingness to supplement with daily vitamin D, weekly vitamin D, or daily calcium was low to high at 90.9%, 96.4%, and 69.6%, respectively. Only 31.0% reported adequate dietary calcium intake, while 42.9% reported 51 osteoporosis risk factor (most commonly, alcohol and smoking). Overall bone health knowledge was low, as median (IQR) OKT score was 11.0 (9.0, 13.0) out of a maximum possible score of 16. Participants with lower OKT scores were more likely to be older, have osteoporosis risk factors, and lower income (OKT score=12 vs 14, P<0.001) and have greater bone health knowledge (OKT=17 vs 14, P=0.08), but they had similar levels of current vitamin D supplementation (37.4% vs 21.4%, P=0.11), calcium supplementation (11.2% vs 13.8%, P=0.70), and adequate dietary calcium intake (32.7% vs 25.0%, P=0.43). DISCUSSION: The high acceptability of vitamin D and calcium supplementation in this cohort suggests that enrollment into a clinical trial of such interventions to mitigate TDF-induced BMD loss is feasible.	HIV; pre-exposure prophylaxis; vitamin D; calcium; bone and bones; bone density	English	United States	Western and Central Europe and North America	Canada	Asia and the Pacific	Canada	Western and Central Europe and North America	Quantitative
Article	2018	Wang, Xia; Bourne, Adam; Liu, Pobe; Sun, Jiangli; Cai, Thomas; Gima Mburu; Cassolato, Matteo; Wang, Hongyan; Wang Zhou ¥	Understanding willingness to use oral pre-exposure prophylaxis for HIV prevention among men who have sex with men in China	PLOS One	NA	10.1371/journal.pone.0199525	https://www.proquest.com/scholarly-journals/understanding-willingness-use-oral-pre-exposure/docview/2057887689/se-2?accountid=8113	Background Oral pre-exposure prophylaxis (PrEP) is recommended as an additional prevention choice for men who have sex with men (MSM) at substantial risk of HIV. The aim of the study was to evaluate the extent, and reasons, for MSM's willingness to use oral PrEP in Wuhan and Shanghai, China. Methods Between May and December 2015, a cross-sectional survey was conducted among 487 MSM recruited through snowball sampling in physical locations frequented by MSM and through social media applications. Exploratory factor analysis was used to group reasons for being willing or not willing to use PrEP. Chi-square tests were used to explore bivariate associations between groupings of reasons for being willing or unwilling to use PrEP, and key sociodemographic and sexual-behavioral characteristics of MSM. Results Overall, 71.3% of respondents were willing to use PrEP. The most commonly reported reasons for being willing to use PrEP were protection from HIV infection (endorsed by 99.4% of those willing to use PrEP) and protection from sexually transmitted infections (94.6%). The most commonly reported reasons for being unwilling to use PrEP were concerns about side effects (94.9%), the need to pay for long-term use of the medication (89.4%), and concerns about adherence (86.6%). Individuals who were willing to use PrEP were more likely to be younger, be willing to engage in sex work, be in a romantic relationship, be regular sex partners, rates of condom use with regular and casual sex partners, and the number of casual sex partners. Conclusions The introduction of PrEP in China could benefit from promotion campaigns that emphasize its role in preventing HIV infection, in taking responsibility for own sexual health, and in protecting family members from potential harm. To reduce uptake barriers, it will be essential to provide accurate information to potential PrEP users about the mild and short-term nature of side effects, and the possibility of taking PrEP orally during particular periods of life when the risk of HIV exposure might be highest.	HIV; pre-exposure prophylaxis; Pharmaceuticals	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	NA	NA	Quantitative
Article	2018	Ward, James; McManus, Hamish; McGregor, Skye; Horwitz, Karen; Gelb, Carolien; Su, Jiann-Yih; McDonald, Ann; Guy, Rebecca; Donovan, Basil; Kaldor, John M.	HIV incidence in Indigenous and non-Indigenous populations in Australia: a population-level observational study.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(18)30135-8	https://pubmed.ncbi.nlm.nih.gov/30097323/	BACKGROUND: Australia has set a national target of ending HIV by 2020, achieving this will require the inclusion of priority populations (eg, Indigenous Australians) in strategies to reach elimination. To assist in evaluating the target of elimination, we analysed HIV notification data for Indigenous and non-Indigenous Australians. METHODS: Using the National HIV Registry at The Kirby Institute at UNSW, Sydney, NSW, Australia, we collected and analysed annual HIV notification data for 1996-2015. Patients who were not born in Australia were excluded. We calculated the rates of HIV diagnoses with annual trends in notification rates for Indigenous versus non-Indigenous Australians by demographic characteristics, exposure categories, and state and territory of residence. For missing data, assumptions were made and verified through sensitivity analyses. Annual rate ratio (RR) and 4 year summary rate ratio (SRR) trends were calculated to determine patterns of HIV diagnosis in the two populations. FINDINGS: Between Jan 1, 1996, and Dec 31, 2015, 11 402 people born in Australia were reported with a diagnosis of HIV, of whom 661 (4%) were recorded as Indigenous Australians and 10 741 (96%) as non-Indigenous Australians. For exposure to HIV, among Indigenous Australians a higher proportion of diagnoses occurred among women, and through injecting drug use and heterosexual contact, than among non-Indigenous Australians. Between 2011 and 2015, Indigenous Australians were diagnosed with HIV at a significantly higher rate than non-Indigenous Australians (SRR 1·51, 95% CI 1·36–1·67; p<0·0001), and significantly higher diagnosis among Indigenous women (4·92, 4·02–6·02; p<0·0001) for the entire study period than among non-Indigenous women. Concurrently, a decrease in HIV diagnoses of 1% per annum (RR 0·99, 95% CI 0·98–0·99; p=0·0001) across the study period was seen among non-Indigenous people. Indigenous Australians were more likely to be diagnosed at an advanced stage of HIV infection than non-Indigenous Australians (29·8% vs 15·1%; p<0·0001). INTERPRETATION: Greater efforts should be made to include Indigenous people in prevention strategies, particularly newer biomedical interventions, such as scale up of pre-exposure prophylaxis and treatment as prevention initiatives in Australia. More involvement of Indigenous Australians in these approaches is also required to prevent widening of the gap in HIV diagnosis rates between non-Indigenous and Indigenous Australians. FUNDING None.	Adolescent; Adult; Humans; Incidence; Male; Middle Aged; Young Adult; Female; Sexual Behavior; Aged; Risk Factors; Child; Child, Preschool; Retrospective Studies; Infant; Infant, Newborn; Sex; Surveys; Population Groups; Aged, 80 and over; Substance Abuse, Intravenous; Sex Distribution; HIV Infections/*epidemiology/prevention & control; Australia/epidemiology; Communicable Disease Control/methods/organization & administration	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2018	Wilkinson, Anna L; Draper, Bridget L; Pedrana, Alisa E; Asselin, Jason; Holt, Martin; Hellard, Margaret E; Stoové, Mark	Measuring and understanding the attitudes of Australian gay and bisexual men towards biomedical HIV prevention using cross-sectional data and factor analyses.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2017-053375	https://dx.doi.org/10.1136/sextrans-2017-053375	INTRODUCTION: Contemporary responses to HIV embrace biomedical prevention, particularly treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP). However, large-scale implementation of biomedical prevention should be ideally preceded by assessments of their community acceptability. We aimed to understand contemporary attitudes of gay and bisexual men (GBM) in Australia towards biomedical-based HIV prevention and propose a framework for their measurement and ongoing monitoring. METHODS: A cross-sectional, online survey of GBM ≥18 years has been conducted annually in Victoria, Australia, since 2008. In 2016, 15 attitudinal items on biomedical HIV prevention were added. Items were scored on five-point Likert scales. We used factor analysis to identify key constructs related to GBM's attitudes to biomedical HIV prevention and use these to characterise levels of support for TasP and PrEP. RESULTS: A total of 662 HIV-negative or HIV-status-unknown men were included in the analysis. Three factors explained 61% of the variance in responses: 'optimism and support for TasP', 'concerns about PrEP' and 'support for PrEP'. Most participants were optimistic and supportive of TasP, but 17% disagreed that people with HIV on treatment could not sexually transmit HIV. Concerns about PrEP were common, with 72% of men agreeing treatment (undetectable viral load) reduced HIV transmission risk. CONCLUSIONS: Better understanding of community attitudes is crucial for shaping policy and informing initiatives that aim to improve knowledge, acceptance and uptake of biomedical prevention. Our analyses suggest confidence in, acceptability of and community support for PrEP among GBM. However, strategies to address scepticism towards HIV treatment when used for prevention may be needed to optimise combination biomedical HIV prevention.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2018	Willie T.C.; Stockman J.K.; Overstreet N.M.; Kershaw T.S.	Examining the Impact of Intimate Partner Violence Type and Timing on Pre-exposure Prophylaxis Awareness, Interest, and Coercion	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-017-1901-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85029087768&doi=10.1007%2Fs10461-017-1901-8&partnerID=40&md5=6908a566dfeb972dbe6a7f1e49fcbdb	Previous research suggests that intimate partner violence (IPV) is associated with acceptability of and adherence to pre-exposure prophylaxis (PrEP). However, very few studies have examined whether the type (i.e., physical, sexual, and psychological IPV) and timing (i.e., lifetime, past-year) of IPV experiences differentially relate to PrEP awareness, interest, and perceived PrEP coercion. Therefore, the current study aimed to fill this gap in the literature among a sample of women at risk for HIV infection (N = 395). Participants were women at risk for HIV infection (i.e., HIV-negative or unknown status) who were recruited from 6 clinics in the Southeastern United States. Data were collected from an online survey administered to 210 women and men. Past-year physical IPV experiences (AOR 4.53, 95% CI 1.85, 11.11) were significantly associated with being interested in using PrEP. Lifetime sexual (AOR 3.05, 95% CI 1.62, 5.40), psychological IPV (AOR 4.76, 95% CI 1.01, 22.89), and past-year sexual IPV experiences (AOR 3.01, 95% CI 1.10, 8.27) were also significantly associated with believing a recent partner would attempt to control the participant's use of PrEP, if she or he were currently using it. Understanding that engaging in PrEP care is influenced differently by the type and timing of IPV has potential implications for PrEP candidacy guidelines and interventions. © 2017, Springer Science+Business Media, LLC.	HIV; Intimate partner violence; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2018	Wilton J.; Noor S.W.; Schnabth A.; Lawlina J.; Hart T.A.; Grennan T.; Fowler S.; Maxwell J.; Tan D.H.S.	High HIV risk and syndemic burden regardless of referral source among MSM screening for a PrEP demonstration project in Toronto, Canada	BMC Public Health	-	-	-	-	-	14712458	10.1186/s12889-018-5180-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042170658&doi=10.1186%2fs12889-018-5180-8&partnerID=40&md5=6057bf1d7a1ea8e8fa1f85e0169ebcd	Background: To maximize public health impact and cost-effectiveness, HIV pre-exposure prophylaxis (PrEP) must reach individuals at high HIV risk. Referrals for PrEP can be self- or provider-initiated, but there are several challenges in both. We assessed whether HIV risk differed by referral source among gay, bisexual and other men who have sex (gbMSM) screening for an HIV PrEP demonstration project. Methods: PREPARATORY-3 was an open-label PrEP demonstration project enrolling gbMSM at high risk of HIV acquisition in Toronto, Canada. Study eligibility criteria related to high risk were defined as scoring ≥20 on the HIV Incidence Risk Index for MSM (IRIMSM) and engaging in at least 1 act of condomless receptive anal sex within the past 6 months. Recruitment was promoted through self-referrals (ads in a sexual networking app and gay newspaper/website) and provider-referrals (10 community-based organizations, CBOs). HIV risk score (IRIMSM) and syndemic health burden were measured among gbMSM screened for study participation and compared according to referral source. Results: Between October 16 and December 30, 2016, online ads generated 1218 click-throughs and CBOs referred 115 individuals. Overall, 165 men inquired about the trial, of which 88 underwent screening. The majority of screened men were self-referrals (68.5%), scored ≥10 on IRIMSM (96.5%), and reported condomless receptive anal sex in the past 6 months (74.2%). Self- and provider-referrals had similarly high HIV risk profiles, with a median (IQR) IRIMSM score of 28.0 (19.0–32.5) and 28.5 (20.0–34.0) (p = 0.3), and 75.0% and 75.5% reporting condomless receptive anal sex (p = 0.9), respectively. The overall burden of syndemic health problems was also high, with approximately one-third overall identified as Black, Indigenous or a Person of Colour (34.1%), unemployed (34.1%), living with mental illness (36.4%), and/or living with a disability (31.8%). No significant differences were observed according to referral source. Conclusions: HIV risk and syndemic burden were high among gbMSM presenting for this PrEP demonstration project regardless of referral source. Self-referral may be a useful and efficient strategy for identifying individuals suitable for PrEP use. Online strategies and CBOs working in gay men's health may play important roles in connecting individuals at high HIV risk to PrEP services. Trial registration: ClinicalTrials.gov NCT02149888. Registered May 12th 2014. © 2018 The Author(s).	Gay men and other men who have sex with men; HIV risk; PrEP; Screening; Syndemics	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2018	Witzel T.C.; Nutland W.; Bourne A.	What qualities in a potential HIV pre-exposure prophylaxis service are valued by black men who have sex with men in London? A qualitative acceptability study	International journal of STD & AIDS	-	-	-	-	-	9564624	10.1177/0956462418753224	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048492304&doi=10.1177%2f0956462418753224&partnerID=40&md5=1c4f3836856262c1b36e53a7f9fcef7d	Black men who have sex with men (BMSM) have higher HIV incidence and prevalence when compared to other MSM, despite similar levels of condom use and testing. Pre-exposure prophylaxis (PrEP) could be a useful intervention to reduce these inequalities. This research therefore aims to understand the dimensions of acceptability of a potential PrEP service for BMSM aged 18–45 years in London. In-depth, semi-structured interviews were conducted with 20 BMSM aged 18–45 years in London. Framework analysis was used to analyse the data. Five dimensions of acceptability emerged: need; uncertainty; service delivery; PrEP attributes; and social/sexual networks. BMSM had distinct preferences for sexual health services, which have implications for PrEP service delivery. These primary dimensions emerged as analysis: proximity and anonymity; quality, efficiency and reassurance; and understanding, empathy and identity. These relate, respectively, to preferences regarding clinic location and divisions from community, features of service delivery and staff characteristics. Due to concerns about confidentiality, community-based services may not be useful for this group. Careful consideration in regards to components used in service development will facilitate ongoing engagement. Interpersonal skills of staff are central to service acceptability, particularly when staff are perceived to be from similar cultural backgrounds as their patients. © 2018, The Author(s) 2018.	Europe; HIV; pre-exposure prophylaxis; prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2018	Wolton A.J.; Cameron R.; Ross-Turner M.; Suchak T.	TransMission a community-led HIV testing initiative for trans people and their partners at a London sex-on-premises venue	HIV Nursing	-	-	-	-	-	14747359	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049609984&partnerID=40&md5=4811da172a11dd0f2ef8a6fc440da2f1	Studies indicate that transgender (trans) communities are particularly vulnerable to HIV. However, trans people in the UK are often excluded from HIV services and research. This evaluation reviews the activity of a trans-led team that provided monthly outreach testing at a trans sex-on-premises venue in London. 131 instant HIV tests were performed between November 2016 and March 2017. Of these, 3 (2.3%) were reactive and 39.8% were trans women, 51.8% identified as male, and 17% described themselves as cross-dressers. There were no reactive tests despite a high incidence of unprotected acts. In this study 68.7% of participants had had sex in the last 3 months without using condoms, 19.8% had used pre-exposure prophylaxis (PrEP) and 74% did not know where to access it. Awareness of post-exposure prophylaxis (PEP) was lower, 83.9% of people had not heard of PEP, and 86.2% did not know where to access it. This service evaluation highlights the need for greater visibility of trans or non-binary people in PrEP research and campaigns, as well as trans-friendly PEP services.	Community; HIV; Post-exposure prophylaxis; Pre-exposure prophylaxis; Testing; Trans; Transgender	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2018	Wong, Ngai Sze; Tse Ho Kwan; Tsang, Owen T Y; Lee, Man Po; Yam, Wing Cheong; Lam, Wilson, Leung, Wai Shing; Chan, Jacky M C; Ho, Kai Man; Lee, Shui Shan	Pre-exposure prophylaxis (PrEP) for MSM in low HIV incidence places: should high risk individuals be targeted?	Scientific Reports	-	-	-	-	-	NA	10.1038/s41598-018-30101-9	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-msm-low-hiv/docview/2092635105/se-2?accountid=9113	Pre-exposure prophylaxis (PrEP) targeting high-risk men who have sex with men (MSM) has been shown to be a cost-effective HIV control measure. However, the approach could be a challenge in low HIV incidence places. We estimated the cost-effectiveness of PrEP among MSM in Hong Kong, a low HIV incidence place, and explored the impact of different eligibility criteria on PrEP effectiveness and cost-effectiveness. A mathematical model was used to project the lifetime HIV cases averted and cost-effectiveness of PrEP among MSM in Hong Kong, in comparison with behavioural data of local MSM. Without PrEP, the HIV incidence (per 100 person-years) was projected to increase from 1.1 to 1.6 between 2013 and 2021. PrEP could avert 3–42% of total new infections in a five-year period (2017–2021), the variability of which depends on the implementation strategies and combinations with test-and-treat. However, under current market drug price in 2018, the incremental cost per quality-adjusted life-year gained (QALY) of PrEP (USD15013/QALY) is almost 3 times higher than test-and-treat intervention alone (USD39474/QALY). Assuming 83% fall of PrEP drug price and in combination with test-and-treat, putting 30% of MSM on non-targeting PrEP would be more feasible, cost-effective (USD26895.93/QALY), and could avert more new infections (40%). PrEP could contribute to HIV epidemic control in a low incidence place.	Hospitals; Pre-exposure prophylaxis; Epidemics; Hong Kong; Men; Infections; Disease prevention; Public health; Prophylaxis; Population; Cost-effectiveness analysis; Cost analysis; Health surveillance; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; Drug prices; Foreign exchange rates	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2018	Wood B.R.; Mann M.S.; Martinez-Paz N.; Unruh K.T.; Annese M.; Spach D.H.; Stoltz J.D.; Stekler J.D.	Project ECHO: Telementoring to educate and support prescribing of HIV pre-exposure prophylaxis by community medical providers	Sexual Health	-	-	-	-	-	14485028	10.1071/SH18062	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054465214&doi=10.1071%2fSH18062&partnerID=40&md5=82fcf1fa5026e69e8e3fbe0f2508267	Background: Pre-exposure prophylaxis (PrEP) is an effective tool to prevent HIV infection for at-risk individuals, but access requires medical providers to be aware of and comfortable with prescribing PrEP. Project ECHO (Extension for Community Healthcare Outcomes) was started to support hepatitis C virus treatment in rural New Mexico, but has since expanded to train health practitioners to treat other medical conditions in other locations. Methods: In 2012, a Project ECHO skills-building program was launched to mentor community HIV practitioners in our region. In July 2015, quarterly HIV clinical updates and monthly PrEP case discussions were incorporated into this program. The result was a pilot PrEP telementoring intervention. An initial rate-question survey assessed baseline community practitioner knowledge and comfort with prescribing PrEP. Then, 6 months after the pilot began, a follow-up survey was administered. Results: Of 35 eligible providers, 34 (97%) completed the baseline survey and 24 providers completed the baseline and follow-up surveys respectively. In follow-up, providers reported that Project ECHO participation helped them stay current on PrEP guidelines, improved knowledge, increased likelihood to prescribe PrEP and addressed most concerns about prescribing PrEP. One exception was continued concerns about cost and insurance access, which were addressed by adjusting the didactic curriculum. Many participants reported that the Project ECHO pilot PrEP telementoring intervention assisted them in discontinuing PrEP telementoring when no longer needed. Conclusions: It is feasible to incorporate PrEP training into Project ECHO distance telementoring programs as a tool to educate community practitioners and support PrEP prescribing. © 2018 CSIRO.	Medical education; telehealth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Wood B.R.; McMahan V.M.; Naismith K.; Stockton J.B.; Delaney L.A.; Stekler J.D.	Knowledge, Practices, and Barriers to HIV Preexposure Prophylaxis Prescribing among Washington State Medical Providers	Sexually Transmitted Diseases	-	-	-	-	-	1485717	10.1097/OLQ.0000000000000781	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85048823214&doi=10.1097%2fOLQ.0000000000000781&partnerID=40&md5=fe1f9bc8233650fd4705f33dfe3752276	Background We aimed to assess HIV preexposure prophylaxis (PrEP) awareness and prescribing practices among Washington State medical providers from diverse professional disciplines and practice types. Methods In May 2016, we administered an anonymous online survey to licensed medical practitioners who provide primary, longitudinal, walk-in, emergency, obstetric, gynecologic, sexually transmitted infection, or family planning care. Results Of 735 eligible providers, 64.8% had heard of PrEP. Younger providers and providers with a doctor of medicine degree were more likely to be aware of PrEP compared with older providers (P < 0.0001) and providers with a nursing degree (P = 0.0001). Among providers who had heard of PrEP, 30.6% reported prescribing PrEP, and 69.4% reported referring patients to other providers for PrEP. Providers had 4 primary concerns about prescribing PrEP: insurance coverage (n = 220, 51% overall, but very high [26.9%] or somewhat [16.7%] uncomfortable discussing cost and insurance issues). The 124 PrEP prescribers reported a median of 2 (range, 1–175; total, 1142) patients prescribed PrEP. Prior authorizations and insurance denials had prevented prescription for 28.7% and 12.1% of prescribers, respectively. Conclusions Interventions to improve PrEP access should include education to inform medical providers about PrEP, with particular attention to provider types less likely to be aware. Continued efforts to eliminate cost and insurance barriers and educate providers regarding financial resources would help improve PrEP access. © 2018 American Sexually Transmitted Diseases Association All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2018	World Health Organization	Appropriate medicines: options for pre-exposure prophylaxis, meeting report, 21-22 March 2018.	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/273934	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2018	World Health Organization	Frequently asked questions: testing for HIV, including HIV self-testing, in the context of pre-exposure prophylaxis (PrEP)	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/278226	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2018	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 12: adolescents and young adults	-	-	-	-	-	NA	NA	https://iris.paho.org/handle/10665.2/51568	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2018	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 5: monitoring and evaluation	-	-	-	-	-	NA	NA	https://iris.who.int/bitstream/handle/10665/275034/WHO-CDS-HIV-18.10-eng.pdf	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2018	World Health Organization. Regional Office for Europe	HIV in Europe and central Asia in the era of the SDGs: operationalizing goals and achieving targets. ECDC/WHO joint meeting: Berlin, Germany, 23–25 April 2018: meeting report	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/345563	The ECDC/WHO joint meeting 'HIV in Europe and central Asia in the era of the SDGs: Operationalizing goals and achieving targets' reviewed national and regional progress towards achieving the regional goals and targets that need to be met in order to end AIDS by 2030, and the challenges that have been encountered in doing so. It assessed how data are used to inform HIV prevention and control efforts at national and regional levels and provided a platform for countries to share their experiences of successful interventions on HIV prevention, testing and treatment. The meeting brought together national HIV programme managers, HIV surveillance experts and a wide range of partners for two and a half days to discuss experiences and ways forward related to the Fast-Track Cities initiative, HIV prevention (particularly pre-exposure prophylaxis (PrEP) and harm reduction), HIV testing, surveillance and estimates, and treatment measurement and implementation issues. In addition to the main plenary and parallel sessions, the meeting also featured a number of satellite meetings that provided the opportunity for more in-depth discussions on issues of interest to a smaller group. Much joint work will continue going forward, and 2018 provides many opportunities for countries and organizations to continue sharing experiences and learning from each other. The 22nd International AIDS Conference which will be hosted in Amsterdam, from 22 to 27 July 2018, provides a special opportunity for the WHO European Region, especially for the countries in eastern Europe and central Asia (EECA) for whom a Ministerial Policy Dialogue on HIV and related comorbidities is being organized on 23 July 2018 by WHO, the Government of the Netherlands and UNAIDS.	NA	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	-	-	Other
Institutional	2018	World Health Organization. Regional Office for the Western Pacific	Second National Consultation on the Use of Antiretroviral Pre-exposure Prophylaxis (PrEP) to Prevent HIV Acquisition, 4 June 2018, Kuala Lumpur, Malaysia : meeting report	-	-	-	-	-	NA	NA	https://www.who.int/publications/i/item/RS-2018-GE-69-MYS	NA	NA	English	Malaysia	Asia and the Pacific	Malaysia	Asia and the Pacific	-	-	Other
Article	2018	Wray T.B.; Chan P.A.; Simpanen E.; Operario D.	A pilot, randomized controlled trial of HIV self-testing and real-time post-test counselling/referral on screening and preventative care among men who have sex with men	AIDS Patient Care and STDs	-	-	-	-	-	10872914	10.1089/apc.2018.0049	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052667324&doi=10.1089%2fapc.2018.0049&partnerID=40&md5=61e0d2f8402a6bd6b03d9e57a26e9f93	HIV self-testing (HST) could be an effective strategy for helping those at high risk test more regularly. However, concerns about HSTs lack of follow-up care and referral have so far limited its use. In a pilot, randomized controlled trial, high-risk HIV-negative, or status-unknown men who have sex with men (MSM; N = 63) were recruited from January 2016 to February 2017 and received (1) HST kits by mail, equipped with devices that detected when kits were opened and prompted a follow-up call from a counselor (eTEST); (2) standard HST kits with no follow-up (standard); or (3) informational letters about HIV testing (control). Participants completed surveys at baseline and 3 months. Primary outcomes were HIV testing and pre-exposure prophylaxis (PrEP) uptake, assessed via self-report and pharmacy records, and risk reduction. Approximately (100%) in the eTEST and standard HST groups reported HIV testing at least once during the 3-month period compared with 72% of controls. Repeat testing was higher among those in the HST groups versus controls (79% vs. 41%). Participants in the eTEST group were significantly more likely to receive risk-reduction counseling, prevention supplies (e.g., condoms and lube), and PrEP referrals during the study period compared with standard HST and controls. No effects on STI testing or PrEP initiation emerged. Delivering HST kits in high-risk MSM at regular intervals could increase HIV testing rates and encourage more regular testing. Providing active post-test referrals alongside HST might also connect high-risk men with some other important services than encouraged prevention behaviors. © Copyright 2018, Mary Ann Liebert, Inc.	counseling; HIV testing; men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Wright, Edwina; Grulich, Andrew; Roy, Katy; Boyd, Mark; Cornelisse, Vincent; Bassed, Darren; O'Donnell, Darryl; Whittaker, Bill; Crooks, Levina; Zablotska, Iryna	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine HIV pre-exposure prophylaxis: clinical guidelines. Update April 2018.	Journal of Virus Eradication	-	-	-	-	-	2055-6640	NA	https://ach.silm.ash.gov/pmc/articles/PMC8038174/	Daily use of coformulated tenofovir and emtricitabine for HIV pre-exposure prophylaxis (PrEP) by populations at high risk of HIV infection is now recommended in guidelines from the United States, Europe and Australia and globally through the 2015 WHO guidelines. These 2017 Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine's (ASHM) PrEP Guidelines are an updated adaptation of the 2014 US Centers for Disease Control's PrEP guidelines and are designed to: a)Support the prescription of PrEP using forms of coformulated tenofovir and emtricitabine that have been registered in Australia by the Therapeutic Goods Administration and other bioequivalent generic drugs that are available in Australia through self-importation; private prescription or Australian PrEP clinical trials(Ausist trial); b)Provide guidance on the use of PrEP in gay men and other men who have sex with men, heterosexual men and women, and people who inject drugs (PWID) at substantial risk of HIV acquisition; c)Provide guidance on the use of PrEP in pregnancy and in chronic hepatitis B infection and how to cease PrEP.Daily PrEP with co-formulated tenofovir and emtricitabine, used continuously or for shorter periods of time, is recommended in these guidelines as a key HIV prevention option for men who have sex with men (MSM), transgender men and women, heterosexual men and women, and people who inject drugs (PWID) at substantial risk of HIV acquisition. These guidelines were updated in April 2018 and include changes to the recommendations regarding the choice of daily or on-demand PrEP.	pre-exposure prophylaxis, PrEP, TDF/FTC	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2018	Xiao, Peng; Gumber, Sanjeev; Maximka, Mark A; Date, Abhijit A; Hoang, Thuy; Haines, Justin; Ensign, Laura M; Wang, Lin; Rohan, Lisa; Fuchs, Edward J; Hendrix, Craig; Villinger, Francois	Hypo-osmolar Formulation of Tenofovir (TFV) Enema Promotes Uptake and Metabolism of TFV in Tissues, Leading to Prevention of SHIV/HIV Infection.	Antimicrobial Agents and Chemotherapy	-	-	-	-	-	1098-6596	10.1128/AAC.01644-17	https://ach.silm.ash.gov/pmc/articles/PMC5740333/	Oral preexposure prophylaxis (PrEP) has been approved for prophylaxis of HIV-1 transmission but is associated with high costs and issues of adherence. Protection from anal transmission of HIV using topical microbicides and methods congruent with sexual behavior offers the promise of improved adherence. We compared the pharmacokinetics (PK) and ex vivo efficacy of iso-osmolar (IOso) and hypo-osmolar (HOso) tenofovir (TFV) enema formulations in rhesus macaques (RMs). Single-dose PK studies showed that HOso TFV formulation resulted in 1,000-fold higher TFV concentrations in systemic uptake in blood, colorectal biopsy specimens, and rectal CD4+ T cells. Markedly higher TFV concentrations were observed in plasma and tissue samples after administration of the HOso TFV formulation than with all other formulations tested. TFV and TFV diphosphate (TFV-DP) concentrations in tissue correlated for the HOso high-dose formulation, demonstrating rapid uptake and transformation of TFV to TFV-DP in tissues. TFV-DP amounts in tissues collected at 1 and 24 h were 7 times and 3 times higher, respectively ($P < 0.01$), than the ones collected in tissues with the IOso formulation. The HOso high-dose formulation prevented infection in ex vivo challenges of rectal tissues collected at 1, 24, and 72 h after the intrarectal dosing, whereas the same TFV dose formulated as an IOso enema was less effective.	enema, hypo-osmolar, monkey, tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2018	Yavuz, Burcin; Morgan, Jessica L.; Shewbaw, Laura; Horng, Karli R.; Dandekar, Satya; Herrera, Caroline; LiWang, Patricia; Kaplan, David L.	Pharmaceutical Approaches to HIV Treatment and Prevention.	Advanced Therapeutics	-	-	-	-	-	2366-3987	10.1002/adtp.201800054	https://onlinelibrary.wiley.com/doi/abs/10.1002/adtp.201800054	Human immunodeficiency virus (HIV) infection continues to pose a major infectious disease threat worldwide. It is characterized by the depletion of CD4(+) T cells, persistent immune activation, and increased susceptibility to secondary infections. Advances in the development of antiretroviral drugs and combination antiretroviral therapy have remarkable reduction in HIV-associated morbidity and mortality. Antiretroviral therapy (ART) leads to effective suppression of HIV replication with partial recovery of host immune system and has successfully transformed HIV infection from a fatal disease to a chronic illness. However, current treatment options require lifelong administration of multiple drugs, which leads to drug resistance, toxicity, and poor patient adherence. Other limitations include drug-drug interactions, drug resistance, cytotoxic side effects, cost, and adherence issues. Alternative treatment options are being investigated to overcome these challenges including discovery of new molecules with increased anti-viral activity and development of easily administrable drug formulations. In light of the difficulties associated with current HIV treatment measures, and in the continuing absence of a cure, the prevention of new infections has also arisen as a prominent goal among efforts to curtail the worldwide HIV pandemic. In this review, the authors summarize currently available anti-HIV drugs and their combinations for treatment, new molecules under clinical development and prevention methods, and discuss drug delivery formula as well as associated challenges and alternative approaches for the future.	HIV prevention; antiretroviral drugs; HIV treatment; pre exposure prophylaxis; drug delivery	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2018	Young, Lindsey E; Schumm, Phil; Leigh, Alen; Bouris Alda; Ferreira, Matthew; Hill, Brandon; Khanna, Aditya S; Valente, Thomas W; Schneider, John A	PrEP Chicago: A randomized controlled peer change agent intervention to promote the adoption of pre-exposure prophylaxis for HIV prevention among young Black men who have sex with men	Clinical Trials	-	-	-	-	-	17407745	10.1177/1740774517738012	https://www.proquest.com/scholarly-journals/s-prep-chicago-randomized-controlled-peer-change/docview/1994578004/se-2?accountid=9113	Background/aims Advances in biomedical prevention strategies such as pre-exposure prophylaxis (PrEP) represent a new opportunity for reducing HIV incidence among young Black men who have sex with men, for whom the number of new HIV infections continues to rise. However, studies have documented low rates of PrEP uptake in this community. Research suggests that the peer networks of young Black men who have sex with men play important roles in their sexual health decisions. PrEP Chicago is a randomized controlled trial network intervention designed to increase PrEP uptake among young black men who have sex with men living in Chicago. The aims of this study are twofold. Aim 1 is to estimate the effectiveness of a peer change agent intervention for (1) increasing the number of network members who talk to a PrEP information line, (2) increasing the rate of PrEP adoption among non-participant peers, and (3) increasing PrEP knowledge, attitudes, and intentions among participants. Aim 2 is to determine the individual and network characteristics that moderate peer change agent effectiveness.Methods/PrEP Chicago is a social network intervention that utilizes the influence of peer change agents to increase PrEP uptake among young men who have sex with men in Chicago to PrEP. Young Black men who have sex with men were recruited using respondent-driven sampling. Once screened for eligibility, participants were randomly assigned to either one of two treatment sequences (1:1) intervention treatment in Year 1 followed by a minimal contact attention control in Year 2 or (2) the minimal contact attention control in Year 1 followed by treatment in Year 2. The treatment consists of a PrEP peer change agent training workshop followed by booster calls for 12 months. The attention control consists of a sex diary activity designed to help participants assess sexual health behaviors. Participants complete study assessments at baseline, 6 months, and 12 months.Discussion/To date, PrEP Chicago has enrolled 226 young Black men who have sex with men (100% target enrollment) and have completed baseline data collection. A majority of participants in both intervention and control groups reported having heard of PrEP before enrolling in the study, yet also reported having had no current or prior experience taking PrEP. Statistical analyses await completion of Year 1 of the trial in March 2018.Conclusion/PrEP Chicago addresses a gap in HIV prevention research and intervention design by utilizing the existing social networks among young Black men who have sex with men as mechanisms for information diffusion, behavioral influence, social support, and empowerment. Therefore, interventions that leverage peer influence processes to facilitate PrEP uptake are promising strategies to improve sexual health engagement and overcome disparities in outcomes among this at-risk population.	HIV; prevention; Pre-exposure prophylaxis; pre-exposure prophylaxis; Prevention; Disease prevention; Prep; Prophylaxis; Randomized controlled trials	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2018	Zaller, Nickolas; Patterson, Benjamin; Elliman, Tanya; Slowikowski, Jacek; Olender, Susan; Gordon, Peter; Morrison, Ellen A. B.; Sobeseczyk, Magdalena E.	Missed Opportunities for Engagement in the Prevention Continuum in a Predominantly Black and Latino Community in New York City	AIDS Patient Care and STDs	-	-	-	-	-	1087291	10.1089/apc.2018.0127	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85052634422&doi=10.1089%2fapc.2018.0127&partnerID=40&md5=6998d8dc61cdbf7bc8d2dc0c4fc328	Even though over the last 25 years, the Centers for Disease Control and Prevention recommendations for HIV screening have expanded to encompass population-wide screening in all healthcare settings, and despite the availability of highly effective treatment for HIV, HIV remains a significant public health problem in predominantly minority communities. Our study examines missed opportunities for engagement in the HIV linkage to PrEP from 2008 through 2017 at an urban academic medical center serving a predominantly minority community. A missed opportunity for HIV screening was a provider visit that did not include HIV testing and occurred within the 12 months before the first positive HIV test. A missed opportunity for PrEP was the first positive HIV test. A missed opportunity for HIV linkage was a positive HIV test that was followed by a positive HIV test. Univariate analysis was performed to assess characteristics of individuals with missed opportunities for screening and prevention services. Between 2008 and 2017, 721 patients were newly diagnosed with HIV. Two-hundred forty-seven diagnoses were made in the early period (2008–2010), 236 in the middle period (2010–2013), and 238 in the late period (2014–2017). Overall 60% of patients had at least one missed opportunity, 34% for HIV screening, and 42% for PrEP. There was no improvement in the rates of individuals with a missed opportunity for HIV screening over time. Ending the HIV epidemic will require concerted efforts to bolster access to testing and ensure that all individuals are offered screening, counseling, and linkage to prevention and care services. © Copyright 2018, Mary Ann Liebert, Inc., publishers.	HIV diagnosis; HIV screening; late diagnosis; missed opportunities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Abana, Felix; Kwathia, John; Lagat, Harison; Mugwanya, Kenneth K; Dettinger, Julie; Begnel, Emily R; Sila, Joseph; Baeten, Jared M; John-Stewart, Grace; Partyz, Jillian	A Field Evaluation of Point-of-Care Creatinine Testing Within a Large PrEP Implementation Program in Western Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	1944-7884	10.1097/QAI.0000000000002109	https://dx.doi.org/10.1097/QAI.0000000000002109	Young women in sub-Saharan Africa are disproportionately affected by HIV, accounting for 25% of all new infections in 2017. Several behavioural and biological factors are known to impact a young women's vulnerability for acquiring HIV. One key, but lesser understood, biological factor impacting vulnerability is the vaginal microbiome. This review describes the vaginal microbiome and examines its alterations, its influence on HIV acquisition as well as the efficacy of HIV prevention technologies, the role of the rectal microbiome in HIV acquisition, advances in technologies to study the microbiome and some future research directions.	HIV prevention, women, vaginal microbiome, rectal microbiome, genital inflammation, tenofovir gel	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	NA	NA	Review
Article	2019	Adams J.; Coquilla R.; Montoyre J.; Neville S.	Knowledge of HIV pre-exposure prophylaxis among immigrant Asian gay men living in New Zealand	Journal of Primary Health Care	-	-	-	-	-	11726164	10.1071/HC19076	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076673662&doi=10.1071%2fHC19076&partnerID=40&md5=6c967e6cb76c196a363bc6ebcd42c	INTRODUCTION: HIV pre-exposure prophylaxis (PrEP) is a new bio-medical means of reducing the risk of HIV infection. It's use by individuals at high risk of HIV acquisition is recommended. Aims: This study identifies the ways immigrant Asian gay men living in New Zealand talk about and understand issues related to PrEP. METHODS: A qualitative descriptive methodology was used. Individual interviews were conducted with 18 immigrant Asian gay men who were not users of PrEP. Participants were aged 21-36 years and one-third had arrived in New Zealand within 2 years of completing the interview. Data were analysed using thematic analysis. RESULTS: Participants had limited knowledge of PrEP and its effectiveness. Many were unaware that PrEP was available in New Zealand. Some were willing to use PrEP for others, but not . DISCUSSION: PrEP is necessary for working towards the elimination of HIV. To improve uptake among Asian gay men, improved literacy around HIV and pre-exposure prophylaxis is required. This knowledge needs to be improved at both the individual level in primary care services and collectively through health promotion initiatives. Those services and health promotion initiatives need to be provided in ways that encourage engagement by Asian gay men. © 2019 CSIRO Published by Australian Journal Completion © Royal New Zealand College of General Practitioners 2019 This is an open access article licensed under a.	Asian; gay; HIV pre-exposure prophylaxis	English	New Zealand	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Qualitative

Article	2019	Adams J.L.; Shelley K.; Nicol M.R.	Review of Real-World Implementation Data on Emtricitabine-Tenofovir Disoproxil Fumarate as HIV Pre-exposure Prophylaxis in the United States	Pharmacotherapy	-	-	-	-	2770008	10.1002/phar.2240	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063683713&doi=10.1002%2fphar.2240&partnerID=40&md5=512a855332c7b62cb6d42fc2ccbfd23a	The antiretroviral combination of emtricitabine-tenofovir disoproxil fumarate (FTC/TDF) was approved by the U.S. Food and Drug Administration for use as pre-exposure prophylaxis (PrEP) in individuals at high risk for acquiring human immunodeficiency virus (HIV) in July 2012. Since then, Centers for Disease Control and Prevention guidelines for the use of PrEP have been published and implemented into clinical practice throughout the United States. A number of published open-label and PrEP demonstration projects have evaluated the real-world use of PrEP including analysis of the barriers to its use and addressing major concerns. Despite the approval of FTC/TDF for PrEP, its use for this indication relies on patient and provider acceptance, and its effectiveness requires patient adherence and retention in care during periods of high-risk behaviors. Concerns regarding the use of PrEP in healthy individuals persist and include medication adverse effects including renal dysfunction and bone mineral density loss; risk compensation leading to HIV infections, sexually transmitted infections, and unintended pregnancies; and the development of drug resistance in the event of seroconversion. The cost-effectiveness of PrEP continues to be assessed with the greatest cost-effectiveness remaining in those at highest risk of acquiring HIV. Additionally, cases of HIV acquisition in individuals who are adherent to PrEP highlight scenarios in which PrEP is not 100% effective including against the transmission of drug-resistant HIV strains. This review examines data on the implementation of PrEP outside the setting of clinical trials with the aim of providing clinicians with a summary of the current barriers and opportunities for PrEP use with a specific focus on the role of pharmacists in the optimization of PrEP implementation. © 2019 Pharmacotherapy Publications, Inc.	emtricitabine; HIV; pre-exposure prophylaxis; tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Adamson B.; Garrison L.; Barnabas R.V.; Carlson J.J.; Kublin J.; Dimitrov D.	Competing biomedical HIV prevention strategies: potential cost-effectiveness of HIV vaccines and PrEP in Seattle, WA	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25373	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071281474&doi=10.1002%2fjia2.25373&partnerID=40&md5=28c864c5843d577d03cf1d2d14b23c99	Introduction: Promising HIV vaccine candidates are steadily progressing through the clinical trial pipeline. Once available, HIV vaccines will be an important complement but also potential competitor to other biomedical prevention tools such as pre-exposure prophylaxis (PrEP). Accordingly, the value of HIV vaccines and the policies for rollout may depend on that interplay and tradeoffs with utilization of existing products. In this economic modelling analysis, we estimate the cost-effectiveness of HIV vaccines considering their potential interaction with PrEP and condom use. Methods: We developed a dynamic model of HIV transmission among the men who have sex with men population (MSM), aged 15-64 years, in Seattle, WA offered PrEP and HIV vaccine over a time horizon of 2025-2045. A healthcare sector perspective with annual discount rate of 3% for costs (2017 USD) and quality-adjusted life years (QALYs) was used. The primary economic endpoint is the incremental cost-effectiveness ratio (ICER) when compared to no HIV vaccine availability. Results: HIV vaccines improved population health and increased healthcare costs. Vaccination campaigns achieving 90% coverage of high-risk men and 60% coverage of other men within five years of introduction are projected to avoid 40% of new HIV infections between 2025 and 2045. This increased total healthcare costs by $30 million, with some PrEP costs shifted to HIV vaccine spending. HIV vaccines are estimated to have an ICER of $42,473/QALY, considered cost-effective using a threshold of $150,000/QALY. Results were most sensitive to HIV vaccine efficacy and future changes in the cost of PrEP drugs. Sensitivity analysis found ranges of 30-70% HIV vaccine efficacy remained cost-effective. Results were also sensitive to reductions in condom use among PrEP and vaccine users. Conclusions: Access to an HIV vaccine is desirable as it could increase the overall effectiveness of combination HIV prevention efforts and improve population health. Planning for the rollout and scale-up of HIV vaccines should carefully consider the design of policies that guide interactions between vaccine and PrEP utilization and potential competition. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	cost-benefit analysis; costs and cost analysis; disease transmission; economic; economic competition; HIV vaccines; infectious; models; pre-exposure prophylaxis; preventive medicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Adeagbo, Oluwafemi Atanda; Mthiyane, Nondumiso; Herbst, Carina; Mee, Paul; Neuman, Melissa; Dreyer, Jaco; Chimbindi, Natsayi; Smit, Theresa; Okesola, Nonhlanhla; Johnson, Cheryl; Hatzold, Karin; Seeley, Janet; Cowan, Frances; Corbett, Liz; Shahmanesh, Maryam	Cluster randomised controlled trial to determine the effect of peer delivery HIV self-testing to support linkage to HIV prevention among young women in rural KwaZulu-Natal, South Africa: a study protocol.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2019-033435	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7008432	INTRODUCTION: A cluster randomised controlled trial (cRCT) to determine whether HIV self-testing (HIVST) delivered by peers either directly or through incentivised peer-networks, could increase the uptake of antiretroviral therapy and pre-exposure prophylaxis (PrEP) among young women (18 to 24 years) is being undertaken in an HIV hyperendemic area in KwaZulu-Natal, South Africa. METHODS AND ANALYSIS: A three-arm cRCT started mid-March 2019, in 24 areas in rural KwaZulu-Natal. Twenty-four pairs of peer navigators working with ~12 000 young people aged 18 to 30 years over a period of 6 months were randomised to: (1) incentivised-peer-networks: peer-navigators recruited participants 'seeds' to distribute up to five HIVST packs and HIV prevention information to peers within their social networks. Seeds receive an incentive (20 Rand = US$1.5) for each respondent who contacts a peer-navigator for additional HIVST packs to distribute; (2) peer-navigator-distribution: peer-navigators distribute HIVST packs and information directly to young people; (3) standard of care: peer-navigators distribute referral slips and information. All arms promote sexual health information and provide barcoded clinic referral slips to facilitate linkage to HIV testing, prevention and care services. The primary outcome is the difference in linkage rate between arms, defined as the number of women (18 to 24 years) per peer-navigators month of outreach work (/pnm) who linked to clinic-based PrEP eligibility screening or started antiretroviral, based on HIV-status, within 90 days of receiving the clinic referral slip. ETHICS AND DISSEMINATION: This study was approved by the Institutional Review Boards at the WHO, Switzerland (Protocol ID: STAR CRT, South Africa), London School of Hygiene and Tropical Medicine, UK (Reference: 15 990-1), University of KwaZulu-Natal (BFC311/18) and the KwaZulu-Natal Department of Health (Reference: KZ_201901_012), South Africa. The findings of this trial will be disseminated at local, regional and international meetings and through peer-reviewed publications. TRIAL REGISTRATION NUMBER: NCT03751826; Pre-results.	HIV/AIDS, modelo de entrega entre pares, África do Sul, PrEP, TAR, autoteste de HIV	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2019	Ahlström M.G.; Ronit A.; Omland L.H.; Vedel S.; Obel N.	Algorithmic prediction of HIV status using nation-wide electronic registry data	EClinicalMedicine	-	-	-	-	25895370	10.1016/j.eclinm.2019.10.016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074846923&doi=10.1016%2fj.eclinm.2019.10.016&partnerID=40&md5=e6d5f9d8154ec13852f2a5b122c700dd	Background: Late HIV diagnosis is detrimental both to the individual and to society. Strategies to improve early diagnosis of HIV must be a key health care priority. We examined whether nation-wide electronic registry data could be used to predict HIV status using machine learning algorithms. Methods: We extracted individual level data from Danish registries and used algorithms to predict HIV status. We used various algorithms to train prediction models and validated these models. We calibrated the models to mimic different clinical scenarios and created confusion matrices based on the calibrated models. Findings: A total 4,384,178 individuals, including 4,350 with incident HIV, were included in the analyses. The full model that included all variables that included demographic variables and information on past medical history had the highest area under the receiver operating characteristic curves of 88·4% (95%CI: 87·5% – 89·4%) in the validation dataset. Performance measures did not differ substantially with regards to which machine learning algorithm was used. When we calibrated the models to a specificity of 99·9% (pre-exposure prophylaxis (PrEP) scenario), we found a positive predictive value (PPV) of 8·3% in the full model. When we calibrated the models to a sensitivity of 90% (screening scenario), 384 individuals would have to be tested to find one undiagnosed person with HIV. Interpretation: Machine learning algorithms can learn from electronic registry data and help to predict HIV status with a fairly high level of accuracy. Integration of prediction models into clinical software systems may complement existing strategies such as indicator condition-guided HIV testing and prove useful for identifying individuals suitable for PrEP. Funding: The study was supported by funds from the Preben and Anne Simonsens Foundation, the Novo Nordisk Foundation, Rigshospitalet, Copenhagen University, the Danish AIDS Foundation, the Augustinus Foundation and the Danish Health Foundation. © 2019	Big data; HIV diagnosis; HIV prevention; Machine learning; Registry data	English	United Kingdom	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Quantitative
Article	2019	Ahmed N.; Pike C.; Bekker L.-G.	Scaling up pre-exposure prophylaxis in sub-Saharan Africa	Current Opinion in Infectious Diseases	-	-	-	-	9517375	10.1097/QCO.0000000000000511	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059135485&doi=10.1097%2fQCO.0000000000000511&partnerID=40&md5=7cccfeb8dd84bcb94bd28b4bdf4ad0dc	Purpose of reviewPre-exposure prophylaxis (PrEP) is highly efficacious for preventing HIV. Demonstrations worldwide show growing acceptability with nonoral formulations in the pipeline. Despite these successes, oral PrEP scale-up in sub-Saharan Africa (SSA), the region hardest hit by HIV, remains sub-optimal. This review details emerging practises and addresses challenges in PrEP scale-up and delivery within SSA.Recent findingsPrEP scale-up varies across SSA. Some countries face implementation challenges, whereas most have not applied for or received regulatory approval. As governments balance treatment and prevention costs, PrEP advocacy is growing. Demand has been slow, because of low-risk perception, HIV treatment conflation or poor information. Challenges in SSA are markedly different than elsewhere, as delivery is targeted to generalized heterosexuals, rather than only key populations. SSA requires public sector engagement and innovative delivery platforms.SummaryPrEP scale-up in SSA is sub-optimal, hindered by regulatory processes, implementation challenges, poor community engagement and inadequate funding. Approaches that acknowledge overburdened, under-resourced health sectors, and seek opportunities to integrate, task-shift, decentralize and even de-medicalize, with a tailored approach, while campaigning to educate and stimulate demand are most likely to work. Solutions to oral PrEP scale-up will apply to other formulations, opening new avenues for ARV (microbicides and injectables) and non-ARV-based (future vaccine) biomedical prevention provision. © 2019 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; preexposure prophylaxis; sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Theses and Dissertations	2019	Ahouada, Carin	La prophylaxie pré-exposition (PrEP) pour la prévention du VIH chez les hommes ayant des relations sexuelles avec d'autres hommes (HSH) au Bénin : acceptabilité et faisabilité	-	-	Université Laval	Université Laval	-	-	NA	http://hdl.handle.net/20.500.11794/66756	Ce travail a consisté à évaluer l'acceptabilité de la prophylaxie pré-exposition (PrEP) pour la prévention du VIH, puis à identifier les facilitateurs et obstacles qui pourraient affecter la mise en place de cette stratégie de prévention chez les hommes ayant des relations sexuelles avec d'autres hommes (HSH) au Bénin. Il en ressort que la PrEP est peu connue des HSH. Toutefois, la quasi totalité des enquêtés, une fois informés par rapport à cette méthode de prévention, était disposée à l'utiliser si elle est rendue disponible. Certains facteurs ont été jugés importants par les HSH à prendre en compte dans le processus de l'implantation de cette stratégie. Le risque de diminution voire de l'abandon de l'utilisation du condom existe. Toutefois, cela ne devra pas entraver la prescription de la PrEP. Les prescripteurs devront accompagner les HSH désireux d'utiliser la PrEP dans la prise de décision concernant les options de prévention (PrEP et/ou préservatif) en accord avec leurs valeurs et leur désir. / We evaluated the acceptability of pre-exposure prophylaxis (PrEP) for HIV prevention and identified the potential facilitators and obstacles that could affect the implementation of this prevention strategy among men who have sex with men (MSM) in Benin. The results showed that PrEP is not well known to MSM. However, once informed about this prevention tool, almost all surveyed men were willing to use it if made available. Some factors were viewed as important by MSM to be considered in the implementation process. The risk of reducing or even abandoning condom use exists. However, this should not hinder the prescription of PrEP. Prescribers should accompany MSM who wish to use PrEP in making decisions about prevention options (PrEP and / or condom) in accordance with their values and desires	NA	French	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2019	Ajayi A.I.; Mudefi E.; Yusuf M.S.; Adeniyi O.V.; Rala N.; Goon D.T.	Low awareness and use of pre-exposure prophylaxis among adolescents and young adults in high HIV and sexual violence prevalence settings	Medicine (United States)	-	-	-	-	257974	10.1097/MD.0000000000017716	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074099082&doi=10.1097%2fMD.0000000000017716&partnerID=40&md5=bd2571568c19fbaf41bab043d2268d72	South Africa has adopted pre-exposure prophylaxis (PrEP) as a preventive strategy for populations at-risk for HIV, though uptake is low among adolescents and young adults. We examined the awareness and use of PrEP among adolescents and young adults in the Eastern Cape, South Africa.This cross-sectional study was conducted between June and November 2018 among 772 adolescents and young adults (aged 16-24 years) selected using stratified random sampling in a South African university. An electronic self-administered questionnaire was used to elicit demographic information, behavioral, family-related characteristics, awareness and use of PrEP. Adjusted and unadjusted logistic regression models were used to examine the predictors of PrEP awareness.The overall level of PrEP awareness was 18.8%; however, only 1.7% of participants had used PrEP, 7.5% of had seen it, 4.8% knew how much it cost, and 14.8% knew where and how to get it. In the adjusted regression analysis, only adequate family support (AOR: 2.11; CI: 1.47-3.04) and discussions of HIV and sexually transmitted infections with sexual partners (AOR: 1.78; CI: 1.19-2.67) were associated with a higher likelihood of being aware of PrEP.The level of awareness and use of PrEP is still very low among adolescents and young adults who may need it to prevent HIV infection. Poor awareness of PrEP among adolescents and young adults in high HIV risk settings may limit its use. Thus, concerted efforts are needed to promote awareness and access to PrEP among young South African adults. Copyright © 2019 the Author(s). Published by Wolters Kluwer Health, Inc.	adolescents; HIV transmission; pre-exposure prophylaxis; PrEP; South Africa; young adults	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	kenya	Eastern and Southern Africa	Quantitative
Article	2019	Algarin, Angel B; Shrader, Cho Hee; Bhatt, Chintan; Hackworth, Benjamin T; Cook, Robert L; Ibañez, Gladys E	The Pre-exposure Prophylaxis (PrEP) Continuum of Care and Correlates to Initiation Among HIV-Negative Men Recruited at Miami Gay Pride 2018	Journal of Urban Health	-	-	-	-	1099-3460	10.1007/s11524-019-00362-4	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-continuum-care/docview/2234826455/se-2?accountid=8113	While the national HIV infection rate is decreasing, the highest rates of infections continue among men who have sex with men (MSM), particularly minority MSM. It is important to understand attitudes, knowledge, and behaviors surrounding HIV prevention methods, such as pre-exposure prophylaxis (PrEP). In the present study, we created a snapshot of the PrEP continuum of care and identified participant demographic and sources of PrEP awareness factors that were associated with PrEP initiation. Data were collected using anonymous paper–based surveys employing a venue intercept procedure. A total of 188 HIV–negative men completed the survey at Miami Gay Pride 2018. Participants answered questions regarding demographics, PrEP use, and sources of PrEP awareness. The sample was majority Hispanic (55.4%), gay (83.0%), and single (57.7%). The constructed PrEP continuum revealed that a low proportion of those identified as PrEP naïve (n = 143) for HIV infection had PrEP interest (49/143). Moreover, among those who initiated PrEP (n = 45), a high proportion were retained in a PrEP program (37/45), with approximately half achieving medication adherence (25/45). Age group, PrEP knowledge, and source of PrEP awareness were all significantly associated with PrEP initiation. In areas with high HIV infection rates, studies like these offer crucial insight on how public health practitioners should proceed in the goal of decreasing HIV transmission rates. More research is needed to increase PrEP uptake and adherence.	Demography; HIV prevention; Pre-exposure prophylaxis; PrEP; MSM; Adherence; Men who have sex with men; Infections; Public health; Prophylaxis; Surveillance; Exposure; Demographics; Disease transmission; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences; Polls & surveys; Transitional care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Amico K.R.; Miller J.; Balthazar C.; Serrano P.A.; Brothers J.; Zollweg S.; Hosek S.	Integrated Next Step Counseling (iNSC) for Sexual Health and PrEP Use Among Young Men Who Have Sex with Men: Implementation and Observations from ATN110/113	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2291-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055328705&doi=10.1007%2fs10461-018-2291-2&partnerID=40&md5=a84597fc6fd61a3ba98f6f14aa44dc23	Pre-exposure prophylaxis (PrEP) for the prevention of HIV infection among young men who have sex with men is a critical part of the HIV prevention landscape in the US. Given the unique challenges and resources of young MSM negotiating safer sex practices, including PrEP, counseling and supportive discussions to optimize both PrEP use and sexual health protection more generally may facilitate reaching HIV prevention goals. Within the context of a large, open-label PrEP study (ATN110/113), support for sexual health promotion and PrEP use was provided through use of integrated Next Step Counseling (iNSC) as part of study visits. We detail iNSC and, using session documentation collected throughout this study, we characterize iNSC implementation and the content generated from these discussions. We detail features of iNSC, training of counselors and the implementation of iNSC in a multi-site PrEP study with young MSM in the US. Case report forms completed by iNSC counselors at study visits at weeks 4, 8, 12, 24, 36, and 48 were evaluated. Implementation of each intervention step for each discussion is summarized at and across timepoints, as well as features of specific steps (e.g., kinds of facilitators and barriers). Implementation differences by group (e.g., race/ethnicity, age) were examined. iNSC case report forms from 1000 sessions involving 178 unique participants ages 15–22 from sessions conducted between 2013 and 2015 were reviewed. High fidelity to iNSC steps in terms of inclusion in sessions was reported; 98–100% of sessions included critical steps for sexual health protection discussions and 96–98% for PrEP use discussions. The vast majority of sessions appeared to flow in line with iNSC's emphasis on exploration and open discussion prior to considering specific needs and related strategies. Nearly three-quarters of sessions noted 'commitment to staying negative' as a motivator towards sexual health protection (more commonly reported by those identifying as White), while 'assuming partner is negative' was the most common challenge (less common for the older cohort), and 'having access' to a sexual health protection tool or strategy (besides PrEP) was the most common "need" (more common for those identifying as White or Latino). Carrying dose(s) to have them on-hand when needed was the most common PrEP adherence facilitator, drug and alcohol use was the most common challenge noted, and access to a dose when needed was the most common "need" (more common for participants self-identified as White). iNSC was implemented consistently throughout ATN110/113, and patient-centered discussions about sexual health protection and PrEP-use appeared feasible to incorporate into clinical care visits. © 2018, The Author(s).	Adherence counseling; Adolescents; MSM; PrEP; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Amico, K Rivet; Ramirez, Catalina; Caplan, Margaret R; Montgomery, Brooke Ee; Stewart, Jennifer; Hodder, Sally; Swaminathan, Shobha; Wang, Jing; Darden-Tabb, Noshima Y; McCauley, Marybeth; Mayer, Kenneth H; Wilkin, Timothy; Landovitz, Raphael J; Gulick, Roy; Adimora, Adaora A	Perspectives of US women participating in a candidate PrEP study: adherence, acceptability and future use intentions.	Journal of the International AIDS Society	-	-	-	-	1758-2652	https://doi.org/10.1002/jia2.25247	https://escholarship.org/uc/item/89n331cs	IntroductionLimited data exist on acceptability of candidate pre-exposure prophylaxis (PrEP) regimens among US women. We evaluated PrEP experiences, attitudes and future use intentions among sexually active women who completed the US-based HIV Prevention Trials Network 069/AIDS Clinical Trials Group 5305 study.MethodsWomen participated in the study between March 2013 and November 2015. We analysed computer-assisted self-interview (CASI) surveys among 130 women and conducted in-depth interviews among a subset of 26 women from three sites. Interviews were conducted in mid/late-2015.ResultsMost women (57%) reported very good/excellent PrEP adherence on CASI, although 21% acknowledged over-reporting adherence at least some of the time. Commitment to preventing HIV infection, a sense of ownership of the study, and keeping pills stored in a visible location facilitated adherence. Adherence barriers included "simply forgetting" and being away from home. Most women interviewed did not intend to use PrEP in the future because of lack of perceived need due to their own (as opposed to their partners') low-risk behaviour and concerns about affordability - but not because of side effects or other characteristics of the regimens.DiscussionImproving HIV prevention options for US women will require access to affordable PrEP as well as expanding women's understanding of relationship- and community-level factors that increase their risk of acquiring HIV.	HPTN 069/A5305 Study Team and HPTN Women at Risk Committee; Humans; HIV Infections; Anti-HIV Agents; Prospective Studies; Risk-Taking; Intention; Adolescent; Adult; Middle Aged; Sexual Partners; Women; United States; Female; Male; Young Adult; Pre-Exposure Prophylaxis; Surveys and Questionnaires; HIV prevention; PrEP; risk perception; women; Clinical Sciences; Public Health and Health Services; Other Medical and Health Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Anderson, Ashley, 1990-	An intervention to increase uptake of pre-exposure prophylaxis in women at risk for HIV	-	-	Rutgers University	Rutgers University	-	NA	NA	https://rucore.libraries.rutgers.edu/rutgers-lib/61234/	Education about Pre-exposure Prophylaxis (PrEP) has been focused on men who have sex with men (MSM) because rates of HIV infection are higher among this population. Pre-exposure prophylaxis or PrEP is indicated for people at very high risk for HIV. Those at risk take a once daily pill to lower their chances of getting infected. PrEP can stop HIV from spreading throughout your body (Centers for Disease Control and Prevention CDC, 2018). Current evidence indicates that women who are educated about PrEP are more likely to inquire about initiating this prevention strategy (Koechlin et al., 2016). For example, The GreaterThan online resource for information about PrEP, has more resources for MSM about PrEP compared to resources about women and PrEP. Women at risk for HIV are not identified for PrEP compared to MSM (Aaron et al., 2017). The Prepwatch webpage addresses a womans need for PrEP; it advises that PrEP is safe for both men and women, however, there is no additional information or resources for women (PrEPwatch, 2018). Women are of considerable interest when discussing PrEP. In 2015 and 2016, women made up 19% of the new HIV diagnoses in the United States (Centers for Disease Control and Prevention CDC, 2017). Knowledge about PrEP would benefit women at risk for HIV. Because there are limited PrEP resources available for women, this education could be provided by counselors and take place at an STD counseling and testing center. This project explores the intervention of counseling clinicians at a clinic located in Newark, NJ to identify and refer women at risk for HIV to the PrEP counselor.	Adult-Gerontology Primary Care Nurse Practitioner; HIV infections – Prevention; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2019	Ang D.; Liu Y.; Eisingerich A.B.	Difference in new product adoption among at-risk members of society: A critical analysis of males, females, and transgender individuals	Personality and Individual Differences	-	-	-	-	1918869	10.1016/j.paid.2019.07.013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068929547&doi=10.1016%2fj.paid.2019.07.013&partnerID=40&md5=ee280c147b2abaabfb3ed5f3ddb002d9	The study examines how fear and embarrassment associated with the usage of a new product influence product adoption. The extant body of work on individual differences is largely based on educated, relatively wealthy individuals in industrialized countries. This study extended prior work by exploring the uptake of a new product among 1823 at-risk individuals including sex workers and drug users from countries with high HIV prevalence. The findings show that fear of contracting HIV encouraged new product adoption while embarrassment associated with taking the new product hindered it. It is noteworthy that embarrassment is a better predictor than fear. Critically, the effect of embarrassment differed across genders. Specifically, embarrassment plays a more important role for transgender and female individuals compared to males. The effects are driven by public and private embarrassment in sub-Saharan and non-sub-Saharan countries, respectively. This study thus contributes to the important work on sexuality, gender differences, fear, embarrassment, and the uptake of new products for high-risk or stigmatized members of marginalized communities. The findings also offer practical implications for communication strategies to facilitate the uptake of new products such as a new medicine among members of stigmatized communities, less wealthy, and less educated members of society. © 2019 Elsevier Ltd	Adoption; Embarrassment; Fear; HIV; PrEP; Sexuality; Sub-Saharan countries; Transgender	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Ard K.L.; Edelstein Z.R.; Bolduc P.; Daskalakis D.; Gandhi A.D.; Krakower D.S.; Myers J.E.; Keuroghlian A.S.	Public health detailing for human immunodeficiency virus pre-exposure prophylaxis	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciy573	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061616467&doi=10.1093%2fcid%2fciy573&partnerID=40&md5=e344e871e996c96ad3e70f64e04b1978	Despite the promise of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), PrEP remains underutilized, often due to clinician factors. Academic or public health detailing is a process by which university and/or government groups employ the marketing practices of pharmaceutical companies to improve clinical practice. We describe the novel application of detailing to increase PrEP prescribing and related care in New York City and New England. Detailing can play a crucial role in PrEP implementation. © The Author(s) 2018.	academic detailing; HIV prevention; PrEP; public health detailing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Arrington-Sanders R.; Wilson C.M.; Perumean-Chaney S.E.; Patki A.; Hosek S.	Role of sociobehavioral factors in subprotective TFV-DP Levels among YMSM Enrolled in 2 PrEP Trials	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001901	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059907562&doi=10.1097%2fQAI.0000000000001901&partnerID=40&md5=686329b97b7670a2dad34c7fabc4a9ea	Background:Young men who have sex with men (YMSM) experience disparities in HIV acquisition more than any other group. Daily oral pre-exposure prophylaxis (PrEP) with tenofovir/emtricitabine has been shown to effectively prevent HIV transmission in YMSM; however, recent studies suggest that young Black men who have sex with men experience subprotective levels of tenofovir diphosphate more frequently than other groups.Setting:Combined data from Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) 110/113, 2 open-label PrEP studies that provided PrEP and evidence-based behavioral interventions to YMSM aged 15-22 years.Methods:Bivariate and logistic regression analyses were used to examine sociodemographic and behavioral factors associated with protective tenofovir diphosphate levels (defined as ≥700 fmol/punch) in ATN 110/113 data.Results:In bivariate analysis, self-identified Black participants, residential displacement due to sexual orientation, low perceived risk, and stigma with the medication were associated with subprotective levels. Hispanic ethnicity was associated with protective levels. In the final models, Black males were less likely to have subprotective levels than non-Black males at 4, 8, and 12 weeks. Self-reported displacement due to sexual orientation was associated with subprotective levels, whereas older age was as associated with protective levels.Conclusions:These findings highlight how future behavioral research and biomedical prevention efforts in YMSM will need to address PrEP disparities that may occur in young Black men who have sex with men, perception of risk, and lack of key supportive housing during this period that may be critical factors that contribute to HIV acquisition. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; pre-exposure prophylaxis; young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Assi, Ayman; Abu Zaki, Sara; Ghosn, Jade; Kinge, Nizar; Naous, Jihane; Ghanem, Antoine; Abou Abbas, Diana; Bakouny, Ziad; Azzi, Georges; Tomb, Roland	Prevalence of HIV and other sexually transmitted infections and their association with sexual practices and substance use among 2238 MSM in Lebanon.	Scientific Reports	-	-	-	-	2045-2322	10.1038/s41598-019-51688-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6806001	UNAIDS report documents 95% increase in new HIV infections among key populations in Eastern Europe and Middle East and North Africa region. Data on HIV and STIs among MSM in Lebanon is still scarce. Therefore, the aim was to assess prevalence of HIV and sexually transmitted infections (STIs) among men who have sex with men (MSM) in Lebanon and associations with sexual practices and substance-use. 2238 MSM attended a sexual health clinic in Lebanon between 2015-2018. Demographics, substance-use and sexual practices were collected. Attendees tested for HIV and other STIs. HIV infection was diagnosed in 5.6% of the sample. Only 19% received sexual health education from reliable sources (school/university/healthcare workers), 78% reported having multiple partners in the past three months (2-5 partners: 58%, 6+: 20%) and 67% reported inconsistent condom-use. Moreover, 40% of HIV + cases were returning attendees who already received information about condom-use. Additionally, having only a school level education (11%) increases the odds of having inconsistent condom-use with casual partners (adj.OR:1.9, p < 0.001). The results reflect the urgent need for: (1) accurate and comprehensive sexual health and harm reduction education and promotion in Lebanon; (2) making pre-exposure prophylaxis available for free to key populations to contain the epidemics at an early stage.	HIV infections, HIV infections	English	United Kingdom	Western and Central Europe and North America	Lebanon	Middle East and North Africa	Lebanon	Middle East and North Africa	Mixed methods
Article	2019	Atefi D.; McIver R.; Bourne C.	Missed opportunities for HIV pre-exposure prophylaxis during a rapid scale-up program at Sydney Sexual Health Centre	Sexual Health	-	-	-	-	14485028	10.1071/SH19032	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075774215&doi=10.1071%2fSH19032&partnerID=40&md5=2fdc3eb544d24706c8d873021ea974e9	We aimed to estimate HIV pre-exposure prophylaxis (PrEP) uptake and missed opportunities for PrEP through a retrospective review of medical records of clients at high risk of HIV attending the Sydney Sexual Health Centre. Most clients (69%) were taking PrEP, and 7% of those eligible for PrEP were classified as a missed opportunity for PrEP. Although missed opportunities were uncommon, PrEP discussions should be a standard component of care for all clients at risk of HIV acquisition. © 2019 CSIRO.	men who have sex with men; prevention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Aung W.S.; Bakshi R.P.; Breakey J.; Johnson J.E.; Hendrix C.W.; Weld E.; Fuchs E.J.; Marzinke M.A.	Fecal Coliform Bacterial Detection to Assess Enema Adherence in HIV Prevention Clinical Studies	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2211-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049563218&doi=10.1007%2fs10461-018-2211-5&partnerID=40&md5=3f02639966614293c7712311b099a959	Evaluating the efficacy of any HIV prevention strategy is dependent on ensuring and objectively monitoring adherence to the intervention. Medicated rectal enemas are a potential method for providing topical, episodic HIV prophylaxis during receptive anal intercourse. Assessing adherence to recommended enema dosing regimens is essential in evaluating the utility of this strategy. We utilized fecal coliform bacteria on used enema tips as a marker for enema use. Enema tip coliforms were tested by repurposing a microtiter plate-based water quality test designed to detect fecal contamination of water. Coliform detection occurred with 100% sensitivity and specificity when tips were assayed on day of use. The assay performed well post-7 day sample storage at room temperature, yielding a sensitivity of 80% and specificity of 93%. All (n = 64) samples collected in a subset of the DREAM-01 rectal microbicide enema clinical trial tested positive, even when tips were evaluated > 7 days post-reported use. The coliform-based enema tip assay allows monitoring of adherence in interventions involving rectal enemas in a sensitive, specific and inexpensive manner. The test performs well in clinical trial settings. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Enema; PrEP; Topical; Validation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Ayerdi Aguirrebengoa, O; Vera García, M; Portocarrero Nuñez, JA; Puerta López, T; García Lotero, M; Escalante Garcia, C; Raposo Utrilla, M; Estrada Pérez, V; Romero Guerrero, J Del; Rodríguez Martín, C	La implementación de la profilaxis preexposición podría evitar la mayoría de las nuevas infecciones por el VIH en hombres que tienen sexo con hombres y mujeres transexuales	Revista Clínica Española (Edición impresa)	-	-	-	-	0014-2565	10.1016/j.rce.2019.02.001	https://pesquisa.bvsalud.org/portal/resource/pt/ibc-186640	Introducción: La profilaxis preexposición (PrEP) consiste en administrar fármacos antirretrovirales a personas seronegativas para el VIH con prácticas de alto riesgo, con el fin de reducir la probabilidad de adquirir la infección. A pesar de su eficacia y seguridad, en España, la PrEP aún no está disponible dentro del sistema sanitario público. El objetivo fue estimar el impacto preventivo que supondría añadir la PrEP junto al resto de medidas preventivas. Se estimó el número de seroconversiones al VIH que se hubieran podido evitar, entre los hombres que tienen sexo con hombres y mujeres transgénero inicialmente seronegativos, en caso de disponer de la PrEP. Métodos: Estudio descriptivo de los seroconvertidores recientes al VIH entre 2014-2016 en una clínica de VIH/ITS de referencia en Madrid. Se analizaron a las personas que tenían indicación de recibir la PrEP, según las guías de Grupo de Estudio del Sida 2016. El análisis estadístico para estimar las infecciones por el VIH que se hubieran podido evitar, en caso de disponer de la PrEP, se efectuó mediante Stata 14. Resultados: Se estimó que de los 228 hombres que tienen sexo con hombres y mujeres transgénero, con seroconversión documentada al VIH, 195 tenían la indicación de PrEP. Teniendo en cuenta la eficacia preventiva descrita en estudios europeos, se estimó que se hubieran podido evitar 168 seroconversiones al VIH, lo que supone el 73,7% de las infecciones diagnosticadas. Conclusiones: Los resultados confirman la necesidad de impulsar programas preventivos combinados frente al VIH que integren todas las medidas posibles incluyendo la PrEP	Humanos; Masculino; Feminino; Adulto; Pessoa de Meia-Idade; Profilaxia Pré-Exposição/estatística & dados numéricos; Infecções por HIV/tratamento farmacológico	Spanish	Spain	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2019	Azariah, Sunita; Saxton, Peter; Franklin, Richard; Forster, Rose; Werder, Suzanne; Jenkins, Renee	NZPrEP Demonstration Project: protocol for an open-label, single-arm trial of HIV pre-exposure prophylaxis (PrEP) to determine feasibility, acceptability, adverse and behavioural effects of PrEP provision to gay and bisexual men in publicly funded sexual health clinics in Auckland, New Zealand.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2018-026363	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6597636	INTRODUCTION: New Zealand has experienced a rise in HIV diagnoses in recent years and new interventions are required to address this. METHODS AND ANALYSIS: NZPrEP (A demonstration project of HIV preexposure prophylaxis in Aotearoa New Zealand) is an open-label, single-arm treatment evaluation study to investigate feasibility, retention, adherence, and clinical and behavioural outcomes of HIV pre-exposure prophylaxis (PrEP) provision to gay and bisexual men (GBM) in a publicly funded secondary sexual health service in Auckland, New Zealand. The sample size is 150 GBM. Inclusion criteria were specific behavioural risk factors indicating an increased risk of HIV infection. Exclusion criteria were hepatitis B infection, any medical contraindications to prescribing tenofovir/emtricitabine or factors limiting ability to adhere to the study protocol. Eligible participants will be screened for HIV and other sexually transmissible infections (STIs) and for any medical contraindications to PrEP, and enrolled for a maximum follow-up period of 96 weeks. They will be required to attend for 3-monthly testing for HIV and STIs and monitoring for renal and liver toxicity. Participants will also be required to complete an online behavioural survey after each study visit. The outcomes of interest are feasibility of PrEP provision in a sexual health clinic setting, PrEP acceptability, and adverse medical and behavioural effects of PrEP. The study sample is limited to 150 participants due to funding and service constraints. Statistical analysis of all primary and secondary outcomes will be performed using Stata V.14 at the University of Auckland. Results for primary and secondary endpoints will be reported after the conclusion of the study in March 2019. ETHICS AND DISSEMINATION: The study was approved by the Health and Disability Ethics Committee on 15 September 2016 (16/NTA/112). Key findings will be submitted to peer-reviewed journals. A summary report will be circulated to the study and community stakeholders, and to the Auckland District Health Board, Ministry of Health and Pharmac. TRIAL REGISTRATION NUMBER: ACTRN12616001387415; Pre-results.	HIV, pre-exposure prophylaxis, clinical trial, observational study, clinical protocol	English	United Kingdom	Western and Central Europe and North America	new zealand	Asia and the Pacific	new zealand	Asia and the Pacific	Review
Article	2019	Barin, Francis; Braibant, Martine	HIV-1 antibodies in prevention of transmission.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000553	https://dx.doi.org/10.1097/COH.0000000000000553	PURPOSE OF REVIEW: To present the data that suggest that antibodies to HIV may prevent HIV-1 infection. RECENT FINDINGS: Many human monoclonal broadly neutralizing antibodies (bnAbs) have been isolated over the last decade. Numerous experiments of passive immunization in nonhuman primate models have allowed to accumulate strong evidences that bnAbs, opposed to nonneutralizing antibodies, are the best candidates to prevent HIV-1 infection. bnAbs counteract HIV-1 by both blocking the virus at the portal of entry and clearing rapidly viral foci established at distance after dissemination of the virus following infection. Cocktails of bnAbs or modified bi/trispecific antibodies will be necessary to counter the large and evolving antigenic diversity of the HIV-1 species. Two large multicenter phase IIb clinical trials have been initiated. Even if they are not conducted with the most recent and most potent bnAb, the results which are expected in 2022 will inform us on the real potency of bnAbs at preventing HIV-1 acquisition in the real life. SUMMARY: If these trials demonstrate the efficacy of bnAbs, they will open the trail toward new strategies for preexposure prophylaxis, eventually postexposure prophylaxis and prevention of mother-to-child transmission.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2019	Bärnighausen, Kate E; Matse, Sindy; Kennedy, Caitlin E; Lejeune, Charlotte L; Hughey, Allison B; Hettema, Anita; Bärnighausen, Till W; McMahon, Shannon A	'This is mine, this is for me': preexposure prophylaxis as a source of resilience among women in Eswatini.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000002178	https://dx.doi.org/10.1097/QAD.0000000000002178	OBJECTIVE: To understand the relationship between HIV preexposure prophylaxis (PrEP) and resilience among Emaswati women. DESIGN: A qualitative study using semistructured in-depth interviews. METHODS: We interviewed 24 women who recently initiated PrEP at one of six public-sector primary-care clinics participating in a government demonstration project for PrEP for the general population, as well as 30 PrEP stakeholders from HIV policy, implementation and donor sectors. RESULTS: PrEP clients and stakeholders described an environment marked by high HIV risk. In this context, clients felt PrEP enhanced their resilience through feelings of protection, control over HIV acquisition, choice in relation to when to take PrEP, sexual pleasure and relief from the fear and consequences of HIV infection. Those in serodiscordant relationships described improved partner communication and a shared sense of responsibility for HIV prevention. Both PrEP clients and stakeholders asserted that PrEP marketing and communication should be Emaswati-led and community-owned. CONCLUSION: PrEP helps women in Eswatini envision longer, healthier and more fulfilled lives. PrEP enhances resilience through several pathways, including self-efficacy, choice, control over HIV infection and relief from the fear of HIV infection. Social marketing and information campaigns should not only focus on PrEP as an HIV-prevention method but also emphasize how PrEP has expanded choice, enhanced control and facilitated sexual enjoyment among PrEP clients.	NA	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2019	Bärnighausen, Till	Sex partners as bystanders in HIV prevention trials: Two test cases for research ethics.	Clinical Trials	-	-	-	-	1740-7753	10.1177/1740774519865878	https://dx.doi.org/10.1177/1740774519865878	Research involving human subjects can impose risk on some 'bystanders'- people who are not themselves research subjects but whom the study may affect. We examine the consequences of research for a particular category of bystanders - research subjects' sex partners - in trials testing interventions to reduce (1) HIV transmission (HIV treatment-as-prevention trials) and (2) HIV acquisition (HIV pre-exposure prophylaxis trials). Both types of trials provide useful test cases for assessing whether bystanders to research deserve special consideration in ethics reviews, and potentially some of the benefits and protections that research subjects receive. In HIV treatment-as-prevention trials, there are two groups of people who are alike in many important respects but treated very differently by research ethics: research subjects who contribute data on the primary endpoint of the trial (because some of them have sex with the people receiving the treatment conditions of the trials) - and bystanders who are not enrolled in the trials but who could have contributed primary endpoint data in the same way as the first group. In pre-exposure trials, the sex partners of people participating in pre-exposure prophylaxis trials are bystanders, even though they are necessary for the success of the trial. Research subjects' autonomy is fiercely protected by trial enrolment processes. Bystanders, by contrast, often have no choice but to be affected by the study, because of their relationship to a research subject. In HIV prevention trials, standing by can come with important risks, including the same ones on which the success of the research hinges. It is thus important to consider the ethical obligations to protect bystanders, and the related procedural responsibilities.	NA	English	United Kingdom	Western and Central Europe and North America	germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2019	Barreras, J L; Linnemayr, S L; MacCarthy, S	"We have a stronger survival mode": exploring knowledge gaps and culturally sensitive messaging of PrEP among Latino men who have sex with men and Latina transgender women in Los Angeles, CA.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2019.1601669	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6999851	Latino men who have sex with men (LMSM) and Latina transgender women (LTGW) often lack access to HIV prevention information and strategies such as pre-exposure prophylaxis (PrEP). We explored knowledge gaps and culturally sensitive messaging about PrEP among HIV-negative LMSM and LTGW in Los Angeles. We recruited participants from a Latinx LGBT community-based organization. We conducted nine focus groups (n = 91 participants) with 52 LMSM and 39 LTGW. We used a rapid assessment process to identify themes that we analyzed using thematic analysis. Key quotes were transcribed verbatim; they were reviewed by the team, then uploaded to Dedoose to identify themes across sites and between groups. Three themes emerged for both LMSM and LTGW: knowledge gaps regarding PrEP remain; people who have knowledge about PrEP often served as its champions; highlighting positive aspects of culture could help improve PrEP's uptake and sustained use. Only LMSM worried that PrEP could impact condom use. Some issues were more pronounced among LTGW (e.g., more limited access to PrEP); others were unique to LTGW (e.g., worry about drug-hormones interactions). Collaborative research, programs, and policies, informed by LMSM and LTGW themselves, are needed to narrow existing knowledge gaps and promote PrEP uptake and sustained utilization.	Pre-exposure prophlyaxis, Latino men who have sex with men, Latina transgender women, HIV prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Bass E.; Fitch L.; Gomez A.; Loar R.	Demand creation for primary biomedical prevention: Identifying lessons across interventions to inform daily oral preexposure prophylaxis programs	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000518	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057521011&doi=10.1097%2fCOH.0000000000000518&partnerID=40&md5=687aa75393400195b59e31d7711a7eb8	Purpose of reviewAt a moment when UNAIDS (Joint United Nations Programme on HIV/AIDS) has acknowledged a 'prevention crisis,' and multiple countries and implementers are emphasizing 'user-centered' and/or differentiated models of delivering HIV treatment and prevention, it is essential to understand and act on best practices from all relevant interventions to create effective oral preexposure prophylaxis (PrEP) programs.Recent findingsIt is possible to adapt private sector approaches to understanding and segmenting the preferences and mindsets of potential consumers to primary HIV prevention programs, as demonstrated by a voluntary medical male circumcision (VMMC)-focused intervention that successfully trained and supported counselors to identify and deliver tailored messages to men potentially undergoing VMMC. Literature on PrEP and demand creation is less extensive and suggests uneven application of user-centered design and demand-side thinking; a recent analysis of condom programing demonstrates that failure to maintain resources for social marketing can drive a collapse in use and an increase in HIV incidence.SummaryApproaches to demand creation for primary prevention are dynamic and evolving. However, the lag between implementation and publication means that there is a paucity of PrEP-specific information. Insights from VMMC and other strategies can and must be considered as part of a more holistic approach to increasing demand for primary prevention interventions. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	advocacy; demand creation; preexposure prophylaxis; primary HIV prevention; voluntary medical male circumcision	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Bassett, Ingrid V; Govere, Sabina; Millham, Lucia; Frank, Simone C; Dladla, Nosipho; Thulare, Hilary; Psaros, Christina	Contraception, HIV Services, and PrEP in South African Hair Salons: A Qualitative Study of Owner, Stylist, and Client Perspectives	Journal of Community Health	-	-	-	-	00945145	10.1007/s10900-019-00698-7	https://www.proquest.com/scholarly-journals/contraception-hiv-services-prep-south-african/docview/2252713495/se-2?accountid=8113	Women experience challenges engaging with the healthcare system, but frequently utilize hair salons; these are promising venues for family planning and HIV prevention services. Our objective was to assess the acceptability of nurse-offered contraceptive and PrEP services at hair salons in Durban, South Africa. We interviewed salon owners (N = 10) and clients (N = 42) and conducted focus groups with hair stylists (N = 43 stylists; 6 focus groups across five hair salons) to explore barriers and facilitators to providing contraception and PrEP in salons. After developing a codebook, we performed content analysis to identify themes within each conceptual area; 10% of transcripts were coded by two coders to ensure reliability. Content was analyzed according to the following categories: (1) facilitators of and (2) barriers to utilizing these services, and (3) factors to consider for program implementation. Participants identified convenience and female-oriented, supportive atmosphere as facilitators to offering HIV and contraceptive services in salons. Owners and stylists noted that establishing legitimacy was important for program success, including providing promotional pamphlets and employing nurses. Clients cited privacy concerns surrounding HIV testing in a public space as a significant barrier to using these services. Overall, participants were enthusiastic about the program. Convenience and a conducive environment were noted as facilitators to receiving health services in the hair salon; attention will have to be directed to establishing privacy and program legitimacy. Hair salons represent an innovative venue for reaching young women at high-risk for unintended pregnancy and HIV infection.	Pregnancy; South Africa; HIV prevention; Focus Groups; Contraception; Health Services; Family planning; Prep; Content analysis; Hair; Qualitative research; Privacy; Content Analysis; Nurses; Program Implementation; Young women; Barriers; Females; Beauty salons; Focus groups; Birth control; Hair salon; Human immunodeficiency virus--HIV; Medical Sciences; Medical personnel; Clients; Health risks; Contraceptives; Reliability analysis; Public spaces; Coders; Transcripts (Written Records); Family Planning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	BASTOS, LUIZA LENA	PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV/AIDS: controvérsias e reivindicações na estabilização social de uma tecnologia preventiva de saúde no Brasil	-	-	Universidade Federal do Rio de Janeiro	Universidade Federal do Rio de Janeiro	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=8774244	Em 2017 o Brasil incorporou o medicamento PrEP/Truvada® no Sistema Único de Saúde (SUS) como mais uma tecnologia para prevenção da infecção pelo vírus HIV. O país tem sido visto como pioneiro na América Latina em realizar esforços para implemetar tal tecnologia. Diante deste contexto, o principal objetivo deste estudo é compreender como a PrEP/Truvada® está sendo estabilizada socialmente no Brasil a partir dos discursos dos participantes (usuários de PrEP) de uma pesquisa de aceitabilidade de PrEP no Rio de Janeiro, e de médicos infectologistas, ativistas por PrEP, ativistas LGBTQI+ e ativistas de luta contra a AIDS. O estudo identifica controvérsias e analisa discursos destes atores. Adota-se o referencial teórico dos direitos humanos e tecnologia e os estudos sociais da ciência como referecial teórico-metodológico. Como hipótese central tem-se que a estabilização da PrEP/Truvada® torna-se possível por meio de uma agenda que mistura ciência e ativismo na luta contra a AIDS e também ativismo LGBTQI+. Para tanto, este estudo procurou evidenciar diferentes significados atribuídos à PrEP que ora a estabilizam e ora a desestabilizam. Por isso foi importante seguirmos discursos que ora compreendem a PrEP nos termos da esperança e empoderamento, e ora a compreendem em termos até mesmo discriminatórios frente a sexualidade e à infecção pelo HIV/AIDS. O estudo se justifica diante da necessidade de ampliarmos no Brasil a discussão sobre o uso de PrEP como mais uma tecnologia que possibilite a prevenção à infecção pelo HIV e melhor vivência da sexualidade para aquelas pessoas mais vulneráveis à epidemia de AIDS.	Profilaxia pré-exposição. HIV/AIDS. Direitos humanos. Saúde sexual. Tecnologia.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Bauermeister, José A; Golinkoff, Jesse M; Lin, Willey Y; Claude, Kristina F; Horvath, Keith J; Dowshen, Nadia; Schlupp, Anderson; Vickroy, William J; Desir, Kimberly; Lopez, Alexander V; Castillo, Marné; Tanney, Mary; Wimbly, Taylor A; Leung, Kingsley; Sullivan, Patrick S; Santiago, Dalisa L; Hernandez, Rogelio; Paul, Mary E; Hightow-Weidman, Lisa; Lee, Sonia; Stephenson, Rob	Testing the Testers: Are Young Men Who Have Sex With Men Receiving Adequate HIV Testing and Counseling Services?	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002173	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6820705	BACKGROUND: The United States Centers for Disease Control and Prevention promote HIV testing every 6 months among young men who have sex with men (YMSM) to facilitate entry into the HIV prevention and care continuum. Willingness to be tested may be influenced by testing services' quality. Using a novel mystery shopper methodology, we assessed YMSM's testing experiences in 3 cities and recommend service delivery improvements. METHODS: We assessed YMSM's experiences at HIV testing sites in Philadelphia (n = 30), Atlanta (n = 17), and Houston (n = 19). YMSM (18-24) were trained as mystery shoppers and each site was visited twice. After each visit, shoppers completed a quality assurance survey to evaluate their experience. Data were pooled across sites, normed as percentages, and compared across cities. RESULTS: Across cities, visits averaged 30 minutes (SD = 25.5) and were perceived as welcoming and friendly (70.9%). YMSM perceived most sites respected their privacy and confidentiality (84.3%). YMSM noted deficiencies in providers' competencies with sexual minorities (63.4%) and comfort during the visit (65.7%). Sites underperformed on Lesbian, Gay, Bisexual, Transgender visibility (49.6%) and medical forms inclusivity (57.95%). Sites on average did not discuss YMSM's relationship context (49.8%) nor provide risk reduction counseling (56.8%) or safer sex education (24.3%). Sites delivered pre-exposure prophylaxis information and counseling inconsistently (58.8%). CONCLUSIONS: Testing sites' variable performance underscores the importance of improving HIV testing services for YMSM. Strategies are recommended for testing sites to promote cultural sensitivity: funding staff trainings, creating systems to assess adherence to testing guidelines and best practices, and implementing new service delivery models.	quality assurance, mystery shopping, testing resources, systems, community	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2019	Baraitser, H; Vaccher, S; Holt, M; Gay, R; Prestage, G; Jin, FY; Amin, J; Templeton, D; Selvey, C; Zablotska-Manos, I; Lusk, J; Ogilvie, G; Vickers, T; Smith, D; Grulich, A	USE OF CONDOMS FOR THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS (STIS) AMONG HIV PRE-EXPOSURE PROPHYLAXIS (PREP) USERS	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2019-tb.521	https://sti.bmj.com/content/95/Suppl_1/A206.2	Background HIV PrEP is highly effective at preventing HIV, but not STI, acquisition. We examined the use of condoms to prevent STIs among PrEP users in the EPIC-NSW trial. Methods Between March 2016 and April 2018, 9,708 individuals were enrolled. Analysis was restricted to participants who completed the optional end-of-study survey and were on-study for ≥1 year prior. STI diagnoses came from medical records; other data were from the end-of-study survey. We used multivariate logistic regression to assess independent associations between those agreeing with the statement, "I use condoms to avoid getting STIs" ("STI condom-users") and those disagreeing. Results 2,933 participants were included; 92.3% were gay men. In the previous year, 34.2%, 23.0%, and 20.2% were diagnosed with no, one, and ≥2 STIs, respectively. 1,127 (38.7%) reported being STI-condom-users. In multivariate analysis, there was no difference in mean STIs diagnosed in the previous year (0.7 vs 0.8, p=0.244). STI-condom-users were younger (39 vs 41 years, p=0.004), less likely to live in a suburb with ≥10% gay men (24.0% vs 35.3%, p<0.001), less likely to report any condomless sex in the previous 6 months (85.9% vs 93.3%, p<0.001), and had been on-study less time (1.4 vs 1.6 years, p=0.003). STI-condom-users were more: concerned about acquiring STIs (95.1% vs 88.8%, p=0.023), likely to discuss STI results with partners (55.2% vs 45.0%, p<0.001), and likely to believe condoms prevent STI transmission (90.7% vs 59.0%, p<0.001). STI-condom-users had received a normal partner for wanting to use condoms (9.6% vs 18.7%, p<0.001), while more had been rejected for wanting to use condoms (45.0% vs 26.2%, p<0.001). Conclusion Most PrEP users did not use condoms for STI prevention, despite strong beliefs in its effectiveness. STI-condom-users did not have fewer STIs, indicating high levels of condomless sex. Our results suggest alternative methods of STI prevention should be trialled for PrEP users.	HIV PrEP is highly effective at preventing HIV, but not STI, acquisition. We examined the use of condoms to prevent STIs among PrEP users in the EPIC-NSW trial.	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Bavinton, Benjamin R; Pretorius, Garrett P; Jin, Fengyi; Phanuphak, Nittaya; Grierson, Jeanette; Fairley, Christopher K; Bilardi, David; Hoy, Jennifer; Templeton, David J; Tee, Bee K; Kelleher, Anthony; Grulich, Andrew E	Strategies used by gay male HIV serodiscordant couples to reduce the risk of HIV transmission and their acceptability in three countries	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25277	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436220/	INTRODUCTION: There are few data about the range of strategies used to prevent sexual HIV transmission within gay male serodiscordant couples. We examined HIV prevention strategies used by such couples and explored their acceptability in three countries. METHODS: Opposites Attract was a cohort study of male serodiscordant couples in Australia, Brazil and Thailand, from May 2014 (Australia) or May 2016 (Brazil/Thailand) to December 2016. At visits, HIV-positive partners had viral load (VL) tested; HIV-negative partners reported sexual behaviour and perceptions of their HIV-positive partner's VL results. Within-couple acts of condomless anal intercourse (CLAI) were categorised by strategy: condom-protected, biomedically protected (undetectable VL and/or pre-exposure prophylaxis PrEP), or not protected by either (HIV-negative partners engaging in insertive CLAI, receptive CLAI with withdrawal, or receptive CLAI with ejaculation). RESULTS: A total of 343 couples were included in this analysis (233 in Australia, 91 in Brazil and 19 in Thailand). Three-quarters of HIV-positive partners were consistently virally suppressed (>200 copies/mL) during follow-up, and 18% reported detectable/unknown and were not protected by PrEP (4.7% of all acts), two-thirds (n = 983) were when the HIV-negative partner was insertive (strategic positioning). Of the 490 acts when the HIV-negative partner was receptive, 261 involved withdrawal and 200 involved ejaculation. Thus, ~1% of acts were in the highest risk category of receptive CLAI with ejaculation. CONCLUSIONS: Couples used condoms, PrEP or perceived undetectable VL for prevention in the majority of anal intercourse acts. Only a small proportion of events were not protected by these strategies. Variation between countries may reflect differences in access to HIV treatment, education, knowledge and attitudes.	serodiscordant couples, homosexual, gay men, men who have sex with men, HIV prevention, risk reduction strategies, sexual behaviour	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2019	Bazzi A.R.; Yotebieng K.; Ottiche S.; Rota G.; Apet K.; Obege S.; Syvertsen J.L.	PrEP and the syndemic of substance use, violence, and HIV among female and male sex workers: a qualitative study in Kisumu, Kenya	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25266	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064543363&doi=10.1002%2Fjia2.25266&partnerID=40&md5=d377f4be6e98d2b7dcbdca33fc3d623f	Introduction: Female and male sex workers experience heightened vulnerability to HIV and other health harms that are compounded by substance use, physical and sexual violence, and limited access to health services. Oral PrEP was rolled out in Kisumu, Kenya, in 2017 as part of a demonstration project. Our study examines "syndemics," or mutually reinforcing epidemics of substance use, violence and HIV, in relation to PrEP acceptability and feasibility among female and male sex workers in Kenya, one of the first African countries to approve PrEP for HIV prevention. Methods: From 2016 to 2017, sex workers in Kisumu reporting recent alcohol or drug use and experiences of violence participated in qualitative interviews on HIV risk and perspectives on health service needs, including PrEP programming. Content analysis identified themes relating to PrEP knowledge, acceptability, access challenges and delivery preferences. Results: Among 45 female and 28 male sex workers, median age was 28 and 25 respectively. All participants reported past-month alcohol use and 91% of women and 82% of men reported past-month drug use. Violence was pervasive, with most women and men reporting past-year physical (96% women, 86% men) and sexual (92% women, 79% men) violence. Concerning PrEP, interviews revealed: (1) low PrEP knowledge, especially among women; (2) high PrEP acceptability and perceived need, particularly within syndemic contexts of substance use and violence; and (3) preferences for client-centred PrEP delivery, including extended clinic hours, non-judgmental providers and integration with other services, such as drug treatment. Conclusions: Heightened vulnerability and perceived need for PrEP among female and male sex workers in Kisumu. Although interest in PrEP was high, most sex workers in our sample, particularly women, were not benefiting from it. Syndemic substance use and violence experienced by sex workers posed important barriers to PrEP access for sex workers. Increasing PrEP access for sex workers will require addressing substance use and violence through integrated programming. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	alcohol drinking; HIV infections; Kenya; pre-exposure prophylaxis; sex workers; violence	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2019	Bazzi, Angela R; Drainoni, Mari-Lynn; Biancarelli, Dea L; Hartman, Joshua J; Mimiaga, Matthew J; Mayer, Kenneth H; Bullis, Katie B	Systematic review of HIV treatment adherence research among people who inject drugs in the United States and Canada: evidence to inform pre-exposure prophylaxis (PrEP) adherence interventions	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-018-6314-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6328231/	BACKGROUND People who inject drugs (PWID) are at increased risk for HIV acquisition and could benefit from antiretroviral pre-exposure prophylaxis (PrEP). However, PrEP has been underutilized in clinical practice. Understanding the factors associated with adherence to HIV treatment among PWID can inform the development of adherence interventions for PrEP among this HIV-infected PWID. Guided by a behavioral model of healthcare utilization and using the PRISMA framework, we conducted a systematic review to describe determinants (facilitators to identify) and clinical outcomes of ART adherence in HIV-infected PWID at the United States and Canada between Jan 1, 2006-Dec 31, 2016. We synthesized and interpreted findings related to developing recommendations for PrEP participants in qualitative interviews on HIV risk and perspectives on health service needs, including PrEP programming. Content analysis identified themes relating to PrEP knowledge, acceptability, access challenges and delivery preferences. Results: Among 45 female and 28 male sex workers, median age was 28 and 25 respectively. All participants reported past-month alcohol use and 91% of women and 82% of men reported past-month drug use. Violence was pervasive, with most women and men reporting past-year physical (96% women, 86% men) and sexual (92% women, 79% men) violence. Concerning PrEP, interviews revealed: (1) low PrEP knowledge, especially among women; (2) high PrEP acceptability and perceived need, particularly within syndemic contexts of substance use and violence; and (3) preferences for client-centred PrEP delivery, including extended clinic hours, non-judgmental providers and integration with other services, such as drug treatment. Conclusions: Heightened vulnerability and perceived need for PrEP among female and male sex workers in Kisumu. Although interest in PrEP was high, most sex workers in our sample, particularly women, were not benefiting from it. Syndemic substance use and violence experienced by sex workers posed important barriers to PrEP access for sex workers. Increasing PrEP access for sex workers will require addressing substance use and violence through integrated programming. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Antiretroviral therapy, Pre-exposure prophylaxis, People who inject drugs, Drug use, Adherence, Prevention	English	United Kingdom	Western and Central Europe and North America	-	-	United States	Western and Central Europe and North America	United States	Review
Article	2019	Boodle J.R.; Aldern K.A.; Zhang X.-Q.; Vallarew N.; Hostetler K.Y.; Schooley R.T.	Octadecyloxyethyl hexyl tenofovir: A novel tenofovir dimer provides sustained intracellular levels of tenofovir diphosphate	Antiviral Research	1663582	10.1016/j.antiviral.2019.104614	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072045772&doi=10.1016%2Fj.antiviral.2019.104614&partnerID=40&md5=73236fdf5b1739180e96c96ea5fd2139	Pre-exposure prophylaxis (PrEP) with topically or systemically administered antiretroviral agents can prevent acquisition of human immunodeficiency virus type 1 (HIV-1) infection. However, in clinical trials using tenofovir-containing agents, HIV-1 acquisition is reduced but not eliminated. Incomplete adherence remains the major contributor to failure. Sustained release long-acting antiretroviral agents may provide better HIV-1 protection by reducing the clinical impact of incomplete adherence. To reduce dosing frequency, we synthesized a novel tenofovir prodrug, octadecyloxyethyl hexyl tenofovir (ODE-Bis-TFV), that is dimeric (TFV-1-TFV). In mice TFV slowly at tissues, and showed potent anti-HIV activity in vivo (IC50 = 1.7 nM). In cells exposed to 1 nK labelled TFV, ODE-Bis-TFV or the monomeric analog ODE-TFV, rapid cellular uptake for both lipophilic analogs was noted, achieving 50-fold higher levels than unmodified TFV after 48 h. Following exposure to ODE-Bis-TFV, the intracellular diphosphate TFV-DP concentrations were 1000-fold higher than TFV-DP levels achieved with TFV. Intracellular TFV-DP levels were 10-fold higher than TFV-DP levels achieved with ODE-TFV. TFV-DP decreased much more slowly and reached half-maximal levels in about seven days. These results suggest early accumulation of ODE-Bis-TFV followed by sustained intracellular release following cleavage of the ester bonds linking the ODE and benzyl moieties to the active molecular precursor, thereby potentially allowing for less frequent administration than with more rapidly activated forms of tenofovir. © 2019 Elsevier B.V.	Adherence; HIV-1 prophylaxis; Long-acting antiretroviral; Tenofovir	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Bogovac, J; Skrzat-Klapaczynska, A; Kowalska, JD; Eurosguidelines Cent Eastern Europe	Where are we with PrEP use in Central and Eastern Europe? - data from the ECEE Network Group	HIV Medicine	1464-2662	10.1111/hiv.12960	https://pubmed.ncbi.nlm.nih.gov/33021049/#:~:text=PrEP%20was%20recommended%20in%20the%20national,2018%20(P%20%2D%20%200.698).	Objectives: Pre-exposure prophylaxis (PrEP) for HIV infection is an important intervention for control of the HIV epidemic. The incidence of HIV infection is increasing in the countries of Central and Eastern Europe (CEE). Therefore, we investigated the change in PrEP use in CEE over time. Methods: The Euroguidelines in Central and Eastern Europe (CEE) Network Group was initiated in February 2018 to compare standards of care for HIV and viral hepatitis infection in CEE. Data on access to PrEP were collected from 23 countries through online surveys in May–June 2017 (76 respondents) and in November 2018–May 2019 (23 respondents). Results: About 34.2% of respondents from the tenofovir/emtricitabine (TDF/FTC) was licensed for use in their country in 2017, and 8 more, 8 more in 2018 (P = 0.02). PrEP was recommended in national guidelines in 39.5% of responses in 2017 and 40.7% in 2018 (P = 0.178). About 70.7% of respondents were aware of "informal" PrEP use in 2017, while 66.4% were aware of this in 2018 (P = 0.698). In 2018, there were 53 centres offering PrEP (the highest numbers in Poland and Romania), whereas six countries had no centres offering PrEP. The estimated number of HIV-negative people on PrEP in the region was 4500 in 2018, Geneva. TDF/FTC costs (in Euros) ranged from €18 (Romania) to €256.92 (Slovakia), while brand TDF/FTC costs ranged from 450 (Albania) to €935 (Finland). Conclusions: Although the process of licensing TDF/FTC use for PrEP has improved, this is not yet reflected in the guidelines, nor has there been a reduction in the "informal" use of PrEP. PrEP remains a rarely used preventive method in CEE countries.	Eastern and Central Europe; Euroguidelines in Central and Eastern Europe (ECEE); Europe; HIV; emtricitabine; pre-exposure prophylaxis; tenofovir.	English	United Kingdom	Western and Central Europe and North America	Armenia	Eastern Europe and Central Asia	Armenia	Eastern Europe and Central Asia	Quantitative
Article	2019	Beyrer, Matthew R; Holloway, Ian W; Pahupher, Craig; Landovitz, Raphael J	Current and Future PrEP Medications and Modalities: On-demand, Injectables, and Topicals	Current HIV/AIDS Reports	15483568	10.1007/s11904-019-00450-9	https://www.proquest.com/scholarly-journals/current-future-prep-medications-modalities-on/docview/2258207726/se-2?accountid=8113	Purpose of ReviewPre-exposure prophylaxis (PrEP) is a potent HIV prevention strategy, but uptake of daily oral PrEP remains low. This review covers PrEP agents currently available and agents and modalities under investigation.Recent FindingsInfectable ARV preparations have high acceptability among users but are likely to require adherence to 8-week interval injections. Topical microbicide gels and rings have had disappointing results in randomized, placebo-controlled trials compared to oral PrEP. Oral PrEP is highly acceptable to MSM and PWID. Oral PrEP is highly effective in MSM and underperformed in randomized, placebo-controlled trials compared to expectations and subsequent real-world pragmatic use.SummaryOn-demand (2:1-1) dosing strategy for MSM and injectable PrEP seem to be acceptable among participants in clinical trials. These modalities are particularly compelling alternatives for individuals who either do not want to take a daily medication (both on-demand and injectable) and/or want to take PrEP without a long commitment (on-demand). Emerging modalities such as vaginal films, microneedles, and subdermal implants have numerous advantages but are still in early stages of development.	Gels, Vaginal; HIV/AIDS; Pre-exposure prophylaxis; Pre-exposure prophylaxis (PrEP); Prophylaxis; Clinical trials; Injectables; Microbicides; On-demand; Vaginal rings; Injectable; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Antimicrobial; Topical medication; Developmental stages	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Bielle K.B.; Edova A.; Salhoney P.; Bianchetti D.L.; Mimiaga M.J.; Draimoni M.L.; Childs E.S.; Buzzi A.R.	A missing perspective: injectable pre-exposure prophylaxis for people who inject drugs	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1587356	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062475694&doi=10.1080%2F09540121.2019.1587356&partnerID=40&md5=23aaa8351607e607f2e2f9f2207c3df8	Background: HIV incidence remains high among transgender women in Lima, Peru, most of whom report sex work. On the basis of a stakeholder analysis and health system capacity assessment, we developed, tested, and disseminated a multimedia intervention to promote PrEP. Methods: We developed a transgender-specific intervention—delivered by near-peer outreach workers, their stable partners, and their clients to estimate the impact and cost-effectiveness of combinations of interventions compared with the standard of care on reducing HIV incidence over a 10-year period. We simulated HIV transmission accounting for differences in sexual positioning in anal intercourse and condom use by partner type and fitted the model to HIV surveillance data using Latin hypercube sampling. The interventions we considered were 15% relative increase in condom use with clients and 10% relative increase with stable partners; increase in antiretroviral treatment (ART) coverage at CD4 count lower than 500 cells per mm [3] and greater than or equal to 500 cells per mm [3]; and 15% pre-exposure prophylaxis (PrEP) coverage using generic and branded formulations. We considered a basic scenario accounting for current the Peruvian HIV service delivery and an enhanced scenario assuming achievement of the UNAIDS 90-90-90 targets and general improvements in HIV services. The 50 best fits according to log-likelihood were used to give the minimum and maximum values of intervention effect for each combination. We used disability-adjusted life-years (DALYs) to measure the incremental health outcomes associated with HIV infection that could be averted by the interventions we investigated and calculated incremental cost-effectiveness ratios to compare their cost-effectiveness. Findings: Under the basic scenario, combining the four interventions of increasing condom use with clients and stable partners, increasing ART coverage, and scaling up PrEP to 15% coverage (2.7–3.1) could avert 41% (44–44) of new infections among this population with an incremental cost-effectiveness ratio of $1000 per DALY averted. Under both scenarios, implementation of this strategy would exceed 61% (64–64) of new infections among this population with an incremental cost-effectiveness ratio of $1000 per DALY averted. Under the enhanced scenario, implementation of the strategy approaches or surpasses the 50% incidence reduction goal and would represent a cost-effective use of country resources if generic PrEP drugs are used. The total cost of implementing this strategy under the enhanced scenario would be approximately $1 2 million per year over 10 years, corresponding to 10% of the current Global Fund's yearly contribution in Peru. Interpretation: Investments in HIV services among TWSW in Lima would be cost-effective, even under stringent cost-effectiveness criteria when accounting for setting-specific resource constraints. Notable improvements in HIV testing rates, innovative interventions to increase condom use, and reduced PrEP costs will be key to achieving the 50% incidence reduction goal. Modelling studies incorporating stakeholders' perspectives and health system constraints can bring added value to HIV policy making. Funding: National Institutes of Health. © 2019 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.	HIV infections; interviewees; pre-exposure prophylaxis; risk factors; sexual behavior; substance abuse	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Bielle K.B.; Pearce C.; Koskover D.S.; Marrow E.; Salton S.A.; Mimiaga M.J.; Hightow-Weidman L.; Sullivan P.; Mayer K.H.	A pre-exposure prophylaxis adherence intervention (Stempo) for young men who have sex with men: Protocol for a pilot randomized controlled trial	JMIR Research Protocols	19290748	10.2196/10661	https://www.researchprotocols.org/2019/1/e10661/	Background: New HIV infections occur at a disproportionately high rate among young men who have sex with men (YMSM). It is, therefore, essential that comprehensive HIV prevention strategies, specifically tailored to their needs and perceptions, are developed, tested, and disseminated. Antiretroviral pre-exposure prophylaxis (PrEP) is effective in decreasing HIV transmission among men who have sex with men; however, adherence is critical to its efficacy. In open-label studies among YMSM, adherence was suboptimal. Hence, behavioral approaches that address the unique challenges to YMSM PrEP adherence are needed. Objective: The aim of this study is to develop and pilot test a behavioral intervention to support PrEP adherence among YMSM, called Stempo (Swahili for "motor"). Methods: Stempo is a pre-exposure prophylaxis for young men who have sex with men (LAPN-1) Methods. This study includes the following 2 phases: formative qualitative interviews with approximately 20 YMSM and healthcare providers to inform the intervention adaptation and refinement and a pilot RCT of up to 50 YMSM to assess the feasibility, acceptability, and preliminary efficacy of the LAPN , compared with the PrEP standard of care, to improve PrEP adherence. Participants will be recruited at 3 iTech subject recruitment venues in the United States. Results: Phase 1 is expected to begin in June 2018, and enrollment of phase 2 is anticipated to begin in early 2019. Conclusions: Few rigorously developed and tested interventions have been designed to increase PrEP adherence among YMSM in community settings, despite this population's high HIV incidence. The long-term goal of this intervention is to develop scalable protocols to optimize at-risk YMSM's PrEP uptake and adherence to decrease the HIV incidence. © Katie B Bielle, Christina Pearce, Douglas S Koskover, Elliot Marrow, Steven A Salton, Matthew J Mimiaga, Lisa Hightow-Weidman, Patrick Sullivan, Kenneth H Mayer.	Adherence; Adolescents; Antiretroviral pre-exposure prophylaxis; HIV prevention; Men who have sex with men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Bielle, Katie B; Edova, Alberto; Montgomery, Madeline C; Almonte, Alex; Chan, Philip A	Risk Perception and Interest in HIV Pre-exposure Prophylaxis Among Men Who Have Sex with Men with Rectal Gonorrhea and Chlamydia Infection	Archives of Sexual Behavior	00040002	10.1007/s10508-018-1260-1	https://www.proquest.com/scholarly-journals/risk-perception-interest-hiv-pre-exposure/docview/2087790881/se-2?accountid=8113	Rectal gonorrhea and chlamydia infections are associated with significantly increased risk of HIV transmission among gay, bisexual, and other men who have sex with men (MSM). MSM diagnosed with rectal gonorrhea or chlamydia may benefit from pre-exposure prophylaxis (PrEP) for HIV prevention. We analyzed HIV risk perception, PrEP interest, and sexually transmitted infection (STI) test results among MSM presenting to a publicly funded STI clinic from 2014 to 2016. A total of 401 MSM were tested for rectal STIs during the study period. 18% were diagnosed with rectal gonorrhea and/or chlamydia infection. Patients who perceived themselves to be at medium or high risk for HIV were significantly more likely to express interest in PrEP compared to those who reported low or no perceived risk (OR 1.88, 95% CI 1.13–3.11, $p = .014$). However, there was no significant difference in perceived HIV risk between those who were diagnosed with a rectal STI and those who were not. Although rectal STIs are a significant risk factor for HIV infection, MSM diagnosed with a rectal STI did not perceive themselves to be at increased risk for HIV infection, indicating a potential barrier to successful PrEP implementation in this population.	Pre-exposure prophylaxis; PrEP; MSM; Sexually transmitted infection; Men who have sex with men; Infectious; Risk perception; Chlamydia; Gonorrhea; Perceptions; Extinguished; Human immunodeficiency virus--HIV; Gender/Watch; Y; Gays & lesbians; Mens health; Medical Sciences; Health risk assessment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Bielle, Katie B; Marrow, Elliot; Mimiaga, Matthew J; Sullivan, Patrick; Highton-Weidman, Lisa; Mayer, Kenneth H	A Mobile-Based App (MyChoices) to Increase Uptake of HIV Testing and Pre-Exposure Prophylaxis by Young Men Who Have Sex With Men: Protocol for a Pilot Randomized Controlled Trial	JMIR Research Protocols	19294748	10.2196/10694	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6302961/	BACKGROUND: HIV incidence is growing most rapidly in the United States among young men who have sex with men (YMSM). Overwhelming evidence demonstrates that routine testing and expanded use of pre-exposure prophylaxis (PrEP) would dramatically reduce the population burden of HIV; however, uptake of both interventions is suboptimal among young adults. The use of mobile phone apps by YMSM is ubiquitous and may offer unique opportunities for public health interventions. MyChoices is a theory-driven app to increase HIV testing and PrEP uptake. It was developed by an interdisciplinary team based on feedback from a diverse sample of YMSM. OBJECTIVE: The aim of this paper is to describe the protocol for the refinement, beta testing, and pilot randomized controlled trial (RCT) to examine the acceptability and feasibility of the MyChoices app. METHODS: This 5-phase study includes 4 theater testing groups for app refinement with a total of approximately 30 YMSM, for beta testing, and a pilot RCT to examine preliminary efficacy. Participants will be recruited at 3 iTech subject recruitment venues in the United States. The pilot RCT will examine the preliminary acceptability and efficacy of the MyChoices app, compared with referrals only, in increasing HIV testing and PrEP uptake. All participants will be recruited at iTech clinical research sites in Boston, MA, and Bronx, NY. RESULTS: App refinement is underway. Enrollment for the pilot RCT began in October 2018. CONCLUSIONS: MyChoices is one of the first contemporary, theory-driven HIV prevention apps designed specifically for YMSM. If MyChoices demonstrates acceptability and feasibility in this pilot RCT, a multisite, 3-arm randomized controlled efficacy trial of the app and another youth-optimized app (LYNX) versus standard of care is planned within iTech. If shown to be efficacious, the app will be scalable, with the ability to reach YMSM across the United States as well as be geographically individualized, with app content integrated with local prevention and testing activities. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/10694	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Bien-Gund, Cedric H; Zhao, Peipei; Cao, Bolin; Tang, Weiming; Ong, Jason J; Baral, Stefan D; Beauchemin, José A; Yang, Li-Gang; Lee, Zhenzhou; Tucker, Joseph D	Providing competent, comprehensive and inclusive sexual health services for men who have sex with men in low- and middle-income countries: a scoping review	Sexual Health	-	-	-	1449-8987	10.1071/SH18191	https://dx.doi.org/10.1071/SH18191	Although men who have sex with men (MSM) are disproportionately affected by HIV and other sexually transmissible infections, sexual health services for MSM in low- and middle-income countries (LMIC) remain under-resourced and are poorly understood. A scoping review of literature on MSM sexual health in LMIC was conducted in order to identify key clinical services and gaps in knowledge. Three databases were searched, in addition to hand-reviewing key journals and bulletins, to identify literature with a focus on MSM sexual health. Key services related to providing care to MSM in LMIC that emerged from our review are described. These services include creation of safe and confidential clinic environments, HIV testing services, behavioural interventions, HIV pre-exposure prophylaxis (PrEP), rapid antiretroviral therapy (ART) initiation and STI services. Compared with high-income settings, major differences in LMIC include lack of diagnostic technology, unfavourable legal environments and lack of funding for MSM health. Innovative approaches to healthcare delivery, such as harnessing mobile technology, self-testing and crowdsourcing interventions, can improve health services among MSM in LMIC. There gaps in the evidence about how best to provide sexual health services to MSM in LMIC settings. Implementation research and scale-up of existing biomedical and behavioural interventions such as HIV/STI testing services, PrEP and early antiretroviral initiation are urgently needed in LMIC.	guidelines, HIV care continuum, HIV testing, sexually transmissible infections.	English	Australia	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2019	Bienaise, Sarah; Roussillon, Benoit; Bellec, Laurence; Pirot, Hélène; Matta, Marc; Maka, A.; Pasch, J.; Tonen Wolyec, S.; Veyer, D.; Gravier, A.; Hocquelet, L.; Peytavin, T.	High Prevalence of Anal and Oral High-Risk Human Papillomavirus in Human Immunodeficiency Virus-Uninfected French Men Who Have Sex With Men and Use Pre-exposure Prophylaxis	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofz291	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071497706&doi=10.1093%2Fofid%2Fofz291&partnerID=40&md5=2baaa9354037e697f2e2f9f2207c3df8	Background: We assessed the prevalence and risk factors of anal and oral high-risk (HR) human papillomavirus (HPV) infection in human immunodeficiency virus-uninfected men who have sex with men (MSM) and take preexposure prophylaxis (PrEP) in France. Methods: Anal and oral samples were screened by multiplex real-time polymerase chain reaction (Anyplex II HPV 28; Seegene, Seoul, Korea). A total of 401 consecutive MSM (mean age, 36.3 years) were enrolled. Anal HPV and HR-HPV prevalences were 93.4% and 81.9%, respectively, and oral HPV and HR-HPV prevalences were 24.4% and 19.6%, respectively. HR-HPV type 33 was the most detected genotype, in both anal and oral samples. Among MSM, 68.8% carried ≥1 anal HPV type targeted by the 9-valent Gardasil-9 vaccine; all oral HPV-positive samples carried ≥1 strain included in the vaccine. Condomless receptive anal intercourse and history of anal gonorrhea were the main factors associated with increased risk for anal HPV infection (adjusted odds ratio, 16.6) and anal infection with multiple HR-HPV genotypes (≥3.7), respectively. Conversely, having had >10 partners in the last 12 months was associated with decreased risk for anal carriage of both multiple HPV (adjusted odds ratio, 0.19) and HR-HPV (0.17) types. Conclusion: French MSM using PrEP are at high risk for both anal and oral carriage of HR-HPV that could lead to HPV-related cancers. © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	Anal and oral HR-HPV; France; HIV preexposure prophylaxis; men who have sex with men; sexual risk behavior; sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2019	Bourne, Adam; Alba, Beatrice; Garner, Alex; Spiteri, Gianfranco; Pharris, Anastasia; Noori, Teymur	Use of, and likelihood of using, HIV pre-exposure prophylaxis among men who have sex with men in Europe: Cross-sectional Euro Atlas findings from a 2017 large gronocial networking application survey.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2018-053705	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6509613/	OBJECTIVE: Currently, seven European countries provide HIV pre-exposure prophylaxis (PrEP) through public health services, although there are numerous reports of off-licence use. The objective of this study was to examine current use of PrEP, likelihood of future use and indicators of potential PrEP candidacy among an opportunistic sample of men who have sex with men in Europe and Central Asia. METHODS: A survey was sent out in eight languages to users of the Hornet gay networking application in July and August 2017. Descriptive statistics, bivariate and multivariate regression analyses of correlates associated with PrEP use are examined using logistic and linear regressions. RESULTS: Of 12 053 participants whose responses came from 55 European and Central Asian countries, 10 764 (89%) were not living with diagnosed HIV. Among these, 1 579 (15%) were currently taking PrEP or had done so within the previous 3 months. Current or recent PrEP users were significantly more likely to have taken postexposure prophylaxis (adjusted OR (aOR)=16.22 (95% CI 13.55 to 19.45)) or received an STI diagnosis (aOR=4.53 (95% CI 3.77 to 5.44)) in the previous 12 months than those who had not. Of those not on PrEP and not using it recently, 2 911 (30%) reported that they would be likely to use PrEP in the next 6 months. Men who were older, more educated and earned more were more likely to have taken PrEP (aOR=1.71 (95% CI 1.59 to 1.89)). Nearly a quarter (22.3%) of those not on PrEP said they were likely to use it in the next 6 months. CONCLUSIONS: The majority of men using, or intending to use, PrEP appear to have a risk profile consistent with emerging guidance. A large proportion of these men are accessing PrEP outside of traditional healthcare settings, posing a challenge for routine monitoring.	HIV; gay men, health promotion, sexual health	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Bradley E.; Forsberg K.; Betts J.E.; Dehaca J.B.; Kamineni E.; Porter S.E.; Sipe T.A.; Hoover K.W.	Factors Affecting Pre-Exposure Prophylaxis Implementation for Women in the United States: A Systematic Review	Journal of Women's Health	-	-	-	15409996	10.1089/jwh.2018.7353	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072037726&doi=10.1089%2Fjwh.2018.7353&partnerID=40&md5=2ca8b2eb02d1b7f0cfcfce08dea4f5f2	Oral HIV pre-exposure prophylaxis (PrEP) is a highly effective pill that HIV-negative individuals can take once daily to prevent HIV infection. Although PrEP is a private, user-controlled method that empowered women to protect themselves without relying on a partner's behavior, women's PrEP use has been extremely low. We systematically reviewed the literature to identify and summarize factors that affect PrEP implementation for women in the United States. We searched PubMed, Embase, CINAHL, and PsycINFO databases for articles published between January 2012 and April 2018 that reported on PrEP implementation in the United States. Studies that met the inclusion criteria (MEDLINE, EMBASE, and CINAHL) and PubMed to identify post-scoreved studies published between January 2006 and April 2018 that reported U.S. women's or health care providers' PrEP knowledge or awareness, willingness to use or prescribe, attitudes, barriers and facilitators to use or prescription, or PrEP adherence and discontinuation influences. Thirty-nine studies (26 women, 13 providers) met the eligibility criteria. In these studies, 0%–33% of women had heard of PrEP. Between 51% and 97% of women were willing to try PrEP, and 60%–82% of providers were willing to prescribe PrEP to women. Implementation barriers included access, cost, stigma, and medical distrust. Three studies addressed adherence or discontinuation. PrEP knowledge is low among women and providers. However, women and providers generally have positive views when aware of PrEP, including a willingness to use or prescribe PrEP to women. Most of the implementation barriers highlighted in studies were social or structural factors (e.g., access). Additional studies are needed to address research gaps, including studies of PrEP adherence and discontinuation. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	HIV; implementation; pre-exposure prophylaxis; PrEP; women's health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Institutional	2019	Brady, Michael; Rodger, Alison; Asboe, David; Cambiano, Valentina; Clutterbuck, Dan; Desai, Monica; Field, Nigel; Harbottle, Justin; Jamal, Zahra; McCormack, Sheena; Palfreeman, Adrian; Portman, Mags; Quinn, Killian; Tenant-Flowers, Melinda; Wilkins, Ed; Young, Ingrid	BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP) 2018	-	-	-	-	14681293	10.1111/hiv.12718	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062845568&doi=10.1111%2fhiv.12718&partnerID=40&md5=1970f866fba5ecccb91b57a4bb9e7f54	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Other
Article	2019	Braksmajer A.; Leblanc N.M.; El-Bassel N.; Urban M.A.; McMahon J.M.	Feasibility and acceptability of pre-exposure prophylaxis use among women in violent relationships	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1503634	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85050683386&doi=10.1080%2f09540121.2018.1503634&partnerID=40&md5=6c7086947a95427271d0fb8f7f694d88	Intimate partner violence (IPV) is associated with a high risk of HIV acquisition. Pre-exposure prophylaxis (PrEP), which does not require partner knowledge or consent, is a promising HIV risk reduction option for women experiencing IPV. Drawing on semi-structured interviews with 26 women experiencing IPV within the last six months, this study explored the feasibility and acceptability of PrEP use in this population. Slightly more than half of the women in this study expressed interest in taking PrEP when in a relationship with an abusive partner. Potential barriers to PrEP, discussed regardless of women's expressed interest in PrEP, included fear of side effects and long-term health concerns, low risk perceptions, potential partner interference, and prioritizing coping with the relationship over HIV prevention. When offering PrEP counseling, providers should inquire about IPV, as women in violent relationships may require tailored counseling to address barriers and concerns specific to their situation. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	intimate partner violence; Pre-exposure prophylaxis; PrEP; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Brantley M.L.; Rebeiro P.F.; Pettit A.C.; Sanders A.; Cooper L.; McGoy S.; Morrison M.	Temporal Trends and Sociodemographic Correlates of PrEP Uptake in Tennessee, 2017	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02657-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071751451&doi=10.1007%2fs10461-019-02657-8&partnerID=40&md5=1e6383f3b8e5fa374d4c186deaf50dc3	Client-level data from two Tennessee-based PrEP navigation demonstration projects reported to the Tennessee Department of Health from January to December 2017 were evaluated to determine the proportion of clients who accepted, were linked to, and were prescribed PrEP. Disparities by age, race, transmission risk, and geographic region as well as trends over time were examined via bivariate and multivariable modified Poisson regression models accounting for potential confounders. Among 1385 PrEP-eligible individuals, 50.5% accepted, 33.4% were linked, and 27.3% were prescribed PrEP. PrEP uptake varied by age, race, and HIV transmission risk, and most disparities persisted across Tennessee throughout evaluation period. Multivariable regression models revealed significant independent associations between age, race/ethnicity, transmission risk, and region and PrEP acceptance and linkage. While differences in PrEP acceptance by race narrowed over time, success among black MSM was limited, underscoring a significant need to improve upstream PrEP continuum outcomes for this important population. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); PrEP navigation; PrEP uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Bremer V.; Koppe U.; Marcus U.; Jansen K.	Current state of research on HIV-PrEP: HIV prevention and dissemination of other STI; Aktueller Forschungsstand zur HIV-PrEP: HIV-Prävention und Verbreitung anderer STI	Zeitschrift fur Sexualforschung	-	-	-	9328114	10.1055/a-1028-0559	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076878867&doi=10.1055%2fa-1028-0559&partnerID=40&md5=5333b2edee34d3c6d1cf766ca471d8cd	Introduction Infection with HIV can be effectively prevented by taking HIV pre-exposure prophylaxis (PrEP). However, taking HIV-PrEP does not provide protection against other sexually transmitted infections (STI). Objectives The aim of this research overview is to answer two questions: 1. How common is PrEP and how does it affect HIV prevalence? 2. Is there an epidemiologically relevant increase in other STI in the course of PrEP intake due to a possible increase in condomless sex? Methods A literature search on studies on PrEP, HIV and other STI was carried out, and reporting data from the USA, Great Britain and Australia as well as our own data from Germany were analyzed. Results Both the previously published data from abroad and our own data from Germany show that PrEP is spreading as an effective HIV prophylaxis, especially among MSM. At the same time, the data show that there has been a sharp increase in STI diagnoses in recent years. However, this had already been observed before the introduction of the PrEP and is probably due both to an increase in condomless anal sex among MSM as well as to an increase in low-threshold STI testing. The causal effect of PrEP in this context has not yet been conclusively demonstrated. Conclusion Improved STI testing and the connection of PrEP users to the medical care system offer the opportunity to effectively limit the increase in STI. It is therefore important that PrEP users- A nd other populations-have access to regular free STI tests including counselling, as has been provided for in the Terminservice-und Versorgungsgesetz (TSVG) since the second half of 2019. © 2019 Georg Thieme Verlag KG Stuttgart • New York.	HIV infection; HIV prevention; pre-exposure prophylaxis (PrEP); sexual risk behviour; sexually transmitted infections	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2019	Brinkley-Rubinstein L.; Peterson M.; Zaller N.D.; Wohl D.A.	Best practices for identifying men who have sex with men for corrections-based pre-exposure prophylaxis provision	Health and Justice	-	-	-	21947899	10.1186/s40352-019-0088-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064339138&doi=10.1186%2fs40352-019-0088-7&partnerID=40&md5=74a48a2ce84d21159a17feb63fff2c68	Purpose: Men who have sex with men (MSM) who are incarcerated are at increased risk for HIV acquisition, yet there are challenges associated with disclosing sexual identity/orientation among people who are incarcerated. Methods: The current study used semi-structured, qualitative interviews to explore attitudes and awareness of pre-exposure prophylaxis (PrEP) among 26 MSM who were incarcerated at the Rhode Island Department of Corrections. Results: Participants noted variable levels of willingness to disclose sexual identity/orientation. Conclusions: CJ institutions should consider involving medical staff and outside agencies when using the CDC PrEP guidelines or consider a WHO-based, rather than behavior-based, approach to determining candidacy for PrEP. © 2019 The Author(s).	HIV; Incarceration; Pre-exposure prophylaxis; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Brisson, Julien	Reflections on the history of bareback sex through ethnography: the works of subjectivity and PrEP	Anthropology & Medicine	-	-	-	13648470	10.1080/13648470.2017.1365430	https://www.proquest.com/scholarly-journals/reflections-on-history-bareback-sex-through/docview/2325350360/se-2?accountid=8113	Throughout the history of bareback sex (condomless sex between men), 'subjects' have been created, particularly through scientific literature, to characterise the men who engage in the sexual practice. For example, a gay man who does not use a condom may be framed as a pathologised subject. This paper first presents this history. Afterwards, by relying upon ethnographic data such as interviews collected from fieldwork research done in Toronto in 2014 with young gay men who have bareback sex, it shows exactly how these young gay men related themselves to those subjects. Then, it focuses on the pre-exposure prophylaxis (PrEP) Truvada as a new HIV prevention technology. Although PrEP can allow condomless sex to occur while diminishing the risk of HIV transmission, at the time of the research, none of the young gay men were interested in using this tool despite being the subjects for whom the drug is tailored. This paper argues that PrEP and subjectivity are coproduced and can have conflicting meanings. This contradiction of meanings is a result of the various representations and symbols of bareback sex and the men who engage in the practice that have been produced throughout the history of bareback sex.	Homosexuality; HIV/AIDS; PrEP; Men; Ethnography; Sexual behavior; Prep; Anthropology; Technology; Qualitative research; Preventive medicine; sexuality; ethnography; subjectivity; History; Human immunodeficiency virus--HIV; Prevention programs; Meaning; Subjectivity	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Brisson, Julien; Ravitsky, Vardit; Williams-Jones, Bryn	Towards an Integration of PrEP into a Safe Sex Ethics Framework for Men Who Have Sex with Men.	Public Health Ethics	-	-	-	1754-9973	10.1093/phe/phy018	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6431242	The ethics of safe sex in the gay community has, for many years, been focused on debates surrounding the responsibility (or lack thereof) regarding the use of condoms to prevent HIV transmission, once the only tool available. With the development of Truvada as a pre-exposure prophylaxis (PrEP) for HIV, for the first time in the history of the HIV/AIDS epidemic there is the potential to significantly reduce the risk of HIV transmission during sex without the use of condoms (without taking into consideration 'treatment as prevention' with HIV-positive people). The introduction of PrEP necessitates a renewed discussion about the politics and ethics of safe sex for men who have sex with men (MSM). We present the arguments of authors who hold radically opposite positions with regard to the ethics of condom use by gay men, but who currently both criticize the use of PrEP. We offer a critique of their arguments and advance the position that the use of PrEP, even without condoms, can be acceptable and part of a safe sex ethics framework for MSM.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Brogan, N.; Paquette, D. M.; Lachowsky, N. J.; Blais, M.; Brennan, D. J.; Hart, T. A.; Adam, B.	Canadian results from the European Men-who-have-sex-with-men Internet survey (EMIS-2017).	Canada Communicable Disease Report = Relevé des maladies transmissibles au Canada	-	-	-	1188-4169 1481-8531	10.14745/ccdr.v45i11a01	https://pubmed.ncbi.nlm.nih.gov/31755878/	BACKGROUND: In 2017, the international European Men-who-have-sex-with-men Internet Survey (EMIS-2017) collected data from 50 countries, including Canada for the first time. OBJECTIVE: To provide an overview of the Canadian EMIS-2017 data to describe the sexually transmitted and other bloodborne infection (STBBI) related needs of gay, bisexual and other men who have sex with men (gbMSM). METHODS: The EMIS-2017 questionnaire was an updated version of EMIS-2010. It included self-reported sociodemographic data, experience of discrimination, mental health and substance use, knowledge of preexposure prophylaxis (PrEP) for HIV, sexual practices and history of STBBI testing and diagnosis. Analysis was largely descriptive. RESULTS: Of the 6,059 respondents from Canada, 5,165 participants met the inclusion criteria for this analysis. The majority of participants were born in Canada (79.3%); and over half of the respondents (56.7%) were under the age of 39. In terms of discrimination related to their attraction to other men, participants reported high levels of intimidation (31.9%), verbal abuse (22.1%) and physical violence (1.5%) in the previous year. Regarding mental health, 23.9% had a moderate to severe depression/anxiety score. Almost two-thirds (64.1%) indicated substance use and one-fifth (21.5%) reported chemsex (or the use of stimulant drugs to make sex more intense or last longer). Only 8.4% of participants reported use of PrEP for HIV; however, 51.7% reported being likely to use PrEP if it was available and affordable. Sexual practices, such as condom use, varied by PrEP use with 91.3% of men using PrEP reporting condomless anal intercourse (CAI) compared with 71.5% of men not on PrEP. In terms of STBBI testing, 1.5% reported being diagnosed with hepatitis C and 9.0% reported an HIV diagnosis. Of those with an HIV diagnosis, most were on treatment (99.1%) and had an undetectable viral load (96.7%). CONCLUSION: gbMSM in Canada experienced stigma, discrimination and mental health problems; substance use was high as were high-risk sexual practices, such as CAI, among some groups of men. There was a gap between the proportion of men who were interested in PrEP and those who actually used it; and comprehensive STBBI testing was low.These findings can inform public health action and provide a baseline to examine the impact of current and new interventions.	HIV; postexposure prophylaxis; preexposure prophylaxis; sexually transmitted infections; gbMSM; gay bisexual and other men who have sex with men; sexual risk practices	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Brooks B.; Park S.H.; Guilamo-Ramos V.; Schneider J.A.; Harry-Hernandez S.; Mgbako O.; Dubin S.; Duncan D.T.	Sex Tourism and Pre-Exposure Prophylaxis Modality Preferences Among Men Who Have Sex With Men	Journal of Sex Research	-	-	-	224499	10.1080/00224499.2018.1515343	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053906270&doi=10.1080%2f00224499.2018.1515343&partnerID=40&md5=b35ce892533e2734a5677e2b78af045c	Sex tourism among men who have sex with men (MSM) has been associated with increased risk for human immunodeficiency virus (HIV) due to sexually scripted environments characterized by multiple sexual partners, increased availability of alcohol and drugs, and limited availability of HIV-prevention services. The current study examined the knowledge of and likelihood of using different modalities of pre-exposure prophylaxis (PrEP), an important biomedical HIV-prevention strategy, among MSM in Paris who have engaged in sex tourism. A sample of 580 MSM from a highly popular geosocial-networking smartphone application in Paris, France, participated in the survey. Of the 580 MSM, 444 participants reported an HIV-negative status and represent the analytic sample for this study. Approximately 27% reported engaging in sexual tourism. MSM who engaged in sex tourism were more likely to aware of on-demand PrEP and more likely to express interest in using on-demand PrEP (adjusted risk ratio aRR = 1.26; 95% confidence interval CI = 1.03–1.53, aRR = 1.29; 95% CI = 1.04–1.61, respectively) than MSM who never engaged in sex tourism. Moreover, participants who engaged in sex tourism were more likely to express interest in rectal microbicides or both rectal and penile microbicides (aRR = 1.34; 95% CI = 1.13–1.59, aRR = 1.26; 95% CI = 1.03–1.55, respectively) than participants who had not engaged in sex tourism. With the high likelihood of interest in using alternative forms of PrEP in MSM who engage in sex tourism, this study suggests potential benefits for these alternative forms of PrEP for this specific population and underscores the importance of their continued development. © 2019, © 2019 The Society for the Scientific Study of Sexuality.	adultattitude to healthhumanmalepre-exposure prophylaxissexual behaviortravel	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Brooks R.A.; Landrian A.; Nieto O.; Fehrenbacher A.	Experiences of Anticipated and Enacted Pre-exposure Prophylaxis (PrEP) Stigma Among Latino MSM in Los Angeles	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02397-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060144139&doi=10.1007%2fs10461-019-02397-9&partnerID=40&md5=d64f3863228c4e348122fea90be2a96f	Latino men who have sex with men (MSM) are a group critically affected by HIV. Pre-exposure Prophylaxis (PrEP) is a biomedical prevention strategy that can help reduce new infections in this population. However, PrEP use may expose users to experiences of PrEP-related stigma. In-depth interviews conducted with Latino MSM PrEP users (N = 29) were analyzed using thematic analysis to explore experiences of PrEP stigma. Six themes emerged related to anticipated and enacted PrEP stigma: (1) Perception that PrEP users engage in risky sexual behaviors; (2) PrEP-induced conflict in relationships; (3) Perception that PrEP users are HIV-positive; (4) Generational differences in attitudes toward HIV prevention; (5) Experiences of discomfort, judgment, or homophobia from medical providers; and (6) Gay stigma related to PrEP disclosure to family. Manifestations of stigma included disapproving judgment, negative labeling, rejection, and devaluing individuals. The social consequences associated with using PrEP may deter uptake and persistence among Latino MSM. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Hispanic; Latino; Men who have sex with men; Pre-exposure prophylaxis; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Brooks, Ronald A; Cabral, Alejandra; Nieto, Omar; Fehrenbacher, Anne; Landrian, Amanda	Experiences of Pre-Exposure Prophylaxis Stigma, Social Support, and Information Dissemination Among Black and Latina Transgender Women Who Are Using Pre-Exposure Prophylaxis	Transgender Health	-	-	-	2688-4887	10.1089/trgh.2019.0014	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6716188	Purpose: In the United States, HIV disproportionally affects Black and Latina transgender women (BLTW). Pre-exposure prophylaxis (PrEP) is a proven biomedical method for preventing HIV acquisition. However, the social stigma attached to using PrEP may deter uptake and persistence of PrEP among BLTW, two highly vulnerable populations. The purpose of this study was to explore the experiences of PrEP stigma among BLTW who are using PrEP in Los Angeles County. Methods: In-depth, semistructured interviews were conducted with BLTW PrEP users (N=19) to explore experiences of anticipated, enacted, and internalized PrEP stigma within the context of their unique social and contextual factors. A thematic analysis approach was used in the analysis of qualitative data. Results: We noted an underlying theme of HIV stigma related to participants' identification as trans women that served as the social context for other experiences. In addition, our data revealed five themes related to the experience of using PrEP. Three themes were specifically related to PrEP stigma and included: (1) Perception that BLTW PrEP users are HIV-positive; (2) perception that BLTW PrEP users engage in elevated sexual risk behaviors; and (3) negative labels ascribed to BLTW PrEP users. A fourth theme identified the positive experiences of social support after PrEP disclosure reported by BLTW. Our fifth theme identified involved the dissemination of PrEP information by BLTW to friends/peers and sex partners. Conclusion: BLTW experience PrEP stigma within the context of PrEP disclosure. This experience is underscored by existing experiences of HIV stigma connected to their identity as trans women. PrEP providers should prepare BLTW to use selective disclosure practices when revealing their PrEP use to help minimize experiences of PrEP stigma or potential physical harm. PrEP implementation programs should also support peer-to-peer PrEP education programs for transgender women to promote positive views of PrEP and help facilitate PrEP uptake in this population.	Black, African American, Latina, transgender women, pre-exposure prophylaxis, stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Brooks, Ronald A; Nieto, Omar; Landrian, Amanda; Donohoe, Thomas J	Persistent stigmatizing and negative perceptions of pre-exposure prophylaxis (PrEP) users: implications for PrEP adoption among Latino men who have sex with men	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2018.1499864	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6338523	The Centers for Disease Control and Prevention (CDC) estimates the lifetime HIV risk is one in four for Latino men who have sex with men (MSM). Pre-Exposure Prophylaxis (PrEP) is an efficacious biomedical prevention strategy to help prevent the acquisition of HIV. At present, there has been limited uptake of PrEP by Latino MSM. Unfortunately, the negative perceptions and social stigma surrounding PrEP and those who use it may deter uptake of this novel prevention strategy, particularly among high-risk Latino MSM. In this qualitative study, we explore the experiences of using PrEP among Latino MSM. Participants were recruited using gay-oriented social and sexual networking apps to complete an interviewer-administered, semi-structured qualitative interview. Thematic analysis was used to identify emerging themes relating to perceptions of PrEP users and PrEP as an HIV prevention strategy. Major themes included: feelings of protection and sexual freedom; negative and stigmatizing labels associated with PrEP use; assumptions about sexual behaviors and perceptions of sexual risk taking and irresponsibility; and attitudes related to PrEP use in relationships. A striking but not prevalent theme was the perception reported by participants that monolingual Spanish-speaking Latino MSM are skeptical about the effectiveness of PrEP. These findings suggest that efforts are needed to address the stigmatizing and negative perceptions of PrEP that persist in the gay community that may deter adoption among Latino MSM.	Latino, Hispanic, men who have sex with men, pre-exposure prophylaxis, community perceptions, PrEP stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Buchbinder, Susan P; Havlir, Diane V	Getting to Zero San Francisco: A Collective Impact Approach.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002200	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6880800	BACKGROUND: Building on several decades of innovative HIV prevention and treatment programming in San Francisco, in 2014, a small group of academic, civic, and community leaders launched Getting to Zero San Francisco, a city-wide consortium focused on getting to zero HIV infections, zero HIV-related deaths, and zero HIV stigma and discrimination. SETTING: San Francisco city and county. METHODS: The consortium operates under the principles of collective impact composed of 5 components: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and organization backbone. Two flagship initiatives are described: citywide scale-up of pre-exposure prophylaxis and rapid antiretroviral therapy upon diagnosis. RESULTS: The number of new HIV diagnoses declined by over 50% from 399 to 197 from 2013 to 2018; the time from diagnosis to viral suppression decreased from 134 to 62 days during that period. However, continued racial/ethnic disparities in new HIV diagnoses and viral suppression rates point to the need for the Getting to Zero San Francisco committees to focus on racial/ethnic equity as a primary focus. Cisgender and transgender women, people who inject drugs, and people who are homeless also have lower viral suppression rates; ongoing initiatives are attempting to address these disparities. CONCLUSION: A collective impact implementation strategy that operates by unifying municipal organizations toward a common goal was associated with citywide gains in reducing new HIV diagnosis and time to viral suppression in San Francisco. Formal evaluation of this strategy will help elucidate under which conditions this approach is most likely to succeed.	Getting to Zero, San Francisco, collective impact, fast track cities, 90-90-90	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Bullinger, Johannes; Reyniers, Thijs; Vuylsteke, Bea; Laga, Marie; Nöstlinger, Christiana	Congruence between Hypothetical Willingness to Use Pre-Exposure Prophylaxis (PrEP) and Eligibility: An Online Survey among Belgian Men Having Sex with Men	International Journal of Environmental Research and Public Health	-	-	-	1660-4601	https://doi.org/10.3390/ijerph16224411	https://www.mdpi.com/1660-4601/16/22/4411	Men who have sex with men (MSM) are at high risk for acquiring HIV in Belgium. This study explores MSMs' hypothetical willingness to use pre-exposure prophylaxis (PrEP), assesses it against formal PrEP eligibility criteria, and identifies factors associated with incongruence between eligibility and willingness. We used data from an online survey of = 1444 self-reported HIV-negative MSM. Participants were recruited through social media of MSM organizations and dating apps. Univariate analysis described PrEP willingness and eligibility; bivariate analyses examined how specific co-variates (socio-demographic, knowledge-related, and attitudinal and behavioral factors) were associated with eligibility and willingness. About 44% were eligible for PrEP and about 70% were willing to use it. Those who were eligible were significantly more likely be willing to take PrEP (< 0.001). Two incongruent groups emerged: 16% of eligible participants were unwilling and 58% of ineligible participants were willing to use PrEP. Factors associated with this incongruence were sexual risk behavior, HIV risk perception, partner status, PrEP knowledge, and attitudinal factors. Because the two groups differ in terms of profiles, it is important to tailor HIV prevention and sexual health promotion to their needs. Among those at risk but not willing to take PrEP, misconceptions about PrEP, and adequate risk perception should be addressed.	HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Pre-Exposure Prophylaxis; Prevention; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Sexual behavior; Sexually transmitted diseases; STD; Adult; Health risks; Male; Middle Aged; Men who have sex with men; Prophylaxis; Family medicine; Studies; Human immunodeficiency virus (HIV); virus diseases; Psychology; Surveys and Questionnaires; Questionnaires; Risk; Health Knowledge Attitudes Practice; other medical science; public health; Health promotion; Occupational exposure; Sex industry; Risk perception; Homosexuality; Homosexuality Male - psychology; HIV Infections - psychology; Reproductive health; Sexual Partners; Hypodermic needles; Risk taking; Willingness to use; Likert scale; Patient Acceptance of Health Care - psychology; Needles; Psychotropic drugs; Belgium; Human behavior; otorhinolaryngologic diseases	English	Switzerland	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2019	Bunting S.R.; Saqueton R.; Batteson T.J.	A Guide for Designing Student-Led, Interprofessional Community Education Initiatives About HIV Risk and Pre-Exposure Prophylaxis	MedEdPORTAL : The Journal of Teaching and Learning Resources	-	-	-	23748265	10.15766/mep_2374-8265.10818	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067316201&doi=10.15766%2fmep_2374-8265.10818&partnerID=40&md5=77c835a955c51da226980658101925b5	Introduction: There is room for innovation in medical education regarding HIV and modern biomedical preventive strategies such as pre-exposure prophylaxis (PrEP). Previously described undergraduate medical curricular modules address care for HIV patients but do not include PrEP. A graduate medical curriculum concerning HIV has also been described but misses the opportunity for early introduction of HIV risk prevention, an element of primary preventive care. The guiding framework described here provides one mechanism to begin addressing this gap and fosters interprofessional collaboration among students through community engagement. Methods: We assembled a team of 11 first-year students (medical, physician assistant, podiatry, pharmacy, and health care psychology). The team collaborated to create a training module about HIV risk and PrEP access in Lake County, Illinois. A biopsychosocial perspective on HIV risk and PrEP was employed as the guiding framework. The student team presented the module to care teams at the Lake County Health Department and to the university campus through interactive workshops. Results: Participating students completed a self-reflection instrument. Responses were positive in terms of student enjoyment and attainment of new knowledge regarding HIV risk and PrEP. Students also self-reported competency in a selected group of Interprofessional Education Collaborative competencies. Narrative responses were analyzed for context. Discussion: Student responses suggest that this activity is effective in providing education about HIV risk and PrEP. The framework is novel in that it requires research and modification at each site of implementation. Furthermore, as an extracurricular element, its implementation is flexible.	Access to Care; Community Engagement; Cultural Competence; Diversity; Health Equity; HIV; Interprofessional Education; LGBTQ+; Population Health; Pre-Exposure Prophylaxis; PrEP; Service Learning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Busza, Joanna; Chiyaka, Tarisai; Musemburi, Sithembile; Fearon, Elizabeth; Davey, Calum; Chabata, Sungai; Mushati, Phillis; Dirawo, Jeffrey; Napierala, Sue; Phillips, Andrew N; Cowan, Frances M; Hargreaves, James R	Enhancing national prevention and treatment services for sex workers in Zimbabwe: a process evaluation of the SAPPH-IRe trial.	Health Policy and Planning	-	-	-	1460-2237	10.1093/heapol/czz037	https://dx.doi.org/10.1093/heapol/czz037	Targeted HIV interventions for female sex workers (FSW) combine biomedical technologies, behavioural change and community mobilization with the aim of empowering FSW and improving prevention and treatment. Understanding how to deliver combined interventions most effectively in sub-Saharan Africa is critical to the HIV response. The Sisters' Antiretroviral Programme for Prevention of HIV: an Integrated Response (SAPPH-Ire) randomized controlled trial in Zimbabwe tested an intervention to improve FSW engagement with HIV services. After 2 years, results of the trial showed no significant difference between study arms in proportion of FSW with HIV viral load ≥1000 copies/ml as steep declines occurred in both. We present the results of a process evaluation aiming to track the intervention's implementation, assess its feasibility and accessibility, and situate trial results within the national HIV policy context. We conducted a mixed methods study using data from routine programme statistics, qualitative interviews with participants and respondent driven surveys. The intervention proved feasible to deliver and was acceptable to FSW and providers. Intervention clinics saw more new FSW (4082 vs 2754), performed over twice as many HIV tests (2606 vs 1151) and nearly double the number of women were diagnosed with HIV (1042 vs 546). Community mobilization meetings in intervention sites also attracted higher numbers. We identified some gaps in programme fidelity: offering pre-exposure prophylaxis took time to engage FSW, viral load monitoring was not performed, and ratio of peer educators to FSW was lower than intended. During the trial, reaching FSW with HIV testing and treatment became a national priority, leading to increasing attendance at both intervention and control clinics. Throughout Zimbabwe, antiretroviral therapy coverage improved and HIV-stigma declined. Zimbabwe's changing HIV policy context appeared to contribute to positive improvements across the HIV care continuum for all FSW over the course of the trial. More intense community-based interventions for FSW may be needed to make further gains.	Zimbabwe, process evaluation, female sex workers, HIV/AIDS, prevention, treatment, community mobilization	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2019	Buttram, Mance E; Kurtz, Steven P	Representations of Pre-exposure Prophylaxis, Informal Antiretroviral Medication Use for HIV Prevention, and Diversion on Geosocial Networking Apps among Men Who Have Sex with Men.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-018-2281-4	https://dx.doi.org/10.1007/s10461-018-2281-4	The use of geosocial networking applications (e.g., Grindr) among men who have sex with men (MSM) is common. Yet scant research has examined how antiretroviral medications (ARVs)-including informal use-diversion and pre-exposure prophylaxis (PrEP) are presented inside of the applications. The present study examines this phenomenon. Data are drawn from a qualitative study (N = 39) of the scope and magnitude of the informal market of ARV use for HIV prevention among MSM. Twenty-five participants reported seeing references to ARVs inside the applications. Men described geosocial networking application users' presentations of ARVs as being related to: PrEP use among HIV-negative MSM, the sale and/or use of illicit drugs (e.g., methamphetamine), informal trade/sale for HIV-prevention, and PrEP use among HIV-positive men. Findings suggest continued desire for and acceptability of PrEP as HIV prevention tool and that geosocial networking apps are being used to facilitate the exchange and informal use of ARVs for HIV-prevention. Geosocial networking applications represent a promising and important platform to educate MSM about safe and effective use of PrEP and the risks related to diversion and informal ARV use.	Preexposure prophylaxis (PrEP); Geosocial networking apps; Men who have sex with men (MSM); Antrirretroviral medication; Diversion	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Calabrese, Sarah K.; Willie, Tiara C.; Galvao, Rachel W.; Tekeste, Mehrit; Dovidio, John F.; Safon, Cara B.; Blackstock, Oni; Taggart, Tamara; Kaplan, Clair; Caldwell, Abigail; Kershaw, Trace S.	Current US Guidelines for Prescribing HIV Pre-exposure Prophylaxis (PrEP) Disqualify Many Women Who Are at Risk and Motivated to Use PrEP	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002042	https://pubmed.ncbi.nlm.nih.gov/30973543/	BACKGROUND: US Centers for Disease Control and Prevention clinical guidelines for HIV pre-exposure prophylaxis (PrEP) are widely used to assess patients' PrEP eligibility. The guidelines include 2 versions of criteria-guidance summary criteria and recommended indications criteria-that diverge in a potentially critical way for heterosexually active women: Both require women's knowledge of their own risk behavior, but the recommended indications also require women's knowledge of their partners' HIV risk or recognition of a potentially asymptomatic sexually transmitted infection. This study examined women's PrEP eligibility according to these 2 different versions of criteria across risk and motivation categories. SETTING/METHODS: HIV-negative women (n = 679) recently engaged in care at Connecticut Planned Parenthood centers were surveyed online in 2017. The survey assessed PrEP eligibility by both versions of Centers for Disease Control and Prevention criteria, HIV risk indicators, PrEP motivation indicators, and sociodemographic characteristics. RESULTS: Participants were mostly non-Hispanic white (33.9%) or black (35.8%) and had low income (<$30,000/year; 58.3%). Overall, 82.3% were eligible for PrEP by guidance summary criteria vs. 1.5% by recommended indications criteria. Women disqualified by recommended indications criteria included those reporting condomless sex with HIV-positive or serostatus-unknown male partners (n = 27, 11.1% eligible); 1 or more recent sexually transmitted infection(s) (n = 53, 3.8% eligible); multiple sex partners (n = 168, 3.0% eligible); intended PrEP use (n = 211, 2.8% eligible); and high self-perceived risk (n = 5, 0.0% eligible). CONCLUSION: Current guidelines disqualify many women who could benefit from PrEP and may lead to discrepant assessments of eligibility. Guideline reform is needed to improve clarity and increase women's PrEP access and consequent HIV protection.	Humans; Male; Anti-HIV Agents/*therapeutic use; Female; HIV Infections/*prevention & control; Risk-Taking; Risk Factors; United States; Sexual Partners; Surveys and Questionnaires; Health Knowledge, Attitudes, Practice; HIV Seropositivity; Patient Acceptance of Health Care; Sexually Transmitted Diseases/prevention & control; Guidelines as Topic; *Motivation; Pre-Exposure Prophylaxis/*standards	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2019	Calabrese, Sarah K; Krakower, Douglas S; Willie, Tiara C; Kershaw, Trace S; Mayer, Kenneth H	US Guideline Criteria for Human Immunodeficiency Virus Preexposure Prophylaxis: Clinical Considerations and Caveats	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciz046	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320075	Clinical guidelines for human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) developed by the US Centers for Disease Control and Prevention have been instrumental in the implementation of PrEP in medical practices throughout the country. However, the eligibility criteria contained within may inadvertently limit PrEP access for some patients. We describe the following key considerations and caveats related to these criteria: promotion of a selective vs universal approach to sexual health education involving PrEP; misalignment between criteria stated in the table and text boxes; problematic categorization and confounding of sexual orientation, gender identity, and risk behavior; underemphasis of network/community-level drivers of HIV transmission; oversimplification of serodiscordant risk; and lack of clarity surrounding the relevance of condoms to PrEP eligibility. We offer concrete recommendations to address the identified issues and strengthen future iterations of the guidelines, applying these recommendations in an alternative table of "criteria."	HIV, preexposure prophylaxis, clinical decision-making, patient care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Calabrese, Sarah K; Tekeste, Mehrit; Mayer, Kenneth H; Magnus, Manya; Krakower, Douglas S; Kershaw, Trace S; Eldahan, Adam I; Gaston Hawkins, Lauren A; Underhill, Kristen; Hansen, Nathan B; Betancourt, Joseph R; Dovidio, John F	Considering Stigma in the Provision of HIV Pre-Exposure Prophylaxis: Reflections from Current Prescribers	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0166	https://www.proquest.com/scholarly-journals/considering-stigma-provision-hiv-pre-exposure/docview/2239805033/se-2?accountid=8113	Efforts to identify and address social inequities in HIV pre-exposure prophylaxis (PrEP) access are urgently needed. We investigated early-adopting PrEP prescribers' beliefs about how stigma contributes to PrEP access disparities in health care and explored potential intervention strategies within the context of PrEP service delivery. US-based PrEP prescribers were recruited through professional networks and participant referrals. Qualitative interviews were conducted, transcribed, and thematically analyzed. Participants (n = 18) were primarily male (72%); white (39%) or Asian (33%); and heterosexual (56%). Most practiced in the Northeastern (67%) or Southern (22%) United States; were physicians (94%); and specialized in HIV/infectious disease (89%). Participants described multiple forms of structural and interpersonal stigma impeding PrEP access. The requirement that PrEP be prescribed was a perceived deterrent for populations with medical mistrust and/or low health literacy. Practice norms such as discussing PrEP only in response to patient requests were seen as favoring more privileged groups. When probed about personally held biases, age-related stereotypes were the most readily acknowledged, including assumptions about older adults being sexually inactive and uncomfortable discussing sex. Participants criticized providers who chose not to prescribe PrEP within their clinical practice, particularly those whose decision reflected personal values related to condomless sex or discomfort communicating about sex with their patients. Suggested solutions included standardizing PrEP service delivery across patients and increasing cultural competence training. These early insights from a select sample of early-adopting providers illuminate mechanisms through which stigma could compromise PrEP access for key populations and corresponding points of intervention within the health care system.	HIV; Physicians; Communication; Pre-exposure prophylaxis; pre-exposure prophylaxis; Sexual behavior; Stigma; Disease prevention; Health care; Prophylaxis; Drug therapy; Exposure; Age; Health behavior; Qualitative analysis; Prescriptions; Training; Clinical decision making; Health equity; Sex; Patients; Infectious diseases; patient care; clinical decision making; health care disparities; prejudice; Intervention; Health literacy; Norms; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; United States--US; Medical personnel; Cultural competence; Older people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Callander D.; Park S.H.; Schneider J.A.; Khan M.R.; Kreski N.T.; Hambrick H.R.; Goedel W.C.; Duncan D.T.	City of love: Group sex is associated with risks for HIV and other sexually transmissible infections among gay and bisexual men in Paris, France	Sexual Health	-	-	-	14485028	10.1071/SH18181	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062332822&doi=10.1071%2fSH18181&partnerID=40&md5=dd73221c93124a562ab5960cd3bbe940	This study explored the relationships between participation in group sex and risk for HIV and other sexually transmissible infections (STIs). Methods: An anonymous online survey collected data from 580 gay and bisexual men using a mobile sex and dating application in Paris, France. Logistic regression analyses were conducted, which controlled for HIV status, HIV pre-exposure prophylaxis (PrEP) use and participants' sociodemographic characteristics. Results: Compared with men with no recent group sex experience, those reporting group sex in the 3 months before the survey (30.7% of the sample) were more likely to have had condomless receptive anal sex at least once in the same period adjusted odds ratio (aOR) = 1.6, 95% confidence interval (CI) = 1.1-2.4, P = 0.02, condomless insertive anal sex (aOR = 2.0, 95%CI: 2.4-8.7, P < 0.001) and substance use before or during sex (aOR = 1.6, 95%CI: 1.1-2.3, P = 0.02). Even when controlling for condom use, men involved with group sex were more likely to have been diagnosed with a bacterial STI in the previous year (aOR = 2.1, 95%CI: 1.3-3.3, P = 0.002). Conclusions: Group sex remains a useful marker of risk among gay and bisexual men, but research is needed that moves beyond individual practice in order to assess the epidemiological networks comprising group sex and the risks they pose relevant to HIV and other STIs. © 2019 CSIRO.	chemsex; condom use; Europe; MSM; online survey	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Callander, Denton; Park, Su Hyun; Al-Ajlouni, Yazan A; Schneider, John A; Khan, Maria R; Safren, Steven A; Duncan, Dustin T	Condomless Group Sex Is Associated With HIV Pre-Exposure Prophylaxis Knowledge and Interest Uptake: A Cross-Sectional Study of Gay and Bisexual Men in Paris, France.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2019.31.2.127	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6557130	As a prevention strategy, HIV pre-exposure prophylaxis (PrEP) may benefit men who participate in group sex, but little is known about PrEP among this group internationally and virtually nothing is known of the European context. This study used an online survey of gay men living in Paris, France to assess associations between group sex and awareness of, use and interest in PrEP in its once-daily, episodic, injectable, and microbicidal forms. Men reporting recent (within 3 months) condomless group sex were much more likely to report once-daily PrEP use than men with no group sex experience (41.5% vs 7.7%, p < .001). Uptake was similarly low among men who had group sex with condoms (8.0%) and those with less-recent experience (6.43%). Overall, willingness to use PrEP-including its non-daily forms-was high among men reporting group sex, suggesting opportunities for outreach and implementation.	HIV & AIDS, epidemiology, sexual medicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	Caplon, Amy; Kershaw, Trace	PrEP Uptake, Adherence, and Persistence: Qualitative Interviews with Women Experiencing IPV, IPV Service Providers, and Healthcare Providers	-	-	Yale University	-	NA	NA	https://www.proquest.com/dissertations-theses/prep-uptake-adherence-persistence-qualitative/docview/2306498307/se-2?accountid=8113	Background: Intimate partner violence (IPV) has been associated with HIV susceptibility and acquisition. Studies have found that women who had experienced IPV were at least three times more likely to have a diagnosis of HIV. Women are interested in taking PrEP, however barriers to uptake, adherence, and persistence are not widely known, and present knowledge excludes experiences of healthcare providers and IPV service providers. In this qualitative study, we examined the perceived facilitators and possible solutions to PrEP uptake, adherence, and persistence. This was done using a sample of women experiencing IPV, Reproductive Health Providers, PrEP Providers, and IPV service providers. Methods: We conducted semi-structured interviews with 19 women experiencing IPV, 5 Reproductive Health providers, 3 PrEP providers, and 7 IPV service providers. Women were recruited from a previous prospective cohort study, and healthcare and IPV providers were recruited from previous samples and contact lists. The qualitative data was analyzed in Dedoose using the framework method. Results: Findings suggest that lack of knowledge of both patients and providers is a key barrier to PrEP uptake. Women were concerned about logistical factors, such as cost, insurance coverage, adherence, and side effects, along with having competing priorities. Providers were concerned that a woman's safety was at risk, and wanted to ensure that women would have tools to help conceal PrEP use from partners. Conclusions: Expanding awareness and education for PrEP is necessary for both patients and providers. Marketing campaigns for PrEP should include women. Future research should continue to examine alternative delivery methods for PrEP, in order to combat barriers of adherence and concealment. Research should also look into how providers can best work with each other in order to ensure that care and proper treatment can be provided to a woman's entire health profile.	Pre-exposure prophylaxis; PrEP; Public health; Epidemiology; Health sciences; Public health education; Intimate Partner Violence; Behavioral psychology; Health care management; 0573:Public health; 0766:Epidemiology; 0566:Health sciences; 0769:Health care management; 0622:Clinical psychology; Clinical psychology; 0500:Public Health Education; 0384:Behavioral psychology; Alternative delivery methods; Barriers of adherence; Barriers of concealment; Lack of knowledge; Social and Behavioral Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Caponi, Mitchell; Burgess, Carolyne; Leatherwood, Alexandra; Molano, Luis Freddy	Demographic characteristics associated with the use of HIV pre-exposure prophylaxis (PrEP) in an urban, community health center	Preventive Medicine Reports	-	-	-	2211-3355	10.1016/j.pmedr.2019.100889	https://pubmed.ncbi.nlm.nih.gov/31194089/	AbstractIndividuals who are at high risk of contracting HIV should have equitable access to preventive measures, such as pre-exposure prophylaxis (PrEP). We conducted a retrospective data extract from the electronic medical records of federally-qualified health centers in New York City from 2016 to 2018. Descriptive statistics are presented, stratified by those who have been prescribed PrEP and those who have not. We created a variable called "ever-female" which includes individuals assigned female at birth or who have ever identified as female. A chi-square test was performed to determine the statistical significance between variables as p < .05. A total of 9659 patients met inclusion criteria for the study. Patients who were prescribed PrEP were significantly associated with being white and never-female, with 38.2% of those prescribed PrEP identifying as white and 83.8% of those prescribed PrEP categorized as never-female. Patients of trans experience were 9.6% of the PrEP cohort and 1.5% of the never PrEP cohort (p < .001). Patients identifying as Black/African American made up 19.8% of patients prescribed PrEP and 49.8% of those never prescribed PrEP (p < .001). Patients with the lowest reported income composed 48.4% of those prescribed PrEP compared to 69.3% of patients who were never prescribed PrEP (p < .001). These findings indicate that key demographic categories may not be accessing PrEP as much as would be expected for their level of risk. Barriers to access of PrEP for women and other at-risk, under-represented populations should be further studied.	HIV; Internal Medicine; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Pre-exposure prophylaxis; Family medicine; Human immunodeficiency virus (HIV); Preventive healthcare; Preventive medicine; Test (assessment); Descriptive statistics; Center (algebra and category theory); Regular; Statistical significance; endocrinology & metabolism; healthcare disparities; Medical record	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Card K.G.; Hawkins B.W.; Mortazavi L.; Gregory A.; Ng K.H.; Lachowsky N.J.	Stigma, the Media, and Pre-exposure Prophylaxis for HIV Prevention: Observations for Enhancing Knowledge Translation and Resisting Stigma in the Canadian Context	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2332-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055963981&doi=10.1007%2fs10461-018-2332-x&partnerID=40&md5=bcfb36cc2c2d1813028cce2159fefcfa	Pre-Exposure Prophylaxis (PrEP) is an effective, though sometimes stigmatized, strategy for HIV prevention. With the goal of examining how PrEP stigma can be addressed, this study examined the media's handling of stigma related to PrEP by searching the Canadian Newsstream and Daily Xtra news databases for key terms related to PrEP. Overall, 101 media articles were thematically coded in triplicate; 36.3% of which included mentions of PrEP stigma. LGBT media sources were more likely than mainstream sources to have included content coded as relating to PrEP stigma (p = 0.02). In these articles, uncertainty regarding PrEP, and neo-liberal attitudes towards sexual responsibility were major factors associated with media discussion of PrEP stigma. We discuss the role that heuristics play in shaping lay readers perceptions and interpretation of PrEP media coverage and discuss methods for overcoming stigma using evidence-based communication strategies. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Knowledge translation; Media; Pre-exposure prophylaxis; Risk compensation	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Carley, Tess; Siewert, Emma; Naresh, Amber	Interest in Pre-exposure Prophylaxis (PrEP) for HIV is Limited Among Women in a General Obstetrics & Gynecology Setting	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02529-1	https://www.proquest.com/scholarly-journals/interest-pre-exposure-prophylaxis-prep-hiv-is/docview/2221101095/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is an important tool for reducing the risk of HIV acquisition, but identifying eligible and interested female patients remains difficult. We collected 144 surveys at urban Obstetrics & Gynecology clinics in Louisiana to assess interest in PrEP. Study participants were predominantly African–American (61.8%) and 45.1% had incomes of less than $20,000 per year. 84.7% of participants estimated their risk of HIV acquisition to be low. Initial interest in PrEP was moderate at 37.5% of the population. Number of partners, condom use, and self-perceived risk of HIV acquisition were associated with initial interest. After receiving more information about side effects and compliance requirements, only four of 144 (7.8% of initially interested, 2.8% of total) women remained interested in using PrEP. Concern about side effects was the major barrier to persistent interest. Further study is needed to determine how best to identify PrEP candidates in Obstetrics & Gynecology settings.	Women; Risk; Pre-exposure prophylaxis; HIV infections; Psychology; Disease prevention; Prophylaxis; African Americans; Risk perception; Risk reduction; Exposure; Patients; Surveys and questionnaires; Ambulatory care facilities; Survey; Side effects; Obstetrics; Gynecology; Human immunodeficiency virus--HIV; Womens health; Health risks; Woman; Candidates	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Carnevale C.; Zucker J.; Womack J.A.; Dixon J.; Cohall A.; Sobieszczyk M.E.; Gordon P.	Adolescent Preexposure Prophylaxis Administration: An Education Curriculum for Health Care Providers	Journal of Pediatric Health Care	-	-	-	8915245	10.1016/j.pedhc.2018.09.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059064530&doi=10.1016%2fj.pedhc.2018.09.007&partnerID=40&md5=4e0003954063a5112eca0e1e5d9b66dd	On May 15, 2018, the Federal Drug Administration amended the approval of preexposure prophylaxis (PrEP) to include minors (>35 kgs). Adolescent providers are now in need of access to a comprehensive education curriculum on the administration of PrEP to adolescents. This paper outlines such a curriculum with the goal of reaching adolescent providers unfamiliar with PrEP assessment, administration, and monitoring. A comprehensive adolescent PrEP curriculum was designed using a literature review. An expert panel of seven reviewed the curriculum for content validity. A pilot implementation of the curriculum was conducted with staff from eight school-based health clinics located in Upper Manhattan and the Bronx. A formal content-validated curriculum was established providing adolescent health care providers with the tools needed to administer PrEP in their clinical setting. Clinical providers can access our curriculum to aid in their administration of PrEP to an adolescent population. © 2018 National Association of Pediatric Nurse Practitioners	Adolescent; curriculum; HIV; pre-exposure prophylaxis (PrEP); provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	CARTER D.J.	Transmission of hiv and the criminal law: Examining the impact of pre-exposure prophylaxis and treatment-asprevention	Melbourne University Law Review	-	-	-	258938	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105348378&partnerID=40&md5=95f0817ba8e0c7165fb6af00d1315a7b	In its engagement with HIV, the criminal law has long attracted controversy, prompting protest, critique and calls for law reform. This article examines the impact of two major advances in the prevention of HIV transmission on criminal offences that apply to HIV transmission-related events: namely, treatment-as-prevention ('TasP') and pre-exposure prophylaxis ('PrEP'). The use of these two biomedical technologies and their associated practices has the potential to radically reduce, even eliminate, the incidence of HIV transmission. If these benefits are made widely available, these advances will - by reframing current understandings of causation, risk and the seriousness of harm at the foundation of HIV transmission-related criminal offences - potentially bring about shifts in the ways that HIV has been received by the criminal law. This article examines the likely impacts of these new practices and technologies. It argues that, where used, these new forms of HIV transmission prevention should radically reduce, and potentially eliminate, the incidence of HIV transmission. However, it also concludes that these effects will likely be uneven due to the misalignment between those populations who are taking up these new prevention options and those who have been historically prosecuted for HIV transmission-related criminal offences. © 2019 Melbourne University Law Review. All rights reserved.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2019	Carter M.R.; Aaron E.; Nassau T.; Brady K.A.	Knowledge, Attitudes, and PrEP Prescribing Practices of Health Care Providers in Philadelphia, PA	Journal of Primary Care and Community Health	-	-	-	21501319	10.1177/2150132719878526	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072919394&doi=10.1177%2f2150132719878526&partnerID=40&md5=2d8b33472cf446ba90573b23b462213a	Introduction: Preexposure prophylaxis (PrEP) is an effective biomedical intervention that has the potential to dramatically decrease the incidence of HIV but remains an underutilized method of HIV prevention. The Philadelphia Department of Public Health administered an online survey to health care providers in the Philadelphia area with the aim of characterizing PrEP attitudes, knowledge, and prescribing practices. Methods: Online surveys were distributed to 1000 providers who were recruited through distribution lists of Philadelphia medical providers between September and December 2017. A Likert-type response scale was utilized to analyze participant self-reported responses. Participant practice settings included HIV/ID, family and internal medicine, women's health, and pediatric/adolescent clinics. Results and Discussion: The response rate of the survey was 9%. Of 81 complete responses, 75% (N = 61) felt comfortable providing PrEP and 77% (N = 62) had ever written a PrEP prescription. Compared with primary care providers, HIV care providers were significantly more knowledgeable about required laboratory testing for prescribing PrEP (P =.03) and were more likely to have prescribed PrEP to more than 10 patients (P =.006). Women's health and pediatric providers reported feeling less comfortable providing PrEP to their patients (P =.0003). Conclusion: The majority of health care providers in the Philadelphia area who responded to the survey reported experience with providing PrEP to their patients. In the present study, HIV care providers were significantly more comfortable and knowledgeable about prescribing PrEP compared with providers in primary care, women's health, and/or adolescent/pediatric medicine. Results were limited by sampling bias, as providers who responded to the survey may have prior experience with PrEP. Future Health Department educational trainings need to target primary and preventive care providers, providers who have never prescribed PrEP, and providers who see few patients living with HIV. © The Author(s) 2019.	HIV care providers; HIV prevention; preexposure prophylaxis; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Carter, Gregory A; Jayawardene, Wasantha; Agley, Jon; Garcia, Justin R; Miller, Wendy R; Sherwood-Laughlin, Catherine; Meyerson, Beth	Development of a 10-Item Tool to Identify Advanced Practice Nurse Readiness to Prescribe Pre-exposure Prophylaxis.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1097/JNC.0000000000000038	https://dx.doi.org/10.1097/JNC.0000000000000038	Pre-exposure prophylaxis (PrEP), a biomedical tool to prevent the acquisition of HIV, reduces the risk of HIV in high-risk individuals by more than 90%. An online questionnaire was fielded from March 2017 to May 2017 to a random sample of licensed advanced practice nurses (APNs) from the U.S. state of Indiana. Discriminant function analysis was performed to reveal willingness to prescribe PrEP. Two discriminant functions were identified: Sexual Risk Assessment (r = .686), PrEP Barriers (r = .587), Evidence-Based Practice Implementation (r = .545), Community Awareness (r = .446), Perceived Risk (r = .356), and Organizational Climate (r = .346) were loaded on the first function, whereas PrEP Skills (r = .837) was loaded on the second function. The results suggest APN's willingness to learn and knowledge about PrEP-influenced implementation. Findings demonstrated that readiness to prescribe PrEP by APNs in Indiana could be predicted with a high level of certainty using identified variables.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2019	Case, Kelsey K; Gomez, Gabriela B; Hallett, Timothy B	The impact, cost and cost-effectiveness of oral pre-exposure prophylaxis in sub-Saharan Africa: a scoping review of modelling contributions and way forward.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25390	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6753329/	INTRODUCTION: Oral pre-exposure prophylaxis (PrEP) is a new form of HIV prevention being considered for inclusion in national prevention portfolios. Many mathematical modelling studies have been undertaken that speak to the impact, cost and cost-effectiveness of PrEP programmes. We assess the available evidence from mathematical modelling studies to inform programme planning and policy decision making for PrEP and further research directions. METHODS: We conducted a scoping review of the published modelling literature. Articles published in English which modelled oral PrEP in sub-Saharan Africa, or non-specific settings with relevance to generalized HIV epidemic settings, were included. Data were extracted for the strategies of PrEP star modelled, and the impact, cost and cost-effectiveness of PrEP for each strategy. We define an algorithm to assess the quality and relevance of studies included, summarize the available evidence and identify the current gaps in modelling. Recommendations are generated for future modelling applications and data collection. RESULTS AND DISCUSSION: We reviewed 1924 abstracts and included 44 studies spanning 2007 to 2017. Modelling has reported that PrEP can be a cost-effective addition to HIV prevention portfolios for some use cases, but also that it would not be cost-effective to fund PrEP before other prevention interventions are expanded. However, our assessment of the quality of the modelling isolates cost-effectiveness analyses failed to comply with standards of reporting for economic evaluations and the assessment of relevance highlighted that both key parameters and scenarios are now outdated. Current evidence gaps include modelling to inform service delivery development using updated programmatic information and ex post modelling to evaluate and inform scale-up. CONCLUSIONS: Despite the limitations of the current modelling literature, it is clear that PrEP can be a cost-effective HIV prevention strategy. Future modelling should appropriately capture PrEP programme delivery, uses current intervention scenarios, and is parameterized with data from demonstrations and implementation projects is needed in support of more conclusive findings and actionable recommendations for programmes and policy. Future analyses should address these issues, aligning with countries to support the needs of programme planners and decision makers for models to more directly inform programme and policy.	PrEP, modelling, combination prevention, cost-effectiveness, sub-Saharan Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Castillo-Mancilla, Jose R.; Morrow, Mary; Coyle, Ryan P.; Coleman, Stacey S.; Gardner, Edward M.; Zheng, Jia-Hua; Ellison, Lucas; Bushman, Lane R.; Kiser, Jennifer J.; Mawhinney, Samantha; Anderson, Peter L.	Tenofovir Diphosphate in Dried Blood Spots Is Strongly Associated With Viral Suppression in Individuals With Human Immunodeficiency Virus Infections.	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/ciy708	https://pubmed.ncbi.nlm.nih.gov/30137238/	BACKGROUND: Although tenofovir diphosphate (TFV-DP) in dried blood spots (DBS) is a predictor of adherence and pre-exposure prophylaxis efficacy, its study in human immunodeficiency virus (HIV) treatment remains unknown. METHODS: DBS for TFV-DP were collected from 3 clinics in the southern United States. Paired viral load and genotypic resistance testing, TFV-DP, and tenofovir-diphosphate (TVD) were assessed cross-sectionally. TFV-DP concentrations were categorized using tertiles or analyses of variance; generalized estimating equations were used to estimate the adjusted odds ratio (aOR) of viral suppression (<20 copies/mL) based on the TFV-DP concentration at the study visit. RESULTS: We analyzed 1199 DBS from 532 participants (76 female, 101 Black, 101 Hispanic). Among the virologically-suppressed participants at baseline (n = 347), TFV-DP was lower in Blacks (geometric mean [GM], 95% confidence interval [CI] 1291.10 [1170.1, 1424.9]) vs Whites (1701, 95% CI 1501.2, 1928.1; P < .0025), in non-boosted (1610, 95% CI 1505-1723) vs. boosted (1088, 95% CI 1749-2027; P < .002) regimens; and in non-nucleoside reverse transcription inhibitor-based (1561, 95% CI 1452-1787) vs. boosted protease inhibitor-based (1090, 95% CI 1766-2095; P = .006) and nucleos/tases-based (1927, 95% CI 1650-2252; P = .022) regimens. The aOR of virologic suppression, after adjusting for age, gender, race, body mass index, estimated glomerular filtration rate, CD4+ T-cell count, antiretroviral-drug class and duration of therapy, was 73.5 (95% CI 25.7-210.5; P < .0001) for a TFV-DP concentration ≥1050 fmol/punch compared to <550 fmol/punch. CONCLUSIONS: TFV-DP in DBS is strongly associated with virologic suppression in PrEP and HIV treatment therapy and is associated with certain particular characteristics. Further research is required to evaluate this drug adherence and exposure measure in clinical practice. CLINICAL TRIALS REGISTRATION: NCT02032823.	Adult; Humans; Male; Middle Aged; Female; Prospective Studies; HIV Infections/blood/drug therapy; Adenine/*analogs & derivatives/blood/therapeutic use; Viral Load/drug effects; antiretroviral therapy; adherence; pharmacokinetics; Dried Blood Spot Testing; dried blood spots; tenofovir diphosphate; Antiviral Agents/*blood/*therapeutic use; Organophosphates/*blood/*therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Western and Central Europe and North America	Clinical
Article	2019	Cattaneo, Dario; Gervasoni, Cristina	Pharmacokinetics and Pharmacodynamics of Cabotegravir, a Long-Acting HIV Integrase Strand Transfer Inhibitor.	European Journal of Drug Metabolism and Pharmacokinetics	-	-	-	-	2107-0180 0378-7966	10.1007/s13318-018-0526-2	https://pubmed.ncbi.nlm.nih.gov/30185885/	Available antiretroviral drugs have demonstrated effectiveness in both pre-exposure prophylaxis and treatment of HIV infection. However, some concerns still persist regarding these therapies, mainly related to patient adherence, drug toxicity and dosing convenience. Cabotegravir (CAB) is a potent integrase strand transfer inhibitor with a chemical structure similar to dolutegravir that is under clinical evaluation both as oral and long-acting injectable (LAI) formulations for both the prevention or treatment of HIV infection. Indeed, preclinical and clinical studies have consistently shown that LAI cabotegravir is readily absorbed after intramuscular administration, and concentrations can be maintained for a prolonged period of time, providing infrequent dosing, possibly once every 1 or 2 months (eventually combined with rilpivirine). Here, we reviewed the existing literature on the preclinical and clinical pharmacokinetics and pharmacodynamics of LAI cabotegravir, with emphasis on the actual pharmacokinetic challenges of this novel formulation, as well as its potential to act as a victim or perpetrator of drug-drug interactions.	Humans; Drug Interactions; Animals; Clinical Trials as Topic; Drug Administration Schedule; Time Factors; Dose-Response Relationship, Drug; Drug Evaluation, Preclinical; Injections, Subcutaneous; Injections, Intramuscular; HIV Integrase Inhibitors/*administration & dosage/*adverse effects/*pharmacokinetics/*pharmacology/therapeutic use; Pyridones/*pharmacokinetics/*pharmacology/therapeutic use	English	Germany	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2019	Castela M.P.; Mosbe H.; Sousă A.; Sarmento B.; das Neves J.	Composite films for vaginal delivery of tenofovir disoproxil fumarate and emtricitabine	European Journal of Pharmaceutics and Biopharmaceutics	-	-	-	-	9396411	10.1016/j.ejpb.2018.02.001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85040413728&doi=10.1016%2Fj.ejpb.2018.02.001&partnerID=40&md5=c0fdff5613bc46dc2839aa49fb476d9d	Prevention of male-to-female HIV transmission remains a huge challenge and topical pre-exposure prophylaxis (PrEP) using microbicides may help overcoming the problem. In this work, different types of films containing the antiretroviral drugs tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) were developed. Formulations based in poly(vinyl alcohol) and pectin were produced as single- or double-layered films. Films containing TDF/FTC or TDF/FTC-loaded Eudragit® L 100 nanoparticles (NPs) obtained by nano-spray-drying were tested for physicochemical, technological and biological properties relevant to microbicide development. All systems featured organoleptic and mechanical properties considered suitable for vaginal use and potentially favoring users' acceptability. Film design (single- or double-layered, and the incorporation or not of NPs) had a greater impact on disintegration time and drug release in a simulated vaginal fluid. Upon film disintegration, pH and osmolality of the fluid remained within values considered compatible with the vaginal environment. TDF/FTC-loaded films significantly reduced host cell viability when considered compatible with the vaginal environment. TDF/FTC-loaded films significantly reduced host effect and film toxicity and paved the way for reduced dose of both drugs as compared to free-existing, single-layered films. The effect on delaying drug release was most noticeable when TDF/FTC-loaded NPs were incorporated into double-layered films. This last design seems particularly advantageous for the development of a cortex-core system, potentially allowing for a sustained release of both drugs. Overall, results support that these films may be suitable for the vaginal delivery of TDF/FTC in the context of topical PrEP. © 2018 Elsevier B.V.	Drug release; HIV; Microbicides; Nano spray-drying; Nanomedicine; Pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2019	Castela Lena, Reid, Martin-Illana, Araceli; Notario-Pérez, Fernando; Bedoya, Luis-Miguel; Bermejo, Paulina; Ruiz-Caro, Roberto; Veiga, María-Dolores	Dapivirine Bioadhesive Vaginal Tablets Based on Natural Polymers for the Prevention of Sexual Transmission of HIV.	Polymers (Basel)	-	-	-	-	2073-4360	10.3390/polym11030483	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6473148/	Young sub-Saharan women are a group that is vulnerable to the sexual transmission of HIV. Pre-exposure prophylaxis through vaginal microbicides could provide them an option for self-protection. Dapivirine has been demonstrated to have topical inhibitory effects in HIV, and to provide protection against the sexual transmission of this virus. This paper reports on the studies into swelling behaviour, bioadhesion and release carried out on dapivirine tablets based on chitosan, hexyl loan gum and pectin, to select the most suitable formulation. The modified-simulated vaginal fluid (MSVF) was used as the dissolution medium. This allowed the dapivirine release profiles to be characterized in sink conditions; this aqueous medium is an alternative to organic solvents, which are not a realistic option when evaluating systems whose behaviour varies in aqueous and organic media. Of the formulations evaluated, dapivirine/pectin tablets containing 200 mg of polymer and 30 mg of dapivirine present the most moderate swelling, making them the most comfortable dosage forms. Their high bioadhesive capacity would also allow the formulation to remain in the action zone and release the drug in a sustained manner, pointing to this formulation as the most promising candidate for future evaluation of vaginal microbicides for the prevention of HIV.	NA	English	Switzerland	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2019	Celum, Connie L; Delany-Moretlwe, Sinead; Baeten, Jared M; van der Straten, Ariane; Hosek, Sybil; Bekker, Elizabeth A; McConnell, Margaret; Bernabas, Runnie V; Bekker, Linda-Gail	HIV pre-exposure prophylaxis for adolescent girls and young women in Africa: from efficacy trials to delivery	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25298	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5634326/	INTRODUCTION: Adolescent girls and young women (AGYW) in Africa have high HIV incidence despite scale-up of HIV testing and HIV treatment. Placebo-controlled trials of tenofovir-based pre-exposure prophylaxis (PrEP) in diverse populations demonstrated that PrEP works with close to 100% effectiveness if taken with high, but not perfect, adherence. Divergent efficacy estimates among African AGYW led to demonstration and implementation projects to better understand motivations for HIV prevention, uptake, adherence and persistence to PrEP. To inform PrEP programmes, the design and initial findings from PrEP demonstration projects for AGYW are reviewed. DISCUSSION: Early lessons from PrEP implementation projects among young African women include: (1) an alarmed reaction with positive messaging about the benefits of PrEP are critical to motivate AGYW to consider this novel prevention technology and to foster awareness among peers, partners, parents and guardians to support AGYW's efforts to use PrEP; (2) PrEP delivery models that are integrating PrEP into youth-friendly clinics, family planning clinics and mHIV clinics; (3) young AGYW's high risk periods for HIV infection and may be initiating PrEP, based on behavioural characteristics, history of intimate partner violence, depression and 30% prevalence of chlamydia and/or gonorrhoea; (4) provision of youth-friendly PrEP delivery programmes that integrate reproductive health services, including contraception and the diagnosis and treatment of sexually transmitted infections, necessary because of high syndemic health impact; (5) messages that emphasize the necessity for high adherence while at potential risk of HIV exposure and support strategies that addresses AGYW's adherence challenges are essential; and, (6) a substantial proportion of AGYW do not persist with PrEP use, even when motivated to start PrEP, and innovative service delivery models to reach and support AGYW to persist with PrEP use are needed. CONCLUSIONS: Innovative, evidence-based PrEP delivery and client-centred HIV prevention service delivery models to reach African AGYW. While PrEP demonstration projects indicate that women with behavioural risk factors for HIV acquisition are interested in initiating PrEP, effective strategies to support AGYW's adherence and persistence with PrEP are needed. Lessons learned from oral PrEP delivery, a novel first generation HIV prevention product, are relevant to longer-acting and less adherence-dependent strategies which are currently in clinical trials.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2019	CERQUEIRA, NATALIA BARROS	Atitudes e conhecimento dos médicos infectologistas sobre profilaxia pré-exposição do HIV	-	-	-	Universidade de São Paulo	-	NA	NA	http://www.teses.usp.br/teses/disponiveis/5/5134/tde-19112019-090524/	The prescription of HIV Pre-Exposure Prophylaxis depends on a subjective evaluation of vulnerability. In this study we addressed knowledge, attitudes and willingness to prescribe PrEP among Infectious Diseases (ID) physicians. We used an anonymized electronic survey including demographics, attitudes and knowledge about PrEP among ID physicians. Willingness to prescribe PrEP was evaluated in 3 different scenarios: 1. Serodiscordant couples; 2. Individuals who report inconsistent condom use; 3. Individuals who report condomless sex with casual partners. We performed a bivariate analysis and a 2 different sets of multivariate logistic regression models, controlled for gender, practice time and practice setting. Data were analyzed using Stata 15.1. 237 ID physicians were enrolled in the study. Most of ID physicians declared to be willing to prescribe PrEP, expected adherence to PrEP and anticipated risk compensation. 370 ID physicians with median age of 42 years old answered the survey. Most of ID physicians declared to be informed/well informed about PrEP (71%) and to believe that PrEP availability is necessary (28%), although concerns about adherence issues (49%), side-effects...	Conhecimentos atitudes e práticas em saúde ; HIV ; Médicos ; Population vulnerável ; Profilaxia pré-exposição ; Religião ; Health knowledge attitudes practice ; HIV ; Physicians ; Pre-exposure prophylaxis ; Religion ; Vulnerable populations	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2019	Chadbon A.; Delangeres C.; Brenner B.; Arnouts A.; Capitant C.; Nere M.L.; Lelarge N.; Pialoux G.; Cua E.; Tremblay C.; Smith D.M.; Gaspard C.; Meyer L.; Molina J.M.; Chas M.L.	In-depth sampling of high-risk populations to characterize HIV transmission epidemics among young MSM using PrEP in France and Quebec	Open Forum Infectious Diseases	-	-	-	-	23280957	10.1093/ofid/ofz080	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068362826&doi=10.1093%2Fofid%2Fofz080&partnerID=40&md5=dbae354f95c83e2b237059057ad4a6f1	Background: A better understanding of HIV transmission dynamics among populations at high-risk is important for development of prevention strategies. We determined HIV transmission networks from infected individuals enrolled in the pre-exposure prophylaxis (PrEP) IPERGAY trial in combination with the ANRS PRIMO and Montreal PHI cohorts to identify and characterize active clusters of transmission in this high-risk population. Methods: Genotypic resistance tests were performed on plasma samples from 31 IPERGAY participants. Reverse transcriptase sequences were analyzed in combination with unique HIV-1 sequences from 1351 individuals enrolled in the PRIMO-ANRS cohort (1999-2014) and 511 individuals enrolled in the Montreal PHI cohort (1996-2016). Networks were inferred based on a molecular genetic distance threshold of 1.5% and putative relationships between all participants. Results: Overall, 1893 participants were included. Transmission network analyses revealed that 14 individuals (45.2%) from the IPERGAY trial were involved in 13 clusters sampled over a median period (interquartile range) of 2.0 (1.7-5.8) years, including 7 dyads and 6 larger clusters ranging from 4 to 28 individuals. When comparing characteristics between clustering individuals enrolled in the PRIMO cohort (n = 377) and in IPERGAY (n = 14), we found that IPERGAY participants had a higher viral load (5.93 vs 5.20 log10 copies/mL, P = .032) and reported a higher number of partners in the last 2 months (P < .01). Conclusions: These results demonstrate high rates of HIV transmission clustering among young high-risk MSM enrolled in the IPERGAY trial. In-depth sampling of high-risk populations may help to uncover unobserved transmission interrelatedness and improve prevention efforts that could be targeted to the most active clusters. © The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America. This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs licens	Clustering; HIV; MSM; Network; PrEP	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2019	Chan P.A.; Patel R.R.; Mena L.; Marshall B.D.L.; Rose J.; Sutton Coats C.; Montgomery M.C.; Tao J.; Sonawry C.; Mayer K.H.; Nunn A.	Long-term retention in pre-exposure prophylaxis care among men who have sex with men and transgender women in the United States	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25385	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071432164&doi=10.1002%2Fjia2.25385&partnerID=40&md5=c4f4bad0ff1e1f0f2c2f8232-8310f5281f9%2F0228...&pathwayID=40&mdt=41528596&c1902ad6e0592807-fd1597	Introduction: Retention in HIV pre-exposure prophylaxis (PrEP) care in real-world settings, outside of controlled trials or demonstration projects, remains poorly understood. Methods: We evaluated retention in PrEP care outcomes among men who have sex with men (MSM) and transgender women prescribed PrEP through March 2017 at three clinics used in the United States (US): Jackson, Mississippi; Providence, Rhode Island; and St. Louis, Missouri. We determined retention rates by attendance of clinical visits every three months, per US Centers for Disease Control and Prevention (CDC) guidelines, as well as by the timing of patients' actual clinical visits. Multivariable analyses examined demographic and behavioural factors associated with retention. Results: From 2013 to 2015, 282 MSM and transgender women were prescribed PrEP. Of these, 175 had a follow-up visit. Based on CDC recommendations, 50% of patients were retained in PrEP care at the first follow-up visit, having attended a clinical visit three months after initiation. However, 76% had a follow-up visit within eight months. Thirty-percent were retained at 12 months by CDC criteria, but 62% were retained when using a 16-month endpoint. Self-reported adherence was strongly correlated with retention. In multivariable analyses, younger age was associated with decreased odds of retention at initial follow-up, and completing college was associated with increased retention at 16 months. Study participants were overwhelmingly young, African American, and seven were under 30 years of age. Conclusions: Measuring retention in PrEP care using three-month follow-up visits underestimates retention in PrEP care in real-world settings. Longer-term retention in PrEP care in real-world settings and should be the focus of future interventions. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; clinical care; HIV prevention; PrEP; retention in care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Chan, Philip A; Goodel, William C; Nunn, Amy S; Sowemimo-Coker, Genevieve; Galárraga, Omar; Prosperi, Mattia; Patel, Rupa; Mena, Leandro; Montgomery, Madeline C; Marshall, Brandon DL	Potential Impact of Interventions to Enhance Retention in Care During Real-World HIV Pre-Exposure Prophylaxis Implementation	AIDS Patient Care and STDs	-	-	-	-	1087-2914	10.1089/apc.2019.0064	https://www.proquest.com/scholarly-journals/potential-impact-interventions-enhance-retention-during/docview/2300865479/se-2?accountid=9113	Pre-exposure prophylaxis (PrEP) has the potential to significantly reduce HIV incidence among men who have sex with men (MSM) in the United States. However, the extent to which suboptimal PrEP adherence and retention in care may limit successful implementation is unknown. An agent-based model was used to represent the entire population of MSM in Rhode Island from 2013 to 2017. The impact of potential interventions to improve PrEP adherence and retention in care on HIV transmission was evaluated. Demographics, behaviors, and PrEP adherence patterns in care were based on local clinical data. We assumed that 20% of HIV-negative MSM had ever taken PrEP. The primary outcome was HIV incidence over the 5-year period. The model included 23,815 MSM with an estimated 4.1% HIV prevalence based on local surveillance data. An estimated 171 new infections occurred over 5 years (95% simulation interval (SI): 173.3-176.7, including 29.3 new infections among individuals who had ever initiated PrEP (95% SI: 28.6-29.7). Interventions that improved retention in PrEP care by an odds of 5.0 compared with the base case maximized reductions in HIV incidence among MSM who had ever initiated PrEP by 37.3%. Interventions focusing on improving PrEP adherence had little to no effect on HIV incidence, regardless of intervention efficacy. Retention in care is a critical component of the PrEP care continuum. Interventions that improve retention in PrEP care may lead to greater reductions in population-level HIV incidence compared with interventions focused exclusively on adherence.	Demography; Incidence; HIV; Pre-exposure prophylaxis; PrEP; prevention; MSM; Adherence; Infectious Disease prevention; Prophylaxis; Interventions; Demographics; Disease transmission; Retention; agent-based modeling; Computer simulation; Agent-based model; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Gays & lesbians; Health, Criminal and corrections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Chandran, Aruna; Marcell, Arik V.; Sanders, Renata Arrington; Perin, Jamie; Page, Kathleen R.; Lescure, Penny S.; Dittus, Patricia J.; Jennings, Jacky M.	Characteristics of the Provider-Patient Encounter Associated With Awareness of and Willingness to Take PrEP Among Young Minority Urban Males in Baltimore City.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2019.31.3.237	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6633126/	We aimed to identify provider encounter characteristics associated with awareness of and willingness to take PrEP among young urban minority males at higher risk for HIV acquisition. The 74 individuals included in this analysis from a cross-sectional survey of males aged 15-24 being seen at a Baltimore city clinic were those who identified as a man who had sex with men (MSM), reported injection drug use (IDU), or reported condomless sex with a female partner in the past 6 months. Multivariable logistic regression was used to examine factors associated with awareness of PrEP and willingness to take PrEP among those unaware. Provider-related conversations associated with willingness to take PrEP included one's sexual behavior (OR 7.33, 95% CI: 2.23, 24.24), whether one had been hurt by a partner (OR 4.71, 95% CI 1.40, 15.87), and risk reduction (OR 6.91, 95% CI 2.10, 22.81). This study may yield new targets for provider-level interventions for increasing PrEP uptake.	Health aspects; HIV; Prevention; Sexually transmitted diseases; Analysis; Disease transmission; HIV infection; Men; South Africa; Antiretroviral drugs; Adolescent; Adolescent behavior; Young adult; Sexual Behavior; Cross-Sectional Studies; HIV; Sexual Partners; Substance Abuse, Intravenous; Ambulatory Care Facilities; *Health Knowledge, Attitudes, Practice; Homosexuality, Male/psychology; *Statistics & numerical data; *Pre-Exposure Prophylaxis; prevention; HIV Infections/ethnology/*prevention & control/psychology; Patient Acceptance of Health Care/psychology/*statistics & numerical data; pre-exposure prophylaxis; PrEP; Sexually Transmitted Diseases; *Professional-Patient Relations; priority population	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Chereau-Bastida, Francisco Miguel; Llamas-Granda, Patricia; Larrañaga-Vera, Ane; Wälter, Tuero; Largo, Raquel; Herrero-Beaumont, Gabriel; Cronstein, Bruce; Medrano, Aránzazu	Tenofovir Causes Bone Loss via Decreased Bone Formation and Increased Bone Resorption, Which Can Be Counteracted by Dipyridamole in Mice.	Journal of Bone and Mineral Research: The Official Journal of the American Society for Bone and Mineral Research	-	-	-	-	1523-4681 0884-0431	10.1002/jbmr.3665	https://pubmed.ncbi.nlm.nih.gov/30645771/	Osteopenia and fragility fractures have been associated with human immunodeficiency virus (HIV) infection. Tenofovir, a common antiviral in HIV treatment, also leads to increases in bone catabolism markers and decreased BMD in children and young adults. In murine models and human cell lines, tenofovir diphosphate triphosphate (tenofovir) induces osteoclastogenesis and osteolysis. Adenosine and adenosine A2A receptor antagonists, such as dipyridamole, and increase cAMP, decrease osteoclastic concentration and osteolysis, so agents that increase adenosine concentration could counteract tenofovir osteotoxicity. We hypothesized that dipyridamole may be a useful treatment to counteract the deleterious effect of tenofovir. Tenofovir-induced osteoclastogenesis was evaluated in RAW264.7 cells and osteoclast precursors from bone marrow cells and quantified by TRAP staining. Dipyridamole was tested in combination with dipyridamole. Differentiation markers were studied by RT-PCR and MAPK/NFkB expression by Western blot. Male C57bl6 mice were treated as follows: saline 0.9% (control), tenofovir 75 mg/kg/day, dipyridamole 25 mg/kg/day, combination tenofovir+dipyridamole (n = 10, 4 weeks). Calcein-Alizarin Red double-labeling of newly formed bone was performed. Bone histomorphometry was done by computed tomography (µCT)/histology. Tenofovir produced a dose-dependent increase in osteoclast differentiation (EC_{50}) = 44.5nM) that was reversed by dipyridamole (IC_{50}) = 0.3 µM). Tenofovir increased cathepsin K and NFATc1 mRNA levels and dipyridamole reversed the effect. Dipyridamole reversed the effect of tenofovir on pERK1/2, pp38, and NFkB nuclear translocation. Mice treated with tenofovir lost nearly 10% of their body weight ($p < 0.001$). µCT revealed decreased BMD and altered trabecular bone in tenofovir-treated mice, reversed by dipyridamole. TRAP-staining showed increased osteoclast number and surface in tenofovir mice, which was reversed by dipyridamole. Histology revealed that tenofovir increased osteoid thickness and CTSK, RANKL expression and decreased osteoprotegerin, whereas osteoprotegerin-positive cells were decreased; both effects were reversed by dipyridamole. These results suggest that treatment with agents that increase local adenosine concentrations, like dipyridamole, might prevent bone loss following tenofovir treatment. © 2019 American Society for Bone and Mineral Research.	Animals; Mice; Female; HIV; BONE TURNOVER; TENOFOVIR; Tenofovir/*adverse effects/pharmacology; *Bone Resorption/chemically induced/drug therapy/metabolism/pathology; Adenosine/metabolism; Bone Density Conservation Agents/*pharmacology; Bone and Bones/*pathology; Dipyridamole/*pharmacology; Macrophage Colony-Stimulating Factor/metabolism; MAP Kinase Signaling System/*drug effects; Osteoclasts/*metabolism/pathology; Osteoporosis/*drug effects; OSTEOPENIA; RANK Ligand/metabolism; Receptor, Adenosine A2A/metabolism	English	United Kingdom	Western and Central Europe and North America	spain	Western and Central Europe and North America	NA	Western and Central Europe and North America	Clinical
Article	2019	Cornelisse V.J.; Lal L.; Price B.; Ryan K.E.; Bell C.; Owen L.; Wright E.J.	Interest in Switching to On-Demand HIV Pre-Exposure Prophylaxis (PrEP) among Australian Users of Daily PrEP: An Online Survey	Open Forum Infectious Diseases	-	-	-	-	23280957	10.1093/ofid/ofz287	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074997886&doi=10.1093%2Fofid%2Fofz287&partnerID=40&md5=99eb67f91a1a5f1634da17512e50677	We surveyed 970 PrEPX study participants to evaluate interest in switching from daily to on-demand PrEP in a study setting. Interested respondents ($n = 469$, 48%) were more commonly reported PrEP cessation (adjusted odds ratio aOR, 3.0; $P < .001$), difficulty with adherence (aOR, 3.6; $P = .02$), infrequent sex (aOR, 3.7; $P < .001$), and toxicity concerns (aOR, 2.7; $P < .001$). © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	event-based PrEP; HIV; pre-exposure prophylaxis (PrEP); intermittent PrEP; on-demand PrEP	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Cornelisse V.J.; Wright E.J.; Fairley C.K.; McGuinness S.L.	Sexual safety and HIV prevention in travel medicine: Practical considerations and new approaches	Travel Medicine and Infectious Disease	-	-	-	-	14778939	10.1016/j.tmaid.2018.12.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059143274&doi=10.1016%2Fj.tmaid.2018.12.006&partnerID=40&md5=323ba666c33c7331993c1708bbe974f4	Travellers who engage in sexual contact with a new sexual partner abroad may be at high risk of HIV and other sexually transmitted infections (STIs), but these risks can be reduced through appropriate planning during the pre-travel clinic visit. Here we discuss strategies available to the clinician to maximize travellers' sexual safety during travel. Strategies may include immunizations, condoms, HIV pre-exposure prophylaxis (PrEP), HIV post-exposure prophylaxis (PEP), self-initiated treatment of symptomatic bacterial STIs, post-exposure prophylaxis for bacterial STIs and hormonal contraception. We discuss the role of these different strategies for travellers, and provide resources to assist clinicians in making clinical decisions and in educating travellers about sexual safety. © 2018 Elsevier Ltd	Anti-bacterial agents; HIV; Immunization; Post-exposure prophylaxis; Pre-exposure prophylaxis; Sexually transmitted diseases	English	Netherlands	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review

Article	2019	Cortopassi, Andrew C.; Driver, Redd; Eaton, Lisa A.; Kalichman, Seth C.	A New Era of HIV Risk: It's Not What You Know, It's Who You Know (and How Infectious)	Annual Review of Psychology	-	-	-	-	0066-4308	10.1146/annurev-psych-010418-102927	https://doi.org/10.1146/annurev-psych-010418-102927	HIV is transmitted in social and sexual relationships, and HIV transmission risks, as well as protective actions, are evolving as HIV epidemics unfold. The current focus of HIV prevention is centered on antiretroviral medications used to reduce HIV infectiousness in persons already infected with HIV treatment as prevention (TasP). The same medications used to treat infected persons can also be used by uninfected persons as pre-exposure prophylaxis (PrEP) to reduce the infectivity of HIV. Both PrEP and TasP are effective when adherence is high and individuals do not have co-occurring sexually transmitted infections. HIV prevention is most effective and efficient when delivered within sexual networks with high HIV prevalence. Specific network characteristics are recognized as important facilitators of HIV transmission; these characteristics include the degree of similarity among network members (homophily), gender role norms, and belief systems. Since 2011, HIV risk has been redefined based on infectiousness and infectivity, ushering in a new era of HIV prevention with the potential to end HIV epidemics.	HIV prevention, sexual behavior, sexually transmitted infections, sexual networks, health disparities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2019	Costa, Stéphanie Lyanie de Melo e	Risco, biomedicalização e AIDS: cobertura jornalística sobre métodos biomédicos de prevenção ao HIV	-	-	-	FIOCRUZ	-	-	NA	https://acervo.escea.usp.br/iscapia/public/consultaPublicaVisualizarDocumento.xhtml?cid=1&idDocumento=&jsessionid=&popup=true&id_trabalho=8255565	Nos sociedades contemporâneas, marcadas pela valorização da saúde e pela medicalização, a média tem exercido papel central na construção do discurso do risco e na ampliação à eventual adoção de medidas preventivas pelos sujeitos. Este tese analisa a cobertura nos jornais de O Globo e da Folha de S.Paulo acerca da circuncisão masculina, da PrEP (profilaxia pré-exposição ao HIV), da PEP (profilaxia pós-exposição ao HIV) e do TasP (tratamento como prevenção) como métodos preventivos ao HIV, desde o surgimento de cada um deles nos jornais até 31/12/2017. Empreendemos dois movimentos de análise. No primeiro, observamos, os jornalistas assinantes, as fontes mais ouvidas, os recursos gráficos mais utilizados, a quantidade de textos por método e sua distribuição no tempo, e tomamos medias dos espaços ocupados e a menção a outros métodos preventivos. Observamos somente para a PrEP, os editorias nas quais foi publicada, as chamadas de capa e a autoria dos textos opinativos. Em um segundo movimento de análise, sob o aporte da Análise do Discurso Francesa (Pêcheux e Orlandi), investigamos como a lógica do risco mantém-se na cobertura dos métodos preventivos. Nesse segundo momento, discutimos o papel conceito de risco nas explicações sobre a epidemia, na definição das populações mais vulneráveis e na atribuição de responsabilidades individuais e coletivas na assistência jornalística; fez mapear a biomedicalização do HIV/AIDS, compreendida como a ampliação do uso de tecnologias biomédicas para a prevenção e tratamento do HIV/AIDS, e a consequente normatização de sujeitos. A cobertura é motivada mais pelo ritmo das descobertas científicas e das ações das organizações internacionais e estatais ligadas à aids, em detrimento das ações locais, embora a atenção dos internacionais sociais, dos profissionais do serviço público de saúde e das pessoas comuns, e a despeito dos interesses de indústria farmacêutica. Ao ouvir mais os representantes do saber especializado, os jornais privilegiam os sentidos por das atribuídos ao risco e à aids. No cobertura JO Globo sobre a PrEP, o discurso do risco dá ao não pela retórica da ptínico e do medo, que marcou o tom do interesse no início da epidemia, mas por outras estratégias discursivas que incentem a responsabilidade individual pela saúde – e que, portanto, culpabilizam o sujeito pela contimidade da epidemia, sobretudo aquele que se enquadra nas —populações-chave‖, por vezes também ainda designadas de —grupos de risco‖. Essa responsabilização individual do se em nele ao contexto neoliberal e de capitalismo de consumo, no qual convivem restrições ao argumento público no enfrentamento à epidemia, ao lado do fomento a certo mercado, precipuamente de tecnologias biomédicas e farmacêuticas, que une o indivíduo responsável ao indivíduo consumidor – sobretudo de produtos que dialogam com seu gosto. Entretanto, também identificamos nO Globo discretos contra-hegemônicos, ligados à ideia de vulnerabilidade, que apontam para responsabilidades também coletivas no enfrentamento à epidemia e que questionam a excessiva biomedicalização do aids, ctmendo pelo fortalecimento a métodos biomédicos preventivos como —bala mágica‖ para solucionar esse problema de saúde pública, sem investimento em políticas que combatam as desigualdades e as intolerâncias sociais dele	HIV/AIDS,Jornalismo/Discurso/Biomedicalização/Análise de discurso/Prevenção	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Cottrell M.L.; Prince H.M.A.; Schauer A.P.; Sykes C.; Mefford K.; Polhemo A.; Chan T.-W.; Hoiting E.; Stancyzk F.Z.; Perry A.F.; Dellon E.S.; Adams J.L.; Gay C.; Kashuba A.D.M.	Decreased Tenofovir Diphosphate Concentrations in a Transgender Female Cohort: Implications for Human Immunodeficiency Virus Preexposure Prophylaxis	Clinical Infectious Diseases	-	-	-	-	1058-4838	10.1093/cid/ciz290	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068015954&doi=10.1093%2Fcid%2Fciz290&partnerID=40&md5=1f52d313f7f0b9fc13a6f95484bf42c1c	Feminizing hormone therapy (FHT) may interact with human immunodeficiency virus preexposure prophylaxis (PrEP). We found that transgender women who took FHT exhibited a 7-fold lower rectal tissue ratio of PrEP's active metabolites vs competing deoxynucleotides compared to cisgender women and men (P < .01) that inversely correlated with estradiol (r = −0.79; P < .05). Thus, FHT may negatively impact PrEP efficacy. Clinical Trials Registration. NCT02963116. © 2019 The Author(s).	feminizing hormone therapy; HIV; lower gastrointestinal tract; preexposure prophylaxis; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Coudray M.; Kiplagat S.; Sauereil F.; Madhivanan P.	Sexually transmitted infections among high-risk populations that use treatment as prevention or pre-exposure prophylaxis: A protocol for a systematic review	BMJ Open	-	-	-	-	20440055	10.1136/bmjopen-2019-032054	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076295773&doi=10.1136%2Fbmjopen-2019-032054&partnerID=40&md5=5bc9a2fe7623247c1e6f2ae0f029a	Background Among men who have sex with men, pre-exposure prophylaxis (PrEP) reduces the risk of HIV by 95%. Based on the documented benefits, the Centre for Disease Control and Prevention has recommended PrEP for all men who have sex with men. However, the uptake of PrEP remains low among this population. Therefore, this review aims to identify the factors that are associated with PrEP uptake and HIV. Methods and analysis This systematic review protocol was reported according to the Preferred Reporting Items for Systematic reviews and Analyses (PRISMA-P Statement). Medline (1980-present), EMBASE (1980-present), CINAHL (1980-present), Cochrane Central Register of Controlled Trials and clinicaltrials.gov will be used to identify relevant articles based on a piloted search strategy. Peer-reviewed observational and experimental studies will be included. A narrative style will be used to describe descriptive data. A meta-analysis will be conducted if heterogeneity is not significant. Ethics and dissemination Recent evidence suggests that there is an increased risk of sexually transmitted infections (STIs) among high-risk persons that use PrEP. Furthermore, there is a paucity of data on the relationship of treatment as prevention and incidence of STIs. The findings of this review will assess this emerging public health phenomenon and serve to inform future public health policy. No formal ethical review is required for this protocol. All findings will be published in a peer reviewed journal. PROTOCOL registration number CRD42019125720. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC-BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	HIV & AIDS; PrEP; TasP; treatment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Conesa O.D.; Ruane S.; Mock P.A.; Khalil G.; Martin A.; Cutler M.E.; McNicholl J.M.; Henzine W.; Leclawinat W.; Choopanya K.; Vanichseni S.; Chomthikotkun T.; Anekvorapong R.; Martin M.; Garcia-Lerma J.G.	HIV-1 genetic diversity re-estimate time of infection and infer adherence to preexposure prophylaxis	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002290	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075397614&doi=10.1097%2FQAD.0000000000002290&partnerID=40&md5=f2b15c61417c8a2562b9a0ea61f6d	Objective:To estimate time of HIV infection in participants from the Bangkok Tenofovir Study (BTS) with daily oral tenofovir disoproxil fumarate (TDF) for preexposure prophylaxis (PrEP) and infer infection with adherence patterns.Design:We used the density structure of the virus population at the first HIV DNA-positive sample to estimate the date of mapped these mutations to multicistron discrete obtained under daily DOT were then used to compute the number of missed TDF doses at the approximate date of infection.Results:Fifteen of the 17 PrEP breakthrough infections were successfully amplified. Of these, 13 were initiated by a single genetic variant and generated reliable estimates of time since infection (median = 47 IQR = 35 days). Eleven of these 13 were under daily DOT at the estimated time of infection. Analysis of medication diaries in these 11 participants showed 100% adherence in five, 90-95% adherence in two, 55% adherence in one, and nonadherence in three.Conclusion:We estimated time of infection in participants from BTS and found several infections when high levels of adherence to TDF were reported. Our results suggest that the biological efficacy of daily TDF against parenteral HIV exposure is not 100%. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	Adherence; HIV-1 diversity; Preexposure prophylaxis; Prevention; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Coy K.C.; Hazen R.J.; Kirkham H.S.; Delpino A.; Siegler A.J.	Persistence on HIV preexposure prophylaxis medication over a 2-year period among a national sample of 7148 PrEP users, United States, 2015 to 2017	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25252	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062054436&doi=10.1002%2Fjia2.25252&partnerID=40&md5=29621a0a51f6e0f8aea95d2929259a18b	Introduction: Persistence on preexposure prophylaxis for HIV prevention (PrEP) medication has rarely been reported for periods greater than one year, or in real-world settings. This study used pharmacy fill data from a US PrEP demonstration project to estimate persistence on PrEP medication for up to two years and to identify factors associated with persistence.Methods: We analysed de-identified pharmacy fill records of 7148 eligible individuals who initiated PrEP in 2015 at a national chain pharmacy. A standard algorithm was employed to identify TDF-FTC use for PrEP indication. We considered three time periods for persistence, defined as maximising refills in PrEP-care: year 1 (zero to twelve months), year 2 (three to twenty-four months) and initiator to year 2 (zero to twenty-four months). Individuals with ≥ 80% mean days of TDF-FTC PrEP dispensed in a 1-month period for at least three-quarters of a given time period (nine of twenty-four months) were classified as persistent on PrEP medication for the period. Results: Persistence was 56% in year 1, 63% in year 2 and 41% from initiation to year 2. Individuals aged 18 to 24 had the lowest persistence, with 29% from initiation to year 2. Men had higher persistence than women, with 42% compared to 29% persistent from initiation to year 2. Individuals with commercial insurance and individuals who utilised a community-based specialty pharmacy from the national chain also had higher persistence. Male gender, age >18 to 24 years, average monthly copay of $20 or less, commercial insurance, and utilization of a community-based specialty pharmacy were positively associated in adjusted models with persistence in year 1 and from initiation to year 2; the same correlates, with the exception of utilization of a community-based specialty pharmacy, were associated with higher persistence in year 2. Conclusions: We found substantial non-persistence on PrEP medication in both year 1 and year 2. Our findings suggest that the use of a specialty pharmacy may support persistence on PrEP medication and that additional interventions are needed to support persistence among young adults. Our findings further explore how social, structural or individual factors may undermine or enhance persistence on PrEP, and to develop interventions to assist persistence on PrEP. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; medication persistence; PrEP; preventative medicine; prevention; retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	Cramer, Rodé; Johnson, Amber	Investigating Stigma as a Barrier to PrEP Adoption by Transgender Women of Color Who Engage in Sex Work	-	-	-	Chapman University	-	n/A	NA	https://www.proquest.com/dissertations-theses/investigating-stigma-as-barrier-prep-adoption/docview/2322186308/se-2?accountid=9113	Despite decreases in HIV rates overall, research indicates that transgender women of color continue to bear a disproportionate burden of HIV in the United States. One of the factors that can place transgender women at higher risk for HIV infection is sex work. In 2012 the FDA approved the medication Truvada for daily use as pre-exposure prophylaxis (PrEP) for the prevention of sexually acquired HIV infection in uninfected adults who engage in high risk behaviors. Truvada as PrEP would be an effective method for mitigating the risk of HIV infection among transgender women of color who engage in sex work. However, transgender women of color may be adopting PrEP at rates lower than other groups. Previous research suggests that a significant barrier to PrEP adoption may be stigma. This thesis aimed to investigate whether the low PrEP adoption rates among transgender women of color who engage in sex work may be related to experiences of social and structural level stigma. To this end, the Stigma-High-Risk Sex Scale was developed and tested with a sample of transgender women of color who engage in sex work. Interviews conducted with 12 transgender women of color in Southern California, half of whom have engaged in sex work. There were no significant differences among these individuals; stigma was not largely responsible for low PrEP adoption rates. Instead, the most common reason participants cited for not adopting Truvada as PrEP was insufficient information on the possible long-term health effects of this medication.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Delbourgo M.; Pereyre S.; Pages M.; Bébéar C.; Douclaux A.; Hessamfar M.; Le Roy C.; Le Marrec F.; Dubo F.; Cazanave C.	High prevalence of Mycoplasma genitalium infection and macrolide resistance in patients enrolled in HIV pre-exposure prophylaxis program; Prévalence élevée d'infection à Mycoplasma genitalium et de résistance aux macrolides chez les usagers de la prophylaxie pré-exposition contre l'infection VIH	Médecine et Maladies Infectieuses	-	-	-	-	0399077X	10.1016/j.medmal.2019.03.007	https://doi.org/10.1016/j.medmal.2019.03.007	Objectives: Limited data on Mycoplasma genitalium infection has been reported among PrEP users. The aim of this study was to estimate the prevalence and macrolide resistance of M. genitalium infection among enrollees in a French PrEP program. Patients and methods: M. genitalium infection screening was systematically and prospectively proposed to patients of the Bordeaux PrEP program (between January 2016 and March 2017). We collected urogenital, anal and pharyngeal samples for M. genitalium-positive patients. Results: Among 89 clients, M. genitalium infection prevalence was 10% (usually asymptomatic). Macrolide resistance was found in 78% (7/9) of the M. genitalium-positive samples. Conclusion: In the context of macrolide resistance, a systematic search for M. genitalium macrolide resistance associated mutations may be recommended in PrEP users before initiating the antibiotic therapy. © 2019 Elsevier Masson SAS	Macrolides; Mycoplasma genitalium; Pre-exposure prophylaxis	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2019	Dehlin J.M.; Inzeme R.; Eavou R.; Pickett J.; Akin L.; Brewer R.; Schneider J.A.	The motivational prep cascade guides interpretation of early prep linkage to care for young black men who have sex with men: The case of chicago's peptlne	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2019.31.4.491	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076275956&doi=10.1521%2Faeap.2019.31.4.491&partnerID=40&md5=9975656c2afb90d53403560b720ac6f7	Pre-exposure prophylaxis (PrEP) uptake remains low among Black men who have sex with men (BMSM). PrEP Life!, launched in August 2015, based on Chicago, was developed to increase PrEP linkage among BMSM. PrEPLife uses movie clients through the Motivational PrEP Cascade, addresses barriers, and tracks outcomes. Study findings suggest that three variables (i.e., being gay/same gender loving, living more than 15 miles from a clinic location, rescheduling an appointment) demonstrated a significant positive associations with initiating PrEP. A subanalysis of BMSM found that two variables (i.e., living on the West Side of Chicago relative to those living on the South Side, and among those living in communities with a higher rate of poverty more than 30%, relative to those living in communities with a lower rate of poverty less than 20%) demonstrated a significant negative association with initiating PrEP. © 2019 The Guilford Press.	HIV prevention; Motivational PrEP cascade; Pre-exposure prophylaxis; PrEP; PrEP outcomes; Stages of change	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Dehlin, Jessica M; Sidhwaney, Ryan; Pickett, Jim; Kome, Lance; Schneider, John A	#PrEPinLove: An Evaluation of a Sex-Positive HIV Prevention Campaign.	JMIR Public Health and Surveillance	-	-	-	-	2369-2960	10.2196/12822	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6691691/	BACKGROUND Pre-exposure prophylaxis (PrEP) is an effective but underutilized method for preventing HIV transmission in communities vulnerable to HIV. Public health campaigns aimed at increasing PrEP awareness and access have few evaluation data. OBJECTIVE The aim of this study was to evaluate Chicago's PrEP campaign, PrEP4Love (P4L), a campaign that uses health equity and sex-positivity approaches for information dissemination. METHODS P4L launched in February 2016 and remains an active campaign to date. The analysis period for this paper was from the launch date to February 2016 through May 15, 2016. Our analysis reviews the Web-based reach of the campaign through views on social media platforms (Facebook and Instagram), smart ads, or ads served to individuals across a variety of Web platforms based on their demographics and browsing history, and P4L website clicks. RESULTS. In total, 40,913,560 unique views were generated across various social media platforms. A total of 24,548 users clicked on P4L ads and 32,223,987 views were received from smart ads. The 3 most clicked on ads were STD Signs & Symptoms-More Information on STD Symptoms, HIV & AIDS Prevention, and HIV Prevention Medication. An additional 8,970,127 views were gained through Facebook and another 1,719,446 views through Instagram. There was an average of 182 clicks per day on the P4L website, with 1,000 clicks on May 15, 2016. The study results demonstrate a high reach of the campaign, with a high number of clicks on the P4L website, especially millions of individuals. More studies of PrEP social marketing are needed to evaluate the relationship of targeted public health campaigns on stigma and to guide future PrEP prevention implementation.	pre-exposure prophylaxis, public health, health equity, health promotion	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Densmeiuds, Nicklas; Ingemiansdotter Persson, Kristina; Thomson, Sarah; Forsberg, Birger C.	"You can smell the freedom": a qualitative study on perceptions and experiences of sex among Swedish men who have sex with men in Berlin.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2018-024039	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6576011/	PURPOSE The purpose of this study was to explore the perceptions and experiences of sex among Swedish Men who have Sex with Men (MSM) in Berlin. BACKGROUND. MSM are disproportionally affected by HIV. Berlin is also a key destination when looking into where Swedish MSM seek comfort, while travelling. METHOD. A qualitative study with semi-structured interviews using open-ended questions with participants recruited through network sampling. Data were analysed with content analysis. PARTICIPANTS. 15 Swedish citizens age in non-probability sample of 25-44 years, who travelled to or were living in Berlin. To be included in the study, the participants had to be cis-MSM, Swedish citizens, spending time in Berlin and having sex in both settings. RESULTS. For a majority of the participants, sex was the main reason for going to Berlin but cultural aspects like art and the techno scene were also important. Berlin was perceived as a sex-orientated city where respondents did not have to care about reputation and status and where social and sexual spaces co-existed side by side. This is sharp contrast to Sweden, which represented a limiting environment with regard to sex and sexuality. Participants described sex in Berlin as free, uncomplicated, exciting and sometimes dangerous, in contrast to sex in Sweden, described as boring and at home. However, the behaviour was amplified in Berlin. The sites did not show much HIV-prevalence, depending on if they had sex in Swedish or Berlin. The high mobility and vulnerability for HIV/sexually transmitted infection (STI) among these men highlights the need of increased access to antiretroviral treatment, pre-exposure prophylaxis for HIV and low-threshold HIV/STI testing services in Europe.	Adult; Humans; Male; Sexual Behavior*psychology; Homosexuality, Male*psychology; public health; Qualitative Research; men who have sex with men; qualitative research; German epidemiology; Sweden/ethnology; Sexual medicine; Travel/psychology	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Qualitative
Institutional	2019	Departamento de Vigilância, Prevenção e Controle das IST, do HIV/AIDS e das Hepatites Virais - Ministério da Saúde	Protocolo Clínico e Diretrizes Terapêuticas para Profilaxia Pré-Exposição (PrEP) de risco à infecção pelo HIV	-	-	-	-	-	no	NA	http://www.aids.gov.br/pt-br/pub/2017/protocolo-clinico-e-diretrizes-terapeuticas-para-profilaxia-pre-exposicao-prep-de-risco	Este documento tem o objetivo de instruir o Protocolo Clínico e Diretrizes Terapêuticas para Profilaxia Pré-Exposição (PrEP) de risco à infecção pelo HIV.	*Human immunodeficiency virus infection; Anal intercourse; Chlamydia infections; Cohabiting persons; Condoms; Controlled study; Diagnosis; Doctor patient relationship; England; Female; Gonorrhea; HIV test; Human; Major clinical study; Male; Multicenter analysis; Nonhuman; Pre-exposure prophylaxis; Randomization; Review; Transgender; Univariate analysis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Other
Article	2019	Desrosiers A.; Levy M.; Dright A.; Zamer M.; Jalloh N.; Kue L; Magnus M.; Siegel M.	A Randomized Controlled Pilot Study of a Culturally-Tailored Counseling Intervention to Increase Uptake of HIV Pre-exposure Prophylaxis Among Young Black Men Who Have Sex with Men in Washington, DC	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2264-5	https://doi.org/10.1007/s10461-018-2264-5&partnerID=40&md5=527f6cd085a0913ef9d21f4c9c3bbe7	Daily emtricitabine/tenofovir is effective at preventing HIV acquisition and is approved for HIV pre-exposure prophylaxis (PrEP). Blacks in the United States have a disproportionately high rate of HIV, and uptake of PrEP has been very low in this population. We conducted a pilot study in a high-prevalence city to test whether a culturally-tailored counseling center for young Black men who have sex with men (YBMSM) could increase PrEP uptake. Participants were randomized to receive either a culturally-tailored counseling intervention or standard of care. Our primary outcome was uptake of PrEP prescription. At the end of 3 month study, participants in the intervention group compared with some in the control group had attained PrEP ($p = 0.02$). The pilot study demonstrates that a culturally-tailored counseling center might be an effective at increasing the uptake of PrEP in young BMSM. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Black men who have sex with men; Counseling; HIV; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Dettinger J.C.; Kinuthia J.; Pintye J.; Abuna F.; Begnel E.; Mugwanya K.; Sila J.; Lagat H.; Baeten J.M.; John-Stewart G.	Perinatal outcomes following maternal pre-exposure prophylaxis (PrEP) use during pregnancy: results from a large PrEP implementation program in Kenya	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25378	https://www.proquest.com/scholarly-journals/perinatal-outcomes-following-maternal-pre/docview/2269849371/se-2?accountid=9113	Introduction:The World Health Organization, while recommending pre-exposure prophylaxis (PrEP) for HIV-negative pregnant and postpartum women in HIV high-burden settings, advocates for continued safety evaluation of PrEP in this population. Methods: The PrEP Implementation in Young Women and Adolescents (PrIYA) program delivered PrEP to pregnant women integrated within routine maternal and child health clinics (MCH) at 16 sites in Western Kenya. PrEP exposure and perinatal outcome data were collected among women obtaining postnatal services during programme evaluation. PrEP use was self-reported and confirmed with clinical records. Perinatal outcomes including gestational age at birth, birthweight, congenital malformations and infant growth were abstracted from clinical records for mother-infant pairs attending the six week visit. Associations between infant outcomes and maternal prenatal PrEP use were assessed using univariate and multivariate logistic and linear regression models. The PrIYA evaluation identified 1536 postpartum mother-infant pairs with data on prenatal PrEP exposure; 208 with prenatal PrEP use, 1328 without. Median maternal age was 28 years in both groups. PrEP users (any reported PrEP use) were significantly more likely to report HIV risk factors such as: intimate partner violence, sexually transmitted infections and having a partner living with HIV. Median gestational age at birth was 38.9 weeks in PrEP users and 39.1 weeks in non-users (p = 0.03). PrEP users were 1.5 times more likely to deliver a baby with a gestational age at birth less 36.5 weeks in both groups. There were no major differences between PrEP-exposed and unexposed infants in rates of preterm birth and low birthweight. There were no congenital malformations identified in the PrEP-exposed group and five reported in the PrEP-unexposed group. At six weeks postpartum, infants in both groups had similar growth. No differences in infant outcomes were found by duration PrEP exposure, trimester of PrEP initiation, a subset analysis of women 15 to 24 years old or in multivariate analyses. The analysis demonstrates that monitoring of infant outcomes is feasible within large-scale programmatic implementation of PrEP among pregnant and postpartum populations. Conclusions: Pregnancy outcomes and early infant growth did not differ by PrEP exposure. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Africa; children; infant; pre-exposure prophylaxis; pregnancy; prevention; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Dettinger J.C.; Kinuthia J.; Pintye J.; Mwongkli N.; Gómez L.; Richardson B.A.; Bamuhiiz R.; Wagner A.D.; O'Malley G.; Baeten J.M.; John-Stewart G.	PrEP Implementation for Mothers in Antenatal Care (PrIMA): Study protocol of a cluster randomised trial	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2018-025122	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062089684&doi=10.1136%2Fbmjopen-2018-025122&partnerID=40&md5=885e63aeed1fd03ec67c2b70763f8	Introduction Women in regions with high HIV prevalence are at high risk of HIV acquisition during pregnancy and postpartum, and acute maternal HIV contributes a substantial proportion of infant HIV infections. Pre-exposure prophylaxis (PrEP) could prevent HIV during pregnancy/postpartum; however, identifying women who would most benefit from PrEP in this period is challenging. Women may not perceive risk, may not know partner HIV status and partners may have external partners during this period. PrEP offer in pregnancy could be operational and scaled. Methods and analysis The PrEP Implementation for Mothers in Antenatal Care (PrIMA) study is a cluster randomised trial that aims to determine the best model for PrEP implementation in pregnancy, among women attending public sector antenatal clinics in Kisumu, Kenya. Eligible pregnant women ≥18 years, ≤28 weeks gestation, HIV-uninfected, without contraindication to PrEP, and perceived risk of HIV (self-report of not screening with partner self-test option (a CT-targeted test 10 clinics). Four thousand women will be enrolled and followed through 9-month postpartum. The primary analysis will be intention to treat. Outcomes will reflect the balance between HIV preventive effectiveness and avoiding unnecessary PrEP exposure to women at low risk and include: maternal HIV incidence, PrEP uptake, PrEP adherence, PrEP duration, and if appropriate PrEP use (among women with objective evidence of potential risk), infant birth outcomes, infant growth and partner self-testing uptake. To better understand the feasibility and acceptability of the provision of PrEP in these settings, qualitative interviews and cost-effectiveness analyses will be conducted. Ethics and dissemination The protocol was approved by the institutional review boards at Kenyatta National Hospital and the University of Washington. An external advisory panel monitors adverse and social harm events. Results will be disseminated through peer-reviewed journals, presentations at local and international conferences to national and *global policy* makers, community and participants. Trial registration number NCT03070600. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	cluster randomised trial; HIV; postpartum period; pre-exposure prophylaxis (PrEP); pregnancy	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Di Giuseppe, Kisley; Kaseka, Kaseka; Dunkley, Yasmin	Investigating Preexposure Prophylaxis (PrEP) Uptake Among Black African Communities in East London and Hertfordshire: A Brief Report of a Mixed Methods Study	International Journal of Sexual Health	-	-	-	-	19317611	10.1080/19317611.2019.1634174	https://www.proquest.com/scholarly-journals/investigating-preexposure-prophylaxis-prep-uptake/docview/2288687228/se-2?accountid=9113	Objective: This study investigated the factors influencing preexposure prophylaxis (PrEP) uptake among Black African heterosexuals in the United Kingdom, while using a 2-phase sequential mixed-methods design. Methods: Surveys from 247 mixed-gender participants were followed by focus groups involving 19 women. Results: Despite the general lack of HIV and PrEP awareness, the study found significant associations between HIV testing HIV awareness, PrEP awareness, and uptake interest. Stigma was also seen as key barrier. PrEP being connected with HIV positivity, promiscuity, and risky behaviors. Conclusion: This study underlines the need for service providers to develop HIV prevention interventions that take into account the Black African sociocultural contexts in the United Kingdom.	United Kingdom; Pre-exposure prophylaxis; Psychology; HIV Prevention; African Americans; Qualitative studies; quantitative studies; sexual health promotion; Mixed methods research; Gender/Watch; Y; United Kingdom--UK; Black people; Preventive healthcare; Multimethodology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods

Article	2019	Doblecki-Lewis S.; Butts S.; Botero V.; Klose K.; Cardenas G.; Feaster D.	A Randomized Study of Passive versus Active PrEP Patient Navigation for a Heterogeneous Population at Risk for HIV in South Florida	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	-	23259574	10.1177/2325957419848848	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066822710&doi=10.1177%2F2325957419848848&partnerID=40&md5=a8e5c0c0595e4296a20d6fcbd2ce	Effective approaches to promoting pre-exposure prophylaxis (PrEP) and linkage to PrEP care among those who may benefit from PrEP has proven to be a major challenge. We designed and pilot tested a strategic-based case management (SBCM) intervention for PrEP linkage. Adults interested in PrEP and meeting criteria (n = 61) were randomized to passive referral (control) or active SBCM (treatment). Outcomes measured were completion of provider visit, initiation of PrEP, and time to initiation of PrEP. Overall, 34% initiated PrEP by 12 weeks: 9 (29%) in the control group and 12 (40%) in the treatment group. The mean time to PrEP initiation was 13.1 weeks (95% confidence interval, 12.8-14.2) with no difference between groups (P = .382). There was a 21% difference in achieving a provider visit between the treatment and control groups (53.3% versus 32.3%) by 12 weeks (P = .096). Participants encountered financial, logistical, social, and provider-related barriers to PrEP access. Strengths-based case management–based patient navigation is a promising strategy for assisting PrEP seekers in obtaining a medical provider visit and initiating PrEP. © The Author(s) 2019.	access to care; HIV prevention; navigation; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Dominguez Islas, Clara P; Brown, Elizabeth R	Crossover and Repeated Randomization in Event Driven Trials for HIV Prevention: Addressing the Impact of Heterogeneity in Risk in the Trial Design	Statistical Communications in Infectious Diseases	-	-	-	-	-	21944110	10.1515/scid-2019-0009	https://www.proquest.com/scholarly-journals/crossover-repeated-randomization-event-driven/docview/2271310012/se-2?accountid=9113	The availability of effective Pre-Exposure Prophylaxis (PrEP) for HIV introduces new challenges for testing novel on-demand, user-controlled HIV prevention products, including lower placebo arm incidence and increased between-participant variability in HIV risk. In this paper, we discuss how low HIV incidence may result in longer trials in which the variability in participants' risk may impact the estimates of risk reduction. We propose a design that addresses these challenges by allowing for repeated randomization of participants to different treatments over time, a crossover design. We propose a design that could target better the parameter of interest: the crossover and the re-randomization designs. We propose three different ways in which crossover and re-randomization of intervention assignments could be implemented in event-driven trials. We evaluate the performance of these designs through a simulation study, finding that they allow for better estimation and higher power than the traditional event-driven parallel arm design. We conclude by discussing future work, practical challenges and ethical considerations that need to be addressed to take these designs from theory to practice.	HIV prevention; Pre-exposure prophylaxis; Prevention; Statistics; trial design;	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Donnell, Deborah	Current and Future Challenges in Trial Design for Pre-Exposure Prophylaxis in HIV Prevention	Statistical Communications in Infectious Diseases	-	-	-	-	-	21944110	10.1515/scid-2019-0008	https://www.proquest.com/scholarly-journals/current-future-challenges-trial-design-pre/docview/2271310022/se-2?accountid=9113	Success in establishing efficacy of antiretroviral drugs to prevent acquisition of HIV infection has fundamentally changed the trial design considerations for future experimental drugs. Current trials of potential new antiretroviral agents for pre-exposure prophylaxis are using active control designs - where all trial participants receive an active antiretroviral drug. Current trials of other experimental approaches, such as vaginal microbicides and vaccines, are using placebo-controlled designs. Although ethically feasible, placebo-controlled designs are challenging because the placebo arm incidence is low and would anticipate very few infection events and not provide statistically robust evidence. A potential alternative is to conduct placebo-randomized trials limited to participants for whom current prevention tools are not acceptable.	HIV prevention; pre-exposure prophylaxis; Prevention; Statistics; trial design; active control; randomized clinical trial; Human immunodeficiency virus - HIV; placebo control	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Donnelly J.A.; Deem T.T.; Duffy M.A.; Watkins A.K.; Al-Tayyib A.A.; Shodell D.J.; Theus M.; Rowan S.E.	Applying national estimates of adults with indications for pre-exposure prophylaxis to populations of men who have sex with men and people who inject drugs in colorado: Modelling study	JMIR Public Health and Surveillance	-	-	-	-	-	23692960	10.2196/11113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057170900&doi=10.2196%2F11113&partnerID=40&md5=067864ba8a0c7c7b39f7c3213805b8a8	Background: Oral pre-exposure prophylaxis (PrEP) is a highly effective option for HIV prevention. To realize the full benefit of PrEP at the population level, uptake must reach those at the greatest risk of HIV acquisition. Guidance published by Centers for Disease Control and Prevention (CDC) suggests that the number of individuals with indications for PrEP is 1.1-1.2 million nationally based on survey data of key populations and local transmission patterns. We applied these estimates at state and county levels to determine the number of individuals who might benefit from PrEP locally and compared our estimates to CDC-published estimates for Colorado. Objective: This analysis aimed to produce estimates of key populations with indications for PrEP in Colorado as a whole and by county type. These estimates will be used for public health strategic planning for HIV prevention goals at the state and county jurisdictional levels. Methods: Colorado population estimates were obtained from the state demography office, which produces single-year-of-age estimates for each county. Data on men who have sex with men (MSM) and people who inject drugs (PWID) were obtained from the Behavioral Risk Factor Surveillance System surveys. We produced estimates of HIV-negative men who have sex with men (MSM) and people who inject drugs (PWID) in Colorado. These percentages were applied to the state and to each county by its rural-urban designation. Finally, CDC-derived percentages of MSM and PWID with indications for PrEP were applied to these estimates to determine numbers of MSM and PWID who may benefit from PrEP use. Results: In 2015, 2,232,648 adults aged 18-70 years were living in Colorado. By applying published estimates of percentages of men who had sex with other men in the past 12 months, we determined that 41,353-49,624 adult males could be considered sexually active MSM. We estimated that 9738-13,011 adults aged 18-59 years were likely to have injected drugs in the past 12 months. By accounting for numbers of people living with HIV in these categories and applying the CDC PrEP percentages of MSM and PWID with indications for PrEP nationally, we estimated that 8792-12,528 MSM and PWID in Colorado had indications for PrEP; this number is smaller than that estimated by CDC, although within the lower CI limit. Conclusions: By employing a simple framework consisting of census data, literature review, population estimates, and national estimates for PrEP indicators, we derived estimates for potential PrEP use in our state. Statewide estimates of key populations by state and county type will enable health officials to set informed goals and track progress toward optimizing PrEP uptake. This formula may be applicable to other states with similar epidemics and resources. © 2022 JMIR Cancer. All Rights Reserved.	HIV prevention; Key population estimates; Men who have sex with men; People who inject drugs; Pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Döring N.	Perspective of a Former PrEP User on PrEP: Experiences of the Activist Steve Spencer Summarized by Nicola Döring, Perspektive eines ehemaligen PrEP-Nutzers auf die PrEP: Erfahrungen des Aktivisten Steve Spencer zusammengefasst von Nicola Döring	Zeitschrift für Sexualforschung	-	-	-	-	-	9328114	10.1055/a-1070-6681	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070512612&doi=10.1055%2Fa-1070-6681&partnerID=40&md5=2907b1441d0b0f9c1996d2a1d512529c4	Steve Spencer was one of the first HIV-PrEP users in Australia and a founding member of PAN (PrEP Access Now), a non-profit organization working for low-threshold access to PrEP in Australia. Despite not one of PrEP, he became infected with HIV in 2018. Although PrEP offers a very high level of protection, it is not perfect. What he is afraid of now and why he is still campaigning for the PrEP, is summarized by Nicola Döring based on his press contributions. © 2019 Georg Thieme Verlag. All rights reserved.	AIDS; HIV PrEP; pre-exposure prophylaxis (PrEP); PrEP on demand; stigmatization	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Editorial	2019	Döring N.	Medikamentöser HIV-Schutz mittels PrEP: Aktueller Diskussions- und Forschungsstand	Zeitschrift für Sexualforschung	-	-	-	-	-	9328114	10.1055/a-1023-6196	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076935224&doi=10.1055%2Fa-1023-6196&partnerID=40&md5=9b98857c5ff7e5e0f1ecab9032cecbeb	Seit September 2019 wird in Deutschland gemäß sexuell heute Terminservice- und Versorgungsgesetz (TSVG) der medikamentöse Schutz vor einer HIV-Infektion wie den gesetzlichen Krankenkassen übernommen. Technisch gesprochen geht es um die HIV-PrEP (Expositions-Prophylaxe (kurz: HIV-PrEP oder PrEP). Die HIV-PrEP bedeutet ein antiretrovirales Medikament oder eine Kombination von Medikamenten, die ein substanzielles HIV-Übertragungsrisiko haben. Wenn sie täglich die „Anti-HIV-Pille“ einnehmen, erreichen sie einen klinisch nachgewiesen sehr hohen HIV-Infektionsschutz von bis zu 99 %. [2] (DC 2019). Neben der dauerhaften bzw. täglichen Einnahme von PrEP gibt es auch eine anlassbezogene Einnahme möglich (Short-term PrEP, Event-driven PrEP, Episodic PrEP = Epi PrEP). Die anlassbezogene PrEP kann beispielsweise gerade für Partys, Festivals oder Reisen eingenommen werden, bei denen riskante Sexkontakte erwartet werden. Wer die verschreibungspflichtige PrEP einnimmt, muss alle drei Monate auf HIV, andere sexuell übertragbare Infektionen (Sexually Transmitted Infections: STIs und die Nierenfunktion untersucht werden. Eine gute medizinische Begleitung gehört zur PrEP also dazu.	sa	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Other
Article	2019	Döring N.; Walter R.; Knudsen K.	Media Representations of the HIV–PrEP Controversy: Empirical Findings on Press, Web and Social Media; Mediendarstellungen der HIV-PrEP: Inhaltsanalytische Befunde zu Presse, Web und Sozialen Medien	Zeitschrift für Sexualforschung	-	-	-	-	-	9328114	10.1055/a-1027-2806	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076891826&doi=10.1055%2Fa-1027-2806&partnerID=40&md5=3930187052e014a4b6f57557bbb87	Introduction Oral HIV pre-exposure prophylaxis (short: HIV-PrEP, PrEP) is a relatively new method of HIV prevention. It is a drug with which HIV-negative persons can protect themselves against HIV transmission, for example during condomless sex with an HIV-positive person. The development and introduction of the PrEP has been and continues to be accompanied by controversial professional and media debates. Previous studies have pointed to a predominantly negative framing of the PrEP in Anglo-American media reports. Objectives Against the background of framing theory it was the aim of this study to find out, if the PrEP debate in German-speaking countries is comparably negative. Methods Using the method of quantitative content analysis, 1,000 articles (N = 150 articles each from framing, argument in favor of and against PrEP (topic-specific PrEP sub-themes) as well as the PrEP target groups addressed. Methods Using mixed-methods content analysis, a sample of N = 150 press articles and N = 150 websites featuring the PrEP were examined with a codebook tested for reliability. In addition, PrEP-related content on YouTube, Facebook and Twitter was qualitatively explored. The study follows the Open Science approach it was pre-registered and all instruments, datasets and statistical analysis scripts are available on the server of the Open Science Foundation (https://osf.io/ab6ry/). Results It was found that the PrEP appears in a more positive frame of meaning in German-language media than in Anglo-American media. Compared to the press articles, the PrEP was presented more positively on the examined websites. A stigmatization of PrEP users as irresponsible took place twice as often in the press as on the web. In the web posts and on the web, the most often mentioned PrEP target group were men who have sex with men. German-language PrEP information in Social Media is sometimes extremely rare (e. g. on YouTube). Conclusion In order to advance the PrEP education of the general population, a more intensive and differentiated representations of the PrEP in old and new media is desirable. © 2020 American Society of Civil Engineers (ASCE). All rights reserved.	content analysis; HIV; mass media; pre-exposure prophylaxis (PrEP); social media	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Editorial	2019	Döring, N	Medikamentöser HIV-Schutz Mittels PrEP: Aktueller Discussionsstos-und Forschungsstand / Drug-free HIV-Protection using PrEP: Current Discussion- and Research Status	Zeitschrift für Sexualforschung	-	-	-	-	-	0932-8114	10.1055/a-1023-6196	https://www.thieme-connect.com/products/ejournals/abstract/10.1055/a-1023-6196	NA	sa	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Other
Article	2019	Doik D.; Barratt H.; Templeton D.J.; O'Connor C.C.; Gracey D.M.	Renal function and risk factors for renal disease for patients receiving HIV pre-exposure prophylaxis at an inner metropolitan health service	PLOS One	-	-	-	-	-	19326203	10.1371/journal.pone.0210106	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060158426&doi=10.1371%2Fjournal.pone.0210106&partnerID=40&md5=7510ae4a4ec367dfb5f9913f63e8bcf58	Background Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate/emtricitabine (TDF/ FTC) significantly reduces the risk of HIV acquisition. TDF is a known nephrotoxin however, renal dysfunction from TDF is mostly reversible following discontinuation. Aims To describe the renal function, risk factors for renal disease and associated clinical/ testing practices in a cohort of PrEP patients. Methods A retrospective review was conducted of all PrEP patients commenced on TDF/FTC at an inner metropolitan sexual health clinic in Sydney, Australia between April 2016 and July 2017, with follow-up data obtained at 3-monthly intervals until 18 months. Results 525 patients were included in the analysis. Baseline eGFR was available for 525 patients (median 106 mL/min/1.73m2 [IQR 96-116]). Two patients had an estimated glomerular filtration rate (eGFR) <70 mL/min/1.73m 2 A small significant drop in eGFR of -2.5 mL/min/1.73m 2 per month (95%CI: -3.6 to -1.5; p<0.05) occurred between PrEP commencement and the first follow-up period, followed by a progressive decline in eGFR of -0.34 mL/min/1.73m 2 per month (95%CI: -0.57 to -0.20; p<0.001). Renal impairment (eGFR <70 mL/min/1.73m 2) occurred in 6.5% of patients and persisted across consecutive follow-up periods in five (1.0%) patients. Age (aOR 1.04, 95% CI 1.01-1.07; p=0.002) and baseline eGFR (aOR 0.95, 95% CI 0.93-0.97; p<0.001) were significant risk factors for renal impairment. Proximal tubulopathy was identified in two patients (0.4%) due to renal function concerns. Conclusion PrEP use led to an initial drop in eGFR and a more gradual progressive decline subsequently, but significant renal impairment remained uncommon up to 18 months of follow-up. © 2019 Doik et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	sa	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Essay	2019	Dubin S.	PrEP and the judgment of prevention	AMA Journal of Ethics	-	-	-	-	-	23760980	10.1001/amajethics.2019.536	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062143468&doi=10.1001%2Famajethics.2019.536&partnerID=40&md5=dfb1349f54c8ca9c8232350f6ad0e1e3	Medicine sometimes fails to address social, economic, and political determinants of health. But how far beyond clinical encounters should intervention efforts extend? Because prevention efforts can navigate patients by stigmatizing certain behaviors, interrogating the scope of medicine's prevention obligations is important. Additionally, it is important to distinguish clinician preferences regarding patients' personal behaviors (presumably based on clinicians' hopes for patients' positive health outcomes) from clinician biases expressed (consciously or unconsciously) about those behaviors. Illustrate the urgency of asking how far medicine should be expected to go to prevent disease by sharing how my own medical training has stoked my personal fear of acquiring HIV. Copyright 2019 American Medical Association. All rights reserved.	sa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Dubin S.; Gestodi W.C.; Park S.H.; Hambrick H.R.; Schneider J.A.; Duncan D.T.	Perceived Candidacy for Pre-exposure Prophylaxis (PrEP) Among Men Who Have Sex with Men in Paris, France	AIDS and Behavior	-	-	-	-	-	10907165	10.1007/s10461-018-2279-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053823736&doi=10.1007%2Fs10461-018-2279-y&partnerID=40&md5=df3e7b044c497ec75383b0b6f76b1b0	Low perception of HIV risk is a challenge to PrEP implementation. We analyzed association between perceptions of PrEP candidacy, behavioral indications for PrEP, and sexual behavior. We recruited a sample of 1,000 men who have sex with men (MSM) in Paris, France, in 2016 using time-location sampling. Participants completed questionnaires about perceived candidacy for PrEP and biobehavioral indications for PrEP, and relationships among engagement in group sex, transactional sex, HIV test history, and indications for PrEP. Adjusted risk ratios (aRR) and 95% confidence intervals (CIs) were calculated. For the outcome of perceived candidacy for PrEP, a multinomial logistic regression was performed, and adjusted relative risk ratios (aRRR) were calculated. Multivariate analyses were adjusted for socio-demographics. Respondents who considered themselves PrEP candidates were more likely to meet PrEP eligibility criteria compared to those who did not consider themselves candidates for PrEP (aRR 1.68, 95% CI 1.34–2.03). Those who had engaged in group or transactional sex were more likely to have behavioral indications for PrEP (aRR 1.27, 95% CI 1.07–1.50, aRR 1.32, 95% CI 1.13–1.56, respectively), whereas HIV test history was not significantly associated with behavioral indications for PrEP. Respondents who had engaged in group sex or transactional sex were more likely to perceive themselves as candidates for PrEP (aRRR 2.16, 95% CI 2.03–4.16, aRRR 2.58, 95% CI 1.09–6.13, respectively), although those never tested for HIV were less likely to perceive themselves as candidates for PrEP (aRRR 0.18, 95% CI 0.03–0.91). The elucidation of candidacy perceptions and risk behaviors is key to furthering the effective implementation of PrEP engagement interventions. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Candidacy; Geosocial-networking smartphone application; HIV prevention; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Dubov A.; Ogunbajo A.; Altice F.L.; Fraenkel L.	Optimizing access to PrEP based on MSM preferences: results of a discrete choice experiment	AIDS Care	-	-	-	-	-	9540121	10.1080/09540121.2018.1557590	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058815034&doi=10.1080%2F09540121.2018.1557590&partnerID=40&md5=a3e0566305872e1fa4a2702e7a41c012	Introduction: Despite documented effectiveness of pre-exposure prophylaxis (PrEP), PrEP uptake remains low among men who have sex with men (MSM), the population bearing the highest HIV burden in the US. This study aimed to identify preferences for PrEP delivery among MSM using a discrete choice experiment (DCE). Methods: Participants were recruited through Facebook and Craigslist mobile applications to complete a mixed preference choice-based conjoint (CBC) survey. Respondents completed 14 choice tasks presenting experimentally varied combinations of five attributes related to PrEP administration (dosing frequency, dispensing venue, prescription practices, adherence support, and costs). Latent class analysis was used to estimate the relative importance of each attribute and preference scores across possible PrEP delivery programs. Results: Preferences clustered into five groups. PrEP affordability was the most influential attribute across groups. Group 1 (n = 307) preferred the non-daily pill over daily and on-demand PrEP equally (n = 74) while the other four groups disliked the on-demand intermittent option. Monthly injectable PrEP is preferred by two (n = 210) out of the five groups, including young MSM. Two groups (n = 267) were willing to take PrEP across all the hypothetical programs. One group (n = 183) almost exclusively considered costs in their decision-making. Participants in the most racially diverse among groups (n = 88) had a very low level of interest in PrEP initiation. Conclusion: Our data suggest that PrEP uptake will be maximized by making daily PrEP affordable to MSM and developing PrEP formulation variants for young MSM. Young MSM should be prioritized for injectable PrEP when it becomes available. A successful PrEP program will spend resources on removing structural barriers to PrEP access and educating MSM of color, and will emphasize protection of privacy to maximize uptake among rural/suburban MSM. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	conjoint analysis; HIV/AIDS; implementation science; men who have sex with men; patient preferences; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2019	Duncan, Dustin T; Hickson, DeMarc A; Gordel, William C; Callander, Dorsten; Brooks, Brandon; Chen, Yen-Tyng; Hanson, Hillery; Carson, Rebecca; Khanna, Aditya S; Chen, Beidi; Regan, Seann D; Wilson, Patrick A; Mayer, Kenneth H; Sullivan, Steven A; Carr-Melvin, Sandra; Draper, Cordarian; Magee-Jackson, Veronica; Brewer, Russell; Schneider, John A	The social context of HIV prevention and care among black men who have sex with men in three U.S. cities: The neighborhoods and networks (N2) cohort study	International Journal of Environmental Research and Public Health	-	-	-	-	-	16617827	10.3390/ijerph16111922	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068936154&doi=10.3390%2Fijerph16111922&partnerID=40&md5=8e98d1808fdb9f19da2b09f9248bd0e7e41cd162	Background: In many parts of the world, stark racial disparities in human immunodeficiency virus (HIV) prevalence, incidence, prevention, and care outcomes persist among gay, bisexual, and other men who have sex with men (MSM), with Black MSM significantly impacted in the United States (U.S.). Individual-level characteristics, including sexual behaviors and socioeconomic status, do not fully account for racial/ethnic disparities in HIV among MSM. We hypothesize that neighborhood contexts and network characteristics influence risk for HIV infection as well as HIV-related prevention and care behaviors. As such, the study design includes the use of real-time geospatial methods and in-depth assessments of multiple network typologies to investigate the impact of neighborhood and network-level factors on HIV prevention and care outcomes among Black MSM. Methods/Design: We will enroll 600 Black MSM (200 each in Chicago, Illinois; New Orleans, Louisiana; and Durham, North Carolina) ages 18–39 (Chicago) or 18–44 (New Orleans and Durham) years old, who are HIV-negative or of unknown HIV status. Participants will complete (1) a baseline audio computer-assisted self-interview (ACASI) survey, (2) a social network ACASI survey, and (3) a 30-day geospatial assessment using ecological momentary assessment (EMA) methodology. We will also conduct in-depth interviews with a subset of participants ($n = 60$) to explore the meanings of PrEP stemming from its effectiveness for HIV prevention. Relevant content was represented as descriptive categories.Results/Discovery of HIV serodiscordance resulted in fear of HIV transmission for couples, which led to loss of sexual intimacy in committed relationships, and to abandonment of plans for children. As a result, partners became alienated from each other. PrEP countered the threat to the relationship by reducing fear and reinstating hopes of having children together. Condom use worked against the re-establishment of intimacy and closeness. By increasing couples' sense of protection against HIV infection, and raising the prospect of a return to "the way" sex without condoms), PrEP was perceived by couples as solving the problem of serodiscordance and preserving committed relationships.Conclusions:The most effective demand creation strategies for PrEP may be those that address the everyday life priorities of potential users in addition to HIV prevention.Clinical Trial NumberNCT02771929	HIV; Africa; Uganda; South Africa; Kenya; Pre-exposure prophylaxis; PrEP; prevention; Disease prevention; serodiscordant couples; Proxy Qualitative research; Interviews; Disease transmission; Studies; Infectious diseases; Couples; demand creation; East Africa; Human immunodeficiency virus - HIV; Sex industry; United States--US; Acquired immune deficiency syndrome--AIDS; Data collection; Medical Sciences; Initiatives	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2019	Edith Nakiko Jolobe; Pisarski, Emily E; Wyatt, Monique A; Morovonge, Timothy R; Asiimwe, Stephen; Cohen, Connie L; Burton, Jared M; Kandiwa, Elly T; Ware, Norma C	Beyond HIV prevention: everyday life priorities and demand for Pr EP among Ugandan HIV serodiscordant couples	Journal of the International AIDS Society	-	-	-	-	-	1758-2652	10.1002/jia2.25225	https://www.proquest.com/scholarly-journals/beyond-hiv-prevention-everyday-life-priorities/docview/2290185081/se-2?accountid=9113	IntroductionPre-exposure prophylaxis (PrEP) to prevent HIV infection is being rolled out in Africa. The uptake of PrEP to date has varied across populations and locations. We seek to understand the drivers of demand for PrEP through analysis of qualitative data collected in conjunction with a PrEP demonstration project involving East African HIV serodiscordant couples. Our goal was to inform demand creation by understanding what PrEP means - beyond HIV prevention - for the lives of users.MethodsThe Partners Demonstration Project evaluated an integrated strategy of PrEP and antiretroviral therapy (ART) delivery in which home-based PrEP served as a "bridge" to long-term ART. Unenrolled partners in HIV serodiscordant couples were offered PrEP at home-based visits. Participants were followed for 48 weeks after partners had taken ART for six months. We conducted 274 open-ended interviews with 93 couples at two Ugandan research sites. Interviews took place one month (T1), three months (T2) and six months (T3) after PrEP initiation. Interviews were audio-recorded and transcribed. We used an inductive, content analysis approach to characterize meanings of PrEP stemming from its effectiveness for HIV prevention. Relevant content was represented as descriptive categories.ResultsDiscovery of HIV serodiscordance resulted in fear of HIV transmission for couples, which led to loss of sexual intimacy in committed relationships, and to abandonment of plans for children. As a result, partners became alienated from each other. PrEP countered the threat to the relationship by reducing fear and reinstating hopes of having children together. Condom use worked against the re-establishment of intimacy and closeness. By increasing couples' sense of protection against HIV infection, and raising the prospect of a return to "the way" sex without condoms), PrEP was perceived by couples as solving the problem of serodiscordance and preserving committed relationships.ConclusionsThe most effective demand creation strategies for PrEP may be those that address the everyday life priorities of potential users in addition to HIV prevention.Clinical Trial NumberNCT02771929	HIV; Africa; Uganda; South Africa; Kenya; Pre-exposure prophylaxis; PrEP; prevention; Disease prevention; serodiscordant couples; Proxy Qualitative research; Interviews; Disease transmission; Studies; Infectious diseases; Couples; demand creation; East Africa; Human immunodeficiency virus - HIV; Sex industry; United States--US; Acquired immune deficiency syndrome--AIDS; Data collection; Medical Sciences; Initiatives	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2019	Efremova O.S.; Yurin O.G.	Pre-exposure prophylaxis of hiv infection	Infektsionnye Bolezni	-	-	-	-	-	17299225	10.20953/1729-9225-2019-1-72-76	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063617588&doi=10.20953%2F1729-9225-2019-1-72-76&partnerID=40&md5=ad24b67f344fc3a4734ae0d6a9363e3c	Pre-exposure prophylaxis of HIV infection (PREP) the world health organization (WHO) and the joint United Nations programme on HIV/AIDS (UN AIDS) are now seen as a promising undertaking whose widespread adoption, along with the Treatment as prevention strategy, should halt the HIV pandemic. The basis for the development of the prep methodand and the study of the effectiveness were data on the effectiveness and safety of actively used methods of prevention of mother-to-child transmission of HIV and post-exposure prevention of HIV infection. Closed and open randomized trials conducted in different regions of the world have shown the effectiveness of prep in groups of men who have sex with men (MSM), heterosexual men and women, and injecting drug users. Shows close relationship of the effectiveness of the PREP with the commitment of the participants in the study receiving need for prevention of drugs. Currently, the ORT is becoming more widespread, mainly among MSM in economically developed countries. In Russia, the introduction of the PREP is hampered by the lack of a regulatory framework for the treatment of HIV infection and related diseases approved by the Plenum of the Board of the National scientific society of infectious diseases on 16.08.2018. © 2019, Dynasty Publishing House. All rights reserved.	Antiretroviral drugs; Emtricitabine; HIV infection; Pre-exposure prophylaxis; Prevention; Tenofovir	English	Russian Federation	Eastern Europe and Central Asia	Russia	Eastern Europe and Central Asia	NA	NA	Review
Article	2019	Eisinger, Robert W; Dieffenbach, Carl W; Fauci, Anthony S	Role of Implementation Science: Linking Fundamental Discovery Science and Innovation Science to Ending the HIV Epidemic at the Community Level.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	1944-7884	10.1097/QAI.0000000000002227	https://dx.doi.org/10.1097/QAI.0000000000002227	BACKGROUND During the past 4 decades, substantial progress has been made in the development of strategies for HIV prevention, treatment, and care resulting from observational science, discovery and innovation science, and implementation science. Building on these fundamental discoveries, innovation science has led to novel, safe, and effective modalities for HIV treatment and prevention, including combination antiretroviral therapy and treatment as prevention and pre-exposure prophylaxis, respectively. SETTING In the United States and globally, there remains a major challenge in the optimal implementation of the strategies that we already have in the areas of HIV prevention, diagnosis, treatment, and care. METHODS Implementation science will be essential to the successful achievement of ending the global HIV epidemic by translating evidence-based interventions, resulting from discovery and innovation science, into real-world practice. Strategies are needed that integrate and implement the biomedical tools currently available within the social and structural contexts and across all stages of the HIV prevention and care continuum. Several of the latest methodologies and analytical approaches that are being actively pursued, as well as the research challenges and opportunities to conducting implementation science in the context of both the global and domestic responses to HIV, are the focus of this special supplement to the Journal of AIDS. ©2019,LLWHO Knowledge resulting from implementation science will be critical to define and refine the approaches to successfully bring HIV prevention and treatment interventions to scale and achieve the goal of ending the HIV epidemic in the United States and worldwide.	sa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2019	Elion R.A.; Kabiri M.; Mayer K.H.; Wohl D.A.; Cohen J.; Beaubrun A.C.; Altice F.L.	Estimated impact of targeted pre-exposure prophylaxis: Strategies for men who have sex with men in the United States	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph16091592	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065778695&doi=10.3390%2fijerph16091592&partnerID=40&md5=4a9ab54493b6f5ede3d178d951a8e56c	Pre-exposure prophylaxis (PrEP) effectively reduces human immunodeficiency virus (HIV) transmission. We aimed to estimate the impact of different PrEP prioritization strategies among Black and Latino men who have sex with men (MSM) in the United States, populations most disproportionately affected by HIV. We developed an agent-based simulation to model the HIV epidemic among MSM. Individuals were assigned an HIV incidence risk index (HIRI-MSM) based on their sexual behavior. Prioritization strategies included PrEP use for individuals with HIRI-MSM ≥10 among all MSM, all Black MSM, young (≤25 years) Black MSM, Latino MSM, and young Latino MSM. We estimated the number needed to treat (NNT) to prevent one HIV infection, reductions in prevalence and incidence, and subsequent infections in non-PrEP users avoided under these strategies over 5 years (2016–2020). Young Black MSM eligible for PrEP had the lowest NNT (NNT = 10) followed by all Black MSM (NNT = 33) and young Latino MSM (NNT = 35). All Latino MSM and all MSM had NNT values of 63 and 70, respectively. Secondary infection reduction with PrEP was the highest among young Latino MSM (53.2%) followed by young Black MSM (37.8%). Targeting all MSM had the greatest reduction in prevalence (14.7% versus 2.9%–3.9% in other strategies) and incidence (49.4% versus 9.4%–13.9% in other groups). Using data representative of the United States MSM population, we found that a strategy of universal PrEP use by MSM was most effective in reducing HIV prevalence and incidence of MSM. Targeted use of PrEP by Black and Latino MSM, however, especially those ≤25 years, had the greatest impact on HIV prevention. © 2019 by the authors. Licensee MDPI, Basel, Switzerland.	Agent-based model; Human immunodeficiency virus (HIV); Men who have sex with men (MSM); Number needed to treat; Pre-exposure prophylaxis (PrEP); Simulation	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Elliott T.; Sanders E.J.; Doherty M.; Ndung'u T.; Cohen M.; Patel P.; Cairns G.; Rutstein S.E.; Ananworanich J.; Brown C.; Fidler S.	Challenges of HIV diagnosis and management in the context of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), test and start and acute HIV infection: a scoping review	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076860891&doi=10.1002%2fjia2.25419&partnerID=40&md5=53dc22e621b38e41c8b6861eb85387bd	Introduction: Knowledge of HIV status relies on accurate HIV testing, and is the first step towards access to HIV treatment and prevention programmes. Globally, HIV-status unawareness represents a significant challenge for achieving zero new HIV infections and deaths. In order to enhance knowledge of HIV status, the World Health Organisation (WHO) recommends a testing strategy that includes the use of HIV-specific antibody point-of-care tests (POCT). These POCTs do not detect acute HIV infection, the stage of disease when viral load is highest but HIV antibodies are undetectable. Complicating things further, in the presence of antiretroviral therapy (ART) for pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP), other currently available testing technologies, such as viral load detection for diagnosis of acute HIV infection, may yield false-negative results. In this scoping review, we evaluate the evidence and discuss alternative HIV testing algorithms that may mitigate diagnostic dilemmas in the setting of increased utilization of ART for immediate treatment and prevention of HIV infection. Discussion: Missed acute HIV infection prevents people living with HIV (PLHIV) from accessing early treatment, increases likelihood of onward transmission, and allows for inappropriate initiation or continuation of PrEP, which may result in HIV drug resistance. While immediate ART is recommended for all PLHIV, studies have shown that starting ART in the setting of acute HIV infection may result in a delayed or complete absence of development of HIV-specific antibodies, posing a diagnostic challenge that is particularly pertinent to resource-limited, high HIV burden settings where HIV-antibody POCTs are standard of care. Similarly, ART used as PrEP or PEP may supress HIV RNA viral load, complicating current HIV testing algorithms in resource-wealthy settings where viral detection is included. As rollout of PrEP continues, HIV testing algorithms may need to be modified. Conclusions: With increasing use of PrEP and ART in acute infection we anticipate diagnostic challenges using currently available HIV testing strategies. Research and surveillance are needed to determine the most appropriate assays and optimal testing algorithms that are accurate, affordable and sustainable. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Acute HIV infection; HIV testing algorithms; immediate antiretroviral therapy; indeterminate HIV test; post-exposure prophylaxis; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Ellison J.; Van Den Berg J.J.; Montgomery M.C.; Tao J.; Pashankar R.; Mimiaga M.J.; Chan P.A.	Next-generation HIV pre-exposure prophylaxis preferences among men who have sex with men taking daily oral pre-exposure prophylaxis	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2019.0093	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074445426&doi=10.1089%2fapc.2019.0093&partnerID=40&md5=4983a70c9225c792c2b9d9f47202d84e	Next-generation forms of HIV pre-exposure prophylaxis (PrEP) currently in development, including long-acting injectables (LAIs), rectal microbicides (RMs), antibody infusions (AIs), and subdermal implants (SIs), may address barriers to daily oral PrEP uptake and adherence. The purpose of this study was to evaluate barriers to oral PrEP, preferences for next-generation PrEP modalities, sociodemographic characteristics and sexual behaviors associated with preferences, and reasons for wanting or not wanting each formulation among a sample of men who have sex with men (MSM). We administered a cross-sectional survey to a diverse sample of MSM currently taking oral PrEP (n = 108) at two sexually transmitted disease clinics. We used logistic multivariate analyses to explore preferences, relative to oral PrEP, for each formulation across sociodemographic and sexual behaviors. The most commonly endorsed barriers were finding a PrEP provider and making appointments to get PrEP. Participants were most likely to prefer the SI (45%), followed by the LAI (31%), pill (21%), RM (1%), and AI (1%). Black/African American and Hispanic/Latino MSM were more likely to prefer the LAI over daily oral PrEP (odds ratio: 2.45, 95% confidence interval: 0.86-6.89), and sexual behaviors were most commonly associated with preference for the SI. Top reasons for wanting or not wanting each formulation were most commonly related to perceived ease of use. These findings demonstrate variations in preferences for next-generation PrEP modalities, highlighting a need to ensure comprehensive access to all formulations once they become available. © Copyright 2019, Mary Ann Liebert, Inc., publishers.	HIV prevention; men who have sex with men; next-generation biomedical interventions; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Epps, Puja Van, MD; Wilson, Brigid M, PhD; Garner, Will, MD; Beste, Lauren A, MD; Maier, Marissa M, MD; Ohl, Michael E, MD	Incidence of HIV in a Nationwide Cohort Receiving Pre-exposure Prophylaxis for HIV Prevention: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002186	https://www.proquest.com/scholarly-journals/incidence-hiv-nationwide-cohort-receiving-pre/docview/2319169847/se-2?accountid=8113	Background: Cases of HIV, while infrequent, have been reported during tenofovir disoproxil fumarate/emtricitabine use as pre-exposure prophylaxis (PrEP). We describe the incidence of HIV and patterns of PrEP use within the Veterans Health Administration (VHA). Methods: We conducted a retrospective cohort study among persons initiating PrEP in the VHA between July 2012 and April 2016 using national VHA data. We defined time on PrEP and time at risk of HIV exposure as the total time from the first PrEP fill to exhaustion of supply of the final PrEP prescription. We identified incident cases of HIV infection after PrEP initiation based on laboratory data. Medication adherence measures and days without pills were calculated using pharmacy fill data. We used a chart review to determine patient-reported PrEP use around the time of diagnosis. Results: We identified 825 unique patients initiating PrEP; they were 97% men and 67% white, with a mean age of 41 years. Six HIV infections were observed during the study period, yielding an HIV incidence of 0.8 (Poisson exact 95% confidence interval: 0.3 to 1.8) cases per 100 person-years. Two cases occurred during active PrEP use by self-report and perfect adherence based on fill data. Both were infected with viruses containing the M184V mutation. Four additional cases were diagnosed after self-reported discontinuation. Conclusions: HIV infection was rare in a nationwide cohort of PrEP users. Although most of the infections occurred during inconsistent PrEP use, infections during periods of high measured adherence were also observed. These findings highlight the importance of PrEP persistence during periods of risk.	Tenofovir; Emtricitabine; Mutation; Incidence; Pre-exposure prophylaxis; Infections; Prophylaxis; Exposure; Tenofovir disoproxil; Exhaustion; Veteran; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Health risks; Confidence intervals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Escudero, Daniel Javier; Bennett, Brady; Suarez, Sarah; Darrow, William Ward; Mayer, Kenneth Hugh; Seage, George Richard 3rd	Progress and Challenges in "Getting to Zero" New HIV Infections in Miami, Florida.	Journal of the International Association of Physicians in AIDS Care	-	-	-	2325-9582 2325-9574	10.1177/2325958219852122	https://pubmed.ncbi.nlm.nih.gov/31131664/	OBJECTIVES: Miami has the highest rate of new HIV diagnoses in the United States. We examined the early successes and challenges in fulfilling recommendations made by the Miami-Dade County HIV/AIDS Getting to Zero Task Force, formed by local experts in 2016. METHODS: We used a host of surveillance data, published empirical studies, public reports, and unpublished data from partners of the Task Force to evaluate progress and challenges in meeting the recommendations. RESULTS: Improvements in prevention and care included routinized HIV testing in emergency departments, moving the linkage-to-care benchmark from 90 to 30 days, increased viral suppression, and awareness of pre-exposure prophylaxis. However, treatment enrollment, viral suppression, and pre-exposure prophylaxis uptake remained low. CONCLUSIONS: Recommendations from the Task Force provide excellent guidance for implementing evidence-based HIV prevention in Miami, yet success in achieving the recommendations will require continued or increased support in many public health sectors in South Florida.	Humans; Incidence; Male; Female; Risk Factors; HIV; Sexual Partners; *Health Knowledge, Attitudes, Practice; HIV prevention; *Health Plan Implementation; Pre-Exposure Prophylaxis/statistics & numerical data; Advisory Committees; implementation science; HIV Infections/diagnosis/*epidemiology/*prevention & control; Mass Screening/*statistics & numerical data; Florida/epidemiology; Health Planning Guidelines	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2019	Escudero, Jaclyn	Community perceptions about use of pre-exposure prophylaxis (PrEP) among adolescent girls and young women: A qualitative analysis	-	-	University of Washington	-	-	NA	https://digital.lib.washington.edu/researchworks/items/89283b04-9bb7-4db7-a9f7-86e2f766b8cf	Objectives: Adolescent girls and young women (AGYW) experience disproportionately higher rates of HIV acquisition compared to males of the same age, but PrEP uptake and continuation are low in this population. This study explored community perceptions around PrEP use among AGYW in Western Kenya. Design: Semi-structured in-depth focus group discussions (FGDs) were conducted with Community Advisory Board (CAB) members affiliated with two PrEP implementation projects targeting young women. Methods: FGDs were audio recorded, translated, and transcribed. Conventional content analysis and thematic networks analysis were used to identify themes relating to community perceptions of PrEP use among AGYW. Results: Four FGDs were conducted with 26 CAB members. Barriers to PrEP awareness among AGYW included lack of PrEP education in school HIV curriculum and failure of community leaders to sensitize and engage AGYW. Low uptake was thought to be associated with PrEP myths, and inaccurate understanding of who could benefit from PrEP and duration of use. AGYW may believe that PrEP is only for married/pregnant women or must be taken for life. PrEP use was viewed as unacceptable for AGYW in some communities because PrEP would increase "promiscuous" behavior, leading to decreased use of condoms and contraception, and increased STI incidence and pregnancy rates. Other barriers to uptake included confusion between PrEP and HIV treatment, lack of youth-friendly services at facilities, fear of HIV testing, and ease of access to condoms compared to PrEP. CAB members recommended integrating PrEP delivery into maternal and child health and family planning services, training community health volunteers to sensitize and deliver PrEP, and involving AGYW in policymaking as ways to improve access and uptake among AGYW. Conclusion: PrEP scale-up among AGYW will require community sensitization of AGYW to reduce stigma and clarify misperceptions.	Global Health; Africa; Women; PrEP; Public health; Adolescent girls; Community Advisory Board; Qualitative data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Ezennia, Ogochukwu; Geter, Angelica; Smith, Dawn K	The PrEP Care Continuum and Black Men Who Have Sex with Men: A Scoping Review of Published Data on Awareness, Uptake, Adherence, and Retention in PrEP Care	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02641-2	https://www.proquest.com/scholarly-journals/prep-care-continuum-black-men-who-have-sex-with/docview/2281579212/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) has demonstrated high efficacy to reduce HIV infections, however, racial/ethnic HIV disparities continue among black MSM. The purpose of this review was to assess available data to inform interventions to increase PrEP awareness, uptake, and adherence among black MSM. Of the 3024 studies retrieved, 36 met final inclusion criteria and were categorized into the PrEP care continuum: (1) awareness (n = 16), (2) uptake (n = 9), and (3) adherence (n = 12). Only 26 of the studies presented analytical findings by race/ethnicity. Key barrier themes included cost, HIV-related stigma, and fear of potential side effects. A key facilitator theme identified by black MSM included gaining PrEP awareness from social and sexual networks. There are significant gaps in research on black MSM and PrEP utilization, especially regarding PrEP uptake and adherence. These data are needed to inform interventions to address current inequities in PrEP services, to help improve care outcomes for black MSM.	HIV; Ethnicity; Pre-exposure prophylaxis; Psychology; Prevention; Adherence; Men who have sex with men; Disease prevention; Systematic review; Prophylaxis; Black; Disease control; Health equity; Social networks; Continuum of care; Retention; Side effects; Cost analysis; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Black people; Minority & ethnic groups; Social organization; Consciousness; Inequality; Literature reviews	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Facente, Shelley N; Busch, Michael P; Grebe, Eduard; Pilcher, Christopher D; Welte, Alex; Rice, Brian; Murphy, Gary	Challenges to the performance of current HIV diagnostic assays and the need for centralized specimen archives: a review of the Consortium for the Evaluation and Performance of HIV Incidence Assays (CEPHIA) repository.	Gates Open Research	-	-	-	2572-4754	10.12688/gatesopenres.13048.1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706958	Background: New challenges for diagnosis of HIV infection abound, including the impact on key viral and immunological markers of HIV vaccine studies, pre-exposure prophylaxis usage and breakthrough infections, and very early initiation of anti-retroviral treatment. These challenges impact the performance of current diagnostic assays, and require suitable specimens for development and evaluation. In this article we review and describe an archive developed by the Consortium for the Evaluation and Performance of HIV Incidence Assays (CEPHIA), in order to identify the critical features required to create a centralized specimen archive to support these current and future developments. Review and Findings: We review and describe the CEPHIA repository, a large, consolidated repository comprised of over 31,000 highly-selected plasma samples and other body fluid specimen types, with over 50 purposely designed specimen panels distributed to 19 groups since 2012. The CEPHIA repository provided financial return on investment, supported the standardization of HIV incidence assays, and informed guidance and standards set by the World Health Organization and UNAIDS. Unified data from extensively characterized specimens has allowed this resource to support biomarker discovery, assay optimization, and development of new strategies for estimating duration of HIV infection. Critical features of a high-value repository include 1) extensively-characterized samples, 2) high-quality clinical background data, 3) multiple collaborations facilitating ongoing sample replenishment, and 4) sustained history of high-level specimen utilization. Conclusion: With strong governance and leadership, a large consolidated archive of samples from multiple studies provides investigators and assay developers with easy access to diverse samples designed to address challenges associated with HIV diagnosis, helping to enable improvements to HIV diagnostic assays and ultimately elimination of HIV. Its creation and ongoing utilization should compel funders, institutions and researchers to address and improve upon current approaches to sharing specimens.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Theses and Dissertations	2019	Fadane, Noluthando Precious Nomalungisa.	The role of community leaders in the effective implementation of oral pre-exposure prophylaxis in Vulindlela, KwaZulu-Natal.	-	-	University of KwaZulu-Natal	-	na	NA	https://researchspace.ukzn.ac.za/handle/10413/19159	Oral pre-exposure prophylaxis (PrEP) is a great stride in the HIV prevention field, particularly for the vulnerable populations including adolescent girls and young women (AGYW) aged 15-24 years who are the hardest hit group with high HIV infection rates due to structural and cultural factors. This study sought to investigate the role that community leaders, as key opinion leaders and gatekeepers, play in the effective implementation of oral PrEP. The SEMCHB was used as the theoretical framework that underpinned the study, further exploring Health Belief Model at individual level of the SEMCHB and CCA at community level of the framework. Purposive sampling was used to select the study participants. A total of 10 participants, 6 councillors and 4 traditional leaders in Vulindlela were sampled and interviewed through the use of in-depth interviews. The data collected through the interviews was analysed thematically, identifying key themes that emerged from the research. The main findings were around the knowledge of oral PrEP in the community, the perceived benefits and barriers of oral PrEP, and the extent to which community leaders were willing to support and promote the implementation of oral PrEP for young women in the community. These findings support the need to empower community leaders with knowledge about oral PrEP so they can play an effective role in the implementation of oral PrEP.	Adolescent girls and young women.; Oral pre-exposure prophylaxis.; HIV prevention.; Community leaders.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Qualitative
Article	2019	Faria, Maria J; Machado, Raul; Ribeiro, Artur; Gonçalves, Hugo; Real Oliveira, Maria Elisabete C D; Viseu, Teresa; das Neves, José; Lúcio, Marlene	Rational Development of Liposomal Hydrogels: A Strategy for Topical Vaginal Antiretroviral Drug Delivery in the Context of HIV Prevention.	Pharmaceutics	-	-	-	1999-4923	10.3390/pharmaceutics11090485	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6781289	HIV/AIDS stands as a global burden, and vaginal microbicides constitute a promising strategy for topical pre-exposure prophylaxis. Preceding the development of a microbicide containing tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC), in silico and in vitro studies were performed to evaluate the physicochemical characteristics of both drugs, and to study their biophysical impact in lipid model systems. Results from these pre-formulation studies defined hydrogels as adequate vehicles to incorporate TDF-loaded liposomes and FTC. After studying interactions with mucin, zwitterionic liposomes with a mean diameter of 134 ± 13 nm, an encapsulation TDF efficiency of approximately 84%, and a transition temperature of 41 °C were selected. The chosen liposomal formulation was non-cytotoxic to HEC-1-A and CaSki cells, and was able to favor TDF permeation across polysulfone membranes (Jss = 9.9 µg·cm-2·h-1). After the incorporation of TDF-loaded liposomes and FTC in carbomer hydrogels, the drug release profile was sustained over time, reaching around 60% for both drugs within 3-6 h, and best fitting the Weibull model. Moreover, liposomal hydrogels featured pseudoplastic profiles that were deemed suitable for topical application. Overall, the proposed liposomal hydrogels may constitute a promising formulation for the vaginal co-delivery of TDF/FTC.	drug release, emtricitabine, hydrogels, liposomes, microbicides, nanomedicine, tenofovir disoproxil fumarate, topical PrEP	English	Switzerland	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	portugal	Western and Central Europe and North America	Clinical
Article	2019	Farmer, Eric K; Koren, David E; Cha, Agnes; Grossman, Katlyn; Cates, Drew W	The Pharmacist's Expanding Role in HIV Pre-Exposure Prophylaxis	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0294	https://www.proquest.com/scholarly-journals/pharmacists-expanding-role-hiv-pre-exposure/docview/2231829865/se-2?accountid=8113	The efficacy of pre-exposure prophylaxis (PrEP) to prevent HIV has been firmly established; however, the success of PrEP largely depends on access to care as well as high levels of medication adherence. One of the key areas of focus for the National HIV/AIDS Strategy for 2020 in the United States calls for full access to comprehensive PrEP services where appropriate and desired, with support for medication adherence. Despite advances and advocacy for PrEP since approval for adults in 2012, large rates of prescribing disparity exist among gender and race/ethnicity. In 2016, only 3.7% of all PrEP users were women and only 11.2% were black. As one of the most widely accessible health care resources, pharmacists are well positioned to improve patient understanding, promote medication adherence, provide key risk reduction counseling, and enhance PrEP efficacy. Pharmacists' knowledge and accessibility in nearly every urban and rural community can be leveraged as part of a comprehensive HIV prevention strategy to expand access to care and improve population health. As trusted health care professionals, pharmacists develop a strong rapport with patients and may be the key to address current disparities in PrEP prescribing patterns as well as serve as an essential liaison between patients and other members of the multi-disciplinary care team. The purpose of this review is to summarize available data on pharmacist involvement in various models of care providing PrEP services and to identify opportunities to maximize and expand the role of the pharmacist to improve access to PrEP.	Pre-exposure prophylaxis; pre-exposure prophylaxis; PrEP; prevention; Risk management; Disease prevention; Health care; Prophylaxis; Pharmacist; Risk reduction; Exposure; Drugs; Accessibility; Adhesion; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS; Minority & ethnic groups; Pharmacists; Rural areas; Rural communities; pharmacist HIV/AIDS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Farthing H.; Rodriguez A.; Armstrong M.; Iyengar S.; Nigh E.; Potter J.; Doblecki-Lewis S.	Discomfort discussing HIV/AIDS and lack of awareness are barriers to partner-to-partner pre-exposure prophylaxis education	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462418799174	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060147967&doi=10.1177%2f0956462418799174&partnerID=40&md5=89bb2a70f1a6709d9aa45b440e854e33	We suggest that people living with HIV (PLWH) may serve as pre-exposure prophylaxis (PrEP) educators for partners when informed about PrEP. Participants in this study were a convenience sample of PLWH at a public hospital in Miami. A cross-sectional survey assessed the frequency of serostatus disclosure, PrEP awareness, and willingness to recommend PrEP to intimate partners. To evaluate stigma surrounding human immunodeficiency virus (HIV), comfort discussing HIV with family, friends and intimate partners was interrogated. Surveys were completed by 137 participants; 39.5% had potentially sero-discordant sexual partners. Among respondents, 29.2% reported that they 'occasionally' or 'never' disclose HIV status to sexual partners. In all, 66.4% of patients reported that they had never heard of PrEP. After being educated about PrEP, 86.0% of respondents reported that they would encourage partners to use it. Participants were asked how often the subject of HIV comes up in conversations. Most indicated that 'rarely' or 'never' does it come up with friends and family; 46.1% indicated that 'never' or 'rarely' does it come up with partners. In bivariate analyses, participants with prior awareness of PrEP were more likely to indicate higher frequency of conversations regarding HIV with intimate partners. It is concluded that interventions which utilize partner education to increase PrEP uptake should address stigma and knowledge among other barriers. © The Author(s) 2018.	Human immunodeficiency virus; prevention; sexual practice	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Fearon E.; Phillips A.; Mtetwa S.; Chabata S.T.; Mushati P.; Cambiano V.; Busza J.; Napierala S.; Hensen B.; Baral S.; Weir S.S.; Rice B.; Cowan F.M.; Hargreaves J.R.	How Can Programs Better Support Female Sex Workers to Avoid HIV Infection in Zimbabwe? A Prevention Cascade Analysis	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001980	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064721738&doi=10.1097%2fQAI.0000000000001980&partnerID=40&md5=c8cee622fc68903c11ad2ab6ee24bbe6	Background:"HIV prevention cascades" have been proposed to support programs by identifying gaps in demand for, access to, and capability to adhere to HIV prevention tools, but there are few empirical examples to guide development. We apply a prevention cascade framework to examine prevention coverage and factors associated with condoms and/or PrEP adherence among female sex workers.Setting:Seven sites across Zimbabwe.Methods:Seven respondent-driven sampling surveys from the intervention sites of a pragmatic cluster-randomized trial in Zimbabwe in 2016 were analyzed, and 611/1439 women testing HIV-negative included. We operationalized key components of an HIV prevention cascade including demand, supply, and capability to adhere to 2 tools for HIV prevention: condoms and pre-exposure prophylaxis (PrEP). We used adjusted logistic regression to identify determinants of adherence to condoms and PrEP in turn, examining the effect of adherence to one tool on adherence to the other.Results:There were 343/611, 54.7%, women reporting adherence to condoms and/or PrEP, leaving almost half uncovered. Although women were aware that condoms prevented HIV and reported good access to them, only 45·5% reported full adherence to condom use. For PrEP, a new technology, there were gaps along all 3 domains of demand, supply, and adherence. Alcohol use decreased adherence to PrEP and condoms. Younger and newer entrants to sex work were less likely to take PrEP every day.Conclusions:HIV prevention programming among female sex workers in Zimbabwe could consider increasing awareness of PrEP alongside supply, alcohol use interventions, and approaches to engaging younger women. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	condoms; HIV prevention; pre-exposure prophylaxis; sex workers; sub-Saharan Africa; Zimbabwe	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Feng, Hwa-Ping; Guo, Zifang; Fandozzi, Christine; Panebianco, Deborah; Caro, Luzelena; Wolford, Dennis; Dreyer, Daniel P.; Valesky, Robert; Martinho, Monika; Rizk, Matthew L.; Iwamoto, Marian; Yeh, Wendy W.	Pharmacokinetic Interactions Between the Fixed-Dose Combinations of Elvitegravir/Cobicistat/Tenofovir Disoproxil Fumarate/Emtricitabine and Elbasvir/Grazoprevir in Healthy Adult Participants.	Clinical Pharmacology in Drug Development	-	-	-	2160-7648 2160-763X	10.1002/cpdd.702	https://pubmed.ncbi.nlm.nih.gov/31173673/	Treatment of individuals coinfected with human immunodeficiency virus (HIV) and hepatitis C virus (HCV) requires careful consideration of potential drug-drug interactions. The pharmacokinetic interaction of the HCV fixed-dose combination treatment of elbasvir/grazoprevir (EBR/GZR) when coadministered with the fixed-dose combination HIV treatment of elvitegravir/cobicistat/tenofovir disoproxil fumarate/emtricitabine (EVG/COB/TDF/FTC) was evaluated in 22 healthy adults. In period 1, oral doses of EVG/COB/TDF/FTC (150 mg/150 mg/300 mg/200 mg) were administered once daily for 7 days. In period 2, oral doses of EBR/GZR (50 mg/100 mg) were administered once daily for 10 days. In period 3, oral doses of EVG/COB/TDF/FTC were coadministered with EBR/GZR once daily for 10 days. The pharmacokinetics of EVG/COB/TDF/FTC were not clinically meaningfully altered by concomitant EBR/GZR administration. Geometric mean ratios (90%CIs) for area under the plasma concentration-time curve from time 0 to 24 hours (AUC(0-24)) in the presence/absence of EBR/GZR were 1.1 (1.0, 1.2) for elvitegravir; 1.1 (1.0, 1.1) for emtricitabine; 1.2 (1.1, 1.2) for tenofovir; and 1.5 (1.4, 1.6) for cobicistat. In comparison, the AUC(0-24) of elbasvir was ~2 times higher and the AUC(0-24) of grazoprevir was ~5 times higher following concomitant administration of EVG/COB/TDF/FTC and EBR/GZR. Geometric mean ratios (90%CI) for AUC(0-24) in the presence/absence of EVG/COB/TDF/FTC were 2.2 (2.0, 2.4) for elbasvir and 5.4 (4.5, 6.4) for grazoprevir. Coadministration of EVG/COB/TDF/FTC and EBR/GZR was generally well tolerated in healthy adults in this study. Nevertheless, because of the increased GZR exposure that occurs with coadministration of EVG/COB/TDF/FTC and EBR/GZR, coadministration of this combination is not recommended in those coinfected with HIV and HCV.	HIV/AIDS; clinical pharmacology; drug-drug interactions; hepatitis C.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2019	FERRARI, FELIPE CAVALCANTI	Perseguindo uma inovadora promessa em tempos de retrocessos: o debate público sobre HIV/AIDS em Porto Alegre e a emergência da Profilaxia Pré-Exposição (PREP)	-	-	UFJF	-	-	NA	NA	Esta dissertação tem por objetivo explorar a emergência da Profilaxia Pré-Exposição (PrEP), enquanto uma importante "inovação" biomédica no campo da prevenção ao HIV/AIDS, considerando a proeminência de um debate público mais amplo sobre a epidemia na cidade de Porto Alegre. Tal "inovação" biomédica recentemente foi incorporada ao Sistema Único de Saúde (SUS) do Brasil. Parte-se de discussões acerca do processo de biomedicalização da resposta à epidemia e da presença de movimentos sociais na constituição do que chamo de um debate público, entendido como parte integrante das políticas de produção do conhecimento que cercam o HIV/AIDS. Nesse sentido, procura-se reconhecer e explorar diferentes temporalidades associadas a um momento em que se manifesta a consolidação de importantes promessas no campo, ao mesmo tempo em que são notados retrocessos marcantes na política nacional de resposta à epidemia. Explorando essas temporalidades, a presente investigação procura evidenciar performances específicas da promessa carregada pela PrEP e como esta promessa participa desse debate público. A etnografia foi realizada se valendo de diferentes abordagens teórico-metodológicas, incindindo em técnicas como a análise documental, a observação participante e o recurso a entrevistas semi-estruturadas. Foram analisados documentos relativos ao processo de incorporação da PrEP pela via da Comissão Nacional de Incorporação de Tecnologias no SUS (Conitec), além de reportagens, artigos científicos e outras publicações que pudessem ser úteis para uma descrição do processo de incorporação da tecnologia de prevenção. São descritos eventos marcantes que ocorreram na cidade de Porto Alegre, a fim de evidenciar quais são os termos do debate público sobre HIV/AIDS, num momento em que a PrEP começa a se consolidar enquanto política pública no sistema de saúde. Nota-se a partir das entrevistas realizadas com voluntários do Grupo de Apoio à Prevenção da AIDS do Rio Grande do Sul (GAPA-RS) e de um comitê que assessora um ensaio clínico internacional envolvendo a PrEP em Porto Alegre, os sentidos que ganham a prevenção ao HIV/AIDS e a intervenção biomédica em meio a esse debate público, por parte da histórica participação dos movimentos sociais na resposta à epidemia.	HIV/AIDS;Profilaxia Pré-Exposição (PrEP),;biomedicalização;movimentos sociais,;antropologia da ciência	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Ferreira, Ana Cristina Garcia; Coelho, Lara Esteves; Jalil, Emilia Moreira; Luz, Paula Mendes; Friedman, Ruth K; Guimarães, Maria Regina C; Moreira, Rodrigo C; Eksterman, Leonardo F; Cardoso, Sandra Wagner; Castro, Cristiane V; Derrico, Monica; Moreira, Ronaldo I; Fernandes, Biancka; Monteiro, Laylla; Kamel, Luciana; Pacheco, Antonio G; Veloso, Valdilea G; Grinsztejn, Beatriz	Transcendendo: A Cohort Study of HIV-Infected and Uninfected Transgender Women in Rio de Janeiro, Brazil.	Transgender Health	-	-	-	2688-4887	10.1089/trgh.2018.0063	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6455979	Purpose: Worldwide, the burden of adverse health conditions is substantial among travestis and transgender women (trans women). Transcendendo, the first trans-specific cohort in a low- or middle-income country, is an open cohort established in August 2015 to longitudinally evaluate the health aspects of trans women aged ≥18 years in Rio de Janeiro, Brazil. Methods: Study visits occur on an annual basis. Data on sociodemographics, behavioral, gender transition, affirmation procedures, hormone use, discrimination, violence, clinical and mental health, HIV prevention, and care (for those HIV-infected) are collected. Physical examination, anthropometric measurements, and laboratory tests are performed. Results: As of July 2017, 322 trans women were enrolled in the cohort with a median age of 31.5 years (interquartile range 25.7-39.5), of whom 174 (54%) were HIV-infected. The Transcendendo baseline information reinforces the scenario of marginalization and deprivation surrounding trans women. Most participants had low income (62.0% were living with below US$ 10.00/day), showed a very high engagement in sex work (78.6%), and reported increased occurrence of sexual (46.3%) and physical (54.0%) violence. Pre-exposure prophylaxis (PReP) was used by 18.8% of the HIV-uninfected trans women, only through research participation. Positive screening for depression (57.8%) and problematic use of tobacco (56.6%), cannabis (28.9%), cocaine (23.8%), and alcohol (21.5%) were high. Almost all participants (94.8%) reported hormone use at some point, mostly without medical supervision (78.7%). Conclusion: Our results describe a context of exclusion experienced by trans women, exposing vulnerabilities of this population in a middle-income country, with poor access to trans-specific care, HIV prevention and care, and mental health care. Addressing transgender experiences and needs can help the development of strategies to diminish stigma, improve health care environment, guide future research on trans morbidities, substance use, and trans-specific interventions to support health-related recommendations. Ultimately, it contributes to close the gaps concerning transgender health and reinforces that trans care cannot be disentangled from the social environment that surrounds trans women.	cohort, HIV, transgender health, transgender person, transgender woman	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2019	Fina L.; Phillips A.L.; Jones A.T.; Couzens Z.M.; Drayton R.; Thomas D.R.; Shankar A.G.	Early experience of implementing a national HIV pre-exposure prophylaxis service in Wales, United Kingdom 2017	Sexual Health	-	-	-	14485028	10.1071/SH18091	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057760216&doi=10.1071%2fSH18091&partnerID=40&md5=ee9cc0ce88c243d4bfe84453ae395836	Background: Pre-exposure prophylaxis (PrEP) was introduced in Sexual Health Services of the Welsh National Health Service (NHS Wales) in July 2017 as a 3-year pilot service. Methods: Data were collected through the pre-existing Sexual Health in Wales Surveillance System, to which codes were added to capture PrEP eligibility, outcome of offer of PrEP, reasons for declining and adherence. Eligibility categories were defined based on nationally agreed criteria: men who have sex with men (MSM) and transgender people at high risk of HIV acquisition partners of HIV-positive individuals not known to be virally suppressed and heterosexuals reporting condomless intercourse with a HIV-positive individual not known to be virally suppressed. Results: During the first 6 months, 516 people were eligible, 96% of which were MSM. Overall, 57% of those eligible (296/516) started PrEP. Reasons for declining PrEP were given by 88 (56%) of 157 people 50 (57%) of whom did not believe themselves to be at risk. Of the available adherence assessments, 89% considered that all risk episodes had been covered. Persistence at 3 months was assessed for 141 people, of which 93 (66%) were still using PrEP. There were no HIV diagnoses in people taking PrEP during the first 6 months. Twenty-nine people were diagnosed with 37 episodes of sexually transmissible infections (STIs) while on PrEP. STI incidence was 105.7 per 100 person-years. Conclusions: The early trend indicates that implementation of PrEP is progressing as planned, and the service has been utilised by clients. This analysis can help refine implementation, inform planning and research around uptake, use and effect in Wales and internationally. © 2019 CSIRO.	adherence; antiretrovirals; MSM; PrEP; STIs	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Finlayson T.; Cha S.; Xia M.; Trujillo L.; Denson D.; Prejean J.; Kanny D.; Wejnert C.; Abrego M.; Al-Tayyib A.; Anderson B.; Barak N.; Bayang L.; Beckford J.M.; Benbow N.; Bolden B.; Brady K.A.; Brandt M.-G.; Braunstein S.; Burt R.; Cano R.; Carrillo S.; Deng J.; Doherty R.; Flynn A.; Flynn C.; Forrest D.; Fukuda D.; German D.; Glick S.; Godette H.; Griffin V.; Higgins E.; Ick T.; Jaenicke T.; Jimenez A.D.; Khuwaja S.; Klevens M.; Kuo I.; LaLota M.; Lopez Z.; Ma Y.; Macomber K.; Schuette S.M.; Mattson M.; Melton D.; De León S.M.; Neaigus A.; Nixon W.; Nnumolu C.; Novoa A.; O'Cleirigh C.; Opoku J.; Padgett P.; Poe J.; Prachand N.; Fisher Raymond H.; Rehman H.; Reilly K.H.; Rivera A.; Robinson W.T.; Rolón-Colón Y.; Sato K.; Schacht J.-M.; Sey E.K.; Sheu S.; Shinefeld J.; Shpaner M.; Sinclair A.; Smith L.; Spencer E.; Tate A.; Thiede H.; Todd J.; Tovar-Moore V.; Vaaler M.; Wittke C.; Wogayehu A.; Wortley P.; Zarwell M.C.	Changes in HIV preexposure prophylaxis awareness and use among men who have sex with men — 20 urban areas, 2014 and 2017	MMWR Recommendations and Reports	-	-	-	1492195	10.15585/MMWR.MM6827A1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069796315&doi=10.15585%2fMMWR.MM6827A1&partnerID=40&md5=6e061a1d88eb2138107064 6ed706c0fb	What is already known about this topic? Men who have sex with men (MSM) can reduce their risk for human immunodeficiency virus (HIV) infection by using preexposure prophylaxis (PrEP) consistently. Increasing PrEP use is a principal strategy of the Ending the HIV Epidemic initiative. What is added by this report? From 2014 to 2017, PrEP awareness among MSM in 20 urban areas increased from 60% to 90%, and PrEP use increased from 6% to 35%. PrEP use increased in almost all demographic subgroups but remains lower among black and Hispanic MSM. What are the implications for public health practice? By routinely testing patients for HIV, assessing HIV-negative patients for risk behaviors, and prescribing PrEP as needed, health care providers can play a critical role in ending the HIV epidemic. © 2019 Department of Health and Human Services. All rights reserved.	adolescentadultAfrican Americanattitude to healthepidemicethnologyHispanichumanHuman immunodeficiency virus infectionmalemale homosexualitypre-exposure prophylaxispsychologystatistics and numerical dataUnited Statesurban populationyoung adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	Flores, Nicholas	PrEParing and Producing the Queer Medical Subject: An Ethnographic Account of Race, Ethnicity, Gender, Sexuality, and Class in Columbus, Ohio in the Time of Pre-Exposure Prophylaxis (PrEP)	-	-	The Ohio State University / OhioLINK	-	na	NA	http://rave.ohiolink.edu/etdc/view?acc_num=osu155715931433105	This dissertation examines the proliferation of the HIV pharmaceutical drug, Truvada, as an oral chemo pre-exposure prophylaxis, referred to as PrEP in central Ohio. I trace the social and cultural effects of PrEP on individuals and communities whose risks of HIV transmission are particularly elevated and cited in public health and medical literatures. My aim is to show how the distribution of PrEP in central Ohio elucidates meaning-making practices among key actors, stakeholders, structures, and institutional forces that claim efficacy of the drug through ethnic, racial, sexual, and class informed logics regarding the science and technology of PrEP. The objective of this project is to gain insight into how PrEP comes to matter as it moves from pharmaceutical laboratories, clinical sites, community-based organizations, and, finally, into a broader public sphere surrounding HIV/AIDS discourses and practices. As an ethnographer, I employ an interdisciplinary and collaborative research approach that draws from cultural and medical anthropology, literature on sex and sexuality, and critical literatures on race and ethnicity in the United States. I draw on ethnographic, discursive, and historical analysis to address the nature of minority communities' responses to PrEP by examining three independent yet interrelated moving parts: local community-based medical clinics and pharmacies, individual level knowledge and practices, and the broader HIV/AIDS context in the United States. I conducted sixteen months of ethnographic fieldwork and worked directly with medical providers, pharmacists, PrEP advocates, and minority populations to better understand the uptake and significance of PrEP in a local setting. I argue for expanded conceptualizations of structural racism and justice within the medical field in the United States, one oriented toward health equity, structural competency, and social and racial justice. My research expands upon how we think about social markers of difference in relationship to medical knowledge and practice. My research also highlights how medical mistrust, racism, shame, and stigma around sex practices continue to persist that affect medical encounters and PrEP use. The dissertation elucidates the material, political, and affective work that HIV prevention technologies are made to do in relation to our social and cultural contexts emerging out of contested histories of racialization and sexualization. While this dissertation is interested in PrEP's proliferation and the reconfiguration of what types of intimacy, pleasure, and affective registers are made available, it is equally invested in how these differential relationships are enacted in HIV prevention work. My project demonstrates that an understanding of HIV prevention must engage multiple convergences and how meanings are produced through the interaction of various phenomena, which include specific biomedical interventions like PrEP, as well as figurations of knowledge production found in multi-media campaigns, clinical practices, educational presentations about PrEP, and the bodies for whom the drug is intended. Each component and entity operates differently and creates their own space, as well as produce values to the practices, networks, and actors that are linked through racialization and sexualization.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Footer K.H.A.; Lim S.; Rael C.T.; Greene G.J.; Carballa-Diéguez A.; Giguere R.; Martinez M.; Bockting W.; D'Aquila R.; Sherman S.G.	Exploring new and existing PrEP modalities among female sex workers and women who inject drugs in a U.S. city	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1587352	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062439711&doi=10.1080%2f09540121.2019.1587352&partnerID=40&md5=d14f1bb5a2e83be4f67177 8af75edfe2	To address a shortage in research on Pre-Exposure Prophylaxis (PrEP) amongst women at high risk of HIV acquisition, this study explored the attitudes and preferences of female sex workers (FSW) (n = 15) and women who inject drugs (WWID) (n = 16) to existing (e.g., pill) and new (e.g., injection, implant) PrEP modalities, in Baltimore, Maryland, U.S.A. This study reports on seven focus groups conducted between December 2016 and April 2017 and aims to provide new insights into FSW and WWID attitudes and preferences towards three different PrEP delivery methods (i.e., PrEP pill, PrEP implant, PrEP injection). Results draw upon the PrEP care continuum framework and distill existing factors, including lack of control over side effects with new, longer lasting modalities, better privacy with injections, increased adherence with reduced dosing schedules from longer lasting PrEP and new factors such as perceptibility concerns with respect to the PrEP implant relevant to PrEP uptake and adherence among two important overlapping, at-risk populations. The study contributes to a better understanding of barriers and facilitators to uptake and adherence for FSW and WWID around both existing and new PrEP modalities, with implications for future clinical trials and PrEP interventions with at-risk populations. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	female injection drug user; female sex worker; HIV; Modes of delivery; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Force, Preventive Services Task; Owens, Douglas K; Davidson, Karina W; Krist, Alex H; Barry, Michael J; Cabana, Michael; Caughey, Aaron B; Curry, Susan J; Doubeni, Chyke A; Epling, John W; Kubik, Martha; Landefeld, C Seth; Mangione, Carol M; Pbert, Lori; Silverstein, Michael; Simon, Melissa A; Tseng, Chien-Wen	Preexposure Prophylaxis for the Prevention of HIV Infection: US Preventive Services Task Force Recommendation Statement	-	-	University of California	-	0098-7484	https://doi.org/10.1001/jama.2019.6390	https://escholarship.org/uc/item/9cb63897	ImportanceAn estimated 1.1 million individuals in the United States are currently living with HIV, and more than 700 000 persons have died of AIDS since the first cases were reported in 1981. In 2017, there were 38 281 new diagnoses of HIV infection reported in the United States; 81% of these new diagnoses were among males and 19% were among females. Although treatable, HIV infection has no cure and has significant health consequences.ObjectiveTo issue a new US Preventive Services Task Force (USPSTF) recommendation on preexposure prophylaxis (PrEP) for the prevention of HIV infection.Evidence reviewThe USPSTF reviewed the evidence on the benefits of PrEP for the prevention of HIV infection with oral tenofovir disoproxil fumarate monotherapy or combined tenofovir disoproxil fumarate and emtricitabine and whether the benefits vary by risk group, population subgroup, or regimen or dosing strategy; the diagnostic accuracy of risk assessment tools to identify persons at high risk of HIV acquisition; the rates of adherence to PrEP in primary care settings; the association between adherence and effectiveness of PrEP; and the harms of PrEP when used for HIV prevention.FindingsThe USPSTF found convincing evidence that PrEP is of substantial benefit in decreasing the risk of HIV infection in persons at high risk of HIV acquisition. The USPSTF also found convincing evidence that adherence to PrEP is highly associated with its efficacy in preventing the acquisition of HIV infection; thus, adherence to PrEP is central to realizing its benefit. The USPSTF found adequate evidence that PrEP is associated with small harms, including kidney and gastrointestinal adverse effects. The USPSTF concludes with high certainty that the magnitude of benefit of PrEP with oral tenofovir disoproxil fumarate-based therapy to reduce the risk of acquisition of HIV infection in persons at high risk is substantial.Conclusions and recommendationThe USPSTF recommends offering PrEP with effective antiretroviral therapy to persons at high risk of HIV acquisition. (A recommendation).	Infectious Diseases; Clinical Trials and Supportive Activities; HIV/AIDS; Clinical Research; Prevention; 6.1 Pharmaceuticals; Evaluation of treatments and therapeutic interventions; Infection; Good Health and Well Being; Acquired Immunodeficiency Syndrome; Administration; Oral; Advisory Committees; Anti-Retroviral Agents; Drug Therapy; Combination; Emtricitabine; Female; HIV Infections; Humans; Male; Medication Adherence; Pre-Exposure Prophylaxis; Risk Assessment; Risk Factors; Tenofovir; United States; US Preventive Services Task Force; Medical and Health Sciences; General & Internal Medicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2019	Frasca K.; Castillo-Mancilla J.; McNulty M.C.; Connors S.; Sweitzer E.; Zimmer S.; Madinger N.	A Mixed Methods Evaluation of an Inclusive Sexual History Taking and HIV Prevention Curriculum for Trainees	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-019-04958-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065167828&doi=10.1007%2fs11606-019-04958-z&partnerID=40&md5=aebac76d4f6248a2c2926d84f59792c2	Background: Health disparities exist in HIV risk in the USA among the lesbian-gay-bisexual-transgender-queer (LGBTQ) community. There is also scarce literature on curricula for HIV prevention and pre-exposure prophylaxis (PrEP) for trainees. Aim: To create a curriculum to train residents to perform inclusive sexual history taking and HIV prevention care. The curriculum covers sexual history, LGBTQ health, sexually transmitted infections, and HIV risk assessment and risk reduction counseling including use of PrEP. Setting: A dedicated PrEP Clinic was created within an Academic Medical Center Outpatient HIV Clinic. Patients were primarily LGBTQ identified, but also included HIV sero-discordant couples, cisgender individuals, heterosexual invididuals, and those with experience of homelessness, sex work, and substance abuse. Participants: Thirty-four internal medicine residents completed the course between November 2017 and May 2018. Program Description: The curriculum was delivered as Just in Time Teaching (JiTT) via online virtual patient cases followed by directly observed clinical care at a large urban PrEP clinic. Program Evaluation and Results: The effectiveness of the curriculum was assessed through paired pre/post-self-assessment surveys (n = 19), additional post-surveys on the online modules (n = 22), and interviews (n = 9). Many respondents reported no prior training or inadequate prior training in the course content. As a result of the course, participants reported statistically significant increased confidence and comfort in all seven HIV prevention topic areas, with the greatest gains in safe sex counseling for LGBTQ patients and in discussing PrEP (mean changes of 1.21, 1.58 on 5-point Likert scale, respectively, p < 0.0001). Six of nine interviewees post-course had applied what they learned to patient care; five indicated their learning would benefit patients. Discussion: An HIV prevention curriculum focused on cultural humility in care can improve trainee's skills in HIV risk reduction counseling, including PrEP, among all patients including those identifying as LGBTQ. © 2019, Society of General Internal Medicine.	disparities; HIV; medical education curriculum development/evaluation; preventative care; underserved populations	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Fujimoto K.; Wang P.; Flash C.A.; Kuhns L.M.; Zhao Y.; Amith M.; Schneider J.A.	Network Modeling of PrEP Uptake on Referral Networks and Health Venue Utilization Among Young Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2327-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056784329&doi=10.1007%2fs10461-018-2327-7&partnerID=40&md5=9f53f1f35bd01bc8bd4dd2b935acea05	The objective of this study is to identify individual-level factors and health venue utilization patterns associated with uptake of pre-exposure prophylaxis (PrEP) and to evaluate whether PrEP uptake behavior is further diffused among young men who have sex with men (YMSM) through health venue referral networks. A sample of 543 HIV-seronegative YMSM aged 16–29 were recruited in 2014–2016 in Chicago, IL, and Houston, TX. Stochastic social network models were estimated to model PrEP uptake. PrEP uptake was associated with more utilization of health venues in Houston and higher levels of sexual risk behavior in Chicago. In Houston, both Hispanic and Black YMSM compared to White YMSM were less likely to take PrEP. No evidence was found to support the spread of PrEP uptake via referral networks, which highlights the need for more effective PrEP referral network systems to scale up PrEP implementation among at-risk YMSM. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Auto-logistic actor attribute models; Exponential random graph models; Health care delivery system; PrEP; Social network analysis; Systems science methodology; Young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Fulcher, Jennifer A; Li, Fan; Cook, Ryan R; Zabih, Sara; Louie, Alexander; Okochi, Hideaki; Tobin, Nicole H; Gandhi, Monica; Shoptaw, Steven; Gorbach, Pamina M	Rectal Microbiome Alterations Associated With Oral Human Immunodeficiency Virus Pre-Exposure Prophylaxis.	Open Forum Infectious Diseases	-	-	-	2328-8957	https://doi.org/10.1093/ofid/ofz463	https://escholarship.org/uc/item/43p9j71q	BackgroundOral daily tenofovir (TFV) disoproxil fumarate/emtricitabine (TDF/FTC) for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is highly effective for HIVprevention, yet long-term effects are not fully understood. We investigated the effects of PrEP on the rectal microbiome in a cohort of men who have sex with men (MSM).MethodsThis cross-sectional analysis included HIV-negative MSM either on PrEP (n = 37) or not (n = 37) selected from an ongoing cohort using propensity score matching. Rectal swabs were used to examine microbiome composition using 16S ribosomal ribonucleic acid gene sequencing, and associations between PrEP use and microbiota abundance were examined. Hair specimens were used to quantify TFV and FTC exposure over the past 6 weeks on a subset of participants (n = 15).ResultsPre-exposure prophylaxis use was associated with a significant increase in Streptococcus abundance (adjusted P = .015). Similar associations were identified using least absolute shrinkage and selection operator (LASSO) regression, confirming the increase in Streptococcus and also showing increased Mitsuokella, Fusobacterium, and decreased Escherichia/Shigella. Increased Fusobacterium was significantly associated with increasing TFV exposure.ConclusionsOral TDF/FTC for PrEP is associated with rectal microbiome changes compared to well matched controls, specifically increased Streptococcus and Fusobacterium abundance. This study highlights the need for future investigations of the role of microbiome changes on HIV susceptibility and effectiveness of PrEP.	men who have sex with men; pre-exposure prophylaxis; rectal microbiome	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Gafos, Mitzy; Horne, Rob; Nutland, Will; Bell, Gill; Rae, Caroline; Wayal, Sonali; Rayment, Michael; Clarke, Amanda; Schembri, Gabriel; Gilson, Richard; McOwan, Alan; Sullivan, Ann; Fox, Julie; Apea, Vanessa; Dewsnap, Claire; Dolling, David; White, Ellen; Brodnicki, Elizabeth; Wood, Gemma; Dunn, David; McCormack, Sheena	The Context of Sexual Risk Behaviour Among Men Who Have Sex with Men Seeking PrEP, and the Impact of PrEP on Sexual Behaviour	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2300-5	https://www.proquest.com/scholarly-journals/context-sexual-risk-behaviour-among-men-who-have/docview/2117638467/se-2?accountid=8113	There are still important gaps in our understanding of how people will incorporate PrEP into their existing HIV prevention strategies. In this paper, we explore how PrEP use impacted existing sexual risk behaviours and risk reduction strategies using qualitative data from the PROUD study. From February 2014 to January 2016, we conducted 41 in-depth interviews with gay, bisexual and other men who have sex with men (GBMSM) enrolled in the PROUD PrEP study at sexual health clinics in England. The interviews were conducted in English and were audio-recorded. The recordings were transcribed, coded and analysed using framework analysis. In the interviews, we explored participants' sexual behaviour before joining the study and among those using or who had used PrEP, changes to sexual behaviour after starting PrEP. Participants described the risk behaviour and management strategies before using PrEP, which included irregular condom use, sero-sorting, and strategic positioning. Participants described their sexual risk taking before initiating PrEP in the context of the sexualised use of drugs, geographical spaces linked with higher risk sexual norms, and digitised sexual networking, as well as problematic psychological factors that exacerbated risk taking. The findings highlight that in the main, individuals who were already having frequent condomless sex, added PrEP to the existing range of risk management strategies, influencing the boundaries of the 'rules' for when not to use condoms. While approximately half the participants described some existing risk reduction strategies after starting PrEP, the other half did not alter their behaviours. PrEP provided an additional HIV prevention option to a cohort of GBMSM at high risk of HIV due to inconsistent use of other prevention options. In summary, PrEP provides a critical and necessary additional HIV prevention option that individuals can add to existing strategies in order to enhance protection, at least from HIV. As a daily pill, PrEP offers protection in the context of the sex cultures associated with sexualised drug use, digitised sexual applications and shifting social norms around sexual fulfilment and risk taking. PrEP can offer short or longer-term options for individuals as their sexual desires change over their life course offering protection from HIV during periods of heightened risk. PrEP should not be perceived or positioned in opposition to the existing HIV prevention toolkit, but rather as additive and as a tool that can and is having a substantial impact on HIV.	Bisexuality; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Prevention; Risk compensation; Sexually transmitted infection; Risk factors; Men who have sex with men; Risk management; Sexual behavior; Sexual health; Disease prevention; Prep; Risk reduction; Drug use; Protection; Drug abuse; Qualitative analysis; Qualitative research; Risk behavior; Sex; Strategies; Sexual and reproductive health; UK; Sexual risk behaviour; Gay and other MSM; Norms; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Health risks; Reduction; Behavior modification; Risk taking; Health problems; Social norms; Psychological aspects; Psychological factors; Human behavior; Digitization	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative

Article	2019	Gaissad L.; Velter A.	"Getting high to get laid." Drugs and gay sex under influence.	Sexologies	-	-	-	-	11581360	10.1016/j.sexol.2019.06.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068969529&doi=10.1016%2fj.sexol.2019.06.007&partnerID=40&md5=a1a2b003bd666bcb054f81181460c5c4	The major studies on men who have sex with men (MSM) in France (which began with Michael Pollak and Marie-Ange Schiltz forty years ago in Gay Press) introduced the idea of drug use in 1997, just after highly effective antiretroviral treatment (HAART) combinations were made available for HIV, making AIDS a manageable chronic condition. Australian researcher Kane Race identifies this time as the beginning of a "lifetime of drugs", but the utility of surveys into the use of psychoactive substances among gay people was to emerge in the following decades, after it was discovered that ARV treatments could keep viral load at undetectable levels in HIV-positive people, who could therefore no longer infect others. In the early 2010s, the use of drugs became a major theme in surveys of gay sexuality, and in particular the use of drugs in a sexual setting, which was named "chemsex". Men who adopt this practice tend to have intense sex lives, with a very large number of sexual partners over the past 12 months, regular attendance at sexual meeting places, specific sexual practices and do not use condoms for anal penetration. The majority who are involved are HIV-positive MSM or HIV-negative MSM on PrEP. To date, the research and publications looking at chemsex have only investigated it through the prism of the associated risks linked to addiction and compulsive behaviour. In this article we intend to show how the emergence of a scientific literature of chemsex has contributed to a masking of the strictly sexual behaviours associated with it. We will draw upon two complementary types of material: several quantitative surveys of sexual and HIV prevention behaviours among gay men and other MSM (Prevagay 2015, the 2017 "Rapport au Sexe" survey, known as ERAS). and the initial results of the APACHES survey (Attentes et PArcours liés au CHEmSex/Expectations and Experiences of Chemsex), which used biographical interviews carried out on behalf of OFDT in 2018, focusing on sexual scripts as well as the role of pleasure and contemporary ways of socialising in this subculture. © 2019 Elsevier Masson SAS	Chemsex; HIV; Mental health; MSM; Pleasure; Sexual behaviour; Sexual health	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2019	Gamarel K.E.; Golub S.A.	Closeness Discrepancies and Intimacy Interference: Motivations for HIV Prevention Behavior in Primary Romantic Relationships	Personality and Social Psychology Bulletin	-	-	-	-	1461672	10.1177/0146167218783196	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049851615&doi=10.1177%2f0146167218783196&partnerID=40&md5=c21d561a978c2ae42d875fe0cb4f3b1e	Relational closeness has been positively associated with relationship quality and mental health; however, desire for closeness and intimacy in a relationship may also motivate sexual risk-taking, that is, forgoing condom use. This study examined the impact of desiring more closeness with a primary partner (i.e., motivation for reducing closeness discrepancies) on HIV prevention behavior. Using pre-exposure prophylaxis (PrEP) as a case study, we examined the extent to which closeness discrepancies motivate behavioral intentions (Study 1) and actual behavior (Study 2). In both studies, desiring more closeness and believing that condoms interfere with intimacy were independently positively associated with PrEP adoption. Understanding the relational needs for closeness and intimacy in motivating prevention behavior is critical for social psychology, relationship science, and public health efforts to improve sexual health. © 2018 by the Society for Personality and Social Psychology, Inc.	closeness; discrepancies; HIV prevention; pre-exposure prophylaxis; relationships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Gamarel, Kristi E.; Darbes, Lynae A.; Hightow-Weidman, Lisa; Sullivan, Patrick; Stephenson, Rob	The Development and Testing of a Relationship Skills Intervention to Improve HIV Prevention Uptake Among Young Gay, Bisexual, and Other Men Who Have Sex With Men and Their Primary Partners (We Prevent): Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/10370	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6746068/	BACKGROUND: Young gay, bisexual, and other men who have sex with men (YMSM) continue to be the group most heavily impacted by HIV in the United States. Substantial evidence indicates that up to two-thirds of new HIV infections occur in the context of a main partnership. Couples HIV testing and counseling (CHTC) has been shown to be a promising and effective strategy for increasing HIV prevention uptake among male couples; however, YMSM who are new to relationships may not have yet developed the efficacy, negotiation, and communication skills to navigate HIV testing in their relationship and communicate around developing a prevention plan. OBJECTIVE: This study aims to develop and test a relationship skills-focused HIV prevention intervention for YMSM and their partners. The intervention consists of two telehealth-delivered sessions: the first focuses on relationship skills and the second consists of CHTC and prevention planning. Both sessions are attended by both members of the dyad. METHODS: This protocol describes the development of the proposed intervention (We Prevent) and pilot test to examine its feasibility and preliminary efficacy. The intervention will include two motivational interviewing-based sessions: session one is a relationship skills-building session, focused on techniques to explore and build communication skills in a relationship, to help YMSM develop and enhance necessary skills for their current and future relationships; the second session is a CHTC session with YMSM and their partners, to help them develop an HIV prevention plan. Through qualitative data collection and a one-arm pilot with YMSM, we will develop and refine a developmentally appropriate relationship skills session as an addition to the current CHTC intervention. We will then conduct a pilot randomized controlled trial (RCT), comparing the acceptability, feasibility, and preliminary efficacy of the adapted two-session intervention for YMSM versus a control group receiving one session only-a CHTC session delivered via telehealth. RESULTS: The We Prevent intervention is designed to increase uptake of HIV prevention, shown through self-reported reductions in condomless sex and increases in knowledge and uptake of pre-exposure prophylaxis. In addition, the intervention is designed to increase HIV and sexually transmitted infection (STI) testing. STI incidence is examined as a secondary outcome. A cost-input analysis will examine the costs associated with intervention delivery to inform future scale-up of the intervention. CONCLUSIONS: Drawing on theory and existing CHTC protocols delivered with video-based counseling, this proposed intervention affords the opportunity to empower YMSM with the skills necessary to communicate with their partners and protect themselves from HIV in their current and future relationships. TRIAL REGISTRATION: Clinicaltrials.gov NCT03551938; https://clinicaltrials.gov/ct2/show/NCT03551938 (Archived by WebCite at http://www.webcitation.org/73omJCz1a). INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR1-10.2196/10370.	HIV; adolescents; men who have sex with men; telehealth; couples	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Gandhi, Monica; Bacchetti, Peter; Spinelli, Matthew A.; Okochi, Hideaki; Baeten, Jared M.; Siriprakaisil, Oraphan; Klinbuayaem, Virat; Rodrigues, Warren C.; Wang, Guohong; Vincent, Michael; Cressey, Tim R.; Drain, Paul K.	Validation of a Urine Tenofovir Immunoassay for Adherence Monitoring to PrEP and ART and Establishing the Cutoff for a Point-of-Care Test.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000001971	https://pubmed.ncbi.nlm.nih.gov/30664078/	BACKGROUND: Current pharmacologic adherence monitoring for antiretrovirals involves expensive, labor-intensive liquid chromatography/tandem mass spectrometry (LC-MS/MS)-based methods. Antibody-based assays can monitor and support adherence in real time. We developed a tenofovir (TFV)-based immunoassay and further validated it in a directly observed therapy (DOT) study. DESIGN: Pharmacologic DOT study of TFV disoproxil fumarate (TDF)/emtricitabine (FTC) administered to HIV-noninfected volunteers. METHODS: The TARGET study provided directly observed TDF 300 mg/FTC 200 mg 7 (high adherence), 4 (moderate), and 2 doses/week (low) to 30 volunteers (10/group) in Thailand, collecting a total of 637 urine samples over 6 weeks of administration and during washout. ELISA measured urine TFV levels by the immunoassay and LC-MS/MS measurements served as the gold standard. A mixed-effects regression model evaluated cutoffs for a point-of-care assay. Performance characteristics of the immunoassay were compared with LC-MS/MS at a chosen cutoff. RESULTS: Median TFV levels were 12,000 ng/mL by the immunoassay 1 day after dosing; 5000 ng/mL 2 days after dosing; 1500 ng/mL 3 days after dosing; and below the lower limit of quantification thereafter (≥4 days). An immunoassay cutoff of 1500 ng/mL accurately classified 98% of patients who took a dose 24 hours ago as adherent. The specificity and sensitivity of the immunoassay compared with LC-MS/MS at the 1500 ng/mL cutoff were 99% and 94%; the correlation between TFV levels by the 2 assays was high (0.92, P < 0.00001). CONCLUSIONS: We have developed a novel TFV immunoassay that is highly specific, sensitive, and correlates strongly with LC-MS/MS measurements in a large DOT study. Adherence benchmarks from this DOT study will guide the development of a low-cost rapid point-of-care test for pre-exposure prophylaxis and antiretroviral treatment adherence monitoring and interventions.	Humans; HIV Infections/*drug therapy; *Medication Adherence/statistics & numerical data; Pre-Exposure Prophylaxis/*methods/statistics & numerical data; *Point-of-Care Testing; Anti-HIV Agents/therapeutic use/*urine; Enzyme-Linked Immunosorbent Assay/*methods; Tenofovir/therapeutic use/*urine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ganesh S.	A feasibility literature review, to explore the need to undertake a study, to assess the level of knowledge and awareness of HIV pre-exposure prophylaxis (PrEP) as an HIV prevention modality, among young adults attending institutes of higher learning in Durban, Kwa-Zulu Natal, South Africa	Indian Journal of Public Health Research and Development	-	-	-	-	9760245	10.37506/v10/i12/2019/ijphrd/192163	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089761626&doi=10.37506%2fv10%2fi12%2f2019%2fijphrd%2f192163&partnerID=40&md5=dcc82b486071930f87d1a54b1dd26fe6	HIV-AIDS is an alarming health concern both globally and locally which continues to increase, despite efforts to curb the epidemic. The rate of new infections is the greatest in the younger age group between 18-35 years of age with women being more infected than men1. In the absence of a cure for the disease, the mainstay of clinical management involves adherence to lifelong anti-retro viral (ARV) therapy4. Another integral component in trying to decrease new HIV infections is enhancing HIV-AIDS prevention modalities. These approaches have grown through the years and range from local to systemic forms either singly or in combination with other therapies4. An emerging potentially viable option is Pre-exposure prophylaxis (PrEP) (5). This form of therapy is the ingestion of a type of ARV on a daily basis by an HIV-Negative individual to remain HIV free. There are several clinical trials ongoing and past that have shown efficacy for use in adults and primarily in young adults. The rollout of PrEP as prevention modality globally has commenced and South Africa stands on the brink of roll out for high risk and young adults through the South African Department of Health ARV treatment programme. It is thus imperative that a study to explore the level of knowledge and awareness of HIV pre-exposure prophylaxis (PrEP) as an HIV prevention modality among young adults occurs in order to assess readiness for implementation in order to identify potential challenges with recommendations for smart practices. © 2019, Indian Journal of Public Health Research and Development. All rights reserved.	HIV-AIDS; Pre-exposure prophylaxis (PrEP)	English	India	Asia and the Pacific	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2019	Ganesh S.	Integrating pre-exposure prophylaxis into HIV-AIDS programme management	Indian Journal of Forensic Medicine and Toxicology	-	-	-	-	9739122	10.5958/0973-9130.2019.00151.8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066310072&doi=10.5958%2f0973-9130.2019.00151.8&partnerID=40&md5=53ac8c6f295b440b7889711019a981af	The global HIV-AIDS epidemic has grown and continues to grow to alarming rates. The rate of new infections continues to soar in developing nations1. A combination of prevention initiatives is needed to halt its spread. Pre-exposure prophylaxis (PrEP) is a daily course of antiretroviral drugs (ARVs) taken by HIV-negative people to protect themselves from infection5. Clinical data thus far has shown that PrEP reduces the chances of HIV infection to near-zero. PrEP is cost effective, and there is growing demand for it from people at higher risk of HIV-AIDS infection, but the scale and coverage remains extremely limited. This paper reviews the current landscape of integrating Pre-exposure prophylaxis in HIV-AIDS programmes and proposes smart practices toward optimal patient management. © 2019, Indian Journal of Forensic Medicine and Toxicology. All rights reserved.	HIV-AIDS; Pre-exposure prophylaxis	English	India	Asia and the Pacific	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2019	García, Luis Miguel; Iniesta, Carlos; Garrido, Jorge; Fuster, María José; Pujol, Ferran; Meulbroek, Michael; Poveda, Toni; Riera, Melchor; Antela, Antonio; Moreno, Santiago; Dalmau, David; Rivero, Antonio; García, Diego; Espacio, Ramón; Amo, Julia del	Profilaxis preexposición al VIH en España: situación política y administrativa	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	-	0213-005X	10.1016/j.eimc.2018.05.012	https://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-articulo-profilaxis-preexposicion-al-vih-espana-S0213005X1830199X	Este estudio se ha centrado en las actuaciones a nivel político y administrativo que se han realizado en España en relación con la implementación de la profilaxis preexposición (PrEP) al VIH. Se ha analizado todo tipo de iniciativas formales por parte de los actores políticos y administrativos implicados. Las fuentes utilizadas son las fuentes oficiales públicas. Hasta febrero de 2018, la PrEP no ha sido implementada. La decisión depende de los niveles estatal y autonómico. El Ministerio de Sanidad y algunas Comunidades Autónomas trabajan en diversas intervenciones sin establecer un calendario de implementación. Los partidos políticos por su parte han promovido escasas iniciativas relacionadas con la implementación de la PrEP. En el terreno jurídico, se han producido vaivenes legales relacionados con la extensión de la patente. El papel de los órganos interguberamentales e interdepartamentales es vital para la implementación de la PrEP	Profilaxis preexposición. Política pública. Políticas. Elaboración de políticas	Spanish	Spain	Western and Central Europe and North America	spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2019	García, Moctezuma; Saw, Guan	Socioeconomic disparities associated with awareness, access, and usage of Pre-Exposure Prophylaxis among Latino MSM ages 21–30 in San Antonio, TX	Journal of HIV/AIDS & Social Services	-	-	-	-	15381501	10.1080/15381501.2019.1607795	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065699719&doi=10.1080%2f15381501.2019.1607795&partnerID=40&md5=3a826d59c5180cee3968dee202531742	HIV continues to disproportionately affect Latino men who have sex with men (MSM) and disparities are even greater in the South. This study examines the implications of socioeconomic status (SES) associated with awareness, access, and usage of PrEP. Latino MSM (N = 154) from San Antonio, TX, completed a self-administered survey. Results revealed that PrEP uptake was significantly lower for low SES Latino MSM. PrEP related barriers included lack of awareness, stigmas, and side effects. Findings underscore the importance for a multisystemic approach to enhance awareness and access of PrEP for Latino MSM with varying levels of SES in the South. © 2019, © 2019 Taylor & Francis Group, LLC.	ethnic MSM; HIV prevention; Latino; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Gaspar M.; Marshall Z.; Rodrigues R.; Adam B.D.; Brennan D.J.; Hart T.A.; Grace D.	A tale of two epidemics: gay men's mental health and the biomedicalisation of HIV prevention and care in Toronto	Sociology of Health and Illness	-	-	-	-	1419889	10.1111/1467-9566.12884	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062533124&doi=10.1111%2f1467-9566.12884&partnerID=40&md5=06421a6656ab21fc9e844d09baa7702a	There is mounting urgency regarding the mental health of gay, bisexual and other men who have sex with men (GBM). We examined how GBM are understanding the relationship between HIV and their mental health given the increasing biomedicalisation of HIV prevention and care. Our Grounded Theory analysis derived from qualitative interviews with 24 GBM living in Toronto, Canada, including both HIV-negative and HIV-positive men. Participants understood biomedical advances, such as undetectable viral load and pre-exposure prophylaxis (PrEP), as providing some relief from HIV-related distress. However, they offered ambivalent perspectives on the biomedicalisation of HIV. Some considered non-HIV-specific stressors (e.g. unemployment, racial discrimination) more significant than HIV-related concerns. These men expressed HIV-related distress as being under control due to biomedical advances or as always negligible when compared to non-HIV-specific stressors. Others emphasised the ongoing mental health implications of HIV (e.g. enduring risk and stigma). We describe a tension between optimistic responses to biomedicine's ability to ease the psychosocial burdens associated with HIV and the inability for biomedicine to address the social and economic determinants driving the dual epidemics of HIV and mental distress amongst GBM. We argue for more socio-material analysis over further sexual behavioural analysis of GBM mental health disparities. © 2019 Foundation for the Sociology of Health & Illness	biomedicalisation; gay men; Grounded Theory; HIV; mental health and illness; PrEP (pre-exposure prophylaxis); qualitative methods; undetectable viral load	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Gee S.; Chum A.; Lim B.	Moving Metaphors: Shifting Institutional Responsibilities and Evidentiary Boundaries in the Commissioning of Pre-Exposure Prophylaxis for HIV	Qualitative Health Research	-	-	-	-	10497323	10.1177/1049732319831040	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062667340&doi=10.1177%2f1049732319831040&partnerID=40&md5=898481208f012554c51fc375c0798a13	In this article, we investigate how speakers in the U.K.'s House of Commons cited the same legislative context and medical research to arrive at contradictory conclusions regarding the Government's responsibility to fund pre-exposure prophylaxis (PrEP) as an HIV intervention. Because the Government had expressed that it would not comment on institutional responsibilities directly, given the likelihood of a legal challenge in response to the National Health Service withdrawing PrEP from the drug commissioning process, the Government's support of this decision could not be explicitly detailed. Our discourse analytic approach reveals how members of parliament adopted positions in the debate by using distinct metaphorical frames and lexical choices to linguistically encode assumptions that imply contrary interpretations of mutually agreed upon facts. This suggests that the concrete discursive practices used to cite evidence in policy-making discussions, regardless of the quality of the evidence, may have material consequences for evidence-based policy. © The Author(s) 2019.	discourse analysis; health policy; HIV; metaphor; pre-exposure prophylaxis; PrEP; qualitative; secondary data; stigma; UK	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Gibas, Kevin M; van den Berg, Polly; Powell, Victoria E; Krakower, Douglas S	Drug Resistance During HIV Pre-Exposure Prophylaxis.	Drugs	-	-	-	-	1179-1950	10.1007/s40265-019-01108-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6606557	Clinical studies have demonstrated that use of tenofovir disoproxil fumarate with or without emtricitabine as antiretroviral pre-exposure prophylaxis (PrEP) can decrease the risk of human immunodeficiency virus (HIV) acquisition when medication adherence is high. However, the potential for PrEP to promote antiretroviral resistance remains an important public health consideration. We performed a search of the medical literature to identify studies that address HIV drug resistance during PrEP use. In this review, we summarize findings about emergent drug resistance during clinical trials of PrEP, case reports of seroconversions in patients adherent to PrEP, and animal studies of PrEP effectiveness against drug-resistant viral strains. We also discuss the potential utility of novel PrEP formulations for protection against drug-resistant HIV, the impact of drug resistance on HIV treatment options, and mathematical models that estimate the potential contribution of PrEP to population-level drug resistance. Evidence suggests that selection for HIV drug resistance with PrEP use is infrequent and most likely to occur when PrEP is used during undiagnosed acute HIV infection. Breakthrough infections during PrEP use with high adherence are possible, but appear to be rare. The prevalence of drug-resistant HIV strains needs to be monitored as PrEP is scaled up. However, the benefit of a decreased HIV incidence with wider PrEP use is likely to outweigh the risk of harms from possible increases in the prevalence of HIV drug resistance.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Giguère K.; Béhanzin L.; Guédou F.A.; Talbot D.; Leblond F.A.; Goma-Matsétsé E.; Zannou D.M.; Affolabi D.; Kêkê R.K.; Gangbo F.; Bachabi M.; Alary M.	PrEP Use among Female Sex Workers: No Evidence for Risk Compensation	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002134	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073183179&doi=10.1097%2fQAI.0000000000002134&partnerID=40&md5=af797977dbbaa4701da4613f844376a3	Background:Little is known about risk compensation among female sex workers (FSW) on HIV pre-exposure prophylaxis (PrEP), and self-report of sexual behaviors is subject to bias.Setting:Prospective observational PrEP demonstration study conducted among FSW in Cotonou, Benin.Methods:Over a period of 24 months, we assessed and compared trends in unprotected sex as measured by self-report (last 2 or 14 days), by detection of sexually transmitted infections (STIs), and by vaginal detection of prostate-specific antigen and Y-chromosomal DNA, 2 biomarkers of semen exposure in the last 2 or 14 days, respectively. Trends were assessed and compared using a log-binomial regression that was simultaneously fit for all unprotected sex measures.Results:Of 255 participants, 120 (47.1%) completed their follow-up. Prevalence of STI decreased from 15.8% (95% confidence interval: 11.8% to 21.0%) at baseline to 2.1% (95% confidence interval: 0.4% to 10.2%) at 24 months of follow-up (P-trend = 0.04). However, we observed no trend in self-report of unprotected sex in the last 2 (P = 0.42) or 14 days (P = 0.49), nor in prostate-specific antigen (P = 0.53) or Y chromosomal DNA (P = 0.25) over the same period. We observed no statistically significant difference between trends in self-report of unprotected sex and trends in biomarkers of semen exposure in the last 2 days (P = 0.14) or in the last 14 days (P = 0.29).Conclusions:We observed no evidence of risk compensation, and a decrease in STI among FSW on PrEP. PrEP intervention may be an opportunity to control STI among FSW. Future studies should assess risk compensation with biomarkers of semen exposure when possible. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV; PrEP; prostate-specific antigen; sex workers/prostitutes; sexual behavior; Y-chromosomal DNA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Gilbert H.N.; Wyatt M.A.; Pisarski E.E.; Muwonge T.R.; Heffron R.; Katabira E.T.; Celum C.L.; Baeten J.M.; Haberer J.E.; Ware N.C.	PrEP Discontinuation and Prevention-Effective Adherence: Experiences of PrEP Users in Ugandan HIV Serodiscordant Couples	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002139	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073174623&doi=10.1097%2fQAI.0000000000002139&partnerID=40&md5=1a00dd38c438f41f08abcee53b9a33a0	Background:Optimal adherence to oral pre-exposure prophylaxis (PrEP) for HIV prevention involves aligning consistent PrEP use with periods of risk to achieve prevention-effective adherence. Prevention-effective adherence is predicated on individuals discontinuing PrEP during periods without expected risk. For stable, serodiscordant couples, antiretroviral therapy (ART) adherence by the HIV-positive partner markedly decreases HIV transmission risk, potentially obviating the need for continued PrEP use; yet little is known about actual lived experiences of discontinuing PrEP.Methods:In-depth qualitative interviews were conducted with HIV-uninfected PrEP users in serodiscordant couples taking part in the Partners Demonstration Project at IDI-Kasangati, Kampala, Uganda. Open-ended interviews elicited information on the partnered relationship; understandings of PrEP; prevention strategies; and experiences of PrEP discontinuation. An inductive, thematic, content-analytic approach was used to analyze study data.Results:Uninfected partners experienced PrEP as a valued resource for preventing HIV acquisition. Despite ongoing ART use by HIV-positive partners for a period of time consistent with viral suppression, discontinuation of PrEP was experienced as a loss of protection and a corresponding increase in risk of HIV acquisition. Uninfected partners responded with strategies aimed at offsetting this subjective sense of increased risk, specifically: (1) changing sexual practices; (2) prioritizing fidelity in the relationship; (3) increasing reliance on condoms; and (4) seeking evidence of partners' ART adherence.Conclusions:These experiences highlight the challenges PrEP users in serodiscordant couples face in discontinuing PrEP for prevention-effective adherence. Flexible interventions that support individuals during this transition may increase comfort with discontinuing PrEP when alternative prevention strategies provide protection, such as a partner's consistent adherence to ART. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV risk perception; PrEP discontinuation; prevention-effective adherence; serodiscordant couples; Uganda	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Gilbert, Mark; Michelow, Warren; Dulai, Joshun; Wexel, Daniel; Hart, Trevor; Young, Ingrid; Martin, Susan; Flowers, Paul; Donelle, Lorie; Ferlatte, Olivier	Provision of online HIV-related information to gay, bisexual and other men who have sex with men: a health literacy-informed critical appraisal of Canadian agency websites.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH18092	https://dx.doi.org/10.1071/SH18092	Background HIV risk and prevention information is increasingly complex and poses challenges for gay, bisexual and other men who have sex with men (GBMSM) seeking to find, understand and apply this information. A directed content analysis of Canadian HIV websites to see what information is provided, how it is presented and experienced by users, was conducted. METHODS: Eligible sites provided information relevant for GBMSM on HIV risk or prevention, were from community or government agencies, and were aimed at the public. Sites were found by using a Google search using French and English search terms, from expert suggestions and a review of links. Eligibility and content for review was determined by two reviewers, and coded using a standardised form. Reading grade level and usability scores were assessed through Flesch-Kincaid and LIDA instruments. RESULTS: Of 50 eligible sites, 78% were from community agencies and 26% were focussed on GBMSM. Overall, fewer websites contained information on more recent biomedical advances (e.g. pre-exposure prophylaxis, 10%) or community-based prevention strategies (e.g. seroadaptive positioning, 10%). Many sites had high reading levels, used technical language and relied on text and prose. And 44% of websites had no interactive features and most had poor usability scores for engageability. CONCLUSIONS: Overall, less information about emerging topics and a reliance on text with high reading requirements was observed. Our study speaks to potential challenges for agency website operators to maintain information relevant to GBMSM which is up-to-date, understandable for a range of health literacy skills and optimises user experience.	Canada, HIV infections, homosexuality, male, sexual and gender minorities.	English	Australia	Asia and the Pacific	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Gilkey, Melissa B; Marcus, Julia L; Garrell, Jacob M; Powell, Victoria E; Maloney, Kevin M; Krakower, Douglas S	Using HIV Risk Prediction Tools to Identify Candidates for Pre-Exposure Prophylaxis: Perspectives from Patients and Primary Care Providers.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2019.0056	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6661917	Clinical guidelines for HIV pre-exposure prophylaxis (PrEP) include risk prediction tools to identify appropriate candidates. We conducted a qualitative interview study to explore the potential acceptability, interpretation, and anticipated impact of such tools from the perspectives of men who have sex with men (MSM) and primary care providers (PCPs). Our purposive sample of English-speaking participants included: (1) MSM reporting HIV risk behaviors (n = 32; median age = 38 years; 53% non-Hispanic white; 22% high school degree or less education); (2) PCPs specializing in health care for MSM (n = 12); and (3) PCPs in general practice (n = 19). MSM participants questioned the ability of risk tools to predict HIV acquisition, and their perceptions of what might constitute a high HIV risk score varied widely. Many MSM participants believed that receiving a high score would prompt them to consider PrEP or other risk reduction strategies. Some believed that the data would be useful, particularly if discussed with their providers, whereas others anticipated feeling fear, anxiety, or mistrust. PCPs expressed more confidence in HIV risk prediction and imagined integrating tools with medical histories and their clinical judgment to assess risk. PCPs were most enthusiastic about adopting HIV risk prediction as a teaching tool to help patients visualize and reduce risk, their concerns about time constraints notwithstanding. In conclusion, our findings suggest that PCPs' views of HIV risk prediction tools are generally positive, whereas MSM participants' are more mixed. Given that both groups emphasized the value of contextualizing risk, shared decision making may be needed to implement HIV risk prediction tools effectively.	primary care, risk communication, decision making, HIV/AIDS, prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Giovenco D.; Pettifor A.; MacPhail C.; Kahn K.; Wagner R.; Piwowar-Manning E.; Wang J.; Hughes J.P.	Assessing risk for HIV infection among adolescent girls in South Africa: an evaluation of the VOICE risk score (HPTN 068)	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25359	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070838218&doi=10.1002%2fjia2.25359&partnerID=40&md5=a68d82c93af58a389e17b94f675739d5	Introduction: To maximize impact and minimize costs, antiretroviral pre-exposure prophylaxis (PrEP) interventions should be offered to those at highest risk for HIV infection. The risk score derived from the VOICE trial is one tool currently being utilized to determine eligibility in adolescent PrEP trials in sub-Saharan Africa. This study is aimed at evaluating the utility of the risk score in predicting HIV incidence among a cohort of adolescent girls in rural South Africa. Methods: We utilized data from HIV Prevention Trials Network (HPTN) 068, a phase III randomized controlled trial conducted in rural Mpumalanga province, South Africa. School-attending young women aged 13 to 20 years were enrolled into the trial from 2011 to 2012 and followed for up to three years. A risk score based on individual-level risk factors measured at enrolment was calculated for HPTN 068 participants who completed a one-year follow-up visit and were HIV seronegative at enrolment. Possible scores ranged from 0 to 10. A proportional hazards model was then used to determine if risk score at enrolment was predictive of incident HIV infection at follow-up and an area under the curve analysis was used to examine the predictive ability of the score. Results and Discussion: The risk score had limited variability in the HPTN 068 sample. Scores ≥5 identified 85% of incident infections from 94% of the sample, compared to the VOICE sample in which scores ≥5 identified 91% of incident infections from only 64% of participants. The risk score did not predict HIV incidence after one year of follow-up (hazard ratio = 1.029; 95% confidence interval (CI): 0.704, 1.503, p =.884) and showed poor predictive ability (area under the curve = 0.55; 95% CI: 0.44, 0.65). Certain individual risk factors that comprise the risk score may be context specific or not relevant for adolescent populations. Additional factors should be considered when assessing risk for the purposes of determining PrEP eligibility. Conclusions: The VOICE risk score demonstrated low utility to predict HIV incidence in the HPTN 068 sample. Findings highlight the need for an age and developmentally appropriate tool for assessing risk for HIV infection among adolescents. Use of the VOICE risk score for determining PrEP eligibility in younger populations should be carefully considered. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adolescent; AIDS; HIV; pre-exposure prophylaxis; risk assessment; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Girard, Gabriel; Patten, San; LeBlanc, Marc-André; Adam, Barry D; Jackson, Edward	Is HIV prevention creating new biosocialities among gay men? Treatment as prevention and pre-exposure prophylaxis in Canada.	Sociology of Health & Illness	-	-	-	-	1467-9566	10.1111/1467-9566.12826	https://dx.doi.org/10.1111/1467-9566.12826	The advancements of "treatment as prevention" (TasP), "undetectable viral load" (UVL) and "pre-exposure prophylaxis" (PrEP) are redefining HIV prevention standards. Relying on the concept of biosociality, this article explores how gay men rally around, debate, and sometimes disagree about these emerging HIV prevention technologies. This article is based on data from the Resonance Project, a Canadian community-based research project. Twelve focus groups (totalling 86 gay and bisexual men) were held in three Canadian cities (Montreal, Toronto, Vancouver) in 2013-2014. Respondents view UVL and PrEP through the prism of their generational experience of HIV prevention. In this respect, biosocialities highlight an experiential dimension that is tied to the context of the HIV epidemic. The biosocialities of HIV prevention are also built around serological identities. However, our study shows the diversity of these positions. Analysis grounded in biosocialities is useful for better understanding how scientific information circulates, is made sense of, and generates debate among gay men.	gay men, HIV prevention, risk, biosociality, treatment as prevention, pre-exposureprophylaxis, Canada	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Glaubius, Robert; Ding, Yajun; Penrose, Kerri J.; Hood, Greg; Engquist, Erik; Mellors, John W.; Parikh, Urvi M.; Abbas, Ume L.	Dapivirine vaginal ring for HIV prevention: modelling health outcomes, drug resistance and cost-effectiveness.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25282	https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25282	INTRODUCTION: A vaginal ring containing dapivirine is effective for HIV prevention as pre-exposure prophylaxis (PrEP). We evaluated the potential epidemiological impact and cost-effectiveness of dapivirine vaginal ring PrEP among 22- to 45-year-old women in KwaZulu-Natal, South Africa. METHODS: Using mathematical modelling, we studied dapivirine vaginal ring PrEP implementation, either unprioritized, or prioritized based on HIV incidence (≥3% per year), age (22 to 29 years) or female sex worker status, alongside the implementation of voluntary medical male circumcision and antiretroviral therapy scaled-up to UNAIDS Fast-Track targets. Outcomes over the intervention (2019 to 2030) and lifetime horizons included cumulative HIV infections, life-years lived, costs and cost-effectiveness. We assessed the incremental cost-effectiveness ratios against the revealed willingness to pay ($500) and the standard (2017 per capita gross domestic product; $6161) cost-effectiveness thresholds for South Africa. RESULTS: Compared to a reference scenario without PrEP, implementation of dapivirine vaginal ring PrEP, assuming 56% effectiveness and covering 50% of 22 to 29-year-old or high-incidence women, prevented 10% or 11% of infections by 2030 respectively. Equivalent, unprioritized coverage (30%) prevented fewer infections (7%), whereas 50% coverage of female sex workers had the least impact (4%). Drug resistance attributable to PrEP was modest (2% to 4% of people living with drug-resistant HIV). Over the lifetime horizon, dapivirine PrEP implementation among female sex workers was cost-saving, whereas incidence-based PrEP cost $1898 per life-year gained, relative to PrEP among female sex workers and $989 versus the reference scenario. In a scenario of 37% PrEP effectiveness, PrEP had less impact, but prioritization to female sex workers remained cost-saving. In uncertainty analysis, female sex worker PrEP was consistently cost-saving; and over the lifetime horizon, PrEP cost less than $6161 per life-year gained in over 99% of simulations, whereas incidence- and age-based PrEP cost below $500 per life-year gained in 61% and 49% of simulations respectively. PrEP adherence and efficacy, and the effectiveness of antiretroviral therapy for HIV prevention, were the principal drivers of uncertainty in the cost-effectiveness of PrEP. CONCLUSIONS: Dapivirine vaginal ring PrEP would be cost-saving in KwaZulu-Natal if prioritized to female sex workers. PrEP's impact on HIV prevention would be increased, with potential affordability, if prioritized to women by age or incidence.	Adolescent; Adult; Drug Resistance, Viral; Humans; Male; Middle Aged; Young Adult; Anti-HIV Agents/*therapeutic use; Female; Cost-Benefit Analysis; South Africa/epidemiology; Models, Theoretical; drug resistance; Pyrimidines/*therapeutic use; HIV prevention; Sex Workers; cost-effectiveness; mathematical model; HIV Infections/economics/epidemiology/*prevention & control; Pre-Exposure Prophylaxis/economics; vaginal ring; Contraceptive Devices, Female/*economics/statistics & numerical data; dapivirine/DPV; pre-exposure prophylaxis/Preexposure prophylaxis/PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Glidden D.V.; Mehrotra M.L.; Dunn D.T.; Geng E.H.	Mosaic effectiveness: measuring the impact of novel PrEP methods	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(19)30227-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072645867&doi=10.1016%2fS2352-3018%2819%2930227-9&partnerID=40&md5=95f66686aa9596566f451605af04fc58	Various ongoing trials seek to evaluate long-acting pre-exposure prophylaxis (PrEP) agents by showing that they are non-inferior to daily oral tenofovir disoproxil fumarate and emtricitabine. Trials comparing oral PrEP to new methods examine effectiveness in a setting where only one or the other is provided; however, a new product will probably be delivered in a context where oral PrEP is also available. The effectiveness of a new PrEP product is best measured by its potential effect in a context that also includes oral tenofovir disoproxil fumarate and emtricitabine as an option. We offer an alternative standard for long-acting products—a measure of the effectiveness of the new product in addition to oral tenofovir disoproxil fumarate and emtricitabine as compared with oral PrEP alone. We term this measure mosaic effectiveness. We illustrate scenarios where a novel product can fail to show non-inferiority but show substantial mosaic effectiveness, thus implying the public health value of the novel product even if it is less effective than oral PrEP. Regulatory standards should consider mosaic effectiveness, not just comparative effectiveness. We assert that measurements that combine rigor with public health relevance can accelerate progress against the HIV epidemic. © 2019 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Glidden, David V	Advancing Novel PrEP Products - Alternatives to Non-Inferiority.	Statistical Communications in Infectious Diseases	-	-	-	-	2194-6310	10.1515/scid-2019-0011	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6731035	With the scale-up of HIV pre-exposure prophylaxis (PrEP) with tenofovir (TDF) with or without emtricitabine (FTC), we have entered an era of highly effective HIV prevention with a growing pipeline of potential products to be studied. These studies are likely to be randomized trials with an oral TDF/FTC control arm. These studies require comparison of incident infections and can be time and resource intensive. Conventional approaches for design and analysis active controlled trial can lead to very large sample sizes. We demonstrate the important of assumptions about background infections for interpreting trial results and suggest alternative criteria for demonstrating the efficacy and effectiveness of potential PrEP agents.	active controlled, non-inferiority, hiv prevention, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Goedel W.C.; Mayer K.H.; Mimiaga M.J.; Duncan D.	Considerable interest in pre-exposure prophylaxis uptake among men who have sex with men recruited from a popular geosocial-networking smartphone application in London	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2017.1391859	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031909754&doi=10.1080%2f17441692.2017.1391859&partnerID=40&md5=26b7f6e13594effa756560ca5b097408	Men who have sex with men (MSM) who use smartphone applications (apps) to meet sexual partners represent a high-risk subset of MSM. As such, the use of pre-exposure prophylaxis (PrEP) may be highly suitable. The purpose of the study was to evaluate awareness of and willingness to use PrEP among 179 HIV-uninfected MSM recruited in London who use these apps. Regression models were fit to assess the associations between perceived barriers and willingness to use PrEP in the future. Most (84.9%) had heard of PrEP and more than half (57.1%) were willing to use PrEP in the future if it were to become available. Low perceived risk for acquiring HIV (prevalence ratio (PR): 0.11; 95% confidence interval (CI): 0.04, 0.33) and concerns about PrEP-related side effects (PR: 0.01; 95% CI: 0.00, 0.04) were associated with being unwilling to use PrEP. Efforts to make PrEP widely available should be continued. Future efforts should focus on correcting self-perceptions of HIV risk and educate MSM about the potential side effects of PrEP use so that MSM can make more informed decisions about prevention options. © 2017, © 2017 Informa UK Limited, trading as Taylor & Francis Group.	geosocial-networking smartphone applications; Men who have sex with men; pre-exposure prophylaxis; United Kingdom	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Golub S.A.; Fikslin R.A.; Starbuck L.; Klein A.	High Rates of PrEP Eligibility but Low Rates of PrEP Access among a National Sample of Transmasculine Individuals	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002116	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071353482&doi=10.1097%2fQAI.0000000000002116&partnerID=40&md5=523c2cb1295427900e0ae03a28725c8f	Background:Transmasculine individuals have been largely ignored in HIV prevention research, and there is a lack of data regarding this population's eligibility for and utilization of HIV pre-exposure prophylaxis (PrEP).Setting:National online survey conducted in the United States.Methods:Between May and July 2017, we surveyed 1808 transmasculine individuals (aged 18-60 years; 30% people of color and/or Latinx), asking questions about sexual behavior and receipt of sexual health care, including PrEP. We examined the number of individuals who would meet eligibility criteria for PrEP and then used log-linked Poisson regression with robust variance estimation to examine predictors of PrEP eligibility.Results:Almost one-quarter of the sample (n = 439; 24.3%) met one or more criterion for PrEP eligibility. PrEP eligibility did not differ by age, race/ethnicity, education, or binary gender identity. PrEP eligibility was lower among heterosexual-identified and higher income participants, and was higher among participants who were in open relationships and reported substance use. Among PrEP-eligible individuals, 64.9% had received an HIV test in the past year, 33.9% had received PrEP information from a provider, and 10.9% (n = 48) had received a PrEP prescription. PrEP-eligible individuals who had received a PrEP prescription were more likely to have a binary gender identity, identify as gay, and be taking testosterone.Conclusions:A substantial proportion of transmasculine individuals meet PrEP eligibility criteria, but few are receiving adequate PrEP services. Enhanced efforts should be made by providers, programs, and systems to assess HIV-related risk in transmasculine patients and engage them in comprehensive sexual health care. Copyright © 2019 Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited.	HIV; pre-exposure prophylaxis; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Golub S.A.; Myers J.E.	Next-Wave HIV Pre-Exposure Prophylaxis Implementation for Gay and Bisexual Men	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2018.0290	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066939113&doi=10.1089%2fapc.2018.0290&partnerID=40&md5=a9e8851297660b0034d8e174bb6dde76	Data indicate that diffusion of pre-exposure prophylaxis (PrEP) programs for HIV prevention is increasing in the United States; however, persistent disparities in PrEP access remain. Earlier waves of PrEP implementation focused on development (2012-2015) and diffusion (2016-2018). To reduce disparities, the next wave of PrEP implementation should focus on integration; that is, the assimilation of PrEP service as an integral part of HIV prevention, sexual health, and primary care. This review analyzes PrEP implementation literature in the context of three "next-wave" challenges: increasing patient demand, enhancing provider investment and competency, and improving health systems capacity. Our review revealed five activities we consider critical to successful next-wave PrEP implementation efforts: (1) redefining PrEP eligibility assessment, (2) de-emphasizing risk perception as a strategy to increase demand, (3) rejecting risk compensation arguments, (4) altering guidelines to make PrEP follow-up less onerous, and (5) focusing directly on strategies to reduce the cost of PrEP medication. This article ends with a case study of a research-practice partnership designed to instantiate new approaches to integrative implementation efforts. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	implementation; MSM; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Golub, Sarit A; Fikslin, Rachel A; Goldberg, Matthew H; Peña, Stephanie M; Radix, Asa	Predictors of PrEP Uptake Among Patients with Equivalent Access	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2376-y	https://www.proquest.com/scholarly-journals/predictors-prep-uptake-among-patients-with/docview/2162263526/se-2?accountid=8113	Increasing PrEP adoption for eligible individuals is critical, but limited research has examined individual-level factors that might be amenable to educational or behavioral intervention. Using data from a PrEP demonstration project conducted at a community health center, we examined differences in behavioral and psychosocial factors between patients offered PrEP who chose to accept it and those who declined. In a multivariable model, the odds of accepting PrEP were higher among those with an HIV-positive main partner, greater risk behavior in the past 3 months, and higher HIV risk perception. PrEP adoption was positively associated with PrEP adherence self-efficacy and negatively associated with perceived sensitivity to medicines. These psychological variables were associated with measures of PrEP- and HIV-related stigma. In the multivariable model, there were no differences in PrEP adoption by demographic factors or socioeconomic status. Data suggest that patients' decisions about PrEP uptake may be impacted not only by objective and subjective HIV risk, but also by psychological variables such as stigma beliefs, medication beliefs, and self-efficacy.	HIV prevention; Psychology; Adherence; Implementation; Stigma; Disease prevention; Pre-exposure prophylaxis (PrEP); Prep; Risk perception; Sociodemographics; Socioeconomics; Demographics; Drugs; Risk behavior; Patients; Socioeconomic factors; Mathematical models; Self-efficacy; Human immunodeficiency virus--HIV; Health risks; Risk taking; Psychosocial factors; Socioeconomic status; Psychological aspects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Goodman-Meza, David; Beymer, Matthew R.; Kofron, Ryan M.; Amico, K. Rivet; Psaros, Christina; Bushman, Lane R.; Anderson, Peter L.; Bolan, Robert; Jordan, Wilbert C.; Rooney, James F.; Wohl, Amy R.; Landovitz, Raphael J.	Effective use of pre-exposure prophylaxis (PrEP) Among stimulant users with multiple condomless sex partners: a longitudinal study of men who have sex with men in Los Angeles.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2019.1595523	https://pubmed.ncbi.nlm.nih.gov/30894013/	PrEP's potential benefit for men who have sex with men (MSM) who use stimulants may be limited by adherence or prescriber willingness to recommend PrEP due to concerns of non-compliance. Using data from PATH-PrEP, a 48-week study evaluating PrEP for MSM in Los Angeles, we modeled an interaction between stimulant use and condomless sex with multiple partners (CAS-MP) on prevention-effective dried blood spot tenofovir-diphosphate concentrations. At week 4, participants reporting stimulant use and CAS-MP had a decreased odds of prevention-effective adherence compared to non-stimulant use and non-CAS-MP (AOR 0.15, 95% CI 0.04-0.57). From week 4-48, participants reporting stimulant use and CAS-MP had increased odds of prevention-effective adherence (AOR 1.06 per week, 95%CI 1.01-1.12). Participants reporting CAS-MP without stimulant use had no significant change in prevention-effective adherence (AOR 0.99 per week, 95%CI 0.96-1.02). Stimulant use moderated the association of CAS-MP on prevention-effective PrEP adherence over time.	Adult; Humans; Male; HIV Infections/drug therapy/*prevention & control; Longitudinal Studies; Adenine/analogs & derivatives; Unsafe Sex; *Sexual Partners; adherence; Condoms/*statistics & numerical data; Homosexuality, Male/psychology/*statistics & numerical data; Pre-Exposure Prophylaxis/*methods; PrEP; *Medication Adherence; MSM; Tenofovir/*administration & dosage/therapeutic use; Los Angeles; Anti-Retroviral Agents/*administration & dosage/therapeutic use; Organophosphates; Central Nervous System Stimulants/*therapeutic use; condomless anal sex; stimulant	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2019	Grangeiro, Alexandre	Nonoccupational post-exposure prophylaxis for HIV after sexual intercourse among women in Brazil: risk profiles and predictors of loss to follow-up	Medicine	-	-	-	-	NA	10.1097/MD.0000000000017071	https://pubmed.ncbi.nlm.nih.gov/31574806/	Access to antiretroviral-based HIV prevention has been marked by sex asymmetries, and its effectiveness has been compromised by low clinical follow-up rates. We investigated risk profiles of women who received nonoccupational post-exposure prophylaxis (nPEP), as well as the rates and predictive factors of loss to follow-up after nPEP initiation.Retrospective study evaluating 501 women who received nPEP between 2014 and 2015 at 5 HIV centers (testing centers-VCT, outpatient clinics, and infectious diseases hospital). Risk profiles were drawn based on the characteristics of the women and their sexual partners, and then stratified by sociodemographic indicators and previous use of HIV prevention services. Loss to follow-up (LTFU) was defined as not presenting for follow-up visits or for HIV testing after nPEP initiation. Predictors of LTFU were analyzed by calculating adjusted prevalence ratios (aPRs).Approximately 90% of women had sexual encounters that met the criteria established in the Brazilian guidelines for nPEP. Those who declared to be sex workers (26.5%) or drug users (19.2%) had the highest social vulnerability indicators. In contrast, women who had intercourse with casual partners of unknown HIV risk (42.7%) had higher education and less experience with previous HIV testing (89.3%) or nPEP use (98.6%). Of the women who received nPEP after sexual intercourse with stable partners, 75.8% had HIV-infected partners. LTFU rate was 72.8% and predictors included being Black (aPR = 1.15, 95% confidence interval [CI]: 1.03-1.30), using drugs/alcohol (aPR = 1.15, 95% CI: 1.01-1.32) and having received nPEP at an HIV outpatient clinic (aPR = 1.35, 95% CI: 1.20-1.51) or at an infectious diseases hospital (aPR = 1.37, 95% CI: 1.11-1.69) compared with a VCT. The risk of LTFU declined as age increased (aPR 41-59 years = 0.80, 95% CI: 0.68-0.96).Most women who used nPEP had higher socioeconomic status and were not part of populations most affected by HIV. In contrast, factors that contribute to loss to follow-up were: having increased social vulnerability; increased vulnerability to HIV infection; and seeking nPEP at HIV treatment services as opposed to at a VCT.	combination prevention; HIV; post-exposure prophylaxis after sexual exposure; women	Portuguese	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2019	Green, Keith Romell	Exploring the Implications of Shifting HIV Prevention Practice Ideologies on the Work of Community-Based Organizations: A Resource Dependence Perspective	-	-	University of Chicago	University of Chicago	-	NA	https://doi.org/10.6082/uchicago.1388	http://knowledge.uchicago.edu/record/1388	Antiretroviral (ARV)-based prevention approaches such as Treatment as Prevention (TasP) and Pre-Exposure Prophylaxis (PrEP), present unprecedented opportunities for stemming the HIV epidemic in the United States. However, current racial/ethnic disparities in both the PrEP and HIV Continuums of Care point to significant implementation problems and gaps in the diffusion and uptake of these interventions. Community-based organizations (CBOs) that offer HIV prevention programming are uniquely positioned to assist our nation's most vulnerable populations with accessing TasP and PrEP, which includes navigating their options under the Affordable Care Act (ACA). However, these prevention approaches represent a shift in HIV prevention practice ideologies, which requires significant change in the way that CBOs have historically approached HIV prevention. The U.S. Centers for Disease Control and Prevention (CDC), which is the largest funder of HIV prevention services in the country, has long recognized CBOs as important partners in the domestic fight against HIV/AIDS. In response to changing trends in the epidemic over time, the CDC's HIV prevention program with CBOs has grown in size, scope, and complexity. Little is known, however, about the capacity of CBOs to support the shift in practice ideology at the CDC that prioritizes ARV-based prevention, or about how local variations in ACA implementation impact the ability of organizational staff to integrate such approaches into their existing programming. Grounded in resource dependence and new institutional theories, this dissertation employed qualitative research methods and is organized around two primary aims. The first aim was to explore the impact of emerging ARV-based approaches on HIV prevention practice ideologies as they are communicated to CBOs from the CDC. To achieve this aim, I conducted a document analysis of Funding Opportunity Announcements (FOAs) and other reports issued by the CDC related to community-based HIV prevention between 2003 and 2013. The second aim was to examine—via semi-structured interviews with organizational leaders, frontline prevention workers, and public health officials in Atlanta, Baltimore, Memphis, and New Orleans—how a diverse mix of CBOs in four cities heavily impacted by HIV/AIDS and with differing ACA implementation strategies are responding to shifts in the CDC's program for community-based HIV prevention. Two primary shifts in HIV prevention practice ideologies communicated to CBOs from the CDC are revealed through this analysis. First, in accordance with the Advancing HIV Prevention initiative announced in 2003, funded organizations were required to implement standardized evidence-based behavioral interventions as determined by the CDC—in contrast to locally developed models. Then, as antiretroviral-based prevention emerged and evolved over time, the CDC's program for community-based HIV prevention shifted from a primary focus on behavioral interventions to the inclusion of these biomedical approaches. In addition to shifts…	community-based organizations; HIV/AIDS; HIV prevention; organizational theory; resource dependence; social services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative

Article	2019	Greenwald Z.R.; Maheu-Giroux M.; Szabo J.; Robin J.A.B.; Boissonnault M.; Nguyen V.-K.; Thomas R.	Cohort profile: L'Actuel Pre-Exposure Prophylaxis (PrEP) Cohort study in Montreal, Canada	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2018-028768	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068266590&doi=10.1136%2fbmjopen-2018-028768&partnerID=40&md5=9a54bdca9ba1aaf3818edd710ec7531b	Purpose The l'Actuel PrEP Cohort was established to monitor the uptake, effectiveness, safety and changes in sexual risk behaviours among individuals receiving pre-exposure prophylaxis (PrEP) for the prevention of HIV. This prospective dynamic cohort is based at Clinique médicale l'Actuel, a large sexual health clinic located in Montreal, Canada. Participants Since the cohort inception in January of 2013 through June 2018, 2156 individuals consulted for PrEP as participants in the l'Actuel PrEP Cohort. Median age was 35 years (IQR: 29-44 years) and the majority (96%) were men who have sex with men. Among 1551 individuals who initiated PrEP care, the median duration of follow-up was 9.2 months (IQR: 3.7-19.6), with substantial variation based on year of cohort entry. The l'Actuel PrEP Cohort contains both daily and intermittent 'on-demand' PrEP users and has the largest reported population of intermittent PrEP users (n=406) in North America. Findings to date No incident HIV infections have occurred among individuals using PrEP over 1637 person-years of follow-up. However, retention in PrEP care is essential as three individuals who discontinued PrEP subsequently acquired HIV, translating to an HIV incidence of 3.9 cases per 100 person-years (95% CI: 1.3 to 12.1). Among a sample of participants with 1 year of follow-up before and after PrEP initiation (n=109), a moderate increase in sexually transmitted infections was observed following PrEP start. Future plans The l'Actuel PrEP Cohort continues to grow with new participants starting PrEP monthly and extended follow-up for existing users. The cohort data will be used for ongoing monitoring of PrEP and for population-level modelling of the impact of PrEP on HIV incidence in Montreal. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	HIV & AIDS; HIV prevention; men who have sex with men; pre-exposure prophylaxis; sexual medicine; sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2019	Grey, Jeremy A; Torrone, Elizabeth A; Sullivan, Patrick S; Weiss, Kevin M; Aral, Sevgi O	Population and Individual-Level Effects of Human Immunodeficiency Virus Preexposure Prophylaxis on Sexually Transmitted Infection Epidemics Among Men Who Have Sex With Men.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001080	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10174221	Human immunodeficiency virus (HIV) preexposure prophylaxis (HIV PrEP)1 provides substantial individual-level HIV risk reduction and may confer a population-level decrease in HIV incidence among gay, bisexual, and other men who have sex with men (MSM) when high HIV PrEP coverage is obtained.2 Unfortunately, the effect of HIV PrEP on sexually transmitted infection (STI) epidemics among MSM is less clear. We review recent trends in reported STIs among MSM in the United States, discuss the mechanisms by which HIV PrEP may impact STI rates, and consider the resulting population and individual-level effects of HIV PrEP on STI epidemics.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Griffin, Jennifer B; Ridgeway, Kathleen; Montgomery, Elizabeth; Torjesen, Kristine; Clark, Rachel; Peterson, Jill; Baggaley, Rachel; van der Straten, Ariane	Vaginal ring acceptability and related preferences among women in low- And middle-income countries: A systematic review and narrative synthesis	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0224898	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074729664&doi=10.1371%2fjournal.pone.0224898&partnerID=40&md5=879a12910ad18e476cccb6e6c8983af1	The vaginal ring (VR) is a female-initiated drug-delivery platform used for different indications, including HIV pre-exposure prophylaxis (PrEP). We conducted a systematic review of VR acceptability, values and preferences among women in low- and middle-income countries (LMIC) to inform further investment and/or guidance on VR use for HIV prevention. Following PRISMA guidelines, we used structured methods to search, screen, and extract data from randomized controlled trials (RCTs) and observational studies reporting quantitative outcomes of acceptability of the VR for any indication published 1/1970-2/2019 (PROSPERO: CRD42019122220). Of 1,110 records identified, 68 met inclusion criteria. Studies included women 15–50+ years from 25 LMIC for indications including HIV prevention, contraception, abnormal bleeding, and menopause. Overall VR acceptability was high (71–98% across RCTs; 62–100% across observational studies), with 80–100% continuation rates in RCTs and favorable ease of insertion (greater than 85%) and removal 89–99%). Users reported concerns about the VR getting lost in the body (8–43%), although actual expulsions and adverse events were generally infrequent. Most women disclosed use to partners, with some worrying about partner anger/violence. The VR was not felt during intercourse by 70–92% of users and 48–97% of partners. Acceptability improved over time both within studies (as women gained VR experience and worries diminished), and over chronological time (as the device was popularized). Women expressed preferences for accessible, long-acting, partner-approved methods that prevent both HIV and pregnancy, can be used without partner knowledge, and have no impact on sex and few side effects. This review was limited by a lack of standardization of acceptability measures and study heterogeneity. This systematic review suggests that most LMIC women users have a positive view of the VR that increases with familiarity of use; and, that many would consider the VR an acceptable future delivery device for HIV prevention or other indications. © 2019 Griffin et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Grimm, Josh; Schwartz, Joseph	"It's Like Birth Control for HIV": Communication and Stigma for Gay Men on PrEP.	Journal of Homosexuality	-	-	-	-	1540-3602 0091-8369	10.1080/00918369.2018.1495978	https://dx.doi.org/10.1080/00918369.2018.1495978	This study focuses on how gay men communicate about pre-exposure prophylaxis (PrEP), focusing on how they learned about PrEP, how they discussed adoption with health care providers, and to what extent they have encountered stigma on social networks. In this qualitative study, 39 gay PrEP users were interviewed about PrEP. A majority of the participants learned about PrEP via friends and potential sex partners, and a majority of the participants experienced stigma from their health care provider and from other gay men online, mainly referring to promiscuity and risks of STIs. The authors recommend that health care providers should be trained in minimizing the expression of stigmatizing attitudes and should increase their knowledge of PrEP.	*Homosexuality, Male; Adult; Humans; Male; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; Truvada; HIV; Interviews as Topic; Sexual Partners; *Pre-Exposure Prophylaxis; PrEP; MSM; Sexual and Gender Minorities; Qualitative Research; Social Stigma; gay; *Social Networking; communication; stigma; interview	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Grov C.; Flynn A.W.P.; D'Angelo A.B.; Lopez-Rios J.; Pantalone D.W.; Holloway I.W.; Parsons J.T.	Gay and Bisexual Men's Strategies to Maintain Daily Adherence to Their HIV Pre-exposure Prophylaxis (PrEP) Medication: Results from a Qualitative Study	Prevention Science	-	-	-	-	13894986	10.1007/s11121-019-0985-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060023030&doi=10.1007%2fs11121-019-0985-y&partnerID=40&md5=2f6fa18c7018b8c4e190217dd0afadfd	Since FDA approval in 2012, HIV pre-exposure prophylaxis (PrEP) has been adopted by key populations, including gay and bisexual men (GBM), to reduce their HIV transmission risk. Given that PrEP is optimally effective when taken as prescribed, it is critical to understand the adherence strategies GBM use. We conducted one-on-one, semi-structured interviews with GBM taking PrEP in 2015–2016 (n = 103). Using thematic analysis, we identified six adherence strategies, with most participants (84.3%) utilizing multiple strategies to maintain adequate adherence: (1) integrating PrEP into part of a daily routine, (2) using a pillbox, (3) cognitive strategies/visual cues, (4) setting recurring smartphone alarms or reminders, (5) keeping medication on oneself at all times, and (6) partner or peer support for reminders and/or pill sharing. Overall, participants reported high PrEP adherence (M = 1.6 missed doses in the prior 30 days), though nearly all described missing at least one dose unintentionally in the past. Participants credited their high levels of adherence in part to the strategies they adopted. Providers working with GBM prescribed PrEP, especially patients reporting difficulties with adherence, might consider recommending any or all of the six strategies described in this study. © 2019, Society for Prevention Research.	Adherence; Gay and bisexual men; HIV; Pre-exposure prophylaxis (PrEP); Qualitative data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Grov C.; Rendina H.J.; John S.A.; Parsons J.T.	Determining the Roles that Club Drugs, Marijuana, and Heavy Drinking Play in PrEP Medication Adherence Among Gay and Bisexual Men: Implications for Treatment and Research	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2309-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055266526&doi=10.1007%2fs10461-018-2309-9&partnerID=40&md5=52bfb8b2bd500421f65af477570b3426	Researchers have established that substance use interferes with anti-retroviral medication adherence among gay and bisexual men (GBM) living with HIV. There is limited parallel examination of pre-exposure prophylaxis (PrEP) adherence among HIV-negative GBM. We conducted retrospective 30-day timeline follow-back interviews and prospective semi-weekly diary data for 10 weeks with 104 PrEP-using GBM, half of whom engaged in club drug use (ketamine, ecstasy, GHB, cocaine, or methamphetamine)—generating 9532 days of data. Participants reported their day-by-day PrEP, club drug, marijuana, and heavy alcohol use (5 + drinks in one sitting). On average, club drug users were no more likely to miss a dose of PrEP than non-club drug users (M = 1.6 doses, SD = 3.0, past 30 days). However, we found that club drug use (at the event level) increased the odds of missing a dose on the same day by 55% and the next day (e.g., a "carryover effect") by 60%. Further, missing a dose on one day increased the odds of missing a dose the following day by eightfold. We did not identify an event-level effect of marijuana use or heavy drinking on PrEP adherence. Our data suggest club drug users could have greater protective effects from daily oral or long-acting injectable PrEP compared to a time-driven PrEP regimen because of the concurrence of club drug use and PrEP non-adherence. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Alcohol; Club drugs; HIV; Marijuana; Men who have sex with men; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Grov, Christian; Westmoreland, Drew; Rendina, H Jonathon; Nash, Denis	Seeing Is Believing? Unique Capabilities of Internet-Only Studies as a Tool for Implementation Research on HIV Prevention for Men Who Have Sex With Men: A Review of Studies and Methodological Considerations.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002217	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6880799	BACKGROUND: In 2014, Grov et al published a comprehensive review cataloguing both men who have sex with men's (MSM's) sexual behavior transitions in online environments from the 1990s through 2013, as well as researchers' efforts in tandem to use the internet to engage MSM into research, treatment, and prevention. METHODS: In this article, we discuss historical events and research having occurred in the half decade since the Grov et al publication. RESULTS: Notable transitions include MSM's expanded use of geosocial networking apps, as well as other forms of social media accessed primarily through mobile devices, as well as the addition of biomedical prevention strategies (eg, pre-exposure prophylaxis and undetectable = untransmittable) to the proverbial HIV prevention toolkit. In tandem, researchers have rapidly expanded their employment of internet-mediated methods for the recruitment and engagement of key populations for HIV research, treatment, and prevention. In this article, we discuss methodological considerations for using the internet to conduct HIV prevention research with MSM: (1) sources of recruitment (eg, geosocial apps, Facebook, crowdsourced online panels); (2) design (eg, cross sectional, longitudinal, diaries); (3) incentives (including disincentivizing fraudulent participants and/or spam bots); (4) confidentiality; and (5) representativeness. CONCLUSION: We conclude by discussing future directions in HIV prevention research in light of forthcoming technologies such as fifth generation (5G) mobile networks, combined use of self-collected biological data alongside self-report, and the utility of metadata and metaresearch to document, evaluate, and inform best practices.	men who have sex with men, internet, smart phones, online cohorts	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Guinness R.R.; Volk J.E.; Hurley L.B.; Tobias T.T.; Marcus J.L.	Low-Intensity Outreach to Increase Uptake of HIV Preexposure Prophylaxis Among Patients with Sexually Transmitted Infections	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2245-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051851158&doi=10.1007%2fs10461-018-2245-8&partnerID=40&md5=5fcdcfa0b896e69c77bb36c7642a0650	We piloted a low-intensity outreach intervention to increase linkage to PrEP care among HIV-uninfected individuals with rectal sexually transmitted infections or syphilis. We sent a secure email message or letter with information about accessing PrEP. Of those sent an email, 12.4% were linked to PrEP care; linkage differed by race/ethnicity, ranging from 0% of Black individuals to 32% of Hispanic individuals (P = 0.019). No individuals sent letters were linked to PrEP care. A one-time secure email to high-risk patients is feasible to increase linkage to PrEP care. Studies are needed to evaluate scalable interventions to increase PrEP uptake in at-risk populations. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Human immunodeficiency virus (HIV); Implementation research; Outreach; Preexposure prophylaxis (PrEP); Uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Gulick R.M.; Flexner C.	Long-acting HIV drugs for treatment and prevention	Annual Review of Medicine	-	-	-	-	664219	10.1146/annurev-med-041217-013717	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060583710&doi=10.1146%2fannurev-med-041217-013717&partnerID=40&md5=5b55e27594a8faf6b262cf97e54aa5d2	Antiretroviral drugs have revolutionized the treatment and prevention of HIV infection; however, adherence is critical for sustained efficacy. Current HIV treatment consists of three-drug regimens, and current HIV pre-exposure prophylaxis (PrEP) consists of a two-drug regimen; both generally require adherence to once-daily dosing. Long-acting formulations are useful in the treatment and prevention of other conditions (e.g., contraceptives, antipsychotics) and help promote adherence. Newer long-acting formulations of approved and investigational antiretroviral drugs in existing and newer mechanistic classes are under study for HIV treatment and prevention, including some phase III trials. Although long-acting antiretroviral drugs hold promise, some clinical challenges exist, including managing side effects, drug-drug interactions, pregnancy, and long-lasting drug concentrations that could lead to the development of drug resistance. This review aims to summarize currently available information on long-acting antiretroviral drugs for HIV treatment and prevention. © 2019 by Annual Reviews.	antiretroviral drugs; extended-release; HIV; implants; long-acting; monoclonal antibodies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Gunn L.H.; Janson B.; Lorjuste I.; Summers L.; Burns P.; Bryant T., III	Healthcare providers' knowledge, readiness, prescribing behaviors, and perceived barriers regarding routine HIV testing and pre-exposure prophylaxis in DeLand, Florida	SAGE Open Medicine	-	-	-	-	20503121	10.1177/2050312119836030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084182100&doi=10.1177%2f2050312119836030&partnerID=40&md5=d8745606107c78c8fe51c2950ccfa6db	Objectives: Florida ranks highest in the United States among newly diagnosed HIV infections. This ranking reflects the need for investigation of healthcare providers' knowledge, readiness, prescribing behaviors, and perceived barriers to routine HIV testing and pre-exposure prophylaxis. Methods: We adapted national questionnaires with questions co-developed with Florida Department of Health to form a 25-item instrument. Questionnaires were distributed to the population of eligible healthcare providers in DeLand, Florida. Results: Results from an approximate 20% response rate that encompasses 12 providers demonstrate baseline findings to inform future studies. For example, 75% of respondents were aware of FL Administrative Code 64D-3.042 that pregnant women should receive HIV testing during first and third trimesters. However, 50% of respondents rarely or never offer tests to pregnant women according to practice guidelines. About 75% of respondents strongly agree or agree with willingness to prescribe pre-exposure prophylaxis to high-risk patients, yet 8.3% always or very often prescribe pre-exposure prophylaxis. Conclusions: Results convey the importance of and need for greater collaboration between providers and the Florida Department of Health to enhance providers' knowledge, readiness, and, ultimately, behaviors regarding routine HIV testing and pre-exposure prophylaxis prescription. © The Author(s) 2019.	PrEP; prescribing behaviors; provider knowledge; provider-perceived barriers; Routine HIV testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	Gutin, Sarah	Multiple Perspectives on Safer Conception for Women Living with HIV in Botswana: Implications for Service Delivery	-	-	University of Michigan	University of Michigan	-	NA	NA	http://hdl.handle.net/2027.42/153408	HIV-affected couples in sub-Saharan Africa continue to desire childbearing. With high repeat pregnancy rates among women living with HIV and HIV sero-discordance rates close to 50% among couples in sub-Saharan Africa, it is imperative to address the reproductive needs of women living with HIV. Low-cost safer conception (SC) methods to limit HIV transmission risks within HIV sero-discordant couples can be made available in resource-constrained settings. However, SC services are underutilized in many high HIV prevalence countries, including Botswana. In order to develop culturally appropriate programs, research is needed that identifies feasible and acceptable targets for SC interventions. Therefore, this dissertation explores issues around childbearing and pregnancy planning, perceptions of different SC methods, and the correlates of SC information, motivation, behavioral skills, and self-efficacy. The research for this dissertation was conducted in collaboration with local Batswana HIV activists, community-based organizations, and women living with HIV. In addition, the in-country research team was composed of Batswana women who collected data in the local language. Our team first conducted individual in-depth interviews with HIV healthcare providers (n=10) and women living with HIV (n=10) to develop a deeper understanding of attitudes surrounding childbearing and pregnancy planning. Interviews were qualitatively analyzed using an interpretive phenomenological approach. Providers reported it was a human right and normative for women living with HIV to have children but also expressed hesitancy about women living with HIV having children. Although providers believed pregnancies amongst women living with HIV were unplanned, women described discussing pregnancy desires with sexual partners. Participants shared that women living with HIV anticipated stigma from providers regarding childbearing. Following that study, our team conducted eight focus group discussions with women living with HIV (n=45) to gain an in-depth understanding of their perceptions regarding different SC methods, including perceived benefits and challenges of each. These qualitative data were analyzed using an interpretive phenomenological approach. Key factors influencing method perceptions reflected issues at the individual (knowledge of methods, personal motivation to protect partners from HIV transmission, and risks), interpersonal (partner support and communication, relationship intimacy, reducing partner transmission risks, provider stigma), health systems (access and availability, cost of methods, human resource shortages), policy (Ministry of Health policies), and socio-cultural levels (cultural acceptability of methods, norms of masculinity). Although a lack of prior SC knowledge and counseling was a noted challenge to uptake, women were interested in pre-exposure prophylaxis (PrEP) and vaginal insemination techniques for SC. Finally, our team conducted cross-sectional surveys amongst women living with HIV (n=356) to identify areas to target…	Safer conception; HIV; Botswana; Public Health; Health Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Gwokyalya V.; Beyeza-Kashesya J.; Bwanika J.B.; Matovu J.K.B.; Mugerwa S.; Arinaitwe J.; Kasozi D.; Bukenya J.; Kindyomunda R.; Wagner G.J.; Makumbi F.E.; Wanyenze R.K.	Knowledge and correlates of use of safer conception methods among HIV-infected women attending HIV care in Uganda	Reproductive Health	-	-	-	-	17424755	10.1186/s12978-019-0717-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066629928&doi=10.1186%2fs12978-019-0717-6&partnerID=40&md5=a93687cbedd745a29108778776b8f90d	Background: Many people living with HIV would like to have children but family planning (FP) services often focus on only contraception. Availability of safer conception services is still very low in most low income countries. In this study we assessed the knowledge and use of safer conception methods (SCM) among HIV infected women in HIV care in Uganda to inform integration of safer conception in existing FP services. Methods: Data were accrued from a nationally representative cross-sectional survey of 5198 HIV+ women aged 15-49 years from 245 HIV clinics in Uganda. Knowledge and use of safer conception methods and associated factors were determined. The measure of association was prevalence ratio (PR) with corresponding 95% confidence intervals, obtained using a modified Poisson regression via generalized linear models. All the analyses were conducted using STATA version 12.0. Results: Overall knowledge of any safer conception method was 74.1% (3852/5198). However only 13.2% knew 3 to 4 methods, 18.9% knew only 2 methods and 42% knew only one method. Knowledge of specific SCM was highest for timed unprotected intercourse (TUI) at 39% (n = 2027) followed by manual self-insemination (MSI) at 34.8% (n = 1809), and pre-exposure prophylaxis (PrEP) at 24.8% (n = 1289). Knowledge of SCM was higher in the Eastern region (84.8%, P < 0.001), among women in HIV-discordant relationships (76.7%, p < 0.017), and those on ART (74.5%, p < 0.034). Overall, 1796 (34.6%) women were pregnant or reported a birth in the past 2 years - overall use of SCM in this group was 11.6% (209/1796). The odds of use of SCM were significantly lower in Kampala adj. PR = 0.489(0.314, 0.764) or Eastern region adj.PR = 0.244; (0.147, 0.405) compared to Northern region. Higher odds of SCM use were associated with HIV status disclosure to partner adj.PR = 2.613(1.308, 5.221) and sero-discordant compared to HIV+ concordant relationship adj.PR = 1.637(1.236, 2.168). Pre-existing knowledge of any one SCM did not influence SCM use. Conclusions: Knowledge and use of SCM among HIV+ women in care is low. Efforts to improve HIV status disclosure, integration of safer conception into FP and HIV services and regional efforts to promote sensitization and access to safer conception can help to increase uptake of safer conception methods. © 2019 The Author(s).	HIV; Knowledge; Reproductive health; Safer conception methods; Uganda	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2019	H Fisher Raymond; Snowden, Jonathan M; Guigayoma, John; McFarland, Willi; Chen, Yea-Hung	Community Levels of PrEP Use Among Men Who Have Sex with Men by Race/Ethnicity, San Francisco, 2017	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02428-5	https://www.proquest.com/scholarly-journals/community-levels-prep-use-among-men-who-have-sex/docview/2179176662/se-2?accountid=8113	Efforts in San Francisco are maximizing the use of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) where high levels of use are needed to maximize reducing new HIV infections. National HIV Behavioral Surveillance surveys MSM in San Francisco. Demographics, health care and risk behaviors are assessed. PrEP use is measured for 12 month, 6 month and 30 day periods. Of 399 HIV uninfected men sampled in 2017, 43.4% used PrEP in the past 12 months. Proportions of men using PrEP by race/ethnicity were not significant at any time point. Decreases between 6 month and 30 day use were highest among African American and Latino men. These men had the highest proportion of intermittent use in the past 30 days but not significantly. While our data suggest the disparity in PrEP use by race/ethnicity has narrowed in San Francisco, novel delivery of PrEP may narrow disparity further.	Demography; Ethnicity; Pre-exposure prophylaxis; Psychology; Men who have sex with men; Disease prevention; Health services; Health care; Prophylaxis; African Americans; Surveillance; Race; Health behavior; Demographics; Risk behavior; Ethnic group; Disparities; Race/ethnicity; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Gays & lesbians; Mens health; Health risks; Minority & ethnic groups; Risk taking; San Francisco California	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ha, Tran Viet; Chockalingam, L; Giang, L M; Krishnan, A; Bhadra, M; Miller, WC; Sripaipan, T; Go, V F	AWARENESS OF HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) AMONG MEN WHO HAVE SEX WITH MEN IN HANOI, VIETNAM	Southeast Asian Journal of Tropical Medicine and Public Health	-	-	-	-	1251562	NA	https://www.proquest.com/scholarly-journals/awareness-hiv-pre-exposure-prophylaxis-prep-among/docview/2554643459/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) of human immunodeficiency virus (HIV) with medication is used to reduce the risk of contracting HIV infection. We investigated the awareness of PrEP among men who have sex with men (MSM) in Hanoi, Vietnam, in order to inform HIV-treatment programs promoting PrEP's use. Eligibility criteria for the study included: self-identified MSM; 18 years of age or older; sexual intercourse with one or more men in the previous 3 months; voluntary study participation. From February-May 2016, 190 study participants were recruited to complete an anonymous cross-sectional survey about their awareness of PrEP and willingness to use it. The mean age of study participants was 23 years, and 28% of study participants had ever heard of PrEP. On a multivariate regression analysis, disclosing MSM status to parents, using websites to find male sexual partners and ever being tested for HIV infection were all significantly associated with awareness of PrEP. Sixty percent of participants stated they would be willing to use oral PrEP and 55% stated they would be willing to use injectable PrEP. Our findings show awareness of PrEP in the study population was low, but PrEP promotion programs through mobile applications, websites, or HIV testing sites could raise awareness among at-risk MSM. Further research is needed to better understand the factors associated with increased PrEP awareness and acceptance. It should be noted at the time this paper was written, injectable PrEP is an experimental treatment.	Pre-exposure prophylaxis; Vietnam; Men; Men who have sex with men; Infections; Sexual behavior; Disease prevention; Prophylaxis; Sexual intercourse; Risk reduction; Exposure; Awareness; Regression analysis; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Population studies; Sexual partners; Health risks; Websites; Applications programs; Mobile computing; Physical Fitness And Hygiene	English	Thailand	Asia and the Pacific	Vietnam	Asia and the Pacific	Vietnam	Asia and the Pacific	Quantitative
Article	2019	Haaland, Richard E.; Martin, Amy; Livermont, Tamee; Fountain, Jeffrey; Dinh, Chuong; Holder, Angela; Lupo, Lindsey D.; Hall, LaShonda; Conway-Washington, Christopher; Kelley, Colleen F.	Urine Emtricitabine and Tenofovir Concentrations Provide Markers of Recent Antiretroviral Drug Exposure Among HIV-Negative Men Who Have Sex With Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002133	https://pubmed.ncbi.nlm.nih.gov/31335590/	BACKGROUND: Urine provides a minimally invasive specimen that may allow for development of rapid tests to detect antiretroviral drugs and provide opportunities to improve individual adherence. This study sought to determine whether urine could provide a biomarker of adherence for currently approved pre-exposure prophylaxis and HIV treatment regimens. METHODS: Urine and blood were collected from 34 HIV-negative men who have sex with men aged 18-49 years, enrolled in a clinical trial comparing 2 antiretroviral regimens. Specimens were collected 4 and 24 hours after a single oral dose of tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) (n = 10) or tenofovir alafenamide (TAF)/FTC/cobicistat (COBI)/elvitegravir (EVG) (n = 8), or after 4 and 10 days of daily oral TDF/FTC (n = 9) or TAF/FTC/COBI/EVG (n = 7). Tenofovir (TFV), FTC, and EVG were measured by high-performance liquid chromatography-mass spectrometry. RESULTS: Median urine FTC concentrations at 4 and 24 hours were similar between men receiving TDF/FTC (4 hours 147 μg/mL; 24 hours 10 μg/mL) and men receiving TAF/FTC/COBI/EVG (4 hours 333 μg/mL, P = 0.173; 24 hours 13 μg/mL, P = 0.681). Median urine TFV concentrations were lower among men receiving TAF/FTC/COBI/EVG (4 hours 1.2 μg/mL; 24 hours 0.8 μg/mL) compared with men receiving TDF/FTC (4 hours 17 μg/mL, P < 0.001; 24 hours 7 μg/mL, P = 0.001). Urine TFV concentrations remained reduced among men receiving TAF/FTC/COBI/EVG compared with men receiving TDF/FTC after daily dosing. EVG was not consistently measurable in urine. CONCLUSIONS: High urine FTC and TFV concentrations could provide an indication of adherence to daily oral dosing with TDF or TAF-based regimens used for treatment and prevention.	*Homosexuality, Male; Administration, Oral; Adolescent; Adult; Humans; Male; Middle Aged; Young Adult; HIV Infections/*drug therapy; Time Factors; Adenine/analogs & derivatives; Alanine; Biomarkers/*urine; *Sexual and Gender Minorities; Anti-HIV Agents/administration & dosage/therapeutic use/urine; Anti-Retroviral Agents/administration & dosage/therapeutic use/*urine; Cobicistat/therapeutic use; Emtricitabine/administration & dosage/therapeutic use/*urine; Quinolones; Tenofovir/administration & dosage/therapeutic use/*urine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Haberer, Jessica E; Mugo Nelly; Baeten, Jared M; Pyra, Maria; Bukusi, Elizabeth; Linda-Gail, Bekker	PrEP as a Lifestyle and Investment for Adolescent Girls and Young Women in Sub-Saharan Africa	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/2325958219831011	https://www.proquest.com/scholarly-journals/prep-as-lifestyle-investment-adolescent-girls/docview/2375780338/se-2?accountid=8113	Adolescent girls and young women (AGYW) are highly affected by the HIV epidemic, yet standard approaches to pre-exposure prophylaxis (PrEP) delivery will not meet their needs. This commentary highlights key characteristics of AGYW related to PrEP use and delivery, including typical neurocognitive development, lack of experience with sustained medication use, and the social and connected nature of AGYW's lives. We then suggest ways for programs to embrace these characteristics, such as presenting PrEP as a lifestyle choice and not a biomedical tool, making access to PrEP simple and easy, and recognizing the many influences AGYW face in taking PrEP. We also suggest ways for programs to identify AGYW at the highest risk of HIV acquisition. Adolescent girls and young women have an important role to play in ending the HIV epidemic and they deserve considerable, tailored investment.	HIV; Pre-exposure prophylaxis; PrEP; sub-Saharan Africa; Sub-Saharan Africa; Adolescent girls; Girl; adolescent girls and young women; Young women; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Biomedicine; Girls; Female roles	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Hamilton D.T.; Rosenberg E.S.; Jenness S.M.; Sullivan P.S.; Wang L.Y.; Dunville R.L.; Barrios L.C.; Aslam M.; Goodreau S.M.	Modeling the joint effects of adolescent and adult PrEP for sexual minority males in the United States	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0217315	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066028011&doi=10.1371%2fjournal.pone.0217315&partnerID=40&md5=e65e303fb952ce33aa522d73bf2b75e8	Background Pre-exposure prophylaxis (PrEP) is an effective and safe intervention approved for use to prevent HIV transmission. PrEP scale-up strategies and clinical practice are currently being informed by modeling studies, which have estimated the impact of PrEP in adult and adolescent MSM populations separately. This partitioning may miss important effects or yield biased estimates by excluding dependencies between populations. Methods We combined two published models of HIV transmission among adults and adolescent MSM. We simulated an HIV epidemic among MSM aged 13–39 without PrEP, with PrEP for adult MSM ages (19–39) and with the addition of PrEP for adolescents ages (16–18), comparing percent of incident infections averted (impact), the number of person-years on PrEP per infection averted (efficiency), and changes in prevalence. Results PrEP use among eligible 19–39 year old MSM averted 29.0% of infections and reduced HIV prevalence from 23.2% to 17.0% over ten years in the population as a whole. Despite being ineligible for PrEP in this scenario, prevalence among sexually active 18 year-olds declined from 6.0% to 4.3% due to reduced transmissions across age cohorts. The addition of PrEP for adolescents ages 16–18 had a small impact on the overall epidemic, further reducing overall prevalence from 17.0% to 16.8%; however prevalence among the sexually active 18 year-olds further declined from 4.3% to 3.8%. Conclusions PrEP use among adults may significantly reduce HIV prevalence among MSM and may also have significant downstream effects on HIV incidence among adolescents; PrEP targeting adolescents remains an important intervention for HIV prevention. © This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hammack P.L.; Toolis E.E.; Wilson B.D.M.; Clark R.C.; Frost D.M.	Making Meaning of the Impact of Pre-Exposure Prophylaxis (PrEP) on Public Health and Sexual Culture: Narratives of Three Generations of Gay and Bisexual Men	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-019-1417-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062954877&doi=10.1007%2fs10508-019-1417-6&partnerID=40&md5=0353773fd03c04e7b7cc37eb7b233ef5	Pre-exposure prophylaxis (PrEP) with Truvada has emerged as an increasingly common approach to HIV prevention among gay, bisexual, and other men who have sex with men. This study examined generational differences and similarities in narrative accounts of PrEP among a diverse sample of 89 gay and bisexual men in the U.S. Over 50% of men in the older (52–59 years) and younger (18–25 years) generations endorsed positive views, compared with 32% of men in the middle (34–41 years) generation. Men in the middle cohort expressed the most negative (21%) and ambivalent (47%) views of PrEP. Thematic analysis of men's narratives revealed three central stories about the perceived impact of PrEP: (1) PrEP has a positive impact on public health by preventing HIV transmission (endorsed more frequently by men in the older and younger cohorts); (2) PrEP has a positive effect on gay and bisexual men's sexual culture by decreasing anxiety and making sex more enjoyable (endorsed more frequently by men in the middle and younger cohorts); and (3) PrEP has a negative impact on public health and sexual culture by increasing condomless, multi-partner sex (endorsed more frequently by men in the middle and younger cohorts). Results are discussed in terms of the significance of generation cohort in meanings of sexual health and culture and implications for public health approaches to PrEP promotion among gay and bisexual men. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Gay men; HIV/AIDS; PrEP; Public health; Sexual culture; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hammoud M.A.; Vaccher S.; Jin F.; Bourne A.; Maher L.; Holt M.; Bavinton B.R.; Haire B.; Degenhardt L.; Grulich A.; Prestage G.P.	HIV Pre-exposure Prophylaxis (PrEP) Uptake among Gay and Bisexual Men in Australia and Factors Associated with the Nonuse of PrEP among Eligible Men: Results from a Prospective Cohort Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002047	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068197251&doi=10.1097%2fQAI.0000000000002047&partnerID=40&md5=d36952c02b285e10d0bc1807ee31036c	Background:HIV pre-exposure prophylaxis (PrEP) is a highly effective biomedical HIV prevention strategy, yet some gay and bisexual men (GBM) who are eligible to access PrEP are not using it. We report the incidence of PrEP uptake, factors predicting its initiation, and identify characteristics associated with nonuptake of PrEP among Australian GBM who meet the eligibility criteria.Methods:The Following Lives Undergoing Change (Flux) Study is a national, online, prospective observational study among GBM focusing on licit and illicit drug use. Participants (N = 1257) responded to baseline and 6-monthly follow-up questionnaires. Incidence per 100 person-years and incidence rate ratios of PrEP initiation are presented. Multivariate Poisson regression was used to examine associations with PrEP initiation and logistic regression to examine associations with nonuptake of PrEP among GBM.Results:Among GBM who met the eligibility criteria, 69.8% of men did not commence PrEP. Factors independently associated with nonuptake of PrEP were younger age, living in an Australian state without a PrEP trial, lower social engagement with other gay men, less use of illicit party drugs or use of illicit party drugs for sex, and less likely to have engaged in HIV sexual risk behaviors such as group sex or any condomless anal intercourse.Conclusions:Despite meeting formal eligibility criteria for PrEP, men who were relatively less sexually active or less socially connected were less likely to initiate PrEP. Men who did not initiate PrEP may assess their risk as insufficient relative to others to warrant using PrEP because they engaged in less frequent "risky" behaviors. © 2019 The Author(s). Published by Wolters Kluwer Health, Inc.	eligible; gay bisexual men; HIV; incidence; PrEP; prevention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Theses and Dissertations	2019	Hammoud, Mohamed	Adherence to HIV pre-exposure prophylaxis in New South Wales, Australia	-	-	University of New South Wales	University of New South Wales	-	NA	https://doi.org/10.26190/unsworks/21408	http://hdl.handle.net/1959.4/63345 https://unsworks.unsw.edu.au/bitstreams/3f576730-f504-4758-931f-2bd4047884ff/download https://doi.org/10.26190/unsworks/21408	Pre-exposure prophylaxis (PrEP) is a highly efficacious HIV prevention strategy. The caveat, however, is that PrEP requires high adherence to antiretroviral medications during periods when a person is at risk of acquiring HIV. Identifying who is at risk of HIV and ensuring adequate coverage during these risk periods is a key challenge of PrEP implementation. The overarching objective of this thesis was to examine adherence to PrEP among gay and bisexual men (GBM) in New South Wales, Australia. This body of research comprises four projects. Data for three projects came from the PrELUDE Demonstration Project (2014 – 2017), while data for the fourth project was drawn from SIN-PrEP (2015 – 2018). The first project assessed the NSW PrEP guidelines and found that individuals at high risk of HIV could be identified and enrolled into a PrEP demonstration project. The second project investigated PrEP dosing preferences and found that one-third of GBM expressed a preference for non-daily PrEP. A preference for taking daily PrEP was associated with lower levels of education, having an HIV-positive partner, and rating oneself better at taking medications. The third project compared four different adherence measures and found that in our setting, facilitated recall to clinicians was as good as biological measures in identifying adherent individuals. Over 90% of participants remaining under follow-up after 12 months reported taking seven PrEP pills per week throughout the year. A generalised estimating equation model identified that practices such as group sex were associated with taking daily PrEP. The fourth project used qualitative data from interviews with current and previous PrEP users to explore in-depth issues relating to PrEP adherence. Although most participants reported encountering barriers to PrEP use, they had developed effective strategies to ensure that high levels of adherence to PrEP could be maintained. This thesis assesses the interplay between social, behavioural, and biomedical factors that impact PrEP adherence, and how the influence of each of these factors may fluctuate during PrEP use. The high level of adherence in this cohort I have described through this thesis underpins the success of PrEP as an HIV prevention intervention in GBM in Australia.	Adherence; HIV; Pre-exposure prophylaxis (PrEP); Gay and bisexual men (GBM); HIV prevention	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Mixed methods
Article	2019	Han J.; Bouey J.Z.H.; Wang L.; Mi G.; Chen Z.; He Y.; Viviani T.; Zhang F.	PrEP uptake preferences among men who have sex with men in China: results from a National Internet Survey	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25242	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061124731&doi=10.1002%2fjia2.25242&partnerID=40&md5=e446221ebfb8897fcf055bf27866b7d3	Introduction: HIV incidence among men who have sex with men (MSM) is high in China. Pre-exposure prophylaxis (PrEP) is a promising mean to prevent HIV transmission but it is not widely available in China. We conducted a large Internet-based online survey to assess the willingness of Chinese MSM to take PrEP and associated factors to their uptake preferences. Methods: Between 19 January and 6 February, 2017, 4581 MSM aged over 15 years were recruited via a social networking app to take an online PrEP survey. HIV status at the time of the survey being conducted was not one of recruitment criteria. Participants were asked if they had heard of PrEP, if they had concerns about PrEP, and if they would be ready to uptake PrEP should it be provided. When asked if participants were willing to take PrEP, they were asked to select from the following responses: "definitely not," "probably not," "not sure," "probably yes," and "definitely yes." In the final analysis, we grouped these five-level Likert scale responses into three-level responses as "definitely yes," "probably yes," and "no (definitely not/probably not/not sure)." Descriptive analysis and multinomial logistic regressions were conducted to assess the associations of PrEP adoption readiness and uptake concerns with HIV risk behaviours and demographic characteristics. Results: MSM from 33 geographical regions of China participated in the survey. The majority were younger than 25 (65.2%) and had attended college (68.6%). HIV prevalence was high (6.8%) and 43.3% reported a history of unprotected anal sex. Only 22.4% of participants had heard of PrEP. When asked if they would uptake PrEP, 26.0% said "definitely yes," 49.6% were "probably yes," and 24.4% said "no." PrEP adoption readiness was associated with having previously heard of PrEP and expressing concerns about accessibility and cost. Worries about side effects, low perceived HIV risk, preference for condoms, and never having received HIV testing were negatively associated with PrEP uptake willingness. Conclusion: Young and well-educated Chinese MSM reported a low willingness to uptake PrEP despite being high-risk for HIV. Effective education, especially through online mediums, will be critical to optimize this group's PrEP uptake. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV prevention; HIV risk behaviours; PrEP knowledge; PrEP uptake; young Chinese MSM	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Hanscom, Brett; Hughes, James P; Williamson, Brian D; Donnell, Deborah	Adaptive non-inferiority margins under observable non-constancy	Statistical Methods in Medical Research	-	-	-	-	9622802	10.1177/0962280218801134	https://pubmed.ncbi.nlm.nih.gov/30293490/	A central assumption in the design and conduct of non-inferiority trials is that the active-control therapy will have the same degree of effectiveness in the planned non-inferiority trial as in the prior placebo-controlled trials used to define the non-inferiority margin. This is referred to as the 'constancy' assumption. If the constancy assumption fails, decisions based on the chosen non-inferiority margin may be incorrect, and the study runs the risk of approving an inferior product or failing to approve a beneficial product. The constancy assumption cannot be validated in a trial without a placebo arm, and it is unlikely ever to be met completely. When there are strong, observable predictors of constancy, such as dosing and adherence to the active-control product, we can specify conditions where the constancy assumption will likely fail. We propose a method for using measurable predictors of active-control effectiveness to specify non-inferiority margins targeted to the planned study population characteristics. We describe a pre-specified method, using baseline characteristics or post-baseline predictors in the active-control arm, to adapt the non-inferiority margin at the end of the study if constancy is violated. Adaptive margins can help adjust for constancy violations that will inevitably occur in real clinical trials, while maintaining pre-specified levels of Type I error and power.	HIV prevention; PrEP; Clinical research; Randomized controlled trial; meta-analysis; Clinical trials; Meta-analysis; adaptive design; non-constancy; Non-inferiority margin; Medical Sciences; Power; Dosage; Active control; Violations; Assumptions; Inferiority; Population characteristics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hargreaves, James; Dalal, Shona; Rice, Brian; Anderegg, Nanina; Bhattacharjee, Parinita; Gafos, Mitzy; Hensen, Bernadette; Mangenah, Collin; Quaife, Matthew; Padian, Nancy	Repositioning Implementation Science in the HIV Response: Looking Ahead From AIDS 2018.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002209	https://dx.doi.org/10.1097/QAI.0000000000002209	BACKGROUND: Implementation science (IS) occupies a critical place in HIV/AIDS research, reflected by a scientific track ("Track E") at the biannual International AIDS Conference. IS seeks to identify health delivery strategies that cost-effectively translate the efficacy of evidence-based interventions for HIV prevention, testing, and treatment into impact on HIV incidence, quality of life, and mortality. METHOD: We reviewed the content of Track E, and other presentations relevant to IS, at the 22nd International AIDS Conference held in Amsterdam in 2018. We identified key findings and themes and made recommendations for areas where the field can be strengthened by the 2020 meeting. RESULTS: Trials of "treat all" strategies in Africa showed mixed evidence of effect. Innovations in HIV testing included expanding self-testing and index testing, which are reaching groups, such as men, where previously testing rates have been low. Adherence clubs and other innovations are being trialed to improve retention in care, with mixed findings. The implementation of pre-exposure prophylaxis for HIV prevention continues but with many challenges remaining in identifying implementation strategies that strengthen demand and support continuation. DISCUSSION: IS for HIV/AIDS treatment and prevention continues to expand. IS for primary HIV prevention must be prioritized with a dearth of rigorous, intersectoral studies in this area. The weakness of routine data must be addressed. Costing and financing studies should form a stronger component of the conference agenda. Implementation scientists must continue to grapple with the methodological challenges posed by the real-world context for their research.	AIDS 2018; implementation science; HIV/AIDS	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Harling G.; Muya A.; Ortblad K.F.; Mashasi I.; Dambach P.; Ulenga N.; Barnhart D.; Mboggo E.; Oldenburg C.E.; Bärnighausen T.; Spiegelman D.	HIV risk and pre-exposure prophylaxis interest among female bar workers in Dar es Salaam: Cross-sectional survey	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2018-023272	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063324704&doi=10.1136%2fbmjopen-2018-023272&partnerID=40&md5=decb2be561254fa0980d7e0646da5afb	Objective Female bar workers (FBW) in East Africa often conduct sex work to supplement their incomes, and may be vulnerable to HIV acquisition. Pre-exposure prophylaxis (PrEP) offers protection against HIV acquisition. However, there is little research on FBW's sexual health. Our objective was to determine HIV risk behaviours and interest in PrEP among FBW in the largest city in East Africa. Design Cross-sectional survey covering respondents' work and personal lives, including social and behavioural risk factors for HIV. The survey aimed to determine the feasibility of working with FBW and HIV prevalence estimates. Those who did not report being HIV positive were asked about their knowledge of and interest in PrEP. All women were offered free on-site HIV testing and counselling (HTC). Setting Eight randomly selected workplaces, that is, bars, in Kinondoni district, Dar es Salaam (DSM). Participants 66 FBW (≥18 years) selected at random from all women working in selected bars on the day of visit. Results Half of respondents reported having had sex for money: 20% with bar clients only, 15% with other men only and 15% with both. Almost all (98%) reported ≥1 non-commercial partners in the past 12 months; only 30% reported using condoms with these partners. 85% of respondents had ever been pregnant; 44% had had an unintended pregnancy. Only 5% of respondents had ever heard of PrEP. However, 54% were somewhat/very interested in daily-pill PrEP and 79% were somewhat/very interested in long-acting injectable PrEP. When asked to rank modalities, long-acting injectable PrEP was the most preferred. Seven per cent of the 56 respondents who completed HTC tested HIV positive. Conclusions FBW in DSM have elevated risk factors for HIV acquisition, and PrEP appears highly acceptable. Studies developing PrEP delivery models and assessing PrEP initiation and adherence in FBW appear warranted. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	barmaids; female bar workers; HIV prevention; pre-exposure prophylaxis; Tanzania	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Harris N.S.; Johnson A.S.; Huang Y.-L.A.; Kern D.; Fulton P.; Smith D.K.; Valleroy L.A.; Hall H.I.	Vital signs: Status of human immunodeficiency virus testing, viral suppression, and HIV preexposure prophylaxis — United States, 2013–2018	MMWR Recommendations and Reports	-	-	-	-	1492195	10.15585/mmwr.mm6848e1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076305701&doi=10.15585%2fmmwr.mm6848e1&partnerID=40&md5=7385a711a5d2433f7645252e84c3d852	Background: Approximately 38,000 new human immunodeficiency virus (HIV) infections occur in the United States each year; these infections can be prevented. A proposed national initiative, Ending the HIV Epidemic: A Plan for America, incorporates three strategies (diagnose, treat, and prevent HIV infection) and seeks to leverage testing, treatment, and preexposure prophylaxis (PrEP) to reduce new HIV infections in the United States by at least 90% by 2030. Targets to reach this goal include that at least 95% of persons with HIV have a diagnosis, 95% of persons with diagnosed HIV infection have a suppressed viral load, and 50% of those at increased risk for acquiring HIV are prescribed PrEP. Using surveillance, pharmacy, and other data, CDC determined the current status of these three initiative strategies. Methods: CDC analyzed HIV surveillance data to estimate annual number of new HIV infections (2013–2017); estimate the percentage of infections that were diagnosed (2017); and determine the percentage of persons with diagnosed HIV infection with viral load suppression (2017). CDC analyzed surveillance, pharmacy, and other data to estimate PrEP coverage, reported as a percentage and calculated as the number of persons who were prescribed PrEP divided by the estimated number of persons with indications for PrEP. Results: The number of new HIV infections remained stable from 2013 (38,500) to 2017 (37,500) (p = 0.448). In 2017, an estimated 85.8% of infections were diagnosed. Among 854,206 persons with diagnosed HIV infection in 42 jurisdictions with complete reporting of laboratory data, 62.7% had a suppressed viral load. Among an estimated 1.2 million persons with indications for use of PrEP, 18.1% had been prescribed PrEP in 2018. Conclusion: Accelerated efforts to diagnose, treat, and prevent HIV infection are needed to achieve the U.S. goal of at least 90% reduction in the number of new HIV infections by 2030. © 2019 Department of Health and Human Services. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Hartmann M.; Lanham M.; Palanee-Phillips T.; Mathebula F.; Tolley E.E.; Peacock D.; Pascoe L.; Zissette S.; Roberts S.T.; Wagner D.; Wilson E.; Ayub A.; Wilcher R.; Montgomery E.T.	Generating charisma: Development of an intervention to help women build agency and safety in their relationships while using prep for HIV prevention	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2019.31.5.433	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072608638&doi=10.1521%2faeap.2019.31.5.433&partnerID=40&md5=2dd66f712a0ab7e7d2bb102ac4540988	This article describes the development of the Community Health clinic model for Agency in Relationships and Safer Microbicide Adherence intervention (CHARISMA), an intervention designed to address the ways in which gender norms and power differentials within relationships affect women's ability to safely and consistently use HIV pre-exposure prophylaxis (PrEP). CHARISMA development involved three main activities: (1) a literature review to identify appropriate evidence-based relationship dynamic scales and interventions; (2) the analysis of primary and secondary data collected from completed PrEP studies, surveys and cognitive interviews with PrEP-experienced and naïve women, and in-depth interviews with former vaginal ring trial participants and male partners; and (3) the conduct of workshops to test and refine key intervention activities prior to pilot testing. These steps are described along with the final clinic and community-based intervention, which was tested for feasibility, acceptability, and preliminary effectiveness in Johannesburg, South Africa. © 2019 The Guilford Press.	Gender-based violence; HIV prevention; Intervention development; Intimate partner violence; Microbicides; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Hassan, A; Wertheim, JO; Blumenthal, JS; Ellorin, E; Dube, MP; Corado, K; Moore, DJ; Morris, SR	Characteristics of a cohort of high-risk men who have sex with men on pre-exposure prophylaxis reporting transgender sexual partners	Medicine (United States)	-	-	-	-	NA	10.1097/MD.0000000000018232	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02012186/full	Transgender people continue to be at high-risk for HIV acquisition, but little is known about the characteristics of their sexual partners. To address this gap, we examined sociodemographic and sexual characteristics of cisgender men who have sex with men (MSM) on pre-exposure prophylaxis (PrEP) reporting transgender sexual partners.A cohort of 392 MSM in southern California in a randomized clinical trial for PrEP adherence were followed from 2013 to 2016. Multivariable generalized estimating equation and logistic models identified characteristics of MSM reporting transgender sexual partners and PrEP adherence.Only 14 (4%) MSM reported having transgender sexual partners. MSM were more likely to report transgender partners if they were African American, had incident chlamydia, reported injection drug-using sexual partners, or received items for sex. Most associations remained significant in the multivariable model: African American (adjusted odds ratio AOR 11.20, P=.01), incident chlamydia (AOR 3.71, P=.04), and receiving items for sex (AOR 5.29, P=.04). There were no significant differences in PrEP adherence between MSM reporting transgender partners and their counterpart.MSM who report transgender sexual partners share characteristics associated with individuals with high HIV prevalence. Identifying this group distinct from larger cohorts of MSM could offer new HIV prevention opportunities for this group of MSM and the transgender community.	Adult; Anti-HIV Agents *therapeutic use; Follow-Up Studies; HIV Infections epidemiology, *prevention & control; Homosexuality, Male *psychology; Humans; Incidence; Male; Medication Adherence; Primary Prevention *methods; Retrospective Studies; Risk Factors; Sexual Behavior; Sexual Partners; Transgender Persons; United States epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2019	Havens J.P.; Scarsi K.K.; Sayles H.; Klepser D.G.; Swindells S.; Bares S.H.	Acceptability and Feasibility of a Pharmacist-Led Human Immunodeficiency Virus Pre-Exposure Prophylaxis Program in the Midwestern United States	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofz365	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073526252&doi=10.1093%2fofid%2fofz365&partnerID=40&md5=13e25d961307f29443129542df8b7ef7	Background: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) substantially reduces the risk of HIV acquisition, yet significant barriers exist to its prescription and use. Incorporating pharmacists in the PrEP care process may help increase access to PrEP services. Methods: Our pharmacist-led PrEP program (P-PrEP) included pharmacists from a university-based HIV clinic, a community pharmacy, and 2 community-based clinics. Through a collaborative practice agreement, pharmacists conducted PrEP visits with potential candidates for PrEP, according to the recommended Centers for Disease Control and Prevention guidelines, and authorized emtricitabine-tenofovir disoproxil fumarate prescriptions. Demographics and retention in care over 12 months were summarized, and participant satisfaction and pharmacist acceptability with the P-PrEP program were assessed by Likert-scale questionnaires. Results: Sixty patients enrolled in the P-PrEP program between January and June 2017 completing 139 visits. The mean age was 34 years (range, 20-61 years), and 88% identified as men who have sex with men, 91.7% were men, 83.3% were white, 80% were commercially insured, and 89.8% had completed some college education or higher. Participant retention at 3, 6, 9, and 12 months was 73%, 58%, 43%, and 28%, respectively. To date, no participant has seroconverted. One hundred percent of the participants who completed the patient satisfaction questionnaire would recommend the P-PrEP program. Pharmacists reported feeling comfortable performing point-of-care testing and rarely reported feeling uncomfortable during PrEP visits (3 occasions, 2.2%) or experiencing workflow disruption (1 occasion, 0.7%). Conclusions: Implementation of a pharmacist-led PrEP program is feasible and associated with high rates of patient satisfaction and pharmacist acceptability. © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HIV pre-exposure prophylaxis; HIV prevention; pharmacist-led	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Havens, PL; Tamhane, A; Stephensen, CB; Schuster, GU; Gordon, CM; Liu, N; Wilson, CM; Hosek, SG; Anderson, PL; Kapogiannis, BG; Mulligan, K; Adolescent Trials Network HIV AIDS	Association of Vitamin D Insufficiency and Protective Tenofovir Diphosphate Concentrations with Bone Toxicity in Adolescent Boys and Young Men Using Tenofovir Disoproxil Fumarate/Emtricitabine for HIV Pre-Exposure Prophylaxis	AIDS Research and Human Retroviruses	-	-	-	-	0889-2229	10.1089/aid.2018.0096	https://pubmed.ncbi.nlm.nih.gov/30280906/	We examined associations of 25-hydroxy vitamin D (25-OHD), tenofovir disoproxil fumarate (TDF), and bone toxicity. We studied TDF/emtricitabine (FTC) HIV pre-exposure prophylaxis (PrEP) in young men who have sex with men (YMSM). Bone toxicity was predefined using bone mineral density/content change from baseline to week 48. Baseline serum 25-OHD was dichotomized as <20ng/mL (insufficient/deficient) versus 20 (sufficient), and week 48 dried blood spot tenofovir diphosphate (TFV-DP) as >700fmol/punch (protective against HIV acquisition) versus 700. Associations were examined by univariate and multivariable logistic regression, reporting crude and adjusted odds ratios (ORs), with 95% confidence intervals (CIs). Of 101 enrolled, 69 had complete bone assessments and 25-OHD; of these, 59 had week 48 TFV-DP data. Median (Q1-Q3) age was 20 (18-21) years; 54% were black/African American. In univariate analysis, participants with baseline 25-OHD <20ng/mL (OR=5.4; 95% CI=1.9-16.5) and blacks (OR=4.9; 95% CI=1.7-15.2) had greater odds of bone toxicity than those with 25-OHD 20 or other races. TFV-DP was not associated with bone toxicity (OR=1.6; 95% CI=0.5-5.5). In multivariable analysis, compared with those with 25-OHD 20 and TFV-DP 700, those with 25-OHD 20 and TFV-DP >700 (OR=11.5; 95% CI=1.4-169.6), 25-OHD <20 and TFV-DP 700 (OR=19.4; 95% CI=3.0-228.7), and 25-OHD <20 and TFV-DP >700 (OR=32.3; 95% CI=3.3-653.6) had greater odds of bone toxicity after adjusting for race. In multivariable models, 25-OHD insufficiency, protective TFV-DP concentrations, and black race were significantly associated with bone toxicity after 48 weeks of TDF/FTC PrEP in YMSM. Clinical Trials Registration: NCT01769469.	tenofovir disoproxil fumarate; HIV pre-exposure prophylaxis; EMTRICITABINE; SEX; ANTIRETROVIRAL THERAPY; bone mineral density; MINERAL DENSITY; PARATHYROID-HORMONE; 25-hydroxy vitamin D; D DEFICIENCY	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hayes R.; Schmidt A.J.; Pharris A.; Azad Y.; Brown A.E.; Weatherburn P.; Hickson F.; Delpech V.; Noori T.; Bani R.; Garcia J.F.; Grigoryan S.; Papoyan A.; Grigoryan T.; Kaszoni-Rueckerl I.; Benka B.; Almammadova E.; Karaban I.; Rusanovich A.; Sergeenko S.; Reynders D.; Sasse A.; Deblonde J.; Varleva T.; Zamfirova M.; Begovac J.; Blazic T.N.; Dominkovic Z.; Hadjihannas L.; Demetriou A.; Mičulkova V.; Maly M.; Fouchard J.; Cowan S.; Ruutel K.; Drell T.; Brummer-Korvenkontio H.; Liitsola K.; Lot J.-C.C.; Stvilia K.; Chkhartishvili N.; Kupfer G.; Marcus U.; Raftopoulos V.; Tsiodras S.; Paraskeva D.; Szalay K.; Dudas M.; Sigmundsdottir G.; Kristjansson M.; Hurley C.; Igoe D.; O'Donnell K.; Chemtob D.; Levin Y.; Caraglia A.; Maraglino F.; Suligoi B.; Cosmaro L.; Yelizarieva A.; Shehu L.; Buzhala P.; Ismailova A.; Asylalieva N.; Konova Š.; Gramatina L.; Caplinskiene I.; Leibold A.; Abegg M.J.; Hoffmann P.; Devaux C.; Weicherding P.; Melillo J.M.; Melillo T.; Popovici S.; Cotelnic T.; Furst D.D.; Marjanovic A.; Cicic A.; David S.; Nakched A.; Coul E.O.D.; Sighem A.V.; Myrberg A.J.; Wawer I.; Wysocki P.; Aldir I.; Melo T.; Martins H.C.; Mardarescu M.; Streinu-Cercel A.; Simic D.; Baros S.; Mikas J.; Truska P.; Klavs I.; Amo J.D.; Diaz A.; Vazquez M.C.; Axelsson M.; Hok G.; Jossen M.; Karimov S.; Sayburhonov D.; Sahin E.O.; Aydin A.; Kirwan P.; Croxford S.; Kuzin I.; Martsynovska V.; Varetska O.; Abdurakhimova Z.	Estimating the 'PrEP Gap': How implementation and access to PrEP differ between countries in Europe and Central Asia in 2019	Eurosurveillance	-	-	-	-	1025496X	10.2807/1560-7917.ES.2019.24.41.1900598	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073474764&doi=10.2807%2f1560-7917.ES.2019.24.41.1900598&partnerID=40&md5=67dafc22b1aea96903daee115866fabe	In 2019, only 14 European and Central Asian countries provided reimbursed HIV pre-exposure prophylaxis (PrEP). Using EMIS-2017 data, we present the difference between self-reported use and expressed need for PrEP in individual countries and the European Union (EU). We estimate that 500,000 men who have sex with men in the EU cannot access PrEP, although they would be very likely to use it. PrEP's potential to eliminate HIV is currently unrealised by national healthcare systems. © 2019 European Centre for Disease Prevention and Control (ECDC). All rights reserved.	Europe and Central Asia; European Union; Human Immunodeficiency Virus (HIV); Men who have sex with Men (MSM); Pre-exposure prophylaxis (PrEP).	English	Sweden	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2019	Heendeniya A.; Bogoch I.I.	Antiretroviral Medications for the Prevention of HIV Infection: A Clinical Approach to Preexposure Prophylaxis, Postexposure Prophylaxis, and Treatment as Prevention	Infectious Disease Clinics of North America	-	-	-	-	8915520	10.1016/j.idc.2019.04.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067564302&doi=10.1016%2fj.idc.2019.04.002&partnerID=40&md5=d728868561c102f301857dfff4590afc	Preventing new human immunodeficiency virus (HIV) infections is essential to halting the global pandemic. HIV prevention strategies include integrating both nonpharmacologic (eg, safe sexual counseling, circumcision) and pharmacologic approaches. Several pharmacologic HIV prevention strategies are increasingly used globally and include postexposure prophylaxis, preexposure prophylaxis, and treatment as prevention. These prevention modalities have enormous clinical and public health appeal, as they effectively reduce HIV acquisition in individuals and also may lower HIV incidence in communities when integrated and implemented broadly. Efforts are now underway to scale HIV prevention programs using these techniques in both high- and low-resource settings. © 2019 Elsevier Inc.	HIV; PEP; Postexposure prophylaxis; Preexposure prophylaxis; PrEP; Prevention; Treatment as prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Heendeniya, Amila; Bogoch, Isaac I	HIV prevention with post-exposure prophylaxis-in-pocket.	The Lancet Public Health	-	-	-	-	2468-2667	10.1016/S2468-2667(19)30152-5	https://dx.doi.org/10.1016/S2468-2667(19)30152-5	HIV continues to be a major global heath threat and pharmacological prevention measures are important components of the multipronged approach focused on eliminating the disease by 2030.1 HIV pre-exposure prophylaxis (PrEP)2 and post-exposure prophylaxis (PEP) are two effective pharmacological prevention tools available, and are best integrated with non-pharmacological prevention strategies such as safe-sex counselling and addressing other syndemic health issues. Although these preventative interventions can reduce transmission at individual and community levels,2 gaps in HIV prevention still exist, especially for those who have a low frequency of HIV exposures. For such individuals, daily PrEP with co-formulated tenofovir disoproxil fumarate and emtricitabine might be highly effective2 but the large pill burden and expense might be disproportionate to a very low HIV exposure frequency. On-demand PrEP might be of benefit as well, but the only data demonstrating efficacy with infrequent use of this approach is with 15 tablets of tenofovir disoproxil fumarate and emtricitabine per month, and it is unclear how effective on-demand PrEP would be for individuals with lower usage because of less frequent HIV exposures.3 On-demand PrEP is also not helpful for people who do not proactively anticipate a potential HIV exposure. PEP is a retroactive approach to HIV prevention and is helpful if accessed within a 72-h window, but there are substantial issues with timely access to medications, adherence to clinic appointments, and adherence to the 28-day course of medication.4 So, how can these gaps in HIV prevention be narrowed and care be improved for individuals who have a lower frequency (eg, up to four) of HIV exposures per year? A PEP-in-pocket (PIP) approach might be helpful in these situations.5 This approach involves providing selected patients with a 28-day prescription for PEP before an exposure occurs. Patients are counselled to obtain the medications and keep them accessible in case of an exposure. Should there be an exposure, patients are advised to initiate medications as soon as possible (and within a 72-h window) and to come to the clinic within the first week of initiating medications for clinical assessment and baseline HIV screening. Patients are typically followed at 6-month intervals for routine screening for HIV and sexually transmitted infections, or sooner based on their exposure history. PIP enables immediate access to antiretroviral medications and might reduce the need for time-sensitive emergency department or clinic visits. PIP empowers patients by providing a degree of autonomy over their care and might also alleviate anxiety associated with potential HIV exposures. Although daily or on-demand PrEP might be appropriate for those with more frequent HIV exposures, PIP is a valuable HIV prevention modality for those who have infrequent exposures. As public health units increasingly provide HIV prevention services, PIP may be integrated into the prevention modalities offered to deliver more targeted care to those at risk of HIV infection. We declare no competing interests.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Heendeniya, Amila; Tumarkin, Ethan; Bogoch, Isaac I	HIV preexposure prophylaxis in Canadian primary care and community settings	Canadian Family Physician	-	-	-	-	0008350X	NA	https://www.proquest.com/scholarly-journals/hiv-preexposure-prophylaxis-canadian-primary-care/docview/2213126663/se-2?accountid=8113	In Canada HIV continues to be a challenge, with more than 2500 new cases reported per year despite the considerable resources available compared with other countries that bear the brunt of this pandemic. Approximately 21% of HIV-infected individuals are unaware of their HIV-positive status and might be contributing to further disease transmission. Here, Heendeniya et al outline several aspects of the implementation of the human immunodeficiency virus preexposure prophylaxis (PrEP), an HIV prevention approach that protects individuals from infection. The use of PrEP in Canada and worldwide has increased over the past few years. Canadians at elevated risk of HIV acquisition are approaching their family physicians for PrEP care in greater numbers.	Canada; Pre-exposure prophylaxis; Disease prevention; Drug therapy; Pandemics; Community care; Preventive medicine; Primary care; Family physicians; Human immunodeficiency virus--HIV; Medical Sciences; Preventive healthcare	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Heffron R.; Ngure K.; Velloza J.; Kiptinness C.; Quame-Amalgo J.; Oluch L.; Thuo N.; Njoroge J.; Momanyi R.; Gakuo S.; Mbugua S.; Morrison S.; Haugen H.; Chohan B.; Celum C.; Baeten J.M.; Mugo N.	Implementation of a comprehensive safer conception intervention for HIV-serodiscordant couples in Kenya: uptake, use and effectiveness	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25261	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064508584&doi=10.1002%2fjia2.25261&partnerID=40&md5=e5c0ce22baa6d1a8577a041732c9fbd4	Introduction: Safer conception strategies minimize HIV risk during condomless sex to become pregnant. Gaps remain in understanding the acceptability, feasibility and choices HIV-serodiscordant couples make when multiple safer conception options are available. Methods: We conducted a pilot study of a comprehensive safer conception package for HIV-serodiscordant couples with immediate fertility desires in Kenya from March 2016 to April 2018. The intervention package included antiretroviral therapy (ART) for HIV-positive partners, oral pre-exposure prophylaxis (PrEP) for HIV-negative partners, daily fertility and sexual behaviour tracking via short message service (SMS) surveys, counselling on self-insemination, and referrals for voluntary medical male circumcision and fertility care. Couples attended monthly visits until pregnancy with HIV testing for negative partners at each visit. We estimated the number of expected HIV seroconversions using a counterfactual cohort simulated from gender-matched couples in the placebo arm of a previous PrEP clinical trial. We used bootstrap methods to compare expected and observed seroconversions. Results: Of the 74 enrolled couples, 54% were HIV-negative female/HIV-positive male couples. The 6 and 12-month cumulative pregnancy rates were 45.3% and 61.9% respectively. In the month preceding pregnancy, 80.9% of HIV-positive partners were virally suppressed, 81.4% of HIV-negative partners were highly adherent to PrEP, and SMS surveys indicated potential timing of condomless sex to peak fertility (median of sex acts = 10, interquartile range (IQR) 7 to 12; median condomless sex acts = 3.5, IQR 1 to 7). Most (95.7%) pregnancies were protected by ≥2 strategies: 57.4% were protected by high PrEP and ART adherence, male circumcision with or without timed condomless sex; 10 (21.3%) were protected by viral suppression in the HIV-positive partner and male circumcision with or without timed condomless sex; 8 (17.0%) were protected by high PrEP adherence and male circumcision with or without timed condomless sex. We observed 0 HIV seroconversions (95% CI 0.0 to 6.0 per 100 person years), indicating a 100% reduction in HIV risk (p = 0.04). Conclusions: The use of multiple safer conception strategies, primarily PrEP, ART, male circumcision and/or tracking fertility, was acceptable and feasible for African HIV-serodiscordant couples and significantly reduced HIV transmission risk. It is important to increase the availability of and counselling about safer conception services in regions with HIV epidemics involving heterosexual transmission and high fertility. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	ART; fertility; HIV-serodiscordant couples; pregnancy; PrEP; safer conception	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Henny K.D.; Duke C.C.; Geter A.; Gaul Z.; Frazier C.; Peterson J.; Buchacz K.; Sutton M.Y.	HIV-Related Training and Correlates of Knowledge, HIV Screening and Prescribing of nPEP and PrEP Among Primary Care Providers in Southeast United States, 2017	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02545-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067264714&doi=10.1007%2fs10461-019-02545-1&partnerID=40&md5=9069294854183635ab654f1a106ecf3b	The Southeast accounted for most HIV diagnoses (52%) in the United States in 2015. Primary care providers (PCPs) play a vital role in HIV prevention for at-risk persons and treatment of persons living with HIV. We studied HIV-related training, knowledge, and clinical practices among PCPs in the Southeast to address knowledge gaps to inform HIV prevention strategies. Between April and August 2017, we conducted an on-line survey of a representative sample of PCPs in six Southeast jurisdictions with high rates of HIV diagnoses (Atlanta; Baltimore; Baton Rouge; District of Columbia; Miami; New Orleans). We defined HIV-related training as self-reported completion of any certified HIV/STD course or continuing education in past 24 months (prior to survey completion). We assessed associations between training and HIV testing practices, familiarity with nonoccupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP), and ever prescribing nPEP or PrEP. There were 820 participants after fielding 4595 surveys (29.6% adjusted response rate). In weighted analyses, 36.3% reported HIV-related training. Using adjusted prevalence ratio (aPR) and confidence intervals (CI), we found that PCPs with HIV-related training (compared to those with no training) were more likely to be familiar with nPEP (aPR = 1.32, 95% CI 1.05, 1.67) and PrEP (aPR = 1.67, 95% CI 1.19, 2.38); and to have ever prescribed PrEP to patients (aPR = 1.75, 95% CI 1.10, 2.78). Increased HIV-related trainings among PCPs in high HIV prevalence Southeast jurisdictions may be warranted. Strengthening nPEP and PrEP familiarity among PCPs in Southeast may advance national HIV prevention goals. © 2019, This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.	HIV; PEP; PrEP; Primary care providers; South; Training	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Hershow R.B.; Gonzalez M.; Costenbader E.; Zule W.; Golin C.; Brinkley-Rubinstein L.	Medical providers and harm reduction views on pre-exposure prophylaxis for hiv prevention among people who inject drugs	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2019.31.4.363	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070834772&doi=10.1521%2faeap.2019.31.4.363&partnerID=40&md5=dfb195457cd354a2210e2cdf8cb54282	Despite high pre-exposure prophylaxis (PrEP) acceptability among people who inject drugs (PWID) and PrEP providers, PrEP uptake is low and little is known about how to promote PrEP among PWID. This qualitative study with providers in North Carolina explored views on PrEP delivery approaches for PWID. Interviewers conducted semistructured interviews with 10 PrEP providers and 10 harm reduction (HR) providers. Interviews were transcribed and analyzed. Many participants expressed acceptability for providing PrEP referrals at syringe exchange sites, stationing PrEP providers at syringe exchange sites to provide PrEP prescriptions, and providing standing orders for PrEP at syringe exchange sites. Barriers were identified, including low PrEP awareness and limited resources. Many advocated for co-location of HR and PrEP services and scaled-up outreach services. PrEP providers emphasized maintenance of clinical requirements, while HR providers emphasized flexibility when treating PWID. Promoting PrEP uptake and adherence among PWID likely requires integration of HR and PrEP services. © 2019 The Guilford Press.	HIV prevention; Intervention development; People who inject drugs; Pre-exposure prophylaxis; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Hess K.M.; Crawford J.; Eanes A.; Felner J.K.; Mittal M.L.; Smith L.R.; Hoenigl M.; Amico K.R.	Reasons Why Young Men Who Have Sex with Men Report Not Using HIV Pre-Exposure Prophylaxis: Perceptions of Burden, Need, and Safety	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2019.0150	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072938415&doi=10.1089%2fapc.2019.0150&partnerID=40&md5=49733e9e848e92207c54ab951c38ce60	Uptake of pre-exposure prophylaxis (PrEP) has dramatically increased but remains well below the estimated number of individuals who could benefit from PrEP in the United States, and uptake remains limited among young men who have sex with men (YMSM) and MSM of color. Reasons for not adopting PrEP as a prevention strategy among those at elevated risk for HIV is an important area of inquiry that could advise efforts to better position PrEP as an active part of prevention programs. As part of a mixed methods study investigating experiences with repeat HIV testing, we identified main themes emerging from in-depth interview data pertaining to reasons why YMSM report not using PrEP, among YMSM with frequent access to HIV testing services. Themes from 14 in-depth interviews with predominantly Latino MSM for not using PrEP included perceived burden of daily dosing, feeling that risk was not high enough to warrant PrEP, and beliefs that PrEP would have severe adverse events affecting the kidneys and bones. Less prominent but noteworthy themes included stigma as a PrEP user, social or provider influence on decisions not to use PrEP, and preference for current prevention strategy. No differences in PrEP discourse were noted across those at different levels of HIV risk. Results suggest that efforts are needed to engage communities and individuals around PrEP-related education, facilitate risk evaluation, and reduce PrEP stigma. New formulations and nondaily regimens may also be of particular interest to YMSM who may perceive daily PrEP regimens as highly burdensome. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	barriers; PrEP; risk; uptake; young MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Hightow-Weidman L.B.; Magnus M.; Beauchamp G.; Hurt C.B.; Shoptaw S.; Emel L.; Piwowar-Manning E.; Mayer K.H.; Nelson L.E.; Wilton L.; Watkins P.; Whitfield D.; Fields S.D.; Wheeler D.	Incidence and Correlates of Sexually Transmitted Infections among Black Men Who Have Sex with Men Participating in the HIV Prevention Trials Network 073 Preexposure Prophylaxis Study	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciy1141	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073183981&doi=10.1093%2fcid%2fciy1141&partnerID=40&md5=e652838ea7afebc9e724202a7651ed6	The HIV Prevention Trials Network (HPTN) Study 073 (HPTN 073) assessed the feasibility, acceptability, and safety of preexposure prophylaxis (PrEP) for black men who have sex with men (BMSM). The purpose of this analysis was to characterize the relationship between PrEP uptake and use and incident sexually transmitted infections (STIs) among participants enrolled in HPTN 073. Methods: A total of 226 human immunodeficiency virus (HIV)-uninfected BMSM were enrolled in 3 US cities; all participants received client-centered care coordination (C4) and were offered daily oral PrEP. Participants were followed for 12 months with STI testing (rectal and urine nucleic acid amplification test for gonorrhea and chlamydia, rapid plasma reagin for syphilis) conducted at baseline, week 26, and week 52. Logistic regression was used to examine associations between STI incidence and PrEP uptake. Generalized estimating equations were used to evaluate associations between age, PrEP acceptance, sexual behaviors, and incident STIs. Results: Baseline STI prevalence was 14.2%. Men aged <25 years were more likely to have a baseline STI (25.3% vs 6.7%; odds ratio OR, 4.39; 95% confidence interval CI, 1.91, 10.11). Sixty participants (26.5%) acquired ≥1 STI during follow-up; the incidence rate was 34.2 cases per 100 person-years (95% CI, 27.4, 42.9). In adjusted analyses, baseline STI diagnosis (OR, 4.23; 95% CI, 1.82, 9.87; P <. 001) and additional C4 time (OR, 1.03; 95% CI, 1.00, 1.06; P =. 027) were associated with having an incident STI. STI incidence was not associated with PrEP acceptance or adherence. Conclusions: While we found higher rates of STIs in younger BMSM, overall rates of STI were lower than in prior PrEP trials, with no increase over time. BMSM with STIs at PrEP initiation may require additional interventions that target STI acquisition risk. Clinical Trials Registration: NCT01808352. © 2019 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	African-American; gay; PrEP; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hildebrandt, Timothy; Bode, Leticia; Ng, Jessica S C	Effect of 'lifestyle stigma' on public support for NHS-provisioned pre-exposure prophylaxis (PrEP) and preventative interventions for HPV and type 2 diabetes: a nationwide UK survey.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2019-029747	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6707679	OBJECTIVES: This study examines how the perceived role of poor lifestyle and irresponsible behaviour in contracting HIV, human papilloma virus (HPV) and diabetes affects public support for government-provisioned prevention efforts in Britain. It assesses whether public attitudes on healthcare spending are broadly sensitive to 'lifestyle stigmas'. METHODS: We conducted an online survey of 738 respondents in Britain and embedded three separate survey experiments to measure support for government-provisioned interventions for HIV, HPV and type 2 diabetes. In each experiment, we manipulated language used to describe the extent to which the diseases are caused by lifestyle choices. Most respondents participated in all three experiments, but assignment was randomised within each condition. Analysis compared support among respondents exposed to 'lifestyle' treatment (information emphasising the disease's lifestyle causes) versus control treatment. We estimated three separate t-tests in which support for government provision of interventions is the dependent variable. RESULTS: Support for government-provisioned prevention was high for all three diseases. There was no statistical difference between treatment and control conditions for HIV (treatment mean=3.73, control mean=3.86, p=0.38). But in both HPV (treatment mean=3.96, control mean=4.43, p<0.01) and type 2 diabetes (treatment mean=3.53, control mean=4.03, p<0.01) experiments, support for government-provisioned interventions was significantly lower under lifestyle treatment conditions. CONCLUSIONS: Public opinion on healthcare expenditures in Britain is unexpected and uneven. Consistent participant support for pre-exposure prophylaxis (PrEP) shows public attitudes are not always sensitive to lifestyle stigmas-but for other diseases, perceived relationships between individual behaviour and poor health can still shape public opinion about health expenditures. Policymakers and practitioners should remain attentive to how health problems are framed and discussed to ensure broad public support, and take advantage of policy windows like with PrEP as they may close.	pre-exposure prophylaxis (PrEP), HIV, HPV, diabetes, public opinion	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Hill, Lucas A; Ballard, Craig; Cachay, Edward R	The role of the clinical pharmacist in the management of people living with hiv in the modern antiretroviral era	AIDS Reviews	-	-	-	-	11396121	10.24875/AIDSRev.19000089	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076320507&doi=10.24875%2fAIDSRev.19000089&partnerID=40&md5=21cf7f6073eb53384c812dcdf6346b46	As the HIV epidemic has evolved, so too has the role of the clinical pharmacist (CP) in the management of people living with HIV (PLWH). The modern antiretroviral therapy (ART) era has resulted in PLWH living normal life spans with resulting increased comorbidities. CPs have long been a part of the multidisciplinary management of ART. However, with the changing demographics of PLWH and health-care system dynamics, CPs have had the opportunity to expand their role. This includes involvement in managing increasing comorbidities with expanding and more complicated medication regimens, drug interaction monitoring, and optimizing transitions of care, all while recognizing and addressing barriers to successful HIV and hepatitis C virus (HCV) treatment. In addition, with the expansion of HIV prevention and pre-exposure prophylaxis (PrEP) services, CPs have the opportunity to be involved in HIV prevention. This study summarizes the literature evaluating the impact of CPs in the management of PLWH in the era of modern ART. We conducted a literature search to identify studies that assessed the CP role in HIV clinical practice since 2006. The identified studies were grouped into two categories. The first was HIV related outcomes, including interventions on regimen selection, adherence, regimen optimization, and management of treatment failure. The second group of studies pertained to aging and vulnerable populations, including management of comorbidities, transitions of care, medication-assisted treatment, hepatitis C, and HIV screening and PrEP. We concluded that the evidence supports the expanding role of CPs to positively impact a variety of aspects related to the care of PLWH. © Permanyer 2019.	Aging; Antiretroviral therapy; Clinical pharmacist; Comorbidities; HIV	English	Spain	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hiransuthikul A.; Janamnuaysook R.; Himmad K.; Kerr S.J.; Thammajaruk N.; Pankam T.; Phanjaroen K.; Mills S.; Vannakit R.; Phanuphak P.; Phanuphak N.	Drug-drug interactions between feminizing hormone therapy and pre-exposure prophylaxis among transgender women: the iFACT study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25338	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069775657&doi=10.1002%2fjia2.25338&partnerID=40&md5=6cdd36cdcda83f234ad4ecf792bce99c	Introduction: Concerns over potential drug-drug interactions (DDI) between feminizing hormone therapy (FHT) and pre-exposure prophylaxis (PrEP) have hampered uptake and adherence of PrEP among transgender women (TGW). To determine DDI between FHT and PrEP, we measured the pharmacokinetic (PK) parameters of blood plasma estradiol (E2) and tenofovir (TFV) in Thai TGW. Methods: Twenty TGW who never underwent orchiectomy and had not received injectable FHT within six months were enrolled between January and March 2018. FHT (E2 valerate and cyproterone acetate) were prescribed to participants at baseline until week 5, and then from week 8 until the end of study. Daily PrEP (tenofovir disoproxil fumarate/emtricitabine) was initiated at week 3 and continued without interruption. Intensive E2 PK parameters and testosterone concentration at 24 hours (C24) were measured at weeks 3 (without PrEP) and 5 (with PrEP), and intensive TFV PK parameters were measured at weeks 5 (with FHT) and 8 (without FHT). Results: Median (interquartile range) age, body mass index, and creatinine clearance were 21.5 (21–26) years, 20.6 (19.0-22.4) kg/m2, and 116 (101-126.5) mL/min, respectively. The geometric mean (%CV) of area under curve from time zero to 24 hours (AUC0-24), maximum concentration (Cmax), and C24 of E2 at weeks 3 and 5 were 775.13 (26.2) pg h/mL, 51.47 (26.9) pg/mL, and 15.15 (42.0) pg/mL; and 782.84 (39.6), 55.76 (32.9), and 14.32 (67.4), respectively. The geometric mean (%CV) of TFV AUC0-24, Cmax, and C24 at weeks 5 and 8 were 2242.1 (26.5) ng h/mL, 353.9 (34.0) ng/mL, and 40.9 (31.4) ng/mL; and 2530.2 (31.3), 311.4 (30.0), and 49.8 (29.6), respectively. The geometric mean of TFV AUC0-24 and C24 at week 5 were significantly less than that at week 8 by 12% (p = 0.03) and 18% (p < 0.001), respectively. There were no significant changes in E2 PK parameters and median C24 of bioavailable testosterone between week 3 and week 5. Conclusions: Our study demonstrated lower blood plasma TFV exposure in the presence of FHT, suggesting that FHT may potentially affect PrEP efficacy among TGW; but E2 exposure was not affected by PrEP. Further studies are warranted to determine whether these reductions in TFV are clinically significant. Clinical Trial Number: NCT03620734. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	drug-drug interactions; feminizing hormone; pre-exposure prophylaxis; prevention; transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2019	Hoang T.; Date A.A.; Ortiz J.O.; Young T.-W.; Bensouda S.; Xiao P.; Marzinke M.; Rohan L.; Fuchs E.J.; Hendrix C.; Gumber S.; Villinger F.; Cone R.A.; Hanes J.; Ensign L.M.	Development of rectal enema as microbicide (DREAM): Preclinical progressive selection of a tenofovir prodrug enema	European Journal of Pharmaceutics and Biopharmaceutics	-	-	-	-	9396411	10.1016/j.ejpb.2018.05.030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047833359&doi=10.1016%2fj.ejpb.2018.05.030&partnerID=40&md5=440ed9f6c564fb1c22411235d0a998d2	HIV pre-exposure prophylaxis (PrEP) strategies have the potential to prevent millions of incident HIV infections each year. However, the efficacy of PrEP strategies has been plagued by issues of non-adherence, likely because of the difficulty in motivating otherwise healthy people to adhere to treatment regimens that require significant behavioral changes and daily discipline. An alternative approach to PrEP is to focus on strategies that fit in to normal, and even desirable, sexual behaviors, such as the use of cleansing enemas by men who have sex with men (MSM) prior to receptive anal intercourse (RAI). Here, we describe preclinical efforts toward optimizing a tenofovir (TFV)-based enema formulation for rectal PrEP. Using a murine model, we compared the plasma and tissue pharmacokinetics of TFV and various TFV prodrugs, including tenofovir disoproxil fumarate (TDF), tenofovir alafenamide (TAF), and hexadecyloxypropyl tenofovir (CMX157), after dosing as enema formulations with varying osmolality and ion content. We observed that the enema vehicle composition played a more important role than the TFV prodrug properties in achieving rapid and therapeutically relevant tenofovir diphosphate (TFV-DP) concentrations in mouse colorectal tissue. Our results support the next steps, which are further preclinical (non-human primate) and clinical development of a hypo-osmolar TDF enema product for rectal PrEP. © 2018 Elsevier B.V.	Fleet; Hypotonic; Rectal douche; Rectal gel; Sodium bicarbonate	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2019	Hobbs, Richard	An exploration of PrEP-stigma and viewpoints on testing for HIV amongst men who have sex with men	-	-	Cardiff University	Cardiff University	-	NA	NA	https://orca.cardiff.ac.uk/id/eprint/125480/	This thesis aimed to address gaps in the psychosocial aspects of Human Immunodeficiency Viruses (HIV) prevention ad testing literature as biomedical prevention methods have advanced. It is explored through three papers: a systematic review, an empirical study and a reflective critique. The systematic literature review utilised a narrative synthesis approach to explore and aggregate qualitative literature, which considered a newly reported phenomenon of Pre-Exposure Prophylaxis (PrEP) stigma as experienced by men who have sex with men taking PrEP. Eight studies were included in the final review. The studies were heterogeneous in the types of Men who have Sex with Men (MSM) they recruited and their methods. However, across the studies, it was demonstrated that PrEP-stigma was present at multiple levels. Five key themes identified were: 1. Stigma directly associated with PrEP; 2. Imposed stigma from others; 3. Internalised stigma; 4. Acts to mitigate stigma; 5. Sex-related stigma. The review concluded by arguing that PrEP-stigma can be imposed on the individual by others. PrEP-stigma can be internalised by PrEP users. There are various strategies that could be developed to overcome PrEP-stigma experienced by MSM who are PrEP users at the different levels within the system. The application of the findings to policy and clinical practice are considered alongside recommendations for further research. The empirical study utilised Q methodology to explore gay men's view on testing for HIV in Wales. Three distinct perspectives were identified: "testing for PrEP and shame/stigma", "the psychological distress of testing and the search for certainty" and "HIV Testing a prosocial act and self-learning". The findings highlight that some aspects of HIV testing for gay men are consistent with previous research. The findings also describe how PrEP relates to the psychosocial context of HIV testing in Wales for gay men. That some PrEP users regularly test for HIV in order to gain long-term certainty over HIV status, but that this process can be stigmatising and shaming. The findings highlight the need for considerations of psychosocial context as HIV prevention methods develop. The implication of the findings for clinical practice and future research are considered. The third paper is a critique and reflection on the research undertaken and its process. This consists of: an extended discussion of the decisions made in the research process; plans of dissemination; strengths and weaknesses of the studies; specific implications for theory; clinical practice and policy and further research. Reflection and critique are also given on the thesis as a whole.	BF Psychology; H Social Sciences (General); RA Public aspects of medicine	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Review
Article	2019	Hodges-Mameletzis I.; Fonner V.A.; Dalal S.; Mugo N.; Msimanga-Radebe B.; Baggaley R.	Pre-Exposure Prophylaxis for HIV Prevention in Women: Current Status and Future Directions	Drugs	-	-	-	-	126667	10.1007/s40265-019-01143-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068990677&doi=10.1007%2fs40265-019-01143-8&partnerID=40&md5=167da3beb1a0862e758359f06e02e65d	Pre-exposure prophylaxis (PrEP) is a promising intervention to prevent HIV acquisition, with benefits both to the individual and to population-level health. PrEP is an opportunity to complement ongoing public health efforts to eliminate HIV. For women, PrEP can also serve as a gateway to access sexual and reproductive health (SRH) services. Clinical efficacy of PrEP was initially reported in women using a 1% tenofovir vaginal gel in 2010, followed by an efficacy trial of oral PrEP using TDF/FTC in men who have sex with men (MSM). Since then, further trials have reported efficacy in oral PrEP containing tenofovir in women and heterosexual men, while the subsequent trials for women using tenofovir gel reported no efficacy, stemming from difficulties in achieving adequate adherence. In an effort to offer women additional choices to oral PrEP, alternative modalities are being tested in clinical research, including long-acting injectable formulations and intra-vaginal rings. In 2015, a meta-analysis of clinic trials and open-label extension studies led to the World Health Organization (WHO) strongly recommending the provision of oral PrEP containing tenofovir for any person at substantial risk of HIV infection, irrespective of gender or population group. Currently, PrEP services for women around the world, including those who are either pregnant or breastfeeding, remain limited. Outside sub-Saharan Africa, most PrEP programmes are focused on MSM. South Africa, Kenya, and the USA have the greatest utilization of oral PrEP by women. Yet, since 2012, of the estimated > 300,000 people globally who have initiated PrEP, a minority are women. In this narrative review, we examine the most recent literature on clinical and implementation PrEP research among women. We highlight the high burden of disease related to common sexually transmitted infections (STIs) in women, and the opportunity to integrate PrEP and other HIV prevention services, STI case management, and family planning services, as part of a more robust package of SRH services. Raising awareness on PrEP amongst women and their healthcare providers, minimizing gaps in access, and ensuring adherence and persistence of PrEP during periods of risk are critical issues if PrEP can have a meaningful impact on reducing HIV incidence in women globally. © 2019, Springer Nature Switzerland AG.	Anti-HIV Agents, Female, HIV Infections, Humans, Male, Pre-Exposure Prophylaxis, Tenofovir, Sexual and Gender Minorities	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2019	Hoenigl M.; Morgan E.; Franklin D.; Anderson P.L.; Pasipanodya E.; Dawson M.; Hanashiro M.; Ellorin E.E.; Blumenthal J.; Heaton R.; Moore D.J.; Morris S.R.	Self-initiated continuation of and adherence to HIV pre-exposure prophylaxis (PrEP) after PrEP demonstration project roll-off in men who have sex with men: associations with risky decision making, impulsivity/disinhibition, and sensation seeking	Journal of Neurology	-	-	-	-	13550284	10.1007/s13365-018-0716-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059691192&doi=10.1007%2fs13365-018-0716-3&partnerID=40&md5=8a3e53a80a4b04f3f40f6cd1240794f4	The objective of this study was to examine differences in the levels of risky decision making and other frontal system behavior constructs in relation to self-initiated continuance of HIV pre-exposure prophylaxis (PrEP) and PrEP adherence outcomes among men who have sex with men (MSM) following completion of a clinical PrEP trial. At the last PrEP trial visit, study provided PrEP was discontinued and participants were navigated to the community for PrEP continuation. In this cross-sectional analysis, 84/187 (45%) MSM who completed a prospective observational post-PrEP trial follow-up visit at the University of California San Diego were included. PrEP adherence was measured using dried blood spot tenofovir diphosphate (TFV-DP) levels. Risky decision making was assessed using the Iowa Gambling Task (IGT) and the Balloon Analogue Risk Task (BART), while impulsivity/disinhibition, sensation seeking, and substance use were assessed via standardized self-report questionnaires. A total of 58/84 (69%) of MSM who completed the 12-month post-study visit continued PrEP. Of those, n = 46 (79%) reached TFV-DP levels associated with adequate adherence. Individuals who elected to continue PrEP 12 months post-trial had riskier decision making on BART, but less impulsivity/disinhibition compared to individuals who did not continue PrEP. Neither risky decision making nor impulsivity/disinhibition/sensation seeking nor substance use correlated with PrEP adherence. Our findings suggest that those with risky decision making may have greater insight into their HIV risks, and therefore be more likely to continue to use PrEP. However, elevated impulsivity/disinhibition, indicative of greater neurobehavioral alterations, was negatively associated with PrEP continuance and is a potential target for future interventions to help people link to PrEP. © 2019, Journal of NeuroVirology, Inc.	Adherence; Dried blood spot; Sensation seeking; Seroconversion; Stimulant substance use	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hoenigl, Martin; Hassan, Adiba; Moore, David J; Anderson, Peter L; Corado, Katya; Dubé, Michael P; Ellorin, Eric E; Blumenthal, Jill; Morris, Sheldon R	Predictors of Long-Term HIV Pre-exposure Prophylaxis Adherence After Study Participation in Men Who Have Sex With Men.	JAIDS Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1525-4135	https://doi.org/10.1097/qai.0000000000002003	https://escholarship.org/uc/item/8b12z6p2	BackgroundEfficacy of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men is well documented in randomized trials. After trial completion, participants are challenged with acquiring PrEP on their own and remaining adherent.MethodsThis was a follow-up study of the TAPIR randomized controlled multicenter PrEP trial. Participants were contacted after their last TAPIR visit (ie, after study-provided PrEP was discontinued) to attend observational posttrial visits 24 and 48 weeks later. Adherence during TAPIR and posttrial visits was estimated by dried blood spot intracellular tenofovir diphosphate levels (adequate adherence defined as tenofovir diphosphate levels >719 fmol/punch). Binary logistic regression analysis assessed predictors of completing posttrial visits and PrEP adherence among participants completing ≥1 visit.ResultsOf 395 TAPIR participants who were on PrEP as part of the TAPIR trial for a median of 597 days (range 3-757 days), 122 (31%) completed ≥1 posttrial visit (57% of University of California San Diego participants completed posttrial visits, whereas this was 13% or lower for other study sites). Among participants who completed ≥1 posttrial visit, 57% had adequate adherence posttrial. Significant predictors of adequate adherence posttrial were less problematic substance use, higher risk behavior, and adequate adherence in year 1 of TAPIR.ConclusionMore than half of PrEP users followed after trial completion had successfully acquired PrEP and showed adequate adherence. Additional adherence monitoring and intervention measures may be needed for those with low PrEP adherence and problematic substance use during the first year of trial.	California Collaborative Treatment Group (CCTG) 601 Team; Humans; HIV Infections; Adenine; Logistic Models; Regression Analysis; Follow-Up Studies; Risk-Taking; Homosexuality; Male; Adult; Middle Aged; Male; Medication Adherence; Organophosphates; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; adherence; continuum; real-life cohort; substance use; risk behavior; Clinical Research; HIV/AIDS; Prevention; Clinical Trials and Supportive Activities; Behavioral and Social Science; Virology; Clinical Sciences; Public Health and Health Services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Hojilla J.C.; Satre D.D.; Glidden D.V.; McMahan V.M.; Gandhi M.; Defechereux P.; Guanira J.V.; Mehrotra M.; Grant R.M.; Carrico A.W.	Cocaine Use and Pre-exposure Prophylaxis: Adherence, Care Engagement, and Kidney Function	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001972	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064721751&doi=10.1097%2fQAI.0000000000001972&partnerID=40&md5=386ed60845f9c3e92395c0bb0cde80bf	Background:Concomitant use of cocaine and HIV pre-exposure prophylaxis (PrEP) raises important clinical questions around adherence, retention in care, and renal toxicity.Methods:We assessed the associations of confirmed cocaine use with PrEP adherence (both ascertained through objective measures), care engagement, and renal function in the iPrEx open-label extension. Cocaine use was measured in scalp hair samples and categorized as light (500-3000 pg/mg) and moderate to heavy (>3000 pg/mg). PrEP adherence in the first 3 months was measured through plasma tenofovir concentrations. Disengagement from PrEP care was defined as a gap in follow-up greater than 4 months. Serum creatinine was assessed at baseline and quarterly thereafter.Results:Of the 400 participants included in this analysis, 90% were men who have sex with men, 10% transgender women, 74% Hispanic/Latino; 21% tested positive for cocaine use in the last 3 months. In adjusted analysis, light cocaine use adjusted odds ratio 2.10 (95% confidence interval: 1.07 to 4.14) and moderate to heavy use adjusted odds ratio 2.32 (1.08 to 5.00) were associated with greater odds of having plasma tenofovir concentrations below the level of quantitation. Participants with moderate to heavy use had a nearly 3-fold higher rate of disengagement from PrEP care compared with nonusers (adjusted hazard ratio 2.90 1.48 to 5.66). We found no statistically or clinically significant differences in creatinine clearance and serum creatinine between participants who tested positive for cocaine and those who did not.Conclusions:Cocaine use decreases PrEP adherence and care engagement. Comprehensive approaches are needed to reduce cocaine use and enhance engagement along the PrEP care continuum. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	cocaine; medication adherence; objective measures; PrEP; renal insufficiency; retention in care; stimulants	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Holder, Cheryl L; Perez-Gilbe, Hector R; Fajardo, Francisco J; Garcia, Stephanie; Cyrus, Elena	Disparities of HIV risk and PrEP use among transgender women of color in South Florida	Journal of the National Medical Association	-	-	-	-	279684	10.1016/j.jnma.2019.08.001	https://www.proquest.com/scholarly-journals/disparities-hiv-risk-prep-use-among-transgender/docview/2327892598/se-2?accountid=8113	BackgroundThe majority of the transgender female population in South Florida are Latina and Black, and are at greatest risk for acquiring HIV, yet there is limited research focused on South Florida transgender women of color. The study objective was to describe the disparities among racial/ethnic minority transgender women regarding HIV screening, pre-exposure prophylaxis (PrEP) knowledge and PrEP utilization.MethodsSixty transgender women, recruited from South Florida community-based organizations, completed a questionnaire on HIV prevention and PrEP awareness and use. Univariate statistics were generated to describe sexual risk behavior, PrEP awareness and use, and HIV screening by race/ethnicity.ResultsOf the 60 participants, 50.0% were Latina, 35.0% African American/non-Hispanic Black (AA/NHB), 11.7% white and 3.3% other race/ethnicity. 75.0% reported being screened for HIV in the last 12 months, 15.3% of the participants reported living with HIV (PLWH), while 18.6% reported an unknown status. Compared to Latinas, AA/NHB demonstrated more risk (≥2 sexual partners: 76.2% vs 53.3%; transactional sex: 47.6% vs. 26.7%; unprotected receptive anal sex: 42.9% v. 26.7%), and more engagement in routine care (81.0% vs. 76.7%) at least once a year. PrEP knowledge was 76.7% among Latinas, 71.4% among whites, 47.6% among Blacks, and 50.0% among other race/ethnicity. 65.0% of participants knew about PrEP. Of the 8.2% with current or previous PrEP use, none were AA/NHB.ConclusionFindings suggest that education and public health campaigns in South Florida that promote HIV prevention should focus on increasing awareness and utilization of PrEP among racial/ethnic minority transgender, particularly among AA/NHB transgender women who are most at risk and had the lowest knowledge and use of PrEP.	HIV; Ethnicity; Pre-exposure prophylaxis; PrEP; Florida; Infections; Transgender persons; African Americans; Transgender; Education; Drug use; Age; Hispanic Americans; Disease transmission; Questionnaires; Studies; Transgender women; Primary care; Disparity; South Florida; Human immunodeficiency virus--HIV; United States--US; Medical Sciences; Secondary schools	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Holt, M; Newman, CE; Lancaster, K; Smith, AK; Hughes, S; Truong, HHM	HIV pre-exposure prophylaxis and the 'problems' of reduced condom use and sexually transmitted infections in Australia: a critical analysis from an evidence-making intervention perspective	Sociology of Health and Illness	-	-	-	-	0141-9889	10.1111/1467-9566.12967	https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.12967	HIV pre-exposure prophylaxis (PrEP) has been embraced in Australia, making PrEP available with public funding to people at risk of HIV. Here, we consider the associated 'problems' of reduced condom use and sexually transmissible infections (STIs), as seen by HIV professionals. Twenty-one interviews were conducted during May-August 2017. All agreed that PrEP was a valuable addition to HIV prevention, but their views about reduced condom use and STIs were variable. Using poststructural policy analysis, three main stances were identified: (1) Concerned/alarmed. PrEP was seen as causing reduced condom use, STIs and antibiotic resistance, posing threats to the general population; (2) Neutral/normalising. Stakeholders emphasised that condom use was declining and STIs increasing independently of PrEP, and that PrEP was simply a new tool to be accommodated; (3) Optimistic/critical. PrEP was seen as diminishing fear of HIV and engaging users in more frequent testing and treatment that could lead to declining STI rates. What linked all three stances was the selective performance of evidence, deploying a mixture of personal experience, clinical observations, behavioural data and epidemiology. Anticipating possible futures through evidence-making suggested practical, political and moral consequences for what PrEP could become. We encourage others to consider these consequences with care.	PREP; HIV prevention; HIV pre-exposure prophylaxis; PREVENTION; Sexually transmitted infections; Condom use; SAFETY; MEN; SEX; Poststructural policy analysis; Problematisation; TECHNOSCIENCE	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2019	Holt, Martin; Lea, Toby; Bear, Brandon; Halliday, Dale; Ellard, Jeanne; Murphy, Dean; Kolstee, Johann; de Wit, John	Trends in Attitudes to and the Use of HIV Pre-exposure Prophylaxis by Australian Gay and Bisexual Men, 2011-2017: Implications for Further Implementation from a Diffusion of Innovations Perspective.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2368-y	https://dx.doi.org/10.1007/s10461-018-2368-y	Using repeated, national, online, cross-sectional surveys of Australian gay and bisexual men (GBM), we analysed trends related to HIV pre-exposure prophylaxis (PrEP). Specifically, we analysed trends in PrEP use, willingness to use PrEP, and concern about using PrEP during 2011-2017. We assessed support for GBM using PrEP and willingness to have sex with men taking PrEP between 2015 and 2017. For time-based analyses, we used multivariate logistic regression, controlling for sampling variations over time. We constructed new scales assessing reduced concern about HIV among PrEP users and non-users in 2017, and used multivariate logistic regression to identify independent correlates of PrEP use (vs. non-use). The analyses included 4567 HIV-negative and untested participants (2011-2017). PrEP use increased from 0.5% in 2011 to 25.5% in 2017 (p < 0.001). Willingness to use PrEP increased from 27.9% in 2011 to 36.5% in 2017 (p < 0.001) while concern about using PrEP fell (52.1-36.1%, p < 0.001). Support for GBM using PrEP remained stable (52.5% in 2015, 51.9% in 2017, p = 0.62), and willingness to have sex with men taking PrEP increased from 34.9% in 2015 to 49.0% in 2017 (p < 0.001). In 2017, 22.8% of non-PrEP-users had reduced HIV concern because of PrEP, while 73.6% of PrEP users had reduced HIV concern and greater sexual pleasure because of PrEP. The analysis of PrEP users vs. non-users in 2017 indicated that PrEP users were more sexually active and reported higher risk sexual practices, were more likely to live in New South Wales and Victoria, and to be in full-time employment. They were also more likely to know HIV-positive people and other PrEP users. Diffusion of Innovations theory suggests that future PrEP users in Australia may be less adventurous and require greater reassurance about PrEP's efficacy and legitimacy, to sustain rollout and address current disparities in uptake.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Holtz T.H.; Chitwarakorn A.; Hughes J.P.; Curlin M.E.; Varangrat A.; Li M.; Amico K.R.; Mock P.A.; Grant R.M.	HPTN 067/ADAPT: Correlates of Sex-Related Pre-exposure Prophylaxis Adherence, Thai Men Who Have Sex with Men, and Transgender Women, 2012-2013	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072134470&doi=10.1097%2fQAI.0000000000002131&partnerID=40&md5=a4216057c2b32a9ad86cc0b7be4fd2f1	Background: We identified correlates of sex-related pre-exposure prophylaxis (PrEP) adherence in HPTN067/ADAPT, a phase 2, open-label feasibility study of daily and nondaily regimens of emtricitabine/tenofovir disoproxil fumarate (FTC/TDF)-based PrEP, among Thai men who have sex with men (MSM), and transgender women (TGW), Bangkok. Methods: Participants were randomly assigned to one of three self-administered dosing regimens for 24 weeks: daily, time-driven, or event-driven. Demographic and behavioral information was obtained at screening. Pill-container opening was recorded with electronic dose monitoring, and self-reported information on PrEP use, sex events, and substance use was obtained during weekly interviews to confirm dose data. Sex-related PrEP adherence was calculated as the proportion of sex events covered by PrEP use (at least one tablet taken within 4 days before sex and at least one tablet taken within 24 hours after sex) to total sex events. We used multivariate modeling with sex event as the unit of analysis to evaluate correlates associated with sex-related PrEP adherence. Results: Among 178 MSM and TGW, sex-related PrEP adherence was similar in the daily and time-driven arms (P = 0.79), both significantly greater than the event-driven arm (P = 0.02 compared to daily). Sex-related PrEP adherence by those reporting stimulant use (74.2%) was similar to those reporting other nonalcohol drug use (76.3%, P = 0.80), but lower than those reporting no substance use (84.6%, P = 0.04). In a multivariable model, randomization to the event-driven arm, a higher prestudy number of reported sex events, and use of stimulant drugs were associated with significantly lower sex-related PrEP adherence.Conclusion: Adherence was influenced by treatment schedule and adversely affected by nonalcoholic substance use. Regardless of these factors, Thai MSM and TGW maintained high adherence levels to oral PrEP dosing regimens and coverage of sexual exposures. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	event-driven; HIV; men who have sex with men; PrEP; Thailand	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2019	Holtz, T H; Wimonsate, W; Mock, P A; Pattanasin, S; Chonwattana, W; Thienkrua, W; Sukwicha, W; Curlin, M E; Chitwarakorn, A; Dunne, E F	Why we need pre-exposure prophylaxis: incident HIV and syphilis among men, and transgender women, who have sex with men, Bangkok, Thailand, 2005-2015.	International Journal of STD & AIDS	-	-	-	-	1758-1052	10.1177/0956462418814994	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6474786	We describe incident human immunodeficiency virus (HIV) and syphilis trends in men who have sex with men (MSM) and transgender women (TGW) presenting for HIV voluntary counseling and testing (VCT) services and sexually transmitted infection (STI) management at the Silom Community Clinic, Bangkok, Thailand. Clients underwent rapid HIV testing and syphilis rapid plasma reagin (RPR) testing. For incidence analysis, we included clients with >1 follow-up visit. Initial negative HIV with subsequent positive HIV defined incident HIV infection; incident syphilis infection was defined as negative RPR followed by positive RPR (titer ≥1:8) and confirmatory anti- Treponema pallidum antibodies. Calculation of incidence using Poisson regression assumed a uniform probability distribution throughout the seroconversion interval. From 15 September 2005 to 31 December 2015, we tested 10,158 clients for HIV and 10,324 for syphilis. Overall, 7109 clients tested HIV-seronegative and contributed 7157 person-years (PY). Three-hundred forty-seven incident HIV infections resulted in an incidence rate of 4.8 per 100 PY (95% confidence interval CI 4.4-5.4). We found an inverted U-shape trend of HIV incidence over time with a peak of 6.4 per 100 PY in quarter 2/2011 (p < 0.01) (Poisson with RCS function, p = 0.001). Overall, 8713 clients tested seronegative for syphilis and contributed 8623 PY. The incidence of syphilis infection was 4.4 per 100 PY (95% CI 3.9-4.8). Despite an apparent decline in HIV incidence among MSM and TGW attending VCT services, syphilis incidence rose and remained high. Evaluating temporal trends of HIV and syphilis incidence provides an opportunity to evaluate epidemic trajectories and target limited program funding. We recommend focused HIV and STI prevention interventions for MSM in Bangkok.	Men who have sex with men, HIV, syphilis, epidemiology	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2019	Hoornenborg, Elske; Coyer, Liza; Achterbergh, Roel C A; Matser, Amy; Schim van der Loeff, Maarten F; Boyd, Anders; van Duijnhoven, Yvonne T H P; Bruisten, Sylvia; Oostvogel, Paul; Davidovich, Udi; Hogewoning, Arjan; Prins, Maria; de Vries, Henry J C	Sexual behaviour and incidence of HIV and sexually transmitted infections among men who have sex with men using daily and event-driven pre-exposure prophylaxis in AMPrEP: 2 year results from a demonstration study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(19)30136-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068082386&doi=10.1016%2fS2352-3018%2819%2930136-5&partnerID=40&md5=ac16fadb6b9de44e35c7ed046681d161	Background: Pre-exposure prophylaxis (PrEP) for HIV might induce risk compensation, defined as increased sexual risk behaviour leading to increased incidence of bacterial sexually transmitted infections (STIs). We examined the incidence of HIV, STIs, and sexual behaviour after initiating daily and event-driven PrEP. Methods: AMPrEP is a demonstration study that assessed the incidence of HIV and bacterial STIs and sexual behaviour among PrEP users at the STI clinic of the Public Health Service of Amsterdam (Amsterdam, the Netherlands). Eligible adults (aged ≥18 years) were HIV-negative men who have sex with men (MSM) and transgender people who had reported one or more of the following in the previous 6 months: condomless anal sex with casual partners, at least one bacterial STI, use of post-exposure prophylaxis after a sexual risk incident, or an HIV-positive sexual partner with detectable viral load. Participants were given a choice of daily PrEP or event-driven PrEP regimens. Participants were seen every 3 months for HIV and STI testing. Participants also completed self-administered questionnaires about sexual behaviour at each visit. Over the first 2 years, we assessed the number and incidence rate of HIV and chlamydia, gonorrhoea, and syphilis, including STIs diagnosed in between study visits and assessed changes in incidence over time using piecewise exponential survival models. The number of sexual acts and sexual partners were also analysed and changes over time were assessed using negative binomial regression models. This study is ongoing; the data cutoff for this analysis was June 30, 2018. Findings: Between Aug 3, 2015, and May 31, 2016, 376 participants were recruited, of whom nine participants were lost to follow-up, thus 367 participants were included in the analysis. Overall, 365 MSM and two transgender women were included, contributing 681·7 person-years of follow-up. At enrolment, 269 (73%) of 367 participants chose daily PrEP and 98 (27%) participants chose event-driven PrEP. Two individuals in the daily PrEP group became HIV-positive; overall HIV incidence rate was 0·30 per 100 person-years (95% CI 0·07–1·19). 253 participants were diagnosed with one or more STI during the first 2 years (incidence rate 90·4 per 100 person-years). STI incidence did not change over time (adjusted incidence rate ratio aIRR 1·00 per 3 month follow-up, 95% CI 0·93–1·07). More than a quarter of all STIs were diagnosed from tests done in between study visits. STI incidence was lower in the event-driven PrEP group than the daily PrEP group (aIRR 0·59, 95% CI 0·46–0·75). The number of condomless anal sex acts with casual partners per 3 months increased, but the number of partners and sex acts remained stable. Interpretation: Although the overall incidence of STIs did not change during 2 years of PrEP use, the incidence of STIs was higher among participants using daily PrEP than those using event-driven PrEP, which is likely a result of differences in sexual behaviour. This finding suggests the need to tailor STI prevention interventions according to behavioural profiles. Funding: ZonMw, H-TEAM, Internal GGD research funds, Aidsfonds, Stichting AmsterdamDiner Foundation, Gilead Sciences, Janssen Pharmaceutica, M A C AIDS Fund, and ViiV Healthcare. © 2019 Elsevier Ltd	Female, HIV Infections, Homosexuality, Male, Humans, Sexual Behavior	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2019	Hoover, Karen W; Hu, Xiaohong; Porter, Sarah E; Buchacz, Kate; Bond, Martha D; Siddiqi, Azfar-E-Alam; Haynes, Suzanne G	HIV Diagnoses and the HIV Care Continuum Among Women and Girls Aged ≥13 Years-39 States and the District of Columbia, 2015-2016.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002023	https://dx.doi.org/10.1097/QAI.0000000000002023	BACKGROUND: In 2017, 19% of new HIV diagnoses in the United States were in women. HIV acquisition can be prevented with pre-exposure prophylaxis, and HIV transmission with viral suppression. HIV viral suppression is achieved by linking women to care and supporting adherence to antiretroviral medications. The national HIV prevention goal for viral suppression is 80%. SETTING: United States. METHODS: We analyzed data reported by 40 US jurisdictions to the Centers for Disease Control and Prevention's National HIV Surveillance System to determine the number and rate of HIV diagnoses per 100,000 women in 2016. We also determined the percentages of women with diagnosed HIV who were linked to care within 1 and 3 months, received HIV care, were retained in HIV care, and were virally suppressed in 2015. Findings were stratified by demographic characteristics and HIV transmission category. RESULTS: In 2016, 6407 women were diagnosed with HIV. Black women had a rate of 783.7 per 100,000, Hispanic/Latino women 182.7, and white women 43.6. In 2015, 190,735 women were living with diagnosed HIV. Viral suppression increased with age, ranging from 46.5% among women aged 13-24 years to 62.3% among women aged ≥45 years. Black women had the lowest rate of viral suppression (55.5%). No age group of women achieved 80% viral suppression. CONCLUSIONS: Pre-exposure prophylaxis implementation for women at high risk for HIV infection can help to decrease new infections. Women living with HIV would benefit from interventions that support linkage to HIV care and antiretroviral medication adherence to increase viral suppression.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Hope, A; Haire, B	"No-one's driving this bus" - qualitative analysis of PrEP health promotion for Aboriginal and Torres Strait Islander gay and bisexual men	Australian and New Zealand Journal of Public Health	-	-	-	-	1326-0200	10.1111/1753-6405.12852	https://pubmed.ncbi.nlm.nih.gov/30516311/	Objective: HIV prevention tools such as pre-exposure prophylaxis require equitable access and uptake to protect all at-risk populations. This project assessed the perceived barriers to accessible HIV prevention for Aboriginal and Torres Strait Islander gay and bisexual men (GBM) and evaluated the presence of health promotion for pre-exposure prophylaxis (PrEP) for this population from the perspective of service providers. Methods: Eighteen semi-structured interviews with healthcare providers, researchers and AIDS Council employees were qualitatively analysed for themes and concepts related to PrEP-specific health promotion. Results: Respondents noted AIDS Councils and affiliated sexual health clinics had been instrumental in promoting PrEP to at-risk GBM. However, many Aboriginal gay and bisexual men who are not well connected with these communities and services may not have been exposed to this health promotion and therefore have not accessed PrEP effectively. Conclusions: Aboriginal community and gay community controlled health organisations need to collaborate to ensure they deliver effective and tailored health promotion to Aboriginal communities. Implications for public health: The rising HIV notification rates in Aboriginal Australians is an example of the health gap experienced by First Nation people. Effective HIV prevention is required to ensure this gap does not widen further, and that Australia meets its goal of preventing all new HIV infections. However, these efforts will be hampered by ineffective health promotion of HIV prevention tools, such as PrEP, for Aboriginal Australians.	HIV prevention; pre-exposure prophylaxis; SEX; PREEXPOSURE PROPHYLAXIS; qualitative research; PREVALENCE; health promotion; Aboriginal and Torres Strait Islander people	English	Australia and New Zealand	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2019	Horgan L.; Blyth C.C.; Bowen A.C.; Nolan D.A.; McLean-Tooke A.P.	Pre-exposure prophylaxis for HIV prevention during pregnancy and lactation: forget not the women and children	Medical Journal of Australia	-	-	-	-	0025729X	10.5694/mja2.50052	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062531863&doi=10.5694%2fmja2.50052&partnerID=40&md5=f860d70b44fe811ac1f6a88cf394b179	Pregnancy is known to be a time of increased susceptibility to acquiring to human immunodeficiency virus (HIV) infection and this increased maternal risk places the unborn child at risk of vertical transmission. Pre-exposure prophylaxis (PrEP) involves the provision of antiretroviral therapy to an HIV-negative individual with ongoing risk of HIV exposure to limit the likelihood of HIV transmission. The inclusion of PrEP as part of a comprehensive strategy is recognised as an effective and safe means of reducing HIV infection in serodiscordant couples, thereby reducing the risk of vertical transmission of HIV. Current data suggest that PrEP is safe to continue during pregnancy and breastfeeding in HIV-negative women who remain vulnerable to acquiring HIV. The recent Pharmaceutical Benefits Scheme subsidisation of PrEP has reduced the financial and practical obstacles of PrEP provision, and a subsequent increase in patient awareness and acceptance of PrEP is expected. The framework for appropriately identifying and managing at-risk pregnant and lactating women requiring PrEP is poorly defined and warrants further clarification to better support clinicians and this patient group. This review discusses the current recommendations highlighting the gaps in the guidelines and makes some recommendations for future guideline development. © 2019 AMPCo Pty Ltd	Acquired immunodeficiency syndrome; Breastfeeding; Immunologic deficiency syndromes; Immunology; Infectious diseases; Obstetrics; Pregnancy; Prescribing	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2019	Horridge, Danielle N.; Oh, Timothy S.; Alonzo, Jorge; Mann-Jackson, Lilli; Tanner, Amanda E.; Song, Eunyoung Y.; Smart, Benjamin D.; Van Dam, Cornelius N.; Baker, Logan S.; Rhodes, Scott D.	Barriers to HIV Testing Within a Sample of Spanish-speaking Latinx Gay, Bisexual, and Other Men Who Have Sex with Men: Implications for HIV Prevention and Care.	Health Behavior Research	-	-	-	-	2572-1836	https://doi.org/10.4148/2572-1836.1069	https://pmc.ncbi.nlm.nih.gov/articles/PMC6889883/	Gay, bisexual, and other men who have sex with men (GBMSM) have higher rates of HIV infection compared to the general population in the United States, and the infection rate is growing among Latinx GBMSM, compared to a decline in most other demographic subgroups. Uptake of pre-exposure prophylaxis (PrEP), a biomedical strategy designed to reduce HIV transmission, is very low among Latinx GBMSM. HIV testing is a critical first step in the HIV prevention and care continua. We analyzed data from a community-based sample of Latinx GBMSM in the southeastern United States to identify the most common HIV testing barriers and the factors associated with barriers. The five most commonly reported HIV testing barriers included not knowing where to get tested, not having health insurance, fear of being HIV positive, practicing safer sex and perceiving not needing to be tested, and not being recommended to get tested. Using multivariable logistic regression modeling, speaking only Spanish, being unemployed, and adhering to traditional notions of masculinity were associated with increased barriers to HIV testing. We recommend that interventions to increase HIV testing among Latinx GBMSM be in Spanish and use culturally congruent messaging, be accessible to those who are unemployed, and incorporate positive risk-reducing aspects of masculinity.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2019	Horvath, Keith J; Todd, Kieran; Arayasirikul, Sean; Cotta, Nicholas W; Stephenson, Rob	Underutilization of Pre-Exposure Prophylaxis Services Among Transgender and Nonbinary Youth: Findings from Project Moxie and TechStep.	Transgender Health	-	-	-	-	2688-4887	10.1089/trgh.2019.0027	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6778317	We use quantitative and qualitative data from two ongoing studies to describe pre-exposure prophylaxis (PrEP) awareness, willingness to use PrEP, barriers to facilitators of PrEP uptake, and PrEP use among 15- to 24-year-old transgender and gender nonbinary (TGNB) youth. Most youth were aware of PrEP, but only one participant across both studies reported current use. Uncertainty about willingness to take PrEP may be related to general (e.g., medication cost) and trans-specific (e.g., PrEP-hormone interactions) concerns. Intensified and sustained efforts are needed to engage TGNB youth along the PrEP continuum and the impact of new PrEP administration and dosing options should be examined for TGNB youth.	adolescents, barriers to care, HIV/AIDS, PrEP, prevention, transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Hosek, Sybil; Pettifor, Audrey	HIV Prevention Interventions for Adolescents.	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-019-00431-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6703904	PURPOSE OF REVIEW: The goal of this paper is to review recent data on biomedical, behavioral, and structural HIV prevention interventions for adolescents and young adults. RECENT FINDINGS: While it is accepted that HIV prevention interventions must take an integrated approach to achieve maximum effectiveness, to date, there have been limited, rigorously evaluated combination prevention interventions for adolescents. There are currently a range of effective biomedical, behavioral, and structural approaches that can be integrated into prevention packages to address the prevention needs of adolescents, including oral PrEP, male circumcision, rapid HIV testing, numerous behavioral interventions, and structural interventions such as cash transfers and community mobilization to address gender-based violence. There is still a need for rigorously evaluated, innovative combination prevention packages for adolescents. Prevention approaches must take into account the context of young people's lives and address the multiple levels of influence on their lives including parents, partners, and communities.	HIV/AIDS, Adolescents, Young Adults, Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Hoth, Angela B; Shafer, Cody; Dillon, Dena Behm; Mayer, Randy; Walton, George; Ohl, Michael E	Iowa TelePrEP: A Public-Health-Partnered Telehealth Model for Human Immunodeficiency Virus Preexposure Prophylaxis Delivery in a Rural State.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001017	https://dx.doi.org/10.1097/OLQ.0000000000001017	BACKGROUND: Access to human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) is often poor in small urban and rural areas because of stigma and long distances to providers. The Iowa Department of Public Health and The University of Iowa created a regional telehealth program to address these barriers ("Iowa TelePrEP"). We describe initial TelePrEP results and share lessons learned. METHODS: Iowa Department of Public Health personnel in sexually transmitted infection (STI) clinics, disease intervention specialist and partner services, and HIV testing programs referred clients to pharmacists at University of Iowa. Clients could also self-refer via a website. Pharmacists completed video visits with clients in the community on smartphones and other devices, arranged local laboratory studies, and mailed medications. We performed a retrospective record review to quantify rates of PrEP referral, initiation, retention, guideline-concordant laboratory monitoring, and STI identification and treatment. RESULTS: Between February 2017 and October 2018, TelePrEP received 186 referrals (37% from public health) and completed 127 (68%) initial video visits with clients. Median client age was 32; 91% were men who have sex with men. Most clients with video visits (91%) started PrEP. Retention in TelePrEP at 6 months was 61%, and 96% of indicated laboratory monitoring tests were completed. Screening identified 37 STIs (8 syphilis, 10 gonorrhea, 19 chlamydia). Disease intervention specialist and partner services linked all clients with STIs to local treatment within 14 days (80% in 3 days). CONCLUSIONS: Using widely available technology and infrastructure, public health departments and health care systems can collaborate to develop regional telehealth programs to deliver PrEP in small urban and rural settings.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Hu Q.-H.; Meyers K.; Xu J.-J.; Chu Z.-X.; Zhang J.; Ding H.-B.; Han X.-X.; Jiang Y.-J.; Geng W.-Q.; Shang H.	Efficacy and cost-effectiveness of early antiretroviral therapy and partners' pre-exposure prophylaxis among men who have sex with men in Shenyang, China: A prospective cohort and costing study	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-019-4275-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069753052&doi=10.1186%2fs12879-019-4275-x&partnerID=40&md5=4896d8fe7f4dccf27fd71255f0b9ddcd	Background: Biomedical interventions such as antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are highly effective for prevention of human immunodeficiency virus (HIV) infection. However, China has not released national PrEP guidelines, and HIV incidence among men who have sex with men (MSM) is unchanged despite substantial scale-up of ART. We evaluated reductions in HIV transmission that may be achieved through early initiation of ART plus partners' PrEP. Methods: Six intervention scenarios were evaluated in terms of their impact on HIV transmission and their cost-effectiveness for 36 months post-infection. Three scenarios were based on observed data: non-ART, standard-ART, and early-ART. Another three scenarios were based on observed and hypothetical data: non-ART plus partners' PrEP, standard-ART plus partners' PrEP, and early-ART plus partners' PrEP. The number of onward transmissions was calculated according to viral load and self-reported sexual behaviors, and calibrated by the prevalence and incidence of HIV among Chinese MSM. Cost-effectiveness outcomes were quality-adjusted life-years (QALYs) and cost-utility ratio (CUR). Results: The estimated number of onward transmissions by every 100 HIV-positive cases 36 months post-infection was 41.83 (95% credible interval: 30.75-57.69) in the non-ART scenario, 7.95 (5.85-10.95) in the early-ART scenario, and 0.79 (0.58-1.09) in the early-ART plus partners' PrEP scenario. Compared with non-ART, the early-ART and early-ART plus partners' PrEP scenarios were associated with an 81.0 and 98.1% reduction in HIV transmission, and had a CUR of $12,864/QALY and $16,817/QALY, respectively. Conclusions: Integrated delivery of early ART and sexual partners' PrEP could nearly eliminate HIV transmission and reduce costs during the first 36 months of HIV infection. Our results suggest a feasible and cost-effective strategy for reversing the HIV epidemic among MSM in China. © 2019 The Author(s).	Antiretroviral therapy; Cost-effectiveness analysis; Early HIV infection; Mathematical modeling; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Hu, Xiaotong; Wang, Liming; Xu, Fujie	Guides concerning tenofovir exposure via breastfeeding: A comparison of drug dosages by developmental stage.	International Journal of Infectious Diseases	-	-	-	-	1878-3511	10.1016/j.ijid.2019.07.023	https://dx.doi.org/10.1016/j.ijid.2019.07.023	Tenofovir disoproxil fumarate (TDF) is a prodrug of tenofovir, and after being administered orally, it converts to tenofovir in the blood. With the increasing use of TDF in women for treatment and prevention of mother-to-child transmission (MTCT) of both human immunodeficiency virus (HIV) and hepatitis B virus (HBV), or the pre-exposure prophylaxis (PrEP) for HIV, many nursing mothers have to understand the risk of exposure to tenofovir via breastmilk and make the decision about breastfeeding while on TDF treatment. Despite the safety record of TDF in pregnancy, some guidelines recommend against its use during breastfeeding. In this paper, we compared the dosage levels of tenofovir exposure in fetuses, breastfed infants, and children receiving tenofovir treatment. We found that breastfed infants were exposed to only 0.5%-16% of the tenofovir dosage that fetuses experienced via placental transfer, and 0.01-0.04% of the recommended weight-adjusted therapeutic dose. The assessment of toxicity risk from the dose perspective is an important and natural way of addressing safety concerns about exposure to tenofovir via breastfeeding. Based on the safety data from fetuses and children with tenofovir exposure, and the comparatively negligible exposure dosage from breastfeeding, our study supports mothers on TDF treatment should be encouraged to breastfeed.	Antiviral Therapy, Hepatitis B Virus, Human Immunodeficiency Virus, Breastfeeding	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2019	Huang, Poyao; Wu, Huei-Jiuan; Strong, Carol; Jan, Feng-Ming; Mao, Ling-Wen; Ko, Nai-Ying; Li, Chia-Wen; Cheng, Chien-Yu; Ku, Stephane Wen-Wei	Unspeakable PrEP: a qualitative study of sexual communication, problematic integration, and uncertainty management among men who have sex with men in Taiwan	Journal of Applied Communication Research	-	-	-	-	909882	10.1080/00909882.2019.1693608	https://www.proquest.com/scholarly-journals/unspeakable-prep-qualitative-study-sexual/docview/2325199176/se-2?accountid=8113	This study explored how men who have sex with men (MSM) communicated their use of pre-exposure prophylaxis (PrEP) on smartphone applications. Informed by the theory of problematic integration and uncertainty management, we asked if revealing 'HIV negative, on PrEP' status on smartphone applications might increase one's uncertainty in communicating about safe sex with others. We conducted interviews with 31 Taiwanese MSM currently taking PrEP who participated in a national demonstration project. We identified three types of PrEP-related uncertainty: condition, information, and stigma uncertainty. Applied implications of our findings indicate the importance of the feasibility of medical infrastructure in implementing PrEP, the complication in translating scientific and medical jargon into everyday language, and dynamics of negotiating stigmas associated with HIV and AIDS in the context of HIV prevention.	Communication; HIV/AIDS; Uncertainty; Pre-exposure prophylaxis; PrEP; Men who have sex with men; Prophylaxis; Taiwan; Qualitative research; uncertainty; sexual communication; social apps; Human immunodeficiency virus--HIV; Smartphones; Communications; Translating	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Huang, Wenting; Wu, Dan; Ong, Jason J; Smith, M Kumi; Pan, Stephen; Yang, Fan; Fu, Hongyun; Tang, Weiming; Tucker, Joseph D	Prepared for PrEP: preferences for HIV pre-exposure prophylaxis among Chinese men who have sex with men in an online national survey.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-019-4692-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6916236	BACKGROUND: Pre-exposure prophylaxis (PrEP) is not widely available in China. Previous studies reported low awareness and inconclusive findings on the acceptability of PrEP among Chinese men who have sex with men (MSM). METHODS: We conducted a secondary analysis of an online national survey comparing preferences for oral and long-acting injectable PrEP among MSM and identifying correlates of preferences. The study did not collect detailed information about partner types that may influence negotiated safety and PrEP uptake. RESULTS: Nine-hundred and seventy-nine men from the larger sample of 1045 men responded to the PrEP survey questions. Most men (81.9%) had never heard of PrEP, but reported interest in using PrEP. More participants chose injectable PrEP (36.3%) as their preferred formulation than oral PrEP (24.6%). Men who had at least two HIV tests (adjusted OR = 1.36, 95%CI 1.04, 1.78) more commonly preferred injectable PrEP. CONCLUSION: Our findings may help inform PrEP messaging in areas where PrEP has yet to be scaled up.	HIV, Men who have sex with men, Pre-exposure prophylaxis, Preference, China	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Hunt, Travis; Lalley-Chareczko, Linden; Daughtridge, Giffin; Swyryn, Meghan; Koenig, Helen	Challenges to PrEP use and perceptions of urine tenofovir adherence monitoring reported by individuals on PrEP.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2019.1587369	https://dx.doi.org/10.1080/09540121.2019.1587369	Maximizing the impact of HIV pre-exposure prophylaxis (PrEP) requires optimizing access and adherence for those at risk of contracting HIV. This study examined challenges to the processes of accessing and adhering to PrEP encountered by participants from a large, U.S. urban clinical center and assessed the utility of objectively monitoring PrEP adherence via urine. Most participants (65%) reported starting PrEP within 1-3 months of hearing about it, although 35% of participants encountered a provider unwilling to prescribe PrEP. Self-reported adherence was high among this population, with remembering to take the medication reported as the major barrier to adherence (44%) rather than cost or stigma. Urine tenofovir (TFV) monitoring was highly acceptable to this population, and participants indicated greater willingness to undergo urine monitoring every 3 months compared to finger prick (dried blood spot), phlebotomy, or hair follicle testing. These findings highlight the importance of focusing efforts toward reducing obstacles to PrEP use and support the use of urine TFV adherence monitoring as a marker of PrEP adherence.	PrEP, Access, Adherence, Urine Tenofovir Monitoring	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Hurley, Ciara Frances	Prevention is Better than Cure, But who Foots the Bill? R (National AIDS Trust) v NHS England.	Medical Law Review	-	-	-	-	1464-3790	10.1093/medlaw/fwy018	https://dx.doi.org/10.1093/medlaw/fwy018	This case note discusses R (on the Application of National Aids Trust) v The National Health Service Commissioning Board (NHS England), The Local Government Association, The Secretary of State For Health 2016 EWCA Civ 1100. The case is an appeal on an earlier finding by the High Court that the power to commission pre-exposure prophylaxis (PrEP) lies within National Health Service (NHS) England's competence, instead of being within the realm of local authorities' responsibilities. It now forms the sole piece of judicial guidance on NHS England's duties under the National Health Service Act 2006 and is significant for the process by which the Court of Appeal reached its decision. Rather than adhere to the literal meaning of relevant legislation, the judges engaged in a holistic examination of the issue to reach a functional and sensible decision. Examining this case under the lens of both legal theory and pragmatism, comment is made on the soundness of the judges' approach and it is argued that the decision reached was the correct one. This case now forms binding precedent on this issue and the clear process by which the judges reached their conclusion may form instructive guidance for similar such problems in the future.	HIV, Public Health, Preventative Medicine, Statutory interpretation	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Iliyasu, Zubairu; Galadanci, Hadiza S; Oladimeji, Alfa I; Babashani, Musa; Gajida, Auwalu U; Aliyu, Muktar H	Predictors of Safer Conception Practices Among HIV-Infected Women in Northern Nigeria.	International Journal of Health Policy and Management	-	-	-	-	2322-5939	10.15171/ijhpm.2019.27	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706964	BACKGROUND: Persons living with HIV often face discrimination in safe sex and reproductive choices, especially in lowresource settings. This study assessed fertility desires and intentions, risk perception and correlates of ever use of at least one safer conception method among HIV-infected women attending a tertiary health facility in Kano, Nigeria. METHODS: Structured questionnaires were administered to a cross section of 328 of 427 eligible HIV-infected women. Fertility desires and intentions, risk perception and safer conception practice were analyzed. Logistic regression was employed to assess for predictors. RESULTS: Of the 328 respondents, 150 respondents (45.7%) wanted more children. The proportions of respondents aware of their transmission risk during pregnancy, delivery, and breastfeeding were 69.5%, 75.3%, and 78.9%, respectively. Further, 68.9% of respondents were aware of the prospects of bearing HIV-negative children without infecting their partners. About 64.8% of women were aware of at least one safer conception method. Safer conception methods everused by the participants include: antiretroviral therapy (ART) (36.7%), timed unprotected intercourse with (10.9%), and without pre-exposure prophylaxis (PrEP) (17.2%), intravaginal insemination (7.3%) and intrauterine insemination (4.7%). Safer conception practice was predicted by marital status (married versus single, adjusted odds ratio AOR=1.50, 95% CI =1.10-3.55), parity (2-4 versus 0, AOR=12.1, 95% CI=3.7-39.8), occupation (civil servants versus traders, AOR=0.37, 95% CI=0.16-0.86), husband's serostatus (seroconcordant versus serodiscordant) (AOR=1.51, 95% CI=1.13-4.64), couple contraceptive use (users versus non-users) (AOR=1.62, 95% CI=1.16-5.83) and transmission risk perception (high risk versus low/no risk) (AOR=2.14, 95% CI=1.18-3.90). CONCLUSION: We found high levels of fertility desires and intentions and moderate risk perception among a cohort of HIV-infected women in urban Kano, Nigeria. The use of safer conception practices was not common. Our findings underscore the need for healthcare provider capacity building to enhance safer conception counseling and service delivery.	Safer Conception Practice, HIV/AIDS, Women, Northern Nigeria	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Quantitative
Article	2019	Iliyasu, Zubairu; Galadanci, Hadiza S; Zubairu, Ahmad A; Amole, Taiwo G; Sam-Agudu, Nadia A; Aliyu, Muktar H	Health workers' knowledge of safer conception and attitudes toward reproductive rights of HIV-infected couples in Kano, Nigeria.	International Health	-	-	-	-	1876-3405	10.1093/inthealth/ihz016	https://dx.doi.org/10.1093/inthealth/ihz016	BACKGROUND: The restriction of reproductive rights of HIV-positive couples in low-resource settings could be related to the attitudes and skills of health workers. We assessed health workers' knowledge of safer conception and their attitudes toward the reproductive rights of HIV-positive couples in a tertiary hospital in Nigeria. METHODS: A cross-section of health workers (n=294) was interviewed using structured questionnaires. Knowledge and attitude scores were analyzed. Logistic regression was employed to generate adjusted odds ratios (AORs) for predictors of attitude. RESULTS: Safer conception methods mentioned by respondents included timed unprotected intercourse with (27.9%) and without antiretroviral pre-exposure prophylaxis (37.4%), in vitro fertilization plus intracytoplasmic sperm injection (26.5%), and sperm washing and intrauterine insemination (24.8%). The majority (94.2%) of health workers acknowledged the reproductive rights of HIV-infected persons, although (64.6%) strongly felt that HIV-infected couples should have fewer children. Health workers reported always/nearly always counseling their patients on HIV transmission risks (64.1%) and safer conception (59.2% and 48.3% for females and males, respectively) (p<0.05). Among health workers, being older (30-39 vs <30 y) (AOR=1.33, 95% CI=1.13-2.47), married (AOR=2.15, 95% CI=1.17-5.58) and having a larger HIV-positive daily caseload (20-49 vs <20) (AOR=1.98, 95% CI=1.07-3.64) predicted positive attitude towards reproductive rights of HIV-affected couples. CONCLUSIONS: Health workers had limited knowledge of safer conception methods, but were supportive of the reproductive rights of HIV-positive couples. Health workers in Nigeria require training to effectively counsel couples on their reproductive rights, risks and options	: HIV/AIDS, PMTCT, safer conception knowledge, health workers, reproductive rights, Nigeria	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Clinical
Article	2019	Irungu, Elizabeth M; Ngure, Kenneth; Mugwanya, Kenneth; Mugo, Nelly; Bukusi, Elizabeth; Wamoni, Elizabeth; Odoyo, Josephine; Morton, Jennifer F; Bernabee, Gena; Mambo, Barbara; Masyuko, Sarah; Mukui, Irene; O'Malley, Gabrielle; Baeten, Jared M	Training health care providers to provide PrEP for HIV serodiscordant couples attending public health facilities in Kenya	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2019.1588908	https://www.proquest.com/scholarly-journals/training-health-care-providers-provide-prep-hiv/docview/2275896917/se-2?accountid=8113	To catalyse national scale up of PrEP for HIV serodiscordant couples in public health facilities in Kenya, the Partners Scale-Up Project, using a two-day case-based interactive curriculum, trained health care providers working in 24 high volume facilities in central and western Kenya on PrEP service delivery. Using a standardised test with questions about PrEP and antiretroviral-based HIV prevention we assessed gain in knowledge and confidence gain by comparing pre-and post-training test scores. We explored experiences of the training through key informant interviews after clinics started delivering PrEP. Of 716 health care providers trained, 235 (32.9%) were nurses, 144 (20.2%) were clinical officers and 155 (21.7%) were HIV counsellors. There was a significant improvement between the means of pre-test and post-test scores (61.7% (SD 17.4) vs 86.4% (SD 12.7) p < 0.001). The proportion of those who reported being 'very comfortable' providing care to HIV serodiscordant couples increased from 22.8% to 67.3% (p < 0.001). Key themes that training increasing both knowledge of PrEP and confidence to deliver PrEP to HIV serodiscordant couples emerged from interviews. This short, standardised training resulted in a substantial increase in knowledge of PrEP and in the confidence of the health providers to provide PrEP to HIV serodiscordant couples.Trial registration ClinicalTrials.gov NCT03052010	Antiretroviral therapy; Kenya; Prevention; Health services; Health care; Public health; HIV serodiscordant couples; Prep; Trust; Registration; Training; Preventive medicine; Nurses; health care providers; Couples; training; PrEP scale up; public HIV care clinics; Human immunodeficiency virus--HIV; Clinics; Medical Sciences; Prevention programs; Medical personnel; Health care industry; Health facilities; Curricula; Health care facilities; Public health clinics; Counselors; Test scores	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2019	Jadwin-Cakmak, Laura; Reisner, Sari L; Hughto, Jaclyn M W; Salomon, Liz; Martinez, Miguel; Popoff, Elliot; Rivera, Bré Anne; Harper, Gary W	HIV prevention and HIV care among transgender and gender diverse youth: design and implementation of a multisite mixed-methods study protocol in the U.S.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-019-7605-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6858737	BACKGROUND: In the U.S., transgender and gender diverse (TGD) populations face structural, interpersonal, and individual barriers to healthcare. Less is known, however, about the HIV prevention and treatment experiences of TGD youth in the U.S. The current study was developed to fill this research gap. METHODS: This article describes the research protocol for a multi-site, U.S.-based mixed-methods study that sought to identify the multi-level facilitators and barriers that influence participation of TGD youth in various stages of the HIV prevention (e.g., pre-exposure prophylaxis uptake) and care continua. A sample of diverse TGD youth ages 16-24 was recruited from 14 U.S. sites. TGD youth participants completed a one-time, in-person visit that included an informed consent process, computer-based quantitative survey, and in-depth qualitative interview assessing experiences accessing HIV prevention and/or care services. Providers serving TGD youth were recruited from the same 14 sites and completed a one-time visit via phone that included informed consent, demographic questionnaire, and in-depth qualitative interview assessing their experiences providing HIV prevention or treatment services to TGD youth. RESULTS: Overall, 186 TGD youth ages 16-24 and 59 providers serving TGD youth were recruited and enrolled from across the 14 U.S. sites. TGD youth participants had a mean age of 20.69; 77.3% youth of color; 59.7% trans-feminine; 15.5% trans-masculine; 24.9% non-binary; 53.6% family income under poverty level. Providers included medical and mental health providers as well as case manager/care coordinators, HIV test counselors, and health educators/outreach workers. Providers were 81.3% cisgender and 30.5% people of color. Successes with community-engagement strategies and gender-affirming research methods are reported. CONCLUSIONS: This study addresses critical gaps in current knowledge about the HIV prevention and care experiences of TGD youth. Findings have implications for the development of HIV interventions across levels to support the health and well-being of TGD youth. Future research is warranted to replicate and expand on lessons learned regarding recruitment and engagement of communities of TGD youth, including longitudinal designs to assess engagement across their developmental stages. Lessons learned working with TGD youth through developing and implementing the study protocol are shared. TRIAL REGISTRATION: Registered on ClinicalTrials.gov on 05/20/2015 (NCT02449629).	Transgender, HIV prevention, HIV care continuum, Adolescent, Young adult, Mixed methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Jaiswal, Jessica	Whose Responsibility Is It to Dismantle Medical Mistrust? Future Directions for Researchers and Health Care Providers.	Behavioral Medicine	-	-	-	-	0896-4289	10.1080/08964289.2019.1630357	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7808309	Medical mistrust persists and appears to be growing. The public health literature on medical mistrust has largely focused on mistrust among Black and African American populations due to legacies of abuse and mistreatment, such as the infamous Tuskegee Syphilis Study. However, research is now emerging that explores mistrust among various populations and in varying contexts, and the literature now largely emphasizes the role of ongoing, present-day social and economic inequalities in shaping and sustaining mistrust, particularly among populations who experience staggering health disparities. This special issue showcased nine articles exploring medical mistrust among diverse populations, exploring a wide array of topics and spanning myriad methodologies. In addition to a rigorous systematic review of the literature, this issue covers several critical subareas of the health disparities literature, including preventative health screenings among Black men, discrimination and cultural factors among rural Latinx communities, health care satisfaction among Latina immigrant women, the complex relationship between HIV testing and "conspiracy beliefs" among Black populations, pre-exposure prophylaxis use among transgender women, the impacts of mass incarceration on HIV care, eHealth interventions to address chronic diseases among sexual minority men of color, and participatory research to engage underserved populations as co-researchers. The purpose of this article is to provide a brief summary of the nine manuscripts in this special issue and to outline some recommendations and future directions for research on medical mistrust.	health disparities, health care providers, HIV, medical mistrust, research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Jaiswal, Jessica; Halkitis, Perry N	Towards a More Inclusive and Dynamic Understanding of Medical Mistrust Informed by Science.	Behavioral Medicine	-	-	-	-	0896-4289	10.1080/08964289.2019.1619511	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7808310	Mistrust of medical advances and the medical professions continues to persist, and is perhaps increasing. The popular press has documented the growing number of parents globally whose concerns around childhood vaccination, albeit based on faulty scientific information, has led to the anti-vax movement which has already resulted in outbreaks of measles in various parts of the U.S. In recent years, the AIDS Healthcare Foundation has increased speculation and mistrust with regard to the denialism of the effectiveness of pre-exposure prophylaxis (PrEP) to avert HIV infections, again based on misinformation. However, in other cases, medical mistrust reflects the very real historical and ongoing injustices experienced by socially and economically marginalized groups. Whether the genesis of the mistrust is based on fact or fallacy, the results may be similar. There are myriad negative consequences associated with medical mistrust, including lower utilization of healthcare and poorer management of health conditions. Mistrust is thought to provide a partial explanation for staggering health disparities, particularly among Black and African American people, and much of the public health and medical literature cites the infamous Tuskegee Study as a main catalyst for this persistent health-related mistrust among people of color and other groups who experience social and economic vulnerability. While mistrust is often referred to as a phenomenon existing within an individual or community, we must rethink this conceptualization and instead locate mistrust as a phenomenon created by and existing within a system that creates, sustains and reinforces racism, classism, homophobia and transphobia, and stigma. The purpose of this article is to briefly address the state of the medical mistrust literature, and to provide a summary of the articles included in this special issue on medical mistrust. Although the scholarship in this issue addresses diverse methodologies, outcomes and populations, they share a message: social inequality drives mistrust.	HIV, healthcare providers; medical mistrust; research; health disparities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Janes H.; Brown M.D.; Glidden D.V.; Mayer K.H.; Buchbinder S.P.; McMahan V.M.; Schechter M.; Guanira J.; Casapia M.	Evaluating the impact of policies recommending PrEP to subpopulations of men and transgender women who have sex with men based on demographic and behavioral risk factors	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0222183	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072340939&doi=10.1371%2fjournal.pone.0222183&partnerID=40&md5=3512238b7b3916631d77c4e7d6471719	Introduction Developing guidelines to inform the use of antiretroviral pre-exposure prophylaxis (PrEP) for HIV prevention in resource-limited settings must necessarily be informed by considering the resources and infrastructure needed for PrEP delivery. We describe an approach that identifies subpopulations of cisgender men who have sex with men (MSM) and transgender women (TGW) to prioritize for the rollout of PrEP in resource-limited settings. Methods We use data from the iPrEx study, a multi-national phase III study of PrEP for HIV prevention in MSM/TGW, to build statistical models that identify subpopulations at high risk of HIV acquisition without PrEP, and with high expected PrEP benefit. We then evaluate empirically the population impact of policies recommending PrEP to these subpopulations, and contrast these with existing policies. Results A policy recommending PrEP to a high risk subpopulation of MSM/TGW reporting condomless receptive anal intercourse over the last 3 months (estimated 3.3% 1-year HIV incidence) yields an estimated 1.95% absolute reduction in 1-year HIV incidence at the population level, and 3.83% reduction over 2 years. Importantly, such a policy requires rolling PrEP out to just 59.7% of MSM/TGW in the iPrEx population. We find that this policy is identical to that which prioritizes MSM/TGW with high expected PrEP benefit. It is estimated to achieve nearly the same reduction in HIV incidence as the PrEP guideline put forth by the US Centers for Disease Control, which relies on the measurement of more behavioral risk factors and which would recommend PrEP to a larger subset of the MSM/TGW population (86% vs. 60%). Conclusions These findings may be used to focus future mathematical modelling studies of PrEP in resource-limited settings on prioritizing PrEP for high-risk subpopulations of MSM/TGW. The statistical approach we took could be employed to develop PrEP policies for other at-risk populations and resource-limited settings. © 2019 Janes et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Transgenders Persons, Risk Factors, Adult, Anal Intercourse, Procedures, Young Adult, Female, Male, Transgender, HIV Infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Jarrin, Inmaculada	Durability of first-line antiretroviral regimens in the era of integrase inhibitors: a cohort of HIV-positive individuals in Spain, 2014-2015	Antiviral Therapy	-	-	-	-	NA	https://doi.org/10.3851/IMP3297	https://journals.sagepub.com/doi/10.3851/IMP3297	Background: We compared time to treatment change (TC), viral suppression (VS) and change in CD4+ T-cell counts of first-line antiretroviral regimens (ART). Methods: We analysed HIV treatment-naive adults from the Cohort of the Spanish HIV/AIDS Research Network (CoRIS) initiating the most commonly used ART regimens from September 2014 to November 2015. We used proportional hazards models on the sub-distribution hazard to estimate sub-distribution hazard ratios (sHR) for time to TC, logistic regression to estimate odds ratios (ORs) for VS (viral load <50 copies/ml), and linear regression to assess mean differences in CD4+ T-cell changes from ART initiation. Results: Among 960 individuals, tenofovir (TDF)/emtricitabine (FTC)/rilpivirine (RPV) was the most frequently prescribed regimen (24.2%), followed by elvitegravir (EVG)/cobicistat (COBI)/TDF/FTC (22.8%), abacavir (ABC)/lamivudine (3TC)/dolutegravir (DTG; 17.4%), TDF/FTC+darunavir/ritonavir (DRV/r) or darunavir/cobicistat (DRV/c; 12.1%), TDF/FTC/efavirenz (EFV; 8.8%), TDF/FTC+raltegravir (RAL; 7.7%) and TDF/FTC+DTG (7.0%). Initiating ART with TDF/FTC+DRV/r or DRV/c (adjusted sHR: 2.96; 95% CI: 1.44, 6.08), TDF/FTC/EFV (2.18; 0.98, 4.82), TDF/FTC+RAL (2.37; 1.08, 5.22) and TDF/FTC+DTG (6.34; 3.18, 12.64) was associated with a higher risk of TC compared to ABC/3TC/DTG. At 24 weeks, VS was lower in TDF/FTC+DRV/r or DRV/c (adjusted OR: 0.37, 95% CI: 0.18, 0.74) compared with ABC/3TC/DTG, and CD4+ T-cell increase was lower in patients initiating with TDF/FTC/RPV (adjusted mean difference: -75.9, 95% CI: -130.6, -21.2) compared with those who did with ABC/3TC/DTG. Conclusions: Time to TC, VS and change in CD4+ T-cell counts varies by initial regimen. These differences may be useful for making decision when initiating ART.	NA	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2019	Jaspal R.; Lopes B.; Maatouk I.	The Attitudes toward Pre-Exposure Prophylaxis (PrEP) Scale: Development and validation	Journal of HIV/AIDS & Social Services	-	-	-	-	15381501	10.1080/15381501.2019.1596861	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064560759&doi=10.1080%2f15381501.2019.1596861&partnerID=40&md5=e47148f5de21ed4a07cbc20e846631ff	Pre-exposure prophylaxis (PrEP) is a novel, clinically effective biomedical HIV prevention tool but it has not met with widespread public acceptance. In this article, the results of a study designed to develop a scale for measuring attitudes toward PrEP is presented. The psychometric properties of the scale are described for use in both the general population and in-patient samples. Two hundred twenty-two university students completed the Attitudes toward PrEP Scale (APS) and additional measures of attitudes toward gay men, Black Africans, and condom use. The APS comprised three factors (Attitudes toward the Science of PrEP, Perception of Sexual Health Risks of PrEP, and Perception of Dangerous Effects of PrEP), which explained 49.31% of the variance. The 14-item APS had a good internal consistency, α =.72, and satisfactory concurrent validity with measures of condom use, and attitudes toward social groups associated with PrEP. Additional studies in other nonstudent samples are required to assess the external validity of the scale. © 2019, © 2019 Taylor & Francis Group, LLC.	attitudes; gay men; HIV; PrEP; sexual health	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Jaspal, R; Lopes, B; Bayley, J; Papaloukas, P	A structural equation model to predict pre-exposure prophylaxis acceptability in men who have sex with men in Leicester, UK.	HIV Medicine	-	-	-	-	1468-1293	10.1111/hiv.12667	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585773	OBJECTIVES: Pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool for high-risk men who have sex with men (MSM). However, acceptability and uptake have been variable. This study explored the factors that predict PrEP acceptability in MSM in Leicester, where HIV prevalence is double the national average. METHODS: A total of 191 HIV-negative MSM completed a cross-sectional survey. Participants provided demographic information, and completed measures of HIV knowledge, perceived HIV risk, engagement in sexual risk behaviour, acquisition of a sexually transmitted infection (STI) in the last 12 months, frequency of HIV testing and PrEP acceptability. RESULTS: Kruskal-Wallis tests showed statistically significant effects of sexual orientation, education level and income, respectively, on HIV knowledge. Gay-identified individuals possessed greater HIV knowledge than bisexuals. Respondents with General Certificate of Secondary Education (GCSE)-level education had significantly less HIV knowledge than those educated to postgraduate level. Respondents with income of < £10 000 possessed significantly less HIV knowledge than higher income groups. Structural equation modelling showed that the relationship between HIV knowledge and PrEP acceptability was mediated by perceived HIV risk, engagement in sexual risk behaviour, acquisition of an STI in the past 12 months and frequency of HIV testing. CONCLUSIONS: The results reveal socio-economic inequalities in HIV knowledge and HIV testing, and suggest that MSM who have high levels of HIV knowledge and perceived HIV risk and who regularly test for HIV are most likely to endorse PrEP as personally beneficial. HIV knowledge and accurate risk appraisal should be promoted in MSM. The HIV testing context constitutes an ideal context for promoting PrEP to high-risk MSM.	acceptability, HIV prevention, men who have sex with men, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Jayawardene, Wasantha; Carter, Gregory; Agley, Jon; Meyerson, Beth; Garcia, Justin R; Miller, Wendy	HIV pre-exposure prophylaxis uptake by advanced practice nurses: Interplay of agency, community and attitudinal factors.	Journal of Advanced Nursing	-	-	-	-	1365-2648	10.1111/jan.14019	https://dx.doi.org/10.1111/jan.14019	AIMS: To identify associations among agency, community, personal and attitudinal factors that affect advanced practice nurses' uptake of HIV pre-exposure prophylaxis, an intervention consists of emtricitabine/tenofovir once-daily pill, along with sexual risk reduction education. DESIGN: Cross-sectional. METHODS: During March-May 2017, randomly selected Indiana advanced practice nurses were invited to complete an online survey, consisted of several validated self-rating measures (N = 1,358; response = 32.3%). Final sample (N = 369) was predominantly White, non-Hispanic, female advanced practice nurses in urban practices (mean age = 46). Conceptual model for structural equation model included 29 original/composite variables and five latent factors. RESULTS: Final model consisted of 11 variables and four factors: agency, community, HIV prevention practices (including screening) and motivation to adopt evidence-based practices overall. Community had direct effects on HIV prevention practices (estimate = 0.28) and agency (estimate = 0.29). Agency had direct effects on HIV prevention practices (estimate = 0.74) and motivation to adopt evidence-based practices (estimate = 0.24). Community had indirect effects, through agency, on the two remaining factors. CONCLUSION: Barriers exist against pre-exposure prophylaxis implementation, although practice guidelines are available. HIV prevention practices must be integrated across organizational structures, especially in high-risk communities, whereas practice change is more effective when focused on changing providers' attitudes towards intervention. When planning a pre-exposure prophylaxis intervention, advancing inputs from healthcare professionals, organizational leadership and community members, is crucial to success. IMPACT: In settings where advanced practice nurses are primary contact points for health care, they may be best positioned to have an impact on implementation of HIV risk reduction strategies. Further research is needed to optimize their contributions to pre-exposure prophylaxis implementation.	HIV; evidence-based pratice; advanced pratice nursing; risk evalution and mitigation; pre-exposure prophylaxis; community-institutional relations	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Jenness S.M.; Maloney K.M.; Smith D.K.; Hoover K.W.; Goodreau S.M.; Rosenberg E.S.; Weiss K.M.; Liu A.Y.; Rao D.W.; Sullivan P.S.	Addressing Gaps in HIV Preexposure Prophylaxis Care to Reduce Racial Disparities in HIV Incidence in the United States	American Journal of Epidemiology	-	-	-	-	29262	10.1093/aje/kwy230	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061110003&doi=10.1093%2faje%2fkwy230&partnerID=40&md5=8462cfe21abfb327851fb6954cb80bf3	The potential for human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) to reduce the racial disparities in HIV incidence in the United States might be limited by racial gaps in PrEP care. We used a network-based mathematical model of HIV transmission for younger black and white men who have sex with men (BMSM and WMSM) in the Atlanta, Georgia, area to evaluate how race-stratified transitions through the PrEP care continuum from initiation to adherence and retention could affect HIV incidence overall and disparities in incidence between races, using current empirical estimates of BMSM continuum parameters. Relative to a no-PrEP scenario, implementing PrEP according to observed BMSM parameters was projected to yield a 23% decline in HIV incidence (hazard ratio = 0.77) among BMSM at year 10. The racial disparity in incidence in this observed scenario was 4.95 per 100 person-years at risk (PYAR), a 19% decline from the 6.08 per 100 PYAR disparity in the no-PrEP scenario. If BMSM parameters were increased to WMSM values, incidence would decline by 47% (hazard ratio = 0.53), with an associated disparity of 3.30 per 100 PYAR (a 46% decline in the disparity). PrEP could simultaneously lower HIV incidence overall and reduce racial disparities despite current gaps in PrEP care. Interventions addressing these gaps will be needed to substantially decrease disparities. © 2018 The Author(s).	human immunodeficiency virus; mathematical model; men who have sex with men; preexposure prophylaxis; racial disparities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2019	Jhunjhunwala, Kunal	Rectal Suppository as a Versatile Platform for Delivering Physicochemically Diverse Antiretrovirals for HIV Prevention	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/37930/1/Dissertation_KJ_12032019.pdf	When reflecting on new Human Immunodeficiency Virus (HIV-1) infections across the globe, we find that men who have sex with men (MSM) are disproportionally impacted, especially in developed nations. Several studies have now shown that the chances of HIV-1 transmission through receptive anal intercourse (RAI) is about 10 times higher compared to vaginal intercourse. Therefore, new strategies are needed to combat rectal transmission of HIV-1. However, the rectal anatomy and physiology, limit dosage form options for drug delivery to this compartment. Suppositories offer several advantages over other rectally administered dosage forms, from a formulation as well as user acceptability perspective. Considering these advantages, this dissertation aims to explore application of the rectal suppository platform to deliver antiretroviral (ARV) drugs as pre-exposure prophylaxis (PrEP) for HIV prevention. In addition, since HIV-1 treatment and products typically utilize more than one ARV, we also explored the potential of developing a suppository product which co-delivered multiple ARV candidates. Several suppository bases were screened to obtain a desired set of suppository characteristics. From this analysis, two bases (Witepsol H15 and PEG 3350:1000:400 at ratio 60:30:10) were chosen for further evaluation. Additionally, based on factors such as the mechanism of action, physicochemical properties, and drug-resistance profile, tenofovir (TFV), tenofovir alafenamide fumarate (TAF) and elvitegravir (EVG) were selected as the lead ARV candidates. The suppositories were manufactured, characterized and tested for stability as per ICH guidelines. Combination suppositories (TFV and EVG) were manufactured and their pharmacokinetics following a single dose administration was evaluated in a non-human primate (NHP) model. Rectal fluid, tissues (biopsies) and plasma samples were collected to determine the drug exposure achieved using each test suppository dosage form. Furthermore, to evaluate whether there was any pharmacokinetic advantage gained by replacing tenofovir with its prodrug TAF, combination suppositories (TAF and EVG) were manufactured and evaluated in the same NHP model. The results from both these studies confirmed comparable or in some cases better drug exposure achieved in vivo using a suppository dosage form as compared to other dosage forms such as gels and enemas. The studies presented in this dissertation provide a proof of concept that suppositories can be used as potential ARV drug delivery platform for PrEP from HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2019	Jiang T.; Su B.; Song T.; Zhu Z.; Xia W.; Dai L.; Wang W.; Zhang T.; Wu H.	Immunological efficacy of tenofovir disproxil fumarate-containing regimens in patients with HIV-HBV coinfection: A systematic review and meta-analysis	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2019.01023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072939111&doi=10.3389%2ffphar.2019.01023&partnerID=40&md5=7b280619dc7d16e2147d7aa5e8ef12df	Background: Hepatitis B virus (HBV) coinfection is common in HIV-positive patients. HIV infection modifies the natural course of HBV infection, leading to a faster progression of liver-related morbidity and mortality than is observed in HBV mono-infected patients. This systematic review and meta-analysis evaluates the current clinical evidence regarding the use of oral tenofovir disproxil fumarate (TDF)-based treatments in patients coinfected with HIV and HBV. Methods: We performed a comprehensive literature search in PubMed and Web of Science. Supplementary searches were conducted in Google Scholar and Clinicaltrials. gov. We conducted a random effects meta-analysis using the event rate (ER) to estimate the incidence of HBV seroconversion. A subgroup meta-analysis was performed to assess the moderate effects of demographic and disease-related variables on HBsAg loss. This review is registered in the PROSPERO database (CRD42018092379). Results: We included 11 studies in the review. The immunological effects of oral TDF-based Pre-exposure prophylaxis (PrEP) treatment in patients with HIV-HBV coinfection were 0.249 for HBeAg loss, 0.237 for HBeAg conversion, 0.073 for HBsAg loss, and 0.055 for HBsAg conversion. The factors associated with HBsAg loss were the baseline HBV viral load, participant's location, and a history of exposure to lamivudine/emtricitabine (3TC/FTC) (all p < 0.05). A trend toward a negative relationship between the baseline CD4+ T-cell count and HBsAg loss was observed (p = 0.078). Conclusion: This systematic review and meta-analysis demonstrated that TDF-containing regimens are effective at stimulating HBeAg loss (24.9%), HBeAg conversion (23.7%), HBsAg loss (7.3%), and HBsAg conversion (5.5%) in HIV-HBV coinfected patients. The moderator analysis showed that HBV viral load, the location of participants, and prior exposure to 3TC/FTC are factors associated with HBsAg loss. Asian ethnicity, prior exposure to 3TC, and a nondetectable baseline HBV viral load are associated with lower odds of HBsAg loss. Well-designed prospective cohort studies and randomized controlled trials (RCTs) with large sample sizes are required for the investigation of potential predictors and biological markers associated with strategies for achieving HBV remission in patients with HIV-HBV coinfection, which is a matter of considerable importance to clinicians and those responsible for health policies. © 2019 Jiang, Su, Song, Zhu, Xia, Dai, Wang, Zhang and Wu. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.	Coinfection; Drug treatment; Hepatitis B virus; HIV; Meta-analysis; Outcomes research; Tenofovir disproxil fumarate	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2019	John, Steven A; Parsons, Jeffrey T; Rendina, H Jonathon; Grov, Christian	Club drug users had higher odds of reporting a bacterial STI compared with non-club drug users: results from a cross-sectional analysis of gay and bisexual men on HIV pre-exposure prophylaxis.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2018-053591	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6383506	OBJECTIVES: Pre-exposure prophylaxis (PrEP) can reduce HIV transmission risk for many gay, bisexual and other men who have sex with men. However, bacterial STI (BSTI) associated with decreasing condom use among HIV PrEP users is a growing concern. Determining the characteristics of current PrEP users at highest BSTI risk fills a critical gap in the literature. METHODS: Gay and bisexual men (GBM) in New York City on HIV PrEP for 6 or more months (n=65) were asked about chlamydia, gonorrhoea and syphilis diagnoses in the past 6 months. By design, half (51%) of the sample were club drug users. We examined the associations of length of time on PrEP, type of PrEP care provider, PrEP adherence, number of sexual partners, number of condomless anal sex acts and club drug use on self-reported BSTI using multivariable, binary logistic regressions, adjusting for age, race/ethnicity, education and income. RESULTS: Twenty-six per cent of GBM on HIV PrEP reported a diagnosis of BSTI in the past 6 months. Men who reported club drug use (adjusted OR (AOR)=6.60, p<0.05) and more frequent condomless anal sex in the past 30 days (AOR=1.13, p<0.05) had higher odds of reporting a BSTI. No other variables were significantly associated with self-reported BSTI in the multivariable models. CONCLUSIONS: Club drug users could be at a unique BSTI risk, perhaps because of higher risk sexual networks. Findings should be considered preliminary, but suggest the importance of ongoing BSTI screening and risk-reduction counselling for GBM on HIV PrEP.	hiv pre-exposure prophylaxis; club drug use; chemsex; men who have sex with men; gay and bisexual men; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	John, Steven A; Rendina, H Jonathon; Starks, Tyrel J; Grov, Christian; Parsons, Jeffrey T	Decisional Balance and Contemplation Ladder to Support Interventions for HIV Pre-Exposure Prophylaxis Uptake and Persistence	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0136	https://www.proquest.com/scholarly-journals/decisional-balance-contemplation-ladder-support/docview/2235053534/se-2?accountid=8113	Fewer than 60,000 males—inclusive of all sexual identities—were prescribed HIV pre-exposure prophylaxis (PrEP) by mid-2017 in the United States. Efforts to increase PrEP uptake among gay, bisexual, and other men who have sex with men (GBM), in particular, are ongoing in research and practice settings, but few tools exist to support interventions. We aimed to develop and validate tools to support motivational interviewing interventions for PrEP. In 2017, a national sample of HIV-negative GBM of relatively high socioeconomic status (n = 786) was asked about sexual behaviors that encompass Centers for Disease Control and Prevention guidelines for PrEP use, a 35-item decisional-balance scale (i.e., PrEP-DB) assessing benefits and consequences of PrEP use, and questions assessing location on the motivational PrEP cascade and derivative—the PrEP contemplation ladder. Principal axis factoring with oblique promax rotation was used for PrEP-DB construct identification and item reduction. The final 20-item PrEP-DB performed well; eigenvalues indicating a 4-factor solution provided an adequate fit to the data. Factors included the following: health benefits (α = 0.91), health consequences (α = 0.82), social benefits (α = 0.72), and social consequences (α = 0.86). Ladder scores increased across the cascade (ρ = 0.89, p < 0.001), and health benefits (β = 0.50, p < 0.001) and health consequences (β = −0.37, p < 0.001) were more strongly associated with ladder location than social benefits (β = 0.05, p > 0.05) and social consequences (β = −0.05, p > 0.05) in the fully adjusted regression model. The PrEP-DB demonstrated good reliability and predictive validity, and the ladder had strong construct validity with the motivational PrEP cascade. PrEP uptake and persistence interventions and additional empirical work could benefit from the utility of these measures.	Bisexuality; HIV; Health; pre-exposure prophylaxis; Men; men who have sex with men; Males; Disease prevention; Prophylaxis; Exposure; Socioeconomics; Disease control; Bisexual; motivational interviewing; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Regression models; Gays & lesbians; Mens health; Eigenvalues	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	John, Steven A; Robles, Gabriel; Starks, Tyrel J; Rendina, H Jonathon	Differences Between Groups of Pre-exposure Prophylaxis (PrEP) Using Couples in HIV-Negative/Unknown Relationships.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002058	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6594889	BACKGROUND: Epidemiology research is limited on the characteristics of HIV pre-exposure prophylaxis (PrEP) using couples. SETTING: US nationwide sample recruited online in 2017. METHODS: HIV negative/unknown gay, bisexual, and other men who have sex with men with HIV negative/unknown partners (n = 3140) were asked about individual and main partner PrEP uptake. Men were coded into the following 5 groups: (1) neither participant nor partner on PrEP, (2) partner only on PrEP, (3) participant only on PrEP, (4) both on PrEP, and (5) unknown partner PrEP use. We examined associations of demographics, relationship factors, condomless anal sex (CAS) with main and causal partners, bacterial sexually transmitted infection diagnoses, and sexual positioning with reported dyadic PrEP use using fully adjusted multinomial logistic regressions. RESULTS: PrEP use was 3.2% for the partner only, 5.7% for the participant only, and 4.9% for both the participant and partner; 5.6% reported not knowing their partner's PrEP use status. Men who reported any CAS with their main partner or any CAS with male causal partners were both more likely to be classified in the dyadic PrEP use group compared with the neither on PrEP group. Compared with monogamous, men in open arrangements were more likely to be classified in each of the 3 PrEP groups compared with the neither on PrEP group. Six-month bacterial sexually transmitted infection prevalence was 2.8%, 8.1%, 8.3%, 15.6%, and 4.0% for the 5 groups, respectively. CONCLUSIONS: PrEP use occurred during times of higher risk behavior engagement, but further efforts are needed to expand PrEP use to more partnered gay, bisexual, and other men who have sex with men.	HIV; pre-exposure prophylaxis; sexually transmitted infections; men who have sex with men; couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Johnson, Kelly A; Hessol, Nancy A; Kohn, Robert; Nguyen, Trang Q; Mara, Elise S; Hsu, Ling; Scheer, Susan; Cohen, Stephanie E	HIV Seroconversion in the Era of Pharmacologic Prevention: A Case-Control Study at a San Francisco STD Clinic	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072134234&doi=10.1097%2fQAI.0000000000002107&partnerID=40&md5=89112d2d9b4bad58f3b998ea80d6ffa3	Background: The comparative effectiveness of pre- and post-exposure prophylaxis (PrEP and PEP) for men who have sex with men (MSM) is unclear.Setting: We conducted a case-control study of MSM who were initially HIV-uninfected during September 1, 2012-June 30, 2016 at San Francisco's only municipal sexually transmitted diseases (STDs) clinic. Methods: Each case was matched with up to 3 controls based on age, baseline visit date, and follow-up time. The primary dependent variable was HIV seroconversion; the primary independent variable was exposure to PrEP, PEP, or neither. Conditional logistic regression was used to calculate odds ratios and 95% confidence intervals. Results: Of 638 MSM (161 cases and 477 controls), 137 reported ever taking PrEP, 98 reported taking PEP-only, and 403 took neither. PrEP takers had more non-HIV sexually transmitted diseases during the analysis (72.3% vs. 55.1% vs. 42.4% P < 0.01) and were more likely to report receptive anal sex in the past 3 months (86.5% vs. 80.4% vs. 73.0%; P < 0.01). In the adjusted model, PrEP was associated with lower odds of HIV seroconversion (odds ratio 0.24; 95% confidence interval: 0.13 to 0.46) while PEP use had no effect on HIV acquisition compared with taking neither. Conclusions: MSM who ever used PrEP demonstrated equal or higher sexual risk compared with those using neither PrEP nor PEP but had 76% lower odds of HIV seroconversion. MSM who used PEP but never PrEP were no less likely to seroconvert than those using neither. MSM should be offered PrEP. PEP users with ongoing risk of HIV infection should be connected to PrEP after PEP. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; PEP; PrEP; sexually transmitted diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Johnson, Leah M; Krovi, Sai Archana; Li, Linying; Girouard, Natalie; Demkovich, Zach R; Myers, Daniel; Creelman, Ben; van der Straten, Ariane	Characterization of a Reservoir-Style Implant for Sustained Release of Tenofovir Alafenamide (TAF) for HIV Pre-Exposure Prophylaxis (PrEP)	Pharmaceutics	-	-	-	1999-4923	10.3390/pharmaceutics11070315.	https://pubmed.ncbi.nlm.nih.gov/31277461/	Long-acting (LA) HIV pre-exposure prophylaxis (PrEP) offers the potential to improve adherence by lowering the burden of daily or on-demand regimens of antiretroviral (ARV) drugs. This paper details the fabrication and in vitro performance of a subcutaneous and trocar-compatible implant for the LA delivery of tenofovir alafenamide (TAF). The reservoir-style implant comprises an extruded tube of a biodegradable polymer, poly(ε-caprolactone) (PCL), filled with a formulation of TAF and castor oil excipient. Parameters that affect the daily release rates of TAF are described, including the surface area of the implant, the thickness of the PCL tube walls (between 45 and 200 μm), and the properties of the PCL (e.g., crystallinity). In vitro studies show a linear relationship between daily release rates and surface area, demonstrating a membrane-controlled release mechanism from extruded PCL tubes. Release rates of TAF from the implant are inversely proportional to the wall thickness, with release rates between approximately 0.91 and 0.15 mg/day for 45 and 200 μm, respectively. The sustained release of TAF at 0.28 ± 0.06 mg/day over the course of 180 days in vitro was achieved. Progress in the development of this implant platform addresses the need for new biomedical approaches to the LA delivery of ARV drugs.	Disease prevention; Drug dosages; HIV; Human immunodeficiency virus; clinical medicine; general & internal medicine; medical and health sciences; Pre-exposure prophylaxis; Chemistry; Pharmacology; Biodegradation; Transplants & implants; engineering and technology; nano-technology; nanoscience & nanotechnology; Drug delivery systems; Human immunodeficiency virus (HIV); Polymers; virus diseases; pre-exposure prophylaxis (PrEP); Biodegradable polymer; Implant; poly(ε-caprolactone) (PCL); Tenofovir alafenamide; Wall thickness; Excipient; Linear relationship; long-acting drug delivery systems; Pharmacy and materia medica; Polyvinyl alcohol; RS1-441; Silicones; tenofovir alafenamide (TAF)	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Jones, Christopher M; Byrd, Danielle J; Clarke, Thomas J; Campbell, Tony B; Ohuoha, Chideha; McCance-Katz, Elinore F	Characteristics and current clinical practices of opioid treatment programs in the United States.	Drug and Alcohol Dependence	-	-	-	1879-0046	10.1016/j.drugalcdep.2019.107616	https://dx.doi.org/10.1016/j.drugalcdep.2019.107616	BACKGROUND: Given rising rates of opioid use disorder (OUD) and related consequences, opioid treatment programs (OTPs) can play a pivotal role in the U.S. opioid crisis. There is a paucity of recent research to guide how best to leverage OTPs in the opioid response. METHODS: We conducted a national survey of U.S. OTPs using a 46-question electronic survey instrument covering three domains: 1) OTP characteristics; 2) services offered; and 3) current clinical practices. Descriptive statistics and multivariable logistic regression examined variables in these domains. RESULTS: Among responding OTPs, 32.4% reported using all three medications for OUD treatment; 95.8% used methadone, 61.8% used buprenorphine, and 43.9% used naltrexone. The mean (SD) number of patients currently receiving methadone was 383 (20.4), buprenorphine 51 (7.0), extended-release naltrexone 6 (1.0). Viral hepatitis testing was provided by 60.9% of OTPs, 15.3% provided hepatitis B vaccination, 14.9% provided hepatitis A vaccination, and 12.6% provided medication treatment for hepatitis C virus infection. HIV testing was provided by 60.7% of OTPs, 9.5% provided pre-exposure prophylaxis, and 8.4% provided medication treatment for HIV. OTP characteristics associated with using all three forms of medications for OUD included: providing medication for alcohol use disorder (aORâ¯=â¯5.24, 95% CI:2.99-9.16), providing telemedicine services (aORâ¯=â¯3.82, 95% CI:2.14-6.84), and directly providing naloxone to patients (aORâ¯=â¯2.57, 95% CI:1.53-4.29). Multiple barriers to providing buprenorphine and extended-release naltrexone were identified. CONCLUSIONS: Efforts are needed to increase availability of all medications approved to treat OUD in OTPs, integrate infectious disease-related services, and expand the reach of OTPs in the U.S.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2019	JUNIOR, FERNANDO JOAQUIM DA SILVA	NARRATIVAS, MEMÓRIAS E PRÁTICAS SOCIOPOLÍTICA: UMA ETNOGRAFIA DA MOBILIZAÇÃO SOCIAL E DA RESPOSTA COLETIVA À EPIDEMIA DO HIV/AIDS NO RIO GRANDE DO NORTE'	-	-	Universidade Federal do rio grande do norte	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=7899070	Este texto apresenta uma pesquisa de mestrado que oferece uma análise etnográfica da mobilização sociopolítica de resposta ao HIV e AIDS no contexto urbano de Natal e Mossoró, as duas maiores cidade do Rio Grande do Norte. A dissertação objetivou compreender as narrativas, práticas, e sentidos de resposta à epidemia entre ativistas, grupos de pacientes, gestores e profissionais de saúde diante de desigualdades e desafios na adesão à Terapia Antirretroviral (TARV) e de prevenção ao HIV. Busquei atentar como os projetos coletivos e individuais dos meus interlocutores eram elaborados e as suas razões internas ao ponto de enfrentarem a fofoca, cooperarem ou divergirem com gestores e demais participantes da mobilização, além de dedicarem tempo, investimento econômico, esforço físico e emocional. Na pesquisa etnográfica, realizei observação participante em diferentes ambientes, como: cerimônias, audiências e manifestações públicas, festejos, hospitais e serviços de atendimento especializado, dando ênfase aos usos dos espaços pelos interlocutores. Simultaneamente, foram produzidas entrevistas em profundidade com ativistas, profissionais de saúde, pacientes e gestores públicos, além de análise da imprensa local e uso de fotografias para ampliar as percepções sobre o campo pesquisado. Dessa forma, apresento um panorama da mobilização sociopolítica HIV e AIDS, sem deixar de perceber as particularidades desses diferentes coletivos e atores sociais. Pude constatar um mundo social fortemente disputado, cheio de projetos coletivos e individuais no enfrentamento da epidemia e atravessado por múltiplas desigualdades sociais que afetam decisivamente a vida de milhares de pessoas dessa região vivendo e convivendo com HIV. Percebi também a comunicação, a narrativa, a memória e o testemunho do trauma como poderosos instrumentos de ação política. Portanto, esta pesquisa busca contribuir para a discussão antropológica sobre a HIV e AIDS no contexto do Rio Grande do Norte, num momento crítico para o enfrentamento da epidemia no Estado, afetada pelo crescimento exponencial de pessoas diagnosticadas com HIV e de pessoas morrendo em decorrência da AIDS.	AIDS;Ativismo;ONG;memória;Rio Grande do Norte	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Kakalou, Christine; Lazarus, Jeffrey V; Koutkias, Vassilis	Mining Social Media for Perceptions and Trends on HIV Pre-Exposure Prophylaxis.	Studies in Health Technology and Informatics	-	-	-	1879-8365	10.3233/SHTI190366	https://dx.doi.org/10.3233/SHTI190366	Pre-Exposure Prophylaxis (PrEP) is an approach for preventing the human immunodeficiency virus (HIV), which entails the administration of antiretroviral medication to high-risk seronegative persons. If taken correctly, PrEP can reduce HIV infection risk by more than 90%. The aim of this study was to identify and examine PrEP-related perceptions and trends discussed on Twitter. Using open-source technologies, text-mining and interactive visualisation techniques, a comprehensive data gathering and analytics Web-based platform was developed to facilitate the study objectives. Our results demonstrate that monitoring of PrEP-related discussions on Twitter can be detected over time and valuable insights can be obtained concerning issues of PrEP awareness, expressed opinions, perceived barriers and key discussion points on its adoption. The proposed platform could support public-health professionals and policy makers in PrEP monitoring, facilitating informed decision making and strategy planning for efficient HIV combination prevention.	NA	English	Netherlands	Western and Central Europe and North America	Greece	Western and Central Europe and North America	Greece	Western and Central Europe and North America	Quantitative
Article	2019	Kamaara E.; Oketch D.; Chesire I.; Coats C.S.; Thomas G.; Ransome Y.; Willie T.C.; Nunn A.	Faith and healthcare providers' perspectives about enhancing HIV biomedical interventions in Western Kenya	Global Public Health	-	-	-	17441692	10.1080/17441692.2019.1647263	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070500786&doi=10.1080%2f17441692.2019.1647263&partnerID=40&md5=be4da2626f65cb411cf6aa84f7734d52	Adult HIV prevalence in Kenya was 5.9% in 2017. However, in the counties of Kisumu, Siaya, and Homa Bay, HIV prevalence was over 15%. Biomedical interventions, including home-based testing and counselling (HBTC), HIV treatment and pre-exposure prophylaxis (PrEP) provide opportunities to reduce HIV transmission, particularly in rural communities with limited access to health services. Faith-based institutions play an important role in the Kenyan social fabric, providing over 40% of all health care services in Kenya, but have played limited roles in promoting HIV prevention interventions. We conducted qualitative interviews with 45 medical professionals and focus groups with 93 faith leaders in Kisumu and Busia Counties, Kenya. We explored their knowledge, opinions, and experiences in promoting biomedical HIV prevention modalities, including HBTC and PrEP. Knowledge about and engagement in efforts to promote HIV prevention modalities varied; few health providers had partnered with faith leaders on HIV prevention programmes. Faith leaders and health providers agreed about the importance of increasing faith leaders' participation in HIV prevention and were positive about increasing their HIV prevention partnerships. Most faith leaders requested capacity building to better understand biomedical HIV prevention modalities and expressed interest in collaborating with clinical partners to spread awareness about HIV prevention modalities. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	beliefs; faith leaders; HBTC; HIV; intervention	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2019	Kamis K.F.; Marx G.E.; Scott K.A.; Gardner E.M.; Wendel K.A.; Scott M.L.; Montgomery A.E.; Rowan S.E.	Same-Day HIV Pre-Exposure Prophylaxis (PrEP) Initiation during Drop-in Sexually Transmitted Diseases Clinic Appointments Is a Highly Acceptable, Feasible, and Safe Model that Engages Individuals at Risk for HIV into PrEP Care	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofz310	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074977475&doi=10.1093%2fofid%2fofz310&partnerID=40&md5=20f4d9f100f004e22674ca81f7a1e0a0	Objective: Strategies to increase pre-exposure prophylaxis (PrEP) uptake are needed. We hypothesized that same-day PrEP initiation in a sexually transmitted diseases (STD) clinic would be acceptable, feasible, and safe, and that individuals would engage in ongoing PrEP care. Method: Individuals aged ≥ 18 years were evaluated for PrEP. Exclusion criteria were HIV, history of renal dysfunction or chronic hepatitis B infection, pregnancy, indications for HIV post-exposure prophylaxis, or positive screen for acute HIV symptoms. One hundred individuals received a free 30-day PrEP starter pack and met with a patient navigator to establish ongoing care. Bivariate analysis and multivariable logistic regression were used to compare individuals who did and did not attend at least 1 PrEP follow-up appointment within 180 days of enrollment. Client satisfaction surveys were given 3 months after enrollment. Results: The majority (78%) of participants completed at least 1 PrEP follow-up appointment, and 57% attended at least 2 follow-up appointments. After adjusting for race and ethnicity, age, health insurance status, and annual income, only income was associated with follow-up appointment attendance. Each additional $10,000 increase in income was associated with a 1.7-fold increase in the odds of attending a PrEP follow-up appointment (95% confidence interval, 1.07-2.66, P =. 02). The majority (54%) of individuals completed the satisfaction survey and all respondents liked the option of same-day PrEP initiation. Conclusions: Our study suggests STD clinic-based, same-day PrEP initiation is acceptable, feasible, safe, and links a high proportion of individuals into ongoing PrEP care. Additional resources may be needed to support low-income individuals' retention in care. © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	same-day PrEP; STD clinics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Kamitani E.; Johnson A.H.; Wichser M.; Mizuno Y.; Deluca J.B.; Higa D.H.	Mapping the study topics and characteristics of HIV pre-exposure prophylaxis research literature: A protocol for a scoping review	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2018-024212	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066862712&doi=10.1136%2fbmjopen-2018-024212&partnerID=40&md5=fdf71eb21d0f28d632269982b1591cea	Introduction The research literature addressing pre-exposure prophylaxis (PrEP) has increased considerably over the last decade. To better understand the research areas and explore research gaps, we will conduct a scoping review to map study topics and describe study characteristics and populations in publications focused on PrEP. The purpose of this protocol is to describe planned methods for the scoping review. Methods and analysis We will implement a comprehensive systematic literature search to identify PrEP citations in the United States Centres for Disease Control and Prevention HIV/AIDS Prevention Research Synthesis Project database that is unique and extensively focuses on HIV/sexually transmitted infections/hepatitis. We will screen and include studies that are (1) focused on HIV PrEP, (2) primary research with human participants and (3) published in English. Two reviewers will independently abstract data on authors' names, study years, countries, population characteristics and design. To describe and summarise study topics, we will use 19 codes and five categories that were developed from a preliminary study. The five categories are category 1: potential PrEP user/prescriber (behaviours/issues for potential PrEP takers/healthcare professionals), category 2: considerations while on PrEP (experiences of and problems related to staying on or prescribing PrEP), category 3: PrEP efficacy and safety (biomedical aspects and medication efficacy), category 4: methods of and experiences with PrEP clinical trials (possesses/experiences of clinical trials) and category 5: cost-effectiveness or economic evaluation (cost studies). Data will be analysed with descriptive statistics. Ethics and dissemination The findings will be presented at HIV-related conferences and published in peer-review journals. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	HIV; pre-exposure prophylaxis; protocol; review; scoping review	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Kamitani E.; Mizuno Y.; Wichser M.; Adegbite A.H.; Deluca J.B.; Higa D.H.	Mapping the study characteristics and topics of hiv pre-exposure prophylaxis research literature: A scoping review	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2019.31.6.505	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076266456&doi=10.1521%2faeap.2019.31.6.505&partnerID=40&md5=637dffc24e03c90633ce53f0f6252b4b	Since WHO released the first PrEP guidance in 2012, the PrEP research literature has rapidly increased, but PrEP uptake is still low. To identify research gaps, this scoping review describes study characteristics, identifies populations, and maps study topics in PrEP publications. We identified 561 PrEP primary studies published in English between 2006 and 2018. The most commonly used study design was cross-sectional. Almost half of studies were conducted in non-U.S. countries and focused on men who have sex with men. We mapped study topics using five categories. The most studied category was Potential PrEP user/prescriber (41.3%) followed by Considerations while on PrEP (28.2%), PrEP efficacy and safety (20.9%), Cost-effectiveness or economic evaluation (5.2%), and Methods of and experiences with PrEP clinical trials (4.2%). Although the PrEP literature has dramatically increased, some research areas (e.g., PrEP awareness in non-U.S. countries, intervention studies to promote PrEP use) and populations (e.g., Black women) are still understudied. © 2019 The Guilford Press.	HIV; Pre-exposure prophylaxis; Research disparity; Scoping review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Kanny D.; Jeffries W.L., IV; Chapin-Bardales J.; Denning P.; Cha S.; Finlayson T.; Wejnert C.	Racial/ethnic disparities in HIV preexposure prophylaxis among men who have sex with men — 23 urban areas, 2017	MMWR Recommendations and Reports	-	-	-	1492195	10.15585/MMWR.MM6837A2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072409517&doi=10.15585%2fMMWR.MM6837A2&partnerID=40&md5=43a34cee466c794c3f42abcf33039ad8	What is already known about this topic? Preexposure prophylaxis (PrEP) reduces the risk for sexual human immunodeficiency virus transmission by approximately 99%. In 2017, approximately one third of gay, bisexual, and other men who have sex with men (MSM) reported using PrEP. What is added by this report? Although PrEP awareness was high for all racial/ethnic groups, a lower percentage of black and Hispanic MSM than white MSM had discussed PrEP with health care provider or had used PrEP within the past year. What are the implications for public health practice? To expand PrEP use, interventions to increase PrEP awareness, encourage health care providers to discuss PrEP, destigmatize PrEP use, and promote racial/ethnic equity in PrEP access are needed.. © 2019 Department of Health and Human Services. All rights reserved.	AdolescentAdultAfrican AmericansEuropean Continental Ancestry GroupHealth Knowledge, Attitudes, PracticeHealthcare DisparitiesHispanic AmericansHIV InfectionsHomosexuality, MaleHumansMaleMiddle AgedPre-Exposure ProphylaxisUnited StatesUrban PopulationYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Kasaie P.; Schumacher C.M.; Jennings J.M.; Berry S.A.; Tuddenham S.A.; Shah M.S.; Rosenberg E.S.; Hoover K.W.; Gift T.L.; Chesson H.; German D.; Dowdy D.W.	Gonorrhoea and chlamydia diagnosis as an entry point for HIV pre-exposure prophylaxis: A modelling study	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2018-023453	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062586848&doi=10.1136%2fbmjopen-2018-023453&partnerID=40&md5=5a1b4280be771bba6d101d0367d3bdad	Objectives Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT) increase the risk of HIV transmission among men who have sex with men (MSM). Diagnosis of NG/CT may provide an efficient entry point for prevention of HIV through the delivery of pre-exposure prophylaxis (PrEP); however, the additional population-level impact of targeting PrEP to MSM diagnosed with NG/CT is unknown. Design An agent-based simulation model of NG/CT and HIV cocirculation among MSM calibrated against census data, disease surveillance reports and the US National HIV Behavioral Surveillance study. Setting Baltimore City, Maryland, USA. Interventions PrEP implementation was modelled under three alternative scenarios: (1) PrEP delivery at NG/CT diagnosis (targeted delivery), (2) PrEP evaluation at NG/CT screening/testing and (3) PrEP evaluation in the general community (untargeted). Main outcome The projected incidence of HIV after 20 years of PrEP delivery under two alternatives: when equal numbers of MSM are (1) screened for PrEP or (2) receive PrEP in each year. Results Assuming 60% uptake and 60% adherence, targeting PrEP to MSM diagnosed with NG/CT could reduce HIV incidence among MSM in Baltimore City by 12.4% (95% uncertainty range (UR) 10.3% to 14.4%) in 20 years, relative to no PrEP. Expanding the coverage of NG/CT screening (such that individuals experience a 50% annual probability of NG/CT screening and evaluation for PrEP on NG/CT diagnosis) can further increase the impact of targeted PrEP to generate a 22.0% (95% UR 20.1% to 23.9%) reduction in HIV incidence within 20 years. When compared with alternative implementation scenarios, PrEP evaluation at NG/CT diagnosis increased impact of PrEP on HIV incidence by 1.5(95% UR 1.1 to 1.9) times relative to a scenario in which PrEP evaluation happened at the time of NG/CT screening/testing and by 1.6 (95% UR 1.2 to 2.2) times relative to evaluating random MSM from the community. Conclusions Targeting MSM infected with NG/CT increases the efficiency and effectiveness of PrEP delivery. If high levels of sexually transmitted infection screening can be achieved at the community level, NG/CT diagnosis may be a highly effective entry point for PrEP initialisation. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Chlamydia; Computer simulation; Gonorrhea; HIV infection; Homosexuality; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Katz D.A.; Dombrowski J.C.; Barry M.; Spellman D.; Bell T.R.; Golden M.R.	STD Partner Services to Monitor and Promote HIV Pre-exposure Prophylaxis Use among Men Who Have Sex with Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001952	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062833575&doi=10.1097%2fQAI.0000000000001952&partnerID=40&md5=ca4123306a9dfacaeefa21ceb8578918	Background:Men who have sex with men (MSM) with bacterial sexually transmitted diseases (STDs) are at elevated risk of HIV. We evaluated the integration of pre-exposure prophylaxis (PrEP) referrals into STD partner services (PS) for MSM.Setting:King County, Washington.Methods:Disease Intervention Specialists (DIS) in King County attempt to provide PS to all MSM with early syphilis and, as resources allow, MSM with gonorrhea or chlamydia. Our health department defines MSM with any of the following as at high HIV risk: early syphilis, rectal gonorrhea, methamphetamine/poppers use, sex work, or an HIV-unsuppressed partner. DIS offer high-risk MSM referral to our STD Clinic for PrEP and other MSM referral to community providers. In 2017, we interviewed a random sample of MSM offered referrals in 2016 to assess PrEP initiation after PS.Results:From August 2014 to August 2017, 7546 cases of bacterial STDs were reported among HIV-negative MSM. DIS provided PS to 3739 MSM, of whom 2055 (55%) were at high risk. DIS assessed PrEP use in 1840 (90%) of these men, 895 (49%) of whom reported already using PrEP. DIS offered referrals to 693 (73%) of 945 MSM not on PrEP; 372 (54%) accepted. Among 132 interviewed for the random sample, men who accepted referrals at initial interview were more likely to report using PrEP at follow-up (32/68 = 47%) than those who did not (12/64 = 19%) (P = 0.0006). An estimated 10.4% of all interviewed MSM initiated PrEP following PS-based referral.Conclusions:Integrating PrEP referrals into STD PS is an effective population-based strategy to link MSM at high HIV risk to PrEP. © 2019 Wolters Kluwer Health, Inc.	HIV pre-exposure prophylaxis; men who have sex with men; partner services; sexually transmitted diseases; surveillance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Katz, AWK; Mensch, BS; Woeber, K; Musara, P; Etima, J; Van Der Straten, A	Understanding women's motivations to participate in MTN-003/VOICE, a phase 2b HIV prevention trial with low adherence	BMC Women's Health	-	-	-	NA	10.1186/s12905-019-0713-6	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01966529/full	Background: In biomedical prevention trials, correct and consistent use of the investigational product is crucial to determine efficacy. Product adherence in VOICE, a phase 2B randomized trial of a vaginal gel and oral tablets for HIV prevention, was low (34%), yet self-reported adherence and retention was high (> 90%). This analysis from VOICE-D, a post-trial qualitative ancillary study, explores motivations to participate in VOICE, and possible sources of misalignment between the stated priorities of the trial and the participants. Methods: VOICE-D enrolled 171 former VOICE participants to investigate, among other things, reasons for joining and remaining in the trial. Local language in-depth interviews and focus groups were transcribed and translated into English and coded and analyzed using NVivo. Data on motivation to join obtained from a VOICE termination visit survey of 106 participants were also analyzed to corroborate the VOICE-D findings. Results: Participants primarily participated for personal health benefits (e.g. free healthcare and HIV testing) and reported remaining enrolled from a sense of commitment to the trial. Altruistic motivations were the most commonly stated motivation on the termination visit survey; qualitatively, many of those stating altruistic reasons also desired personal health benefits. Joining for financial reimbursement was not commonly mentioned. Social networks influenced recruitment and spread therapeutic misconception. Conclusions: Women's participation for personal health benefits highlighted their desire to monitor their HIV risk and overall health. Helping participants view use of investigational products as improving social capital and reminding participants of their study responsibilities may improve trial outcomes. Understanding the reasons for participating in studies will help to ensure alignment between priorities of researchers and participants. Trial registration: NCT02358616; Posted February 9, 2015, retrospectively registered.	*Human immunodeficiency virus infection /diagnosis /drug therapy /prevention; *infection prevention; *motivation; *patient compliance; *patient participation; Administration, Intravaginal; Adult; Article; Attitude to illness; Clinical Trials, Phase II as Topic; Female; Financial management; HIV Infections *prevention & control; Health survey; Human; Humans; Infection risk; Interview; Major clinical study; Medication Adherence *psychology; Middle Aged; Motivation; Multicenter study; Patient Acceptance of Health Care *psychology; Patient Preference; Phase 2 clinical trial; Pre-Exposure Prophylaxis *methods; Public health service; Qualitative Research; Qualitative research; Reimbursement; Retrospective Studies; Risk factor; Self Report; Social network; Surveys and Questionnaires; Vaginal Creams, Foams, and Jellies *administration & dosage	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Kayser A.	Perspective of a PrEP Counsellor on PrEP; Perspektive eines PrEP-Beraters auf die PrEP	Zeitschrift fur Sexualforschung	-	-	-	9328114	10.1055/a-1028-2503	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076933843&doi=10.1055%2fa-1028-2503&partnerID=40&md5=96cbf4fe298d12b13b8002e2176978e8	Arne Kayser works as a sexual counselor for Aidshilfe Bochum at the WIR-Zentrum Bochum. Sometimes affectionately and ironically dubbed PrEP-Mutti von Bochum in the jargon of the scene, he has so far accompanied almost 200 PrEP users and has developed a special PrEP consultation hour - the PrEPhour - which enjoys great popularity. © 2020 American Society of Civil Engineers (ASCE). All rights reserved.	AIDS; pre-exposure prophylaxis (PrEP); sexual counselling; sexual health; sexual risk behaviour	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2019	Keller, Marla J; Wood, Lianna; Billingsley, James M; Ray, Laurie L; Goymer, Jessica; Sinclair, Shada; McGinn, Aileen P; Marzinke, Mark A; Frank, Bruce; Srinivasan, Sujatha; Liu, Congzhou; Atrio, Jessica M; Espinoza, Lilia; Mugo, Nelly; Spiegel, Hans M L; Anderson, Peter L; Fredricks, David N; Hendrix, Craig W; Marrazzo, Jeanne; Bosinger, Steven E; Herold, Betsy C	Tenofovir disoproxil fumarate intravaginal ring for HIV pre-exposure prophylaxis in sexually active women: a phase 1, single-blind, randomised, controlled trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(19)30145-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6719300	BACKGROUND: An intravaginal ring that releases the tenofovir prodrug, tenofovir disoproxil fumarate, provided 100% protection in macaques against simian HIV and was safe in a 14-day clinical trial in sexually abstinent women. We aimed to assess the safety and pharmacokinetics of this intravaginal ring over 90 days in sexually active women. METHODS: We did a phase 1, single-blind, randomised, placebo-controlled trial to assess safety, pharmacokinetics, and acceptability of a tenofovir disoproxil fumarate intravaginal ring used continuously with monthly ring changes for 3 months. Sexually active women who were HIV negative were randomly assigned (3:1) to a tenofovir disoproxil fumarate ring or placebo ring. Primary safety endpoint was the proportion of women who had grade 2 or higher genitourinary adverse events judged related to study product and any grade 2 or higher adverse event as defined by the Division of AIDS Table for Grading the Severity of Adult and Pediatric Adverse Events. We quantified tenofovir disoproxil fumarate and tenofovir concentrations in cervicovaginal fluid, tenofovir in plasma, and tenofovir diphosphate, the active metabolite, in cervical tissue and dried blood spots 1 month after each ring insertion. We compared changes over time in cervicovaginal fluid cytokine and chemokine concentrations and vaginal microbiota. The study was electively stopped early and is registered with ClinicalTrials.gov, number NCT02762617. FINDINGS: Between Feb 24 and July 20, 2017, 17 women were enrolled before study termination. 12 were assigned to receive the tenofovir disoproxil fumarate ring and five were assigned to receive the placebo ring. Two participants in the tenofovir disoproxil fumarate ring group completed 3 months of continuous ring use; eight were asked to discontinue ring use early because of ulcerations (grade 1) near the ring; in the remaining two women, rings were electively removed by study staff on day 20 and day 23. Ulcers were detected a mean of 32 days after ring use (range 23-56). Four of eight participants with ulcers were symptomatic with vaginal discharge; four had ulcers identified when examined; three had two ulcers; all ulcers resolved after ring removal. No participants in the placebo group developed ulcers. No grade 2 product-related adverse events were reported in either group and four non-product-related grade 2 adverse events were reported in the tenofovir disoproxil fumarate ring group. Cervicovaginal fluid tenofovir concentrations did not differ at day 14 (p=0·14) comparing the eight patients who did (median 1·0â×â105 ng/mL IQR 9·1â×â104-1·1â×â105) with the four who did not (6·0â×â104 ng/mL 5·6â×â104-1·1â×â105) develop ulcers. No significant changes in vaginal microbiota were detected in either group. Concentrations of multiple inflammatory cytokines and chemokines were significantly higher at days 14 and 28 compared with baseline in the tenofovir disoproxil fumarate ring group but not the placebo group. INTERPRETATION: Future studies are needed to establish whether the unanticipated finding of ulcerations is specific to this tenofovir disoproxil fumarate ring or generalisable to other sustained topical release formulations of tenofovir or its prodrugs. FUNDING: National Institutes of Health.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Kelly J.A.	Ten Things We Need to Do to Achieve the Goals of the End the HIV Epidemic Plan for America	Journal of Acquired Immune Deficiency Syndromes	-	-	-	19447884	10.1097/QAI.0000000000002166	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074225693&doi=10.1097%2fQAI.0000000000002166&partnerID=40&md5=0da22953837e5772c374a6bd5a6e38ed	PROBLEM: DHHS announced a plan for Ending the HIV Epidemic (EtHE) by reducing new HIV infections in the United States by 75% within 5 years and 90% within 10 years through early diagnosis of all individuals with HIV, immediate treatment to achieve viral suppression, protection of high-risk but uninfected individuals including with pre-exposure prophylaxis (PrEP), and quickly responding to emerging HIV clusters. APPROACH: Ten steps are outlined that will help the field achieve EtHE Plan goals. FINDINGS: Steps needed to reach EtHE goals are: (1) better reaching, understanding, and meeting the HIV prevention and care needs of Black men who have sex with men; (2) deployment of interventions that address social, cultural, behavioral, and structural determinants of HIV disparities; (3) improving uptake in biomedical HIV-prevention strategies in mid-sized cities across the country's center; (4) addressing with long-term commitment the urgent HIV-prevention needs in the US Southeast; (5) encouraging more frequent and regular HIV testing; (6) developing better strategies to not only encourage initiation but also the long-term and sustained use of PrEP by persons at high risk for contracting HIV infection; (7) improving the comfort and capacity of primary care providers to prescribe PrEP; (8) increasing HIV medical care retention and care re-engagement, especially among persons with competing life stressors; (9) developing sustainable implementation efforts; and (10) addressing policies that can facilitate or impede success in eliminating the HIV epidemic in the United States. CONCLUSION: EtHE goals are achievable but will require concerted, sustained effort.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Kenyon, Chris	Toward a Set of Criteria to Decide Which STIs to Screen for in PrEP Cohorts.	Frontiers in Public Health	-	-	-	2296-2565	10.3389/fpubh.2019.00154	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6582697	Contemporary HIV preexposure prophylaxis (PrEP) cohorts are characterized by high rates of partner change and as a result have high and fairly stable prevalences of N. gonorrhoeae and C. trachomatis. The available evidence suggests that intensive 3-monthly screening in this setting does not have a large effect on the prevalence of these infections but results in high antimicrobial exposures. Gonorrhea/chlamydia screening may thus be doing more harm than good. Compelling arguments can, however, be made to screen for HIV, hepatitis C, and syphilis in PrEP cohorts. In this perspective piece, we explore the logical basis for deciding which STIs to screen for in PrEP cohorts. We propose that a Delphi consensus methodology is used to derive, assess, and apply a broadly accepted set of criteria to evaluate which STIs to screen for in these cohorts. Finally, to illustrate the utility of the process, we derive and apply our own list of criteria as to which STIs to screen for. This process leads to a controversial conclusion, namely that stopping gonorrhea/chlamydia screening in a controlled and phased manner may offer net health benefits to PrEP cohorts.	STI screening, antimicrobial resistance, gonorrhea, chlamydia, M. genitalium, MSM, PrEP, Delphi consensus	English	Switzerland	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2019	Kenyon, Chris	We need to consider collateral damage to resistomes when we decide how frequently to screen for chlamydia/gonorrhoea in preexposure prophylaxis cohorts.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002020	https://dx.doi.org/10.1097/QAD.0000000000002020	Numerous preexposure prophylaxis (PrEP) guidelines recommend three-monthly screening for gonorrhoea and chlamydia. To quantify the risk of antimicrobial resistance this may induce, we conducted a literature review of the incidence of gonorrhoea and chlamydia in PrEP studies that conducted 3-site, 3-monthly screening. We found that screening could result in macrolide consumption rates that exceed those in high macrolide consumption populations where consumption has been strongly associated with macrolide resistance.	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2019	Khanna A.S.; Schneider J.A.; Collier N.; Ozik J.; Issema R.; Di Paola A.; Skwara A.; Ramachandran A.; Webb J.; Brewer R.; Cunningham W.; Hilliard C.; Ramani S.; Fujimoto K.; Harawa N.	A modeling framework to inform preexposure prophylaxis initiation and retention scale-up in the context of 'Getting to Zero' initiatives	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002290	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071755956&doi=10.1097%2fQAD.0000000000002290&partnerID=40&md5=d1d24e18ec446c8a18bac4df0c97156d	Objective(s): 'Getting to Zero' (GTZ) initiatives aim to eliminate new HIV infections over a projected time frame. Increased preexposure prophylaxis (PrEP) uptake among populations with the highest HIV incidence, such as young Black MSM, is necessary to accomplish this aim. Agent-based network models (ABNMs) can help guide policymakers on strategies to increase PrEP uptake. Design: Effective PrEP implementation requires a model that incorporates the dynamics of interventions and dynamic feedbacks across multiple levels including virus, host, behavior, networks, and population. ABNMs are a powerful tool to incorporate these processes. Methods: An ABNM, designed for and parameterized using data for young Black MSM in Illinois, was used to compare the impact of PrEP initiation and retention interventions on HIV incidence after 10 years, consistent with GTZ timelines. Initiation interventions selected individuals in serodiscordant partnerships, or in critical sexual network positions, and compared with a controlled setting where PrEP initiators were randomly selected. Retention interventions increased the mean duration of PrEP use. A combination intervention modeled concurrent increases in PrEP initiation and retention. Results: Selecting HIV-negative individuals for PrEP initiation in serodiscordant partnerships resulted in the largest HIV incidence declines, relative to other interventions. For a given PrEP uptake level, distributing effort between increasing PrEP initiation and retention in combination was approximately as effective as increasing only one exclusively. Conclusion: Simulation results indicate that expanded PrEP interventions alone may not accomplish GTZ goals within a decade, and integrated scale-up of PrEP, antiretroviral therapy, and other interventions might be necessary. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	computer simulation; data mining; HIV infections; preexposure prophylaxis; preventive medicine; sexual and sex minorities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Kim B.; Callander D.; DiClemente R.; Trinh-Shevrin C.; Thorpe L.E.; Duncan D.T.	Location of Pre-exposure Prophylaxis Services Across New York City Neighborhoods: Do Neighborhood Socio-demographic Characteristics and HIV Incidence Matter?	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02609-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069459312&doi=10.1007%2fs10461-019-02609-2&partnerID=40&md5=ff9cc1ef4a90f23dedacd50ba188182c	Despite an increasing pre-exposure prophylaxis (PrEP) use among populations at highest risk of HIV acquisition, comprehensive and easy access to PrEP is limited among racial/ethnic minorities and low-income populations. The present study analyzed the geographic distribution of PrEP providers and the relationship between their location, neighborhood characteristics, and HIV incidence using spatial analytic methods. PrEP provider density, socio-demographics, healthcare availability, and HIV incidence data were collected by ZIP-code tabulation area in New York City (NYC). Neighborhood socio-demographic measures of race/ethnicity, income, insurance coverage, or same-sex couple household, were not associated with PrEP provider density, after adjusting for spatial autocorrelation, and PrEP providers were located in high HIV incidence neighborhoods (P < 0.01). These findings validate the need for ongoing policy interventions (e.g. public health detailing) vis-à-vis PrEP provider locations in NYC and inform the design of future PrEP implementation strategies, such as public health campaigns and navigation assistance for low-cost insurance. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Neighborhoods; Pre-exposure prophylaxis (PrEP); Spatial analysis; Spatial epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Kimani M.; van der Elst E.M.; Chiro O.; Oduor C.; Wahome E.; Kazungu W.; Shally M.; Rinke de Wit T.F.; Graham S.M.; Operario D.; Sanders E.J.	PrEP interest and HIV-1 incidence among MSM and transgender women in coastal Kenya	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25323	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068190558&doi=10.1002%2fjia2.25323&partnerID=40&md5=ea392957e22934b66204c6484bfbcbe9	Introduction: There is emerging data on HIV-1 incidence among MSM in sub-Saharan Africa (SSA), but no known estimate of HIV-1 incidence among transgender women (TGW) in the region has yet been reported. We assessed HIV-1 incidence and pre-exposure prophylaxis (PrEP) interest in men who have sex with men exclusively (MSME), men who have sex with men and women (MSMW) and TGW in coastal Kenya. Methods: HIV-1-seronegative individuals who had participated in an HIV testing study in 2016 were traced and retested in 2017 according to Kenyan guidelines. All participants were assigned male sex at birth and had male sex partners; additional data on gender identity and sexual orientation were obtained. We assessed the factors associated with HIV-1 acquisition using Poisson regression and calculated HIV-1 incidence in MSME, MSMW and TGW. PrEP interest was assessed through focus group discussions to characterize subcategories' perceived PrEP needs. Results: Of the 168 cohort participants, 42 were classified as MSME, 112 as MSMW and 14 as TGW. Overall, HIV-1 incidence was 5.1 (95% confidence interval (CI): 2.6 to 9.8) per 100 person-years (PY): 4.5 (95% CI: 1.1 to 17.8 per 100 PY among MSME, 3.4 (95% CI: 1.3 to 9.1) per 100 PY among MSMW and 20.6 (95% CI: 6.6 to 63.8 per 100 PY among TGW. HIV-1 acquisition was associated with exclusive receptive anal intercourse (aIRR 13.0, 95% CI 1.9 to 88.6), history of an STI in preceding six months (aIRR 10.3, 95% CI 2.2 to 49.4) and separated/divorced marital status (aIRR 8.2 (95%: 1.1 to 62.2). Almost all (98.8%) participants were interested in initiating PrEP. MSME and TGW felt that PrEP would lead to increases in condomless anal or group sex. Conclusions: TGW had a very high HIV-1 incidence compared with MSME and MSMW. Subcategories of MSM anticipated different PrEP needs and post-PrEP risk behaviour. Further studies should assess if TGW may have been wrongly categorized as MSM in other HIV-1 incidence studies in the region. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV-1 Incidence; men who have sex with men; PrEP; TGW; transgender women	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods

Theses and Dissertations	2019	Kimmel, Allison	Implementation of pre-exposure prophylaxis (PrEP) for HIV prevention: three case studies from the PrEP for women initiative in Washington, D.C.	-	-	Boston University	-	NA	na	https://hdl.handle.net/2144/39287	BACKGROUND: Women account for 19% of new HIV diagnoses in the United States, with women of color (WOC) comprising 83% of this group. Pre-exposure prophylaxis (PrEP) is a safe and effective method of HIV prevention for women. Yet, prescribing to WOC remains disproportionately low, leaving a major gap in HIV prevention options for this population. The purpose of this study was to examine PrEP implementation barriers and facilitators in a high HIV incidence setting in order to identify strategies to better provide comprehensive HIV prevention options for WOC. METHODS: This study used a case study approach with qualitative data collection to examine PrEP implementation for WOC as it happened in the "real world" in three clinical settings: a community-based clinic, a pediatric emergency department, and a Federally Qualified Health Center. Guided by the integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) implementation science framework, two rounds of semi-structured interviews were conducted with clinical staff and providers. Data analysis was completed according to the five steps of the Framework Method. RESULTS: By the end of the one-year implementation period, only three WOC had been prescribed PrEP out of the targeted 387. Staff cited support of PrEP provision among staff and leadership, PrEP alignment with their clinics' missions, having a centralized PrEP coordinator, and relationships with other implementing sites and within the local community as implementation facilitators. Despite these supportive factors, staff reported time limitations, resistance to PrEP prescribing, discomfort with PrEP counseling, and managing different and changing priorities across clinic departments as implementation barriers. CONCLUSION: Though the clinics seemed well-positioned for PrEP implementation, significant challenges impeded their success. To successfully provide PrEP to women, implementation should include clarifying staff roles and responsibilities, engaging staff and providers through ongoing and targeted feedback, and ensuring care is focused on women's needs and experiences. The HIV epidemic can only be fought by utilizing all available HIV prevention tools in combination with HIV treatment, delivered with consideration of the local context and population. Specific practice recommendations identified will support clinics as they provide PrEP to WOC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Kipke M.D.; Kubicek K.; Wong C.F.; Robinson Y.A.; Akinyemi I.C.; Beyer W.J.; Hawkins W.; Rice C.E.; Layland E.; Bray B.C.; Belzer M.	A focus on the HIV care continuum through the healthy young men's cohort study: Protocol for a mixed-methods study	JMIR Research Protocols	-	-	-	19290748	10.2196/10738	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067217460&doi=10.2196%2f10738&partnerID=40&md5=156ff4692d7a81bb84c49e134c1d2702	Background: No group is at greater risk for acquiring HIV than young men who have sex with men (YMSM), particularly black or African American (AA) and Hispanic or Latino (L) YMSM living in inner cities, who account for the largest number of new HIV infections each year. Although pre-exposure prophylaxis (PrEP), postexposure prophylaxis (PEP), and treatment as prevention hold enormous promise for changing the course of the epidemic, AA/L-YMSM are the least likely population to be receiving primary health care and HIV prevention/care and are the least likely to be using PrEP and PEP. Objective: The overarching aim of the Healthy Young Men's (HYM) cohort study is to conduct longitudinal research with a cohort of AA/L-YMSM to prevent new HIV infections, reduce transmission, and reduce HIV/AIDS-related disparities by focusing on successful engagement in care. Findings from this research will be used to inform the development of new interventions designed to engage AA/L-YMSM in the HIV prevention and care continua. Methods: Longitudinal research (baseline and follow-up assessments every 6 months for a total of 8 waves of data collection) is ongoing with a cohort of 450 high-risk AA/L-YMSM in Los Angeles. Participants were recruited using a venue-based and social media sampling design. In addition to self-report surveys, the study protocol includes the collection of urine to assess recent use of illicit drugs and the collection of blood and rectal/throat swabs to test for current sexually transmitted infection (STI)/HIV infection. An additional sample of blood/plasma (10 mL for 4 aliquots and 1 pellet) is also collected and stored in the HYM cohort study biorepository for future research. By design, we recruited 400 HIV-negative participants and 50 HIV-positive (HIV+) participants. This mixed-methods study design includes collection and triangulated analysis of quantitative, qualitative, and biological measures (ie, drug use, STI/HIV testing, and adherence to antiretroviral therapy among HIV+ participants) at baseline and every 6 months. The HYM cohort study will provide a platform from which new and emerging biomedical prevention strategies (eg, PrEP, rectal microbicides, and PEP) and other HIV prevention and care engagement interventions can be developed and evaluated with AA/L-YMSM. Results: To date, all participants in the HYM cohort study have been recruited and baseline assessment has been conducted. Conclusions: The findings from this research will be used to inform the development of new and/or adaptation of existing evidence-based HIV prevention interventions and interventions designed to engage this population in the HIV prevention and care continua. © Michele D Kipke, Katrina Kubicek, Carolyn F Wong, Yolo Akili Robinson, Ifedayo C Akinyemi, William J Beyer, Wendy Hawkins, Cara E Rice, Eric Layland, Bethany C Bray, Marvin Belzer. Originally published in JMIR Research Protocols (http://www.researchprotocols.org), 24.01.2019. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Research Protocols, is properly cited. The complete bibliographic information, a link to the original publication on http://www.researchprotocols.org, as well as this copyright and license information must be included.	Acquired immune deficiency syndrome virus; Cohort study; HIV; Men who have sex with men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Klein A.; Golub S.A.	Increasing Access to Pre-Exposure Prophylaxis among Transgender Women and Transfeminine Nonbinary Individuals	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2019.0049	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066955254&doi=10.1089%2fapc.2019.0049&partnerID=40&md5=36401826d4e5906f841c548c745bb8a9	In the United States, transgender women and transfeminine nonbinary individuals (TGWNBI) are a highly vulnerable and marginalized population at high risk for HIV. Despite disproportionate rates of HIV, a striking lack of research exists on pre-exposure prophylaxis (PrEP) use among TGWNBI. We conducted 30 semi-structured interviews with TGWNBI both on PrEP and those not on PrEP. Questions explored PrEP access, initiation, and factors to increase broad interest and participation in PrEP. Qualitative data were coded and analyzed using thematic analysis. Participants identified five components to increase PrEP use among TGWNBI: (1) eliminating the practice of conflating TGWNBI with cisgender men who have sex with men, (2) recognition of and support for the contextual factors associated with HIV risk among TGWNBI, (3) ensuring the design and development of transgender-inclusive and gender-affirming sexual health programs that include PrEP, (4) active provider engagement and assistance around PrEP, and (5) identification and implementation of strategies to bolster existing community mobilization/activism around PrEP. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	biomedical prevention; HIV; pre-exposure prophylaxis; PrEP; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	
Article	2019	Klein, Hugh; Washington, Thomas Alex	The Pre-Exposure Prophylaxis (PrEP) Stigma Scale: Preliminary findings from a pilot study.	International Public Health Journal	-	-	-	1947-4989	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7034943	Despite being at the cornerstone of current initiatives to curtail the spread of HIV, Pre-Exposure Prophylaxis (PrEP) medication has been slow to proliferate among many "at risk" populations. This is true for men who have sex with other men (MSM), who account for the largest number of new HIV diagnoses in the United States. To try to understand why MSM are not adopting PrEP in greater numbers, the present authors have created a 22-item PrEP Stigma Scale. This paper reports findings for that scale. METHODS: Purposive sampling was used to derive a sample of 273 diverse MSM. Men completed a brief questionnaire inquiring about their awareness of PrEP, willingness to avail themselves of various sources of information about PrEP, perceptions about PrEP-related stigma, and perceptions about obstacles to PrEP use. Cronbach's alpha reliability coefficients were computed for the PrEP Stigma Scale, for the full sample and for key subgroups. Factor analysis was performed to determine whether or not subscales exist. RESULTS: The PrEP Stigma Scale was found to be highly reliable, both in its full version (alpha=0.96) and in its shortened version (alpha=0.95). Reliability estimates were strong for all subgroups based on age, race, sexual orientation, educational attainment, relationship status, and HIV serostatus. Two subscales were identified, each with excellent reliability (alpha=0.95 and 0.94), again for the sample as a whole and for all key subgroups. CONCLUSIONS: The PrEP Stigma Scale shows great promise for aiding our understanding of why more MSM are not adopting PrEP. It was found to be reliable for all key subgroups under examination, and that is true both for the 22-item and the 11-item version of the scale.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Koppe U.; Marcus U.; Albrecht S.; Jansen K.; Jessen H.; Gunsenheimer-Bartmeyer B.; Bremer V.	Factors associated with the informal use of HIV pre-exposure prophylaxis in Germany: a cross-sectional study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25395	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072915692&doi=10.1002%2fjia2.25395&partnerID=40&md5=430324836edc001b084dc5884c60d00c	Introduction: Until September 2019, pre-exposure prophylaxis (PrEP) with tenofovir disoproxil/emtricitabine for HIV prevention was not covered by health insurance plans in Germany, and was only available through private prescriptions with self-pay or through informal non-prescription sources. The objective of this study was to investigate the proportion of informal PrEP use among PrEP users and to identify factors of public health relevance that might be associated with informal PrEP use. Methods: We conducted a cross-sectional study recruiting PrEP users independent of their PrEP source. Clients from anonymous community testing checkpoints, users of three dating apps for men who have sex with men residing in Germany and users of a PrEP community website, were recruited to complete a short anonymous online survey. Participants were recruited between 24 July and 3 September 2018. The results were analysed using univariable and multivariable logistic regressions. Results: We recruited 2005 participants currently using PrEP. The median age was 38 years, and 80.3% of the participants identified themselves as male (missing: 19.1%). Overall, 71.6% obtained PrEP through medical services with a private prescription or a clinical trial, and 17.4% obtained PrEP through informal sources (missing: 11.0%). The most common informal sources were ordering online from another country (8.8%), travel abroad (3.6%), and friends (2.5%). Factors associated with informal PrEP use were on demand/intermittent dosing (adjusted OR: 3.5, 95% CI 2.5 to 5.0) and not receiving medical tests during PrEP use (adjusted OR: 3.2, 95% CI 2.0 to 5.2). In addition, informal PrEP users who did not take PrEP daily had a strongly increased risk of taking PrEP without prior medical tests (adjusted stratum-specific OR = 31.7, 95% CI 4.6 to 219.5). Conclusions: Informal PrEP use was associated with a higher risk of not getting tested before and during PrEP use, which could lead to HIV infections resistant to tenofovir and emtricitabine if people with undiagnosed HIV use PrEP. Health insurance plans that cover PrEP and the accompanying routine tests could ensure adequate medical supervision of PrEP users and reduce barriers to PrEP use. Our findings strongly support the implementation of PrEP programmes in countries with similar patterns of informal PrEP use. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	affordability; informal PrEP; men who have sex with men; non-daily use; PrEP; testing	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2019	Krakower D.; Maloney K.M.; Powell V.E.; Levine K.; Grasso C.; Melbourne K.; Marcus J.L.; Mayer K.H.	Patterns and clinical consequences of discontinuing HIV preexposure prophylaxis during primary care	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25250	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061601371&doi=10.1002%2fjia2.25250&partnerID=40&md5=c476a4f0d8228b95b12deb2c58f7c502	Introduction: Discontinuations of HIV preexposure prophylaxis (PrEP) by at-risk individuals could decrease the effectiveness of PrEP. Our objective was to characterize patterns of, reasons for, and clinical outcomes associated with PrEP discontinuations in primary care. Methods: We conducted medical chart reviews for patients prescribed PrEP during 2011 to 2014 at a Boston community health centre specializing in healthcare for sexual and gender minorities. Patients were followed through 2015. We characterized patients' sociodemographics, relationship status, behavioural health conditions, patterns of and reasons for PrEP discontinuations, and HIV seroconversions. Cox proportional hazards models were used to assess patient factors associated with PrEP discontinuations. Results: Of the 663 patients prescribed PrEP, the median age was 33 years, 96% were men who have sex with men (MSM) and 73% were non-Hispanic white; 40% were in committed relationships and 15% had HIV-infected partners. Patients either used PrEP continuously (60%), had 1 or more discontinuations (36%), or did not initiate PrEP (4%). Discontinuations were most often due to a decrease in HIV risk perception (33%), non-adherence to care plans (16%), or insurance barriers (12%). Of the 7 (1.1%) PrEP patients diagnosed with HIV, 1 was HIV-infected at baseline, 2 seroconverted while using PrEP, and 4 seroconverted after discontinuations. In a multivariable model adjusted for race/ethnicity, relationship status, substance use disorders, and insurance status, those who were less than 30 years old (aHR 2.0, 95% CI 1.4 to 2.9 for ages 18 to 24, aHR 2.2, 95% CI 1.6 to 3.1 for ages 25 to 29, vs. ages 30 to 39 years), who identified as transgender women (aHR 2.0, 95% CI 1.2 to 3.4, vs. cisgender men), and who had mental health disorders (aHR 1.2, 95% CI 1.1 to 1.4 for each additional disorder) were more likely to have discontinuations. Conclusions: Discontinuations of PrEP use among this American sample of predominately MSM were common, particularly among patients who were younger, identified as transgender women, or had behavioural health issues. As HIV seroconversions occurred after discontinuations of PrEP, strategies to prevent inappropriate discontinuations are needed. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; community health center; discontinuations; HIV; men who have sex with men; PrEP; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Krakower, Douglas S; Gruber, Susan; Hsu, Katherine; Menchaca, John T; Maro, Judith C; Kruskal, Benjamin A; Wilson, Ira B; Mayer, Kenneth H; Klompas, Michael	Development and validation of an automated HIV prediction algorithm to identify candidates for pre-exposure prophylaxis: a modelling study.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(19)30139-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7522919	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) is effective but underused, in part because clinicians do not have the tools to identify PrEP candidates. We developed and validated an automated prediction algorithm that uses electronic health record (EHR) data to identify individuals at increased risk for HIV acquisition. METHODS: We used machine learning algorithms to predict incident HIV infections with 180 potential predictors of HIV risk drawn from EHR data from 2007-15 at Atrius Health, an ambulatory group practice in Massachusetts, USA. We included EHRs of all patients aged 15 years or older with at least one clinical encounter during 2007-15. We used ten-fold cross-validated area under the receiver operating characteristic curve (cv-AUC) with 95% CIs to assess the model's performance at identifying individuals with incident HIV and patients independently prescribed PrEP by clinicians. The best-performing model was validated prospectively with 2016 data from Atrius Health and externally with 2011-16 data from Fenway Health, a community health centre specialising in sexual health care in Boston (MA, USA). We calculated HIV risk scores (ie, probability of an incident HIV diagnosis) for every HIV-uninfected patient not on PrEP during 2007-15 at Atrius Health and assessed the distribution of scores for thresholds to determine possible candidates for PrEP in the three study cohorts. FINDINGS: We included 1ä155ä966 Atrius Health patients from 2007-15 (150 <0·1% patients with incident HIV) in our development cohort, 537ä257 Atrius Health patients in 2016 (16 <0·1% with incident HIV) in our prospective validation cohort, and 33ä404 Fenway Health patients from 2011-16 (423 1·3% with incident HIV) in our external validation cohort. The best-performing algorithm was obtained with least absolute shrinkage and selection operator (LASSO) and had a cv-AUC of 0·86 (95% CI 0·82-0·90) for identification of incident HIV infections in the development cohort, 0·91 (0·81-1·00) on prospective validation, and 0·77 (0·74-0·79) on external validation. The LASSO model successfully identified patients independently prescribed PrEP by clinicians at Atrius Health in 2016 (cv-AUC 0·93, 95% CI 0·90-0·96) or Fenway Health (0·79, 0·78-0·80). HIV risk scores increased steeply at the 98th percentile. Using this score as a threshold, we prospectively identified 9515 (1·8%) of 536ä384 patients at Atrius Health in 2016 and 4385 (15·3%) of 28ä702 Fenway Health patients as potential PrEP candidates. INTERPRETATION: Automated algorithms can efficiently identify patients at increased risk for HIV acquisition. Integrating these models into EHRs to alert providers about patients who might benefit from PrEP could improve prescribing and prevent new HIV infections. FUNDING: Harvard University Center for AIDS Research, Providence/Boston Center for AIDS Research, Rhode Island IDeA-CTR, the National Institute of Mental Health, and the US Centers for Disease Control and Prevention.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Krogstad E.A.; Montgomery E.T.; Atujuna M.; Minnis A.M.; O'Rourke S.; Ahmed K.; Bekker L.-G.; Van Der Straten A.	Design of an Implant for Long-Acting HIV Pre-Exposure Prophylaxis: Input from South African Health Care Providers	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063986053&doi=10.1089%2fapc.2018.0177&partnerID=40&md5=7d54677a8e08c90fb751bf8b9e84a606	Implants are in the pre-clinical stage for long-acting HIV pre-exposure prophylaxis (PrEP), with an opportunity to solicit end-users' feedback early in development. Health care providers (HCPs) have been key gatekeepers for contraceptive implant uptake, and uniquely understand both technical considerations and the social context of use. Given their influential role, we gathered South African HCP perspectives on contraceptive implant implementation and features of PrEP implant prototypes that may influence future provider and patient acceptability. We conducted in-depth interviews with 30 HCPs (20 nurses and 10 doctors) in Cape Town and Soshanguve, South Africa. Interviews were conducted by a bioengineer and later transcribed, coded, and analyzed for key themes. HCPs described health system barriers such as understaffed clinics and inadequate training on contraceptive implant removal as major influences to their PrEP implant design preferences. They preferred a PrEP implant that is long lasting (>6 months) to minimize patient-clinic interactions, biodegradable to avoid need for removal, and flexible (but still palpable in case of removal). Commenting on negative experiences with contraceptive implant rollout, they recommended prioritizing both HCP and community education on the PrEP implant, with emphasis on expected side effects, and planning ahead for adequate training of HCPs before rollout. Challenges experienced with past contraceptive implant rollout may taint perspectives on future PrEP implants and must be carefully considered during product development and planning for clinical studies. Particular consideration should be given to the health system context of future distribution, including staff who would be providing and monitoring implants. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	contraceptive; health care providers; HIV pre-exposure prophylaxis; implant; product development; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2019	Kuipa, Michael	Antiretroviral drugs differentially modulate glucocorticoid activity via the glucocorticoid receptor in vitro	-	-	University of Cape Town	-	NA	NA	http://hdl.handle.net/11427/31426	Concurrent use of anti-retroviral drugs (ARVs) and progestin-based hormonal contraceptives is widespread. During times of stress and during glucocorticoid (GC) therapy, intracellular ARVs are in the presence of high concentrations of GCs, which regulate all aspects of immunity and inflammation via the glucocorticoid receptor (GR). However, the reciprocal modulation of ARV and steroid intracellular functions is relatively unexplored. In this study, the effects of the ARVs tenofovir disoproxil fumarate (TDF), dapivirine (DPV), and maraviroc (MVC) on activation of the GR and GR-regulated mRNA expression were investigated, in the absence and presence of select GR ligands. The effects of TDF and DPV on GR protein levels and phosphorylation were also determined. The inhibitory activity of these ARVs on HIV-1 infection in the presence of the progestins medroxyprogesterone acetate (MPA) and levonorgestrel (LNG), and a GR agonist, dexamethasone (DEX) was also assessed. This study shows that (0.01 nM-10 μM) TDF, DPV and MVC do not transactivate reporter gene expression via the unliganded GR exogenously expressed in the steroid receptor-deficient U2OS human osteosarcoma cell line, or alter the reporter gene transcriptional activity of (100 nM) MPA or LNG via the GR in these cells. However, (1 μM) TDF and DPV modulate the reporter gene transcriptional efficacy of (0.01 nM-10 μM) DEX via the GR. In the U2OS cell line model, (1 μM) TDF, but not DPV significantly decreased (1μM and 10μM) DEX-induced mRNA expression of the anti-inflammatory glucocorticoid-induced leucine zipper (GILZ) gene. TDF also appeared to decrease (1 μM) cortisol (CORT)- and MPA-induced GILZ mRNA expression. This may be mediated by the apparent increase in (100 nM and 1μM) DEXinduced phosphorylation at Serine 226 on the GR, observed in the presence of (1μM) TDF in this study. DPV and TDF (at 1μM) did not significantly alter GR protein levels, or cell-viability in the absence and presence of (100 nM) DEX, CORT or MPA in U2OS cells. However, (1 μM) DPV and TDF alone, significantly altered cell viability in peripheral blood mononuclear cells (PBMCs). In PBMCs, (1 μM) TDF, MVC and DPV alone altered basal GILZ mRNA expression and had variable, donor-specific effects on interleukin (IL)-6, IL-8, and interferon (IFN)-γ gene expression. In PBMCs from some of the nine donors tested, these ARVs had proinflammatory effects which may undermine their efficacy at preventing HIV-1 acquisition in pre-exposure prophylaxis products. Moreover, the ARVs proinflammatory effects may negatively impact HIV-1 disease progression and increase the risk of non-AIDS mortality in individuals using the ARVs therapeutically. Neither (1 μM) DPV, TDF nor MVC significantly altered the effects of (100 nM) DEX on the immunomodulatory genes assessed in PBMCs. DEX, MPA and LNG (at 100 nM) did not affect the anti-HIV-1 activity of the ARVs (at 1 μM) in PBMCs from the majority of the three donors tested in this study. Taken together, the results show that ARVs can modulate GR activity in an ARV-, steroid-, gene- and cell-specific manner, while the steroids investigated did not modulate ARV anti-HIV-1 activity.	Molecular and Cell Biology	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Clinical
Article	2019	Kundu, Iman; Martinez-Donate, Ana; Karkada, Navya; Roth, Alexis; Felsher, Marisa; Sandling, Marcus; Szep, Zsofia	Attitudes and referral practices for pre-exposure prophylaxis (PrEP) among HIV rapid testers and case managers in Philadelphia: A mixed methods study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0223486	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6779237	OBJECTIVE: Adoption of pre-exposure prophylaxis (PrEP) to prevent HIV infection has been slow. The purpose of this study was to evaluate knowledge, attitudes and referral practices for PrEP among non-prescribing providers, who may play key role. METHODS: We performed a cross-sectional survey on PrEP knowledge, attitudes, and referral practices among 66 non-prescribing HIV prevention providers (1st August to 31st December, 2016), in Philadelphia, followed by qualitative interviews with 12 of them (5th April to 10th May, 2017). RESULTS: Participants had a mean age of 36 years, with 62% females. Majority were HIV case managers and rapid testers. For half of the respondents, PrEP eligibility screening was part of rapid HIV testing at their organization, 40% never had PrEP training and only 27% indicated personally screening clients for eligibility. Qualitative data revealed that participants held positive attitudes about PrEP and perceived organizational support, but had concerns about potential negative impacts and barriers to routine HIV screening. CONCLUSION: Results highlight the importance of training non-prescribing HIV prevention providers about PrEP, addressing their concerns, and incorporating PrEP screening and referral into routine HIV testing.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Kuteesa M.O.; Quaife M.; Biraro S.; Katumba K.R.; Seeley J.; Kamali A.; Nakanjako D.	Acceptability and Predictors of Uptake of Anti-retroviral Pre-exposure Prophylaxis (PrEP) Among Fishing Communities in Uganda: A Cross-Sectional Discrete Choice Experiment Survey	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02418-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061261311&doi=10.1007%2fs10461-019-02418-7&partnerID=40&md5=8dcff3ffefdb24728379fca3b4f8ce39	We used a discrete choice experiment to assess the acceptability and potential uptake of HIV pre-exposure prophylaxis (PrEP) among 713 HIV-negative members of fishing communities in Uganda. Participants were asked to choose between oral pill, injection, implant, condoms, vaginal ring (women), and men circumcision. Product attributes were HIV prevention effectiveness, sexually transmitted infection (STI) prevention, contraception, waiting time, and secrecy of use. Data were analysed using mixed multinomial logit and latent class models. HIV prevention effectiveness was viewed as the most important attribute. Both genders preferred oral PrEP. Women least preferred the vaginal ring and men the implant. Condom use was predicted to decrease by one third among men, and not to change amongst women. Oral PrEP and other new prevention technologies are acceptable among fishing communities and may have substantial demand. Future work should explore utility of multiple product technologies that combine contraception with HIV and other STI prevention. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Discrete choice experiment; Fisherfolk; HIV prevention; Pre-exposure prophylaxis; Uganda	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Kwan T.H.; Lee S.S.	Bridging awareness and acceptance of pre-exposure prophylaxis among men who have sex with men and the need for targeting chemsex and HIV testing: Cross-sectional survey	Journal of Medical Internet Research	-	-	-	14388871	10.2196/13083	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097200181&doi=10.2196%2f13083&partnerID=40&md5=6f41c6ae16ff483bfc713b0ed77d6d6b	Background: Pre-exposure prophylaxis (PrEP) is currently an important tool for HIV prevention, especially in communities with higher risk of infection, notably men who have sex with men (MSM). To date, PrEP has remained generally unavailable in many cities around the world. In the planning of strategies for PrEP targeting MSM, community assessment is crucial to understand members' responses to the new intervention. Objective: Awareness and acceptance are 2 different but intricately linked contexts of PrEP. The aim of this study was to identify the determinants of awareness and acceptance of PrEP among MSM and to delineate their interrelationships in Hong Kong where PrEP services have not been developed. Methods: A Web-based questionnaire survey was administered in light of the popularity of the internet as a platform for information and networking in the MSM community. Factors associated with PrEP acceptance and awareness were separately analyzed, and their predictors were subsequently tested by multivariate logistic regression. Associations between acceptance and awareness of PrEP were examined by factor network analysis. Results: Between August and September 2016, results from a total of 453 HIV-negative MSM were analyzed. Half (49.7%, 225/453) of the respondents were aware of PrEP, and 78.3% (355/453) would consider using PrEP when it becomes available. Awareness of PrEP was associated with recent (P=.01) and ongoing (P=.04) use of psychotropic drugs for sex (chemsex). MSM who used online forums to seek sex partners had lower awareness (P=.04) than those visiting physical venues for sex networking. MSM who accepted PrEP were more likely users of internet channels for sex networking (P=.049), especially location-based social network apps (P=.04). MSM accepting PrEP were more concerned about their partners' HIV status (P=.002), history of sexually transmitted infections (P=.01), condom use (P=.02), and HIV testing behavior (P=.02). Multivariate logistic regressions revealed that PrEP awareness was related to one's networking pattern, whereas its acceptance was associated with inclination to self-protect from HIV. Factor network analysis highlighted the importance of chemsex, which was linked by over half of the edges, whereas the rest were contributed by HIV testing behaviors. Conclusions: In Hong Kong, the overall awareness among MSM toward PrEP was only moderate but their acceptance was higher. Targeting MSM with chemsex behaviors through Web-based platforms and parallel development of tailored HIV testing services are important when introducing PrEP in the community. © 2019 Journal of Medical Internet Research. All rights reserved.	Attitudes; Health knowledge; HIV; Men who have sex with men; Practice; Pre-exposure prophylaxis; Psychotropic drugs	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Kwena Z.A.; Njuguna S.W.; Ssetala A.; Seeley J.; Nielsen L.; De Bont J.; Bukusi E.A.	HIV prevalence, spatial distribution and risk factors for HIV infection in the Kenyan fishing communities of Lake Victoria	PLOS One	-	-	-	19326203	10.1371/journal.pone.0214360	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063584088&doi=10.1371%2fjournal.pone.0214360&partnerID=40&md5=17f4980687a1be99a6d50ce5f7f260c7	Introduction Global efforts to end HIV by 2030 focus on reducing and eventually eliminating new infections in priority populations. Identifying these populations and characterizing their vulnerability factors helps in guiding investment of scarce HIV prevention resources to achieve maximum impact. We sought to establish HIV prevalence, spatial distribution and risk factors for HIV infection in the Kenyan fishing communities of Lake Victoria. Methods We conducted a cross-sectional survey of 2637 people from all the 308 fish-landing beaches on the Kenyan shore of Lake Victoria. The number of participants enrolled at each beach were weighted based on the size of the beach, determined by the number of functional registered boats. We used simple random sampling to select those to be approached for study participation. Consenting participants were privately interviewed about their socioeconomic and demographic characteristics and sexual behavior, and were invited for HIV test using the Kenya rapid HIV testing protocol. We used descriptive statistics and multivariate logistic and linear regression for analysis. Results We found high HIV prevalence of 32% with significant differences between men (29%) and women (38%). Among men, having an HIV negative sexual partner, being circumcised, increasing number of condom protected sex acts in the preceding month, being younger and being a resident of Homa Bay, Kisumu, Siaya and Busia counties compared to Migori County reduced the risk of HIV infection. For women, being married, having more children with the current spouse, having an HIV negative sexual partner and being a resident of Busia compared to Migori County reduced the risk of HIV infection. We also found that longer distance from the beaches to the nearest public health facilities was associated with increasing cumulative HIV prevalence at the beaches. Conclusion Fishing communities have high HIV prevalence and may greatly benefit from interventions such as wider ART coverage, couple HIV risk reduction counseling, PrEP use for HIV negative partner at substantial continuous risk, alongside other HIV prevention services that the Kenyan government is currently rolling out. This will additionally require adequate plans to synchronize the provision of these services with the population's routine schedules for all these options to be reasonably accessible to them. © 2019 Kwena et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultCross-Sectional StudiesFemaleFisheriesHIV InfectionsHumansKenyaMalePrevalenceResidence CharacteristicsSexual PartnersSocioeconomic FactorsSurveys and Questionnaires	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2019	Lachowsky, Nathan J; Lawson Tattersall, Tessa; Sereda, Paul; Wang, Clara; Edwards, Joshua; Hull, Mark	Community awareness of, use of and attitudes towards HIV pre-exposure prophylaxis (PrEP) among men who have sex with men in Vancouver, Canada: preparing health promotion for a publicly funded PrEP program.	Sexual Health	-	-	-	1449-8987	10.1071/SH18115	https://dx.doi.org/10.1071/SH18115	Background HIV rates are persistently disproportionate among men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, now publicly funded in British Columbia. This study assessed PrEP-related attitudes, sexual behaviour and self-reported use before public funding. METHODS: Adult MSM were recruited from January to June 2017 through a local community-based organisation's PrEP campaign website (www.getpreped.ca). Participants self-completed an anonymous online questionnaire, and were stratified into three groups: (i) HIV-positive participants; (ii) HIV-negative participants not using PrEP; and (iii) HIV-negative participants using PrEP. Descriptive, bivariate and univariate regression analyses were conducted. RESULTS: Of 249 participants, 191 (77%) were HIV-negative not using PrEP, 41 (17%) were HIV-negative using PrEP and 17 (7%) were HIV-positive. Among PrEP users, 90% used PrEP daily and all reported having recommended medical follow-up care. Among HIV-negative, non-PrEP-users, 44% said they would reduce condom use if they used PrEP and 28% were uncomfortable asking their doctor for PrEP. Interest in PrEP among non-users was associated with higher objective risk scores (i.e. HIV Incidence Risk Index for MSM), higher self-perceived risk, greater perceived PrEP effectiveness, no prescription medications insurance, open or single relationship status (vs closed) and not always using condoms (vs always). Among HIV-positive participants, 53% agreed PrEP reduced stigma for people living with HIV. All study groups perceived a greater percentage of MSM on PrEP (10%, 15%, 18%) than in their own social networks (5%, 4%, 6%). CONCLUSIONS: PrEP health promotion must consider comprehensive PrEP education; accuracy of self-perceived HIV risk and PrEP social norms; and barriers to culturally safe primary care for MSM.	NA	English	Australia	Asia and the Pacific	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Lal, Luxi; Ryan, Kathleen; Liu, Iris Yi; Price, Brian; Lockwood, Timmy; Aguirre, Ivette; Slobodian, Peter; Lam, Ada; Vassan, Manoj; Lim, Kie; Silverii, John; Tesoriero, Joseph; Phu, Johnny; Lim, Wan; Naidoo, Bharathy; Russell, Nick; Rundle, Matthew; Sewell, Rowan; Cooper, Craig; Hardman, Alexander; Quinn, Martin; Mak, Anne; Wright, Edwina J	Transformation of Australian Community Pharmacies Into Good Clinical Practice Compliant Trial Pharmacies for HIV Pre-Exposure Prophylaxis.	Frontiers in Pharmacology	-	-	-	1663-9812	10.3389/fphar.2019.01269	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6854879	Background: In Australia, clinical trial drugs are conventionally dispensed through clinical trial pharmacies only, while community pharmacies dispense drugs approved by Australia's regulatory body. A large HIV pre-exposure prophylaxis study aimed to deliver clinical trial drug through community pharmacies to improve convenience and mimic real world prescribing. This paper describes the process of making community trials compliant with good clinical practice and reports outcomes of delivering clinical trial drug through community pharmacies. Methods: Eight community and four clinical trial pharmacies across three Australian states were approached to participate. A good clinical practice checklist was generated and pharmacies underwent a number of changes to meet clinical trial pharmacy requirements prior to study opening. Changes were made to community pharmacies to make them compliant with good clinical trial practice including; staff training, structural changes, and implementing monitoring of study drug and prescribing practices. Study drug was ordered through standard clinical trial processes and dispensed through study pharmacies by accredited pharmacists. Throughout the trial, record logs for training, prescriber signature and delegation, temperature, participant, and drug accountability were maintained at each pharmacy. The study team monitored each log and delivered on-site training to correct protocol variations. Results: Each pharmacy that was approached agreed to participate. All community pharmacies achieved good clinical practice compliance prior to dispensing study drug. Over the course of the study, 20,152 dispensations of study drug occurred, 83% of these occurred at community pharmacies. Only 2.0% of dispensations had an error, and errors were predominantly minor. On five occasions a pharmacist who was not accredited dispensed study drug. Conclusions: Community based pharmacies can undergo training and modifications to achieve good clinical practice compliance and dispense clinical trial study drug. Community based pharmacies recorded few variations from study protocol. Community based pharmacies offer a useful alternative to clinical trial pharmacies to increase convenience for study participants and expanded use of these pharmacies should be considered for large clinical trials, including HIV prevention trials.	pre-exposure prophylaxis, pre-exposure prophylaxis expanded, pharmacy, clinical trials, human immunodeficiency virus prevention, prophylaxis	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2019	Lama, Javier R; Mayer, Kenneth H; Perez-Brumer, Amaya G; Huerta, Leyla; Sanchez, Hugo; Clark, Jesse L; Sanchez, Jorge; Reisner, Sari L	Integration of Gender-Affirming Primary Care and Peer Navigation With HIV Prevention and Treatment Services to Improve the Health of Transgender Women: Protocol for a Prospective Longitudinal Cohort Study.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/14091	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6620883	BACKGROUND: Public health strategies are urgently needed to improve HIV disparities among transgender women, including holistic intervention approaches that address those health needs prioritized by the community. Hormone therapy is the primary method by which many transgender women medically achieve gender affirmation. Peer navigation has been shown to be effective to engage and retain underserved populations living with HIV in stable primary medical care. OBJECTIVE: This study aims to assess the feasibility and acceptability of an integrated innovative HIV service delivery model designed to improve HIV prevention and care by combining gender-affirming primary care and peer navigation with HIV prevention and treatment services. METHODS: A 12-month, nonrandomized, single-arm cohort study was implemented in Lima, Peru, among adult individuals, assigned a male sex at birth, who identified themselves as transgender women, regardless of initiation or completion of medical gender affirmation, and who were unaware of their HIV serostatus or were living with HIV but not engaged in HIV treatment. HIV-negative participants received quarterly HIV testing and were offered to initiate pre-exposure prophylaxis. HIV-positive participants were offered to initiate antiretroviral treatment and underwent quarterly plasma HIV-1 RNA and peripheral CD4+ lymphocyte cell count monitoring. All participants received feminizing hormone therapy and adherence counseling and education on their use. Peer health navigation facilitated retention in care by visiting participants at home, work, or socialization venues, or by contacting them by social media and phone. RESULTS: Patient recruitment started in October 2016 and finished in March 2017. The cohort ended follow-up on March 2018. Data analysis is currently underway. CONCLUSIONS: Innovative and culturally sensitive strategies to improve access to HIV prevention and treatment services for transgender women are vital to curb the burden of HIV epidemic for this key population. Findings of this intervention will inform future policies and research, including evaluation of its efficacy in a randomized controlled trial. TRIAL REGISTRATION: ClinicalTrials.gov NCT03757117; https://clinicaltrials.gov/ct2/show/NCT03757117. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/14091.	transgender persons, culturally competent care, patient navigation, HIV, retention in care, health services, Peru	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Lane W.; Heal C.; Banks J.	HIV pre-exposure prophylaxis: Knowledge and attitudes among general practitioners	Australian Journal of General Practice	-	-	-	22087958	10.31128/AJGP-02-19-4860	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077028335&doi=10.31128%2fAJGP-02-19-4860&partnerID=40&md5=37d4825a4b68e7c7c671bedea3a6da61	BACKGROUND AND OBJECTIVES: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) was accepted on the Australian Pharmaceutical Benefits Scheme on 1 April 2018, allowing general practitioners (GPs) to prescribe to patients in general practice. This study provides a timely assessment of GP knowledge and attitudes towards HIV PrEP. METHOD: An explanatory mixed method approach was used. A content-validated questionnaire was distributed to GPs in the Mackay region to assess knowledge and attitudes towards PrEP, followed by individual in-depth interviews. RESULTS: Forty-five of 109 GPs (41.1%) responded. One-third (15 of 45) had previously heard of PrEP; 71.4% (30 of 42) indicated a lack of comfort with its prescription while 60% (27 of 45) reported that provision of formalised guidelines was likely to increase prescription confidence. Ten GPs were interviewed until data saturation was achieved. Results supported the quantitative findings. DISCUSSION: GPs expressed positive attitudes towards HIV PrEP. Limited knowledge could be overcome through formalised guidelines and education.	AdultAttitude of Health PersonnelAustraliaClinical CompetenceFemaleGeneral PractitionersHIV InfectionsHumansMaleMiddle AgedPractice Patterns, Physicians'Pre-Exposure ProphylaxisUnsafe Sex	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2019	Lankowski, Alexander J; Bien-Gund, Cedric H; Patel, Viraj V; Felsen, Uriel R; Silvera, Richard; Blackstock, Oni J	PrEP in the Real World: Predictors of 6-Month Retention in a Diverse Urban Cohort	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2296-x	https://www.proquest.com/scholarly-journals/prep-real-world-predictors-6-month-retention/docview/2122920119/se-2?accountid=8113	The effectiveness of HIV pre-exposure prophylaxis (PrEP) depends on adherence, which requires retention in PrEP care. We sought to examine factors associated with six-month retention in PrEP care among individuals prescribed PrEP between 2011 and 2015 in a large, academic health system in the Bronx, New York. We used multivariable logistic regression to identify factors independently associated with six-month retention. Among 107 patients, retention at 6 months was 42%. In the multivariable analysis, heterosexual individuals were less likely to be retained in PrEP care at 6 months, but individuals who received prescriptions from attending physicians were more likely to be retained in care. Larger prospective studies are needed to better evaluate the individual and health system factors associated with long-term engagement in PrEP care.Resumo alternativo:La efectividad de la Profilaxis de Pre-Exposición para el VIH (PrEP) depende de la adherencia, la cual requiere retención en el cuidado de PrEP. Buscamos examinar los factores asociados con la retención durante seis meses en el cuidado de PrEP, entre las personas a las cuales se les recetó PrEP entre los años 2011 y 2015 en un amplio sistema académico de salud en el Bronx, Nueva York. Utilizamos análisis de regresión logística multivariada para identificar los factores independientemente asociados con seis meses de retención. Entre 107 pacientes, la retención a los seis meses fue del 42%. En el análisis multivariado, las personas que se identificaron como heterosexuales fueron menos propensas a estar recibiendo el cuidado de PrEP a los seis meses, pero las que recibieron su receta de parte de los médicos asistentes tuvieron más probabilidad de retención en el cuidado de PrEP. Se necesitan estudios prospectivos más amplios para evaluar mejor los factores individuales y del sistema de salud asociados con la participación a largo plazo en el cuidado de PrEP.	Physicians; Heterosexuality; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Adherence; Implementation; Disease prevention; Health services; Prophylaxis; Retention in care; Regression analysis; Patients; Retention; Urban; Cohort; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Medical personnel; Attrition; implementación; prevención del VIH; retención en cuidado	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2019	Lapointe, Hope R; Harrigan, P Richard	Narrowing down the causes of failure of tenofovir (only) for preexposure prophylaxis.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002391	https://pubmed.ncbi.nlm.nih.gov/31764109/	NA	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Other
Article	2019	Laroche, Hélène; Lions, Caroline; Zaegel-Faucher, Olivia; Tamalet, Catherine; Poizot-Martin, Isabelle	Unsupervised PrEP in routine practice: a new challenge?	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462419828872	https://dx.doi.org/10.1177/0956462419828872	Pre-exposure prophylaxis (PrEP) for the prevention of HIV infection with 300 mg daily tenofovir co-formulated with 200 mg emtricitabine is recommended as one prevention option for people who are at substantial risk of acquiring an HIV infection. We report the case of a 28-year-old man who has sex with men and who was referred to our unit for a primary HIV infection with positive p18, p24 and gp160 bands on Western blot analysis but with a low HIV plasma viral load. Although HIV misdiagnosis should always be considered in cases of atypical seroconversion pattern with a low viral burden, unsupervised PrEP should be systematically investigated.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Theses and Dissertations	2019	Lazarus, Lisa	In search of success: the politics of care and responsibility in a PrEP demonstration project among sex workers in India	-	-	University of Manitoba	-	NA	NA	http://hdl.handle.net/1993/34178	Pre-exposure prophylaxis (PrEP), which contains a combination of tenofovir and emtricitabine, has emerged as a new biomedical HIV prevention option. Multilateral groups and health policy makers have called for demonstration projects to better understand PrEP's everyday use and effectiveness. Funded by the Bill & Melinda Gates Foundation and in partnership with the University of Manitoba, Ashodaya Samithi, a sex worker collective, initiated a PrEP demonstration project in Mysore and Mandya, Karnataka State, South India. Drawing on qualitative ethnographic methods, a study of the PrEP demonstration project took place between January 2015 and April 2018 and included field visits, participant observation, and in-depth interviews with demonstration project participants and the implementation team. Community researchers and I conducted 167 interviews over the course of the study. Following a community validation and contextualization (or "member checking") session, I coded the data for key themes and emergent categories. According to the biomedical indicators of retention and adherence, the demonstration project proved immensely successful, with 640/647 participants retained for the 16-month project and participants reporting high adherence confirmed by blood-level tenofovir testing. Attempting to more fully account for how this "success" arrived, however, I go beyond these biomedical interpretations of retention and adherence, pointing instead toward Ashodaya's history of collectivization around sexual health—a history of community action that has given rise to forms of health citizenship and new spaces of belonging for sex workers. In what I call the "search for success", a particular attention is placed on the role that care plays among Ashodaya sex workers over the life course of the demonstration project. This care is tied not only to the community of sex workers Ashodaya seeks to serve, but also to the careful production of evidence that demonstrates accountability to funders, which is, furthermore, tied to caring for the very survival and future of the organization.	HIV; PrEP; Sex work; India; Demonstration project; Community-based research	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Qualitative
Article	2019	Leddy A.M.; Weiss E.; Yam E.; Pulerwitz J.	Gender-based violence and engagement in biomedical HIV prevention, care and treatment: A scoping review	BMC Public Health	-	-	-	14712458	10.1186/s12889-019-7192-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068836852&doi=10.1186%2fs12889-019-7192-4&partnerID=40&md5=db053ad6f931cf23e19085a8375ecbe6	Background: While gender-based violence (GBV) has been shown to increase women's risk of HIV acquisition, the role of GBV in the HIV testing to care continuum is less clear. Clarifying how GBV may act as a barrier to accessing HIV services, treatment and care - such as anti-retroviral treatment (ART) or pre-exposure prophylaxis (PrEP) - will not only provide insights into how to best meet individual women's HIV care needs, but also inform public health oriented HIV epidemic control strategies. Methods: Through a comprehensive scoping review, we synthesized and analyzed existing evidence regarding the influence of GBV on engagement in PrEP and the HIV care continuum among women living with HIV, including members of key populations (female sex workers, transgender women and women who use drugs). We explored PubMed, Scopus and Web of Science for peer-reviewed studies published in 2003-2017. Of the 279 sources identified, a subset of 51 sources met the criteria and were included in the scoping review. Results: Studies were identified from 17 countries. The majority of studies utilized quantitative cross-sectional designs (n = 33), with the rest using longitudinal (n = 4), qualitative (n = 10) or mixed methods (n = 4) designs. Taken together, findings suggest that GBV impedes women's uptake of HIV testing, care, and treatment, yet this can vary across different geographic and epidemic settings. Substantial gaps in the literature do still exist, including studies on the impact of GBV on engagement in PrEP, and research among key populations. Conclusions: This scoping review contributes to our knowledge regarding the role GBV plays in women's engagement in PrEP and the HIV care continuum. Findings reveal the need for more longitudinal research to provide insights into the causal pathways linking GBV and HIV care and treatment outcomes. Research is also needed to illuminate the impact of GBV on PrEP use and adherence as well as the impact of GBV on engagement along the HIV care continuum among key populations. It is critical that programs and research keep pace with these findings in order to reduce the global burden of GBV and HIV among women. © 2019 The Author(s).	Gender-based violence; HIV care and treatment; Intimate partner violence; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2019	Leduc J.-M.; Fortin C.; Rouleau D.; Martel-Laferrière V.	Measuring the impact of an hiv rotation on trainees' knowledge and confidence level: The importance of inviting recent graduates	Journal of the Association of Medical Microbiology and Infectious Disease Canada (JAMMI)	-	-	-	23710888	10.3138/jammi.2018-0041	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072154930&doi=10.3138%2fjammi.2018-0041&partnerID=40&md5=3e25167a467d47159a31c651ba5792ba	BACKGROUND: The new Canadian Residency Accreditation Consortium (CanRAC) standards recommend surveying recently graduated trainees to target improvements in training programs. The goal of this study was to estimate the impact of a rotation in an HIV clinic on trainees' related knowledge, confidence, and practice profile at the Université de Montréal. METHODS: An electronic survey was sent to practising physicians who completed the rotation between 2006 and 2016. Participants were asked to rate their agreement and level of confidence toward HIV-and HCV-related topics using 5-point Likert scales (0 to 4). Descriptive statistics and mean comparisons were calculated. RESULTS: Among invited participants, 27 of 45 (60%) completed the questionnaire. The majority of respondents were infectious diseases physicians (48%) or family physicians (37%) and had an outpatient caseload of <10 HIV patients/ year (80%). For 37% of the respondents, the rotation had a large or very large impact on their career path. They considered that the rotation had increased their knowledge on the overall management of HIV (mean 3.2/4 95% CI 2.9 to 3.4), but less on pre-exposure prophylaxis (PrEP) (mean 1.5/4 95% CI 1.1 to 2.0) or HCV care (mean 1.9/4 95% CI 1.4 to 2.3). Participants felt less confident with genotyping interpretation (mean 2.6/4 95% CI 2.2 to 2.9) and PrEP (mean 2.4/4 95% CI 2.0 to 2.8). CONCLUSIONS: These results suggest that a rotation in an HIV clinic improves knowledge related to HIV care. Feedback from past graduates helped us identify gaps in knowledge or level of confidence in PrEP and HCV care, which will feed curriculum improvement. © 2019, University of Toronto Press Inc.. All rights reserved.	Curriculum evaluation; HIV infection; Infectious diseases; Medical education; Medical microbiology; Residency training	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Lee S.S.; Kwan T.H.; Wong N.S.; Lee K.C.K.; Chan D.P.C.; Lam T.T.N.; Lui G.C.Y.	Piloting a partially self-financed mode of human immunodeficiency virus pre-exposure prophylaxis delivery for men who have sex with men in hong kong	Hong Kong Medical Journal	-	-	-	10242708	10.12809/hkmj198030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074578879&doi=10.12809%2fhkmj198030&partnerID=40&md5=69d27dc1cdd4d5ec37d303dfb53c8e24	Introduction: Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) 300 mg/ emtricitabine (FTC) 200 mg is a proven strategy for preventing human immunodeficiency virus (HIV) transmission in men who have sex with men (MSM). This study aimed to test the feasibility and acceptability of PrEP delivered at a pilot clinic for MSM in Hong Kong, where PrEP service is currently unavailable. Methods: Partially self-financed PrEP was provided to HIV-negative adult MSM with high behavioural risk of HIV transmission after excluding hepatitis B infection and renal insufficiency. Participants received daily TDF/FTC for 30 weeks at 13.3% of the drug cost. Adherence and behaviours were monitored through questionnaires while creatinine and HIV/ STI (sexually transmitted infection) incidence were monitored with point-of-care and laboratory tests. Preference for continuing with PrEP was evaluated at the end of the prescription period. Results: Seventy-one PrEP-naïve MSM were included in the study, of whom 57 (80%) were retained at the end of 28 weeks. Satisfactory adherence and self-limiting adverse events were reported, while one of the participants contracted HIV. Risk compensation was observed, with an STI incidence of 3.17 per 100 person-years. At the end of the prescription period, a majority (89%) indicated interest in continuing with PrEP. Preference for PrEP was associated with age ≥28 years and peer influence (P=0.04), while stigma was a concern. Price was a deterrent to self-financed PrEP, and only half (51%) considered a monthly cost of ≤HK$500 (US$1=HK$7.8) as reasonable. Conclusions: A partially self-financed mode of PrEP delivery is feasible with good retention in MSM in Hong Kong. © 2019, Hong Kong Academy of Medicine Press. All rights reserved.	AdultAnti-HIV AgentsEconomics, MedicalEmtricitabine, Tenofovir Disoproxil Fumarate Drug CombinationHIV InfectionsHomosexuality, MaleHong KongHumansIncidenceMaleMedication AdherencePilot ProjectsPre-Exposure ProphylaxisSurveys and Questionnaires	English	Hong Kong	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2019	Lelièvre J.-D.	Preexposure Prophylaxis for Mitigating Risk of HIV Transmission during HIV Cure-Related Clinical Trials with a Treatment Interruption	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiz036	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069293337&doi=10.1093%2finfdis%2fjiz036&partnerID=40&md5=d719475f42573f20bf3b20f66a429741	Analytical treatment interruption performed during human immunodeficiency virus (HIV) cure-related clinical trials exposes sex partners of participants in these trials to a risk of HIV transmission. Preexposure prophylaxis (PrEP), which emerged in recent years as a key strategy for preventing HIV transmission, is often considered a useful tool to prevent this risk. This article supports offering PrEP to the stable sex partners of participants in these trials but also notes limitations that must be addressed. It concludes that PrEP cannot on its own eliminate the risk of secondary transmission in this context. © 2019 The Author(s).	analytical treatment interruption; HIV; HIV transmission; PrEP	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2019	Leluţiu-Weinberger C.; Rendina H.J.; Mirandola M.; Gios L.; Folch C.; Rafila A.; Pachankis J.E.	The Role of Gay-Related Stigma in HIV-Risk Behavior Among Sexual Minority Men in Europe	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2306-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054918637&doi=10.1007%2fs10461-018-2306-z&partnerID=40&md5=9e0e579ed8b72b33f742afecbc95a0c2	Sexual orientation stigma stems from discriminatory social contexts and may ultimately impact the behavioral health of stigmatized individuals through stress-related pathways. Sexual minority stigma is of particular concern in Europe given the diversity of social contexts on the continent and sexual minority men's rapidly increasing risk of HIV infection, especially in Central and Eastern Europe, potentially rooted in stigma. This study assesses whether stigma in the ubiquitous social contexts surrounding sexual minority men (e.g., family, workplace, government) may place them at higher risk for HIV contraction across six countries. We utilized a large cross-sectional survey sample of HIV-negative sexual minority men (N = 2087; mean age = 31.6, SD = 9.7) from six European countries to test whether those who reported sexual orientation stigma also engaged in more HIV risk-related behaviors, including condomless sex with casual partners (in the absence of PrEP) and substance use before and during sex. Regression analyses were performed in Mplus. We found that a one standard deviation increase in reported sexual orientation stigma was significantly associated with the following during the last sexual encounter: a 19% increase in odds of sex under the influence of alcohol, 27% increase in odds of sex under the influence of cannabis, 49% increase in odds of sex under the influence of illicit drugs, an 11% increase in odds of condomless sex with casual partners in the past 6 months, and a 26% increase in odds of knowing where to receive an HIV test. Sexual minority men who reported perceiving greater sexual orientation-related stigma within their ubiquitous social contexts were significantly more likely to report sexual risk and alcohol and drug use during their last sexual encounter, yet reported more knowledge of preventive services. Contextual stigma might serve as a precursor to behavioral risks of HIV infection, generating maladaptive stress responses capable of being modified through individually-focused interventions. Structural interventions are also needed to ultimately reduce stigma at its source. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Alcohol use; Drug use; HIV risk; Sexual minority men; Sexual orientation-related stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Leporati, Anita; Gupta, Suresh; Bolotin, Elijah; Castillo, Gerardo; Alfaro, Joshua; Gottikh, Marina B; Bogdanov, Alexei A	Antiretroviral Hydrophobic Core Graft-Copolymer Nanoparticles: The Effectiveness against Mutant HIV-1 Strains and in Vivo Distribution after Topical Application.	Pharmaceutical Research	-	-	-	1573-904X	10.1007/s11095-019-2604-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6822620	PURPOSE: Developing and testing of microbicides for pre-exposure prophylaxis and post-exposure protection from HIV are on the list of major HIV/AIDS research priorities. To improve solubility and bioavailability of highly potent anti-retroviral drugs, we explored the use of a nanoparticle (NP) for formulating a combination of two water-insoluble HIV inhibitors. METHODS: The combination of a non-nucleoside HIV reverse transcriptase inhibitor (NNRTI), Efavirenz (EFV), and an inhibitor of HIV integrase, Elvitegravir (ELV) was stabilized with a graft copolymer of methoxypolyethylene glycol-polylysine with a hydrophobic core (HC) composed of fatty acids (HC-PGC). Formulations were tested in TZM-bl cells infected either with wild-type HIV-1IIIB, or drug-resistant HIV-1 strains. In vivo testing of double-labeled NP formulations was performed in female rats after a topical intravaginal administration using SPECT/CT imaging and fluorescence microscopy. RESULTS: We observed a formation of stable 23-30 nm NP with very low cytotoxicity when EFV and ELV were combined with HC-PGC at a 1:10 weight ratio. For NP containing ELV and EFV (at 1:1 by weight) we observed a remarkable improvement of EC50 of EFV by 20 times in the case of A17 strain. In vivo imaging and biodistribution showed in vivo presence of NP components at 24 and 48 h after administration, respectively. CONCLUSIONS: insoluble orthogonal inhibitors of HIV-1 life cycle may be formulated into the non-aggregating ultrasmall NP which are highly efficient against NNRTI-resistant HIV-1 variant.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Lessard D.; Aslan A.; Zeggagh J.; Morel S.; Michels D.; Lebouché B.	Acceptability of a digital patient notification and linkage-to-care tool for French PrEPers (WeFLASH©): Key stakeholders' perspectives	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462419878043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075382697&doi=10.1177%2f0956462419878043&partnerID=40&md5=01692078146cce117fcc03333c88d000	The objective of this study was to describe stakeholders' perspectives on the acceptability of WeFLASH© (AADISS, Paris, France), a digital smartphone sexually transmitted infection (STI) patient notification (PN) tool to be launched among French HIV pre-exposure prophylaxis users (PrEPers). In Paris, Lyon, and Nice, we conducted 2-hour focus group discussions with PrEPers (n = 21) and community mediators (n = 10), and one-on-one interviews with PrEP-prescribing physicians (n = 5) and HIV/STI management decision-makers (n = 4). Recordings were transcribed. The analysis focused on perceived benefits and risks. Concerning benefits, participants mentioned that WeFLASH© could provide: improved PN and STI screening, by refining the notification of anonymous partners; customized linkage-to-care, by providing users with tailored information on care; and transferable epidemiological data, by filling a need for real-time data. Participants anticipated risks for: privacy and confidentiality and suggested specific security settings to protect users' identity; sexual behavior and suggested game-like functions to improve the integration of the tool in sexual contexts; and fairness and emphasized the importance of making WeFLASH© accessible to all men who have sex with men. WeFLASH© could facilitate PN for an increasing proportion of anonymous partners met online, and empower users, including notified partners, on questions of confidentiality and consent, access to STI prevention and screening services, and access to data. © The Author(s) 2019.	Europe; high-risk behavior; homosexual; prevention; screening	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Li J.; Berg C.J.; Kramer M.R.; Haardörfer R.; Zlotorzynska M.; Sanchez T.H.	An Integrated Examination of County- and Individual-Level Factors in Relation to HIV Pre-exposure Prophylaxis Awareness, Willingness to Use, and Uptake Among Men Who Have Sex with Men in the US	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2334-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056756614&doi=10.1007%2fs10461-018-2334-8&partnerID=40&md5=204815ef68152a676edccefee8a010c3	This study explored the extent to which county- and individual-level factors were associated with awareness, willingness to use, and use of pre-exposure prophylaxis (PrEP) among US men who have sex with men (MSM). We conducted multilevel analyses using a sample of 8338 MSM residing in 1257 US counties drawn from the 2014–2015 American Men's Internet Survey to examine these associations, with focuses on variation in PrEP outcomes across counties and proportion variation explained by county-level factors (HIV prevalence, racial composition, median household income, income inequality, health insurance coverage). Results showed that PrEP awareness varied moderately across counties (intraclass correlation coefficients ICC = 7.7%), willingness to use did not vary; however, the actual use varied substantially (ICC = 20.7%). Half of the variation in awareness and use was explained by county-level factors. Higher median household income was associated with greater likelihood of awareness and use. Higher income inequality was associated with greater likelihood of PrEP awareness. Findings can inform the development of multilevel interventions to address PrEP uptake among MSM and identify communities where structural intervention is most needed. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	HIV/AIDS; Men who have sex with men; Pre-exposure prophylaxis; Uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	Lima Neto, João Marinho de	Riscos, vulnerabilidades e HIV/Aids entre homens que fazem sexo com homens: uma análise verbal	-	-	Pontifícia Universidade Católica de São Paulo	-	NA	NA	https://sapientia.pucsp.br/handle/handle/22411	Statistical data indicate that the majority of cases of HIV infection in Brazil occur among men (over 68%) and are related to homosexual exposure (about 50%), with a significant concentration in the age group 20-29 (over 40%). The pattern is reproduced in the city of São Paulo, where there is an estimate of 85,000 people living with HIV/AIDS, suggesting that prevention campaigns may have become less effective. Therefore, this study conducted a behavioral analysis of discourse (BAD) based on a questionnaire applied to eight men who have sex with men (MSM) aged 20 to 29 years, who attend the district of República Republic, in order to identify possible discursive variables that were socially reinforced. The results indicated a medium-low risk of exposure to HIV for most participants, and discourses that reinforce perception of AIDS as a chronic disease; inconsistent condom use, especially with regular partners; knowledge about PrEP and PEP as preventive methods; and use of apps in search for sexual partnerships. Reinforcing, antecedent and countercontrolling variables may be involved in the maintenance of condomless sex, referred as pleasure, contact, intensity, and freedom, among others. The study also presents a definition of risk based on the concept of operant behavior and concludes that condomless anal intercourse is maintained mainly by reinforcement contingencies, and immediate and potent reinforcers	AIDS (Doença) Comportamento verbal Homossexuais masculinos	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Liu A.; Coleman K.; Bojan K.; Serrano P.A.; Oyedele T.; Garcia A.; Enriquez-Bruce E.; Emmanuel P.; Jones J.; Sullivan P.; Hightow-Weidman L.; Buchbinder S.; Scott H.	Developing a mobile app (LYNX) to support linkage to HIV/sexually transmitted infection testing and pre-exposure prophylaxis for young men who have sex with men: Protocol for a randomized controlled trial	JMIR Research Protocols	-	-	-	19290748	10.2196/10659	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067293819&doi=10.2196%2f10659&partnerID=40&md5=db6c072db92daf137cda4b23e724d386	Background: Young men who have sex with men (YMSM) in the United States have among the highest incidence of HIV and sexually transmitted infection (STI) and the lowest uptake of HIV and STI testing and pre-exposure prophylaxis (PrEP). Nearly universal mobile phone ownership among youth provides an opportunity to leverage mobile health apps to increase HIV/STI testing and PrEP uptake among YMSM. Objective: The goals of this project are to develop and refine LYNX, a novel mobile app to support linkage to HIV/STIs testing and PrEP services among YMSM in the United States, and to evaluate the acceptability and feasibility of LYNX in a pilot randomized controlled trial (RCT). Methods: This research protocol will be conducted in 3 phases: an iterative development phase with a series of 3 focus groups among 20 YMSM to refine the LYNX app; an open technical pilot among 15 YMSM to optimize usability of the app; and then a 6-month pilot RCT among 60 HIV-uninfected YMSM at risk for HIV acquisition. Developed using the Information, Motivation, and Behavioral skills theoretical model, the LYNX app includes an electronic diary to track sexual behaviors (information), a personalized risk score to promote accurate risk perception (information/motivation), testing reminders (motivation/behavioral skills), and access to home-based HIV/STI testing options and geospatial-based HIV/STI testing care sites (behavioral skills). Feasibility and acceptability will be assessed through app analytics of usage patterns and acceptability scales administered via computer-assisted self-interview at 3 and 6 months. We will also evaluate preliminary efficacy by comparing the proportion of YMSM who test at least once during the 6-month pilot and the proportion who successfully link to a PrEP provider in the intervention versus control groups. Results: Formative work is currently underway. The LYNX pilot RCT will begin enrollment in October 2018, with study results available in 2019. Conclusions: The LYNX app is one of the first mobile apps designed to increase HIV/STI testing and PrEP uptake among YMSM. As low-perceived risk is a barrier to HIV/STI testing and PrEP use among youth, the personalized risk assessment and interactive sexual diary in LYNX could assist YMSM in better understanding their HIV and STI risk, and encourage them to test for HIV/STIs and initiate PrEP. Coupled with community-based recruitment, this novel mobile app has great potential to reach and engage YMSM not currently involved in care and increase rates of HIV/STI testing and PrEP uptake in this vulnerable population. © Albert Liu, Kenneth Coleman, Kelly Bojan, Pedro Alonso Serrano, Temitope Oyedele, Amayvis Garcia, Elizabeth Enriquez-Bruce, Patricia Emmanuel, Jeb Jones, Patrick Sullivan, Lisa Hightow-Weidman, Susan Buchbinder, Hyman Scott.	Adolescent; HIV testing; Men who have sex with men; Mobile app; Pre-exposure prophylaxis; Sexually transmitted diseases; Sexually transmitted infections; Youth	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Liu, Albert Y; Vittinghoff, Eric; von Felten, Patricia; Rivet Amico, K; Anderson, Peter L; Lester, Richard; Andrew, Erin; Estes, Ixchell; Serrano, Pedro; Brothers, Jennifer; Buchbinder, Susan; Hosek, Sybil; Fuchs, Jonathan D	Randomized Controlled Trial of a Mobile Health Intervention to Promote Retention and Adherence to Preexposure Prophylaxis among Young People at Risk for Human Immunodeficiency Virus: The EPIC Study	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciy810	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066778170&doi=10.1093%2fcid%2fciy810&partnerID=40&md5=b4ac8cae2f8f425b2bc2976d82d2591c	Background: Young men who have sex with men are among the most vulnerable to human immunodeficiency virus (HIV) infection. Although preexposure prophylaxis (PrEP) has demonstrated effectiveness, adherence and retention have been low among youth. Methods: We conducted a randomized controlled trial to evaluate the impact of a youth-tailored, bidirectional text-messaging intervention (PrEPmate) on study retention and PrEP adherence. Young individuals at risk for HIV initiating PrEP within Chicago's safety-net system were randomized 2:1 to receive PrEPmate or standard of care (SoC) for 36 weeks. The primary retention outcome was study-visit completion, and the primary adherence outcome was tenofovir diphosphate (TFV-DP) concentrations ≥700 fmol/punch (consistent with ≥4 doses/week) assessed at 4, 12, 24, and 36 weeks. The impact of PrEPmate on retention and adherence was evaluated using generalized estimating equation logistic models with robust standard errors. Results: From April 2015 to March 2016, 121 participants enrolled (mean age 24; 27% black, 36% Latino). Participants who received PrEPmate were more likely to attend study visits (86% PrEPmate vs. 71% SoC, odds ratio OR = 2.62, 95% confidence interval CI 1.24-5.54) and have TFV-DP levels consistent with ≥4 doses/week (72% PrEPmate vs. 57% SoC, OR = 2.05, 95% CI 1.06-3.94). PrEPmate efficacy did not differ significantly by age, race/ethnicity, education, or insurance. Overall, 88% reported PrEPmate to be very/somewhat helpful, and 92% would recommend PrEPmate to others. Conclusions: An interactive text-messaging intervention had high acceptability and significantly increased study-visit retention and PrEP adherence among young individuals at risk for HIV acquisition. Clinical Trials Registration: NCT02371525. © 2018 The Author(s) 2018.	adherence; men who have sex with men (MSM); preexposure prophylaxis (PrEP); retention; text-messaging	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Liu, AY; Norwood, A; Gundacker, H; Carballo-Diéguez, A; Johnson, S; Patterson, K; Bekker, LG; Chariyalertsak, S; Chitwarakorn, A; Gonzales, P; Holtz, TH; Mayer, KH; Zorrilla, C; Buchbinder, S; Piper, JM; Lama, JR; Cranston, RD; Microbicide Trials Network 017	Routine Use of Oral PrEP in a Phase 2 Rectal Microbicide Study of Tenofovir Reduced-Glycerin 1% Gel (MTN-017)	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000002066	https://pubmed.ncbi.nlm.nih.gov/31299013/	Background: As daily oral preexposure prophylaxis (PrEP) becomes standard for HIV prevention, routine use of PrEP is likely to increase within clinical trials of novel preventive agents. We describe the prevalence and characteristics of participants reporting nonstudy oral PrEP use within Microbicide Trials Network-017 (MTN-017), a phase 2 trial of a rectal microbicide. Setting and Methods: One hundred ninety-five HIV-uninfected men who have sex with men and transgender women were enrolled and followed in MTN-017 across 8 sites in the United States, Thailand, South Africa, and Peru from 2013 to 2015. Nonstudy oral PrEP use was recorded on case report forms and progress notes. Characteristics of PrEP users and non-PrEP users were compared using tests of statistical significance. Results: Overall, 11% of participants reported nonstudy oral PrEP use, all from the San Francisco (SF) site, accounting for 58% (22/38) of participants enrolled in SF. There was a higher median number of sex partners reported in the past 8 weeks before enrollment among oral PrEP users vs. nonusers (7 vs. 2, P = 0.02). Most PrEP users (18/22, 82%) began PrEP treatment during screening/after enrollment, and most (19/22, 86%) decided to continue oral PrEP after study completion. Conclusion: Nonstudy oral PrEP use was high at a single site in SF where community PrEP availability and use was expanding. Investigators should consider the evolving context of nonstudy oral PrEP use across trial sites when designing and interpreting trials of novel biomedical prevention modalities.	HIV PREVENTION; transgender women; men who have sex with men; tenofovir gel; MEN; ANTIRETROVIRAL PREEXPOSURE PROPHYLAXIS; RISK; EFFICACY; TRIALS; oral PrEP; DESIGN; standard of prevention; rectal microbicide; ETHICAL CONSIDERATIONS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Liu, SN; Lu, J; Gupta, SK; Desta, Z; Gufford, BT	Effects of probenecid on the pharmacokinetics of tenofovir disoproxil fumarate and emtricitabine for on-demand HIV PrEP	Clinical Pharmacology and Therapeutics	-	-	-	0009-9236	10.1002/(ISSN)1532-6535	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01916952/full	Background: Prevention of HIV transmission is a worldwide imperative. The antiretroviral combination tablet tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) is highly efficacious in preventing HIV, but adherence is limited by the need for dosing both before after HIV exposure. We hypothesized that probenecid (PRO), an OAT inhibitor, would reduce renal clearance of TDF, an OAT1/3 substrate, and thereby boost its systemic concentrations to allow a single-dose HIV PrEP dosing regimen. Methods: A randomized, cross-over pharmacokinetic study was designed in healthy volunteers (N = 14) to compare PRO-boosted TDF/FTC (treatment group) to current TDF/FTC (control) on-demand HIV PrEP. In the control phase, participants received a 600 mg TDF/400 mg FTC on the Day 1 and then 300 mg TDF/200 mg FTC on Days 2 and 3. In the treatment phase, participants received a 600 mg TDF/400 mg FTC with 2 g of PRO on Day 1 only. After a 6-week washout period, all participants received the opposite phase. Plasma and urine samples were collected to compare the exposure of TDF and FTC with and without PRO. Results: PII-009 Table Conclusion: PRO significantly alters the pharmacokinetics of TDF and FTC. The TDF and PRO interaction is novel based on current knowledge as FTC was supposed to be a substrate of OCTs and PRO does not inhibit these transporters. PRO-boosted TDF/FTC may allow simpler dosing and improved adherence to HIV PrEP.	*Human immunodeficiency virus; Adult; Clinical article; Conference abstract; Controlled study; Drug therapy; Female; Human; Human experiment; Human tissue; Male; Nonhuman; Pharmacokinetics; Plasma; Randomized controlled trial; Renal clearance; Urine sampling; Volunteer	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Lockard A.; Rosenberg E.S.; Sullivan P.S.; Kelley C.F.; Serota D.P.; Rolle C.-P.M.; Luisi N.; Pingel E.; Siegler A.J.	Contrasting self-perceived need and guideline-based indication for HIV pre-exposure prophylaxis among young, black men who have sex with men offered pre-exposure prophylaxis in Atlanta, Georgia	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0135	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062605901&doi=10.1089%2fapc.2018.0135&partnerID=40&md5=a235c153c548e78dea2d3c9471469291	Despite high HIV incidence among young black men who have sex with men (YBMSM), pre-exposure prophylaxis (PrEP) uptake in this group is low. In a cohort of HIV-negative YBMSM in Atlanta, GA, all participants were offered PrEP as standard of care with free clinician visits and laboratory testing. We explored self-perceived need for PrEP among 29 in-depth interview participants by asking about reasons for PrEP uptake or refusal and factors that may lead to future reconsideration. Self-perceived need was compared to US Center for Disease Control and Prevention guidance for clinical PrEP indication using behavioral data and laboratory testing data. Self-perceived need for PrEP consistently underestimated clinical indication, primarily due to optimism for choosing other HIV prevention strategies, such as condom use, abstinence, or monogamy. Many participants cited consistent condom use and lack of sexual activity as reasons for not starting PrEP; however, follow-up survey data frequently demonstrated low condom use and high levels of sexual activity in the period after the interview. Study participants endorsed perceptions that PrEP is only for people with very high levels of sexual activity. Only one participant perceived incident sexually transmitted infection (STI) to be an indication for PrEP, despite the fact that several of the participants had a history of an STI diagnosis. These findings point to an opportunity for clinician intervention at diagnosis. Disconnect between self-perceived and guidance-based PrEP indications, as well as other factors such as medical mistrust or difficulty with access, may contribute to low PrEP uptake among YBMSM. A better understanding of the ways in which these issues manifest may be one tool for clinicians to support PrEP uptake. © Mary Ann Liebert, Inc., publishers 2019.	HIV; MSM; PrEP; prevention; YBMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Lockart, Ian; Matthews, Gail V.; Danta, Mark	Sexually transmitted hepatitis C infection: the evolving epidemic in HIV-positive and HIV-negative MSM.	Current Opinion in Infectious Diseases	-	-	-	1473-6527 0951-7375	10.1097/QCO.0000000000000515	https://pubmed.ncbi.nlm.nih.gov/30531370/	PURPOSE OF REVIEW: The scale-up of direct-acting antiviral (DAA) therapy and introduction of preexposure prophylaxis (PrEP) has changed the epidemiology of sexually acquired hepatitis C virus (HCV) amongst HIV-positive and HIV-negative MSM. RECENT FINDINGS: Sexually acquired HCV continues to occur predominantly amongst HIV-positive MSM. Despite an increased uptake of DAA therapy the incidence of acute HCV has not declined consistently amongst HIV-positive MSM, likely a result of high infection and reinfection rates. Increasing cases of sexually acquired HCV have been reported amongst HIV-negative MSM accessing PrEP. Despite a lower prevalence of HCV at baseline, HIV-negative MSM accessing PrEP have an equally high overall incidence of HCV compared with HIV-positive MSM during follow-up. Behavioural factors (high-risk sexual behaviours and sexualized drug use) appear to be driving this HCV epidemic amongst MSM and effective behavioural interventions and early identification of reinfections are essential to control the HCV epidemic amongst MSM. SUMMARY: An improved understanding of the epidemiology of sexually acquired HCV will allow implementation of more effective public health interventions to control the transmission of HCV amongst HIV-positive and HIV-negative MSM.	*Homosexuality, Male; Humans; Male; Antiviral Agents/therapeutic use; HIV Infections/*complications; *Epidemics; Hepatitis C/*complications/*transmission; Sexually Transmitted Diseases, Viral	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2019	Logan L.; Fakoya I.; Howarth A.; Murphy G.; Johnson A.M.; Rodger A.J.; Burns F.; Nardone A.	Combination prevention and HIV: A cross-sectional community survey of gay and bisexual men in London, october to december 2016	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2019.24.25.1800312	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068872255&doi=10.2807%2f1560-7917.ES.2019.24.25.1800312&partnerID=40&md5=533e5cbbfdf3cc72fe731cbb5943d3e3	Background: Men who have sex with men (MSM) are at risk of HIV and are an important population to monitor and ameliorate combination prevention efforts. Aim: To estimate HIV prevalence and identify factors associated with frequent HIV testing (= 2 HIV tests in the last year) and pre-exposure prophylaxis (PrEP) use among MSM in London. Methods: For this cross-sectional study, MSM recruited from 22 social venues provided oral-fluid samples for anonymous HIV antibody (Ab) testing and completed a questionnaire. Factors associated with frequent HIV testing and PrEP use were identified through logistic regression. Results: Of 767 men recruited, 545 provided an eligible oral specimen. Among these, 38 MSM (7.0%) were anti-HIV positive including five (13.2%; 5/38) who reported their status as negative. Condomless anal sex within the previous 3 months was reported by 60.1% (412/685) men. Frequent HIV testing was associated with, in the past year, a reported sexually transmitted infection (adjusted odds ratio (AOR): 5.05; 95% confidence interval (CI): 2.66-9.58) or = 2 casual condomless partners (AOR 2-4 partners: 3.65 (95% CI: 1.87-7.10); AOR 5-10 partners: 3.34 (95% CI: 1.32-8.49). Age = 35 years was related to less frequent HIV testing (AOR 35-44 years: 0.34 (95% CI: 0.16-0.72); AOR = 45 years: 0.29 (95% CI: 0.12-0.69). PrEP use in the past year was reported by 6.2% (46/744) of MSM and associated with = 2 casual condomless sex partners (AOR: 2.86; 95% CI: 1.17-6.98) or chemsex (AOR: 2.31; 95% CI: 1.09-4.91). Conclusion: This bio-behavioural study of MSM found high rates of behaviours associated with increased risk of HIV transmission. Combination prevention, including frequent HIV testing and use of PrEP, remains crucial in London. © 2019, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	AdolescentAdultBisexualityCondomsCross-Sectional StudiesHIV InfectionsHomosexuality, MaleHumansLondonMaleMass ScreeningMiddle AgedPre-Exposure ProphylaxisPrevalenceRisk-TakingSexual BehaviorSurveys and QuestionnairesUnsafe SexYoung Adult	English	Sweden	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Loriato, Cécile	Les figures sociales de l'usager de la PrEP au prisme de l'analyse de témoignages en ligne	Revista Brasileira de Pesquisa (Auto)Biográfica	-	-	-	2525-426X	https://doi.org/10.31892/rbpab2525-426X.2019.v4.n11.p463-481	https://revistas.uneb.br/index.php/rbpab/article/view/5965	En prenant pour objet d'analyse le témoignage en ligne, cette contribution propose d'éclairer les figures sociales de l'usager de la PrEP, nouvel outil de prévention du VIH, afin de questionner les représentations de la sexualité gay, telles qu'elles apparaissent dans les interactions entre les participants à un groupe de discussion Facebook dédié à la PrEP. Les témoignages ont été analysés dans une perspective diachronique dans le cadre d'une ethnographie en ligne pour laquelle ont été mobilisées plusieurs méthodes : l'observation et l'analyse du dispositif sociotechnique, des entretiens semi-directifs, une analyse qualitative des interactions, ainsi qu'une analyse quantitative de la participation. L'analyse des récits de soi, en tant qu'objets contraints par un dispositif sociotechnique institutionnalisé et mouvants dans l'interaction, a permis de mettre en évidence des figures sociales de l'usager de la PrEP, qui se constituent par le croisement de la nature du comportement (conforme ou non-conforme à la norme) avec les réactions qu'il suscite (c'est-à-dire en fonction de la perception qu'en ont les participants au groupe). Ainsi, ont émergé la figure du "prepeur raisonnable", celle du "bon prepeur" en opposition à la figure du "mauvais prepeur", puis celle du "prepeur responsable".	Humanities and Social Sciences; Library and information sciences	French	Brazil	Latin America and the Caribbean	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2019	Luehring-Jones, Peter; Palfai, Tibor P; Tahaney, Kelli D; Maisto, Stephen A; Simons, Jeffrey	Pre-Exposure Prophylaxis (PrEP) Use is Associated With Health Risk Behaviors Among Moderate- and Heavy-Drinking MSM	AIDS Education and Prevention	-	-	-	08999546	10.1521/aeap.2019.31.5.452	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-use-is-associated/docview/2300159929/se-2?accountid=8113	Among men who have sex with men (MSM), acute alcohol consumption is associated with higher rates of condomless anal intercourse, which is linked with a greater likelihood of exposure to HIV and other sexually transmitted infections. While pre-exposure prophylaxis (PrEP) to prevent HIV infection has become more widespread in this population in recent years, so too have concerns that PrEP uptake may be associated with health risk behaviors. This study investigated differences in sexual behaviors and drug use habits between PrEP users and nonusers in a sample of moderate- and heavy-drinking MSM. Results indicated that PrEP use was associated with riskier sexual practices, weaker self-regulatory cognitions related to condom use, and more frequent illicit drug use. These findings suggest that moderate-and heavy-drinking MSM who use PrEP may comprise a unique risk group that could benefit from targeted counseling or other interventions to reduce their risk of negative health consequences.	Counseling; Pre-exposure prophylaxis; Men who have sex with men; Infections; Sexual behavior; Disease prevention; Sexual practices; Prophylaxis; Sexual intercourse; Anal intercourse; Risk reduction; Exposure; Drug use; Substance abuse; Drug abuse; Health behavior; Drugs; Risk behavior; Uptake; Alcohol use; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Consumption; Gays & lesbians; Mens health; Health risks; Risk taking; Preventive healthcare; Habits; Drinking behavior; Alcoholic beverages; Self regulation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Luo, T.; Gulisiya, Hailili; Chen, Z.; Tuo, X. Q.; Cai, A. J.; Zhang, Z.; Dai, J. H.	The confidence affects willingness to use pre-exposure prophylaxis among MSM, based on Path analysis.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	0254-6450	10.3760/cma.j.issn.0254-6450.2019.10.020	https://pubmed.ncbi.nlm.nih.gov/31658531/	Objective: To analyze the influence of the confidence to pre-exposure prophylaxis (PrEP) on the willingness to use PrEP in men who have sex with men (MSM) by using the path analysis model based on structural equation model approach. Methods: A total of 550 MSM were recruited in Urumqi by snowball method and a questionnaire survey was conducted among them. According to the professional knowledge and analysis results of the confidence and willingness to use PrEP, structural equation model (SEM) analysis method was used to construct a path analysis model. Results: A total of 513 MSM participated in the survey. The modified path equation model was well fitted, with the modified fitting index as: GFI=0.993, RMSEA<0.001, and AGFI=0.984. The confidence to PrEP had direct influence on the willingness; the degree of influence from sex partners, the attitude of sex partner to PrEP and the positive emotions not only had direct effects on willingness of PrEP use, but also had indirect effects on willingness of PrEP use by affecting the confidence to it; the role in sexual behavior, AIDS severity, HIV positive behavior had direct effects on willingness of PrEP use. The proportion of HIV infection in the population had no direct effects on willingness of PrEP use, but had indirect effects on willingness of PrEP use by affecting the confidence to it. Conclusions: The confidence to PrEP had influence on willingness of PrEP use in MSM, therefore targeted activities can be conducted to improve the confidence and willingness of MSM in taking the PrEP and reducing the risk of HIV infection in MSM. Compared with the traditional multiple regression analysis, the path analysis using the structural equation model could better reveal the mediating effect between the independent variables and dependent variables.	Humans; Male; HIV Infections/*prevention & control; Homosexuality, Male; *Patient Acceptance of Health Care; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; Men who have sex with men; *Sexual and Gender Minorities; Confidence; Path analysis; Willingness	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Luz, Paula M; Veloso, Valdilea G; Grinsztejn, Beatriz	The HIV epidemic in Latin America: accomplishments and challenges on treatment and prevention.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000564	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6688714	PURPOSE OF REVIEW: To describe how countries in Latin America and the Caribbean are (or are not) meeting 2016 WHO guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, that is, their progress on the adoption of 'Treat All' and of preexposure prophylaxis (PrEP) as an additional prevention tool for people at substantial risk of HIV infection. RECENT FINDINGS: The HIV epidemic in the region continues largely concentrated in vulnerable populations with MSM and transgender women (TGW) suffering the highest burden. On treatment, the challenges of late initiation as well as suboptimal adherence persist. On prevention, recent studies on PrEP in key populations show promising results, meanwhile PrEP implementation projects as well as actual PrEP adoption by national health systems is expanding. A glimpse of real-world PrEP uptake is shown through Brazil's first-year experience of offering PrEP in multiple cities in all regions of the country. SUMMARY: In conclusion, accomplishments have been made though challenges for fully addressing the HIV epidemic persist. The impact of both treatment and PrEP will be limited by the availability and prompt use of all services, including HIV testing.	epidemiology, HIV/AIDS, Latin America, preexposure prophylaxis, treatment as prevention	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2019	M Reuel Friedman; Sang, Jordan M; Bukowski, Leigh A; Chandler, Cristian J; Egan, James E; Eaton, Lisa A; Matthews, Derrick D; Ho, Ken; Raymond, Henry F; Stall, Ron	Prevalence and Correlates of PrEP Awareness and Use Among Black Men Who Have Sex with Men and Women (MSMW) in the United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02446-3	https://www.proquest.com/scholarly-journals/prevalence-correlates-prep-awareness-use-among/docview/2186929131/se-2?accountid=8113	Men who have sex with men and women (MSMW), including those who are Black, experience HIV-related disparities compared to men who have sex with men only (MSMO). Few studies have assessed the prevalence and correlates of pre-exposure prophylaxis (PrEP) awareness and use among Black MSMW. We recruited MSM ≥ 18 attending Black Gay Pride events between 2014–2017. We conducted multivariable logistic regressions to assess differences in PrEP awareness and use among HIV-negative Black MSMW (n = 2398) and within Black MSMW (n = 419). MSMW were less likely than MSMO to report PrEP awareness (p < 0.001). Among PrEP-aware MSM, MSMW were more likely than MSMO to report PrEP use (p < 0.05). MSMW receiving gay community support were more likely to be PrEP-aware (p < 0.01). MSMW reporting any past-year STI diagnoses were more likely to report PrEP use (p < 0.01). Findings suggest that PrEP awareness campaigns tailored for Black MSMW, concomitant with STI-to-PrEP interventions, will facilitate greater PrEP uptake in this population.Resumo alternativo:Los hombres que tienen sexo con hombres y mujeres (MSMW, siglas en Inglés), incluyendo los que son Negros, experimentan disparidades relacionadas con el VIH en comparación con los hombres que tienen sexo con hombres solamente (MSMO, siglas en Inglés). Pocos estudios han evaluado la prevalencia y los correlatos de conocimiento y uso de la profilaxis pre-exposición (PrEP, siglas en Inglés) entre los MSMW Negros. Reclutamos a hombres que tienen sexo con hombres (MSM, siglas en Inglés) ≥18 que asistieron a eventos del Orgullo Gay Negro entre 2014—2017. Realizamos regresiones logísticas multivariables para evaluar las diferencias en el conocimiento y uso de PrEP entre los MSM Negros VIH-negativos (n=2398) y dentro de los MSMW Negros (n=419). Los MSMW fueron menos probables que los MSMO a reportar sobre el conocimiento de la PrEP (p<.001). Entre los MSM con reconocimiento de PrEP, los MSMW fueron más probables que los MSMO a reportar el uso de PrEP (p<.05). Los MSMW que recibieron apoyo de la comunidad gay tenían más probabilidades de ser conscientes de la PrEP (p<.01). Los MSMW que informaron sobre cualquier diagnóstico de ITS el año anterior tenían más probabilidades de informar el uso de PrEP (p <.01). Los hallazgos sugieren que las campañas de concientización sobre la PrEP adaptadas para los MSMW Negros, concomitantes con las intervenciones de ITS-a-PrEP, facilitarán una mayor captación de PrEP en esta población.	Prevalence; Bisexuality; Women; HIV prevention; Pre-exposure prophylaxis; Psychology; Men who have sex with men (MSM); Men; Men who have sex with men; Disease prevention; Prophylaxis; African Americans; Awareness; Self esteem; Black/African American; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; United States--US; Gays & lesbians; Mens health; Black people; Consciousness; Gender differences; Community involvement; Correlation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mabire Xavier; Puppo Costanza; Morel Stéphane; Mora, Marion; Rojas Castro Daniela; Chas, Julie; Cua, Eric; Pintado, Claire; Suzan-Monti, Marie; Spire Bruno; Molina, Jean-Michel; Préau Marie	Pleasure and PrEP: Pleasure-Seeking Plays a Role in Prevention Choices and Could Lead to PrEP Initiation	American Journal of Men's Health	-	-	-	15579883	10.1177/1557988319827396	https://www.proquest.com/scholarly-journals/pleasure-prep-seeking-plays-role-prevention/docview/2313774969/se-2?accountid=8113	Pleasure-seeking plays a role in prevention (means choices and use), and in the sexual quality of life of men who have sex with men (MSM). Since HIV is a major threat to MSM health, new means of prevention, like pre-exposure prophylaxis (PrEP), must meet the needs of MSM to be fully efficient. Using a psychosocial approach, we examined how pleasure-seeking plays a role in participation of MSM in "ANRS-IPERGAY," a community-based trial on sexual health which included sexual on-demand PrEP. Thirteen semistructured collective interviews were conducted with 45 participants. First, we analyzed participants' search for new prevention means due to previous failures in condom use. We found that participants perceived condoms as a barrier—both materially and symbolically—to pleasure and desire, causing anxiety and stress considering sexual intercourse. Second, we explored representations and attitudes concerning pleasure within the context of PrEP. We found that PrEP allowed participants to freely choose their desired sexual positions and to better enjoy intimacy. Third, we studied the sexual quality of life for PrEP users in ANRS-IPERGAY and found an improvement. Thanks to the community-based design of the trial, this new prevention tool became a means to develop agency and empowerment for participants, not only in negotiating individual prevention but also in opposing the normative and stigmatizing discourse on sexuality and HIV. In conclusion, pleasure-seeking appears to be an essential element of sexual fulfillment that needs to be integrated as a positive notion in the study of HIV prevention.	HIV/AIDS; Prevention; Men who have sex with men; Prep; Men's Health; Quality of life; sexual health; Sexual and reproductive health; sexuality; health promotion and disease prevention; health-care issues; physiological and endocrine disorders; Human immunodeficiency virus--HIV; GenderWatch; Y	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Macgregor, Louis W.	Eliminating hepatitis C in the UK among men who have sex with men during the era of pre-exposure prophylaxis	-	-	University of Bristol	-	NA	NA	https://research-information.bris.ac.uk/en/studentTheses/eliminating-hepatitis-c-in-the-uk-among-men-who-have-sex-with-men	Globally, over 70 million people are infected with hepatitis C virus (HCV), leading to an estimated 400,000 deaths per year. Co-infection with HIV poses even greater risks due to accelerated rates of HCV related liver damage. Within men who have sex with men (MSM) HCV is more concentrated in those with HIV: in the UK 10% of MSM with HIV are co-infected, whereas HCV prevalence is 1% in HIV negative MSM. Yet reasons for this disparity are not fully clear. To tackle this global epidemic, in 2015 the World Health Organisation (WHO) and the UK National Health Service (NHS) announced their targets to eliminate HCV; by reducing HCV incidence by 90% by 2030 and 2025 respectively. In this thesis we utilise a compartmental transmission model, parameterized with UK behavioural data and biological factors associated with HIV and HCV co-infection to explore the feasibility of these HCV elimination targets and determine the key factors which may influence their success. This analysis was undertaken accounting for the changing landscape of (1) HCV treatment and prevention initiatives, such as the scale up of direct acting antivirals (DAAs) and (2) the evolution of HIV prevention through the introduction of pre-exposure prophylaxis (PrEP). PrEP use offers individuals an 86% reduced risk of HIV acquisition, but with PrEP's growing uptake, data is increasingly pointing to the rise of risk compensatory behaviours, including reducing condom usage or changes in sexual mixing. Our results indicate behavioural and not biological factors are largely accountable for the pattern of HCV infection; specifically preferential mixing by HIV status and heterogeneity in the number of sexual partners between MSM. We projected that HCV elimination in UK MSM is possible by both 2030 and 2025, requiring enhanced HCV screening in all MSM and faster initiation of treatment than in the pre-DAA era. Furthermore, by incorporating this extra screening into routine sexual health appointments, our proposed elimination strategies, for both the 2025 and 2030 targets, are also cost-effective at the willingness to pay threshold of < £20,000 per quality adjusted life-year (QALY) set by the NHS. In conclusion, HCV elimination within UK MSM is possible whilst being cost-effective, but requires a scale up of HCV screening over all MSM, not just those with HIV co-infection. It is also important to mitigate risk compensatory behaviours associated with PrEP use, as our projections have shown these behaviours to be both drivers of the UK HCV epidemic pattern in MSM, as well as highly influential to the overall cost-effectiveness of implementing our HCV elimination strategies.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Article	2019	Magno L.; Dourado I.; Sutten Coats C.; Wilhite D.; da Silva L.A.V.; Oni-Orisan O.; Brown J.; Soares F.; Kerr L.; Ransome Y.; Chan P.A.; Nunn A.	Knowledge and willingness to use pre-exposure prophylaxis among men who have sex with men in Northeastern Brazil	Global Public Health	-	-	-	17441692	10.1080/17441692.2019.1571090	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061045003&doi=10.1080%2f17441692.2019.1571090&partnerID=40&md5=5332eda1c60b7f6a49860ade01b41a5c	Few studies evaluate knowledge and willingness to use pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in middle-income countries. Brazil added PrEP to public drug formularies in December 2017, but little is known about local knowledge and attitudes about PrEP among MSM outside metropolitan areas in Southern Brazil. The cross-sectional HIV Surveillance Survey Project in Brazil estimates HIV and STD prevalence among MSM in 12 state capitals. Among 32 participants at the Salvador, Bahia study site, we used qualitative interviews to assess knowledge, willingness, and barriers to PrEP use among MSM; few MSM had previous knowledge of PrEP and were willing to use PrEP. Clinical, behavioural, social, and structural factors influencing participants' knowledge and willingness to take PrEP included concerns about efficacy and side effects, access to culturally congruent services for MSM, and stigma. Some participants reported that learning about PrEP online positively influenced their willingness to use PrEP. Participants' opinions about PrEP's contribution to risk compensation varied. Interventions to provide culturally congruent care and destigmatise PrEP for MSM at high risk for HIV acquisition, particularly those conducted collaboratively with Brazil's civil society movement, may enhance the public health effort to expand access to PrEP in Brazil. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	Brazil; HIV care continuum; men who have sex with men; PrEP; STD/STI	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2019	Mahroum, Naim; Bragazzi, Nicola Luigi; Brigo, Francesco; Waknin, Roy; Sharif, Kassem; Mahagna, Hussein; Amital, Howard; Watad, Abdulla	Capturing public interest toward new tools for controlling human immunodeficiency virus (HIV) infection exploiting data from Google Trends.	Health Informatics Journal	-	-	-	1741-2811 1460-4582	10.1177/1460458218766573	https://pubmed.ncbi.nlm.nih.gov/29638172/	Human immunodeficiency virus vaccination and pre-exposure prophylaxis represent two different emerging preventive tools. Google Trends was used to assess the public interest toward these tools in terms of digital activities. Worldwide web searches concerning the human immunodeficiency virus represented 0.34 percent, 0.03 percent, and 46.97 percent of human immunodeficiency virus, acquired immune deficiency syndrome, and human immunodeficiency virus/acquired immune deficiency syndrome treatment-related Google Trends queries, respectively. Concerning temporal trends, digital activities were shown to increase from 0 percent as of 1 January 2004 percent to 46 percent as of 8 October 2017 with two spikes observed in May and July 2012, coinciding with the US Food and Drug Administration approval. Bursts in search number and volume were noticed as human immunodeficiency virus vaccine trials emerged. This search topic has decreased in the past decade in parallel to the increase in Truvada-related topics. Concentrated searches were noticed among African countries with high human immunodeficiency virus/acquired immune deficiency syndrome prevalence. Stakeholders should take advantage of public interest especially in preventive medicine in high disease burden countries.	Humans; Truvada; *Public Opinion; HIV-1/pathogenicity; HIV Infections/*prevention & control/psychology; human immunodeficiency virus; acquired immune deficiency syndrome; Google Trends; Social Media/*instrumentation/*standards/trends; vaccination; web search	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	MAIA, ELIZABETE BATISTA REZENDE	ACEITABILIDADE À PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV PELAS TRAVESTIS E PELAS MULHERES TRANSEXUAIS: UMA REVISÃO SISTEMÁTICA Rio	-	-	UNIVERSIDADE FEDERAL DO ESTADO DO RIO DE JANEIRO	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=8270324	A profilaxia pré-exposição ao HIV (PrEP) consiste no uso diário dos antirretrovirais (ARV) tenofovir e emtricitabina por indivíduo não infectado pelo HIV, sob risco de adquirir a infecção. Um dos alvos prioritários são as travestis e as mulheres transexuais. O sucesso da PrEP depende do interesse delas em usar de forma regular os ARV. Objetivo: conhecer a aceitabilidade à PrEP pelas travestis e mulheres transexuais descrita na literatura. Metodologia: revisão sistemática. Os descritores utilizados foram "pessoas transgênero", transexualismo, "profilaxia pré-exposição", "combinação emtricitabina e tenofovir", HIV, "aceitação pelo paciente de cuidados de saúde" (em português, inglês e espanhol). Resultados: 802 artigos foram recuperados. Após aplicação dos critérios de elegibilidade, incluíram-se 14. Todos foram publicados em inglês e provenientes dos continentes Americano, Africano e Asiático. A faixa etária predominante foi de 18 a 35 anos de idade e a escolaridade acima de 8 anos. 52% das participantes relataram sexo comercial, 59% uso do preservativo com parceiro eventual ou comercial e 52% uso de hormônios femininos. A aceitabilidade à PrEP concentrou-se entre 60 e 80%. Fatores associados: estigma pela utilização de ARV, preocupação com efeitos colaterais e interação hormonal, dificuldade de acesso aos serviços de saúde e não percepção de risco de adquirir o HIV. Conclusão: a aceitabilidade à PrEP pelas travestis e mulheres transexuais sofre influência de múltiplos fatores. Sugere-se publicidade que valorize suas preocupações e vulnerabilidades, discussões sobre gênero e sexualidade nas salas de aula e cursos de extensão universitária aos profissionais formados.	Aceitabilidade;Mulher transexual;Profilaxia pré-exposição ao HIV;Revisão sistemática;Travesti.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Review
Article	2019	Maier M.M.; Gylys-Colwell I.; Lowy E.; Van Epps P.; Ohl M.; Chartier M.; Beste L.A.	Health Care Facility Characteristics are Associated with Variation in Human Immunodeficiency Virus Pre-exposure Prophylaxis Initiation in Veteran's Health Administration	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2360-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058616455&doi=10.1007%2fs10461-018-2360-6&partnerID=40&md5=ccd4303538091434e9d8038daab19eea	To quantify health care facility-level variation in pre-exposure prophylaxis (PrEP) use in the Veteran's Health Administration (VHA); to identify facility characteristics associated with PrEP use. Retrospective analysis of the health care facility-level rate of PrEP initiation in VHA through June 30, 2017. Standardized PrEP initiation rates were used to rank facilities. Characteristics of facilities, prescribers, and PrEP recipients were examined within quartiles. Multiple linear regression was used to identify associations between facility characteristics and PrEP use. We identified 1600 PrEP recipients. Mean PrEP initiation rate was 20.0/100,000 (SD 22.8), ranging from 3.0/100,000 (SD 2.0) in the lowest quartile to 48.1/100,000 (SD 29.1) in the highest. PrEP prescribing was positively associated with proportions of urban dwellers and individuals < 45, tertiary care status, and location. Variability in PrEP uptake across a national health care system highlights opportunities to expand access in non-tertiary care facilities and underserved areas. © 2018, This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.	Health care; HIV; Initiation; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mallayasamy S.; Chaturvedula A.; Fossler M.J.; Sale M.; Goti V.; Bumpus N.N.; Marzinke M.A.; Hendrix C.W.; Haberer J.E.	Tenofovir plasma concentration from preexposure prophylaxis at the time of potential HIV exposure: A population pharmacokinetic modeling and simulation study involving serodiscordant couples in east Africa	Antimicrobial Agents and Chemotherapy	-	-	-	664804	10.1128/AAC.00446-19	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070658182&doi=10.1128%2fAAC.00446-19&partnerID=40&md5=148aa22b1077692b06b7985d32454a8e	The Partners Demonstration Project was a prospective, open-label, implementation science-driven study of preexposure prophylaxis (PrEP) among heterosexual HIV serodiscordant couples in Kenya and Uganda. Adherence data were collected using the Medication Event Monitoring System (MEMS), and time of sexual activity was collected using the mobile phone short message service (SMS). Two plasma samples were collected at a single study visit. We integrated adherence, pharmacokinetics, and SMS data using a population pharmacokinetic (PopPK) model to simulate tenofovir plasma concentrations from PrEP at the time of sexual activity. In the first stage of this analysis, we used data from the current study to update a prior PopPK model of tenofovir (TFV) developed with data from the Partners PrEP Study (a phase III clinical trial). The second stage involved simulating plasma concentrations at the time of sexual activity using empirical Bayes estimates (EBEs) derived from the final model. In addition, EBEs from a previously published parent metabolite model of TFV (MTN-001, an open-label 3-way crossover study in healthy women) was used to simulate tenofovir diphosphate (TFV-DP) concentrations. We estimated percent PrEP "coverage" as the number of reported sexual events during which simulated concentrations were above an a priori threshold associated with a high degree of protection from HIV infection: Plasma TFV of >40 ng/ml and peripheral blood mononuclear cell (PBMC) TFV-DP concentration of >36 fmol/million cells. The levels of coverage were 72% for TFV and 81% for TFV-DP. These levels are consistent with a high degree of protection against HIV acquisition in this study of a pragmatic delivery model for antiretroviral-based HIV prevention. © 2019 American Society for Microbiology.	Population pharmacokinetics; Preexposure prophylaxis; PrEP; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2019	Mallayasamy S.; Chaturvedula A.; Fossler M.J.; Sale M.E.; Hendrix C.W.; Haberer J.E.	Assessment of Demographic and Socio-Behavioral Factors on Adherence to HIV Pre-Exposure Prophylaxis Using a Markov Modeling Approach	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2019.00785	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093363438&doi=10.3389%2ffphar.2019.00785&partnerID=40&md5=b5851b9dbce83a84f466e5a2db58f36c	Purpose: Adherence is important for the effectiveness of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP). The objective of the current work is to assess the impact of multiple demographic and socio-behavioral factors on the adherence to tenofovir-based PrEP among HIV serodiscordant couples in East Africa using Markov mixed-effects modeling approach. Methods: The Partners Demonstration Project was a prospective, open-label, implementation science-driven study of HIV PrEP among heterosexual HIV serodiscordant couples in Kenya and Uganda. The uninfected partner received oral PrEP according to the "bridge to antiretroviral therapy ART" strategy (i.e., until the infected partner had been on ART for ≥6 months). Adherence was monitored electronically; demographic and socio-behavioral data were collected during study visits. Analyzed data reflect 12 months of follow-up per participant. A two-state, first-order, discrete time Markov model was developed with longitudinal adherence data characterized by "dose taking (1)" and "dose missing (0)." Covariate effects were linearly added in the logit domain of transition probability parameters (P01 and P10) in the model. The full covariate model was initially developed, followed by backward elimination process to reduce the model. All significant covariates reported by a prior primary statistical analysis of the same data were included in the full covariate model. Results: The model included data from 920 participants, who were predominantly male (65%). Significant covariates associated with higher adherence were 25 years or older odds ratio (OR) for P10, 0.61, female sex (OR for P10, 0.67), participant wanting the relationship with the partner to succeed (OR for P10, 0.79; OR for P01, 1.45), and sex with partner either with 100% or <100% condom use compared to those reported no sex (OR for P10, 0.84; OR for P01, 1.21). Significant covariates associated with lower adherence were partner on ART >6 months (OR for P01, 0.86; OR for P10, 1.34), subject in the study for >6 months (OR for P01, 0.8; OR for P10, 1.25), and problematic alcohol use (OR for P01, 0.63; OR for P10, 1.16). Conclusion: The developed Markov model provides a mechanistic understanding of relationship between demographic, socio-behavioral covariates, and PrEP adherence, by indicating the pattern of adherence influenced by each factor over time. Such data can be used for further intervention development to promote PrEP adherence. © Copyright © 2019 Mallayasamy, Chaturvedula, Fossler, Sale, Hendrix and Haberer.	adherence; covariates; HIV; Markov model; preexposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mandal S.; Kang G.; Prathipati P.K.; Zhou Y.; Fan W.; Li Q.; Destache C.J.	Nanoencapsulation introduces long-acting phenomenon to tenofovir alafenamide and emtricitabine drug combination: A comparative pre-exposure prophylaxis efficacy study against HIV-1 vaginal transmission	Journal of Controlled Release	-	-	-	1683659	10.1016/j.jconrel.2018.12.027	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058950216&doi=10.1016%2fj.jconrel.2018.12.027&partnerID=40&md5=73d84ce4fc76b06a4fbeccf0c84fcb73	Daily oral antiretroviral (ARV) drugs for pre-exposure prophylaxis (PrEP) has proven efficacy for diverse groups of high-risk individuals. However, daily dosing regimen has augmented non-adherence. These experiments comparatively investigated the long-acting (LA) PrEP potency of subcutaneous (SubQ) administrated tenofovir alafenamide (TAF) and emtricitabine (FTC) loaded nanoparticles (NPs) to solution in humanized (hu) mice. TAF + FTC NPs and TAF + FTC solution (each drug at 200 mg/kg) were administered to hu-CD34-NSG mice (n = 3/time point) for plasma and tissue pharmacokinetic parameter estimation using LC-MS/MS. NP enhanced tissue ARV assimilation compared to plasma. The same dose was administered for PrEP efficacy in HIV-1 challenged hu-BLT mice (n = 5/group). The hu-BLT mice were vaginally challenged with a transmission-founder (T/F) virus at 5 × 105 TCID50 inoculation, on day 4, 7 and 14 post-SubQ treatments (PT) and were compared to infected-untreated-control hu-BLT mice. By 21 days PT, 100% TAF + FTC solution-treated and control-untreated mice were infected. However, TAF + FTC NPs resulted in significant (p =.0002) protection from HIV-1 (day 4: 80%, day 7 and 14: 60%, respectively) compared to control mice. This proof-of-concept study demonstrated detectable TAF/FTC vaginal levels among TAF + FTC NP-treated hu-BLT mice correlating with prolonged PrEP efficacy, thus establishing long-acting TAF + FTC NPs as a potential PrEP modality. © 2018	Emtricitabine; HIV-1 prevention; Long-acting; Nanoparticles; Tenofovir alafenamide	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Mannheimer S.; Hirsch-Moverman Y.; Franks J.; Loquere A.; Hughes J.P.; Li M.; Amico K.R.; Grant R.M.	Factors Associated with Sex-Related Pre-exposure Prophylaxis Adherence among Men Who Have Sex with Men in New York City in HPTN 067	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001965	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062857874&doi=10.1097%2fQAI.0000000000001965&partnerID=40&md5=f5a13de317f2d780356f16320ab7ae16	Background:HPTN 067 assessed the feasibility of daily and non-daily dosing of open-label emtricitabine/tenofovir disoproxil fumarate (FTC/TDF)-based pre-exposure prophylaxis (PrEP).Methods:Factors associated with sex-related PrEP adherence were assessed among men who have sex with men (MSM) randomized to one of 3 PrEP dosing arms in HPTN 067 in New York City. Sex-related PrEP adherence was defined per protocol as at least 1 PrEP tablet taken within 4 days pre-sex and at least 1 additional PrEP tablet taken within 24 hours post-sex, assessed via electronic drug monitoring and weekly interviews. Demographic data and behavioral measures were evaluated for association with sex-related PrEP adherence. Logistic regression for clustered data was used to estimate the unadjusted and adjusted odds ratios.Results:Of 176 randomized MSM participants, 59% were Black, 10% White, 25% Hispanic, and 6% other; median age was 31 years. In the multivariable analyses, higher sex-related PrEP adherence was significantly associated with daily dosing arm, older age, employment, and higher PrEP adherence behavioral skills. Lower sex-related PrEP adherence was significantly associated with identifying as Black or Hispanic (compared with White), opiate use, and reporting "I forgot" as an adherence barrier.Conclusions:This analysis identified populations of MSM who might benefit from additional support to optimize PrEP adherence, including those who are younger, unemployed, or opiate users. MSM with lower PrEP behavioral skills may benefit from targeted interventions. Further study is needed to assess racial and ethnic disparities in PrEP adherence, which may reflect broader social and economic inequalities not captured in this study. © 2019 Wolters Kluwer Health, Inc.	adherence; Black MSM; Hispanic; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mansergh G.; Baack B.N.; Holman J.; Mimiaga M.J.; Landers S.; Herbst J.H.	Quantitative Assessment of Brief Messages about HIV Pre-exposure Prophylaxis among HIV-Infected and HIV-Uninfected Black/African American and Hispanic/Latino MSM	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000001869	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058436259&doi=10.1097%2fQAI.0000000000001869&partnerID=40&md5=1557e4130f96018a84b03fd7827c9658	Background:HIV pre-exposure prophylaxis (PrEP) is efficacious; however, many men who have sex with men (MSM) (especially racial/ethnic minorities) are still unaware of and underuse it.Methods:The 2014 Messages4Men Study focuses on black and Hispanic/Latino MSM in Chicago, Fort Lauderdale, and Kansas City (n = 937). Brief (2-3 sentence) messages were tested: a PrEP message tailored for HIV-uninfected MSM (n = 607) and a PrEP message tailored for HIV-infected MSM (n = 330). After reading the message, participants reported believability and awareness, and intent to use PrEP and condoms. Analyses consisted of bivariate and multivariable approaches.Results:Among HIV-uninfected MSM, black (vs Hispanic/Latino) MSM indicated greater intentions to use PrEP (81% vs 70% respectively, P < 0.05); 72% overall had similar intentions to use condoms after hearing a PrEP message. PrEP information was new (63%) and believable (80%), with no racial/ethnic differences (P > 0.05). In multivariable analysis, men who reported recent condomless anal sex were less likely to report that the PrEP message enhanced their intent to use condoms in the future.Discussion:Several years into the availability of PrEP, black and Hispanic/Latino MSM continue to be unaware of PrEP and its benefits, although information is largely believable once provided. The HIV prevention field should be prepared to incorporate new information about HIV prevention options into brief messages delivered through technology and social media. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	black/African American; gay men; Hispanic/Latino; HIV; messaging; MSM; PrEP; prevention; prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mansoor L.E.; Yende-Zuma N.; Baxter C.; Mngadi K.T.; Dawood H.; Gengiah T.N.; Samsunder N.; Schwartz J.L.; Doncel G.F.; Abdool Karim Q.	Integrated provision of topical pre-exposure prophylaxis in routine family planning services in South Africa: a non-inferiority randomized controlled trial	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25381	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072051423&doi=10.1002%2fjia2.25381&partnerID=40&md5=9c054cbf2027cf383b9aa16d76bfb5ee	Introduction: Tenofovir-containing oral pre-exposure prophylaxis (PrEP) is recommended for those at substantial risk as part of combination HIV prevention. However, there are limited data, beyond clinical trial settings, to guide the introduction of PrEP in healthcare services with adequate levels of adherence. Since young women in Africa are at high risk of HIV and likely to utilize family planning (FP) services, the feasibility, acceptability and effectiveness of integrating topical PrEP provision into routine FP services was assessed. Methods: This two-arm, randomized controlled, non-inferiority, open-label extension trial was undertaken in urban and rural KwaZulu-Natal, South Africa. HIV-negative eligible women (n = 372) from the parent trial (Centre for the AIDS Programme of Research in South Africa (CAPRISA) 004) were randomized to receive tenofovir gel either through intervention (FP clinics, n = 189) or control clinics (CAPRISA research clinics, n = 183). Non-inferiority was predefined as gel use in the intervention clinics would be no more than 20% lower than in the control clinics. Adherence, retention and HIV incidence rates were assessed. Results: Women were enrolled between November 2012 and October 2014, and followed up for 682.3 women-years (mean = 22 months). Baseline characteristics of women in intervention and control clinics were comparable and retention rates were 92.1% and 92.3% respectively. Women in intervention clinics and control clinics returned on average 5.2 (95% confidence interval (CI): 4.7 to 5.7) and 5.7 (CI: 5.2 to 6.2) used gel applicators per month respectively, with a mean difference of −0.47 (CI: −1.16 to 0.21). Per-protocol estimates were on average 5.5 (CI: 5.0 to 6.1) and 5.8 (CI: 5.3 to 6.3) respectively, with a mean difference of −0.25 (CI: −0.98 to 0.48), meeting the non-inferiority criteria. Adherence, based on proportion of reported sex acts covered by two gel doses, was 79.9% (CI: 76.7 to 83.2) in intervention compared with 73.9% (CI: 70.7 to 77.1) in control clinics; mean difference 6.0% (CI: 1.5 to 10.6) (p = 0.009). HIV incidence rates were 3.5 (CI: 1.8 to 6.0) and 3.6 (CI: 1.9 to 6.3) per 100 women-years in intervention and control clinics respectively. Both these incidence rates were lower than the age-standardized rate of 6.2 per 100 women-years (n = 444) in the placebo arm of the parent trial (p = 0.019). Conclusions: Provision of topical PrEP as part of an integrated FP service achieved higher adherence, and was as feasible, acceptable and effective in preventing HIV as provision through a research setting. This provides useful evidence for scale-up of oral PrEP in urban and rural high burden communities. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; HIV prevention; implementation of PrEP scale-up; integration into family planning services; pre-exposure prophylaxis (PrEP); tenofovir	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2019	Marcus J.L.; Hurley L.B.; Dentoni-Lasofsky D.; Ellis C.G.; Silverberg M.J.; Slome S.; Snowden J.M.; Volk J.E.	Barriers to preexposure prophylaxis use among individuals with recently acquired HIV infection in Northern California	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1533238	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054813028&doi=10.1080%2f09540121.2018.1533238&partnerID=40&md5=2b2de272c5f9dc2f22209ceed6fbe3b2	Barriers to HIV preexposure prophylaxis (PrEP) use have not been well-characterized in people who became HIV-infected, all of whom could have benefited from PrEP. We invited Kaiser Permanente Northern California members diagnosed with HIV during 2014–2016, following a negative HIV test in the prior year, to complete a survey assessing barriers to PrEP use before HIV diagnosis. Of 268 patients surveyed, 122 (46%) responded. Median age was 36, most (84%) were men who have sex with men, and 64% were of minority racial/ethnic background. Thirty-six (30%) had discussed PrEP with a provider, of whom 10 were diagnosed with HIV at PrEP intake. Overall, only 5 (4.1%) had used PrEP, and all 5 discontinued before diagnosis. Among all respondents, the most common barrier to PrEP use was lack of PrEP awareness (51%). Among those aware of PrEP, the most common barriers were cost/insurance concerns (36%) and perceived low risk for HIV (24%). Lack of PrEP awareness ranged from 39% among those aged 25–34 to 88% among those aged <25 (P = 0.011), and from 33% among Hispanics to 69% among Blacks (P = 0.055). Increasing awareness and affordability of PrEP, and facilitating accurate assessment of HIV risk, are critical to reducing missed opportunities for PrEP. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	awareness; cost; Human immunodeficiency virus (HIV); implementation; preexposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Marcus, Julia L; Hurley, Leo B; Krakower, Douglas S; Alexeeff, Stacey; Silverberg, Michael J; Volk, Jonathan E	Use of electronic health record data and machine learning to identify candidates for HIV pre-exposure prophylaxis: a modelling study.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(19)30137-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152802	BACKGROUND: The limitations of existing HIV risk prediction tools are a barrier to implementation of pre-exposure prophylaxis (PrEP). We developed and validated an HIV prediction model to identify potential PrEP candidates in a large health-care system. METHODS: Our study population was HIV-uninfected adult members of Kaiser Permanente Northern California, a large integrated health-care system, who were not yet using PrEP and had at least 2 years of previous health plan enrolment with at least one outpatient visit from Jan 1, 2007, to Dec 31, 2017. Using 81 electronic health record (EHR) variables, we applied least absolute shrinkage and selection operator (LASSO) regression to predict incident HIV diagnosis within 3 years on a subset of patients who entered the cohort in 2007-14 (development dataset), assessing ten-fold cross-validated area under the receiver operating characteristic curve (AUC) and 95% CIs. We compared the full model to simpler models including only men who have sex with men (MSM) status and sexually transmitted infection (STI) positivity, testing, and treatment. Models were validated prospectively with data from an independent set of patients who entered the cohort in 2015-17. We computed predicted probabilities of incident HIV diagnosis within 3 years (risk scores), categorised as low risk (<0·05%), moderate risk (0·05% to <0·20%), high risk (0·20% to <1·0%), and very high risk (≥1·0%), for all patients in the validation dataset. FINDINGS: Of 3â750â664 patients in 2007-17 (3â143â963 in the development dataset and 606â701 in the validation dataset), there were 784 incident HIV cases within 3 years of baseline. The LASSO procedure retained 44 predictors in the full model, with an AUC of 0·86 (95% CI 0·85-0·87) for incident HIV cases in 2007-14. Model performance remained high in the validation dataset (AUC 0·84, 0·80-0·89). The full model outperformed simpler models including only MSM status and STI positivity. For the full model, flagging 13â463 (2·2%) patients with high or very high HIV risk scores in the validation dataset identified 32 (38·6%) of the 83 incident HIV cases, including 32 (46·4%) of 69 male cases and none of the 14 female cases. The full model had equivalent sensitivity by race whereas simpler models identified fewer black than white HIV cases. INTERPRETATION: Prediction models using EHR data can identify patients at high risk of HIV acquisition who could benefit from PrEP. Future studies should optimise EHR-based HIV risk prediction tools and evaluate their effect on prescription of PrEP. FUNDING: Kaiser Permanente Community Benefit Research Program and the US National Institutes of Health.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2019	Marcus, Julia L; Katz, Kenneth A; Krakower, Douglas S; Calabrese, Sarah K	Risk Compensation and Clinical Decision Making - The Case of HIV Preexposure Prophylaxis.	New England Journal of Medicine	-	-	-	1533-4406	10.1056/NEJMp1810743	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6396306	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Essay	2019	Marcus, Julia L; Krakower, Douglas S	Working Toward Broad and Equitable Access to HIV Preexposure Prophylaxis.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2019.305254	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6686886	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Mårdh, Otilia; Quinten, Chantal; Kuchukhidze, Giorgi; Seguy, Nicole; Dara, Masoud; Amato-Gauci, Andrew J; Pharris, Anastasia	HIV among women in the WHO European Region - epidemiological trends and predictors of late diagnosis, 2009-2018.	Eurosurveillance	-	-	-	1560-7917	10.2807/1560-7917.ES.2019.24.48.1900696	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6891943	Human immunodeficiency virus (HIV) transmission among women remains an issue in the WHO European Region, with nearly 50,000 women diagnosed in 2018 and over half (54%) diagnosed late. Although new HIV diagnoses declined between 2009 and 2018 in the West of the Region, they increased in the Centre and East. Understanding the characteristics of women diagnosed with HIV can inform gender-sensitive prevention services including pre-exposure prophylaxis and early testing and linkage to care.	HIV infection, Europe, women, epidemiology, late diagnosis, multivariate analysis, surveillance	English	Sweden	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2019	Maria D.S.; Gallardo K.R.; Narendorf S.; Petering R.; Barman-Adhikari A.; Flash C.; Hsu H.-T.; Shelton J.; Ferguson K.; Bender K.	Implications for prep uptake in young adults experiencing homelessness: A mixed methods study	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2019.31.1.63	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061407112&doi=10.1521%2faeap.2019.31.1.63&partnerID=40&md5=b38a42ad13b00766ee15b35a5e932d58	Youth experiencing homelessness (YEH) have a high risk of contracting HIV; however, they remain relatively unreached by pre-exposure prophylaxis (PrEP)-based HIV prevention initiatives. We used a cross-sectional mixed-methods study to explore PrEP knowledge, interest, facilitators, and barriers among YEH. Young adults were recruited from agencies serving YEH in Houston, TX (n = 30) and Los Angeles, CA (n = 15) to participate in an electronic self-report survey and a semistructured interview. Survey results indicate that 68.2% of YEH had low or no prior knowledge of PrEP, though 63.7% reported interest in taking PrEP. Qualitative results revealed facilitators of PrEP use, including high PrEP acceptability and awareness, and supportive social networks. Several barriers emerged, including medication-related barriers, adherence, cost, access barriers, low perceived HIV risk, perceived stigma of PrEP use, and low PrEP awareness. Despite high PrEP acceptability, PrEP use among YEH remains low partly due to low PrEP awareness, low perceived HIV risk, and medical mistrust. © 2019 The Guilford Press.	HIV prevention; Pre-exposure prophylaxis(PrEP); PrEP perceptions; Youth experiencing homelessness (YEH)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Marins L.M.S.; Torres T.S.; Leite I.D.C.; Moreira R.I.; Luz P.M.; Hoagland B.; Kallas E.G.; Madruga J.V.; Liu A.Y.; Anderson P.L.; Grinsztejn B.; Veloso V.G.	Performance of HIV pre-exposure prophylaxis indirect adherence measures among men who have sex with men and transgender women: Results from the PrEP BrasIL study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0221281	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070862776&doi=10.1371%2fjournal.pone.0221281&partnerID=40&md5=f90fd2c10847085b6b36d44ca78391a3	Introduction Efficacy of daily emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) for PrEP is strongly dependent on the adherence. We examined the concordance between indirect adherence measures and protective drug levels among participants retained through 48 weeks in the PrEP Brasil Study. Methods PrEP Brasil was a prospective, multicenter, open-label demonstration project evaluating PrEP provision for men who have sex with men (MSM) and transgender women (TGW) at higher risk for HIV infection within the setting of Brazilian Public Health System. Three indirect adherence measures were obtained at week 48: medication possession ratio (MPR), pill count and self-report (30-days recall). Tenofovir diphosphate (TFV-DP) concentration in Dried Blood Spot (DBS) was measured at week 48. Areas under (AUC) the receiver operating characteristics (ROC) curve were used to evaluate the concordance between achieving protective drug levels (TFV-DP700fmol/punch) and the indirect adherence measures. Youden's index and distance to corner were used to determine the optimal cutoff points for each indirect adherence measure. We calculated sensitivity, specificity, negative (NPV) and positive (PPV) predictive values for the found cutoff points. Finally, Delong test was used to compare AUCs. Results and discussion From April, 2014 to July, 2016, 450 participants initiated PrEP, 375(83.3%) were retained through 48 weeks. Of these, 74% (277/375) had TFV-DP 700fmol/punch. All adherence measures discriminated between participants with and without protective drug levels (AUC>0.5). High indirect adherence measure was predictive of protective drug levels (PPV>0.8) while low indirect adherence measure was not predictive of lack of protective drug levels (NPV<0.5). No significant differences were found between the adherence methods (p = 0.44). Conclusions Low-burden measurements such as MPR and self-report can be used to predict PrEP adherence in a public health context in Brazil for MSM and TGW retained through 48 weeks. © 2019 Marins et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdolescentAdultAnti-HIV AgentsBrazilDried Blood Spot TestingEmtricitabine, Tenofovir Disoproxil Fumarate Drug CombinationFeasibility StudiesFemaleHIV InfectionsHumansMaleMedication AdherencePre-Exposure ProphylaxisProspective StudiesSelf ReportSexual and Gender MinoritiesTransgender PersonsTreatment OutcomeYoung Adult	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2019	MARINS, LUANA MONTEIRO SPINDOLA	Adesão à profilaxia pré-exposição em homens que fazem sexo com homens (HSH) e mulheres transexuais em risco de contrair HIV	-	-	Fundação Oswaldo Cruz. Instituto Nacional de Infectologia Evandro Chagas	-	-	NA	https://www.arca.fiocruz.br/handle/icict/48563	Em uma epidemia concentrada, o HIV se espalha rapidamente em uma ou mais subpopulações específicas, com propagação relativamente modesta na população geral. Na América Latina, algumas populações-chave, como gays, bissexuais e outros homens que fazem sexo com homens (HSH), travestis e mulheres transgêneros (TrMT), são desproporcionalmente afetadas pelo HIV/aids, tendência que está se tornando mais forte nos últimos anos. A Profilaxia Pré-exposição (PrEP) se baseia no uso de medicamentos antirretrovirais (ARV) para a prevenção da aquisição do HIV. O uso diário da combinação oral de entricitabina e tenofovir disoproxil fumarato (FTC/TDF) é eficaz para PrEP, sendo disponível no Sistema Único de Saúde do Brasil (SUS) desde dezembro de 2017. Estudos demonstraram uma forte associação entre os níveis farmacológicos de FTC/TDF no plasma e no interior das células e da proteção contra a aquisição do HIV, atingindo 97-100% de proteção quando os níveis de adesão são alcançados. Objetivos: Descrever padrões e correlações da adesão à PrEP entre HSH e TrMT de um projeto demonstrativo (PrEP Brasil); avaliar efetividade de mensagens de texto (SMS) na adesão à PrEP; avaliar a adesão autorrelatada da PrEP e suas barreiras e facilitadores. Primeiro Artigo: Examinar a concordância entre três medidas de adesão indireta (taxa de posse de medicamento ou MPR, contagem de comprimidos e autorrelato) e níveis de medicamento altamente protetores medidos a partir de sangue coletado em papel de filtro (Dried Blood Spots - DBS) entre participantes retidos por 48 semanas no Estudo PrEP Brasil. Os níveis séricos de difosfato de tenofovir (TFV-DP) no DBS foram medidos na semana 48. Áreas sob a curva (AUC) foram usadas para avaliar a concordância entre alcançar níveis protetores de TFV-DP (700fmol/punch) e as medidas de adesão indireta. Os métodos de Youden Index e Distance to Corner foram empregados para determinar os pontos de corte ideais para cada medida de adesão indireta. Sensibilidade, Especificidade e valores preditivos negativo (VPN) e positivo (VPP) foram calculados para cada ponto de corte encontrado. Finalmente, o teste de Delong foi usado para comparar as AUCs. Todas as medidas de adesão indireta foram capazes de discriminar entre participantes com e sem níveis protetores de TDF-DP (AUC> 0,5). Altos valores de adesão nas três medidas indiretas foram preditivos de níveis protetores (VPP> 0,8), enquanto baixos valores não foram preditivos para a falta de níveis protetores (VPN <0,5). Não foram encontradas diferenças significativas entre os métodos de adesão (p = 0,44). Segundo Artigo: Avaliar a eficácia do SMS em melhorar a adesão ao uso diário de FTC/TDF durante o estudo PrEP Brasil. Um sub-estudo piloto de SMS interativo foi oferecido a todos os participantes na visita de triagem. Os indivíduos que concordaram em participar foram randomizados 1: 1 para receber apenas o atendimento padrão (SoC), que incluiu aconselhamento de adesão, ou intervenção (SMS). Foram enviados SMS semanalmente aos participantes em um horário pré-determinado. A adesão adequada à PrEP foi definida como tendo MPR ≥ 1,02, que foi o melhor ponto de corte para alcançar níveis protetores de TFV-DP nas semanas 4 e 48. Equações de Estimativas Generalizadas (GEE) foram utilizadas para acessar os fatores associados a adesão adequada à PrEP. Dos 450 participantes incluídos no PrEP Brasil, 417 (92.7%) foram randomizados no sub-estudo: 210 no braço SoC e 207 no braço SMS. Um total de 347 (83.2%) participantes completaram o estudo, e receber SMS não aumentou a retenção na semana 48. Uma maior proporção de participantes no grupo recebendo SMS apresentou adesão adequada à PrEP ao longo do estudo. Em análise multivariada, receber SMS foi preditor de adesão adequada à PrEP (AOR = 1,37; IC 95%: 1,07-1,75) quando ajustado ix por visita, localidade, idade sexo anal receptivo sem preservativo e uso de álcool. Terceiro Artigo: Avaliar a adesão autorrelatada à PrEP (recordatório de 30 dias) e as barreiras e facilitadores percebidos entre os retidos por 48 semanas no estudo da PrEP Brasil. A regressão logística foi utilizada para avaliar os preditores da adesão ótima (= 100%). A mediana de adesão nos últimos 30 dias foi de 100% (IQR: 92-100); 60,6% dos participantes (205/338) relataram adesão ótima. A maioria (82,2%; 278/338) dos participantes relatou não ter dificuldade em tomar FTC / TDF e 81,3% (274/338) relataram capacidade excelente ou muito boa. Barreiras e facilitadores percebidos foram relatados por 38,2% (129/338) e 98,5% (333/338), respectivamente; os principais facilitadores do uso da PrEP incluíram a associação com alguma atividade diária (59%), envolvimento com a PrEP (49%), manter os comprimidos em algum lugar visível e transportar a medicação com eles (45%), uso de alarme (39%) e medo de se infectar pelo HIV (38%). As principais barreiras para a PrEP incluíram o esquecimento de doses (50%), mudança na rotina diária (38%), falta de pílulas (25%) e ausência da pílula no momento da dose (12%). Dificuldades relatadas devido ao uso de drogas ou álcool, nenhum risco percebido, questões de privacidade ou efeitos colaterais foram incomuns (≤ 10%). Na análise multivariada, ser do Rio de Janeiro, TrMT, o uso de estimulantes e ter percepção de barreiras à PrEP foram associados à diminuição da chance de adesão ótima. Conclusões: Altos níveis de adesão mensurados por diferentes métodos indiretos (contagem de comprimidos, MPR e autorrelato) foram verificados na semana 48 e todos os métodos foram capazes de discriminar participantes que atingiram ou não níveis protetores de tenofovir. A intervenção por SMS foi eficaz para melhorar a adesão e a cobertura de PrEP ao longo do estudo, mas não teve impacto na retenção na semana 48. Nossos achados fornecem informações para elaboração, reforço e atualização de estratégias para melhorar a adesão, e para desenvolver as melhores práticas para promover a adesão à PrEP em nosso contexto.	PrEP;Adesão à PrEP;Facilitadores do uso da PrEP;Barreiras ao uso da PrEP;Prevenção do HIV;América Latina;Detecção de Drogas;SMS	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2019	Marrazzo, Jeanne M; Rabe, Lorna; Kelly, Cliff; Richardson, Barbra; Deal, Carolyn; Schwartz, Jill L; Chirenje, Z M; Piper, Jeanna; Morrow, Rhoda Ashley; Hendrix, Craig W; Marzinke, Mark A; Hillier, Sharon L	Tenofovir Gel for Prevention of Herpes Simplex Virus Type 2 Acquisition: Findings From the VOICE Trial.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiz045	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6534189	BACKGROUND: Genital infection with herpes simplex virus type 2 (HSV-2) is common and increases risk of human immunodeficiency virus (HIV) transmission and acquisition. Pericoital use of tenofovir (TFV) gel provided protection from HSV-2 acquisition in the CAPRISA 004 study. METHODS: We measured estimate of effect of vaginal TFV 1% gel in preventing HSV-2 acquisition among women in VOICE, randomized, double-blinded, placebo-controlled trial assessing daily use of oral and vaginal TFV for HIV-1 preexposure prophylaxis. The TFV level in plasma at the first quarterly visit was used as a measure of gel use. RESULTS: Of 566 participants at risk for HSV-2 acquisition, 532 (94%) had first-quarter plasma TFV and end-of-study HSV-2 serologic data available. Over a follow-up period of 501 person-years, 92 incident cases of HSV-2 acquisition occurred: 77 were in women with no TFV detected in plasma, and 15 occurred in women with TFV detected in plasma (incidence, 20.6 cases/100 person-years 95% confidence interval CI, 16.2-25.7 vs 11.9 cases/100 person-years 95% CI, 6.6-19.6, respectively). TFV detection in plasma was associated with a trend toward a reduced risk of HSV-2 seroconversion, with an unadjusted hazard ratio (HR) of 0.59 (95% CI, .34-1.02; P = .060) and a HR adjusted for site, age, having ≥2 male sex partners in the past 3 months, use of hormonal contraception, having anal sex in the past 3 months, and HIV status of 0.60 (95% CI, .33-1.08; P = .086). CONCLUSIONS: Detection of TFV in plasma among TFV gel users was associated with a trend toward a reduced risk of HSV-2 acquisition, after controlling for sexual behavior and HIV-1 acquisition.	Herpes simplex virus, genital herpes, HIV-1, tenofovir, preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Marsh K.J.; Rothenberger M.	A Young Black MSM on PrEP Is Lost to Follow-Up and Acquires HIV Infection: A Case to Call for Improved Strategies to Support Youth Adherence and Engagement in HIV Prevention	Journal of the International Association of Physicians in AIDS Care	-	-	-	23259574	10.1177/2325958219853834	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067184912&doi=10.1177%2f2325958219853834&partnerID=40&md5=c5b7e748e10a3abfba13f785fe74c92a	Young men who have sex with men (YMSM) are disproportionately affected by HIV in the United States. High-risk sexual behaviors are difficult to modify; thus, HIV pre-exposure prophylaxis (PrEP) with a daily pill is a promising prevention tool for this vulnerable population. We present a case of a young black MSM who was able to successfully access PrEP with the help of a community program but was not able to adhere to the regimen or engage in care. He ultimately acquired HIV infection. We review the existing literature and advocate for increased services and research to support youth's adherence to PrEP and engagement in HIV prevention programs, with a focus on YMSM of color. © The Author(s) 2019.	adolescent HIV; HIV prevention; PrEP; YBMSM; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Martin M.; Vanichseni S.; Sangkum U.; Mock P.A.; Leethochawalit M.; Chiamwongpaet S.; Pitisuttithum P.; Kaewkungwal J.; van Griensven F.; McNicholl J.M.; Tappero J.W.; Mastro T.D.; Kittimunkong S.; Choopanya K.	HIV Incidence and Risk Behaviours of People Who Inject Drugs in Bangkok, 1995–2012	EClinicalMedicine	-	-	-	25895370	10.1016/j.eclinm.2019.03.012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064549413&doi=10.1016%2fj.eclinm.2019.03.012&partnerID=40&md5=020d7fdc38e988d31ec1158736d39059	Background: Three consecutive prospective studies were conducted among people who inject drugs (PWID) from May 1995 through June 2012 in Bangkok, Thailand. We examined data from these studies to evaluate HIV incidence and explore trends in risk behaviours. Methods: We used data from a 1995–1998 cohort study, a 1999–2004 HIV vaccine trial, and a 2005–2012 HIV pre-exposure prophylaxis (PrEP) study to examine per-quarter trends in HIV incidence, using a restricted cubic spline function for time in a Poisson regression. We also examined temporal trends in HIV-associated risk behaviours. Findings: HIV incidence declined from 5.7 per 100 person-years during the cohort study, to 2.7 per 100 person-years in the vaccine trial, to 0.7 per 100 person-years among PrEP study placebo recipients. Incidence peaked at 12.1 per 100 person-years in 1996 and declined to < 1.0% during 2005–2012. Reports of injecting drugs and sharing needles also declined from the cohort study to the PrEP study (p < 0.0001). Heroin was the most common drug injected during the cohort study and the vaccine trial, but stimulants (e.g., methamphetamine) and sedatives (e.g., midazolam) were injected more often during the PrEP study. Interpretation: HIV incidence among PWID declined during 2005–2012. Several factors likely contributed to the decline, including decreases in the frequency of injecting and sharing, improved access to HIV testing and antiretroviral therapy, and the use of PrEP. Expanding access to effective HIV prevention tools can hasten control of the HIV epidemic among PWID. Funding: The Bangkok Metropolitan Administration and U.S. Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. © 2019	HIV; HIV pre-exposure prophylaxis; People who inject drugs; Tenofovir; Thailand	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Martinez J.E.; Jonas K.J.	Pre-exposure prophylaxis sorting among men who have sex with men	AIDS Care	-	-	-	9540121	10.1080/09540121.2018.1533229	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054757023&doi=10.1080%2f09540121.2018.1533229&partnerID=40&md5=d36e933e1c0135750ba63cd1dca58deb	Factors such as race, masculinity, and sexually transmitted infections have been documented to influence partner selection in men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) has received mixed evaluations as a responsible step in HIV prevention and as an enabler of riskier sexual practices. PrEP may consequently serve as an additional factor in partner choice. We examine the role that PrEP use and "promiscuity" play in affiliation and dating decisions by men who have sex with men with different HIV and PrEP stati. We invited 450 MSM across the United States from a smartphone geo-locating sex application to complete a survey of which 339 successfully finished the task. The survey contained vignettes of fictional men who were promiscuous or monogamous and either taking PrEP or not. Participants provided responses on whether to affiliate with these characters in three social domains: as friends, dates, or sex partners. Neither PrEP nor promiscuity influenced friendship choices. There was a preference for dating monogamous characters. Critically, PrEP influenced sexual affiliations for HIV negative individuals who showed a preference for PrEP-using characters. The pattern of results provides quantitative evidence for PrEP-based sexual sorting aimed at reducing risk of HIV transmission. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	HIV; partner selection; Pre-exposure prophylaxis; PrEP sorting; risk reduction	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Martinez-Lacabe A.	The non-positive antiretroviral gay body: the biomedicalisation of gay sex in England	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2018.1539772	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059661075&doi=10.1080%2f13691058.2018.1539772&partnerID=40&md5=3e1ec7252c8e80f64a0cb1a0d60e6012	Drawing on testimonies from oral history interviews, this paper analyses the implications of pre-exposure prophylaxis (PrEP) practices for gay men in England. Through perspectives on biomedicalisation, the paper focuses on three aspects relevant to the construction of technoscientific identities in the realm of HIV prevention: (i) the question of agency of PrEP users in the context of what has been defined as a biomedical intervention, (ii) practices of freedom framed within neoliberal narratives of personal responsibility versus responsibilisation and (iii) the governance of risk in the era of biomedicalisation. The paper concludes that biomedical governmentalities, even those shaped by the rhetoric of personal responsibility, can be understood as rationalities linked more to solidarity and care of the other. Despite this, the use of PrEP in England is also giving way to the configuration of new sexual scenarios shaped by zero-risk mentalities. It will be important to remain alert to the implications of zero-risk scenarios for HIV-related stigma. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	biomedical govermentalities; biomedicalisation; HIV narratives; oral history; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2019	Martín-Illana, Araceli; Cazorla-Luna, Raúl; Notario-Pérez, Fernando; Bedoya, Luis Miguel; Ruiz-Caro, Roberto; Veiga, María Dolores	Freeze-dried bioadhesive vaginal bigels for controlled release of Tenofovir.	European Journal of Pharmaceutical Sciences	-	-	-	1879-0720 0928-0987	10.1016/j.ejps.2018.10.013	https://pubmed.ncbi.nlm.nih.gov/30343152/	Nowadays, million women live with the human immunodeficiency virus (HIV) worldwide and many of them are dying per year, particularly in Sub-Saharan Africa. The development of systems that can be accessed by this population group to prevent the sexual transmission of the virus is therefore necessary. The aim of this work was the formulation of freeze-dried bioadhesive vaginal bigels releasing Tenofovir in a controlled manner. Systems containing three different proportions of guar gum hydrogel and sesame oil were prepared, adding Span®60 or Span®60 and Tween®60 as surfactants. Drug and excipients were evaluated by cytotoxicity assays, showing no toxicity at the concentrations tested neither for the drug nor any of the excipients. Fresh formulations were characterised through texture analyses and confocal laser microcopy. The system with the lowest guar gum hydrogel/sesame oil proportion and containing Span®60 and Tween®60 (batch ST1) had the highest consistency and adhesion capacity according to texture analyses. Furthermore, a genuine bigel microstructure was observed. After freeze-drying, swelling, bioadhesion and drug release tests were performed on the resulting systems. ST1 showed the longest bioadhesion time and the most controlled release, as well as a low swelling grade, becoming an interesting option for preventing HIV sexual transmission in women.	pre-exposure prophylaxis; sustained drug release; women's health	English	Netherlands	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2019	Mathias, Augusto; Alves dos Santos, Lorruan; Grangeiro, Alexandre; Couto, Marcia Thereza	Thematic synthesis HIV prevention qualitative studies in men who have sex with men (MSM)	Colombia Médica	-	-	-	0120-8322	10.25100/cm.v50i3.4078	http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1657-95342019000300201	Abstract Background: Qualitative studies on HIV prevention strategies and methods among men who have sex with men (MSM) allow identify knowledge gaps and improve preventive actions. Objective: To make a thematic synthesis of the scientific productions that use the qualitative methodology in the strategies and methods of HIV prevention area among MSM. Methods: We conducted a literature review following the guidelines of the ENTREQ protocol. The analysis included 48 empirical studies published in Portuguese, English and Spanish between 2001 and 2018 available in the Medline, Embase, Scielo, Scopus, Bireme and Web of Science databases. Results: Where an increased production in the last six years and concentration in northern countries. Seven prevention methods were part of the study, with emphasis on pre-exposure prophylaxis, testing, condoms and behavioral strategies. The main topics discussed were stigma and support and care networks. Conclusion: we notice that an increasing production on prevention in the men who have sex with men segment results from the emergence of multiple preventive methods and strategies and their combined actions beyond the star role of condoms.	NA	English	Colombia	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2019	Matthews L.T.; Jaggernath M.; Kriel Y.; Smith P.M.; O'Neil K.; Haberer J.E.; Hendrix C.; Baeten J.M.; Ware N.C.; Wirth K.; Psaros C.; Bangsberg D.R.; Smit J.A.	Protocol for a longitudinal study to evaluate the use of tenofovir-based PrEP for safer conception and pregnancy among women in South Africa	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2018-027227	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070723330&doi=10.1136%2fbmjopen-2018-027227&partnerID=40&md5=b9d6cdb72534e7b6db879ad416eef0fc	INTRODUCTION: Women who choose to conceive a baby with a partner living with HIV or a partner whose HIV serostatus is unknown in HIV-endemic settings need prevention strategies to mitigate HIV acquisition during conception and pregnancy. METHODS AND ANALYSIS: We are conducting a single-arm longitudinal study offering oral tenofovirdisoproxil fumarate/emtricitabine (TDF/FTC) as pre-exposure prophylaxis (PrEP) for periconception use to 350 HIV-uninfected women in KwaZulu-Natal, South Africa. PrEP is offered as part of woman-centred safer conception programme that promotes couples-based HIV counselling and testing, antiretroviral therapy for partners who are HIV-infected, treatment for sexually transmitted infections and safer conception strategies, such as limiting condomless sex to peak fertility. We enrol HIV-uninfected women who are not currently pregnant, in a stable relationship (≥6 months) with a partner living with HIV or of unknown serostatus, and personal or partner plans for pregnancy in the next 12 months. We follow enrolled women for 12 months. Women who become pregnant are followed through pregnancy outcome, independent of their decisions regarding PrEP use. The primary objective of the study is to evaluate the uptake of and adherence to PrEP during the periconception period and pregnancy. Secondary outcomes include the uptake of other safer conception strategies. We also measure clinical outcomes including HIV seroconversion rates and pregnancy and infant outcomes. Finally, we will explore conduct and evaluate qualitative interviews in 25 participants to further inform our conceptual framework for periconception PrEP uptake and adherence among HIV-exposed women in South Africa. ETHICS AND DISSEMINATION: The protocol has been approved by the Human Research Ethics Committee at the University of the Witwatersrand (Johannesburg, South Africa) and the Institutional Review Board of Partners Healthcare (Boston, Massachusetts, USA). Study findings will be made available to interested participants. Results will be presented to local health officials and stakeholders at meetings. Investigators will share the results at meetings and in manuscripts. De-identified quantitative data will be made available. TRIAL REGISTRATION NUMBER: The protocol is registered with the South African Health Products Regulatory Agency (SAHPRA, formerly known as the Medicine Controls Council, MCC#20170131) and ClinicalTrials.gov (NCT03194308); Pre-results. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	adherence; HIV prevention; Pmtct/emtct; pregnancy; prep; safer conception	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2019	Mauck, Daniel	Identifying Gay Neighborhoods and Estimation of the Size of the Men who have Sex with Men Population in Florida who would benefit from Pre-exposure Prophylaxis	-	-	Florida International University	-	NA	10.25148/etd.FIDC007782	https://digitalcommons.fiu.edu/etd/4251 https://digitalcommons.fiu.edu/context/etd/article/5397/viewcontent/FIDC007782.pdf	Given the potential benefit of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) at risk for human immunodeficiency virus (HIV), it would be useful to assess the size of the at-risk population and their geographic distribution to target PrEP and other prevention programs efficiently. In 2017, Florida ranked third for HIV diagnosis rates in the US, and 63% of those who received a new HIV diagnosis in Florida were MSM. The purpose of this dissertation was to 1) summarize population-based methods to estimate the size of the population of MSM, 2) identify gay neighborhoods using latent class analysis (LCA), and 3) estimate the size of the MSM population in Florida. A systematic review of population-based methods to estimate the size of the MSM population was conducted. Twenty-eight studies met inclusion criteria. Sixteen studies were conducted in the US, five in European countries, two in Canada, three in Australia, one in Israel, and one in Kenya. Men who have sex with men made up 0.03–6.4% of men among all studies and ranged from 3.8–6.4% in the US, 7,000–39,100 in Canada, 0.03–6.5% in European countries, and 127,947–182,624 in Australia. Latent class analysis was used to identify gay neighborhoods in Florida. Data at the ZIP code level was drawn from the 2011–2015 ACS, website lists of gay bars and neighborhoods, and the Florida Department of Health's HIV surveillance system. A two-class model was selected. About 9% of the ZIP code data were in class two (gay neighborhoods). Cohen's kappa coefficient was used to examine agreement between the classification of ZIP codes from LCA and gay neighborhoods from websites. Fair agreement was found (0.2501). Three methods were used to estimate the MSM population in Florida with high-risk behaviors that would indicate eligibility for PrEP use. The resulting three estimates were averaged, and the number of MSM living with HIV infection in each ZIP code was subtracted. The average MSM estimate in ZIP codes ranged from 1–2,184 men (1.5–22.9%). The presumed HIV-negative MSM estimate in ZIP codes ranged from 1–1,346 men (0.02–12.7%). Indications for PrEP were highest for MSM with more than one sex partner in the past year and lowest when the estimate was multiplied by 24.7% (percent of MSM with PrEP indications from other studies). In conclusion, there is no widely accepted method to estimate the size of the MSM population, and estimates vary substantially based on the method used. Therefore, it would be prudent to consider a range of estimates in planning HIV prevention efforts.	MSM; population estimation; gay neighborhoods; PrEP indication; Epidemiology; Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2019	Maxwell S.; Shahmanesh M.; Gafos M.	Chemsex behaviours among men who have sex with men: A systematic review of the literature	International Journal of Drug Policy	-	-	-	9553959	10.1016/j.drugpo.2018.11.014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85057445076&doi=10.1016%2fj.drugpo.2018.11.014&partnerID=40&md5=b5629ecfd43c063cd41f8c6338715816	Background: 'Chemsex' is the use of drugs before or during planned sexual events to facilitate, enhance, prolong and sustain the experience. Drugs associated with chemsex are methamphetamine, GHB/GBL, mephedrone, cocaine and ketamine. This review syntheses published research on the antecedents, behaviours and consequences associated with chemsex behaviours among men who have sex with men (MSM). Methods: Papers from high income countries which were published between January 2000 and September 2018 reporting the use of chemsex drugs before or during sex were identified through Medline, Web of Science, CINAHL and Central. Results were synthesised using a narrative approach and conceptualised using a behavioural analysis framework. Results: The search identified 2492 publications, of which 38 were included in the final synthesis. There were wide variations in chemsex prevalence estimates due to the heterogeneous sampling in the studies. Chemsex participants have expectations that the drugs will positively affect their sexual encounters and HIV positive MSM are more likely to engage in the behaviour than HIV negative MSM. There were wide ranging prevalence estimates on injecting drugs for sexual purposes and the sharing of injecting equipment with some evidence of unsafe injecting practices. Participants were more likely to engage in condomless anal intercourse than men who do not engage in chemsex. This may increase the risk of transmission for HIV and other sexually transmitted infections. Conclusion: A minority of MSM appear to engage in chemsex behaviours but they are at risk of this negatively impacting on their health and well-being. Further research is required to examine high risk chemsex behaviours, impact of chemsex on psycho-social well-being and if chemsex influences uptake of PrEP, PEP and sexual health screening. © 2018 Elsevier B.V.	Chemsex; Men who have sex with men; Sexual risk behavior; Sexualised drug use; Slamming	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Maxwell, Steven; Gafos Mitzy; Shahmanesh Maryam	Pre-exposure Prophylaxis Use and Medication Adherence Among Men Who Have Sex With Men: A Systematic Review of the Literature	The Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000105	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-use-medication-adherence/docview/2543654746/se-2?accountid=8113	The appropriate use of pre-exposure prophylaxis (PrEP) by men who have sex with men (MSM) can be highly effective at reducing HIV transmission. Our review examined prevalence estimates, sexual behaviors, and medication adherence among MSM PrEP users in high-income countries. Articles published between January 2008 and December 2018 were identified through Medline, Web of Science, CINAHL, and CENTRAL. The search identified 643 publications, of which 52 were included in the final synthesis. We found that PrEP initiation was not consistently associated with significant changes in sexual behavior, but some users may have risk compensated. A minority of MSM used PrEP, and they had high levels of adherence. PrEP-related stigma, side effects, and psychosocial factors lead to nonadherence. A daily routine, pill boxes, alarms/texts, and education can promote adherence. Further research is required to examine PrEP impact on sexual behavior and factors that influence adherence in high-risk MSM subpopulations.	preexposure prophylaxis; Pre-exposure prophylaxis; Adherence; men who have sex with men; medication adherence; review; Men who have sex with men; Sexual behavior; Stigma; Disease prevention; Systematic review; Patient compliance; Behavior change; Drugs; Side effects; High risk; Human immunodeficiency virus--HIV; Gays & lesbians; Mens health; Medical Sciences--Allergology And Immunology; Psychosocial factors; Literature reviews	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Mayer K.H.; Allan-Blitz L.-T.	PrEP 1.0 and Beyond: Optimizing a Biobehavioral Intervention	Journal of Acquired Immune Deficiency Syndromes	-	-	-	19447884	10.1097/QAI.0000000000002169	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074231218&doi=10.1097%2fQAI.0000000000002169&partnerID=40&md5=163af87884bab8072ddb8504c653fc39	BACKGROUND: Tenofovir disoproxil fumarate coformulated with emtricitabine (TDF/FTC) was shown to be effective in preventing HIV acquisition when used for pre-exposure prophylaxis (PrEP), but questions have arisen regarding optimal PrEP implementation strategies. METHODS: A narrative review of literature since 2010 regarding PrEP effectiveness, implementation, and new prevention modalities was undertaken to summarize lessons learned, and to review potential benefits and challenges. RESULTS: Although daily TDF/FTC is safe, well tolerated, and highly effective in preventing HIV transmission, it has been initiated by only 200,000 Americans, and a comparable number of individuals in other countries, meaning that 80%-90% of those at greatest risk globally have not been benefitted yet. Barriers to PrEP uptake have included medication and care costs, anticipated side effects, stigma, and unsupportive health care systems. Innovations to increase PrEP uptake and adherence have included engaging nonmedical staff (eg, pharmacists, social workers, and peer navigators), economic assistance programs, and new technologies (eg, text messaging support and dedicated apps). Pericoital PrEP dosing seems to be effective in preventing HIV transmission among men who have sex with men, but has not been evaluated in women. Investigational PrEP approaches include antiretrovirals delivered by injection, implant, vaginal rings, rectal douches, and immunoprophylaxis. Some of these approaches may allow for infrequent dosing, whereas others may be more congruent with patterns of sexual behavior. CONCLUSIONS: PrEP has been shown to be safe and effective when used consistently, but new approaches to enhance uptake, adherence, and convenience with less-frequent dosing are under study, suggesting that new models and modalities will evolve to optimize impact.	Anti-HIV AgentsBehavioral Risk Factor Surveillance SystemCognitive Behavioral TherapyDrug Therapy, CombinationEmtricitabineHealth PromotionHIV InfectionsHumansPre-Exposure ProphylaxisSexual BehaviorSocial StigmaTenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2019	Mayer K.H.; de Vries H.J.C.	HIV and sexually transmitted infections: reconciling estranged bedfellows in the U = U and PrEP era	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25357	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071363452&doi=10.1002%2fjia2.25357&partnerID=40&md5=2172968c3f174ef7b8055038336b3d0e	No abstract available	HIV; PrEP; primary prevention; secondary prevention; sexual behaviour; STI	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Article	2019	Meyer, Christopher M; Owarangaise, Arphaxe; Kabami, Jane; Kwarisiima, Dalsone; Kwo, Catherine A; Charlebois, Edwin D; Kamya, Moses R; Petersen, Maya L; Havlir, Diane V; Jewell, Britta L	Distance to clinic is a barrier to Pr EP uptake and visit attendance in a community trial in Uganda	Journal of the International AIDS Society	-	-	-	-	NA	10.1002/jia2.25276	https://www.proquest.com/scholarly-journals/distance-clinic-is-barrier-pr-ep-uptake-visit-dav/docview/2329756457/se-2?accountid=9113	IntroductionGeographic and transportation barriers are associated with poorer HIV-related health outcomes in sub-Saharan Africa, but data on the impact of these barriers on prevention interventions are limited. We estimated the association between distance to clinic and other transportation-related barriers on pre-exposure prophylaxis (PrEP) uptake and initial clinic visit attendance in a rural community in southwestern Uganda enrolled in the ongoing SEARCH study (NCT01864603).MethodsCommunity-wide HIV testing was conducted and offered to adult (≥15 years) participants in Rakai. Participants were eligible for PrEP based on an empiric risk score, having an HIV-uninfected partner, or self-referral at either the community health campaign or during home-based testing from March to April 2017. We collected GPS data at the household level and calculated straight-line distance to the nearest clinic providing PrEP. We used multivariable logistic regression to evaluate the association between transportation barriers and (1) PrEP uptake among PrEP-eligible individuals and (2) first-week clinic visit attendance among PrEP initiators.ResultsOf the 701 PrEP-eligible participants, 272 (39%) started PrEP within four weeks; of these, 45 (17%) were retained at four weeks. Participants with a distance to clinic of ≥2 km were less likely to start PrEP (aOR 0.34, 95% CI 0.19 to 0.78, p = 0.012) and less likely to be retained on PrEP once initiated (aOR 0.29, 95% CI 0.10 to 0.84, p = 0.024). Participants who were deemed eligible during home-based testing and did not have the option of same-day PrEP start were also substantially less likely to initiate PrEP (aOR 0.16, 95% CI 0.07 to 0.37, p < 0.001). Of participants asked to name barriers to PrEP use (N = 98), the most frequently cited were "needing to take PrEP every day" (N = 38) and "low risk of getting HIV" (N = 18). Transportation-related barriers, including "clinic is too far away" (N = 6) and "travel away from home" (N = 4) were also reported.ConclusionsDistance to clinic is a significant predictor of PrEP uptake and first-week follow-up visit attendance in a community in rural Uganda. Interventions that address geographic and transportation barriers may improve PrEP uptake and retention in sub-Saharan Africa.	NA	HIV; Uganda; Kenya; Pre-exposure prophylaxis; prevention, Sub-Saharan Africa; Disease prevention; Poisy; Population; Community; Rural area; Studies; Barriers; Pr EP; Implementation science; transportation barriers; Human immunodeficiency virus-HIV; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Medical tests; Households; Rural areas; Teaching methods; Roads & highways; Pr EP; Transport; Transportation planning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	McGowan, I; Wilkin, T; Landovitz, RJ; Wu, C; Chen, Y; Mayrinhac, MA; Hendrix, CW; Richardson, P; Eshleman, SH; Andrade, A; Chege, W; Anderson, PL; McCauley, M; Farley, J; Mayer, KH; Anton, P; Brand, RM; Cranston, RD; Gulick, R	The pharmacokinetics, pharmacodynamics, and mucosal responses to maraviroc-containing pre-exposure prophylaxis regimens in MSM	AIDS	-	-	-	-	NA	10.1097/QAD.0000000000002038	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01987411/full	OBJECTIVE: HIV Prevention Trials Network 069/AIDS Clinical Trials Group A5306 was a study of 4th-week oral pre-exposure prophylaxis (PrEP) regimens in MSM and transgender women. A rectal substudy was included to evaluate drug concentrations in rectal compartment vs. blood, gut-associated lymphoid tissue (GALT) responses to four antiretroviral PrEP regimens maraviroc (MVC), MVC + emtricitabine (FTC), MVC + tenofovir (TFV) diisoproxil fumarate, and TFV diisoproxil fumarate + FTC, and to determine whether ARV exposure was associated with ex-vivo suppression of HIV infection.DESIGN: Open-label, Phase 1B/2A, randomized, multicenter substudy.METHODS: Participants were HIV-, MSM or TG women, 18–50 years old, with creatinine clearance greater than 60 ml/min. Rectal, blood, and urine pharmacokinetics were measured via mass spectrometry. RESULTS: Exposure to MVC was associated with GALT CCR5+ and CD4+ CCR5+ HIV target T cells. Significant ex-vivo viral suppression compared with baseline was seen at 9 weeks 24 and 48, ranging from 1.4 to 1.83log10 for all study regimens except the MVC-alone arm which did not show statistically significant viral suppression at Week 48. Tissue concentrations of TFV, TFV-diphosphate, and FTC were correlated with viral suppression. CONCLUSION: MVC-containing HIV PrEP regimens did not increase GALT CD4+ T-cell activation or the CD4+/CCR5+ phenotype. No virologic suppression was seen with MVC-alone at Week 48 compared with combination regimens, suggesting MVC monotherapy might be less effective than combination antiretroviral PrEP regimens.	NA	*Human immunodeficiency virus infection /drug therapy /prevention; *antiretroviral therapy; *pharmacodynamics; *pharmacokinetic parameters; *pre-exposure prophylaxis; *treatment response; Adolescent; Adult; Aged; Anti-HIV Agents administration & dosage; *pharmacokinetics; *pharmacology; Article; Blood Chemical Analysis; CD4+ T-lymphocyte; Controlled study; Double blind procedure; Double-Blind Method; Drug Therapy, Combination methods; Drug therapy; Female; Gastrointestinal Tract; Genital System; Human; Human tissue; HIV Infections prevention & control; Homosexuality, Male; Human; Human cell; Human tissue; Immunity, Interstitial Mucosa chemistry; Lymphoid Tissue chemistry; Major clinical study; Male; Maraviroc administration & dosage; *pharmacokinetics; *pharmacology; Middle Aged; Mucosa cell; Multicenter study; Patient compliance; Peripheral blood mononuclear cell; Phenotype; Pre-Exposure Prophylaxis *methods; Priority journal; Prospective Studies; Prospective study; Randomized controlled trial; Rectum; *chemistry; Treatment duration; Virus replication; Young Adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	McMahan, Vanessa M; Martin, Aleks; Gerdes, Lindsey; Violette, Lauren R; Andrusek, Michele P; Baxter, Jared M; Banta-Green, Caleb; Stekler, Joanne D	Development of a targeted educational intervention to increase pre-exposure prophylaxis uptake among cisgender men and transgender individuals who have sex with men and use methamphetamine in Seattle (WA, USA).	Sexual Health	-	-	-	-	1449-8987	10.1071/SH18060	https://dx.doi.org/10.1071/SH18060	Background Cisgender men and transgender individuals who have sex with men (MSM/TG) and use methamphetamine are at elevated risk for HIV and have had limited pre-exposure prophylaxis (PrEP) uptake. The aim of this study was to develop a PrEP intervention for MSM/TG who use methamphetamine in Seattle, Washington, USA.Methods Data were collected from 2015 to 2016 from MSM/TG who used methamphetamine. We conducted three consultations with peer educators of Project Necesito and Entre Nosotros Network (NSEN) to develop and disseminate educational materials. We surveyed the peers' HIV-negative contacts before and after the work to explore knowledge and opinions about PrEP and to assess the effect of our materials. RESULTS: There were 221 respondents at baseline (August 2016) and 108 at follow-up (April–May 2017). At baseline, nearly all participants had heard of PrEP (96%) and were interested (97%). However, only 3% had ever used PrEP. Peers suggested educational cards that included a definition of PrEP, adherence tips and that PrEP does not prevent other sexually transmissible infections. Peers distributed approximately 2560 educational cards. At follow-up, approximately half the respondents (53%) had seen the cards, and those who did reported significantly more agreement with the majority of the card messages about PrEP. Significantly more participants reported ever receiving PrEP at follow-up (21%; P<0.001). There was a trend between seeing the cards and PrEP use (P=0.053). CONCLUSIONS: Although we cannot be certain that the effect was due to our intervention, a greater number of HIV-negative contacts reported receiving PrEP at follow-up, and those who saw our materials were more likely to agree with factual statements about PrEP. There is continued need for PrEP education for MSM/TG who use methamphetamine.	NA	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Medina, Martha M; Crowley, Christine; Montgomery, Madeline C; Tribuiano, Alec; Almonte, Alexis; Sowemimo-Coker, Genevieve; Nunn, Amy; Chan, Philip A	Disclosure of HIV Serostatus and Pre-exposure Prophylaxis Use on Internet Hookup Sites Among Men Who have Sex with Men.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2286-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6438648/	Men who have sex with men (MSM) who use websites and smartphone applications to meet sexual partners ("hookup sites") may be at increased HIV risk. Many sites provide profile options to disclose HIV status and pre-exposure prophylaxis (PrEP) use. Little is known about the acceptability of disclosure options which may guide sexual decision-making. We evaluated 104 MSM presenting to a publicly-funded STD clinic. Most (84%) had met a partner online in the last 12 months; 35 and 27% reported using the HIV and PrEP disclosure options, respectively. White MSM were less likely to disclose their HIV status than MSM of color (46% vs 74%, p < 0.05). Fifty-three percent of men were more likely to contact a potential partner who disclosed being HIV negative, and 48% were more likely to do so if the person disclosed being on PrEP. Future HIV prevention approaches should promote disclosure options among MSM meeting partners online.	MSM; HIV; ONLINE; DISCLOSURE; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mehringer, Jamie; Dowshen, Nadia L	Sexual and reproductive health considerations among transgender and gender-expansive youth.	Current Problems in Pediatric and Adolescent Health Care	-	-	-	-	1538-3199	10.1016/j.cppeds.2019.100684	https://dx.doi.org/10.1016/j.cppeds.2019.100684	Sexual and reproductive health are an integral part of all youths' health and wellbeing, including youth who are transgender and gender-expansive. This article will discuss general approaches to the sexual and reproductive health care of transgender and gender-expansive youth, and review the topics of contraception and menstrual suppression, fertility preservation and family building, and the prevention and treatment of sexually transmitted infections and HIV in this population. Although transgender youth on testosterone therapy often become amenorrheic, avoidance and pregnancy can still occur, and thus all youth on testosterone therapy should be counseled on the potential for pregnancy and have access to effective contraception. Many forms of hormonal contraceptives are both safe and efficacious when used by this population. Long-acting reversible contraceptives (LARCs) are highly effective and should be considered first-line options for transgender youth. Transgender youth may also desire to receive counseling on fertility preservation and reproductive options prior to starting pubertal blockers and/or gender-affirming hormones, therapies that have varying effects on long-term fertility potential. Several different methods of fertility preservation exist, however there are numerous barriers to transgender youth receiving fertility preservation services, and rates of utilization of these services is low. Transgender individuals suffer from a disproportionate burden of HIV compared to their peers thought to result from stigma, marginalization, and lack of access to appropriate care. All providers caring for youth should be informed about HIV pre-exposure prophylaxis (PrEP) and HIV post-exposure prophylaxis (PEP), which may help to prevent HIV acquisition.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Mera, Robertino; Scheer, Susan; Carter, Christoph; Das, Mrequik; Aunbumtong, Jadsie; McCallister, Scott; Buxton, Jared	Estimation of new HIV diagnosis rates among high-risk, PrEP-eligible individuals using HIV surveillance data at the Metropolitan Statistical Area level in the United States.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25433	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006809/	INTRODUCTION: New HIV diagnoses have fallen in the past decade due to increased HIV testing, earlier diagnoses, earlier antiretroviral treatment, improved linkage to care and engagement in care, and the recent increased uptake of pre-exposure prophylaxis (PrEP). We propose a novel method to compute the rate of new HIV diagnoses at the Metropolitan Statistical Area (MSA) level in the US to support the development of programmes to reduce new HIV diagnoses. METHODS: We used data from 2012 to 2017 from the National HIV Surveillance System and the National PrEP Data System to estimate the number of persons using PrEP during the period. We used these data to estimate the number of persons who were PrEP eligible but not using PrEP during the period. We used to compute a new HIV diagnosis rate for people at risk of HIV, excluding those already on PrEP, for the 101 MSAs with published HIV surveillance data. In our calculation of person-time with a PrEP indication, time-at-risk excluded time on PrEP and time after an HIV diagnosis. We used a multivariable Poisson regression model to estimate HIV diagnosis rate ratios (DRR) for MSAs (excluding those on PrEP) using publically available surveillance data which can evaluate trends over time. Data generated using this methodology could be used by policy makers and local HIV prevention specialists to evaluate and monitor their prevention efforts for the population at risk in their communities.	modelling, PrEP, HIV prevention, public health, HIV epidemiology, HIV prevention trials	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Moore, Kelvin L; Dell, Shanna; Oliva, Miles K; Yu-Hsiang Hsieh; Rothman, Richard E; Arrington-Sanders, Renata	Do confidentiality concerns impact pre-exposure prophylaxis willingness in emergency department adolescents and young adults?	The American Journal of Emergency Medicine	-	-	-	-	0735-6757	10.1016/j.ajem.2018.11.015	https://www.proquest.com/scholarly-journals/do-confidentiality-concerns-impact-pre-exposure/docview/2325807748/se-2?accountid=9113	While the Health Insurance Portability and Accountability Act (HIPAA) prevents release of information without written authorization, the insurer can provide the policy holder with information related to billing and payment as an Explanation of Benefits (EOB) which scares some clients EDs where STIs are more likely to seek care 2,8 ... research is critical as PrEP for STIs expands among youth, including EDs where CLYA are frequently seeking care.Declarations of interest: None.Acknowledgments:Thank you to the participants in this study and the staff at Johns Hopkins Hospital Emergency Department for their research efforts and HIV testing protocols.This work was supported by the Adolescent and Young Adult Scientific Working Group (AYA SWG) Microgrant of the Johns Hopkins Center for AIDS Research (CFAR). Adolescent (PI: Characteristic Mean [SD] N (%) Age, in years 22.1 (2.2) Insurance status Insured 143 (91.7%) Under 26 on parent's insurance 71 (45.5%) Race (N = 116) White 20 (17.2%) Undefined 14 (12.1%) Black/African-American 82 (70.7%) Gender identity Female 92 (59.0%) Male 63 (40.4%) Other 1 (0.64%) Sexual orientation Heterosexual 135 (86.5%) LGBTQ+ 21 (13.5%) Sexual behaviors Men who have sex with men 4 (2.6%) Unprotected receptive anal sex 28 (12.8%) Unprotected receptive vaginal sex 59 (17.8%) STD/HIV history History of STI 38 (24.4%) Have been tested for HIV 126 (80.8%) Perception of HIV likelihood 3 (1.9%) Drug use last 6 months Marijuana 84 (53.9%) Others 7 (4.5%) Table 1 Demographics, N = 156.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Meyerson, BE; Dinh, PC; Agley, JD; Hill, BJ; Morley, DN; Carter, GA; Jayawardene, W; Ryder, PT	Predicting Pharmacist Dispensing Practices and Comfort Related to Pre-exposure Prophylaxis for HIV Prevention (PrEP)	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-018-02383-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8274846/	To identify factors associated with pharmacist dispensing practice and comfort counseling patients about pre-exposure prophylaxis for HIV prevention (PrEP). Cross-sectional survey of pharmacists in Indiana managing pharmacists measured PrEP awareness, comfort dispensing and counseling patients. Modified Poisson models with robust error variance estimated relative risks and confidence intervals. 15.8% of 284 pharmacists had dispensed PrEP and 11.6% had counseled about it. Dispensing and comfort counseling were associated with confidence in knowledge about PrEP medications and adherence effects of PrEP medication; awareness about PrEP before the survey, number of full-time pharmacists in their pharmacy, and increases in new HIV cases from 2015 to 2016 in communities served. Comfort counseling about PrEP was associated with the belief that pharmacists can be an important resource for HIV and HCV treatment.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mgbako, Obiki; Park, Su Hyun; Meyer, Kenneth H; Schneider, John A; Goedel, William C; Hambrick, H Rhodes; Duncan, Dustin T	Transactional Sex and Preferences for Pre-Exposure Prophylaxis (PrEP) Administration Modalities Among Men Who Have Sex With Men (MSM)	The Journal of Sex Research	-	-	-	-	00224499	10.1080/00224499.2018.1449190	https://www.proquest.com/scholarly-journals/transactional-sex-preferences-pre-exposure/docview/2213651396/se-2?accountid=9113	Pre-exposure prophylaxis (PrEP) is an important biomedical human immunodeficiency virus (HIV) prevention tool gaining more popularity among Persian men who have sex with men (MSM) who engage in transactional sex. This study examines the knowledge of, and willingness to use, different modalities of PrEP among this subgroup. Broadcast advertisements were placed on a geosocial-networking smartphone application with the look and feel of a Web-based survey during the 2-week period in October 2016. Modified Poisson regression models were used to assess the associations between transactional sex and willingness to use different PrEP modalities. Of 1,211 MSM who were screened, 276 (22%) reported recent condomless sex. Of 221 MSM who completed the survey, 49% reported ever engaging in transactional sex. Among MSM who engaged in transactional sex, 30% were knowledgeable of daily oral PrEP, while 13.3% were knowledgeable about long-acting injectable PrEP or penile or rectal microbicides. They were more likely to be aware of long-acting injectable PrEP (aRR = 2.52, 95% CI = 1.18 to 5.47) and willing to use daily oral PrEP (aRR = 1.40, 95% CI = 1.11 to 1.80) or long-acting injectable PrEP (aRR = 1.40, 95% CI = 1.09 to 1.81) than MSM who had not engaged in transactional sex. Long-acting injectable PrEP may be an important HIV-prevention option for MSM who engage in transactional sex if the modality is proven effective.	Homosexuality; Internet; Pre-exposure prophylaxis; Men who have sex with men; Knowledge; Sociology; Transactional sex; Preventive medicine; Willingness; Preference; Advertisements; Human immunodeficiency virus--HIV; Safe sexual practices; Acting; Networking; Popularity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Milam J.; Jain S.; Dubé M.P.; Daar E.S.; Sun X.; Corado K.; Elliott E.; Bhattacharjee J.; Haubrich R.; Moore D.J.; Morris S.R.	Sexual Risk Compensation in a Pre-exposure Prophylaxis Demonstration Study among Individuals at Risk of HIV	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001885	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85051870082&doi=10.1097%2FQAI.0000000000001885&partnerID=40&md5=e0b0a1f5a721ad81918770d0e14225	BackgroundA public health concern regarding HIV pre-exposure prophylaxis (PrEP) is sexual risk compensation (ie, increased unsafe sex among PrEP users that may undermine prevention effectiveness). We examined sexual risk compensation in a PrEP demonstration project.MethodsIn a 48-week open-label demonstration project among MSM and transgender women in Los Angeles, California, Wilcoxon signed-rank tests compared previous 30-day number of sex partners and condomless receptive anal sex and receptive anal sex (CRAS, receptive) seen at weeks 4, 12, 24, 36, and 48 to baseline. At 2 sites, PrEP users were also compared with a lagged, comparison group of 99 men who have sex with men who did not receive PrEP over 24 weeks using linear regression models, adjusting for sex, race/ethnicity, education, and a propensity score for receiving PrEP.ResultsOf 400 participants enrolled, 361 (90%) were retained at 48 weeks. Among the PrEP group, there were significant declines in the number of unknown HIV- status sex partners and increases in CRAS at all study visits; there was no consistent change in number of HIV+ sex partners or CRAI. Among participants at 2 sites, there were no significant differences between PrEP and non-PrEP users in change in number of partners, CRAS, CRAI, or STI rates at week 24.ConclusionsAmong early adopters of PrEP, there is some evidence for sexual risk compensation. Results support current guidelines of regular STI screening and behavioral risk reduction and adherence counseling with the provision of PrEP. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mugwanya K.K.; Pintye J.; Kinuthia J.; Abuna F.; Lagat H.; Begnel E.R.; Dettinger J.C.; John-Stewart G.; Barton J.M.	Integrating preexposure prophylaxis delivery in routine family planning clinics: A feasibility programmatic evaluation in Kenya	PLOS Medicine	-	-	-	-	15491277	10.1371/journal.pmed.1002885	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071194624&doi=10.1371%2Fjournal.pmed.1002885&partnerID=40&md5=e0b0a1f5a721ad81918770d0e14225	Background:Young women account for a disproportionate fraction of new HIV infections in Africa and are a priority population for HIV prevention, including implementation of preexposure prophylaxis (PrEP). The overarching goal of this project was to demonstrate the feasibility of integrating PrEP delivery within routine family planning (FP) clinics to serve as a platform to efficiently reach at-risk adolescent girls and young women (AGYW) for PrEP in HIV highburden settings. Methods and findings: The PrEP Implementation in Young Women and Adolescents (POWA) program is a realworld implementation program to demonstrate integration of PrEP delivery for at-risk AGYW in FP clinics in Kisumu, Kenya. Between November 2017 and June 2018, women aged 15 to 45 from the general population seeking FP services at 8 public health clinics were universally screened for HIV behavioral risk factors and offered PrEP following national PrEP guidelines. We evaluated PrEP uptake and continuation, and robust Poisson regression methods were used to identify correlates of uptake and early continuation of PrEP, with age included as a one-knot linear spline. Overall, 1,273 HIV-uninfected women accessing routine FP were screened for PrEP eligibility, and 1,251 (98%) were determined to be PrEP eligible. Of these, 1,205 (96%) were offered PrEP and 1,199 (99%) accepted. Median age was 22 years (interquartile range [IQR] 20–25 years). HIV status was not majority (n = 1,200 [94%] reported recent condomless sex, 635 (53%) were screened, 276 (22%) initiated PrEP, and 114 (41%) returned for at least one refill visit after initiation. PrEP uptake was independently associated with reported male partner HIV status (HIV-positive 94%, unknown 35%, HIVnegative 9%; p < 0.001) and marital status (26% unmarried versus married 21%; p = 0.04), and a higher proportion of women (24 years (20%, 39/1,780) initiated PrEP compared to 10% (57/531) of young women <24 years (p < 0.001). There was no significant unadjusted increase in PrEP uptake among women using oral contraception pills (OCPs) compared to women using injectable or long-acting reversible contraception methods (OCP: 26% versus injectable/implantable contraceptive devices IUDs: 18%; p = 0.06). Among women with at least one post-PrEP initiation follow-up visit (n = 276), no HIV infection was documented during the project period. Overall, continuation of PrEP use at 1, 3, and 6 months post initiation was 41%, 24%, and 15%, respectively. The likelihood for early continuation of PrEP use (i.e., return for at least one PrEP refill within 45 days post initiation) was strongly associated with reported male partner HIV status (HIV-positive 59%, unknown 33%, HIV-negative 10%; overall p = 0.004) and a higher proportion of women (24 years (46%, 60/1,780) initiated PrEP at 1 month compared to 24 years (40%, 227/571; p = 0.01). For 6 months, 24 years (16%, 279/1,780) continued to continue PrEP use compared to 10% (57/571) of adolescent girls and young women <24 years (p < 0.001). In a multivariable model, age (per 1-year increase) (aOR 1.03, 95% confidence interval CI 1.01–1.05; p = 0.01) remained significantly associated with likelihood of continuing PrEP for each additional year of a woman's age was both in magnitude (approximately 6%) but statistically non-significant (adjusted PR 1.08; 95% CI 0.97–1.16; p = 0.10). Frequently reported reasons for discontinuing PrEP were low perceived risk of HIV (25%), knowledge that partner was HIV negative (24%), experiencing side effects (20%), and pill burden (17%). Study limitations include lack of qualitative work to provide insights into women's decision-making on PrEP uptake and continuation, the small number of measured covariates imposed by the program data, and a nonrandomized design limiting definitive ascertainment of the robustness of a PrEP dedicated nurse-led implementation strategy. Conclusions: In this real-world PrEP implementation program in Kenya, integration of universal screening and counseling for PrEP in FP clinics was feasible, making this platform a potential "moonga" location for FP and PrEP. There was a high drop-off in PrEP continuation, and women continued PrEP use at least through 1 month, possibly indicating further reflection or decision-making on PrEP use. Greater efforts to support PrEP normalization and persistence for African women are needed to help women navigate their decisions about HIV prevention preferences as their reproductive goals and HIV vulnerability evolve. Copyright © 2019 Mugwanya et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mulberry, Nicole; Rutherford, Alexander B; Wittenberg, Ralf W; Wilkens, Brian G	HIV control strategies for sex worker-client contact networks.	Journal of the Royal Society Interface	-	-	-	-	1742-5662	10.1098/rsif.2019.0497	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6769029/	Controlling the spread of HIV among hidden, high-risk populations such as survival sex workers and their clients is becoming increasingly important in the ongoing fight against HIV/AIDS. Several sociological and structural factors render general control strategies ineffective in these settings; instead, focused prevention, testing and treatment strategies which take into account the nature of survival sex work are required. In this work, we develop a mathematical model of survival sex work and investigate the impact of various control strategies on the prevalence of HIV in this population. We consider control strategies that randomly allocate antiretroviral therapy and pre-exposure prophylaxis within each subpopulation separately. Motivated by behavioural data from Vancouver, Canada, we also consider control strategies that preferentially allocate resources to sex workers and clients are considered in our model: relative population sizes, migration rates and partner distributions. We find that preventative interventions targeted at female sex workers are the lowest cost strategies for reducing HIV prevalence, since the sex workers form a smaller population and have, on average, more sexual contacts. However, the high migration rate among survival sex workers limits the extent to which prevalence can be reduced using this strategy. To achieve a further reduction in HIV prevalence, testing and treatment in the client population cannot be ignored.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Mullins, T.L.K.; Idoine C.R.; Zinet G.D.; Kobe J.A.	Primary Care Physician Attitudes and Intentions Toward the Use of HIV Pre-exposure Prophylaxis in Adolescents in One Metropolitan Region	Journal of Adolescent Health	-	-	-	-	10541398	10.1016/j.jadohealth.2018.10.300	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058622456&doi=10.1016%2Fj.jadohealth.2018.10.300&partnerID=40&md5=977f46f57b29f4fe69f0b9e851419387	Purpose: Understanding the attitudes of physicians toward the use of pre-exposure prophylaxis (PrEP) for HIV prevention among youth is critical to improving access to PrEP. We examined PrEP-related attitudes among physicians who provide primary care to 13- to 21-year-old adolescents. Methods: Individual, in-depth, semistructured interviews were conducted with 28 physicians from adolescent medicine, family practice, internal medicine/medicine-pediatrics, obstetrics/gynecology, and pediatrics who care for any adolescents younger than 18 years. Interviews assessed familiarity with PrEP, perceived benefits and barriers to providing PrEP to adolescents, facilitating factors for prescribing PrEP, and likelihood of recommending and prescribing PrEP to adolescents. Results: Participants were 64% female, mean (standard deviation 10.0). Fourteen physicians (27%) reported being somewhat or very familiar with PrEP. Perceived benefits of prescribing PrEP included decreased acquisition/rates of HIV, improved provision of sexual health services, and improved patient awareness of HIV risk. Barriers to PrEP were reported at the patient (e.g., lack of susceptibility to patients), provider (e.g., concerns about patient adherence), safety/side effects, parents as a barrier to PrEP use), and system (e.g., high cost) levels. Facilitating factors for prescribing PrEP included low cost/coverage by insurance, physician education about PrEP, and parental permission/involvement. Conclusions: In this study of primary care physician attitudes toward PrEP, a majority of physicians reported being highly or somewhat likely to recommend PrEP. (N = 26, 42%) than prescribe PrEP (N = 13, 34%). Conclusions: In this study of primary care physician attitudes toward PrEP prescribing for adolescents, physicians identified numerous barriers to providing PrEP. Addressing these barriers may increase adolescents' access to PrEP. © 2018 Society for Adolescent Health and Medicine	Adolescent; HIV; Physicians; Prevention; Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2019	Murray, Jeffrey; Bärnighausen Debra	Gender Parity in Clinical PrEP Trials	The New England Journal of Medicine	-	-	-	-	00284793	10.1056/NEJMc1915473	https://www.proquest.com/scholarly-journals/gender-parity-clinical-prep-trials/docview/2338625706/se-2?accountid=9113	To the Editor: The Perspective article by Goldstein and Walensky (in this issue of the Journal; originally published online on Oct. 30) addresses the approval by the Food and Drug Administration (FDA) of a new human immunodeficiency virus (HIV) prevention indication for emtricitabine and tenofovir alafenamide (F/TAF) that unfortunately excludes cisgender (nontransgender) women because of a lack of clinical data. Approval was based on a single noninferiority trial, DISCOVER, that compared F/TAF with emtricitabine and tenofovir disoproxil fumarate (F/TDF), primarily in men who have sex with men. Only 5% of participants in DISCOVER were cisgender women.	Tenofovir; Emtricitabine; Gender; Treatment; Prep; Tenofovir disoproxil; Clinical trials; Tenofovir alafenamide; Drugs; Human immunodeficiency virus--HIV; Medical Sciences; FDA approval; Gender parity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Mtetwa, Timothy R; Ngure, Kenneth; Karabiis, Elly; Mugo, Nelly; Kimemia, Grace; Bunce, Bridget Frances O'Rourke; Mosingoi, Nicholas; Bumba, Felix; Baeten, Jared M; Heffron, Renee; Haberer, Jessica E	Short Message Service (SMS) Surveys Assessing Pre-exposure Prophylaxis (PrEP) Adherence and Sexual Behavior are Highly Acceptable Among HIV-Uninfected Members of Serodiscordant Couples in East Africa: A Mixed Methods Study.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2326-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6538465/	Objectives. To quantify sociodemographic disparities in prodiagnosis pre-exposure prophylaxis (PrEP) use in persons recently diagnosed with HIV in New York City and assigned for partner services. Methods. We used partner services data from October 2015 to September 2017 from persons diagnosed with HIV in the past 12 months (n = 7339) to compare independent predictors of two outcomes: (1) PrEP diagnosis ("prediagnosis PrEP users") with 6 months having some ("newer users") versus no prescription and (2) prediagnosis PrEP users with 6 months having some ("newer users") versus no prescription ("never users"). Results. We found report of prediagnosis PrEP use in 95 persons (3%). The adjusted odds ratio (aOR) of prediagnosis PrEP use was lower among non-Hispanic Blacks (AOR = 0.18; 95% confidence interval CI = 0.09, 0.32) and Hispanics (AOR = 0.31; 95% CI = 0.17, 0.53) than among non-Hispanic Whites, among persons aged 20 years or older (AOR = 0.45; 95% CI = 0.28, 0.72) than those younger than 30 years, among cis-women (AOR = 0.13; 95% CI = 0.02, 0.40) than cis-men, and among residents of Queens (AOR = 0.25; 95% CI = 0.10, 0.53) than those of Manhattan. Conclusions. Disparities in HIV prevention based on race/ethnicity, gender, age, and local geography may manifest themselves in differential PrEP use. © 2019 American Public Health Association Inc., All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Mtetwa, Timothy R; Ngure, Kenneth; Karabiis, Elly; Mugo, Nelly; Kimemia, Grace; Bunce, Bridget Frances O'Rourke; Mosingoi, Nicholas; Bumba, Felix; Baeten, Jared M; Heffron, Renee; Haberer, Jessica E	Short Message Service (SMS) surveys to assess sexual behavior and adherence to HIV pre-exposure prophylaxis (PrEP) among HIV-uninfected partners of serodiscordant couples enrolled in a sub-study of the Partners Demonstration Project (an open-label study of integrated antiretroviral therapy and PrEP for HIV prevention in Kenya and Uganda). Questionnaires were completed by 142 participants after study exit. Median age was 29 years; 69% were male. Ninety-five percent (95%) felt SMS surveys were "easy" or "very easy", 74% reported no challenges, and 72% preferred SMS surveys over in-person study visits. Qualitative interviews involving 32 participants confirmed the ease of responding to SMS surveys. Participants also indicated that surveys acted as reminders for adherence to PrEP and condom use and were experienced as support from the study. SMS surveys were generally found to be acceptable to participants.	Adherence; East Africa; PrEP; SMS; Serodiscordant couples	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Mixed methods

Article	2019	Myers, Janet J, PhD, MPH; Dufour, Mi-Suk Kang, PhD, MPH; Koester, Kimberly A, PhD, MA; Udoh, Ifeoma, PhD; Frazier, Remi, MS; Packard, Rebecca, BA; Kennedy, Kristin, MS, MPH, CPH; Erguera, Xavier, BA; Horowitz, Jessica, NP; Grant, Robert, MD; Burack, Jeffrey H, MD, MPP, BPhil	Adherence to PrEP Among Young Men Who Have Sex With Men Participating in a Sexual Health Services Demonstration Project in Alameda County, California: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002051	https://www.proquest.com/scholarly-journals/adherence-prep-among-young-men-who-have-sex-with/docview/2272209042/se-2?accountid=8113	Background: Young men of color who have sex with men face a continual increase in rates of HIV infection. Pre-exposure prophylaxis (PrEP) is an important prevention method for these young men. Setting: The Connecting Resources for Urban Sexual Health (CRUSH) demonstration project provided sexual health services, including PrEP, to young men who have sex with men aged 18–29 years. We report on adherence and factors influencing it. Methods: Participants were offered HIV and sexually transmitted infection testing, prevention counseling, PrEP, and when appropriate, sexually transmitted infection treatment and postexposure prophylaxis. Participants taking PrEP had erythrocyte tenofovir diphosphate and emtricitabine levels measured through dried blood spot testing at 4, 12, and 24 weeks to estimate medication adherence. Participants also completed surveys to assess demographic and psychosocial measures. Results: From February 2014 to November 2015, CRUSH enrolled 257 participants. Ninety-three percent started PrEP, 81% of whom initiated it at their first visit. Twelve percent required postexposure prophylaxis before starting PrEP. Adherence at protective levels was initially high with 87% demonstrating levels consistent with at least 4 doses per week at week 4, compared with 77% at the 48-week follow-up. African American race, exposure to violence, and having survival needs were associated with significantly lower levels of adherence odds ratio (OR): 0.33; confidence interval (CI): 0.11 to 0.97, P < 0.04; OR: 0.79; CI: 0.59 to 1.04, P < 0.10; OR: 0.51; CI: 0.24 to 1.05, P < 0.07. Conclusions: Most young men who initiate PrEP adhere at levels that confer protection against HIV infection. Interventions should account for differences in life experiences, particularly addressing the structural challenges facing young African American men.	Tenofovir; Emtricitabine; Health; Pre-exposure prophylaxis; Prevention; Adherence; Men who have sex with men; Infections; Sexual health; Health services; Prophylaxis; Exposure; Demographics; Violence; Aggression; Erythrocytes; Sexual and reproductive health; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Confidence intervals; Young men; Crush tests; Spot testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Myerski, Ashley; Siegel, Aaron; Engstrom, Jarret; McGowan, Ian; Brand, Rhonda M	The Use of Droplet Digital PCR to Quantify HIV-1 Replication in the Colorectal Explant Model.	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405	10.1089/AID.2018.0227	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6434591	Ex vivo explant models are used to characterize in vitro efficacy of preexposure prophylaxis (PrEP) agents. Tissue is challenged with virus in culture and HIV-1 p24 levels are quantified with enzyme-linked immunosorbent assay (ELISA) on supernatants collected throughout a 14-21-day incubation. Due to the narrow dynamic range of HIV-1 p24 kits, we evaluated whether droplet digital PCR (ddPCR) provides an alternative method to quantify HIV-1 replication in supernatant samples. We used samples from the MWRI-01 study, which evaluated the pharmacokinetic/pharmacodynamic profile of long-acting rilpivirine using the explant model (McGowan et al. Lancet HIV 2016). HIV-1 pol RNA was measured with ddPCR, either directly with a one-step method or reverse transcribed to cDNA before ddPCR (two-step method) on supernatants from the MWRI-01 study. Previously analyzed HIV-1 p24 antigen levels (Alliance; Perkin-Elmer) were available for comparison purposes. Both ddPCR methods strongly correlated with HIV-1 p24 and displayed similar patterns of HIV-1 suppression before and after rilpivirine. Compared to the p24 ELISA, two-step and one-step ddPCR reduced the amount of hands-on time by approximately one-half and two-thirds, respectively. ddPCR also required less sample and based on p24 versus ddPCR correlation, could potentially reduce the explant culture time from 14 to 10 days (r2 = 0.78, p < .001) due to the increased sensitivity of ddPCR. We demonstrate that ddPCR is a suitable alternative to HIV-1 p24 ELISA to quantify HIV-1 infection in the explant model and has the potential to decrease explant culture time.	HIV-1 p24, HIV-1, explant challenge, qPCR, ddPCR	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Naar, Sylvie; Hudgens, Michael G; Brookmeyer, Ron; Idalski Carcone, April; Chapman, Jason; Chowdhury, Shrabanti; Ciaranello, Andrea; Comulada, W Scott; Ghosh, Samiran; Horvath, Keith J; Ingram, LaDrea; LeGrand, Sara; Reback, Cathy J; Simpson, Kit; Stanton, Bonita; Starks, Tyrel; Swendeman, Dallas	Improving the Youth HIV Prevention and Care Cascades: Innovative Designs in the Adolescent Trials Network for HIV/AIDS Interventions.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2019.0095	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6745528	Dramatic decreases in HIV transmission are achievable with currently available biomedical and behavioral interventions, including antiretroviral therapy and pre-exposure prophylaxis. However, such decreases have not yet been realized among adolescents and young adults. The Adolescent Medicine Trials Network (ATN) for HIV/AIDS interventions is dedicated to research addressing the needs of youth at high risk for HIV acquisition as well as youth living with HIV. This article provides an overview of an array of efficient and effective designs across the translational spectrum that are utilized within the ATN. These designs maximize methodological rigor and real-world applicability of findings while minimizing resource use. Implementation science and cost-effectiveness methods are included. Utilizing protocol examples, we demonstrate the feasibility of such designs to balance rigor and relevance to shorten the science-to-practice gap and improve the youth HIV prevention and care continua.	HIV; adolescent; behavioral; methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Nanayakkara D.D.; Sun X.; Morris S.; Louie S.; Mulligan K.; Overton T.; Asante I.; Corado K.; Jain S.; Dubé M.P.	Effect of Vitamin D Supplementation on Bone Turnover Markers during HIV Pre-Exposure Prophylaxis Using Tenofovir Disoproxil Fumarate-Emtricitabine in Men Who Have Sex with Men	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2018.0280	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068338240&doi=10.1089%2faid.2018.0280&partnerID=40&md5=dbebc203b92fa5c6d3803c5edc868aa2	Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate-emtricitabine (TDF-FTC) reduces bone mineral density in HIV-uninfected men who have sex with men (MSM). We hypothesized that PrEP with TDF-FTC would increase bone turnover markers (BTMs) at week 24 and that vitamin D supplementation from weeks 24 to 48 would blunt this increase. Participants were from a cohort of 398 MSM and transgender women who received daily TDF-FTC for PrEP. At week 24, a prospective intervention group initiated vitamin D3 4,000 IU daily. Concurrent controls were selected from the cohort who took ≤400 IU/day of vitamin D3 matched by age, race, and body mass index. The primary endpoint was the change in procollagen-I N-terminal propeptide (P1NP) from weeks 24 to 48. Paired t-tests were used to compare changes in BTMs between intervention and controls. Among 48 intervention-control pairs, median age was 33 years. At baseline, 68.9% of the intervention group and 77.3% of controls were vitamin D sufficient (≥20 ng/mL, p = .94). P1NP, C-telopeptide, parathyroid hormone (PTH), and 25-OH vitamin D3 did not increase significantly at week 24. P1NP fell by a mean ± SD of -27.6 ± 49.9 pg/mL from weeks 24 to 48 with vitamin D and -2.5 ± 40.2 pg/mL in controls (p = .01). There were no significant between-group differences in the weeks 24-48 change in C-telopeptide, PTH, or 25-OH vitamin D3. Vitamin D3 supplementation with 4,000 IU/day resulted in a significant reduction in the BTM P1NP compared with controls, suggesting that this intervention has potential to improve bone health during PrEP. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	bone health; HIV; pre-exposure prophylaxis; PrEP; Vitamin D	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Nash, Denis; Stief, Matthew; MacCrate, Caitlin; Mirzayi, Chloe; Patel, Viraj V; Hoover, Donald; Pantalone, David W; Golub, Sarit; Millett, Gregorio; D'Angelo, Alexa B; Westmoreland, Drew Anne; Grov, Christian	A Web-Based Study of HIV Prevention in the Era of Pre-Exposure Prophylaxis Among Vulnerable HIV-Negative Gay and Bisexual Men, Transmen, and Transwomen Who Have Sex With Men: Protocol for an Observational Cohort Study.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/13715	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6754683	BACKGROUND: Gay, bisexual, and other men who have sex with men continue to bear a large burden of the HIV epidemic in the United States and are among the only populations with increasing incidence in recent years. OBJECTIVE: The Together 5000 (T5K) Study aimed to enroll a US-based, racially diverse sample of HIV-negative men, transmen, and transwomen who are not on pre-exposure prophylaxis (PrEP) into an observational cohort to inform the design, implementation, scale-up, and evaluation of HIV prevention programs. METHODS: We used internet-based strategies to enroll a large, racially diverse national sample of HIV-negative men, transmen, and transwomen aged 16 to 49 years at high risk of HIV acquisition via sexual networking apps. Study participants are contacted every 6 months (in between annual surveys) for a brief survey on HIV testing, HIV diagnosis, and PrEP use (ie, attempts to access, PrEP initiation, and PrEP discontinuation). Participants complete annual self-administered at-home HIV testing and Web-based surveys. Using baseline serologic data and self-reported HIV testing history, we reconstructed a cohort of persons who were HIV negative at 12 months before baseline to estimate HIV incidence leading up to cohort enrollment. RESULTS: The study sample included 8777 participants from all 50 US states, Puerto Rico, and Guam; 50.91% (4468/8777) were persons of color and 25.30% (2221/8777) were young individuals aged 16 to 24 years. Per eligibility criteria, all T5K participants reported having sex with >2 male partners in the 90 days before enrollment, self-reported not having been diagnosed with HIV, and were not actively taking PrEP. In addition, 79.39% (6968/8777) reported >2 insertive condomless anal sex (CAS) acts, 61.02% (5356/8777) reported >1 receptive CAS acts in the past 90 days. Furthermore, most (7525/8777, 85.74%) reported never having taken PrEP. In total, 70.25% (6166/8777) were sent a self-administered at-home HIV test kit and 82.29% (5074/6166) of those sent a kit returned a sample for testing. The HIV incidence rate during the 12-month period leading up to enrollment was estimated to be 2.41 (95% CI 2.02-2.90) per 100 person-years. CONCLUSIONS: A large, national, and racially diverse fully Web-based cohort of HIV-negative men, transmen, and transwomen at high risk for HIV seroconversion has successfully been recruited into longitudinal follow-up. This cohort is at high risk for HIV acquisition and can provide important insights related to the real-world uptake, impact, and equity of HIV prevention interventions in the United States. Participants can be invited to participate in trials aimed at testing strategies to improve the uptake of and engagement in these interventions. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR1-10.2196/13715.	HIV; implementation science; pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Nath R.; Grennan T.; Parry R.; Baharuddin F.; Connell J.P.; Wong J.; Grace D.	Knowledge and attitudes of syphilis and syphilis pre-exposure prophylaxis (PrEP) among men who have sex with men in Vancouver, Canada: A qualitative study	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2019-031239	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075511954&doi=10.1136%2fbmjopen-2019-031239&partnerID=40&md5=d3b63e0de20ff87506e61dfcdf6c9e3c	Objectives In British Columbia, Canada, syphilis is at record-high rates, with over 80% of cases in 2017 seen in gay, bisexual and other men who have sex with men (GBM). The syphilis epidemic is of particular concern for those living with HIV, since syphilis may lead to more serious complications in this population. We sought to explore syphilis-related knowledge and attitudes around biomedical prevention options for syphilis, with the goal of informing effective strategies to prevent syphilis. Design We conducted a qualitative study consisting of in-depth, individual interviews from December 2016 to June 2017. Our interviews focused on participants' knowledge about syphilis and perceptions regarding syphilis pre-exposure prophylaxis (PrEP). Interviews were analysed using Grounded Theory. Participants Twenty-five GBM were interviewed (64% white; median age: 43 years), including men living with HIV and/or with a history of syphilis. Setting Vancouver, British Columbia. Results Five interrelated themes emerged. First, GBM were aware of the local syphilis epidemic. Second, syphilis-related knowledge differed according to syphilis and HIV serostatus. Third, competing ideas emerged regarding men's concerns about syphilis. While our participants expressed concern about getting syphilis, they also described the importance of sexual pleasure. Fourth, many participants said that syphilis was not perceived to be alarming; preventing HIV infection remained a primary concern for many. Finally, while syphilis PrEP was appealing to those living with HIV or a prior syphilis diagnosis, others were concerned about antibiotic resistance, cost and side effects. Conclusions Our participants organised their safer sex strategies around HIV, not syphilis. Although syphilis-related knowledge was relatively high among GBM living with HIV and those with a prior syphilis diagnosis, this knowledge did not appear to be related with safer sexual practices, such as increased condom use. This work highlights the importance of examining other potential prevention solutions, such as syphilis PrEP. © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Canada; HIV; men who have sex with men; qualitative; syphilis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Nelson L.E.; McMahon J.M.; Leblanc N.M.; Braksmajer A.; Crean H.F.; Smith K.; Xue Y.	Advancing the case for nurse practitioner-based models to accelerate scale-up of HIV pre-exposure prophylaxis	Journal of Clinical Nursing	-	-	-	-	9621067	10.1111/jocn.14675	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054712325&doi=10.1111%2fjocn.14675&partnerID=40&md5=827f348c7df4341838b1c472917f0c79	Aims: To explore the factors that position nurse practitioners (NPs) to lead the implementation of HIV pre-exposure prophylaxis. Background: The HIV epidemic represents a global health crisis. Reducing new HIV infections is a public health priority, especially for Black and Latino men who have sex with men (MSM). When taken as directed, co-formulated emtricitabine and tenofovir have over 95% efficacy in preventing HIV; however, substantial gaps remain between those who would benefit from pre-exposure prophylaxis (PrEP) and current PrEP prescribing practices. Design: This is a position paper that draws on concurrent assessments of research literature and advanced practice nursing frameworks. Method: The arguments in this paper are grounded in the current literature on HIV PrEP implementation and evidence of the added value of nurse-based models in promoting health outcomes. The American Association of Colleges of Nursing's advanced nursing practice competencies were also included as a source of data for identifying and cross-referencing NP assets that align with HIV PrEP care continuum outcomes. Conclusions: There are four main evidence-based arguments that can be used to advance policy-level and practice-level changes that harness the assets of nurse practitioners in accelerating the scale-up of HIV PrEP. Relevance to clinical practice: Global public health goals for HIV prevention cannot be achieved without the broader adoption of PrEP as a prevention practice among healthcare providers. NPs are the best hope for closing this gap in access for the populations that are most vulnerable to HIV infection. © 2018 John Wiley & Sons Ltd	HIV pre-exposure prophylaxis; HIV prevention; nurse practitioners; prescribing practices	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Newman C.; Hughes S.; Persson A.; Truong H.-H.M.; Holt M.	Promoting 'Equitable Access' to PrEP in Australia: Taking Account of Stakeholder Perspectives	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2311-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055323094&doi=10.1007%2fs10461-018-2311-2&partnerID=40&md5=8c6eb7c958355ad3228a998c5d0c6fbc	As evidence of the safety and effectiveness of HIV pre-exposure prophylaxis (PrEP) has grown, so has attention to the views of prospective users and providers. However, far less attention has been paid to understanding the perspectives of other stakeholders in the rollout of PrEP access programs. We conducted 21 semi-structured qualitative interviews in 2017 with key stakeholders working across the policy, advocacy, research and/or clinical dimensions of the Australian HIV response, before federal support for a subsidised access scheme was achieved. Our analysis explored three areas of shared concern: who is a suitable candidate for PrEP; why are disparities in PrEP access important; and how can disparities be addressed? In examining how this diverse group of professionals grappled with the challenges of promoting 'equitable access' to PrEP in an increasingly resource rationed health system, we can see how the principles believed to underpin the Australian response to HIV were both reaffirmed and challenged through this period of significant change. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Access; Australia; Equity; HIV pre-exposure prophylaxis (PrEP); Qualitative research	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2019	Newman R.; Katchi T.; Karass M.; Gennarelli M.; Goutis J.; Kifayat A.; Solanki S.; Yandrapalli S.; Forman L.; Nabors C.	Enhancing HIV Pre-exposure Prophylaxis Practices via an Educational Intervention	American Journal of Therapeutics	-	-	-	-	10752765	10.1097/MJT.0000000000000773	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069617188&doi=10.1097%2fMJT.0000000000000773&partnerID=40&md5=8dfa61fc699897c506c7931bc29ffd22	Background:Pre-exposure prophylaxis (PrEP) for HIV involves using antiretroviral drugs to prevent individuals at high risk from acquiring HIV infection. Most practicing primary care providers believe PrEP to be safe and effective, but less than half have prescribed or referred for PrEP. Attitudes and prescribing patterns among house officers have not been well described previously.Study Question:Can an educational intervention enhance HIV PrEP practices among internal medicine house officers?Study Design:This study relied on a pretest/posttest design. All categorical trainees at a medium-sized internal medicine program were offered a baseline survey to assess their knowledge on PrEP. This was followed by a PrEP-focused educational intervention and a postintervention survey.Measures and Outcomes:Likert scales captured perceptions regarding safety, effectiveness, barriers, factors that would promote PrEP use, potential side effects, impact on risk-taking behavior, and provider comfort level in assessing behavioral risks and in PrEP prescribing. Data were analyzed using descriptive statistics, Wilcoxon signed rank test, and the Kruskal-Wallis test. Significance was accepted for P < 0.05.Results:Forty-eight (100%) trainees participated in the educational session, 45 (94%) in a preintervention survey, and 36 (75%) in a postintervention survey. Before PrEP training, 22% of respondents were unaware of PrEP, 78% believed PrEP was effective, 66% believed PrEP was safe, 62% had fair or poor awareness of side effects; 18% of residents had referred for or prescribed PrEP, and 31% believed they were likely to prescribe PrEP in the next 6 months. After the intervention, 94% of trainees believed PrEP was effective (P < 0.001), 92% believed PrEP was safe (P < 0.001), and two-thirds believed they were likely to prescribe PrEP in the next 6 months.Conclusions:Brief, focused training on HIV prevention promotes awareness, acceptance, and likelihood of prescribing PrEP by internal medicine trainees. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	education; HIV; PrEP; residents; training	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Nickolas T.L.; Yin M.T.; Hong T.; Mugwanya K.K.; Branch A.D.; Heffron R.; Ramalho J.; Nandakumar R.; Dworakowski E.; Wanga V.; Mugo N.R.; Ronald A.; Celum C.; Donnell D.; Baeten J.M.; Wyatt C.M.; Coombs R.W.; Frenkel L.; Hendrix C.W.; Lingappa J.R.; McElrath M.J.; Fife K.H.; Were E.; Tumwesigye E.; Ndase P.; Katabira E.; Bukusi E.; Cohen C.R.; Wangisi J.; Campbell J.D.; Tappero J.W.; Kiarie J.; Farquhar C.; John-Stewart G.	Impact of Tenofovir-Based Pre-exposure Prophylaxis on Biomarkers of Bone Formation, Bone Resorption, and Bone Mineral Metabolism in HIV-Negative Adults	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofz338	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073569500&doi=10.1093%2fofid%2fofz338&partnerID=40&md5=d40aacdafa5b4fc28b3a38761a089dda	Background: Pre-exposure prophylaxis (PrEP) with emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF) reduces the risk of HIV seroconversion but may promote bone mineral density (BMD) decline. The mechanisms of BMD decline with FTC/TDF remain unclear, and studies in HIV-positive individuals have been confounded by the effects of HIV and concomitant antiretroviral medications. We evaluated the impact of FTC/TDF on biomarkers of bone remodeling and bone mineral metabolism in HIV-negative men and women enrolled in the Partners PrEP Study. Methods: In a random sample of HIV-negative participants randomized to FTC/TDF PrEP (n = 50) or placebo (n = 50), serum parathyroid hormone (PTH), bone biomarkers (C-telopeptide, procollagen 1 intact N-terminal propeptide, and sclerostin), and plasma fibroblast growth factor 23 were measured at baseline and month 24, and the percentage change was compared between groups. In a complementary analysis, we compared the change in biomarkers between participants with and without a 25% decline in glomerular filtration rate (GFR) on FTC/TDF. Results: Baseline characteristics were similar between the groups (median age, 38 years; 40% women). Vitamin D insufficiency was common, but baseline GFR and PTH were in the normal range. We observed a significantly greater percent increase in serum C-telopeptide in participants randomized to FTC/TDF vs placebo (P =. 03), suggesting an increase in bone remodeling. We observed no differences in the other biomarkers, or in a separate analysis comparing participants with and without a decline in GFR. Conclusions: Increased bone remodeling may mediate the BMD decline observed with tenofovir-containing PrEP and antiretroviral therapy, independent of a TDF-mediated decrease in kidney function. © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	antiretroviral therapy; bone turnover; HIV prevention; kidney; tubular dysfunction	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	O'Byrne P.	Human Immunodeficiency Virus Preexposure Prophylaxis: A Quick Guide for Primary Care Practice	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2019.04.018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068431092&doi=10.1016%2fj.nurpra.2019.04.018&partnerID=40&md5=d668c8b840f06b0180fca640953e6a8c	Human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) is when HIV-negative persons use antiretroviral medication to prevent HIV acquisition. It is up to 96% efficacious. Patients at risk for HIV warrant PrEP, and contraindications include being HIV positive and an estimated glomerular filtration rate (eGFR) < 60 mL/min. PrEP should be prescribed as 1 daily oral tablet of emtricitabine/tenofovir disoproxil fumarate, and repeat HIV and creatinine testing should occur after 1 month of medication use and then every 3 months. Patients who become HIV positive should be referred for care; those with an eGFR that decreases < 60 mL/min should be discontinued and monitored. Marked changes in eGFR or creatinine warrant monitoring. © 2019 Elsevier Inc.	HIV; PrEP; Prevention	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	O'Byrne P.; Orser L.; Jacob J.D.; Bourgault A.; Lee S.R.	Responding to critiques of the Canadian PrEP guidelines: Increasing equitable access through a nurse-led active-offer PrEP service (PrEP-RN)	Canadian Journal of Human Sexuality	-	-	-	-	11884517	10.3138/cjhs.2018-0050	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066043971&doi=10.3138%2fcjhs.2018-0050&partnerID=40&md5=c4bdddebca0789bf4c4047f30b0389d8	HIV pre-exposure prophylaxis (PrEP) is the use of HIV medications by HIV-negative persons to prevent HIV acquisition from future potential or known exposures to this virus. Multiple studies have demonstrated its efficacy in this regard. In 2017, to help increase the use of PrEP in Canada, clinical practice guidelines were published. These summarized the available literature and made recommendations for men who have sex with men (MSM), persons who engage in injection drug use (IDU), and heterosexual persons. Recently, arguments were made to suggest that these guidelines are not inclusive of other minority populations in Canada, including persons of African, Caribbean, and Black (ACB) descent and Indigenous persons. In this article, we review these critiques, and overview our approach to risk assessments for PrEP. Specifically, we detail the clinical procedures of our nurse-led PrEP clinic in Ottawa (entitled PrEP-RN). Lastly, we present preliminary uptake data for PrEP-RN, and discuss their meaning. © 2019 University of Toronto Press Inc.. All rights reserved.	HIV; Nursing; PrEP; Risk assessment	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	O'Byrne, Patrick; Orser, Lauren; Jacob, Jean Daniel	The "Side Effects" of HIV PEP Use: Forced Reflections and Introspections on Sexual Decision-Making.	Research and Theory for Nursing Practice	-	-	-	-	1541-6577	10.1891/1541-6577.33.2.196	https://dx.doi.org/10.1891/1541-6577.33.2.196	Postexposure prophylaxis (PEP) for HIV prevention involves giving antiretroviral medications to HIV-negative people to prevent seroconversion after HIV exposure. Available literature suggests this intervention is >80% effective. Accordingly, we implemented a nurse-led PEP program in two sexually transmitted and HIV testing clinics. As part of evaluating this project, we undertook semistructured interviews with participants who accessed PEP to understand their experiences. Twelve men participated: all were HIV-negative males who sought PEP for condomless anal sex with men. Unique to this article is the presentation of the participants' descriptions of the "side effects" they experienced. Notably, the main side effect they described related to emotional distress. Simply put, having to take a medication for 28 days forced reflection and introspection on their sexual decision-making. We feel HIV prevention workers should consider this emotional reaction when designing interventions, and ensure they provide adequate preparation and support to patients.	HIV; PEP; nursing; qualitative; side effects	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	O'Donnell, Shannon; Tan, Darrell H. S.; Hull, Mark W.	New Canadian guideline provides evidence-based approach to non-occupational HIV prophylaxis.	CJEM	-	-	-	-	1481-8043 1481-8035	10.1017/cem.2018.462	https://pubmed.ncbi.nlm.nih.gov/30457087/	The incidence of HIV infections in Canada has increased yearly since 2014. New cases of HIV have resulted almost exclusively from non-occupational exposures, including sexual contact and needle sharing. Appropriate HIV post-exposure prophylaxis is under-prescribed to patients who present to the emergency department after a high-risk exposure. In November of 2017, a Canadian guideline on HIV pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) was published. The guideline presents a standardized, evidence-based approach to assessing risk for HIV transmission and prescribing HIV prophylaxis. This summary highlights the key points from the guideline that are relevant to the practice of emergency medicine in Canada.	Humans; Incidence; Post-Exposure Prophylaxis/*methods; *HIV; Infectious Disease Transmission, Patient-to-Professional/*prevention & control; *Guidelines as Topic; HIV Infections/epidemiology/*prevention & control; *Sexual Behavior; pre-exposure prophylaxis; human immunodeficiency virus; Canada/epidemiology; non-occupational post-exposure prophylaxis	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Odoyo, Josephine B; Morton, Jennifer F; Ngure, Kenneth; O'Malley, Gabrielle; Mugwanya, Kenneth K; Irungu, Elizabeth; Awuor, Merceline; Dolla, Annabell; Ongolly, Fernandos; Bukusi, Elizabeth A; Mugo, Nelly R; Baeten, Jared M	Integrating PrEP into HIV care clinics could improve partner testing services and reinforce mutual support among couples: provider views from a PrEP implementation project in Kenya.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25303	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6639665	INTRODUCTION: Partner notification services (PNS) increase the HIV status knowledge and linkage to care and treatment. However, it is unclear if PNS can facilitate linkage of HIV-negative partners to prevention services such as pre-exposure prophylaxis (PrEP). Using qualitative methods, we explored provider perspective regarding the interaction of PrEP availability, PNS and antiretroviral treatment (ART) outcomes within a project integrating PrEP services into HIV care clinics in eight counties in western and central Kenya. METHODS: From May 2017 to August 2018, data on integrated PrEP service delivery including its interaction with PNS were collected through 71 key informant in-depth interviews with healthcare providers and 24 standardized technical assistance reports summarizing implementation at the participating clinics. Thus, the perspective was from that of providers; analyses focused on emergent themes relating PNS to PrEP and ART services. RESULTS: Providers found that PrEP integration provided an additional concrete prevention option for HIV-negative partners and created a motivation to offer PNS to persons living with HIV. PrEP availability also seemed to operate as an incentive for those living with HIV to participate in PNS, which in turn enhanced identification of potential PrEP clients and created an environment for discussing HIV transmission risk. Providers commented that initiating HIV-negative partners on PrEP enhanced mutual monitoring of health outcomes, including improved adherence to ART by partners living with HIV. Clinics noted prioritizing people living with HIV with detectable viral loads for PNS in order to identify HIV-negative partners who would benefit most from PrEP. Providers felt motivated by the apparent synergistic interaction of PNS, PrEP and ART. CONCLUSIONS: Providers felt that the integration of PrEP into HIV care clinics stimulated the provision of PNS, and PNS was used to improve the identification of potential PrEP clients. The integrated combination of PNS, PrEP and ART is synergistic and should be promoted in HIV clinics.	ART; HIV; HIV care continuum; PrEP; disclosure; partner notification services	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2019	OÊ¼Byrne, Patrick; MacPherson, Paul; Orser, Lauren; Jacob, Jean Daniel; Holmes, Dave	PrEP-RN: Clinical Considerations and Protocols for Nurse-Led PrEP.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	1552-6917	10.1097/JNC.0000000000000075	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6551248	HIV pre-exposure prophylaxis (PrEP) is an increasingly important part of the HIV prevention armamentarium. Issues with PrEP, however, include access. We propose that one way to surmount this issue would be to have nurses provide PrEP. Although clinical guidelines exist for PrEP, they are overwhelmingly not targeted to nonprescriber clinicians. In this article, we overview current U.S. and Canadian PrEP guidelines and provide explicit guidance about how nurses can provide PrEP, including the clinical pathways and medical directives we use in our clinic. We call nurse-led provision of PrEP, PrEP-RN (Pre-Exposure Prophylaxis-Registered Nurse) and feel it may be an important step forward in HIV prevention.	community, HIV, nursing, nurse-led, PrEP	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2019	Ogbuagu, Onyema; Marshall, Brandon D L; Tiberio, Perry; Ogunbajo, Adedotun; Barakat, Lydia; Montgomery, Madeline; Almonte, Alexi; Wray, Tyler; Williams, Emily C; Edelman, E Jennifer; Chan, Philip A	Prevalence and Correlates of Unhealthy Alcohol and Drug Use Among Men Who Have Sex with Men Prescribed HIV Pre-exposure Prophylaxis in Real-World Clinical Settings.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2260-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7020905	Pre-exposure prophylaxis (PrEP) is effective in preventing HIV acquisition among men who have sex with men (MSM). However, little is known about unhealthy substance use among MSM initiating PrEP in real-world settings. Unhealthy substance use is a risk factor for HIV acquisition and non-adherence to treatment, and may also impact PrEP use. MSM who were prescribed PrEP from 2015 to 2017 at clinics in Providence, Rhode Island and New Haven, Connecticut were recruited to participate in a prospective observational study. Structured clinical assessments were used to assess demographics, HIV risk behaviors, and unhealthy alcohol (alcohol use disorders identification test AUDIT-C scores ≥ 4) and drug use (use of any drugs in the past 3 months). Bivariate and multivariate analyses were performed to determine demographics and behaviors associated with unhealthy alcohol and drug use. Among 172 MSM initiating PrEP, 64% were white and 40% were 25-34 years old. Participants reported a median of 3 (IQR 2-7) sexual partners in the last 3 months; 20% reported an HIV positive partner. Unhealthy alcohol and any drug use were reported by 54 and 57%, respectively, and 76% reported at least one of the two. The majority of drug use reported was marijuana and poppers (41 and 26% of participants, respectively). Relative to those without unhealthy alcohol use, unhealthy alcohol use was independently associated with any drug use (adjusted odds ratio AOR = 2.57, 95% CI 1.32-5.01). Frequent drug use was associated with younger age (< 25 years, AOR 4.27, 95% CI 1.51-12.09). Unhealthy alcohol use is common among MSM taking PrEP. Drug use other than marijuana and poppers was uncommon among our cohort. Further efforts may be needed to understand the influence of unhealthy alcohol and other substance use on PrEP outcomes and to engage MSM who use drugs for PrEP.	Alcohol; HIV; Implementation; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Ogunbajo, Adedotun; Kang, Augustine; Shangani, Sylvia; Wade, Ryan M.; Onyango, Daniel P.; Odero, Wilson W.; Harper, Gary W.	Awareness and Acceptability of pre-exposure prophylaxis (PrEP) among gay, bisexual and other men who have sex with men (GBMSM) in Kenya.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2019.1612023	https://pubmed.ncbi.nlm.nih.gov/31039628/	Kenyan gay, bisexual, and other men who have sex with men (GBMSM) are significantly affected by HIV. Pre-exposure prophylaxis (PrEP) is an effective biomedical approach to HIV prevention. We conducted a cross-sectional survey of 459 HIV-negative Kenyan GBMSM to assess individual and interpersonal correlates of PrEP awareness/acceptability using univariate and hierarchical logistic regression modeling. We found that 64.3% of participants had heard of PrEP and 44.9% were willing to use PrEP. In hierarchical logistic regression models for PrEP awareness, condom use with regular partners, higher condom use self-efficacy, higher perceived ability to use PrEP, history of STI, and membership in LGBT organization were significantly associated with being aware of PrEP (χ(2)=( )69.6, p < .001). In hierarchical logistic regression models for PrEP acceptability, higher self-esteem, higher condom use self-efficacy, depression/anxiety, higher perceived ability to use PrEP, willingness to engage in PrEP follow-up visits, coercion at sexual debut, and family exclusion were significantly associated with being acceptable to PrEP (χ(2)=( )231.8, p < .001). Individual and interpersonal factors were significantly associated with PrEP awareness and acceptability. Our findings underscore the need to promote awareness and understanding of PrEP as an effective HIV prevention tool in combination with other safer-sex methods that are appropriate given an individual's personal circumstances.	Adult; Humans; Male; Middle Aged; Anti-HIV Agents/*administration & dosage; HIV Infections/drug therapy/*prevention & control; Cross-Sectional Studies; Sexual Partners; Safe Sex; *Health Knowledge, Attitudes, Practice; Kenya/epidemiology; Condoms/*statistics & numerical data; *Pre-Exposure Prophylaxis; HIV prevention; Kenya; Patient Acceptance of Health Care/psychology/*statistics & numerical data; Homosexuality, Male/*psychology/statistics & numerical data; Self Efficacy; Awareness; Acceptability; Pre-exposure Prophylaxis; Bisexuality/*psychology/statistics & numerical data; GBMSM	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	O'Halloran, C; Rice, B; White, E; Desai, M; Dunn, DT; McCormack, S; Sullivan, AK; White, D; McOwan, A; Gafos, M	Chemsex is not a barrier to self-reported daily PrEP adherence among PROUD study participants	International Journal on Drug Policy	-	-	-	-	NA	10.1016/j.drugpo.2019.10.007	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02008135/full	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a novel HIV prevention method whereby HIV-negative individuals take the drugs tenofovir and emtricitabine to prevent HIV acquisition. Optimal adherence is critical for PrEP efficacy. Chemsex describes sexual activity under the influence of psychoactive drugs, in the UK typically; crystal methamphetamine, gamma-hydroxybutyrate(GHB) and/or mephedrone. Chemsex drug use has been associated with increased HIV transmission risk among gay, bisexual and other men who have sex with men (GBM) and poor ART adherence among people living with HIV. This study assessed whether self-reported chemsex events affected self-reported daily PrEP adherence among PROUD study participants. METHODS: The PROUD study was an open-label, randomised controlled trial, conducted in thirteen English sexual health clinics, assessing effectiveness of Truvada®-PrEP among 544 HIV-negative GBM. The study reported an 86% risk-reduction of HIV from daily PrEP. Participants were asked about chemsex engagement at follow-up visits. Monthly self-reports of missed PrEP tablets were aggregated to assess adherence between visits. Univariable and multivariable regression analyses were performed to test for associations between chemsex and reporting less than seven out of seven intended doses(<7/7ID) in the 7 days before and/or after last condomless anal intercourse(CAI). RESULTS: 1479 follow-up visit forms and 2260 monthly adherence forms from 388 participants were included in the analyses, with 38.5% visit forms reporting chemsex since last visit and 29.9% follow-up periods reporting <7/7ID. No statistically significant associations were observed between reporting <7/7ID and chemsex (aOR=1.29 95% CI 0.90-1.87, p = 0.168). Statistically significant associations were seen between reporting <7/7ID and participants perceiving that they would miss PrEP doses during the trial, Asian ethnicity, and reporting unemployment at baseline. CONCLUSIONS: These analyses suggest PrEP remains a feasible and effective HIV prevention method for GBM engaging in chemsex, a practise which is prevalent in this group and has been associated with increased HIV transmission risk.	*Human immunodeficiency virus infected patient; *bisexuality; *men who have sex with men; *pre-exposure prophylaxis; Adolescent; Adult; Anal intercourse; Anti-HIV Agents *administration & dosage; Article; Comparative effectiveness; Controlled study; Emtricitabine, Tenofovir Disoproxil Fumarate Drug Combination administration & dosage; Ethnicity; Female; Follow up; Follow-Up Studies; HIV Infections *prevention & control; Human; Human experiment; Humans; Major clinical study; Male; Medication Adherence *statistics & numerical data; Middle Aged; Multicenter study; Pre-Exposure Prophylaxis *methods; Randomized controlled trial; Risk reduction; Self Report; Self report; Sexual Behavior; Sexual and Gender Minorities; Sexual health; Substance-Related Disorders *epidemiology; Tablet; Unemployment; Young Adult	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Essay	2019	Ohayon M.	HIV-positive men as Superheros	Sexologies	-	-	-	-	11581360	10.1016/j.sexol.2019.05.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066731346&doi=10.1016%2fj.sexol.2019.05.006&partnerID=40&md5=4b0d2d5b6e5e8079935b7bed1332eb5a	Improvements in the prognosis for HIV infection and the impact of biomedical strategies for the prevention of transmission have created very specific situations for men who live with HIV within the homosexual minorities. Originally focused on their duty in preventing transmission, the issue at stake gradually moved towards one of power, with the HIV-infected person, the hero/martyr of the 1980s and 1990s, becoming the hero who has vanquished the fear of Aids. Undetectable viral load, the standard of current treatment, makes the individual himself undetectable, invisible. In a population so profoundly affected by the history of Aids, these are superpowers. The HIV-positive guy has become a superhero. The clinical situation for gay men living with HIV says otherwise. In addition to the modifications they have had to make to their sex-lives, be it compulsory abstinence, a change in sexual roles, limiting sexual partners to those who are also HIV-positive or forming a couple at all costs, gay HIV-positive men today seem forced to negotiate with this image that has been forced upon them, in a context where sexual encounters increasingly adopt a neoliberal model. A command to climax, to avoid any problems, to be satisfied with these superpowers even if they didn't want them in the first place, in a context where invisibility is demanded. None of this helps HIV-positives to repair the consequences of the infection on their sexuality. By adopting the behaviours that have been assigned to them, some of them use their superpowers and transgress all the interdicts (sexual practices, drugs) simply to feel something again. It is probable that our superheros are only superheroes in the eyes of others. In the future, we can expect gays to distance themselves from the epidemic with the development of PrEP; but will that put an end to this fabricated fantasy that gets under the skin of HIV-positive gay men and provides ample opportunity for sexological clinical repercussions. © 2019	Bareback; HIV infection; MSM (men who have sex with men); PrEP	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Article	2019	Ojeda V.D.; Amico K.R.; Hughes J.P.; Wilson E.; Li M.; Holtz T.H.; Chitwarakorn A.; Grant R.M.; Dye B.J.; Bekker L.-G.; Mannheimer S.; Marzinke M.; Hendrix C.W.	Low Disclosure of PrEP Nonadherence and HIV-Risk Behaviors Associated with Poor HIV PrEP Adherence in the HPTN 067/ADAPT Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002103	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071351349&doi=10.1097%2fQAI.0000000000002103&partnerID=40&md5=0e6e4f2eecd5e7c8f591d4e899389d58	Objective:We evaluated the relationship between 2 types of social relationships, ie, (1) external support for use of HIV pre-exposure prophylaxis (PrEP) and related study supplies and (2) participants' disclosure of PrEP use and condom use and HIV PrEP adherence among daily-dosing regimen participants in HIV Prevention Trials Network (HPTN) 067, an open-label trial of oral tenofovir (TFV) disoproxil fumarate (TDF) 300 mg/emtricitabine (FTC) 200 mg.Methods:Using HPTN 067 survey data, we developed scales examining (1) Low Perceived External Support for PrEP: low perceived support by others for PrEP use or perceived negative reactions to the pill case (scoring ranges from 0 to 2) and (2) Participant-Staff Disclosure Challenges Scale, which identifies challenges to sharing nonuse of PrEP or condoms to study staff (scoring ranges from 0 to 4); these scales are the primary independent variables. Adherence, the dependent variable, was determined using log-transformed plasma TFV concentrations. generalized estimating equation (GEE) linear regression was used to assess the association between both scales and adherence.Results:Participants (n = 161) included HIV-uninfected women in South Africa, and men who have sex with men and transgender women, in Thailand and the United States. In multivariable analyses, higher scores in the Participant-Staff Disclosure Challenges Scale were significantly associated with lower PrEP adherence exp(β) = 0.62, 95% CI: (0.46 to 0.84); P = 0.002 as were increased days since the last PrEP dose exp(β) = 0.73, 95% CI: (0.65 to 0.83); P ≤ 0.001.Conclusions:Given the association with adherence, study staff-participant interactions and participants' disclosure of PrEP challenges may be worthwhile intervention targets for improving PrEP adherence in confirmatory studies. Copyright © 2019 Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited.	adherence; disclosure of PrEP/HIV prevention behaviors; HIV PrEP; HPTN 067	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ojikutu B.O.; Bogart L.M.; Mayer K.H.; Stopka T.J.; Sullivan P.S.; Ransome Y.	Spatial access and willingness to use pre-exposure prophylaxis among black/african American individuals in the United States: Cross-sectional survey	JMIR Public Health and Surveillance	-	-	-	-	23692960	10.2196/12405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097133703&doi=10.2196%2f12405&partnerID=40&md5=48581ea7086a5bcbd61ecdcc7cde4fda	Background: Uptake of pre-exposure prophylaxis (PrEP) among black individuals in the United States is low and may be associated with the limited availability of clinics where PrEP is prescribed. Objective: We aimed to determine the association between spatial access to clinics where PrEP is prescribed and willingness to use PrEP. Methods: We identified locations of clinics where PrEP is prescribed from AIDSVu.org and calculated the density of PrEP clinics per 10,000 residents according to the ZIP code. Individual-level data were obtained from the 2016 National Survey on HIV in the Black Community. We used multilevel modelling to estimate the association between willingness to use PrEP and clinic density among participants with individual-level (HIV risk, age, gender, education, income, insurance, doctor visit, census region, urban/rural residence) and ZIP code-level (%poverty, %unemployed, %uninsured, %black population, and density of health care facilities) variables. Results: All participants identified as black/African American. Of the 787 participants, 45% were men and 23% were found to be at high risk based on the self-reported behavioral characteristics. The mean age of the participants was 34 years (SD 9), 54% of participants resided in the South, and 26% were willing to use PrEP. More than one-third (38%) of the sample had to drive more than 1 hour to access a PrEP provider. Participants living in areas with higher PrEP clinic density were significantly more willing to use PrEP (one SD higher density of PrEP clinics per 10,000 population was associated with 16% higher willingness adjusted prevalence ratio=1.16, 95% CI: 1.03-1.31). Conclusions: Willingness to use PrEP was associated with spatial availability of clinics where providers prescribe PrEP in this nationally representative sample of black African Americans. © Bisola O Ojikutu, Laura M Bogart, Kenneth H Mayer, Thomas J Stopka, Patrick S Sullivan, Yusuf Ransome.	Barriers; Black individuals; HIV prevention; HIV services; Pre-exposure prophylaxis; PrEP; Racial disparities; Spatial access	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	O'Malley G.; Barnabee G.; Mugwanya K.	Scaling-up PrEP Delivery in Sub-Saharan Africa: What Can We Learn from the Scale-up of ART?	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-019-00437-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062047663&doi=10.1007%2fs11904-019-00437-6&partnerID=40&md5=31ee3c1be04396cea0e2fb4b4bb34404	Purpose of Review: Clinical trials have found that PrEP is highly effective in reducing risk of HIV acquisition across types of exposure, gender, PrEP regimens, and dosing schemes. Evidence is urgently needed to inform scale-up of PrEP to meet the ambitious WHO/UNAIDS prevention target of 3,000,000 individuals on PrEP by 2020. Recent Findings: Successful models of delivering HIV services at scale evolved from years of formal research and programmatic evidence. These efforts produced lessons-learned relevant for scaling-up PrEP delivery, including the importance of streamlining laboratory tests, expanding prescription and management authority, differentiating medication access points, and reducing stigma and barriers of parental consent for PrEP uptake. Further research is especially needed in areas differentiating PrEP from ART delivery, including repeat HIV testing to ensure HIV negative status and defining and measuring prevention-effective adherence. Summary: Evidence from 15 years of ART scale-up could immediately inform a public health approach to PrEP delivery. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Anagogical reasoning; HIV/AIDS; Pre-exposure prophylaxis (PrEP); PrEP implementation; Scaling-up; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ong J.J.; Baggaley R.C.; Wi T.E.; Tucker J.D.; Fu H.; Smith M.K.; Rafael S.; Anglade V.; Falconer J.; Ofori-Asenso R.; Terris-Prestholt F.; Hodges-Mameletzis I.; Mayaud P.	Global Epidemiologic Characteristics of Sexually Transmitted Infections among Individuals Using Preexposure Prophylaxis for the Prevention of HIV Infection: A Systematic Review and Meta-analysis	JAMA Network Open	-	-	-	-	25743805	10.1001/jamanetworkopen.2019.17134	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076376864&doi=10.1001%2fjamanetworkopen.2019.17134&partnerID=40&md5=c8a392218eac22539985c381ded6da3b	Importance: Despite a global increase in sexually transmitted infections (STIs), there is limited focus and investment in STI management within HIV programs, in which risks for STIs are likely to be elevated. Objective: To estimate the prevalence of STIs at initiation of HIV preexposure prophylaxis (PrEP; emtricitabine and tenofovir disoproxil fumarate) and the incidence of STIs during PrEP use. Data Sources: Nine databases were searched up to November 20, 2018, without language restrictions. The implementers of PrEP were also approached for additional unpublished data. Study Selection: Studies reporting STI prevalence and/or incidence among PrEP users were included. Data Extraction and Synthesis: Data were extracted independently by at least 2 reviewers. The methodological quality of studies was assessed using the Joanna Briggs Institute critical assessment tool for prevalence and incidence studies. Random-effects meta-analysis was performed. Main Outcomes and Measures: Pooled STI prevalence (ie, within 3 months of PrEP initiation) and STI incidence (ie, during PrEP use, after 3 months). Results: Of the 3325 articles identified, 88 were included (71 published and 17 unpublished). Data came from 26 countries; 62 studies (70%) were from high-income countries, and 58 studies (66%) were from programs only for men who have sex with men. In studies reporting a composite outcome of chlamydia, gonorrhea, and early syphilis, the pooled prevalence was 23.9% (95% CI, 18.6%-29.6%) before starting PrEP. The prevalence of the STI pathogen by anatomical site showed that prevalence was highest in the anorectum (chlamydia, 8.5% 95% CI, 6.3%-11.0%; gonorrhea, 9.3% 95% CI, 4.7%-15.2%) compared with genital sites (chlamydia, 4.0% 95% CI, 2.0%-6.6%; gonorrhea, 2.1% 95% CI, 0.9%-3.7%) and oropharyngeal sites (chlamydia, 2.4% 95% CI, 0.9%-4.5%; gonorrhea, 4.9% 95% CI, 1.9%-9.1%). The pooled incidence of studies reporting the composite outcome of chlamydia, gonorrhea, and early syphilis was 72.2 per 100 person-years (95% CI, 60.5-86.2 per 100 person-years). Conclusions and Relevance: Given the high burden of STIs among individuals initiating PrEP as well as persistent users of PrEP, this study highlights the need for active integration of HIV and STI services for an at-risk and underserved population.. Copyright © 2019 Ong JJ et al. JAMA Network Open..	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Onyema Ogbuagu; Marshall, Brandon D L; Perry, Tiberio; Adedotun Ogunbajo; Barakat, Lydia; Montgomery, Madeline; Almonte, Alexi; Wray, Tyler; Williams, Emily C; Edelman, E Jennifer; Chan, Philip A	Prevalence and Correlates of Unhealthy Alcohol and Drug Use Among Men Who Have Sex with Men Prescribed HIV Pre-exposure Prophylaxis in Real-World Clinical Settings	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2260-9	https://www.proquest.com/scholarly-journals/prevalence-correlates-unhealthy-alcohol-drug-use/docview/2093011996/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is effective in preventing HIV acquisition among men who have sex with men (MSM). However, little is known about unhealthy substance use among MSM initiating PrEP in real-world settings. Unhealthy substance use is a risk factor for HIV acquisition and non-adherence to treatment, and may also impact PrEP use. MSM who were prescribed PrEP from 2015 to 2017 at clinics in Providence, Rhode Island and New Haven, Connecticut were recruited to participate in a prospective observational study. Structured clinical assessments were used to assess demographics, HIV risk behaviors, and unhealthy alcohol (alcohol use disorders identification test AUDIT-C scores ≥4) and drug use (use of any drugs in the past 3 months). Bivariate and multivariate analyses were performed to determine demographics and behaviors associated with unhealthy alcohol and drug use. Among 172 MSM initiating PrEP, 64% were white and 40% were 25–34 years old. Participants reported a median of 3 (IQR 2–7) sexual partners in the last 3 months; 20% reported an HIV positive partner. Unhealthy alcohol and any drug use were reported by 54 and 57%, respectively, and 76% reported at least one of the two. The majority of drug use reported was marijuana and poppers (41 and 26% of participants, respectively). Relative to those without unhealthy alcohol use, unhealthy alcohol use was independently associated with any drug use (adjusted odds ratio AOR = 2.57, 95% CI 1.32–5.01). Frequent drug use was associated with younger age (< 25 years, AOR 4.27, 95% CI 1.51–12.09). Unhealthy alcohol use is common among MSM taking PrEP. Drug use other than marijuana and poppers was uncommon among our cohort. Further efforts may be needed to understand the influence of unhealthy alcohol and other substance use on PrEP outcomes and to engage MSM who use drugs for PrEP.	Demography; HIV; Pre-exposure prophylaxis; Psychology; Men; Alcohol; Risk factors; Implementation; Men who have sex with men; Sexual behavior; Disease prevention; Prep; Prophylaxis; Risk assessment; Exposure; Drug use; Substance abuse; Drug abuse; Substance use; Demographics; Drugs; Risk behavior; Bivariate analysis; Marijuana; Cannabis; Alcohol use; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Sexual partners; Gays & lesbians; Mens health; Health risks; Risk taking; Observational studies; Treatment compliance; Risk analysis; Popper; Alcoholic beverages; Alcohol Use Disorders Identification Test	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Orser, Lauren; Patrick O'Byrne	The role of public health units in the delivery of HIV pre-exposure prophylaxis (PrEP)	Canadian Journal of Public Health	-	-	-	-	00084263	10.17269/s41997-018-0141-7	https://www.proquest.com/scholarly-journals/role-public-health-units-delivery-hiv-pre-exposure/docview/2256096323/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is an HIV prevention strategy involving the use of once daily antiretroviral medications to prevent HIV infection. Available research supports that PrEP, when used as prescribed, can prevent HIV transmission by upwards of 96%. Such findings have led to the development of research publications and guidelines supporting PrEP for individuals at high risk for HIV acquisition, such as men who have sex with men (MSM). Despite its benefit, current use of PrEP in clinical settings has been undermined by false impressions of poor efficacy of PrEP and concerns about increased risk-taking among MSM should PrEP be readily available. Furthermore, guidance for the role of public health units in PrEP access has not been well defined. While we maintain that PrEP should be available to any person who requests it, we feel that public health units should focus on those at highest risk for HIV acquisition, and, in doing so, possibly reduce local HIV rates.Resumo alternativo:La prophylaxie pré-exposition (PrEP) est une stratégie de prévention fondée sur la prise quotidienne de médicaments antirétroviraux pour prévenir le VIH. Selon les recherches disponibles, la PrEP, lorsqu'elle est prise telle que prescrite, peut prévenir la transmission du VIH dans une proportion de plus de 96%. Ces conclusions ont mené à l'élaboration de plusieurs publications et de lignes directrices à l'appui de la PrEP pour les personnes risquant fortement de contracter le VIH, comme les hommes ayant des relations sexuelles avec des hommes (HARSAH). Malgré ses avantages, l'utilisation de la PrEP en milieu clinique a été compromise par de fausses impressions quant à la faible efficacité de la PrEP et les inquiétudes concernant la prise de risque accrue chez les HARSAH si la PrEP était facilement accessible. De plus, les directives sur le rôle des unités de santé publique dans l'accès à la PrEP n'ont pas été bien définies. Bien que nous maintenions que la PrEP devrait être accessible à toute personne qui en fait la demande, nous pensons que les unités de santé publique devraient se concentrer sur les personnes les plus à risque, ce qui pourrait permettre de réduire l'incidence des cas de VIH au niveau local.	HIV; Risk; Pre-exposure prophylaxis; VIH; Men who have sex with men; Public health; Prophylaxis; Exposure; Disease transmission; Accessibility; Antiretroviral agents; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Risk taking; Health risk assessment; Physical Fitness And Hygiene; Documents; Hommes ayant des relations sexuelles avec des hommes; Prophylaxie pré-exposition	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review

Article	2019	Ortblad K.F.; Kearney J.E.; Mugwanya K.; Irungu E.M.; Haberer J.E.; Barnabas R.V.; Donnell D.; Mugo N.R.; Baeten J.M.; Ngure K.	HIV-1 self-testing to improve the efficiency of pre-exposure prophylaxis delivery: A randomized trial in Kenya	Trials	-	-	-	-	17456215	10.1186/s13063-019-3521-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068577395&doi=10.1186%2fs13063-019-3521-2&partnerID=40&md5=66303185f6c6ae7991f70a79a10c51e6	Background: The introduction of pre-exposure prophylaxis (PrEP) for human immunodeficiency virus-1 (HIV-1) prevention in Africa presents new challenges for health systems that are already overburdened because PrEP delivery requires frequent clinic visits (generally every 3 months) for HIV-1 testing and PrEP refills. HIV-1 self-testing (HIVST) has the potential to improve the efficiency of PrEP delivery by decreasing the number of clinic visits. Here, we describe the rationale and design of a randomized, noninferiority trial designed to test the effectiveness and safety of using HIVST to support PrEP delivery in Kenya. Methods: The JiPime-JiPrEP (Kiswahili for 'Test Yourself, PrEP Yourself') study is a three-arm randomized trial taking place in Thika, Kenya. Participants (n = 495) are eligible for enrollment if they are at least 18 years old, HIV-1 seronegative, and have been taking PrEP for 1 month. Three distinct participant types will be enrolled: men (n = 165) and women (n = 165) who are in mutually disclosed HIV-1 serodiscordant relationships, and women (n = 165) who are at HIV-1 risk and not in a known serodiscordant relationship. Participants in each of these subpopulations will be 1:1:1 randomized to: 1) the standard of care, with quarterly clinic visits; 2) oral HIVST, with biannual clinic visits plus oral HIVSTs to use at the quarters between those visits; or 3) blood-based HIVST, with biannual clinic visits plus blood-based HIVSTs. All participants will complete quantitative surveys and provide blood samples for the objective measurement of PrEP adherence at baseline, 6 months, and 12 months. The primary outcomes are PrEP adherence, PrEP continuation, and HIV-1 testing, measured at 6 months and secondarily at 12 months. Discussion: The findings from this trial can help to understand how HIVST - a new HIV-1 testing technology - can support health systems in sub-Saharan Africa. Additionally, the findings can inform policy aimed at improving the efficiency of PrEP implementation and scale-up in Kenya. Trial registration: ClinicalTrials.gov, NCT03593629. Retrospectively registered on 20 July 2018. © 2019 The Author(s).	Delivery models; HIV-1 self-testing; HIV-1 serodiscordant couples; HIV-1 testing; Kenya; PrEP; Randomized trial; Young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ortblad, Katrina F; Baeten, Jared M	Electronic health record tools to catalyse PrEP conversations.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(19)30194-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6776668	The interface between a prescriber and a potential PrEP client can be either a moment of opportunity for engaging in a discussion that might lead to PrEP initiation (and HIV protection) or one in which PrEP is not even considered. Barriers to PrEP prescribing could include provider time constraints and uncertainty around who might benefit.5,6 In addition, while guidelines such as those from the CDC7 and WHO8 recommend offering PrEP to individuals whose behaviours or social networks could put them at risk for acquiring HIV, providers might feel uneasy discussing sexual behaviour and standardised behavioural questionnaires might underestimate HIV risk among high-incidence subpopulations, such as black men who have sex with men in the USA.9 Similarly, clients might feel embarrassed or judged when bringing up often stigmatised behaviours and might not ask about PrEP even when they want to know more. Simple, usable tools could help to open up PrEP discussions. One such approach could be an automated HIV risk prediction algorithm that uses existing electronic health record (EHR) data to flag clients who, because of their behaviours or their social network, might carry elevated HIV risk. Such a tool could help to reduce disparities in PrEP prescribing that might arise from clients' lack of PrEP awareness and providers' discomforts or biases.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Owens D.K.; Davidson K.W.; Krist A.H.; Barry M.J.; Cabana M.; Caughey A.B.; Curry S.J.; Doubeni C.A.; Epling J.W., Jr.; Kubik M.; Landefeld C.S.; Mangione C.M.; Pbert L.; Silverstein M.; Simon M.A.; Tseng C.-W.; Wong J.B.	Preexposure prophylaxis for the prevention of HIV infection: US preventive services task force recommendation statement	JAMA - Journal of the American Medical Association	-	-	-	-	987484	10.1001/jama.2019.6390	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066935652&doi=10.1001%2fjama.2019.6390&partnerID=40&md5=515d1adc8102a06a8b0d4a01e3a74fa7	Importance: An estimated 1.1 million individuals in the United States are currently living with HIV, and more than 700000 persons have died of AIDS since the first cases were reported in 1981. In 2017, there were 38281 new diagnoses of HIV infection reported in the United States; 81% of these new diagnoses were among males and 19% were among females. Although treatable, HIV infection has no cure and has significant health consequences. Objective: To issue a new US Preventive Services Task Force (USPSTF) recommendation on preexposure prophylaxis (PrEP) for the prevention of HIV infection. Evidence Review: The USPSTF reviewed the evidence on the benefits of PrEP for the prevention of HIV infection with oral tenofovir disoproxil fumarate monotherapy or combined tenofovir disoproxil fumarate and emtricitabine and whether the benefits vary by risk group, population subgroup, or regimen or dosing strategy; the diagnostic accuracy of risk assessment tools to identify persons at high risk of HIV acquisition; the rates of adherence to PrEP in primary care settings; the association between adherence and effectiveness of PrEP; and the harms of PrEP when used for HIV prevention. Findings: The USPSTF found convincing evidence that PrEP is of substantial benefit in decreasing the risk of HIV infection in persons at high risk of HIV acquisition. The USPSTF also found convincing evidence that adherence to PrEP is highly associated with its efficacy in preventing the acquisition of HIV infection; thus, adherence to PrEP is central to realizing its benefit. The USPSTF found adequate evidence that PrEP is associated with small harms, including kidney and gastrointestinal adverse effects. The USPSTF concludes with high certainty that the magnitude of benefit of PrEP with oral tenofovir disoproxil fumarate-based therapy to reduce the risk of acquisition of HIV infection in persons at high risk is substantial. Conclusions and Recommendation: The USPSTF recommends offering PrEP with effective antiretroviral therapy to persons at high risk of HIV acquisition. (A recommendation). © 2019 American Medical Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Owens, DK; Davidson, K; Krist, AH; Barry, MJ; Cabana, M; Caughey, AB; Curry, SJ; Doubeni, CA; Epling, JW; Kubik, M; Landefeld, CS; Mangione, CM; Pbert, L; Silverstein, M; Simon, MA; Tseng, CW; Wong, JB; US Preventive Serv Task Force	Preexposure Prophylaxis for the Prevention of HIV Infection US Preventive Services Task Force Recommendation Statement	JAMA: Journal of the American Medical Association	-	-	-	-	0098-7484	10.1001/jama.2019.6390	https://jamanetwork.com/journals/jama/fullarticle/2735509	IMPORTANCE An estimated 1.1 million individuals in the United States are currently living with HIV, and more than 700 000 persons have died of AIDS since the first cases were reported in 1981. In 2017, there were 38 281 new diagnoses of HIV infection reported in the United States; 81% of these new diagnoses were among males and 19% were among females. Although treatable, HIV infection has no cure and has significant health consequences. OBJECTIVE To issue a new US Preventive Services Task Force (USPSTF) recommendation on preexposure prophylaxis (PrEP) for the prevention of HIV infection. EVIDENCE REVIEW The USPSTF reviewed the evidence on the benefits of PrEP for the prevention of HIV infection with oral tenofovir disoproxil fumarate monotherapy or combined tenofovir disoproxil fumarate and emtricitabine and whether the benefits vary by risk group, population subgroup, or regimen or dosing strategy; the diagnostic accuracy of risk assessment tools to identify persons at high risk of HIV acquisition; the rates of adherence to PrEP in primary care settings; the association between adherence and effectiveness of PrEP; and the harms of PrEP when used for HIV prevention. FINDINGS The USPSTF found convincing evidence that PrEP is of substantial benefit in decreasing the risk of HIV infection in persons at high risk of HIV acquisition. The USPSTF also found convincing evidence that adherence to PrEP is highly associated with its efficacy in preventing the acquisition of HIV infection; thus, adherence to PrEP is central to realizing its benefit. The USPSTF found adequate evidence that PrEP is associated with small harms, including kidney and gastrointestinal adverse effects. The USPSTF concludes with high certainty that the magnitude of benefit of PrEP with oral tenofovir disoproxil fumarate-based therapy to reduce the risk of acquisition of HIV infection in persons at high risk is substantial. CONCLUSIONS AND RECOMMENDATION The USPSTF recommends offering PrEP with effective antiretroviral therapy to persons at high risk of HIV acquisition. (A recommendation)	WOMEN; ANTIRETROVIRAL PROPHYLAXIS; TENOFOVIR DISOPROXIL FUMARATE; MEN; TRANSMISSION; RISK; SEX; DOUBLE-BLIND; BANGKOK TENOFOVIR; RENAL-FUNCTION	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Pachankis J.E.; McConocha E.M.; Reynolds J.S.; Winston R.; Adeyinka O.; Harkness A.; Burton C.L.; Behari K.; Sullivan T.J.; Eldahan A.I.; Esserman D.A.; Hatzenbuehler M.L.; Safren S.A.	Project ESTEEM protocol: A randomized controlled trial of an LGBTQ-affirmative treatment for young adult sexual minority men's mental and sexual health	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-019-7346-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070447229&doi=10.1186%2fs12889-019-7346-4&partnerID=40&md5=751676b35abd0d211e43e466421c2eaf	Background: Young gay and bisexual men disproportionately experience depression, anxiety, and substance use problems and are among the highest risk group for HIV infection in the U.S. Diverse methods locate the source of these health disparities in young gay and bisexual men's exposure to minority stress. In fact, minority stress, psychiatric morbidity, substance use, and HIV risk fuel each other, forming a synergistic threat to young gay and bisexual men's health. Yet no known intervention addresses minority stress to improve mental health, substance use problems, or their joint impact on HIV risk in this population. This paper describes the design of a study to test the efficacy of such an intervention, called ESTEEM (Effective Skills to Empower Effective Men), a 10-session skills-building intervention designed to reduce young gay and bisexual men's co-occurring health risks by addressing the underlying cognitive, affective, and behavioral pathways through which minority stress impairs health. Methods: This study, funded by the National Institute of Mental Health, is a three-arm randomized controlled trial to examine (1) the efficacy of ESTEEM compared to community mental health treatment and HIV counseling and testing and (2) whether ESTEEM works through its hypothesized cognitive, affective, and behavioral minority stress processes. Our primary outcome, measured 8 months after baseline, is condomless anal sex in the absence of PrEP or known undetectable viral load of HIV+ primary partners. Secondary outcomes include depression, anxiety, substance use, sexual compulsivity, and PrEP uptake, also measured 8 months after baseline. Discussion: Delivering specific stand-alone treatments for specific mental, behavioral, and sexual health problems represents the current state of evidence-based practice. However, dissemination and implementation of this one treatment-one problem approach has not been ideal. A single intervention that reduces young gay and bisexual men's depression, anxiety, substance use, and HIV risk by reducing the common minority stress pathways across these problems would represent an efficient, cost-effective alternative to currently isolated approaches, and holds great promise for reducing sexual orientation health disparities among young men. Trial registration: Registered October 10, 2016 to ClinicalTrials.gov Identifier: NCT02929069. © 2019 The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Pacífico de Carvalho N.; Mendicino C.C.P.; Cândido R.C.F.; Alecrim D.J.D.; Menezes de Pádua C.A.	HIV pre-exposure prophylaxis (PrEP) awareness and acceptability among trans women: a review	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2019.1612014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065234819&doi=10.1080%2f09540121.2019.1612014&partnerID=40&md5=9133e915e6f2fe0f3ee90a0e0b006a25	Transgender (trans) women are disproportionally burdened by the HIV epidemic due to complex structural, psychosocial and biological factors. HIV pre-exposure prophylaxis (PrEP) is a biomedical prevention approach for people at substantial risk of acquiring HIV. This literature review assessed awareness, willingness to use, and barriers and facilitators for PrEP acceptability among trans women. A search was conducted through five databases and included studies with primary data and disaggregate results for trans women. Of 255 retrieved citations, 17 met the inclusion criteria and were included. Low to moderate knowledge about PrEP was observed among studies. However, willingness to use PrEP was predominantly high. Frequent barriers to PrEP acceptability included concerns about side effects, cost, hormone therapy, adherence, PrEP-related stigma and interaction with healthcare workers. Facilitators included perception of HIV risk, fear of HIV/AIDS and reduced dependence on partners. Findings suggest elevated interest in PrEP and highlight important barriers and facilitators that should be specifically addressed to optimize PrEP uptake and use among this highly vulnerable population. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	acceptability; awareness; HIV prevention; Pre-exposure prophylaxis; PrEP; transgender women	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2019	Park C.J.; Taylor T.N.; Gutierrez N.R.; Zingman B.S.; Blackstock O.J.	Pathways to HIV Pre-exposure Prophylaxis among Women Prescribed PrEP at an Urban Sexual Health Clinic	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000070	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065345786&doi=10.1097%2fJNC.0000000000000070&partnerID=40&md5=04beefc8882c976d5b2dd2190946626e	Little is known about real-world facilitators of and barriers to pre-exposure prophylaxis (PrEP) uptake among women prescribed PrEP. We sought to characterize the pathway to PrEP uptake and continuation in women prescribed PrEP at an urban sexual health-focused clinic. We conducted semi-structured individual interviews with 14 women from October 2016 to May 2017. Using grounded theory and the constant comparative method, we found that self-perceived HIV risk, learning about PrEP through trusted sources, having positive interactions with PrEP providers, and insurance coverage were facilitators of PrEP uptake and continuation. Concerns about PrEP safety, misinformation about PrEP eligibility and appropriateness, lack of insurance coverage, and pharmacy impediments were key barriers. The confluence of these issues led to PrEP rumination, a process of ongoing deliberation about the benefits and risks of PrEP. These findings provide important insights about how to increase PrEP uptake among women at high risk of HIV infection Copyright © 2019 Association of Nurses in AIDS Care	HIV; Pre-exposure prophylaxis; Prevention; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Parsons, Jeffrey T.; Starks, Tyrel; Gurung, Sitaji; Cain, Demetria; Marmo, Jonathan; Naar, Sylvie	Clinic-Based Delivery of the Young Men's Health Project (YMHP) Targeting HIV Risk Reduction and Substance Use Among Young Men Who Have Sex with Men: Protocol for a Type 2, Hybrid Implementation-Effectiveness Trial.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/11184	https://www.researchprotocols.org/2019/5/e11184/citations	BACKGROUND: Young men who have sex with men (YMSM) are disproportionately at risk for HIV and sexually transmitted infections. Adapting and testing the effectiveness of the Young Men's Health Project (YMHP), an efficacious intervention designed to reduce substance use and condomless anal sex (CAS) among YMSM, at clinics in Miami, Detroit, and Philadelphia has the potential to reduce HIV and STI disparities among urban YMSM. OBJECTIVE: This study (Adolescent Medicine Trials Network for HIV/AIDS Interventions ATN 145 YMHP) aims to adapt YMHP for clinic and remote delivery by existing clinic staff and compare their effectiveness in real-world adolescent HIV clinics. This protocol is part of the ATN Scale It Up program described in a recently published article by Naar et al. METHODS: This is a comparative effectiveness hybrid type-2 trial of the YMHP intervention with 2 delivery formats-clinic-based versus remote delivery-offered following HIV counseling and testing. Phase 1 includes conducting focus groups with youth to obtain implementation feedback about the delivery of the YMHP intervention and intervention components to ensure culturally competent, feasible, and scalable implementation. Phase 2 includes recruitment and enrollment of 270 YMSM, aged 15 to 24 years, 90 at each of the 3 sites. Enrollment will be limited to HIV-negative YMSM who report recent substance use and either CAS or a positive STI test result. Participants will be randomized to receive the YMHP intervention either in person or by remote delivery. Both conditions involve completion of the 4 YMHP sessions and the delivery of pre-exposure prophylaxis information and navigation services. A minimum of 2 community health workers (CHWs) will be trained to deliver the intervention sessions at each site. Sessions will be audio-recorded for Motivational Interviewing Treatment Integrity (MITI) fidelity coding, and CHWs and supervisors will be given implementation support throughout the study period. RESULTS: Phase 1 focus groups were completed in July 2017 (n=25). Feedback from these focus groups at the 3 sites informed adaptations to the YMHP intervention manual, implementation of the intervention, and recruitment plans for phase 2. Baseline enrollment for phase 2 began in November 2018, and assessments will be at immediate posttest (IP)-, 3-, 6-, 9-, and 12-months after the intervention. Upon collection of both baseline and follow-up data, we will compare the effectiveness and cost-effectiveness of clinic-based versus remote delivery of YMHP in the context of health care access. CONCLUSIONS: We are conducting YMHP in 3 cities with high rates of YMSM at risk for HIV and STIs. When adapted for real-world clinics, this study will help substance-using YMSM at risk for HIV and STIs and allow us to examine differences in effectiveness and cost by the method of delivery. TRIAL REGISTRATION: ClinicalTrials.gov NCT03488914; https://clinicaltrials.gov/ct2/show/NCT03488914 (Archived by WebCite at http://www.webcitation.org/770WaWWfi). INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/11184.	HIV; adolescents; men who have sex with men; motivational interviewing; comparative effectiveness research	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Patel A.S.; Goparaju L.; Sales J.M.; Mehta C.C.; Blackstock O.J.; Seidman D.; Ofotokun I.; Kempf M.-C.; Fischl M.A.; Golub E.T.; Adimora A.A.; French A.L.; Dehovitz J.; Wingood G.; Kassaye S.; Sheth A.N.	PrEP Eligibility among At-Risk Women in the Southern United States: Associated Factors, Awareness, and Acceptability	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001950	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062835483&doi=10.1097%2fQAI.0000000000001950&partnerID=40&md5=b7a4b767471e57fe21c57c060931741d	Background:Among women in the United States, non-Latina black women in the South have disproportionately high rates of new HIV infections but low use of pre-exposure prophylaxis (PrEP). Effective strategies to identify factors associated with PrEP eligibility could facilitate improved screening, offering, and uptake of PrEP among US women at risk of HIV.Setting and methods:We applied 2014 CDC criteria for PrEP use to at-risk HIV-negative women enrolled in the Southern US sites (Atlanta, Chapel Hill, Birmingham/Jackson, Miami) of the Women's Interagency HIV Study from 2014 to 2015 to estimate PrEP eligibility and assess PrEP knowledge and acceptability. Factors associated with PrEP eligibility were assessed using multivariable models.Results:Among 225 women, 72 (32%) were PrEP-eligible; the most common PrEP indicator was condomless sex. The majority of PrEP-eligible women (88%) reported willingness to consider PrEP. Only 24 (11%) PrEP-eligible women had previously heard of PrEP, and only 1 reported previous use. Education level less than high school adjusted odds ratio (aOR) 2.56; 95% confidence interval (CI): 1.22 to 5.37, history of sexual violence (aOR 4.52; 95% CI: 1.52 to 17.76), and medium to high self-perception of HIV risk (aOR 6.76; 95% CI: 3.26 to 14.05) were significantly associated with PrEP eligibility in adjusted models.Conclusions:Extremely low PrEP awareness and use despite a high proportion of eligibility and acceptability signify a critical need to enhance PrEP education and delivery for women in this region. Supplementing CDC eligibility criteria with questions about history of sexual violence and HIV risk self-assessment may enhance PrEP screening and uptake among US women. © 2019 Wolters Kluwer Health, Inc.	HIV prevention; PrEP acceptability; PrEP awareness; PrEP eligibility; Southern US; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Patel R.C.; Stalter R.M.; Thomas K.K.; Tamraz B.; Blue S.W.; Erikson D.W.; Kim C.J.; Kelly E.J.; Nanda K.; Kourtis A.P.; Lingappa J.R.; Mugo N.; Baeten J.M.; Scarsi K.K.	A pharmacokinetic and pharmacogenetic evaluation of contraceptive implants and antiretroviral therapy among women in Kenya and Uganda	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002308	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072903596&doi=10.1097%2fQAD.0000000000002308&partnerID=40&md5=a055a97ed3950d4a085c1f3d6f1c7ce3	Objectives:To evaluate pharmacokinetics and pharmacogenetics of contraceptive implant progestin concentrations in HIV-positive women initiating efavirenz (EFV)-containing or nevirapine (NVP)-containing antiretroviral therapy (ART).Design:We analyzed stored samples from women self-reporting implant use in the Partners PrEP Study.Methods:Plasma samples collected every 6 months were analyzed for levonorgestrel and etonogestrel concentrations. Progestin concentrations from samples collected after ART initiation were compared with pre-ART concentrations for intraindividual comparisons. We used adjusted linear mixed models to compare hormone concentrations between individuals on EFV and NVP to a no ART group. We then evaluated whether possessing certain alleles with known or possible influences on EFV, NVP, or progestin metabolism were associated with changes in progestin concentrations or modified the association between ART use and progestin concentrations.Results:Our analysis included 11 women who initiated EFV, 13 who initiated NVP, and 36 who remained ART-naive. In the EFV group, the adjusted geometric mean ratio (aGMR) of levonorgestrel was 0.39 90% confidence intervals (0.31, 0.49); P < 0.001 and the etonogestrel aGMR was 0.51 (0.34, 0.76; P = 0.006) compared with the control group. No difference was observed in the NVP group compared with controls levonorgestrel 0.93 (0.74, 1.18); P = 0.64; etonogestrel 1.07 (0.77, 1.50); P = 0.73. Possession of four allele variants were found to result in further reductions in progestin concentrations among those receiving EFV.Conclusion:Concomitant use of EFV significantly reduces levonorgestrel or etonogestrel concentrations by 61 and 49%, respectively, compared with no ART use. We also report allelic variants in hepatic enzymes that influenced the extent of the observed drug-interaction between progestins and EFV. © 2019 Lippincott Williams and Wilkins. All rights reserved.	antiretroviral therapy; efavirenz; etonogestrel; hormonal contraception; implants; levonorgestrel; pharmacogenetic; pharmacokinetic	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Patel, P; Ford, SL; Lou, Y; Bakshi, K; Tenorio, AR; Zhang, Z; Pan, R; Spreen, W	Effect of a High-Fat Meal on the Pharmacokinetics of the HIV Integrase Inhibitor Cabotegravir	Clinical Pharmacology in Drug Development	-	-	-	-	NA	10.1002/cpdd.620	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02145241/full	Cabotegravir is an integrase inhibitor in clinical development for the treatment and prevention of HIV infection using oral tablets for short-term, lead-in use before subsequent administration of a long-acting injectable formulation. This phase 1, single-center, randomized, 2 × 2 crossover study evaluated the effect of a high-fat meal on the pharmacokinetics (PK) of oral cabotegravir. Healthy adults received oral cabotegravir 30 mg as a single dose on 2 separate occasions, either after fasting or following a high-fat meal (~53% fat, ~870 kcal). Safety evaluations and serial PK samples were collected, and a mixed-effects model was used to determine within-participant treatment comparison of noncompartmental PK parameters. Twenty-four patients were enrolled and had a mean body mass index of 25.6 kg/m2 ; 67% were male. Compared with the fasting state, coadministration of cabotegravir with a high-fat meal increased plasma cabotegravir area under the concentration-time curve and maximal drug concentration, each by 14%. The slight 14% to 17% increase in exposure associated with a high-fat, high-calorie meal was not considered clinically significant. No grade 3/4 adverse events (AEs), drug-related AEs, or AEs leading to discontinuation were reported.	Administration, Oral; Adolescent; Adult; Area Under Curve; Body Mass Index; Child; Cross-Over Studies; Diet, High-Fat *adverse effects; Fasting *blood; Female; HIV Integrase Inhibitors administration & dosage, *pharmacokinetics; Healthy Volunteers; Humans; Male; Meals; Middle Aged; Models, Theoretical; Pyridones administration & dosage, *pharmacokinetics; Tablets; Young Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Pelletier S.J.; Gagnon M.-P.; Diabaté S.; Kra O.; Biékoua Y.J.; Osso G.D.; Diané B.; N'Dhatz-Ebagnitchié M.; Ahouada C.; Alary M.	Pre-Exposure Prophylaxis (PrEP) in men who have sex with men in bouaké, côte d'Ivoire: A qualitative evaluation of acceptability	Open AIDS Journal	-	-	-	-	18746136	10.2174/1874613601913010049	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072085551&doi=10.2174%2f1874613601913010049&partnerID=40&md5=5da710685073769931cd27e0a7bf94e2	Background: HIV remains an important public health issue throughout the world. In Côte d'Ivoire, a high burden of HIV is observed in men who have sex with men (MSM). Objective: We assessed the acceptability of Pre-Exposure Prophylaxis (PrEP) among men who have sex with men (MSM) in Bouaké, Côte d'Ivoire. Methods: We conducted and analysed four focus groups with 31 HIV-negative MSM and eight in-depth individual interviews with participants recruited from the focus groups. Results: Four MSM (13%) were aware of PrEP before participating in the study. All the participants were interested in taking PrEP if available: 19 (61.3%) would prefer the daily regimen and 12 (38.7%) would opt for the on-demand regimen. Many advantages of PrEP were mentioned: protection in case of a condom break, protection in case of high-risk sexual behaviour, self-reliance, decreasing HIV fear and ease of use. Barriers to the use of PrEP included: it does not protect against other Sexually Transmitted Tnfections (STIs), taking a pill regularly is necessary, the size of the pill, possibility of side effects, the cost and accessibility. Six participants (19.3%) admitted that they would use condoms less if they take PrEP. Conclusion: Findings indicate that PrEP is acceptable within the MSM community. Implementation should be done rapidly, and PrEP should be part of a global prevention program which includes counselling, STI screening and promotion of safe sex practices. Health authorities should consider PrEP for all high-risk groups to avoid worsening stigmatization by targeting MSM only. © 2019 Pelletier et al.	Acceptability; Côte d'Ivoire; HIV; MSM; PrEP; Prevention	English	Netherlands	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2019	Peng, Liping; Cao, Wangnan; Gu, Jing; Chun Hao; Li, Jibin; Dannuo Wei; Li, Jinghua	Willingness to Use and Adhere to HIV Pre-Exposure Prophylaxis (PrEP) among Men Who Have Sex with Men (MSM) in China	International Journal of Environmental Research and Public Health	-	-	-	-	1661-7827	10.3390/ijerph16142620	https://www.proquest.com/scholarly-journals/willingness-use-adhere-hiv-pre-exposure/docview/2329432478/se-2?accountid=8113	This study aimed to investigate the levels of willingness to use pre-exposure prophylaxis (PrEP) and intention to adhere to PrEP and to further explore factors associated with PrEP uptake among men who have sex with men (MSM) in China. A total of 524 MSM were recruited from Chengdu, China. Half of the participants had heard of PrEP, and the awareness rate varied from 33.8%, 30.7%, and 7.1% for daily oral PrEP, on-demand PrEP, and long-acting injectable PrEP (LAI-PrEP), respectively. The overall willingness to use any type of PrEP in the next six months was 84.9% if PrEP is effective and provided for free. Participants were less likely to say that they would use PrEP if they used a condom consistently with their regular partners. However, participants were more likely to say that they would use PrEP if they had casual partners in the past month and had higher HIV prevention literacy. The majority of participants intended to adhere to PrEP prescription. More than forty percent (43.1%) of the participants reported that they might reduce condom use if they took PrEP. We found that the overall willingness to use PrEP was high among MSM living in China, but willingness varied across the different types of PrEP.	China; adherence; Motivation; HIV prevention; Pre-exposure prophylaxis; pre-exposure prophylaxis; willingness; Adherence; men who have sex with men; Alcohol; Men who have sex with men; Infections; Sexual behavior; Disease prevention; Prophylaxis; Likert scale; Disease transmission; Questionnaires; Studies; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; Health risks; Minority & ethnic groups; Literacy	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Peterson K.; Folayan M.O.	Ethics and HIV prevention research: An analysis of the early tenofovir PrEP trial in Nigeria	Bioethics	-	-	-	-	2699702	10.1111/bioe.12470	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054847646&doi=10.1111%2fbioe.12470&partnerID=40&md5=54e996af04606fbf6d3f7e9643b00277	In 2004, the first ever multi-sited clinical trials studied the prospect of HIV biomedical prevention (referred to as pre-exposure prophylaxis—'PrEP'). The trials were implemented at several international sites, but many officially closed down before they completed. At most sites, both scientists and community AIDS advocates raised concerns over the ethics and scientific rationales of the trial. Focusing on the Nigerian trial site, we detail the controversy that emerged among mostly Nigerian research scientists who scrutinized the research design and protocol. While some of the disputes, especially those pertaining to community engagement mechanisms, were ultimately resolved in international fora and implemented in later PrEP trials, concerns over science rationales and assumptions were never addressed. We argue that scientific rationales should be treated as ethical concerns and suggest that such concerns should be deliberated at host sites before the trial protocol is finalized. © 2018 John Wiley & Sons Ltd.	Clinical trials; Community engagement mechanisms; Ethics; HIV prevention; Nigeria; PrEP; Public private partnerships	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2019	Peterson M.; Nowotny K.; Dauria E.; Arnold T.; Brinkley-Rubinstein L.	Institutional distrust among gay, bisexual, and other men who have sex with men as a barrier to accessing pre-exposure prophylaxis (PrEP)	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2018.1524114	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053491634&doi=10.1080%2f09540121.2018.1524114&partnerID=40&md5=cf2b9f714a62fd479f6f579d4e6f2c3b	Populations at highest risk for acquiring HIV are more likely to pass through criminal justice (CJ) settings, and CJ-involved individuals are often at the intersection of multiple overlapping risk factors. The present study explored interest in, knowledge of, and barriers to PrEP uptake among gay, bisexual, and other men who have sex with men involved in the criminal justice system. Using semi-structured interviews, 26 participants who identified as MSM were asked about PrEP knowledge and interest, HIV risk, and incarceration experience. One theme that emerged across interviews was how institutional distrust in CJ settings may instill lack of trust in medical care after perceived mistreatment. Participants explained how lack of privacy fostered feelings that medical care was not confidential, care received was tied to status as an incarcerated person, and feelings of dehumanization led to distrust. Findings explore how distrust may hinder PrEP uptake and other HIV prevention efforts in CJ settings as well as after release. They highlight the need for greater privacy efforts and cultural humility, and explore how medical settings may function as spaces for people who are incarcerated to disclose HIV risk status. Few studies to our knowledge have examined the role of institutional distrust on men who have sex with men (MSM) in the context of pre-exposure prophylaxis (PrEP) interventions. The present study has implications for creating best practices to structure HIV prevention interventions in CJ settings. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	HIV/AIDS; incarceration; pre-exposure prophylaxis (PrEP); qualitative research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Peterson, Meghan; Macmadu, Alexandria; Truong, Ashley Q; Rich, Josiah; Pognon, Kimberly; Lurie, Mark; Clarke, Jennifer G; Brinkley-Rubinstein, Lauren	Pre-exposure prophylaxis awareness and interest among participants in a medications for addiction treatment program in a unified jail and prison setting in Rhode Island.	Journal of Substance Abuse Treatment	-	-	-	-	1873-6483	10.1016/j.jsat.2019.08.015	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10347805	People who are incarcerated are at increased risk for HIV (human immunodeficiency virus) acquisition upon release, and one possible intervention for prevention is the use of pre-exposure prophylaxis (PrEP) upon release. The present study assessed HIV risk perceptions as well as PrEP awareness and interest among 39 people who were incarcerated and enrolled in a structured Medication for Addiction Treatment (MAT) program at the Rhode Island Department of Corrections using semi-structured, qualitative interviews. Analysis was conducted using a generalized, inductive method in NVivo 12. While PrEP awareness was low across the study sample, some participants were interested in PrEP uptake or learning more about PrEP after they were provided with an overview of it. PrEP interest strongly related to current perceived HIV risk. Potential barriers included side effects, adherence, and reluctance to take medications in general. MAT programs for people who are criminal justice (CJ) involved may serve as useful linkage spaces to PrEP information, access, and retention.	Incarceration; Opioid use disorder; Pre-exposure prophylaxis (PrEP); Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Phillips G., II; Raman A.; Felt D.; Han Y.; Mustanski B.	Factors Associated with PrEP Support and Disclosure Among YMSM and Transgender Individuals Assigned Male at Birth in Chicago	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02561-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068193814&doi=10.1007%2fs10461-019-02561-1&partnerID=40&md5=284a23160746f4ab4fcbd2d1d71b0adc	Pre-exposure prophylaxis (PrEP) is one of the best biomedical HIV prevention tools available. However, uptake, particularly in communities of men who have sex with men (MSM) and transgender individuals assigned male at birth (AMAB), remains low. Further, the role of an individual's social support structure on PrEP uptake and adherence remains largely understudied. Understanding MSM and AMAB transgender individuals' perceptions of PrEP use as well as support and patterns of disclosure of (or intent to disclose) their PrEP status may offer key insights into how best to improve uptake in vulnerable communities. Further, the influence of one's social connections on other factors, such as perceptions of and conversations about PrEP deserves attention as well, as these factors may be key to improved knowledge and uptake. Therefore, we assessed perceptions of PrEP use, disclosure of or intent to disclose PrEP status, and social support and associated factors among a cohort of MSM and AMAB transgender individuals in a large Midwestern city. Results demonstrated that, among those not taking PrEP, bisexual participants and those unsure of their sexual identity were less likely to be comfortable with the idea of disclosing PrEP use to anyone else they ever to start taking it. Encouragingly however, we found that individuals who reported disclosing their PrEP status had high rates of support among friends and relatives. We also observed that knowing someone else who was on PrEP was associated with increased likelihood of discussing PrEP with one's medical provider, as was increased age. Other findings and implications for research, policy, and practice are discussed within. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Disclosure; HIV; PrEP; Social support; Transgender; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Phillips, Gregory, II; Balint Neray; Birkett, Michelle; Felt, Dylan; Janulis, Patrick; Mustanski, Brian	Role of Social and Sexual Network Factors in PrEP Utilization Among YMSM and Transgender Women in Chicago	Prevention Science	-	-	-	-	13894986	10.1007/s11121-019-00995-6	https://www.proquest.com/scholarly-journals/role-social-sexual-network-factors-prep/docview/222820551/se-2?accountid=8113	Despite demonstrated efficacy, uptake of HIV pre-exposure prophylaxis (PrEP) remains low, particularly among high-risk demographics such as transgender women, Black men who have sex with men (BMSM), and young MSM (YMSM). Research thus far has largely focused on individual factors that may impede PrEP uptake in these demographics, leaving social network factors relatively unexplored. The present study used data collected from participants within RADAR, a longitudinal cohort study in Chicago focused on understanding the individual, dyadic, network, social, and biologic factors associated with HIV infection within YMSM. Of the 906 study participants who did not report an HIV diagnosis at baseline, 7.0% reported using PrEP in the prior 6 months. Recent PrEP use was associated with both individual-level (age and gender) and network-level factors (mean relationship strength, sexual network degree, etc.). These findings highlight the need to expand beyond focusing on individual-level drivers of PrEP uptake, as well as changing our understanding of who is most important within a network (centrality vs. strength of weak ties). Future work is needed to determine whether variables associated with PrEP uptake are similarly connected to PrEP adherence.	HIV; Women; Pre-exposure prophylaxis; PrEP; Chicago; Efficacy; Men who have sex with men; Transgender persons; Cohort analysis; Social networks; Uptake; YMSM; Sexual networks; High risk; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; United States--US; Chicago Illinois; Black people; Medical diagnosis; Individual differences; Sexual network; Network centrality; Radar; Computer networks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Phillips, Gregory; Neray, Balint; Janulis, Patrick; Felt, Dylan; Mustanski, Brian; Birkett, Michelle	Utilization and avoidance of sexual health services and providers by YMSM and transgender youth assigned male at birth in Chicago	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2019.1587370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062440315&doi=10.1080%2f09540121.2019.1587370&partnerID=40&md5=0c7111218ac96123e2322e8e134daf60	Young men who have sex with men (YMSM) and transgender youth assigned male at birth (AMAB) bear a disproportionate burden of the HIV epidemic, yet are sub optimally engaged by sexual health service providers and HIV prevention services. To increase sexual health and HIV prevention behaviors and address disparities in HIV incidence and outcomes among YMSM and AMAB transgender youth, it is critical to understand patterns of service utilization and avoidance. This study examined how and why YMSM and AMAB transgender youth use or avoid sexual health services and service providers in a large Midwestern city within a survey administered to 890 participants from a longitudinal cohort study (RADAR). Results demonstrate low overall use of sexual health services and minimal interest in seeking pre-exposure prophylaxis (PrEP), consistent with prior research. Low awareness of available services was associated with how and where YMSM and trans youth AMAB seek care, with 76% of our sample reporting this as their primary reason for not seeking specific sexual health services. Additional associations are discussed, and recommendations are made for how to improve available services and access. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	HIV; PrEP; sexual health services; transgender; YMSM	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Pines H.A.; Strathdee S.A.; Hendrix C.W.; Bristow C.C.; Harvey-Vera A.; Magis-Rodríguez C.; Martinez G.; Semple S.J.; Patterson T.L.	Oral and vaginal HIV pre-exposure prophylaxis product attribute preferences among female sex workers in the Mexico-US border region	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462418793038	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053371857&doi=10.1177%2f0956462418793038&partnerID=40&md5=c6bf0a4f21ca458749653ebb29d4d194	To assess the potential uptake of HIV pre-exposure prophylaxis (PrEP) products among female sex workers (FSWs) vulnerable to HIV infection, we examined the influence of product attributes on willingness to use products among 271 HIV-negative FSWs in Tijuana and Ciudad Juarez, Mexico (2016–2017). Via five-point Likert scale ratings, participants indicated their willingness to use hypothetical products with six attributes: formulation (pill, gel, liquid, or ring), frequency of use (daily, on-demand, or monthly), cost per use (10 or 200 pesos), effectiveness (40% or 80%), side effects (none or mild), and access point (healthcare clinic or non-governmental organization). Conjoint analysis was used to determine the impact of attributes on product ratings and identify preferred product attributes. Multinomial logistic regression was used to identify factors associated with formulation preferences. In both cities, formulation and frequency of use had the greatest impact on ratings. Participants in Ciudad Juarez indicated a strong preference for oral pills, whereas participants in Tijuana indicated roughly equal preferences for oral pills and vaginal gels. Monthly product use was preferred in both cities. Compared to preferring oral pills (38%), preferring vaginal gels (28%) was associated with practicing vaginal lubrication (adjusted odds ratio = 2.08; 95% confidence interval: 1.07–4.04). Oral PrEP may be acceptable to many FSWs in Tijuana and Ciudad Juarez; however, continued development of behaviorally-congruent vaginal PrEP products may also facilitate uptake and ensure sufficient coverage. © The Author(s) 2018.	female sex workers; HIV; Mexico; Pre-exposure prophylaxis; preferences	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Pinto R.M.; Lacombe-Duncan A.; Kay E.S.; Berringer K.R.	Expanding Knowledge About Implementation of Pre-exposure Prophylaxis (PrEP): A Methodological Review	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02577-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068910875&doi=10.1007%2fs10461-019-02577-7&partnerID=40&md5=78b9b09faf65f4fc36d5bb4cf4b482b3	Methodological limitations in PrEP implementation studies may explain why PrEP implementation is lagging. This methodological review provides a description and critique of the methods used to identify barriers to PrEP implementation in the United States (2007–18). For each selected article, we provide: (1) research questions; (2) measures; (3) design; (4) sample (size and type); and (5) theoretical orientation. Among 79 articles which identified knowledge, attitudes, and behavioral and social/structural barriers to PrEP implementation, 51 (65%) were quantitative; 25 (32%) qualitative; and 3 (4%) were mixed-methods; overall, just one-half described a conceptual approach. About two-thirds of articles were conducted with patients and one-third with healthcare providers. Our review reveals a paucity of longitudinal, mixed-methods, and ethnographic/observational research and guiding theoretical frameworks; thus, the applicability of results are limited. We recommend that interventions aimed at PrEP implementation address barriers situated at multiple ecological domains, and thus improve PrEP access, uptake, and adherence. © 2019, The Author(s).	Continuum of care; HIV prevention; PrEP implementation methods; PrEP methodological review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Poon A.N.; Han L.; Li Z.; Zhou C.; Li Y.; Huang L.; Liao M.; Shepard C.; Bulterys M.	Acceptability and willingness of HIV pre-exposure prophylaxis amongst female sex workers in China	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2019.1612001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065440279&doi=10.1080%2f09540121.2019.1612001&partnerID=40&md5=7d1ce85995e09ceceeadfc29acf947c1	HIV pre-exposure prophylaxis (PrEP) is a highly effective prevention method. It is an attractive self-initiated approach to reduce the spread of HIV amongst female sex workers (FSW). PrEP, however, has not yet achieved its potential to reduce HIV infections partially due to a general lack of awareness from women who may benefit. Aims of this cross-sectional study of 1,466 FSW in China were to understand: levels of awareness of and willingness to use PrEP among female sex workers (FSW) in China, and factors contributing to willingness to use PrEP. We found that awareness (10.2%) and willingness (35.5%) to use PrEP were low in our survey areas. Low PrEP willingness is likely reflective of the overall poor knowledge and understanding of HIV risk and prevention. FSW that demonstrated greater HIV knowledge through having been tested or having greater decision-making involvement in condom use were more willing to use PrEP. Study findings may be used to inform future HIV prevention activities, including possible use of PrEP among FSW at higher risk of incident HIV infection in China. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	China; female sex workers; HIV; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Poteat T.; Wirtz A.; Malik M.; Cooney E.; Cannon C.; Hardy W.D.; Arrington-Sanders R.; Lujan M.; Yamanis T.	A Gap between Willingness and Uptake: Findings from Mixed Methods Research on HIV Prevention among Black and Latina Transgender Women	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002112	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072133627&doi=10.1097%2fQAI.0000000000002112&partnerID=40&md5=6a14bd1bd9c4122266a6a9ddcc1e38e0	Background: Black and Latina transgender women (BLTW) face significant HIV disparities with estimated HIV prevalence up to 50% and annual incidence rates as high as 2.8 per 100 person-years. However, few studies have evaluated the acceptability and uptake of high-impact HIV prevention interventions among BLTW.Setting: Data collection took place in Baltimore, MD and Washington, DC from May 2015 to May 2017. Methods: This mixed methods study included quantitative interviewer-administered surveys, key informant interviews, and focus group discussions. Rapid HIV testing followed each survey. Logistic regression models tested associations between legal gender affirmation (ie, desired name and gender marker on identity documents), transgender pride, history of exchange sex, HIV testing, and willingness to take pre-exposure prophylaxis (PrEP). Transcripts of qualitative data were coded to identify common themes related to engagement in HIV prevention. Results: Among 201 BLTW, 56% tested HIV-positive and 87% had heard of PrEP. Only 18% who had heard of PrEP had ever taken it. Of the 72 self-reported HIV-negative or status-unknown BLTW who had never taken PrEP, 75% were willing to take it. In multivariable analyses, history of exchange sex was associated with willingness to take PrEP, whereas greater HIV knowledge and transgender pride were associated with lower likelihood of willingness to take PrEP. Concern about drug interactions with hormone therapy was the most frequently reported barrier to PrEP uptake. Conclusions: Noting the disconnect between PrEP willingness and uptake among BLTW, HIV prevention programs could bridge this gap by responding to identified access barriers and incorporating community-derived strategies. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; pre-exposure prophylaxis; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Powell, Victoria E; Gibas, Kevin M; DuBow, Joshua; Krakower, Douglas S	Update on HIV Preexposure Prophylaxis: Effectiveness, Drug Resistance, and Risk Compensation	Current Infectious Disease Reports	-	-	-	-	15233847	10.1007/s11908-019-0685-6	https://www.proquest.com/scholarly-journals/update-on-hiv-preexposure-prophylaxis/docview/2244523011/se-2?accountid=8113	Purpose of ReviewIn 2019, the US government launched an initiative to decrease new HIV infections by 90% over the next decade. Studies have demonstrated the efficacy of HIV preexposure prophylaxis (PrEP) for high-risk populations, and the United States Preventative Services Task Force has issued a grade A recommendation for PrEP, indicating substantial net benefit. However, questions have been raised about the effectiveness of PrEP in clinical settings and whether PrEP use might promote antiretroviral drug resistance and increased sexual risk behaviors, which could increase transmission of bacterial sexually transmitted infections. In this narrative review, we summarize recent evidence of the effectiveness of PrEP when provided in clinical and community settings, the emergence of antiretroviral drug resistance during PrEP use, and associations between PrEP use and increased sexual risk behaviors. We also review novel PrEP modalities that are being developed to optimize PrEP acceptability, adherence, and effectiveness.Recent FindingsStudies suggest that PrEP is effective when provided in clinical settings. However, PrEP uptake and impact have been limited in the USA thus far, and major disparities in access to PrEP exist. In addition, there is evidence that drug resistance can occur with PrEP use, particularly with inadvertent PrEP use during undiagnosed acute HIV infection. Risk compensation can also occur with PrEP use and has been associated with increased sexually transmitted infections. Promising new modalities for PrEP could expand options.SummaryPrEP has strong potential to decrease HIV incidence. However, disparities in access must be addressed to ensure equity and impact for PrEP. While drug resistance and risk compensation can occur with PrEP use, these are not valid reasons to withhold PrEP from patients given its substantial protective benefits.	HIV; Pre-exposure prophylaxis; Antiretroviral drugs; Preexposure prophylaxis; Drug resistance; Risk compensation; Effectiveness; Infections; Clinical effectiveness; Compensation; Infectious diseases; Human immunodeficiency virus--HIV; United States--US; Medical Sciences--Allergology And Immunology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Prescott, Maximo R.; Hern, Jaclyn; Petersen, Maya; Santos, Glenn-Milo	Does HIV Pre-Exposure Prophylaxis Modify the Effect of Partnership Characteristics on Condom Use? A Cross-Sectional Study of Sexual Partnerships Among Men Who Have Sex with Men in San Francisco, California.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2018.0179	https://pubmed.ncbi.nlm.nih.gov/30932698/	Increasing rates of sexually transmitted infections (STIs) in the United States among men who have sex with men (MSM) have raised concerns that pre-exposure prophylaxis (PrEP) has been associated with higher engagement in condomless anal intercourse (CAI). While partnership characteristics have previously been found to influence condom use, the extent to which PrEP use may modify their effect on CAI remains unknown. A secondary analysis of 535 sexual partnerships from a cross-sectional study in San Francisco was conducted to evaluate interactions between PrEP use and partnership characteristics on CAI. Bivariate and multivariate generalized estimating equation (GEE) logistic regression models were used to estimate relative measures of association, adjusted for confounding by seroconcordance and partnership type, as well as accounting for repeated partnerships per respondent. Partnerships where both partners used biomedical prevention had significantly greater odds of CAI odds ratio (OR) = 5.19, 95% confidence interval (CI): 2.27-11.9 compared to those where only one partner used biomedical prevention, while those where neither partner used biomedical prevention had significantly lower odds of CAI (OR = 0.61, 95% CI: 0.40-0.93). There was no significant association between meeting place (online vs. offline) and sexual risk taking (OR = 1.03, p = 0.894). Having one partner disclose their HIV status (compared to neither partner having disclosed) was associated with significantly higher odds of CAI among partnerships of PrEP-using MSM adjusted OR (aOR) = 5.28, 95% CI: 1.91-14.61, while the association was not significant among the partnerships of non-PrEP-using MSM (aOR = 1.29, 95% CI: 0.75-2.21). Differences in condom use among MSM using PrEP may not be well explained by differences in the effect of partnership characteristics. MSM using PrEP appear to commonly practice biomedical matching and high engagement in CAI with other biomedical prevention users, which could indicate relatively concentrated sexual networks and partly explain their disproportionate risk for STIs. Future studies should further investigate biomedical matching to develop interventions that further promote the sexual health of those using PrEP.	Adult; Humans; Male; Middle Aged; Young Adult; HIV Infections/*prevention & control; Anti-HIV Agents/*administration & dosage; United States; Cross-Sectional Studies; Sexual Partners; San Francisco/epidemiology; Safe Sex; Condoms/*statistics & numerical data; Sexual Behavior/statistics & numerical data; Pre-Exposure Prophylaxis/*methods; pre-exposure prophylaxis; HIV/AIDS; prevention; Outcome Assessment, Health Care; MSM; Homosexuality, Male/*psychology/statistics & numerical data; condom use; sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Prestage G.; Maher L.; Grulich A.; Bourne A.; Hammoud M.; Vaccher S.; Bavinton B.; Holt M.; Jin F.	Changes in Behavior after PrEP Initiation among Australian Gay and Bisexual Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001976	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064722657&doi=10.1097%2fQAI.0000000000001976&partnerID=40&md5=45482bb6100206f5399498802e4342a4	Introduction:HIV pre-exposure prophylaxis (PrEP) has been increasingly adopted by gay and bisexual men (GBM). Little is known about whether individual GBM change their sexual behavior after PrEP initiation.Methods:Following Lives Undergoing Change (Flux) is a national, online, prospective observational study among Australian GBM. Using McNemar statistics, we compare rates of sexual behaviors before and coincident with PrEP initiation among 1518 non-HIV-positive men recruited between August 2014 and July 2017 who had not commenced PrEP at baseline and who completed at least one 6-monthly follow-up survey by July 2018.Results:The proportion of men using PrEP rose to 24.2% over time. In total, 348 men initiated PrEP during follow-up. PrEP initiators were more likely to report particular sexual behaviors during the follow-up period that they commenced PrEP compared with the period immediately prior: receptive condomless anal intercourse with casual partners increased from 31.0% to 48.9% (McNemar < 0.001); mean partner number increased from 21.96 partners to 34.55 partners (p-trend < 0.001). Among the 1170 men who did not initiate PrEP, prevalence of these behaviors remained lower and stable. Sexual sensation-seeking and gay social engagement were both higher among men who commenced PrEP.Conclusions:GBM tended to increase their engagement in "adventurous" sexual behaviors after PrEP initiation. Sexual behaviors among men who did not initiate PrEP were less common and did not change over time. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	chemsex; gay men; HIV; men who have sex with men; pre-exposure prophylaxis; sexual risk behavior	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Price J.C.; Mckinney J.E.; Crouch P.-C.; Dillon S.M.; Radix A.; Stivala A.; Carollo J.R.; Fierer D.S.	Sexually Acquired Hepatitis C Infection in HIV-Uninfected Men Who Have Sex with Men Using Preexposure Prophylaxis against HIV	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiy670	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061918163&doi=10.1093%2finfdis%2fjiy670&partnerID=40&md5=d1a1e6a9927d2304bfd72d539b354582	Sexually acquired hepatitis C virus (HCV) infections among human immunodeficiency virus (HIV)-uninfected men who have sex with men (MSM) have been rare. With the introduction of preexposure prophylaxis (PrEP) against HIV, we hypothesized that these infections would increase. Between 2013 and 2018, we diagnosed 15 likely sexually acquired HCV infections among 14 MSM using PrEP. Most (87%) were asymptomatic, detected by routine alanine transaminase (ALT) or HCV monitoring. Half reported increasing sex partners and drug use after starting PrEP; 5 reported injection of methamphetamine. Interventions are needed to prevent sexually acquired HCV infections by MSM using PrEP. Centers for Disease Control and Prevention guidelines for monitoring during PrEP should include regular ALT and HCV testing. © 2018 The Author(s) 2018. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com.	acute hepatitis C virus; men who have sex with men; methamphetamine; preexposure prophylaxis; sexual transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Przybyla S.; LaValley S.; St. Vil N.	Health care provider perspectives on pre-exposure prophylaxis: A qualitative study	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000073	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073303958&doi=10.1097%2fJNC.0000000000000073&partnerID=40&md5=c432fce9726f1896750b8cf4f58719dd	Although pre-exposure prophylaxis (PrEP) requires a prescription from a health care provider, we lack unanimity in guidelines for the identification of the ideal provider type to prescribe PrEP. The purpose of our study was to understand clinician perspectives on provider categories to determine who is best suited to prescribe this medication to HIV-uninfected patients. We conducted 28 in-depth interviews between September 2017 and January 2018 with current prescribers of PrEP. Qualitative findings indicated that providers were split on recommended PrEP prescriber type. Five themes emerged that centered on the explicit identification of the issue of opportunity for providers to educate their patients on PrEP and offer this medication to at-risk populations. To effectively maximize presentation for care and subsequently amplify uptake of PrEP, growing the base of providers who offer PrEP to eligible patients can provide a meaningful public health impact on reducing HIV incidence. Copyright © 2019 Association of Nurses in AIDS Care	Health care providers; HIV prevention; Pre-exposure prophylaxis; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2019	Przybyla S.M.; Parks K.; Bleasdale J.; Sawyer J.; Morse D.	Awareness, knowledge, and attitudes towards human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) among pharmacy students	Currents in Pharmacy Teaching and Learning	-	-	-	-	18771297	10.1016/j.cptl.2019.01.011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062232471&doi=10.1016%2fj.cptl.2019.01.011&partnerID=40&md5=cb692aa6ad9af60bfe44caf738da4831	Introduction: The purpose of this study was to assess pharmacy students' awareness, knowledge, and perceptions towards human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), confidence and intentions to counsel patients on PrEP, and preferred PrEP training. Methods: A web-based cross-sectional survey was conducted with pharmacy students. Descriptive statistics and multivariate logistic regressions were performed. Results: Ninety-one percent of participants were aware of PrEP and 61% were familiar with PrEP prescription guidelines. In multivariate analysis, greater PrEP knowledge, attitudes towards PrEP, and familiarity with prescribing guidelines were significantly associated with confidence in PrEP counseling (p < 0.01 for all). Males had significantly higher odds of reporting confidence in PrEP counseling relative to their female counterparts (p < 0.01). Relative to fourth year students, second year students were less likely to report confidence in PrEP counseling (p < 0.01). Participants who were familiar with prescribing guidelines had significantly higher odds of PrEP counseling intentions (p < 0.05). Preferred educational topics regarding PrEP included training on side effects and adherence monitoring (65% and 51%, respectively). The most preferred modalities for receiving PrEP education were online education (47%), educational seminars in required courses (43%), and self-study modules (39%). Conclusions: Given the key role played by pharmacists in patient engagement, they may be presented with opportunities to provide PrEP counseling and education. The development of educational modules for pharmacy students in an effort to increase PrEP uptake should consider addressing gaps in knowledge and preferred training modalities. © 2019 Elsevier Inc.	HIV; Pharmacy students; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Puppo, Costanza; Mabire, Xavier; Cotte, Laurent; Castro, Daniela Rojas; Spire, Bruno; Cua, Eric; Pialoux, Gilles; Monti, Marie Suzan; Pasquet, Armelle; Raffi, François; Molina, Jean-Michel; Préau, Marie	Community-Based Care in the ANRS-IPERGAY Trial: The Challenges of Combination Prevention.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2019.31.3.259	https://pubmed.ncbi.nlm.nih.gov/31145006/	ANRS-IPERGAY was a community-based randomized trial investigating the efficacy of sexual activity-based HIV pre-exposure prophylaxis (PrEP) in a population of males and transgender females who had sex with men and were at high risk of HIV infection. We qualitatively analyzed the support provided to participants by community-based health workers (CBHW) throughout the trial's double-blind and open-label extension phases. In particular, we showed that the relationship between participants and CBHW strongly influenced self-managed pill intake. The delicate construction of this relationship, balanced between trust and dependence, played an important role in PrEP adherence. CBHW had to deal with various issues surrounding participants' feelings of empowerment regarding their role in the trial, as well as related tensions between various logics and rationalities. They were essential to participants' continued involvement.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; Female; HIV Infections/*prevention & control; Randomized Controlled Trials as Topic; Sexual Behavior; Double-Blind Method; HIV; Interviews as Topic; France; Anti-HIV Agents/*administration & dosage/therapeutic use; *Pre-Exposure Prophylaxis; PrEP; Qualitative Research; *Transgender Persons; Community-Based Participatory Research; empowerment; ANRS-IPERGAY; Community Health Workers; community-based care; negotiation	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2019	Puri, Ashana; Bhattaccharjee, Sonalika A.; Zhang, Wei; Clark, Meredith; Singh, Onkar; Doncel, Gustavo F.; Banga, Ajay K.	Development of a Transdermal Delivery System for Tenofovir Alafenamide, a Prodrug of Tenofovir with Potent Antiviral Activity Against HIV and HBV.	Pharmaceutics	-	-	-	-	1999-4923	10.3390/pharmaceutics11040173	https://pubmed.ncbi.nlm.nih.gov/30970630/	Tenofovir alafenamide (TAF) is an effective nucleotide reverse transcriptase inhibitor that is used in the treatment of HIV-1 and HBV. Currently, it is being investigated for HIV prophylaxis. Oral TAF regimens require daily intake, which hampers adherence and increases the possibility of viral resistance. Long-acting formulations would significantly reduce this problem. Therefore, the aim of this study was to develop a transdermal patch containing TAF and investigate its performance in vitro through human epidermis. Two types of TAF patches were manufactured. Transparent patches were prepared using acrylate adhesive (DURO-TAK 87-2516), and suspension patches were prepared using silicone (BIO-PSA 7-4301) and polyisobutylene (DURO-TAK 87-6908) adhesives. In vitro permeation studies were performed while using vertical Franz diffusion cells for seven days. An optimized silicone-based patch was characterized for its adhesive properties and tested for skin irritation. The acrylate-based patches, comprising 2% w/w TAF and a combination of chemical enhancers, showed a maximum flux of 0.60 ± 0.09 μg/cm^2/h. However, the silicone-based patch comprising of 15% w/w TAF showed the highest permeation (7.24 ± 0.47 μg/cm^2/h). This study demonstrates the feasibility of developing silicone-based transdermal patches that can deliver a therapeutically relevant dose of TAF for the control of HIV and HBV infections.	tenofovir alafenamide; acrylate adhesive; in vitro permeation; silicone adhesive; suspension patch; transdermal patch	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Pyra M.; Anderson P.; Haberer J.E.; Heffron R.; Celum C.; Asiimwe S.; Katabira E.; Mugo N.R.; Bukusi E.A.; Baeten J.M.; Donnell D.; Barnabas R.; Haberer J.; Haugen H.; Hendrix C.; Kidoguchi L.; Marzinke M.; Morrison S.; Morton J.; Ware N.; Wyatt M.; Edna Tindimwebwa S.A.; Nulu Bulya E.K.; Bukusi E.; Odoyo J.; Ngure K.	Tenofovir-diphosphate as a marker of HIV pre-exposure prophylaxis use among east african men and women	Frontiers in Pharmacology	-	-	-	-	16639812	10.3389/fphar.2019.00401	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068438798&doi=10.3389%2ffphar.2019.00401&partnerID=40&md5=249b57d75192008d12ab6a26e55d23bb	Background: Controlled pharmacokinetic (PK) studies in United States populations have defined categories of tenofovir-diphosphate (TFV-DP) in dried blood spots (DBS) for various pre-exposure prophylaxis (PrEP) adherence targets. It is unknown how these categories perform in other populations. Therefore, we evaluated the sensitivity and specificity of these PK-derived categories compared to daily medication electronic adherence monitoring (MEMS) data among East African men and women using daily PrEP. Methods: Participants were enrolled as members of HIV serodiscordant couples as part of an open-label PrEP study in Kenya and Uganda. Blood samples were taken at quarterly visits and stored as DBS, which were analyzed for TFV-DP concentrations. Results: Among 150 samples from 103 participants, MEMs data indicated that 87 (58%) took ≥4 doses and 62 (41%) took ≥6 in the 4 weeks prior to sample collection. Sensitivities of DBS TFV-DP levels were 62% for the ≥4 doses/week category (≥700 fmol/punch TFV-DP) and 44% for the ≥6 doses/week category (≥1050 fmol/punch TFV-DP); specificities were 86 and 94%, respectively. There were no statistically significant differences in these sensitivities and specificities by gender. Conclusion: In this sample of East African PrEP users, categories of TFV-DP concentrations developed from directly observed PrEP use among United States populations had high specificity but lower than expected sensitivity. Sensitivity was lowest when MEMS data indicated high adherence (i.e., ≥6 doses/week). PrEP studies and implementation programs should carefully consider the sensitivity and specificity of the TFV-DP levels used for adherence feedback. © 2019 Pyra, Anderson, Haberer, Heffron, Celum, Asiimwe, Katabira, Mugo, Bukusi and Baeten. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.	Adherence; Africa; HIV; Pre-exposure prophylaxis; Tenofovir-diphosphate; Women	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Pyra, M; Rusie, L; Baker, KK; Ridgway, J; Schneider, J	HIV PRE-EXPOSURE PROPHYLAXIS (PREP) INDICATIONS AND UPTAKE VARY BY RACE, GENDER, AND INSURANCE IN A LARGE CLINIC NETWORK	Sexually Transmitted Infections	-	-	-	-	1368-4973	10.1136/sextrans-2019-sti.158	https://sti.bmj.com/content/95/Suppl_1/A59.3	Background Providers face challenges identifying patients to benefit from PrEP, while disparities remain in PrEP access. We examine gaps in identification of PrEP candidates, uptake, and use of PrEP by populations at high HIV risk within a large federally qualified health center with a lesbian/gay/bisexual/transgender/queer (LGBTQ) focus. Methods An established PrEP:Need ratio was calculated to examine differences in PrEP use across race, age, gender, and insurance. Two new measures were developed to determine gaps in identifying candidates and uptake - Identification:Need and PrEP:Identification. Patients were identified through electronic health records who had a documented indication for PrEP according to CDC guidelines, whether patients had a PrEP prescription, and if they seroconverted, from 2015–2018. Results Over 50,000 unique patients were included, with median age 30.5; patients were 48% White, 47% men who have sex with men (MSM), and 7% transwomen. Overall, there were 14.6 patients on PrEP for each incident HIV infection (PrEP:Need). PrEP:Need was 24.5 among White patients, compared to 6.6 among Black patients. PrEP:Need was low for Medicaid/Medicare patients (7.9), transwomen (10.0), and particularly Black transwomen (4.6). Low PrEP:Need ratios were usually driven by low Identification:Need ratios, with large differences: among MSM, 23.2 patients were indicated for PrEP per incident infection compared to 7.2 among transwomen. Uptake, measured by PrEP:Identification, ratios, were lowest among patients without insurance and highest among those with private insurance. Conclusion We found high variation in PrEP:Need ratios across race, gender, and insurance status. This may be due to a poor fit between current PrEP indications and actual HIV incidence in key populations; there may also be gaps in patient-provider communication and documentation of PrEP indications in certain	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Qu D.; Zhong X.; Lai M.; Dai J.; Liang H.; Huang A.	Influencing Factors of Pre-Exposure Prophylaxis Self-Efficacy Among Men Who Have Sex With Men	American Journal of Men's Health	-	-	-	-	15579883	10.1177/1557988319847088	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065092690&doi=10.1177%2f1557988319847088&partnerID=40&md5=f0d5647529a46637a27265f622b4b800	This research examines the level of pre-exposure prophylaxis (PrEP) self-efficacy among HIV-negative men who have sex with men (MSM) in China and identifies the influencing factors associated with the level of PrEP self-efficacy in terms of social-demographic characteristics and social psychological factors. The data were gathered from a baseline assessment of a longitudinal randomized controlled intervention trial. From April 2013 to March 2015, nonprobability sampling was used to recruit HIV-negative MSM at Chongqing, Guangxi, Xinjiang, and Sichuan in west China. A total of 1884 HIV-negative MSM were analyzed. Chi-square test and nonparametric rank sum test were used for univariate analysis. Multivariable linear regression analysis was used to discuss the factors that influence the level of PrEP self-efficacy. Overall levels of PrEP self-efficacy were low, and five factors were found to effect PrEP self-efficacy: age, residence, AIDS-related knowledge, PrEP-related motivation, and anxiety. Age and anxiety score were negatively related to PrEP self-efficacy. The higher the age and anxiety score, the lower the PrEP self-efficacy. AIDS-related knowledge and PrEP-related motivation were actively related to PrEP self-efficacy. The higher the knowledge and motivation score, the higher the PrEP self-efficacy. In addition, the PrEP self-efficacy level of MSM in rural areas is lower than that in urban areas. The lower level of self-efficacy in the MSM population needs to be improved. Pertinent interventions should be taken to promote the self-efficacy of PrEP in MSM, to enhance their willingness to take medicine, improve their medication adherence, and thus reduce HIV infection among MSM. © The Author(s) 2019.	influencing factors; men who have sex with men; pre-exposure prophylaxis; self-efficacy	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2019	Quinn K.; Bowleg L.; Dickson-Gomez J.	"The fear of being Black plus the fear of being gay": The effects of intersectional stigma on PrEP use among young Black gay, bisexual, and other men who have sex with men	Social Science & Medicine	-	-	-	-	2779536	10.1016/j.socscimed.2019.04.042	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065144087&doi=10.1016%2fj.socscimed.2019.04.042&partnerID=40&md5=99334b307eb34282c3711977338ccc5d	This is a qualitative study aimed at understanding how intersectional stigma affects PrEP awareness and uptake among Black GBM, aged 16 to 25. Focus groups were used to facilitate conversations around PrEP and experiences of stigma, identify and discuss diverse perspectives on PrEP, and enhance our understanding of PrEP barriers through interactions and sharing of diverse opinions (Patton, 2015). The lead author, who also designed this study, is a White, heterosexual, cisgender female. Two. Results Forty-four young men participated in six focus groups. The size of the groups ranged from five to eleven participants. Thirty-five participants identified as non-Hispanic Black or African American. Four identified as multi-racial (Black/African American and either White, Asian, or Native American) and five were Black Hispanic/Latino Black. The average age of participants was 22 (SD = 2.3; range 18–25). Seventy-five percent (n = 33) identified as gay; others identified as bisexual (n = 8).Discussion: One of the central tenets of intersectionality is that the individual experiences of people at multiple marginalized intersectional positions are differentially shaped by social and structural inequality (Crenshaw, 1991; Collins, 2015). Applied to HIV risk among young Black GBM, intersectionality highlights the importance of looking beyond individual-level factors such as risk behaviors and condom use attitudes and necessitates examining the social and structural factors that contribute to and Conclusions PrEP use among Black GBM is low; only about 30% of Black GBM are aware of PrEP and only 10–20% are accessing PrEP (Eaton et al., 2018). Multi-level interventions are needed to address the societal stigmas and inequities facing young Black GBM and increase PrEP use among Black GBM. Interventions to mitigate intersectional stigma and its consequences can cultivate environments in which young men are able to access quality healthcare, including PrEP, without judgment or discrimination.	HIV; Homonegativity; Intersectional stigma; Racism; Young Black MSM	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Quinn, Katherine; Dickson-Gomez, Julia; Zarwell, Meagan; Pearson, Broderick; Lewis, Matthew	"A Gay Man and a Doctor are Just like, a Recipe for Destruction": How Racism and Homonegativity in Healthcare Settings Influence PrEP Uptake Among Young Black MSM	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2375-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064462121&doi=10.1007%2fs10461-018-2375-z&partnerID=40&md5=3b958587b50bccf36b322940b3116729	Young, Black, gay bisexual or other MSM are significantly less likely to use PrEP than their White counterparts. These disparities may be due, in part, to medical mistrust and mistreatment within the healthcare system. This study aimed to uncover how young Black MSM's perceptions of, and experiences with, health care contribute to low engagement in the healthcare system and low PrEP utilization. In late 2017 and early 2018, we conducted six focus groups with 44 Black MSM ages 16–25 in Milwaukee. Focus group topics included participants' knowledge and perceptions of PrEP, perceptions and stereotypes about PrEP users, and general healthcare utilization patterns and behaviors. Focus group transcripts were transcribed verbatim and coded using MAXQDA qualitative analysis software. We used a team-based approach to thematic content analysis to understand how racism and homonegativity affected healthcare access and experiences. Results from this study help to characterize what contributes to mistrust of the healthcare system and healthcare providers to negatively affect PrEP use among young Black MSM. Focus group discussions revealed how previous and anticipated negative interactions with physicians and skepticism about the healthcare system have alienated young Black MSM from the health care system and created significant barriers to PrEP. Efforts to increase PrEP uptake and must address negative and discriminatory interactions with providers and the healthcare system. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Homonegativity; Medical mistrust; PrEP disparities; Qualitative; Racial disparities; Racism; Young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Radzio-Basu, Jessica; Council, Olivia; Cong, Mian-Er; Ruone, Susan; Newton, Alicia; Wei, Xierong; Mitchell, James; Ellis, Shanon; Petropoulos, Christos J; Huang, Wei; Spreen, William; Heneine, Walid; García-Lerma, J Gerardo	Drug resistance emergence in macaques administered cabotegravir long-acting for pre-exposure prophylaxis during acute SHIV infection.	Nature Communications	-	-	-	-	2041-1723	10.1038/s41467-019-10047-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6494879	A long-acting injectable formulation of the HIV integrase inhibitor cabotegravir (CAB-LA) is currently in clinical development for PrEP. Although the long plasma half-life of CAB-LA is an important attribute for PrEP, it also raises concerns about drug resistance emergence if someone becomes infected with HIV, or if PrEP is initiated during undiagnosed acute infection. Here we use a macaque model of SHIV infection to model risks of drug resistance to CAB-LA PrEP. Six macaques infected with SHIV received CAB-LA before seroconversion. We show integrase mutations G118R, E92G/Q, or G140R in plasma from 3/6 macaques as early as day 57, and identify G118R and E92Q in viruses from vaginal and rectal fluids. G118R and G140R confer > 800-fold resistance to CAB and cross-resistance to all licensed integrase inhibitors. Our results emphasize the need for appropriate HIV testing strategies before and possibly shortly after initiating CAB LA PrEP to exclude acute infection.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Rael C.T.; Martinez M.; Giguere R.; Bockting W.; MacCrate C.; Mellman W.; Valente P.; Greene G.J.; Sherman S.G.; Footer K.H.A.; D'Aquila R.; Carballo-Diéguez A.; Hope T.J.	Knowledge About Oral PrEP Among Transgender Women in New York City	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02584-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068850551&doi=10.1007%2fs10461-019-02584-8&partnerID=40&md5=a444260dc8b4548f07e1921b79329dbc	This paper grows our understanding about PrEP knowledge in transgender women (TW) to improve PrEP-focused education/outreach. Research took place in New York City. We conducted four focus groups in English or Spanish (N = 18). Discussions focused on participants' perceptions and knowledge of oral PrEP. Most participants knew that PrEP is efficacious and requires consistent use. However, some participants were skeptical of medications; others acknowledged that false assumptions about PrEP exist among TW. Most TW in our focus groups were informed about PrEP through clinics or community-based organizations. Some participants felt that messages about medications were oversimplified, and wanted more information. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Pre-exposure prophylaxis; PrEP; PrEP knowledge; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Raifman J.R.; Schwartz S.R.; Sosnowy C.D.; Montgomery M.C.; Almonte A.; Bazzi A.R.; Drainoni M.-L.; Stein M.D.; Willie T.C.; Nunn A.S.; Chan P.A.	Pre-exposure Prophylaxis Awareness and Use among Cisgender Women at a Sexually Transmitted Disease Clinic	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001879	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058599751&doi=10.1097%2fQAI.0000000000001879&partnerID=40&md5=625aaf1610029694f0fe5c6650aeed57	Background:Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV transmission. Cisgender women (cis-women) constitute only a small proportion of PrEP users in the United States despite accounting for 19% of new HIV infections in 2016.Setting:The Rhode Island Sexually Transmitted Diseases (STD) Clinic from 2013 to 2016.Methods:We report on the demographic and behavioral characteristics of all HIV-negative, cis-women who presented to the Clinic and of those who met Centers for Disease Control and Prevention (CDC) indications for PrEP. In a logistic regression analysis, we evaluated PrEP awareness among cis-women by year and demographic characteristics. We compared PrEP awareness among cis-women with PrEP awareness among cisgender men who have sex with men and among cisgender men who inject drugs presenting to the Clinic.Results:Among 1431 HIV-negative cis-women, 84 (5.8%) met CDC indications for PrEP. PrEP awareness was significantly lower among Hispanic/Latina cis-women (11.0%; adjusted odds ratio (AOR): 0.46, 95% confidence interval (CI): 0.31 to 0.66 and non-Hispanic black cis-women (13.8%; AOR: 0.59, 95% CI: 0.39 to 0.89) relative to non-Hispanic white cis-women (20.7%). Men who have sex with men had significantly greater PrEP awareness (60.3%; AOR: 5.85, 95% CI: 3.35 to 10.23) than cis-women (22.9%). Only one woman reported PrEP use.Conclusions:Two-thirds of HIV-negative cis-women presenting for HIV/sexually transmitted disease testing and meeting CDC indications for PrEP were unaware of PrEP, and only one woman reported ever using PrEP. There is a critical need for public health professionals and health care providers to increase PrEP awareness and use among cis-women at risk for HIV. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	cisgender women; disparities; HIV; pre-exposure prophylaxis; prevention; STD	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Raifman, Julia; Dean, Lorraine T; Montgomery, Madeline C; Almonte, Alexi; Arrington-Sanders, Renata; Stein, Michael D; Nunn, Amy S; Sosnowy, Collette D; Chan, Philip A	Racial and Ethnic Disparities in HIV Pre-exposure Prophylaxis Awareness Among Men Who have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02462-3	https://www.proquest.com/scholarly-journals/racial-ethnic-disparities-hiv-pre-exposure/docview/2191234965/se-2?accountid=8113	Racial and ethnic disparities exist in HIV pre-exposure prophylaxis (PrEP) awareness and care. We evaluated how racial and ethnic disparities in PrEP awareness among MSM presenting to a sexually transmitted disease clinic changed from 2013 to 2016. Among 1243 MSM (68% non-Hispanic White, 22% Hispanic, and 10% non-Hispanic Black), PrEP awareness increased overall, but awareness was lower among Hispanic and non-Hispanic Black MSM relative to non-Hispanic White MSM. Awareness converged among non-Hispanic Black and White MSM by 2016, but remained consistently lower among Hispanic MSM. Improved efforts are needed to address disparities in PrEP awareness.	HIV; Ethnicity; Hispanic; Pre-exposure prophylaxis; Psychology; Men who have sex with men (MSM); Men who have sex with men; Disease prevention; Pre-exposure prophylaxis (PrEP); Prophylaxis; Black; Exposure; Hispanic Americans; Disease transmission; Disparities; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Hispanic people; Consciousness; Cultural differences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ramchandani, Meena S; Golden, Matthew R	Confronting Rising STIs in the Era of PrEP and Treatment as Prevention	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-019-00446-5	https://www.proquest.com/scholarly-journals/confronting-rising-stis-era-prep-treatment-as/docview/2240812343/se-2?accountid=8113	Purpose of ReviewThis study aims to review the epidemiology of sexually transmitted infections (STIs) among men who have sex with men (MSM) and suggest control measures.Recent FindingsDespite declines in new HIV diagnosis, bacterial STIs among MSM have dramatically risen since the late 1990s. This increase occurred concurrent with introduction of effective antiretroviral therapy, the advent of electronic mechanisms for meeting sex partners and population-level changes in sexual behavior, including decreased condom use. HIV pre-exposure prophylaxis (PrEP) is now further diminishing condom use, though its impact on STIs is uncertain. A plan to confront the MSM STI epidemic should include increased HIV/STI testing promoted through expanded public health clinical infrastructure, health care system reform to improve the care of gender and sexual minorities and promote low-barrier care, re-invigorated condom promotion, and scientific innovation.SummaryThere is an urgent need to implement new STI control measures while continuing to expand PrEP use.	Antiretroviral therapy; Men who have sex with men (MSM); Sexually transmitted infection; Men who have sex with men; Sexual behavior; Pre-exposure prophylaxis (PrEP); Public health; Epidemiology; Sexually transmitted infections (STIs); Prep; Prophylaxis; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Ramière C.; Charre C.; Miailhes P.; Bailly F.; Radenne S.; Uhres A.-C.; Brochier C.; Godinot M.; Chiarello P.; Pradat P.; Cotte L.; Astrie M.; Augustin-Normand C.; François B.; Boibieux A.; Braun E.; Brunel F.; Chidiac C.; Ferry T.; Guillaud O.; Koffi J.; Livrozet J.-M.; Makhloufi D.; Perpoint T.; Schlienger I.; Scholtes C.; Schuffenecker I.; Tardy J.-C.; Trabaud M.-A.	Patterns of Hepatitis C Virus Transmission in Human Immunodeficiency Virus (HIV)-infected and HIV-negative Men Who Have Sex with Men	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciz160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075736124&doi=10.1093%2fcid%2fciz160&partnerID=40&md5=377e11db9de02c2be46dd64118515be2	Background: Sexually transmitted acute hepatitis C virus (HCV) infections (AHIs) have been mainly described in human immunodeficiency virus (HIV)-infected men who have sex with men (MSM). Cases in HIV-negative MSM are scarce. We describe the epidemic of AHI in HIV-infected and HIV-negative MSM in Lyon, France. Methods: All cases of AHI diagnosed in MSM in Lyon University Hospital from 2014 to 2017 were included. AHI incidence was determined in HIV-infected and in preexposure prophylaxis (PrEP)-using MSM. Transmission clusters were identified by construction of phylogenetic trees based on HCV NS5B (genotype 1a/4d) or NS5A (genotype 3a) Sanger sequencing. Results: From 2014 to 2017, 108 AHIs (80 first infections, 28 reinfections) were reported in 96 MSM (HIV-infected, 72; HIV-negative, 24). AHI incidence rose from 1.1/100 person-years (95 confidence interval CI, 0.7-1.7) in 2014 to 2.4/100 person-years (95 CI, 1.1-2.6) in 2017 in HIV-infected MSM (P =. 05) and from 0.3/100 person-years (95 CI, 0.06-1.0) in 2016 to 3.4/100 person-years (95 CI, 2.0-5.5) in 2017 in PrEP users (P <. 001). Eleven clusters were identified. All clusters included HIV-infected MSM; 6 also included HIV-negative MSM. All clusters started with ≥1 HIV-infected MSM. Risk factor distribution varied among clusters. Conclusions: AHI incidence increased in both HIV-infected and HIV-negative MSM. Cluster analysis suggests initial transmission from HIV-infected to HIV-negative MSM through chemsex and traumatic sexual practices, leading to mixed patterns of transmission regardless of HIV status and no overlap with the general population. © 2019 The Author(s).	acute infection; cluster; HCV; MSM; transmission	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2019	Ramirez, A; Urbina, A; Afzal, O	A missing key in ending the AIDS epidemic: training Ob/Gyn resident physicians in the management of HIV PrEP	American Journal of Obstetrics and Gynecology	-	-	-	-	0002-9378	10.1016/j.ajog.2019.10.045	https://www.ajog.org/article/S0002-9378(19)31271-2/abstract	New York State has championed the use of HIV Pre-Exposure Prophylaxis (PrEP) as a strategic tool in the campaign to end the AIDS epidemic by 2020. 19% of new HIV infections in the state are amongst heterosexual women, yet only 4% of women at risk are on PrEP. Increased provider knowledge about PrEP has been associated with higher rates of PrEP prescription and future intent of use. In order to improve patient access to PrEP, we conducted a training session targeting Ob/Gyn resident physicians who provide care to women in an East Harlem clinic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ramjee G.; Sartorius B.; Morris N.; Wand H.; Reddy T.; Yssel J.D.; Tanser F.	A decade of sustained geographic spread of HIV infections among women in Durban, South Africa	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-019-4080-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066834353&doi=10.1186%2fs12879-019-4080-6&partnerID=40&md5=355d31cf6f3d59eae5be2e683eb155c6	Background: Fine scale geospatial analysis of HIV infection patterns can be used to facilitate geographically targeted interventions. Our objective was to use the geospatial technology to map age and time standardized HIV incidence rates over a period of 10 years to identify communities at high risk of HIV in the greater Durban area. Methods: HIV incidence rates from 7557 South African women enrolled in five community-based HIV prevention trials (2002-2012) were mapped using participant household global positioning system (GPS) coordinates. Age and period standardized HIV incidence rates were calculated for 43 recruitment clusters across greater Durban. Bayesian conditional autoregressive areal spatial regression (CAR) was used to identify significant patterns and clustering of new HIV infections in recruitment communities. Results: The total person-time in the cohort was 9093.93 years and 613 seroconversions were observed. The overall crude HIV incidence rate across all communities was 6·74 per 100PY (95% CI: 6·22-7·30). 95% of the clusters had HIV incidence rates greater than 3 per 100PY. The CAR analysis identified six communities with significantly high HIV incidence. Estimated relative risks for these clusters ranged from 1.34 to 1.70. Consistent with these results, age standardized HIV incidence rates were also highest in these clusters and estimated to be 10 or more per 100 PY. Compared to women 35+ years old younger women were more likely to reside in the highest incidence areas (aOR: 1·51, 95% CI: 1·06-2·15; aOR: 1.59, 95% CI: 1·19-2·14 and aOR: 1·62, 95% CI: 1·2-2·18 for < 20, 20-24, 25-29 years old respectively). Partnership factors (2+ sex partners and being unmarried/not cohabiting) were also more common in the highest incidence clusters (aOR 1.48, 95% CI: 1.25-1.75 and aOR 1.54, 95% CI: 1.28-1.84 respectively). Conclusion: Fine geospatial analysis showed a continuous, unrelenting, hyper HIV epidemic in most of the greater Durban region with six communities characterised by particularly high levels of HIV incidence. The results motivate for comprehensive community-based HIV prevention approaches including expanded access to PrEP. In addition, a higher concentration of HIV related services is required in the highest risk communities to effectively reach the most vulnerable populations. © 2019 The Author(s).	Heterogeneity; HIV; Incidence; Mapping; Risk factors; Spatial epidemiology	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2019	Ramsey S.E.; Ames E.G.; Brinkley-Rubinstein L.; Teitelman A.M.; Clarke J.; Kaplan C.	Linking women experiencing incarceration to community-based HIV pre-exposure prophylaxis care: protocol of a pilot trial	Addiction Science & Clinical Practice	-	-	-	-	19400640	10.1186/s13722-019-0137-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062384353&doi=10.1186%2fs13722-019-0137-5&partnerID=40&md5=481bcd13213c29382954941a0daf333e	BACKGROUND: Women experiencing incarceration (WEI) engage in high rates of sex- and drug-related behavior that places them at risk for HIV. Pre-exposure prophylaxis (PrEP) is an efficacious means of reducing HIV acquisition. There is a general lack of knowledge regarding PrEP among women at elevated risk, and only a small percentage of at-risk women are currently engaged in PrEP care. The period of incarceration represents an opportunity to identify at-risk women, initiate PrEP during incarceration, and establish linkage to community-based PrEP care upon release from incarceration. Further, post-release is a time period that is particularly risky, and there are numerous barriers, including substance use, that may impede linkage to community-based care in the absence of intervention. The current protocol describes plans for the development and pilot randomized controlled trial (RCT) of an intervention to promote PrEP uptake during incarceration and facilitate linkage to community-based PrEP care post-release. METHODS/DESIGN: The motivational interviewing-navigation (MI-NAV) study intervention is being developed, refined, and tested over three phases within the framework of the social ecological model. All phases of the study are being conducted at a women's correctional facility and community-based PrEP provider located in the Northeastern region of the United States. Phase 1 consists of individual qualitative interviews to be conducted with key stakeholders (n = 6-10) from the community-based PrEP care site and (n = 6-10) from the women's correctional facility, as well as with (n = 18-30) WEI. Recruitment for Phase 1 was initiated in November 2017. In Phase 2, MI-NAV will be piloted with a small cohort (n = 8-12) of WEI and will be refined based upon participant feedback. During Phase 3, a pilot RCT of MI-NAV and a standard of care condition will be conducted with 80 WEI. RCT participants will complete baseline and follow-up assessments 1, 3, and 6 months post-release. The primary study outcome is linkage to community-based PrEP care, verified via medical records. DISCUSSION: This study will develop and evaluate a psychosocial intervention (MI-NAV) to promote PrEP uptake and facilitate linkage to community-based PrEP care among women at-risk for HIV. It is expected that, as a result of this project, the feasibility, acceptability, and preliminary efficacy of MI-NAV will be determined. If found to be efficacious, this intervention has the potential to reduce HIV acquisition in a high-need, underserved community. Clinical trial registration NCT03281343.	HIV prevention; Linkage to care; Pre-exposure prophylaxis; Women experiencing incarceration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Ranjit, Yerina S; Dubov, Alex; Polonsky, Maxim; Fraenkel, Liana; Ogunbajo, Adedotun; Mayer, Kenneth; Altice, Frederick L	Pre-exposure Prophylaxis Among Men Who have Sex with Men: Dual Motivational Model of Intention to Use Pre-exposure Prophylaxis.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2214-2	https://dx.doi.org/10.1007/s10461-018-2214-2	Men who have sex with men (MSM) account for most new HIV infections in the United States. Despite representing a fraction of the population, MSM make up an estimated 65% of new infections. To address this epidemic, pre-exposure prophylaxis (PrEP) is recommended to supplement condom use. Despite its effectiveness, PrEP uptake among MSM is low. Few studies have employed theoretical approaches to understand PrEP use intention. Incorporating factors like safe sex fatigue, expectation of better sexual experiences, and perceived risk are proposed in this dual motivational path model of PrEP use intention. This model hypothesized that PrEP use intention is influenced by two key pathways: (1) protection motivation pathway, and (2) sexual expectancy pathway. Data were collected using social networking applications from 402 MSM. The model was tested using structural equation modeling. We elaborate the complex decision-making process proposed by this novel theoretical model and discuss its practical implications.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ransome Y.; Zarwell; Robinson W.T.	Participation in community groups increases the likelihood of PrEP awareness: New Orleans NHBS-MSM cycle, 2014	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0213022	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062869615&doi=10.1371%2fjournal.pone.0213022&partnerID=40&md5=bef4ddce36eb79f576616b2a2694aa7a	Background Gay, bisexual, and other men who have sex with men (GBM) have the highest proportion of incident HIV infection. Pre-exposure prophylaxis (PrEP) use and screening for sexually transmitted infections (STIs) are primary HIV prevention strategies, however, uptake remains low. Social capital, collective resources generated through social connections, are associated with lower HIV risk and infection. We investigated social capital in association with PrEP indicators among GBM. Methods Analyses included (N = 376) GBM from the 2014 National HIV Behavioral Surveillance (NHBS) in New Orleans. Multiple regression methods assessed the association between each item within each of eight domains from the Onyx and Bullen Social Capital Scale and: awareness and willingness to use PrEP. Analyses are adjusted for age, race, education, sexual intercourse with women, and health insurance. Results Forty percent of GBM were 18–29 years, 52 percent White. Sixty percent were willing to use PrEP. Social capital was above 50 percent across 7 of 8 indicators. Community group participation (vs no participation) was associated with higher likelihoods of PrEP awareness (adjusted Prevalence Ratio aPR = 1.41, 95% Confidence Interval CI = 1.02, 1.95). None of the seven remaining social capital indicators were significantly associated with any of the PrEP outcomes. Conclusions Community groups and organizations could be targeted for interventions to increase uptake of HIV prevention strategies among GBM in New Orleans © 2019 Ransome et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Rao D.W.; Carr J.; Naismith K.; Hood J.E.; Hughes J.P.; Morris M.; Goodreau S.M.; Rosenberg E.S.; Golden M.R.	Monitoring HIV Preexposure Prophylaxis Use among Men Who Have Sex with Men in Washington State: Findings from an Internet-Based Survey	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000000965	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063003810&doi=10.1097%2fOLQ.0000000000000965&partnerID=40&md5=a10863add43fd9b1dff417cea8a7b76	Background Many state and local health departments now promote and support the use of HIV preexposure prophylaxis (PrEP), yet monitoring use of the intervention at the population level remains challenging. Methods We report the results of an online survey designed to measure PrEP use among men who have sex with men (MSM) in Washington State. Data on the proportion of men with indications for PrEP based on state guidelines and levels of awareness, interest, and use of PrEP are presented for 1080 cisgender male respondents who completed the survey between January 1 and February 28, 2017. We conducted bivariate and multivariable logistic regression to identify factors associated with current PrEP use. To examine patterns of discontinuation, we conducted Cox proportional hazards regression and fit a Kaplan-Meier curve to reported data on time on PrEP. Results Eighty percent of respondents had heard of PrEP, 19% reported current use, and 36% of men who had never used PrEP wanted to start taking it. Among MSM for whom state guidelines recommend PrEP, 31% were taking it. In multivariable analysis, current PrEP use was associated with older age, higher education, and meeting indications for PrEP use. Our data suggest that 20% of PrEP users discontinue within 12 months, and men with lower educational attainment were more likely to discontinue. Conclusions Despite high levels of use, there is significant unmet need for PrEP in Washington. Our experience indicates that Internet surveys are feasible and informative for monitoring PrEP use in MSM. © 2018 American Sexually Transmitted Diseases Association All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Read P.; Chronister K.J.; Kostovski C.; Harrod M.E.; Salmon A.; Jauncey M.	Perceptions of people who inject drugs towards HIV pre-exposure prophylaxis in Australia	Sexual Health	-	-	-	-	14485028	10.1071/SH18228	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067495815&doi=10.1071%2fSH18228&partnerID=40&md5=a67d987272d7e74db0bf6214c39b8982	Background: People who inject drugs (PWID) are a priority for HIV prevention. This study aimed to determine perceptions, potential eligibility and willingness to use PrEP among PWID in Sydney. Methods: Clients completed a cross-sectional survey to collect data on demographics, perceived risk of HIV and willingness to use PrEP, which were then analysed. Results: Twelve (7%) of 172 HIV-negative participants were eligible for PrEP under current guidelines for injecting reasons, of whom three would also be eligible for sexual risk, leaving nine (5%) eligible for injecting reasons alone. Half had heard of PrEP and, of these, 65% would consider taking it. Most (88%) thought they would continue using needle syringe program services. A minority (8%) indicated they may be likely to share needles and syringes or be less concerned about injecting partners' HIV status (26%). Conclusions: Although PrEP will benefit a small proportion of PWID, this may equate to a significant number nationally. Policy development around PrEP incorporating affected populations will best support the community of people currently injecting to keep rates of HIV low. © 2019 CSIRO.	harm reduction; HIV prevention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Reback C.J.; Clark K.A.; Rünger D.; Fehrenbacher A.E.	A Promising PrEP Navigation Intervention for Transgender Women and Men Who Have Sex with Men Experiencing Multiple Syndemic Health Disparities	Journal of Community Health	-	-	-	-	945145	10.1007/s10900-019-00705-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069216869&doi=10.1007%2fs10900-019-00705-x&partnerID=40&md5=98af0db83e4f497dab6e0f6db4b34619	Transgender women and MSM experience many stigma-related syndemic conditions that exacerbate HIV incidence and prevalence rates. While PrEP is an effective biomedical intervention to reduce HIV transmission, uptake and adherence of PrEP is low among transgender women and MSM experiencing multiple syndemic health disparities. This study tested the feasibility, acceptability and effectiveness of A.S.K.-PrEP (AssistanceServicesKnowledge-PrEP), a five-session peer navigator program, designed to link transgender women and MSM to PrEP. From September 2016 to March 2018, 187 participants (transgender women = 58; MSM = 129) enrolled. Results demonstrated that approximately 90% of transgender women and MSM were linked to PrEP; MSM linked more quickly KW $\chi^2(1) = 10.9$, p <.001. Most transgender women (80%) and MSM (70%) reported they were still taking PrEP at the 90-day follow-up evaluation. Findings indicated that A.S.K.-PrEP is a promising intervention for PrEP linkage, uptake and preliminary adherence among transgender women and MSM. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Health disparities; HIV prevention; MSM; PrEP; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Rebe, Kevin; Hoosen, Nikhat; McIntyre, James A	Strategies to improve access for MSM in low-income and middle-income countries.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000568	https://dx.doi.org/10.1097/COH.0000000000000568	PURPOSE OF REVIEW: HIV prevention and treatment interventions for MSM are not well studied or reported from low-income and middle-income countries (LMIC) in comparison to those targeting gender-conforming populations. Some evidence-based strategies to engage MSM in appropriate healthcare have recently reported on their experiences and impact. Novel recruitment strategies have been developed for treatment and preexposure prophylaxis (PrEP) for MSM, leveraging new community engagement strategies and social media technologies. RECENT FINDINGS: Despite publication of several new guidelines, there is little recent evidence available to guide MSM health programs in LMIC, highlighting the need for ongoing research and publication. Some important PrEP pilot study results have recently been published, such as the PrEP Brazil and Princess PrEP programmes, which could guide the scale-up of MSM PrEP. The novel use of technology and online platforms to strengthen MSM health delivery and support is particularly important. SUMMARY: Providing healthcare to MSM requires consideration of context, broad stakeholder engagement, implementation of best practice guidelines and ongoing situational assessment and integration of novel community engagement methods that are evidence-based. Implementation of improved antiretroviral programmes and the access to PrEP for MSM are vital.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Reddon, Hudson; Marshall, Brandon D. L.; Milloy, M.-J.	Elimination of HIV transmission through novel and established prevention strategies among people who inject drugs.	The Lancet HIV	-	-	-	-	2352-3018 2405-4704	10.1016/S2352-3018(18)30292-3	https://pubmed.ncbi.nlm.nih.gov/30558843/	Despite the effectiveness of existing HIV prevention strategies for people who inject drugs (PWID), uncontrolled outbreaks of HIV among this group are common and occur around the world. In this Review, we summarise recent evidence for novel and established HIV prevention approaches to eliminate HIV transmission among PWID. Effective HIV prevention strategies include mobile needle and syringe programmes, pre-exposure prophylaxis, supervised injection facilities, and, to a lesser extent, some behavioural interventions. Studies have also shown the cost-effectiveness of long-standing HIV prevention strategies including needle and syringe programmes, opioid agonist therapy, and antiretroviral therapy for prevention. Although each individual intervention can reduce the risk of HIV acquisition among PWID, there is a consensus that a combination of approaches is required to achieve substantial and durable reductions in HIV transmission. Unfortunately, in many settings, the implementation of these interventions is often limited by public and political opposition that manifests as structural barriers to HIV prevention, such as the criminalisation of drug use. Given that there is ample evidence showing the effectiveness of several HIV prevention methods, social and political advocacy will be needed to overcome these barriers and integrate innovative HIV prevention approaches with addiction science to create effective drug policies.	Humans; Cost-Benefit Analysis; Disease Transmission, Infectious/*prevention & control; Health Policy; HIV Infections/*prevention & control/*transmission; Communicable Disease Control/*methods; Substance Abuse, Intravenous/*complications	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2019	Refugio O.N.; Kimble M.M.; Silva C.L.; Lykens J.E.; Bannister C.; Klausner J.D.	PrEPTECH: A Telehealth-Based Initiation Program for HIV Pre-exposure Prophylaxis in Young Men of Color Who Have Sex with Men. A Pilot Study of Feasibility	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001873	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058604219&doi=10.1097%2fQAI.0000000000001873&partnerID=40&md5=ca921f8f3c21731f99a66f4bb581dc4e	Background:In the United States, young men who have sex with men (YMSM) of color represent a high number of new HIV diagnoses annually. HIV pre-exposure prophylaxis (PrEP) is effective and acceptable to YMSM of color; yet, PrEP uptake is low in those communities because of barriers including stigma, cost, adherence concerns, and medical distrust. A telehealth-based approach to PrEP initiation may be a solution to those barriers. This pilot study investigates one such intervention called PrEPTECH.Methods:We enrolled 25 HIV-uninfected YMSM, aged 18-25 years, from the San Francisco Bay Area into a 180-day longitudinal study between November 2016 and May 2017. Participants received cost-free PrEP services through telehealth eg, telemedicine visits, home delivery of Truvada, and sexually transmitted infection testing kits, except for 2 laboratory visits. Online survey assessments querying PrEPTECH features and experiences were administered to participants at 90 and 180 days.Results:Eighty-four percent of participants were YMSM of color. Among the 21 who completed the study, 11 of the 16 who wanted to continue PrEP were transitioned to sustainable PrEP providers. At least 75% felt that PrEPTECH was confidential, fast, convenient, and easy to use. Less than 15% personally experienced PrEP stigma during the study. The median time to PrEP initiation was 46 days. Sexually transmitted infection positivity was 20% and 19% at baseline and 90 days, respectively. No HIV infections were detected.Conclusions:Telehealth programs such as PrEPTECH increase PrEP access for YMSM of color by eliminating barriers inherent in traditional clinic-based models. © 2018 Wolters Kluwer Health, Inc. All rights reserved.	HIV; PrEP; telehealth; young MSM of color	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Reisner S.L.; Moore C.S.; Asquith A.; Pardee D.J.; Sarvet A.; Mayer G.; Mayer K.H.	High risk and low uptake of pre-exposure prophylaxis to prevent HIV acquisition in a national online sample of transgender men who have sex with men in the United States	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25391	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072403372&doi=10.1002%2fjia2.25391&partnerID=40&md5=f26f91707979f092c39411f53c99205b	Introduction: Trans masculine people who have sex with cisgender ("cis") men ("trans MSM") may be at-risk for HIV infection when they have cis MSM partners or share needles for hormone or recreational drug injection. Limited data are available characterizing indications and uptake of pre-exposure prophylaxis (PrEP) in trans MSM. The aim of this study was to assess PrEP indication and uptake as a means of primary HIV prevention for adult trans MSM in the U.S. Methods: Between November and December 2017, a national convenience sample of trans MSM in the U.S. (n = 857) was recruited using participatory methodologies and completed an online survey of demographics, HIV risk, PrEP, behavioural and psychosocial factors. Self-reported receptive anal sex or frontal/vaginal sex (with or without a condom) with a cis male sex partner in past six months was an eligibility criterion. A multivariable logistic regression procedure was used to model PrEP indications (yes/no) per an interpretation of U.S. Centers of Disease Control and Prevention recommendations among those without HIV (n = 843). Results: The diverse sample was 4.9% Black; 22.1% Latinx ethnicity; 28.4% non-binary gender identity; 32.6% gay-identified; 82.7% on testosterone. Overall, 84.1% had heard of PrEP. Of these, 33.3% reported lifetime PrEP use (21.8% current and 11.5% past). Based on HIV behavioural risk profiles in the last six months, 55.2% of respondents had indications for PrEP. In a multivariable model, factors associated with PrEP indication included where met sex partners, not having sex exclusively with cismen, higher perceived HIV risk, greater number of partners and high cis male partner stigma (all p < 0.05). Discussion: The majority of trans MSM in this sample had a PrEP indication. Stigma was associated with risk for HIV acquisition and represents a critical target for HIV biobehavioural prevention interventions for trans MSM, who appear to be underutilizing PrEP. Conclusions: Results from this study support the full inclusion of trans MSM in HIV biobehavioural prevention efforts. Public health interventions and programmes are needed to reach trans MSM that attend to general MSM risk factors as well as to vulnerabilities specific to trans MSM, including the context of stigma from cis male sexual partners. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; men who have sex with men (MSM), sexual and gender minorities; PrEP; social stigma; transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Reitsema, M; Van Hoek, AJ; Xiridou, M; Wallinga, J; Van Benthem, B; Van Sighem, A; Van der Loeff, MS; Prins, M; Hoornenborg, E	COST-EFFECTIVENESS OF PRE-EXPOSURE PROPHYLAXIS IN MSM WITH EVENT-DRIVEN AND DAILY REGIMENS	Sexually Transmitted Infections	-	-	-	-	1368-4973	10.1136/sextrans-2019-sti.618	https://sti.bmj.com/content/95/Suppl_1/A245.2	Pre-exposure prophylaxis (PrEP) is highly effective in reducing HIV transmission among men who have sex with men (MSM). We investigated the impact of daily and event-driven PrEP on the transmission of HIV and N. gonorrhoeae (NG) and its cost-effectiveness in the Netherlands.	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2019	Remy L.; Enriquez M.	Behavioral Interventions to Enhance PrEP Uptake among Black Men Who Have Sex with Men: A Review	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072131576&doi=10.1097%2fJNC.0000000000000015&partnerID=40&md5=247af1195f485ee82d41bba051708ccd	In the United States, nearly 500,000 men who have sex with men (MSM) are at risk of contracting HIV. Men who have sex with men constitute 70% of all new cases of HIV in the United States; within this population, the incidence of HIV infection is the highest among Black MSM. Our integrated review synthesized published behavioral interventions designed to enhance the uptake of and adherence to pre-exposure prophylaxis (PrEP) for the prevention of HIV in the Black MSM population. A search of 4 electronic databases revealed only 7 studies whose samples included Black MSM. Adherence to PrEP medication declined over time across all studies. No statistically significant changes in safer sexual behaviors were reported. Few studies described theory-driven interventions. Effective interventions are needed to enhance the uptake of PrEP and to reinforce behaviors that prevent HIV transmission among Black MSM. Copyright © 2018 Association of Nurses in AIDS Care. Unauthorized reproduction of this article is prohibited.	Biomedical; Black men; HIV pre-exposure prophylaxis; Intervention; Men who have sex with men; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Reza-Paul, Sushena; Lazarus, Lisa; Jana, Smarajit; Ray, Protim; Mugo, Nelly; Ngure, Kenneth; Folayan, Morenike Oluwatoyin; Durueke, Florita; Idoko, John; Béhanzin, Luc; Alary, Michel; Gueye, Daouda; Sarr, Moussa; Mukoma, Wanjiru; Kyongo, Jordan K.; Bothma, Rutendo; Eakle, Robyn; Dallabetta, Gina; Presley, Josie; Lorway, Robert	Community Inclusion in PrEP Demonstration Projects: Lessons for Scaling Up.	Gates Open Research	-	-	-	-	2572-4754	10.12688/gatesopenres.13042.2	https://pubmed.ncbi.nlm.nih.gov/31942537/	Pre-exposure prophylaxis (PrEP) has emerged as a new HIV prevention strategy. A series of demonstration projects were conducted to explore the use of PrEP outside of clinical trial settings. Learning from the failures in community consultation and involvement in early oral tenofovir trials, these PrEP projects attempted to better engage communities and create spaces for community involvement in the planning and roll out of these projects. We briefly describe the community engagement strategies employed by seven Bill & Melinda Gates Foundation-funded PrEP demonstration projects and the lessons these projects offer for community engagement in PrEP implementation.	HIV; pre-exposure prophylaxis; prevention; serodiscordant couples; sex work; demonstration projects	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2019	Ribeiro, S; Rocha, M	Pre-exposure prophylaxis in a sexual health clinic for Men who Have Sex with Men in Portugal	European Journal of Public Health	-	-	-	-	11011262	10.1093/eurpub/ckz186.663	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-sexual-health-clinic-men/docview/2430182997/se-2?accountid=8113	Background Pre-exposure prophylaxis (PrEP) is defined as the use of antiretroviral drugs to prevent HIV acquisition in uninfected individuals. Recognizing the increasing use of informal PrEP in Portugal, CheckpointLX, a community clinic targeted for MSM in Lisbon, Portugal, began offering counselling and follow-up services prior to formal introduction. This study aims to characterize PrEP users attending CheckpointLX before formal PrEP introduction in Portugal, and those who were referred to PrEP in the National Health Service (NHS) following formal approval of PrEP. Methods Data was collected by peer counsellors between May 2015 and September 2018 and inserted in a database. Medical care followed EACS recommendations for PrEP eligibility, initiation and follow up. For formal PrEP, the General-Directorate for Health's PrEP guidelines checklist was used. Results Until the end of May 2018, CheckpointLX had a total of 90 appointments for Wild PrEP, of which 64 (71%) were first time visits. As for the 380 service users referred to the NHS, most were Portuguese (N = 318, 84%), and the mean age was 31 (8.9) years old. Condomless sex in the last six months with partners of unknown HIV status was the most common eligibility criteria (N = 59, 83%). Conclusions PrEP delivery should be complemented with effective information on the importance of immunization and education on safer practices of drug administration, in the scope of broader preventive sexual health care. Much remains to be done in Portugal to ensure that PrEP is available to those who need it the most. Offering PrEP at community clinics could be a first step. Key messages Condomless sex in the last six months with partners of unknown HIV status was the most common eligibility criteria for PrEP. PrEP delivery should be complemented with effective information on the importance of immunization and education on safer practices of drug administration.	Pre-exposure prophylaxis; Management; Men who have sex with men; Sexual health; Disease prevention; Health services; Public health; Prep; Prophylaxis; Education; Exposure; Immunization; Portugal; Sexual and reproductive health; Antiretroviral agents; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Clinics; 92312:Administration of Public Health Programs; Criteria	English	United Kingdom	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	NA	NA	Quantitative

Article	2019	Ribeiro, Sofia; Rocha, Miguel	Pre-Exposure Prophylaxis Counseling in a Community Sexual Health Clinic for Men Who Have Sex with Men in Lisbon, Portugal.	Acta Médica Portuguesa	-	-	-	1646-0758	10.20344/amp.11474	https://dx.doi.org/10.20344/amp.11474	INTRODUCTION: Pre-exposure prophylaxis is defined as the use of antiretroviral drugs to prevent HIV acquisition in uninfected individuals. Recognizing the increasing use of informal pre-exposure prophylaxis in Portugal, CheckpointLX, a community clinic targeted to men who have sex with men in Lisbon, Portugal, began offering counselling and follow-up services prior to formal introduction. This study aims to characterize pre-exposure prophylaxis users attending CheckpointLX before formal pre-exposure prophylaxis introduction in Portugal, and those who were referred to pre-exposure prophylaxis in the National Health Service following formal approval of pre-exposure prophylaxis. MATERIAL AND METHODS: Data was collected by peer counsellors between May 2015 and September 2018 and inserted in a database. Medical care followed the European AIDS Clinical Society recommendations for pre-exposure prophylaxis eligibility, initiation and follow-up. For formal pre-exposure prophylaxis, the General-Directorate for Health's Pre-exposure Prophylaxis guidelines checklist was used. RESULTS: Until the end of May 2018, CheckpointLX had a total of 90 appointments for wild pre-exposure prophylaxis, of which 64 (71%) were first time visits. As for the 380 service users referred to the National Health Service, most were Portuguese (n = 318, 84%), and the mean age was 31 (8.9) years old. Condomless sex in the last six months with partners of unknown HIV status was the most common eligibility criteria (n = 59, 83%). DISCUSSION: Pre-exposure prophylaxis delivery should be complemented with effective information on the importance of immunization and education on safer practices of drug administration, in the scope of broader preventive sexual health care. CONCLUSION: Much remains to be done in Portugal to ensure that pre-exposure prophylaxis is available to those who need it the most. Offering pre-exposure prophylaxis at community clinics could be a first step.	NA	English	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2019	Rice, Whitney S; Stringer, Kristi L; Sohail, Maira; Crockett, Kaylee B; Atkins, Ghislaine C; Kudroff, Kachina; Batey, D Scott; Hicks, Joshua; Turan, Janet M; Mugavero, Michael J; Turan, Bulent	Accessing Pre-exposure Prophylaxis (PrEP): Perceptions of Current and Potential PrEP Users in Birmingham, Alabama.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-019-02591-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6803068	Limited studies to date assess barriers to and facilitators of PrEP uptake and utilization using a patient-centered access to care framework, among diverse socio-demographic groups, or in the U.S. Deep South, an area with disproportionate HIV burden. We examine perceptions of PrEP access in qualitative interviews with 44 current and potential PrEP users in Birmingham, Alabama. Participants were 32 years old on average, 66% Black, 66% gay or lesbian, 70% male, and 66% single. Perceived barriers to PrEP access included: lack of PrEP awareness and advertisement; sexuality-related stigma; time and resource constraints; and concerns about the adequacy and technical quality of PrEP services. Perceived facilitators to PrEP access were: PrEP-related information gathering and sharing; increased dialogue and visibility around PrEP; social, programmatic, and clinical support; and, lastly, self-preservation; personal motivation; and treatment self-efficacy. Results point to opportunities to address complex barriers to equitable PrEP access using multilevel and multimodal solutions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Richert-Spuhler L.E.; Pattacini L.; Plews M.; Irungu E.; Muwonge T.R.; Katabira E.; Mugo N.; Meyers A.F.A.; Celum C.; Baeten J.M.; Lingappa J.R.; Lund J.M.	Pre-exposure prophylaxis differentially alters circulating and mucosal immune cell activation in herpes simplex virus type 2 seropositive women	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002323	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074551389&doi=10.1097%2fQAD.0000000000002323&partnerID=40&md5=c0bd3d6d0f97351ec12cb5acd75d167f	Objective: Oral tenofovir-based pre-exposure prophylaxis (PrEP) is an important tool for prevention of new HIV infections, which also reduces subclinical herpes simplex virus type 2 (HSV-2) shedding and symptomatic lesions in HIV-negative, HSV-2-seropositive individuals. However, the impact of PrEP on mucosal immunity has not been examined in detail.Design:Here we evaluate paired genital tissue and systemic immune profiles to characterize the immunological effects of PrEP in HIV-negative, HSV-2-seropositive African women sexually exposed to HIV.Methods:We compared local and systemic innate and T-cell characteristics in samples collected during PrEP usage and 2 months after PrEP discontinuation.Results:We found that frequencies of cervical CCR5+CD4+ cells, regulatory T cells, and tissue macrophages were significantly reduced during PrEP use compared with after PrEP discontinuation. In contrast, peripheral blood CD4+ and CD8+ T cells expressing markers of activation and trafficking were increased during PrEP usage.Conclusion:Together, our data are consistent with PrEP altering immunity differentially in the female genital tract compared with circulation in HSV-2+ women. Further study including comparison with HSV-2 negative women is needed to define the overall impact and mechanisms underlying these effects. These results point to the critical need to study the human mucosal compartment to characterize immune responses to mucosal infections. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	activation; CD4⁺; CD8⁺; cellular immunity; herpesvirus; prevention of sexual transmission; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Rieg S.; Usadel S.; Müller M.	Sexually Transmitted Infections - What's New, What's Different?; Aktuelles zu sexuell übertragbaren Infektionen	Deutsche Medizinische Wochenschrift	-	-	-	120472	10.1055/a-0655-6657	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060944967&doi=10.1055%2fa-0655-6657&partnerID=40&md5=7cb93c451ac17ad812a152e83147f4c7	The incidence of sexually transmitted infections like syphilis or gonorrhea is still rising, particularly in the high-risk population of men having sex with men (MSM). Neisseria gonorrhoeae is capable to develop resistance to all antibiotics previously or currently used for treatment. Dual antimicrobial therapy with ceftriaxone and azithromycin is considered the current empirical first-line therapy. Since 2011 ceftriaxone-resistant strains have emerged in many countries and in 2018 the first case with high-level resistance to azithromycin and resistance to ceftriaxone was documented in the UK, making the development of new antimicrobials against gonorrhea a public health priority. HIV-pre-exposure-prophylaxis (HIV-PrEP) has recently been approved in Germany and may become an important complementary approach to reduce HIV transmission. However, appropriate counselling and STI testing has to be secured in PrEP users. The German Standing Committee on Vaccination (STIKO) now recommends human papillomavirus (HPV) vaccination for boys aged 9-14 years. The Centers for Disease Control and Prevention (CDC) shortens the recommended interval from leaving a zika virus-endemic country until conception to 3 months. © Georg Thieme Verlag KG, Stuttgart - New York.	gonorrhoeae; HIV-PrEP; prevention; sexually transmitted diseases; zika virus	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2019	Ritchwood, Tiarney D.; He, Jiayu; Smith, M. Kumi; Tang, Weiming; Ong, Jason J.; Oduro, Asantewa; Ntlapo, Noluthando; Tucker, Joseph D.	"Getting to Zero" Among Men Who Have Sex with Men in China: a Review of the HIV Care Continuum.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-019-00472-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163396	PURPOSE OF REVIEW: To review the literature on progress towards UNAIDS 90-90-90 targets for HIV prevention and treatment among men who have sex with men (MSM) in China. RECENT FINDINGS: China has made progress towards UNAIDS 90-90-90 targets among MSM. However, socio-structural barriers, including HIV-related stigma and homophobia, persist at each stage of the HIV care continuum, leading to substantial levels of attrition and high risk of forward HIV transmission. Moreover, access to key prevention tools, such as pre-exposure prophylaxis, is still limited. Multilevel interventions, many using digital intervention, have been shown effective in pragmatic randomized controlled trials in China. Multilevel interventions incorporating digital health have led to significant improvement in engagement of Chinese MSM in the HIV care continuum. However, interventions that address socio-structural determinants, including HIV-related stigma and discrimination, towards Chinese MSM are needed.	Adult; Humans; Male; China; HIV; Acquired Immunodeficiency Syndrome/*drug therapy; Homosexuality, Male/*statistics & numerical data; *Social Stigma; Pre-Exposure Prophylaxis/methods; Health Services Accessibility/*statistics & numerical data; MSM; Prevention; Review; Treatment; Sexual and Gender Minorities/*statistics & numerical data; Continuity of Patient Care/statistics & numerical data; Homophobia/statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Rivet Amico, K; Bekker, Linda-Gail	Global PrEP roll-out: recommendations for programmatic success.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(19)30002-5	https://dx.doi.org/10.1016/S2352-3018(19)30002-5	Pre-exposure prophylaxis (PrEP) is being adopted and rolled out in diverse regions, communities, and groups. Although it has been shown to be effective, in some settings PrEP roll-out has lagged, in part due to flawed messaging. Lessons can be learned and principles applied from marketing to highlight the potential pitfalls of current roll-out strategies focused on selective and siloed service provision. After exploration of the way PrEP is promoted in awareness messaging (the sell), marketed to select and often stigmatised groups (the brand), and offered as a special or non-integrated service (product placement), we propose that current strategies can ultimately slow roll-out and contribute to stigma surrounding PrEP use. We propose alternatives for programmes and ministries to consider as they develop long-term plans for HIV prevention. We propose that the sell should focus on protection or wellness framing, the branding should convey PrEP as appropriate for anyone in need, and the provision of PrEP should be placed in the context of other relevant and valued health services. As has been shown in some PrEP programmes, it is possible for programmes to adopt modern marketing strategies that are attractive to healthy clients and might promote an inclusive and holistic vision of biomedical prevention.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Roberts, D Allen; Barnabas, Ruanne V; Abuna, Felix; Lagat, Harison; Kinuthia, John; Pintye, Jillian; Bochner, Aaron F; Forsythe, Steven; Gomez, Gabriela B; Baeten, Jared M; John-Stewart, Grace; Levin, Carol	The role of costing in the introduction and scale-up of HIV pre-exposure prophylaxis: evidence from integrating PrEP into routine maternal and child health and family planning clinics in western Kenya.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25296	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6643078	INTRODUCTION: Understanding the cost of strategies to reach and deliver pre-exposure prophylaxis (PrEP) to priority populations is essential to assess the cost-effectiveness and budget impact of HIV prevention programmes. Providing PrEP through maternal and child health and family planning clinics offers a promising strategy to reach women in high HIV burden settings. We estimated incremental costs and explored the cost drivers of integrating PrEP delivery into routine maternal and child health and family planning services in Kenya. METHODS: We conducted a costing study from the provider perspective within the PrEP Implementation for Young Women and Adolescents programme in western Kenya. We identified all within- and above-facility activities supporting PrEP delivery and measured clinical service time using time-and-motion studies. We obtained input costs from programme budgets, expenditure records and staff interviews. We estimated changes in costs if creatinine testing were postponed from initiation to first follow-up visit and if PrEP were prioritized to clients at high HIV risk using a behavioural risk assessment tool. We also projected costs under Ministry of Health (MOH) implementation assuming MOH salaries and programme supervision. We estimated annual numbers of PrEP visits from programme data abstracted from 16 facilities between November 2017 and June 2018. We report the cost per client-month of PrEP dispensed in 2017 USD. RESULTS: For an annual programme output of 24,005 screenings, 4198 PrEP initiations and 4427 follow-up visits, the average cost per client-month of PrEP dispensed in the study was $26.52. Personnel, drugs and laboratory tests comprised 43%, 25% and 14% of programme costs respectively. Postponing creatinine testing and prioritizing PrEP delivery to clients at high HIV risk reduced total programme costs by 8% and 14% respectively. In the MOH scenario assuming no changes in outputs, the projected cost per client-month of PrEP dispensed decreased to $16.54 and total programme costs decreased by 38%. CONCLUSIONS: Incremental PrEP costs are sensitive to the service delivery strategy used to engage priority populations. Postponing creatinine testing and prioritizing PrEP delivery to clients at high HIV risk may reduce costs. Context-specific cost data are crucial to assess the cost-effectiveness and affordability of PrEP delivery models.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2019	ROCHA, THIAGO BATISTA	ENTRE LÁ E CÁ: Nexos e mediações na produção de um ensaio clínico	-	-	URGS	-	-	NA	https://lume.ufrgs.br/handle/10183/220568	Através do acompanhamento de um ensaio clínico randomizado sobre a Profilaxia PréExposição conduzido na cidade de Porto Alegre, este trabalho investiga as distintas relações que tornam possível a realização de uma prevenção antirretroviral. Ao explorar o quadro de referências que balizam a prevenção ao HIV/AIDS, são identificados nexos através dos quais diretrizes globais de saúde são incorporadas em campos médicos locais. A descrição feita do trabalho de mediação necessário para a operacionalização de um ensaio clínico exemplifica as dinâmicas a partir das quais procedimentos de tratamento passam por apropriações e possibilitam a produção de evidências através de uma pesquisa médica. Ao estabelecerem relações entre si, os usuários de Profilaxia Pré-Exposição se movimentam através do espaço social e assim se inserem nas práticas de tratamento. Por meio de seu engajamento corporificado no campo experimental do HIV, estes sujeitos informam o que é aferido pelos ensaios clínicos e, por consequência, aquilo que pode vir a ser inscrito nas diretrizes globalizadas de tratamento do HIV	Profilaxia Pré-Exposição;HIV;Ensaio Clínico Randomizado;Diferença	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2019	Rodger, Alison J; Cambiano, Valentina; Bruun, Tina; Vernazza, Pietro; Collins, Simon; Degen, Olaf; Corbelli, Giulio Maria; Estrada, Vicente; Geretti, Anna Maria; Beloukas, Apostolos; Raben, Dorthe; Coll, Pep; Antinori, Andrea; Nwokolo, Nneka; Rieger, Armin; Prins, Jan M; Blaxhult, Anders; Weber, Rainer; Van Eeden, Arne; Brockmeyer, Norbert H; Clarke, Amanda; Del Romero Guerrero, Jorge; Raffi, Francois; Bogner, Johannes R; Wandeler, Gilles; Gerstoft, Jan; Gutiérrez, Felix; Brinkman, Kees; Kitchen, Maria; Ostergaard, Lars; Leon, Agathe; Ristola, Matti; Jessen, Heiko; Stellbrink, Hans-Jürgen; Phillips, Andrew N; Lundgren, Jens	Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(19)30418-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584382	BACKGROUND: The level of evidence for HIV transmission risk through condomless sex in serodifferent gay couples with the HIV-positive partner taking virally suppressive antiretroviral therapy (ART) is limited compared with the evidence available for transmission risk in heterosexual couples. The aim of the second phase of the PARTNER study (PARTNER2) was to provide precise estimates of transmission risk in gay serodifferent partnerships. METHODS: The PARTNER study was a prospective observational study done at 75 sites in 14 European countries. The first phase of the study (PARTNER1; Sept 15, 2010, to May 31, 2014) recruited and followed up both heterosexual and gay serodifferent couples (HIV-positive partner taking suppressive ART) who reported condomless sex, whereas the PARTNER2 extension (to April 30, 2018) recruited and followed up gay couples only. At study visits, data collection included sexual behaviour questionnaires, HIV testing (HIV-negative partner), and HIV-1 viral load testing (HIV-positive partner). If a seroconversion occurred in the HIV-negative partner, anonymised phylogenetic analysis was done to compare HIV-1 pol and env sequences in both partners to identify linked transmissions. Couple-years of follow-up were eligible for inclusion if condomless sex was reported, use of pre-exposure prophylaxis or post-exposure prophylaxis was not reported by the HIV-negative partner, and the HIV-positive partner was virally suppressed (plasma HIV-1 RNA <200 copies per mL) at the most recent visit (within the past year). Incidence rate of HIV transmission was calculated as the number of phylogenetically linked HIV infections that occurred during eligible couple-years of follow-up divided by eligible couple-years of follow-up. Two-sided 95% CIs for the incidence rate of transmission were calculated using exact Poisson methods. FINDINGS: Between Sept 15, 2010, and July 31, 2017, 972 gay couples were enrolled, of which 782 provided 1593 eligible couple-years of follow-up with a median follow-up of 2·0 years (IQR 1·1-3·5). At baseline, median age for HIV-positive partners was 40 years (IQR 33-46) and couples reported condomless sex for a median of 1·0 years (IQR 0·4-2·9). During eligible couple-years of follow-up, couples reported condomless anal sex a total of 76â088 times. 288 (37%) of 777 HIV-negative men reported condomless sex with other partners. 15 new HIV infections occurred during eligible couple-years of follow-up, but none were phylogenetically linked within-couple transmissions, resulting in an HIV transmission rate of zero (upper 95% CI 0·23 per 100 couple-years of follow-up). INTERPRETATION: Our results provide a similar level of evidence on viral suppression and HIV transmission risk for gay men to that previously generated for heterosexual couples and suggest that the risk of HIV transmission in gay couples through condomless sex when HIV viral load is suppressed is effectively zero. Our findings support the message of the U=U (undetectable equals untransmittable) campaign, and the benefits of early testing and treatment for HIV. FUNDING: National Institute for Health Research.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2019	Rogers, Brooke G; Whiteley, Laura; Haubrick, Kayla K; Mena, Leandro A; Brown, Larry K	Intervention Messaging About Pre-Exposure Prophylaxis Use Among Young, Black Sexual Minority Men.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2019.0139	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6839422	Approximately 1.1 million individuals in the United States are living with HIV/AIDS. HIV disproportionately affects young, black men who have sex with men (YBMSM). Recent biomedical advances, including the use of antiretroviral therapy as pre-exposure prophylaxis (PrEP), hold promise for preventing HIV infections. However, PrEP uptake remains slow among those most at-risk. To develop and test an intervention to address HIV disparities in YBMSM, we conducted qualitative interviews with 29 YBMSM from Jackson, Mississippi, to learn more about their views of PrEP. Twenty-nine PrEP-eligible YBMSM were enrolled and participated in either semistructured interviews or focus groups. They were asked about PrEP use, messaging, and promotion. Data were coded based on an iteratively developed coding scheme and entered into NVivo to facilitate thematic analysis. Our analysis identified the following three main themes: (1) the role of setting, context, and stigma in health care, (2) targeted PrEP messaging is further stigmatizing, and (3) recommendations for PrEP messaging and care. YBMSM in our sample felt highly stigmatized in their current environment and felt that PrEP messaging targeting YBMSM only enhanced their sense of marginalization. They concluded that broad and inclusive messaging would be just as relevant and cause less stigma. Our findings were somewhat surprising, as several prior studies benefited from using targeted materials to engage YBMSM in HIV prevention and PrEP uptake. The study's location may explain this difference in findings, which suggests the importance of considering local conditions and opinions when developing interventions for HIV prevention among minority populations.	HIV; black; men who have sex with men; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Rojas Castro, Daniela; Delabre, Rosemary M; Molina, Jean-Michel	Give PrEP a chance: moving on from the "risk compensation" concept.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25351	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6715948	INTRODUCTION: While bio-behavioural interventions (BIs) for sexually transmitted infections (STIs) and HIV prevention have shown their effectiveness (e.g. treatment for syphilis, HPV vaccination or pre-exposure prophylaxis PrEP), they have also aroused major concerns regarding behavioural changes that could counteract their benefit. Risk compensation (RC) fears concerning BIs in the HIV/STIs prevention field are intimately linked to representations, judgements and social control on sexual behaviour. With an increasing number of PrEP studies describing a rise in STIs due to RC, this paper argues for a shift away from the focus on RC and proposes a more constructive approach to respond to the needs of people living with HIV and populations most at risk. DISCUSSION: The concept of RC, stemming from road safety and derived from economic theory, relies on rational theoretical models of human behaviour. Although widely applied in several contexts its use has been reasonably questioned. Major methodological issues regarding RC have been raised within HIV/AIDS literature. Although behavioural changes (e.g. condomless sex and number of sexual partners) are often erroneously assimilated with RC, there is no evidence that behavioural changes have undermined the effectiveness of previous and current BIs. Still, PrEP has not escaped RC concerns. Increases in condomless sex within the context of growing uptake of PrEP signals a continued need for integrated and innovative HIV and STI prevention strategies and a comprehensive sexual health approach. Routine HIV/STI testing, peer-led counselling, and identification of sexual health needs within the PrEP model of care could become a gold standard in the sexual health field for all populations. CONCLUSIONS: RC remains a frequent argument against the availability and provision of prevention methods for vulnerable populations. Individuals should be able to benefit from the full panel of BIs options available, to find and adapt methods according to their needs. Current, past and future PrEP users, with other stakeholders, may provide valuable insight into innovative solutions and programmes to control HIV and other STIs.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Article	2019	Rolle C.-P.; Onwubiko U.; Jo J.; Sheth A.N.; Kelley C.F.; Holland D.P.	PrEP Implementation and Persistence in a County Health Department Setting in Atlanta, GA	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02654-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072024933&doi=10.1007%2fs10461-019-02654-x&partnerID=40&md5=62489530b8306618e1310a525f0117cb	For marginalized populations, county health departments may be important PrEP access points; however, there are little data on successful PrEP programs at these venues outside of incentivized demonstration projects. Therefore, we implemented an open-access, free PrEP clinic at a county health department in Atlanta, GA to promote PrEP uptake among high-risk clients. The Fulton County Board of Health PrEP clinic launched in October 2015, and eligible clients who expressed interest initiated PrEP and attended follow-up visits per CDC guidelines. Clients engaged in quarterly follow-up and seen within the last 6 months were defined as "persistent", whereas clients with a lapse in follow-up of > 6 months were defined as "not persistent." Factors associated with PrEP persistence were assessed with unadjusted odds ratios. Between October 2015 and June 2017, 399 clients were screened for PrEP, almost all were eligible 392/399 (98%); however, 158/392 (40%) did not return to start PrEP after screening. Of 234 patients, 216 (92%) received a prescription for PrEP. As of June 2017, only 69/216 (32%) clients remained persistent in PrEP care, and the only evaluated factor significantly associated with PrEP persistence was age ≥ 30 years (OR 1.86, 95% CI 1.02, 3.42). Implementation of PrEP in the county health department setting is feasible; however, we have identified significant challenges with PrEP uptake and persistence in our setting. Further research is needed to fully understand mediators of PrEP persistence and inform interventions to optimize health department-based PrEP services. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Atlanta; Health department; HIV prevention; PrEP adherence; PrEP implementation; PrEP persistence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Rossouw, Theresa M; van Dyk, Gisela; van Zyl, Gert	Rapid emergence of resistance to antiretroviral treatment after undisclosed prior exposure: A case report.	South African Journal of HIV Medicine	-	-	-	2078-6751	10.4102/sajhivmed.v20i1.965	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6676989	INTRODUCTION: Patients who disengaged from care may present as therapy naïve for antiretroviral treatment (ART) initiation at a different site, without being recognised as being at an increased risk of rapid treatment failure and HIV drug resistance. PATIENT PRESENTATION: A 43-year-old woman, who gave no prior history of ART, was initiated on a standard first-line regimen of TDF, FTC and EFV. She had a poor response to treatment with evidence of treatment failure at 12 months. MANAGEMENT AND OUTCOME: HIV-1 drug resistance tests showed no pre-treatment HIVDR mutations, but revealed high-level drug resistance to all component drugs at 12 months. On investigation, viral load (VL) was recorded in 2012 and 2013, providing evidence of prior ART use. CONCLUSION: Linkage of patient therapy and laboratory information to unique patient identifiers may allow health-care workers to identify patients who previously received ART and disengaged from care. This will enable differentiated care when these patients reinitiate ART, which should involve expedited VL testing and more rapid transition to definitive second-line ART.	HIV drug resistance, Antiretroviral therapy, Undisclosed prior treatment	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2019	Roth A.; Felsher M.; Tran N.; Bellamy S.; Martinez-Donate A.; Krakower D.; Szep Z.	Drawing from the Theory of Planned Behaviour to examine pre-exposure prophylaxis uptake intentions among heterosexuals in high HIV prevalence neighbourhoods in Philadelphia, Pennsylvania, USA: An observational study	Sexual Health	-	-	-	14485028	10.1071/SH18081	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065642707&doi=10.1071%2fSH18081&partnerID=40&md5=fa127185ef57776fad5ad216e26b4d6d	Background: Research surrounding attitudes and intentions concerning pre-exposure prophylaxis (PrEP) among at-risk heterosexuals, women and ethnic and racial minorities is needed to inform programs to scale this effective HIV prevention intervention among these populations. Methods: The study sample includes 192 HIV-negative heterosexuals recruited from HIV testing sites operating in high HIV prevalence neighbourhoods in a mid-Atlantic city. Participants received brief educational sessions on PrEP and completed a self-administered survey assessing sociodemographic factors, HIV risk behaviours and theoretical determinants of PrEP uptake, based on the Theory of Planned Behaviour. Results: Participants were majority persons of colour (86%), with a median age of 43 years. Compared with Whites, a higher percentage of Black and Brown persons had more than five sex partners (75.0%), used condoms inconsistently (85.6%) and engaged in transactional sex (84.4%). Most expressed positive PrEP attitudes and indicated intention to adopt PrEP, especially if recommended by their doctor. In a multivariable model, willingness to take PrEP if suggested by a healthcare provider (aOR: 4.17 95% CI: 1.42-12.24) and willingness to take PrEP even if it caused side-effects (aOR: 1.98 95% CI: 1.01-3.90) were both associated with greater PrEP adoption intentions. Conclusions: A diverse at-risk population was identified through community-based HIV testing. Low perceived HIV risk, as well as PrEP-related attitudes, subjective norms and perceived behavioural control were associated with PrEP use intentions. These factors are potential targets for interventions to increase PrEP adoption among diverse heterosexual samples. © 2019 CSIRO.	infectious disease; PrEP; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Roth A.; Tran N.; Piecara B.; Welles S.; Shinefeld J.; Brady K.	Factors Associated with Awareness of Pre-exposure Prophylaxis for HIV Among Persons Who Inject Drugs in Philadelphia: National HIV Behavioral Surveillance, 2015	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2293-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054313988&doi=10.1007%2fs10461-018-2293-0&partnerID=40&md5=af0438a6355ad8748388949cb0eae3bb	Persons who inject drugs (PWID) continue to experience disproportionate HIV burden. Though studies demonstrate PWID find pre-exposure prophylaxis (PrEP) acceptable, awareness and uptake remains low. Data from the 2015 PWID cycle of the National HIV Behavioral Surveillance (n = 612) in Philadelphia, Pennsylvania (USA) were analyzed to evaluate how socio-demographics and behavioral factors impact PrEP awareness. Only 12.4% of PWID surveyed were PrEP-aware and 2.6% reported receiving a prescription. Factors associated with PrEP awareness included having at least some college education (aOR 2.13, 95% CI 1.03, 4.43), sharing paraphernalia (aOR 2.37, 95% CI 1.23, 4.56), obtaining syringes/needles primarily from a syringe exchange program (aOR 2.28, 95% CI 1.35, 3.87), STI testing (aOR 1.71, 95% CI 1.01, 2.89) and drug treatment (aOR 2.81, 95% CI 1.62, 4.87). Accessing prevention and health services increased the odds of being PrEP-aware; however, awareness was low overall. Additional promotion efforts are warranted. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Harm reduction; HIV prevention; People who inject drugs (PWID); Pre-exposure prophylaxis; PrEP awareness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Roth, Alexis M; Tran, Nguyen K; Piecara Brogan L; Shinefeld, Jennifer; Brady, Kathleen A	Pre-Exposure Prophylaxis (PrEP) Awareness Is Low Among Heterosexual People of Color Who Might Benefit From PrEP in Philadelphia	Journal of Primary Care and Community Health	-	-	-	2150-1319	10.1177/2150132719847383	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-awareness-is-low/docview/2375717469/se-2?accountid=8113	Introduction: We assessed awareness of pre-exposure prophylaxis (PrEP) among HIV-negative Black and Latinx persons living in the Philadelphia Metropolitan Statistical Area. Methods: Using chi-square and Wilcoxon rank-sum tests, we analyzed data from the 2016 heterosexual cycle of the National HIV Behavioral Surveillance system to assess how sociodemographic factors, health care utilization, and risk behaviors affected PrEP awareness. Results: Participants (n = 472) were predominately Black, non-Hispanic (88.1%) with a median age of 41.5 years. Most participants reported having a usual source of medical care (92.1%) and seeing a medical provider within 12 months (87.0%). However, PrEP awareness was low in this sample (4.9%) and was lower among those who had a medical visit compared with those who had not (P < .01). Conclusion: Current Centers for Disease Control and Prevention clinical guidelines suggest that providers counsel high-risk patients about PrEP. Our data suggest that this is not happening with people of color in Philadelphia. Interventions targeting medical providers working with HIV-risk people of color may be appropriate.	Heterosexuality; HIV prevention; Pre-exposure prophylaxis; pre-exposure prophylaxis; Disease prevention; Health care; Medicine; Surveillance; Sociodemographics; Health behavior; Awareness; Risk behavior; Disease control; intervention; patient-provider interactions; persons of color; High risk; Human immunodeficiency virus--HIV; Medical Sciences; Minority & ethnic groups; Health services utilization; Consciousness; Mental health services; Clinical practice guidelines; Surveillance systems	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Roth, Alexis M; Tran, Nguyen; Felsher, Marisa; Szep, Zsofia; Krakower, Douglas	Heterosexual Men Anticipate Risk Compensatory Behaviors With Future Preexposure Prophylaxis Initiation: Findings From an Exploratory Cross-Sectional Study.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001012	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10339709	Among 146 urban heterosexuals screening negative for human immunodeficiency virus, one third anticipated increased sexual risk taking with human immunodeficiency virus preexposure prophylaxis. Men (vs. women) and black (vs. white) participants had increased odds for anticipating decreased condom use. Men and persons reporting transactional sex expected to increase sexual partnerships. Risk compensation could affect reproductive health and disease control.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Rozhnova G.; Heijne J.C.M.; Basten M.; den Daas C.; Matser A.; Kretzschmar M.	Impact of sexual trajectories of men who have sex with men on the reduction in HIV transmission by pre-exposure prophylaxis	Epidemics	-	-	-	17554365	10.1016/j.epidem.2019.03.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065802221&doi=10.1016%2fj.epidem.2019.03.003&partnerID=40&md5=10957fc8d19eef2ab82015806965c051	Changes in sexual risk behavior over the life course in men who have sex with men (MSM) can influence population-level intervention efficacy. Our objective was to investigate the impact of incorporating sexual trajectories describing long-term changes in risk levels on the reduction in HIV prevalence by pre-exposure prophylaxis (PrEP) among MSM. Based on the Amsterdam Cohort Study data, we developed two models of HIV transmission in a population stratified by sexual behavior. In the first model, individuals were stratified into low, medium and high risk levels and did not change their risk levels. The second model had the same stratification but incorporated additionally three types of sexual behavior trajectories. The models assumed universal antiretroviral treatment of HIV+ MSM, and PrEP use by high risk HIV− MSM. We computed the relative reduction in HIV prevalence in both models for annual PrEP uptakes of 10% to 80% at different time points after PrEP introduction. We then investigated the impact of sexual trajectories on the effectiveness of PrEP intervention. The impact of sexual trajectories on the overall prevalence and prevalence in individuals at low, medium and high risk levels varied with PrEP uptake and time after PrEP introduction. Compared to the model without sexual trajectories, the model with trajectories predicted a higher impact of PrEP on the overall prevalence, and on the prevalence among the medium and high risk individuals. In low risk individuals, there was more reduction in prevalence during the first 15 years of PrEP intervention if sexual trajectories were not incorporated in the model. After that point, at low risk level there was more reduction in the model with trajectories. In conclusion, our study predicts that sexual trajectories increase the estimated impact of PrEP on reducing HIV prevalence when compared to a population where risk levels do not change. © 2019 The Authors	HIV transmission; Men who have sex with men; Pre-exposure prophylaxis; Sexual behavior change; Sexual behavior trajectories	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2019	Ruan F.; Fu G.; Yan Y.; Li Y.; Shi Y.; Luo L.; Li X.; Zhang B.; Gong Q.; Fu Z.; Gan Y.; Pan M.; Liu Y.; Zhan J.; Wang J.	Inequities in consistent condom use among sexually experienced undergraduates in mainland China: Implications for planning interventions	BMC Public Health	-	-	-	14712458	10.1186/s12889-019-7435-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071764809&doi=10.1186%2fs12889-019-7435-4&partnerID=40&md5=edf90bc8d4f6b55a728fe6660a59706c	Background: Since pre-exposure prophylaxis (PrEP) is mainly prescribed to high-risk uninfected individuals, consistent condom use (CCU) continues to be recommended as an inexpensive, feasible, practical and acceptable way to prevent the general population from acquiring and transmitting HIV through sexual intercourse. The objective of this cross-sectional study was to compare the relative importance of various determinants of CCU among sexually experienced undergraduates in mainland China so as to assess and subsequently to suggest ways to eliminate inequities in its use. Method: From September 10, 2018, to January 9, 2019, an anonymous self-administered online questionnaire was voluntarily completed by 12,750 participants distributed across 30 provinces in mainland China (except for Tibet). The present analysis was restricted to 2054 sexually experienced undergraduates. Pearson's chi-square test and Logistic regression models were chosen to analyze the factors associated with CCU. Results: The overall rate of CCU was 61.3% 95% confidence interval (CI) = 59.2-63.4%. CCU was inequitably distributed since enabling factors exerted greater effects than predisposing and need factors. Compared with heterosexual men, heterosexual women adjusted odds ratio (AOR) = 0.78, 95% confidence interval (CI):0.64-0.96), non-heterosexual men (AOR = 0.64, 95% CI:0.45-0.92) and women (AOR = 0.68, 95% CI:0.47-0.99) were less prone to using condoms consistently. Those with more resources i.e., higher levels of self- efficacy for condom use (AOR = 2.86, 95% CI:2.35-3.49) and being knowledgeable of the national AIDS policy (AOR = 1.50, 95% CI:1.23-1.82), and those with lower need for condoms i.e., late initiation of sexual activity (AOR = 1.34, 95% CI:1.09-1.64) and single sexual partner (AOR = 1.68,95% CI:1.21-2.33) were more likely to be consistent condom users. Conclusions: In order to increase consistency of condom use and simultaneously reduce the remaining inequities, a comprehensive intervention measure should be taken to target heterosexual women, non-heterosexual men and women, and those with higher need for condoms, improve their condom use self- efficacy and raise their awareness of the national AIDS policy. © 2019 The Author(s).	Andersen's behavioral model; China; Consistent condom use; Hierarchical logistic regression; Undergraduates	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Rudolph J.E.; Cole S.R.; Eron J.J.; Kashuba A.D.; Adimora A.A.	Estimating Human Immunodeficiency Virus (HIV) Prevention Effects in Low-incidence Settings	Epidemiology	-	-	-	10443983	10.1097/EDE.0000000000000966	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064722254&doi=10.1097%2fEDE.0000000000000966&partnerID=40&md5=b5f4a7ec2e98daec2fced8a69b880e93	Background: Randomized controlled trials (RCTs) for determining efficacy of preexposure prophylaxis (PrEP) in preventing human immunodeficiency virus (HIV) infection have not been conducted among US women because their lower HIV incidence requires impractically large studies. Results from higher-incidence settings, like Sub-Saharan Africa, may not apply to US women owing to differences in age, sexual behavior, coinfections, and adherence. Methods: We propose a novel strategy for evaluating PrEP efficacy in the United States using data from both settings to obtain four parameters: (1) intention-to-treat (ITT) and (2) per-protocol effects in the higher-incidence setting, (3) per-protocol effect generalized to the lower-incidence setting, and (4) back-calculated ITT effect using adherence data from the lower-incidence setting. To illustrate, we simulated two RCTs comparing PrEP against placebo: one in 4000 African women and another in 500 US women. We estimated all parameters using g-computation and report risk ratios averaged over 2000 simulations, alongside the 2.5th and 97.5th percentiles of the simulation results. Results: Twelve months after randomization, the African ITT and per-protocol risk ratios were 0.65 (0.47, 0.88) and 0.20 (0.08, 0.34), respectively. The US ITT and per-protocol risk ratios were 0.42 (0.20, 0.62) and 0.17 (0.03, 0.38), respectively. These results matched well the simulated true effects. Conclusions: Our simple demonstration informs the design of future studies seeking to estimate the effectiveness of a treatment (like PrEP) in lower-incidence settings where a traditional RCT would not be feasible. See video abstract at, http://links.lww.com/EDE/B506. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	Generalization; HIV; Intention-to-treat effect; Per-protocol effect; Preexposure prophylaxis; Simulation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Rusie, LK; Orengo, C; Burrell, D; Ramachandran, A; Houlberg, M; Keglovitz, K; Munar, D; Schneider, JA	A PrEP Model Incorporating Clinical Pharmacist Encounters and Antimicrobial Stewardship Program Oversight May Improve Retention in Care	Clinical Infectious Diseases	-	-	-	1058-4838	10.1093/cid/ciy640	https://academic.oup.com/cid/article/68/2/347/5068770?login=false	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Ryan K.L.; Jakeman B.; Conklin J.; Pineda L.J.; Deming P.; Mercier R.-C.	Treatment of patients with HIV or hepatitis C by pharmacist clinicians in a patient-centered medical home	American Journal of Health-System Pharmacy	-	-	-	10792082	10.1093/ajhp/zxz059	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068538892&doi=10.1093%2fajhp%2fzxz059&partnerID=40&md5=62e33a224fd40dd8ad20e50c2f660077	Purpose. This report describes an innovative pharmacy practice model assisting in the care of patients living with or at risk of acquiring human immunodeficiency virus (HIV) and/or hepatitis C virus (HCV). Summary. In the state of New Mexico, pharmacists can obtain prescribing privileges through a Pharmacist Clinician (PhC) license. The license allows PhCs to assess patients, order laboratory/diagnostic tests, prescribe medication, and bill select insurances. PhCs have developed a practice model for patients living with or at risk of HIV and/or HCV at a Level 3 National Committee for Quality Assurance Patient-Centered Medical Home in Albuquerque, New Mexico. In 2015, 5 PhCs, employed part time, were involved with 8 different clinics: (1) HIV Adherence and Complex Care, (2) HIV Transitions of Care, (3) HCV Mono- A nd Co-Infection, (4) HIV Pre-Exposure Prophylaxis (PrEP), (5) HIV Primary Care and Cardiovascular Risk Reduction, (6) Young Adult Clinic, (7) Perinatal HIV, and (8) Pediatric HIV. In 2015, PhCs at the clinic billed for 774 direct patient encounters. Conclusion. Pharmacists with the PhC license are able to provide highquality medical care to patients living with or at risk of HIV and/or HCV infections within an interprofessional medical home model. © 2019 American Journal of Health-System Pharmacy. All rights reserved.	Clinical pharmacist; HCV; HIV; pharmaceutical care; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Saha S.; Samanta G.P.	Modelling and optimal control of HIV/AIDS prevention through PrEP and limited treatment	Physica A: Statistical Mechanics and its Applications	-	-	-	3784371	10.1016/j.physa.2018.10.033	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055625136&doi=10.1016%2fj.physa.2018.10.033&partnerID=40&md5=7ab49e2e0b54c0a1c070a1630a7f5e89	Epidemic outbreak is one of the primary issue that induce behavioural changes in healthy individuals to avoid contracting infection. We here propose a compartmental model for the transmission of HIV/AIDS including treatment and Pre-exposure prophylaxis (PrEP). It accounts for the effect of individual's behavioural response due to information of PrEP also. Taking PrEP by uninfected individuals actually can prevent the acquisition of HIV infection. Model analysis has been performed as well as the local and global stability of equilibrium points is established. Further, an optimal control problem has been formulated to minimize the cost and disease fatality by choosing the treatment and the effect of information regarding PrEP as control variables. Numerical analysis gives that if only control via information regarding PrEP is used, then it will be economical for early phase of the time period whereas treatment works well for long term control. Moreover, simultaneous use of both the control interventions is more useful than any single applied control policy and it reduces the number of infective individuals and also minimizes the economic cost generated from disease burden and controls. In the model it can be observed how uptake of PrEP can effect in the population by reducing the number of HIV infections. Moreover the combined effect of both the control policies is found to be more economical during the entire epidemic period whereas the implementation of a single policy is comparatively found less economical viable. © 2018 Elsevier B.V.	Basic reproduction number; Behavioural response; Lyapunov function; Optimal control; Pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2019	Sales J.M.; Phillips A.L.; Tamler I.; Munoz T.; Cwiak C.; Sheth A.N.	Patient recommendations for PrEP information dissemination at family planning clinics in Atlanta, Georgia	Contraception	-	-	-	107824	10.1016/j.contraception.2018.12.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061930390&doi=10.1016%2fj.contraception.2018.12.008&partnerID=40&md5=88599fdd9f3738e045fbdc12fe26a96b	Objective: Family planning (FP) clinics are an ideal setting to disseminate information about pre-exposure prophylaxis (PrEP), but little is known about women's preferences for learning about PrEP in this setting. Study design: We surveyed 500 women seeking care at 4 FP clinics in Atlanta. Before their provider visit, participants completed an HIV-risk screener. After, we asked participants about the HIV prevention counseling they received and how clinics could share information about PrEP. We performed descriptive analyses on demographics, HIV risk, and PrEP awareness/interest, and conducted thematic analysis on open-ended responses. Results: Only 18% knew about PrEP before the study; 28% of 376 sexually-active women had≥1 risk indicator consistent with PrEP eligibility. Three hundred forty seven women (69%) shared suggestions about how clinics should share PrEP information. We categorized suggestions into 4 themes - Advertising, Conversations, Awareness and Access. Participants (n=150) suggested clinics should advertise PrEP via brochures, posters, texts, or emails; 134 wanted providers to talk to patients about PrEP. Several (n=71) suggested sharing PrEP information broadly in the community and with other clinics/providers; others (n=11) wanted improved access to PrEP services. Conclusions: Our results demonstrate overwhelming patient interest in learning more about PrEP through educational materials and directly from FP providers. Women were vocal about increasing PrEP awareness in the community, particularly among populations especially at risk for HIV (e.g., teens). These suggestions can be translated into actionable steps FP clinics can take to increase PrEP awareness and expand their reach to benefit women at risk for HIV. Implications: High HIV rates among women in the South make it imperative to increase awareness of PrEP among women. Atlanta women seeking care in FP clinics valued learning about PrEP and recommended feasible strategies for disseminating information about PrEP in community settings, the clinic or during patient-provider discussion. © 2019 Elsevier Inc.	Family planning clinics; HIV prevention; PrEP; Southern US	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Sales J.M.; Sheth A.N.	Associations Among Perceived HIV Risk, Behavioral Risk and Interest in PrEP Among Black Women in the Southern US	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2333-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85056133682&doi=10.1007%2fs10461-018-2333-9&partnerID=40&md5=6f70bcd111ae30059f9ce4223fd423cb	Utilizing data from Southern women, we created an HIV risk index with expanded partner-level factors to better capture women who may benefit from HIV pre-exposure prophylaxis (PrEP). We examined the relationships between potential HIV risk as estimated by laboratory-confirmed bacterial STIs, HIV risk index, perceived HIV risk, and interest in PrEP. Women had multiple PrEP indications; partner characteristics better differentiated STI status than other indicators. Perceived HIV risk differentiated STI status, significantly correlated with the HIV risk index, as well as predicted greater interest in PrEP. Findings can inform how best to evaluate HIV risk and PrEP acceptability among women. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Black or African American; PrEP; United States; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Sales, Jessica M.; Cwiak, Carrie; Haddad, Lisa B.; Phillips, Ashley; Powell, Leah; Tamler, Ilyssa; Sheth, Anandi N.	Impact of PrEP Training for Family Planning Providers on HIV Prevention Counseling and Patient Interest in PrEP in Atlanta, Georgia.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002057	https://pubmed.ncbi.nlm.nih.gov/30985558/	BACKGROUND: Safety net family planning (FP) clinics provide vital care for women in high HIV-burden areas and may be ideal pre-exposure prophylaxis (PrEP) delivery sites. Yet, many FP providers lack knowledge about PrEP. SETTING: Four safety net FP clinics in Atlanta, Georgia. METHODS: We provided a 1.5-hour PrEP informational training for 28 providers working in these sites. To assess the training's impact on PrEP counseling, we enrolled 500 female patients after training (47% ≤ 28 years; 69% black; 12% Hispanic) and determined their PrEP indication based on CDC guidelines. We conducted a postvisit survey to assess provider counseling and patients' interest in PrEP and acceptance of off-site PrEP referral. RESULTS: From pre-training to post-training, provider PrEP knowledge and confidence to identify women who may benefit from PrEP significantly increased. Only 19% of women knew about PrEP before the visit. Among 376 sexually active women, 29% had risk consistent with PrEP indication. Among PrEP-indicated women, 66% reported the provider discussed PrEP, 29% were interested in taking PrEP, but only 18% accepted off-site PrEP referral. Most (76%) were more willing to take PrEP if provided by the FP clinic. CONCLUSIONS: After a brief PrEP training, most women with HIV-risk indicators received PrEP counseling during their visits. Once counseled, women expressed interest if it were offered at the FP clinic rather than through off-site referral. Findings highlight the potential impact that PrEP capacity building within safety net FP clinics in high HIV-burden areas may have on PrEP scale-up for women.	Adolescent; Adult; Humans; Middle Aged; Young Adult; Female; HIV Infections/drug therapy/*prevention & control; Aged; Anti-HIV Agents/therapeutic use; Health Knowledge, Attitudes, Practice; Counseling; Ethnicity; Georgia; Patient Acceptance of Health Care/statistics & numerical data; Pre-Exposure Prophylaxis/*methods; Health Surveys; Disease Transmission, Infectious/prevention & control; Family Planning Services/*methods; Health Education; Sexually Transmitted Diseases/*prevention & control/psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Sales, Jessica M; Escoffery, Cam; Hussen, Sophia A; Haddad, Lisa B; Phillips, Ashley; Filipowicz, Teresa; Sanchez, Maria; McCumber, Micah; Rupp, Betty; Kwiatkowski, Evan; Psioda, Matthew A; Sheth, Anandi N	Pre-exposure prophylaxis integration into family planning services at title X clinics in the southeastern United States: A geographically-targeted mixed methods study (Phase 1 ATN 155)	JMIR Research Protocols	-	-	-	19290748	10.2196/12774	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071326639&doi=10.2196%2f12774&partnerID=40&md5=0815a00f74f26c1e28eabdb6c85ea644	Background: Black adolescent and young adult women (AYAW) in the Southern United States are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) is an effective, scalable, individual-controlled HIV prevention strategy that is grossly underutilized among women of all ages and requires innovative delivery approaches to optimize its benefit. Anchoring PrEP delivery to health services that AYAW already trust, access routinely, and deem useful for their sexual health may offer an ideal opportunity to reach women at risk for HIV and to enhance their PrEP uptake and adherence. These services include those of family planning (FP) providers in high HIV incidence settings. However, PrEP has not been widely integrated into FP services, including Title X-funded FP clinics that provide safety net sources of care for AYAW. To overcome potential implementation challenges for AYAW, Title X clinics in the Southern United States are uniquely positioned to be focal sites for conceptually informed and thoroughly evaluated PrEP implementation science studies. Objective: The aim of this study is to assess inner and outer context factors (barriers and facilitators) that may influence the adoption of PrEP prescription and treatment services in Title X clinics serving AYAW in the Southern United States. Methods: Phase 1 of Planning4PrEP is an explanatory sequential, mixed methods study consisting of a geographically-targeted Web-based survey of Title X clinic administrators and providers in the Southern United States, followed by key informant interviews among a purposively selected subset of responders to more comprehensively assess inner and outer context factors that may influence adoption and implementation of PrEP in Title X FP clinics in the South. Results: Phase 1 of Planning4PrEP research activities began in October 2017 and are ongoing. To date, survey and key informant interview administration is near completion, with quantitative and qualitative data analysis scheduled to begin soon after data collection completion. Conclusions: This study seeks to assess inner and outer context factors (barriers and facilitators) that may influence the adoption and integration of PrEP prescription and treatment services in Title X clinics serving AYAW in the Southern United States. Data gained from this study will inform a type 1 hybrid effectiveness implementation study, which will evaluate the multilevel factors associated with successful PrEP implementation while evaluating the degree of PrEP uptake, continuation, and adherence among women seen in Title X clinics. ©Jessica M. Sales, Cam Escoffery, Sophia A. Hussen, Lisa B. Haddad, Ashley Phillips, Teresa Filipowicz, Maria Sanchez, Micah McCumber, Betty Rupp, Evan Kwiatkowski, Matthew A. Psioda, Anandi N. Sheth.	HIV; Implementation science; Pre-exposure prophylaxis; Women's health	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Same R.G.; McAleese S.; Agwu A.L.; Arav-Boger R.	Acute HIV in an Adolescent Male With Fever and Rhabdomyolysis	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2019.05.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071999417&doi=10.1016%2fj.jadohealth.2019.05.021&partnerID=40&md5=5ce5afab3f1d6e2a3e37a44586cc2962	We report the case of a young adolescent male who presented with persistent fever and rhabdomyolysis and was ultimately diagnosed with acute HIV. Rhabdomyolysis is an unusual manifestation of acute HIV that has been rarely reported. However, in the absence of another etiology, we propose that HIV should be considered in the differential for rhabdomyolysis, particularly in association with fever and pharyngitis. Young people, especially men who have sex with men of color and younger adolescents, are at increased risk of HIV and may not disclose any sexual history. Opportunities to identify risk factors and test for HIV are often missed in young people. A high level of suspicion and routine screening for HIV is needed in youth, especially in light of the benefits of early diagnosis and treatment of acute HIV. Pre-exposure prophylaxis is highly effective for the prevention of HIV and is underutilized in adolescents. © 2019 Society for Adolescent Health and Medicine	Acute HIV; HIV screening; Pre-exposure prophylaxis; PrEP; Rhabdomyolysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Sandset T.	HIV Both Starts and Stops with Me': Configuring the Neoliberal Sexual Actor in HIV Prevention	Sexuality & Culture	-	-	-	10955143	10.1007/s12119-018-09584-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059521199&doi=10.1007%2fs12119-018-09584-1&partnerID=40&md5=a5bac81dc9664038d04be8e751ad29f7	This article argues that newer HIV prevention campaigns and health promotions that focus on reaching the public with information on how to prevent HIV infections or treat them once a person becomes HIV positive are mainly built upon the rationale of what has been called 'a neoliberal sexual actor'. The sexual actor being represented is predicated upon the tenets of a neoliberal subject wherein market choice, rational risk analysis, personal responsibility, and personal entrepreneurship are in focus. Whereas many of the newer health promotions are built upon the tenets of neoliberalism, these health promotions while being both inclusive in terms of sexualities and racialized identities nevertheless play on neoliberal ideals that may or may not be available for the people who are most vulnerable in terms of HIV risk. The article ends up by arguing that while many of these health promotions are both 'sex-positive' and avoid the specter of 'risk' and 'infection' and rather play on neoliberal concepts, they nevertheless also leave behind those that for whatever reasons cannot comply with or access these tenets. In an era when the HIV effort strongly plays on a rhetoric of 'leaving no one behind' such an overt focus on the neoliberal concepts of free choice, market freedom, personal responsibility, and 'rational' risk calculation, might end up leaving behind the most vulnerable people within the HIV epidemic. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Health promotions; HIV/AIDS; Neoliberalism; PrEP; Prevention	English	United States	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Qualitative

Article	2019	Santa Maria D.; Flash C.A.; Narendorf S.; Barman-Adhikari A.; Petering R.; Hsu H.-T.; Shelton J.; Bender K.; Ferguson K.	Knowledge and Attitudes About Pre-Exposure Prophylaxis Among Young Adults Experiencing Homelessness in Seven U.S. Cities	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2018.06.023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053855788&doi=10.1016%2fj.jadohealth.2018.06.023&partnerID=40&md5=15734f4704b547f83ff557d4ab305ff0	Purpose: Evidence suggests that young adults experiencing homelessness (YEH) are at elevated risk of HIV compared to housed youth. Given the limited research on pre-exposure prophylaxis (PrEP) awareness among YEH, this study examined their PrEP knowledge and attitudes. Methods: Data from a cross-sectional survey among YEH (ages 18–26) (n = 1,427) in seven U.S. cities were used to assess their knowledge and attitudes regarding PrEP to inform HIV prevention efforts. Results: Participants were primarily male youth of color. The mean age was 20.9years. While 66% felt at risk for HIV, only 14% strongly agreed that they try to protect themselves from getting infected with HIV. Most (84%) were eligible for PrEP based on risk, yet only 29% had knowledge of PrEP. Despite this, 59% reported they were likely/extremely likely to take PrEP. Access to free PrEP (55%), HIV testing (72%), healthcare (68%), and one-on-one (62%), and text messaging support (57%) were rated as very/extremely important for PrEP uptake and adherence. Conclusions: The results of this study suggest missed opportunities to prevent new HIV infections among YEH. Efforts to increase PrEP uptake among this population should consider provider- and system-level interventions to increase PrEP awareness, decrease PrEP-associated healthcare costs, improve access to PrEP providers, and provide in-person and text messaging support. © 2018 Society for Adolescent Health and Medicine	HIV; Homeless youth; Pre-exposure prophylaxis (PrEP); Prevention; Young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Sarkar, Supriya; Corso, Phaedra; Ebrahim-Zadeh, Shideh; Kim, Patricia; Charania, Sana; Wall, Kristin	Cost-effectiveness of HIV Prevention Interventions in Sub-Saharan Africa: A Systematic Review.	EClinicalMedicine	-	-	-	-	2589-5370	10.1016/j.eclinm.2019.04.006	https://pubmed.ncbi.nlm.nih.gov/31193863/	BACKGROUND: Sub-Saharan Africa carries the highest HIV burden globally. It is important to understand how interventions cost-effectively fit within guidelines and implementation plans, especially in low- and middle-income settings. We reviewed the evidence from economic evaluations of HIV prevention interventions in sub-Saharan Africa to help inform the allocation of limited resources. METHODS: We searched PubMed, Web of Science, Econ-Lit, Embase, and African Index Medicus. We included studies published between January 2009 and December 2018 reporting cost-effectiveness estimates of HIV prevention interventions. We extracted health outcomes and cost-effectiveness ratios (CERs) and evaluated study quality using the CHEERS checklist. FINDINGS: 60 studies met the full inclusion criteria. Prevention of mother-to-child transmission interventions had the lowest median CERs ($1144/HIV infection averted and $191/DALY averted), while pre-exposure prophylaxis interventions had the highest ($13,267/HIA and $799/DALY averted). Structural interventions (partner notification, cash transfer programs) have similar CERs ($3576/HIA and $392/DALY averted) to male circumcision ($2965/HIA) and were more favourable to treatment-as-prevention interventions ($7903/HIA and $890/DALY averted). Most interventions showed increased cost-effectiveness when prioritizing specific target groups based on age and risk. INTERPRETATION: The presented cost-effectiveness information can aid policy makers and other stakeholders as they develop guidelines and programming for HIV prevention plans in resource-constrained settings.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Saxena A.; Deschamps M.-M.; Dorvil N.; Christophe I.; Rosenberg R.; Jean-Gilles M.; Koenig S.; Pape J.W.; Dévieux J.G.	Association between intimate partner violence and HIV status among Haitian Women	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2019.1602156	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064613035&doi=10.1080%2f17441692.2019.1602156&partnerID=40&md5=2e08f72cb33d64c96ac73607c5c29df5	The prevalence of intimate partner violence (IPV) among women living in Haiti increased from 25% in 2006–29% in 2012, with escalating reports of crisis in the last several years. We examined the association between IPV and HIV status among these women in Haiti. Participants were drawn from a larger sample of women (n = 513) with a history of IPV. Women living with HIV (n = 55) were matched to uninfected women (n = 110) to form a control group. Attitudes towards gender roles, mental and physical well-being, and partner violence were assessed and compared. Logistic regressions were utilised to calculate multivariable-adjusted odds ratios. Women living with HIV were more likely to report more severe forms of psychological violence (p < 0.01), and severe physical violence (p < 0.0001). Women who experienced severe forms of IPV were 3.5 times more likely to have an HIV positive status compared to those who did not experience severe IPV (p < 0.0001). There were significant associations between severe forms of IPV, and HIV status among Haitian women. IPV severity should be integrated into eligibility screening for biomedical strategies of prevention such as pre-exposure prophylaxis (PrEP) among Haitian women. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	gender-based attitudes; Haiti; Intimate partner violence; mental health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Saxton P.J.W.; McAllister S.M.	Enumerating the population eligible for funded HIV pre-exposure prophylaxis (PrEP) in New Zealand	Sexual Health	-	-	-	-	14485028	10.1071/SH18058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059821391&doi=10.1071%2fSH18058&partnerID=40&md5=1bfd53838ef5a2f2874b9c2b4411f3f5	Background: Pre-exposure prophylaxis (PrEP) became publicly funded in New Zealand (NZ) on 1 March 2018. PrEP could have a substantial population-level effect on HIV transmission if scaled up rapidly. An accurate estimate of the size of the PrEP-eligible population would guide implementation. Methods: We drew on nine sources to estimate the PrEP-eligible population, namely Statistics NZ data, Pharmaceutical Management Agency (PHARMAC) data on adults receiving funded antiretroviral treatment (ART), expert advice, estimates of the HIV care cascade, surveillance of undiagnosed HIV in a community sample of gay and bisexual men (GBM), surveillance of HIV diagnoses, NZ Health Survey data on sexual orientation among males, behavioural surveillance among GBM and behavioural data among people living with HIV (PLWH) from the HIV Futures NZ study. From these sources we derived three estimates relating to GBM, non-GBM and total eligible population. Sensitivity analyses examined different assumptions (GBM denominators, proportion PLWH diagnosed, proportion of diagnosed PLWH treated). Results: We estimated that 17.9% of sexually active HIV-negative GBM would be eligible for PrEP, equating to 5816 individuals. We estimated that 31 non-GBM individuals would be eligible for PrEP. Thus, in total, 5847 individuals would be eligible for PrEP, comprising 99.5% GBM and 0.5% non-GBM. Sensitivity analyses ranged from 3062 to 6718 individuals. Conclusions: Policy makers can use enumeration to monitor the speed and scale in coverage as implementation of publicly funded PrEP proceeds. Sexual health and primary care services can use enumeration to forecast PrEP demand and plan accordingly. Better quality data, especially on transgender adults in NZ, would improve the accuracy of estimates. © 2019 CSIRO.	condomless anal intercourse; enumeration; homosexual; methamphetamine; sexually transmissible infection	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Quantitative
Article	2019	Saxton, Peter J W; Azariah, Sunita; Franklin, Richard A; Forster, Rose F; Werder, Suzanne F; Jenkins, Renee; Myers, Jason M; Rich, Joseph G; Te Wake, Whatitiri P; Fisher, Mark D	Baseline characteristics of gay and bisexual men in a HIV pre-exposure prophylaxis demonstration project with equity quotas in Auckland, New Zealand	Sexual Health	-	-	-	-	30274568	10.1071/SH18056	https://www.proquest.com/scholarly-journals/baseline-characteristics-gay-bisexual-men-hiv-pre/docview/2176621656/se-2?accountid=8113	Background: In New Zealand, pre-exposure prophylaxis (PrEP) should target gay and bisexual men (GBM), and equity is an important principle. Baseline characteristics of GBM offered PrEP in a demonstration project with an enrolment quota of 50% non-Europeans are described. Methods: An open-label, single-arm treatment evaluation study design ('NZPrEP') was used. The settings were four publicly funded sexual health clinics in Auckland in 2017. The study population was 150 GBM recruited from clinics, community sources and social media. Participants self-completed an online questionnaire about PrEP awareness, attitudes and sexual risk behaviour in the last 3 months. Baseline characteristics are described and examined to determine whether these were associated with PrEP initiation status (self-referral vs doctor/nurse recommendation). Results: In total, 150 GBM of whom half (52%) were non-European, including 21.3% Maori, 19.3% Asian and 8.7% Pacific, were enrolled into the study. Two-thirds (65.3%) self-referred for PrEP and one-third (34.7%) were recommended PrEP by the doctor/nurse. Participants reported a high number of male condomless receptive anal intercourse partners (MenAICLR) (median 3, range 0-50), with 10% reporting 10 or more MenAICLR and 45.3% reporting group sex. In the previous year, 65.3% had a sexually transmissible infection (STI); 18% had rectal chlamydia or gonorrhoea at enrolment. Almost half (47.7%) had recently used drugs with sex, including 8.1% who used methamphetamine. Participants recommended PrEP had lower education, lived less centrally and had a higher STI prevalence than PrEP self-referrers, but their risk behaviour was similar. Conclusions: Early PrEP adopters in New Zealand have high HIV risk. Demonstration projects should consider equity mechanisms so that minorities can participate meaningfully.	Bisexuality; Rectum; Pre-exposure prophylaxis; Methamphetamine; Sexual behavior; Prophylaxis; Exposure; Drug abuse; New Zealand; Sexual and reproductive health; Equity; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Population studies; Acquired immune deficiency syndrome--AIDS; GenderWatch; Y; Gays & lesbians; Health risks; Minority & ethnic groups; Quotas	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Clinical
Article	2019	Schecke H.; Lea T.; Bohn A.; Köhler T.; Sander D.; Scherbaum N.; Deimel D.	Crystal Methamphetamine Use in Sexual Settings Among German Men Who Have Sex With Men	Frontiers in Psychiatry	-	-	-	-	16640640	10.3389/fpsyt.2019.00886	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077270286&doi=10.3389%2ffpsyt.2019.00886&partnerID=40&md5=4c3a6e19c2dfc7cd648fde1f28c3f897	Introduction: Men who have sex with men (MSM) are a vulnerable subgroup for problems with substance use, including crystal methamphetamine. Drug use in sexual settings, commonly referred to as "chemsex," has been an issue of growing concern in MSM communities. Recreational drugs commonly associated with chemsex include crystal methamphetamine, gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL), mephedrone, and ketamine. Drug use in sexual settings is correlated with sexual practices associated with the acquisition and transmission of sexually transmitted infections, including HIV and hepatitis C. Adverse mental health outcomes are often reported at higher rates among MSM who use methamphetamine. Methods: This paper refers to a subset of participants from the German Chemsex Survey, an MSM-community recruited, self-completed online survey with a self-selected convenience sample. Participants who used crystal methamphetamine for sex (n = 130) were compared to participants who did not use drugs for sex (n = 177). The survey comprised 420 different items considering recreational substance use, substance use in sexual settings, harm reduction strategies, mental health, sexual transmitted infections, and mental health care service utilization. Results: A total of 1,583 men started the survey; 1,050 participants provided information on substance use. Twenty-seven percent of participants used crystal methamphetamine in the last 12 months, and of those, 89% used methamphetamine in a sexual setting and 50% reported injecting methamphetamine. Regarding mental health, participants who reported methamphetamine use in sexual settings were more likely to report symptoms of depression, somatization, anxiety, and posttraumatic stress disorder (PTSD) than the German male general population. Participants who reported methamphetamine use for sex were more likely to report symptoms of major depression, being HIV positive, and taking HIV pre-exposure prophylaxis (PrEP) than participants who did not report methamphetamine use. Most participants used harm reduction practices to reduce the risks associated with using methamphetamine in sexual settings. Conclusion: Crystal methamphetamine is used in the context of sexual activities by German MSM. Poorer mental health status than in the male general population was observed. MSM who used methamphetamine in this study seemed to be aware of potential health risks associated with their substance use and utilized harm reduction strategies and biomedical HIV prevention strategies like PrEP. © Copyright © 2019 Schecke, Lea, Bohn, Köhler, Sander, Scherbaum and Deimel.	chemsex; harm reduction; HIV; men who have sex with men; mental health; methamphetamine	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2019	Schellberg S.	Perspective of an HIV Attending Physician on PrEP; Perspektive eines HIV-Behandlers auf die PrEP	Zeitschrift fur Sexualforschung	-	-	-	-	9328114	10.1055/a-1028-2596	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076926876&doi=10.1055%2fa-1028-2596&partnerID=40&md5=2a5312fdb5c59a0b7e4a3eff27d399b3	Sven Schellberg works as office-based physician at the Novopraxis Berlin, an HIV-focused medical practice in Berlin. He is increasingly confronted with patients who ask about PrEP. He appreciates their reasons, but also warns against a sometimes too uncritical medicalization of gay sexuality. He also hopes that open discussions about sexual behaviour and sexual well-being, about HIV and STI prevention will not only take place in HIV-focused practices, but naturally also in other medical practices. However all too often this still seems to be a taboo. © 2020 American Society of Civil Engineers (ASCE). All rights reserved.	AIDS; HIV prevention; pre-exposure prophylaxis (PrEP); sexual health; sexual risk behaviour	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Other
Article	2019	Schock A.	Perspective of a PrEP User on PrEP: Milan (Pseudonym) in an Interview with Axel Schock; Perspektive eines PrEP-Nutzers auf die PrEP: Milan (Pseudonym) im Interview mit Axel Schock 1	Zeitschrift fur Sexualforschung	-	-	-	-	9328114	10.1055/a-1028-2122	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076915693&doi=10.1055%2fa-1028-2122&partnerID=40&md5=991e4c811e176c04fc0467975bea8894	Milan (pseudonym) is at the time of the interview in autumn 2018 27 years old and lives in Germany. When he started taking the HIV pre-exposure prophylaxis (PrEP) as part of the clinical study DISCOVER, he was single in the gay scene. Meanwhile he lives in a firm partnership. In an interview with Axel Schock, he explains why he still takes the PrEP and how he feels about it. © 2020 American Society of Civil Engineers (ASCE). All rights reserved.	couple's relationship; HIV-PrEP for MSM; pre-exposure prophylaxis (PrEP); safer sex; sexually transmitted infections	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2019	Schreier T.; Sherer R.; Sayles H.; Jacobsen D.M.; Swindells S.; Bares S.H.	US Human Immunodeficiency Virus (HIV) practitioners' recommendations regarding condomless sex in the era of HIV pre-exposure prophylaxis and treatment as prevention	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofz082	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066413072&doi=10.1093%2fofid%2fofz082&partnerID=40&md5=e5711beef48a750b34abf1a9014466a8	Background. We sought to characterize human immunodeficiency virus (HIV) practitioners' recommendations to patients regarding treatment as prevention, pre-exposure prophylaxis (PrEP) and condom use among persons with HIV (PWH) with viral suppression and individuals receiving PrEP. Methods. A brief survey about counseling practices was distributed electronically to previous attendees of an International Antiviral Society-USA continuing medical education activity. Descriptive analyses were performed for all questions. Pearson χ2 tests were used to identify potential differences in counseling practices based on sex, degree/license, years in practice, number of PWH cared for in the past year, and practice location. Results. Of the 3238 persons surveyed, 478 (15%) responded. 65% were female, 47% were physicians, 78% had been in practice ≥6 years, and 52% had cared for >100 PWH in the last year. Of the respondents, 51% (95% confidence interval, 46.8%-56.0%) agreed that the evidence "supports, strongly supports or proves" that condomless sex with a PWH with viral suppression does not lead to HIV transmission, and 76% (72.2%-80.0%) commonly or always recommend condoms for such patients. Although 42% (95% confidence interval, 37.0%-46.0%) of respondents said the evidence "supports, strongly supports or proves" that condomless sex involving a person at risk for HIV infection receiving PrEP does not lead to HIV transmission, 81% (77.3%-84.5%) commonly or always recommend condom use for such patients. Responses differed significantly by practitioner experience, region, sex and degree. Conclusions. Although many practitioners caring for individuals with and at risk for HIV infection acknowledge that successful treatment or PrEP prevents transmission, the majority of practitioners commonly or always recommend condom use. © The Author(s) 2019.	Condom use; HIV prevention; Pre-exposure prophylaxis; Survey; Treatment as prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Schueler, Kellie; Ferreira, Matthew; Nikolopoulos, Georgios; Britt Skaathun; Paraskevis, Dimitrios; Hatzakis, Angelos; Friedman, Samuel R; Schneider, John A	Pre-exposure Prophylaxis (PrEP) Awareness and Use Within High HIV Transmission Networks	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02411-0	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-awareness-use/docview/2174075879/se-2?accountid=8113	Improved implementation of pre-exposure prophylaxis (PrEP) should be a valuable tool within communities experiencing high HIV incidence, such as black men who have sex with men (MSM). Using baseline data from the Chicago arm of the Transmission Reduction Intervention Project (TRIP), we examined awareness and use of PrEP within HIV potential transmission networks. Transmission Reduction Intervention Project recruited participants ages 18–69 (N = 218) during 2014–2016 from networks originating from recently and chronically HIV-infected MSM and transgender persons. In total, 53.2% of participants had heard of PrEP, while 8 (6.5%) HIV-negative participants reported ever using PrEP. In multivariable regression, PrEP awareness was associated with identifying as gay, attending some college or higher, having an HIV test in the previous 6 months, and experiencing HIV-related social support. PrEP awareness was not associated with experiencing or observing HIV-related stigma. PrEP use was associated with participants knowing two or more other PrEP-users. These findings demonstrate moderate awareness, but low uptake of PrEP within HIV potential transmission networks in Chicago. Future research should explore how to increase PrEP use in these networks and investigate the social dynamics behind our finding that PrEP users are more likely to know other PrEP users.	HIV/AIDS; African American; Pre-exposure prophylaxis; Psychology; Men who have sex with men (MSM); Males; Men who have sex with men; Network analysis; Disease prevention; Pre-exposure prophylaxis (PrEP); Networks; Prophylaxis; Black; African Americans; Transgender; Social support; Exposure; Awareness; Disease transmission; Human immunodeficiency virus (HIV); Social networks; Intervention; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Social interactions; United States--US; Gays & lesbians; Mens health; Chicago Illinois; Black people; Reduction; Consciousness; Social dynamics; Social systems; Transsexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Schwartz J.; Grimm J.	Stigma Communication Surrounding PrEP: The Experiences of A Sample of Men Who Have Sex With Men	Health Communication	-	-	-	-	10410236	10.1080/10410236.2017.1384430	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85031802385&doi=10.1080%2f10410236.2017.1384430&partnerID=40&md5=081c798c59809f273a0ad6d54d1e8d84	HIV is a serious problem in the USA, particularly for men who have sex with men (MSM). A new means of HIV prevention, called pre-exposure prophylaxis (PrEP), has been shown to be highly effective. However, in spite of earning FDA approval, adoption of PrEP by MSM has been limited. The purpose of this study was to examine the experiences of a sample of 38 MSM who have adopted PrEP, focusing on communication with healthcare providers and social networks. In-depth interviews were used to collect data. Findings revealed that stigmatization by healthcare providers as well as stigmatization by other MSM was a relatively common experience for participants. Additionally, participants described that a high level of health literacy, health advocacy, and communication skill were necessary to adopt PrEP. Given these findings, strategies are suggested for improving MSM's healthcare and increasing rates of PrEP adoption. © 2019, © 2019 Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Schwartz S.; Davies N.; Naidoo N.; Pillay D.; Makhoba N.; Mullick S.	Clients' experiences utilizing a safer conception service for HIV affected individuals: Implications for differentiated care service delivery models	Reproductive Health	-	-	-	-	17424755	10.1186/s12978-019-0718-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066496656&doi=10.1186%2fs12978-019-0718-5&partnerID=40&md5=81e3b7469563033836ce51456789bd44	Background: Safer conception services promote the reproductive health and rights of families, while minimizing HIV transmission risks between partners trying to conceive, as well vertical transmission risks. Implementation data, including clients' experiences utilizing safer conception services in sub-Saharan Africa are limited. Methods: Hillbrow Community Health Centre began offering safer conception services for individuals and couples affected by HIV in Johannesburg, South Africa in June 2015. A stratified sub-sample of safer conception clients were consecutively recruited from April 2016-August 2017 for a cross-sectional interview assessing clients' perceptions of service acceptability and value, as well as perceived safer conception knowledge and self-efficacy. Visual analog scales from 0 to 100 were used to measure clients' experiences; scores were classified as low, moderate and high acceptance/value/knowledge/self-efficacy if they were < 50, 50-79 and ≥ 80 respectively. Comparisons of scores were made across safer conception visits attended. Results: Among 692 clients utilizing safer conception services, 120 (17%) were sampled for the process evaluation; sub-sample participant characteristics were similar to the overall cohort. Clients gave a mean score of ≥90-points for each question assessing service acceptability and 96% (114/119) indicated a high perceived value (scores ≥80) for regular safer conception attendance until conception. Fifty-eight percent (n = 70) of clients reported learning something new during the visit completed the day of the survey, though acquisition of new information tended to decrease as visits increased (p = 0.09). In terms of safer conception strategies, 80% of clients reported high levels of knowledge on the impact of antiretroviral treatment (ART) and viral suppression on HIV transmission, 67% reported high levels of knowledge of the importance of STI screening and 56% regarding limiting condomless sex to days of peak fertility; 34% in sero-different relationships reported high pre-exposure prophylaxis (PrEP) knowledge. Self-efficacy varied by safer conception methods and was similar across study visits. Conclusions: Clients perceived high value from their safer conception visits and preferred regular attendance until conception, however we observed a plateau in knowledge and self-efficacy across subsequent visits after initially attending safer conception care. More intensive services may be appropriate for certain clients based on clinical circumstances, but many couples may potentially receive a 'lighter touch' approach while still minimizing HIV transmission risks. © 2019 The Author(s).	Differentiated care; Discordant couples; HIV; HIV prevention; Implementation; Safer conception	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Schwartz S.R.; Bassett J.; Mutunga L.; Yende N.; Mudavanhu M.; Phofa R.; Sanne I.; Van Rie A.	HIV incidence, pregnancy, and implementation outcomes from the Sakh'umndeni safer conception project in South Africa: a prospective cohort study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(19)30144-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068072095&doi=10.1016%2fS2352-3018%2819%2930144-4&partnerID=40&md5=892225b50bd712b998dfb41e21fa478c	Background: Safer conception strategies empower individuals trying to conceive to minimise HIV transmission risk to partners and potential children; however, effectiveness data are scarce. We aimed to assess adoption of safer conception methods and HIV and pregnancy outcomes from Sakh'umndeni, a novel safer conception service in South Africa. Methods: In this prospective cohort study, the Sakh'umndeni clinical cohort at Witkoppen Cinic in Johannesburg (South Africa) enrolled adults aged at least 18 years who were trying to conceive and in relationships with an HIV-positive partner. Couples who were pregnant at enrolment or had been previously diagnosed as infertile were excluded. Participants received safer conception care by a nurse, including antiretroviral therapy (ART) for HIV-positive partners, pre-exposure prophylaxis (PrEP) for HIV-negative partners, counselling around timed condomless sex, or syringes for self-insemination. Primary outcomes were pregnancy incidence and HIV transmission to partners and infants. We estimated time to first pregnancy using Kaplan-Meier curves; pregnancy and HIV incidence were estimated as events per person-years of risk. Findings: Between July 16, 2013, and April 5, 2017, 526 individuals (334 women and 192 men) from 334 partnerships enrolled. 162 (48%) of 334 couples were serodifferent, 149 (45%) were HIV-positive seroconcordant, and 23 (7%) were an HIV-positive woman and an unknown status male partner. At enrolment, 176 (61%) of 287 HIV-positive women and 60 (46%) of 131 HIV-positive men were virally suppressed (<50 copies per mL). Among the safer conception strategies, ART was initiated by 73 (91%) of 80 HIV-positive participants not on ART and PrEP was initiated by 28 (28%) of 101 HIV-negative participants. 2719 follow-up visits were completed, and 99 pregnancies were observed in 89 women. Pregnancy incidence was 41·2 per 100 person-years (95% CI 33·4–50·7); 25 (28%) of 89 pregnancies with a known outcome were miscarried or terminated because of risk to the mother. Pregnancy incidence was 79·0 per 100 person-years (95% CI 49·8–125·4) among HIV-negative women and 36·7 per 100 person-years (29·1–46·3) among HIV-positive women. At the time of pregnancy, viral suppression among women was high (68 87% of 78 women had viral loads of <50 copies per mL and 77 99% had viral loads of <1000 copies per mL). No horizontal or vertical HIV transmission events were observed. Interpretation: Safer conception strategies empowered couples to safely conceive. Pregnancy incidence among service users was high. Integration of safer conception counselling could promote HIV prevention and linkage to care. Funding: US Agency for International Development; UJMT Consortium/Fogarty International Center, US National Institutes of Health (NIH); and Johns Hopkins University Center for AIDS Research (NIH). © 2019 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Scott H.M.; Spinelli M.; Vittinghoff E.; Morehead-Gee A.; Hirozawa A.; James C.; Hammer H.; Liu A.; Gandhi M.; Buchbinder S.	Racial/ethnic and HIV risk category disparities in preexposure prophylaxis discontinuation among patients in publicly funded primary care clinics	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002347	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071383157&doi=10.1097%2fQAD.0000000000002347&partnerID=40&md5=ee24304b36aa612c75aca5fc05d3c36e	Objective: Dissemination of preexposure prophylaxis (PrEP) is a priority for reducing new HIV infections, especially among vulnerable populations. However, there are limited data available on PrEP discontinuation following initiation, an important component of the PrEP cascade.Design:Patients receiving PrEP within the San Francisco Department of Public Health Primary Care Clinics (SFPCC) are included in a PrEP registry if they received a PrEP prescription, were not receiving postexposure prophylaxis, and not known to be HIV-positive.Methods:We calculated PrEP discontinuation for patients initiating PrEP at any time from January 2012 to July 2017 and evaluated their association with demographic and risk variables using Cox regression analysis.Results:Overall, 348 patients received PrEP over the evaluation period. The majority (84%) were men, and the cohort was racially/ethnically diverse. The median duration of PrEP use was 8.3 months. In adjusted analysis, PrEP discontinuation was lower among older patients (aHR 0.89; 95% CI 0.80-0.99; P = 0.03); but higher among black patients (compared with white patients; aHR 1.87; 95% CI 1.27-2.74; P = 0.001), patients who inject drugs (aHR 4.80; 95% CI 2.66-8.67; P < 0.001), and transgender women who have sex with men (compared with MSM; aHR 1.94; 95% CI 1.36-2.77; P < 0.001).Conclusion:Age, racial/ethnic, and risk category disparities in PrEP discontinuation were identified among patients in a public health-funded primary care setting. Further efforts are needed to understand and address PrEP discontinuation among priority populations to maximize the preventive impact of PrEP, and reverse HIV-related disparities at a population level. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	preexposure prophylaxis discontinuation; racial/ethnic disparities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2019	Scott, Hyman; Volberding, Paul A	HIV Screening and Preexposure Prophylaxis Guidelines: Following the Evidence.	JAMA - Journal of the American Medical Association	-	-	-	-	1538-3598	10.1001/jama.2019.2590	https://dx.doi.org/10.1001/jama.2019.2590	Physicians practicing in rapidly evolving areas of medical care, and policy makers charged with supporting that care, both benefit from informed guidance regarding testing, new treatments, and innovations in disease prevention. Approaches to HIV care and prevention have both been improved by access to such guidance. Clinicians who care for patients with HIV follow newly published or presented data, the opinion of respected experts, and guidelines created by governmental or private organizations. Guideline groups have various "rules" regarding the inclusion of expert opinion, which publications are allowed, and how critically those research reports are evaluated. Clinicians expect guidelines to rapidly incorporate new data, and many immediately use guidelines to improve care for their patients.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Scully E.P.; Weld E.D.; Blankson J.N.	Challenges in optimizing preexposure prophylaxis development, engagement, and access for HIV prevention	Journal of Clinical Investigation	-	-	-	-	219738	10.1172/JCI134389	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076126030&doi=10.1172%2fJCI134389&partnerID=40&md5=f2c971ed9d96d1c63afabecbc3965c11	One of the greatest successes of modern science is the development of effective antiretroviral therapy (ART) for control of HIV-1 infection. Arguably one of the more innovative responses the ongoing HIV epidemic is the repurposing of ART for preventive efforts as preexposure prophylaxis (PrEP). This strategy has been critical in the face ofto approximately 1.7 million new infections in 2018 and in the absence of an effective HIV vaccine. Notwithstanding this advance, significant scientific challenges remain for the optimal implementation of PrEP, and novel approaches are still needed (1). In the United States, currently approved PrEP consists of a single pill containing two antiretroviral drugs taken daily. While this regimen substantially reduces the risk of HIV-1 acquisition, PrEP has still not reached the majority of at-risk individuals, even in resource-rich settings (2). Comprehensive preventive services are a cornerstone of the Department of Health and Human Services strategic plan to end the HIV epidemic (3), and PrEP is the biomedical intervention currently available. Preventive interventions are at the intersection of medical and behavioral science, and their rollout can highlight disparities in health care access. PrEP is no different, requiring rigorous efforts to achieve its potential equitably across diverse groups. We propose that PrEP offers a window into the efforts to end the HIV epidemic while also illuminating the tension between .... © 2019 American Society for Clinical Investigation. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Seekaew P.; Pengnonyang S.; Jantarapakde J.; Meksena R.; Sungsing T.; Lujintanon S.; Mingkwanrungruangkit P.; Sirisakyot W.; Tongmuang S.; Panpet P.; Sumalu S.; Potasin P.; Kantasaw S.; Patpeerapong P.; Mills S.; Avery M.; Chareonying S.; Phanuphak P.; Vannaki R.; Phanuphak N.	Discordance between self-perceived and actual risk of HIV infection among men who have sex with men and transgender women in Thailand: a cross-sectional assessment	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25430	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076944216&doi=10.1002%2fjia2.25430&partnerID=40&md5=e5a172d9d7a34fa9f2918bdc96afd382	Introduction: Low uptake of HIV testing and services, including pre-exposure prophylaxis (PrEP), in Thai men who have sex with men (MSM) and transgender women (TGW) may be due to the inaccuracy in self-risk assessment. This study investigated the discordance between self-perceived HIV risk and actual risk. Methods: Data were obtained between May 2015 and October 2016 from MSM and TGW enrolled in key population-led Test and Treat study in six community health centres in Thailand. Eligible participants were at least 18 years old, Thai national, had sex with men, had unprotected sex with a man in the past six months or had at least three male sex partners in the past six months, and were not known to be HIV positive. Baseline demographic behavioural characteristics questionnaires, including self-perceived HIV risk, were self-administered. Participants received HIV/STI (syphilis/gonorrhoea/chlamydia) testing at baseline. Participants who self-perceived to have low risk, but engaged in HIV-susceptible practices were categorized as having risk discordance (RD). Regression was conducted to assess factors associated with RD among MSM and TGW separately. Results: Of the 882 MSM and 406 TGW participants who perceived themselves as having low HIV risk, over 80% reported at least one of the following: tested HIV positive, engaged in condomless sex, tested positive for a sexually transmitted infection (STI), or used amphetamine-type stimulants. Logistic regression found that living with a male partner (p = 0.005), having never tested for HIV (p = 0.045), and living in Bangkok (p = 0.01) and Chiang Mai (p < 0.001) were associated with increased risk discordance among MSM. Living with a male partner (p = 0.002), being less than 17 years old at sexual debut (p = 0.001), and having a low knowledge score about HIV transmission (p < 0.001) were associated with increased risk discordance among TGW. However, for TGW, being a sex worker decreased the chance of risk discordance (p = 0.034). Conclusions: Future HIV prevention messages need to fill in the gap between self-perceived risk and actual risk in order to help HIV-vulnerable populations understand their risk better and proactively seek HIV prevention services. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV infection; HIV prevention; men who have sex with men; risk discordance; risk perception; transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2019	Seekaew, Pich; Nguyen, Ezie; Sungsing, Thanthip; Jantarapakde, Jureeporn; Pengnonyang, Supabhorn; Trachunthong, Deondara; Mingkwanrungruang, Pravit; Sirisakyot, Waraporn; Phiayura, Pattareeya; Panpet, Phubet; Meekrua, Phathranis; Praweprai, Nanthika; Suwan, Fonthip; Sangtong, Supakarn; Brutrat, Pornpichit; Wongsri, Tashada; Nakorn, Panus Rattakittvijun Na; Mills, Stephen; Avery, Matthew; Vannakit, Ravipa; Phanuphak, Praphan; Phanuphak, Nittaya	Correlates of nonadherence to key population-led HIV pre-exposure prophylaxis services among Thai men who have sex with men and transgender women.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-019-6645-0	https://pubmed.ncbi.nlm.nih.gov/30898095/	BACKGROUND: Based on government estimates from the Asian Epidemic Model, new infections among men who have sex with men (MSM) and transgender women (TGW) in Thailand are forecast to proportionally increase over time. Daily oral Pre-exposure Prophylaxis (PrEP) protects against HIV acquisition when used as prescribed. The "Princess PrEP" program is the first key population-led (PrEP) initiative under Thai royal patronage with an aim to scale up countrywide implementation of PrEP. METHODS: Retention in and adherence to key population-led HIV PrEP services among HIV-uninfected Thai MSM and TGW was examined in four provinces: Bangkok, Chonburi, Chiang Mai, and Songkhla. HIV, HBsAg, creatinine tests, and self-administered questionnaires were performed during baseline measures. Participants were followed up after month 1, at month 3, then every 3 months. Correlates of nonadherence and loss to follow up at 1 month were assessed using linear regression models. RESULTS: 37.4% of the participants reported low adherence to services (≤ 3 pills/week or missed clinic schedule at month 1). Factors associated with low adherence included younger age (25 years and under) (adjusted odds ratio (aOR): 1.49, 95% confidence interval (95% CI: 1.01-2.21, p = 0.044), being a TGW (aOR: 2.2, 95% CI: 1.27-3.83, p = 0.005), and whether the participant had not previously accessed services at the clinic (aOR = 1.68, 95% CI: 1.03-2.76, p = 0.04). Additionally, participants in Chonburi (the only TGW site) showed significantly lower adherence than those in the other three provinces (aOR: 2.91, 95% CI: 1.55-5.45, p = 0.001). CONCLUSION: Urgent, innovative interventions for early PrEP adherence support among vulnerable sub-populations such as younger users, TGW, and new clients are needed to maximize prevention strategy in Thailand.	Adult; Humans; Male; Young Adult; Female; HIV Infections/*prevention & control; Risk Factors; Thailand; Medication Adherence/*statistics & numerical data; HIV prevention; Pre-Exposure Prophylaxis/*statistics & numerical data; MSM; Pre-exposure prophylaxis; Homosexuality, Male/*psychology/statistics & numerical data; PrEP adherence; Transgender Persons/*psychology/statistics & numerical data; Transgender women; Key population-led	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2019	Serota D.P.; Rosenberg E.S.; Thorne A.L.; Sullivan P.S.; Kelley C.F.	Lack of health insurance is associated with delays in PrEP initiation among young black men who have sex with men in Atlanta, US: a longitudinal cohort study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25399	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072966567&doi=10.1002%2fjia2.25399&partnerID=40&md5=ede89cca9138657e00c11675a9e081d9	Introduction: Delays between receiving a PrEP prescription and taking a first dose increase the risk of HIV infection. This is especially relevant in populations with high HIV incidence, such as young black men who have sex with men (YBMSM) in the United States. Additionally, YBMSM have relatively low levels of health insurance. We investigated whether lack of health insurance and reliance on PrEP funding through the manufacturer assistance programme (MAP) leads to delays in initiation of PrEP. Methods: HIV-negative YBMSM were offered PrEP as part of a prospective cohort. Enrolment began in June 2015 with follow-up through February 2019. Interested participants attended a PrEP clinician visit and received a prescription. Those with health insurance received a copay assistance card; those without insurance accessed PrEP using the MAP. The primary outcome was the days between prescription and initiation. The effect of insurance status on this delay was modelled using a Cox proportional hazards model. Results and Discussion: The median delay between receipt of a PrEP prescription and taking a first dose was 12 days (IQR 3 to 32). Compared to uninsured participants, the adjusted hazard ratio for PrEP initiation for those with insurance was 2.72 (95% CI 1.82 to 4.06). The adjusted median time to initiation for insured participants was 5 days versus 21 days for those without insurance (p < 0.0001). Older age and STI diagnosis were also associated with faster PrEP initiation. Despite equivalent access to PrEP provided by the study, YBMSM without insurance had longer delays in initiation after receipt of a prescription. Overall, the observed delay in PrEP initiation increases the chances of HIV infection and the possibility of PrEP initiation after undetected seroconversion. Conclusions: The extended time period between PrEP prescription and taking a first dose increases the risk of HIV transmission. Younger YBMSM and those without health insurance had longer delays in PrEP initiation. Immediate PrEP initiation programmes could decrease the likelihood of this occurrence and mitigate the disparity in initiation between those with and without health insurance. Clinical Trial Number: NCT02503618. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adolescent health; health disparity; health insurance; PrEP; sexually transmitted infections; young black men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Sevelius J.; Murray L.R.; Martinez Fernandes N.; Veras M.A.; Grinsztejn B.; Lippman S.A.	Optimising HIV programming for transgender women in Brazil	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2018.1496277	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055875875&doi=10.1080%2f13691058.2018.1496277&partnerID=40&md5=2daabae4ff80a0e4d4db5a5fcd146afd	In Brazil, little data is available to inform HIV prevention programming for travestis and transgender ('trans') women, despite the existence of a social movement that has gained strength in recent years. We conducted formative research in Rio de Janeiro to gather trans women's perspectives on combination HIV prevention approaches. Framing the analysis within the model of gender affirmation, we found that several social and contextual factors inhibited participants' access to HIV prevention and treatment. Experienced and anticipated gender-related discrimination and HIV stigma were linked to the avoidance of HIV testing, health services and HIV status disclosure. Participants recommended HIV prevention interventions which combined socio-structural interventions, such as peer-based empowerment and social support, with biomedical interventions such as pre-exposure prophylaxis (PrEP). Participants expressed a preference for programmes and interventions that emphasised a gender-affirmative approach, promoted autonomy and aimed to reduce stigma and discrimination in public health services. © 2018, © 2018 Informa UK Limited, trading as Taylor & Francis Group.	Brazil; HIV prevention; HIV treatment; programme development; Transgender women; travesti	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Sewell J.; Cambiano V.; Speakman A.; Lampe F.C.; Phillips A.; Stuart D.; Gilson R.; Asboe D.; Nwokolo N.; Clarke A.; Rodger A.J.	Changes in chemsex and sexual behaviour over time, among a cohort of MSM in London and Brighton: Findings from the AURAH2 study	International Journal of Drug Policy	-	-	-	-	9553959	10.1016/j.drugpo.2019.03.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064276891&doi=10.1016%2fj.drugpo.2019.03.021&partnerID=40&md5=3e6f7f00d2a11611dc14a6380efbfac7	Background: Recent evidence has suggested that chemsex (the use of mephedrone, crystal methamphetamine and γ -hydroxybutyrate/ γ -butyrolactone (GHB/GBL) to enable, enhance and prolong sexual interactions) has increased among men having sex with men (MSM) attending sexual health clinics in large UK cities. To date there has been no data from the UK or Europe that describes changes in chemsex over time within a cohort of MSM. Methods: The prospective cohort study, Attitudes to and Understanding Risk of Acquisition of HIV over Time (AURAH2), collected online questionnaire data from HIV negative or undiagnosed MSM (at enrolment) from 2015 to 2018, recruited from sexual health clinics. We aim to investigate changes in chemsex, three individual drugs associated with chemsex, frequency of chemsex sessions and measures of sexual behaviour, among the cohort of MSM over the study's 3 year follow-up period. Results: In total 622 MSM completed at least one online questionnaire for the AURAH2 study, of which 400 (64.3%) were still engaged with the study within the last six months of follow-up. Prevalence of chemsex significantly declined during the follow-up from 31.8% (198/622) at the first online questionnaire, to 11.1% (8/72; p < 0.001) at the 9th. This decline was reflected in the proportion of MSM reporting use of two of the three individual chemsex drugs: mephedrone use had significantly declined from 25.2% at the first online questionnaire to 9.7% (p < 0.001) at the 9th, GHB/GBL use had also declined from 19.9% to 8.3% (p = 0.001). While crystal methamphetamine use declined, but not significantly (11.1%–6.9% p = 0.289). Most measures of sexual behaviour (any anal sex, group sex, recent HIV test and bacterial STI) also tended to decline over the follow-up period, with the exception of CLAI with more than one and more than two partners. Conclusions: Chemsex and use of two individual chemsex drugs (mephedrone and GHB/GBL) significantly declined over time among individuals in the study, alongside most measures of sexual behaviour with the exception of those related to CLAI. Focusing health promotion and HIV prevention, such as awareness of post-exposure prophylaxis (PEP) and access to pre-exposure prophylaxis (PrEP), on MSM that report chemsex, and in particular problematic chemsex, would be highly beneficial, potentially necessary for a relatively short period of time for individuals, and could have long term benefits for HIV and STI prevention. © 2019 The Authors	Chemsex; Cohort; Condomless sex; HIV prevention; Longitudinal; Men who have sex with men; Sexual behaviour; Sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2019	Shah M.; Gillespie S.; Holt S.; Morris C.R.; Camacho-Gonzalez A.F.	Acceptability and barriers to HIV pre-exposure prophylaxis in atlanta's adolescents and their parents	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2019.0109	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072945507&doi=10.1089%2fapc.2019.0109&partnerID=40&md5=9fe5dcfd0781344a390c63ad996517c7	Adolescents aged 13-24 years account for 23% of new HIV infections in Atlanta, indicating need for better HIV prevention strategies in this population. Pre-exposure prophylaxis (PrEP) is now approved for adolescent use. This study aims to understand the acceptability of and barriers to PrEP in adolescents and parents. We administered PrEP acceptability and barrier measures to HIV(-) 13-17 year olds and their parents from January to April 2016 in an adolescent clinic and emergency department in Atlanta, GA, stratifying by adolescent sexual activity. Acceptability scores (AS) and barrier scores (BS) were calculated by averaging survey answers 1-3. For AS, 1 was very unlikely to accept PrEP; concomitantly, BS near 1 indicated fewer barriers. Two-sample hypothesis testing, Pearson correlations, and linear regression were used. Of the 102 adolescent/parent dyads, 67% of adolescents were female, 94% black, with a mean age of 15.7 ± 1.5 years, and 31% were sexually active. Parents were 94% female, 96% black, with a mean age of 42.4 ± 8.9 years. AS averaged between somewhat to very likely to accept PrEP (2.4 ± 0.5 and 2.2 ± 0.6) in adolescents and parents, respectively. BS averaged between unlikely and somewhat likely to perceive barriers to PrEP (2.0 ± 0.4 and 1.9 ± 0.5) in adolescents and parents, respectively. The adolescent/parent dyad is likely to accept PrEP, regardless of sexual activity. Limitations include that nearly 70% of adolescents were not sexually active, and the study was conducted before PrEP approval by the Food and Drug Administration for those who are younger than 18 years. These results support future parent and adolescent education on PrEP. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	adolescent; parent; parental perspective; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Shaik, JSB; Ford, SL; Lou, Y; Zhang, ZP; Bakshi, KK; Tenorio, AR; Trezza, C; Spreen, WR; Patel, P	A Phase 1 Study to Evaluate the Pharmacokinetics and Safety of Cabotegravir in Patients With Hepatic Impairment and Healthy Matched Controls	Clinical Pharmacology in Drug Development	-	-	-	-	2160-7648	10.1002/cpdd.655	https://pubmed.ncbi.nlm.nih.gov/30811880/	Cabotegravir is an investigational integrase inhibitor in development for the treatment and pre-exposure prophylaxis of HIV-1 infection. Liver disease is a major cause of morbidity and mortality in HIV-infected individuals and can impact the pharmacokinetics (PK) of HIV medications. This phase 1 study evaluated the PK of cabotegravir in individuals with moderate hepatic impairment (n = 8) versus healthy controls (n = 8). Participants received a single oral cabotegravir 30-mg tablet and underwent PK sampling to determine total and unbound plasma cabotegravir concentrations. Calculated geometric least-squares mean ratios (90% confidence intervals) for individuals with hepatic impairment versus healthy controls were 0.73 (0.50-1.06) for AUC(0-infinity), 0.69 (0.51-0.93) for C-max, 1.40 (0.80-2.46) for unbound concentration (CU) 2 hours postdose, 1.55 (0.82-2.94) for CU at 24 hours, 2.14 (1.57-2.90) for unbound fraction (FU) at 2 hours, and 1.90 (1.14-3.18) for FU at 24 hours. Adverse events (AEs) occurred in 2 individuals with hepatic impairment and 3 healthy controls and were grade 1/2 in severity. No participant discontinued because of AEs. Increased FU resulted in a modest decrease in total plasma exposure not considered clinically relevant. We conclude that cabotegravir may be administered without dose adjustment in patients with mild to moderate hepatic impairment.	HIV; pharmacokinetics; GSK1265744; cabotegravir; PLASMA; DOLUTEGRAVIR; RILPIVIRINE; ADULTS; METABOLISM; 2B; EXCRETION; hepatic impairment; protein binding; SERUM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Sharma A.; Stephenson R.; Sallabank G.; Merrill L.; Sullivan S.; Gandhi M.	Acceptability and feasibility of self-collecting biological specimens for HIV, sexually transmitted infection, and adherence testing among high-risk populations (project caboodle!): Protocol for an exploratory mixed-methods study	JMIR Research Protocols	-	-	-	-	19290748	10.2196/13647	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067417176&doi=10.2196%2f13647&partnerID=40&md5=0e7fca97b60c7f9312be9264cedfe2c2	Background: Men who have sex with men (MSM) in the United States experience a disproportionate burden of HIV and bacterial sexually transmitted infections (STIs), such as gonorrhea and chlamydia. Screening levels among MSM remain inadequate owing to barriers to testing such as stigma, privacy and confidentiality concerns, transportation issues, insufficient clinic time, and limited access to health care. Self-collection of specimens at home and their return by mail for HIV and bacterial STI testing, as well as pre-exposure prophylaxis (PrEP) adherence monitoring, could be a resource-efficient option that might mitigate some of these barriers. Objective: Project Caboodle! is a mixed-methods study that explores the acceptability and feasibility of self-collecting and returning a bundle of 5 different specimens for HIV and bacterial STI testing, as well as PrEP adherence monitoring, among sexually active HIV-negative or unknown status MSM in the United States aged 18 to 34 years. Methods: Participants will be recruited using age, race, and ethnicity varied advertising on social networking websites and mobile gay dating apps. In Phase 1, we will send 100 participants a box containing materials for self-collecting and potentially returning a finger-stick blood sample (for HIV testing), pharyngeal swab, rectal swab, and urine specimen (for gonorrhea and chlamydia testing), and hair sample (to assess adequacy for potential PrEP adherence monitoring). Specimen return will not be incentivized, and participants can choose to mail back all, some, or none of the specimens. Test results will be delivered back to participants by trained counselors over the phone. In Phase 2, we will conduct individual in-depth interviews using a video-based teleconferencing software (VSee) with 32 participants from Phase 1 (half who returned all specimens and half who returned some or no specimens) to examine attitudes toward and barriers to completing various study activities. Results: Project Caboodle! was funded in May 2018, and participant recruitment began in March 2019. The processes of designing a study logo, creating advertisements, programming Web-based surveys, and finalizing step-by-step written instructions accompanied by color images for specimen self-collection have been completed. The boxes containing 5 self-collection kits affixed with unique identification stickers are being assembled, and shipping procedures (for mailing out boxes to participants and for specimen return by participants using prepaid shipping envelopes) and payment procedures for completing the surveys and in-depth interviews are being finalized. Conclusions: Self-collection of biological specimens at home and their return by mail for HIV and bacterial STI testing, as well as PrEP adherence monitoring, might offer a practical and convenient solution to improve comprehensive prevention efforts for high-risk MSM. The potentially reduced time, expense, and travel associated with this approach could facilitate a wider implementation of screening algorithms and remote monitoring strategies. © Akshay Sharma, Rob Stephenson, Gregory Sallabank, Leland Merrill, Stephen Sullivan, Monica Gandhi.	HIV infections; Pre-exposure prophylaxis; Sexual minorities; Sexually transmitted diseases; Social networking	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Shea J.; Bula A.; Dunda W.; Hosseinipour M.C.; Golin C.E.; Hoffman I.F.; Miller W.C.; Go V.F.; Lungu T.; Lancaster K.E.	"The drug will help protect my tomorrow": Perceptions of integrating prep into hiv prevention behaviors among female sex workers in Lilongwe, Malawi	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2019.31.5.421	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072613416&doi=10.1521%2faeap.2019.31.5.421&partnerID=40&md5=becabdf711baca75a1ea97f5a3979a1c	Female sex workers (FSW) are disproportionately at risk for HIV. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, yet approaches for incorporating PrEP within prevention strategies used by FSW are lacking. Semistructured focus group discussions were conducted with 44 HIV-negative FSW in Lilongwe, Malawi to explore perceptions of PrEP: acceptability, integration within HIV prevention behaviors, and barriers to use. Acceptability of PrEP was high. Motivation to use PrEP was rooted in love for one's life, anticipated negative economic effects associated with HIV acquisition. PrEP was viewed as complementary to existing norms for engaging in healthy sexual behaviors. Many felt PrEP may provide extra protection from HIV, along with condoms and frequent STI testing. Unpredictable daily lives, stigma, and side effects were barriers that could affect PrEP use. Leveraging existing HIV prevention strategies and social norms surrounding HIV prevention behaviors may positively impact PrEP uptake among FSW in Malawi and sub-Saharan Africa. © 2019 The Guilford Press.	Female sex workers; HIV/AIDS; Pre-exposure prophylaxis; Prevention; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2019	Shen M.; Xiao Y.; Rong L.; Zhuang G.	Global dynamics and cost-effectiveness analysis of HIV pre-exposure prophylaxis and structured treatment interruptions based on a multi-scale model	Applied Mathematical Modelling	-	-	-	-	0307904X	10.1016/j.apm.2019.05.024	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066429672&doi=10.1016%2fj.apm.2019.05.024&partnerID=40&md5=6ed6fd66f7d71621942a5a85d54d862f	Structured treatment interruptions (STI) were proposed to reduce costs and side effects for HIV infected individuals, but whether the possible viral rebound within hosts after treatment interruption would lead to more new infections and additional costs among the population remains unknown. Oral pre-exposure prophylaxis (PrEP) is shown as an effective but expensive strategy to prevent the acquisition of HIV infection. To investigate the effectiveness and cost-effectiveness of STI and PrEP, we develop a multi-scale model linking within-host and between-host dynamics in the presence of drug resistance. Lyapunov functionals are constructed to analyze the global dynamics of the coupled system. We fit this model to the annual AIDS incidence and death data from 1980 to 2014 among men who have sex with men (MSM) in San Francisco and compare the impact of six various intervention scenarios (low, medium, high PrEP coverage with or without STI) on new infections and cost-effectiveness over the next 20 years. We estimate the PrEP efficacy needed to eliminate the disease for different fraction of acquired drug resistance under the above six scenarios. Numerical simulations show that expanding PrEP coverage is very cost-effective, but whether implementing STI is cost-saving depends on the efficacy of second-line drugs. That is to say, STI could always save money, but it may lead to more (less) new infections than continuous therapy and thus less (more) health benefit for high (low) efficacy of second-line drugs. These results provide insights about the long-term effect of STI and PrEP on the disease control and cost-effectiveness. © 2019 Elsevier Inc.	Cost-effectiveness; Global dynamics; Multi-scale HIV model; Pre-exposure prophylaxis; Second-line drug efficacy; Structured treatment interruptions	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Sherman, Susan G; Schneider, Kristin E; Park, Ju Nyeong; Allen, Sean T; Hunt, Derrick; Chaulk, C Patrick; Weir, Brian W	PrEP awareness, eligibility, and interest among people who inject drugs in Baltimore, Maryland	Drug and Alcohol Dependence	-	-	-	-	0376-8716	10.1016/j.drugalcdep.2018.08.014	https://www.proquest.com/scholarly-journals/prep-awareness-eligibility-interest-among-people/docview/2186802388/se-2?accountid=8113	Background Limited research has examined pre-exposure prophylaxis (PrEP) interest among people who inject drugs (PWID). To date, few studies have examined the relationship between PrEP eligibility and PrEP interest among PWID. Methods Data were from an anonymous, cross-sectional survey of Baltimore Syringe Services Program (SSP) clients and non-client peers, restricted to HIV-uninfected participants (N = 265). Participants were classified as PrEP eligible/ineligible based on injection related criteria outlined in the CDC's PrEP guidelines. Participants were asked if they were previously aware of PrEP, would be interested in taking PrEP, and the ease of taking PrEP daily. Participants self-reported their sociodemographic characteristics, health diagnoses, and recent drug use, overdose, and drug treatment history. We estimated bivariate and multivariate logistic regression models to test for significant predictors of interest in PrEP. Results One-quarter of PWID had previously heard of PrEP and 63% of the sample was interested in taking PrEP. Only two respondents were currently taking PrEP. The majority (89%) thought taking PrEP every day would be easy. In the presence of other variables, PrEP interest was associated with PrEP eligibility (adjusted odds ratio aOR = 2.46; 95% Confidence Interval CI:1.34,4.50) and the number of medical diagnoses (aOR = 1.16; 95% CI:1.01,1.33) Conclusions Most PWID were unaware of PrEP but interested in taking it. PWID who were eligible for PrEP are more likely to be interested in taking it. Having co-morbid conditions was an important correlate of PrEP interest. These results underscore the importance of providers across the healthcare sector engaging PWID in discussions about PrEP.	Pre-exposure prophylaxis; Health care; Public health; Prophylaxis; Injection; Sociodemographics; Drug abuse; Statistical analysis; Drugs; Eligibility; Bivariate analysis; Regression analysis; Overdose; Injection drug use; Substance abuse treatment; Human immunodeficiency virus--HIV; Regression models; United States--US; Drug Abuse And Alcoholism; Confidence intervals; Medical treatment; Baltimore Maryland	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Shieh E.; Marzinke M.A.; Fuchs E.J.; Hamlin A.; Bakshi R.; Aung W.; Breakey J.; Poteat T.; Brown T.; Bumpus N.N.; Hendrix C.W.	Transgender women on oral HIV pre-exposure prophylaxis have significantly lower tenofovir and emtricitabine concentrations when also taking oestrogen when compared to cisgender men	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074696904&doi=10.1002%2fjia2.25405&partnerID=40&md5=6ac970eb6426fcf6a0899f9d6d61410	Introduction: Oral HIV Pre-Exposure Prophylaxis (PrEP) with tenofovir (TFV) disoproxil fumarate (TDF)/emtricitabine (FTC) is highly effective. Transgender women (TGW) have increased HIV risk, but have been underrepresented in trials. For TGW on oestrogens for gender-affirming hormone treatment (GAHT), TDF/FTC-oestrogen interactions may negatively affect HIV prevention or gender-affirming goals. Our aim was to evaluate any pharmacokinetic drug-drug interaction between GAHT and TDF/FTC. Methods: We performed a pharmacokinetic study, in an urban outpatient setting in 2016 to 2018, of the effects of GAHT on TFV, FTC and the active forms TFV diphosphate (TFV-DP) and FTC triphosphate (FTC-TP) in eight TGW and eight cisgender men (CGM). At screening, participants were HIV negative. TGW were to maintain their GAHT regimens and have plasma oestradiol concentrations >100 pg/mL. Under direct observation, participants took oral TDF/FTC daily for seven days. At the last dose, blood was collected pre-dose, one, two, four, six, eight and twenty-four hours, and colon biopsies were collected at 24 hours to measure drug concentration. TGW versus CGM concentration comparisons used non-parametric tests. Blood and colon tissue were also obtained to assess kinase expression. Results: Plasma TFV and FTC C24 (trough) concentrations in TGW were lower by 32% (p = 0.010) and 32% (p = 0.038) respectively, when compared to CGM. Plasma TFV and FTC 24-hr area under the concentration-time curve in TGW trended toward and was significantly lower by 27% (p = 0.065) and 24% (p = 0.028) respectively. Peak plasma TFV and FTC concentrations, as well as all other pharmacokinetic measures, were not statistically significant when comparing TGW to CGM. Oestradiol concentrations were not different comparing before and after TDF/FTC dosing. Plasma oestrogen concentration, renal function (estimated creatinine clearance and glomerular filtration rate), and TFV and FTC plasma concentrations (trough and area under the concentration-time curve) were all correlated. Conclusions: GAHT modestly reduces both TFV and FTC plasma concentrations. In TGW taking GAHT, it is unknown if this reduction will impact the HIV protective efficacy of a daily PrEP regimen. However, the combination of an on demand (2 + 1 + 1) PrEP regimen and GAHT may result in concentrations too low for reliable prevention of HIV infection. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	drug-drug interaction; emtricitabine; gender-affirming hormonal treatment; HIV pre-exposure prophylaxis; tenofovir; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Shover C.L.; Shoptaw S.; Javanbakht M.; Lee S.-J.; Bolan R.K.; Cunningham N.J.; Beymer M.R.; DeVost M.A.; Gorbach P.M.	Mind the gaps: prescription coverage and HIV incidence among patients receiving pre-exposure prophylaxis from a large federally qualified health center in Los Angeles, California: Mind the Gaps: Cobertura de recetas e incidencia de VIH entre pacientes recibiendo profilaxis pre-exposición de un centro de salud grande y federalmente calificado en Los Ángeles, CA	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02493-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064339833&doi=10.1007%2fs10461-019-02493-w&partnerID=40&md5=a6b790997ede058dec36c1fd8e8c49bb	We conducted a records-based cohort study of patients who initiated pre-exposure prophylaxis (PrEP) at a large federally qualified health center in Los Angeles, CA to characterize patterns of PrEP use, identify correlates of PrEP discontinuation, and calculate HIV incidence. Of 3121 individuals initiating PrEP between 2014 and 2017, 42% (n = 1314) were active (i.e., had a current PrEP prescription) in April 2018. HIV incidence was 0.1/100 person-years among active PrEP patients, compared to 2.1/100 person-years among patients who discontinued. Compared to patients accessing PrEP through government programs with no prescription copay, risk of discontinuation was higher among those with private insurance (ARR = 1.4, 95% CI 1.2, 1.7), or no insurance (ARR = 4.5, 95% CI 3.2, 6.4). Sixty-three percent of active PrEP patients had gaps between PrEP prescriptions, averaging one gap per year (median length = 65 days). Increasing access to free or low-cost PrEP can improve PrEP continuity. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Health insurance; HIV incidence; HIV prevention; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Shrestha R.; Altice F.L.; Sibilio B.; Ssenyonjo J.; Copenhaver M.M.	Rationale and design of an integrated bio-behavioral approach to improve adherence to pre-exposure prophylaxis and HIV risk reduction among opioid-dependent people who use drugs: The CHRP-BB study	Contemporary Clinical Trials	-	-	-	-	15517144	10.1016/j.cct.2019.06.012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067699045&doi=10.1016%2fj.cct.2019.06.012&partnerID=40&md5=ffee8d7afda5529e3d2fc39af30ffc75	Background: Few primary HIV prevention strategies have successfully integrated both behavioral and biomedical components, with modest HIV risk reduction outcomes among opioid-dependent people who use drugs (PWUD). In response to this unmet need, we developed a brief, bio-behavioral intervention to simultaneously promote PrEP adherence and reduce HIV risk among opioid-dependent PWUD. Methods: Using a Hybrid Type I implementation science design, we will examine the efficacy of the integrated bio-behavioral, Community-friendly Health Recovery Program (CHRP-BB) compared to a time-and-attention matched control condition among HIV-negative, opioid-dependent PWUD who are prescribed PrEP and enrolled in a methadone maintenance program (MMP) using a randomized controlled trial (RCT). Participants are assessed at baseline, immediately post-intervention (8 weeks) and follow-ups at weeks 20, 32, and 44 post-intervention. The primary outcome is biomedical (PrEP adherence), with secondary outcomes including behavioral (self-reported drug- and sex-related HIV risk behaviors), ongoing drug use (confirmed with urine drug testing), and related domains of the theoretical information-motivation-behavioral skills (IMB) model of behavior change related to PrEP adherence and HIV-transmission-risk reduction. Additionally, we will conduct a process evaluation of delivery/implementation of the intervention to collect valuable information to be used in future implementation. Conclusions: This study will be among the first prospective trial to test an integrated bio-behavioral intervention to improve adherence to PrEP and HIV risk reduction among opioid-dependent PWUD. © 2019 Elsevier Inc.	Biobehavioral interventions; CHRP-BB; HIV prevention; Methadone maintenance program; People who use drugs; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Siegel K.; Meunier É.	Awareness and Perceived Effectiveness of HIV Treatment as Prevention Among Men Who Have Sex with Men in New York City	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02405-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061031493&doi=10.1007%2fs10461-019-02405-y&partnerID=40&md5=6d71011fa4a7bb0cc764004ea431a1be	To assess perceptions of HIV treatment as prevention (TasP), we conducted an online survey of MSM in New York City (n = 732) asking them to rate the effectiveness of different strategies to reduce HIV risk during serodiscordant condomless anal sex between men. Only 6.1% reported not knowing what TasP was, with significantly less awareness among non-gay-identified MSM, men with less education, men who reported fewer anal sex partners in the prior 3 months, and HIV-negative/unaware men who had never used PrEP. The strategy most frequently perceived to offer "a lot" or "complete" protection from HIV was daily PrEP (70.0%), followed by TasP (39.1%), intermittent PrEP (16.6%), strategic positioning (15.8%), and withdrawal before ejaculation (10.8%). Men who were HIV positive, who had ever used PrEP, and who identified as gay/homosexual were significantly more likely to see TasP as effective. Further studies should investigate MSM's apparent skepticism towards TasP. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Men who have sex with men (MSM); Perceived effectiveness; Pre-exposure prophylaxis (PrEP); Treatment as prevention (TasP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Siegler A.J.; Bratcher A.; Weiss K.M.	Geographic access to preexposure prophylaxis clinics among men who have sex with men in the United States	American Journal of Public Health	-	-	-	-	900036	10.2105/AJPH.2019.305172	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070597124&doi=10.2105%2fAJPH.2019.305172&partnerID=40&md5=9aed64ff9e703cca02bea352c4a6971c	Objectives. To explore US geographic areas with limited access to HIV preexposure prophylaxis (PrEP) providers, PrEP deserts. Methods. We sourced publicly listed PrEP providers from a national database of PrEP providers from 2017 and obtained county-level urbanicity classification and population estimates of men who have sex with men (MSM) from public data. We calculated travel time from census tract to the nearest provider. We classified a census tract as a PrEP desert if 1-way driving time was greater than 30 or 60 minutes. Results. One in 8 PrEP-eligible MSM (108 758/844 574; 13%) lived in 30-minute-drive deserts, and a sizable minority lived in 60-minute-drive deserts (38 804/844 574; 5%). Location in the South and lower urbanicity were strongly associated with increased odds of PrEP desert status. Conclusions. A substantial number of persons at high risk for HIV transmission live in locations with no nearby PrEP provider. Rural and Southern areas are disproportionately affected. Public Health Implications. For maximum implementation effectiveness of PrEP, geography should not determine access. Programs to train clinicians, expand venues for PrEP care, and provide telemedicine services are needed. © 2019 American Public Health Association Inc.. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Siegler A.J.; Brock J.B.; Hurt C.B.; Ahlschlager L.; Dominguez K.; Kelley C.F.; Jenness S.M.; Wilde G.; Jameson S.B.; Bailey-Herring G.; Mena L.A.	An electronic pre-exposure prophylaxis initiation and maintenance home care system for nonurban young men who have sex with men: Protocol for a randomized controlled trial	JMIR Research Protocols	-	-	-	-	19290748	10.2196/13982	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070622003&doi=10.2196%2f13982&partnerID=40&md5=28d0e27feae2c34d04470660c59041a8	Background: Pre-exposure prophylaxis (PrEP) is highly efficacious for preventing HIV but has not yet been brought to scale among at-risk persons. In several clinical trials in urban areas, technology-based interventions have shown a positive impact on PrEP adherence. In rural and small-town areas in the United States, which often do not have geographically proximal access to PrEP providers, additional support may be needed. This may be particularly true for younger persons who are more likely to face multiple barriers to accessing PrEP services. Home-based care, accomplished through a tailored mobile phone app, specimen self-collection (SSC), and interactive video consultations, could increase both PrEP initiation and persistence in care. Objective: The goal of this study is to assess the initiation and persistence in PrEP care for those randomized to a home-care intervention (electronic PrEP, ePrEP) relative to those assigned to the standard of care (control) condition. We will conduct additional assessments, including quantitative and qualitative analyses, to contextualize trial results and facilitate scale-up. Methods: This 2-arm, randomized controlled trial will enroll young men who have sex with men (YMSM) aged between 18 and 24 years from rural areas of Georgia, Mississippi, and North Carolina. The trial will seek to recruit a diverse sample, targeting 50% participation among highly impacted groups of black or Latino men who have sex with men. Intervention participants will receive a study app that incorporates a messaging platform, a scheduling and milestone-based tracking system for PrEP care progress, electronic behavioral surveys, and interactive video consultations with a clinician. Complemented by SSC kits mailed to laboratories for standard PrEP-related monitoring, the ePrEP system will allow participants to access PrEP care without leaving their homes. YMSM randomized to the control condition will receive a listing of nearest local PrEP providers to receive standard PrEP care. Both groups will complete quarterly electronic surveys. The primary outcome, assessed at 6 and 12 months after randomization, will be the difference in the proportion of intervention versus control participants that achieve protective levels of the active metabolite of oral PrEP (tenofovir diphosphate in dried blood spots). Results: Enrollment will begin in May 2019, with study completion in 2022. Conclusions: This trial will determine whether home PrEP care provided through an app-based platform is an efficacious means of expanding access to PrEP care for a diverse group of YMSM in rural and small-town areas of the United States. © Aaron J Siegler, James B Brock, Christopher B Hurt, Lauren Ahlschlager, Karen Dominguez, Colleen F Kelley, Samuel M Jenness, Gretchen Wilde, Samuel B Jameson, Gina Bailey-Herring, Leandro A Mena.	MHealth; Mobile apps; Pre-exposure prophylaxis; Prevention; Sexual and gender minorities; Smartphone; Telehealth; Telemedicine	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Siegler A.J.; Mayer K.H.; Liu A.Y.; Patel R.R.; Ahlschlager L.M.; Kraft C.S.; Fish R.; Wiatrek S.E.; Sullivan P.S.	Developing and Assessing the Feasibility of a Home-based Preexposure Prophylaxis Monitoring and Support Program	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciy529	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055693225&doi=10.1093%2fcid%2fciy529&partnerID=40&md5=15fd647cc1fb0c30f426255ce487d2c9	We piloted PrEP@Home, a preexposure prophylaxis system of remote laboratory and behavioral monitoring designed to replace routine quarterly follow-up visits with home care to reduce the patient and provider burden. The system was highly acceptable and in-demand for future use, and more than onethird of participants reported greater likelihood of persisting in care if available. © The Author(s) 2018.	HIV prevention; Men who have sex with men; MSM; Preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2019	Siguier M.; Mera R.; Pialoux G.; Ohayon M.; Cotte L.; Valin N.; Ghosn J.; Cua E.; Pintado C.; Chas J.; Barriere G.; Durand F.; Molina J.M.	First year of pre-exposure prophylaxis implementation in France with daily or on-demand tenofovir disoproxil fumarate/emtricitabine	Journal of Antimicrobial Chemotherapy	-	-	-	-	3057453	10.1093/jac/dkz220	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072056543&doi=10.1093%2fjac%2fdkz220&partnerID=40&md5=f2af17a554ddf0f53ff5352985732c2d	Background: In January 2016, the French Medicine Agency initiated a Temporary Recommendation for Use (TRU) to allow the use of oral intake of tenofovir disoproxil fumarate and emtricitabine for pre-exposure prophylaxis (PrEP) in adults at high risk of HIV. We report the results of the first year of PrEP implementation in France. Methods: Data were collected by physicians using a secured web subject-monitoring interface, with two forms: an initiation form, with patients' baseline characteristics, and an HIV seroconversion form. Univariate and adjusted multivariate analysis using a logistic regression model were performed to identify baseline factors associated with on-demand PrEP regimen prescription. Results: From 4 January 2016 to 28 February 2017, 3405 subjects were enrolled, with 2774 initiation forms completed; 98.1% were male and 96.9% were MSM. An on-demand regimen was prescribed to 57% of subjects. Older age (OR for participants older than 50 years=1.76, 95% CI 1.35-2.3, P<0.001) and site of prescription (OR of former IPERGAY sites=2.28, 95% CI 1.84-2.83, P<0.001) were associated with on-demand prescription. Those reporting sexually transmitted infection (STI) and condomless anal sex with at least two different partners were less likely to receive on-demand PrEP (OR=0.68, 95% CI 0.57-0.82 and 0.75, 95% CI 0.57-0.98, respectively; P<0.05 for all). Four breakthrough HIV infections were reported during the study, in the context of PrEP interruption or acute infection at the time of PrEP initiation. Conclusions: In a real-life setting in France, PrEP was used, either daily or on-demand, mostly by MSM, with breakthrough infections being rare. © 2019 The Author(s) 2019. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2019	Singh, Kamal; Sarafianos, Stefan G; Sönnerborg, Anders	Long-Acting Anti-HIV Drugs Targeting HIV-1 Reverse Transcriptase and Integrase.	Pharmaceuticals	-	-	-	-	1424-8247	10.3390/ph12020062	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6631967	One of the major factors contributing to HIV-1 drug resistance is suboptimal adherence to combination antiretroviral therapy (cART). Currently, recommended cART for HIV-1 treatment is a three-drug combination, whereas the pre-exposure prophylaxis (PrEP) regimens consist of one or two antivirals. Treatment regimens require adherence to a once or twice (in a subset of patients) daily dose. Long-acting formulations such as injections administered monthly could improve adherence and convenience, and thereby have potential to enhance the chances of expected outcomes, although long-lasting drug concentrations can also contribute to clinical issues like adverse events and development of drug resistance. Globally, two long-acting antivirals have been approved, and fifteen are in clinical trials. More than half of investigational long-acting antivirals target HIV-1 reverse transcriptase (HIV-1 RT) and/or integrase (HIV-1 IN). Here, we discuss the status and potential of long-acting inhibitors, including rilpivirine (RPV), dapivirine (DPV), and 4-ethynyl-2-fluoro-2-deoxyadenosine (EFdA; also known as MK-8591), which target RT, and cabotegravir (CAB), which targets IN. The outcomes of various clinical trials appear quite satisfactory, and the future of long-acting HIV-1 regimens appears bright.	HIV-1; antivirals; integrase; long-acting formulation; reverse transcriptase	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Skovdal, M	Facilitating engagement with PrEP and other HIV prevention technologies through practice-based combination prevention	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25294	https://pubmed.ncbi.nlm.nih.gov/31328412/	Introduction: Recent years have witnessed a rapid expansion of efficacious biomedical HIV prevention technologies. Promising as they may be, they are largely delivered through standard, clinic-based models, often in isolation from structural and behavioural interventions. This contributes to varied, and often poor, uptake and adherence. There is a critical need to develop analytical tools that can advance our understandings and responses to the combination of interventions that affect engagement with HIV prevention technologies. This commentary makes a call for practice-based combination HIV prevention analysis and action, and presents a tool to facilitate this challenging but crucial endeavour. Discussion: Models and frameworks for combination HIV prevention already exist, but the process of identifying precisely what multi-level factors that need to be considered as part of a combination of HIV interventions for particular populations and settings is unclear. Drawing on contemporary social practice theory, this paper develops a "table of questioning" to help interrogate the chain and combination of multi-level factors that shape engagement with HIV prevention technologies. The tool also supports an examination of other shared social practices, which at different levels, and in different ways, affect engagement with HIV prevention technologies. It facilitates an analysis of the range of factors and social practices that need to be synchronized in order to establish engagement with HIV prevention technologies as a possible and desirable thing to do. Such analysis can help uncover local hitherto un-identified issues and provide a platform for novel synergistic approaches for action that are not otherwise obvious. The tool is discussed in relation to PrEP among adolescent girls and young women in sub-Saharan Africa. Conclusions: By treating engagement with HIV prevention technologies as a social practice and site of analysis and public health action, HIV prevention service planners and evaluators can identify and respond to the combination of factors and social practices that interact to form the context that supports or prohibits engagement with HIV prevention technologies for particular populations.	HIV prevention; PrEP; INFECTION; WOMEN; ADHERENCE; PREEXPOSURE PROPHYLAXIS; TRIALS; EXPERIENCES; HIV prevention technologies; combination prevention; innovations; social practice theory	English	United States	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Quantitative
Article	2019	Smith D.K.; Chang M.-H.; Duffus W.A.; Okoye S.; Weissman S.	Missed opportunities to prescribe preexposure prophylaxis in South Carolina, 2013-2016	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciy441	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85059262786&doi=10.1093%2fcid%2fciy441&partnerID=40&md5=d0588dd930e2d39dfcdf6191f3f95527	Background. Expanding use of preexposure prophylaxis (PrEP) in ways that address current racial/ethnic disparities is an important human immunodeficiency virus (HIV) prevention goal. We investigated missed opportunities to provide PrEP during healthcare visits that occur prior to HIV infection. Methods. This retrospective cohort study linked South Carolina HIV case surveillance data to 3 statewide healthcare databases. Characteristics of patients, healthcare visits and providers, sexually transmitted diseases (STDs), and other diagnoses were assessed for medical encounters occurring before an initial HIV diagnosis. Adjusted odds ratios were used to identify correlates of missed opportunities for PrEP provision. Results. Of 885 persons newly diagnosed during the study period, 586 (66%) had 4029 visits to a healthcare facility prior to their HIV diagnosis (mean of 6.9 visits) with missed opportunities for provision of PrEP. Emergency medicine-trained clinicians conducted (61%) and primary care clinicians (family practice or internal medicine) conducted 10% of visits. Also, 42% of visits were by persons who were uninsured or self-paid, 36% had public insurance, and 18% had commercial insurance. In multivariable analyses, being female, black, or aged <30 years were statistically significant predictors of having prior healthcare visits. Among persons with at least 1 healthcare visit prior to their HIV diagnosis, 28.5% had a diagnosis of gonorrhea, syphilis, or chlamydia at any visit. Conclusions. Healthcare visits occurring among persons who would benefit from provision of PrEP, especially persons with diagnosed STDs, should be leveraged to increase use of PrEP and reduce the risk of HIV acquisition. © 2018 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV; preexposure prophylaxis; PrEP; prevention; South Carolina	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Soares F.; MacCarthy S.; Magno L.; da Silva L.A.V.; Amorim L.; Nunn A.; Oldenburg C.E.; Dourado I.	Factors Associated with PrEP Refusal Among Transgender Women in Northeastern Brazil	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02501-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073183096&doi=10.1007%2fs10461-019-02501-z&partnerID=40&md5=76cd581f760635e57f063178b13be6f4	Brazil has recently integrated HIV Pre-exposure Prophylaxis (PrEP) into its public health system and offered to key populations such as transgender women (TGW). This study investigates factors associated with PrEP refusal among TGW living in one of the largest and poorest cities of Brazil. We recruited 127 TGW using Respondent Driven Sampling (RDS) in Salvador, Brazil. Latent class analysis (LCA) was used to define acceptability of PrEP. Two latent classes were identified: "high acceptability of PrEP" (91.3%) and "PrEP refusal" (8.7%). PrEP was less acceptable among white TGW and among those age 25 or older, with income above minimum wage (≥ US$252.87), and reporting unprotected receptive anal intercourse with (URAI) causal partners. The findings highlight how nuanced strategies that takes into consideration unique characteristics are needed to effectively address the acceptability of PrEP. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Pre-exposure prophylaxis (PrEP); Prevention; Refusal; Transgender people	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2019	Sophus A.I.; Mitchell J.W.	A Review of Approaches Used to Increase Awareness of Pre-exposure Prophylaxis (PrEP) in the United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2305-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85055349921&doi=10.1007%2fs10461-018-2305-0&partnerID=40&md5=42400099387912fa6d256f5d082b9fe4	PrEP is an important and useful HIV prevention strategy, yet awareness remains low among at-risk populations in the United States and elsewhere in the world. As previous studies have shown PrEP awareness to be important to PrEP uptake, understanding approaches to increase PrEP awareness is imperative. The current systematic review provides an overview of published articles and on-going research on PrEP awareness. Using PRISMA guidelines, two published articles and seven on-going research studies were identified that use different approaches to increase PrEP awareness. Findings highlight the need for research to target other at-risk populations and geographic areas. Future research should consider the use of technology and network approaches to assess whether they lead to increased awareness, accurate knowledge, and uptake of PrEP, along with examining which messaging works best for specific targeted, at-risk population(s). © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Awareness; HIV prevention; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Spinelli M.A.; Glidden D.V.; Anderson P.L.; Gandhi M.; Cohen S.; Vittinghoff E.; Coleman M.E.; Scott H.; Bacon O.; Elion R.; Kolber M.A.; Buchbinder S.P.; Liu A.Y.	Short-Term Adherence Marker to PrEP Predicts Future Nonretention in a Large PrEP Demo Project: Implications for Point-of-Care Adherence Testing	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066867564&doi=10.1097%2fQAI.0000000000002005&partnerID=40&md5=7637a551ddda0873305f3c38e98ab2b7	Background:Objective adherence metrics for tenofovir (TFV) disoproxil fumarate/emtricitabine (FTC)-based pre-exposure prophylaxis (PrEP) were critical for interpretation of efficacy in PrEP clinical trials, and there is increasing interest in using drug levels to tailor interventions for reengagement and adherence. Point-of-care immunoassays for TFV, which examine short-term adherence, are in development. However, the ability of poor short-term and long-term adherence to predict future PrEP nonretention is unknown.Setting:Secondary data analysis of a large, prospective multi-site U.S. PrEP demonstration project.Methods:An adjusted Cox-proportional hazards model examined the relationship of dried blood spot (DBS) levels of FTC-triphosphate (FTC-TP) or TFV-diphosphate (TFV-DP), measures of short-term and long-term PrEP adherence, respectively, with future study nonretention.Results:Overall, 294 individuals (median age 33 years) contributed drug levels within the U.S. PrEP demonstration project. By the end of study, 27% were lost to follow-up, 25% had at least one undetectable FTC-TP level indicating poor short-term adherence, and 29% had a drug level indicating suboptimal long-term adherence (TFV-DP <700 fmol/punch). The strongest factor associated with future study nonretention using a binary drug-level cut-off was an undetectable DBS FTC-TP level (adjusted hazard ratio 6.3; 95% confidence interval 3.8 to 10.2). The suboptimal long-term adherence based on low DBS TFV-DP levels was also associated with nonretention (adjusted hazard ratio 4.3; 95% confidence interval: 2.4 to 7.6).Conclusions:Both short- and long-term metrics of PrEP adherence are strongly associated with future loss to follow-up in a U.S. demonstration project study. Short-term metrics of adherence, once available at the point-of-care, could be used to direct real-time tailored retention and adherence interventions. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	adherence; dried blood spot; persistence; PrEP; retention in care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Spinelli M.A.; Glidden D.V.; Anderson P.L.; Gandhi M.; Mcmahan V.M.; Defechereux P.; Schechter M.; Veloso V.G.; Chariyalertsak S.; Guanira J.V.; Bekker L.-G.; Buchbinder S.P.; Grant R.M.	Impact of Estimated Pre-Exposure Prophylaxis (PrEP) Adherence Patterns on Bone Mineral Density in a Large PrEP Demonstration Project	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2018.0297	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071997499&doi=10.1089%2faid.2018.0297&partnerID=40&md5=6a236d3cc637b3f3660795d02fa8cc03	Bone mineral density (BMD) declines due to tenofovir-containing pre-exposure prophylaxis (PrEP) have varied among PrEP demonstration projects, potentially related to variable adherence. Characterization of BMD changes in highly adherent individuals, estimated via tenofovir-diphosphate (TFV-DP) levels in dried blood spots (DBS), can assist clinicians when counseling patients. Cisgender men who have sex with men and transwomen in the optional dual-energy X-ray absorptiometry (DXA) substudy of a large, international, open-label PrEP demonstration project, the iPrEx-open-label extension (OLE) study underwent DXA scans and DBS collection every 24 weeks, with average weekly dosing adherence patterns (2, 4, and 7 doses/week) estimated from validated TFV-DP cut-offs. The mean percent BMD change was estimated in strata of average weekly adherence by using a linear mixed-effects model to calculate the BMD decline in highly adherent individuals on PrEP for the first time. DXA/DBS data were available for 254 individuals over a median of 24 weeks in iPrEx-OLE from June 2011 to December 2013. The percent decline in spine BMD was monotonically associated with strata of increasing average weekly adherence (p < .001 trend); the p value for trends using hip BMD measurements was .07. Individuals with estimated daily adherence experienced a 1.2% decrease in spine BMD and a 0.5% drop in hip BMD. In highly adherent PrEP users, we found a lower-than-expected drop in BMD when compared with previous studies. This drop is likely not clinically significant for most PrEP users. However, for those at the highest risk of fracture who plan prolonged PrEP use, alternate PrEP strategies could be considered. © 2019, Mary Ann Liebert, Inc., publishers 2019.	adherence; bone mineral density; cohort studies; men who have sex with men; PrEP; transgender people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Spinelli M.A.; Glidden D.V.; Rodrigues W.C.; Wang G.; Vincent M.; Okochi H.; Kuncze K.; Mehrotra M.; Defechereux P.; Buchbinder S.P.; Grant R.M.; Gandhi M.	Low tenofovir level in urine by a novel immunoassay is associated with seroconversion in a preexposure prophylaxis demonstration project	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002135	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063288764&doi=10.1097%2fQAD.0000000000002135&partnerID=40&md5=539d5321925ae48d1e96773a60b1a03e	Objective:We examined the relationship between urine tenofovir (TFV) levels measured with a novel immunoassay, which permits point-of-care testing, with HIV seroconversion and objective adherence metrics in a large preexposure prophylaxis (PrEP) demonstration project.Design:Secondary analysis of stored specimens from an open-label PrEP cohort study.Methods:We examined the association between undetectable urine TFV levels and HIV seroconversion in iPrEx open-label extension using generalized estimating equations. We examined rank correlations between levels of TFV and emtricitabine in urine, dried blood spots (DBS), and hair and determined the sensitivity and specificity of undetectable urine TFV for predicting dosing cut-offs in DBS.Results:The median urinary TFV level was 15 000 ng/ml in those who remained HIV-negative (n = 105; interquartile range: 1000-45 000); 5500 in those who eventually seroconverted (n = 11; interquartile range: 1000-12 500); and all were undetectable at seroconversion (n = 9; P < 0.001). Decreasing strata of urine TFV levels were associated with future HIV seroconversion (P = 0.03). An undetectable urine TFV was 100% sensitive and 81% specific when compared with an undetectable DBS TFV-diphosphate level and 69% sensitive, but 94% specific when compared with low adherence by DBS (<2 doses/week).Conclusion:Urine TFV detection by a novel antibody-based assay was associated with protection from HIV acquisition among individuals on PrEP. Urine TFV levels were correlated with hair and DBS levels and undetectable urine TFV was 100% sensitive in detecting nonadherence. By implementing the immunoassay into a point-of-care strip test, PrEP nonadherence could be detected in real-time, allowing rapid intervention. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	antiretroviral adherence; HIV infection; immunoassay; point-of-care; preexposure prophylaxis; tenofovir; urine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Spinelli, MA; Scott, HM; Vittinghoff, E; Liu, AY; Gonzalez, R; Morehead-Gee, A; Gandhi, M; Buchbinder, SP	Missed Visits Associated With Future Preexposure Prophylaxis (PrEP) Discontinuation Among PrEP Users in a Municipal Primary Care Health Network	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofz101	https://academic.oup.com/ofid/article/6/4/ofz101/5365426	Background. Maintaining retention in preexposure prophylaxis (PrEP) care among diverse patient populations will be needed to support PrEP's efficacy. We characterized patterns of PrEP care retention in a US municipal primary care health network and examined whether missed visits, a metric of care retention that is easy to evaluate in clinic, are associated with subsequent discontinuation. Methods. We included individuals on PrEP from July 2012 until August 2017 in the San Francisco Primary Care Clinics, a 15-clinic municipal health network. We categorized PrEP usage patterns as follows: early discontinuation (<90 days), later discontinuation (after >= 90 days), and continuing use at the end of follow-up. We first examined early discontinuation using adjusted Poisson regression. In patients who continued PrEP for >= 90 days, we examined factors associated with late discontinuation. Results. Of the 364 individuals who started PrEP, 16% discontinued PrEP before 90 days, 46% discontinued later, and 38% were retained in care over a median 12 months of observation. Transgender women were more likely to discontinue PrEP early (adjusted risk ratio, 2.16; 95% confidence interval, 1.36-3.49), and younger users were more likely to discontinue late (0.82 per 10-year increase in age;.70-. 96), as were persons who use illicit drugs (1.59; 1.02-2.47). Missed visits during use of PrEP were associated with future discontinuation (adjusted risk ratio, 1.52; 95% confidence interval, 1.14-2.03). Later year of current PrEP use was associated with both early and late discontinuation. Conclusion. Diverse populations may require differentiated care to continue PrEP. Missed visits should trigger tailored interventions to maximize the impact of PrEP.	HIV PREVENTION; preexposure prophylaxis; MSM; INFECTION; SAFETY; TENOFOVIR; INITIATION; PrEP persistence; RETENTION; retention in care; primary care; SUPPORT ADHERENCE; CLINIC VISITS; missed visits; PANEL	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Spinner C.D.; Lang G.F.; Boesecke C.; Jessen H.; Schewe K.; Stellbrink H.-J.; Esser S.; Haberl A.; Römer K.; Plettenberg A.; Rockstroh J.; Scholten S.; Weber C.; Haas B.; Lehmann C.; de Leuw P.; Brockmeyer N.; Schmiedel S.; Kaiser R.; Kaiser R.; Marcus U.; Schafberger A.; Schwarze S.; Feustel N.; Langanke H.; Claass J.	Summary of German-Austrian HIV PrEP guideline	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.12724	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066469122&doi=10.1111%2fhiv.12724&partnerID=40&md5=4d9391899c5c55f7a55cf5c05fd9d10b	Objectives: HIV Pre-Exposure prophylaxis (PrEP) is a strategy to reduce HIV transmission in people at risk. Aim of this first German-Austrian PrEP guideline is to provide professional guidance on: when and in whom to use PrEP, recommended laboratory tests before and while on PrEP, selection of drugs, prevention of adverse events as a consequence of missing accompanying medical care, and general handling of PrEP in adults and adolescents. Methods: Commented summary of of the S2k PrEP consensus guidelines released by the German and Austrian HIV medical societies to highlight the key recommendations of the guidelines. Content: Detailed information about effectiveness of PrEP, when and in whom to use PrEP, as well as about additional monitoring of HIV PrEP are included in the HIV PrEP guidelines. Therewith detailed guidance for people being involved in PrEP counseling and associated care is provided. © 2019 British HIV Association	German-Austrian guideline; HIV; pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Other
Article	2019	Stankevitz, Kayla; Schwartz, Katie; Hoke, Theresa; Li, Yixuan; Lanham, Michele; Mahaka, Imelda; Mullick, Saiqa	Reaching at-risk women for PrEP delivery: What can we learn from clinical trials in sub-Saharan Africa?	PLOS One	-	-	-	-	31226165	10.1371/journal.pone.0218556	https://www.proquest.com/scholarly-journals/reaching-at-risk-women-prep-delivery-what-can-we/docview/2244644823/se-2?accountid=8113	Introduction ARV-based pre-exposure prophylaxis (PrEP) has the potential to avert many new HIV infections, yet little is known about how to reach women at high risk for HIV infection and motivate them to initiate PrEP. Clinical trials have succeeded in recruiting at-risk participants, evidenced by control arm HIV incidence ≥3% (defined by the World Health Organization as "substantial risk"). We examined experiences from HIV prevention trials to document recruitment strategies and identify practical, potentially effective strategies for reaching women in real-world PrEP delivery. Methods We conducted semi-structured qualitative phone interviews with 31 staff from five countries who had worked on one or more of seven ARV-based HIV prevention clinical trials. Questions explored recruitment strategies used to reach women at risk of HIV and to successfully communicate about PrEP (inclusive of oral and vaginal formulations). We structurally coded data in NVivo and analyzed codes to derive themes. We conducted results interpretation webinars with research and programmatic stakeholders to validate findings and develop recommendations. Results Clinical trial researchers employed a range of recruitment strategies to reach at-risk women. They recommended engaging the local community and potential PrEP users via community events, meetings with gatekeepers, and use of community advisory boards; and they encouraged interpersonal communication like presentations in waiting rooms and door-to-door recruitment to address personal concerns and prevent misinformation. Participants also stressed the importance of addressing the challenges that already exist within the health system to create a more enabling environment and delivering positive messages through a variety of communication channels to normalize PrEP. Conclusions Findings from this study provide important insights into potentially effective ways for countries currently rolling out oral PrEP to reach at-risk women with information about PrEP and promote uptake.	HIV; Africa; Uganda; Zimbabwe; South Africa; Vagina; HIV prevention; Pre-exposure prophylaxis; HIV infections; Employment; Prevention; Sub-Saharan Africa; Infections; Risk management; Disease prevention; Prophylaxis; Medical research; Methods; Interviews; Interpersonal communication; Reproductive health; Clinical trials; Young adults; HIV epidemiology; Personal communication; Recruitment; Saharan Africa; Human immunodeficiency virus--HIV; Sciences: Comprehensive Works; United States--US; Acquired immune deficiency syndrome--AIDS; Health risks; Woman; Health education and awareness; Communities; Formulations; Advisory committees; Society; Waiting rooms	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Stansfield, Sarah	The Impacts of Sexual Role, HIV Treatment, and Pre-Exposure Prophylaxis Use on HIV Set Point Viral Load: A Network Modeling Study	-	-	University of Washington	University of Washington	-	-	NA	https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/45102/Stansfield_washington_0250E_20931.pdf?sequence=1&isAllowed=y	The analyses in this dissertation investigate how sexual role, treatment increases, and pre-exposure prophylaxis (PrEP) increases impact HIV virulence. All analyses used set point viral load (SPVL), the viral load (VL) found shortly after the period of acute HIV infection, as a proxy for virulence. This is a good proxy because higher SPVLs are associated with faster progression to AIDS and higher probability of transmission. The aims of this dissertation were: 1) to understand the effects of different sexual roles in MSM (exclusively insertive, exclusively receptive, or versatile) on the virulence of the viruses men acquired; 2) to understand the effects of increasing treatment on HIV virulence evolution; and 3) to understand the effects of increasing PrEP on HIV virulence evolution. All chapters used a stochastic, dynamic network model (EvoNetHIV) to partially or fully complete their analyses. EvoNetHIV is based in temporal exponential random graph models (ERGMs) and uses the statnet suite of R packages and the EpiModel package API. The findings in these studies help to overturn the previously modeled trade-offs in which higher treatment or PrEP coverage resulted in higher HIV virulence. Instead, increasing treatment or PrEP coverage can lead to lower virulence levels becoming evolutionarily advantageous, allowing their influences to positively affect the entire population. They also show that, because different sexual roles are associated with different HIV acquisition probabilities, there are significant differences in the virulence of the viruses men with different sexual roles acquire. These studies also show how virulence evolves differently when contrasting pressures are present: infected individuals going on treatment creates a different evolutionary environment than do susceptible individuals going on PrEP. Finally, these studies emphasize the impacts of model assumptions on all outputs. Careful consideration of and transparency about model assumptions are important for realistic and replicable models.	HIV; Antiretroviral Therapy; MSM; Epidemiology; Anthropology; Mathematical Modeling; Physical anthropology; Sexual Role; Virulence Evolution	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2019	Starks T.J.; Doyle K.M.; Shalhav O.; John S.A.; Parsons J.T.	An Examination of Gay Couples' Motivations to Use (or Forego) Pre-exposure Prophylaxis Expressed During Couples HIV Testing and Counseling (CHTC) Sessions	Prevention Science	-	-	-	-	13894986	10.1007/s11121-018-0892-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85045274609&doi=10.1007%2fs11121-018-0892-7&partnerID=40&md5=7ec3f53db6bf1afe41d26e09c24d425f	While many gay couples perceive themselves to have little risk for HIV transmission, research estimates that 35–68% of new HIV infections are transmitted within main partnerships. Pre-exposure prophylaxis (PrEP) is recommended for those partnered gay and bisexual men (GBM) who engage in sex outside their primary relationship or who have an HIV-positive partner. There is reason to believe that couples' sero-status and sexual agreement will shape perceptions of PrEP's personal relevance among gay couples. The current study examined motivations for and ambivalence towards PrEP uptake reported in a sample of 67 gay couples during completion of a brief CDC-recommended prevention intervention: Couples HIV Testing and Counseling. Findings suggest that all types of couples identified some circumstances in which they would consider PrEP; however, PrEP messaging should be crafted to avoid undermining current prevention strategies or threatening the trust and legitimacy of the relationship. © 2018, Society for Prevention Research.	HIV-prevention; Men who have sex with men; Pre-exposure prophylaxis; Same-sex couples; Sero-status; Sexual agreement	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Starks T.J.; Robles G.; Pawson M.; Jimenez R.H.; Gandhi M.; Parsons J.T.; Millar B.M.	Motivational interviewing to reduce drug use and hiv incidence among young men who have sex with men in relationships and are high priority for pre-exposure prophylaxis (Project PARTNER): Randomized controlled trial protocol	JMIR Research Protocols	-	-	-	-	19290748	10.2196/13015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084855910&doi=10.2196%2f13015&partnerID=40&md5=3670556d19936f2debd3643b5c46e82e	Background: Men who have sex with men (MSM) currently account for more than two-thirds of new HIV diagnoses in the United States and, among young MSM (YMSM) aged 20 to 29 years, as many as 79% to 84% of new infections occur between primary partners. Contributing to HIV risk, YMSM use drugs at comparatively high rates. To date, no interventions have been developed that specifically address the unique needs of partnered YMSM or incorporate a focus on relationship factors in addressing personal motivation for change. Objective: The study's primary aim is to evaluate the efficacy of the PARTNER intervention and evaluate potential moderators or mediators of intervention effects. The study's secondary aims were to gather ideographic data to inform a future effectiveness implementation study and develop a novel biomarker for pre-exposure prophylaxis (PrEP) adherence by analyzing PrEP drug levels in fingernails. Methods: PARTNER is a 4-session motivational interviewing–based intervention that integrates video-based communication training to address drug use and HIV prevention among partnered YMSM. This study utilizes a randomized controlled trial design to compare the PARTNER intervention with an attention-matched psychoeducation control arm that provides information about HIV-risk reduction, PrEP, and substance use. Participants are randomized in a 1-to-1 ratio stratified on age disparity between partners, racial composition of the couple, and relationship length. Follow-up assessments are conducted at 3-, 6-, 9-, and 12-months postbaseline. The study recruits and enrolls 240 partnered YMSM aged between 18 to 29 years at a research center in New York City. Participants will be HIV-negative and report recent (past 30-day) drug use and condomless anal sex with casual partners; a nonmonogamous primary partner (regardless of HIV status); or a serodiscordant primary partner (regardless of sexual agreement). Primary outcomes (drug use and HIV sexual transmission risk behavior) are assessed via a Timeline Follow-back interview. Biological markers of outcomes are collected for drug use (fingernail assay), sexual HIV transmission risk (rectal and urethral gonorrhea and chlamydia testing), and PrEP adherence (dried blood spots and fingernails for a novel PrEP drug level assay). Results: The study opened for enrollment in February 2018. Anticipated completion of enrollment is October 2021. Primary outcome analyses will begin after final follow-up completion. Conclusions: Existing research on partnered YMSM within the framework of Couples Interdependence Theory (CIT) has suggested that relationship factors (eg, dyadic functioning and sexual agreements) are meaningfully related to drug use and HIV transmission risk. Results pertaining to the efficacy of the proposed intervention and the identification of putative moderators and mediators will substantially inform the tailoring of interventions for YMSM in relationships and contribute to a growing body of relationship science focused on enhancing health outcomes. © Tyrel J Starks, Gabriel Robles, Mark Pawson, Ruben H Jimenez, Monica Gandhi, Jeffrey T Parsons, Brett M Millar.	HIV; Pre-exposure prophylaxis; Sexual behavior; Sexual partners; Substance-related disorders	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Stopard I.J.; McGillen J.B.; Hauck K.; Hallett T.B.	The influence of constraints on the efficient allocation of resources for HIV prevention	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002158	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065528141&doi=10.1097%2fQAD.0000000000002158&partnerID=40&md5=d48909300d8d6641aad90177abef366	Objective:To investigate how 'real-world' constraints on the allocative and technical efficiency of HIV prevention programmes affect resource allocation and the number of infections averted.Design:Epidemiological modelling and economic analyses in Benin, South Africa and Tanzania.Methods:We simulated different HIV prevention programmes, and first determined the most efficient allocation of resources, in which the HIV prevention budget is shared among specific interventions, risk-groups and provinces to maximize the number of infections averted. We then identified the efficient allocation of resources and achievable impact given the following constraints to allocative efficiency: earmarking provinces with budgets fund pre-exposure prophylaxis (PrEP) for low-risk women first, meeting targets provinces with budgets fund universal test-and-treat (UTT) first and minimizing changes in the geographical distribution of funds. We modelled technical inefficiencies as a reduction in the coverage of PrEP or UTT, which were factored into the resource allocation process or took effect following the allocation. Each scenario was investigated over a range of budgets, such that the impact reaches its maximum.Results:The 'earmarking', 'meeting targets' and 'minimizing change' constraints reduce the potential impact of HIV prevention programmes, but at the higher budgets these constraints have little to no effect (approximately 35 billion US$ in Tanzania). Over-estimating technical efficiency can result in a loss of impact compared to what would be possible if technical efficiencies were known accurately.Conclusion:Failing to account for constraints on allocative and technical efficiency can result in the overestimation of the health gains possible, and for technical inefficiencies the allocation of an inefficient strategy. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	AIDS; allocative efficiency; cost-effectiveness analysis; mathematical modelling; technical efficiency	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2019	StVil, Noelle M; Przybyla, Sarahmona; LaValley, Susan	Barriers and facilitators to initiating PrEP conversations: Perspectives and experiences of health care providers	Journal of HIV/AIDS & Social Services	-	-	-	-	15381501	10.1080/15381501.2019.1616027	https://www.proquest.com/scholarly-journals/barriers-facilitators-initiating-prep/docview/2239602461/se-2?accountid=8113	Using qualitative interviews, this study explored the barriers and facilitators of health care providers (HCPs) in initiating PrEP conversation with patients. Twenty-eight HCPs in two counties listed in the New York State Department of Health PrEP/PEP Voluntary Provider Directory were asked to participate in the study. Five themes evolved from the interview, each theme acting as both barriers and facilitators to initiating PrEP conversations: (a) providers comfort levels, (b) taking sexual histories, (c) time, (c) patients comfort levels discussing sexual health, and (d) HCPs' perceptions of patients' risk of sexually transmitted infection (STI) acquisition. These findings demonstrate the need for evidence-based interventions for initiation of PrEP conversations in health care settings.	PrEP; Sexual behavior; Sexual health; Health services; Prep; Qualitative research; Patients; Facilitator; barriers; health care providers; Sexual and reproductive health; facilitators; Barriers; Barrier; conversation; health care settings; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Health care industry; Evidence-based practice; Health professional	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2019	Sugarman, Jeremy; Celum, Connie L.; Donnell, Deborah; Mayer, Kenneth H.	Ethical considerations for new HIV prevention trials.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(19)30184-5	https://pubmed.ncbi.nlm.nih.gov/31221591/	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other

Article	2019	Sullivan P.S.; Mena L.; Elopre L.; Siegler A.J.	Implementation Strategies to Increase PrEP Uptake in the South	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-019-00447-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067309922&doi=10.1007%2fs11904-019-00447-4&partnerID=40&md5=dcc0da15a7fc4faf5ed82f6df0da74d4	Purpose of Review: Seven years after TDF/FTC was approved for pre-exposure prophylaxis to reduce risks of HIV infection, there have been large increases in the number of persons using PrEP in the USA. However, recent data on pre-exposure prophylaxis (PrEP) use at the state level indicate that people living in the Southern United States are underserved by PrEP relative to their epidemic need. We sought to review possible reasons for inequitable uptake of PrEP in the South and identify implementation approaches to increase PrEP uptake in the South. Recent Findings: Published literature, data on the locations of PrEP service providers, recent data on PrEP utilization from pharmacy prescription databases, HIV surveillance data and government data on healthcare providers, and health literacy indicate a confluence of factors in the South that are likely limiting PrEP uptake. A variety of approaches are needed to address the complex challenges to PrEP implementation in the South. These include considering alternative PrEP provision strategies (e.g., pharmacy-based PrEP, telemedicine-delivered PrEP), conducting gain-based stigma-reduction campaigns, increasing capacity for reimbursement for PrEP medications and services through policy change to expand Medicaid and to preserve access to Affordable Care Act–compliant health plans, expanding STI screening programs and improving integration of PrEP offering with delivery of positive STI results, using mHealth tools to screen groups at highest risk for HIV (e.g., men who have sex with men) periodically to increase correct perception of risk, and streamlining clinical procedures to allow same-day PrEP starts for patients without obvious medical contraindications. Summary: Overcoming the structural, capacity, and policy challenges to increasing PrEP uptake in the South will require innovations in clinical approaches, leveraging technologies, and policy changes. The South has unique challenges to achieving equitable PrEP uptake, and addressing key barriers to expanded PrEP use will require multisectoral responses. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Multisectoral responses; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Sullivan P.S.; Zahn R.J.; Wiatrek S.; Chandler C.J.; Hirshfield S.; Stephenson R.; Bauermeister J.A.; Chiasson M.A.; Downing M.J., Jr.; Gelaude D.J.; Siegler A.J.; Horvath K.; Rogers E.; Alas A.; Olansky E.J.; Saul H.; Rosenberg E.S.; Mansergh G.	HIV prevention via mobile messaging for men who have sex with men (M-cubed): Protocol for a randomized controlled trial	JMIR Research Protocols	-	-	-	19290748	10.2196/16439	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076193018&doi=10.2196%2f16439&partnerID=40&md5=e56600ff240358335c3315616df41265	Background: Men who have sex with men (MSM) continue to be the predominately impacted risk group in the United States HIV epidemic and are a priority group for risk reduction in national strategic goals for HIV prevention. Modeling studies have demonstrated that a comprehensive package of status-tailored HIV prevention and care interventions have the potential to substantially reduce new infections among MSM. However, uptake of basic prevention services, including HIV testing, sexually transmitted infection (STI) testing, condom distribution, condom-compatible lubricant distribution, and preexposure prophylaxis (PrEP), is suboptimal. Further, stronger public health strategies are needed to promote engagement in HIV care and viral load suppression among MSM living with HIV. Mobile health (mHealth) tools can help inform and encourage MSM regarding HIV prevention, care, and treatment, especially among men who lack access to conventional medical services. This protocol details the design and procedures of a randomized controlled trial (RCT) of a novel mHealth intervention that comprises a comprehensive HIV prevention app and brief, tailored text- and video-based messages that are systematically presented to participants based on the participants' HIV status and level of HIV acquisition risk. Objective: The objective of the RCT was to test the efficacy of the Mobile Messaging for Men (M-Cubed, or M3) app among at least 1200 MSM in Atlanta, Detroit, and New York. The goal was to determine its ability to increase HIV testing (HIV-negative men), STI testing (all men), condom use for anal sex (all men), evaluation for PrEP eligibility, uptake of PrEP (higher risk HIV-negative men), engagement in HIV care (men living with HIV), and uptake of and adherence to antiretroviral medications (men living with HIV). A unique benefit of this approach is the HIV serostatus-inclusiveness of the intervention, which includes both HIV-negative and HIV-positive MSM. Methods: MSM were recruited through online and venue-based approaches in Atlanta, Detroit, and New York City. Men who were eligible and consented were randomized to the intervention (immediate access to the M3 app for a period of three months) or to the waitlist-control (delayed access) group. Outcomes were evaluated immediately postintervention or control period, and again three and six months after the intervention period. Main outcomes will be reported as period prevalence ratios or hazards, depending on the outcome. Where appropriate, serostatus/risk-specific outcomes will be evaluated in relevant subgroups. Men randomized to the control condition were offered the opportunity to use (and evaluate) the M3 app for a three-month period after the final RCT outcome assessment. Results: M3 enrollment began in January 2018 and concluded in November 2018. A total of 1229 MSM were enrolled. Data collection was completed in September 2019. Conclusions: This RCT of the M3 mobile app seeks to determine the effects of an HIV serostatus–inclusive intervention on the use of multiple HIV prevention and care-related outcomes among MSM. A strength of the design is that it incorporates a large sample and broad range of MSM with differing prevention needs in three cities with high prevalence of HIV among MSM. © Patrick Sean Sean Sullivan, Ryan J Zahn, Sarah Wiatrek, Cristian J Chandler, Sabina Hirshfield, Rob Stephenson, Jose A Bauermeister, Mary Ann Chiasson, Martin J Downing Jr, Deborah J Gelaude, Aaron J Siegler, Keith Horvath, Erin Rogers, Ana Alas, Evelyn J Olansky, Heather Saul, Eli S Rosenberg, Gordon Mansergh.	HIV care; HIV prevention; Men who have sex with men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Sun C.J.; Anderson K.M.; Bangsberg D.; Toevs K.; Morrison D.; Wells C.; Clark P.; Nicolaidis C.	Access to HIV Pre-exposure Prophylaxis in Practice Settings: a Qualitative Study of Sexual and Gender Minority Adults' Perspectives	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-019-04850-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061179821&doi=10.1007%2fs11606-019-04850-w&partnerID=40&md5=f32adb2e07492a1f5a095f9bb1ccf8bd	Background: Sexual and gender minority (SGM) populations remain at disproportionate risk of HIV infection. Despite the effectiveness of pre-exposure prophylaxis (PrEP) in preventing HIV, PrEP uptake has been slow. Objective: To identify barriers and facilitators of PrEP access by examining SGM patients' experiences with accessing health care systems and engaging with providers about PrEP in a variety of practice settings. Design: Semi-structured, individual, qualitative interviews. Participants: Twenty-seven sexual and gender minority adults residing in Oregon. Approach: Interviews were audio-recorded, transcribed, and analyzed using thematic analysis. Key Results: We identified three main themes. Participants described the centrality of patient-provider relationships to positive experiences around PrEP, the necessity of personally advocating to access PrEP, and the experience of system-level barriers to PrEP access. Participants also made several suggestions to improve PrEP access including improving provider engagement with SGM patients, encouraging providers to initiate conversations about PrEP, and increasing awareness of medication financial support. Conclusions: In order to reduce HIV disparities, improving PrEP access will require additional efforts by providers and resources across health care settings to reduce barriers. Interventions to improve provider education about PrEP and provider communication skills for discussing sexual health are needed. Additionally, there should be system-level improvements to increase coordination between patients, providers, pharmacies, and payers to facilitate PrEP access and uptake. © 2019, Society of General Internal Medicine.	doctor-patient relationships; HIV/AIDS; patient preferences; prevention; qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Sun C.J.; Anderson K.M.; Toevs K.; Morrison D.; Wells C.; Nicolaidis C.	"Little tablets of gold": An examination of the psychological and social dimensions of PrEP among LGBTQ communities	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2019.31.1.51	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061404447&doi=10.1521%2faeap.2019.31.1.51&partnerID=40&md5=86a147e48db272daaa5f72a6ca8cf267	There are significant psychological, social, and cultural dimensions to the HIV epidemic in the United States, especially among lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. Biomedical HIV treatment has been shown to impact these dimensions. However, there is little understanding of the real-world psychosocial and sociocultural effects of the latest biomedical HIV prevention strategy, HIV pre-exposure prophylaxis (PrEP). This study explored the psychosocial and sociocultural dimensions of PrEP use among LGBTQ adults. We interviewed 23 LGBTQ adults who were current or former users of PrEP. Results included that PrEP users' experiences were shaped by multiple forms of stigma. Participants were highly motivated to challenge PrEP stigma and to support PrEP use among other community members. Lastly, participants described positive impacts on their individual well-being and their sexual partnerships. Findings suggest that PrEP has significant impacts beyond biomedical outcomes for both the individuals who use PrEP and their communities. © 2019 The Guilford Press.	HIV/AIDS; LGBT; Pre-exposure prophylaxis; Prevention; Social construction	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Sweers H.	Perspective of a PrEP user on PrEP: Miriam (Pseudonym) in an interview with Holger Sweers; Perspektive einer PrEP-Nutzerin auf die PrEP: Miriam (Pseudonym) im Interview mit Holger Sweers	Zeitschrift fur Sexualforschung	-	-	-	9328114	10.1055/a-1028-1185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076885063&doi=10.1055%2fa-1028-1185&partnerID=40&md5=b0763013c4dcc54468142fd4eb722f44	Miriam (pseudonym) is 35 years old at the time of the interview in autumn 2018. She has been living in Berlin for more than ten years, where she also studied. She is currently working as a marketing expert. Miriam leads an active, self-determined sex life and has good reasons for taking HIV-PrEP, as she explains in an interview with Holger Sweers. © 2019 Georg Thieme Verlag KG Stuttgart • New York.	HIV-PrEP for Women; pre-exposure prophylaxis (PrEP); safer sex; sexual empowerment; sexually transmitted infections	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Mixed methods
Article	2019	Taggart T.; Bond K.T.; Ritchwood T.D.; Smith J.C.	Getting youth PrEPared: adolescent consent laws and implications for the availability of PrEP among youth in countries outside of the United States	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25363	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070861891&doi=10.1002%2fjia2.25363&partnerID=40&md5=e86eb828d84a980b58ae3833d0f41c1d	Introduction: Youth under the age of 25 are at high risk for HIV infection. While pre-exposure prophylaxis (PrEP) has the potential to curb new infections within this population, it is unclear how country-specific laws and policies that govern youth access to sexual and reproductive health (SRH) services impact access to PrEP. The purpose of this review was to analyse laws and policies concerning PrEP implementation and SRH services available to youth in countries with a high HIV incidence. To the best of our knowledge this is the first systematic assessment of country-level policies that impact the availability of PrEP to adolescent populations. Methods: We conducted a review of national policies published on or before 12 June 2018 that could impact adolescents' access to PrEP, SRH services and ability to consent to medical intervention. Countries were included if: (1) there was a high incidence of HIV; (2) they had active PrEP trials or PrEP was available for distribution; (3) information regarding PrEP guidelines were publicly available. We also included a selected number of countries with lower adolescent HIV incidence. Internet and legal database searches were used to identify policies relevant to adolescent PrEP (e.g. age of consent to HIV testing). Results and Discussion: Fifteen countries were selected for inclusion in this review. Countries varied considerably in their respective laws and policies governing adolescents' access to PrEP, HIV testing and SRH services. Six countries had specific policies around the provision of PrEP to youth under the age of 18. Five countries required people to be 18 years or older to access HIV testing, and six countries had specific laws addressing adolescent consent for- and access to- contraceptives. Conclusions: Adolescents' access to PrEP without parental consent remains limited or uncertain in many countries where this biomedical intervention is needed. Observational and qualitative studies are needed to determine if and how adolescent consent laws are followed in relation to adolescent PrEP provisions. Intensified efforts to amend laws that limit adolescent access to PrEP and restrict the establishment of national guidelines supporting adolescent PrEP are also needed to address the epidemic in this group. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adolescents; health policy; HIV prevention; low- and middle-income countries; PrEP; PrEP uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Takano, M; Mizushima, D; Tanaka, K; Aoki, T; Yanagawa, Y; Uemura, H; Watanabe, K; Kikuchi, Y; Oka, S	HISTORY OF STI THERAPY AND WILLINGNESS OF PREP AMONG HIV-NEGATIVE MSM COHORT IN JAPAN	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2019-sti.630	https://sti.bmj.com/content/95/Suppl_1/A250.3	Background Pre-exposure prophylaxis (PrEP) is not yet approved and information of PrEP is still very limited in Japan. In such circumstances, we established an HIV-negative MSM cohort at National Center for Global Health and Medicine, Tokyo in 2017. This study aimed to explore correlation between histories of STI therapies and willingness of receiving PrEP in this cohort. Methods Face-to-face interviews with a semi-structured standardized questionnaire was conducted. HIV incidence risk index for MSM was used to identify the risk of HIV acquisition and scores of 10 and over were defined as at the high risk. Willingness of PrEP was divided into 4 categories: "Yes definitely", "Yes probably", "No probably" and "No definitely". Histories of STI therapies within 1 year against at least one of followings; syphilis, gonorrhea, chlamydia, hepatitis A, B, and C virus infection, genital herpes, amoebiasis, giardiasis, and condyloma, were recorded. Results A total of 230 MSM completed the interviews from November 2017 through October 2018. The median age was 35 years (range: 18–70). MSM at the high risk was found in 185 (80.4%). Among MSM who knew PrEP was only 61.3%. Positive willingness of PrEP was observed in 64.8%. MSM who answered "No definitely" were 21 among 185 high risk MSM. Their main negative reasons were "I think my HIV acquisition risk is low" in 12 MSM and "I don't like to take medicine" in 8. Histories of STI therapy within 1 year were found in 81 MSM (35.2%). Among them, 27 (33.3%) had still the negative willingness. There was no correlation of the positive willingness and history of STIs (p=0.66). Conclusion Still one third of MSM in our cohort lacked the proper knowledge of PrEP. Especially it is important to allow themselves to assess their own risk of HIV infection. Disclosure No significant relationships	NA	English	United Kingdom	Western and Central Europe and North America	Japan	Asia and the Pacific	NA	NA	Quantitative
Article	2019	Tan, D; Chris, A; Schnubb, A; Knox, D; Wilton, J; Shahin, R; Chan, A; Mishra, S; Grace, D; Rogers, T; Bayoumi, A; Maxwell, J; Bogoch, I; Sharma, M	GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN PREFER SEXUAL HEALTH CLINIC NURSES OVER FAMILY PHYSICIANS FOR PREP DELIVERY	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2019-sti.523	https://sti.bmj.com/content/95/Suppl_1/A207.2	Background More providers are needed to deliver PrEP at scale. We examined intentions to seek PrEP from family physicians (FPs) and sexual health clinic nurses (RNs) within an implementation science study on decentralizing PrEP delivery to gay, bisexual and other men who have sex with men (gbMSM). Methods Strategy A was a knowledge dissemination intervention in which community organizations distributed info-cards to gbMSM considering PrEP. Men used the cards to view an online module and meet with their FPs, who could use the card to complete an accredited e-module about PrEP. Strategy B was an implementation intervention in which gbMSM could instead access PrEP from sexual health RNs. Participants completed an optional survey at baseline and 6 months. We used descriptive statistics to characterize the sample and logistic regression to identify characteristics associated with intentions to seek PrEP from FPs vs RNs. Results From 3013 cards distributed, 339 men accessed the module; 179 completed the baseline survey and are included in this analysis. Median (IQR) age was 31 (26,40) years, 97.7% were cisgender males and 46.4% had a prior bacterial STI. Most (n=119, 66.5%) had a FP, of which only 59.5% were 'out' to them. Of 97 respondents with a FP and wanting to start PrEP, 35.1% vs 65.0% intended to use Strategy A vs B respectively (p=0.003). In univariable analyses, characteristics associated with intent to approach FPs included being 'out' to that doctor (OR=10.67, 95%CI=3.35, 33.96), very good/excellent physician skills in general communication (OR=3.42, 95%CI=1.38, 8.48) and participatory decision-making (OR=3.33, 95%CI=1.14, 9.79). In multivariable analysis, being 'out' was the only significant predictor (aOR=14.35, 95%CI=1.59, 129.83). Conclusion Among gbMSM with a FP, sexual health clinic RNs were preferred over FPs for PrEP by most. Multiple strategies are needed to increase numbers of PrEP providers, including interventions to help gbMSM feel comfortable disclosing sexual orientation. Disclosure No significant relationships.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	NA	NA	Quantitative
Article	2019	Tatham L.M.; Savage A.C.; Dwyer A.; Siccardi M.; Scott T.; Vourvahis M.; Clark A.; Rannard S.P.; Owen A.	Towards a Maraviroc long-acting injectable nanoformulation	European Journal of Pharmaceutics and Biopharmaceutics	-	-	-	9396411	10.1016/j.ejpb.2018.04.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047055579&doi=10.1016%2fj.ejpb.2018.04.009&partnerID=40&md5=7f4421ac66c725fd6786b0ac34e19ff9	Suboptimal adherence to antiretroviral (ARV) therapy can lead to insufficient drug exposure leading to viral rebound and increased likelihood of resistance. This has driven the development of long-acting injectable (LAI) formulations which may mitigate some of these problems. Maraviroc (MVC) is an orally dosed CCR5 antagonist approved for use in patients infected with CCR5-trophic HIV-1. MVC prevents viral entry into host cells, is readily distributed to biologically relevant tissues and has an alternative resistance profile compared to more commonly used therapies. This makes a MVC LAI formulation particularly appealing for implementation in Pre-Exposure Prophylaxis (PrEP). A 70 wt% MVC-loaded nanodispersion stabilised with polyvinyl alcohol (PVA) and sodium 1,4-bis(2-ethylhexoxy)-1,4-dioxobutane-2-sulfonate (AOT) was prepared using emulsion-templated freeze-drying. In vitro release rate studies revealed over a 22% decrease in MVC release rate constant across a size selective membrane compared with an aqueous solution of MVC (<5% DMSO). Pharmacokinetic studies in rats were subsequently carried out following intramuscular injection of either the nanodispersion or aqueous MVC preparation (<5% DMSO). Results demonstrated over a 3.4-fold increase in AUC0–∞ (1959.71 vs 567.17 ng.h ml), over a 2.6-fold increase in MVCs terminal half-life (t½) (140.69 vs 53.23 h) and MVC concentrations present up to 10-days. These data support development of a MVC LAI formulation with potential application in HIV therapy or prevention. © 2018 Elsevier B.V.	Intramuscular; Long-Acting Injectable (LAI); Long-Acting Parenteral (LAP); Maraviroc; Nanodispersion; Nanomedicine; Pharmacokinetics; Pre-exposure Prophylaxis (PrEP)	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2019	Taylor, Jessica L; Walley, Alexander Y; Bazzi, Angela R	Stuck in the window with you: HIV exposure prophylaxis in the highest risk people who inject drugs.	Substance Abuse	-	-	-	1547-0164	10.1080/08897077.2019.1675118	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6938281	The opioid and polysubstance epidemics could drive a surge in new HIV infections among people who inject drugs (PWID). Longstanding strategies to reduce HIV incidence, including syringe service programs, condom distribution, medications for opioid use disorder, and low-barrier HIV testing and treatment have not been adequate to eliminate transmission in this population. Although HIV pre-exposure prophylaxis (PrEP) is an evidence-based intervention that reduces HIV incidence among PWID, uptake in PWID has lagged due to limited PrEP knowledge, discrepancies between perceived and actual HIV risk, stigma, and structural barriers to adherence including homelessness and incarceration. In our efforts to deploy PrEP to PWID in our low-barrier substance use disorder bridge clinic, we have encountered another barrier: the HIV testing window period. We discuss challenges in delivering HIV exposure prophylaxis to the highest risk PWID, our current approach, and the need for more data to guide best practices.	HIV prevention, PrEP, PEP, people who inject drugs, opioid use disorder, injection drug use	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2019	TEIXEIRA, DANILO MARTINS	ELUCIDANDO A CONVIVÊNCIA COM O HIV E O USO DE MEDICAÇÃO ANTIRRETROVIRAL, UMA ABORDAGEM EDUCATIVA PARA ALUNOS DO SEGUNDO GRAU	-	-	UNIVERSIDADE FEDERAL DE MINAS GERAIS	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=8137275	Existe um conceito generalizado simplificado e equivocado por parte de um grande número de adolescentes, a respeito da qualidade de vida de uma pessoa portadora do vírus da imunodeficiência humana adquira (HIV). Muitos adolescentes podem até entender erroneamente que o uso das medicações antirretrovirais necessárias para controlar a progressão da doença não possui efeitos colaterais e que a síndrome da imunodeficiência adquirida (SIDA/AIDS) já pode ser curada. O que leva muitos adolescentes a um comportamento de risco, aumentando suas chances de contaminação pelo vírus do HIV e outras ISTs e ou mesmo gravidez precoce. O abandono do tratamento com os antirretrovirais também e/ou não adesão correta ao tratamento mostra-se uma dificuldade enfrentadas no combate desta pandemia. O objetivo do presente estudo compreende esclarecer as questões ligadas ao HIV e seu tratamento, levando aos alunos do segundo grau uma visão científica do assunto. Para desvendar importantes questões ao seu entorno, como uso de preservativos, o uso e diferenças entre PrEP – Profilaxia PréExposição ao HIV e Pep – Profilaxia Pós-exposição, a adesão correta ao tratamento e as consequências do abandono do mesmo e discutir a qualidade de vida e expectativa de vida de pessoas infectadas pelo HIV, aderindo ou não a terapia antirretroviral. Também avaliamos se metodologias de ensino alternativas poderiam favorecer ou melhorar o aprendizado sobre o assunto. O trabalho foi realizado com 2 grupos de alunos do terceiro ano do segundo grau sendo que o 1o grupo (interativo/expositivo), foi exposto a duas horas/aula no modelo padrão expositivo e o 2º grupo (Lúdico) foi exposto a 1 hora/aula expositiva padrão, seguida da utilização de um jogo educativo que tratou o tema em questão por uma hora/aula, somando um total de duas horas/aula. Ambos os grupos foram expostos a dois questionários afim de mensurar o conhecimento prévio e posterior intervenções educativas. Os resultados foram analisados utilizando-se ANOVA de dois fatores seguidos por Teste-T. Os resultados apontam para um efeito do tempo (antes ou depois da intervenção) e tipo de ensino (P<0.05), demonstrando que a construção do conhecimento sobre o tema foi superior nos alunos expostos a metodologia lúdica, no caso específico usando o jogo educativo quando comparados aos alunos do grupo exposto à metodologia interativa/expositiva. Reforçamos que a AIDS ainda é uma doença sem cura, e que a infecção pelo vírus do HIV afeta a qualidade de vida dos portadores.No entanto o controle da infecção através do uso da medicação antirretroviral pode melhorar significativamente a vida do portador do vírus, levantando questões éticas no convívio social e combatendo o preconceito ao tratar tal infecção; deste modo, incentivamos um maior 12 uso de métodos preventivos a HIV/Aids e ISTs e atitudes responsáveis neste grupo. Mostrar aos alunos as consequências, a realidade e o impacto que o contágio pelo HIV pode exercer na vida de um indivíduo soropositivo e reforçar a importância que o tratamento antirretroviral possui para ampliar a expectativa de vida e diminuir a propagação do vírus para outras pessoas é de suma importância para a saúde pública no Brasil e no Mundo.	HIV, AIDS, ISTs, Adolescentes, Prevenção, Ensino médio, antirretrovirais	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2019	Tekeste M.; Hull S.; Dovidio J.F.; Safon C.B.; Blackstock O.; Taggart T.; Kershaw T.S.; Kaplan C.; Caldwell A.; Lane S.B.; Calabrese S.K.	Differences in Medical Mistrust Between Black and White Women: Implications for Patient–Provider Communication About PrEP	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2283-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85054004726&doi=10.1007%2fs10461-018-2283-2&partnerID=40&md5=4e64c97510cc8c1fb7ad5e9bf301766c	Pre-exposure prophylaxis (PrEP) is an effective biomedical HIV prevention method. PrEP uptake has been persistently low among US women, particularly Black women, who account for 61% of new HIV diagnoses among women. Further understanding of barriers to Black women accessing PrEP is needed. This 2017 cross-sectional survey study explored race-based differences in PrEP interest and intention among women and the indirect association between race and comfort discussing PrEP with a healthcare provider through medical mistrust. The sample consisted of 501 adult women (241 Black; 260 White) who were HIV-negative, PrEP-inexperienced, and heterosexually active. Black women reported greater PrEP interest and intention than White women. However, Black women expressed higher levels of medical mistrust, which, in turn, was associated with lower comfort discussing PrEP with a provider. Medical mistrust may operate as a unique barrier to PrEP access among Black women who are interested in and could benefit from PrEP. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Black/African American; HIV/AIDS; Medical mistrust; Pre-exposure prophylaxis (PrEP); Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Terndrup C.; Streed C.G., Jr.; Tiberio P.; Black M.; Davis J.; Apfel A.; Blackstock O.J.; Edelman E.J.; Berkenblit G.	A Cross-sectional Survey of Internal Medicine Resident Knowledge, Attitudes, Behaviors, and Experiences Regarding Pre-Exposure Prophylaxis for HIV Infection	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-019-04947-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064833841&doi=10.1007%2fs11606-019-04947-2&partnerID=40&md5=8bbe72e0bfc975cc433544abce8071c7	Background: Pre-exposure prophylaxis (PrEP) for HIV is effective, yet many providers continue to lack knowledge and comfort in providing this intervention. It remains unclear whether internal medicine (IM) residents receive appropriate training in PrEP care and if this affects their future practices. Objective: We sought to evaluate the relationship between current IM residents' prior PrEP training and knowledge, comfort, and practice regarding the provision of PrEP. Design and Participants: We created an online survey to assess IM residents' knowledge, attitudes, and behaviors related to PrEP. The survey was distributed among five IM programs across the USA. Key Results: We had a 35% response rate. Of 229 respondents, 96% (n = 220) had heard of PrEP but only 25% (n = 51) had received prior training and 11% (n = 24) had prescribed PrEP. Compared with those without, those with prior training reported good to excellent knowledge scores regarding PrEP (80% versus 33%, p < 0.001), more frequent prescribing (28% versus 7%, p = 0.001), and higher comfort levels with evaluating risk for HIV, educating patients, and monitoring aspects of PrEP (75% versus 26%, 56% versus 16%, and 47% versus 8%, respectively; all p values < 0.0001). While only 25% (n = 51) had received prior training, 75% (n = 103) of respondents reported that training all providers at their continuity clinic sites would improve implementation. Conclusions: We found that prior training was associated with higher levels of self-reported PrEP knowledge, comfort, and prescribing behaviors. Given the significant need for PrEP, IM residents should be trained to achieve adequate knowledge and comfort levels to prescribe it. This study demonstrates that providing appropriate PrEP training for IM residents may lead to an increase in the pool of graduating IM residents prescribing PrEP. © 2019, Society of General Internal Medicine.	HIV pre-exposure prophylaxis; resident education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2019	The Council for Treatment Guidelines	HIV-infektsiooni kokkupuute-eelne ja -järgne profülaktika ning HIV-positiivsete isikute ravi	-	-	-	-	NA	NA	https://www.ravijuhend.ee/tervishoiuvarav/juhendid/195/hiv-infektsiooni-kokkupuute-eelne-ja-jargne-profulaktika-ning-hiv-positiivsete-isikute-ravi	HIV is a chronic viral infection that damages the immune system. HIV can be contracted during sexual intercourse or through direct contact with the blood of an infected person (including sharing syringes). The virus can also be transmitted from mother to child during pregnancy, childbirth or breastfeeding (1). The main risk groups for HIV infection are people who inject drugs (IDUs), people involved in prostitution and men who have sex with men (MSM). Heterosexual transmission must also be considered, and many infected people do not belong to any of the usual risk groups (2). Today, it is not possible to cure HIV, the infected person will always be a carrier of the virus, but it is possible to slow down the reproduction of the virus in the body with medicines. Combined antiretroviral therapy (ARV therapy) consisting of different active agents is used. With good treatment compliance, the number of virus copies in a person's blood cannot be determined and they are not infectious to others (treatment = prevention). Since it is not possible to get rid of the virus, it is important to avoid becoming infected with HIV. A pharmacological option for this is post-exposure prophylaxis (PEP). Pre-exposure prophylaxis (PrEP) programs, where people at high risk of infection take ARV drugs to prevent infection, have also been successful in recent years.	Diretrizes terapêuticas	Estonian	Estonia	Western and Central Europe and North America	Estonia	Western and Central Europe and North America	-	-	Other
Editorial	2019	The Lancet HIV	Are 2 million bottles of PrEP an empty gesture?	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(19)30220-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069718052&doi=10.1016%2fS2352-3018%2819%2930220-6&partnerID=40&md5=cb14d97704e0f8d8cf6a6e3bd3f9cb46	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Editorial	2019	The Lancet HIV	For the greatest impact, end caps on PrEP access now.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(19)30006-2	https://dx.doi.org/10.1016/S2352-3018(19)30006-2	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Editorial	2019	The Lancet HIV	New PrEP formulation approved…but only for some	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(19)30350-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073929885&doi=10.1016%2fS2352-3018%2819%2930350-9&partnerID=40&md5=eeef31a1d553d1b42825e9c8284a11f9	NA	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2019	Thiago Silva Torres; Konda, Kelika A; E Hamid Vega-Ramirez; Elorreaga, Oliver A; Diaz-Sosa, Dulce; Hoagland, Brenda; Diaz, Steven; Pimenta, Cristina; Benedetti, Marcos; Lopez-Gatell, Hugo; Robles-Garcia, Rebeca; Grinsztejn, Beatriz; Caceres, Carlos; Veloso, Valdilea G; ImPrEP Study Group 1, 2, 3	Factors Associated With Willingness to Use Pre-Exposure Prophylaxis in Brazil, Mexico, and Peru: Web-Based Survey Among Men Who Have Sex With Men	JMIR Public Health and Surveillance	-	-	-	NA	10.2196/15504	https://publichealth.jmir.org/2019/2/e13771/	Background: HIV disproportionally affects key populations including men who have sex with men (MSM). HIV prevalence among MSM varies from 17% in Brazil and Mexico to 13% in Peru, whereas it is below 0.5% for the general population in each country. Pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir is being implemented in the context of combination HIV prevention. Reports on willingness to use PrEP among MSM have started to emerge over the last few years. Previously reported factors associated with willingness to use PrEP include awareness, higher sexual risk behavior, and previous sexually transmitted infection. Objective: This study aimed to evaluate the factors associated with willingness to use daily oral PrEP among MSM in 3 Latin American, middle-income countries (Brazil, Mexico, and Peru). Methods: This Web-based, cross-sectional survey was advertised in 2 gay social network apps (Grindr and Hornet) used by MSM to find sexual partners and on Facebook during 2 months in 2018. Inclusion criteria were being 18 years or older, cisgender men, and HIV-negative by self-report. Eligible individuals answered questions on demographics, behavior, and PrEP (awareness, willingness to use, barriers, and facilitators). Multivariable logistic regression modeling was performed to assess the factors associated with willingness to use daily oral PrEP in each country. Results: From a total sample of 43,687 individuals, 44.54% of MSM (19,457/43,687) were eligible and completed the Web-based survey—Brazil: 58.42% (11,367/19,457), Mexico: 30.50% (5934/19,457), and Peru: 11.08% (2156/19,457); median age was 28 years (interquartile range: 24-34), and almost half lived in large urban cities. Most participants were recruited on Grindr (69%, 13,349/19,457). Almost 20% (3862/19,352) had never tested for HIV, and condomless receptive anal sex was reported by 40% (7755/19,326) in the previous 6 months. Whereas 67.51% (13,110/19,376) would be eligible for PrEP, only 9.80% (1858/18,959) of participants had high HIV risk perception. PrEP awareness was reported by 64.92% (12,592/19,396); this was lower in Peru (46.60%, 1002/2156). Overall, willingness to use PrEP was reported by 64.23% (12,498/19,457); it was highest in Mexico (70%, 4158/5934) and lowest in Peru (58%, 1241/2156). In multivariate regression models adjusted for age, schooling, and income in each country, willingness to use PrEP was positively associated with PrEP awareness and PrEP facilitators (eg, free PrEP and HIV testing) and negatively associated with behavioral (eg, concerned by daily pill regimen) and belief barriers (eg, sexual partners may expect condomless sex). Conclusions: In this first cross-country, Web-based survey in Latin America, willingness to use PrEP was found to be high and directly related to PrEP awareness. Interventions to increase awareness and PrEP knowledge about safety and efficacy are crucial to increase PrEP demand. This study provides important information to support the implementation of PrEP in Brazil, Mexico, and Peru.	Brazil; Mexico; Peru; Pre-exposure prophylaxis; Men who have sex with men; Public Health And Safety; Preventive healthcare pre-exposure prophylaxis; men who have sex with men; prevention; Latin America; surveys and questionnaires	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2019	Thomas R.; Skovdal M.; Galizzi M.M.; Schaefer R.; Moorhouse L.; Nyamukapa C.; Maswera R.; Mandizvidza P.; Hallett T.B.; Gregson S.	Improving risk perception and uptake of pre-exposure prophylaxis (PrEP) through interactive feedback-based counselling with and without community engagement in young women in Manicaland, East Zimbabwe: Study protocol for a pilot randomized trial	Trials	-	-	-	17456215	10.1186/s13063-019-3791-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075911816&doi=10.1186%2fs13063-019-3791-8&partnerID=40&md5=aa07757d658b3f4bbb101252d63b181f	Background: HIV incidence in adolescent girls and young women remains high in sub-Saharan Africa. Progress towards uptake of HIV prevention methods remains low. Studies of oral pre-exposure prophylaxis (PrEP) have shown that uptake and adherence may be low due to low-risk perception and ambivalence around using antiretrovirals for prevention. No evidence exists on whether an interactive intervention aimed at adjusting risk perception and addressing the uncertainty around PrEP will improve uptake. This pilot research trial aims to provide an initial evaluation of the impact of an interactive digital tablet-based counselling session, correcting risk perception, and addressing ambiguity around availability, usability, and effectiveness of PrEP. Methods/Design: This is a matched-cluster randomized controlled trial which will compare an interactive tablet-based education intervention against a control with no intervention. The study will be implemented in eight sites. In each site, two matched clusters of villages will be created. One cluster will be randomly allocated to intervention. In two sites, a community engagement intervention will also be implemented to address social obstacles and to increase support from peers, families, and social structures. A total of 1200 HIV-negative young women aged 18-24 years, not on PrEP at baseline, will be eligible. Baseline measures of endpoints will be gathered in surveys. Follow-up assessment at six months will include biomarkers of PrEP uptake and surveys. Discussion: This will be the first randomized controlled trial to determine whether interactive feedback counselling leads to uptake of HIV prevention methods such as PrEP and reduces risky sexual behavior. If successful, policymakers could consider such an intervention in school-based education campaigns or as post-HIV-testing counselling for young people. © 2019 The Author(s).	HIV prevention; Pre-exposure prophylaxis; Randomized trial; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2019	Thomas, Portia D	A Qualitative Exploration of Pre-Exposure Prophylaxis (PrEP) Initiation Decision-Making Among Men Who Have Sex with Men (MSM): "It Definitely was a Process".	Journal of the National Black Nurses Association	-	-	-	0885-6028	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-32176964	Pre-exposure prophylaxis (PrEP) is the first biomedical regimen approved to significantly reduce HIV transmission risk. Men who have sex with men (MSM) living in the South represent one of the most HIV-vulnerable populations; however, PrEP initiation is slow in this demographic. The factors leading to clients' decisions to initiate PrEP are relatively unknown. This study interviewed 14 MSM PrEP clients from 3 Southern states. The analysis revealed that 5 factors were integral to the sample's initiation of PrEP: HIV risk acknowledgment, HIV concern, PrEP understanding, PrEP accessibility, and PrEP consideration. From the analysis, a model emerged conceptualizing the decision-making process of PrEP initiation in this sample. This model is foundational to understanding the factors and their relationships affecting initiation of PrEP and can be used to develop effective interventions to facilitate PrEP initiation in MSM in the United States.	HIV prevention; MSM; PrEP; decision-making; qualitative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Tilchin C.; Schumacher C.M.; Psoter K.J.; Humes E.; Muvva R.; Chaulk P.; Checkley W.; Jennings J.M.	Human Immunodeficiency Virus Diagnosis after a Syphilis, Gonorrhea, or Repeat Diagnosis among Males Including non-Men Who Have Sex with Men: What Is the Incidence?	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000000964	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063014799&doi=10.1097%2fOLQ.0000000000000964&partnerID=40&md5=0755b7cb095f7721f272cfb192afec36	Background The release of the first drug for human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) in 2012 marked the beginning of a new era of HIV prevention. Although PrEP is highly efficacious, identifying and ultimately increasing uptake among the highest risk male subgroups remains a challenge. Methods Public health surveillance data from 2009 to 2016 was used to evaluate the risk of an HIV diagnosis after a syphilis (ie, primary, secondary, or early latent), gonorrhea, and repeat diagnoses among urban males, including men who have sex with men (MSM) and non-MSM in Baltimore City. Results Of the 1531 males with 898 syphilis diagnoses and 1243 gonorrhea diagnoses, 6.8% (n = 104) were subsequently diagnosed with HIV. Within 2 years, 1 in 10 syphilis or gonorrhea diagnoses were followed by an HIV diagnosis among MSM, and 1 in 50 syphilis or gonorrhea diagnoses were followed by an HIV diagnosis among non-MSM. Among non-MSM with gonorrhea, the rate of HIV incidence was 5.36 (95% confidence interval, 2.37-12.14) times higher in those with (vs. without) a subsequent syphilis diagnosis or gonorrhea diagnosis. Conclusions Local health care providers should offer PrEP to MSM diagnosed with syphilis or gonorrhea and to non-MSM with a previous gonorrhea diagnosis at time of a syphilis or gonorrhea diagnosis. The high proportion and short time to an HIV diagnosis among MSM after a syphilis or gonorrhea diagnosis suggest immediate PrEP initiation. © 2018 American Sexually Transmitted Diseases Association All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Tims-Cook Z.	A retrospective assessment of antecedent pre-exposure prophylaxis eligibility of HIV-Positive Women in the South	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2019.0046	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072154330&doi=10.1089%2fapc.2019.0046&partnerID=40&md5=8ddb9c4320e2a6179004b418f57c4c36	African American women disproportionately endure the predominance of HIV infections among women, especially in the South. HIV pre-exposure prophylaxis (PrEP) is recognized as an effective prevention strategy for individuals at higher risk of HIV acquisition. Accordingly, PrEP is recommended in heterosexually active adult persons who are HIV negative; not in a monogamous relationship with an HIV-negative partner; and infrequently use condoms with a partner who is a bisexual male, HIV positive, or uses recreational intravenous (IV) drugs. Despite PrEP's acceptance among other groups at higher risk of HIV acquisition, studies indicate low use among African American women in the South. It is unclear whether underutilization results from a low perceived risk of HIV infection or from miscalculation of risk by clinicians. To ascertain the fitness of current PrEP indicators to evaluate HIV acquisition risk in heterosexual women, 102 HIV-positive women in Atlanta, GA, were queried about their awareness of and participation in higher risk heterosexual relationship dynamics before their HIV diagnosis. Risk awareness and behaviors were retrospectively assessed to determine whether the same women, now HIV positive, would have been considered for PrEP before their HIV diagnoses. When queried, 66% reported having only one sexual partner, 64% reported having sex ≥4 times with the partner from whom they acquired HIV, and >90% reported no knowledge of their partners' HIV-positive status or bisexual orientation. As demonstrated, heterosexual women with only one sexual partner and limited awareness of their partners' HIV-positive status or bisexual orientation remain at substantial risk of HIV acquisition without suitable risk approximation strategies. © Copyright 2019, Mary Ann Liebert, Inc., publishers 2019.	HIV; PrEP; South; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Tolley E.E.; Li S.; Zangeneh S.Z.; Atujuna M.; Musara P.; Justman J.; Pathak S.; Bekker L.-G.; Swaminathan S.; Stanton J.; Farrior J.; Sista N.	Acceptability of a long-acting injectable HIV prevention product among US and African women: findings from a phase 2 clinical Trial (HPTN 076)	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25408	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074072777&doi=10.1002%2fjia2.25408&partnerID=40&md5=0709040df27c2a1be2c12c018a3159c8	Introduction: High HIV incidence and low adherence to daily oral PrEP among women underscore the need for more acceptable and easier to use HIV prevention products. Global demand for injectable contraception suggests that new, long-acting, injectable formulations could meet this need. We examine acceptability of a long-acting injectable PrEP among HIV-uninfected women in Zimbabwe, South Africa and two United States phase 2 trial sites. Methods: Quantitative surveys were administered at the first, fourth and sixth injection visits. Focus group discussions (FGD) were conducted after the sixth injection visit. We compared the acceptability of injectable product attributes, prevention preferences and future interest in injectable PrEP by site and arm and ran longitudinal ordinal logistic regression models to identify determinants of future interest in injectable PrEP. Results: Between April 2015 and February 2017, the trial enrolled 136 (100 African, 36 US) women with a median age of 31 years. Most participants (>75%) rated injectable attributes as very acceptable. While few reported rash or other side effects, 56% to 67% reported injection pain, with nonsignificant differences over time and between arms. During FGDs, participants described initial fear of the injectable and variable experiences with pain. Most US and African participants preferred injectable PrEP to daily oral pills (56% to 96% vs. 4% to 25%). Future interest in using injectable PrEP was associated with acceptability of product attributes and was higher in African than US sites. In FGDs, participants described multiple reasons for trial participation, including a combination of monetary, health-related and altruistic motivations. While associated with future interest in use in univariate models, neither altruistic nor personal motivations remained significant in the multivariate model. Conclusions: This study found that long-acting injectable PrEP is acceptable among African and US women experiencing product use. Acceptability of product attributes better predicted future interest in injectable use than experience of pain. This is reassuring as a single-dose regimen of a different product has advanced to phase 3 trials. Finally, the study suggests that future demand for an injectable PrEP by women may be greater in African than US settings, where the risk of HIV is highest. © 2019 FHI 360. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	acceptability; clinical trial; HIV prevention; injectable; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Tomko, Catherine; Park, Ju Nyeong; Allen, Sean T; Glick, Jennifer; Galai, Noya; Decker, Michele R; Katherine HA Footer; Sherman, Susan G	Awareness and Interest in HIV Pre-Exposure Prophylaxis Among Street-Based Female Sex Workers: Results from a US Context	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0182	https://pubmed.ncbi.nlm.nih.gov/30632769/	Pre-exposure prophylaxis (PrEP) has the potential to be an empowering HIV prevention tool among female sex workers (FSW), yet little is known about PrEP awareness and interest in this population. Sex workers and Police Promoting Health in Risky Environments (SAPPHIRE) is a prospective cohort study of street-based FSW in Baltimore, MD. A cross-sectional analysis explored awareness and interest in PrEP among HIV-negative FSW. Multivariable Poisson regressions modeled associations between individual, interpersonal, and structural variables and PrEP awareness and interest. Of n = 232 FSW, 66% were white, half were less than 35 years old, 59% injected drugs daily, and 66% sold sex daily. Only 21% of FSW were aware of PrEP, though 74% were interested. PrEP awareness was associated with experiencing client condom coercion adjusted incidence rate ratio (aIRR) = 0.50, 95% CI: 0.28–0.90 and condomless sex with an intimate partner (aIRR = 0.54, 95% CI: 0.30–0.98). PrEP interest was associated with perceiving PrEP as "very easy" to take (aIRR = 1.91, 95% CI: 1.49–2.45) and moving to an unfamiliar geographic area to sell sex (aIRR = 1.20, 95% CI: 1.04–1.39). Women who had a current gonorrhea or chlamydia infection were less likely to be interested in PrEP (aIRR = 0.75, 95% CI: 0.59–0.95). Though PrEP awareness among FSW is low, there are FSW who are significantly more likely to express interest in PrEP and outreach efforts should target these women. Results suggest that women-controlled HIV prevention methods may be important for reducing incidence among FSW.	Incidence; HIV; Pre-exposure prophylaxis; pre-exposure prophylaxis; prevention; Prevention; Disease prevention; Sex work; Prophylaxis; Gonorrhea; Prostitution; Sex worker; Health promotion; Sex; Regression analysis; Police; Occupational exposure; awareness; sex work; Occupational health; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Sex industry; Health risks; Woman; Control methods; Sapphire	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Too L.; Hailili G.; Zhen C.; Xiaoqing T.; Aijie C.; Zhao Z.; Jianghong D.	The confidence affects willingness to use pre-exposure prophylaxis among msm, based on path analysis	Chinese Journal of Endemiology	-	-	-	20954255	10.3760/cma.j.issn.0254-6450.2019.10.020	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074968572&doi=10.3760%2fcma.j.issn.0254-6450.2019.10.020&partnerID=40&md5=2f184b6a3f2aaa2d7d5bdef494a01735	Objective To analyze the influence of the confidence to pre-exposure prophylaxis (PrEP) on the willingness to use PrEP in men who have sex with men (MSM) by using the path analysis model based on structural equation model approach. Methods A total of 550 MSM were recruited in Urumqi by snowball method and a questionnaire survey was conducted among them. According to the professional knowledge and analysis results of the confidence and willingness to use PrEP, structural equation model (SEM) analysis method was used to construct a path analysis model. Results A total of 513 MSM participated in the survey. The modified path equation model was well fitted, with the modified fitting index as: CFI=0.993, RMSEA<0.00\, and ,4£F/=0.984. The confidence to PrEP had direct influence on the willingness; the degree of influence from sex partners, the attitude of sex partner to PrEP and the positive emotions not only had direct effects on willingness of PrEP use, but also had indirect effects on willingness of PrEP use by affecting the confidence to it; the role in sexual behavior, AIDS severity, HIV prevention behavior had direct effects on willingness of PrEP use. The proportion of HIV infection in the population had no direct effects on willingness of PrEP use, but had indirect effects on willingness of PrEP use by affecting the confidence to it. Conclusions The confidence to PrEP had influence on willingness of PrEP use in MSM, therefore targeted activities can be conducted to improve the confidence and willingness of MSM in taking the PrEP and reducing the risk of HIV infection in MSM. Compared with the traditional multiple regression analysis, the path analysis using the structural equation model could better reveal the mediating effect between the independent variables and dependent variables. © 2019 Chinese Medical Association. All rights reserved.	Confidence; Men who have sex with men; Path analvsis; Pre-exposure prophylaxis; Willingness	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Tookes H.; Yao K.; Chueng T.; Butts S.; Karsner R.; Duque M.; Cardenas G.; Feaster D.J.; Doblecki-Lewis S.	Pre-exposure prophylaxis access in federally qualified health centers across 11 United States metropolitan statistical areas	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462419855178	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068934470&doi=10.1177%2f0956462419855178&partnerID=40&md5=f819d674e364d9c38a1f48df567e2556	Pre-exposure prophylaxis (PrEP) is a promising tool for HIV prevention, but uptake has been slow in key demographics and geographic areas including racial and ethnic minorities. Federally qualified health centers (FQHCs), serving those with heightened risk of contracting HIV, including low-income and minority patients regardless of ability to pay, are potential sites for PrEP delivery. This study aims to determine availability of PrEP at FQHCs in the US. FQHCs in the 11 largest U.S. metropolitan statistical areas (MSAs) were included. The south included Atlanta, Dallas, District of Columbia, Houston, and Miami. Reference MSAs included Boston, Chicago, Los Angeles, New York, Philadelphia, and San Francisco. We randomly selected 360 FQHCs for phone calls in which investigators queried the availability of PrEP for HIV prevention at each center. The study was powered to determine a 10% difference in proportion of clinics with PrEP services by region. We used a bivariate logistic regression to compare cities and regions. The percentage of FQHCs providing PrEP generally was low within this sample, with 0–28.0% offering PrEP services in the southern and 14.0–33.3% in reference metropolitan areas. Overall, 19.3% of clinics sampled indicated that they offered PrEP. Logistic regression did not show any difference between southern and reference regions (p = 0.779). However, the total number of FQHCs was significantly lower in southern metropolitan areas (p = 0.014). FQHCs in all metropolitan areas provided limited access to PrEP. Interventions, including technical assistance to increase PrEP availability in these settings catering to underserved populations, could be beneficial. © The Author(s) 2019.	federally qualified health centers; HIV; men who have sex with men; Pre-exposure prophylaxis; prevention; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2019	Torres T.S.; Konda K.A.; Vega-Ramirez E.H.; Elorreaga O.A.; Diaz-Sosa D.; Hoagland B.; Diaz S.; Pimenta C.; Benedetti M.; Lopez-Gatell H.; Robles-Garcia R.; Grinsztejn B.; Caceres C.; Veloso V.G.	Factors associated with willingness to use pre-exposure prophylaxis in Brazil, Mexico, and Peru: Web-based survey among men who have sex with men	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/13771	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077350159&doi=10.2196%2f13771&partnerID=40&md5=a7e8c1e32a2fe3be6365c109cf2d0b67	Background: HIV disproportionally affects key populations including men who have sex with men (MSM). HIV prevalence among MSM varies from 17% in Brazil and Mexico to 13% in Peru, whereas it is below 0.5% for the general population in each country. Pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir is being implemented in the context of combination HIV prevention. Reports on willingness to use PrEP among MSM have started to emerge over the last few years. Previously reported factors associated with willingness to use PrEP include awareness, higher sexual risk behavior, and previous sexually transmitted infection. Objective: This study aimed to evaluate the factors associated with willingness to use daily oral PrEP among MSM in 3 Latin American, middle-income countries (Brazil, Mexico, and Peru). Methods: This Web-based, cross-sectional survey was advertised in 2 gay social network apps (Grindr and Hornet) used by MSM to find sexual partners and on Facebook during 2 months in 2018. Inclusion criteria were being 18 years or older, cisgender men, and HIV-negative by self-report. Eligible individuals answered questions on demographics, behavior, and PrEP (awareness, willingness to use, barriers, and facilitators). Multivariable logistic regression modeling was performed to assess the factors associated with willingness to use daily oral PrEP in each country. Results: From a total sample of 43,687 individuals, 44.54% of MSM (19,457/43,687) were eligible and completed the Web-based survey-Brazil: 58.42% (11,367/19,457), Mexico: 30.50% (5934/19,457), and Peru: 11.08% (2156/19,457); median age was 28 years (interquartile range: 24-34), and almost half lived in large urban cities. Most participants were recruited on Grindr (69%, 13,349/19,457). Almost 20% (3862/19,352) had never tested for HIV, and condomless receptive anal sex was reported by 40% (7755/19,326) in the previous 6 months. Whereas 67.51% (13,110/19,376) would be eligible for PrEP, only 9.80% (1858/18,959) of participants had high HIV risk perception. PrEP awareness was reported by 64.92% (12,592/19,396); this was lower in Peru (46.60%, 1002/2156). Overall, willingness to use PrEP was reported by 64.23% (12,498/19,457); it was highest in Mexico (70%, 4158/5934) and lowest in Peru (58%, 1241/2156). In multivariate regression models adjusted for age, schooling, and income in each country, willingness to use PrEP was positively associated with PrEP awareness and PrEP facilitators (eg, free PrEP and HIV testing) and negatively associated with behavioral (eg, concerned by daily pill regimen) and belief barriers (eg, sexual partners may expect condomless sex). Conclusions: In this first cross-country, Web-based survey in Latin America, willingness to use PrEP was found to be high and directly related to PrEP awareness. Interventions to increase awareness and PrEP knowledge about safety and efficacy are crucial to increase PrEP demand. This study provides important information to support the implementation of PrEP in Brazil, Mexico, and Peru. © 2021 JMIR Publications Inc. All rights reserved.	Latin America; Men who have sex with men; Pre-exposure prophylaxis; Prevention; Surveys and questionnaires	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2019	Torres, Thiago S; Luz, Paula M; De Boni, Raquel B; de Vasconcellos, Mauricio T L; Hoagland, Brenda; Garner, Alex; Moreira, Ronaldo I; Veloso, Valdilea G; Grinsztejn, Beatriz	Factors associated with PrEP awareness according to age and willingness to use HIV prevention technologies: the 2017 online survey among MSM in Brazil.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2019.1619665	https://www.tandfonline.com/doi/full/10.1080/09540121.2019.1619665	Brazil has the largest population of individuals living with HIV/AIDS in Latin America with a disproportional prevalence of infection among men who have sex with men (MSM). This study evaluated PrEP awareness by age (18-24, 25-35, ≥36 years), its associated factors and the willingness to use HIV prevention technologies among MSM using a GSN app in Brazil. Inclusion criteria were ≥18 years-old, cisgender men and HIV-negative serostatus. Of 7242 individuals, 4136 (57%) completed the questionnaire. PrEP awareness was reported by 51% (though lower among MSM aged 18-24 and ≥36 years) and its associated factors were higher family income, most friends with the same sexual orientation, high number of male sexual partners and marijuana use. HIV testing (never vs. at least once) lead to an almost 3-fold increase in the odds of PrEP awareness. High HIV risk perception led to increased PrEP awareness only among MSM aged 18-24 years. A total of 2335 (56%) was willing to use daily oral PrEP. PrEP awareness remains low in Brazil and mobile tools are key strategies to reach MSM and increase awareness of prevention technologies. Community-based interventions could add to online campaigns to reach the most vulnerable, which include young, non-white and lower-income MSM.	HIV; prevention; MSM; PrEP; Latin America; Young MSM	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2019	Torres, Thiago S; Marins, Luana M S; Veloso, Valdilea G; Grinsztejn, Beatriz; Luz, Paula M	How heterogeneous are MSM from Brazilian cities? An analysis of sexual behavior and perceived risk and a description of trends in awareness and willingness to use pre-exposure prophylaxis	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-019-4704-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076987279&doi=10.1186%2fs12879-019-4704-x&partnerID=40&md5=2b64b4bb707de41c3ebafd1041e41a1e	Background: Brazil has the largest population of individuals living with HIV/AIDS in Latin America, with a disproportional prevalence of infection among gays, bisexuals and other men who have sex with men (MSM). Of relevance to prevention and treatment efforts, Brazilian MSM from different regions may differ in behaviors and risk perception related to HIV. Methods: We report on MSM living in 29 different cities: 26 Brazilian state capitals, the Federal District and two large cities in São Paulo state assessed in three web-based surveys (2016-2018) advertised on Grindr, Hornet and Facebook. Using logistic regression models, we assessed the association of risk behavior with HIV perceived risk as well as factors associated with high-risk behavior. Results: A total of 16,667 MSM completed the survey. Overall, MSM from the North and Northeast were younger, more black/mixed-black, of lower income and lower education compared to MSM from the South, Southeast and Central-west. Though 17% had never tested for HIV (with higher percentages in the North and Northeast), condomless receptive anal sex (previous 6 months) and high-risk behavior as per HIV Incidence Risk scale for MSM were observed for 41 and 64%, respectively. Sexual behavior and HIV perceived risk had low variability by city and high-risk behavior was strongly associated with high HIV perceived risk. Younger age, being gay/homosexual, having a steady partner, binge drinking, report of sexually transmitted infection (STI) and ever testing for HIV were associated with increased odds of high-risk behavior. Awareness and willingness to use PrEP increased from 2016 to 2018 in most cities. Conclusions: Overall, MSM socio-demographic characteristics were heterogeneous among Brazilian cities, but similarities were noted among the cities from the same administrative region with a marked exception of the Federal District not following the patterns for the Central-West. Combination HIV prevention is most needed among young men who self-identify as gay/homosexual, report binge drinking or prior STI. © 2019 The Author(s).	Brazil; HIV perceived risk; HIV risk behavior; Latin America; MSM; PrEP; Web-based survey	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2019	Tortelli, Brett A; Char, Douglas M; Crane, John S; Powderly, William G; Salter, Amber; Chan, Philip A; Patel, Rupa R	Comfort Discussing HIV Pre-exposure Prophylaxis With Patients Among Physicians in an Urban Emergency Department.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000001890	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6331216	Pre-exposure prophylaxis (PrEP), containing tenofovir disoproxil fumarate/emtricitabine, is effective to prevent HIV.1–7 One million adults are estimated to be in need of PrEP and engaging providers that can link at-risk persons into the PrEP continuum of care remains a priority.8–11 Emergency department (ED) physicians encounter at-risk individuals presenting an opportunity for PrEP education and linkage to care.12–15 Studies of PrEP awareness have focused on infectious diseases, HIV and primary care physicians.8,16–20 We assessed awareness and comfort in discussing PrEP with at-risk individuals among ED physicians in Missouri. From February through March 2017, we conducted an anonymous online survey of physicians in the Division of Emergency Medicine at Washington University in St. Louis (See Supplemental Digital Content). Participants were recruited through the department listserve using Qualtrics software (Qualtrics, Provo, UT). Survey development was informed by prior studies regarding provider PrEP awareness.16,21,22 At the time survey, the department had 88 physicians who were faculty, fellows and residents, and there had been no department PrEP education sessions. The study was approved by the Washington University in St. Louis Institutional Review Board. The 26-item questionnaire included physician demographics (i.e., level of training and years having practiced medicine since obtaining a medical degree) and seven topic domains: comfort in discussing HIV risk factors and PrEP with patients, awareness of PrEP, concerns with prescribing PrEP, perceived barriers to discussing PrEP with patients, educational training interest, training modality preference, and department support for training. The majority of question responses used a 5-point Likert scale: 1) strongly agree, 2) somewhat agree, 3) neither agree nor disagree, 4) somewhat disagree, and 5) strongly disagree and were used to create a binary measure of agree (1-2) versus did not agree (3-5) for the analysis. The primary outcome was comfort in discussing PrEP with patients. Comfort was defined as "strongly agree" or "somewhat agree." We assessed having an interest in PrEP educational training using a 3-point scale: 1) not interested, 2) moderately interested, and 3) very interested and defined (1) as "not interested" versus (2-3) as "interested." Training modality preferences included: 1) in-person training, 2) webinar, 3) self-guided online training, 4) written materials, and 5) other. Perceptions of having department support for PrEP training used a 3-point scale: 1) not supportive, 2) moderately supportive, and 3) very supportive and defined (1) as "no support" versus (2-3) as "support." Bivariate analyses were performed between the primary outcome and awareness- and concern-related factors. Multivariable logistic regression was performed to determine awareness- and concern-related predictors of comfort discussing PrEP with patients. Predictors that were significantly associated with comfort discussing PrEP in bivariate analyses were incorporated into the final regression model. Odds ratios (OR) and 95% confidence intervals (CI) are reported. All statistical tests were two-sided and the significance level was set at 0.05. Statistical analyses were performed using SPSS version 24 (IBM Corporation, Chicago, IL). Of 88 adult-trained emergency department physicians contacted, 76.0% completed the survey and were included in analyses. Many (64.2%) were faculty and the median years of practicing medicine were 15 years (interquartile range 10–25 years). Most (79.1%) had previously heard of PrEP to prevent HIV infection, but few (23.9%) reported awareness of the current Centers for Disease Control and Prevention (CDC) PrEP prescribing guidelines7 and only 34.3% were familiar with any current research regarding PrEP safety and efficacy. Providers reported being comfortable discussing intravenous drug use (100.0%) and sexual practices (95.5%) with their patients. However, under half (43.3%) of respondents reported being comfortable discussing PrEP with their patients. Twenty-three percent were aware of local PrEP care referral information for their patients. Concerns with PrEP prescribing included potential medication side effects (89.6%) and the selection for antiretroviral resistance (70.1%). Many (67.2%) reported that non-PrEP strategies should be attempted prior to PrEP initiation and that PrEP prescribing would lead to riskier sexual practices (47.8%). Over half (53.7%) of the providers were concerned that PrEP is not effective in reducing HIV transmission. In bivariate analyses, the comfort of providers discussing PrEP with their patients was associated with awareness of guidelines (P < 0.001),7 familiarity with current research on PrEP safety and efficacy (P < 0.01), awareness of local care referral information (P < 0.001), and the lack of a concern that PrEP was not effective (P < 0.01). When adjusting for the concern that PrEP is not effective, awareness of the guidelines (OR: 5.49; 95% CI: 1.14-26.48) and awareness of care referral information (OR: 6.54; 95% CI: 1.45-29.56) were significantly associated with comfort in discussing PrEP with patients (Table 1).	PrEP; HIV prevention; emergency department; awareness; implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Touger R.; Wood B.R.	A Review of Telehealth Innovations for HIV Pre-Exposure Prophylaxis (PrEP)	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-019-00430-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062970477&doi=10.1007%2fs11904-019-00430-z&partnerID=40&md5=d0e1ad113fdeb248ee7a4be234ad1bfa	Purpose of Review: This review summarizes novel interventions that employ technology to improve HIV pre-exposure prophylaxis (PrEP) availability, uptake, and adherence. Recent Findings: Several notable technology-based programs are increasing access to PrEP in unique ways. We identified multiple models for using telehealth to bolster PrEP dissemination and adherence, such as mobile applications that offer PrEP prescribing without an in-person visit, longitudinal distance telementoring for community provider PrEP education and clinical guidance, and electronic consults for PrEP specialist support in the primary care setting. Outcomes data for all of these modalities are limited but show promise. Summary: Technology-based interventions can address gaps in the PrEP care continuum. Future research should assess and compare outcomes, scalability, cost-effectiveness, and sustainability. Costs associated with the creation of new technological tools slow innovation and the field would benefit from a platform for technology sharing. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Pre-exposure prophylaxis; Technology; Telehealth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Tracer, Howard; Jasmin, Wilnise	Screening for HIV Infection and Preexposure Prophylaxis for the Prevention of HIV Infection.	American Family Physician	-	-	-	1532-0650	NA	https://www.aafp.org/pubs/afp/issues/2019/1115/p637.pdf	Nucleoside reverse transcriptase inhibitors (NRTIs) remain a critical component of therapy for HIV-infected patients. The drugs are effective, relatively inexpensive and an important component of antiretroviral therapy (ART), particularly in areas where the introduction of effective therapy has been delayed. They are an essential part of initial therapy for HIV and for prevention of mother-to-child transmission; however, toxicities and resistance may limit their use. The role for pre-exposure prophylaxis (PrEP) to reduce sexual transmission of HIV is still undefined, but this use may have a significant impact on NRTI resistance worldwide, most particularly in areas where subtype C predominates. With increasing prevalence of resistant HIV, the approval of new agents that are effective against resistant virus, and those that use novel cellular targets, are essential. Large studies are now in progress examining the safety and efficacy of NRTI-sparing regimens, but results are not currently available. NRTIs may lose relevance in the not distant future unless steps are put in place to reduce the development and spread of NRTI-resistant viruses, and new NRTIs with minimal toxicity are developed that have a novel resistance profile. This article describes the principal NRTIs, their mechanism of action, and resistance and selected toxicities of the class and of the individual drugs.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Traeger, Michael W, MSc; Cornelisse, Vincent J, PhD, MBBS; Asselin, Jason, BSc; Price, Brian, MBA; Roth, Norman J, MBBS; Willcox, Jeff, MBBS; Tee, Ban Kiem, MBBS; Fairley, Christopher K, PhD, MBBS; Chang, Christina C, PhD, MBBS; Armishaw, Jude, BNurs; Vujovic, Olga, MBBS; Penn, Matthew, MBBS; Cundill, Pauline, BM; Forgan-Smith, George, MBBS; Gall, John, PhD, MBBS; Pickett, Claire, MBBS; Lal, Luxi, BPharm; Mak, Anne, BPharm; Spelman, Tim D, MBBS, MSc; Nguyen, Long, MCom; Murphy, Dean A, PhD; Ryan, Kathleen E, PhD; El-Hayek, Carol, MEpi; West, Michael, BA; Ruth, Simon, MSSc; Batrouney, Colin, BA; Lockwood, John T, BN; Hoy, Jennifer F, MBBS; Hellard, Margaret E, PhD, MBBS; Stoové, Mark A, PhD; Wright, Edwina J, PhD, MBBS	Association of HIV Preexposure Prophylaxis With Incidence of Sexually Transmitted Infections Among Individuals at High Risk of HIV Infection: The Journal of the American Medical Association	JAMA - Journal of the American Medical Association	-	-	-	00987484	10.1001/jama.2019.2947	https://pubmed.ncbi.nlm.nih.gov/30964528/	Importance Emerging evidence suggests that risk of bacterial sexually transmitted infections (STIs) increases among gay and bisexual men following initiation of HIV preexposure prophylaxis (PrEP). Objective To describe STI incidence and behavioral risk factors among a cohort of predominantly gay and bisexual men who use PrEP, and to explore changes in STI incidence following PrEP commencement. Design, Setting, and Participants The Pre-exposure Prophylaxis Expanded (PrEPX) Study, a multisite, open-label intervention study, was nested within the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS) clinic network. A total of 4275 participants were enrolled (July 26, 2016–April 1, 2018) in Victoria, Australia. Of these, 2981 enrolled at 5 ACCESS clinics (3 primary care, 1 sexual health, and 1 community-based HIV rapid testing service), had at least 1 follow-up visit, and were monitored until April 30, 2018. Exposures Upon enrollment, participants received daily oral tenofovir disoproxil fumarate and emtricitabine for HIV PrEP, quarterly HIV and STI testing, and clinical monitoring. Main Outcomes and Measures The primary outcome was incidence of chlamydia, gonorrhea, or syphilis. Incidence rates and hazard ratios describing behavioral risk factors of STI diagnosis were calculated. Incidence rate ratios (IRRs), adjusted for change in testing frequency, described changes in STI incidence from 1-year preenrollment to study follow-up among participants with preenrollment testing data (n = 1378). Results Among the 2981 individuals (median age, 34 years interquartile range, 28-42), 98.5% identified as gay or bisexual males, 29% used PrEP prior to enrollment, 89 (3%) withdrew and were censored at date of withdrawal, leaving 2892 (97.0%) enrolled at final follow-up. During a mean follow-up of 1.1 years (3185.0 person-years), 2928 STIs were diagnosed among 1427 (48%) participants (1434 chlamydia, 1242 gonorrhea, 252 syphilis). STI incidence was 91.9 per 100 person-years, with 736 participants (25%) accounting for 2237 (76%) of all STIs. Among 2058 participants with complete data for multivariable analysis, younger age, greater partner number, and group sex were associated with greater STI risk, but condom use was not. Among 1378 participants with preenrollment testing data, STI incidence increased from 69.5 per 100 person-years prior to enrollment to 98.4 per 100 person-years during follow-up (IRR, 1.41 95% CI, 1.29-1.56). After adjusting for testing frequency, the increase in incidence from 1 year preenrollment to follow-up was significant for any STI (adjusted IRR, 1.12 95% CI, 1.02-1.23) and for chlamydia (adjusted IRR, 1.17 95% CI, 1.04-1.33). Conclusions and Relevance Among gay and bisexual men using PrEP, STIs were highly concentrated among a subset, and receipt of PrEP after study enrollment was associated with an increased incidence of STIs compared with preenrollment. These findings highlight the importance of frequent STI testing among gay and bisexual men using PrEP.	Tenofovir; Emtricitabine; Incidence; Bisexuality; HIV/AIDS; Pre-exposure prophylaxis; Men; Males; Sexually transmitted infection; Risk factors; Infections; Syphilis; Health care; Prophylaxis; Chlamydia; Gonorrhea; Exposure; Sexual and reproductive health; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Enrollments; Gays & lesbians; Health risks; Risk taking; Mathematical analysis; Risk analysis; Meetings And Congresses; Data processing	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Theses and Dissertations	2019	Troth, Brian Jonathan	Amour à risques: A Reworking of Risk in the PrEP Era in France	-	-	The Ohio State University	-	NA	NA	http://rave.ohiolink.edu/etdc/view?acc_num=osu1562092704692905	At the crossroads of French Studies, Visual Studies, and Queer theory, my dissertation seeks to confront notions of risk and responsibility to argue that society's perceptions of risk have changed in relation to a pre-AIDS world and the onset of AIDS and that contemporary treatments such as PrEP (Pre-Exposure Prophylaxis) continue to refine our definition of risk. While much recent scholarship has been written about AIDS in the 1980s and 1990s, I would like to address contemporary AIDS narratives that respond to advances in medication and a shift in our understanding of AIDS from a death sentence, to a chronic disease, and now to a preventable illness.In order to explore how gay men's relationship with risk has been articulated in artistic production and has evolved with the availability of PrEP in France, my dissertation confronts cultural production throughout the epidemic. Film and literature analysis of Herve Guibert's work establishes a relationship between taking risks with one's health and the feelings of shame often felt in the early days of the epidemic, while a critical look at Cyril Collard's Les Nuits fauves in tandem with public health campaigns demonstrate how beauty is manipulated in times of epidemic. Engaging with Erik Remes's allows for further nuancing of the question of responsibility, and suggest that the epidemic resulted in a vilification of behavior that was not only deemed risky, but also irresponsible. Finally, I explore contemporary notions of risk through a study of prevention campaigns, film, newspaper articles, and interviews. The HIV/AIDS narrative in contemporary France is one that is marked by new modes of communication, the creation of a digital queer space, and a revisiting of the trauma of AIDS. The first three chapters are in the tradition of medical humanities and film studies approach, and the fourth chapter requires a shift methodology to one that emphasizes cultural studies and oral testimonies, necessitating onsite research with local activists.	Health; Modern Literature; Film Studies; Foreign Language; Gender Studies; Gender; Public Health; Gender studies; HIV; AIDS; Visual studies; Queer studies; Trauma theory; French; French Studies; risk; medical humanities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Theses and Dissertations	2019	Troutman, Jamie	Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: A Mixed-Methods Study of Sexual Risks and Knowledge, Perceptions, and Willingness of PrEP Use Among African American Women in the South	-	-	University of South Carolina	-	NA	NA	https://scholarcommons.sc.edu/etd/5459	There are approximately 1.1 million people living with HIV in United States, with nearly 40,000 new diagnoses annually. Significant regional and racial disparities are associated with HIV diagnoses — with the South experiencing the greatest burden of HIV and African American women accounting for 60% of new diagnoses among women. Pre-exposure prophylaxis (PrEP) has been designated as an effective tool to prevent HIV transmission among individuals who may be at risk of HIV infection. Earlier PrEP research has focused mainly on at-risk groups such as men who have sex with men (MSM). Previous PrEP research involving African American women included mixed-race and mixed-gender populations, took place in larger, urban cities, and were mainly single-method studies. Given the disproportionate burden of HIV in the South and among African American women, further HIV prevention research is needed in this region and with this at-risk population. Therefore, a sequential, mixed-methods study was conducted to 1) examine the sexual behaviors that put African American women, living in the Southeast, at risk of HIV infection and eligible for PrEP and 2) to explore African American women's current knowledge, perceptions, and willingness of PrEP use for HIV prevention. Data were collected from May 2018 – April 2019 from African American women, 18 years of age or older, who were HIV-negative, and resided in the Southeastern United States. Quantitative data were collected from 413 women, through a confidential, self-administered sexual behavior survey. Four focus groups were conducted, with 27 women, to discuss sexual risk behaviors and PrEP for HIV prevention. Quantitative results demonstrate African American women are engaging in sexual risk behaviors that make them eligible for PrEP use, with nearly half of eligible women reporting an interest in potential PrEP use. Predictors of PrEP interest among women included younger age (18-35 years), perceived risk of HIV, receiving or giving money for sex, past experience of sexual assault, and comfort with condom negotiation. Qualitative data analyses revealed major themes around 1) sexual risk behaviors linked to HIV and 2) potential PrEP use for HIV prevention. First, several themes emerged highlighting HIV risk behaviors and multi-level factors that influence risk behaviors. These included: 1) lack of condom use; 2) HIV status, disclosure, and testing; 3) sexual partner sharing; 4) cultural and southern influences; 5) perceived societal worth; and 6) health care system and provider experiences impacting health care seeking. Second, several themes emerged which highlighted African American women's thoughts and likelihood of potential PrEP use. These included: 1) knowledge and awareness of PrEP; 2) perceptions of PrEP; 3) willingness to use PrEP; 4) concerns about PrEP; and 5) recommendations to increase PrEP uptake. Study findings are encouraging of PrEP implementation efforts targeting African American women in the South. It is important that future efforts to increase PrEP uptake be…	Medicine and Health Sciences; Public Health; Public Health Education and Promotion; HIV; African American women; Southern United States; sexual risk behaviors; knowledge of PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2019	Trujillo, Lindsay; Chapin-Bardales, Johanna; German, Emilio J; Kanny, Dafna; Wejnert, Cyprian	Trends in Sexual Risk Behaviors Among Hispanic/Latino Men Who Have Sex with Men - 19 Urban Areas, 2011-2017.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm6840a2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6788398	Correct and consistent condom use and human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) are protective against sexual transmission of HIV (1,2). The incidence of HIV infection among Hispanic/Latino men who have sex with men (MSM) in the United States is increasing (3). HIV risk among Hispanic/Latino MSM differs based on their place of birth and years of U.S. residence (4). Data from CDC's National HIV Behavioral Surveillance (NHBS)* for 2011-2017 were analyzed to assess changes in sexual risk behaviors among Hispanic/Latino MSM by place of birth and years of U.S. residence. Overall, condomless anal sex during the previous 12 months increased from 63% in 2011 to 74% in 2017, and PrEP use during the previous 12 months increased from 3% in 2014 to 24% in 2017. Regardless of place of birth, nearly 75% of Hispanic/Latino MSM reported condomless anal sex during 2017. However, because of PrEP use, <60% of non-U.S.-born Hispanic/Latino MSM and <50% of U.S.-born Hispanic/Latino MSM reported unprotected anal sex (condomless anal sex and no PrEP use) during 2017. Results indicate that PrEP can be a vital tool for reducing HIV transmission among Hispanic/Latino MSM, especially those who have condomless anal sex. Interventions to prevent HIV acquisition, including increasing PrEP uptake, could address cultural and linguistic needs of Hispanic/Latino MSM, as well as other barriers to prevention of HIV infection typically faced by all MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Tugume L.; Muwonge T.R.; Joloba E.N.; Isunju J.B.; Kiweewa F.M.	Perceived risk versus objectively measured risk of HIV acquisition: A cross-sectional study among HIV-negative individuals in Serodiscordant partnerships with clients attending an Urban Clinic in Uganda	BMC Public Health	-	-	-	14712458	10.1186/s12889-019-7929-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075785020&doi=10.1186%2fs12889-019-7929-0&partnerID=40&md5=417394affc261a93545142c7d3b1d1eb	Background: Acceptability of Pre-exposure Prophylaxis (PrEP) could be hampered by low self-perceived risk for HIV acquisition. Moreover, discordance between risk perception and actual risk of HIV acquisition is likely to occur. We assessed congruence between the level of self-perceived and that of objectively scored risk of HIV acquisition among HIV-negative individuals in discordant relationships. Methods: This was a cross-sectional study among a representative sample of HIV-negative adult males and females whose partners were receiving antiretroviral therapy for at least 3 months from the Infectious Diseases Institute Clinic in Kampala, Uganda. Perceived risk was measured based on self-report using a numerical rating scale whereas objective risk was measured using a validated risk score tool. Congruence between perceived risk and objectively scored risk was evaluated using descriptive statistics and validity measures. Incongruence between the two phenomena was further evaluated using univariate and multivariate regression analyses. Results: HIV-negative partners evaluated in this study were mostly male (64%) with a median age of 41 years (IQR 35 to 50). Majority (76.3%) of the partners perceived themselves as low risk for HIV acquisition. Similarly, most (93.8%) were objectively scored as low risk. However, nearly three quarters (72.7%) of partners who were objectively scored as high risk perceived themselves as being at low risk and all were men. The sensitivity and specificity of perceived risk for detecting the objectively measured risk was 27.3 and 76.5% respectively; area under ROC curve = 0.52; 95%CI (0.38, 0.66). The proportion of participants at high risk of HIV acquisition who perceived their risk as low was greater among those whose partners had detectable viral load compared to participants whose partners had undetectable viral load (PR = 0.51; 95%CI 0.29 to 0.90). Conclusion: Incongruence between perceived and objectively measured risk of HIV acquisition does occur especially among individuals whose partners had a detectable viral load. PrEP counselling for serodiscordant couples should focus on explaining the consequence of detectable viral load in the HIV-positive partner on HIV transmission risk. © 2019 The Author(s).	HIV; Pre-exposure prophylaxis; Risk perception	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Theses and Dissertations	2019	Turner, Deanne E.	Using the Consolidated Framework for Implementation Research to Investigate Daily Pre-exposure Prophylaxis (emtricitabine/tenofovir DF) Implementation via Community-based HIV Testing Sites in Florida	-	-	Florida International University	-	NA	NA	https://digitalcommons.usf.edu/etd/8419 https://digitalcommons.usf.edu/context/etd/article/9616/viewcontent/Turner_usf_0206D_15410.pdf	Background: Pre-exposure prophylaxis (PrEP) is a daily pill that can reduce a person's chances of acquiring HIV. HIV testing and counseling is a critical point during which non-clinical staff could intervene, discuss and/or refer clients for PrEP. However, not all HIV testing/counseling staff take part in PrEP implementation in the same way. This study investigated: 1) the underlying PrEP implementation subgroups of staff who perform HIV testing and 2) PrEP implementation as a function of key constructs from the Consolidated Framework for Implementation Research (CFIR). Methods: This study was a mixed methods concurrent triangulation design, in which qualitative and quantitative data were collected concurrently and data were triangulated during analysis and interpretation. Latent Class Analysis (LCA) was performed using MPlus.v.8 on a sample of 150 HIV testing/counseling staff in Florida. The LCA technique groups participants based on similarities in how they answer a predetermined set of questions (here, five items related to PrEP-implementation behaviors). The final LCA model and corresponding latent classes were determined based upon fit indices and theoretical interpretation. Two generalized linear mixed models were conducted to estimate PrEP implementation as a function of key variables from the CFIR. A total of 22 interviews were completed and data were analyzed thematically. Results: A LCA with four models was conducted–containing 1, 2, 3 or 4 classes, respectively. Based on consideration of fit statistics and theoretical relevance, a 3-class LCA was selected. Class one (labeled "Universal"; 42%; n=62) includes HIV testing/counselors who were PrEP advocates; "Universal" participants were likely to talk about PrEP with clients, regardless of client eligibility, and likely to share physical information about PrEP (e.g. brochures). Class two (labeled "Eligibility Dependent"; 33%; n=48) includes staff who were most likely to discuss PrEP if they believed their client met the indications for PrEP. Staff in Class 3 (labeled "Limited"; 25%; n=37) spoke to clients about PrEP inconsistently. Several variables under the CFIR have a statistically significant association with PrEP implementation among HIV testing staff, including race, sexual orientation, relative priority, and available resources. Qualitative data revealed the importance of available resources, cosmopolitanism, and leadership in PrEP implementation within community-based HIV testing sites. Conclusions: Not all HIV testing and counseling staff discuss PrEP with clients. Some staff differentially discuss PrEP based on eligibility, or inconsistently talk to clients about PrEP. Understanding implementation subgroups can assist in training and program development. Furthermore, understanding the factors that could affect PrEP implementation (e.g. availability of PrEP-related resources) may help organizations to better prepare HIV testing staff to more seamlessly implement PrEP education and referrals.	HIV prevention; PrEP; Sexual health; Theory; Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Theses and Dissertations	2019	Tyo, Kevin Michael	Electrospun fibers and nanoparticles for the prevention of sexually transmitted infections.	-	-	University of Louisville	-	NA	NA	https://ir.library.louisville.edu/etd/3344	Human immunodeficiency virus-1 (HIV-1) and herpes simplex virus 2 (HSV-2) affect hundreds of millions of people worldwide, with women disproportionately impacted by these infections. Currently, only oral pre-exposure prophylaxis (PrEP) is approved specifically for the prevention of HIV-1, but is challenged with adverse side effects associated with long-term use. Topical delivery platforms, such as gels and films, deliver agents directly to the female reproductive tract, but are limited in providing transient-release. The technology of polymeric electrospun fibers may serve as alternative topical delivery platform to the female reproductive tract. In these studies, we fabricated electrospun fibers comprised of different polymers or polymer blends that possess different physical attributes and fiber architectures. The goal was to provide sustained-release of agents such as the antiretroviral tenofovir disoproxil fumarate (TDF) and the antiviral lectin, Griffithsin (GRFT). We hypothesized that these delivery platforms would prevent HIV-1 and HSV-2 infections, while retaining the safety and biocompatibility of free agent. To determine the amount of GRFT loading and release from fiber formulations, ELISA was conducted, whereas TDF quantification was performed using absorbance measurements. Next, the in vitro efficacy of composites was assessed in HIV-1 and HSV-2 infectivity assays. From these initial results, multilayered fiber composites, free NPs, and hydrophilic fibers were tested for safety and antiviral efficacy within a murine model. Animal studies were conducted using 5-week-old female BALB/c mice, histology and cytokine expression were evaluated from mouse reproductive tracts and vaginal lavages collected 24 and 72 hr following platform administration. In parallel experiments, mice were administered fibers, followed by a single challenge 4 or 24 hr later with HSV-2 (LD90). Viral progression was monitored for 14 days post viral challenge to evaluate potential infection. Statistical significance for all studies was determined using one-way ANOVA with Bonferroni post hoc test (p < 0.05), while log-ranked post hoc tests were used for antiviral efficacy studies. Future studies will consider encapsulation of multiple antiviral compounds to provide synergetic protection against infection.	Nanoparticles; electrospun fibers; griffithsin; HIV; microbicide; vaginal delivery; Nanomedicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2019	Vaccher S.J.; Marzinke M.A.; Templeton D.J.; Haire B.G.; Ryder N.; McNulty A.; Foster R.; Grulich A.E.; Zablotska I.B.; Bloch M.; Carr A.; Cheung C.; Gianacas C.; Guy R.; Holt M.; Kaldor J.; Mackie B.; Mayer K.; McAllister J.; Murphy D.; Ooi C.; Pell C.; Poynten I.M.; Prestage G.; de Wit J.; Wright E.; Callander D.; Cooper D.; Crooks L.; Duck T.; Holden J.; Keen P.; Kelleher A.; Mitchell J.; Price K.; Selvey C.; Schmidt H.-M.; Telfer B.; Whittaker B.; Wilson D.	Predictors of Daily Adherence to HIV Pre-exposure Prophylaxis in Gay/Bisexual Men in the PRELUDE Demonstration Project	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2353-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058104226&doi=10.1007%2fs10461-018-2353-5&partnerID=40&md5=c5e5c75d86a1ee698b0d98dac36c9651	Adequate adherence to pre-exposure prophylaxis (PrEP) is critical to prevent HIV infection, but accurately measuring adherence remains challenging. We compared two biological blood drug concentrations in plasma and peripheral blood mononuclear cells (PBMC) and two self-reported measures (facilitated recall to clinicians and self-report in online surveys) and identified predictors of daily PrEP adherence among gay and bisexual men (GBM) in their first 12 months on PRELUDE, an open-label, single-arm PrEP demonstration project in New South Wales, Australia. 327 participants were enrolled; 263 GBM attended their 12-month follow-up visit (81% retention). Overall, 91% of blood samples had plasma drug concentrations indicative of taking 7 pills/week, and 99% had protective drug concentrations (≥ 4 pills/week). Facilitated recall to clinicians identified 99% of participants with protective adherence as measured by PBMC drug concentrations. Daily adherence measured by facilitated recall was associated with behavioural practices including group sex (aOR 1.33, 95% CI 1.15–1.53, p < 0.001). Retained participants maintained high adherence to daily PrEP over 12 months, confirmed by four different measures. Facilitated recall to clinicians is a suitable measure for assessing PrEP adherence in populations engaged in care where there is established trust and rapport with patients. Trial registration: ClinicalTrials.gov NCT02206555. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Blood tenofovir concentrations; Facilitated recall; HIV; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Vaitses Fontanari, Anna Martha; Zanella, Gabriel Ibarra; Feijó, Marina; Churchill, Siobhan; Rodrigues Lobato, Maria Inês; Costa, Angelo Brandelli	HIV-related care for transgender people: A systematic review of studies from around the world.	Social Science & Medicine	-	-	-	1873-5347	10.1016/j.socscimed.2019.03.016	https://dx.doi.org/10.1016/j.socscimed.2019.03.016	RATIONALE: Transgender people face unique challenges, such as structural, interpersonal, and individual vulnerabilities to chronic diseases. Stigma and prejudice may hamper their access to health care and prevent their inclusion in the labor market, as well as cause exposition to violence. Labor market exclusion contributes to engagement in survival sex work, which increases HIV infection vulnerability. HIV continuum of care combines HIV prevention (including antiretroviral pre-exposure prophylaxis (PrEP), antiretroviral post-exposure prophylaxis (PEP) and HIV testing) with linkage to care (that is, initiating, maintaining and monitoring antiretroviral therapy). Currently, many studies evaluate the access barriers and facilitators to HIV care for transgender people. OBJECTIVE: The present systematic review aimed to provide a clear summary of the current literature on HIV-related care for transgender men, transgender women and gender diverse people. METHOD: Inclusion criteria were peer-reviewed quantitative studies, published through April 04, 2018, concerning transgender women, transgender men and gender diverse people and HIV-related care, which was any intervention aiming to prevent, treat or alleviate the impact of HIV on these populations. RESULTS: From 6,585 references, 62 articles were included: Three articles had results on PEP, 18 on PrEP, 29 on HIV-testing, 17 on access to health care, and 13 on adherence to treatment. CONCLUSIONS: The present study is the first systematic review evaluating HIV-related care for transgender people. Data collection is still scarce regarding transgender men and gender diverse people. Worldwide, testing for HIV infection does not necessarily enable access to the HIV continuum of care for transgender populations or even guarantee awareness of HIV seropositivity.	Transgender men; Transgender women; Gender diverse people; HIV testing; PrEP; PEP; Adherence to treatment; Access to health services	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2019	Valdiserri, Ronald O; Holtgrave, David R	Pre-exposure Prophylaxis for HIV Infection: Preventing Disease or Promoting Sexual Health?	Journal of Community Health	-	-	-	00945145	10.1007/s10900-018-00616-3	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv-infection-preventing/docview/2164908349/se-2?accountid=8113	Practitioners of public health recognize that disease prevention and health promotion occupy the same continuum of activities that are aimed at improving individual and population health. Closely related as they are, however, these two domains are not identical—either in concept or in practice. Their differences owe to the widely-accepted definition of health as a state of "complete physical, mental and social well-being and not merely the absence of disease or infirmity" 1. Namely, while the absence of disease brought about by prevention activities is a laudable goal and an important component of health, it may not be the only condition necessary to achieve and sustain overall health.	HIV/AIDS; Pre-exposure prophylaxis; Prevention; Sexual health; Disease prevention; Public health; Prophylaxis; Health promotion; Sexual and reproductive health; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences; Preventive healthcare; Population health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	van de Vijver D.A.M.C.; Richter A.-K.; Boucher C.A.B.; Gunsenheimer-Bartmeyer B.; Kollan C.; Nichols B.E.; Spinner C.D.; Wasem J.; Schewe K.; Neumann A.	Cost-effectiveness and budget effect of pre-exposure prophylaxis for HIV-1 prevention in Germany from 2018 to 2058	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2019.24.7.1800398	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061849430&doi=10.2807%2f1560-7917.ES.2019.24.7.1800398&partnerID=40&md5=c3ac91eb4e4276e22ae503548199f1fb	Background: Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy for men-whohave- sex-with-men (MSM). The high cost of PrEP has until recently been a primary barrier to its use. In 2017, generic PrEP became available, reducing the costs by 90%. Aim: Our objective was to assess cost-effectiveness and costs of introducing PrEP in Germany. Methods: We calibrated a deterministic mathematical model to the human immunodeficiency virus (HIV) epidemic among MSM in Germany. PrEP was targeted to 30% of high-risk MSM. It was assumed that PrEP reduces the risk of HIV infection by 85%. Costs were calculated from a healthcare payer perspective using a 40-year time horizon starting in 2018. Results: PrEP can avert 21,000 infections (interquartile range (IQR): 16,000-27,000) in the short run (after 2 years scaleup and 10 years full implementation). HIV care is predicted to cost EUR 36.2 billion (IQR: 32.4-40.4 billion) over the coming 40 years. PrEP can increase costs by at most EUR 150 million within the first decade after introduction. Ten years after introduction, PrEP can become cost-saving, accumulating to savings of HIVrelated costs of EUR 5.1 billion (IQR: 3.5-6.9 billion) after 40 years. In a sensitivity analysis, PrEP remained cost-saving even at a 70% price reduction of antiretroviral drug treatment and a lower effectiveness of PrEP. Conclusion: Introduction of PrEP in Germany is predicted to result in substantial health benefits because of reductions in HIV infections. Short-term financial investments in providing PrEP will result in substantial cost-savings in the long term. © 2019, European Centre for Disease Prevention and Control (ECDC). All rights reserved.	anti human immunodeficiency virus agent; antiretrovirus agent	English	Sweden	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2019	Van Epps P.; Wilson B.M.; Garner W.; Beste L.A.; Maier M.M.; Ohl M.E.	Incidence of HIV in a Nationwide Cohort Receiving Pre-exposure Prophylaxis for HIV Prevention	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002186	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074742199&doi=10.1097%2fQAI.0000000000002186&partnerID=40&md5=48edcd4ef5d2164b94e14102a10a410b	Background:Cases of HIV, while infrequent, have been reported during tenofovir disoproxil fumarate/emtricitabine use as pre-exposure prophylaxis (PrEP). We describe the incidence of HIV and patterns of PrEP use within the Veterans Health Administration (VHA).Methods:We conducted a retrospective cohort study among persons initiating PrEP in the VHA between July 2012 and April 2016 using national VHA data. We defined time on PrEP and time at risk of HIV exposure as the total time from the first PrEP fill to exhaustion of supply of the final PrEP prescription. We identified incident cases of HIV infection after PrEP initiation based on laboratory data. Medication adherence measures and days without pills were calculated using pharmacy fill data. We used a chart review to determine patient-reported PrEP use around the time of diagnosis.Results:We identified 825 unique patients initiating PrEP; they were 97% men and 67% white, with a mean age of 41 years. Six HIV infections were observed during the study period, yielding an HIV incidence of 0.8 (Poisson exact 95% confidence interval: 0.3 to 1.8) cases per 100 person-years. Two cases occurred during active PrEP use by self-report and perfect adherence based on fill data. Both were infected with viruses containing the M184V mutation. Four additional cases were diagnosed after self-reported discontinuation.Conclusions:HIV infection was rare in a nationwide cohort of PrEP users. Although most of the infections occurred during inconsistent PrEP use, infections during periods of high measured adherence were also observed. These findings highlight the importance of PrEP persistence during periods of risk. © 2019 The Author(s). Published by Wolters Kluwer Health, Inc.	HIV incidence; pre-exposure prophylaxis; Veterans Health Administration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Van Obberghen E.K.; Viard D.; Lafeuillade A.; Civiletti A.; Rocher F.; Drici M.-D.	Are current guidelines adapted for patient eligibility to PrEP? A case report	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-019-4239-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068825836&doi=10.1186%2fs12879-019-4239-1&partnerID=40&md5=0dc8d7a9b0c4832b7ce6331a0c2b6a6e	Background: Despite effective antiretroviral therapy developed over the last decade, HIV infection remains a major worldwide public health problem. Recently, a promising preventive treatment has been made available for HIV prophylaxis, PrEP for pre-ExPosure Prophylaxis. Indeed, it was shown to significantly reduce the risk of HIV infection in patients exposed to high risk of infection such as men having sex with men (MSM), heterosexuals and people who inject drugs. Several issues pertaining to PrEP remain uncertain including short and long-term adverse events, drug resistance, risk compensation and resurgence of other sexually transmitted infections. Case presentation: We report a case of a 52-year-old MSM eligible for PrEP as he was exposed to a high risk of HIV infection, presented no clinical symptoms of HIV primary infection and was seronegative for HIV. PrEP therapy was then initiated with fixed association of emtricitabine-tenofovir disoproxil. One month later, HIV tests using two different assays were positive, despite perfect compliance reported by the patient and confirmed by plasma drug level. A retrospective search for plasma viral RNA in the blood sample before PrEP initiation turned out positive. Genotyping and treatment sensitivity performed on sample after one month of PrEP showed a virus resistance to lamivudine and emtricitabine. Similar cases in the literature and pivotal studies have reported HIV infections in patients initiating or undergoing PrEP. These patients where either infected but still seronegative, displaying no clinical symptoms upon enrollment, or became infected during PrEP. Reasons are mainly poor compliance to treatment, resistance to PrEP, and lack of diagnosis before PrEP. Guidelines advocate safe sex behavior before initiation, search for clinical signs of HIV primary infection and two different serologic tests performed with one-month interval. Discussion and conclusions: Our patient newly HIV infected received PrEP as he was still seronegative. Current recommendations fail to screen recently HIV infected, but still seronegative patients who are initiating PrEP. This issue raises strong concerns regarding the lack of adequate selection for eligibility to PrEP and may contribute to exposing partners to HIV infection and select viral mutations. Infection risk could be minimized by search for plasma viral HIV RNA at pre-inclusion, at least for patients suspected of unsafe behaviors such as non-respect of the non-exposure period before PrEP initiation. © 2019 The Author(s).	Antiretroviral therapy; HIV diagnostic tests; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2019	van Vliet, Marjolein M; Hendrickson, Cheryl; Nichols, Brooke E; Boucher, Charles Ab; Peters, Remco Ph; van de Vijver, David Amc	Epidemiological impact and cost-effectiveness of providing long-acting pre-exposure prophylaxis to injectable contraceptive users for HIV prevention in South Africa: a modelling study.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25427	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6922023	INTRODUCTION: Although pre-exposure prophylaxis (PrEP.) is an efficacious HIV prevention strategy, its preventive benefit has not been shown among young women in sub-Saharan Africa, likely due to non-adherence. Adherence may be improved with the use of injectable long-acting PrEP methods currently being developed. We hypothesize that providing long-acting PrEP to women using injectable contraceptives, the most frequently used contraceptive method in South Africa, could improve adherence to PrEP, result in a reduction of new HIV infections, and be a relatively easy-to-reach target population. In this modelling study, we assessed the epidemiological impact and cost-effectiveness of providing long-acting PrEP to injectable contraceptive users in Limpopo, South Africa. METHODS: We developed a deterministic mathematical model calibrated to the HIV epidemic in Limpopo. Long-acting PrEP was provided to 50% of HIV negative injectable contraceptive users in 2018 and scaled-up over two years. We estimated the number of HIV infections that could be averted by 2030 and the drug price of long-acting PrEP for which this intervention would be cost-effective over a time horizon of 40 years, from a healthcare payer perspective. In the base-case scenario we assumed long-acting PrEP is 75% effective in preventing HIV infections and 85% of infected individuals are on antiretroviral drug therapy (ART) by 2030. In sensitivity analyses we adjusted PrEP effectiveness and ART coverage. Costs between \$519 and \$1119 per disability-adjusted life-year (DALY) averted were considered potentially cost-effective, and <\$519 as cost-effective. RESULTS: Without long-acting injectable PrEP, 224,000 (interquartile range 176,000 to 271,000) new infections will occur by 2030; use of long-acting injectable PrEP could prevent 21,000 (17,000 to 26,000) or 9.8% (8.9% to 10.6%) new HIV infections by 2030 (including 6000 (4000 to 7000) in men). Long-acting PrEP would prevent 34,000 (29,000 to 39,000) or 12,000 (8000 to 15,000) at 75% and 95% ART coverage by 2030 respectively. To be considered potentially cost-effective the annual long-acting PrEP drug price should be <\$16, and/or ART coverage remains at <85% in 2030. CONCLUSIONS: Providing long-acting PrEP to injectable contraceptive users in Limpopo is only potentially cost-effective when long-acting PrEP drug prices are low. If low prices are not feasible, providing long-acting PrEP only to women at high risk of HIV infection will become important.	HIV, long-acting pre-exposure prophylaxis, injectable contraceptives, cost-effectiveness, South Africa	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2019	Vaughn, Kendra; Dillon, Patrick J; Kedia, Satish K	Barriers to PrEP uptake: Perspectives of community health workers in the Mid-South region of the United States	Journal of HIV/AIDS & Social Services	-	-	-	15381501	10.1080/15381501.2019.1655512	https://www.proquest.com/scholarly-journals/barriers-prep-uptake-perspectives-community/docview/2311910626/se-2?accountid=8113	Despite its promise, pre-exposure prophylaxis (PrEP) uptake has been slow in the United States with fewer than 100,000 of the 1.1 million Americans considered at substantial risk for HIV currently taking it. Community health workers play a critical role in promoting PrEP awareness and access in their local communities. However, there is currently limited literature that focuses on barriers faced by community health workers providing PrEP services. The present qualitative study draws upon the social ecological model (SEM) to examine barriers to PrEP uptake from the perspective of community health workers in a large Mid-South U.S. city. Study participants identified several barriers at all five levels of the SEM: individual, interpersonal, community, organizational, and policy. The study findings provide viable entry points for multilevel interventions aimed at promoting PrEP uptake.	HIV; Pre-exposure prophylaxis; pre-exposure prophylaxis (PrEP); Health services; Prophylaxis; Community; qualitative research; Access; intervention; Community health; community health workers; Barriers; Barrier; Social ecological model; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; United States--US; Workers; Medical personnel; Consciousness; Ecological models; Health professional; Community health worker	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2019	Vazquez L., Moll A.P., Kacin A.; Ndlovu N.E.; Shenoi S.V.	Perceptions of HIV Preexposure Prophylaxis among Young Pregnant Women from Rural KwaZulu-Natal, South Africa	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2018.0242	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85065135054&doi=10.1089%2Fapc.2018.0242&partnerID=40&md5=1c2e01e0f320987b494cbfd0e04bc140	1	1	1	1	1	1	1	1	1	condom; HIV; preexposure prophylaxis; pregnancy; primary prevention; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Velleva J.; Ngure K.; Kiptinness C.; Quame-Amaglʼi T.; Thuo N.; Dow K.; Kimani M.; Gakuo S.; Unger J.A.; Kolko B.; Baeten J.M.; Celum C.; Mugo N.; Heffron R.	A clinic-based tablet application to support safer conception among HIV serodiscordant couples in Kenya: feasibility and acceptability study	mHealth	-	-	-	23069740	10.2103/7mhealth.2019.01.04	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068705345&doi=10.2103%2F7mhealth.2019.01.04&partnerID=40&md5=e3ae65c5d85cf7b07be996ea862e6d90	1	1	1	1	1	1	1	1	1	Africa; HIV prevention; mHealth; safer conception; tablet application	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2019	Velleva, Jennifer	Depression and HIV Pre-Exposure Prophylaxis Use among sub-Saharan African Women	-	-	-	University of Washington	-	NA	https://digital.lib.washington.edu/server/api/core/bitstreams/1ac31ac5b7bc-47c8-4e4d-88bb-99e5b2f96c1c/content	1	1	1	1	1	1	1	1	1	HIV; Africa; Women; Pre-exposure prophylaxis; Public health; Epidemiology; Depression; Mental health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2019	Velleva, Jennifer, MPH; Bacchetti, Peter, MS, Ph; Hendrix, Craig W, MD; Murrasue, Pamela, MPH, PhD; Hughes, James P, PhD; Li, Meiqi, MMath; Curlin, Marcel E, MD; Holte, Timothy H, MD, MPH; Mesenbrink, Sharon, MD; Marzinke, Mark A, PhD; Amico, K Rivet, PhD; Liu, Albert, MD, MPH; Piwowar-Manning, Estelle, MT, ASCP; Eshleman, Susan H, MD, PhD; Dye, Bonnie J, MPH;	Short- and Long-Term Pharmacologic Measures of HIV Pre-exposure Prophylaxis Use Among High-Risk Men Who Have Sex With Men in HPTN 067/ADAPT	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002128	https://www.proquest.com/scholarly-journals/short-long-term-pharmacologic-measures-hiv-pre/docview/2297760917/se-2?accountid=8113	1	1	1	1	1	1	1	1	1	Tenofovir; Emtricitabine; Pre-exposure prophylaxis; Plasma; Men who have sex with men; Sexual behavior; Pharmacology; Prophylaxis; Education; Randomization; Exposure; Hair; Age; Correlation analysis; Alcohol use; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Health risks; Higher education; Correlation coefficients; Alcoholic beverages	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Ventura J.D.; Belzer J.; Allen E.; Zhang T.; Hough K.A.; Uchil P.D.; Ochsenbauer C.; Kieffer C.; Kumar P.; Hope T.J.; Mothes W.	Longitudinal bioluminescent imaging of HIV-1 infection during antiretroviral therapy and treatment interruption in humanized mice	PLoS Pathogens	-	-	-	13537366	10.1371/journal.ppat.1008161	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074870691&doi=10.1371%2Fjournal.ppat.1008161&partnerID=40&md5=e9e1641d29d38f7a52126d2d7d9bc38e	1	1	1	1	1	1	1	1	1	Animals; Anti-HIV Agents; Disease Models, Animal; HIV Infections; HIV-1/humans; Luminescent Measurements; Lymphoid Tissue; Mice; Virus Replication	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2019	Verdejo Ortiz, José	Public health and eradication of infection by the Human Immunodeficiency Virus.	Revista Española de Salud Pública	-	-	-	2173-9110 1135-5727	NA	https://pubmed.ncbi.nlm.nih.gov/31782412/	1	1	1	1	1	1	1	1	1	Humans; Anti-HIV Agents/therapeutic use; HIV; Spain; Spain/epidemiology; Communicable Disease Control/*methods; Pre-Exposure Prophylaxis/*methods; Pre-exposure prophylaxis; Human immunodeficiency virus; HIV Infections/*prevention & control/*therapy; Public Health/*methods; Acquired Immunodeficiency Syndrome; Acquired Immunodeficiency Syndrome/*prevention & control/*therapy/virology; HIV disease eradication	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Article	2019	Ward, Helen	MO.1 Impact of HIV PrEP on risk compensation and STI epidemiology – what does the evidence show?	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2019-sti.24	https://www.proquest.com/scholarly-journals/s03-1-impact-hiv-prep-on-risk-compensation-sti/docview/2256660768/se-2?accountid=8113	1	1	1	1	1	1	1	1	1	Epidemics; PrEP; prevention; Risk compensation; epidemiology; Sexually transmitted infection; Human immunodeficiency virus; Pre-exposure prophylaxis; Epidemiology; Prep; Compensation; systematic review; Human immunodeficiency virus--HIV; Medical Sciences--Dermatology And Venereology; Oral contraceptive pill	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Ward, Lori M, PhD; Bruce, Marino A, PhD, MSRC, MDiv; Thorpe, Roland J, Jr, PhD; Mena, Leandro, MD, MPH; Nunn, Amy, ScD; Crosby, Richard, PhD	Correlates Associated With Willingness to Start Pre-exposure Prophylaxis Among Young Black Men Who Have Sex With Men (MSM) in Jackson, Mississippi	Family and Community Health	-	-	-	01606379	10.1097/FCH.0000000000000225	https://www.proquest.com/scholarly-journals/correlates-associated-with-willingness-start-pre/docview/2277989936/se-2?accountid=8113	1	1	1	1	1	1	1	1	1	Pre-exposure prophylaxis; Mississippi; Prevention; Men who have sex with men; Prophylaxis; African Americans; Exposure; Correlates; Analysis; Sex; Heterogeneity; Human immunodeficiency virus--HIV; United States--US; Medical Sciences; Health risks; Viruses	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Ware, Norma C	Qualitative Contributions to Implementation Research on HIV Prevention and Treatment.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002214	https://dx.doi.org/10.1097/QAI.0000000000002214	1	1	1	1	1	1	1	1	1	qualitative research; implementation science; HIV prevention; HIV treatment sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Weld, Ethel Derby	Alternative Delivery Strategies for HIV Prevention & Treatment	-	-	-	Johns Hopkins University	-	NA	http://jhir.library.jhu.edu/handle/1774.2/61553	1	1	1	1	1	1	1	1	1	HIV Pre-exposure Prophylaxis (PrEP) Youth Long-Acting Antiretrovirals Microbicides Acceptability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-
Article	2019	Wexred S.L.; Rhoades H.; Le Moto-Kerr W.; Duan L.; Harris T.; Rice E.; Henwood B.F.	Do HIV risk and prevention behaviors change over time among adults in permanent supportive housing?	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1576849	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061057451&doi=10.1080%2F09540121.2019.1576849&partnerID=40&md5=9956f4c8d8ab0872f4678bbc4f82ba6e	1	1	1	1	1	1	1	1	1	HIV prevention; HIV risk behavior; permanent supportive housing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Vuylsteke, Bea; Reynders, Thijs; De Baetselier, Irith; Nitsellinger, Christiana; Crucitti, Tania; Buyze, Jozefien; Kenyon, Chris; Wouters, Kristien; Laga, Marie	High uptake of pre-exposure prophylaxis (PrEP) during early roll-out in Belgium: Results from surveillance reports	Sexual Health	-	-	-	14485028	10.1071/SH18071	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85047409922&doi=10.1071%2FSH18071&partnerID=40&md5=67671a309ef19fc1fcdf1548fb8b81ae	1	1	1	1	1	1	1	1	1	PrEP; HIV prevention; MSM; Belgium; adherence; STI; event-driven	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2019	Vuylsteke, Bea; Reynders, Thijs; De Baetselier, Irith; Nitsellinger, Christiana; Crucitti, Tania; Buyze, Jozefien; Kenyon, Chris; Wouters, Kristien; Laga, Marie	Daily and event-driven pre-exposure prophylaxis for men who have sex with men in Belgium: results of a prospective cohort measuring adherence, sexual behaviour and STI incidence.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25407	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6819946/	1	1	1	1	1	1	1	1	1	INTRODUCTION: Pre-Exposure Prophylaxis (PrEP) is highly effective in reducing the risk for HIV infection among men who have sex with men (MSM), and may have an important impact in slowing down HIV incidence. However, concerns about low medication adherence, increased risk behaviour and reduced condom use when using PrEP. The aim of this study was to assess these factors prospectively among MSM using daily and event-driven PrEP in Belgium. METHODS: An open-label prospective cohort study was conducted from October 2017 to May 2018 at the Institute of Tropical Medicine, in Antwerp, Belgium. At enrolment, MSM at high risk for HIV chose between daily or event-driven PrEP. They were allowed to switch regimens or stop taking PrEP at each of their bi-monthly visits. Data were collected on an electronic case report form, web-based diary and self-administered questionnaire. Screening for HIV and other Sexually Transmitted Infections (STIs) was also performed. RESULTS: Two hundred MSM were followed-up for a total duration of 318 person-years. At month 18, 75.4% of the participants were on daily and 24.6% were on event-driven PrEP. The mean proportion of covered sex acts by PrEP for the complete follow-up period was 91.2% for all participants, 96.5% for daily and 67.0% for event-driven PrEP use. The number of casual and anonymous sex partners was significantly higher for daily users, as compared with event-driven users, but did not change over time. In contrast, the mean proportion of condomless receptive anal intercourse with casual and anonymous partners increased significantly over time (p = 0.001), but was not different between daily and event-driven users (p = 0.1). The incidence of bacterial STIs was 57.9 per 100 person-years (95% CI 43.6 to 75.1). The incidence of gonorrhoea, syphilis and lymphogranuloma venereum was 29.6 per 100 person-years. CONCLUSIONS: Daily and event-driven PrEP are effective and well-adapted HIV prevention tool for MSM in Belgium. Participants adapted daily and event-driven regimens to their own needs and were able to adapt their PrEP adherence to risk exposure.	MSM; Receptive anal intercourse; PrEP; Uptake; Risk score; HIV-1	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Editorial	2019	Walensky, Rochelle P; Pahel, A David	New USPSTF Guidelines for HIV Screening and Preexposure Prophylaxis (PrEP): Straight At's.	JAMA Network Open	-	-	-	2574-3805	10.1001/jamanetworkopen.2019.5042	https://dx.doi.org/10.1001/jamanetworkopen.2019.5042	NA	1	1	1	1	1	1	1	1	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2019	Walmsley, Ben; Gallant, Dan; Naccarato, Mark; Hull, Mark; Smith, Alex; Tan, Darrell Hoi-Sau	The PrEP You Want: A Web-Based Survey of Online Cross-Border Shopping for HIV Prophylaxis Medications.	Journal of Medical Internet Research	-	-	-	1438-8871	10.2196/12076	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6603100/	1	1	1	1	1	1	1	1	1	BACKGROUND: In response to the high cost of HIV pre-exposure prophylaxis (PrEP) medications in Canada, community organizations have created internet-based guides detailing how to legally order generic medications online and travel to collect them in the United States. However, little is known about the patients following these guides. OBJECTIVE: Our primary objective was to measure the proportion of Ontario gay, bisexual, and other men who have sex with men (GBMSM) accessing these online guides who intended to use the border-crossing approach. Our secondary objectives were to explore their demographic characteristics, their completion of the steps in the border-crossing approach, and the barriers they perceived. METHODS: Between July 20, 2017, and May 18, 2018, we administered two online surveys to GBMSM who accessed a border-crossing guide. The first survey was administered to participants at baseline and the second survey was administered to participants on the guide's landing page and a follow-up survey 3 months later. The data were analyzed using descriptive statistics. We used multivariable logistic regression to identify characteristics associated with the intention to use the border-crossing approach. RESULTS: Most of the 141 participants were young (median age 23, interquartile range 22-25 years) and black (79.4%, 112/141). GBMSM who had completed a college or an undergraduate degree (62.4%, 88/141) were common. In addition, 19.9% (28/141) of them reported a total family income less than $30,000 and another 53.9% (76/141) reported income between $30,000 and $60,000. 54.6% (76/141) paid for medications entirely out of pocket. Most participants indicated that they were likely to complete a border-crossing approach: 80.1% (113/141) at baseline and 79.1% (87/110) at follow-up. The characteristics associated with the intention to use the approach included being black (adjusted odds ratio aOR 5.73, 95% CI 2.06-16.01), paying for medications out of pocket (aOR 7.18, 95% CI 3.82-17.04), and having a provider who was thought to be willing to prescribe PrEP (aOR 4.42, 95% CI 1.63-12.41). Comparing baseline and follow-up for the 110 participants who completed both surveys, we found that 11.8% (13/110) of them had used the approach by follow-up. The most commonly used pharmacies were Canadian Discount Pharmacy (7/13, 54%) and Rx Outlet (3/13, 23%). All had ordered medications to that mailbox, whereas only 1.8% (1/110) and 0.9% (1/110) had crossed the border to collect them at baseline and follow-up, respectively. Reported barriers included perceived concerns about the approach's legality (56.0%, 79/141), the security of personal health information (39.0%, 55/141), and the safety of online vendors (38.3%, 54/141). CONCLUSIONS: Despite high interest in pursuing an online border-crossing approach to get PrEP medications, such an approach may not be a viable option for PrEP scale-up among interested GBMSM because of logistical challenges and perceptions of safety and legitimacy.	MSM, Receptive anal intercourse, PrEP, Uptake, Risk score, HIV-1	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Walsh J.L.	Applying the Information–Motivation–Behavioral Skills Model to Understand PrEP Intentions and Use Among Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-018-2371-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85058161936&doi=10.1007%2Fs10461-018-2371-3&partnerID=40&md5=5a7b3d5d295e8c3fd0065d2ca6e9ead	Research is needed to determine the strategies for interventions to increase pre-exposure prophylaxis (PrEP) uptake. The Information–Motivation–Behavioral Skills (IMB) model has not been tested for PrEP use among men who have sex with men (MSM). Men and transgender women and men were surveyed at a community event in the Midwest in 2014 (N = 476, 60% White, Mage = 33). New measures assessed PrEP knowledge, attitudes, stigma, descriptive and subjective norms, and intentions, and participants reported on PrEP use. We tested the IMB model for a subsample of HIV-negative MSM and transgender individuals (N = 357) using structural equation modeling. Only 12% of participants used PrEP. New measures performed well and were reliable (α = 0.83–0.94). Structural models generally supported the IMB model knowledge, stigma, and self-efficacy were directly associated with use, and attitudes, stigma, and descriptive norms had indirect effects on use via self-efficacy. The IMB model may be useful when developing PrEP interventions for MSM. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	1	1	1	1	1	1	1	1	1	HIV prevention; Information–motivation–behavioral skills model; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wang H.; Zhang Y.; Mei Z.; Jia Y.; Lesha S.I.; Zhang J.; Cha Z.; Ding H.; Jiang Y.; Geng W.; Shang H.; Xu J.	Protocol for a multicenter, real-world study of HIV pre-exposure prophylaxis among men who have sex with men in China (ChinaPrEP)	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-019-4355-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070967536&doi=10.1186%2Fs12879-019-4355-y&partnerID=40&md5=3c7fa85b3f8ce40fa4899ab0e0f0b7a1	Background: Pre-exposure prophylaxis (PrEP) is a promising and effective tool to prevent human immunodeficiency virus (HIV) transmission; however, context-specific data to guide optimal implementation are currently lacking in China. This study aims to systematically collect comprehensive, empirical data to determine effective ways to implement PrEP among at-risk men who have sex with men (MSM) in China. Methods: The CHOPrEP project, a real-world study of PrEP use, will recruit 1000 high-risk HIV-negative MSM participants from four cities in China, who will be able to choose between daily or event-driven dosing regimens, according to their preference. Participants will be followed up at months 1, 3, 6, 9, and 12 for PrEP provision, clinical evaluation, laboratory testing (e.g., eurrieulum-tenofovir disoproxil fumarate (FTC/TDF) concentrations, and HIV/sexually transmitted infections), alongside detailed, self-administered online questionnaires regarding sexual behaviors, adherence, and attitudes. Online weekly notes will be used to record pill use and sexual practice. Various measurements will be triangulated to assess adherence, including self-reported adherence, pill count, and drug concentration. A propensity score matching model will be fitted to examine the effectiveness of PrEP use in HIV seroconversion compared with non-PrEP users selected from a local expanding cohort study of HIV-1-negative MSM. Discussion: The CHOPrEP project is the first study of the TDF/FTC combination as PrEP in China, which will provide primary data on PrEP implementation, including the cascade of PrEP use, "real-world" effectiveness, adherence, and safety. The findings have potential to be vital for promoting the integration of PrEP within the portfolio of HIV prevention interventions and developing guidance on PrEP implementation in China. © 2019 The Author(s).	1	1	1	1	1	1	1	1	1	HIV; MSM; Pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2019	Wang, Xinzhe; Nutland, Will; Brady, Michael; Green, Ian; Boffito, Marta; McClure, Myra	Quantification of tenofovir diacoproxil fumarate and emtricitabine in generic pre-exposure prophylaxis tablets obtained from the internet	International journal of STD & AIDS	-	-	-	9566624	10.1177/0956462419841144	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063737363&doi=10.1177%2F0956462419841144&partnerID=40&md5=a2789078bca3c8fd4b8ca52fa1e6c2	In this study, we addressed the recent concerns over the authenticity of generic pre-exposure prophylaxis (PrEP) purchased online by sampling 14 generic PrEPs from different manufacturers and suppliers and assessing tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) content using high-performance liquid chromatography. We confirmed that all the PrEP tablets contained 94.5% to 106.9% of the 300 mg of TDF claimed on the label and 97.3% to 104.4% of the 200 mg FTC claimed on the label. © The Author(s) 2019.	1	1	1	1	1	1	1	1	1	Generic PrEP; HIV prevention; liquid chromatography; quantification; tablet form	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Editorial	2019	Ward H.; Garnett G.P.; Mayer K.H.; Dallabetta G.A.	Maximizing the impact of HIV prevention technologies in sub-Saharan Africa	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25319	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069540906&doi=10.1002%2Fjia2.25319&partnerID=40&md5=f0bfc3ccc80356fa6a0f90ea5ea27e47d	NA	1	1	1	1	1	1	1	1	Africa South of the Sahara; health technology; HIV; pre-exposure prophylaxis; prevention	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2019	Ward, Helen	MO.3 Impact of HIV PrEP on risk compensation and STI epidemiology: a review	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2019-sti.26	https://www.proquest.com/scholarly-journals/s03-3-impact-hiv-prep-on-risk-compensation-sti/docview/2256660768/se-2?accountid=8113	Introduction/Even the earliest days of the HIV epidemic there has been a close relationship with other sexually transmitted infections (STI). The shared transmission routes and determinants were reflected in high levels of synergy in the epidemics. Early preventive interventions for HIV – including changes in partner numbers and selection, use of barriers and changes in sexual practices towards safer sex – were infection agnostic, and had a dramatic impact on bacterial STI, with levels of syphilis and gonorrhoea falling to historic lows in some high-income settings. In contrast, many newer technologies for HIV prevention are 'infection specific', leading to the potential for divergent epidemics of HIV and other STIMethod and resultsWe review evidence to date of the impact of PrEP on (a) risk compensation, and (b) STI rates in a range of settings. We synthesise data from earlier systematic reviews, and review the associations between PrEP use and bacterial STIs in six quasi-experimental studies. Detailed results will be presented; briefly, early randomised control trials reported no increase in STIs or changes in sexual practices; more recent studies in low controlled environments such as open-label or demonstration projects have found increases in STIs, but not consistently. Studies of the impact of PrEP on condom use have found no evidence of reduced condom use, but the measurement of condomless sex is not an unintended consequence of PrEP. For decades HIV prevention was limited because many people prefer sex without condoms and there was no technology to do this without the fear of HIV, just as the oral contraceptive pill (OCP) removed the fear of pregnancy for many women. While that may contribute to an increase in STI, as the OCP did, we should see this as an opportunity to argue for renewed investment in STI control programmes and research.DisclosureNo significant relationships.	1	1	1	1	1	1	1	1	1	Epidemics; PrEP; prevention; Risk compensation; epidemiology; Sexually transmitted infection; Human immunodeficiency virus; Pre-exposure prophylaxis; Epidemiology; Prep; Compensation; systematic review; Human immunodeficiency virus--HIV; Medical Sciences--Dermatology And Venereology; Oral contraceptive pill	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2019	Ware, Norma C	Qualitative Contributions to Implementation Research on HIV Prevention and Treatment.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002214	https://dx.doi.org/10.1097/QAI.0000000000002214	1	1	1	1	1	1	1	1	1	qualitative research; implementation science; HIV prevention; HIV treatment sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2019	Weld, Ethel Derby	Alternative Delivery Strategies for HIV Prevention & Treatment	-	-	-	Johns Hopkins University	-	NA	http://jhir.library.jhu.edu/handle/1774.2/61553	1	1	1	1	1	1	1	1	1	HIV Pre-exposure Prophylaxis (PrEP) Youth Long-Acting Antiretrovirals Microbicides Acceptability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-
Article	2019	Wexred S.L.; Rhoades H.; Le Moto-Kerr W.; Duan L.; Harris T.; Rice E.; Henwood B.F.	Do HIV risk and prevention behaviors change over time among adults in permanent supportive housing?	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1576849	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061057451&doi=10.1080%2F09540121.2019.1576849&partnerID=40&md5=9956f4c8d8ab0872f4678bbc4f82ba6e	1	1	1	1	1	1	1	1	1	HIV prevention; HIV risk behavior; permanent supportive housing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wheeler, Darrell P; Fields, Sheldon D; Benuchamp, Geetha; Chen, Ying Q; Estel, Lynda M; Lea Highnow-Weidman; Christopher Hucks-Ortiz; Kao, Irene; Lucas, Jonathan; Magnus, Marcye; Meyer, Kenneth H; Nelson, Adam E; Hendrix, Craig W; Eaichi Piwowar-Manning; Shoptaw, Steven; Watkins, Phaedrus; C Chauncey Watson; Wilton, Lea	Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men (MSM) in three US cities: results from the HPTN 073 study	Journal of the International AIDS Society	-	-	-	-	NA	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-initiation-adherence-among/docview/2329753449/se-2?accountid=8113	Introduction/Randomized clinical trials have demonstrated the efficacy of antiretroviral pre-exposure prophylaxis (PrEP) in preventing HIV acquisition among men who have sex with men (MSM). However, limited research has examined initiation and adherence to PrEP among MSM. The HPTN 073 study enrolled and followed 200 HIV-uninfected MSM (BMSM) in the United States (US) who are disproportionately represented among new HIV infections and late to care individuals. This research reports on the HIV Prevention Trials Network 073 (HPTN 073) study aimed to examine PrEP initiation, utilization and adherence among Black MSM utilizing the theoretically grounded, culturally informed and client-centered care coordination (CC) model.Methods/Study: The HPTN 073 study enrolled and followed 226 HIV-uninfected Black MSM in three US cities (Seattle, WA; Washington DC; and Chapel Hill, NC) from February 2013 through September 2015. Study participants were offered once daily oral emtricitabine/tenofovir (FTC/TDF) PrEP combined with CC and followed for 48 weeks. Participants were assessed at baseline, weeks 4, 12, 24, 36 and 48 for PrEP uptake, adherence and safety. Multivariable logistic regression was used to identify factors associated with PrEP initiation at week 26 (and point of no return, the study biomedical intervention ended) and adherence to study visits (and study partner was matching significantly associated with a greater likelihood of PrEP initiation (adjusted odds ratio (OR):4.4, 95% confidence interval (CI): 1.7, 11.7). Greater age ((≥25 vs. <25, OR 2.95, 95% CI 1.37, 6.37), perception of having enough money (OR 3.4, 95% CI 1.7 to 7.7) and knowledge of nadir partner taking PrEP before sex (OR 2.22, 95% CI 1.03 to 4.79) were statistically significantly associated with increased likelihood of PrEP adherence at week 26. Annualized HIV incidence was 2.0 (95% CI 2.2 to 7.9) among those who initiated PrEP, compared to 7.7 (95% CI 2.5 to 24.1) among those who did not initiate PrEP (p = 0.18).Conclusions/Results suggest a high level of PrEP initiation among at-risk Black MSM, a group historically characterized as hard to reach. The data support the importance of addressing contextual factors that effect PrEP initiation and adherence, and of additional research on the ultimate benefit of PrEP in HIV prevention among Black MSM.	1	1	1	1	1	1	1	1	1	Counseling; California; Laboratories; HIV prevention; Pre-exposure prophylaxis; Research; Pharmacokinetics; Adherence; Alcohol; Men who have sex with men; Medications; Sexual behavior; Pharmacology; Prophylaxis; Education; Randomization; Exposure; Hair; Age; Correlation analysis; Alcohol use; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Health risks; Higher education; Correlation coefficients; Alcoholic beverages	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	White, Ellen; Dunn, David T; Desai, Monica; Gafos, Mitzy; Kirwan, Peter; Sullivan, Ann K; Clarke, Amanda; McCormack, Sheena	Predictive factors for HIV infection among men who have sex with men and who are seeking PrEP: a secondary analysis of the PROUD trial	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2018-053808	https://www.proquest.com/scholarly-journals/predictive-factors-hiv-infection-among-men-who/docview/2276534084/se-2?accountid=8113	Introduction/Pre-exposure prophylaxis (PrEP) is a highly effective method of HIV prevention for men who have sex with men (MSM). However, uncertainty remains around the optimal eligibility criteria for PrEP, specifically what clinical and demographic risk of HIV should be selected. We aimed to identify factors associated with incident HIV in MSM not on event-driven waitlist trial design that randomised MSM attending participating sexual health centres in England to receive PrEP immediately (IMM) or after a deferred period of 1 year (DEF). This analysis is based on participants who were randomised to the deferral arm, when they did not have access to PrEP. HIV incidence was compared between subgroups defined by baseline characteristics.ResultsOverall, 23 participants acquired HIV infection over 230.1 person-years (PY) follow-up, yielding an incidence rate of 9.9/100 PY (95% CI 5.4 to 11.6). Two highly significant predictors for HIV acquisition were identified. Men with a self-reported diagnosis of syphilis, rectal chlamydia (CT) or rectal gonorrhoea (GC) in the previous 12 months had an incidence of 17.2/100 PY (95% CI 9.7 to 28.5); those reporting receptive anal intercourse without a condom (noRAI) with two or more partners in the previous 3 months had an incidence of 11.6/100 PY (95% CI 7.3 to 21.7). The incidence rate among participants lacking both of these risk factors was 1.1/100 PY (3/87.6, 95% CI 0.03 to 6.4).ConclusionsThe high HIV incidence in PROUD suggests that most participants appropriately judged their need for PrEP. Eligibility criteria for a PrEP programme can therefore be broad, as in the current guidelines. However, a recent history of syphilis or rectal CT/GC, or multiple noRAI partners indicates a high instantaneous risk of HIV infection. MSM with one of these characteristics should be offered PrEP as a matter of urgency.	1	1	1	1	1	1	1	1	1	HIV; Condoms; PrEP; England; MSM; Disease prevention; eligibility criteria; Human immunodeficiency virus--HIV; United States--US; Acquired immune deficiency syndrome--AIDS; Medical Sciences--Dermatology And Venereology; United Kingdom--UK	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical

Article	2019	Whiteley, Laura; Mena, Leandro; Craker, Lacey K; Healy, Meredith Garver; Brown, Larry K	Creating a Theoretically Grounded Gaming App to Increase Adherence to Pre-Exposure Prophylaxis: Lessons From the Development of the Viral Combat Mobile Phone Game.	JMIR Serious Games	-	-	-	-	2291-9279	10.2196/11861	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6456850	BACKGROUND: In the United States, young minority men who have sex with men (MSM) are most likely to become infected with HIV. The use of antiretroviral medications to reduce the risk of acquiring HIV infection (pre-exposure prophylaxis, PrEP) is an efficacious and promising prevention strategy. There have been significant advances regarding PrEP, including the definitive demonstration that PrEP reduces HIV acquisition and the development of clinical prescribing guidelines. Despite these promising events, the practical implementation of PrEP can be challenging. Data show that PrEP's safety and effectiveness could be greatly compromised by suboptimal adherence to treatment, and there is concern about the potential for an increase in HIV risk behavior among PrEP users. Due to these challenges, the prescribing of PrEP should be accompanied by behavioral interventions to promote adherence. OBJECTIVE: This study aimed to develop an immersive, action-oriented iPhone gaming intervention to improve motivation for adherence to PrEP. METHODS: Game development was guided by social learning theory, taking into consideration the perspectives of young adult MSM who are taking PrEP. A total of 20 young men who have sex with men (YMSM; aged 18-35 years) were recruited from a sexually transmitted infection (STI), HIV testing, and PrEP care clinic in Jackson, Mississippi, between October 2016 and June 2017. They participated in qualitative interviews guided by the information-motivation-behavioral skills (IMB) model of behavior change. The mean age of participants was 26 years, and all the participants identified as male. Acceptability of the game was assessed with the Client Service Questionnaire and session evaluation form. RESULTS: A number of themes emerged that informed game development. YMSM taking PrEP desired informational game content that included new and comprehensive details about the effectiveness of PrEP, details about PrEP as it relates to doctors' visits, and general information about STIs other than HIV. Motivational themes that emerged were the desire for enhancement of future orientation; reinforcement of positive influences from partners, parents, and friends; collaboration with health care providers; decreasing stigma; and a focus on personal relevance of PrEP-related medical care. Behavioral skills themes centered around self-efficacy and strategies for adherence to PrEP and self-care. CONCLUSIONS: We utilized youth feedback, IMB, and agile software development to create a multilevel, immersive, action-oriented iPhone gaming intervention to improve motivation for adherence to PrEP. There is a dearth of gaming interventions for persons on PrEP. This study is a significant step in working toward the development and testing of an iPhone gaming intervention to decrease HIV risk and promote adherence to PrEP for YMSM.	cell phone, HIV, young adult, sexual and gender minorities	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Whitfield, Thomas H F; Jones, Stephen S; Wachman, Matthew; Grov, Christian; Parsons, Jeffrey T; Rendina, H Jonathon	The Impact of Pre-Exposure Prophylaxis (PrEP) Use on Sexual Anxiety, Satisfaction, and Esteem Among Gay and Bisexual Men	The Journal of Sex Research	-	-	-	-	00224499	10.1080/00224499.2019.1572064	https://www.proquest.com/scholarly-journals/impact-pre-exposure-prophylaxis-prep-use-on/docview/2305129498/se-2?accountid=8113	Gay and bisexual men (GBM) with heightened fears of human immunodeficiency virus (HIV) acquisition have reported high levels of sexual anxiety and low sexual self-esteem. Similarly, sexual satisfaction has been reported to be lower among some GBM who rely solely on condom use as HIV prevention. We sought to explore whether pre-exposure prophylaxis (PrEP) had an impact on the sexual satisfaction, anxiety, and esteem of GBM. As part of a longitudinal cohort study of 1,071 GBM, participants reported at three time points on PrEP use and completed the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ). A total of 137 GBM began taking PrEP in the 24 months following baseline. Comparing their responses during times before initiating PrEP and after, within adjusted multilevel models, there was a significant decrease in sexual anxiety (B = −0.27, p = 0.03) but no significant changes in sexual esteem or satisfaction. Our findings indicate important psychological improvements resulting from PrEP initiation. Further research should explore the potential for other psychological benefits of PrEP use among GBM.	Bisexuality; Homosexuality; Pre-exposure prophylaxis; Anxiety; Men; Sociology; Cohort analysis; Self concept; Self esteem; Preventive medicine; Questionnaires; Sexual satisfaction; Human immunodeficiency virus--HIV; Gays & lesbians; Prevention programs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Wilkinson, Anna L; Scott, Nick; Tidhar, Tom; Luong, Phillip; El-Hayek, Carol; Wilson, David P; Fairley, Christopher K; Zhang, Lei; Leslie, David; Roth, Norman; Tee, B K; Hellard, Margaret; Stoové, Mark	Estimating the syphilis epidemic among gay, bisexual and other men who have sex with men in Australia following changes in HIV care and prevention.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH18215	https://dx.doi.org/10.1071/SH18215	Background Syphilis control remains a challenge in many high-income countries, including Australia, where diagnoses are concentrated among gay, bisexual and other men who have sex with men (GBM). The aim of this study is to project the syphilis epidemic among GBM under a range of scenarios. METHODS: A dynamic coinfection model of HIV and syphilis transmission among GBM in Victoria, Australia, was parametrised to test data from clinics in Melbourne and syphilis case notifications in Victoria. Projected outcomes were new syphilis infections between 2018 and 2025 under seven testing and behaviour change scenarios. RESULTS: Among HIV-negative GBM, the model estimated that increasing syphilis testing coverage (69% - 75%) and frequency (~8-monthly - 6-monthly) could prevent 5% and 13% of syphilis cases respectively between 2018 and 2025 compared to the status quo. Among HIV-positive GBM, less syphilis testing due to changes in HIV care increased syphilis cases by 29% between 2018 and 2025 compared to the status quo. Under a scenario of 20% HIV pre-exposure prophylaxis (PrEP) coverage among HIV-negative GBM (and associated increased serodiscordant sex, reduced condom use and increased syphilis testing), syphilis cases were estimated to decrease by 6% among HIV-negative GBM and by 3% among HIV-positive GBM compared to the status quo, driven by increased testing among PrEP users. CONCLUSION: The present study findings support syphilis control policies focusing on increased testing among GBM. Current Australian PrEP guidelines of quarterly syphilis testing are likely to negate any increases in syphilis due to risk compensation occurring with PrEP scale-up.	Australasia, mathematical models, pre-exposure prophylaxis, testing.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2019	Williamson, Iain; Papaloukas, Periklis; Jaspal, Rusi; Lond, Benjamin	'There's this glorious pill': gay and bisexual men in the English midlands navigate risk responsibility and pre-exposure prophylaxis	Critical Public Health	-	-	-	-	09581596	10.1080/09581596.2018.1497143	https://www.proquest.com/scholarly-journals/theres-this-glorious-pill-gay-bisexual-men/docview/2283161164/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is currently being trialled for seronegative gay and other men who have sex with men (GMSM) at risk of HIV infection in England. However, research from other countries where PrEP is available shows limited literacy and uptake by GMSM at risk of HIV. We collected focus group data from 18 GMSM (13 HIV- and 5 HIV+) from Leicester, an ethnically diverse city in the English Midlands. Data were analysed using thematic analysis and three themes are presented. The first theme 'I can't get my head around people like that': Representations of PrEP users within and beyond gay communities explores how PrEP users are vilified by some GMSM and the wider media. The second theme, 'There's a culture of anti-trust': PrEP, stigma and the interpersonal politics of HIV disclosure discusses how PrEP influences HIV disclosure and sexual decision-making in casual sero-discordant sexual encounters in a context where seropositive men experienced pervasive HIV stigma and HIV- men were suspicious of HIV+ sexual partners. In the final theme, 'I'm still suspicious': Discourses of doubt and distrust participants voiced concern over the safety of PrEP and the motives of drug companies, healthcare agencies and PrEP activists. We consider these findings through a critical lens of wider theorising around the relationship between public health agencies and GMSM communities and consider the impact of these perspectives on likely engagement with PrEP in an English context. We call for more critically informed and nuanced ways of promoting health and well-being amongst men from these communities.	Bisexuality; Homosexuality; Risk; Pre-exposure prophylaxis; Politics; Men; Men who have sex with men; gay and bisexual men; Infections; Sexual behavior; Stigma; Health services; Public health; Prophylaxis; Exposure; Qualitative research; Decision making; Trust; Community; Health promotion; focus groups; Uptake; Focus group; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Sexual partners; Gays & lesbians; Mens health; Health risks; Activism; Discourses; Pharmaceutical industry; Well being; Multiculturalism & pluralism; Literacy	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2019	Willie, Tiara C, MA; Stockman, Jamila K, PhD, MPH; Keene, Danya E, PhD; Calabrese, Sarah K, PhD; Alexander, Kamila A, PhD, MPH, RN; Kershaw, Trace S, PhD	Social Networks and Its Impact on Women's Awareness, Interest, and Uptake of HIV Pre-exposure Prophylaxis (PrEP): Implications for Women Experiencing Intimate Partner Violence: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000001935	https://www.proquest.com/scholarly-journals/social-networks-impact-on-womens-awareness/docview/2229638951/se-2?accountid=8113	Background: In the United States, women represent less than 5% of all pre-exposure prophylaxis (PrEP) users. Social networks may promote and/or inhibit women's PrEP awareness, which could influence PrEP intentions. Furthermore, women experiencing intimate partner violence (IPV) may have smaller, less supportive networks, which could deter or have no impact on PrEP care engagement. This study examined associations between network characteristics and women's PrEP awareness, interest, uptake, and perceived candidacy and analyzed IPV as an effect modifier. Setting/Methods: From 2017 to 2018, data were collected from a prospective cohort study of 218 PrEP-eligible women with (n = 94) and without (n = 124) IPV experiences in Connecticut. Women completed surveys on demographics, IPV, social networks, and PrEP care continuum outcomes. Results: Adjusted analyses showed that PrEP awareness related to having more PrEP-aware alters. PrEP intentions related to having more alters with favorable opinions of women's potential PrEP use and a smaller network size. Viewing oneself as an appropriate PrEP candidate related to having more PrEP-aware alters and more alters with favorable opinions of women's potential PrEP use. IPV modified associations between network characteristics and PrEP care. Having members who were aware of and/or used PrEP was positively associated with PrEP care engagement for women without IPV experiences but had either no effect or the opposite effect for women experiencing IPV. Conclusion: Improving PrEP attitudes might improve its utilization among women. Social network interventions might be one way to increase PrEP uptake among many US women but may not be as effective for women experiencing IPV.	Demography; Women; Pre-exposure prophylaxis; Prophylaxis; Exposure; Demographics; Violence; Aggression; Intimate partner violence; Social networks; Domestic violence; Human immunodeficiency virus--HIV; Social interactions; Medical Sciences--Communicable Diseases; United States--US; Social organization; Intimate relationship; Woman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wilson, Erin C.; Jalil, Emilia M.; Castro, Cristiane; Martinez Fernandez, Nilo; Kamel, Luciana; Grinsztejn, Beatriz	Barriers and facilitators to PrEP for transwomen in Brazil.	Global Public Health	-	-	-	-	1744-1706 1744-1692	10.1080/17441692.2018.1505933	https://www.tandfonline.com/doi/full/10.1080/17441692.2018.1505933	Pre-exposure prophylaxis (PrEP) is an important biomedical intervention that may help reduce the risk of HIV transmission among transwomen. To date, little research is available to inform interventions to increase uptake and adherence to PrEP among transwomen, especially in places outside the U.S. We conducted a qualitative study in 2015 with 34 adult transwomen in Rio de Janeiro, Brazil and assessed awareness, interest, barriers and facilitators to PrEP uptake and adherence for transwomen. Almost one third of participants had heard of PrEP, and most were interested and thought it would be beneficial for transwomen in their community. Barriers to PrEP included fear of being HIV positive resulting in low HIV testing and concerns about the ability to adhere to a daily PrEP regimen. The most prominent barrier to uptake was past experiences of transgender-identity related discrimination in the universal health care system that reduced willingness to seek PrEP or health care in general. Participants recommended technological solutions to PrEP health education information that could address uptake and adherence. This study informs efforts to increase PrEP use among transwomen in Brazil.	Adult; Humans; Female; Surveys and Questionnaires; Brazil; HIV Infections/prevention & control; *Pre-Exposure Prophylaxis; HIV prevention; Focus Groups; Qualitative Research; Transgender Persons/*psychology; Delivery of Health Care; transgender women; Social Discrimination; Pre exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Witzel, T Charles; Nutland, Will; Bourne, Adam	What are the motivations and barriers to pre-exposure prophylaxis (PrEP) use among black men who have sex with men aged 18-45 in London? Results from a qualitative study.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2018-053773	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585870	BACKGROUND: Black men who have sex with men (BMSM) have higher HIV incidence and prevalence when compared with other men who have sex with men, despite similar risk profiles. New prevention technologies, including pre-exposure prophylaxis (PrEP), may be effective in responding to these inequalities, provided they are appropriately targeted and acceptable to their intended beneficiaries. This study aims to understand the motivations and barriers of BMSM aged 18-45 to PrEP uptake. METHODS: Twenty-five BMSM recruited through geolocation social networking apps took part in in-depth interviews between April and August 2016. Intersectionality theory was used as an organising principle. Interviews were transcribed verbatim and analysed using a thematic framework analysis. RESULTS: For BMSM with heterogeneous social groups, discussions about sexual health were challenging because of the intersection of ethnic background, family history and religion. This limited conversations about PrEP to gay male friends who often held stigmatising views of condomless anal intercourse. BMSM reported exclusion from gay male spaces (online and offline) which could serve to restrict exposure to PrEP messages. Stereotypes of BMSM intersected with negative conceptions of PrEP users, limiting acknowledgement of PrEP candidacy. For those who had attempted to or successfully accessed it, PrEP was framed as a strategy to mitigate risk and to guard against future stigma associated with HIV infection. DISCUSSION: BMSM operate within a complex set of circumstances related to the intersection of their sexual, ethnic, cultural and religious identities, which shape PrEP acceptability. Interventions which seek to facilitate uptake in this group must be attentive to these. Health promotion and clinical services could seek to facilitate nuanced discussions about the merits of PrEP for those at frequent risk, perhaps while also providing publicly visible PrEP role models for BMSM and other marginalised groups.	risk, pre-exposure prophylaxis, health status disparities, England, sexual and gender minorities	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2019	Wolfgang S.; Portinari D.	The PrEP recommendation: The inscribed disease in a healthy body	Social Medicine	-	-	-	-	15577112	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079664323&partnerID=40&md5=5578bc0130c97f69bc17a9741ef3da73	In July 2014, the World Health Organization (WHO) recommended that all gay men join the "pre exposal medication Truvada" as a valid resource to prevent HIV. The PrEP, prophylaxis consists in taking a combination of antiretroviral medication once a day, in order to prevent HIV infection. The WHO promotion of a policy that recommends all HIV negative gay men to join the PrEP, may be seen, in the context of contemporary biopolitical techniques and strategies, as a form of control and medicalization of homosexual bodies and practices. It´s important to explicit the life-related effects linked to a measure like the PrEP program, considering this as a paradigm shift in HIV/Aids strategies. The shift involves the gradual substitution of the "condom use" recommendations for the use of permanent prophylactic medications, and may be understood as a move away from the abstinence paradigm – sexual behavior control – to a more contemporary form of individual medicalized body biocontrol, as outlined by Foucault in his later texts. This measure also exposes a delicate aspect of the social conduction of the HIV/Aids epidemics: the stigmatization related to the gay community as the ultimate risk group. Affirming that every homosexual should take the PrEP pill, may have the effect of perpetuating the idea that gay men are the main vector of this disease. Among the misconceptions that this may involve are the perpetuation of prejudice related to Aids and gay men, leading heterosexual populations to believe that they are not connected in the epidemic chain. © 2019, Social Medicine Publishing Group. All rights reserved.	Biocontrol; Biopower; HIV/Aids; Homosexuality; Male body; Pre exposure prophylaxis	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2019	Wong C.S.; Kumar P.A.; Wong C.M.; Choong B.C.H.; Lim O.Z.; Chan Y.Y.; Ibrahim M.A.B.; Chio M.T.; Tan R.K.J.; Chen M.I.	Acceptability of hiv pre-exposure prophylaxis (prep) and opinions on prep service delivery among men who have sex with men in singapore: A qualitative study	AIDS Education and Prevention	-	-	-	-	8999546	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85063954398&partnerID=40&md5=1ab654f8f59146d141e3ed36ed570824	PrEP is effective in preventing HIV transmission among at-risk HIV-negative MSM. A qualitative descriptive study with five focus group discussions (N = 33) involving a purposively recruited sample of Singaporean MSM was conducted from August 2016 to April 2017 to understand local perspectives on potential barriers and motivators to the adoption of PrEP, prior to the implementation of PrEP services in Singapore. Knowledge of PrEP was high, and many viewed PrEP as an attractive alternative to condoms for HIV prevention. Concerns about PrEP included the cost of PrEP and related services, the frequency of PrEP-related clinic visits, fear of side effects, and the stigma associated with using PrEP. Participants felt PrEP was best provided by MSM-friendly providers, and more needed to be done to increase awareness of the effectiveness of PrEP. Access to PrEP for MSM in Singapore has to be affordable, patient-centered, and convenient to maximize the potential benefits of PrEP. © 2019 The Guilford Press.	Acceptability; HIV; MSM; PrEP; Prevention; Prophylaxis	English	United States	Western and Central Europe and North America	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Qualitative
Article	2019	Wong G.N.L.; Fua T.-P.; Pek J.H.	HIV post-exposure prophylaxis in the Emergency Department: a perspective from Singapore	Proceedings of Singapore Healthcare	-	-	-	-	20101058	10.1177/2010105819841391	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184738567&doi=10.1177%2f2010105819841391&partnerID=40&md5=63f871164e562b30e2ec648e6c66896c	Background: Exposures to human immunodeficiency virus (HIV) commonly arrive at the Emergency Department (ED) for evaluation of transmission risk and the necessity for post-exposure prophylaxis (PEP). PEP aims to prevent HIV after exposure. International recommendations exist to guide eligibility assessment and standardise prescribing practices. Objective: The primary objective was to describe the patient cohort receiving HIV PEP at the ED. The secondary objective was to assess the ED physicians' adherence to the 2005 guidelines provided by US Centers for Disease Control and Prevention for HIV PEP. Methods: This retrospective study identified patients prescribed with PEP after presenting with potential HIV exposure to a tertiary hospital ED in Singapore over 2 years. The exposure type and characteristics, source patient characteristics, indications for PEP, HIV status on presentation and on follow-up were assessed. Institutional guidelines recommended tenofovir/emtricitabine (Truvada) and raltegravir as HIV PEP. Results: Twenty-seven patients received HIV PEP during the study period. The majority (81.5%) presented after occupational exposure, with fresh needlestick injury (44.4%) being the most common cause. Amongst all recipients, PEP was indicated in 22.2% and not in 18.5%. Conclusions: With international guidelines simplifying eligibility assessment and prescribing practices, accurate and evidence-based PEP provision should be implemented at the frontline in the ED. These may be encouraged by enforcement of specific workflows and physician education. © The Author(s) 2019.	emergency; Human immunodeficiency virus; infectious disease; post-exposure prophylaxis	English	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Clinical
Article	2019	Wood, Sarah; Gross, Robert; Shea, Judy A; Bauermeister, José A; Franklin, Joshua; Petsis, Danielle; Swyryn, Meghan; Linden Lalley-Chareczko; Koenig, Helen C; Dowshen, Nadia	Barriers and Facilitators of PrEP Adherence for Young Men and Transgender Women of Color	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02502-y	https://www.proquest.com/scholarly-journals/barriers-facilitators-prep-adherence-young-men/docview/2210301840/se-2?accountid=8113	We aimed to discover barriers and facilitators of HIV pre-exposure prophylaxis (PrEP) adherence in young men and transgender women of color who have sex with men (YMSM/TW). Short-term and sustained adherence were measured by urine tenofovir concentration and pharmacy refills, respectively. Optimal adherence was defined as having both urine tenofovir concentration consistent with dose ingestion within 48 h and pharmacy refills consistent with ≥ 4 doses per week use. Participants completed semi-structured interviews exploring adherence barriers and facilitators. Participants (n = 31) were primarily African-American (68%), mean age 22 years (SD: 1.8), and 48% had optimal adherence. Adherence barriers included stigma, health systems inaccessibility, side effects, competing stressors, and low HIV risk perception. Facilitators included social support, health system accessibility, reminders/routines, high HIV risk perception, and personal agency. Our findings identify targets for intervention to improve PrEP adherence in these populations, including augmenting health activation and improving accuracy of HIV risk perception. Resumo alternativo:Nuestro objetivo fue descubrir los obstáculos y facilitadores de la adherencia al profilaxis de pre-exposición al VIH (PrEP) en hombres jóvenes y mujeres transgénero que tienen sexo con hombres (YMSM/TW) y quienes son minorías étnicas. La adherencia, a corto plazo y sostenida, se midió mediante la concentración de tenofovir en la orina y las prescripciones completadas en la farmacia. La adherencia óptima se definió basado en una concentración de tenofovir en la orina consistente con el uso de PrEP en las ultimas 48 horas y prescripciones completadas en la farmacia consistentes con ≥ 4 dosis por semana. Los participantes completaron entrevistas semiestructuradas que exploraron los obstáculos y facilitadores de la adherencia. Los participantes (n = 31) fueron principalmente afroamericanos (68%), con una edad media de 22 años (SD: 1.8) y 48% obtuvieron adherencia óptima. Participantes discutieron varios obstáculos, incluyendo el estigma, acceso limitado a los sistemas de salud, los efectos secundarios asociados a PrEP, competencia con otras prioridades, y la baja percepción del riesgo de VIH. Los facilitadores incluyeron apoyo social, acceso al sistema de salud, recordatorios/rutinas, alta percepción de riesgo de VIH y agencia personal. Nuestros hallazgos identifican oportunidades para mejorar la adherencia al PrEP en estas poblaciones a través de intervenciones, incluyendo la activación de salud y cambios en la percepción del riesgo al VIH en estas comunidades.	Tenofovir; Women; Risk; HIV prevention; Perception; Pre-exposure prophylaxis; Antiretroviral drugs; Psychology; Adherence; Men; Transgender persons; Disease prevention; Health services; Prophylaxis; African Americans; Risk perception; Transgender; Social support; Urine; Ingestion; Facilitator; Young adults; Side effects; Barriers; Pharmacy; Barrier; Adhesion; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Social interactions; Womens health; Mens health; Health risks; Minority & ethnic groups; Stress; Young men; Target recognition; Human agency	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Institutional	2019	World Health Organization	Technical brief: prevention and control of sexually transmitted infections (STIs) in the era of oral pre-exposure prophylaxis (PrEP) for HIV	-	-	-	-	-	NA	NA	https://iris.who.int/handle/10665/325908	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2019	World Health Organization	Technical brief: what's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: update to WHO's recommendation on oral PrEP	-	-	-	-	-	NA	NA	https://www.who.int/publications/i/item/what-s-the-2-1-1-event-driven-oral-pre-exposure-prophylaxis-to-prevent-hiv-for-men-who-have-sex-with-men	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2019	Wray, Tyler B; Chan, Philip A; Kahler, Christopher W; Simpanen, Erik M; Liu, Tao; Mayer, Kenneth H	Vulnerable Periods: Characterizing Patterns of Sexual Risk and Substance Use During Lapses in Adherence to HIV Pre-exposure Prophylaxis Among Men Who Have Sex With Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000001914	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6534124	BACKGROUND: Pre-exposure prophylaxis (PrEP) is highly efficacious, but some groups of men who have sex with men may have difficulty adhering to daily dosing. Prevention-effective adherence suggests that PrEP's efficacy depends on adherence at the time of HIV exposure; yet, few studies have examined how exposures (ie, high-risk sex) overlap with periods of consecutive missed PrEP doses. Substance use may also play a role in these vulnerable periods. METHODS: We used digital pill bottles to monitor the daily adherence of 40 PrEP-experienced patients recruited from an outpatient clinic in the Northeastern US over a six-month period. Participants also completed detailed online diaries every 2 weeks during this time that surveyed their sexual behavior and substance use each day. RESULTS: Daily adherence was high overall (M = 83.9%, SD = 18.0%), but 53% (N = 21) had a lapse of > 3 consecutive daily PrEP doses over 6 months. Participants' rate of engaging in high-risk condomless anal sex (CAS) did not differ across lapse days versus continuously adherent days. Alcohol use was not associated with engaging in CAS during a PrEP lapse. However, participants reported engaging in CAS significantly more often during a PrEP adherence lapse on days when they also used stimulant drugs. CONCLUSIONS: Men who have sex with men may have periodic difficulty adhering to PrEP at the specific times when they are at risk. Stimulant drug use could play an important role in increasing HIV risk specifically during adherence lapses.	Pre-Exposure Prophylaxis, Medication Adherence, Sexual and Gender Minorities, Sexual Behavior, Substance Abuse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wray, Tyler B; Luo, Xi; Ke, Jun; Pérez, Ashley E; Carr, Daniel J; Monti, Peter M	Using Smartphone Survey Data and Machine Learning to Identify Situational and Contextual Risk Factors for HIV Risk Behavior Among Men Who Have Sex with Men Who Are Not on PrEP.	Prevention Science	-	-	-	-	1573-6695	10.1007/s11121-019-01019-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10259870	"Just-in-time" interventions (JITs) delivered via smartphones have considerable potential for reducing HIV risk behavior by providing pivotal support at key times prior to sex. However, these programs depend on a thorough understanding of when risk behavior is likely to occur to inform the timing of JITs. It is also critical to understand the most important momentary risk factors that may precede HIV risk behavior, so that interventions can be designed to address them. Applying machine learning (ML) methods to ecological momentary assessment data on HIV risk behaviors can help answer both questions. Eighty HIV-negative men who have sex with men (MSM) who were not on PrEP completed a daily diary survey each morning and an experience sampling survey up to six times per day via a smartphone application for 30 days. Random forest models achieved the highest area under the curve (AUC) values for classifying high-risk condomless anal sex (CAS). These models achieved 80% specificity at a sensitivity value of 74%. Unsurprisingly, the most important contextual risk factors that aided in classification were participants' plans and intentions for sex, sexual arousal, and positive affective states. Findings suggest that survey data collected throughout the day can be used to correctly classify about three of every four high-risk CAS events, while incorrectly classifying one of every five non-CAS days as involving high-risk CAS. A unique set of risk factors also often emerge prior to high-risk CAS events that may be useful targets for JITs.	HIV, sexual behavior, men who have sex with men, machine learning, ecological momentary assessment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wu D.; Tao H.; Dai J.; Liang H.; Huang A.; Zhong X.	Study on pre-exposure prophylaxis regimens among men who have sex with men: A prospective cohort study	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph16244996	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076348249&doi=10.3390%2fijerph16244996&partnerID=40&md5=065626f687dce040859dfc573829a6bc	Background: There are limited studies on the medication regimen of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in China. This study compared the effectiveness of and adherence to two prophylactic HIV medication regimens, which provided evidence and guidance for the application and promotion of the PrEP strategy in the MSM population in China. Methods: We conducted an open, non-randomized, multicenter, parallel, controlled clinical intervention study in western China. Subjects were recruited by convenience sampling at research centers in Chongqing, Guangxi, Xinjiang and Sichuan, China from April 2013 to March 2015, and they were categorized into the daily PrEP, event-driven and blank control groups. Tenofovir disoproxil fumarate (TDF; 300 mg/dose) was administered to subjects in the daily PrEP and event-driven groups, and all subjects were followed up every 12 weeks for 96 weeks. Demographic, behavioral, psychological characteristics and AIDS-related attitudes were assessed using self-completed questionnaires. TDF serum concentrations in subjects in Chongqing and Sichuan were quantified after systematic sampling. Results: Of the 2422 enrolled MSM, 856 were eligible for statistical analysis (PrEP group: 385 and event-driven group: 471); 30 and 32 subjects in daily PrEP and event-driven groups, respectively, were HIV-positive; the incidence of HIV infection was as follows: daily PrEP group, 6.60 cases/100 person-years and event-driven group, 5.57 cases/100 person-years (relative risk (RR) 95% confidence interval (CI) was 0.844 (0.492–1.449)); HIV incidence did not differ significantly when stratified by medication adherence or sites. When the medication adherence rate was ≥80%, the median TDF serum concentrations were 0.458 mg/L and 0.429 mg/L in the daily PrEP, and event-driven groups, respectively (not significant; p > 0.05); Subjects who were in the event-driven PrEP group (OR = 2.152, 95% CI: 1.566–2.957), had fewer male sexual partners in the last two weeks (OR = 0.685, 95% CI: 0.563–0.834), were one year older on average (OR = 1.022, 95% CI: 1.002–1.043), considered that medication kept them safe, were less worried about others knowing they took medicine and were more likely to have high adherence. Conclusions: The efficacies of daily TDF and event-driven TDF use were not significantly different in preventing new infections among HIV-negative MSM. Event-driven TDF use is economical and effective and is worth popularizing. Our results provide evidence for the application and promotion of the PrEP strategy in the MSM population in China. © 2019 by the authors. Licensee MDPI, Basel, Switzerland.	Adherence; MSM; PrEP; Regimens	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2019	Wu Y.; Xie L.; Meng S.; Hou J.; Fu R.; Zheng H.; He N.; Meyers K.	Mapping Potential Pre-Exposure Prophylaxis Users onto a Motivational Cascade: Identifying Targets to Prepare for Implementation in China	LGBT Health	-	-	-	-	23258292	10.1089/lgbt.2018.0256	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068514657&doi=10.1089%2flgbt.2018.0256&partnerID=40&md5=8fc81c5ff3647a1f03341cb7caee89cd	Purpose: China recently commenced several pre-exposure prophylaxis (PrEP) projects, but little work has characterized potential users. This study describes awareness of, intention to use, and uptake of PrEP in a sample of men who have sex with men (MSM), a key population experiencing high rates of HIV in China. Methods: Through a cross-sectional survey administered to 708 MSM in four cities, we mapped respondents onto a Motivational PrEP Cascade. We conducted bivariable and multivariable analysis to examine factors associated with progression through the Cascade. Results: Among 45.6% of MSM who were PrEP eligible, 36% were in Contemplation, 9% were in PrEParation, 2% were in PrEP Action and Initiation, and none reached Maintenance and Adherence. We found no association between individual risk factors and progression through the Cascade. In multivariable analysis, friends' positive attitudes toward PrEP, more frequent sexually transmitted infection testing, and higher scores on the perceived PrEP benefits scale were positively associated with entering PrEP Contemplation. Having higher condom use self-efficacy was associated with decreased odds of entering PrEP Contemplation. Having sex with men and women in the past 6 months, having heard of PrEP from medical providers, and knowing a PrEP user were positively associated with entering PrEParation. Conclusion: We found a high proportion of MSM who were PrEP eligible and identified several intervention targets to prepare for PrEP introduction in China: community education to increase accurate knowledge, gain-framed messaging for PrEP and sexual health, and provider trainings to build MSM-competent services that can support shared decision-making for PrEP initiation. © 2019, Mary Ann Liebert, Inc., publishers.	China; HIV prevention; men who have sex with men; pre-exposure prophylaxis; PrEP cascade	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Wu, Dan; Huang, Wenting; Zhao, Peipei; Li, Chunyan; Cao, Bolin; Wang, Yifan; Stoneking, Shelby; Tang, Weiming; Luo, Zhenzhou; Wei, Chongyi; Tucker, Joseph	A Crowdsourced Physician Finder Prototype Platform for Men Who Have Sex with Men in China: Qualitative Study of Acceptability and Feasibility.	JMIR Public Health and Surveillance	-	-	-	-	2369-2960	10.2196/13027	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913768	BACKGROUND: Men who have sex with men (MSM), including both gay and bisexual men, have a high prevalence of HIV and sexually transmitted infections (STIs) in China. However, healthcare seeking behaviors and engagement in clinical services among MSM are often suboptimal. Global evidence shows that embedding online HIV or sexual health services into gay social networking applications holds promise for facilitating higher rates of healthcare utilization among MSM. We developed a prototype of a gay-friendly health services platform, designed for integration within a popular gay social networking app (Blued) in China. OBJECTIVE: The purpose of this study was to evaluate the acceptability of the platform and ask for user feedback through focus group interviews with young MSM in Guangzhou and Shenzhen, cities in Southern China. METHODS: The prototype was developed through an open, national crowdsourcing contest. Open crowdsourcing contests solicit community input on a topic in order to identify potential improvements and implement creative solutions. The prototype included a local, gay-friendly, STI physician finder tool and online psychological consulting services. Semistructured focus group discussions were conducted with MSM to ask for their feedback on the platform, and a short survey was administered following discussions. Thematic analysis was used to analyze the data in NVivo, and we developed a codebook based on the first interview. Double coding was conducted, and discrepancies were discussed with a third individual until consensus was reached. We then carried out descriptive analysis of the survey data. RESULTS: A total of 34 participants attended four focus group discussions. The mean age was 27.3 years old (SD 4.6). A total of 32 (94%) participants obtained at least university education, and 29 (85%) men had seen a doctor at least once before. Our survey results showed that 24 (71%) participants had interest in using the online health services platform and 25 (74%) thought that the system was easy to use. Qualitative data also revealed that there was a high demand for gay-friendly healthcare services which could help with care seeking. Men felt that the platform could bridge gaps in the existing HIV or STI service delivery system, specifically by identifying local gay-friendly physicians and counselors, providing access to online physician consultation and psychological counseling services, creating space for peer support, and distributing pre-exposure prophylaxis and sexual health education. CONCLUSIONS: Crowdsourcing can help develop a community-centered online platform linking MSM to local gay-friendly HIV or STI services. Further research on developing social media-based platforms for MSM and evaluating the effectiveness of such platforms may be useful for improving sexual health outcomes.	gay-friendly doctors, social media, crowdsourcing, prototype evaluation, men who have sex with men, China	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Qualitative
Article	2019	Xie, Lu; Wu, Yumeng; Meng, Siyan; Hou, Jianhua; Fu, Rong; Huang, Zheng; He, Na; Wang, Min; Meyers, Kathrine	Risk Behavior Not Associated with Self-Perception of PrEP Candidacy: Implications for Designing PrEP Services	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02587-5	https://www.proquest.com/scholarly-journals/risk-behavior-not-associated-with-self-perception/docview/2252713455/se-2?accountid=8113	In a study of sexually-active HIV-negative men who have sex with men (MSM) in China, we compared behavioral indication for pre-exposure prophylaxis (PrEP) based on risk criteria to self-perception of PrEP candidacy (SPC) and explored factors associated with SPC. Of 708 MSM surveyed, 323 (45.6%) were behaviorally-indicated for PrEP, among whom 42.1% self-perceived as appropriate PrEP candidates. In a multivariable model we found no association between sexual behavior nor HIV risk perception and SPC but found that higher perceived benefits of PrEP, increased frequency of HIV testing, and low condom use self-efficacy were positively-associated with SPC. In a sub-analysis restricted to MSM behaviorally-indicated for PrEP, relationship-factors were also significant. Our findings suggest that PrEP implementers should look beyond risk criteria to consider shared decision-making tools that support individuals to assess whether they are appropriate PrEP candidates based on their existing HIV prevention strategies, sexual health goals, and relationship dynamics.	HIV prevention; Perception; Pre-exposure prophylaxis; Psychology; Prevention; Men who have sex with men; Sexual behavior; Sexual health; Disease prevention; Prophylaxis; Risk perception; Self concept; Decision making; Risk behavior; PrEP candidacy; Self-efficacy; Perceptions; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Risk taking; Health planning; Candidates; Self image; Objectives	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2019	Yang C.; Krishnan N.; Painter J.E.; Latkin C.	The Association Between Disclosure of Same Sex Behavior to Healthcare Providers and PrEP Awareness Among BMSM in Baltimore	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02401-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85060353960&doi=10.1007%2fs10461-019-02401-2&partnerID=40&md5=f92e204e13cdbe610a4360ad46e8d467	The goal of this study was to explore the association between disclosure of same sex behavior to a healthcare provider and PrEP awareness in a sample of 192 Black MSM in Baltimore. After adjusting for age, education, sexual identity and employment status, we observed a trend of greater PrEP awareness among Black MSM who disclosed same sex behaviors to healthcare providers (adjusted odds ratio = 2.24, p = 0.08). This study provides new evidence of potential benefit of disclosure of same sex behavior to healthcare providers for awareness of new HIV biomedical interventions. Findings highlight the need to support patient–provider communication on sexual behaviors and PrEP with key populations at risk of HIV. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Disclosure of same sex behavior; HIV; MSM; PrEP awareness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Yang H.; Li J.; Patel S.K.; Palmer K.E.; Devlin B.; Rohan L.C.	Design of poly(Lactic-co-glycolic acid) (plga) nanoparticles for vaginal co-delivery of griffithsin and dapivirine and their synergistic effect for hiv prophylaxis	Pharmaceutics	-	-	-	-	19994923	10.3390/pharmaceutics11040184	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070204454&doi=10.3390%2fpharmaceutics11040184&partnerID=40&md5=8bdd326f324dbee0d6ccf924428b0db2	Long-acting topical products for pre-exposure prophylaxis (PrEP) that combine antiretrovirals (ARVs) inhibiting initial stages of infection are highly promising for prevention of HIV sexual transmission. We fabricated core-shell poly(lactide-co-glycolide) (PLGA) nanoparticles, loaded with two potent ARVs, griffithsin (GRFT) and dapivirine (DPV), having different physicochemical properties and specifically targeting the fusion and reverse transcription steps of HIV replication, as a potential long-acting microbicide product. The nanoparticles were evaluated for particle size and zeta potential, drug release, cytotoxicity, cellular uptake and in vitro bioactivity. PLGA nanoparticles, with diameter around 180–200 nm, successfully encapsulated GRFT (45% of initially added) and DPV (70%). Both drugs showed a biphasic release with initial burst phase followed by a sustained release phase. GRFT and DPV nanoparticles were non-toxic and maintained bioactivity (IC50 values of 0.5 nM and 4.7 nM, respectively) in a cell-based assay. The combination of drugs in both unformulated and encapsulated forms showed strong synergistic drug activity at 1:1 ratio of IC50 values. This is the first study to co-deliver a protein (GRFT) and a hydrophobic small molecule (DPV) in PLGA nanoparticles as microbicides. Our findings demonstrate that the combination of GRFT and DPV in nanoparticles is highly potent and possess properties critical to the design of a sustained release microbicide. © 2019 by the authors.	Co-delivery; Combination ARVs; HIV; Microbicides; PLGA nanoparticles; Sustained release; Synergism	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Yankellow I.; Yingling C.T.	Nonoccupational Postexposure Prophylaxis: An Essential Tool for HIV Prevention	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2019.09.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073830639&doi=10.1016%2fj.nurpra.2019.09.003&partnerID=40&md5=0b55afe8f01daaa7df1344bbb39e49cc	Previous progress of antiretroviral HIV prevention efforts focusing on preexposure prophylaxis (PrEP) and treatment as prevention (TasP) has plateaued in recent years. Until prevention efforts expand, nonoccupational postexposure prophylaxis (nPEP) is another antiretroviral intervention that people can use after a potential HIV exposure to reduce their risk of infection and should be offered in outpatient settings as a way to prevent new HIV infections and bridge people to future prevention, like PrEP. The purpose of this article is to equip nurse practitioners with the information to develop a practice-level program to deliver nPEP to patients in need of urgent HIV prevention. © 2019 Elsevier Inc.	HIV prevention; nonoccupational postexposure prophylaxis (nPEP); PEP; postexposure prophylaxis; pre-exposure prophylaxis; PrEP; STI prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Yap P.K.; Loo Xin G.L.; Tan Y.Y.; Chellian J.; Gupta G.; Liew Y.K.; Collet T.; Dua K.; Chellappan D.K.	Antiretroviral agents in pre-exposure prophylaxis: emerging and advanced trends in HIV prevention	Journal of Pharmacy and Pharmacology	-	-	-	-	223573	10.1111/jphp.13107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066504978&doi=10.1111%2fjphp.13107&partnerID=40&md5=f7b8e43053a1b837064cb7f01d9861c7	Objectives: Antiretroviral agents (ARVs) have been the most promising line of therapy in the management of human immunodeficiency virus (HIV) infections. Some of these ARVs are used in the pre-exposure prophylaxis (PrEP) to suppress the transmission of HIV. Prophylaxis is primarily used in uninfected people, before exposure, to effectively prevent HIV infection. Several studies have shown that ART PrEP prevents HIV acquisition from sexual, blood and mother-to-child transmissions. However, there are also several challenges and limitations to PrEP. This review focuses on the current antiretroviral therapies used in PrEP. Key findings: Among ARVs, the most common drugs employed from the class of entry inhibitors are maraviroc (MVC), which is a CCR5 receptor antagonist. Other entry inhibitors like emtricitabine (FTC) and tenofovir (TFV) are also used. Rilpivirine (RPV) and dapivirine (DPV) are the most common drugs employed from the Non-nucleoside reverse transcriptase inhibitor (NNRTIs) class, whereas, tenofovir disoproxil fumarate (TDF) is primarily used in the Nucleoside Reverse Transcriptase Inhibitor (NRTIs) class. Cabotegravir (CAB) is an analog of dolutegravir, and it is an integrase inhibitor. Some of these drugs are also used in combination with other drugs from the same class. Summary: Some of the most common pre-exposure prophylactic strategies employed currently are the use of inhibitors, namely entry inhibitors, non-nucleoside reverse transcriptase inhibitors, nucleoside reverse transcriptase inhibitors, integrase and protease inhibitors. In addition, we have also discussed on the adverse effects caused by ART in PrEP, pharmacoeconomics factors and the use of antiretroviral prophylaxis in serodiscordant couples. © 2019 Royal Pharmaceutical Society	antiretroviral; human immunodeficiency virus; pre-exposure prophylaxis; prevention; prophylaxis	English	United Kingdom	Western and Central Europe and North America	Malaysia	Asia and the Pacific	Malaysia	Asia and the Pacific	Review
Article	2019	Yavuz, Burcin; Morgan, Jessica L; Herrera, Carolina; Harrington, Kristin; Perez-Ramirez, Bernardo; LiWang, Patricia J; Kaplan, David L	Sustained release silk fibroin discs: Antibody and protein delivery for HIV prevention.	Journal of Controlled Release	-	-	-	-	1873-4995	10.1016/j.jconrel.2019.03.001	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6538278	With almost 2 million new HIV infections worldwide each year, the prevention of HIV infection is critical for stopping the pandemic. The only approved form of pre-exposure prophylaxis is a costly daily pill, and it is recognized that several options will be needed to provide protection to the various affected communities around the world. In particular, many at-risk people would benefit from a prevention method that is simple to use and does not require medical intervention or a strict daily regimen. We show that silk fibroin protein can be formulated into insertable discs that encapsulate either an antibody (IgG) or the potent HIV inhibitor 5P12-RANTES. Several formulations were studied, including silk layering, water vapor annealing and methanol treatment to regulate the protein cargo and impact the release kinetics over weeks. In the case of IgG, high concentrations were released over a short time using water vapor annealing, with more sustained results with the use of water vapor annealing and layering during device fabrication. For 5P12-RANTES, sustained release was obtained for 31â days using water vapor annealing. Further, we show that the released inhibitor 5P12-RANTES was functional both in vitro and in ex vivo colorectal tissue. This work shows that silk fibroin discs can be developed into formidable tools to prevent HIV infection.	Silk fibroin, controlled release, HIV prevention, HIV microbicide, broadly neutralizing antibody, 5P12-RANTES	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Yeung, Howa; Luk, Kevin M.; Chen, Suephy C.; Ginsberg, Brian A.; Katz, Kenneth A.	Dermatologic care for lesbian, gay, bisexual, and transgender persons: Epidemiology, screening, and disease prevention.	Journal of the American Academy of Dermatology	-	-	-	-	1097-6787 0190-9622	10.1016/j.jaad.2018.02.045	https://pubmed.ncbi.nlm.nih.gov/30744875/	Lesbian, gay, bisexual, and transgender (LGBT) persons face important health issues relevant to dermatologists. Men who have sex with men (MSM) are at higher risk of certain infectious diseases, including HIV, syphilis and other sexually transmitted diseases (STDs), methicillin-resistant Staphylococcus aureus infections, and invasive meningococcal disease, and might be at higher risk of non-infectious conditions, including skin cancer. Recommendations for preventive health care, including screening for HIV and other STDs, sexual health-related vaccinations, and HIV pre-exposure prophylaxis, differ for MSM compared with non-MSM. Women who have sex with women experience disparities in STDs, including chlamydia and HPV. Transgender patients have unique, and often unmet, dermatologic needs during gender transition (also called gender affirmation), related to hormonal therapy and gender-affirming surgery. Familiarity with LGBT health issues and disease-prevention guidelines can enable dermatologists to provide medically appropriate and culturally competent care to LGBT persons.	*Homosexuality, Male; Humans; Male; Female; Practice Guidelines as Topic; HIV; *Transgender Persons; bisexual; gay; transgender; sexually transmitted diseases; LGBT; *Homosexuality, Female; cross-sex hormone; dermal fillers; dermatology; Dermatology/*methods; gender affirmation; indoor tanning; lesbian; sexual minority; Sexually Transmitted Diseases/*diagnosis/*epidemiology/prevention & control; skin cancers; Skin Diseases/*diagnosis/*epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Young, Lindsay E.; Fujimoto, Kayo; Schneider, John A.	Facebook group affiliation ties, group topics, and HIV behavioral characteristics among young Black men who have sex with men: Potential for public health intervention.	SSM - Population Health	-	-	-	-	2352-8273	10.1016/j.ssmph.2019.100510	https://pubmed.ncbi.nlm.nih.gov/31993491/	•YBMSM were more likely to belong to personal/professional development groups.•YBMSM clustered around pairs of LGBTQ identity, sex, and nightlife groups.•Regular testers tended to belong to LGBTQ identity and nightlife groups.•Those who engaged in condomless sex tended to affiliate with LGBTQ identity groups.•Those who were aware of PrEP aware tended to affiliate with chat groups.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Younger J.; Raboud J.; Szadkowski L.; Harrigan R.; Walmsley S.; Bayoumi A.M.; Klein M.B.; Cooper C.; Burchell A.N.; Loutfy M.; Hull M.; Wong A.; Thomas R.; Hogg R.; Montaner J.; Tsoukas C.; Antoniou T.	Tenofovir and emtricitabine resistance among antiretroviral-naive patients in the Canadian Observational Cohort Collaboration: Implications for PrEP	Antiviral Therapy	-	-	-	-	13596535	10.3851/IMP3302	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071701271&doi=10.3851%2fIMP3302&partnerID=40&md5=2d78453efb9261a20f35e088c225e1d2	Background: The real-world effectiveness of pre-exposure prophylaxis (PrEP) may be influenced by circulating HIV strains resistant to either tenofovir or emtricitabine. Yet, few studies have examined rates of resistance to these drugs in clinical settings. Methods: We conducted a retrospective cohort study of antiretroviral-naive participants in the Canadian Observational Cohort collaboration who initiated antiretroviral therapy between 2006 and 2014. In separate analyses, we determined the prevalence of pretherapy resistance and cumulative incidence of follow-up resistance to tenofovir and emtricitabine. We used multivariable proportional hazards models to examine associations between baseline variables and the development of resistance. Results: We studied 6,622 antiretroviral-naive participants initiating therapy, of whom 5,428 (82.0%) had a baseline resistance test. Baseline resistance to tenofovir and emtricitabine was observed in 83 (1.5%) and 21 (0.4%) patients, respectively. Among patients without baseline resistance, the cumulative incidence of resistance to tenofovir and emtricitabine 5 years following treatment initiation was 0.0070 (95% CI 0.0046, 0.0095) and 0.033 (95% CI 0.028, 0.038), respectively. Following multivariable analysis, a baseline viral load ≥100,000 copies/ml was associated with emergence of tenofovir (hazard ratio HR 2.88; 95% CI 1.35, 6.15) and emtricitabine (HR 2.27; 95% CI 1.64, 3.15) resistance. Initiating an integrase inhibitor-based regimen and CD4+ T-cell count below 200 cells/mm3 were also associated with resistance to each drug. Conclusions: We observed a low prevalence of baseline resistance and a low incidence of emergence of resistance to tenofovir and emtricitabine among antiretroviral-naive patients in routine clinical care. © 2019 International Medical Press 1359-6535 (print) 2040-2058 (online)	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2019	Zablotska, Iryna B; Vaccher, Stefanie J; Bloch, Mark; Carr, Andrew; Foster, Rosalind; Grulich, Andrew E; Guy, Rebecca; McNulty, Anna; Ooi, Catriona; Pell, Catherine; Poynten, Isobel M; Prestage, Garrett; Ryder, Nathan; Templeton, David	High Adherence to HIV Pre-exposure Prophylaxis and No HIV Seroconversions Despite High Levels of Risk Behaviour and STIs: The Australian Demonstration Study PrELUDE.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-018-2290-3	https://dx.doi.org/10.1007/s10461-018-2290-3	PrELUDE study evaluated daily pre-exposure prophylaxis (PrEP) in high-risk individuals in Australia. This open-label, single-arm study tested participants for HIV/STI and collected behavioural information three-monthly. We report trends over 18 months in medication adherence, side-effects, HIV/STI incidence and behaviour. 320 gay/bisexual men (GBM), 4 women and 3 transgender participants, followed on average 461 days, reported taking seven pills/week on 1,591 (88.5%) occasions and 4-6 pills/week on 153 (8.5%) occasions. No HIV infections were observed. STI incidence was high and stable, while gonorrhoea infections declined from 100.0 to 25.8/100 person-years between 6 and 15 months (p < 0.001). The number of HIV-positive and unknown-status sex partners, and condomless anal intercourse, significantly increased. In this high-risk cohort of mainly GBM, increases in risk behaviours and high STI incidence were not accompanied by HIV infections due to high adherence to daily PrEP. The study informed policy and further PrEP implementation among Australian GBM.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2019	Zarwell M.; Ransome Y.; Barak N.; Gruber D.; Robinson W.T.	PrEP indicators, social capital and social group memberships among gay, bisexual and other men who have sex with men	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2018.1563912	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85061099693&doi=10.1080%2f13691058.2018.1563912&partnerID=40&md5=1adf926687302fa5263d997276840a5e	Efforts to reduce HIV among gay, bisexual and other men who have sex with men include increasing awareness and uptake of pre-exposure prophylaxis (PrEP). Social capital may facilitate engagement in HIV prevention. Membership of social groups including chosen families (i.e. friends as family relationships)–one potential indicator of social capital–may be protective against HIV risk and infection. In this cross-sectional quantitative study, we examined social capital items and social group membership in association with PrEP outcomes. In 2014, the New Orleans arm of the National HIV Behavioral Surveillance recruited 353 HIV-negative men, of whom 46% identified as Black, Latino or Other Race and 54% as Non-Hispanic White, using venue-based sampling to complete a structured survey. Multivariable logistic regression models tested the relations between social group membership and social capital with PrEP indicators. Men who reported community group participation were more likely to be aware of PrEP compared to those who did not. Men in chosen families associated with a family name were least likely to be aware of and willing to take PrEP compared to those not in any other social groups. Social group membership is a potential social capital indicator for assessing HIV prevention among men. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	bisexual; gay; men; PrEP; social capital	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2019	Zhabokritsky, Alex; Nelson, LaRon E; Tharao, Wangari; Husbands, Winston; Su, Tang Zhang; Nanhoe, Thomas-Persaud, Jamie; Baidoobonso, Shamara; Kaul, Rupert	Barriers to HIV pre-exposure prophylaxis among African, Caribbean and Black men in Toronto, Canada	PLOS One	-	-	-	-	1932-6203	NA	https://pubmed.ncbi.nlm.nih.gov/30925582/	Single-tablet combination emtricitabine/tenofovir is highly effective as HIV pre-exposure prophylaxis (PrEP). Scale-up efforts have targeted men who have sex with men (MSM), but patterns of racial disparities in HIV and PrEP use suggest that other populations may benefit. Black men are disproportionately affected by HIV in Toronto and may benefit from PrEP implementation in this priority population. ACB men from Toronto, Canada were recruited in community settings by peers. Participants completed a detailed socio-behavioural questionnaire. Biological samples were collected and tested for sexually transmitted infections. Willingness to accept PrEP was assessed in relation to actual and self-perceived risk of acquiring HIV, as well as demographic and behavioural variables. 426 ACB men were included in the analysis. ACB MSM were more likely to accept PrEP than ACB men only reporting sex with women (MSW; 50.0% vs. 21.6%). The most common reasons for PrEP non-acceptance were concerns regarding side effects and low self-perceived risk. PrEP acceptance was lowest among younger men (12.5%) and those born in Canada (13.2%). Men with a high self-perceived HIV risk were more likely to accept PrEP (81.3% vs. 22.7% of men with a low self-perceived risk), but only 25.4% of men who were defined as being at high-risk, self-identified themselves as such. Most ACB MSW were unlikely to accept PrEP, largely due to low self-perceived HIV risk, but PrEP acceptance among ACB MSM was similar to other contemporaneous Toronto MSM communities. PrEP acceptance was particularly low among younger ACB men and those born in Canada. Tailored strategies will be needed to effectively implement PrEP in Toronto ACB communities.	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2019	Zhang C., McMahon J., Fiscella K., Przybyla S., Brakemeier A., Lofthus N., Liu Y.	HIV Pre-Exposure Prophylaxis Implementation Cascade among Health Care Professionals in the United States: Implications from a Systematic Review and Meta-Analysis	AIDS Patient Care and STDs	-	-	-	-	1087-2914	10.1089/apc.2019.0119	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076339654&doi=10.1089%2Fapc.2019.0119&partnerID=40&md5=4948a6aa6310f0a328b17867b68fc3a1	Although pre-exposure prophylaxis (PrEP) has been approved for primary HIV prevention for individuals aged 18 years or older since 2012, PrEP utilization has been suboptimal. To understand trends in PrEP provision from the health care providers' perspective, we systematically assessed each specific stage along the PrEP implementation cascade (i.e., awareness, willingness, consideration, and prescription) among health care professionals (HCPs) in the United States. Between June and December 2018, we conducted a systematic review of published studies on this topic. A total of 26 eligible studies were identified, and 14 studies with 2,419 HCPs were included in the meta-analysis. Pooled prevalence of PrEP awareness was 69% (95% confidence interval [CI] = 55–80%), willingness to prescribe PrEP was 66% (95% CI = 54–77%), PrEP consultation was 37% (95% CI = 25–51%), and prescription provision was 24% (95% CI = 17–32%). Subgroup analyses revealed that PrEP provision among HCPs was lower in the south, but has been improving annually nationwide. Infectious disease specialists odds ratio (OR) = 4.04, 95% CI = 1.12–5.28; compared with primary care providers and advanced practice registered nurses/physician assistants (OR = 1.51, 95% CI = 1.09–2.09; compared with physicians) had higher odds of prescribing PrEP. Barriers and facilitators regarding optimal PrEP implementation were embedded within individual, dyadic, social, and structural levels. This meta-analysis has comprehensively examined the trend and pattern of PrEP implementation among HCPs. To achieve optimal implementation of the PrEP cascade in the United States, tailored training and programs need to be provided to HCPs. © 2019, Mary Ann Liebert, Inc.	health care professionals; meta-analysis; PrEP implementation cascade; systematic review; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Zhang C., McMahon J.; Simmons J.; Brown L.L.; Nash R.; Liu Y.	Suboptimal HIV Pre-exposure Prophylaxis Awareness and Willingness to Use Among Women Who Use Drugs in the United States: A Systematic Review and Meta-analysis	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02573-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85069493324&doi=10.1007%2Fs10461-019-02573-x&partnerID=40&md5=5743ca9410dc02d538b2b2ce1167b3	In the United States (U.S.), more than 12 million women reported illicit drug use in the past month. Drug use has been linked to increased risk for HIV, but little is known about the uptake of HIV pre-exposure prophylaxis (PrEP) to prevent HIV among women who use drugs (WWUD). Following the PRISMA guideline, we conducted a multi-database literature search to assess engagement along the PrEP care continuum among WWUD in the U.S. Seven studies with a total of 755 women were included in the review: 370 (49%) Black, 126 (16.7%) Hispanics, and 239 (34.3%) White. Employing random-effect models, data indicate 20.6% (95% CI 8.7%, 32.4%) of WWUD were aware of PrEP, and 46.2% (95% CI 32.2%, 60.2%) of those aware were also willing to use PrEP. Across dissimilar study limitations, our findings suggest there may be potential to increase PrEP uptake among WWUD, but efforts must first concentrate on improving PrEP awareness among this population. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Meta-analysis; Pre-exposure prophylaxis; Systematic review; United States; Women who use drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2019	Zhang L.; Peng P.; Wu Y.; Ma X.; See N.N.; Huang X.; Wu H.; Markowitz M.; Meyers K.	Modelling the Epidemiological Impact and Cost-Effectiveness of PrEP for HIV Transmission in MSM in China	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-018-2205-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85049382626&doi=10.1007%2Fs10461-018-2205-3&partnerID=40&md5=1f0e9935fdd533cb4a4c849d02209bb3	Risk of HIV infection is high in Chinese MSM, with an annual HIV incidence ranging from 3.41 to 13.7/100 person-years. Tenofovir-based PrEP is effective in preventing HIV transmission in MSM. This study aims to assess the cost-effectiveness of PrEP implementation among MSM in China. We developed a dynamic model to project the lifetime HIV infections averted by PrEP, the number of infections, deaths, and disability-adjusted life years (DALY) averted. We also provide an estimate of the incremental cost-effectiveness ratio (ICER) and the cost per DALY averted of the intervention. Without PrEP, there will be 1.1–3.0 million new infections and 0.7–2.1 million HIV-related deaths in the next two decades. Moderate PrEP coverage (50%) would prevent 0.17–0.32 million new HIV infections. At Yunnan's current price in China, daily oral PrEP costs $46.013–52,000 per DALY averted and is not cost-effective; on-demand Truvada reduces ICER to $25,857–27,830 per DALY averted, marginally cost-effective; daily generic tenofovir-based regimens further reduce ICER to $3675–8963, wholly cost-effective. The cost of daily oral Truvada PrEP regimen would need to be reduced by half to achieve cost-effectiveness and realize the public health good of preventing hundreds of thousands of HIV infections among MSM in China. © 2018, Springer Science+Business Media, LLC, part of Springer Nature.	China; Cost-effectiveness; Mathematical modeling; MSM; PrEP	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2019	Zhang, Helen L; Murthy, Bhavini; Johnston, Barbara; Morthley, Marissa; Wu, Jiewei; Samsa, Gregory P; Sohn, Arlene C; McKellar, Melvin S	Public Awareness of HIV Pre-Exposure Prophylaxis in Durham, North Carolina: Results of a Community Survey.	North Carolina Medical Journal	-	-	-	-	0029-2559	10.18043/ncm.80.1.7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9079027/	BACKGROUND Adoption of HIV pre-exposure prophylaxis (PrEP) remains limited among populations at greatest risk for HIV acquisition. This study aims to assess awareness of PrEP among individuals in Durham, North Carolina, which has one of the highest rates of HIV diagnoses in the state. METHOD In 2015-2016, we administered a survey including questions to assess PrEP awareness to individuals at multiple venues throughout Durham, North Carolina. RESULTS A total of 139 community respondents were surveyed. The majority were male (66%) and black/African American (75%); 21% were Hispanic. There were an estimated 53 men who have sex with men (MSM), of which 18 (33%) were black MSM and 34 years of age. Overall, only 53/138 (38%) respondents were aware of PrEP. Awareness was reported among 33/52 (63%) MSM respondents, 29/46 (63%) black MSM, and 10/17 (59%) black MSM 24 years of age. In multivariate analysis, non-heterosexual orientation, health-insured status, and prior HIV testing were significantly associated with PrEP awareness. Ninety-four (68%) of 137 respondents reported prior HIV testing.CONCLUSIONS Limitations include non-random sampling and limited sample size. Despite these limitations, this study is one of the largest surveys of PrEP awareness in the southeastern United States. Our findings demonstrate a low overall awareness of PrEP in Durham, North Carolina, indicating that expanded outreach is necessary to increase public awareness and encourage adoption of PrEP among all demographics at risk for HIV.	HIV prevention, pre-exposure prophylaxis, sexually transmitted diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2019	Zhao, ZZ; Jones, J; Sanders, R; Gladfelter, G; Mcdonald, S; Reed, C; Castellanos, J; Fellon, G; Morley, K; Campbell, E; Myer, D; Jones, T; Rothman, R; Hsieh, YH	EMERGENCY DEPARTMENT (ED)-BASED HIV PRE-EXPOSURE PROPHYLAXIS (PREP) REFERRAL PROGRAM - USING EDS AS A PORTAL FOR PREP SERVICES	Sexually Transmitted Infections	-	-	-	-	1368-4973	10.1136/sextrans-2019-sti.537	https://sti.bmj.com/content/95/Suppl_1/A213.1	Background U.S. Emergency Departments (EDs) serve many patients at high risk for HIV and could serve as a portal of entry for pre-exposure prophylaxis (PrEP). We conducted a pilot study to determine feasibility and acceptability of PrEP referral from the ED. Methods From late December 2018 to March 2019, a pilot PrEP referral program was integrated into an established HIV/STI screening program in an urban U.S. ED with HIV seroprevalence of 6%. Patients were eligible if they were aged 18-64 years, had a negative HIV test during the previous 12 months and tested HIV-negative, or a negative HIV test during the current ED visit. The PrEP referral program was implemented by HIV/STI program staff and clinicians. Patients who were approached by convenience sampling based on staff availability. HIV risk and interest in PrEP referral was assessed through an electronic survey based on CDC PrEP guidelines. Patients expressing interest in PrEP were referred to PrEP peer navigators from the adult infectious disease specialty clinic and positive clinic. Referrals, scheduled and completed appointments, and PrEP initiation were collected. Results In this ongoing program, 298 ED patients were screened, 162 approached and 89 (55%) took the survey. 68 (42%) were categorized as high-risk and eligible for PrEP referral. Of these 68 patients, 36 (53%) accepted PrEP referral, 15 (22%) were successfully contacted by phone with additional 21 (31%) pending for follow-up calls, six (9%) were scheduled for appointments, and two (3%) completed an appointment. Conclusion Our preliminary findings demonstrate a high interest for PrEP referral and comparable PrEP care cascade outcomes in high-risk ED patients indicating that implementation of an ED-based PrEP referral program is feasible and acceptable and could serve as an important portal for PrEP care. Barriers along the PrEP care continuum to better engage and retain patients should be addressed as a future direction.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article2	2019	Zheng Z.-W.; Qiu J.-L.; Gu J.; Xu H.-F.; Cheng W.-H.; Hao C.	Preexposure prophylaxis comprehension and the certainty of willingness to use preexposure prophylaxis among men who have sex with men in China	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462418783142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85053193111&doi=10.1177%2F0956462418783142&partnerID=40&md5=6d0b92dfc0b44d2f9703f7c2f2bbd1f4	Preexposure prophylaxis (PrEP) is not available in China and the willingness to use PrEP among Chinese men who have sex with men (MSM) is not clear. The aim of this study was to better understand the association between PrEP comprehension and the willingness to use PrEP under varying conditions among MSM. An online survey investigating personal characteristics, PrEP comprehension, and PrEP willingness among MSM was conducted. A third of respondents (36.2%, 196 out of 541) reported that they would like to use PrEP. Compared with MSM who had a high-level comprehension, MSM with a high level were more likely to report clear choices: a willingness or unwillingness to use PrEP (82.4% versus 65.7%, p <0.01). Among 350 MSM willing to use PrEP or uncertain about uptake, those with a high level of PrEP comprehension were more likely to use PrEP daily (adjusted odds ratio: AOR = 1.72, 95% confidence interval: 1.04–2.88), and to take it either daily or when sexually active (AOR = 2.72 or 2.37). A high level of PrEP comprehension is a key factor in urging MSM to use PrEP under varying conditions. Our findings call attention to the need for health education to improve PrEP comprehension. © The Author(s) 2018.	China; Men who have sex with men; preexposure prophylaxis; preexposure prophylaxis comprehension; willingness	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2019	Zhu, Yifan; Di, Chongzhi; Chen, Yang Qing	Clustering functional data with application to electronic medication adherence monitoring in HIV prevention trials.	Statistics in Biosciences	-	-	-	-	1867-1764 1867-1772	10.1007/s12561-019-09232-8	https://pubmed.ncbi.nlm.nih.gov/31695010/	Maintaining high medication adherence is essential for achieving desired efficacy in clinical trials, especially prevention trials. However, adherence is traditionally measured by self-reports that are subject to reporting bias/error and intervention/placebo differential reporting/error. Recently, electronic medication adherence devices have been adopted in several HIV pre-exposure prophylaxis prevention-mirror events. Recently, electronic medication adherence devices have been adopted in several HIV pre-exposure prophylaxis prevention-mirror events. Electronic devices are capable of collecting objective, frequent, and timely drug adherence data. The device opening signals generated by such devices are often represented as regularly or irregularly spaced discrete functional data, which are then summarized into adherence profiles for each study participant. We propose a functional clustering approach to identify subgroups of study participants based on these functional data. Functional data are smoothed functional data. Parametric mixture models with changepoints, as well as several non-parametric and semi-parametric functional clustering approaches are developed and applied to the smoothed adherence data. Simulation studies were conducted to evaluate finite sample performances, on the choices of tuning parameters in the pre-processing step as well as the relative performance of different clustering algorithms. We applied these methods to the HIV Prevention Trials Network(HPTN) 068 study for identifying subgroups with distinct adherence behavior over the study period.	HIV prevention; Clustering; Drug adherence; Functional data; Latent class model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2019	Zimba, Chifundo; Mamun, Seesmee; Rosenberg, Nora E; Willwood Munthi; Mwesemba, Oliver; Dunda, Wezzie; Phanga, Tweniwhite; Chibwe, Kasapo F; Matenga, Tukesi; Freyhem, Kellie; Schreible, Leah; Nwalika, Bellington; Chi, Benjamin H	The landscape for HIV pre-exposure prophylaxis during pregnancy and breastfeeding in Malawi and Zambia: A qualitative study	PLOS One	-	-	-	-	NA	10.1371/journal.pone.0223487	https://www.proquest.com/scholarly-journals/landscape-hiv-pre-exposure-prophylaxis-during/docview/2300990110/se-2?accountid=14113	High HIV incidence rates have been observed among pregnant and breastfeeding women in sub-Saharan Africa. Oral pre-exposure prophylaxis (PrEP) can effectively reduce HIV acquisition in women during these periods; however, understanding of its acceptability and feasibility in antenatal and postpartum populations remains limited. To address this gap, we conducted in-depth interviews with 90 study participants in Malawi and Zambia. Participants were pregnant women, breastfeeding women, male partners, and key informants. Data were analyzed using manual thematic coding. Salient themes related to PrEP. As a public health intervention, PrEP was not well-known among patients and healthcare workers; however, when it was described, most participants, male counterparts, and key informants were receptive. Concerns about safety and adherence were raised, highlighting two critical areas for community outreach. The feasibility of introducing PrEP into antenatal services was also a concern, especially if introduced within already strained health systems. Support for PrEP varied among policymakers in Malawi and Zambia, reflecting the ongoing policy discussions in their respective countries. Implementing PrEP during the pregnancy and breastfeeding periods will require addressing barriers at the individual, facility, and policy levels. Multi-level approaches should be considered in the design of new PrEP programs for antenatal and postpartum populations.	Pregnancy; HIV; Africa; Zambia; Malawi; North Carolina; HIV prevention; Kenya; Pre-exposure prophylaxis; Health care; Public health; Prophylaxis; Postpartum; Breast feeding; Qualitative research; Health promotion; Studies; Breastfeeding; Feasibility; HIV epidemiology; Postpartum; Human immunodeficiency virus--HIV; Women health; Sciences: Comprehensive Works; Population; United States--US; Acquired immune deficiency syndrome--AIDS; Medical personnel; Breastfeeding & lactation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2019	Zimmermann H.M.L.; Eshtiaun S.W.; Achterbergh R.C.A.; Schim van der Loeff M.F.; Prins M.; de Vries H.J.C.; Hoornenborg E.; Davidovich U.	Motives for choosing, switching and stopping daily or event-driven pre-exposure prophylaxis – a qualitative analysis	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25389	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073173324&doi=10.1002%2Fjia2.25389&partnerID=40&md5=45ed1728d0e29203c53ddf3a06fd3648	Introduction: In settings where both daily and event-driven pre-exposure prophylaxis (PrEP) are offered to men who have sex with men (MSM), a clear understanding of the motives to choose between the different dosing regimens can facilitate more effective PrEP implementation. We therefore studied the motives for choosing for, switching between, and stopping daily or event-driven PrEP. Methods: We used data (August 2015-June 2017) from the prospective, longitudinal, open-label Amsterdam PrEP demonstration study, in which daily (dPrEP) and event-driven PrEP (edPrEP) were offered to 374 HIV-negative MSM and two transgender persons. Participants self-selected the preferred PrEP regimen at baseline and could switch regimens at three-monthly follow-up visits. We measured motives for choosing PrEP regimen at baseline and for switching and stopping PrEP at follow-up visits. Open- and closed-end items were combined and qualitatively analysed. Results: Choices of PrEP-regimens were determined by personal and contextual factors, involving the perceived self-efficacy concerning adherence, the risk context, and the anticipated impact of PrEP on physical and mental health. Participants who preferred dPrEP because of the anticipated better adherence and the fear of side-effects relating to edPrEP-ingestions. Moreover, dPrEP was perceived to be more effective than edPrEP. Motives to choose edPrEP were the avoidance of unnecessary PrEP-ingestions, the lower costs, and the lower impact on sexual pleasure. Switches from edPrEP to dPrEP were mainly motivated by the perceived risk context, and choices relied on the perceived effectiveness of dPrEP. Switches from dPrEP to edPrEP were mainly motivated by the anticipated impact on sexual pleasure, and choices relied on perceived adherence. Changes in the eleven factors, such as changing risk perceptions, changing relationships or changing physical conditions, resulted in switching regimens. Choices to stop PrEP were related to lower sexual risk, adherence issues and side-effects. Conclusions: The great diversity of motives illustrates the importance of offering a choice of PrEP-regimens. In counselling of MSM starting PrEP, choices for PrEP-regimens may be addressed as a continuum of flexible and changeable options over time. This may help individuals choose the PrEP-regimen that best fits their current sexual context, priorities and personal capabilities and therefore will be more easily adhered to. © 2019 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	counselling; HIV; men who have sex with men; PrEP; prevention; sexual behaviour	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Mixed methods
Article	2019	Zucker, Jason; Carnevale, Caroline; Richards, Paul; Slowikowski, Jacek; Borza, Alexander; Gottlieb, Felix; Vakkor, Isabelle; Hyden, Christel; Okrokov, Susan; Cobalt, Alwyn; Gordon, Peter; Schnoes,Erik; Magdalena E	Predictors of Disengagement in Care for Individuals Receiving Pre-exposure Prophylaxis (PrEP).	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002054	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8576954/	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) reduces incident HIV infections, but efficacy depends on adherence and retention, among other factors. Substance use disorders, unmet mental health needs, and demographic factors are associated with nonadherence in HIV-infected patients; we studied whether these affect PrEP retention in care. METHODS: To investigate potential risk factors disengagement in a comprehensive HIV prevention program, we conducted a retrospective cohort analysis of individuals starting tenofovir-emtricitabine between January 1, 2015, and December 30, 2017. The primary outcome was adherence to the initial 3-visit schedule after PrEP initiation. RESULTS: The cohort was predominantly African American (23%) and Hispanic (46%). Race, ethnicity, substance use, mental health conditions, and housing instability were not associated with PrEP retention. Age was significantly associated with PrEP retention: each year of age at birth, transition from post-exposure prophylaxis (PEP) to PrEP, feeling that they could benefit from PrEP, or participating in mental health services were associated with increased retention. Overall, retention in HIV preventative care at the first follow-up visit (68%) and third follow-up visit (35%) after PrEP initiation was low. CONCLUSION: Clinic services and ancillary services (such as mental health) may facilitate retention in care. In this study, select social and behavioral determinants of health were not found to be related to retention. Focused investigation of reasons for dropout may elucidate the challenges to maintaining individuals in PrEP care and direct resource allocation to those in greatest need.	HIV Prevention, PrEP, Retention, Adherence, Risk Factors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Abo-Khaled, Suhe; Dent, Jennes; Tot, Michelle; Dandachi, Dima	Are We Proscribing Enough HIV Pre-Exposure Prophylaxis in Missouri?: A Cross-Sectional Study at University of Missouri Health Care.	Missouri Medicine	-	-	-	-	0026-6620	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7722142/	Despite the proven efficacy and safety of HIV pre-exposure prophylaxis (PrEP), it remains underutilized. PrEP use among Missouri providers has increased as the rate of new HIV infections grows statewide, placing their risk for Missouri and Urban Crescent (UC) patients. Recent guidelines by the Centers for Disease Control and Prevention (CDC) identify Missouri as at-risk for an HIV outbreak; we seek to characterize HIV testing practices and PrEP knowledge and use among Missouri healthcare providers.	The study has been approved by the University of Missouri Institutional review board.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Achieng, AE; Owiti, E	SOCIOECONOMIC INEQUALITY IN HIV PREVENTION AMONGST FEMALE SEX WORKERS: A CROSS-SECTIONAL ANALYSIS OF ORAL PRE-EXPOSURE PROPHYLAXIS IN RURAL KENYA	Value in Health	-	-	-	-	1098-3015	10.1016/j.jval.2020.04.471	https://www.valueinhealthjournal.com/article/S1098-3015%2820%2930193-8/fulltext	Objectives: HIV and AIDS remain a major public health and economic burden to Kenya. The prevalence among the general-population has been decreasing, however, it remains very high at an average of 30% among female sex workers (FSWs). The sex trade is unlawful in Kenya and FSWs operate illegally without business protection increasing risk of sexual exploitation and abuse. The Government of Kenya offers FSWs Oral Pre-exposure prophylaxis (PrEP) free of charge to reduce the risk of HIV infection. Socioeconomic inequalities contribute to disparities in the uptake of health services, with the rich accessing more care than the poor. The objective of this study was to estimate socioeconomic inequality in PrEP use among FSWs in rural Kenya. Methods: Using a structured questionnaire, 479 HIV negative FSWs were sampled and data on their socioeconomic and demographic status collected. Average marginal effects was used to estimate the determinants of PrEP use by FSWs. Concentration curves and Erreygers CI were used to estimate inequality in PrEP use among FSWs in rural Kenya. Results: Of the 479 HIV Negative FSWs (median age 26y), 297 (62%) reported ever using PrEP. PrEP uptake was highest amongst those aged over 24 years (66%), formerly and currently married (54%), with less than 2 children (85%), unemployed (54%), above secondary education (61%), town residence (52%), and those in the richest wealth quintile (26%). Overall, PrEP use was concentrated among the wealthy FSWs (CI=0.224, p<0.01). Conclusions: The findings shows socioeconomic inequality in oral PrEP uptake, hence the need to target poor and vulnerable FSWs as the distribution of PrEP. Secondly, the government needs to consider linking social protection interventions and PrEP use to improve its uptake.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	NA	NA	Quantitative
Article	2020	Adriaenssens, Jeroen; Hompes, Thierry; Gianfrancesco, Fabrizio; Arnon, Jacob; Geusens, Nathalie; Spinnewijn, Jan; Sturtewagen, Yves; Van Den Eede, Frank	Experiences and choices of women using antenatal dydrogesterone: results of a pregnancy exposure registry and survey	The European Journal of Contraception & Reproductive Health Care	-	-	-	-	1362-5187	10.3109/13625187.2012.715381	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518696/	OBJECTIVES: To estimate HIV prevalence and associated risk factors among men who have sex with men (MSM) in Dar es Salaam, Tanzania following the implementation of the national comprehensive package of HIV interventions for key populations (CHIP). DESIGN: A cross-sectional survey using respondent-driven sampling. SETTING Dar es Salaam, Tanzania's largest city. PARTICIPANTS: Men who occasionally or regularly have sex with another man, aged 18 years and above and living in Dar es Salaam city at least 6 months preceding the study. PRIMARY OUTCOME MEASURE: HIV prevalence was estimated using RDS-Analyst. Risk factors were analysed using multivariable logistic regression. RESULTS: Between January 1, 2015, and December 30, 2017. The study. The weighted HIV prevalence was 8.3% (95% CI 6.5%-10.8%) as compared with 22.2% (95% CI: 16.7%-28.4%) observed in a similar survey in 2014. Half of the participants had had sex with more than two partners in the month preceding the survey. Among those who had engaged in transactional sex, 80% had used a condom during last anal sex with a paying partner. Participants aged 25 and above had four times higher odds of being infected than those aged 15-19 years. HIV infection was associated with multiple sexual partnerships (adjusted OR/AOR, 3.0; 95% CI: 1.8-12.0), not having used a condom during last sex with non-paying partner (AOR, 4.1; 95% CI: 1.4-7.8) and ever having engaged in group sex (AOR, 3.4; 95% CI: 1.7-3.6). CONCLUSION: HIV prevalence among MSM in Dar es Salaam has decreased by more than a half over the past 5 years, coinciding with implementation of the CHIP. It is nonetheless two times as high as that of men in the general population. To achieve the 2-10 goals, behavioural change interventions and roll-out of new intervention measures such as pre-exposure prophylaxis are urgently needed.	HIV & AIDS, infection control, public health, epidemiology	English	United Kingdom	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2020	Aghaindi, Amenah; Hempel, Amanda; Hezenkleiya, Amde; Clifford-Rashotte, Matthew; Tan, Darryl H S; Bogoch, Isaac I	HIV postexposure prophylaxis-in-pocket: long-term follow-up of individuals with low-frequency, high-risk HIV exposures.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000002441	https://dx.doi.org/10.1097/QAD.0000000000002441	BACKGROUND HIV postexposure prophylaxis and postexposure prophylaxis are two major biomedical HIV prevention modalities. The utility of these prevention tools for individuals with infrequent high-risk HIV exposures remains uncertain. HIV postexposure prophylaxis-in-pocket (PEP) may be an effective HIV prevention tool in such situations. Here, we present long-term follow-up of a cohort of patients initiated on PEP for HIV prevention. METHODS: We retrospectively evaluated clinical characteristics of patients initiated on PEP as a primary HIV prevention tool between 1 January 2010 to 31 May 2019 at the Toronto General Hospital HIV Prevention Clinic and St. Michael's Hospital HIV Clinic, both in Toronto, Canada. Patients were referred for consideration of a biomedical HIV prevention modality. Individuals with a low frequency of high-risk exposures to HIV were initiated on PEP after counselling, and were followed at regular intervals. Demographic and clinical data was collected with a standardized form. RESULTS: In total, 79 patients were initiated on PEP as a primary HIV prevention modality and followed for a mean duration of 14.8 months combining for a total of 97.3 patient-years. Twenty-one (26.6%) patients used their PEP, and 32 courses of PEP were taken during the study period. Transitions between HIV prevention modalities included 13 (16.5%) patients who transitioned from PrEP to PEP, and 12 (12.6%) patients who transitioned from PEP to PrEP. No HIV seroconversions were detected during the course of this study. CONCLUSION: PEP is helpful HIV prevention modality for individuals with a low frequency of high-risk HIV exposures.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2020	Allen, Sean T; O'Rourke Allison; White, Rebecca Hamilton; Smith, Katherine C; Weir, Brian; Lucas, Gregory M; Sherman, Susan G; Grieb, Suzanne M	Barriers and Facilitators to PrEP Use Among People Who Inject Drugs in Rural Appalachia: A Qualitative Study	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-019-02767-3	https://www.proquest.com/scholarly-journals/barriers-facilitators-prep-use-among-people-who-inject/docview/2402240754/se-2?accountid=14113	The opioid crisis has increased risks for injection drug use-associated HIV outbreaks in rural communities throughout the United States. Existing research has examined pre-exposure prophylaxis (PrEP) utilization among people who inject drugs (PWID); however, no studies have been conducted to explore barriers and facilitators of PrEP use among rural PWID in Appalachia. We conducted qualitative interviews with PWID (n = 40) in two rural counties in West Virginia to explore barriers and facilitators of PrEP use. Among our participants, the majority (68.8%) had never heard of PrEP. Upon learning about PrEP, most participants expressed willingness to use it. Rural PWID described several factors that may impede PrEP utilization (e.g., housing instability; forgetting to take PrEP). Participants also identified practical strategies to support sustained PrEP utilization, such as integrating PrEP services into venues PWID access. This research provides important insights into the barriers and facilitators of PrEP utilization among rural PWID.	HIV; Pre-exposure prophylaxis; PrEP; Psychology; Disease prevention; Prophylaxis; People who inject drugs; Drug use; Utilization; Drug abuse; Health behavior; Qualitative research; Drugs; Rural health; Housing; Facilitator; Barriers; Opioids; Barrier; Human immunodeficiency virus--HIV; Opiates; Rural areas; Rural communities; Appalachia	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Amith, Muhammad Tuan; Cui, Licong; Roberts, Kirk; Tao, Cui	Towards an ontology-based medication conversational agent for PrEP and PEP.	Proc Conf Assoc Comput Linguist Meet	-	-	-	-	0736-587X	10.18653/v1/2020.nlpmc-1.5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7606882/	HIV (human immunodeficiency virus) can damage a human's immune system and cause Acquired Immunodeficiency Syndrome (AIDS) which could lead to severe outcomes, including death. While HIV infections have decreased over the last decade, there is still a significant population where the infection permeates. PrEP and PEP are two proven preventive measures introduced that involve periodic dosage to stop the onset of HIV infection. However, the adherence rates for this medication is low in part due to the lack of information about the medication. There exist several communication barriers that prevent patient-provider communication from happening. In this work, we present our ontology-based method for automating the communication of this medication that can be deployed for live conversational agents for PrEP and PEP. This method facilitates a model of automated conversation between the machine and user can also answer relevant questions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2020	Anjum, R; Lakshmi, PK		Dolutegravir sodium loaded solid lipid nanoparticles: A vaginal drug delivery system for pre-exposure prophylaxis of HIV	Journal of Research in Pharmacy	-	-	-	-	2630-4244	10.35333/jrp.2020.203	https://jrpsharm.com/abstract.php?lang=en&id=918	The objective of this study was to formulate dolutegravir sodium an antiretroviral drug into topical (vaginal) semisolid solid lipid nanoparticle gel formulation using a rapid, economical one step process. Solid lipid nanoparticles formulations were prepared using solvent injection method combined with sonication, using different types of lipids (e.g. Phosphocholin 80H, Phospholipon 90H and Soy lecithin) and surfactants (Poloxamer 407, Poloxamer 188, and Tween 80). The SLN gel was formed in one step process using poloxamer 407 & water forming aqueous phase and micro acid & phospholipon 80H in ethanol forming lipid phase. The lipid phase was injected into aqueous phase forming a creamy gel at 70 degrees C. Hence it does not require any gelling agent. It was optimized using a systematic approach of design of experiments. The formulation was evaluated for particle size, polydispersity index, zeta potential, flux, entrapment efficiency and results were found to be 455 nm, 0.431, -26.6 mv, 43.7 +/- 0.12 mm, 85.3 +/- 0.12 % and 0.9 +/- 0.12 % respectively. The in vitro release study was carried out using Franz diffusion cell and the release was found to be 90.3 +/- 0.12 % in 24 hours which followed Higuchi release mechanism. The release exponent 'n' of the Korsmeyer equation indicates the Fickian diffusional drug release. The ex vivo vaginal study of F2 formulation showed 64.89% of tissue deposition which was 16 times more than the pure drug. This study concluded that the dolutegravir sodium, a sustained release solid lipid nanoparticle gel may have increased vaginal deposition and might show site targeted effect.	vaginal delivery; FORMULATION; Dolutegravir sodium; gel; solid lipid nanoparticles; solvent injection method	English	India	Asia and the Pacific	India	Asia and the Pacific	India	Asia and the Pacific	Clinical
Article	2020	Annequin M.; Villes V.; Delobre R.M.; Alain T.; Morel S.; Malcheb D.; Schmidt A.J.; Veber A.; Rojo-Castro D.		Are PrEP services in France reaching all those exposed to HIV who want to take PrEP? MSM respondents who are eligible but not using PrEP (IMIS 2017)	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1739219	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082849574&doi=10.1080%2F09540121.2020.1739219&partnerID=40&md5=e55d8787fcc5305f9181268	Pre-exposure prophylaxis (PrEP) is fully reimbursed by the French health insurance system since 2016. However, uptake of PrEP is slower than expected and little is known about men who have sex with men (MSM) who are eligible for PrEP according to French guidelines, but not using it. This study aims to (1) assess and describe MSM that are eligible to PrEP but not using it, and (2) identify potential individual and structural barriers of PrEP uptake among eligible MSM who are aware and intend to take PrEP. Data from IMIS-2017, a cross-sectional internet survey among gay, bisexual, and other MSM, were used. MSM who are eligible for PrEP according to French guidelines, but not using it, were compared to MSM who are using PrEP and to MSM who are not using PrEP. Among 2231 non-PrEP users, 24.2% were eligible to PrEP and 15.2% were eligible, aware and intended to take PrEP. Compared to MSM who are not using PrEP are mostly younger, students, less "out", living in small cities, using condoms more frequently but still with low self-efficacy regarding safe sex and more distant from preventive health care and information than PrEP users. Despite free PrEP availability in France, results suggest that PrEP is not fully accessible and that there is a need to increase PrEP demand and decentralize PrEP delivery.	MSM; pre-exposure prophylaxis (PrEP); PrEP access; PrEP delivery; PrEP eligibility	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Antoni, Guillemette; Tremblay, Cécile; Delsuguere, Constance; Charreau, Isabelle; Cua, Eric; Rojas Castro, Daniela; Raffi, François; Chas, Julie; Hoktan, Thomas; Spire, Bruno; Capitant, Catherine; Cotte, Laurent; Meyer, Laurence; Molina, Jean-Michel		On-demand pre-exposure prophylaxis with tenofovir disoproxil fumarate plus emtricitabine among men who have sex with men with low frequent sexual intercourse: a post-hoc analysis of the ANRS IPERGAY trial.	The Lancet HIV	-	-	-	-	2352-3018	https://dx.doi.org/10.1016/S2352-3018(19)30341-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7406871/	BACKGROUND: ANRS IPERGAY found that on-demand pre-exposure prophylaxis (PrEP) with oral tenofovir disoproxil fumarate plus emtricitabine was associated with an 86% relative reduction of HIV-1 incidence compared with placebo among men who have sex with men at high risk of HIV. We aimed to investigate whether on-demand PrEP was similarly effective among individuals with lower exposure to HIV risk. METHODS: Participants in the ANRS IPERGAY trial were randomly assigned to receive PrEP (fixed-dose combination of 300 mg tenofovir disoproxil fumarate and 200 mg emtricitabine per pill) or placebo. The primary endpoint was the diagnosis of HIV-1 infection. PM uptake was assessed by prespecified secondary analyses of the trial's efficacy and safety. Structural equation modelling analysis showed that the awareness of PrEP related knowledge and concerning about PrEP utilization in MSM played a direct positive role in their self-efficiency of using PrEP, and the effect coefficients were 0.31 and 0.29 respectively. Moreover, the awareness of PrEP related knowledge also indirectly affected the self-efficiency of using PrEP by concerning about PrEP utilization in MSM. The mixed model analysis demonstrated that the utilization of PrEP can improve the self-efficacy of using PrEP (OR=5.55), which increased by 0.14 times with the increase of 1 score of the awareness of PrEP related knowledge and concern about using PrEP respectively. In addition, this survey found that in the participants, the main concerns about using PrEP were side effects, HIV prevention effect and its expense, accounting for 61.1% (H01625), 60.1% (U74322) and 53.2% (U51322), respectively. Most participants hoped to obtain PrEP services from CDC, MSM social organizations and internet, accounting for 75.6% (A70422), 65.4% (467422), and 63.8% (J97422), respectively. Conclusions MSM showed different degree of high need but low utilization of PrEP services. Low awareness of PrEP related knowledge, concerns about the prevention effect, side effects and expense of PrEP as well as self-disinterestion were the factors hindering the use of PrEP in MSM. It is necessary to establish a suitable PrEP service model to meet the needs for PrEP in MSM. © 2020 Chinese Medical Association. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Article	2020	Arnie S.; Operario D.; Zhihua Z.; Yue Z.; Xiaofang Z.; Cui Y.; Zeller N.; Pan G.; Jun W.; Yehuan S.; Hongbo Z.		Needs of pre-exposure prophylaxis for HIV infection and related barriers among men who have sex with men	Chinese Journal of Endemiology	-	-	-	-	20954255	10.3760/cma.j.issn.0254-6450.2020.02.012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084460606&doi=10.3760%2Fcma.j.issn.0254-6450.2020.02.012&partnerID=40&md5=e8054c971ca4b2b873adeef1f3cd9be2	BACKGROUND: ANRS IPERGAY trial is registered with ClinicalTrials.gov, NCT01473472. OPINIONS: 400 participants who were randomly assigned to receive PrEP (n=199) or placebo (n=201) between Feb 22, 2012, and Oct 17, 2014, were included in this analysis. 270 participants had at least one period of less frequent sexual intercourse with high PrEP adherence during the study, representing 134 person-years of follow-up and 33% of the total study follow-up. During these periods, participants in both groups reported a median of 5·9 (IQR 2·8–10·0) episodes of sexual intercourse per month and used a median of 9·5 (6·0–13·0) pills per month. Six HIV-1 infections were diagnosed in the placebo group (HIV incidence of 9·2 per 100 person-years; 95% CI 3·4–20·1) and none were diagnosed in the tenofovir disoproxil fumarate plus emtricitabine arm (HIV incidence of 0 per 100 person-years; 0·5–8·4; p=0·013), with a relative reduction of HIV incidence of 100% (95% CI 38–100). INTERPRETATION: A choice between daily or on-demand PrEP regimens could be offered to men who have sex with men who have less frequent sexual intercourse. FUNDING: ANRS (France Recherche Nord and Sud Sida-HIV Hépatites), the Canadian HIV Trials Network, French Pierre Bergé (Sidaction), Gilead Sciences, and the Bill & Melinda Gates Foundation.	HIV; Men who have sex with men; Need; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Arnie S.; Operario D.; Zhihua Z.; Yue Z.; Xiaofang Z.; Cui Y.; Zeller N.; Pan G.; Jun W.; Yehuan S.; Hongbo Z.		Identification of adolescent girls and young women for targeted HIV prevention: a new risk scoring tool in KwaZulu Natal, South Africa.	Scientific Reports	-	-	-	-	2045-2322	10.1038/s41598-020-69842-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7406871/	Objective To understand the actual needs for the pre-exposure prophylaxis (PrEP) for HIV infection and the factors hindering PrEP utilization in men who have sex with men (MSM). Methods Participants were recruited by using MSM social application software Blued 6.5.0 and through MSM peer referral, sample size was 600. An electronic questionnaire survey was conducted anonymously with guidance of investigators via "Questionnaire Star" platform. The contents of the survey included demographic characteristics of the participants, the awareness of PrEP related knowledge, willingness and concerns about using PrEP, actual need for PrEP and self-efficacy of using PrEP. Results A total of 622 MSM completed the survey, of whom 56.4% (351/622) and 4.3% (27/622) ever heard of and received PrEP, respectively. The need assessment of PrEP showed that 47.2% (418/622) of the participants had actual needs for PrEP and 21.2% (132/622) used PrEP with good self-efficacy. Structural equation modelling analysis showed that the awareness of PrEP related knowledge and concerning about PrEP utilization in MSM played a direct positive role in their self-efficiency of using PrEP, and the effect coefficients were 0.31 and 0.29 respectively. Moreover, the awareness of PrEP related knowledge also indirectly affected the self-efficiency of using PrEP by concerning about PrEP utilization in MSM. The mixed model analysis demonstrated that the utilization of PrEP can improve the self-efficacy of using PrEP (OR = 5.55), which increased by 0.14 times with the increase of 1 score of the awareness of PrEP related knowledge and concern about using PrEP respectively. In addition, this survey found that in the participants, the main concerns about using PrEP were side effects, HIV prevention effect and its expense, accounting for 61.1% (H01625), 60.1% (U74322) and 53.2% (U51322), respectively. Most participants hoped to obtain PrEP services from CDC, MSM social organizations and internet, accounting for 75.6% (A70422), 65.4% (467422), and 63.8% (J97422), respectively. Conclusions MSM showed different degree of high need but low utilization of PrEP services. Low awareness of PrEP related knowledge, concerns about the prevention effect, side effects and expense of PrEP as well as self-disinterestion were the factors hindering the use of PrEP in MSM. It is necessary to establish a suitable PrEP service model to meet the needs for PrEP in MSM. © 2020 Chinese Medical Association. All rights reserved.	Statistical methods; Risk factors; HIV infections, Prognostic markers; Epidemiology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2020	Arif, Kevin I; Walensky, Rochelle P		Payments for Prexposure Prophylaxis in the United States: Too Much for Too Few.	Annals of Internal Medicine	-	-	-	-	1539-3704	10.7326/M20-5643	https://dx.doi.org/10.7326/M20-5643	no abstract available	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Theses and Dissertations	2020	Arndt, Elisabeth; Hunt, Linda		The Ambiguity of HIV Risk in Pre-Exposure Prophylaxis (PrEp) Administration in New York	-	-	Michigan State University	-	NA	NA	https://www.proquest.com/dissertations-theses/ambiguity-hiv-risk-pre-exposure-prophylaxis-prep/docview/2630974796/se-2?accountid=9113	"Risk" has become a ubiquitous concept in American healthcare settings, drawing both on objective biostatistics and on subjective, morally-charged interpretations. In particular, past epidemiological categorizations of a patient's identity or behavior – like their race or sexual practices – as "risk factors" for contracting HIV has promoted the sociocultural interpretation of HIV risk and stigmatized individuals in those groups. Nonetheless, with the advent of the pharmacologic Pre-Exposure Prophylaxis (PrEP) to prevent HIV transmission, such epidemiological categories of HIV risk are being even more broadly applied. The first medication used for PrEP was Truvada (emtricitabine and tenofovir disoproxil fumarate), an antiretroviral manufactured by the pharmaceutical giant Gilead Sciences that was first approved by the FDA in 2004 to treat HIV-positive patients and then approved again in 2012 as PrEP to prevent HIV infection in HIV-negative patients. Currently, the indications for PrEP prescription are imprecisely defined, leaving it to the discretion of healthcare providers to decide who is a candidate for the medication based on their perceptions of a patient's risk for contracting HIV. Providers' perceptions of HIV risk have been conceptualized in basic, these concepts may be influenced by the intersection of public health agencies and healthcare corporations, and by their pre-set for health and patients in the clinical setting.In this dissertation, I examine the concepts of HIV risk that come into play in the administration of PrEP, considering how these concepts are understood by individual health professionals who prescribe as well as how such representations may align with the goals of healthcare corporations and public health agencies. Using ethnographic research techniques, I construct the perspectives of HIV-negative patients identified as candidates for PrEP, HIV- positive patients, and health professionals administering PrEP to capture how they may understand HIV "risk" and PrEP's role in treating it. I conducted the fieldwork for this dissertation in a New York community health center network that provides PrEP and HIV services to diverse patient populations. I interviewed patients, clinic administrators, social workers, public health workers, and pharmaceutical industry members; observed clinical interactions; reviewed medical charts; and analyzed HIV prevention advertisements, publications, and guidelines. Based upon these collected data, I found that the discourse surrounding HIV risk is ambiguous. PrEP diverts and crystallizes this ambiguity, and structured risk (embedded healthcare structures identifying certain people as "at risk") is a reflective "model of" and constructive "model for" this process in a top-down direction. In doing so, I draw attention to the social significance of the pharmaceuticalization of risk by showing how pharmaceutical marketing can impact how risk is conceptualized, communicated, and experienced.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Arrington-Sanders, Renata; Hailey-Fair, Kimberly; Witte, Andrea; Cox, Travis; Galea, Noye; Brooks, Darryle; Castillo, Marne; Dowshen, Nadia; Trexler, Constance; D'Angelo, Lawrence J; Kwiat, Jennafer; Beyrer, Chris; Morgan, Anthony; Celentano, David		Providing unique support for health study among young black and latinx men who have sex with men and young black and latinx transgender women living in 3 urban cities in the united states: Protocol for a couch-based mobile-enhanced randomized control trial	JMIR Research Protocols	-	-	-	-	19298748	10.2196/17269	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092750988&doi=10.2196%2F17269&partnerID=40&md5=5b9ce8bc2e0b5c377fe0a9c9c133fad6	Background: The US National HIV/AIDS Strategy 2020 calls for increasing access to care, improving outcomes of people living with HIV, and targeting biomedical prevention efforts, including access to pre-exposure prophylaxis (PrEP) in communities where HIV is most heavily concentrated. The cities of Baltimore, Maryland (MD), Washington, DC, and Philadelphia, Pennsylvania (PA) are disproportionately burdened by high rates of new cases of HIV infection, with high prevalence among young Black and Latinx men who have sex with men (YMSMM) and young Black and Latinx transgender women (YBLTW) aged 15-24 years. Objective: This study aims (1) to identify and recruit YBLMM and YBLTW who are at risk or living with HIV in Baltimore, MD; Philadelphia, PA; and Washington, DC, using social media platforms; (2) to engage them in a couch-based, mobile-enhanced, randomized control trial (RCT) to increase PrEP uptake and adherence and linkage to and successful engagement in care for those living with HIV; PrEP, and substance use treatment care; access the HIV care and prevention continuum. A URL-Atlanta cities. The study protocol was approved by the institutional review board on October 20, 2019. Methods: This study uses a multiphase mixed methods design. The first phase is a formative, qualitative research with focus group discussions and key informant interviews. The second phase consists of creating the study platform and delivering the intervention. The third phase includes 2 embedded randomized controlled trials (RCTs), where participants complete a baseline computer-assisted self-interview survey, rapid HIV testing, and eligible youth enroll in parallel status-dependent RCTs that randomize the participant to 1 of 2 study arms: MEI with coach or SOC. Participants are asked to complete a web-based survey and provide biologic specimens (HIV-1 RNA viral load) or HIV-1 antibody test and urine drug screen at baseline and at 3, 6, and 12 months, and an exit interview at 18 months. Results: A formative qualitative research was conducted in February 2017 and May 2018, and this led to further refinement of recruitment and study methods. Aim 1 recruitment began in September 2017 with enrollment completed in May 2019. Aim 2 began recruitment in September 2019 and ended in March 2020. Aim 3 began in April 2020 and ended in August 2020. There were 36 (22.4%) HIV-positive sex study-suppressed (cmv 2) and 125 (77.6%) high-risk HIV-negative (cmv 3). Conclusions: This study lays the foundation for significant efforts to engage these vulnerable populations in care and services provided to YBLMSM and YBLTW in the United States by providing rigorous scientific evidence outlining approaches and strategies that improve the uptake and engagement of YBLMSM and YBLTW in the HIV treatment and prevention continuum. © 2020 Journal of Plant Nutrition and Fertilizer. All rights reserved.	African-American; HIV; Latinx; Men and transgender; Mobile phone; Youth	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Ascher S.B.; Scherzer R.; Estrella M.M.; Shigenaga J.; Spaulding K.A.; Glidden D.V.; Mehrotra M.L.; Delichereau P.; Gandhi M.; Grant R.M.; Shlipak M.G.; Jotwani V.		HIV preexposure prophylaxis with tenofovir disoproxil fumarate/emtricitabine and changes in kidney function and tubular health	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002456	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087084222&doi=10.1097%2FQAD.0000000000002456&partnerID=40&md5=5b9ce8bc2e0b5c377fe0a9c9c133fad6	Objective:To evaluate the effects of HIV preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) on kidney function and kidney tubular health.Design:The Incisive Profilaxia Pre-Exposición open-label extension (iPrEx-OLE) study enrolled former PrEP trial participants to receive open-label TDF/FTC. This study included 123 iPrEx-OLE participants who demonstrated PrEP adherence.Methods:We compared estimated glomerular filtration rate calculation using serum creatinine (eGFRcr), serum cystatin C (eGFRcys), and in combination (eGFRcr-cys), and panel of 14 urine biomarkers reflecting kidney tubular health before and 6 months after PrEP initiation.Results:At baseline, mean eGFRcr, eGFRcys, and eGFRcr-cys were 108.3, 105.0, and 111.1 ml/min per 1.73 m2, respectively. Six participants (4.9%) had eGFRcr less than 90 ml/min per 1.73 m2. After 6 months of TDF/FTC, mean eGFRcr, eGFRcys, and eGFRcr-cys were 106.3, 104.2, and 109.3 ml/min per 1.73 m2. The 6%-8% decrease in eGFRcr was similar to that observed in the placebo arm of the iPrEx trial. Urine concentrations of 13 of 14 urine biomarkers, whereas clusterin, beta-2-microglobulin and β2-microglobulin increased by 22.7%–95% (5.1.8–34.7%) and 14.1%–95% (5.–8.1 to 30.4%), whereas clusterin, beta-2-microglobulin and monocyte chemoattractant protein-1 decreased by -35.7%–95% (5.–53.0 to -17.3%) and -15.0%–95% (5.–21.0 to 4.2%), respectively. Ten of the 14 urine biomarkers, including albumin, had estimated changes of less than 12% with wide confidence intervals.Conclusion:Six months of PrEP with TDF/FTC was associated with decreases in eGFRcr and eGFRcys. We also observed for the first time changes in four of 14 urine biomarkers reflecting kidney tubular health. These findings demonstrate that PrEP has direct effects on eGFR and the proximal tubule. © 2020 Lippincott Williams and Wilkins. All rights reserved.	alpha-1 microglobulin; cystatin C; HIV prevention; nephrotoxicity; preexposure prophylaxis; tenofovir; urine biomarkers	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Ashford C.; Morris M.; Powell A.		Barebuck Sex in the Age of Preventative Medication: Rethinking the 'Harms' of HIV Transmission	Journal of Criminal Law	-	-	-	-	220183	10.1177/0022018320974904	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097297104&doi=10.1177%2F0022018320974904&partnerID=40&md5=dc1f1f830ccf6d1e1d7a2920bbe2c497	The experiences of people living with HIV have been transformed over recent years. Advances in medical science have made the virus a manageable chronic condition, while eliminating the risk of onward transmission for those with access to treatment, something referred to as 'TasP' (treatment as prevention) or U=U (undetectable equals untransmittable). Most controversially, the availability of PrEP (pre-exposure prophylaxis), alongside PEP (post-exposure prophylaxis), through the NHS has created the conditions for condomless sexual encounters to take place without the fear of HIV transmission associated with previous decades. Despite this, the criminal law has continued to frame HIV in terms of personal responsibility and bodily autonomy within the dominant narratives of danger, disease, and out-dated science. Doctrinal law has failed to keep pace with social and scientific change. Therefore, in this article, we provide a re-examination of the criminal issues relating to HIV transmission within this new landscape, arguing that it necessitates a shift in attitude, policy and doctrine. We specifically argue that HIV transmission does not meet the appropriate harm threshold to constitute GBH and that if criminal law is ultimately about preventing or regulating harm, the ongoing criminalisation of HIV transmission is counter to that aim. © The Author(s) 2020.	Barebuck sex; grievous bodily harm; HIV; PEP; PrEP; responsibility; risk; TasP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2020	Bahn, Sabine C; Lester, Cody; Gigante, Rebecca; Mayo, Ashley J; Reel, Christine Tagliaferri; Soto-Torres, Lydia; Palanesi-Phillips, Theshi; Migoli, Nyawaka M; Hiller, Shawn; Barnes, Jared M		Implementation of a fidelity monitoring process to assess delivery of an evidence-based adherence counseling intervention in a multi-site biomedical HIV prevention study.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2019.1709614	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332290/	Background: We conducted a systematic review and meta-analysis (CRD42019170755) to quantify the impact of oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) on bone mineral density (BMD) and the risk of osteoporosis, low bone mass and fractures, among people taking it as pre-exposure prophylaxis (PrEP), HIV treatment and HBV treatment. Methods: We searched MEDLINE and EMBASE for randomised controlled trials published from 1997–2018 reporting BMD outcomes, low bone mass and/or fractures in treatment-naive patients taking contraceptives with or without TDF for 48 + 4 weeks. We pooled outcomes using DerSimonian random-effects models. Results: Our search yielded 5,178 abstracts, representing 3,845 articles, with 25 meeting the inclusion criteria. TDF was associated with greater decreases in BMD than did comparators in the lumbar spine (pooled mean difference (MD) -1.26%, 95% CI -1.61, -0.91%, I2 = 0%, 4 studies) and hip (pooled mean difference (MD) -1.73%, 95% CI -2.08, -1.42%, I2=16%, 4 studies). Increased risk: MD -1.26%, 95% CI -2.21, -0.30%, I2 = 87%) in comparison to those not taking TDF. Eight studies reported on incident osteoporosis or low bone mass, with variable results. Pooled results from five PrEP studies showed that TDF was not associated with increased fractures compared with no PrEP (RR=1.12, 95% CI=0.752, 1.74, I2=24%). Conclusions: TDF caused greater decreases in BMD than did comparators when used for all three indications and the magnitude of this decrease was larger for HBV treatment compared with PrEP. Fractures were not increased among PrEP patients. The clinically significant BMD decline caused by TDF and current expansion of PrEP use suggest attention to the adverse bone effects of TDF will increase in importance.	counseling, fidelity, motivational interviewing, HIV, Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Barasnek, B; Wong, SY; Cheong, AM; Mishra, S; Tan, DHS		The effect of tenofovir disoproxil fumarate on bone mineral density: a systematic review and meta-analysis	Antiviral Therapy	-	-	-	-	1359-6535	10.3851/IMP3346	https://pubmed.ncbi.nlm.nih.gov/32077867/	Background: We conducted a systematic review and meta-analysis (CRD42020170752) to quantify the impact of oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) on bone mineral density (BMD) and the risk of osteoporosis, low bone mass and fractures, among people taking it as pre-exposure prophylaxis (PrEP), HIV treatment and HBV treatment. Methods: We searched MEDLINE and EMBASE for randomised controlled trials published from 1997–2018 reporting BMD outcomes, low bone mass and/or fractures in treatment-naive patients taking contraceptives with or without TDF for 48 + 4 weeks. We pooled outcomes using DerSimonian random-effects models. Results: Our search yielded 5,178 abstracts, representing 3,845 articles, with 25 meeting the inclusion criteria. TDF was associated with greater decreases in BMD than did comparators in the lumbar spine (pooled mean difference (MD) -1.26%, 95% CI -1.61, -0.91%, I2 = 0%, 4 studies) and hip (pooled mean difference (MD) -1.73%, 95% CI -2.08, -1.42%, I2=16%, 4 studies). Increased risk: MD -1.26%, 95% CI -2.21, -0.30%, I2 = 87%) in comparison to those not taking TDF. Eight studies reported on incident osteoporosis or low bone mass, with variable results. Pooled results from five PrEP studies showed that TDF was not associated with increased fractures compared with no PrEP (RR=1.12, 95% CI=0.752, 1.74, I2=24%). Conclusions: TDF caused greater decreases in BMD than did comparators when used for all three indications and the magnitude of this decrease was larger for HBV treatment compared with PrEP. Fractures were not increased among PrEP patients. The clinically significant BMD decline caused by TDF and current expansion of PrEP use suggest attention to the adverse bone effects of TDF will increase in importance.	THERAPY; EMTRICITABINE; DOUBLE-BLIND; HIV PREEXPOSURE PROPHYLAXIS; RANDOMIZED-CONTROLLED-TRIAL; ABACAVIR/LAMIVUDINE; VITAMIN-D; METABOLIC-BONE-DISEASE; INITIAL TREATMENT; IMMUNE RECONSTITUTION	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2020	BARBOSA, ANA KARINA PINTO		PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV (PrEP): ADESÃO, EVENTOS ADVERSOS, COMPORTAMENTO SEXUAL E INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS	-	-	Universidade de Pernambuco	-	NA	NA	-	Tenofovir/emtricitabina (TDF/FTC) tem sido usado como profilaxia pré-exposição (PrEP) na prevenção da infecção pelo HIV. A PrEP é uma ferramenta de prevenção eficaz, como demonstrado em ensaios clínicos e estudos pós-comercialização clínica, e foi incorporada aos sistemas públicos de saúde do Brasil em dezembro de 2017. O presente estudo é uma coorte prospectiva que incluiu 239 usuários de PrEP acompanhados ao longo de 10 meses em uma capital do nordeste brasileiro. Os dados foram coletados a partir da plataforma de prontuários eletrônicos de usuários de PrEP disponibilizada pelo ministério da saúde do Brasil. Durante o período de seguimento, verificou-se uma boa retenção dos usuários no serviço (80%) e boa adesão à medicação (90%). Quase metade dos usuários (49%) experimentou algum evento adverso, embora poucos leves e transitórios, tenha sido após início da profilaxia. Houve uma redução significativa no clearance de creatinina (p=0,001), de 104,9 mL/min para 83,5 mL/min, no entanto não foi necessária a descontinuação da medicação. Ao longo do estudo, não houve alteração no número de parceiros sexuais, mas o uso de preservativos nas relações sexuais diminuiu (p=0,001). Houve um aumento não significativo da incidência de sífilis (p=0,08) e diminuição de 50% no relato de uma e sintomas de infecções sexualmente transmissíveis. Não houve casos de infecção pelo HIV entre os usuários da PrEP.	Profilaxia Pré-exposição;Prevenção do HIV;Comportamento Sexual;Infecções Sexualmente Transmissíveis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2020	Bardon, Ashley R; Siemsz, Jane M; Layman, Leif M; Stickler, Joanne D; Drain, Paul K		Perspectives on the utility and interest in a point-of-care urine tenofovir test for adherence to HIV pre-exposure prophylaxis and antiretroviral therapy: an exploratory qualitative assessment among U.S. clients and providers.	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-020-00308-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7361228/	BACKGROUND: Real-time, objective measures of adherence to antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are needed to better assess adherence levels and to expedite clinical response for those with suboptimal adherence. Point-of-care tenofovir (POC-TFV) testing has been proposed as a solution to facilitate real-time antiretroviral adherence monitoring, but little is known about how health care providers, people living with HIV (PLWH) receiving ART, and people receiving PrEP will perceive POC-TFV testing. METHODS: We conducted an exploratory qualitative study to assess perceptions and interest in the utility of a hypothetical urine-based POC-TFV testing from potential end users. We conducted three focus group discussions (FGDs) among 17 PLWH receiving ART and four individuals receiving PrEP, as well as eight in-depth interviews (IDIs) with health care providers in the Seattle area and presented participants with a hypothetical urine-based POC-TFV test. FGDs and IDIs were audio recorded, transcribed, coded, and analyzed to describe emerging themes. RESULTS: Overall, study participants demonstrated broad support for a point-of-care urine tenofovir test. Participants most commonly described POC-TFV testing as motivating (n = 17/21) and enabling patients during the PrEPa. However, all PLWH participants would not receive POC-TFV testing if separated by their POC-TFV. Participants identified several key factors that would influence the acceptability and uptake of POC-TFV testing, including ease of use, test accuracy, and test availability. Participants' perceptions were equally divided—half suggested POC-TFV testing would be valuable, particularly for people receiving PrEP, while half indicated the test would have little benefit for most individuals receiving ART or PrEP in the U.S. All providers agreed that POC-TFV test results could be beneficial for assessing discrepancies in viral load results and self-reported adherence among PLWH. The study also revealed that a low-cost, non-urine-based POC-TFV test with a long-term limit of detection would be preferred over the hypothetical urine-based test. CONCLUSIONS: Our findings indicate POC-TFV testing may be beneficial for routine, clinic-based adherence monitoring, particularly for individuals receiving PrEP or for PLWH with persistent viremia or following recent ART initiation. These findings should also be used to formulate a target product profile for a POC-TFV test and to guide further developments in tools for objective antiretroviral adherence monitoring.	Perceptions; Point-of-care test; Tenofovir; Adherence; Antiretroviral therapy; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Birnbaum, Kate; Meise, Sindy; Hughey, Allison B.; Hettema, Anita; Birnbaumen, Till W.; McMahon, Shannon A.		"We know this will be hard at the beginning, but better in the long term": understanding PrEP uptake in the general population in Eswatini.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2019.1653437	https://www.tandfonline.com/doi/full/10.1080/09540121.2019.1653437?rfrdoiact	Information regarding HIV pre-exposure prophylaxis (PrEP) for the general population is largely lacking, because the majority of PrEP demonstration projects have focused on key populations. This qualitative study examines barriers and facilitators to PrEP uptake and adherence among the general population in Eswatini, where PrEP is offered through public-sector primary-care clinics. We analysed 108 semi-structured in-depth interviews with healthcare workers (n = 26), stakeholders (n = 30), and clients who initiated, continued, declined or discontinued PrEP (n = 50). Some healthcare workers and stakeholders feared that PrEP would reduce condom use and cause drug resistance, while some clients feared possible side effects and the reaction of family members when learning of PrEP use. At the same time, respondents across all groups valued that PrEP could be taken without partner knowledge or consent, and that PrEP was available via public sector clinics. Clients felt that PrEP relieved the fear of HIV infection and thus bolstered enjoyment during sex. Overall, respondents described the general population approach to PrEP delivery as enabling and life-improving, despite the above concerns. Respondents recommended to create community PrEP promotion and delivery, gain community leaders' approval and understanding of PrEP, shorten the PrEP initiation process, and target men and adolescent girls.	Adolescent; Adult; Botswana; Male; Female; HIV Infections/*prevention & control; Health Knowledge, Attitudes, Practice; Humans; HIV Seronegativity; Epidemiologic Methods; Attitude of Health Personnel; Interviews as Topic; Swaziland; Partner; Anti-HIV Agents/*pharmacology & therapeutic use; Ambulatory Care Facilities; Pre-Exposure Prophylaxis/*methods; Pre-exposure prophylaxis (PrEP); Qualitative Research; *Health Personnel; Public Sector; qualitative; Eswatini; general population	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative

Article	2020	Baron, Deborah; Scorgie, Fiona; Ramokin, Lethabo; Khoza, Nombili; Schuttman, Jennifer; Stangl, Anne; Harvey, Sheila; Delany-Moretlwe, Sinead	"You talk about problems until you feel fine": South African adolescent girls' and young women's narratives on the value of HIV prevention peer support clubs.	BMC Public Health	-	-	-	-	-	1471-2458	10.1186/s12889-020-09115-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328960/	BACKGROUND: Daily oral pre-exposure prophylaxis (PrEP) can reduce HIV infection in adolescent girls and young women if used consistently during periods of risk. The EMPOWER study evaluated peer-based clubs incorporating an empowerment curriculum offered to adolescent girls and young women (16-24 years) in South Africa and Tanzania for adherence support. METHODS: Using oral in-depth interviews (n = 33), we assessed the benefits and challenges of club attendance among 13 EMPOWER participants in the Johannesburg site who were randomised to clubs. We used a summary matrix of coded data to support a narrative, case-based analysis. Four case studies are presented. RESULTS: Club participants reported benefits such as increased self-esteem and self-efficacy, reduced isolation, and greater insight into gender-based violence and strategies to address it. Day-to-day PrEP adherence was not the only topic discussed in clubs; participants also appreciated the safe space for sharing problems (such as relationship conflict and PrEP stigma) and found interactive exercises helpful in improving partner communication. CONCLUSIONS: Findings support the use of peer-based clubs using a structured empowerment approach, which may offer valuable PrEP initiation support to adolescent girls and young women in settings with high HIV and gender-based violence prevalence. TRIAL REGISTRATION: Pan African Clinical Trials Registry PACTR202006794762721. 2 April 2020, retrospectively registered.	HIV prevention; Clubs; PrEP; Young women; Africa; Empowerment	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2020	Barp, Luiz Fernando Greiner; Mágredo, Myriam Raquel	O reaparecimento da homossexualidade masculina nas estratégias de prevenção da infecção por HIV: reflexões sobre a implementação da PrEP no Brasil	Physis	-	-	-	-	-	0103-7331	10.1590/s0103-73312020300319	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312020000300403	Resumo Este trabalho toma como ponto de partida o texto de Nestor Perlongher, intitulado "O desaparecimento da homossexualidade", que descreve um ressurgimento da identidade homossexual masculine com o surgimento da aids e propõe uma nova leitura a partir da implementação da profilaxia pré-exposição ao HIV (PrEP) pelo sistema público de saúde no Brasil. Distribuída a partir de início de 2018 e considerada como uma das mais novas medidas de prevenção ao HIV/aids, a PrEP se configura como um expoente antirretroviral de seu contínuo direcionado aos sujeitos que não foram infectados pelo vírus. Tomando como referência empírica o Protocolo Clínico de Diretrizes Terapêuticas para PrEP, identificamos como, a partir da oração de risco, a droga possibilita o retorno da homossexualidade aos consultórios médicos e, mais do que isso, opera como objeto discursivo de problematizações de caráter sanitário e social. Diante disso, a PrEP produz uma nova categoria de homossexual, atrelada a tecnologias disciplinares e biopolíticas, que se apoiam na individualização e responsabilização dos indivíduos pelo cuidado de si.	homossexualidade; HIV; PrEP; risco; individualização	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2020	Barreto, Victor Hugo Souza	Responsabilidade, consentimento e cuidado. Ética e moral nos limites da sexualidade	Sexualidad, Salud y Sociedad	-	-	-	-	-	-	https://doi.org/10.1590/1984-6487.sess.2020.35.10.e	https://www.scielo.br/j/sess/a/H56KzLPKtWwQm9Qbq7HJ8Ny/	En este artículo tengo la intención de presentar algunos de los resultados de una investigación posdoctoral, en la que sugal grupos virtuales y reuniones cara a cara de interlocutores que eran expertos en prácticas sexuales consideradas "de riesgo", como el sexo a pelo, en eventos exclusivos para hombres cisgéneros. El objetivo aquí es analizar un cierto régimen de racionalidad sexo-moral que, en respuesta a la preocupación de afirmar que estas prácticas sexuales portan de valores tales como "responsabilidad", "consentimiento" y "cuidado". En la dinámica observada, estos valores se (re) construyen y describen a través del cruce de diferentes vectores, como drogas y medicamentos, además de varios tensores libidinales. Se trata de la producción de contextual de estas conceptos y se relacionan con las políticas actuales de prevención pública que pretenden abordar en el artículo.	bareback; prevención; riesgo; PrEP; HIV/Aids	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2020	Bartovská, Z; Zlámal, M; Jánská, P; Holubb, M	Pre-exposure prophylaxis, a new approach for HIV prevention: experience from the HIV Center of the Military University Hospital Prague	Epidemiologie und Mikrobiologie Immunology	-	-	-	-	-	1210-7913	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-32326714	AIMS: To present our experience with pre-exposure prophylaxis (PrEP) at the HIV Center of the Military University Hospital Prague, to characterize a set of PrEP candidates, to assess the efficiency and safety of PrEP and to measure the incidence of sexually transmitted diseases (STDs) in the studied cohort. MATERIAL AND METHODS: In total, 86 PrEP candidates (98 men who have sex with men and one woman) were screened during an 18-month period. An initial examination included acquiring a history, performing a physical examination, screening for STDs (syphilis, gonorrhea, chlamydia) and other HIV risk factors and final function tests. RESULTS: In total, 81 candidates (in the cohort of 99 candidates) received PrEP. During the course of the 18-month period, nine of the clients were newly infected with HIV, and no side effects of PrEP were observed. The incidence of HIV was 3.7 per 100 person-years (PY) in the cohort and 1.2 per 100 PY in the PrEP group. The incidence of STDs was 19.2 per 100 PY and 6.2 per 100 PY, respectively. Ten clients contracted an STD during the monitoring period. CONCLUSIONS: Experience amassed at the HIV Center of the Military University Hospital Prague over an 18-month period documented the demand for PrEP, assessed PrEP efficacy, indicated good tolerance and suggested that PrEP played a role in the decline in the HIV incidence in the Czech Republic. In addition, several new HIV cases and cases of other asymptomatic STDs were also detected.	HIV; pre-exposure prophylaxis; sexually transmitted diseases	English	Czechia	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Clinical
Article	2020	Baruch, R; Cuadra, S M; Arellano, J; Sánchez, D; Ortega, D V; Arredondo, A	Pre-exposure prophylaxis and its implications in Mexico: notions of men who have sex with men.	Sexual Health	-	-	-	-	-	1449-8987	10.1071/SH18193	https://dx.doi.org/10.1071/SH18193	Background The aim of this study was to analyse ideas regarding pre-exposure prophylaxis (PrEP) for the prevention of HIV among groups of men who have sex with men in Mexico for future implementation in health services. METHODS: During 2015, 54 people participated in four focus groups in three Mexican cities. Issues related to challenges for uses and barriers of PrEP were explored. RESULTS: In contrast with other qualitative studies, which emphasised problems with relationships with other people for PrEP use or access to key populations, Mexican participants focused their concerns around the public health services organisation. PrEP is too expensive and the health services have no resources, which will affect services and result in discrimination. Participants identified possible stigmatisation related to prejudices of medical providers who do not approve the decreased use of condoms. As a potential solution, participants suggested that the Mexican Government could negotiate a lower cost for PrEP and public health services could provide the medication, with periodical review of the arrangements by civil organisations. CONCLUSION: In the current context of the new Mexican government, it is necessary to explore public politics focused on negotiating with pharmaceutical companies on the costs of the PrEP, coordinating public services with groups within civil society and strengthening policies and actions to reduce stigma and discrimination.	HIV prevention, qualitative research, stigmatisation.	English	Australia	Asia and the Pacific	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Qualitative
Article	2020	Batista, Amanda Trajano; Saldanha, Ana Aleyde Worbe; Furtado, Francisca Marina Freire	Vantagens e desvantagens percebidas pelas populações chaves no uso da profilaxia pré-exposição	Medicina (Ribeirão Preto. Online)	-	-	-	-	-	0104-3269	NA	http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-32692020000200002	Para entender o impacto da Profilaxia Pré-Exposição - PrEP na prevenção do HIV, além dos dados de eficácia clínica, precisamos compreender as crenças que subjazem a aceitabilidade da PrEP, uma vez que, para ser segura e eficaz é importante, que exista um interesse com as necessidades e preocupações dos usuários. Assim, o objetivo deste estudo é analisar as crenças comportamentais quanto às vantagens e desvantagens do uso da PrEP. A amostra foi composta por 33 participantes de quatro populações-chaves que já utilizam a PrEP, sendo contactados de forma online. Como instrumento de coleta utilizou-se um questionário on-line, com questões de caracterização sociodemográfica e questões abertas sobre as crenças comportamentais. Os dados foram analisados por meio da técnica de análise de conteúdo temática, respaldada na análise qualitativa pelo software IRAMUTEQ. Emergiram três classes temáticas: 1) Dois em um só comprimido; 2) Não uso da preservativo, 3) Diminuir a contaminação; 4) Diminuir as ISTs; 5) Autonomia na prevenção. Já em relação às desvantagens, obtivemos os 95 cenários: 1) Efeitos colaterais, 2) Não eficácia, 3) Não uso do preservativo, 4) Foco no HIV, 5) Tomar diariamente a PrEP. A análise das crenças possibilitou a identificação dos fatores que podem influenciar positivamente ou negativamente a adesão de comportamentos quanto às vantagens e desvantagens do uso da PrEP. Assim, espera-se que os resultados desta pesquisa possam contribuir para que a utilização e a PrEP, assim contactados de forma online. Como instrumento de coleta utilizou-se um questionário on-line, com questões de caracterização sociodemográfica e questões abertas sobre as crenças comportamentais. Os dados foram analisados por meio da técnica de análise de conteúdo temática, respaldada na análise qualitativa pelo software IRAMUTEQ. Emergiram três classes temáticas: 1) Dois em um só comprimido; 2) Não uso da preservativo, 3) Diminuir a contaminação; 4) Diminuir as ISTs; 5) Autonomia na prevenção. Já em relação às desvantagens, obtivemos os 95 cenários: 1) Efeitos colaterais, 2) Não eficácia, 3) Não uso do preservativo, 4) Foco no HIV, 5) Tomar diariamente a PrEP. A análise das crenças possibilitou a identificação dos fatores que podem influenciar positivamente ou negativamente a adesão de comportamentos quanto às vantagens e desvantagens do uso da PrEP. Assim, espera-se que os resultados desta pesquisa possam contribuir para que a utilização e a PrEP, assim contactados de forma online. Como instrumento de coleta utilizou-se um questionário on-line, com questões de caracterização sociodemográfica e questões abertas sobre as crenças comportamentais. Os dados foram analisados por meio da técnica de análise de conteúdo temática, respaldada na análise qualitativa pelo software IRAMUTEQ. Emergiram três classes temáticas: 1) Dois em um só comprimido; 2) Não uso da preservativo, 3) Diminuir a contaminação; 4) Diminuir as ISTs; 5) Autonomia na prevenção. Já em relação às desvantagens, obtivemos os 95 cenários: 1) Efeitos colaterais, 2) Não eficácia, 3) Não uso do preservativo, 4) Foco no HIV, 5) Tomar diariamente a PrEP. A análise das crenças possibilitou a identificação dos fatores que podem influenciar positivamente ou negativamente a adesão de comportamentos quanto às vantagens e desvantagens do uso da PrEP. Assim, espera-se que os resultados desta pesquisa possam contribuir para que a utilização e a PrEP	Pre-exposure prophylaxis; Theory of rational action; Key Population; HIV /AIDS.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2020	Bauer, R; Nettey, E; Paintsil, C; Capitani, C; Cua, E; Elion, N; Fossati, J; Paikoti, G; Chadau, C; Etienne, C; Doré, V; Meyer, L; Molina, JM	Coverage of Sex Acts by Event-Driven Pre-exposure Prophylaxis: a Sub-Study of the ANRS IPERGAY Trial	AIDS and Behavior	-	-	-	-	-	-	10.1007/s10461-020-02990-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7529156/	We assessed the coverage of sex acts by event-driven pre-exposure prophylaxis (ED-PrEP) over a 2-month period in 54 participants in the open label phase of the ANRS Ipergay trial. Participants received an electronic monitoring system device to record bottle openings. Self-questionnaires collected daily information on PrEP intake and sexual behavior. Intake was estimated through visual inspection and counts. Full coverage of sex acts was defined as at least one pill taken both within 24 h before and within 48 h following sex. There was a strong correlation (r = − 0.92) between the number of bottle openings and returned pills. Of 1,827 sex acts reported, 1,744 (95.5%) were covered by ED-PrEP, 1,712 (93.7%) were fully covered, and 32 (1.8%) were not covered by any sexual activity. Out of the 154 reported receptive anal sex acts, 93% were condomless among them, PrEP coverage was high (97%) among those practicing daily PrEP and 82% among those using ED-PrEP.	Adult; Anti-HIV Agents *administration & dosage, therapeutic use; Double-Blind Method; HIV Infections drug therapy; *prevention & control; Homosexuality, Male *psychology; Humans; Male; Medication Adherence *statistics & numerical data; Outcome Assessment, Health Care; Pre-Exposure Prophylaxis *methods; Sexual Behavior; Unsafe Sex *statistics & numerical data	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Bauermeister J.A.; Downs J.S.; Krakower D.S.	PrEP Product Acceptability and Dual Process Decision-Making Among Men Who Have Sex with Men	Current HIV/AIDS Reports	-	-	-	-	-	15483568	10.1007/s11904-020-00497-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083420568&doi=10.1007%2fs11904-020-00497-z&partnerID=40&md5=2955ba559ed5c6162c523611c4c8f61b	Purpose of Review: Advances in short- and long-acting pre-exposure prophylaxis (PrEP) technologies have incentivized the need to understand how individuals make trade-offs and competing decisions regarding PrEP modalities. The purpose of this review was to examine how researchers have conceptualized and measured attributes that are either intuitive and emotional (System 1) or deliberative and cognitive (System 2) to conjoint analysis or discrete choice experiments focused on diverse PrEP technologies among men who have sex with men (MSM). Recent Findings: Across the 9 reviewed studies, a consistent theme was the importance of inclusion criteria, if included oral PrEP, 3 included topical rectal microbicides, 4 included PrEP injectables, and 1 study focused on an HIV prevention vaccine. Studies have not used uniform metrics, making comparisons difficult. Summary: Future research should leverage the PrEP Product Acceptability and Dual Process Model to guide the development of measures that can be used to compare PrEP products to all groups. Prevention products will need to be developed and promoted to reflect that diversity. Given that PrEP technologies have been actively informed by System 2 attributes, efforts to integrate System 1 attributes into ongoing and future PrEP choice experiments are pivotal to advance PrEP acceptability research and interventions to support their implementation. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Acceptability; Conjoint analysis; Decision-making; Discrete choice; Dual process	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Baum, Marc M; Ramirez, Christina M; Moss, John A; Gunawardana, Manjula; Bobseth, Michael; Galley, Philippe A	Highly synergistic drug combination prevents vaginal HIV infection in humanized mice.	Scientific Reports	-	-	-	-	-	2045-2322	10.1038/s41598-020-69937-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7400648/	The HIV-1 epidemic remains an urgent global health concern. Young women are disproportionately at risk of acquiring the virus. A range of highly effective, female-controlled, discrete vaginal products therefore is needed to help curb the epidemic. Oral tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) are effective in HIV-1 pre-exposure prophylaxis (PrEP) and form a promising basis for a vaginal product. Here, we evaluate TDF and FTC in combination with the broadly neutralizing antibody VRC01-N using a highly reproducible humanized mouse model. The agents were vaginally dosed individually and in combination, and the efficacy of HIV-1 prevention was analyzed using the established, quantitative, incidence-effect model. Surprisingly, the triple combination showed a high degree of synergism, unprecedented for in vivo HIV-1 PrEP, leading to a possible fivefold dose reduction for some of the agents. Vaginal administration of the TDF-FTC-VRC01-N combination holds significant promise for HIV-1 PrEP.	Experimental models of disease, HIV infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Bauman, Laurie J; Mellins, Claude Ann; Kiltzman, Robert	Whether to Waive Parental Permission in HIV Prevention Research Among Adolescents: Ethical and Legal Considerations.	Journal of Law, Medicine & Ethics	-	-	-	-	-	1748-720X	10.1177/1073110520917010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8365764/	Critical ethical questions arise concerning whether studies among adolescents of new behavioral and biomedical HIV preventive interventions such as Pre-Exposure Prophylaxis (PrEP) should obtain parental permission. This paper examines the relevant regulations and ethical guidance concerning waivers of parental permission, and arguments for and against such waivers. Proponents of such waivers may argue that adolescent decision-making is "too immature" and that parents always have rights to decide how to protect their children. Yet requiring parental permission may put adolescents at risk, and/or limit adolescents' opportunities to benefit from HIV prevention research. Waivers of parental permission should be granted only when adolescents are at minimal risk, and when adequate protections should be adopted for adolescents who consent for themselves, e.g., assuring adolescent privacy and confidentiality, screening for capacity to consent, and identifying adolescents who are at elevated risk from study participation. We also present a series of specific areas for future research to design tools to help make these assessments, and to inform researcher and IRB decisions. These recommendations can help ensure that research is conducted that can aid adolescents at risk for HIV, while minimizing risks and preserving those individuals' rights as much as possible.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Bavinton B.R.; Grulich A.E.; Broady T.; Keen P.; Mao L.; Patel P.; Chan C.; Prestage G.P.; Holt M.	Increases in HIV Testing Frequency in Australian Gay and Bisexual Men are Concentrated Among PrEP Users: An Analysis of Australian Behavioural Surveillance Data, 2013–2018	AIDS and Behavior	-	-	-	-	-	10907165	10.1007/s10461-020-02826-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081811653&doi=10.1007%2fs10461-020-02826-0&partnerID=40&md5=f0f9d150fd2383b5a4b5d91327f6a3	Increasing HIV testing frequency in gay and bisexual men (GBM) is critical to reducing the time between HIV infection and diagnosis. Using anonymous national behavioural surveillance data (2013–2018) from 43,753 surveys of Australian GBM, we examined HIV testing frequency trends and factors differentiating PrEP-users, non-PrEP-users reporting two or more tests in the previous year, and non-PrEP-users reporting less frequent testing. The proportion tested at least annually increased from 64.4% in 2013 to 70.9% in 2018 (p-trend < 0.001), and from 73.9% to 84.6% among the 31.4% of men classified as higher-risk. Among higher-risk men, having two or more tests in the previous year increased from 48.0% to 69.2% (p-trend < 0.001). Among higher-risk non-PrEP-users, it increased from 47.2% to 54.9% (p-trend < 0.001); however, there was a decrease since 2016 (p-trend < 0.001). Among PrEP-users, it increased from 82.1% in 2013 to 97.3% in 2018 (p-trend < 0.001). Non-PrEP-using higher-risk men having less frequent tests reported lower risk than PrEP-users and non-PrEP-using men reporting two or more tests in the previous year. However, recent risk behaviour was not uncommon: nearly half reported condomless anal sex with casual partners, methamphetamine use, or STI diagnosis. Increasing HIV testing frequency is important for PrEP-users, but also for other higher-risk men who have sex with casual partners. Efforts are needed to encourage frequent testing and PrEP use among non-PrEP-users who are at higher-risk. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Gay and bisexual men; HIV testing frequency; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Bavinton, Benjamin R.; Grulich, Andrew E.; Broady, Timothy; Keen, Phillip; Mao, Limin; Patel, Pritul; Chan, Carrie; Prestage, Garrett P.; Holt, Martin	Increases in HIV Testing Frequency in Australian Gay and Bisexual Men are Concentrated Among PrEP Users: An Analysis of Australian Behavioural Surveillance Data, 2013-2018	AIDS and Behavior	-	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-020-02826-0	https://pubmed.ncbi.nlm.nih.gov/32162094/	Increasing HIV testing frequency in gay and bisexual men (GBM) is critical to reducing the time between HIV infection and diagnosis. Using anonymous national behavioural surveillance data (2013-2018) from 43,753 surveys of Australian GBM, we examined HIV testing frequency trends and factors differentiating PrEP-users, non-PrEP-users reporting two or more tests in the previous year, and non-PrEP-users reporting less frequent testing. The proportion tested at least annually increased from 64.4% in 2013 to 70.9% in 2018 (p-trend < 0.001), and from 73.9% to 84.6% among the 31.4% of men classified as higher-risk. Among higher-risk men, having two or more tests in the previous year increased from 48.0% to 69.2% (p-trend < 0.001). Among higher-risk non-PrEP-users, it increased from 47.2% to 54.9% (p-trend < 0.001); however, there was a decrease since 2016 (p-trend < 0.001). Among PrEP-users, it increased from 82.1% in 2013 to 97.3% in 2018 (p-trend < 0.001). Non-PrEP-using higher-risk men having less frequent tests reported lower risk than PrEP-users and non-PrEP-using men reporting two or more tests in the previous year. However, recent risk behaviour was not uncommon: nearly half reported condomless anal sex with casual partners, methamphetamine use, or STI diagnosis. Increasing HIV testing frequency is important for PrEP-users, but also for other higher-risk men who have sex with casual partners. Efforts are needed to encourage frequent testing and PrEP use among non-PrEP-users who are at higher-risk.	Adult; Humans; Male; Young Adult; Risk-Taking; Sexual Partners; Surveys and Questionnaires; Homosexuality, Male; *statistics & numerical data; Sexual Behavior; *statistics & numerical data; Pre-Exposure Prophylaxis; *statistics & numerical data; Gay and bisexual men; Pre-exposure prophylaxis; Men who have sex with men; Australia; Epidemiology; Mass Screening; *methods; Bisexuality; *statistics & numerical data; HIV Infections; *diagnosis; epidemiology; prevention & control; Sexually transmitted diseases; Health risks; Body mass index; Body size; Contraceptives; Women	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Bosch, Lauren B; Reidy, Emma; Mares, Rachel; Johnson, Amy K; Landsman, Peter; Phillips, Gregory; Stonehouse, Patrick; Greene, George J	Application of a Multisite Empowerment Evaluation Approach to Increase Evaluation Capacity Among HIV Services Providers: Results From Project Pride in Chicago.	AIDS Education and Prevention	-	-	-	-	-	1943-2755	10.1521/aeap.2020.32.2.137	https://dx.doi.org/10.1521/aeap.2020.32.2.137	In 2015, the Centers for Disease Control and Prevention (CDC) funded Project PrIDE, a national initiative to implement and evaluate demonstration projects to increase PrEP uptake among HIV-negative individuals and to re-engage HIV-positive individuals in HIV care. Our team served as the Evaluation Center for Project PrIDE organizations in Chicago and used an empowerment evaluation (EE) approach to enhance evaluation capacity at these organizations. To evaluate our approach, we assessed organizations' evaluation capacity and engagement in technical assistance and capacity building activities in 2016 and 2018. Respondents who self-reported higher engagement with the Evaluation Center and who spent a greater number of hours engaged with our evaluators experienced greater increases in evaluation capacity and in the application of evaluation skills to practice. Empowerment evaluation is a promising approach that can be successfully applied to increase the evaluation capacity of organizations that collect health HIV prevention and service outcomes.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Buyze, Jozefien; Nöstlinger, Christiana; Kenyon, Chris; Colebunders, Robert; Laga, Marie	Syndemics and the PrEP Cascade: Results from a Sample of Young Latino Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	-	-	40002	10.1007/s10508-019-01476-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074596642&doi=10.1007%2fs10508-019-01476-7&partnerID=40&md5=a03bfb01eac49e4c4b4b5bed5570f2	Young Latino men who have sex with men (MSM) are a highly vulnerable population for HIV infection. Pre-exposure prophylaxis (PrEP) is a novel biomedical HIV prevention tool that may aid in reducing the disparity in HIV incidence among Latino MSM. However, PrEP use has been disproportionally low among Latino MSM and, therefore, identifying barriers along the PrEP continuum of care (the 'PrEP cascade') would provide insight into how to best deploy PrEP interventions. Syndemics theory is a prominent framework employed in HIV prevention; however, to date, no known studies have applied this theory to PrEP. Thus, the aim of the current study was to explore the associations between syndemics and the PrEP cascade, including the degree to which psychosocial and structural syndemic conditions are related to the PrEP cascade. Participants were 151 young Latino MSM (M age = 24 years; SD = 3) residing in San Diego, California, who completed a battery of online self-report measures. Results indicated high levels of syndemic indicators and varying levels of engagement across the PrEP cascade. As syndemic indicators increased, the odds of engagement across the PrEP cascade were significantly lowered. Psychosocial and structural syndemic factors accounted for unique variance in the PrEP cascade. Results highlight the need for combination interventions that address both psychosocial and structural barriers to PrEP use and prevalence among young Latino MSM. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Latino; MSM; PrEP; Sexual orientation; Syndemics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Bucquet, Valentine; Nouaman, Marcelle; Placy, Mélanie; Masumbuko, Jean-Marie; Arsenu, Camille; Kouame, Soh; Danel, Christine; Eholie, Serge Paul; Lemarrec, Joseph	Increases in HIV Testing Frequency in Australian Gay and Bisexual Men are Concentrated Among PrEP Users: An Analysis of Australian Behavioural Surveillance Data, 2013-2018	HIV Open	-	-	-	-	-	2044-6055	10.1136/bmjopen-2018-025508	https://www.proquest.com/scholarly-journals/brief-report-hormonal-contraception-usethe/docview/2455541141/se-2?accountid=8113	Objectives: To evaluate whether hormonal contraceptive use among cisgender women is associated with differences in pharmacokinetic (PK) parameters of a long-acting injectable formulation of the integrase strand transfer inhibitor, cabotegravir (CAB-LA). Design: This is a secondary analysis of 50 cisgender women enrolled in HPTN 077, a phase 2a multicentre study that enrolled HIV-uninfected, low-risk individuals in Malawi, Brazil, South Africa, and the United States. Methods: Participants received 4-week daily oral cabotegravir lead-in, followed by CAB-LA 800 mg injection every 12 weeks (cohort 1) or 600 mg every 8 weeks (after 4 week initial intervals) (cohort 2), over 41 weeks. Participants were followed 32–76 weeks subsequent to their last injection. Generalised estimating equations and linear regression were used to evaluate differences in CAB-LA PK parameters (peak concentration, trough concentration, area under the curve, apparent terminal half-life, and time to lower limit of quantification) and self-reported hormonal contraceptive method by type (oral, injectable, implants, and other), controlling for body mass index and cohort. Results: Compared to women reporting no hormonal contraception (n = 6), oral contraceptive use (n = 18) was associated with lower CAB-LA peak concentration but was not associated with differences in other PK parameters. No other hormonal contraceptive type (injectable, implants, and other) was associated with significant differences in CAB-LA PK parameters. Conclusion: Although oral contraceptive use was associated with differences in CAB-LA peak concentration, no differences were observed in other PK parameters, suggesting that this association is not likely to be clinically significant. However, these data highlight the need for further research exploring potential drug–drug interactions between CAB-LA and hormonal contraceptives.	pharmacokinetics; Contraception; Integrase; Cabotegravir; Pharmacology; Injection; Body mass; Parameters; Secondary analysis; Hormonal contraception; Injectable; Oral contraceptives; Drug interactions; Lead-in; Drug–drug interactions; Implants; Birth control; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Health risks; Body mass index; Body size; Contraceptives; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Bunnell, Rebecca E.; Ekwuru, Peace; Ogwu, Adaeze; Downing, Mike; Mermin, Jonathan	Presenting HIV pre-exposure prophylaxis: A qualitative analysis of health care provider training needs	Journal of HIV/AIDS & Social Services	-	-	-	-	-	15381501	10.1080/15381501.2020.1712291	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074259768&doi=10.1080%2f15381501.2020.1712291&partnerID=40&md5=944bc46d91954b0f0ea0f50aa2556de5f	Increasing the number of pre-exposure prophylaxis (PrEP) prescriptions will require more health care providers to be willing and trained to prescribe the medication. The purpose of our study was to understand the training needs of clinicians who do not prescribe PrEP. From September 2017 to January 2018, qualitative interviews were conducted with providers from 10 clinics in Uganda (N = 20). Thematic analysis revealed four themes: three emphasized the temporal nature of training requirements and one identified training preferences of providers. Study findings suggest that clinicians require specific information in order to integrate PrEP into their practice. Training needs may change as PrEP programs mature. © 2020, © 2020 Taylor & Francis Group, LLC.	health care providers; HIV prevention; pre-exposure prophylaxis; qualitative research; training	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Bursztyn L.; Wilson K.; Aidoo-Frimpong G.; Przybyla S.	Presenting HIV pre-exposure prophylaxis: A qualitative analysis of health care provider training needs	Journal of HIV/AIDS & Social Services	-	-	-	-	-	15381501	10.1080/15381501.2020.1712291	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074259768&doi=10.1080%2f15381501.2020.1712291&partnerID=40&md5=944bc46d91954b0f0ea0f50aa2556de5f	Co-formulated tenofovir disoproxil plus emtricitabine is highly effective as pre-exposure prophylaxis for HIV. It is suitable for men who have sex with men, for heterosexual sex and for people who use intravenous drugs where there is a risk of HIV infection. Pre-exposure prophylaxis is one pill per day and can be prescribed by all medical practitioners and nurse practitioners via the Pharmaceutical Benefits Scheme. It is best prescribed in a three-monthly program with regular monitoring for patient adherence, safety, HIV and other sexually transmitted infections. Prophylaxis is well-tolerated but requires monitoring for kidney toxicity and low bone density. © 2020 SPS MedicineWise.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Bösch M.	Prescribing pre-exposure prophylaxis for HIV	Australian Prescriber	-	-	-	-	-	3120008	10.18773/austprescr.2020.057	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087170903&doi=10.18773%2faustprescr.2020.057&partnerID=40&md5=5b07624f67fc0a4205d532a3cf6c2e5	Emtricitabine; HIV prevention; Human immunodeficiency virus; Men who have sex with men; Pre-exposure prophylaxis; Tenofovir	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Bogorodskaya M.; Lewis S.A.; Krakower D.S.; Avery A.	Low Awareness of and Access to Pre-exposure Prophylaxis but High Interest among Heterosexual Women in Cleveland, Ohio	Sexually Transmitted Diseases	-	-	-	-	-	1485717	10.1097/OLQ.0000000000001082	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077793043&doi=10.1097%2fOLQ.0000000000001082&partnerID=40&md5=a01bd0b84a4bf7f9952f5e2f0e95a0ea	Women received <5% of all US pre-exposure prophylaxis (PrEP) prescriptions in 2016. Among 351 heterosexual women surveyed in Cleveland, Ohio, 14.5% were aware of PrEP, 20.5% knew where to access PrEP, 75.9% were willing to try PrEP, and 56.9% expressed interest in more information. © Lippincott Williams & Wilkins.	Administration, Oral;Adult;Anti-HIV Agents;Community Health Center	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Bossert S.; Mountjoy S.; Ehrenzer S.; Bauermeister J.	State-level discrimination policies and his pre-exposure prophylaxis adoption efforts in the US	Health Affairs	-	-	-	-	-	2782715	10.1377/hlthaff.2020.00242	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091501694&doi=10.1377%2fhlthaff.2020.00242&partnerID=40&md5=3ca46a63c0425c9bd2a1b8052c24dd9f	Pre-exposure prophylaxis (PrEP) is a drug regimen recommended for anyone at high risk of getting HIV to prevent them from being infected. Little research exists on how state-level policies might be related to differential PrEP uptake across the United States. To better understand the associations between state-level policies and PrEP uptake, we examined HIV criminalization, nondiscrimination laws for sexual and gender minorities, Medicaid expansion, Ryan White funding, and sociodemographic characteristics in relation to the PrEP-to-need ratio, a measure of PrEP uptake. Using a cross-sectional design, we analyzed data from all fifty states, Washington, D.C., and Puerto Rico (all of which we categorize as states here) regarding policy, socioeconomic factors, and PrEP-to-need ratio in 2018. States with HIV criminalization laws had lower PrEP-to-need ratio, and states with more nondiscrimination laws for sexual and gender minorities had higher PrEP-to-need ratio. We found no association between Medicaid expansion and PrEP-to-need ratio. Our findings suggest that structural factors, including state-level policies, are associated with PrEP uptake. Our study provides important insights into how laws concerning HIV and sexual and gender minorities might protect against discrimination and subvert fear and stigma, given the potential impact of these policies on HIV prevention. © 2020 Project HOPE— The People-to-People Health Foundation, Inc.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2020	Bonett, Stephen; Bauermeister, José	Towards Equity in Prep: Social Networks, Structural Factors, and Engagement with the Prep Continuum among Young Sexual and Gender Minorities in the United States	-	-	-	-	University of Pennsylvania	-	no	NA	https://www.proquest.com/dissertations-theses/towards-equity-prep-social-networks-structural/docview/2446708770/se-2?accountid=8113	The HIV epidemic has disproportionately affected young people, racial/ethnic minorities, and sexual and gender minorities. These inequities have significant implications for the health and wellbeing of young queer and transgender people of color. Pre-exposure prophylaxis (PrEP) is a safe and efficacious biomedical prevention modality that could dramatically reduce the number of new HIV infections. However, efforts to extend access to PrEP to those who stand to benefit the most, including young people, racial/ethnic minorities, and sexual/gender minorities, have fallen short. In this dissertation, I adopt an ecological model of HIV risk and prevention to contextualize health-related behaviors within the socio-structural environment that young people inhabit and identify factors relevant to engagement with PrEP. First, I used a systematic literature review to summarize and synthesize the existing body of literature on social networks as a factor in racial disparities in HIV among sexual minority men. In this review, I found that social network factors and structural factors are driving racial disparities in HIV and suggested that these same forces may underlie the inequities in PrEP uptake. To explore how network and structural factors are associated with progress along the PrEP continuum, I performed secondary analyses of two datasets related to social and sexual networks, economic vulnerability, HIV risk, and PrEP engagement among young sexual/gender minorities. I found that engagement with PrEP among young racial/ethnic minorities continues to lag behind engagement for adult White gay men. Additionally, I found that economic vulnerability was associated with lower PrEP engagement and that insurance status was a consistent correlate of engagement. Young people who perceived that their peers, both in social and sexual networks, were using PrEP had greater knowledge and more favorable attitudes toward PrEP. Finally, I conducted a community-engaged study of PrEP use and persistence to explore the potential of PrEP as a tool for health equity as to be realized. Efforts to address inequities in HIV burden and PrEP uptake should aim to improve economic conditions for marginalized young people and bolster the capacity of social networks to promote PrEP engagement through community-engaged and peer-led interventions.	HIV; Pre-exposure prophylaxis; Prevention; Public health; Nursing; Social structure; Health equity; Social networks; 0573:Public health; 0569:Nursing; 0708:Social structure; Economic vulnerability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Bórquez, Annick; Rich, Katherine; Farrell, Michael; Degenhardt, Louisa; McKetin, Rebecca; Tran, Lucy T; Cepeda, Javier; Silva-Santisteban, Alfonso; Kouba, Kellka; Cáceres, Carlos F; Kelly, Sherrie; Aliss, Frederick L; Martin, Natasha K	Integrating HIV pre-exposure prophylaxis and harm reduction among men who have sex with men and transgender women to address intersecting harms associated with stimulant use: a modelling study.	Journal of the International AIDS Society	-	-	-	-	-	1758-2652	10.1002/jia2.25495	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7305611/	INTRODUCTION: Among men who have sex with men (MSM) and transgender women (TW), stimulant use is high and has been associated with an increased risk of HIV infection, suicide and cardiovascular disease (CVD) mortality. We used epidemic modelling to investigate these intersecting health harms among MSMTW in Lima, Peru and assess whether they could be mitigated by prioritizing HIV pre-exposure prophylaxis (PrEP) for stimulant-using MSMTW. METHODS: We developed a dynamic model of HIV, stimulant use and CVD among MSMTW in Lima. We used it to incorporate stimulant use and increased HIV risk, suicide and CVD mortality. Among 6% to 24% of MSMTW using stimulants (mostly cocaine), we modelled an increased risk of unprotected anal sex (RR = 1.35 95%CI: 1.17 to 1.57) obtained from local data, and increased risk of suicide (SMR = 6.26 95%CI: 2.84 to 13.80) and CVD (SMR = 1.83 95%CI: 0.39 to 8.57) mortality associated with cocaine use based on a global systematic review. We estimated the proportion of health harms occurring among MSMTW who use stimulants in the next year (01/2020-01/2021) due to stimulant use, and its impact (01/2020-01/2030) of: (1) PrEP prioritization for stimulant-using MSMTW compared to random allocation, and (2) integrating PrEP with a theoretical intervention halving stimulant-associated risk. RESULTS: MSMTW in Lima will experience high HIV incidence, suicide and CVD mortality (1.6/100 py, and 0.03/100 py, 0.3/100 py respectively) in 2020. Despite stimulant using MSMTW comprising an estimated 9.5% (95%CI: 7.8 to 11.5) of all MSMTW, in the next year, 11% 95%CI (i.e. 2.5% to 97.5% percentile) 10% to 12%) of new HIV infections, 29% (95%CI: 18% to 80%) of suicides and 15% (95%CI: 12% to 18%) of CVD deaths among MSMTW will be due to stimulant use. Over 10 years, 17% (95%CI: 14% to 20%) of HIV infections, 29% (95%CI: 18% to 80%) of suicides and 15% (95%CI: 12% to 18%) of CVD deaths among MSMTW will be due to stimulant use. Prioritizing PrEP to stimulant-using MSMTW could reduce new HIV infections by 29% (95%CI: 18% to 37%), suicide deaths by 14% (95%CI: 5% to 27%) and CVD deaths by 3% (95%CI: 0% to 16%) over a decade. CONCLUSIONS: MSMTW who use stimulants experience a disproportionate burden of health harms. Prioritizing PrEP based on stimulant use, in addition to sexual behaviour/gender identity criteria, could increase its impact. Integrated substance use, harm reduction, mental health and HIV care among MSMTW is needed.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Bowring, Anna L; Ampt, Frances H; Schwartz, Sherrie; Stoové, Mark A; Luchters, Stanley; Baird, Stefan; Hellard, Margaret	HIV pre-exposure prophylaxis for female sex workers: ensuring women's family planning needs are not left behind.	Journal of the International AIDS Society	-	-	-	-	-	1758-2652	10.1002/jia2.25442	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7029561/	INTRODUCTION: Female sex workers (FSWs) experience overlapping burdens of HIV, sexually transmitted infections and unintended pregnancy. Pre-exposure prophylaxis (PrEP) is highly efficacious for HIV prevention. It represents a promising strategy to reduce HIV acquisition risks among FSWs specifically given complex social and structural factors that challenge consistent condom use. However, the potential impact on unintended pregnancy has garnered little attention. We discuss the potential concerns and opportunities for PrEP to positively or negatively impact the sexual and reproductive health and rights of FSWs. DISCUSSION: PrEP may increase FSWs' vulnerability to unintended pregnancy through multiple pathways, including condom displacement, sexual risk compensation and reducing health and social effects for FSWs, including consequences of unsafe abortion and financial impacts affecting subsequent risk-taking. It is possible that PrEP could negatively impact condom and other contraceptive use among FSWs due to condom substitution, normalization, external pressures or PrEP provision by single-focus services. There are limited empirical data available to assess the impact of PrEP on pregnancy rates in real-life settings. However, pregnancy rates are relatively high in PrEP trials and modelling suggests a potential two-fold increase in condomless sex among FSWs on PrEP, which, given low use of non-barrier contraceptive methods, would increase rates of unintended pregnancy. Opportunities for integrating family planning with PrEP and HIV services may circumvent these concerns and support improved SRHR. Synergies between PrEP and family planning could promote uptake and maintenance for both interventions. Integrating family planning into FSW-focused community-based HIV services is likely to be the most effective model for improving access to non-barrier contraception among FSWs. However, barriers to integration, such as provider skills and training and funding mechanisms, will require addressing. CONCLUSIONS: As PrEP is scaled up among FSWs, there is growing impetus to consider integrating family planning services with PrEP delivery in order to better meet the diverse SRHR needs of FSWs and to prevent unintended consequences. Programme monitoring combined with research can close data gaps and mobilize adequate resources to deliver comprehensive SRHR services respectful of all women's rights.	sex workers, Pre-Exposure Prophylaxis (PrEP), contraception, unplanned pregnancy, HIV infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Bradshaw, Daniel; Vasylyeva, Tetyana I; Davis, Chris; Pybus, Oliver G; Thézé, Julien; Thomson, Emma C; Martinello, Marianne; Matthews, Gail V; Bulteel, Ruth; Gilleece, Yvonne; Cooke, Graham S; Page, Emma E; Waters, Laura; Nelson, Mark	Transmission of hepatitis C virus in HIV-positive and PrEP-using MSM in England.	Journal of Viral Hepatitis	-	-	-	-	-	1365-2893	10.1111/jvh.13286	https://dx.doi.org/10.1111/jvh.13286	We sought to characterize risk factors and patterns of HCV transmission amongst men who have sex with men (MSM). MSM with recently acquired HCV (AHCV) were prospectively recruited (Aline cohort?) between January and September 2017. Clinical data and risk behaviours were identified and blood obtained for HCV whole genome sequencing. Phylogenetic analyses were performed, using sequences from this cohort and two other AHCV cohorts, to identify transmission clusters. Sixteen (40.0%) men in the aline cohort were HIV-negative MSM. HIV-negative MSM were younger than HIV-positive MSM (median 31 vs 39 years, P = .001) and 7 (43.8%) were PrEP in the previous year. Phylogenetic analysis identified 3 clusters containing 5 HIV-negative MSM. Within clusters, sequences from HIV-negative MSM were interspersed with those from HIV-positive MSM. Estimated transmission dates ranged from 17, 17.5?) years before diagnosis. Sequences from 3 HIV-negative MSM were found in the UCL cohort, 2 of whom had UK?CV. Three were in the UCL cohort and 1 in the clinic cohort and 34 from other AIDV cohorts; 67 (90.4%) clustered with 0.008?0.1 other sequence. There were 7 clusters of 2?7 sequences; 6 clusters contained HIV-negative and HIV-positive MSM and 1 cluster only HIV-positive MSM. Four of these clusters were of larger clusters first described in 2007. PrEP using MSM are at risk of HCV, sharing similar risk factors to HIV-positive MSM. Phylogenetics highlights that PrEP-using and HIV-positive MSM are involved in the same HCV transmission networks. Few men demonstrated HCV awareness and risk reduction strategies should be expanded.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Clinical
Article	2020	Brakenridge A.; Walters S.M.; Crean H.F.; Stephenson R.; McMahon J.M.	Pre-exposure Prophylaxis Use Among Men Who Have Sex with Men Experiencing Partner Violence	AIDS and Behavior	-	-	-	-	-	10907165	10.1007/s10461-020-02788-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078213180&doi=10.1007%2fs10461-020-02788-2&partnerID=40&md5=6e4ca5947ea1b2fc497d6c4f3977f4a	Intimate partner violence (IPV) significantly increases HIV risk among MSM. Pre-exposure prophylaxis (PrEP) may provide MSM experiencing IPV an option for self-protection from HIV without requiring condom negotiation or compromising safety. This study examined relationships among various forms of IPV (physical, emotional, monitoring, controlling, and sexual) and PrEP awareness, willingness, and use (ever and current) participating in a cross-sectional, internet-based survey. Participants reported IPV rates during the prior 6 months that were consistent with prior research (physical violence, 23.3%; emotional violence, 36.3%; monitoring, 41.1%; controlling, 25.3%; forced sex, 20.0%). Forced sex and emotional IPV were negatively associated with PrEP use in our sample; in contrast, controlling was positively associated with PrEP use. We suggest clinical HIV screenings among MSM seeking PrEP, as well as PrEP-focused interventions that explicitly address IPV. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	IPV; prevention; Intimate partner violence; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Brakenridge A.; Zhang C.; McMahon J.M.	Associations Between Relationship Power and Pre-Exposure Prophylaxis (PrEP) Use Among Men Who Have Sex With Men	AIDS and Behavior	-	-	-	-	-	10907165	10.1007/s10461-019-02733-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075213036&doi=10.1007%2fs10461-019-02733-1&partnerID=40&md5=47ac6eb47255619e77184ac6753f3bc	Few studies have attempted to understand relationship-level factors impacting PrEP utilization among men who have sex with men (MSM). This study examined associations between relationship power and PrEP use among HIV-MSM participating in a cross-sectional, Internet-based survey. The results of our analysis indicate that decision-making dominance was associated with PrEP use among MSM, but the association between relationship control/overall relationship power and PrEP use was inconclusive. Furthermore, when examining specific types of decision-making dominance, equal and greater decision-making dominance was associated with greater odds of PrEP awareness, willingness, and use, while lesser decision-making dominance was not. Our findings suggest that the presence of decision-making dominance related to condom use/sexual initiation and PrEP use were inconclusive. This study suggests that the presence of egalitarian relationships—as well as other relationship-level determinants—should be an essential component of biobehavioral interventions targeting this population. © 2019, Springer Science+Business Media, LLC, part of Springer Nature	HIV prevention; MSM; Pre-exposure prophylaxis; PrEP; Relationship power	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Brant A.R.; Dhillon P.; Hull S.; Coleman M.; Ye P.P.; Lotke P.S.; Fokas J.; Scott R.K.	Integrating HIV Pre-Exposure Prophylaxis into Family Planning Care: A RE-AIM Framework Evaluation	AIDS Patient Care and STDs	-	-	-	-	-	10872914	10.1089/apc.2020.0004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085909674&doi=10.1089%2fapc.2020.0004&partnerID=40&md5=257e94aa6698ff6b9bc1b859da2d3f6c	We aimed to systematically evaluate the feasibility of integrating HIV prevention services, including pre-exposure prophylaxis (PrEP), into a family planning setting in a high-prevalence community. We used the RE-AIM Framework (Reach, Efficacy, Adoption, Implementation, Maintenance) to evaluate the integration of HIV prevention services into a family planning clinic over 6 months. Before the integration, PrEP was not offered. We implemented a staff training program on HIV PrEP. We determined the proportion of women presenting to the clinic who were screened, eligible for, and initiated PrEP through chart review. We assessed staff comfort with PrEP pre- and post-integration. We compared planned and actual implementation, interviewed staff to determine barriers and facilitators, and identified systems adaptations. We assessed maintenance of PrEP after the study concluded. There were 640 clinical encounters for 515 patients; the rate of HIV counseling and PrEP screening was 50%. The rate was 10% in the first month and 4% in the last month. Of 32 women eligible for PrEP, 20 initiated PrEP (63%). Staff comfort with PrEP increased from baseline to 6 months post-integration. Staff identified many women requested partners' permission to take PrEP. Uptake was motivated by high perceived HIV risk, and beliefs that PrEP use supported life goals. PrEP was often discontinued due to disenchantment of partnerships/changing risk, unsupportive partners/peers, or early side effects/pill burden. Despite high perceived risks and interest, PrEP was received with muted ambitiousness because of its associations with HIV/ART and stigmatized behaviors. Delivery models that promote youth access, frame messaging on wellness and goals, and foster partner and peer support may facilitate uptake among young people.	family planning; HIV prevention; implementation; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Brinkley-Rubinstein L.; Crowley C.; Montgomery M.C.; Peterson M.; Zidar N.; Martin R.; Clarke J.; Dubey M.; Chan P.A.	Internet and Knowledge of HIV Pre-Exposure Prophylaxis in a Unified Jail and Prison Setting	Journal of Correctional Health Care	-	-	-	-	-	10783458	10.1177/1078345819897405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081660496&doi=10.1177%2f1078345819897405&partnerID=40&md5=5f2959944b4b03b1adf87c2c356b1576	Pre-exposure prophylaxis (PrEP) may be an effective approach to prevent HIV among people who are currently incarcerated or who have been recently released from incarceration. However, awareness and interest in PrEP are largely unknown in this population. This study assessed 417 incarcerated men's lifetime HIV risk engagement and gauged their interest and willingness to take PrEP. Twenty percent reported ever injecting drugs and 4% ever having sex with a man without a condom. 80% had never heard of PrEP. Men White men had heard of PrEP, but higher percentages of men of color were interested in learning more about PrEP and willing to take PrEP to prevent HIV. Future interventions should focus on PrEP education and uptake among individuals who are incarcerated. © The Author(s) 2020.	HIV; incarceration; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Broady, Timothy R; Bavinton, Benjamin R; Mao, Limin; Prestage, Garrett; Holt, Martin	Australian Gay and Bisexual Men Who Use Condoms, PrEP or Rarely Practise HIV Risk Reduction with Casual Sex Partners: An Analysis of National, Behavioural Surveillance Data, 2017-2018.	AIDS and Behavior	-	-	-	-	-	1573-3254	10.1007/s10461-020-02928-9	https://dx.doi.org/10.1007/s10461-020-02928-9	Recent accounts in the scientific literature of PrEP implementation in Australia have widened the range of HIV prevention strategies available to gay men. This paper aims to quantify the use of different risk reduction strategies and compare characteristics of men who rarely use any strategies with those who regularly use condoms or PrEP. Using national cross-sectional data from the Gay Community Periodic Survey in Australia, comparisons were made between regular condom users (37.1% of participants), PrEP users (30.1%), and men who infrequently used any risk reduction strategies (12.4%). The proportion of gay and bisexual men reporting infrequent use of HIV risk reduction strategies has decreased in recent years. These men reported less frequent high-risk sexual practices than PrEP users and also reported less recent HIV testing than either PrEP or condom users. Men who infrequently use HIV risk reduction strategies should be encouraged to test for HIV more regularly and to utilise prevention strategies that align with their infrequent high-risk behaviour.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Brooks, Ronald A; Landrian, Amanda; Lozelle, Gabriele; Gebon, Frank H; Liu, Hongbo; Chen, Ying-Tung	Predictors of Awareness, Accessibility and Acceptability of Pre-exposure Prophylaxis (PrEP) Among English- and Spanish-Speaking Latino Men Who have Sex with Men in Los Angeles, California	Journal of Immigrant and Minority Health	-	-	-	-	-	1557-1920	10.1007/s10903-019-00955-w	https://dx.doi.org/10.1007/s10903-019-00955-w	Uptake of pre-exposure prophylaxis (PrEP) among Latino men who have sex with men (LMSM) remains low. We examined awareness, accessibility, acceptability and use of PrEP among LMSM. LMSM were recruited using social/sexual networking apps. Multiple Logistic regressions identified significant predictors of PrEP awareness, accessibility and acceptability. Among 276 participants, only 6% reported PrEP use. Only 37% were aware of PrEP. Awareness was significantly lower among Spanish- (OR = 0.39, 95% CI: 0.19–0.80) than English-dominant LMSM. In multivariate logistic regressions, a lower likelihood of PrEP awareness was associated with lower level education, whereas a higher likelihood was associated with lower level education, whereas a higher likelihood of PrEP accessibility was associated with lower level education and undocumented status. A lower likelihood of PrEP acceptability was associated with an income of $15,001–30,000, whereas a higher likelihood was associated with lower level education and reporting 6–10 or over 10 sexual partners. PrEP promotion targeting Latino MSM should be expanded for those with lower levels of education and those who are undocumented.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Card, Kiffer G; Fournier, Anabelle Bernard; Sorge, Justin T; Morgan, Jeffrey; Grace, Daniel; Ham, David; Lachowsky, Nathan J; Trussler, Terry	Substance use patterns and awareness of biomedical HIV prevention strategies among sexual and gender minority men in Canada.	AIDS Care	-	-	-	-	-	1360-0451	10.1080/09540121.2020.1719026	https://dx.doi.org/10.1080/09540121.2020.1719026	Sexual and gender minority men (SGMM) who use drugs are frequently cited as at-risk for HIV. Fortunately, biomedical prevention can greatly reduce transmission, provided individuals are aware of and interested in the uptake of these strategies. We examined associations between substance use patterns and biomedical prevention among SGMM in Canada. Latent class analysis identified patterns of substance use. Demographic-adjusted logistic regression models assessed the associations between latent classes and key biomedical prevention indicators. Among 669 participants living with HIV (PLWH) and 7,184 participants without, substance use classes characterized "limited" (48.0%; infrequent/low use of drugs), "extensive" (21.9%; alcohol, cannabis, club drugs, and ecstasy/analogues), "club" (2.2%; ecstasy, club drugs, and psychedelics), "acs" (4.8%; alcohol, crystal methamphetamine, GHB, poppers, and erectile drugs), "prescription" (11.0%; alcohol and prescription drugs), and "polydrug" (11.1%; most drugs) use. HIV-negative men in the "prescription" and "acs" substance use classes were more likely to know about the preventative benefits of HIV treatment. All non-"limited use" HIV-negative men were more likely to report interest in taking pre-exposure prophylaxis (PrEP). For PLWH, substance use patterns were not associated with detectable viral loads or treatment awareness. While PLWH exhibited high levels of undetectability and treatment awareness regardless of substance use classes, a variety of substance use patterns were associated with increased awareness, interest, and uptake of biomedical HIV-negative participants.	Gay and bisexual men; substance use; pre-exposure prophylaxis; treatment as prevention; latent class analysis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Carillon, Séverine; Gallardo, Lucille; Lisard, Françoise; Chakvetadze, Catherine; Varel, Jean-Paul; Cros, Agnès; Molina, Jean-Michel; Slama, Laurence	Perspectives of injectable long-acting antiretroviral therapies for HIV treatment or prevention: understanding potential users' ambivalences.	AIDS Care	-	-	-	-	-	1360-0451	10.1080/09540121.2020.1742869	https://dx.doi.org/10.1080/09540121.2020.1742869	Recent clinical trial data showed that injectable long-acting antiretroviral treatment (LA-ART) every four or eight weeks could become an alternative option for HIV treatment or prevention. The purpose of our study was to explore perceptions and potential users' points of views of this new mode of administration through individuals' therapeutic itinerary and their singular history with ART. Between 2018 and 2019, a qualitative study was conducted in two University Hospitals in Paris, France. In-depth interviews were conducted with 15 virologically controlled People Living with HIV (PLWH) and 11 men on pre-exposure prophylaxis (PrEP) for at least six months. Interviews, focused on the daily experiences with ART, were recorded, transcribed, and analyzed using thematic content analysis. Collected discourses were heterogeneous and revealed ambivalences. Participants' perceptions were presented as ambivalent, between potential benefits and risks, and burdens. It revealed the complexity of each individual relationship to their HIV treatment or PrEP, leading to balance the injectable LA-ART popularly reported within clinical trials. The new mode of administration may be a suitable alternative for some PLWH and PrEP users, a "simplification" compared to the oral route. It opens a window for "sustainable" ART-treatment according to individuals' lives.	Injectable; long-acting antiretroviral therapies; acceptability; PrEP; antiretroviral treatment; qualitative study	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Carlo-Hejdla J.; Marcus J.L.; Silverberg M.J.; Bradley Hare C.; Herbers R.; Harley L.; Satre D.D.; Volk J.E.	Early adopters of event-driven human immunodeficiency virus pre-exposure prophylaxis in a large healthcare system in San Francisco	Clinical Infectious Diseases	-	-	-	-	-	10584838	10.1093/cid/ciaa974	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7768219/	Among 279 patients within a large healthcare system in San Francisco, event-driven HIV pre-exposure prophylaxis using a 2-1-1 regimen was a desirable alternative to daily dosing. Problems with adherence, planning sex in advance, or side effects were infrequent (13.9%). We found no new HIV infections over 136 person-years of follow-up. © The Author(s) 2020.	2-1-1; Event-driven PrEP; Implementation; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Essay	2020	Carnevale, Caroline; Zucker, Jason; Bocsa, Alexander; Northland, Bianka; Castro, Jonathan; Molina, Emma; Richards, Paul; Dominguez, Jose; George, William; Cobali, Alwyn; Okrahn, Susan; Gordon, Peter; Subnaczyk, Magdalena E	Engaging a Predominantly Latina Community in HIV Prevention: Laying the Groundwork for Pre-exposure Prophylaxis and HIV Sexual Health Programs.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	-	1552-6917	10.1097/JNC.0000000000000121	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8013179/	Thanks to advances in HIV prevention and treatment, such as pre-exposure prophylaxis (PrEP) and treatment as prevention, the overall number of new HIV infections in the United States decreased from 2005 to 2017 (Centers for Disease Control and Prevention, 2018). Despite the overall decrease in HIV cases, certain groups, such as young adults and racial/ethnic minorities remain disproportionately affected. In 2017, Latinos made up 26% of new HIV diagnoses in the United States (Centers for Disease Control and Prevention, 2018). Among Latinos, young Latina women (ages 13–24 years) accounted for 64% of new HIV diagnoses in New York City (New York City Department of Health and Mental Hygiene, 2017). Almost two-third (64.9%) of new HIV diagnoses in NYC were in Black and Latino men who have sex with men (MSM)(New York City Department of Health and Mental Hygiene, 2018). Factors contributing to high rates of HIV include poverty, stigma, substance use, and mental health issues (Pellowski, Kalichman, Matthews, & Adler, 2013). Successful sexual health programs must address these social and behavioral determinants of health.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other
Article	2020	Carter, Gregory; Woodward, Brennan	The Relationship Between Perception of HIV Susceptibility and Willingness to Discuss PrEP With a Health Care Provider: A Pilot Study	American Journal of Men's Health	-	-	-	-	-	1557-9883	10.1177/1557988320919661	https://www.proquest.com/scholarly-journals/relationship-between-perception-hiv/docview/2428119298/se-2?accountid=8113	HIV continues to be a significant public health concern and despite recent reductions in new HIV diagnoses, certain demographics continue to be disproportionally affected. Men who have sex with other men (MSM) account for the largest percentage of new HIV diagnoses; however, 24% of new diagnoses can be attributed to male-to-female sex, highlighting the need to explore the HIV epidemic beyond the MSM community. The purpose of this study was to explore the relationship between HIV susceptibility and willingness to discuss pre-exposure prophylaxis (PrEP) with a health care provider among a sample of men living in the United States (n = 377). Men who had an increased perception of HIV susceptibility were significantly more likely to feel comfortable discussing PrEP with a health care provider. Men who distinguish themselves to be at increased risk of acquiring HIV were significantly more likely to report having either insertive or receptive condomless anal intercourse within the previous 3 months, while men who reported condomless vaginal intercourse perceived low HIV susceptibility. Never being screened for HIV was significantly associated with a perception of low HIV susceptibility compared to those men who had been screened in the previous year. Understanding how men perceive HIV susceptibility and engage with HIV prevention may help to improve HIV prevention efforts such as PrEP.	HIV prevention; Pre-exposure prophylaxis; PrEP; HIV risk; Disease prevention; Men's Health; Disease transmission; Perception; health care communication; Health care provider; Human immunodeficiency virus--HIV; GenderWatch; Y; Mens health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2020	Carvalho Junior, Eliedo Fernandes de	(De)feitos (PrEP)arados: uma etnografia sobre a Profilaxia de Pré-Exposição ao HIV em Anápolis/GO	-	-	-	-	Universidade Federal de Goiás	-	-	NA	http://repositorio.bc.ufg.br/tede/handle/tede/11076	Passados mais de 30 anos do início da epidemia de hiv-aids, surgiram outros métodos de prevenção para além do preservativo, como a Profilaxia de Pré-Exposição ao HIV (PrEP), que é um medicamento composto por dois antirretrovirais de Emtricitabina e Entricitabina, comercializados com o nome de Truvada. Esta descrição de métodos reflete dos fornecedores de ofício antropológico para fornecer como a PrEP se insetia como método de prevenção entre homens que vivenciam o homoerotismo na cidade de Anápolis-GO. Nesse sentido, a etnografia aborda alguns eixos: como diversas temporalidades são acionadas para a produção de uma narrativa sobre a PrEP; como a medicação é acionada em diferentes contextos; como um certo grau de ambivalência atravessa as questões, tais do "modo de dosing", mesa interlocutores acionam os lidar de seus sentimentos como ansiosa da PrEP - um contra a fobia, que assim ao entre ele uma tentador de satisfa que primeiro provocam, dependendo e os transtornos do HIV. Por fim, emergiu narrativas sobre as fronteiras entre o prazer e o perigo nos quais habita a PrEP - the fazendo dela um elemento essencial na realização das doenças e um como nas cosmetes, quando se trata de análise de busca por mais prazer nas relações sexuais.	HIV;PrEP;homoerotismo;temporalidades;ficlisa;prazer	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Editorial	2020	Castilla, J	Profilaxis antiretroviral preexposición de la infección por el virus de la inmunodeficiencia humana (VIH)	Semergen	-	-	-	-	-	1138-3593	10.1016/j.semerg.2020.02.004	https://www.elsevier.es/es-revista-medicina-familia-semergen-40-articulo-profilaxis-antiretroviral-preexposicion-infeccion-por-S1138359320300599	Desde 1996 se han sucedido avances muy importantes en la terapia antirretroviral frente a la infección por el virus de la inmunodeficiencia humana (VIH)1. Hay suficiente evidencia de que las personas infectadas por el VIH que mantienen un buen control de su carga viral, prácticamente no son contagiosas2,3. Este contexto parecería alimes para un progresivo y rápido control de la transmisión sexual del VIH en la población. Sin embargo, esto no está ocurriendo, porque otros factores están operando en dirección opuesta. Los métodos barrera han dejado de ser una medida preventiva aceptada por una parte importante de la población, y la frecuencia de prácticas sexuales de riesgo y la incidencia de infecciones de transmisión sexual se han disparado4,5.	NA	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	-	-	Other
Editorial	2020	Castillo-Mancilla, Jose R.	Adherence to Antiretroviral Therapy and Pre-exposure Prophylaxis: TARGETing the Ideal Measure.	Clinical Infectious Diseases	-	-	-	-	-	1537-6591	10.1093/cid/ciz651	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201407/	While the current medications available for antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are potent, effective, and safe, they remain dependent on durable adherence to achieve therapeutic success [1–3]. However, an accurate, reproducible, generalizable, and readily available method to quantify adherence that can be used as a gold standard in clinical practice and research settings remains elusive. Different subjective (eg, self-report) and objective (eg, pharmacologic) adherence measures have been developed, validated, and applied in research studies and clinical practice in recent years, but they all have limitations [4–6]. Subjective measures are inexpensive and easy to implement but tend to overestimate adherence, while others are objective and quantitative, but are expensive and not widely accessible. Thus, the quest for novel methods that can overcome some of these barriers continues.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other

Article	2020	Castor, Delivette; Meyers, Kathrine; Allen, Shannon	The only way is up: priorities for implementing long-acting antiretrovirals for HIV prevention and treatment.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000601	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6903331	PURPOSE OF REVIEW: Long-acting HIV treatment and prevention (LAHTP) can address some of the achievement gaps of daily oral therapy to bring us closer to achieving Joint United Nations Programme on HIV/AIDS Fast-track goals. Implementing these new technologies presents individual-level, population-level, and health systems-level opportunities and challenges. RECENT FINDINGS: To optimize LAHTP implementation and impact, decision-makers should define and gather relevant data to inform their investment case within the existing health systems context. Programmatic observations from scale-up of antiretroviral therapy, oral preexposure prophylaxis, voluntary medical male circumcision, and family planning offer lessons as planning begins for implementation of LAHTP. Additional data intelligence should be derived from formative studies, pragmatic clinical trials, epidemiologic and economic modeling of LAHTP. Key implementation issues that need to be addressed include optimal communication strategies for demand creation; target setting; logistics and supply chain of commodities needed for LAHTP delivery; human resource planning; defining and operationalizing monitoring and evaluating metrics; integration into health systems. SUMMARY: Successful LAHTP implementation can bolster treatment and prevention coverage levels if implementation issues outlined above are proactively addressed in parallel with research and development so that health systems can more rapidly integrate new technologies as they gain regulatory approval.	HIV, implementation, long-acting, prevention, treatment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2020	CASTRO, CLARISSE DE GUSMAO	Sociedade Civil e a Política da Profilaxia Pré-Exposição ao HIV no Brasil	-	-	Fundação Oswaldo Cruz	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=10048353	O estudo tem como objetivo descrever como se deu a interação da sociedade civil durante o processo de implementação da PrEP no Brasil. Para isso, foi proposto um estudo qualitativo exploratório, dividido em revisão de escopo e entrevistas semiestruturadas. Na revisão de escopo o estudo produziu dois levantamentos. O primeiro, realizado em bases de dados científicas, que possibilitou a classificação dos 51 artigos selecionados e o mapeamento de atores, espaços e documentos presentes nos artigos. No segundo, realizado nas páginas de internet oficiais de 6 organizações da sociedade civil, foi possível encontrar 57 publicações, entre boletins, cartilhas, impressos e notas de posicionamento. As entrevistas semiestruturadas realizadas com atores do governo, da sociedade civil organizada e pesquisadores, possibilitaram o registro cronológico da incorporação da PrEP no Brasil, utilizando as fases do ciclo de política para ajudar na organização do objeto de estudo. O estudo concluiu que a sociedade civil organizada esteve em interação nos espaços de consulta e decisão tanto na esfera governamental quanto da pesquisa clínica. Essa interação teve diferenças no engajamento entre os movimentos sociais, e se deu por meio de promoção de debates e campanhas, de difusão e translação de informações, de ações de pressão ao governo, além de colaboração e monitoramento das pesquisas clínicas e de ações do governo. O estudo ainda conclui que, o acesso à PrEP pelas populações mais vulneráveis precisa ser ampliado, e que a estrutura do serviço de saúde (falta de profissionais, dependência de médicos para prescrição, estigma, preconceito e moralidade no atendimento), a falta de vontade política de implementar à PrEP em estados e municípios, e as dificuldades financeiras e estruturais de ONGs, ainda são grandes barreiras.	Profilaxia Pré-Exposição (PrEP);HIV. Prevenção;Sociedade Civil;Ativismo Político	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Review
Article	2020	Cattaneo D.; Gervasoni C.; Vinti P.; Baldelli S.; Fusi M.; Zagato D.; De Bona A.; Suardi E.; Bossolasco S.; Ancona G.; Rossotti R.; Cernuschi M.	A comparison of tenofovir predose concentrations in generic pre-exposure prophylaxis formulations: A short communication	Therapeutic Drug Monitoring	-	-	-	1634356	10.1097/FTD.0000000000000756	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088520835&doi=10.1097%2fFTD.0000000000000756&partnerID=40&md5=1ac40f0b7e8b6bfd229c720c5174e7de	Background:There is extensive evidence to show that pre-exposure prophylaxis (PrEP) using tenofovir disoproxil fumarate (TDF)-based formulations dramatically reduces the risk of HIV acquisition among individuals without HIV infection. Here, the authors aim to compare tenofovir plasma predose concentrations in subjects taking PrEP daily versus on demand and using different TDF-based generic formulations.Methods:Subjects providing informed signed consent for the measurement of tenofovir plasma levels were included in the study. Predose drug concentrations were stratified according to PrEP administration and the type of TDF-based formulation. The control group consisted of patients with HIV infection who were matched for renal function and were administered branded TDF that was not combined with boosted-antiretroviral drugs.Results:The study consisted of 100 subjects (mean age, 39 ± 10 years; body weight, 77 ± 11 kg). A wide distribution in tenofovir predose concentrations was observed, with values ranging from 17 to 297 ng/mL (coefficient of variation 77%). No significant differences were noted in tenofovir predose concentrations between subjects who were administered PrEP daily (n = 75) or on demand (n = 25) 94 (35-255) versus 104 (37-287) ng/mL; P = 0.476. Comparable tenofovir predose concentrations were found between patients with HIV infection (n = 220) who were administered branded TDF and those without HIV infection who were treated with 5 different generic TDF-based formulations with generics-to-branded ratios. These were always within the range of 80%-125% and were used to define bioequivalence.Conclusions:The marketed generic formulations of TDF delivered tenofovir plasma predose concentrations comparable with those delivered by branded formulations. © 2020 Lippincott Williams and Wilkins. All rights reserved.	generics; HIV prevention; pharmacokinetics; pre-exposure prophylaxis; tenofovir	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2020	Cazorla-Luna, Raúl; Notario-Pérez, Fernando; Martín-Illana, Araceli; Bedoya, Luis-Miguel; Tamayo, Aitana; Rubio, Juan; Ruiz-Caro, Roberto; Veiga, María-Dolores	Development and In Vitro/Ex Vivo Characterization of Vaginal Mucoadhesive Bilayer Films Based on Ethylcellulose and Biopolymers for Vaginal Sustained Release of Tenofovir.	Biomacromolecules	-	-	-	1526-4602 1525-7797	10.1021/acs.biomac.0c00249	https://pubs.acs.org/doi/10.1021/acs.biomac.0c00249	Young women in sub-Saharan Africa have the highest risk of human immunodeficiency virus (HIV) acquisition through sexual contact of all groups. Vaginal controlled release of antiretrovirals is a priority option for the prevention of sexual transmission of the virus in women. In this manuscript, bilayer films were prepared based on ethylcellulose and a natural polymer (xanthan or tragacanth gum) plasticized with glycerol and tributylcitrate for tenofovir-controlled release. The mechanical properties and microstructure of the blank films were characterized by texture analysis, Fourier transform infrared spectroscopy, and scanning electron microscopy. The loaded films were evaluated in simulated vaginal fluid through release and swelling studies and ex vivo mucoadhesion assessments. The results show that the preparation method produced bilayer films with adequate mechanical properties. The contribution of both layers allowed the sustained release of tenofovir and a mucoadhesion time of up to 360 h. The toxicity of the materials was evaluated in three cell lines of vaginal origin. The films constituted by ethylcellulose and xanthan gum in a 2:1 proportion (EX2-D) showed the longest mucoadhesion time, with 15 days of tenofovir-controlled release, zero toxicity, and optimal mechanical properties. These films are therefore a promising option for offering women a means of self-protection against the sexual transmission of HIV.	Humans; Tenofovir; Female; *Vagina; Delayed-Action Preparations; *Cellulose/analogs & derivatives	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2020	Celum C.; Baeten J.	PrEP for HIV Prevention: Evidence, Global Scale-up, and Emerging Options	Cell Host and Microbe	-	-	-	19313128	10.1016/j.chom.2020.03.020	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082872914&doi=10.1016%2fj.chom.2020.03.020&partnerID=40&md5=ccd8cf858ae7ea257a80e247ace68ffb	Antiretroviral pre-exposure prophylaxis (PrEP) for the prevention of HIV infection was demonstrated to be efficacious and safe earlier this decade from pivotal studies using oral emtricitabine-tenofovir disoproxil fumarate. Regulatory approval and normative guidance, now for almost 70 countries worldwide, has followed. Demonstration projects have shown high uptake and population-level HIV reductions, highlighting the need for simplifying delivery and reducing current barriers to access and persistence. A portfolio of additional, next-generation PrEP formulations, currently under testing, if effective, will offer users choice and likely increase coverage and impact. © 2020; Antiretroviral pre-exposure prophylaxis (PrEP) for HIV prevention has been shown to be a safe and effective measure for population-level HIV reductions. In this Commentary, Celum and Baeten make a case for PrEP and highlight strategies that take lessons learned from the first decade of PrEP to increase delivery and effect. © 2020	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Celum C.; Morton J.F.; Myers L.; Gill K.; Bekker L.-G.; Stein G.; Thomas K.K.; Duyver M.; van der Straten A.; McConnell M.; Aunger R.; Curtis V.; de Witt Huberts J.; Van Damme L.; Baeten J.M.	Evaluation of a behavior-centered design strategy for creating demand for oral PrEP among young women in Cape Town, South Africa	Gates Open Research	-	-	-	25724754	10.12688/gatesopenres.13103.1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086272713&doi=10.12688%2fgatesopenres.13103.1&partnerID=40&md5=49eb8e68c5e8c27a4b45fe844dcd1da0	Background: There is an urgent need to find effective interventions that reduce young South African women's vulnerability to HIV, and pre-exposure prophylaxis (PrEP) is highly effective when taken consistently. As national programs in Africa launch PrEP programs for young women, it is critical to understand how to effectively create awareness, stimulate interest, and increase uptake of PrEP. Methods: Behavior-centered design (BCD) guided the development of a PrEP social marketing campaign for young women. Ethnographic observations, in-depth interviews, and focus-group discussions with young South African women informed the content and design of a 90-second PrEP demand creation video and two informational brochures. A short survey was administered to young women at their homes after watching a video to evaluate PrEP interest. Of 800 households with a 16-25-year-old female identified from a Cape Town township census, 320 women in these households viewed the video and completed a survey about the video and their interest in PrEP. Results: In focus groups, young women from the township preferred local characters and messaging that was empowering, simple, and motivational. From the household survey of young women who viewed the video, most reported interest in learning more about PrEP (67.7% 'definitely interested' and 9.4% 'somewhat interested') and taking PrEP (56.4% 'definitely interested' and 12.5% 'somewhat interested'). Factors significantly associated with interest in taking PrEP were having a primary partner with whom they regularly have sex (80.0% vs. 65.2% without a primary partner; adjusted odds ratio (AOR)=3.1, 95% CI: 1.3, 7.0) and being in a sexual partnership for <6 months (86.8% vs. 68.5% for >12 months; AOR=3.0, 95% CI: 1.2, 7.3). Conclusions: A positively framed PrEP demand creation video generated high interest in PrEP among young South African women, particularly among women with a primary partner and a shorter-term relationship. Registration: NCT03142256; registered on 5 May 2017. © 2020 Morton JF et al.	Africa; HIV prevention; Pre-exposure prophylaxis; Young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Celum C.L.; Gill K.; Morton J.F.; Stein G.; Myers L.; Thomas K.K.; McConnell M.; van der Straten A.; Baeten J.M.; Duyver M.; Mendel E.; Naidoo K.; Dallimore J.; Wiesner L.; Bekker L.-G.	Incentives conditioned on tenofovir levels to support PrEP adherence among young South African women: a randomized trial	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25636	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096752550&doi=10.1002%2fjia2.25636&partnerID=40&md5=9456a7564e4f490596ccb0f7e8799872	Introduction: HIV incidence remains high among African adolescent girls and young women (AGYW), who would benefit from pre-exposure prophylaxis (PrEP). Strategies to increase PrEP adherence and persistence need to be evaluated in African AGY, including incentives conditional on high adherence. Methods: The 3Ps for Prevention Study was a 12-month prospective cohort of 200 women ages 16 to 25 initiating PrEP in South Africa from 2017 to 2018. Participants received retrospective feedback about drug levels at Months 1, 2 and 3; half was randomized to receive a 200 Rand shopping voucher ($13 US) at Months 2, 3 and 4, conditioned on high intracellular tenofovir diphosphate (TFV-DP) levels in dried blood spots (≥500 fmol/punch at Month 1, ≥700 fmol/punch at Months 2 and 3). The primary analysis was intention-to-treat, comparing the proportion with high PrEP adherence (≥700 fmol/punch) at Month 3 by randomized group, based on 100% efficacy among men who have sex with men. Results: Median age of the 200 women was 19 years (interquartile range IQR 17, 21); 86% had a primary sexual partner. At Month 3, the mean TFV-DP level was 822 fmol/punch (SD 522) in the incentive group and 689 fmol/punch (SD 546) in the control group (p = 0.11). Forty-five (56%) of 85 women in the incentive group and 35 (41%) of 85 women in the control group had TFV-DP levels ≥700 fmol/punch (RR 1.35; 95% CI 0.98, 1.86; p = 0.067), which declined to 8% and 5% in the incentive and control groups at Month 12 (no significant difference by arm). 44% refilled PrEP without gaps, 14% had a gap of ≥3 weeks in coverage subsequently restarted PrEP and 54% accepted at the final dispensing visit at Month 9. No new HIV infections were observed after PrEP initiation. Conclusions: Among South African AGYW initiating PrEP, drug levels indicated high PrEP adherence in almost half of women at Month 3, with a non-statistically significant higher proportion with high adherence among those in the incentive group. Over half persisted with the 12-month PrEP programme although high adherence declined after Month 3. Strategies to support PrEP adherence and persistence and longer-acting PrEP formulations are needed. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; Africa; drug level feedback; HIV pre-exposure prophylaxis; incentives; young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Cempaka, Rissa; Wardhani, Brigitta; Sawitri, Anak Agung Sagung; Januraga, Pande Putu; Bavinton, Benjamin	PrEP Use Awareness and Interest Cascade among MSM and Transgender Women Living in Bali, Indonesia.	Tropical Medicine and Infectious Disease	-	-	-	2414-6366	10.3390/tropicalmed5040158	https://www.mdpi.com/2414-6366/5/4/158	Indonesia has not implemented HIV pre-exposure prophylaxis (PrEP) despite global calls for its scale-up, and there is limited information about attitudes towards PrEP among its potential users. We aim to present a PrEP cascade among men who have sex with men (MSM) and transgender women (known locally as "waria") in Denpasar, Bali, from a cross-sectional survey with 220 HIV-negative MSM/waria recruited from one clinic in Denpasar. Only 16.4% of participants had heard of PrEP before. From first-to-last steps included in the cascade, we found 77.3% (170/220) of participants were classified with HIV high risk, 75.9% (129/170) perceived themselves as being at high risk, 81.4% (105/129) expressed interest in using PrEP, 78.1% (82/105) were willing to do PrEP procedures, 48.8% (40/82) were willing to pay 500,000-600,000 IDR, and only two participants had ever been on PrEP before (5.0% of those willing to pay and 0.9% of the total sample). Multivariate logistic regression analysis showed that self-perception of high HIV risk was lower among older age groups (p < 0.001 among 30-39; p = 0.002 among > 40) and higher among participants with multiple sex partners (p = 0.016). Interest in using PrEP was lower among participants with high social engagement as MSM/waria (p = 0.002) and was higher among participants with multiple sex partners (p = 0.020) and inconsistent condom use (p = 0.011). This study has shown a significantly low level of PrEP awareness among its participants and decreases in interest in PrEP use due to procedure and cost. It suggested that an appropriate PrEP campaign is needed if PrEP is going to be introduced in Indonesia.	PrEP; awareness; interest; cascade; MSM; transgender women; Indonesia	English	United Kingdom	Western and Central Europe and North America	Indonesia	Asia and the Pacific	Indonesia	Asia and the Pacific	Quantitative
Article	2020	Cerqueira N.B.; Vasconcelos R.; Carlo Hojilla J.; Kallás E.G.; Avelino-Silva V.I.	Attitudes and Knowledge about Human Immunodeficiency Virus Pre-Exposure Prophylaxis among Brazilian Infectious Disease Physicians	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2019.0281	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097210765&doi=10.1089%2faid.2019.0281&partnerID=40&md5=d20a09b42119205bdb670ac02e53b391	The objective was to describe levels and predictors of knowledge, attitudes, and willingness to prescribe pre-exposure prophylaxis (PrEP) among Brazilian Infectious Disease (ID) Physicians. The design was a cross-sectional study. We collected information on demographics and attitudes/knowledge about PrEP using an anonymous electronic survey. Willingness to prescribe PrEP, fear of adherence issues, and concerns about risk compensation were addressed in three case vignettes that varied by a single characteristic (i.e., by gender identity, drug use, and socioeconomic status) randomly assigned to physicians. Three hundred seventy ID physicians responded to the survey. Although most identified as informed/well informed about PrEP (75%) and believed PrEP availability to be necessary (38%), concerns with adherence (49%), side effects (38%), risk compensation (28%), and increase in sexually transmitted infection incidence (38%) were raised. We found no statistically significant differences in willingness to prescribe PrEP and concerns about risk compensation across the three case vignettes. ID physicians who declared having a religion reported more concerns about risk compensation compared to those self-identified as atheists (72% vs. 46%, p <.001). Most Brazilian ID physicians reported a positive attitude toward PrEP. Patients' gender identity, drug use, and socioeconomic status were not associated with willingness to prescribe PrEP. However, ID physicians who declared having a religion were more frequently concerned about risk compensation among PrEP users, suggesting that personal beliefs can influence PrEP implementation. © Copyright 2020, Mary Ann Liebert, Inc.	attitudes; health knowledge; HIV infections; implementation science; practice; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2020	Chadwick, Caleb	A New Era of HIV: Psychology's Contributions to the Epidemic and Development of the Pre-Exposure Prophylaxis Determinants Scale	-	-	Georgia State University	-	NA	https://doi.org/10.57709/15996927	https://scholarworks.gsu.edu/cps_diss/137	By 1991, the Human Immunodeficiency Virus (HIV) had claimed more than 250,000 lives in the United States (US; Chadwick, Zelaya & DeBlaere, 2017). That same year, the first clinical trials began to test the effectiveness of Antiretroviral Treatment (ART) to combat the virus (HIV.gov, 2017). By 1995, HIV/AIDS became the leading cause of death among Americans age 25-44 (Zuninga et al., 2008), becoming a modern epidemic of unprecedented proportions, particularly among sexual minority men. Over time, treatments for HIV improved in their scope and effectiveness, leading to our modern conceptualization of HIV as a chronic illness, rather than a terminal disease. Pre-exposure prophylaxis (PrEP) is a recently developed primary medical prevention method for HIV. Although clinical trials have demonstrated promising results in terms of efficacy, little is known regarding the attitudes of individuals most likely to benefit from PrEP treatment (e.g. sexual minority men). As such, the proposed study aims to address this gap in the research literature by contributing a psychological perspective on HIV and PrEP. Specifically, Chapter 1 provides a systematic literature review of the flagship psychological journals associated with subfields within the discipline (e.g. counseling psychology, men and masculinity issues, sexual orientation diversity) uniquely suited to contribute expertise relevant to the HIV epidemic. Chapter 2 proposes to develop a scale measuring the psychosocial determinants of PrEP utilization. Based on the extant literature, four factors are proposed for the PrEP Determinants (PrEP-D) scale, including knowledge about PrEP, stigma, treatment attributes, and perceived effectiveness. Results of exploratory and confirmatory factor analyses using data collected from a sample of sexual minority men suggest the presence of four factors in the PrEP-D scale, consistent with the themes identified in the literature. The study also provides initial evidence of internal consistency, reliability, and construct validity.	HIV; PrEP; HIV Prevention; PrEP Determinants; Scale Development	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Chakrapani V.; Shunmugam M.; Rawat S.; Baruah D.; Nelson R.; Newman P.A.	Acceptability of HIV Pre-Exposure Prophylaxis among Transgender Women in India: A Qualitative Investigation	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2019.0237	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079352589&doi=10.1089%2fapc.2019.0237&partnerID=40&md5=8516be7a4adb669269ce15271d3b8eca	Despite high HIV prevalence among transgender women (TGW) in India, there is limited exploration of pre-exposure prophylaxis (PrEP) acceptability. With PrEP licensure pending, we conducted six focus group discussions (FGDs) with diverse TGW (n = 36), and eight key informant interviews with community leaders and physicians, in Mumbai and Chennai. Data were explored using framework analysis guided by the Theoretical Framework of Acceptability. FGD participants' mean age was 26.1 years (SD = 4.8); two-thirds engaged in sex work. TGW reported low PrEP awareness, with moderate acceptability once PrEP was explained. Population-specific facilitators of PrEP acceptability included its perceived effectiveness in the context of challenges to condom use in serodiscordant relationships and forced sex encounters. PrEP was considered especially appropriate for TGW sex workers; however, barriers were anticipated in the context of hierarchical hijra (indigenous trans identity) kinship networks and gurus' (masters) potential negative reactions to PrEP use by their chelas (disciples). Positive attitudes toward high efficacy and potential covert use were tempered by TGW's concerns about high costs and adherence challenges living with parents or primary partners, and TGW sex workers' unpredictable schedules. Anticipated interactions with feminizing hormones, visible side effects, and PrEP-related stigma within TGW communities emerged as opportunity costs. PrEP implementation for TGW in India should promote comprehensive information on side effects and potential interactions with feminizing hormones, provide free or subsidized PrEP, and highlight the advantages of added protection in sex work and forced sexual encounters. Meaningful engagement with TGW kinship networks can encourage positive transgender community norms on PrEP use and mitigate multifaceted stigma. © Copyright 2020, Mary Ann Liebert, Inc., publishers 2020.	HIV prevention; India; PrEP; sex workers; transgender persons	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	Canada	Western and Central Europe and North America	Qualitative
Article	2020	Chan C.; Broady T.R.; Bavinton B.R.; Mao L.; Prestage G.P.; Holt M.	Assessing the HIV Prevention Needs of Young Gay and Bisexual Men in the PrEP Era: An Analysis of Trends in Australian Behavioural Surveillance, 2014–2018	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02797-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078126804&doi=10.1007%2fs10461-020-02797-2&partnerID=40&md5=94fda10c62046a1600673a92e2a6a559	Data from repeated, national behavioural HIV surveillance was used to identify similarities and differences between young gay and bisexual men (YGBM) aged 16–24 (n = 1608) and older GBM aged 25–49 (n = 6266), in order to quantify risks and identify gaps in HIV prevention. Trend analyses from 2014 to 2018 are also reported. While there were similar rates of condomless anal intercourse with casual partners in both age groups, YGBM had lower rates of HIV testing and PrEP use but also fewer male partners. Our results suggest most YGBM have lower HIV risk than older GBM but a minority merit enhanced testing and prevention efforts. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Condom use; HIV; Men who have sex with men; Pre-exposure prophylaxis; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2020	Chan, Philip A; Seiler, Naomi; Chu, Christina T	Leveraging Medicaid to Enhance Preexposure Prophylaxis Implementation Efforts and Ending the HIV Epidemic.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2019.305416	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6893350	NA	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Other
Article	2020	Chan, Stephanie S; Chappel, Andre R; Maddox, Karen E Joynt; Hoover, Karen W; Huang, Ya-Lin A; Zhu, Weiming; Cohen, Stacy M; Klein, Pamela W; De Lew, Nancy	Pre-exposure prophylaxis for preventing acquisition of HIV: A cross-sectional study of patients, prescribers, uptake, and spending in the United States, 2015-2016.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1003072	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7147726	BACKGROUND: In 2015, there were approximately 40,000 new HIV diagnoses in the United States. Pre-exposure prophylaxis (PrEP) is an effective strategy that reduces the risk of HIV acquisition; however, uptake among those who can benefit from it has lagged. In this study, we 1) compared the characteristics of patients who were prescribed PrEP with individuals newly diagnosed with HIV infection, 2) identified the specialties of practitioners prescribing PrEP, 3) identified metropolitan statistical areas (MSAs) within the US where there is relatively low uptake of PrEP, and 4) reported median amounts paid by patients and third-party payors for PrEP. METHODS AND FINDINGS: We analyzed prescription drug claims for individuals prescribed PrEP in the Integrated Dataverse (IDV) from Symphony Health for the period of September 2015 to August 2016 to describe PrEP patients, prescribers, relative uptake, and payment methods in the US. Data were available for 75,839 individuals prescribed PrEP, and findings were extrapolated to approximately 101,000 individuals, which is less than 10% of the 1.1 million adults for whom PrEP was indicated. Compared to individuals with newly diagnosed HIV infection, PrEP patients were more likely to be non-Hispanic white (45% versus 26.2%), older (25% versus 19% at ages 35-44), male (94% versus 81%), and not reside in the South (30% versus 52% reside in the South).Using a ratio of the number of PrEP patients within an MSA to the number of newly diagnosed individuals with HIV infection, we found MSAs with relatively low uptake of PrEP were concentrated in the South. Of the approximately 24,000 providers who prescribed PrEP, two-thirds reported primary care as their specialty. Compared to the types of payment methods that people living with diagnosed HIV (PLWH) used to pay for their antiretroviral treatment in 2015 to 2016 reported in the Centers for Disease Control and Prevention (CDC) HIV Surveillance Special Report, PrEP patients were more likely to have used commercial health insurance (80% versus 35%) and less likely to have used public healthcare coverage or a publicly sponsored assistance program to pay for PrEP (12% versus 45% for Medicaid). Third-party payors covered 95% of the costs of PrEP. Overall, we estimated the median annual per patient out-of-pocket spending on PrEP was approximately US$72. Limitations of this study include missing information on prescription claims of patients not included in the database, and for those included, some patients were missing information on patient diagnosis, race/ethnicity, educational attainment, and income (34%-36%). CONCLUSIONS: Our findings indicate that in 2015-2016, many individuals in the US who could benefit from being on PrEP were not receiving this HIV prevention medication, and those prescribed PrEP had a significantly different distribution of characteristics from the broader population that is at risk for acquiring HIV. PrEP patients were more likely to pay for PrEP using commercial or private insurance, whereas PLWH were more likely to pay for their antiretroviral treatment using publicly sponsored programs. Addressing the affordability of PrEP and otherwise promoting its use among those with indications for PrEP represents an important opportunity to help end the HIV epidemic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Chandler, Cristian J; Bukowski, Leigh A; Matthews, Derrick D; Hawk, Mary E; Markovic, Nina; Stall, Ronald D; Egan, James E	Understanding the impact of a syndemic on the use of pre-exposure prophylaxis in a community-based sample of behaviorally PrEP-eligible BMSM in the United States	AIDS Care	-	-	-	09540121	10.1080/09540121.2019.1659921	https://www.proquest.com/scholarly-journals/understanding-impact-syndemic-on-use-pre-exposure/docview/2383466532/se-2?accountid=8113	HIV Pre-Exposure Prophylaxis (PrEP) has shown great promise in reducing HIV transmission among affected populations; however, PrEP uptake among Black men who have sex with men (BMSM) has stalled. This study compares BMSM using PrEP and BMSM at risk for HIV not using PrEP based on differences in behavior, psychosocial conditions and the presence of a syndemic (n = 1,411). BMSM reporting PrEP use were significantly more likely to report three of five HIV risk behaviors and three of four psychosocial conditions. Odds of reporting PrEP use increased as the number of psychosocial conditions increased such that BMSM with three psychosocial conditions (AOR = 5.65, 95% CI: 3.17, 10.08) and four conditions (AOR = 18.34, 95% CI: 5.01, 67.20) demonstrated significantly greater odds of PrEP use compared to BMSM reporting one or less conditions. While BMSM at greatest risk are using PrEP, strategies are still needed for men at varying risk levels.	HIV/AIDS; Pre-exposure prophylaxis; chemoprophylaxis; Men who have sex with men; Disease prevention; Behavior; Prophylaxis; Exposure; Risk behavior; Disease transmission; Syndemic; Uptake; black men who have sex with men; psychosocial conditions; syndemic; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Health risks; Risk taking; Psychosocial factors; Health risk assessment; Risk levels	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Chandler, Rasheeta; Hull, Shawnika; Ross, Henry; Guillaume, Dominique; Paul, Sudeshna; Dera, Nikita; Hernandez, Natalie	The pre-exposure prophylaxis (PrEP) consciousness of black college women and the perceived hesitancy of public health institutions to curtail HIV in black women	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-020-09248-6	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-consciousness-black/docview/2435309920/se-2?accountid=8113	Background Consistent use of Pre-Exposure Prophylaxis (PrEP), a biomedical intervention for HIV seronegative persons, has been shown to significantly decrease HIV acquisition. Black women are a viable population segment to consider for PrEP use as their HIV incidence is overwhelmingly higher than all other women groups. Methods We developed and piloted a cultural- and age- appropriate PrEP education intervention to determine Black college women's: 1) perceptions of and receptivity to PrEP use; and 2) preferences for PrEP information delivery. Results We recruited N = 43 Black college women. Most of our sample were sophomore and Juniors of whom identified as heterosexual (83%) and single (67%). Over 50% of young women had never been HIV tested and only 28% had been tested in the last 6 months; however, 100% of the women believed their HIV status was negative. Prior to participating in the study, most Black college women (67%) had not heard about PrEP and were unsure or apprehensive (72%) to initiate PrEP. The Black college women indicated that our educational intervention was extremely helpful (67%) for understanding and learning about PrEP. Post participating in our PrEP education module, regardless of delivery modality, participants reported being likely (62.55–70%) to initiate PrEP in the future. Conclusions Results indicate that Black college women would strongly consider PrEP when provided with basic knowledge, regardless of delivery modality. Participants also showed greater appreciation for in-person delivery and found it to be significantly more helpful and of greater quality for learning about PrEP; comprehension or perceived usefulness of PrEP-related content was relatively the same between groups. PrEP content delivery -- via in-person or online methods – is contingent on learning style and presentation. Trial registration This study has been registered under the ISRCTN Registry as of July 6, 2020. The trial registration number is ISRCTN14792715. This study was retrospectively registered.	HIV; Women; Pre-exposure prophylaxis; Prevention; Infections; Sexual health; Disease prevention; Public health; Prep; Prophylaxis; African Americans; Education; Exposure; Learning; Age; Black women; PrEP (pre-exposure prophylaxis); College students; online education; Intervention; Females; Human immunodeficiency virus--HIV; Public Health And Safety; United States--US; Preventive healthcare; Curricula; Online instruction; Access to information; Distance learning; Historically Black Colleges & Universities; Colleges & universities; Interactive learning; Online and offline	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Chapin-Bardales, Johanna; Johnson Jones, Michelle L; Kirkcaldy, Robert D; Bernstein, Kyle T; Paz-Bailey, Gabriela; Phillips, Christi; Papp, John R; Raymond, Henry F; Opoku, Jenevieve; Braunstein, Sarah L; Spencer, Emma C; Khuwaja, Salma; Wejnert, Cyprian	Pre-exposure Prophylaxis Use and Detected Sexually Transmitted Infections Among Men Who Have Sex With Men in the United States-National HIV Behavioral Surveillance, 5 US Cities, 2017.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002482	https://dx.doi.org/10.1097/QAI.0000000000002482	BACKGROUND: Men who have sex with men (MSM) using HIV pre-exposure prophylaxis (PrEP) may be at high risk for bacterial sexually transmitted infections (STIs). We examined the prevalence of extragenital gonorrhea and chlamydia by PrEP status among a multisite sample of US MSM. METHODS: MSM aged ≥18 years were recruited through venue-based sampling to participate in the 2017 National HIV Behavioral Surveillance. In 5 cities (San Francisco, Washington DC, New York City, Miami, and Houston), participants completed a questionnaire, HIV testing, and pharyngeal and rectal STI specimen self-collection. We measured prevalence of pharyngeal and rectal gonorrhea and chlamydia among self-reported non-HIV-positive MSM who reported using or not using PrEP in the previous 12 months. RESULTS: Overall, 29.6% (481/1627) of non-HIV-positive MSM reported PrEP use in the past year. MSM who reported PrEP use were more likely to have any STI (ie, extragenital gonorrhea and/or chlamydia) than MSM not on PrEP 14.6% vs. 12.0%, adjusted prevalence ratio (aPR) = 1.5, 95% confidence interval (CI) : 1.1 to 2.0, reflecting differences in rectal chlamydia prevalence (8.7% vs. 6.0%, aPR = 1.6, 95% CI: 1.1 to 2.4). PrEP use was not associated with pharyngeal chlamydia, pharyngeal gonorrhea, or rectal gonorrhea. CONCLUSIONS: The prevalence of extragenital STI was high for both MSM on PrEP and those not on PrEP in the past year. MSM on PrEP were more likely to have rectal chlamydia but not pharyngeal STIs or rectal gonorrhea. Our findings support regular STI testing at exposed anatomic sites as recommended for sexually active MSM, including those on PrEP.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Charre C.; Icard V.; Pradat P.; Brochier C.; Lina B.; Chidiac C.; Cotte L.	Coronavirus disease 2019 attack rate in HIV-infected patients and in preexposure prophylaxis users	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002639	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090376293&doi=10.1097%2fQAD.0000000000002639&partnerID=40&md5=3134557b77beb53b21f4ac9a6bf67287	Objective:A new coronavirus severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2) emerged in China during late 2019 and resulted in the coronavirus disease 2019 (COVID-19) pandemic which peaked in France in March-April 2020. Immunodeficiency, precariousness and promiscuity could increase the risk of COVID-19 in HIV-infected patients and in preexposure prophylaxis (PrEP) users. No epidemiological data are available in these two populations. We report COVID-19 attack rate in HIV-infected patients and in PrEP users in the Rhône department, France, and compared it with the general population.Design:Retrospective analysis of a laboratory database.Methods:COVID-19 testing strategy in France was centered on symptomatic infections, hospitalized patients and symptomatic healthcare workers while most asymptomatic cases were not confirmed. SARS-CoV-2 positivity rate on PCR assays and COVID-19 attack rate were determined in HIV-infected patients and in PrEP users. COVID-19 attack rate in the general population was estimated from health authorities' database and demographic data. A corrected attack rate taking into account the laboratory representativeness was calculated.Results:From March to April 2020, 24860 samples from 19113 patients (HIV-infected 77, PrEP users 27, others 19009) were assessed for SARS-CoV-2 PCR assay. The positivity rate appeared similar in HIV-infected patients (15.6%), in PrEP users (14.8%) and in other patients (19.1%). The crude/corrected COVID-19 attack rate appeared similar in HIV-infected patients (0.31/0.38%) and in PrEP users (0.38/0.42%), and of the same order as the estimated attack rate in the general population (0.24%).Conclusion:The risk of symptomatic COVID-19 in France appeared similar in HIV-infected patients and in PrEP users compared with the general population. © 2020 Lippincott Williams and Wilkins. All rights reserved.	attack rate; coronavirus disease 2019; France; HIV; preexposure prophylaxis; severe acute respiratory syndrome coronavirus 2	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Chemnasiri T.; Varangrat A.; Amico K.R.; Chitwarakorn A.; Dye B.J.; Grant R.M.; Holtz T.H.	Facilitators and barriers affecting PrEP adherence among Thai men who have sex with men (MSM) in the HPTN 067/ADAPT Study	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1623374	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067085194&doi=10.1080%2f09540121.2019.1623374&partnerID=40&md5=286f101438272928efa8bd6b5bd41a31	The HPTN 067/ADAPT Study evaluated the feasibility, acceptability, patterns of adherence and coverage for three randomly assigned oral FTC/TDF pre-exposure prophylaxis (PrEP) dosing regimens to prevent HIV infection. Using qualitative methods, we explored facilitators and barriers among a subset of men who have sex with men (MSM) participants in Bangkok, Thailand. Between August 2013 and March 2014, 32 HPTN 067/ADAPT participants joined in 6 focus group discussions, and 6 attended key informant interviews. Facilitators of PrEP adherence included use of strategies to have PrEP available when needed, simplicity in regimen requirements with recognition that more complex regimens may take some time to master, ability to plan for sex, receipt of social and technology support, ability to use a PrEP regimen that best matches to one's own patterns of sex, and experiences with PrEP as a part of health and well-being. Challenges to PrEP adherence included perceptions of no or low HIV risk, difficulties following regimens when intoxicated, concerns about side effects, experience of HIV stigma, and affordability of PrEP outside of study context influencing uptake and use in the community. Preferences for regimens varied, suggesting that multiple PrEP effective regimen options should be available to fit those with different needs. ©, This work was authored as part of the Contributor's official duties as an Employee of the United States Government and is therefore a work of the United States Government. In accordance with 17 U.S.C. 105, no copyright protection is available for such works under U.S. Law. This is an Open Access article that has been identified as being free of known restrictions under copyright law, including all related and neighboring rights (https://creativecommons.org/publicdomain/mark/1.0/). You can copy, modify, distribute and perform the work, even for commercial purposes, all without asking permission.	HIV; men who have sex with men; PrEP; Thailand; young	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Chen, Yen-Tyng; Duncan, Dustin T; Issema, Rodal; Goedel, William C; Callander, Denton; Bernard-Herman, Benjamin; Hanson, Hillary; Eavou, Rebecca; Schneider, John; Hotton, Anna	Social-Environmental Resilience, PrEP Uptake, and Viral Suppression among Young Black Men Who Have Sex with Men and Young Black Transgender Women: the Neighborhoods and Networks (N2) Study in Chicago.	Journal of Urban Health	-	-	-	1468-2869	10.1007/s11524-020-00425-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7560645	Young black men who have sex with men (YBMSM) and young black transgender women (TGW) have experienced a stark disparity in HIV prevention and care. Resilience, collective resources to adapt stressors or adversities, may improve HIV prevention and care outcomes. The present study investigated the association of resilience-based factors with PrEP uptake and viral suppression from a socioecological perspective among YBMSM and young black TGW. Data were from the baseline cycle of the Neighborhoods and Networks (N2) Study, an ongoing cohort study of 16-34-year-old YBMSM and young black TGW in Chicago (n = 324). Confidant network-level and neighborhood affiliation variables were created to measure the social-environmental context of resilience. All analyses were stratified by participants' HIV status (184 HIV-negative participants and 140 HIV-positive participants). Among HIV-negative participants, having a parental figure within an individual's confidant network was significantly associated with a greater likelihood of PrEP uptake. Among HIV-positive participants, confidant network members' awareness of an individual's HIV status was associated with viral suppression. Social support resources from confidant networks could improve HIV prevention and care engagement among YBMSM and young black TGW. Understanding the social and environmental contexts of resilience resource is critical for HIV prevention and care engagement.	Men who have sex with men, Transgender women, Resilience, Social networks, Neighborhoods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Chen, Ying Qing; Peng, Lili; Wang, Yixin; Appelmans, Eline; Dasgupta, Sayan; Fleming, Thomas R	Trial designs for evaluating combination HIV prevention approaches.	HIV Research and Clinical Practice	-	-	-	2578-7470	10.1080/25787489.2020.1798083	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7608072	BACKGROUND: Combination HIV prevention approaches that include both biomedical and non-biomedical interventions often hold greater promise to improve health outcomes and reduce the risk of HIV transmission. OBJECTIVES: Evaluate the relative properties of four leading candidate trial designs - 'single-factor', 'multi-arm', 'all-in-one', and 'factorial' designs - for assessing individual and/or combination prevention intervention approaches. METHODS: Monte-Carlo simulations are conducted, assuming a putative combination approach could choose its components from two candidate biomedical interventions, i.e. Treatment-as-Prevention (TasP) and Pre-exposure Prophylaxis (PrEP), and three candidate behavioral interventions, i.e. linkage-to-care, counseling, and use of condoms. Various scenarios for individual components' effect sizes, their possible interaction, and the sample size based on real clinical studies are considered. RESULTS: The all-in-one and factorial designs used to assess a combination approach and the multi-arm design used to assess multiple individual components are consistently more powerful than single-factor designs. The all-in-one design is powerful when the individual components are effective without negative interaction, while the factorial design is more consistently powerful across a broad array of settings. CONCLUSIONS: The multi-arm design is useful for evaluating single factor regimens, while the all-in-one and factorial designs are sensitive in assessing the overall efficacy when there is interest in combining individual component regimens anticipated to have complementary mechanisms. The factorial design is a preferred approach when assessing combination regimens due to its favorable power properties and since it is the only design providing direct insights about the contribution of individual components to the combination approach's overall efficacy and about potential interactions.	Efficacy trials; HIV prevention research; factorial design; multi-component interaction; simulations.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Cheu R.K.; Gustin A.T.; Lee C.; Schifanella L.; Miller C.J.; Ha A.; Kim C.; Rodriguez V.J.; Fischl M.; Burgener A.D.; Arnold K.B.; Alcaide M.L.; Klatt N.R.	Impact of vaginal microbiome communities on HIV antiretroviral-based pre-exposure prophylaxis (PrEP) drug metabolism	PLoS Pathogens	-	-	-	15537366	10.1371/journal.ppat.1009024	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097125437&doi=10.1371%2fjournal.ppat.1009024&partnerID=40&md5=650842ae82b841d14d165578eed50bf4	Despite the efficacy of antiretroviral-based pre-exposure prophylactics (PrEP) in men who have sex with men, studies in women have produced widely varying outcomes. Recent evidence demonstrates that vaginal microbial communities are associated with increased HIV acquisition risk and may impact PrEP efficacy. Here, we investigate the mechanisms underlying how vaginal bacteria alter PrEP drug levels and impact HIV infection rates ex vivo. Using cervicovaginal lavages (CVLs) from women with or without bacterial vaginosis (BV), we identified microbial metabolism of PrEP drugs in BV samples through LC-MS/MS analysis of soluble drug levels and metabolite formation in dual T-cell cultures. CVL samples were assessed for microbiome analysis using sequencing of bacterial 16S rRNA genes. We also observed non-Lactobacillus bacteria that are associated with BV may potentially impact PrEP efficacy through increased HIV infection rates in co-cultures containing Lactobacillus or BV bacteria, PrEP drugs, CEM-GFP cells, and HIV-1LAI virus. Finally, we used these data to develop a novel predictive mathematical simulation modeling system to predict these drug interactions for future trials. These studies demonstrate how dysbiotic vaginal microbiota may impact PrEP drugs and provides evidence linking vaginal bacteria to PrEP efficacy in women. © 2020 Cheu et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	RNA 16Santi human immunodeficiency virus agentantiretrovirus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ching S.Z.; Wong L.P.; Said M.A.B.; Lim S.H.	Meta-synthesis of qualitative research of pre-exposure prophylaxis (Prep) adherence among men who have sex with men (msm)	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2020.32.5.416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094559644&doi=10.1521%2faeap.2020.32.5.416&partnerID=40&md5=c04f558ef3f8c70242d0a10ce78e1136	The aim of the study was to consolidate evidence on barriers and facili-tators to PrEP adherence among men who have sex with men. PubMed, Science Direct, and EBSCO host were utilized to search for relevant articles. Six articles from PubMed, published between 2010 and 2018, were reviewed. Thematic analysis was employed to synthesize findings. At the individual level, HIV susceptibility, knowledge of PrEP, and individual lifestyle affected PrEP adherence. At the organizational level, cost of PrEP and quality of PrEP services influenced adherence to PrEP. At the societal level, social stigma, financial assistance or medical insurance, and family and peer support were determinants of PrEP adherence. Facilitators included perceived high risk of HIV infection and payment assistance, while barriers included social stigma and high cost of PrEP. Social stigma and structural level factors such as payment assistance and cost of PrEP need to be examined to ensure optimal adherence to PrEP. © 2020 The Guilford Press.	Adherence; Barriers; Facilitators; Men who have sex with men (MSM); Meta-synthesis; Pre-exposure prophylaxis (PrEP); Review	English	United States	Western and Central Europe and North America	Malaysia	Asia and the Pacific	Malaysia	Asia and the Pacific	Review
Article	2020	Chitneni, Pooja; Bwana, Mwebesa Bosco; Owembabazi, Moran; O'Neil, Kasey; Kalyebara, Paul Kato; Muyindike, Winnie; Musinguzi, Nicholas; Bangsberg, David R; Marrazzo, Jeanne M; Haberer, Jessica E; Kaida, Angela; Matthews, Lynn T	Sexually Transmitted Infection Prevalence Among Women at Risk for HIV Exposure Initiating Safer Conception Care in Rural, Southwestern Uganda.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001197	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7363531	BACKGROUND: Knowledge of sexually transmitted infection (STI) prevalence and risk factors is important to the development of tenofovir-based preexposure prophylaxis (PrEP) and safer conception programming. We introduced STI screening among women at risk for HIV exposure who were participating in a safer conception study in southwestern Uganda. METHODS: We enrolled 131 HIV-uninfected women, planning for pregnancy with a partner living with HIV or of unknown HIV serostatus (2018-2019). Women were offered comprehensive safer conception counseling, including PrEP. Participants completed interviewer-administered questionnaires detailing sociodemographics and sexual history. We integrated laboratory screening for chlamydia, gonorrhea, trichomoniasis, and syphilis as a substudy to assess STI prevalence. Multivariable logistic regression was used to determine correlates. RESULTS: Ninety-four women completed STI screening (72% of enrolled). Median age was 30 (interquartile range, 26-34) years, and 94% chose PrEP as part of safer conception care. Overall, 24% had STIs: 13% chlamydia, 2% gonorrhea, 6% trichomoniasis, 6% syphilis, and 3% ≥2 STI. Sexually transmitted infection prevalence was associated with younger age (adjusted odds ratio AOR, 0.87; 95% confidence interval CI, 0.77-0.99), prior stillbirth (AOR, 5.04; 95% CI, 1.12-22.54), and not feeling vulnerable to HIV (AOR, 16.33; 95% CI, 1.12-237.94). CONCLUSIONS: We describe a 24% curable STI prevalence among women at risk for HIV exposure who were planning for pregnancy. These data highlight the importance of integrating laboratory-based STI screening into safer conception programs to maximize the health of HIV-affected women, children, and families.	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Chittamuru, Deepti; Frye, Victoria; Koblin, Beryl A; Brawner, Bridgette; Tieu, Hong-Van; Davis, Annet; Teitelman, Anne	PrEP Stigma, HIV Stigma, and Intention to Use PrEP among Women in New York City and Philadelphia.	Stigma and Health	-	-	-	2376-6972	10.1037/sah0000194	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7654828	BACKGROUND: Stigma is an important contributor to the continued HIV epidemic in the United States (US). In 2016, women made up nearly one in five of all new infections. Pre-exposure HIV Prophylaxis or PrEP is a medication that can be taken to prevent HIV acquisition; however, PrEP is significantly underutilized by women at risk for infection. How PrEP stigma relates to PrEP initiation among women is not well understood. METHODS: Surveys were completed by 160 PrEP-eligible women aged 18-55 in Philadelphia, PA and New York City, NY. Associations between PrEP stigma, HIV stigma, and PrEP initiation intention were modeled using multinomial logistic regression, controlling for sociodemographic and theoretically-relevant variables. RESULTS: Participants ranged in age from 18 to 55 years (M = 40.2; SD = 11.78). Most (79%) identified as Black or African-American and/or Latina and 36% had completed high-school or less. Higher PrEP stigma was significantly associated with lower PrEP initiation intention, while controlling for other theoretically-relevant and sociodemographic variables. HIV stigma was not related to PrEP initiation intention. CONCLUSIONS: HIV prevention interventions seeking to increase PrEP initiation among PrEP-eligible, urban women need to address the role that PrEP stigma plays in PrEP uptake.	PrEP stigma, HIV stigma, HIV prevention	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2020	Choi, Heun; Suh, Jiyeon; Lee, Woonji; Kim, Jun Hyoung; Kim, Jung Ho; Seong, Hye; Ahn, Jin Young; Jeong, Su Jin; Ku, Nam Su; Park, Yoon Soo; Yeom, Joon Sup; Kim, Changsoo; Kwon, Hee-Dae; Smith, Davey M; Lee, Jeehyun	Cost-effectiveness analysis of pre-exposure prophylaxis for the prevention of HIV in men who have sex with men in South Korea: a mathematical modelling study	Scientific Reports	-	-	-	2045-2322	https://doi.org/10.1038/s41598-020-71565-y	https://escholarship.org/uc/item/2692z15n	In February 2018, the Ministry of Food and Drug Safety in Korea approved tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) co-formulate for use in pre-exposure prophylaxis (PrEP) for the prevention of human immunodeficiency virus (HIV) infection. This study aimed to estimate the cost-effectiveness of PrEP in men who have sex with men (MSM), a major risk group emerging in Korea. A dynamic compartmental model was developed for HIV transmission and progression in MSM aged 15-64 years. With a combined model including economic analysis, we estimated averted HIV infections, changes in HIV prevalence, discounted costs, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios (ICERs). PrEP was evaluated in both the general MSM and high-risk MSM populations and was assumed to reduce infection risk by 80%. Implementing PrEP in all MSM would avert 75.2% HIV infections and facilitate a gain of 37,372 QALYs at a cost of $274,822 per QALY gained over 20 years relative to the status quo. Initiating PrEP in high-risk MSM with an average of eight partners per year (around 20% of MSM) would improve the cost-effectiveness, averting 78.0% HIV infections and add 29,242 QALYs at a cost of $51,597 per QALY gained, which is within the willingness-to-pay threshold for Korea of $56,000/QALY gained. This result was highly sensitive to annual PrEP costs, quality-of-life for people who are on PrEP, and initial HIV prevalence. Initiating PrEP in a larger proportion of MSM in Korea would prevent more HIV infections, but at an increasing cost per QALY gained. Focusing PrEP on higher risk MSM and any reduction in PrEP cost would improve cost-effectiveness.	Biomedical and Clinical Sciences; Public Health; Clinical Sciences; Health Sciences; Medical Microbiology; Infectious Diseases; Clinical Research; Cost Effectiveness Research; Prevention; Sexual and Gender Minorities (SGM/LGBT*); HIV/AIDS; Comparative Effectiveness Research; Infection; Good Health and Well Being; Anti-HIV Agents; Cost-Benefit Analysis; HIV Infections; Homosexuality; Male; Humans; Male; Models; Theoretical; Pre-Exposure Prophylaxis; Quality of Life; Republic of Korea	English	United States	Western and Central Europe and North America	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Quantitative
Article	2020	Chow E.P.F.; Aung E.T.; Chen M.Y.; Bradshaw C.S.; Fairley C.K.	Human papillomavirus vaccination and sexual practices among men who have sex with men in Melbourne, Australia: a cross-sectional study	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462419897514	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081151271&doi=10.1177%2f0956462419897514&partnerID=40&md5=9162bdb31d63370cdd1c91f51b32cc4b	The aim of this study was to explore the factors associated with self-reported receipt of human papillomavirus (HPV) vaccine among men who have sex with men (MSM). MSM aged 16–40 years attending the Melbourne Sexual Health Centre, Australia, for their first visit in 2016 were included in the analysis. Multivariable logistic regression analyses were performed to examine the association between self-reported HPV vaccination and sexual practices: one examining the sexual practices. A total of 1332 MSM with a mean age of 27.6 (standard error SE = 0.1) were included in the analysis. The mean number of reported male partners in the last 3 and 12 months was 4.0 (SE = 0.1) and 8.9 (SE = 0.4), respectively. Six percent (n = 81) of MSM reported receiving the HPV vaccine. There was no significant association between sexual practices (the number of partners or condomless anal sex) and self-reported HPV vaccine receipt after adjusting for confounding factors such as human immunodeficiency virus (HIV) status and pre-exposure prophylaxis (PrEP). HIV-negative MSM taking PrEP were three times more likely to be vaccinated against HPV compared with HIV-negative MSM not taking PrEP in both multivariable analyses. Our findings suggest that there is no association between HPV vaccination and sexual risk practices in MSM. © The Author(s) 2020.	Human papillomavirus; men who have sex with men; prevention; sexual behaviours, HIV, PrEP, pre-exposure prophylaxis; vaccine	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Chow E.P.F.; Hocking J.S.; Ong J.J.; Schmidt T.; Buchanan A.; Rodriguez E.; Maddaford K.; Patel P.; Fairley C.K.	Changing the use of HIV preexposure prophylaxis among men who have sex with men during the COVID-19 Pandemic in Melbourne, Australia	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofaa275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088932344&doi=10.1093%2fofid%2fofaa275&partnerID=40&md5=6137efade5eeb2da2bc5a524a5e355e8	We surveyed 204 men who have sex with men (MSM) who were pre-exposure prophylaxis (PrEP) users. One in 4 daily PrEP users stopped taking PrEP during the COVID-19 pandemic, and 5% switched to on-demand PrEP. Most men reduced PrEP use because they stopped having casual sex and reduced the number of casual partners during the COVID-19 pandemic. © The Author(s) 2020.	Coronavirus disease; Lockdown; PrEP; SARSCoV- 2; Sexual health	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative

Article	2020	Chow E.P.F.; Phillips T.R.; Bradshaw C.S.; Chen M.Y.; Fairley C.K.	Sexual Mixing Patterns by HIV Status and PrEP Use Among Men Who Have Sex With Men Partnerships in Melbourne, 2011-2018	Journal of Acquired Immune Deficiency Syndromes	-	-	-	19447884	10.1097/QAI.0000000000002231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077765436&doi=10.1097%2fQAI.0000000000002231&partnerID=40&md5=bad8600d66f2e70c5ea21c94eda9c447	BACKGROUND: Sexual mixing between HIV-positive, HIV-negative, and pre-exposure prophylaxis (PrEP) users among men who have sex with men (MSM) is an important determinant of the incidence of infection. There have been very limited studies examining the patterns of sexual mixing in relation to HIV status and PrEP use in the era of PrEP. SETTING: Melbourne Sexual Health Centre (MSHC), Australia. METHODS: We included all MSM partnerships attending MSHC on the same day between 2011 and 2018. A chi-square trend test was used to examine the changes in the annual proportion of partnerships by HIV serostatus in 2011-2018 and by PrEP use in 2016-2018. RESULTS: Of the 1765 MSM partnerships who attended MSHC between 2011 and 2018, 1.3% of the partnerships were concordant HIV-positive, 91.0% were concordant HIV-negative, and 7.6% were HIV-discordant. The proportion of HIV-discordant partnerships increased from 0% in 2011 to 12.5% in 2018 (ptrend < 0.001). In 2016-2018, only a small proportion (1.2%) of concordant HIV-negative partnerships involved both men taking PrEP, whereas 6.0% involved at least one man taking PrEP. Overall, 79.1% of concordant HIV-negative partnerships were not protected against HIV (ie, neither man taking PrEP), and this proportion declined significantly from 84.3% in 2016 to 74.0% in 2018 (ptrend = 0.001). CONCLUSIONS: The pattern of sexual mixing by HIV status and PrEP use among MSM partnerships has changed over time. PrEP use in both men within MSM partnerships is not common. About 79% of concordant HIV-negative partnerships were not protected against HIV as neither man taking PrEP.	acesso restrito	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Chu B.A.; Castellanos E.R.; Gonzales M.M.; Gaither T.W.	Social determinants of self-reported pre-exposure prophylaxis use among a national sample of US men who have sex with men	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2019-054177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85073672366&doi=10.1136%2fsextrans-2019-054177&partnerID=40&md5=037c837c1d2afc6efb097568cbd83510	Purpose Various disparities exist in HIV transmission among men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) has been shown to decrease the acquisition of HIV, but there is variation in uptake within the MSM population. We aim to characterise PrEP use and correlates of self-reported PrEP use in a large national sample of urban MSM in the USA. Methods Using data from a geosocial-networking application, a national sample (n=3744) from the largest 50 metropolitan centres in the USA was obtained. Results We found 18.1% (95% CI 16.8 to 19.3) of profiles reported using PrEP, with decreased reported PrEP use in younger MSM aged 18-24 years (adjusted OR (aOR)=0.5, 95% CI 0.3 to 0.7), obese MSM (aOR=0.5, 95% CI 0.3 to 0.9), black MSM (aOR=0.6, 95% CI 0.4 to 0.9) and MSM in the South (aOR=0.7, 95% CI 0.5 to 0.9). Conclusion Significant disparities exist in PrEP reporting by age and among black, Southern US and obese MSM. More research is needed to better understand these disparities. © Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.	gay men; HIV; HIV pre-exposure prophylaxis; men; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Chu M.; Cotler K.; Yingling C.	Understanding patient motivations for HIV pre-exposure prophylaxis initiation and adherence	Journal of the American Association of Nurse Practitioners	-	-	-	23276886	10.1097/JXX.0000000000000282	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086135251&doi=10.1097%2fJXX.0000000000000282&partnerID=40&md5=0c846c0a6c49680c76d1dda99045a52a	Consistent dosing of tenofovir/emtricitabine-based HIV pre-exposure prophylaxis (PrEP) can reduce HIV infection risk by up to 92%. However, clinical trials have shown low PrEP adherence (34-71%), resulting in reduced effectiveness. To improve PrEP's effectiveness, adherence to a daily PrEP regimen is essential. This report explores patients' patterns of PrEP initiation and use and their PrEP-related perceptions to promote greater understanding of patient motivations for beginning and adhering to PrEP. At two urban primary care clinics, individual coaching sessions that included semistructured interviews were offered to 10 PrEP patients. Regarding PrEP initiation, 30% of patients were advised to use PrEP by their nurse practitioners (NPs), while the remaining patients requested PrEP themselves. Before they initiated PrEP, all patients were familiar with it through social contacts or internet-based research. Patients' PrEP-related perceptionswere identified, including perceived pros and cons of PrEP use, and degrees of PrEP knowledge, uncertainty, and fear. Primary care NPs should take detailed sexual histories to avoid overlooking PrEP candidates. In addition, primary care NPs should introduce easy-to-access, Internet-based resources to reinforce patient education. Last, PrEP promotional campaigns should be focused at the community level in gay, bisexual, transgender and queer populations. © 2020 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; Patients perceptions; Pre-exposure prophylaxis; PrEP initiation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Chu, IYH; Ku, SWW; Li, CW; Toh, HS; Yang, CJ; Wu, KS; Wu, HJ; Chen, SS; Kuo, JH; Lin, HH; Ko, NY	Taiwan guideline on oral pre-exposure prophylaxis for HIV prevention-2018 update	Journal of Microbiology Immunology and Infection	-	-	-	1684-1182	10.1016/j.jmii.2019.09.003	https://pubmed.ncbi.nlm.nih.gov/31628087/	Pre-exposure prophylaxis (PrEP) for prevention of human immunodeficiency virus infection is proved to be effective and has been implemented worldwide. This article introduces the guideline development and revised recommendations and guidance on PrEP provision in the updated Taiwan PrEP guideline. The Taiwan PrEP guideline writing group searched randomized controlled trials and guidelines published before October 2017 through Medline/PubMed, Cochrane Database, Embase and ClinicalTrials.gov database. Keywords included pre(-)exposure prophylaxis, PrEP, Truvada, tenofovir, HIV, and AIDS. Each selected article was assessed by two authors using the Grading of Recommendations Assessment, Development and Evaluation. External reviewers were invited to independently evaluate the revised manuscript per the Appraisal of Guidelines for Research and Evaluation II. Before publication, a public consultation was held to reach consensus on the updated guideline among providers, civil society, and Taiwan Centers for Disease Control. Four systematic reviews and 28 original articles were reviewed by Taiwan PrEP writing group. The second version of the Taiwan PrEP guideline was released in March 2018. We recommended daily PrEP use for the following populations: strong recommendation and high quality of evidence for men who have sex with men (MSM) and transgender women (TGW), as well as heterosexual serodiscordant couples; weak recommendation and high quality of evidence for people who inject drugs, while weak recommendation and moderate quality of evidence for at-risk heterosexual men and women. There is high-quality evidence for event-driven PrEP in MSM and likely TGW, and we additionally recognized these key populations could benefit from such dosing regimen. Copyright (C) 2019, Taiwan Society of Microbiology. Published by Elsevier Taiwan LLC.	Pre-exposure prophylaxis; PrEP; Human immunodeficiency virus; Taiwan; INFECTION; TENOFOVIR; WOMEN; ANTIRETROVIRAL PROPHYLAXIS; COST-EFFECTIVENESS; MEN; RISK; SEX	English	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Review
Article	2020	Cimen, Cansu; Emecen, Ahmet N; Barber, Tristan J	Attitude of infectious diseases physicians in Turkey about HIV pre-exposure prophylaxis: results of an online survey.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462420921080	https://dx.doi.org/10.1177/0956462420921080	Pre-exposure prophylaxis (PrEP) is the provision of antiretroviral drugs before HIV exposure to prevent infection for those in whom it is indicated. We conducted an online survey about PrEP in a national sample of infectious diseases physicians in Turkey. They were surveyed from March to April 2019 and they were asked about their attitudes, knowledge and clinical practise about PrEP. Overall, 209 of 2100 (10%) completed the survey, of whom 66.3% were female, 69.5% were specialist and 41.1% were working at education and research hospitals. Most of the participants reported their PrEP knowledge as 'low'. Men who have sex with men was the most suitable group for PrEP according to participants. 27.9% of them were requested to prescribe PrEP which was to be paid by individuals themselves and 24.2% of the participants had recommended PrEP in their clinical practice. The primary concerns among those who would not recommend PrEP were the possible increase in sexually transmitted infections, the potential low cost-effectiveness of PrEP, the ineffectiveness of PrEP in HIV transmission and the time lost to following-up the individuals taking PrEP. Developing a national guideline would support clinicians in order to change their attitudes and to find answers to their concerns.	acesso restrito	English	United Kingdom	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Quantitative
Article	2020	Cirrincione L.R.; Podany A.T.; Havens J.P.; Bares S.H.; Dyavar S.R.; Gwon Y.; Johnson T.M.; Amoura N.J.; Fletcher C.V.; Scarsi K.K.	Plasma and intracellular pharmacokinetics of tenofovir disoproxil fumarate and emtricitabine in transgender women receiving feminizing hormone therapy	Journal of Antimicrobial Chemotherapy	-	-	-	3057453	10.1093/jac/dkaa016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083724957&doi=10.1093%2fjac%2fdkaa016&partnerID=40&md5=d5befa2623be2e44969314ba9efb80fc	Transwomen have an increased risk of HIV acquisition compared with other adults. Drug-drug interactions between pre-exposure prophylaxis (PrEP) and gender-affirming therapy are cited as a reason for poor PrEP uptake among transwomen. We evaluated plasma tenofovir and emtricitabine pharmacokinetics and their active intracellular anabolites, tenofovir-diphosphate and emtricitabine-triphosphate, in transwomen receiving feminizing hormones. Methods: We enrolled HIV-negative transwomen (≥19 years) not receiving PrEP. Participants took oral tenofovir disoproxil fumarate/emtricitabine 300/200 mg daily for 14 days. Plasma was collected at 0 h (pre-dose), 0.5, 1, 2, 3, 4, 6, 8 and 12 h on day 14 post-tenofovir disoproxil fumarate/emtricitabine dose. The plasma AUC0-24 was calculated using the trapezoidal rule and compared with historical HIV-negative cisgender adults as geometric mean ratios (GMRs, 90% CI). Secondarily, tenofovir-diphosphate and emtricitabine-triphosphate from PBMCs collected at 0 h and 12 h were reported descriptively as geometric means (90% CI). Clinical trials registration: NCT03270969. Results: Among 15 transwomen (mean age 32 years), geometric mean tenofovir and emtricitabine plasma AUC0-24 were lower compared with controls: tenofovir, 2.10 versus 2.76 mg·h/L, GMR 0.76 (0.65-0.90), P = 0.01; emtricitabine, 9.15 versus 10.64 mg·h/L, GMR 0.86 (0.75-0.98), P = 0.07. Tenofovir-diphosphate and emtricitabine-triphosphate concentrations were higher than previously reported in the literature: 167.1 (146.6-190.5) fmol/106 cells and 15.4 (13.8-17.3) pmol/106 cells, respectively. Conclusions: We observed lower plasma tenofovir and emtricitabine concentrations in transwomen compared with historical cisgender adults, yet intracellular tenofovir-diphosphate and emtricitabine-triphosphate concentrations were higher than previously reported in PBMCs. Understanding the differences of PrEP pharmacokinetics in plasma and tissue compartments and the resultant impact on efficacy remains important for transwomen. © 2020 The Author(s) 2020. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Clark, JL; Reisner, SL; Perez-Brumer, AG; Huerta Castillo, L; Sanchez, H; Okochi, H; Luque, MM; Salazar, X; Mimiaga, M; Gandhi, M; Mayer, KH; Lama, JR	Transprep: social network-based prep adherence for transgender women in Lima, Peru	Topics in Antiviral Medicine	-	-	-	na	10.1007/s10461-020-03117-4	https://link.springer.com/article/10.1007/s10461-020-03117-4	Background: While pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, uptake remains poor among transgender women (TW). We conducted a pilot randomized controlled trial of a social network-based intervention to promote PrEP adherence among Peruvian TW. Methods: From September, 2017-July, 2018, we screened 172 TW from three geographic areas of Lima, Peru. Screening visits were conducted to: assess HIV serostatus; introduce PrEP as a prevention strategy; and discuss PrEP adherence. We enrolled 89 HIV-uninfected TW into 6 groups based on pre-existing social network clusters. Clusters were randomized on a 1:1 basis to standard of care (n=44) or the TransPrEP intervention (n=45). Groups assigned to TransPrEP attended 4 weekly introductory workshops (to discuss principles of and barriers to PrEP adherence, and to construct and support group adherence goals). Biweekly maintenance workshops reviewed adherence strategies, discussed participants' experiences taking PrEP, and encouraged network cohesion. Adherence was evaluated through self-report and by measurement of tenofovir (TFV) levels in hair. Intent-to-treat analyses compared intervention versus control conditions at baseline and 3-month follow-up. Results: Participants' mean age was 26.9 years (range 18-58), with 76.5% using feminizing hormones. At 3-month follow-up, we evaluated 40 TW and obtained 21 hair samples. Though no statistically significant differences were observed in ITT analysis, a higher proportion of participants in the TransPrEP arm reported taking ?Most? or ?All? TDF-FTC doses in the prior 30 days (90.5% 19/21 versus 73.4% 14/19). In hair sample analysis, 36.4% (4/11) of participants in TransPrEP and 10.0% (1/10) in the control arm had TFV levels >0.023 ng/ mg (consistent with taking >4 doses per week) while 81.8% (9/11) and 40.0% (4/10), respectively, had any detectable amount of TFV in their hair. Participants in the intervention arm described the workshops as ?helpful,? ?enjoyable,? and ?comfortable,? settings to discuss HIV prevention. Conclusion: Pilot assessment of our network-based intervention showed improvements in PrEP adherence among TW in Peru according to both biological and behavioral adherence markers but did not achieve statistical significance. Mixed-methods data identified potential modifications to improve participant involvement and retention. Additional research to assess the TransPrEP intervention with a larger sample is needed.	*Peru; *social network; *transgender; Adult; Conference abstract; Controlled study; Female; Follow up; Hair; Health care quality; Human; Human immunodeficiency virus; Major clinical study; Nonhuman; Pre-exposure prophylaxis; Randomized controlled trial; Self report; Statistical significance; Support group	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Clement, Meredith E; Kofron, Ryan; Landovitz, Raphael J	Long-acting injectable cabotegravir for the prevention of HIV infection.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000597	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7382946	PURPOSE OF REVIEW: This review highlights the development of long-acting injectable cabotegravir (CAB LA) for HIV preexposure prophylaxis (PrEP), with a focus on phase 2 studies and later development. RECENT FINDINGS: Early studies of CAB LA for HIV prevention offered promising pharmacokinetic data and paved the way for phase 2 studies, which have now been completed. On the basis of phase 2 data, dosing of CAB LA at 8-week intervals consistently delivers target trough concentrations in both men and women. Recent studies have shown no required dose adjustments for hepatic or renal disease and minimal drug--drug interactions. Additionally, injectable PrEP is desired by potential PrEP candidates. Still, gaps in knowledge remain with respect to implementation and delivery, the clinical significance of the pharmacologic tail, and dosing in key populations. Phase 3 trials are underway that are anticipated to inform some of these questions and provide efficacy and safety data to support regulatory submissions for CAB LA as a potential PrEP agent. SUMMARY: Recent studies have defined an appropriate CAB LA dosing interval and offered insight into its safety profile. Phase 3 studies will provide much-anticipated efficacy data. If efficacious, CAB LA may provide a desirable PrEP option for those who face challenges to daily pill adherence. A more complete understanding of how to best integrate LA PrEP into service delivery models will be critical for success.	injectable PrEP; long-acting cabotegravir; PrEP 2.0; Next generation PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Cohall A.; Zucker J.; Krieger R.; Scott C.; Guido C.; Hakala S.; Carnevale C.	Missed Opportunities for Hepatitis A Vaccination Among MSM Initiating PrEP	Journal of Community Health	-	-	-	945145	10.1007/s10900-019-00768-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075203995&doi=10.1007%2fs10900-019-00768-w&partnerID=40&md5=b34e08149eb2730f0c68208c17c9678e	The incidence of Hepatitis A virus (HAV) among the general population in the United States has decreased by over 95% since the introduction of HAV vaccination in 1995. However, 10% of all new HAV infections occur among men who have sex with men (MSM). However routine HAV is not part of standard of care for provision of PrEP services. Retrospective cohort analysis of MSM assessed for HIV prevention services between 1/1/2016 and 6/30/2017 to evaluate the rates of screening for anti-HAV seroprevalence and subsequent vaccination. HAV IgG was drawn on 96% (96/100) of the patients with 58% (56/96) of patients demonstrating serologic immunity. Of the 40 patients without evidence of immunity, 77% (29/40) returned for a subsequent visit, 48% (14/29) were provided HAV vaccination, and 29% (4/14) received at least two doses. Only 35% (14/40) of patients without documented immunity received HAV vaccination. Visits for PrEP initiation and monitoring in MSM patients are potential opportunities for ensuring HAV vaccination among this high-risk patient population. Public health agencies could optimize HAV vaccination of the high risk MSM by incorporating HAV screening into national PrEP guidelines. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Hepatitis A; MSM; Sexual health; Vaccination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Cohen, Myron S.; Gamble, Theresa; McCauley, Marybeth	Prevention of HIV Transmission and the HPTN 052 Study	Annual Review of Medicine	-	-	-	0066-4219	10.1146/annurev-med-110918-034551	https://doi.org/10.1146/annurev-med-110918-034551	The HIV Prevention Trials Network 052 study (HPTN 052) was a clinical trial designed to determine whether early treatment for HIV infection prevented transmission of the virus in couples where one partner was infected with HIV and the other was not, referred to as HIV serodiscordant or serodifferent couples. The study enrolled 1,763 couples at 13 sites in 9 countries in Asia, Africa, and the Americas. HPTN 052 demonstrated a minimum of 96% reduction of HIV in heterosexual couples ascribed to antiretroviral treatment; early treatment of HIV significantly reduced other infections in the HIV-infected subjects. This study, in conjunction with similar research, led to significant changes in international HIV treatment guidelines and the concept of treatment as prevention (TasP). This article provides the scientific background and history of how HPTN 052 came into being, the challenges it faced, and the ultimate impact it had on the fields of HIV treatment and prevention.	HIV prevention, treatment as prevention, TasP, viral suppression, antiretroviral therapy, ART, serodiscordant couples, HIV Prevention Trials Network, HPTN 052	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2020	Cohen, Myron S; Donnell, Deborah	Novel Approaches for Development of Human Immunodeficiency Virus Preexposure Prophylaxis Agents.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiz041	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6936000	NA	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Coleman M.; Hodges A.; Henn S.; Lambert C.C.	Integrated Pharmacy and PrEP Navigation Services to Support PrEP Uptake: A Quality Improvement Project	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000182	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093538230&doi=10.1097%2fJNC.0000000000000182&partnerID=40&md5=6e88c4a0f2fe2f81a1bd07757a567f4c	Preexposure prophylaxis (PrEP) is highly effective in preventing HIV among both men and women, with the reduction in risk directly linked to medication adherence. Navigation services and other adherence interventions have demonstrated efficacy in medication uptake; however, their use may not be fully integrated into clinic operations or their roles clearly defined. This quality improvement (QI) project developed an evidenced-based PrEP Navigation (PN) tool to identify patient-reported barriers to uptake and to support process improvement at a large community health center in Washington, DC. Outcomes related to patient-reported barriers, patient demographics, and time to medication pickup from the pharmacy were measured before and after implementation. A total of 198 patients were included in this analysis. Mean days from initial prescription to medication pickup was reduced by 1.42 days (p =.030) following PN tool implementation. The evidenced-based PN tool is modifiable to the needs of the individual clinic and the patients they care for to support wide-scale PrEP uptake and continuous system process improvements. Copyright © 2019 Association of Nurses in AIDS Care.	adherence; HIV prevention; pre-exposure prophylaxis; quality improvement; retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Coll, Pep	La profilaxis pre-exposición en el VIH: una potente herramienta preventiva todavía infrautilizada	Medicina Clínica (Edição Impressa)	-	-	-	0025-7753	10.1016/j.medcli.2019.10.007	https://pesquisa.bvsalud.org/portal/resource/pt/ibc-193215	NA	na	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Article	2020	Colson P.W.; Franks J.; Wu Y.; Winterhalter F.S.; Knox J.; Ortega H.; El-Sadr W.M.; Hirsch-Moverman Y.	Adherence to Pre-exposure Prophylaxis in Black Men Who Have Sex with Men and Transgender Women in a Community Setting in Harlem, NY	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02901-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084516208&doi=10.1007%2fs10461-020-02901-6&partnerID=40&md5=5b25e59499c1af73332c27a28ed52e9a	While oral pre-exposure prophylaxis (PrEP) has proven efficacious for HIV prevention, consistent use is necessary to achieve its intended impact. We compared effectiveness of enhanced PrEP (enPrEP) adherence support to standard of care (sPrEP) among Black MSM and TGW attending a community clinic in Harlem, NY. EnPrEP included peer navigation, in-person/online support groups, and SMS messages. Self-reported adherence over previous 30 days, collected in quarterly interviews, was defined as ≥ 57%. Crude and adjusted analyses examined factors associated with adherence. A total of 204 participants were enrolled and randomized; 35% were lost to follow-up. PrEP adherence was 30% at 12-months; no intervention effect was observed (p = 0.69). Multivariable regression analysis found that lower adherence was associated with low education and depressive symptoms. We found that an enhanced adherence intervention did not improve PrEP adherence. Findings point to the need for innovative methods to improve PrEP adherence among Black MSM and TGW. Clinical Trial Registration NCT02167386, June 19, 2014 © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Black; HIV/AIDS; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Transgender women (TGW)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Comninos N.B.; Foster R.; Varma R.; Bourne C.	Follow-up of renal impairment results among attendees taking HIV Pre-Exposure Prophylaxis at a Sydney Sexual Health Clinic	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462420922751	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086401069&doi=10.1177%2f0956462420922751&partnerID=40&md5=af74caf9b1c9446fd0f3710d20dce712	Renal monitoring is recommended for Pre-Exposure Prophylaxis (PrEP) users. We aimed to explore follow-up and outcomes among PrEP users with renal impairment (defined as estimated glomerular filtration rate <65 mL/min/1.73 m2) attending Sydney Sexual Health Centre. Time to follow-up was analysed for impairment results over a 12-month period (January–December 2018); 48/2504 (1.9%) tests among 1700 attendees showed impairment. Follow-up occurred in 39/48 (81.3%) impairment results after a median of 42 days. PrEP was ceased in 3/6 cases of non-resolving/persisting impairment, with one case of subsequent human immunodeficiency virus infection. Maintaining engagement and follow-up of those with renal impairment are important aspects of PrEP service provision. © The Author(s) 2020.	Australia; human immunodeficiency virus; prevention	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Connolly M.D.; Dankerlui D.N.; Eljallad T.; Dodard-Friedman I.; Tang A.; Joseph C.L.M.	Outcomes of a PrEP Demonstration Project with LGBTQ Youth in a Community-Based Clinic Setting with Integrated Gender-Affirming Care	Transgender Health	-	-	-	2380193X	10.1089/trgh.2019.0069	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086830555&doi=10.1089%2ftrgh.2019.0069&partnerID=40&md5=95b7b253ce4d84705d645323ff6c7808	Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth are disproportionately affected by HIV, and young transgender women (YTW) are especially impacted. The purpose of this small demonstration project was to measure pre-exposure prophylaxis (PrEP) adherence in a community-based clinic for LGBTQ youth in which PrEP services are integrated with gender-affirming care. Of the 50 enrolled participants, 38 had a serum drug assay performed after three or more months and 26% of those had laboratory evidence of highly protective levels of medication. Low adherence highlights the need for culturally tailored follow-up efforts and assistance with the structural barriers to health experienced by LGBTQ youth, especially YTW. © 2020 Maureen D. Connolly et al; Published by Mary Ann Liebert, Inc.	community-based; LGBT; pre-exposure prophylaxis; transgender; youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2020	Corcorran, Maria Ann	Awareness of HIV Pre-Exposure Prophylaxis (PrEP) and Predictors of Interest in PrEP Among HIV-negative Persons Who Inject Drugs in Seattle, Washington	-	-	University of Washington	-	-	NA	https://epi.washington.edu/epi_research/awareness-of-hiv-pre-exposure-prophylaxis-prep-and-predictors-of-interest-in-prep-among-hiv-negative-persons-who-inject-drugs-in-seattle-washington/	Background: HIV pre-exposure prophylaxis (PrEP) is safe and effective for use in people who inject drugs (PWID), but studies indicate that PrEP is underutilized in this population. We assessed awareness of PrEP and investigated predictors of interest in PrEP among PWID in Seattle, Washington. Methods: This study analyzed data from a 2019 survey of PWID at 3 Seattle-area syringe service programs (SSPs). PWID who injected drugs in the past three months and were HIV-negative by self-report were included. Descriptive statistics were used to compare PrEP-aware and unaware PWID, and multivariate Poisson regression with robust standard errors was used to estimate adjusted prevalence ratios (APR) for interest in PrEP. Results: Among 348 HIV-negative PWID, including ≤1% who were currently taking PrEP, 51% were knowledgeable of PrEP and 46% were interested in PrEP. Interest in PrEP was inversely associated with prior knowledge of PrEP (APR 0.58, 95% CI 0.45 – 0.74); however, interest in PrEP was high among a subset of PWID meeting pre-specified risk criteria for HIV (APR 1.53, 95% CI 1.09 – 2.15). Conclusion: Despite reasonably high knowledge of PrEP and interest in PrEP, current use of PrEP was strikingly low in this urban cohort of PWID. Increasing knowledge of PrEP among PWID may not be sufficient to improve access to and continued use of PrEP among PWID at highest risk for HIV.	HIV prevention; Pre-exposure prophylaxis; Public health; Epidemiology; People who inject drugs; syringe service programs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Coyer, Liza; van den Elshout, Mark A M; Achterbergh, Roel C A; Matser, Amy; Schim van der Loeff, Maarten F; Davidovich, Udi; de Vries, Henry J C; Prins, Maria; Hoornenborg, Elske; Boyd, Anders	Understanding pre-exposure prophylaxis (PrEP) regimen use: Switching and discontinuing daily and event-driven PrEP among men who have sex with men.	EClinicalMedicine	-	-	-	2589-5370	10.1016/j.eclinm.2020.100650	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7711206	BACKGROUND: Optimising HIV pre-exposure prophylaxis (PrEP) provision requires insight into preferences of PrEP regimens and PrEP discontinuation. We assessed regimen switching and discontinuation and their determinants among men who have sex with men (MSM) participating in the Amsterdam PrEP demonstration project. METHODS: Between 3-August-2015 and 31-May-2016, we enrolled MSM (n = 374) and TGP (n = 2) in a prospective, longitudinal study. Participants could choose between daily or event-driven PrEP regimens at enrolment and every 3 months. We assessed transition intensities (TI) and determinants of switching (i) between regimens, and (ii) from either regimen to discontinuing PrEP using a multi-state Markov model. PrEP discontinuation was defined as formally stopping study participation or having no study visit for ≥6 months. FINDINGS: Of 367 analysed participants, 73·3% chose daily and 26·7% event-driven PrEP at enrolment. Median follow-up was 3·1 years (IQR 2·9-3·2). 121 participants switched their PrEP regimen at least once (cumulative probability 34·2%, 95% CI 29·4-39·6), with 90 switches from event-driven to daily PrEP (TI 0·35/PY, 95% CI 0·29-0·44) and 113 switches from daily to event-driven PrEP (TI 0·16/PY, 95% CI 0·13-0·20). Switching from event-driven to daily PrEP was associated with younger age, not reporting sex with HIV-positive partners, chemsex, and sexual compulsivity. Switching from daily to event-driven PrEP were associated with younger age and lower sexual satisfaction. 67 participants discontinued PrEP (cumulative probability 17·7%, 95% CI 14·1-22·2), with no difference between regimens: event-driven (n = 23, TI 0·08/PY, 95% CI 0·05-0·13) and daily PrEP (n = 44, TI 0·06/PY, 95% CI 0·04-0·08). Discontinuing daily PrEP was associated with younger age, fewer casual partners, and higher number of condomless anal sex acts with casual partners. INTERPRETATION: Switching between PrEP regimens was common, while going from event-driven to daily PrEP use was associated with certain sexual-related determinants (i.e. chemsex, sexual compulsivity, no known HIV-positive partners). PrEP discontinuation rates were low and independent of regimens. PrEP care should consider the reasons for choice and switch of regimen and involve education on safely switching or discontinuing PrEP, especially among younger MSM. FUNDING: ZonMw, H-TEAM, RIVM, GGD research funds, Aidsfonds, Amsterdam Diner Foundation, Gilead Sciences, Gilead Sciences Europe Ltd, Janssen Pharmaceuticals, MAC AIDS Fund, ViiV Healthcare.	na	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2020	Crawford N.D.; Josma D.; Morris J.; Hopkins R.; Young H.N.	Pharmacy-based pre-exposure prophylaxis support among pharmacists and men who have sex with men	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2019.12.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078735093&doi=10.1016%2fj.japh.2019.12.003&partnerID=40&md5=f755a568e44c399b84df959b49c04870	Objective: To understand the perceptions and support for pharmacy-based pre-exposure prophylaxis (PrEP) delivery among pharmacists and men who have sex with men (MSM). Design: A qualitative study from April 2017 to December 2018. Setting and participants: The researchers used purposive sampling to identify MSM participants and AIDSVu to identify pharmacists in high–human immunodeficiency virus (HIV) zip codes in the metropolitan Atlanta area. Eight MSM and 6 pharmacists consented to participate in the study. Outcome measures: Perceptions and support for PrEP delivery in pharmacies. Results: Both MSM and pharmacists expressed strong support for in-pharmacy PrEP screening and dissemination. MSM reported that pharmacies were more convenient and accessible compared with physician's offices. However, they also noted that privacy and training of pharmacy staff were important for them to consider being screened for PrEP in a pharmacy. Pharmacists also believed training was important and felt comfortable counseling on HIV prevention for their current patients. Conclusion: These data support early evidence that pharmacies are a promising venue to improve PrEP access for MSM. To implement PrEP screening in pharmacies, proper training of pharmacy staff and a designated space to ensure privacy are critical. Future studies should test the feasibility of screening for PrEP in pharmacies for black MSM. © 2020 American Pharmacists Association®	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Cressey T.R.; Siriprakaisil O.; Kubiak R.W.; Klinbuayaem V.; Sukrakanchana P.-O.; Quame-Amaglo J.; Okochi H.; Tawon Y.; Cressey R.; Baeten J.M.; Gandhi M.; Drain P.K.	Plasma pharmacokinetics and urinary excretion of tenofovir following cessation in adults with controlled levels of adherence to tenofovir disoproxil fumarate	International Journal of Infectious Diseases	-	-	-	12019712	10.1016/j.ijid.2020.06.037	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087495229&doi=10.1016%2fj.ijid.2020.06.037&partnerID=40&md5=7fcbfae060df36be43bafe15eb675018	Objectives: The aim was to fully characterize the plasma and urine washout pharmacokinetics of tenofovir (TFV) in adults following 6 weeks of controlled levels of tenofovir disoproxil fumarate (TDF) adherence, in order to inform the utility of clinic-based adherence testing. Design: This was a three-arm, randomized, open-label study in adult volunteers. Participants were randomized to receive TDF 300 mg/emtricitabine (FTC) 200 mg as (1) 7 doses/week (perfect adherence), (2) 4 doses/week (moderate adherence), or (3) 2 doses/week (low adherence). Plasma and urine samples were collected regularly during the 6-week dosing phase and for 4 weeks following drug cessation. Results: Twenty-eight adults were included in this analysis. Median (range) age was 33 (20–49) years. No differences in TFV pharmacokinetic parameters during the washout were observed across the study arms. Small differences in TFV plasma concentrations occurred across arms between 4 and 10 h post-dose. The cumulative amount of TFV excreted in urine was not different at 24 h post-dose, but at 148 h it was 24.8 mg, 21.0 mg, and 17.2 mg for the perfect, moderate, and low adherence arms, respectively (p = 0.043). Conclusions: Among adults with different TDF adherence patterns, relative differences in plasma concentrations and cumulative urine extraction of TFV were minor following cessation. TFV measurement in plasma or urine is more indicative of last drug ingestion, rather than prior dose patterns. © 2020 The Authors	HIV; Pharmacokinetics; Plasma; Pre-exposure prophylaxis (PrEP); Tenofovir; Urine	English	Netherlands	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2020	Crosby, RA; Kipke, MD; Kubicek, K	Use of pre-exposure prophylaxis increases the odds of condomless anal sex among young men who have sex with men (MSM) of colour	Sexual Health	-	-	-	1448-5028	10.1071/SH19065	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8466712/	This study tested the hypothesis that people using pre-exposure prophylaxis (PrEP) would be more likely to report condomless anal sex than those not taking PrEP. Data were from an ongoing study conducted with a cohort of Black and Latino young men who have sex with men (YMSM) recruited in Los Angeles (CA, USA). Of the 399 YMSM in the sample, 14% were currently using PrEP. Using three different measures of condom use, across two different recall periods all except one test result supported an inverse relationship between PrEP and condom use for anal sex. Tests of a risk index provided further significant findings supporting this hypothesis.	HIV; public health; sexually transmissible infections; condom displacement	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2020	Crowley, Des; Cullen, Walter; O'Donnell, Patrick	Pre-exposure prophylaxis and primary care.	British Journal of General Practice	-	-	-	1478-5242	10.3399/bjgp20X712097	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384820	Despite the increasing evidence of the effectiveness of pre-exposure prophylaxis (PrEP) as a HIV prevention strategy, its usefulness is rarely reported in the general practice literature.1 HIV infection remains a major public health concern worldwide and it is men who have sex with men (MSM) that carry a disproportionate amount of the disease burden.2 Despite evidence that the rate of new HIV infections in the UK is falling, the rate among young MSM is a cause for concern.2 The Republic of Ireland (ROI) has not seen a similar decline, with 523 new HIV cases diagnosed in Ireland in 2018.3 Similar to other European countries, the main risk for HIV transmission in Ireland is sex among men.2,3	na	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2020	Cui, Yang; Krishnan, Nandita; Kelley, Earl; Dawkins, Jaidence; Akolo, Omolola; Redd, Rashaunna; Ayodeji Olawale; Max-Browne, Commia; Johnsen, Luke; Latkin, Carl; Page, Kathleen R; Davey-Rothwell, Melissa	Beyond HIV prevention: a qualitative study of patient-reported outcomes of PrEP among MSM patients in two public STD clinics in Baltimore	AIDS Care	-	-	-	09540121	10.1080/09540121.2019.1622639	https://www.proquest.com/scholarly-journals/beyond-hiv-prevention-qualitative-study-patient/docview/2331206799/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) could have a substantial impact on the HIV epidemic within the US. However, the implementation of PrEP interventions outside of clinical trials has been slow and faces considerable barriers. The aim of the current study was to qualitatively explore PrEP-related patient-reported outcomes (PRO) among MSM patients who enrolled in a PrEP program at two public STD clinics in Baltimore. We conducted in-depth interviews with 18 PrEP patients who self-identified as MSM at two Baltimore City Health Department STD clinics between March and November, 2017. A codebook was developed using an iterative process. During analysis, the study team identified various biomedical and psychosocial PrEP-related PRO among MSM PrEP patients. In addition to HIV prevention, PrEP-related PRO included greater peace of mind, better continuity in care and awareness about health and well-being, relationship solidarity with serodiscordant partners, and access to social services. These findings on PrEP-related PRO can potentially contribute to improving patient-provider communication, leading to increased engagement in care and uptake of PrEP by MSM.	HIV; Condoms; Pre-exposure prophylaxis; Epidemics; PrEP; MSM; Prevention; Clinical outcomes; Disease prevention; Health services; Prophylaxis; Clinical research; Qualitative research; Preventive medicine; Patients; qualitative; Clinical trials; Uptake; patient-reported outcomes; Patient-reported outcomes; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Clinics; Medical Sciences--Psychiatry And Neurology; Prevention programs; Biomedicine; Psychosocial factors; In care; Baltimore Maryland; Teams; Well being; Patient communication; Social services; Peace	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Curtis, Tyrone J; Rodger, Alison J; Burns, Fiona; Nardone, Anthony; Copas, Andrew; Wayal, Sonali	Patterns of sexualised recreational drug use and its association with risk behaviours and sexual health outcomes in men who have sex with men in London, UK: a comparison of cross-sectional studies conducted in 2013 and 2016.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2019-054139	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7167300	OBJECTIVE: London has one of the highest identified prevalence of chemsex (sexualised recreational drug use) among men who have sex with men (MSM) in Europe. We examine MSM's patterns of chemsex and its association with HIV/STI risk behaviours, STI diagnoses and sexual healthcare-seeking behaviours, including if HIV testing behaviour met UK national guidelines (three monthly if engaging in chemsex). METHODS: Cross-sectional survey data from 2013 (n=905) and 2016 (n=739) were collected using anonymous, self-administered questionnaires from MSM recruited in commercial gay venues in London, UK. Descriptive and multivariable analyses, stratified by self-reported HIV status, were conducted. Adjusted prevalence ratios (aPR) with 95% CIs were calculated. RESULTS: Comparing the 2013 and 2016 surveys, chemsex prevalence in the past year remained stable, in both HIV-negative/unknown-status MSM (20.9% in 2013 vs 18.7% in 2016, p=0.301) and HIV-positive MSM (41.6% in 2013 vs 41.7% in 2016, p=0.992). Combined 2013-2016 data showed that compared with other MSM, those reporting chemsex were more likely to report HIV/STI risk behaviours, including condomless anal intercourse with serodifferent HIV-status partners (HIV-negative/unknown-status men: aPR 2.36, 95% CI 1.68 to 3.30; HIV-positive men: aPR 4.19, 95% CI 1.85 to 9.50), and STI diagnoses in the past year (HIV-negative/unknown-status men: aPR 2.10, 95% CI 1.64 to 2.69; HIV-positive men: aPR 2.56, 95% CI 1.57 to 4.20). 68.6% of HIV-negative/unknown-status men reporting chemsex attended sexual health clinics and 47.6% had tested for HIV more than once in the past year. CONCLUSIONS: Chemsex in London MSM remained stable but high, particularly among HIV-positive men. Irrespective of HIV status, chemsex was associated with engagement in HIV/STI risk behaviours. Frequency of HIV testing in the past year among HIV-negative/unknown-status men was below national recommendations. Promoting combination prevention strategies, including three monthly HIV/STI testing, access to pre-exposure prophylaxis/antiretroviral treatment and behavioural interventions among MSM reporting chemsex, remains vital to address sexual health inequalities in MSM.	na	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Custer B.; Quiner C.; Haaland R.; Martin A.; Stone M.; Reik R.; Steele W.R.; Kessler D.; Williamson P.C.; Anderson S.A.; Williams A.E.; Raymond H.F.; McFarland W.; Robinson W.T.; Glick S.; Sey K.; David Melton C.; Glynn S.A.; Stramer S.L.; Busch M.P.	HIV antiretroviral therapy and prevention use in US blood donors: A new blood safety concern	Blood	-	-	-	64971	10.1182/blood.2020006890	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091470300&doi=10.1182%2fblood.2020006890&partnerID=40&md5=ca53387e8616f58b9d81bf410107abd7	Antiretroviral therapy (ART) to treat and pre-exposure prophylaxis (PrEP) to prevent HIV infection are effective tools to help end the HIV epidemic. However, their use could affect HIV transfusion-transmission risk. Three different ART/PrEP prevalence analyses in blood donors were conducted. First, blood samples from HIV-positive and a comparison group of infection-nonreactive donors were tested under blind using liquid chromatography-tandem mass spectrometry for ART. Second, blood donor samples from infection-nonreactive, 18- to 45-year-old, male, first-time blood donors in 6 US locations were tested for emtricitabine and tenofovir. Third, in men who have sex with men (MSM) participating in the 2017 Centers for Disease Control and Prevention National HIV Behavioral Surveillance (NHBS) from 5 US cities, self-reported PrEP use proximate to donation was assessed. In blind testing, no ART was detected in 300 infection-nonreactive donor samples, but in 299 HIV confirmed-infected donor samples, 46 (15.4%; 95% confidence interval CI, 11.5% to 20.0%) had evidence of ART. Of the 1494 samples tested from first-time male donors, 9 (0.6%; 95% CI, 0.03% to 1.1%) had tenofovir and emtricitabine. In the NHBS MSM survey, 27 of 591 respondents (4.8%; 95% CI, 3.2% to 6.9%) reported donating blood in 2016 or 2017 and PrEP use within the same time frame as blood donation. Persons who are HIV positive and taking ART and persons taking PrEP to prevent HIV infection are donating blood. Both situations could lead to increased risk of HIV transfusion transmission if blood screening assays are unable to detect HIV in donations from infected donors. © 2020 by The American Society of Hematology	anti-retroviral agents, blood donors, donors, hiv, hiv seropositivity, infections, pre-exposure prophylaxis, transfusion, hiv infections, screening	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	da Silva-Brandao R.R.; Ianni A.M.Z.	Sexual desire and pleasure in the context of the HIV pre-exposure prophylaxis (PrEP)	Sexualities	-	-	-	13634607	10.1177/1363460720939047	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088134307&doi=10.1177%2f1363460720939047&partnerID=40&md5=9a615ac7b72e8a5d1e83ce856163544a2	This article explores both the sexual desires and pleasure in the context of HIV pre-exposure prophylaxis (PrEP) use among gays, bisexuals and other men who have sex with men (GBMSM). Our main findings suggest that individuals were assuming notions of natural and unnatural sex, while these categories were linked to condomless sex, acquisitions of sexually transmission infections (STIs) and their perceptions of intimacy. Individuals also believed they could enhance pleasure and desire by acknowledging their inner subjectivity and societal positions associated with PrEP. We argue that the individuals play a positive and conflicting ethic towards sex while on PrEP. © The Author(s) 2020.	Bareback sex; HIV/AIDS; pre-exposure prophylaxis; sexual desire; sexual pleasure	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2020	Dale, Sannisha K	Using Motivational Interviewing to Increase PrEP Uptake Among Black Women at Risk for HIV: an Open Pilot Trial of MI-PrEP.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-020-00715-9	https://dx.doi.org/10.1007/s40615-020-00715-9	Black women in the USA are at the highest risk among women for HIV. Pre-exposure prophylaxis (PrEP) prevents HIV transmission, but uptake among Black women remains low. An open pilot trial was conducted on MI-PrEP, a brief culturally tailored intervention incorporating motivational interviewing (MI) strategies to improve PrEP uptake and motivation. MI-PrEP is the first behavioral intervention developed to promote PrEP uptake among women in the USA. In Miami, FL, ten Black women who met eligibility criteria (e.g., sexual partner with HIV) were enrolled. These women participated in the two sessions of MI-PrEP and a 1-month follow-up. Participants completed measures on PrEP (motivation, uptake verified via medical records, adherence, and barriers), medical mistrust, and an exit interview. These preliminary findings showed acceptability and feasibility with high satisfaction ratings; increases in PrEP uptake, knowledge, and motivation to use; and decreases in PrEP barriers and medical mistrust. Greater attention is needed on the psychosocial and structural factors among Black women who may benefit from PrEP.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	D'Anna L.; Washington T.A.; Cabudol M.J.; Canjura C.; Owens J.	Exploring Awareness of HCV Among Sexual-Minority Black Generation Millennials and Gen Z: a Qualitative Study	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-019-00684-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078872530&doi=10.1007%2fs40615-019-00684-8&partnerID=40&md5=ef45418d837caf5dd86e1f44e5138ea9	Hepatitis C (HCV) is a significant public health burden globally. While HIV-positive men who have sex with men (MSM) have traditionally comprised the majority of sexually acquired HCV cases in the USA, recent studies indicate that HIV-negative MSM and MSM who use pre-exposure prophylaxis (PrEP) in particular are at increasing risk for incident HCV. Further, in the USA, African Americans are disproportionately burdened by chronic HCV compared with other groups. We sought to better understand awareness and knowledge about HCV and the perceived barriers to HCV testing, among young Black MSM (YBMSM) ages 18–24 in an urban southern California setting. This formative work was conducted in the context of a broader study designed to develop a brief, peer-led intervention to increase hepatitis awareness and testing among young men at risk. Our focus group findings suggest that YBMSM are lacking awareness and knowledge about HCV that are important for self-appraisal of their risk and need for testing. Additionally, YBMSM reported low social support for HCV testing; many indicated they do not discuss HCV with peers, community leaders, or family members. Using study participants' recommendations for engaging YBMSM in HCV prevention efforts, our study emphasizes the need for education and screening efforts targeted to YBMSM, and especially YBMSM who are engaging in high-risk sexual activity with HIV-positive and/or older MSM. We offer recommendations for public health strategies that may be helpful for increasing awareness of HCV risks and HCV screening among vulnerable YBMSM groups. © 2020, W. Montague Cobb-NMA Health Institute.	HCV awareness; HCV knowledge; HCV testing barriers; Social support for HCV testing; YBMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2020	Danquah, Philip	Investigating Attitudes and Beliefs of University Students Aged 18 to 24 Years That Influence Their Decision to Take Pre-Exposure Prophylaxis Medication	-	-	University of Nevada – Las Vegas	-	na	NA	https://digitalscholarship.unlv.edu/thesesdissertations/3884 https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=4888&context=thesesdissertations https://digitalscholarship.unlv.edu/thesesdissertations/article/4888/viewcontent/Danquah_unlv_0506D_13274.pdf	Background: Contemporary research findings affirm that young adults aged 18 to 24 years have high prevalence of new HIV infections. Pre-Exposure Prophylaxis (PrEP) medication is the latest strategy in HIV prevention. Rates of PrEP uptake or use have been negligible among university students aged 18 to 24 years, especially among racial and ethnic minority students. Objective: The objective of this study is to investigate the attitudes and beliefs that influence the uptake of PrEP medications and the HIV risk behaviors associated with the willingness to take PrEP medications among university students aged 18 to 24 years attending the University of Nevada, Las Vegas. Methods: This exploratory study used a cross-sectional design, and the Sexual Health Model as the theoretical foundation. Using questions from the Youth Risk Behavior Surveillance System and the American College Health Association National College Health Assessment in 2018, as well as other existing universe of questions, the researcher used these questions in Qualtrics Survey Research Suite for online data collection via a survey. All these questions were shown by public health experts to have enough face and content validity. The collected quantitative data were analyzed in IBM SPSS Statistics Version 26 using descriptive statistics and binary logistic regression models. Results: The study was conducted among a representative sample size of 363 and majority of respondents were self-identified as racial and ethnic minority university students (N = 240, 66.1%). The mean age was 18 years old. The results of the study indicated that of the 363 student participants, almost 100 percent (99.1%) had never taken PrEP medications. The binary logistic regression models yielded an increased likelihood of taking PrEP if it were within one's cultural beliefs or practices (OR = 0.804 (95% CI: 0.657 - 0.983), β = -0.219, p < 0.05, p = 0.034), if one was in a monogamous relationship with a partner that they did not know was HIV positive (OR = 0.744 (95% CI: 0.582- 0.951), β = -0.296, p < 0.05, p = 0.018), and because someone they love wants them to take PrEP (OR = 0.677 (95% CI: 0.511 - 0.896), β = -0.390, p < 0.05, p = 0.006). In addition, a decreased likelihood of taking PrEP based on sociodemographic factors such as religious affiliation or religion (OR = 1.107 (95% CI: 1.032 -1.187), β = 0.102, p < 0.05, p = 0.004) and sexual orientation (OR = 1.282 (95% CI: 1.068 - 1.538), β = 0.248, p < 0.05, p = 0.008) were confirmed. All these factors were related to attitudes and beliefs that significantly influence the decision to take PrEP medications among young university students. Moreover, the binary logistic regression models revealed that alcohol consumption (OR = 4.471 (95% CI: 1.437 - 13.904), β = 1.498, p < 0.05, p = 0.010) was a significant HIV risk behavior associated with the willingness to not take PrEP medications among young university students. In addition, sexual pleasure by touching oneself or self-stimulation (OR = 0.797 (95%…	Epidemiology; Public Health; Social and Behavioral Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Das, Suparna; Allston, Adam; Kharfen, Michael	Detecting Spatial Cores and Temporal Trends of Repeat STIs to Plan Pre-exposure Prophylaxis (PrEP) Scale-up in DC.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002348	https://pubmed.ncbi.nlm.nih.gov/32205719/	BACKGROUND: Repeat sexually transmitted infections (STIs) in DC primarily results from untreated sexual partners. This analysis aims to identify high-risk areas and temporal trends of repeat STIs for pre-exposure prophylaxis scale-up and STI mitigation in DC. METHODS: We identified repeat infections in the DC Department of Health STI and HIV data management systems, diagnosed from 2014 to 2018. The cases were geocoded and aggregated by census tracts. Poisson discrete scan statistic was implemented in SaTScan software to find clusters. Weighted moving average was used to compare temporal trends of repeat STIs. We used χ analysis to identify association with demographic variables. RESULTS: We identified 8535 repeat STIs from 2014 to 2018. Of these, 61.84% were among men, most cases were among blacks (34.75%) and 47.45% represented gonorrhea cases. The high-risk spatial clusters were identified as those tracts that had relative risk > 1; P-value < 0.001). We identified one significant radius of risk covering tracts of wards 7 and 8 and parts of wards 5 and 6. We spotted positive temporal trends in cluster 1 and outside the cluster. We found significant associations of repeat STIs with gender (χ = 317.27, P < 0.001), age (χ = 539.26, P < 0.001), HIV coinfections (χ = 352.06, P < 0.001), and year of diagnoses (χ = 1.5, P < 0.01). CONCLUSIONS: Our findings indicate spatial disparities in DC for repeat STIs. This analysis is critical for pre-exposure prophylaxis planning, STI prevention strategies such as expedited partner therapies and condom distribution strategies in DC should prioritize the high-risk spatial cores.	Adolescent; Adult; Humans; Male; Young Adult; Female; Sexual Behavior; United States; Recurrence; Pre-Exposure Prophylaxis; District of Columbia; HIV Infections/*epidemiology/prevention & control/transmission; Chlamydia Infections/*epidemiology/prevention & control/transmission; Gonorrhea/*epidemiology/prevention & control/transmission; Sexually Transmitted Diseases/*epidemiology/prevention & control/transmission; Syphilis/*epidemiology/prevention & control/transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Dasgupta, Sharoda; Tie, Yunfeng; Bradley, Heather; Beer, Linda; Rosenberg, Eli S.; Holtgrave, David; Fagan, Jennifer; Green, Shana; Shouse, Roy L.	Characteristics of Sexual Partnerships Among Men With Diagnosed HIV Who Have Sex With Men, United States and Puerto Rico-2015-2019.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002388	https://pubmed.ncbi.nlm.nih.gov/32692102/	BACKGROUND: Understanding sexual partnerships of HIV-positive persons, particularly at the dyad level, can help in quantifying HIV transmission risk. We described sexual partnerships among HIV-positive men who have sex with men (MSM), including partnerships with a high risk for sexual HIV transmission. SETTING: The Medical Monitoring Project is an annual, cross-sectional study that reports representative estimates on U.S. HIV-positive adults. METHODS: During 2015-2019, we assessed sexual behaviors by interview, and viral load results from medical records. Among sexually active HIV-positive MSM (n = 4923), we described prevalence of high-risk sex, defined as: (1) not having sustained viral suppression, and (2) having condomless sex with an HIV-negative partner not known to be taking pre-exposure prophylaxis or an HIV-unknown partner. We described sexual partnerships among HIV-positive MSM (n = 13,024 partnerships among 4923 MSM). For HIV-discordant partnerships (n = 7768), we reported the proportion involved in high-risk sex, and associations with high-risk sex using prevalence ratios with predicted marginal means, controlling for age of the HIV-positive partner (P < 0.05). RESULTS: More than half (66%) of sexually active HIV-positive MSM had condomless sex; 11% had high-risk sex. Blacks were more likely to have detectable viral loads, but less likely to have condomless sex, making prevalence of high-risk sex comparable between racial/ethnic groups. Dyad-level analyses among HIV-discordant partnerships indicated that prevalence of high-risk sex was higher among partnerships with HIV-positive white MSM, which was not observed using person-level data alone. CONCLUSIONS: In the context of ending the HIV epidemic, behavioral and clinical surveillance data can help monitor HIV transmission risk and target prevention efforts to reduce transmission among populations at disproportionate risk.	*Homosexuality, Male; Humans; Male; Viral Load; *HIV-1; Cross-Sectional Studies; United States/epidemiology; *Sexual Partners; HIV Infections/*epidemiology/prevention & control; Puerto Rico/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2020	Davalos Soria, Diana Evening, Mares Chiyón, María Arantxa	Profilaxis preexposición y desarrollo de resistencia a los inhibidores nucleósidos de la transcriptasa reversa: revisión sistemática.	-	-	Universidad Peruana de Ciencias Aplicadas (UPC), PE	Universidad Peruana de Ciencias Aplicadas (UPC), PE	-	na	NA	http://hdl.handle.net/10757/654716	Objetivo: sintetizar la evidencia acerca de la resistencia a inhibidores nucleósidos de la transcriptasa reversa (NRTI) en personas que reciben PrEP. Métodos: se realizó una revisión sistemática de estudios experimentales. Se incluyeron estudios que comparaban el uso de PrEP frente a placebo o su no uso en población de riesgo para la infección de VIH; siendo el outcome evaluado el desarrollo de resistencia a NRTI. La selección de artículos y la extracción de datos fueron realizadas por dos revisores de manera independiente. Se realizó un metaanálisis de efectos aleatorios tanto de manera total como en subpoblaciones y según el momento de seroconversión. Para valorar el riesgo de sesgo se utilizó herramienta Risk of Bias 2.0 (RoB 2.0). Se usó como referencia el Software Review Manager 5. Resultados: se incluyeron nueve artículos correspondientes a seis estudios. Se encontró que el uso de PrEP no incrementa el riesgo de resistencia a TDF/FTC en la población total que recibió la intervención, haya o no presentado la infección. Sin embargo, en el grupo que seroconvirtió si se encontró un mayor riesgo de resistencia en los que usaron PrEP (RR: 2,76; IC95%: 1,22 a 6,26; I2 : 0%); el cual correspondía sólo al grupo que tenía infección por VIH latente al momento de iniciar la intervención (RR: 3,91; IC95%: 1,30 a 1,70; I2 : 0%). Conclusiones: el uso de PrEP no incrementa el riesgo de resistencia a TDF/FTC en el total de usuarios, pero si en pacientes con infección latente por el VIH al enrolamiento.	PrEP; Revisión sistemática; Infecciones por VIH; Resistencia; Antirretrovirales.	Spanish	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	-	-	Review
Article	2020	Davey, Dvora Joseph; Daniels J.; Beard C.; Mashele N.; Bekker L.-G.; Dovel K.; Ncayiyana J.; Coates T.J.; Myer L.	Healthcare provider knowledge and attitudes about pre-exposure prophylaxis (PrEP) in pregnancy in Cape Town, South Africa	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1782328	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087305115&doi=10.1080%2f09540121.2020.1782328&partnerID=40&md5=ff98b69bf262f2fd134efef5d675e8d3	Pre-exposure prophylaxis (PrEP) in pregnancy can reduce HIV incidence and vertical transmission. Healthcare providers (HCPs) play a critical role in delivering PrEP in antenatal care but little is known about HCP knowledge and attitudes about PrEP in pregnancy. We conducted a qualitative study in two healthcare facilities to assess HCPs' PrEP knowledge and perspectives relating to HIV prevention in pregnant women. Between January-March'19, we administered in-depth interviews among antenatal HCPs. We utilized a constant comparison approach to identify major qualitative findings. We enrolled 35 female HCPs (median age=43yrs. Fewer than half of HCPs had heard of PrEP before. Of those who had heard of PrEP, most felt that it was safe to take during pregnancy. Most HCPs described inaccurate PrEP knowledge regarding effectiveness, and most who knew about PrEP lacked clinical detail. HCPs highlighted important potential barriers to maternal PrEP use including: fear that PrEP may be unsafe, or belief that women must talk to partners/parents before initiating PrEP. Facilitators include good knowledge about serodiscordancy and vulnerability to seroconversion in pregnancy and desire to help women gain control overHIV prevention. We recommend integrating PrEP training into HIV testing and PMTCT nurse training to improve counseling and maternal PrEP delivery. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	healthcare providers; HIV prevention; PMTCT; Pregnancy; PrEP; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Davey, Dvora Joseph; Pintye J.; Baeten J.M.; Aldrovandi G.; Baggaley R.; Bekker L.-G.; Celum C.; Chi B.H.; Coates T.J.; Haberer J.E.; Heffron R.; Kinuthia J.; Matthews L.T.; McIntyre J.; Moodley D.; Mofenson L.M.; Mugo N.; Myer L.; Mujugira A.; Shoptaw S.; Stranix-Chibanda L.; John-Stewart G.	Emerging evidence from a systematic review of safety of pre-exposure prophylaxis for pregnant and postpartum women: where are we now and where are we heading?	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25426	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077688514&doi=10.1002%2fjia2.25426&partnerID=40&md5=16ceed87022030386f3681e6b6d9149d	Introduction: HIV incidence is high during pregnancy and breastfeeding with HIV acquisition risk more than doubling during pregnancy and the postpartum period compared to when women are not pregnant. The World Health Organization recommends offering pre-exposure prophylaxis (PrEP) to pregnant and postpartum women at substantial risk of HIV infection. However, maternal PrEP national guidelines differ and most countries with high maternal HIV incidence are not offering PrEP. We conducted a systematic review of recent research on PrEP safety in pregnancy to inform national policy and rollout. Methods: We used a standard Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) approach to conduct a systematic review by searching for completed, ongoing, or planned PrEP in pregnancy projects or studies from clinicaltrials.gov, PubMed and NIH RePORTER from 2014 to March 2019. We performed a systematic review of studies that assess tenofovir disoproxil fumarate (TDF)-based oral PrEP safety in pregnant and breastfeeding HIV-uninfected women. Results and discussion: We identified 14 completed (n = 5) and ongoing/planned (n = 9) studies that evaluate maternal and/or infant outcomes following PrEP exposure during pregnancy or breastfeeding. None of the completed studies found differences in pregnancy or perinatal outcomes associated with PrEP exposure. Nine ongoing studies, to be completed by 2022, will provide data on >6200 additional PrEP-exposed pregnancies and assess perinatal, infant growth and bone health outcomes, expanding by sixfold the data on PrEP safety in pregnancy. Research gaps include limited data on (1) accurately measured PrEP exposure within maternal and infant populations including drug levels needed for maternal protection; (2) uncommon perinatal outcomes (e.g. congenital anomalies); (3) infant outcomes such as bone growth beyond one year following PrEP exposure; (4) outcomes in HIV-uninfected women who use PrEP during pregnancy and/or lactation. Conclusions: Expanding delivery of PrEP is an essential strategy to reduce HIV incidence in pregnancy and breastfeeding women. Early safety studies of PrEP among pregnant women without HIV infection are reassuring and ongoing/planned studies will contribute extensive new data to bolster the safety profile of PrEP use in pregnancy. However, addressing research gaps is essential to expanding PrEP delivery for women in the context of pregnancy. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	breastfeeding; HIV; PMTCT; preexposure prophylaxis; pregnancy; PrEP; prevention of mother to child transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Davis, Clay	Homo adhaerens: Risk and adherence in biomedical HIV prevention research	Social Studies of Science	-	-	-	-	3063127	10.1177/0306312720933943	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087007609&doi=10.1177%2f0306312720933943&partnerID=40&md5=ca70d2f4947faab4218087ca361fc0f2	After the turn of the millennium, HIV clinical researchers pivoted from developing and testing new antiretrovirals (ARVs) for treatment, to reconfiguring the same molecules for pre-exposure prophylaxis (PrEP). In 2012, Truvada became the first HIV therapy to also be approved by the FDA for PrEP, regarded as a magic bullet that promised to end the epidemic. However, six years after its approval, it continues to be inaccessible to those who are most vulnerable. In this article, I critically analyze HIV PrEP clinical trials, dissecting the novel techniques researchers use to demonstrate efficacy. I argue that in making sense of the interplay between adherence to a prophylactic regimen and risk for HIV, biomedical HIV prevention research has revealed a new subject of biopolitics, Homo adhaerens. In the early 2000s, clinical researchers operating in the Global South identified Homo adhaerens as the ideal subject, one who embodies both high-risk behavior and diligent adherence to a daily oral regimen. I trace the construction of Homo adhaerens to the United States, where I listen closely to activists engaged with the ongoing DISCOVER trial of PrEP. Activists either aspire for Homo adhaerens as a standard, making the liberal argument that expanding access could make PrEP successful, or they rebuke the framework of clinical research that produces narrow understandings of adherence, efficacy, and universality. Ultimately, I argue that by failing to grapple with the social realities that underlie poor adherence, PrEP clinical trials produce knowledge that is not useful for those who are most vulnerable. © The Author(s) 2020.	adherence; HIV activism; PrEP; randomized controlled trial; risk; Truvada	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2020	De Baetselier, Irith; Osbak, Kara Krista; Smet, Hilde; Kenyon, Chris Richard; Crucitti, Tania	Take three, test one: a cross-sectional study to evaluate the molecular detection of Chlamydia trachomatis and Neisseria gonorrhoeae in pooled pharyngeal, anorectal and urine samples versus single-site testing among men who have sex with men in Belgium.	Acta Clinica Belgica	-	-	-	-	2295-3337 1784-3286	10.1080/17843286.2018.1545376	https://www.tandfonline.com/doi/full/10.1080/17843286.2018.1545376	Objectives: To investigate the efficacy of performing a pooling strategy of triple-anatomical site samples (pharyngeal, anorectal and urine samples) for simultaneous Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) nucleic acid amplification detection.Methods: A total of 117 specimen sets (pharyngeal, anorectal and urine) were collected from 98 men between 2014 and 2016. Double sampling of pharyngeal, anorectal and urine samples allowed for pooled and unpooled analyses using a multiplex Abbott Real Time CT/NG assay, together with confirmatory PCR testing in case of CT/NG positivity. Clinical and demographic data were analyzed.Results: The positivity rate for the triple-site pooled testing for CT and NG was 8.5% (10/117) and 6.8%, (8/117), respectively, compared to the single-site testing total positivity rate, which was 9.4% (11/117) and 4.3% (5/117) for CT and NG, respectively. Pooled analysis missed one CT-positive urine sample and one CT-positive anorectal sample could not be confirmed. In addition, less PCR inhibition was reported for the pooled sample (PS) testing and ERV-3 qPCR testing revealed ineffective sampling of self-collected anorectal swabs in two cases. No pharyngeal samples were positive for CT, nor were any urine samples positive for NG.Conclusion: This small study showed that PS testing is a possible testing strategy for screening high-risk men who have sex with men attending pre-exposure prophylaxis (PrEP) clinics. However, due to the low positivity rate of CT/NG in this study, larger evaluations are needed to confirm the effectiveness of CT/NG screening with multiple-site PS nucleic acid amplification test (NAAT) screening practices.	Adult; Humans; Male; Middle Aged; Cross-Sectional Studies; Homosexuality, Male; Belgium; Chlamydia trachomatis; Neisseria gonorrhoeae; Nucleic Acid Amplification Techniques; Specimen Handling; screening; diagnostics; Neisseria gonorrhoeae/*genetics; Pharynx/microbiology; *Chlamydia Infections/diagnosis/epidemiology; *Gonorrhea/diagnosis/epidemiology; Anal Canal/microbiology; Chlamydia trachomatis/*genetics; Molecular Typing/*methods; pooling	English	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2020	Debergh M.	Producing bodies at risk in sexual health–an ethnographic comparative analysis between the combined oral contraceptive pill and pre-exposure prophylaxis in Switzerland	Health Sociology Review	-	-	-	-	14461242	10.1080/14461242.2020.1823870	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091605559&doi=10.1080%2f14461242.2020.1823870&partnerID=40&md5=20a5b51ff943e7b242f22e4c823e818c	This article demonstrates that 'bodies at risk' in sexual health are socially constructed. It does so via a heuristic comparison between two molecular technologies that are central to the promotion of sexual health: the combined oral contraceptive pill (COCP) and pre-exposure prophylaxis (PrEP). Drawing on ethnographic research conducted in two sexual health institutions in the western part of Switzerland, the article presents two main findings. First, it argues that bodies are constructed as being at low or high risk by sexual health professionals (based on health and lifestyle criteria). Second, it shows that access to either the COCP or PrEP is largely based on this former classification. The article also demonstrates that there are ambivalent situations in which sexual health professionals seek compromises between different risks, and pragmatically adapt their medical protocols. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	bodies at risk; Combined oral contraceptive pill; ethnography; pre-exposure prophylaxis; sexual health	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Qualitative
Article	2020	Del Amo, Julia; Polo, Rosa; Moreno, Santiago; Díaz, Asunción; Martínez, Esteban; Arribas, José Ramón; Jarrín, Inma; Hernán, Miguel A	Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy : A Cohort Study.	Annals of Internal Medicine	-	-	-	-	1539-3704	10.7326/M20-3689	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7394316	BACKGROUND: The incidence and severity of coronavirus disease 2019 (COVID-19) among HIV-positive persons receiving antiretroviral therapy (ART) have not been characterized in large populations. OBJECTIVE: To describe the incidence and severity of COVID-19 by nucleos(t)ide reverse transcriptase inhibitor (NRTI) use among HIV-positive persons receiving ART. DESIGN: Cohort study. SETTING: HIV clinics in 60 Spanish hospitals between 1 February and 15 April 2020. PARTICIPANTS: 77 590 HIV-positive persons receiving ART. MEASUREMENTS: Estimated risks (cumulative incidences) per 10 000 persons and 95% CIs for polymerase chain reaction-confirmed COVID-19 diagnosis, hospitalization, intensive care unit (ICU) admission, and death. Risk and 95% CIs for COVID-19 diagnosis and hospital admission by use of the NRTIs tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC), tenofovir alafenamide (TAF)/FTC, abacavir (ABC)/lamivudine (3TC), and others were estimated through Poisson regression models. RESULTS: Of 77 590 HIV-positive persons receiving ART, 236 were diagnosed with COVID-19, 151 were hospitalized, 15 were admitted to the ICU, and 20 died. The risks for COVID-19 diagnosis and hospitalization were greater in men and persons older than 70 years. The risk for COVID-19 hospitalization was 20.3 (95% CI, 15.2 to 26.7) among patients receiving TAF/FTC, 10.5 (CI, 5.6 to 17.9) among those receiving TDF/FTC, 23.4 (CI, 17.2 to 31.1) among those receiving ABC/3TC, and 20.0 (CI, 14.2 to 27.3) for those receiving other regimens. The corresponding risks for COVID-19 diagnosis were 39.1 (CI, 31.8 to 47.6), 16.9 (CI, 10.5 to 25.9), 28.3 (CI, 21.5 to 36.7), and 29.7 (CI, 22.6 to 38.4), respectively. No patient receiving TDF/FTC was admitted to the ICU or died. LIMITATION: Residual confounding by comorbid conditions cannot be completely excluded. CONCLUSION: HIV-positive patients receiving TDF/FTC have a lower risk for COVID-19 and related hospitalization than those receiving other therapies. These findings warrant further investigation in HIV preexposure prophylaxis studies and randomized trials in persons without HIV. PRIMARY FUNDING SOURCE: Instituto de Salud Carlos III and National Institutes of Health.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Editorial	2020	del Rio C.; Armstrong W.S.	How much are we willing to pay for preexposure prophylaxis in the United States?	Annals of Internal Medicine	-	-	-	-	34819	10.7326/M20-0799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084386449&doi=10.7326%2fM20-0799&partnerID=40&md5=bfb294d8cda90b1f6d0d734fc120d9bc	NA	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Den Daas C.; Adam P.C.G.; Zuilhof W.; de Wit J.B.F.	A serological divide: men who have sex with men's attitudes on HIV risk reduction strategies	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1739213	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081299200&doi=10.1080%2f09540121.2020.1739213&partnerID=40&md5=0ac18e5f9518d700b3e37829fee74ac2	The expanding HIV risk reduction toolkit increases options for men who have sex men (MSM), but increasing options in combination with different preferences may complicate promoting risk reduction. To investigate what strategies MSM prefer, data of 3310 participants in the online survey "Men & Sexuality" (Median age = 37 years, 320 (9.7%) HIV positive) was analysed. Questions assessed attitudes towards HIV risk reduction strategies. Participants had the most positive attitudes regarding PrEP and HIV testing, while withdrawal and strategic positioning were least preferred (all p's <.001). Condoms were seen as acceptable to partners and effective but scored low on sexual pleasure. HIV-positive participants were more negative about condoms and more positive about viral load sorting than HIV-negative participants (F(12,3297) = 5.09, p <.001, (Formula presented.) =.02). Findings highlight a preference for HIV risk reduction strategies (PrEP and HIV testing) that do not diminish sexual pleasure and can be applied independent of sexual partners. A serological divide was apparent: HIV-negative MSM were less negative about condoms than HIV-positive MSM, suggesting that condom promotion remains a viable strategy for HIV-negative MSM. Taken together, results indicate a need for personalized approaches to the promotion of HIV risk reduction strategies, accounting for individual preferences and strategy effectiveness. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	HIV; HIV risk reduction strategies; men who have sex with men (MSM); sexual contexts	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2020	Devarajan, Sinthuja; Sales, Jessica M; Hunt, Machel; Comeau, Dawn L	PrEP and sexual well-being: a qualitative study on PrEP, sexuality of MSM, and patient-provider relationships	AIDS Care	-	-	-	-	09540121	10.1080/09540121.2019.1695734	https://www.proquest.com/scholarly-journals/prep-sexual-well-being-qualitative-study-on/docview/2352085937/se-2?accountid=8113	Most new diagnoses of HIV in the United States are among men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is a medication that mitigates risk of HIV acquisition and requires regular STI testing and prescription refills with PrEP providers. Because PrEP care monitors sexual behavior, there is a need to understand how PrEP providers approach sexual health care for MSM patients. In this study, semi-structured qualitative interviews were conducted with 20 MSM in Atlanta, Georgia with current or past prescriptions for PrEP. Data were analyzed with thematic analysis using four major steps: (1) code and codebook development, (2) assigning codes to segments of interviews, (3) code-based and comparative analysis methods, and (4) developing thematic findings. Findings from interviews about changes in sexuality while using PrEP include decreased anxiety surrounding sex, increased feelings of control over personal health, and experiencing less stigma towards sexual partners with HIV. Participants indicated needs for tailored health advice based on individual sexual preferences, sexual health care free from stereotypical assumptions, and improved access to PrEP providers identifying as gay men or who practice in LGBT-friendly settings. Study findings support a call for a gain-frame approach to sexual health in PrEP care for MSM.	Homosexuality; HIV prevention; Pre-exposure prophylaxis; PrEP; Sexuality; Anxiety; Men; Sexual behavior; Sexual health; Stigma; Disease prevention; Health care; Prophylaxis; Qualitative research; Interviews; Sexual orientation; Patients; sexual health; Sexual and reproductive health; sexuality; Stereotypes; primary medical care; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sexual partners; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Comparative analysis; Health risks; Prescription drugs; LGBTQ people; Personal health; Personal control	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Di Ciaccio, Marion; Sagaon-Teyssier, Luis; Mimi, Mohamed; Suzan-Monti, Marie; Protiere, Christel; Castro, Daniela Rojas; Meyer, Laurence; Tremblay, Cécile; Chidiac, Christian; Capitant, Catherine; Préau, Marie; Molina, Jean-Michel; Spire, Bruno	What are the situational and behavioral factors associated with condomless anal sex without pre-exposure prophylaxis in MSM?	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000002542	https://dx.doi.org/10.1097/QAD.0000000000002542	OBJECTIVE: This study aimed to identify situational and behavioral factors associated with condomless anal sex without on-demand PrEP in the open-label extension (OLE) study of the ANRS-IPERGAY trial. METHODS: Univariable and multivariable modified Poisson regressions with a generalized estimating equation (GEE) were used. The attributable risk percentage for each explanatory variable and for condomless anal sex without PrEP was calculated. RESULTS: In the OLE, 19% of anal intercourses were unprotected (i.e. no PrEP or condom). Of these, 85% were attributable to sexual intercourse with main partners and 47% with HIV-negative partners. The following factors were positively associated with condomless anal sex without PrEP: a depressive episode in the previous 12 months aR (95% CI), P-value: 1.49 (1.02--2.17), 0.039, a higher number of sexual intercourses during the previous 4 weeks 1.01 1.002--1.02, 0.014, and sexual intercourses under the influence of alcohol 1.45 (1.10--1.92), 0.008. By contrast, condomless anal sex without PrEP was less frequent during sexual intercourses with known casual, unknown casual and multiple partners 0.20 (0.14--0.30), <0.001; 0.10 (0.05--0.20), <0.001; 0.11 (0.05--0.29), <0.001, respectively, as well as with HIV+ partners with an undetectable viral load and HIV+ partners with a detectable/unknown viral load or unknown serology status 0.57 (0.38--0.86), 0.007; 0.52 (0.32--0.87), 0.012, respectively. CONCLUSION: Choosing to have condomless anal sex without PrEP depends primarily on the sexual partner's characteristics (level of intimacy, serological status). This reflects a form of rationality in HIV risk management. However, our results raise questions about the true efficacy of managing HIV risk using this approach.	na	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Di Ciaccio, Marion; Sagaon-Teyssier, Luis; Mimi, Mohamed; Suzan-Monti, Marie; Protiere, Christel; Rojas Castro, Daniela; Meyer, Laurence; Tremblay, Cécile; Chidiac, Christian; Capitant, Catherine; Préau, Marie; Molina, Jean Michel; Spire, Bruno	Changes in Sexual Behaviors in Men Who Have Sex with Men: A Comparison Between the Double-Blind and Open-Label Extension Phases of the ANRS-IPERGAY Trial.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-020-02864-8	https://link.springer.com/article/10.1007/s10461-020-02864-8	Pre-Exposure Prophylaxis (PrEP) is changing the landscape of HIV prevention, and may bring changes in sexual behaviors. The double-blind phase (DBP) and open-label extension (OLE) study of the ANRS-IPERGAY trial allowed us to assess changes in sexual behavior of men who have sex with men (MSM) taking sexual activity-based (i.e., on-demand) PrEP. Generalized Estimating Equation (GEE) models found a significant decrease in the number of sexual partners (Coefficient CI95%, p value; - 0.37- 0.70 to - 0.04, p = 0.03) between the DBP and OLE as well as in the number of sexual relations (- 0.25 - 0.49 to 0.00, p = 0.04). GEE estimates also showed that respondents' most recent sexual relation was less likely to have been with an unknown casual partner during the OLE than during the DBP (Odds Ratio CI95%, p value: 0.750.62-0.92, 0.005). Furthermore, they showed an increase in the proportion of condomless anal sex in the OLE (1.321.04-1.67, 0.02), a decrease in the proportion of 'suboptimal PrEP adherence' over time (0.750.58-0.97, p = 0.03), a decrease in PrEP only use (0.730.55-0.96, 0.03) and in both PrEP and condom use over time (0.700.51-0.95, 0.02) and finally, a decrease in alcohol consumption between the DBP and OLE (0.740.61-0.90, 0.002). We observed both protective and risky behaviors in terms of HIV and STI risk after on-demand PrEP uptake in the OLE phase. Our findings are consistent with results from previous PrEP trials.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; Young Adult; HIV Infections/*prevention & control; Risk-Taking; Double-Blind Method; Sexual Partners; Canada; France; Anti-HIV Agents/*administration & dosage/therapeutic use; *Risk Reduction Behavior; Sexual Behavior/*statistics & numerical data; Safe Sex; Pre-Exposure Prophylaxis/*methods; PrEP; MSM; ANRS-IPERGAY trial; Behaviors; HIV risk management	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Dimitrov, Dobromir; Moore, James R; Wood, Daniel; Mitchell, Kate M; Li, Maoji; Hughes, James P; Donnell, Deborah J; Mannheimer, Sharon; Holtz, Timothy H; Grant, Robert M; Boily, Marie-Claude	Predicted effectiveness of daily and nondaily preexposure prophylaxis for men who have sex with men based on sex and pill-taking patterns from the human immuno virus prevention trials network 067/ADAPT study	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciz799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088205569&doi=10.1093%2fcid%2fciz799&partnerID=40&md5=5b474254e98f7fde1be5a4ab853a432d	Background. The HIV Prevention Trials Network (HPTN) 067/Alternative Dosing to Augment PrEP Pill Taking (ADAPT) Study evaluated the feasibility of daily and nondaily human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) regimens among high-risk populations, including men who have sex with men (MSM) and transgender women, in Bangkok, Thailand and Harlem, New York. We used a mathematical model to predict the efficacy and effectiveness of different dosing regimens. Methods. An individual-based mathematical model was used to simulate annual HIV incidence among MSM cohorts. PrEP efficacy for covered sex acts, as defined in the HPTN 067/ADAPT protocol, was estimated using subgroup efficacy estimates from the preexposure prophylaxis initiative (iPrEx) trial. Effectiveness was estimated by comparison of the HIV incidence with and without PrEP use. Results. We estimated that PrEP was highly protective (85%-96% efficacy across regimens and sites) for fully covered acts. PrEP was more protective for partially covered acts in Bangkok (71%-88% efficacy) than in Harlem (62%-81% efficacy). Our model projects 80%, 62%, and 68% effectiveness of daily, time-driven, and event-driven PrEP for MSM in Harlem compared with 90%, 85%, and 79% for MSM in Bangkok. Halving the efficacy for partially covered acts decreases effectiveness by 8-9 percentage points in Harlem and by 5-9 percentage points in Bangkok across regimens. Conclusions. Our analysis suggests that PrEP was more effective among MSM in Thailand than in the United States as a result of more fully covered sex acts and more pills taken around partially covered acts. Overall, nondaily PrEP was less effective than daily PrEP, especially in the United States where the sex act coverage associated with daily use was substantially higher. © The Author(s) 2019. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV incidence; HIV prevention; Mathematical model; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Djomand G.; Bingham T.; Benech I.; Muthui M.; Savva H.; Alamo S.; Manopaiboon C.; Wheeler T.; Mital S.	Expansion of HIV Preexposure Prophylaxis to 35 PEPFAR-Supported Early Program Adopters, October 2016-September 2018	MMWR Recommendations and Reports	-	-	-	-	1545861X	10.15585/mmwr.mm6908a3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85080859612&doi=10.15585%2fmmwr.mm6908a3&partnerID=40&md5=0b2e0446db3a9f144e11ab3e0710e8b6	The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the largest bilateral funder of human immunodeficiency virus (HIV) prevention and control programs worldwide, currently supports implementation of preexposure prophylaxis (PrEP) to reduce HIV incidence among persons at substantial risk for infection, including female sex workers, men who have sex with men (MSM), and transgender women (hereafter referred to as key populations). Recent estimates suggest that 54% of all global new HIV infections in 2018 occurred among key populations and their sexual partners (1). In 2016, PEPFAR began tracking initiation of PrEP by key populations and other groups at high risk (2). The implementation and scale-up of PrEP programs across 35 PEPFAR-supported country or regional programs* was assessed by determining the number of programs reporting any new PrEP clients during each quarter from October 2016 to September 2018. As of September 2018, only 15 (43%) PEPFAR-supported country or regional programs had implemented PrEP programs; however, client volume increased by 3,351% over the assessment period in 15 country or regional programs. Scale-up of PrEP among general population clients (5,255%) was nearly three times that of key population clients (1,880%). Among key populations, the largest increase (3,518%) occurred among MSM. Factors that helped drive the success of these PrEP early adopter programs included initiation of national, regional, and multilateral stakeholder meetings; engagement of ministries of health and community advocates; revision of HIV treatment guidelines to include PrEP; training for HIV service providers; and establishment of drug procurement policies. These best practices can help facilitate PrEP implementation, particularly among key populations, in other country or regional programs to reduce global incidence of HIV infection.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2020	Djomegni P.M.T.; Tekle A.; Dawed M.Y.	Pre-exposure prophylaxis HIV/AIDS mathematical model with non classical isolation	Japan Journal of Industrial and Applied Mathematics	-	-	-	-	9167005	10.1007/s13160-020-00422-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084979990&doi=10.1007%2fs13160-020-00422-2&partnerID=40&md5=f92c6be87edd127a898b829e24efe9e8	We propose a mathematical model to understand the transmission dynamics of HIV/AIDS in an environment. In addition to previous approaches, we incorporate two classes of isolated. By isolated we do not mean physical separation, but commitment to keep its status. We establish the well-posedness of our model and fully analyze the asymptotic behavior of the solutions which depends on the basic reproduction number R. We then perform sensitive analysis to investigate the best strategy to keep the average number of secondary infection R low. Our investigation reveals that when there is both high awareness and high efficacy of PrEP (pre-exposure prophylaxis) use, increasing the efficacy of PrEP use decreases R the most. Otherwise, the best strategy is to isolated more susceptible to the class H1. Our model can be applied to any organizations/companies relying on physical labor forces (with some workers being infected by HIV/AIDS). © 2020, The JJIAM Publishing Committee and Springer Japan KK, part of Springer Nature.	Compartmental model; HIV/AIDS model; Pre-exposure prophylaxis (PrEP)	English	Japan	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Dobard, Charles; Makarova, Natalia; Nishiura, Kenji; Dinh, Chuong; Holder, Angela; Sterling, Mara; Lipscomb, Jonathan; Mitchell, James; Deyounks, Frank; Garber, David; Khalil, George; Spreen, William; Heneine, Walid; García-Lerma, J Gerardo	Long-Acting Cabotegravir Protects Macaques Against Repeated Penile Simian-Human Immunodeficiency Virus Exposures.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiaa095	https://dx.doi.org/10.1093/infdis/jiaa095	We used a novel penile simian-human immunodeficiency virus (SHIV) transmission model to investigate whether long-acting cabotegravir (CAB LA) prevents penile SHIV acquisition in macaques. Twenty-two macaques were exposed to SHIV via the foreskin and urethra once weekly for 12 weeks. Of these, 6 received human-equivalent doses of CAB LA, 6 received oral emtricitabine/tenofovir disoproxil fumarate, and 10 were untreated. The efficacy of CAB LA was high (94.4%; 95% confidence interval, 58.2%-99.3%) and similar to that seen with oral emtricitabine/tenofovir disoproxil fumarate (94.0%; 55.1%-99.2%). The high efficacy of CAB LA in the penile transmission model supports extending the clinical advancement of CAB LA preexposure prophylaxis to heterosexual men.	ARTIGO DE JORNAL	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Dobkin, April; McWalters, Jessica; Barnett, Rebecca; Ray, Laurie L; Espinoza, Lilia; McGinn, Aileen P; Atrio, Jessica M; Keller, Marla J	Acceptability of a Tenofovir Disoproxil Fumarate Intravaginal Ring for HIV Pre-Exposure Prophylaxis Among Sexually Active Women.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001254	https://dx.doi.org/10.1097/OLQ.0000000000001254	INTRODUCTION: Vaginal ring delivery of antiretroviral drugs may provide protection against acquisition of HIV-1 when used as Pre-Exposure prophylaxis. As part of a randomized placebo-controlled safety trial of a tenofovir disoproxil fumarate (TDF) intravaginal ring (IVR), we assessed product acceptability through surveys of women after continuous ring use. METHODS: Sexually active, HIV-negative women were enrolled to investigate the safety and pharmacokinetics of 3 months of continuous TDF IVR use. The study was designed to include 40 US participants randomly assigned (3:1) to a TDF or placebo IVR. Twelve were randomized to TDF and 5 to the placebo group before the study was electively discontinued because of the development of vaginal ulcerations in 8 women in the TDF group. Acceptability data were gathered via self-administered, computer-based questionnaires. RESULTS: The average age of the 17 participants was 31 years (range, 18-42 years). Sixteen participants (94%) completed all questions at 2 study visits. When asked about ring likeability after 1 month of ring use, 12 (75%) of 16 reported overall liking the ring, including 6 (75%) of 8 who developed ulcerations. In addition, 10 (83%) of 12 who had their menses during the first month of ring use were not bothered by the ring, and 11 (69%) of 16 stated that the ring was not bothersome with use during sex. CONCLUSIONS: Despite unanticipated ulcers, TDF and placebo IVRs were acceptable to some women, even when used with menses and during sex, which is promising for continued development of IVRs for HIV prevention.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Drain, Paul K.; Kubiak, Rachel W.; Siriprakaisil, Oraphan; Klinbuayaem, Virat; Quame-Amaglo, Justice; Sukrakanchana, Pra-Ornsuda; Tanasri, Suriyan; Punyati, Pimpinun; Sirirungsi, Wasna; Cressey, Ratchada; Bacchetti, Peter; Okochi, Hideaki; Baeten, Jared M.; Gandhi, Monica; Cressey, Tim R.	Urine Tenofovir Concentrations Correlate With Plasma and Relate to Tenofovir Disoproxil Fumarate Adherence: A Randomized, Directly Observed Pharmacokinetic Trial (TARGET Study).	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/ciz645	https://pubmed.ncbi.nlm.nih.gov/31314073/	BACKGROUND: Direct measurement of tenofovir (TFV) in urine could be an objective measure to monitor adherence to preexposure prophylaxis (PrEP) or TFV-based antiretroviral therapy (ART). METHODS: We conducted a 3-arm randomized, pharmacokinetic study of tenofovir disoproxil fumarate (TDF) 300 mg/emtricitabine (FTC) 200 mg among adults living with human immunodeficiency virus. Participants were randomized to receive controlled TDF/FTC dosing as (1) "perfect" adherence (daily); (2) "moderate" adherence (4 doses/week); or (3) "low" adherence (2 doses/week). We obtained trough spot urine and plasma samples during a 6-week directly observed therapy period and a 4-week washout period. TFV concentrations were compared between adherence arms using 1-way analysis of variance. RESULTS: Among 28 participants, the median age was 33 years and 16 (57%) were male. Correlation between TFV plasma and urine concentrations was strong (ρ = 0.78; P < .0001). Median (interquartile range) steady-state trough TFV concentrations (ng/mL) for perfect, moderate, and low TDF adherence were 41 (26-52), 16 (14-19), and 4 (3-5) in plasma; and 6480 (3940-14 300), 3405 (2210-5020), and 448 (228-675) in urine. Trough TFV concentrations at steady state were significantly different between the 3 adherence arms for plasma (P < .0001) and urine (P = .0002). Following drug cessation, TFV concentrations persisted longer in urine than plasma samples. Washout urine TFV concentrations and time to undetectable concentrations did not differ between the 3 randomized adherence groups. CONCLUSIONS: Urine TFV concentrations can inform interpretation of novel point-of-care urine-based TFV assays to assess recent TDF adherence. CLINICAL TRIALS REGISTRATION: NCT03012607	Adult; Humans; Male; tenofovir; HIV; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; Emtricitabine/therapeutic use; preexposure prophylaxis; *HIV Infections/drug therapy; antiretroviral treatment; Plasma; *Pharmaceutical Preparations; *Tenofovir/therapeutic use; directly observed therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Drain, Paul K; Bardon, Ashley R; Simoni, Jane M; Cressey, Tim R; Anderson, Pete; Sevenler, Derin; Olanrewaju, Ayokunle O; Gandhi, Monica; Celum, Connie	Point-of-care and Near Real-time Testing for Antiretroviral Adherence Monitoring to HIV Treatment and Prevention.	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-020-00512-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7492442	PURPOSE OF REVIEW: In this report, we review the need for point-of-care (POC) or near real-time testing for antiretrovirals, progress in the field, evidence for guiding implementation of these tests globally, and future directions in objective antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP) adherence monitoring. RECENT FINDINGS: Two cornerstones to end the HIV/AIDS pandemic are ART, which provides individual clinical benefits and eliminates forward transmission, and PrEP, which prevents HIV acquisition with high effectiveness. Maximizing the individual and public health benefits of these powerful biomedical tools requires high and sustained antiretroviral adherence. Routine monitoring of medication adherence in individuals receiving ART and PrEP may be an important component in interpreting outcomes and supporting optimal adherence. Existing practices and subjective metrics for adherence monitoring are often inaccurate or unreliable and, therefore, are generally ineffective for improving adherence. Laboratory measures of antiretroviral concentrations using liquid chromatography tandem mass spectrometry have been utilized in research settings to assess medication adherence, although these are too costly and resource-intensive for routine use. Newer, less costly technologies such as antibody-based methods can provide objective drug-level measurement and may allow for POC or near-patient adherence monitoring in clinical settings. When coupled with timely and targeted counseling, POC drug-level measures can support adherence clinic-based interventions to ART or PrEP in near real time.	HIV, adherence, antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), point-of-care test, tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Drain, Paul; Ngure, Kenneth; Mugo, Nelly; Spinelli, Matthew; Chatterjee, Purba; Bacchetti, Peter; Glidden, David; Baeten, Jared; Gandhi, Monica	Testing a real-time tenofovir urine adherence assay for monitoring and providing feedback to preexposure prophylaxis in Kenya (PUMA): Protocol for a pilot randomized controlled trial	JMIR Research Protocols	-	-	-	-	19290748	10.2196/15029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083445218&doi=10.2196%2f15029&partnerID=40&md5=5deaf1cb8b0269d5d73f943b68da554f	Background: The worldwide expansion of preexposure prophylaxis (PrEP) with oral tenofovir-disoproxil-fumarate/emtricitabine will be critical to ending the HIV epidemic. However, maintaining daily adherence to PrEP can be difficult, and the accuracy of self-reported adherence is often limited by social desirability bias. Pharmacologic adherence monitoring (measuring drug levels in a biomatrix) has been critical to interpreting PrEP trials, but testing usually requires expensive equipment and skilled personnel. We have recently developed a point-of-care (POC) immunoassay to measure tenofovir in urine, allowing real-time adherence monitoring for the first time. Objective: The goal of this study is to examine a point-of-care adherence metric in PrEP to support and increase adherence via a randomized controlled trial. Methods: The paper describes the protocol for a pilot randomized controlled trial to test the acceptability, feasibility, and impact on long-term adherence of implementing a POC urine test to provide real-time adherence feedback among women on PrEP. Eligible women (n=100) will be HIV-negative, ≥18 years old, and recruited from a clinic in Kenya that provides PrEP. Participants will be randomized 1:1 to the intervention of providing real-time feedback via the assay versus standard of care adherence counseling. Acceptability by participants will be assessed by a quantitative survey, as well as by qualitative data collected via in-depth interviews (n=20) and focus group discussions (n=4 groups, 5-10 women each). Feasibility will be assessed by the proportion of women retained in the study, the mean number of missed visits, the proportion of planned urine assessments completed, and messages delivered, while in-depth interviews with providers (n=8) will explore the ease of administering the urine test. Tenofovir levels in hair will serve as long-term adherence metrics. A linear mixed-effects model will estimate the effect of the intervention versus standard of care on logarithmically transformed levels of tenofovir in hair. Results: This study has been funded by the National Institute of Health, approved by the Kenya Medical Research Institute Institutional Review Board, and will commence in June 2020. Conclusions: A novel urine assay to measure and deliver information on adherence to PrEP in real-time will be tested for the first time in this trial planned among women on PrEP in Kenya. Study findings will inform a larger-scale trial assessing the impact of real-time adherence monitoring/feedback on HIV prevention. Improving adherence to PrEP will have long-term implications for efforts to end the HIV epidemic worldwide. ©Paul Drain, Kenneth Ngure, Nelly Mugo, Matthew Spinelli, Purba Chatterjee, Peter Bacchetti, David Glidden, Jared Baeten, Monica Gandhi.	Adherence; Immunoassay; Kenya; Point of care; PrEP; Real-time monitoring and feedback; Tenofovir; Trial; Urine test; Women	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Drake A.L.; Begnel E.; Pintye J.; Kinuthia J.; Wagner A.D.; Rothschild C.W.; Otieno F.; Kemunto V.; Baeten J.M.; John-Stewart G.	The utility of SMS to report male partner HIV self-testing outcomes among women seeking reproductive health services in Kenya: Cohort study	JMIR mHealth and uHealth	-	-	-	-	22915222	10.2196/15281	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082380535&doi=10.2196%2f15281&partnerID=40&md5=2e29fd7d2c6d2029806cef1e5f856389	Background: Use of SMS for data collection is expanding, but coverage, bias, and logistical constraints are poorly described. Objective: The aim of this study is to assess the use of SMS to capture clinical outcomes that occur at home and identify potential biases in reporting compared to in-person ascertainment. Methods: In the PrEP Implementation in Young Women and Adolescents program, which integrated pre-exposure prophylaxis (PrEP) into antenatal care, postnatal care, and family planning facilities in Kisumu County, Kenya, HIV-negative women 14 years of age or older were offered oral HIV self-tests (HIVSTs) to take home to male partners. Women that brought a phone with a Safaricom SIM to the clinic were offered registration in an automated SMS system (mSurvey) to collect information on HIVST outcomes. Women were asked if they offered the test to their male partners, and asked about the test process and results. HIVST outcomes were collected via SMS (sent 2.5 weeks later), in-person (if women returned for a follow-up scheduled 1 month later), or using both methods (if women initiated PrEP, they also had scheduled follow-up visits). The SMS prompted women to reply at no charge. HIVST outcomes were compared between women with scheduled follow-up visits and those without (follow-up visits were only scheduled for women who initiated PrEP). HIVST outcomes were also compared between women reporting via SMS and in-person. Results: Among 2123 women offered HIVSTs and mSurvey registration, 486 (23.89%) accepted HIVSTs, of whom 359 (73.87%) were eligible for mSurvey. Additionally, 76/170 (44.7%) women with scheduled follow-up visits and 146/189 (77.3%) without scheduled follow-up visits registered in mSurvey. Among the 76 women with scheduled follow-ups, 62 (82%) had HIVST outcomes collected: 19 (31%) in-person, 20 (32%) by SMS, and 23 (37%) using both methods. Among the 146 women without scheduled visits, 87 (59.6%) had HIVST outcomes collected: 3 (3%) in-person, 82 (94%) by SMS, and 2 (2%) using both methods. SMS increased the collection of HIVST outcomes substantially for women with scheduled follow-up visits (1.48-fold), and captured 82 additional reports from women without scheduled follow-up visits. Among 222 women with reported HIVST outcomes, frequencies of offering partners the HIVST (85/95, 89% in-person vs 96/102, 94% SMS; P=.31), partners using the HIVST (83/85, 98% vs 92/96, 96%; P=.50), women using HIVST with partners (82/83, 99% vs 91/92, 99%; P=.94), and seeing partner's HIVST results (82/83, 99% vs 89/92, 97%; P=.56) were similar between women reporting in-person only versus by SMS only. However, frequency of reports of experiencing harm or negative reactions from partners was more commonly reported in the SMS group (17/102, 16.7% vs 2/85, 2%; P=.003). Barriers to the SMS system registration included not having a Safaricom SIM or a functioning phone. Conclusions: Our results suggest that the use of SMS substantially improves completeness of outcome data, does not bias reporting of nonsensitive information, and may increase reporting of sensitive information. © 2020 Journal of Medical Internet Research. All rights reserved.	HIV pre-exposure prophylaxis; HIV self-testing; SMS; Survey coverage	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Duchesne L.; Lydié N.; Velter A.	Increase in the overall level of protected anal sex in men who have sex with men in France: results from the repeated cross-sectional survey Rapport au Sexe, France, 2017–2019	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1739208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081923717&doi=10.1080%2f09540121.2020.1739208&partnerID=40&md5=26d341b49e21c3f494076d86ce62a21a	This study measures the evolution in the overall level of protection against HIV by men who have sex with men (MSM) in France. Using data from the 2017 and 2019 editions of Rapport au Sexe–an online survey–we compared the use of HIV prevention tools by MSM during their most recent anal intercourse (MRAI) with a casual male partner. We developed a classification with five categories ordered according to the effectiveness of each tool method in reducing the risk of acquiring HIV: Treatment as prevention (TasP), Pre-exposure prophylaxis (PrEP), exclusive condom use, Post-exposure prophylaxis (PEP) or nothing (i.e., no tool used). The percentage of MSM who did not use any prevention tool decreased from 25.9% in 2017 to 23.5% in 2019 (aOR 95%CI = 0.9 0.8–0.9). The proportion of MSM who took PrEP during the MRAI increased from 5.4% in 2017 to 14.0% in 2019 (aOR 95%CI = 2.92.5–3.3). The proportion of MSM who used condoms exclusively decreased from 67.5% in 2017 to 61.3% in 2019 (aOR 95%CI = 0.8 0.7–0.8). We observed an increase in the rate of protected anal sex, and a decrease in the rate of condom use. The implementation of PrEP may be one of the main driving forces behind these changes. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	biomedical prevention; HIV; Men who have sex with men; preventive behavior	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Ebbini, Rami Phoebus	What meaning do gay men on PrEP make of their sexuality : a phenomenological investigation	-	-	Middlesex University	Middlesex University	-	na	NA	https://eprints.mdx.ac.uk/35860/	This study aims to explore what meaning gay men on pre-exposure prophylaxis (PrEP) make of their sexuality. PrEP is a medication that was approved in 2012 by the US Federal Drugs Agency (FDA) as an effective means of prophylaxis against contracting HIV. Eight gay men in London who have been on PrEP for at least 6 months, and who do not participate regularly in chemsex were interviewed, and the data was analysed using a hybrid method, relying mainly on Interpretative Phenomenological Analysis (IPA), in addition to a heuristic first step. The results revealed how the participants made sense of their sexualities through lenses of being and doing something sexual, often through the identity and acts of sexual roles. Speaking about their sexualities and PrEP showed to be important to the participants, not only as a means of communication, but also as a manifestation of their sexualities. Despite the notion that PrEP neutralises the threat of contracting HIV, the fear of HIV was still prevalent amongst the participants, and casual sex was still perceived to be potentially dangerous. Finally, the results reveal how these participants constructed and valued ideas and fantasies of 'good' and 'natural' sex, which PrEP seems to help them uphold. This study can contribute towards a deeper understanding of gay sexuality, particularly given the context of rapid changes in technology in the fight against HIV. The clinical significance of this research, especially for existential therapists, lies in the importance the participants placed on speaking about their sexualities, the insights gained from how these participants navigate their sexual lives, and the challenges and dilemmas they face regarding the choices they make and the risks they are willing or not willing to take as part of their sexuality.	na	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Edelman E.J.; Moore B.A.; Calabrese S.K.; Berkenblit G.; Cunningham C.O.; Ogbuagu O.; Patel V.V.; Phillips K.A.; Tetrault J.M.; Shah M.; Blackstock O.	Preferences for implementation of HIV pre-exposure prophylaxis (PrEP): Results from a survey of primary care providers	Preventive Medicine Reports	-	-	-	-	22113355	10.1016/j.pmedr.2019.101012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076456956&doi=10.1016%2fj.pmedr.2019.101012&partnerID=40&md5=e0018b942d3cf16cc3646794923046cf	Primary care physicians (PCPs) are critical for promoting HIV prevention by prescribing pre-exposure prophylaxis (PrEP). Yet, there are limited data regarding PCP's preferred approaches for PrEP implementation. In 2015, we conducted an online survey of PCPs' PrEP prescribing and implementation. Participants were general internists recruited from a national professional organization. We examined provider and practice characteristics and perceived implementation barriers and facilitators associated with preferred models for PrEP implementation. Among 240 participants, the majority (85%) favored integrating PrEP into primary care, either by training all providers ("all trained") (42%) or having an onsite PrEP specialist ("on-site specialist") (43%). Only 15% preferred referring patients out of the practice to a specialist ("refer out"). Compared to those who preferred to "refer out," participants who preferred the "all trained" model were more likely to spend most of their time delivering direct patient care and to practice in the Northeast. Compared to participants who preferred the "refer out" or on-site specialist" models, PCPs preferring the all trained model were less likely to perceive lack of clinic PrEP guidelines/protocols as a barrier to PrEP. Most PCPs favored integrating PrEP into primary care by either training all providers or having an on-site specialist. Time devoted to clinical care and geography may influence preferences for PrEP implementation. Establishing clinic-specific PrEP protocols may promote on-site PrEP implementation. Future studies should focus on evaluating the effectiveness of different PrEP implementation models on PrEP delivery. © 2019 The Authors	HIV prevention; Implementation; Pre-exposure prophylaxis; Primary care physicians	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Edeza A.; Bazzi A.; Salhaney P.; Biancarelli D.; Childs E.; Mimiaga M.J.; Drainoni M.-L.; Biello K.	HIV Pre-exposure Prophylaxis for People Who Inject Drugs: The Context of Co-occurring Injection- and Sexual-Related HIV Risk in the U.S. Northeast	Substance Use and Misuse	-	-	-	-	10826084	10.1080/10826084.2019.1673419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074025315&doi=10.1080%2f10826084.2019.1673419&partnerID=40&md5=745dbfc9a0dfa4d3695ef440ae30421b	Background: People who inject drugs (PWID) are at increased risk for HIV infection through sharing contaminated needles and injection equipment, and engaging in condomless sex. Objectives: To qualitatively examine the overlapping nature of these behaviors among PWID in the US Northeast. Methods: We recruited HIV-uninfected PWID and key informants through community-based organizations. Qualitative interviews explored sexual partnerships as they related to sharing contaminated needles and injection equipment, engaging in condomless sex, and associated indications for PrEP among PWID. Results: Among 33 PWID, 66% engaged in condomless vaginal or anal sex in the past 3 months, and 27% had three or more sexual partners in this same time period. Over half engaged in any past month distributive or receptive syringe sharing (64%). We identified three contexts through which overlapping sexual and injection-related HIV risks emerged, including (1) multiple concurrent sexual partnerships; (2) using and injecting drugs with sexual partners (including increase injecting of crystal methamphetamine); and (3) exchanging sex for money or drugs (including among male PWID). Condom use was inconsistent across these contexts. Limited interactions with healthcare providers often resulted in sexual risks being overlooked in light of competing health concerns. Conclusions: Sexual risk for HIV acquisition is complex and multi-faceted among PWID yet may be overlooked by prevention and healthcare providers. Comprehensive HIV prevention efforts must acknowledge the distinct contexts in which overlapping injection and sexual risk behaviors occur. Increased sexual health screening and risk reduction services including PrEP for PWID may help curtail transmission in this population. © 2019, © 2019 Taylor & Francis Group, LLC.	Condoms; HIV; Injection Drug Use; Sexual Behavior; Sexual Partners	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Edeza Alberto; Galárraga Omar; Karina, Santamaria E; Sosa-Rubí, Sandra; Operario, Don; Biello, Katie B	"I Do Try To Use Condoms, But…": Knowledge and Interest in PrEP Among Male Sex Workers in Mexico City	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-019-01473-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074554538&doi=10.1007%2fs10508-019-01473-4&partnerID=40&md5=9b974b2972852ca91926a0df8060e289	In Mexico City, male sex workers (MSWs) are up to 126 times more likely to be living with HIV than the general public. We conducted interviews with 23 MSWs in Mexico City to examine their subjective understandings about their sexual risk behaviors and explore opportunities about HIV pre-exposure prophylaxis (PrEP) as a prevention approach in this group. Despite knowledge about sexual HIV risks, most participants reported condomless anal sex with clients. There was very little prior knowledge about PrEP, but very high interest in using a daily pill for prevention. Several participants expected an increase in condomless anal sex if taking PrEP, because of monetary incentives from clients or a perceived increase in pleasure. Additionally, seasonal sex workers expressed interest in using PrEP only during months when they were performing sex work. PrEP implementation efforts through Mexico's healthcare system should recognize the varying needs and sexual risk behaviors of MSWs. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Condoms; Male sex work; Mexico; PrEP; Seasonal PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Egan J.E.; Ho K.; Stall R.; Drucker M.T.; Tappin R.; Hendrix C.W.; Marzinke M.A.; Safren S.A.; Mimiaga M.J.; Psaros C.; Elsesser S.; Mayer K.H.	Feasibility of Short-Term PrEP Uptake for Men Who Have Sex with Men with Episodic Periods of Increased HIV Risk	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002382	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088608002&doi=10.1097%2fQAI.0000000000002382&partnerID=40&md5=82f22cc54b5cc11a0284bea2a03f97bf	Background:Pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir disoproxil fumarate is efficacious in reducing HIV acquisition. For some gay, bisexual, and other men who have sex with men (MSM), daily ongoing PrEP may be unsuitable for use as a long-term prevention strategy because of episodic risk, cost issues, or concerns about the biological consequences of medication.Setting:This study evaluated the feasibility of short-term, fixed-interval episodic PrEP (Epi-PrEP) for use among vacationing MSM. We describe the feasibility of implementing a clinic-based Epi-PrEP pilot program for 48 MSM who reported occasional condomless sex and anticipated a defined high-risk time.Methods:This was a nonrandomized naturalistic study of an observational clinical intervention. The primary outcome assessed was adherence, as measured by self-report and plasma tenofovir levels.Results:Of 54 MSM who enrolled in the study, 48 completed the 3-month visit. The majority (93.7%) had tenofovir concentrations consistent with daily use on returning from vacation. Almost 3/4 reported condomless sex during vacation, and about 1/3 reported recreational drug use. During the 3-month follow-up, 1 participant had become HIV-infected because of a lapse in continued access to the PrEP after study. Although adverse events were common, none were serious. More than 70% of participants indicated an interest in daily ongoing PrEP use.Conclusions:Epi-PrEP was well tolerated by at risk MSM in this study, with high levels of medication adherence. Many participants felt the experience of initiating PrEP while on vacation could be a means for transition to long-term PrEP use. © 2020 Wolters Kluwer Health, Inc.	adherence; HIV; MSM; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2020	Emmanuel, G; Folayan, M; Undelikwe, G; Ochonye, B; Jayeoba, T; Yusuf, A; Aiwonodagbon, B; Bilali, C; Umoh, P; Ojemeiri, K; Kalaiwo, A	Community perspectives on barriers and challenges to HIV pre-exposure prophylaxis access by men who have sex with men and female sex workers access in Nigeria.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-020-8195-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6964078	BACKGROUND: Men who have sex with men (MSM), female sex workers (FSW) have critical needs for effective HIV prevention tools. This study identified perspectives of MSM, FSW and policy makers on the needs for, barriers to, and challenges with pre-exposure HIV prophylaxis (PrEP); and the logistics required to support roll-out of PrEP for MSM and FSW in Nigeria. METHODS: Qualitative and quantitative data were collected through a cross-sectional study. The quantitative data were collected through an online survey administered to 519 MSM, FSW and transgender respondents. The qualitative data were collected through 22 focus group discussions with 140 MSM and 80 FSW, and a two-day consultative workshop with 65 participants. Two open-ended questions in the online survey were also a source of qualitative data. Results of the quantitative data were reported descriptively; the qualitative data were inductively examined with a content analytic approach to construct descriptive categories. The findings from the quantitative and qualitative responses were triangulated. RESULTS: Four hundred and ninety-four (95.2%) online respondents had heard about PrEP through community dialogue (71.3%), and 439 (84.6%) supported its use by MSM and FSW. Fewer than half of the respondents were aware of the clinical care required for PrEP, and misconceptions about PrEP were common. Stated barriers to PrEP uptake were stigma, cost, frequency of HIV counseling and treatment services required, and possible drug-drug interactions. Concerns included possible condom migration, increased risk for sexually transmitted infections and pregnancy for FSW, and poor adherence to medication and hospital schedules. Participants felt that trained peer educators and HIV-test counselors could provide information and refer clients to clinics that provide PrEP. PrEP can be provided through peer-led facilities for MSM and FSW, though its access should be expanded to all persons who are at substantial risk for HIV to prevent negative labeling of PrEP. Public awareness about the use of antiretrovirals for HIV prevention is needed to prevent labeling of PrEP users as being HIV positive. CONCLUSION: Although MSM and FSW are interested in the use of PrEP, numerous individual and structural barriers need to be addressed to facilitate access to it in Nigeria.	Antiretrovirals; Female sex workers; Human immunodeficiency virus; Men who have sex with men; Nigeria; Pre-exposure prophylaxis; Sexually transmitted disease.	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Mixed methods
Article	2020	Eppes, Catherine S; McKinney, Jennifer	Incorporating Preexposure Prophylaxis Into Routine Reproductive Health Care.	Obstetrics and Gynecology	-	-	-	-	1873-233X	10.1097/AOG.0000000000004185	https://dx.doi.org/10.1097/AOG.0000000000004185	NA	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Escudero J.N.; Dettinger J.C.; Pintye J.; Kinuthia J.; Lagat H.; Abuna F.; Kohler P.; Baeten J.M.; O'malley G.; John-Stewart G.C.; Beima-Sofie K.M.	Community Perceptions About Use of Pre-exposure Prophylaxis Among Adolescent Girls and Young Women in Kenya	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000191	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093539249&doi=10.1097%2fJNC.0000000000000191&partnerID=40&md5=10fe4ec4a576ddf18019d788dafdf352	Adolescent girls and young women (AGYW) in sub-Saharan Africa have high HIV incidence. Despite scale-up of programmatic delivery and demand creation activities in this population, pre-exposure prophylaxis (PrEP) uptake is low. To explore community perceptions around AGYW PrEP use, we conducted four focus group discussions (FGDs) between October and December 2018 with 26 Community Advisory Board (CAB) members in Kenya. Conventional content analysis and thematic network analysis were used to identify themes relating to community perceptions of PrEP use among AGYW. CAB members noted community perception of PrEP use as unacceptable for AGYW because of the potential to increase "promiscuous" behavior, STIs, and pregnancy. AGYW may face stigma if PrEP is mistaken for HIV treatment, and may fear HIV testing or accessing PrEP because of a lack of youth-friendly services. PrEP can be integrated into maternal and child health and family planning clinics, which are routinely accessed by AGYW and lack the stigma associated with HIV clinics. PrEP scale-up among AGYW will require continued community sensitization to address concerns, reduce stigma, and clarify misperceptions.	adolescents; community health; female; HIV prevention; PrEP; qualitative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Eubanks A.; Dembélé Keita B.; Anoma C.; Dah T.T.E.; Mensah E.; Maradan G.; Bourrelly M.; Mora M.; Riegel L.; Rojas Castro D.; Yaya I.; Spire B.; Laurent C.; Sagaon-Teyssier L.	Reaching a Different Population of MSM in West Africa With the Integration of PrEP Into a Comprehensive Prevention Package (CohMSM-PrEP ANRS 12369 - Expertise France)	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002453	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093538259&doi=10.1097%2fQAI.0000000000002453&partnerID=40&md5=93412e331ea3545d0e4b3b41a9a0397e	Background:In West Africa, few HIV services target men who have sex with men (MSM). In 2015, the interventional cohort CohMSM started offering a community-based prevention package for MSM. Participants expressed interest in pre-exposure prophylaxis (PrEP) and their eligibility was demonstrated. In 2017, PrEP was added to services already offered as part of a new program, CohMSM-PrEP, which recruited CohMSM participants and new participants. We aimed to determine whether the introduction of PrEP as an additional prevention tool influenced the type of participant signing up for CohMSM-PrEP.Methods:CohMSM-PrEP recruited HIV-negative MSM in community-based clinics in Mali, Cote d'Ivoire, Burkina Faso, and Togo. Quarterly follow-up included free clinical examinations, PrEP, HIV/sexually transmitted infection screening, peer education, condoms, and lubricants. Sociobehavioral data were collected every 3 months using face-to-face questionnaires. Our outcome was participant type: new participants vs CohMSM participants. Logistic regression was performed to identify the factors associated with being a new participant.Results:Of the 524 MSM included in CohMSM-PrEP, 41% were new participants. After adjustment, multivariate analysis showed they were more socioeconomically disadvantaged with financial insecurity, social isolation - including isolation within the MSM community - and riskier sexual practices.Conclusion:The introduction of PrEP as an additional prevention tool and the use of peer-based outreach services over time influenced the type of participant signing up for a community-based HIV prevention cohort in West Africa. Adding these elements to existing interventions in Sub-Saharan Africa could be the key to reaching MSM marginalized from HIV prevention and care programs. © 2020 The Author(s). Published by Wolters Kluwer Health, Inc.	behavior; community-based research; HIV; MSM; PrEP; West Africa	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Faini, Diana; Hanson, Claudia; Baisley, Kathy; Kapiga, Saidi; Hayes, Richard	Sexual behaviour, changes in sexual behaviour and associated factors among women at high risk of HIV participating in feasibility studies for prevention trials in Tanzania	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0231766	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083386033&doi=10.1371%2fjournal.pone.0231766&partnerID=40&md5=2162864416c5e4e04760a990a476b6ea	Introduction Risk reduction towards safer behaviour is promoted after enrolment in HIV prevention trials. We evaluated sexual behaviour, changes in sexual behaviour and factors associated with risky behaviour after one-year of follow-up among women enrolled in HIV prevention trials in Northern Tanzania. Methods Self-reported information from 1378 HIV-negative women aged 18-44 enrolled in microbicide and vaccine feasibility studies between 2008-2010,was used to assess changes in behaviour during a 12-month follow-up period. Logistic regression with random intercepts was used to estimate odds ratios for trends in each behaviour over time. A behavioural risk score was derived from coefficients of three behavioural variables in a Poisson regression model for HIV incidence and thereafter, dichotomized to risky vs less-risky behaviour. Logistic regression was then used to identify factors associated with risky behaviour at 12 months. Results At baseline, 22% reported multiple partners, 28% were involved in transactional sex and only 22% consistently used condoms with non-regular partners. The proportion of women reporting multiple partners, transactional sex and high-risk sex practices reduced at each 3- monthly visit (33%, 43% and 47% reduction in odds per visit respectively, p for linear trend <0.001 for all), however, there was no evidence of a change in the proportion of women consistently using condoms with non-regular partners (p = 0.22). Having riskier behaviours at baseline, being younger than 16 years at sexual debut, having multiple partners, selling sex and excessive alcohol intake at baseline were strongly associated with increased odds of risky sexual behaviour after 12 months (p<0.005 for all). Conclusion An overall reduction in risky behaviours over time was observed in HIV prevention cohorts. Risk reduction counselling was associated with decreased risk behaviour but was insufficient to change behaviours of all those at highest risk. Biological HIV prevention interventions such as PrEP for individuals at highest risk, should complement risk reduction counselling so as to minimize HIV acquisition risk. © 2020 Faini et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited	na	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2020	Feinstein, Brian A; Dodge, Brian	Meeting the Sexual Health Needs of Bisexual Men in the Age of Biomedical HIV Prevention: Gaps and Priorities	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-019-01468-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074837969&doi=10.1007%2fs10508-019-01468-1&partnerID=40&md5=d044b3a5390bdaf678f377ba0ab5c3e8	The field of HIV/STI prevention has primarily focused on gay men (or "men who have sex with men" MSM as a broad category) with limited attention to bisexual men in particular. Although bisexual men are also at increased risk for HIV and other STI, they are less likely to utilize HIV/STI prevention services than gay men, and very few interventions have been developed to address their unique needs. Further, while biomedical advances are changing the field of HIV prevention, bisexual men are also less likely to use biomedical HIV prevention strategies (e.g., pre-exposure prophylaxis PrEP) than gay men. In an effort to advance research on bisexual men and their sexual health needs, the goals of this commentary are: (1) to review the empirical literature on the prevalence of HIV/STI among bisexual men, the few existing HIV/STI prevention interventions developed for bisexual men, and the use of biomedical HIV prevention among bisexual men; (2) to describe the ways in which the field of HIV/STI prevention has largely overlooked bisexual men as a population in need of targeted services; and (3) to discuss how researchers can better address the sexual health needs of bisexual men in the age of biomedical HIV prevention. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Biomedical prevention; Bisexuality; HIV; Pregnancy prevention; Sexual health; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Feldman D.A.; Ketonen I.	Cultural Factors in HIV Risk Among Gay/Bisexual Men in Hungary: A Rapid Assessment Study	Annals of Anthropological Practice	-	-	-	-	2153957X	10.1111/napa.12142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100501006&doi=10.1111%2fnapa.12142&partnerID=40&md5=3fb895a15e92498d37038aefcce50928	This article examines the sexual culture of gay men in Budapest, Hungary, based on research in 2011. HIV prevalence in Hungary is relatively low, compared with the United States, Western Europe, and parts of Eastern Europe (where injecting drug use is common, elevating the HIV rate). This preliminary, qualitative study of 21 gay and bisexual men, examines their social and sexual culture (their norms and values) in order to explain their low HIV prevalence rate. This low rate is particularly interesting because Hungarian homophobia and inconsistent condom use among gay and bisexual men are cultural factors that would appear to raise the HIV rate. Cultural and subcultural differences are important in understanding Hungarian gay male behavior, for example, the emphasis on romance and monogamy as an ideal, the importance of one's personal reputation, a perceived lack of a strong gay community, a failure to use condoms while in love, and infrequent HIV testing. The anthropological concept of romantic love plays a decisive role in sexual decision-making among same-sex couples. As Nanda indicates, "Romantic love like marriage also appears to be universal, but it is not the basis of marriage in most societies…. Romantic love as a basis for marriage has over time, become more widespread across cultures. This phenomenon is integrated in different societies in different ways, depending on local contexts and global connections." Despite widespread reluctance to use condoms while "in love," there is also an accurate knowledge of safer sex among gay men in Hungary. One possible solution to this seemingly contradictory situation, not available at the time of the study, is to promote the use of preexposure prophylaxis (or PrEP). PrEP is a daily pill shown to be even more effective than condom use. sexual culture, HIV prevalence, AIDS risk, Hungary, gay and bisexual men. © 2020 by the American Anthropological Association	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Felsher M.; Bellamy S.; Piecara B.; Van Der Pol B.; Laurano R.; Roth A.M.	Applying the behavioral model for vulnerable populations to pre-exposure prophylaxis initiation among women who inject drugs	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2020.32.6.486	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100738715&doi=10.1521%2faeap.2020.32.6.486&partnerID=40&md5=8152a8c0228d152de04d54e0ad83609f	This study used Behavioral Model for Vulnerable Populations (BMVP) to identify factors associated with pre-exposure prophylaxis (PrEP) initiation among women who inject drugs (WWID) when PrEP was offered at a syringe services program (SSP). Participants (n = 89) were WWID, ≥18 years, and eligible for PrEP. Most (69) initiated PrEP. Chi square and t tests were used to identify bivariate relationships between BMVP factors and PrEP initiation. A greater proportion of PrEP initiators (compared to non-initiators) reported sexual assault, frequent SSP attendance, earning ≥$5,000 annually and inconsistent condom use. Findings can inform the development of gender-specific strategies to promote PrEP among WWID. © 2020 The Guilford Press.	Behavioral model for vulnerable populations; HIV; Pre-exposure prophylaxis; Women who inject drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Felsher M.; Ziegler E.; Smith L.R.; Sherman S.G.; Amico K.R.; Fox R.; Madden K.; Roth A.M.	An Exploration of Pre-exposure Prophylaxis (PrEP) Initiation Among Women Who Inject Drugs	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-020-01684-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083444645&doi=10.1007%2fs10508-020-01684-0&partnerID=40&md5=84c72e3e5f6312b6f652d3e5c76cfcd7	Pre-exposure prophylaxis (PrEP) is an effective but understudied tool for preventing HIV among women who inject drugs (WWID). This article is the first to explore WWID's rationale for PrEP initiation (or refusal) in a real-world setting. Purposive sampling was used to recruit 25 WWID, participating in a PrEP demonstration project operating within a syringe services program, based on whether they initiated or declined PrEP care. Content analysis of qualitative interviews was used to explore decisions to initiate PrEP (or not). We found that WWID view HIV as severe, perceive themselves to be susceptible to HIV, and believe PrEP is beneficial for HIV prevention. For some, however, real and perceived barriers outweighed benefits, leading to decisions not to initiate PrEP. Barriers included HIV stigma, fear of side effects, and needing assurance that PrEP will be available long-term. Despite viewing PrEP as an important HIV prevention tool, not all WWID who were offered PrEP initiated it. For these women, supports to buffer perceived barriers to initiation and access to post-exposure prophylaxis may be warranted. For women who initiate, it is possible that adherence will wane if perceived risk does not remain high. Research to understand PrEP persistence is needed. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Health belief model; HIV; Pre-exposure prophylaxis; Women who inject drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2020	Felsher, Marisa A.; Roth, Alexis M.	A Dyadic Analysis of PrEP-Related Interpersonal Communication among Women Who Inject Drugs in Philadelphia	-	-	Drexel University	-	na	NA	https://www.proquest.com/dissertations-theses/dyadic-analysis-prep-related-interpersonal/docview/2413413962/se-2?accountid=8113	Women who inject drugs (WWID) remain a population at risk for HIV infection. Pre-exposure prophylaxis (PrEP) is a user-controlled biomedical HIV prevention tool that could decrease HIV risk among WWID. However, PrEP uptake among WWID is low, which can be attributed in part to low awareness. Interventions that incorporate interpersonal communication between WWID and their network members could play an important role in the diffusion of PrEP information. However, little is known about who WWID would be willing to diffuse PrEP information to in the context of a peer intervention, nor characteristics of relationships that motivate willingness to share information. The objective of this dissertation is to identify how characteristics of relationships impact interpersonal communication about PrEP between WWID and members of their social network. This dissertation used a sequential mixed-methods exploratory design. In Phase 1 (aim 1) in-depth interviews were conducted with 20 WWID to explore the context and content of previous communication about PrEP with network members. In phase 2 (aims 2 and 3), a quantitative social network survey was administered to 40 WWID and elicited information about 375 social network members in order to identify factors associated with willingness to share information about PrEP within dyads in the context of a peer intervention. Findings from each of these studies were compared and contrasted through triangulation to identify key themes and areas for future research and practice. Aim 1 findings demonstrate that WWID initiated PrEP-related conversations with over half of network members elicited. Reasons included to educate other WWID perceived to be at risk for HIV about PrEP, to receive social support from peers with whom they are emotionally close, and to disclose PrEP use to control the narrative of why they take PrEP. Findings from aim 2 show that WWID were willing to share PrEP information with 83% (m = 312) of network members in the context of a peer intervention. In a multivariable model, participants had higher odds of willingness to share PrEP information within relationships where the network member was female, homeless, and perceived by respondent to be at risk for HIV. Aim 3 results show that constructs related to the Theory of Planned Behavior (attitudes, subjective norms, and perceived behavior control of sharing information about PrEP) vary between relationships and are significantly associated with willingness to share PrEP information. This dissertation highlights that WWID have previously shared PrEP information with network members and are also willing to share PrEP information with most network members in the context of an intervention. Characteristics of relationships, as well as constructs of TPB operating within dyads, impact WWID's willingness to share information with network members. Formatting TPB be used within ego-centric social network analysis expands the utility of TPB to encompass interpersonal processes and has application to predicting intention to engage in other dyadic behaviors. Peer interventions where WWID share PrEP information with network members may be a feasible approach to increasing PrEP awareness among highly vulnerable populations.	HIV; Pre-exposure prophylaxis; Virology; Public health; Epidemiology; Women who inject drugs; Social network analysis; Theory of planned behavior; 0573:Public health; 0720:Virology; 0766:Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Book	2020	Felzien, G., & Jefferson-Saboor, A.	HIV Prevention in Primary Care Practice: A PrEP Primer	-	HIV Prevention in Primary Care Practice: A PrEP Primer	-	NA	-	NA	https://books.google.com.br/books?id=RzcKEAAAQBAJ&hl=pt-PT	PrEP is a broad set of clinical tools that can be used to reduce the chances of acquiring HIV. Although it is highly effective, many people who could benefit from PrEP lack access or are not familiar with it. However, primary care providers can remedy this situation and truly make a difference in the lives of their patients who may be at risk of acquiring HIV. This eHealth SourceTM educational activity comprises 5 chapters, covering an overview of HIV epidemiology, practical approaches to sexual history-taking and assessing patient risk of HIV acquisition, initiation and monitoring of PrEP medication, and overcoming the bias and stigma surrounding HIV and PrEP. Throughout the program, our expert faculty will provide their unique insights surrounding sexual health, HIV prevention, and PrEP, and how these may be incorporated into primary care practice.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Fernandes, Danilo Euclides; Paulo Roberto Abrão Ferreira; Gianna Mastroianni Kirsztajn	Pre-exposure prophylaxis during the SARS-CoV-2 pandemic: can PrEP prevent COVID-19-related symptoms?	Epidemiology and Infection	-	-	-	-	09502688	10.1017/S0950268820002253	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-during-sars-cov-2/docview/2450117829/se-2?accountid=8113	It has been speculated that some drugs can be used against SARS-CoV-2. As for antiretrovirals, the follow-up of pre-exposure prophylaxis (PrEP) users during the coronavirus disease 2019 (COVID-19) outbreak may help to understand the potential protective effect of PrEP against SARS-CoV-2. We aimed to identify associations between oral PrEP use and COVID-19-related symptoms self-reporting. Phone call interviews or digital investigation (through WhatsApp® or e-mail) about oral PrEP regular use, social distancing, exposure to suspected or confirmed cases of SARS-CoV-2 infection and COVID-19-related symptoms. Among 108 individuals, the majority were cisgender, white and gay men. Although most of the individuals engaged in social distancing (68.52%), they kept on taking PrEP (75.93%). Few people have had contact with suspected or confirmed cases of COVID-19 (12.04%), but some had COVID-19-related symptoms the month before the interview (27.78%) including rhinorrhoea (56.67%), cough (53.33%), asthaenia (50.00%) and headache (43.33%). Also, oral PrEP was associated with lower self-reporting COVID-19-symptoms (OR 0.26, 95% CI 0.07–0.96, P = 0.04; h = 0.92) even after controlling confounders as social distancing, age, body-mass index and morbidities . In our sample, the regular use of oral PrEP was associated with lower self-reporting of COVID-19-related symptoms during the outbreak in São Paulo, Brazil.	Brazil; Pre-exposure prophylaxis; Pre-Exposure Prophylaxis (PrEP); COVID-19; SARS-CoV-2; Disease prevention; Prophylaxis; Fever; Exposure; Headache; Severe acute respiratory syndrome coronavirus 2; Age; Pandemics; Social distancing; Disease transmission; Disease control; Dyspnea; Outbreaks; Human immunodeficiency virus--HIV; Signs and symptoms; Sex industry; Body mass index; Confidence intervals; Coronaviruses; Viral diseases; Antiviral agents; Severe acute respiratory syndrome; Headaches; Physical Fitness And Hygiene; Coronavirus; 2019 novel coronavirus disease; Cough; flu-like; Influenza, Human	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2020	Ferrario L.; Foglia E.; Garagiola E.; Pacelli V.; Cenderello G.; Biagio A.D.I.; Rizzardini G.; Errico M.; Iardino R.; Croce D.	The impact of prep: Results from a multicenter health technology assessment into the Italian setting	Journal of Preventive Medicine and Hygiene	-	-	-	-	11212233	10.15167/2421-4248/jpmh2020.61.3.1352	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092593468&doi=10.15167%2f2421-4248%2fjpmh2020.61.3.1352&partnerID=40&md5=0ef8e8c4cf1ef5dfde58d8738905f5f7	Introduction. The use of oral tenofovir/emtricitabine (FTC/TDF) for pre-exposure prophylaxis (PrEP) among high-risk people without Human Immunodeficiency Virus (HIV), is emerging as an innovative strategy to decrease HIV epidemic. The study aims at evaluating the implications related to PrEP introduction, from a multidimensional point of view, as required by Health Technology Assessment (HTA) approach, with a particular attention on sustainability and social factors, influencing PrEP implementation. Methods. An analysis was conducted involving 35 Italian Infectious Disease Departments. The introduction of PrEP (applied both as "add-on" and "substitute" prevention strategy) into the clinical practice was compared with a baseline scenario, consisting of condoms among men who have sex with men, and serodiscordant couples, and the use of Needle Syringe Programme among injection drugs users The above scenarios were analysed by means of a Health Technology Assessment (HTA) approach. The 9 EUnetHTA Core Model domains were assessed through comparative information, retrieved from literature evidence, and collection of qualitative and quantitative information, derived from real-world evidence, in particular from 35 Infectious Disease Departments and potential PrEP users' involved. A final multi-criteria decision analysis approach (MCDA) was implemented to simulate the appraisal phase and providing evidence-based information with regard to the preferable technology. Results. Despite the improvement in patients' quality of life, PrEP would generate the development of other sexually transmitted and blood-borne diseases, with a consequent decrease of patients'safety in case of PrEP applied as a "substitute" prevention strategy. In addition, PrEP would generate an increase in staff workflow, with investment in medical supplies and training courses. PrEP would lead to significant economic investments both for the NHS (+40%), and for citizens (+2,377%) if used as an add-on strategy, assuming FTC/TDF patent cost. With the off-patent drug, the NHS would benefit from an advantage (37%), and a shrink of the patients'expenditure emerged (+682%). More economic resources are required if PrEP is applied as a substitute strategy, considering both the patent (NHS: 212%; citizens: 3,423%) and the off-patent drug (NHS: 73%; citizens: 1,077%). Conclusions. The most cost-containing strategy would be the use of PrEP, as an add-on strategy, with a consequent improvement in patients' safety, even if drug-related adverse events would be considered. The implementation of the off-patent drug would decrease the economic burden of the innovative prevention strategy. Hence, the organizational aspects related to its adoption would be deeply investigated, with the potential opportunity to create specific ambulatories devoted to PrEP users' especially for medium and big size hospitals. © Copyright by Pacini Editore Srl, Pisa, Italy.	Economic sustainability; HTA; Organizational impact; Pre-exposure prophylaxis; PrEP	English	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2020	Fields E.L.; Long A.; Bademosi K.; Granderson R.; Schumacher C.M.; Chandran A.; Kingon Y.; Jennings J.M.	Identifying community-informed language to promote HIV pre-exposure prophylaxis (Prep) in black LGBTQ communities in Baltimore	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2020.32.2.152	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086624801&doi=10.1521%2faeap.2020.32.2.152&partnerID=40&md5=f80a129960b9110b7fa622f222d55276	LGBTQ populations, particularly Black men who have sex with men and transgender women, experience significant HIV disparities; public health messages may inadvertently stigmatize LGBTQ populations. We sought to use qualitative methods to inform a PrEP campaign. Unstructured focus groups were conducted among predominantly Black LGBTQ persons re-cruited through social media and events. Discussions were audio-recorded, transcribed, and analyzed in NVivo using categorical analysis. Eighty individuals participated in 13 focus groups; 80% (64) identified as sexual or gender minorities. Eighty-eight percent (70) identified as Black/African American. Four themes emerged: (1) culturally competent, communityinformed, locally relevant messaging, (2) avoiding stigmatizing language or images, (3) inaccessibility of clinical language, and (4) using identity labels representing local communities and their diversity. Findings suggest PrEP campaigns need to be developed through community-informed processes to engage and avoid stigmatizing priority populations. Ongoing partnerships between public health and LGBTQ communities can facilitate development of campaigns with engaging, acceptable language. © 2020 The Guilford Press.	Black/African American; Community engagement; HIV disparities; LGBTQ; Public health messaging	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Fisher, Kimone Leigh; Mabuka, Jennifer M; Sivro, Aida; Ngcapu, Sinaye; Passmore, Jo-Ann Shelley; Osman, Farzana; Ndlovu, Bongiwe; Abdool Karim, Quarraisha; Abdool Karim, Salim S; Chung, Amy W; Baxter, Cheryl; Archary, Derseree	Topical Tenofovir Pre-exposure Prophylaxis and Mucosal HIV-Specific Fc-Mediated Antibody Activities in Women.	Frontiers in Immunology	-	-	-	-	1664-3224	10.3389/fimmu.2020.01274	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357346	The RV144 HIV-vaccine trial highlighted the importance of envelope-specific non-neutralizing antibody (nNAb) Fc-mediated functions as immune correlates of reduced risk of infection. Since pre-exposure prophylaxis (PrEP) and HIV-vaccines are being used as a combination prevention strategy in at risk populations, the effects of PrEP on nNAb functions both mucosally and systemically remain undefined. Previous animal and human studies demonstrated reduced HIV-specific antibody binding avidity post-HIV seroconversion with PrEP, which in turn may affect antibody functionality. In seroconverters from the CAPRISA 004 tenofovir gel trial, we previously reported significantly higher detection and titres of HIV-specific binding antibodies in the plasma and genital tract (GT) that distinguished the tenofovir from the placebo arm. We hypothesized that higher HIV-specific antibody titres and detection reflected corresponding increased antibody-dependent neutrophil-mediated phagocytosis (ADNP) and NK-cell-activated antibody-dependent cellular cytotoxic (ADCC) activities. HIV-specific V1V2-gp70, gp120, gp41, p66, and p24 antibodies in GT and plasma samples of 48 seroconverters from the CAPRISA 004 tenofovir gel trial were tested for ADCP and ADCC at 3, 6- and 12-months post-HIV-infection. GT gp41- and p24-specific ADNP were significantly higher in the tenofovir than the placebo arm at 6 and 12 months respectively (p < 0.05). Plasma gp120-, gp41-, and p66-specific ADNP, and GT gp41-specific ADCC increased significantly over time (p < 0.05) in the tenofovir arm. In the tenofovir arm only, significant inverse correlations were observed between gp120-specific ADCC and gp120-antibody titres (r = -0.54; p = 0.009), and gp41-specific ADNP and gp41-specific antibody titres at 6 months post-infection (r = -0.50; p = 0.015). In addition, in the tenofovir arm, gp41-specific ADCC showed significant direct correlations between the compartments (r = 0.53; p = 0.045). Certain HIV-specific nNAb activities not only dominate specific immunological compartments but can also exhibit diverse functions within the same compartment. Our previous findings of increased HIV specific antibody detection and titres in women who used tenofovir gel, and the limited differences in nNAb activities between the arms, suggest that prior PrEP did not modulate these nNAb functions post-HIV seroconversion. Together these data provide insight into envelope-specific-nNAb Fc-mediated functions at the site of exposure which may inform on ensuring immunity during combination HIV prevention strategies including PrEP and HIV vaccines.	Fc-mediated activity, tenofovir, HIV, women, ADCC–antibody dependent cellular cytotoxicity, ADNP, genital tract	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2020	Flores D.D.; Meanley S.P.; Wood S.M.; Bauermeister J.A.	Family Characteristics in Sex Communication and Social Support: Implications for Emerging Adult Men Who Have Sex with Men's PrEP Engagement	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-020-01648-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082945710&doi=10.1007%2fs10508-020-01648-4&partnerID=40&md5=9263d391210bf5ca34976d5836506a4	While emerging adulthood (ages 18–25) is marked by increased independence from parents, parental support remains a strong correlate of positive sexual health outcomes for heterosexual youth. With the emergence of pre-exposure prophylaxis (PrEP), few studies have examined the potential for parent–child sex communication and PrEP adoption among emerging adult men who have sex with men (MSM). We aimed to describe the extent to which parents/family characteristics play supportive roles in emerging adult MSM's current PrEP use. PrEP-indicated participants (N = 222) were recruited via social media to complete an online survey. Multivariable logistic regression assessed associations between emerging adult MSM's current PrEP use and comfort with parent–child sex communication, family social support, family outness, and family prioritization, adjusted for sociodemographic variables. Thirty percent of participants reported current PrEP use. Only 20% reported moderate/high comfort with parent sex communication, 80% reported any family sexual identity disclosure, 70% reported moderate/high family social support, and 70% ranked family as a high/very high priority. Our multivariable model demonstrated an association between comfort with parent–child sex communication with current PrEP use only (AOR= 1.55, 95% CI 1.04–2.32). Our findings support that parents of emerging adult MSM possess a critical potential to reduce their sons' risk of HIV and promote PrEP uptake. Interventions that facilitate parents' efficacy to foster affirming, non-judgmental environments and discussions about their child's sexual behaviors, attractions/relationships, and health (e.g., PrEP) may be impactful in reducing the high HIV incidence rate that burdens emerging adult MSM. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Parenting; Safer sex; Sex communication; Sexual orientation; Young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Fogarty, Linda; Abednego Musau; Kabue, Mark; Were, Daniel; Mutegi, Jane; Ongwen, Patricia; Kamau, Mercy; Reed, Jason	Using developmental evaluation to implement an oral pre-exposure prophylaxis (PrEP) project in Kenya: version 1; peer review: 2 approved with reservations	Gates Open Research	-	-	-	-	25724754	10.12688/gatesopenres.13184.1	https://www.proquest.com/scholarly-journals/using-developmental-evaluation-implement-oral-pre/docview/2661524051/se-2?accountid=8113	Oral Pre-Exposure Prophylaxis (PrEP) is highly effective in lowering HIV transmission risk. The Bill and Melinda Gates-funded Jilinde Project was designed to identify the best ways to introduce and support PrEP services in Kenya for female sex workers, men who have sex with men, and adolescent girls and young women. We chose Developmental Evaluation (DE) as a core project approach because our goal was not just to recruit 20,000 new PrEP users, but to learn how to deliver PrEP effectively to optimally benefit users in a complex, dynamic, resource-limited setting. This paper describes how we incorporated DE into the Jilinde Project, and shares experiences and lessons learned about the value of DE in PrEP service implementation in a real-world situation. With the Ministry of Health, Jilinde developed consensus about the structure and roll-out of PrEP services. The DE evaluator, embedded in Jilinde, designed and implemented the five-step DE methodology—collect, review, reflect, record and act—according to a core set of project guiding principles. The paper describes how we operationalized the five elements, citing findings reported and actions taken reflecting on the data. It summarizes challenges to DE implementation, such as uneven uptake and competing demands, and how we addressed those challenges. Used consistently, DE helped adapt and refine PrEP services, improve service access, reach target audiences and improve continuation rates. The look, feel and yield of our DE efforts evolved over time, increasingly integrated into existing systems and providing deeper and richer understandings, and we learned how to better implement DE in the future. This case study provides practical guidance for using a DE approach in program design. The DE process can be used successfully working with partners on a common complex public health challenge within a dynamic environment in a way that feeds back into and improves programs.	HIV/AIDS; HIV prevention; Kenya; PrEP; Sub-Saharan Africa; Infections; Disease prevention; Public health; Prep; Program evaluation; Sex worker; key populations; intervention development; Intervention; Design; public health practice; Human immunodeficiency virus--HIV; Medical Sciences; Health facilities; Preventive healthcare; Developmental Evaluation; program design	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Fogel J.M.; Sivay M.V.; Cummings V.; Wilson E.A.; Hart S.; Gamble T.; Laeyendecker O.; Fernandez R.E.; Del Rio C.; Batey D.S.; Mayer K.H.; Farley J.E.; McKinstry L.; Hughes J.P.; Remien R.H.; Beyrer C.; Eshleman S.H.	HIV drug resistance in a cohort of HIV-infected MSM in the United States	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002394	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075960090&doi=10.1097%2fQAD.0000000000002394&partnerID=40&md5=506865cb099c01e8477fbf1223e2a726	Objective: To analyze HIV drug resistance among MSM recruited for participation in the HPTN 078 study, which evaluated methods for achieving and maintaining viral suppression in HIV-infected MSM.Methods:Individuals were recruited at four study sites in the United States (Atlanta, Georgia; Baltimore, Maryland; Birmingham, Alabama; and Boston, Massachusetts; 2016-2017). HIV genotyping was performed using samples collected at study screening or enrollment. HIV drug resistance was evaluated using the Stanford v8.7 algorithm. A multiassay algorithm was used to identify individuals with recent HIV infection. Clustering of HIV sequences was evaluated using phylogenetic methods.Results:High-level HIV drug resistance was detected in 44 (31%) of 142 individuals (Atlanta: 21%, Baltimore: 29%, Birmingham: 53%, Boston: 26%); 12% had multiclass resistance, 16% had resistance to tenofovir or emtricitabine, and 8% had resistance to integrase strand transfer inhibitors (INSTIs); 3% had intermediate-level resistance to second-generation INSTIs. In a multivariate model, self-report of ever having been on antiretroviral therapy (ART) was associated with resistance (P=0.005). One of six recently infected individuals had drug resistance. Phylogenetic analysis identified five clusters of study sequences; two clusters had shared resistance mutations.Conclusion:High prevalence of drug resistance was observed among MSM. Some had multiclass resistance, resistance to drugs used for preexposure prophylaxis (PrEP), and INSTI resistance. These findings highlight the need for improved HIV care in this high-risk population, identification of alternative regimens for PrEP, and inclusion of integrase resistance testing when selecting ART regimens for MSM in the United States. Copyright © 2019 The Author(s).	HIV drug resistance; HPTN 078; MSM; phylogenetic analysis; United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Folayan M.O.; Peterson K.	HIV prevention clinical trials' community engagement guidelines: inequality, and ethical conflicts	Global Bioethics	-	-	-	-	11287462	10.1080/11287462.2020.1773061	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087042554&doi=10.1080%2f11287462.2020.1773061&partnerID=40&md5=b4281b828431d97945dcbb9795343b20	In 2004 and 2005, the first clinical trials were launched to investigate the use of tenofovir for HIV prevention in Cambodia,Cameroon, Nigeria and Thailand. Controversies erupted over the ethical integrity of the research protocol. We reflect on the events that ledto the controversies and identified that scientific and ethical concerns raised by members of local communities at each of these sites wereerased by trialists, causing crisis that led to premature shut down the early PrEP trials. In the aftermath of these trials, the World HealthOrganisation, UNAIDS, and AVAC developed ethics guidelines intended to recognize the concerns as authentic, and developed guidelines toimprove researchers' engagement of communities in biomedical HIV prevention trial design and implementation. Our findings suggest thatthe ethics guidelines are limited in its ability to address power inequalities that leads to voice erasures and non-recognition of localcompetencies. Rather the ethical documents enabled trialists to gain a new sense of authority through the interpretations of ethical researchconduct enabling trialists regain power that can further entrench inequality and voice erasures. To address concerns with what seems anintractable problem, we suggested models of engagement for off-shored research may be the option. © 2020, © 2020 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Cambodia; Cameroon; clinical trials; community engagement; ethics; HIV; HIV prevention; Malawi; Nigeria; PrEP	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Clinical
Article	2020	Fonner, Virginia A.; Sands, Anita; Figueroa, Carmen; Baggaley, Rachel; Quinn, Caitlin; Jamil, Muhammad S.; Johnson, Cheryl	Country adherence to WHO recommendations to improve the quality of HIV diagnosis: a global policy review.	BMJ Glob Health	-	-	-	-	2059-7908	10.1136/bmjgh-2019-001939	https://gh.bmj.com/content/5/5/e001939	INTRODUCTION: Ensuring a correct and timely HIV diagnosis is critical. WHO publishes guidelines on HIV testing strategies that maximise the likelihood of correctly determining one's HIV status. A review of national HIV testing policies in 2014 found low adherence to WHO guidelines. We updated this review to determine adherence to current recommendations. METHODS: We conducted a comprehensive policy review through April 2018. We extracted data on HIV testing strategies, recommendations on HIV retesting prior to antiretroviral therapy (ART) initiation and pre-exposure prophylaxis (PrEP)-related HIV testing information. Descriptive analyses disaggregated by region were conducted to ascertain adherence to recommendations and to describe testing strategy characteristics. RESULTS: Of 91 policies included, 26% (n=24/91) adhered to WHO recommendations. Having a two-assay testing strategy to rule-in HIV infection as opposed to the recommended three-assay testing strategy was a major reason for non-adherence. Of 72 country policies providing sufficient information, 31% (n=22) recommended retesting for HIV prior to initiating ART. Of 25 countries and two regions reporting PrEP-related HIV testing guidelines, almost all recommended testing prior to initiating PrEP and every 3 months during PrEP use. CONCLUSIONS: Global adherence to WHO recommendations for HIV testing strategies have improved since 2014 but remain low. We found adherence existed on a continuum. Such a system provides insights into how countries can move towards adherence by making relatively minor changes to testing strategies. Guidance from WHO on the role of new HIV testing technologies within testing algorithms and identifying ways to simplify testing guidance is warranted.	Humans; World Health Organization; HIV; *Pre-Exposure Prophylaxis; health policy; *HIV Infections/diagnosis/drug therapy/epidemiology; Policy; screening; diagnostics and tools	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Francesc Mir, Joan; Mazarío, Manuel F; Coll, Pep	Modelos de implementación y acceso a la profilaxis preexposición para el VIH en España	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	-	0213-005X	10.1016/j.eimc.2019.05.004	https://pesquisa.bvsalud.org/portal/resource/pt/ibc-201093	Para implementar la profilaxis preexposición (PrEP) para el VIH en España deben barajarse los diferentes modelos que se ajusten a nuestro Sistema Nacional de Salud. Las experiencias de países con entorno similar permiten adelantar sus beneficios y sus defectos antes de su implementación. Los modelos de implementación posibles para el circuito de prescripción-seguimiento-dispensación podrían implicar hospitales, centros de ITS, centros de Atención Primaria y farmacia comunitaria. Por un lado, el circuito hospitalario es el menos eficiente y presumiblemente no podría satisfacer la potencial demanda, aunque podría ser implantado inmediatamente. Por otro lado, la accesibilidad se ampliaría si su prescripción y dispensación tuvieran lugar desde la Atención Primaria y la farmacia comunitaria. La incorporación de centros de ITS públicos y comunitarios sería la mejor opción para atraer a población no frecuentadora del sistema sanitario general y su gestión compartida con Atención Primaria permitiría el acceso a la PrEP en el territorio nacional	Acceso a los servicios de salud; Implementación de plan de salud; Profilaxis preexposición; Virus de la inmunodeficiencia humana; Servicios de salud comunitária; Infecciones de transmisión sexual; Salud sexual	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2020	Freeborn K.; Portillo C.; Boyer C.B.; Santos G.M.	Misclassification of sexual health risks in a self-identified low risk cohort of men who have sex with men (MSM) enrolled in a community based PrEP program	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2019.1620167	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066890701&doi=10.1080%2f09540121.2019.1620167&partnerID=40&md5=1539544d21a9a867c3e27be58ce7a22f	The CDC recommends PrEP for MSM at substantial risk of HIV acquisition, leaving clinicians unsure whether to prescribe PrEP to MSM who do not disclose HIV risk factors. A longitudinal cohort of MSM requesting PrEP despite reporting during a clinical visit either 100% condom use or participation in oral sex only and no other risk factors was followed over 13 months at a community clinic in San Francisco to assess the accuracy of their HIV risk perception. Participants completed a sexual and substance use behavior questionnaire at baseline, outside of the clinical visit and were followed by quarterly HIV/STI testing and condom use change questionnaires. Condomless sex increased from 0% at baseline to 12% at month 1, peaked at 34% at month 7, and then decreased again to 8% at month 13. Rates of pharyngeal GC/CT varied from 7% at baseline to 12% at month 13, while rectal GC/CT decreased from 7% at baseline to 0% at month 13. The rate of syphilis was 1% both at baseline and at month 13, however, 11% and 15% of clients tested positive for syphilis at months 1 and 7 respectively. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	MSM; PrEP; risk perception	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Furukawa N.W.; Schneider J.A.; Coleman M.E.; Wiener J.B.; Shrestha R.K.; Smith D.K.	Out-of-pocket costs and HIV pre-exposure prophylaxis persistence in a US multicity demonstration project	Health Services Research	-	-	-	-	179124	10.1111/1475-6773.13285	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082675071&doi=10.1111%2f1475-6773.13285&partnerID=40&md5=f90ade62b771565a72966458b94557c0	Objective: To evaluate whether out-of-pocket (OOP) costs reduced HIV pre-exposure prophylaxis (PrEP) persistence. Data Source: Participants from five urban community health centers (CHCs) in four US cities enrolled in a PrEP demonstration project from September 2014 to August 2017. Study Design: Patients initiating PrEP were followed quarterly until they withdrew from PrEP care or the study ended. Self-reported OOP medication and clinic visit costs were assessed by semiannual questionnaires. Persistence was defined as the time from study enrollment to the last visit after which two subsequent 3-month visits were missed. Multivariable Cox proportional hazard regression was used to assess the effect of demographics, insurance, and OOP costs on PrEP persistence. Principal Findings: Among 918 participants with OOP cost data, the average quarterly OOP cost was $34 (median: $5, IQR: $0-$25). Participants who were men, White, employed, completed college, and had commercial insurance had higher OOP costs. Higher OOP costs were not associated with lower PrEP persistence by Cox proportional hazards regression (adjusted hazard ratio = 1.00 per $50 increase, 95% CI = 0.97, 1.02). Conclusion: Among patients receiving care from these urban CHCs, OOP costs were low and did not undermine PrEP persistence. © Health Research and Educational Trust	community health clinic; HIV prevention; out-of-pocket costs; persistence; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Furukawa N.W.; Smith D.K.; Gonzalez C.J.; Huang Y.-L.A.; Hanna D.B.; Felsen U.R.; Zhu W.; Arnsten J.H.; Patel V.V.	Evaluation of Algorithms Used for PrEP Surveillance Using a Reference Population From New York City, July 2016–June 2018	Public Health Reports	-	-	-	-	333549	10.1177/0033354920904085	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079188006&doi=10.1177%2f0033354920904085&partnerID=40&md5=0d69221bce241e88e6e38dd08140738e	Objective: Daily tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) use as HIV preexposure prophylaxis (PrEP) is monitored by identifying TDF/FTC prescriptions from pharmacy databases and applying diagnosis codes and antiretroviral data to algorithms that exclude TDF/FTC prescribed for HIV postexposure prophylaxis (PEP), HIV treatment, and hepatitis B virus (HBV) treatment. We evaluated the accuracy of 3 algorithms used by the Centers for Disease Control and Prevention (CDC), Gilead Sciences, and the New York State Department of Health (NYSDOH) using a reference population in Bronx, New York. Methods: We extracted diagnosis codes and data on all antiretroviral prescriptions other than TDF/FTC from an electronic health record database for persons aged ≥16 prescribed TDF/FTC during July 2016–June 2018 at Montefiore Medical Center. We reviewed medical records to classify the true indication of first TDF/FTC use as PrEP, PEP, HIV treatment, or HBV treatment. We applied each algorithm to the reference population and compared the results with the medical record review. Results: Of 2862 patients included in the analysis, 694 used PrEP, 748 used PEP, 1407 received HIV treatment, and 13 received HBV treatment. The algorithms had high specificity (range: 98.4%-99.0%), but the sensitivity of the CDC algorithm using a PEP definition of TDF/FTC prescriptions ≤30 days was lower (80.3%) than the sensitivity of the algorithms developed by Gilead Sciences (94.7%) or NYSDOH (96.1%). Defining PEP as TDF/FTC prescriptions ≤28 days improved CDC algorithm performance (sensitivity, 95.8%; specificity, 98.8%). Conclusions: Adopting the definition of PEP as ≤28 days of TDF/FTC in the CDC algorithm should improve the accuracy of national PrEP surveillance. © 2020, Association of Schools and Programs of Public Health.	algorithm; HIV; New York; preexposure prophylaxis; surveillance; validation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Furukawa, Nathan W; Maksut, Jessica L; Zlotorzynska, Maria; Sanchez, Travis H; Smith, Dawn K; Baral, Stefan D	Sexuality Disclosure in U.S. Gay, Bisexual, and Other Men Who Have Sex With Men: Impact on Healthcare-Related Stigmas and HIV Pre-Exposure Prophylaxis Denial.	American Journal of Preventive Medicine	-	-	-	-	1873-2607	10.1016/j.amepre.2020.02.010	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7375915	INTRODUCTION: Stigma impairs access to health care by gay, bisexual, and other men who have sex with men. Gay, bisexual, and other men who have sex with men who are open about their sexuality, or out, are more resilient to stigma than those who are not out. Outness may influence healthcare utilization and prescription of HIV pre-exposure prophylaxis to HIV-negative gay, bisexual, and other men who have sex with men. METHODS: Analyzing the 2018 American Men's Internet Survey during 2019, the adjusted prevalence ratios of healthcare stigmas and outness to healthcare providers were calculated. The effect of outness on annual healthcare visits and stigma was measured. Pre-exposure prophylaxis seeking and denial by providers was quantified and stratified by outness. RESULTS: Of 5,794 respondents, 3,402 (58.7%) were out to their provider. Out gay, bisexual, and other men who have sex with men were less likely to experience anticipated stigma (adjusted prevalence ratio=0.75, 95% CI=0.72, 0.80) but more likely to experience enacted stigma or discrimination (adjusted prevalence ratio=1.23, 95% CI=1.18, 1.28). In a subsample of out gay, bisexual, and other men who have sex with men, recently experienced discrimination was associated with higher healthcare utilization (adjusted prevalence ratio=1.51, 95% CI=1.14, 1.51). Conversely, recent experienced discrimination was associated with lower healthcare utilization in not out gay, bisexual, and other men who have sex with men (adjusted prevalence ratio=0.67, 95% CI=0.54, 0.82). Of 3,104 out gay, bisexual, and other men who have sex with men, 1,417 (45.7%) discussed pre-exposure prophylaxis with their providers, compared with 120 of 1,711 (7.0%) gay, bisexual, and other men who have sex with men who were not out (p<0.001). Pre-exposure prophylaxis denials were less common among out (116/793, 14.6%) than not out (14/55, 25.5%) gay, bisexual, and other men who have sex with men (p=0.044). CONCLUSIONS: Healthcare provider-related stigmas impair healthcare engagement among not out gay, bisexual, and other men who have sex with men who were also more commonly denied pre-exposure prophylaxis. Ending the HIV epidemic necessitates creating safe environments for disclosure of sexual preferences and practices to facilitate access to HIV prevention.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Furukawa, Nathan W; Zhu, Weiming; Huang, Ya-Lin A; Shrestha, Ram K; Hoover, Karen W	National trends in drug payments for HIV preexposure prophylaxis in the United States, 2014 to 2018: A retrospective cohort study	Annals of Internal Medicine	-	-	-	-	34819	10.7326/M20-0786	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096348006&doi=10.7326%2fM20-0786&partnerID=40&md5=a2ebe620b1025a9b120e6172d9243cb4	Background: Use of HIV preexposure prophylaxis (PrEP) has increased nationwide, but the magnitude and distribution of PrEP medication costs across the health care system are unknown. Objective: To estimate out-of-pocket (OOP) and third-party payments using a large pharmacy database. Design: Retrospective cohort study. Setting: Prescriptions for tenofovir disoproxil fumarate with emtricitabine (TDF-FTC) for PrEP in the United States in the IQVIA Longitudinal Prescriptions database, which covers more than 90% of retail pharmacy prescriptions. Measurements: Third-party, OOP, and total payments were compared by third-party payer, classified as commercial, Medicaid, Medicare, manufacturer assistance program, or other. Missing payment data were imputed using a generalized linear model to estimate overall PrEP medication payments. Results: Annual PrEP prescriptions increased from 73 739 to 1 100 684 during 2014 to 2018. Over that period, the average total payment for 30 TDF-FTC tablets increased from $1350 to $1638 (5.0% compound annual growth rate) and the average OOP payment increased from $54 to $94 (14.9% compound annual growth rate). Of the $1638 in total payments per 30 TDF- FTC tablets in 2018, OOP payments accounted for $94 (5.7%) and third-party payments for $1544 (94.3%). Out-of-pocket payments per 30 tablets were lower among Medicaid recipients ($3) than among those with Medicare ($80) or commercial insurance ($107). Payments for PrEP medication in the IQVIA database in 2018 totaled $2.08 billion; $1.68 billion (80.7%) originated from prescriptions for persons with commercial insurance, $200 million (9.6%) for those with Medicaid, $48 million (2.3%) for those with Medicare, and $127 million (6.1%) for those with manufacturer assistance. Limitation: The IQVIA database does not capture every prescription nationwide. Conclusion: Third-party and OOP payments per 30 TDF-FTC tablets increased annually. The $2.08 billion in PrEP medication payments in 2018 is an underestimation of national costs. High costs to the health care system may hinder PrEP expansion. © 2020 American College of Physicians. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2020	Fusca L.; Hull M.; Ross P.; Grennan T.; Burchell A.N.; Bayoumi A.M.; Tan D.H.S.	High Interest in Syphilis Pre-exposure and Post-exposure Prophylaxis among Gay, Bisexual and Other Men Who Have Sex with Men in Vancouver and Toronto	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001130	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081944079&doi=10.1097%2fOLQ.0000000000001130&partnerID=40&md5=d22f33d60bc8eb786f516548d03201fc	Background We assessed the acceptability of doxycycline-based syphilis pre-exposure and post-exposure prophylaxis (PrEP/PEP) as well as human immunodeficiency virus (HIV) PrEP/PEP in gay, bisexual, and other men who have sex with men (gbMSM). Methods We recruited gbMSM from Toronto and Vancouver sexually transmitted infection (STI) clinics during routine visits from June 2018 to August 2018. We analyzed data using descriptive statistics and constructed multivariable logistic regression models for willingness to use syphilis and HIV PrEP and PEP respectively. Results Among 424 participants (56.4% Toronto, 43.6% Vancouver), median (interquartile range IQR) age was 31.0 years (26.0-39.0 years), 61.7% had completed postsecondary education and 54.4% were white. Median (IQR) number of male partners in the past 6 months was 6.0 (3.0-13.0), and 18.2% had 1 or more prior syphilis diagnosis. 60.1%/44.1% indicated willingness to use syphilis PrEP/PEP; 36.6% were unwilling to use either. Among HIV-negative participants, 74.0% and 75.2% were willing to use HIV PrEP and PEP, respectively. Most participants were familiar with antibiotic resistance (89.0%) and agreed that syphilis rates are rising in Canada (68.2%), but only 55.4% believed they were at risk for syphilis. Agreement with the latter statement was associated with willingness to use syphilis PrEP (adjusted odds ratio aOR, 1.6; 95% confidence interval 95%CI, 1.0-2.5), as was previous/existing HIV PrEP use (aOR, 2.2; 95% CI, 1.1-4.3) and being "very concerned" about STI acquisition (aOR, 1.9; 95% CI, 1.0-3.4). Odds of being willing to use syphilis PEP were higher in Toronto versus Vancouver (aOR, 2.0; 95% CI, 1.2-3.4) and increased with the number of different STIs previously diagnosed (aOR, 1.4; 95% CI, 1.2,1.7). Conclusions There is considerable interest in syphilis PrEP/PEP in gbMSM attending Toronto/Vancouver STI clinics. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Galka, Jonathan M; Wang, Melinda; Azwa, Iskandar; Gibson, Britton; Lim, Sin How; Shrestha, Roman; Wickersham, Jeffrey A	Willingness to Use Pre-Exposure Prophylaxis (PrEP) for HIV Prevention and PrEP Implementation Preferences Among Transgender Women in Malaysia.	Transgender Health	-	-	-	-	2688-4887	10.1089/trgh.2020.0003	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7906238	Introduction: Transgender women (TW) face one of the highest HIV burdens worldwide. In Malaysia, 12.4% of TW are HIV infected, â¼30-fold higher than in the Malaysian adult population. Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy, however, little is known about TW's willingness to use PrEP or their preferences for receiving PrEP. This study examined the correlates of Malaysian TW's willingness to use PrEP and their attitudes and preferences related to delivery of PrEP and PrEP-related care. Methods: Between June and August 2017, 361 TW in Malaysia completed an online survey about their knowledge of and willingness to use PrEP for HIV prevention. Results: Only 20.2% of participants had ever previously heard of PrEP and none were currently taking PrEP. The majority (82.5%) expressed high willingness to take PrEP and most participants met the World Health Organization (WHO) indication for PrEP (82.3%). In the multivariate model, lifetime hormone use, prior postexposure prophylaxis use, and having completed a high school education were associated with higher willingness to use PrEP, while injection drug use, older age, and Chinese ethnicity were associated with lower PrEP willingness. Conclusion: TW in Malaysia are highly willing to use PrEP for HIV prevention. Differences in willingness to use PrEP identified by education, ethnicity, substance abuse, and age suggest different strategies may be needed to scale-up PrEP for this diverse community of TW.	HIV prevention, pre-exposure prophylaxis, transgender women, Malaysia	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Gamarel K.E.; Golub S.A.	Sexual goals and perceptions of goal congruence in individuals' PrEP adoption decisions: A mixed-methods study of gay and bisexual men who are in primary relationships	Annals of Behavioral Medicine	-	-	-	-	8836612	10.1093/abm/kaz043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082342520&doi=10.1093%2fabm%2fkaz043&partnerID=40&md5=e0c73eb67cd6b82b3578779fa67853ac	Background: Although health goals are recognized as a central feature of health behavior theories, the relational context through which goals are conceptualized is often overlooked. Interdependence theory represents a valuable framework for understanding goals in the adoption of health behaviors, such as pre-exposure prophylaxis (PrEP), among gay and bisexual men in primary relationships. Purpose: We examined the content and focus of men's sexual health goals, as well as whether goal content, goal focus, or perceptions of goal congruence with a primary partner were related to PrEP adoption among gay and bisexual men in primary relationships. Methods: Mixed-methods data were collected from a PrEP demonstration project from 145 HIV-negative gay and bisexual men in primary relationships. Participants reported their sexual health goals and completed measures of perceptions of goal congruence, relationship factors, and sociodemographic factors. Results: Three main goal content categories were identified: prevention, satisfaction, and intimacy. In expressing these goals, participants framed them with either a self-focus or a relationship-focus. Men in serodiscordant relationships reported more intimacy goals and greater perceptions of goal congruence. There were no differences in goal content or focus by sexual agreement. In the multivariable logistic regression model, perceived goal congruence was associated with PrEP adoption, over and above covariates. Conclusions: Intimate relationships play a significant role in the formation of health-related goals. Goal content, focus, and perceived congruence with partners may represent important targets for HIV prevention interventions for gay and bisexual men in primary relationships, especially in the context of PrEP. © Society of Behavioral Medicine 2019. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.	Gay and bisexual men; Goal congruence; HIV prevention; Pre-exposure prophylaxis; Relationships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Gamarel, Kristi E; Golub, Sarit A	Sexual goals and perceptions of goal congruence in individuals' PrEP adoption decisions: A mixed-methods study of gay and bisexual men who are in primary relationships.	Annals of Behavioral Medicine	-	-	-	-	1532-4796	10.1093/abm/kaz043	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7093261	BACKGROUND: Although health goals are recognized as a central feature of health behavior theories, the relational context through which goals are conceptualized is often overlooked. Interdependence theory represents a valuable framework for understanding goals in the adoption of health behaviors, such as pre-exposure prophylaxis (PrEP), among gay and bisexual men in primary relationships. PURPOSE: We examined the content and focus of men's sexual health goals, as well as whether goal content, goal focus, or perceptions of goal congruence with a primary partner were related to PrEP adoption among gay and bisexual men in primary relationships. METHODS: Mixed-methods data were collected from a PrEP demonstration project from 145 HIV-negative gay and bisexual men in primary relationships. Participants reported their sexual health goals and completed measures of perceptions of goal congruence, relationship factors, and sociodemographic factors. RESULTS: Three main goal content categories were identified: prevention, satisfaction, and intimacy. In expressing these goals, participants framed them with either a self-focus or a relationship-focus. Men in serodiscordant relationships reported more intimacy goals and greater perceptions of goal congruence. There were no differences in goal content or focus by sexual agreement. In the multivariable logistic regression model, perceived goal congruence was associated with PrEP adoption, over and above covariates. CONCLUSIONS: Intimate relationships play a significant role in the formation of health-related goals. Goal content, focus, and perceived congruence with partners may represent important targets for HIV prevention interventions for gay and bisexual men in primary relationships, especially in the context of PrEP.	goal congruence, gay and bisexual men, pre-exposure prophylaxis, HIV prevention, relationships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Gamarel, Kristi E; Sevelius, Jae M; Neilands, Torsten B; Kaplan, Rachel L; Johnson, Mallory O; Nemoto, Tooru; Darbes, Lynae A; Operario, Don	Couples-based approach to HIV prevention for transgender women and their partners: study protocol for a randomised controlled trial testing the efficacy of the 'It Takes Two' intervention.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2020-038723	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7566735	INTRODUCTION: HIV transmission and acquisition risk among transgender women is particularly high in the context of primary partnerships. This project extends a previous pilot couples-focused HIV intervention programme, which was shown to be feasible, acceptable and promising in reducing sexual risk behaviour among transgender women and their partners. This randomised controlled trial (RCT) tests the efficacy of this culturally sensitive HIV prevention programme for HIV-serodiscordant and HIV-negative seroconcordant transgender women and their partners. METHODS AND ANALYSIS: To finalise the protocol for trial, we used qualitative methods to hone eligibility criteria, refine the intervention and control manuals, and name and brand the intervention ('It Takes Two'). The RCT investigates the effects of the It Takes Two intervention on Composite Risk for HIV (CR-HIV) among 100 couples. CR-HIV is a binary indicator of couple HIV risk using validated measures of sexual behaviour, pre-exposure prophylaxis use among HIV-negative participants and viral suppression among participants living with HIV. Using a two-arm RCT, we will examine intervention effects on CR-HIV at 12-month follow-up comparing transgender women and their partners randomised to the intervention versus control (HIV prevention information only). ETHICS AND DISSEMINATION: This study has been reviewed and approved by the University of California, San Francisco (19-28624) and the University of Michigan (HUM00147690) Institutional Review Boards. Participants provide informed consent before taking part of the study activities. Results will be published in peer-reviewed journals and presented at scientific conferences. We will make our results available to the community of researchers and general public interested in transgender health to avoid unintentional duplication of research, as well as to others in the health and social services community, including LGBT community-based organisations, AIDS service organisations and other transgender-serving organisations. The full de-identified dataset and codebook will be shared at the University of Michigan Digital Repository. TRIAL REGISTRATION NUMBER: NCT04067661.	HIV & AIDS, public health, mental health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Gandhi M.; Wang G.; King R.; Rodrigues W.C.; Vincent M.; Glidden D.V.; Cressey T.R.; Bacchetti P.; Spinelli M.A.; Okochi H.; Siriprakaisil O.; Klinbuayaem V.; Mugo N.R.; Ngure K.; Drain P.K.; Baeten J.M.	Development and validation of the first point-of-care assay to objectively monitor adherence to HIV treatment and prevention in real-time in routine settings	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002395	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077226567&doi=10.1097%2fQAD.0000000000002395&partnerID=40&md5=9f36fb6a59b8d58e01e29eec83e37a7d	Objective: HIV prevention and treatment studies demonstrate that pharmacologic adherence metrics are more accurate than self-report. Currently available metrics use liquid-chromatography/tandem-mass-spectrometry (LC-MS/MS), which is expensive and laboratory-based. We developed a specific and sensitive antibody against tenofovir, the backbone of treatment and prevention, but conversion to a lateral flow assay (LFA) - analogous to a urine pregnancy test - is required for point-of-care testing. We describe the development of the first LFA to measure antiretroviral adherence in real-time.Methods:Previous work in a directly observed therapy study of providing tenofovir disoproxil fumarate (TDF) to HIV-noninfected volunteers at various simulated adherence patterns defined the appropriate cut-off for the LFA (1500 ng tenofovir/ml urine). We developed the LFA using a sample pad for urine; a conjugate pad coated with TFV-specific antibodies conjugated to colloidal gold nanoparticles; a nitrocellulose membrane striped with tenofovir-antigen (test line) and a control line; with an absorbent pad to draw urine across the reaction membrane.Results:We tested 300 urine samples collected from the directly observed therapy study by this LFA and the gold-standard method of LC-MS/MS. The LFA demonstrated 97% specificity (95% CI 93-99%) and 99% sensitivity (94-100%) compared with LC-MS/MS. The LFA accurately classified 98% of patients who took a dose within 24 h as adherent.Conclusion:We describe the development and validation of the first point-of-care assay to measure short-term adherence to HIV prevention and treatment in routine settings. The assay is low-cost, easy-to-perform and measures the breakdown product (tenofovir) of both TDF and tenofovir alafenamide (TAF). This assay has the potential to improve HIV and PrEP outcomes worldwide by triggering differentiated service delivery with further study merited. © 2019 Wolters Kluwer Health, Inc. All rights reserved.	adherence; antiretroviral treatment; lateral flow assay; point-of-care; preexposure prophylaxis; tenofovir; urine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	García I.G.; García I.G.; Rodriguez-Rubio M.; Mariblanca A.R.; De Soto L.M.; De Soto L.M.; García L.D.; García L.D.; Villatoro J.M.; Parada J.Q.; Meseguer E.S.; Rosales M.J.; González J.; González J.; Arribas J.R.; Carcas A.J.; Carcas A.J.; De La Oliva P.; Borobia A.M.	A randomized multicenter clinical trial to evaluate the efficacy of melatonin in the prophylaxis of SARS-CoV-2 infection in high-risk contacts (MeCOVID Trial): A structured summary of a study protocol for a randomised controlled trial	Trials	-	-	-	-	17456215	10.1186/s13063-020-04436-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086008491&doi=10.1186%2fs13063-020-04436-6&partnerID=40&md5=2de43d5fe4d0b50a1e0eef0bcabfa705	Objectives: Primary objective: to evaluate the efficacy of melatonin as a prophylactic treatment on prevention of symptomatic SARS-CoV-2 infection among healthcare workers at high risk of SARS-CoV-2 exposure. Secondary objectives: To evaluate the efficacy of melatonin as a prophylactic treatment on prevention of asymptomatic SARS-CoV-2 infection. To evaluate the efficacy of melatonin to prevent the development of severe COVID-19 in the participants enrolled in this study who develop SARS-CoV-2 infection along the trial. To evaluate the duration of COVID-19 symptoms in participants receiving melatonin before the infection. To evaluate seroconversion timing post-symptom onset. Exploratory objectives: To compare severity of COVID-19 between men and women. To evaluate the influence of sleep and diet on prevention from SARS-CoV-2 infection. To evaluate the effect of melatonin on the incidence and characteristics of lymphopenia and increase of inflammatory cytokines related to COVID-19. Trial design: This is a two-arm parallel randomised double-blind controlled trial to evaluate the efficacy of melatonin versus placebo in the prophylaxis of coronavirus disease 2019 among healthcare workers. Participants: Inclusion Criteria: Male or female participants ≥ 18 and ≤ 80 years of age. Healthcare workers from the public and private Spanish hospital network at risk of SARS-CoV 2 infection. Not having a previous COVID19 diagnosis. Understanding the purpose of the trial and not having taken any pre-exposure prophylaxis (PrEP) including HIV PrEP from March 1st 2020 until study enrolment. Having a negative SARS-CoV 2 reverse-transcription PCR (RT-PCR) result or a negative serologic rapid test (IgM/IgG) result before randomization. Premenopausal women must have a negative urinary pregnancy test in the 7 days before starting the trial treatment. Premenopausal women and males with premenopausal couples must commit to using a high efficiency anticonceptive method. Exclusion Criteria: HIV infection. Active hepatitis B infection. Renal failure (CrCl < 60 mL/min/1.73 m2) or need for hemodialysis. Osteoporosis. Myasthenia gravis. Pre-existent maculopathy. Retinitis pigmentosa. Bradycardia (less than 50 bpm). Weight less than 40 Kg. Participant with any immunosuppressive condition or hematological disease. Treatment with drugs that may prolong QT in the last month before randomization for more than 7 days including: azithromycin, chlorpromazine, cisapride, clarithromycin, domperidone, droperidol, erythromycin, halofantrine, haloperidol, lumefantrine, mefloquine, methadone, pentamidine, procainamide, quinidine, quinine, sotalol, sparfloxacin, thioridazine, amiodarone. Hereditary intolerance to galactose, Lapp lactase deficiency or glucose or galactose malabsorption. Treatment with fluvoxamine. Treatment with benzodiazepines or benzodiazepine analogues such as zolpidem, zopiclone or zaleplon. Pregnancy. Breastfeeding. History of potentially immune derived diseases such as: lupus, Crohn's disease, ulcerative colitis, vasculitis or rheumatoid arthritis. Insulin-dependent diabetes mellitus. Known history of hypersensitivity to the study drug or any of its components. Patients that should not be included in the study at the judgment of the research team. Participants will be recruited from the following eight hospitals in Madrid, Spain: Hospital Universitario La Paz, Hospital Ramón y Cajal, Hospital Infanta Sofía, Hospital 12 de Octubre, Hospital Clínico San Carlos, Hospital Central de la defensa Gómez Ulla,Hospital de La Princesa and Hospital Infanta Leonor. Intervention and comparator: Experimental: Melatonin (Circadin®, Exeltis Healthcare, Spain): 2 mg of melatonin orally before bedtime for 12 weeks. Comparator: Identical looking placebo (Laboratorios Liconsa, Spain) orally before bedtime for 12 weeks. Main outcomes: Number of SARS-CoV-2 (COVID-19) symptomatic infections confirmed by polymerase chain reaction (PCR) test or serologic test or according to each centre diagnosis protocol. Primary outcome will be measured until the end of treatment for each participant (until the date of the last dose taken by each patient). Randomisation: Patients who meet all inclusion and no exclusion criteria will be randomised, stratified by centres, sex and age (<50 and ≥ 50 years old). The randomisation sequence was created using SAS version 9.4 statistical software (procedure 'PROC PLAN') with a 1:1 allocation. No randomisation seed was specified. The randomisation seed was generated taking the hour of the computer where the program was executed. Randomization will be done centrally through the electronic system RedCAP® in order to conceal the sequence until interventions are assigned Blinding (masking): Participants, caregivers, and those assessing the outcomes are blinded to group assignment. Numbers to be randomised (sample size): A total of 450 participants are planned to be enrolled in this clinical trial, 225 in the experimental arm and 225 in the placebo arm. Trial Status: Protocol version 3.0, 17th of April 2020. Recruitment ongoing. First participant was recruited on the 21st of April 2020. The final participant is anticipated to be recruited on the 31st of May 2020. As of May 18th, 2020, a total of 312 participants have been enrolled (154 at Hospital La Paz, 85 at Hospital Infanta Sofia and 73 at Hospital 12 de Octubre). Trial registration: EU Clinical Trials Register: 2020-001530-35; Date of trial registration: 13th of April 2020; https://www.clinicaltrialsregister.eu/ctr-search/trial/2020-001530-35/ES Full protocol: The full protocol is attached as an additional file, accessible from the Trials website (Additional file 1). In the interest in expediting dissemination of this material, the familiar formatting has been eliminated; this Letter serves as a summary of the key elements of the full protocol. © 2020 The Author(s).	COVID-19; Healthcare workers; Melatonin; Prophylaxis; Protocol; Randomised controlled trial	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2020	Geldsetzer P.; Bärnighausen K.; Hettema A.; McMahon S.A.; Dalal S.; Chase R.P.; Oldenburg C.E.; Kohler S.; Chen S.; Dlamini P.; Mavuso M.; Hughey A.B.; Matse S.; Bärnighausen T.	A stepped-wedge randomized trial and qualitative survey of HIV pre-exposure prophylaxis uptake in the Eswatini population	Science Translational Medicine	-	-	-	-	19466234	10.1126/scitranslmed.aba4487	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091544855&doi=10.1126%2fscitranslmed.aba4487&partnerID=40&md5=ecdf5c279010259018db8480b67e43aa	Clinical trials have shown that antiretroviral drugs used as pre-exposure prophylaxis (PrEP) are highly effective for preventing HIV acquisition. PrEP efforts, including in sub-Saharan Africa, have almost exclusively focused on certain priority groups, particularly female sex workers, men having sex with men, pregnant women, serodiscordant couples, and young women. As part of a PrEP demonstration project involving the general population at six primary health care facilities in Eswatini (formerly Swaziland), we conducted a randomized trial of a health care facility-based PrEP promotion package designed to increase PrEP uptake. Over the 18-month study duration, 33.6% (517 of 1538) of adults identified by health care workers as being at risk of acquiring HIV took up PrEP, and 30.0% of these individuals attended all scheduled appointments during the first 6 months after initiation of PrEP. The PrEP promotion package was associated with a 55% (95% confidence interval, 15 to 110%; P = 0.036) relative increase in the number of individuals taking up PrEP, with an absolute increase of 2.2 individuals per month per health care facility. When asked how PrEP uptake could be improved in 217 accompanying in-depth qualitative interviews, interviewees recommended an expansion of PrEP promotion activities beyond health care facilities to communities. Although a health care facility-based PrEP promotion package improved PrEP uptake, both uptake and retention remained low. Expanding promotion activities to the community is needed to achieve greater PrEP coverage among adults at risk of HIV infection in Eswatini and similar settings. Copyright © 2020 The Authors.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Gesink, Dionne; Salway, Travis; Kimura, Lauren; Connell, James	Sexual Health Knowledge, Attitudes, and Perceptions Among Men Who Have Sex With Men During Co-Occurring Sexually Transmitted Infection Epidemics in Toronto, Canada: A Qualitative Study.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001237	https://dx.doi.org/10.1097/OLQ.0000000000001237	BACKGROUND: Our objective was to explore the sexual health knowledge, attitudes, and perceptions of men who have sex with men (MSM). METHODS: In-depth interviews were conducted with 31 MSM who lived, worked, or socialized in Toronto in June and July 2016. Participants were asked about concepts of risky sex and knowledge of, and attitudes toward, sexually transmitted infections (STIs), especially syphilis, and potential interventions. Thematic analysis was used to analyze interview transcripts. RESULTS: The prevention of STI relied on HIV prevention strategies. No one used condoms for oral sex, nor did they intend to. Pre-exposure prophylaxis was perceived as both threatening and liberating. Concepts of risky sex included emotional risk. Conversations with partners about STI testing were easier than STI status. Stigma and concealment of sexual identity were barriers to sexual health care. None of the participants recommended changes to individual sexual behavior or sexual health interventions. Instead, recommendations centered on social changes to reduce or eliminate shame, embarrassment, stigma, and discrimination around both STIs and sexual orientation. CONCLUSION: Participants were thinking about sexual risk and using a variety of ways to prevent STI transmission, although most relied on HIV prevention strategies, possibly because they knew little about other STIs, and other STIs were perceived as curable, especially syphilis. Interventions promoting conversations about STI testing may be promising and will also reduce stigma as STI testing is normalized. Social and clinic interventions focused on creating psychologically safe spaces to disclose sexual identity and providing sexual orientation affirming health care may reduce STIs and improve sexual health for MSM.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2020	Ghayda R.A.; Hong S.H.; Yang J.W.; Jeong G.H.; Lee K.H.; Kronbichler A.; Solmi M.; Stubbs B.; Koyanagi A.; Jacob L.; Oh H.; Kim J.Y.; Shin J.I.; Smith L.	A review of pre-exposure prophylaxis adherence among female sex workers	Yonsei Medical Journal	-	-	-	-	5135796	10.3349/ymj.2020.61.5.349	https://pubmed.ncbi.nlm.nih.gov/32390358/	Globally and in Africa specifically, female sex workers (FSWs) are at an extraordinarily high risk of contracting human immunodeficiency virus (HIV). Pre-exposure prophylaxis (PrEP) has emerged as an effective and ethical method with which to prevent HIV infection among FSWs. PrEP efficacy is, however, closely linked to adherence, and adherence to PrEP among FSWs is a complex and interrelated process that has been shown to be of importance to public health policies and HIV control and intervention programs. This comprehensive review categorizes barriers to and facilitators of adherence to HIV PrEP for FSWs, and describes five strategies for promoting PrEP adherence among FSWs. These strategies encompass 1) a long-term educational effort to decrease the stigma associated with sex work and PrEP use, 2) education on how PrEP works, 3) lifestyle modification, 4) research on next-generation PrEP products to address the inconvenience of taking daily pills, and 5) integration of PrEP into existing services, such as social services and routine primary care visits, to reduce the economic burden of seeking the medication. Our review is expected to be useful for the design of future PrEP intervention programs. Multidisciplinary intervention should be considered to promote PrEP adherence among FSWs in order to help control the HIV epidemic. © Yonsei University College of Medicine 2020.	Drug adherence; Female sex workers; Human immunodeficiency virus infection and acquired immune deficiency syndrome prevention; Pre-exposure prophylaxis	English	South Korea	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Gill K.; Johnson L.; Dietrich J.; Myer L.; Marcus R.; Wallace M.; Pidwell T.; Mendel E.; Fynn L.; Jones K.; Wiesner L.; Slack C.; Strode A.; Spiegel H.; Hosek S.; Rooney J.; Gray G.; Bekker L.-G.	Acceptability, safety, and patterns of use of oral tenofovir disoproxil fumarate and emtricitabine for HIV pre-exposure prophylaxis in South African adolescents: an open-label single-arm phase 2 trial	The Lancet Child and Adolescent Health	-	-	-	-	23524642	10.1016/S2352-4642(20)30248-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096024070&doi=10.1016%2fS2352-4642%2820%2930248-0&partnerID=40&md5=6f993973601f71f668454c11ce437923	Background: HIV incidence among adolescents in southern Africa remains unacceptably high. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention intervention but there are few data on its implementation among adolescents. We aimed to investigate the safety, feasibility, and acceptability of PrEP with oral tenofovir disoproxil fumarate and emtricitabine as part of a comprehensive HIV prevention package in an adolescent population in South Africa. Methods: This open-label single-arm phase 2 study (PlusPills) was done in two research clinics in Cape Town and Johannesburg, South Africa. Adolescents aged 15-19 years were recruited into the study through recruitment events and outreach in the community. Potential participants were eligible for enrolment if they reported being sexually active. Exclusion criteria were a positive test for HIV or pregnancy at enrolment, breastfeeding, or any relevant co-morbidities. Participants were given oral tenofovir disoproxil fumarate and emtricitabine for PrEP to take daily for the first 12 weeks and were then given the choice to opt in or out of PrEP use at three monthly intervals during scheduled clinic visits. Participants were invited to monthly visits for adherence counselling and HIV testing during the study period. The primary outcomes were acceptability, use, and safety of PrEP. Acceptability was measured by the proportion of participants who reported willingness to take up PrEP and remain on PrEP at each study timepoint. Use was defined as the number of participants who continued to use PrEP after the initial 12-week period until the end of the study (week 48). Safety was measured by grade 2, 3, and 4 laboratory and clinical adverse events using the Division of AIDS table for grading the severity of adult and paediatric adverse events, version 1.0. Dried blood spot samples were collected at each study time-point to measure tenofovir diphosphate concentrations. This trial is registered with ClinicalTrials.gov, NCT02213328. Findings: Between April 28, 2015, and Nov 11, 2016, 244 participants were screened, and 148 participants were enrolled (median age was 18 years; 99 participants 67% were female) and initiated PrEP. PrEP was stopped by 26 of the 148 (18%) participants at 12 weeks. Cumulative PrEP opt-out, from the total cohort, was 41% (60 of 148 participants) at week 24 and 43% (63 of 148 participants) at week 36. PrEP was well tolerated with only minor adverse events (grade 2) thought to be related to study drug, which included headache (n=4, 3%), gastrointestinal upset (n=8, 5%), and skin rash (n=2, 1%). Two participants (1%) experienced grade 3 weight loss, which was deemed related to the study drug and resolved fully when PrEP was discontinued. Tenofovir diphosphate concentrations were detectable (>16 fmol/punch) in dried blood spot samples in 108 (92%) of 118 participants who reported PrEP use at week 12, in 74 (74%) of 100 participants at week 24, and in 22 (59%) of 37 participants by the study end at week 48. Interpretation: In this cohort of self-selected South African adolescents at risk of HIV acquisition, PrEP appears safe and tolerable in those who continued use. PrEP use decreased throughout the course of the study as the number of planned study visits declined. Adolescents in southern Africa needs access to PrEP with tailored adherence support and possibly the option for more frequent and flexible visit schedules. Funding: National Institute of Allergy and Infectious Diseases of the US National Institutes of Health. © 2020 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2020	Gilmour, Stuart; Peng, Liping; Li, Jinghua; Oka, Shinichi; Tanuma, Junko	New strategies for prevention of HIV among Japanese men who have sex with men: a mathematical model	Scientific Reports	-	-	-	-	20452322	10.1038/s41598-020-75182-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093927538&doi=10.1038%2fs41598-020-75182-7&partnerID=40&md5=a5d51bdc8babecc5e5dc2887ebc057e9	HIV prevalence in Japan continues to increase among men who have sex with men (MSM). We built a mathematical model to describe the HIV epidemic, including acute infection and pre-exposure prophylaxis (PrEP), and projected the model to 2050. We compared current testing and treatment policies, a scenario where Japan achieves UNAIDS 90-90-90 targets, three PrEP scenarios defined by different coverage levels of 25%, 50%, and 75% among the 20% of MSM with the highest risk behavior, and combinations of these scenarios. With no change in interventions prevalence of HIV among MSM will rise to 9.0% in 2050. If Japan achieves full UNAIDS 90-90-90 targets, 84.9% of these infections would be averted. Under 50% PrEP with no expansion of testing and treatment, prevalence will reach 2.6% and 62.1% of infections would be averted by 2050. If in addition UNAIDS 90-90-90 goals are achieved, 92.7% of HIV infections would be prevented by 2050. All interventions tested in this model were cost-saving relative to the base case. Both PrEP and enhanced ART strategies can be cost-saving, and if Japan enhances its testing program for MSM and introduces PrEP, it has the potential to effectively eliminate new infections in the next 30 years. © 2020, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Quantitative
Article	2020	Ginsberg G.M.; Chemtob D.	Cost utility analysis of HIV pre exposure prophylaxis among men who have sex with men in Israel	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-020-8334-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85080098626&doi=10.1186%2fs12889-020-8334-4&partnerID=40&md5=c36fa27cdf604d712d2cac7b12c996ee	Background: Between 2011 and 2015, Men who have sex with men (MSM) accounted for nearly half of new HIV cases among men in Israel. This study carries out a cost-utility analysis of PrEP (HIV Pre Exposure Prophylaxis), an antiretroviral medication that can protect against the acquisition of HIV infection, whose incidence rate in Israel is around 1.74 per 1000 MSM. Method: Epidemiological, demographic, health service utilisation and economic data were integrated into a spread-sheet model in order to calculate the cost per averted disability-adjusted life year (DALY) of the intervention from a societal perspective, in mid-2018 US$ using a 3% discount rate. Cost utility analyses were performed for both types of PrEP delivery (continuous regimen and on-demand), together with sensitivity analyses on numbers of condom users who take up PrEP (baseline 25%) and subsequently abandon condom use (baseline 75%), PrEP efficacy (baseline 86%), PrEP prices and monitoring costs. Results: Around 21.3% of MSM are high risk (as defined by having unprotected anal intercourse). Offering PrEP to this group would have a ten year net cost of around 1563 million USD, preventing 493 persons from becoming HIV-positive, averting around 1616 DALYs at a cost per averted DALY of around 967,744 USD. This will render the intervention to be not cost-effective. PrEP drug prices would have to fall dramatically (by 90.7%) for the intervention to become cost-effective (i.e. having a cost per averted DALY less than thrice GNP per capita) in Israel. PrEP remains not cost-effective (at 475,673 USD per averted DALY) even if intervention costs were reduced by using an "on demand" instead of a daily schedule. Even if there were no changes in condom use, the resultant 411,694 USD cost-utility ratio is still not cost-effective. Conclusions: Despite PrEPs high effectiveness against HIV, PrEP was found not to be cost-effective in the Israeli context because of a combination of relatively low HIV incidence, high PrEP costs, with a likelihood that some low-risk MSM (ie: who use condoms) may well begin taking PrEP and as a consequence many of these will abandon condom use. Therefore, ways of minimizing these last two phenomena need to be found. © 2020 The Author(s).	AIDS; Cost-utility analysis; HIV infection; Israel; PrEP; Prevention	English	United Kingdom	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Quantitative
Article	2020	Gitahi N.; Eshiwani S.J.; Mutai K.; Mecha J.O.; Kiarie J.N.	Preconception Care Uptake and Immediate Outcomes among Discordant Couples Accessing Routine HIV Care in Kenya	Obstetrics and Gynecology International	-	-	-	-	16879589	10.1155/2020/1675987	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087200894&doi=10.1155%2f2020%2f1675987&partnerID=40&md5=410531494aaebade481360b89c2e489e	Introduction. A large proportion of new HIV infections occur within discordant partnerships making discordance a significant contributor to new HIV infections in Africa. Despite the role of preconception care for HIV discordant couples, there is little data on fertility desire and preconception care uptake. This study aimed at documenting fertility desire (desire to conceive), determining the uptake of preconception care, identifying HIV prevention strategies used during preconception care, and determining immediate conception outcomes among HIV discordant couples in Kenya. Methods. We retrospectively extracted electronic medical record data on discordant couples at an HIV care discordant couples' clinic. We included data on couples who expressed a desire to conceive and were offered preconception care and followed up for 29 months. We collected data on sociodemographic characteristics, preconception prevention methods, and associated outcomes. Results. Among couples, with male HIV-positive partners, there was a twofold likelihood of accepting preconception services (OR = 2.3, CI 95% (1, 1, 5.0)). A shorter discordant union was independently associated with the uptake of preconception services (OR = 0.92, CI 95% (0.86, 0.98)). The most used prevention intervention (38.5%) among discordant couples was a combination of pre-exposure prophylaxis (PrEP) by the uninfected partner, alongside HAART by the partner living with HIV. Pregnancy rates did not significantly (p = 0.06) differ among those who took up preconception care versus those who did not. HIV-negative partners of couples who declined preconception care had a significantly (p = 0.04) higher attrition from clinic follow-up. One confirmed seroconversion occurred; an HIV incidence rate of 0.19 per 100 person-years.Conclusion. The study demonstrates the feasibility of implementing safe and effective preconception servicesas part of routine HIV care for discordant couples living in low resource settings. The provision and the utilisation of safer conception services may be hindered by the poor retention to follow-up and care of HIV-negative partners. This challenge may impede the expected benefits of preconception care as an HIV prevention intervention. © 2020 Nyawira Gitahi et al.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2020	Glass, Tracy; Myer, Landon; Lesosky, Maia	The role of HIV viral load in mathematical models of HIV transmission and treatment: a review.	BMJ Glob Health	-	-	-	-	2059-7908	10.1136/bmjgh-2019-001800	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7042590	Introduction: HIV viral load (VL) is accepted as a key biomarker in HIV transmission and pathogenesis. This paper presents a review of the role of VL testing in mathematical models for HIV prevention and treatment. Methods: A search for simulation models of HIV was conducted in PubMed, yielding a total of 1210 studies. Publications before the year 2000, studies involving animals and analyses that did not use mathematical simulations were excluded. The full text of eligible articles was sourced and information about the intervention and population being modelled, type of modelling approach and disease monitoring strategy was extracted. Results and discussion: A total of 279 studies related to HIV simulation models were included in the review, though only 17 (6%) included consideration of VL or VL testing and were evaluated in detail. Within the studies that included assessment of VL, routine monitoring was the focus, and usually in comparison to alternate monitoring strategies such as clinical or CD4 count-based monitoring. The majority of remaining models focus on the impact or delivery of antiretroviral therapy (n=68; 27%), pre-exposure prophylaxis (n=28; 11%) and/or HIV testing (n=24; 9%) on population estimates of HIV epidemiology and exclude consideration of VL. Few studies investigate or compare alternate VL monitoring frequencies, and only a small number of studies overall (3%) include consideration of vulnerable population groups such as pregnant women or infants. Conclusions: There are very few simulations of HIV treatment or prevention that include VL measures, despite VL being recognised as the key determinant of both transmission and treatment outcomes. With growing emphasis on VL monitoring as key tool for population-level HIV control, there is a clear need for simulations of HIV epidemiology based on VL.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2020	Glick, Jennifer L; Russo Rienna; Jivapong Belinda; Rosman, Lori; Pelaez, Danielle; Footer Katherine H A; Sherman, Susan G	The PrEP Care Continuum Among Cisgender Women Who Sell Sex and/or Use Drugs Globally: A Systematic Review	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02733-z	https://www.proquest.com/scholarly-journals/prep-care-continuum-among-cisgender-women-who/docview/2389523233/se-2?accountid=8113	HIV prevalence among cisgender female sex workers (FSW) and/or women who use drugs (WWUD) is substantially higher compared to similarly aged women. Consistent with PRISMA guidelines, we conducted the first systematic review on the pre-exposure prophylaxis (PrEP) continuum among FSW and/or WWUD, searching PubMed, Embase, CINAHL, PsycInfo, and Sociological Abstracts. Eligibility criteria included: reporting a PrEP related result among FSW and/or WWUD aged 18+; peer-reviewed; and published in English between 2012 and 2018. Our search identified 1365 studies; 26 met eligibility requirements, across the following groups: FSW (n = 14), WWUD (n = 9) and FSW-WWUD (n = 3). Studies report on at least one PrEP outcome: awareness (n = 12), acceptability (n = 16), uptake (n = 4), and adherence (n = 8). Specific barriers span individual and structural levels and include challenges to daily adherence, cost, and stigma. Combining health services and long-acting PrEP formulas may facilitate better PrEP uptake and adherence. The limited number of studies indicates a need for more research.	Women; Psychology; Disease prevention; Pre-exposure prophylaxis (PrEP); Sex work; Systematic review; Health services; Prep; Prophylaxis; Prostitution; Drugs; Sex worker; Sex; PrEP care continuum; Cisgender; Sex workers; Female sex workers (FSW); Global; Women who use drugs (WWUD); Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; Health care expenditures	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Glidden D.V.	Statistical approaches to accelerate the development of long-acting antiretrovirals for HIV pre-exposure prophylaxis	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000589	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072643223&doi=10.1097%2fCOH.0000000000000589&partnerID=40&md5=365fc7176ca87df2571ae8f3f426037f	Purpose of reviewThis review considers statistical issues in the design and analysis of the studies used to develop long-acting formulations of antiretrovirals for pre-exposure prophylaxis (PrEP).Recent findingAn abundant pipeline of products is maturing. Accelerating their evaluation as clinical products requires abandonment of noninferiority standards. Randomized trials should be based on the comparison of principled but innovative estimates of background HIV risk and enrich enrollment for those who do not desire current PrEP products. At every stage of testing, innovative analyses can be applied to help inform and accelerate later studies.SummaryThe development of new long-acting PrEP regimens can be accelerated by innovations in design, ingenuity in synthesizing data sources, and application of causal inference methods. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; implant; long-acting injectable; noninferiority; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Glidden, David V.; Stirrup, Oliver T.; Dunn, David T.	A Bayesian averted infection framework for PrEP trials with low numbers of HIV infections: application to the results of the DISCOVER trial	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(20)30192-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094148439&doi=10.1016%2fS2352-3018%2820%2930192-2&partnerID=40&md5=86f9e84c828b5587f9ecf821fe0db473	Trials of candidate agents for HIV pre-exposure prophylaxis (PrEP) might randomly assign participants to be given a new PrEP agent or oral coformulated tenofovir disoproxil fumarate plus emtricitabine. This design presents unique challenges in interpretation. First, with two active arms, HIV incidence might be low. Second, the effectiveness of tenofovir disoproxil fumarate plus emtricitabine varies across populations; thus, similar HIV incidence between groups could be consistent with a wide range of effectiveness for the new PrEP. We propose a two-part approach to trial results. First, we use Bayesian methods to incorporate assumptions about the background incidence of HIV in the trial in the absence of PrEP, possibly augmented by external data. On the basis of the estimated background incidence, we estimate and compare the number of averted (or prevented) HIV infections in each of the two trial groups, calculating the averted infections ratio. We apply these methods to a completed trial of tenofovir alafenamide plus emtricitabine for PrEP. Our framework shows that leveraging external information to estimate averted infections and the averted infections ratio enhances the efficiency and interpretation of active-controlled PrEP trials. © 2020 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Goedel W.C.; Bessey S.; Lurie M.N.; Biello K.B.; Sullivan P.S.; Nunn A.S.; Marshall B.D.L.	Projecting the impact of equity-based preexposure prophylaxis implementation on racial disparities in HIV incidence among MSM	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002577	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088248857&doi=10.1097%2fQAD.0000000000002577&partnerID=40&md5=46fb78863478219517cf70f85c9733ea	Background:It is unknown what levels of preexposure prophylaxis (PrEP) use are needed to reduce racial disparities in HIV incidence among men who have sex with men (MSM). Using an agent-based model, we quantified the impact of achieving PrEP coverage targets grounded in equity on racial disparities in HIV incidence among MSM in an urban setting in the Southeastern United States.Methods:An agent-based model was adapted to simulate HIV transmission in a network of Black/African American and White MSM aged 18-39 years in the Atlanta-Sandy Springs-Roswell metropolitan area over 10 years (2015-2024). Scenarios simulated coverage levels consistent with targets based on the ratio of the number of individuals using PrEP to the number of individuals newly diagnosed in a calendar year (i.e., the 'PrEP-to-need ratio'), ranging from 1 to 10. Incidence rate ratios and differences were calculated as measures of disparities.Results:Without PrEP, the model predicted a rate ratio of 3.82 and a rate difference of 4.50 comparing HIV incidence in Black/African American and White MSM, respectively. Decreases in the rate ratio of at least 50% and in the rate difference of at least 75% were observed in all scenarios in which the PrEP-to-need ratio among Black/African American MSM was 10, regardless of the value among White MSM.Conclusion:Significant increases in PrEP use are needed among Black/African American MSM to reduce racial disparities in HIV incidence. PrEP expansion must be coupled with structural interventions to address vulnerability to HIV infection among Black/African American MSM. © 2020 Lippincott Williams and Wilkins. All rights reserved.	agent-based modeling; health disparities; HIV; men who have sex with men; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Goedel W.C.; Mimiaga M.J.; King M.R.F.; Safren S.A.; Mayer K.H.; Chan P.A.; Marshall B.D.L.; Biello K.B.	Potential Impact of Targeted HIV Pre-Exposure Prophylaxis Uptake Among Male Sex Workers	Scientific Reports	-	-	-	-	20452322	10.1038/s41598-020-62694-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082522867&doi=10.1038%2fs41598-020-62694-5&partnerID=40&md5=5d12dea1863ad67c93e6a8c411cd8cbe	Little is known about the potential population-level impact of HIV pre-exposure prophylaxis (PrEP) use among cisgender male sex workers (MSWs), a high-risk subset of cisgender men who have sex with men (MSM). Using an agent-based model, we simulated HIV transmission among cisgender MSM in Rhode Island to determine the impacts of PrEP implementation where cisgender MSWs were equally ("standard expansion") or five times as likely ("focused expansion") to initiate PrEP compared to other cisgender MSM. Without PrEP, the model predicted 920 new HIV infections over a decade, or an average incidence of 0.39 per 100 person-years. In a focused expansion scenario where 15% of at-risk cisgender MSM used PrEP, the total number of new HIV infections was reduced by 58.1% at a cost of $57,180 per quality-adjusted life-year (QALY) gained. Focused expansion of PrEP use among cisgender MSWs may be an efficient and cost-effective strategy for reducing HIV incidence in the broader population of cisgender MSM. © 2020, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Goldstein N.S.; Seymour E.C.; Carter-Davis J.B.	A Model for Increasing Access to Preexposure Prophylaxis (PrEP) Services in the Substance Use Population	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2019.10.026	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076862455&doi=10.1016%2fj.nurpra.2019.10.026&partnerID=40&md5=3d28dfb654dc3ec5b5a49b92d4d766f6	In 2017, a low-resource substance use treatment center in Baltimore, Maryland, noted that at least 38% of patients, ranging from 18 to 76 years old, with substance use disorders (SUD) met the criteria for preexposure prophylaxis (PrEP) therapy. PrEP therapy consists of a daily medication to prevent transmission of human immunodeficiency virus. A conceptual framework model was developed linking eligible patients with SUD to PrEP services based on current Centers for Disease Control and Prevention PrEP recommendations. Three tools were developed for PrEP services planning, implementation, and evaluation. The focus of this report is to increase access to and uptake of comprehensive PrEP services in those with SUD who are at risk for acquiring human immunodeficiency virus. © 2019 Elsevier Inc.	HIV risk screening tool; human immunodeficiency virus (HIV); model development; preexposure prophylaxis (PrEP); substance use disorder	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Golub, Sarit A; Meyers, Kathrine; Enemchukwu, Chibuzo	Perspectives and Recommendations From Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Youth of Color Regarding Engagement in Biomedical HIV Prevention.	Journal of Adolescent Health	-	-	-	-	1879-1972	10.1016/j.jadohealth.2019.09.016	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7007846	PURPOSE: Young people of color have high HIV incidence rates and suffer the greatest health inequities with regard to daily oral pre-exposure prophylaxis. Although the next generation of biomedical HIV prevention products is already under clinical development, little research has examined whether such products address the needs of this population or identified specific strategies for educating this population about prevention options that might result in the greatest interest in and uptake of new prevention modalities. METHODS: We analyzed data from seven focus groups (n = 93) conducted between July 2016 and March 2017 in partnership with a lesbian, gay, bisexual, transgender, and queer/questioning youth-serving community-based organization in the northeastern U.S. The study aimed to understand concerns, priorities, and preferences around biomedical HIV prevention modalities (i.e., daily oral pill, long-acting injectable, and topical microbicide) among lesbian, gay, bisexual, transgender, and queer/questioning youth of color. RESULTS: Our findings identified four key dynamics specific to educating young people about biomedical prevention, including (1) providing information with a sufficient level of detail and complexity, (2) contextualizing messaging in terms of young people's existing knowledge and beliefs, (3) providing detailed information about side effects, drug- and multi-method interactions, and dosing/usage contingencies, and (4) working proactively to support transgender youth and ensure that prevention products are accessible to them. CONCLUSIONS: As we plan for a future of choice in biomedical HIV prevention, we should consider how novel products can address inequities in pre-exposure prophylaxis access and HIV incidence by valuing the concerns and needs of this highest priority population.	pre-exposure prophylaxis, PrEP, HIV prevention, youth, transgender, biomedical prevention, long-acting injectable PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Gombe M.M.; Cakouros B.E.; Ncube G.; Zwangobani N.; Mareke P.; Mkwamba A.; Prescott M.R.; Bhatasara T.; Murwira M.; Mangwiro A.Z.; Prust M.L.	Key barriers and enablers associated with uptake and continuation of oral pre-exposure prophylaxis (PrEP) in the public sector in Zimbabwe: Qualitative perspectives of general population clients at high risk for HIV	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0227632	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077785734&doi=10.1371%2fjournal.pone.0227632&partnerID=40&md5=886b8984bbf4f5541d19c339a1c02715	Background Understanding the perspectives and preferences of clients eligible for pre-exposure prophylaxis (PrEP) is essential to designing programs that meet clients' needs. To date, most PrEP programs in limited-resource settings have been implemented by partner organizations for specific target populations, but the government of Zimbabwe aims to make PrEP available to the broader population at substantial risk in public sector clinics. However, there is limited information on general population perspectives about PrEP in Zimbabwe. Methods A qualitative study was conducted to explore clients' motivation to take or decline PrEP and continue or discontinue PrEP. Through a PrEP pilot in one urban family planning clinic and one rural youth center in Zimbabwe, 150 HIV-negative clients screened as being at high risk of HIV and were offered PrEP between January and June 2018. Sixty semi-structured interviews were conducted with clients who agreed to follow-up (including 5 decliners, all from the rural youth center, and 55 accepters, with 42 from the rural youth center and 13 from the urban family planning clinic). Interviews were conducted after either the first or second PrEP follow-up appointment or after the client declined PrEP. Interviews were audio recorded, de-identified, transcribed, and coded thematically. Results PrEP uptake was driven by risk perception for HIV, and in many cases, that risk was introduced by the unsafe behavior or HIV-positive status of a partner. Among sero-discordant couples (SDCs), the desire to safely conceive a child was also cited as a factor in taking PrEP. Clients who opted for PrEP preferred it to other forms of HIV prevention. SDCs reported decreased condom use after PrEP initiation and in some cases were using PrEP while trying to conceive a child. After initiating PrEP, clients had more confidence in their sexual relationships and less stress associated with negotiating condom use. Family and partner support was critical to starting and continuing PrEP, but some clients stopped PrEP or missed appointments due to side effects or logistical challenges such as transportation. Conclusions Results of this study can be used to provide operational guidance for national public sector roll-out of PrEP as part of combination HIV prevention in Zimbabwe. Based on feedback and experiences of clients, the training materials for health workers can be refined to ensure that health workers are prepared to counsel clients on the decision to start and/or continue PrEP and answer common client questions. Program advertisements should also be targeted with key messages that speak to client experiences. © 2020 Gombe et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Qualitative
Article	2020	Gordian-Arroyo, A; Garofalo, R; Kuhns, LM; Pearson, C; Bruce, J; Batey, DS; Radix, A; Belkind, U; Hidalgo, MA; Hirshfield, S; Schrimshaw, EW; Schnall, R	Awareness, Willingness, and Perceived Efficacy of Pre-exposure Prophylaxis among Adolescent Sexual Minority Males	Journal of Urban Health	-	-	-	-	NA	10.1007/s11524-020-00447-5	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02159354/full	Despite the approval of PrEP for adolescents by the FDA in 2018, little is known about the awareness and attitudes about PrEP use among adolescent sexual minority males, who are at the greatest risk for HIV. We analyzed baseline data from the MyPEEPS Mobile study, a multi-site randomized controlled trial evaluating the effectiveness of a mobile behavioral HIV prevention intervention. A substantial proportion (68.2%) of study participants (ages 13-18) had previously heard about PrEP, and an overwhelming majority (90.8%) reported willingness to take PrEP, to prevent HIV. On the other hand, only about one third (34.6%) of participants indicated that taking a daily HIP pill would be "very" or "completely" effective in preventing HIV when having sex without a condom. These findings suggest that high awareness and willingness to use PrEP across various adolescent subgroups present opportunities for increased PrEP advocacy among this young age group.	*attitude to health; *psychology; Adolescent; Condom; Condoms *statistics & numerical data; Epidemiology; HIV Infections *prevention & control; Health Knowledge, Attitudes, Practice; Homosexuality, Male *psychology, statistics & numerical data; Human; Human immunodeficiency virus infection /prevention; Humans; Male; Male homosexuality; Patient Acceptance of Health Care *psychology, statistics & numerical data; Patient attitude; Pre-Exposure Prophylaxis *statistics & numerical data; Pre-exposure prophylaxis; Sexual and Gender Minorities *psychology, statistics & numerical data; Sexual and gender minority; United States; United States epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2020	Grant H.; Foss A.M.; Watts C.; Medley G.F.; Mukandavire Z.	Is modelling complexity always needed? Insights from modelling PrEP introduction in South Africa	Journal of Public Health (United Kingdom)	-	-	-	17413842	10.1093/pubmed/fdz178	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089171750&doi=10.1093%2fpubmed%2ffdz178&partnerID=40&md5=9b6d095cc4212482f51bade5a10e9fa5	Background: Mathematical models can be powerful policymaking tools. Simple, static models are user-friendly for policymakers. More complex, dynamic models account for time-dependent changes but are complicated to understand and produce. Under which conditions are static models adequate? We compare static and dynamic model predictions of whether behavioural disinhibition could undermine the impact of HIV pre-exposure prophylaxis (PrEP) provision to female sex workers in South Africa. Methods: A static model of HIV risk was developed and adapted into a dynamic model. Both models were used to estimate the possible reduction in condom use, following PrEP introduction, without increasing HIV risk. The results were compared over a 20-year time horizon, in two contexts: at epidemic equilibrium and during an increasing epidemic. Results: Over time horizons of up to 5 years, the models are consistent. Over longer timeframes, the static model overstates the tolerated reduction in condom use where initial condom use is reasonably high ($\ge$50%) and/or PrEP effectiveness is low ($\le$45%), especially during an increasing epidemic. Conclusions: Static models can provide useful deductions to guide policymaking around the introduction of a new HIV intervention over short-medium time horizons of up to 5 years. Over longer timeframes, static models may not sufficiently emphasise situations of programmatic importance, especially where underlying epidemics are still increasing. © 2020 The Author(s) 2020. Published by Oxford University Press on behalf of Faculty of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.	infectious disease; models; sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Grant, H.	The scale-up of PrEP for HIV prevention in high-risk women in sub-Saharan Africa : use of mathematical modelling to inform policy making	-	-	London School of Hygiene & Tropical Medicine	-	NA	: https://doi.org/10.17037/PUBS.04656354	https://researchonline.lshtm.ac.uk/id/eprint/4656354/	Background: Women in sub-Saharan Africa carry a disproportionate burden and risk of HIV. In this context, women at high HIV risk are not a discrete group, rather on a spectrum of risk caused by a multitude of behavioural, economic, structural, cultural and geographic factors. Pre-exposure prophylaxis (PrEP) is a promising new HIV prevention method, effective at reducing HIV risk when adhered to. However, the results of PrEP trials and implementation studies to date reveal challenges in women's programme retention and drug adherence. There are also concerns that behavioural disinhibition (reductions in condom use) following the introduction of PrEP may further limit its ability to avert infections. In the context of HIV resource limitations and decreasing donor budgets, this thesis seeks to use mathematical modelling to assess strategies for PrEP scale-up for women across a spectrum of risk in sub-Saharan Africa, accounting for heterogeneities in HIV risk factors and PrEP programme outcomes. Considering the challenges faced by policy makers in using mathematical models to guide decision making, often considered to be complex 'black boxes', this thesis also sets out to assess the contexts in which simple models are sufficient to guide policy making around the introduction of a new HIV prevention intervention. Methods: This thesis adopts mathematical modelling approaches to inform HIV policy making. First, a simple static model of HIV risk to female sex workers is developed and used to assess the impact of behavioural disinhibition on PrEP's ability to avert HIV infections. The static model formulation is then evolved to incorporate dynamic effects to account for the downstream effects of population interactions. The models account for heterogeneities in women's HIV risk factors and PrEP programme outcomes, and the low levels of PrEP programme retention and adherence reported in studies. The outcomes of the static and dynamic model formulation are compared over different time horizons and epidemic contexts, to contribute to understanding around the importance of modelling complexity to inform HIV policy. Finally, the static model is refined to represent women across a more broadly defined spectrum of risk: women 15-24 years, 25-34 years, 35-49 years and female sex workers. The models are parameterised to case study countries spanning a range of high HIV burden contexts in sub-Saharan Africa: South Africa, Zimbabwe and Kenya, and used to assess strategies for PrEP scale-up in each country, considering cost-effectiveness and population-level impact. Conclusions: PrEP is likely to be of benefit in reducing HIV risk in women across a spectrum of HIV-risk in sub-Saharan Africa, even if reductions in condom use occur. PrEP will be most cost-effective for individuals at great HIV risk, such as female sex workers. However, PrEP has potential to significantly reduce the number of new infections at population-level if made widely available beyond those at highest individual risk, including to women in the general population.…	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Grant, Hannah; Gomez, Gabriela B; Kripke, Katharine; Barnabas, Ruanne V; Watts, Charlotte; Medley, Graham F; Mukandavire, Zindoga	Time to Scale Up Preexposure Prophylaxis Beyond the Highest-Risk Populations? Modeling Insights From High-Risk Women in Sub-Saharan Africa.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001253	https://dx.doi.org/10.1097/OLQ.0000000000001253	OBJECTIVES: New HIV infections remain higher in women than men in sub-Saharan Africa. Preexposure prophylaxis (PrEP) is an effective HIV prevention measure, currently prioritized for those at highest risk, such as female sex workers (FSWs), for whom it is most cost-effective. However, the greatest number of HIV infections in sub-Saharan Africa occurs in women in the general population. As countries consider wider PrEP scale-up, there is a need to weigh the population-level impact, cost, and relative cost-effectiveness to inform priority setting. METHODS: We developed mathematical models of HIV risk to women and derived tools to highlight key considerations for PrEP programming. The models were fitted to South Africa, Zimbabwe, and Kenya, spanning a range of HIV burden in sub-Saharan Africa. The impact, cost, and cost-effectiveness of PrEP scale-up for adolescent girls and young women (AGYW), women 25 to 34 years old, and women 35 to 49 years old were assessed, accounting for differences in population sizes and the low program retention levels reported in demonstration projects. RESULTS: Preexposure prophylaxis could avert substantially more infections a year among women in general population than among FSW. The greatest number of infections could be averted annually among AGYW in South Africa (24-fold that for FSW). In Zimbabwe, the greatest number of infections could be averted among women 25 to 34 years old (8-fold that for FSW); and in Kenya, similarly between AGYW and women 25 to 34 years old (3-fold that for FSW). However, the unit costs of PrEP delivery for AGYW, women 25 to 34 years old, and women 35 to 49 years old would have to reduce considerably (by 70.8%-91.0% across scenarios) for scale-up to these populations to be as cost-effective as for FSW. CONCLUSIONS: Preexposure prophylaxis has the potential to substantially reduce new HIV infections in HIV-endemic countries in sub-Saharan Africa. This will necessitate PrEP being made widely available beyond those at highest individual risk and continued integration into a range of national services and at community level to significantly bring down the costs and improve cost-effectiveness.	HIV pre-exposure prophylaxis female sex workers adolescent girls and young women scale-up women impact cost-effectiveness sub-Saharan Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Gras J.; Mahjoub N.; Charreau I.; Cotte L.; Tremblay C.; Chas J.; Raffi F.; Cua E.; Guillon B.; Guigue N.; Chaix M.L.; Meyer L.; Molina J.M.; Delaugerre C.	Early diagnosis and risk factors of acute hepatitis C in high-risk MSM on preexposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002364	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076112810&doi=10.1097%2fQAD.0000000000002364&partnerID=40&md5=c21b4918ac651b70adf4a7e317d16abb	Background: A high incidence of acute hepatitis C virus (HCV) (AHCV) infection has been reported among at-risk HIV-negative MSM. The optimal strategy for early diagnosis of AHCV in this population is not clearly defined.Methods:In the ANRS IPERGAY PrEP trial, among high-risk HIV-negative MSM, HCV serology and serum alanine aminotransferase (ALT) were tested at enrollment and during follow-up. Behavioral risk factors were compared at baseline between participants who were diagnosed with AHCV during the study compared with those who did not. In participants with a positive HCV serology, we used stored sera to perform the following tests at diagnosis and on previous visits: HCV-antibodies rapid tests, plasma HCV viral load and HCV antigen immunoassay. We evaluated the sensitivity of each test for AHCV diagnosis.Results:Among 429 enrolled participants, 14 were diagnosed with AHCV infection, with a median follow-up of 2.1 (interquartile range, 1.5-2.8) years. AHCV incidence was 1.40 per 100 person-years (95% confidence interval, 0.74-2.39). Patients with AHCV reported a significantly higher number of sexual acts and/or partners, and more frequent recreational drug use at baseline. At the prior visit before AHCV diagnosis (median of 2 months earlier), sensitivities of HCV RNA and HCV antigen tests were, respectively, 100 and 89%, whereas none of the patients had a positive serology, and only 25% had elevated ALT.Conclusion:HCV antigen and RNA tests were positive within a median of 2 months before the detection of antibodies and ALT elevation. These tests could be considered for HCV screening in high-risk MSM. Copyright © 2019 The Author(s).	acute hepatitis C; diagnosis; MSM; preexposure prophylaxis; risk factors	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Gravett R.M.; Westfall A.O.; Overton E.T.; Kudroff K.; Muzny C.A.; Eaton E.F.	Sexually transmitted infections and sexual behaviors of men who have sex with men in an American Deep South PrEP clinic	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462419886228	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078718525&doi=10.1177%2f0956462419886228&partnerID=40&md5=f7e872e187f61d21dc6d16c3e4492359	HIV pre-exposure prophylaxis (PrEP) effectively prevents HIV acquisition among men who have sex with men (MSM), but PrEP uptake has been associated with sexually transmitted infections (STIs). The effect of PrEP on STIs in MSM in the Deep South of the United States is unknown. We performed a retrospective analysis of adult MSM at an American Deep South PrEP clinic to calculate the prevalence and incidence rate of bacterial STIs (chlamydia, gonorrhea, and syphilis) and identify associated risk factors by linking incident STI to patient-reported outcomes; 139 MSM accessed the clinic between 2014 and 2018 with baseline bacterial STI prevalence of 11%. Twenty-six of 81 eligible MSM on PrEP had incident STIs with an incidence rate of 33.1 cases per 100 person-years. Significantly higher proportions of high PrEP adherence, multiple sexual partners, and inconsistent condom use were seen in those with incident STI, and we identified MSM with both high PrEP adherence and multiple sexual partners as being at especially high risk for bacterial STIs (hazard ratio: 7.57, 95% confidence interval: 1.75–32.74). Bacterial STIs are common after initiating PrEP in this clinic, and MSM reporting high PrEP adherence and multiple sexual partners have a significant risk for incident STI. High-risk sexual behaviors persisted after starting PrEP, highlighting the importance of ongoing, intensive sexual health screening and interventions. © The Author(s) 2020.	condoms; health risk behaviors; HIV prevention; medication adherence; Pre-exposure prophylaxis; sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Gregg E.; Linn C.; Nace E.; Gelberg L.; Cowan B.; Fulcher J.A.	Implementation of HIV Preexposure Prophylaxis in a Homeless Primary Care Setting at the Veterans Affairs	Journal of Primary Care and Community Health	-	-	-	21501319	10.1177/2150132720908370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85080097249&doi=10.1177%2f2150132720908370&partnerID=40&md5=0eea3946327b79b62d2ddba475094074	Objective: Oral preexposure prophylaxis (PrEP) is highly effective in preventing HIV-1 acquisition, yet it is underutilized among at-risk populations. In this pilot quality improvement (QI) initiative, we sought to identify barriers to PrEP implementation and create interventions to improve access to PrEP in a primary care clinic for homeless veterans. Methods: The setting was a large homeless primary care clinic at the Veterans Affairs in an urban area with high HIV prevalence. A root cause analysis was performed to identify barriers to PrEP expansion in the primary care clinic. Targeted interventions to improve provider knowledge and patient access to PrEP were implemented by the QI team. Results: Root cause analysis revealed 3 primary barriers to PrEP expansion in the primary care clinic: institutional limitations for prescribing PrEP, inconsistent screening and recognition of eligible patients by clinic staff, and lack of clinic workflow processes to support PrEP prescription. A multidisciplinary focus group found low levels of PrEP awareness and knowledge, with only 22% of providers reporting comfort discussing PrEP with patients. This improved to 40% of providers following targeted clinic educational interventions. The QI team also developed a pathway for primary care providers to obtain institutional PrEP prescribing privileges and used work groups to develop clinic workflows and protocols for PrEP. At the end of the intervention, at least 50% of primary care providers in the clinic had initiated PrEP in a new patient. Conclusions: We describe a multidisciplinary QI model to implement PrEP within a primary care setting serving Veterans and persons experiencing homelessness. Our program successfully addressed provider knowledge deficits and improved primary care capacity to prescribe PrEP. The primary care clinic can be a viable and important clinical setting to improve access to PrEP for HIV prevention, especially for vulnerable populations. © The Author(s) 2020.	homeless; human immunodeficiency virus; preexposure prophylaxis (PrEP); prevention; primary care; quality improvement; underserved communities; veterans	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Griffin J.A.; Eldridge-Smith E.D.; Yohannan J.; Stepleman L.M.	Pre-exposure Prophylaxis Knowledge and Use among Men Who Have Sex with Men in a Small Metropolitan Region of the Southeastern United States	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000115	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077017017&doi=10.1097%2fJNC.0000000000000115&partnerID=40&md5=c0eb20291054a5a5e41eaacfd725abff	Men who have sex with men (MSM) in the southeastern United States continue to be at high risk for HIV. Pre-exposure prophylaxis (PrEP) provides effective prevention, but PrEP awareness varies across communities. We assessed sexual risk, HIV/sexually transmitted infection (STI) testing history, health care experiences associated with PrEP awareness, provider discussions, and PrEP use in a sample of 164 MSM in the Central Savannah River Area of the South. Results revealed that 80.5% of participants were aware of PrEP, 16.4% had discussed PrEP with a provider, and 9.2% had used PrEP. Education, gay identity, HIV status, recent HIV testing, and lack of provider awareness about sexual minorities independently predicted PrEP awareness. Recent STI testing independently predicted increased odds of PrEP discussion. Recent HIV and STI testing and non-White identity were associated with PrEP use. Effective, tailored marketing, provider competence, and open communication can increase PrEP adoption by southern MSM. Copyright © 2019 Association of Nurses in AIDS Care. Unauthorized reproduction of this article is prohibited.	HIV prevention; HIV risk; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Gross, Kayli Christine; Falk, Kara	Identifying Risk for HIV and Implementation of PrEP Amongst Primary Care Providers	-	-	North Dakota State University	-	NA	NA	https://www.proquest.com/dissertations-theses/identifying-risk-hiv-implementation-prep-amongst/docview/2404384589/se-2?accountid=8113	The purpose of this project was to improve primary care provider knowledge, attitude and behaviors related to the current HIV-screening and PrEP implementation guidelines. Surveys were conducted among five primary care providers at a Midwest VA Healthcare System before and after an HIV and PrEP-related education. The surveys were anonymous, and participation was voluntary. Each participant received a survey by pen and paper to self-assess their HIV-screening and PrEP prescribing intention, comfort-level with HIV prevention practices, and knowledge before and after the presentation by using Likert scales, true/false, and correct answer recall questions.Of the eligible 11 providers in attendance of the presentation, six of the 11 (54.5%) participated in the surveys. One participant was excluded as he/she did not submit his/her completed presurvey, which left five surveys incomplete for data analysis. The included participants (n=5) worked in General/Primary Care, were either a MD (2 of 5) or NP (3 of 5), who have practiced as their current clinical title for less than 5 years to greater than 25 years.Responses were measured based on the FREQ procedure as the sample size was small. Following the intervention, there was no overall increase in intent to follow the current CDC HIV screening guidelines however intention prior to the intervention was already high. Following education, the providers' ability to identify those at risk for HIV increased by 60% (3 of 5), and comfort-level in identifying those at risk for HIV whom are PrEP eligible increased by 80% (4 of 5). Of these providers, there was an 80% (4 of 5) increase in provider self-rated comfort-level in discussing PrEP with high risk patients post-education. Each provider rated their intention to prescribe PrEP after the intervention on a Likert scale, as "Probably" or "Very Probable," which was a 60% (3 of 5) provider improvement.Overall, responses indicated an improvement of provider knowledge, attitudes, and behavior after receiving HIV screening and PrEP education. Findings of this project are comparable with previous research, this project, however, did not evaluate actual provider change in practice following education.	HIV; PrEP; Nursing; Primary care; Providers; 0569:Nursing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Grov C.; Westmoreland D.A.; Carrico A.W.; Nash D.	Are we on the precipice of a new epidemic? Risk for hepatitis C among HIV-negative men-, trans women-, and trans men- who have sex with men in the United States	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1739204	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081753324&doi=10.1080%2f09540121.2020.1739204&partnerID=40&md5=633cc469f7806f77e0eb3d79f61bfaf9	Emerging data from Europe have documented increases in diagnoses of acute hepatitis C virus (HCV) infection among HIV-negative men who have sex with men. We investigated risk factors for HCV and their correlates in the Together 5000 study, a U.S. national cohort study of HIV-negative men (n = 6089), transgender women (n = 40), and transgender men (n = 42) who have sex with men. We used bivariate and multivariable analyses to determine demographic and behavioral factors associated with high risk for acute HCV infection (using the HCV-MOSAIC risk indicator with a score ≥ 2.0). Mean HCV risk score was 1.38 (SD = 1.09) and 27.3% of participants had HCV risk scores ≥ 2.0. In multivariable modeling, being cisgender male (vs. not) was associated with having a lower HCV-MOSAIC risk score. Meanwhile, being white, having been incarcerated, prior use of HIV pre- or post-exposure prophylaxis, having ever been tested for HIV, and recent methamphetamine use were associated with high risk for HCV. More than one-in-four participants exceeded the threshold score for HCV risk. Those with high HCV-MOSAIC risk scores were more likely to have been in settings where they could be tested for acute HCV (i.e., HIV testing, PrEP care, PEP care, incarceration), suggesting opportunities to engage them in HCV screening, prevention, and treatment. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	Acute hepatitis C; gay and bisexual men; HIV risk; men who have sex with men (MSM); transgender men; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Gruber S.; Krakower D.; Menchaca J.T.; Hsu K.; Hawrusik R.; Maro J.C.; Cocoros N.M.; Kruskal B.A.; Wilson I.B.; Mayer K.H.; Klompas M.	Using electronic health records to identify candidates for human immunodeficiency virus pre-exposure prophylaxis: An application of super learning to risk prediction when the outcome is rare	Statistics in Medicine	-	-	-	2776715	10.1002/sim.8591	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087147967&doi=10.1002%2fsim.8591&partnerID=40&md5=9ddc7f8044790e9111a283c32a195701	Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) protects high risk patients from becoming infected with HIV. Clinicians need help to identify candidates for PrEP based on information routinely collected in electronic health records (EHRs). The greatest statistical challenge in developing a risk prediction model is that acquisition is extremely rare. Methods: Data consisted of 180 covariates (demographic, diagnoses, treatments, prescriptions) extracted from records on 399 385 patient (150 cases) seen at Atrius Health (2007-2015), a clinical network in Massachusetts. Super learner is an ensemble machine learning algorithm that uses k-fold cross validation to evaluate and combine predictions from a collection of algorithms. We trained 42 variants of sophisticated algorithms, using different sampling schemes that more evenly balanced the ratio of cases to controls. We compared super learner's cross validated area under the receiver operating curve (cv-AUC) with that of each individual algorithm. Results: The least absolute shrinkage and selection operator (lasso) using a 1:20 class ratio outperformed the super learner (cv-AUC = 0.86 vs 0.84). A traditional logistic regression model restricted to 23 clinician-selected main terms was slightly inferior (cv-AUC = 0.81). Conclusion: Machine learning was successful at developing a model to predict 1-year risk of acquiring HIV based on a physician-curated set of predictors extracted from EHRs. © 2020 John Wiley & Sons, Ltd.	EHR; machine learning; predictive modeling; PrEP; risk score prediction; super learner	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Gruchy, Thea de; Vearey, Jo	"Left behind": why implementing migration-aware responses to HIV for migrant farm workers is a priority for South Africa.	African Journal of AIDS Research	-	-	-	1727-9445 1608-5906	10.2989/16085906.2019.1698624	https://dx.doi.org/10.2989/16085906.2019.1698624	Like many other countries, South Africa (SA) has committed to the Sustainable Development Goals that aim to "leave no-one behind", in efforts towards universal health coverage, and meeting the UNAIDS 90-90-90 targets through the implementation of universal test and treat (UTT) interventions. SA is associated with high levels of international and internal migration that, in certain contexts, are known to (1) increase the risk of acquiring HIV and (2) present challenges to HIV treatment access and continuity. Despite this, migration and mobility are not adequately considered in responses to HIV. As SA rolls out UTT programmes and antiretroviral treatment as prevention (TasP) interventions, including pre-exposure prophylaxis (PrEP), there is an urgent need to ensure that these are migration-aware and mobility-competent. In SA, a key population that experiences a disproportionate HIV burden is international migrant farm workers living and working on commercial farms along the border with Zimbabwe. In this article, a social determinants of health approach is applied to explore the context within which this population struggles to access positive determinants of health, including the public health care system, and the implications of this for HIV programming. It is argued that, unless policies and programmes become migration-aware and mobility-competent, UTT and TasP interventions will struggle to address the high burden of HIV among this population and, as a result, progress towards global health targets will be limited.	Humans; Female; Anti-Retroviral Agents/therapeutic use; South Africa/epidemiology; Pre-Exposure Prophylaxis/*methods; HIV Infections/drug therapy/epidemiology/*prevention & control; Transients and Migrants/*statistics & numerical data; Universal Health Care; Delivery of Health Care/*methods; Global Health/statistics & numerical data; Farmers/statistics & numerical data; governance; migration and health; social determinants of health; Sustainable Development Goals; universal health coverage	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2020	Gunawardana M.; Remedios-Chan M.; Sanchez D.; Webster S.; Galvan P.; Fanter R.; Castonguay A.E.; Webster P.; Moss J.A.; Kuo J.; Gallay P.A.; Vincent K.L.; Motamedi M.; Weinberger D.; Marzinke M.A.; Hendrix C.W.; Baum M.M.	Multispecies Evaluation of a Long-Acting Tenofovir Alafenamide Subdermal Implant for HIV Prophylaxis	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2020.569373	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097412279&doi=10.3389%2ffphar.2020.569373&partnerID=40&md5=40616d6ffe6fbffadaebcddec18b0183	New HIV-1 infection rates far outpace the targets set by global health organizations, despite important progress in curbing the progression of the epidemic. Long-acting (LA) formulations delivering antiretroviral (ARV) agents for HIV-1 pre-exposure prophylaxis (PrEP) hold significant promise, potentially facilitating adherence due to reduced dosing frequency compared to oral regimens. We have developed a subdermal implant delivering the potent ARV drug tenofovir alafenamide that could provide protection from HIV-1 infection for 6 months, or longer. Implants from the same lot were investigated in mice and sheep for local safety and pharmacokinetics (PKs). Ours is the first report using these animal models to evaluate subdermal implants for HIV-1 PrEP. The devices appeared safe, and the plasma PKs as well as the drug and metabolite concentrations in dermal tissue adjacent to the implants were studied and contrasted in two models spanning the extremes of the body weight spectrum. Drug and drug metabolite concentrations in dermal tissue are key in assessing local exposure and any toxicity related to the active agent. Based on our analysis, both animal models were shown to hold significant promise in LA product development. © Copyright © 2020 Gunawardana, Remedios-Chan, Sanchez, Webster, Galvan, Fanter, Castonguay, Webster, Moss, Kuo, Gallay, Vincent, Motamedi, Weinberger, Marzinke, Hendrix and Baum.	HIV prevention; long-acting; pre-exposure prophylaxis; subdermal implant; sustained release; tenofovir alafenamide	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2020	Gutierrez, Jose Isabel; Vlahov, David	Measuring PrEp Preferences within Vulnerable Military Populations Using Conjoint Analysis	-	-	Yale University	-	NA	NA	https://www.proquest.com/dissertations-theses/measuring-prep-preferences-within-vulnerable/docview/2572593722/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) effectively prevents HIV infection, yet its uptake remains low among U.S. military men who have sex with men (MSM). Research shows that health services matching preferences produce favorable outcomes. Conjoint analysis (CA) and discrete choice experiments (DCE) are methods used to quantify preferences for attributes of a product or service and can estimate the relative importance and trade-offs with PrEP attributes among distinct populations with varying risk factors and past experiences. Therefore, the purpose of this dissertation is to characterize and identify preferences for improved PrEP delivery within this population. The methods and results of this dissertation are described in three manuscripts. The first manuscript, titled "Systematic review of preference estimation strategies within conjoint analysis studies and discrete choice experiments in HIV pre-exposure prophylaxis research," synthesizes published PrEP CA and DCE literature since 2012 and highlights the key attribute trade-offs made within this context. In the second manuscript, "Measuring PrEP preferences among at-risk military populations: results of an adaptive choice based conjoint analysis study," I report the most important PrEP preference attributes of a sample of U.S. military MSM. In the third manuscript, "Cluster analysis of PrEP preferences among at-risk military populations: segmentation results of an adaptive choice based conjoint analysis study," I describe the segment-specific results of a cluster analysis performed on a sample of U.S. military MSM. The findings of this dissertation provide a foundation of preference data that can guide the development of targeted interventions to improve uptake of this effective HIV prevention product within military MSM.	HIV; Pre-exposure prophylaxis; PrEP; Sexuality; Behavioral sciences; Nursing; LGBTQ studies; Cluster analysis; Conjoint analysis; Human immunodeficiency virus--HIV; Womens health; Acquired immune deficiency syndrome--AIDS; GenderWatch; Y; 0602:Behavioral Sciences; 0211:Sexuality; 0569:Nursing; 0492:LGBTQ studies; Military; Armed forces; 0750:Military studies; Military studies; Preference behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Gutin S.A.; Harper G.W.; Amico K.R.; Bitsang C.; Moshashane N.; Harries J.; Ramogola-Masire D.; Morroni C.	I'm waiting for that': Interest in the use of PrEP for safer conception in Botswana	Global Public Health	-	-	-	17441692	10.1080/17441692.2020.1741663	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081730840&doi=10.1080%2f17441692.2020.1741663&partnerID=40&md5=ad8b5e8b61dc40982c0497db7a7c291c	Safe and effective low-cost safer conception (SC) methods are increasingly available and being integrated into national guidelines in sub-Saharan African contexts. Sero-different couples of childbearing age can benefit from such services and the routine provision of SC counselling. Pre-exposure prophylaxis (PrEP) to prevent HIV acquisition to uninfected partners can reduce the chances of HIV transmission when trying to achieve pregnancy. Botswana has a strong commitment to reducing new HIV infections but PrEP is not yet widely available and little guidance has been offered on counselling sero-different couples. We conducted qualitative in-depth interviews in Gaborone, Botswana with 10 HIV healthcare providers and 10 women living with HIV of childbearing age because they act as a key conduit for reaching sero-different partners with information about PrEP. We examined knowledge and attitudes towards PrEP to assess the viability and develop a deeper understanding of this SC option. Interviews were analysed using an interpretive phenomenological approach. Three themes emerged: (1) awareness of PrEP is limited, (2) providers and women overwhelmingly showed interest in PrEP and (3) women living with HIV and providers have concerns about PrEP use. With the correct support, PrEP could be a useful SC option for sero-different couples in Botswana and other sub-Saharan contexts. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	Botswana; PrEP; safer conception	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Hall E.W.; Wang L.; Huang X.; Sullivan P.S.; Siegler A.J.	Assessing the performance of international pre-exposure prophylaxis (PrEP) eligibility guidelines in a cohort of Chinese MSM, Beijing, China 2009 to 2016	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25653	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098094455&doi=10.1002%2fjia2.25653&partnerID=40&md5=ccfa2114f4899600e1973b1b7975f5bc	Introduction: PrEP is a powerful HIV prevention tool, and locally relevant eligibility criteria are necessary to optimize the prevention impact of PrEP. We assessed performance of existing national and international PrEP eligibility criteria to predict future HIV seroconversion among MSM in Beijing, China. Methods: Participants were MSM aged ≥18 years who enrolled in a cohort study between July 2009 and March 2016. Participants completed HIV testing, syphilis testing, and a questionnaire on recent sexual health behaviours at each follow-up visit and were followed until HIV seroconversion or dropout. We assessed PrEP eligibility at the most recent follow-up visit prior to the final study visit. Participants were classified as indicated for PrEP (or not) based on criteria from guidelines from Europe, Korea, South Africa, Taiwan, the United Kingdom, United States and the World Health Organization. To compare guideline performance, we calculated sensitivity, specificity, Youden's Index (YI), Matthew's Correlation Coefficient (MCC), F1 scores and diagnostic odds ratios. For each guideline, performance measures were compared to random allocation of PrEP by randomly selecting a proportion of participants equal to the proportion indicated. Results: There were 287 (17·3%) incident HIV seroconversions among 1663 MSM. The number of men indicated for PrEP from different guidelines ranged from 556 (33·4%) to 1569 (94·2%). Compared to random allocation, sensitivity of algorithms to predict seroconversion ranged from slightly worse (−4·7%) to 30·2% better than random. However, in absolute terms, none of the sensitivity values increased by more than 11% when compared to random allocation. For all guidelines, specificity was not meaningfully better than random allocation. No guidelines had high binary classification performance measures. Conclusions: The performance of international guidelines in this sample was only slightly better than random allocation. Using such guidelines to screen out MSM self-identifying as interested in PrEP could lead to misallocation of resources and to good candidates for PrEP being denied access. For settings in which international guidelines perform poorly, alternative indication approaches should be considered. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Asia; Region; HIV prevention; men who have sex with men; PrEP; public health; sexually transmitted infections/diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Hall, Michaela T; Smith, Megan A; Simms, Kate T; Barnabas, Ruanne V; Canfell, Karen; Murray, John M	The past, present and future impact of HIV prevention and control on HPV and cervical disease in Tanzania: A modelling study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0231388	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084213768&doi=10.1371%2fjournal.pone.0231388&partnerID=40&md5=bfa29c02f5af048f1151f036d603d43e	Background Women with HIV have an elevated risk of HPV infection, and eventually, cervical cancer. Tanzania has a high burden of both HIV and cervical cancer, with an HIV prevalence of 5.5% in women in 2018, and a cervical cancer incidence rate among the highest globally, at 59.1 per 100,000 per year, and an estimated 9,772 cervical cancers diagnosed in 2018. We aimed to quantify the impact that interventions intended to control HIV have had and will have on cervical cancer in Tanzania over a period from 1995 to 2070. Methods A deterministic transmission-dynamic compartment model of HIV and HPV infection and natural history was used to simulate the impact of voluntary medical male circumcision (VMMC), anti-retroviral therapy (ART), and targeted pre-exposure prophylaxis (PrEP) on cervical cancer incidence and mortality from 1995–2070. Findings We estimate that VMMC has prevented 2,843 cervical cancer cases and 1,039 cervical cancer deaths from 1995–2020; by 2070 we predict that VMMC will have lowered cervical cancer incidence and mortality rates by 28% (55.11 cases per 100,000 women in 2070 without VMMC, compared to 39.93 with VMMC only) and 26% (37.31 deaths per 100,000 women in 2070 without VMMC compared to 27.72 with VMMC), respectively. We predict that ART will temporarily increase cervical cancer diagnoses and deaths, due to the removal of HIV death as a competing risk, but will ultimately further lower cervical cancer incidence and mortality rates by 7% (to 37.31 cases per 100,000 women in 2070) and 5% (to 26.44 deaths per 100,000 women in 2070), respectively, relative to a scenario with VMMC but no ART. A combination of ART and targeted PrEP use is anticipated to lower cervical cancer incidence and mortality rates to 35.82 and 25.35 cases and deaths, respectively, per 100,000 women in 2070. Conclusions HIV treatment and control measures in Tanzania will result in long-term reductions in cervical cancer incidence and mortality. Although, in the near term, the life-extending capability of ART will result in a temporary increase in cervical cancer rates, continued efforts towards HIV prevention will reduce cervical cancer incidence and mortality over the longer term. These findings are critical background to understanding the longer-term impact of achieving cervical cancer elimination targets in Tanzania. © 2020 Hall et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Theses and Dissertations	2020	Halse, Matthew	Another Possibility: HIV and the Contemporary Moment	-	-	University of Western Ontario	-	NA	NA	https://ir.lib.uwo.ca/etd/6983	"Another Possibility: HIV and the Contemporary Moment" addresses possibilities for political participation and HIV activism in a post-antiretroviral world. With advancing medical technologies rendering viral loads undetectable for HIV positive persons and with increasingly prevalent use of pre-exposure prophylaxis (PrEP) as prevention technique for HIV negative persons comes the opportunity for a renewed understanding of the epidemic. Against the grain of nostalgic framings of activism prompted by the immanence of death, this dissertation outlines possibilities for new forms of political participation because of, not in spite of, the becoming-chronic of HIV. Global movements including U=U (Undetectable = Untransmittable) messaging, referring to the impossibility of transmitting the virus after suppression, and PrEP activism, referring to a medication which prevents HIV negative people from acquiring the virus, provide opportunities for rethinking relationalities between queer bodies. While queer theory is currently wrestling with those relations in sexual terms, this dissertation asks how U=U and PrEP change who is, or more accurately who can be, invited to HIV political participation in the queer North American context. How does undetectability change how queer bodies are imagined—against a historical backdrop of toxicity—in a broader political context and across lines of serostatus? How might participation be understood in a dawning era of 'gay normalcy'? Termed 'living before a virus,' I outline the political implications of reversing the traditional logic of HIV: pill consumption before transmission, and the admission of potential viral presence during sex without fear. These two ideas, unimaginable until recently, not only re-place queer bodies in new form(s) of relation, but in obligation to each other 'before a virus.' Translating that obligation, however, into a political project is no easy feat. Opportunities for activism presented by U=U and PrEP are dulled by rising economic precarity and a queer political agenda working in tandem with neoliberal economics. "Another Possibility," within contexts of mass media and the attention economy, the becoming-chronic of HIV, and emergent medical technologies attempts to locate opportunities for participation within the realm of uncertainty. In essence: how does the unknowability of HIV—when HIV is no longer a death sentence, when diverse bodies experience HIV, when media attention to HIV is deliberately confusing, when queer bodies are capitalized—actually lend itself to activism? "Another Possibility" draws strongly from the work of Jean-Luc Nancy ("The Intruder," Being Singular Plural), Judith Butler (Giving an Account of Oneself, Dispossession, Notes Toward a Performative Theory of Assembly), and Lauren Berlant (Cruel Optimism), as well as a score of emergent young queer thinkers ready to take up the call to 'rethink HIV.' "Another Possibility" is deeply rooted in contemporary political theory, particularly new understandings of participation, as it intersects…	HIV; activism; queer theory; Jean-Luc Nancy; Judith Butler; antiretrovirals; Political Theory	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Hammoud M.A.; Jin F.; Maher L.; Bourne A.; Haire B.; Saxton P.; Vaccher S.; Lea T.; Degenhardt L.; Prestage G.	Biomedical HIV Protection Among Gay and Bisexual Men Who Use Crystal Methamphetamine	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02739-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075346755&doi=10.1007%2fs10461-019-02739-7&partnerID=40&md5=c292876cdff1897a6e44a9eafe57b9de	Use of crystal methamphetamine (crystal) among gay and bisexual men (GBM) has been associated with condomless anal intercourse with casual partners (CLAIC) and HIV infection. Pre-exposure prophylaxis (PrEP) and undetectable viral load (UVL) are important biomedical HIV prevention strategies. We investigate the relationship between crystal use and HIV sexual risk behaviours in the context of PrEP and UVL. In 2018, 1367 GBM provided details about crystal use and HIV prevention strategies. Binary logistic regression was used to estimate associations between crystal use and behaviour. Recent crystal use was independently associated with greater social engagement with gay men and having more sexual partners. Crystal use was also independently associated with use of PrEP and UVL among GBM who engaged in CLAIC. Although GBM who used crystal were more likely to have engaged in CLAIC, they were also more likely to use biomedical HIV prevention which mitigates against the risks of HIV infection. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Crystal methamphetamine; Gay and bisexual men (GBM); HIV prevention; Pre-exposure prophylaxis (PrEP); Undetectable viral load (UVL)	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Theses and Dissertations	2020	Hammoud, Mohamed, Kirby Institute, Faculty of Medicine, UNSW	Emerging practices and the potential to change HIV epidemiological trends: Pre-exposure prophylaxis as biomedical HIV prevention among gay and bisexual men who participate in chemsex	-	-	The Kirby Institute for Infection and Immunity in Society	-	NA	NA	https://unsworks.unsw.edu.au/entities/publication/a961c95e-5b7d-4a28-9c8e-b747db59b67a/full	Within a population already at high risk of HIV, gay and bisexual men (GBM) who use drugs, particularly methamphetamine, to enhance sexual pleasure (chemsex) have previously been identified as being at higher risk of HIV compared to their non-drugs-for-sex peers. HIV pre-exposure prophylaxis (PrEP) has had a substantial impact on HIV prevention globally. This questions whether GBM who engage in chemsex remain at risk of HIV in the context of PrEP. This research explores ongoing HIV risk behaviours among men who engage in chemsex in the context of the availability of PrEP.This thesis comprises six projects. The first project described the implementation of a cohort management system that I designed to automate data collection for this project. In 2014, baseline prevalence of methamphetamine use was high, as was concurrent use of erectile dysfunction medication (EDM) and gamma-hydroxybutyrate (GHB). The second and third projects examined EDM and GHB separately. Prior to the widespread availability of PrEP in Australia, use of these drugs was strongly associated with HIV risk behaviours. The fourth project was conducted in 2017 and measured incidence of PrEP initiation among GBM in the cohort, and identified factors associated with PrEP initiation. Many GBM who had reported high-risk behaviours subsequently initiated PrEP, but a large proportion of GBM at high-risk of HIV did not initiate PrEP. The fifth project demonstrated a change in HIV prevention among GBM who engage in chemsex. Prevalence of PrEP use among GBM who engage in chemsex increased dramatically between 2014 and 2017. With methamphetamine use consistently linked to HIV infection, the sixth project investigated the relationship between its use and HIV risk behaviours, specifically in the current context of HIV biomedical prevention. GBM who were previously considered at highest risk of infection are more likely to use PrEP to mitigate against the HIV risk in 2018.PrEP as an HIV prevention strategy is changing the trajectory of the HIV epidemic among GBM in Australia. This thesis demonstrates a shift in epidemiology away from the previously highest risk practices due to the incorporation of PrEP into the regimens of GBM who engage in chemsex.	HIV; HIV prevention; Methamphetamine; Men who have sex with men; Pre-exposure prophylaxis (PrEP); Epidemiology; Biomedical HIV prevention; Chemsex; Erectile dysfunction medication; Gamma-hydroxybutyrate; Gay and bisexual men; Harm reduction; Illicit drug use; Party-n-play; Sexualised drug use	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Clinical
Article	2020	Hannaford A.; Lim J.; Moll A.P.; Khoza B.; Shenoi S.V.	PrEP should be for men only': Young heterosexual men's views on PrEP in rural South Africa	Global Public Health	-	-	-	17441692	10.1080/17441692.2020.1744680	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082433705&doi=10.1080%2f17441692.2020.1744680&partnerID=40&md5=49251e55ab8e9d74d5dd71444b1b8655	Background: Gaps persist in HIV testing, treatment, and prevention services for men, leading to higher attributable mortality compared to women. We sought to characterise HIV prevention knowledge, risk behaviours, and interest in pre-exposure prophylaxis (PrEP) among young men in rural South Africa. Methods: We conducted interviews with HIV-negative heterosexual men which were thematically analysed to identify key themes. Results: Among 31 participants, median age was 26 (IQR23–31), 77% were unemployed, 52% reported previous STI, 84% reported casual sexual partners. Men acknowledged inconsistent condom use with multiple partners, reporting high-risk sexual behaviour despite recognised risk. Mistrust between partners was common. Respondents reported willingness to take PrEP to protect themselves and their partner, though anticipated stigma and structural barriers. Men worried that if their female partner had PrEP, she would become sexually active with others. Conclusions: In rural South Africa, young heterosexual men acknowledged high HIV-risk behaviour, expressed concern about acquiring HIV, and recognised the value of PrEP. Men were often not supportive of their female partners taking PrEP. Implementing HIV prevention services needs to incorporate young men's perspectives and may require gender-specific interventions, including addressing stigma, differentiated service delivery models such as community-based services or adapting facility services to target men. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	adolescent girls and young women; heterosexual men; HIV pre-exposure prophylaxis; implementation; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Hansson D.; Strömdahl S.; Leung K.Y.; Britton T.	Introducing pre-exposure prophylaxis to prevent HIV acquisition among men who have sex with men in Sweden: Insights from a mathematical pair formation model	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2019-033852	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079083161&doi=10.1136%2fbmjopen-2019-033852&partnerID=40&md5=b744cb6f96afbfcb406cfe10f5f5546e	Objectives Since 2017, the Public Health Agency of Sweden recommends that pre-exposure prophylaxis (PrEP) for HIV should be offered to high-risk individuals, in particular to men who have sex with men (MSM). The objective of this study is to develop a mathematical model investigating the effect of introducing PrEP to MSM in Sweden. Design A pair formation model, including steady and casual sex partners, is developed to study the impact of introducing PrEP. Two groups are included in the model: sexually high active MSM and sexually low active MSM. Three mixing assumptions between the groups are considered. Setting A gay-friendly MSM HIV/sexually transmitted infection testing clinic in Stockholm, Sweden. This clinic started offering PrEP to MSM in October 2018. Participants The model is calibrated according to detailed sexual behaviour data gathered in 2015 among 403 MSM. Results By targeting sexually high active MSM, a PrEP coverage of 3.5% of the MSM population (10% of all high actives) would result in the long-term HIV prevalence to drop considerably (close to 0%). While targeting only low actives would require a PrEP coverage of 35% for a similar reduction. The main effect of PrEP is the reduced susceptibility, whereas the increased HIV testing rate (every third month) among PrEP users plays a lesser role. Conclusions To create a multifaceted picture of the effects of interventions against HIV, we need models that include the different stages of HIV infection and real-world data on detailed sexual behaviour to calibrate the mathematical models. Our findings conclude that targeting HIV high-risk individuals, within HIV risk populations such as MSM, with PrEP programmes could greatly decrease the long-term HIV prevalence in Sweden. Therefore, risk stratification of individuals is of importance in PrEP implementation programmes, to ensure optimising the effect and cost-effectiveness of such programmes. © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY. Published by BMJ.	HIV & AIDS; mathematical models; pre-exposure prophylaxis; sexual networks; transmission dynamics	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Quantitative
Article	2020	Hanum, N; Cambiano, V; Sewell, J; Phillips, A; Rodger, A; Speakman, A; Nwokolo, N; Asboe, D; Gilson, R; Clarke, A; Miltz, A; Collins, S; Lampe, F	Use of HIV pre-exposure prophylaxis among gay, bisexual, and other men who have sex with men (GBMSM) in England: data from the AURAH2 study	HIV Medicine	-	-	-	1464-2662	10.1016/S2468-2667(20)30186-9	https://pubmed.ncbi.nlm.nih.gov/32888443/	Background: Since October, 2017 (and until October, 2020), pre-exposure prophylaxis (PrEP) has only been available in England, UK, through the PrEP Impact Trial, by purchasing it from some genitourinary medicine clinics, or via online sources. Here we report changes from 2013 to 2018 in PrEP and postexposure prophylaxis (PEP) awareness and use among HIV-negative gay, bisexual, and other men who have sex with men (MSM) and assess predictors of PrEP initiation. Methods: In the prospective cohort study Attitudes to, and Understanding of Risk of Acquisition of HIV 2 (AURAH2), MSM were recruited from three sexual health clinics in England: two in London and one in Brighton, UK. Men were eligible if they were aged 18 years or older and HIV-negative or of unknown HIV status. Participants self-completed a baseline paper questionnaire at one of the three clinics between July 30, 2013, and April 30, 2016, and were subsequently able to complete 4-monthly and annual online questionnaires, which were available between March 1, 2015, and March 31, 2018, and collected information on sociodemographics, health and wellbeing, HIV status, and sexual behaviours. PrEP and PEP use in the previous 12 months was obtained at baseline and in annual questionnaires. We assessed trends over calendar time in 3-month periods from first enrolment to the end of the study period (July–December, 2013, was counted as one period) in use of PrEP and PEP using generalised estimating equation logistic models. We used age-adjusted Poisson models to assess factors associated with PrEP initiation among participants who reported never having used PrEP at baseline. Findings:1162 men completed a baseline questionnaire, among whom the mean age was 34 years (SD 10·4), and of those with available data, 942 (82%) of 1150 were white, 1076 (94%) of 1150 were gay, and 857 (74%) of 1159 were university educated. 622 (54%) of 1162 men completed at least one follow-up online questionnaire, of whom 483 (78%) completed at least one annual questionnaire. Overall, PrEP use in the past year increased from 0% (none of 28 respondents) in July to December, 2013, to 43% (23 of 53) in January to March, 2018. The corresponding increase in PrEP use among men who reported condomless sex with two or more partners was from 0% (none of 13 respondents) to 78% (21 of 27). PEP use peaked in April to June, 2016, at 28% (41 of 147 respondents), but decreased thereafter to 8% (four of 53) in January to March, 2018. Among 460 men who had never used PrEP at baseline, predictors of initiating PrEP included age 40–44 years (incidence rate ratio [IRR] 4·25, 95% CI 1·14–15·79) and 45 years and older (3·59, 1·08–11·97) versus younger than 25 years; and after adjustment for age, recent HIV test (5·17, 1·89–14·08), condomless sex (5·01, 2·16–11·63), condomless sex with two or more partners (5·43, 2·99–9·86), group sex (1·69, 1·01–2·84), and non-injection chemsex-related drugs use (2·86, 1·67–4·91) in the past 3 months, PEP use (4·69, 2·83–7·79) in the past 12 months, and calendar year (Jan 1, 2017, to March 31, 2018 vs July 30, 2013, to Dec 31, 2015: 21·19, 9·48–47·35). Non-employment (0·35, 0·14–0·91) and unstable or no housing (vs homeowner 0·13, 0·02–0·95) were associated with reduced rates of PrEP initiation after adjustment for age. About half of PrEP was obtained via the internet, even after the PrEP Impact trial had started (11 [48%] of 23 respondents in January to March, 2018). Interpretation: PrEP awareness and use increased substantially from 2013 to 2018 among a cohort of MSM in England. Improving access to PrEP by routine commissioning by National Health Service England could increase PrEP use among all eligible MSM, but should include public health strategies to target socioeconomic and demographic disparities in knowledge and use of PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2020	Harawa N.T.; Schrode K.M.; McWells C.; Weiss R.E.; Hilliard C.L.; Bluthenthal R.N.	Small randomized controlled trial of the new passport to wellness hiv prevention intervention for black men who have sex with men (BMSM)	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2020.32.4.311	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090613958&doi=10.1521%2faeap.2020.32.4.311&partnerID=40&md5=d485e97f60bc1e6c216cac990d73afe8	We developed and tested Passport to Wellness (PtW), a client-centered intervention to improve engagement in HIV/STI prevention and services to improve social determinants of health among Black men who have sex with men (BMSM) using incentives and peer support. We assessed PtW's impact on HIV/STI screening and pre/post-exposure prophylaxis (PrEP/PEP) knowledge/uptake using a randomized trial that compared the full intervention to one lacking peer support. We compared changes within groups surveyed at baseline and 6 months. We enrolled 80 eligible BMSM, among 399 screened. Among retained participants (34 peer-supported; 27 compari-son), overall increases were observed in HIV (30% to 81%; p <.001) and STI (28% to 80%; p <.001) testing within the prior 6 months, as well as in PrEP and PEP awareness, and PrEP use. Statistically significant between group differences were not observed. Tailored prevention planning, incen-tives, and addressing social determinants may help move Black MSM along the HIV prevention continuum. © 2020 The Guilford Press.	Black/Afri-can American MSM; HIV prevention; HIV testing; Post-exposure prophylaxis; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Harrington S.; Grundy-Bowers M.; McKeown E.	Get up, brush teeth, take prep: A qualitative study of the experiences of London-based MSM using prep	HIV Nursing	-	-	-	14747359	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095613369&partnerID=40&md5=33cbc79a85f497d9ac016cbf61507476	Pre-exposure prophylaxis (PrEP) is highly effective in preventing transmission of HIV among at-risk groups. A qualitative study with 13 PrEP-using men who have sex with men (MSM) recruited from London, UK, utilised semi-structured interviews to understand knowledge of PrEP, experiences of using PrEP and potential barriers and facilitators to its use. Thematic analysis of transcripts identified six themes: (1) PrEP and condom use; (2) lessened anxiety around HIV; (3) increased intimacy and pleasure; (4) sense of sexual liberation; (5) ease of using PrEP; and (6) activism as an 'early adopter' in current UK context. Findings indicate a PrEP-mediated shift in how 'risk' and 'protection' are conceived. While experiences demonstrate an overall positive affect of using PrEP, the potential impact of decreased condom use on STI rates requires consideration. Ensuring PrEP is embedded in sexual health services that provide adequate surveillance, testing and treatment for other infections may be a way to mitigate the change in behaviour and outweigh the potential risks other infections. © Medicsript 2020.	HIV prevention; Motivations; MSM; PrEP; Risk	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative

Article	2020	Herrera P-L.; Perumean-Chaney S.E.; Pathi A.; Corbold S.S.; Wilson C.M.; Lin N.; Anderson P.L.; Landovitz R.J.; Kapogiannis B.G.; Hosek S.G.; Mulligan K.	Changes in Bone Mass after Discontinuation of Preexposure Prophylaxis with Tenofovir Disoproxil Fumarate/Emtricitabine in Young Men Who Have Sex with Men: Extension Phase Results of Adolescent Trials Network Protocols 110 and 113	Clinical Infectious Diseases	-	-	-	-	-	10584838	10.1093/cid/ciz486	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070870562&doi=10.1093%2Fcid%2Fciz486&partnerID=40&md5=6d09c3aaca36042f2e8f1e0d7b7f4176	Human immunodeficiency virus-seronegative men aged 15-22 years who lost bone mineral density (BMD) during tenofovir disoproxil fumarate/emtricitabine preexposure prophylaxis (PrEP) showed BMD recovery 48 weeks following PrEP discontinuation. Lumbar spine and whole body BMD z-scores remained below baseline 48 weeks off PrEP in participants aged 15-19 years. Clinical Trials Registration. NCT01172821 (ATN 110) and NCT01769586 (ATN 113). © 2019 The Author(s) 2019. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com.	adolescents; bone mineral density; men who have sex with men; preexposure prophylaxis; tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Hebel S.; Kahle-Woods E.; Malone-Thomas S.; McNeese M.; Thornton L.; Sukhija-Cohen A.; Patani H.; Engoren W.; Daughtridge G.	Discrepancies between Self-Reported Adherence and a Biomarker of Adherence in Real-World Settings	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	15254135	10.1097/QAI.0000000000002486	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085307742&doi=10.1097%2FQAI.0000000000002486&partnerID=40&md5=c255ef29fe5e7c2d5302fd4f7f8835bd	Background:Pre-exposure prophylaxis (PrEP) is only effective in preventing new HIV infections when taken consistently. In clinical practice, asking a patient about their adherence (self-report) is the predominant method of assessing adherence to PrEP. Although inexpensive and noninvasive, self-report is subject to social desirability and recall biases. Several clinical trials demonstrate a discrepancy between self-reported adherence and biomarker-based recent adherence. Less is known about the accuracy of self-report in real-world clinical settings.Methods:A liquid chromatography-mass spectrometry urine test for tenofovir was developed to measure recent adherence. We describe the concordance between self-reported adherence and biomarker-based adherence in real-world clinical settings.Methods:A liquid chromatography-mass spectrometry urine test for tenofovir was developed to measure recent adherence. We describe the concordance between self-reported adherence and biomarker-based adherence in real-world clinical settings.Methods:A liquid chromatography-mass spectrometry urine test for tenofovir was developed to measure recent adherence. We describe the concordance between self-reported adherence and biomarker-based adherence in real-world clinical settings.Methods:A liquid chromatography-mass spectrometry urine test for patients who self-report that they are not struggling with adherence. Those who self-report struggling with adherence receive enhanced adherence support without the need for additional testing. The number of results indicating recent nonadherence from these 2 clinics were analyzed to assess the concordance between self-reported adherence and biomarker-based adherence.Results:Across 2 clinics, 3987 tests were conducted from patients self-reporting as "adherent," and 564 (14.1%; 95% confidence interval [CI]: 13.1% to 15.2% demonstrated recent nonadherence with the liquid chromatography–mass spectrometry test. At clinic #1 in Florida, 3200 tests were conducted, and 445 (14.0%; 95% CI: 13.3% to 15.8%) demonstrated recent nonadherence. At clinic #2 in Texas, 787 tests were conducted, and 99 (12.6%; 95% CI: 10.4% to 14.9%) demonstrated recent nonadherence.Conclusions:Utilization of biomarker-based adherence monitoring at these 2 clinics resulted in 564 additional patients receiving enhanced adherence support who otherwise would not have been identified as nonadherent to their prescribed PrEP regimen. These findings suggest that objective adherence monitoring can be used clinically to enable providers to identify nonadherent patients and allocate support services accordingly. © 2020 Lippincott Williams and Wilkins. All rights reserved.	Adherence; PrEP; Self-report; Tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Hendrickson C.; Long L.; van de Vijver D.; Boucher C.; O'Bra H.; Claassen C.W.; Njikizana M.; Moyo C.; Mumba D.B.; Sabelai H.; Mulenga L.; Rosen S.; Nichols B.E.	Novel metric for evaluating pre-exposure prophylaxis programme effectiveness in real-world settings	The Lancet HIV	-	-	-	-	-	23523018	10.1016/S2352-3018(19)30344-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062995525&doi=10.1016%2FS2352-3018%2819%2930344-3&partnerID=40&md5=12d9643fdf129a4b7e165f89fb6fd1bc	Although large-scale provision of HIV pre-exposure prophylaxis (PrEP) is gaining momentum, no systematic method to evaluate or compare the effectiveness of different scale-up strategies in real-world settings exists. To date, estimating the effectiveness of PrEP has relied on clinical trials or mathematical models. We propose a novel and pragmatic metric to evaluate and compare programme effectiveness in real-world implementation settings. We define PrEP effectiveness as the proportion of the theoretical maximum number of HIV infections averted by a programme that are actually averted. We estimate PrEP effectiveness should account for HIV seroconversions, the variable risk of HIV infection (assessed via risk assessment at each clinic visit when available), and the persistence of PrEP use. Three criteria should be met in order to be considered a successful outcome: first, a person who initiates PrEP must not seroconvert; second, there should be no more than one period at high risk of HIV infection during the follow-up period when not taking PrEP; and finally, an individual must continue to attend health care visits or discontinue prophylaxis in consultation with a health-care provider within a specified follow-up period. The number of PrEP successes could then be compared with the total number of people initiating PrEP to establish a success ratio. This outcome is a useful and easily interpretable metric to monitor effectiveness of PrEP programmes with routinely collected clinical data and can be used in cost-effectiveness analyses. These measurements allow for comparisons of scale-up strategies for PrEP programmes and, if widely adopted, will allow comparative studies of different approaches for PrEP service delivery. © 2020 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2020	Hosny K.D.; Duke C.C.; Buchacz K.; Brooks J.T.; Samandari T.; Sutton M.Y.	HIV prescriptions on the frontlines: Primary care providers' use of antiretrovirals for prevention in the Southeast United States, 2017	Preventive Medicine	-	-	-	-	-	917435	10.1016/j.ypmed.2019.105875	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074645314&doi=10.1016%2Fj.ypmed.2019.105875&partnerID=40&md5=156018f28328a5ca7cc65d2ab6e22d84	HIV disproportionately affects persons in Southeast United States. Primary care providers (PCPs) are vital for HIV prevention. Data are limited about their prescribing of antiretrovirals (ARVs) for prevention, including non-occupational post-exposure prophylaxis (nPEP), pre-exposure prophylaxis (PrEP), and antiretroviral therapy (ART). We examined these practices to assess gaps. During April–August 2017, we conducted an online survey of PCPs in Atlanta, Baltimore, Baton Rouge, Miami, New Orleans, and Washington, DC to assess HIV-related knowledge, attitudes and practices. Adjusted prevalence ratios (aPR) and 95% confidence intervals (CI) were calculated using multivariable Poisson regression. Of 1,031 PCPs who completed the survey, 51.4% (CI: 48.3, 54.5) were female, 45.0% (CI: 41.9, 48.1) were white, 45.0% (CI: 41.9, 48.1) were aged ≥55 years, and 45.0% (CI: 41.9, 48.1) were Black/African American. Most (82.5% [CI: 80.0, 85.0]) reported ever prescribing nPEP (51.0%), PrEP (18.1%), and ART (27.2%). Prescribing nPEP was associated with nPEP familiarity (aPR = 2.63, 95% CI 1.59, 4.35) and prescribing PrEP (aPR = 1.57, 95% CI 2.78, 6.35). Prescribing PrEP was associated with PrEP familiarity (aPR = 4.35, 95% CI 2.63, 7.14), prescribing nPEP (aPR = 5.00, 95% CI 2.00, 12.50), and providing care for persons with HIV (aPR = 1.56, 95% CI 1.06, 2.25). Prescribing ART was associated with nPEP familiarity (aPR = 1.89, 95% CI 1.27, 2.78) and practicing in outpatient public practice versus hospital-based facilities (aPR = 2.14 95% CI 1.51, 3.04), and inversely associated with collaborations involving specialists (aPR = 0.60, 95% CI 0.42, 0.86). A minority of PCPs surveyed from the Southeast report ever prescribing ARVs for prevention. Future efforts should include enhancing HIV care coordination and developing strategies to increase use of biomedical tools. © 2019	HIV; Prescriptions; Prevention; Primary health care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Hosny, Kirk D; Huang, Ya-Lin A; Hoover, Karen W	Low Human Immunodeficiency Virus (HIV) Testing Rates and No HIV Preexposure Prophylaxis Prescribed Among Female Patients Diagnosed With a Sexually Transmitted Infection, 2017-2018.	Obstetrics and Gynecology	-	-	-	-	1073-233X	10.1097/AOG.0000000000004148	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7720076/	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Hurtwood B.F.; Rhoades H.; Redline B.; Dyrdahe E.; Wenzel S.	Risk behavior and access to HIV/AIDS prevention services among formerly homeless young adults living in housing programmes	AIDS Care	-	-	-	-	-	9540121	10.1080/09540121.2019.1699643	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075837342&doi=10.1080%2F09540121.2019.1699643&partnerID=40&md5=1fe5b9523038f3b2b6b3e4a2baa6c	Young adults who experience homelessness have high rates of sexually transmitted infections (STIs) including HIV. Homelessness services programmes that provide housing to young adults have the capacity to reduce STI risk profiles. This study analysed data from 140 formerly homeless adults who moved into a housing programme in Los Angeles County between the ages of 18 and 25 years to investigate risk behaviour and access to HIV/AIDS prevention services. More than three quarters of participants reported sexual activity (vaginal or anal sex) in the past 12 months, with 62% reporting sex with men and sex. 29% reporting unprotected sex with a nonsexual partner, 40% reporting multiple partners, and 11% reporting exchange sex. About three quarters reported a past-year HIV test. About half of the sample had ever heard of pre-exposure prophylaxis (PrEP), 12% had heard of it but didn't know what it was, 22% reported knowing a little bit, and 17% said they knew a lot about PrEP. Slightly more than 4% of the sample reported being HIV positive. These findings suggest that housing programmes may be a prime location to implement HIV prevention services. © 2019 Informa UK Limited, trading as Taylor & Francis Group.	Homelessness; PrEP; risk environment; transition-aged youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Hutzler T.; Agerdh A.; Björkman P.; Månsson F.	Interest in Taking HIV Pre-exposure Prophylaxis Is Associated with Behavioral Risk Indicators and Self-Perceived HIV Risk Among Men Who Have Sex with Men Attending HIV Testing Venues in Sweden	Archives of Sexual Behavior	-	-	-	-	1573-2800	40002	10.1007/s10508-020-01740-9	This study explored factors associated with interest in taking PrEP among men who have sex with men (MSM) attending HIV testing venues in Sweden. Data from 658 HIV-negative respondents, surveyed by a questionnaire at six clinics, were analyzed descriptively and by univariable and multivariable logistic regression. A total of 433 (68.6%) of the respondents reported interest in taking PrEP. Interest was associated with having had unprotected risk of HIV acquisition in moderate or high, reporting ≥ 2 partners for condomless anal intercourse during the past year, and reporting hard drug use during the past year were independently associated with interest in PrEP. Of the 433 interested respondents, 70.7% reported a perceived risk of HIV acquisition in moderate or high, and perceived risk was associated with interest in taking PrEP. Overall, Swedish MSM were well-informed regarding PrEP, and interest in taking PrEP was associated with risk indicators. © 2020, The Author(s).	HIV; HIV prevention; Men who have sex with men (MSM); PrEP; Sexual orientation; Sexual risk	English	United States	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Quantitative
Article	2020	Horan J.E.; Rix S.; Varma R.; Gracey D.M.	Renal impairment: An unnecessary barrier to HIV prevention	Sexual Health	-	-	-	-	-	14485028	10.1071/SH20017	http://www.scopus.com/inward/record.uri?eid=2-s2.0-85082615197&doi=10.1071%2FSH20017&partnerID=40&md5=3c680e8f3182663157114453ab5a2c09a	The use of tenofovir disoproxil fumarate (TDF) in combination with emtricitabine, prescribed for pre-exposure prophylaxis (PrEP), is highly effective at reducing incident sexually transmissible HIV infection among those at risk. TDF is associated with proximal tubulopathy, Fanconi syndrome and chronic kidney disease, and is not recommended for use in patients with an estimated creatinine clearance <60 mL min-1. There are currently no Pharmaceutical Benefits Scheme (PBS)-funded PrEP options for patients at risk of HIV infection with moderate renal impairment in Australia. This report describes the case of a patient who acquired HIV soon after PrEP was suspended due to moderate renal impairment. The various clinical and regulatory issues this case raises are discussed. © 2020 CSIRO.	antiretrovirals; HIV/AIDS	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Horton, Patrick D	Current Perspectives on the Impact of Pre-Exposure Prophylaxis Stigma Regarding Men Who Have Sex with Men in the United States	HIV/AIDS - Research and Palliative Care	-	-	-	-	-	NA	10.2147/HIV.S214380	https://www.proquest.com/scholarly-journals/current-perspectives-on-impact-pre-exposure/docview/2413906807/se-2?accountid=8113	Pre-exposure prophylaxis or PrEP is a Food and Drug Administration-approved human immunodeficiency virus (HIV) prevention tool that reduces the risk of infection by greater than 90%. While it does not provide protection against other sexually transmissible infections and blood borne illnesses such as hepatitis C, syphilis, chlamydia, and gonorrhea, it is a highly effective and versatile biomedical intervention for HIV among men who have sex with men. Despite the success of PrEP, there remain barriers to PrEP uptake rooted in stigmatized perspectives shared by health professionals, patients, and community members. The insidious impact of stigma associated with HIV/AIDS has permeated throughout the LGBTQ+ community, healthcare systems, society at large and to this day, continues to exacerbate structural and social determinants of health disparities amongst sexual and gender minorities. While the initial resistance to PrEP has abated over time, stigmatized perspectives regarding PrEP continue to impede those at greatest risk from benefiting from effective pre-exposure care.	AIDS; HIV; Hepatitis C; Pre-exposure prophylaxis; PrEP; MSM; Gender; Men who have sex with men; Infections; Syphilis; Teenagers; Sexual health; Stigma; Disease prevention; Prophylaxis; Gonorrhea; Chlamydia; Americans; Community; Diagnosis; Epidemiology; Clinical trials; Healthcare; Homosexuality; Transgender; Immunodeficiency; Virus; HIV; United States--US; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical personnel; Minority & ethnic groups; Medical Sciences--Allergology And Immunology; FDA approval; Brand names	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Hosek S.G.; Siberry G.; Bell M.; Kapogiannis B.G.; Soneja M.; Wilson C.M.; Leu C.-S.; Chillag K.; Gabriel M.; Rutledge B.; Adolescent Trials Network for HIV/AIDS Interventions	The Static and Dynamic Adolescent Male Image Project: Associations of Sexual Orientation, Substance Use, and Socioeconomic Status with Sexual Risk Behavior	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-019-01500-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7010644/	Recent outbreaks of serogroup C meningococcal disease in Southern California have led the California Department of Public Health to recommend the quadrivalent meningococcal vaccine (MenACWY) for gay, bisexual, and other men who have sex with men (GBMSM) in Southern California. High-risk GBMSM have also been advised to utilize pre-exposure prophylaxis (PrEP) for HIV prevention. Data collected from a community-based sample of HIV-negative GBMSM in Los Angeles County (N = 476) were used in a multinomial logit regression analysis to identify factors associated with PrEP usage and evaluate factors associated with use of both, one, or neither of these prevention methods. More than half (56%) of participants had neither been vaccinated nor used PrEP. A smaller percentage (24%) had used PrEP but not been vaccinated, 13% had been vaccinated but not used PrEP, and 7% had been vaccinated and used PrEP. Use of PrEP was associated with greater odds of using both prevention methods (aRRR = 3.07), as was greater sexual risk behavior (aRRR = 1.23). Vaccination (aRRR = 0.43) was significantly associated with greater odds of using both prevention methods relative to neither. Higher education, prior sexually transmitted infection diagnosis, more recent sex partners, and recent receptive CAS were significantly associated with greater odds of just PrEP use relative to neither. Higher education was the only factor significantly associated with greater odds of just MenACWY immunization relative to neither. Findings highlight important gaps in immunization among PrEP users and opportunities to screen for PrEP eligibility among GBMSM in conjunction with immunization. Public health practitioners should consider the ways in which strategies to increase PrEP and vaccine-preventable illnesses among GBMSM may complement one another.	PrEP; meningitis; MSM; GBMSM; vaccination	English	United States	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Quantitative
Article	2020	Holmes, Leah E; Kaufman, Michelle R; Cunilla, Albert; Mudavanhu, Motsa; Motsenga, Lillian; Polster, Tara; Bassett, Ivan; Van Rie, Annelies; Schwartz, Sheree	Qualitative characterizations of relationships among South African adolescent girls and young women and male partners: implications for engagement across HIV self-testing and pre-exposure prophylaxis prevention cascades.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25521	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087109727&doi=10.1002%2Fjia2.25521&partnerID=40&md5=e2631625b02483c98b7e3dac5bb7	Introduction: Adolescent girls and young women (AGYW) in sub-Saharan Africa have emerged as a priority population in need of HIV prevention interventions. Secondary distribution of home-based HIV self-test kits by AGYW to male partners (MP) is a novel prevention strategy that complements pre-exposure prophylaxis (PrEP), a female-controlled prevention intervention. The objective of this analysis was to qualitatively operationalize two HIV prevention cascades through the lens of relationship dynamics for secondary distribution of HIV self-kits to MP and PrEP for AGYW. Methods: From April 2018 to December 2018, 2200 HIV-negative AGYW aged 16-24 years were enrolled into an HIV prevention intervention which involved secondary distribution to MP and PrEP for AGYW. Of these women, 58 participants or MP were sampled for in-depth interviews based on their degree of completion of the two HIV prevention cascades. A grounded theory approach was used to characterize relationship dynamics among AGYW and MP. Results: Participants were interviewed between May 2018 and March 2019. Of 58 AGYW and MP, 31 were female. Participants described the importance of providing distrust as the relationship and normalizing non-monogamy. Many chose not to accept either intervention, while others accepted and attempted to deliver the self-test but received a negative reaction from their MP. In the few cases where AGYW held multiple partnerships, both interventions were viewed as mechanisms for protecting one's health, and these AGYW exhibited confidence in accepting and delivering the self-test kits and initiating PrEP. Women who indicated intimate partner violence experiences chose not to accept either intervention because they feared it would elicit a violent reaction from their MP. For AGYW in relationships described as committed and emotionally open, self-test kit delivery was completed with ease, but PrEP was viewed as unnecessary. MP experience with the cascade corroborated AGYW perspectives and demonstrated how men can perceive female-initiated HIV prevention options as beneficial for AGYW and a threat to MP masculinity. Conclusions: Screening to identify AGYW relationship dynamics can support tailoring prevention services to relationship-driven barriers and facilitators. HIV prevention counseling for AGYW should address relationship goals or concerns and how to engage with MP around female-controlled prevention interventions. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	adolescent girls and young women; HIV prevention cascade; HIV self-testing; pre-exposure prophylaxis; relationship; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Hooks, CN; Gross, AM	Racialized Sexual Risk Perceptions of Pre-exposure Prophylaxis in Men Who have Sex with Men	Sexuality & Culture	-	-	-	-	1095-5143	10.1007/s12119-020-09717-5	https://link.springer.com/article/10.1007/s12119-020-09717-5	This study examined the effect of race and preexposure prophylaxis antiviral medication (PrEP) status on sexual-risk and personality perceptions. Utilizing a 2 x 2 factorial design, 177 men who have sex with men (MSM) were recruited through social networking websites and randomly assigned to one of four conditions involving a profile vignette of a MSM. MSM displayed in the profile vignettes differed in terms of race (Black or White) and PrEP status (on PrEP or not on PrEP). Participants viewed a vignette and completed measures assessing sexual- and STI/risk perceptions, personality, and perceptions of PrEP and PrEP effects of these engagement in risky sex. Analyses revealed individuals on PrEP were perceived as more warm/trustworthy and more likely to have had sex without a condom in the preceding 3 months compared to individuals who were not on PrEP. Additionally, the perceived levels of self-reported STI diagnoses were lower for PrEP users than non-PrEP users, which may help reduce assumed STI burdens. Findings of this research suggest a need to further explore racialized sexual-risk perceptions among MSM.	HIV PREVENTION; PREP; HIV/AIDS; MSM; Men who have sex with men (MSM); GAY; STIGMA; BEHAVIOR; STEREOTYPE THREAT; COMPENSATION; Preexposure prophylaxis (PrEP); FEMALES; Gesocial networking applications; Racialized sex perceptions; Risky sex	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Hooks, Curtis N.; Gross, Alan M.	Do Black Men Look PrEPped? Racialized Sexual-Risk Perceptions of Pre-exposure Prophylaxis-using Men Who Have Sex with Men	-	-	University of Mississippi	-	NA	NA	https://www.proquest.com/dissertations-theses/do-black-men-look-prepped-racialized-sexual-risk/docview/2055594137/se-2?accountid=8113	Pre-exposure Prophylaxis (PrEP) is an antiretroviral medication for the prevention of HIV. A concern among researchers and health care providers is whether sexual-risk behavior will increase with PrEP use. Black men who have sex with men (MSM) are often targets of sexual stigma, and some research suggests that individuals may perceive Black MSM on PrEP as more likely to engage in unsafe sexual behavior than White MSM on PrEP. This form of racialized sexual-stigma may be associated with a variety of adverse consequences such as healthcare providers being less willing to prescribe PrEP to Black MSM limiting their awareness and use of PrEP or Black MSM being less willing to communicate sexual behavior concerns or seek HIV prevention methods. The purpose of the current study was to examine the effects of race and PrEP status on sexual-risk and personality perceptions. Utilizing a 2 x 2 factorial design, 177 men who have sex with men (MSM) were recruited through social networking websites and randomly assigned to one of four conditions involving a profile vignette of a MSM. MSM displayed in the profile vignettes differed in terms of race (Black or White) and PrEP status (on PrEP or not on PrEP). Upon viewing the vignettes, MSM completed a variety of measures. Utilizing a MANOVA, a significant main effect for PrEP status (on PrEP or not on PrEP) on the combination of dependent variables was observed. When univariate ANOVAs were conducted to assess the impact of PrEP status on the dependent variables, individuals on PrEP were perceived as more warm/trustworthy and more likely to have had sex without a condom in the preceding three months compared to individuals who were not on PrEP. Univariate ANOVAs concerning the impact of race on the dependent variables revealed that participants perceived White MSM as more likely of engaging in condomless group sex compared to Black MSM.	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Hoornenborg E.; Coyer L.; Boyd A.; Achterbergh R.C.A.; Schim van der Loeff M.F.; Brinkman S.; de Vries H.J.C.; Koopsen J.; van de Laar T.J.W.; Prins M.; van Bergen J.E.A.M.; de Boer G.J.; Bruhn F.; Heidendal M.; Prins M.; Reiss P.; van der Valk M.; Davidovich U.; Geerlings S.E.; Hoornenborg E.; Osman A.; Sigholm A.Y.; Zuilhof W.; Brinkerhoff M.I.G.; van Agtmael M.; Bezemer D.; Boyd A.; Cents R.A.M.; Coyer L.; Hoornenborg E.; Lettinga K.D.; Nellen J.F.B.; Nielen M.M.J.; Sanchez C.A.B.; Stolting W.; Berger D.; Brinkman K.; Brinkman N.; de Braat M.; Brunsting S.; Coyer L.; van Cuivel R.; Dunn C.G.; Dellemann L.; Dijkstra M.; van Duijkeren Y.T.; ten Eicken A.; Elsenburg L.; van den Elshout M.A.M.; Estee C.; Evens E.; Felipe P.E.V.; Friesen P.H.J.; Geijtenbeek T.B.H.; Gulfhiel M.D.; van Geel J.; Goerlan A.; Groot M.; Hankins C.A.; Heijnen A.; Hillebregt M.M.J.; Hogewoning A.; Hoornenga M.; Horne J.W.; Jansen Y.; de Jong K.; Jongen V.; Koornia N.A.; Koop R.A.; Kroon F.P.; Laure F.; van Leeuwen M.M.; Lettinga K.; Linde I.; Loomans D.S.E.; van der Meer J.T.; Mesbahat T.; Mulder B.J.; Mulder J.; Nellen J.F.; Nijsten A.; Nobel H.; Oosterged F.; Op de Coul E.L.M.; Peters E.; Peters J.S.; van der Poll T.; Ramsum O.; Reiks C.; van Rooijen M.S.; Schoone W.E.M.; Sondeijker G.C.; Symonds J.; Terbon A.; Verduin E.; Verlaat R.; de Vocht L.; de Vries H.J.; Vennemeers S.; van Ying Mo.; Warning W.J.; Wit F.W.; Wolthuis L.R.; Zahavi S.; Zandwijk P.; van Zelm M.C.; Zahavi-Ter A.; Zimmermann H.M.L.	High incidence of HCV in HIV-negative men who have sex with men using pre-exposure prophylaxis	Journal of Hepatology	-	-	-	-	1600278	10.1016/j.jhep.2019.11.022	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082144376&doi=10.1016%2Fj.jhep.2019.11.022&partnerID=40&md5=48dcadfce387a1b4986bcec854bd7980#38478	Background & Aims: HCV has emerged as a sexually transmitted infection (STI) among HIV-positive men who have sex with men (MSM). We evaluated HCV incidence and its risk factors among HIV-negative MSM using HIV pre-exposure prophylaxis (PrEP). Methods: Participants of the Amsterdam PrEP project were tested for HCV antibodies or HCV-RNA every 6 months. Participants used daily or event-driven PrEP and valid work telephones during follow-up. We calculated HCV incidence rates (IRs) for HCV infection and separately for primary HCV-1 infection. A univariable Bayesian exponential survival model was used to identify risk factors associated with incident HCV infection. The HCV NS5B gene fragment (709 bp) was sequenced and compared to HCV isolates from HIV-positive MSM and HIV-negative MSM from the Netherlands. Results: Between 2011 and 2017, 1,928 HIV-negative MSM started PrEP (median age, 38 years; 95% CI, 37-39 years). Of these, 1,785 were tested for HCV infection and were followed for a median of 1.7 (IQR, 0.9-2.6) years. We identified 16 HCV seroconversions (8 with HCV-1 infection). IR was 2.7 (1/100PY in men who have sex with men and transgender persons. Factors associated with HCV infection were higher number of receptive condomless anal sex acts with casual partners (posterior hazard ratio HR 1.17 per 6 increase; 95% credibility interval CrI 1.09-2.20), and ST3 (posterior HR 2.81; 95% CrI 1.24-7.13), injecting drug use (posterior HR 7.12), and sharing straws when snorting drugs (posterior HR 2.42; 95% CrI 1.09-6.02). We identified robust MSM-specific HCV clusters of subtypes 1a, 4d, 2b and 3a, which included MSM with and without HIV. Conclusions: HIV-negative MSM using PrEP are at risk of incident HCV infection, while identified risk factors are similar to those in HIV-positive MSM. Reported risk behaviors in HIV-negative MSM may be underestimated in those with a previous HCV infection and those reporting risk factors. Lay summary: We report that hepatitis C virus infections are frequently acquired among HIV-negative men who have sex with men (MSM) using pre-exposure prophylaxis to prevent HIV infection. New infections occurred more frequently in those reporting receptive anal sex, drug injection, and sharing straws when snorting drugs. Phylogenetic analysis revealed that HCV infections in HIV-negative MSM using pre-exposure prophylaxis are genetically similar to those in HIV-positive men, but not in other hepatitis C risk groups, suggesting that sexual transmission is occurring between HIV-positive MSM and HIV-negative MSM using pre-exposure prophylaxis. Clinical Trial number: Dutch trial registration number NTR5411. © 2019 European Association for the Study of the Liver	-	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Theses and Dissertations	2020	Hoornenborg, Elske	PrEP in the Netherlands: The introduction of HIV pre-exposure prophylaxis	-	-	NARCIS	-	NA	NA	https://pure.amc.nl/en/publications/prep-in-the-netherlands(9478bc4c-9504-4c12-97c5-e06a3411f6d8).html	Pre-exposure prophylaxis (PrEP) involves the use of antiretroviral agents, namely those commonly used in the treatment of HIV, to prevent HIV infection. HIV-negative persons engaging in behaviours that place them at high risk for HIV infection can substantially decrease their risk through the use of PrEP. In the Netherlands, both men who have sex with men and transgender persons with additional risk factors for HIV infection, such as having anal sex without the use of a condom with casual partners, are key groups that could benefit from PrEP . Previous research has shown that PrEP prevents HIV effectively, if taken as prescribed, and is safe to use. In this thesis, we discuss various aspects of implementing PrEP among men who have sex with men and transgender persons in the Netherlands. We aimed to shed light on whether the use of PrEP is associated with changes in sexual behaviour and the incidence of sexually transmitted infections, including hepatitis C virus. We use data from the Amsterdam PrEP demonstration project (AMPrEP), which started in 2015 with the intent of assessing PrEP uptake, and acceptability and suitability of PrEP in HIV-negative men who have sex with men and transgender persons. One innovative part of AMPrEP's design is that participants were offered a choice of regimen: daily use of PrEP (one tablet once daily) or event-driven use (consuming of two tablets before having sex, followed by one tablet 24 hours and one tablet 48 hours later). Additional specific aims of this thesis were to evaluate the attitudes of healthcare professionals towards PrEP implementation and to study the adoption of health technology in order to monitor adherence.	Prins, Maria; de Vries, Henry J. C.; Schim van der Loeff, M. F.; All - Infectious diseases; Graduate School; APH - Methodology; APH - Global Health	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2020	Hoover, Karen W; Huang, Ya-Lin A; Tanner, Mary L; Zhu, Weiming; Gebhart, Gina; Naumie W; Pitasi, Mary A; DiNenno, Elizabeth A; Nutt, Sanaa; Delaney, Kevin P	HIV Testing Trends at Visits to Physician Offices, Community Health Centers, and Emergency Departments - United States, 2009-2017.	MMWR Recommendations and Reports	-	-	-	-	1545-861X	10.15585/mmwr.mm6925a2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7315784/4	In 2019, the U.S. Department of Health and Human Services launched the Ending the HIV Epidemic: A Plan for America (EHE) initiative to end the U.S. human immunodeficiency virus (HIV) epidemic by 2030. A critical component of the EHE initiative involves early diagnosis of HIV infection, along with prevention of new transmissions, treatment of infections, and response to HIV outbreaks (1). HIV testing is the first step in identifying persons with HIV infection who need to be engaged in treatment and care as well as persons with a negative HIV test result and who are at high risk for infection and can benefit from HIV preexposure prophylaxis (PrEP) and other prevention services. These opportunities are often missed for persons receiving clinical services in ambulatory care settings (2). Data from the 2009-2016 National Ambulatory Medical Care Survey (NAMCS) and 2009-2017 National Hospital Ambulatory Medical Care Survey (NHAMCS) were analyzed to estimate trends in HIV testing at visits by males and nonpregnant females to physician offices, community health centers (CHCs), and emergency departments (EDs) in the United States. HIV tests were performed at 0.63% of 516 million visits to physician offices, 2.63% of 37 million visits to CHCs, and 0.75% of 87 million visits to EDs. The percentage of visits with an HIV test did not increase at visits to physician offices during 2009-2016, increased at visits to CHC physicians during 2009-2016, and increased slightly at visits to EDs during 2009-2017. All adolescents and adults should have at least one HIV test in their lifetime (3). Strategies that reduce clinical barriers to HIV testing (e.g., clinical decision supports that use information in electronic health records [EHRs to order an HIV test for persons who register one or standing orders for routine opt-out testing) are needed to increase HIV testing at ambulatory care visits.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2020	Horack C.L.; Newton S.L.; Vos M.; Wolfe B.A.; Whitaker A.	Pre-Exposure Prophylaxis in a Reproductive Health Setting: A Quality Improvement Project	Health Promotion Practice	-	-	-	15248399	10.1177/1524839920923275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085003846&doi=10.1177%2f1524839920923275&partnerID=40&md5=19dbd30afa2a5fb48c19ba38dc27933d	Introduction. Although pre-exposure prophylaxis (PrEP) is recommended by the Centers for Disease Control and Prevention, there is a practice gap in treatment at Planned Parenthood of Illinois. This project evaluated a clinical practice alert and evidence-based patient education script to determine if the intervention increased the number of appointments to discuss or initiate PrEP in patients at risk for acquiring HIV. Method. From October to December 2018, a clinical practice alert and evidence-based patient education script were implemented at one Planned Parenthood of Illinois health center. Aggregate data collected included the number of times the clinical alert was generated, the number of times staff read the script, the number of scheduled appointments to discuss PrEP, and the number of times PrEP was prescribed. Qualitative data were collected from clinic staff to further evaluate the intervention. Results. Eleven patients triggered the alert and staff read the education script nine times during the 8-week implementation period. One patient scheduled an appointment to discuss PrEP; no new prescriptions were initiated. One identified patient scheduled an appointment with a provider to initiate PrEP on a date after the implementation period ended. Staff found the alert and script helpful to initiate conversations with patients. Conclusions. This intervention established a system for clinic staff to identify patients at risk for acquiring HIV in order to discuss accurate, evidence-based PrEP information. Findings are limited to this particular setting due to a small sample size, which eliminated the possibility for statistical analysis. © 2020 Society for Public Health Education.	HIV/AIDS; impact evaluation; LGBT; minority health; patient education; program planning and evaluation; reproductive health; sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Horn R.; Callander D.; Haire B.	Perceptions of sexually transmissible infection pre-exposure prophylaxis: A qualitative study of high-risk gay and bisexual men in Sydney, New South Wales	Sexual Health	-	-	-	14485028	10.1071/SH19175	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082535162&doi=10.1071%2fSH19175&partnerID=40&md5=815192d81223267349ee45b0d342110a	Novel sexually transmissible infection (STI) prevention strategies are needed to combat increasing bacterial STI incidences alongside decreasing condom use among gay and bisexual men (GBM) in Australia. Sexually transmissible infection pre-exposure prophylaxis (STI-PrEP) using regular doxycycline is one such strategy that is the subject of ongoing research. However, a lack of qualitative data regarding the conceptualisation, perceived risks, perceived benefits and preferred dosing strategies of STI-PrEP may impede future research and implementation efforts. Methods: Semistructured in-depth interviews were conducted with 13 high-risk GBM residing in Sydney, Australia. Interviews were audio recorded, transcribed verbatim and then analysed thematically. Results: STI-PrEP was largely conceptualised using pre-existing knowledge of HIV-PrEP. The perceived benefits, including a reduced incidence of STIs, destigmatisation and a 'peace of mind', often outweighed the perceived risks, including side effects, antibiotic resistance and stigmatisation of consumers. A daily dosing regimen was preferred unanimously by participants when compared with event-driven or episodic strategies. Conclusions: Participants of this study were cautiously optimistic regarding the concept of STI-PrEP. The findings suggest that, in addition to examining the effectiveness of STI-PrEP, future implementation studies should also focus on concerns regarding side effects and monitoring antibiotic resistance, as well as considering the acceptability and potential for stigmatisation of STI-PrEP consumers. © 2020 CSIRO.	antibiotics; prevention; syphilis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2020	Hornak, J Patrik; Keiser, Philip H	Knowledge and Clinical Uptake of HIV Pre-exposure Prophylaxis by Internal Medicine Residents at a Teaching Hospital in the Southern United States.	American Journal of Therapeutics	-	-	-	1536-3686	10.1097/MJT.0000000000001125	https://dx.doi.org/10.1097/MJT.0000000000001125	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Horvath K.J.; Lammert S.; Martinka A.; Erickson D.	Defining Sexual Risk in the Era of Biomedical HIV Prevention: Implications for HIV Research and Practice	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-019-01499-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074611144&doi=10.1007%2fs10508-019-01499-8&partnerID=40&md5=00627550583f5a97078169d332cf948c	Advancing HIV behavioral science and its integration with recent biomedical prevention strategies—treatment as prevention and pre-exposure prophylaxis (PrEP)—is complicated because traditional definitions of sexual risk (condomless anal sex CAS or CAS with a serodiscordant partner) may not suffice given the success of biomedical prevention in the absence of condoms. To better understand how to define and understand risk in the era of biomedical HIV prevention, we assessed correlates of four different definitions of high-risk sexual behavior among a sample of 401 adult HIV-positive MSM (57% African American) residing in the New York City area: (1) a traditional model of risk defined as CAS with an HIV-negative or unknown serostatus partner; (2) a definition that considered participant viral load (VL); (3) a definition that considered partner PrEP use; and (4) a definition that considered participant HIV VL and partner PrEP use. Among participants reporting anal sex (n = 281) with a man in the past 3 months, 42% were considered high risk under Definition 1, 6% under Definition 2, 25% under Definition 3, and 2% under Definition 4. Correlates of risk varied across definitions. For example, while education was the strongest predictor of high-risk sexual behavior in Definitions 1 and 2, alcohol use and enacted stigma were the strongest predictors in the model that only accounted for partner PrEP use (Definition 3). These findings have implications for whom to reach for intervention efforts, the difficulty in meeting recruitment goals, and the types of interventions that should be used. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Condomless sex; HIV risk; Men who have sex with men; PrEP; Viral load	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Hosek, Sybil; Henry-Reid, Lisa	PrEP and Adolescents: The Role of Providers in Ending the AIDS Epidemic.	Pediatrics	-	-	-	1098-4275	10.1542/peds.2019-1743	https://dx.doi.org/10.1542/peds.2019-1743	Surveillance data on high school adolescent sexual activity, including teenaged pregnancy rates and incidence of sexually transmitted infections (STIs), require pediatricians and other youth providers to be competent and confident in addressing sexual and reproductive health care needs in adolescent and/or young adult populations. The American Academy of Pediatrics has published guidelines, recommendations, clinical reports, and resources on the promotion of healthy sexual development in clinical settings, encouraging sexual health assessments that are inclusive of HIV and STI testing as an integral component of comprehensive health visits. The need for a more determined effort to address sexual health as it relates to HIV specifically is evidenced by a decrease in the number of in-school youth reporting ever being tested, 15- to 24-year-olds representing 21% of new infections, and estimates that >40% of youth with HIV are undiagnosed. Ending the HIV epidemic requires adherence to published HIV testing recommendations, sexual health assessments, screening for STIs, and appropriate primary and secondary prevention education. Preexposure prophylaxis, an efficacious biomedical prevention intervention for reducing HIV acquisition, was approved in July 2012 and in May 2018 was authorized for use in minors. This state-of-the-art review article provides background information on preexposure prophylaxis, current guidelines and recommendations for use, and strategies to introduce and implement this valuable HIV prevention method in clinical practice with adolescents and young adults.	Adolescent, Health, Medicine, HIV, Aids, Infectious Diseases, Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2020	Huang, Poyao	How to Become "HIV Negative, on PrEP" in the Post-AIDS Era: The Material Culture of Gay Taiwanese Men's Sexual Health	-	-	University of California	-	NA	NA	https://escholarship.org/uc/item/0zp1c551	This dissertation is an ethnographic study of contemporary gay Taiwanese men's sexual health with a focus on the circulation of HIV prevention medicine and blood management. In the 2010s, the governance of HIV/AIDS has undergone a significant shift, moving from biomedical treatment to prevention: pre-exposure prophylaxis (PrEP) is prescribed for HIV-negative individuals to prevent sexually contracting HIV. PrEP engenders a new serological condition, "HIV negative, on PrEP." By signaling the absence of virus and personal use of HIV biomedicine, "HIV negative, on PrEP" implies that this medicine works at the molecular level of human blood to suppress viral incubation and replication, and entails a medical and social urgency of constantly bringing the drug into an individual's body. This dissertation asks what it means to be "HIV negative, on PrEP" in the neoliberal, transnational context of drug consumption and regulation. In this project, I argue that serostatus associated with HIV biomedicine should not be seen as a fixed scientific category about one's wellbeing, but instead a dynamic process of becoming "HIV negative, on PrEP." I tell the story of how gay men, governments, AIDS advocates, pharmaceutical companies, and other social actors utilize "HIV negative, on PrEP" as a means to redefine sexual health during a time when drugs are newly introduced and not yet widely available or financially accessible. In doing so, I unearth the socio-economic tensions, health inequalities, and hegemonic oppressions against gay men amid the HIV biomedical prevention regime. A multi-sited ethnography conducted in Taiwan and Thailand from 2016 to 2019, this dissertation traces PrEP's social trajectory and gay men's socio-sexual practices to document the transformation of sexual health in four main chapters: government-led medical support programs, the AIDS advocacy organizations initiated drug-delivery model, gay men's medical tourism to Thailand, and gay men's sexual communication through smartphone social apps. Drawing on the theories and methods from the science and technology studies (STS), new feminist materialism, medical anthropology, and media studies, I offer an expansive and performative interpretation of health, safety, risk, and other taken-for-granted notions in public health, illustrating how gay Taiwanese men have undergone a biomedical and social transformation of blood management and body modification. In moving toward self-health enhancement, their bodies and sexualities have become intertwined with the economies of pharmaceutical innovation, governmental regulation, and personal mobility and pleasure. Ultimately, this dissertation contributes to the emerging scholarship of "Queer STS" by addressing the broader issues of the politics of self-medication, the marketization of HIV medicine, and the making of queer sexuality in the digital environment.	Communication; LGBTQ studies; Public health; Biomedicalization; Feminism; HIV/AIDS; Queer; Science and Technology Studies; STS; Taiwan	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Huang, Wenting; Wang, Yehua; Lu, Haidong; Wu, Dan; Pan, Stephen W; Tucker, Joseph D; Tang, Weiming	High HIV Incidence Among Men Who Have Sex With Men in 8 Chinese Cities: Results From a Trial.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofaa147	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7243372	BACKGROUND: In China, while the overall HIV prevalence has been decreasing within key populations, the epidemic among men who have sex with men (MSM) is still on the rise. This study aims to assess the HIV incidence rate and identify driving forces of HIV seroconversion among MSM in a closed cohort. METHODS: This study is a secondary analysis of a large trial of HIV testing promotion among Chinese MSM in 2016-2017. Sexual behaviors, HIV testing activities, and HIV serostatus were measured at baseline and follow-up every 3 months. HIV seroconversion in this study was defined as a self-reported HIV-positive test result. Participants who reported testing for HIV at least twice during different follow-up periods were included. Subgroup analysis and Cox regression were used to examine the correlates with HIV seroconversion. RESULTS: Overall, 347 participants were included in this study, with a mean age of 25.3±â6.1, and 71.2% were migrants. The sociodemographic characteristics of the included participants were similar to the rest of the participants in the trial (nâ=â1034); 7.2% (25/347) of participants seroconverted during the study period, resulting in an incidence rate of 15.56/100 person-years. In subgroup analysis, the HIV incidence rate was higher among migrants than nonmigrants (incidence rate ratio, 1.26; 95% confidence interval CI, 0.47-3.87). In the time-dependent Cox regression model, bisexual MSM had a higher risk of contracting HIV than gay men (adjusted hazard ratio,â2.19; 95% CI, 1.02-4.72). CONCLUSIONS: Our findings suggest a high HIV incidence rate among Chinese MSM. Further expansion of pre-exposure prophylaxis and other effective HIV prevention interventions are urgently needed.	China, HIV, incidence, MSM	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Huebner D.M.; Mustanski B.	Navigating the Long Road Forward for Maximizing PrEP Impact Among Adolescent Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-019-1454-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074690755&doi=10.1007%2fs10508-019-1454-1&partnerID=40&md5=6b4aa372ba6963fab63ec12470784e46	Preexposure prophylaxis (PrEP) has tremendous potential to decrease new HIV infections among populations at high risk, such as men who have sex with men (MSM). That potential is already becoming realized among adult MSM, where PrEP uptake has increased rapidly in the past several years. However, expanding PrEP access to adolescent MSM (AMSM) will be more challenging. This commentary reviews the existing scientific literature relevant to PrEP use for AMSM and highlights critical areas in need of further attention before PrEP is likely to impact the HIV epidemic among adolescents. We highlight concerns that need to be addressed in the areas of (1) achieving adequate coverage of PrEP in the adolescent population, (2) increasing awareness and access, (3) supporting adherence and maintenance, and (4) ensuring that PrEP does not perpetuate existing disparities. Across all of these domains, we highlight the central roles of parents and healthcare providers in supporting AMSM PrEP utilization. Finally, we suggest a number of areas of future research that must be addressed before PrEP is likely to see wide implementation among AMSM. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Adolescents; HIV; Men who have sex with men; Preexposure prophylaxis; PrEP; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Huey, Michael J; Higham, Margaret; Watriss, Ariel L	Viewpoint: Why you should provide HIV pre-exposure prophylaxis (PrEP) at your college health center.	Journal of American College Health	-	-	-	1940-3208	10.1080/07448481.2018.1529673	https://dx.doi.org/10.1080/07448481.2018.1529673	By providing HIV pre-exposure prophylaxis, or PrEP (a single daily oral pill), in a primary care college health setting, clinical providers can make a dramatic contribution to the current and long-term health and well-being of the students they see. This viewpoint article describes the approach taken to instituting primary care PrEP services at two college health programs. It delineates which students might benefit from PrEP and how to prescribe/monitor PrEP over time. Additionally, common barriers to PrEP are reviewed, including concerns about affordability, and the concerns that the use of PrEP will encourage risky sexual activity. Implementation strategies are discussed, including identifying a clinic champion, partnering with knowledgeable colleagues, and developing an educational campaign.	PrEP, HIV Prevention, Pre-Exposure Prophylaxis, College Health Services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Hughes C.S.; Brown J.; Murombedzi C.; Chirenda T.; Chareka G.; Mhlanga F.; Mateveke B.; Gitome S.; Makurumure T.; Matubu A.; Mgodi N.; Chirenje Z.; Kahn J.G.	Estimated costs for the delivery of safer conception strategies for HIV-discordant couples in Zimbabwe: A cost analysis	BMC Health Services Research	-	-	-	14726963	10.1186/s12913-020-05784-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092473868&doi=10.1186%2fs12913-020-05784-4&partnerID=40&md5=633bba938e8556a5950186142ab7d4a1	Background: In recent years, safer conception strategies have been developed to help HIV-serodiscordant couples conceive a child without transmitting HIV to the seronegative partner. The SAFER clinical trial assessed implementation of these strategies in Zimbabwe. Methods: As a part of the SAFER study, we estimated the costs (in 2017 $US) associated with individual and combination strategies, in the trial setting and real-world practice, from a healthcare system perspective. Safer conception strategies included: 1) ART with frequent viral load testing until achieving undetectable viral load (ART-VL); 2) daily oral pre-exposure prophylaxis (PrEP); 3) semen-washing with intrauterine insemination; and 4) manual self-insemination at home. For costs in the trial, we used a micro-costing approach, including a time and motion study to quantify personnel effort, and estimated the cost per couple for individual and combination strategies for a mean of 6 months of safer services. For real-world practice, we modeled costs for three implementation scenarios, representing differences from the trial in input prices (paid by the Ministry of Health and Child Care MOHCC), intervention intensity, and increments to current HIV prevention and treatment practices and guidelines. We used one-way sensitivity analyses to assess the impact of uncertainty in input variables. Results: Individual strategy costs were $769-$1615 per couple in the trial; $185-$563 if using MOHCC prices. Under the target intervention intensity and using MOHCC prices, individual strategy costs were $73-$360 per couple over and above the cost of current HIV clinical practices. The cost of delivering the most commonly selected combination, ART-VL plus PrEP, ranged from $166-$517 per couple under the three real-world scenarios. Highest costs were for personnel, lab tests, and strategy-specific consumables, in variable proportions by clinical strategy and analysis scenario. Total costs were most affected by uncertainty in the price of PrEP, number of semen-washing attempts, and scale-up of semen-washing capacity. Conclusions: Safer conception methods have costs that may be affordable in many low-resource settings. These cost data will help implementers and policymakers add safer conception services. Cost-effectiveness analysis is needed to assess value for money for safer conception services overall and for safer strategy combinations. Trial registration: Registry Name: Clinicaltrials.gov. Trial registration number: NCT03049176. Registration date: February 9, 2017. © 2020 The Author(s).	ART; Conception; Cost; Discordant; HIV; PrEP; Semen-washing	English	United Kingdom	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Clinical
Article	2020	Hughes, Sean M; Levy, Claire N; Calienes, Fernanda L; Stekler, Joanne D; Pandey, Urvashi; Vojtech, Lucia; Berard, Alicia R; Birse, Kenzie; Noël-Romas, Laura; Richardson, Brian; Golden, Jackelyn B; Cartwright, Michael; Collier, Ann C; Stevens, Claire E; Curlin, Marcel E; Holtz, Timothy H; Mugo, Nelly; Irungu, Elizabeth; Katabira, Elly; Muwonge, Timothy; Lama, Javier R; Baeten, Jared M; Burgener, Adam; Lingappa, Jairam R; McElrath, M Juliana; Mackelprang, Romel; McGowan, Ian; Cranston, Ross D; Cameron, Mark J; Hladik, Florian	Treatment with Commonly Used Antiretroviral Drugs Induces a Type I/III Interferon Signature in the Gut in the Absence of HIV Infection.	Cell Reports Medicine	-	-	-	2666-3791	10.1016/j.xcrm.2020.100096	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7511692	Tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) are used for HIV treatment and prevention. Previously, we found that topical rectal tenofovir gel caused immunological changes in the mucosa. Here, we assess the effect of oral TDF/FTC in three HIV pre-exposure prophylaxis trials, two with gastrointestinal and one with cervicovaginal biopsies. TDF/FTC induces type I/III interferon-related (IFN I/III) genes in the gastrointestinal tract, but not blood, with strong correlations between the two independent rectal biopsy groups (Spearman r = 0.91) and between the rectum and duodenum (r = 0.81). Gene set testing also indicates stimulation of the type I/III pathways in the ectocervix and of cellular proliferation in the duodenum. mRNA sequencing, digital droplet PCR, proteomics, and immunofluorescence confirm IFN I/III pathway stimulation in the gastrointestinal tract. Thus, oral TDF/FTC stimulates an IFN I/III signature throughout the gut, which could increase antiviral efficacy but also cause chronic immune activation in HIV prevention and treatment settings.	HIV, HIV cure, antiretroviral treatment, ART, tenofovir, interferon, chronic immune activation, gut, ISG15	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Huntingdon, Ben; Sharpe, Louise; de Wit, John; Duracinsky, Martin; Juraskova, Ilona	A new grounded theory model of sexual adjustment to HIV: facilitators of sexual adjustment and recommendations for clinical practice.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-019-4727-3	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-4727-3	BACKGROUND: Life expectancy of people living with HIV (PLWH) is increasing. Effective biomedical prevention methods (treatment as prevention and preexposure prophylaxis) are being widely implemented in high-income nations. Therefore, research into quality of life, including sexual adjustment, is of increasing importance to HIV care. Yet, sexual adjustment of PLWH has been neglected in past research. We propose a new model of sexual adjustment to HIV which explores the dynamic process, facilitators and barriers characterising sexual life of PLWH overtime. METHOD: Thirty PLWH (19 male, 11 female) recruited from two HIV treatment centres as well as community groups, completed semi-structured interviews which were audio-recorded and transcribed verbatim for analysis using grounded theory. RESULTS: The model of sexual adjustment to HIV is the first to establish how undue fears of transmission of HIV during sex and/or fear of rejection by sexual partners determine initial sexual behaviour after diagnosis and also sexual adjustment over time. Within the model, sexual adjustment to HIV is facilitated by factors which assist PLWH to overcome such fears, including: partner acceptance, peer, community and health professional support, and accurate knowledge of risk of transmission including of undetectable viral load and pre-exposure prophylaxis. Adjustment is inhibited when undue fears of transmission and of rejection persist long term, resulting in maladaptive behaviours to cope with such fears including avoidance of sex and problematic drug and alcohol use. CONCLUSION: This model offers clear directions for promoting sexual adjustment to HIV. Health professionals should: (a) assess and intervene for sexual quality of life (not just risk) among PLWH; (b) be aware that serosorting facilitates adjustment in the short to medium term, but may interfere with adjustment long-term, (c) promote opportunities for positive connection between PLWH, and (d) intervene directly with PLWH and HIV negative sexual partners to promote accurate risk of transmission knowledge, including how this applies to their own sexual practices, and whether they are experiencing undue fear of transmission over time.	Adult; Humans; Male; Middle Aged; Female; HIV Infections/drug therapy/*prevention & control; Viral Load; Quality of Life; HIV; Patient Education as Topic; Models, Theoretical; Health Personnel; Pre-Exposure Prophylaxis; Sexual Partners/*psychology; HIV Serosorting/*psychology; Qualitative research; Sexual behaviour; Peer Influence; *Grounded Theory; Adjustment model; Grounded theory; Sexual wellbeing	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Theses and Dissertations	2020	Husnik, Marla J	Understanding Adherence to and HIV-1 Protection from a Microbicidal Vaginal Ring	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/46466	Topical vaginal microbicides and pre-exposure prophylaxis (PrEP) in the form of oral pills have been evaluated in efficacy trials for the prevention of HIV-1 infection over the past two decades with mixed results. In intention-to-treat analyses, some studies of PrEP agents, such as TruvadaÂ®, have shown positive efficacy results for reducing rates of HIV-1 infection in populations with high levels of adherence, while other studies even with the same agents and mostly among women, have not. However, in post-hoc analyses accounting for adherence to product use, efficacy estimates increased when adjusting for adherence in these same studies. The International Partnership for Microbicides developed a vaginal ring containing a PrEP agent called dapivirine to be replaced on a monthly basis, as a means to address the challenges women face adhering to PrEP agents requiring more frequent use. The goal of this dissertation was to further our understanding of the adherence to and HIV-1 protection from the dapivirine vaginal ring when used in a clinical trial setting among African women at high risk for HIV-1 acquisition. To this end, we utilized data from the MTN-020/ASPIRE study in which 2,629 African women participated in a randomized, placebo-controlled phase III trial of the dapivirine vaginal ring for the effectiveness of HIV-1 prevention conducted by the Microbicides Trials Network (MTN). The specific aims of this dissertation were 1) to assess the feasibility and effectiveness of real-time adherence monitoring strategies utilized within the MTN-020/ASPIRE study; 2) to evaluate the efficacy of a vaginal ring containing dapivirine compared to a placebo vaginal ring accounting for varying levels of adherence to product use; and 3) to identify demographic, sexually transmitted disease, and risk behavior correlates to adherence to inform future implementation of the dapivirine vaginal ring. We addressed Aim 1 by first describing the methods for implementation of the real-time adherence monitoring strategy. Using generalized estimating equations, we then assessed its effectiveness by evaluating whether percentages of blood plasma samples with dapivirine >95 pg/mL in active arm participants increased over calendar time. For the second aim, we conducted three analyses utilizing methods that adjust for adherence to ring use in different ways, specifically, per-protocol, principal stratification and marginal structural models. Four cut points for adherence were defined as follows: >95 pg/mL and >200 pg/mL of blood plasma, and ≥0.9 mg and >4.0 mg of drug released from the rings over a 28 day period of expected ring use. The per-protocol analysis aimed to emulate accrual under perfect protocol adherence, censoring participants at the last negative HIV-1 test before detection of pregnancy or the first occurrence of three or more non-compliant events in a 12 month period. In the principal stratification analysis, we first constructed logistic regression models to predict adherence defined as ≥0.9 mg and >4.0 mg of drug released from…	adherence; causal inference; correlates; dapivirine; HIV-1 prevention; vaginal ring; Epidemiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2020	Hwang, Carey; Lai, Ming-Tain; Hazuda, Daria	Rational Design of Doravirine: From Bench to Patients.	ACS Infectious Diseases	-	-	-	2373-8227	10.1021/acsinfecdis.9b00178	https://dx.doi.org/10.1021/acsinfecdis.9b00178	Since the approval of nevirapine, the first HIV-1 non-nucleoside reverse transcriptase inhibitor (NNRTI) in 1996, NNRTIs have helped play a critical role in maintaining viral suppression in people living with HIV. The many positive attributes of the class, including potency and long plasma half-life, make them attractive drug discovery targets. Given the availability of multiple once-daily integrase-based treatments for HIV-1 infection, the challenge to develop a new antiretroviral agent that addresses the needs of today's patients is formidable. However, with the increased availability of antiretrovirals for treatment and new pre-exposure prophylaxis guidelines, which should globally expand the use of antiretrovirals in prevention, it will be increasingly important to have access to multiple regimens with options from different classes that are well tolerated and convenient to ensure a sustained impact on the global epidemic. Many attempts to improve upon the NNRTI class have failed to deliver a desirable clinical profile consistent with the current landscape of treatment options. Doravirine is the only NNRTI to successfully advance through phase 3 clinical development and approval in recent years. Learning from the liabilities of approved NNRTIs, as well as past development failures, facilitated a rational approach to the discovery of doravirine by focusing on addressing the known safety/tolerability issues of commonly prescribed NNRTIs, such as central nervous system toxicity with efavirenz and potential cardiotoxicity due to off-target effects on cardiac ion channels with rilpivirine, using structural biology and characterization of resistance in vitro to address resistance liabilities and concentrating on the metabolic profile to limit the potential for drug-drug interactions. These preclinical efforts were critical to the design and selection of doravirine as a novel NNRTI that possessed the desired next-generation profile with the ultimate proof that these attributes translate to patients derived from clinical trials.	doravirine, resistance, human immunodeficiency virus	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Ilomuanya, Margaret O; Hameedat, Ayotunde T; Akang, Edidiong N; Ekama, Sabdat O; Silva, Boladale O; Akanmu, Alani S	Development and evaluation of mucoadhesive bigel containing tenofovir and maraviroc for HIV prophylaxis.	Future Journal of Pharmaceutical Sciences	-	-	-	2314-7253	10.1186/s43094-020-00093-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7678373	BACKGROUND: Sexual transmission of HIV is the most common means of acquiring the disease. Topical microbicides have been investigated to prevent transmission. This study will use a specific entry inhibitor, maraviroc, and a nucleotide reverse transcriptase inhibitor (NRTI), tenofovir, a dual combination which will provide a synergist effect that can enhance the efficacy of HIV microbicides via a mucoadhesive dual compartment bigel. Bigel formulation via hydrogel organogel linkages were developed and evaluated for their physicochemical characteristics, safety, and anti-HIV efficacy. In vitro diffusion studies were performed with Franz diffusion cells having effective diffusion surface area of 1.76cm2 and receiver chamber volume of 15mL. RESULT: The bigel formulations showed a viscosity ranging from 14179 to 14560 cPs and had a good spreadability and acidic pH in the range of 4.0 ± 0.34 to 5.2 ± 0.18. The bigel formulations showed good anti-HIV activity at a concentration of 0.1 μg/mL. The in vitro release study of maraviroc from the bigel formulations showed a release rate ranging from 2.675 to 3.838 μg/cm2/min½ while the release rate for tenofovir ranged from 3.475 to 3.825 μg/cm2/min½. The bigel formulations were non-toxic to the human vagina as there was < 1 log10 change in Lactobacilli crispatus viability. CONCLUSION: This study successfully developed a dual compartment bigel containing maraviroc and tenofovir. BG C was found to be stable and safe towards vaginal and rectal epithelium, and it actively prevented HIV transmission. This bigel has the potential for long-term pre-exposure prophylaxis prevention of HIV transmission.	Tenofovir, Maraviroc, HIV, Bigel, Microbicides	English	Egypt	Middle East and North Africa	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Clinical
Article	2020	Irungu, Elizabeth M; Baeten, Jared M	PrEP rollout in Africa: status and opportunity	Nature Medicine	-	-	-	10788956	10.1038/s41591-020-0872-x	https://www.proquest.com/scholarly-journals/prep-rollout-africa-status-opportunity/docview/2402387241/se-2?accountid=8113	Following recommendations by the World Health Organization in 2015, and key clinical trials, countries in sub-Saharan Africa, the region with the highest burden of human immunodeficiency virus (HIV), developed policies that incorporate pre-exposure prophylaxis (PrEP) into national HIV-prevention strategies. By the end of 2019, more than one third of people receiving PrEP globally were in Africa. Crucial understandings gained from early rollout among at-risk populations, such as HIV-serodiscordant couples, adolescent girls and young women, female sex workers, and men who have sex with men, include the importance of strategies for maintaining persistent adherence to PrEP and novel approaches to making PrEP services accessible, simplified and efficient. This Perspective will discuss the current status of these programs and how to further widen their implementation.PrEP is being incorporated into national HIV-prevention strategies in African countries, with key at-risk populations being prioritized. Expansion of these programs will require better access to and communication about these therapies.	Africa; Pre-exposure prophylaxis; Prevention; Men who have sex with men; Adolescents; Prophylaxis; Adolescence; Clinical trials; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Populations; Health risks; Viruses; Biology; Rollout	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2020	Irvine M.A.; Salway T.; Grennan T.; Wong J.; Gilbert M.; Coombs D.	Predicting the impact of clustered risk and testing behaviour patterns on the population-level effectiveness of pre-exposure prophylaxis against HIV among gay, bisexual and other men who have sex with men in Greater Vancouver, Canada	Epidemics	-	-	-	17554365	10.1016/j.epidem.2019.100360	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85071386617&doi=10.1016%2fj.epidem.2019.100360&partnerID=40&md5=a8450915be09d8dc5259df6cb17754a3	Pre-exposure prophylaxis (PrEP) has the potential to greatly reduce transmission of HIV. However, significant questions remain around how behavioural factors may influence its impact within target populations. We used a 2014 sexual behaviour survey to modify and recalibrate a mathematical model of HIV infection dynamics within the population of gay, bisexual and other men who have sex with men (GBMSM) in the Greater Vancouver area of British Columbia, Canada. We performed a clustering analysis on the survey data to divide the population into categories associated with their reported risk of HIV exposure as well as their reported testing habits and attitudes towards PrEP. We found a positive association between reported risk and testing behaviour and level of awareness/interest in PrEP. Using the cluster groups to structure the population, we then estimated the impact of PrEP on HIV transmission in our study population. We found that the association between risk and interest in PrEP substantially boosted the population-level effectiveness of PrEP. Within our model, if PrEP adoption was unrelated to risk and testing, an additional 206 (95% credible interval 5–261), new infections representing 15% of total infections are predicted to occur among GBMSM over ten years, compared to where PrEP is adopted by individuals according to their level of interest. Our results underscore the importance of incorporating behavioural data into models when predicting the impact of future public health interventions. © 2019 The Authors	Adult, Habits, Sexual and Gender Minorities, Sexual Behavior, Male, Humans, Homosexuality, HIV Infections	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Iversen, Jenny; Sabin, Keith; Chang, Judy; Morgan Thomas, Ruth; Prestage, Garrett; Strathdee, Steffanie A.; Maher, Lisa	COVID-19, HIV and key populations: cross-cutting issues and the need for population-specific responses.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25632	https://onlinelibrary.wiley.com/doi/10.1002/jia2.25632	INTRODUCTION: Key populations at elevated risk to contract or transmit HIV may also be at higher risk of COVID-19 complications and adverse outcomes associated with public health prevention measures. However, the conditions faced by specific populations vary according to social, structural and environmental factors, including stigma and discrimination, criminalization, social and economic safety nets and the local epidemiology of HIV and COVID-19, which determine risk of exposure and vulnerability to adverse health outcomes, as well as the ability to comply with measures such as physical distancing. This commentary identifies common vulnerabilities and cross-cutting themes in terms of the impacts of COVID-19 on key populations before addressing issues and concerns specific to particular populations. DISCUSSION: Cross-cutting themes include direct impacts such as disrupted access to essential medicines, commodities and services such as anti-retroviral treatment, HIV pre-exposure prophylaxis, opioid agonist treatment, viral load monitoring, HIV and sexually transmitted infections testing, condoms and syringes. Indirect impacts include significant collateral damage arising from prevention measures which restrict human rights, increase or impose criminal penalties, and expand police powers to target vulnerable and criminalized populations. Significant heterogeneity in the COVID-19 pandemic, the underlying HIV epidemic and the ability of key populations to protect themselves means that people who inject drugs and sex workers face particular challenges, including indirect impacts as a result of police targeting, loss of income and sometimes both. Geographical variations mean that transgender people and men who have sex with men in regions like Africa and the middle east remain criminalized, as well as stigmatized and discriminated against, increasing their vulnerability to adverse outcomes in relation to COVID-19. CONCLUSIONS: Disruptions to both licit and illicit supply chains, loss of income and livelihoods and changes in behaviour as a result of lockdowns and physical distancing have the potential to exacerbate the impacts of the COVID-19 pandemic on key populations. While these impacts will vary significantly, human-rights approaches to COVID-19 emergency laws and public health prevention measures that are population-specific and sensitive, will be key to reducing adverse health outcomes and ensuring that no one is left behind.	Humans; Male; Female; Viral Load; Risk Factors; Homosexuality, Male; HIV; Public Health; Sexually Transmitted Diseases/prevention & control; Pre-Exposure Prophylaxis; *Vulnerable Populations; Sex Workers; Social Stigma; key populations; *Sexual and Gender Minorities; COVID-19; SARS-CoV-2; Income; health equity; *Betacoronavirus; *Pandemics/prevention & control; Coronavirus Infections/complications/*epidemiology/prevention & control; HIV Infections/complications/*epidemiology/prevention & control; physical distancing; Pneumonia, Viral/complications/*epidemiology/prevention & control; Prisoners; vulnerability	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2020	Jain J.P.; Strathdee S.A.; Patterson T.L.; Semple S.J.; Harvey-Vera A.; Magis-Rodriguez C.; Martinez G.; Pines H.A.	Perceived barriers to pre-exposure prophylaxis use and the role of syndemic factors among female sex workers in the Mexico-United States border region: a latent class analysis	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1626338	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85067023144&doi=10.1080%2f09540121.2019.1626338&partnerID=40&md5=0f821161aa814b66bb35b9e85384d007	Female sex workers (FSWs) experience syndemic factors (e.g., polydrug use, hazardous alcohol consumption, client-perpetrated violence, depression, and sexually transmitted infections) that often heighten vulnerability to HIV and limit healthcare utilization. We hypothesized that syndemic factors will limit FSWs' uptake of pre-exposure prophylaxis (PrEP). From 2016 to 2017, 295 HIV-negative FSWs were enrolled in a behavioral HIV prevention trial in Tijuana and Ciudad Juarez, Mexico, underwent STI testing, and completed surveys on syndemic factors and perceived barriers to PrEP use. Syndemic scores (0–5) were calculated by summing syndemic factors. Latent class analysis (LCA) was used to identify homogeneous classes with respect to perceived barriers to PrEP use. We identified four classes: (1) perceived healthcare access barriers (8.3%), (2) perceived financial barriers (18.7%), (3) high level of perceived barriers (19.9%), and (4) low level of perceived barriers (53.0%) to PrEP use. Those experiencing three (adjusted odds ratio aOR = 3.63, 95% confidence interval CI = 1.24–10.67) and four or five (aOR = 6.30, 95% CI = 1.70–23.35) syndemic factors had a higher odds of membership in the class characterized by a high level of perceived barriers than in the class characterized by a low level of perceived barriers. Addressing syndemic factors may maximize PrEP's impact among FSWs along Mexico's northern border. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	female sex workers; HIV; latent class analysis; Mexico; pre-exposure prophylaxis; syndemic theory	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	James Patrick Cerney	Synthesis of octavalent glycodendrimers as potential HIV inhibitory agents	-	-	California State University System	-	NA	NA	http://hdl.handle.net/10211.3/218719	Globally 38 million people were living with the human immunodeficiency virus (HIV) in 2019 with 1.7 million new infections. Infection rates have declined, with a drop of 23% since 2010 due to the greater availability of both testing and treatment. There still remains no cure for the disease, therefore anyone who contracts HIV must begin anti-retroviral therapy (ART), which will require a daily administration for the entirety of the person's life. These medications work to slow or even stop the progression of the disease, but they also come with severe side effects and viral resistance. The focus has turned to ways of preventing the spread before it is able to infect new hosts. Currently, pre-exposure prophylaxis (PrEP), is available to those who are at higher risk of contracting the disease. These medications have shown promise, but still carry much of the same issues experienced with the medications from ART. Focusing on the preventative measures as a way to fight the spread of the virus is the focus of the current study. For the current project, an optimization for the synthesis of a sulfated glycodendrimer was achieved through the synthesis of eighteen unique compounds. Optimization of the linker synthesis was achieved through eliminating halting via acidification of the reaction and instead going straight to purification by flash chromatography. By contrast the tetra-nitrile core yields were increased through pH adjustments during the extraction process, eliminating the need for flash chromatography. The synthesis of the tetra-amine core was optimized through removing both the magnesium hydroxide and methanol, which allowed the 1,3-diaminopropane to act as the solvent, catalyst and reactant. This led to a greener reaction step and higher overall yields. The glycosylation reactions were shown to be efficient with this core, and for each of the sugars resulted in yields from the mid to high 90%'s. The sulfation reactions worked well with the lower-level saccharide chain lengths of the monomer and dimer glycodendrimers with their percent sulfur being 16.10% (w/v) and 11.60% (w/v), respectively. However, when it came to the larger oligosaccharide chain lengths of the trimer and tetramer glycodendrimers, the percent sulfation dropped to 3.73% and 1.94%, respectively. These larger oligosaccharides were shown to have a higher impact on the ability sulfate more than one site per arm. These reactions will require further investigation through longer reaction times and temperature variations to increase the sulfation amount. The sulfoglycodendrimers (SGDs) produced in this study are now ready for biological testing with the gp120 spike protein as well as the SARS-CoV-2 viral spike protein. The SGDs will be analyzed for their binding ability to these surface proteins to examine their efficacy for inhibiting the viruses. These compounds will be sent out to out collaborators at Duke University where they will undergo both an inhibition of infectivity assay as well as cytotoxicity testing. These two tests will test the ability…	Divergent synthesis; SARS-CoV-2; HIV; Glycodendrimer	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2020	Jamieson, Lise; Gomez, Gabriela B; Rebe, Kevin; Brown, Ben; Subedar, Hasina; Jenkins, Sarah; Shoko, Natsai; Bekker, Linda-Gail; Johnson, Leigh F; Meyer-Rath, Gesine	The impact of self-selection based on HIV risk on the cost-effectiveness of preexposure prophylaxis in South Africa.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002486	https://dx.doi.org/10.1097/QAD.0000000000002486	OBJECTIVES: We explored the impact and cost-effectiveness of preexposure prophylaxis (PrEP) provision to different populations in South Africa, with and without effective self-selection by individuals at highest risk of contracting HIV (through concurrent partnerships and/or commercial sex). DESIGN AND METHODS: We used a previously developed HIV transmission model to analyse the epidemiological impact of PrEP provision to adolescents, young adults, pregnant women, female sex workers (FSWs) and (MSM), and data from South African PrEP programmes to estimate the cost and cost-effectiveness of PrEP (cost in 2019 USD per HIV infection averted over 20 years, 2019, 38). PrEP uptake followed data from early implementation sites, scaled-up linearly over 3 years, with target coverage set to 18% for adolescents, young adults and pregnant women, 30% for FSW and 54% for MSM. RESULTS: The annual cost of PrEP provision ranges between $75 and $134 per person. PrEP provision adolescents and young adults, regardless of risk behaviour, will each avert 3.2--4.8% of HIV infections over 20 years; provision to high-risk individuals only has similar impact at lower total cost. The incremental cost per HIV infection averted is lower in high-risk vs. all-risk sub-populations within female adolescents ($507 vs. $4537), male adolescents ($2108 vs. $5637), young women ($1592 vs. $10â323) and young men ($2605 vs. $7715), becoming cost saving within 20 years for high-risk adolescents, young women, MSM and FSWs. CONCLUSION: PrEP is an expensive prevention intervention but uptake by those at the highest risk of HIV infection will make it more cost-effective, and cost-saving after 14-18 years.	cost; cost-effectiveness analysis; high-risk populations; preexposure prophylaxis; South Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2020	Janes H.; Zhu Y.; Brown E.R.	Designing HIV Vaccine Efficacy Trials in the Context of Highly Effective Non-vaccine Prevention Modalities	Statistics in Biosciences	-	-	-	18671764	10.1007/s12561-020-09292-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092711732&doi=10.1007%2fs12561-020-09292-1&partnerID=40&md5=b573b4a563ecac389f567d6493aabe08	The evolving HIV prevention landscape poses challenges to the statistical design of future trials of candidate HIV vaccines. Study designs must address the anticipated reduction in HIV incidence due to adding new prevention modalities to the standard prevention package provided to trial participants, and must also accommodate individual choices of participants with regard to the use of these modalities. We explore four potential trial designs that address these challenges, with a focus on accommodating the newest addition to the prevention package-antiretroviral-based oral pre-exposure prophylaxis (PrEP). The designs differ with respect to how individuals who take up oral PrEP at screening are handled. An All-Comers Design enrolls and randomizes all eligible individuals, a Decliners Design enrolls and randomizes only those who decline PrEP at screening, and Single and Multi-Stage Run-In Designs enroll all but randomize only those who decline PrEP or show inadequate adherence to PrEP after one or multiple run-in periods. We compare these designs with respect to required sample sizes, study duration, and resource requirements, using a simulation model that incorporates data on HIV risk and PrEP uptake and adherence among men who have sex with men (MSM) in the Americas. We advocate considering Run-In Designs for some future contexts, and identify their advantages and tradeoffs relative to the other designs. The design concepts apply beyond HIV vaccines to other prevention modalities being developed with the aim to achieve further reductions in HIV incidence. © 2020, The Author(s).	Clinical trial design; HIV prevention; Randomized controlled trial; Vaccine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jansen K.; Steffen G.; Potthoff A.; Schuppe A.-K.; Beer D.; Jessen H.; Scholten S.; Spornraft-Ragaller P.; Bremer V.; Tiemann C.; Knechten H.; Panstruga P.; Cordes C.; Lieb C.; Rodriguez E.; Hillenbrand H.; Krznaric I.; Hower M.; Schneeweiß S.; Meurer A.; Pauli R.; Tomesch A.; Trein A.	STI in times of PrEP: High prevalence of chlamydia, gonorrhea, and mycoplasma at different anatomic sites in men who have sex with men in Germany	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-020-4831-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079080592&doi=10.1186%2fs12879-020-4831-4&partnerID=40&md5=9a43a1ce31247644b3d5404fb130ed22	Background: Men who have sex with men (MSM) are disproportionally affected by sexually transmitted infections (STI). STI are often extragenital and asymptomatic. Both can delay diagnosis and treatment. Approval of HIV pre-exposure prophylaxis (PrEP) might have influenced sexual behaviour and STI-prevalence of HIV- MSM. We estimated STI-prevalence and risk factors amongst HIV- and HIV+ MSM in Germany to plan effective interventions. Methods: We conducted a nationwide, cross-sectional study between February and July 2018. Thirteen MSM-friendly STI-practices screened MSM for Chlamydia trachomatis (CT), Mycoplasma genitalium (MG), Neisseria gonorrhoeae (NG), and Trichomonas vaginalis (TV) using self-collected rectal and pharyngeal swabs, and urine samples. APTIMA™ STI-assays (Hologic™ Inc., San Diego, USA) were used for diagnostics, and samples were not pooled. We collected information on socio-demographics, HIV-status, clinical symptoms, sexual behaviour within the last 6 months, and PrEP use. We combined HIV status and PrEP use for defining risk groups, and used directed acyclic graphs and multivariable logistic regression to identify risk factors for STI. Results: Two thousand three hundred three MSM were included: 50.5% HIV+, median age 39 18-79 years. Median number of male sex partners within the last 6 months was five. Sex without condom was reported by 73.6%, use of party drugs by 44.6%. 80.3% had a STI history, 32.2% of STI+ MSM reported STI-related symptoms. 27.6% of HIV- MSM used PrEP. Overall STI-prevalence was 30.1, 25.0% in HIV-/PrEP- MSM (CT:7.2%; MG:14.2%; NG:7.4%; TV:0%), 40.3% in HIV-/PrEP+ MSM (CT:13.8%; MG:19.4%; NG:14.8%; TV:0.4%), and 30.8% in HIV+ MSM (CT:10.1%; MG:18.4%; NG:8.6%; TV:0.1%). Being HIV+ (OR 1.7, 95%-CI 1.3-2.2), using PrEP (OR 2.0, 95%-CI 1.5-2.7), having > 5 sex partners (OR:1.65; 95%-CI:1.32-2.01.9), having condomless sex (OR:2.11.9; 95%-CI:1.65-2.86), and using party drugs (OR:1.65; 95%-CI:1.32-2.0) were independent risk factors for being tested positive for at least one STI. Conclusions: We found a high STI-prevalence in MSM in Germany, especially in PrEP users, frequently being asymptomatic. As a relevant proportion of PrEP users will not use a condom, counselling and comprehensive STI screening is essential and should be low threshold and preferably free of cost. Counselling of PrEP users should also address use of party drugs. © 2020 The Author(s).	Chlamydia trachomatis; HIV; MSM; Mycoplasma genitalium; Neisseria gonorrhoeae; PrEP; Prevalence	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2020	Jary A.; Leducq V.; Desire N.; Petit H.; Palich R.; Joly V.; Canestri A.; Gothland A.; Lambert-Niclot S.; Surgers L.; Amiel C.; Descamps D.; Spano J.-P.; Katlama C.; Calvez V.; Marcelin A.-G.	New Kaposi's sarcoma-associated herpesvirus variant in men who have sex with men associated with severe pathologies	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiaa180	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090943657&doi=10.1093%2finfdis%2fjiaa180&partnerID=40&md5=06d9b6b5a4628ab2fcf771d11bd7e11e	Background: Kaposi sarcoma (KS)-associated herpesvirus (KSHV) subtype depends mostly on patient origin. The current study aimed to assess KSHV diversity in a population of men who have sex with men (MSM) living in France. Methods: The study included 264 patients. In 65 MSM, including 57 human immunodeficiency virus (HIV)-infected men with KS, multicentric Castleman disease, or primary effusion lymphoma and 8 HIV-uninfected men receiving HIV preexposure prophylaxis (PrEP), we performed KSHV typing with K1 open reading frame Sanger and KSHV whole-genome sequencing. In 199 other patients, we performed real-time polymerase chain reaction screening for the new variant. Results: We found that 51% of KSHV-strains were subtype C (85% C3), and 33% were subtype A. Four patients with severe KSHV disease (2 with visceral KS, 1 with multicentric Castleman disease, and 1 with primary effusion lymphoma) and 1 asymptomatic PrEP user had a new variant resembling the Ugandan subtype F, but with different K1 open reading frame and KSHV whole-genome sequences and a different epidemiological context (MSM vs African population). Its prevalence was 4.5% in Caucasian MSM, and it was absent in other epidemiological groups. Conclusions: Subtype C predominated among MSM living in France. The new F variant was identified in Caucasian MSM and associated with severe KSHV disease, suggesting that subtype F could be split into F1 and F2 variants. Careful screening for this variant may be required in MSM, given the severe clinical presentation of associated diseases. © The Author(s) 2020. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	KSHV; MSM; New variant; ORF-K1; Phylogenetic analysis; Whole-genome sequencing	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Jaspal R.; Lopes B.; Maatouk I.	Social Identity and Attitudes toward HIV Pre-exposure Prophylaxis: A Structural Equation Model	Journal of Social Service Research	-	-	-	1488376	10.1080/01488376.2019.1566196	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062785223&doi=10.1080%2f01488376.2019.1566196&partnerID=40&md5=0f77abd8286e3216fcd16654f93f01fc	This study focuses on the role of social identity and prejudice as causal variables in public attitudes toward pre-exposure prophylaxis (PrEP) in a UK sample. In all, 222 participants participated in an experimental vignette study with a 2 × 2 × 2 design with between-participants factors of ethnicity, sexual orientation and gender, and completed measures of attitudes toward gay men, Black Africans, and PrEP. Kruskal–Wallis tests showed significant effects of gender on attitudes toward gay men and Black Africans; of ethnicity on attitudes toward gay men and PrEP; and of religion on attitudes toward gay men. A univariate analysis of variance (ANOVA) revealed more positive attitudes toward PrEP when it was presented as benefitting men (vs. women). Structural equation modeling showed that the relationship between the independent variables of gender, ethnicity, and religion and the dependent variable of attitudes toward PrEP was mediated by attitudes toward gay men and Black Africans. Individuals must perceive the principal beneficiaries of PrEP (i.e., gay men and Black Africans) positively to endorse PrEP for these groups, and sexism may reduce public acceptability of PrEP for women. Future research should use representative samples and alternative experimental manipulations, and include strength of social identification as an independent variable. © 2019, © 2019 The Author(s). Published with license by Taylor & Francis Group, LLC.	Health services; HIV; prejudice; PrEP	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative

Article	2020	Jenness, Samuel M; Johnson, Jordan A; Hoover, Karen W; Smith, Dawn K; Delaney, Kevin P	Modeling an integrated HIV prevention and care continuum to achieve the Ending the HIV Epidemic goals	AIDS	-	-	2699370	10.1097/QAD.0000000000002681	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094931271&doi=10.1097%2fQAD.0000000000002681&partnerID=40&md5=1c06be81fa5a84947bae15cca53ccfac	Objective:We sought to evaluate, which combinations of HIV prevention and care activities would have the greatest impact towards reaching the US Ending the HIV Epidemic (EHE) plan goals of HIV incidence reduction.Design:A stochastic network-based HIV transmission model for men who have sex with men (MSM), calibrated to surveillance estimates in the Atlanta area, a focal EHE jurisdiction.Methods:Model scenarios varied HIV screening rates under different assumptions of how HIV-negative MSM would be linked to PrEP initiation, and rates of HIV care linkage and retention for those screening positive.Results:A ten-fold relative increase in HIV screening rates (to approximately biannual screening for black and Hispanic MSM and quarterly for white MSM) would lead to 43% of infections averted if integrated with PrEP initiation. Improvements focused only on black MSM would achieve nearly the same outcome (37% of infections averted). Improvements to HIV care retention would avert 41% of infections if retention rates were improved ten-fold. If both screening and retention were jointly improved ten-fold, up to 74% of cumulative infections would be averted. Under this scenario, it would take 4 years to meet the 75% EHE goal and 12 years to meet the 90% goal for Atlanta MSM.Conclusion:Reaching the EHE 75% incidence reduction goals by their target dates will require immediate and substantial improvements in HIV screening, PrEP, and ART care retention. Meeting these EHE goals in target jurisdictions like Atlanta will be possible only by addressing the HIV service needs of black MSM. © 2020 Lippincott Williams and Wilkins. All rights reserved.	Ending the HIV Epidemic; HIV; HIV care continuum; mathematical model; men who have sex with men; preexposure prophylaxis; sexual networks	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jewell, Britta L; Smith, Jennifer A; Hallett, Timothy B	Understanding the impact of interruptions to HIV services during the COVID-19 pandemic: A modelling study.	EClinicalMedicine	-	-	2589-5370	10.1016/j.eclinm.2020.100483	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7564522	BACKGROUND: There is concern that the COVID-19 pandemic could severely disrupt HIV services in sub-Saharan Africa. However, it is difficult to determine priorities for maintaining different elements of existing HIV services given widespread uncertainty. METHODS: We explore the impact of disruptions on HIV outcomes in South Africa, Malawi, Zimbabwe, and Uganda using a mathematical model, examine how impact is affected by model assumptions, and compare potential HIV deaths to those that may be caused by COVID-19 in the same settings. FINDINGS: The most important determinant of HIV-related mortality is an interruption to antiretroviral treatment (ART) supply. A three-month interruption for 40% of those on ART could cause a similar number of additional deaths as those that might be saved from COVID-19 through social distancing. An interruption for more than 6-90% of individuals on ART for nine months could cause the number of HIV deaths to exceed the number of COVID-19 deaths, depending on the COVID-19 projection. However, if ART supply is maintained, but new treatment, voluntary medical male circumcision, and pre-exposure prophylaxis initiations cease for 3 months and condom use is reduced, increases in HIV deaths would be limited to <2% over five years, although this could still be accompanied by a 7% increase in new HIV infections. INTERPRETATION: HIV deaths could increase substantially during the COVID-19 pandemic under reasonable worst-case assumptions about interruptions to HIV services. It is a priority in high-burden countries to ensure continuity of ART during the pandemic. FUNDING: Bill & Melinda Gates Foundation.	HIV; Mathematical modelling; Covid-19; antiretroviral therapy	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Jewsbury S.; Ward C.	A case of M184V mutant human immunodeficiency virus in a patient using daily pre-exposure prophylaxis	International journal of STD & AIDS	-	-	9564624	10.1177/0956462419879620	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077171195&doi=10.1177%2f0956462419879620&partnerID=40&md5=d1ceaa1e9df87f469cd4e14a81ff3fff	This study presents a case report of a 31-year-old gay man who acquired human immunodeficiency virus while using daily emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF) pre-exposure prophylaxis (PrEP). He had an M184V nucleoside reverse-transcriptase inhibitor mutation at diagnosis. Either he acquired a pre-existing M184V mutation or he acquired a wild-type virus but then suboptimal use of FTC/TDF led to the development of resistance. For PrEP to be safely managed and seroconvertors to be identified quickly, PrEP should be commissioned by the NHS and managed within sexual health clinics. Notwithstanding the current provision of PrEP, those accessing it must be reminded about the importance of regular testing and optimal adherence. © The Author(s) 2019.	human immunodeficiency virus; Prevention; sexual behaviour; sexual intercourse; viral disease	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2020	Ji Y.	A comparison of fact sheets that promote preexposure prophylaxis (PrEP) use among men who have sex with men	Communication Research Reports	-	-	8824096	10.1080/08824096.2020.1760815	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088483171&doi=10.1080%2f08824096.2020.1760815&partnerID=40&md5=6d9cf98a48d0294924a86000a9250ef0	Preexposure prophylaxis (PrEP) is an effective medicine against HIV transmission. PrEP can be especially beneficial in the men who have sex with men (MSM) communities. However, medical studies have associated MSM's PrEP use with undesired riskier behaviors (risk compensation), such as reducing condom use and acquiring more sexual partners. Fact sheets are important information sources for MSM to learn about PrEP and can potentially prevent risk compensation. This study compared three accessible fact sheets (the Truvada fact sheet, the CDC fact sheet, the FDA fact sheet) in terms of their effects on MSM's PrEP use intention and risk compensation intention (n = 600). The results showed that the CDC and the FDA fact sheets significantly encouraged higher PrEP use intention without provoking higher risk compensation intention. To promote PrEP use without raising risk compensation intention, fact sheets might be good information sources for the MSM population. © 2020, © 2020 Eastern Communication Association.	HIV-prevention; pre-exposure prophylaxis; risk compensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ji Y.	A Study of Seeking Information about Preexposure Prophylaxis (PrEP) and Risk Compensation Intention among Men Who Have Sex with Men	Communication Studies	-	-	10510974	10.1080/10510974.2020.1778053	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087785951&doi=10.1080%2f10510974.2020.1778053&partnerID=40&md5=e9f49aca99e0b2d3403bc63c7ebb0a35	Preexposure prophylaxis (PrEP) has been an effective preventive measure against human immunodeficiency virus (HIV) transmission among the men who have sex with men (MSM) community. Many medical reports, however, show concern that PrEP users engage in riskier sexual behaviors after PrEP use (risk compensation), such as reducing condom use and acquiring more sexual partners. The current study examines MSM's PrEP-related information-seeking and its relationship with their risk compensation intention if on PrEP. MSM participants portrayed their information-seeking about PrEP by reporting their frequency, spent time, most-used channel, and main takeaway. Results demonstrated that participants' PrEP-related information-seeking closely related to their risk compensation intention. Among the information channels, participants who primarily use social media to seek PrEP-related information reported the highest PrEP use intention as well as risk compensation intention. © 2020, © 2020 Central States Communication Association.	Behavioral disinhibition; condom use; HIV prevention; human immunodeficiency virus; risk homeostasis; social media	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jin, Xia; Wang, Hongyi; Li, Hang; Chu, Zhenxing; Zhang, Jing; Hu, Qinghai; Lv, Wei; Huang, Xiaojie; Chen, Yaokai; Wang, Hui; He, Xiaoqing; Zhang, Lukun; Hu, Zhili; Bao, Rantong; Li, Shangcao; Ding, Haibo; Geng, Wenqing; Jiang, Yongjun; Shang, Hong; Xu, Junjie	Real-time monitoring and just-in-time intervention for adherence to pre-exposure prophylaxis among men who have sex with men in China: A multicentre RCT study protocol	BMC Public Health	-	-	14712458	10.1186/s12889-020-08709-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088679050&doi=10.1186%2fs12889-020-08709-2&partnerID=40&md5=3c26ecfe3890db292e1c75bb42266e3c	Background: Pre-exposure prophylaxis (PrEP) is an effective biomedical strategy to prevent transmission of HIV infection, although medication adherence remains a challenge. We present the protocol for a multicentre randomised controlled trial to measure the effectiveness of a real-time monitoring and just-in-time intervention on medication adherence among PrEP users in China. Methods: Study participants will include 1000 men who have sex with men (MSM) from four cites in China (Shenyang, Beijing, Chongqing and Shenzhen) attending a tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) PrEP project as part of a real-world, prospective multicentre cohort study (CROPrEP). Participants will be randomised into the intervention and control arms in a 1:1 ratio. Participants in the intervention arm will be provided with remote real-time monitoring equipment that triggers twice just-in-time SMS (Short Messaging Service) medication reminders to PrEP users every half an hour when a scheduled dosage is missed, and followed with just-in-time SMS medication reminders to clinicians half an hour when there is no supplement after the second just-in-time SMS reminder to PrEP users. Clinicians will initiate individualised telephone intervention as soon as possible upon receipt of the just-in-time SMS missed dose alert. Those in the control arm will only receive generic weekly SMS reminders. The study will last 6 months. Participants will be seen at follow-up visits at three and 6 months. Trial outcomes to be measured include self-reported adherence assessed via questionnaire and pill counts, as well as drug concentration test results. Discussion: Medication adherence is critical to achieve optimal benefits from PrEP. This study will be the first individualised behaviour intervention using real-time technology to increase adherence among MSM PrEP users globally. If found effective, a real-time monitoring and just-in-time intervention system may be utilized for improving adherence and thus effectiveness of global PrEP application. Trial registration: This study registered at ClinicalTrials.gov (ChiCTR1900025604) on September 2, 2019. © 2020 The Author(s).	Electronic drug monitors; HIV, men who have sex with men; Internet of things; Medication adherence; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2020	Jo Y.; Bartholomew T.S.; Doblecki-Lewis S.; Rodriguez A.; Forrest D.W.; Tomita-Barber J.; Oves J.; Tookes H.E.	Interest in linkage to PrEP among people who inject drugs accessing syringe services; Miami, Florida	PLOS One	-	-	19326203	10.1371/journal.pone.0231424	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083479332&doi=10.1371%2fjournal.pone.0231424&partnerID=40&md5=328679f09bba0ca8cd83ab1f1a098b1e	Background People who inject drugs (PWID) are at an increased risk for HIV infection due to injection and sexual risk behaviors. This study aims to examine PrEP knowledge, awareness, and willingness to be linked to PrEP services at a syringe services program (SSP), and examine the relationship between substance use and interest in PrEP linkage. Methods Data were collected using a cross-sectional survey of IDEA SSP clients in Miami, FL (N = 157). Based on reported substance injected, participants were classified into opioid-only injection or polysubstance injection. Socio-demographics and HIV risk were examined using Pearson's Chi-Squared analysis. Bivariate and multivariable logistic regression models were used to test for significant correlates of interest in PrEP linkage. Results Only 28.3% of PWID surveyed had previously heard of PrEP. However, 57.2% were interested in receiving more information about PrEP. In the adjusted model, people with opioidonly use were significantly less likely to report interest in being linked to PrEP. Conclusion Knowledge, awareness, and interest in being linked to PrEP were low among PWID surveyed. No participants of the study were successfully linked to PrEP services through direct referrals. Further research is needed to examine low threshold service delivery of PrEP to PWID at SSPs. © 2020 Jo et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	John S.A.; Quinn K.G.; Pleuhs B.; Walsh J.L.; Petroll A.E.	HIV Post-Exposure Prophylaxis (PEP) Awareness and Non-Occupational PEP (nPEP) Prescribing History Among U.S. Healthcare Providers	AIDS and Behavior	-	-	10907165	10.1007/s10461-020-02866-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083770692&doi=10.1007%2fs10461-020-02866-6&partnerID=40&md5=d017fc8f7a698ae8ef5e0b893a45ee34	Non-occupational post-exposure prophylaxis (nPEP) has been clinically recommended since 2005. HIV providers and non-HIV providers (n = 480) practicing within above-average HIV prevalence ZIP codes of the 10 U.S. cities with greatest overall HIV prevalence participated in a cross-sectional survey between July 2014 and May 2015. Providers were asked about their awareness of post-exposure prophylaxis (PEP) and nPEP prescribing experience for patients with potential sexual exposures to HIV, which we coded into a PEP prescribing cascade with three categories: (1) PEP unaware, (2) PEP aware, no nPEP prescribing experience, and (3) nPEP prescribing experience. Overall, 12.5% were unaware of PEP, 43.5% were aware but hadn't prescribed nPEP, and 44.0% had prescribed nPEP for potential sexual exposures to HIV. Fewer providers practicing in the U.S. South had ever prescribed nPEP compared to providers in other regions (χ2= 39.91, p < 0.001). HIV providers, compared to non-HIV providers, were more likely to be classified in the nPEP prescription group compared to the PEP aware without nPEP prescription group (RRR = 2.96, p < 0.001). PrEP prescribers, compared to those PrEP unaware, were more likely to be classified in the nPEP prescription group compared to PEP aware without nPEP prescription group (RRR = 12.49, p < 0.001). © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Post-exposure prophylaxis; Pre-exposure prophylaxis; Prescription; Providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	John, Steven A; Petroll, Andrew E; Walsh, Jennifer L; Quinn, Katherine G; Patel, Viraj V; Grov, Christian	Reducing the Discussion Divide by Digital Questionnaires in Health Care Settings: Disruptive Innovation for HIV Testing and PrEP Screening.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000002459	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7572720	BACKGROUND: Health care provider assessment of patient sexual behavior and substance use is essential for determining appropriate prevention interventions-including HIV pre-exposure prophylaxis (PrEP)-for sexual minority men (SMM). We sought to explore acceptability and utility of using electronic surveys to conduct health behavior assessments in clinical settings among SMM. METHODS: Among a US nationwide sample of SMM (n = 4187; mean age = 38.3 years; 60% white; 82% HIV-negative), we examined associations of demographics, recruitment venue, sexual behavior characteristics, and recent substance use with participants' comfort communicating verbally and through electronic survey with a health care provider about sexual and substance use behavior. RESULTS: On average, SMM had greater comfort communicating through electronic survey vs. verbally. In our fully adjusted analysis, preference favoring electronic surveys more strongly than verbal communication differed by age (β = -0.07, P ≤ 0.001). SMM with a bachelor's degree or more (β = 0.04, P < 0.05), those recruited from nonclinical settings (β = 0.06, P ≤ 0.001), and those without primary care providers (β = 0.04, P < 0.05) favored electronic surveys more strongly in the fully adjusted multivariable model. SMM who reported any recent casual sex partners (β = 0.05, P < 0.01), those never tested for HIV (β = 0.03, P < 0.05), and HIV-negative/unknown men not on PrEP (compared with PrEP users; β = 0.09, P ≤ 0.001) also favored electronic surveys in the fully adjusted model. CONCLUSIONS: Reducing communication barriers by incorporating electronic surveys into patient assessment could help identify HIV testing and PrEP needs for SMM most susceptible to HIV acquisition. Nonetheless, no one screening strategy is likely to work for most SMM, and multiple approaches are needed.	HIV; HIV testing; pre-exposure prophylaxis; sexual minority men; gay and bisexual men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Johnson A.K.; Fletcher F.E.; Ott E.; Wishart M.; Friedman E.E.; Terlikowski J.; Haider S.	Awareness and Intent to Use Pre-exposure Prophylaxis (PrEP) Among African American Women in a Family Planning Clinic	Journal of Racial and Ethnic Health Disparities	-	-	21973792	10.1007/s40615-019-00683-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076899279&doi=10.1007%2fs40615-019-00683-9&partnerID=40&md5=23ca3d40a2cc0d76a8f976cebabf1240	Due to the gap between cisgender women eligible for and those accessing pre-exposure prophylaxis (PrEP) for HIV prevention, it is critical to understand knowledge of and attitudes toward PrEP among HIV-vulnerable women. PrEP utilization is particularly low among African American women in the USA. Family planning clinics provide key access points to reach HIV-vulnerable African American women as well as to translate research findings into clinical practice. Our study aimed to (1) describe the awareness of and interest in PrEP among African American cisgender women attending a family planning clinic and (2) document the barriers and facilitators to PrEP uptake among these women. A cross-sectional survey was conducted with sexually active African American women of reproductive age attending a family planning clinic. Descriptive statistics were used to characterize the sample, and bivariate analysis was used to detect difference between categorical and outcome variables. In our survey (N = 109), over 80% of participants listed not knowing PrEP was available as the primary reason for not currently taking PrEP. Seventy percent reported they would probably or definitely like to take PrEP – demonstrating that barriers to uptake might stem from knowledge deficits rather than attitudes toward prevention. Study findings have the potential to inform strategies to increase awareness of PrEP as an HIV prevention option as well as to equip women with greater self-efficacy to access PrEP in family planning settings. © 2019, W. Montague Cobb-NMA Health Institute.	African American; Family planning; HIV prevention; Pre-exposure prophylaxis; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jolley D.; Jaspal R.	Discrimination, HIV conspiracy theories and pre-exposure prophylaxis acceptability in gay men	Sexual Health	-	-	14485028	10.1071/SH20154	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098224128&doi=10.1071%2fSH20154&partnerID=40&md5=f8163f43a887d54fde3d46aee3929606	Background: Combination prevention, which includes pre-exposure prophylaxis (PrEP), is essential for achieving the zero HIV infections target in the UK by 2030. It is important to assess attitudes towards PrEP in at-risk populations. This study focuses on the effect of discrimination and HIV conspiracy theorising on attitudes towards PrEP in gay men in the UK. Methods: In total, 244 White British gay men completed a survey that included demographic questions and measures of sexual health screening, hypervigilance, sexual orientation discrimination, quality of contact with healthcare professionals, belief in conspiracy theories and attitudes towards PrEP. Data were analysed using multiple linear regression and mediation analysis. Results: Discrimination was positively correlated with HIV conspiracy beliefs and negatively correlated with PrEP acceptance. Mediation analyses demonstrated that the relationship between discrimination and attitudes towards PrEP was explained by HIV conspiracy theorising. Gay men who had attended a sexual health screening (vs never attended) reported higher belief in HIV conspiracy theories. A further mediation analysis showed that reported poor contact with a healthcare professional was associated with an increased belief in HIV conspiracy theories, which was associated with negative attitudes towards PrEP. Both perceived discrimination and poor contact with a healthcare professional were exacerbated by hypervigilance. Conclusions: HIV conspiracy theorising is an important variable in understanding attitudes towards PrEP among gay men. Its roots are in adverse social experiences (e.g. discrimination, poor contact with healthcare professionals) and its consequences may be the rejection of PrEP. HIV prevention and PrEP campaigns must focus on prejudice reduction and on challenging conspiracy beliefs. © 2020 CSIRO.	conspiracy theories; discrimination; gay men; HIV; pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Jones C.; Young I.; Boydell N.	The people VS the NHS: Biosexual citizenship and hope in stories of prep activism	Somatechnics	-	-	20440138	10.3366/soma.2020.0312	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095949752&doi=10.3366%2fsoma.2020.0312&partnerID=40&md5=52bc1e155b1a9f08a019577d46afa829	Discourses of pre-exposure prophylaxis (PrEP) revel in its radical potential as a global HIV prevention technology, offering a promise of change for the broader landscape of HIV prevention. In 2018, the British Broadcasting Corporation (BBC) aired The People vs The NHS: Who Gets the Drugs?, a documentary focused on the 'battle' to make PrEP available in England. In this article we explore how the BBC documentary positions PrEP, PrEP biosexual citizen-activists, as well as the wider role of the NHS in HIV prevention and the wellbeing of communities affected by HIV in the UK. We consider how biosexual citizenship (Epstein 2018) is configured through future imaginaries of hope, and the spectral histories of AIDS activism. We describe how The People crafts a story of PrEP activism in the context of an imagined gay community whose past, present, and hopeful future is entangled within the complexities and contractions of a state-funded health system. Here, PrEP functions as a 'happiness pointer' (Ahmed 2011), to orient imagined gay communities towards a hopeful future by demanding and accessing essential medicines and ensuring the absence of needless HIV transmissions. This biomedical success emerges from a shared traumatic past and firmly establishes the salvatory trajectory of PrEP and an imagined gay community who have continued to be affected by HIV. However, campaigns about the individual's right to access PrEP construct the availability and consumption of PrEP as an end goal to their activism, where access to PrEP is understood as an individual's right as a pharmaceutical consumer. © Charlotte Jones, Ingrid Young, Nicola Boydell.	AIDS; BBC; Biotechnologies; Documentary; HIV; Homophobia; Pre-exposure prophylaxis; Prevention	English	Australia	Asia and the Pacific	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Jones J.; Dominguez K.; Stephenson R.; Stekler J.D.; Castel A.D.; Mena L.A.; Jenness S.M.; Siegler A.J.; Sullivan P.S.	A theoretically based mobile app to increase pre-exposure prophylaxis uptake among men who have sex with men: Protocol for a randomized controlled trial	JMIR Research Protocols	-	-	19290748	10.2196/16231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083386266&doi=10.2196%2f16231&partnerID=40&md5=7b7029d53206bea655415272121ff0e8	Background: HealthMindr is a mobile phone HIV prevention app for men who have sex with men (MSM). In a previous pilot study, HealthMindr was found to be acceptable among users and to demonstrate preliminary effectiveness for increasing pre-exposure prophylaxis (PrEP) uptake among MSM. PrEP is a highly effective HIV prevention intervention; however, uptake remains low. Objective: The aim of this study will be to assess the efficacy of a mobile app for increasing PrEP uptake among MSM in the southern United States. Methods: In this randomized controlled trial, we will assess the efficacy of HealthMindr for increasing PrEP uptake among MSM in the following three southern US cities: Atlanta, Georgia; Jackson, Mississippi; and Washington, DC. In total, 657 men will be recruited and randomized to intervention and control arms in a 2:1 ratio. Participants in the intervention arm will receive access to the full HealthMindr app, with information and resources about PrEP (eg, frequently asked questions, risk assessment tool, and PrEP provider locator), other HIV prevention information, ability to order free HIV/sexually transmitted infection test kits, and additional resources related to substance use and mental health. Participants in the control arm will use the HealthMindr app but will only have access to the study timeline and a message center to communicate with study staff. Participants will complete quarterly surveys to assess self-reported PrEP uptake over 12 months of follow-up. Self-reported PrEP uptake will be verified by dried blood spot testing and/or uploading a photograph of a PrEP prescription. Results: Participant recruitment began in January 2020. Conclusions: This trial will determine whether the HealthMindr app can increase PrEP uptake among MSM in the southern United States. © Jeb Jones, Karen Dominguez, Rob Stephenson, Joanne D Stekler, Amanda D Castel, Leandro A Mena, Samuel M Jenness, Aaron J Siegler, Patrick S Sullivan.	Electronic health; HIV; Men who have sex with men; Mobile health; Pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jones J.T.; Smith D.K.; Thorne S.L.; Wiener J.; Michaels S.; Gasparac J.	Community members' pre-exposure prophylaxis awareness, attitudes, and trusted sources for prep information and provision, context matters survey, 2015–2016	AIDS Education and Prevention	-	-	8999546	10.1521/aeap.2020.32.2.102	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086620534&doi=10.1521%2faeap.2020.32.2.102&partnerID=40&md5=9a14aa8e47523309cf1efcfb973769f4	Men and women of color have had low pre-exposure prophylaxis (PrEP) uptake. How one's preferred source of health information shapes attitudes toward PrEP is unclear. We conducted cross-sectional surveys to assess changes in PrEP awareness, knowledge, and attitudes, trusted sources for PrEP information, and associations between trusted source of information and PrEP knowledge and attitudes. Participants were recruited from six ar-eas served by community health centers in Chicago, IL (two health centers); Jackson, MS; Newark, NJ; Philadelphia, PA; and Washington, D.C. during June–September 2015 (n = 160) and June–September 2016 (n = 200). Participants were Black (74%), heterosexual (81%), and largely unaware of PrEP (72%). Participants who trusted health experts and community organizations for PrEP information had lower percentages of agreeing with statements indicative of negative PrEP attitudes. Interventions that increase PrEP awareness as well as knowledge and favorable attitudes might help increase PrEP use in communities with high HIV prevalence. © 2020 The Guilford Press.	African American; Community; HIV; PrEP; Survey	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jones, JT; Smith, DK; Thorne, SL; Wiener, J; Michaels, S; Gasparac, J	COMMUNITY MEMBERS' PRE-EXPOSURE PROPHYLAXIS AWARENESS, ATTITUDES, AND TRUSTED SOURCES FOR PREP INFORMATION AND PROVISION, CONTEXT MATTERS SURVEY, 2015-2016	AIDS Education and Prevention	-	-	0899-9546	10.1521/aeap.2020.32.2.102.	https://pubmed.ncbi.nlm.nih.gov/32539481/	Men and women of color have had low pre-exposure prophylaxis (PrEP) uptake. How one's preferred source of health information shapes attitudes toward PrEP is unclear. We conducted cross-sectional surveys to assess changes in PrEP awareness, knowledge, and attitudes, trusted sources for PrEP information, and associations between trusted source of information and PrEP knowledge and attitudes. Participants were recruited from six areas served by community health centers in Chicago, IL (two health centers); Jackson, MS; Newark, NJ; Philadelphia, PA; and Washington, D.C. during June-September 2015 (n = 160) and June-September 2016 (n = 200). Participants were Black (74%), heterosexual (81%), and largely unaware of PrEP (72%). Participants who trusted health experts and community organizations for PrEP information had lower percentages of agreeing with statements indicative of negative PrEP attitudes. Interventions that increase PrEP awareness as well as knowledge and favorable attitudes might help increase PrEP use in communities with high HIV prevalence.	HIV; HIV PREVENTION; African American; PrEP; survey; ANTIRETROVIRAL PROPHYLAXIS; UNITED-STATES; RISK; SEX; TRANSGENDER WOMEN; YOUNG MEN; BLACK-MEN; KNOWLEDGE; PERCEIVED BARRIERS; community	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Jones, Lucy; Collins, Luke	PrEP in the press: A corpus-assisted discourse analysis of how users of HIV-prevention treatment are represented in British newspapers	Journal of Language and Sexuality	-	-	22113770	10.1075/jls.20002.jon	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095587973&doi=10.1075%2fjls.20002.jon&partnerID=40&md5=74e5ca2ce0ecf1f8b091f9d91c896ee0	This research reports on newspaper representations of PrEP, a HIVprevention drug recently made available on a trial basis to at-risk individuals in England. Using corpus-assisted queer critical discourse analysis, we investigate the linguistic representations of the users of PrEP within three leading British newspapers from across the political spectrum between 2014-18. We find that users of PrEP are most frequently positioned as 'men who have sex with men' or 'gay men', a representation that we argue limits public awareness of HIV itself, and of available HIV prevention. Furthermore, while the most left-leaning newspaper in our corpus focuses on the human benefit of PrEP, the most right-leaning newspaper takes a moralistic stance which frames gay men as risk-taking and therefore less deserving of healthcare funding than other groups. We therefore argue that certain representations of PrEP's beneficiaries are implicitly homophobic, and that most representations are unhelpfully restrictive. © John Benjamins Publishing Company.	Corpus linguistics; HIV; Homophobia; Prep; Queer critical discourse analysis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Kagaayi, Joseph; Batte, James; Nakawooya, Hadijja; Kigozi, Boniface; Nakigozi, Gertrude; Strömdahl, Susanne; Ekström, Anna Mia; Chang, Larry W; Gray, Ron; Reynolds, Steven J; Komaketch, Patrick; Alamo, Stella; Serwadda, David	Uptake and retention on HIV pre-exposure prophylaxis among key and priority populations in South-Central Uganda.	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.25588	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7421540	INTRODUCTION: Pre-exposure prophylaxis (PrEP) programmes have been initiated in sub-Saharan Africa to prevent HIV acquisition in key populations at increased risk. However, data on PrEP uptake and retention in high-risk African communities are limited. We evaluated PrEP uptake and retention in HIV hyperendemic fishing villages and trading centres in south-central Uganda between April 2018 and March 2019. METHODS: PrEP eligibility was assessed using a national risk screening tool. Programme data were used to evaluate uptake and retention over 12 months. Multivariable modified Poisson regression estimated adjusted prevalence ratios (aPR) and 95% Confidence intervals (CIs) of uptake associated with covariates. We used Kaplan-Meier analysis to estimate retention and multivariable Cox regression to estimate adjusted relative hazards (aRH) and 95% CIs of discontinuation associated with covariates. RESULTS AND DISCUSSION: Of the 2985 HIV-negative individuals screened; 2750 (92.1 %) were eligible; of whom 2,536 (92.2%) accepted PrEP. Male (aPR = 0.91, 95% CI = 0.85 to 0.97) and female (aPR = 0.85, 95% CI = 0.77 to 0.94) fisher folk were less likely to accept compared to HIV-discordant couples. Median retention was 45.4 days for both men and women, whereas retention was higher among women (log rank, p < 0.001) overall. PrEP discontinuation was higher among female sex workers (aRH = 1.42, 95% CI = 1.09 to 1.83) and female fisher folk (aRH = 1.99, 95% CI = 1.46 to 2.72), compared to women in discordant couples. Male fisher folk (aRH = 1.37, 95% CI = 1.07 to 1.76) and male truck drivers (aRH = 1.49, 95% CI = 1.14 to 1.94) were more likely to discontinue compared to men in discordant couples. Women 30 to 34 years tended to have lower discontinuation rates compared to adolescents 15 to 19 years (RH = 0.78 95% CI = 0.63 to 0.96). CONCLUSIONS: PrEP uptake was high, but retention was very low especially among those at the highest risk of HIV: fisher folk, sex workers and truck drivers and adolescent girls. Research on reasons for PrEP discontinuation could help optimize retention.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2020	Kahle, Erin M; Sharma, Akshay; Sullivan, Stephen; Stephenson, Rob	The Influence of Relationship Dynamics and Sexual Agreements on Perceived Partner Support and Benefit of PrEP Use Among Same-Sex Male Couples in the U.S.	AIDS and Behavior	-	-	10907165	10.1007/s10461-020-02782-9	https://www.proquest.com/scholarly-journals/influence-relationship-dynamics-sexual-agreements/docview/2416298721/se-2?accountid=8113	Use of Pre-exposure prophylaxis (PrEP) for HIV prevention by men who have sex with men (MSM) may be impacted by relationship dynamics. We assessed perceived partner support of PrEP use and benefit of PrEP by relationship characteristics among male couples. Baseline data from a randomized control trial of video-based HIV counseling and testing among male couples in the U.S. were used in adjusted multilevel regression models to assess individual and dyadic characteristics. Among 659 participants, 73.3% thought their partner would be supportive of their PrEP use; 26.7% reported their partner would not support PrEP use, which was significantly associated with intimate partner violence (IPV) (p = 0.008). Most (57.7%) did not believe PrEP would be beneficial to them or their partner. Couples with a sexual agreement allowing outside partners were significantly associated with higher perceived support of partners for PrEP (p < 0.001) and benefit of PrEP use (p < 0.001). Perceived partner support of PrEP was high but perceived benefit of PrEP was low, both shaped by relationship dynamics that highlight the need for tailored dyadic interventions. The association between perceived PrEP support and IPV points to the need to integrate relationship contexts in HIV prevention programs.	HIV; Counseling; Pre-exposure prophylaxis; Psychology; Prevention; Men; Males; Men who have sex with men; Disease prevention; Prophylaxis; Regression analysis; Aggression; Intimate partner violence; Male couples; Couples; Relationship dynamics; Domestic violence; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; United States--US; Gays & lesbians; Mens health; Agreements; Couple; Dyads	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Kakisingi C.; Muteba M.; Mukuku O.; Kyabu V.; Ngwej K.; Kajimb P.; Manika M.; Situakibanza H.; Mwamba C.; Ngwej D.	Prevalence and characteristics of hiv infection among female sex workers in lubumbashi, democratic republic of congo	Pan African Medical Journal	-	-	19378688	10.11604/pamj.2020.36.280.21378	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091786935&doi=10.11604%2fpamj.2020.36.280.21378&partnerID=40&md5=bc199040c7397bc0d99718bcd4c32c53	Introduction: female sex workers (FSWs) are considered a high-risk group for acquiring HIV infection due to their HIV prevalence estimated to be 10-20 times higher than in woman in the general population. This study aimed to determine the prevalence and risk factors of HIV among female sex workers (FSWs) in Lubumbashi. Methods: a cross-sectional study was conducted among FSWs presenting for the first time at the sexually transmitted infections (STIs) clinic of Katuba, Lubumbashi, between April 2016 and December 2017. Information on the participants' socio-demographic characteristics, sexual behaviors, and HIV serology results were collated and analyzed using a multiple logistic regression to identify factors associated to HIV infection among FSWs. Results: information on 1555 sex workers was analysed in this study, the prevalence of HIV was 8.2%. The median age of the participants was 26 years (IQR: 21-34). Of the 127 HIV positive sex workers, 74% have been in the business for two years or less, 97% sell sex as their main income, 74% have more than 5 sexual intercourses per week, 95% reported using condom, 73% reported having history of STIs, 70% reported using alcohol before sex and 97% reported having three or more sexual partners per week. After adjusting for potentials cofounders, Age, Sex work as main income, years of selling sex, condom use, and alcohol use before sex were found to have a significant effect on HIV infection among sex workers. Conclusion: these findings highlight the vulnerability of FSWs to HIV infection and the necessity of immediate interventions to strengthen HIV prevention through behavioral change strategies and making available Pre-exposure Prophylaxis (PrEP) for FSWs in Lubumbashi. © Christian Kakisingi et al.	Female sex worker; HIV infection; Lubumbashi; Prevalence; Related factors	English	Uganda	Eastern and Southern Africa	Congo	Western and Central Africa	Congo	Western and Central Africa	Quantitative
Article	2020	Kamitani E.; Johnson W.D.; Wichser M.E.; Adegbite A.H.; Mullins M.M.; Sipe T.A.	Growth in Proportion and Disparities of HIV PrEP Use Among Key Populations Identified in the United States National Goals: Systematic Review and Meta-analysis of Published Surveys	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000002345	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087320169&doi=10.1097%2fQAI.0000000000002345&partnerID=40&md5=efd17076ba9758e4ba2bcc3b5efad689	Background:Pre-exposure prophylaxis (PrEP) use among populations most vulnerable to HIV as identified in the national HIV prevention goals is not fully known. This systematic review assessed trends of lifetime self-reported PrEP use and disparities among key populations.Methods:We used the CDC HIV/AIDS Prevention Research Synthesis cumulative database of electronic and manual searches in MEDLINE, CINAHL, EMBASE, and PsycINFO from 2000 to 2019 to identify English-language primary studies reporting PrEP use. Two reviewers independently screened citations, extracted data, and assessed the risk of bias with the modified Newcastle-Ottawa Scale. We estimated pooled proportions and crude/adjusted odds ratio.Results:We identified 95 eligible studies including 95,854 US-based survey respondents. A few studies (6.3%) focused on persons who inject drugs. In 2015-2017, men who have sex with men (MSM) had highest proportion of individuals who used PrEP over their lifetime 13.9% (95% confidence interval: 8.8 to 21.1), k (number of surveys) = 49 followed by Hispanic/Latinos 11.5 (7.1 to 18.1), 12, transgender women 11.2 (5.8 to 20.6), 5, and blacks 9.9 (8.3 to 11.8), 18. Odds of PrEP use increased by 34%/year odds ratio = 1.34/year (95% confidence interval: 1.09 to 1.64) and significantly increased over time among MSM 1.53/year (1.21-1.93) and blacks 1.44 (1.13-1.83). People in the Southern United States 9.9 (4.7-19.7), 8 and youth 7.3 (4.7-11.2), 8 had lower rates and did not demonstrate growth 0.94 (0.29-3.18); 0.82 (0.43-1.55). Odds of reporting lifetime PrEP use was twice 2.07 (1.27-3.38) as great among MSM than non-MSM.Conclusions:Proportions of PrEP use in published surveys have been growing, but remain low for people in the Southern United States and youth, and understudied in persons who inject drugs. Limitations include few studies in certain years, whereas strengths include a large number of respondents. Culturally tailored approaches targeting vulnerable populations are essential in increasing PrEP use to reduce disparities in HIV acquisition. © 2020 Lippincott Williams and Wilkins. All rights reserved.	disparities; HIV; meta-analysis; PrEP use; proportions; vulnerable populations	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Kampouri, Eleftheria; Papadimitriou-Olivgeris, Matthaios; Calmy, Alexandra; Ciuffi, Angela; Cavassini, Matthias	Novelties in HIV prevention and treatment in 2019.	Revue Médicale Suisse	-	-	1660-9379	NA	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-31961093	This article reviews the novelties in the prevention and treatment of HIV infection as well as the perspectives for a potential cure. The PrEP is a key component in the prevention of infection and the control of the epidemic. In order to decrease long-term toxicities, two-drug antiretroviral regimens are being implemented. Long-acting injectable molecules show promising efficacy and safety and are long awaited for patients tired of taking daily pills. Concerning adverse events, the association between integrase inhibitors and weight gain as well as recent data on the safety of dolutegravir during pregnancy are presented. Finally, a second case of sustained virological suppression in a patient who received a stem cell transplant with a mutation of the co-receptor CCR5 was reported, renewing hopes for possible cure by gene therapy.	Humans; Anti-Retroviral Agents/therapeutic use; *HIV Infections/drug therapy/prevention & control; HIV Integrase Inhibitors/therapeutic use; Heterocyclic Compounds, 3-Ring	French	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	NA	NA	Review
Article	2020	Kar, Anindya; Bhugra, Dinesh; Mukherjee, Shuvankar; Mondal, Agnibho; Kumar, Aaditya Suresh	PrEP in India's HIV Prevention Policy in the Era of Social Media and Sex Positivity.	Central Asian Journal of Global Health	-	-	2166-7403	10.5195/cajgh.2020.407	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9295848	Introduction: The global revolution of online social media and connectivity had a tremendous effect on sexual behavior in both developed and developing countries. This global change is influencing the societal structure and existing social principles. Moreover, it has a significant impact on the epidemiology of different infectious diseases, especially HIV. Discussion: India is one of the most diverse democratic countries that has undergone a social-cultural transition in the last decade. However, having the second-highest HIV infection rate in the world, India does not have any other new prevention tools in their national HIV prevention strategy. Pre-Exposure Prophylaxis (PrEP), a boon of HIV prevention widely used in different countries, is still not implemented in India. The concept of "Digital India" by the Government of India is giving wide access of internet to the people of India. Furthermore, people are exposed to social media, and that is impacting their sex seeking behavior. Interestingly, recent legal changes in India promotes sex positivity. It also calls for introspection on existing HIV preventive strategies. Conclusions: Given the current scenario of PrEP and other existing preventive measurements of HIV, further research is needed to determine the acceptance and efficacy of PrEP and improve engagement in care for individuals in India. Various international studies recommend effective implication of PrEP to reduce the rate and economic burden of HIV infection.	HIV, PrEP, Social Media, India, Sex Positivity	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Review
Article	2020	Karletsos, Dimitris; Greenbaum, Charlotte R; Kobayashi, Emily; McConnell, Margaret	Willingness to use PrEP among female university students in Lesotho.	PLOS One	-	-	1932-6203	10.1371/journal.pone.0230565	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7108705	Oral pre-exposure prophylaxis (PrEP) for HIV-negative individuals at high risk was introduced in Lesotho in April 2016. To assess the feasibility and acceptability of PrEP in Lesotho and to study the attitudes and beliefs around HIV risk and prevention measures among young women, between September and December 2016 we asked 302 female university students at fourteen higher education institutions in Lesotho about their sexual behavior, experiences of sexual coercion and abuse, HIV risk perception, willingness to use PrEP, as well as their attitudes toward condom use and self-administration of daily medications. Overall, 57.3% of the sample reported perceiving themselves at risk of acquiring HIV and 32.1% reported being strongly willing to use PrEP if it were available in their community. In a multivariate mediation analysis, perceived HIV risk was associated with 11.5 percentage points increase in likelihood of using PrEP (p = 0.041). Multiple concurrent sexual partnership was associated with 16.1 percentage points increase in likelihood of self-perceived HIV risk (p = 0.007), while having sexual partners in polygamous relationships was associated with 17.8 percentage points increase in likelihood of self-perceived HIV risk (p = 0.002) and the mediated indirect effect accounted for 18.2% of its total effect. Those who reported strong adherence to antibiotics were 23.1 percentage points more likely to express willingness to use PrEP than those who did not (p = 0.004), and those who reported to dislike condoms were 19.1 percentage points more likely to be willing to use PrEP than those who did not report aversion to condom use: these effect were direct and not mediated by HIV risk perception. Intimate partner violence (IPV) in the network of peers was also directly associated with willingness to use PrEP and its effect was not significantly mediated by HIV risk perception: those who had friends who experienced intimate partner violence were 14.9 percentage points more likely to be willing to use PrEP than those who did not report IPV in their network of peers (p = 0.009). These findings support the inclusion of individuals with multiple concurrent sexual partners among the key populations for PrEP provision and confirm that willingness to use PrEP is not solely driven by HIV risk perception. They also indicate that the presence of IPV in peer networks is related to one's willingness to use PrEP. PrEP service provision may generate synergies with IPV prevention programs when offered within this framework.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Katz, Kenneth A; Park, Andrew J; Marcus, Julia L	Preexposure Prophylaxis for Human Immunodeficiency Virus Infection for Men Who Have Sex with Men and Transgender Persons:: What Dermatologists Need to Know	Dermatologic Clinics	-	-	7338635	10.1016/j.det.2019.10.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075831450&doi=10.1016%2fj.det.2019.10.008&partnerID=40&md5=19308f17d2316acc5dde8cdf313f0b4c	HIV remains an important public health concern in the United States, particularly for men who have sex with men (MSM) and transgender persons. With HIV preexposure prophylaxis (PrEP), persons who are HIV-uninfected take antiretroviral medications to prevent HIV infection. The most common PrEP regimen involves taking a single pill daily and is very effective in reducing risk of HIV infection, with few adverse effects. Barriers to PrEP access exist for MSM and transgender persons. Dermatologists can help combat the ongoing HIV epidemic among MSM, transgender persons, and others by understanding why, when, and how PrEP should be considered as an HIV prevention approach. © 2019 Elsevier Inc.	HIV; Men who have sex with men; PrEP; Prevention; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Kay, Emma Sophia, Phd; Pinto, Rogério M, Phd	Is Insurance a Barrier to HIV Preexposure Prophylaxis? Clarifying the Issue	American Journal of Public Health	-	-	00900036	10.2105/AJPH.2019.305389	https://www.proquest.com/scholarly-journals/is-insurance-barrier-hiv-preexposure-prophylaxis/docview/2325294852/se-2?accountid=8113	Clinical trials have demonstrated that preexposure prophylaxis (PrEP) protects against HIV infection; yet, even with its approval by the Food and Drug Administration (FDA) in 2012, less than 10% ofeligible users in the United States are currently taking PrEP.While there are multiple factors that influence PrEP uptake and pose barriers to PrEP implementation, here we focus on PrEP's cost in the United States, which, at the current list price of $2000 per month and with high levels of cost sharing, can leave insured users with more than $1000 in out-of-pocket costs every year. We discuss how patient deductibles, monthly premiums, copayments, and coinsurance vary widely and may increase the financial burden. Although drug payment-assistance programs have made PrEP more affordable to uninsured and underinsured users, lack of insurance is a barrier to PrEP accessibility. The FDA approved a generic version in 2017; however, that version has not been distributed to US consumers and might not be more affordable.As other countries begin implementing PrEP programs, the extent of PrEP's availability as a tool in the global fight against HIV remains to be seen.	Pregnancy; Bisexuality; Creatinine; Parents; Pre-exposure prophylaxis; Transportation; Prevention; Men; Medicaid; Infections; Transgender persons; Disease prevention; Public health; Prophylaxis; Health care policy; Insurance; Disease control; Cost control; Confidentiality; Health insurance; Caregivers; Medicare; Primary care; Clinical trials; Access; Young adults; Barriers; Females; Health policy; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Parents & parenting; Medical Sciences; Health risks; Health care industry; Prescription drugs; Indigent care; Uninsured people; Adults; FDA approval; 92312:Administration of Public Health Programs; Insurance coverage; Laboratory tests; Medical laboratories; 62151:Medical and Diagnostic Laboratories; Schedules; Cost sharing; Prescription drug plans	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Kazemian P.; Costantini S.; Neilan A.M.; Resch S.C.; Walensky R.P.; Weinstein M.C.; Freedberg K.A.	A novel method to estimate the indirect community benefit of HIV interventions using a microsimulation model of HIV disease	Journal of Biomedical Informatics	-	-	15320464	10.1016/j.jbi.2020.103475	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086586622&doi=10.1016%2fj.jbi.2020.103475&partnerID=40&md5=2ff77539fc4b9211e380b0c1f7bb888c	Background: Microsimulation models of human immunodeficiency virus (HIV) disease that simulate individual patients one at a time and assess clinical and economic outcomes of HIV interventions often provide key details regarding direct individual clinical benefits ("individual benefit"), but they may lack detail on transmissions, and thus may underestimate an intervention's indirect benefits ("community benefit"). Dynamic transmission models can be used to simulate HIV transmissions, but they may do so at the expense of the clinical detail of microsimulations. We sought to develop, validate, and demonstrate a practical, novel method that can be integrated into existing HIV microsimulation models to capture this community benefit, integrating the effects of reduced transmission while keeping the clinical detail of microsimulations. Methods: We developed a new method to capture the community benefit of HIV interventions by estimating HIV transmissions from the primary cohort of interest. The method captures the benefit of averting infections within the cohort of interest by estimating a corresponding gradual decline in incidence within the cohort. For infections averted outside the cohort of interest, our method estimates transmissions averted based on reductions in HIV viral load within the cohort, and the benefit (life-years gained and cost savings) of averting those infections based on the time they were averted. To assess the validity of our method, we paired it with the Cost-effectiveness of Preventing AIDS Complications (CEPAC) Model – a validated and widely-published microsimulation model of HIV disease. We then compared the consistency of model-estimated outcomes against outcomes of a widely-validated dynamic compartmental transmission model of HIV disease, the HIV Optimization and Prevention Economics (HOPE) model, using the intraclass correlation coefficient (ICC) with a two-way mixed effects model. Replicating an analysis done with HOPE, validation endpoints were number of HIV transmissions averted by offering pre-exposure prophylaxis (PrEP) to men who have sex with men (MSM) and people who inject drugs (PWID) in the US at various uptake and efficacy levels. Finally, we demonstrated an application of our method in a different setting by evaluating the clinical and economic outcomes of a PrEP program for MSM in India, a country currently considering PrEP rollout for this high-risk group. Results: The new method paired with CEPAC demonstrated excellent consistency with the HOPE model (ICC = 0.98 for MSM and 0.99 for PWID). With only the individual benefit of the intervention incorporated, a PrEP program for MSM in India averted 43,000 transmissions over a 5-year period and resulted in a lifetime incremental cost-effectiveness ratio (ICER) of US$2,300/year-of-life saved (YLS) compared to the status quo. After applying both the direct (individual) and indirect (community) benefits, PrEP averted 86,000 transmissions over the same period and resulted in an ICER of US$600/YLS. Conclusions: Our method enables HIV microsimulation models that evaluate clinical and economic outcomes of HIV interventions to estimate the community benefit of these interventions (in terms of survival gains and cost savings) efficiently and without sacrificing clinical detail. This method addresses an important methodological gap in health economics microsimulation modeling and allows decision scientists to make more accurate policy recommendations. © 2020 Elsevier Inc.	Community Benefit; HIV; MSM; PrEP; Simulation; Transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Kazemian, Pooyan; Costantini, Sydney; Kumarasamy, Nagalingeswaran; Paltiel, A David; Mayer, Kenneth H; Chandhiok, Nomita; Walensky, Rochelle P; Freedberg, Kenneth A	The Cost-effectiveness of Human Immunodeficiency Virus (HIV) Preexposure Prophylaxis and HIV Testing Strategies in High-risk Groups in India.	Clinical Infectious Diseases	-	-	1537-6591	10.1093/cid/ciz249	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319272	BACKGROUND: The human immunodeficiency virus (HIV) epidemic in India is concentrated among 3.1 million men who have sex with men (MSM) and 1.1 million people who inject drugs (PWID), with a mean incidence of 0.9-1.4 per 100 person-years. We examined the cost-effectiveness of both preexposure prophylaxis (PrEP) and HIV testing strategies for MSM and PWID in India. METHODS: We populated an HIV microsimulation model with India-specific data and projected clinical and economic outcomes of 7 strategies for MSM/PWID, including status quo; a 1-time HIV test; routine HIV testing every 3, 6, or 12 months; and PrEP with HIV testing every 3 or 6 months. We used a willingness-to-pay threshold of US$1950, the 2017 Indian per capita gross domestic product, to define cost-effectiveness. RESULTS: HIV testing alone increased life expectancy by 0.07-0.30 years in MSM; PrEP added approximately 0.90 life-years to status quo. Results were similar in PWID. PrEP with 6-month testing was cost-effective for both MSM (incremental cost-effectiveness ratio ICER, $1000/year of life saved YLS) and PWID (ICER, $500/YLS). Results were most sensitive to HIV incidence. PrEP with 6-month testing would increase HIV-related expenditures by US$708 million (MSM) and US$218 million (PWID) over 5 years compared to status quo. CONCLUSIONS: While the World Health Organization recommends PrEP with quarterly HIV testing, our analysis identifies PrEP with semiannual testing as the cost-effective HIV prevention strategy for Indian MSM and PWID. Since nationwide scale-up would require a substantial fiscal investment, areas of highest HIV incidence may be the appropriate initial targets for PrEP scale-up.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kecojevic A.; Basch C.H.; Garcia P.	Readability analysis of online health information on preexposure prophylaxis (PrEP)	Public Health	-	-	333506	10.1016/j.puhe.2020.02.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081220816&doi=10.1016%2fj.puhe.2020.02.002&partnerID=40&md5=79dfc2114fb64a02a5b1792298356f44	Objectives: When considering PreExposure Prophylaxis (PrEP) as a HIV prevention method, many rely on information available online. Limited research has examined the quality, including readability, of PrEP information on the Internet. The current study evaluates the readability of PrEP information online employing six commonly used readability tests. Study design: This is a cross-sectional study. Methods: Using the Google Chrome browser, a search for articles was conducted using two terms: "pre-exposure prophylaxis" and "Truvada." The URLs of the first 50 English language websites for each term were recorded to create the overall study sample of 100 unique websites. Using six established readability scales, we determined the readability scores for each examined website. Websites were stratified by .com, .org, and .gov URL extensions to compare readability metrics. Results: Mean Flesch-Kincaid Grade Level (FKGL) was 9.5 (SD = 2.2), mean Gunning Fog Index (GFI) was 11.1 (SD = 2.7), mean Coleman-Liau Index (CLI) was 11.3 (SD = 2.0), while mean Simple Measure of Gobbledygook (SMOG) Grade Level was 12.1 (SD = 1.8). Using Flesch-Kincaid Reading Ease (FRE), one article was found easy to read, while 23 were found of average difficulty to read. Mean New Dale-Chall (NDS) score was 7.3 (SD = 1.3), or grade 9–10. Mean reading levels were significantly different among the commercial, organization, and government sites, however, no category was at the recommended sixth-grade level. Conclusions: PrEP information online surpasses the reading ability of most U.S. adults. Improving the readability of PrEP information online may help to increase uptake of PrEP among populations at risk for HIV. © 2020 The Royal Society for Public Health	Health literacy; Internet; Pre-exposure prophylaxis (PrEP); Readability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2020	Keen P.; Hammoud M.A.; Bourne A.; Bavinton B.R.; Holt M.; Vaccher S.; Haire B.; Saxton P.; Jin F.; Maher L.; Grulich A.E.; Prestage G.	Use of HIV pre-exposure prophylaxis (PrEP) associated with lower HIV anxiety among gay and bisexual men in australia whoare at high risk of HIV infection: Results from the flux study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002232	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077849364&doi=10.1097%2fQAI.0000000000002232&partnerID=40&md5=07da419302b7205a163ef74b21b3f8af	Background: Many gay and bisexual men (GBM) experience HIV anxiety, particularly around condomless anal intercourse. HIV preexposure prophylaxis (PrEP) is an effective HIV prevention strategy that may reduce HIV anxiety among GBM. Methods: The Following Lives Undergoing Change (Flux) Study is a national, online, open-prospective observational study of licit and illicit drug use among GBM in Australia. In 2018, participants responded to newly included items regarding anxiety about HIV transmission. Stratifying GBM as high or low risk as determined by the Australian PrEP Guidelines, we assess whether PrEP use is associated with lower levels of HIV anxiety. Multivariate logistic regression was used to compare factors associated with PrEP use among GBM at high risk (PrEP-eligible) and low risk (PrEPineligible) of HIV infection. Results are reported as adjusted odds ratios and corresponding 95% confidence intervals. Results: Among 1547 men, the mean age was 37.1 years (SD 13.1). Men aged 25 years or younger had higher HIV anxiety scores than older men. Among PrEP-eligible men, men who use PrEP reported lower levels of HIV anxiety (adjusted odds ratio = 0.92; 95% confidence interval = 0.87 to 0.99; P < 0.001). No differences were observed on HIV anxiety among PrEP-ineligible men. Conclusions: Among PrEP-eligible men, PrEP use was independently associated with lower levels of HIV anxiety. In addition to avoiding HIV infection, PrEP use may help reduce anxiety among men at risk of HIV. This feature of PrEP could be promoted as part of demand creation initiatives to increase PrEP uptake. © 2019 Wolters Kluwer Health, Inc.	Anxiety; Gay and bisexual men; HIV; HIV anxiety; PrEP	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Keen, Phillip; Bavinton, Benjamin R	Could disparities in PrEP uptake limit the public health benefit?	The Lancet Public Health	-	-	-	2468-2667	10.1016/S2468-2667(20)30183-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462558/	Since October, 2017 (and until October, 2020), pre-exposure prophylaxis (PrEP) has only been available in England, UK, through the PrEP Impact Trial, by purchasing it from some genitourinary medicine clinics, or via online sources. Here we report changes from 2013 to 2018 in PrEP and postexposure prophylaxis (PEP) awareness and use among HIV-negative gay, bisexual, and other men who have sex with men (MSM) and assess predictors of PrEP initiation.In the prospective cohort study Attitudes to, and Understanding of Risk of Acquisition of HIV 2 (AURAH2), MSM were recruited from three sexual health clinics in England: two in London and one in Brighton, UK. Men were eligible if they were aged 18 years or older and HIV-negative or of unknown HIV status. Participants self-completed a baseline paper questionnaire at one of the three clinics between July 30, 2013, and April 30, 2016, and were subsequently able to complete 4-monthly and annual online questionnaires, which were available between March 1, 2015, and March 31, 2018, and collected information on sociodemographics, health and wellbeing, HIV status, and sexual behaviours. PrEP and PEP use in the previous 12 months was obtained at baseline and in annual questionnaires. We assessed trends over calendar time in 3-month periods from first enrolment to the end of the study period (July-December, 2013, was counted as one period) in use of PrEP and PEP using generalised estimating equation logistic models. We used age-adjusted Poisson models to assess factors associated with PrEP initiation among participants who reported never having used PrEP at baseline.1162 men completed a baseline questionnaire, among whom the mean age was 34 years (SD 10·4), and of those with available data, 942 (82%) of 1150 were white, 1076 (94%) of 1150 were gay, and 857 (74%) of 1159 were university educated. 622 (54%) of 1162 men completed at least one follow-up online questionnaire, of whom 483 (78%) completed at least one annual questionnaire. Overall, PrEP use in the past year increased from 0% (none of 28 respondents) in July to December, 2013, to 43% (23 of 53) in January to March, 2018. The corresponding increase in PrEP use among men who reported condomless sex with two or more partners was from 0% (none of 13 respondents) to 78% (21 of 27). PEP use peaked in April to June, 2016, at 28% (41 of 147 respondents), but decreased thereafter to 8% (four of 53) in January to March, 2018. Among 460 men who had never used PrEP at baseline, predictors of initiating PrEP included age 40-44 years (incidence rate ratio IRR 4·25, 95% CI 1·14-15·79) and 45 years and older (3·59, 1·08-11·97) versus younger than 25 years; and after adjustment for age, recent HIV test (5·17, 1·89-14·08), condomless sex (5·01, 2·16-11·63), condomless sex with two or more partners (5·43, 2·99-9·86), group sex (1·69, 1·01-2·84), and non-injection chemsex-related drugs use (2·86, 1·67-4·91) in the past 3 months, and PEP use (4·69, 2·83-7·79) in the past 12 months, and calendar year (Jan 1, 2017, to March 31, 2018 vs July 30, 2013, to Dec 31, 2015: 21·19, 9·48-47·35). Non-employment (0·35, 0·14-0·91) and unstable or no housing (vs homeowner 0·13, 0·02-0·95) were associated with reduced rates of PrEP initiation after adjustment for age. About half of PrEP was obtained via the internet, even after the PrEP Impact trial had started (11 48% of 23 respondents in January to March, 2018).PrEP awareness and use increased substantially from 2013 to 2018 among a cohort of MSM in England. Improving access to PrEP by routine commissioning by National Health Service England could increase PrEP use among all eligible MSM, but should include public health strategies to target socioeconomic and demographic disparities in knowledge and use of PrEP.National Institute for Health Research.	Pre-exposure prophylaxis; Public health; MEDLINE; Environmental health; Prospective cohort study; Limit (mathematics)	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Keen, Phillip; Lee, Evelyn; Grulich, Andrew E; Prestage, Garrett; Guy, Rebecca; Stoové, Mark A; Bavinton, Benjamin R; Asselin, Jason; Hammoud, Mohamed A; Broady, Tim; Duck, Tim; Holt, Martin	Sustained, Low Prevalence of Undiagnosed HIV Among Gay and Bisexual Men in Sydney, Australia Coincident With Increased Testing and Pre-exposure Prophylaxis Use: Results From Repeated, Bio-Behavioral Studies 2014-2018.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002451	https://dx.doi.org/10.1097/QAI.0000000000002451	BACKGROUND: Gay and bisexual men with undiagnosed HIV contribute disproportionately to HIV transmission in Australia. METHODS: In 2014 and 2018, we recruited men at gay venues and events in Sydney. Participants self-completed surveys and provided oral fluid samples for HIV testing. We calculated the prevalence of HIV and undiagnosed infection, and assessed changes in behavior, HIV testing, and the use of pre-exposure prophylaxis. We weighted the samples to adjust for differences in where participants were recruited between rounds. Two-sample tests of proportion were used to compare prevalence estimates and χ tests to assess differences between the samples. RESULTS: In 2014, 944 men were recruited, and 890 men were recruited in 2018. In 2014, the weighted estimate of HIV prevalence was 6.1% 95% confidence intervals (CI): 4.6 to 7.6, of which 13.8% (95% CI: 5.0 to 22.7) was undiagnosed. In 2018, weighted HIV prevalence was 6.4% (95% CI: 4.8 to 8.0), of which 5.3% (95% CI: 0.5 to 11.1) was undiagnosed. Between 2014 and 2018 among all participants, men reporting at least 10 recent casual partners increased from 22.3% to 27.7% (P = 0.008), condomless anal intercourse with casual partners in the previous 6 months increased from 23.9% to 37.3% (P < 0.001), and sexually transmitted infection diagnoses in the previous year increased from 14.4% to 27.5% (P < 0.001). HIV testing and the use of pre-exposure prophylaxis in the previous 6 months increased from 49.6% to 56.3% (P = 0.004) and 2.0%-21.0% (P < 0.001), respectively. CONCLUSIONS: Repeated, bio-behavioral surveillance suggests the prevalence of undiagnosed HIV remains low in Sydney, despite gay and bisexual men reporting more casual sex partners, condomless sex, and sexually transmitted infections.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Kelly J.A.; Amirkhanian Y.A.; Walsh J.L.; Brown K.D.; Quinn K.G.; Petroll A.E.; Pearson B.M.; Rosado A.N.; Ertl T.	Social network intervention to increase pre-exposure prophylaxis (PrEP) awareness, interest, and use among African American men who have sex with men	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1739207	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081973528&doi=10.1080%2f09540121.2020.1739207&partnerID=40&md5=60818148652af251a2205687910968dc	In the U.S., HIV incidence is highest among Black men who have sex with men (MSM) but PrEP uptake is low, in part due to lack of normative support for using PrEP. This research pilot tested a social network-level intervention designed to increase PrEP use willingness, interest, and peer supports among Black MSM in Milwaukee. Five community social networks (n = 40 participants) of racial minority MSM were assessed at baseline with measures of PrEP knowledge, interest, attitudes, and action taking. Persons most interconnected with others in each network attended an intervention that provided training to increase knowledge about PrEPbenefits, address PrEP concerns, endorse PrEP use as a symbol of pride and health, and deliver these messages to others in their social networks. All network members were re-administered the same measures at 3-month followup. Significant increases over time were found in network members' PrEP knowledge, attitudes, norm perceptions, self-efficacy, and willingness to use PrEP. Participants more often talked with friends about HIV and with their health care providers about PrEP. The percentage of participants who reported using PrEP increased from 3% to 11%. Larger-scale evaluations of this intervention model are needed. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	Black men who have sex with men (MSM); intervention; Pre-exposure prophylaxis (PrEP); social network	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Kelvin E.A.; Patel V.V.; Mirzayi C.; Anastos K.; Grov C.	Lifetime Prevalence and Correlates of Female Condom Use for Anal Sex in a Geographically Diverse Sample of Men Who Have Sex with Men (MSM) in the United States	International Journal of Sexual Health	-	-	-	19317611	10.1080/19317611.2020.1813860	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092080595&doi=10.1080%2f19317611.2020.1813860&partnerID=40&md5=86c1d25d27200eaab31587d5c5b0df7a	Objectives: To examine the use of the female condom (FC) for anal sex among men who have sex with men (MSM) in the United States. Methods: An online survey among 3,837 MSM. Results: 5.2% had used the FC for anal sex. Use was higher among those who had used the FC for vaginal sex (OR = 14.39, p <.001), those with multiple partners, (OR = 2.68, p =.004), and those who were HIV-positive (OR = 2.07, p <.001) or on PrEP (OR = 2.66, p <.001). Conclusions: FC use for anal sex was associated with the risk of HIV infection/transmission and may be a risk reduction strategy used by MSM in the United States. © 2020 Taylor & Francis Group, LLC.	anal sex; Female condom; men who have sex with men (MSM); United States of America (US)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kenison, Tiffany Cho; Badenhop, Brittan; Safo, Stella	Unlocking HIV Pre-Exposure Prophylaxis Delivery: Examining the Role of HIV Providers in Pre-Exposure Prophylaxis Care.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2019.0288	https://dx.doi.org/10.1089/apc.2019.0288	Despite being a promising prevention strategy for populations at risk for HIV acquisition, there has not been rapid uptake of HIV antiretroviral pre-exposure prophylaxis (PrEP). Yet, HIV clinics within the Mount Sinai Health System in New York City have successfully incorporated PrEP. HIV care providers (n = 18), who practice in these clinics and were early PrEP adopters, participated in a survey and semistructured interview. Qualitative thematic analysis revealed that barriers and facilitators to PrEP uptake were identified on multiple levels from broader systemic to provider-and-patient-level concerns. The following themes were identified: (1) to reach a greater proportion of patients at risk for HIV and address racial/ethnic and gender disparities, PrEP should be available in a variety of settings and provided by different types of providers within proximity to affected populations; (2) financial support is needed beyond addressing medication cost; and (3) multidisciplinary teams and population-specific clinic protocols can assist providers in conducting high-quality visits and addressing these barriers to PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Kenyon, Chris; Baetselier, Irith De; Wouters, Kristien	Screening for STIs in PrEP cohorts results in high levels of antimicrobial consumption.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462420957519	https://dx.doi.org/10.1177/0956462420957519	Antimicrobial consumption (AMC) drives antimicrobial resistance (AMR) at both individual and population levels. Populations with high AMC tend to have a high prevalence of AMR for a range of antimicrobialbacterial species (bug/drug) combinations. Emerging evidence suggests that there are AMC thresholds for AMR. For example, one study found that all populations with macrolide consumption above 2 defined daily doses per 1000 persons daily (DID) had a high prevalence of macrolide resistance in Treponema pallidum, whereas those consuming less than this threshold had little or no resistance. These considerations mean it is crucial to monitor population-level AMC in sub-populations at high risk of AMR, such as men who have sex with men (MSM) in preexposure prophylaxis (PrEP) cohorts. Previous analyses have estimated what AMC might be in these cohorts based on reported percentage testing positive for bacterial STIs and assuming that all testing positive received treatment. In this paper we aimed to assess the AMC in a PrEP cohort for macrolides, third generation cephalosporins, fluoroquinolones and tetracyclines in DID following standard WHO methodology.	Gonorrhea (Neisseria gonorrhoeae), chlamydia (Chlamydia trachomatis), Europe, antibiotic, screening	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2020	Kenyon, Chris; Laumen, Jolein; Van Dijck, Christophe	Could Intensive Screening for Gonorrhea/Chlamydia in Preexposure Prophylaxis Cohorts Select for Resistance? Historical Lessons From a Mass Treatment Campaign in Greenland.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001092	https://dx.doi.org/10.1097/OLQ.0000000000001092	INTRODUCTION: Neisseria gonorrhoeae has developed resistance to all classes of antimicrobials used against it. Current strategies to prevent the emergence of pan-resistance include increased gonorrhea screening in high-prevalence populations such as men who have sex with men taking HIV preexposure prophylaxis. By increasing antimicrobial exposure, others have argued that intensive screening may inadvertently promote the emergence of antimicrobial resistance. AIM/METHODOLOGY: To contribute to this discussion, we conducted a historical review of the effect of a mass gonorrhea treatment campaign in Greenland from 1965 to 1968 on the incidence of gonorrhea and antimicrobial resistance. We conducted a literature review using PubMed and Google Scholar to find relevant studies. Data on the incidence of gonorrhea, antimicrobial susceptibility, and antimicrobials dispensed were extracted and analyzed. RESULTS: Eight articles were found with relevant information. The cornerstone of the campaign involved the repeated treatment for all persons with a diagnosis of gonorrhea in the past 6 months as well as all remaining unmarried persons between 15 and 30 years of age. There was a small and temporary decline in the incidence of gonorrhea during the campaign. The campaign was, however, associated with an increase in the proportion of gonococci that were not susceptible to penicillin. Gonococcal incidence continued to climb after the campaign ended but did decline dramatically after reductions in risk behavior after the global AIDS epidemic. DISCUSSIONS: The mass gonorrhea treatment campaign in Greenland was associated with only a temporary decline in the incidence of gonorrhea. It was, however, followed by an increase in penicillin nonsusceptibility. Intense gonorrhea screening and treatment strategies should be aware of the risk of inducing antimicrobial resistance.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2020	Khalili J.; Landovitz R.J.	HIV Preexposure Prophylaxis - The Role of Primary Care Clinicians in Ending the HIV Epidemic	JAMA Internal Medicine	-	-	-	21686106	10.1001/jamainternmed.2019.5456	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074978645&doi=10.1001%2fjamainternmed.2019.5456&partnerID=40&md5=eb99a77a8289b230aed00d09d665dbf1	A global human immunodeficiency virus (HIV) epidemic persists despite data to support multiple effective and safe tools that prevent HIV transmission and acquisition. Human immunodeficiency virus preexposure prophylaxis (PrEP) for HIV-uninfected at-risk populations using tenofovir disoproxil fumarate emtricitabine is highly effective, safe, and recently endorsed by the US Preventive Services Task Force (USPSTF) as a grade A recommendation. In this Special Communication, we summarize current guidelines and expert recommendations in a call for wider adoption of PrEP prescribing activities by frontline primary care clinicians. Key components include the ideal contexts in which PrEP may be prescribed, eligibility criteria, clinical considerations and pitfalls, laboratory monitoring, prescription practices, situations that may warrant expert consultation, and future directions. Given the broad scope, access, and point-of-entry status of primary clinicians in health systems, generalists will need to be at the center of any successful effort to leverage the power of, and destigmatize PrEP to end the HIV epidemic. © 2019 American Medical Association. All rights reserved.	Anti-HIV AgentsEpidemicsGlobal HealthHIVHIV InfectionsHumansMedication AdherencePhysicians, Primary CarePre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Khosropour C.M.; Backus K.V.; Means A.R.; Beauchamps L.; Johnson K.; Golden M.R.; Mena L.	A Pharmacist-Led, Same-Day, HIV Pre-Exposure Prophylaxis Initiation Program to Increase PrEP Uptake and Decrease Time to PrEP Initiation	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2019.0235	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078059683&doi=10.1089%2fapc.2019.0235&partnerID=40&md5=12f5207f00bd7ab5c77f360ad1cf2e43	Mississippi has one of the highest rates of HIV in the United States, but has low pre-exposure prophylaxis (PrEP) uptake, particularly among black men who have sex with men (MSM) and women. From November 2018 to May 2019, patients at high risk of HIV who tested negative for HIV at a nonclinical testing center in Jackson, Mississippi, were referred to an on-site clinical pharmacist for same-day PrEP initiation. The pharmacist evaluated patients for medical contraindications to PrEP, but no baseline labs were obtained. The pharmacist provided a PrEP prescription and scheduled a clinical appointment for patients within 6 weeks, at which time they were evaluated by a clinician and completed baseline labs. The pharmacist evaluated 69 patients for PrEP; 57% were MSM, 77% were black, and 65% were uninsured. All patients received a PrEP prescription; 85% received the prescription the same day and 97% received it within 5 days. Fifty-three (77%) of 69 clients filled the prescription; 87% of whom filled it within 1 week. Only 23 (43%) of 53 clients who filled their prescription attended their initial clinical appointment within 6 weeks of obtaining PrEP. There were no differences in PrEP initiation or retention by patient sex/gender. This pilot program suggests that an on-site pharmacist working in a nonclinical testing center in the southern United States can successfully initiate PrEP among predominately low-income black MSM. Future efforts should seek to better integrate laboratory testing into this demedicalized model of PrEP and to improve retention in care. © Copyright 2020, Mary Ann Liebert, Inc., publishers 2020.	HIV; pharmacist; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Kidman R.; Nachman S.; Kohler H.-P.	Interest in HIV pre-exposure prophylaxis (PrEP) among adolescents and their caregivers in Malawi	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1742861	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081717231&doi=10.1080%2f09540121.2020.1742861&partnerID=40&md5=217d0d12e2f72e31fb0c76c7cb622905	Over a third of new HIV infections occur in adolescents aged 10–19 globally. Pre-exposure prophylaxis (PrEP) could be a powerful tool for prevention. Understanding more about the drivers of PrEP interest could inform implementation strategies among this age group. Moreover, family dynamics may play a uniquely critical role for this younger age group, thus it is important to gauge whether caregivers would support their children's use of PrEP. We surveyed 2,089 adolescents (aged 10–16) and their caregivers in Malawi during 2017–2018. Data were collected on PrEP interest, factors that may facilitate PrEP use, and preferences for PrEP modality. We used multivariate logistic regression to estimate the association between the above characteristics and PrEP interest. We find that young adolescents are engaging in behaviors that would put them at substantial risk of acquiring HIV, would likely benefit from PrEP, are largely (82%) interested in using such, would prefer to get an injection over taking a daily pill, and are considerably discouraged by the prospect of side effects. Endorsement by caregivers was even greater (87%). Our findings demonstrate initial support for adolescent PrEP, and suggest parents may be a surprising advocate. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	adolescent; HIV; Malawi; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kimball D.; Rivera D.; Gonzales M., IV; Blashill A.J.	Medical Mistrust and the PrEP Cascade Among Latino Sexual Minority Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02916-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095980916&doi=10.1007%2fs10461-020-02916-z&partnerID=40&md5=5679bd06594c7d61448b2aea2ca42a59	Latino sexual minority men (SMM) have high HIV incidence rates but report low pre-exposure prophylaxis (PrEP) use. Medical mistrust predicts lower medical care use and could contribute to decreased PrEP engagement. This study examines how medical mistrust relates to the PrEP cascade among 151 Latino SMM aged 18–29. Logistic regressions were employed with medical mistrust predicting PrEP awareness, willingness, current use, and adherence. Greater medical mistrust was associated with decreased odds of all outcomes and may represent a barrier to PrEP engagement for Latino SMM. Further research should explore whether reducing medical mistrust among Latino SMM could increase PrEP engagement. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Latino; PrEP; Sexual minority	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kimmel A.L.; Messersmith L.J.; Bazzi A.R.; Sullivan M.M.; Boudreau J.; Drainoni M.-L.	Implementation of HIV pre-exposure prophylaxis for women of color: Perspectives from healthcare providers and staff from three clinical settings	Journal of HIV/AIDS & Social Services	-	-	-	15381501	10.1080/15381501.2021.1887038	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101289522&doi=10.1080%2f15381501.2021.1887038&partnerID=40&md5=1ca930744a231433f310fdc01c496ebc	Women of color (WOC) account for 83% of new HIV infections among women in the United States. While pre-exposure prophylaxis (PrEP) is a safe, effective HIV prevention method for women, WOC are less likely to be prescribed PrEP than other populations. Guided by an implementation science research framework, we investigated the implementation of a PrEP initiative for WOC in a US city with high HIV incidence. Across three clinical sites, only three WOC were prescribed PrEP after one year. Analysis of qualitative interviews with clinic staff and providers identified time constraints, reluctance to prescribe PrEP, and discomfort with counseling as implementation barriers. Implementation facilitators included staff and leadership support for PrEP, alignment of PrEP services with organizational missions, and having a centralized PrEP Coordinator. By addressing these identified implementation barriers and facilitators, clinic staff and providers can ensure that WOC are provided with the full range of HIV prevention options. © 2021 Taylor & Francis Group, LLC.	HIV prevention; i-PARIHS; implementation science; pre-exposure prophylaxis; women's health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2020	King, Tonya Rochelle	Increasing Primary Care Provider Knowledge and Comfort in Prescribing Pre-Exposure Prophylaxis	-	-	University of Arizona	-	NA	NA	http://hdl.handle.net/10150/648621	Purpose. This quality improvement project focused on educating primary care providers (PCPs) about pre-exposure prophylaxis (PrEP) through an educational intervention to increase their knowledge and comfortability in prescribing PrEP. Background. Human immunodeficiency virus (HIV) is a virus that attacks CD4 cells within the body's immune system that can lead to acquired immunodeficiency syndrome if not controlled with antiretroviral therapy. Although there is no cure for HIV, a preventative medication known as PrEP is available to individuals at high-risk of HIV acquisition, implementation by PCPs has been under-utilized. Synthesis of the literature demonstrate three main trends: low prescribing rates of PrEP to high-risk populations, a gap in provider knowledge regarding PrEP, and an uncertainty in PCPs comfortability in prescribing PrEP. Methods. The project used a descriptive design using a one group, pretest-posttest to analyze PCP knowledge and comfortability in prescribing PrEP, before and after the application of an educational training intervention. Participants were actively practicing PCPs within United Community Health Center, a federally qualified health center (FQHC) in southern Arizona. The final sample size was 12 participants. Data was collected from multiple surveys: demographic survey, and pre-test/post-test questionnaires. The educational intervention was delivered to PCPs through the Zoom platform at the all provider meeting on May 20, 2020. Results. Key findings include an overall knowledge increase in PCPs regarding PrEP and there was an increase of comfortability in prescribing PrEP to high-risk individuals after the educational presentation. Although this is positive change in comfortability, there were still a quarter of providers who felt extremely uncomfortable prescribing PrEP. Prior to the intervention, main barriers to prescribing PrEP were limited knowledge of PrEP, lack of comfortability in prescribing PrEP, and lack of provider training and education regarding PrEP. Conclusions. This project indicates that an educational intervention regarding PrEP could improve PCPs knowledge and comfortability in prescribing PrEP. It has been proven that PrEP is an effective way to reduce HIV acquisition in vulnerable populations, which further illustrates the need for additional education and trainings on PrEP and HIV reduction strategies. Further studies should focus on the contributing factors to the lack of comfortability in PCPs and prescribing PrEP.	Prettyman, Allen (advisor); Simon, Robin J. P. (advisor); Kiser, Lisa H. (committee member)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Kinuthia, John; Pintye, Jillian; Abuna, Felix; Mugwanya, Kenneth K; Lagat, Harison; Onyango, Dickens; Begnel, Emily; Dettinger, Julia; Baeten, Jared M; John-Stewart, Grace	Pre-exposure prophylaxis uptake and early continuation among pregnant and post-partum women within maternal and child health clinics in Kenya: results from an implementation programme	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(19)30335-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077367869&doi=10.1016%2fS2352-3018%2819%2930335-2&partnerID=40&md5=d6d9b4cb2a1cb1c50cd87c4383c14a98	Background: Pregnant women in settings with high HIV prevalence are at increased risk of HIV acquisition and subsequent vertical transmission. We implemented and evaluated a novel programme to provide pre-exposure prophylaxis (PrEP) in maternal and child health clinics in Kenya. Methods: In collaboration with Kisumu County Department of Health, we integrated PrEP delivery within 16 maternal and child health clinics in Kisumu County (Kenya). Women and girls older than 15 years seeking maternal and child health services who tested HIV negative at that visit or within a month and were willing to receive PrEP counselling were interviewed to assess for HIV behavioural risk factors and offered PrEP. Correlates of PrEP initiation and continuation were assessed using Poisson regression in univariate and multivariate analyses. Potential correlates included in our analyses were age, marital status, marriage type, whether pregnant or post partum, gestational age (if pregnant), and HIV risk factors in the previous 6 months. Reasons for the decision to discontinue after having decided to initiate PrEP were evaluated. Women who initiated PrEP were followed up 1 month, 3 months, and 6 months after initiation. Findings: Between Nov 20, 2017, and June 13, 2018, 9376 pregnant and post-partum women were assessed for behavioural risk factors and willingness to initiate PrEP. Overall, 2030 (21·7%) initiated PrEP, and 2027 had the status of their partner captured (153 79·3% of 193 women with partners living with HIV, 1178 37·2% of 3165 women with partners of unknown HIV status, and 696 11·6% of 5997 women with HIV-negative partners). Predictors of PrEP initiation in the multivariate analysis were: being younger than 24 years (adjusted prevalence ratio 1·14, 95% CI 1·02–1·28); having a partner living with HIV (6·96, 5·46–8·89) or of unknown HIV status (3·08, 2·50–3·81); gestational age of less than 26 weeks (1·22, 1·02–1·47); having been diagnosed or treated for a sexually transmitted infection (1·57, 1·20–2·06); having been forced to have sex (1·82, 1·38–2·42); having experienced intimate partner violence during the previous 6 months (1·65, 1·10–2·48); having shared needles while engaging in injection drug use (2·43, 1·69–3·50); and recurrent use of post-exposure prophylaxis (1·96, 1·36–2·82). Overall, 786 (38·7%) of 2030 women who initiated PrEP continued use after the first month, with 104 (68·0%) of 153 women who had a partner living with HIV continuing use. Having a partner living with HIV was the only predictor of PrEP continuation at 1 month in the multivariable model (1·98, 1·54–2·55). Frequent reasons for discontinuation were side effects and low HIV risk perception. No incident HIV infection was reported among women on PrEP. Interpretation: Many women attending maternal and child health clinics had risk factors for HIV and elected to use PrEP, indicating that routinely accessed maternal and child health clinics can be an effective platform for PrEP delivery for young women. As PrEP awareness rises, PrEP provision in routine clinical settings such as maternal and child health facilities might contribute to decreased HIV incidence among young women. Funding: US Department of State. © 2020 Elsevier Ltd	AdolescentAmbulatory CareAnti-HIV AgentsChild HealthFemaleHIV InfectionsHumansInfectious Disease Transmission, VerticalKenyaMalePostpartum PeriodPre-Exposure ProphylaxisPregnancyPregnant WomenYoung Adult	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2020	Klein H.; Washington T.A.	Why more men who have sex with men are not using PrEP–The role played by lack of interest in learning more about PrEP	Journal of Gay and Lesbian Social Services	-	-	-	10538720	10.1080/10538720.2019.1681339	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074724149&doi=10.1080%2f10538720.2019.1681339&partnerID=40&md5=f6a0950c866bd59d949790e12bb59468	Purpose: This paper examines lack of interest in pre-exposure prophylaxis (PrEP) and lack of willingness to use PrEP information sources among men who have sex with men (MSM). Methods: Demographic subgroups were compared via odds ratios in this purposive sample of 273 MSM. Results: 29% were uninterested in learning more about PrEP. Lack of interest was most common among: already PrEP-aware, Caucasian, HIV-positive, aged 40+, well-educated men. Most sources of information about PrEP were deemed unacceptable. Conclusions: Fueling the lack of PrEP use among MSM are a lack of interest in PrEP and an unwillingness to utilize existing information resources. © 2019, © 2019 Taylor & Francis Group, LLC.	gay men; lack of interest in PrEP; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Klein, Hugh; Washington, Thomas Alex	Older Versus Younger Men Who Have Sex with Men: Awareness of and Potential Barriers to the Use of Pre-Exposure Prophylaxis (PrEP) Medication to Prevent the Transmission of HIV.	Journal of AIDS & HIV Treatment	-	-	-	NA	10.33696/aids.2.006	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7943186	PURPOSE: This paper compares younger (aged 18-39; n=197) and older (ages 50+; n=53) MSM to determine their familiarity with PrEP, willingness to learn more about PrEP, perceptions of stigma relating to PrEP use, and perceptions of barriers to PrEP adoption. METHODS: A purposive sample of diverse MSM completed 15-minute questionnaires. Younger and older MSM were compared using Student's t-tests and odds ratios for bivariate analyses, and multivariate logistic regression and multiple regressions for analyses controlling for key demographic characteristics. RESULTS: Compared to younger MSM, older MSM were more aware of PrEP, more likely to know another PrEP user, less interested in learning more about PrEP, and more averse to using existing resources to learn more about PrEP. Older men perceived less stigma relating to PrEP and fewer obstacles needing to be overcome in order to give serious consideration to PrEP adoption. These differences remained when race, educational attainment, sexual orientation, and HIV serostatus were controlled. CONCLUSIONS: There is a "good news/bad news" situation with respect to older MSM and PrEP. They were more aware of PrEP, less likely to associate stigma with PrEP use or PrEP users, and anticipated fewer barriers to PrEP adoption. They were also less interested than their younger counterparts in learning more about PrEP and expressed less comfort using existing sources of information to learn more about PrEP. Age-appropriate PrEP educational campaigns are advisable in order to reach older MSM and encourage more of them to consider PrEP adoption.	Pre-Exposure Prophylaxis (PrEP), men who have sex with men (MSM), gay men, scale reliability, stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Knox J.; Boyd A.; Matser A.; Heijman T.; Sandfort T.; Davidovich U.	Types of Group Sex and Their Association with Different Sexual Risk Behaviors Among HIV-Negative Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-020-01744-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086044590&doi=10.1007%2fs10508-020-01744-5&partnerID=40&md5=bb955d9ab6092d4bf1dd5bc599be1b34	The current study sought to identify types of group sex acts among HIV-negative men who have sex with men (MSM) and assess their association with different sexual risk behaviors using cross-sectional data of group sex acts reported during 6 waves (2015–2018) of the Amsterdam MSM Cohort Study. Latent class analysis was performed to identify group sex types based on size, familiarity with partners, location, planning, and drug use. Associations between group sex types and sexual behaviors were evaluated using logistic regression with generalized estimating equations, employing the sample mean as a reference. Data at the level of group sex acts were analyzed, while correcting variance estimations for repeated measurements within MSM. A total of 392 MSM engaged in group sex ≥ 1 times, totaling 1033 group sex acts. Four types of group sex emerged: familiar (29%), intimate (27%), impromptu (36%), and party (8%). Familiar group sex (characterized by high proportions of mostly known partners, occurring in private places and involving drug use) had an increased adjusted odds of risky fingering (aOR 1.6, 95%CI 1.3–2.0) and of risky fisting and/or use of sex toys (aOR 2.3, 95%CI 1.6–3.1). Intimate group sex (characterized by high proportions of threesomes, occurring in private places, and not involving drug use) had a decreased adjusted odds of risky fisting and/or use of sex toys (aOR 0.6, 95%CI 0.4–0.9). Impromptu group sex (characterized by high proportions of spontaneity, mostly unknown partners, and taking place in public places) had a decreased adjusted odds of risky fisting and/or use of sex toys (aOR 0.5, 95%CI 0.3–0.7) and of condomless anal intercourse (CAI) (OR 0.6, 95%CI 0.5–0.8). Party group sex (characterized by high proportions of larger groups, mostly unknown partners, and being planned) had an increased adjusted odds of risky fisting and/or use of sex toys (aOR 1.6, 95%CI 1.0–2.7) and of CAI (aOR 1.5, 95%CI 1.1–2.1). The identified types of group sex reflect different dynamics and characteristics, with some types riskier for STIs and others riskier for HIV. HIV and STI prevention efforts could be tailored accordingly. For example, in certain type of public sex environments (e.g., cruising parks), traditional HIV and STI prevention efforts, such as promoting of condom use and PrEP, might be sufficient. However, in other settings (e.g., private parties), where group sex is more likely to be planned and where behaviors such as fisting, sharing of sex toys, and CAI are more likely to take place, which carry different levels of risk for HIV and STI transmission, including that of Hepatitis C, different approaches might be needed, such as broader HIV and STI prevention education efforts or targeting the organizers of group sex events. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Group sex; HIV; Men who have sex with men; Sexual orientation; Sexually transmitted infections	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2020	Koester K.A.; Saberi P.; Fuller S.M.; Arnold E.A.; Steward W.T.	Attitudes about community pharmacy access to HIV prevention medications in California	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2020.06.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087749344&doi=10.1016%2fj.japh.2020.06.005&partnerID=40&md5=ea6af1846e642d5e8cd969c90680a14b	Objective: Increasing access to human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) is a high priority for the Ending the HIV Epidemic Initiative. Expanding access to PrEP and PEP through a variety of health care settings, including community pharmacies, may increase access in communities most in need. California is the first state to allow community pharmacists to furnish PrEP and PEP directly to consumers. Our objective was to assess attitudes among key stakeholders about a California policy to allow community pharmacists to furnish HIV PrEP and PEP. Methods: We conducted a qualitative case study with key pharmacy stakeholders. Semistructured phone interviews were audio-recorded and transcribed verbatim. We generated analytical memos for each interview and working with these analytical memos, we conducted a constant comparison across cases to identify commonalities and differences. Results: We launched the study in October 2018 and interviewed pharmacists (n = 7) working in a variety of settings, including retail-, clinic-, and community-based pharmacies. We also interviewed medical providers (n = 2) working in high-volume PrEP clinics and sought input from representatives of large retail chain pharmacies (n = 2). Overall, pharmacists and medical provider informants shared similar opinions about the central benefits as well as the key challenges related to pharmacist-delivered PrEP and PEP services. Benefits included: community pharmacists are widely accessible, PrEP and PEP protocols are similar to other preventative medications, policy may lead to efficiencies in the health care workforce, and community pharmacists are authorities on medication adherence. Challenges included: implementation issues may limit pharmacist involvement, and missed opportunities to diagnose and treat other health conditions. Conclusion: This study characterizes the types of benefits and challenges that can be expected when PrEP and PEP prescribing privileges are extended to community pharmacists. This information may be useful to policymakers and other stakeholders considering legislation to permit direct prescription of PrEP and PEP by pharmacists. © 2020 American Pharmacists Association®	CaliforniaCommunity Pharmacy ServicesHealth Knowledge, Attitudes, PracticeHIV InfectionsHumansPharmaciesPharmacistsPre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Koester, Kimberly A; Hughes, Shana D; Grant, Robert M	"A Good Habit": Telehealth PrEP Users Find Benefit in Quarterly Monitoring Requirements	Journal of the International Association of Physicians in AIDS Care	-	-	-	23259574	10.1177/2325958220919269	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083812264&doi=10.1177%2f2325958220919269&partnerID=40&md5=a2b2a36ac768bb81d1e6edca50eb3a39	In the United States, uptake of daily oral pre-exposure prophylaxis (PrEP) to prevent HIV continues to grow albeit at a slower than desired pace. Innovations in PrEP delivery systems may partially address structural challenges related to PrEP uptake and PrEP persistence, such as difficulty in attending clinic visits or completing laboratory testing. To study PrEP services offered by a telehealth company called Nurx, we conducted 31 in-depth interviews with prospective or current patients. We hypothesized that patients would find the quarterly laboratory monitoring requirements to be onerous especially in light of receiving all other aspects of PrEP care through a telehealth delivery system. However, interviewees characterized navigating laboratory systems as relatively easy and complying with the quarterly monitoring as a supplementary benefit of PrEP use. Our research illustrates that quarterly monitoring requirements are meaningful to some telehealth PrEP users and may facilitate persistent engagement in receipt of PrEP care. © The Author(s) 2020.	implementation science; laboratory monitoring; PrEP; qualitative methods; telehealth PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2020	KOLLING, ANA FRANCISCA	Prevenção combinada e trabalho sexual combinam? Fatores associados ao acesso e a utilização de métodos de prevenção	-	-	Universidade de Brasília	-	-	NA	NA	a presente tese analisa os fatores associados ao acesso e a utilização de métodos de prevenção do HIV entre mulheres trabalhadoras do sexo (MTS) de 12 cidades Brasileiras, a partir do referencial teórico proposto para análise e das recomendações e diretrizes nacionais e internacionais de prevenção da infecção pelo HIV. Objetivos: Identificar e descrever características de acesso e utilização dos insumos de prevenção combinada do HIV entre MTS; avaliar o nível de conhecimento sobre PEP e PrEP, a frequência de utilização do preservativo feminino, a frequência de realização de teste rápido para HIV, Sífilis e Hepatites virais e analisar fatores associados. Métodos: Estudo epidemiológico transversal, utilizando o método Respondent Driven Sampling (RDS). Realizamos análise descritiva para conhecer as principais características relacionadas ao acesso e utilização de insumos de prevenção combinada do HIV e registrar características de utilização dos serviços de saúde. Para investigação dos fatores associados aos desfechos de interesse foram realizadas análises bivariadas e aplicados testes de hipóteses correspondentes (Qui-quadrado e quando necessário teste de Fisher), calculados os respectivos intervalos de confiança de 95%, as razões de prevalência e os respectivos valores p. Posteriormente foi utilizado o modelo de regressão de Poisson, usando como medida de associação o Odds Ratio. Resultados: MTS sem vínculo com ONGs, que não receberam material informativo sobre prevenção e/ou participaram de palestras nos últimos seis meses e que não se identificam como MTS nos serviços de saúde têm menos conhecimento sobre PEP e PrEP e utilizam com menor frequência o preservativo feminino. MTS que trabalham em locais fechados, que não tiveram acesso a informações sobre prevenção de HIV e infecções sexualmente transmissíveis (IST) e que não se identificam como trabalhadoras do sexo nos serviços de saúde têm 24%, 41% e 23% menos de chance de realizarem teste rápido (TR) para HIV, respectivamente. MTS com maior escolaridade (RP: 1,61; IC95%: 1,37-1,92), que exercem trabalho sexual há mais de cinco anos (RP: 1,34; IC95%: 1,12-1,60) e que fazem mais de 90 programas/mês (RP: 1,48; IC95%: 1,26-1,74) têm mais chance de serem testadas para sífilis. Mulheres autodeclaradas como não brancas têm menos chances de serem testadas para hepatite B. Não ter acesso a orientações sobre prevenção de IST e não estar vinculada ao serviço de saúde foram associados à não realização de TR para hepatite B. Conclusão: Concluímos que o acesso e a utilização de métodos de prevenção do HIV, ainda não são suficientes entre as MTS. É necessário incrementar o conhecimento e o uso, fomentar parcerias com ONGs no sentido de propor novos modelos de cuidado, incorporando novas estratégias para efetivar a prevenção combinada, que considerem as especificidades dessa população. Tais estratégias devem reconhecer as vulnerabilidades individuais, sociais e programáticas que impactam diretamente sobre o acesso e a utilização de métodos de prevenção do HIV e outras IST.	HIV, Prevenção, Trabalho Sexual	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2020	Kolstee J.; Holt M.; Jin J.; Hammoud M.A.; Degenhardt L.; Maher L.; Lea T.; Prestage G.	Characteristics of gay and bisexual men who rarely use HIV risk reduction strategies during condomless anal intercourse: Results from the FLUX national online cohort study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0233922	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085678165&doi=10.1371%2fjournal.pone.0233922&partnerID=40&md5=099217ec347d3087c152ed8d945be0b4	Purpose To understand the characteristics of a minority of Australian gay and bisexual men (GBM) who, despite an increase in the number and availability of HIV risk reduction strategies, do not consistently use a strategy to protect themselves from HIV. Methods This analysis is based on data from 2,920 participants in a national, online, prospective observational cohort study. GBM who never or rarely used HIV risk reduction strategies (NRR) were compared with two groups using multivariate logistic regression: i) GBM using pre-exposure prophylaxis (PrEP) and ii) GBM frequently using risk reduction strategies (FRR) other than PrEP. Results Compared to PrEP users, NRR men were younger (p<0.0001), less socially engaged with gay men (p<0.0001) and less likely to have completed a postgraduate (p<0.05) or undergraduate degree (p<0.05). They were also less likely to have recently used amyl nitrite (p<0.05), erectile dysfunction medication (p<0.05) and cocaine (p<0.05) in the previous 6 months. Compared with FRR men, NRR men were less likely to have completed a postgraduate (p<0.0001) or undergraduate degree (p<0.05), scored higher on the sexual sensation-seeking scale (p<0.0001) and were more likely to identify as versatile (p<0.05), a bottom (p<0.05) or very much a bottom (p<0.05) during anal sex. Conclusions NRR men were largely similar to other Australian GBM. However, our analysis suggests it may be appropriate to focus HIV prevention interventions on younger, less socially engaged and less educated GBM, as well as men who prefer receptive anal intercourse to promote the use of effective HIV risk reduction strategies. © 2020 Kolstee et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultAge FactorsAustraliaCondomsEducational StatusHIV InfectionsHumansInternetMaleMiddle AgedPre-Exposure ProphylaxisProspective StudiesRisk Reduction BehaviorSafe SexSexual and Gender MinoritiesYoung Adult	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Koss C.A.; Charlebois E.D.; Ayieko J.; Kwarisiima D.; Kabami J.; Balzer L.B.; Atukunda M.; Mwangwa F.; Peng J.; Mwinike Y.; Owaraganise A.; Chamie G.; Jain V.; Sang N.; Olilo W.; Brown L.B.; Marquez C.; Zhang K.; Ruel T.D.; Camlin C.S.; Rooney J.F.; Black D.; Clark T.D.; Gandhi M.; Cohen C.R.; Bukusi E.A.; Petersen M.L.; Kamya M.R.; Havlir D.V.	Uptake, engagement, and adherence to pre-exposure prophylaxis offered after population HIV testing in rural Kenya and Uganda: 72-week interim analysis of observational data from the SEARCH study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(19)30433-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082499260&doi=10.1016%2fS2352-3018%2819%2930433-3&partnerID=40&md5=0e808c9ca21bbedf226b1f9b46106498	Background: Optimal strategies for pre-exposure prophylaxis (PrEP) engagement in generalised HIV epidemics are unknown. We aimed to assess PrEP uptake and engagement after population-level HIV testing and universal PrEP access to characterise gaps in the PrEP cascade in rural Kenya and Uganda. Methods: We did a 72-week interim analysis of observational data from the ongoing SEARCH (Sustainable East Africa Research in Community Health) study. Following community sensitisation and PrEP education, we did HIV testing and offered PrEP at health fairs and facilities in 16 rural communities in western Kenya, eastern Uganda, and western Uganda. We provided enhanced PrEP counselling to individuals 15 years and older who were assessed as having an elevated HIV risk on the basis of serodifferent partnership or empirical risk score, or who otherwise self-identified as being at high risk but were not in serodifferent partnerships or identified by the risk score. PrEP follow-up visits were done at facilities, homes, or community locations. We assessed PrEP uptake within 90 days of HIV testing, programme engagement (follow-up visit attendance at week 4, week 12, and every 12 weeks thereafter), refills, self-reported adherence up to 72 weeks, and concentrations of tenofovir in hair samples from individuals reporting HIV risk and adherence during follow-up, and analysed factors associated with uptake and adherence. This study is registered with ClinicalTrials.gov, NCT01864603. Findings: Between June 6, 2016, and June 23, 2017, 70 379 community residents 15 years or older who had not previously been diagnosed with HIV were tested during population-level HIV testing. Of these individuals, 69 121 tested HIV-negative, 12 935 of whom had elevated HIV risk (1353 10% serodifferent partnership, 6938 54% risk score, 4644 36% otherwise self-identified risk). 3489 (27%) initiated PrEP, 2865 (82%) of whom did so on the same day as HIV testing and 1733 (50%) of whom were men. PrEP uptake was lower among individuals aged 15–24 years (adjusted odds ratio 0·55, 95% CI 0·45–0·68) and mobile individuals (0·61, 0·41–0·91). At week 4, among 3466 individuals who initiated PrEP and did not withdraw or die before the first visit, 2215 (64%) were engaged in the programme, 1701 (49%) received medication refills, and 1388 (40%) self-reported adherence. At week 72, 1832 (56%) of 3274 were engaged, 1070 (33%) received a refill, and 900 (27%) self-reported adherence. Among participants reporting HIV risk at weeks 4–72, refills (89–93%) and self-reported adherence (70–76%) were high. Among sampled participants self-reporting adherence at week 24, the proportion with tenofovir concentrations in the hair reflecting at least four doses taken per week was 66%, and reflecting seven doses per week was 44%. Participants who stopped PrEP accepted HIV testing at 4274 (83%) of 5140 subsequent visits; half of these participants later restarted PrEP. 29 participants of 3489 who initiated PrEP had serious adverse events, including seven deaths. Five adverse events (all grade 3) were assessed as being possibly related to the study drug. Interpretation: During population-level HIV testing, inclusive risk assessment (combining serodifferent partnership, an empirical risk score, and self-identification of HIV risk) was feasible and identified individuals who could benefit from PrEP. The biggest gap in the PrEP cascade was PrEP uptake, particularly for young and mobile individuals. Participants who initiated PrEP and had perceived HIV risk during follow-up reported taking PrEP, but one-third had drug concentrations consistent with poor adherence, highlighting the need for novel approaches and long-acting formulations as PrEP roll-out expands. Funding: National Institutes of Health, President's Emergency Plan for AIDS Relief, Bill & Melinda Gates Foundation, and Gilead Sciences © 2020 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	AdolescentAdultAnti-HIV AgentsEmtricitabineFemaleHIVHIV InfectionsHumansKenyaMaleMass ScreeningMedication AdherenceMiddle AgedPre-Exposure ProphylaxisRural PopulationSex WorkersTenofovirUgandaYoung Adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Kovac, Lidija; Casar, Zdenko	A literature review of the patent application publications on cabotegravir - an HIV integrase strand transfer inhibitor.	Expert Opinion on Therapeutic Patents	-	-	-	1744-7674	10.1080/13543776.2020.1717470	https://dx.doi.org/10.1080/13543776.2020.1717470	Introduction: Studies presented in the patent applications demonstrate that a new integrase strand transfer inhibitor cabotegravir might be used as long-acting antiretroviral formulation or delivery system that reduces dosing frequency and may therefore increase adherence and thus pre-exposure prophylaxis (PrEP) and treatment efficacy against HIV. As announced in 2019, the developer ViiV Healthcare seeks US and EU approval of long-acting, injectable HIV treatment.Area covered: This review covers all the patent applications published until October 2019 with cabotegravir in the examples or claim section of the patent application document. The patent applications cover drug substance synthesis, solid-state forms, therapeutic applications, in vitro and in vivo efficacy as well as the potential formulations of cabotegravir alone or in combination with other anti-HIV agents.Expert opinion: The results from multiple clinical studies suggest that cabotegravir can be used as PrEP agent and treatment agent against HIV. Multiple studies use cabotegravir in combination with other anti-HIV agents such as rilpivirine. Cabotegravir in combination with rilpivirine is an interesting therapeutic, due to the possibility of formulating long-acting formulation with dosing interval of every 4 weeks or less, thus reducing daily pill burden and improving patient's compliance.	Integrase strand transfer inhibitorhiv therapyhiv prophylaxiscabotegravir	English	United Kingdom	Western and Central Europe and North America	Slovenia	Western and Central Europe and North America	Slovenia	Western and Central Europe and North America	Review

Article	2020	Krebs, Emanuel; Zang, Xiao; Enns, Benjamin; Min, Jeong E; Behrends, Czarina N; Del Rio, Carlos; Dombrowski, Julia C; Feaster, Daniel J; Gebo, Kelly A; Marshall, Brandon DL; Mehta, Shruti H; Metsch, Lisa R; Pandya, Ankur; Schackman, Bruce R; Strathdee, Steffanie A; Nosyk, Bohdan; Behrends, Czarina N; Del Rio, Carlos; Dombrowski, Julia C; Feaster, Daniel J; Gebo, Kelly A; Marshall, Brandon DL; Mehta, Shruti H; Metsch, Lisa R; Nosyk, Bohdan; Pandya, Ankur; Schackman, Bruce R; Strathdee, Steffanie A; Golden, Matthew; Kirk, Gregory; Montaner, Julio; Shoptaw, Steven; Behrends, Czarina N; Del Rio, Carlos; Dombrowski, Julia C; Feaster, Daniel J; Gebo, Kelly A; Marshall, Brandon DL; Mehta, Shruti H; Metsch, Lisa R; Nosyk, Bohdan; Pandya, Ankur; Schackman, Bruce R; Strathdee, Steffanie A; Golden, Matthew; Kirk, Gregory; Montaner, Julio	Ending the HIV Epidemic Among Persons Who Inject Drugs: A Cost-Effectiveness Analysis in Six US Cities.	Journal of Infectious Diseases	-	-	0022-1899	https://doi.org/10.1093/infdis/jiaa130	https://escholarship.org/uc/item/30d5r0bj	BackgroundPersons who inject drugs (PWID) are at a disproportionately high risk of HIV infection. We aimed to determine the highest-valued combination implementation strategies to reduce the burden of HIV among PWID in 6 US cities.MethodsUsing a dynamic HIV transmission model calibrated for Atlanta, Baltimore, Los Angeles, Miami, New York City, and Seattle, we assessed the value of implementing combinations of evidence-based interventions at optimistic (drawn from best available evidence) or ideal (90% coverage) scale-up. We estimated reduction in HIV incidence among PWID, quality-adjusted life-years (QALYs), and incremental cost-effectiveness ratios (ICERs) for each city (10-year implementation; 20-year horizon; 2018 $ US).ResultsCombinations that maximized health benefits contained between 6 (Atlanta and Seattle) and 12 (Miami) interventions with ICER values ranging from $94 069/QALY in Los Angeles to $146 256/QALY in Miami. These strategies reduced HIV incidence by 8.1% (credible interval CI, 2.8%-13.2%) in Seattle and 54.4% (CI, 37.6%-73.9%) in Miami. Incidence reduction reached 16.1%-75.5% at ideal scale.ConclusionsEvidence-based interventions targeted to PWID can deliver considerable value; however, ending the HIV epidemic among PWID will require innovative implementation strategies and supporting programs to reduce social and structural barriers to care.	Medical Microbiology; Biomedical and Clinical Sciences; Public Health; Health Sciences; Clinical Research; Infectious Diseases; Prevention; Cost Effectiveness Research; HIV/AIDS; Substance Misuse; Drug Abuse (NIDA only); Behavioral and Social Science; Comparative Effectiveness Research; Infection; Good Health and Well Being; Adolescent; Adult; Cities; Cost of Illness; Cost-Benefit Analysis; Drug Users; Epidemics; Female; HIV Infections; HIV Testing; Health Care Costs; Health Plan Implementation; Humans; Incidence; Male; Middle Aged; Models; Economic; Opiate Substitution Treatment; Pre-Exposure Prophylaxis; Prevalence; Preventive Medicine; Quality-Adjusted Life Years; Substance Abuse; Intravenous; United States; Young Adult; HIV; localized HIV microepidemics; interventions; cost-effectiveness; injection drug use; dynamic HIV transmission model; Localized HIV Modeling Study Group; dynamic HIV transmission mode; Biological Sciences; Medical and Health Sciences; Microbiology; Biological sciences; Biomedical and clinical sciences; Health sciences	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Krueger E.A.; Holloway I.W.; Lightfoot M.; Lin A.; Hammack P.L.; Meyer I.H.	Psychological Distress, Felt Stigma, and HIV Prevention in a National Probability Sample of Sexual Minority Men	LGBT Health	-	-	23258292	10.1089/lgbt.2019.0280	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086253754&doi=10.1089%2flgbt.2019.0280&partnerID=40&md5=2cd8bfaeac1407c4b882207442899601	We assessed how psychological distress and felt stigma (perceived sexual minority stigma in one's community) are associated with key HIV prevention outcomes in a U.S. national probability sample of sexually active, HIV-negative sexual minority men. Methods: Using data from the Generations study (2017-2018, N = 285), the present study assessed the effects of psychological distress and felt stigma and their interaction on three HIV prevention outcomes: testing for HIV as per Centers for Disease Control and Prevention guidelines (once or more in the past year), use of latex barriers (e.g., condoms), and familiarity with pre-exposure prophylaxis (PrEP). Results: In main effects models, neither psychological distress nor felt stigma was associated with any of the screening and prevention outcomes. However, the interaction between psychological distress and felt stigma was associated with each outcome. Specifically, at higher levels of felt stigma, greater psychological distress was associated with lower odds of HIV testing (exponentiated coefficient = 0.93, confidence interval 95% CI 0.87-1.00), use of latex barriers (exponentiated coefficient = 0.92, 95% CI 0.86-0.99), and familiarity with PrEP (exponentiated coefficient = 0.90, 95% CI 0.82-0.98). Conclusion: These findings highlight the importance of felt stigma in shaping the association between psychological distress and engagement in HIV screening and prevention and offer important considerations for future HIV prevention research and interventions. © Copyright 2020, Mary Ann Liebert, Inc., publishers 2020.	felt stigma; HIV prevention; MSM; psychological distress	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kulie P.; Castel A.D.; Zheng Z.; Powell N.N.; Srivastava A.; Chandar S.; McCarthy M.L.	Targeted Screening for HIV Pre-Exposure Prophylaxis Eligibility in Two Emergency Departments in Washington, DC	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2020.0228	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097791012&doi=10.1089%2fapc.2020.0228&partnerID=40&md5=5468bc935c3e65724176815759ed26ea	Pre-exposure prophylaxis (PrEP) is an effective method to prevent HIV acquisition in high-risk individuals. This cross-sectional survey study estimated the proportion of patients who were PrEP eligible among a targeted sample of emergency department (ED) patients with chief complaints indicative of HIV risk. Research assistants screened a convenience sample of adult patients who presented to two hospital EDs in Washington, DC, during a 6-month period with genitourinary, substance use, or intentional injury-related complaints. Patients with these complaints who reported being sexually active within the past 6 months and HIV negative completed a computer-assisted survey that included questions on sexual practices and partners, substance use, and attitudes and knowledge about PrEP. We used the Centers for Disease Control and Prevention (CDC) clinical guidelines to determine whether PrEP use was indicated. We report differences in PrEP eligibility by demographic characteristics, knowledge, and attitudes. Of the 410 participants, the majority were black (85%), and heterosexual females (72%). PrEP use was indicated in 20% (N = 84), most commonly because of condomless sex with a person of unknown HIV status (82%) and/or a sexually transmitted infection (STI) diagnosis (41%). One-third (34%) of participants had heard of PrEP. Overall, 36% of the sample (N = 148) wanted to learn more about PrEP while in the ED. The percentage who wanted to learn more about PrEP was higher among PrEP-eligible patients (52%) compared with PrEP-ineligible patients (32%). Using CDC criteria, targeted screening identified that a substantial proportion of ED patients are PrEP eligible based on their self-reported behaviors. © 2020, Mary Ann Liebert, Inc., publishers.	emergency medicine; HIV; pre-exposure prophylaxis; prevention; screening	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Kuo, Caroline; Giovenco, Danielle; DeAtley, Teresa; Hoare, Jackie; Underhill, Kristen; Atujuna, Millicent; Mathews, Catherine; Stein, Dan J; Brown, Larry K; Operario, Don	Recreational Use of HIV Antiretroviral Medication and Implications for HIV Pre-exposure Prophylaxis and Treatment.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-020-02821-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7725396	Diversion of antiretroviral therapy (ART) for recreational use is concerning for countries with high HIV prevalence. This paper presents reports of recreational use of ART among adolescents from two HIV prevention studies in South Africa: (1) a cross-sectional survey of N = 200 adolescents and (2) a qualitative study of pre-exposure prophylaxis with N = 57 adolescents and N = 25 clinicians. Among adolescents, 3% used and 14% knew someone who used non-prescribed ART for recreational purposes. Administration included smoking (71%), snorting (15%), injecting (15%), ingesting (15%), and inserting (3%). Participants predicted increased crime as recreational use of ART increased. Future studies should investigate prevalence, composition, and diversion of ART from HIV prevention and treatment.	HIV, antiretroviral medication, whoonga, nyaope, medication diversion, South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Kutscha F.; Gaskins M.; Sammons M.; Nast A.; Werner R.N.	HIV Pre-Exposure Prophylaxis (PrEP) Counseling in Germany: Knowledge, Attitudes and Practice in Non-governmental and in Public HIV and STI Testing and Counseling Centers	Frontiers in Public Health	-	-	22962565	10.3389/fpubh.2020.00298	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088792229&doi=10.3389%2ffpubh.2020.00298&partnerID=40&md5=d378830079056d2165e96399ab25b91d	Background: Providers of sexual health services play an important role in counseling persons at risk of acquiring HIV. The aim of the present study was to investigate the knowledge of and attitudes toward HIV pre-exposure prophylaxis (PrEP) among counselors in non-governmental counseling centers ("NG counseling centers") and in counseling centers of the local health authorities ("local health offices") in Germany and to determine the extent to which PrEP plays a role in their current counseling practice. Methods: An anonymous cross-sectional study using an online questionnaire was conducted among counselors from sexual health centers across Germany. All NG counseling centers in Germany offering HIV testing were asked to participate. For each NG counseling center, a local health office in the same city was also invited. A "knowledge score" and an "attitudes score" were calculated from single items on various relevant aspects. The association of these scores with the proportion of PrEP advice provided proactively in sessions with men who have sex with men (MSM) and trans persons who met the German and Austrian guideline criteria for being offered PrEP ('at-risk clients') was quantified. Results: From Oct. to Dec. 2018, 145 counselors completed the survey. Both self-assessed knowledge of PrEP and attitudes toward PrEP were greater or more positive among counselors from NG counseling centers compared with counselors from local health offices Median knowledge score (range 0-20): 18.0 (IQR = 5.0) vs. 14.0 (IQR = 4.0), p < 0.001; median attitudes score (range 0-20): 18.0 (IQR = 4.0) vs. 14.0 (IQR = 6.8), p < 0.001. The proportion of PrEP advice provided proactively in sessions with at-risk clients was larger in counseling centers than in local health offices 50.0% (IQR = 60.0) vs. 30.0% (IQR = 70.0); p = 0.003. The results of the multiple linear regression model indicate that knowledge and attitudes of the individual counselors, but not the type of center in which they worked, were independent predictors of the proportion of proactive advice on PrEP. Conclusions: There is room for improvement in the current PrEP counseling practice of sexual health services in Germany. The findings of the present study suggest opportunities to improve the implementation of PrEP as part of a comprehensive HIV prevention strategy. © Copyright © 2020 Kutscha, Gaskins, Sammons, Nast and Werner.	counseling; health services research; HIV pre-exposure prophylaxis; HIV prevention; PrEP; public health	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2020	Labh R.; Gupta R.	Emerging trends in the long-acting antiretroviral therapy: Current status and therapeutic challenges	Current HIV Research	-	-	1570162X	10.2174/1570162X18666200824104140	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100976385&doi=10.2174%2f1570162X18666200824104140&partnerID=40&md5=09037532188759b0e61b804079fb3cab	Antiretroviral drug therapy has significantly improved the prognosis and life expectancy of people living with HIV over the years. But this progress comes with an important caveat that antiretroviral regimens generally require adherence to life-long, daily dosing, to keep viral multiplication under check. Non-adherence to such dosing leads to decreased efficacy and increased drug resistance against antiretroviral drugs. Besides, poor drug penetration to certain tissues like CNS and lymph nodes leads to the build-up of viral reservoirs in these sites. To combat some of these challenges and improve patient compliance, long-acting antiretroviral drugs, are a new weapon in the arsenal, in the fight against HIV. Few long-acting preparations have been approved, and several others are in various clinical and preclinical stages of development. However, long-acting formulations also have their share of clinical issues like limited drug distribution, long term adverse drug reactions, drug-drug interactions, and gradual development of drug resistance. Modern technological premises are being tested to mitigate some of these problems. One such promising approach involves nanotechnological methods, which are being used to develop ultra-long acting formulations and drug delivery systems, targeting tissues with residual HIV concentration. Long-Acting Slow Effective Release Antiretroviral Therapy aka LASER ART, also builds on nanotechnology and prodrug modifications to design preparations with tailor-made favorable pharmacokinetics and wider drug distribution. These recent advances are fueling the progression of antiretroviral therapy towards eliminating the disease. © 2021 Bentham Science Publishers.	Anti retroviral therapy; HIV/AIDS; Implant; Laser art; Long acting; Nanotechnology	English	Netherlands	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Review
Article	2020	Laborde, Nicole D; Kinley, Patrick M; Spinelli, Matthew; Vittinghoff, Eric; Whitacre, Ryan; Scott, Hyman M; Buchbinder, Susan P	Understanding PrEP Persistence: Provider and Patient Perspectives	AIDS and Behavior	-	-	10907165	10.1007/s10461-020-02807-3	https://www.proquest.com/scholarly-journals/understanding-prep-persistence-provider-patient/docview/2433034038/se-2?accountid=8113	PrEP persistence, or PrEP use over time, has been shown to be short, with most PrEP users stopping within 6–12 months. Furthermore, those most vulnerable to HIV often use PrEP for shorter periods. This qualitative study explores patient, provider, and contextual factors that influence PrEP persistence. In interviews with 25 PrEP users and 18 PrEP providers in San Francisco's safety net clinics, we analyze the perceived benefits and difficulties of taking PrEP, including structural barriers. We identify different steps in receipt of PrEP care (clinic visits and lab tests, pharmacy interactions, and medication adherence), and describe barriers and facilitators for providers and patients at each step. Our findings suggest that drop-in visits, streamlined testing, standing orders for labs, and 90-day PrEP prescriptions are highly desirable for many PrEP users. Also important are the proactive provision of adherence support and counseling, and referrals for housing, substance use, and mental health services.	Counseling; PrEP; Antiretroviral drugs; Psychology; Disease prevention; Vulnerability; HIV Prevention; Prep; Mental health; Patient compliance; Substance abuse; Substance use; Health behavior; Qualitative research; Housing; Patients; Facilitator; Persistence; Pharmacy; Barrier; Human immunodeficiency virus--HIV; United States--US; Mental health services; San Francisco California; Laboratory tests	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Laher F.; Salami T.; Hornschuh S.; Makhale L.M.; Khunwane M.; Andrasik M.P.; Gray G.E.; Van Tieu H.; Dietrich J.J.	Willingness to use HIV prevention methods among vaccine efficacy trial participants in Soweto, South Africa: discretion is important	BMC Public Health	-	-	14712458	10.1186/s12889-020-09785-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095580132&doi=10.1186%2fs12889-020-09785-0&partnerID=40&md5=6f7bd2cdb89e530160c6787ee28e28e7	Background: Despite multiple available HIV prevention methods, the HIV epidemic continues to affect South Africa the most. We sought to understand willingness to use actual and hypothetical HIV prevention methods among participants enrolled in a preventative HIV vaccine efficacy trial in Soweto, South Africa. Methods: We conducted a qualitative study with 38 self-reporting HIV-uninfected and consenting 18–35 year olds participating in the HVTN 702 vaccine efficacy trial in Soweto. Using a semi-structured interview guide, five focus group discussions (FGDs) were held, stratified by age, gender and sexual orientation. The FGDs were composed of: (i) 10 heterosexual women aged 18–24 years; (ii) 9 heterosexual and bisexual women aged 25–35 years; (iii & iv) heterosexual men aged 25–35 years with 7 in both groups; and (v) 5 men aged 18–35 years who have sex with men. FGDs were audio-recorded, transcribed verbatim, translated into English and analysed using thematic analysis. Results: We present five main themes: (i) long-lasting methods are preferable; (ii) condoms are well-known but not preferred for use; (iii) administration route of HIV prevention method is a consideration for the user; (iv) ideal HIV prevention methods should blend into the lifestyle of the user; and the perception that (v) visible prevention methods indicate sexual indiscretion. Conclusions: The participants' candour about barriers to condom and daily oral pre-exposure prophylaxis (PrEP) use, and expressed preferences for long-lasting, discreet, lifestyle-friendly methods reveal a gap in the biomedical prevention market aiming to reduce sexually acquired HIV in South Africa. Product developers should consider long-acting injectable formulations, such as vaccines, passive antibodies and chemoprophylaxis, for HIV prevention technologies. Future innovations in HIV prevention products may need to address the desire for the method to blend easily into lifestyles, such as food-medication formulations. © 2020, The Author(s).	HIV; Injectable; Preferences; Prevention; Vaccine	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2020	Laher, Fatima; Bekker, Linda-Gail; Garrett, Nigel; Lazarus, Erica M; Gray, Glenda E	Review of preventative HIV vaccine clinical trials in South Africa.	Archives of Virology	-	-	1432-8798	10.1007/s00705-020-04777-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7426202	New HIV infections continue relentlessly in southern Africa, demonstrating the need for a vaccine to prevent HIV subtype C. In South Africa, the country with the highest number of new infections annually, HIV vaccine research has been ongoing since 2003 with collaborative public-private-philanthropic partnerships. So far, 21 clinical trials have been conducted in South Africa, investigating seven viral vectors, three DNA plasmids, four envelope proteins, five adjuvants and three monoclonal antibodies. Active vaccine candidates have spanned subtypes A, B, C, E and multi-subtype mosaic sequences. All were well tolerated. Four concepts were investigated for efficacy: rAd5-gag/pol/nef showed increased HIV acquisition in males, subtype C ALVAC/gp120/MF59 showed no preventive efficacy, and the trials for the VRC01 monoclonal antibody and Ad26.Mos4.HIV/subtype C gp140/ aluminum phosphate are ongoing. Future trials are planned with DNA/viral vector plus protein combinations in concert with pre-exposure prophylaxis, and sequential immunization studies with transmitted/founder HIV envelope to induce broadly neutralizing antibodies. Finally, passive immunization trials are underway to build on the experience with VRC01, including single and combination antibody trials with an antibody derived from a subtype-C-infected South African donor. Future consideration should be given to the evaluation of novel strategies, for example, inactivated-whole-virus vaccines.	NA	English	Austria	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2020	Lai J.; Pan P.; Lin Y.; Ye L.; Xie L.; Xie Y.; Liang B.; Zheng F.; Chen R.; Wen L.; Luo Y.; Liang H.; Jiang J.	A Survey on HIV/AIDS-Related Knowledge, Attitudes, Risk Behaviors, and Characteristics of Men Who Have Sex with Men among University Students in Guangxi, China	BioMed Research International	-	-	23146133	10.1155/2020/7857231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087472558&doi=10.1155%2f2020%2f7857231&partnerID=40&md5=343a0909696f7fa20b5b46ebdebb1470	In recent years, the prevalence of human immunodeficiency virus (HIV) infection among Chinese university students has increased significantly, and HIV transmission among men who have sex with men (MSM) comprises more than half of the new cases. There is still a lack of research investigating the incidence of male-to-male sex, the attitudes towards MSM, and the awareness of HIV/AIDS among university students in Guangxi, one of the HIV high-risk areas in China. Therefore, we performed a cross-sectional investigation among 578 male students, recruited by stratified sampling, in universities in Nanning, Guangxi, between January 2016 and March 2017. Researcher-administered anonymous questionnaires were completed. Self-recognition as MSM was found in 8.48% of the subjects. Compared with non-MSM, university student MSM included more people over the age of 20 (OR=4.95), had less migration from other districts of Guangxi (OR=0.26), and the majority were nonmedical students (OR=8.99). In total, 63.25% of the male student participants reported a lack of acceptance of MSM, while 35.47% acknowledged barriers between themselves and acquaintances who were MSM. Overall, 67.30% of the subjects correctly answered questions related to AIDS knowledge. The proportion of MSM subjects who answered the AIDS-related questions correctly was significantly lower than that of non-MSM subjects (42.86% vs. 69. 57%, respectively, OR: 0.33), but the self-recognition risk of MSM was significantly higher than that of non-MSM (OR=2.59). Risky behaviors associated with HIV infections, including smoking, alcohol consumption, drug abuse, and inconsistent condom use, were significantly higher among the MSM participants. The percentages of student's willingness to accept MC and PrEP were 70.93% and 77.51%, respectively. These results raise the alarm that university student MSM in Guangxi, China, require urgent public attention and more effective health education, including the education on MC and PrEP. © 2020 Jingzhen Lai et al.	AdolescentAdultChinaCross-Sectional StudiesHealth Knowledge, Attitudes, PracticeHealth Risk BehaviorsHeterosexualityHIV InfectionsHomosexuality, MaleHumansMaleStudentsUniversitiesYoung Adult	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Lalley-Chareczko, Linden; Hiserodt, Emily; Moorthy, Ganesh; Zuppa, Athena; Mounzer, Karam; Koenig, Helen	Urine Assay to Measure Tenofovir Concentrations in Patients Taking Tenofovir Alafenamide.	Frontiers in Pharmacology	-	-	1663-9812	10.3389/fphar.2020.00286	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7096572	Background: HIV pre-exposure prophylaxis (PrEP) with tenofovir/emtricitabine is effective when taken daily. Previously, we developed a urine assay capable of detecting the prodrug tenofovir (TFV) in patients taking tenofovir disoproxil fumarate (TDF)-based PrEP. However, tenofovir alafenamide (TAF) has replaced TDF due to its different safety profile for HIV treatment and was recently approved as PrEP. Given the need to ensure the aforementioned assay remains available for the purpose of objective adherence monitoring, it is critical to ensure its accuracy for detecting TFV in patients taking TAF. Methods: Blood and urine samples were collected from 3 cohorts of patients: (1) 10 participants living with HIV (PLWH) with suppressed virus on a TAF-based regimen, (2) 10 HIV-participants administered 1 dose of TAF/FTC followed by urine and plasma sampling for 7 days starting 1-3 h post-dose, and (3) 10 HIV-participants administered 7 doses of TAF/FTC followed by urine and plasma sampling for 10 days starting 1-3 h after the last dose. Samples were analyzed using liquid chromatography-tandem mass spectrometry (LC-MS/MS) with high sensitivity and specificity for TFV. HIV-samples were compared to a historical cohort administered one dose of TDF/FTC. Results: PLWH were 90% male, 40% African American, and 10% Hispanic (mean age = 57 y; SD 8.88 y). HIV-participants were 55% male and 70% Caucasian (mean age = 31.6 y; SD 7.70 y). Samples from PLWH demonstrated TFV concentrations 2 logs higher in urine than plasma (1,000 ng/mL vs ±10 ng/mL) at the time of collection. Urine samples following a single dose of TAF in HIV-participants yielded TFV concentrations ranging from 100 to 1,000 ng/mL 1-3 h post-dose and remained >100 ng/mL for 6 days in 8 of 10 participants. Urine samples collected after 7 consecutive doses of TAF yielded TFV concentrations >1,000 ng/mL 1-3 h after dosing discontinuation, with TFV concentrations >1,00 ng/mL 7 days post discontinuation in 8 of 10 participants. Urine TFV concentrations following TAF administration were comparable to those from a historical cohort administered TDF/FTC. Plasma TFV concentrations were low(±10 ng/mL) in both HIV-cohorts at all time points. Conclusions: TFV persists in urine at detectable concentrations in participants taking TAF/FTC for at least 7 days despite largely undetectable plasma concentrations, with urine TFV concentrations comparable to patients taking TDF/FTC. This study demonstrates the ability of a urine TFV assay to measure recent TAF adherence.	PrEP, HIV - human immunodeficiency virus, tenofovir alafenamide (TAF), tenofovir, therapaeutic drug monitoring	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Lancaster K.E.; Lungu T.; Bula A.; Shea J.M.; Shoben A.; Hosseinipour M.C.; Kohler R.E.; Hoffman I.F.; Go V.F.; Golin C.E.; Wheeler S.B.; Miller W.C.	Preferences for Pre-exposure Prophylaxis Service Delivery Among Female Sex Workers in Malawi: A Discrete Choice Experiment	AIDS and Behavior	-	-	10907165	10.1007/s10461-019-02705-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075139667&doi=10.1007%2fs10461-019-02705-3&partnerID=40&md5=7bc4a87573d4b196f89b9538226d0154	Female sex workers (FSW) in Malawi have among the highest HIV prevalence estimates worldwide. Daily oral pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, yet preferences for PrEP delivery among FSW are lacking. Eight focus group discussions, a literature review, and cognitive interviews were conducted to identify modifiable PrEP delivery attributes and inform discrete-choice experiment (DCE) development for FSW in Lilongwe. Enrolled FSW received an interviewer-assisted DCE. Data were analyzed using mixed logit regression. Dispensing location was most preferred, followed by the provision of additional services. Women preferred receiving PrEP at family planning clinics or non-governmental organization run drop-in centers. Cervical cancer screening was the most preferred additional service, while pregnancy testing and partner risk reduction counseling were less valued. This study was the first study to examine PrEP delivery preferences in Malawi using DCE—a powerful elicitation tool to apply to other key populations at risk for HIV. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Africa; Pre-exposure prophylaxis; Sex workers; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Landovitz, RJ; Zangeneh, SZ; Chau, G; Grinsztejn, B; Eron, JJ; Dawood, H; Magnus, M; Liu, AY; Panchia, R; Hosseinipour, MC; Kofron, R; Margolis, DA; Rinehart, A; Adeyeye, A; Burns, D; McCauley, M; Cohen, MS; Currier, JS	Cabotegravir Is Not Associated With Weight Gain in Human Immunodeficiency Virus-uninfected Individuals in HPTN 077	Clinical Infectious Diseases	-	-	NA	10.1093/cid/ciz439	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02074031/full	Studies in human immunodeficiency virus (HIV)-infected individuals suggest excess weight gain with integrase inhibitor-based antiretroviral therapy. The HIV Prevention Trials Network Study 077 evaluated changes in weight and fasting metabolic parameters in HIV-uninfected individuals randomized to cabotegravir or a placebo. No differences between arms were found for change in weight or fasting metabolic parameters overall or for subgroups.	*Human immunodeficiency virus; *body weight gain; Adult; Antiretroviral therapy; Anti-HIV Agents *therapeutic use; Article; Controlled study; Drug therapy; Fasting; Female; HIV; HIV Infections drug therapy; Human; Human experiment; Humans; Male; Metabolic parameters; Nonhuman; Pyridones; Randomized controlled trial; Weight Gain	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Larsen A.; Wilson K.S.; Kinuthia J.; John-Stewart G.; Richardson B.A.; Pintye J.; Abuna F.; Lagat H.; Owens T.; Kohler P.	Standardised patient encounters to improve quality of counselling for pre-exposure prophylaxis (PrEP) in adolescent girls and young women (AGYW) in Kenya: Study protocol of a cluster randomised controlled trial	BMJ Open	-	-	20446055	10.1136/bmjopen-2019-035689	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086773563&doi=10.1136%2fbmjopen-2019-035689&partnerID=40&md5=8ba02f26659ef131f85a8c6488ace7d3	Introduction Adolescent girls and young women (AGYW) in sub-Saharan Africa are at high risk of HIV acquisition. Pre-exposure prophylaxis (PrEP) demonstration projects observe that AGYW uptake and adherence to PrEP during risk periods is suboptimal. Judgemental interactions with healthcare workers (HCW) and inadequate counselling can be barriers to PrEP use among AGYW. Improving HCW competency and communication to support PrEP delivery to AGYW requires new strategies. Methods and analysis PrEP Implementation for Young Women and Adolescents Program-standardised patient (PrIYA-SP) is a cluster randomised trial of a standardised patient actor (SP) training intervention designed to improve HCW adherence to PrEP guidelines and communication skills. We purposively selected 24 clinics offering PrEP services under fully programmatic conditions in Kisumu County, Kenya. At baseline, unannounced SP 'mystery shoppers' present to clinics portraying AGYW in common PrEP scenarios for a cross-sectional assessment of PrEP delivery. Twelve facilities will be randomised to receive a 2-day training intervention, consisting of lectures, role-playing with SPs and group debriefing. Unannounced SPs will repeat the assessment in all 24 sites following the intervention. The primary outcome is quality of PrEP counselling, including adherence to national guidelines and communication skills, scored on a checklist by SPs blinded to intervention assignment. An intention-to-treat (ITT) analysis will evaluate whether the intervention resulted in higher scores within intervention compared with control facilities, adjusted for baseline SP scores and accounting for clustering by facility. We hypothesise that the intervention will improve quality of PrEP counselling compared with standard of care. Results from this study will inform guidelines for PrEP delivery to AGYW in low-resource settings and offer a potentially scalable strategy to improve service delivery for this high-risk group. Ethics and dissemination The protocol was approved by institutional review boards at Kenyatta National Hospital and University of Washington. An external advisory committee monitors social harms. Results will be disseminated through peer-reviewed journals and presentations. Trial registration number NCT03875950 © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	HIV & AIDS; public health; quality in health care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Lau J.Y.C.; Hung C.-T.; Lee S.-S.	A review of HIV pre-exposure prophylaxis (PrEP) programmes by delivery models in the Asia-Pacific through the healthcare accessibility framework	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.25531	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087418955&doi=10.1002%2fjia2.25531&partnerID=40&md5=20af86acb836de21650144906e44f1e8	Introduction: In the Asia-Pacific, pre-exposure prophylaxis (PrEP) is a newly introduced public health intervention for minimizing HIV transmission, the coverage of which has remained limited. The best delivery models and strategies for broadening access of the vulnerable communities are not fully known. This review identified PrEP programmes reported in the Asia-Pacific, which were classified by delivery models and assessed with a healthcare accessibility framework. Methods: We performed a literature search on PubMed and Ovid MEDLINE using relevant search terms, manual searched grey literature by visiting relevant websites, examined reference lists and contacted authors for clarification of included PrEP programmes reported through July 2019. A structured table was used for data extraction and summarizing findings in accordance with the five constructs of approachability, acceptability, availability, affordability and appropriateness grounded in the conceptual framework of Healthcare Accessibility. Results and discussion: This literature search yielded a total of 1308 publications; 119 full texts and abstracts were screened, and 24 publications were included in the review. We identified 11 programmes implemented in seven cities/countries in the Asia-Pacific. A typology of four PrEP delivery models was delineated: (a) fee-based public service model; (b) fee-based community setting model; (c) free public service model; and (d) free community setting model. Overall, the free community setting model was most commonly adopted in the Asia-Pacific, with the strength to boost the capacity of facility and human resources, which enhanced "approachability", "availability" and "acceptability." The free public service model was characterized by components designed in improving "approachability," "availability" and "appropriateness," with attention on equity in accessing PrEP. Among free-based models, long-term affordability both to the government and PrEP users would need to be maximized to increase accessibility. Alongside the need for raising awareness, supportive environments and ensuring timely access were means for enabling the development of a sustainable PrEP service. Conclusion: PrEP programmes could be classified by delivery models through the five constructs of healthcare accessibility. While the coverage of PrEP remains limited in the Asia-Pacific, an evaluation of these models could benchmark best practices, which would in turn allow effective models to be designed. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society	accessibility; Asia-Pacific; delivery model; HIV prevention; implementation; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2020	Lazarou M.; Fitzgerald L.; Warner M.; Downing S.; Williams O.D.; Gilks C.F.; Russell D.; Dean J.A.	Australian interdisciplinary healthcare providers' perspectives on the effects of broader pre-exposure prophylaxis (PrEP) access on uptake and service delivery: A qualitative study	Sexual Health	-	-	14485028	10.1071/SH20156	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098229850&doi=10.1071%2fSH20156&partnerID=40&md5=c38401d8a8f422753d93654edfcfb75b	Background: The addition of pre-exposure prophylaxis (PrEP) for HIV prevention to the Australian Government-subsidised Pharmaceutical Benefits Scheme (PBS) enables any doctor or nurse practitioner to prescribe it and has increased accessibility options. However, understanding of Australian healthcare providers' (HCP) knowledge and preparedness to prescribe PrEP remains limited. Methods: Semistructured interviews, conducted before PBS listing (October 2016-April 2017), explored PrEP knowledge and prescription experiences of 51 multidisciplinary HCPs involved with the Queensland Pre-Exposure Prophylaxis Demonstration study. Results: Thematic analysis revealed that participants viewed PrEP as a necessary HIV prevention option, but there was concern about confusing prevention messages and potential risk compensation. Clinical capacity, stigma, cultural norms, rural access and PrEP-associated costs were identified as barriers to access and uptake. Some of these barriers may be addressed by the PBS listing; nonetheless, there was strong specialist concern about the preparedness of general practitioners without sexual health experience to prescribe PrEP. Participants identified a need to educate all HCPs, implement multidisciplinary models and provide timely access to PrEP for vulnerable populations and those ineligible for Medicare (Australia's universal healthcare insurance system). Conclusions: Although PrEP listing on the PBS addressed structural barriers to access, this study highlights the role of nurses and other interdisciplinary healthcare workers in the provision of PrEP in addressing the sociocultural barriers that still affect the access of certain populations to HIV prevention measures. These findings will inform further professional training as PrEP is more widely accessed and requested outside specialist sexual health services. Future work is needed to ensure that the primary healthcare workforce is prepared to provide competent and safe access to PrEP across diverse locations and population groups. © 2020 CSIRO.	health services; HIV prevention; HIV/AIDS; PrEP; prevention; public health	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2020	Lee E.; Mao L.; Bavinton B.; Prestage G.; Holt M.	Which Gay and Bisexual Men Attend Community-Based HIV Testing Services in Australia? An Analysis of Cross-Sectional National Behavioural Surveillance Data	AIDS and Behavior	-	-	10907165	10.1007/s10461-019-02435-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062964330&doi=10.1007%2fs10461-019-02435-6&partnerID=40&md5=d025c7ed26559628aac71677dffa0f1c	In Australia, HIV testing services have become increasingly available in non-traditional settings such as peer-led, community-based services to expand access and increase uptake of HIV testing among gay and bisexual men (GBM). This study aimed to compare the socio-demographic and behavioural characteristics of GBM whose last HIV test was conducted at a community-based service to GBM whose last test was at a traditional clinical setting. We analysed behavioural surveillance data collected from 5988 participants in seven states and territories in the period 2016–2017. We found that non-HIV-positive GBM who attended community-based services were largely similar to men attending clinic-based settings, particularly in terms of sexual practices and risk of HIV. However, non-HIV-positive GBM who were younger, born in Asia, more socially engaged with other gay men but who had not recently used PrEP were more likely to attend community-based services for their last HIV test. This study points to the successful establishment of community-based HIV testing services in Australia as a way to attract subgroups of GBM at potentially higher risk of HIV. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Community-based; Gay men; HIV testing; Peer-led	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Lee S.-S.; Anderson P.L.; Kwan T.-H.; Lui G.C.Y.; Chan D.P.C.; Wong N.-S.; Lee K.C.K.; Lam T.T.N.	Failure of pre-exposure prophylaxis with daily tenofovir/emtricitabine and the scenario of delayed HIV seroconversion	International Journal of Infectious Diseases	-	-	12019712	10.1016/j.ijid.2020.03.014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083318514&doi=10.1016%2fj.ijid.2020.03.014&partnerID=40&md5=b1b07b384f58f8b434f5d937767c3d70	Failure of pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine may occur despite perfect adherence, although this is uncommon. Failure results in breakthrough HIV infection. Delayed seroconversion associated with antiretroviral use may complicate the picture, causing uncertainties in interpreting adherence patterns for establishing the true cause of PrEP failure. © 2020 The Author(s)	Antiretroviral; HIV seroconversion; Pre-exposure prophylaxis; PrEP failure	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2020	Lee, Han Ju; Kang, Hee Sun; Singh-Carlson, Savitri; Kim, Kyung Sun	Users' Concerns Related to Online HIV Counseling in South Korea: A Descriptive Qualitative Study.	Journal of the Association of Nurses in AIDS Care	-	-	1552-6917	10.1097/JNC.0000000000000193	https://dx.doi.org/10.1097/JNC.0000000000000193	This qualitative descriptive study was designed to identify HIV-related questions frequently asked by online counseling users seeking professional advice. Data were collected via a public online question/answer counseling website operated by the Gyeonggi-do branch of the Korean Association for AIDS Prevention. Data on users' questions regarding HIV were collected between January 1, 2017, and December 31, 2018. The online questions were then analyzed and divided into codes and categories. From the 559 questions submitted, content analysis identified four major categories related to HIV: (a) HIV testing, (b) self-perceived HIV risk and risky sexual behaviors, (c) positive and negative emotional states, and (d) treatment and prevention. This study indicates that online counseling can be used to provide tailored information related to HIV along with emotional and psychosocial support to reach different subgroups and to provide current information such as the use of pre-exposure prophylaxis for those seeking professional advice.	NA	English	United States	Western and Central Europe and North America	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Qualitative
Article	2020	Leech A.A.; Biancarelli D.; Aaron E.; Miller E.S.; Coleman J.S.; Anderson P.L.; Nkwihoreze H.; Condron B.; Sullivan M.	HIV Pre-Exposure Prophylaxis for Conception among HIV Serodiscordant Couples in the United States: A Cohort Study	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2020.0005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088206722&doi=10.1089%2fapc.2020.0005&partnerID=40&md5=3937b9866cc91aeb9b221fd4d9f3845a	Practice guidelines on pre-exposure prophylaxis (PrEP) for HIV serodiscordant couples recommend PrEP when the viral load of the partner living with HIV is either detectable or unknown. However, adherence to combination antiretroviral therapy is inconsistent, and research has found that individuals vulnerable to HIV place value on additional protective barriers. We conducted a prospective cohort study to assess the feasibility, perceptions, and adherence associated with periconceptional PrEP use among females without HIV and their male partners living with HIV across four academic medical centers in the United States. We performed descriptive statistics, McNemar's test of marginal homogeneity to assess discordance in female/male survey responses, and Spearman's correlation to determine associations between dried blood spot levels and female self-reported adherence to PrEP. We enrolled 25 women without HIV and 24 men living with HIV (one male partner did not consent to the study). Women took PrEP for a median of 10.9 months (interquartile range 3.8-12.0) and were generally adherent. In total, 87% of women (20/23) had a dried blood spot with >700 fmol/punch or ≥4 doses/week, 4% (1/23) at 350-699 fmol/punch or 2-3 doses/week, and 9% (2/23) at <350 fmol/punch or <2 doses/week (correlation between drug levels and adherence is based on prior data). Dried blood spot levels closely aligned with self-reported adherence (Spearman's rho = 0.64, p = 0.001). There were 10 pregnancies among 8 participants, 4 of which resulted in spontaneous abortions. There was one preterm delivery (36 5/7 weeks), no congenital abnormalities, and no HIV transmissions. Ten couples (40%) were either lost to follow-up or ended the study early. Overall, women attempting conception with male partners living with HIV in the United States are interested and able to adhere to PrEP as an additional tool for safer conception. © 2020, Mary Ann Liebert, Inc., publishers.	conception; HIV; PrEP; serodifferent; serodiscordant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Leech A.A.; Christiansen C.L.; Linas B.P.; Jacobsen D.M.; Morin I.; Drainoni M.-L.	Healthcare practitioner experiences and willingness to prescribe pre-exposure prophylaxis in the US	PLOS One	-	-	19326203	10.1371/journal.pone.0238375	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090319603&doi=10.1371%2fjournal.pone.0238375&partnerID=40&md5=92c5c7e226db48acf7d13d9f71997941	Background and objectives Less than 10 percent of the more than one million people vulnerable to HIV are using preexposure prophylaxis (PrEP). Practitioners are critical to ensuring the delivery of PrEP across care settings. In this study, we target a group of prescribers focused on providing HIV care and seeking up-to-date information about HIV. We assessed their experiences prescribing PrEP, whether these experiences differed by clinical specialty, and examined associations between willingness to prescribe PrEP as a "best first step" and different hypothetical prescribing scenarios. Setting and methods Between March and May 2015, we circulated a paper survey to 954 participants ((652 of whom met our inclusion criteria of being independent prescribers and 519 of those (80%) responded to the survey)) at continuing medical education advanced-level HIV courses in five locations across the US on practitioner practices and experiences of PrEP. We employed multivariable logistic regression analysis for binary and collapsed ordinal outcomes. Results Among this highly motivated group of practitioners, only 54% reported ever prescribing PrEP. Internal medicine practitioners were 1.6 times more likely than infectious disease practitioners to have prescribed PrEP (95% CI: 0.99–2.60, p = .0524) and age, years of training, and sex were significantly associated with prescribing experience. Based on clinical vignettes describing different hypothetical prescribing scenarios, practitioners who viewed PrEP as the first clinical step for persons who inject drugs (PWID) were twice as likely to also consider PrEP as the first clinical option for safer conception, and vice-a-versa (95% CI: 1.4–3.2, p < .001). Practitioners considering PrEP as the first preventive option for MSM were nearly six times as likely to also consider PrEP as the first clinical step for PWID, and vice-a-versa (95% CI: 2.28–13.56, p = .0002). Conclusions Our findings indicate that even among a subset of HIV-focused practitioners, PrEP prescribing is not routine. This group of practitioners could be an optimal group to engage individuals that could most benefit from PrEP. © 2020 Leech et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultFemaleHIV InfectionsHomosexuality, MaleHumansLogistic ModelsMaleMiddle AgedOdds RatioPhysiciansPre-Exposure ProphylaxisPrescriptionsSurveys and QuestionnairesUnited States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Lelutiu-Weinberger, Corina; Wilton, Leo; Koblin, Beryl A; Hoover, Donald R; Hirshfield, Sabina; Chiasson, Mary Ann; Nandi, Vijay; Usher, DaShawn; Frye, Victoria	The Role of Social Support in HIV Testing and PrEP Awareness among Young Black Men and Transgender Women Who Have Sex with Men or Transgender Women.	Journal of Urban Health	-	-	1468-2869	10.1007/s11524-019-00396-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7560661	Young black men and transgender women (transwomen) who have sex with men or transwomen are most vulnerable in terms of risk for HIV infection, also reflected in their extremely high incidence rates. As testing rates and pre-exposure prophylaxis (PrEP) uptake remain suboptimal among these groups, primarily due to unique structural barriers, the present analyses draw on data from an online survey, administered October 2014 to August 2015, to explore social support-related predictors of knowledge and behavior around HIV prevention.Participants were 169 biological men who identified as black, with a mean age of 24 (SD = 2.97, range 17-29); 8% identified as transwomen. Logistic regression models assessed whether HIV-related social support predicted HIV testing patterns, PrEP awareness, and use. Those with higher HIV-related social support reported having been more likely to have ever tested (adjusted odds ratio (aOR) = 1.48; p < 0.001) and tested in the past 6 months (aOR = 1.22; p < 0.01). They were also more likely to intend to test in the next 6 months (aOR = 1.16; p < 0.001), including at a medical office or community-based organization (aOR = 1.20; p < 0.001), yet less likely to intend to self-test (aOR = 0.81; p < 0.001). Lastly, higher social support was significantly associated with prior knowledge of self-testing (aOR = 1.19; p < 0.05), couples testing (aOR = 1.26; p < 0.001), and PrEP (aOR = 1.22; p < 0.01), as well as prevention self-efficacy (aOR = 1.30; p < 0.001), but inversely associated with prior self-testing (aOR = 0.80; p < 0.05). For young black men and transwomen who have sex with men or transwomen, HIV-related social support, which likely has a strong peer component, appears to be a facilitator of optimal testing and intentions to test, as well as awareness of novel prevention strategies (like self-testing or PrEP). However, community resourcefulness needs to be bolstered by other mechanisms, such as changes within healthcare settings, to increase actual use of novel prevention modalities.	HIV-prevention, HIV testing, Pre-exposure prophylaxis, Peer support, Men who have sex with men, Transgender women, Black individuals	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Lemley S.M.; Klausner J.D.; Young S.D.; Stafylis C.; Mulatya C.; Oden N.; Xie H.; Revoredo L.; Shmueli-Blumberg D.; Hichborn E.; McKelle E.; Moran L.; Jacobs P.; Marsch L.A.	Comparing web-based platforms for promoting HIV self-testing and pre-exposure prophylaxis uptake in high-risk men who have sex with men: Protocol for a longitudinal cohort study	JMIR Research Protocols	-	-	19290748	10.2196/20417	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095770529&doi=10.2196%2f20417&partnerID=40&md5=0db3adaa5f011e41d3b18d4db1ba1ed6	Background: The majority of those living with HIV in the United States are men who have sex with men (MSM), and young, minority MSM account for more new HIV infections than any other group. HIV transmission can be reduced through detection and early treatment initiation or by starting pre-exposure prophylaxis (PrEP), but rates of testing are lower than recommended among MSM, and PrEP uptake has been slow. Although promoting HIV testing and PrEP uptake by placing advertisements on web-based platforms — such as social media websites and dating apps — is a promising approach for promoting HIV testing and PrEP, the relative effectiveness of HIV prevention advertising on common web-based platforms is underexamined. Objective: This study aims to evaluate the relative effectiveness of advertisements placed on 3 types of web-based platforms (social media websites, dating apps, and informational websites) for promoting HIV self-testing and PrEP uptake. Methods: Advertisements will be placed on social media websites (Facebook, Instagram, and Twitter), dating apps (Grindr, Jack'd, and Hornet), and informational search websites (Google, Yahoo, and Bing) to recruit approximately 400 young (18-30 years old), minority (Black or Latino) MSM at elevated risk of HIV exposure. Recruitment will occur in 3 waves, with each wave running advertisements on 1 website from each type of platform. The number of participants per platform is not prespecified, and recruitment in each wave will occur until approximately 133 HIV self-tests are ordered. Participants will complete a baseline survey assessing risk behavior, substance use, psychological readiness to test, and attitudes and then receive an electronic code to order a free home-based HIV self-test kit. Two follow-ups are planned to assess HIV self-test results and PrEP uptake. Results: Recruitment was completed in July 2020. Conclusions: Findings may improve our understanding of how the platform users' receptivity to test for HIV differs across web-based platforms and thus may assist in facilitating web-based HIV prevention campaigns. ©Shea M Lemley, Jeffrey D Klausner, Sean D Young, Chrysovalantis Stafylis, Caroline Mulatya, Neal Oden, Haiyi Xie, Leslie Revoredo, Dikla Shmueli-Blumberg, Emily Hichborn, Erin McKelle, Landhing Moran, Petra Jacobs, Lisa A Marsch.	Dating apps; HIV; HIV self-testing; Informational search websites; Men who have sex with men; Online advertising; Social media; Web-based platforms	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Lépine A.; Treibich C.; Ndour C.T.; Gueye K.; Vickerman P.	HIV infection risk and condom use among sex workers in Senegal: Evidence from the list experiment method	Health Policy and Planning	-	-	2681080	10.1093/heapol/czz155	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084961300&doi=10.1093%2fheapol%2fczz155&partnerID=40&md5=860e805ed3aa7e8cfccee8d258a8373d	Social desirability bias, which is the tendency to under-report socially undesirable health behaviours, significantly distorts information on sensitive behaviours that is gained from self-reports. As a result, self-reported condom use among high-risk populations is thought to be systematically over-reported, and it is impossible to identify the determinants of condom use. The main objective of the article is to elicit unbiased information on condom use among female sex workers (FSWs) using the double list experiment method to analyse the role of HIV infection and exposure to HIV prevention methods in condom use. More specifically, the difference in levels of condom use between HIV-positive and HIV-negative FSWs is estimated. In addition, the role of FSWs' registration and participation in a pre-exposure prophylaxis (PrEP) demonstration project in condom use is considered. A list experiment was designed to elicit condom use information from 786 FSWs in Senegal who were surveyed in 2015 and 2017. Using the list experiment method, participants were randomly assigned to one of two groups (treatment or control) and were asked to report the number of statements they agreed with. Respondents assigned to the control group were presented with three non-sensitive items, whereas those allocated to the treatment group were presented with the same three statements plus the sensitive item (e.g. 'I used a condom during my last intercourse with a client'). Comparing the average number of sentences that were agreed with in both groups provides an estimation of the condom use rate in the treatment group and estimating such prevalence for several sub-groups allows the role of HIV infection risk in condom use to be identified. The percentage of FSWs using condoms in their last sexual intercourse with a client was 80% in 2015 and 78% in 2017, which was significantly lower than the 97% obtained in the face-to-face surveys in both waves. When estimating condom use among sub-groups with the list experiment method, we found that condom use among HIV-positive FSWs was only 34%, which was 47 percentage points lower than condom use among HIV-negative FSWs. We also found that registered FSWs are more likely to use condoms than clandestine FSWs. However, we did not find any difference in condom use between FSWs who were enrolled in the PrEP demonstration project and those who were not enrolled. Health policies should therefore aim to increase condom use among HIV-positive FSWs. © 2020 The Author(s) 2020. Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.	condom use; list randomization; polling vote; Senegal; sex work; Social desirability bias	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Lermen, Helena Salgueiro; Mora, Claudia; Neves, André Luiz Machado das; Azize, Rogerio Lopes	Aids em cartazes: representações sobre sexualidade e prevenção da Aids nas campanhas de 1º de dezembro no Brasil (2013-2017)	Interface (Botucatu, Online)	-	-	1807-5762	10.1590/interface.180626	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832020000100205	Buscou-se analisar as representações da sexualidade e prevenção em cartazes produzidos pelo Departamento de Doenças de Condições Crônicas e Infecções Sexualmente Transmissíveis (DCCI) a partir da diretriz da prevenção combinada (PC), adotada em 2013. Realizou-se análise de conteúdo, de caráter descritivo e documental, dos cartazes de campanhas do dia 1º de dezembro (2013-2017). Resultados apontam que aspectos relacionais do uso do preservativo teriam menos relevância, ao passo que a individualização do cuidado vem se acirrando sob a lógica de "testar para se conhecer". Nota-se a oferta de alternativas de prevenção, por meio do símbolo do tripé "preservativo, teste e comprimido", ou de novas tecnologias como a profilaxia pré-exposição (PrEP) e Profilaxia Pós Exposição (PEP). Isso sugere que, desde seu lançamento, a PC passou a orientar as campanhas do DCCI, em oposição a campanhas anteriores que privilegiavam populações-alvo e o preservativo masculino.(AU)	NA	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative

Article	2020	Li D.H.; Newcomb M.; Macapagal K.; Remble T.; Mustanski B.	Condom-Associated Erectile Function, But Not Other Domains of Sexual Functioning, Predicts Condomless Insertive Anal Sex Among Young Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-020-01642-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078128320&doi=10.1007%2fs10508-020-01642-w&partnerID=40&md5=095dc0f22dc31b8c68808a380782ee66	Condoms effectively prevent against HIV, especially when used in conjunction with biomedical strategies such as PrEP and viral suppression. However, consistent use of condoms in the real world has been a continual health promotion challenge, even among populations at highest risk, such as young men who have sex with men (YMSM). Inconsistent condom use may be related to poor sexual functioning, but limited research exists. The analytic sample comprised 688 racially diverse YMSM aged 16–29 (M = 22.9 years) living in Chicago, IL (19.2% living with HIV). Using multivariable logistic regression, we examined longitudinal associations between condom-associated sexual functioning (erectile function, orgasm satisfaction, global satisfaction, and anal discomfort) and condomless insertive anal sex (CIAS) and condomless receptive anal sex (CRAS) 6 months later. CIAS at Time 2 was associated with condom-associated erectile function at the bivariate and multivariable levels, even after controlling for CIAS at Time 1 (p <.05). Condom-associated erectile function, orgasm satisfaction, and global satisfaction predicted Time 2 CRAS in bivariate models, but none remained significant in the multivariable models. Age, having had a serious partner in the past 6 months, and HIV/PrEP status at Time 2 were significant predictors of CIAS/CRAS in some but not all models. Future interventions to improve consistent condom use should specifically highlight information and skills on how to use condoms within real-world contexts rather than from a clinical perspective. Our results also support the importance of biomedical strategies for those who have continued problems with sexual functioning when using condoms. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Condom use; Erectile function; HIV; Sexual and gender minorities; Sexual functioning; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Li L.; Johnson L.M.; Krovi S.A.; Demkovich Z.R.; van der Straten A.	Performance and stability of tenofovir alafenamide formulations within subcutaneous biodegradable implants for hiv pre-exposure prophylaxis (Prep)	Pharmaceutics	-	-	-	19994923	10.3390/pharmaceutics12111057	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095986705&doi=10.3390%2fpharmaceutics12111057&partnerID=40&md5=d4bcdbd1b41b750a4cb348d9af3098ef	A critical need exists to develop diverse biomedical strategies for the widespread use of HIV Pre-Exposure Prophylaxis (HIV PrEP). This manuscript describes a subcutaneous reservoir-style implant for long-acting delivery of tenofovir alafenamide (TAF) for HIV PrEP. We detail key parameters of the TAF formulation that affect implant performance, including TAF ionization form, the selection of excipient and the exposure to aqueous conditions. Both in-vitro studies and shelf stability tests demonstrate enhanced performance for TAF freebase (TAFFB) in this long-acting implant platform, as TAFFB maintains higher chemical stability than the TAF hemifumarate salt (TAFHF). We also examined the hydrolytic degradation profiles of various formulations of TAF and identified inflection points for the onset of the accelerated drug hydrolysis within the implant using a two-line model. The compositions of unstable formulations are characterized by liquid chromatography-mass spectrometry (LC-MS) and are correlated to predominant products of the TAF hydrolytic pathways. The hydrolysis rate of TAF is affected by pH and water content in the implant microenvironment. We further demonstrate the ability to substantially delay the degradation of TAF by reducing the rates of drug release and thus lowering the water ingress rate. Using this approach, we achieved sustained release of TAFFB formulations over 240 days and maintained >93% TAF purity under simulated physiological conditions. The opportunities for optimization of TAF formulations in this biodegradable implant supports further advancement of strategies to address long-acting HIV PrEP. © 2020 by the authors. Licensee MDPI, Basel, Switzerland.	Biodegradable polymer; HIV pre-exposure prophylaxis; Implant; Long-acting drug delivery; Poly(ε-caprolactone) (PCL); Tenofovir alafenamide	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Liegeon G.; Antoni G.; Pialoux G.; Capitant C.; Cotte L.; Charreau I.; Tremblay C.; Cua E.; Senneville E.; Raffi F.; Meyer L.; Molina J.-M.; Meyer L.; Capitant C.; Charreau I.; Netzer E.; Leturque N.; Binesse J.; Foubert V.; Saouzanet M.; Euphrasie F.; Carette D.; Guillon B.; Saïdi Y.; Aboulker J.P.; Spire B.; Suzan M.; Cattin G.; Demoulin B.; Sagaon-Teyssier L.; Lorente N.; Doré V.; Choucair E.; Le Mestre S.; Mennecier A.; Etien N.; Simon M.C.; Diallo A.; Gibowski S.; Delfraissy J.F.; Thompson D.; Sas J.; Pankovitch J.; Klein M.; Anis A.; Molina J.-M.; Wainberg M.A.; Trottier B.; Baril J.-G.; Chéret A.; Pasquet A.; Hall N.; Rozenbaum W.; Chidiac C.; Delaugerre C.; Bajos N.; Timsit J.; Peytavin G.; Fonsart J.; Durand-Zaleski I.; Meyer L.; Aboulker J.-P.; Spire B.; Suzan-Monti M.; Girard G.; Castro D.R.; Préau M.; Morin M.; Thompson D.; Doré V.; Simon M.-C.; Otis J.; Lert F.; Diallo A.; Rabian C.	Changes in kidney function among men having sex with men starting on demand tenofovir disoproxil fumarate – emtricitabine for HIV pre-exposure prophylaxis	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25420	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079782336&doi=10.1002%2fjia2.25420&partnerID=40&md5=61c24399340cbb92a95c339b6e6872b7	Introduction: Daily pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) is associated with a small but statistically significant decrease in estimated glomerular filtration rate (eGFR). We assessed the renal safety of on-demand PrEP with TDF/FTC in HIV-1 uninfected men. Methods: We used data from the randomized double-blind placebo-controlled ANRS-IPERGAY trial and its open-label extension conducted between February 2012 and June 2016 among HIV-uninfected MSM starting on-demand PrEP. Using linear mixed model, we evaluated the mean eGFR decline from baseline over time and determined risks factors associated with eGFR decline during the study. Results: During the blind phase, with a median follow-up of 9.4 months, the mean decline slope of eGFR from baseline was −0.88 and −1.53 mL/min/1.73 m2 per year in the placebo (n = 201) and the TDF/FTC group (n = 198) respectively, with a slope difference of 0.65 mL/min/1.73 m2 per year (p = 0.27). Including both phases, 389 participants started on-demand TDF/FTC with a median follow-up of 19.2 months and a mean decline of eGFR from baseline of −1.14 mL/min/1.73 m2 per year (p < 0.001). The slope of eGFR reduction was not significantly different in participants with baseline eGFR ≤ 90 mL/min/1.73 m2 (p = 0.44), age >40 years (p = 0.24) or hypertension (p = 0.21). There was a dose-response relationship between recent tenofovir exposure and lower eGFR when considering the number of pills taken in the two months prior the visit (eGFR difference of −0.88 mL/min/1.73 m2 between >15 pills/month vs. ≤15 pills/month, p < 0.01) or plasma tenofovir concentrations at the visit (eGFR difference compared to ≤2 ng/mL: >2 to ≤10ng/mL: −0.98 mL/min/1.73 m2, >10 to ≤40ng/mL: −1.28 mL/min/1.73 m2, >40 ng/mL: −1.82 mL/min/1.73 m2, p < 0.001). Three participants discontinued TDF/FTC for eGFR < 60 mL/min/1.73 m2 during the OLE phase. No case of Fanconi syndrome was reported. Conclusions: The renal safety of on-demand PrEP with TDF/FTC was good. The overall reduction and intermittent exposure to TDF/FTC may explain this good renal safety. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	eGFR; HIV; intermittent; kidney; on-demand; PrEP; tenofovir	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Lindsay K.E.; Vanover D.; Thoresen M.; King H.; Xiao P.; Badial P.; Araínga M.; Park S.B.; Tiwari P.M.; Peck H.E.; Blanchard E.L.; Feugang J.M.; Olivier A.K.; Zurla C.; Villinger F.; Woolums A.R.; Santangelo P.J.	Aerosol Delivery of Synthetic mRNA to Vaginal Mucosa Leads to Durable Expression of Broadly Neutralizing Antibodies against HIV	Molecular Therapy	-	-	-	15250016	10.1016/j.ymthe.2020.01.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078471165&doi=10.1016%2fj.ymthe.2020.01.002&partnerID=40&md5=b97a3451f3437dce630373cbd792eb54	There is a clear need for low-cost, self-applied, long-lasting approaches to prevent human immunodeficiency virus (HIV) infection in both men and women, even with the advent of pre-exposure prophylaxis (PrEP). Broadly neutralizing antibodies represent an option to improve HIV prophylaxis, but intravenous delivery, cold-chain stability requirements, low cervicovaginal concentrations, and cost may preclude their use. Here, we present an approach to express the anti-GP120 broadly neutralizing antibody PGT121 in the primary site of inoculation, the female reproductive tract, using synthetic mRNA. Expression is achieved through aerosol delivery of unformulated mRNA in water. We demonstrated high levels of antibody expression for over 28 days with a single mRNA administration in the reproductive tract of sheep. In rhesus macaques, neutralizing antibody titers in secretions developed within 4 h and simian-HIV (SHIV) infection of ex vivo explants was prevented. Persistence of PGT121 in vaginal secretions and epithelium was achieved through the incorporation of a glycosylphosphatidylinositol (GPI) anchor into the heavy chain of the antibody. Overall, we present a new paradigm to deliver neutralizing antibodies to the female reproductive tract for the prevention of HIV infections. Santangelo and colleagues report on the aerosol delivery of synthetic mRNAs, diluted in water, to the cervicovaginal epithelium, which expresses membrane-anchored broadly neutralizing antibodies against HIV. In two large animal models, anchored PGT121 was widely dispersed in the reproductive tract and was protective against a SHIV explant challenge. © 2020 The Authors	aerosol delivery; animal models; HIV; intravaginal delivery; mRNA therapeutics; PET/CT; SHIV; synthetic mRNA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Link, John O; Rhee, Martin S; Tse, Winston C; Zheng, Jim; Somoza, John R; Rowe, William; Begley, Rebecca; Chiu, Anna; Mulato, Andrew; Hansen, Derek; Singer, Eric; Tsai, Luong K; Bam, Rujuta A; Chou, Chien-Hung; Canales, Eda; Brizgys, Gediminas; Zhang, Jennifer R; Li, Jiayao; Graupe, Michael; Morganelli, Philip; Liu, Qi; Wu, Qiaoyin; Halcomb, Randall L; Saito, Roland D; Schroeder, Scott D; Lazerwith, Scott E; Bondy, Steven; Jin, Debi; Hung, Magdeleine; Novikov, Nikolai; Liu, Xiaohong; Villaseñor, Armando G; Cannizzaro, Carina E; Hu, Eric Y; Anderson, Robert L; Appleby, Todd C; Lu, Bing; Mwangi, Judy; Liclican, Albert; Niedziela-Majka, Anita; Papalia, Giuseppe A; Wong, Melanie H; Leavitt, Stephanie A; Xu, Yili; Koditek, David; Stepan, George J; Yu, Helen; Pagratis, Nikos; Clancy, Sheila; Ahmadyar, Shekeba	Clinical targeting of HIV capsid protein with a long-acting small molecule.	Nature	-	-	-	1476-4687	10.1038/s41586-020-2443-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8188729	Oral antiretroviral agents provide life-saving treatments for millions of people living with HIV, and can prevent new infections via pre-exposure prophylaxis1-5. However, some people living with HIV who are heavily treatment-experienced have limited or no treatment options, owing to multidrug resistance6. In addition, suboptimal adherence to oral daily regimens can negatively affect the outcome of treatment-which contributes to virologic failure, resistance generation and viral transmission-as well as of pre-exposure prophylaxis, leading to new infections1,2,4,7-9. Long-acting agents from new antiretroviral classes can provide much-needed treatment options for people living with HIV who are heavily treatment-experienced, and additionally can improve adherence10. Here we describe GS-6207, a small molecule that disrupts the functions of HIV capsid protein and is amenable to long-acting therapy owing to its high potency, low in vivo systemic clearance and slow release kinetics from the subcutaneous injection site. Drawing on X-ray crystallographic information, we designed GS-6207 to bind tightly at a conserved interface between capsid protein monomers, where it interferes with capsid-protein-mediated interactions between proteins that are essential for multiple phases of the viral replication cycle. GS-6207 exhibits antiviral activity at picomolar concentrations against all subtypes of HIV-1 that we tested, and shows high synergy and no cross-resistance with approved antiretroviral drugs. In phase-1 clinical studies, monotherapy with a single subcutaneous dose of GS-6207 (450 mg) resulted in a mean log10-transformed reduction of plasma viral load of 2.2 after 9 days, and showed sustained plasma exposure at antivirally active concentrations for more than 6 months. These results provide clinical validation for therapies that target the functions of HIV capsid protein, and demonstrate the potential of GS-6207 as a long-acting agent to treat or prevent infection with HIV.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Liu S.N.; Gufford B.T.; Lu J.B.L.; Bushman L.R.; Anderson P.L.; Bergstrom R.F.; Desta Z.; Gupta S.K.	Inhibitory Effects of Probenecid on Pharmacokinetics of Tenofovir Disoproxil Fumarate and Emtricitabine for On-Demand HIV Preexposure Prophylaxis	Clinical Pharmacology and Therapeutics	-	-	-	99236	10.1002/cpt.1714	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076812710&doi=10.1002%2fcpt.1714&partnerID=40&md5=d37f31bb840cbd5df6cb827774b4f01b	In a randomized, crossover pharmacokinetic study in healthy volunteers (N = 14), a single dose of 2 g probenecid (PRO)-boosted 600 mg tenofovir disoproxil fumarate (TDF)/400 mg emtricitabine (FTC) (test (T) +PRO) was compared with the current on-demand HIV preexposure prophylaxis from the IPERGAY study (a 600 mg TDF/400 mg FTC on day 1 and 300 mg TDF/200 mg FTC on days 2 and 3) (control, C IPERGAY). PRO increased mean single-dose area under the plasma concentration-time curve extrapolated to infinity (AUC0–∞,SD) of tenofovir (TFV) and FTC by 61% and 68%, respectively. The TFV-diphosphate (TFV-DP) concentrations in peripheral blood mononuclear cells were higher (~30%) at 24 hours in T +PRO but then fell significantly lower (~40%) at 72 hours compared with C IPERGAY. The interaction between FTC and PRO was unexpected and novel. Further study is needed to determine if this PRO-boosted TDF/FTC regimen would be clinically effective. © 2019 The Authors. Clinical Pharmacology & Therapeutics © 2019 American Society for Clinical Pharmacology and Therapeutics	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Liu, Stephanie N; Desta, Zeruesenay; Gufford, Brandon T	Probenecid-Boosted Tenofovir: A Physiologically-Based Pharmacokinetic Model-Informed Strategy for On-Demand HIV Preexposure Prophylaxis.	CPT: Pharmacometrics & Systems Pharmacology	-	-	-	2163-8306	10.1002/psp4.12481	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6966182	Multiple doses of tenofovir disoproxil fumarate (TDF) together with emtricitabine is effective for HIV preexposure prophylaxis (PrEP). TDF is converted to tenofovir (TFV) in circulation, which is subsequently cleared via tubular secretion by organic ion transporters (OATs; OAT1 and OAT3). Using in vitro kinetic parameters for TFV and the OAT1 and OAT3 inhibitor probenecid, a bottom-up physiologically-based pharmacokinetic model was successfully developed for the first time that accurately describes the probenecid-TFV interaction. This model predicted an increase in TFV plasma exposure by 60%, which was within 15% of the observed clinical pharmacokinetic data, and a threefold decrease in renal cells exposure following coadministration of a 600 mg TDF dose with 2 g probenecid. When compared with multiple-dose regimens, a single-dose probenecid-boosted TDF regimen may be effective for HIV PrEP and improve adherence and safety by minimizing TFV-induced nephrotoxicity by reducing TFV accumulation in renal cells.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Longino A.; Montano M.A.; Sanchez H.; Bayer A.; Sanchez J.; Tossas-Milligan K.; Duerr A.; Molina Y.	Increasing PrEP uptake and adherence among MSM and TW sex workers in Lima, Perú: what and whom do different patients trust?	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1634787	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068377420&doi=10.1080%2f09540121.2019.1634787&partnerID=40&md5=80938c844e098a4ed5b9a59809d9e51c	In Perú, men who have sex with men (MSM) and transgender women (TW) suffer rates of HIV 50 times greater than the general population. MSM or TW sex workers (SWs) are at especially high risk. Daily oral pre-exposure prophylaxis (PrEP) effectively prevents HIV infection if patients adhere to a daily or on-demand regimen. Necessary levels of adoption and adherence require data-driven intervention strategies for these marginalized groups. We conducted qualitative content analysis of data obtained from focus groups (FGs) with MSM and TW SWs. Both groups expressed strong skepticism about the motives behind international drug trials, and the safety of participating in them. Important differences between MSM and TW groups' beliefs about trustworthy information as well as community and public institutions also emerged. MSM SWs were less trusting of information from other MSM SWs, and preferred to receive information from institutional medical sources, while TGW SWs preferred to receive information from other TGW SWs. Successful strategies to encourage PrEP uptake and adherence must address the distrust patients feel towards international and institutional actors by providing patients with tailored, reliable information from local and community sources that they trust. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	HIV; Lima; men who have sex with men; Perú; PrEP; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Lopez M.I.; Cocohoba J.; Cohen S.E.; Trainor N.; Levy M.M.; Dong B.J.	Implementation of pre-exposure prophylaxis at a community pharmacy through a collaborative practice agreement with San Francisco Department of Public Health	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2019.06.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070325108&doi=10.1016%2fj.japh.2019.06.021&partnerID=40&md5=2b17828d1191dee122f6a0f9272d2b62	Objective: To discuss the design and implementation of a community pharmacy–initiated HIV pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) program developed in collaboration with the San Francisco Department of Public Health (SFDPH). Setting: A community pharmacy in San Francisco and the SFDPH developed a collaborative practice agreement (CPA) that allowed community pharmacists to initiate PrEP and PEP to prevent HIV acquisition and increase uptake in vulnerable populations. Practice description: A community pharmacy in San Francisco's Mission District, an urban, historically Hispanic/Latino/Latinx neighborhood. The primary collaborative practice team consisted of 1 community pharmacy technician, 4 community pharmacists, and 1 designated overseeing physician at SFDPH. Practice innovation: The pharmacy and the SFDPH collaborated together for 20 months from start to implementation of the CPA and the PrEP program. An interdisciplinary team of pharmacists, pharmacy personnel, public health physicians, and health department staff members worked together to design, launch, and maintain the program. Pharmacists were trained by SFDPH staff members on HIV testing and counseling and implementation of the PrEP protocol, including PEP initiation and sexually transmitted disease testing. A Department of Public Health secure portal was used to share patient information. An SFDPH physician reviewed patients' charts regularly and communicated with PrEP pharmacists as needed. Results: Between April 2018 and the end of March 2019, 6 patients received PEP and 53 patients completed a PrEP initiation visit, of whom 96% (n = 51) filled their prescription. Approximately 47% (n = 24) of clients who started PrEP self-identified as Hispanic or Latino, 10% (n = 5) were black or African American, and 82% (n = 42) identified as men who have sex with men. Conclusion: Implementation of a CPA between a community pharmacy and a local health department enabled the launch of pharmacist-delivered PrEP, further expanding the landscape of access points to vulnerable populations in San Francisco. © 2020 American Pharmacists Association®	HIV InfectionsHomosexuality, MaleHumansMalePharmaciesPre-Exposure ProphylaxisPublic HealthSan FranciscoSexual and Gender Minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Lopez, MI; Grant, RM; Dong, BJ	Community pharmacy delivered PrEP to STOP HIV transmission: An opportunity NOT to miss!	Journal of the American Pharmacists Association	-	-	-	1544-3191	10.1016/j.japh.2020.01.026	https://pubmed.ncbi.nlm.nih.gov/32165026/	In the United States, 1.1 million persons are living with human immunodeficiency virus (HIV), and approximately 37,800 new infections occur annually. Ending the HIV epidemic requires reducing HIV transmissions by 90% within the next 10 years and requires expanded HIV testing, antivirals for persons infected with HIV, and scale-up of pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) to prevent new infections. Community pharmacies are widely accessible and employ highly trained health care professionals on-site who can initiate PrEP and PEP. Recommendations are offered to implement a community pharmacy PrEP program. Pharmacy, government, and HIV prevention leaders must be prepared to support and promote transformative changes, including (1) modification or expansion of existing state-specific scope of practice to initiate PrEP and PEP, (2) encouraging pharmacist education about PrEP and PEP, (3) identification and screening of candidates for PrEP eligibility, (4) incorporating pharmacy laboratory ordering and monitoring logistics, (5) adjusting workflow and ensuring confidential spaces for sensitive discussions, and (6) addressing reimbursement to maintain pharmacist-delivered PrEP and PEP programs. HIV disproportionately affects minority communities and younger individuals who may not be engaged in the health care system. Community pharmacies are accessible and can help increase PrEP use. Expansion of community pharmacy PrEP programs are needed to help end the HIV epidemic. Implementation of PrEP requires adaptation of the pharmacy profession to support incorporation of PrEP in a community pharmacy. Endorsement and support of community pharmacists are needed to implement PrEP to increase HIV prevention efforts and expand pharmacists' scope of practice. (C) 2020 American Pharmacists Association (R). Published by Elsevier Inc.	THERAPY; PREEXPOSURE PROPHYLAXIS; EXPERIENCE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	López-Díaz G.; Rodríguez-Fernández A.; Domínguez-Martís E.M.; Mosteiro-Miguéns D.G.; López-Ares D.; Novío S.	Knowledge, attitudes, and intentions towards hiv pre-exposure prophylaxis among nursing students in Spain	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph17197151	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091757746&doi=10.3390%2fijerph17197151&partnerID=40&md5=2afd5bba36a94a736d604fff872e109f	Human immunodeficiency virus (HIV) infection is one of the main causes of morbidity and mortality worldwide. Among the preventive approaches proposed to control this disease is pre-exposure prophylaxis (PrEP), whose effectiveness depends on the medication adherence. The aim of the present study was to determine the knowledge and attitudes about PrEP among a sample of Spanish nursing students as well as their intentions of receiving it in case it was indicated. An observational cross-sectional descriptive study was carried out. A total of 570 nursing students from the University of Santiago de Compostela (Spain), ≥18 years old and of both sexes were invited to self-complete a questionnaire between February and March 2020. A total of 352 students decided to participate in the study. Participants had low knowledge overall knowledge score 1(0–2) and a neutral attitude towards PrEP. The intention of receiving PrEP improved significantly after the completion of the questionnaire and the administration of information about PrEP (p = 0.039; before: 23.58% and after: 93.77%). Nursing staff play an important role in the prevention of sexually transmitted diseases, so their training in preventive strategies, such as PrEP, could help to reduce the incidence of new cases of HIV infection. © 2020 by the authors. Licensee MDPI, Basel, Switzerland.	Attitude; HIV; Intention; Knowledge; Nursing; Pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Theses and Dissertations	2020	Loriato, Cécile	La prévention du VIH/sida en mutation dans l'espace public : quelle appropriation des recommandations ? : ethnographie d'une arène numérique de discussion sur la PrEP : The mutation of HIV/aids prevention in the public space : what appropriation of the recommendations ? : ethnography of a digital discussion arena on PrEP.	-	-	Université Paris-Est	-	NA	NA	http://www.theses.fr/2020PESC0037	Depuis plus d'une décennie, la prévention s'est diversifiée avec la découverte de nouvelles stratégies biomédicales, transformant la conception de la prévention. En particulier, l'introduction de la prophylaxie pré-exposition (PrEP) participe à la redéfinition du risque de transmission du VIH et remet en question des années de prévention construite autour de l'utilisation du préservatif. Cette thèse propose de caractériser l'appropriation des recommandations de prévention du VIH/sida par des HSH (hommes qui ont des relations sexuelles avec des hommes) dans un contexte de mutation de la prévention ainsi que de transformation des modes d'information et de débat des individus. Les analyses du récit médiatique et de la communication publique montrent une difficile légitimation de la PrEP dans l'espace public. Dans une perspective interactionniste, l'ethnographie d'une arène numérique de discussion sur la PrEP permet d'éclairer les "motifs" formulés par les participants à PrEP'Dial pour justifier leur appropriation des recommandations de prévention, c'est-à-dire la manière dont ils y adhèrent, y résistent et les négocient.	VIH/sida; PrEP; Arène numérique; Espace public; Appropriation; Ethnographie; Hiv/aids; PrEP; Digital arena; Public space; Appropriation; Ethnography;	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Loza O.; Curiel Z.V.; Beltran O.; Ramos R.	Methamphetamine Use and Sexual Risk Behaviors among Men Who Have Sex With Men in a Mexico-US Border City	American Journal on Addictions	-	-	-	10550496	10.1111/ajad.12985	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077906913&doi=10.1111%2fajad.12985&partnerID=40&md5=7b4ce461c7d5bdea3694497217b04574	Background and Objectives: Methamphetamine (meth) use and its related risk behaviors for HIV among men who have sex with men (MSM) are a public health concern across the Mexico-US border. This study aims to contribute to the limited literature of meth use and sexual risk behaviors among Latino MSM on the Mexico-US border. Methods: Data were drawn from the Meth Pilot Study (2014-2015) among men who use meth (n = 100). Descriptive statistics and bivariate analysis comparing MSM to non-MSM were conducted using Pearson's χ2 test, Fisher's exact tests, and Mann-Whitney U test; all tests were conducted using SPSS v.25. Results: Most participants obtained meth in El Paso, Texas (87.2%), used meth orally (65.2%) or smoked (78.3%), and the most common reason for initiation was curiosity. Significant differences (P <.05) in meth use behaviors and sexual risk behaviors between MSM and non-MSM who used meth included: median number of sex partners (7 vs 3), being penetrated anally by last sexual partner (31.6% vs 1.4%), and engaging in transactional sex ever (63.2% vs 9.6%) and past 12 months (52.6% vs 6.8%). Finally, rates of HIV positivity were higher among MSM than non-MSM (10.5% vs 1.4%). Discussion and Conclusions: Among men who use meth, MSM are engaging in higher HIV risk behaviors compared with non-MSM. Understanding these risks could help identify candidates for pre-exposure prophylaxis (PrEP) and evidence-based substance use disorder treatment options. Scientific Significance: This study reveals that Latino MSM who use meth is a high-risk group for HIV and a need for tailored interventions. (Am J Addict 2020;29:111–119). © 2020 American Academy of Addiction Psychiatry	AdultAmphetamine-Related DisordersCross-Sectional StudiesHispanic AmericansHIV InfectionsHomosexuality, MaleHumansIllicit DrugsMaleMethamphetamineMexicoMiddle AgedPilot ProjectsRisk-TakingTexasUnsafe Sex	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Lu, Timothy Siliang; Holmes, Andrea; Noone, Chris; Flaherty, Gerard Thomas	Sun, sea and sex: a review of the sex tourism literature.	Tropical Diseases, Travel Medicine and Vaccines	-	-	-	2055-0936	10.1186/s40794-020-00124-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7691961	BACKGROUND: Sex tourism is defined as travel planned specifically for the purpose of sex, generally to a country where prostitution is legal. While much of the literature on sex tourism relates to the commercial sex worker industry, sex tourism also finds expression in non-transactional sexual encounters. This narrative review explores current concepts related to travel and sex, with a focus on trans-national sex tourism. METHODS: The PubMed database was accessed to source relevant literature, using combinations of pertinent search terms. Only articles published in the English language were selected. Reference lists of published articles were also examined for relevant articles. RESULTS: With regard to preferred destinations, South/Central America and the Caribbean were more likely to receive tourists looking for casual sex. Longer duration of travel, travelling alone or with friends, alcohol or drug use, being younger and being single were factors associated with higher levels of casual sex overseas. The majority of literature retrieved on sex workers focused on risk behaviours, sexually transmitted infections (STI), mobility of sex workers and how these factors affected their lives. Sex tourists require better access to effective methods of preventing HIV, such as pre-exposure prophylaxis, and better education on HIV prevention. Drugs and alcohol play a major role as risk factors for and cofactors in casual sexual behaviour while abroad. CONCLUSIONS: Travellers need to be informed of the increased risks of STI before travel. They should be aware of the local prevalence of STIs and the risks associated with their sexual practices when they travel, including engaging with commercial sex workers, having unprotected sexual intercourse and becoming victims of sexual violence.	Sex tourism, Commercial sex work, Sexually transmitted infections, STI, Human immunodeficiency virus, HIV, Sexual violence	English	United Kingdom	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Review
Theses and Dissertations	2020	Luis Faundez Chacon (9907500)	Beyond the Good Intentions: Assessing Unintended Consequences of Labor and Health Policies	-	-	University of Illinois	-	-	NA	https://www.proquest.com/openview/dfbedb5e091c7a996225d039567bea1a/1?pq-origsite=gscholar&cbl=18750&diss=y	In the first chapter, I study the causal effect of longer maternity leave on postpartum depression and other measures of mental health. Using a difference-in-difference instrumental variable approach, I find that one extra week of paid maternity leave increases the probability of being diagnosed with postpartum depression by 0.3 percentage points. However, I find no evidence of an increase in self-reported maternal stress level during the first 18 months after delivery or an increase in longer term depressive symptoms. A likely mechanism driving the increased diagnosis is that longer paid maternity leave increases the likelihood of diagnosis given a fixed level of depressive symptoms. I show that longer leave increases labor market attachment of mothers and thereby affects insurance coverage and doctor visits. By remaining employed, women are not only less likely to be uninsured, but they also get access to better health insurance. The availability of better health insurance combined with more time to go to the doctor, increase doctor visits during the first year after delivery, especially mental health visits.In the second chapter, I study the impact of the Chilean paid maternity leave extension on labor market discrimination against women. Using a difference-in-differences approach, I find robust evidence that the aforementioned policy had an unintended effect: it reduced labor force participation of women of childbearing age by 3 percentage points and their employment by 2.4 percentage points, while it had no effect on the gender pay gap.In the third chapter, I study how the availability of a drug that reduces the risk of sexually acquired HIV, Truvada for Pre-exposure prophylaxis (PrEP), is affecting men who have sex with men (MSM) sexual behavior, and if this change in behavior has a causal effect on the increase in sexually transmitted diseases (STDs) seen in the United States in the last years. Using data from NSFG and NHANES, and a propensity score matching differences-in-differences approach, I find evidence of risk compensation after the introduction of PrEP. I document an increase in the probability of having more than 2 sexual partners in the last year as well as having a new sex partner in the last 12 months. I do not find evidence of an increase in sexual activity, however. I also find a large increase in condomless sexual activity. I document individuals switching from always using condoms and using condoms less than 50% of the times to never using condoms. Additionally, I provide suggestive evidence of an increase in STDs (chlamydia and HPV).	Sexual Behavior; Female Employment; Maternal Employment; Maternal Mental Health; Maternity Leave; Uncategorized	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Macapagal Kathryn; Kraus, Ashley; Korpak, Aaron K; Jozsa Kyle; Moskowitz, David A	PrEP Awareness, Uptake, Barriers, and Correlates Among Adolescents Assigned Male at Birth Who Have Sex with Males in the U.S.	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-019-1429-2	https://www.proquest.com/scholarly-journals/prep-awareness-uptake-barriers-correlates-among/docview/2353363981/se-2?accountid=8113	In May 2018, the US Food and Drug Administration approved daily oral pre-exposure prophylaxis (PrEP) for adolescents under age 18. Although this is an important step toward HIV prevention for adolescents assigned male at birth who have sex with males (AMSM), limited research exists to gauge their awareness of PrEP as a prevention option. Additionally, the attitudes and perceived barriers regarding PrEP among this population have not been well studied. We conducted an online survey from February to April 2018, in which 219 AMSM aged 15–17 read a description of PrEP, and then answered questions about PrEP awareness, perceived barriers, and demographic and behavioral correlates. A slight majority (54.8%) had heard of PrEP before, and 56.1% did not know how they would access PrEP. Of those who had heard of PrEP, 2.5% had ever used it. Most had first learned about PrEP online, through media or geosocial networking (GSN) applications to meet male partners. Those who had heard of PrEP were more likely to be older, to have used GSN applications, and to have greater HIV knowledge. Not knowing how to access PrEP was predicted by having had more partners, lower HIV knowledge, and never having talked to a provider about PrEP. Believing that one could not afford PrEP was predicted by greater perceived risk of HIV. Findings suggest moderate awareness of PrEP among AMSM, that youth at greater risk of HIV may perceive greater barriers, and that online spaces can play a significant role in increasing PrEP knowledge and reducing implementation barriers.	HIV/AIDS; Pre-exposure prophylaxis; Males; Men who have sex with men; Teenagers; Sexual and gender minorities; Adolescence; Awareness; Sexual orientation; Adolescent sexual behavior; Barrier; Human immunodeficiency virus--HIV; United States--US; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; FDA approval; Correlation; Sex assignment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	MacCarthy S.; Izenberg M.; Barreras J.L.; Brooks R.A.; Gonzalez A.; Linnemayr S.	Rapid mixed-methods assessment of COVID-19 impact on Latinx sexual minority men and Latinx transgender women	PLOS One	-	-	-	19326203	10.1371/journal.pone.0244421	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098938213&doi=10.1371%2fjournal.pone.0244421&partnerID=40&md5=10a99a4e84bf2f3a13df268056c7b441	We conducted a rapid, mixed-methods assessment to understand how COVID-19 affected Latinx sexual minority men (LSMM) and transgender women (LTGW). Using a computer-assisted telephone interviewing software, one interviewer called 52 participants (randomly sampled from a larger HIV prevention pilot study aiming to increase HIV knowledge and testing frequency; n = 36 LSMM and n = 16 LTGW) between 04/27/20-05/18/20. We quantified core domains using the Epidemic-Pandemic Impacts Inventory scale and provided important context through open-ended qualitative questions assessing: 1) COVID-19 infection history and experiences with quarantine; 2) Health and healthcare access; 3) Employment and economic impact of COVID-19. Participants reported increases in physical conflict or verbal arguments with a partner (13.5%) or other adult(s) (19.2%) due to stressors associated with the safer-at-home order. Participants also reported increased alcohol consumption (23.1%), problems with sleep (67.3%) and mental health (78.4%). Further, disruptions in access to Pre-Exposure Prophylaxis or PrEP–a daily pill to prevent HIV–occurred (33.3% of 18 participants who reported being on PrEP). Many said they received less medical attention than usual (34.6%), and LTGW reported delays in critical gender-affirming hormones/procedures. Half of the participants lost their jobs (50.0%); many undocumented participants relayed additional financial concerns because they did not qualify for financial assistance. Though no COVID-19 infections were noted, COVID-19 dramatically impacted other aspects of health and overall wellbeing of LSMM and LTGW. Public health responses should address the stressors faced by LSMM and LTGW during the COVID-19 pandemic and the impact on wellbeing. Copyright: © 2020 MacCarthy et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultCOVID-19FemaleHIV InfectionsHIV-1Homosexuality, MaleHumansMaleMiddle AgedSARS-CoV-2Transgender Persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Macdonald, Virginia; Mbuagbaw, Lawrence; Jordan, Michael R; Mathers, Bradley; Jay, Sharon; Baggaley, Rachel; Verster, Annette; Bertagnolio, Silvia	Prevalence of pretreatment HIV drug resistance in key populations: a systematic review and meta-analysis.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25656	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7758978	INTRODUCTION: WHO's 2019 report on HIV drug resistance (HIVDR) documents a high prevalence of pretreatment drug resistance (PDR) among populations initiating first-line antiretroviral therapy (ART) in low- and middle-income countries (LMIC). However, systematic evidence on the prevalence of PDR among key populations remains limited. We performed a systematic review to characterize levels of PDR in key population groups and compared them to levels of PDR in the "general population" across different geographical regions. METHODS: Ten electronic databases were searched for papers published until February 2019 that included predefined search terms. We included studies that reported the number of successfully tested genotypes and the number of genotypes with drug resistance mutations among antiretroviral therapy treatment naïve people, recently infected people, or people initiating first-line ART from key populations. To assess the prevalence of PDR for each key population, we pooled estimates using random-effects meta-analysis of proportions. Where possible, we computed the differences in the odds of PDR (any, and by drug class) present in each key population compared to the "general population." The I2 statistic (a measure of heterogeneity between studies) is reported. RESULTS AND DISCUSSION: A total of 332 datasets (from 218 studies) and 63,111 people with successful HIVDR genotyping were included in the analysis. The pooled prevalence estimate of any PDR was high among men who have sex with men (13.0%, 95% CI 11.0 to 14.0%, I2 = 93.19), sex workers (17.0%, 95% CI 6.0 - 32.0, I2 = 87.31%) and people in prisons (18.0%, 95% CI 11.0 to 25.0, I2 = 70.18%), but less so among people who inject drugs (7.0%, 95% CI 5.0 to 10.0, I2 = 90.23). Overall, men who have sex with men were more likely to carry any PDR compared to the "general population," a finding which was statistically significant (odds ratio (OR) 1.28, 95% CI 1.13 - 1.46, I2 48.9%). CONCLUSIONS: High prevalence of PDR found in key populations highlights the need to increase access to effective first-line HIV treatment. The low prevalence of nucleotide reverse transcriptase inhibitor (NRTI) PDR suggests that current WHO recommendations for pre-exposure prophylaxis (PrEP) regimens will remain effective and can be scaled up to prevent new HIV infections in high-risk groups.	men who have sex with men, sex workers, people who inject drugs, prisoners, transgender, HIV drug resistance	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Theses and Dissertations	2020	MACEDO, NAYARA FLORES	CONDIÇÃO BUCAL E ANÁLISE SALIVAR DE PACIENTES EM PROFILAXIA PRÉ-EXPOSIÇÃO (PrEP) AO HIV'	-	-	PONTIFÍCIA UNIVERSIDADE CATÓLICA DO PARANÁ	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=9344048	Para controlar a progressão da epidemia do HIV/AIDS, novas estratégias de prevenção têm sido advogadas, como a profilaxia pré-exposição (PrEP) composta pelas drogas antirretrovirais tenofovir disoproxil fumarato e entricitabina. O objetivo deste estudo foi avaliar potenciais alterações de condições bucais e salivares de pacientes em profilaxia pré-exposição ao HIV. Pacientes de ambos os sexos, maiores de 18 anos, provenientes do Centro de Orientação e Aconselhamento da Secretaria Municipal da Saúde de Curitiba e elegíveis para uso da PrEP foram avaliados em três momentos: antes do início da medicação (T0), no primeiro retorno (T1) e no segundo retorno (T2) para dispensa de medicação. Dados demográficos e da história médica dos participantes foram obtidos do banco de dados deste centro seguidos do exame clínico odontológico. Foram avaliados presença da xerostomia, índices CPOD, Gengival e Placa, hábitos de higiene bucal e paladar, além do fluxo salivar estimulado (FSE) e da concentração salivar de cálcio, glicose, ureia e proteínas totais, que foram quantificados. Os dados obtidos foram tabulados e analisados por meio de testes estatísticos (p = 5%). 47 pacientes foram avaliados em T0, sendo 41 (87,2%) homens com média de idade 29,54 ± 1,19 anos e 6 (12,8%) mulheres com idade média 36,50 ± 7,16 anos. Dos 47 pacientes iniciais, 30 pacientes (28 homens, média de idade 28,75 ± 7,10 anos e 2 mulheres, média de idade 49,50 ± 20,50 anos) e 17 homens com média de idade 31,35 ± 7,10 anos retornaram para continuidade da profilaxia e foram reavaliados, em T1 e T2, respectivamente. Não houve diferença entre FSE e as condições bucais e salivares dos participantes analisadas entre T0, T1 e T2 (p > 0,05), exceto para a concentração salivar de ureia após a terceira dispensa da PrEP quando comparado à segunda dispensa (p = 0,02). O ressecamento dos lábios e da mucosa bucal representou 4 (22,2%) e 5 (33,4%) das 18 e 15 alterações observadas ao exame intrabucal em T1 e T2, respectivamente. Houve diferença significante entre paladar e xerostomia nos participantes em T1 (p=0,017), e paladar e necessidade de bebida para engolir refeições em T2 (p=0,015). Houve correlação significante entre quantidade relatada de saliva e paladar (p = 0,039 r = - 0,378) nos pacientes em T1. O uso prolongado da PrEP parece estar associado a relatos de boca seca e piora do paladar possivelmente associados a alterações na composição salivar dos pacientes em uso destas medicações.	Antirretrovirais, profilaxia pré-exposição, saliva.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2020	MacGibbon J.; Broady T.; Drysdale K.; Bavinton B.; Lee E.; Mao L.; Prestage G.; Holt M.	Gay Men's Relationship Agreements in the Era of Pre-exposure Prophylaxis: An Analysis of Australian Behavioural Surveillance Data	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02737-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076017513&doi=10.1007%2fs10461-019-02737-9&partnerID=40&md5=f5cc907e72b035162526b49529c3ea8b	Using repeated, cross-sectional behavioural surveillance data from Australia, we assessed trends in relationship agreements and casual sex among HIV-negative and untested gay and bisexual men who had regular partners during 2013–2018. We conducted three analyses: (i) trends in relationship agreements and casual sex over time; (ii) bivariate comparisons of PrEP users and non-PrEP-users to identify factors associated with PrEP use; and (iii) multivariate logistic regression to identify factors independently associated with PrEP use. The analysis of trends over time included 21,593 men, from which a sub-sample (n = 3764) was used to compare PrEP users and non-PrEP-users. We found a large increase in agreements that allowed condomless sex with casual partners, particularly by PrEP users in relationships (nearly 40% of whom had such an agreement). A further 34% of PrEP users reported having casual condomless sex without an agreement that permitted that behaviour, while 13% of non-PrEP-users also reported condomless sex with casual partners without an agreement. PrEP use was independently associated with having agreements permitting condomless sex with casual partners, recent condomless sex with casual partners, having greater numbers of male partners, recent post-exposure prophylaxis use, having an HIV-positive regular male partner, and recent condomless sex with regular male partners. Our findings show a shift away from relationship agreements in which condomless sex was only sanctioned between regular partners. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Biomedical technologies; Gay and bisexual men; HIV prevention; Negotiated safety; Relationship agreements	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	MacGibbon J.; Minichiello V.; Prestage G.; Bell S.; Cox C.; Donovan B.; Callander D.	How Male Sex Workers and Their Clients Shifted from Reluctance About HIV Pre-exposure Prophylaxis to Advocating for Its Use: A Longitudinal Mixed Methods Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02618-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070070870&doi=10.1007%2fs10461-019-02618-1&partnerID=40&md5=09c728bc1c5d81c33707043ff604cf55	We assessed individual and collective responses to HIV pre-exposure prophylaxis ('PrEP') among a network of male sex workers and clients. From 2011 to May 2017, keyword searches on an online discussion forum identified 668 posts that referenced PrEP. We conducted four analyses: (i) discourse analysis identifying reactions to PrEP, (ii) thematic analysis constructing rhetorical strategies, (iii) content analysis comparing discursive positions and rhetorical strategies, and (iv) longitudinal analyses assessing trends over time. Forum posts adopted one of three discursive positions (reluctance, interest, advocacy), drawing upon four non-exclusive strategies (deference to experts and evidence, acknowledging personal and shared experiences, establishing philosophical arguments, engaging in speculation). Posts from sex workers were more likely than clients to be supportive of PrEP (96% vs. 42%; χ2 = 18.46, p < 0.001) while over time this network moved from being predominantly reluctant about PrEP (61% of posts in 2012) to advocating for its use (65% of posts in 2017; Z = 5.01, p < 0.001). © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Biomedical technologies; Gay and bisexual men; HIV prevention; Male sex work; Safer sex norms	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2020	Macgregor L.; Desai M.; Martin N.K.; Nicholls J.; Hickson F.; Weatherburn P.; Hickman M.; Vickerman P.	Scaling up screening and treatment for elimination of hepatitis C among men who have sex with men in the era of HIV pre-exposure prophylaxis	EClinicalMedicine	-	-	-	25895370	10.1016/j.eclinm.2019.11.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077165046&doi=10.1016%2fj.eclinm.2019.11.010&partnerID=40&md5=d198372490089cf579e6a3e26283c78f	Background: Routine HIV pre-exposure prophylaxis (PrEP) and HIV care appointments provide opportunities for screening men who have sex with men (MSM) for hepatitis C virus infection (HCV). However, levels of screening required for achieving the WHO elimination target of reducing HCV incidence by 90% by 2030 among all MSM are unknown. Methods: An HCV/HIV transmission model was calibrated to UK prevalence of HIV among MSM (4·7%) and chronic HCV infection among HIV-positive MSM (9·9%) and HIV-negative MSM (1.2%). Assuming 12·5% coverage of PrEP among HIV-negative MSM, we evaluated the relative reduction in overall HCV incidence by 2030 (compared to 2018 levels) of HCV screening every 12/6-months (alongside completing direct acting antiviral treatment within 6-months of diagnosis) in PrEP users and/or HIV-diagnosed MSM. We estimated the additional screening required among HIV-negative non-PrEP users to reduce overall incidence by 90% by 2030. The effect of 50% reduction in condom use among PrEP users (risk compensation) was also assessed. Results: Screening and treating PrEP users for HCV every 12 or 6-months decreases HCV incidence by 67·3% (uncertainty range 52·7–79·2%) or 70·2% (57·1–80·8%), respectively, increasing to 75·4% (59·0–88·6%) or 78·8% (63·9–90·4%) if HIV-diagnosed MSM are also screened at same frequencies. Risk compensation reduces these latter projections by <10%. To reduce HCV incidence by 90% by 2030 without risk compensation, HIV-negative non-PrEP users require screening every 5·6 (3·8–9·2) years if MSM on PrEP and HIV-diagnosed MSM are screened every 6-months, shortening to 4·4 (3·1–6·6) years with risk compensation. For 25·0% PrEP coverage, the HCV elimination target can be reached without screening HIV-negative MSM not on PrEP, irrespective of risk compensation. Interpretation: At low PrEP coverage, increased screening of all MSM is required to achieve the WHO HCV-elimination targets for MSM in the UK, whereas at higher PrEP coverage this is possible through just screening HIV-diagnosed MSM and PrEP users. © 2019	Antiviral treatment; Hepatitis C virus; HIV; Men who have sex with men; Pre-exposure prophylaxis; Prevention; Risk compensation	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Maine A.	Bareback sex, PrEP, National AIDS Trust v NHS England and the reality of gay sex	Sexualities	-	-	-	13634607	10.1177/1363460719886733	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075914504&doi=10.1177%2f1363460719886733&partnerID=40&md5=52e09cd638ae8878c06019902b8b344d	In this article, I use empirical data regarding the prevalence of bareback sex and the HIV treatment PrEP to argue that the High Court and Court of Appeal of England and Wales in National AIDS Trust v NHS England, have reflected the reality of gay sex. I argue that this case represents a shift in legal approaches to preventative sexual health methods that recognises the reality of gay male sexuality regarding the allocation of funding responsibility for the pre-exposure prophylaxis. I argue that the treatment, which prevents transmission of HIV, is a significant feature of gay and bisexual men's sexuality and has the potential to transform narratives surrounding personal agency and individual responsibility. This article uses doctrinal, theoretical and empirical analysis, to the conclusion that the case represents a significant step in the recognition of the reality of gay sex. © The Author(s) 2019.	AIDS; empirical research; gay and bisexual men; HIV; law; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Maksut J.L.; Gicquelais R.E.; Jackman K.-M.; Eaton L.A.; Friedman M.R.; Matthews D.D.; Bukowski L.A.; Stall R.D.	Injection drug use, unknown HIV positive status, and self-reported current PrEP use among Black men who have sex with men attending U.S. Black pride events, 2014–2017	Drug and Alcohol Dependence	-	-	-	3768716	10.1016/j.drugalcdep.2019.107808	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076347413&doi=10.1016%2fj.drugalcdep.2019.107808&partnerID=40&md5=7342f99a43416c748d885f44544627d6	Objective: Black gay, bisexual, and other men who have sex with men (BMSM) are at elevated risk for HIV infection in the United States. BMSM who inject drugs may be face even higher HIV risk. Methods: Random time-location sampling was used to survey BMSM attending Black Pride events in 6 U.S. cities about HIV risk and protective behaviors, including injection drug use, prior HIV testing, and pre-exposure prophylaxis (PrEP). 3429 individuals who reported a HIV negative/unknown serostatus at enrollment were included in the analysis. HIV status was determined by in-field rapid HIV testing. Results: 3.6% of BMSM had injected drugs in their lifetime and 58.5% of BMSM who had injected drugs reported sharing syringes in the past six months. BMSM who had injected drugs more commonly reported current PrEP use than BMSM who had never injected (32.5% vs. 8.2%, p < 0.001). BMSM who had injected drugs were 3.6-fold (95% CI: 2.4, 5.4) more likely to report currently using PrEP than BMSM who had never injected after adjustment for sociodemographic, substance use, and sexual risk characteristics. Among BMSM who reported ever injecting drugs (n = 123), 31.7% tested HIV positive. HIV prevalence did not differ by self-reported PrEP use among BMSM who had injected drugs (p = 0.59). Conclusions: BMSM who inject drugs who reported currently using PrEP were no less likely to test positive for HIV than those who did not use PrEP. Wrap-around services to support consistent PrEP use and long-acting PrEP formulations may improve the effectiveness of PrEP among BMSM who inject drugs. © 2019	Black men who have sex with men (MSM); MSM who inject drugs; Pre-Exposure prophylaxis (PrEP)	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Mansergh, G; Mayer, K; Hirshfield, S; Stephenson, R; Sullivan, P	HIV Pre-exposure Prophylaxis Medication Sharing Among HIV-Negative Men Who Have Sex With Men	JAMA Network Open	-	-	-	2574-3805	10.1001/jamanetworkopen.2020.16256	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489847/	This cross-sectional study used data from the M-Cubed randomized clinical trial to assess the prevalence of pre-exposure prophylaxis (PrEP) medication sharing among HIV-negative men who have sex with men.	INFECTION; US MEN; ANTIRETROVIRAL MEDICATIONS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Essay	2020	Marcus, Julia L; Paltiel, A David; Walensky, Rochelle P	Has Pre-exposure Prophylaxis Made a Difference at a Population Level? Jury Is Still Out.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciz1236	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7819505	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Marcus, Julia L; Sewell, Whitney C; Balzer, Laura B; Krakower, Douglas S	Artificial Intelligence and Machine Learning for HIV Prevention: Emerging Approaches to Ending the Epidemic.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-020-00490-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7260108	PURPOSE OF REVIEW: We review applications of artificial intelligence (AI), including machine learning (ML), in the field of HIV prevention. RECENT FINDINGS: ML approaches have been used to identify potential candidates for preexposure prophylaxis (PrEP) in healthcare settings in the USA and Denmark and in a population-based research setting in Eastern Africa. Although still in the proof-of-concept stage, other applications include ML with smartphone-collected and social media data to promote real-time HIV risk reduction, virtual reality tools to facilitate HIV serodisclosure, and chatbots for HIV education. ML has also been used for causal inference in HIV prevention studies. ML has strong potential to improve delivery of PrEP, with this approach moving from development to implementation. Development and evaluation of AI and ML strategies for HIV prevention may benefit from an implementation science approach, including qualitative assessments with end users, and should be developed and evaluated with attention to equity.	human immunodeficiency virus (HIV), prevention, machine learning, artificial intelligence, data science, big data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Markowitz, Martin; Grobler, Jay A	Islatravir for the treatment and prevention of infection with the human immunodeficiency virus type 1.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000599	https://dx.doi.org/10.1097/COH.0000000000000599	PURPOSE OF REVIEW: To discuss the potential role of islatravir (ISL), a novel reverse transcriptase translocation inhibitor, in the treatment and prevention of human immunodeficiency virus type 1 (HIV-1) infection. RECENT FINDINGS: Islatravir (4'-ethynyl-2-fluoro-2'-deoxyadenosine, MK-8591) is a long-acting first-in-class nucleoside reverse transcriptase translocation inhibitor with the potential for versatile dosing routes and dosing intervals. It demonstrated robust antiviral activity when dosed once daily and once weekly in HIV-1-infected individuals and SIV-infected rhesus macaques. In clinical trials of ISL in combination with doravirine and lamivudine, daily oral administration resulted in high levels of virologic suppression in HIV-1-infected individuals. In preclinical studies, ISL dosed orally once-weekly as preexposure prophylaxis (PrEP), protected rhesus macaques against SHIV infection via the mucosal route in the low-dose rectal challenge model. Most recently, data in healthy HIV-1-uninfected individuals demonstrated the feasibility of formulating ISL as an implant. In these studies, levels of intracellular ISL-triphosphate were consistent with the potential for a once-yearly implantable administration of ISL as PrEP. SUMMARY: Islatravir is a promising new agent for both the treatment and prevention of HIV-1 infection.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2020	Marshall S.A.; Neher T.; Sockwell L.; Brown L.; Zaller N.	Current HIV Testing & Risk Behaviors among Students at Historically Black Colleges & Universities in a Southern State	Journal of the National Medical Association	-	-	-	279684	10.1016/j.jnma.2020.04.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085656645&doi=10.1016%2fj.jnma.2020.04.008&partnerID=40&md5=159b9487790b4a316d33ccb41bea35b1	Background/Purpose: HIV testing prevalence is low among young adults (YA) ages 18–24. Previous research supports routine testing among African-American college students. Historically Black Colleges and Universities (HBCUs) are uniquely situated to support HIV education and prevention efforts. This study aimed to assess current HIV risk behaviors and current knowledge of PrEP among HBCU students. Methods: In collaboration with a partnering organization, we conducted HIV testing events and HIV risk assessment at four HBCUs in a southern state. Results: Among participants (N = 615), most identified as African American (578, 94.8%), female (377, 61.3%) and 18–24 years old (540, 87.9%). Many (42.3%) had never been tested for HIV. Most reported they had been sexually active in the last year (533, 86.8%) with many reporting 2–5 partners (270, 43.9%). Among males (n = 236), 8.6% reported same sex partners. Many participants reported inconsistent condom use during vaginal sex (242, 46%). Most participants had not heard of PrEP (473, 86.2%). Conclusion: Considering most participants had one or multiple HIV related risk behaviors, and many had never been tested for HIV, HBCUs may be important venues to promote HIV risk reduction and regular HIV testing. © 2020 National Medical Association	College students; Condom use; HBCUs; HIV testing; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Martin E.G.; MacDonald R.H.; Gordon D.E.; Swain C.-A.; O'Donnell T.; Helmeset J.; Dwicaksono A.; Tesoriero J.M.	Simulating the End of AIDS in New York: Using Participatory Dynamic Modeling to Improve Implementation of the Ending the Epidemic Initiative	Public Health Reports	-	-	-	333549	10.1177/0033354920935069	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088906491&doi=10.1177%2f0033354920935069&partnerID=40&md5=039b4b59c6a7d561ad87863210eb57af	Objectives: In 2014, the governor of New York announced the Ending the Epidemic (ETE) plan to reduce annual new HIV infections from 3000 to 750, achieve a first-ever decrease in HIV prevalence, and reduce AIDS progression by the end of 2020. The state health department undertook participatory simulation modeling to develop a baseline for comparing epidemic trends and feedback on ETE strategies. Methods: A dynamic compartmental model projected the individual and combined effects of 3 ETE initiatives: enhanced linkage to and retention in HIV treatment, increased preexposure prophylaxis (PrEP) among men who have sex with men, and expanded housing assistance. Data inputs for model calibration and low-, medium-, and high-implementation scenarios (stakeholders' rollout predictions, and lower and upper bounds) came from surveillance and program data through 2014, the literature, and expert judgment. Results: Without ETE (baseline scenario), new HIV infections would decline but remain >750, and HIV prevalence would continue to increase by 2020. Concurrently implementing the 3 programs would lower annual new HIV infections by 16.0%, 28.1%, and 45.7% compared with baseline in the low-, medium-, and high-implementation scenarios, respectively. In all concurrent implementation scenarios, although annual new HIV infections would remain >750, there would be fewer new HIV infections than deaths, yielding the first-ever decrease in HIV prevalence. PrEP and enhanced linkage and retention would confer the largest population-level changes. Conclusions: New York State will achieve 1 ETE benchmark under the most realistic (medium) implementation scenario. Findings facilitated framing of ETE goals and underscored the need to prioritize men who have sex with men and maintain ETE's multipronged approach, including other programs not modeled here. © 2020, Association of Schools and Programs of Public Health.	computer simulation; health policy; HIV; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Martinez J.E.; Jonas K.J.	Social judgments of sexual behavior and use of HIV pre-exposure prophylaxis	Social Cognition	-	-	-	0278016X	10.1521/soco.2020.38.1.01	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079844353&doi=10.1521%2fsoco.2020.38.1.01&partnerID=40&md5=e4619389a42b124862f6adca68629f2f	Biomedical HIV pre-exposure prophylaxis (PrEP) can drastically decrease the transmission of HIV between sexual partners. However, peer evaluations may worry men who have sex with men (MSM) that are considering or taking PrEP. We used a trait transference paradigm to characterize attitudes towards PrEP users, their sexual behavior, and transference effects on their social network. We recruited 339 men across nine U.S. cities from advertisements on a phone dating application. They judged vignettes about MSM and associated friends on their trustworthiness and responsibility, with the main character described as either having frequently changing partners (FCP) or being monogamous, and taking PrEP or not. We found PrEP praise within our U.S. sample, especially when evaluating responsibility, while FCP behavior was negatively evaluated. Minimal transference effects suggested judgments about sex-related actions anchor to the actor. These insights identify contextual boundaries of associative cognition and can inform interventions hoping to improve PrEP acceptance and uptake. © 2020 Guilford Publications, Inc.	HIV prevention; PrEP; Relationships; Social judgment	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	MARTINS, GLAUCIA BARROSO	Gestão do risco sexual da infecção do HIV entre adolescentes homens que fazem sexo com homens, travestis e mulheres transexuais na região central de São Paulo	-	-	UNIVERSIDADE CATÓLICA DE SANTOS	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=9343752	Adolescentes homens que fazem sexo com homens, mulheres transexuais e travestis vivem em contextos específicos de vulnerabilidade individual, social e programática ao HIV que, acentuados pela homofobia e transfobia, demandam respostas direcionadas das políticas públicas de saúde para a mitigação da epidemia de HIV. Para isso, é fundamental a compreensão das experiências e narrativas vivenciadas por essa população sobre gestão de risco sexual, que parte do pressuposto de que cada indivíduo aprende a criar estratégias em busca de superar seus próprios riscos. Portanto, tal gestão é mediada de acordo com o que cada um ressignifica para si e com as demais questões que necessitam ser enfrentadas. Objetivo: Compreender a gestão de risco de infecção pelo HIV nas interações sexuais entre adolescentes homens que fazem sexo com homens, travestis e mulheres transexuais. Métodos: O estudo foi realizado com abordagem qualitativa com dados obtidos de uma pesquisa formativa realizada a partir de um estudo intitulado "Estudo PrEP 15-19" com participantes moradores ou frequentadores da região central de São Paulo. Realizaram-se treze entrevistas semiestruturadas, sendo sete com travestis e mulheres transexuais e seis com gays e bissexuais; entrevista coletiva que contou com três participantes travestis e mulheres transexuais; e grupo focal com nove adolescentes gays e bissexuais. A análise do conteúdo foi guiada à luz das teorias de Bardin (2011). Resultados: Dos treze adolescentes que participaram das entrevistas semiestruturadas voluntariamente, seis se declararam homens e, destes, três se identificaram como gays e três como bissexuais, com idade entre dezesseis e dezenove anos; das outras sete pessoas, quatro se identificaram como mulheres transexuais e três como travestis, dentre as quais três se consideraram heterossexuais, duas pansexuais e uma assexual/bissexual, com idade entre dezessete e dezenove anos. Na entrevista coletiva, contamos com duas mulheres transexuais e uma travesti, entre dezessete e dezenove anos. Para o grupo focal apresentaram-se nove participantes entre dezesseis e dezoito anos, dos quais sete não responderam quanto à identidade de gênero e dois se identificaram como homens, totalizando oito gays e um bissexual. Os entrevistados apresentaram discursos que expressaram uma visão de obrigatoriedade, prioridade e hierarquia quanto ao uso de camisinha para que se sentissem protegidos, refletindo a forma como recebem informação sobre prevenção tida como eficaz e como se sentem responsáveis por usar preservativo e se esforçam para incorporá-la em seu cotidiano. Não utilizar preservativo para alguns remete a sentimentos como remorso e medo. Para outros, no entanto, há uma sensação de conforto e segurança quando adotado nas relações que envolvem penetração. Embora reconhecidamente visto como necessário na prevenção do HIV, sua efetiva utilização esteve condicionada a diversos fatores contextuais. As relações sexuais com parcerias estáveis são percebidas com maior sensação de proteção, enquanto as casuais com maiores chances de risco. O uso de álcool e as relações com parceiros mais velhos podem influenciar a decisão do uso do preservativo. A adoção do preservativo pode sofrer influência pelo uso de cocaína e pela decisão do parceiro nos programas sexuais. Outras estratégias de prevenção, como o teste rápido do HIV, a PEP e a PrEP apareceram nos discursos como opções alternativas para falha do uso da camisinha. Conclusão: Os adolescentes discursam sobre prevenção baseados na visão do uso de preservativo como escolha principal, mesmo que sob diversos contextos de exposição, reproduzindo o discurso normativo de eficácia desse método independentemente de outras dimensões fundadas nos aspectos da vulnerabilidade que podem tornar seu uso inconsistente. Desse modo, ações e estratégias de acolhimento devem ser adotadas, buscando abordar as estratégias de prevenção combinada que possibilitem atender as especificidades e singularidades dessa população.	Adolescente;Homens que fazem sexo com homens;Travestis;Mulheres transexuais;Vulnerabilidade em Saúde;Gestão de Risco;HIV	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2020	Martín-Sánchez, Mario; Fairley, Christopher K; Bradshaw, Catriona S; Chen, Marcus Y; Chow, Eric P F	Meningococcal vaccine uptake among men who have sex with men in response to an invasive meningococcal C disease outbreak in Melbourne, Australia.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2019-054318	https://dx.doi.org/10.1136/sextrans-2019-054318	OBJECTIVE: In 2017, there was an outbreak of invasive meningococcal disease (IMD) serogroup C among men who have sex with men (MSM) in Victoria, Australia. A government-funded free meningococcal (MenACWY) vaccination programme targeting all MSM living in Victoria was launched between December 2017 and December 2018. The aim of this study was to examine the vaccine uptake among MSM attending a sexual health clinic in Melbourne. METHODS: This was a retrospective clinical audit of MSM attending the Melbourne Sexual Health Centre (MSHC) during the vaccination programme. We calculated the proportion of MSM who received the meningococcal vaccine on their first visit and at any time during the programme. We performed univariable and multivariable logistic regression to identify the factors associated with the vaccine uptake on the first visit. RESULTS: Of the 10 370 MSM who attended MSHC, 55.5% received the vaccine on their first visit and 67.4% at any time during the programme. MSM had higher odds of receiving the vaccine on the first visit if they were aged 16-25 years (adjusted OR (aOR) 1.21; 95% CI 1.08 to 1.35) or 26-35 years (aOR 1.17; 95% CI 1.07 to 1.29) in comparison with MSM older than 35 years; were HIV-negative and not on pre-exposure prophylaxis (aOR 1.80; 95% CI 1.56 to 2.09); had more than four male partners in the last 12 months (aOR 1.16; 95% CI 1.06 to 1.27); had male partners only (aOR 2.24; 95% CI 1.96 to 2.55); or were born overseas (aOR 1.11; 95% CI 1.03 to 1.21). CONCLUSIONS: Two-thirds of the MSM attending a sexual health clinic received at least one dose of meningococcal vaccine. The vaccination programme coincided temporally with a dramatic reduction in the incidence of IMD. Vaccination should be further promoted among MSM and men who have sex with both men and women.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Editorial	2020	Mascort, J; Carrillo, R; Alastrue, I; Zarco, J; Aguado, C; Rodríguez, B; Fransi, L; Ramon, J L	Pre-exposure prophylaxis for HIV infection and Primary Care (PA).	Atencion Primaria	-	-	-	1578-1275	10.1016/j.aprim.2020.02.001	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7063139	NA	NA	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Editorial	2020	Mascort, J; Carrillo, R; Alastrue, I; Zarco, J; Aguado, C; Rodríguez, B; Fransi, L; Ramon, JL	Profilaxis pre-exposición de la infección por el VIH y Atención Primaria (AP)	Atencion Primaria	-	-	-	0212-6567	10.1016/j.aprim.2020.02.001	https://www.elsevier.es/es-revista-atencion-primaria-27-articulo-profilaxis-pre-exposicion-infeccion-por-el-S0212656720300597	NA	NA	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Other
Article	2020	Maseko B.; Hill L.M.; Phanga T.; Bhushan N.; Vansia D.; Kamtsendero L.; Pettifor A.E.; Bekker L.-G.; Hosseinipour M.C.; Rosenberg N.E.	Perceptions of and interest in HIV pre-exposure prophylaxis use among adolescent girls and young women in Lilongwe, Malawi	PLOS One	-	-	-	19326203	10.1371/journal.pone.0226062	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077765465&doi=10.1371%2fjournal.pone.0226062&partnerID=40&md5=01b763a9a9978ee72da604d08cdcee95	Background Oral Pre-Exposure Prophylaxis (PrEP) is an effective HIV prevention strategy for adherent users. Adolescent girls and young women (AGYW) in sub-Saharan Africa may particularly benefit from PrEP because of the disproportionate burden of HIV in this group. Understanding potential users' perceptions of and interest in using PrEP is critical to promote the utilization of PrEP by individuals at risk of HIV. Methods This qualitative investigation of AGYW's knowledge of and interest in PrEP use was conducted in the context of Girl Power, a quasi-experimental cohort study comparing four models of service delivery at four health centers in Lilongwe, Malawi. We conducted individual in-depth interviews (IDIs) with 40 HIV-negative AGYW ages 15–24 years old six months after enrolment in the parent study. An explanation of PrEP was provided to participants. Interview topics included participants' prior knowledge of, interest in, concerns about, and delivery preferences for PrEP. Analysis consisted of structural coding of interview transcripts corresponding to interview topics, summary of responses within these topics, and identification and description of emerging themes within each topic. Results None of the AGYW had knowledge of PrEP prior to the IDIs, but once explained, a majority expressed an interest in using it due to inconsistencies in condom use, condom use errors, their own or their partners' concurrent sexual partnerships, and rape. Most AGYW hoped that PrEP would be available in youth-friendly sections of health centers for easy access and youth-friendly counselling. They suggested that discrete packaging of PrEP would be needed to ensure user privacy. Concerns about relationship destabilization and accusations of promiscuity were raised as potential barriers to use. Conclusion General interest in PrEP among AGYW was high. Discrete packaging and access to youth-friendly PrEP delivery modalities may facilitate the utilization of PrEP as a prevention strategy among sexually active AGYW. Attention to potential negative reactions from partners and community members to PrEP use will be needed when introducing PrEP to this population. © 2020 Maseko et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Qualitative
Article	2020	Massud, Ivana; Ruone, Susan; Zlotorzynska, Maria; Haaland, Richard; Mills, Patrick; Cong, Mian-Er; Kelley, Kristen; Johnson, Ryan; Holder, Angela; Dinh, Chuong; Khalil, George; Pan, Yi; Kelley, Colleen F; Sanchez, Travis; Heneine, Walid; García-Lerma, J Gerardo	Single oral dose for HIV pre or post-exposure prophylaxis: user desirability and biological efficacy in macaques.	EBioMedicine	-	-	-	2352-3964	10.1016/j.ebiom.2020.102894	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7381488	BACKGROUND: Daily oral pre- or post-exposure prophylaxis (PrEP or PEP) is highly effective in preventing HIV infection. However, many people find it challenging to adhere to a daily oral regimen. Chemoprophylaxis with single oral doses of antiretroviral drugs taken before or after sex may better adapt to changing or unanticipated sexual practices and be a desirable alternative to daily PrEP or PEP. We investigated willingness to use a single oral pill before or after sex among men who have sex with men (MSM) and assessed the biological efficacy of a potent antiretroviral combination containing elvitegravir (EVG), emtricitabine (FTC), and tenofovir alafenamide (TAF). METHODS: Data on willingness to use single-dose PrEP or PEP were obtained from the 2017 cycle of the American Men's Internet Survey (AMIS), an annual online behavioral surveillance survey of MSM in the United States. Antiretroviral drug levels were measured in humans and macaques to define drug distribution in rectal tissue and identify clinically relevant doses for macaque modeling studies. The biological efficacy of a single dose of FTC/TAF/EVG as PrEP or PEP was investigated using a repeat-challenge macaque model of rectal HIV infection. FINDINGS: Through pharmacokinetic assessment in humans and macaques we found that EVG penetrates and concentrates in rectal tissues supporting its addition to FTC/TAF to boost and extend chemoprophylactic activity. Efficacy estimates for a single oral dose given to macaques 4h before or 2h after SHIV exposure was 91â¢7%35â¢7%-98â¢9% and 100%, respectively, compared to 80â¢1%13â¢9%-95â¢4% and 64â¢6%-19â¢4%-89â¢5% when single doses were given 6 and 24h post challenge, respectively. A two-dose regimen at 24h and 48h after exposure was also protective 77â¢1%1â¢7%-94â¢7%. INTERPRETATION: Informed by user willingness, human and macaque pharmacokinetic data, and preclinical efficacy we show that single-dose prophylaxis before or after sex is a promising HIV prevention strategy. Carefully designed clinical trials are needed to determine if any of these strategies will be effective in humans. FUNDING: Funded by CDC intramural funds, CDC contract HCVJCG2-2016-03948 (to CFK), and a grant from the MAC AIDS Fund and by the National Institutes of Health P30AI050409 - the Emory Center for AIDS Research (to MZ and TS).	HIV pre-exposure prophylaxis, HIV post-exposure prophylaxis, Macaque models, Integrase inhibitors	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Matacotta, Joshua J; Rosales-Perez, Francisco J; Carrillo, Christian M	HIV Preexposure Prophylaxis and Treatment as Prevention - Beliefs and Access Barriers in Men Who Have Sex With Men (MSM) and Transgender Women: A Systematic Review.	Journal of Patient-Centered Research and Reviews	-	-	-	2330-0698	10.17294/2330-0698.1737	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7398630	PURPOSE: While the annual rate of new HIV infections and diagnoses has remained stable for most groups, troubling increases are seen in transgender women and racial/ethnic-minority men who have sex with men (MSM), groups that are disproportionately affected by HIV. The primary purpose of this systematic review is to examine factors that impact attitudes and beliefs about preexposure prophylaxis (PrEP) and treatment as prevention (TasP) and to explore barriers to PrEP uptake in MSM and transgender women. METHODS: Using MeSH terms and relevant keywords, we conducted a systematic review of studies published between 2010 and 2019. We searched 4 literature databases and identified studies on MSM and transgender women to elucidate perceptions of PrEP and TasP as well as barriers to access. RESULTS: The search yielded several prominent themes associated with beliefs about HIV prevention approaches and barriers to PrEP access in MSM and transgender women. One was a lack of awareness or insufficient knowledge of PrEP and TasP. Structural barriers and geographic isolation also prevent access to HIV prevention. Sexual minority and HIV-related stigma, internalized homonegativity, and misinterpretations of messages within HIV prevention campaigns have negatively impacted PrEP uptake and beliefs about PrEP and TasP. Quality of the relationship MSM or transgender people have with their health care provider can facilitate or hinder HIV prevention. Finally, variability in beliefs about the efficacy of TasP has negatively affected the impact of TasP messaging campaigns. CONCLUSIONS: Although there is evidence of increasing PrEP use in at-risk individuals, several barriers prevent wider acceptance and uptake. Misunderstanding about the meaning of "undetectable" and skepticism about the evidence behind TasP messaging campaigns are likely to delay the World Health Organization's stated goal of getting to zero transmissions.	HIV, preexposure prophylaxis, MSM, transgender women, treatment as prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Matume, Nontokozo D.; Tebit, Denis M.; Bessong, Pascal O.	HIV-1 subtype C predicted co-receptor tropism in Africa: an individual sequence level meta-analysis.	AIDS Research and Therapy	-	-	-	1742-6405	10.1186/s12981-020-0263-x	https://aidsrestherapy.biomedcentral.com/articles/10.1186/s12981-020-0263-x	BACKGROUND: Entry inhibitors, such as Maraviroc, hold promise as components of HIV treatment and/or pre-exposure prophylaxis in Africa. Maraviroc inhibits the interaction between HIV Envelope gp120 V3-loop and CCR5 coreceptor. HIV-1 subtype C (HIV-1-C) is predominant in Southern Africa and preferably uses CCR5 co-receptor. Therefore, a significant proportion of HIV-1-C CXCR4 utilizing viruses (X4) may compromise the effectiveness of Maraviroc. This analysis examined coreceptor preferences in early and chronic HIV-1-C infections across Africa. METHODS: African HIV-1-C Envelope gp120 V3-loop sequences sampled from 1988 to 2014 were retrieved from Los Alamos HIV Sequence Database. Sequences from early infections (< 186 days post infection) and chronic infections (> 186 days post infection) were analysed for predicted co-receptor preferences using Geno2Pheno Coreceptor 10% FPR, Phenoseq-C, and PSSMsinsi web tools. V3-loop diversity was determined, and viral subtype was confirmed by phylogenetic analysis. National treatment guidelines across Africa were reviewed for Maraviroc recommendation. RESULTS: Sequences from early (n = 6316) and chronic (n = 7338) HIV-1-C infected individuals from 10 and 15 African countries respectively were available for analyses. Overall, 518/6316 (8.2%; 95% CI 7.5-9.3) of early sequences were X4, with Ethiopia and Malawi having more than 10% each. For chronic infections, 8.3% (95% CI 2.4-16.2) sequences were X4 viruses, with Ethiopia, Tanzania, and Zimbabwe having more than 10% each. For sequences from early chronic infections (< 1 year post infection), the prevalence of X4 viruses was 8.5% (95% CI 2.6-11.2). In late chronic infections (≥ 5 years post infection), X4 viruses were observed in 36% (95% CI - 16.3 to 49.9), with two countries having relatively high X4 viruses: South Africa (43%) and Malawi (24%). The V3-loop amino acid sequence were more variable in X4 viruses in chronic infections compared to acute infections, with South Africa, Ethiopia and Zimbabwe showing the highest levels of V3-loop diversity. All sequences were phylogenetically confirmed as HIV-1-C and clustered according to their co-receptor tropism. In Africa, Maraviroc is registered only in South Africa and Uganda. CONCLUSIONS: Our analyses illustrate that X4 viruses are present in significantly similar proportions in early and early chronic HIV-1 subtype C infected individuals across Africa. In contrast, in late chronic infections, X4 viruses increase 3-5 folds. We can draw two inferences from our observations: (1) to enhance the utility of Maraviroc in chronic HIV subtype C infections in Africa, prior virus co-receptor determination is needed; (2) on the flip side, research on the efficacy of CXCR4 antagonists for HIV-1-C infections is encouraged. Currently, the use of Maraviroc is very limited in Africa.	Humans; Drug Resistance, Multiple, Viral/genetics; Genotype; South Africa/epidemiology; Sequence Analysis, DNA; Phylogeny; Africa; Maraviroc/therapeutic use; Chronic infections; Co-receptor tropism; Early infections; HIV Envelope Protein gp120/*genetics; HIV Infections/*epidemiology/transmission/*virology; HIV-1 subtype C; HIV-1/*classification/drug effects/physiology; Receptors, CXCR4; Receptors, HIV; Viral Tropism/*genetics	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2020	Mauck D.E.; Fennie K.P.; Ibañez G.E.; Fenkl E.A.; Sheehan D.M.; Maddox L.M.; Spencer E.C.; Trepka M.J.	Estimating the size of HIV-negative MSM population that would benefit from pre-exposure prophylaxis in Florida	Annals of Epidemiology	-	-	-	10472797	10.1016/j.annepidem.2020.02.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081251519&doi=10.1016%2fj.annepidem.2020.02.003&partnerID=40&md5=aa1ab1beb9f5c66130a11c32d54370cd	Purpose: This study aimed to estimate the size of the population of men who have sex with men (MSM) in Florida with high-risk behaviors that would indicate eligibility for pre-exposure prophylaxis (PrEP) use. Methods: Three methods were used to estimate the MSM population. Estimates from the three methods were averaged, and the number of MSM living with HIV in each zone improvement plan (ZIP) code was subtracted. Results: The average MSM estimate was 1–2184 men (1.5–22.9%) by ZIP code. The size of the MSM population with indications for PrEP use was highest when using estimates of MSM with more than one sex partner in the past year obtained from the National HIV Behavioral Surveillance system and lowest when the MSM estimate was multiplied by 24.7% (percentage of MSM with PrEP indications from other studies). Conclusion: Areas with high numbers of MSM with PrEP indications could be targeted with information to reduce HIV acquisition. © 2020 Elsevier Inc.	MSM; Population estimation; PrEP indications; ZIP code	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Maxwell S.; Gafos M.; Moncrieff M.; Shahmanesh M.; Stirrup O.	Pre-exposure prophylaxis use among men who have sex with men who have experienced problematic chemsex	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462420906927	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081542419&doi=10.1177%2f0956462420906927&partnerID=40&md5=116c77af468bb33a96ccefbd1d67d2fe	Men who have sex with men (MSM) who experience problematic chemsex are at high risk of acquiring HIV due to combined drug use and sexual behaviours. Pre-exposure prophylaxis (PrEP) could substantially reduce the risk of HIV transmission in this group of men. The aim of this study was to examine the biopsychosocial characteristics associated with PrEP use among HIV-negative MSM who have experienced problematic chemsex. This was a cross-sectional analysis of secondary data collected during client assessments at a specialist alcohol and drug service based within the United Kingdom. We compared the socio-demographics, substance use, sexual behaviours and mental health of MSM who reported ever using PrEP to those who reported never using PrEP. Statistical analysis was conducted using the Mann–Whitney U-test for continuous variables and Fisher's exact test for categorical variables. Between August 2016 and July 2018, 165 HIV-negative MSM who engaged in chemsex had an assessment completed. Thirty-four per cent (n = 50/145) had ever used PrEP. The median age was 36 years (IQR: 30–42), 92% identified as gay (n = 152/165) and 79% were of white ethnicity (n = 130/164). The use of crystal methamphetamine was associated with higher levels of men ever using PrEP (40% versus 21%) (p= 0.047). Men who had ever used PrEP had a higher median number of sexual partners in the previous three months (20 versus 10) (p= 0.004) and had lower level of condom use in their sex lives (median reported 5% versus 50%) (p= 0.010) in comparison to men who had never used PrEP. It is encouraging that men having higher-risk sex had been accessing PrEP. However, further research is required to explore PrEP uptake, retention and adherence in this high-risk group. © The Author(s) 2020.	chemsex; HIV; Men who have sex with men; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Mayer K.H.; Agwu A.; Malebranche D.	Barriers to the Wider Use of Pre-exposure Prophylaxis in the United States: A Narrative Review	Advances in Therapy	-	-	-	0741238X	10.1007/s12325-020-01295-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083091950&doi=10.1007%2fs12325-020-01295-0&partnerID=40&md5=2e336943a0907469bf394a89466e152b	Abstract: Antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV transmission was first approved by the US Food and Drug Administration in 2012. Despite correlations of decreases in new HIV infections being greatest where PrEP has been deployed, the uptake of PrEP is lagging, particularly among populations with disproportionate HIV burden. This narrative review seeks to identify individual and systemic barriers to PrEP usage in the USA. A comprehensive search of recent literature uncovered a complex array of structural, social, clinical, and behavioral barriers, including knowledge/awareness of PrEP, perception of HIV risk, stigma from healthcare providers or family/partners/friends, distrust of healthcare providers/systems, access to PrEP, costs of PrEP, and concerns around PrEP side effects/medication interactions. Importantly, these barriers may have different effects on specific populations at risk. The full potential of PrEP for HIV prevention will not be realized until these issues are addressed. Strategies to achieve this goal should include educational interventions, innovative approaches to delivery of HIV care, financial support, and destigmatization of PrEP and PrEP users. Until then, PrEP uptake will continue to be suboptimal, particularly among those who need it most. © 2020, The Author(s).	Access; Barriers; Distrust; Emtricitabine; Implementation; Pre-exposure prophylaxis; Prevention; Stigma; Tenofovir alafenamide; Tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Mayer, Kenneth H; Molina, Jean-Michel; Thompson, Melanie A; Anderson, Peter L; Mounzer, Karam C; De Wet, Joss J; DeJesus, Edwin; Jessen, Heiko; Grant, Robert M; Ruane, Peter J; Wong, Pamela; Ebrahimi, Ramin; Zhong, Lijie; Mathias, Anita; Callebaut, Christian; Collins, Sean E; Das, Moupali; McCallister, Scott; Brainard, Diana M; Brinson, Cynthia; Clarke, Amanda; Coll, Pep; Post, Frank A; Hare, C Bradley	Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(20)31065-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9665936	BACKGROUND: Tenofovir alafenamide shows high antiviral efficacy and improved renal and bone safety compared with tenofovir disoproxil fumarate when used for HIV treatment. Here, we report primary results from a blinded phase 3 study evaluating the efficacy and safety of pre-exposure prophylaxis (PrEP) with emtricitabine and tenofovir alafenamide versus emtricitabine and tenofovir disoproxil fumarate for HIV prevention. METHODS: This study is an ongoing, randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial done at 94 community, public health, and hospital-associated clinics located in regions of Europe and North America, where there is a high incidence of HIV or prevalence of people living with HIV, or both. We enrolled adult cisgender men who have sex with men and transgender women who have sex with men, both with a high risk of acquiring HIV on the basis of their self-reported sexual behaviour in the past 12 weeks or their recent history (within 24 weeks of enrolment) of bacterial sexually transmitted infections. Participants with current or previous use of PrEP with emtricitabine and tenofovir disoproxil fumarate were not excluded. We used a computer-generated random allocation sequence to randomly assign (1:1) participants to receive either emtricitabine (200 mg) and tenofovir alafenamide (25 mg) tablets daily, with matched placebo tablets (emtricitabine and tenofovir disoproxil fumarate group), or emtricitabine (200 mg) and tenofovir disoproxil fumarate (300 mg) tablets daily, with matched placebo tablets (emtricitabine and tenofovir alafenamide group). As such, all participants were given two tablets. The trial sponsor, investigators, participants, and the study staff who provided the study drugs, assessed the outcomes, and collected the data were masked to group assignment. The primary efficacy outcome was incident HIV infection, which was assessed when all participants had completed 48 weeks of follow-up and half of all participants had completed 96 weeks of follow-up. This full analysis set included all randomly assigned participants who had received at least one dose of the assigned study drug and had at least one post-baseline HIV test. Non-inferiority of emtricitabine and tenofovir alafenamide to emtricitabine and tenofovir disoproxil fumarate was established if the upper bound of the 95·003% CI of the HIV incidence rate ratio (IRR) was less than the prespecified non-inferiority margin of 1·62. We prespecified six secondary bone mineral density and renal biomarker safety endpoints to evaluate using the safety analysis set. This analysis set included all randomly assigned participants who had received at least one dose of the assigned study drug. This trial is registered with ClinicalTrials.gov, NCT02842086, and is no longer recruiting. FINDINGS: Between Sept 13, 2016, and June 30, 2017, 5387 (92%) of 5857 participants were randomly assigned and received emtricitabine and tenofovir alafenamide (n=2694) or emtricitabine and tenofovir disoproxil fumarate (n=2693). At the time of the primary efficacy analysis (ie, when all participants had completed 48 weeks and 50% had completed 96 weeks) emtricitabine and tenofovir alafenamide was non-inferior to emtricitabine and tenofovir disoproxil fumarate for HIV prevention, as the upper limit of the 95% CI of the IRR, was less than the prespecified non-inferiority margin of 1·62 (IRR 0·47 95% CI 0·19-1·15). After 8756 person-years of follow-up, 22 participants were diagnosed with HIV, seven participants in the emtricitabine and tenofovir alafenamide group (0·16 infections per 100 person-years 95% CI 0·06-0·33), and 15 participants in the emtricitabine and tenofovir disoproxil fumarate group (0·34 infections per 100 person-years 0·19-0·56). Both regimens were well tolerated, with a low number of participants reporting adverse events that led to discontinuation of the study drug (36 1% of 2694 participants in the emtricitabine and tenofovir alafenamide group vs 49 2% of 2693 participants in the emtricitabine and tenofovir disoproxil fumarate group). Emtricitabine and tenofovir alafenamide was superior to emtricitabine and tenofovir disoproxil fumarate in all six prespecified bone mineral density and renal biomarker safety endpoints. INTERPRETATION: Daily emtricitabine and tenofovir alafenamide shows non-inferior efficacy to daily emtricitabine and tenofovir disoproxil fumarate for HIV prevention, and the number of adverse events for both regimens was low. Emtricitabine and tenofovir alafenamide had more favourable effects on bone mineral density and biomarkers of renal safety than emtricitabine and tenofovir disoproxil fumarate. FUNDING: Gilead Sciences.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Mayeux J.J.; Ng Y.C.; Bice M.M.	Outcomes From an Urgent Care Pre-exposure Prophylaxis Protocol for the Prevention of HIV	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000178	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093539401&doi=10.1097%2fJNC.0000000000000178&partnerID=40&md5=e4fa87af1d3aabb948a8f294e6060800	Pre-exposure prophylaxis (PrEP) and urgent care medical providers can be powerful allies when combined in the fight against HIV infection. Unfortunately, PrEP use in the urgent care setting is underused due to a lack of resources, provider staff knowledge, and comfort on the part of providers. An urgent care-specific PrEP protocol was developed, and 29 providers from six different urgent care facilities in Louisiana participated in a 20-week quality improvement project. The developed urgent care-specific PrEP protocol resulted in an increase in knowledge and comfort and a reduction in barriers associated with PrEP use. Overall, the urgent care PrEP protocol showed the ability to assist the urgent care clinician in many areas previously noted in research as reasons for reduced PrEP use. The urgent care PrEP protocol serves as an additional tool for the urgent care providers in HIV biomedical preventative care. The results of this project are reported using the Standards of Quality Improvement Reporting Excellence. Copyright © 2019 Association of Nurses in AIDS Care.	HIV; PrEP; protocol; quality improvement project; urgent care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Mbewe, Londeka; Govender, Eliza	Male partners' influence on women's acceptance and use of PrEP products across two high HIV-burdened districts in South Africa.	African Journal of AIDS Research	-	-	-	1727-9445	10.2989/16085906.2020.1727932	https://dx.doi.org/10.2989/16085906.2020.1727932	The demonstrated efficacy of pre-exposure prophylaxis (PrEP) has brought hope of controlling the epidemic among women with limited HIV preventation options. Several studies have demonstrated the importance of male partner involvement in female sexual and reproductive health but there is limited research on male involvement in the adoption of HIV prevention methods among women. Using a culture-centred approach, this article discusses perceptions of female-initiated HIV prevention methods among men and women. The data were collected using eight sex-specific focus group discussions with a sample of men and women aged between 18 and 49 years from selected urban and rural settings in two provinces of South Africa, KwaZulu-Natal and Mpumalanga. Thematic analysis was utilised to identify four key themes: increased infidelity in relationships and risky behaviour; association of PrEP with casual relationships; a partner's right to know that women are reducing their risk of HIV infection; and that men need to engage in decision-making on HIV risk reduction. The article highlights the importance of partner engagement and knowledge sharing of female-initiated prevention methods as part of a combination HIV-prevention strategy, and the urgency of creating enabling environments to utilise female-initiated methods.	No available	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2020	Mboup A.; Béhanzin L.; Guédou F.; Giguère K.; Geraldo N.; Zannou D.M.; Kêkê R.K.; Bachabi M.; Gangbo F.; Affolabi D.; Marzinke M.A.; Hendrix C.; Diabaté S.; Alary M.	Comparison of adherence measurement tools used in a pre-exposure prophylaxis demonstration study among female sex workers in Benin	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000020063	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085677425&doi=10.1097%2fMD.0000000000020063&partnerID=40&md5=e32e3ea581591f16defcaec9e65901a0	Background:Measuring adherence to PrEP (pre-exposure prophylaxis) remains challenging. Biological adherence measurements are reported to be more accurate than self-reports and pill counts but can be expensive and not suitable on a daily basis in resource-limited countries. Using data from a demonstration project on PrEP among female sex workers in Benin, we aimed to measure adherence to PrEP and compare self-report and pill count adherence to tenofovir (TFV) disoproxil fumarate (TDF) concentration in plasma to determine if these 2 measures are reliable and correlate well with biological adherence measurements.Methods:Plasma TFV concentrations were analyzed in samples collected at day 14 follow-up visit and months 6, 12, 18, and 24 (or at last visit when follow-up was shorter). Self-reported adherence was captured at day 14 follow-up visit and then quarterly by asking participants to report the number of missed pills within the last week. For pill count, medications were refilled monthly and participants were asked to bring in their medication bottles at each follow-up visit. Using generalized estimating equations adherence measured by self-report and pill count was compared to plasma drug concentrations.Results:Of 255 participants, 47.1% completed follow-up. Weighted optimal adherence combining data from all visits was 26.8% for TFV concentration, 56.0% by self-report and 18.9% by pill count. Adherence measured by both TFV concentrations and self-report decreased over time (P=.009 and P=.019, respectively), while the decreasing trend in adherence by pill count was not significant (P=.087). The decrease in adherence was greater using TFV concentrations than the other 2 adherence measures.Conclusion:With high levels of misreporting of adherence using self-report and pill count, the objective biomedical assessment of adherence via laboratory testing is optimal and more accurately reflects PrEP uptake and persistence. Alternative inexpensive and accurate approaches to monitor PrEP adherence should be investigated. © 2020 Lippincott Williams and Wilkins. All rights reserved.	adherence; blood drug level; female sex workers; HIV prevention; PrEP; tenofovir	English	United States	Western and Central Europe and North America	Benin	Western and Central Africa	Benin	Western and Central Africa	Quantitative
Article	2020	McCree, Donna Hubbard; Byrd, Kathy K; Johnston, Marie; Gaines, Malendie; Weidle, Paul J	Roles for Pharmacists in the "Ending the HIV Epidemic: A Plan for America" Initiative.	Public Health Reports	-	-	-	1468-2877	10.1177/0033354920941184	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7485061	In 2019, President Trump announced a new initiative, Ending the HIV Epidemic: A Plan for America (EHE). EHE will use 3 key strategies-diagnose, treat, and prevent-to reduce new HIV infections at least 90% by 2030, as well as new laboratory methods and epidemiological techniques to respond quickly to potential outbreaks. Partnerships are an important component in the initiative's success. Pharmacists and pharmacies can play important roles in EHE, including dispensing antiretroviral therapy and providing HIV screening, adherence counseling, medication therapy management, preexposure prophylaxis, and nonprescription syringe sales. The objective of this report is to discuss potential roles that pharmacists and pharmacies can play under the key strategies of EHE.	HIV, public health, prevention, health care, health policy, Ending the HIV Epidemic, pharmacists	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	McFarland W.; Lin J.; Santos G.-M.; Arayasirikul S.; Raymond H.F.; Wilson E.	Low PrEP Awareness and Use Among People Who Inject Drugs, San Francisco, 2018	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02682-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074014876&doi=10.1007%2fs10461-019-02682-7&partnerID=40&md5=22ca8988090d3cb22c12e5d7498effa9	We examined PrEP awareness and use among people who inject drugs (PWID) in San Francisco in 2018. Of 397 respondents not known to be HIV positive, 56.7% had heard of PrEP, 38.9% knew that PrEP can prevent HIV transmission from sharing injection equipment, 13.6% had discussed PrEP with a health care provider, and 3.0% had used PrEP in the last 12 months. All seven male PWID who had used PrEP were also men who had sex with men. There is urgent need to improve messaging on PrEP's effectiveness for PWID and to tailor ways of engaging PWID in PrEP programs. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; People who inject drugs; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	McMahan V.M.; McCanta L.; Tran D.; Herrera L.; Viquez L.; Swanson F.; Crutsinger-Perry B.; Baeten J.M.; Katz A.; Stekler J.D.	Administrative and Related Barriers to Covering the Costs of Preexposure Prophylaxis at a Safety-net Clinic in Seattle, Washington	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciaa187	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096376776&doi=10.1093%2fcid%2fciaa187&partnerID=40&md5=8f9136d2459d4f0f3fa13b03f3f6221c	One barrier to human immunodeficiency virus preexposure prophylaxis (PrEP) is lack or perceived lack of health insurance or financial assistance. We performed a medical records review at a safety-net PrEP clinic in Seattle, Washington, and found that barriers to obtaining financial assistance were commonly recorded in association with initiation and persistence on PrEP. © 2020 The Author(s) 2020. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com.	health insurance; HIV; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	McMahan V.M.; Moreno C.; Al-Tayyib A.; Menza T.W.; Orellana E.R.; Bhattarai A.; Stekler J.D.; Glick S.N.	Pre-exposure Prophylaxis Awareness and Use among Cisgender Men Who Have Sex with Men and Use Methamphetamine in 3 Western US Cities	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001128	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081944458&doi=10.1097%2fOLQ.0000000000001128&partnerID=40&md5=fcfe6b57616e25cb30443a81bdb24609	Background In the United States, cisgender men who have sex with men (MSM) who use methamphetamine are at substantial risk for HIV and can benefit from pre-exposure prophylaxis (PrEP). Methods We used data from the National HIV Behavioral Surveillance 2017 survey from Seattle, WA; Portland, OR; and Denver, CO, to estimate PrEP awareness and use in the past 12 months among MSM who use methamphetamine. We then compared these estimates with participants who do not use methamphetamine but meet other criteria for PrEP use (i.e., condomless anal sex or a bacterial sexually transmitted infection). We explored reasons for not using PrEP and challenges using PrEP. Results Of the 1602 MSM who participated in the 2017 National HIV Behavioral Surveillance survey in Seattle, WA; Portland, OR; and Denver, CO, 881 met the inclusion criteria for this study, of whom 88 (10%) reported methamphetamine use in the past 12 months. Most (95%) participants had heard of PrEP, and 35% had used it in the past 12 months. Pre-exposure prophylaxis awareness was lower among MSM who used methamphetamine (P = 0.01), but use was not different (P = 0.26). Among those who had not used PrEP, the most common reason for not using it was not thinking one's HIV risk was high enough (51%). Men who have sex with men who used methamphetamine were more likely to report that they were not sure PrEP would prevent them from getting HIV (38% vs. 19%, P = 0.002). Conclusions These results highlight the need for continued efforts to educate and promote PrEP uptake among MSM, particularly those who use methamphetamine. © Lippincott Williams & Wilkins.	HIV prevention, pre-exposure prophylaxis, methamphetamine, National HIV Behavioral Surveillance (NHBS)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	McMahan, Vanessa M; Frank, Noah; Buckler, Smitty; Violette, Lauren R; Baeten, Jared M; Banta-Green, Caleb J; Barnabas, Ruanne V; Simoni, Jane; Stekler, Joanne D	Protocol Development for HMU! (HIV Prevention for Methamphetamine Users), a Study of Peer Navigation and Text Messaging to Promote Pre-Exposure Prophylaxis Adherence and Persistence Among People Who Use Methamphetamine: Qualitative Focus Group and Interview Study.	JMIR Formative Research	-	-	-	2561-326X	10.2196/18118	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7522731	BACKGROUND: Cisgender men who have sex with men (MSM) and transgender people (TGP) who use methamphetamine are disproportionately impacted by HIV acquisition. Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV, and interventions that support PrEP persistence and adherence should be evaluated among MSM and TGP who use methamphetamine. OBJECTIVE: We conducted formative work to inform the development of text messaging and peer navigation interventions to support PrEP persistence and adherence among MSM and TGP who use methamphetamine. In this paper, we describe how the findings from these focus groups and interviews were used to refine the study interventions and protocol for the Hit Me Up! study (HMU!; HIV Prevention in Methamphetamine Users). METHODS: Between October 2017 and March 2018, we conducted two focus groups and three in-depth interviews with MSM and TGP who use methamphetamine or who have worked with people who use methamphetamine. During these formative activities, we asked participants about their opinions on the proposed interventions, education and recruitment materials, and study design. We focused on how we could develop peer navigation and text messaging interventions that would be culturally appropriate and acceptable to MSM and TGP who use methamphetamine. Transcripts were reviewed by two authors who performed a retrospective content analysis to describe which specific opinions and recommendations influenced protocol development and the refinement of the interventions. RESULTS: Overall, participants thought that MSM and TGP would be interested in participating in the study, although they expected recruitment and retention to be challenging. Participants thought that the peer navigator should be someone who is nonjudgmental, has experience with people who use methamphetamine, and is patient and flexible. There was consensus that three text messages per day were appropriate, adherence reminders should be straightforward, all messages should be nonjudgmental, and participants should be able to tailor the timing and content of the text messages. These suggestions were incorporated into the study interventions via the hiring and training process and into the development of the text library, platform selection, and customizability of messages. CONCLUSIONS: It is important to include the opinions and insights of populations most impacted by HIV to develop PrEP interventions with the greatest chance of success. Our formative work generated several recommendations that were incorporated into the interventions and protocol development for our ongoing study. TRIAL REGISTRATION: ClinicalTrials.gov NCT03584282; https://clinicaltrials.gov/ct2/show/NCT03584282.	men who have sex with men; methamphetamine; peer navigation; pre-exposure prophylaxis; text messaging; transgender people	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	McMahan, Vanessa M; Violette, Lauren R; Andrasik, Michele P; Martin, Aleks; Garske, Lindsay; Stekler, Joanne D	'I make sure my doctor doesn't know that I use meth': perceived barriers to pre-exposure prophylaxis (PrEP) uptake among community peer educators in Seattle (WA, USA).	Sexual Health	-	-	-	1449-8987	10.1071/SH19083	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9677806	Background HIV disproportionately affects cisgender men and transgender people who have sex with men (MSM/TG) and use methamphetamine. Pre-exposure prophylaxis (PrEP) uptake has been slow in this group. It is important to understand perceptions about PrEP and barriers to its use among MSM/TG who use methamphetamine to reduce new HIV infections. METHODS: We conducted four focus groups with peer educators of a harm reduction program. We assessed their perspectives of PrEP and barriers across the PrEP continuum among MSM/TG who use methamphetamine. RESULTS: Notably, stigma related to the multiple marginalised identities of MSM/TG who use methamphetamine (e.g. MSM/TG-related stigma, methamphetamine-related stigma) was a barrier at each step. We developed a framework that combined the PrEP continuum and a stigma-based treatment cascade to explore these themes and describe the effects of stigma on PrEP engagement. Methamphetamine-related barriers were also identified. CONCLUSIONS: The findings of this study emphasise the importance of incorporating stigma reduction into PrEP delivery for MSM/TG who use methamphetamine.	NA	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Mcmanus H.; Grulich A.E.; Amin J.; Selvey C.; Vickers T.; Bavinton B.; Zablotska I.; Vaccher S.; Jin F.; Holden J.; Price K.; Yeung B.; Cabrera Quichua G.; Ogilvie E.; Mcnulty A.; Smith D.; Guy R.	Comparison of Trends in Rates of Sexually Transmitted Infections before vs after Initiation of HIV Preexposure Prophylaxis among Men Who Have Sex with Men	JAMA Network Open	-	-	-	25743805	10.1001/jamanetworkopen.2020.30806	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099075935&doi=10.1001%2fjamanetworkopen.2020.30806&partnerID=40&md5=ccb9f198da7668abbb2cd06f3073905f	Importance: There have been concerns that HIV preexposure prophylaxis (PrEP) may be associated with increases in sexually transmitted infections (STIs) because of subsequent reductions in condom use and/or increases in sexual partners. Objective: To determine trends in STI test positivity among high-risk men who have sex with men (MSM) before and after the start of HIV PrEP. Design, Setting, and Participants: A before-after analysis was conducted using a subcohort of a single-group PrEP implementation study cohort in New South Wales, Australia (Expanded PrEP Implementation in Communities in New South Wales EPIC-NSW), from up to 1 year before enrollment if after January 1, 2015, and up to 2 years after enrollment and before December 31, 2018. STI testing data were extracted from a network of 54 sexual health clinics and 6 primary health care clinics Australia-wide, using software to deidentify, encrypt, and anonymously link participants between clinics. A cohort of MSM dispensed PrEP for the first time during the study, with 2 or more STI tests in the prior year and who tested during follow-up, were included from the EPIC-NSW cohort of HIV-negative participants with high-risk sexual behavior. Data analysis was performed from June to December 2019. Exposures: Participants were dispensed coformulated tenofovir disoproxil fumarate (300 mg) and emtricitabine (200 mg) as HIV PrEP. Main Outcomes and Measures: The main outcome was STI, measured using test positivity, defined as the proportion of participants testing positive for an STI at least once per quarter of follow-up. Outcomes were calculated for Chlamydia trachomatis and Neisseria gonorrhoeae by site of infection (anorectal, pharyngeal, urethral, or any) and for syphilis. Results: Of the EPIC-NSW cohort of 9709 MSM, 2404 were included in the before-after analysis. The mean (SD) age of the participants was 36 (10.4) years, and 1192 (50%) were Australia-born. STI positivity was 52% in the year after PrEP (23.3% per quarter; 95% CI, 22.5%-24.2% per quarter) with no significant trend (mean rate ratio RR increase of 1.01 per quarter 95% CI, 0.99-1.02; P =.29), compared with 50% positivity in the year prior to PrEP (20.0% per quarter 95% CI, 19.04%-20.95% per quarter; RR for overall STI positivity, 1.17 95% CI, 1.10-1.24; P <.001), with an increase in quarterly STI positivity (mean RR of 1.08 per quarter, or an 8% increase per quarter 95% CI, 1.05-1.11; P <.001; RR, 0.93 95% CI, 0.90-0.96; P <.001). Findings were similar when stratified by specific STIs and anatomical site. Conclusions and Relevance: STI rates were high but stable among high-risk MSM while taking PrEP, compared with a high but increasing trend in STI positivity before commencing PrEP. These findings suggest the importance of considering trends in STIs when describing how PrEP use may be associated with STI incidence. © 2020 Royal Society of Chemistry. All rights reserved.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical

Article	2020	McManus, Kathleen A; Powers, Samuel; Killelea, Amy; Tello-Trillo, Sebastian; Elizabeth Rogawski McQuade	Regional Disparities in Qualified Health Plans' Prior Authorization Requirements for HIV Pre-exposure Prophylaxis in the United States	JAMA Health Forum	-	-	-	NA	10.1001/jamanetworkopen.2020.7445	https://www.proquest.com/scholarly-journals/regional-disparities-qualified-health-plans-prior/docview/2681065108/se-2?accountid=8113	Importance With the goal of ending the HIV epidemic in the United States, access to HIV pre-exposure prophylaxis (PrEP) is essential to help curb new HIV infections. There has been differential uptake of PrEP by region, with the South lagging behind other regions. Discriminatory benefit design (benefit design that prevents or delays people with complex or expensive conditions from obtaining appropriate treatment) through prior authorization requirements could be a systemic barrier that contributes to the decreased PrEP uptake in the South. Objectives To investigate whether there are regional disparities in prior authorization requirements for combined tenofovir disoproxil fumarate and emtricitabine for qualified health plans (QHPs) and to assess whether any QHP characteristics explain the disparities. Design, Setting, and Participants This design was a cross-sectional study of QHPs offered in the 2019 Affordable Care Act Marketplace. The QHPs studied included all Affordable Care Act–compliant individual and small-group market plans in the United States. Exposures The primary exposure was the 4 census regions (Northeast, West, Midwest, and South). Additional covariates included other plan characteristics. Main Outcomes and Measures Prior authorization requirement for combined tenofovir disoproxil fumarate and emtricitabine at the QHP level. Results In total, 16 853 QHPs were analyzed (18.2% in the Northeast, 19.5% in the West, 25.0% in the Midwest, and 37.3% in the South). Overall, 18.9% of QHPs required prior authorization for combined tenofovir disoproxil fumarate and emtricitabine. This percentage varied by region, with 2.3%, 6.2%, 13.3%, and 37.3% of plans requiring prior authorization in the Northeast, West, Midwest, and South, respectively. Compared with QHPs in the Northeast, QHPs in the South were 15.89 (95% CI, 12.57-20.09) times as likely to require prior authorization, whereas the Midwest and West were 5.69 (95% CI, 4.45-7.27) and 2.65 (95% CI, 2.02-3.47) times as likely, respectively. Other plan characteristics did not account for the regional variation. Conclusions and Relevance Compared with QHPs in the Northeast, QHPs in the South were almost 16 times as likely to require prior authorization for PrEP, and the reasons for these disparities are unknown. The prior authorization requirement is a possible barrier to PrEP access in the South, which is the region of the United States with the most annual new HIV diagnoses. There is limited regulation of QHPs' prior authorization requirements. Federal- or state-level health policy laws may be necessary to remove this system-level barrier to ending the HIV epidemic in the United States.	Emtricitabine; tenofovir; emtricitabine; Pre-exposure prophylaxis; pre-exposure prophylaxis; Antiretroviral drugs; Disease prevention; hiv; health disparity; Public Health And Safety; United States--US; Preventive healthcare; Prior authorization; Patient Protection & Affordable Care Act 2010-US; hiv infections; patient protection and affordable care act; prior authorization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2020	Medland, Nicholas A; Grulich, Andrew E	HIV diagnoses in Australia fall as clinicians embrace pre-exposure prophylaxis.	Australian Prescriber	-	-	-	0312-8008	10.18773/austprescr.2020.048	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7738688	HIV prevention has been revolutionised by pre-exposure prophylaxis (PrEP) with antiretroviral drugs. Since its introduction in Australia, rapidly and at scale, HIV diagnoses have fallen dramatically.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Other
Article	2020	Meireles P.; Plankey M.; Rocha M.; Brito J.; Mendão L.; Barros H.	Different guidelines for pre-exposure prophylaxis (PrEP) eligibility estimate HIV risk differently: An incidence study in a cohort of HIV-negative men who have sex with men, Portugal, 2014-2018	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2020.25.28.1900636	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088521008&doi=10.2807%2f1560-7917.ES.2020.25.28.1900636&partnerID=40&md5=44453bef9bd55da8631d91cc6615c776	Introduction: Guidelines for pre-exposure prophylaxis (PrEP) provide criteria to identify individuals at higher risk of HIV infection. We compared the ability to predict HIV seroconversion of four guidelines: The World Health Organization (WHO), the United States Public Health Service and Centers for Disease Control and Prevention (US CDC), the European AIDS Clinical Society (EACS) and the Portuguese National Health Service (PNHS). Aim: We aimed to measure the association between guideline-specific eligibility and HIV seroconversion. Methods: We studied 1,254 participants from the Lisbon Cohort of men who have sex with men with at least two evaluations between March 2014 and March 2018, corresponding to 1,724.54 person-years (PY) of follow-up. We calculated incidence rates (IR) according to each guideline eligibility definition and incident rate ratios (IRR) to test the association between eligibility at baseline and HIV seroconversion. Results: We found 28 incident cases (IR: 1.62/100 PY; 95% confidence interval (CI) 1.12- 2.35). Guidelines' sensitivity varied from 60.7% (EACS) to 85.7% (PNHS) and specificity varied from 31.8% (US CDC) to 51.5% (EACS). IR was highest among those defined as eligible by the PNHS guideline (2.46/100 PY; IRR = 4.61; 95% CI: 1.60-13.27) and lowest for the WHO guideline (1.89/100 PY; IRR = 1.52; 95% CI: 0.69- 3.35). Conclusions: Being identified as eligible for PrEP was associated with a higher risk of infection. The magnitude of risk varied according to the guideline used. However, the number of HIV infections identified among ineligible participants highlights the potential for missing people who need PrEP. © 2020 European Centre for Disease Prevention and Control (ECDC). All rights reserved.	HIV, incidence, pre-exposure prophylaxis, men who have sex with men, eligibility	English	Sweden	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2020	Meireles, P; Plankey, M; Rocha, M; Rojas, J; Brito, J; Barros, H	Eligibility for Pre-exposure Prophylaxis According to Different Guidelines in a Cohort of HIV-Negative Men Who Have Sex with Men in Lisbon, Portugal	Sexuality Research & Social Policy	-	-	-	1868-9884	10.1007/s13178-019-00426-9	https://link.springer.com/article/10.1007/s13178-019-00426-9	Defining eligibility for preexposure prophylaxis (PrEP) is key to measuring the degree of PrEP implementation. While the clinical exclusion criteria are identical across different guidelines, definitions of substantial HIV risk are not. In this study, we aimed to estimate the proportion of men who have sex with men (MSM) being tested at a community-based voluntary human immunodeficiency virus (HIV) counseling and testing center in Lisbon that would be eligible for PrEP according to guidelines from the World Health Organization (WHO), the US Public Health Service and Centers for Disease Control and Prevention (US-CDC), the European AIDS Clinical Society (EACS), and the Portuguese National Health Service (PNHS). We used baseline data from 3392 HIV-negative MSM with valid information on eligibility for PrEP enrolled in the Portuguese Lisbon Cohort of MSM-an observational study designed as an open prospective, noninterventional cohort-between March 2014 and March 2018. At baseline, the proportion of MSM eligible for PrEP was 67.7% according to the US-CDC, 60.6% according to the PNHS guidelines, 58.9% according to the WHO, and 46.5% according to the EACS guidelines. The most frequently met criteria were those related to condomless anal intercourse. In conclusion, in the same population, the proportion of men eligible for PrEP differed by guideline, ranging from 46.5% to 67.7%, though if they all seem to include the same well-known predictors of HIV seroconversion.	HIV; PREP; MSM; Preexposure prophylaxis; Men who have sex with men; Eligibility determination	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2020	Melendez-Torres G.J.; Noori T.; Pharris A.; Spiteri G.; Garner A.; Alba B.; Bourne A.	Country level homophobia and protective sexual health behaviours among HIV negative or untested men who have sex with men in 45 countries	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1766662	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085339709&doi=10.1080%2f09540121.2020.1766662&partnerID=40&md5=1a738751206375dc5103ff18c2eeee46	Despite new, effective biomedical technologies to prevent the transmission of HIV, social and structural factors still impact the opportunity for gay, bisexual and other men who have sex with men (GBMSM) to access safe sexual health services. Within this paper we describe findings of a pilot analysis that seeks to identify relationships between country level homophobia, individual-level sexualised drug use and key sexual health protective behaviours in a sample of HIV negative men from 45 countries recruited via a large online survey. Responses to questions relating to HIV and STI testing history, use of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and engagement in sexualised drug use were treated as dependent variables with generalised linear mixed-effects model with logit link analysis, with country level homophobia (drawn from a recently published international index) operating as the dependent variable. In total, data from 9,356 respondents were included for analysis. Overall, uptake of behaviours known to be protective of sexual health overall was significantly lower in countries with high levels of homophobia. This paper is unique in linking a robust measure of country-level homophobia to engagement in health protective behaviours on a large-scale, multi-country level basis. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	chemsex; HIV testing; Homophobia; MSM; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Melody K.; Roy C.N.; Kline C.; Cottrell M.L.; Evans D.; Shutt K.; Pennings P.S.; Keele B.F.; Bility M.; Kashuba A.D.M.; Ambrose Z.	Long-acting rilpivirine (RPV) preexposure prophylaxis does not inhibit vaginal transmission of RPV-resistant HIV-1 or select for high-frequency drug resistance in humanized mice	Journal of Virology	-	-	-	0022538X	10.1128/JVI.01912-19	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082780341&doi=10.1128%2fJVI.01912-19&partnerID=40&md5=aa03fe322e6138c3e3b5a1f2fb347b91	As a long-acting formulation of the nonnucleoside reverse transcriptase inhibitor rilpivirine (RPV LA) has been proposed for use as preexposure prophylaxis (PrEP) and the prevalence of transmitted RPV-resistant viruses can be relatively high, we evaluated the efficacy of RPV LA to inhibit vaginal transmission of RPV-resistant HIV-1 in humanized mice. Vaginal challenges of wild-type (WT), Y181C, and Y181V HIV-1 were performed in mice left untreated or after RPV PrEP. Plasma viremia was measured for 7 to 10 weeks, and single-genome sequencing was performed on plasma HIV-1 RNA in mice infected during PrEP. RPV LA significantly prevented vaginal transmission of WT HIV-1 and Y181C HIV-1, which is 3-fold resistant to RPV. However, it did not prevent transmission of Y181V HIV-1, which has 30-fold RPV resistance in the viruses used for this study. RPV LA did delay WT HIV-1 dissemination in infected animals until genital and plasma RPV concentrations waned. Animals that became infected despite RPV LA PrEP did not acquire new RPV-resistant mutations above frequencies in untreated mice or untreated people living with HIV-1, and the mutations detected conferred low-level resistance. These data suggest that high, sustained concentrations of RPV were required to inhibit vaginal transmission of HIV-1 with little or no resistance to RPV but could not inhibit virus with high resistance. HIV-1 did not develop high-level or high-frequency RPV resistance in the majority of mice infected after RPV LA treatment. However, the impact of low-frequency RPV resistance on virologic outcome during subsequent antiretroviral therapy still is unclear. IMPORTANCE The antiretroviral drug rilpivirine was developed into a long-acting formulation (RPV LA) to improve adherence for preexposure prophylaxis (PrEP) to prevent HIV-1 transmission. A concern is that RPV LA will not inhibit transmission of drug-resistant HIV-1 and may select for drug-resistant virus. In female humanized mice, we found that RPV LA inhibited vaginal transmission of WT or 3-fold RPV-resistant HIV-1 but not virus with 30-fold RPV resistance. In animals that became infected despite RPV LA PrEP, WT HIV-1 dissemination was delayed until genital and plasma RPV concentrations waned. RPV resistance was detected at similar low frequencies in untreated and PrEP-treated mice that became infected. These results indicate the importance of maintaining RPV at a sustained threshold after virus exposure to prevent dissemination of HIV-1 after vaginal infection and low-frequency resistance mutations conferred low-level resistance, suggesting that RPV resistance is difficult to develop after HIV-1 infection during RPV LA PrEP. Copyright © 2020 Melody et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.	Animal model; Drug resistance; HIV-1; Humanized mice; NNRTI; Preexposure prophylaxis; PrEP; Rilpivirine; Vaginal transmission	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Menza, Timothy W; Lipira, Lauren; Bhattarai, Amisha; Leon, Victoria Cali-De; Orellana, E Roberto	Prevalence and correlates of transactional sex among women of low socioeconomic status in Portland, OR.	BMC Women's Health	-	-	-	1472-6874	10.1186/s12905-020-01088-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7532610	BACKGROUND: Women who report transactional sex are at increased risk for HIV and other sexually transmitted infections (STIs). However, in the United States, social, behavioral, and trauma-related vulnerabilities associated with transactional sex are understudied and data on access to biomedical HIV prevention among women who report transactional sex are limited. METHODS: In 2016, we conducted a population-based, cross-sectional survey of women of low socioeconomic status recruited via respondent-driven sampling in Portland, Oregon. We calculated the prevalence and, assessed the correlates of, transactional sex using generalized linear models accounting for sampling design. We also compared health outcomes, HIV screening, and knowledge and uptake of HIV pre-exposure prophylaxis (PrEP) between women who did and did not report transactional sex. RESULTS: Of 334 women, 13.6% reported transactional sex (95% confidence interval CI: 6.8, 20.5%). Women who reported transactional sex were older, more likely to identify as black, to identify as lesbian or bisexual, to experience childhood trauma and recent sexual violence, and to have been homeless. Six percent (95% CI: 1.8, 10.5%) of women with no adverse childhood experiences (ACEs) reported transactional sex compared to 23.8% (95% CI: 13.0, 34.6%) of women who reported eleven ACEs (P < 0.001). Transactional sex was strongly associated with combination methamphetamine and opiate use as well as condomless sex. Women who reported transactional sex were more likely to report being diagnosed with a bacterial STI and hepatitis C; however, HIV screening and pre-exposure prophylaxis knowledge and use were low. CONCLUSIONS: In a sample of women of low socioeconomic status in Portland, Oregon, transactional sex was characterized by marginalized identities, homelessness, childhood trauma, sexual violence, substance use, and sexual vulnerability to HIV/STI. Multi-level interventions that address these social, behavioral, and trauma-related factors and increase access to biomedical HIV prevention are critical to the sexual health of women who engage in transactional sex.	Adverse childhood experiences; HIV testing; Pre-exposure prophylaxis; Substance use; Transactional sex	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Meyers K.; Price D.; Golub S.	Behavioral and social science research to support accelerated and equitable implementation of long-acting preexposure prophylaxis	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000596	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075963489&doi=10.1097%2fCOH.0000000000000596&partnerID=40&md5=d9340c1034e1611921cec79073433d03	Purpose of reviewThe sociobehavioral research agenda for HIV prevention urgently needs to progress beyond research on end user preferences to examine how to best support patient access, engagement, and choice in the rollout of long-acting modalities. We outline critical challenges for an era of choice in biomedical prevention that could benefit from the rigorous application of sociobehavioral research methods.Recent findingsResearch in three areas could accelerate implementation of long-acting antiretrovirals for prevention: integrating dual process models into research on patient decision-making and behavior; identifying strategies that mitigate against unconscious and implicit biases in provider decision-making and behavior; and developing tools to support patient-centered communication that incorporate research in both of the first two areas.SummaryWe encourage the development of dual process models and measures to better understand patient behavior, including behavior related to initiating biomedical prevention, choice of prevention strategy, switching among strategies, and discontinuation. Second, there is the need to develop intervention research that targets provider behavior. Finally, we call for research to inform patient-centered communication tools that integrate an understanding of affective drivers of preexposure prophylaxis (PrEP) decision-making and protect against implicit bias in provider recommendations related to PrEP. Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.	HIV; long-acting antiretrovirals; preexposure prophylaxis; sociobehavioral research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Migueres M.; Ducours M.; Dimeglio C.; Trimoulet P.; Abravanel F.; Delobel P.; Cazanave C.; Izopet J.	No evidence of sexual transmission of HEV among individuals using HIV pre-exposure prophylaxis	Journal of Viral Hepatitis	-	-	-	13520504	10.1111/jvh.13367	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091610370&doi=10.1111%2fjvh.13367&partnerID=40&md5=38cfe2face75f92222b2e3787d68309f	We investigated the seroprevalence and incidence of hepatitis E virus (HEV) infection in men who have sex with men (MSM) who have been exposed to pre-exposure prophylaxis (PrEP) against HIV as sexual transmission of HEV has been suggested. A total of 147 PrEP-using MSM and 147 blood donors matched for sex, age and geographical area were tested for anti-HEV IgG and IgM. Among them, 135 have been followed for 1 year, at the end of which serological tests for HEV were performed retrospectively on stored samples. Laboratory data on sexual transmitted infections (STIs) and viral hepatitis, including hepatitis A virus (HAV), were collected. Baseline seroprevalence rates in PrEP users were 42.2% (anti-HEV IgG) and 3.4% (anti-HEV IgM). Those of the control blood donors were similar (anti-HEV IgG 43.5% and anti-HEV IgM 4.1%). There was no incident of HEV infection despite the rates of bacterial STIs (incidence rate (IR) = 46.6%) and HAV infection (IR = 15.8%). Age was the only risk factor associated with anti-HEV IgG seropositivity at baseline and at the end of follow-up. Sexual transmission does not seem to be a major route of HEV infection in MSM, unlike HAV. © 2020 John Wiley & Sons Ltd	hepatitis E virus; HIV Pre-exposure prophylaxis; incidence; men who have sex with men; seroprevalence	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Ming K.; Shrestha I.; Vazquez A.; Wendelborn J.; Jimenez V.; Lisha N.; Neilands T.B.; Scott H.; Liu A.; Steward W.; Johnson M.O.; Saberi P.	Improving the HIV PrEP continuum of care using an intervention for healthcare providers: a stepped-wedge study protocol	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2020-040734	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088030270&doi=10.1136%2fbmjopen-2020-040734&partnerID=40&md5=66215bb02a7669c45a90f325e40c7523	INTRODUCTION: Pre-exposure prophylaxis (PrEP) has demonstrated to be a highly effective method for preventing HIV; however, many individuals with PrEP indications are not receiving PrEP. Primary care settings provide an opportunity to offer PrEP to a wide range of patients. In this paper, we describe the PrEP Optimisation Intervention (PrEP-OI), which includes a PrEP Coordinator and a web-based panel management tool (called PrEP-Rx), and is targeted at healthcare providers (HCPs) to increase PrEP uptake and persistence among those at risk for acquiring HIV. METHODS AND ANALYSIS: The PrEP-OI study evaluates the efficacy of the PrEP intervention (PrEP Coordinator + PrEP-Rx) to increase PrEP prescriptions through a stepped-wedge design among 10 primary care clinical sites in the San Francisco Department of Public Health. The number of PrEP initiation prescriptions constitutes the primary outcome, and we hypothesise that the mean number of PrEP prescriptions written will significantly increase after the clinics initiate PrEP-OI versus before this intervention. Secondary objectives include: 1-differences in PrEP initiation, duration of use and reasons for discontinuation based on patient's age, race/ethnicity and sex/gender, and by clinic and HCP characteristics, 2-sustainability of the intervention during a 12-month follow-up after the stepped-wedge phase, and 3-facilitators and barriers of PrEP delivery and experiences with the proposed PrEP intervention through qualitative interviews with HCPs. The results of this study can provide valuable insight into methods to reduce the burden of PrEP care on HCPs and improve PrEP continuum of care. ETHICS AND DISSEMINATION: This study and its protocols have been approved by the University of California, San Francisco (UCSF) Institutional Review Board. Study staff will disseminate findings locally (eg, the UCSF Centre for AIDS Prevention Studies' Community Engagement Core), statewide (eg, the California Department of Public Health's Office of AIDS) and nationally and internationally at conferences related to HIV. TRIAL REGISTRATION NUMBER: NCT03532191. © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	general medicine (see internal medicine); HIV & AIDS; quality in health care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Mir J.F.; Mazarío M.F.; Coll P.	Implementation models and access to HIV pre-exposure prophylaxis in Spain; Modelos de implementación y acceso a la profilaxis preexposición para el VIH en España	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	0213005X	10.1016/j.eimc.2019.05.004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068253647&doi=10.1016%2fj.eimc.2019.05.004&partnerID=40&md5=f8445aa3d2fcef1eee2921c8ba7a4b1a	To implement HIV pre-exposure prophylaxis (PrEP) in Spain, several possible models fitting the Spanish National Health System must be considered. The experience of other countries with a similar background let us foresee their benefits and their defects before implementing them. Possible implementation models for prescription-follow-up-dispensing circuits may involve hospitals, STI clinics or primary care centres and community pharmacies. On the one hand, a hospital-based circuit is the least effective of them all and it may not satisfy the potential demand, even though it could be deployed immediately. On the other hand, accessibility would increase with PrEP prescription in Primary care and dispensing by community pharmacists. Involvement of community-based STI clinics and publicly-funded STI clinics would be the best option to attract the population not frequenting the general health system, and co-management with Primary Care teams would ensure nation-wide access to PrEP. © 2019 Elsevier España, S.L.U. and Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica	Community health services; Health plan implementation; Health services accessibility; Human immunodeficiency virus; Pre-exposure prophylaxis; Sexual health; Sexually transmitted diseases	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2020	Mitchell K.M.; Dimitrov D.; Hughes J.P.; Moore M.; Vittinghoff E.; Liu A.; Cohen M.S.; Beyrer C.; Donnell D.; Boily M.-C.	Assessing the use of surveillance data to estimate the impact of prevention interventions on HIV incidence in cluster-randomized controlled trials	Epidemics	-	-	-	17554365	10.1016/j.epidem.2020.100423	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097366207&doi=10.1016%2fj.epidem.2020.100423&partnerID=40&md5=67b47a14a8cb708ae57b1a51bb157240	Background: In cluster-randomized controlled trials (C-RCTs) of HIV prevention strategies, HIV incidence is expensive to measure directly. Surveillance data on HIV diagnoses or viral suppression could provide cheaper incidence estimates. We used mathematical modelling to evaluate whether these measures can replace HIV incidence measurement in C-RCTs. Methods: We used a US HIV transmission model to simulate C-RCTs of expanded antiretroviral therapy(ART), pre-exposure prophylaxis(PrEP) and HIV testing, together or alone. We tested whether modelled reductions in total new HIV diagnoses, diagnoses with acute infection, diagnoses with early infection(CD4+ 500 cells/µl), diagnoses adjusted for testing volume, or the proportion virally non-suppressed, reflected HIV incidence reductions. Results: Over a two-year trial expanding PrEP alone, modelled reductions in total diagnoses underestimated incidence reductions by a median six percentage points(pp), with acceptable variability(95 % credible interval -14,-2pp). For trials expanding HIV testing alone or alongside ART + PrEP, greater, highly variable bias was seen-20pp(-128,-1) and -30pp(-134,-16), respectively. Acceptable levels of bias were only seen over longer trial durations when levels of awareness of HIV-positive status were already high. Expanding ART alone, only acute and early diagnoses reflected incidence reduction well, with some bias-3pp(-6,-1) and -8pp(-16,-3), respectively. Early and adjusted diagnoses also reliably reflected incidence when scaling up PrEP alonebias -5pp(-11,1) and 10pp(3,18), respectively. For trials expanding testing (alone or with ART + PrEP), bias for all measures explored was too variable for them to replace direct incidence measures, unless using diagnoses when HIV status awareness was already high. Conclusions: Surveillance measures based on HIV diagnoses may sometimes be adequate surrogates for HIV incidence reduction in C-RCTs expanding ART or PrEP only, if adjusted for bias. However, all surveillance measures explored failed to approximate HIV incidence reductions for C-RCTs expanding HIV testing, unless levels of awareness of HIV-positive status were already high. © 2020 The Authors	HIV; Incidence; Marker; Mathematical modelling; Surveillance data; Trials	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Moeller, Robert W, PhD; Seehuus, Martin, PhD; Wahl, Logan, BA; Gratch, Ilana, BA	Use of PrEP, sexual behaviors and mental health correlates in a sample of gay, bisexual and other men who have sex with men	Journal of Gay & Lesbian Mental Health	-	-	-	19359705	10.1080/19359705.2019.1688216	https://www.proquest.com/scholarly-journals/use-prep-sexual-behaviors-mental-health/docview/2328858553/se-2?accountid=8113	We sought to document the correlates of mental health and sexual behaviors of PrEP using and non-using gay, bisexual, and other MSM. Depression, anxiety and internalized homophobia scores were all significantly lower for PrEP users compared to HIV-negative non-PrEP users. PrEP use was found to moderate the relationship between anxiety and condomless anal intercourse (CAI), such that rates of anxiety were higher for non-PrEP users reporting greater numbers of CAI partners, while remaining stable for PrEP users. Use of PrEP was associated with lower levels of depression, anxiety, and internalized homophobia.	Bisexuality; Homosexuality; PrEP; Anxiety; men who have sex with men; Men who have sex with men; Sexual behavior; mental health; Prep; Depression; Mental health; Anal intercourse; Health behavior; sexual behavior; Homophobia; internalized homophobia; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mental depression; Medical Sciences--Psychiatry And Neurology; Internalization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Moitra E.; van den Berg J.J.; Sowemimo-Coker G.; Chau S.; Nunn A.; Chan P.A.	Open pilot trial of a brief motivational interviewing-based HIV pre-exposure prophylaxis intervention for men who have sex with men: preliminary effects, and evidence of feasibility and acceptability	AIDS Care	-	-	-	9540121	10.1080/09540121.2019.1622644	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85066244706&doi=10.1080%2f09540121.2019.1622644&partnerID=40&md5=4e7894884032e31afca192fd9b628635	Gay, bisexual and other men who have sex with men (MSM) are at high-risk of HIV infection in the United States. Daily oral pre-exposure prophylaxis (PrEP) has demonstrated efficacy in reducing HIV acquisition among MSM. However, PrEP uptake in real-world clinical settings has been slow and uneven. Guided by Self-Regulation Theory, we developed and evaluated a brief (15–25 min) motivational interviewing (MI)-based intervention to promote PrEP uptake in an uncontrolled pilot trial. Nineteen MSM were recruited during the course of routine HIV screening at a sexually transmitted diseases clinic. We administered the 2-session intervention in-person and by telephone. Thirteen (72%) participants completed baseline and 1-month follow-up assessments; all found the intervention and its components highly acceptable. Over the 1-month period, seven participants (37%) obtained a PrEP prescription, more than tripling the rate previously observed with PrEP counseling and referrals alone (11%). The most common barrier to uptake was out-of-pocket costs. This approach was feasible and underscored the need for financial assistance and other PrEP navigation services to supplement behavioral interventions to enhance PrEP uptake. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	HIV; intervention; motivational interviewing; MSM; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Monnin A.; Nagot N.; Periès M.; Vallo R.; Meda N.; Singata-Madliki M.; Tumwine J.K.; Kankasa C.; Ngandu N.; Goga A.; Reynier P.; Tylleskär T.; Van de Perre P.; Molès J.-P.	Mitochondrial DNA parameters in blood of infants receiving lopinavir/ritonavir or lamivudine prophylaxis to prevent breastfeeding transmission of HIV-1	Journal of Clinical Medicine	-	-	-	20770383	10.3390/jcm9092972	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114278967&doi=10.3390%2fjcm9092972&partnerID=40&md5=db484a43bb53818c83fb44f2197514a1	Children who are human immunodeficiency virus (HIV)-exposed but uninfected (CHEU) accumulate maternal HIV and antiretroviral exposures through pregnancy, postnatal prophylaxis, and breastfeeding. Here, we compared the dynamics of mitochondrial DNA (mtDNA) parameters in African breastfed CHEU receiving lopinavir/ritonavir (LPV/r) or lamivudine (3TC) pre-exposure prophylaxis during the first year of life. The number of mtDNA copies per cell (MCN) and the proportion of deleted mtDNA (MDD) were assessed at day 7 and at week 50 post-delivery (PrEP group). mtDNA depletion was defined as a 50% or more decrease from the initial value, and mtDNA deletions was the detection of mtDNA molecules with large DNA fragment loss. We also performed a sub-analysis with CHEU who did not receive a prophylactic treatment in South Africa (control group). From day seven to week 50, MCN decreased with a median of 41.7% (interquartile range, IQR: 12.1; 64.4) in the PrEP group. The proportion of children with mtDNA depletion was not significantly different between the two prophylactic regimens. Poisson regressions showed that LPV/r and 3TC were associated with mtDNA depletion (reference: control group; LPV/r: PR = 1.75 (CI95%:1.15–2.68), p < 0.01; 3TC: PR = 1.54 (CI95%:1.00–2.37), p = 0.05). Moreover, the proportion of children with MDD was unexpectedly high before randomisation in both groups. Long-term health impacts of these mitochondrial DNA parameters should be investigated further for both CHEU and HIV-infected children receiving LPV/r-or 3TC-based regimens. © 2020 by the authors. Licensee MDPI, Basel, Switzerland.	Africa; Breastfeeding; Deletion; Depletion; HIV-exposed uninfected children; Lamivudine; Lopinavir/ritonavir; Mitochondrial DNA	English	Switzerland	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Moodley, Roxann	Pre-Exposure Prophylaxis (PrEP) therapy in KwaZulu-Natal : an implementation guideline	-	-	Durban University of Technology	-	NA	https://doi.org/10.51415/10321/4030	https://openscholar.dut.ac.za/handle/10321/4030	Dissertation submitted to the Durban of Technology in fulfilment of the requirements for the award of the degree of Doctor's Degree in Nursing, Durban University of Technology, Durban, South Africa, 2020. Why is pre-exposure prophylaxis (PrEP) therapy not implemented as a preventative treatment against human immunodeficiency virus (HIV) in primary health care (PHC) clinics in the KwaZulu Natal province? PrEP therapy has proven to be an effective preventative strategy against HIV (Bekker et al. 2016) which could be used to decrease the number of individuals becoming infected with the Human Immunodeficiency virus. This study explores the perceptions of PHC nurses, PHC doctors, PHC support staff and individuals at high risk of contracting HIV regarding PrEP therapy in KwaZulu Natal public clinics. The Department of Health (DoH) has published guidelines for the implementation of PrEP therapy; however, the guidelines have not been adopted and used by the primary health care staff in the clinics and has resulted in pre-exposure prophylaxis therapy not being implemented in the clinics to individuals at high risk of contracting Human Immunodeficiency Virus. This research employed a qualitative framework using the grounded theory approach of Charmaz (2014). There are ten districts in KwaZulu Natal with a total of 588 primary health clinics that are accessible to the public. Five primary health care clinics were used in this research study with fourteen participants that were interviewed. Using semi-structured interviews with research participants across primary health care clinics that were purposefully selected, the researcher was able to develop an implementation guide for the department of health (DoH) pre-exposure prophylaxis therapy guidelines. The implementation guide that has been developed can be used by health care providers to assist with the implementation of the department of health pre-exposure prophylaxis therapy guideline in the primary health care clinics. The results of the study showed that educating the public and the individuals at high risk of contracting HIV can create awareness and demand for pre-exposure prophylaxis therapy. Participants expressed their concern regarding the implementation of pre- exposure prophylaxis in the primary health care clinics as there may not be enough resources to successfully implement and monitor individuals that want to take pre- exposure prophylaxis therapy.	Pre-exposure prophylaxis (PrEP) therapy; Human immunodeficiency virus (HIV); Nursing; Preventative health services; Pre-exposure prophylaxis; HIV infections – South Africa – Prevention; AIDS (Disease) – South Africa – Prevention; Primary health care – South Africa; Health promotion – South Africa	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Qualitative
Article	2020	Moore E.; Kelly S.G.; Alexander L.; Luther P.; Cooper R.; Rebeiro P.F.; Zuckerman A.D.; Hargreaves M.; Bourgi K.; Schlundt D.; Bonnet K.; Pettit A.C.	Tennessee Healthcare Provider Practices, Attitudes, and Knowledge Around HIV Pre-Exposure Prophylaxis	Journal of Primary Care and Community Health	-	-	-	21501319	10.1177/2150132720984416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098051371&doi=10.1177%2f2150132720984416&partnerID=40&md5=71151a0b426e12e7a78ce80ec187b800	Introduction/Objectives: Pre-exposure prophylaxis (PrEP) use in the southern United States is low despite its effectiveness in preventing HIV acquisition and high regional HIV prevalence. Our objectives were to assess PrEP knowledge, attitudes, and prescribing practices among Tennessee primary care providers. Methods: We developed an anonymous cross-sectional electronic survey from March to November 2019. Survey development was guided by the Capability, Opportunity, Motivation, and Behavior framework and refined through piloting and interviews. Participants included members of professional society and health center listservs licensed to practice in Tennessee. Respondents were excluded if they did not complete the question regarding PrEP prescription in the previous year or were not in a position to prescribe PrEP (e.g., hospital medicine). Metrics included PrEP prescription in the preceding year, PrEP knowledge scores (range 0-8), provider attitudes about PrEP, and provider and practice characteristics. Knowledge scores and categorical variables were compared across PrEP prescriber status with Wilcoxon rank-sum and Fisher's exact tests, respectively. Results: Of 147 survey responses, 99 were included and 43 (43%) reported PrEP prescription in the preceding year. Compared with non-prescribers: prescribers had higher median PrEP knowledge scores (7.3 vs 5.6, P <.01), a higher proportion had self-reported patient PrEP inquiries (95% vs 21%, P <.01), a higher proportion had self-reported good or excellent ability to take a sexual history (83% vs 58%, P =.01) and comfort taking a sexual history (92% vs 63%, P <.01) from men who have sex with men, a subgroup with high HIV risk. Most respondents felt obligated to provide PrEP (65%), and felt all primary care providers should provide PrEP (63%). Conclusion: PrEP provision is significantly associated with PrEP knowledge, patient PrEP inquiries, and provider sexual history taking ability and comfort. Future research should evaluate temporal relationships between these associations and PrEP prescription as potential routes to increase PrEP provision. © The Author(s) 2020.	community health; prevention; primary care; risky sexual behavior; underserved communities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Moore J.R.; Donnell D.J.; Boily M.-C.; Mitchell K.M.; Delany-Moretlwe S.; Bekker L.-G.; Mgodi N.M.; El-Sadr W.; Cohen M.S.; Celum C.L.; Dimitrov D.	Model-Based Predictions of HIV Incidence among African Women Using HIV Risk Behaviors and Community-Level Data on Male HIV Prevalence and Viral Suppression	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002481	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095403950&doi=10.1097%2fQAI.0000000000002481&partnerID=40&md5=1a327b69f3ee70b202a7fabcea7a72af	Background:Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine has proven highly effective in preventing HIV acquisition and is therefore offered to all participants in the control group as part of the standard of care package in many new HIV prevention studies. We propose a methodology for predicting HIV incidence in a hypothetical "placebo arm" for open-label studies or clinical trials with active control among African women. We apply the method to an open-label PrEP study, HIV Prevention Trials Network 082, which tested strategies to improve PrEP adherence in young African women all of whom were offered PrEP.Methods:Our model predicted HIV infection risk for female study cohorts in sub-Saharan Africa using baseline behavioral risk factors and contemporary HIV prevalence and viral suppression in the local male population. The model was calibrated to HIV incidence in the Vaginal and Oral Interventions to Control the Epidemic study.Results:Our model reproduced the annual HIV incidence of 3.2%-4.8% observed over 1 year of follow-up in the placebo groups of 4 completed clinical studies. We predicted an annual HIV incidence of 3.7% (95% confidence interval: 3.2 to 4.2) among HIV Prevention Trials Network 082 participants in the absence of PrEP and other risk reduction interventions.Conclusions:We demonstrated the potential of the proposed methodology to provide HIV incidence predictions based on assessment of individual risk behaviors and community and time-specific HIV exposure risk using HIV treatment and viral suppression data. These estimates may serve as comparators in HIV prevention trials without a placebo group. © 2020 Lippincott Williams and Wilkins. All rights reserved.	African women; Counterfactual modeling; HIV incidence; HIV risk factors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Moorthy G.S.; Lalley-Chareczko L.; Koenig H.C.; Zuppa A.F.	Tenofovir urine assay to monitor adherence to hiv pre-exposure prophylaxis	Current Clinical Pharmacology	-	-	-	15748847	10.2174/1574884714666191111125348	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089663935&doi=10.2174%2f1574884714666191111125348&partnerID=40&md5=29e9f9555cf9ab513b30229ddc946816	Tenofovir Disoproxil Fumarate (TDF) and tenofovir Alafenamide (TAF) are prodrugs of tenofovir and have excellent long-term efficacy and tolerability for the treatment of HIV. An objective marker of adherence to tenofovir-based therapy could be clinically useful in supporting adherence to TDF-based HIV pre-Exposure Prophylaxis (PrEP) in populations in whom, self-report has been shown to be unreliable, and could play a role in resource-limited settings to support HIV and hepatitis B treatment adherence. A semi-quantitative high-performance liquid chromatography-mass spectrometry method for tenofovir quantification of urine samples was developed. This assay detects tenofovir concentration in log10 levels between 1 and 10,000 ng/mL, and was shown to distinguish between recent adherence and low/non-adherence to both TDF and TAF, with a concentration of >1000 ng/mL, highly predictive of medication ingestion in the last 24-48 hours. This assay was validated relative to other markers of adherence including dried blood spot and self-report in a highly adherent population of PrEP patients, and tenofovir was shown to be stable at room temperature in urine for at least 14 days. The assay was successfully used in a clinical setting to maintain high PrEP adherence and retention in care of 50 young men who have sex with men (MSM) over 48 weeks, to assess PrEP adherence in youth with mental health conditions, and to monitor drug levels relative to plasma levels in a case study of chewed TDF/FTC (tenofovir/emtricitabine) for PrEP. Further studies are underway to implement the tenofovir urine assay to monitor adherence and pre-exposure prophylaxis, nationally and internationally. © 2020, Bentham Science Publishers. All rights reserved.	HIV; Liquid chromatography-mass spectrometry; Pre-Exposure Prophylaxis (PrEP); Tenofovir Alafenamide (TAF); Tenofovir Disoproxil Fumarate (TDF); Urine samples	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Morgan, Ethan; Dyar, Christina; Newcomb, Michael E; D'Aquila, Richard T; Mustanski, Brian	PrEP Use and Sexually Transmitted Infections Are Not Associated Longitudinally in a Cohort Study of Young Men Who Have Sex with Men and Transgender Women in Chicago.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-019-02664-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7056520	Our goal was to understand whether PrEP users are at increased risk for STIs, a key target in prevention efforts aimed at disrupting the spread of STIs and likely downstream HIV infection risk. Data were collected as part of RADAR, a cohort study of young men who have sex with men and transgender women (YMSM/TW) (aged 16-29) in Chicago. Longitudinal lagged regression models were utilized to assess the relationship between PrEP use and odds of rectal STI acquisition. Mediation models were also utilized to consider the potential pathway between PrEP use, condomless anal sex (CAS), and rectal STI. One hundred eighty-seven (16.2%) participants had a rectal STI at baseline. In both cross-sectional and longitudinal models, no significant association was observed between PrEP use and STI. In mediation models, PrEP use was significantly associated with increased CAS, however, CAS was not associated with STI status. We demonstrated that, overall, PrEP use was not associated with STIs among YMSM/TW but did observe that PrEP users were more likely to report increased participation in CAS at the subsequent study visit.	HIV; Longitudinal; PrEP; STI	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Moskowitz, David A; Macapagal, Kathryn; Mongrella, Melissa; Pérez-Cardona, Leishla; Newcomb, Michael E; Mustanski, Brian	What If My Dad Finds Out!?: Assessing Adolescent Men Who Have Sex with Men's Perceptions About Parents as Barriers to PrEP Uptake.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-02827-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462124	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy for high-risk adults and recently was given US FDA approval for use among adolescents. Yet, the barriers to medication uptake for this population are unique when compared to adult populations, as parents may be just as likely as prescribers to be gatekeepers to access. To better understand the role of parents in adolescents' attitudes towards PrEP, we surveyed 491 adolescent men who have sex with men (AMSM) ages 13-18, using forced choice and open-ended response questions. We measured perceived parent-PrEP supportiveness, hypothetical parent reactions to a request to initiate PrEP, and perceived positive and negative aspects of taking PrEP without parents knowing. A mixed-methods approach was employed. Results indicated a majority of AMSM had heard of PrEP and most reported their parents would be unsupportive of their taking PrEP. Teens perceived their parents would likely be angry, accusatory, and punitive if PrEP use was discovered, and that accessing PrEP independent of parents might increase their health autonomy, agency, and prevent awkward conversations about sex. Furthermore, a path model revealed that fears of parental reaction and poor self-efficacy to communicate with parents about PrEP significantly contributed to participants feeling PrEP was not "right" for them, and as a corollary, less interest in starting PrEP. The study suggests that improving parental knowledge of PrEP and encouraging parents to begin the conversation about PrEP could help increase uptake in AMSM.	Adolescents; Family communication; HIV prevention; Parents; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Mouhanna, Farah; Castel, Amanda D; Sullivan, Patrick S; Kuo, Irene; Hoffman, Heather J; Siegler, Aaron J; Jones, Jeb S; Mera Giler, Robertino; McGuinness, Pema; Kramer, Michael R	Small-area spatial-temporal changes in pre-exposure prophylaxis (PrEP) use in the general population and among men who have sex with men in the United States between 2012 and 2018.	Annals of Epidemiology	-	-	-	1873-2585	10.1016/j.annepidem.2020.07.001	https://dx.doi.org/10.1016/j.annepidem.2020.07.001	PURPOSE: Oral emtricitabine/tenofovir disoproxil fumarate was approved for use as pre-exposure prophylaxis (PrEP) by the U.S. Food and Drug Administration in 2012. We used national pharmacy data to examine trends of PrEP use in U.S. counties from 2012 to 2018. METHODS: Using multi-level small-area spatio-temporal modeling, we calculated the estimated annual percentage change (EAPC) in prevalence of PrEP use in the general population from 2012 to 2018. We also used a proxy measure for prevalence of PrEP use among men who have sex with men (MSM) to evaluate trends of use among MSM, the PrEP use-to-MSM ratio (PmR) or number of male PrEP users per 1000 MSM population. RESULTS: The prevalence of PrEP use and PmR increased (EAPC range: (+26.9%, +71.0%) and (+28.4%, +158.7%), respectively) in all counties with varying magnitude of increase. Counties of the Midwest and the upper South and upper West had the slowest increase in prevalence of PrEP use (EAPC range: (+26.9%; +52.9%)). Counties of the northern part of the South had the lowest PmR (EAPC range: (+28.4%; +76.0%)). Counties of the most populous core-based statistical areas had a relatively faster increase in population prevalence of PrEP use but slower increase in PmR. CONCLUSIONS: All counties in the U.S. have witnessed an increase in PrEP use with important geographic variabilities. Identifying areas with slow improvement in PrEP use, as well as "model counties" with the fastest pace of progress in PrEP coverage, is critical to inform local and state-level policies and program evaluation for PrEP scale up, particularly among MSM at higher risk for HIV.	HIV; Hierarchical Bayesian modeling; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Spatio–temporal change	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Mudimu E.; Peebles K.; Mukandavire Z.; Nightingale E.; Sharma M.; Medley G.F.; Klein D.J.; Kripke K.; Bershteyn A.	Individual and community-level benefits of PrEP in western Kenya and South Africa: Implications for population prioritization of PrEP provision	PLOS One	-	-	-	19326203	10.1371/journal.pone.0244761	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099030659&doi=10.1371%2fjournal.pone.0244761&partnerID=40&md5=e1a15f7d5509c699074b9bb058e4425c	Background Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV and has the potential to significantly impact the HIV epidemic. Given limited resources for HIV prevention, identifying PrEP provision strategies that maximize impact is critical. Methods We used a stochastic individual-based network model to evaluate the direct (infections prevented among PrEP users) and indirect (infections prevented among non-PrEP users as a result of PrEP) benefits of PrEP, the person-years of PrEP required to prevent one HIV infection, and the community-level impact of providing PrEP to populations defined by gender and age in western Kenya and South Africa. We examined sensitivity of results to scale-up of antiretroviral therapy (ART) and voluntary medical male circumcision (VMMC) by comparing two scenarios: maintaining current coverage ("status quo") and rapid scale-up to meet programmatic targets ("fast-track"). Results The community-level impact of PrEP was greatest among women aged 15–24 due to high incidence, while PrEP use among men aged 15–24 yielded the highest proportion of indirect infections prevented in the community. These indirect infections prevented continue to increase over time (western Kenya: 0.4–5.5 (status quo); 0.4–4.9 (fast-track); South Africa: 0.5–1.8 (status quo); 0.5–3.0 (fast-track)) relative to direct infections prevented among PrEP users. The number of person-years of PrEP needed to prevent one HIV infection was lower (59 western Kenya and 69 in South Africa in the status quo scenario; 201 western Kenya and 87 in South Africa in the fast-track scenario) when PrEP was provided only to women compared with only to men over time horizons of up to 5 years, as the indirect benefits of providing PrEP to men accrue in later years. Conclusions Providing PrEP to women aged 15–24 prevents the greatest number of HIV infections per person-year of PrEP, but PrEP provision for young men also provides indirect benefits to women and to the community overall. This finding supports existing policies that prioritize PrEP use for young women, while also illuminating the community-level benefits of PrEP availability for men when resources permit. © 2020 Mudimu et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2020	Mudzviti, Tinashe; Dhliwayo, Anesu; Chingombe, Byrone; Ngara, Bernard; Monera-Penduka, Tsitsi G; Maponga, Charles C; Morse, Gene D	Perspectives on oral pre-exposure prophylaxis use amongst female sex workers in Harare, Zimbabwe.	South African Journal of HIV Medicine	-	-	-	2078-6751	10.4102/sajhivmed.v21i1.1039	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7059237	BACKGROUND: Pre-exposure prophylaxis (PrEP) could provide protection from human immunodeficiency virus (HIV) infection in sexually active persons at risk. Limited data are available in Zimbabwe with regard to the perceptions about PrEP amongst female sex workers (FSWs). OBJECTIVES: The aim of this study was to evaluate the knowledge levels of oral PrEP and the likelihood of its use amongst FSWs. METHOD: This was a cross-sectional study in the peri-urban areas of Harare, Zimbabwe. Human immunodeficiency virus-negative FSWs were interviewed to assess their awareness of and likelihood to use PrEP. The relative importance index was used to evaluate the levels of knowledge and the likelihood of, and barriers to, PrEP use. A set of 10 questions was designed and validated that evaluated participants' understanding of PrEP. A bivariate logistic regression model was utilised to identify predictors of PrEP use. RESULTS: A total of 131 FSWs with a median age of 25 years (interquartile range: 21-31) participated in this study. Of the 71 (54%) FSWs who had heard about PrEP, 46 (35%) participants had adequate knowledge of its use. A total of 102 (78%) participants felt that they would be willing to continuously use PrEP if it was provided free of cost. Increasing age of the participants was associated with an increase in the likelihood of using PrEP (r = 0.0033, p = 0.038). More knowledge about PrEP increased the likelihood of its use (r = 0.21, p = 0.0153). This likelihood increased amongst participants with an unprotected sexual intercourse encounter in the preceding 3 months (r = 0.0448, p = 0.026). CONCLUSION: Knowledge of PrEP amongst FSWs was low. To increase the uptake of PrEP, there is a need to further sensitise FSWs about this intervention. Programmes should also promote awareness training in FSW subgroups that are less likely to use PrEP.	female sex workers, HIV, pre-exposure prophylaxis, barriers, Truvada	English	South Africa	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Editorial	2020	Mugwanya, Kenneth K; Baeten, Jared M	Next-Generation Preexposure Prophylaxis: Choices For Effective HIV Prevention.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiz273	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7137882	Evidence supporting the use of antiretroviral medications to prevent new human immunodeficiency virus (HIV) infections—as both treatment to eliminate infectiousness and prophylaxis to block acquisition—has revolutionized thinking about HIV prevention. Indeed, HIV treatment and preexposure prophylaxis (PrEP) are now core components of US and global efforts to end the HIV epidemic [1]. Oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) was the first PrEP agent [2, 3], and its key regulatory and normative agency milestones have included Food and Drug Administration approval in 2012, Centers for Disease Control and Prevention and World Health Organization guidelines in 2014 and 2015, and drug regulatory approval and national guidelines currently in >40 countries worldwide [4]. PrEP with TDF/FTC pills is now standard of care for HIV prevention, and wide-scale implementation is underway globally.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Mujugira A.; Baeten J.M.; Hodges-Mameletzis I.; Haberer J.E.	Lamivudine/Tenofovir Disoproxil Fumarate is an Appropriate PrEP Regimen	Drugs	-	-	-	126667	10.1007/s40265-020-01419-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092297609&doi=10.1007%2fs40265-020-01419-4&partnerID=40&md5=c315a3cf320673a501a9589d2c8434f0	Oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) co-formulated with emtricitabine (FTC) or lamivudine (3TC) is recommended as an additional prevention option for persons at substantial risk of HIV infection by both the World Health Organization (WHO) and the US President's Emergency Plan for AIDS Relief (PEPFAR). The WHO and PEPFAR consider 3TC clinically interchangeable with FTC for PrEP given comparable pharmacologic equivalence, resistance and toxicity patterns, and indirect clinical trial evidence from TDF-containing studies. Globally, FTC/TDF has been widely used in clinical trials, open-label extension studies and demonstration projects. Thus, most PrEP efficacy and safety data are based on FTC/TDF use in heterosexual women and men, men who have sex with men, and people who inject drugs. However, generic 3TC/TDF is less expensive than FTC/TDF, is already available in supply chains for HIV drugs, and has 60–70% of the global adult market share, making it particularly appealing in settings with limited availability or affordability of FTC/TDF. Compelling indirect evidence suggests that scaling up use of 3TC/TDF is potentially cost saving for HIV programs in settings where restricting drug choice to FTC/TDF would delay PrEP implementation. Guideline committees and public health decision-makers in countries should encourage flexibility in PrEP drug selection, support off-label use of 3TC/TDF, and approve use of generic formulations to decrease the cost of PrEP medications and accelerate PrEP delivery through the public and private sectors. © 2020, Springer Nature Switzerland AG.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2020	Mullick, Charu; Murray, Jeffrey	Correlations Between Human Immunodeficiency Virus (HIV) Infection and Rectal Gonorrhea Incidence in Men Who Have Sex With Men: Implications for Future HIV Preexposure Prophylaxis Trials.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiz037	https://dx.doi.org/10.1093/infdis/jiz037	Using published data, we found a direct correlation between the incidence of rectal gonorrhea and human immunodeficiency virus (HIV) infection in men who have sex with men who were not using oral preexposure prophylaxis. HIV incidence was predicted using rectal gonorrhea incidence as the determinant in regression analysis. The observed correlation suggest that rectal gonorrhea incidence can potentially serve as a predictor of HIV incidence. If confirmed with additional data, a quantitative correlation for incidence of the 2 infections could be useful in active-controlled HIV prevention trials where low HIV incidence is expected. Widespread improvements in treatment as prevention and gonorrhea control can negatively impact the correlation and its utility.	HIV prevention; clinical trial designs; gonorrhea; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2020	Musinguzi N.; Kidoguchi L.; Mugo N.R.; Ngure K.; Katabira E.; Celum C.L.; Baeten J.M.; Heffron R.; Haberer J.E.	Adherence to recommendations for ART and targeted PrEP use among HIV serodiscordant couples in East Africa: the "PrEP as a bridge to ART" strategy	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-020-09712-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094175212&doi=10.1186%2fs12889-020-09712-3&partnerID=40&md5=b9e6b487fceb203126bf27ca3f16018d	Background: PrEP use should be aligned with periods of risk for HIV acquisition. For HIV serodiscordant couples, PrEP can be used as a bridge until the partner living with HIV takes antiretroviral therapy (ART) long enough to achieve viral suppression (the "PrEP as a Bridge to ART" strategy). However, adherence to this strategy is unknown. Methods: In a demonstration project in Kenya and Uganda, HIV-uninfected partners of serodiscordant couples were advised to take PrEP until the partner living with HIV took ART for ≥ 6 months. PrEP discontinuation was then recommended unless there were concerns about ART adherence, immediate fertility intentions, or outside partners with unknown HIV/ART status. Electronic adherence monitoring and socio-behavioral questionnaire data were used in logistic regression models to explore completion of this strategy and continuation of PrEP beyond recommendations to stop its use. Results: Among 833 serodiscordant couples, 436 (52%) HIV-uninfected partners completed ≥ 6 months of PrEP as a bridge to ART. Strategy completion was associated with older age (aOR per 5 years = 1.1; p = 0.008) and having fewer children (aOR = 0.9; p = 0.019). Of the 230 participants encouraged to stop PrEP according to strategy recommendations, 170 (74%) did so. PrEP continuation among the remaining 60 participants was associated with more education (aOR = 1.1; p = 0.029), a preference for PrEP over ART (aOR = 3.6; p = 0.026), comfort with managing their serodiscordant relationship (aOR = 0.6; p = 0.046), and believing PrEP makes sex safe (aOR = 0.5; p = 0.026). Conclusion: Half of participants completed the PrEP as a bridge to ART strategy and the majority stopped PrEP as recommended. These findings suggest that targeting PrEP to periods of risk is a promising approach; however, tailoring counseling around aligning PrEP use and HIV risk will be important for optimal strategy implementation. © 2020, The Author(s).	Adherence; ART; Demonstration project; Kenya; PrEP; Uganda	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Muwonge T.R.; Nsubuga R.; Brown C.; Nakyanzi A.; Bagaya M.; Bambia F.; Katabira E.; Kyambadde P.; Baeten J.M.; Heffron R.; Celum C.; Mujugira A.; Haberer J.E.	Knowledge and barriers of PrEP delivery among diverse groups of potential PrEP users in Central Uganda	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0241399	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094857200&doi=10.1371%2fjournal.pone.0241399&partnerID=40&md5=6cc4b6f8ef0887679ac739d58fc5c3da	Background Scale-up of oral pre-exposure prophylaxis (PrEP) for HIV prevention in Uganda began with serodiscordant couples (SDC) and has expanded to other most at-risk populations (MARPs). We explored knowledge, acceptability, barriers and facilitators of PrEP use among potential PrEP users in four MARPs (SDC; men who have sex with men MSM; female sex workers FSW, and fisher folk). Methods We administered quantitative surveys to potential PrEP users in multiple settings in Central Uganda at baseline and approximately 9 months after healthcare worker (HCW) training on PrEP. Results The survey was completed by 250 potential PrEP users at baseline and 125 after HCW training; 55 completed both surveys. For these 250 participants, mean age was 28.5 years (SD 6.9), 47% were male and 6% were transgender women, with approximately even distribution across MARPs and recruitment locations (urban, peri-urban, and rural). Most (65%) had not heard about PrEP. After HCW training, 24% of those sampled were aware of PrEP, and the proportion of those who accurately described PrEP as "antiretrovirals to be used before HIV exposure" increased from 54% in the baseline survey to 74% in the second survey (p<0.001). The proportion of participants who reported HCW as a source of PrEP information increased after training (59% vs 91%, p<0.001). In both surveys, nearly all participants indicated they were willing to take PrEP if offered. The most common anticipated barriers to PrEP were stigma, transportation, accessibility, busy schedules, and forgetfulness. Closeness to home was a common facilitator for all participant categories. Conclusions Initial awareness of PrEP was low, but PrEP knowledge and interest increased among diverse MARPs after HCW training. Demand creation and HCW training will be critical for increasing PrEP awareness among key populations, with support to overcome barriers to PrEP use. These findings should encourage the acceleration of PrEP rollout in Uganda. © 2020 Muwonge et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2020	Mwasakifwa, Gwamaka Eliudi; Nugent, Colleen; Varma, Rick	Proctitis in gay and bisexual men. Are microscopy and proctoscopy worthwhile?	Sexually Transmitted Infections	-	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2019-054197	https://sti.bmj.com/content/96/7/475	OBJECTIVES: We explored the association between nucleic acid amplification testing (NAAT) and rectal microscopy/proctoscopy findings and correlates of rectal STIs among 150 gay and bisexual men (GBM) diagnosed with proctitis at the Sydney Sexual Health Centre from March 2016 to October 2017. METHODS: From case files, we analysed risk behaviours, microscopy, proctoscopy and NAAT results for rectal STIs (Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, herpes simplex virus type 1/2, lymphogranuloma venereum and syphilis). χ(2) test assessed the association between microscopy/proctoscopy findings and NAAT results. Linear regression assessed the association between NAAT positivity and correlates of rectal STIs. RESULTS: The mean age was 32.5 (9.8) years, 43% (65/150) were taking pre-exposure prophylaxis, 17% (26/150) were HIV positive and 24% (36/147) had multiple rectal STIs. Among GBM with documented proctoscopy findings (n=113), 58% (65/113) had discharge, 36% (41/113) had anorectal erythema and 25% (28/113) had bleeding. A quarter of GBM (28/113) had negative proctoscopy findings. Discharge found on proctoscopy (p=0.001), positive HIV status (p=0.030) and time since last receptive anal intercourse (p=0.028) were independently associated with NAAT positivity for any rectal STI. Discharge had a positive likelihood ratio of 1.6 (95% CI 1.0 to 2.4). Among those with documented microscopy findings (n=69), 59% (41/69) and 41% (28/69) were NAAT positive and negative, respectively. Among NAAT-positive GBM, 27 (66%) had polymorphonuclear cells (PMNs) (mean number of PMNs, 10 (SD 9) cells per oil immersion field), 1 (2%) had Gram-negative intracellular diplococci and 11 (27%) had negative findings. There was no significant association between microscopy findings and NAAT results (p=0.651) or the number of rectal STI (p=0.279). CONCLUSION: Microscopy does not reliably provide information necessary to tailor the management of GBM diagnosed with proctitis. Discharge found during proctoscopy may identify GBM with rectal STI. Services should consider recommendations to perform these investigations.	Adult; Humans; Male; Young Adult; Neisseria gonorrhoeae; Sexuality; microbiology; Microscopy; Nucleic Acid Amplification Techniques; Australia/epidemiology; gay men; *Sexual and Gender Minorities; Health Risk Behaviors; *Proctoscopy; anogenital conditions; PCR; Proctitis/*diagnostic imaging/epidemiology/microbiology/pathology; Rectum/diagnostic imaging/microbiology/pathology; Sexually Transmitted Diseases/*diagnosis/epidemiology/microbiology/pathology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Mysior P.; Tenberken E.; Stecher M.; Vehreschild J.-J.; Schafberger A.; Perea I.; Brillen A.-L.; Bartmeyer B.; Esser S.; Bremer V.; Marcus U.; Hoffmann D.; Streeck H.	Rapid Uptake of Pre-Exposure Prophylaxis after Significant Price Reduction in Germany Highlights Importance of Pre-Exposure Prophylaxis Accessibility	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2019.0237	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090816283&doi=10.1089%2faid.2019.0237&partnerID=40&md5=72c3631b172a4329f0f2956803f46c4b	Pre-Exposure Prophylaxis (PrEP) has been widely accepted as an effective method to prevent HIV infections, but high costs precluded a widespread use in Germany. A novel distribution pathway of tenofovir-disoproxil fumarate and emtricitabine PrEP was implemented, which reduced monthly PrEP costs by 16-fold in Germany. Over a period of 6 months, we recorded prescription data, demographics, and sexual behavior of PrEP users, including self-reported sexually transmitted infections (STIs), alcohol and drug use. Within a month, prescriptions almost doubled from 585 to 1,009 and reached a cumulative number of 6,059 at the end of the 6-month observation period. Extrapolation of the data suggests an estimated maximal number of PrEP users of the order of 10,000. PrEP users demonstrated to be a population of well-educated men (407/686) who have sex with men (629/686), median age 38 (range:18-71), and of German descent (571/686). The majority used PrEP to compensate for risk of HIV infection when having condomless anal intercourse (372/686). At start of PrEP implementation, the majority perceived their own risk to acquire HIV as none to medium (78.6%; n = 539), while only a subset (18.8%; n = 129) considered themselves to be at high or very high risk for HIV infection. In contrast, within the last 6 months, 28.4% of the PrEP users had an STI diagnosis and over 70% had condomless anal intercourse with more than 6 partners. Taken together, our data from PrEP implementation in Germany demonstrate a large uptake once it became affordable in individuals who wish to compensate for HIV risk when having condomless anal intercourse. © Copyright 2020, Mary Ann Liebert, Inc., publishers 2020.	HIV prevention; implementation of pre-exposure prophylaxis; on-demand PrEP; PrEP in Germany; tenofovir and emtricitabine	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2020	Nagington, Maurice; Sandset, Tony	Putting the NHS England on trial: uncertainty-as-power, evidence and the controversy of PrEP in England	Medical Humanities	-	-	-	-	1468215X	10.1136/medhum-2019-011780	https://www.proquest.com/scholarly-journals/putting-nhs-england-on-trial-uncertainty-as-power/docview/2437320307/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) (Truvada) is a medication which if taken correctly is almost entirely effective in preventing HIV infection. In regions and countries where it has been widely taken up, HIV seroconversion rates have significantly decreased. Alongside testing and treatment, it offers the very real prospect of ending HIV infections. However, in England, commissioning it has (and still is) a controversial process, where NHS England has repeatedly raised supposed 'uncertainties', first legal and then scientific. The same has not happened in Scotland, where PrEP was commissioned to anyone who needed it in April 2017. This article presents a close reading of the IMPACT trial protocol, which we conclude cannot answer the questions it sets out to answer. We then suggest that the uncertainties the trial claims to address are in fact a tool of power which is deployed to strategically ration healthcare; introduce uncertainty about commissioning PrEP; and shift the boundary between individual responsibilities and state responsibilities for public health and HIV prevention. We conclude that all the above constitute an unethical use of clinical trial rhetoric, systematically discriminate against minority and vulnerable groups, and ration healthcare for those who most need it. As such, we call on all academics, clinicians and activists to resist further unethical misuses of clinical trial rhetoric.	HIV/AIDS; Uncertainty; Pre-exposure prophylaxis; England; Ethics; Infections; Knowledge; Disease prevention; Health services; Public health; public health; Clinical research; Clinical trial; Drugs; Preventive medicine; Humanities; Clinical trials; health policy; Cost analysis; sexual medicine; Medical ethics; Human immunodeficiency virus--HIV; Prevention programs; United Kingdom--UK; Power; FDA approval; Academic staff; Commissioning; Health care rationing; medical ethics/bioethics; Philosophy; Rhetoric	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2020	Naicker, Cherise L; Mansoor, Leila E; Dawood, Halima; Naidoo, Kogieleum; Singo, Denzhe; Matten, David; Williamson, Carolyn; Abdool Karim, Quarraisha	Importance of early identification of PrEP breakthrough infections in a generalized HIV epidemic: a case report from a PrEP demonstration project in South Africa.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-020-05255-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7374822	BACKGROUND: The World Health Organisation recommends the use of tenofovir-containing pre-exposure prophylaxis (PrEP) as an additional Human Immunodeficiency Virus (HIV) prevention choice for men and women at substantial risk of HIV infection. PrEP could fill an important HIV prevention gap, especially for sexually active young women who are limited in their ability to negotiate mutual monogamy or condom use. As PrEP is scaled up in high HIV incidence settings, it is crucial to consider the importance of early identification of HIV infection during PrEP use, to allow for rapid discontinuation of PrEP to reduce the risk of antiretroviral (ARV) resistance. The purpose of this case study is to provide this critical evidence. CASE PRESENTATION: This report describes a 20-year-old woman in a HIV sero-discordant relationship who initiated oral PrEP (tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC)) through a demonstration project (CAPRISA 084) in October 2017. Despite good adherence throughout her PrEP use, she tested HIV antibody positive at month nine of study participation. Retrospective testing showed increasing HIV viral load over time, and retrospective use of fourth-generation rapid HIV tests showed HIV detection (positive antigen/antibody) at month one. Sequencing confirmed a dominant wild type at month one with dual therapy resistance patterns emerging by month three (M184V and K65R mutations), which is suggestive of protracted PrEP use during an undetected HIV infection. The participant was referred to infectious diseases for further management of her HIV infection and was initiated on a first line, tenofovir-sparing regimen. At the time of this report (January 2020), the participant had been on ARV- therapy (ART) for 13 months and had no signs of either clinical, immunologic or virologic failure. CONCLUSIONS: This case report highlights the importance of appropriate HIV screening during wider oral PrEP scale-up in high HIV incidence settings to circumvent the consequences of prolonged dual therapy in an undiagnosed HIV infection and in turn prevent ARV resistance.	Fourth-generation rapid tests for HIV screening; HIV drug resistance; HIV prevention; PrEP breakthrough infections in HIV-endemic settings; Pre-exposure prophylaxis (PrEP); Tenofovir	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2020	Nakasone S.E.; Chimbindi N.; Mthiyane N.; Nkosi B.; Zuma T.; Baisley K.; Dreyer J.; Pillay D.; Floyd S.; Birdthistle I.; Seeley J.; Shahmanesh M.	"They have this not care - don't care attitude:" A Mixed Methods Study Evaluating Community Readiness for Oral PrEP in Adolescent Girls and Young Women in a Rural Area of South Africa	AIDS Research and Therapy	-	-	-	-	17426405	10.1186/s12981-020-00310-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090506508&doi=10.1186%2fs12981-020-00310-2&partnerID=40&md5=b6e45e55ca795d616b05ba3ef0fc4441	Introduction: Adolescent girls and young women (AGYW) remain disproportionately affected by HIV. In a rural area of South Africa with an annual incidence (2011-2015) of 5 and 7% per annum for 15-19 and 20-24-year olds respectively, oral pre-exposure prophylaxis (PrEP) could provide AGYW with a form of HIV prevention they can more easily control. Using quantitative and qualitative methods, we describe findings from a study conducted in 2017 that assessed knowledge of and attitudes toward PrEP to better understand community readiness for an AGYW PrEP rollout. Methods: We used descriptive analysis of a quantitative demographic survey (n = 8,414 ages 15-86) to identify population awareness and early PrEP adopters. We also conducted semi-structured, in-depth interviews with a purposive sample of 52 potential PrEP gatekeepers (health care workers, community leaders) to assess their potential influence in an AGYW PrEP rollout and describe the current sexual health landscape. Interviews were recorded, transcribed, and iteratively coded to identify major themes. Results: PrEP knowledge in the general population, measured through a demographic survey, was low (n = 125/8,414, 1.49% had heard of the drug). Medicalized delivery pathways created hostility to AGYW PrEP use. Key informants had higher levels of knowledge about PrEP and saw it as a needed intervention. Community norms around adolescent sexuality, which painted sexually active youth as irresponsible and disengaged from their own health, made many ambivalent towards a PrEP rollout to AGYW. Health care workers discussed ways to shame AGYW if they tried to access PrEP as they feared the drug would encourage promiscuity and "risky"behaviour. Others interviewed opposed provision on the basis of health care equity and feared PrEP would divert both drug and human resources from treatment programs. Conclusions: The health system in this poor, high-HIV incidence area had multiple barriers to a PrEP rollout to AGYW. Norms around adolescent sexuality and gatekeeper concerns that PrEP could divert health resources from treatment to prevention could create barriers to PrEP roll-out in this setting. Alternate modes of delivery, particularly those which are youth-led and demedicalize PrEP, must be explored. © 2020 The Author(s).	Adolescents; Health system readiness; Pre-exposure prophylaxis (PrEP); Sexual and reproductive health services	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2020	Nakasone, Sarah E; Young, Ingrid; Estcourt, Claudia S; Calliste, Josina; Flowers, Paul; Ridgway, Jessica; Shahmanesh, Maryam	Risk perception, safer sex practices and PrEP enthusiasm: barriers and facilitators to oral HIV pre-exposure prophylaxis in Black African and Black Caribbean women in the UK.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2020-054457	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7402557	OBJECTIVES: UK Black African/Black Caribbean women remain disproportionately affected by HIV. Although oral pre-exposure prophylaxis (PrEP) could offer them an effective HIV prevention method, uptake remains limited. This study examined barriers and facilitators to PrEP awareness and candidacy perceptions for Black African/Black Caribbean women to help inform PrEP programmes and service development. METHODS: Using purposive sampling through community organisations, 32 in-depth, semi-structured interviews were conducted with Black African/Black Caribbean women living in London and Glasgow between June and August 2018. Participants (aged 19-63) included women of varied HIV statuses to explore perceptions of sexual risk and safer sex, sexual health knowledge and PrEP attitudes. A thematic analysis guided by the Social Ecological Model was used to explore how PrEP perceptions intersected with wider safer sex understandings and practices. RESULTS: Four key levels of influence shaping safer sex notions and PrEP candidacy perceptions emerged: personal, interpersonal, perceived environment and policy. PrEP-specific knowledge was low and some expressed distrust in PrEP. Many women were enthusiastic about PrEP for others but did not situate PrEP within their own safer sex understandings, sometimes due to difficulty assessing their own HIV risk. Many felt that PrEP could undermine intimacy in their relationships by disrupting the shared responsibility implicit within other HIV prevention methods. Women described extensive interpersonal networks that supported their sexual health knowledge and shaped their interactions with health services, though these networks were influenced by prevailing community stigmas. CONCLUSIONS: Difficulty situating PrEP within existing safer sex beliefs contributes to limited perceptions of personal PrEP candidacy. To increase PrEP uptake in UK Black African/Black Caribbean women, interventions will need to enable women to advance their knowledge of PrEP within the broader context of their sexual health and relationships. PrEP service models will need to include trusted 'non-sexual health-specific' community services such as general practice.	HIV; HIV women; PREP; ethnicity; gender	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Nash S.; Dietrich J.; Ssemata A.S.; Herrera C.; O'Hagan K.; Else L.; Chiodi F.; Kelly C.; Shattock R.; Chirenje M.; Lebina L.; Khoo S.; Bekker L.-G.; Weiss H.A.; Gray C.; Stranix-Chibanda L.; Kaleebu P.; Seeley J.; Martinson N.; Fox J.; Ahmed N.; Alinde B.; Amara A.; Atujuna M.; Chiodi F.; Chirenje M.; Dietrich J.; Dorfman J.; Else L.; Fox J.; Gray C.; Hansen C.H.; Herrera C.; Hornschuh S.; Kakande A.; Kaleebu P.; Kelly C.; Khunwane M.; Lebina L.; Makhura J.; Mangxilana N.; Martinson N.; Muhumuza R.; Kibengo F.M.; Mutonyi G.; Nash S.; Nematadzira T.; Nobula L.; Odoch G.; Pilay N.; Rousseau E.; Ruzagira E.; Seatlholo N.; Seeley J.; Seiphetlo T.; Serwanga J.; Stranix-Chibanda L.; Tshabalala G.; Weiss H.	Combined HIV Adolescent Prevention Study (CHAPS): comparison of HIV pre-exposure prophylaxis regimens for adolescents in sub-Saharan Africa—study protocol for a mixed-methods study including a randomised controlled trial	Trials	-	-	-	-	17456215	10.1186/s13063-020-04760-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094968850&doi=10.1186%2fs13063-020-04760-x&partnerID=40&md5=95a0c7f876942c96f3473dd856229015	Background: HIV remains a major public health issue, especially in Eastern and Southern Africa. Pre-exposure prophylaxis is highly effective when adhered to, but its effectiveness is limited by cost, user acceptability and uptake. The cost of a non-inferiority phase III trial is likely to be prohibitive, and thus, it is essential to select the best possible drug, dose and schedule in advance. The aim of this study, the Combined HIV Adolescent PrEP and Prevention Study (CHAPS), is to investigate the drug, dose and schedule of pre-exposure prophylaxis (PrEP) required for the protection against HIV and the acceptability of PrEP amongst young people in sub-Saharan Africa, and hence to inform the choice of intervention for future phase III PrEP studies and to improve strategies for PrEP implementation. Methods: We propose a mixed-methods study amongst young people aged 13–24 years. The first component consists of qualitative research to identify the barriers and motivators towards the uptake of PrEP amongst young people in South Africa, Uganda and Zimbabwe. The second component is a randomised clinical trial (ClinicalTrials.gov NCT03986970, June 2019) using a novel ex vivo HIV challenge method to investigate the optimal PrEP treatment (FTC-TDF vs FTC-TAF), dose and schedule. We will recruit 144 amongst HIV-negative uncircumcised men aged 13–24 years from voluntary male medical circumcision clinics in two sites (South Africa and Uganda) and randomise them into one of nine arms. One group will receive no PrEP prior to surgery; the other arms will receive either FTC-TDF or FTC-TAF, over 1 or 2 days, and with the final dose given either 6 or 20 h prior to surgery. We will conduct an ex vivo HIV challenge on their resected foreskin tissue. Discussion: This study will provide both qualitative and quantitative results to help decide the optimum drug, dose and schedule for a future phase III trial of PrEP. The study will also provide crucial information on successful strategies for providing PrEP to young people in sub-Saharan Africa. Trial registration: ClinicalTrials.gov NCT03986970. Registered on 14 June 2019. © 2020, The Author(s).	Adolescents; HIV; PrEP; South Africa; Uganda; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2020	Nelson L.E.; Ajiboye W.; Djiadeu P.; Odhiambo A.J.; Pedersen C.; Ramos S.R.; Lofters A.; Mbuagbaw L.; Williams G.	A web-based intervention to reduce decision conflict regarding hiv pre-exposure prophylaxis: Protocol for a clinical trial	JMIR Research Protocols	-	-	-	-	19290748	10.2196/15080	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091995200&doi=10.2196%2f15080&partnerID=40&md5=dc0dd5ce8158176613c45765ae9b60a2	Background: HIV pre-exposure prophylaxis (PrEP) is recommended for populations at high ongoing risk for infection. There are noted racial disparities in the incidence of HIV and other sexually transmitted infections (STIs) for African, Caribbean, and Canadian Black (ACB, black) populations in Ontario, Canada. Although blacks represent only 4.7% of the Ontario population, they account for 30% of HIV prevalence and 25% of new infections in the province. The existing clinical public health practice toolkit has not been sufficient to optimize PrEP uptake, despite the overwhelming evidence of PrEP's efficacy for reducing HIV transmission risk. Since its establishment as an effective HIV prevention tool, the major focus in behavioral research on PrEP has been on understanding and improving adherence. To date, there is no known formalized intervention in place designed to support ACB men and women at high risk of making high-quality decisions regarding the adoption of PrEP as an HIV prevention practice. Objective: We propose 2 aims to address these gaps in HIV prevention and implementation science. First, the Ottawa Decision Support Framework (ODSF) for use in the PrEP decisional needs of black patients was adapted. Second, the decision support intervention to estimate effect size compared with control conditions in reducing decision conflict and predicting adherence over 60 days was pilot tested. Methods: In aim 1, we propose a cross-sectional qualitative descriptive study using data collected from key informant interviews with eligible PrEP patients (n=30) and surveys with health professionals (n=20) involved in HIV PrEP management. Data obtained from aim 1 will be used to develop a decision support intervention based on the ODSF. In aim 2, the adopted decision support intervention using a block-randomized design to estimate effect size compared with control conditions in reducing decision conflict and predicting adherence over 60 days was pilot tested. Hypothesis testing will be de-emphasized in favor of generating effect size estimates. Results: A research award was funded on March 25, 2017 (Multimedia Appendix 1). Ethical approval was received on March 25, 2019 (with supplemental approval received on May 10, 2019). Data collection started on April 9, 2019. As of September 30, 2019, we enrolled 29 patients and 24 health care providers for aim 1. We are currently analysing the data collected for aim 1. Aim 2 is scheduled to start in May 2020. Conclusions: This study will provide evidence-based information on the decisional needs of black patients who are at risk of HIV and have been offered PrEP. The study will also test the effect of decision support intervention in reducing decision conflict, adoption of PrEP, and adherence to PrEP. © 2020 LaRon E Nelson, Wale Ajiboye, Pascal Djiadeu, Apondi J Odhiambo, Cheryl Pedersen, S Raquel Ramos, Aisha Lofters, Lawrence Mbuagbaw, Geoffrey Williams.	Blacks; HIV; Mobile phone; Pre-exposure prophylaxis; PrEP; Prevention; Smartphone	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2020	Newman, Daniel R; Rahman, Mohammad M; Brantley, Antoine; Peterman, Thomas A	Rates of New Human Immunodeficiency Virus (HIV) Diagnoses After Reported Sexually Transmitted Infection in Women in Louisiana, 2000-2015: Implications for HIV Prevention.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciz303	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6790153	BACKGROUND: Human immunodeficiency virus (HIV) prevention interventions for prevention interventions for women include screening, partner notification, promoting condoms, and preexposure prophylaxis (PrEP). Women's risk of acquiring HIV can help guide recommendations. METHODS: We used data from Louisiana's sexually transmitted infection (STI) and HIV registries to study 13- to 59-year-old women following first diagnosis of syphilis, gonorrhea, or chlamydia during 2000-2015. We measured HIV rates reported subsequent to STI (through 2016). Rates for women without STI were estimated by subtracting women with STI from reported cases and from Census estimates for the population. PrEP cost was estimated as $11 000 per year, and effectiveness estimated as 100%. RESULTS: STIs were syphilis (6574), gonorrhea (64 995), or chlamydia (140 034). These 211 603 women had 1 865 488 person-years of follow-up and 969 HIV diagnoses. Women with no STI had 5186 HIV diagnoses over 24 359 397 person-years. HIV rates diagnosis (per 100 000 person-years) were higher for women after syphilis (177.3), gonorrhea (73.2), or chlamydia (35.4) compared to women with no STI (22.4). Providing PrEP to all women diagnosed with syphilis or gonorrhea would cost $7 371 111 000 and could have prevented 546 HIV diagnoses. Limiting PrEP to 1 year after syphilis or gonorrhea diagnosis would cost $963 847 334, but only 143 HIV diagnoses were within 2 years after a syphilis or gonorrhea diagnosis. CONCLUSIONS: Rates of HIV diagnosis were high after women had STI, but not high enough to make PrEP cost-effective for them. Most women diagnosed with HIV did not have previously reported STI.	HIV; PrEP; STI; prevention; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ngure K.; Velloza J.; Patel R.C.; Mugo N.R.; Bukusi E.A.; Haberer J.E.; Odoyo J.; Celum C.; Baeten J.M.; Heffron R.	Alignment of PrEP use and effective contraceptive use among East African women in HIV serodiscordant partnerships	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462420951501	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091754589&doi=10.1177%2f0956462420951501&partnerID=40&md5=0271a5dc24eb593acd1af13c3c527fc8	Women who have a prevention mindset may opt for concurrent use of oral pre-exposure prophylaxis (PrEP) and all forms of contraception; we therefore assessed how contraception may influence PrEP use or vice versa. We analyzed data from Kenyan and Ugandan HIV-uninfected non-pregnant women in sero-discordant partnerships who were participating in the Partners Demonstration Project. Using multivariable generalized estimating equation models, we estimated the associations between effective contraceptive use and 1) PrEP dispensation 2) high effective PrEP use. Among the 311 women (93.1% of all those followed in the Partners Demonstration Project) median age was 29 years (interquartile range IQR 24.0–35.0) and 115 (37.0%) reported using effective contraception at baseline. All the women initiated PrEP during the study and moderately high PrEP adherence was recorded at 73.1% of visits over an average 7.5 months following PrEP dispensation. Women (14.8%) consistently used an effective contraceptive throughout study follow-up. PrEP dispensation was more frequent among those concurrently using effective contraception, (adjusted relative risk aRR = 1.19; 95% confidence interval CI = 1.08–1.32) and contraceptive use was more common among those on PrEP (aRR = 1.63; 95% CI = 1.18–2.25). Among East African women at high risk of HIV infection, PrEP dispensation was more frequent among women using effective contraception, indicating that family planning outlets may be efficient locations to deliver PrEP. © The Author(s) 2020.	Africa; Contraception; HIV; pre-exposure prophylaxis; women	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2020	Nicholls E.J.; Rosengarten M.	PrEP (HIV pre-exposure prophylaxis) and its possibilities for clinical practice	Sexualities	-	-	-	-	13634607	10.1177/1363460719886556	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075135282&doi=10.1177%2f1363460719886556&partnerID=40&md5=7c48b0e8e940c9dbbaefdee41762c81b	In this article, we reflect on the possibilities that PrEP (HIV pre-exposure prophylaxis) raises for HIV specialist clinicians. Often neglected, yet a direct participant at the intersection of a complex tension within public health debates on how to reduce HIV transmission and the sexual sociability of individuals, we reflect on current thinking of health practitioners involved in the day-to-day practice of prescribing PrEP. Drawing on interviews with practitioners in the context of UK sexual health and HIV specialist medicine, while bearing in mind neoliberal critiques and process studies of medical science, we propose that PrEP invites the possibility for reconstituting approaches to sex and risk. © The Author(s) 2019.	Clinical medicine; HIV PrEP; neoliberalism; process studies; sex and drugs	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2020	Nicol, Melanie R; Eneh, Prosperity; Nakalega, Rita; Kaiser, Thomas; Kabwigu, Samuel; Isingel, Esther; Beksinska, Mags; Sykes, Craig; Fowler, Mary Glenn; Brown, Todd T; Staley, Christopher; Kiweewa Matovu, Flavia	Depot Medroxyprogesterone Acetate and the Vaginal Microbiome as Modifiers of Tenofovir Diphosphate and Lamivudine Triphosphate Concentrations in the Female Genital Tract of Ugandan Women: Implications for Tenofovir Disoproxil Fumarate/Lamivudine in Preexposure Prophylaxis.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciz443	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7146007	BACKGROUND: Effective concentrations of antiretrovirals in the female genital tract (FGT) are critical for suppression of viral shedding or effective preexposure prophylaxis. The disposition of tenofovir diphosphate (TFV-DP) and emtricitabine triphosphate (FTC-TP) in the FGT have been previously described. Despite widespread use, however, lamivudine triphosphate (3TC-TP) exposure in the FGT is unknown. Depot medroxyprogesterone acetate (DMPA) and vaginal dysbiosis have been implicated in increased risk of human immunodeficiency virus (HIV) acquisition, but whether they alter TFV-DP or 3TC-TP exposure, and therefore compromise prevention efficacy, is unknown. METHODS: Fifty premenopausal women living with HIV in Kampala, Uganda, and receiving daily tenofovir disoproxil fumarate/lamivudine were recruited. Ectocervical biopsies were obtained for quantification of TFV-DP and 3TC-TP using liquid chromatography-mass spectrometry. 16S ribosomal RNA gene sequencing was performed on DNA extracted from vaginal swabs. Wilcoxon rank-sum was used to test for differences between contraceptive groups. RESULTS: 3TC-TP concentrations were on average 17-fold greater than TFV-DP concentrations in cervical tissues. TFV-DP concentrations in cervical biopsies were 76% greater in DMPA users compared with women using nonhormonal contraception (n = 23 per group). Abundance of Lactobacillus in vaginal swabs was correlated with 3TC-TP concentrations in cervical tissues. CONCLUSIONS: We found that TFV-DP concentrations were significantly greater in DMPA users compared with women using nonhormonal contraception, suggesting that prevention efficacy is unlikely to be compromised by DMPA use. Similar to reports of FTC-TP, 3TC-TP exposure was significantly greater than TFV-DP in cervical tissue and was correlated with abundance of Lactobacillus. These data support lamivudine as an option for preexposure prophylaxis. CLINICAL TRIALS REGISTRATION: NCT03377608.	DMPA; HIV; PrEP; lamivudine; microbiome; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Niedt G.	PrEP talk: Media narratives and the terrifying sublime	Sexualities	-	-	-	-	13634607	10.1177/1363460719886557	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077220500&doi=10.1177%2f1363460719886557&partnerID=40&md5=1f26d65ed3b6fa9c5215e0d5f0474c95	Despite the clinical success of Truvada-as-PrEP in preventing HIV transmission for several years, it has still not yet been widely adopted by the MSM community. Clinicians insist that the drug is safe, and there are avenues to pay for the drug even for the uninsured—and yet, there is hesitation. Since the 1980s, HIV/AIDS narratives have been linked to what Susan Sontag (1989) calls an "imputation of guilt," and more broadly, the creation of a connection between queer sexuality and social stigma whose inertia is difficult to escape. How is the way people talk about PrEP framed by this discursive history? Can the community's reluctance be understood in those terms, and addressed by deeper understandings of how the disease and its treatment are conceived? This article takes a discourse analysis approach to examine the narratives surrounding PrEP, in particular those that have circulated in online and print media in the USA. These are contextualized by the evolution of conversations surrounding the disease and its treatment, from "death sentence" to chronic illness to medical condition. Following Kover (1998), HIV/AIDS is positioned here as an object of the terrifying sublime, that can only be dealt with indirectly, while PrEP represents a (possible) shift in strategies for coping with the disease, from avoidance to confrontation, with all that that entails. © The Author(s) 2019.	Discourse analysis; HIV/AIDS; mass media; PrEP; queer identity; Truvada	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Nieto O.; Brooks R.A.; Landrian A.; Cabral A.; Fehrenbacher A.E.	PrEP discontinuation among Latino/a and Black MSM and transgender women: A need for PrEP support services	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0241340	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095727432&doi=10.1371%2fjournal.pone.0241340&partnerID=40&md5=f48416ff4dcfd4f6992e0c4171da9a81	Purpose Disparities persist in HIV infection among Black and Latino men who have sex with men (BLMSM) and Black and Latina transgender women (BLTW). Increasing uptake and subsequent consistent use of pre-exposure prophylaxis (PrEP), an effective biomedical strategy for preventing HIV acquisition, can dramatically reduce HIV incidence in these populations. The purpose of this study was to explore reasons for PrEP discontinuation among BLMSM and BLTW living in Los Angeles County to inform the development of support services for these populations to remain persistent with their PrEP regimen. Methods In-depth, semi-structured interviews were conducted with 15 BLMSM and 7 BLTW who reported either temporary or indefinite PrEP discontinuation. A thematic analysis approach was used to analyze qualitative data. Results Four themes emerged related to reasons for PrEP discontinuation, including: (1) lower perceived HIV risk related to changes in sexual behavior; (2) structural or logistical barriers (e.g., lapse or loss of health insurance, cost, difficulty navigating complex medical systems); (3) anticipated and experienced medication side effects, with a sub-theme of interactions between PrEP and feminizing hormone medications; and (4) challenges with medication adherence. Conclusions PrEP is an important prevention tool for BLMSM and BLTW, particularly during periods of heightened HIV risk. However, both individual (e.g., inability to adhere to medication, changes in HIV sexual risk behaviors) and structural/logistical (e.g., loss of insurance, navigating complex medical systems) factors can cause temporary or indefinite PrEP discontinuation. Additional support services, beyond those offered by medical providers, are needed to help BLMSM and BLTW PrEP users overcome barriers to discontinuation and assist them to remain persistent with their PrEP regimen. We describe potential options for support services such as PrEP case management, expanded PrEP navigation services, or text messaging services. © 2020 Nieto et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Nifant'ev, Ilya; Siniavin, Andrei; Karamov, Eduard; Kosarev, Maxim; Kovalchuk, Sergey; Turgiev, Ali; Nametkin, Sergey; Bagrov, Vladimir; Tavtorkin, Alexander; Ivchenko, Pavel	A New Approach to Developing Long-Acting Injectable Formulations of Anti-HIV Drugs: Poly(Ethylene Phosphoric Acid) Block Copolymers Increase the Efficiency of Tenofovir against HIV-1 in MT-4 Cells.	International Journal of Molecular Sciences	-	-	-	-	1422-0067	10.3390/ijms22010340	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7795142	Despite the world's combined efforts, human immunodeficiency virus (HIV), the causative agent of AIDS, remains one of the world's most serious public health challenges. High genetic variability of HIV complicates the development of anti-HIV vaccine, and there is an actual clinical need for increasing the efficiency of anti-HIV drugs in terms of targeted delivery and controlled release. Tenofovir (TFV), a nucleotide-analog reverse transcriptase inhibitor, has gained wide acceptance as a drug for pre-exposure prophylaxis or treatment of HIV infection. In our study, we explored the potential of tenofovir disoproxil (TFD) adducts with block copolymers of poly(ethylene glycol) monomethyl ether and poly(ethylene phosphoric acid) (mPEG-b-PEPA) as candidates for developing a long-acting/controlled-release formulation of TFV. Two types of mPEG-b-PEPA with numbers of ethylene phosphoric acid (EPA) fragments of 13 and 49 were synthesized by catalytic ring-opening polymerization, and used for preparing four types of adducts with TFD. Antiviral activity of mPEG-b-PEPATFD or tenofovir disoproxil fumarate (TDF) was evaluated using the model of experimental HIV infection in vitro (MT-4/HIV-1IIIB). Judging by the values of the selectivity index (SI), TFD exhibited an up to 14-fold higher anti-HIV activity in the form of mPEG-b-PEPA adducts, thus demonstrating significant promise for further development of long-acting/controlled-release injectable TFV formulations.	AIDS; HIV; PrEP; cART; controlled release; injectable formulations; long-acting drugs; poly(phosphoric acid); polyphosphoesters; ring-opening polymerization; tenofovir	English	Switzerland	Western and Central Europe and North America	Russia	Eastern Europe and Central Asia	Russia	Eastern Europe and Central Asia	Clinical
Article	2020	Nobles A.L.; Leas E.C.; Noar S.; Dredze M.; Latkin C.A.; Strathdee S.A.; Ayers J.W.	Automated image analysis of instagram posts: Implications for risk perception and communication in public health using a case study of #HIV	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0231155	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084234930&doi=10.1371%2fjournal.pone.0231155&partnerID=40&md5=9d0a36e521d253b729983cfbea2c3caf	People's perceptions about health risks, including their risk of acquiring HIV, are impacted in part by who they see portrayed as at risk in the media. Viewers in these cases are asking themselves "do those portrayed as at risk look like me?" An accurate perception of risk is critical for high-risk populations, who already suffer from a range of health disparities. Yet, to date no study has evaluated the demographic representation of health-related content from social media. The objective of this case study was to apply automated image recognition software to examine the demographic profile of faces in Instagram posts containing the hashtag #HIV (obtained from January 2017 through July 2018) and compare this to the demographic breakdown of those most at risk of a new HIV diagnosis (estimates of incidence of new HIV diagnoses from the 2017 US Centers for Disease Control HIV Surveillance Report). We discovered 26,766 Instagram posts containing #HIV authored in American English with 10,036 (37.5%) containing a detectable human face with a total of 18,227 faces (mean = 1.8, standard deviation SD = 1.7). Faces skewed older (47% vs. 11% were 35–39 years old), more female (41% vs. 19%), more white (43% vs. 26%), less black (31% vs 44%), and less Hispanic (13% vs 25%) on Instagram than for new HIV diagnoses. The results were similarly skewed among the subset of #HIV posts mentioning pre-exposure prophylaxis (PrEP). This disparity might lead Instagram users to potentially misjudge their own HIV risk and delay prophylactic behaviors. Social media managers and organic advocates should be encouraged to share images that better reflect at-risk populations so as not to further marginalize these populations and to reduce disparity in risk perception. Replication of our methods for additional diseases, such as cancer, is warranted to discover and address other misrepresentations. © 2020 Nobles et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Nöstlinger C.; Reyniers T.; Smekens T.; Apers H.; Laga M.; Wouters K.; Vuylsteke B.	Drug use, depression and sexual risk behaviour: a syndemic among early pre-exposure prophylaxis (PrEP) adopters in Belgium?	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1739218	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081737833&doi=10.1080%2f09540121.2020.1739218&partnerID=40&md5=b7c916684a80be0ee839ae400e0fd543	Little is known about how interacting psychosocial problems may influence sexual behaviour among men having sex with men taking Pre-exposure prophylaxis (PrEP). This study assessed (1) the prevalence of depression, recreational drug-use and sexual risk behaviour; (2) changes in these psychosocial conditions over time; and (3) the interaction of drug use and depression with sexual risk behaviour. We analysed data of the Belgian Be-PrEP-ared cohort study (N = 200). We assessed depression using the PHQ-9, recreational drug use and receptive condomless anal intercourse (rCAI) with anonymous partners. Frequencies of psychosocial problems were compared at baseline, 9 and 18 months follow-up (FU). Bivariate associations between depression and drug-use behaviour, and their interaction with rCAI with anonymous sexual partners using was examined using linear regression. Receptive CAI increased from 41% at baseline to 53% at M18 (p = 0.038). At baseline, we found an interaction effect of poly-drug use and depression, potentiating rCAI with anonymous partners. Participants reporting poly-drug use associated with depression were significant more likely to report this type of sexual risk behaviour than those who did not report this association (p = 0.030). The high level of intertwined psychosocial problems call for multi-level interventions for those PrEP users experiencing a syndemic burden. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	depression; drug use; HIV prevention; men having sex with men; Pre-exposure prophylaxis; syndemics	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2020	Novelli, Sophie; Lécuroux, Camille; Goujard, Cécile; Reynes, Jacques; Villemant, Agnès; Blum, Laurent; Essat, Asma; Avettand-Fenoël, Véronique; Launay, Odile; Molina, Jean-Michel; Bourgeois, Christine; Meyer, Laurence	Persistence of monocyte activation under treatment in people followed since acute HIV-1 infection relative to participants at high or low risk of HIV infection.	EBioMedicine	-	-	-	-	2352-3964	10.1016/j.ebiom.2020.103129	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7704414	BACKGROUND: Interpretation of the increase in certain inflammatory markers in virally suppressed HIV-infected individuals must rely on an appropriate uninfected control group well characterized for non-HIV-related factors that contribute to chronic inflammation, e.g. smoking, alcohol consumption, or being overweight. We compared the inflammatory profiles of HIV-infected participants under long-term antiretroviral therapy (ART) with those of two HIV-uninfected groups with contrasting health behaviours. METHODS: We studied 150 HIV-infected participants (42 women, 108 men) under long-term ART (median, 6 years) followed in the ANRS PRIMO cohort since acute/early HIV-1 infection (AHI) diagnosis. Sex and age-matched controls were sampled from i) the ANRS IPERGAY pre-exposure prophylaxis trial among men at high risk for HIV infection and with high frequencies of non-HIV factors of inflammation ii) the ANRS COHVAC cohort of volunteers in vaccine trials with a low-risk profile for HIV infection. We measured the plasma levels of ten inflammatory markers. FINDINGS: After adjusting for smoking, alcohol use and body mass index, both HIV-infected men and women had higher levels of sCD14, sCD163, sTNFRII and I-FABP than their high-risk IPERGAY and low-risk COHVAC counterparts. Hierarchical clustering showed a subset of 15 PRIMO participants to have an inflammatory profile similar to that of most HIV-negative participants. These participants already had favourable markers at AHI diagnosis. INTERPRETATION: Long-term ART, even when initiated at a low level of immunodeficiency, fails to normalize monocyte/macrophage activation and gut epithelial dysfunction. Persistent inflammation under treatment may be related to an increased inflammatory profile since AHI. FUNDING: ANRS and Paris-Saclay University.	HIV infection; Immune activation; Inflammation; Long-term ART	English	Netherlands	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Nunn A.S.; Sowemimo-Coker G.; van den Berg J.J.; Coats C.S.; Sosnowy C.; Napoleon S.; Cormier K.; Chan P.A.; Moitra E.	Recommendations for intervention content to enhance HIV pre-exposure prophylaxis uptake among men who have sex with men receiving care at sexually transmitted disease clinics	Journal of Men's Health	-	-	-	-	18756867	10.15586/JOMH.V16I3.198	https://oss.jomh.org/files/article/20201209-18/pdf/198-Article%20Text-2578-1-10-20200902.pdf	Background and objective Pre-exposure prophylaxis (PrEP) uptake has been suboptimal. Sexually transmitted disease (STD) clinics provide important opportunities to scale PrEP uptake. Material and methods To inform the development of a brief intervention to enhance PrEP uptake in STD clinics, we conducted 32 qualitative interviews to explore barriers and facilitators of PrEP uptake among PrEP eligible, PrEP naive, and men who have sex with men (MSM) presenting for STD screening services. We also solicited input for intervention components to enhance PrEP uptake at STD clinics. Results Most participants' self-perceived HIV risks were low despite reporting unprotected anal intercourse. Many were reluctant to take any medications, expressed apprehension about perceived side effects of PrEP, and were unaware of how to obtain PrEP. Participants recommended that interventions focusing on enhancing PrEP uptake in STD clinics should include: culturally tailored educational materials about PrEP, informational graphics indicating PrEP's relative efficacy in reducing HIV transmission risks, and comprehensive PrEP navigation. Most participants did not feel strongly about gender, race or ethnicity of providers; however, nearly all preferred gay-affirming providers. Brief interventions to enhance PrEP uptake among MSM in STD clinics should include efforts to raise self-awareness of HIV risk, provide information about PrEP's efficacy relative to other interventions, underscore PrEP's relatively few side effects, and provide culturally tailored messaging. ©2020 Amy S. Nunn et al.	Intervention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Uptake	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Nurchis, M C; Riccardi, M T; Sapienza, M; Pascucci, D; Damiani, G	Moving forward: Cost-Effectiveness of PrEP in HIV prevention for Men Who Have Sex with Men in Italy	European Journal of Public Health	-	-	-	-	11011262	10.1093/eurpub/ckaa165.994	https://www.proquest.com/scholarly-journals/moving-forward-cost-effectiveness-prep-hiv/docview/2476168857/se-2?accountid=8113	Globally, in 2018 1.7 million people contracted Human Immunodeficiency Virus (HIV) and 770,000 people died from AIDS-related illnesses. Men Who Have Sex with Men (MSM) have one of the highest probabilities of HIV transmission. In Italy, in 2018 2,847 new HIV cases were diagnosed, of which 39% among MSM. The MSM population accounts for 16,690 individuals whereof 50% already underwent the Highly Active Antiretroviral Therapy (HAART). The aim of this study is to evaluate the cost-effectiveness of daily Pre-Exposure Prophylaxis (PrEP) in the Italian MSM susceptible population. A Markov transition model was calibrated to the HIV epidemic among MSM in Italy, comparing PrEP to naïve patients (NP). Model parameters were retrieved by querying scientific databases. Transition probabilities were adjusted for incidence of HIV while costs and benefits were discounted at an annual rate of 3%. The impact on results of critical parameters was explored through a Monte Carlo-based sensitivity analysis. The cost-effectiveness analysis results were reported as Incremental Cost-Effectiveness Ratio (ICER) express as € per Quality Adjusted Life Year (QALY) gained. The introduction of such a PrEP program would result in a total cost of €822,398,199 million and lead to a gain of 70,762 discounted QALYs over an 85-year time horizon. Assuming a 92% efficacy of PrEP therapy, the ICER for the PrEP program is €4,346.16/QALY gained. This value is definitively lower than acceptability NICE threshold (£20,000). PrEP can reduce the infection rate up to 60% in a five-year period. The Monte Carlo simulation confirmed the robustness of the model results. This analysis showed PrEP to be cost-effective when used in a susceptible population. Even if PrEP doesn't protect from other sex-related infectious diseases, it could prevent HIV transmission, thus breaking down HIV-infection incidence rate. Each country should reflect on the real possibility to implement a robust Public Health program pondering the adoption of PrEP. Key messages PrEP is very effective at reducing HIV infection when taken correctly. It is the backbone in the "combination prevention", necessary to reach the SDG of ending the AIDS epidemic by 2030. This preliminary analysis suggests that the introduction of a daily PrEP program for MSM in Italy is cost-effective and possibly cost saving in the long term.	Italy; Antiretroviral therapy; Pre-exposure prophylaxis; Epidemics; Prevention; Effectiveness; Highly active antiretroviral therapy; Men who have sex with men; Infections; Public health; Prep; Prophylaxis; Simulation; Sensitivity analysis; Cost benefit analysis; Disease transmission; Infectious diseases; Cost-effectiveness analysis; Mathematical models; Cost analysis; Costs; Antiretroviral agents; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical treatment; Quality-adjusted life year; Breaking down; Monte Carlo method; Monte Carlo simulation; Parameter sensitivity; Transition probabilities	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	NA	NA	Quantitative
Article	2020	Nutor, Jerry John; Duah, Henry Ofori; Agbadi, Pascal; Duodu, Precious Adade; Gondwe, Kaboni W	Spatial analysis of factors associated with HIV infection in Malawi: indicators for effective prevention.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-020-09278-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7382788	BACKGROUND: The objective of this study was to model the predictors of HIV prevalence in Malawi through a complex sample logistic regression and spatial mapping approach using the national Demographic and Health Survey datasets. METHODS: We conducted a secondary data analysis using the 2015-2016 Malawi Demographic and Health Survey and AIDS Indicator Survey. The analysis was performed in three stages while incorporating population survey sampling weights to: i) interpolate HIV data, ii) identify the spatial clusters with the high prevalence of HIV infection, and iii) perform a multivariate complex sample logistic regression. RESULTS: In all, 14,779 participants were included in the analysis with an overall HIV prevalence of 9% (7.0% in males and 10.8% in females). The highest prevalence was found in the southern region of Malawi (13.2%), and the spatial interpolation revealed that the HIV epidemic is worse at the south-eastern part of Malawi. The districts in the high HIV prevalent zone of Malawi are Thyolo, Zomba, Mulanje, Phalombe and Blantyre. In central and northern region, the district HIV prevalence map identified Lilongwe in the central region and Karonga in the northern region as districts that equally deserve attention. People residing in urban areas had a 2.2 times greater risk of being HIV-positive compared to their counterparts in the rural areas (AOR = 2.16; 95%CI = 1.57-2.97). Other independent predictors of HIV prevalence were gender, age, marital status, number of lifetime sexual partners, extramarital partners, the region of residence, condom use, history of STI in the last 12 months, and household wealth index. Disaggregated analysis showed in-depth sociodemographic regional variations in HIV prevalence. CONCLUSION: These findings identify high-risk populations and regions to be targeted for Pre-Exposure Prophylaxis (PrEP) campaigns, HIV testing, treatment and education to decrease incidence, morbidity, and mortality related to HIV infection in Malawi.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	O'Byrne P.; Orser L.; Haines M.	Active-Offer Nurse-Led PrEP (PrEP-RN) Referrals: Analysis of Uptake Rates and Reasons for Declining	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02745-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076209974&doi=10.1007%2fs10461-019-02745-9&partnerID=40&md5=574d85b79a1eb4bc6e07d01ff92ceca0	While pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy, its uptake is limited. To address barriers, we piloted a nurse-led PrEP clinic in an STI clinic and had public health nurses refer patients during STI follow-up. We recorded the number of PrEP offers and declines and clinic uptake. We conducted a thematic analysis of patients' responses from nursing notes written at the time patients declined an offer. From August 6, 2018 to August 5, 2019, nurses offered a PrEP referral to 261 patients who met our criteria; only 47.5% accepted. Qualitative analysis identified four themes: (1) perceptions of risk, (2) lack of interest, (3) inability to manage, and (4) concerns about PrEP. Our patients did not feel sufficiently at-risk for HIV to use PrEP and maintained that PrEP was for a reckless "other". This analysis sheds light on how assumptions about risk affect PrEP uptake, particularly among those at-risk for HIV. © 2019, The Author(s).	HIV; Nursing; PrEP; Prevention; Prevention	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2020	O'Byrne P.; Orser L.; Vandyk A.	Immediate PrEP after PEP: Results from an Observational Nurse-Led PEP2PrEP Study	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/2325958220939763	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090020303&doi=10.1177%2f2325958220939763&partnerID=40&md5=08f490fd1486a4075dfbf827c5a56c9a	Patients who use post-exposure prophylaxis (PEP) are at ongoing risk for HIV acquisition after completing PEP. While the Centers for Disease Control and Prevention recommends pre-exposure prophylaxis (PrEP) use immediately after PEP, some practitioners are hesitant to offer PEP-to-PrEP (PEP2PrEP). We began offering PEP2PrEP in the sexually transmitted infection clinic in Ottawa, Canada on August 5, 2018. During the first 16 months of PEP2PrEP, 61 patients requested PEP and 46 were initiated; 30 of these patients agreed to PEP2PrEP and 26 followed through. None of our PEP patients had confirmed HIV exposures; all fulfilled the initiation criterion of condomless anal sex with a male partner of unknown HIV-status. During the study, the number of PEP requests and initiations was statistical unchanged, yet the seroconversion rate among patients who used PEP decreased from 1.7% pre-PEP2PrEP to 0% post-PEP2PrEP. Regarding follow-up, most discontinuations occurred between the PrEP intake and 1-month follow-up visit. © The Author(s) 2020.	HIV; nursing; PEP; PrEP; transition	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical

Article	2020	O'Byrne Patrick; Orser, Lauren; Jacob Jean Daniel	The Costs of HIV Pre-exposure Prophylaxis (PrEP) Care Delivery: Comparing Specialists, Primary Care, and PrEP-RN	Sexuality Research & Social Policy	-	-	-	-	18689884	10.1007/s13178-019-00391-3	https://www.proquest.com/scholarly-journals/costs-hiv-pre-exposure-prophylaxis-prep-care/docview/2225491825/se-2?accountid=8113	HIV prevention has evolved to include the provision of HIV medications to HIV-negative persons. Known as pre-exposure prophylaxis (PrEP), this intervention can reduce HIV acquisition by 96% when taken as prescribed. While previous reviews have established that PrEP is cost-effective, few have focused on the healthcare system delivery costs associated with PrEP. We undertake such a comparative analysis focusing on Ontario, Canada estimating the costs for an infectious disease physician, a primary care physician, and a nurse working in our nurse-led PrEP clinic (PrEP-RN). While the delivery of care by the nurse generated the least overall costs, we acknowledge that this would depend on how many patients breach the protocols established for nurse-led PrEP. We also highlight that targeting PrEP at persons who are at highest risk for HIV acquisition could make PrEP even more cost-effective than we estimated herein.	HIV; Pre-exposure prophylaxis; Cost; Health services; Sociology; Nurse; Preventive medicine; Patients; PrEP-RN; Infectious diseases; Primary care; Cost analysis; Costs; Human immunodeficiency virus--HIV; GenderWatch; Y; Prevention programs; Comparative analysis; Nurse led services; Health system; Nurse led care; Specialists	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2020	Ogunbajo, Adedotun; Leblanc, Natalie M; Kushwaha, Sameer; Boakye, Francis; Hanson, Samuel; Smith, Martez DR; Nelson, LaRon E	Knowledge and Acceptability of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in Ghana	AIDS Care	-	-	-	-	09540121	10.1080/09540121.2019.1675858	https://www.proquest.com/scholarly-journals/knowledge-acceptability-hiv-pre-exposure/docview/2352086104/se-2?accountid=8113	In Ghana, men who have sex with men (MSM) are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) is a biomedical intervention that reduces the risk of HIV infection but is not currently available in Ghana. This paper explores knowledge and acceptability of HIV PrEP among Ghanaian MSM. Qualitative content analysis was conducted on 22 focus group discussions (N = 137) conducted between March and June 2012 in Accra, Kumasi, and Manya Krobo. Overall, participants reported low knowledge of PrEP. However, once information about PrEP was provided, there was high acceptability. The primary reason for acceptability was that PrEP provided an extra level of protection against HIV. Acceptability of PrEP was conditioned on it having minimal side effects, being affordable and efficient in preventing HIV infection. No acceptability of PrEP was attributed to limited knowledge of side effects and perceived lack of effectiveness. The reasons provided to utilize PrEP and condoms were that condoms protect against other STIs, and sexual partner factors. This is the first known study to explore PrEP knowledge and acceptability among Ghanaian MSM. It is important that key stakeholders preemptively address potential barriers to PrEP acceptability, uptake, and adherence, especially among MSM, once PrEP becomes available in Ghana.	HIV; Africa; Ghana; Condoms; HIV/AIDS; Pre-exposure prophylaxis; PrEP; MSM; Men who have sex with men; Infections; Knowledge; Sexual behavior; Disease prevention; HIV Prevention; Prophylaxis; Content analysis; Exposure; Qualitative analysis; Acceptability; Uptake; Side effects; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Health risks	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Ojikutu B.O.; Mayer K.H.	Hidden in Plain Sight: Identifying Women Living in the United States Who Could Benefit from HIV Preexposure Prophylaxis	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiz416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090103435&doi=10.1093%2finfdis%2fjiz416&partnerID=40&md5=3079554a8812afb01747b3b11fc5e236	HIV preexposure prophylaxis (PrEP) with oral tenofovir/emtricitabine is an effective means of decreasing human immunodeficiency virus (HIV) acquisition among women. However, few women are prescribed and are taking PrEP. This article offers perspectives on barriers to use and strategies to increase uptake among women.	HIV and women; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Ojikutu, BO; Amutah-Onukagha, N; Mahoney, TF; Tibbitt, C; Dale, SD; Mayer, KH; Bogart, LM	HIV-Related Mistrust (or HIV Conspiracy Theories) and Willingness to Use PrEP Among Black Women in the United States	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-020-02843-z	https://pubmed.ncbi.nlm.nih.gov/32239358/	Uptake of pre-exposure prophylaxis (PrEP) among Black women living in the US is suboptimal. We sought to determine the association between HIV-related medical mistrust (or belief in HIV conspiracy theories) and willingness to use PrEP among Black women. We analyzed data from the 2016 National Survey on HIV in the Black Community (NSHBC), a nationally representative cross-sectional survey. Among NSHBC participants, 522 were women and 347 (69.0%) reported HIV risk factors. Only 14.1% were aware that PrEP exists; 30.8% reported willingness to use PrEP. HIV-related medical mistrust was reported by 60.4% of women. In multivariable analysis, controlling for income, education, marital status and health care engagement, belief in conspiracy theories was significantly associated with higher willingness to use PrEP. The HIV-Related Medical Mistrust Scale item: "there is a cure for HIV, but the government is withholding it from the poor" was independently associated with higher PrEP willingness. This finding speaks to the need for an improved understanding of the role of HIV-related medical mistrust among Black women to improve uptake of biomedical HIV prevention.	HIV/AIDS; MEN; HEALTH-CARE-SYSTEM; PREEXPOSURE PROPHYLAXIS; AWARENESS; MEDICAL MISTRUST; PREVALENCE; BELIEFS; AFRICAN-AMERICAN WOMEN; African-American women and PrEP; Black women and PrEP; HIV and women; HIV conspiracy theories and PrEP; HIV-related medical mistrust and PrEP; Mistrust and PrEP; RISK WOMEN; Women and pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Okafor, Chukwuemeka N; Hucks-Ortiz, Christopher; Hightow-Weidman, Lisa B; Magnus Manya; Emel Lynda; Beauchamp Geetha; Kuo, Irene; Hendrix, Craig; Mayer, Kenneth H; Shoptaw, Steven J	Associations Between Self-Reported Substance Use Behaviors and PrEP Acceptance and Adherence Among Black MSM in the HPTN 073 Study: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002407	https://www.proquest.com/scholarly-journals/brief-report-associations-between-self-reported/docview/2507461389/se-2?accountid=8113	Background:Pre-exposure prophylaxis (PrEP) is efficacious for HIV prevention. Black men who have sex with men (MSM) accounted for the largest proportion of new HIV diagnoses in the United States relative to other racial/ethnic groups. Black MSM who use substances are at an increased risk for HIV infection and are ideal candidates for PrEP, but barriers to maintaining PrEP adherence remain a concern. We assessed whether substance use behaviors are associated with initiation and adherence to PrEP among a sample of black MSM in the United States.Methods:Data for this analysis come from the HIV Prevention Trials Network Study 073 (HPTN 073). Substance use behaviors—including alcohol, marijuana, poppers (ie, alkyl nitrites), and stimulants (ie, methamphetamine/cocaine use) including use of these substances before/during condomless anal intercourse (CAI)—were assessed longitudinally through self-report. PrEP adherence was assessed by pharmacological testing in blood. Generalized estimating equations were used to evaluate association between substance use behaviors and PrEP initiation and adherence.Results:Among 226 HIV-negative black MSM, the majority (60%) were 25+ years of age. Most of the substance use behaviors were not significantly associated with PrEP initiation or adherence. However, stimulant use before/during CAI was significantly associated with lower odds of PrEP adherence (adjusted odds ratio = 0.21, 95% confidence interval = 0.07 to 0.61; P = <0.01).Conclusions:These findings suggest that PrEP adherence is feasible among black MSM who use substances. However, black MSM who engage in stimulant use before/during CAI may present a unique group for additional study and support with enhanced behavioral health and support services.	HIV; adherence; Pre-exposure prophylaxis; pre-exposure prophylaxis; Methamphetamine; Prevention; Adherence; Disease prevention; Prophylaxis; Drug use; Substance use; Cocaine; Stimulants; black men who have sex with men; Marijuana; Cannabis; Substance; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; United States--US; Health risks; Confidence intervals; Minority & ethnic groups; Support services; Nitrites	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Okoro O.N.; Whitson S.O.	Sexual Health, HIV Care and Pre-exposure Prophylaxis in the African Immigrant Population: A Needs Assessment	Journal of Immigrant and Minority Health	-	-	-	-	15571912	10.1007/s10903-019-00873-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85062867850&doi=10.1007%2fs10903-019-00873-x&partnerID=40&md5=dfe42349fc15bf7a007fdfdda26cc2d1	The objective was to gain insight, from the perspective of healthcare professionals, non-medical service providers and community-based organizations working with a large majority of African immigrant patients or clients, regarding sexual health and the potential for the use of HIV PrEP in this priority population. Thirty key informants participated in a needs assessment. A questionnaire was used to obtain information through focus groups, structured interviews and by self-administration. There are cultural and linguistic barriers to engaging Africans in discussing sexual health issues. Key challenges to uptake of PrEP are multi-dimensional: socioeconomic immigration status, housing; cultural talking about sex 'taboo', HIV related stigma, no concept of preventive care; provider-related (cultural competency, inadequate PrEP education, language barrier); and individual (lack of awareness, perception of HIV risk). Meeting basic needs like housing, assuring access to care (including PrEP), community-based education, relevant training of providers, and tailored messaging are strongly recommended. Effectively addressing HIV incidence in the African-born immigrant population redonequires a multi-pronged approach. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	African-born immigrants; HIV pre-exposure prophylaxis; HIV/AIDS; Sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Olanrewaju A.O.; Sullivan B.P.; Zhang J.Y.; Bender A.T.; Sevenler D.; Lo T.J.; Fernandez-Suarez M.; Drain P.K.; Posner J.D.	Enzymatic Assay for Rapid Measurement of Antiretroviral Drug Levels	ACS Sensors	-	-	-	-	23793694	10.1021/acssensors.9b02198	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084028031&doi=10.1021%2facssensors.9b02198&partnerID=40&md5=46a53fb28063d452f1222a8db90f973f	Poor adherence to pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) can lead to human immunodeficiency virus (HIV) acquisition and emergence of drug-resistant infections, respectively. Measurement of antiviral drug levels provides objective adherence information that may help prevent adverse health outcomes. Gold-standard drug-level measurement by liquid chromatography/mass spectrometry is centralized, heavily instrumented, and expensive and is thus unsuitable and unavailable for routine use in clinical settings. We developed the REverSe TRanscrIptase Chain Termination (RESTRICT) assay as a rapid and accessible measurement of drug levels indicative of long-term adherence to PrEP and ART. The assay uses designer single-stranded DNA templates and intercalating fluorescent dyes to measure complementary DNA (cDNA) formation by reverse transcriptase in the presence of nucleotide reverse transcriptase inhibitor drugs. We optimized the RESTRICT assay using aqueous solutions of tenofovir diphosphate (TFV-DP), a metabolite that indicates long-term adherence to PrEP and ART, at concentrations over 2 orders of magnitude above and below the clinically relevant range. We used dilution in water as a simple sample preparation strategy to detect TFV-DP spiked into whole blood and accurately distinguished TFV-DP drug levels corresponding to low and high PrEP adherences. The RESTRICT assay is a fast and accessible test that could be useful for patients and clinicians to measure and improve ART and PrEP adherence. Copyright © 2020 American Chemical Society.	adherence; antiretroviral; drug-level measurement; enzymatic assay; human immunodeficiency virus (HIV); pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Olansky, Evelyn; Mansergh, Gordon; Pitts, Nicole; Mimiaga, Matthew J; Denson, Damian J; Landers, Stewart; Holman, Jeremy; Herbst, Jeffrey H	PrEP Awareness in the Context of HIV/AIDS Conspiracy Beliefs Among Black/African American and Hispanic/Latino MSM in Three Urban US Cities	Journal of Homosexuality	-	-	-	-	00918369	10.1080/00918369.2018.1557953	https://www.proquest.com/scholarly-journals/prep-awareness-context-hiv-aids-conspiracy/docview/2385861904/se-2?accountid=8113	We examined HIV conspiracy beliefs and PrEP awareness in a convenience sample of minority MSM. Participants in three cities completed a behavioral self-assessment on sociodemographics, PrEP awareness, and HIV/AIDS conspiracy beliefs. HIV/AIDS conspiracy beliefs were more common among Black than Latino MSM (58% vs. 42%, p < .05), and among younger men than older men (age 18–29 (50%), 30–39 (22%), 40+ (28%); p < .05). PrEP awareness co-occurred with conspiracy belief less (37%) than with non-belief (63%, p < .05), persisting in multivariable regression (aOR = 0.52, 95% CI = 0.38–0.71). This relationship suggests that current HIV care and prevention messaging is either inaccessible or not credible to some minority subpopulations.	HIV; HIV/AIDS; pre-exposure prophylaxis; PrEP; MSM; Men; African Americans; Sociodemographics; Self evaluation; Hispanic Americans; Conspiracy theory; Preventive medicine; medical mistrust; conspiracy; Minority; Beliefs; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; GenderWatch; Y; Consciousness; Latin American cultural groups; Lgbtq+; Older people; Older men; Conspiracy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Olejarz, Patrycja; Chwatko, Grażyna; Kubalczyk, Paweł; Purgat, Krystian; Głowacki, Rafał; Borowczyk, Kamila	Application of High-Performance Liquid Chromatography for Simultaneous Determination of Tenofovir and Creatinine in Human Urine and Plasma Samples.	Pharmaceuticals	-	-	-	-	1424-8247	10.3390/ph13110367	https://pubmed.ncbi.nlm.nih.gov/33167541/	Tenofovir disoproxil fumarate is widely used in the therapy of human immunodeficiency virus and hepatitis B virus; however, a high concentration of the prodrug effects kidney function damage. To control the effectiveness of kidney functions in treated patients, the level of creatinine in the body must be controlled. This work describes a simple, fast, and "plastic-waste" reducing method for the simultaneous determination of tenofovir and creatinine in human urine and plasma. In both assays, only 50 µL of body fluid was required. The tests were carried out by reversed phase high-performance liquid chromatography with UV detection. In urine samples, the limits of detection for tenofovir and creatinine were 4 µg mL(-1) and 0.03 µmol mL(-1), respectively. In plasma samples, the limits of detection were 0.15 µg mL(-1) for tenofovir and 0.0003 µmol mL(-1) for creatinine. The method was applied for the determination of tenofovir and creatinine in human urine and plasma samples. The biggest advantage of the elaborated method is the possibility to determine tenofovir and creatinine in one analytical run in both urine and plasma sample collected from HIV and HBV patients. The possibility to reduce the level of laboratory waste in a sample preparation protocol is in the mainstream of a new trend of analytical chemistry which is based on green chemistry.	tenofovir; hepatitis B virus; human immunodeficiency virus; creatinine; HPLC-UV	English	Switzerland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Clinical
Article	2020	OLIVEIRA, J. A. A. de .; ARAÚJO, A. H. I. M. de .; ALVES, A. H. T. .	ESTRATÉGIAS AO CASAL EM SITUAÇÃO DE SORODISCORDÂNCIA PARA O HIV: UMA REVISÃO DA LITERATURA	Revista JRG de Estudos Acadêmicos	-	-	-	-	2595-1661	https://doi.org/10.5281/zenodo.4268845	https://revistajrg.com/index.php/jrg/article/view/71	A Síndrome da Imunodeficiência Adquirida, conhecida mais comumente como Aids, é o estágio mais avançado da infecção pelo vírus da imunodeficiência adquirida (HIV). Os casais denominados em situação de sorodiscordância são parceiros que possuem sorologias distintas para o HIV, sendo apenas um soropositivo. Os casais expressam a vontade da gestação, mas muitos não procuram o serviço de saúde, pois se sentem envergonhados ou com medo. O objetivo deste trabalho é compreender, através da revisão da literatura recente, um pouco mais sobre o vírus da imunodeficiência humana (HIV) e as implicações na possibilidade de casais sorodiscordantes terem filhos, fazendo uso de terapia adequada. Foram pesquisados artigos científicos em bases de dados e bibliotecas virtuais, e após a aplicação dos critérios de inclusão e exclusão, em sua totalidade, foram selecionados 16 artigos para avaliação na íntegra, sendo 9 na Scielo, 4 na LILACS e 3 na BDENF. A falta de conhecimento dos portadores do vírus HIV provocam dúvidas, seja individual ou até mesmo quando estão em relacionamentos, com isso, a assistência de saúde possui um papel fundamental na hora da descoberta e os profissionais de saúde devem atuar como facilitadores do cuidado, agindo de forma acolhedora e integral com cada indivíduo, identificando os fatores relacionados que levam a não adesão medicamentosa com o intuito de traçar novas estratégias de saúde.	HIV.Qualidade de vida.Saúde sexual. Profilaxia pré-exposição.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	NA	NA	Review
Article	2020	O'Malley, TL; Hawk, ME; Egan, JE; Krier, SE; Burke, JG	Intimate Partner Violence and Pre-exposure Prophylaxis (PrEP): A Rapid Review of Current Evidence for Women's HIV Prevention	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-019-02743-x	https://link.springer.com/article/10.1007/s10461-019-02743-x	Pre-exposure prophylaxis (PrEP) is a valued component of HIV prevention and increasing attention is focusing on women's PrEP use. Common HIV prevention options (e.g., condoms) remain underused and fail to consider the context of intimate partner violence (IPV). PrEP presents an opportunity to expand viable options for women. A systematic rapid review using key word searches of PubMed and proceedings from six national and international conferences related to HIV, women's health, or interpersonal violence identified nine studies which met set inclusion criteria. Studies were coded using a structured abstraction form and summarized according to relevant themes. IPV was found to have implications on women's interest and willingness to use PrEP, partner interference or interruptions in PrEP use, and adherence. Findings indicate a dearth of research on women's PrEP use and IPV and highlight the urgency for research, public health practice, and policy attention around the HIV risk context and needs of women who experience IPV.	Women; HIV prevention; Pre-exposure prophylaxis (PrEP); Review; RISK; ACCEPTABILITY; BLACK-WOMEN; DOMESTIC VIOLENCE; FEMALE CONDOM; GENDER-BASED VIOLENCE; Intimate partner violence; MENTAL-HEALTH; SEXUALLY-TRANSMITTED HIV; US WOMEN; YOUNG-ADULT WOMEN	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Onwubiko, Udodirim; Holland, David; Ajoku, Sophia; Taylor, Justin; Childs, Ansha; Wilson, Derick; Chamberlain, Allison T	Using PrEP to #STOPHIVATL: Findings from a Cross-Sectional Survey Among Gay Men and Transgender Women Participating in Gay Pride Events in Atlanta, Georgia, 2018.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-020-01711-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10287502	Assessing pre-exposure prophylaxis (PrEP) coverage and identifying reasons for disproportionate uptake among the varied social and cultural sub-groups of men who have sex with men (MSM) and transgender women who have sex with men (TWSM) are necessary precursors to setting attainable local PrEP. We report on findings of a cross-sectional survey among MSM/TWSM attending Gay pride events in Atlanta, Georgia, in 2018. Associations between PrEP awareness, uptake, and respondent characteristics were assessed using logistic regression. PrEP awareness did not differ by race, but current use was significantly lower among Blacks at substantial risk of HIV (p = .008). In multivariate analysis, clinician encounter in the past year was associated with awareness while age, income, drug use, sero-discordant sex, and multiple male partners were associated with current use. Among PrEP-naïve MSM/TWSM, the most common reasons for nonuse differed by race (poor knowledge of PrEP: Black-45% vs. non-Black-27%, p = .010, low perception of risk: Black-26% vs. non-Black-52%, p = .001). Key racial and socioeconomic disparities in active PrEP use and reasons for nonuse remain despite the recent increases in PrEP awareness and use among MSM/TWSM in Atlanta. Achieving overall improvement in uptake among all MSM/TWSM sub-groups will require tailoring PrEP educational messaging, optimizing communication modalities, expanding provider outreach, and identifying ways to defray costs for high-risk, underserved sub-groups in these populations.	Geographic hotspots; Men who have sex with men (MSM); PrEP; Sexual orientation; Transgender; Transgender women who have sex with men (TWSM).	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ooi C.; Kong F.Y.S.; Lewis D.A.; Hocking J.S.	Prevalence of sexually transmissible infections and HIV in men attending sex-on-premises venues in Australia: A systematic review and meta-analysis of observational studies	Sexual Health	-	-	-	-	14485028	10.1071/SH19150	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083042494&doi=10.1071%2fSH19150&partnerID=40&md5=707db531b7fd3c86259c8211a0ab50c9	In Australia, men who have sex with men (MSM) have high rates sexually transmissible infections (STIs) and sex-on-premises venue (SOPV) patrons are at risk. This paper assesses Neisseria gonorrhoeae (NG), Chlamydia trachomatis (CT), syphilis and HIV prevalence in men tested at Australian SOPVs and describes testing services. Methods: EMBASE, Medline, PubMed and international conference proceedings were searched for articles reporting on-site SOPV testing between 1 January 2000 and 31 January 2017. Meta-analysis calculated pooled prevalence estimates of STIs by anatomical site. Results: Twelve cross-sectional studies were identified. Most (8/12) were local sexual health clinic (SHC) outreach services. Participants' mean age was 41.1 years (95% confidence interval (CI) 37.0-43.3 range 17 to 84 years). Testing included CT and NG (9/12), HIV (8/12) and syphilis (5/12). CT and NG prevalence overall summary estimates were 3.4% (95% CI 1.9-5.2%, I2 = 88.7%, P < 0.01) and 1.3% (95% CI 0.7-2.2%, I2 = 75.5%, P < 0.01) respectively. CT and NG prevalence was highest in the ano-rectum and oro-pharynx respectively. The HIV and syphilis pooled estimates were 2.3% (95% CI 1.6-2.9%, I2 = 93.1%, P < 0.01) and 3.2% (95% CI 1.8-4.6%, I2 = 72.8%, P < 0.01) respectively. Participation rate varied. Conclusion: This review examines HIV and STI testing in Australian SOPVs before HIV pre-exposure prophylaxis (PrEP). Findings indicate a high prevalence of STIs. PrEP use and resultant condomless sex may influence STI prevalence. Further research is required to determine the effect of PrEP on the STI prevalence among SOPV patrons. © 2020 CSIRO.	chlamydia; gonorrhoea; outreach; screening; syphilis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2020	Oostrom, Leonie; Rosentel, Kris; Motley, Darnell; Hill, Brandon J	Discordance in Objective and Self-perceived HIV Risk: A Potential Barrier to Pre-exposure Prophylaxis in Young Gay and Bisexual Men.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	1552-6917	10.1097/JNC.0000000000000137	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8210539	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2020	O'Reilly, Kevin R; Fonner, Virginia A; Kennedy, Caitlin E; Yeh, Ping T; Sweat, Michael D	The paradox of HIV prevention: did biomedical prevention trials show how effective behavioral prevention can be?	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000002682	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7606697	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Ortblad K.F.; Stalter R.M.; Bukusi E.A.; Ngure K.; Mujugura A.; Celum C.; Baeten J.M.; Heffron R.	No Evidence of Sexual Risk Compensation Following PrEP Initiation Among Heterosexual HIV Serodiscordant Couples in Kenya and Uganda	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02720-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074797148&doi=10.1007%2fs10461-019-02720-4&partnerID=40&md5=67a84297ab22a9e648ff0c44e8d6ca6e	Recent studies among men who have sex with men suggest that sexual behaviors associated with risk of sexually transmitted infections increase following initiation of pre-exposure prophylaxis (PrEP) for HIV prevention. We used longitudinal data from HIV-uninfected participants (n = 1013) enrolled in an open-label study of PrEP delivered to Ugandan and Kenyan heterosexual HIV serodiscordant couples to understand the association between PrEP initiation and HIV risk-related sexual behaviors among these couples. In the month following PrEP initiation, the mean number of monthly sex acts within couples decreased from 7.9 to 6.9 (mean difference: − 1.1; 95% CI − 1.5, − 0.7) and the proportion of couples having condomless sex decreased from 65% to 32% (percentage point change: − 33%; 95% CI − 37%, − 30%); these behaviors then remained relatively constant over 2 years. We found no evidence of sexual risk compensation following PrEP initiation among African serodiscordant couples. However, roughly a third of couples continued to engage in condomless sex during follow up, emphasizing the importance of continued PrEP use to sustain HIV protection. © 2019, The Author(s).	Africa; Condom use; HIV; PrEP; Serodiscordant couples; Sexual risk compensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2020	Ortblad, Katrina F; Mogere, Peter; Bukusi, Elizabeth; Ngure, Kenneth; Baeten, Jared M	Pharmacy delivery to expand the reach of PrEP in Africa.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25619	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7525802	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Owens C.; Hubach R.D.; Lester J.N.; Williams D.; Voorheis E.; Reece M.; Dodge B.	Assessing determinants of pre-exposure prophylaxis (PrEP) adherence among a sample of rural Midwestern men who have sex with men (MSM)	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1757021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082462307&doi=10.1080%2f09540121.2020.1757021&partnerID=40&md5=8e36aa67c12dc64dadd0e697d18cd534	Pre-exposure prophylaxis (PrEP) efficacy in preventing HIV among gay, bisexual, and other men who have sex with men (MSM) is dependent upon adherence. Little is known about the PrEP adherence experiences among MSM who live in rural areas of the US. This qualitative study was informed by a modified version of Straussian Grounded Theory. Thirty-four 34 rural Midwestern MSM participated in telephone interviews that assessed their PrEP adherence factors. Overall, participants adhered to the PrEP regimen, ranging from missing none to a couple of doses per month. Participants had high self-efficacy (competence) and self-reliance (autonomy) in taking PrEP daily. Participants incorporated PrEP into their already existing routines. Participants were motivated to adhere to prevent HIV acquisition and be financially responsible. All participants mentioned their PrEP provider discussed the importance of adherence with PrEP's effectiveness, but future patient-provider PrEP adherence communication varied among participants. Future PrEP adherence interventions should address counseling strategies that leverage these constructs to support pill taking. Future research should explore patient-provider conversations surrounding PrEP adherence to inform provider- and patient-level interventions. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	grounded theory; MSM; PrEP adherence; qualitative; rural	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Owens C.; Hubach R.D.; Williams D.; Lester J.; Reece M.; Dodge B.	Exploring the pre-exposure prophylaxis (Prep) health care experiences among men who have sex with men (msm) who live in rural areas of the midwest	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2020.32.1.51	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082342553&doi=10.1521%2faeap.2020.32.1.51&partnerID=40&md5=8d3d2d3b187665e827c22a17ea8de358	Most pre-exposure prophylaxis (PrEP) research samples men who have sex with men (MSM) who live in metropolitan cities. There is a limited understanding of the PrEP experiences among rural MSM. Thirty-four semi-structured interviews were conducted to explore the PrEP health care experiences among 34 rural Midwestern MSM. Of the 34 participants, 23 obtained PrEP from their non–primary care provider (PCP). Three themes were present: (1) PrEP is unavailable in rural areas, (2) PrEP is inaccessible in rural areas due to PCPs being unwilling to prescribe PrEP, and (3) PrEP services are unamicable in rural areas due to stigmatizing attitudes and behaviors of PCPs. It is important to address PrEP care continuum factors in all settings; however, these factors are often exacerbated in rural areas due to social determinants. Without further research and programming, organizational and social determinants may contribute to lower rates of PrEP outcomes in rural areas. © 2020 The Guilford Press.	Health care; Midwest; MSM; PrEP; Qualitative; Rural	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Owens, Christopher; Hubach, Randolph D; Williams, Deana; Voorheis, Eva; Lester, Jessica; Reece, Michael; Dodge, Brian	Facilitators and Barriers of Pre-exposure Prophylaxis (PrEP) Uptake Among Rural Men who have Sex with Men Living in the Midwestern U.S.	Archives of Sexual Behavior	-	-	-	-	00040002	10.1007/s10508-020-01654-6	https://www.proquest.com/scholarly-journals/facilitators-barriers-pre-exposure-prophylaxis/docview/2417168629/se-2?accountid=8113	Facilitators and barriers of Pre-exposure Prophylaxis (PrEP) uptake have been established in prior studies; however, most of these studies comprise samples of MSM from metropolitan cities and hypothetical PrEP use. There is a dearth of literature on the uptake factors among rural U.S. MSM who are prescribed PrEP. Thirty-four rural Midwestern MSM who currently take PrEP participated in semi-structured telephone interviews about their barriers and facilitators to their PrEP use. Interviews were analyzed using an inductive thematic analysis approach. There were four barriers: (1) lack of rural dissemination of PrEP information, (2) concern about side and adverse effects of using PrEP, (3) cost of PrEP uptake and engagement, and (4) lack of access to PrEP care and PrEP care quality. Individual and social facilitators that participants utilized to overcome these barriers are discussed. Findings elevate the importance of multilevel interventions that address PrEP adoption from a patient, provider, and healthcare system perspective.	Pre-exposure prophylaxis; PrEP; MSM; Men who have sex with men; Sexual behavior; Disease prevention; Health behavior; Sexual orientation; Facilitator; Rural; Barrier; Human immunodeficiency virus--HIV; United States--US; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Rural areas; Rural health care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Özdener-Poyraz, Ayse Elif; Slugocki, Malgorzata; Kalabalik-Hoganson, Julie; Han, Jayoung	Pre-Exposure Prophylaxis (PrEP) in the Prevention of HIV: Strategies, Target Populations and Upcoming Treatments.	HIV AIDS (Auckland)	-	-	-	-	1179-1373	10.2147/HIV.S216024	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395680	Pre-exposure prophylaxis (PrEP) against HIV infection with tenofovir/emtricitabine is proven to be effective yet uptake of this preventive measure has been difficult due to several barriers such as cost, access, and misinformation. Certain subpopulations are disproportionately affected by this problem. Several methods have been developed to close the gap in care. New antiretroviral treatment strategies are being investigated for safety and efficacy in preventing HIV infection.	HIV prevention; PrEP uptake; medications; pre-exposure prophylaxis	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Pagkas-Bather, Jade; Jaramillo, Jahn; Henry, Jsani; Grandberry, Vanessa; Ramirez, Luis F; Cervantes, Lorenzo; Stekler, Joanne D; Andrasik, Michele P; Graham, Susan M	What's PrEP?: peer navigator acceptability among minority MSM in Washington.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-020-8325-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7029512	BACKGROUND: Peer navigation is a promising strategy to link at-risk minority men who have sex with men (MSM) to HIV prevention services including pre-exposure prophylaxis (PrEP). METHODS: Thirty-two Black and 63 Latinx HIV-negative MSM living in western Washington completed a survey examining attitudes towards peer navigation and PrEP. Factor analysis derived a score for peer navigator acceptability, and linear regression identified associations with this outcome. RESULTS: Forty-eight percent were interested in peer navigation. Being insured, higher sexual stigma, and higher PHQ-9 score were associated with higher acceptability, while higher income and having a regular medical provider were associated with lower acceptability. In multivariable analysis, higher sexual stigma predicted higher acceptability, while higher income predicted lower acceptability. Men preferred that peers be matched on sexual orientation, race, age and culture. CONCLUSION: Peer navigation interventions to reach minority men should address stigma, focus on lower-income men, and try to match peers to clients to the extent possible.	Black; HIV prevention; Latinx; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Pagkas-Bather, Jade; Ozik, Jonathan; Millett, Gregorio; Schneider, John A	The last Black man with HIV in San Francisco: the potential role of gentrification on HIV getting to zero achievements.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(20)30250-2	https://dx.doi.org/10.1016/S2352-3018(20)30250-2	San Francisco was the first city in the USA to develop a Getting to Zero HIV elimination strategy. The cause of decreased HIV incidence has been attributed to the use of biomedical prevention methods, such as pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP). These strategies have benefitted White men who have sex with men (MSM), whose population has increased over the past decade. However, Black MSM in San Francisco continue to have higher HIV incidence and outmigration rates. We posit that the declining overall HIV incidence, including among White MSM, is not only explained by the use of TasP and PrEP, but is also due to the declining Black population and rising HIV incidence among Black MSM, who have historically been more likely to acquire HIV due to structural, racial, and criminal justice-related factors than have White MSM.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Pantalone, David W; Holloway, Ian W; Goldblatt, Alison E A; Gorman, Kaitlyn R; Herbitter, Cara; Grov, Christian	The Impact of Pre-Exposure Prophylaxis on Sexual Communication and Sexual Behavior of Urban Gay and Bisexual Men.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-019-01478-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7018565	Pre-exposure prophylaxis (PrEP) has altered the public health landscape for gay, bisexual, and other men who have sex with men (GBM) by significantly increasing protection against HIV infection. Early epidemiologic data showed GBM generally used PrEP as prescribed, i.e., as an additional protective tool over and above barrier protection, although subsequent reports have been equivocal. Irrespective of population-level trends, some GBM appear to have reevaluated their HIV risk tolerance and changed their interactions with sex partners. Scant published data have focused on factors that influence PrEP-using GBM's decisions about sexual behavior-including condom use as well as sex with HIV-positive partners-and sexual communication practices. Thus, in this study, we investigated those research concerns qualitatively via content analysis of individual interviews conducted with 103 GBM in New York City (M age 32.5 years, 50% White, 64% on PrEP > 6 months). Emergent themes reflect (1) participants' strong HIV knowledge; (2) changing GBM community norms about condom use on PrEP; (3) increased focus on risk tolerance with individual differences in post-PrEP condom use; (4) appreciation for routine sexually transmitted infection (STI) testing in PrEP care concomitant with some STI knowledge deficits; (5) decreased stigma concerning, and greater comfort with, HIV-positive sex partners; and (6) increased confidence discussing HIV status and condom use preferences with partners. Findings have implications for future research as well as for clinical practice, such as enhanced STI education and provider-initiated discussions about risk compensation, serosorting, and sexual communication skills.	Gay and bisexual men; HIV; Pre-exposure prophylaxis (PrEP); Sexual behavior; Sexual communication; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Parent M.C.; Woznicki N.; Dillon F.R.; Pituch K.A.	Psychosocial Barriers to Pre-exposure Prophylaxis (PrEP) Uptake: The Roles of Heterosexual Self-Presentation, Sexual Risk, and Perceived Peer PrEP Use	Psychology of Men and Masculinity	-	-	-	-	15249220	10.1037/men0000258	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081377173&doi=10.1037%2fmen0000258&partnerID=40&md5=af95ed31e35676f75d863d1727966da1	Several challenges have emerged in ensuring uptake of preexposure prophylaxis (PrEP) for HIV prevention. By applying the health belief model, the present study assessed associations between novel psychosocial variables and PrEP use among gay and bisexual men. Logistic regression analyses indicated that heterosexual self-presentation, sexual risk, PrEP conspiracy beliefs, and perceived peer PrEP use were positively associated with PrEP use. Greater understanding of the psychosocial barriers to PrEP use for at-risk populations can facilitate the development of socially informed prevention strategies. © 2020 American Psychological Association.	Health belief model; Heterosexual self-presentation; Peer use; Preexposure prophylaxis; Sexual risk	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Parsons, Jordan; Cox, Chelsea	PrEP in Prisons: HIV prevention in incarcerated populations	International Journal of Prisoner Health	-	-	-	-	17449200	10.1108/IJPH-09-2019-0053	https://www.proquest.com/scholarly-journals/prep-prisons-hiv-prevention-incarcerated/docview/2534071998/se-2?accountid=8113	PurposeThe purpose of this paper is to discuss the possibility of using pre-exposure prophylaxis (PrEP) as an HIV harm reduction intervention in prisons. PrEP is primarily discussed in relation to men who have sex with men (MSM), meaning other high-risk populations, such as prisoners, are often side-lined. The authors wanted to consider how it could prove beneficial beyond the MSM community.Design/methodology/approachFirst, the authors discuss whether the common objections to existing HIV harm reduction interventions in prisons, such as needle exchanges, are applicable to PrEP. The authors then apply common objections to the provision of PrEP in the general population to the provision of PrEP in a prison context in order to assess their strength. Finally, the authors discuss what the authors anticipate to be a key objection to PrEP in prisons: post-incarceration access.FindingsThe authors argue that both sets of common objections considered are easily refuted in the case of PrEP in prisons. The unique setting and nature of the intervention are such that it is without immediately apparent flaws. In addressing post-incarceration access, the authors suggest that a longitudinal consideration of a prisoner's HIV risk undermines the objection.Originality/valueThis discussion is of importance due to the significantly heightened risk of HIV infection prisoners are subject to. Not only do effective HIV prevention interventions in prisons contribute to fair access to health for incarcerated individuals, but also to the wider fight against HIV. The authors demonstrate that PrEP has potential as a new approach and call for further research in this area.	HIV; Risk; Prevention; Men who have sex with men; Disease prevention; Prep; Prophylaxis; Harm reduction; Risk reduction; Disease transmission; Prison; Prisoner; Preventive medicine; Prisoners; Access; Intervention; Injecting drug use; Medical ethics; Needle exchange; Offender health; High risk; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Populations; Prevention programs; Health risks; Reduction; Imprisonment; Prisons; Criminology And Law Enforcement	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2020	Pasipanodya E.C.; Li M.J.; Jain S.; Sun X.; Tobin J.; Ellorin E.; Dube M.; Daar E.S.; Corado K.; Milam J.; Blumenthal J.; Morris S.H.; Moore D.J.	Greater Levels of Self-Reported Adherence to Pre-Exposure Prophylaxis (PrEP) are Associated with Increased Condomless Sex Among Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-02881-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084202050&doi=10.1007%2fs10461-020-02881-7&partnerID=40&md5=0fda5726c6cece0273f6969af5a66995	The effectiveness of pre-exposure prophylaxis (PrEP) against HIV acquisition depends on treatment adherence; however, within-person associations between levels of PrEP adherence and engagement in condomless sex have not been well studied. In the context of a demonstration project, 372 men who have sex with men received once-daily PrEP and completed six study visits over 48 weeks. Two-part growth mixture modeling was used to examine the longitudinal trajectory of condomless anal intercourse (CAI) and self-reports of PrEP adherence, controlling for relevant covariates. Over time, greater PrEP adherence was contemporaneously associated with both a higher likelihood of engaging in any CAI and with a greater number of CAI acts. Substance use was also associated with a higher likelihood of engaging in CAI. Contemporaneous associations between self-reported PrEP adherence and CAI suggest that adherence behaviors may be motivated by the desire to mitigate risk of HIV infection; however, exact directionality is unknown. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Condomless sex; HIV; PrEP; Risk compensation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Pathela, Preeti; Jamison, Kelly; Blank, Susan; Daskalakis, Demetre; Hedberg, Trevor; Borges, Christine	The HIV Pre-exposure Prophylaxis (PrEP) Cascade at NYC Sexual Health Clinics: Navigation Is the Key to Uptake.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002274	https://dx.doi.org/10.1097/QAI.0000000000002274	BACKGROUND: Clinics providing sexual health care pose unique opportunities to implement HIV pre-exposure prophylaxis (PrEP) programs. The PrEP program at New York City's Sexual Health Clinics provides intensive on-site navigation for linkage to PrEP care. We assessed uptake of this intervention. METHODS: We categorized men who have sex with men (MSM) without HIV hierarchically as having had (1) HIV post-exposure prophylaxis (PEP) use (past year); or (2) selected sexually transmitted infections (STI) (past year); or (3) HIV-diagnosed sex/needle-sharing partners (past 6 months); or (4) expressed interest in PrEP (day of clinic visit). We constructed PrEP cascades and used multivariable regression to examine acceptance of PrEP navigation, referral to a PrEP provider, linkage (<60 days), and PrEP prescription. RESULTS: One thousand three hundred one of 2106 PrEP (62%) patients accepted navigation. Of those, 55% (718/1301) were black or Hispanic MSM. STI and PEP patients had lowest navigation acceptance levels (35%-46%). Of navigated patients, 56% (628/1114) accepted referrals, 46% (288/628) linked to PrEP providers, and 82% (235/288) were prescribed PrEP; overall, 11% of those offered navigation (235/2106) received prescriptions. Navigated MSM with PEP history adjusted prevalence ratio (aPR) 1.34, 95% confidence interval (CI): 1.16 to 1.56), previous STI (aPR 1.28, 95% CI: 1.12 to 1.45), or HIV-diagnosed partners (aPR 1.18, 95% CI: 1.01 to 1.37) were more likely than those with PrEP interest to accept referrals. Probability of linkage varied by insurance status; prescription did not vary by patient factors. CONCLUSIONS: Although MSM in key priority groups (eg, previous STI) showed low navigation uptake, those who accepted navigation were likely to be referred for PrEP, suggesting a need for expanded up-front engagement.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Patki M.; Vartak R.; Jablonski J.; Mediouni S.; Gandhi T.; Fu Y.; Cetindag E.; Dave R.; Valente S.T.; Patel K.	Efavirenz nanomicelles loaded vaginal film (EZ film) for preexposure prophylaxis (PrEP) of HIV	Colloids and Surfaces B: Biointerfaces	-	-	-	-	9277765	10.1016/j.colsurfb.2020.111174	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086497925&doi=10.1016%2fj.colsurfb.2020.111174&partnerID=40&md5=02f10492954dd80839f0bd98f496adeb	Preexposure prophylaxis (PrEP) using oral or vaginal microbicide is an emerging and effective strategy to prevent HIV transmission. Vaginal film is becoming more acceptable and a convenient dosage form compared to cream, gel and suppository. Extremely poor aqueous solubility of efavirenz (EFV) limits its use as vaginal microbicide. The aim of this study was to develop and evaluate a monomeric surfactant free, rapidly soluble vaginal film of EFV (EZ film). EZ film was prepared using a tetrafunctional block polymer (Tetronic 1107), carrageenan and polyvinyl alcohol (PVA) by solvent evaporation method. First, different solubilizers were screened for EFV solubility, in vitro cytotoxicity and cell membrane integrity assay on HeLa cells. Optimized film was characterized for solid state, mechanical strength, epithelial integrity, in vitro drug release in simulated vaginal fluid (SVF), simulated seminal fluid (SSF) and in vitro anti-HIV activity. Optimized EZ film showed a particle size of 48 ± 3.8 nm with PDI of 0.299. Differential scanning colorimetry (DSC) thermogram suggested the complete amorphization of EFV within the film. EZ film rapidly disintegrated (30 s) with complete release of EFV in SVF and SSF. The film was found to be non-toxic to HeLa cells and showed similar anti-HIV-1 activity as that of EFV in DMSO. EZ film did not show any significant change in the TEER value in HEC 1A cell line. Hence, the findings from the current study strongly suggest that the EZ film could be a cost-effective and convenient dosage form for PrEP of HIV. © 2020 Elsevier B.V.	Efavirenz; HIV; Microbicide; Nanomicelles; Preexposure prophylaxis; Tetronic; Vaginal film	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Pattanasin S.; Cadwell B.L.; Smith D.K.; Sukwicha W.; Mock P.A.; Wimonsate W.; Ungsedhapand C.; Sirivongrangson P.; Dunne E.F.; Thigpen M.C.	Estimating the impact of HIV combination prevention in men who have sex with men, the Bangkok MSM Cohort Study, Thailand	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462420920394	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085004823&doi=10.1177%2f0956462420920394&partnerID=40&md5=00b27d7db801e7b3169cc37171657cec	In Thailand, pre-exposure prophylaxis (PrEP) is recommended for human immunodeficiency virus (HIV) prevention among at-risk men who have sex with men (MSM). We modeled the impact of PrEP and condom use as independent and combined interventions on the estimated number of HIV infections among a hypothetical population of 10,000 MSM in Bangkok, Thailand. Our model demonstrated a 92% (95% confidence interval 89.7, 94.2) reduction in HIV infections among Thai MSM who took daily PrEP and self-reported using condoms correctly and consistently (100% condom use). Increased use of PrEP and condoms likely would have a substantial impact on the HIV epidemic in Thailand. © The Author(s) 2020.	Bangkok; condom; HIV; men who have sex with men; Pre-exposure prophylaxis; Thailand	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2020	Pattanasin, Sarika; van Griensven, Frits; Mock, Philip A; Sukwicha, Wichuda; Winaitham, Santi; Satumay, Kesinee; O'Connor, Siobhan; Hickey, Andrew C; Siraprapasiri, Taweesap; Woodring, Joseph V; Sirivongrangson, Pachara; Holtz, Timothy H; Dunne, Eileen F	Recent declines in HIV infections at Silom Community Clinic Bangkok, Thailand corresponding to HIV prevention scale up: An open cohort assessment 2005-2018.	International Journal of Infectious Diseases	-	-	-	-	1878-3511	10.1016/j.ijid.2020.07.007	https://dx.doi.org/10.1016/j.ijid.2020.07.007	OBJECTIVES: We assessed HIV-1 infection among men who have sex with men (MSM) attending Silom Community Clinic (SCC) in Bangkok, Thailand from 2005 to 2018. Since 2014, Thailand increased implementation of HIV prevention strategies including pre-exposure prophylaxis and Treatment as Prevention. METHODS: MSM attending SCC were tested for HIV using rapid tests. We assessed trends in HIV prevalence, incidence and compared incidence before and after 2014. RESULTS: From 2005 to 2018, 14,034 clients attended SCC for HIV testing. The HIV prevalence increased from 19.2% in 2005-2006 to 34-0% in 2010, remained stable until 2016 and decreased to 17.2% in 2018 (p<0.0001). The HIV incidence was 4.1 per 100 person-years (PY), with an inverted U-shape trend and a peak in 2009 (p<0.0001). Incidence among young MSM aged 13-21 years remained high at 10.0 per 100 PY. Among those aged 22-29 years, lower incidence was found from Q 3 2016, with a relative risk reduction of 46.2% (p<0.001); and a similar reduction among those aged ≥30 years from Q4 2014, corresponding to scale up of HIV prevention strategies. CONCLUSION: We found a decline in HIV infection among Thai MSM. However, incidence remained high among young MSM.	HIV infection; Men who have sex with men; Pre-exposure prophylaxis; Thailand; Treat all	English	Netherlands	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2020	Pearson T.; Chandler R.; McCreary L.L.; Patil C.L.; McFarlin B.L.	Perceptions of African American Women and Health Care Professionals Related to Pre-Exposure Prophylaxis to Prevent HIV	JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing	-	-	-	-	8842175	10.1016/j.jogn.2020.07.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091684033&doi=10.1016%2fj.jogn.2020.07.003&partnerID=40&md5=4d4401117134359704ac19292ac2744a	Objective: To describe the perceptions of African American women and health care professionals (HCPs) about factors that likely influence the use of pre-exposure prophylaxis (PrEP) to prevent HIV among African American women. Design: Prospective mixed methods. Setting: Chicago, IL. Participants: Fifty-eight participants included HCPs (n = 10) and African American women (n = 48). Methods: Following the six steps of concept mapping, participants identified and rated factors they perceived to influence decisions to use PrEP among African American women. Results: African American women generated a list of statements, and we grouped the statements into eight clusters: access, financial, best benefits, protection, medication, setbacks, network, and fear. HCPs ranked having an HIV-positive partner as the most influential factor that affected African American women's decisions to use PrEP (network cluster). African American women ranked ability to prevent HIV when condom use cannot be negotiated as their top reason (best benefits cluster) for using PrEP. Conclusion: African American women wanted to know how they could protect themselves and were open to using PrEP. For African American women considering the use of PrEP, the most influential factors were related to the benefits and accessibility of PrEP. HCPs should know that African American women are not afraid to discuss HIV risk and testing. © 2020 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses; Autonomy and access were the most influential factors for African American women considering the use of pre-exposure prophylaxis. © 2020 AWHONN, the Association of Women's Health, Obstetric and Neonatal Nurses	African American; HIV; PrEP; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Pencolé L.; Lê M.P.; Bouchet-Crivat F.; Duro D.; Peytavin G.; Mandelbrot L.	Placental transfer of the integrase strand inhibitors cabotegravir and bictegravir in the ex-vivo human cotyledon perfusion model	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002637	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094932601&doi=10.1097%2fQAD.0000000000002637&partnerID=40&md5=182d4c249f48be804f91a28427530c73	Data on placental transfer is lacking for the recent HIV integrase inhibitors, bictegravir and cabotegravir, although their future use in pregnancy is to be expected. The objective of this study was to determine their transplacental pharmacokinetics. Maternal-to-fetal transfer was investigated using the open-circuit ex-vivo dually perfused human cotyledon model. Cabotegravir or bictegravir was added to a maternal perfusate containing 2g/l of human albumin and antipyrine, a marker to validate the cotyledon's viability, and cotyledons were dually perfused for up to 90min. For cabotegravir, in five experiments, the median (IQR 25-75) concentrations in the maternal and in the fetal compartments were, respectively, 550ng/ml (344-788) and 48ng/ml (37-54), with a maternal-to-fetal ratio of 10% (5-16) and a clearance index (in comparison with antipyrine transfer) of 22% (19-28). The median cotyledon accumulation index was 10% (2-21). For bictegravir, in six experiments, the median (IQR 25-75) concentrations in the maternal and in the fetal compartments were, respectively, 1650ng/ml (1455-1960) and 126ng/ml (112-142), with a maternal-to-fetal ratio of 7% (6-9.5) and a clearance index (in comparison with antipyrine transfer) of 21% (17-29). The median cotyledon accumulation index was 4% (3-5). Placental transfer of cabotegravir and bictegravir were low. This may not only limit the potential for fetal toxicities but also be a limit to their usefulness at the time of labor and delivery to reduce the risk of vertical HIV transmission. The safety and efficacy of these new integrase inhibitors in pregnancy require more investigation. © 2020 Lippincott Williams and Wilkins. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Perazzolo S.; Mandal S.; Prathipati P.K.; Destache C.J.	Bictegravir Plus Tenofovir Alafenamide Nanoformulation as a Long-Acting Pre-Exposure Prophylaxis Regimen: Application of Modeling to Design Non-Human Primate Pharmacokinetic Experiments	Frontiers in Pharmacology	-	-	-	-	16639812	10.3389/fphar.2020.603242	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098698104&doi=10.3389%2ffphar.2020.603242&partnerID=40&md5=fbdff08682bada6ec2e961f2f5d39370	Bictegravir (BIC) and tenofovir alafenamide fumarate (TAF), two potent anti-HIV drugs, had been nanoformulated (nBIC-TAF) to achieve once-a-month PrEP coverage. In-vivo mouse experiments for nBIC-TAF exhibited favorable subcutaneous (SC) pharmacokinetics. To probe the clinical suitability of the nBIC-TAF in non-human primates (NHP), as the next step, we intend to study nBIC-TAF in NHP, as the best preclinical model to foster clinical trials. Before entering an expensive NHP study, however, we seek to improve our a priori understanding about nBIC-TAF in higher species, having just mouse data. The mechanism-based pharmacokinetic modeling (MBPK) has been used as an appropriate method for pharmacokinetic modeling and interspecies scaling for nanoformulations. Via the use of MBPK, in this work, we created a model for nBIC-TAF able to predict plasma concentration-time curves in NHP. BIKTARVY is a daily oral combination of BIC, TAF, and emtricitabine (Gilead Science, CA), approved for HIV therapy. Using BIKTARVY equivalent dosages (from their NHP studies), we predicted that, following just one SC dose of nBIC-TAF in NHP, both BIC and tenofovir will have detectable and above in vitro efficacy levels for 28 days. Furthermore, the MBPK was able to provide a mechanistic explanation regarding the long-acting mechanism characterizing nBIC-TAF: nanoparticles sections in the SC space from which drugs slowly dissociate. Dissociated drugs in the SC space then buffer the plasma pool over time, yielding an extended-release effect in the plasma. Overall, we predicted for nBIC-TAF a promising long-acting pharmacokinetic in NHP, potentially usable as monthly PrEP. These results will help investigators to gain confidence for facing regulatory submissions at early stages. © Copyright © 2020 Perazzolo, Mandal, Prathipati and Destache.	bictegravir; HIV; mechanism-based pharmacokinetic modeling; pre-exposure prophylaxis; tenofovir alafenamide	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Perucho J.; Alzate-Duque L.; Bhuiyan A.; Sánchez J.P.; Sánchez N.F.	PrEP (Pre-Exposure Prophylaxis) Education for Clinicians: Caring for an MSM Patient	MedEdPORTAL : The Journal of Teaching and Learning Resources	-	-	-	-	23748265	10.15766/mep_2374-8265.10908	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087883863&doi=10.15766%2fmep_2374-8265.10908&partnerID=40&md5=6e373cc40ece48a570f4b03d4864e583	Introduction: Gaps exist in educational materials addressing LGBTQ patient care and LGBTQ health. One such area is prescribing HIV pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM). PrEP awareness, familiarity, and comfort in prescribing are very important in the rollout and success of PrEP as a preventative measure. Our needs assessments showed a lack of familiarity and comfort among clinicians/medical students in prescribing PrEP. Furthermore, studies have shown that since its launch as an effective prevention method of HIV transmission, PrEP has not been widely prescribed to at-risk populations. Educating clinicians about PrEP may increase its use among high-risk MSM populations and reduce the incidence of HIV infections. Methods: For medical students, we developed a didactic presentation and video recording discussing (1) a brief history of HIV prevention, (2) indications for PrEP prescription, (3) medical testing for PrEP onboarding, (4) common PrEP side effects, and (5) appropriate follow-up and testing for PrEP maintenance and discontinuation. We also developed a videotaped clinical encounter demonstrating communication skills used in PrEP counseling. Pre- and postworkshop surveys assessed participants' PrEP attitudes and knowledge. Results: All 43 survey respondents were second- through fourth-year medical students. Pre- and postpresentation evaluation of questions assessing comfort demonstrated a statistically significant improvement in level of comfort with understanding when to prescribe PrEP and in level of knowledge in prescribing PrEP. Discussion: Workshop participants acknowledged their training gaps in PrEP prescribing and acquired knowledge and comfort with prescribing PrEP for at-risk populations. © 2020 Perucho et al.	Communication Skills; Cultural Competence; Diversity; Health Equity; HIV; Inclusion; LGBTQ+; Men Who Have Sex With Men; MSM; Pre-Exposure Prophylaxis; PrEP; Sexual and Gender Minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Peuchant O.; Touati A.; Laurier-Nadalié C.; Hénin N.; Cazanave C.; Bébéar C.; De Barbeyrac B.	Prevalence of lymphogranuloma venereum among anorectal Chlamydia trachomatis -positive MSM using pre-exposure prophylaxis for HIV	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2019-054346	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083636932&doi=10.1136%2fsextrans-2019-054346&partnerID=40&md5=c603797db411bf0fc1056a4385091f54	Objectives We evaluated the prevalence of lymphogranuloma venereum (LGV) in anorectal Chlamydia trachomatis-positive French men who have sex with men (MSM) using pre-exposure prophylaxis (PrEP) for HIV. Here, we describe the clinical, biological and behavioural characteristics of these patients. Methods Laboratories throughout French metropolitan areas performing routine testing for C. trachomatis sent positive anorectal specimens to the National Reference Centre for bacterial STIs for LGV real-time PCR targeting the pmpH gene. Identification of the C. trachomatis genovar was performed by ompA gene sequencing. For each patient, clinical, biological and sexual behaviour data were collected after obtaining written informed consent. Results In 2017, 486 anorectal C. trachomatis-positive specimens from MSM PrEP users were analysed. A strain of genovar L was detected in 91 cases (18.7%). Patients with LGV were significantly more symptomatic, had more sexual partners and more concurrent syphilis compared with their non-LGV counterparts. OmpA gene sequencing, successful in two-thirds of anorectal C. trachomatis-positive specimens, showed that the LGV cases were mainly of variant L2b (n=33), followed by genovar L2 (n=27) and genetic L2b ompA variants (n=16). In 11 cases, the results indicated the occurrence of genetic exchange between L and non-L genovars. Conclusions LGV was diagnosed in 18.7% of anorectal C. trachomatis-positive specimens from French MSM using PrEP. LGV testing should be carried out for MSM diagnosed with chlamydia and with a large number of sexual partners, high-risk practices and anorectal symptoms. These patients should be presumptively treated as having LGV. This is the first surveillance study of LGV among MSM PrEP users and monitoring should continue. ©	chlamydia trachomatis; HIV pre-exposure prophylaxis; lymphogranuloma venereum; molecular epidemiology	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical

Article	2020	Phanuphak, Nittaya; Gulick, Roy M	HIV treatment and prevention 2019: current standards of care.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000588	https://dx.doi.org/10.1097/COH.0000000000000588	PURPOSE OF REVIEW: The purpose of this review is to summarize the current standards of care for both HIV treatment and HIV prevention in 2019. RECENT FINDINGS: Current HIV treatment is started as soon as feasible in a person with HIV infection and consists of a three-drug oral daily antiretroviral regimen, consisting of two nucleoside analogue reverse transcriptase inhibitors combined with a third drug, either an integrase inhibitor, a non-nucleoside reverse transcriptase inhibitor, or a protease inhibitor. Present treatment regimens are potent, convenient, generally well tolerated and durable, and lead to a normal life expectancy. Present antiretroviral-based HIV prevention strategies focus on treating people with HIV infection with antiretrovirals as soon as feasible to reduce their risk of transmitting to others, and providing two-drug pre-exposure prophylaxis (PrEP) and three-drug post-exposure prophylaxis (PEP) to those HIV-uninfected individuals who are at risk for HIV infection. PrEP is highly effective when used correctly. Further data on early antiretroviral therapy and PrEP are needed to demonstrate any impact on HIV epidemic control. SUMMARY: HIV treatment and HIV prevention have improved markedly in recent years due to the development of oral antiretrovirals that are potent, convenient, and generally well tolerated, and lead to virologic suppression and decreased HIV transmission.	NA	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2020	Phanuphak, Nittaya; Ramautarsing, Reshmie; Chinbunchorn, Tanat; Janamnuaysook, Rena; Pengnonyang, Supabhorn; Termvanich, Krittaporn; Chanlearn, Pongthorn; Linjongrat, Danai; Janyam, Surang; Phanuphak, Praphan	Implementing a Status-Neutral Approach to HIV in the Asia-Pacific.	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-020-00516-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7497381	PURPOSE OF REVIEW: Globally, "undetectable equals untransmittable (U=U)" and "pre-exposure prophylaxis (PrEP)" have become crucial elements in HIV treatment and prevention programs. We reviewed the implementation of U=U and PrEP among countries in the Asia-Pacific region. RECENT FINDINGS: U=U and PrEP uptakes were limited and slow in the Asia-Pacific. Inadequate knowledge among health care practitioners and pervasive stigma towards individuals living with HIV and their sexual lives are key barriers for the integration of U=U into clinical practice. Paternalistic and hierarchical health care systems are major obstacles in PrEP implementation and scale-up. Countries with the most advanced PrEP implementation all use community-based, nurse-led, and key population-led service delivery models. To advance U=U and PrEP in the Asia-Pacific, strategies targeting changes to practice norm through wide-scale stakeholders' training and education, making use of online health care professional influencers, and utilizing financial mechanism should be further explored through implementation research.	Asia-Pacific; HIV; Key population-led health services; Lay providers; Status-neutral; Task shifting.	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2020	Phillips A.; Harmon J.L.; Bera J.; Ogle M.; Thompson J.	Integrating Preexposure Prophylaxis (PrEP) Into a Network of Community Health Centers	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2019.09.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078925154&doi=10.1016%2fj.nurpra.2019.09.010&partnerID=40&md5=e47fe0d78957888a9b050b0db6917046	Although preexposure prophylaxis (PrEP) is more than 92% effective in preventing human immunodeficiency virus, primary care providers underprescribe it. This quality improvement project was designed to increase the provision of PrEP to people at high risk for human immunodeficiency virus via evidence-based training given to primary care providers. This training occurred within a network of 19 federally qualified health centers in Sacramento, California. After implementation, there was a 67% increase in prescriptions for PrEP. Furthermore, all providers displayed an increase in acquired knowledge of PrEP (P < .001). Via focus group, providers identified facilitators, barriers, and innovative ideas for the standardization of PrEP in primary care. © 2019 Elsevier Inc.	HIV; preexposure; primary care; prophylaxis; quality improvement	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Phillips II G.; McCuskey D.J.; Felt D.; Raman A.B.; Hayford C.S.; Pickett J.; Shenkman J.; Lindeman P.T.; Mustanski B.	Geospatial perspectives on health: The PrEP4Love campaign and the role of local context in health promotion messaging	Social Science & Medicine	-	-	-	-	2779536	10.1016/j.socscimed.2020.113497	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095953084&doi=10.1016%2fj.socscimed.2020.113497&partnerID=40&md5=b5f1979a9a02c9fde0a6a51e970a9f41	Pre-exposure prophylaxis (PrEP) remains one of the most effective biomedical interventions for the prevention of HIV transmission. However, uptake among populations most impacted by the HIV epidemic remains low. La rge-scale awareness and mobilization campaigns have sought to address gaps in knowledge and motivation in order to improve PrEP diffusion. Such campaigns must be cognizant of the historical, physical, and structural contexts in which they exist. In urban contexts, neighborhood segregation has the potential to impact health outcomes and amplify disparities. Therefore, we present novel geospatial approaches to the evaluation of a Chicago-based PrEP messaging campaign (PrEP4Love) in a 2018 cohort of men who have sex with men and transgender women, contextualizing results within the localized infrastructure and public health landscape, and examining associations between geographic location and campaign efficacy. Results revealed notable variance in rates of PrEP uptake associated with campaign exposure by Chicago planning area, which are likely explained by the historical and contemporary impacts of racist structures on physical environment and city infrastructure. Findings have important implications for the evaluation and implementation of future messaging campaigns, which should take the unique historical, structural, and geospatial factors of their particular settings into account in order to achieve maximum impact. © 2020	Advocacy; Community context; Geospatial; HIV prevention; PrEP; Structural analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Phillips, Gregory; Raman, Anand B; Felt, Dylan; McCuskey, David J; Hayford, Christina S; Pickett, Jim; Lindeman, Peter T; Mustanski, Brian	PrEP4Love: The Role of Messaging and Prevention Advocacy in PrEP Attitudes, Perceptions, and Uptake Among YMSM and Transgender Women.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002297	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7083076	BACKGROUND: Despite high efficacy, use of pre-exposure prophylaxis (PrEP) remains low among young men who have sex with men (MSM) and transgender women (TW), primarily because of barriers such as stigma and resource awareness. We evaluated a social marketing campaign known as PrEP4Love that works to eliminate PrEP stigma; and awareness gaps through targeted advertising. SETTING: Chicago, Illinois. METHODS: Participants were enrolled within a cohort study of young MSM and TW (RADAR). Data were collected between June 2017 and April 2018 from HIV-negative individuals attending a follow-up visit. Surveys assessed demographics, PrEP attitudes and perceptions, and PrEP4Love campaign awareness. Associations between PrEP4Love awareness and PrEP perceptions, uptake, and behaviors were assessed using multiple logistic regression controlling for age, race/ethnicity, gender, sexual identity, and ever having used PrEP. RESULTS: Of 700 participants, the majority (75.9%) indicated seeing PrEP4Love ads in Chicago. Those who had seen ads were more likely to be out to their providers (odds ratio = 1.95; 95% confidence interval: 1.17 to 3.23) than those who had not, and those who had conversations were significantly more likely to have initiated the conversation themselves. Individuals who had seen ads were more likely to have taken PrEP in the last 6 months (odds ratio = 1.87; 95% confidence interval: 1.15 to 3.16) and more likely to believe their friends and the general public approved of and used PrEP. CONCLUSION: Social marketing campaigns are promising interventions that have the potential to alleviate barriers to HIV prevention, particularly among MSM and TW. Future research should evaluate the impact of these initiatives at multiple time points.	PrEP, Prevention, Education, Mobilization, Uptake, Attitudes	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Philpot, Steven; Prestage, Garrett; Holt, Martin; Haire, Bridget; Maher, Lisa; Hammoud, Mo; Bourne, Adam	Gay and Bisexual Men's Perceptions of Pre-exposure Prophylaxis (PrEP) in a Context of High Accessibility: An Australian Qualitative Study.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-02796-3	https://dx.doi.org/10.1007/s10461-020-02796-3	We report on Australian gay and bisexual men's (GBM) perceptions of preexposure prophylaxis (PrEP). Drawing on an online longitudinal cohort study, 1,404 free-text responses from HIV-negative or untested Australian GBM were qualitatively analysed. The chi-square statistic was then used to assess differences regarding PrEP-perceptions by participants' demographic and behavioral characteristics. Positive views of PrEP were twice more common than negative. Those with positive views thought PrEP helped overcome HIV fear and anxiety, enhanced sexual pleasure, and was a 'socially responsible' course of action. Those with negative views believed that people without medical conditions did not need medication and expressed concern that PrEP was replacing condoms, representing 'dangerous' behavior. Descriptive statistics revealed differences in PrEP-perceptions relating to age, recency of HIV testing, and PrEP eligibility. This study is the first to use free-text data to examine the frequency of Australian GBM's PrEP-perceptions, highlighting the potential benefits and challenges to its promotion.	Gay and bisexual men; HIV prevention; Perceptions; PrEP; Qualitative research.	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2020	Picard J.; Jacka B.; Høj S.; Laverdière É.; Cox J.; Roy É.; Bruneau J.	Real-World Eligibility for HIV Pre-exposure Prophylaxis Among People Who Inject Drugs	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-02800-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078668435&doi=10.1007%2fs10461-020-02800-w&partnerID=40&md5=594fed1001e4ade93d87c50bbac794f1	Recent studies have highlighted the efficacy of and willingness to use pre-exposure prophylaxis (PrEP) to prevent HIV infection among people who inject drugs (PWID), however knowledge of real-world applicability is limited. We aimed to quantify the real-world eligibility for HIV-PrEP among HIV-negative PWID in Montreal, Canada (n = 718). Eligibility was calculated according to US Centers for Disease Control and Prevention (CDC) guidelines and compared to risk of HIV acquisition according to the assessing the risk of contracting HIV (ARCH-IDU) risk screening tool. Over one-third of participants (37%) were eligible for HIV PrEP, with 1/3 of these eligible due to sexual risk alone. Half of participants were considered high risk of HIV acquisition according to ARCH-IDU, but there was poor agreement between the two measures. Although a large proportion of PWID were eligible for HIV-PrEP, better tools that are context- and location-informed are needed to identify PWID at higher risk of HIV acquisition. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Men who have sex with men; People who inject drugs; Pre-exposure prophylaxis; PrEP eligibility guidelines	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Pillay D.; Stankevitz K.; Lanham M.; Ridgeway K.; Murire M.; Briedenhann E.; Jenkins S.; Subedar H.; Hoke T.; Mullick S.	Factors influencing uptake, continuation, and discontinuation of oral PrEP among clients at sex worker and MSM facilities in South Africa	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0228620	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084170331&doi=10.1371%2fjournal.pone.0228620&partnerID=40&md5=d98d6698167780b46759d488648bcd1c	Background South Africa became the first country in Africa to introduce oral PrEP in June 2016. The National Department of Health has used a phased approach to rollout, allowing for a dynamic learn-and-adapt process which will lead ultimately to scale-up. Phased rollout began with provision of oral PrEP at facilities providing services to sex workers in 2016 and was expanded in 2017, first to facilities providing services to MSM and then to students at selected university campus clinics, followed by provision at primary health care facilities. Programmatic data shows variability in initiation and continuation between these populations. This study examines factors related to PrEP initiation, continuation, and discontinuation at facilities providing services to sex workers and MSM during the national PrEP rollout. Methods A cross-sectional survey was administered September 2017-January 2018 among clients (ages 18–62) and providers at 9 facilities implementing oral PrEP in South Africa, followed by in-depth interviews. The client survey captured PrEP initiation, continuation and discontinuation. Analysis was performed in STATA 13 for survey data and thematic analysis was performed in NViVO 11 for in-depth interview data. Results 299 clients (203 from sex worker facilities, 96 from MSM facilities) participated in the survey and additionally, in-depth interviews were conducted with 29 clients. Participants self-identified as either current users (n = 94; 36.2%), past users (n = 80; 30.8%) and never users of PrEP (n = 86; 33.1%). Participants who had never used PrEP either cited not being offered PrEP by a provider (57%, n = 49) or declining PrEP (43%, n = 37) as reasons for lack of uptake. The primary reason for declining to use oral PrEP was fear of side effects (41.7%, n = 15). The primary reasons for initiating and continuing on oral PrEP were all related to perceived risk associated with sexual activity. The majority of participants (87.9%, n = 153) also noted that printed IEC materials influenced their decision to initiate PrEP. Qualitative data suggested that several clients initiated on PrEP because they wanted additional protection beyond using condoms due to challenges such as partners refusing to use condoms, having partners with unknown HIV status, having multiple partners, involvement in sex work, or having a partner living with HIV. The majority (73.8%, n = 59) of participants who discontinued oral PrEP cited side effects as the primary reason for discontinuation, followed by feeling stigmatized (18.8%, n = 15). Conclusion This study provides valuable insights on early rollout of PrEP of how clients perceive oral PrEP and where to target efforts to improve the uptake of this highly effective HIV prevention product. By identifying strengths and areas for improvement, the ACCESS study has generated evidence that can be used to guide high quality scale-up in South Africa and may be instructive for other countries' efforts to expand quality access to oral PrEP. © 2020 Pillay et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2020	Pines H.A.; Patrick R.; Smith D.M.; Harvey-Vera A.; Blumenthal J.S.; Rangel G.; Semple S.J.; Patterson T.L.	HIV Prevention Method Preferences Within Sexual Partnerships Reported by HIV-Negative MSM and TW in Tijuana, Mexico	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02492-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85064335342&doi=10.1007%2fs10461-019-02492-x&partnerID=40&md5=4882f3662f2bad7e4863d07e37a4a79e	To assess the potential for decreased condom use as pre-exposure prophylaxis (PrEP) is scaled-up in Latin America, we examined HIV prevention method preferences (neither PrEP nor condoms, condoms only, PrEP only, or PrEP with condoms) within 1302 sexual partnerships reported by 397 HIV-negative men who have sex with men (MSM) and transgender women (TW) in Tijuana, Mexico. Using PrEP with condoms (56%) was preferred to using condoms only (24%), using PrEP only (17%), and using neither PrEP nor condoms (3%). Compared to using condoms only, using PrEP only was preferred within primary (adjusted odds ratio AOR = 4.13, 95% confidence interval CI 1.92, 8.90) and condomless sex partnerships (AOR = 6.97, 95% CI 3.92, 12.40) partnerships, suggesting PrEP use may not displace condom use among MSM and TW in Tijuana and other similar settings. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention method preferences; Men who have sex with men; Mexico; Pre-exposure prophylaxis; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Pinto, Rogério M; Kay, Emma Sophia; Wall, Melanie M; Choi, C Jean	Interprofessional Collaboration Improves the Odds of Educating Patients About PrEP over Time.	Journal of General Internal Medicine	-	-	-	-	1525-1497	10.1007/s11606-019-05616-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7210328	BACKGROUND: Low levels of pre-exposure prophylaxis (PrEP) uptake continue among the most vulnerable (e.g., men who have sex with men) for HIV exposure in the USA. Providers of social and public health services ("psychosocial providers") can help improve this situation by educating patients about PrEP before linking them to primary care providers (PCPs). OBJECTIVE: To identify predictors of psychosocial providers offering PrEP education to patients vulnerable to HIV infection by determining the frequency with which psychosocial providers offer PrEP education to patients. DESIGN: Longitudinal overview of PrEP implementation in New York City. PARTICIPANTS: Psychosocial providers of HIV prevention and adjunct treatment services, such as medication adherence counseling in 34 community settings. MAIN MEASURES: Longitudinal survey data collected in 2014-2016 (baseline) and 2015-2017 (1-year follow-up) from a 5-year longitudinal repeated measures study. Logistic regression modeling tested associations between baseline psychosocial provider-level and organization-level characteristics and frequency of PrEP education at baseline and 1-year follow-up. KEY RESULTS: Out of 245 participants, the number of psychosocial providers offering PrEP education at least once in the past 6 months increased significantly from baseline (n = 127, 51.8%) to 1-year follow-up (n = 161, 65.7%). Participants with higher odds of offering PrEP education at baseline and at one1-year follow-up were more likely to have reported high levels of interprofessional collaboration (IPC) and were also more likely to have received formal HIV prevention training. CONCLUSIONS: Both IPC and HIV training are predictive of PrEP education, and this association was maintained over time. We recommend expanding educational outreach efforts to psychosocial providers to further improve PrEP education and also training in interprofessional collaboration. This is an important first step toward linking patients to PCPs who prescribe PrEP and may help improve PrEP uptake.	pre-exposure prophylaxis (PrEP), service providers, HIV Continuum of Care, interprofessional collaboration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Pintye J.; Rogers Z.; Kinuthia J.; Mugwanya K.K.; Abuna F.; Lagat H.; Sila J.; Kemunto V.; Baeten J.M.; John-Stewart G.; Unger J.A.	Two-way short message service (SMS) communication may increase pre-exposure prophylaxis continuation and adherence among pregnant and postpartum women in Kenya	Global Health Science and Practice	-	-	-	-	2169575X	10.9745/GHSP-D-19-00347	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082779912&doi=10.9745%2fGHSP-D-19-00347&partnerID=40&md5=230fdb94a42705327a217df83b74b70	Introduction: We evaluated a 2-way short message service (SMS) communication platform to improve continuation of pre-exposure prophylaxis (PrEP) for HIV prevention among Kenyan women who initiated PrEP within routine maternal child health (MCH) and family planning clinics. Methods: We adapted an existing SMS platform (Mobile WACh mWACh) to send PrEP-tailored, theory-based SMS and allow clients to communicate with a remote nurse. Women who did not have HIV and who were initiating PrEP at 2 MCH/family planning clinics in Kisumu County, Kenya, from February to October 2018, were offered enrollment into the mWACh-PrEP program; SMS communication was free. We evaluated acceptability, satisfaction, and implementation metrics. In a pre/postevaluation, we compared PrEP continuation at 1-month postinitiation among women who initiated PrEP in the period before (n=166) versus after mWACh-PrEP implementation, adjusting for baseline differences. Results: Of the 334 women who were screened for enrollment into the mWACh-PrEP program; 193 (58%) were eligible and of those, 190 (98%) accepted enrollment. Reasons for ineligibility (n=141) included no phone access (29%) and shared SIM cards (25%). Median age was 25 years (interquartile range=22-30), and 91% were MCH clients. Compared to women who initiated PrEP in the month before mWACh-PrEP implementation, women who enrolled in mWACh-PrEP were more likely to return for their first PrEP follow-up visit (40% vs. 53%; adjusted risk ratio aRR=1.26; 95% confidence interval CI= 1.06, 1.50; P=.008) and more likely to continue PrEP (22% vs. 43%; aRR=1.75; 95% CI=1.21, 2.55; P=.003). Among those who returned, 99% reported successful receipt of SMS through the mWACh-PrEP system and 94% reported that mWACh-PrEP helped them understand PrEP better. Concerns about PrEP use, how it works, and side effects accounted for the majority (80%) of issues raised by participants using SMS. Conclusions: Two-way SMS expanded support for PrEP and opportunities for dialogue beyond the clinic and enabled women to ask and receive answers in real time regarding PrEP, which facilitated its continued use. © 2020 Pintye et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Pintye, Jillian; Davey, Dvora L Joseph; Wagner, Anjuli D; John-Stewart, Grace; Baggaley, Rachel; Bekker, Linda-Gail; Celum, Connie; Chi, Benjamin H; Coates, Thomas J; Groves, Allison K; Haberer, Jessica E; Heffron, Renee; Kinuthia, John; Matthews, Lynn T; McIntyre, James A; Moodley, Dhayendre; Mofenson, Lynne M; Mugo, Nelly; Mujugira, Andrew; Myer, Landon; Shoptaw, Steven; Stranix-Chibanda, Lynda; Baeten, Jared M	Defining gaps in pre-exposure prophylaxis delivery for pregnant and post-partum women in high-burden settings using an implementation science framework	The Lancet HIV	-	-	-	-	2405-4704	https://doi.org/10.1016/s2352-3018(20)30102-8	https://escholarship.org/uc/item/284327hm	Pregnancy is a high-risk period for HIV acquisition in African women, and pregnant women who become acutely infected with HIV account for up to a third of vertical HIV transmission cases in African settings. To protect women and eliminate vertical transmission, WHO recommends offering oral pre-exposure prophylaxis (PrEP) based on tenofovir to HIV-negative pregnant and post-partum women with a substantial risk of HIV acquisition. PrEP implementation for pregnant and post-partum women lags behind implementation for other high-risk populations. Unique considerations for PrEP implementation arise during pregnancy and post partum, including the integration of provider training with clinical delivery and monitoring of PrEP exposure and outcomes within existing maternal health systems, yet scarce implementation data are available to generate evidence in this context.	Reproductive Medicine; Biomedical and Clinical Sciences; Public Health; Health Sciences; Behavioral and Social Science; Infectious Diseases; Prevention; Pediatric AIDS; Clinical Research; Pediatric; HIV/AIDS; Infection; Reproductive health and childbirth; Good Health and Well Being; Anti-HIV Agents; Female; HIV Infections; Health Plan Implementation; Humans; Infectious Disease Transmission; Vertical; Male; Postnatal Care; Pre-Exposure Prophylaxis; Pregnancy; PrEP in Pregnancy Working Group; Medical and Health Sciences; Biomedical and clinical sciences; Health sciences	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Pintye, Jillian; Kinuthia, John; Abuna, Felix; Mugwanya, Kenneth; Lagat, Harison; Dettinger, Julia C; Odinga, Daniel; Sila, Joseph; Anderson, Peter L; John-Stewart, Grace; Baeten, Jared M	Frequency and Predictors of Tenofovir-diphosphate Detection Among Young Kenyan Women in a Real-world Pre-exposure Prophylaxis Implementation Program.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciaa181	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7713682	In a pre-exposure prophylaxis program for Kenyan women, we detected tenofovir-diphosphate in 61% (125/201) of randomly selected dried blood spots collected at the first follow-up visit. Tenofovir-diphosphate was detected more frequently among women who had partners living with human immunodeficiency virus, who were not pregnant, and who were≥24 years.	HIV/AIDS; adherence; pre-exposure prophylaxis; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Pitisuttithum, Punnee; Marovich, Mary Anne	Prophylactic HIV vaccine: vaccine regimens in clinical trials and potential challenges.	Expert Review of Vaccines	-	-	-	-	1744-8395	10.1080/14760584.2020.1718497	https://dx.doi.org/10.1080/14760584.2020.1718497	Introduction: Ending the HIV epidemic will likely require an efficacious preventative HIV vaccine. As vaccine development progresses, new challenges emerge in the context of an evolving prevention landscape.Areas covered: The progress in HIV vaccine development including trial regimens, results, and impact of pre-exposure prophylaxis (PrEP) including trial design.Expert opinion: Building upon the modest RV144 efficacy results, a follow-up study was launched in South Africa using modified vaccine constructs, ALVAC-HIV vector and gp120 protein boosts (Clade C strains). An adjuvant, MF59, was used to improve durability. Another Phase 2b regimen using an Adenovirus-26 vector with multivalent mosaic antigen inserts and a Clade C gp140 boost advanced into efficacy testing. Current vaccine efficacy studies enroll participants at risk for HIV, offer robust prevention packages, and notably do not restrict PrEP usage. With increasingly efficacious prevention options, future clinical trial designs become more complex. While formally requiring PrEP in HIV vaccine trials (e.g. PrEP ± Vaccine) may maximize protection, it raises both ethical and incremental efficacy over PrEP. Increasing vaccine complexity may lead to persistent vaccine-induced seropositivity, which presents different challenges. Discussion with the community and broader stakeholder engagement will help create solutions to these challenges.	HIV Vaccine; challenges; clinical trials; potential candidates; regimen	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2020	Pizur-Barnekow, K; Kim, UO; Ahamed, SI; Hasan, MKK; Dreier, S; Leuthner, SR; Rau, N; Basir, MA	Giving Voice to Parents in the Development of the Preemie Prep for Parents (P3) Mobile App	Advances in Neonatal Care	-	-	-	-	1536-0903	10.1097/ANC.0000000000000669	https://pubmed.ncbi.nlm.nih.gov/31567181/	Background: Parents at risk for preterm birth frequently receive prematurity education when the mother is hospitalized for premature labor. Parental ability to learn and consider the information is limited because of the stress of the hospitalization. A promising approach is dissemination of information to at-risk parents before the birth hospitalization. Purpose: This article describes formative research used to develop smartphone-based prematurity education app for parents at-risk for preterm birth. Methods: Stakeholders were parents with a prior preterm birth. Using stakeholder meeting transcripts, constant comparative analysis was used to reflect upon the parental voice. Results: The parents named the app, Preemie Prep for Parents (P3). Parent perspectives revealed desire for information in the following 5 categories. (1) Power in knowledge and control: parents want autonomy when learning information that may influence medical decision-making. (2) Content and framing of information: they desire information from a trusted resource that helps promote prenatal health and provides neonatal intensive care information. (3) Displaying content: parents want personalization, push notifications, photographs displaying fetal development, and easy-to-understand statistics. (4) Providing information without causing harm: they desire non-value-laden information, and they do not support "gamifying" the app to enhance utilization. (5) Decision making: parents want information that would benefit their decision making without assuming that parents have a certain outlook on life or particular values. Implications for Practice: These findings support the need for the P3 App to aid in decision making when parents experience preterm birth. Implications for Research: The findings highlight the need to study the effects of smartphone-based prematurity education on medical decision-making.	HEALTH; DECISION-MAKING; telemedicine; INFORMATION; parents; decision making; premature birth; prenatal education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Pleuhs B.; Quinn K.G.; Walsh J.L.; Petroll A.E.; John S.A.	Health Care Provider Barriers to HIV Pre-Exposure Prophylaxis in the United States: A Systematic Review	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2019.0189	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082342702&doi=10.1089%2fapc.2019.0189&partnerID=40&md5=8d3ed94a1936e0f1b9b812c42435416b	Increasing prescription of pre-exposure prophylaxis (PrEP) is imperative to ending the HIV epidemic in the United States. The objective of this review was to identify health care provider barriers to PrEP implementation. A systematic review was conducted in February 2019 using PubMed to identify barriers to PrEP prescribing practices in the United States. Targeted search terms surrounding PrEP and providers resulted in 222 original studies, 28 of which were ultimately included in our review, with data collected between 2011 and 2018. Six themes were identified across reviewed studies: (i) a lack of PrEP knowledge, (ii) the presence of the Purview Paradox, which refers to discordance in beliefs between HIV specialists and primary care providers on who should prescribe PrEP, (iii) concerns about PrEP costs, (iv) concerns about behavioral and health consequences, (v) interpersonal stigma, and (vi) concerns about patient adherence. A majority of providers were lacking knowledge regarding PrEP, resulting in discomfort in prescribing PrEP, or limited awareness and understanding of PrEP clinical guidelines. Discrepant opinions were identified regarding whether PrEP was best managed within primary care or specialty clinics. Other barriers included concerns about cost, patient adherence, and follow-up maintenance care. Finally, concerns about risk compensation and discomfort discussing sexual activities with patients who would benefit most from PrEP were apparent. Additional work is needed to prepare providers to prescribe and manage patients on PrEP, optimize PrEP delivery, and reduce provider bias. Future research is needed to identify providers' attitudes and beliefs regarding innovations in PrEP dosing, task shifting, and novel strategies for PrEP care. © Copyright 2020, Mary Ann Liebert, Inc., publishers 2020.	HIV; pre-exposure prophylaxis; prescription; providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Plomer, Anna-Sophie; McCool-Myers, Megan; Apfelbacher, Christian	Perspectives on HIV PrEP care in Germany: qualitative insights from primary care physicians and specialists.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2020.1778626	https://dx.doi.org/10.1080/09540121.2020.1778626	Recently, research has shifted from investigating the effectiveness of HIV pre-exposure prophylaxis (PrEP) to strategizing its implementation. Several European studies have explored physicians' perspectives on implementing PrEP in diverse settings, yet there are no data on the situation in Germany. The purpose of this study was to explore physicians' perspectives on current PrEP care in Germany. From April to July 2018, we conducted 16 semi-structured interviews with HIV providers (HIVPs) and primary care physicians (PCPs). Transcripts were analyzed using thematic content analysis. Physicians showed varying levels of PrEP expertise. Many PCPs lacked knowledge about PrEP. Some PCPs did not support the idea of PrEP as a prophylactic option. Opinions about PCPs' role in PrEP care were diverging, yet most PCPs favored referring PrEP clients to an HIVP or opted for a shared-care arrangement. Perceived problems included stigma and lack of privacy for PrEP care in rural areas. Our findings highlight the need for tailored physician training, which should be addressed in PrEP implementation in Germany.	Germany; HIV prevention; physician; pre-exposure prophylaxis; qualitative	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2020	Pornpaisalsakul K.; Songtaweesin W.N.; Tepmongkol S.; Wongharn P.; Kawichai S.; Suponsilchai V.; Anugulruengkitt S.; Puthanakit T.	Effects of vitamin D and calcium supplementation on bone mineral density among Thai youth using daily HIV pre-exposure prophylaxis	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25624	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092754069&doi=10.1002%2fjia2.25624&partnerID=40&md5=64c058dddc427ad420ceb2b983d55d3a	Introduction: Tenofovir disoproxil fumarate with emtricitabine (TDF/FTC) is used for HIV pre-exposure prophylaxis (PrEP). TDF may affect bone mineral density (BMD), particularly in youth who are at a stage of peak bone mass accrual. The objective of this study was to evaluate the effect of vitamin D and calcium supplementation on BMD among Thai youth receiving daily oral PrEP. Methods: This open-label randomized trial was conducted in male youth aged between 15 and 24 years. Participants were randomized to Arm A who received once-daily TDF/FTC plus vitamin D3 and calcium supplementation with meals twice daily (400 units of vitamin D3 and 1200 mg of elemental calcium/day) or Arm B who received once-daily TDF/FTC only. PrEP users were defined as taking at least two tablets/week (tenofovir-diphosphate level of >350 fmol/punch). Adherence to vitamin D/calcium supplementation was defined as self-reported adherence of >50%. Lumbar spine (L2-L4) BMD (LSBMD) was evaluated by dual-energy X-ray absorptiometry scan zero and six months after PrEP initiation. Results: From March 2019 to March 2020, 100 youth were enrolled. Baseline characteristics between the two arms were similar. Median (IQR) age was 18 (17 to 20) years. At entry, median (IQR) LSBMD z-score was −0.8 (−1.5 to −0.3), 17% had low LSBMD (Z-score < −2). The median amount of calcium intake from nutritional three-day recall was 167 (IQR 94 to 272) mg/day, 39% of participants had vitamin D deficiency, defined as 25(OH)D levels <20 IU/mL. At six months, 79 participants were evaluated. Of these, 42 (52%) were PrEP takers and 25 of 38 (66%) of arm A participants had good adherence to vitamin D/calcium supplementation. Significantly higher proportions of youth in arm A compared to arm B had >3% increase in LSBMD at month 6 compared to baseline (67.6% vs. 42.9% respectively; p = 0.03). There were significantly higher increases in LSBMD among youth with vitamin D deficiency who were supplemented; arm A + 0.05 (0 to 0.05) compared to arm B + 0.03 (−0.1 to 0.03), p = 0.04. Conclusions: Increases in LSBMD over six months among youth using PrEP who received vitamin D/calcium supplementation was greater than those not supplemented. Long-term follow-up should be considered to explore long-term outcomes. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	bone mineral density; calcium; HIV pre-exposure prophylaxis; vitamin D; young men who have sex with men; young transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2020	Poteat T.; Malik M.; van der Merwe L.L.A.; Cloete A.; Adams D.; Nonyane B.A.S.; Wirtz A.L.	PrEP awareness and engagement among transgender women in South Africa: a cross-sectional, mixed methods study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(20)30119-3	https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30119-3/abstract	Background: The South African national HIV plan recommends pre-exposure prophylaxis (PrEP) for transgender women, whose HIV prevalence estimates are as high as 25% in sub-Saharan Africa. The aim of this study was to explore PrEP awareness, uptake, and willingness, as well as associated barriers and facilitators, in order to inform PrEP implementation efforts with transgender women in South Africa. Methods: Using a community-engaged, convergent parallel mixed methods design, trained local transgender women data collectors recruited 213 transgender women participants (aged >18 years, assigned male sex at birth, and identifying as a gender different from male), via network referral and word-of-mouth in Cape Town, East London, and Johannesburg. A subset of 36 transgender women also participated in qualitative in-depth interviews. Quantitative analyses included descriptive statistics and negative binomial regression models to assess correlates of PrEP willingness. Qualitative interviews were audio-recorded, transcribed verbatim, and coded. Thematic content analysis was used to identify key themes. Quantitative and qualitative data were integrated for interpretation. Findings: Participants were recruited between June 1 and Nov 30, 2018. 57 (45%) of 127 HIV-negative participants were PrEP-aware and only 14 (11%) of 129 were currently taking PrEP. HIV-negative participants experiencing social (eg, violence, poverty) and interpersonal (eg, discrimination, low transgender women community connectedness) hardship reported PrEP awareness more frequently than HIV-negative transgender women who did not. Willingness to take PrEP was low, at 56 (55%) of 102, among HIV-negative participants who were not currently taking PrEP, and negatively associated with transgender women community connectedness (multivariable prevalence ratio 0·87; 95% CI 0·77–0·99). Barriers to PrEP included taking a daily pill, side-effects, and cost. Participants urged greater education and engagement of transgender women in PrEP implementation. Interpretation: South Africa is poised to scale up PrEP services for transgender women. Dedicated transgender clinics are planned to provide comprehensive care, including PrEP, for transgender women. It is critical to ensure transgender women are aware of and have accurate information about PrEP, and that health-care sites are prepared to provide quality care for transgender women. Funding: Gilead Sciences. © 2020 Elsevier Ltd	preexposure prophylaxis discontinuation; racial/ethnic disparities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Poteat T.C.; Radix A.	HIV Antiretroviral Treatment and Pre-exposure Prophylaxis in Transgender Individuals	Drugs	-	-	-	-	126667	10.1007/s40265-020-01313-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085380471&doi=10.1007%2fs40265-020-01313-z&partnerID=40&md5=3ce810c203e632737a08de7c90e93deb	HIV prevalence is elevated among transgender populations with an estimated 13.7% of transgender adults living with HIV in the USA. In addition, transgender people experience significant disparities in biomedical HIV prevention and treatment. The efficacy of topical microbicides for prevention of HIV acquisition have not been tested among transgender people and may be impacted by hormonal therapies and/or surgeries undertaken by some transgender people to align their anatomy with their gender identity. Low pre-exposure prophylaxis (PrEP) uptake and adherence as well as potential drug–hormone interactions impact the efficacy of PrEP among transgender women. Few transgender men have been engaged in the PrEP continuum, and they have been largely excluded from PrEP research until very recently. Prioritisation of hormone therapy over HIV treatment as well as concerns about drug–hormone interactions may impact transgender women's adherence to antiretroviral therapy. More research is needed to clarify the clinical significance of identified drug–hormone interactions and better inform interventions to improve HIV prevention and care for transgender people. © 2020, Springer Nature Switzerland AG.	Anti-HIV agents;male; health services accessibility; HIV infections/prevention and control; implementation science; pre-exposure prophylaxis; PrEP;	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Poteat, Tonia; Malik, Mannat; Wirtz, Andrea L.; Cooney, Erin E.; Reisner, Sari	Understanding HIV risk and vulnerability among cisgender men with transgender partners.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(19)30346-7	https://pubmed.ncbi.nlm.nih.gov/32032535/	In the HIV pandemic, cisgender (ie, non-transgender) men with transgender partners are an underserved population. Complexities of sexuality and gender affect HIV vulnerability for this group, including not identifying with conventional sexual orientation categories (eg, bisexual, heterosexual, or gay) and having attractions based on gender role or expression rather than genital anatomy. Only one HIV prevention interventional study in this population was identified, and one study that assessed the perceived acceptability of an intervention. We found no data for interventions using pre-exposure prophylaxis, interventions for cisgender men with transgender men partners, or cisgender men with casual or transactional sexual partnerships with transgender people. Cisgender men with transgender partners are not easily categorised using traditional HIV risk categories. Additional research is needed to understand stigma and other structural drivers of HIV vulnerability, sexual networks and practices, substance use patterns, and biomedical prevention interest and uptake for this group. Studies that use an intersectional lens and syndemic framework could offer key insights.	Humans; Male; Female; Risk-Taking; Sexual Behavior; Sexual Partners/psychology; Social Stigma; Transgender Persons/psychology/*statistics & numerical data; HIV Infections/*epidemiology/prevention & control/*psychology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Power, Melissa; Lewis, David A; Richardson, Daniel	On-demand HIV pre-exposure prophylaxis: what are the healthcare workers' barriers to delivery in a culturally and linguistically diverse population?	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2019-054393	https://dx.doi.org/10.1136/sextrans-2019-054393	The Western Sydney Sexual Health Centre is a publicly funded sexual health service which provides sexual healthcare for a large population of non-Australian-born, non-English-speaking and culturally diverse men who have sex with men (MSM). As some of these MSM do not have access to universal healthcare coverage (Medicare) and many find the cost of the daily HIV pre-exposure prophylaxis (PrEP) too expensive, they would benefit from more affordable (PrEP) access.	PrEP; HIV	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Pretorius C.; Schnure M.; Dent J.; Glaubius R.; Mahiane G.; Hamilton M.; Reidy M.; Matse S.; Njeuhmeli E.; Castor D.; Kripke K.	Modelling impact and cost-effectiveness of oral pre-exposure prophylaxis in 13 low-resource countries	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25451	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85080128039&doi=10.1002%2fjia2.25451&partnerID=40&md5=e747fd20c57ecfbee5e835789069e2b1	Introduction: Oral pre-exposure prophylaxis (PrEP) provision is a priority intervention for high HIV prevalence settings and populations at substantial risk of HIV acquisition. This mathematical modelling analysis estimated the impact, cost and cost-effectiveness of scaling up oral PrEP in 13 countries. Methods: We projected the impact and cost-effectiveness of oral PrEP between 2018 and 2030 using a combination of the Incidence Patterns Model and the Goals model. We created four PrEP rollout scenarios involving three priority populations—female sex workers (FSWs), serodiscordant couples (SDCs) and adolescent girls and young women (AGYW)—both with and without geographic prioritization. We applied the model to 13 countries (Eswatini, Ethiopia, Haiti, Kenya, Lesotho, Mozambique, Namibia, Nigeria, Tanzania, Uganda, Zambia and Zimbabwe). The base case assumed achievement of the Joint United Nations Programme on HIV/AIDS 90-90-90 antiretroviral therapy targets, 90% male circumcision coverage by 2020 and 90% efficacy and adherence levels for oral PrEP. Results: In the scenarios we examined, oral PrEP averted 3% to 8% of HIV infections across the 13 countries between 2018 and 2030. For all but three countries, more than 50% of the HIV infections averted by oral PrEP in the scenarios we examined could be obtained by rollout to FSWs and SDCs alone. For several countries, expanding oral PrEP to include medium-risk AGYW in all regions greatly increased the impact. The efficiency and impact benefits of geographic prioritization of rollout to AGYW varied across countries. Variations in cost-effectiveness across countries reflected differences in HIV incidence and expected variations in unit cost. For most countries, rolling out oral PrEP to FSWs, SDCs and geographically prioritized AGYW was not projected to have a substantial impact on the supply chain for antiretroviral drugs. Conclusions: These modelling results can inform prioritization, target-setting and other decisions related to oral PrEP scale-up within combination prevention programmes. We caution against extensive use given limitations in cost data and implementation approaches. This analysis highlights some of the immediate challenges facing countries—for example, trade-offs between overall impact and cost-effectiveness—and emphasizes the need to improve data availability and risk assessment tools to help countries make informed decisions. © 2020 Avenir Health. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	cost-effectiveness; HIV; mathematical modelling; policy; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Przybyla S.M.; Cerulli C.; Bleasdale J.; Wilson K.; Hordes M.; El-Bassel N.; Morse D.S.	"I think everybody should take it if they're doing drugs, doing heroin, or having sex for money": a qualitative study exploring perceptions of pre-exposure prophylaxis among female participants in an opioid intervention court program	Substance Abuse: Treatment, Prevention, and Policy	-	-	-	-	1747597X	10.1186/s13011-020-00331-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096438079&doi=10.1186%2fs13011-020-00331-0&partnerID=40&md5=4bcc8a65ada6b62870b24b53dc7edeab	Background: Women's rise in opioid use disorder has increased their presence in the criminal justice system and related risk behaviors for HIV infection. Although pre-exposure prophylaxis (PrEP) is an effective biomedical HIV prevention treatment, uptake among this high-risk population has been particularly low. Considerably little is known about the interplay between justice-involved women with opioid use disorder and HIV prevention. The aim of this study was to explore PrEP knowledge, attitudes, and perceptions for personal and partner use among women participants in the nation's first ever opioid intervention court program. Methods: The authors conducted semi-structured, in-depth interviews with 31 women recruited from an Opioid Intervention Court, a recent fast-track treatment response to combat overdose deaths. We utilized a consensual qualitative research approach to explore attitudes, perceptions, and preferences about PrEP from women at risk for HIV transmission via sexual and drug-related behavior and used thematic analysis methods to code and interpret the data. Results: PrEP interest and motivation were impacted by various factors influencing the decision to consider PrEP initiation or comfort with partner use. Three primary themes emerged: HIV risk perceptions, barriers and facilitators to personal PrEP utilization, and perspectives on PrEP use by sexual partners. Conclusions: Findings suggest courts may provide a venue to offer women PrEP education and HIV risk assessments. Study findings inform public health, substance use, and criminal justice research and practice with justice-involved participants experiencing opioid use disorder on the development of gender-specific PrEP interventions with the ultimate goal of reducing HIV incidence. © 2020, The Author(s).	Drug court; HIV prevention; Opioid court; Opioid use disorder; Pre-exposure prophylaxis (PrEP); Qualitative research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Pu F.; Pandey S.; Bushman L.R.; Anderson P.L.; Ouyang Z.; Cooks R.G.	Direct quantitation of tenofovir diphosphate in human blood with mass spectrometry for adherence monitoring	Analytical and Bioanalytical Chemistry	-	-	-	-	16182642	10.1007/s00216-019-02304-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077556658&doi=10.1007%2fs00216-019-02304-0&partnerID=40&md5=db0c1d9984938625b9ebc61c6f5078bf	Inadequate adherence to chronic medications is a far-reaching problem with financial and human health consequences. By a wide margin, non-adherence is the leading cause of therapeutic failures of HIV pre-exposure chemoprophylaxis (PrEP) and antiretroviral therapy (ART). It has been proven that HIV infection can be prevented by daily dosing of emtricitabine and tenofovir disoproxil fumarate. Measurement of intracellular tenofovir diphosphate in red blood cells has been established as an effective way to assess cumulative adherence, however, the LC-MS-based analytical method developed for the purpose is both complicated and expensive. Here, we report a simple method for adherence monitoring based on direct MS quantification of intracellular tenofovir diphosphate in human whole blood. The method requires only microliters of whole blood, employs special membranes to perform plasma separation and concomitant desalting during blood collection, and uses nanoelectrospray on a triple quadrupole instrument. Quantitative performance in this proof-of-concept study includes RSDs of < 15% and successful analysis of a small number of patient samples with medium to high adherence levels. The results correlate with those of a validated LC-MS/MS method, and an R2 value of 0.9962 is achieved. This methodology has promise for extension to point-of-care testing using miniature mass spectrometers. Figure not available: see fulltext.. © 2019, Springer-Verlag GmbH Germany, part of Springer Nature.	Adherence monitoring; Ambient ionization mass spectrometry; HIV prevention; Nucleotides; Plasma separation; Tenofovir diphosphate	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Puppo C.; Spire B.; Morel S.; Génin M.; Béniguel L.; Costagliola D.; Ghosn J.; Mabire X.; Molina J.M.; Rojas Castro D.; Préau M.	How PrEP users constitute a community in the MSM population through their specific experience and management of stigmatization. The example of the French ANRS-PREVENIR study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1742863	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081747098&doi=10.1080%2f09540121.2020.1742863&partnerID=40&md5=bf89ced60f45cfcdd8eafcb5768eb4c4	The ANRS-PREVENIR (2017–2020) prospective cohort study aims to reduce the number of new HIV infections in the "Ile-de-France" region in France, by enrolling individuals at high risk of HIV infection and proposing daily and on-demand pre-exposure prophylaxis (PrEP). The qualitative component of the ANRS-PREVENIR study aimed to investigate social and relational evolutions associated with PrEP use in men who have sex with men (MSM). In 2018, 12 focus groups with MSM (n = 68) were conducted by a social sciences researcher in Paris. A thematic analysis was performed. Results showed that stigma concerning PrEP use is a complex issue, with various kinds of stigmatization being practiced, sometimes even by the wider MSM population and PrEP users themselves. All types of stigma identified were expressed in forms of verbal abuse which made PrEP use taboo. Inside the wider MSM population a PrEP-user "community" was identified which shared a certain complicity in terms of values and a positive attitude towards PrEP. The emergence of new intragroup and intergroup social norms should be taken into account by policy makers to promote a more positive image of PrEP users. © 2020, © 2020 Informa UK Limited, trading as Taylor & Francis Group.	community; group dynamics; HIV; PrEP; qualitative methods; stigma	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2020	Puppo, Costanza; Mabire, Xavier; Morel, Stéphane; Laguette, Vanessa; Rojas Castro, Daniela; Chas, Julie; Cua, Eric; Pintado, Claire; Suzan-Monti, Marie; Spire, Bruno; Molina, Jean-Michel; Préau, Marie	Becoming adherent to a preventive treatment for HIV: a qualitative approach.	Psychology, Health & Medicine	-	-	-	-	1465-3966 1354-8506	10.1080/13548506.2019.1640886	https://www.tandfonline.com/doi/full/10.1080/13548506.2019.1640886	The clinical trial ANRS-IPERGAY investigated the efficacy of sexual activity-based (i.e. on demand) HIV pre-exposure prophylaxis (PrEP). Using a qualitative method, we analysed the role of adherence as one of the main elements for PrEP effectiveness and its associated determinants. Data were collected in various French ANRS-IPERGAY sites during the double-blind (2012-2014) and open-label study (2015-2016) phases, through two individual interviews per participant, collective interviews and focus groups. A total of 83 participants participated in the present study. Our analysis included 32 individual interviews (with 16 participants), 13 collective interviews (n = 45) and 8 focus groups (n = 33). We investigated adherence to on-demand pill-intake schedule, focusing especially on PrEP integration into daily life. PrEP intake was regulated through coping strategies to simplify implementation and avoid stigmatizing reactions. We considered self-care and pharmaceuticalization of PrEP as specific features of sexual activity-based PrEP. As PrEP is a prophylaxis for seronegative people, it is contributing to the emergence of a new identity in the HIV field. Health-care professionals should take into account the practical implementation of PrEP schedules into daily life, assist PrEP users in personal management of pill intake and, more generally, improve adherence to the prophylaxis.	Adult; Humans; Male; HIV Infections/*prevention & control; Double-Blind Method; HIV; *Anti-HIV Agents; adherence; *Pre-Exposure Prophylaxis; *Medication Adherence; prevention; qualitative methods; Focus Groups; Qualitative Research; coping strategies; PrEP intake; stigmatization	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2020	Pyra M.; Rusie L.; Castro M.; Baker K.K.; McNulty M.; Bohm N.; Prokurat A.; Schneider J.	A taxonomy of pragmatic measures of HIV preexposure prophylaxis use	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002618	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092678533&doi=10.1097%2fQAD.0000000000002618&partnerID=40&md5=9148fbdc3c3abe1f509e1d518ec8c50a	Objectives: As delivery of preexposure prophylaxis (PrEP) becomes an HIV prevention priority in the United States, standard, pragmatic measures of PrEP use are needed to compare and evaluate prevention implementation programs. By using readily available electronic health record data, we describe and compare measures of persistence and retention. Design: Retrospective cohort. Methods: Using electronic health record prescription data for patients at a large urban Federally Qualified Health Center from 2015 to 2019, we calculated measures of persistence and retention and compared them to pharmacy claims data, PrEP biomarkers, and HIV outcomes. Results: Total PrEP time was 19.8 months on average. During this period, average adherence by medication prescription ratio (MRxR) was 89%; 77% of patients had an MRxR at least 85% and 90% have an MRxR at least 57%. Over the first 6 months, average proportion of days covered (PDC) at least 85% was 53% and PDC at least 57% was 57%. Prescription fill rates, based on claims data from a pharmacy partner, ranged from 45 to 60%. Using tenofovir-diphosphate as the gold standard, PDC had high sensitivity (97%) but low specificity (≤13%). As a measure of retention, over the first 6 months, 59% of patients had quarterly HIV tests. Conclusion: Total PrEP time is useful measure of overall persistence, while PDC can assess persistence and adherence at a specific time point. Adherence by PDC is more conservative compared with MRxR; both will overestimate true adherence. Retention in care can be measured by quarterly HIV tests. Using consistent terminology and reporting timepoints and adherence thresholds will help reporting and comparing PrEP delivery programs. Copyright © 2020 Wolters Kluwer Health, Inc. All rights reserved.	Adherence; HIV preexposure prophylaxis; Persistence; Retention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Pyra M.; Rusie L.K.; Keglovitz Baker K.; Baker A.; Ridgway J.; Schneider J.	Correlations of HIV preexposure prophylaxis indications and uptake, Chicago, Illinois, 2015-2018	American Journal of Public Health	-	-	-	-	900036	10.2105/AJPH.2019.305469	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079077213&doi=10.2105%2fAJPH.2019.305469&partnerID=40&md5=27de7746306eac761780ca5f598b569b	Objectives. To examine gaps in identification of preexposure prophylaxis (PrEP) candidates, uptake, and use of PrEP by populations most likely to seroconvert. Methods. At a federally qualified health center in Chicago, Illinois, we used electronic medical records, prescription data, and our best approximation of Centers for Disease Control and Prevention PrEP guidelines to determine how many patients were indicated for PrEP relative to HIV diagnoses (indication:HIV), how many were on PrEP relative to indications (PrEP:indication), and how many were on PrEP relative to HIV diagnoses (PrEP:HIV). We compared these ratios across age, gender and orientation, race/ethnicity, and insurance. Results. Overall, there were 32 indications per incident diagnosis and 16 patients on PrEP per incident diagnosis. In adjusted models, Whites had higher indication:HIV and PrEP:HIV ratios compared with Blacks, men who have sex with men had higher indication: HIV and PrEP:HIV ratios compared with transwomen but lower PrEP:indication ratios, and uninsured patients had higher indication:HIV but lower PrEP:indication and PrEP:HIV ratios compared with those with insurance. Conclusions. PrEP use, relative to HIV diagnoses, differs by important patient characteristics. While improved guidelines will address some of the disparity, better approaches for determining PrEP candidates and more normalized patient-provider communication are needed to ensure better PrEP access to all individuals at high risk for HIV. © 2020 American Public Health Association Inc.. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2020	Qin Y.; Price C.; Rutledge R.; Puglisi L.; Madden L.M.; Meyer J.P.	Women's Decision-Making about PrEP for HIV Prevention in Drug Treatment Contexts	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/2325958219900091	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077717253&doi=10.1177%2f2325958219900091&partnerID=40&md5=b63f1bb1811556dcce7141da69926964	Despite pre-exposure prophylaxis's (PrEP) efficacy for HIV prevention, uptake has been low among women with substance use disorders (SUDs) and attributed to women's lack of awareness. In semistructured interviews with 20 women with SUD and 15 key stakeholders at drug treatment centers, we assessed PrEP awareness and health-related decision-making. Women often misestimated their own HIV risk and were not aware of PrEP as a personally relevant option. Although women possessed key decision-making skills, behavior was ultimately shaped by their level of motivation to engage in HIV prevention. Motivation was challenged by competing priorities, minimization of perceived risk, and anticipated stigma. Providers were familiar but lacked experience with PrEP and were concerned about women's abilities to action plan in early recovery. HIV prevention for women with SUD should focus on immediately intervenable targets such as making PrEP meaningful to women and pursuing long-term systemic changes in policy and culture. Efforts can be facilitated by partnering with drug treatment centers to reach women and implement PrEP interventions. © The Author(s) 2020.	HIV prevention; PrEP; substance use; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Quaife, Matthew; MacGregor, Louis; Ong, Jason J; Gafos, Mitzy; Torres-Rueda, Sergio; Grant, Hannah; Terris-Prestholt, Fern; Vickerman, Peter	Risk compensation and STI incidence in PrEP programmes.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(19)30333-9	https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(19)30333-9/fulltext	Pre-exposure prophylaxis (PrEP) for HIV prevention is recommended by WHO as part of a comprehensive HIV prevention package for people at substantial risk of HIV infection. PrEP is effective at preventing HIV acquisition, as is shown by high efficacy in placebo-controlled trials and demonstration projects, and increased PrEP coverage is associated with substantial decreases in HIV incidence across the population of men who have sex with men in high-income settings.	Pre-exposure prophylaxis (PrEP) for HIV prevention is recommended by WHO as part of a comprehensive HIV prevention package for people at substantial risk of HIV infection.1 PrEP is effective at preventing HIV acquisition, as is shown by high efficacy in placebocontrolled trials and demonstration projects, and increased PrEP coverage is associated with substantial decreases in HIV incidence across the population of men who have sex with men in high-income settings.2	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2020	Quinn K.G.; Zarwell M.; John S.A.; Christenson E.; Walsh J.L.	Perceptions of PrEP Use Within Primary Relationships Among Young Black Gay, Bisexual, and Other Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-020-01683-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084241631&doi=10.1007%2fs10508-020-01683-1&partnerID=40&md5=f5cf05cb2225b0c6c6468b8d3061576e	A significant proportion of new HIV infections among gay, bisexual, and other men who have sex with men (MSM) occur within primary relationships. Although PrEP use continues to increase, there is a need to better understand the factors that contribute to PrEP decision-making within primary relationships. We qualitatively examined how relationship context influences perceptions of PrEP and decisions to initiate and discontinue PrEP among young Black MSM to provide a nuanced understanding of PrEP use within relationships. Between late 2017 and mid-2018, we conducted 10 focus groups with young Black MSM (n = 80) in Milwaukee, WI, Minneapolis, MN, Kansas City, KS, and Detroit, MI. We used inductive thematic analysis to examine how young Black MSM make decisions about PrEP use within the context of primary relationships. We identified three primary themes: (1) perceptions of PrEP as an indication of distrust and infidelity, (2) perceptions of PrEP use as necessary, even in primary relationships, and (3) the influence of partners on PrEP. Our results demonstrate the considerable variation in how young Black MSM view PrEP within primary relationships and the influence of primary partners in PrEP use decisions. The dynamics between two or more individuals can shape an individual's conceptualizations of and decisions around PrEP use, and these may be key drivers of racial disparities in HIV and PrEP use. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Black men who have sex with men (MSM); HIV prevention; Pre-exposure prophylaxis (PrEP); Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Quinn, Katherine G; Christenson, Erika; Sawkin, Mark T; Hacker, Elizabeth; Walsh, Jennifer L	The Unanticipated Benefits of PrEP for Young Black Gay, Bisexual, and Other Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02747-7	https://www.proquest.com/scholarly-journals/unanticipated-benefits-prep-young-black-gay/docview/2389526755/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is effective at reducing new HIV infections among adherent users. However, there are potential benefits of PrEP beyond HIV prevention that remain understudied, particularly among young Black gay, bisexual, and other men who have sex with men (MSM). In 2018, we conducted six focus groups (n = 36) in four midwestern cities: Milwaukee, WI; Minneapolis, MN; Detroit, MI; and Kansas City, MO with current and former PrEP users who identified as Black MSM. The focus groups covered medical care and provider experiences, patterns of PrEP use and adherence, relationships while on PrEP, and PrEP stigma. Results revealed four unanticipated benefits of PrEP for young Black MSM: (1) improved engagement in medical care, (2) reduced sexual and HIV anxiety, (3) increased sexual comfort and freedom, and (4) positive sexual relationships with people living with HIV. Findings from this study fill a gap in our understanding of the potential benefits of PrEP beyond HIV prevention. Public health campaigns and messaging around PrEP should incorporate such benefits to reach young Black MSM who may be motivated by benefits beyond HIV prevention.	Bisexuality; Homosexuality; Pre-exposure prophylaxis; Psychology; Prevention; Anxiety; Men; Men who have sex with men; Sexual behavior; Disease prevention; Health services; Health care; Public health; Medicine; Prophylaxis; Sexual anxiety; Engagement in medical care; Focus groups; Young Black MSM; Focus group; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Sexual relationships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Quinn, Katherine G; Christenson, Erika; Spector, Antoinette; Amirkhanian Yuri; Kelly, Jeffrey A	The Influence of Peers on PrEP Perceptions and Use Among Young Black Gay, Bisexual, and Other Men Who Have Sex with Men: A Qualitative Examination	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-019-01593-x	https://www.proquest.com/scholarly-journals/influence-peers-on-prep-perceptions-use-among/docview/2417167854/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is a promising part of HIV prevention, yet racial disparities in PrEP uptake persist. Evidence indicates that Black gay, bisexual, and other men who have sex with men (GBM) face numerous social and structural barriers to PrEP, including stigma, medical mistrust, and exclusion from the healthcare system. However, little research has examined how social networks can influence PrEP use and help Black GBM overcome these identified barriers. To understand the influence of peers and social networks on Black GBM's perceptions of and decisions about PrEP use, we conducted in-depth interviews with 46 Black GBM in Milwaukee, WI and Cleveland, OH. Data were analyzed using multistage inductive coding and thematic content analysis, using MAXQDA software. Results indicate that participants' primary source of information on PrEP was other Black GBM in their communities. Peers and social networks served three primary functions with regard to PrEP: (1) filling informational gaps left by healthcare providers, (2) increasing trust of PrEP, and (3) reducing PrEP stigma. Participants described the "movers and shakers" in Black LGBT communities who have been influential in educating others and advocating for PrEP. Well-respected vocal advocates for PrEP have emerged in the Black LGBT community as PrEP champions who have successfully influenced young Black GBM's views on PrEP. Our results reveal the role social networks and peer groups can play in increasing PrEP use among Black GBM. Social network interventions may help overcome the stigma and mistrust that are contributing to PrEP disparities.	Bisexuality; Pre-exposure prophylaxis; PrEP; Men who have sex with men (MSM); Sexual behavior; Stigma; Disease prevention; Black; Content analysis; Social networks; Racial disparities; Peer support; Human immunodeficiency virus--HIV; United States--US; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Peers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2020	Radix, Asa E; Harris, Alexander B; Goldstein, Zil G	How can we improve uptake of oral HIV pre-exposure prophylaxis for transgender individuals?	Expert Review of Anti-Infective Therapy	-	-	-	-	1744-8336	10.1080/14787210.2020.1759418	https://www.tandfonline.com/doi/full/10.1080/14787210.2020.1759418	Transgender people, i.e., those whose gender identity differs from the sex they were assigned at birth, have been shown to be disproportionately affected by HIV. Transgender women have an estimated global HIV prevalence of 19.1%, a rate consistently higher than almost any other key population [Citation1]. In the USA, the vast majority of transgender individuals affected are people of color with a reported HIV prevalence among African-American transgender women of 44.1% [Citation2]. Over half of all new HIV diagnoses in transgender people occur in African-Americans [Citation3]. Few data exist for HIV prevalence among transgender men, however studies frequently report increased HIV risk behaviors, including condomless anal sex and sexually transmitted infections [Citation2,Citation4–Citation7] in this population. The recent estimate of 3.2% in transgender men far exceeds the US general population prevalence [Citation2]. The elevated HIV prevalence in transgender populations is due to a combination of psychosocial and structural factors, such as high rates of societal stigma and discrimination leading to unemployment, poverty, psychological stress, mood disorders, and reduced access to health care including HIV prevention interventions [Citation8].	Pre-exposure prophylaxis; transgender; HIV; biomedical intervention; gender-affirmation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Rael C.T.; Lentz C.; Carballo-Diéguez A.; Giguere R.; Dolezal C.; Feller D.; D'Aquila R.T.; Hope T.J.	Understanding the acceptability of subdermal implants as a possible new HIV prevention method: Multi-stage mixed methods study	Journal of Medical Internet Research	-	-	-	-	14388871	10.2196/16904	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088848165&doi=10.2196%2f16904&partnerID=40&md5=2919b35e664799c6919b8a3ef20b9d75	Background: A long-acting implant for HIV pre-exposure prophylaxis (PrEP) is in development in the Sustained Long-Action Prevention Against HIV (SLAP-HIV) trial. This could provide an alternative to oral PrEP. Objective: Our mixed methods study aimed to understand (1) users' experiences with a similar subdermal implant for contraception and (2) factors influencing the likelihood that gay and bisexual men (GBM) would use a proposed PrEP implant. Methods: Work was completed in 4 stages. In stage 1, we conducted a scientific literature review on existing subdermal implants, focusing on users' experiences with implant devices. In stage 2, we reviewed videos on YouTube, focusing on the experiences of current or former contraceptive implant users (as these implants are similar to those in development in SLAP-HIV). In stage 3, individuals who indicated use of a subdermal implant for contraception in the last 5 years were recruited via a web-based questionnaire. Eligible participants (n=12 individuals who liked implants a lot and n=12 individuals who disliked implants a lot) completed in-depth phone interviews (IDIs) about their experiences. In stage 4, results from IDIs were used to develop a web-based survey for HIV-negative GBM to rate their likelihood of using a PrEP implant on a scale (1=very unlikely and 5=very likely) based on likely device characteristics and implant concerns identified in the IDIs. Results: In the scientific literature review (stage 1), concerns about contraceptive implants that could apply to the PrEP implants in development included potential side effects (eg, headache), anticipated high cost of the device, misconceptions about PrEP implants (eg, specific contraindications), and difficulty accessing PrEP implants. In the stage 2 YouTube review, individuals who had used contraceptive implants reported mild side effects related to their device. In stage 3, implant users reported that devices were comfortable, unintrusive, and presented only minor discomfort (eg, bruising) before or after insertion and removal. They mainly reported removing or disliking the device due to contraceptive-related side effects (eg, prolonged menstruation). Participants in the stage 4 quantitative survey (N=304) were mainly gay (204/238, 85.7%), white (125/238, 52.5%), cisgender men (231/238, 97.1%), and 42.0% (73/174) of them were on oral PrEP. Not having to take a daily pill increased the likelihood of using PrEP implants (mean 4.13). Requiring >1 device to achieve 1 year of protection (mean range 1.79-2.94) mildly discouraged PrEP implant use. Participants did not mind moderate bruising, a small scar, tenderness, or bleeding after insertion or removal, and an implant with a size slightly larger than a matchstick (mean ratings 3.18-3.69). Conclusions: PrEP implants are promising among GBM. Implant features and insertion or removal-related concerns do not seem to discourage potential users. To ensure acceptability, PrEP implants should require the fewest possible implants for the greatest protection duration. © Christine Tagliaferri Rael, Cody Lentz, Alex Carballo-Diéguez, Rebecca Giguere, Curtis Dolezal, Daniel Feller, Richard T D'Aquila, Thomas J Hope. Originally published in the Journal of Medical Internet Research (http://www.jmir.org), 27.07.2020. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in the Journal of Medical Internet Research, is properly cited. The complete bibliographic information, a link to the original publication on http://www.jmir.org/, as well as this copyright and license information must be included.	Acceptability; Bisexual men; Gay; HIV prevention; Human-centered design; Long-acting HIV prevention; Long-acting PrEP; PrEP implant; Removable implant; Systemic PrEP; YouTube	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Rael, Christine Tagliaferri; Martinez, Michelle; Giguere, Rebecca; Bockting, Walter; MacCrate, Caitlin; Mellman, Will; Valente, Pablo; Greene, George J; Sherman, Susan G; Footer, Katherine H A; D'Aquila, Richard T; Carballo-Diéguez, Alex; Hope, Thomas J	Transgender Women's Concerns and Preferences on Potential Future Long-Acting Biomedical HIV Prevention Strategies: The Case of Injections and Implanted Medication Delivery Devices (IMDDs)	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02703-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074607707&doi=10.1007%2fs10461-019-02703-5&partnerID=40&md5=451e89b9c29f8adab923313b8742d1e1	There are several long-acting biomedical HIV prevention products in the development pipeline, including injections and implanted medication delivery devices (IMDDs). It is critical to understand concerns and preferences on the use of these products in populations that shoulder a disproportionate burden of the HIV epidemic, such as transgender women. This will allow researchers and public health professionals to construct interventions tailored to the needs of these women to promote optimal use of these tools. In studies of other biomedical HIV prevention products (e.g., oral PrEP) it is clear that transgender women have unique concerns related to the use of these strategies. This may have an impact on this group's uptake and sustained use of longacting HIV prevention products. This study conducted four focus groups with N = 18 transgender women in New York City to understand their concerns and preferences on long-acting PrEP injections and IMDDs. Findings showed that participants were overwhelmingly positive about long-acting HIV prevention strategies, though they had some apprehensions. Overall, participants felt that injections and IMDDs could help address adherence challenges, and that transgender-specific needs should be addressed during clinical trials. Also, there were concerns related to injection or IMDD logistics, concerns about injections' or IMDDs' presence in the body, and familiarity with these products affected participants' opinions on them. Findings from this work can be used to inform protocols, measures, materials, and adherence interventions in future initiatives for transgender women using PrEP injections or IMDDs. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Biomedical HIV prevention; Cabotegravir; Cabotegravir; Longacting PrEP; Pre-exposure prophylaxis; PrEP implants; PrEP injections; Systemic PrEP; Transgender women; Transwomen	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Raifman J.; Nocka K.; Galárraga O.; Wilson I.B.; Crowley C.; Tao J.; Napoleon S.; Marak T.; Chan P.A.	Evaluating statewide HIV preexposure prophylaxis implementation using All-Payer Claims Data	Annals of Epidemiology	-	-	-	-	10472797	10.1016/j.annepidem.2020.03.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083016816&doi=10.1016%2fj.annepidem.2020.03.003&partnerID=40&md5=67a07f3d13a86ac7cc9819e90d5a4078	Purpose: Preexposure prophylaxis (PrEP) in the form of daily emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) is effective for preventing HIV infection. Implementation has been limited by an inability to systematically evaluate uptake and use. All-Payer Claims Databases (APCDs) provide an opportunity to evaluate population-level PrEP implementation. Methods: We used 2012–2017 data from Rhode Island's APCD and developed an algorithm to identify individuals prescribed FTC/TDF for PrEP. We describe PrEP implementation by patient demographics and provider type and mapped PrEP implementation across ZIP codes. We compared APCD data to electronic medical record data and comprehensive pharmaceutical claims data (AIDSVu.org). Results: The Rhode Island APCD represented approximately 87% of the state's population. PrEP use increased 31-fold from 2012 to 2017. Users were predominantly privately insured, male, and concentrated in Providence County (76.6%). Infectious diseases providers had 3.2 times the odds of being a PrEP prescriber compared to primary care providers. Compared to other pharmaceutical and electronic medical record data, the APCD underestimated the number of PrEP users in Rhode Island but improved in capturing users over time. Conclusions: APCDs are a useful data source for characterizing PrEP use across a state. There is a need to increase PrEP prescribing among primary care providers, especially in areas with underserved populations. © 2020 Elsevier Inc.	All-Payer Claims Database; APCD; Pre-exposure prophylaxis; PrEP; PrEP implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Rajoli R.K.R.; Demkovic Z.R.; Flexner C.; Owen A.; Siccardi M.	Predicting pharmacokinetics of a tenofovir alafenamide subcutaneous implant using physiologically based pharmacokinetic modelling	Antimicrobial Agents and Chemotherapy	-	-	-	-	664804	10.1128/AAC.00155-20	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088610351&doi=10.1128%2fAAC.00155-20&partnerID=40&md5=c01ef83c389de9ade91bc07876a9d8a6	Long-acting (LA) administration using a subcutaneous (s.c.) implant presents opportunities to simplify administration of antiretroviral drugs, improve pharmacological profiles, and overcome suboptimal adherence associated with daily oral formulations. Tenofovir alafenamide (TAF) is a highly potent nucleoside reverse transcriptase inhibitor (NRTI) and an attractive agent for LA delivery, with a high potency and long intracellular half-life. The aim of this study was to predict minimum TAF doses required to achieve concentrations effective for HIV preexposure prophylaxis (PrEP). Daily drug release requirements were then ascertained by averaging across the dosing interval. A TAF physiologically based pharmacokinetic (PBPK) model was developed and partially qualified against available oral single- and multiple-dose pharmacokinetics. The models were assumed to be qualified when simulated values were within 2-fold of the observed mean. TAF s.c. implants were simulated in five hundred individuals, reporting predicted TAF plasma and tenofovir (TFV) plasma concentrations for various release rates. Intracellular TFV diphosphate (TFV-DP) concentrations were also simulated in peripheral blood cells and cervical and rectal tissues. The minimum dose predicted to achieve intracellular TFV-DP levels above a target concentration of 48 fmol/106 cells for a month was identified. TAF, TFV, and TFV-DP concentrations for release rates between 1.0 and 1.6 mg/day were simulated. The PBPK model indicated that a minimum release of 1.4 mg/day TAF is necessary to achieve TFV-DP concentrations above the identified target in peripheral blood mononuclear cells (PBMCs). TFV-DP cervical and rectal tissue concentrations were predicted to be between 1.5 and 2.0 fmol/106 cells and 0.9 and 1.1 fmol/106 cells, respectively, for release rates between 1.3 and 1.6 mg/day. These simulations provide target minimum doses for LA TAF PrEP in humans. Based on the generated results, multiple implants delivering a total of 1.4 mg/day of TAF subcutaneously could provide protection levels for approximately 6 months to 1 year. This modeling may inform future design of s.c. implants to mitigate adherence issues for effective PrEP applications. Copyright © 2020 American Society for Microbiology. All Rights Reserved.	Implanted devices; Long acting; PBPK; Subcutaneous; Tenofovir alafenamide	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Ramautarsing R.A.; Meksena R.; Sungsing T.; Chinbunchorn T.; Sangprasert T.; Fungfoosri O.; Meekrua D.; Sumalu S.; Pasansai T.; Bunainso W.; Wongsri T.; Mainoy N.; Colby D.; Avery M.; Mills S.; Vannakit R.; Phanuphak P.; Phanuphak N.	Evaluation of a pre-exposure prophylaxis programme for men who have sex with men and transgender women in Thailand: learning through the HIV prevention cascade lens	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25540	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087129607&doi=10.1002%2fjia2.25540&partnerID=40&md5=fcbf464bd2f45a36e771124a3e2d9063	Introduction: Men who have sex with men (MSM) and transgender women (TGW) are two key populations (KPs) in Thailand at high risk for HIV. Uptake and scale-up of pre-exposure prophylaxis (PrEP) among them has been slow. We used data from Princess PrEP, Thailand's largest KP-led PrEP programme, to operationalize PrEP service cascades. We identified gaps and pointed out where additional data are needed to inform a larger HIV prevention cascade. Methods: Numbers of people tested for HIV, tested HIV negative, eligible for PrEP (defined as any of the following in the past three months: condomless sex with partners of unknown/uncertain HIV status or antiretroviral treatment or viral load status, multiple partners, engaging in sex work, sexually transmitted infections, injecting drugs, using amphetamine-type stimulants, or repeated use of post-exposure prophylaxis), offered PrEP and accepted PrEP during January to November 2019 were retrieved from Princess PrEP database to inform PrEP service cascades for MSM and TGW. Reasons for not accepting PrEP were documented. Results: Of 6287 MSM who received HIV testing in Princess PrEP, 92.3% were HIV negative and 70.2% of them were eligible for PrEP. PrEP was offered to 94.7% of those eligible and 48.0% of those offered accepted it. Among 900 TGW who had HIV testing, 95.3% tested HIV negative and 64.8% of them met PrEP eligibility criteria. Of these, 95.0% were offered PrEP and 43.9% of them accepted it. Among MSM and TGW who met PrEP eligibility criteria, no or low-HIV-risk perception was the most common reason provided (46.7% of 2007 MSM and 41.9% of 296 TGW) for not accepting PrEP. Conclusions: PrEP service cascades from the Princess PrEP programme identified no or low-risk perception as key barrier to PrEP acceptance among MSM and TGW who met PrEP eligibility criteria. More implementation research studies are needed to explore PrEP motivation and access in larger communities outside of clinical services. This is to identify gaps and strategies to address them within motivation, access and effective use domains of the HIV prevention cascade. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV prevention; men who have sex with men; pre-exposure prophylaxis; prevention cascade; Thailand; transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2020	Ramos, SR; Nelson, LR; Ajiboye, W; Turner, D; Lofters, A; Pederson, C; Williams, G; Yusuf, A; Abubakari, M; Guillaume, G; Odhiambo, A	Barriers and Facilitators to Providing HIV Pre-exposure Prophylaxis Decision Support to Black Patients in Canada: A Cross-sectional Survey	Nursing Research	-	-	-	-	0029-6562	10.32920/ihtp.v1i3.1457	https://journals.library.torontomu.ca/index.php/ihtp/article/view/1457/1419	Introduction: Healthcare settings can build towards a specific social environment, in which Black patients can make informed health decisions, including those about whether or not to use PrEP. We utilize self-determination theory for guidance to identify the extent to which current HIV pre-exposure prophylaxis (PrEP) decision support practices from healthcare professionals (HCP) are autonomy supportive. This identifies future developments and implementations of interventions for HCP capacity building to enhance the autonomy of Black patients who are considering using PrEP. Methods: Using a cross-sectional design for examining HCPs' perspectives on delivering quality PrEP usage-related decision support. Through a cross-sectional online survey of 24 HCP from 10 community-based health centers serving in Toronto, Canada, descriptive statistics were characterized in close-ended survey data and sample. Open-ended survey responses were analyzed using Q- sorting methodology. Results: Of the HCP, 40% were willing to provide PrEP decision support to Black-identified patients. HCP reported barriers of needing education about PrEP and available resources (96%) There's a need for more education and resources to facilitate decision support for Black patients to improve decision support and reduce PrEP uptake disparities. Conclusion: It is imperative that cultural humility in healthcare is upheld to provide informed decision support since not only health conditions vary from patient to patient, but life experiences and background are equally crucial to the health status of that individual. Competence development among HCP can take the forms of providing training to increase cultural humility awareness, knowledge, and skills that can build towards an environment in which Black patients are informed about and for their health decisions.	Black population, Decision support, HIV, health care provider, health personel	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Ranjit Y.S.; Dubov A.; Polonsky M.; Fraenkel L.; Rich K.M.; Ogunbajo A.; Altice F.L.	Dual motivational model of pre-exposure prophylaxis use intention: model testing among men who have sex men in Ukraine	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2019.1640845	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068704046&doi=10.1080%2f09540121.2019.1640845&partnerID=40&md5=4b7c21b7e98ff418b57e38e492647212	The Dual Motivational Model of pre-exposure prophylaxis (PrEP) use intention (DMM) is a new theoretical model recently tested among men who have sex with men (MSM) in the United States. The model posits that there are two main motivational pathways to use PrEP: the Protection Motivation Pathway and the Expectancy Motivation Pathway. The Protection Motivation Pathway suggests that the intention to use PrEP is triggered by the desire to protect oneself from HIV, while the Expectancy Motivation Pathway suggests that PrEP use intention is triggered by the expectation to have better sexual experiences on PrEP. Although both motivators have been tested separately, only the DMM of PrEP use intention suggests that both pathways simultaneously influence an individual's intention to use PrEP. We used data from 1078 MSM in Ukraine to test the DMM. Results show that the relationship of the pathways is similar among Ukrainian and American MSM. Potential explanations for minor differences may be related to cultural and contextual differences, and the different trajectories for PrEP roll-out. Successful validation of the DMM for PrEP use intention as a theoretical model suggests that it may be applied to other cultures contemplating PrEP use delivery to target health promotion among high risk MSM. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	dual motivational model of PrEP use intention; HIV prevention; men who have sex with men; pre-exposure prophylaxis; Ukraine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ranjit Y.S.; Shrestha R.; Copenhaver M.; Altice F.L.	Online HIV information seeking and pre-exposure prophylaxis awareness among people who use drugs	Journal of Substance Abuse Treatment	-	-	-	-	7405472	10.1016/j.jsat.2019.12.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078773814&doi=10.1016%2fj.jsat.2019.12.010&partnerID=40&md5=03a5f810c764ea9fd73ddf5b83350c5f	People who use drugs (PWUD) remain at high risk for acquiring human immunodeficiency virus (HIV), both from injection and from sexual risk-taking. In 2016, 9% of 39,782 new HIV diagnoses occurred among people who inject drugs in the United States. Reaching PWUD with accurate information about and motivation for initiating pre-exposure prophylaxis (PrEP) remains challenging and remains the first crucial step in the knowledge-attitude-behavior change continuum. This study seeks to contribute to closing this information gap by examining the HIV information-seeking behaviors among PWUD who are not on PrEP, so as to identify potential strategies to increase adoption of HIV prevention such as PrEP as part of overall health and related to risk-taking behaviors. A cross-sectional survey was conducted in 2016 among HIV-negative PWUD (n = 400), 57.3% of whom reported injecting at least once in a week, chronically maintained on methadone treatment (MMT) at a large addiction treatment program. The study found that the number of hours spent online by people who use drugs was comparable to the general population. Awareness about PrEP and the seeking of HIV-related information was low in this population. Looking for sex partners online, perception of risk, having multiple partners were associated with seeking HIV information. Although using injection drugs was related to high perception of risk of acquiring HIV, it was not associated with seeking HIV information online. It is imperative to further understand the online HIV information seeking behavior of this population and provide targeted information in order to increase awareness and knowledge about HIV-related risk and methods of prevention, including information about PrEP. © 2019 Elsevier Inc.	HIV prevention; Mobile health (mHealth); Online HIV information seeking behavior; People who use drugs; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Ransome Y.; Bogart L.M.; Kawachi I.; Kaplan A.; Mayer K.H.; Ojikutu B.	Area-level HIV risk and socioeconomic factors associated with willingness to use PrEP among Black people in the U.S. South	Annals of Epidemiology	-	-	-	-	10472797	10.1016/j.annepidem.2019.11.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077169365&doi=10.1016%2fj.annepidem.2019.11.002&partnerID=40&md5=58231e2e572f7c79fdb297d31cc58d3f	Purpose: In the United States (U.S.), southern states have the highest HIV incidence. Uptake of pre-exposure prophylaxis (PrEP) has been slow among Black people, particularly in the South. We know little about how area-level HIV risk influences one's willingness to use PrEP. Methods: 169 Black participants across 142 ZIP codes in the South completed the 2016 National Survey on HIV in the Black Community. We performed log-binomial regression to estimate the prevalence risk associated with residing in the upper 25th percentile of increases in new HIV diagnosis (2014–2015) within ZIP code and an individual's willingness to use PrEP, adjusting for individual and area-level covariates. Results: Participants were 68% female, mean age of 36 years, and 24% willing to use PrEP. Among the ZIP codes, 23% were within Atlanta, GA. The median increase in new HIV diagnoses was 25 per 100,000 population from 2014 to 2015 (IQR, 14–49). Participants living in ZIP codes within the upper 25th (compared-to-lower 75th) percentile of new HIV diagnoses were more willing to use PrEP (adjusted prevalence ratio (aPR) = 2.02, 95% CI = 1.06–3.86, P = .03). Area-level socioeconomic factors attenuated that association (aPR = 1.63, 95% CI = 0.78–3.39, P = .19). Conclusions: Area-level factors may influence PrEP uptake among Black people in the South. © 2019 The Authors	Black/African Americans; HIV; Pre-exposure prophylaxis (PrEP); South; United States (U.S.)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Editorial	2020	Rawlins-Pilgrim S.; Wheelock A.; Taylor J.	PrEP in Student Health Services—a Call to Action	Journal of General Internal Medicine	-	-	-	-	8848734	10.1007/s11606-020-05774-6	https://link.springer.com/article/10.1007/s11606-020-05774-6	No abstract available	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2020	Reback C.J.; Rusow J.A.; Cain D.; Benkeser D.; Arayasirikul S.; Hightow-Weidman L.; Horvath K.J.	Technology-based stepped care to stem transgender adolescent risk transmission: Protocol for a randomized controlled trial (TechStep)	JMIR Research Protocols	-	-	-	-	19290748	10.2196/18326	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091431672&doi=10.2196%2f18326&partnerID=40&md5=0bbc324b708e6cfbab55bcaf3b391651	Background: Transgender youth demonstrate significantly higher rates of engagement in sexual risk behaviors relative to their cisgender or gender-conforming counterparts, including high rates of condomless anal intercourse and engagement in sex work. In addition, transgender youth experience increased physical or sexual abuse, victimization, substance use, mental health disorders, incarceration, and homelessness. Owing to these syndemic health disparities, transgender youth are at substantially increased risk of HIV infection. Objective: This protocol aims to describe a randomized controlled trial (RCT), Adolescent Medicine Trials Network 160 TechStep (N=250), which assesses the differential immediate and sustained effects of each of 3 conditions (text messaging, WebApp, or information-only control) for reducing sexual risk behaviors and increasing pre-exposure prophylaxis (PrEP) uptake among high-risk, HIV-negative transgender youth and young adults (aged 15-24 years). Methods: Participants will be recruited through web-based (targeted social media sites and apps) and offline (print ads and flyers) advertisements, peer and clinic referrals, and street- and venue-based outreach, and by contacting potential participants who have requested contact for future studies. Participants will be randomized into 1 of the 3 conditions: (1) text messaging, (2) WebApp, or (3) information-only control for 6 months. Assessments will occur at baseline and at 3, 6, and 9 months. Participants who do not show improvements in sexual risk or PrEP uptake at the 3-month assessment will be rerandomized to receive weekly electronic coaching (eCoaching) sessions in addition to their assigned text messaging or WebApp intervention, or remain in the original text messaging or WebApp intervention using a 2:1 ratio. Participants originally assigned to the information-only condition are not eligible for rerandomization. Results: Funding for TechStep was awarded in June 2017. Phase 1 was approved by the Institutional Review Board (IRB) in April 2018. Recruitment began in November 2018 for phase 1, the formative phase. Initial phase 2 IRB approval came in June 2019. The data collection for phase 2, the RCT, is expected to be completed in April 2021. As of March 2020, 54 participants have been enrolled in TechStep. The final results are anticipated in May 2021. Conclusions: By providing culturally responsive, technology-based interventions, TechStep aims to improve sexual health outcomes among HIV-negative transgender youth and young adults at high risk of HIV. TechStep will evaluate the efficacy of technology-based interventions for reducing HIV sexual risk behaviors and increasing PrEP initiation, adherence, and persistence. The suite of technology-based interventions developed in TechStep, and assessed for efficacy in a 3-condition RCT, represents an important advancement in intervention science toward developing tailored and scalable interventions for transgender youth and young adults. © Cathy J Reback, Joshua A Rusow, Demetria Cain, David Benkeser, Sean Arayasirikul, Lisa Hightow-Weidman, Keith J Horvath.	Acquired immunodeficiency syndrome; HIV; Mobile phone; Pre-exposure prophylaxis; Technology; Transgender	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Reitsema M.; Hoek A.J.V.; Van Der Loeff M.S.; Hoornenborg E.; Van Sighem A.; Wallinga J.; Van Benthem B.; Xiridou M.	Preexposure prophylaxis for men who have sex with men in the Netherlands: Impact on HIV and Neisseria gonorrhoeae transmission and cost-effectiveness	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002469	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081074432&doi=10.1097%2fQAD.0000000000002469&partnerID=40&md5=ae27ce5a01fb97b7ad7f0b716fa64b8c	Objectives:To assess the impact of a preexposure prophylaxis (PrEP) programme for high-risk men who have sex with men (MSM), which includes gonorrhoea testing and treatment, on the transmission of HIV and Neisseria among MSM in the Netherlands and the cost-effectiveness of such programme with and without risk compensation (in the form of reduced condom use).Methods:We developed a stochastic agent-based transmission model of HIV and gonorrhoea. We simulated a capped (max 2.5% of MSM) and uncapped (5.5% of MSM in 2018 declining to 3% in 2027) daily PrEP programme for high-risk MSM, with 3-monthly HIV and gonorrhoea testing, with and without risk compensation. Epidemiological outcomes were calculated from the transmission model and used in an economic model to calculate costs, quality-adjusted life-years (QALY), and incremental cost-effectiveness ratios (ICER), over 2018-2027, taking a healthcare payer perspective.Results:Without risk compensation, PrEP can lead to a reduction of 61 or 49% in the total number of new HIV infections in 2018-2027, if the programme is uncapped or capped to 2.5% of MSM, respectively. With risk compensation, this reduction can be 63 or 46% in the uncapped and capped programmes, respectively. In all scenarios, gonorrhoea prevalence decreased after introducing PrEP. Without risk compensation, 92% of simulations were cost-effective (of which 52% cost-saving). With risk compensation, 73% of simulations were cost-effective (of which 23% was cost-saving).Conclusion:A nationwide PrEP programme for high-risk MSM can result in substantial reductions in HIV and gonorrhoea transmission and be cost-effective, even with risk compensation. © 2019-2020 Wolters Kluwer Health, Inc. All rights reserved.	cost-effectiveness; economic analysis; gonorrhoea; HIV; men who have sex with men; preexposure prophylaxis; transmission model	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2020	Remy L.M.; Majee W.; Teti M.; Enriquez M.	Perceptions of black men who have sex with men about accessing and taking PrEP: A qualitative study	Journal of HIV/AIDS & Social Services	-	-	-	-	15381501	10.1080/15381501.2020.1824843	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091830631&doi=10.1080%2f15381501.2020.1824843&partnerID=40&md5=40b65e86fa19566d34f791a82e151d83	Black men who have sex with men (MSM) have a 1 in 2 lifetime risk of acquiring HIV infection; yet are underrepresented in biomedical HIV prevention behaviors. In-depth interviews were conducted with Midwestern Black MSM (n = 12) taking PrEP for more than one year. A strength of this study was that it utilized qualitative methodology, which allows the revelation of perceptions that researchers cannot predict a priori. Black MSM in this study were educated and privately insured; even so, an overarching theme that emerged was that obtaining PrEP was a "long, hard road." Facilitators to PrEP access included having an important person, insight into stigma, wariness of sexual partners, and desire to be a part of something greater than oneself. Findings have important implications for research and clinical practice. Strategies that decrease healthcare system barriers and simplify PrEP access are urgently needed for MSM at risk for HIV acquisition. © 2020 Taylor & Francis Group, LLC.	African American; MSM; PrEP; qualitative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Rendina H.J.; Cienfuegos-Szalay J.; Talan A.; Jones S.S.; Jimenez R.H.	Growing Acceptability of Undetectable = Untransmittable but Widespread Misunderstanding of Transmission Risk: Findings From a Very Large Sample of Sexual Minority Men in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002239	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079201819&doi=10.1097%2fQAI.0000000000002239&partnerID=40&md5=058d060a31510b3baabb48c2f31b66e8	Background:Several studies have demonstrated no linked HIV transmissions in serodifferent sexual encounters where the partner with HIV has an undetectable viral load. As a result, awareness and dissemination of treatment as prevention, and movements such as "Undetectable = Untransmittable" (U = U), has grown.Setting:We conducted an online cross-sectional survey from November 2017 through September 2018 to gather data from a total of 111,747 sexual minority men (SMM) in the United States.Methods:Participants provided sociodemographic data and answered questions regarding biomedical status, HIV and STI prevention behaviors, drug use, condomless anal sex, and perceived accuracy of the U = U message. We conducted analyses to understand factors associated with perceived accuracy of U = U stratified by HIV status.Results:Overall, 53.2% of the sample perceived U = U as accurate, with the highest rates among HIV-positive SMM (83.9%), followed by HIV-negative (53.8%) and status-unknown (39.0%) SMM. Multivariable models showed accuracy beliefs were, on average, 1-2% higher for each consecutive month of recruitment. Consistent with previous work, there was greater heterogeneity among HIV-negative and unknown men, with several factors differentiating perceived accuracy, compared with SMM with HIV. Perceived transmission risk levels with undetectable partners were skewed well above accurate levels, and greater perceived transmission risk was associated with lower perceived accuracy of U = U.Conclusions:Public confidence in treatment as prevention and U = U is growing, but clear, unequivocal messaging about the effectiveness of U = U is critical. Owing to misunderstandings of risk, language that focuses on protective benefits rather than transmission risks may reach more people and allow for better comparisons with PrEP and condoms. © 2020 Lippincott Williams and Wilkins. All rights reserved.	men who have sex with men; public health; risk factors; treatment as prevention; viral load	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Restar, Arjee J.; Adia, Alexander; Cu-Uvin, Susan; Operario, Don	Characterizing PrEP Awareness and Interest Among Filipina Transgender Women.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2020.32.3.212	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10442845/#:~:text=In%20this%20sample%2C%2053%25%20of,PrEP%20once%20learning%20about%20it.	Pre-exposure prophylaxis (PrEP) can efficaciously avert HIV acquisition for individuals at risk, including transgender individuals (trans) in the Philippines. We conducted multivariate logistic regression procedures in an online sample of Filipina trans women (n = 139) to examine associations of PrEP awareness. In this sample, 53% of Filipina trans women were unaware of PrEP, but almost all (93%) expressed interest in taking PrEP once learning about it. Greater odds of PrEP awareness was associated with discussion of HIV services with their health care providers, higher HIV knowledge, and discussion of PrEP among trans friends. Lower odds of PrEP awareness was associated with reporting being currently unemployed. The findings underscore a subset of trans women who might be early adopters of PrEP, and highlight PrEP inequities among trans women most marginalized, including those who are unemployed and have engaged in sex work.	Adolescent; Adult; Humans; Male; Middle Aged; Female; HIV Infections/*prevention & control; Cross-Sectional Studies; Logistic Models; Anti-HIV Agents/*administration & dosage/therapeutic use; *Health Knowledge, Attitudes, Practice; Pre-Exposure Prophylaxis/*methods; HIV prevention; pre-exposure prophylaxis; Health Services Accessibility/*statistics & numerical data; Quality Indicators, Health Care; transgender; Transgender Persons/*psychology; Healthcare Disparities; Philippines	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Reza-Paul S.; Lazarus L.; Maiya R.; Haldar P.; Rewari B.B.; Venugopal M.S.; Hafeez Ur Rahman S.; Venukumar K.T.; Ramaiah M.; Pasha A.; Sharma M.; Steen R.; Lorway R.	The Ashodaya PrEP project: Lessons and implications for scaling up PrEP from a community-led demonstration project among female sex workers in Mysore, India	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2020.1724316	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079729723&doi=10.1080%2f17441692.2020.1724316&partnerID=40&md5=8a0f4a225fbb7eb15e0125fdbd783ba7	To inform PrEP roll out, Ashodaya Samithi, a sex workers' collective, conducted a community-led prospective demonstration project among female sex workers in Mysore and Mandya, India. Following a community preparedness phase and pre-screening, participants were recruited for clinical screening and enrolment, provided PrEP as part of combination HIV prevention, and followed for 16 months. Adherence was measured by self-reported pill intake and by tenofovir blood level testing among a subset of participants. Of the 647 participants enrolled, 640 completed follow-up. Condom use remained stable and no HIV seroconversions occurred. Self-reported daily PrEP intake over the last month was 97.97% at the end of the study. Tenofovir blood levels >40 ng/mL (consistent with steady state dosing) were detected among 80% (n = 68/85) and 90.48% (n = 76/84) of participants at month 3 and 6, respectively. Our study holds important insights for rolling out PrEP in community settings as part of targeted HIV prevention interventions. © 2020, © 2020 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	community-led; demonstration project; HIV prevention; PrEP; sex work	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Clinical
Article	2020	Rhodes S.D.; Alonzo J.; Mann-Jackson L.; Song E.Y.; Tanner A.E.; Garcia M.; Smart B.D.; Baker L.S.; Eng E.; Reboussin B.A.	A peer navigation intervention to prevent HIV among mixed immigrant status Latinx GBMSM and transgender women in the United States: Outcomes, perspectives and implications for PrEP uptake	Health Education Research	-	-	-	-	2681153	10.1093/her/cyaa010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085537891&doi=10.1093%2fher%2fcyaa010&partnerID=40&md5=88f8d0af00d41f3a08251212577eb146	The Latinx population in the United States is disproportionately affected by HIV. Our community-based participatory research partnership developed, implemented and evaluated a Spanish-language peer navigation intervention designed to increase HIV testing and condom use among social networks of immigrant Spanish-speaking Latinx gay, bisexual and other men who have sex with men (GBMSM) and transgender women (TW). We randomized 21 social networks of Latinx GBMSM and TW, ages 18-55 years, to the intervention, known as HOLA, or a waitlist control group. Social network participants (n = 166) completed structured assessments at baseline and 12-month follow-up (24 months after baseline). Follow-up retention was 95%. Individual in-depth interviews with a sample of participants documented their intervention-related experiences, needs, and priorities to inform future research. At follow-up, HOLA participants reported increased HIV testing (adjusted odds ratio = 8.3; 95% CI = 3.0-23.0; P < 0.0001). All study participants reported increased condom use; there was no significant difference between HOLA and waitlist control participants. In-depth interviews identified critical intervention elements and impacts and community needs and priorities. The HOLA intervention is effective for increasing HIV testing among Latinx GBMSM and TW, an initial step within the HIV prevention and care continua, and may be adaptable to promote pre-exposure prophylaxis uptake. © 2020 The Author(s). Published by Oxford University Press.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Robbins, Sarah J; Dauda, Wuese; Kokogho, Afoke; Ndembi, Nicaise; Mitchell, Andrew; Adebajo, Sylvia; Gaydos, Charlotte A; Peel, Sheila; Ramadhani, Habib O; Robb, Merlin L; Baral, Stefan D; Ake, Julie A; Charurat, Man E; Crowell, Trevor A; Nowak, Rebecca G	Oral sex practices among men who have sex with men and transgender women at risk for and living with HIV in Nigeria.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0238745	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7473579	BACKGROUND: Men who have sex with men (MSM) and transgender women (TGW) are at risk for sexually transmitted infections (STIs), including those of the oropharynx. We estimated the prevalence and factors associated with oral sex practices and characterized oropharyngeal STIs among a cohort of MSM and TGW in Nigeria. METHODS: From 2013 to 2018, TRUST/RV368 recruited MSM and TGW into HIV/STI diagnosis and treatment at community-based clinics in Nigeria. Participants who completed HIV testing and oral sex questions at enrollment were selected. Cross-sectional analyses with bivariate and multivariable logistic regression models estimated odds ratios (ORs) and 95% confidence intervals (CIs). Oropharyngeal swab testing for Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT) began in 2014 and for those with diagnostic results at enrollment, the unadjusted association of oral sex practices with oropharyngeal STIs was conducted. RESULTS: A total of 1342 participants had a median age of 25 years (interquartile range: 22-29), 58% were living with HIV, and 69% reported oral sex practices. Factors associated with increased odds of engaging in oral sex included living with HIV (adjusted aOR: 1.4, 95% CI: 1.1-1.8), self-identifying as a woman (aOR:1.8, 95% CI: 1.1-2.8), mobile phone ownership (aOR:2.3, 95% CI: 1.3-3.9), receptive anal sex (aOR:1.7, 95% CI:1.3-2.3) and multiple male sexual partners (2 to 4 vs. ≤1, aOR:1.5, 95% CI: 1.0-2.2; 5+ vs ≤1, aOR:2.9, 95% CI:1.9-4.3). Oropharyngeal STI prevalence was 7% (52/752) and higher among those who engaged in oral sex compared to those who did not (unadjusted OR: 2.5, 95% CI:1.2-5.3). CONCLUSIONS: Oral sex was common and associated with increased odds of oropharyngeal STIs among MSM and TGW from Nigeria. In the absence of screening and treatment guidelines, condoms continue to be the mainstay for oral STI prevention. A pre-exposure prophylaxis for bacterial STIs would complement current prevention strategies to curb transmission.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Roberts S.T.; Nair G.; Baeten J.M.; Palanee-Philips T.; Schwartz K.; Reddy K.; Kabwigu S.; Matovu Kiweewa F.; Govender V.; Gaffoor Z.; Singh N.; Siva S.; Naidoo K.; Montgomery E.T.	Impact of Male Partner Involvement on Women's Adherence to the Dapivirine Vaginal Ring During a Phase III HIV Prevention Trial	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02707-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074698321&doi=10.1007%2fs10461-019-02707-1&partnerID=40&md5=a984c64cb18933dd560b0569f60dc444	Although vaginal microbicides for HIV prevention are designed to be female-initiated, male partner influence has been identified as one of the most significant factors impacting women's willingness and ability to use them. As a result, research teams have sought to increase male partner involvement by encouraging disclosure of product use to male partners, promoting male partner engagement in the study through attendance at the study clinic, and helping women to garner male partner support for product use. This paper aims to assess the impact of these three elements of male partner involvement on women's adherence to the dapivirine vaginal ring during MTN-020/ASPIRE, a phase III randomized placebo-controlled clinical trial involving 2629 women in Malawi, South Africa, Uganda, and Zimbabwe. During the study, 64–80% of participants reported disclosure of ring use at each quarterly visit, and 13% reported that their partners had attended the study clinic at some point during the study. At study exit, 66% reported that their partner was supportive, 18% unsupportive, and 17% were unsure. After adjusting for age, site and time in study, women were more likely to have low ring adherence if they had an unsupportive male partner (aRR 1.29, 95% CI 1.03–1.62). Neither disclosure nor clinic attendance directly predicted ring adherence, but disclosure increased the probability of having a supportive partner (aRRR 24.17, 95% CI 16.38–35.66) or an unsupportive partner (aRRR 4.10, 95% CI 2.70–6.24), relative to an unknown level of partner support. Women were also more likely to have a supportive partner if their partner had attended the clinic (aRRR 3.77, 95% CI 1.36–10.42). This study suggests that although the vaginal ring is relatively discreet, lack of support from male partners remains a relevant barrier to use. Though both disclosure and clinic attendance may increase partner support, disclosure may also increase partner opposition. Interventions to reduce male partner opposition are needed to maximize the potential impact of the ring and other PrEP products for HIV prevention. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Dapivirine vaginal ring; Gender; HIV prevention; Male involvement; Microbicides; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Roberts, D Allen; Hawes, Stephen E; Bousso Bao, Mame D; Ndiaye, Anna Julienne; Gueye, Daouda; Raugi, Dana N; Mane, Moustapha; Mboup, Aminata; Diouf, Ousmane; Jones, Fatima; Kane, Coumba Toure; Sarr, Moussa; Mboup, Souleymane; Gottlieb, Geoffrey S	Trends in Reported Sexual Behavior and Y-Chromosomal DNA Detection Among Female Sex Workers in the Senegal Preexposure Prophylaxis Demonstration Project.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001175	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7213512	BACKGROUND: Preexposure prophylaxis (PrEP) can reduce HIV acquisition among female sex workers (FSWs). However, changes in condomless sex frequency after PrEP initiation could reduce PrEP effectiveness when PrEP adherence is suboptimal as well as increase the risk of acquiring other sexually transmitted infections. Objective measures of condomless sex may be more accurate for determining changes in sexual behavior than self-reported measures. METHODS: We longitudinally measured self-reported condom use, number of clients, and presence of Y-chromosomal DNA (Yc-DNA) in vaginal swabs among 267 FSWs accessing PrEP at 4 clinics in Senegal between 2015 and 2016. We assessed trends in sexual behavior over time since PrEP initiation using generalized estimating equations and evaluated predictors of Yc-DNA detection. RESULTS: We found no increase in self-reported condomless sex with clients (odds ratio OR, 0.94; 95% confidence interval CI, 0.89-1.00), main partners (OR, 0.99; 95% CI, 0.96-1.02), or Yc-DNA detection (OR, 0.99; 95% CI, 0.90-1.08) over time since initiation. Y-chromosomal DNA was detected in 34 (22%) of 154 swabs tested and in 15 (26%) of 58 swabs from FSW reporting consistent condom use among both clients and main partners. Self-reported condom use with clients or main partners did not predict Yc-DNA detection. CONCLUSIONS: In a FSW PrEP demonstration project in Senegal, we found no evidence of risk compensation among FSWs on PrEP as measured by self-reported behavior or through Yc-DNA detection. Y-chromosomal DNA detection was frequently detected among FSWs reporting consistent condom use, highlighting limitations of self-reported sexual behavioral measures.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Rockstroh J.K.; Boesecke C.	Hepatitis C virus treatment as prevention: Challenges and opportunities in men who have sex with men	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiaa096	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096947865&doi=10.1093%2finfdis%2fjiaa096&partnerID=40&md5=726961fa04fa536017a35c3c963734dc	Since 2002, a global epidemic of acute hepatitis C virus (HCV) infection has been noted in men who have sex with men (MSM). Transmission of HCV, particularly in the context of traumatic sex practices that increase the risk of blood-blood contacts (eg, anal sex and fisting), was initially found in human immunodeficiency virus (HIV)-coinfected and more recently in HIV-uninfected MSM, especially those receiving pre-exposure prophylaxis (PrEP). Early HCV treatment with all-oral direct-acting antiviral combination therapy has been associated with very high HCV cure rates of up to 100%. Indeed, immediate treatment of recently acquired HCV directly after new HCV diagnosis, or after 4 weeks if no 2-log10 drop in HCV RNA level occurs, promises rapid HCV elimination. Reports from the Netherlands, Switzerland, and the United Kingdom all show that with increased treatment uptake in this particular patient group, dramatic reductions in new HCV infections can be achieved. A general consensus on how to best screen for and manage acute HCV infections, along with broad access to rapid HCV therapy initiation, is crucial to attaining HCV elimination, a goal that is challenged by high HCV reinfection rates among MSM. © 2020 The Author(s) 2020.	DAA therapy; HCV; HIV; Microelimination; Reinfection	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical

Article	2020	Rodger A.J.; Dunn D.; McCabe L.; Weatherburn P.; Lampe F.C.; Witzel T.C.; Burns F.; Ward D.; Pebody R.; Trevelion R.; Brady M.; Kirwan P.D.; Khawam J.; Delpech V.C.; Gabriel M.; Collaco-Moraes Y.; Phillips A.N.; McCormack S.	Sexual risk and HIV testing disconnect in men who have sex with men (MSM) recruited to an online HIV self-testing trial	HIV Medicine	-	-	-	14642662	10.1111/hiv.12919	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089142733&doi=10.1111%2fhiv.12919&partnerID=40&md5=b6989ce474833932f657b20991c5127e	Objectives: We report the frequency of previous HIV testing at baseline in men who have sex with men (MSM) who enrolled in an HIV self-testing (HIVST) randomized controlled trial an HIV self-testing public health intervention (SELPHI). Methods: Criteria for enrolment were age ≥ 16 years, being a man (including trans men) who ever had anal intercourse (AI) with a man, not being known to be HIV positive and having consented to national HIV database linkage. Using online survey baseline data (2017–2018), we assessed associations with never having tested for HIV and not testing in the previous 6 months, among men who reported at least two recent condomless AI (CAI) partners. Results: A total of 10 111 men were randomized; the median age was 33 years interquartile range (IQR) 26–44 years, 89% were white, 20% were born outside the UK, 0.8% were trans men, 47% were degree educated, and 8% and 4% had ever used and were currently using pre-exposure prophylaxis (PrEP), respectively. In the previous 3 months, 89% reported AI and 72% reported CAI with at least one male partner. Overall, 17%, 33%, 54%, and 72% had tested for HIV in the last 3 months, 6 months, 12 months and 2 years, respectively; 13% had tested more than 2 years ago and 15% had never tested. Among 3972 men reporting at least two recent CAI partners, only 22% had tested in the previous 3 months. Region of residence and education level were independently associated with recent HIV testing. Among current PrEP users, 15% had not tested in the previous 6 months. Conclusions: Most men in SELPHI, particularly those reporting at least two CAI partners and current PrEP users, were not testing in line with current UK recommendations. The results of the trial will inform whether online promotion of HIVST addresses ongoing testing barriers. © 2020 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association	HIV; men who have sex with men; risk of HIV infection; self-testing	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Rosengarten M.; Murphy D.	A wager on the future: a practicable response to HIV pre-exposure prophylaxis (PrEP) and the stubborn fact of process	Social Theory and Health	-	-	-	14778211	10.1057/s41285-019-00115-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070199778&doi=10.1057%2fs41285-019-00115-y&partnerID=40&md5=9d9598658fe2caf60c4128855339024d	In this article we focus on public health's wager on the social implications of a daily antiretroviral pill to prevent HIV, referred to as PrEP (pre-exposure prophylaxis). The wager is shown to rely on modes of inquiry overly tied to what is known of the present in order to predict the future. Although such inquiry is not unusual when social research is called upon to assist health policy, predictive methodologies are unable to appreciate the dynamic and thus indeterminate nature of process. We ask: what mode of inquiry might practicably appreciate that what happens in the present will have a bearing on the future, without foreclosing on unknown possibles? Drawing on speculative and pragmatic philosophy, we reflect on our own qualitative research on PrEP to suggest that conventional methodological approaches can contribute to the future without seeking to determine what it will become. © 2019, Springer Nature Limited.	Gay men; HIV; Pre-exposure prophylaxis (PrEP); Speculative and pragmatic research	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Rosengren, A Lina; Davy-Mendez, Thibaut; Hightow-Weidman, Lisa B	Online sex partner seeking and HIV testing frequency among young Black sexual minority men.	Journal of HIV/AIDS & Social Services	-	-	-	1538-1501	10.1080/15381501.2019.1692749	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7199779	Dating apps are a novel means of delivering HIV prevention messages. Young black sexual minority men (YBSMM) app users are at high risk for HIV and could benefit from frequent testing. Understanding testing behaviors among YBSMM is critical to tailored prevention interventions. We analyzed testing behaviors of 273 YBSMM, comparing typical testing frequency between app users and non-users using odds ratios. Overall, testing rates were high. App users were more likely than non-users to test at least every 12 months. App-using YBSMM exhibit high compliance with testing guidelines, which may indicate future successful uptake of biomedical preventions, such as Pre-Exposure Prophylaxis.	HIV prevention; HIV testing; men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Rouffiac A.-E.; Whiteley L.; Brown L.; Mena L.; Craker L.; Healy M.; Haubrick K.	A mobile intervention to improve uptake of pre-exposure prophylaxis for southern black men who have sex with men: Protocol for intervention development and pilot randomized controlled trial	JMIR Research Protocols	-	-	-	19290748	10.2196/15781	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083401188&doi=10.2196%2f15781&partnerID=40&md5=3be6b4970991f60499bed62c8336a70c	Background: The uptake of pre-exposure prophylaxis (PrEP) has been slow for young black men who have sex with men (BMSM) living in the southern United States. This is a significant issue because 8 of the 10 states with the highest rates of new HIV infections are in the South. Jackson, Mississippi (MS), the site of this project, has the second highest AIDS diagnosis rate in the nation and the highest rate of HIV infection for young, urban BMSM. This study will develop and test an engaging, interactive, and cost-effective mobile messaging intervention to improve engagement in PrEP care for BMSM aged 18 to 35 years living in Jackson, MS. Objective: The goals of this mixed methods study are to (1) conduct qualitative interviews with young BMSM in Jackson, MS, to understand individual, community, and structural barriers affecting engagement in PrEP-related care, (2) assemble a PrEP mobile messaging intervention that includes text messages with publicly available internet content (websites and YouTube videos) that provide factual information, motivational materials, and behavioral skills related to PrEP and HIV prevention, and (3) evaluate the preliminary efficacy of the intervention in a randomized controlled study with PrEP-eligible BMSM receiving care in STI/HIV testing clinics in Jackson, MS. Methods: This research protocol will be conducted in 2 phases. A development phase will involve in-depth interviews (n=30) with PrEP-eligible BMSM who receive care in STI/HIV testing clinics in MS. These interviews will allow researchers to select the textual material that will be sent out during the intervention. The second phase will consist of an unblinded, small, randomized controlled trial among 66 new participants to examine the preliminary efficacy of the intervention compared with enhanced standard of care (ESC) on attendance at a PrEP services appointment (the first step in initiating PrEP care) and receipt of a PrEP prescription, based on self-report and electronic medical records. The free, publicly available material will be sent to PrEP-eligible BMSM in 8 to 16 interactive text messages over 4 weeks. Study assessments will occur at enrollment and at 4- and 16-weeks postenrollment and can be completed online or in person. All participants will be recruited from a local clinic. Results: Institutional review board approval was received on January 16, 2017, and research activities, subsequently, began in February 2018. Recruitment for the study concluded in November 2019. In total, 65 participants were randomized with 33 being assigned to the intervention and 32 to ESC. Collection of follow-up data is ongoing. Conclusions: This PrEP mobile messaging intervention aims to increase uptake of PrEP by BMSM in the southern United States. This intervention uses interactive, tailored text messaging and appealing free Web content (publicly accessible educational websites and YouTube videos) to promote linkage to PrEP care and increase HIV preventive behaviors. A cost-effective PrEP mobile messaging intervention has great potential to improve information about PrEP, improve motivation to use PrEP, and decrease stigma and structural barriers that often prevent engagement in PrEP-related medical care. ©Anne-Emilie B. Rouffiac, Laura Whiteley, Larry Brown, Leandro Mena, Lacey Craker, Meredith Healy, Kayla Haubrick.	HIV prevention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP)	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Rubin, Rita	HHS Provides Free PrEP Medication to People Without Drug Coverage.	JAMA - Journal of the American Medical Association	-	-	-	1538-3598	10.1001/jama.2019.21077	https://jamanetwork.com/journals/jama/article-abstract/2759453	Objective: Preexposure prophylaxis (PrEP) is a promising intervention to help end the HIV epidemic among men who have sex with men (MSM) in the Netherlands. We aimed to assess the impact of PrEP on HIV prevalence in this population and to determine the levels of PrEP coverage necessary for HIV elimination. Design and methods: We developed a mathematical model of HIV transmission in a population stratified by sexual risk behavior with universal antiretroviral treatment (ART) and daily PrEP use depending on an individual's risk behavior. We computed the effective reproduction number, HIV prevalence, ART and PrEP coverage for increasing ART and PrEP uptake levels, and examined how these were affected by PrEP effectiveness and duration of PrEP use. Results: At current levels of ART coverage of 80%, PrEP effectiveness of 86% and PrEP duration of 5 years, HIV elimination required 82% PrEP coverage in the highest risk group (12 000 MSM with more than 18 partners per year). If ART coverage increased by 9%, the elimination threshold was at 70% PrEP coverage. For shorter PrEP duration and lower effectiveness elimination prospects were less favorable. For the same number of PrEP users distributed among two groups with highest risk behavior, prevalence dropped from the current 8 to 4.6%. Conclusion: PrEP for HIV prevention among MSM could, in principle, eliminate HIV from this population in the Netherlands. The highest impact of PrEP on prevalence was predicted when ART and PrEP coverage increased simultaneously and PrEP was used by the highest risk individuals. Copyright © 2018 The Author(s). Published by Wolters Kluwer Health, Inc.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2020	Rutstein S.E.; Smith D.K.; Dalal S.; Baggaley R.C.; Cohen M.S.	Initiation, discontinuation, and restarting HIV pre-exposure prophylaxis: ongoing implementation strategies	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(20)30203-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090573008&doi=10.1016%2fS2352-3018%2820%2930203-4&partnerID=40&md5=575488ba4de93ddd8d57199ad4ca15a3	When used appropriately, pre-exposure prophylaxis (PrEP) substantially reduces the risk of HIV acquisition. Early implementation outcomes often suggest poor PrEP adherence and persistence; however, this intervention is time-limited and the need for PrEP fluctuates as risk behaviours change. In this Viewpoint we examine the current guidelines and early programmatic outcomes after starting, stopping, and restarting PrEP, and we review the implications of PrEP in relation to HIV testing algorithms. Guidelines suggest to discontinue PrEP when a person is no longer at risk for HIV, but effectively implementing this strategy requires support tools to make the decision of stopping and restarting PrEP that considers the complex relationship between risk perceptions and risk behaviours. Safely discontinuing PrEP also requires greater understanding of the daily dosing duration that is needed to protect the person after their last HIV exposure. Additionally, clear strategies are needed to re-engage a person as their HIV exposure risk changes over time. © 2020 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Ryan K.E.; Asselin J.; Fairley C.K.; Armishaw J.; Lal L.; Nguyen L.; Murphy D.; Traeger M.; Hellard M.; Hoy J.; Stoové M.; Wright E.	Trends in human immunodeficiency virus and sexually transmitted infection testing among gay, bisexual, and other men who have sex with men after rapid scale-up of preexposure prophylaxis in Victoria, Australia	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001187	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088486361&doi=10.1097%2fOLQ.0000000000001187&partnerID=40&md5=b8b8e09f584d4e6f50b3f9af19f84c83	Objective Scale-up of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) has raised concerns regarding its impact on clinic capacity and access to HIV testing. We describe enrolment in PrEPX, a large PrEP implementation study in Victoria, Australia, and the impact of PrEP uptake and maintenance on existing health services. Methods We describe enrolment between July 26, 2016, and March 31, 2018, and trends in HIV testing among PrEPX participating and nonparticipating gay and bisexual and other men who have sex with men (GBM) at 5 study clinics participating in a sentinel surveillance system (ACCESS). We evaluated HIV and STI testing trends using segmented linear regression across the prestudy (January 2015 to June 2016) and PrEPX study (July 2016 to March 2018) periods. Findings There were 2,049 individuals who registered interest in study participation: 72% enrolled into the study. Study clinics enrolled participants rapidly; of 4265 people enrolled in PrEPX (98% GBM), 1000 enrolled by week 3, 88% (n = 876) of whom enrolled at ACCESS sites. Prestudy period HIV testing rates were increasing at all ACCESS sites. In the month PrEPX commenced, there was an additional 247 HIV tests among PrEPX participants (P < 0.01) and no significant change among non-PrEPX GBM (P = 0.72). Across the study period, HIV testing increased by 7.2 (P < 0.01) and 8.9 (P < 0.01) tests/month among PrEPX participants and non-PrEPX GBM, respectively. The HIV testing increased among non-PrEPX GBM at sexual health clinics (18.8 tests/month, P < 0.01) and primary care clinics (7.9 tests/month, P < 0.01). Similar trends were observed across testing for all measured STIs. Conclusions Rapid PrEP scale-up is possible without a reduction in HIV testing among GBM not using PrEP. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Saag, Michael S; Gandhi, Rajesh T; Hoy, Jennifer F; Landovitz, Raphael J; Thompson, Melanie A; Sax, Paul E; Smith, Davey M; Benson, Constance A; Buchbinder, Susan P; Del Rio, Carlos; Eron, Joseph J; Fätkenheuer, Gerd; Günthard, Huldrych F; Molina, Jean-Michel; Jacobsen, Donna M; Volberding, Paul A	Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2020 Recommendations of the International Antiviral Society-USA Panel.	JAMA - Journal of the American Medical Association	-	-	-	1538-3598	10.1001/jama.2020.17025	https://dx.doi.org/10.1001/jama.2020.17025	Importance: Data on the use of antiretroviral drugs, including new drugs and formulations, for the treatment and prevention of HIV infection continue to guide optimal practices. Objective: To evaluate new data and incorporate them into current recommendations for initiating HIV therapy, monitoring individuals starting on therapy, changing regimens, preventing HIV infection for those at risk, and special considerations for older people with HIV. Evidence Review: New evidence was collected since the previous International Antiviral (formerly AIDS) Society-USA recommendations in 2018, including data published or presented at peer-reviewed scientific conferences through August 22, 2020. A volunteer panel of 15 experts in HIV research and patient care considered these data and updated previous recommendations. Findings: From 5316 citations about antiretroviral drugs identified, 549 were included to form the evidence basis for these recommendations. Antiretroviral therapy is recommended as soon as possible for all individuals with HIV who have detectable viremia. Most patients can start with a 3-drug regimen or now a 2-drug regimen, which includes an integrase strand transfer inhibitor. Effective options are available for patients who may be pregnant, those who have specific clinical conditions, such as kidney, liver, or cardiovascular disease, those who have opportunistic diseases, or those who have health care access issues. Recommended for the first time, a long-acting antiretroviral regimen injected once every 4 weeks for treatment or every 8 weeks pending approval by regulatory bodies and availability. For individuals at risk for HIV, preexposure prophylaxis with an oral regimen is recommended or, pending approval by regulatory bodies and availability, with a long-acting injection given every 8 weeks. Monitoring before and during therapy for effectiveness and safety is recommended. Switching therapy for virological failure is relatively rare at this time, and the recommendations for switching therapies for convenience and for other reasons are included. With the survival benefits provided by therapy, recommendations are made for older individuals with HIV. The current coronavirus disease 2019 pandemic poses particular challenges for HIV research, care, and efforts to end the HIV epidemic. Conclusion and Relevance: Advances in HIV prevention and management with antiretroviral drugs continue to improve clinical care and outcomes among individuals at risk for and with HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Saberi P.; Berrean B.; Milionis C.; Wong J.O.; Arnold E.	We are family: designing and developing a mobile health application for the San Francisco bay area House Ball and Gay Family communities	mHealth	-	-	-	23069740	10.21037/mHealth-19-234	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131153321&doi=10.21037%2fmHealth-19-234&partnerID=40&md5=ece69396c130f14e4bb30db7a29c9c84	Background: The House Ball community (HBC) and its affiliated Gay Families (GFs) consist of predominantly African American and Latinx sexual, gender, and ethnic minorities (SGEM), who form chosen families often as a way to provide support, and in the case of the HBC, to constitute houses that then compete in performative categories in balls. Members of both communities are disproportionately impacted by HIV. Although public health professionals have engaged with the HBC and GFs to improve HIV testing and clinical care, most intervention activities have relied on in-person modes of outreach and delivery. Little research has been conducted with the members of the HBC and GFs to develop and produce culturally-informed mobile health (mHealth) applications that would enable them to increase HIV-related knowledge, connect to HIV-related resources, receive HIV health support, and to celebrate their unique identities and communities in a safe space. Methods: We conducted 45 in-depth interviews with HBC and GF members who attended balls. Topics included HIV-related health needs, suggestions for mHealth components, current usage of apps and desirable features, and wishes around privacy and security. Following analysis of the interview data, we convened a series of four workshops with N=15 participants who were split into two groups. The purpose of the workshops was to co-design a digital tool to help provide information, reduce HIV-related stigma, and locate HIV resources for participants. Each group attended two workshops. Data were analyzed by a team of social scientists, community members, and mobile health experts. Findings were used to design an mHealth app related to HIV prevention and care. Results: Participants requested an app that clearly reflected the community. The desired features of the app included accurate information and education on HIV transmission; links to resources such as HIV testing, lube and condoms, PrEP, and other health-related services; and the ability to rate and review local resources. In workshops, participants proposed several design elements and functions for the app. It had to be 'Mobile and Modern', 'Relatable, Raw, and "Reflective of Me"', 'Positive and Fun', feature community-generated content, and provide a safe space for users. Using these clear directives, the team designed an mHealth tool to be fielded as part of the larger "We Are Family" intervention that would provide HIV-specific information, resources, and support in a platform that was congruent with community norms and expectations. Conclusions: Designing and fielding an mHealth app as part of a larger HIV prevention intervention that reflects the social support and relationships within existing House Ball and Gay Family communities allows those youth most at risk for HIV-related health disparities to gain access to HIV testing, or link and reengage young people to care. © mHealth. All rights reserved.	Gay Family community; House Ball community; mHealth; Mobile health application; participatory design	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Saberi P.; Scott H.M.	On-Demand Oral Pre-exposure Prophylaxis with Tenofovir/Emtricitabine: What Every Clinician Needs to Know	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-020-05651-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078188317&doi=10.1007%2fs11606-020-05651-2&partnerID=40&md5=2f19209c931d78cc33144ac9c6494809	Based on the results of the IPERGAY study, on-demand HIV pre-exposure prophylaxis (PrEP; also known as "non-daily PrEP," "event-driven PrEP," or "2-1-1 PrEP") is being requested more frequently by patients who have intermittent sexual risk or are unable/unwilling to take daily PrEP; therefore, clinicians will be increasingly required to familiarize themselves with its appropriate use. In this perspective, we summarize data related to on-demand PrEP, describe advantages and disadvantages for this alternative dosing strategy, and provide clinical counseling points. © 2020, Society of General Internal Medicine.	2-1-1; clinician; on-demand; pre-exposure prophylaxis; PrEP; tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Saberi, Parya; Ming, Kristin; Scott, Hyman; Liu, Albert; Steward, Wayne	"You can't have a PrEP program without a PrEP Coordinator": Implementation of a PrEP panel management intervention	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0240745	https://escholarship.org/uc/item/9602x11x	Lack of healthcare provider knowledge, capacity, and willingness to prescribe PrEP are barriers to PrEP delivery in clinical settings. We implemented the PrEP Optimization Intervention (PrEP-OI) combining a PrEP Coordinator with an online panel management tool to assist providers with PrEP uptake, persistence, and management in 12 San Francisco Department of Public Health Primary Care Clinics. Medical directors (N = 10) identified important factors to consider prior to implementation, including shortage of clinical space for coordinators, medical mistrust, language barriers, and limited lab hours, along with the need for education of providers and staff and patient outreach. Among 110 providers who completed a baseline survey, the majority had reservations in asking about sexual practices and having conversations about PrEP. Providers reported PrEP-OI increased their efficiency and capacity to manage PrEP patients, and served as a gateway to additional services. These results highlight the promise of a provider-based intervention to improve the PrEP continuum and maximize the impact of PrEP.	Acquired immune deficiency syndrome; AIDS; Drug dosages; HIV; Human immunodeficiency virus; Humans; Prevention; clinical medicine; general & internal medicine; medical and health sciences; virology; Female; Adult; Biology and Life Sciences; Funding; Health risks; HIV infection; HIV infections; Male; Medicine and Health Sciences; Pre-exposure prophylaxis; Patients; Clinics; Prophylaxis; MEDLINE; Methods; Patient compliance; health sciences; Counseling; Health care; Nursing; Computer and Information Sciences; Drug stores; Electronic health records; Gateway (computer program); Health Personnel; Intervention; Intervention (counseling); Interviews as Topic; Language barrier; Management; Optimization; Outreach; Pre-Exposure Prophylaxis - organization & administration; Primary care; Primary health care; Psychology; Public Health; Risk assessment; San Francisco; Surveys and Questionnaires	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Salunke, Rajeev	PrEP Usage Demographics Among Participants Who Were Surveyed Using Convenience Sampling at Two LGBTQ Focused Events in Pittsburgh	-	-	University of Pittsburgh	-	35602152	NA	https://d-scholarship.pitt.edu/38972/	IntroductionPrEP is defined as daily medicine taken by at-risk individuals to prevent HIV. Although an increasing number of individuals are using PrEP, more studies are needed to accurately assess the distribution of PrEP use in different populations.Existing data suggests that PrEP usage remains low in communities that need it the most. Black and Hispanic MSM are significantly less likely to use PrEP compared to White MSM.ObjectivesThis study hypothesizes that:i) African-Americans have lower odds of reporting past/present PrEP use compared to white individuals.ii) Latino/Hispanic individuals have lower odds of reporting past/present PrEP use compared to white individuals.iii) Individuals in the 26-35-year age-group have higher odds of reporting past/present PrEP use compared to individuals in the 18-25-year age-group.iv) MSM individuals have higher odds of reporting past/present PrEP use than non-MSM individuals.MethodsAnonymous, multiple-choice questionnaires were administered at the Allies for Health+Wellbeing Booth during both events. A total of 267 individuals were surveyed.IRB approval was not obtained prior to data collection but post hoc IRB permission to publish the data was obtained.ResultsOut of the 263 individuals included in the study, 34(12.9%) individuals were past/present PrEP users. Individuals in the 26-35-year age-group were significantly more likely to report past/present PrEP use compared to 18-25-year-olds. African-Americans were significantly more likely to report past/present PrEP use compared to White individuals. Native-Americans were significantly more likely to report past/present PrEP use compared to White individuals. Being an MSM was significantly associated with past/present PrEP usage (compared to non-MSM).ConclusionThe public health significance of this study is that it provides a snapshot of past/present PrEP usage in the surveyed population. A PrEP to Need ratio (PnR) can be calculated with the help of this data and can be used to assess PrEP usage over time. This data can then be used as a basis to carry out more research to develop interventions to increase PrEP use in populations who are at a high risk of HIV acquisition with low rates of PrEP use. More demographic data is needed from future studies to accurately assess PrEP use.	HIV pre-exposure prophylaxis (PrEP), PrEP, PrEP usage, PrEP interest, PrEP familiarity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Sarr, Moussa; Gueye, Daouda; Mboup, Aminata; Diouf, Ousmane; Bao, Mame D Bousso; Ndiaye, Anna Julienne; Ndiaye, Birahim P; Hawes, Stephen E; Tousset, Eric; Diallo, Abdoulaye; Jones, Fatima; Kane, Coumba T; Thiam, Safiatou; Ndour, Cheikh T; Gottlieb, Geoffrey S; Mboup, Souleymane	Uptake, retention, and outcomes in a demonstration project of pre-exposure prophylaxis among female sex workers in public health centers in Senegal.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462420943704	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7750667	The Senegal pre-exposure prophylaxis (PrEP) Demonstration Project was an open-label cohort study assessing the delivery of daily oral PrEP to HIV-negative female sex workers (FSWs) in four Ministry of Health (MoH)-run clinics in Dakar, Senegal. We assessed uptake, retention in care, and adherence over up to 12 months of follow-up as well as HIV infection rates. Between July and November 2015, 350 individuals were approached and 324 (92.6%) were preliminarily eligible. Uptake was high, with 82.4% of eligible participants choosing to enroll and take PrEP. The mean age of those enrolled was 37.7 years (SD = 8.7), and approximately half had not attended school (41.2%). Among the 267 participants who were prescribed PrEP, 79.9 and 73.4% were retained in PrEP care at 6 and 12 months, respectively. Older age among FSWs was found to be the only significant predictor of lower discontinuation. We did not find significant differences in retention by site, education, condom use, or HIV risk perception. There were no new HIV infections at follow-up. Our results showed evidence of high interest in PrEP and very good PrEP retention rates among FSWs at 12-month follow-up when offered in MoH-run clinics, with older age as the only significant predictor of higher PrEP retention. This highlights the role that these clinics can play in expanding PrEP access nationwide.	Africa; HIV; prevention; sex workers; women.	English	United Kingdom	Western and Central Europe and North America	Senegal	Western and Central Africa	Senegal	Western and Central Africa	Clinical
Article	2020	Schneider K.E.; White R.H.; Musci R.J.; O'rourke A.; Kilkenny M.E.; Sherman S.G.; Allen S.T.	The relationship between polysubstance injection drug use, hiv risk behaviors, and interest in pre-exposure prophylaxis (Prep) among people who inject drugs in rural west virginia	Journal of Studies on Alcohol and Drugs	-	-	-	19371888	10.15288/jsad.2020.81.740	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098067899&doi=10.15288%2fjsad.2020.81.740&partnerID=40&md5=82b07d948b5fd1662198e35bffe588e7	Objective: The opioid crisis has increased risks for injection drug use (IDU)–associated HIV outbreaks throughout the United States. Polysubstance use and syringe sharing are common among rural people who inject drugs (PWID). However, little is known about how polysubstance IDU affects engagement in HIV prevention efforts among non-urban PWID. This study assesses the associations between profiles of polysubstance injection, injection-related HIV risk, acquiring syringes from a syringe services program (SSP), HIV testing, and pre-exposure prophylaxis (PrEP) awareness and interest among PWID in rural Ap-palachia. Method: We used survey data from 392 respondents in Cabell County, West Virginia who had injected drugs in the past 6 months. We conducted a latent class analysis using seven measures of IDU and tested for associations with injection-related HIV risk, receiving syringes from an SSP, having been tested for HIV, and PrEP awareness and interest. Results: We identified three classes of polysubstance IDU in our sample: polysubstance use, heroin and crystal methamphetamine use, and crystal methamphetamine and buprenorphine/suboxone use. The polysubstance use class had the highest injection-related HIV risk (81.8% at risk), high syringe acquisition at an SSP (67.7%), and highest rate of HIV testing (60.0%). PrEP awareness was low across the sample (30.0%), but most PWID expressed interest in using PrEP (57.7%). Conclusions: Patterns of polysubstance IDU have unique relationships with key HIV risk factors and protective behaviors. The expansion of harm reduction services in rural settings is warranted to prevent incident HIV infections. (J. Stud. Alcohol Drugs, 81, 740–749, 2020). © 2020, Alcohol Research Documentation Inc.. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Schumacher C.; Wu L.; Chandran A.; Fields E.; Price A.; Greenbaum A.; Jennings J.M.; Page K.; Davis M.; Ryscavage P.; Jones J.L.; Farley J.; Arrington-Sanders R.; Tepper V.; Demissew M.	Sexually transmitted infection screening among gay, bisexual, and other men who have sex with men prescribed pre-exposure prophylaxis in Baltimore City, Maryland	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciz1145	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100049555&doi=10.1093%2fcid%2fciz1145&partnerID=40&md5=a443464f1061893e298097c20f6639e8	Background. Human immunodeficiency virus pre-exposure prophylaxis (PrEP) clinical guidelines recommend men who have sex with men (MSM) PrEP users be screened biannually for syphilis and gonorrhea/chlamydia at all anatomic sites. We sought to determine the proportion screened and positive by STI and anatomic site at PrEP initiation and PrEP-care visits and patient-level characteristics associated with screening among MSM PrEP users in Baltimore City, Maryland. Methods. Medical records among MSM initiating PrEP between 30 September 2015 and 31 March 2018 were abstracted. STI screening (syphilis and gonorrhea/chlamydia at all anatomic sites) and positivity at PrEP visits ≤12 months following initiation were calculated. Poisson regression with cluster robust SEs was used to assess associations with STI screening. Results. Among 290 MSM initiating PrEP, 43.1% (n = 125) were screened per guidelines at PrEP initiation; 79.3% (230), 69.3% (201), 55.9% (162), and 69.3% (201) were screened for syphilis, urogenital, rectal, and oropharyngeal gonorrhea/chlamydia, respectively. Positivity among those screened was syphilis, 7.8% (n = 18/230); gonorrhea, 5.0% urogenital (10/201), 11.1% rectal (18/162), and 7.5% oropharyngeal (15/201); chlamydia, 5.0% urogenital (10/201), 11.7% rectal (19/162), and 1.5% oropharyngeal (3/201). Reported anal and oral sex (vs neither) was independently associated with STI screening (aPR, 2.11; 1.05–4.27) at PrEP initiation. At biannual PrEP-care visits, STI screening was lower and syphilis and rectal gonorrhea/chlamydia positivity was higher. Conclusions. Observed STI screening levels and disease burden suggest the effectiveness of STI screening in PrEP care for STI prevention may be limited. Our results suggest providers may be offering screening based on sexual practices; clarification of STI screening guidelines for PrEP users is needed. © The Author(s) 2019.	HIV; Men who have sex with men; Pre-exposure prophylaxis; Sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Schumann, Hannah; Rubagumya, Kenyonyozi; Rubaihayo, John; Harms, Gundel; Wanyenze, Rhoda K; Theuring, Stefanie	The incidence of HIV and associated risk factors among pregnant women in Kabarole District, Uganda.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0234174	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7274402	Objectives: The study attempted to determine the incidence of HIV among pregnant women in Kabarole District, Uganda, and to identify socio-demographic and behavioral risk factors for seroconversion during pregnancy. Methods We carried out a retrospective cohort study among women for whom a documented HIV-negative test result from the first pregnancy trimester could be confirmed using available records, and who were HIV-retested in the third trimester or during delivery. In total, 1610 pregnant women from three different healthcare settings took part in the study. We captured the results of repeated HIV tests and conducted semi-structured interviews to explore participants' socio-demographic characteristics and sexual risk behavior. For HIV incidence rates, we calculated the number of seroconversions per 100 person-years. We used Fisher's exact test to test for potential associations. Penalized maximum likelihood logistic regression and Poisson regression were applied to adjust for potential confounders.Results: The overall HIV incidence rate among participants was 2.9/100 women-years. Among socio-demographic characteristics, the multivariable analysis showed a significant association of marital status with HIV incidence in pregnancy (IRR 8.78, 95%CI [1.13–68.33]). Risky sexual behaviors including higher number of sexual partners in pregnancy (IRR 2.78 [1.30–5.94]), unprotected sex with unknown persons (IRR 14.25 [4.52–44.93]), alcohol abuse (IRR 12.08 [4.18–34.90]) and sex under the influence of drugs or alcohol (IRR 6.33 [1.36–29.49]) were significantly associated with seroconversion in pregnancy (similar results in logistic regression). Conclusions: HIV incidence was three times higher among our pregnant study population compared to the general female population in Uganda. This underlines the importance of HIV prevention and repeat testing during pregnancy. Identified risk groups should be considered for pre-exposure prophylaxis.	NA	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2020	Scott, Hyman; Vittinghoff, Eric; Irvin, Risha; Liu, Albert; Nelson, LaRon; Del Rio, Carlos; Magnus, Manya; Mannheimer, Sharon; Fields, Sheldon; Van Tieu, Hong; Kuo, Irene; Shoptaw, Steve; Grinsztejn, Beatriz; Sanchez, Jorge; Wakefield, Steven; Fuchs, Jonathan D; Wheeler, Darrell; Mayer, Kenneth H; Koblin, Beryl A; Buchbinder, Susan	Development and Validation of the Personalized Sexual Health Promotion (SexPro) HIV Risk Prediction Model for Men Who Have Sex with Men in the United States.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-019-02616-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6954959	Accurate HIV risk assessment among men who have sex with men (MSM) is important to help providers assess risk, and target HIV prevention interventions. We sought to develop an evidence-based HIV risk assessment tool for US MSM that is inclusive of Black MSM. Data from four large longitudinal cohorts of MSM were used to develop (EXPLORE), and validate (VAX004, HPTN061, and HVTN505). These data included visits in which participants self-reported HIV risk behavior and underwent HIV testing. We developed a pooled logistic model for incident HIV infection based on self-reported risk behaviors during the 6 months before each study visit. A total of 4069 MSM were used for the development cohort, and 8047 MSM in the three validation cohorts through 2013. The final model includes age (< 35, ≥ 35); Black race and Latino ethnicity; numbers of HIV-negative anal sex partners; number of insertive or receptive anal intercourse episodes; having 1 HIV-negative partner only; self-reported substance use; and bacterial sexually transmitted infection diagnosis. The model showed good discrimination in internal validation (C-statistic = 79.5). The external validation cohorts also showed good discrimination, with C-statistics of 73.1, 71.0, 71.9 in VAX004, HPTN061, and HVTN505 respectively, and acceptable calibration. We developed and validated an HIV risk assessment tool for MSM, which showed good predictive ability, including among the largest cohort of HIV-uninfected Black MSM in the US. This tool is available online (mysexpro.org) and can be used by providers to support targeting of HIV prevention interventions such as pre-exposure prophylaxis for MSM.	HIV prevention; HIV risk assessment; MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Selfridge M.; Card K.G.; Lundgren K.; Barnett T.; Guarasci K.; Drost A.; Gray-Schleihauf C.; Milne R.; Degenhardt J.; Stark A.; Hull M.; Fraser C.; Lachowsky N.J.	Exploring nurse-led HIV Pre-Exposure Prophylaxis in a community health care clinic	Public Health Nursing	-	-	-	7371209	10.1111/phn.12813	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091683351&doi=10.1111%2fphn.12813&partnerID=40&md5=7c98f072b4954d9dd87fa2659b185752	Objectives: Gay, bisexual, and other men who have sex with men (gbMSM) are 131 times more likely to acquire HIV compared with other Canadian men. Pre-Exposure Prophylaxis (PrEP) for HIV has the potential to reduce or eliminate disparities in HIV acquisition among key affected populations. This paper aims to discuss the feasibility and utility of a nurse-led PrEP program administered by the Cool Aid Community Health Centre (CACHC) in Victoria, British Columbia as a public health PrEP program was initiated. Design, Sample and Measurements: A retrospective chart review of 124 gbMSM patients accessing PrEP at CACHC in 2018 collected information on patient demographics, STI testing results, and PrEP prescription pick-ups at 3 time points. Results: Ninety-nine (79.8%) patients have continued on PrEP, as defined as having picked up their second 90-day PrEP prescription. Both older age and having an Sexually Transmitted Infection after PrEP enrolment were significantly associated with staying on PrEP; decreased risk perceptions contributed most to clinic-level discontinuance. Very few patients who stayed on PrEP have transitioned to their own General Practitioner. Conclusions: Patients appear to recognize their risk and are continuing on PrEP to reduce their risk of HIV. As evidenced by ability to recruit and maintain patients, we conclude that nurse-led PrEP at community health centres supports access and uptake of essential health services to optimize individual and population health. © 2020 Wiley Periodicals LLC.	gbMSM; HIV/AIDS; men's health; nurse-led; PrEP	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2020	Serota D.P.; Rosenberg E.S.; Sullivan P.S.; Thorne A.L.; Rolle C.-P.M.; Del Rio C.; Cutro S.; Luisi N.; Siegler A.J.; Sanchez T.H.; Kelley C.F.	Pre-exposure prophylaxis uptake and discontinuation among young black men who have sex with men in atlanta, Georgia: A prospective cohort study	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciz894	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074561016&doi=10.1093%2fcid%2fciz894&partnerID=40&md5=88c5e5ca625e57a892bcef9110f79fd2	Background. Human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) has great potential to reduce HIV incidence among young black men who have sex with men (YBMSM); however, initiation and persistence for this group remain low. We sought to understand the patterns and predictors of PrEP uptake and discontinuation among YBMSM in Atlanta, Georgia. Methods. PrEP was offered to all participants in a prospective cohort of YBMSM aged 18-29 years not living with HIV. Time to PrEP uptake, first discontinuation, and final discontinuation were assessed using the Kaplan-Meier method. Cox proportional hazard models were used to identify predictors of uptake and discontinuation. Results. After 440 person-years of follow-up, 44% of YBMSM initiated PrEP through the study after a median of 122 days. Of PrEP initiators, 69% had a first discontinuation and 40% had a final discontinuation during the study period. The median time to first PrEP discontinuation was 159 days. Factors associated with PrEP uptake included higher self-efficacy, sexually transmitted infection (STI), and condomless anal intercourse. Factors associated with discontinuation included younger age, cannabis use, STI, and fewer sex partners. HIV incidence was 5.23/100 person-years (95% confidence interval CI, 3.40-7.23), with a lower rate among those who started PrEP (incidence rate ratio, 0.39; 95% CI, .16-.92). Conclusions. Persistent PrEP coverage in this cohort of YBMSM was suboptimal, and discontinuations were common despite additional support services available through the study. Interventions to support PrEP uptake and persistence, especially for younger and substance-using YBMSM, are necessary to achieve full PrEP effectiveness. © The Author(s) 2019.	Cannabis use; MSM; PrEP; Substance use; Young black men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Serpa J.A.; Huynh G.N.; Nickell J.B.; Miao H.	Human Immunodeficiency Virus Pre-exposure Prophylaxis and Increased Incidence of Sexually Transmitted Infections in the United States	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciz552	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077005020&doi=10.1093%2fcid%2fciz552&partnerID=40&md5=ed216e6c103c22723ab8510548295ac5	Background. Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) decreases HIV transmission. Some studies have raised concerns about a potential association between the implementation of HIV PrEP and the growing incidence rates of sexually transmitted infections (STIs) in the United States. Methods. We conducted a quasi-experimental (interrupted time series) analysis of STI (syphilis, gonorrhea, and chlamydia) rates before (2000-2012) and after (2013-2017) the implementation of HIV PrEP. We also performed correlations between HIV PrEP utilization and STI cases at the national (2012-2017) and state (2017) levels. We defined HIV PrEP utilization as the number of people taking tenofovir disoproxil fumarate/emtricitabine for HIV prevention. Results. HIV PrEP implementation was associated with 25% (relative risk RR 1.254, 95% confidence interval CI 1.245-1.263; P < .001) and 26% (RR 1.260, 95% CI 1.257-1.264; P < .001) increases in syphilis and gonorrhea rates, respectively, and a 12% reduction in chlamydia rates (RR: 0.884, 95% CI 0.883-0.885; P < .001). HIV PrEP utilization was correlated with the numbers of syphilis, gonorrhea, and chlamydia cases (spearman coefficients 1.00, 0.94, and 0.94, respectively; P < .001, P < .01, and P < .01, respectively). At the state level, HIV PrEP was also correlated with the number of cases of syphilis, gonorrhea, and chlamydia (spearman coefficients 0.85, 0.81, and 0.85, respectively; Ps < .001 for all correlations). Conclusions. The implementation and utilization of HIV PrEP in the United States were associated with increased rates of STIs. Further studies to confirm these associations and to elucidate potential causes are needed. © The Author(s) 2019.	Chlamydia; Gonorrhea; HIV; Prevention; Syphilis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Sevelius J.M.; Poteat T.; Luhur W.E.; Reisner S.L.; Meyer I.H.	HIV Testing and PrEP Use in a National Probability Sample of Sexually Active Transgender People in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002403	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088609959&doi=10.1097%2fQAI.0000000000002403&partnerID=40&md5=72624afe04f2c97831d1be52565020f9	Background:HIV testing and pre-exposure prophylaxis (PrEP) are effective HIV prevention strategies often underused by transgender people.Methods:Recruitment occurred in 2 phases to identify transgender respondents in a probability sample of adults in the United States. Transgender respondents completed a self-administered paper or web-based survey designed to assess transgender population health. Sexually active respondents (HIV-negative and had sex in the 5 years previously, N = 190) and a subsample of those at risk for sexual HIV acquisition (sex with cisgender men or transgender women, n = 120) were included in analyses.Results:Of the full sample of sexually active respondents, those who were transfeminine were less likely to be familiar with PrEP; most (72%) reported favorable attitudes toward PrEP. Of those at risk for HIV acquisition, 23% had never tested for HIV. Respondents of color were more likely than white respondents to meet Centers for Disease Control and Prevention recommendations for HIV testing. Respondents who met Centers for Disease Control and Prevention recommendations for HIV testing were more likely to report looking online for lesbian, gay, bisexual, and transgender or transgender-specific health information. Few respondents reported currently taking PrEP (3%); those who reported higher levels of nonaffirmation of their gender identity were less likely to currently use PrEP.Discussion:These findings may indicate some success of HIV testing outreach programs that prioritize people at higher risk for acquiring HIV, focusing on those who are vulnerable to structural marginalization. Ongoing public health efforts are needed to increase HIV testing and PrEP awareness among transgender adults, who are disproportionately impacted by HIV. © 2020 Wolters Kluwer Health, Inc.	HIV testing; pre-exposure prophylaxis; PrEP knowledge; PrEP use; probability sample; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Sewell W.C.; Patel R.R.; Blankenship S.; Marcus J.L.; Krakower D.S.; Chan P.A.; Parker K.	Associations among hiv risk perception, sexual health efficacy, and intent to use prep among women: An application of the risk perception attitude framework	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2020.32.5.392	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094627134&doi=10.1521%2faeap.2020.32.5.392&partnerID=40&md5=f023410079a9ed6ce44097a369715d49	HIV risk perception is a known determinant of HIV prevention behaviors among vulnerable populations. Lesser known is the combined influence of risk perception and efficacy beliefs on PrEP use. We examined the associations between levels of risk perception and strength of efficacy beliefs on intent to use PrEP in a sample of adult Black and Latina women. Guided by the risk perception attitudes (RPA) framework, we used cluster analysis to identify four interpretable groups. We ran analysis of covariance models to determine the relationship between membership in the RPA frameworks groups and intention to use PrEP. Among the 908 women, the mean age was 29.9 years and participants were Latina (69.4%) and Black (25.6%). Results of the analysis show that women with low perception of HIV risk and strong efficacy beliefs had significantly less intent to use PrEP than women with high risk perception and weak efficacy beliefs. © 2020 The Guilford Press.	HIV; Minority women; Perceived risk; Pre-exposure prophylaxis (PrEP); Self-efficacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Sewell W.C.; Powell V.E.; Mayer K.H.; Ochoa A.; Krakower D.S.; Marcus J.L.	Nondaily Use of HIV Preexposure Prophylaxis in a Large Online Survey of Primarily Men Who Have Sex With Men in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002332	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084694380&doi=10.1097%2fQAI.0000000000002332&partnerID=40&md5=b989b84a2b7f684541cb7aea72125194	Background:Event-driven dosing of HIV preexposure prophylaxis (PrEP) using a 2-1-1 regimen is efficacious for men who have sex with men (MSM). However, data are limited on the prevalence, correlates, and patterns of nondaily PrEP use in the United States.Setting:Nationwide online survey.Methods:We distributed a survey to assess experiences with PrEP, including nondaily use, in May 2019 on geosocial networking sites commonly used by MSM.Results:Among 9697 respondents, the mean age was 43 years, 67% were non-Hispanic white, and 90% were MSM. Nearly all (91.0%) had heard of PrEP, 40.1% ever used PrEP, and 33.3% used PrEP in the past 6 months. Most (60.6%) were interested in nondaily PrEP. Those without health insurance and those with higher incomes were more likely to be interested in nondaily PrEP. Of the 3232 who used PrEP in the past 6 months, 176 (5.4%) reported nondaily use. Fewer sexual partners, frequent sex planning, and substance use were associated with nondaily use. Common reasons for nondaily use were inconsistent sexual activity (59%) and cost (49%). The most prevalent regimen was event driven (48.3%); of those, 64.7% used 2-1-1. Of nondaily users, 24.0% used PrEP on a regular schedule but not every day, including only on weekends or days starting with T or S.Conclusions:Given substantial interest in nondaily PrEP, and use of nondaily strategies that have not been evaluated in clinical studies, there is a need for US public health authorities to provide guidance on safe and effective nondaily dosing for MSM. © 2020 Lippincott Williams and Wilkins. All rights reserved.	episodic PrEP; event-driven PrEP; HIV; MSM; on-demand PrEP; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Shah, Seema K; Essack, Zaynab; Byron, Katherine; Slack, Catherine; Reirden, Daniel; van Rooyen, Heidi; Jones, Nathan R; Wendler, David S	Adolescent Barriers to HIV Prevention Research: Are Parental Consent Requirements the Biggest Obstacle?	Journal of Adolescent Health	-	-	-	1879-1972	10.1016/j.jadohealth.2020.05.011	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7508889	PURPOSE: One third of people newly living with HIV/AIDS are adolescents. Research on adolescent HIV prevention is critical owing to differences between adolescents and adults. Parental permission requirements are often considered a barrier to adolescent enrollment in research, but whether adolescents view this barrier as the most important one is unclear. METHODS: Adolescents were approached in schools in KwaZulu-Natal, South Africa, and at a sexually transmitted infection clinic at the Children's Hospital of Aurora, Colorado. Surveys with a hypothetical vignette about participation in a pre-exposure prophylaxis trial were conducted on smartphones or tablets with 75 adolescents at each site. We calculated descriptive statistics for all variables, using 2-sample tests for equality of proportions with continuity correction. Statistical significance was calculated at p < 0.05. Multivariate analyses were also conducted. RESULTS: Most adolescents thought side effects (77%) and parental consent requirements (69%) were very important barriers to research participation. When asked to rank barriers, adolescents did not agree on a single barrier as most important, but the largest group of adolescents ranked parental consent requirements as most important (29.5%). Parental consent was seen as more of a barrier for adolescents in South Africa than in the United States. Concerns about being experimented on or researchers' mandatory reporting to authorities were ranked much lower. Finally, most (71%, n = 106) adolescents said they would want to extra support from another adult if parental permission was not required. CONCLUSION: Adolescents consider both parental permission requirements and side effects important barriers to their enrollment in HIV prevention research. Legal reform and better communication strategies may help address these barriers.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Shende T.C.; Fisher J.M.; Perez-Velez C.M.; Guido A.A.; Sprowl K.M.; Drake T.M.; Adelus M.L.; Bedrick E.J.; Fantry L.E.	PrEP Knowledge and Attitudes Among Adults Attending Public Health Clinics in Southern Arizona	Journal of Community Health	-	-	-	945145	10.1007/s10900-019-00758-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074538525&doi=10.1007%2fs10900-019-00758-y&partnerID=40&md5=1370652942564d2994e79391898d9696	HIV pre-exposure prophylaxis (PrEP) is underutilized among Hispanics, women, and low-income individuals. To better understand PrEP barriers in this population, questionnaires were administered to 500 patients attending public health clinics in southern Arizona which provide family planning and sexually transmitted infections care. Sixty-three percent believed that they had no risk of HIV infection. When asked "Before today, did you know that there was a pill that can prevent HIV infection?" 80% of persons answered no. Among women, 88% answered no to this question. As expected, individuals with a higher perceived HIV risk (OR 1.76) or one HIV risk factor (OR 5.85) had a higher probability of knowledge. Among survey participants 87% would take a daily pill, 91% would visit a health-care provider every 3 months, and 92% would have laboratory testing every 3 months. Fifty-four percent would not be afraid or embarrassed if friends or family knew they were taking PrEP. Seventy-two percent would take PrEP despite temporary nausea. Sixty-two percent would pay ≥ $40 every 3 months for PrEP. Lack of knowledge, rather than patient attitudes, is the more important barrier to wider utilization of PrEP among individuals, especially women, attending public health clinics in Southern Arizona. Future efforts need to focus on education and access to PrEP in underserved populations including women and Hispanics. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	Hispanic; HIV pre-exposure prophylaxis; Low income; Public health clinic; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2020	Sheth A.N.; Hussain S.A.; Escoffery C.; Haddad L.B.; Powell L.; Brown N.; Filipowicz T.R.; McCumber M.; Sanchez M.; Renshaw L.; Poteda M.A.; Sales J.M.	Pre-exposure prophylaxis integration into family planning services at title x clinics in the southeastern united states: Protocol for a mixed methods hybrid type i effectiveness implementation study (phase 2 aim 155)	JMIR Research Protocols	-	-	-	19298748	10.2196/18784	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092298342&doi=10.2196%2f18784&partnerID=40&md5=2c7713f079bdcd9aa0dd3c08ec1a6762	Background: Adolescent and young adult women (AYAW), particularly racial and ethnic minorities, in the Southern United States are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) is an effective, scalable, individual-controlled HIV prevention strategy that is grossly underutilized among women of all ages and requires innovative delivery approaches to optimize its benefit. Anchoring PrEP delivery to family planning (FP) services that AYAW already trust, access routinely, and deem useful for their sexual health may offer an ideal opportunity to reach women at risk for HIV and to enhance their PrEP uptake and adherence. However, PrEP has not been widely integrated into FP services, including Title X-funded FP clinics that provide safety net sources of care for AYAW. To overcome potential implementation challenges for AYAW, Title X clinics in the Southern United States are uniquely positioned to be focal sites for conceptually informed and thoroughly evaluated PrEP implementation science studies. Objective: The objective of this study is two-fold: To evaluate multilevel factors associated with the level of PrEP adoption and implementation (eg, PrEP screening, counseling, and prescription) within and across 3 FP clinics and to evaluate PrEP uptake, persistence, and adherence among female patients in those clinics over a 6-month follow-up period. Methods: Phase 2 of PlanningToPrEP (Adolescent Medicine Trials Network for HIV/AIDS Interventions 155) is a mixed methods hybrid type 1 effectiveness implementation study to be conducted in three clinics in Metro Atlanta, Georgia, United States. Guided by the Exploration, Preparation, Implementation, and Sustainment framework, this study will prepare clinics for PrEP integration via clinic-wide trainings and technical assistance and will develop clinic-level PrEP implementation strategies. Clinic-level factors will be assessed via the Implementation Determinant Assessment and Planning Tool, and PrEP adoption will be assessed via the PlanningToPrEP research activities begun in February 2018 and are ongoing. Qualitative data analysis is scheduled to begin in Fall 2020. Conclusions: This study seeks to evaluate factors associated with the level of PrEP adoption and implementation (eg, PrEP screening, counseling, and prescription) within and across 3 FP clinics following training and implementation planning and to evaluate PrEP uptake, persistence, and adherence among female patients over a 6-month follow-up period. This will guide future strategies to support PrEP integration in Title X–funded clinics across the Southern United States. © 2020 Scientific Journal Publishers Limited. All Rights Reserved.	Family planning services; HIV; Implementation science; Pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Shi A.; Dou O.; Zhang Z.; Zhao Y.; Zhe X.; Yang C.; Nicholas Z.; Gao P.; Wang J.; Sun Y.; Zhang H.	Needs of pre-exposure prophylaxis for HIV infection and related barriers among men who have sex with men 男男性行为人群HIV暴露前预防需求与现实障碍研究	Chinese Journal of Endemiology	-	-	-	25464450	10.3760/cma.j.issn.0254-6450.2020.03.012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083477763&doi=10.3760%2fcma.j.issn.0254-6450.2020.03.012&partnerID=40&md5=d0036046240ea9511f6c9bce152b4858	Objective To understand the actual needs for the pre-exposure prophylaxis (PrEP) for HIV infection and the factors hindering PrEP utilization in men who have sex with men (MSM). Methods Participants were recruited by using MSM-social application software Blued 8.5.0 and through MSM peer referral, sample size was 600. An electronic questionnaire survey was conducted anonymously with guidance of investigators via "Questionnaire Star" platform. The contents of the survey included demographic characteristics of the participants, the awareness of PrEP related knowledge, willingness and concerns about using PrEP, related needs for PrEP and self-efficacy of using PrEP. Results A total of 622 MSM completed the survey, of whom 56.4% (351/622) and 4.7% (27/622) ever heard of and received PrEP, respectively. The need assessment of PrEP showed that 67.2% (418/622) of the participants had actual needs for PrEP and 21.2% (132/622) rated PrEP with good self-efficacy. Structural equation modeling showed that the awareness of PrEP related knowledge and concern about using PrEP had direct positive effects on the need for PrEP (both P<0.05), with the standardized coefficients of 0.09 and 0.11, respectively. Moreover, the information indirectly affected the need for PrEP through concern about PrEP (P<0.05). Self-efficacy had direct positive effect on the need for PrEP with an 0.31 intercept. Moreover, the information indirectly affected the self-efficacy of using PrEP through concern about PrEP (P<0.05), with the effect value of 0.03. The result of generalized linear mixed model analysis demonstrated that the utilization of PrEP can improve the self-efficacy of using PrEP (OR=5.53), which increased by 0.14 times and 0.07 times with the increase of 1 score of the awareness of PrEP related knowledge and concern about using PrEP respectively. In addition, this survey found that in the participants, the main concerns about using PrEP were side effects, HIV-resistance, PrEP intervention effect and its expense, accounting for 61.1% (380/622), 60.3% (374/622) and 53.2% (331/622), respectively. Most participants hoped to obtain PrEP services from CDC, MSM social organization and internet, accounting for 75.6% (470/622), 45.4% (487/622), and 63.8% (397/622), respectively. Conclusions MSM showed difference of high need but low utilization of PrEP services. Low awareness of PrEP related knowledge, concerns about the prevention effect, side effects and expense of PrEP as well as self-discrimination were the factors hindering the use of PrEP at MSM. It is necessary to establish a suitable PrEP service model to meet the needs for PrEP in MSM. © 2020 Chinese Medical Association. All Rights Reserved.	HIV; Men who have sex with men; Need; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Shover C.L.; Devost M.A.; Cunningham N.J.; Beymer M.R.; Flores D.; Flynn R.; Gorbach P.M.; Lyman P.; Rivet Amico K.; Bolan R.K.	Structural, dosing, and risk change factors affecting discontinuation of pre-exposure prophylaxis (Prep) in a large urban clinic	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2020.32.4.271	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090628507&doi=10.1521%2faeap.2020.32.4.271&partnerID=40&md5=57e3a6c30a0f7b07e3a30bcfb81ffbd	Understanding why clients stop taking pre-exposure prophylaxis (PrEP) is critical to improve PrEP delivery and ultimately reduce HIV incidence. We analyzed data from a programmatic evaluation conducted in the Los Angeles LGBT Center from February to May 2018. Of 180 respondents to the enrolled survey, 91 had stopped taking PrEP and 111 never started. Among PrEP users, multivariate models found reasons for stopping were enter-ing a monogamous relationship (43%) and side effects (40%). Two of 11 who never started PrEP reported access barriers (e.g., cost, insurance prob-lems). A quarter of inactive clients re-engaged with PrEP services following the survey and 35% restarted PrEP by October 2018. Improving PrEP retention may require multifaceted interventions—e.g., tailored discussions about stopping and restarting PrEP safely as HIV risk changes, ensuring consistent access to affordable PrEP, and alternative dosing strategies. An emailed survey may be a simple, effective strategy to reengage some PrEP clients. © 2020 The Guilford Press.	HIV; Pre-exposure prophylaxis; Prevention; Programmatic evaluation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Shrestha R.; Altice F.L.; Dahmoune E.; Sibilio B.; Ranjit Y.S.; Copenhaver M.M.	Feasibility and acceptability of an mhealth-based approach as an hiv prevention strategy among people who use drugs on pre-exposure prophylaxis	Patient Preference and Adherence	-	-	-	11778898	10.2147/PPA.S236794	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076486903&doi=10.2147%2fPPA.S236794&partnerID=40&md5=1919426d5d9d2727e0a6e1dcc6eb64f	Introduction: There has been increasing interest in the use of mHealth technology in health care. To our knowledge, however, there is a lack of empirical evidence on the utilization of text messaging services (short message service; SMS) for HIV prevention among opioid-dependent people who use drugs (PWUD). As part of our formative work, we conducted an in-depth feasibility and acceptability study on the use of SMS reminders for HIV prevention in this risk group. Methods: Forty HIV-negative, opioid-dependent PWUD who are currently taking preexposure prophylaxis (PrEP) were enrolled in the study. Participants received daily PrEP text reminders and weekly HIV risk reduction-related messages, which were developed using a user-centered approach. Participants were assessed at baseline and immediately post-intervention. Following the post-intervention assessment, participants completed an in-depth qualitative interview. Results: Feasibility of text messaging service was high, as assessed by participants' adherence to daily PrEP reminders (97.5%) and weekly HIV risk reduction messages (92.5%). Participants reported that they liked receiving the text messages (mean rating =4.8 out of 5). The reminder text messages as valuable and acceptable (mean: 75.0 (range 0–100). Whereas, acceptability for the weekly text messages on HIV risk reduction was 60.3 (±15.6), with 58.3% recommending them for future use. Thematic data exploration revealed important information for understanding and refining SMS content as well as logistical preferences. Conclusion: Our findings provide preliminary evidence of the feasibility and acceptability of a text-messaging based-approach as a potential tool for primary HIV prevention to improve PrEP adherence and HIV risk reduction among this risk-informed population. HIV risk reduction text messages need further modifications to become more appealing, with participant feedback taken into consideration. © 2020 Shrestha et al. This work is published and licensed by Dove Medical Press Limited.	HIV risk behaviors; Mobile technology; Opioid use disorder; Pre-exposure prophylaxis; Text messaging	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Shrestha R.; DiDonnario E.E.; Kim R.S.; Altice F.L.; Wickersham J.A.; Copenhaver M.M.	Awareness about and willingness to use long-acting injectable pre-exposure prophylaxis (LAI-PrEP) among people who use drugs	Journal of Substance Abuse Treatment	-	-	-	7405472	10.1016/j.jsat.2020.108058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087612817&doi=10.1016%2fj.jsat.2020.108058&partnerID=40&md5=d77bd3c5ca8ba1014d4d2b5f5c4b67fe	In the Bangkok Tenofovir Study of oral pre-exposure prophylaxis (PrEP; TDF/FTC), adherence was poor. Long-acting injectable pre-exposure prophylaxis (LAI-PrEP) for HIV prevention may help overcome adherence challenges and is currently being tested in clinical trials, but not in people who use drugs (PWUD), an important key population that remains highly vulnerable to HIV. Since PWUD are not currently included in trials of LAI-PrEP, we sought to examine awareness about LAI-PrEP and factors associated with willingness to use LAI-PrEP in this understudied population. Methods: We enrolled 224 HIV-negative people with opioid use disorder and self-reported HIV risk behaviors recruited from Connecticut's largest addiction treatment program. We analyzed data from a standardized assessment using multivariable logistic regression. Results: Most participants were male (n = 151, 67.4%), white (n = 189, 84.4%), and had a mean age of 40.1 (±11.6) years. Awareness about LAI-PrEP was low (n = 45, 20.1%). After being given a description of it, 73.7% were willing to use it, if it were available. Participants were most commonly concerned about long-term side effects (76.9%) of LAI-PrEP. Independent correlates of willingness to use LAI-PrEP were female sex (aOR = 2.181, p = 0.018), recent risk to healthcare provider (aOR = 2.9, p = 0.022), high perceived risk of acquiring HIV (aOR = 3.3, p = 0.007), and having previously taken oral PrEP (aOR = 5.284, p = 0.017). Findings suggest that PWUD are highly interested in PrEP, especially as LAI-PrEP formulations. Our results indicate the potential for LAI-PrEP, as an alternative to oral daily PrEP, to be implemented into existing evidence-based HIV-based HIV prevention efforts that target high-risk PWUD. © 2020 Elsevier Inc.	HIV prevention; People who inject drugs; Preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Book Section	2020	Shrestha R.; McCoy-Roiff B.; Meyer J.P.	HIV pre-exposure prophylaxis for people who inject drugs	-	The Opioid Epidemic and Infectious Diseases	-	978-0323688328-9; 978-0323688298-6	-	10.1016/B978-0-323-68328-9.00011-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100159988&doi=10.1016%2fB978-0-323-68328-9.00011-4&partnerID=40&md5=0970f05d3d1b6d9dc799e8e6479965cd	People who inject drugs (PWID) are a key target population for HIV prevention because they experience HIV risk related to their substance use, injecting behaviors (including sharing injecting equipment), and high-risk sexual networks. Limited clinical trial data and similar demonstration projects support the feasibility, safety, acceptability, and efficacy of providing PWID pre-exposure prophylaxis (PrEP) for HIV prevention. PrEP outcomes are improved when medication adherence is supported and when PrEP is integrated with other harm reduction programs and treatment for substance use disorders. PrEP scale-up among PWID has been limited by multilevel barriers, including stigma, misconceptions about PrEP, and structural barriers to accessing PrEP. Innovative strategies to overcome these barriers are urgently needed to achieve the potential of PrEP to improve HIV prevention outcomes among PWID. © 2021 Elsevier Inc. All rights reserved.	HIV prevention; People who inject drugs; Preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2020	Smith D.K.; Rawlings M.K.	PrEP and the Black Community	-	HIV in US Communities of Color, Second Edition	-	NA	-	10.1007/978-3-030-48744-7_3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114898227&doi=10.1007%2f978-3-030-48744-7_3&partnerID=40&md5=2d50b1f6b4d5e3de6f7aa6c99ea0f34e	New HIV infections are disproportionately concentrated among black Americans. Yet the most powerful new tool to reduce HIV acquisition, daily oral antiretroviral preexposure prophylaxis (PrEP), is inequitably accessed. While black men and women comprised 43% of new diagnoses in 2017, and 44% of persons estimated to have risk behaviors that indicate a need for PrEP, only 14.9% of PrEP prescriptions in 2017 were to black persons. To address this serious inequity, higher levels of knowledge of HIV status, awareness and knowledge of PrEP, access to clinicians willing and trained to provide it, and support for adherence and persistence use will be required in the black community. This is an urgent priority as the nation moves forward with the "Ending the HIV Epidemic: A Plan for America" initiative that has a goal of reducing new HIV infections by 75% in the next 5 years and at least 90% by 2030 (Fauci et al. JAMA 321(9):844–845, 2019). © Springer Nature Switzerland AG 2021.	African-American; Black; HIV; Preexposure Prophylaxis; PrEP; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2020	Smith D.K.; Sullivan P.S.; Cadwell B.; Walker L.A.; Siddiqi A.; Mera-Giler R.; Hu X.; Hoover K.W.; Harris N.S.; McCallister S.	Evidence of an Association of Increases in Pre-exposure Prophylaxis Coverage with Decreases in Human Immunodeficiency Virus Diagnosis Rates in the United States, 2012-2018	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciz1229	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085702016&doi=10.1093%2fcid%2fciz1229&partnerID=40&md5=868f0f8e7018cb2f27927378f3fa8e	Background: Annual human immunodeficiency virus (HIV) diagnoses in the United States (US) have decreased since 2013. We assessed whether there is an association between uptake of pre-exposure prophylaxis (PrEP) and decreases in HIV diagnoses. Methods We used 2012-2016 data from the US National HIV Surveillance System to estimate viral suppression (VS) and annual percentage change in diagnosis rates (APCs) among persons with HIV (PWH) and diagnosed PrEP coverage among persons at risk for HIV. We used joinpoint regression to identify changes in the association between PrEP coverage and APC within jurisdictional quintiles grouped by changes in PrEP coverage, regressing APC on time, and among all jurisdictions, regressing APC on both time and jurisdictional changes in PrEP coverage with and without accounting for changes in VS. Results: From 2012 to 2016, across the 10 states with the greatest increases in PrEP coverage, the EAPC decreased 6.0% (95% confidence interval [CI], 2.2% to 2.9%). On average, across the states and District of Columbia, EAPC for a given year decreased by 1.1% (95% CI, 1.77% to -.49%) for an increase in PrEP coverage of 1 per 100 persons with indications. When controlling for VS, the state-specific EAPC for a given year decreased by 1.3% (95% CI,-2.12% to -.57%) for an increase in PrEP coverage of 1 per 100 persons with indications. Conclusions: We found statistically significant associations between jurisdictional increases in PrEP coverage and decreases in EAPC independent of changes in VS, which supports keeping PrEP use to scale in the US to accelerate reductions in HIV infections. © 2020 Published by Oxford University Press for the Infectious Diseases Society of America 2020.	HIV diagnoses; HIV prevention; PrEP; prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Smith, Anthony K. J; Holt, Martin; Hughes, Shona D; Truong, Hong-Ha M; Newman, Christy E	Troubling the non-specialist prescription of HIV pre-exposure prophylaxis (PrEP): the views of Australian HIV experts	Health Sociology Review	-	-	-	1446-1242	10.1080/14461242.2019.1703781	https://dx.doi.org/10.1080/14461242.2019.1703781	The broadening of access to HIV pre-exposure prophylaxis (PrEP) in Australia has rekindled debates about which types of clinicians are best suited to deliver HIV prevention innovations: specialist HIV services or primary care physicians and general practitioners (GPs). We conducted 21 semi-structured qualitative interviews in 2017 with Australian HIV sector experts working across policy, advocacy, clinical service provision, research, and health promotion. Those interviews took place before a national policy commitment to subsidising access to PrEP was achieved. We explored how participants conceptualised the appropriate 'home' for PrEP delivery. Participants were supportive of greater patient access to PrEP, they expressed concerns about non-specialist GPs' cultural competence and expertise regarding sexuality and clinical practice, and the potential for patients to experience discrimination and homophobia from non-expert GPs. This study has broad implications for thinking about experts and expertise, the implementation of previously specialised medicine into mainstream settings, and the anticipated challenges of LGBTQ+ inclusive healthcare.	Pre-exposure prophylaxis (PrEP); cultural competence; gay and bisexual men; general practice; primary health care; qualitative	English	United Kingdom	Australia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2020	Smith, Justin D; Li, Dennis H; Hirschhorn, Lisa R; Gallo, Carlos; McNulty, Moira; Phillips, Gregory; Birkett, Michelle; Rafferty, Miriam; Rao, Amrita; Villarose, Juan A; Bazil, Stefan; Mustanski, Brian; Brown, C Hendricks; Brehove, Nanette D	Landscape of HIV Implementation Research Funded by the National Institutes of Health: A Mapping Review of Project Abstracts.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-02926-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262866/	In 2019, the requisite biomedical and behavioral interventions to eliminate new HIV infections exist. "Ending the HIV Epidemic" now becomes primarily a challenge of will and implementation. This review maps the extent to which implementation research (IR) has been integrated into HIV research by reviewing the recent funding portfolio of the NIH. We searched NIH RePORTER for HIV and IR-related research projects funded from January 2013 to March 2018. We also searched PubMed for recent publications and reviews using standard terms and methods. 230 abstracts met the criteria of HIV and IR. Key study characteristics were then abstracted. NIH currently funds HIV studies that are either formally IR ($ > 109) or preparatory for IR ($ < 107). Five (13%) projects mentioned a guiding implementation framework. Most (n = 24, 63%) were conducted in the USA, and 16 (42%) addressed populations experiencing health disparities. Twenty-three (61%) studies examined treatment and 7 (18%) examined prevention strategies. 43 (23%) piloted strategies, 73 (34%) tested a single strategy, and 37 (16%) compared strategies. A higher proportion of formal IR projects involved established interventions (e.g., integrated services) compared to newer interventions (e.g., pre-exposure prophylaxis). Prioritizing HIV-related IR in NIH and other federal funding opportunity announcements and expanded training in implementation science could have a substantial impact on ending the HIV pandemic. This review serves as a baseline by which to compare funding patterns and the sophistication of IR in HIV research over time.	Implementation research; Mapping review; Research funding	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Sungkeewan W.-N.; Kawichai S.; Phanuphak N.; Cressey T.R.; Wongham P.; Saisaengjan C.; Chalbanchorn T.; Jantyam S.; Linjongrat D.; Pribsanlek T.; Phanuphak P.; Panichsillaphan C.; Tanviratikarn S.; Ramautarsing R.; Jantarapakde J.; Sungkanuparph S.; Kongkapan J.; Ubolyam S.; Kerr S.J.; Ruxrungtham K.; Chaikummao S.; Chinbunchorn T.; Chaiwarith R.; Praparattanapan J.; Pankam T.; Putcharoen O.; Pooput P.; Jantarapakde J.; Tharawan T.; Jantanthaisiri W.; Anugulruangkitti S.; Sirisansaneeyakul N.; Wachiradunganun S.; Sucharitkhiewpg P.; Jantawongsiree P.; Mesworng J.; Nuchusaen B.; Sriman P.; Tharmmasiri S.; Ubolyam S.; Jiamyoung P.; Suphaphiphat J.; Kerr S.; Perwjit T.; Bongcharoenchaidakul C.; Rakasakul B.; Mookmai P.; Fungthaisiri O.; Phalgunkul P.; Kalumporn P.; Chamyen K.; Chittmanakorn S.; Yenjit S.; Saikoon C.; Rugthai T.; Tanitpakdeekul S.; Kew-In P.; Chanachon P.; Pondet C.	Youth-friendly services and a mobile phone application to promote adherence to pre-exposure prophylaxis among adolescent men who have sex with men and transgender women at-risk for HIV in Thailand: a randomized control trial	Journal of the International AIDS Society	-	-	-	17562652	10.1002/jia2.25566	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085167552&doi=10.1002%2fjia2.25566&partnerID=40&md5=1b75727bb316c230e4d0bfecc33741d	Introduction: Strategies are needed to curb the increasing HIV incidence in young men who have sex with men (YMSM) and transgender women (YTGW) worldwide. We assessed the impact of youth-friendly services (YFS) and a mobile phone application (app) on adherence to pre-exposure prophylaxis (PrEP) in YMSM and YTGW in Thailand. Methods: A randomized control trial was conducted in YMSM and YTGW aged 15 to 19 years. Participants were provided daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC), condoms and randomized to receive either YFS or YFS plus a PrEP app (YFS + APP). Where feasible, participants chose self-assessment of HIV acquisition risk, point rewards and reminders for PrEP and clinic appointments. At 24 weeks, HIV tests occurred at entry, one, three, six months and telephone contact at two, four and five months. HIV testing was performed at every clinic visit. PrEP adherence was evaluated with intracellular tenofovir diphosphate (TFV-DP) concentrations in dried blood spots (DBS) collected at weeks 4, 12 and 24. Results: Between December 2016 and March 2018, 148 participants were enrolled in Bangkok, Thailand and randomized to YFS (n = 74) or YFS + APP (n = 74). The median age was 18 years; 95% adolescents were trained peers in the study. Of these, 147 were YMSM (n = 147) and 53 YTGW (26%). At baseline, median age was 18 years (IQR 17 to 19); 66% reported inconsistent condom use in the past month. Sexually transmitted infection prevalence was 22%. Retention at 24 weeks was 77%. As HIV + APP arm, median app use duration was three months (IQR 1 to 5). PrEP adherence at month 3 was 51% in YFS and 53% in YFS + APP (p-value 0.64) and at month 6 was 44% in YFS and 49% in YFS + APP (p-value 0.54). No HIV seroconversions occurred during 75 person years of follow-up. Conclusions: Youth-friendly PrEP services enabled good adherence among half of adolescent PrEP users. However, the mobile phone application tested did not provide additional PrEP adherence benefit in this randomized trial. Additional strategies to enhance behaviours are dynamic and require adaptive programmes that focus on "prevention-effective adherence." © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adolescents; HIV; HIV prevention; pre-exposure prophylaxis; PrEP; women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2020	Sonnervy, C; Tao, J; Nunez, H; Montgomery, MC; Ndoye, CD; Bielle, K; Mmiaga, MJ; Redman, J; Murphy, M; Nunn, A; Meyward, M; Chen, PA	Awareness and use of HIV pre-exposure prophylaxis among people who engage in sex work presenting to a sexually transmitted infection clinic	International journal of STD & AIDS	-	-	-	0956-4624	10.1177/0956462420943702	https://pubmed.ncbi.nlm.nih.gov/32733083/	NA	WOMEN; MEN; GAY; ACQUISITION; PREP AWARENESS; EXCHANGE	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Spinelli M.A.; Lahoud N.; Kuhn P.; Whitacre R.; Scott H.M.; Walker N.; Lin A.Y.; Gandhi M.; Buchbinder S.P.	Missed opportunities to prevent HIV infections among pre-exposure prophylaxis users: a population-based mixed methods study, San Francisco, United States	Journal of the International AIDS Society	-	-	-	17562652	10.1002/jia2.25472	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083675281&doi=10.1002%2fjia2.25472&partnerID=40&md5=e627982f2846c03f1f2c2e0149ba475c	Introduction: Pre-exposure prophylaxis (PrEP) is highly effective, although PrEP adherence and persistence have been variable during real-world implementation. Little is known about missed opportunities to enhance PrEP adherence among individuals who later HIV seroconverted after using PrEP. The goal of this analysis was to identify all HIV infections among individuals who had accessed PrEP in an integrated health system in San Francisco, and to identify potentially interventable factors that could have prevented HIV infection through in-depth interviews with people who HIV seroconverted after using PrEP. Methods: We identified individuals who initiated PrEP in an integrated safety-net public health system and performed in-depth chart review to determine person-time on and after stopping PrEP over six years. We identified all PrEP seroconversions using the Centers for Disease Control and Prevention's Enhanced HIV/AIDS Reporting System and then calculated HIV incidence while using PrEP and during gaps in use. We then performed in-depth interviews with those who seroconverted. Results: Overall, 986 initiated PrEP across the San Francisco Department of Public Health from July 2012 to November 2018. Data were gathered from 895 person-years on PrEP and 953 after stopping PrEP. The HIV incidence was 7.5 did/higher after stopping PrEP compared to while on PrEP (95% CI 3 to 336). Of the eight individuals who HIV seroconverted, only one was taking PrEP at the time of seroconversion but was using on-demand PrEP inconsistently. All eight agreed to qualitative interviews. Major barriers to PrEP persistence included substance use, mental health and housing loss; difficulty accessing PrEP due to cost, insurance, and the cost and time of medical visits; difficulty weighing PrEP's benefit versus self-perceived HIV risk; and challenges navigating PrEP's complex dosing schedule. Participants described how they had underestimated their HIV risk and overestimated the ease of accessing and accompanying PrEP during. Conclusions: HIV incidence during gaps in PrEP use was nearly eight-fold higher than while on PrEP in this large cohort in San Francisco. Many individuals who stop PrEP remain at risk of HIV, and participants reported that proactive outreach could potentially have prevented HIV infections. Individuals using non-daily PrEP may require additional education and support to the United States. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Adherence; HIV seroconversion; mixed methods; PrEP; PrEP discontinuation; PrEP persistence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Thesis and Dissertations	2020	SILVA, MICHELLE RAMOS DA	Saúde mental e síndemia entre TRANS avaliadas para uso de profilaxia pré-exposição para o HIV	-	-	FioCruz	-	NA	https://acervo.capes.gov.br/acervo/public/consultaDetalheDocumento/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=9220691	Travesti,Mulher transexual,PrEP,HIV/Síndemia,Saúde Mental	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2020	Stephenson R.; Chavanduka T.; Sullivan S.P.; Sineath R.C.; Hoyt M.J.; Freeborn K.; Tilley D.L.; Rosser B.R.S.	Willingness to Use Pre-exposure Prophylaxis Among Adolescent Girls and Young Women Within Family Planning Clinics in Kenya	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2020.0037	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089150728&doi=10.1089%2fapc.2020.0037&partnerID=40&md5=6e67e0552ab6b5e8217802ba12496c4c	Adolescent girls and young women (AGYW) are a priority population for HIV prevention in high-burden settings. We evaluated psychosocial characteristics, behavioral risk factors for HIV, and pre-exposure prophylaxis (PrEP) awareness and uptake among AGYW seeking contraceptive services at four public sector family planning (FP) clinics offering integrated PrEP delivery in Kisumu, Kenya. From October 2018 to June 2019, we approached all AGYW (aged 15–24 years) seeking contraceptives to participate in a survey following receipt of FP services and PrEP screening. Overall, 476 AGYW were screened for PrEP at their FP visit by facility staff and subsequently enrolled in the survey. Median age was 22 years (interquartile range: 20–23); 22% of AGYW were in school, and 55% were married. The most frequent forms of contraception were implants and injectables (41% each). Over a third of AGYW (38%) reported low social support. 13% had symptoms of moderate to severe depression, and 3% reported intimate partner violence. Three-quarters (75%) of AGYW reported recent condomless sex and 42% suspected that their primary partner had other sexual partners. Most AGYW (89%) had previously heard of PrEP, but only 3% had ever used it. Willingness to use PrEP was high (87%), with daily oral PrEP (66%) preferred to long-acting injectables (21%). Factors associated with willingness to use PrEP included inconsistent condom use (aOR = 2.1; 95% CI: 1.06, 4.2), transactional sex (aOR = 2.9; 95% CI: 1.06, 7.8), and intimate partner violence (aOR = 3.1; 95% CI: 1.09, 8.9). Willingness to use PrEP was high among AGYW at high risk of HIV. Integrated PrEP delivery in Kisumu, Kenya: From October 2018 to June 2019, we approached all AGYW (aged 15–24 years) seeking contraceptives to participate in a survey following receipt of FP services and PrEP screening. Overall, 476 AGYW were screened for PrEP at their FP visit by facility staff and subsequently enrolled in the survey. Median age was 22 years (interquartile range: 20–23); 22% of AGYW were in school, and 55% were married. The most frequent forms of contraception were implants and injectables (41% each). Over a third of AGYW (38%) reported low social support. 13% had symptoms of moderate to severe depression, and 3% reported intimate partner violence. Three-quarters (75%) of AGYW reported recent condomless sex and 42% suspected that their primary partner had other sexual partners. Most AGYW (89%) had previously heard of PrEP, but only 3% had ever used it. Willingness to use PrEP was high (87%), with daily oral PrEP (66%) preferred to long-acting injectables (21%). Factors associated with willingness to use PrEP included inconsistent condom use (aOR = 2.1; 95% CI: 1.06, 4.2), transactional sex (aOR = 2.9; 95% CI: 1.06, 7.8), and intimate partner violence (aOR = 3.1; 95% CI: 1.09, 8.9). Willingness to use PrEP was high among AGYW at high risk of HIV. Integrated PrEP delivery in Kisumu, Kenya:	adolescents; Africa; HIV prevention; pre-exposure prophylaxis; PrEP; women	English	United States	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2020	Stoner, C; Tao, J; Nunez, H; Montgomery, MC; Ndoye, CD; Bielle, K; Mmiaga, MJ; Redman, J; Murphy, M; Nunn, A; Meyward, M; Chen, PA	Awareness and use of HIV pre-exposure prophylaxis among people who engage in sex work presenting to a sexually transmitted infection clinic	International journal of STD & AIDS	-	-	-	0956-4624	10.1177/0956462420943702	https://pubmed.ncbi.nlm.nih.gov/32733083/	NA	WOMEN; MEN; GAY; ACQUISITION; PREP AWARENESS; EXCHANGE	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Spinelli M.A.; Lahoud N.; Kuhn P.; Whitacre R.; Scott H.M.; Walker N.; Lin A.Y.; Gandhi M.; Buchbinder S.P.	Missed opportunities to prevent HIV infections among pre-exposure prophylaxis users: a population-based mixed methods study, San Francisco, United States	Journal of the International AIDS Society	-	-	-	17562652	10.1002/jia2.25472	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083675281&doi=10.1002%2fjia2.25472&partnerID=40&md5=e627982f2846c03f1f2c2e0149ba475c	Introduction: Pre-exposure prophylaxis (PrEP) is highly effective, although PrEP adherence and persistence have been variable during real-world implementation. Little is known about missed opportunities to enhance PrEP adherence among individuals who later HIV seroconverted after using PrEP. The goal of this analysis was to identify all HIV infections among individuals who had accessed PrEP in an integrated health system in San Francisco, and to identify potentially interventable factors that could have prevented HIV infection through in-depth interviews with people who HIV seroconverted after using PrEP. Methods: We identified individuals who initiated PrEP in an integrated safety-net public health system and performed in-depth chart review to determine person-time on and after stopping PrEP over six years. We identified all PrEP seroconversions using the Centers for Disease Control and Prevention's Enhanced HIV/AIDS Reporting System and then calculated HIV incidence while using PrEP and during gaps in use. We then performed in-depth interviews with those who seroconverted. Results: Overall, 986 initiated PrEP across the San Francisco Department of Public Health from July 2012 to November 2018. Data were gathered from 895 person-years on PrEP and 953 after stopping PrEP. The HIV incidence was 7.5 did/higher after stopping PrEP compared to while on PrEP (95% CI 3 to 336). Of the eight individuals who HIV seroconverted, only one was taking PrEP at the time of seroconversion but was using on-demand PrEP inconsistently. All eight agreed to qualitative interviews. Major barriers to PrEP persistence included substance use, mental health and housing loss; difficulty accessing PrEP due to cost, insurance, and the cost and time of medical visits; difficulty weighing PrEP's benefit versus self-perceived HIV risk; and challenges navigating PrEP's complex dosing schedule. Participants described how they had underestimated their HIV risk and overestimated the ease of accessing and accompanying PrEP during. Conclusions: HIV incidence during gaps in PrEP use was nearly eight-fold higher than while on PrEP in this large cohort in San Francisco. Many individuals who stop PrEP remain at risk of HIV, and participants reported that proactive outreach could potentially have prevented HIV infections. Individuals using non-daily PrEP may require additional education and support to the United States. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Adherence; HIV seroconversion; mixed methods; PrEP; PrEP discontinuation; PrEP persistence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2020	Spinelli M.A.; Rodrigues W.C.; Wang G.; Vincent M.; Gliddon D.V.; Okochi H.; Sluhor R.; Delicheveux P.; Deutsch M.; Grant R.M.; Ngure K.; Mugo N.R.; Baeten J.M.; Gandhi M.	High Accuracy of a Real-Time Urine Antibody-Based Tenofovir Point-of-Care Test Compared With Laboratory-Based ELISA in Diverse Populations	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002322	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084037266&doi=10.1097%2FQAI.0000000000002322&partnerID=40&md5=f84ca6ff7c2700b2ca0977542ddeb0d35cc86dd	Background:Therapeutic drug monitoring measures antiretroviral adherence more accurately than self-report but has not been available at the point-of-care (POC) until now. We compare a novel POC test for urine tenofovir to laboratory-based enzyme-linked immunosorbent assay (ELISA) testing a diverse patient populations urine pre-exposure prophylaxis (PrEP)/Setting:Urine samples were analyzed using ELISA and the POC lateral flow immunoassay (LFA) test from 2 cohorts of PrEP users taking tenofovir disoproxil fumarate/emtricitabine: the Partners PrEP Study, which recruited Kenyan and Ugandan heterosexual men and women, and the IBrAATSo Study, which recruited US transgender women and men using gender-affirming hormone therapy.Methods:We calculated the sensitivity, specificity, and accuracy of the POC test compared with ELISA at a cutoff of 1500 ng/mL.ResultsOverall, 684 urine samples were tested from 324 participants in the 2 cohorts. In Partners PrEP, 454 samples from 278 participants (41% women) were tested with a median age of 33 years. In IBrAATSo, 231 samples from 46 individuals (50% transwomen) were tested with a median age of 31 years. Comparison of the LFA read out to ELISA yielded 100% sensitivity 97.3% one-sided confidence interval (CI) = 99.3%, 98.3% specificity (95% CI = 95.2% to 99.7%), and 99.6% accuracy (95% CI = 98.7% to 99.9%).Conclusion:The sensitivity, specificity, and accuracy of a novel POC test for urine tenofovir all exceeded 90% when compared with a laboratory-based ELISA method when tested in diverse patient populations. Given the LFA's high accuracy and expected low cost, this POC test is a promising tool to support antiretroviral adherence that could be widely scalable to real-world clinical settings. © 2020 Lippincott Williams and Wilkins All rights reserved.										
Article	2020	Spinelli, Matthew A; Habrest, Jessica E; Chai, Peter R; Castillo-Mancilla, Jose; Anderson, Peter L; Gandhi, Monica	Approaches to Objectively Measure Antiretroviral Medication Adherence and Drive Adherence Interventions.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-020-00502-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7363691/	PURPOSE OF REVIEW: Traditional methods to assess antiretroviral adherence, such as self-report, pill counts, and pharmacy refill data, may be inaccurate in determining actual pill-taking to both antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP). HIV viral loads serve as surrogates of adherence on ART, but loss of virologic control may occur well after decreases in adherence and viral loads are not relevant to PrEP. RECENT FINDINGS: Pharmacologic measures of adherence, electronic adherence monitors, and ingestible electronic pills all serve as more objective metrics of adherence, surpassing self-report in predicting virologic outcomes. Pharmacologic metrics can identify either recent adherence or cumulative adherence. Recent dosing measures include antiretroviral levels in dried blood spots, as well as emtricitabine-triphosphate in dried blood spots (DBS) for those on tenofovir-emtricitabine-based therapy. A urine tenofovir test has recently been developed into a point-of-care test for bedside adherence monitoring. Cumulative adherence metrics assess adherence over weeks to months and include measurement of tenofovir-diphosphate in peripheral blood mononuclear cells or DBS, as well as ART levels in hair. Electronic adherence monitors and ingestible electronic pills can track pill bottle openings or medication ingestion, respectively. New and objective approaches in adherence monitoring can be used to detect nonadherence prior to loss of prevention efficacy or virologic control with PrEP or ART, respectively.	NA										
Article	2020	Sperrazzi-Rageller, P.; Esser, S.	Classical sexually transmitted diseases in the anorectal region.	Der Hautarzt; Zeitschrift fur Dermatologie, Venerologie, und verwandte Gebiete	-	-	-	1432-1173 0017-8470	10.1007/s00105-020-04547-w	https://pubmed.ncbi.nlm.nih.gov/32025745/	BACKGROUND: Sexually transmitted infections (STIs) in the anorectal region are disproportionally detected in risk populations such as men who have sex with men (MSM). However, due to changes in sexual behaviour they are increasingly diagnosed in heterosexual individuals. Due to the recent implementation of oral HIV pre-exposure prophylaxis together with lack of condom use, a further rise in STIs is to be expected. OBJECTIVE: The aim of this continuing education article is to provide an overview of the most frequent STIs in the anorectal region. MATERIAL AND METHODS: Literature research. RESULTS: Clinical manifestations in the anorectal region are frequently unspecific or asymptomatic so that the diagnosis may be missed. In an endoscopic examination of the rectum, not even cancerous inflammation is of disease or malignancy. Therefore, knowledge of possible symptoms of bacterial STIs in this area is helpful for early diagnosis. Coinfections with other STIs are common and should prompt a search of other pathogens including HIV and hepatitis B/C.										
Article	2020	Kristian, Hellqvist, Cottrell, Mackenzie, Mulfaul, Kaitlyn, Prince, Heather A, Nelson, Julie A E, White, Nicole, Sykes, Craig, Dollin, Evan S, Medstrack, Ryen D, Shaboua, Nicholas J, Gonzalez, Daniel, Kashuba, Angela D M	Translational Approach to Predicting the Efficacy of Maraviroc-Based Regimens as HIV Preexposure Prophylaxis.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596	10.1128/AAC.01729-19	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6985735/	Maraviroc-based regimens have been explored as preexposure prophylaxis (PrEP) against human immunodeficiency virus (HIV). In this study, we utilized mucosal tissue drug exposure data, combined with target concentrations generated in vitro, in a pharmacokinetic-pharmacodynamic analysis to predict the effects of drug combinations and adherence on PrEP efficacy. Mucosal tissue concentrations of maraviroc were measured in 24 healthy women. The 90% effective concentrations (EC90) of maraviroc (alone and combined with tenofovir and emtricitabine) for preventing infection against HIV were determined in CD4+ T cells. Monte Carlo simulations were performed to identify dosing strategies to protect colorectal and female genital tract (FGT) tissues from HIV infection. Colorectal maraviroc concentrations were 1,000-fold higher than FGT concentrations. Maraviroc-containing regimens were predicted to be highly protective in colorectal tissues, with 300 mg daily affording 99% protection. However, 300 mg daily would protect the FGT in only 85% of the population. FGT protection increased to >90% when maraviroc was used in combinations with tenofovir (2 doses/week) or emtricitabine (2 doses/week). Poor adherence resulted in a drastic decrease in efficacy in the FGT but not colorectal tissue. However, greater forgiveness was seen when maraviroc was combined with tenofovir or emtricitabine, suggesting that maraviroc should not be used alone as PrEP.										
Article	2020	Stalter, Ryan; Mugwanya, Kenneth; Thomas, Kate; Donnell, Deborah; Mujugira, Andrew; Ngure, Kenneth; Celum, Connie; Kalongolela, Lisa; Baeten, Jared; Heffron, Renee	Sexual behaviors after prep discontinuation among HIV serodiscordant couples in kenya and uganda	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002434	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091126535&doi=10.1097%2FQAI.0000000000002434&partnerID=40&md5=f34fcaeeb1f1dbd9e5f1d6b5b4f45a6a&origin=inward	Background: A strategy of pre-exposure prophylaxis (PrEP) transitioning to treatment as prevention is highly efficacious and cost effective for prevention of HIV transmission within HIV-serodiscordant couples. We assessed whether couples who adopted this strategy experienced changes in sexual behaviors after ART-targeted partners discontinued PrEP and transitioned to only partner's adherence to antiretroviral therapy (ART) for prevention. Setting: Kenya and Uganda. Methods: Data are from the Partners Demonstration Project, a prospective, open-label evaluation of PrEP and ART use for HIV prevention. Analyses included 1,013 HIV-uninfected partners in serodiscordant couples, who were enrolled changes in the level (i.e., intercept) and trend over time (i.e., slope) in total and extra-marital sexual behaviors by HIV-negative partners. We conducted subgroup analyses based on HIV-negative partners' age and sex. Results: We included 567 couples where the HIV-negative partner discontinued PrEP because of their partner with HIV using ART for 56 months. HIV-negative partners were women in 52.6% of couples and had a median age of 30 years. We observed no change in the level or trend over time in total sex acts level adjusted rate ratio (aRR) = 0.95, 95% confidence interval (CI): 0.87 to 1.04; trend aRR = 1.00, 95% CI: 0.99 to 1.01 or condomless sex acts (level aRR = 0.97, 95% CI: 0.81 to 1.17; trend aRR = 1.00, 95% CI: 0.98 to 1.03) reported after PrEP discontinuation versus pre-discontinuation. No significant changes in behaviors were observed in age and sex subgroups. Conclusions: PrEP discontinuation seems to result in no significant changes in couples' sexual behaviors. These data further support a strategy of time-limited PrEP use by serodiscordant couples. © 2020 The Author(s).	Discontinuation; HIV; Pre-exposure prophylaxis; Prevention; Serodiscordant couples; Sexual behaviors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Stankevitz K.; Grant H.; Lloyd J.; Gomez G.B.; Kripke K.; Terjesen K.; Ong J.J.; Terris-Prestholt F.	Oral preexposure prophylaxis continuation, measurement and reporting	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002598	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095091614&doi=10.1097%2FQAD.0000000000002598&partnerID=40&md5=0ac34e9f45e0fe7a3de34f0fc6a2b1bc	Objective:The aim of this study was to appropriately plan for rollout and monitor impact of oral preexposure prophylaxis (PrEP). It is important to understand PrEP continuation and come to a consensus on how best to measure PrEP continuation. This study reviews data on PrEP continuation to document how it is reported, and to compare continuation over time and across populations.Design:A systematic review and meta-analysis.Methods:We searched MEDLINE, Embase and Global Health and reviewed abstracts from HIV conferences from 2017 to 2018 for information on PrEP continuation. Findings were summarized along a PrEP cascade and continuation was presented by population at months 1, 6 and 12, with random-effects meta-analysis.Results:Of 2578 articles and 596 abstracts identified, 41 studies were eligible covering 22304 individuals. Continuation data were measured and reported inconsistently. Results showed high discontinuation at month 1 and persistent discontinuation at later time points in many studies. Pooled continuation estimates were 66% at month 1 (n = 5348, 95% confidence interval (95% CI): 48–82, 43% at month 6 (n = 13629, 95% CI: 48–77) and 38% at month 12 (n = 5348, 95% CI: 29–48). Continuation was lower among adolescent girls and young women and key populations than among men who have sex with men and transgender persons.Conclusion:This review found that discontinuation at one month was high, suggesting PrEP initiations may be a poor measure of effectiveness. Continuation declined further over time in many studies, indicating existing cross-sectional indicators may not be adequate to understand PrEP use patterns. Studies do not measure continuation consistently, and consensus is needed. © 2020 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; HIV/AIDS; oral preexposure prophylaxis; preexposure prophylaxis continuation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Stekler, Joanne D.; Violette, Lauren R.; Clark, Hollie A.; McDougal, Sarah J.; Niemann, Lisa A.; Katz, David A.; Chavez, Pollyanna R.; Woolenweb, Laura G.; Eldridge, Steven F.; McMahon, Vanessa M.; Cornelius-Hudson, Andy; Delaney, Kevin P.	Prospective Evaluation of HIV Testing Technologies in a Clinical Setting: Protocol for Project DETECT.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/16332	https://pubmed.ncbi.nlm.nih.gov/32012115/	BACKGROUND: HIV testing guidelines provided by the Centers for Disease Control and Prevention (CDC) are continually changing to reflect advancements in new testing technology. Evaluation of existing and new point-of-care (POC) HIV tests is crucial to inform testing guidelines and provide information to clinicians and other HIV test providers. Characterizing the performance of POC HIV tests using behavioral and clinical data from persons at risk for HIV infection is important for the CDC to make informed decisions about the use of these tests in clinical settings. Project DETECT is a program POC HIV tests for persons who may be recently infected with HIV. OBJECTIVE: This paper describes the protocols and procedures used to evaluate the performance of the newest POC tests and determine their sensitivity during early HIV infection. METHODS: Project DETECT is a CDC-funded study that is evaluating POC HIV test performance. Part 1 is a cross-sectional, retrospective study comparing behavioral characteristics and HIV prevalence of the overall population of the Public Health-Seattle & King County (PHSKC) Sexually Transmitted Disease (STD) Clinic to Project DETECT participants enrolled in part 2. Part 2 is a cross-sectional, prospective study evaluating POC. HIV tests in real time using unprocessed whole blood and oral fluid specimens. A POC nucleic acid test (NAT) was added to the panel of HIV tests in June 2018. Part 3 is a longitudinal, prospective study evaluating seroconversion sensitivity of POC HIV tests through serial follow-up testing. For comparison, HIV-1 RNA and HIV-1/HIV-2 antigen/antibody tests are also performed for participants enrolled in part 2 or 3. A behavioral survey that collects information about demographics, history of HIV testing, STD history, symptoms of acute HIV infection, and risk behaviors is administered to participants at enrollment. RESULTS: Between September 2015 and March 2018, there were 14,990 Project DETECT eligible index (part 1) to the PHSKC STD Clinic resulting in 1819 part 2 Project DETECT study index. The longitudinal study within Project DETECT (part 3) enrolled 27 participants with discordant POC test results from their part 2 visit, and 10 (37%) were followed until they had fully seroconverted with concordant positive POC test results. Behavioral survey data and HIV test results, sensitivity, and specificity will be presented elsewhere. CONCLUSIONS: Studies such as Project DETECT are critical for evaluating POC HIV test devices as well as describing characteristics of persons at risk for HIV acquisition in the United States. HIV tests in development, including POC NATs, will provide new opportunities for HIV testing programs. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR1-10.2196/16332.										
Article	2020	Stephenson, Rob; Bratcher, Anne; Missinge, Matthew J.; Garofalo, Robert; Hidalgo, Marco A.; Hoehnle, Samuel; Sullivan, Patrick S.	Accuracy in Self-Report of Viral Suppression Among HIV-Positive Men With HIV-Negative Male Partners.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002240	https://pubmed.ncbi.nlm.nih.gov/31917748/	BACKGROUND: Among men who have sex with men, there is now clear evidence that the risk of HIV transmission through condomless sex when the HIV-positive partner is virally suppressed is effectively zero. However, an understanding of the accuracy of reporting of viral load among serodiscordant same-sex male couples is missing from the literature. SETTING: This analysis uses data from the baseline sample of Stronger Together, a randomized controlled efficacy trial of an innovative dyadic intervention to enhance antiretroviral therapy adherence for HIV-serodiscordant male couples in 3 US cities (Atlanta, Boston, and Chicago). METHODS: Biomarker-confirmed and self-reported measures of viral load were used to assess the accuracy of self-report of viral suppression. In this descriptive analysis, we calculated the sensitivity, specificity, positive predictive value, and negative predictive value of self-report of viral suppression (<200 copies/mL) for 1 of the 2 partners in each couple. Studies that have shown relatively high levels of accuracy in reporting of viral suppression. Although 72.7% of men could accurately report their viral load status, 20% reported that they were virally suppressed when they did not have a biomarker-confirmed measure of viral suppression. CONCLUSION: These results highlight the need to provide interventions to men who have sex with men living with HIV to support access to care and ensure current knowledge of viral load and to continue to support primary prevention of HIV through condom use and pre-exposure prophylaxis. For couples, particularly serodiscordant male couples, interventions that can teach the couple how to collaborate to achieve and maintain viral suppression for the positive partner are an urgent and pragmatic programmatic priority that can equip couples with the knowledge required to correctly implement U = U strategies.	*Homosexuality, Male; Adult; Humans; Male; Middle Aged; Young Adult; Anti-HIV Agents; Antiretroviral Therapy, Highly Active; Bisexuality; HIV Infections/*drug therapy/*virology; Condoms; Safe Sex; Pre-Exposure Prophylaxis; *Self Report	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Strathdee, Steffanie A; Hallett, Timothy B; Bobrova, Natalia; Rhodes, Tim; Booth, Robert; Abdool, Ruth; Hankins, Catherine A	Possible role of pre-exposure prophylaxis (PrEP) in HIV prevention among people who inject drugs: lessons from the Australian epidemic of hepatitis C virus and implications for HIV control.	AIDS (London, England)	-	-	-	1473-5571 0269-9370	10.1097/QAD.0b013e32834ed7f2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3718386/	Pre-exposure prophylaxis (PrEP) is a key HIV prevention technology, and is a pillar of a comprehensive HIV prevention approach for men who have sex with men (MSM). Because there have been no national data to characterize trends in the PrEP continuum in the United States, overall and for key demographic groups of MSM, we aimed to describe the extent to which PrEP awareness, willingness and use changed over time, overall and for specific groups of MSM critical for HIV prevention (e.g. Black and Hispanic MSM, younger MSM, MSM in rural areas and MSM without health coverage). Methods: The American Men's Internet Survey (AMIS) is an annual survey of US MSM conducted in the United States among MSM aged ≥15 years since 2013. We analyzed data on trends in elements of the PrEP continuum (awareness, willingness and use of PrEP) in a sample of 37,476 HIV-negative/unknown status MSM from December 2012 through November 2017. We evaluated trends in continuum steps overall and among demographic subgroups using Poisson models with Generalized Estimating Equations. For 2017 data, we used logistic regression to compare the prevalence of PrEP use among demographic groups. Results: Overall, 51.4% (n = 19,241) of AMIS respondents were PrEP-eligible across study years. Between 2013 and 2017, PrEP awareness increased from 47.4% to 80.6%, willingness to use PrEP increased from 43.9% to 59.5% and PrEP use in the past 12 months increased from 3.7% to 19.9%. In 2017, use of PrEP was lower for men who were younger, lived outside of urban areas, Black and Hispanic MSM, and MSM who were uninsured. Conclusions: Substantial progress has been made in PrEP awareness, willingness and use, but significant disparities persist between PrEP use and epidemic need. We call for additional support of PrEP initiation, especially among young, non-urban and uninsured MSM, Black and Hispanic MSM report levels of PrEP use no different from white MSM, but given higher HIV incidence for Black and Hispanic MSM, parity in use is not sufficient for epidemic control or health equity. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Subversional surveillance; biomedical prevention; health disparities; men who have sex with men; online surveys; PrEP; PrEP willingness; trend analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Sullivan P.S.; Sanchez T.H.; Zlotorzynska M.; Chandler C.J.; Siwach R.C.; Kahle E.; Tregear S.	National trends in HIV pre-exposure prophylaxis awareness, willingness and use among United States men who have sex with men recruited online, 2013 through 2017	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25461	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85081041837&doi=10.1002%2Fjia2.25461&partnerID=40&md5=1e99948a6324a99e173804a95832186f	Introduction: Pre-exposure prophylaxis (PrEP) is a key HIV prevention technology, and is a pillar of a comprehensive HIV prevention approach for men who have sex with men (MSM). Because there have been no national data to characterize trends in the PrEP continuum in the United States, overall and for key demographic groups of MSM, we aimed to describe the extent to which PrEP awareness, willingness and use changed over time, overall and for specific groups of MSM critical for HIV prevention (e.g. Black and Hispanic MSM, younger MSM, MSM in rural areas and MSM without health coverage). Methods: The American Men's Internet Survey (AMIS) is an annual survey of US MSM conducted in the United States among MSM aged ≥15 years since 2013. We analyzed data on trends in elements of the PrEP continuum (awareness, willingness and use of PrEP) in a sample of 37,476 HIV-negative/unknown status MSM from December 2012 through November 2017. We evaluated trends in continuum steps overall and among demographic subgroups using Poisson models with Generalized Estimating Equations. For 2017 data, we used logistic regression to compare the prevalence of PrEP use among demographic groups. Results: Overall, 51.4% (n = 19,241) of AMIS respondents were PrEP-eligible across study years. Between 2013 and 2017, PrEP awareness increased from 47.4% to 80.6%, willingness to use PrEP increased from 43.9% to 59.5% and PrEP use in the past 12 months increased from 3.7% to 19.9%. In 2017, use of PrEP was lower for men who were younger, lived outside of urban areas, Black and Hispanic MSM, and MSM who were uninsured. Conclusions: Substantial progress has been made in PrEP awareness, willingness and use, but significant disparities persist between PrEP use and epidemic need. We call for additional support of PrEP initiation, especially among young, non-urban and uninsured MSM, Black and Hispanic MSM report levels of PrEP use no different from white MSM, but given higher HIV incidence for Black and Hispanic MSM, parity in use is not sufficient for epidemic control or health equity. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.										
Article	2020	Sullivan P.S.; Woodyatt C.; Koski C.; Pembleton E.; McGuinness P.; Taussig J.; Rieca A.; Luisi N.; Mokotoff E.; Benbow N.; Castel A.D.; Do A.N.; Valdiserri R.O.; Bradley H.; Jugg C.; O'Farrell D.; Filipowicz R.; Siegler A.J.; Curran J.; Sanchez T.H.	A Data Visualization and Dissemination Resource to Support HIV Prevention and Care at the Local Level: Analysis and Uses of the AIDSVu Public Data Resource	Journal of Medical Internet Research	-	-	-	14388871	10.2196/21173	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084681184&doi=10.2196%2Fjmir.2020.5154&partnerID=40&md5=e0f1f96e05fd81f32f7f6b7e7b4b86db&origin=inward	Background: AIDSVu is a public resource for visualizing HIV surveillance data and other population-based information relevant to HIV prevention, care, policy, and impact assessment. Objective: The site, launched in December 2015, has had >1 million visitors. This paper describes the site's development, key features, and uses. Methods: We developed AIDSVu using open-source software and downloadable datasets using results from HIV surveillance systems, other population-based sources of information (eg, US Census and national probability surveys), and other data developed specifically for display and dissemination through the website (eg, pre-exposure prophylaxis PrEP prescriptions). Other types of content are developed to translate surveillance data into summarized content for diverse audiences using infographic panels, interactive maps, local and state fact sheets, and a variety of downloadable resources. Results: Over 10 years, AIDSVu.org has used the number of data sources progressively provided HIV surveillance and related data at finer geographic levels, with current data resources providing HIV prevalence data down to the census tract level in many of the largest US cities. Data are available for nearly 2.5 million persons with HIV in the United States. In 2018, over 500,000 unique users consumed AIDSVu data and resources, over 1.5 million data and information views, and insights were disseminated through nearly 4,000,000 social media posts. Since AIDSVu's inception, at least 249 peer-reviewed publications have used AIDSVu data for analyses or referenced AIDSVu resources. Conclusions: AIDSVu has become a widely used resource for visualizing HIV surveillance data and other population-based information relevant to HIV prevention and care. It has also helped to rapidly advancing awareness of new HIV technological capabilities to serve high-need areas. Conclusions: Surveillance data should be actively used to guide and evaluate public health programs. AIDSVu makes high-quality, population-based data about the US HIV epidemic and makes that information available in formats that are not consistently available in surveillance reports. Bringing public health surveillance data to an online resource is a democratization of data, and presenting information about the HIV epidemic in more visual formats allows diverse stakeholders to engage with, understand, and use these important public health data to inform public health decision making. ©Patrick Sean Sullivan, Cory Woodyatt, Chelsea Koski, Elizabeth Pembleton, Pene McGuinness, Jennifer Taussig, Alexandra Rieca, Nicole Luisi, Eve Mokotoff, Nanette Benbow, Amanda D Castel, Ann N Do, Ronald O Valdiserri, Heather Bradley, Chandra Jugg, Daniel O'Farrell, Rebecca Filipowicz, Aaron J Siegler, James Curran, Travis H Sanchez.	Dashboard; Data; Data dashboard; Data visualization; Health department data; Health policy; HIV; Infectious disease; Infodemiology; Surveillance	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Sun C.J.; Anderson K.M.; Kahn T.; Mayer L.; Klein C.H.	A Sexual Health promotion app for transgender women (trans women connected): Development and usability Study	JMIR mHealth and uHealth	-	-	-	2291/5222	10.2196/15888	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084035662&doi=10.2196%2F15888&partnerID=40&md5=e1993b6d5f4dd2a9307f0636a2d79422	Background: HIV severely impacts the transgender communities in the United States, and transgender women have the highest HIV incidence rates among any identified risk group. Guided by formative research, we developed Trans Women Connected, a mobile app for transgender women that aims to reduce HIV risk by promoting sexual health and linkage to HIV prevention services. This study aimed to develop and test the usability and acceptability of the prototype. Trans Women Connected mobile app. Methods: We engaged in a 3-phase prototype development process. After conducting formative research about the health needs of this population, we outlined a theory-based app framework and developed three prototype activities (ie, a vision board, a pre-exposure prophylaxis PrEP education activity, and an interactive map). We then tested the usability and acceptability of the mobile app and activities with 18 transgender women using pre- A-lab prototype, think-aloud protocols, and open-ended questions. Results: Participants reported high acceptability for the mobile app; the mean rating across all usability and likability questions was 5.9 out of 7. Service utilization intention, goal-setting, and social support increased at posttest compared with pretest. Increases in self-efficacy in finding lesbian, gay, bisexual, transgender, and queer-friendly services; intention to seek online social support; and PrEP knowledge were statistically significant. Participants described the app as attractive and useful and perceived all three activities positively. Conclusions: This study describes the development and usability and acceptability testing of a transgender-specific sexual health promotion app and provides preliminary evidence for its feasibility and acceptability. The usability testing findings provided important insights toward refining and the further development of the Trans Women Connected mobile app. The results suggest that a mobile health intervention can support positive changes. The remaining development and efficacy randomized trial of the Trans Women Connected mobile app is currently underway. © 2020 JMIR Publications. All rights reserved.	Health Care Disparities; Health Status Disparities; Hiv; Minority Health; Sexual Health; Transgender Persons	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Sun L.; Lin A.; Li J.; Shao Y.; Li Q.; Yu J.; Zhang H.; Li Z.; Wang H.	Is PrEP necessary during natural conception in HIV-1-serodiscordant couples on ART with suppressed viral load? A retrospective cohort analysis	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-020-4912-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082267556&doi=10.1186%2Fs12879-020-4912-4&partnerID=40&md5=a0fcaeac3656fc3273b04495f6c1725d	Background: Antiretroviral therapy (ART) demonstrates high efficacy in reducing the risk of HIV transmission to sexual partners. However, it is not clear if the use of pre-exposure prophylaxis (PrEP) is HIV-1-serodiscordant couples is necessary during natural conception when the HIV-positive partner exhibits a suppressed viral load. The purpose of this study was to assess the role of PrEP during natural conception in this population. Methods: A retrospective, multicenter study was conducted in a cohort of HIV-1-serodiscordant couples (positive man, negative woman) with childbearing desires. HIV-positive male partners were treated with ART and achieved viral suppression for more than half a year. The HIV-negative female partners were either treated with PrEP or not treated with PrEP, and outcomes were compared between the two treatment groups. Results: Of 240 HIV-1-serodiscordant couples in whom the HIV-positive partner achieved viral suppression, 164 seronegative women were treated with PrEP during natural conception and 142 seronegative women were not treated with PrEP. There were 410 condom-less sexual acts in couples treated with PrEP and 815 condom-less sexual acts in couples not treated with PrEP. We observed no instances of HIV transmission in HIV-1-serodiscordant couples with or without the use of PrEP during the process of natural conception. Conclusions: Our results show that PrEP may not be necessary during the process of natural conception in HIV-1-serodiscordant couples in which the HIV-positive partner has achieved viral suppression for more than half a year. A more acceptable option for HIV-negative partners is not use PrEP during the process of natural conception if the HIV-positive partner has achieved viral suppression for more than half a year. © 2020 The Author(s).	ART; HIV; PrEP; Viral suppression	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Theses and Dissertations	2020	Susuha-Castillo, Steven; Ramsome, Yusef; Gonsalves, Gregg	Neighborhood and Environmental Factors and the Relationship to the Willingness to Use and Actual Uptake of Pre-exposure Prophylaxis (PrEP) Uptake: A Rapid Scoping Review	-	-	-	Yale University	-	NA	NA	https://scholar.library.yale.edu/cgi/viewcontent.cgi?article=1992&context=ysphtd	PrEP (Pre-Exposure Prophylaxis), which approved on the market after FDA approval in 2012, is more than 90% effective against HIV transmission via sexual contact and more than 60% effective against HIV transmission via intravenous drug use. Current interventions focus on individual behavior or clinical guidelines, however, there has been little focus on the environmental factors affecting PrEP willingness and uptake. To investigate the relationship between neighborhood, environmental factors and PrEP willingness and uptake in the United States, a rapid scoping review was conducted with three electronic databases of articles (January 2012- March 2020). Of the 2,014 citations screened, 11 articles were ultimately chosen for this review. Although PrEP willingness and uptake have been increasing overall, Black and Latinx people and those who live in rural areas, the Midwest, and the South significantly lag in this trend. Moreover, themes captured in the neighborhood and environmental variables were physician access, physician stigma, and resource access. Future policy recommendations will need to acknowledge the neighborhood and environmental factors that lead to disparities in HIV prevention.										

Article	2020	Tadfor, Y; Thornton, N; Jennings, J; Belcher, H; German, D; Flynn, C; Fields, EL	PREDICTORS OF PREP AWARENESS IN ADOLESCENT AND YOUNG ADULT GAY, BISEXUAL, AND OTHER MSM IN BALTIMORE	Journal of Adolescent Health	-	-	-	1054-139X	10.1016/j.jadohealth.2019.11.008	https://www.jahonline.org/article/S1054-139X(19)30534-8/abstract	Purpose: HIV disparities continue to impact young, gay bisexual and other men who have sex with men (MSM). The highest rates of new diagnoses are among those age 25-34 years and 13-24 years. Pre-exposure prophylaxis (PrEP) is a potential tool for reducing these disparities if promotion and delivery is prioritized to those at greatest risk. The study objective is to investigate sociodemographic characteristics, HIV/STI testing history and HIV acquisition risk factors associated with PrEP awareness among 18-34 year-old HIV-negative MSM in Baltimore. Methods: Data for this study were drawn from two behavioral surveys among MSM in Baltimore: The BESURE Study, the Baltimore arm of the National HIV Behavioral Surveillance Project (2017), and the Safe Spaces and Places Study (SSP) (2018 to 2019). Self-reported HIV-negative MSM age 18-34 years (N=269; SSP N=71; BESURE N=198) were included in this analysis. PrEP awareness was assessed through the question "Before today, have you ever heard of people who do not have HIV taking PrEP to reduce the risk of getting HIV?" [No/Yes]. Covariates included demographic characteristics (age, race [Black vs. non-Black], education level, income), receipt of HIV or STI test in the past 12 months, and HIV acquisition risk factors in the past 12 months (as defined by the Centers for Disease Control: sex with person living with HIV, condomless sex, multiple sex partners, recent bacterial STI diagnosis and exchange sex [money/drugs given/received for sex]). Using STATA 15, multivariable logistic regression was used to determine characteristics associated with PrEP awareness, adjusting for the year of data collection. Using stepwise regression, we ran the following three models: 1) demographic characteristics; 2) demographics and receipt of HIV/STI test; and 3) demographics, receipt of HIV/STI test, and HIV acquisition risk factors. Results: The mean age was 27.7, S.D=3.8. The majority were Black (68.1%), had completed high school/GED (61.7%), and earned <$50,000 annually (83%). 82.8% were aware of PrEP. In model 1, education level < high school/GED (ref:college degree) was associated with reduced odds of PrEP awareness (aOR=0.21; CI=0.06-0.82). In model 2, Black race (aOR=0.36; CI=0.014-0.93) and income <$10,000 (ref: >$50,000) (aOR=0.16; CI=0.03-0.87) was associated with reduced odds of awareness; recent HIV/STI testing was associated with increased odds of awareness (aOR=6.98; CI=2.88-16.95). In the final model, race, income and education were not associated with awareness; however reporting exchange sex (12% prevalence) was associated with 91% lower odds of being aware of PrEP (aOR=0.09; CI=0.02-0.47) and reporting recent HIV/STI testing (87% prevalence) had 6 times the odds of being aware of PrEP (aOR=6.6; 95% CI=1.85-23.68). Conclusions: Our findings indicate that for adolescent and young adult HIV-negative MSM, PrEP awareness was more likely among those with recent receipt of HIV/STI testing. However, those reporting exchange sex were less likely to be aware. These findings suggest PrEP promotion messaging may not be reaching our most vulnerable youth in Baltimore. Demographic characteristics were not significantly associated with PrEP awareness when adjusting for other risk factors, which suggests targeting PrEP promotion messages based on these characteristics alone may be insufficient.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2020	Taggart, Tamara; Liang, Yilin; Pina, Paulo; Albritton, Tashuna	Awareness of and willingness to use PrEP among Black and Latinx adolescents residing in higher prevalence areas in the United States	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0234821	https://doi.org/10.1371/journal.pone.0234821	This mixed-methods study examined awareness of and willingness to use pre-exposure prophylaxis (PrEP) among sexually active Black and Latinx adolescents (13-17 years) residing in five cities in the United States with some of the highest burden of HIV. Data are from adolescents who participated in a cross-sectional survey (n = 208) and one-on-one interviews and focus groups (n = 26) conducted from September 2017-August 2019. Approximately 50% of the sample were recruited through community efforts, and the other half through a panel. Logistic regression with covariates including sexual orientation, relationship status, socioeconomic status, and race/ethnicity were used to assess factors associated with PrEP awareness and willingness. For the qualitative data, thematic analysis was used to develop a codebook of a-priori and inductive codes while analytic memos were written to identify key themes. PrEP awareness was reported by 38% of the sample and was associated with Black race (AOR = 0.49; 95% CI = 0.27, 0.90) and prior HIV testing (AOR = 3.89, 95% CI = 1.25, 12.08). PrEP willingness (defined as "definitely would use PrEP") was assessed by 22% of the sample and was associated with higher age, more education, having had condomless sex in the past 6 months (AOR = 0.23; 95% CI = 0.10, 0.56), perceived likelihood of acquiring HIV (AOR = 3.59; 95% CI = 1.06, 12.21), and PrEP awareness (AOR = 0.41; 95% CI = 0.19, 0.89). Qualitative data showed that misconceptions about PrEP persist and PrEP stigma, fear of being punished, provider attitudes and recommendations, and empowerment were related to adolescents' willingness to use PrEP. Study findings reveal important strategies for improving PrEP delivery and scale-up to Black and Latinx adolescents. These strategies include using sociodemographic and health behavior data to target adolescents who may be more or less willing to use PrEP, improving provider communication about PrEP, and creating culturally and developmentally appropriate PrEP education materials that address common misconceptions held by adolescents.	Acquired immune deficiency syndrome; AIDS; Health aspects; HIV; Human immunodeficiency virus; Humans; Prevention; clinical medicine; medical and health sciences; Female; Sexually transmitted diseases; STD; United States; Adolescent; Biology and Life Sciences; HIV infection; HIV infections; Male; Medicine and Health Sciences; Pre-exposure prophylaxis; Pre-Exposure Prophylaxis - methods; Prophylaxis; Research and Analysis Methods; Thematic analysis; Minority & ethnic groups; Sexual Behavior; HIV Infections - epidemiology; Sexually transmitted disease prevention; Medical diagnosis; Regression analysis; Demography; Logistic regression; Psychology; Surveys and Questionnaires; Adolescents; People and Places; Behavior; Health literacy; other medical science; public health; Surveys; Education; Empowerment; Health behavior; Prevalence; Sexual Partners; Sexual orientation; Qualitative analysis; Awareness; Focus groups; Ethnic group; Young adults; Teenagers; Race; Patient Acceptance of Health Care - statistics & numerical data; Focus group; African American teenagers; African American youth; African Americans - psychology; Cross-Sectional Studies - methods; Health Knowledge Attitudes Practice - ethnology; Hispanic American teenagers; Hispanic American youth; Hispanic or Latino - psychology; Patient Acceptance of Health Care - psychology; pediatrics; Pre-Exposure Prophylaxis - trends; Socio-economic aspects; Socioeconomic status; Socioeconomics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Tan, Rayner Kay Jin; Koh, Wee Ling; Le, Daniel; Tan, Avin; Tyler, Adrian; Tan, Calvin; Banerjee, Sumita; Wong, Chen Seong; Wong, Mee-Lian; Chio, Martin Tze-Wei; Chen, Mark I-Cheng	Effect of a web drama video series on HIV and other sexually transmitted infection testing among gay, bisexual and queer men: study protocol for a community-based, pragmatic randomised controlled trial in Singapore: the People Like Us (PLU) Evaluation Study.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2019-033855	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170638	INTRODUCTION: Gay, bisexual and queer (GBQ) men are at disproportionately higher risk of acquiring HIV and other sexually transmitted infections (STI). While HIV/STI testing rates among GBQ men are increasing worldwide, they remain suboptimal in a variety of settings. METHODS AND ANALYSIS: The study is a pragmatic randomised controlled trial designed to evaluate an online video series developed by a community-based organisation in Singapore for GBQ men. A total of 300 HIV-negative GBQ men in Singapore aged 18-29 years old will be recruited for this study. Participants will subsequently be randomised into the intervention arm (n=150) and the control arm (n=150). The intervention arm (n=150) will be assigned the intervention along with sexual health information via a pamphlet, while the control group (n=150) will be assigned only the sexual health information via a pamphlet. Participants should also not have watched the video prior to their participation in this study, which will be ascertained through a questionnaire. Primary outcomes for this evaluation are changes in self-reported intention to test for, actual testing for and regularity of testing for HIV, syphilis, chlamydia and gonorrhoea at the 3 and 6 months after intervention. Secondary outcomes include changes in self-reported risk perception for HIV and other STIs, knowledge of HIV, knowledge of risks associated with acquiring STIs, knowledge of HIV pre-exposure prophylaxis, consistent condom use for anal sex with casual partners, incidence of STIs, connectedness to the lesbian, gay, bisexual and transgender community, self-concealment of sexual orientation, perceived homophobia, internalised homophobia, HIV testing self-efficacy and HIV testing social norms. ETHICS AND DISSEMINATION: The study has been approved by the National University of Singapore Institutional Review Board (S-19-059) and registered at ClinicalTrials.gov. The results will be published in peer-reviewed academic journals and disseminated to community-based organisations and policymakers. TRIAL REGISTRATION NUMBER: NCT04021953.	NA	English	United Kingdom	Western and Central Europe and North America	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Review
Article	2020	Tang E.C.; Vittinghoff E.; Philip S.S.; Doblecki-Lewis S.; Bacon O.; Chege W.; Coleman M.E.; Elion R.; Buchbinder S.; Kolber M.A.; Liu A.Y.; Cohen S.E.	Quarterly screening optimizes detection of sexually transmitted infections when prescribing HIV preexposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002522	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086051873&doi=10.1097%2fQAD.0000000000002522&partnerID=40&md5=ffb7f1fb6fb626079baec12882a29bc9	Objective:The optimal screening frequency of sexually transmitted infections (STIs) for MSM and transgender women (TGW) on HIV pre-exposure prophylaxis (PrEP) is unclear, with present guidelines recommending screening every 3-6 months. We aimed to determine the number of STIs for which treatment would have been delayed without quarterly screening.Design:The US PrEP Demonstration Project was a prospective, open-label cohort study that evaluated PrEP delivery in STI clinics in San Francisco and Miami, and a community health center in Washington, DC. In all, 557 HIV-uninfected MSM and TGW were offered up to 48 weeks of PrEP and screened quarterly for STIs.Methods:The proportion of gonorrhea, chlamydia, and syphilis infections for which treatment would have been delayed had screening been conducted every 6 versus every 3 months was determined by taking the number of asymptomatic STIs at weeks 12 and 36 divided by the total number of infections during the study follow-up period for each STI.Results:Among the participants, 50.9% had an STI during follow-up. If screening had been conducted only semiannually or based on symptoms, identification of 34.3% of gonorrhea, 40.0% of chlamydia, and 20.4% of syphilis infections would have been delayed by up to 3 months. The vast majority of participants (89.2%) with asymptomatic STIs reported condomless anal sex and had a mean of 8.1 partners between quarterly visits.Conclusions:Quarterly STI screening among MSM on PrEP could prevent a substantial number of partners from being exposed to asymptomatic STIs, and decrease transmission. © 2020 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; implementation; MSM; pre-exposure prophylaxis; screening; sexually transmitted diseases; sexually transmitted infections; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Tanner M.R.; Miele P.; Carter W.; Valentine S.S.; Dunville R.; Kapogiannis B.G.; Smith D.K.	Preexposure prophylaxis for prevention of HIV acquisition among adolescents: Clinical considerations, 2020	MMWR Recommendations and Reports	-	-	-	10575987	10.15585/MMWR.RR6903A1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083949282&doi=10.15585%2fMMWR.RR6903A1&partnerID=40&md5=dc8172a4a18a0e353a6db02061acdfc4	Preexposure prophylaxis (PrEP) with antiretroviral medication has been proven effective in reducing the risk for acquiring human immunodeficiency virus (HIV). The fixed-dose combination tablet of tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) was approved by the U.S. Food and Drug Administration (FDA) for use as PrEP for adults in 2012. Since then, recognition has been increasing that adolescents at risk for acquiring HIV can benefit from PrEP. In 2018, FDA approved revised labeling for TDF/FTC that expanded the indication for PrEP to include adolescents weighing at least 77 lb (35 kg) who are at risk for acquiring HIV. In 2019, FDA approved the combination product tenofovir alafenamide (TAF)/FTC as PrEP for adolescents and adults weighing at least 77 lb (35 kg), excluding those at risk for acquiring HIV through receptive vaginal sex. This exclusion is due to the lack of clinical data regarding the efficacy of TAF/FTC in cisgender women. Clinical providers who evaluate adolescents for PrEP use must consider certain topics that are unique to the adolescent population. Important considerations related to adolescents include PrEP safety data, legal issues about consent for clinical care and confidentiality, the therapeutic partnership with adolescents and their parents or guardians, the approach to the adolescent patient's clinical visit, and medication initiation, adherence, and persistence during adolescence. Overall, data support the safety of PrEP for adolescents. PrEP providers should be familiar with the statutes and regulations about the provision of health care to minors in their states. Providers should partner with the adolescent patient for PrEP decisions, recognizing the adolescent's autonomy to the extent allowable by law and including parents in the conversation about PrEP when it is safe and reasonable to do so. A comprehensive approach to adolescent health is recommended, including considering PrEP as one possible component of providing medical care to adolescents who inject drugs or engage in sexual behaviors that place them at risk for acquiring HIV. PrEP adherence declined over time in the studies evaluating PrEP among adolescents, a trend that also has been observed among adult patients. Clinicians should implement strategies to address medication adherence as a routine part of prescribing PrEP; more frequent clinical follow-up is one possible approach. PrEP is an effective HIV prevention tool for protecting adolescents at risk for HIV acquisition. For providers, unique considerations that are part of providing PrEP to adolescents include the possible need for more frequent, supportive interactions to promote medication adherence. Recommendations for PrEP medical management and additional resources for providers are available in the U.S. Public Health Service clinical practice guideline Preexposure Prophylaxis for the Prevention of HIV Infection in the United States-2017 Update and the clinical providers' supplement Preexposure Prophylaxis for the Prevention of HIV Infection in the United States-2017 Update: Clinical Providers' Supplement (https://www.cdc.gov/hiv/clinicians/prevention/prep.html). © 2020 Centers for Disease Control and Prevention (CDC).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Tao, Jun; Montgomery, Madeline C; Chu, Christina T; Sosnowy, Collette; Almonte, Alexi; Goedel, William C; Silva, Elizabeth S; Reisopoulos, Antonio; Marshall, Sarah Alexandra; Zaller, Nickolas D; Rogers, Brooke G; Nunn, Amy S; Marshall, Brandon D L; Chan, Philip A	HIV Pre-Exposure Prophylaxis Awareness and Use Among Men Who Have Sex with Men Only and Men Who Have Sex with Both Men and Women.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2020.0072	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7415238	Gay, bisexual, and other men who have sex with men (MSM) are among those most at risk of HIV in the United States. The estimated lifetime risk of HIV infection among this population is 17%; this increases to 20% and 50% among Hispanic/Latino and African American MSM, respectively.1 Further disparities in HIV prevention and care may exist between men who have sex with men only (MSMO) and men who have sex with men and women (MSMW). MSMW, when defined based on past-year bisexual behavior, represent ∼38% of all US MSM and 1% of all US men.2 MSMW face adverse psychosocial conditions—including higher rates of mental illness and substance use, reduced social support, and dual stigma from both same-sex partnering and heterosexual populations—which may function as barriers to health care.3–5 This may translate to lower uptake of HIV prevention services among MSMW than among MSMO.6–8. Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention intervention that holds significant promise for reducing HIV transmission rates among MSM.9,10 Despite its proven efficacy and the high estimated proportion of MSM meeting clinical indications for PrEP,11 uptake has been suboptimal across the United States, resulting in further disparities among subgroups already facing additional barriers to care, including MSMW.12 Characterizing unique risk factors among MSMW is a critical first step in mitigating disparities, promoting prevention strategies, and reducing HIV risk in this population. We conducted a secondary analysis of data collected during routine clinical care at a sexually transmitted disease (STD) clinic in Rhode Island from January 2013 to December 2018. Data represent unique patients presenting for testing for HIV, syphilis, gonorrhea, and chlamydia. We reviewed data on patients' self-reported demographics, perceived HIV risk, sexual behaviors, and other risk behaviors. If patients had multiple STD clinic visits during the study period, only data from the first visit were included in this analysis. MSMO were men who reported only male oral and anal sex partners in the past 12 months; MSMW reported both male and female oral, anal, or vaginal sex partners in the past 12 months.		English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Tarleton, Jessica; Chen, Beatrice A; Meyn, Leslie A; Hendrix, Craig W; Marzinke, Mark A; Achilles, Sharon L	Pharmacokinetic and Pharmacodynamic Impacts of Depot Medroxyprogesterone Acetate Use on HIV Pre-exposure Prophylaxis in Women.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002421	https://dx.doi.org/10.1097/QAI.0000000000002421	BACKGROUND: Depot medroxyprogesterone acetate (DMPA) is a commonly used contraceptive in areas where use of tenofovir disoproxil fumarate and emtricitabine for HIV pre-exposure prophylaxis (PrEP) is increasing. OBJECTIVES: We aimed to investigate the impact of DMPA on PrEP drug pharmacokinetics and pharmacodynamics in women using PrEP before and after DMPA administration. METHODS: In this pilot study, 12 HIV-negative women ages 18-45 underwent biological sample collection at 3 time points: before study drug, after 2 weeks of daily PrEP use alone, and after 2 weeks of daily PrEP and concomitant DMPA use. We measured drug and drug metabolites in plasma, peripheral blood mononuclear cells, cervicovaginal fluid, cervical tissue, and rectal fluid after each 2-week course of PrEP. We measured HIV replication ex vivo in genital tissue biopsies and innate anti-HIV activity in cervicovaginal fluid before PrEP and after both courses. We compared drug concentrations after PrEP alone to after PrEP and DMPA in the same participant using Wilcoxon signed-rank tests. We used mixed effects linear regression models to compare pharmacodynamic measures for each participant at predrug baseline, after PrEP alone, and after PrEP and DMPA. RESULTS: We found no significant differences in PrEP drug and drug metabolite concentrations in any compartment during concomitant DMPA use compared with use of PrEP alone, except for a reduction in emtricitabine concentration in cervical tissue. We found no difference in HIV replication in cervical tissue or anti-HIV activity in cervicovaginal fluid during concomitant DMPA and PrEP use compared with during PrEP use alone. CONCLUSIONS: Concomitant use of DMPA does not clinically alter pharmacokinetics or pharmacodynamics of PrEP in women. These data support the safety of DMPA use in women using PrEP.	DMPA, PrEP, tenofovir, emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Teitelman, AM; Chittamuru, D; Koblin, BA; Davis, A; Brawner, BM; Fiore, D; Broomes, T; Ortiz, G; Lucy, D; Tieu, HV	Beliefs Associated with Intention to Use PrEP Among Cisgender US Women at Elevated HIV Risk	Archives of Sexual Behavior	-	-	-	0004-0002	10.1007/s10508-020-01681-3	https://pubmed.ncbi.nlm.nih.gov/32270399/	Women comprise 19% of those newly diagnosed with HIV in the U.S. There is a wide gap between recommended use of pre-exposure prophylaxis (PrEP) and actual uptake among women who are eligible for PrEP. In order to identify women's beliefs and intentions about starting PrEP, a survey, informed by the reasoned action approach, was administered to 160 cisgender PrEP-eligible women, age 18-55, in Philadelphia and New York City. The mean age was 40.2 years (SD = 11.78), 44% had completed high school, 75% were unemployed, and 85% experienced financial instability in the past 3 months. Multivariate linear regression analyses identified sets of behavioral and normative beliefs associated with intention to start PrEP in the next 3 months. Behavioral beliefs reflected views about PrEP benefits such as preventing HIV, and normative beliefs reflected perceptions of support or lack thereof from others including partners, friends, mother, and children. These findings can be used to inform interventions to foster greater PrEP uptake among women.	HIV; Women; Pre-exposure prophylaxis; KNOWLEDGE; PREEXPOSURE PROPHYLAXIS PREP; INTERVENTIONS; ATTITUDES; BEHAVIOR; Reasoned action approach; Beliefs; Intentions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Tepper, Naomi K; Curtis, Kathryn M; Cox, Shanna; Whiteman, Maura K	Update to U.S. Medical Eligibility Criteria for Contraceptive Use, 2016: Updated Recommendations for the Use of Contraception Among Women at High Risk for HIV Infection.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm6914a3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7147901	"U.S. Medical Eligibility Criteria for Contraceptive Use" (U.S. MEC) 2016 provides evidence-based guidance for the safe use of contraceptive methods among U.S. women with certain characteristics or medical conditions (1). The U.S. MEC is adapted from global guidance from the World Health Organization (WHO) and kept up to date through continual review of published literature (1). CDC recently evaluated the evidence and the updated WHO guidance on the risk for human immunodeficiency virus (HIV) acquisition among women using hormonal contraception and intrauterine devices (IUDs) (2). After careful review, CDC adopted WHO's 2019 updated guidance for inclusion in the U.S. MEC guidance; CDC's updated guidance states that progestin-only injectable contraception (including depot medroxyprogesterone acetate DMPA) and IUDs (including levonorgestrel-releasing and copper-bearing) are safe for use without restriction among women at high risk for HIV infection (U.S. MEC category 1 previously U.S. MEC category 2, advantages outweigh risks) (Box). CDC's guidance also adds an accompanying clarification for women who wish to use IUDs, which states "Many women at a high risk for HIV infection are also at risk for other sexually transmitted diseases (STDs). For these women, refer to the recommendations in the 'U.S. Medical Eligibility Criteria for Contraceptive Use' for women with other factors related to STDs, and the 'U.S. Selected Practice Recommendations for Contraceptive Use' on STD screening before IUD insertion" (1,3). Recommendations for other hormonal contraceptive methods (including combined hormonal methods, implants, and progestin-only pills) remain the same; there is also no restriction for their use among women at high risk for HIV infection (U.S. MEC category 1). Finally, CDC clarified that the U.S. MEC recommendations for concurrent use of hormonal contraceptives or IUDs and antiretroviral use for treatment of HIV infection also apply to use of antiretrovirals for prevention of HIV acquisition (preexposure prophylaxis PrEP).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Book	2020	Terry-Smith, J.	Factors Influencing Use of Pre-Exposure Prophylaxis: Among Men Who Have Sex With Men	-	Factors Influencing Use of Pre-Exposure Prophylaxis: Among Men Who Have Sex With Men	-	1716297540	-	NA	https://books.google.com.br/books?id=3ZEfzgEACAAJ&hl=pt-PT	Prevention is key to keeping men who have sex with men (MSM) protected from HIV. Despite new and innovative HIV prevention resources such as pre-exposure prophylaxis (PrEP), factors such as education level, employment status, number of sexual partners, and access to health resources may inhibit certain populations from using it. The purpose of this cross-sectional study was to examine the association between education level, employment status, number of sexual partners, and access to health resources and the use of PrEP among MSM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Terui, Sachiko; Huang, Jiangang; Goldsmith, Joy V; Blackard, Donna; Yang, Yiyi; Miller, Claude	Promoting Transformative Community Change for Equitable Health: Peer Education and Intervention for Pre-Exposure HIV Prophylaxis.	Journal of Health Communication	-	-	-	1087-0415	10.1080/10810730.2020.1730526	https://dx.doi.org/10.1080/10810730.2020.1730526	Many new HIV infections occur through individuals who are unaware of their HIV status. HIV disparities are more prevalent among underserved populations, and the number of new cases in the U.S. is highest in the Southern region. Using the Social Network Intervention, 63 undergraduate students delivered a face-to-face, communication-centered, peer education to 333 peers in the underserved communities; of those, 220 verified cases were analyzed. A baseline assessment was followed by the intervention and the second assessment, with the third assessment 2 weeks later. Assessments measured intervention impacts on health information sharing, knowledge about HIV/AIDS, and the dimensions of vested interest theory. The peer education was effective in making changes in participants' vestedness, knowledge regarding HIV/AIDS, and trust and expectation toward informational sources. Communication and tailored messages through established relationship channels were proven crucial for promoting positive behaviors about HIV sexual health, with strong evidence of change in stigma and the culture of silence.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Tester G.; Hoxmeier J.C.	PrEP, TasP and the casual sex scripts among serodiscordant gay men	Journal of HIV/AIDS & Social Services	-	-	-	15381501	10.1080/15381501.2020.1753620	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084258132&doi=10.1080%2f15381501.2020.1753620&partnerID=40&md5=a0ca1078989f0b4305ba0d594a3260e5	HIV-prevention strategies have produced a divide between serodiscordant gay men. Using Sexual Scripts Theory and interviews, we explore how pre-exposure prophylaxis (PrEP) is shaping gay men's casual sex relationships among serodiscordant partners. Together with Treatment-as-Prevention, PrEP appears to be improving these relationships. Participants' stories reveal that they are engaged in the fluctuating sexual landscapes formed by new prevention approaches, maintaining shared safe-sex scripts that foster risk-reduction, but modifying them to include reexamined fears and resulting barriers to sexual communication, opportunities and satisfaction and reevaluated ideas about appropriate partners. We discuss the health and service implications of these transforming scripts. © 2020, © 2020 Taylor & Francis Group, LLC.	Casual sex; gay men; pre-exposure prophylaxis (PrEP); sexual scripts; Treatment-as-Prevention (TasP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2020	The Lancet	Building on the PrEP victory.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(20)30688-7	https://dx.doi.org/10.1016/S0140-6736(20)30688-7	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Editorial	2020	The Lancet HIV	Time to PrEP for zero HIV transmissions in the UK?	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(20)30037-0	https://dx.doi.org/10.1016/S2352-3018(20)30037-0	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Article	2020	Theodore D.A.; Zucker J.; Carnevale C.; Grant W.; Adan M.; Borsa A.; Richards P.; Olender S.; Cohall A.; Gordon P.; Sobieszczyk M.E.	Pre-exposure Prophylaxis Use Among Predominantly African American and Hispanic Women at Risk for HIV Acquisition in New York City	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000147	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077016732&doi=10.1097%2fJNC.0000000000000147&partnerID=40&md5=a4cb067b364307cdefe159e185dbe792	Nearly 20% of annual diagnoses of HIV in the United States occur among women (Centers for Disease Control and Prevention [CDC], 2017a). Although the overall number of new diagnoses among women has fallen modestly in the past 5 years, the trend has leveled off recently, and marked racial and ethnic disparities persist (CDC, 2017a). In New York City in 2017, of 449 women diagnosed with HIV, heterosexual sex was the predominant risk factor (67%), and the majority of women (88%) were African American or Hispanic (New York City Department of Health and Mental Hygiene [NYC DOHMH], 2017). Pre-exposure prophylaxis (PrEP), a combination of emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) taken daily, can effectively prevent HIV acquisition (Baeten et al., 2012). New York State Department of Health (NYSDOH) and NYC DOHMH PrEP guidelines for women list traditional HIV risk factors such as transactional sex, injection drug use, multiple/anonymous partners, recent sexually transmitted infection (STI), and serodiscordant relationships, as well as circumstances that may disproportionally affect women, such as a history of intimate partner violence or a desire to conceive with a partner living with HIV (NYC DOHMH, 2018; New York State Department of Health [NYSDOH], 2018). Although PrEP use has increased among White men who have sex with men, uptake among women and racial and ethnic minorities remains low. Of more than 175,000 US women who were estimated to have an indication for PrEP, only 2.1% received a prescription in 2016 (Huang, Zhu, Smith, Harris, & Hoover, 2018). Reasons for this disparity are multifactorial and driven by individual and system-wide factors. PrEP awareness, for example, remains low; a study of women receiving care at an STI clinic in Rhode Island found that of women with an indication for PrEP, most were unaware of it, and notably, African American and Hispanic women were more likely to be unaware of PrEP than White women (Raifman et al., 2019). Additional barriers to care have included, for example, the stigma women experience when accessing services related to HIV; advertising and outreach that have traditionally not focused on heterosexual women; low provider knowledge; and guidelines that do not adequately address the needs of heterosexually active women (Calabrese et al., 2019; CDC, 2017b; Pinto, Berringer, Melendez, & Mmeje, 2018; Sales et al., 2019). In recognition of gaps in PrEP access for women, NYC DOHMH (2018) released guidance strongly encouraging providers to discuss PrEP with HIV-uninfected women. However, data regarding PrEP use among women in real-world settings are lacking. To address this gap in the literature, we performed a retrospective review to describe a cohort of cisgender women and transgender men in New York City who presented for sexual health and HIV prevention services in Upper Manhattan, an area of high HIV diagnosis among women. Go to: Methods A retrospective review was performed of all cisgender women and transgender men who accessed sexual health services including PrEP and post-exposure prophylaxis (PEP) between July 2015 and June 2018 at the HIV Prevention Program at New York-Presbyterian Hospital/ Columbia University Irving Medical Center (NYP/CUIMC), a large urban academic health care center in Upper Manhattan. NYP/CUIMC serves a predominantly Hispanic and low-income population; 72% self-identify as Hispanic, 20% to 30% of families live below the federal poverty level, and annual HIV diagnosis rates range from 30.7 to 86.6 per 100,000 persons (DiNapoli & Bleiwas, 2016; NYC DOHMH, 2017). The institutionwide HIV Prevention Program was initiated in July 2015.	HIV prevention; PrEP; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2020	Tian, Chang	Therapeutic Nanocarriers for Enhanced Drug Delivery: from Laboratory-Scale Formulation to Clinical-Scale Production	-	-	Princeton University	-	NA	NA	http://arks.princeton.edu/ark:/88435/dsp01w6634668x	This thesis describes studies in the development of therapeutic nanoparticles to achieve enhanced drug delivery, starting from formulation design to scale-up production and processing. Polymeric NPs can encapsulate hydrophobic active pharmaceutical ingredients in their amorphous form and at the same time maintain a high surface area to volume ratio, so as to increase bioavailability in drug delivery. Flash NanoPrecipitation is the main technique to be applied in this thesis for the formation of nanoparticles. It is a one-step and scalable method. This technique is further developed in this thesis to better encapsulate different drug molecules of various hydrophobicity and eventually achieve a continuous scale-up production for commercialization purpose. The work presented herein is divided into four main parts based on four different projects where I have spent the majority of my Ph.D. career. In a project working on dihydromyricetin as a hangover prevention drug, we demonstrate the flexibility of Flash NanoPrecipitation formulations in encapsulating less hydrophobic drugs. In a project working on lumefantrine as a cure for malaria, we successfully achieve translational development in terms of scale-up production and processing of nanoparticles. In a project working on HIV pre-exposure prophylaxis, we design responsive foams as a nanoparticle rectal dosage vehicle. Last but not least, we develop mathematical models to describe nanoparticle adsorption and structural rearrangement at an interface, which involves a fundamental discussion of some of the most commonly seen phenomenon. In summary, the four projects listed in this dissertation not only involve different formulations of therapeutic nanoparticles for different diseases, but also emphasize on different stages of the research of nanomedicine, from the initial encapsulation process to scale-up production and eventually final dosage form. With all the formulation and processing methods developed in this dissertation, we have successfully bridged the gap between Flash NanoPrecipitation as an innovative nanoparticle synthesis technology starting in the lab and its subsequent formulation evolvement, to align with different chemical natures of drugs to be encapsulated as well as requirements of industrial-level production. This work will further inspire scientists working in the field of nanomedicine to facilitate the application of Flash NanoPrecipitation in a broader perspective in industry.	drug delivery; drug development; Flash NanoPrecipitation; formulation; nanoparticle; scale-up	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2020	Tolley E.E.; Zissette S.; Martinez A.; Palanee-Phillips T.; Mathebula F.; Tenza S.; Hartmann M.; Montgomery E.T.	Development and initial validation of a simple tool to screen for partner support or opposition to HIV prevention product use	PLOS One	-	-	-	19326203	10.1371/journal.pone.0242881	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099000723&doi=10.1371%2fjournal.pone.0242881&partnerID=40&md5=5b7d0febaa25b4261410c5dd2dc4a916	In HIV prevention trials, male partners have influenced women's ability to adhere to investigational products, including antiretroviral (ARV) containing vaginal rings. Validated scales can be useful tools to systematically measure complex constructs, such as those related to male partner engagement. Although multiple scales exist to assess physical, psychological and sexual violence within intimate relationships, fewer scales focus on supportive behaviors within these relationships. Our intervention involved development of a Healthy Relationship Assessment Tool (HEART) that assessed both positive and negative aspects of male partner involvement in women's HIV prevention. We identified and refined 127 potential items, representing intimate partner violence, agency and social support. A structured survey, including potential items and other sociodemographic and behavioral variables was administered to former microbicide trial and non-trial participants. We conducted an exploratory factor analysis (EFA) to identify a reduced set of constructs and items to screen women who might experience social harms or benefits from vaginal ring use. We examined associations between constructs and with other survey variables to assess content and construct validity. In a subset of 10 women who participated in the survey and qualitative interviews, we used qualitative data to predict survey scores. We retained five constructs with theoretical relevance and good-to-strong reliability for the tool, including: Traditional Values; Partner Support; Partner Abuse & Control; Partner Resistance to HIV Prevention; and HIV Prevention Readiness. Predicted associations between HEART constructs, and correspondence between participants' qualitative data and HEART scores were generally correct, while those between constructs and other sociodemographic variables were more mixed. Initial validation of the HEART tool was promising. The tool will be used during the CHARISMA pilot study at the Johannesburg MTN 025/HOPE site and validated as part of a randomized controlled trial of CHARISMA within a PrEP demonstration project. Beyond clinical trial settings, HEART could assist PrEP or antiretroviral treatment (ART) providers with an easy-to-administer tool to identify risk and tailor risk reduction, empowerment and adherence counseling for microbicides, PrEP or ART related services. © 2020 Tolley et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Toms K.; Potter H.; Balaba M.; Parkes-Ratanshi R.	Efficacy of HIV interventions in African fishing communities: A systematic review and qualitative synthesis	International Journal of Infectious Diseases	-	-	-	12019712	10.1016/j.ijid.2020.09.1476	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095943369&doi=10.1016%2fj.ijid.2020.09.1476&partnerID=40&md5=4348f2e2d0be9ca37fbe9481123f8ac3	Objectives: This systematic review aims to qualitatively synthesize existing evidence on the efficacy of HIV interventions in African fishing communities. Methods: Five databases (NCBI PubMed, EMBASE, Web of Science Core Collection, The Cochrane Library, and CABI Global Health Database) were searched in March 2019 for eligible studies. All peer-reviewed papers with a defined HIV intervention explicitly mentioning African fishing communities were included. Outcomes included any measure of the efficacy of HIV interventions. Results: Of 22,289 search results, data was extracted from 25 eligible studies that passed critical appraisal; seven involved HIV prevention, six HIV testing and counseling, three treatment, and nine combinations of more than one intervention. Findings include a high coverage of safe male circumcision (SMC) but low condom use among fisher folk, and a preference for PrEP over other HIV prevention services. Uptake of HIV testing and ART coverage are below levels required to reach UNAIDS 90-90-90 targets, and there is a high demand for ART and HIV self-testing kits. Conclusions: Greater provision of services to combat HIV, specifically amongst fishing communities, is required; there is limited information on retaining fisher folk in care and achieving an undetectable viral load. Interventions tailored to individual fishing populations, offered in parallel to education or counseling services are likely to be most effective. Use of innovations, including mobile health and medical drones, could assist these hard-to-reach populations. Our findings will inform future HIV service provision in fishing communities. © 2020 The Authors	Africa; Fishing; HIV; Intervention; Systematic review; UNAIDS	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2020	Tordoff, Diana M, MPH; Barbee, Lindley A, MD, MPH; Khosropour, Christine M, PhD, MPH; Hughes, James P, PhD, MS; Golden, Matthew R, MD, MPH	Derivation and Validation of an HIV Risk Prediction Score Among Gay, Bisexual, and Other Men Who Have Sex With Men to Inform PrEP Initiation in an STD Clinic Setting: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002438	https://pubmed.ncbi.nlm.nih.gov/32658131/	Background: Clinicians and health departments would ideally undertake targeted efforts to promote HIV pre-exposure prophylaxis (PrEP) and frequent HIV testing using data-based criteria to identify populations at elevated risk for HIV. We developed an HIV risk prediction score for men who have sex with men (MSM) to identify individuals at substantial risk for HIV acquisition. Methods: We created a retrospective cohort of MSM who tested HIV-negative at the sexually transmitted disease clinic in Seattle, WA, from 2001 to 2015, and identified seroconversions using HIV surveillance data. We split the cohort randomly 2:1 into derivation and validation data sets, and used Cox proportional hazards to estimate the hazard of acquiring HIV associated with behavioral and clinical predictors, and the Akaike information criterion to determine which variables to retain in our model. Results: Among 16,448 MSM, 640 seroconverted over a 14.3-year follow-up period. The best prediction model included 13 variables and had an area under the receiver operating characteristic curve of 0.73 (95% confidence interval: 0.71 to 0.76), 76% sensitivity, and 63% specificity at a score cutoff ≥11. A simplified model restricted to 2011–2015 included 4 predictors methamphetamine use, condomless receptive anal intercourse (CRAI), ≥10 partners, and current diagnosis or self-reported gonorrhea/syphilis in the past year. This model, the Seattle PrEP Score, had an area under the receiver operating characteristic curve of 0.69 (95% confidence interval: 0.64 to 0.73), 62% sensitivity, and 70% specificity. One-year incidence was 0.5% for a score of 0, 0.7% for a score of 1, and 2.1% for scores ≥2. Conclusions: The Seattle PrEP Score was predictive of HIV acquisition and could help clinicians and public health agencies identify MSM who could benefit from PrEP and frequent HIV testing.	Bisexuality; Risk; Pre-exposure prophylaxis; Methamphetamine; Men who have sex with men; Syphilis; Public health; Prophylaxis; Surveillance; Gonorrhea; Seroconversion; Disease transmission; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Medical tests; Health risks; Confidence intervals; Sensitivity; Derivation; Prediction models; Std clinic	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Torres T.S.; Bastos L.S.; Kamel L.; Bezerra D.R.B.; Fernandes N.M.; Moreira R.I.; Garner A.; Veloso V.G.; Grinsztejn B.; De Boni R.B.	Do men who have sex with men who report alcohol and illicit drug use before/during sex (chemsex) present moderate/high risk for substance use disorders?	Drug and Alcohol Dependence	-	-	-	3768716	10.1016/j.drugalcdep.2020.107908	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079422329&doi=10.1016%2fj.drugalcdep.2020.107908&partnerID=40&md5=20309ab0b806dfa052cdf8f4f5a36161	Background: We evaluated the prevalence of sexualized drug use (Chemsex) and its association with moderate/high risk for substance use disorders and HIV sexual risk behavior among men who have sex with men (MSM). Methods: We conducted a cross-sectional web-based survey among MSM from Rio de Janeiro (Brazil). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was used to screen people at moderate/high-risk for substance use disorders. Individuals found to be using substances in the prior three months were asked if they used before/during sex. Sexualized drug use was classified into: no sexualized drug use, sex using only alcohol (alcohol-sex), sex using only illicit drugs (drug-sex) and sex using alcohol and illicit drugs (alcohol-drug-sex). The questionnaire included questions about sociodemographic, HIV status/prevention and risk behavior. A multinomial regression model was used to assess the factors associated with sexualized drug use. Results: Overall, 1048 MSM completed the questionnaire; median age was 29 years. Prevalence of alcohol and illicit drug use in previous 3 months was 89 % and 49 %, respectively. Most MSM (64 %) reported sexualized drug use: 28 % alcohol-sex, 9 % drug-sex and 27 % alcohol-drug-sex. Median ASSIST scores were higher among those reporting sexualized drug use compared to no use. All HIV sexual risk behavior variables presented increasing prevalence across the outcome categories. In the adjusted multivariate model, having moderate/high-risk for substance use disorders were associated with sexualized drug use. Conclusions: MSM reporting sexualized drug use should receive brief intervention for substance use disorders and be evaluated for combination HIV prevention strategies including PrEP. © 2020 Elsevier B.V.	Brazil; Chemsex; HIV/AIDS; Men who have sex with men (MSM); Sexualized drug use; Substance use disorders	English	Netherlands	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2020	Torres-Cruz C.; Suárez-Díaz E.	The stratified biomedicalization of HIV prevention in Mexico City	Global Public Health	-	-	-	17441692	10.1080/17441692.2019.1679217	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074397875&doi=10.1080%2f17441692.2019.1679217&partnerID=40&md5=b7798644527e5fa0553fec44765557e2	In the late 1990s antiretroviral pharmaceuticals began to be used in the United States and Western Europe to prevent HIV infection in contexts of occupational exposure. One decade later, the application of Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) had been extended to include cases of exposure to sexual assault, injection-drug use, and consensual sexual intercourse deemed at high risk. This article explores the implementation of biomedicalized HIV prevention protocols at a public healthcare clinic in Mexico City, building on sociological-feminist approaches in Science and Technology Studies (STS) and drawing on interviews with key actors, as well as digital ethnography. We emphasise the stratified biomedicalization or, said otherwise, the differences in PEP and PrEP accessibility and consumption among different populations and groups. We also describe the fragile grip of institutionalised biomedical solutions when alternative 'moral economies' intersect with them, particularly in contexts like Mexico, where governmental funding for experimental research on biomedical innovations has been limited. This text reveals both the existence of contrasting technoscientific interventions along class and gender differences, and the multiple and vivid ways by which individuals appropriate and interpret global biomedical practices. © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; Mexico City; PrEP & PEP; sexual risk; Stratified biomedicalization	English	United Kingdom	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Qualitative
Article	2020	Torres-Cruz, César; Suárez-Díaz, Edna	La biomedicalización del riesgo sexual en América Latina en el siglo XXI	Revista Ciencias de la Salud	-	-	-	1692-7273	10.12804/revistas.urosario.edu.co/revsalud/a.9799	http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1692-72732020000300176&lang=pt	Abstract Introduction: In the last decade, the concept of "biomedicalization" has played a relevant role in Latin American Science, Technology, and Biomedicine (STS) studies amidst sociological and academic debates on the implications of biomedical interventions in the production of subjects and diseases. However, its relationship with sexuality has scarcely been evaluated. Development: This article aimed to analyze how sexual risk to avoid acquiring both human immunodeficiency virus through PrEP implementation and human papilloma virus through the preventive vaccine implementation in Mexico, Colombia, and Brazil has been thoroughly biomedicalized, from a sociological feminist perspective. First, the concept of biomedicalization and its theoretical uses in medical sociology and STS are briefly introduced. Then, few relevant texts are discussed that approach some aspects concerning the increase in biomedicalization of sexual risk within these biotechnologies in the three countries. Finally, we analyzed the advantages and challenges of introducing the concept of biomedicalization in the Latin American context and its relevance in terms of understanding sex-related relationships and differences. Conclusions: With the recent development of the biomedicine and transnational pharmaceutical industry, it is necessary to analyze the historical, social, and political implications of the biomedicalization of sexuality in the postcolonial contexts, such as those found in Latin America.	Biomedicalization; Brazil; biomedicalização; biomedicalización; Brasil; Colombia; Colômbia; estudios de género; estudos do gênero; gender studies; Mexico; México; riesgo sexual a VIH y VPH; risco sexual pro HIV e HPV; sexual risk for HIV and HPV	Spanish	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Qualitative
Article	2020	Toumasis P.; Psychogiou M.; Vrioni G.	PrEP (Pre-Exposure Prophylaxis) as an innovative HIV prevention strategy	Acta Microbiologica Hellenica	-	-	-	4389573	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128730153&partnerID=40&md5=e2c14131fa731e095ec7583ec42c03fd	PrEP (Pre-Exposure Prophylaxis) is an innovative HIV prevention strategy, which, although widely used in several countries, only constituted a pilot project in Greece. PrEP is defined as the administration of antiretroviral agents recommended for HIV-negative individuals who have a high risk of HIV infection. The aim of the present review is to highlight PrEP as a prevention treatment strategy that acts complementary to other risk reduction strategies. Specifically, clinical trial data from studies conducted during the last decade is presented and analyzed. PrEP, in all subpopulation studied and with all regimens used, significantly lowers the risk of HIV infection compared to placebo used in each study, in the 90% of the cases. No serious side effects were reported, while it was established that with adherence to the prescribed dose, the chances of prevention are greater. © 2020 Greek Society of Microbiology Ascent Ltd. All rights reserved.	HIV Prevention; Pre-Exposure Prophylaxis; PrEP	Greek	Greece	Western and Central Europe and North America	Greece	Western and Central Europe and North America	NA	NA	Review
Article	2020	Town, Katy; Field, Nigel; Harris, Simon R; Sánchez-Busó, Leonor; Cole, Michelle J; Pitt, Rachel; Fifer, Helen; Mohammed, Hamish; Hughes, Gwenda	Phylogenomic analysis of Neisseria gonorrhoeae transmission to assess sexual mixing and HIV transmission risk in England: a cross-sectional, observational, whole-genome sequencing study.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(19)30610-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7099395	BACKGROUND: Characterising sexual networks with transmission of sexually transmitted infections might allow identification of individuals at increased risk of infection. We aimed to investigate sexual mixing in Neisseria gonorrhoeae transmission networks between women, heterosexual men, and men who report sex with men (MSM), and between people with and without HIV. METHODS: In this cross-sectional observational study, we whole-genome sequenced N gonorrhoeae isolates from the archive of the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP).w Isolates that varied by five single nucleotide polymorphisms or fewer were grouped into clusters that represented sexual networks with N gonorrhoeae transmission. Clusters were described by gender, sexual risk group, and HIV status. FINDINGS: We sequenced 1277 N gonorrhoeae isolates with linked clinical and sociodemographic data that were collected in five clinics in England during 2013-16 (July 1 to Sept 30 in 2013-15; July 1 to Sept 9 in 2016). The isolates grouped into 213 clusters. 30 (14%) clusters contained isolates from heterosexual men and MSM but no women and three (1%) clusters contained isolates from only women and MSM. 146 (69%) clusters comprised solely people with negative or unknown HIV status and seven (3%) comprised only HIV-positive people. 60 (28%) clusters comprised MSM with positive and negative or unknown HIV status. INTERPRETATION: N gonorrhoeae molecular data can provide information indicating risk of HIV or other sexually transmitted infections for some individuals for whom such risk might not be known from clinical history. These findings have implications for sexual health care, including offering testing, prevention advice, and preventive treatment, such as HIV pre-exposure prophylaxis. FUNDING: National Institute for Health Research Health Protection Research Unit; Wellcome; Public Health England.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical

Theses and Dissertations	2020	Townsend-Chambers, Colette	IMPROVING PUBLIC HEALTH CLINICIANS' BELIEFS AND BEHAVIORS WITH LGBT INDIVIDUALS	-	-	University of North Carolina at Charlotte	-	NA	NA	http://hdl.handle.net/20.500.13093/etd:2160	ABSTRACTCOLETTE TOWNSEND-CHAMBERS. Improving Public Health Clinicians' Beliefs and Behaviors with LGBT Individuals (Under the direction of DR. KELLY POWERS).Identified gaps in the education of healthcare clinicians contribute to non-affirming beliefs and marginalizing behaviors towards LGBT individuals. This can result in poorer health outcomes for LGBT persons. The purpose of this project was to evaluate the effectiveness of a targeted educational intervention in improving public health clinicians' affirming beliefs and behaviors with LGBT patients. A one group, pretest-posttest, quasi-experimental design was used. The sample was 69 public health clinicians from local public health clinics that are piloting a Pre-exposure Prophylaxis (PrEP®) HIV medication. An educational training was implemented which focused on challenges for the LGBT client and current LGBT sensitive terminology. A standardized patient simulation video recording of a transgender patient encounter was shown to demonstrate best practices and a structured debriefing followed. The Gay Affirmative Practice (GAP) scale was administered at three timepoints (pretest, immediate posttest, and 2-month posttest). Friedman's Test and Wilcoxon Signed Rank tests were performed. There was a statistically significant immediate improvement in clinicians' affirmative beliefs (p< 0.001); however, beliefs scores returned to baseline two months later. The improvement in self-reported affirming behaviors from pretest to two-month posttest was statistically significant (p= 0.003). Participants reported a high level of satisfaction with the education and written comments revealed participants felt this education should be offered more frequently. Providing LGBT-specific healthcare training may improve clinicians' affirmative beliefs and behaviors, which can significantly improve the patient-provider relationship. The use of experiential learning via simulation and ongoing education are recommended.	Nursing; Public health; Queer studies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2020	Traeger, Michael W; Tidhar, Tom; Holt, Martin; Williams, Chris; Wright, Edwina J; Stoové, Mark A; Scott, Nick; Hellard, Margaret E	The Potential Impact of a Gel-Based Point-of-Sex Intervention in Reducing Gonorrhea Incidence Among Gay and Bisexual Men: A Modeling Study.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001239	https://dx.doi.org/10.1097/OLQ.0000000000001239	BACKGROUND: Increases in sexually transmitted infections among gay and bisexual men (GBM) over the past decade have coincided with declines in condom use and rapid uptake of HIV preexposure prophylaxis (PrEP). We explored the impact of an antimicrobial gel-based point-of-sex intervention (gel-PSI) with a lower efficacy for reducing gonorrhea transmission risk than condoms on population-level gonorrhea incidence among GBM in Victoria, Australia. METHODS: A deterministic compartmental model of HIV and gonorrhea transmission was used to project annual gonorrhea incidence from 2020 to 2025. Individuals were classified as HIV-negative (PrEP or non-PrEP users) or HIV-positive, and further stratified by gonorrhea risk (high/low). All possible scenarios where between 0% and 100% of GBM using condoms transitioned to gel-PSI (considered a downgrade in protection) and 0% and 100% of GBM not using condoms transitioned to gel-PSI (considered an upgrade in protection), with gel-PSI efficacy ranging from 20% to 50%, were run. RESULTS: The baseline scenario of no gel-PSI uptake (status quo) projected 94,367 gonorrhea infections between 2020 and 2025, with an exponentially increasing trend in annual infections. For a gel-PSI efficacy of 30%, a net reduction in cumulative gonorrhea incidence was projected, relative to the status quo, for any ratio of proportion of condom users "downgrading" to proportion of noncondom users "upgrading" to gel-PSI use of less than 2.6. Under the supposition of equal proportions of condom users and noncondom users switching to gel-PSI, a relative reduction was projected for any gel-PSI efficacy greater than 16%. CONCLUSIONS: Our model suggests that the introduction of a gel-PSI could have benefits for controlling gonorrhea transmission among GBM, even in scenarios where the gel-PSI is considerably less efficacious than condoms and when gel-PSI uptake leads to consequent reductions in consistent condom use.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2020	Tran B.X.; Phan H.T.; Nguyen Q.N.; Ewedairo O.A.; Vu G.T.; Ha G.H.; Nguyen T.P.; Latkin C.A.; Ho C.S.H.; Ho R.C.M.	Pre-exposure prophylaxis in hiv research: A latent dirichlet allocation analysis (gapresearch)	AIDS Reviews	-	-	-	11396121	10.24875/AIDSRev.20000131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082316942&doi=10.24875%2fAIDSRev.20000131&partnerID=40&md5=5adbff8bd158e03f609556e3070defae	Pre-exposure prophylaxis (PrEP) has been shown to be an effective approach to prevent human immunodeficiency virus (HIV) infections; however, implementation of the service remains challenging. This global bibliometric analysis aims to describe the current trends in HIV research prevention through PrEP to reveal the potential gaps of knowledge and to put forward recommendations for future research. A bibliometric analysis was conducted through Web of Science from 1990 to 2017. Exploratory factor analysis was also employed to find research domains emerging from the abstracts' contents. Latent Dirichlet allocation, which is a topic modeling algorithm, was utilized to perform text mining and determine relationships among text documents. A total of 4852 papers regarding HIV PrEP research were retrieved. The number of papers and their impact has significantly increased. Preventing sexual transmissions, improving access, and quality of health-care services for current users, as well as men who have sex with men, pregnant women and children, were the research domains most related to PrEP. We found a data gap in research regarding sex workers, potential side effects of PrEP, and misjudgment toward PrEP users. Despite the growth in research about HIV PrEP, there exist barriers to scaling up the implementation of PrEP worldwide and for such intervention to reach its fWull potential. International research collaboration efforts to investigate the potential safety concerns of PrEP and develop strategies to eliminate social misjudgment against PrEP users are warranted. Addressing these knowledge gaps might facilitate the development of effective global implementation strategies for PrEP in the future. (AIDS Rev. (ahead of print)). © Permanyer2020.	Human immunodeficiency virus; Pre-exposure prophylaxis; Scientometrics; Text mining	English	Spain	Western and Central Europe and North America	Vietnam	Asia and the Pacific	Vietnam	Asia and the Pacific	Review
Article	2020	Trost, Susanna L; Onwubiko, Udodirim N; Wilson, Derick B; Holland, David P; Chamberlain, Allison T	Health Care-Seeking Behaviors and Perceptions of Provider-Initiated Discussion of Pre-exposure Prophylaxis Among PrEP-Naïve HIV-Negative Men Who Have Sex With Men in Atlanta, Georgia.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofaa165	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7252285	BACKGROUND: Given high rates of HIV among men who have sex with men (MSM) in the United States, there is a need to more effectively leverage the health care system to bolster promotion of pre-exposure prophylaxis (PrEP) to at-risk MSM. METHODS: Using data collected from a 2018 venue-based cross-sectional survey, we examined factors associated with health care-seeking behaviors, discussing PrEP with a provider, and barriers to PrEP uptake among MSM. Associations between outcomes and respondents' sociodemographic characteristics and sexual behaviors were assessed using log binomial regression. RESULTS: Of 478 MSM, 247 (51%) were PrEP-naïve and HIV-negative. Although 85% of PrEP-naïve MSM reported visiting a health care provider in the past year, only 31% recalled having any provider discuss PrEP. The most frequently cited reasons for not taking PrEP were low perception of personal risk of acquiring HIV (37%) and not knowing enough about PrEP (35%). Those who saw a provider in the last year were less likely than those who did not to cite lack of knowledge as a barrier to use (prevalence rate, 0.66, 95% confidence interval, 0.45-0.96). CONCLUSIONS: Despite the majority of PrEP-naïve MSM interfacing with the health care system, recollection of discussing PrEP with providers was limited. Increased efforts to equip providers with the tools to discuss PrEP and address pressing concerns with at-risk individuals may help improve PrEP uptake among priority populations.	HIV, pre-exposure prophylaxis, MSM, primary care, PrEP promotion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Tseng C.-W.; Dudley R.A.; Chen R.; Walensky R.P.	Medicare Part D and Cost-Sharing for Antiretroviral Therapy and Preexposure Prophylaxis	JAMA Network Open	-	-	-	25743805	10.1001/jamanetworkopen.2020.2739	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083544775&doi=10.1001%2fjamanetworkopen.2020.2739&partnerID=40&md5=c01d3bc62ebe4ca95104184459d58d4f	Importance: The 2019 federal Ending the HIV Epidemic initiative requires a vast expansion of access to antiretroviral therapy (ART) and preexposure prophylaxis (PrEP) for HIV treatment and prevention. However, high prices for ART and PrEP can reduce their affordability and use. Medicare covers 1 in 4 persons living with HIV, and the Medicare Part D drug benefit imposes complicated cost-sharing between patients and other stakeholders. Objective: To determine how the Medicare Part D design distributes the cost burden for ART and PrEP between patients, insurance plans, manufacturers, and Medicare. Design and Setting: Nationwide cross-sectional analyses of first quarter 2019 Medicare formulary and pricing files for 3326 Part D plans were performed. These files contain drug benefit data, including prices and cost-sharing requirements. Main Outcomes and Measures: For 18 ART and 2 PrEP regimens, the out-of-pocket costs for patients and the cost borne by plans, manufacturers, and Medicare were projected for 1 year of treatment or prevention under a 2019 standard Medicare Part D insurance plan. Analyses assumed that patients used the ART or PrEP regimen and no other medications. Results: In 2019, ART prices ranged from $24 010 to $46 770 annually (median price, $35 780), with patients projected to pay 9% to 14% of the cost ($3270-$4350), insurance plans 18% to 24% ($5340-$8450), manufacturers 6% to 11% ($2370-$2750), and Medicare 53% to 67% ($12 770-$31 270). The price of PrEP was $20 570 annually, with patients contributing 15% ($2990), insurance plans 22% ($4570), manufacturers 13% ($2750), and Medicare 50% ($10 260). For beneficiaries with low-income subsidies that cover all patient cost-sharing, Medicare would assume 67% to 76% of ART costs and 65% of PrEP costs. Conclusions and Relevance: Medicare Part D mandates universal ART and PrEP coverage, but high prices (>$35 000 annually for ART and>$20 000 annually for PrEP) and the design of Part D can jeopardize affordability for patients and place most of the cost burden on taxpayers. Under a standard Medicare Part D benefit, patients pay $3000 to $4000 out-of-pocket yearly, unless they qualify for low-income subsidies, and half to two-thirds of the cost of ART and PrEP is borne by Medicare rather than insurance plans or manufacturers. To end the HIV epidemic by 2030, it appears that policies must address both high drug prices and revamp Medicare Part D cost-sharing.	adult; aged; cost; cross-sectional study; economics; female; health care cost; human; Human immunodeficiency virus infection; male; medicare; middle aged; pre-exposure prophylaxis; United States; very elderly	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Turner, D; Lockhart, E; Wang, W; Shore, R; Daley, E; Marhefka, S	PrEP implementation during community-based HIV testing in Florida: Application of the consolidated framework for implementation research	Implementation Science	-	-	-	1748-5908	10.1097/QAI.0000000000002289	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8690629/	Background: Pre-exposure Prophylaxis (PrEP) is an important option for HIV prevention, but the approach has reached a limited number of people at risk of HIV infection. Methods: A mixed-methods concurrent triangulation design was used to investigate unobserved subgroups of staff who provide community-based, publicly funded HIV testing in Florida (USA). PrEP implementation groups, or classes, were determined using latent class analysis. Generalized linear mixed models were used to estimate PrEP implementation as a function of staff characteristics. In-depth interviews based on the Consolidated Framework for Implementation Research were analyzed thematically. Results: Based on fit statistics and theoretical relevance, a 3-class latent class analysis was selected. Class 1 (“Universal”) staff were highly likely to talk about PrEP with their clients, regardless of client eligibility. Class 2 (“Eligibility dependent”) staff were most likely to discuss PrEP if they believed their client was eligible. Class 3 (“Limited”) staff sometimes spoke to clients about PrEP, but not systematically. In multivariate analyses, only race and sexual orientation remained significant predictors of the PrEP implementation group. Staff who identified as a racial or sexual minority were less likely to be in the Limited group than their heterosexual or white counterparts. Age, gender, ever having taken PrEP, and HIV status did not impact the odds of being in a specific PrEP implementation group. Conclusions: A subset of HIV testing staff differentially discuss PrEP based on perceived client eligibility; others inconsistently talk to clients about PrEP. Targeted training based on PrEP implementation groups may be beneficial.	HIV, PrEP, HIV testing, mixed methods, latent class analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Turner, DeAnne, PhD, MPH; Lockhart, Elizabeth, PhD, MPH; Wang, Wei, PhD; Shore, Robert, PharmD; Daley, Ellen M, PhD, MPH; Marhefka, Stephanie L, PhD	PrEP Implementation Behaviors of Community-Based HIV Testing Staff: A Mixed-Methods Approach Using Latent Class Analysis: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002289	https://www.proquest.com/scholarly-journals/prep-implementation-behaviors-community-based-hiv/docview/2387485329/se-2?accountid=8113	Background: Pre-exposure Prophylaxis (PrEP) is an important option for HIV prevention, but the approach has reached a limited number of people at risk of HIV infection. Methods: A mixed-methods concurrent triangulation design was used to investigate unobserved subgroups of staff who provide community-based, publicly funded HIV testing in Florida (USA). PrEP implementation groups, or classes, were determined using latent class analysis. Generalized linear mixed models were used to estimate PrEP implementation as a function of staff characteristics. In-depth interviews based on the Consolidated Framework for Implementation Research were analyzed thematically. Results: Based on fit statistics and theoretical relevance, a 3-class latent class analysis was selected. Class 1 ("Universal") staff were highly likely to talk about PrEP with their clients, regardless of client eligibility. Class 2 ("Eligibility dependent") staff were most likely to discuss PrEP if they believed their client was eligible. Class 3 ("Limited") staff sometimes spoke to clients about PrEP, but not systematically. In multivariate analyses, only race and sexual orientation remained significant predictors of the PrEP implementation group. Staff who identified as a racial or sexual minority were less likely to be in the Limited group than their heterosexual or white counterparts. Age, gender, ever having taken PrEP, and HIV status did not impact the odds of being in a specific PrEP implementation group. Conclusions: A subset of HIV testing staff differentially discuss PrEP based on perceived client eligibility; others inconsistently talk to clients about PrEP. Targeted training based on PrEP implementation groups may be beneficial.	Pre-exposure prophylaxis; Sexual behavior; Prophylaxis; Statistical analysis; Latent class analysis; Statistical models; Latent class model; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Mixed methods research; Subgroups; Medical tests; Clients; Health risks; Multimethodology; Triangulation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Udodirim, Onwubiko; Holland, David; Ajoku Sophia; Taylor, Justin; Childs Ansha; Wilson, Derick; Chamberlain, Allison T	Using PrEP to #STOPHIVATL: Findings from a Cross-Sectional Survey Among Gay Men and Transgender Women Participating in Gay Pride Events in Atlanta, Georgia, 2018	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-020-01711-0	https://www.proquest.com/scholarly-journals/using-prep-stophivatl-findings-cross-sectional/docview/2417167398/se-2?accountid=8113	Assessing pre-exposure prophylaxis (PrEP) coverage and identifying reasons for disproportionate uptake among the varied social and cultural sub-groups of men who have sex with men (MSM) and transgender women who have sex with men (TWSM) are necessary precursors to setting attainable local PrEP. We report on findings of a cross-sectional survey among MSM/TWSM attending Gay pride events in Atlanta, Georgia, in 2018. Associations between PrEP awareness, uptake, and respondent characteristics were assessed using logistic regression. PrEP awareness did not differ by race, but current use was significantly lower among Blacks at substantial risk of HIV (p = .008). In multivariate analysis, clinician encounter in the past year was associated with awareness while age, income, drug use, sero-discordant sex, and multiple male partners were associated with current use. Among PrEP-naïve MSM/TWSM, the most common reasons for nonuse differed by race (poor knowledge of PrEP: Black—45% vs. non-Black—27%, p = .010, low perception of risk: Black—26% vs. non-Black—52%, p = .001). Key racial and socioeconomic disparities in active PrEP use and reasons for nonuse remain despite the recent increases in PrEP awareness and use among MSM/TWSM in Atlanta. Achieving overall improvement in uptake among all MSM/TWSM sub-groups will require tailoring PrEP educational messaging, optimizing communication modalities, expanding provider outreach, and identifying ways to defray costs for high-risk, underserved sub-groups in these populations.	Georgia; Pre-exposure prophylaxis; PrEP; Men who have sex with men (MSM); Sexual behavior; Transgender persons; Disease prevention; Transgender; Health behavior; Sexual orientation; Gay men; Survey; Geographic hotspots; Transgender women who have sex with men (TWSM); Cross-sectional studies; Human immunodeficiency virus--HIV; Womens health; United States--US; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Atlanta Georgia	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2020	Unger, Zoe; Benedict, Courtney; Kohn, Julia E	Providing Pre-exposure Prophylaxis in Family Planning Centers: A Survey of Provider Knowledge and Attitudes.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1097/JNC.0000000000000135	https://dx.doi.org/10.1097/JNC.0000000000000135	Pediatricians and adolescent providers play an important role in the health and well-being of adolescents and young adults, including their sexual health. HIV remains an ongoing concern for young people, with 21% of new HIV diagnoses occurring in this age group. The use of antiretroviral therapy for pre-exposure prophylaxis (PrEP) to prevent transmission of HIV to people who are not infected has been proven safe and effective. PrEP can be considered as part of a comprehensive risk mitigation strategy for adolescents and young adults, with clear guidelines for baseline evaluation and ongoing man-agement. © SLACK Incorporated.	family planning, HIV preventin, pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2020	Vaccher, Stefanie J.; Hammoud, Mohamed A.; Bourne, Adam; Lea, Toby; Haire, Bridget G.; Holt, Martin; Saxton, Peter; Mackie, Brent; Badge, Joshua; Jin, Fengyi; Maher, Lisa; Prestage, Garrett	Prevalence, frequency, and motivations for alkyl nitrite use among gay, bisexual and other men who have sex with men in Australia.	The International Journal on Drug Policy	-	-	-	1873-4758 0955-3959	10.1016/j.drugpo.2019.102659	https://www.sciencedirect.com/science/article/abs/pii/S095539591930372X	BACKGROUND AND AIMS: Gay, bisexual and other men who have sex with men (GBM) use alkyl nitrites ('poppers') at higher rates than other populations to functionally enhance sexual experiences. Their use has been associated with HIV sexual risk behaviours including receptive anal sex. We investigate the prevalence, frequency, and motivations for poppers use and their relationship with HIV risk. We also discuss the implications of the recent scheduling changes to poppers by the Australian Therapeutic Goods Administration. METHODS: Data were drawn from the Following Lives Undergoing Change (Flux) study, a prospective observational study of licit and illicit drug use among GBM. Between 2014 and 2018, 3273 GBM enrolled in the study. In 2018, 1745 GBM provided data relating to frequency of and motivations for poppers use and were included in this analysis. RESULTS: Median age was 33 years (IQR 25-46) and 801 GBM (45.9%) had used poppers in the previous six months ('recent use'). Among these men, 195 (24.3%) had used them weekly or more frequently. Most recent users (77.4%) reported using poppers for a 'buzz' during sex or to facilitate receptive anal intercourse (60.8%). The majority (57.7%) of HIV-negative men reporting recent poppers use were concurrently taking HIV pre-exposure prophylaxis. Recent poppers use was independently associated with receptive anal intercourse with casual partners (aOR 1.71; 95%CI 1.35-2.16) and chemsex (aOR 4.32; 95%CI 3.15-5.94). Poppers use was not associated with anxiety, depression, or drug-related harms. Only 15.4% of current users indicated they would stop using poppers if they were criminalised; 65.0% said they would 'find other ways' to obtain them. CONCLUSIONS: Poppers are commonly used by Australian GBM to functionally enhance sexual experiences, particularly to facilitate receptive anal intercourse. Few men experienced drug-related harms from poppers use. Regulatory changes must ensure potential harms from popper use are minimised without increasing barriers to access or perpetuating stigma.	Adult; Humans; Male; Risk-Taking; Sexual Behavior; Homosexuality, Male; HIV; Prevalence; Sexual Partners; Motivation; Bisexuality; Gay and bisexual men; Pre-exposure prophylaxis; Men who have sex with men; Australia/epidemiology; *HIV Infections; *Sexual and Gender Minorities; Sexual behaviour; Poppers; Nitrites; Alkyl nitrites; Amyl nitrite	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2020	Valentine Becquet; Nouaman, Marcellin; Plazy, Mélanie; Jean-Marie Masumbuko; Anoma, Camille; Soh Kouame; Danel, Christine; Eholie, Serge Paul; Larmarange, Joseph	Sexual health needs of female sex workers in Côte d'Ivoire: a mixed-methods study to prepare the future implementation of pre-exposure prophylaxis (PrEP) for HIV prevention	BMJ Open	-	-	-	NA	10.1136/bmjopen-2018-028508	https://www.proquest.com/scholarly-journals/sexual-health-needs-female-sex-workers-côte-d/docview/2347463637/se-2?accountid=8113	ObjectiveTo describe sexual and reproductive health (SRH) needs of female sex workers (FSWs) to inform the future implementation of pre-exposure prophylaxis (PrEP) for HIV prevention in this population.Design and settingThe ANRS 12361 PrEP-CI cross-sectional and mixed-methods study was designed and implemented with two community-based organisations in Côte d'Ivoire.ParticipantsA convenience sample of 1000 FSWs aged ≥18, not known as HIV-positive, completed a standardised questionnaire assessing sociodemographic characteristics, sexual practices, use of community health services and a priori acceptability of PrEP. Twenty-two indepth interviews and eight focus group discussions were also conducted to document FSWs' risky practices and sexual behaviours, experiences with violence and discrimination, attitudes regarding HIV and sexually transmitted infections (STIs), and barriers to SRH services.ResultsAlthough 87% described consistent condom use with clients, more than 22% declared accepting condomless sexual intercourse for a large sum of money. Furthermore, condom use with their steady partner and knowledge of their partner's HIV status were low despite their acknowledged concurrent sexual partnerships. While inconsistent condom use exposed FSWs to STIs and undesired pregnancies, the prevalence of contraceptive strategies other than condoms was low (39%) due to fear of contraception causing sterility. FSWs faced obstacles to accessing SRH care and preferred advice from their peers or self-medication.ConclusionsDespite adoption of preventive behaviour in most cases, FSWs are still highly exposed to HIV. Furthermore, FSWs seem to face several barriers to accessing SRH. Implementing PrEP among FSWs in West Africa, such as in Côte d'Ivoire, constitutes an opportunity to consider the regular follow-up of HIV-negative FSWs. PrEP initiation should not condition access to SRH services; conversely, SRH services could be a way to attract FSWs into HIV prevention. Our results highlight the importance of developing a people-focused approach that integrates all SRH needs when transitioning from PrEP efficacy trials to implementation.	Africa; Pre-exposure prophylaxis; Research; epidemiology; Infections; Sexual behavior; Disease prevention; Public health; Epidemiology; public health; Prep; Sociodemographics; Population; Qualitative research; Prostitution; Reproductive health; Sex worker; Menstruation; Questionnaires; qualitative research; Retention; West Africa; Sexual and reproductive health; HIV & AIDS; demography; Focus groups; Barrier; Human immunodeficiency virus--HIV; Mixed methods research; Sex industry; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Community health care; Teachers	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2020	Vallejo Díaz, D	Cruzarse por la vida que aún queda: seducción y vitalidad en torno a la PrEP	-	-	Universidad Nacional de Colombia	-	NA	NA	https://repositorio.unal.edu.co/handle/unal/78247	Este texto es una puesta en perspectiva de un devenir en curso que pasa por la Profiláxis Pre-Exposición (PrEP), una tecnología de prevención del VIH que está en proceso de regulación, así como por una serie más grande de entidades, seres y materialidades asociadas. El objetivo de este trabajo es comprender las relaciones vitales en las que una tecnología, como la PrEP, participa. Para alcanzar esta meta, desarrollo dos objetivos más específicos. En primer lugar, busco comprender la PrEP como articulada, por la forma en que vivimos en presencia del VIH y de muchas otras entidades, y como articuladora, en cuanto, a través de cierto grupo de prácticas que la sostienen, es posible ver una manera de conducir la vida, reorganizando el deseo y los cuerpos, haciéndose parte del juego constante que traza y borra los contornos tanto de las entidades involucradas como de la PrEP misma. Ver así la PrEP, en cuanto articulada y articuladora, permite dibujar un panorama problemático: la existencia de unos mundos que tienden a fluir y su encuentro con estrategias de ordenamiento que pretenden contenerlos. En segundo lugar, perfilo una crítica que pretende problematizar la "llegada de la PrEP" desde la perspectiva de la ontología política. Precisamente, en cuanto estos procesos de ordenamiento implican una vitalidad que excede a los protocolos, que hace imposible pensar lo que está pasando como la sujeción de un paciente dócil y sin ninguna otra relación constituyente que la de la adherencia a los tratamientos; lo que está en juego con la dirección que toman los mismos es un entramado relacional, una profusión de vínculos con humanos y más-que-humanos y su posibilidad de seguir existiendo. En este sentido, este trabajo, de corte etnográfico, es cercano a ciertas orientaciones del campo de los Estudios de Ciencia y Tecnología (ECT) que se preguntan por los procesos de composición y ordenamiento de las tecnologías a partir de las prácticas concretas y las redes directamente asociadas.	PrEP ; PrEP ; VIH ; HIV ; entrelazamiento sociomaterial ; sociomaterial entanglement ; rationale for prevention ; racionalidad de la prevención ; prevencion del VIH ; HIV prevention ; profiláxis Pre-exposición ; pre-exposure prophylaxis ;	Spanish	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	-	-	Qualitative
Article	2020	van der Straten A.; Ryan J.H.; Reddy K.; Etima J.; Taulo F.; Mutero P.; Taylor J.; Piper J.; Musara P.	Influences on willingness to use vaginal or oral HIV PrEP during pregnancy and breastfeeding in Africa: the multisite MAMMA study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25536	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086356121&doi=10.1002%2fjia2.25536&partnerID=40&md5=0071fe528acb77019109c07916c7254c	Introduction: Women in sub-Saharan Africa spend a substantial portion of their reproductive lives pregnant and/or breastfeeding (P/BF), yet they have limited options to prevent HIV during these maternal stages. In preparation for phase 3b prevention trials in P/BF women, we explored attitudes about using a vaginal ring or oral pills for pre-exposure prophylaxis (PrEP), perceptions of HIV risk during P/BF and key influences on future PrEP use. Methods: In 2018, we conducted 16 single-sex focus group discussions (FGDs) with community- and clinic-recruited HIV-uninfected women, currently or recently P/BF, aged 18 to 40, and men with (currently or recently) P/BF partners, aged 18+. Participants completed a behavioural questionnaire, viewed an educational video and handled prototype placebo products. FGDs were conducted in local languages and transcribed, coded and analysed, using a socio-ecological framework, for key influences on willingness to use products, HIV risk perceptions and opinions on product attributes. Results: Of the 128 participants (65 women, 63 men) 75% lived with their partner and 84% had a child. Women reported the most important influencers when P/BF were partners, and all stated that health decisions when P/BF are typically made jointly (e.g. medication use; ante/postnatal and baby care). There was consensus that P/BF women are at high risk for HIV, primarily because of their partner's infidelities, and new prevention options were welcomed. Participants valued multiple options and stated that woman's personal preference would be key to product choice. Anticipated concerns about products included risk of miscarriage, impact on infant development, complications during delivery and adequate production or taste of breastmilk. Specific perceived disadvantages emerged for the ring (e.g. vaginal discomfort, difficulty inserting/removing) and for pills (e.g. nausea/vomiting) that may be exacerbated during pregnancy. Health care providers' (HCPs) knowledge and approval of product use during P/BF was needed to mitigate anticipated fears. Conclusions: Participants perceived pregnancy and breastfeeding as high HIV risk periods and valued new prevention options. HIV protection of the mother-child dyad, safety of the baby, and ultimately, health of the family were paramount. Endorsement by HCPs and support from partners were key to future product acceptance. Participants recommended involving partners and HCPs in sensitization efforts for future trials. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society	acceptability; HIV; safety; socio-ecological framework; stigma; Truvada pills; vaginal dapivirine ring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	van Dijk Mart; Duken, Sascha B; Delabre, Rosemary M; Stranz, Richard; Schlegel, Vincent; Rojas Castro Daniela; Bernier Adeline; Zantkuijl, Paul; Ruiter, Robert A, C; de Wit John B F; Jonas, Kai J	PrEP Interest Among Men Who Have Sex with Men in the Netherlands: Covariates and Differences Across Samples	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-019-01620-x	https://www.proquest.com/scholarly-journals/prep-interest-among-men-who-have-sex-with/docview/2417167866/se-2?accountid=8113	Despite increased availability of pre-exposure prophylaxis (PrEP), PrEP uptake has remained low. To promote uptake, factors related to PrEP interest among relevant target populations warrant investigation. The aim of this study was to provide an analysis of PrEP interest among men who have sex with men (MSM) in the Netherlands, while taking study recruitment strategies into account. We recruited 154 MSM from an LGBT research panel (AmsterdamPinkPanel) and 272 MSM from convenience sampling. Both samples were part of the Flash! PrEP in Europe Survey and were compared on their PrEP interest, usage intentions, and sexual behavior. We conducted logistic regression analyses to discover variables associated with PrEP interest and intentions. Participants from the AmsterdamPinkPanel were less likely to use PrEP, had less knowledge of PrEP, and were less interested in PrEP than participants from convenience sampling. Significant covariates of PrEP interest were being single, more prior PrEP knowledge, sexual risk behaviors, such as not having used a condom during last sex and having ever used drugs in a sexual context, and not participating in the AmsterdamPinkPanel. Adding the recruitment strategy to the regression increased explained variance on top of predictors already described in the literature. Increased sexual risk behavior is related to increased PrEP interest and it helps to identify PrEP target groups. Recruitment strategies have a substantial impact on findings regarding PrEP interest and usage intentions. This study emphasizes the importance of using multiple strategies for recruiting participants to obtain a more comprehensive view of MSM's attitudes toward PrEP.	Netherlands; HIV prevention; Pre-exposure prophylaxis; PrEP; Men who have sex with men (MSM); Men who have sex with men; Sexual behavior; Disease prevention; Health behavior; Sexual orientation; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2020	Van Praet, Jens Tomas; Steyaert, Sanne; Vandecasteele, Stefaan; Van Den Bergh, Barbara; Mahieu, Hilde; De Buyser, Stefanie; Grootaert, Veerle; Descheemaeker, Patrick; Reynders, Marijke	Mycoplasma genitalium acquisition and macrolide resistance after initiation of HIV pre-exposure prophylaxis in men who have sex with men.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2019-054335	https://dx.doi.org/10.1136/sextrans-2019-054335	OBJECTIVES: Recent evidence shows that patients using HIV pre-exposure prophylaxis (PrEP) have an increased rate of bacterial STIs, including syphilis, chlamydia and gonorrhoea. Our study aimed to describe the acquisition and the susceptibility for macrolides of Mycoplasma genitalium in men who have sex with men (MSM) on PrEP. METHODS: We studied all MSM who started PrEP in the AZ Sint-Jan Hospital Bruges from 1 June 2017 to 31 March 2019 with at least one follow-up visit. Patients were screened for M. genitalium and other STIs with pooled rectal swabs, pharyngeal swabs and first-voided urine, and blood samples at baseline and quarterly intervals after initiating PrEP. TaqMan Array Card technology was used to detect M. genitalium and determine macrolide-resistance mediating mutations in region V of the 23S rRNA gene (A2058G, A2059G, A2058C and others). Patients with an STI were treated based on a national guideline. RESULTS: 131 MSM (median age 40 years, range 20-79) were included in the study. The median follow-up time was 12 months (IQR 6.1-17). Baseline prevalence of M. genitalium was 6.9% and incidence rate after PrEP initiation was 28.8 per 100 person-years (95% CI 21.7 to 37.2), without significant differences in proportions between the first four quarterly intervals. All but one acquisitions were asymptomatic. Younger age and positivity for M. genitalium at baseline were significantly associated with incident M. genitalium acquisition. The observed proportion of macrolide resistance increased not significantly from 44% at baseline to 57%-86% after PrEP initiation. None of the 27 macrolide-resistant M. genitalium acquisitions could be linked to azithromycin exposure in the three preceding months. CONCLUSIONS: After initiation of PrEP, we found a stable incidence of almost exclusively asymptomatic M. genitalium. However, a non-significant trend of an increased percentage of macrolide-resistant strains was observed.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2020	Vanhamel, Jef; Rotsaert, Anke; Reyniers, Thijs; Nöstlinger, Christiana; Laga, Marie; Van Landeghem, Ella; Vuylsteke, Bea	The current landscape of pre-exposure prophylaxis service delivery models for HIV prevention: a scoping review.	BMC Health Services Research	-	-	-	1472-6963	10.1186/s12913-020-05568-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395423	BACKGROUND: Strengthening HIV prevention is imperative given the continued high HIV incidence worldwide. The introduction of oral PrEP as a new biomedical HIV prevention tool can be a potential game changer because of its high clinical efficacy and the feasibility of its provision to different key populations. Documenting the existing experience with PrEP service delivery in a variety of real-world settings will inform how its uptake and usage can be maximised. METHODS: We conducted a scoping review using the five-step framework provided by Arksey and O'Malley. We systematically searched the existing peer-reviewed international and grey literature describing the implementation of real-world PrEP service delivery models reporting on four key components: the target population of PrEP services, the setting where PrEP was delivered, PrEP providers' professionalisation and PrEP delivery channels. We restricted our search to English language articles. No geographical or time restrictions were set. RESULTS: This review included 33 articles for charting and analysing of the results. The identified service delivery models showed that PrEP services mainly targeted people at high risk of HIV acquisition, with some models targeting specific key populations, mainly men who have sex with men. PrEP was often delivered centralised and in a clinical or hospital setting. Yet also community-based as well as home-based PrEP delivery models were reported. Providers of PrEP were mainly clinically trained health professionals, but in some rare cases community workers and lay providers also delivered PrEP. In general, in-person visits were used to deliver PrEP. More innovative digital options using mHealth and telemedicine approaches to deliver specific parts of PrEP services are currently being applied in a minority of the service delivery models in mainly high-resource settings. CONCLUSIONS: A range of possible combinations was found between all four components of PrEP service delivery models. This reflects differentiation of care according to different contextual settings. More research is needed on how integration of services in these contexts could be expanded and optimised to respond to key populations with unmet HIV prevention needs in different settings.	HIV prevention , PrEP , Health care providers, Delivery of health care, Sexual health, MSM	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2020	Vartak, Richa; Patki, Manali; Menon, Suvidha; Jablonski, Joseph; Mediouni, Sonia; Fu, Yige; Valente, Susana T; Billack, Blase; Patel, Ketan	ß-cyclodextrin polymer/Soluplus® encapsulated Ebselen ternary complex (EßpolySol) as a potential therapy for vaginal candidiasis and pre-exposure prophylactic for HIV.	International Journal of Pharmaceutics	-	-	-	1873-3476	10.1016/j.ijpharm.2020.119863	https://dx.doi.org/10.1016/j.ijpharm.2020.119863	Epidemiological findings have discussed recurrent and persistent vulvovaginal candidiasis to be a major manifestation of HIV infected women. Conversely, women with vulvovaginal candidiasis have higher risk of acquiring HIV transmitted during intercourse. Common treatments for such conditions include combined antiretroviral and antifungal therapy. Drug-Drug interaction is a major problem encountered due to common CYP450 metabolic pathway of azoles and antiretroviral drugs. Ebselen (EB), lipophilic, organo-selenium compound has demonstrated promising anti-HIV and anti-fungal activity. The aim of current research was to develop and characterize a rapidly soluble and non-cytotoxic vaginal film of ebselen which could serve dual purpose of treating vulvovaginal candidiasis and pre-exposure prophylactic (PrEP) against HIV. Ebselen/cyclodextrin polymer/Soluplus® (1:10:10) ternary complex (EßpolySol) showed 200 fold enhancement in aqueous solubility and no degradation of EB in thermogravimetry analysis. EßpolySol film with tensile strength of 33.12 ± 1.98 N/cm2 disintegrated within 30 sec, presented instant drug release with no apparent precipitation in simulated vaginal fluid. EßpolySol film showed compatibility with HEC-1A monolayer and HeLa cells compared to VCF®. EßpolySol film showed MIC of 20 µM against Candida species and IC50 of 0.71 µM against HIV.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Velloza, Jennifer; Heffron, Renee; Amico, K Rivet; Rowhani-Rahbar, Ali; Hughes, James P; Li, Maoji; Dye, Bonnie J; Celum, Connie; Bekker, Linda-Gail; Grant, Robert M	The Effect of Depression on Adherence to HIV Pre-exposure Prophylaxis Among High-Risk South African Women in HPTN 067/ADAPT.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-02783-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319871	Oral pre-exposure prophylaxis (PrEP) is highly efficacious but low adherence undermines effectiveness. Depression, common in African women, may be a barrier to consistent PrEP use. We aimed to assess the relationship between depression, psychosocial mediators, and PrEP adherence among South African women in HPTN 067, an open-label oral PrEP trial conducted from 2011 to 2013. Participants were followed for 24 weeks. PrEP adherence was measured via Wisepill™ and weekly self-report interview data. We considered participants "adherent" at week 24 if Wisepill™ and interviews indicated that ≥ 80% of expected doses were taken in the prior month. Elevated depressive symptoms were assessed using the 20-item Center for Epidemiologic Studies-Depression (CES-D) scale. We used marginal structural models to estimate the effect of elevated symptoms at baseline on PrEP adherence at week 24 and to assess whether the direct effect changed meaningfully after accounting for mediating effects of stigma, social support, and PrEP optimism. High PrEP adherence occurred less often among women with elevated depressive symptoms (N = 35; 44.3%) compared with those without (N = 52; 54.7%; adjusted relative risk aRR: 0.79; 95% confidence interval CI 0.63-0.99). The effect of elevated depressive symptoms on PrEP adherence persisted in models accounting for the mediating influence of stigma (aRR: 0.74; 95% CI 0.51-0.97) and PrEP optimism (aRR: 0.75; 95% CI 0.55-0.99). We also found a direct effect of similar magnitude and direction when accounting for social support as the mediating variable, although this adjusted relative risk estimate was not statistically significant (aRR: 0.77; 95% CI 0.57-1.03). Depressive symptoms were common and associated with lower PrEP adherence among South African women. Future work is needed to determine whether depression services integrated with PrEP delivery could improve PrEP effectiveness among African women.	Depression, HIV, Pre-exposure prophylaxis, Africa, Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Velloza, Jennifer; Khoza, Nomhle; Scorgie, Fiona; Chitukuta, Miria; Mutero, Prisca; Mutiti, Kudzai; Mangxilana, Nomvuyo; Nobula, Lumka; Bulterys, Michelle A; Atujuna, Millicent; Hosek, Sybil; Heffron, Renee; Bekker, Linda-Gail; Mgodi, Nyaradzo; Chirenje, Mike; Celum, Connie; Delany-Moretlwe, Sinead	The influence of HIV-related stigma on PrEP disclosure and adherence among adolescent girls and young women in HPTN 082: a qualitative study.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25463	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7060297	INTRODUCTION: Stigma and disclosure concerns have been key barriers to oral pre-exposure prophylaxis (PrEP) adherence for African adolescent girls and young women (AGYW) in efficacy trials. We aimed to understand the impact of these factors among African AGYW in an open-label PrEP study. METHODS: HPTN 082 was an open-label PrEP study among AGYW (ages 16 to 24) in Harare, Zimbabwe, and Cape Town and Johannesburg, South Africa from 2016 to 2018. Women starting PrEP were randomized to standard adherence support (counselling, two-way SMS, monthly adherence clubs) or standard support plus drug-level feedback. Serial in-depth interviews were conducted among 67 AGYW after 13-week and 26-week study visits to explore experiences of stigma, disclosure and PrEP adherence. We analysed data by coding transcripts and memo-writing and diagramming to summarize themes. RESULTS: AGYW described stigma related to sexual activity (e.g. "people say I'm a prostitute") and being perceived to be living with HIV because of taking antiretrovirals (e.g. "my husband's friends say I'm HIV infected"). Participants who anticipated stigma were reluctant to disclose PrEP use and reported adherence challenges. Disclosure also resulted in stigmatizing experiences. Across all sites, negative descriptions of stigma and disclosure challenges were more common in the first interview. In the second interview, participants often described disclosure as an "empowering" way to combat community-level PrEP stigma; many said that they proactively disclosed PrEP in their communities (e.g. became a "community PrEP ambassador"), which improved their ability to take PrEP and encourage others to use PrEP. These empowering disclosure experiences were facilitated by ongoing HPTN 082 study activities (e.g. counselling sessions, adherence clubs) in which they could discuss PrEP-related stigma, disclosure and PrEP adherence issues. CONCLUSIONS: Stigma and disclosure challenges were initial concerns for African AGYW newly initiating PrEP but many were empowered to disclose PrEP use over their first six months of PrEP use, which helped them cope with stigma and feel more able to take PrEP regularly. PrEP programmes can foster disclosure through community and clinic-based discussion, adherence clubs and activities normalizing sexual behaviour and PrEP use, which can reduce stigma and improve PrEP adherence and thus effectiveness.	Stigma, disclosure, HIV, pre-exposure prophylaxis, Africa, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Venter, Willem D. F.; Sokhela, Simiso; Simmons, Bryony; Moorhouse, Michelle; Fairlie, Lee; Mashabane, Nkuli; Serenata, Celicia; Akpomiemie, Godspower; Masenya, Masebole; Qavi, Ambar; Chandiwana, Nomathemba; McCann, Kaitlyn; Norris, Shane; Chersich, Matthew; Maartens, Gary; Lalla-Edward, Samanta; Vos, Alinda; Clayden, Polly; Abrams, Elaine; Arulappan, Natasha; Hill, Andrew	Dolutegravir with emtricitabine and tenofovir alafenamide or tenofovir disoproxil fumarate versus efavirenz, emtricitabine, and tenofovir disoproxil fumarate for initial treatment of HIV-1 infection (ADVANCE): week 96 results from a randomised, phase 3, non-inferiority trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(20)30241-1	https://pubmed.ncbi.nlm.nih.gov/33010240/	BACKGROUND: ADVANCE compared the efficacy and safety of two antiretroviral first-line combinations (dolutegravir combined with emtricitabine and either tenofovir disoproxil fumarate or tenofovir alafenamide), with a third regimen (efavirenz combined with emtricitabine and tenofovir disoproxil fumarate) previously recommended by WHO. Here, we report the 96-week data for the study. METHODS: This randomised, open-label, non-inferiority phase 3 trial, was done at two research sites in Johannesburg, South Africa, after participant recruitment from 11 public health clinics also in Johannesburg. Eligible participants were aged 12 years or older with HIV-1 infection, who weighed at least 40 kg, had no antiretroviral exposure in the previous 6 months, with a creatinine clearance of more than 60 mL/min (>80 mL per min in individuals aged <19 years), and a plasma HIV-1 RNA concentration of 500 copies per mL or higher. Individuals who were pregnant or had tuberculosis were excluded. Participants were randomly assigned (1:1:1) by study staff using a computerised randomisation system. Randomisation was stratified by age (12 and <19 years and ≥19 years). Participants were randomly assigned to once-daily oral fixed-dose combination tenofovir alafenamide 25 mg and emtricitabine 200 mg, and once-daily oral dolutegravir 50 mg; once-daily oral fixed-dose combination tenofovir disoproxil fumarate 300 mg and emtricitabine 200 mg, and once-daily oral dolutegravir 50 mg; or once-daily oral fixed-dose combination of tenofovir disoproxil fumarate 300 mg, emtricitabine 200 mg, and efavirenz 600 mg. The primary efficacy endpoint was the proportion of participants who had a plasma HIV-1 RNA concentration of less than 50 copies per mL at week 48, which has been reported previously. Here, we report the key secondary efficacy endpoint of the proportion of participants who had a plasma HIV-1 RNA concentration of less than 50 copies per mL at the week 96 visit, assessed in all participants who received at least one dose of any study drug, with a prespecified non-inferiority margin of -10%. Safety data, including clinical, dual-energy X-ray absorptiometry and laboratory data, are also reported. This study was registered with ClinicalTrials.gov, NCT03122262. FINDINGS: Between Jan 17, 2017, and May 14, 2018, we screened 1453 individuals, of whom 1053 were enrolled: 351 participants were randomly assigned to the tenofovir alafenamide, emtricitabine, and dolutegravir group, 351 to the tenofovir disoproxil fumarate, emtricitabine, and dolutegravir group, and 351 to the tenofovir disoproxil fumarate, emtricitabine, and efavirenz group. All participants received at least one dose of study medication and were included in the primary analysis. At week 96, 276 (79%) of 351 participants in the tenofovir alafenamide, emtricitabine, and dolutegravir group, 275 (78%) of 351 participants in the tenofovir disoproxil fumarate, emtricitabine, and dolutegravir group, and 258 (74%) of 351 participants in the tenofovir disoproxil fumarate, emtricitabine, and efavirenz group had achieved a plasma HIV-1 RNA concentration of less than 50 copies per mL. Non-inferiority was established in all three comparisons. The proportion of patients with protocol-defined virological failure at week 96 was low in all treatment groups. Participants in the tenofovir alafenamide, emtricitabine, and dolutegravir group had fewer changes in bone density than the two other treatment groups. Mean weight gain was substantial (7·1 kg SD 7·4 in the tenofovir alafenamide, emtricitabine, and dolutegravir group; 4·3 kg 6·7 in the tenofovir disoproxil fumarate, emtricitabine, and dolutegravir group, and 2·3 kg 7·0 in the tenofovir disoproxil fumarate, emtricitabine, and efavirenz group), and was greater among women than men. Ten (3%) of 351 participants in the tenofovir disoproxil fumarate, emtricitabine, and efavirenz group discontinued due to treatment-related adverse events, of which liver dysfunction (n=4) and rash (n=4) were most common. INTERPRETATION: Medium-term and long-term metabolic and clinical consequences of the considerable increase in bodyweight observed in participants given these antiretroviral regimens and the trajectory of this weight gain over time, especially among women, require further study. FUNDING: USAID, Unitaid, South African Medical Research Council, ViiV Healthcare.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2020	Vera Cruz, Germano; Mateus, Aniceto; Domingos, Lídia; Mullet, Etienne; Moore, Philip J	Assessing Mozambicans' willingness and determinants to use pre-exposure prophylactic HIV medication.	Journal of Health Psychology	-	-	-	1461-7277	10.1177/1359105318783234	https://dx.doi.org/10.1177/1359105318783234	In anticipation of the introduction of the pre-exposure prophylaxis drugs as an additional HIV prevention tool, we mapped the different positions of Mozambicans' willingness to use it. Overall, 507 adults indicated willingness to use under different conditions varying as a function of perceived susceptibility to and severity of infection, side effects, administration protocol, and cost. Three qualitatively different positions were found: Unwillingness irrespective of conditions (4%), depend on circumstances (76%), and unconditional willingness (8%). A large majority of participants were willing to use pre-exposure prophylaxis drugs, provided that the administration is not too constraining, and the adverse side effects can be minimized.	HIV/AIDS, pre-exposure prophylaxis drugs	English	United Kingdom	Western and Central Europe and North America	Mozambique	Eastern and Southern Africa	Mozambique	Eastern and Southern Africa	Quantitative
Article	2020	Vickerman, Peter; Quaife, Matthew; Kilbourne-Brook, Maggie; Mvundura, Mercy; Eakle, Robyn; Terris-Prestholt, Fern	HIV prevention is not all about HIV - using a discrete choice experiment among women to model how the uptake and effectiveness of HIV prevention products may also rely on pregnancy and STI protection.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-020-05399-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7517801	INTRODUCTION: In sub-Saharan Africa, considerable HIV-burden exists among women. Anti-retroviral (ARV) based prevention products could decrease this burden, and their uptake could be increased if they also protect against pregnancy and sexually transmitted infections (STI). METHODS: A discrete choice experiment (DCE) was undertaken in South Africa (2015) through a household survey of adult females (n = 158) and adolescent girls (n = 204) who self-reported HIV-negative status. The DCE was used to project the uptake (percentage using product) of oral pre-exposure prophylaxis (PrEP), vaginal ring, and injectable long-lasting ARV agents among these women, and how uptake could depend on whether these products protect against pregnancy or STI acquisition. Uptake estimates were used to model how each product could decrease a women's HIV acquisition risk. RESULTS: In adolescent women, there will be limited uptake (< 6% for any product) and impact (< 4% decrease in HIV acquisition risk) of new products unless they provide pregnancy protection, which could quadruple use and impact. Adult women have weaker preference for pregnancy protection, with moderate use (< 17% for each) and impact (< 14 percentage point decrease) if they only provide HIV protection. All women had highest preference for injectable ARVs, with oral PrEP having high preference if injectable ARVs are not available. Adult women will use the ring, but adolescent women will not. Importantly, even with three additional prevention products, all providing pregnancy and STI protection, > 14% of women will remain unprotected and > 31% of the baseline acquisition risk will remain. CONCLUSIONS: Incorporating multiple prevention components into new ARV-based prevention products may increase their uptake and impact among women.	HIV, South Africa, Women, Pre-exposure prophylaxis, Vaginal ring, Injectable long-lasting ARV agents	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2020	Vidaurrazaga M.M.; Perlman D.C.	A case of purulent gonococcal arthritis	IDCases	-	-	-	22142509	10.1016/j.idcr.2019.e00662	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075157313&doi=10.1016%2fj.idcr.2019.e00662&partnerID=40&md5=f6fbdb0ea4971b7ec3963a6f768a368c	We present a case of a generally healthy, immunocompetent, 57 year old male on HIV pre-exposure prophylaxis (PrEP) who developed the sudden onset of right wrist pain and swelling with associated left second finger tenosynovitis, due to a disseminated gonococcal infection (DGI) with purulent arthritis. This case's aim is to demonstrate a well-documented but infrequently seen manifestation of Neisseria gonorrhoeae infection and to highlight the need for awareness of extragenital manifestations of gonococcal infection in the era of HIV PrEP. DGI accounts for less than 3 % of N. gonorrhoeae infections, with purulent arthritis being one presentation. The incidence of N. gonorrhoeae infections has increased in recent years and is high among those taking PrEP. Providers should be aware of the possibility of DGI and N. gonorrhoeae as a potential etiologic agent in septic bacterial arthritis. © 2019 The Authors	Disseminated gonococcal infection; Gonococcal arthritis; HIV pre-exposure prophylaxis (PrEP); Neisseria gonorrhoeae	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2020	Vigliotti, Vivian; Taggart, Tamara; Walker, Mahaya; Kusmastuti, Sasmita; Ransome, Yusuf	Religion, faith, and spirituality influences on HIV prevention activities: A scoping review.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0234720	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297313	INTRODUCTION: Strategies to increase uptake of next-generation biomedical prevention technologies (e.g., long-acting injectable pre-exposure prophylaxis (PrEP)) can benefit from understanding associations between religion, faith, and spirituality (RFS) and current primary HIV prevention activities (e.g., condoms and oral PrEP) along with the mechanisms which underlie these associations. METHODS: We searched PubMed, Embase, Academic Search Premier, Web of Science, and Sociological Abstracts for empirical articles that investigated and quantified relationships between RFS and primary HIV prevention activities outlined by the United States (U.S.) Department of Health and Human Services: condom use, HIV and STI testing, number of sexual partners, injection drug use treatment, medical male circumcision, and PrEP. We included articles in English language published between 2000 and 2020. We coded and analyzed studies based on a conceptual model. We then developed summary tables to describe the relation between RFS variables and the HIV prevention activities and any underlying mechanisms. We used CiteNetExplorer to analyze citation patterns. RESULTS: We identified 2881 unique manuscripts and reviewed 29. The earliest eligible study was published in 2001, 41% were from Africa and 48% were from the U.S. RFS measures included attendance at religious services or interventions in religious settings; religious and/or spirituality scales, and measures that represent the influence of religion on behaviors. Twelve studies included multiple RFS measures. Twenty-one studies examined RFS in association with condom use, ten with HIV testing, nine with number of sexual partners, and one with PrEP. Fourteen (48%) documented a positive or protective association between all RFS factors examined and one or more HIV prevention activities. Among studies reporting a positive association, beliefs and values related to sexuality was the most frequently observed mechanism. Among studies reporting negative associations, behavioral norms, social influence, and beliefs and values related to sexuality were observed equally. Studies infrequently cited each other. CONCLUSION: More than half of the studies in this review reported a positive/protective association between RFS and HIV prevention activities, with condom use being the most frequently studied, and all having some protective association with HIV testing behaviors. Beliefs and values related to sexuality are possible mechanisms that could underpin RFS-related HIV prevention interventions. More studies are needed on PrEP and spirituality/subjective religiosity.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Villeneuve, France; Cabot, Jean-Michel; Eymard-Duvernay, Sabrina; Visier, Laurent; Tribout, Vincent; Perollaz, Cyril; Reynes, Jacques; Makinson, Alain	Evaluating family physicians' willingness to prescribe PrEP.	Médecine et Maladies Infectieuses	-	-	-	-	1769-6690	10.1016/j.medmal.2020.02.003	https://dx.doi.org/10.1016/j.medmal.2020.02.003	INTRODUCTION: We assessed family physicians' (FP) willingness to integrate PrEP into their clinical practice in Montpellier and its surroundings. METHOD: We aimed to randomly assess 92 FPs. RESULTS: Ninety-six FPs were interviewed from May to December 2018: 78% (95% CI 69; 86) were willing to integrate PrEP, 65% to be trained, and 52% to be the first providers. Of the 65 (6%) with some knowledge of PrEP, 21 were not aware of targeted populations and 39 never talked about PrEP with their patients. Nearly all FPs declared HIV prevention as part of their job and felt at ease talking about sexuality. Considering HIV prevention as part of their job was associated with increased likelihood to integrate PrEP into their practice (P=0.015). CONCLUSIONS: Most FPs were willing to integrate and be trained on PrEP. Lack of PrEP prescription seemed related to a lack of knowledge.	Pre-exposure prophylaxisFamily physiciansHIV preventionTraining program	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2020	Vogelzang M.; Terris-Prestholt F.; Vickerman P.; Delany-Moretlwe S.; Travill D.; Quaife M.	Cost-Effectiveness of HIV Pre-exposure Prophylaxis Among Heterosexual Men in South Africa: A Cost-Utility Modeling Analysis	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002327	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084692843&doi=10.1097%2fQAI.0000000000002327&partnerID=40&md5=31d24b6b88b69e7400543d285f68d4dd	Introduction:Heterosexual men are not considered a key population in the HIV response and are mostly absent from pre-exposure prophylaxis (PrEP) studies to date. Yet, South African men face considerable HIV risk. We estimate the incremental cost-effectiveness of providing oral PrEP, injectable PrEP, or a combination of both to heterosexual South African men to assess whether providing PrEP would efficiently use resources.Methods:Epidemiological and costing models estimated the one-year costs and outcomes associated with PrEP use in 3 scenarios. PrEP uptake was estimated for younger (aged 18-24) and older (aged 25-49) men using a discrete choice experiment. Scenarios were compared with a baseline scenario of male condom use, while a health system perspective was used to estimate discounted lifetime costs averted per HIV infection. PrEP benefit was estimated in disability-adjusted life years (DALYs) averted. Uncertainty around the estimated incremental cost-effectiveness ratios (ICERs) was assessed using deterministic and probabilistic sensitivity analyses.Results:No PrEP intervention scenarios were cost-effective for both age groups at a willingness-to-pay threshold of $1175/DALY averted. The lowest ICER ($2873/DALY averted) was for the provision of oral PrEP to older men, although probability of cost-effectiveness was just 0.26%. Results found that ICERs were sensitive to HIV incidence and antiretroviral coverage.Conclusions:This study estimates that providing PrEP to heterosexual South African men is not cost-effective at current cost-effectiveness thresholds. Given the ICERs' sensitivity to several variables, alongside the heterogeneity of HIV infection among South African men, PrEP may be cost-effective for older men with high incidence and other subgroups based on locality and race. We recommend further investigation to better identify and target these groups. © 2020 Lippincott Williams and Wilkins. All rights reserved.	cost-effectiveness; heterosexual men; HIV prevention; PrEP; South Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Book	2020	Von Kleist, M., Anderson, P. L., Garcia-Lerma, G., & Liu, A.	Pharmacokinetics and Pharmacodynamics of Pre-Exposure Prophylaxis Against HIV	-	Pharmacokinetics and Pharmacodynamics of Pre-Exposure Prophylaxis Against HIV	-	-	978-2-88966-096-4	-	NA	https://ebooks.mpdl.mpg.de/ebooks/Record/EB002049616	Since its discovery more than 30 years ago, human immunodeficiency virus (HIV) infection continues to be one of our greatest health challenges. Antiretroviral combination therapy can effectively suppress virus replication and prevent immunodeficiency. However, HIV can persist in cellular and anatomical reservoirs for decades, precluding its clearance within the infected individual. While therapies are being developed to clear this reservoir, a cure remains elusive to date. Another strategy to eliminate the virus and reduce its devastation to human health is to prevent its transmission. This goal can be achieved by vaccination, a strategy that has been successful in eliminating other viral infections (smallpox, rinderpest). The development of a broadly effective vaccine against HIV, however, poses enormous challenges that have yet to be overcome. In view of the unavailability of vaccines and options to cure HIV infected individuals, attention has been turned on repurposing antiretroviral treatment to prevent HIV transmission. Two general methods have been suggested: (i) 'Treatment as Prevention' (TasP) reduces the contagiousness of infected individuals by suppressing their viremia. However, infection needs to be diagnosed early enough and treatment initiated immediately for this strategy to be epidemiologically effective, i.e. prevent enough putative transmission events. (ii) Pre-exposure prophylaxis (PrEP), akin to vaccination, is applied to the uninfected individual at risk. During the early events following exposure to HIV, the virus can still be cleared. PrEP inhibits virus replication which reduces the probability of establishing a productive infection. Unlike vaccination, PrEP does not induce an immunization reaction, and is therefore only efficient when the concentrations of antiretroviral drugs are above the threshold required for protection. This poses particular demands on the pharmacokinetics of PrEP, its administration schemes and the willingness of PrEP users to adhere to them. The first PrEP regimen (Truvada: oral once daily emtricitabine + tenofovir disoproxil fumarate) was approved by the FDA in 2012, While it is generally safe, there are major pharmacological shortcomings of this regimen (i.e, the need for once-daily dosing) that may be overcome by next-generation PrEP regimen. Currently, next-generation PrEP compounds and novel dosing approaches are under investigation, including event-driven dosing, topically applied PrEP and some 'long-acting formulations' that may reduce variability arising from medication non-adherence. Yet still, pharmacological factors ultimately determining PrEP efficacy in different risk groups are incompletely understood. Such knowledge can significantly improve prioritization of PrEP candidates and dosing regimen to be advanced into human trials. This Research Topic (Frontiers Special Issue) is devoted to pharmacokinetics (drug concentration time profile) and pharmacodynamics (concentration-response) of PrEP to help understand clinical variability in PrEP effectiveness, translating animal models and planning and evaluating clinical trials with PrEP. The focus will be on pre-clinical and clinical data, as well as mathematical models that integrate the various factors determining PrEP effectiveness.	NA	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	-	-	Quantitative
Editorial	2020	von Kleist, Max; García-Lerma, J Gerardo; Liu, Albert; Anderson, Peter L	Editorial: Pharmacokinetics and Pharmacodynamics of Pre-Exposure Prophylaxis Against HIV.	Frontiers in Pharmacology	-	-	-	-	1663-9812	10.3389/fphar.2020.01288	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7479819	Editorial	NA	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Other
Article	2020	Wahome E.W.; Graham S.M.; Thiong'o A.N.; Mohamed K.; Oduor T.; Gichuru E.; Mwambi J.; van der Elst E.M.; Sanders E.J.	Risk factors for loss to follow-up among at-risk HIV negative men who have sex with men participating in a research cohort with access to pre-exposure prophylaxis in coastal Kenya	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25593	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091863365&doi=10.1002%2fjia2.25593&partnerID=40&md5=5d50a2c8368b559ec26d566bf9b9fd17	Introduction: Retention in preventive care among at-risk men who have sex with men (MSM) is critical for successful prevention of HIV acquisition in Africa. We assessed loss to follow-up (LTFU) rates and factors associated with LTFU in an HIV vaccine feasibility cohort study following MSM with access to pre-exposure prophylaxis (PrEP) in coastal Kenya. Methods: Between June 2017 and June 2019, MSM cohort participants attending a research clinic 20 km north of Mombasa were offered daily PrEP and followed monthly for risk assessment, risk reduction counselling and HIV testing. Participants were defined as LTFU if they were late by >90 days for their scheduled appointment. Participants who acquired HIV were censored at diagnosis. Cox proportional hazards models were used to estimate adjusted Hazard Ratio (aHR) of risk factors for LTFU. Results and discussion: A total of 179 participants with a median age of 25.0 years (interquartile range IQR: 23.0 to 30.0) contributed a median follow-up time of 21.2 months (IQR: 6.5 to 22.1). Of these, 143 (79.9%) participants started PrEP and 76 (42.5%) MSM were LTFU, for an incidence rate of 33.7 (95% confidence interval CI, 26.9 to 42.2) per 100 person-years. Disordered alcohol use (aHR: 2.3, 95% CI, 1.5 to 3.7), residence outside the immediate clinic catchment area (aHR: 2.5, 95% CI, 1.3 to 4.6 for Mombasa Island; aHR: 1.8, 95% CI, 1.0 to 3.3 for south coast), tertiary education level or higher (aHR: 2.3, 95% CI, 1.1 to 4.8) and less lead-in time in the cohort prior to 19 June 2017 (aHR: 3.1, 95% CI, 1.8 to 5.6 for zero to three months; aHR: 2.4, 95% CI, 1.2 to 4.7 for four to six months) were independent predictors of LTFU. PrEP use did not differ by LTFU status (HR: 1.0, 95% CI, 0.6 to 1.5). Psychosocial support for men reporting disordered alcohol use, strengthened engagement of recently enrolled participants and focusing recruitment on areas close to the research clinic may improve retention in HIV prevention studies involving MSM in coastal Kenya. Conclusions: About one in three participants became LTFU after one year of follow-up, irrespective of PrEP use. Research preparedness involving MSM should be strengthened for HIV prevention intervention evaluations in coastal Kenya. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	attrition; HIV; Kenya; LGBTQ; MSM; pre-exposure prophylaxis; sub-Saharan Africa	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2020	Wahome, Elizabeth W.; Graham, Susan M.; Thiong'o, Alexander N.; Mohamed, Khamisi; Oduor, Tony; Gichuru, Evans; Mwambi, John; Prins, Prof. Maria; van der Elst, Elise; Sanders, Prof. Eduard J.	PrEP uptake and adherence in relation to HIV-1 incidence among Kenyan men who have sex with men	EClinicalMedicine	-	-	-	-	2589-5370	10.1016/j.eclinm.2020.100541	https://pubmed.ncbi.nlm.nih.gov/33089128/#:~:text=Of%20nine%20MSM%20who%20acquired,6%2D11%C2%B73)%20per	Data on HIV-1 incidence following programmatic pre-exposure prophylaxis (PrEP) uptake by men who have sex with men (MSM) are limited in sub-Saharan Africa. Since June 2017, MSM participating in an ongoing cohort study in Kenya were offered daily PrEP, assessed for PrEP uptake and adherence, and evaluated for HIV-1 acquisition monthly. We determined tenofovir-diphosphate (TFV-DP) concentrations in dried blood spots 6–12 months after PrEP initiation, and tenofovir (TFV) concentrations and genotypic drug resistance in plasma samples when HIV-1 infection occurred. We assessed HIV-1 incidence by reported PrEP use. Of 172 MSM, 170 (98·8%) were eligible for PrEP, 140 (82·4%) started it, and 64 (57·7%) reported PrEP use at end of study. Of nine MSM who acquired HIV-1 incidence rate: 3·9 (95% confidence interval (CI), 2·0–7·4) per 100 person-years (PY), five reported PrEP use at the time of HIV-1 acquisition incidence rate: 3·6 (95% CI, 1·5–8·6) per 100 PY) and four had stopped or had never started PrEP incidence rate: 4·3 (95% CI, 1·6–11·3) per 100 PY. Among 76 MSM who reported PrEP use, 11 (14·5%) had protective TFV-DP concentrations of ≥700 fmol/punch (≥4 tablets a week). Among the five MSM who acquired HIV-1 while reporting PrEP use, only one had detectable but low TFV concentrations in plasma and none had genotypic HIV-1 resistance. HIV-1 incidence among MSM with access to programmatic PrEP was high and did not differ by reported PrEP use. Only one in seven MSM taking PrEP had protective tenofovir concentrations and four out of five MSM who acquired HIV-1 while reporting PrEP use had not taken it. Strengthened PrEP adherence support is required among MSM in Kenya. This work was supported by the International AIDS Vaccine Initiative (IAVI).	clinical medicine; general & internal medicine; medical and health sciences; Medicine (General); R5-920; Drug resistance; Tenofovir; Men who have sex with men; MSM; Pre-exposure prophylaxis; Internal medicine; virus diseases; Acquired immunodeficiency syndrome (AIDS); Incidence (epidemiology); Cohort study; Kenya; Confidence interval; natural sciences; general mathematics; mathematics; HIV-1 incidence; Research Paper	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Essay	2020	Wakkee M.; Eekhof J.	Care for skin cancer by the general practitioner; Huidkankerzorg door de huisarts	Nederlands Tijdschrift voor Dermatologie en Venereologie	-	-	-	-	9258604	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096536928&partnerID=40&md5=2b187da305381fd99a01c38a2dc990aa	Men who have sex with men are one of the most severely affected groups in the HIV/AIDS epidemic. Until recently, HIV prevention campaigns focused on safe sex, reducing the number of partners and the use of condoms. In recent years, highly effective biomedical interventions that use antiretroviral combination therapy (ART) have become available. In addition to the health benefit for the patient, the use of ART in the last 10 years has shown a dramatic decrease in the number of new HIV diagnoses, from 2% in 2011 to 0.3% over the first half of 2019. Immediate start of HIV treatment after diagnosis, regardless of the degree of immune suppression (also known as Treatment as Prevention), and the use of ART as Pre-Exposition Prophylaxis (PrEP) significantly contributed to this decline. Reducing the number of new HIV infections in the Netherlands to zero in 2030 as formulated by SOA AIDS Netherlands and by the RIVM in the National Action Plan for HIV/STD seems feasible. © 2020, Stichting Beheer Tijdschriften Dermatologie. All rights reserved.	HIV; Homosexuality; Male; Pre-exposition prophylaxis; Sexually transmitted infections	German	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	NA	NA	Other
Article	2020	Walensky, Rochelle P; Horn, Tim; McCann, Nicole C; Freedberg, Kenneth A; Paltiel, A David	Comparative Pricing of Branded Tenofovir Alafenamide-Emtricitabine Relative to Generic Tenofovir Disoproxil Fumarate-Emtricitabine for HIV Preexposure Prophylaxis: A Cost-Effectiveness Analysis.	Annals of Internal Medicine	-	-	-	-	1539-3704	10.7326/M19-3478	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7217721	Background: Tenofovir alafenamide-emtricitabine (F/TAF) was recently approved as a noninferior and potentially safer option than tenofovir disoproxil fumarate-emtricitabine (F/TDF) for HIV preexposure prophylaxis (PrEP) in the United States. Objective: To estimate the greatest possible clinical benefits and economic savings attributable to the improved safety profile of F/TAF and the maximum price payers should be willing to pay for F/TAF over generic F/TDF. Design: Cost-effectiveness analysis. Data Sources: Published literature on F/TDF safety (in persons with and those without HIV) and the cost and quality-of-life effects of fractures and end-stage renal disease (ESRD). Target Population: Age-stratified U.S. men who have sex with men (MSM) using PrEP. Time Horizon: Five years. Perspective: Health care sector. Intervention: Preexposure prophylaxis with F/TAF versus F/TDF. Outcome Measures: Fractures averted, cases of ESRD averted, quality-adjusted life-years (QALYs) saved, costs, incremental cost-effectiveness ratios (ICERs), and maximum justifiable price for F/TAF compared with generic F/TDF. Results of Base-Case Analysis: Over a 5-year horizon, compared with F/TDF, F/TAF averted 2101 fractures and 25 cases of ESRD for the 123 610 MSM receiving PrEP, with an ICER of more than $7 million per QALY. At a 50% discount for generic F/TDF ($8300 per year) and a societal willingness to pay up to $100 000 per QALY, the maximum fair price for F/TAF was $8670 per year. Results of Sensitivity Analysis: Among persons older than 55 years, the ICER for F/TAF remained more than $3 million per QALY and the maximum permissible fair price for F/TAF was $8970 per year. Results were robust to alternative time horizons and PrEP-using population sizes. Limitation: Intermittent use and on-demand PrEP were not considered. Conclusion: In the presence of a generic F/TDF alternative, the improved safety of F/TAF is worth no more than an additional $370 per person per year. Primary Funding Source: National Institute of Allergy and Infectious Diseases, National Institute on Drug Abuse, National Institute of Mental Health, and Massachusetts General Hospital Executive Committee on Research.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Walsh, Tim; Schneider, John A; Ardestani, Babak Mahdavi; Young, Lindsay E	Individual and Social Network Structure Characteristics Associated with Peer Change Agent Engagement and Impact in a PrEP Intervention	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-02911-4	https://www.proquest.com/scholarly-journals/individual-social-network-structure/docview/2471816731/se-2?accountid=8113	Interventions that utilize the influence of peer change agents (PCAs) have been shown to be effective strategies for engaging key populations in HIV prevention. To date, little is known about the characteristics of PCAs associated with their effectiveness. Drawing on data from a peer leader PrEP intervention for young Black men who have sex with men (YBMSM) (N = 423), we evaluated the effects of experiential (i.e., living with HIV, PrEP awareness, PrEP use), psychographic (i.e., self-perceived leadership, innovativeness), and network (i.e., degree centrality, eigenvector centrality, and brokerage) characteristics on three effectiveness outcomes: (1) recruiting peers into the study; (2) completing "booster" sessions; and (3) linking peers to PrEP care. For each outcome, multivariable regressions were performed. On average, PCAs recruited 0.89 peers, completed 1.99 boosters, and had 1.33 network peers linked to PrEP care. Experiential factors: Prior PrEP awareness was positively associated with booster completion. Network factors: Being a network broker (i.e., connecting otherwise disconnected communities) was positively associated with peer recruitment but negatively associated with linking peers to PrEP, and degree centrality (i.e., the number of network connections someone has) and eigenvector centrality (i.e., being connected to well-connected network associates) were positively associated with linking peers to PrEP. Psychographic characteristics were not associated with any outcome. These findings can be used to inform PCA selection and to identify subpopulations who require additional support to excel as PCAs.	HIV prevention; Pre-exposure prophylaxis; Psychology; Prevention; Men who have sex with men; Leadership; Disease prevention; Prep; Social network; Social networks; Network interventions; Peer change agents; Recruitment; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Black people; Change agents; Peers; Social organization; Peer relationships; Network centrality; Subpopulations; Eigenvectors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Walters, Suzan M; Coston, Bethany; Neaigus, Alan; Rivera, Alexis V; Starbuck, Lila; Ramirez, Valentina; Reilly, Kathleen H; Braunstein, Sarah L	The role of syringe exchange programs and sexual identity in awareness of pre-exposure prophylaxis (PrEP) for male persons who inject drugs	The International Journal on Drug Policy	-	-	-	-	09553959	10.1016/j.drugpo.2020.102671	https://www.proquest.com/scholarly-journals/role-syringe-exchange-programs-sexual-identity/docview/2442314077/se-2?accountid=8113	Background: Male persons who inject drugs (male PWID) are at heightened risk for HIV, particularly if they also have sex with men. Pre-exposure prophylaxis (PrEP) could aid in HIV prevention for this population, but PrEP awareness within different sexual identities among male PWID is not well-understood. We report factors associated with greater awareness among male PWID to identify efficient means of awareness dissemination. Methods: Data from the 2015 National HIV Behavioral Surveillance (NHBS) system cycle on injection drug use collected in New York City (NYC) were used. Bivariable analyses, using chi-squared statistics, were conducted to examine correlates of awareness of PrEP with socio-demographic, behavioral, and health care variables. Log-linked Poisson regression with robust standard errors was used to estimate adjusted prevalence ratios and determine differences in awareness of PrEP. Results: Among a sample of 332 male PWID (i.e., PWID who identified as male, not transgender) we find awareness of PrEP to be low (23%) among male PWID despite 68% reporting condomless vaginal/anal sex and 32% reporting injection equipment sharing in the last twelve months. Multivariable analysis found greater PrEP awareness associated with gay or bisexual identity (aPR: 2.77, 95% CI: 1.81–4.24) and having a conversation about HIV prevention at a syringe exchange program (SEP) (aPR: 2.71, 95% CI: 1.87–3.94) to be associated with increased PrEP awareness. Conclusion: We found low rates of PrEP awareness among male PWID. However, our findings provide insight into information diffusion that can be utilized to increase PrEP awareness among male PWID and among all PWID. We suggest that gay and bisexual social networks and syringe exchange programs are diffusing PrEP awareness among male PWID and can be harnessed to increase PrEP awareness among male PWID.	Bisexuality; Diffusion; Homosexuality; Pre-exposure prophylaxis; Sexuality; Prevention; Men; Males; Identity; Transgender persons; Disease prevention; Health services; Health care; Statistics; Prep; Surveillance; Anal intercourse; Drug use; Sociodemographics; Drug abuse; Health behavior; Awareness; Drugs; Information dissemination; Preventive medicine; Social networks; Sexual identity; Human immunodeficiency virus--HIV; Pharmacy And Pharmacology; Prevention programs; Consciousness; Mental health services; Chi-square test; Needle and syringe programmes; Needle exchange programs; Dissemination; Surveillance systems; Drug policy; Equipment; Critical incidents; Errors; Exchange programs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Walters, Suzan M; Kral, Alex H; Simpson, Kelsey A; Wenger, Lynn; Bluthenthal, Ricky N	HIV Pre-Exposure Prophylaxis Prevention Awareness, Willingness, and Perceived Barriers among People Who Inject Drugs in Los Angeles and San Francisco, CA, 2016-2018.	Substance Use and Misuse	-	-	-	-	1532-2491	10.1080/10826084.2020.1823419	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665852	BACKGROUND: Pre-exposure prophylaxis (PrEP) for HIV prevention is indicated for people who inject drugs (PWID), yet most studies do not focus on PWID. This study examines factors associated with PrEP awareness and willingness, and identifies perceived barriers to PrEP among PWID. Methods: PWID were interviewed in Los Angeles and San Francisco, CA from 2016 to 2018. We analyzed data from self-reported HIV-negative participants who had injected drugs within the past 6 months (n = 469). Questions on PrEP included awareness, willingness, barriers, and uptake. Multiple logistic regression models of factors associated with awareness of, and willingness to, take PrEP were developed. Descriptive statistics on perceived PrEP barriers are reported. Results: Among HIV-negative PWID, 40% were aware of PrEP, 59% reported willingness to take PrEP, and 2% were currently taking PrEP. In multivariable analysis, PrEP awareness was associated with study site and sexual minority status, higher educational attainment, and HIV testing in the last 6 months. Willingness to take PrEP was associated with self-reported risk (paying sex partner in the last 6 months, sharing drug paraphernalia, and being injected by another PWID) and perceived HIV risk. The most common perceived barriers to PrEP were copays, concerns about increased HIV or sexually transmitted risk with PrEP, and concerns about reduction of medication efficacy without daily use. Conclusion: PrEP awareness among PWID remains inadequate. Willingness to take PrEP was moderate and was most desired by PWID who engaged in high-risk behaviors. Interventions to increase PrEP awareness and willingness, and to facilitate PrEP uptake among PWID are needed.	Pre-exposure prophylaxis (PrEP), persons who inject drugs (PWID)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wang L.Y.; Hamilton D.T.; Rosenberg E.S.; Aslam M.V.; Sullivan P.S.; Katz D.A.; Dunville R.L.; Barrios L.C.; Goodreau S.M.	Cost-Effectiveness of Pre-Exposure Prophylaxis Among Adolescent Sexual Minority Males	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2019.07.022	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075989645&doi=10.1016%2fj.jadohealth.2019.07.022&partnerID=40&md5=fdcfa3990a49aeafc5752c463e024283	Purpose: Pre-exposure prophylaxis (PrEP) has been proven safe and effective in preventing HIV among adolescent sexual minority males (ASMM), but the cost-effectiveness of PrEP in ASMM remains unknown. Building on a recent epidemiological network modeling study of PrEP among ASMM, we estimated the cost-effectiveness of PrEP use in a high prevalence U.S. setting with significant disparities in HIV between black and white ASMM. Methods: Based on the estimated number of infections averted and the number of ASMM on PrEP from the previous model and published estimates of PrEP costs, HIV treatment costs, and quality-adjusted life years (QALYs) gained per infection prevented, we estimated the cost-effectiveness of PrEP use in black and white ASMM over 10 years using a societal perspective and lifetime horizon. Effectiveness was measured as lifetime QALYs gained. Cost estimates included 10-year PrEP costs and lifetime HIV treatment costs saved. Cost-effectiveness was measured as cost/QALY gained. Multiple sensitivity analyses were performed on key model input parameters and assumptions used. Results: Under base-case assumptions, PrEP use yielded an incremental cost-effectiveness ratio of $33,064 per QALY in black ASMM and $427,788 per QALY in white ASMM. In all sensitivity analyses, the cost-effectiveness ratio of PrEP use remained <$100,000 per QALY in black ASMM and >$100,000 per QALY in white ASMM. Conclusions: We found favorable cost-effectiveness ratios for PrEP use among black ASMM or other ASMM in communities with high HIV burden at current PrEP costs. Clinicians providing services in high-prevalence communities, and particularly those serving high-prevalence communities of color, should consider including PrEP services. © 2019	Adolescent sexual minority males; Cost-effectiveness; PrEP use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2020	Wang X.; Xu J.; Wu Z.	A Pilot Program of Pre-Exposure and Post-Exposure Prophylaxis Promotion among Men Who Have Sex with Men — 7 Study Sites, China, 2018–2019	China CDC Weekly	-	-	-	-	20967071	10.46234/ccdcw2020.250	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130294681&doi=10.46234%2fccdcw2020.250&partnerID=40&md5=cba00fb2970d75f843a397216b2e429a	Summary What is already known on this topic? Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) had been proved to be effective in HIV prevention among men who have sex with men (MSM) internationally. Use of either PrEP or PEP was found to be limited among Chinese MSM. Relatively little data was reported in China. What is added by this report? Our program indicated that PEP was more acceptable than PrEP among MSM in China. Drugs of lower cost and related knowledge dissemination could increase PrEP and PEP uptake among MSM in China. What are the implications for public health practice? PrEP and PEP are likely to contribute significantly to human immunodeficiency virus (HIV) prevention in China. © 2020, Chinese Center for Disease Control and Prevention. All rights reserved.	NA	English	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Other
Article	2020	Wang, Hongyi, PhD; Zhang, Jing, PhD; Chu, Zhenxing; Hu, Qinghai; Dong, Willa, MSPH; Huang, Xiaojie; Chen, Yaokai; Wang, Hui; He, Xiaoqing; Zhang, Lukun, PhD; Hu, Zhili; Bao, Rantong; Li, Shangcao; Li, Hang; Cui, Sitong; Jin, Xia; Ding, Haibo, PhD; Geng, Wenqing; Jiang, Yongjun; Xu, Junjie; Shang, Hong	Risk-Taking Behaviors and Adherence to HIV Pre-Exposure Prophylaxis in Users of Geosocial Networking Apps: Real-Word, Multicenter Study	Journal of Medical Internet Research	-	-	-	-	NA	10.2196/22388	https://www.proquest.com/scholarly-journals/risk-taking-behaviors-adherence-hiv-pre-exposure/docview/2458778802/se-2?accountid=8113	Background Over half of men who have sex with men (MSM) use geosocial networking (GSN) apps to encounter sex partners. GSN apps' users have become a unique large subpopulation among MSM for interventions concerning HIV prevention and control. Pre-exposure prophylaxis (PrEP) is a promising measure for HIV prevention, especially for MSM, but its effectiveness largely depends on medication adherence. However, little is known about PrEP adherence among GSN apps' users, which is critical to addressing the overall optimization of PrEP compliance outside of clinical trials in the context of large-scale implementation. Objective The objective of this study is to understand the correlation between GSN apps' use and medication adherence among MSM receiving PrEP, with the aim to increase their awareness about PrEP use in order to increase adherence. Methods This study based on the China Real-world Oral intake of PrEP (CROPrEP) project, a multicenter, real-world study of Chinese MSM on daily and event-driven PrEP. Eligible participants completed a detailed computer-assisted self-interview on sociodemographic, GSN apps' use, and sexual behavior. Then participants were followed up for 12 months and assessed for various characteristics (eg, PrEP delivery, adherence assessment, PrEP coverage of sexual activities, and regimens switch). A generalized estimation equation was used to analyze the predictors of medication adherence and regimen conversion among GSN apps' users and nonusers. Results At baseline, 756 of the 1023 eligible participants (73.90%) reported primarily using GSN apps to seek sexual partners, and GSN apps' users are more likely to have high-risk behaviors such as multiple sex partners and condomless anal intercourse than other nonusers (all P<.05). During follow-up, GSN apps' users had a significantly low level of pill-counting adherence than nonusers (adjusted odds ratio aOR 0.8, 95% CI 0.6-1.0, P=.038). In the event-driven group, GSN apps' users had marginally lower levels of self-reported adherence (aOR 0.7, 95% CI 0.4-1.0, P=.060) and lower PrEP coverage of sexual practices (aOR 0.6, 95% CI 0.4-1.0, P=.038). Additionally, GSN apps' users seemed more likely to switch from event-driven to daily regimen (aOR 1.8, 95% CI 0.9-3.3, P=.084). Conclusions GSN apps' users are highly prevalent among MSM, despite their higher sexual risk and lower adherence levels, suggesting that eHealth needs to be introduced to the GSN platform to promote PrEP adherence.	Pre-exposure prophylaxis; Adherence; Men who have sex with men; Sexual behavior; Disease prevention; Sexual practices; Prep; Clinical research; Anal intercourse; Patient compliance; Sociodemographics; Drugs; Risk behavior; Preventive medicine; Clinical trials; High risk; Human immunodeficiency virus--HIV; Prevention programs; Risk taking; Optimization; Medical Sciences--Computer Applications; Networking; EHealth; Counting; Multicenter trial	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Wang, Hui	HIV care during the coronavirus disease-2019 pandemic in Shenzhen, China.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000653	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7588025	PURPOSE OF REVIEW: Due to the stringent measures including quarantine of infected individuals and social distancing, the COVID-19 pandemic has posted great challenges for HIV-1 care in China. In this mini-review, I will discuss the situation in Shenzhen city as a window of China to reflect our strategies in fighting the concurrent HIV/AIDS and COVID-19 pandemics. RECENT FINDINGS: Prevention of nosocomial infection, minimizing the follow-up visits to the hospital, maintaining the delivery of PreP/PEP services and testing for SARS-Cov-2 and HIV when someone have fever or respiratory symptoms were the four major approaches to maintain uninterrupted HIV care in Shenzhen. None of 15á000 PLWH seeking HIV care at Shenzhen were diagnosed with COVID-19 during this pandemic. SUMMARY: This article share the experience unprecedented from Shenzhen. We have to adapt our care and service to continue to engage PLWH to avoid poor outcomes. More research is needed to know the long-term implications of pandemic for the health of PLWH.	antiretroviral therapy, coronavirus, nosocomial infection, people living with HIV, SARS-Co-2	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2020	Wang, Linwei; Moqueet, Nasheed; Lambert, Gilles; Grace, Daniel; Rodrigues, Ricky; Cox, Joseph; Lachowsky, Nathan J; Noor, Syed W; Armstrong, Heather L; Tan, Darrell H S; Burchell, Ann N; Ma, Huiting; Apelian, Herak; Knight, Jesse; Messier-Peet, Marc; Jollimore, Jody; Baral, Stefan; Hart, Trevor A; Moore, David M; Mishra, Sharmistha	Population-level sexual mixing according to hiv status and preexposure prophylaxis use among men who have sex with men in montreal, canada: Implications for hiv prevention	American Journal of Epidemiology	-	-	-	-	29262	10.1093/AJE/KWZ231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85084175090&doi=10.1093%2fAJE%2fKWZ231&partnerID=40&md5=ffea1f124f5aa1724f23d7c6fa38471d	Using cross-sectional survey data (Engage, 2017-2018) from 1,137 men who have sex with men, ≥16 years old, in Montreal, we compared observed human immunodeficiency virus (HIV) seroconcordance in previous- 6-months' sexual partnerships with what would have been observed by chance if zero individuals serosorted. Of 5 recent partnerships where both individuals were HIV-negative, we compared observed concordance in preexposure prophylaxis (PrEP) use with the counterfactual if zero individuals selected partners based on PrEP use.We estimated the concordance by chance using a balancing-partnerships approach assuming proportionate mixing.HIV-positive respondents had a higher proportion of HIV-positive partners (66.4%, 95% confidence interval (CI): 64.0, 68.6) than by chance (23.9%, 95% CI: 23.1, 24.7). HIV-negative respondents (both on and not on PrEP) had higher proportions of HIV-negative partners (82.9% (95% CI: 81.1, 84.7) and 90.7% (95% CI: 89.6, 91.7), respectively) compared with by chance (76.1%, 95% CI: 75.3, 76.9); however, those on PrEP had a higher proportion of HIV-positive partners than those not on PrEP (17.1% (95% CI: 15.3, 18.9) vs. 9.3% (95% CI: 8.3, 10.4). Those on PrEP also had a higher proportion of partners on PrEP among their HIV-negative partners (50.6%, 95% CI: 42.5, 58.8) than by chance (28.5%, 95% CI: 27.5, 29.4).The relationship between PrEP and sexual-mixing patterns demonstrated by less population-level serosorting among those on PrEP and PrEP-matching warrants consideration during PrEP roll-out. © 2020 Oxford University Press. All rights reserved.	HIV; MSM; PrEP; PrEP-matching; Serosorting; Sexual mixing patterns	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Wang, Zixin; Mo, Phoenix K H; Ip, Mary; Fang, Yuan; Lau, Joseph T F	Uptake and willingness to use PrEP among Chinese gay, bisexual and other men who have sex with men with experience of sexualized drug use in the past year.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-020-05024-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7178573	BACKGROUND: Sexualized drug use (SDU) refers to use of any psychoactive substance before/during sexual intercourse. Chemsex is a subset of SDU, which is defined as the use of some specific psychoactive substances (methamphetamine, mephedrone, Î³-hydroxybutyrate, ketamine and cocaine) before/during sexual intercourse. SDU and chemsex are prevalent among gay, bisexual and other men who have sex with men (GBMSM). This study investigated uptake and willingness to use pre-exposure prophylaxis (PrEP) among a sample of GBMSM in Hong Kong with experience of SDU in the past year. METHODS: A total of 600 GBMSM were recruited by convenient sampling through outreaching in gay venues, online recruitment and peer referral. Participants completed a cross-sectional anonymous telephone interview. This study was based on a subsample of 580 GBMSM self-reported as HIV negative/unknown sero-status. RESULTS: Of the participants, 82 (14.1%) and 37 (6.4%) had experience of SDU and chemsex in the past year. The prevalence of PrEP uptake was 4.0% among all participants and 14.6% among those with experience of SDU in the past year. Among GBMSM with experience of SDU in the past year who were not on PrEP (n = 70), 67.1% were willing to use daily oral PrEP in the next 6 months. Multivariate logistic regression models showed that positive attitudes toward PrEP (AOR: 2.37, 95%CI: 1.47, 3.82), perceived support from significant others to use PrEP (AOR: 9.67, 95%CI: 2.95, 31.71), and perceived behavioral control of using PrEP (AOR: 19.68, 95%CI: 5.44, 71.26) were significantly associated with higher willingness to use PrEP. CONCLUSION: GBMSM with experience of recent SDU are potentially good candidates of PrEP implementation. This group of GBMSM reported high prevalence of uptake and willingness to use PrEP. Perceptions related to PrEP based on the Theory of Planned Behavior were significantly associated with willingness to use PrEP.	Pre-exposure prophylaxis; Willingness to use; Gay, bisexual and other men who have sex with men; Sexualized drug use; China	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Wang, Zixin; Yang, Xue; Mo, Phoenix K H; Fang, Yuan; Ip, Tsun Kwan Mary; Lau, Joseph T F	Influence of Social Media on Sexualized Drug Use and Chemsex Among Chinese Men Who Have Sex With Men: Observational Prospective Cohort Study.	Journal of Medical Internet Research	-	-	-	-	1438-8871	10.2196/17894	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7414399	BACKGROUND: Sexualized drug use (SDU; the use of any psychoactive substance before or during sexual intercourse) is prevalent among men who have sex with men (MSM) and may aggravate the worsening HIV epidemic in this key population. OBJECTIVE: This observational prospective cohort study investigated factors predicting the occurrence of SDU within a 6-month follow-up period among a sample of MSM in Hong Kong. We hypothesized that perceptions related to SDU would mediate the association between the influence of social media/gay social networking apps and SDU during the follow-up period. METHODS: Participants were Chinese-speaking men in Hong Kong, China who had anal intercourse with at least one man in the past year. Among 600 participants who completed the baseline telephone survey, 407 (67.8%) completed another telephone survey 6 months later. Logistic regression models and path analysis were fitted. RESULTS: At Month 6, 6.9% (28/407) and 4.4% (18/407) of participants reported SDU and chemsex during the follow-up period. After adjustment for significant baseline background variables (use of pre-exposure prophylaxis; history of HIV and other sexually transmitted infections; anal intercourse with nonregular male sex partners, condomless anal intercourse with men, multiple male sex partnerships, and SDU at baseline), three constructs of the Theory of Planned Behavior (TPB) were significantly associated with SDU during the follow-up period: (1) positive attitudes toward SDU (adjusted odds ratio AOR 1.19, 95% CI 1.05-1.36), (2) perceived support for SDU from significant others (AOR 1.15, 95% CI 1.01-1.30), and (3) perceived behavioral control of refraining from SDU (AOR 0.76, 95% CI 0.59-0.98). Exposure to information supporting SDU on social media and gay social networking apps was also significantly associated with SDU (AOR 1.11, 95% CI 1.01-1.22). Bootstrapping analyses indicated that social media influence was indirectly associated with SDU through TPB-related perceptions of SDU (ß=.04; B=.002, 95% CI 0.001-0.01). CONCLUSIONS: Social media and gay social networking apps may be a major source of influence on MSM's perceptions and actual behaviors related to SDU.	influence of social media, sexualized drug use, chemsex, men who have sex with men, prospective observational cohort study	English	Germany	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2020	Wanga V.; Baeten J.M.; Bukusi E.A.; Mugo N.R.; Asiimwe S.; Ngure K.; Mujugira A.; Muwonge T.; Odoyo J.B.; Haberer J.E.; Celum C.; Heffron R.; Donnell D.; Haugen H.; Hendrix C.; Kidoguchi L.; Marzinke M.; Morrison S.; Ware N.; Wyatt M.	Sexual Behavior and Perceived HIV Risk Among HIV-Negative Members of Serodiscordant Couples in East Africa	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02773-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85077680730&doi=10.1007%2fs10461-019-02773-5&partnerID=40&md5=7440459259c59684af011348de7a13d6	HIV risk perception may influence the use of HIV prevention interventions. Using data from HIV-negative adults enrolled in a study of pre-exposure prophylaxis (PrEP) and antiretroviral therapy for HIV-serodiscordant couples in Kenya and Uganda, we examined associations between: (1) condom use and risk perception and (2) risk perception and PrEP adherence. Two-thirds of HIV-negative partners reported condomless sex with their HIV-positive partner or another partner in the month prior to study enrollment. Compared to those who reported no condomless sex, participants who reported condomless sex during the month prior to study visit had fivefold higher odds of reporting "high risk" vs "no risk" perception (36.3 versus 10.9%: aOR 4.9, 95% CI 3.4–6.9). Reporting condomless sex in the most recent sex act was associated with increased odds of perceiving some HIV risk (aOR for high risk = 7.3, 95% CI 4.9–10.8; aOR for moderate risk = 4.8, 95% CI 3.5–6.7; aOR for low risk = 3.5, 95% CI 2.7–4.6). We found no significant association between risk perception and PrEP adherence. Sexual behavior aligned with perceived HIV risk, which can facilitate an HIV-negative individual's decisions about PrEP use. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Condomless sex; HIV; PrEP; Risk perception; Serodiscordant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Wanga, Valentine	Improving Pre-Exposure Prophylaxis Delivery for Young Women in Kenya	-	-	University of Washington	University of Washington	-	-	NA	https://epi.washington.edu/epi_research/improving-pre-exposure-prophylaxis-delivery-for-young-women-in-kenya/	The rollout of pre-exposure prophylaxis (PrEP) for HIV prevention to priority populations, including young women, is expanding in sub-Saharan Africa. However, existing barriers to PrEP rollout at the individual, community and policy levels could slow progress and impede the success of PrEP implementation programs. In order to achieve success in HIV prevention, it is crucial to address these barriers, particularly among young women, a population especially vulnerable to HIV. In this dissertation, we evaluated the links among risk perception, sexual behavior and PrEP adherence in serodiscordant couples, evaluated the impact of incorporating HIVST in PrEP delivery for young women and assessed the cost of delivering PrEP to young women. In Aim 1, we used data from HIV-negative adults enrolled in a study of PrEP and antiretroviral therapy for HIV-serodiscordant couples in Kenya and Uganda to examine associations between: 1) condom use and risk perception and 2) risk perception and PrEP adherence. In Aim 2, we offered HIV self-testing (HIVST) to young women enrolled in a PrEP implementation study in two family planning clinics and assessed satisfaction with HIV testing and clinic experience, and the impact of HIVST on PrEP delivery procedures. In Aim 3, using the same population as that in Aim 2, we used micro-costing methods to estimate the incremental cost of delivering PrEP to young women. We found that sexual behavior aligned with perceived HIV risk, which can facilitate an HIV-negative individual's decisions about PrEP use. Additionally, we found HIVST to be feasible and acceptable for young women using PrEP, highlighting the need to evaluate its utility to streamline PrEP delivery and provide more testing options for young women on PrEP. Lastly, using practical data from PrEP implementation, we estimated the cost of delivering PrEP to young women, providing valuable data to inform budget impact and cost-effectiveness analyses as well as local resource allocation for scale-up of PrEP delivery to young women. Collectively, these studies addressed some of the barriers to PrEP delivery, proposed solutions to these barriers and drew attention to priority research needs for PrEP delivery to young women.	HIV; Pre-exposure prophylaxis; Cost; HIV testing; Epidemiology; Risk perception; Self-testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2020	Wanga, Valentine; Omollo, Victor; Bukusi, Elizabeth A; Odoyo, Josephine B; Morton, Jennifer F; Kidoguchi, Lara; Johnson, Rachel; Hughes, James P; Celum, Connie; Baeten, Jared M	Uptake and impact of facility-based HIV self-testing on PrEP delivery: a pilot study among young women in Kisumu, Kenya.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25561	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7441009	INTRODUCTION: HIV testing is a required part of delivery of pre-exposure prophylaxis (PrEP) for HIV prevention. However, repeat testing can be challenging in busy, under-staffed clinical settings, which could negatively impact PrEP uptake and continuation. We prospectively evaluated optional facility-based HIV self-testing (HIVST) among young women using PrEP in an implementation programme. METHODS: Between February and November 2019, we collected data from young women receiving PrEP at two family planning facilities in Kisumu, Kenya. At each PrEP follow-up visit, women were given the option to choose between provider-initiated testing and HIVST. We assessed factors associated with HIVST uptake and compared satisfaction with HIV testing and clinic experience between acceptors and decliners of HIVST. RESULTS: A total of 172 women were offered HIVST at 202 PrEP follow-up visits. The median age was 21 years, 27% had multiple partners and 15% reported previously using HIVST. HIVST was accepted at 34.7% (70/202) of visits. Age (adjusted relative risk (aRR) 1.09 per year, 95% CI (confidence interval) 1.01 to 1.18), never being married (aRR 1.81, 95% CI 1.11 to 2.95) and having more PrEP follow-up visits (aRR 1.13 per visit, 95% CI 1.04 to 1.23) were associated with HIVST uptake. Compared to HIVST decliners, HIVST acceptors were more likely to be very happy with their overall testing experience (73% vs. 47% of visits, p = 0.003) and were more likely to say they would use HIVST in the future (96% vs. 76%, p < 0.001). Women who accepted HIVST had shorter visits than those choosing standard provider-initiated HIV testing (median IQR: 33 32, 38 vs. 54 41.5, 81 minutes, p = 0.003). CONCLUSIONS: In this pilot evaluation in Kenya, about one-third of women using PrEP opted for HIVST over provider-initiated testing, and those choosing HIVST spent less time in the clinic and were generally satisfied with their experience. HIVST in PrEP delivery is feasible and has the potential to simplify PrEP delivery and give clients testing autonomy. Additional studies are needed to explore optimal HIV retesting strategies in PrEP delivery, including the use of HIVST in PrEP at a larger scale and in different settings.	PrEP, HIV testing, self-testing, counselling, standard of care, satisfaction	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2020	Warley, Eduardo M	Profilaxis pre-exposición para la prevención de infección por VIH (PrEP) en mujeres de áreas vulnerables del conurbano de Buenos Aires	Actualizaciones en SIDA e Infectología	-	-	-	-	2314-3193	NA	https://doi.org/10.52226/revista.v28i103.59	Se describen una serie de casos desarrollados en la región oeste del conurbano bonaerense, en los cuales se presentaron situaciones de alto riesgo de infección por VIH, de modo de poder analizar y explorar el potencial uso de PrEP en mujeres como parte de la estrategia combinada de prevención. Si bien la eficacia de la PrEP está adecuadamente documentada, su implementación se encuentra demorada en la región. Las mujeres no parecen estar dentro de las poblaciones consideradas clave y por lo tanto son alejadas de esas estrategias. Incorporar el uso de PrEP en mujeres jóvenes con riesgo de infección puede contribuir al logro de los objetivos de control de la epidemia y evitar la transmisión vertical del VIH. La falta de un adecuado conocimiento y la baja percepción del riesgo de infección se describen como barreras para una implementación exito	conurbano de Buenos Aires; mujeres; profilaxis preexposición del VIH (PrEP)	Spanish	Spain	Western and Central Europe and North America	Argentina	Latin America and the Caribbean	NA	NA	Qualitative
Article	2020	Watson R.J.; Eaton L.A.; Maksut J.L.; Rucinski K.B.; Earnshaw V.A.	Links Between Sexual Orientation and Disclosure Among Black MSM: Sexual Orientation and Disclosure Matter for PrEP Awareness	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-019-02696-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074610667&doi=10.1007%2fs10461-019-02696-1&partnerID=40&md5=3ca9a68450b32c62d7cd5c9917b6f366	The HIV epidemic in the United States has disproportionately burdened Black men who have sex with men (MSM), particularly in the South. While pre-exposure prophylaxis (PrEP) has high demonstrated efficacy, uptake is low among Black MSM. We utilized a sample of 345 HIV-negative or unknown HIV status Black MSM from Atlanta, Georgia. Bivariate and multivariable logistic regression models examined the effects of sexual orientation and disclosure on PrEP awareness and use. Despite the majority of the sample reporting PrEP awareness (91%), few Black MSM in our sample had ever used PrEP (10%). Bisexual Black MSM were less likely to have been aware of PrEP compared to their same-gender loving/gay counterparts. Black MSM who had disclosed their sexual orientation to some or all of the members of their networks were more aware of PrEP compared to their counterparts who reported lower levels of disclosure, but were not more likely to actually use PrEP. Alarmingly, the gap in PrEP awareness and use has not decreased over the past 5 years. These findings suggest that disclosure may be a relevant characteristic to consider for PrEP awareness, but there may be more to consider in closing the awareness-uptake gap among Black MSM. © 2019, Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; MSM; PrEP; Sexual minority	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Watson, C. Wei-Ming; Pasipanodya, Elizabeth; Savin, Micah J.; Ellorin, Eric E.; Corado, Katya C.; Flynn, Risa P.; Opalo, Chloé; Lampley, Elizabeth; Henry, Brook L.; Blumenthal, Jill; Bolan, Robert; Morris, Sheldon; Moore, David J.	Barriers and Facilitators to PrEP Initiation and Adherence Among Transgender and Gender Non-Binary Individuals in Southern California.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2020.32.6.472	https://pubmed.ncbi.nlm.nih.gov/33779208/	While transgender and gender non-binary (trans/nb) individuals are disproportionately affected by HIV, pre-exposure prophylaxis (PrEP) uptake remains low in this underserved population. We conducted four focus groups with 37 trans/nb individuals in San Diego and Los Angeles to assess barriers and facilitators of PrEP usage. Transcripts were coded for qualitative themes. Although overall PrEP awareness was high, participants reported limited knowledge and misinformation about PrEP. Barriers to PrEP use included: structural access (e.g., discrimination from health care providers, lack of trans-inclusive services, financial barriers), mental health struggles limiting ability to access PrEP, and concerns about potential side effects, drug-drug interactions with hormone therapy, and lack of other STI protection. Facilitators of PrEP usage included: increased PrEP availability, prior experience taking daily medications, and motivation to have active and healthy lives without fear of contracting HIV. Addressing both structural and psychosocial/behavioral factors in trans-affirming health care environments is crucial to designing inclusive, effective PrEP interventions.	Adult; Humans; Male; Female; HIV Infections/*prevention & control; Health Knowledge, Attitudes, Practice; Vulnerable Populations; Anti-HIV Agents/*administration & dosage/therapeutic use; *Health Services Accessibility; Attitude of Health Personnel; Pre-Exposure Prophylaxis/*methods; HIV prevention; pre-exposure prophylaxis; Focus Groups; Qualitative Research; *Transgender Persons; Los Angeles; Healthcare Disparities; qualitative; Discrimination, Psychological; gender non-conforming; health care disparities; STDs/STIs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Weber C.; Arastéh K.	Biomedical prevention: The significance of pre-exposure prophylaxis (PrEP) for the combination prevention of HIV infection in Germany; Medikamentöse prä-expositionsprophylaxe (PrEP): Stellenwert in der prävention und perspektive	Tagliche Praxis	-	-	-	-	0494464X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091865584&partnerID=40&md5=21d410cef9af42c5b4395f64e06b5b2f	Despite the progress in HIV prevention in recent years no method has led to an overall reduction in new infections in the European countries. In August 2016 emtricitabine-tenofovir disoproxil fumarate (FTC-TDF) was approved by the European Medicines Agency (EMA) as pre-exposure prophylaxis for the EU market. This promising biomedical prevention method completes recent prevention strategies. Many studies have shown a good safety profile and high efficacy when adherence was maintained and medical follow-up was provided. PrEP is particularly beneficial for individuals with a high-risk profile for HIV acquisition and is considered a temporary protection strategy. Implementation in what is known as combination prevention is mandatory to work as a completion to other preventive methods and might have impact on new infections. © 2020 Mediengruppe Oberfranken - Fachverlage GmbH & Co. KG. All rights reserved.	Adherence; Combination prevention; Emtricitabine; HIV new infections; Pre-exposure prophylaxis; PrEP; Tenofovir disoproxil fumarate	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	NA	NA	Review

Article	2020	Weber S.; Lazar L.; McCord A.; Romero C.; Tan J.	Online navigation for pre-exposure prophylaxis via pleaseprepme chat for hiv prevention: Protocol for a development and use study	JMIR Research Protocols	-	-	-	19290748	10.2196/20187	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092287963&doi=10.2196%2f20187&partnerID=40&md5=44e71b943629cb0100fe167e426f5749	Background: Pre-exposure prophylaxis is an HIV medication taken by an individual who is HIV-negative to prevent infection before exposure to the virus. Numerous clinical studies in various communities have shown high rates of effectiveness when pre-exposure prophylaxis is taken as prescribed. Since FDA (US Food and Drug Administration) approval of the first product for pre-exposure prophylaxis in 2012, uptake has been lower than the estimated 1.1 million US adults who could benefit from its use, with an estimated 70,394 individuals on pre-exposure prophylaxis in 2017. Of these, only 11% were Black and 13% were Hispanic despite Black and Hispanic individuals comprising two-thirds of individuals who could benefit, highlighting racial and ethnic disparities in pre-exposure prophylaxis uptake. Patient navigators have been shown to be effective in improving the linkage and retention in care outcomes of people living with HIV across the HIV treatment cascade and can be used throughout the pre-exposure prophylaxis care continuum to assist decision making and connect potential users to pre-exposure prophylaxis services. Objective: PleasePrEPMe Chat was designed as a novel online strategy aimed at improving engagement in pre-exposure prophylaxis care services with pre-exposure prophylaxis-eligible populations in California via free HIV-prevention information and health care navigation services. Methods: Visitors connected with navigators via online bilingual (English, Spanish) chat. During the chat, navigators helped locate pre-exposure prophylaxis services through the PleasePrEPMe provider directory, provided links to HIV-prevention resources, and supported uninsured, insured, and undocumented visitors with benefits navigation. Data such as date, time, type of encounter, visitor type, key demographics, discussion topics, insurance, and other relevant information were collected via a chat log and through the HealthEngage chat platform. Results: From April 2017 to December 2019, PleasePrEPMe completed 2191 online chats. Mean interaction time was 16 minutes, with 68% of chats covering more than one topic. Conversation topics included health care navigation (1104/2191, 50.39%), provider identification (954/2191, 43.54%), pre-exposure prophylaxis information (773/2191, 35.28%), post-exposure prophylaxis information (318/2191, 14.91%), and the California Pre-Exposure Prophylaxis Assistance Program (232/2191, 10.59%). Referrals to pre-exposure prophylaxis- or non pre-exposure prophylaxis-related resources included directory updates, HIV testing and treatment, undetectable=untransmittable, reproductive health, sexually transmitted infections, and other prevention methods. A total of 368 chat visitors completed a voluntary satisfaction scale rating the quality and helpfulness of the service provided, producing a mean rating of 4.7 out of 5. Conclusions: Online chat is a method for reaching people not already engaged in HIV-prevention services, supporting HIV-prevention decision making, and linking people seeking information online with in-person services. Additional research to evaluate online sexual health information services and understand how social determinants of health influence online engagement is needed to better understand how to reach priority populations not well served by current HIV-prevention services. © 2020 Scientific Journal Publishers Limited. All Rights Reserved.	Health systems navigation; HIV prevention; Online chat; Online navigation; Pre-exposure prophylaxis: PrEP	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wechsberg, Wendee M; Browne, Felicia A; Ndirangu, Jacqueline; Bonner, Courtney Peasant; Minnis, Alexandra M; Nyblade, Laura; Speizer, Ilene S; Howard, Brittni N; Myers, Bronwyn; Ahmed, Khatija	The PrEPARE Pretoria Project: protocol for a cluster-randomized factorial-design trial to prevent HIV with PrEP among adolescent girls and young women in Tshwane, South Africa.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-020-09458-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7490774	BACKGROUND: Despite increased prevention efforts, HIV remains the leading cause of death among adolescent girls and young women in South Africa. Although research indicates important determinants of HIV acquisition at the individual and interpersonal levels, structural-level stigma and discrimination continue to be critical barriers to reaching and retaining this key population for HIV prevention and sexual and reproductive health services. Innovative and multilevel interventions are needed that can address the intersectional structural and gender issues that young women face, including stigma, alcohol and drug use, gender-based violence, and other risk factors when seeking health services. Oral pre-exposure prophylaxis (PrEP) taken daily has been found to be an effective biomedical HIV prevention tool. Testing a comprehensive gender-focused biobehavioral HIV prevention intervention that is inclusive of social ecological determinants, such as stigma and discrimination reduction in clinics, is critical for reducing HIV among adolescent girls and young women. METHODS: This project involves both a Community Collaborative Board and a Youth Advisory Board in helping to adapt the Young Women's Health CoOp intervention and the Health Policy Project (HPP) Stigma and Discrimination (S&D) reduction training curriculum to the setting and population. This study uses a two-by-two factorial design with stratified randomization of 12 clinics, each with distinct catchment areas. The Young Women's Health CoOp addresses substance use, sexual risk, violence prevention and sexual negotiation, condom demonstration, and problem solving with the following additions: knowledge of PrEP, the importance of PrEP adherence, and sexual and reproductive health. Adolescent girls and young women will be assessed with behavioral and biological measures at baseline, 3-, 6- and 9-month follow-up. The S&D reduction training is provided for all staff in the clinics randomized to this condition. Clinic staff will be surveyed at baseline, 4- and 8-month follow-up. We will recruit 900 AGYW from communities in the 12 clinic catchment areas. DISCUSSION: The study findings, if efficacious across the outcomes, will be incorporated into the gender-focused HIV prevention intervention toolkit and disseminated to inform multilevel prevention approaches. TRIAL REGISTRATION: ClinicalTrials.gov. Identifier: NCT04048551 (Recruiting). Registered: August 7, 2019 (Retrospectively registered).	HIV, Sexual and reproductive health (SRH), Stigma, Health Policy Project Stigma and Discrimination-reduction training (HPP S&D), Clinic staff, Young Women's Health CoOp (YWHC), Alcohol and drug use, Gender-based violence, Adaptation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Weiss K.M.; Prasad P.; Ramaraju R.; Zlotorzynska M.; Jenness S.M.	Estimated Number of Men Who Have Sex with Men with Indications for HIV Pre-exposure Prophylaxis in a National Sexual Network Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002300	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083041690&doi=10.1097%2fQAI.0000000000002300&partnerID=40&md5=ed91f8c2fdbcb5cfaa28527c4ceecdd0	Background:A 2015 CDC analysis estimated that 24.7% of sexually active men who have sex with men (MSM) had indications for HIV pre-exposure prophylaxis (PrEP) based on 2014 US Public Health Service (USPHS) clinical practice guidelines. Given that the USPHS revised these guidelines in 2017, updated estimates of the fraction of MSM indicated for PrEP overall and stratified by demographic factors and geography are needed to scale-up PrEP for MSM in the US.Methods:We conducted a national web-based study of 4904 MSM aged 15-65 who had ever had sex with another man between July 2017 and January 2019. We estimated the percentage of HIV-negative, sexually active MSM meeting USPHS indications for PrEP by demographic category.Results:Of 3511 sexually active, HIV-negative MSM, 34.0% (95% confidence interval: 32.4 to 35.6) met USPHS indications for PrEP, with percentages consistent across US census region and varying slightly by race/ethnicity (Black: 32.2%, White: 33.7%, Hispanic: 36.4%, Other: 33.6%). Among individuals meeting USPHS PrEP indications, 93.5% reported condomless anal intercourse in the prior 6 months. Among all survey respondents, PrEP eligibility was lowest among non-Hispanic black (18.4%) and younger respondents (15-17: 4.1%; 18-24: 18.1%).Conclusions:Estimated percentages of MSM meeting indications for PrEP exceeded the previous CDC estimate across race/ethnicity, age, and census regions, with one-third of adult, sexually active, HIV-negative MSM exhibiting indications for PrEP. This study suggests, given current guidelines for PrEP indications, that a different fraction of eligible MSM could be receiving PrEP than previously estimated. © 2020 Lippincott Williams and Wilkins. All rights reserved.	eligibility; indications; men who have sex with men; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Were D.; Musau A.; Mutegi J.; Ongwen P.; Manguro G.; Kamau M.; Marwa T.; Gwaro H.; Mukui I.; Plotkin M.; Reed J.	Using a HIV prevention cascade for identifying missed opportunities in PrEP delivery in Kenya: results from a programmatic surveillance study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25537	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087108379&doi=10.1002%2fjia2.25537&partnerID=40&md5=d9b55a89839191872a20c5252b08ab53	Introduction: HIV prevention cascades have been systematically evaluated in high-income countries, but steps in the pre-exposure prophylaxis (PrEP) service delivery cascade have not been systematically quantified in sub-Saharan Africa. We analysed missed opportunities in the PrEP cascade in a large-scale project serving female sex workers (FSW), men who have sex with men (MSM) and adolescent girls and young women (AGYW) in Kenya. Methods: Programmatic surveillance was conducted using routine programme data from 89 project-supported sites from February 2017 to December 2019, and complemented by qualitative data. Healthcare providers used nationally approved tools to document service statistics. The analyses examined proportions of people moving onto the next step in the PrEP continuum, and identified missed opportunities. Missed opportunities were defined as implementation gaps exemplified by the proportion of individuals who could have potentially accessed each step of the PrEP cascade and did not. We also assessed trends in the cascade indicators at monthly intervals. Qualitative data were collected through 28 focus group discussions with 241 FSW, MSM, AGYW and healthcare providers, and analysed thematically to identify reasons underpinning the missed opportunities. Results: During the study period, 299,798 individuals tested HIV negative (211,927 FSW, 47,533 MSM and 40,338 AGYW). Missed opportunities in screening for PrEP eligibility was 58% for FSW, 45% for MSM and 78% for AGYW. Of those screened, 28% FSW, 25% MSM and 65% AGYW were ineligible. Missed opportunities for PrEP initiation were lower among AGYW (8%) compared to FSW (72%) and MSM (75%). Continuation rates were low across all populations at Month-1 (ranging from 29% to 32%) and Month-3 (6% to 8%). Improvements in average annual Month-1 (from 26% to 41%) and Month-3 (from 4% to 15%) continuation rates were observed between 2017 and 2019. While initiation rates were better among younger FSW, MSM and AGYW (<30 years), the reverse was true for continuation. Conclusions: The application of a PrEP cascade framework facilitated this large-scale oral PrEP programme to conduct granular programmatic analysis, detecting "leaks" in the cascade. These informed programme adjustments to mitigate identified gaps resulting in improvement of selected programmatic outcomes. PrEP programmes are encouraged to introduce the cascade analysis framework into new and existing programming to optimize HIV prevention outcomes. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	cascades; HIV prevention; key and vulnerable populations; missed opportunities; PrEP; sub-Saharan Africa	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods
Article	2020	Westmoreland D.A.; D'angelo A.; Nash D.; Grov C.	Individual and partner characteristics associated with intentions to use prep among partnered men, trans men, and trans women in sero-concordant and-discordant relationships in the united states	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2020.32.5.367	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094555825&doi=10.1521%2faeap.2020.32.5.367&partnerID=40&md5=f8753accb39085b8c6ae8f5e94ecc00f	Despite proven effectiveness in reducing HIV transmission, pre-exposure prophylaxis (PrEP) use remains low among those who meet the recom-mended CDC guidance for PrEP use. Data are from a U.S. national cohort of men and trans persons who have sex with men (2017–2018). Logistic regression analyses were used to determine individual and partner factors associated with intentions to use PrEP among non-PrEP-using participants reporting a main partner (n = 1,671). Prior PrEP use among participants (14.2%) and their partners (7.7%) was low. Participants' prior PrEP use and main partner's HIV-positive status were both positively associated with intentions to use PrEP. HIV prevention interventions incorporating main partners may be effective in increasing PrEP use. © 2020 The Guilford Press.	Dyads; HIV; Partner characteristics; PrEP; Sero-discordant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Westmoreland, Drew A; Pantalone, David W; Patel, Viraj V; Hoover, Donald; Nash, Denis; Grov, Christian	Demographic, Behavioral, and Geographic Differences Between Men, Transmen, and Transwomen Currently on PrEP, Former PrEP Users, and Those Having Never Used PrEP.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-019-02722-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7162710	Many recent studies have compared men currently taking pre-exposure prophylaxis (PrEP) to men not taking PrEP. However, less is known about demographic, behavioral, and geographic characteristics of men formerly, but not currently, taking PrEP. Using a 2017-2018 U.S. national, internet-based sample (n = 10,504) of men, transmen, and transwomen who have sex with men, we compared three groups based on their PrEP experiences. Results highlight individual-level financial and geo-contextual barriers to PrEP use that can inform prevention efforts to improve PrEP initiation and continuation for both PrEP-naïve and PrEP-experienced individuals, respectively.	Pre-exposure Prophylaxis, PrEP; Gay and bisexual men; sexual behavior; demographic characteristics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Westmoreland, Drew A; Patel, Viraj V; D'Angelo, Alexa B; Nash, Denis; Grov, Christian	Sociocultural influences on attitudes towards pre-exposure prophylaxis (PrEP), history of PrEP use, and future PrEP use in HIV-vulnerable cisgender men who have sex with men across the U.S.	Annals of LGBTQ Public & Population Health	-	-	-	2688-4518	10.1891/lgbtq-2020-0005	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8294708	Despite its proven effectiveness in reducing HIV transmission, pre-exposure prophylaxis (PrEP) use remains low. This study used data from a 2017-2018 U.S. national cohort to investigate social influences on PrEP experience and future PrEP use among cisgender men who have sex with men. We used descriptive statistics and multivariable logistic analyses to examine social influences (e.g., how participants heard about PrEP and number of persons they knew taking PrEP) associated with each previous PrEP use and intentions to use PrEP. Among participants who knew of PrEP, commonly reported ways of first hearing about PrEP were through social media (27.4%) and friends (26.8%). There were also cited top influences on participants' current attitudes toward PrEP (friends 23.5%, social media 22.1%). Multivariable logistic regression analyses found that knowing more people taking PrEP was associated with increased odds of previously using PrEP and intending to use PrEP. Friends and social media were common and influential sources of information regarding PrEP. Results suggest that tapping into these social connections may effectively disseminate public health messaging about PrEP and encourage use among key populations to reduce HIV burden.	PrEP, HIV, social networks, social media, sexual minorities, gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	White J.J.; Mathews A.; Henry M.P.; Moran M.B.; Page K.R.; Latkin C.A.; Tucker J.D.; Yang C.	A crowdsourcing open contest to design pre-exposure prophylaxis promotion messages: Protocol for an exploratory mixed methods study	JMIR Research Protocols	-	-	-	19290748	10.2196/15590	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078147611&doi=10.2196%2f15590&partnerID=40&md5=f5a61dc0897a16a699fdc89e7d4c732f	Background: In the United States, black men who have sex with men (BMSM) are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) can reduce HIV incidence. However, real-world implementation of PrEP outside of clinical trials has identified racial disparities in PrEP awareness, uptake, and adherence. In the context of a long history of medical mistrust and power imbalances between scientists and community members, strategies to increase uptake of PrEP among BMSM should consider ways to ensure messages address the needs and priorities of the community. Crowdsourcing contests shift traditional individual tasks to a large group and may enhance community engagement. Objective: This paper describes the research protocol of a contest approach to soliciting PrEP promotion messages among BMSM in Baltimore. Methods: Open-contest implementation and evaluation will proceed as follows: (1) organize a community steering group; (2) develop platforms to solicit crowd input; (3) engage the community to contribute ideas through a Web-based forum and in-person events; (4) evaluate contest entries using both community panel judge assessment and crowd voting; (5) utilize mixed methods to evaluate feasibility, acceptability, and community engagement; and (6) disseminate contest results. Results: This study was funded by the National Institutes of Health (National Institute of Mental Health: R34MH116725) in May 2018 and was approved by the institutional review board in April 2018. The open contest started in February 2019, and data analyses for the mixed method evaluation are expected to complete in December 2019. Conclusions: The contest will potentially bring new ideas in developing more impactful and locally defined PrEP promotion campaigns. We will determine whether an open-contest approach is acceptable among BMSM in Baltimore. If successful, this study can inform future projects using a similar approach on how to identify and implement programs and policies that are more responsive to community needs and that build up community assets. © 2020 Journal of Medical Internet Research. All rights reserved.	Crowdsourcing; HIV; Pre-exposure prophylaxis (PrEP); Sexual and gender minorities	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2020	White, Ellen	HIV pre-exposure prophylaxis : additional insights through secondary analyses of the PROUD trial	-	-	University College London (University of London)	-	NA	NA	https://discovery.ucl.ac.uk/id/eprint/10091955/ https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.825462	This thesis utilises data from PROUD, a randomised controlled trial to evaluate pre-exposure prophylaxis (PrEP) for HIV prevention. PROUD randomised 544 HIV-negative men who have sex with men (MSM) to receive PrEP immediately or deferred for a year. The trial demonstrated that PrEP was highly effective at preventing HIV transmission. In this thesis, I consider four further questions: (1) Who should access PrEP? (2) How appropriate are epidemiological measures that are commonly used for PrEP and other prevention strategies? (3) Is PrEP-use associated with an increased risk of sexually transmitted infections (STIs)? and (4) What is the risk of hepatitis C (HCV) among PrEP-users? The highest risk of HIV acquisition was associated with a rectal STI or syphilis diagnosis in the previous year, or reporting condomless receptive intercourse with two or more partners in the previous three months. MSM meeting these criteria are therefore in most need of PrEP. STI diagnoses were more common among PrEP-users, found in both the randomised and pre-/post-PrEP comparisons. It was unclear whether this was driven by a difference in screening or sexual behaviour. Regardless, PrEP-using MSM are at high risk of STIs, and frequent screening in a PrEP programme would help control onward transmission. HCV incidence was high and increased during the four-year period of follow-up, doubling in the final year. Risk varied according to reported risk factors. Thus, the current recommendation of quarterly HCV screening for all PrEP-using MSM may not be appropriate unless there is a localised epidemic. My findings show that MSM seeking PrEP have a high but heterogeneous risk of sexually transmitted diseases, with variation according to individual- and population-level risk factors. PrEP programmes need to allocate sufficient provisions to screen for and treat other clinical outcomes, including STIs and HCV.	616.97	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Clinical
Article	2020	Whiteley L.; Olsen E.; Mena L.; Haubrick K.; Craker L.; Hershkowitz D.; Brown L.K.	A mobile gaming intervention for persons on pre-exposure prophylaxis: Protocol for intervention development and randomized controlled trial	JMIR Research Protocols	-	-	-	19290748	10.2196/18640	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092273156&doi=10.2196%2f18640&partnerID=40&md5=7b5cc332fbc05b5e1bd8b18c2fecee86	Background: In the United States, young minority men who have sex with men (MSM) are the most likely to become infected with HIV. Pre-exposure prophylaxis (PrEP) is an efficacious and promising prevention strategy. However, PrEP's safety and effectiveness can be greatly compromised by suboptimal adherence to treatment. To maximize the positive impact of PrEP, it is necessary to combine its prescription with cost-effective behavioral interventions that promote adherence and decrease HIV risk behaviors. In this project, we developed a theoretically informed app/gaming intervention to engage young MSM in learning information, practicing behaviors, and improving motivation for HIV preventative behaviors and PrEP adherence. Objective: The goal of this project was to develop and test a cutting-edge, engaging, and entertaining app/gaming intervention for improving adherence to PrEP and building HIV prevention knowledge, skills, and behavior. Methods: This study was conducted in two phases. In the developmental phase, we conducted qualitative interviews with young MSM (n=20) to guide the development of the gaming intervention. In the randomized controlled trial, we tested the preliminary efficacy of the gaming intervention compared to a comparison condition among young MSM. Subjects were recruited from the University of Mississippi Medical Center HIV/STI testing clinics (n=60). Results: Institutional review board approval was received in February 2015. Research activities began in June 2015 and are still ongoing. Conclusions: This app/gaming intervention aimed to improve PrEP adherence and HIV preventative behaviors in young MSM. Engaging young MSM in learning information, practicing behaviors, and improving motivation for increased adherence to PrEP has the potential to decrease HIV seroconversion. It is important to develop interventions that are enjoyable, engaging, and easily incorporated into clinical settings. © 2020 JMIR Publications. All rights reserved.	Adherence; HIV prevention; Men who have sex with men (MSM); Mobile gaming intervention; Pre-exposure prophylaxis (PrEP)	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Whiteley, Laura; Healy, Meredith G; Lowery, Ashley; Haubrick, Kayla K; Brown, Larry K	An evaluation and review of English language pre-exposure prophylaxis websites and YouTube videos.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462420905271	https://journals.sagepub.com/doi/10.1177/0956462420905271	Pre-exposure prophylaxis (PrEP) is a promising HIV prevention strategy in which antiretroviral medications are taken to prevent HIV infection. PrEP was approved as an HIV prevention method in the United States in 2012 for individuals aged 18 years and older. Since its approval, there has been a growing amount of online content about PrEP targeted to general, non-medical, audiences. However, this online information is under-studied and under-evaluated. Two raters catalogued and coded PrEP material written in the English language from 61 websites and 58 YouTube videos for educational content, credibility, usability, and interactivity. The online material was catalogued and searched for between September 2017 and April 2018. Online PrEP material showed deficiencies in each of these content areas, however, there is a significant amount of publicly accessible online content available about PrEP. This content could be packaged, used, and tested in a prevention intervention to improve PrEP uptake and engagement in care.	HIV, Pre-exposure prophylaxis, websites, YouTube, prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Whitfield Thomas H F; Parsons, Jeffrey T; Jonathon, Rendina H	Rates of Pre-exposure Prophylaxis Use and Discontinuation Among a Large U.S. National Sample of Sexual Minority Men and Adolescents	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-019-01602-z	https://www.proquest.com/scholarly-journals/rates-pre-exposure-prophylaxis-use/docview/2353384105/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is highly effective in the prevention of HIV acquisition and was recently approved for those under 18 years of age. The primary goal of the present study was to understand the prevalence of and factors associated with PrEP use among a large sample of young and adult sexual minority men (Y/SMM). Participants came from a larger national sample of SMM. Data collected included demographics, substance use, PrEP use, and sexual risk. Participants were recruited via sexual networking/dating applications and resided in the U.S. including Puerto Rico, were at least 13 years old, self-reported being HIV-negative, and identified as male. The sample was divided into two groups: YSMM (13–24 years of age) and adult SMM (25 years of age and up). Multinomial logistic regressions examining associations with never, current, and former PrEP use were run with all variables of interest simultaneously entered into the models. Age was positively associated with both former and current PrEP use among YSMM. Additionally, YSMM who identified as gay (vs. bisexual), lived in the Northeast, Midwest, and West (vs. South), had their own health insurance (vs. those on their parent's), had recently been diagnosed with an STI, and had recently used a drug all had higher odds of being a current PrEP user compared to those that had never used PrEP. Among adult SMM, those who were older did not have higher odds of current PrEP use compared to those that had never used PrEP. Those who identified as queer (vs. gay), single, had their own or were on their partner's insurance (vs. parent's), recent condomless anal sex, recent STI diagnosis, recent drug use, and recent substance use all had higher odds of being a current PrEP user compared to those that had never used PrEP. Research is needed to address the disparities in PrEP uptake among YSMM. Interventions for PrEP access among those on their parents' insurance may also be necessary.	HIV prevention; Pre-exposure prophylaxis; Youth; Teenagers; Prep; PrEP uptake; Sexual minority; Drug use; Adolescence; Age; Sexual risk; Sexual orientation; Biomedical prevention; Sexual minority men; Substance; Human immunodeficiency virus--HIV; United States--US; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Preventive healthcare	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Whitfield, Darren L	Does internalized racism matter in HIV risk? Correlates of biomedical HIV prevention interventions among Black men who have sex with men in the United States.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2020.1753007	https://dx.doi.org/10.1080/09540121.2020.1753007	Black men who have sex with men (MSM) account for 26% of all new HIV infections in the United States. Biomedical HIV interventions have proven to reduce HIV infections however the use of these interventions by Black MSM is inconsistent. Research suggests that internalized racism may contribute to inconsistent biomedical HIV interventions (condom use and PrEP use) among Black MSM. Using a national sample of 432 Black MSM, we examined the relationship between condom and PrEP use and internalized racism. The results suggest there is some evidence for an association between internalized racism and PrEP use. In addition, internalized racism was not associated with condom use for both insertive and receptive anal sex among Black MSM. These finding suggest the relationship between internalized racism and HIV prevention strategies is not facile and more attention is needed to understand the true impact of racism, both internal and societal, on HIV prevention strategies among Black MSM. These findings underscore the nature of racism in the daily lives of Black MSM and how it impacts HIV prevention strategies adopted by these men.	Black men who have sex with men; condomless anal sex; PrEP; internalized racism; HIV prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wilby, Kyle J; Smith, Alesha J	A Narrative Review of Continuing Professional Development Needs for Pharmacists with Respect to Pre-exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV).	Pharmacy	-	-	-	2226-4787	10.3390/pharmacy8020084	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7356600	Pre-exposure prophylaxis (PrEP) for the human immunodeficiency virus (HIV) is rapidly increasing in use worldwide, with many countries now publicly funding use for high risk populations. Pharmacists, as front-line care providers, must have the necessary knowledge, skills and attitudes to effectively provide care to PrEP patients. The aim of this review was to identify priority areas and key gaps for continuing professional development (CPD) needs relating to PrEP for practicing pharmacists. An electronic search of PubMed, EMBASE, International Pharmaceutical Abstracts and CPD-related journals was supplemented with a manual search of references to identify articles describing pharmacists' knowledge, perceptions and experience with PrEP. A total of eight articles were identified across four countries. Pharmacists were consistently found to lack knowledge and awareness of PrEP, express low confidence/comfort with patient care practices, report a lack of experience and/or intentions to provide patient care, but overall had positive perceptions of PrEP therapy. Older pharmacists with more experience commonly reported greater knowledge gaps than recently trained pharmacists. CPD should therefore aim to increase pharmacists' baseline knowledge and awareness of PrEP and treatment guidelines, as well as be directed towards older pharmacists with more experience.	pharmacy, continuing education, continuing professional development, HIV, pre-exposure prophylaxis, antiretrovirals, education	English	Switzerland	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Review
Article	2020	Willie T.C.; Keene D.E.; Kershaw T.S.; Stockman J.K.	"You Never Know What Could Happen": Women's Perspectives of Pre-Exposure Prophylaxis in the Context of Recent Intimate Partner Violence	Women's Health Issues	-	-	-	10493867	10.1016/j.whi.2019.08.001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85072227798&doi=10.1016%2fj.whi.2019.08.001&partnerID=40&md5=b628b6894b6b4b1c8e6aed535054de41	Background: Vulnerability to human immunodeficiency virus (HIV) infection is a significant public health issue for women experiencing intimate partner violence (IPV). Despite the increased risk of human immunodeficiency virus infection, women only represent 4.6% of pre-exposure prophylaxis (PrEP) users in the United States. IPV may present additional difficulties to PrEP access. In this qualitative study, we examined how IPV and the relational context shaped women's decisions, attitudes, and engagement in the PrEP care continuum. Methods: We conducted semistructured interviews with 19 women residing in Connecticut who participated in a prospective cohort study. We purposively recruited our sample to include women who reported physical and/or sexual IPV in the past 6 months, and used a grounded theory approach to analyze the qualitative data. Results: Our findings suggest multiple ways that the relational context can affect women's decisions, attitudes, and engagement in the PrEP care continuum. We identified five aspects of women's relationships that can shape women's interest, intentions, and access to PrEP: 1) relationship power struggles, 2) infidelity, 3) trust and monogamy, 4) male partner's reactions, and 5) "season of risk" (i.e., PrEP use only during times of perceived human immunodeficiency virus risk). Collectively, these findings suggest that women experiencing IPV might face additional relational challenges that need to be adequately addressed in settings administering PrEP. Conclusions: Communication on sexual risk reduction strategies should address relational factors and promote women's autonomy. Future research on long-acting and invisible forms of PrEP may help to circumvent some of the relational barriers women experiencing IPV may face when considering PrEP care. © 2019 Jacobs Institute of Women's Health	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Willie Tiara C; Keene, Danya E; Stockman, Jamila K; Alexander, Kamila A; Calabrese, Sarah K; Kershaw, Trace S	Intimate Partner Violence Influences Women's Engagement in the Early Stages of the HIV Pre-exposure Prophylaxis (PrEP) Care Continuum: Using Doubly Robust Estimation	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-019-02469-w	https://www.proquest.com/scholarly-journals/intimate-partner-violence-influences-women-s/docview/2197694365/se-2?accountid=8113	Intimate partner violence (IPV) is associated with pre-exposure prophylaxis (PrEP) acceptability among US women, but whether IPV influences other steps along the PrEP care continuum remains unclear. This study estimated the causal effects of IPV on the early stages of the PrEP care continuum using doubly robust (DR) estimation (statistical method allowing causal inference in non-randomized studies). Data were collected (2017-2018) from a cohort study of 124 US women without and 94 women with IPV experiences in the past 6 months (N = 218). Of the 218 women, 12.4% were worried about getting HIV, 22.9% knew of PrEP, 32.1% intended to use PrEP, and 40.4% preferred an "invisible" PrEP modality. IPV predicts HIV-related worry (DR estimate = 0.139, SE = 0.049, p = 0.004). IPV causes women to be more concerned about contracting HIV. Women experiencing IPV are worried about HIV, but this population may need trauma-informed approaches to help facilitate their PrEP interest and intentions.	HIV; Women; Pre-exposure prophylaxis; Psychology; Causality; Disease prevention; Prophylaxis; Exposure; Violence; Aggression; Trauma; Intimate partner violence; Causal inference; Doubly robust estimation; Domestic violence; Human immunodeficiency virus--HIV; Womens health; United States--US; Intimate relationship; Woman; Direct reduction; Population (statistical); Statistical inference	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Willie, Tiara C; Keene, Danya E; Stockman, Jamila K; Alexander, Kamila A; Calabrese, Sarah K; Kershaw, Trace S	Intimate Partner Violence Influences Women's Engagement in the Early Stages of the HIV Pre-exposure Prophylaxis (PrEP) Care Continuum: Using Doubly Robust Estimation.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-019-02469-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6763353	Intimate partner violence (IPV) is associated with pre-exposure prophylaxis (PrEP) acceptability among US women, but whether IPV influences other steps along the PrEP care continuum remains unclear. This study estimated the causal effects of IPV on the early stages of the PrEP care continuum using doubly robust (DR) estimation (statistical method allowing causal inference in non-randomized studies). Data were collected (2017-2018) from a cohort study of 124 US women without and 94 women with IPV experiences in the past 6 months (N = 218). Of the 218 women, 12.4% were worried about getting HIV, 22.9% knew of PrEP, 32.1% intended to use PrEP, and 40.4% preferred an "invisible" PrEP modality. IPV predicts HIV-related worry (DR estimate = 0.139, SE = 0.049, p = 0.004). IPV causes women to be more concerned about contracting HIV. Women experiencing IPV are worried about HIV, but this population may need trauma-informed approaches to help facilitate their PrEP interest and intentions.	causal inference, doubly robust estimation, HIV, intimate partner violence, pre-exposure prophylaxis, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Wilson E.C.; Turner C.M.; Arayasirikul S.; Lightfoot M.; Scheer S.; Raymond H.F.; Liu A.	Disparities in the PrEP continuum for trans women compared to MSM in San Francisco, California: results from population-based cross-sectional behavioural surveillance studies	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25539	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087108482&doi=10.1002%2fjia2.25539&partnerID=40&md5=0c3cf1a84a3ba3eb0c85819fd9f7d8e8	Introduction: Although transgender women (trans women) often are conflated with men who have sex with men (MSM) in HIV research and services, there are distinct population differences that are important for implementing effective HIV prevention. Our objective was to examine pre-exposure prophylaxis (PrEP) disparities between the two populations and compare individual, social and structural factors that influence differences between MSM and trans women along the PrEP continuum. Methods: We analysed data from two population-based studies, one with trans women (Trans*National Study, 2016 - 18) and the other with MSM (National HIV Behavioral Surveillance, 2017). Trans women were recruited via respondent-driven sampling and MSM using time location sampling. Key indicators of the PrEP continuum were evaluated, including awareness, health insurance, provider discussions, recent use and adherence. Associations were also examined for PrEP continuum indicators and structural barriers (e.g. employment, homelessness). Results: Transwomen were more likely than MSM to be Latino/a (30.4% vs. 25.8%; prevalence ratio (PR)=1.08, 95% CI 1.02 to 1.14) or African American (7.1% vs. 4.5%; PR = 1.12, 1.02 to 1.24), live at or below the poverty limit (70.7% vs. 15.8%; PR = 1.47; 1.41 to 1.53), be unemployed (50.1% vs. 26.3%; PR = 1.18, 1.13 to 1.24), be homeless (8.4% vs. 3.5%; PR = 1.15, 1.06 to 1.25) and to have less than a college degree (PR = 1.41, 1.34 to 1.48). Trans women were more likely than MSM to have health insurance (95.7% vs. 89.7%, PR = 1.17, 1.06 to 1.28), but less likely than MSM to have heard of PrEP (79.1% vs. 96.7%; PR = 0.77, 0.73 to 0.81), talked with a provider about PrEP (35.5% vs. 54.9%; PR = 0.87, 0.83 to 0.91) and less likely than MSM to have used PrEP in the past six months (14.6% vs. 39.8%; PR = 0.80, 0.76 to 0.84). Among PrEP users, trans women were less likely to report being adherent to PrEP than MSM (70.4% vs. 87.4%; PR = 0.80, 0.70 to 0.91). Conclusions: We found PrEP disparities for trans women compared to MSM and the need for differentiated implementation strategies to meet the specific PrEP barriers trans women face. Inclusion of trans women's HIV risks is needed in CDC guidance for PrEP. Interventions to increase trans women's awareness of PrEP including at the provider and community level are also needed. Finally, programming that addresses trans women's barriers to housing and income is also needed to reduce PrEP disparities. © 2020 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	disparities; HIV; pre-exposure prophylaxis; PrEP; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wilson K.; Beckett C.G.; Blaylock J.M.; Okulicz J.F.; Scott P.T.; Hakre S.	Provider Knowledge Gaps in HIV PrEP Affect Practice Patterns in the US Navy	Military Medicine	-	-	-	264075	10.1093/milmed/usz131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85079344835&doi=10.1093%2fmilmed%2fusz131&partnerID=40&md5=29b9e08af42440b38b38e5baf80058d2	Introduction: Although HIV pre-exposure prophylaxis (PrEP) is available at no cost to personnel in the United States (U.S.) military, uptake has been lower than expected. An online survey was conducted assessing current knowledge, perceptions, and attitudes of primary care providers in the U.S. Navy. Materials and Methods: A cross-sectional anonymous online survey was conducted among U.S. Navy healthcare providers in active service. Providers' demographics, medical practice and PrEP experience, and attitudes regarding PrEP were assessed by self-rated PrEP knowledge. Results: Greater than half of respondents reported being knowledgeable about PrEP and a majority (78%) supported the provision of PrEP in the military health system. However, only 19% had ever prescribed PrEP. Self-reports of having been questioned by a patient about PrEP, having high levels of comfort discussing sexual risk behaviors, and being in a specialty of infectious disease, occupational health, or preventive medicine were associated with increased knowledge about PrEP. The more knowledgeable a provider was about PrEP, the more likely they were to prescribe it (29% vs. 6%). Conclusions: Although Navy providers were supportive of the provision of PrEP by the military, knowledge gaps remain. Training to address the knowledge deficit as well as improving sexual history taking are potential areas to target in implementing PrEP in primary care specialties. © 2020 Published by Oxford University Press on behalf of the Association of Military Surgeons of the United States.	health care providers; HIV pre-exposure prophylaxis; United States Navy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wilson, Kennethea; Bleasdale, Jacob; Przybyla, Sarahmona M	Provider-Patient Communication on Pre-Exposure Prophylaxis (Prep) for HIV Prevention: An Exploration of Healthcare Provider Challenges	Health Communication	-	-	-	10410236	10.1080/10410236.2020.1787927	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087768553&doi=10.1080%2f10410236.2020.1787927&partnerID=40&md5=fa399ee63151d53fff7a8ef2cac9e6d9	Pre-exposure prophylaxis (PrEP) is a once-daily pill prescribed by healthcare providers to protect patients from contracting HIV. Current data suggests that a minority of healthcare providers have ever prescribed it to clinically-eligible patients. The present study employed a social ecological framework to understand the factors that influence providers' engagement in patient-centered communication regarding PrEP. Semi-structured interviews (N = 20) with physicians, physician assistants, and nurse practitioners working in primary and specialty care practices in Western New York were thematically analyzed to understand provider-based PrEP communication challenges. Although participants never prescribed PrEP, all had clinical experience with patient populations at risk for HIV, such as people who inject drugs, men who have sex with men, transgender women, and people who exchange sex for resources. Results revealed three themes affecting provider engagement in PrEP-related discussions, which emerged across three levels of the social ecological model. At the individual level, challenges affecting provider engagement in patient-centered discussions included lacking PrEP knowledge to educate and counsel patients and discomfort with prescribing PrEP based on its perceived newness. At the interpersonal level, participants expressed varying degrees of discomfort discussing HIV risk behaviors with patients. At the organizational level, providers expressed that time constraints and managing concurrent health conditions were competing clinical priorities. Findings indicate expanding implementation efforts will require multilevel interventions that target potential PrEP-adopting healthcare providers to mitigate the perceived and real challenges surrounding provider-patient communication on PrEP for HIV prevention. Practical implications are discussed. © 2020, © 2020 Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Wirth M.; Inauen J.; Steinke H.	New strategies for HIV prevention for men who have sex with men (MSM): pre-exposure prophylaxis (PrEP) and an ethical evaluation of its potential and its problems; Neue Strategien der HIV-Prävention für „Men who have sex with men" (MSM): Die Präexpositionsprophylaxe (PrEP) und eine ethische Evaluierung ihrer Potentiale und Probleme	Ethik in der Medizin	-	-	-	9357335	10.1007/s00481-020-00589-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086179496&doi=10.1007%2fs00481-020-00589-9&partnerID=40&md5=f6022b6ede70a37bb22bcf90f8c165d7	Objectives: Given that condoms provide ample protection against both HIV as well as other sexually transmitted infections (STIs), and given that safe access to HIV postexposure prophylaxis (PEP) also exists (relied upon after condom fatigue, for example), it should be thoroughly investigated if and when the increasingly popular HIV pre-exposure prophylaxis drug (PrEP) presents itself as the superior alternative. In the context of a generalized everyone at risk approach towards MSM, PrEP is becoming increasingly established as a standard of care. There is no doubt that this is desirable for certain MSM with a particular risk profile; however, variance in MSM (e.g., engaging in casual condomless sex versus random condomless sex) must be assumed and taken into account in order to avoid disproportionate medicalization. Methods: In the area of conflict between medicalization, in particular of men who have sex with men, and highly potent HIV prevention methods, it should be determined when exactly PrEP (either via daily dosing or on-demand dosing) trumps the use of condoms or PEP. Therefore, a focus on the current status of clinical research and on the medical-ethical debate is required. The medical history of prevention and of HIV proves relevant for the largely ongoing ethical study of PrEP usage. The methodology of this work is based on an evaluation of the interdisciplinary literature on PrEP in particular and on HIV prevention in general. In accordance with PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), studies on the current clinical practice of PrEP or medical-ethical discussions of PrEP were selected from the PubMed/MEDLINE database. The resulting discursive discussion and examination of the currently known pros and cons of PrEP is based on this literature. Results: Resultant preventative measures often appear as ambivalent instruments of health promotion torn between liberating and restricting the individual. Overall, on-demand dosing enables individuals to personalize their usage based on the specific risk behaviors they engage in, in contrast to daily dosing. On-demand PrEP also poses significant advantages over PEP and daily PrEP in cases where there is no continuous and sustained level of risk. Conclusion: This medical-ethical inquiry stresses the heterogeneous group of MSM whose individual sexual behavior requires especially individualized HIV prevention strategies. Thus, this study argues for highly personalized decision-making in the possible indication for PrEP among MSM. This constitutes an essential factor in avoiding the medicalization of MSM. © 2020, Springer-Verlag GmbH Deutschland, ein Teil von Springer Nature.	HIV risk perception; Infectiology and ethics; Medical history and infectious diseases; Medicalization; Proportionality assessment; Risk-benefit assessment	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Review
Article	2020	Wirtz A.L.; Weir B.W.; Hnin Mon S.H.; Sirivongrangson P.; Chemnasiri T.; Dunne E.F.; Varangrat A.; Hickey A.C.; Decker M.R.; Baral S.; Okanurak K.; Sullivan P.; Valencia R.; Thigpen M.C.; Holtz T.H.; Mock P.A.; Cadwell B.; Adeyeye A.; Rooney J.F.; Beyrer C.	Testing the effectiveness and cost-effectiveness of a combination HIV prevention intervention among young cisgender men who have sex with men and transgender women who sell or exchange sex in Thailand: Protocol for the combination prevention effectiveness study	JMIR Research Protocols	-	-	-	19290748	10.2196/15354	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083196640&doi=10.2196%2f15354&partnerID=40&md5=ccf87d528a17d693aedd490708f3a746	Background: Pre-exposure prophylaxis (PrEP) is highly effective in the prevention of HIV acquisition, particularly for men who have sex with men (MSM). Questions remain on the benefits of PrEP and implementation strategies for those at occupational risk of HIV acquisition in sex work, as well as on methods to support adherence among young people who initiate PrEP. Objective: The Combination Prevention Effectiveness study for young cisgender MSM and transgender women (TGW) aims to assess the effectiveness and cost-effectiveness of a combination intervention among HIV-uninfected young MSM and TGW engaged in sex work in Thailand. Methods: This open-label, nonrandomized assessment compares the relative effectiveness of a combination prevention intervention with and without daily oral emtricitabine and tenofovir disoproxil fumarate (Truvada) PrEP with SMS-based adherence support. HIV-uninfected young MSM and TGW aged 18 to 26 years in Bangkok and Pattaya who self-report selling/exchanging sex at least once in the previous 12 months are recruited by convenience sampling and peer referral and are eligible regardless of their intent to initiate PrEP. At baseline, participants complete a standard assessment for PrEP eligibility and may initiate PrEP then or at any time during study participation. All participants complete a survey and HIV testing at baseline and every 3 months. Participants who initiate PrEP complete monthly pill pickups and may opt-in to SMS reminders. All participants are sent brief weekly SMS surveys to assess behavior with additional adherence questions for those who initiated PrEP. Adherence is defined as use of 4 or more pills within the last 7 days. The analytic plan uses a person-time approach to assess HIV incidence, comparing participant time on oral PrEP to participant time off oral PrEP for 12 to 24 months of follow-up, using a propensity score to control for confounders. Enrollment is based on the goal of observing 620 person-years (PY) on PrEP and 620 PY off PrEP. Results: As of February 2019, 445 participants (417 MSM and 28 TGW) have contributed approximately 168 PY with 95% (73/77) retention at 12 months. 74.2% (330/445) of enrolled participants initiated PrEP at baseline, contributing to 134 PY of PrEP adherence, 1 PY nonadherence, and 33 PY PrEP nonuse/noninitiation. Some social harms, predominantly related to unintentional participant disclosure of PrEP use and peer stigmatization of PrEP and HIV, have been identified. Conclusions: The majority of cisgender MSM and TGW who exchange sex and participate in this study are interested in PrEP, report taking sufficient PrEP, and stay on PrEP, though additional efforts are needed to address community misinformation and stigma. This novel multilevel, open-label study design and person-time approach will allow evaluation of the effectiveness and cost-effectiveness of combination prevention intervention in the contexts of both organized sex work and exchanged sex. © Andrea L Wirtz, Brian Wilson Weir, Sandra Hsu Hnin Mon, Pachara Sirisongrangson, Tareerat Chemnasiri, Eileen F Dunne, Anchalee Varangrat, Andrew C Hickey, Michele R Decker, Stefan Baral, Kamolnetr Okanurak, Patrick Sullivan, Rachel Valencia, Michael C Thigpen, Timothy H Holtz, Philip A Mock, Betsy Cadwell, Adeola Adeyeye, James F Rooney, Chris Beyrer, Combination Prevention Effectiveness (COPE) Study Team.	Cost-effectiveness; HIV; Men who have sex with men; Pre-exposure prophylaxis; Prevention; Sex work; Thailand; Transgender persons	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wong N.S.; Kwan T.H.; Lee K.C.K.; Lau J.Y.C.; Lee S.S.	Delineation of chemsex patterns of men who have sex with men in association with their sexual networks and linkage to HIV prevention	International Journal of Drug Policy	-	-	-	9553959	10.1016/j.drugpo.2019.10.015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85075134362&doi=10.1016%2fj.drugpo.2019.10.015&partnerID=40&md5=b7aaf70a9480a47e2b265fc98dbf22b2	Background: Previous studies have shown that men who have sex with men (MSM) and who engage in drug use in sexualized contexts (chemsex) were more likely to be HIV positive. Their social networks and adoption of HIV prevention measures have, however, not been fully investigated. We aim to compare the sexual behavior, HIV prevention efforts and social networks of MSM by the intensity and patterns of their drug use. Methods: Data from respondents of a community-based, cross-sectional survey (PRiSM) conducted among MSM in Hong Kong in 2017 were collected retrospectively. Characteristics of MSM engaged and not engaged in chemsex were compared in logistic regressions, delineated by latent class analysis (LCA) and compared in multinomial logistic regression. Findings: Of 4133 respondents, 3044 were sexually active with an HIV prevalence of 6.5%. The prevalence of chemsex engagement in the preceding 6 months was 12%, after excluding use of poppers or erectile dysfunction agents (EDA) alone. Four types of drug user were identified by LCA: Minimal (mainly poppers), low-threshold (mainly poppers and EDA), medium-threshold (mainly methamphetamine, GHB, poppers and EDA) and intense (exclusive use of different types of drug). Medium-threshold and intense drug users were more likely to be HIV positive, be diagnosed with sexually transmitted infections, make gay friends through mobile apps and sex parties, and intend to take pre-exposure prophylaxis (PrEP). Medium-threshold drug users had a more influential role in their social network, as shown by their centrality in mobile apps network. Conclusion: Chemsex engagement in MSM is significantly associated with HIV infection in Hong Kong. The HIV transmission risk could however be offset by the inclination of MSM belonging to medium-threshold and intense drug users to take PrEP, should the intervention become accessible to the community. Further mobile apps could be a good channel to access MSM who are medium-threshold drug users. © 2019 Elsevier B.V.	Asia; Drug use pattern; HIV; MSM; Social network	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Wong, Keith Yiu Kei; Stafylis, Chrysovalantis; Klausner, Jeffrey D	Telemedicine: a solution to disparities in human immunodeficiency virus prevention and pre-exposure prophylaxis uptake, and a framework to scalability and equity	mHealth	-	-	-	23069740	10.21037/mhealth.2019.12.06	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087842245&doi=10.21037%2fmhealth.2019.12.06&partnerID=40&md5=3ea8eb333055eff26fc53eadb180799c	As the group with the highest risk and the lowest pre-exposure prophylaxis (PrEP) utilization, black and Hispanic young men who have sex with men (MSM) face the brunt of the current human immunodeficiency virus (HIV) epidemic within the United States. In this narrative review, we summarized recent interventions that utilize technology (telemedicine) to improve HIV PrEP uptake. We examined the general model of those telemedicine programs and evaluated their success and limitations in addressing PrEP accessibility for at-risk individuals. We also identified the current bottlenecks in the scalability of telemedicine programs, offered suggestions to overcome these barriers, and advocated for a centralized source of funding to increase the accessibility of telemedicine programs for PrEP. © mHealth. All rights reserved.	access; disparity; human immunodeficiency virus (HIV); pre-exposure prophylaxis (PrEP); Telemedicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Wonganan, Piyanuch; Limpanasithikul, Wacharee; Jianmongkol, Suree; Kerr, Stephen J; Ruxrungtham, Kiat	Pharmacokinetics of nucleoside/nucleotide reverse transcriptase inhibitors for the treatment and prevention of HIV infection.	Expert Opinion on Drug Metabolism and Toxicology	-	-	-	1744-7607	10.1080/17425255.2020.1772755	https://dx.doi.org/10.1080/17425255.2020.1772755	INTRODUCTION: Despite dramatic increases in new drugs and regimens, a combination of two nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs) remains the backbone of many regimens to treat HIV. AREA COVERED: This article summarizes the pharmacokinetic characteristics of approved NRTIs that are currently in the international treatment and prevention guidelines. EXPERT OPINION: Compared to other NRTIs, tenofovir alafenamide fumarate (TAF) is more advantageous in terms of potency and safety. It is therefore a preferred choice in combination with emtricitabine (FTC) in most HIV treatment guidelines. The efficacy of the two-drug combination of NRTI/Integrase strand-transfer inhibitor, i.e. lamivudine/dolutegravir has been approved as an option for initial therapy. This regimen however has some limitations in patients with HBV coinfection. The two NRTI combinations tenofovir disproxil fumarate (TDF)/FTC and TAF/FTC have also been approved for pre-exposure prophylaxis (PrEP). Interestingly, a promising long-acting nucleoside reverse transcriptase translocation inhibitor, islatravir, formulated for implant was well tolerated and remained effective for up to a year, suggesting its potential as a single agent for PrEP. In the next decade, it remains to be seen whether NRTI-based regimens will remain the backbone of preferred ART regimens, or if the treatment will eventually move toward NRTI-sparing regimens to avoid long-term NRTI-toxicity.	HIV; nucleoside reverse transcriptase inhibitors; nucleotide reverse transcriptase inhibitor; pharmacokinetics	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review

Article	2020	Wood S.; Dowshen N.; Bauermeister J.A.; Lalley-Chareczko L.; Franklin J.; Petsis D.; Swyryn M.; Barnett K.; Weissman G.E.; Koenig H.C.; Gross R.	Social Support Networks Among Young Men and Transgender Women of Color Receiving HIV Pre-Exposure Prophylaxis	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2019.08.014	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85074337233&doi=10.1016%2fj.jadohealth.2019.08.014&partnerID=40&md5=b6c1cf9934951a134e656b74f1715b82	Purpose: The aim of the study was to characterize perceived social support for young men and transgender women who have sex with men (YM/TWSM) taking HIV pre-exposure prophylaxis (PrEP). Methods: Mixed-methods study of HIV-negative YM/TWSM of color prescribed oral PrEP. Participants completed egocentric network inventories characterizing their social support networks and identifying PrEP adherence support figures. A subset (n = 31) completed semistructured interviews exploring adherence support and qualities of PrEP support figures. We calculated proportions of role types (e.g., family), individuals disclosed to regarding PrEP use, and PrEP-supportive individuals within each participant network. Interviews were analyzed using an inductive approach. Results: Participants (n = 50) were predominately African American men who have sex with men. Median age was 22 years (interquartile range: 20–23). Biologic family were the most common support figures, reported by 75% of participants (mean family proportion .37 standard deviation (SD): .31), followed by 67% reporting friends (mean friend proportion .38 SD: .36). Most network members were aware (mean disclosed proportion .74 SD: .31) and supportive (mean supportive proportion .87 SD: .28) of the participants' PrEP use. Nearly all (98%) participants identified ≥1 figure who provided adherence support; more often friends (48%) than family (36%). Participants characterized support as instrumental (e.g., transportation); emotional (e.g., affection); and social interaction (e.g., taking medication together). Key characteristics of PrEP support figures included closeness, dependability, and homophily (alikeness) with respect to sexual orientation. Conclusions: Although most YM/TWSM identified family in their support networks, friends were most often cited as PrEP adherence support figures. Interventions to increase PrEP adherence should consider integrated social network and family-based approaches. © 2019 Society for Adolescent Health and Medicine	Adherence; Adolescents; HIV; Pre-exposure prophylaxis; Social networks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Institutional	2020	World Health Organization	HIV drug resistance surveillance in countries scaling up pre-exposure prophylaxis	-	-	-	-	978-92-4-000981-3	NA	https://www.who.int/publications/i/item/9789240009813	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2020	Wray, Tyler B; Chan, Philip A; Klausner, Jeffrey D; Mena, Leandro A; Brock, James B; Simpanen, Erik M; Ward, Lori M; Chrysovalantis, Stafylis	eTest: a limited-interaction, longitudinal randomized controlled trial of a mobile health platform that enables real-time phone counseling after HIV self-testing among high-risk men who have sex with men.	Trials	-	-	-	1745-6215	10.1186/s13063-020-04554-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7366305	BACKGROUND: HIV disproportionately affects men who have sex with men (MSM) in the USA, and new infections continue to increase, particularly among African American (AA) and Hispanic/Latino (H/L) MSM. Rates of HIV testing are particularly low among AA and H/L MSM, and innovative approaches to encourage testing may help address high incidence in these men. HIV self-testing (HST) may be an important tool for increasing rates and frequency of testing. HST may be particularly well-suited for AA and H/L MSM, given that stigma and mistrust of medical care contribute to low testing rates. Despite its promise, however, many are concerned that HST does not sufficiently connect users with critical post-testing resources, such as confirmatory testing and care among those who test positive, and that these limitations may result in delayed linkage to care. METHODS: We developed a mobile health platform (eTest) that monitors when HST users open their tests in real time, allowing us to provide timely, "active" follow-up counseling and referral over the phone. In this study, 900 high-risk MSM (with targets of 40% AA, 35% H/L) who have not tested in the last year will be recruited from social media and other gay-oriented websites in several major cities. Over 12 months, participants will be randomly assigned to receive (1) HST with post-test phone counseling and referral (eTest condition), (2) HST without active follow-up (standard condition), or (3) reminders to get tested for HIV at a local clinic (control) every 3 months. Primary outcomes include rates of HIV testing, receipt of additional HIV prevention services, and PrEP initiation verified by clinical medical records. DISCUSSION: This study tests whether providing more active counseling and referral after HST encourages more regular HIV testing and engagement with other prevention services among MSM, compared to more passive approaches or clinic-based testing alone. It will also explore the cost-effectiveness and emotional/behavioral effects of these two strategies. TRIAL REGISTRATION: ClinicalTrials.gov identifier NCT03654690 . Registered on 31 August 2018.	HIV testing, HIV prevention, Men who have sex with men, Counseling	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Wu, Linxuan; Schumacher, Christina; Chandran, Aruna; Fields, Errol; Price, Ashley; Greenbaum, Adena; Jennings, Jacky M	Patterns of PrEP Retention Among HIV Pre-exposure Prophylaxis Users in Baltimore City, Maryland.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002506	https://dx.doi.org/10.1097/QAI.0000000000002506	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) retention, defined as quarterly clinical evaluation, is critical to reducing HIV incidence. Our objectives were to determine: (1) visit- and individual-level PrEP retention patterns; (2) and individual-level characteristics associated with low-level PrEP retention 12 months after initiation among PrEP users in Baltimore City, Maryland. METHODS: Information was abstracted from medical records among individuals initiating PrEP between October 1, 2015 and February 28, 2018. Visit-level PrEP retention was defined as evidence of PrEP use, documented PrEP prescription, or current PrEP use at each quarterly follow-up visit. Low-level PrEP retention was defined as <3/4 quarters with documented PrEP use. Multilevel mixed effects Poisson regression was used to determine characteristics associated with low-level PrEP retention. RESULTS: Among 412 individuals initiating PrEP and followed for 12 months, the majority was: cis-gender male (83.7%, n = 345), non-Hispanic Black (56.3%, n = 232) and gay, bisexual, or other man who has sex with men (74.0%, n = 305). By quarterly visits, PrEP retention was: 3-month: 69.4% (n = 286); 6-month: 51.9% (n = 214); 9-month: 44.5% (n = 183); and 12-month: 41.1% (n = 169). Three-fifths (58.5%, n = 241) had low-level PrEP retention. Cis-gender females (vs. cis-gender males) (adjusted relative risk: 1.36, 95% confidence interval: 1.04 to 1.77) were more likely to have low-level PrEP retention. CONCLUSIONS: Our observed PrEP retention rates are lower than what may be needed to reduce HIV incidence. Future research should examine individual- and clinic-level barriers and facilitators to PrEP retention programs by key population to inform interventions for PrEP retention.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Wu, Zun-You; Scott, Sarah Robbins	Human immunodeficiency virus prevention strategies in China.	Chinese Medical Journal	-	-	-	2542-5641	10.1097/CM9.0000000000000647	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7004624	This paper reviews the current epidemics of human immunodeficiency virus (HIV) infection in China, particularly the globally available prevention strategies developed and implemented. This review focuses on HIV prevention measures in general, such as education, testing, and counseling and in specific responses to transmission modes, such as blood safety, harm reduction for people who inject drugs, and condom promotion to reduce sexual transmission. We also assess newly developed prevention measures, such as prevention treatment, pre-exposure prophylaxis, post-exposure prophylaxis, male circumcision, and promising potential future preventions, including microbicides and vaccines. Based on this assessment, we provide recommendations for their implementation in China. We conclude that there is no magic bullet for HIV prevention, particularly sexual transmission of the disease, but only a combination of these prevention strategies can control the HIV epidemic.	Human immunodeficiency virus infection, Epidemic, Prevention strategies, China	English	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2020	Xia, Yiqing; Greenwald, Zoë R; Milwid, Rachael M; Trottier, Claire; Boissonnault, Michel; Gaul, Neil; Charest, Louise; Landry, Gabrielle; N Zahedi, Navid; Szabo, Jason; Thomas, Réjean; Maheu-Giroux, Mathieu	Pre-exposure Prophylaxis Uptake Among Men Who Have Sex With Men Who Used nPEP: A Longitudinal Analysis of Attendees at a Large Sexual Health Clinic in Montréal (Canada).	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002472	https://dx.doi.org/10.1097/QAI.0000000000002472	BACKGROUND: Reducing HIV transmission using pre-exposure prophylaxis (PrEP) requires focussing on individuals at high acquisition risk, such as men who have sex with men with a history of nonoccupational post-exposure prophylaxis (nPEP). This study aims to characterize longitudinal trends in PrEP uptake and its determinants among nPEP users in Montréal. METHODS: Eligible attendees at Clinique médicale l'Actuel were recruited prospectively starting in October 2000 (nPEP) and January 2013 (PrEP). Linking these cohorts, we characterized the nPEP-to-PrEP cascade, examined the determinants of PrEP uptake after nPEP consultation using a Cox proportional-hazard model, and assessed whether PrEP persistence differed by nPEP history using Kaplan-Meier curves. RESULTS: As of August 2019, 31% of 2682 nPEP cohort participants had 2 or more nPEP consultations. Subsequent PrEP consultations occurred among 36% of nPEP users, of which 17% sought nPEP again afterward. Among 2718 PrEP cohort participants, 46% reported previous nPEP use. Among nPEP users, those aged 25-49 years hazard ratio (HR) = 1.3, 95% confidence interval (CI): 1.1 to 1.7, with more nPEP episodes (HR = 1.4, 95% CI: 1.3 to 1.5), who reported chemsex (HR = 1.3, 95% CI: 1.1 to 1.7), with a sexually transmitted infection history (HR = 1.5; 95% CI: 1.3 to 1.7), and who returned for their first nPEP follow-up visit (HR = 3.4, 95% CI: 2.7 to 4.2) had higher rates of PrEP linkage. There was no difference in PrEP persistence between nPEP-to-PrEP and PrEP only participants. CONCLUSION: Over one-third of nPEP users were subsequently prescribed PrEP. However, the large proportion of men who repeatedly use nPEP calls for more efficient PrEP-linkage services and, among those who use PrEP, improved persistence should be encouraged.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2020	Xu, Jun-Jie; Huang, Xiao-Jie; Liu, Xin-Chao; Wang, Li-Ming; Chen, Yao-Kai; Wang, Hui; Zhang, Fu-Jie; Wu, Hao; Li, Tai-Sheng; Han, Meng-Jie; Zhao, Fang; Ding, Hai-Bo; Duan, Jun-Yi; Sheng, Gen-Shen; Shang, Hong	Consensus statement on human immunodeficiency virus pre-exposure prophylaxis in China.	Chinese Medical Journal	-	-	-	2542-5641	10.1097/CM9.0000000000001181	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10631579	Although the global human immunodeficiency virus (HIV) epidemic has been effectively curbed, preventing and managing HIV infection in high-risk populations remains challenging.[1] In China, HIV is primarily transmitted through sexual contact.[1,2] Pre-exposure prophylaxis (PrEP) is a new and effective method for preventing HIV infection using antiretroviral drugs[3]; data from multiple clinical trials worldwide have shown that using antiretroviral drugs for PrEP can limit HIV transmission.[4–7] The World Health Organization (WHO) issued guidelines in 2015 recommending PrEP in populations with an HIV incidence above 3/100 person-years (PY) and in individuals engaging in high-risk behaviors.[3] According to existing studies, the HIV incidence among key populations in China was 5.6/100 PY for men who have sex with men (MSM),[8] 1.6/100 PY for intravenous drug users (IDUs),[9] and 1.4/100 PY for female sex workers.[10,11] As of July 2020, 54 countries and regions have issued PrEP guidelines for adults to prevent HIV infection, and 36 of these have also published guidelines for children and adolescents. However, there are no PrEP guidelines or related consensus statement in China. As such, there is a strong need for standardized guidance on the implementation of PrEP pertaining to medical selection criteria, PrEP timing, drug safety, and consultation and testing programs. Here we present the consensus statement on the implementation of PrEP in China based on the opinions and suggestions of health policy-makers, scientists, clinical experts, community-based organizations of key populations, and the latest reports in PrEP researches.	NA	English	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2020	Yager, Jenna L; Anderson, Peter L	Pharmacology and drug interactions with HIV PrEP in transgender persons receiving gender affirming hormone therapy.	Expert Opinion on Drug Metabolism and Toxicology	-	-	-	1744-7607	10.1080/17425255.2020.1752662	https://dx.doi.org/10.1080/17425255.2020.1752662	INTRODUCTION: Transgender persons are at increased risk of HIV infection and would benefit from pre-exposure prophylaxis (PrEP) use. However, barriers to healthcare and a lack of data regarding PrEP efficacy among transgender persons limits use. A related issue is whether a drug-drug interaction (DDI) exists between gender affirming hormone therapy (GAHT) and PrEP. Recently, small pharmacokinetic studies were conducted to assess this interaction. AREAS COVERED: This review will assess the pharmacology of PrEP agents, existing data regarding potential DDIs between GAHT and PrEP, and hypothetical mechanisms for these DDIs. A summary will be provided on implications for PrEP use among transgender persons. EXPERT OPINION: Theoretically, DDIs are not expected between GAHT and PrEP. However, among transgender women (TGW) on GAHT, small studies identified a minor DDI between GAHT and tenofovir/emtricitabine (TFV/FTC), with TFV/FTC exposures ~12-27% lower among TGW vs. cisgender men. The mechanism of DDIs is unclear and requires further study. For perspective, median TFV/FTC concentrations were still within the range of median concentrations reported across controlled pharmacokinetic studies. TFV-disphosphate/FTC-triphosphate concentrations were similar between TGW and cisgender men. In summary, TDF/FTC likely reaches protective concentrations and should continue to be offered as PrEP for transgender persons.	Pre Exposure prophylaxis; HIV; tenofovir; transgender; hormone; estradiol; testosterone; spironolactone; progesterone;	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Yager, Jenna; Castillo-Mancilla, Jose; Ibrahim, Mustafa E; Brooks, Kristina M; McHugh, Cricket; Morrow, Mary; McCallister, Scott; Bushman, Lane R; MaWhinney, Samantha; Kiser, Jennifer J; Anderson, Peter L	Intracellular Tenofovir-Diphosphate and Emtricitabine-Triphosphate in Dried Blood Spots Following Tenofovir Alafenamide: The TAF-DBS Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002354	https://dx.doi.org/10.1097/QAI.0000000000002354	BACKGROUND: Tenofovir alafenamide (TAF), in combination with FTC, was recently approved for PrEP in the United States. The objective of this study was to assess the relationship between tenofovir-diphosphate (TFV-DP) and emtricitabine-triphosphate (FTC-TP) in dried blood spots (DBS) with adherence to TAF/FTC. METHODS: TAF-DBS was a randomized, crossover clinical study of TFV-DP in DBS, following directly observed dosing of 33%, 67%, or 100% of daily TAF (25 mg)/FTC (200 mg). Healthy volunteers were randomized to 2 different, 12-week dosing regimens, separated by a 12-week washout. DBS were collected weekly. TFV-DP and FTC-TP were extracted from two 7-mm punches and assayed with LC-MS/MS. RESULTS: Thirty-seven participants (17 female, 7 African American, and 6 Hispanic) were included. TFV-DP exhibited a mean half-life of 20.8 days (95% confidence interval: 19.3 to 21.3). The slope for TFV-DP versus dosing arm was 1.14 (90% confidence interval: 1.07 to 1.21). The mean (SD) TFV-DP after 12 weeks was 657 (186), 1451 (501), and 2381 (601) fmol/2 7-mm punches for the 33%, 67%, and 100% arms. The following adherence interpretations are proposed: <450 fmol/punches, <2 doses/wk; 450-949 fmol/punches, 2-3 doses/wk; 950-1799 fmol/punches, 4-6 doses/wk; and ≥1800 fmol/punches, 7 doses/wk. FTC-TP was quantifiable for 1 week after drug cessation in 50%, 92%, and 100% of participants in the 33%, 67%, and 100% arms, respectively. CONCLUSION: TFV-DP in DBS after TAF/FTC exhibited a long half-life and was linearly associated with dosing, similar to its predecessor tenofovir disoproxil fumarate. FTC-TP was quantifiable for up to 1 week after drug cessation. Together, these moieties provide complementary measures of cumulative adherence and recent dosing for TAF/FTC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Yen-Hao Chu, Isaac; Wen-Wei Ku, Stephane; Li, Chia-Wen; Toh, Han Siong; Yang, Chia-Jui; Wu, Kuan-Sheng; Wu, Huei-Jiuan; Chen, Shu-Sheng; Kuo, Jiann-Horng; Lin, Hsi-Hsun; Ko, Nai-Ying	Taiwan guideline on oral pre-exposure prophylaxis for HIV prevention - 2018 update.	Journal of Microbiology, Immunology and Infection	-	-	-	1995-9133	10.1016/j.jmii.2019.09.003	https://dx.doi.org/10.1016/j.jmii.2019.09.003	Pre-exposure prophylaxis (PrEP) for prevention of human immunodeficiency virus infection is proved to be effective and has been implemented worldwide. This article introduces the guideline development and revised recommendations and guidance on PrEP provision in the updated Taiwan PrEP guideline. The Taiwan PrEP guideline writing group searched randomized controlled trials and guidelines published before October 2017 through Medline/PubMed, Cochrane Database, Embase and ClinicalTrials.gov database. Keywords included pre(-)exposure prophylaxis, PrEP, Truvada, tenofovir, HIV, and AIDS. Each selected article was assessed by two authors using the Grading of Recommendations Assessment, Development and Evaluation. External reviewers were invited to independently evaluate the revised manuscript per the Appraisal of Guidelines for Research and Evaluation II. Before publication, a public consultation was held to reach consensus on the updated guideline among providers, civil society, and Taiwan Centers for Disease Control. Four systematic reviews and 28 original articles were reviewed by Taiwan PrEP writing group. The second version of the Taiwan PrEP guideline was released in March 2018. We recommended daily PrEP use for the following populations: strong recommendation and high quality of evidence for men who have sex with men (MSM) and transgender women (TGW), as well as heterosexual serodiscordant couples; weak recommendation and high quality of evidence for people who inject drugs, while weak recommendation and moderate quality of evidence for at-risk heterosexual men and women. There is high-quality evidence for event-driven PrEP in MSM and likely TGW, and we additionally recognized these key populations could benefit from such dosing regimen.	Human immunodeficiency virusPre-exposure prophylaxisPrEPTaiwan	English	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Review
Article	2020	Yingling, Charles; Broholm, Cindy; Stephenson, Shirley	Pharmacoprevention of Human Immunodeficiency Virus Infection.	Nursing Clinics of North America	-	-	-	1558-1357	10.1016/j.cnur.2020.06.006	https://dx.doi.org/10.1016/j.cnur.2020.06.006	This article reviews the disparities in human immunodeficiency virus (HIV) incidence, presents evidence on the efficacy of preexposure prophylaxis (PrEP) and nonoccupational postexposure prophylaxis (nPEP), provides an overview of clinical guidelines for prescribing PrEP and nPEP, discusses strategies to promote efficient use of these effective interventions, and reviews best practices in treatment retention for people at high risk for HIV. Nurses are optimally positioned to prevent new HIV infections. When working with sensitive topics such as sexual practices and substance use, nurses excel at building rapport, making shared decisions, and educating about risk reduction with an affirming, nonjudgmental approach.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2020	Yoshioka, Emily	Attitudes Toward HIV Testing and Intended Uptake of Pre-Exposure Prophylaxis Among Adolescents in South Africa | Intimate Partner Violence and Sexual Agency Among Married Women and Girls in the Philippines	-	-	Brown University	-	NA	NA	https://repository.library.brown.edu/studio/item/bdr:1129203/	Abstract of "I'm Doing This Test so I Can Benefit from PrEP": Attitudes Toward HIV Testing and Intended Uptake of Pre-Exposure Prophylaxis Among Adolescents in South Africa, by Emily Yoshioka, Degree M.P.H., Brown University, May 2020. In South Africa, adolescents and young people (aged less than 25 years old) are a key population in the HIV epidemic and stand to benefit from oral pre-exposure prophylaxis (PrEP). Because HIV testing is an integral component of the PrEP continuum and adolescents in South Africa have generally low HIV testing rates, HIV testing attitudes and behavior must be understood in order to implement PrEP. 10 focus groups with adolescents living with and without HIV, and 60 in-depth interviews with service providers and adolescents living with and without HIV were conducted from 2015-2016 in Western Cape, South Africa. Data were analyzed using thematic framework analysis to understand the dynamics by which South African adolescents' attitudes toward HIV testing might influence intended uptake of PrEP, as well as explore implications of adolescents' PrEP awareness for HIV testing. Three themes were identified: barriers to HIV testing could present barriers to PrEP initiation for adolescents in South Africa, PrEP is a prevention strategy that can transform behavior and attitudes towards HIV testing, and uptake of PrEP could also synergistically increase HIV testing. While current HIV testing attitudes and behavior present barriers to intended PrEP initiation, integration of PrEP into South African adolescents' HIV prevention toolkit has great potential to increase HIV testing rates and decrease stigma and fear around HIV testing. Implementation of PrEP must be tailored to differences in barriers to HIV testing between boys and girls. As PrEP becomes more widely available, predicted challenges may include the potential for adolescents to stop HIV testing while on PrEP and to share and/or steal PrEP medication from peers. Abstract of Intimate Partner Violence and Sexual Agency Among Married Women and Girls in the Philippines: 2017 Philippines National Demographic and Health Survey, by Emily Yoshioka, Degree M.P.H., Brown University, May 2020. Intimate partner violence (IPV) is an issue impacting women and girls worldwide and may have implications for women's ability to negotiate sexual relations with their male partners. In the Philippines, women and girls face high rates of IPV. This study explored the relationship between experiences of IPV and women and girls' ability to negotiate sexual relations with their husband or partner in the Philippines. Using a nationally representative sample (n=11,727) from the 2017 Philippines National Demographic and Health Survey, we conducted six multivariable regression analyses to examine the relationships between women and girls' experiences of sexual, physical, or emotional violence in their current marriage or partnership and their ability to refuse sex or ask their partner to use a condom during sex. In adjusted models, participants' ability to ask their…	Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2020	Yoshioka, Emily; Giovenco, Danielle; Kuo, Caroline; Underhill, Kristen; Hoare, Jackie; Operario, Don	"I'm doing this test so I can benefit from PrEP": exploring HIV testing barriers/facilitators and implementation of pre-exposure prophylaxis among South African adolescents.	African Journal of AIDS Research	-	-	-	1727-9445	10.2989/16085906.2020.1743726	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8006570	In South Africa, adolescents are a key population in the HIV epidemic that can benefit from increased access to oral pre-exposure prophylaxis (PrEP). HIV testing is an integral component of the PrEP care continuum but adolescents in South Africa have generally low HIV testing rates; therefore, adolescents' HIV testing attitudes and behaviours must be understood to develop strategies for effective PrEP implementation. Ten focus groups were conducted with adolescents living with HIV and HIV-uninfected adolescents (n = 55), and in-depth interviews were conducted with service providers (n = 25), adolescents living with HIV (n = 10) and HIV-uninfected adolescents (n = 25). Data were collected in the Western Cape province of South Africa from 2015-2016. Thematic framework analysis was used to understand dynamics by which South African adolescents' attitudes toward HIV testing might influence intended uptake of PrEP and, reciprocally, to explore the implications of adolescents' perceptions about PrEP availability for their willingness to engage in HIV testing. While South African adolescents' current HIV testing attitudes and behaviours present barriers to intended PrEP implementation in this population, increased access to PrEP has the potential to improve their initial HIV testing rates and decrease stigma and fear around HIV testing. However, implementation of PrEP must consider specific HIV testing barriers for adolescent boys and girls, respectively. As PrEP becomes more widely available for adolescents, possible challenges noted by participants may include the potential for adolescents to reduce continued HIV testing behaviours while on PrEP and to share/use unprescribed PrEP medications among peers.	adolescent engagement, HIV testing barriers, PrEP implementation, qualitative methods	English	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Young L.B.; Lalley-Chareczko L.; Clark D.; Ramos M.T.; Nahan R.A.; Troutman G.S.; Cantor R.; DiFlavis L.; Koenig H.C.	Correlation of pre-exposure prophylaxis adherence to a mental health diagnosis or experience of childhood trauma in high-risk youth	International journal of STD & AIDS	-	-	-	9564624	10.1177/0956462420911559	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083042493&doi=10.1177%2f0956462420911559&partnerID=40&md5=d6354a2a46f3ba7195f02520c93064ce	Pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF)/emtricitabine is 99% effective in preventing HIV when taken daily. Young men/transgender women of color who have sex with men are the most at risk to become infected with HIV, with the lowest PrEP adherence. We investigated the association of depression, anxiety, and history of childhood trauma with PrEP adherence. PrEP adherence was measured by urine TDF testing. Patients were evaluated for depression (Patient Health Questionnaire-9 PHQ-9), anxiety (Generalized Anxiety Disorder-7 GAD-7), and history of childhood trauma (Adverse Childhood Experiences ACEs). Urine TDF levels were compared across scores on each screening tool using a Student's t-test. A p-value of ≤ 0.05 was considered significant. Thirty-one subjects (mean age: 21.7 years, SD: 2.8) were enrolled between 3/2015 and 7/2016. Lower PrEP adherence was associated with a GAD-7 score diagnostic for generalized anxiety (80.7% versus 92.7%, p = 0.04) and a high ACE score (4+) (84.5% versus 95.7%, p = 0.05). A PHQ-9 score diagnostic for major depression was not associated with PrEP adherence. The presence of generalized anxiety and a history of childhood trauma, but not major depression, were associated with decreased PrEP adherence. The benefits of mental health interventions and trauma-informed care in PrEP programs should be considered in larger studies to potentially increase adherence. © The Author(s) 2020.	antiretroviral therapy; HIV; men; North America; prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2020	Young, Ingrid; Valiotis, George	Strategies to support HIV literacy in the roll-out of pre-exposure prophylaxis in Scotland: findings from qualitative research with clinical and community practitioners.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2019-033849	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7213852	OBJECTIVES: Limited understanding of pre-exposure prophylaxis (PrEP), coupled with negative public discourse, are significant barriers to its introduction. What works to support PrEP awareness and broader HIV literacy among diverse communities in the context of biomedical HIV prevention remains unclear. This article considers how PrEP can be translated across diverse communities and what the HIV literacy challenges might be in the current context of PrEP provision. SETTING: We developed an HIV literacy informed community tool to support the roll-out of PrEP in Scotland. We undertook qualitative research with practitioners in urban and rural settings across nine Scottish health boards. PRIMARY OUTCOME MEASURE: To examine HIV literacy challenges in the context of PrEP provision. PARTICIPANTS: Interviews and focus groups with community (n=19) and clinical (n=13) practitioners working with gay and bisexual men and African communities were undertaken between March and October 2017 concerning PrEP support, stigma and HIV literacy. RESULTS: HIV literacy in the context of PrEP needs to consider more than the provision of individually targeted information. Practitioners identified and responded to stratified communities and social norms of knowledge, which influenced messaging, support and informed how practitioners enabled PrEP engagement and dialogue. Social barriers in HIV literacy, including structural stigmas relating to HIV and homophobia, shaped practitioner concerns and support for community members' willingness to engage with PrEP. CONCLUSION: Critical HIV literacy in the age of PrEP is a complex social practice. Attention needs to be paid to how information is provided and facilitates engagement, rather than simply what information is given.By exploring practitioner use of the Know about PrEP tool, we have shown how consideration of the patterns of access to services and information, the delivery of and support for engagement with PrEP information and the wider strategies employed to negotiate ongoing structural social barriers can support more equitable and diverse PrEP community conversations.	public health, HIV & AIDS, sexual medicine, health policy	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2020	Young, L; Schneider, J	A PRAGMATIC RANDOMIZED CONTROLLED TRIAL TO ACCELERATE DIFFUSION OF PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION	Annals of Behavioral Medicine	-	-	-	0883-6612	10.1097/QAI.0000000000002518	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7722461/	Objectives: We tested preliminary efficacy of a peer change agent type I network intervention to increase pre-exposure prophylaxis (PrEP) linkage to care among network members connected to young Black men who have sex with men. Design: Parent study is a pragmatic randomized controlled trial with 110 weeks of total follow-up. Interim midpoint analyses are performed here using participant data before crossover assignment at 55 weeks. Methods: We randomly assigned 423 participants in Chicago to receive the network intervention, an opinion leader workshop with telephonic booster sessions, versus a time-matched control from 2016 to 2018. The consolidated surrogate outcome was PrEP referral and linkage to clinical care among network members connected to study participants and was collected from independent administrative data. Results: Each study participant in the trial (n = 423) had on average 1822 network contacts who could be eligible for PrEP referral and linkage. During the 55-week observation period, PrEP referral was most likely to occur within 3 days of an intervention session compared to control [odds ratio (OR) 0.07 (0.02–0.013); P = 0.007] resulting in 1–2 referrals of network members per session. Network members with referral or linkage were more likely to be connected to study participants in the intervention arm than the control condition [aOR 1.50 (1.09–2.06); P = 0.012]. Conclusions: A peer change agent type I network intervention is preliminarily effective at diffusing PrEP through a network of individuals highly susceptible to HIV over 55 weeks. This low-intensity intervention demonstrated network-level impact among populations that have experienced limited PrEP care engagement in the United States.	PrEP, social network analysis, Black MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2020	Yusuf, Hasiya; Fields, Errol; Arrington-Sanders, Renata; Griffith, David; Agwu, Allison L	HIV Preexposure Prophylaxis Among Adolescents in the US: A Review.	JAMA Pediatrics	-	-	-	2168-6211	10.1001/jamapediatrics.2020.0824	https://dx.doi.org/10.1001/jamapediatrics.2020.0824	Importance: Many adolescents and young adults in the US are disproportionately affected by HIV. Several others who are uninfected are at risk and in need of effective preventive strategies. The uptake rate of preexposure prophylaxis (PrEP) for HIV prevention has remained low among US adolescents. This review assesses the current status of PrEP uptake among at-risk adolescents aged 13 to 19 years and recommendations for improving PrEP access, uptake, and future needed directions, including specific recommendations for health care professionals. Observations: Of the 37â¯377 new HIV diagnoses made in 2018, 7734 diagnoses (21%) occurred in adolescents and young adults aged 12 to 24 years; of these, 1707 diagnoses (22%) occurred in adolescents aged 13 to 19 years. The greatest burden of HIV is found among young African American men who have sex with men, accounting for two-thirds of all HIV infections in adolescents and young adults. Preexposure prophylaxis awareness and engagement are lowest in adolescents with the greatest risk for HIV. Adolescent primary care clinicians and specialists do not routinely offer HIV testing as recommended by the Centers for Disease Control and Prevention or routinely assess sexual risk exposures of patients through sexual history taking. Clinicians' decision to prescribe PrEP for adolescents is often guided by their perceptions of the patient's HIV risk and their knowledge and acceptance of PrEP guidelines. State laws on consent, confidentiality, and the rights of the adolescent to independently access PrEP outside of parental influence differ across jurisdictions, often limiting access and uptake. Conclusions and Relevance: Use of PrEP in adolescents at risk for HIV is an important component of HIV prevention. Optimizing uptake includes improving clinicians' knowledge about HIV risk and prevention strategies, enhancing sexual history taking and risk assessment through training and retraining, and improving PrEP knowledge and acceptance of prescribing among clinicians. Leveraging the ubiquity of social media, encouraging family support, and performing research aimed at finding lifestyle-congruent formulations can help mitigate HIV transmission in adolescents at greatest risk for HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Zaller N.D.; Neher T.L.; Presley M.; Horton H.; Alexandra Marshall S.; Zielinski M.J.; Brinkley-Rubinstein L.	Barriers to linking high-risk jail detainees to HIV pre-exposure prophylaxis	PLOS One	-	-	-	19326203	10.1371/journal.pone.0231951	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083567142&doi=10.1371%2fjournal.pone.0231951&partnerID=40&md5=29df8038b27d200928ca91d6f23de022	Individuals involved in the criminal justice (CJ) system continue to be at disproportionate risk for HIV infection, and often have a greater prevalence of substance use and sexual related risk behaviors relative to their non-CJ involved peers. Pre-exposure prophylaxis (PrEP), a once daily antiretroviral medicine, is an evidence-based approach for reducing the risk of contracting HIV but limited data exist regarding the use of PrEP among CJ populations, especially in the U.S. South. This study was conducted at the Pulaski County Regional Detention Facility (PCRDF) in Little Rock, Arkansas (AR), the largest county jail in the state. We explored knowledge about PrEP and HIV, perceptions about PrEP feasibility in both the jail and community settings and barriers to PrEP program implementation, through in-depth qualitative interviews with 21 jail detainees. We purposively sampled individuals based on specific self-reported risk behavior, including sexual risk (both heterosexual and same-sex) and drug related risk (e.g. IDU), among all eligible individuals. We identified five primary themes from the interviews: 1) accessing healthcare during community reentry was a low priority; 2) perception of risk and interaction with people with HIV was low; 3) there are many barriers to disclosing HIV risk behaviors in jail settings; 4) knowledge of PrEP is low but willingness to use is high; and 5) multiple barriers exist to PrEP uptake post-release. Our findings are contextually unique and therefore have important implications for future implementation of PrEP access either within jail settings or linkage to PrEP post release. © 2020 Zaller et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2020	Zang, Xiao; Jalal, Hawre; Krebs, Emanuel; Pandya, Ankur; Zhou, Haoxuan; Enns, Benjamin; Nosyk, Bohdan	Prioritizing Additional Data Collection to Reduce Decision Uncertainty in the HIV/AIDS Response in 6 US Cities: A Value of Information Analysis.	Value Health	-	-	-	1524-4733	10.1016/j.jval.2020.06.013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7705607	OBJECTIVES: The ambitious goals of the US Ending the HIV Epidemic initiative will require a targeted, context-specific public health response. Model-based economic evaluation provides useful guidance for decision making while characterizing decision uncertainty. We aim to quantify the value of eliminating uncertainty about different parameters in selecting combination implementation strategies to reduce the public health burden of HIV/AIDS in 6 US cities and identify future data collection priorities. METHODS: We used a dynamic compartmental HIV transmission model developed for 6 US cities to evaluate the cost-effectiveness of a range of combination implementation strategies. Using a metamodeling approach with nonparametric and deep learning methods, we calculated the expected value of perfect information, representing the maximum value of further research to eliminate decision uncertainty, and the expected value of partial perfect information for key groups of parameters that would be collected together in practice. RESULTS: The population expected value of perfect information ranged from $59 683 (Miami) to $54 108 679 (Los Angeles). The rank ordering of expected value of partial perfect information on key groups of parameters were largely consistent across cities and highest for parameters pertaining to HIV risk behaviors, probability of HIV transmission, health service engagement, HIV-related mortality, health utility weights, and healthcare costs. Los Angeles was an exception, where parameters on retention in pre-exposure prophylaxis ranked highest in contributing to decision uncertainty. CONCLUSIONS: Funding additional data collection on HIV/AIDS may be warranted in Baltimore, Los Angeles, and New York City. Value of information analysis should be embedded into decision-making processes on funding future research and public health intervention.	HIV combination implementation strategies, decision uncertainty, expected value of perfect information, expected value of partial perfect information, metamodel	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2020	Zappas, Michelle Peters; Foreman, Ruth Madden	PrEParing for Preexposure Prophylaxis.	Journal for Nurse Practitioners	-	-	-	2380-9426	10.1891/2380-9418.JDNP-D-19-00033	https://dx.doi.org/10.1891/2380-9418.JDNP-D-19-00033	BACKGROUND: In 2012 the Food and Drug Administration (FDA) approved Truvada (emtricitabine FTC 200 mg/tenofovir disoproxil fumarate TDF 300 mg) for preexposure prophylaxis (PrEP) against HIV. There was a substantial decline in new HIV diagnoses which has since stabilized. OBJECTIVE: The plateau is thought to be because preventative efforts are not reaching high-risk groups. About 1.2 million adults in the United States could benefit from PrEP but only 80,000 individuals are taking it. This article aims to increase provider awareness of PrEP so primary care providers feel confident discussing risk reduction options, initiating, and monitoring PrEP. METHODS: A case based approached is used to achieve the objective. RESULTS: Target populations, baseline labs, follow up labs and monitoring parameters, and side effects of medication will be reviewed. Patient counseling with regards to dosing, administration, side effects and adverse events will be discussed. CONCLUSIONS: HIV prevention is an integral public health goal. PrEP is a way to achieveve continued reduction in HIV incidence. PCPs should be offering PrEP to at risk individuals. IMPLICATIONS FOR NURSING: Many nurse practitioners work as primary care providers, this article hopes to increase the confidence of PCPs in prescribing PrEP to those who would benefit from it.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Zeggagh, J; Bauer, R; Delaugerre, C; Carette, D; Fressard, L; Charreau, I; Chidiac, C; Pialloux, G; Tremblay, C; Cua, E; Robineau, O; Raffi, F; Meyer, L; Molina, JM; ANRS IPERGAY Study Grp	Incidence and risk factors for STIs among MSM on PrEP - A post-hoc analysis of the ANRS IPERGAY trial	Journal of the International AIDS Society	-	-	-	1758-2652	NA	https://pubmed.ncbi.nlm.nih.gov/35142708/	Objective: High rates of sexually transmitted infections (STIs) have been reported among pre-exposure prophylaxis (PrEP) users. We wished to assess the incidence and risk factors for recurrent STIs. Design: The ANRS IPERGAY trial was a prospective study investigating PrEP among MSM and transgender women in outpatient clinics in France and Canada. In all, 429 participants were enrolled, offered up to 4 years of PrEP and screened for bacterial STIs (syphilis, chlamydia and gonorrhea) at baseline and every 6 months. Methods: STIs incidence was calculated yearly. Cox proportional hazards model regression was used to explore associations between participants characteristics at baseline and recurrent STI during follow-up. Results: Over a median follow-up of 23 months, bacterial STI incidence was 75, 33, 13, 32 and 30 per 100 person-years for all STIs, rectal STIs, syphilis, gonorrhea and chlamydia, respectively. STI incidence significantly increased from the first year to the fourth year of the study (55 vs. 90 per 100 person-years, P < 0.001). During the study period, 167 participants (39%) presented with more than one bacterial STIs which accounted for 86% of all STIs. Baseline risk factors associated with recurrent STIs in a multivariate analysis were an STI at baseline [hazards ratio: 1.48 (95% confidence interval (CI): 1.06-2.07), P = 0.02], more than eight sexual partners in prior 2 months [hazards ratio: 1.72 (95% CI: 1.21-2.43), P = 0.002] and the use of gamma-hydroxybutyrate [hazards ratio: 1.66 (95% CI: 1.16-2.38), P = 0.005]. Conclusion: STI incidence was high and increased over time. Most STIs were concentrated in a high-risk group that should be targeted for future interventions.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Quantitative
Article	2020	Zeggagh, J; Brun, A; Siguier, M; Molina, J M	Knowledge and practices of Parisian family physicians for the management of men who have sex with men in the era of HIV pre-exposure prophylaxis.	Médecine et Maladies Infectieuses	-	-	-	1769-6690	10.1016/j.medmal.2020.02.005	https://dx.doi.org/10.1016/j.medmal.2020.02.005	INTRODUCTION: The optimal management of men who have sex with men (MSM) requires active involvement of family physicians (FP). We assessed knowledge and practices of Parisian FPs related to the management of MSM for sexually transmitted infections (STIs) and pre-exposure prophylaxis for HIV (PrEP). METHOD: We conducted an observational prospective study between June 20 and July 31, 2017, with a sample of FPs practicing in Paris. The questionnaire posted via the Google Form website included 42 questions on sexual health management of MSM patients. A statistical analysis was then performed. RESULTS: One hundred and four FPs took part in the study. The median age was 34 and 68% were women. Overall, 86.5% of FPs had already heard about PrEP, but only 36% of them were familiar with the indication for therapy and 77.9% of FPs declared to be willing to renew PrEP prescription. Overall, 89.4% of respondents declared to be willing to attend additional training on sexual health of MSM patients, including 73% on PrEP. CONCLUSION: FPs have an important role in the management of MSM patients. They showed strong interest in PrEP despite limited knowledge of indications and methods of administration. They declared to be willing to attend additional training for further involvement.	General practice; MSM; PrEP; STI;	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2020	Zhan H.; Wu Q.; Zang S.; Zhou L.; Wang X.	How were situations of preventive and curative care expenditure for AIDS and medical burden of patients? Research based on "System of Health Accounts 2011"	BMC Public Health	-	-	-	14712458	10.1186/s12889-019-8131-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078961640&doi=10.1186%2fs12889-019-8131-0&partnerID=40&md5=842965f4e44e352a8410d9b31b7d8d33	Background: The problem of AIDS response has not only involved public health, but also had a great impact on the family burden.The objective of this study was to estimate the preventive and curative care expenditure(PCE)for AIDS of Hunan Province in 2017 based on System of Health Accounts 2011(SHA2011)by quantity,financing scheme,health provider,health function,and to analyses the factors affecting patients' medical burden. Methods: Through stratified multi-stage sampling method, 1336 institutions were surveyed to obtain AIDS prevention and control data, and the official data collected from Health Statistical Yearbook, Health Financial Annual Reports and Government Input Monitoring System were used to estimate the AIDS PCE based on SHA2011. Univariate analyses and ordered logistic regression were used to evaluate the factors affecting the medical burden of AIDS patients. Results: The AIDS PCE of Hunan Province in 2017 was 266.67 million, mainly flowed to hospitals and disease prevention and control institutions. The proportions of curative care expenditure(CCE) and prevention expenditure were 51.39 and 48.61% respectively. Prevention expenditure were mainly used for traditional prevention methods. All prevention expenditure and 88.52% of CCE were borne by public financing scheme. Family health expenditure accounted for 11.12% of CCE, but there were still some people with heavy burden of treatment. Non insurance, co-infection and length of stay are risk factors to the total hospitalization expenses(Totalexp)and the out-of-pocket payments(OOPs)(all p < 0.05,OR > 1). Taking the age group under 30 as the reference, the partial regression coefficient of the age group over 60 was statistically significant (OR (Totalexp) = 1.809, OR (OOPs) = 0.30). Conclusion: The financing structure of the PCE for AIDS in Hunan Province was relatively stable and the flow of institutions was reasonable. The functional flow of expenditure embodied the principle of "prevention first". China should incorporate oral PrEP into the national guidelines as soon as possible to improve the allocation efficiency of AIDS prevention resources. Meantime, several measures should be taken to reduce the medical burden of AIDS patients, including expanding the scope of government assistance, adjusting insurance compensation measures, increasing the rate of patients participating in insurance,encouraging commercial insurance to join the AIDS insurance system,and controlling length of stay in hospital. © 2020 The Author(s).	AIDS; SHA2011;preventive care expenditure;curative care expenditure;Total expenses of hospitalization;out-of-pocket payments	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Zhang C.; Mitchell W.; Xue Y.; LeBlanc N.; Liu Y.	Understanding the role of nurse practitioners, physician assistants and other nursing staff in HIV pre-exposure prophylaxis care in the United States: a systematic review and meta-analysis	BMC Nursing	-	-	-	14726955	10.1186/s12912-020-00503-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097273362&doi=10.1186%2fs12912-020-00503-0&partnerID=40&md5=1cd606d6bb82edafa3a295e265e530c0	Background: Although pre-exposure prophylaxis (PrEP) was approved for primary HIV prevention by the Federal Drug Administration in 2012, PrEP utilization has been suboptimal. A body of literature and programs has emerged to examine the role of nurse practitioners (NPs), physician assistants and nursing staff in PrEP care. This review aims to understand the current status of non-physician health providers in PrEP care implementation in the United States. Methods: Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidance, we conducted a comprehensive literature search using multiple databases to identify peer-reviewed articles that examined the role of non-physician health providers in the implementation of PrEP. Four major databases of observational study design, randomized control trials and mixed-method study design were screened from November 2019 to January 2020 were searched. Two independent reviewers examined eligibility and conducted data extraction. We employed random-effects model aims to capture variances of estimates across studies. Results: A total of 26 studies with 15,789 health professionals, including NPs (18, 95% CI = 14,24%), physician assistants (6, 95% CI = 2, 10%), nursing staff (26, 95% CI = 18–34%), and physicians (62,95% CI = 45, 75%), were included in the analysis. The odds of prescribing PrEP to patients among NPs were 40% (OR = 1.40, 95% CI = 1.02,1.92) higher than that among physicians, while the likelihood of being willing to prescribe PrEP was similar. On the other hand, the odds of being aware of PrEP (OR = 0.63, 95% CI = 0.46, 0.87) was 37% less in nursing professionals than that among physicians. Conclusions: Although the limited number and scope of existing studies constrained the generalizability of our findings, the pattern of PrEP care implementation among non-physician health providers was described. To achieve wider PrEP care implementation in the U.S., increasing awareness of PrEP among all health providers including both physicians and non-physicians is a key step. © 2020, The Author(s).	Meta-analysis; Non-physician health providers; PrEP care implementation; Systematic review; United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2020	Zhang J.; Huang X.; Chen Y.; Wang H.; Zhang Y.; Wang H.; Mei Z.; Jia Y.; Chu Z.; Hu Q.-H.; He X.; Zhang L.; Hu Z.; Bao R.; Li S.; Ding H.; Jiang Y.; Geng W.; Tang W.; Xu J.	HIV and other STIs self-testing to reduce risk compensation among men who have sex with men who use oral pre-exposure prophylaxis in China: Protocol for a randomised waitlist-controlled trial	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2019-036231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088351149&doi=10.1136%2fbmjopen-2019-036231&partnerID=40&md5=54758cf856d866a564d6568caf303778	Introduction Pre-exposure prophylaxis (PrEP) reduces the risk of HIV infection among men who have sex with men by up to 99%. However, in real-world settings, PrEP users may exhibit risk compensation after uptake of PrEP, including more condomless anal intercourse (CAI) and increased sexually transmitted infection (STI) acquisition. HIV self-testing (HIVST) decreases CAI among men who have sex with men (MSM) by providing awareness of the HIV status of oneself and one's sexual partners. Here, we describe the rationale and design of a randomised waitlist-controlled trial to examine the impact of HIVST on risk compensation among PrEP users. Methods and analysis The study is a two-arm randomised waitlist-controlled trial with 1000 HIV-negative MSM in four major cities in China who will be taking oral PrEP (involving tenofovir disoproxil fumarate/emtricitabine) either daily (n=500) or in an event-driven regimen (n=500). The participants will be randomised (1:1) to either the immediate HIVST intervention arm (HIVST plus standard facility-based counselling and testing from 0 to 12 months) or the waitlist arm (standard facility-based counselling and testing from 0 to 6 months, then crossover to receive the HIVST intervention in months 7-12). Participants will provide blood samples to assess the incidence of syphilis and herpes simplex virus type 2 (HSV-2) during a follow-up. The primary outcomes will be the occurrence of CAI, number of sexual partners and incidence of syphilis and HSV-2 during a follow-up. The secondary outcomes will be the HIV and STI testing frequency and STI treatment adherence during a follow-up. The planned start and end dates for the study is 26 December 2018 and 31 December 2020. Ethics and dissemination The Medical Science Research Ethics Committee of The First Affiliated Hospital of China Medical University has approved the study (IRB(2018)273). Trial registration number ChiCTR1800020374 © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	epidemiology; HIV & AIDS; preventive medicine	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2020	Zhang Y.; Bao R.; Leuba S.I.; Li J.; Wang H.; Zhang J.; Chu Z.; Geng W.; Jiang Y.; Xu J.	Association of nitrite inhalants use and unprotected anal intercourse and HIV/syphilis infection among MSM in China: A systematic review and meta-analysis	BMC Public Health	-	-	-	14712458	10.1186/s12889-020-09405-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090817443&doi=10.1186%2fs12889-020-09405-x&partnerID=40&md5=2f6d7598f76c32ce59f7b92f4f2ed8c5	Background: Nitrite inhalant use is very common among men who have sex with men (MSM) in China. However, there is lack of national representative data on use among Chinese MSM, and the mechanism of how nitrite inhalant use impacts HIV infection in MSM is unclear. This meta-analysis aims to understand the characteristics of Chinese MSM nitrite inhalant users and to determine the associations between nitrite inhalant use and sexual behaviors, the prevalence of HIV, and the prevalence of syphilis. Methods: We searched PubMed, Web of Science, Chinese National Knowledge Infrastructure, Chinese Wanfang Data, and VIP Chinese Journal Database for relevant literature published from January 1985 to December 2017. Results: Fifteen eligible studies, with a total of 18,981 Chinese MSM participants, were included. Compared with nitrite inhalant nonusers, users were more likely to be younger, have a higher level of education, and seek sexual partners using the Internet. Nitrite inhalant users were more likely to engage in high-risk sexual behaviors, including condomless anal intercourse (odds ratio OR = 1.33), group sex (OR = 2.26), and commercial intercourse (OR = 1.50). Nitrite inhalants users had a higher prevalence of HIV (OR = 1.83), higher prevalence of syphilis (OR = 1.38) and had higher lifetime HIV testing rates (OR = 1.33) compared with nonusers (each p < 0.05). Conclusions: Nitrite inhalant users have higher HIV and syphilis prevalence by increasing levels of high-risk sexual behaviors. China should expand HIV testing, treatment as prevention (TasP), and Pre-exposure prophylaxis (PrEP) among MSM, especially among nitrite inhalants using MSM, to reduce their risk of HIV infection and transmission. © 2020 The Author(s).	HIV; Men who have sex with men (MSM); Nitrite inhalants; Syphilis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2020	Zhang, Hanxi; Hsieh, Evelyn; Wang, Lu; Liao, Susu	HIV/AIDS Among Female Sex Workers in China: Epidemiology and Recent Prevention Strategies.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-019-00477-y	https://pubmed.ncbi.nlm.nih.gov/32030600/	PURPOSE OF REVIEW: This review aims to describe the epidemiology of HIV among female sex workers (FSWs) in China over the past decade, to summarize current gaps in knowledge regarding risk factors, and to identify new directions for HIV prevention strategies. RECENT FINDINGS: We summarized national and regional levels of HIV prevalence among FSWs based on reported rates in the literature from 2008 to 2018. Studies identified cases of HIV infection among FSWs in all but one province during this time period, and demonstrated a sporadic pattern in most provinces, with a low overall national HIV prevalence below 1%. However, in Yunnan and Guanxi Zhuang Autonomous Regions, the median-reported prevalence rates were close to or slightly above 1%. National prevention programs have widely promoted male condoms as a primary and practical measure for HIV prevention, but studies evaluating condom use practices among FSWs demonstrated wide variability. A rise in illicit use of synthetic drugs and changing sexual practices in the setting of sex work (e.g., anal sex) may represent newer risk factors for HIV transmission among FSWs; however, more data are needed to better characterize these trends. Limited studies have examined the feasibility and efficacy of innovative prevention tools (e.g., female condoms) or strategies (e.g., pre-exposure prophylaxis, PrEP) to prevent HIV among FSWs. We call for a more comprehensive understanding of current trends in HIV risk among FSWs, as well as more research focuses on innovative strategies to reduce the spread of HIV in this vulnerable population.	Adult; Humans; Male; Female; Sexual Behavior; Risk Factors; HIV; Prevalence; Condoms/statistics & numerical data; China/epidemiology; Safe Sex; HIV prevention; Pre-Exposure Prophylaxis/methods; PrEP; Sex Workers/*statistics & numerical data; Acquired Immunodeficiency Syndrome/*epidemiology/prevention & control/*transmission; Female sex workers; HIV prevalence; HIV surveillance; Male and female condoms; Sex Work/*statistics & numerical data	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Zhu, Victoria; Tran, Deanna; Banjo, Olamide; Onuegbu, Rosemary; Seung, Hyunuk; Layson-Wolf, Cherokee	Patient perception of community pharmacists prescribing pre-exposure prophylaxis for HIV prevention.	Journal of the American Pharmacists Association	-	-	-	1544-3450	10.1016/j.japh.2020.03.013	https://dx.doi.org/10.1016/j.japh.2020.03.013	OBJECTIVE: The primary objective of this study was to determine patients' perceptions of pharmacists prescribing pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention. DESIGN: An anonymous, 26-item, cross-sectional survey was administered to individuals and data collection occurred during a 12-week period from January to March 2019. SETTING AND PARTICIPANTS: Individuals were recruited to complete the survey in person at 5 locations of a large grocery-chain pharmacy in Washington, D.C. and Maryland. Inclusion criteria included individuals who were at least 18 years old and able to read and write English. Exclusion criteria included persons living with HIV or acquired immunodeficiency syndrome. OUTCOME MEASURES: In order to measure perception, participants were asked on the survey to select their level of agreement using a Likert scale from 1 to 5 (1 = strongly disagree, 5 = strongly agree). Researchers analyzed overall perception in addition to differences in perception based on various demographic characteristics. RESULTS: In total, 117 surveys were collected and analyzed. Most participants were comfortable with pharmacists prescribing PrEP. Notable statistically significant findings included participants who interacted with pharmacists through medication therapy review (4.4, 3.1 P < 0.05) and vaccinations (4.3, 3.1 P < 0.05) were more likely to agree with pharmacists prescribing PrEP than participants who had no previous interactions with pharmacists. Participants who had previously used PrEP were more likely to agree with pharmacists prescribing PrEP than those who had not used PrEP before. CONCLUSION: This study provided a glimpse into patients' perceptions of pharmacists prescribing PrEP. Patients were generally favorable of pharmacists prescribing PrEP; however, there are still barriers to overcome before prescribing PrEP for HIV prevention can feasibly occur in the community setting.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2020	Zimmermann H.M.L.; Jongen V.W.; Boyd A.; Hoornenborg E.; Prins M.; de Vries H.J.C.; Schim van der Loeff M.F.; Davidovich U.	Decision-making regarding condom use among daily and event-driven users of preexposure prophylaxis in the Netherlands	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002714	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096257797&doi=10.1097%2fQAD.0000000000002714&partnerID=40&md5=503fec36fba39f627063e037fc0a14d9	Objective: To explore the frequency of and reasons for using condoms among men who have sex with men (MSM) on preexposure prophylaxis (PrEP). Design: We analyzed quantitative app-based diary data on daily sexual practices (August 2015 – February 2019) and qualitative in-depth interviews among MSM using daily PrEP and event-driven PrEP (edPrEP) in the Amsterdam PrEP demonstration project. Methods: Participants could report daily about sex acts, PrEP use and condom use per partner type (steady and casual partners). We examined four strategies of PrEP and condom use: PrEP only, PrEP and condoms, condoms only, and neither strategy. We compared the proportions of sex acts per strategy between PrEP regimens. In 43 in-depth interviews, we explored motives for implementing each strategy. Results: Three hundred and fifty-two participants reported 48 949 anal sex acts. PrEP only was the most common strategy employed with any partner type (81%, n ¼ 39 650/48 949) and was motivated by anticipating more pleasurable sex, sexually transmitted infection's perceived curability, and habituation to condomless sex. Combining PrEP and condoms was more often chosen for sex acts with casual partners (18%, n ¼ 6829/37 317) than with steady partners (5%, n ¼ 614/11 632) and was linked to, for example, higher perceived vulnerability for sexually transmitted infections or HIV and avoidance of PrEP disclosure. Condoms only was uncommon but occurred particularly among edPrEP users (4%, n ¼ 379/8695). Applying neither strategy was common among edPrEP users with steady partners (25%, n ¼ 538/2122) and was motivated by low perceived HIV risk. Conclusion: Condoms remain a viable option for PrEP users in certain settings. Condoms were applied in higher risk settings, to avoid PrEP disclosure, or as substitute for PrEP, especially among edPrEP users. Copyright © 2020 Wolters Kluwer Health, Inc. All rights reserved.	Condoms; Counseling; HIV infections; HIV prevention and control; MSM; Preexposure prophylaxis; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Mixed methods
Article	2020	Zioga E.A.M.; Arias-de la Torre J.; Patera E.; Borjabad B.; Macorigh L.; Ferrer L.	The role of biomedical interventions in HIV prevention: Pre-exposure Prophylaxis (PrEP); El papel de las intervenciones biomédicas en la prevención del VIH: la profilaxis preexposición (PrEP)	Semergen	-	-	-	11383593	10.1016/j.semerg.2019.06.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85070089977&doi=10.1016%2fj.semerg.2019.06.006&partnerID=40&md5=2add8c00ba39ea55176b0bb862763928	HIV infection remains an important public health problem worldwide. The traditional preventive measures, such as sexual education, screening, and early antiretroviral treatment initiation, despite having shown their effectiveness, are not enough to control new infections. In this context, Pre-Exposure Prophylaxis (PrEP) has been investigated as a preventive measure. Currently, it has been extensively documented that the administration of antiretroviral treatment in an HIV exposed, but not infected population, could reduce the risk of transmission without significant drawbacks. Despite its high efficacy for HIV prevention, the use of PrEP remains a controversial measure, particularly its cost-effectiveness. For this reason, the access to PrEP is not available for all the HIV risk groups. Therefore, and based on the evidence found, the current approach must be the repercussions of not to implement PrEP, more than its cost or its effectiveness. © 2019 Sociedad Española de Médicos de Atención Primaria (SEMERGEN)	Human immunodeficiency virus; Pre-exposure prophylaxis; Prevention; Public health	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2020	Zioga, EAM; Arias-de la Torre, J; Patera, E; Borjabad, B; Macorigh, L; Ferrer, L	El papel de las intervenciones biomédicas en la prevención del VIH: la profilaxis preexposición (PrEP)	Semergen	-	-	-	1138-3593	10.1016/j.semerg.2019.06.006	https://www.elsevier.es/es-revista-medicina-familia-semergen-40-articulo-el-papel-intervenciones-biomedicas-prevencion-S1138359319302308	La transmisión del VIH sigue siendo un importante problema de salud pública en todo el mundo. Estrategias tradicionales de prevención como la educación sexual, el cribado y el inicio precoz de tratamiento antirretroviral, a pesar de ser efectivas, resultan insuficientes para el control de las nuevas infecciones. En este contexto, se ha propuesto la profilaxis preexposición (PrEP) como estrategia preventiva. Actualmente, se ha demostrado ampliamente que la administración de fármacos antirretrovirales en personas expuestas y no infectadas por VIH puede reducir el riesgo de transmisión sin asociarse a inconvenientes significativos. A pesar de haber demostrado su eficacia para la prevención de nuevas infecciones, la PrEP sigue siendo un tema controvertido, especialmente su coste-eficacia, y no se ha conseguido acceso unánime a los grupos de mayor riesgo de infección. Por ello, y basándonos en la evidencia actual, planteamos que el debate no debería ser si la PrEP es coste-eficaz, sino las posibles repercusiones de implementarla	Vírus da imunodeficiência humana; Profilaxia pré-exposição; Prevenção; Saúde pública	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2020	Zissette, Seth; Atujuna, Millicent; Tolley, Elizabeth E; Okumu, Eunice; Auerbach, Judith D; Hodder, Sally L; Aral, Sevgi O; Adimora, Adaora A	Cognitive testing of an instrument to evaluate acceptability and use of pre-exposure prophylaxis products among women	Applied Cognitive Psychology	-	-	-	08884080	10.1002/acp.3590	https://www.proquest.com/scholarly-journals/cognitive-testing-instrument-evaluate/docview/2339334582/se-2?accountid=8113	Given the range of pre-exposure prophylaxis (PrEP) products currently being tested to prevent HIV in women, a standardized Acceptability and Use of PrEP Products Among Women Tool may facilitate comparisons of product acceptability and use across different geographies, trials, and users. We conducted three rounds of cognitive interviewing over 2 months in 2016, with 28 South African women who had experience participating in a range of PrEP product trials. The final instrument contained 41 items, including five new items that improved construct validity and 22 items modified for clarity. Changes were made due to unclear wording, difficulty answering, participant embarrassment, low response variability, and administrative formatting. Cognitive interviewing provided a means to address issues that would have inhibited this tool's ability to accurately collect data otherwise. This rapid, low-cost study provided valuable insight into participants' understanding of questions and demonstrated the utility of cognitive interviewing in international clinical trials.	Women; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; clinical trials; acceptability; Prophylaxis; Clinical research; Interviews; Embarrassment; Clinical trials; Acceptability; Cost analysis; cognitive interviewing; Human immunodeficiency virus--HIV; Preventive healthcare; Woman; Cognitive ability; Variability; Wording	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2020	Zuma, Mandisa Nokukhanya.	Characterization of immunoglobulin (Ig) isotypes, IgG subclasses and cytokines in the blood and genital tracts of HIV infected and healthy women from an observational cohort study (CAPRISA 082)	-	-	University of KwaZulu-Natal	-	NA	NA	https://researchspace.ukzn.ac.za/handle/10413/19752	Background: Heterosexual transmission remains the dominant route of HIV infections in women. Immune responses that predict HIV acquisition during pre-exposure prophylaxis (PrEP) remain undefined. We hypothesized that increased genital tract antibodies and cytokines pre-HIV infection predict HIV acquisition in seroconverters compared to non-seroconverters irrespective of PrEP use. Methods: Plasma and Softcup specimens were collected from n=12 seroconverters (cases) and n=48 non-seroconverters (controls) in the CAPRISA 082 study at five time points. Of 12 cases-, nine took PrEP, while 29 of 48 controls took PrEP. IgG1, IgG2, IgG3, IgG4, IgM and IgA, and nine cytokines: MIP-1□, MIP-1□, IP-10, MCP-1, and IL-8, TNF-□, IL-1□, IL-1□, and IL-6 pre- and post-HIV infection, were measured using multiplexed technology. Results: Baseline levels of IgG subclasses, Ig isotypes, and mucosal cytokines were similar between cases and controls. Over time within the cases, plasma IgA significantly declined, in controls, plasma IgG3, and IgM significantly declined over time (p<0.05). In cases and controls on PrEP, plasma IgG3 trended higher compared to no PrEP (p<0.1). Relative to baseline, only within the controls, mucosal IgG1, IgG2, IgG3, IgG4, IgM, and IgA declined significantly. Mucosal IgM significantly predicted four-fold increased HIV risk (p=0.01). Eight of nine cytokines in the genital tract were significantly elevated in the cases compared to controls (all p<0.05). In cases and controls who used PrEP relative to no PrEP, IP-10 was significantly lower (p=0.04 and p=0.009). Baseline mucosal IL-8 significantly correlated with mucosal IgG1, IgG2, total IgG, and IgM (p<0.001 for all). Conclusions: Although no significant elevated genital antibodies or cytokines pre-HIV infection were found, significantly different patterns of antibodies and cytokines were observed in this cohort. Plasma IgG3, one of the most effective of the IgG□s eliciting diverse antibod□ functions, was increased in PrEP users. Mucosal IgM was associated with increased HIV-acquisition risk, while pleiotropic IP-10, a reported risk factor was modulated in PrEP users among cases. Collectively, these data suggest that PrEP use may modulate or preserve specific immune responses that can modify HIV risk. As PrEP uptake increases, its effect on mucosal and systemic immunity is important for informing on prevention strategies where PrEP may be given alone or in combination with HIV vaccine for added efficacy.	Human Immunodeficiency Virus(HIV).; Immunoglobulins.; Cytokines.; Genital tract.; Plasma.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Clinical
Article	2021	Adams, Joëlla W; Khan, Maria R; Bessey, S E; Friedman, Samuel R; McMahon, James M; Lurie, Mark N; Galea, Sandro; Marshall, Brandon D L	Preexposure prophylaxis strategies for African–American women affected by mass incarceration	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002749	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101896313&doi=10.1097%2fQAD.0000000000002749&partnerID=40&md5=e1cf4b7e6c5dfe82ac3d9b3cb80a5342	Objective: We aimed to determine the effectiveness of various preexposure prophylaxis (PrEP) prescription strategies for African–American women impacted by mass incarceration within an urban setting. Design: An agent-based model was utilized to evaluate prevention strategies in an efficient, ethical manner. By defining agents, their characteristics and relationships, we assessed population-level effects of PrEP on HIV incidence. Methods: We tested hypothetical PrEP prescription strategies within a simulation representing the African–American population of Philadelphia, Pennsylvania. Four strategies were evaluated: PrEP for women meeting CDC indicators regarding partner characteristics, PrEP for women with a recently incarcerated male partner, PrEP for women with a recently released male partner and couples-based PrEP at time of release. Interventions occurred alongside scale-up of HAART. We evaluated reductions in HIV transmissions, the number of persons on PrEP needed to avert one HIV transmission (NNT) and the resulting proportions of people on PrEP. Results: Scenarios prescribing PrEP based on criminal justice system involvement reduced HIV transmissions. The NNT ranged from 147 (couples-based scenario) to 300 (recently released scenario). The percentage of the female population covered by PrEP at any one time ranged from 0.14% (couples-based) to 10.8% (CDC-based). CDC-guideline scenarios were consistently less efficient compared to the justice-involved interventions. Conclusion: Expanding PrEP for African–American women and their male partners affected by incarceration should be considered in national HIV prevention goals and correctional facilities leveraged as intervention sites. Partner characteristics in the current CDC indications may be more effective and efficient if guidelines considered criminal justice involvement. Copyright © 2020 The Author(s).	African–American; HIV; Preexposure prophylaxis; Prisons; Sexual behaviour; Systems analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Adeagbo, Oluwafemi; Harrison, Sayward; Qiao, Shan; Li, Xiaoming	Pre-Exposure Prophylaxis (PrEP) Uptake among Black Men Who Have Sex with Men (BMSM) in the Southern U.S.	International Journal of Environmental Research and Public Health	-	-	-	1661-7827	10.3390/ijerph18189715	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-uptake-among-black/docview/2576413454/se-2?accountid=8113	Black men who have sex with men (BMSM) living in the United States (U.S.) South are disproportionately affected by HIV and experience significant disparities in HIV incidence, access to HIV care, and prevention across ages and socio-economic statuses. The aim of this commentary is to critically review current literature on the state of PrEP use among BMSM in the U.S. South, including identifying barriers and facilitators to PrEP use in order to inform intervention development. Extant literature shows that despite the documented benefits of PrEP as an effective HIV-prevention method, its uptake among BMSM is limited across the U.S. South. Common barriers to PrEP uptake included stigma, homophobia, mistrust of healthcare systems, negative attitudes from healthcare providers, access and transportation issues, poverty, and misinformation about PrEP. These barriers are likely to have been further exacerbated by the COVID-19 pandemic. Limited access to PrEP and other HIV-prevention programs, such as HIV testing, post-exposure prophylaxis (PEP), and condoms for BMSM are likely increase HIV incidence in this community. Moreover, the rapid expansion of telehealth services during the COVID-19 period may offer increased opportunity to scale-up PrEP through telehealth interventions, especially if in-person services remain limited due to pandemic precautions. Given the intersectional barriers that limit the access and uptake of PrEP among BMSM, we suggest that tailored programs or interventions that seek to address PrEP disparities among Southern BMSM should adopt intersectional and interdisciplinary approaches to better understand the complex challenges of scaling up PrEP. More studies are needed to investigate the impact of COVID-19 on HIV-prevention services among BMSM and to understand how to co-develop—with the BMSM community and healthcare providers—culturally acceptable interventions to reduce the identified challenges using intersectional and interdisciplinary approaches.	United States; HIV; Condoms; Georgia; Canada; Kentucky; Poverty; North Carolina; South Carolina; Pre-exposure prophylaxis; PrEP; Prevention; Men who have sex with men; Intersectionality; Stigma; COVID-19; Disease prevention; Telemedicine; Health services; Health care; Public health; BMSM; Prophylaxis; Exposure; Pandemics; Racism; Telehealth; Trends; Access; Barriers; Homophobia; Intervention; Southern states; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; United States--US; United Kingdom--UK; Black people; Health care industry; Low income groups; Literature reviews; Interdisciplinary aspects; Washington DC; West Virginia; Virginia	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Adeoti A.O.; Demir E.; Adeyemi S.; Yakutcan U.; Kengne A.P.; Kayode G.; Aliyu A.; Idika N.; Isichei C.	Impact of pre-exposure and post-exposure prophylaxes prevention programme on hiv burden and services in a low-resource setting: A simulation modelling approach	Pan African Medical Journal	-	-	-	19378688	10.11604/pamj.2021.40.163.26486	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121304629&doi=10.11604%2fpamj.2021.40.163.26486&partnerID=40&md5=866f58e0c920614601b76e251f42bc93	Introduction: sub-Saharan African countries contribute substantially to the global HIV disease burden. Despite this burden, and the promises that prevention could deliver, the implementation and uptake of HIV prevention programmes are still low. The study used the decision support system model to explore the potential impacts of prevention implementation on HIV burden (incidence) and service delivery. Methods: an operational research technique known as discrete event simulation model was used to capture an individual patient's pathways through the HIV care process from diagnosis to treatment and monitoring. The regular monitoring, over a 5-year period, including all the activities and resources utilized at each stage of the pathway were analysed, and the impact of increasing prevention measures for an HIV treatment service in a treatment centre in Nigeria was tested using the simulation model. Results: forty-three patients currently access the Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) annually, with a 20% and 80% split in the number of patients offered PrEP and PEP, respectively. Scenarios-based on increasing the number of people offered PrEP and PEP from 43 to 250 with a 50/50 split were tested. The outputs revealed improved preventive care by averting new HIV cases, reduction in service demand and utilization, but an increase in the required human resource as well as financial burden. In the next 5 years, the cumulative averted HIV cases are expected to increase from 2 and 5 people (baseline) to 24 and 20 people for PrEP and PEP, respectively. The potentially averted 2 cases per infected persons based on the basic reproductive number of HIV. Conclusion: the effective implementation of PrEP/PEP programme offers an additional safety measure to prevent HIV transmission in at-risk individuals and possibility of ending HIV epidemic. © Adekunle Olatayo Adeoti et al.	HIV/AIDS; Patient flow; PrEP/PEP; Prevention; Service utilisation; Simulation	English	Uganda	Eastern and Southern Africa	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Quantitative
Article	2021	Adrian P., Constanza; Stuardo Á., Valeria	Aceptabilidad a usar profilaxis pre-exposición para VIH en hombres gay y otros hombres que tienen sexo con hombres: indagación en LAMIS 2018 Chile	Revista Chilena de Infectologia	-	-	-	0716-1018	10.4067/s0716-10182021000500655	http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0716-10182021000500655&lang=pt	Abstract Background: Chile is facing a re-emergence of the HIV epidemic, concentrated among men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is a biomedical intervention that effectively prevents HIV transmission among MSM. Aim: The study was designed to estimate acceptability of PrEP and identify factors associated with PrEP-related attitudes and behaviors among MSM using LAMIS 2018 - Chile study data. Methods: Data were taken from the LAMIS 2018 - Chile study, a cross-sectional study of gay, bisexual, transgender, and other MSM. Our subsample included 3976 participants with self-reported HIV-negative or unknown status who responded to sociodemographic questions and items related to PrEP. Bivariate analysis and multivariate logistic regression analysis were performed to identify factors associated with acceptability of PrEP. Results and Discussion: A total of 55.7% of the sample reported high PrEP acceptability. Logistic regression indicated that engaging in sex without a condom (ORa = 1.67, IC 95% 1.42-1.97) and having previously used PrEP (ORa = 1.99, IC 95% 1.41-1.62) were associated with high acceptability to use PrEP, while having a stable partner was associated with low acceptability. The estimate of PrEP acceptability was relatively high among participants. However, interventions to increase awareness and promote demand for PrEP may be beneficial. Furthermore, this study demonstrates the need for non-governmental organizations to participate in such strategies and for measures that address regionally-relevant emerging phenomena.	men who have sex with men (MSM); pre-exposure prophylaxis (PrEP); HIV prevention; hombres que tiene sexo con hombres (HSH); prevención VIH; profilaxis pre-exposición (PrEP)	Spanish	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Quantitative
Article	2021	Aggarwal, Neena K; Consavage, Katherine E; Dhanuka, Ida; Clement, Kesiah W; Bouey, Jennifer H	Health and Health Care Access Barriers Among Transgender Women Engaged in Sex Work: A Synthesis of U.S.-Based Studies Published 2005-2019.	LGBT Health	-	-	-	2325-8306	10.1089/lgbt.2019.0243	https://dx.doi.org/10.1089/lgbt.2019.0243	Purpose: Transgender women (TW) are likely to experience job discrimination and engage in commercial sex transactions. As a group, they have the highest risk for HIV/AIDS. However, little is known about the health needs of transgender women sex workers (TWSW) in the United States and the structural and psychosocial barriers to their health care access. The objective of this systematic review was to systematically document these needs and barriers by using a framework approach. Methods: We searched PubMed, JSTOR, and Google Scholar for primary and secondary studies published in 2005-2019 that addressed the health of TWSW in the United States. We used a standardized data extraction form to gather data from eligible articles. The Strengthening the Reporting of Observational Studies in Epidemiology checklist was used to assess study quality. Results: Fifty-three articles met the inclusion criteria, including mentioning health-related topics among TWSW. More articles appeared in recent years. Most studies collected data with convenience samples in urban areas. Structural barriers reported included transphobia, lack of pre-exposure prophylaxis targeted at TW, and lack of health insurance coverage. Psychosocial barriers included distrust of the health care system, self-esteem, alcohol and substance use, and mental health. Conclusions: TWSW have unique health care needs that are not being addressed due to barriers to health care access. More research is required to identify non-HIV-related health burdens and details about psychosocial barriers to health care access.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Agovi A.M.-A.; Anikpo I.; Cvitanovich M.J.; Fasanmi E.O.; Ojha R.P.; Marcus J.L.	HIV Pre-exposure Prophylaxis Prescribing in an Urban Safety-Net Health System	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002767	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123228181&doi=10.1097%2fQAI.0000000000002767&partnerID=40&md5=29be6f3685dd55964c797be22532c632	Introduction:Safety-net health systems are key settings for HIV pre-exposure prophylaxis (PrEP) implementation, but little evidence is available about the frequency of PrEP prescribing in safety-net settings. We assessed PrEP prescribing among people with indications for PrEP at an urban safety-net health system that serves a county designated as an Ending the HIV Epidemic priority jurisdiction.Methods:We identified adults (aged 18 years or older) who engaged in primary care between January 2015 and December 2019 and had a documented indication for PrEP. PrEP indications included the presence of a behavioral or sexual risk factor of HIV acquisition or a positive bacterial sexually transmitted infection at the index visit. PrEP prescribing was defined as the proportion of patients with indications for PrEP who received a new prescription for PrEP. We estimated the cumulative incidence of PrEP prescription with corresponding 95% confidence limits (CL).Results:Our study population comprised 2957 individuals, of whom 58% was aged younger than 45 years, 56% was women, 67% was racial or ethnic minorities, and 60% was uninsured or provided care as part of a hospital-based managed care plan for individuals without insurance. We identified 41 individuals who were prescribed PrEP. The cumulative incidence of PrEP prescribing within 1 year of the first documented PrEP indication was 1.3% (95% CL: 0.91% to 1.7%).Conclusions:Our results suggest extremely low frequency of PrEP prescribing among people with indications for PrEP in an urban safety-net health system. Strategies are needed to improve PrEP implementation in high-priority populations and safety-net settings. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.	HIV; implementation; pre-exposure prophylaxis; prevention; safety net	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Alcantar Heredia, Jorge L; Goldklank, Shelly	The relevance of pre-exposure prophylaxis in gay men's lives and their motivations to use it: a qualitative study	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-11863-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8502319	BACKGROUND: HIV has affected gay men disproportionately in the U.S. for four decades. Pre-exposure prophylaxis (PrEP) was developed as a prevention strategy for individuals at high risk of HIV infection. Although highly effective, many gay and other men who have sex with men continue not to take PrEP. Researchers have focused on sexual risk behaviors as the primary determinant of who should be on PrEP and identified various objective systemic and societal barriers to PrEP access. Public health measures have promoted PrEP based on these objective criteria. Researchers have recently begun to inquire into subjective and relational motivators for PrEP usage beyond self-perceived risk. METHODS: Participants were recruited through snowball sampling. Data were collected between August and November 2018 from PrEP users (n = 7) and PrEP non-users (n = 6). Data were analyzed in a modified grounded theory qualitative analysis. RESULTS: The thirteen participants' narratives contained three superordinate categories: (1) what it's like to be someone on PrEP, (2) an environment of changing sexual norms, and (3) the continued importance of education. These categories comprised ten themes, each of which had various repeating ideas. The ten themes were the following: (1) PrEP's social acceptability, (2) PrEP and HIV stigma, (3) PrEP and sexual relationships, (4) dissatisfaction with condoms, (5) negotiating risk, (6) peace of mind, (7) developing a relationship with PrEP, (8) putting yourself first, (9) PrEP awareness, and (10) PrEP logistics. CONCLUSIONS: The gay men in our study took into consideration their social roles and relationships, their personal beliefs, and emotional histories as well as risk as prominent motivators for PrEP use. They stated that PrEP use is associated with their sense of belonging, trust, and security about their sexuality. They also identified the most relevant aspects of the medication (e.g., side effects, adherence, and awareness) to their lives.	PrEP, Gay, GMSM, Relevance, Uptake	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Alfaiate D.; Giaché S.; Pradat P.; Cotte L.; Chidiac C.	Sexually transmitted infections knowledge in different populations attending a French university hospital: a prospective observational study	Epidemiology and Infection	-	-	-	9502688	10.1017/S0950268821000881	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104814492&doi=10.1017%2fS0950268821000881&partnerID=40&md5=f8c5e671ff34bdb85655f26078f91b7a	We conducted a prospective study about sexually transmitted infections (STIs) knowledge in different populations attending Lyon's University Hospitals in order to estimate awareness on STIs. Pre-exposure prophylaxis (PrEP)-users (PrEP group), persons living with HIV (PLWH group) and persons undergoing free STI screening (screening group) filled an anonymous questionnaire evaluating STI knowledge. A composite STI knowledge score was calculated and was correlated with patients' characteristics. A total of 756 patients were enrolled in three groups: screening (n = 509), PrEP (n = 103) and PLWH (n = 144). STI transmission knowledge was better for HIV than for other STIs. The median STI knowledge score was significantly higher in PrEP-users than in the screening and PLWH groups. PrEP use and a previous STI diagnosis were independently associated with a higher score. PrEP-users have better STI knowledge than PLWH and persons undergoing free STI screening. Sexual health promotion interventions routinely reserved to PrEP-users in France seem to be effective in raising the awareness of this group for STIs. Continuous efforts are justified for PLWH and the younger layers of the population. © The Author(s), 2021.	HIV infection; PrEP; prevention; sexually transmitted infections; transmission	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Algarin A.B.; Zhou Z.; Canidate S.; Gebru N.M.; Krieger J.L.; Neil J.M.; Cook R.L.; Ibañez G.E.	PrEP awareness among people living with HIV in Florida: Florida Cohort study	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1717421	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078469570&doi=10.1080%2f09540121.2020.1717421&partnerID=40&md5=546946eac51045e6d5c683de6daebc97	In 2017, Florida ranked 2nd nationally in prevalence and incidence rates of HIV infections in the United States. Due to the high burden of HIV and low viral suppression in Florida, it is of increased importance to study methods of HIV prevention such as preexposure prophylaxis(PrEP) in this state. Our study aimed to examine correlates of PrEP awareness among PLWH in Florida and describe patterns of PrEP awareness/information sources. Using data collected from the Florida Cohort study between 2014 and 2018, 530 PLWH answered items that were hypothesized to be correlated with PrEP awareness. Of our sample, 53.8% were aware of PrEP. Urban location of recruitment, sexual partner's use of PrEP, use of viral suppression as an HIV prevention strategy, and engagement in transactional sex were all significantly associated with higher odds of PrEP awareness. Care providers and HIV/AIDS support groups were the most frequently listed sources of PrEP awareness, sources of future PrEP information, and most trusted sources for PrEP information. Findings from this study could inform future interventions that aim to increase PrEP awareness among PLWH to increase PrEP awareness and uptake among their HIV-negative social and sexual networks. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	awareness; HIV; Preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Algarin, Angel B; Hee Shrader, Cho; Hackworth, Benjamin T; Varas-Diaz, Nelson; Fennie, Kristopher P; Sheehan, Diana M; Ibañez, Gladys E	Development and Validation of the Community PrEP-Related Stigma Scale (Community-PSS).	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2021.33.2.120	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8054770	Despite increasing availability of pre-exposure prophylaxis (PrEP), HIV prevention efforts have stalled. It is important to study potential barriers to HIV prevention methods, such as pre-exposure prophylaxis stigma. This study aims to develop and validate the Community PrEP-related Stigma Scale (Community-PSS) to address gaps in the literature. Participants were 108 sexual and gender minority men recruited through virtual and community-posted advertisements in Florida. The authors assessed reliability using Cronbach's alpha analysis, determined scale components using principal component analysis, and assessed construct validity based on five a priori hypotheses. The scale had high internal consistency (α = 0.86) and four components (stigma of actions outside of sex, stigma of sexual actions, extreme stigma perceptions, and positive community perception). The Community-PSS was valid, supporting four out of five hypotheses and in the expected directions. The Community-PSS was a valid and reliable tool in the sample and correlates with a previously validated PrEP stigma scale, HIV knowledge, PrEP knowledge, and likelihood of condom use with a partner on PrEP.	Pre-exposure Prophylaxis, Stigma, Scale Development, HIV Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Al-Khouja, Amer; Shieh, Eugenie; Fuchs, Edward J; Marzinke, Mark A; Bakshi, Rahul P; Hummert, Pamela; Ham, Anthony S; Buckheit, Karen W; Breakey, Jennifer; Weld, Ethel D; Chen, Huan; Caffo, Brian S; Buckheit, Robert W; Hendrix, Craig W	Examining the Safety, Pharmacokinetics, and Pharmacodynamics of a Rectally Administered IQP-0528 Gel for HIV Pre-Exposure Prophylaxis: A First-In-Human Study.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2020.0188	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8213010	A lubricating microbicide gel designed for rectal and vaginal use would provide a behaviorally congruent strategy to enhance pre-exposure prophylaxis adherence and reduce HIV infection risk. In this study, we report the first-in-human evaluation of such a gel containing 1% IQP-0528, an investigational antiretroviral. Seven HIV-1-negative participants received one 10 mL rectal dose of radiolabeled 1% IQP-0528 gel. We assessed safety; IQP-0528 pharmacokinetics in plasma, and rectal and vaginal tissue; ex vivo local pharmacodynamics (PD); and colorectal distribution. The 1% gel was determined to be safe with one mild event attributed to study product and no effects on rectal tissue histology. All concentrations measured in plasma and vaginal tissue were below the limit of quantitation. Median IQP-0528 concentrations in rectal tissue exceeded the in vitro EC95 against HIV-1 (0.07 ng/mg) by 3-5 h of dosing and remained above this concentration for at least 24 h, despite a 3-log reduction in concentration over this duration of time. Rectal tissue PD-assessed by ex vivo HIV challenge-demonstrated significant p24 antigen reduction 3-5 h postdose compared with baseline (p = .05), but not 24-26 h postdose (p = .75). Single-photon emission computed tomography/computed tomography imaging revealed that product distribution was localized to the rectosigmoid. The IQP-0528 gel possesses desirable features for a topical microbicide including: local safety with no systemic absorption, delivery of locally high IQP-0528 concentrations, and significant reductions in ex vivo HIV infectivity. However, the gel is limited by its rapid clearance and inability to penetrate vaginal tissues following rectal dosing. Clinical Trial Registration number: NCT03082690.	HIV, pre-exposure prophylaxis, rectal microbicide, pharmacology, pharmacokinetics, clinical trials	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Alzate-Duque, Luis; Sánchez, John P; Marti, Sebastian R Mendez; Rosado-Rivera, Dwindally; Sánchez, Nelson F	HIV Pre-exposure Prophylaxis Education for Clinicians Caring for Spanish-Speaking Men Who Have Sex With Men (MSM).	MedEdPORTAL	-	-	-	2374-8265	10.15766/mep_2374-8265.11110	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8015640	Introduction: A growing number of Liaison Committee on Medical Education-accredited allopathic medical schools offer formal bilingual (English and Spanish) medical education, and numerous other schools offer medical Spanish through elective workshops as part of their curricula. One significant health disparity in the Hispanic community is the incidence of HIV among Spanish-speaking men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) has emerged as an effective strategy to reduce the risk of HIV transmission. Methods: We developed an education module to train clinicians to discuss PrEP with Spanish-speaking MSM. Our module is adapted from an English module on PrEP education. It includes a Spanish-language PowerPoint slide deck with information about PrEP as well as a Spanish-language videotaped scripted clinical encounter. Results: The module was implemented on three occasions with 18 participants, and learners reported increased comfort in discussing and confidence in prescribing PrEP with Spanish-speaking patients. Discussion: This workshop can be incorporated within medical Spanish curriculums offered at health professional schools and community-based organizations dedicated to reducing the HIV burden in the Spanish-speaking Hispanic community.	Medical Spanish, PrEP, Pre-exposure Prophylaxis, MSM, HIV, LGBTQ, Sexual and Gender Minorities, Diversity, Inclusion, Health Equity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Ambrosioni J.; Petit E.; Liegeon G.; Laguno M.; Miró J.M.	Primary HIV-1 infection in users of pre-exposure prophylaxis	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(20)30271-X	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098142177&doi=10.1016%2fS2352-3018%2820%2930271-X&partnerID=40&md5=8bef7147f5c55816da4f4ffdc67ebca9	Pre-exposure prophylaxis (PrEP) has proven to be a highly effective and safe way to prevent HIV infection. Seroconversion and primary HIV infection are exceptional if adherence to PrEP is good. However, primary HIV infection while using PrEP can occur, albeit rarely, and HIV drug resistance might develop. Furthermore, the scope of PrEP is expected to expand, and clinicians might face potential seroconversions and primary HIV infection in patients starting or taking PrEP. The characteristics of primary HIV infection in users of PrEP are poorly described. PrEP users present a lower viral load peak during primary HIV infection and, frequently, fewer symptoms than individuals not exposed to PrEP. Additionally, PrEP prolongs the stages of seroconversion, thus potentially complicating diagnosis of primary HIV infection. Drug resistance is rare, occurring mostly when PrEP is initiated in undiagnosed patients who are at an extremely early stage of infection, in whom detection of HIV-RNA was not used to rule out HIV infection. Therefore, careful exclusion of primary HIV infection before starting PrEP is crucial. In patients presenting with primary HIV infection while on PrEP, a drug with a high genetic barrier (or even two) should be added to tenofovir disoproxil fumarate–emtricitabine until test results for resistance are available. © 2021 Elsevier Ltd	antiretrovirus agentcabotegravirdarunavirdolutegravir	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2021	Apers, Ludwig; Vanhamel, Jef; Caluwaerts, Séverine; Platteau, Tom; Kenyon, Chris; Florence, Eric	Impact of PrEP on a STI clinic in a Belgian context: a provider's perspective.	Acta Clinica Belgica	-	-	-	2295-3337	10.1080/17843286.2020.1767995	https://dx.doi.org/10.1080/17843286.2020.1767995	Objectives: To assess the impact of Pre-Exposure Prophylaxis (PrEP) to avoid HIV infection as an additional service in a routine Sexually Transmitted Infections (STI) clinic.Methods: We used routinely obtained retrospective data to estimate the increased workload on the existing facilities. We focussed on STI registration through the laboratory registration system and put this in a national perspective. A critical appraisal was made of the national HIV notifications, as an indicator of the impact of PrEP. Additional challenges were identified via face-to-face interviews with clinicians with at least five years experience in the STI clinic.Results: PrEP delivery puts a substantial burden on a routine STI clinic, in terms of counselling users and prescribing drugs, and regular screening and treating of STIs. Psycho-social aspects need to be incorporated as part of a comprehensive approach of the PrEP user. This requires skills and resources that are not yet always available in a clinic, specialised in HIV and STI care. The increasing demand for this service calls for a careful and critical appraisal of the existing service model.Conclusion: PrEP has gained an important and irreplaceable position in the prevention of HIV infection. New models of care need to be studied, preferably in close collaboration with the users, to make this intervention sustainable for the health system in which it is introduced.	HIVSTIservice delivery	English	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	Araujo, João Marcos Batista Gomes de	Análise da oferta e eficácia da profilaxia a pré-exposição sexual (PrEP) para o enfrentamento do HIV/AIDS no Brasil	Research, Society and Development	-	-	-	2525-3409	10.33448/rsd-v10i12.19095	https://rsdjournal.org/index.php/rsd/article/view/19095	A epidemia do vírus do HIV/AIDS é considerado um fenômeno de largas proporções, e por seu caráter pandêmico e gravidade, representa um grande problema de saúde pública, carecendo de políticas mais humanizadas e eficientes, e nesse sentido, um dos métodos mais recentes de profilaxia a pré-exposição sexual, trata-se da (PrEP) que é um tratamento precoce farmacológico feito através da combinação de dois medicamentos, que devem ser tomados diariamente pelo usuário antes do mesmo ter a infecção pelo vírus. Dessa forma, o presente artigo propõe uma análise sobre os desafios da oferta e eficácia da PrEP para o enfrentamento do HIV no Brasil. Para tanto, foi realizada uma revisão teórica de literatura exploratória sobre a temática através da utilização do método de abordagem dedutivo, com a utilização de dados bibliográficos de natureza qualitativa através da pesquisa documental. A partir disso, concluiu-se que através do uso da profilaxia, foi possível reduzir o risco das pessoas adquirir a infecção pelo vírus, pois essa estratégia mostrou-se bastante eficaz e segura em pessoas com risco aumentado de adquirir a infecção, entretanto, se torna importante que as políticas públicas de enfrentamento ao HIV/AIDS no país sejam amplamente divulgadas a fim de atingir a maioria do público que está vulnerável ao contágio pelo vírus.	Saúde pública; PrEP; HIV	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2021	Ard, Kevin L; Uzoeghelu, Ugochukwu; Bruno, Jack; Lambert, Cei; Mayer, Kenneth H; Davis, John A.	Readiness of US federally qualified health centers to provide HIV pre-exposure prophylaxis	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofab447	https://escholarship.org/uc/item/83v8j1nm	We report the results of a survey on HIV pre-exposure prophylaxis (PrEP) perceptions, capacity, and barriers at federally qualified health centers (FQHCs) in high-HIV burden jurisdictions in the United States. Health care workers at FQHCs identified multiple barriers to, and strategies for, improving PrEP implementation.	Medical Microbiology; Biomedical and Clinical Sciences; Clinical Sciences; Behavioral and Social Science; Prevention; Infectious Diseases; Clinical Research; HIV/AIDS; Infection; Good Health and Well Being; health center; HIV; LGBTQ; PrEP; prevention; Clinical sciences; Medical microbiology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Asabor, Emmanuella Ngozi; Lett, Elle; Moll, Anthony; Shenoi, Sheela V	"We've Got Our Own Beliefs, Attitudes, Myths": A Mixed Methods Assessment of Rural South African Health Care Workers' Knowledge of and Attitudes Towards PrEP Implementation.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03213-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8450017	South Africa maintains the world's largest HIV prevalence, accounting for 20.4% of people living with HIV internationally. HIV Pre-exposure prophylaxis (PrEP) has demonstrated efficacy; however, there is limited data on PrEP implementation in South Africa, particularly in rural areas. Using grounded theory analysis of semi-structured interviews and exploratory factor analyses of structured surveys, this mixed methods study examines healthcare workers' (HCWs)' beliefs about their patients and the likelihood of PrEP uptake in their communities. The disproportionate burden of HIV among Black South Africans is linked to the legacy of apartheid and resulting disparities in wealth and employment. HCWs in our study emphasized the importance of addressing these structural barriers, including increased travel burden among men in the community looking for work, poor transportation infrastructure, and limited numbers of highly skilled clinical staff in their rural community. HCWs also espoused a vision of PrEP that prioritizes women due to perceived constraints on their sexual agency, and that minimizes the impact of HIV-related stigma on PrEP implementation. However, HCWs' additional concerns for risk compensation may reflect dominant social mores around sexual behavior. In recognition of HCWs' role as both informants and community members, implementation scientists should invite local HCWs to partner as early as the priority-setting stage for PrEP interventions. Inviting leadership from local HCWs may increase the likelihood of delivery plans that account for unique local context and structural barriers researchers may otherwise struggle to uncover.	Healthcare workers, Structural determinants, Risk compensation, Rural health, Factor analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Asif, Sumbul; Baxevanidi, Evangelia; Hill, Andrew; Venter, Willem Daniel Francois; Fairlie, Lee; Masenya, Masebole; Serenata, Celicia; Sokhela, Simiso; Chandiwana, Nomathemba	The predicted risk of adverse pregnancy outcomes as a result of treatment-associated obesity in a hypothetical population receiving tenofovir alafenamide/emtricitabine/dolutegravir, tenofovir disoproxil fumarate/emtricitabine/dolutegravir or tenofovir disoproxil fumarate/emtricitabine/efavirenz.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003020	https://dx.doi.org/10.1097/QAD.0000000000003020	OBJECTIVE: Integrase inhibitors, including dolutegravir (DTG), are associated with weight gain and obesity, especially when combined with tenofovir alafenamide (TAF). Obesity increases the risk of adverse pregnancy outcomes (APOs). This study aimed to predict the risk of APOs caused by treatment-associated obesity, using a hypothetical sample based on the ADVANCE trial. DESIGN: Risk prediction. METHODS: Firstly, a meta-analysis was performed to determine the relative risk (RR) for APOs in women with obese (≥30) versus normal prepregnancy BMIs (18.5-24.9). For the hypothetical sample, 3000 nonpregnant women with normal BMIs at Week 0 of treatment were evenly allocated across the following treatment arms: TAF/FTC+DTG, TDF/FTC+DTG, TDF/FTC/EFV. The treatment-associated obesity rates from ADVANCE were used to calculate the number of women with obese and normal BMIs expected at Week 96 in our sample. This was combined with the APO RRs to predict the number of women at risk of APOs, in each treatment arm, assuming they conceived at Week 96. RESULTS: At Week 96, the percentage of women predicted to be obese was 14.1% with TAF/FTC+DTG, 7.9% with TDF/FTC+DTG and 1.5% with TDF/FTC/EFV. The RR in women with obese versus normal BMIs was significantly higher for most APOs. Therefore, the number of women at risk of APOs was higher with TAF/FTC+DTG than TDF/FTC+DTG and TDF/FTC/EFV. For example, 11/1000 additional gestational hypertension cases were predicted with TAF/FTC+DTG, 6/1000 with TDF/FTC+DTG and 1/1000 with TDF/FTC/EFV. CONCLUSION: Treatment-associated obesity increased the APO risk in women. This risk is likely to increase, as preliminary data from ADVANCE demonstrates ongoing weight gain beyond Week 96.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Assaf R.D.; Konda K.A.; Torres T.S.; Vega-Ramirez E.H.; Elorreaga O.A.; Diaz-Sosa D.; Diaz S.D.; Pimenta C.; Robles R.; Medina-Mora M.E.; Grinsztejn B.; Caceres C.; Veloso V.G.	Are men who have sex with men at higher risk for HIV in Latin America more aware of PrEP?	PLOS One	-	-	-	19326203	10.1371/journal.pone.0255557	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112757530&doi=10.1371%2fjournal.pone.0255557&partnerID=40&md5=b5d628d66bf9db147472bf51f5764ca	Introduction PrEP awareness in Latin America has been poorly characterized, with studies in Brazil, Mexico, and Peru highlighting awareness of 65% among gay, bisexual and other men who have sex with men (MSM). We assessed the association between higher risk of HIV infection, indicative of PrEP eligibility, and PrEP awareness among MSM from these countries. Methods This was a secondary analysis of a web-based survey advertised on social media platforms from March-June 2018 in Brazil, Mexico and Peru. Eligible individuals were cisgender MSM, ≥18 years old, HIV negative or of unknown status, who lived in these countries, and provided informed consent. Higher risk of HIV infection was defined as having 10 or more points in the HIV Risk Index for MSM (HIRI-MSM). We used multivariable Poisson regression models to calculate adjusted prevalence ratios (aPR) testing the association between higher risk for HIV and PrEP awareness. Results After exclusions, 19,457 MSM were included in this analysis. In Brazil, 53.8% were classified as higher risk for HIV, 51.9% in Mexico, and 54.2% in Peru. Higher risk for HIV was minimally associated with PrEP awareness among those in Brazil (aPR 1.04, 95% CI 1.01, 1.06), but no such association was observed in Mexico or Peru. Having more than a high school education, high income, daily use of geosocial networking (GSN) applications, and substance use were associated with PrEP awareness. Conclusion Higher risk of HIV infection was associated with increased PrEP awareness in Brazil. However, this association was weak indicating that PrEP awareness could be strengthened with further prevention efforts. In the remaining countries, results were non-conclusive between risk and awareness. Interventions to increase PrEP awareness are paramount to increase PrEP willingness and uptake and in turn prevent new HIV infections. Social media platforms could play an important role to achieve this goal. © 2021 Assaf et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	dultArticlebisexual maleBrazilcontrolled studyeducational statushomosexual malehumanHuman immunodeficiency virus infectionincomeinfection riskmalemen who have sex with menMexicoPerupre-exposure prophylaxissocial mediasocial networkSouth and Central Americasubstance useadolescentattitude to healthdrug effectHuman immunodeficiency virusHuman immunodeficiency virus infectionmale homosexualityoral drug administrationpatient attitudepre-exposure prophylaxisprocedurespsychologyquestionnairesafe sexvirologyyoung adult	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Quantitative

Article	2021	Assoumou S.A.; Paniagua S.M.; Gonzalez P.; Wang J.; Beckwith C.G.; White L.F.; Taylor J.L.; Coogan K.; Samet J.H.; Linas B.P.	HIV Pre-exposure Prophylaxis and Buprenorphine at a Drug Detoxification Center During the Opioid Epidemic: Opportunities and Challenges	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03220-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103162737&doi=10.1007%2fs10461-021-03220-0&partnerID=40&md5=4f41d9605605d364f13aff3af46a23c3	Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and buprenorphine decrease HIV acquisition. Between November, 2016 and July, 2017, we surveyed persons (N = 200) at a drug detoxification center to assess their interest in PrEP and in buprenorphine, and to examine factors associated with such interests. Over the previous 6 months, 58% (117/200) injected drugs, 87% (173/200) used opioids, 50% (85/171) had condomless sex. Only 22% (26/117) of persons who injected drugs were aware of PrEP, yet 74% (86/116) and 72% (84/116) were interested in oral or injectable PrEP, respectively. Thirty-eight percent (47/125) of persons not receiving buprenorphine or methadone expressed interest in buprenorphine. After multivariable adjustment, Latinx ethnicity was associated with interest in PrEP (aOR 3.80; 95% CI 1.37–10.53), while male gender (aOR 2.76; 95% CI 1.21–6.34) was associated with interest in buprenorphine. Opportunities exist to implement PrEP and buprenorphine within drug detoxification centers. Clinical trial registration NCT02869776. Clinicaltrials.govhttps://clinicaltrials.gov/ct2/show/NCT02869776?term=Sabrina+Assoumou&cond=HIV+HCV&rank=1. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Drug detoxification center; Human immunodeficiency virus; Medication for opioid use disorder; Persons who inject drugs; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	ATAIDE, ESTHER AMORIM OURIQUES DE	REPRESENTAÇÃO SOCIAL DA PrEP AO HIV EM HOMENS QUE FAZEM SEXO COM HOMENS	-	-	Universidade de Pernambuco	-	-	NA	NA	Objetivou-se analisar as representações sociais da PrEP ao HIV entre homens que fazem sexo com homens. Pesquisa de campo exploratória, descritiva, com enfoque qualitativo, fundamentada na Teoria das Representações Sociais, abordagem processual. Os participantes do estudo foram 30 pessoas do sexo masculino que faziam acompanhamento ambulatorial em Serviço de Assistência Especializada em HIV/Aids, na cidade de Recife, Pernambuco, Brasil. A coleta de dados aconteceu de setembro a novembro de 2020, por meio de formulário de caracterização sociodemográfica e clínica do sujeito do estudo e roteiro semiestruturado de entrevista. As entrevistas foram gravadas, transcritas, utilizadas para preparação do corpus e, posteriormente, analisadas pelo software IRAMUTEQ, mediante o método da Classificação Hierárquica Descendente. A classificação selecionou 150 dos segmentos de texto para aproveitamento da análise, da qual emergiram cinco categorias, divididas em dois blocos e nomeadas da seguinte forma: "Não adoecer, efeitos colaterais, espera pela cura e acesso geral", que aborda a visão a longo prazo sobre o uso da profilaxia pré-exposição ao HIV;" PrEP como cuidado e atitudes positivas", trata da percepção que os usuários tem sobre a profilaxia pré- exposição como prevenção; "Acesso à informação sobre a PrEP", que discorre sobre como os participantes descobriram e buscaram o uso da PrEP; "Revelação do uso e aceitação da PrEP", refere-se à comunicação sobre a prática da PrEP e às possíveis mudanças no cotidiano desses homens que fazem sexo com homens, após a revelação; e "PrEP como prevenção – liberdade, sexo prático e seguro", que abrange conceitos e atitudes atribuídos à profilaxia pré-exposição ao HIV, mediante os relatos de homens que fazem sexo com homens. Observaram-se as projeções futuras que os participantes fizeram em relação à PrEP, como saudável, vida, sadia e cura. Também, constataram-se os conteúdos representacionais da PrEP ao HIV como algo seguro, prático e que traz liberdade nas relações sexuais. Identificaram- se e descreveram-se os conteúdos representacionais da PrEP ao HIV entre homens que fazem sexo com homens e, por fim, discutiram-se como essas relações se estabelecem. Com base nos resultados obtidos, considera-se, então, que as representações sociais, por meio das imagens e dos significados atribuídos a PrEP ao HIV, bem como o suporte social recebido, influenciam a forma como os homens que fazem sexo com homens irão aderir à terapia medicamentosa.	Profilaxia pré-exposição;HIV;Adaptação psicológica;Vulnerabilidade	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Mixed methods
Article	2021	Atkins, Kaitlyn; Rucinski, Katherine; Mudavanhu, Mutsa; Holmes, Leah; Mutunga, Lillian; Kaufman, Michelle R; Bassett, Jean; Van Rie, Annelies; Schwartz, Sheree R	Sexual Relationship Types, Partner HIV Self-Testing, and Pre-Exposure Prophylaxis Among South African Adolescent Girls and Young Women: A Latent Class Analysis.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002569	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10358829	BACKGROUND: Sexual relationships among adolescent girls and young women (AGYW) are influenced by social, economic, and gender dynamics. Understanding AGYW's different relationship types and their implications for HIV risk is important for development of tailored interventions. We sought to identify relationship typologies among AGYW and their impact on uptake of HIV prevention interventions. METHODS: From May 2018 to February 2019, 2200 HIV-negative AGYW (ages 16-24) in Johannesburg, South Africa, participated in an HIV prevention intervention involving distribution of HIV self-test kits to their male partners. AGYW were also offered pre-exposure prophylaxis. At baseline, AGYW completed a questionnaire, and outcomes were assessed for 3 months. We used latent class analysis to identify relationship types and mixture modeling to estimate the impact of relationship type on engagement in prevention interventions. RESULTS: We identified 3 relationship types: "stable, empowered relationships with older partners" (class 1, n = 973); "shorter, empowered relationships with peer partners" (class 2, n = 1067); and "shorter relationships with risky partners" (class 3, n = 160). Compared with AGYW in class 1 relationships, AGYW in class 2 and 3 relationships were less likely to complete partner testing alongside HIV results sharing (class 2 adjusted risk ratio: 0.89, 95% confidence interval: 0.85 to 0.95; class 3 adjusted risk ratio: 0.84, 95% confidence interval: 0.73 to 0.94). Pre-exposure prophylaxis uptake was highest in class 3 (11.2%) compared with class 2 (3.8%) and class 1 (1.0%; P < 0.001). CONCLUSIONS: Relationship type impacts uptake of HIV prevention interventions among South African youth. Intervention effectiveness could be optimized by using tailored approaches to HIV risk mitigation among AGYW.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Audet, Carolyn M; Graves, Erin; Emilio, Almiro M; Matino, Ariano; Paulo, Paula; Aboobacar, Arifo M; Fonseca, Carlota L; Van Rompaey, Sara; De Schacht, Caroline	Effect of a storytelling intervention on the retention of serodiscordant couples in ART/PrEP services at antenatal clinic in Namacurra province in Zambézia, Mozambique.	Contemp Clin Trials Commun	-	-	-	2451-8654	10.1016/j.conctc.2021.100782	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8167234	BACKGROUND: Sub-Saharan Africa reported 550,000 new HIV infections among women in 2018. Pregnancy and the postpartum period are associated with an increased risk of HIV acquisition (adjusted risk ratio RR: 2.8 during pregnancy and 4.0 in postpartum period vs. non-pregnant or postpartum women, respectively). Acquisition of HIV during pregnancy and breastfeeding increases risk of mother to child transmission. We propose to test the impact of a peer-delivered oral storytelling intervention to increase retention in, and adherence to, pre-exposure prophylaxis (PrEP)/combination antiretroviral treatment (ART) among expectant couples. DESIGN: We propose a randomized controlled trial (RCT) (35 intervention and 35 control couples) at a health facility where 11% of expectant couples were in serodiscordant relationships in 2018. Couples randomized to the storytelling arm will be visited by a two community volunteers and who successfully adhered to PrEP/ART during a recent pregnancy. This expert couple will orate to participating couples three stories (at 1, 3 and 5 weeks after study enrollment) designed to empower, educate, and establish "ideal" interpersonal communication strategies within couples/families, and support adherence practices among participants. The primary outcome among HIV-uninfected women will be adherence to PrEP at 3 months. CONCLUSIONS: PrEP among at-risk pregnant women must be implemented so that high levels of adherence and retention are achievable for them and their partners. We will test our storytelling intervention to identify an optimal strategy for PrEP education and family engagement in a region with high HIV prevalence. Our results will have an impact by effectively engaging serodiscordant couples in prevention/treatment during pregnancy and beyond.	Mother-to-child transmission of HIV, Male-engagement, PrEP uptake and adherence, Antenatal care, Storytelling	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Ayerdi Aguirrebengoa, Oskar; Vera García, Mar; Arias Ramírez, Daniel; Gil García, Natalia; Puerta López, Teresa; Clavo Escribano, Petunia; Ballesteros Martín, Juan; Lejarraga Cañas, Clara; Fernandez Piñeiro, Nuria; Fuentes Ferrer, Manuel Enrique; García Lotero, Mónica; Hurtado Gallegos, Estefanía; Raposo Utrilla, Montserrat; Estrada Pérez, Vicente; Del Romero Guerrero, Jorge; Rodríguez Martín, Carmen	Low use of condom and high STI incidence among men who have sex with men in PrEP programs.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0245925	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7861516	OBJECTIVE: Since the recent introduction of preexposure prophylaxis (PrEP), several studies have reported a decrease in the use of condoms and a rise in STIs among users. This rise in risk behavior associated with the advent of PrEP is known as "risk compensation." The aim of this study is to measure clinical and behavioral changes associated with the introduction of PrEP by analyzing condom use for anal intercourse, number of sexual partners, sexualized drug use and STI incidence. METHODS: We performed a retrospective descriptive study of PrEP users followed every 3months over a 2-year period spanning 2017-2019 in a referral clinic specializing in STI/HIV in Madrid, Spain. One hundred ten men who have sex with men and transgender women underwent regular screening for STIs and hepatitis C virus (HCV) infection. Sociodemographic, clinical, and behavioral data were gathered for all subjects studied. RESULTS: The risk compensation observed in this study consisted primarily of a lower rate of condom use, while the number of sexual partners and recreational drug consumption remained stable. We observed a very high incidence of STIs in this sample, particularly rectal gonorrhea and chlamydia. The factors shown to be independently associated with the presence of an STI on multivariate analysis were age below 30 years and over 10 sexual partners/month. CONCLUSION: The incidence of STI acquisition was higher than expected, indicating a need for strategies to minimize this impact, particularly among younger individuals with a higher number of sexual partners.	NA	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2021	Ayieko J.; Petersen M.L.; Kabami J.; Mwangwa F.; Opel F.; Nyabuti M.; Charlebois E.D.; Peng J.; Koss C.A.; Balzer L.B.; Chamie G.; Bukusi E.A.; Kamya M.R.; Havlir D.V.	Uptake and outcomes of a novel community-based HIV post-exposure prophylaxis (PEP) programme in rural Kenya and Uganda	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25670	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108772154&doi=10.1002%2fjia2.25670&partnerID=40&md5=5953b57f6c9a38ee1877bef3a14b905a	Introduction: Antiretroviral-based HIV prevention, including pre-exposure prophylaxis (PrEP), is expanding in generalized epidemic settings, but additional prevention options are needed for individuals with periodic, high-risk sexual exposures. Non-occupational post-exposure prophylaxis (PEP) is recommended in global guidelines. However, in Africa, awareness of and access to PEP for sexual exposures are limited. We assessed feasibility, acceptability, uptake and adherence in a pilot study of a patient-centred PEP programme with options for facility- or community-based service delivery. Methods: After population-level HIV testing with universal access to PrEP for persons at elevated HIV risk (SEARCH Trial:NCT01864603), we conducted a pilot PEP study in five rural communities in Kenya and Uganda between December 2018 and May 2019. We assessed barriers to PEP in the population and implemented an intervention to address these barriers, building on existing in-country PEP protocols. We used community leaders for sensitization. Test kits and medications were acquired through the Ministry of Health supply chain and healthcare providers based at the Ministry of Health clinics were trained on PEP delivery. Additional intervention components were (a)PEP availability seven days/week, (b)PEP hotline staffed by providers and (c)option for out-of-facility medication delivery. We assessed implementation using the Proctor framework and measured seroconversion via repeat HIV testing. Successful "PEP completion" was defined as self-reported adherence over four weeks of therapy with post-PEP HIV testing. Results: Community leaders were able to sensitize and mobilize for PEP. The Ministry of Health supplied test kits and PEP medications; after training, healthcare providers delivered the 28-day regimen with high completion rates. Among 124 persons who sought PEP, 66% were female, 24% were ≤25 years and 42% were fisherfolk. Of these, 20% reported exposure with a serodifferent partner, 72% with a new or existing relationship and 7% from transactional sex. 12% of all visits were conducted at out-of-facility community-based sites; 35% of participants had ≥1 out-of-facility visit. No serious adverse events were reported. Overall, 85% met the definition of PEP completion. There were no HIV seroconversions. Conclusions: Among individuals with elevated-risk exposures in rural East African communities, patient-centred PEP was feasible, acceptable and provides a promising addition to the current prevention toolkit. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	high-risk exposure; HIV prevention; implementation; post-exposure prophylaxis (PEP); pre-exposure prophylaxis (PrEP); uptake	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2021	Azarnoosh M.; Johansen I.S.; Martin-Iguacel R.	Incidence of Sexually Transmitted Infections After Initiating HIV Pre-Exposure Prophylaxis Among MSM in Southern Denmark	American Journal of Men's Health	-	-	-	15579883	10.1177/15579883211018917	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106912694&doi=10.1177%2f15579883211018917&partnerID=40&md5=ba2cde2bebe90b7d2b37696ae755aaed	Pre-exposure prophylaxis (PrEP) is a new preventive treatment for individuals at high-risk for HIV infection, such as men who have sex with men (MSM). Studies have confirmed the efficacy but concerns about the potential induction of risk compensation remains. We aimed to assess the incidence of sexually transmitted infections (STIs) after PrEP initiation as a proxy for sexual risk behavior. This case-crossover study used data from medical records and from the Danish Microbiology Database from patients who initiated PrEP at the Region of Southern Denmark between 2017 and 2019. Poisson regression was used to assess STI incidence 6 months after PrEP initiation versus the 6 months before. To identify potential risk factors, we compared individuals with an increased STI incidence after PrEP initiation with those without, using logistic regression. In total, 46 MSM initiated PrEP in the study period. We found a significant increase in the number of positive samples for STI after PrEP initiation (IRR 1.83; 95% CI 1.03, 3.26) and a tendency for higher incidence of STI episodes (1.67; 95% CI 0.91, 3.13). The increase was concentrated to a group of users, but no significant correlation was found between increasing incidence and the baseline factors examined. We observed a degree of risk compensation after the implementation of PrEP among MSM, clustering to a group of users. Our results highlight the importance of frequent STI screening among MSM on PrEP as timely diagnosis could contribute to an overall decrease in STI incidence and incidence among MSM. © The Author(s) 2021.	chlamydia; gonorrhea; MSM; PrEP; sexually transmitted infections; STI; syphilis	English	United States	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Quantitative
Article	2021	Azhar, Sameena; Tao, Xiangyu; Jokhakar, Vaidehi; Fisher, Celia B	Barriers and Facilitators to Participation in Long-Acting Injectable PrEP Research Trials for MSM, Transgender Women, and Gender-Nonconforming People of Color.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2021.33.6.465	https://dx.doi.org/10.1521/aeap.2021.33.6.465	We collected 216 responses from sexually active MSM, transgender women, and gender-nonconforming (GNC) people of color through a web-based survey to understand the facilitators and barriers to research participation in a hypothetical LAI PrEP trial. In adjusted models, these items were found to be significantly associated with research participation likelihood: ever participated in HIV research study; comfort with taking daily pill; comfort with providing urine sample; and concerns over potential side effects of shot. Asian participants were more concerned about others knowing they were being recruited than were Black and Latinx respondents F(2, 216) = 3.98; p < .05. Asian respondents were also less comfortable with being recruited at organizations serving communities of color than Black and Latinx respondents, F(2, 216) = 5.10; p < .05. Cisgender respondents were more comfortable with being recruited by a friend or colleague than were transgender/GNC respondents, F(1, 215) = 4.8; p < .05.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Babel, Riddhi A; Wang, Peng; Alessi, Edward J; Raymond, Henry F; Wei, Chongyi	Stigma, HIV Risk, and Access to HIV Prevention and Treatment Services Among Men Who have Sex with Men (MSM) in the United States: A Scoping Review.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03262-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8053369	In light of recent advances in HIV prevention and treatment, we reviewed the literature to understand how different types of stigma impact HIV risk; access to HIV prevention, care, and treatment services; and related health outcomes among men who have sex with men (MSM) in the US. We conducted a scoping literature review of observational and qualitative studies that examined stigma and HIV-related outcomes among MSM. Our search identified 5794 studies, of which 47 met the eligibility criteria and were included in the final analysis. The review suggests that stigma remains a formidable barrier to engaging in HIV prevention and treatment among both HIV-negative and HIV-positive MSM. Among the studies of HIV-positive MSM, internalized stigma was related to lower levels of treatment engagement. HIV-positive MSM in the Southern part of the US were also more likely to engage in risky sexual behavior. Perceived health care discrimination was negatively associated with PrEP awareness, particularly among HIV-negative Black MSM. Among young MSM of color, intersectional stigma compounded the social structural barriers to PrEP adherence. Findings indicate that stigma reduction interventions should be implemented in diverse MSM communities to address the disproportionate burden of HIV along with critical gap in the care continuum. Further research should examine how individual types of stigma, including intersectional stigma, affect viral suppression and PrEP uptake and adherence, especially among MSM of color.	Stigma, Discrimination, Intersectionality, HIV, MSM, Scoping review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Baggio G.L.; Macedo N.F.; Merlin J.C.; Anghebem M.I.; Santos J.C.V.; Ignácio S.A.; Rubira-Bullen I.R.F.; Azevedo Alanis L.R.; Couto Souza P.H.	Inflammatory cytologic alterations in the oral epithelium associated with HIV pre-exposure prophylaxis: a preliminary study	Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology	-	-	-	22124403	10.1016/j.oooo.2021.01.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100538856&doi=10.1016%2fj.oooo.2021.01.010&partnerID=40&md5=96cbc76f96a9928ba10367e4eb411fde	Objective: The objective of this study was to assess inflammatory cytologic alterations in the oral epithelium of patients on human immunodeficiency virus pre-exposure prophylaxis (PrEP). Material and Methods: Epithelial cells from the buccal mucosa of 30 patients were collected by exfoliative cytology and were evaluated according to inflammatory cellular alterations: karyomegaly, bi- or multinucleation, karyopyknosis, karyorrhexis, perinuclear halo formation, metachromasia, cytoplasmic vacuolization, indistinct cytoplasmic border, keratinization, and atrophy. Epithelial cells were collected initially before PrEP onset (T1) and then after 30 days of PrEP use (T2). Two experienced cytopathologists independently analyzed the slides. Results: The nonparametric Wilcoxon test showed that there was a statistically significant increase in the number of cells with karyomegaly at T2 compared to T1 (P = .033). The other cellular alterations did not present with statistically significant differences between the 2 moments of evaluation (P >. 05). Conclusion: The increased number of oral epithelial cells with karyomegaly after 30 days of using PrEP suggests the presence of inflammatory alterations at this site. © 2021 Elsevier Inc.	Epithelial CellsEpitheliumHIV InfectionsHumansMouth Mucosa	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Theses and Dissertations	2021	Baker, Zoë; Javanbakht, Marjan; Moore, Janell; Brosnan, Hannah; Squires, Kathleen; Bunge, Katherine; Zimet, Gregory; Mensch, Barbara; Soto-Torres, Lydia; Kapogiannis, Bill; Levy, Lisa; Hoesley, Craig; Reirden, Daniel; Gaur, Aditya; Mayer, Kenneth; Futterman, Donna	Qualitative Study on the Acceptability of and Adherence to a Vaginal Ring for HIV Prophylaxis Among Adolescent Girls	-	-	University of California	-	1525-4135	https://doi.org/10.1097/qai.0000000000002674	https://escholarship.org/uc/item/0p39n8jj	ObjectiveThis study aims to assess the product-related, relationship-related, and sex-related factors that act as facilitators and barriers to the acceptability of a vaginal ring (VR) for HIV prevention among adolescent girls.DesignQualitative study.MethodsNinety-six girls aged 15-17 years from 6 urban US sites were enrolled in MTN-023/IPM 030, a 24-week randomized controlled trial, for assessing the safety and acceptability of a dapivirine VR for HIV prevention. At week 24, 21 girls were randomly selected to participate in in-depth interviews. Interviews were transcribed verbatim and data analyzed using a thematic analysis approach. Facilitators and barriers to VR acceptability related to participants' relationships, sexual activity, and characteristics of the VR product were identified.ResultsFactors related to relationships rarely seemed to act as barriers to VR acceptability; most participants disclosed VR use to sexual partners, and positive reactions from sexual partners, which were common, seemed to facilitate VR acceptability. Emotional and/or physical discomfort surrounding VR use during sex was mentioned occasionally as a barrier to VR acceptability. Product characteristics were most frequently mentioned as barriers to VR acceptability. Many participants reported concerns about the large size of the VR on first impression. Although most found the VR comfortable, some reported pain with VR insertion. Several participants were concerned about VR cleanliness, particularly during menstruation.ConclusionProduct considerations, specifically size and use during menstruation, were the most commonly reported barriers to VR acceptability in this study. Adolescent girls may require additional counseling to assuage product concerns regarding a VR for HIV prevention.	Clinical Trials and Supportive Activities; Mental Health; Pediatric; Infectious Diseases; Prevention; Behavioral and Social Science; Clinical Research; HIV/AIDS; 3.1 Primary prevention interventions to modify behaviours or promote wellbeing; Prevention of disease and conditions; and promotion of well-being; Administration; Intravaginal; Adolescent; Anti-HIV Agents; Contraceptive Devices; Female; Female; HIV Infections; HIV-1; Humans; Medication Adherence; Pre-Exposure Prophylaxis; adolescent; vaginal ring; HIV; preexposure prophylaxis; Clinical Sciences; Public Health and Health Services; Virology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2021	Balayan, T; Begovac, J; Skrzat-Klapaczynska, A; Aho, I; Alexiev, I; Bukovinova, P; Salemovic, D; Gokengin, D; Harxhi, A; Holban, T; Jevtovic, D; Kase, K; Lakatos, B; Latysheva, I; Matulionyte, R; Oprea, C; Papadopoulos, A; Rukhadze, N; Sedlacek, D; Tomazic, J; Vassilenko, A; Vasylyev, M; Verhaz, A; Yancheva, N; Yurin, O; Horban, A; Kowalska, J D	Where are we with pre-exposure prophylaxis use in Central and Eastern Europe? Data from the Euroguidelines in Central and Eastern Europe (ECEE) Network Group.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.12960	https://onlinelibrary.wiley.com/doi/10.1111/hiv.12960	OBJECTIVES: Pre-exposure prophylaxis (PrEP) for HIV infection is an important intervention for control of the HIV epidemic. The incidence of HIV infection is increasing in the countries of Central and Eastern Europe (CEE). Therefore, we investigated the change in PrEP use in CEE over time. METHODS: The Euroguidelines in Central and Eastern Europe (ECEE) Network Group was initiated in February 2016 to compare standards of care for HIV and viral hepatitis infections in CEE. Data on access to PrEP were collected from 23 countries through online surveys in May-June 2017 (76 respondents) and in November 2018-May 2019 (28 respondents). RESULTS: About 34.2% of respondents stated that tenofovir/emtricitabine (TDF/FTC) was licensed for use in their country in 2017, and 66.7% that it was licensed for use in 2018 (P = 0.02). PrEP was recommended in national guidelines in 39.5% of responses in 2017 and 40.7% in 2018 (P = 0.378). About 70.7% of respondents were aware of "informal" PrEP use in 2017, while 66.6% were aware of this in 2018 (P = 0.698). In 2018, there were 53 centres offering PrEP (the highest numbers in Poland and Romania), whereas six countries had no centres offering PrEP. The estimated number of HIV-negative people on PrEP in the region was 4500 in 2018. Generic TDF/FTC costs (in Euros) ranged from 10 (Romania) to 256.92 (Slovakia), while brand TDF/FTC costs ranged from 60 (Albania) to 853 (Finland). CONCLUSIONS: Although the process of licensing TDF/FTC use for PrEP has improved, this is not yet reflected in the guidelines, nor has there been a reduction in the "informal" use of PrEP. PrEP remains a rarely used preventive method in CEE countries.	NA	English	United Kingdom	Western and Central Europe and North America	Armenia	Eastern Europe and Central Asia	Poland	Western and Central Europe and North America	Quantitative
Article	2021	Baldwin, Aleta; Light, Brenda; Allison, Waridibo E	Pre-Exposure Prophylaxis (PrEP) for HIV Infection in Cisgender and Transgender Women in the U.S.: A Narrative Review of the Literature	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-020-01903-8	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-hiv-infection/docview/2542534296/se-2?accountid=8113	Using a socioecological approach, this review describes the peer-reviewed literature on oral pre-exposure prophylaxis (PrEP) among both cisgender (cis women) and transgender women (trans women) in the U.S. A search of the PubMed database and HIV-related conference abstracts generated over 2,200 articles and abstracts. Of these, 103 fulfilled review inclusion criteria. Most of the existing research presents findings on individual-level factors associated with PrEP use such as willingness and perceived barriers. There was far less investigation of factors related to PrEP at more distal ecological levels. Though trans women are at greater risk of HIV infection than cisgender women, less is known about this population group with respect to PrEP despite their inclusion in many major clinical trials. Further, the literature is characterized by a persistent conflation of sex and gender which makes it difficult to accurately assess the reviewed research on HIV prevention and PrEP apart from risk group. Informed by these findings, we highlight specific opportunities to improve access to PrEP and reduce socioecological barriers to PrEP care engagement for cisgender and transgender women.	HIV prevention; Pre-exposure prophylaxis; PrEP; Gender; Sexual behavior; Transgender persons; Disease prevention; Transgender; Transgender women; Cisgender women; Cisgender; Human immunodeficiency virus--HIV; Womens health; United States--US; GenderWatch; Y; Medical Sciences; Literature reviews	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Banerjee, Sumita; Chan, Roy	Crafting a Community Blueprint towards ending HIV transmission and AIDS in Singapore by 2030.	Sexual Health	-	-	-	1449-8987 1448-5028	10.1071/SH20119	https://www.publish.csiro.au/sh/SH20119	In November 2019, Action for AIDS launched the Community Blueprint Towards Ending HIV and AIDS in Singapore by 2030, a key milestone in the country's HIV movement where a roadmap was developed with strategies to end HIV by 2030. Overall, 60 representatives from 30 community organisations and institutions were convened to plan and lead work on the Blueprint, which covers 10 themes. The Blueprint examines the current state of the epidemic and populations most affected by it: heterosexual males with multiple partners, men who have sex with men, sex workers, transgender persons, and persons who use drugs. It assesses existing programs, estimates gaps and recommends strategies and resources needed to close the gap. The second section of the Blueprint explores cross-cutting themes including: stigma and discrimination; strengthening the HIV community workforce; and scaling up pre-exposure prophylaxis. The Blueprint provides key recommendations and is being discussed with the Ministry of Health.	Humans; Male; Homosexuality, Male; *Transgender Persons; Singapore/epidemiology; *Sexual and Gender Minorities; *HIV Infections/prevention & control; *Acquired Immunodeficiency Syndrome/prevention & control	English	United States	Western and Central Europe and North America	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Review
Theses and Dissertations	2021	Barnett, Andrew P.; Zea, Maria Cecilia	Reciprocal Causal Relationships in Condom- and PrEP-Related Beliefs and Behavior among Young Men Who Have Sex with Men	-	-	The George Washington University	-	-	NA	https://www.proquest.com/dissertations-theses/reciprocal-causal-relationships-condom-prep/docview/2572546528/se-2?accountid=8113	Evidence of low medication adherence and engagement in condomless anal sex among young men who have sex with men (YMSM) on pre-exposure prophylaxis (PrEP) suggests continued HIV risk for this group and signals the need to understand factors related to these behaviors. Using the information-motivation-behavioral skills model and the prototype willingness model, the present longitudinal study investigated the relationships between cognitive barriers and motivations for condom use (e.g., beliefs that condoms reduce pleasure) and condomless anal sex and between PrEP-related sex expectancies (i.e., beliefs that other sexual risk reduction practices are unnecessary when using PrEP) and adherence among a sample of YMSM ages 15–22 (N = 236; 60.6% racial/ethnic minority). Participants completed self-report measures of condom barriers and motivations and PrEP-related sex expectancies at baseline and week 48 and of sexual behavior at baseline and follow-ups (at weeks 4, 8, 12, 24, 36, and 48); dried blood spot measures assessed PrEP adherence at follow-ups. Findings indicated that beliefs that condoms interfere with pleasure and intimacy predicted condomless anal sex and that condomless anal sex predicted changes in subsequent pleasure- and intimacy-related beliefs. PrEP-related sex expectancies did not predict PrEP adherence, but greater likelihood of PrEP initiation predicted more positive subsequent PrEP-related sex expectancies, controlling for these expectancies at baseline. Results supported a reciprocal, mutually-reinforcing relationship between cognitive barriers to condom use and condomless anal sex among YMSM prescribed PrEP. In addition, findings suggest that YMSM taking PrEP developed stronger beliefs about the acceptability of relaxing other HIV prevention behaviors while using it.	Condoms; Pre-exposure prophylaxis; Sexual behavior; Intimacy; Decision making; Young adults; Medication adherence; Sexual risk behavior; Young men who have sex with men; Human immunodeficiency virus--HIV; 0622:Clinical psychology; Clinical psychology; Social psychology; 0451:Social psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Bärnighausen, Kate; Geldsetzer, Pascal; Matse, Sindy; Hettema, Anita; Hughey, Allison B; Dlamini, Phiwa; Mavuso, Mxolisi; Fakudze, David; Kahn, Kathleen; Bärnighausen, Till; McMahon, Shannon A	Qualitative accounts of PrEP discontinuation from the general population in Eswatini.	Culture, Health & Sexuality	-	-	-	1464-5351	10.1080/13691058.2020.1770333	https://dx.doi.org/10.1080/13691058.2020.1770333	People in receipt of pre-exposure prophylaxis (PrEP) for the prevention of HIV in Sub-Saharan Africa often discontinue taking the medication. We conducted 27 semi-structured interviews with men and women who had started PrEP but did not return to the clinic for a refill after a 1, 2 or 3-month period. These 'discontinuation' clients were enrolled in a PrEP demonstration project for the general population in nurse-led, public-sector, primary-care clinics in Eswatini. Reasons for discontinuation included changes to self-perceived HIV risk such as the end of pregnancy and absent partners. Others described PrEP as inaccessible when working away from home and many described difficulties relating to a daily pill regimen and managing side effects. Female clients described being prohibited from using PrEP by their partners and co-wives. From these results, we recommend that client-centred counselling stresses the prevention-effective adherence paradigm, which promotes PrEP use in risk periods that are identifiable and PrEP discontinuation when the risk period has finished. A national scale up of PrEP may mitigate problems accessing PrEP. Extended counselling and support could assist with adherence and the management of side effects. Education and support for partners and families of PrEP clients may also contribute to better PrEP continuation.	PrEPHIVdiscontinuationprevention-effective adherenceEswatini	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2021	Bartels, Sophia; Castillo, Ingrid; Davis, Dirk A; Hightow-Weidman, Lisa B; Muessig, Kathryn E; Galindo, Cesar; Barrington, Clare	PrEP Disclosure Experiences of Gay and Bisexual Men in Guatemala	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03276-y	https://www.proquest.com/scholarly-journals/prep-disclosure-experiences-gay-bisexual-men/docview/2598836012/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) can reduce HIV transmission among gay and bisexual men (GBM). However, stigma can inhibit disclosure of PrEP use, which may limit uptake. This study's purpose was to explore PrEP disclosure experiences and how disclosure is associated with PrEP adherence among GBM at a sexual health clinic in Guatemala City. We conducted in-depth interviews with PrEP users (n = 18) and used an iterative content analysis approach. All participants had or planned to disclose their PrEP use to at least one person, most commonly friends and sex partners, though many were selective about who they told. Main reasons for disclosure were to educate others, gain social support, and clarify their HIV status. Concerns about stigma and emotional discomfort deterred disclosure. Disclosure facilitated PrEP access and adherence by enhancing emotional and instrumental support. Interventions providing opportunities for GBM to practice disclosure, including addressing others' misconceptions, could promote PrEP uptake and adherence.	Bisexuality; Communication; Homosexuality; Disclosure; Pre-exposure prophylaxis; PrEP; Psychology; MSM; Men; Sexual behavior; Sexual health; Stigma; Disease prevention; Prophylaxis; Drug therapy; Content analysis; Social support; Health behavior; Emotions; Disease transmission; Sexual and reproductive health; Guatemala; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Social interactions; Gays & lesbians; Mens health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Basten, Maartje; den Daas, Chantal; Heijne, Janneke C M; Boyd, Anders; Davidovich, Udi; Rozhnova, Ganna; Kretzschmar, Mirjam; Matser, Amy	The Rhythm of Risk: Sexual Behaviour, PrEP Use and HIV Risk Perception Between 1999 and 2018 Among Men Who Have Sex with Men in Amsterdam, The Netherlands.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03109-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8081694	HIV risk perception plays a crucial role in the uptake of preventive strategies. We investigated how risk perception and its determinants changed between 1999 and 2018 in an open, prospective cohort of 1323 HIV-negative men who have sex with men (MSM). Risk perception, defined as the perceived likelihood of acquiring HIV in the past 6 months, changed over time: being relatively lower in 2008-2011, higher in 2012-2016, and again lower in 2017-2018. Irrespective of calendar year, condomless anal intercourse (AI) with casual partners and high numbers of partners were associated with higher risk perception. In 2017-2018, condomless receptive AI with a partner living with HIV was no longer associated with risk perception, while PrEP use and condomless AI with a steady partner were associated with lower risk perception. We showed that risk perception has fluctuated among MSM in the past 20 years. The Undetectable equals Untransmittable statement and PrEP coincided with lower perceived risk.	HIV risk perception, Sexual behaviour, Pre-exposure prophylaxis, Sexually transmitted diseases, Men who have sex with men, Cohort studies	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	BATISTA, AMANDA TRAJANO	CRENÇAS E ATITUDES DAS POPULAÇÕES CHAVE ACERCA DA PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV/AIDS	-	-	Universidade Federal da Paraíba	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=11497197	Ao propor um método preventivo baseado no uso de antirretrovirais (ARVs), a profilaxia Pre- Exposição (PrEP) trouxe impacto na prevenção do HIV, surgindo a preocupação sobre como os usuários podem alterar seus comportamentos sexuais e preventivos. Fundamentado na Teoria da Ação Racional e no Modelo da Vulnerabilidade e Direitos Humanos, essa tese parte do pressuposto de que a PrEP é um fenômeno dinâmico, sendo mais do que uma intervenção biomédica e farmacológica, ao incorporar aspectos psicológicos e sociais que, em conjunto, afetam a vulnerabilidade das pessoas em relação à prevenção da infecção pelo HIV e outras ISTs, como também a dinâmica de relacionamentos e práticas sexuais. Sendo assim, foram desenvolvidos quatro estudos. Estudo 1: analisar as práticas sexuais e preventivas das denominadas populações chave antes e após o uso da PrEP, no tocante a existência de ISTs, número de parcerias sexuais e uso do preservativo. Método: Trata-se de um estudo exploratório, transversal e documental, no qual foram analisados 100 prontuários de pacientes em uso de PrEP. Os dados foram analisados mediante estatísticas descritivas (Frequência, Média, Desvio padrão). Resultados: A maior parte da amostra foi composta por homens que fazem sexo com homens-HSH (56%), seguido de pessoas em parceria sorodiferentes-SD (36%), com média de 33 anos, e ensino médio completo (39%) ou ensino superior (37%). Com relação às práticas sexuais, os dados demonstram que entre HSHs e SD houve uma diminuição do uso de preservativo, aumento de ISTs, e aumento de parcerias sexuais entre os HSHs após três meses de uso de PrEP. Tais dados evidenciam um aumento ainda que discreto das práticas sexuais consideradas de risco na população prioritárias para uso de PrEP, bem como diminuição de práticas preventivas relacionadas ao uso de preservativo. Estudo 2: objetivou identificar as crenças comportamentais quanto às vantagens e desvantagens do uso de PrEP. Método: A amostra foi composta por 31 participantes de quatro populações-chaves, HSHs, profissionais do sexo, Sorodiferentes e Transexuais, que já estão uso de PrEP. Os participantes foram contactados de forma online. Como instrumento de coleta utilizou-se um questionário tendo por base a Teoria da Ação Racional, composto por quatro perguntas abertas, além dos dados sociodemográficos. Os dados quantitativos foram analisados por estatísticas descritivas, enquanto os qualitativos por meio de análise categorial temática. Resultados: No tocante as vantagens de usar a PrEP obtiveram-se 84 crenças, sendo as principais: 1) Dupla proteção, 2) Não uso do preservativo, 3) Diminuir a contaminação, 4) Diminuir as ISTs, 5) Autonomia na prevenção. Já em relação às desvantagens, obtiveram-se 95 crenças: 1) Efeitos colaterais, 2) Ineficácia, 3) Não uso do preservativo, 4) Foco no HIV, 5) Ingerir diariamente. Estudo 3: objetivou construir um instrumento direcionado a mensurar as atitudes dos usuários da Profilaxia Pré-Exposição-PrEP quanto ao uso do preservativo, reunindo evidências de sua validade fatorial e consistência interna, seguindo os pressupostos Teoria da Ação Racional (TAR). Método: Trata-se de um estudo psicométrico e metodológico que contou com uma amostra de 178 sujeitos das três populações chaves prioritárias para o uso de PrEP, a saber: homens que fazem sexo com homens (HSHs), profissionais do sexo e pessoas que possuem parceria soro diferente. Resultados: O instrumento foi composto por 26 itens, os quais contemplavam aspectos referentes aos constructos da TAR, cada tipo inserido em uma subescala, cujas variáveis foram avaliadas a partir de uma escala bipolar do tipo Likert, variando de 1 a 5 (com ponto médio igual a 3) discriminando grupos com Intenção Negativa (1 a 2) e Intenção Positiva (4 e 5) em desempenhar o comportamento. As análises exploratórias indicaram três fatores referentes à estrutura da TAR, apresentando uma boa consistência interna e confiabilidade representada pelo índice coeficiente Alpha de Crobrach: Medida Direta da Atitude (45,2% de variância explicada e Alpha 0,74); Medida Indireta da Atitude (30,8% de variância explicada e Alpha 0,48); Medida Indireta da Norma Subjetiva (58,2% de variância explicada e Alpha 0,63). Estudo 4: buscou investigar a intenção comportamental de três populações chaves quanto ao uso do preservativo em situação de uso de PrEP, avaliando a associação das variáveis sócio demográficas sobre a intenção comportamental dos participantes. Método: Trata-se se um estudo quantitativo, de natureza descritiva e correlacional, com a mesma amostra do estudo anterior. Utilizou-se como instrumento a Escala de Atitudes frente à Profilaxia Pré Exposição ao HIV, bem como questionário sociodemográfico. Para as análises de dados, foram realizadas estatísticas descritivas e bivariadas e inferencial (Qui□quadrado, Correlação de Pearson e Regressão Multipla). Resultados: As crenças comportamentais e atitude direta predizem significativamente a intenção comportamental, sugerindo que, nas populações chave estudada, as crenças comportamentais são principais preditores da intenção dos usuários da Profilaxia Pré-Exposição (PrEP) em usar o preservativo, com contribuição das crenças normativas na explicação da variância. No entanto, observa-se que, quanto mais forte as crenças, menor a intenção do uso conjunto da PrEP e preservativo. O grupo de HSH, apresentou intenção positiva em fazer uso da prevenção combinada ao contrário das pessoas em parcerias Sorodiferentes e dos Profissionais do Sexo que tem intenção negativa no uso da PrEP e dopreservativo. As análises mostraram correlação positiva entre o grau de escolaridade e a intenção, evidenciando que quanto maior a escolaridade, mais positiva é a intenção de usar a PrEP e preservativo. No entanto, não foram encontradas correlações significativas entre a intenção e a idade e a intenção e renda. Os resultados apontaram que, de forma geral, quanto maior o tempo de uso da PrEP, menor o uso do preservativo. Entre as populações chave específicas, os HSH e Sorodiferentes que usam PrEP há mais de seis meses, apresentaram menor uso de preservativo, oposto aos participantes em parcerias Sorodiferentes onde o uso depreservativo é maior entre aqueles que usam a PrEP há menos 6 meses, enquanto entre aqueles que nunca usam preservativos, o fazem há mais de 6 meses. A associação entre o	Profilaxia Pré-exposição-PrEP;Teoria da ação Racional;Crenças;Atitudes;HIV/Aids.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2021	Baugher A.R.; Finlayson T.; Lewis R.; Sionean C.; Whiteman A.; Wejnert C.	Health Care Coverage and Preexposure Prophylaxis (PrEP) Use Among Men Who Have Sex With Men Living in 22 US Cities With vs Without Medicaid Expansion, 2017	American Journal of Public Health	-	-	-	900036	10.2105/AJPH.2020.306035	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102906352&doi=10.2105%2fAJPH.2020.306035&partnerID=40&md5=f55e6b96b9763775626de3d4afda1f5d	Objectives. To compare health care coverage and utilization between men who have sex with men (MSM) in Medicaid expansion versus nonexpansion states. Methods. We used cross-sectional weighted data from the National HIV Behavioral Surveillance system, which used venue-based methods to interview and test MSM in 22 US cities from June through December, 2017 (n = 8857). We compared MSM in Medicaid expansion versus nonexpansion states by using the Rao-Scott χ2 test stratified by HIV status. We used multivariable logistic regression to model the relationship between Medicaid expansion, coverage, and preexposure prophylaxis (PrEP) use. Results. MSM in expansion states were more likely to have insurance (87.9% vs 71.6%), have Medicaid (21.3% vs 3.8%), discuss PrEP with a provider (58.8% vs 44.3%), or use PrEP (31.1% vs 17.5%). Conclusions. Medicaid expansion is associated with higher coverage and care, including PrEP. Public Health Implications. States may consider expanding Medicaid to help end the HIV epidemic. © 2021 American Public Health Association Inc.. All rights reserved.	AdultCitiesCross-Sectional StudiesHIV InfectionsHumansInsurance CoverageInterviews as TopicMaleMedicaid	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Baugher, Amy R; Trujillo, Lindsay; Kanny, Dafna; Freeman, Jincong Q; Hickey, Terence; Sionean, Catlainn; Respress, Ebony; Chapin-Bardales, Johanna; Marcus, Ruthanne; Finlayson, Teresa; Wejnert, Cyprian	Racial, Ethnic, and Gender Disparities in Awareness of Preexposure Prophylaxis Among HIV-Negative Heterosexually Active Adults at Increased Risk for HIV Infection - 23 Urban Areas, United States, 2019.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm7047a3	https://pmc.ncbi.nlm.nih.gov/articles/PMC8612510/	In 2019, heterosexual sex accounted for 23% of new HIV diagnoses in the United States and six dependent areas (1). Although preexposure prophylaxis (PrEP) can safely reduce the risk for HIV infection among heterosexual persons, this group is underrepresented in PrEP research (2). CDC analyzed National HIV Behavioral Surveillance (NHBS) data to describe PrEP awareness among heterosexually active adults in cities with high HIV prevalence. Overall, although 32.3% of heterosexually active adults who were eligible were aware of PrEP, <1% used PrEP. Racial, ethnic, and gender disparities were identified, with the lowest awareness of PrEP among residents of Puerto Rico (5.8%) and Hispanic or Latino (Hispanic) men (19.5%) and women (17.6%). Previous studies have found that heterosexual adults are interested in taking PrEP when they are aware of it (3); tailoring PrEP messaging, including Spanish-language messaging, to heterosexual adults, might increase PrEP awareness and mitigate disparities in use.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Bavinton B.R.; Grulich A.E.	HIV pre-exposure prophylaxis: scaling up for impact now and in the future	The Lancet Public Health	-	-	-	24682667	10.1016/S2468-2667(21)00112-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108634468&doi=10.1016%2fS2468-2667%2821%2900112-2&partnerID=40&md5=8facd3305f1147849a30795b8f37ec74	More than a decade after the first efficacy evidence for oral HIV pre-exposure prophylaxis (PrEP) was reported, PrEP uptake globally has been inadequate and global HIV prevention targets have been missed. Access to PrEP is still highly concentrated in a fairly small number of countries and, even within countries with widespread PrEP access, inequalities have emerged. More ambitious, high-priority global targets for PrEP uptake are required and could accelerate the HIV prevention response in a similar way to the success of the 90-90-90 testing and treatment targets. Health systems must be PrEP-friendly and allow PrEP to be prescribed in settings already attended by large numbers of HIV-negative individuals who are at risk. Several models have been advanced for the greater demedicalisation of PrEP. Individual-level barriers to PrEP uptake and persistence have been characterised, such as low awareness, low willingness to use PrEP, and the gap between self-perceived and actual HIV risk. Overcoming these barriers will require further efforts to understand and address them first. New PrEP modalities are emerging; as more options become available, we need to develop a greater understanding of the long-term patterns of PrEP use in different populations and to develop models of such use that can accommodate people alternating through periods of use and non-use, as well as switching between dosing regimens or modalities as they become available. Scaling up PrEP is crucial to achieving the UNAIDS prevention targets for 2030. Simply getting more people onto PrEP cannot be the only goal: the big-picture definition of success for PrEP programmes must be their impact on the HIV epidemic. © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license	nti-HIV AgentsBiomedical ResearchHIV InfectionsHumansOutcome Assessment, Health CarePatient Acceptance of Health Care	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2021	Bavinton B.R.; Vaccher S.; Jin F.; Prestage G.P.; Holt M.; Zablotska-Manos I.B.; Guy R.; Amin J.; Templeton D.J.; Yeung B.; Hammoud M.A.; Lewis D.; Baker D.; Dharan N.; McNulty A.M.; Grulich A.E.	High Levels of Prevention-Effective Adherence to HIV PrEP: An Analysis of Substudy Data from the EPIC-NSW Trial	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002691	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108659446&doi=10.1097%2fQAI.0000000000002691&partnerID=40&md5=95cd55781196bdfa56865b5a69ee28c7	Background:Preexposure prophylaxis (PrEP) prevents HIV infection but relies on good adherence at times of risk, termed "prevention-effective adherence." Most studies assess adherence without reference to sexual behaviur, making it challenging to determine if poor adherence coincides with HIV risk.Setting:We examined data from a behavioral substudy of a large-scale PrEP implementation trial in New South Wales, Australia.Methods:Trial participants completed optional brief quarterly surveys, reporting the number of pills taken and sexual behavior with male partners for each day of the "last full week" before each survey. Condomless sex (CLS) was defined as "higher risk" for HIV when with HIV-positive men with detectable/unknown viral loads or unknown HIV status men. Adequate PrEP protection was defined as ≥4 pills for participants assigned male sex at birth and ≥6 pills for participants assigned female sex at birth (including transgender men).Results:Of 9596 participants dispensed PrEP, 4401 completed baseline and ≥1 follow-up survey. Participants reported on 12,399 "last full weeks": 7485 weeks (60.4%) involved CLS and 2521 weeks (33.7% of CLS-weeks) involved higher risk CLS. There were 103 weeks in which participants did not have adequate PrEP protection and had higher risk CLS: 4.1% of higher-risk CLS weeks (n = 103/2521), 1.4% of all CLS weeks (n = 103/7485), and 0.8% of all observed weeks (n = 103/12,399).Conclusions:In a large PrEP trial, prevention-effective adherence to PrEP was very high at 99%. Our findings illustrate the importance of measuring pill-taking and sexual behavior in the same period so that prevention-effective adherence can be better estimated. © 2021 Lippincott Williams and Wilkins. All rights reserved.	HIV; men who have sex with men; preexposure prophylaxis; prevention-effective adherence; sexual behavior	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Bavinton, Benjamin R; Hammoud, Mohamed A; Holt, Martin; Saxton, Peter; Bourne, Adam; MacGibbon, James; Jin Fengyi; Maher, Lisa; Prestage, Garrett P	Changes in Sexual Behaviour Following PrEP Initiation Among Australian Gay and Bisexual Men in Relationships: Results from a Prospective Observational Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03232-w	https://www.proquest.com/scholarly-journals/changes-sexual-behaviour-following-prep/docview/2590782153/se-2?accountid=8113	Few studies have examined changes in sexual behaviour following HIV pre-exposure prophylaxis (PrEP) initiation among gay, bisexual and other men who have sex with men (GBM) in relationships. In a national, online, prospective study of GBM in Australia, we compared sexual behaviours prior to and after PrEP initiation among HIV-negative and unknown-HIV-status men (recruited 2014–2017) not taking PrEP at baseline and who completed at least one six-monthly follow-up by July 2018. Among men in relationships who did not initiate PrEP (n = 339), we compared their most recent survey to their prior one, while among men in relationships who initiated PrEP (n = 81), we compared follow-ups before and after PrEP initiation. Among the 81 PrEP-initiators who were in a relationship both before and after initiation, the proportion reporting their regular partner was on PrEP increased from 8.3 to 44.4% (p < 0.001) and the proportion reporting receptive CLAIC increased from 27.2 to 44.4% (p = 0.009). Overall, men who initiated PrEP were more likely to be in a relationship with a partner on PrEP, and it appeared they started PrEP around the same time. Receptive CLAIC also became more common.	Bisexuality; HIV; Australia; Homosexuality; Pre-exposure prophylaxis; Psychology; Men; Men who have sex with men; Sexual behavior; Disease prevention; Prophylaxis; Gay men; Relationships; Sexual risk behaviour; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Behavior modification; Observational studies	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2021	Bavinton, Benjamin R; Mahendra, I Gusti Agung Agus; Kaldor, John; Law, Matthew; Grulich, Andrew E; Januraga, Pande Putu	Estimation of Potential HIV Transmission Risk in Recent Anal Intercourse Events among Men Who Have Sex with Men and Transgender Women in Bali, Indonesia	Tropical Medicine and Infectious Disease	-	-	-	2414-6366	10.3390/tropicalmed6030139	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8396300	In recent years, prevalence of Human Immunodeficiency Virus (HIV) has increased substantially in Bali, Indonesia, in men who have sex with men (MSM) and transgender women, known locally as 'waria'. There are limited behavioural data in this population. We conducted a behavioural survey of MSM/waria in Bali in March-April 2018. Respondents were primarily recruited by HIV outreach workers. Respondents reported details about anal intercourse events with their last male/waria romantic partner and/or last male/waria casual partner (respondents could report on both if relevant). Statistical significance was tested with generalised estimating equations. Among 709 participants, median age was 27 (interquartile range = 24-31), and 92.1% were male and 7.9% were waria. One-third were born in Bali. Overall, 85.9% had ever had an HIV test; 55.1% reported being HIV-negative, 15.0% HIV-positive, and 30.0% had unknown serostatus. Most (86.5%) reported sex with men, 9.5% with waria, and 20.0% with women in the previous 6 months. Respondents described 703 anal intercourse events (397/306 with romantic/casual partners, respectively; 191 reported on both). Over half (56.5%) of the events were protected by condoms and 7.3% by biomedical prevention (2.6% by PrEP in either partner, 4.7% by HIV treatments in either partner). Thus, 36.3% of events involved unprotected condomless anal intercourse (40.8%/30.4% in romantic/casual partners, respectively). In multivariate analysis, unprotected condomless anal intercourse was associated with romantic partners (p < 0.001), being born in Bali (p = 0.002), lower education (p = 0.013), believing that withdrawal before ejaculation is effective (p < 0.001), liking to use withdrawal (p = 0.021), and not liking condoms (p < 0.001). One-quarter of events had potentially reduced HIV transmission risk through non-condom-based risk reduction strategies, while 11.1% had no potential risk reduction. Events presenting the highest potential risk of HIV transmission were more commonly reported by respondents born in Bali.	HIV, HIV prevention, men who have sex with men, transgender women, waria, Indonesia, sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Beckham, S Wilson; Crossnohere, Norah L; Gross, Margaret; Bridges, John F P	Eliciting Preferences for HIV Prevention Technologies: A Systematic Review.	Patient	-	-	-	1178-1661	10.1007/s40271-020-00486-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7884379	BACKGROUND: Many human immunodeficiency virus (HIV) prevention technologies (pre-exposure prophylaxis, microbicides, vaccines) are available or in development. Preference elicitation methods provide insight into client preferences that may be used to optimize products and services. Given increased utilization of such methods in HIV prevention, this article identifies and reviews these methods and synthesizes their application to HIV prevention technologies. METHODS: In May 2020, we systematically searched peer-reviewed literature in PubMed, CINAHL, and Web of Science for studies employing quantitative preference elicitation methods to measure preferences for HIV prevention technologies among populations of any age, sex, or location. Quality assessment used an existing checklist (PREFS) and a novel adaptation of the Newcastle-Ottawa Scale (PROSPERO #CRD42018087027). RESULTS: We screened 5022 titles and abstracts, reviewed 318 full texts, and included 84 studies. Common methods employed were discrete-choice experiment (33%), conjoint analysis (25%), and willingness-to-participate/try/accept (21%). Studies were conducted in 25 countries and had a mean of 768 participants (range = 26-7176), two-thirds of them male. Common HIV prevention technologies included pre-exposure prophylaxis (23%), voluntary testing and counseling (19%), HIV self-testing (17%), vaccines (15%), and topical microbicides (9%). Most attributes focused on product design (side effects, frequency), service design (provider type, location), acceptability or willingness to accept/pay; results are summarized in these categories, by prevention type. Mean quality-adapted Newcastle-Ottawa Scale score was 4.5/8 (standard deviation = 2.1) and mean PREFS scores was 3.47/5 (standard deviation = 0.81). CONCLUSIONS: This review synthesizes extant literature on quantitative measurement of preferences for HIV prevention technologies. This can enable practitioners to improve prevention products and interventions, and ultimately reduce HIV incidence.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2021	Becquet, Valentine; Nouaman, Marcellin; Plazy, Mélanie; Agoua, Aline; Zébago, Clémence; Dao, Hervé; Montoyo, Alice; Jary, Aude; Coffie, Patrick A; Eholié, Serge; Larmarange, Joseph	A community-based healthcare package combining testing and prevention tools, including pre-exposure prophylaxis (PrEP), immediate HIV treatment, management of hepatitis B virus, and sexual and reproductive health (SRH), targeting female sex workers (FSWs) in Côte d'Ivoire: the ANRS 12381 PRINCESSE project.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-021-12235-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8642977	BACKGROUND: Pre-exposure prophylaxis (PrEP) is recommended by the WHO for HIV prevention among female sex workers (FSWs). A study conducted in 2016-2017 in Côte d'Ivoire showed that if PrEP is acceptable, FSWs also have many uncovered sexual health needs. Based on this evidence, the ANRS 12381 PRINCESSE project was developed in collaboration with a community-based organization. The main objective is to develop, document, and analyze a comprehensive sexual and reproductive healthcare package among FSWs in Côte d'Ivoire. METHODS: PRINCESSE is an open, single-arm interventional cohort of 500 FSWs in San Pedro (Côte d'Ivoire) and its surroundings. Recruitment started on November 26th, 2019 and is ongoing; the cohort is planned to last at least 30 months. The healthcare package (including HIV, hepatitis B, and sexually transmitted infection management, pregnancy screening, and contraception) is available both at mobile clinics organized for a quarterly follow-up (10 intervention sites, each site being visited every two weeks) and at a fixed clinic. Four waves of data collection were implemented: (i) clinical and safety data; (ii) socio-behavioral questionnaires; (iii) biological data; and (iv) in-depth interviews with female participants. Four additional waves of data collection are scheduled outside the cohort itself: (i) the medical and activity records of Aprosam for the PRINCESSE participants; (ii) the medical records of HIV+ FSW patients not participating in the PRINCESSE cohort, and routinely examined by Aprosam; (iii) in-depth interviews with key informants in the FSW community; and (iv) in-depth interviews with PRINCESSE follow-up actors. DISCUSSION: The PRINCESSE project is one of the first interventions offering HIV oral PrEP as part of a more global sexual healthcare package targeting both HIV- and HIV+ women. Second, STIs and viral hepatitis B care were offered to all participants, regardless of their willingness to use PrEP. Another innovation is the implementation of mobile clinics for chronic/quarterly care. In terms of research, PRINCESSE is a comprehensive, interdisciplinary project combining clinical, biological, epidemiological, and social specific objectives and outcomes to document the operational challenges of a multidisease program in real-life conditions. TRIAL REGISTRATION: The PRINCESSE project was registered on the Clinicaltrial.gov website (NCT03985085) on June 13, 2019.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Article	2021	Beesham, Ivana; Heffron, Renee; Evans, Shannon; Baeten, Jared M; Smit, Jenni; Beksinska, Mags; Mansoor, Leila E	Exploring the Use of Oral Pre-exposure Prophylaxis (PrEP) Among Women from Durban, South Africa as Part of the HIV Prevention Package in a Clinical Trial.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03072-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7973915	HIV endpoint-driven clinical trials in Africa enroll women who are at heightened risk of acquiring HIV. In 2017, the South African Medical Research Council recommended the provision of oral pre-exposure prophylaxis (PrEP) in HIV prevention trials, at which time the Evidence for Contraceptive Options and HIV Outcomes trial was ongoing and began to provide PrEP on-site at some trial sites. We interviewed 132 women who initiated PrEP on-site at the Durban, South Africa trial site to explore PrEP use, and conducted phone-based interviews 4-6 months post-trial exit to explore post-trial PrEP access. PrEP uptake was high (42.6%). Among women initiating PrEP on-site, 87.9% felt at risk of acquiring HIV. Most women (> 90%) heard of PrEP for the first time from study staff and three-quarters who initiated PrEP on-site continued at trial-exit. PrEP use declined post-trial exit with more than 50% of women discontinuing PrEP, and barriers relating to access emerged.	Oral pre-exposure prophylaxis, Clinical trials, HIV prevention, Women	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Begg, Lorna; Brodsky, Rebecca; Friedland, Barbara; Mathur, Sanyukta; Sailer, Jim; Creasy, George	Estimating the market size for a dual prevention pill: adding contraception to pre-exposure prophylaxis (PrEP) to increase uptake.	BMJ Sexual and Reproductive Health	-	-	-	-	2515-2009	10.1136/bmjsrh-2020-200662	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8292580	INTRODUCTION: Uptake of oral pre-exposure prophylaxis (PrEP) remains low. The objective of this analysis was to estimate the potential market size in priority sub-Saharan African countries for a 28-day dual prevention pill (DPP) regimen containing the active pharmaceutical ingredients in oral PrEP and oral contraceptive pills (OCPs) for the prevention of HIV and unintended pregnancy. METHODS: We selected 15 countries in sub-Saharan Africa for analysis. Population estimates were based on United Nations Population Division data from 2017. Low, medium and high rates (range 0.25% to 25%) of estimated conversion from current contraceptive method to the DPP were applied by country based on HIV prevalence (≥10% vs <10%), current contraceptive method (OCP, condom or unmet need for contraception) and age group (15-24 or 25-49 years). RESULTS: In these 15 countries, between 250 000 and 1.25 million women could switch from their current contraceptive method to the DPP. Given that current PrEP use in the 15 countries combined is estimated to be 113 250 (women and men), the most conservative market size estimate would more than double the number of women currently using PrEP. CONCLUSIONS: By leveraging the existing market for OCPs and assuming modest conversion from condom users and women with an unmet need for contraception, the DPP could lead to a 2- to 10-fold increase in PrEP usage in these 15 sub-Saharan African countries, expanding the broader public health benefit of this proven HIV prevention strategy.	contraceptives, oral; HIV; reproductive health; sexually transmitted diseases; contraceptive agents, female	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Bekerman, Elena; Cox, Stephanie; Babusis, Darius; Campigotto, Federico; Das, Moupali; Barouch, Dan H; Cihlar, Tomas; Callebaut, Christian	Two-dose emtricitabine/tenofovir alafenamide plus bictegravir prophylaxis protects macaques against SHIV infection.	Journal of Antimicrobial Chemotherapy	-	-	-	-	1460-2091	10.1093/jac/dkaa476	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7879143	OBJECTIVES: Current prophylaxis options for people at risk for HIV infection include two US FDA-approved daily pre-exposure prophylaxis (PrEP) regimens and guidelines for a 2-1-1 event-driven course specifically for men who have sex with men. Despite this, PrEP use rates remain suboptimal, and additional PrEP options may help to improve uptake among diverse populations. Here, we evaluated protective efficacy of two-dose PrEP and two-dose postexposure prophylaxis (PEP) schedules with emtricitabine (FTC)/tenofovir alafenamide (TAF) with or without bictegravir (BIC) in an SHIV macaque model. METHODS: Macaques received one oral dose of 200 mg emtricitabine, 25 mg tenofovir alafenamide and 25-100 mg of bictegravir to establish pharmacokinetic profiles of each drug either in the plasma or the peripheral blood mononuclear cells. Protective efficacy of multiple two-dose PrEP and PEP schedules with FTC/TAF with or without bictegravir was then assessed in two repeat low-dose rectal SHIV challenge studies. RESULTS: The data revealed over 95% per-exposure risk reduction with FTC/TAF PrEP initiated 2 h before the exposure, but a loss of significant protection with treatment initiation postexposure. In contrast, FTC/TAF plus BIC offered complete protection as PrEP and greater than 80% per-exposure risk reduction with treatment initiation up to 24 h postexposure. CONCLUSIONS: Together, these results demonstrate that two-dose schedules can protect macaques against SHIV acquisition and highlight the protective advantage of adding the integrase inhibitor bictegravir to the reverse transcriptase inhibitors emtricitabine and tenofovir alafenamide as part of event-driven prophylaxis.	lenacapaviranti human immunodeficiency virus agentdoxecitine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Belludi, Ashwin; McFall, Allison M; Solomon, Sunil Suhas; Celentano, David D; Mehta, Shruti H; Srikrishnan, A K; Kumar, M Suresh; Solomon, Suniti; Lucas, Gregory M	Awareness of and willingness to use pre-exposure prophylaxis (PrEP) among people who inject drugs and men who have sex with men in India: Results from a multi-city cross-sectional survey.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0247352	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7906475	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is effective in reducing HIV transmission among key populations. In India, where PrEP is not currently part of the national HIV program, little is known about PrEP awareness, willingness to use PrEP, and barriers to uptake among people who inject drugs (PWID) and men who have sex with men (MSM). METHODS: We used respondent-driven sampling to accrue PWID and MSM in 22 sites from August 2016 to May 2017. Participants were asked about awareness of PrEP, willingness to use PrEP (following a brief description) and reasons why they might not be willing to use PrEP. Participants were also queried on preferences for PrEP delivery modality (oral vs. injectable). Multi-level logistic regression models were used to determine participant correlates of willingness to use PrEP. Estimates were weighted for the sampling method. RESULTS: A total of 10,538 PWID and 8,621 MSM who self-reported being HIV-negative were included in the analysis. Only 6.1% (95% confidence interval CI: 5.9, 6.3) of PWID and 8.0% of MSM (95% CI: 7.7, 8.4) were aware of PrEP. However, willingness to use PrEP was substantially higher in both groups: 52.4% of PWID and 67.6% of MSM. Participants commonly cited a perceived low risk for acquiring HIV infection, being perceived by others as being HIV-positive, and side effects as reasons why they would be unwilling to use PrEP. Among PWID, sharing needles and hazardous alcohol use were associated with increased willingness to use PrEP. Among MSM, having a main male partner and injection drug use were associated with increased willingness to use PrEP. Preference for daily oral or monthly injectable PrEP was similar among MSM (39.6% vs. 41.7%,), while PWID were more likely to prefer oral to injectable administration routes (56.3% vs. 31.1%). CONCLUSIONS: As India plans to roll-out of PrEP in the public sector, our multi-city survey of PWID and MSM highlights the need for key population-focused education campaigns about PrEP and self-assessment of risk.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Benner, Bryan Eric	HIV Vulnerability Among Survival Sex Workers Through Sexual Violence and Drug Taking in a Qualitative Study From Victoria, Canada, With Additional Implications for Pre-exposure Prophylaxis for Sex Workers.	Frontiers in Sociology	-	-	-	-	2297-7775	10.3389/fsoc.2021.714208	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8762116	Objective: This qualitative study investigates how social and structural forces mediate vulnerability to HIV infection and transmission among survival sex workers, their clients, and their non-commercial, intimate partners-with especial focus on sexual violence and drug taking. Method: I employed an adapted grounded theory approach to conducting and analyzing (n = 9) open-ended, in-depth interviews with a convenience sample of currently working (and recently exited) survival sex workers from a community setting in Victoria, Canada. Findings: Participants revealed important contexts and conditions under which they were vulnerable to HIV infection. At the behavioural level, participants were aware of how HIV could be transmitted (condomless sex and sharing drug equipment), yet participants voiced strongly how structural and systemic features (for instance, client violence, the need for drugs, and "bad date" referrals) could squeeze and constrain their agency to take up safer practices, mediating their optimal HIV health and safety. Some participants reported strained relationships with police because of previous drug involvement. Conclusion: Survival sex workers constitute a health population vulnerable to HIV infection, and ensuring there could be a supportive (outreach) community replete with HIV resources is paramount. The availability of safer sex and drug equipment play important roles in HIV behavioural prevention efforts. However, uptake of pre-exposure prophylaxis (PrEP) at no cost in the Canadian province of British Columbia could be an important and beneficial structural intervention for non-injection drug taking cis-female sex workers in this study who are presently ineligible for no cost PrEP.	hiv/aids, intimate partner violence, sexual violence, sex work, grounded theory, criminology, substance use, PrEP	English	Switzerland	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Berçot, Béatrice; Charreau, Isabelle; Rousseau, Clotilde; Delaugerre, Constance; Chidiac, Christian; Pialoux, Gilles; Capitant, Catherine; Bourgeois-Nicolaos, Nadège; Raffi, François; Pereyre, Sabine; Le Roy, Chloé; Senneville, Eric; Meyer, Laurence; Bébéar, Cécile; Molina, Jean-Michel	High Prevalence and High Rate of Antibiotic Resistance of Mycoplasma genitalium Infections in Men Who Have Sex With Men: A Substudy of the ANRS IPERGAY Pre-exposure Prophylaxis Trial.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciaa1832	https://dx.doi.org/10.1093/cid/ciaa1832	BACKGROUND: Mycoplasma genitalium (MG) is an emerging pathogen among men who have sex with men (MSM) with raising rates of antibiotic resistance. This study assessed the prevalence and incidence of MG infection in MSM enrolled in the open-label phase of the ANRS IPERGAY trial with on-demand tenofovir disoproxil fumarate/emtricitabine for human immunodeficiency virus prevention and the impact of doxycycline post-exposure prophylaxis (PEP). METHODS: 210 subjects were tested at baseline and at 6 months by real-time PCR assays for MG detection in urine samples and oropharyngeal and anal swabs. Resistance to azithromycin (AZM), to fluoroquinolones (FQs), and to doxycycline was investigated in the French National Reference Center of Bacterial Sexually Transmitted Infections (STIs). RESULTS: The all-site prevalence of MG at baseline was 10.5% (6.3% in urine samples, 4.3% in anal swabs, 0.5% in throat swabs) and remained unchanged at 6 months whether or not PEP was used: 9.9% overall, 10.2% with PEP, 9.6% without. The overall rate of MG resistance (prevalent and incident cases) to AZM and FQs was 67.6% and 9.1%, respectively, with no difference between arms. An in vivo mutation of the MG 16S rRNA, which could be associated with tetracycline resistance, was observed in 12.5% of specimens tested. CONCLUSIONS: The prevalence of MG infection among MSM on pre-exposure prophylaxis was high and its incidence was not decreased by doxycycline prophylaxis with a similar high rate of AZM and FQ resistance, raising challenging issues for the treatment of this STI and supporting current recommendations to avoid testing or treatment of asymptomatic MG infection.	Mycoplasma genitalium, HIV, PrEP, post-exposure prophylaxis, doxycycline	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Book	2021	Bernays, S., Bourne, A., Kippax, S., Aggleton, P., & Parker, R.	Remaking HIV Prevention in the 21st Century: The Promise of TasP, U=U and PrEP	-	Remaking HIV Prevention in the 21st Century: The Promise of TasP, U=U and PrEP	-	-	NA	-	10.1007/978-3-030-69819-5	https://books.google.com.br/books?id=wDw6EAAAQBAJ&hl=pt-PT	This edited collection brings together the social dimensions of three key aspects of recent biomedical advance in HIV research: Treatment as Prevention (TasP), new technologies such as Pre-Exposure Prophylaxis (PrEP), and the Undetectable equals Untransmittable (U=U) movement. The growth of new forms of biomedical HIV prevention has created hope for the future, signalling the possibility of a world without AIDS. In this context, the volume discusses the profound social, political and ethical dilemmas raised by such advances, which are to do with readiness, access, equity and availability. It examines how HIV prevention has been, and is, re-framed in policy, practice and research, and asks: How best can new biomedical technologies be made available in a profoundly unequal world? What new understandings of responsibility and risk will emerge as HIV becomes a more manageable condition? What new forms of blame will emerge in a context where the technologies to prevent HIV exist, but are not always used? How best can we balance public health's concern for adherence and compliance with the rights of individuals to decide on what is best for themselves and others? Few of these questions have thus far received serious consideration in the academic literature.	NA	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	-	-	Mixed methods
Article	2021	Berruti, Marco; Riccardi, Niccolò; Canetti, Diana; Lo Caputo, Sergio; Taramasso, Lucia; Di Biagio, Antonio	Injectable Antiretroviral Drugs: Back to the Future	Viruses	-	-	-	-	1999-4915	10.3390/v13020228	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7913057	Current HIV treatment regimens provide sustained virologic suppression, at least partially restore the immune system and have limited side effects; however, they do not allow viral eradication and they are burdened by daily pill intake with a life-long commitment for the people living with HIV (PHIV). Injectable agents might represent a turning point in the care of PHIV, allowing less frequent administration of antiretroviral treatment (ART), more widespread use of pre-exposure prophylaxis (PrEP) and more stable drug levels in the blood, thus increasing the odds to get closer to end the HIV pandemic. The aim of this manuscript is to give a comprehensive review of injectable antiretrovirals that have been used in the past, which are available now, will be available in the future, and their role in the treatment of HIV infection.	ART, injectable, HIV, antiretroviral, treatment, PrEP	English	Switzerland	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2021	Best, Anton; Rambarran, Nastassia	The demographic features and outcome indicators of the Barbados HIV Pre-exposure Prophylaxis Program, 2018-2019	Revista Panamericana de Salud Pública	-	-	-	-	1020-4989	10.26633/rpsp.2021.51	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892021000100472	ABSTRACT Objective. To assess the demographics, risk profiles and outcome indicators of one of the few government-supported programs on pre-exposure prophylaxis (PrEP) in the English-speaking Caribbean. Methods. Chart review of all persons enrolled into the national PrEP Program from its inception on March 1st 2018 to November 30th 2019, with a descriptive summary analysis of the data extracted. Results. Of the 134 persons enrolled into the program most identified as men who have sex with men (67.9%), followed by men who have sex with men and women (14.9%); there were 20 persons, mostly men (85%), in sero-discordant relationships. PrEP uptake was 96%; however, the continuation rate (continuing for three consecutive months after initiation) was 61.5%. Continuation status for many could not be ascertained due to loss-to-follow-up. PrEP-associated toxicity prevalence was 3.3%, although side-effects occurred in 52% (mostly gastrointestinal). HIV positivity during the study period was 1.5%. Conclusions. Uptake of Barbados' national PrEP Program is excellent but fairly low continuation rates and the HIV positivity rate indicate the need for improved pre-ART initiation education and follow-up processes. Service utilisation is mainly by men who have sex with men, and provision expansion to other civil society partners and private practitioners, as well as increased public awareness could increase access by other high-risk groups.	HIV; Pre-exposure prophylaxis; VIH; Profilaxia pré-exposição; Profilaxis pre-exposición; Barbados; Caribbean Region; Região do Caribe; Región del Caribe	English	United States	Western and Central Europe and North America	Barbados	Latin America and the Caribbean	Barbados	Latin America and the Caribbean	Review
Article	2021	Bhatia R.; Le Minh G.; An L.T.; Thai T.T.; Bui H.; Ngoc L.B.; Vu D.; Abdul-Quader A.	Substantial Need for Preexposure Prophylaxis among Men Who Have Sex with Men in Hanoi, Vietnam	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001270	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104275716&doi=10.1097%2fOLQ.0000000000001270&partnerID=40&md5=8e7e14c4c5f364b9d2c18f70bec4dec6	We used data from the Health in Men - Hanoi cohort to determine the proportion of HIV-negative men who have sex with men with PrEP indications in Hanoi. Among 717 men who have sex with men, 537 (72.2% 66.6%-77.3%) had ≥1 PrEP indication, signaling a substantial need for PrEP scale-up. Condomless anal intercourse was the most frequent indication (68.7% 60.3%-76.1%), followed by previous/current sexually transmitted infection (59.4% 51.0%-67.2%). © Lippincott Williams & Wilkins.	humanHuman immunodeficiency virus infectionmale	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Bhatti, Osama; So, Darren; Zahid, Muhammad Abdullah; Cornelisse, Vincent J	Prescribing pre-exposure prophylaxis in general practice.	Australian Journal of General Practice	-	-	-	-	2208-7958	10.31128/AJGP-02-21-5829	https://dx.doi.org/10.31128/AJGP-02-21-5829	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a highly effective method of human immunodeficiency virus (HIV) prevention available to prescribe on the Pharmaceutical Benefits Scheme general schedule. OBJECTIVE: The aim of this article is to provide information and guidance to general practitioners (GPs) and other healthcare providers on providing PrEP, and to discuss efficacy, adverse effects, monitoring and further resources. DISCUSSION: GPs can play a central role in discussing HIV prevention strategies for people who may be at risk of HIV. An open and engaging discussion will assist patients in making an informed decision on whether PrEP is suitable for them.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2021	Bhavaraju N.; Shears K.; Schwartz K.; Mullick S.; Jeckonia P.; Murungu J.; Persaud U.; Vij A.; Torjesen K.	Introducing the Dapivirine Vaginal Ring in Sub-Saharan Africa: What Can We Learn from Oral PrEP?	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-021-00577-8	https://link.springer.com/article/10.1007/s11904-021-00577-8	Purpose of review: Clinical trials have found that the dapivirine vaginal ring (DVR) is safe to use and effective at reducing women's risk of acquiring HIV infection. As countries prepare for the introduction of this novel long-acting, woman-controlled prevention method, an examination of key learnings from oral pre-exposure prophylaxis (PrEP) delivery will help programs leverage successful innovations and approaches to support DVR scale-up and expand the method mix for HIV prevention. Recent findings: Intensive efforts over the past 5 years have yielded lessons on how to facilitate access to oral PrEP; expand service delivery for PrEP; address the knowledge, attitudes, and skills providers need to support PrEP initiation and effective use; develop messaging that builds community and partner support and combats stigma; and understand the cyclical nature of PrEP use. Summary: Evidence from oral PrEP introduction and scale-up can help inform and expedite DVR introduction. © 2021, The Author(s).	AGYW; Dapivirine vaginal ring; HIV prevention; Pre-exposure prophylaxis; PrEP; Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Bhavaraju N.; Wilcher R.; Regeru R.N.; Mullick S.; Mahaka I.; Rodrigues J.; Mason J.; Schueller J.; Torjesen K.	Integrating Oral PrEP Into Family Planning Services for Women in Sub-saharan Africa: Findings From a Multi-Country Landscape Analysis	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.667823	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123918086&doi=10.3389%2ffrph.2021.667823&partnerID=40&md5=b24d27214838f5e1d705e1643a517ff5	Integration of HIV and family planning (FP) services is a renewed focus area for national policymakers, donors, and implementers in sub-Saharan Africa as a result of high HIV incidence among general-population women, especially adolescent girls and young women (AGYW), and the perception that integrating HIV pre-exposure prophylaxis (PrEP) into FP services may be an effective way to provide comprehensive HIV and FP services to this population. We conducted a focused desk review to develop a PrEP-FP integration framework across five key categories: plans and policies, resource management, service delivery, PrEP use, and monitoring and reporting. The framework was refined via interviews with 30 stakeholders across seven countries at varying stages of oral PrEP rollout: Kenya, Lesotho, Malawi, South Africa, Uganda, Zambia, and Zimbabwe. After refining the framework, we developed a PrEP-FP integration matrix and assessed country-specific progress to identify common enablers of and barriers to PrEP-FP integration. None of the countries included in our analysis had made substantial progress toward integrated PrEP-FP service delivery. Although the countries made progress in one or two categories, integration was often impeded by lack of advancement in other areas. Our framework offers policymakers, program implementers, and health care providers a road map for strategically assessing and monitoring progress toward PrEP-FP integration in their contexts. Copyright © 2021 Bhavaraju, Wilcher, Regeru, Mullick, Mahaka, Rodrigues, Mason, Schueller and Torjesen.	AGYW; HIV prevention; PrEP; PrEP-FP integration; SRH-HIV integration	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Bhuiyan J.; Bradley N.; Lee Y.; Conry J.M.	Awareness, knowledge and comfort of pharmacy students on pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for HIV prevention	Pharmacy Education	-	-	-	-	15602214	10.46542/PE.2021.211.517527	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146312618&doi=10.46542%2fPE.2021.211.517527&partnerID=40&md5=82d62ac86346b42dbec66422c71cea97	Introduction: Pharmacists are uniquely qualified to promote Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP). The objective of this study was to measure pharmacy students' awareness, knowledge, and comfort regarding PrEP and PEP in an urban setting. Methods: A 23-point questionnaire was distributed to pharmacy students between 2 May 2019 and 31 May 2019. Results: Eighty six pharmacy students responded to the survey. Most of them correctly identified FDA-approved regimens for PrEP and PEP. Most students thought that a pharmacist or intern counselling patients on PrEP or PEP was beneficial; however, a minority felt confident counselling patients on PrEP or PEP. Students who met criteria for composite knowledge were significantly more likely to report confidence in counselling. Conclusion: Pharmacy students have strong awareness, but limited knowledge and comfort regarding PrEP and PEP. Results from the survey will be used to assess the learning needs of pharmacy students and inform future curricular changes. © 2021 FIP.	Awareness; Comfort; Knowledge; Pharmacy student; Post Exposure Prophylaxis (PEP); Pre-Exposure Prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Biello K.B.; Bazzi A.R.; Vahey S.; Harris M.; Shaw L.; Brody J.	Delivering Preexposure Prophylaxis to People Who Use Drugs and Experience Homelessness, Boston, MA, 2018–2020	American Journal of Public Health	-	-	-	-	900036	10.2105/AJPH.2021.306208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105495339&doi=10.2105%2fAJPH.2021.306208&partnerID=40&md5=db8799a4779c22402fd7c03213a7acd5	Despite high need, HIV preexposure prophylaxis (PrEP) utilization among people who use drugs (PWUD) remains low. Boston Health Care for the Homeless Program implemented an innovative "low-threshold" PrEP Program for PWUD experiencing homelessness in Boston, Massachusetts. From October 1, 2018 to February 29, 2020, 239 clients were linked to PrEP services, and 152 were prescribed PrEP (mean = 8.9/month), over twice the number of PrEP prescriptions over the previous 12 months (n = 48; mean = 4/month). The cumulative probability of remaining on PrEP for 6 months was 44% (95% confidence interval = 36%, 52%). © 2021 American Public Health Association Inc.. All rights reserved.	adultdrug dependencefemalehomeless personhuman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Biello, Katie B; Hill-Rorie, Jonathan; Valente, Pablo K; Futterman, Donna; Sullivan, Patrick S; Hightow-Weidman, Lisa; Muessig, Kathryn; Dormitzer, Julian; Mimiaga, Matthew J; Mayer, Kenneth H	Development and Evaluation of a Mobile App Designed to Increase HIV Testing and Pre-exposure Prophylaxis Use Among Young Men Who Have Sex With Men in the United States: Open Pilot Trial	Journal of Medical Internet Research	-	-	-	-	1438-8871	10.2196/25107	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8074990	BACKGROUND: HIV disproportionately affects young men who have sex with men (YMSM) in the United States. Uptake of evidence-based prevention strategies, including routine HIV testing and use of pre-exposure prophylaxis (PrEP), is suboptimal in this population. Novel methods for reaching YMSM are required. OBJECTIVE: The aim of this study is to describe the development and evaluate the feasibility and acceptability of the MyChoices app, a mobile app designed to increase HIV testing and PrEP use among YMSM in the United States. METHODS: Informed by the social cognitive theory, the MyChoices app was developed using an iterative process to increase HIV testing and PrEP uptake among YMSM. In 2017, beta theater testing was conducted in two US cities to garner feedback (n=4 groups; n=28 YMSM). These findings were used to refine MyChoices, which was then tested for initial acceptability and usability in a technical pilot (N=11 YMSM). Baseline and 2-month postbaseline assessments and exit interviews were completed. Transcripts were coded using a deductive approach, and thematic analysis was used to synthesize data; app acceptability and use data were also reported. RESULTS: The MyChoices app includes personalized recommendations for HIV testing frequency and PrEP use; information on types of HIV tests and PrEP; ability to search for nearby HIV testing and PrEP care sites; and ability to order free home HIV and sexually transmitted infection test kits, condoms, and lube. In theater testing, YMSM described that MyChoices appears useful and that they would recommend it to peers. Participants liked the look and feel of the app and believed that the ability to search for and be pinged when near an HIV testing site would be beneficial. Some suggested that portions of the app felt repetitive and preferred using casual language rather than formal or medicalized terms. Following theater testing, the MyChoices app was refined, and participants in the technical pilot used the app, on average, 8 (SD 5.0; range 2-18) times over 2 months, with an average duration of 28 (SD 38.9) minutes per session. At the 2-month follow-up, the mean System Usability Scale (0-100) score was 71 (ie, above average; SD 11.8). Over 80% (9/11) of the participants reported that MyChoices was useful and 91% (10/11) said that they would recommend it to a friend. In exit interviews, there was a high level of acceptability for the content, interface, and features. CONCLUSIONS: These data show the initial acceptability and user engagement of the MyChoices app. If future studies demonstrate efficacy in increasing HIV testing and PrEP uptake, the app is scalable to reach YMSM across the United States. TRIAL REGISTRATION: Clinicaltrials.gov NCT03179319; https://clinicaltrials.gov/ct2/show/NCT03179319. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-10.2196/10694.	HIV, men who have sex with men, pre-exposure prophylaxis, pilot study, mobile apps, mobile phone, mHealth	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Biello, Katie B; Mimiaga, Matthew J; Valente, Pablo K; Saxena Nimish; Bazzi, Angela R	The Past, Present, and Future of PrEP implementation Among People Who Use Drugs	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-021-00556-z	https://www.proquest.com/scholarly-journals/past-present-future-prep-implementation-among/docview/2552663179/se-2?accountid=8113	Purpose of reviewRecent HIV outbreaks among people who use drugs (PWUD) necessitate additional HIV prevention tools. Pre-exposure prophylaxis (PrEP) is highly efficacious yet uptake among PWUD remains exceedingly low. To address multilevel, complex barriers to PrEP use among PWUD, a range of intervention strategies are needed.Recent findingsThe literature on interventions to optimize PrEP use among PWUD is nascent, comprising small pilots and demonstration projects in early phases of intervention development. Initial studies suggest that structural, healthcare, interpersonal, and individual-level interventions can improve PrEP use for PWUD, and a number of efficacy trials are underway.SummaryFuture studies are needed to optimize the use of new PrEP modalities (e.g., injectable PrEP), simultaneously target multilevel challenges to PrEP use, and evaluate the integration of PrEP into other service settings and substance use treatment modalities.	HIV; Pre-exposure prophylaxis; PrEP; Prophylaxis; Substance use; Injection drug use; Stimulants; Opioids; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Drug	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Biello, KB; Bazzi, AR; Vahey, S; Harris, M; Shaw, L; Brody, J	Delivering Preexposure Prophylaxis to People Who Use Drugs and Experience Homelessness, Boston, MA, 2018-2020	American Journal of Public Health	-	-	-	-	0090-0036	10.2105/AJPH.2021.306208	https://pubmed.ncbi.nlm.nih.gov/33950728/	Despite high need, HIV preexposure prophylaxis (PrEP) utilization among people who use drugs (PWUD) remains low. Boston Health Care for the Homeless Program implemented an innovative "low-threshold" PrEP Program for PWUD experiencing homelessness in Boston, Massachusetts. From October 1, 2018 to February 29, 2020, 239 clients were linked to PrEP services, and 152 were prescribed PrEP (mean = 8.9/month), over twice the number of PrEP prescriptions over the previous 12 months (n = 48; mean = 4/month). The cumulative probability of remaining on PrEP for 6 months was 44% (95% confidence interval = 36%, 52%).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Billock, Rachael M; Samoff, Erika; Lund, Jennifer L; Pence, Brian W; Powers, Kimberly A	HIV Viral Suppression and Pre-exposure Prophylaxis in HIV and Syphilis Contact Tracing Networks: An Analysis of Disease Surveillance and Prescription Claims Data.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002739	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8434960	BACKGROUND: HIV and syphilis contact tracing networks offer efficient platforms for HIV treatment and prevention interventions, but intervention coverage within these networks has not been characterized. SETTING: HIV and syphilis sexual contact tracing networks among men who have sex with men (MSM) in North Carolina (NC). METHODS: Using surveillance data, we identified 2 types of "network events" that occurred between January 2013 and June 2017 among MSM in NC: being diagnosed with early syphilis or being named as a recent sexual contact of a person diagnosed with HIV or early syphilis. We estimated prevalent and incident HIV viral suppression among persons diagnosed with HIV before the network event, and we assessed the effect of contact tracing services on a 6-month cumulative incidence of viral suppression among previously HIV-diagnosed, virally unsuppressed persons. Using linked prescription claims data, we also evaluated prevalent and incident pre-exposure prophylaxis (PrEP) use in an insured subset of HIV-negative network members. RESULTS: Viral suppression prevalence among previously HIV-diagnosed persons was 52.6%. The 6-month cumulative incidence of viral suppression was 35.4% overall and 13.1 (95% confidence interval: 8.8 to 17.4) percentage points higher among persons reached than among those not reached by contact tracing services. Few HIV-negative persons had prevalent (5.4%) or incident (4.1%) PrEP use in the 6 months before or after network events, respectively. CONCLUSIONS: Suboptimal viral suppression and PrEP use among MSM in NC in HIV/syphilis contact tracing networks indicate a need for intensified intervention efforts. In particular, expanded services for previously HIV-diagnosed persons could improve viral suppression and reduce HIV transmission within these networks.	viral suppression, pre-exposure prophylaxis, contact tracing, surveillance, insurance claims, data linkage	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Bineau L.; Lambert D.; Truszczynski N.; Hansen N.; Lauckner C.	Dating app use among rural men who have sex with men and its relationship to HIV prevention and risk behaviors: a mixed-methods analysis	Rural and Remote Health	-	-	-	-	14456354	10.22605/RRH6556	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107417990&doi=10.22605%2fRRH6556&partnerID=40&md5=3ebabb8ef1884d053fb3f8dce75b9999	Introduction: Men who have sex with men (MSM) in rural areas have limited access to HIV prevention and education resources. Given the growing usage of mobile dating apps among the wider MSM population, this research sought to explore their use among MSM in rural areas and their potential for delivering HIV prevention information. Methods: Participants were recruited from different areas of the rural Southern USA. This mixed-methods study consisted of an online survey (n=85) and follow-up qualitative phone interviews with 20 survey respondents. The survey assessed dating app use, sexual behaviors, and pre-exposure prophylaxis (PrEP) awareness, usage, and attitudes among MSM in the rural, Southern USA. Interviews explored perceptions of dating apps and their potential value as a source of health and HIV prevention information. Results: Among survey respondents, 74% had used a dating app, with Grindr being the most frequently used app. Of individuals who were in a relationship, 41% had met their current partner online. Using a dating app was associated with having a greater number of sexual partners. Three-quarters of participants had heard of PrEP, but only 7% had ever received a prescription for it and less than one-third reported that it would be easy to get PrEP if they wanted it. Dating app users were more likely than non-app users to have more positive attitudes toward taking PrEP and interest in taking PrEP. In qualitative interviews, respondents expressed support for integrating HIV prevention information into dating apps. Conclusion: Dating app usage is high among rural MSM. Individuals who use these apps have more sexual partners and also are more interested in PrEP for HIV prevention, suggesting that this is an ideal group to target for PrEP education and interventions. This could be especially beneficial for MSM in rural areas, as most have difficulty accessing PrEP and PrEP education. © 2021. All Rights Reserved.	dating applications; HIV/AIDS; mHealth; MSM; PrEP; sexual risk; USA	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Bistoquet, Marie; Makinson, Alain; Tribout, Vincent; Perrollaz, Cyril; Bourrel, Gérard; Reynes, Jacques; Oude Engberink, Agnès	Pre-exposure prophylaxis makes it possible to better live one's sexuality and guide men who have sex with men towards a responsible approach to their health: a phenomenological qualitative study about primary motivations for PrEP.	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-020-00327-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7791866	BACKGROUND: Pre-exposure prophylaxis (PrEP) for HIV is instrumental in the prevention of HIV for HIV-uninfected persons, by drastically reducing the risk of acquisition in the case of high-risk exposures. Despite its demonstrated efficacy, it remained under-prescribed in France until 2018. The principal aim of this study was to understand the motivations of Men who have Sex with Men (MSM) who started using PrEP in Montpellier, France. METHODS: A phenomenological study was undertaken, using semi-structured interviews with twelve participants attending the University Hospital of Montpellier for PrEP. Interviews were analysed by means of triangulation up to the point of theoretical saturation, using a semio-pragmatic method. RESULTS: Fear of HIV infection, personalised regular follow-up, and the wish to take care of one's health were the primary motivational factors. PrEP allows for a better sexual life restoring a sense of freedom despite the risks of STI, deemed manageable by PrEPers. PrEP does not modify long-term risk-taking behaviours but helps them better live their own sexuality and guides them towards a responsible approach to sexuality. Unclear information on PrEP, delivered by their family doctor, public campaigns or the media, leads to misrepresentations or negative social representation, including within the MSM community, which may delay its implementation. CONCLUSIONS: Fear of HIV infection and the benefits of regular medical follow-up to take care of one's health were motivational factors of importance for the use of PrEP by MSM in this study. PrEP transforms all existential dimensions of their lived experience, improving sexual identity and happiness. There is a need to improve professional awareness of the effectiveness of PrEP and to develop a patient centered approach, to disseminate information more widely to the general public and among MSM to reduce stigmatisation.	Pre-exposure prophylaxis, HIV prevention, Quality of life, Qualitative research, Phenomenology	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2021	Bjertrup, Pia Juul; Mmema, Nqobile; Dlamini, Velibanti; Ciglenecki, Iza; Mpala, Qhubekani; Matse, Sindy; Kerschberger, Bernhard; Wringe, Alison	PrEP reminds me that I am the one to take responsibility of my life: a qualitative study exploring experiences of and attitudes towards pre-exposure prophylaxis use by women in Eswatini.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-021-10766-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8048211	BACKGROUND: Pre-exposure-prophylaxis (PrEP) has been heralded for its potential to put women in control of preventing HIV infection, but uptake and continuation rates have been disappointing in high-incidence settings in sub-Saharan Africa. We explored structural and social factors that influenced PrEP use among young women and pregnant or breastfeeding women in rural Eswatini. METHODS: We conducted two in-depth interviews with ten women on PrEP, and one-time in-depth interviews with fourteen women who declined or discontinued PrEP. Interviews covered decision-making processes around PrEP initiation and experiences with pill-taking. In-depth interviews were conducted with nine health workers, covering experiences in delivering PrEP services, and two focus group discussions were held with men to elicit their perceptions of PrEP. Interviews and discussions were audio-recorded, translated, transcribed and analysed thematically, using an inductive approach. RESULTS: PrEP initiation and use were experienced by many women as empowering them to take control of their health and well-being, and stay HIV free, facilitating them to realise their aspirations relating to motherhood and educational attainment. However, the social norms that defined relationship dynamics with partners or family members either undermined or promoted this empowerment potential. In particular, young women were rarely supported by family members to take PrEP unless it was perceived to be for protecting an unborn child. Stigmatisation of pill-taking through its associations with HIV and the burden of daily pill-taking also contributed to PrEP discontinuation. CONCLUSIONS: Unlike many prevention tools, PrEP enabled women to achieve a sense of control over their lives. Nevertheless, women's agency to continue and adhere to PrEP was influenced by social and structural factors including gender norms, family expectations of young women, relationship dynamics and stigma related to HIV. Future interventions should address these barriers to promote PrEP use among sexually-active women.	Eswatini, Qualitative research, Pre-exposure prophylaxis, HIV, Self care, Women	English	United Kingdom	Western and Central Europe and North America	Eswatini	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Blackstock O.J.; Platt J.; Golub S.A.; Anakaraonye A.R.; Norton B.L.; Walters S.M.; Sevelius J.M.; Cunningham C.O.	A Pilot Study to Evaluate a Novel Pre-exposure Prophylaxis Peer Outreach and Navigation Intervention for Women at High Risk for HIV Infection	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-02979-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088945151&doi=10.1007%2fs10461-020-02979-y&partnerID=40&md5=9f59c29bd8e9aecd307ccf3e886e0ac6	Pre-exposure prophylaxis (PrEP) uptake remains woefully low among U.S. women at high risk for HIV acquisition. We evaluated a pilot intervention which involved Peers providing brief PrEP education and counseling at mobile syringe exchange sites and at sex worker and syringe exchange drop-in centers followed by navigation to PrEP care. Peers recruited English-proficient, self-identified women (i.e., cisgender and transgender women and persons with other transfeminine identities) over a 3-month period and delivered the intervention to 52 HIV-negative/status unknown participants. Thirty-eight participants (73.1%) reported PrEP interest, 27 (51.9%) accepted the offer of a PrEP appointment, 13 (25.0%) scheduled a PrEP appointment, 3 (5.8%) attended an initial PrEP appointment, and none were prescribed PrEP. We found a gap between PrEP interest and connecting women to PrEP care. Further study is needed to understand this gap, including exploring innovative approaches to delivering PrEP care to women at highest risk for HIV. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Pre-exposure prophylaxis; Sex work; Syringe exchange programs; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Blackwell C.W.; Castillo H.L.	Human Immunodeficiency Virus Pre-Exposure Prophylaxis: Use of Emtricitabine/Tenofovir Alafenamide	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2021.01.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100100823&doi=10.1016%2fj.nurpra.2021.01.002&partnerID=40&md5=e4a33591530e1c2382f3bc07eba7d24d	Pre-exposure prophylaxis (PrEP) involves the use of antiretroviral medication in concert with safer sex practices to significantly reduce the risk of type 1 human immunodeficiency virus infection. In October 2019, daily use of emtricitabine/tenofovir alafenamide (FTC/TAF) 200 mg/25 mg was approved as a newer agent for PrEP to prevent HIV-1 infection in at-risk adults and adolescents. The purpose of this article is to: 1) provide an overview of the FTC/TAF regimen and its safety and efficacy profiles, 2) discuss indications and contraindications of FTC/TAF as PrEP, 3) provide a focused comparison of FTC/TDF with FTC/TAF, and 4) examine issues surrounding cost and accessibility in the United States. © 2021 Elsevier Inc.	AIDS; emtricitabine/tenofovir alafenamide; human immunodeficiency virus; human immunodeficiency virus prevention; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Blain, Michela; Dombrowski, Julia C	Should Patients Who Receive Postexposure Prophylaxis After Sexual Assault Be Considered for Preexposure Prophylaxis for HIV?	AMA Journal of Ethics	-	-	-	-	2376-6980	10.1001/amajethics.2021.388	https://dx.doi.org/10.1001/amajethics.2021.388	Clinicians who encounter patients after sexual assault must offer competent, compassionate, trauma-informed care that fosters a patient's sense of safety and trust. In this case, a patient presents for HIV postexposure prophylaxis after a second sexual assault by the same perpetrator. This article considers how to balance providing a potentially beneficial intervention and avoiding retraumatization and stigmatization. Clinicians who facilitate patient-centered decision making about preexposure prophylaxis can respond to a patient's immediate needs and support her autonomy.	Abuse/Intimate partner abuse Diagnosis/Sexually transmitted infections Infectious diseases/HIV, AIDS Patient-clinician relationship/Establishing the relationship, trust	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Blair, Kevin J., Segura, Eddy R., Garner, Alex, Lai, Jianchao, Ritterbusch, Amy, Leon-Giraldo, Sebastian, Guilamo-Ramos, Vincent, Lake, Jordan E., Clark, Jesse L., Holloway, Ian W.	Pre-exposure prophylaxis awareness, use, and intention to use in a regional sample of Latin American geosocial networking application users in 2018–2019	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624211034618	http://search.ndltd.org/10.1177/09564624211034618	Pre-exposure prophylaxis (PrEP) access is increasing in Latin America. We explored PrEP use among Spanish-speaking, Hornet geosocial networking application users from Latin American countries with limited PrEP data via an online survey completed between December 2018 and February 2019. A total of 718 Hornet users from 10 countries were included, of whom 72.1% reported PrEP awareness. Few (5.6%) were currently taking PrEP, though 32.1% intended to take PrEP in the subsequent 6 months. PrEP awareness was lower in 18–25 year olds compared to 26+ (62.4% vs. 75.6%, aOR 0.67, 95% CI 0.46–0.97), and higher among those living in larger versus smaller cities (74.4% vs. 58.8%, aOR 1.96, 95% CI 1.25–3.07) or countries with at least partial versus no PrEP policy adoption (79.1% vs. 60.8%, aOR 2.20, 95% CI 1.56–3.12). Intention to use PrEP was higher among PrEP-eligible respondents (51.8% vs. 29.6%, aOR 2.26, 95% CI 1.26–4.07) and those recently tested for a sexually transmitted infection (35.4% vs. 25.5%, aOR 1.58, 95% CI 1.01–2.48). Efforts to expand PrEP use in Latin America should focus on national PrEP policy adoption, and research should explore barriers to awareness and use among young men who have sex with men.	homosexual Human; immunodeficiency virus men who have sex with men; prevention South America	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Blair, KJ; Segura, ER; Garner, A; Lai, JC; Ritterbusch, A; Leon-Giraldo, S; Guilamo-Ramos, V; Lake, JE; Clark, J; Holloway, IW	PrEP Awareness, Use, Intention to Use, and Information Source Among Geosocial Networking Application Users in Mexico in 2018-2019	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-021-03184-1	https://pubmed.ncbi.nlm.nih.gov/33646443/	Pre-exposure prophylaxis (PrEP) has limited availability across Latin America, though access is increasing. We explored PrEP uptake in Mexico via an online survey completed by Spanish-speaking, Hornet geosocial networking application (GSN app) users without HIV (n = 2020). Most (81.3%) had heard of PrEP, 3.5% were current users, and 34.2% intended to take PrEP within six months. Current PrEP use was associated with PrEP eligibility (aOR 26.07 95%CI 13.05-52.09, p < 0.001), recent STI testing (aOR 3.79 95%CI 1.10-13.11, p = 0.035), and recent chemsex (aOR 3.02 95%CI 1.02-8.93, p = 0.046). Recent STI testing was associated with hearing about PrEP from a doctor (aOR 3.26 95%CI 1.98-5.36, p < 0.001), and those who lived in large cities were less likely to have learned about PrEP via Hornet (aOR 0.52 95%CI 0.32-0.85, p = 0.009). Interventions to increase PrEP uptake in Mexico should build upon existing health networks and utilize GSN apps for PrEP information dissemination, particularly in less populated areas.	HIV; Mexico; Pre-exposure prophylaxis; Men who have sex with men; Mobile app	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Blashill, Aaron J; Gordon, Janna R; Rojas, Sarah A; Ramers, Christian B; Lin, Chii-Dean; Carrizosa, Claudia M; Nogg, Kelsey A; Lamb, Kalina M; Lucido, Nicholas C; Jones, Isaiah J; Rivera, David; Cobian Aguilar, Rosa A; Brady, John P; Fuentes, Martin; Wells, Kristen J	Pilot randomised controlled trial of a patient navigation intervention to enhance engagement in the PrEP continuum among young Latino MSM: a protocol paper.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2020-040955	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8160175	INTRODUCTION: Men who have sex with men (MSM) are one of the most at-risk group for contracting HIV in the USA. However, the HIV epidemic impacts some groups of MSM disproportionately. Latino MSM comprise 25.1% of new HIV infections among MSM between the ages of 13 and 29 years. The daily medication tenofovir/emtricitabine was approved by the Food and Drug Administration for pre-exposure prophylaxis (PrEP) in 2012 and has demonstrated strong efficacy in reducing HIV acquisition. METHODS AND ANALYSIS: Through extensive formative research, this study uses a pilot randomised controlled trial design and will examine the feasibility and acceptability of a patient navigation intervention designed to address multiple barriers to improve engagement in the PrEP continuum among 60 Latino MSM between the ages of 18 and 29 years. The patient navigation intervention will be compared with usual care plus written information to evaluate the feasibility and acceptability of the intervention and study methods and the intervention's potential in improving PrEP continuum behaviours. The results will be reviewed for preparation for a future full-scale efficacy trial. ETHICS AND DISSEMINATION: This study was approved by the institutional review board at San Diego State University and is registered at ClinicalTrials.gov. The intervention development process, plan and the results of this study will be shared through peer-reviewed journal publications, conference presentations and healthcare system and community presentations. REGISTRATION DETAILS: Registered under the National Institutes of Health's ClinicalTrials.gov (NCT04048382) on 7 August 2019 and approved by the San Diego State University (HS-2017-0187) institutional review board. This study began on 5 August 2019 and is estimated to continue through 31 March 2021. The clinical trial is in the pre-results stage.	preventive medicine, HIV & AIDS, protocols & guidelines, quality in health care, public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Blumenthal J.; Jain S.; He F.; Amico K.R.; Kofron R.; Ellorin E.; Stockman J.K.; Psaros C.; Ntim G.M.; Chow K.; Anderson P.L.; Haubrich R.; Corado K.; Moore D.J.; Morris S.; Landovitz R.J.	Results from a Pre-exposure Prophylaxis Demonstration Project for At-risk Cisgender Women in the United States	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciab328	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116468216&doi=10.1093%2fcid%2fciab328&partnerID=40&md5=360d12b4c8ac10d991bc9ef721556e52	Background: Daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) is effective for reducing human immunodeficiency virus (HIV) acquisition among cisgender women. We report results from the first US observational open-label demonstration project of pre-exposure prophylaxis (PrEP) among at-risk cisgender women. Methods: Adherence Enhancement Guided by Individualized Texting and Drug Levels was a 48-week, single-arm, open-label demonstration study of daily oral TDF/FTC in cisgender women ≥18 years old at risk for HIV. Adherence was supported using 2-way text messaging and titrated adherence counseling based on rapid-turnaround tenofovir diphosphate concentrations from dried blood spots. Study visits occurred at baseline, weeks 4 and 12, and quarterly through week 48. Outcomes included TDF/FTC adherence, retention, and persistence. Results: From June 2016 to October 2018, 136 cisgender women enrolled (mean age, 40 years (standard deviation, 11); 38% non-Hispanic Black and 19% Latina). At 48 weeks, 84 (62%) participants were retained and 62 (46%) remained on PrEP. More than one-third (12/31) of those on study but off PrEP throughout the study discontinued TDF/FTC because of side effects, and 1 adverse event led to study discontinuation. Of 120 participants with drug concentrations measured, 67 (56%) had at least 1 concentration consistent with 6 doses/week; 22 (18%) had consistent ≥6 doses/week across all study visits attended. There were no incident HIV infections and 4 incident bacterial sexually transmitted infections. Conclusion: Adequate PrEP adherence for protective drug concentrations was not achieved for most study participants. More work needs to be done to fully explicate the reasons for nonadherence and low retention in cisgender women. © 2021 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	adherence; cisgender women; pre-exposure prophylaxis; retention; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Blumenthal, Jill; Landovitz, Raphael; Jain, Sonia; He, Feng; Kofron, Ryan; Ellorin, Eric; Ntim, Gifty M; Stockman, Jamila K; Corado, Katya; Rivet Amico, K; Moore, David J; Morris, Sheldon	Pre-Exposure Prophylaxis Perspectives, Sociodemographic Characteristics, and HIV Risk Profiles of Cisgender Women Seeking and Initiating PrEP in a US Demonstration Project.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2021.0114	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8905235	Little information is known about the cisgender women who seek and initiate pre-exposure prophylaxis (PrEP) for HIV prevention in the United States. Adherence Enhancement Guided by Individualized Texting and Drug Levels was a 48-week single-arm open-label demonstration study of daily oral tenofovir disoproxil fumaratel emtricitabine (TDF/FTC) in cisgender women ≥ 18 years old at risk for HIV. Participants were surveyed at screening and enrollment about sociodemographics, HIV risk perception and behaviors, and PrEP perspectives and aggregated into three risk groups according to HIV sexual risk behavior: being in a serodiscordant partnership (SD), engaging in sex work (SW), and having partners with unknown HIV status at risk for HIV (UP). One hundred sixty-seven women presented for screening with n = 31 screen failures. Of the 162 women completing enrollment, mean age was 40 (standard deviation 11), with 41% non-Hispanic Black, 22% non-Hispanic White, and 19% Latina. Compared with those who screened ineligible, enrolled participants were more likely to have heard of PrEP, had higher HIV risk perception, and reported higher perceived PrEP efficacy. Sixty-four women (47%) were categorized as SD, 21 (15%) as SW, and 51 (38%) as UP. The SW were more likely to report higher levels of drinking and drug use (p = 0.002) and history of intimate partner violence in the past year (p < 0.001) compared with SD and UP. Among cisgender women enrolled, there were significant differences between the three risk groups by demographics, HIV risk behavior, and PrEP perspectives, suggesting that interventions to successfully implement PrEP in US women may need to be tailored by HIV risk group. Clinical Trial Registration number: NCT02584140.	pre-exposure prophylaxis (PrEP), cisgender women, HIV prevention, risk behaviors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Bonacci, Robert A; Smith, Dawn K; Ojikutu, Bisola O	Toward Greater Pre-exposure Prophylaxis Equity: Increasing Provision and Uptake for Black and Hispanic/Latino Individuals in the U.S.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2021.05.027	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8668046	Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV acquisition and is a critical tool in the Ending the HIV Epidemic in the U.S. initiative. However, major racial and ethnic disparities across the pre-exposure prophylaxis continuum, secondary to structural inequities and systemic racism, threaten progress. Many barriers, operating at the individual, network, healthcare, and structural levels, impede PrEP access and uptake within Black and Hispanic/Latino communities. This review provides an overview of those barriers and the innovative and collaborative solutions that health departments, healthcare organizations, and community partners have implemented to increase PrEP provision and uptake among disproportionately affected communities. Promising strategies at the individual and network levels focus on increasing patient support throughout the PrEP continuum, positioning and training community members to expand knowledge of and interest in PrEP, and leveraging mobile technologies to support PrEP uptake. Healthcare-level solutions include expanding the venues and types of healthcare professionals that can provide PrEP, and structural- and policy-level options focus on financial assistance programs and health insurance expansion. Key research gaps include demonstrating that pilot studies and interventions remain effective at scale and across varied contexts. Although the last 2 decades have provided effective tools to end the HIV epidemic, realizing this vision for the U.S. will require addressing persistent and pervasive HIV-related disparities in Black and Hispanic/Latino communities. Federal, state, and local partners should expand efforts to address longstanding health and structural inequities and partner with disproportionately affected communities to rapidly expand PrEP scale-up.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Bosco, Stephen C; Pawson, Mark; Parsons, Jeffrey T; Starks, Tyrel J	Biomedical HIV Prevention among Gay Male Couples: A Qualitative Study of Motivations and Concerns.	Journal of Homosexuality	-	-	-	1540-3602	10.1080/00918369.2019.1696105	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7274863	Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are highly efficacious biomedical prevention strategies, which significantly reduce the risk of HIV transmission. Yet, partnered sexual minority men (SMM) continue to exhibit poorer uptake rates especially those in a non-monogamous or serodiscordant relationship for whom PrEP is recommended. The purpose of the study was to identify factors that may facilitate or impede the uptake of PrEP or PEP among partnered SMM. This qualitative study conducted semi-structured interviews with 10 sexual minority male couples recruited from the New York City metropolitan area. Thematic analysis identified relationship-specific and structural-level factors, which influence motivation and willingness for biomedical prevention uptake. Specifically, results highlighted the tension between relationship functioning and HIV prevention. In addition, stigma and access to knowledgeable health care providers diminished interest in biomedical prevention. Findings suggest a need for interventions that frame biomedical prevention in ways that minimize social perceptions of mistrust between partners and improve access.	Same-sex couples, sexual minority men, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), HIV prevention, biomedical prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Bowman E.R.; Cameron C.; Richardson B.; Kulkarni M.; Gabriel J.; Kettelhut A.; Hornsby L.; Kwiek J.J.; Turner A.N.; Malvestutto C.; Bazan J.; Koletar S.L.; Doblecki-Lewis S.; Lederman M.M.; Cameron M.; Klatt N.R.; Lake J.E.; Funderburg N.T.	In vitro exposure of leukocytes to HIV preexposure prophylaxis decreases mitochondrial function and alters gene expression profiles	Antimicrobial Agents and Chemotherapy	-	-	-	664804	10.1128/AAC.01755-20	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098666719&doi=10.1128%2fAAC.01755-20&partnerID=40&md5=71d83ab1e0c60c5a908d11088320d1be	The use of antiretroviral therapy (ART) as preexposure prophylaxis (PrEP) is an effective strategy for preventing HIV acquisition. The cellular consequences of PrEP exposure, however, have not been sufficiently explored to determine potential effects on health in individuals without HIV. In this study, peripheral blood mononuclear cells (PBMCs) from people without HIV were exposed to tenofovir disoproxil fumarate (TDF) or emtricitabine (FTC) overnight. Mitochondrial mass and function were measured by flow cytometry and an Agilent XFp analyzer. Monocyte-derived macrophages (MDMs) were differentiated in 20% autologous serum for 5 days in the presence or absence of TDF or FTC, and surface markers, lipid uptake, and efferocytosis were measured by flow cytometry. MDM gene expression was measured using transcriptome sequencing (RNA-seq). Plasma lipids were measured using mass spectrometry. PBMCs exposed to TDF or FTC had decreased maximal oxygen consumption rate (OCR) and reduced mitochondrial mass. Exposure to PrEP also increased reactive oxygen species (ROS) production from monocyte subsets. Compared to MDMs cultured in medium alone, cells differentiated in the presence of TDF (829 genes) or FTC (888 genes) had significant changes in gene expression. Further, PrEP-exposed MDMs had decreased mitochondrial mass and displayed increased lipid uptake and reduced efferocytosis. Plasma biomarkers and lipid levels were also altered in vivo in individuals receiving a PrEP regimen. In conclusion, exposure of leukocytes to TDF or FTC resulted in decreased mitochondrial function and altered functional and transcriptional profiles. These findings may have important implications for the metabolic and immunologic consequences of PrEP in populations at risk for HIV acquisition. © 2020 Bowman et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.	Human immunodeficiency virus; Inflammation; Leukocytes; Lipids; Mitochondrial dysfunction; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Bracchi, M; Pagani, N; Dalla Pria, A; Milinkovic, A; Nwokolo, N; Thomas, L; Mandalia, S; Boffito, M; Moyle, G	A phase IV, open-label three-arm study investigating the impact of a combination of tenofovir disoproxil fumarate/emtricitabine with raltegravir or dolutegravir or elvitegravir/cobicistat on renal function in HIV-1 antiretroviral naïve patients	HIV Research and Clinical Practice	-	-	-	-	10.1080/25787489.2021.1975610	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02380984/full	Objectives: Tenofovir DF (TDF) remains one of the preferred backbone agents for naïve HIV patients starting antiretroviral treatment (ART). The impact of TDF on renal function and metabolic parameters may vary by anchor agent. We investigated the impact of TDF in combination with 3 different integrase inhibitors on tubular and glomerular function, and metabolic parameters in ART-naïve patients.Methods: Sixty patients with normal renal function were randomised (20 per arm) to TDF/emtricitabine (FTC) plus either raltegravir (RAL) (400 mg b.d.), dolutegravir (DTG) or elvitegravir/cobicistat (EVG/c) for 48 weeks.Results: 57 patients completed the study. Significant increases in RBP/creatinine ratio at week 24 were seen in all arms RAL +4.7 μg/mmol (CI 0.43 to 8.98, p = 0.032); DTG +4.96 μg/mmol (CI 0.77 to 9.15, p = 0.021); EVG/c +6.95 μg/mmol (CI 2.53 to 11.36, p = 0.002), although this was not sustained to week 48 in the RAL arm. Similar changes across the arms were observed for urinary α1microglobulin (RAL +6.20 mg/L, p = 0.030; DTG +6.30 mg/L, p = 0.025; EVG/c +8.15 mg/L, p = 0.003). Urinary β2microglobulin significantly increased at week 24 with DTG and EVG/c but remained unchanged in the RAL arm. Glomerular filtration measured with CKD-EPI creatinine-cystatin C increased significantly in the RAL arm at week 24 through 48 but declined modestly in other two arms. Total and LDL cholesterol decreased in the RAL arm, but increased in the EVG/c arm, with no significant changes in the DTG arm. Weight increased significantly from baseline with DTG but not RAL or EVG/c.Conclusion: INSTIs in combination with TDF/FTC impact differently on tubular microproteinuria, eGFR, metabolic markers and weight. Use of TDF/FTC with RAL had the least tubular effects and the most favorable metabolic profile.	Adenine adverse effects; Cobicistat; Emtricitabine therapeutic use; HIV Infections drug therapy; HIV-1; Heterocyclic Compounds, 3-Ring; Humans; Kidney physiology; Oxazines; Piperazines; Pyridones; Quinolones; Raltegravir Potassium therapeutic use; Tenofovir therapeutic use	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Brockmeyer, Norbert H; Potthoff, Anja; Knebel-Brockmeyer, Wiltrud; Köhler, Britta; Nambiar, Sandeep; Wach, Janet; Rodrigues Martins, Tobias; Uhrmacher, Mona; Schuppe, Ann-Kathrin; Tiemann, Carsten; Kasper, Andre; Basilowski, Miriam; Kayser, Arne; Skaletz-Rorowski, Adriane	Sexual behavior and prevention of sexually transmitted infections taking the SARS-CoV-2 pandemic into account. Data from a sexual healthcare and medicine center—WIR; Sexualverhalten und Prävention sexuell übertragbarer Infektionen unter Berücksichtigung der SARS-CoV-2-Pandemie. Daten aus einem Versorgungszentrum für sexuelle Gesundheit und Medizin – WIR	Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz	-	-	-	1437-1588	10.1007/s00103-021-03441-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8523933	BACKGROUND: Application-based data regarding sexual health and sexual behavior in various sexually active populations are scarce but at the same time relevant with regards to prevention and healthcare supply strategies. Given the structure of its attendees, the Walk In Ruhr (WIR) Center for Sexual Health and Medicine is able to obtain data from diverse living environments. OBJECTIVES: Based on the online HIV/STI risk test, questionnaires, and attendee data from the WIR, this study aims to deduce population-related findings with regards to age, gender, sexual orientation, and sexual and risk behavior as well as the respective needs for prevention. The influence of the SARS-CoV-19 pandemic on sexual behavior is examined by comparing various phases. METHODS: The analyzed data sources are the online HIV/STI risk test, the COWIR, and the PrEP study as well as the immunological outpatient clinic and the public health department at the WIR. RESULTS: Notwithstanding contact restrictions, sexually transmitted infections (STIs) have increased from 2019 to 2020. Apart from men having sex with men and females having sex with females, young people also have an increased risk of STIs based on sexual practices and the number of sexual contacts. A large number of bisexual and transsexual contacts was found. SARS-CoV-2 led to a decrease in sexual contacts; sexual practices continued. There was a growing proportion of STI tests and the treatment rate including partner treatment rose. DISCUSSION: Data from the WIR center show that young attendees with an active sexual life are being reached. The results from questionnaires and the online HIV/STI risk test are mirrored in increased positive STI test results. These results vary depending on sexual behavior and sexual preferences such that specific strategies for sexual education, prevention, testing, and therapy are required.	Sexuelle Gesundheit, Versorgungsforschung, Präventionsstrategien, Sexuelle Präferenzen, Online-HIV-/STI-Risikotest	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Mixed methods
Article	2021	Bruxvoort K.J.; Schumacher C.M.; Towner W.; Jones J.; Contreras R.; Ling Grant D.; Hechter R.C.	Referral Linkage to Preexposure Prophylaxis Care and Persistence on Preexposure Prophylaxis in an Integrated Health Care System	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002668	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108123895&doi=10.1097%2fQAI.0000000000002668&partnerID=40&md5=09fd6463f02eba8817c8194d7c310164	Background: Successful linkage to preexposure prophylaxis (PrEP) and retention in care are important for HIV prevention. We examined gaps in PrEP care following referral and factors associated with PrEP linkage and persistence in an integrated health care system in the United States.Methods: We identified individuals referred for PrEP from 2014 to 2017 at the Kaiser Permanente Southern California using electronic health records and assessed linkage to care, PrEP prescription orders and fills, and PrEP persistence (medication possession ratio ≥80%) in the year after the first fill. We evaluated demographic and clinical factors potentially associated with PrEP linkage and persistence using a series of multivariable modified Poisson regression models.Results: Of 2995 referred individuals, 74.9% were linked to PrEP care. Nearly all those linked to care were prescribed PrEP and filled a prescription, but only 47.4% of those who filled a prescription were persistent on PrEP. Individuals aged <25 years (vs ≥25 years), female subjects (vs males), and individuals with high-deductible insurance (vs no high deductible) were less likely to be linked to care. Individuals aged <25 years and Hispanics (vs non-Hispanic whites) were less likely to be persistent. Those with alcohol use disorder were more likely to be linked to PrEP care but less likely to be persistent. New HIV diagnoses occurred in 38 individuals, and only 1 had PrEP in possession at diagnosis.Conclusions: We observed PrEP care gaps and disparities among individuals referred for PrEP. Patient-centered interventions are needed in primary care to address barriers to successful PrEP linkage and persistence. © 2021 Wolters Kluwer Health, Inc.	health system; HIV; medication adherence; medication persistence; preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Buchanan A.L.; Bessey S.; Goedel W.C.; King M.; Murray E.J.; Friedman S.R.; M. Elizabeth Halloran; Marshall B.D.L.	Disseminated effects in agent-based models: A potential outcomes framework and application to inform preexposure prophylaxis coverage levels for HIV prevention	American Journal of Epidemiology	-	-	-	29262	10.1093/aje/kwaa239	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096097417&doi=10.1093%2faje%2fkwaa239&partnerID=40&md5=ad437e9dc75d26365be2c950ecf1d397	Preexposure prophylaxis (PrEP) for prevention of human immunodeficiency virus (HIV) infection may benefit not only the person who uses it but also their uninfected sexual risk contacts. We developed an agent-based model using a novel trial emulation approach to quantify disseminated effects of PrEP use among men who have sex with men in Atlanta, Georgia, from 2015 to 2017. Model components (subsets of agents connected through partnerships in a sexual network but not sharing partnerships with any other agents) were first randomized to an intervention coverage level or the control group; then, within intervention components, eligible agents were randomized to receive or not receive PrEP. We calculated direct and disseminated (indirect) effects using randomization-based estimators and report corresponding 95% simulation intervals across scenarios ranging from 10% coverage in the intervention components to 90% coverage. A population of 11,245 agents was simulated, with an average of 1,551 components identified. When comparing agents randomized to no PrEP in 70% coverage components with control agents, there was a 15% disseminated risk reduction in HIV incidence (risk ratio = 0.85, 95% simulation interval: 0.65, 1.05). Persons not on PrEP may receive a protective benefit by being in a sexual network with higher PrEP coverage. Agent-based models are useful for evaluating possible direct and disseminated effects of HIV prevention modalities in sexual networks. © 2021 The Author(s).	Agent-based models; HIV; HIV prevention; Interference/dissemination; Men who have sex with men; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Buffel, Veerle; Masquillier, Caroline; Reyniers, Thijs; Ella Van Landeghem; Wouters, Edwin; Vuylsteke, Bea; Nöstlinger, Christiana	Who falls between the cracks? Identifying eligible PrEP users among people with Sub-Saharan African migration background living in Antwerp, Belgium	PLOS One	-	-	-	NA	10.1371/journal.pone.0256269	https://www.proquest.com/scholarly-journals/who-falls-between-cracks-identifying-eligible/docview/2562504597/se-2?accountid=8113	Introduction This study produces an estimate of the proportion of eligible PrEP users among people of Sub-Saharan African background based on the Belgian PrEP eligibility criteria and examines associations with socio-economic and demographic characteristics. Methods We performed logistic regression analysis on data of a representative community-based survey conducted among Sub-Saharan African communities (n = 685) living in Antwerp. Results Almost a third (30.3%) of the respondents were eligible to use PrEP. Those who were male, single, lower educated, undocumented, and had experienced forced sex were more likely to be eligible for PrEP use. The findings highlight the importance of taking intra-, interpersonal and structural HIV risk factors into account. Conclusions The study shows high unmet PrEP needs in this population, especially among those with high vulnerability for HIV acquisition. A better understanding of barriers to PrEP use in this population group is needed to allow for equitable access.	HIV; Belgium; Pre-exposure prophylaxis; Risk factors; Men who have sex with men; Sub-Saharan Africa; Disease prevention; Public health; Medicine; Prep; Sociology; Funding; Reimbursement; Health insurance; Regression analysis; HIV epidemiology; Migration; Economic analysis; Sexual assault; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; Gays & lesbians; Mens health; Health risks; Medical risk factors; Educational attainment; Risk analysis	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	Bunting S.R.; Feinstein B.A.; Hazra A.; Sheth N.K.; Garber S.S.	Knowledge of HIV and HIV pre-exposure prophylaxis among medical and pharmacy students: A national, multi-site, cross-sectional study	Preventive Medicine Reports	-	-	-	22113355	10.1016/j.pmedr.2021.101590	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116621702&doi=10.1016%2fj.pmedr.2021.101590&partnerID=40&md5=323c5d9a29561aa3f62e161faef321ce	Pre-exposure prophylaxis (PrEP) is a highly effective strategy for preventing HIV. However, prescription of PrEP has not reached the scale that is necessary to meet the public health need of reducing HIV incidence. A factor contributing to this slow scale-up is limited healthcare practitioners' knowledge of PrEP, making PrEP education a priority. We conducted a national, cross-sectional study of medical (allopathic and osteopathic) and pharmacy students regarding knowledge of PrEP and HIV between October 2020 and February 2021. We included 28 items in our knowledge assessment. Analysis sought to identify gaps in knowledge as well as academic and demographic correlates of knowledge. A total of 2,353 students participated in the study (response rate = 17.0%). The overall mean HIV knowledge score was 79.6% correct. Regarding specific items, 68.7% of participants believed HIV treatment was difficult because it required many pills, and 61.1% incorrectly identified that a person with an undetectable HIV viral load could transmit the virus to their sexual partners. Overall mean PrEP knowledge was 84.1%. Approximately one-third of participants did not identify HIV-negative status as a requirement to be a PrEP candidate. Gay/lesbian participants and those who were in the late-phase of training reported higher knowledge of both HIV and PrEP than did heterosexual participants and those in the early-phase of training. This study identifies specific gaps in training on HIV prevention with PrEP that must be improved in health professions education to ensure PrEP reaches its full potential in ending the HIV epidemic. © 2021 The Author(s)	HIV; Knowledge; Medical education; Pharmacy education; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Bunting S.R.; Garber S.S.; Goldstein R.H.; Calabrese S.K.; Ritchie T.D.; Batteson T.J.	Health Profession Students' Awareness, Knowledge, and Confidence Regarding Preexposure Prophylaxis: Results of a National, Multidisciplinary Survey	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001263	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096190143&doi=10.1097%2fOLQ.0000000000001263&partnerID=40&md5=3139b0dc716d3b0559f963b7a7eb3d2b	Background Preexposure prophylaxis (PrEP) is a highly effective, pharmacologic method of HIV prevention. Despite its safety and efficacy, PrEP prescription remains low in those patients who are at highest risk for HIV infection. One possible reason for this may be the lack of inclusion of PrEP and HIV prevention discussions within the curricula of health professions education. Methods An online survey was administered to a cross-sectional sample of future prescribers (osteopathic/allopathic medical and physician assistant students), future nurses, and future pharmacists (n = 2085) in the United States between January and July 2019 to assess and compare awareness of PrEP, PrEP education, PrEP knowledge, and confidence in 2 areas related to PrEP. Results We show that, overall, awareness of PrEP is high among future health care providers (81.6%), with the future pharmacists reporting the greatest awareness (92.2%; P < 0.001) and more commonly reporting PrEP education (71.0%). Students had mixed knowledge of PrEP, with future pharmacists reporting the highest knowledge of PrEP. Approximately 30% of students in all disciplines reported having low confidence counseling a patient about PrEP and low confidence educating a colleague about PrEP. Knowledge of PrEP was a significant predictor of confidence counseling a patient about PrEP (P < 0.001) and educating a colleague about PrEP (P < 0.001). Conclusions This study identifies opportunities to improve and incorporate evidence-based strategies for educating future health care providers about PrEP for HIV prevention within health professions curricula. © Lippincott Williams & Wilkins.	Anti-HIV Agents; Cross-Sectional Studies; Health Knowledge, Attitudes, Practice; Health Occupations; HIV Infections; Humans; Pre-Exposure Prophylaxis; Students; Surveys and Questionnaires; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Bunting, Samuel R; Calabrese, Sarah K; Garber, Sarah S; Ritchie, Timothy D; Batteson, Tamzin J	Where Do Health Professions Students Learn About Pre-exposure Prophylaxis (PrEP) for HIV Prevention?	Medical Science Educator	-	-	-	2156-8650	10.1007/s40670-021-01265-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8368481	HIV pre-exposure prophylaxis (PrEP) is critical for ending the HIV epidemic, and a necessary part of health professions education. We present data from a US survey study (N = 2085) about educational experiences (coursework and extracurricular), in which medical, physician assistant, nursing, and pharmacy students received training about HIV risk factors and PrEP. We found a discrepancy between the percentage of courses covering HIV risk factors (84.7%) compared to PrEP (54.6%) for all students (P < .001), and specifically among final-year students (92.0% vs. 59.7%; P < .001). Pharmacology courses were the most common exposure to PrEP (46.0%), and 61.3% of students were introduced to PrEP through an extracurricular experience. Health professions education must present HIV risk factors in conjunction with PrEP. SUPPLEMENTARY INFORMATION: The online version contains supplementary material available at 10.1007/s40670-021-01265-3.	Health professions education, HIV, Pre-exposure prophylaxis, Risk-factors, Medical students	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Bunting, Samuel R; Feinstein, Brian A; Hazra, Aniruddha; Garber, Sarah S	Effects of Patient Sexual Orientation and Gender Identity on Medical Students' Decision Making Regarding Preexposure Prophylaxis for Human Immunodeficiency Virus Prevention: A Vignette-Based Study	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001488	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8595697	INTRODUCTION: Preexposure prophylaxis (PrEP) is a pillar of our national strategy to end the human immunodeficiency virus (HIV) epidemic. However, one of the largest obstacles to realizing the effectiveness of PrEP is expansion of prescription to all patients at risk for HIV. In this vignette-based study, we sought to investigate medical students' decision making regarding PrEP by presenting fictional patients, all of whom had HIV risk factors based on sexual behavior. METHODS: We systematically varied patients' sexual orientation or gender identity (heterosexual female, gay male, bisexual male, transgender male, transgender female, gender nonbinary person). We assessed the medical students' willingness to prescribe PrEP to the patients, as well as their perceptions of the patients' HIV risk and behavior. RESULTS: A total of 670 US medical students completed the study. The heterosexual female patient was least frequently identified as a PrEP candidate, was viewed as least likely to adhere to PrEP, and the most likely to engage in condomless sex if prescribed PrEP; however, was considered at lower overall HIV risk. Lower perceived HIV risk and anticipated PrEP adherence were both associated with lower willingness to prescribe PrEP. Willingness to prescribe PrEP was highest for the gay male patient and lowest for the heterosexual female. CONCLUSIONS: These analyses suggest that assumptions about epidemiological risk based on patients' gender identity or sexual orientation may reduce willingness to prescribe PrEP to heterosexual women, ultimately hindering uptake in this critical population.	HIV, pre-exposure prophylaxis (PrEP), heterosexual, transgender, education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Burns, Paul A; Hall, Casey D Xavier; Poteat, Tonia; Mena, Leandro A; Wong, Frank Y	Living While Black, Gay, and Poor: The Association of Race, Neighborhood Structural Disadvantage, and PrEP Utilization Among a Sample of Black Men Who Have Sex With Men in the Deep South	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2021.33.5.395	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10134438	Utilizing the Andersen Healthcare Utilization Model, we examined the role of neighborhood context on pre-exposure prophylaxis (PrEP) utilization among a sample of Black men who have sex with men (MSM) residing in a medium-sized city in the Deep South. Data were derived from a sample of 142 Black MSM aged 18-64 years who were eligible for PrEP from a community-based study known as "ACCELERATE!" We used multilevel structural equation modeling to assess PrEP use. Social support, sexual risk, and health care access were predictive of PrEP use. Notably, residing in a neighborhood with concentrated poverty was associated with decreased PrEP use. Our findings reveal neighborhood structural disadvantage is associated with decreased PrEP use among Black MSM, after adjusting of individual-level sociodemographic characteristics. There is an urgent need to develop HIV prevention interventions and programs that explicitly address structural-level factors to eliminate racial/ethnic differences in HIV.	Black MSM, PrEP, HIV, Macrosocial Determinants, Neighborhood Structural Disadvantage, Structural Discrimination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Busza, Joanna; Phillips, Andrew N; Mushati, Phillis; Chiyaka, Tarisai; Magutshwa, Sitholubuhle; Musemburi, Sithembile; Cowan, Frances M	Understanding early uptake of PrEP by female sex workers in Zimbabwe.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2020.1832192	https://dx.doi.org/10.1080/09540121.2020.1832192	Female sex workers (FSW) are prioritised for increased access to pre-exposure prophylaxis (PrEP), although rates of uptake remain sub-optimal, particularly across Southern Africa. In the first two years of its availability in Zimbabwe, 37.1% of FSW in trial sites initiated PrEP and received at least one re-supply. We conducted a qualitative study on perceptions of PrEP among 19 early users selected from sites with varying rates of PrEP initiation. Narrative interviews examined the pathways taken by FSW from hearing about PrEP, through their decision to start taking it, and early experiences. FSW appreciated PrEP's introduction within familiar and trusted "friendly" services tailored for sex workers and valued positive encouragement from clinic staff and peers over negative influence from family members. They also found PrEP difficult to understand at first, and feared side effects and rare adverse complications described in information leaflets. While FSW identified individual strategies for remembering to take their medication, they also relied on structured peer adherence support, leading some FSW to actively promote the method to other FSW as "PrEP champions". Information on how early users experience a new prevention technology such as PrEP can inform design of interventions that leverage existing support structures and target key barriers.	PrEP; female sex workers; Zimbabwe; qualitative	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Butturi Junior, Atilio; Camozzato, Nathalia Müller	PrEP, o HIV e as táticas de desobediência	Fórum Lingüístico	-	-	-	1415-8698	https://doi.org/10.5007/1984-8412.2021.e79952	https://periodicos.ufsc.br/index.php/forum/article/view/79952	O presente artigo parte das discussões sobre o conceito de desobediência, de Frederic Gros, tensionando seus limites no que tange ao tecnobiodiscursivo e as implicações do conceito de vida, tecnovida, raça e gênero. A partir daí, objetiva realizar uma análise da "tecnobiodesobediência" no dispositivo crônico da aids do Brasil, tomando como corpus de análise os enunciados sobre a Profilaxia Pré-Exposição (PrEP) e as práticas de PrEP sob demanda. Nota-se que há uma agonística entre uma série de corporalidades e subjetividades marcadas pelo par controle-liberdade do regime farmacopolítico, por um lado, e as táticas de produção de si e de invenção dos prazeres (on demand), por outro.	PrEP; Dispositivo crônico da aids; Tecnobiodesobediência	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2021	Cabecinha M.; Solomon D.; Rait G.; Saunders J.; Mohammed H.; McDonagh L.K.	Equity considerations in outcome measures of the HIV pre-exposure prophylaxis care continuum in high-income countries: A systematic review protocol	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2020-040701	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101029257&doi=10.1136%2fbmjopen-2020-040701&partnerID=40&md5=03e7d927377f6a66024bee63cc90b75a	Introduction HIV pre-exposure prophylaxis (PrEP) is an effective intervention to reduce acquisition of HIV. PrEP provision has increased in recent years, however, it is not known whether PrEP implementation has been equitably implemented across all risk groups, particularly groups experiencing high levels of health inequity. A PrEP care continuum (PCC) has been proposed to evaluate the success of PrEP implementation programmes, but the extent to which health equity characteristics are currently taken into account in the PCC has not been described. The objectives of this proposed systematic review are to (i) identify and collate outcome measure definitions for the main stages of the PCC (awareness, acceptability, uptake, adherence and retention), (ii) describe how equity characteristics are considered in outcome definitions of the PCC and (iii) describe data sources for capturing equity characteristics. Methods and analysis Quantitative studies published between 1 January 2012 and 3 March 2020 will be included. Five databases (MEDLINE, PubMed, Embase, Cumulative Index to Nursing and Allied Health Literature, Applied Social Sciences Index and Abstracts) will be searched to identify English language publications that include an outcome measure definition of at least one of the five main stages of the PCC. Risk of bias will be assessed using the Effective Public Health Practice Project Quality Assessment Tool for Quantitative Studies. Data on outcome measure definitions and equity characteristics will be extracted. Results will be presented in a narrative synthesis and all findings will be reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Ethics and dissemination Ethical approval is not required. The results will be disseminated via submission for publication to a peer-reviewed journal when complete. The review findings will have relevance to healthcare professionals, policymakers and commissioners in informing how to best evaluate PrEP implementation programmes and inform new implementation strategies for vulnerable and less advantaged populations. PROSPERO registration number CRD42020169779. © 2021 BMJ Publishing Group. All rights reserved.	HIV & AIDS; preventive medicine; sexual medicine	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2021	Cabecinha, M; Solomon, D; Rait, G; Saunders, J; Mohammed, H	IDENTIFYING THE PREP GAP: A SYSTEMATIC REVIEW EXPLORING EQUITY IN THE HIV-PREP CARE CONTINUUM IN HIGH INCOME COUNTRIES	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-2021-sti.277	https://sti.bmj.com/content/97/Suppl_1/A105.3	Background Equitable implementation of HIV Pre-Exposure Prophylaxis (PrEP) is not well defined, particularly for populations already experiencing high levels of health inequity (e.g. people experiencing poverty or other social disadvantages). The five stages of the PrEP care-continuum (PCC) (awareness, acceptability, uptake, adherence, retention) can help evaluate PrEP implementation, but the extent to which key characteristics that are important for health equity are considered throughout the PCC has not been described. This systematic review aims to: 1) identify and collate outcome measure (OM) definitions for the PCC stages; 2) describe how key health equity characteristics are considered in these OM definitions. Methods Five databases were searched for quantitative studies published after January 1st, 2012. Data regarding study design, OM definitions, and health equity characteristics were extracted. Data were analysed using narrative synthesis. Results 11,264 papers were identified and screened; 227 were included. The majority of studies included >1 OM (67%). The most commonly reported OM was awareness (54%), followed by interest (51%) and uptake (50%). Relatively few studies reported on adherence (12%) or retention (17%). No studies described movement through the PCC from awareness to retention. The most commonly reported equity characteristics were age (86%) and race/ethnicity (80%); the least common were social capital (31%) and religion (1%). The majority of studies focused on cis-gender men who have sex with men (MSM) (48%), while other affected groups, such as cis-gender women and trans* people are less well represented (7% and 6%, respectively). Conclusion There is an unequal focus on the earlier stages of the PCC. Some key equity characteristics (e.g. age) are commonly considered, however, other important characteristics (e.g. social capital) are overlooked. These findings are relevant to healthcare professionals, policymakers and commissioners in informing how to best implement and evaluate PrEP programmes for potentially vulnerable and less advantaged populations.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Review
Article	2021	Cain, Demetria; Samrock, Steven; Jones, S Scott; Jimenez, Ruben H; Dilones, Rafael; Tanney, Mary; Outlaw, Angulique; Friedman, Lawrence; Naar, Sylvie; Starks, Tyrel J	Marijuana and illicit drugs: Correlates of condomless anal sex among adolescent and emerging adult sexual minority men.	Addictive Behaviors	-	-	-	1873-6327	10.1016/j.addbeh.2021.107018	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9055980	The association between "illicit drugs" (e.g., cocaine/crack, methamphetamine, gamma-hydroxybutyrate-GHB, ketamine, and ecstasy) and condomless anal sex (CAS) with casual partners is well established for sexual minority men (SMM). Recent evidence from adult SMM has indicated that marijuana is associated with the occurrence of CAS with casual partners above and beyond illicit drug use. The purpose of the current study was to evaluate associations between CAS and the use of marijuana and illicit drugs in a sample of young SMM (aged 15-24). Participants (n = 578) completed an online survey assessing demographics, current PrEP prescription, age, marijuana use, as well as drug use and sexual behavior in the past 90 days. A hurdle model simultaneously predicted the occurrence of CAS as well as the frequency of CAS among those reporting it. Illicit drug use was associated with both the occurrence (OR = 2.26; p = .01) and frequency of CAS (RR = 1.63; p = .02). In contrast, marijuana use was associated with the occurrence (OR = 1.69; p = .01), but not the frequency of CAS (RR = 1.07; p = .74). Findings mirror recent observations in large samples of adult SMM. While the effect size of marijuana is more modest than illicit drug use, marijuana does have significant and unique associations with the occurrence of CAS. HIV prevention services for young SMM may therefore benefit from assessing and addressing marijuana use in the context of HIV sexual behavior.	Sexual minority men, Adolescents, Illicit Drugs, Marijuana, Condomless Anal Sex, Hurdle Model	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Calabrese S.K.; Lane S.B.; Caldwell A.; Kaplan C.; Dovidio J.F.; Galvao R.W.; Ogburn D.F.; Safon C.B.; Tekeste M.; Taggart T.; Modrakovic D.; Wilbourn B.C.; Blackstock O.; Kershaw T.S.	Electronic Dissemination of a Web-Based Video Promotes PrEP Contemplation and Conversation Among US Women Engaged in Care at Planned Parenthood	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03210-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102507285&doi=10.1007%2fs10461-021-03210-2&partnerID=40&md5=3f379bb63092c6a17407596a7f451875	We evaluated the acceptability and impact of a web-based PrEP educational video among women (n = 126) by comparing two Planned Parenthood centers: one assigned to a Web Video Condition and one to a Standard Condition. Most women reported the video helped them better understand what PrEP is (92%), how PrEP works (93%), and how to take PrEP (92%). One month post-intervention, more women in the Web Video Condition reported a high level of comfort discussing PrEP with a provider (82% vs. 48%) and commonly thinking about PrEP (36% vs. 4%). No women with linked medical records initiated PrEP during 1-year follow-up. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	HIV; Internet-based intervention; Patient care; Pre-exposure prophylaxis; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Calabrese, Christopher	Leveraging Online Social Networks for the Adoption of HIV Pre-Exposure Prophylaxis	-	-	University of California	-	NA	NA	https://escholarship.org/uc/item/7n14h3nx	Online social networks have the potential to influence individuals' health, from providing information to influencing beliefs and behaviors. They provide key differences from offline social networks, including the ability to maintain anonymity and make new connections in online support groups. It is important to develop an understanding on how online networks can be leveraged to influence health outcomes. The promotion of HIV pre-exposure prophylaxis (PrEP), which refers to taking a daily oral medicine to reduce the risk of contracting HIV, may benefit from the potential effects and mechanisms that online networks possess. This dissertation consists of two comprehensive studies that examine the role of online networks for PrEP adoption. The first study involves a quantitative content analysis using a theoretically grounded framework to examine Twitter discussions surrounding PrEP from April 2019 to April 2020, six months before and after the approval of Descovy for PrEP. The contents, sources, and sentiments and emotions expressed in tweets were examined. Through the lens of the Theory of Planned Behavior (TPB), I extract the beliefs and barriers that are related to PrEP adoption behaviors. Results indicate, after the approval of Descovy, there was a significant decrease in tweets on barriers to PrEP, specifically relating to access. In addition, there was a significant increase in positive emotions expressed by users. However, the lack of tweets that involve attitudes, norms, and behavioral control prompt a need for future work in addressing these beliefs when promoting the uptake of PrEP. Implications on developing message strategies are discussed. The second study involves an online, one-week network intervention employed through a mobile app. This field experiment randomly assigned participants into a social support condition or information-only control, where participants are placed into homophilous, small online groups. Both conditions involved an information component consisting of messages, guided by TPB, aimed at addressing knowledge, beliefs, and barriers related to PrEP adoption. Social support was operationalized through an online chatting tool where participants can discuss topics surrounding PrEP. Results indicate that the intervention overall increased participants' familiarity with PrEP, as well as their knowledge of how much consistent use of PrEP reduces the likelihood of HIV acquisition. Further, the intervention increased participants' intentions and attitudes toward taking PrEP, such that users had higher intentions and more positive views toward starting PrEP after the mobile app intervention compared to their baseline intentions and attitudes. Overall, these studies illuminate the potential capabilities of online networks to promote positive health behaviors. Assessing online discourse surrounding a health topic may be particularly useful for pinpointing the relevant beliefs and barriers associated with a health behavior. Through both disseminating theoretically driven, tailored messaging…	Communication; Public health; online networks; pre-exposure prophylaxis; social networks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Calcagno, Andrea; Dal Conte, Ivano; Cattaneo, Dario; Testi, Roberto; Mistrangelo, Massimiliano; Gervasoni, Cristina; de Nicolò, Amedeo; Bonora, Stefano; D'Avolio, Antonio; Di Perri, Giovanni	Low Tenofovir Plasma Exposure in HIV Oral Pre-exposure Prophylaxis Recipients with Gastrointestinal Disorders.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596	10.1128/AAC.01902-20	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927807	Four pre-exposure prophylaxis (PrEP) users with gastro-intestinal disorders (sleeve gastrectomy, terminal ileitis, celiac disease or chronic diarrhea) and receiving oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) were included. Despite a self-reported high adherence, trough plasma tenofovir concentrations (after a supervised intake) were significantly lower than those observed in PrEP recipients without gastrointestinal disorders 21 (±9.1) vs. 138 (±85) ng/mL. PrEP users with gastrointestinal disorders may need increased TDF doses or alternative prophylactic measures.	tenofovir disoproxil fumarate, malabsorption, sleeve gastrectomy, PrEP, HIV, absorption, gastrointestinal, pharmacokinetics, tenofovir	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2021	Cambou M.C.; Landovitz R.J.	Challenges and Opportunities for Preexposure Prophylaxis	Topics in Antiviral Medicine	-	-	-	21615861	NA	https://pubmed.ncbi.nlm.nih.gov/34856093/	Despite major advances in the HIV prevention toolbox in the past decade, there remain substantial social, economic, and structural barriers to access to preexposure prophylaxis (PrEP) that prevent a universal, population-level reduction in HIV incidence. Daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) has been the flagship PrEP regimen, and data support a pericoital/on-demand "2-1-1" dosing schedule for men who have sex with men. Daily oral PrEP with tenofovir alafenamide combined with emtricitabine (TAF/FTC) was approved by the US Food and Drug Administration (FDA) in 2019 for all routes of exposure other than vaginal exposures. The effectiveness of daily oral TDF/FTC has not been consistent in cisgender women outside of serodifferent couples, likely owing to differences in vaginal tissue penetration of PrEP agents resulting in less "forgiveness" of nonadherence. These observations have highlighted the need for additional choices of HIV prevention strategies. Injectable long-acting cabotegravir was recently shown to be superior to daily oral TDF/FTC across risk populations. PrEP studies of islatravir are underway for a monthly oral formulation and a drug-eluting subdermal implant. Lenacapavir, with a novel mechanism of action, is under investigation as a subcutaneous injection at 6-month intervals. © 2021, IAS-USA. All rights reserved	cabotegravir; dapivirine; HIV prevention; injectable PrEP; islatravir; lenacapavir; long-acting PrEP; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2021	Camp, Christina; Saberi, Parya	Facilitators and barriers of 2-1-1 HIV pre-exposure prophylaxis.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0251917	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8136636	An alternative strategy for men who have sex with men (MSM) experiencing challenges with daily HIV pre-exposure prophylaxis (PrEP) includes 2-1-1 dosing. Understanding 2-1-1 PrEP facilitators and barriers, especially during the SARS-CoV-2 pandemic, may guide researchers and healthcare providers in future studies and clinical preparedness. We conducted a national cross-sectional study of MSM in the US who had taken 2-1-1 PrEP to examine facilitators and barriers of this on-demand PrEP dosing option. With the shelter-in-place orders in March 2020, this study was adapted to include questions on how the SARS-CoV-2 pandemic affected participants' PrEP use. A total of 140 individuals participated in the survey, 106 of which completed questions pertaining to the SARS-CoV-2 pandemic. The most common reasons for switching from once-daily to 2-1-1 PrEP included having sex less frequently (63.6%) and wanting to take fewer pills (46.4%). Participants reported high medication adherence based on each component of 2-1-1 PrEP dosing (>84%). The most common barriers with 2-1-1 PrEP dosing included unplanned sexual encounters resulting in missing the double-dose pre-sex (43.6%) and trouble remembering doses post-sex (29.3%). Facilitators of the 2-1-1 PrEP dosing strategy included reductions in sexual encounters (63.6%), preference to take fewer pills (46.4%), need to reduce cost (22.1%), and desire to reduce side effects (19.3%). Challenges to receiving PrEP services during the pandemic included obtaining laboratory testing (25.5%) and PrEP refills (either receipt of a refill authorization from a healthcare provider or processing of a refill from the pharmacy) (18.9%). 2-1-1 PrEP is an effective HIV prevention method; therefore, understanding facilitators and barriers of this dosing strategy can result in continuous provision of HIV prevention efforts, particularly during a pandemic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Canetti, Diana; Spagnuolo, Vincenzo	An evaluation of cabotegravir for HIV treatment and prevention.	Expert Opinion on Pharmacotherapy	-	-	-	1744-7666	10.1080/14656566.2020.1843635	https://dx.doi.org/10.1080/14656566.2020.1843635	Introduction: Oral pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) represent the cornerstones of HIV infection prevention and treatment. However, despite their high efficacy, the need to take daily oral pill(s) negatively impacts long-term patient adherence. In some cases, it can also be associated with drug-drug interactions and adverse gastrointestinal effects, as well as being a constant reminder to individuals of their HIV status. The availability of long-acting non-orally administered antiretroviral drugs could, therefore, be extremely useful. Cabotegravir (CAB) is a second-generation integrase strand transfer inhibitor, characterized by a relatively high genetic barrier and good antiretroviral potency, which is administrable as a long-acting injectable suspension (LAI CAB).Areas covered: The authors present and discuss the efficacy and available safety data of LAI CAB, either when co-administered with rilpivirine (RPV; LAI CAB + RPV) for the treatment of HIV infection, or when used as single agent for HIV PrEP.Expert opinion: Cabotegravir has the potential to play a primary role in the treatment and prevention of HIV infection. The future availability of LAI CAB + RPV and LAI CAB may mark the beginning of an era of LAI ART and PrEP, respectively.	HIV; integrase strand transfer inhibitors; long-acting injectable drugs; antiretroviral treatment; pre-exposure prophylaxis; people living with HIV	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2021	Cannon S.M.; Graber S.; King H.L.; Hanashiro M.; Averbach S.; Moore D.J.; Blumenthal J.	PrEP University: A Multi-Disciplinary University-Based HIV Prevention Education Program	Journal of Community Health	-	-	-	945145	10.1007/s10900-021-01007-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107399529&doi=10.1007%2fs10900-021-01007-x&partnerID=40&md5=5e9485d52602ef5c5cde54fcdde04d82	The introduction of emtricitabine/tenofovir diphosphate (FTC/TDF) as pre-exposure prophylaxis (PrEP) for HIV prevention has raised questions regarding which clinicians will serve as prescribers and how providers will be educated about this HIV prevention strategy. We piloted an HIV Prevention Education Program called PrEP University (PrEP U) to address knowledge gaps in HIV prevention among medical trainees. We examined PrEP awareness and assessed learning as a result of the program, measuring knowledge before and after the lectures with an anonymous 5-question multiple choice test. A total of 198 learners participated in PrEP University, which included 127 first year medical students, and post-graduate trainees in internal medicine (n = 23), family medicine (n = 16), OBGYN (n = 13) and pharmacy (n = 19). Prior to PrEP U, 27% of all participants were not aware of PrEP and an additional 8% were unsure if they had heard of it before. Knowledge increased significantly after the education program among trainees in OBGYN (2.3 vs 3.8, p < 0.001), pharmacy (1.4 vs 2.5, p = 0.012) and school of medicine (3.3 vs 4.4, p < 0.001), with a trend seen in family medicine (2.7 vs. 3.7, p = 0.067) and internal medicine (2.7 vs 3.4, p = 0.068). Overall, an HIV Prevention Education Program was successfully administered to nearly 200 participants and resulted in improved knowledge of HIV prevention and PrEP across. Pharmacists and OBGYN physicians are two groups with an expanding role in the use of PrEP. Similar programs at other medical schools should be implemented to ensure that future physicians and pharmacists are comfortable with PrEP prescription. © 2021, The Author(s).	HIV; LGBTQ health; LGBTQ medical education; Preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Cao W.; You X.; Li J.; Peng L.; Gu J.; Hao C.; Hou F.; Wei D.; Deng Y.; Hao Y.; Mo P.K.-H.	Same-sex behavior disclosure to health care providers associated with greater awareness of pre-exposure prophylaxis	BMC Public Health	-	-	-	14712458	10.1186/s12889-021-12317-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121005107&doi=10.1186%2fs12889-021-12317-z&partnerID=40&md5=56c7fafcaf0a08a52bd911fa888a0b7a	Background: This study aimed to determine whether the disclosure of same-sex behavior to health care providers (HCPs) is associated with higher rates of prior human immunodeficiency virus (HIV) testing experience and greater awareness of immediate antiretroviral therapy (ART), Undetectable = Untransmittable (U=U), and pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM). Methods: We conducted a cross-sectional survey among 689 adult males in Chengdu, China who self-reported having had anal intercourse with at least one man in the past 6 months. We measured same-sex behavior disclosure to three types of HCPs (hospital clinicians, community-based organization peer educators, and Center for Disease Control and Prevention public health specialists), and the awareness of immediate ART, U=U, and PrEP. Results: Of the 689 enrolled participants, 31.4% had disclosed their same-sex behavior to some or all of the clinicians, 83.9% had done so to the peer educators, and 56.8% had done so to the public health specialists. Approximately four in five (82.1%) of the participants had ever been tested for HIV. The awareness rate was 84.8% for immediate ART, 20.2% for U=U, and 50.7% for PrEP. After controlling for significant background variables, same-sex behavior disclosure to clinicians was associated with greater awareness of PrEP (adjusted odds ratio AOR = 1.64; 95% confidence interval CI: 1.08–2.48), but similar findings were not reported regarding disclosure to peer educators or public health specialist. Same-sex behavior disclosure to any types of HCPs was not associated with HIV testing experience, and awareness of immediate ART or U=U. Conclusions: The rates of same-sex behavior disclosure varied with different types of HCPs. Disclosure to clinicians was associated with greater awareness of PrEP, but not awareness of immediate ART or U=U. © 2021, The Author(s).	Health care provider; HIV testing; Men who have sex with men; PrEP; Same-sex behavior disclosure; U=U	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Caplon, Amy; Alexander, Kamila A; Kershaw, Trace; Willie, Tiara C	Assessing Provider-, Clinic-, and Structural-Level Barriers and Recommendations to Pre-Exposure Prophylaxis (PrEP) Uptake: A Qualitative Investigation Among Women Experiencing Intimate Partner Violence, Intimate Partner Violence Service Providers, and Healthcare Providers.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03297-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8419149	Intimate partner violence (IPV) relates to HIV susceptibility and acquisition. Existing research examined barriers to pre-exposure prophylaxis (PrEP) uptake among women but few studies assess uptake and delivery among IPV service providers, along with provider-, clinic-, and structural-level barriers. We conducted 34 semi-structured interviews with PrEP-eligible cisgender heterosexual women experiencing IPV, Reproductive Health providers, PrEP providers, and IPV service providers in Northeast US. Systems theory was used to examine barriers from individuals who either work closely with or are part of the population. The framework method was used to draw descriptive and explanatory conclusions. Findings suggest limited knowledge for Reproductive Health and IPV Service Providers. Providers often did not feel equipped to discussed PrEP in visits or focused efforts solely on safety. Expanding PrEP awareness is necessary and marketing should include women. Future research should investigate how providers can work collaboratively across sectors to ensure women receive comprehensive trauma-informed care.	intimate partner violence, pre-exposure prophylaxis, Providers, Barriers, HIV, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Carneiro, Pedro B; Rincon, Christopher; Golub, Sarit	Predictors of Event-Driven Regimen Choice in Current PrEP Users and Sexual Behavior Characteristics of MSM Receiving Sexual Health Services in New York City.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03203-1	https://dx.doi.org/10.1007/s10461-021-03203-1	While daily PrEP is undeniably effective, broad-based adoption remains low. Non-daily PrEP modalities, like event-driven PrEP (ED PrEP), offer an efficient way to deliver PrEP's protection to priority populations. We carried out an at-home survey with patients receiving sexual health services in a LGBTQ-clinic in New York (n = 147). Participants answered questions on ED PrEP awareness and preferences, sexual behavior, and sexual preparatory practices. Only 50% of our sample were aware of ED PrEP, about 30% met eligibility for ED PrEP, and 35% chose ED PrEP as a good HIV prevention option for them. In a robust Poisson model (n = 128), endorsement of ED PrEP as a good prevention choice was significantly more common in participants who were uninsured, preferred taking PrEP only when needed, and those who had concerns about side-effects. Furthermore, participants reported many sexual behaviors patterns and preparatory practices compatible with use of ED PrEP.	PrEP, PrEP Uptake, HIV prevention, PrEP discontinuation, Biomedical intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Carneiro, Pedro B; Westmoreland, Drew A; Patel, Viraj V; Grov, Christian	Factors Associated with Being PrEP-Naïve Among a U.S. National Cohort of Former-PrEP and PrEP-Naïve Participants Meeting Objective Criteria for PrEP Care.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-020-01791-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7881054	There is an urgent need to increase uptake and persistence in HIV pre-exposure prophylaxis (PrEP) in PrEP-eligible candidates. Little is known about the similarities and differences between groups of PrEP-naïve and former users, an important consideration for future interventions. We explored factors associated with being PrEP-naïve in a U.S. national cohort of naïve and former-PrEP users, all of whom met objective criteria for PrEP care at enrollment. Data were derived from the Together 5000 cohort study, an Internet-based U.S. national cohort of cisgender and trans men and trans women who have sex with men. Participants were recruited via ads on men-for-men geosocial networking apps. All participants were not on PrEP at the time of enrollment. We conducted bivariate analysis to explore differences between the two groups and used multivariable logistic regression to assess factors associated with being PrEP-naïve. Of the 6283 participants, 5383 (85.7%) were PrEP-naïve and 900 (14.3%) were former-PrEP users. There were significant differences between PrEP-naïve and former-PrEP users across multiple demographic variables, in addition to PrEP-related and psychosocial variables. Factors associated with being PrEP-naïve included younger age, sexual identity other than gay/queer, lower perception of candidacy for PrEP care, less willingness to take PrEP, lower access to PrEP care, and individual-level barriers such as health- and provider-related concerns. Programs and policies designed to address uptake and persistence of PrEP should be aware of these differences. Providing care in non-traditional LGBTQ-care settings, home-based PrEP interventions, and provision by healthcare providers other than physicians could improve uptake. Future research should investigate mechanisms that can improve uptake and persistence in communities in need of PrEP.	PrEP, PrEP Uptake, HIV prevention, PrEP discontinuation, Biomedical intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Carter G.; Meyerson B.; Rivers P.; Crosby R.; Lawrence C.; Cope S.D.; DeBruicker D.; Levin S.; Meeks W.; Thomas C.; Turner B.; Abert C.; Coles H.; Allen A.; Gonzalez-Fagoaga E.; Grivois-Shah R.	Living at the Confluence of Stigmas: PrEP Awareness and Feasibility Among People Who Inject Drugs in Two Predominantly Rural States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03304-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106014311&doi=10.1007%2fs10461-021-03304-x&partnerID=40&md5=d6e2b6b29d6c9a2ce4f4cc0d8e963892	We explored knowledge, beliefs, and acceptability of pre-exposure prophylaxis (PrEP) for HIV prevention with reference to stigma among people who inject drugs (PWID) in two predominately rural U.S. states. We conducted interviews with 65 current or former PWID aged 18 years or older and living in Arizona or Indiana. Most (63%) of the interviewees were not aware of PrEP. They often confused PrEP with HIV treatment, and many believed that PrEP was only for sexual risk or gay sexual risk. Once they understood that PrEP was recommended for PWID, the participants held a positive view of PrEP and felt that a once-daily pill was feasible. Experiences of stigma about drug use remained a crucial barrier to accessing healthcare and PrEP. This was often linked with anticipated or expressed homophobia. PrEP interventions among PWID must focus on education and the confluence of stigmas in which PWID find themselves when considering PrEP. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Healthcare access; HIV prevention; People who inject drugs; PrEP; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Casas, Christian	The systemic and interpersonal barriers to HIV PrEP access among Black and Latinx transgender men and women: a qualitative study	-	-	Boston University	-	NA	NA	http://hdl.handle.net/2144/43367	There is limited data regarding human immunodeficiency virus (HIV) prevalence among transgender individuals. Further complicating the absence of knowledge, transgender women are often conflated with men who have sex with men (MSM). Approximately half of transgender men and women who live with HIV are from the Southern region of the United States (US). While transgender women are more likely to contract HIV compared to transgender men, approximately two-thirds of transgender individuals have not tested for HIV, likely leading to underreporting. Among the 14% of transgender women diagnosed with HIV/AIDS in the US, 44% are Black, (despite representing only 25% of the population in the US), and 26% are Latinx, which is four times the prevalence rate of White transgender women (7%). Pre-exposure prophylaxis (PrEP) is an HIV prevention method in which individuals at risk for HIV can take a daily pill to reduce the risk of contracting HIV. Previous PrEP research has been conducted among transgender women and men, Black and Latinx MSM, and cisgender women. However, there is limited research on barriers to PrEP adoption among Black or Latinx transgender women and men. This study aims to evaluate barriers to PrEP interest and adoption to better address issues faced by Black and Latinx transgender men and women. A meta-analysis of HIV prevalence among transgender women identified a need for HIV prevention as transgender women are at high risk for HIV. In a study with a sample of 233 transgender women in the US, only 13.7% were aware of PrEP (Wilson et al., 2016). Among studies including Black and Latinx transgender women, barriers to PrEP adoption included: medical mistrust, lack of knowledge (e.g., side effects), PrEP stigma among community members and doctors, perceived/actual discrimination regarding having sex with men by providers and advertisements, concerns regarding interactions with hormone therapy, and objections by romantic partners. Social support following PrEP use disclosure is associated with greater self-esteem for one's transgender identity and greater likelihood of PrEP use. Among black and Latinx trans men, barriers to PrEP included lack of support from family and discrimination. Other barriers that Black and Latinx cisgender women face, which may be applicable to Black or Latinx transgender women and men, are lower educational attainment, income, decreased access to healthcare services, medical mistrust, language barriers, racial bias from medical providers, and lack of social support. Awareness of PrEP has been lower among those who are less educated and whose primary care providers are unaware that they have sex with men. One study showed that those with lower income and less than a high school education were associated with poorer medication adherence and greater risk of death even when controlling for HIV treatment. In another study examining potential barriers to PrEP acceptability and adherence, efficacy and side effects were notable barriers to PrEP initiation among 78% of MSM and transgender women…	Medicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2021	Celum, Connie; Hosek, Sybil; Tsholwana, Mandisa; Kassim, Sheetal; Mukaka, Shorai; Dye, Bonnie J; Pathak, Subash; Mgodi, Nyaradzo; Bekker, Linda-Gail; Donnell, Deborah J; Wilson, Ethan; Yuha, Krista; Anderson, Peter L; Agyei, Yaw; Noble, Heather; Rose, Scott M; Baeten, Jared M; Fogel, Jessica M; Adeyeye, Adeola; Wiesner, Lubbe; Rooney, James; Delany-Moretlwe, Sinead	PrEP uptake, persistence, adherence, and effect of retrospective drug level feedback on PrEP adherence among young women in southern Africa: Results from HPTN 082, a randomized controlled trial	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1003670	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8253429	BACKGROUND: Pre-exposure prophylaxis (PrEP) is highly effective and an important prevention tool for African adolescent girls and young women (AGYW), but adherence and persistence are challenging. PrEP adherence support strategies for African AGYW were studied in an implementation study. METHODS AND FINDINGS: HIV Prevention Trials Network (HPTN) 082 was conducted in Cape Town, Johannesburg (South Africa) and Harare (Zimbabwe) from October 2016 to October 2018 to evaluate PrEP uptake, persistence, and the effect of drug level feedback on adherence. Sexually active HIV-negative women ages 16-25 were offered PrEP and followed for 12 months; women who accepted PrEP were randomized to standard adherence support (counseling, 2-way SMS, and adherence clubs) or enhanced adherence support with adherence feedback from intracellular tenofovir-diphosphate (TFV-DP) levels in dried blood spots (DBS). PrEP uptake, persistence through 12 months (no PrEP hold or missed visits), and adherence were assessed. The primary outcome was high adherence (TFV-DP ≥700 fmol/punch) at 6 months, compared by study arm. Of 451 women enrolled, median age was 21 years, and 39% had curable sexually transmitted infections (STIs). Most (95%) started PrEP, of whom 55% had uninterrupted PrEP refills through 12 months. Of those with DBS, 84% had detectable TFV-DP levels at month 3, 57% at month 6, and 31% at month 12. At 6 months, 36/179 (21%) of AGYW in the enhanced arm had high adherence and 40/184 (22%) in the standard adherence support arm (adjusted odds ratio OR of 0.92; 95% confidence interval CI 0.55, 1.34; p = 0.76). Four women acquired HIV (incidence 1.0/100 person-years), with low or undetectable TFV-DP levels at or prior to seroconversion, and none of whom had tenofovir or emtricitabine resistance mutations. The study had limited power to detect a modest effect of drug level feedback on adherence, and there was limited awareness of PrEP at the time the study was conducted. CONCLUSIONS: In this study, PrEP initiation was high, over half of study participants persisted with PrEP through month 12, and the majority of young African women had detectable TFV-DP levels through month 6 with one-fifth having high adherence. Drug level feedback in the first 3 months of PrEP use did not increase the proportion with high adherence at month 6. HIV incidence was 1% in this cohort with 39% prevalence of curable STIs and moderate PrEP adherence. Strategies to support PrEP use and less adherence-dependent formulations are needed for this population. TRIAL REGISTRATION: ClinicalTrials.gov NCT02732730.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Cernasev, Alina; Walker, Crystal; Armstrong, Drew; Golden, Jay	Changing the PrEP Narrative: A Call to Action to Increase PrEP Uptake among Women	Women (Basel, Switzerland)	-	-	-	2673-4184	10.3390/women1020011	https://www.mdpi.com/2673-4184/1/2/11	Although the incidence of new cases of human immunodeficiency virus (HIV) has decreased in the past decade, in 2018 more than 7000 women with HIV were diagnosed in the United States (US). Globally, per recent reports, 48% of the new HIV infections were among women. There is still no vaccine to prevent HIV transmission. However, pre-exposure prophylaxis (PrEP) was approved in 2012 by the Food and Drug Administration, providing a powerful tool to block HIV infection and help prevent the subsequent development of acquired immunodeficiency syndrome (AIDS). The uptake of PrEP has been slow globally and among the most vulnerable populations in the US, even though the Centers for Disease Control (CDC) recommended its use in high-risk populations, including women. Furthermore, women represent one-quarter of people living with HIV in the US; however, PrEP is underutilized in this group. Thus, it is imperative to make women's voices heard through conducting more research, ensuring sufficient access to PrEP, and enhancing knowledge about PrEP as a viable prevention strategy for women. This article aims to promote women's health by changing the narrative, providing key information on empowering women, and increasing the usage of PrEP.	Acquired immune deficiency syndrome; AIDS; Disease prevention; HIV; Human immunodeficiency virus; clinical medicine; general & internal medicine; medical and health sciences; PrEP; Womens health; Disease transmission; Family medicine; Human immunodeficiency virus (HIV); Condoms; Disease control; Hiv transmission; Acquired immunodeficiency syndrome (AIDS); Incidence (epidemiology); other medical science; public health; women; Call to action; Food and drug administration; HIV-negative; Narrative; truvada for PrEP	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Chai, Peter R; Bustamante, Maria J; Goodman, Georgia; Mohamed, Yassir; Najarro, Jesse; Sullivan, Matthew C; Castillo-Mancilla, Jose; Coyle, Ryan P; Mayer, Kenneth H; Rosen, Rochelle K; Baumgartner, Susan L; Alpert, Pamela E; Boyer, Edward W; O'Cleirigh, Conall	A Brief Training Program to Support the Use of a Digital Pill System for Medication Adherence: Pilot Descriptive Study.	JMIR Formative Research	-	-	-	2561-326X	10.2196/26213	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8105755	BACKGROUND: Digital pill systems (DPSs), which comprise ingestible radiofrequency sensors integrated into a gelatin capsule that overencapsulates a medication, can directly measure ingestion events. OBJECTIVE: Teaching users to operate a DPS is vital to ensure the collection of actionable ingestion and adherence data. In this study, we aim to develop and pilot a training program, grounded in the Technology Acceptance Model, to instruct individuals on DPS operation. METHODS: A two-part training program, comprising in-person and text message-based components, was used with HIV-negative men who have sex with men with nonalcohol substance use, who had enrolled in a 90-day pilot demonstration study using the DPS to measure adherence to pre-exposure prophylaxis. We assessed the number of responses to text check-ins, the number and types of episodes where technical support was requested, the resolutions of such issues, and engagement with the program over the study period. Participant feedback on the program was evaluated through qualitative user experience interviews. RESULTS: A total of 15 participants were enrolled in and completed the program. Seven technical challenges related to DPS operations were reported across 5 participants. Most commonly, participants requested support connecting the wearable Reader device with their smartphone, charging the Reader, and operating the mobile app. A total of 6 issues were resolved asynchronously or in real time via phone; 1 required in-person evaluation and resolution. Preliminary qualitative findings indicate that both the in-person and remote follow-up components of the training program were perceived as acceptable. Suggested improvements included repeated DPS refresher sessions at in-person follow-up visits and enhanced written materials for the independent resolution of technological issues. CONCLUSIONS: A brief two-part DPS training program, drawing from individuals' experiences and from the Technology Acceptance Model, can provide valuable insights for users. The program also identifies and addresses several areas of actual or potential challenges related to operating a DPS and allows for the resolution of such issues within the first week of DPS use.	digital pill system, technology training, HIV prevention, PrEP, ingestible sensors, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Chai, Peter R; Goodman, Georgia; Bustamante, Majo; Mendez, Lizette; Mohamed, Yassir; Mayer, Kenneth H; Boyer, Edward W; Rosen, Rochelle K; O'Cleirigh, Conall	Design and Delivery of Real-Time Adherence Data to Men Who Have Sex with Men Using Antiretroviral Pre-exposure Prophylaxis via an Ingestible Electronic Sensor.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03082-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084862	Once daily tenofovir/emtricitabine when used for pre-exposure prophylaxis (PrEP) is effective in preventing HIV acquisition but requires consistent medication adherence. The use of ingestible technologies to monitor PrEP adherence can assist in understanding the impact of behavioral interventions. Digital pill systems (DPS) utilize an ingestible radiofrequency emitter integrated onto a gelatin capsule, which permits direct, real-time measurement of medication adherence. DPS monitoring may lead to discovery of nascent episodes of PrEP nonadherence and allow delivery of interventions that prevent the onset of sustained nonadherence. Yet, the acceptance and potential use of DPS in high-risk men who have sex with men (MSM; i.e., those who engage in condomless sex and use substances) is unknown. In this investigation, we conducted individual, semi-structured qualitative interviews with 30 MSM with self-reported non-alcohol substance use to understand their responses to the DPS, willingness and perceived barriers to its use, and their perceptions of its potential utility. We also sought to describe how MSM would potentially interact with a messaging system integrated into the DPS. We identified major themes around improved confidence of PrEP adherence patterns, safety of ingestible radiofrequency sensors, and design optimization of the DPS. They also expressed willingness to interact with messaging contingent on DPS recorded ingestion patterns. These data demonstrate that MSM who use substances find the DPS to be an acceptable method to measure and record PrEP adherence.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Chakrapani V.; Shaikh S.; Arumugam V.; Chawla U.; Mehta S.	Factors Influencing Willingness to Use Human Immunodeficiency Virus Preexposure Prophylaxis among Transgender Women in India	Transgender Health	-	-	-	2380193X	10.1089/trgh.2019.0076	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104629176&doi=10.1089%2ftrgh.2019.0076&partnerID=40&md5=2bbf900409f7d7bfa8a08ae5a0fabfa4	Purpose: High levels of human immunodeficiency virus (HIV) prevalence and inconsistent condom use among transgender women in India highlight the need for additional effective HIV prevention methods like preexposure prophylaxis (PrEP). We examined the extent of and factors influencing willingness to use PrEP among trans women in India. Methods: Between June and August 2017, we conducted a cross-sectional survey among 360 trans women recruited through community-based organizations in six cities. We assessed PrEP knowledge, condom use, attitudes toward PrEP (after providing information on PrEP), preferences in PrEP pricing and access venues, discrimination experiences, and the likelihood of using PrEP. Logistic regression analyses were conducted. Results: Participants' median age was 26 years; 50.7% had not completed high school, and 24.8% engaged in sex work. Only 17.1% reported having heard of PrEP before the survey, and 80.6% reported that they would definitely use PrEP. Trans women in sex work had 28 times higher odds of reporting willingness to use PrEP than those not in sex work (adjusted odds ratio aOR=28.9, 95% confidence interval CI=8.79-95.16, p<0.001). When compared with trans women who did not experience discrimination, the odds of reporting willingness to use PrEP was lower among trans women who had experienced discrimination from health care providers (aOR=0.25, 95% CI=0.06-0.97, p=0.04) and family members (aOR=0.08, 95% CI=0.05-0.14, p<0.001). Conclusion: Willingness to use PrEP was high among trans women, especially those in sex work, despite identified barriers (e.g., discrimination experiences). To promote PrEP uptake among at-risk trans women, the steps needed are as follows: increasing awareness about PrEP; providing easy-to-understand information on PrEP's effectiveness, side effects and interactions between PrEP and hormones; training health care providers on PrEP and cultural competency; and reducing stigmas related to PrEP use and HIV. PrEP implementation research projects to identify effective PrEP delivery strategies are urgently needed to reduce the disproportionate HIV burden among trans women in India. © Copyright 2021, Mary Ann Liebert, Inc.	HIV; India; preexposure prophylaxis; PrEP; trans women; transgender	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2021	Chakrapani, Venkatesan; Newman, Peter A; Cameron, Michael; Shunmugam, Murali; Roungprakhon, Surachet; Rawat, Shruta; Baruah, Dicky; Nelson, Ruban; Tepjan, Suchon; Scarpa, Riccardo	Willingness to Use Pre-exposure Prophylaxis (PrEP) and Preferences Among Men Who have Sex with Men in Mumbai and Chennai, India: A Discrete Choice Experiment.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03253-5	https://dx.doi.org/10.1007/s10461-021-03253-5	Pre-exposure prophylaxis (PrEP) programs are planned for key populations in India. We examined PrEP awareness and willingness to use PrEP in order to support products and services for MSM. From December 2016 to March 2017, we conducted a survey and discrete choice experiment (DCE)-a technique to quantify the strength of participants' trade-off preferences among various product attributes-to assess willingness to use PrEP and related preferences. MSM were recruited from cruising sites and HIV prevention services in Mumbai and Chennai. DCE data were analyzed using mixed logit regression models and estimated marginal willingness-to-pay, the relative importance of attributes, and participants' place on different PrEP attributes. Overall, 76.6% indicated willingness to use PrEP. Efficacy had the greatest effect on choice (high vs. moderate, aOR = 19.9; 95% CI 13.0-30.4), followed by dosing frequency (intermittent vs. daily regimen, aOR = 2.02; 95% CI 1.8-2.2). Participants preferred no (vs. minor) side-effects, subsidized (vs. market) price, and government (vs. private) hospitals. Findings suggest that educational and social marketing interventions should emphasize PrEP's high efficacy and minimal side effects, and programs should provide government-subsidized PrEP with choices of intermittent or daily dosing delivered by government and private hospitals/clinics in order to optimize PrEP uptake among MSM in India.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2021	Chan C.T.; Vo M.; Carlson J.; Lee T.; Chang M.; Hart-Cooper G.	Pediatric Provider Utilization of a Clinical Decision Support Alert and Association with HIV Pre-exposure Prophylaxis Prescription Rates	Applied Clinical Informatics	-	-	-	18690327	10.1055/s-0041-1740484	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123432575&doi=10.1055%2fs-0041-1740484&partnerID=40&md5=3ea5eb08490a727dbcd69de96962b16	Objectives An electronic clinical decision support (CDS) alert can provide real-time provider support to offer pre-exposure prophylaxis (PrEP) to youth at risk for human immunodeficiency virus (HIV). The purpose of this study was to evaluate provider utilization of a PrEP CDS alert in a large academic-community pediatric network and assess the association of the alert with PrEP prescribing rates. Methods HIV test orders were altered for patients 13 years and older to include a hard-stop prompt asking if the patient would benefit from PrEP. If providers answered Yes or Not Sure, the CDS alert launched with options to open a standardized order set, refer to an internal PrEP specialist, and/or receive an education module. We analyzed provider utilization using a frequency analysis. The rate of new PrEP prescriptions for 1 year after CDS alert implementation was compared with the year prior using Fisher's exact test. Results Of the 56 providers exposed to the CDS alert, 70% (n = 39) responded Not sure to the alert prompt asking if their patient would benefit from PrEP, and 54% (n = 30) chose at least one clinical support tool. The PrEP prescribing rate increased from 2.3 prescriptions per 10,000 patients to 6.6 prescriptions per 10,000 patients in the year post-intervention (p = 0.02). Conclusion Our findings suggest a knowledge gap among pediatric providers in identifying patients who would benefit from PrEP. A hard-stop prompt within an HIV test order that offers CDS and provider education might be an effective tool to increase PrEP prescribing among pediatric providers. © 2022 Georg Thieme Verlag. All rights reserved.	adolescents; CDS alert; clinical decision support; electronic health records; health care system; order set	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Chan M.-P.S.; Morales A.; Zlotorzynska M.; Sullivan P.; Sanchez T.; Zhai C.; Albarracin D.	Estimating the influence of Twitter on pre-exposure prophylaxis use and HIV testing as a function of rates of men who have sex with men in the United States	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002838	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105772345&doi=10.1097%2fQAD.0000000000002838&partnerID=40&md5=5410c7fd5592c16c3b74555f8997ef47	Objective(s):Acceptance of pre-exposure prophylaxis (PrEP) and testing for HIV is likely to vary as a function of the norms and communications within a geographic area. This study examined associations involving county tweets, in person communications, and HIV prevention and testing in regions with higher (vs. lower) estimated rates of men who have sex with men (MSM).Design and Methods:Ecological analyses examined (a) tweets about HIV (i.e. tweet rates per 100000 county population and topic probabilities in 1959 US counties); (b) individual-level survey data about HIV prevention and testing and communications about PrEP and HIV (N=30675 participants); and (c) estimated county-level MSM rates (per 1000 adult men).Results:In counties with higher rates of MSM, tweet rates were directly associated with PrEP use and HIV testing (rs=.06, BF10>10). Topics correlated with PrEP use (rs=-0.06 to 0.07, BF10>10) and HIV testing (rs=-0.05 to 0.06, BF10>10). Mediation analyses showed that hearing about and discussing PrEP mediated the relations between tweet rates and PrEP use (bis=0.01-0.05, BF10>100) and between topics and PrEP use (bis=-0.04- 0.05, BF10>10). Moreover, hearing about PrEP was associated with PrEP use, which was in turn associated with tweet rates (bis=0.01, BF10>100) and topics (bis=-0.03 - 0.01, BF10>10).Conclusions:Rates of MSM appear to lead to HIV tweets in a region, in person communications about PrEP, and, ultimately, actual PrEP use. Also, as more men hear about PrEP, they may use PrEP more and may tweet about HIV. © Copyright 2021 Wolters Kluwer Health, Inc. All rights reserved.	communication; HIV testing, HIV; men who have sex with men; pre-exposure prophylaxis; PrEP use; social media	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Chan P.A.; Nunn A.; Van Den Berg J.J.; Cormier K.; Sowemimo-Coker G.; Napoleon S.C.; Arnold T.; Moitra E.	A Randomized Trial of a Brief Behavioral Intervention for PrEP Uptake among Men Who Have Sex with Men at Increased Risk for HIV Infection	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002671	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108124228&doi=10.1097%2fQAI.0000000000002671&partnerID=40&md5=873422236671791de898227190cbf557	Background:The aim of this study was to evaluate the efficacy of a novel, brief 2-session behavioral intervention to promote HIV pre-exposure prophylaxis (PrEP) uptake among men who have sex with men (MSM) who are behaviorally at risk for HIV.Setting:A pilot randomized controlled trial was conducted at a sexually transmitted infection (STI) clinic to compare a brief motivational interviewing intervention with passive referral only for PrEP uptake.Methods:MSM who scored as "high risk"on the HIV Incidence Risk index for MSM were offered a brief (15-20 minutes) motivational interviewing-based intervention at the time of STI testing to address barriers to PrEP uptake, including low risk perception, stigma, side effects, and cost. The initial session was followed by a brief, telephone booster session that lasted <10 minutes. The primary outcome was attending a clinical PrEP appointment and accepting a prescription for PrEP.Results:Participants were recruited from an urban STI clinic in the United States. A total of 86 MSM who were behaviorally at risk for HIV were enrolled in the study (N = 43 intervention; N = 43 treatment-as-usual, "TAU"). Participants randomized to the intervention were significantly more likely to attend a clinical appointment and accept a prescription for PrEP, compared with treatment-as-usual (52.3% versus 27.9%, respectively; odds ratio = 3.6; 95% confidence interval: 1.5 to 8.9; P = 0.005).Conclusions:A brief behavioral intervention focused on the initial steps in the PrEP care cascade demonstrated preliminary efficacy in promoting uptake among MSM who are behaviorally at risk for HIV. © 2021 Wolters Kluwer Health, Inc.	HIV; intervention; motivational interviewing; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Chan, CT; Hart-Cooper, G; Vo, M	PREPARING PROVIDERS TO CONSIDER PREP (PRE-EXPOSURE PROPHYLAXIS FOR HIV) THROUGH A BEST PRACTICE ADVISORY IN A LARGE ACADEMIC-COMMUNITY PEDIATRIC NETWORK	Journal of Adolescent Health	-	-	-	1054-139X	https://doi.org/10.1016/j.jadohealth.2020.12.014	https://www.jahonline.org/article/S1054-139X(20)30710-2/abstract#articleInformation	Nationally, about 40% of new HIV diagnoses are among adolescents and young adults. Pre-exposure prophylaxis (PrEP) is a daily medication that was recently FDA-approved for adolescents to reduce the risk of HIV acquisition by over 99%. However, many providers are not yet aware of PrEP. There is an urgent need for youth-focused PrEP programs to train pediatric and adolescent providers. Therefore, we designed and implemented a best practice advisory (BPA) to prompt pediatric providers to consider PrEP for patients at risk for HIV. The purpose of this project was to examine utilization of the novel PrEP BPA launched in our institution's electronic health record beginning December 2019. The goal of the BPA was to address known barriers to recommending PrEP including: lack of PrEP training, lack of system supports to facilitate PrEP prescribing, and lack of access to PrEP specialists. By critically evaluating the utilization of the BPA and making changes to address provider barriers, this project takes a critical step toward improving access to necessary HIV prevention for adolescents and young adults.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2021	Chandiwana N.C.; Chersich M.; Venter W.D.F.; Akpomiemie G.; Hill A.; Simmons B.; Lockman S.; Serenata C.M.; Fairlie L.; Moorhouse M.A.	Unexpected interactions between dolutegravir and folate: Randomized trial evidence from South Africa	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002741	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099324441&doi=10.1097%2fQAD.0000000000002741&partnerID=40&md5=4666c2babbab7c172a8d426faec3cfc3	Objective:Dolutegravir exposure at conception was associated with a preliminary signal of increased infant neural tube defect risk. As low maternal folate levels are linked with neural tube defects, we aimed to assess serum folate concentrations in women starting dolutegravir.Design:We analysed serum folate concentrations from stored plasma among women enrolled in the South African ADVANCE trial.Methods:We compared changes in mean serum folate and occurrence of low serum folate (<14.0nmol/l) at weeks 0, 12 and 24 across study arms. In ADVANCE, 1053 treatment-naïve participants were randomized to initiate tenofovir-alafenamide/emtricitabine+dolutegravir (TAF/FTC+DTG), tenofovir-disoproxil-fumarate (TDF)/FTC+DTG or TDF/FTC/efavirenz (EFV).Results:Analysis includes 406 females, mean age 31.5 years and baseline CD4+cell count 356 cells/μl. At baseline, folate concentrations were similar across treatment arms. However, serum folate increased over 12 weeks in the TAF/FTC+DTG arm (+4.0±8.1nmol/l), while folate concentrations decreased slightly in the TDF/FTC+DTG arm (-1.8±8.9nmol/l) and decreased in the TDF/FTC/EFV arm (-5.9±8.1nmol/l). Women taking TDF/FTC/EFV had low folate concentrations at both 12 and 24 weeks compared with the other arms (P<0.001). Of 26 women who became pregnant on study before week 24, folate concentrations increased between baseline and 12 weeks by a mean 2.4±7.1nmol/l in the TAF/FTC+DTG arm and 2.3±8.4nmol/l in the TDF/FTC+DTG arm, but decreased by -3.3±8.1 with TDF/FTC/EFV arm.Conclusion:Unexpectedly, no declines were noted in the dolutegravir-containing arms, and concentrations were considerably higher than in the EFV arm. The possibility that dolutegravir may block cellular uptake of folate warrants investigation. © 2021 Lippincott Williams and Wilkins. All rights reserved.	dolutegravir; efavirenz; HIV; neural tube defects; serum folate concentrations	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2021	Chandiwana, Nomathemba C; Serenata, Celicia M; Owen, Andrew; Rannard, Steve; Pérez Casas, Carmen; Scott, Cherise; Hill, Andrew; Clayden, Polly; Flexner, Charles	Impact of long-acting therapies on the global HIV epidemic.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003102	https://dx.doi.org/10.1097/QAD.0000000000003102	Long-acting antiretroviral drugs have emerged as exciting treatment and preexposure prophylaxis (PrEP) options for people with HIV and at risk of HIV. Long-acting regimens may improve dosing convenience, tolerability and cost compared with current daily-based oral therapy. They can also circumvent stigma associated with oral therapy for both treatment and PrEP, thereby improving adherence and outcomes. Yet, multiple challenges remain, many specific to low-income and middle-income countries (LMICs), where the epidemic is most concentrated and HIV prevention and treatment options are limited. To optimize the use of long-acting formulations, key outstanding questions must be addressed. Uncertain costing, scale-up manufacturing, complex delivery systems and implementation challenges are potential barriers when considering the scalability of long-acting ARVs for global use.	access and barriers, long-acting antiretrovirals, low-income and middle-income countries, treatment optimization	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2021	Chandler C.J.; Creasy S.L.; Adams B.J.; Eaton L.A.; Bukowski L.A.; Egan J.E.; Friedman M.R.; Stall R.D.; Whitfield D.L.	Characterizing Biomedical HIV Prevention Awareness and Use Among Black Transgender Women in the United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03189-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101228291&doi=10.1007%2fs10461-021-03189-w&partnerID=40&md5=546cb495c8c6bdef2a6da3455743231e	Black transgender women (BTW) in the United States experience disproportionate rates of HIV despite biomedical prevention interventions such as pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP). Using a sample of 490 BTW collected from 2014 to 2017, bivariate, multivariable, and multinomial analyses were conducted to determine factors associated with awareness and use of PrEP and nPEP. BTW living with HIV were more aware of PrEP than HIV-negative BTW. Structural, demographic, and trans-specific factors (e.g., experiences of homelessness, violence, and current hormone use) related to HIV risk were associated with PrEP and nPEP awareness. PrEP use was associated with behavioral HIV risks (e.g., STI diagnosis, having an HIV-positive partner, and needle-sharing) and may demonstrate risk recognition among BTW. Knowing someone using PrEP was significantly positively associated with PrEP use. Development of guidelines for PrEP and nPEP use for BTW should leverage the strengths of guidelines for other populations, while also acknowledging the unique risks for this population. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Biomedical interventions; Black; HIV prevention; Pre-exposure prophylaxis; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Chandra C.; Weiss K.M.; Kelley C.F.; Marcus J.L.; Jenness S.M.	Gaps in Sexually Transmitted Infection Screening Among Men Who Have Sex With Men in Pre-exposure Prophylaxis (PrEP) Care in the United States	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciaa1033	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112611820&doi=10.1093%2fcid%2fciaa1033&partnerID=40&md5=d49c8b98ee0675ccf4e37dc7601c6494	Background. The US Centers for Disease Control and Prevention (CDC) recommends comprehensive sexually transmitted infection (STI) screening every 3–6 months for men who have sex with men (MSM) using human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP). The gaps between these recommendations and clinical practice by region have not been quantified. Methods. We used survey data collected from the internet-based ARTnet study between 2017 and 2019 on STI screening among MSM across the United States, stratified by current, prior, and never PrEP use. Poisson regression models with robust error variance were used to model factors, including residence in the Southeast, associated with consistent ("always" or "sometimes") exposure site-specific STI screening during PrEP care. Results. Of 3259 HIV-negative MSM, 19% were currently using PrEP, 6% had used PrEP in the past, and 75% had never used PrEP. Among ever PrEP users, 87%, 78%, 57%, and 64% reported consistent screening for STIs by blood sample, urine sample or urethral swab, rectal swab, or pharyngeal swab, respectively, during PrEP care. Compared to PrEP users in all other regions, PrEP users in the Southeast were significantly less likely to be consistently screened for urogenital (adjusted prevalence ratio aPR, 0.86; 95% confidence interval CI, .76–.98) and rectal STIs (aPR, 0.76; 95% CI, .62–.93) during PrEP care. Conclusions. Substantial gaps exist between CDC recommendations for STI screening during PrEP care and current clinical practice, particularly for rectal and pharyngeal exposure sites that can harbor asymptomatic infections and for MSM in Southeast states where the STI burden is substantial. © The Author(s) 2020.	HIV; men who have sex with men; pre-exposure prophylaxis; screening; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Chang, Xiao L; Webb, Gabriela M; Wu, Helen L; Greene, Justin M; Abdulhaqq, Shaheed; Bateman, Katherine B; Reed, Jason S; Pessoa, Cleiton; Weber, Whitney C; Maier, Nicholas; Chew, Glen M; Gilbride, Roxanne M; Gao, Lina; Agnor, Rebecca; Giobbi, Travis; Torgerson, Jeffrey; Siess, Don; Burnett, Nicole; Fischer, Miranda; Shiel, Oriene; Moats, Cassandra; Patterson, Bruce; Dhody, Kush; Kelly, Scott; Pourhassan, Nader; Magnani, Diogo M; Smedley, Jeremy; Bimber, Benjamin N; Haigwood, Nancy L; Hansen, Scott G; Brown, Timothy R; Ndhlovu, Lishomwa C; Sacha, Jonah B	Antibody-based CCR5 blockade protects Macaques from mucosal SHIV transmission.	Nature Communications	-	-	-	2041-1723	10.1038/s41467-021-23697-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8184841	In the absence of a prophylactic vaccine, the use of antiretroviral therapy (ART) as pre-exposure prophylaxis (PrEP) to prevent HIV acquisition by uninfected individuals is a promising approach to slowing the epidemic, but its efficacy is hampered by incomplete patient adherence and ART-resistant variants. Here, we report that competitive inhibition of HIV Env-CCR5 binding via the CCR5-specific antibody Leronlimab protects rhesus macaques against infection following repeated intrarectal challenges of CCR5-tropic SHIVSF162P3. Injection of Leronlimab weekly at 10 mg/kg provides significant but partial protection, while biweekly 50 mg/kg provides complete protection from SHIV acquisition. Tissue biopsies from protected macaques post challenge show complete CCR5 receptor occupancy and an absence of viral nucleic acids. After Leronlimab washout, protected macaques remain aviremic, and adoptive transfer of hematologic cells into naïve macaques does not transmit viral infection. These data identify CCR5 blockade with Leronlimab as a promising approach to HIV prophylaxis and support initiation of clinical trials.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Charest, Maxime; Sharma, Malika; Chris, Allison; Schnubb, Alexandre; Knox, David C; Wilton, James; Shahin, Rita; Chan, Arlene; Mishra, Sharmistha; Grace, Daniel; Bayoumi, Ahmed M; Maxwell, John; Bogoch, Isaac I; Tan, Darrell H S	Decentralizing PrEP delivery: Implementation and dissemination strategies to increase PrEP uptake among MSM in Toronto, Canada	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0248626	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7971529/	Pre-exposure prophylaxis (PrEP) is traditionally prescribed by HIV specialist physicians. Given finite specialist resources, there is a need to scale up PrEP delivery by decentralizing services via other healthcare professionals. We aimed to assess the feasibility of delivering PrEP to men who have sex with men (MSM) through primary care physicians and sexual health clinic nurses. We piloted a multi-component, implementation and dissemination research program to increase provision of PrEP through primary care physicians and sexual health clinic nurses in Toronto, Canada. Community-based organizations (CBOs) provided prospective participants with information cards that contained links to an online module on engaging providers in a conversation about PrEP. In our patient-initiated continuing medical education (PICME) strategy, participants saw their family doctors and gave them the card, which also contained a link to a Continuing Medical Education module. In the nurse-led strategy, participants visited one of two participating clinics to obtain PrEP. We administered an optional online questionnaire to patients and providers at baseline and six months. CBOs distributed 3043 cards. At least 339 men accessed the online module and 196 completed baseline questionnaires. Most (55%) intended to visit nurses while 21% intended to consult their physicians. Among 45 men completing follow-up questionnaires at 6 months, 31% reported bringing cards to their physicians and obtaining PrEP through them; sexual health clinics delivered PrEP to 244 patients. Participants who went through the PICME approach reported no changes in relationships with their providers. Nurses showed fidelity to PrEP prescribing guidelines. Nurse-led PrEP and patient-initiated continuing medical education (PICME) for primary care physicians are feasible strategies to increase PrEP uptake. Nurse-led PrEP delivery was preferred by most patients.	Health aspects; HIV; Human immunodeficiency virus; Prevention; clinical medicine; general & internal medicine; medical and health sciences; Medicine; Sexually transmitted diseases; STD; Biology and Life Sciences; HIV infection; Infectious diseases; Medicine and Health Sciences; Men; Men who have sex with men; Toxicity; Patients; Medical personnel; Public health; Family medicine; MEDLINE; Research and Analysis Methods; Editing; Gays & lesbians; Mens health; Internal medicine; Health care; Disease control; 3. Good health; Demographic aspects; Primary care; Data analysis; Methodology; People and Places; Questionnaires; MSM (Men who have sex with men); other medical science; Bisexuality; Physicians; Reproductive health; Nurses; Sexual health; Sexual health clinic; Hospitals; Health policy; Continuing medical education; Leaves; Decentralization; Computer-assisted web interviewing; Dissemination research; Medical science; Political aspects	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2021	Chas, Julie; Bauer, Rebecca; Larabi, Islam Amine; Peytavin, Gilles; Roux, Perrine; Cua, Eric; Cotte, Laurent; Pasquet, Armelle; Capitant, Catherine; Meyer, Laurence; Raffi, Francois; Spire, Bruno; Pialoux, Gilles; Molina, Jean-Michel; Alvarez, Jean-Claude	Evaluation of Drug Abuse by Hair Analysis and Self-Reported Use Among MSM Under PrEP: Results From a French Substudy of the ANRS-IPERGAY Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002610	https://dx.doi.org/10.1097/QAI.0000000000002610	BACKGROUND: We used the Agence nationale de Recherches sur le sida et les hépatites virales (ANRS)-IPERGAY trial to qualitatively and quantitatively measure drug use among men who have sex with men under preexposure prophylaxis using 2 different methods, to better understand and collectively respond to risky practices. METHOD: We included 69 volunteers of the ANRS-IPERGAY trial. We measured drug use by 2 methods: (1) drug detection by hair analysis and (2) reported drug use by self-reported drug consumption. RESULTS: New psychoactive substances (NPS) and conventional drugs were detected in 53 of the 69 (77%) volunteers by hair analysis and in 39 of the 69 (57%) volunteers by questionnaires. On the 219 hair segments analyzed, the most commonly used drugs were cocaine in 47 of the 69 (68%), 3,4-methylenedioxymethamphetamine/ecstasy in 31 of the 69 (45%), and NPS in 27 of the 69 (39%). On the 1061 collected questionnaires, the most commonly used drugs were cocaine in 31 of the 69 (45%), 3,4-methylenedioxymethamphetamine/ecstasy in 29 of the 69 (42%), and NPS in 16 of the 69 (23%). Hair analysis detects more conventional drugs and/or NPS use (P < 0.05). Drug use identified by hair was significantly associated with a higher number of sexual partners in the past 2 months (P ≤ 0.001), more often casual partners (P ≤ 0.001), condomless anal sex (P ≤ 0.005), hardcore sexual practices (P ≤ 0.001), a higher number of sexually transmitted infections, and chemsex (P ≤ 0.05). CONCLUSIONS: Self-report drug use by questionnaires remains the reference tool for harm reduction at the individual level because of its feasibility and low cost. However, hair analysis is more sensitive, objectively assessing consumption, and interesting to understand uses and to be able to collectively respond to risky practices with adapted messages.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Article	2021	Chasco, Emily E.; Shafer, Cody; Dillon, Dena M. B.; Owens, Seth; Ohl, Michael E.; Hoth, Angela B.	Bringing Iowa TelePrEP to Scale: A Qualitative Evaluation.	American Journal of Preventive Medicine	-	-	-	1873-2607 0749-3797	10.1016/j.amepre.2021.05.040	https://pubmed.ncbi.nlm.nih.gov/34686280/	INTRODUCTION: Regional partnerships between public health organizations and telehealth programs have the potential to expand access to HIV pre-exposure prophylaxis in rural and small urban areas. However, little is known about the best practices for such partnerships. Iowa TelePrEP, a regional public health–partnered telehealth model created by the Iowa Department of Public Health and the University of Iowa, expanded statewide between 2017 and 2019. This qualitative evaluation assessed the barriers and facilitators to statewide expansion and the lessons learned. METHODS: Key informants from public health partners across Iowa participated in a focus group and interviews between May 2019 and November 2020. Public health partners included local health departments and disease intervention specialist/partner services programs. Qualitative data were transcribed and thematically coded. Program documents and routinely collected reporting data were reviewed to provide the context for qualitative findings. Data were analyzed in 2020. RESULTS: TelePrEP expanded in 4 phases through partnerships with 12 public health partners. Public health partners referred 708 clients with pre-exposure prophylaxis indications to telenavigation; of these, 258 were navigated to TelePrEP, and 167 initiated pre-exposure prophylaxis. The facilitators of expansion included early public health partner engagement, model acceptability and inclusion of a navigator, and adaptability to local public health partner settings. The barriers included the need to adapt communication and processes to varying public health partners, difficulty in engaging underserved populations, the COVID-19 pandemic, and perceived gaps in understanding client outcomes. CONCLUSIONS: Partnerships between regional telehealth programs and local health departments can expand to the state level and increase the capacity to implement pre-exposure prophylaxis in rural and small urban settings. Partnerships should consider how to balance program adaptability to local public health partners with standardization and scalability.	Humans; *Pre-Exposure Prophylaxis; Qualitative Research; Pandemics; SARS-CoV-2; *COVID-19; Iowa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Chasco, Emily E; Hoth, Angela B; Cho, Hyunkeun; Shafer, Cody; Siegler, Aaron J; Ohl, Michael E	Mixed-Methods Evaluation of the Incorporation of Home Specimen Self-Collection Kits for Laboratory Testing in a Telehealth Program for HIV Pre-exposure Prophylaxis.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03209-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7975241	Home specimen self-collection kits with central laboratory testing may improve persistence with PrEP and enhance telehealth programs. We offered Iowa TelePrEP clients the choice of using a home kit or visiting a laboratory site for routine monitoring. Mixed-methods evaluation determined the proportion of clients who chose a kit, factors influencing choice, associations between kit use and completion of indicated laboratory monitoring, and user experience. About 46% (35/77) chose to use a kit. Compared to laboratory site use, kit use was associated with higher completion of extra-genital swabs (OR 6.33, 95% CI 1.20-33.51, for anorectal swabs), but lower completion of blood tests (OR 0.21, 95% CI 0.06-0.73 for creatinine). Factors influencing choice included self-efficacy to use kits, time/convenience, and privacy/confidentiality. Clients reported kit use was straight-forward but described challenges with finger prick blood collection. Telehealth PrEP programs should offer clients home kits and support clients with blood collection and kit completion.	PrEP · HIV prevention · Telehealth · Home-testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Chawki, Sylvain; Charreau, Isabelle; Gabassi, Audrey; Carette, Diane; Cua, Eric; Cotte, Laurent; Pialoux, Gilles; Pintado, Claire; Meyer, Laurence; Chaix, Marie-Laure; Delaugerre, Constance; Molina, Jean-Michel	Inflammatory Markers During Early Treatment of Seroconverters in a Randomized Placebo-Controlled Trial of PrEP (ANRS-IPERGAY).	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofab085	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7990514	HIV-related inflammation is associated with poor outcomes. We describe inflammatory biomarkers in 17 participants in a pre-exposure prophylaxis trial who seroconverted with very early initiation of antiretroviral therapy. Inflammation peaked at the time of HIV infection and returned to baseline within 6-12 months. Starting antiretroviral therapy very early could help mitigate long-lasting HIV-related inflammation.	CRP, D-dimers, early antiretroviral therapy, HIV, IL6, PrEP, sCD14	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	Chebet, Joy	Beyond Clinical Efficacy: A Mixed Methods Examination of Pre-Exposure Prophylaxis (PrEP) Implementation for HIV Prevention in Lesotho	-	-	University of Arizona	-	NA	NA	https://repository.arizona.edu/handle/10150/661523	Background: Sub-Saharan Africa (SSA) bears a disproportionate burden of HIV/AIDS, accounting for approximately 70% of all new infections annually. Declining funding for HIV/AIDS programming in the region, coupled with disrupted services resulting from the COVID-19 pandemic, poses a risk to the gains made towards meeting the global goal of ending HIV/AIDS as a public health threat by 2030. The use of Pre-Exposure Prophylaxis (PrEP) among HIV negative individuals at substantial risk of infection has demonstrated the great promise of changing the trajectory of the HIV epidemic in SSA. When taken as prescribed, oral PrEP has demonstrated clinical efficacy of over 90%. However, slow uptake and high discontinuation rates remain major obstacles to realizing PrEP's full potential to prevent new HIV infection. Current evidence on developing and implementing PrEP programs at scale has been shaped by studies in high-income countries, and among key populations considered at high risk for HIV acquisition (i.e. Men who have sex with men, female sex workers and person who use injection drugs). Research in The Kingdom of Lesotho – a country with the second highest prevalence of HIV globally – offers unique insights as it is one of the few countries working to broaden PrEP provision from targeted groups to the general public. Goal: This dissertation aims to add to the scientific discourse on how to encourage PrEP uptake and adherence, and produce evidence-based recommendations for the introduction and scale up of PrEP to national level. Objectives: The objectives of this work were: • To map the current PrEP landscape and existing knowledgebase in PrEP-implementing districts of Lesotho, including misconceptions and perceptions and towards PrEP (Chapter 2); • To understand the context of PrEP uptake, including motivating factors that draw end-users to initiate or decline PrEP (Chapter 3); • To understand adherence challenges encountered by users in, reasons for PrEP discontinuation, and user-recommended strategies for improving adherence (Chapter 4); • To identify the most important PrEP implementation barriers in Lesotho, and corresponding helpful interventions to improve PrEP uptake and retention (Chapter 5). Methods: This dissertation is organized around findings from a qualitative implementation study conducted in five PrEP-implementing districts of Lesotho between February and June of 2019. Semi-structured in-depth interviews (N=106) were conducted in purposively sampled stakeholders directly involved in PrEP policy (n=5), program implementation (n=4), and PrEP use (current users=55, former users=36 and decliners=6). Focus group discussions (n=11, total of 105 participants) were conducted with health staff directly providing HIV and PrEP services. Interviews and discussions were digitally recorded, transcribed, and thematically analyzed using Atlas.ti. Additionally, a card sorting and ranking exercise was used to identify the most important barriers and most promising interventions according to 155 local stakeholders.…	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Chemtob D.; Weil C.; Attal J.H.; Hawila E.; Sadeh E.N.	HIV Pre-Exposure Prophylaxis (PrEP) purchase patterns and STI occurrence among Israeli men: A cohort analysis	PLOS One	-	-	-	19326203	10.1371/journal.pone.0259168	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119526465&doi=10.1371%2fjournal.pone.0259168&partnerID=40&md5=2b9bcb9c3c56f62d3ea91211d83cb4dc	Background HIV Pre-exposure prophylaxis (PrEP) is the regular use of antiretroviral medication by people who are not infected with HIV to prevent seroconversion. Israel approved PrEP for continuous use in 2017, and Israeli Health Maintenance Organizations (HMO) offered PrEP with a copayment to eligible members. Methodology This retrospective cohort study included all people who were dispensed PrEP between September 2017 to June 2019 in the second largest HMO in Israel. Statistical analysis, including Kaplan Meier, was conducted to evaluate user PrEP purchase, adherence to medical follow- up, and clinical outcomes. Results In total, a cohort of 757 PrEP users were followed for 657.8 person-years. All but one user were male; median age was 35 years. At baseline, 0.8% had gonorrhea and 1.5% had chlamydia infections and 4.4% had recent syphilis infection. Continuous use of PrEP (without interruption/discontinuation) was observed in 29.9%, while 39.9% interrupted and 30.3% discontinued use. Median time to first interruption/discontinuation was 4.0 months. At 6-12 months after initiation, 79.8% of users had a documented HIV test, 77.3% a Chlamydia- Gonorrhea panel, and 78.9% a creatinine test. There was one new case of HIV among the cohort, five months after PrEP discontinuation. Estimated first-year infection rates were 5.0%, 8.6% and 6.8% for gonorrhea, chlamydia and first-time syphilis, respectively. Conclusions This study shows heterogeneous PrEP purchase patterns and required medical follow-up, and an increase in STIs among consistent PrEP users. Improving adherence to recommended medical follow-up during PrEP use is essential in PrEP's integration into Israel's national HIV prevention strategy. © 2021 Chemtob et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Clinical
Article	2021	Chen Y.-T.; Duncan D.T.; Del Vecchio N.; Timmins L.; Pagkas-Bather J.; Lacap S.; Hotton A.; Knox J.; Hanson H.; Koli K.; Durrell M.; Dehlin J.; Schneider J.A.	COVID-19-Related Stressors, Sex Behaviors, and HIV Status Neutral Care Among Black Men Who Have Sex With Men and Transgender Women in Chicago, USA	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002770	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124001079&doi=10.1097%2fQAI.0000000000002770&partnerID=40&md5=d74d38b522d093634f26a602823cceec	Background:COVID-19 has disproportionately impacted vulnerable populations, including Black men who have sex with men (BMSM) and transgender women (BTW). We investigated associations of COVID-19 stressors and sex behaviors with pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) among BMSM and BTW.Methods:As part of the Neighborhoods and Networks (N2) study, we conducted virtual interviews during peak COVID-19 infectivity in Chicago among BMSM and BTW (April-July 2020). Survey questions included multilevel COVID-19 stressors, sex behaviors, and current PrEP/ART use and access. Poisson regressions were used to examining relationships between COVID-19 stressors, sex behaviors, and PrEP/ART use/access.Results:Among 222 participants, 31.8% of participants not living with HIV reported current PrEP use and 91.8% of participants living with HIV reported current ART use during the pandemic. Most (83.3% and 78.2%, respectively) reported similar or easier PrEP and ART access during the pandemic. Physical stress reaction to COVID-19 adjusted prevalence ratio aPR = 2.1; confidence interval (CI): 1.3 to 3.5 and being in close proximity with someone diagnosed with COVID-19 (aPR = 1.7; CI: 1.1 to 2.8) were associated with current PrEP use. Intimate partner violence (aPR = 2.7; CI: 1.0 to 7.2) and losing health insurance (aPR = 3.5; CI: 1.1 to 10.7) were associated with harder ART access. Travel-related financial burden was associated with harder access in PrEP (aPR = 3.2; CI: 1.0 to 10.1) and ART (aPR = 6.2; CI: 1.6 to 24.3).Conclusions:Multiple COVID-19 stressors were found to interfere with PrEP and ART use and access among BMSM and BTW. Contextually relevant strategies (eg, promoting telehealth and decreasing transportation burden) to address COVID-19 stressors and their sequelae should be considered to minimize disruption in HIV biomedical interventions. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.	Black; COVID-19; HIV antiretroviral therapy; HIV pre-exposure prophylaxis; men who have sex with men; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Chen, W; Ding, Y; Chen, J; Zhao, P; Wang, Z; Meng, X; Jia, T; Zheng, H; Yang, B; Luo, Z; Zou, H	Awareness of and preferences for preexposure prophylaxis (PrEP) among MSM at high risk of hiv infection in southern china: findings from the T2T study	BioMed Research International	-	-	-	2314-6133	10.1155/2021/6682932	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02304130/full	This study is aimed at investigating the awareness of and preferences for oral and long-acting injectable HIV preexposure prophylaxis (PrEP) and their associated factors among men who have sex with men (MSM) at high risk of HIV infection in southern China. A cross-sectional survey was conducted among 603 MSM who were recruited through a cohort study called the T2T Study at three sexual health clinics in Guangzhou, Shenzhen, and Wuxi, China, from 2017 to 2018. We collected information on HIV-negative participants' awareness of and willingness to use PrEP and its potential correlations. Univariate and multivariate logistic regressions were used for data analyses. A total of 550 HIV-negative MSM were enrolled in the study. Less than half of at-risk MSM (43.1%) had heard of PrEP before, and the rate of overall willingness to use PrEP was 65.8%, while MSM were more willing to use daily oral PrEP than long-acting injectable- (LAI-) PrEP (62.2% vs. 38.5%). MSM who had university degrees or above (aOR = 1.55, 95% CI: 1.01-2.37), used condoms during last anal sex (1.52, 1.01-2.29), and tested 3 times or more for HIV (2.45, 1.10-5.47) were more likely to be aware of PrEP. MSM who had use of gay dating apps (1.51, 1.02- 2.23), ever participated in HIV- or sexually transmitted disease (STD-) related studies (1.91, 1.24-2.94), and had heard of PrEP (3.06, 2.06-4.54) were more willing to use any regimen of PrEP. MSM at high risk of HIV infection had low awareness of PrEP and moderate willingness to use PrEP. Further studies of the implementation and promotion of PrEP targeting at-risk MSM should be performed.	*China; *Human immunodeficiency virus infection /drug therapy /prevention; *awareness; *men who have sex with men; *pre-exposure prophylaxis; Administration, Oral; Adult; Alcohol consumption; Anal intercourse; Anti-HIV Agents therapeutic use; Article; China; Circumcision; Cohort analysis; Condom use; Controlled study; Drug use; HIV Infections diagnosis, *drug therapy, *epidemiology; Health Knowledge, Attitudes, Practice; High risk population; Homosexual male; Homosexuality, Male; Human; Humans; Income; Major clinical study; Male; Mobile application; Multicenter study; Online dating; Patient Preference; Practice guideline; Pre-Exposure Prophylaxis; Randomized controlled trial; Risk Factors; Sexual behavior; Sexually transmitted disease; Young Adult; Young adult	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Book Section	2021	Chevrette R.	"You fucking deserve HIV": Seeking PrEP information, disciplinary power, and queer technologies of the Self on /r/ AskGayBros	-	Post-AIDS Discourse in Health Communication: Sociocultural Interpretations	-	9781003000945	-	10.4324/9781003000945-12	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128627164&doi=10.4324%2f9781003000945-12&partnerID=40&md5=c1407bd3696ed6342421b6f9e056ee92	This book will be of great interest to all stakeholders in the HIV and AIDS response community. The authors and editors of this timely collection provide a much-needed interrogation of policy discourses that frame the "end" of HIV and AIDS in the near-term as a desirable and reachable goal. No one can argue with the objective of ameliorating the HIV pandemic, but language matters. Constructs, such as a "post-AIDS" era, an "AIDS-free generation," and "ending AIDS," do violence to people with HIV, who will continue to live with the disease for decades, even if new HIV transmissions are halted by 2030 as many campaigns aspire. The experience of people living with HIV and AIDS, which includes stigma, discrimination, marginalization, and criminalization, is not sufficiently captured by discursive structures that persistently reduce the pandemic to a biomedical, rather than a relational and social, phenomenon. The engaging historical, theoretical, and empirical analyses in this book interrogate the meanings that circulate around biological science claims-that virological suppression (resulting from use of antiretroviral drugs) leads to zero new HIV transmissions, which equals the "end of AIDS." They document the ways in which the persistent biomedicalizing of the HIV pandemic and its response shifts attention away from social and cultural processes that are as central to the story of AIDS-and to its ending-as is the virus itself.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Chiarabini T.; Lacombe K.; Valin N.	HIV pre-exposure chemoprophylaxis "prep" in general practice: Are there significant barriers?; Prophylaxie préexposition au vih (prep) en médecine générale : existe-T-il des freins ?	Santé Publique	-	-	-	9953914	10.3917/spub.211.0101	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110329838&doi=10.3917%2fspub.211.0101&partnerID=40&md5=f6c426981a4413869bb1858839170ff6	Objectives: Pre-exposure chemoprophylaxis "PrEP", a new prevention tool against HIV for high-risk populations, has been available in France since 2016 in France. The first prescription should occur in CeGIDD or hospital and, its renewal and follow-up can be made by the GP. The analysis of barriers to prescribing PrEP and its follow-up by GP is essential to guide public health actions in order to reach the objectives necessary to observe an inflection of new HIV contaminations. Methods: In this descriptive study, on general practitioners who were surveyed about their opinions and current practices of PrEP on the French territory from August to October 2018. Results: 351 responded to the survey, with an estimated response rate of 11%. Most clinicians (88.9%) supported PrEP but only 6.3% had provided it and 12.8% of them did PrEP monitoring. The non-providers self-Assessed for 97% of them, as their knowledge of PrEP was low or very low. The significant barriers to providing PrEP among non-Adopters were the lack of training received (90.6% vs 59,1% for adopters, P < 0.001), the assessment of patient as "not at risk for HIV" (29.8% vs 0%, P = 0.003), not having a private health assurance (34.7% vs 13.6%, P = 0.04), the lack of knowledge about patient sexuality (27.1% vs 4.5%, P = 0.02). The absence of a first prescription was a barrier only for PrEP follow-up and was over-represented in this group (33.3% vs 18.3% for non-Adopters, P = 0.02). Conclusion: This study shows that GPs are interested in providing PrEP despite their barriers. The management of PrEP in general practice must be improved, particularly through the training of general practitioners in the context of continuing medical education and by an institutional evolution in the extension of provide PrEP to increase the interest in global health management to overcome these barriers. © 2021 Societe Francaise de Sante Publique. All rights reserved.	Barrier; General practice; Hiv; Knowledge; Monitoring; Prep; Prevention; Training	Spanish	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Chiarabini, Thibault; Lacombe, Karine; Valin, Nadia	Prophylaxie préexposition au VIH (PrEP) en médecine générale : existe-t-il des freins ?	Santé Publique	-	-	-	0995-3914	10.3917/spub.211.0101	https://dx.doi.org/10.3917/spub.211.0101	OBJECTIVES: Pre-exposure chemoprophylaxis “PrEP”, a new prevention tool against HIV for high-risk populations, has been available in France since 2016 in France. The first prescription should occur in CeGIDD or hospital and, its renewal and follow-up can be made by the GP. The analysis of barriers to prescribing PrEP and its follow-up by GP is essential to guide public health actions in order to reach the objectives necessary to observe an inflection of new HIV contaminations. METHODS: In this descriptive study, on general practitioners who were surveyed about their opinions and current practices of PrEP on the French territory from August to October 2018. RESULTS: 351 responded to the survey, with an estimated response rate of 11%. Most clinicians (88.9%) supported PrEP but only 6.3% had provided it and 12.8% of them did PrEP monitoring. The non-providers self-assessed for 97% of them, as their knowledge of PrEP was low or very low. The significant barriers to providing PrEP among non-adopters were the lack of training received (90.6% vs 59,1% for adopters, P < 0.001), the assessment of patient as “not at risk for HIV” (29.8% vs 0%, P = 0.003), not having a private health assurance (34.7% vs 13.6%, P = 0.04), the lack of knowledge about patient sexuality (27.1% vs 4.5%, P = 0.02). The absence of a first prescription was a barrier only for PrEP follow-up and was over-represented in this group (33.3% vs 18.3% for non-adopters, P = 0.02). CONCLUSION: This study shows that GPs are interested in providing PrEP despite their barriers. The management of PrEP in general practice must be improved, particularly through the training of general practitioners in the context of continuing medical education and by an institutional evolution in the extension of provide PrEP to increase the interest in global health management to overcome these barriers.	NA	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Cho-Hee, Shrader; Arroyo-Flores, Juan; Skvoretz, John; Fallon, Stephen; Gonzalez, Victor; Safren, Steven; Algarin Angel; Johnson, Ariana; Doblecki-Lewis, Susanne; Kanamori Mariano	PrEP Use and PrEP Use Disclosure are Associated with Condom Use During Sex: A Multilevel Analysis of Latino MSM Egocentric Sexual Networks	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03080-0	https://www.proquest.com/scholarly-journals/prep-use-disclosure-are-associated-with-condom/docview/2513415168/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is integral to HIV prevention; however, the influence of PrEP use and PrEP use disclosure on condom use is unclear among Latinx men who have sex with men (LMSM). This study explored associations of LMSM PrEP use and use disclosure on consistent dyadic condom use in the past 6 months. Participants were 130 HIV-negative PrEP and non-PrEP using LMSM ages 20–39 years. Two-level logistic regression models assessing individual- and dyadic-level predictors on condom use were fitted using R. Participants reported a mean of four sexual partners (n = 507 dyads). Participants who reported using PrEP or having more sexual partners were more likely to use condoms; however, participants who reported disclosing PrEP use were less likely to use condoms. Future longitudinal studies should characterize approaches to increase informed personal health choices and conversations about PrEP, condom use, and other HIV risk-reduction strategies using network methodologies.	Condoms; Disclosure; Pre-exposure prophylaxis; PrEP; Antiretroviral drugs; Psychology; Men who have sex with men; Network analysis; Sexual behavior; Disease prevention; Prophylaxis; Risk reduction; Health behavior; Hispanic Americans; Regression analysis; Risk reduction behavior; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; United States--US; Sexual partners; Gays & lesbians; Mens health; Health risks; Hispanic people; Longitudinal studies; Dyads	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Cho-Hee, Shrader; Arroyo-Flores, Juan; Stoler, Justin; Skvoretz, John; Carrico, Adam; Doblecki-Lewis, Susanne; Kanamori Mariano	The Association Between Social and Spatial Closeness With PrEP Conversations Among Latino Men Who Have Sex With Men: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002777	https://www.proquest.com/scholarly-journals/association-between-social-spatial-closeness-with/docview/2587039733/se-2?accountid=8113	Background:US Latino men who have sex with men (LMSM) are a group at highest risk for HIV. One driver of HIV among LMSM is inadequate access to pre-exposure prophylaxis (PrEP) information. The social network theory of homophily suggests that sharing similar sociodemographic factors could influence PrEP conversations within networks. This study aimed to determine how the effects of homophily across sociodemographic, immigration, cultural, and PrEP-related factors are associated with PrEP-related communication.Setting:This study was conducted in Miami-Dade County, FL.Methods:Data collected between August 2018 and October 2019 included 10 sociocentric friendship groups of 13 LMSM (N = 130). Participants were recruited using respondent-driven sampling by a community-based organization in Miami. We used the multiple regression quadratic assignment procedure to identify the effects of homophily and relationship characteristics on PrEP-related conversations using R software.Results:More frequent PrEP-related conversations were associated with dyadic friendships characterized by homophily on knowledge of PrEP effectiveness, heterophily on depressive symptom severity, home addresses proximity, friend closeness, and interaction frequency. Past PrEP-related conversation frequency also increased based on heterophily on the Latino cultural value of familism (ie, emotional support to family). Racial homophily, heterophily on severity of depressive symptoms, home addresses proximity, friendship closeness, and frequency of interactions increased likelihood to encourage a friend to use PrEP.Discussion:Social and spatial closeness and homophily play a role in PrEP-related conversations. Information from social networks contextualized in geographic settings can be elucidated to contribute toward the design of novel opportunities to end HIV.	Pre-exposure prophylaxis; PrEP; men who have sex with men; Prophylaxis; Sociodemographics; Hispanic Americans; Social networks; social network analysis; risk reduction behavior; respondent-driven sampling; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Mental depression; Health risks; Social organization; Verbal communication; Immigration; Friendship; Homophily	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Choi, Jae-Phil; Seo, Bo Kyeong	HIV-Related Stigma Reduction in the Era of Undetectable Equals Untransmittable: The South Korean Perspective.	Infection and Chemotherapy	-	-	-	2093-2340	10.3947/ic.2021.0127	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8731251	Since the introduction of effective antiretroviral therapy (ART) in the late 1990s, the prognosis for people living with human immunodeficiency virus (HIV) (PLWH) has dramatically improved. High-income countries like South Korea have had rapid declines in HIV-related deaths. Scientific advancements including pre-exposure prophylaxis (PrEP) and "undetectable equals untransmittable (U = U)" knowledge have contributed progress towards the goal of ending the acquired immune deficiency syndrome epidemic by 2030. However, the application of these advancements has been limited in South Korea. Evidence shows that HIV-related stigma and discrimination in healthcare settings remain strong in this region. We review key principles for stigma reduction and people-centered approaches in the era of U = U and identify three priorities: 1) immediate intervention in HIV stigma drivers in healthcare settings; 2) social stigma reduction on multiple levels; and 3) collaboration with key populations.	Acquired Immunodeficiency Syndrome; Delivery of health care; Pre-exposure prophylaxis; Republic of Korea; Social stigma	English	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Review
Article	2021	Chone, Jeremias Salomão; Lima, Shirley Verônica Melo Almeida; Fronteira, Inês; Mendes, Isabel Amélia Costa; Shaaban, Ahmed Nabil; Martins, Maria do Rosário Oliveira; Sousa, Álvaro Francisco Lopes	Factors associated with chemsex in Portugal during the COVID-19 pandemic.	Revista Latino-Americana de Enfermagem	-	-	-	1518-8345	10.1590/1518-8345.4975.3474	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8432586	OBJECTIVE: to investigate the factors associated with the practice of sex under the influence of drugs (chemsex) among Portuguese men who have sex with men during the period of social distancing to prevent the COVID-19. METHOD: online survey applied in May 2020 to a sample of 1,301 participants living in Portugal, recruited according to Respondent Driven Sampling and via social media Facebook®. Descriptive and bivariate analyses were performed along with logistic regression to calculate adjusted Odds Ratio (ORa). RESULTS: the prevalence of chemsex was 20.2%. The likelihood of practicing chemsex increased with group sex (ORa: 28.4, 95%CI 16.93-47.49); unprotected sex (ORa: 7.1 95%CI 4.57-10.99); the use of pre-exposure prophylaxis (PrEP) to prevent COVID-19 (ORa: 4.2, 95%CI 2.71-6.39) and COVID-19 testing (ORa: 1.9, 95%CI 1.15-3.10). CONCLUSION: the practice of chemsex among men who have sex with men during the COVID-19 pandemic in Portugal was very frequent and may support greater understanding of the role and impact of sexual behavior on the COVID-19 transmission rates and the current pandemic situation in Portugal.	Sexual and Gender Minorities; Coronavirus Infections; Public Health Nursing; Pandemics; Sexual Behavior; Illicit Drugs.	English	Brazil	Latin America and the Caribbean	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2021	Chounta, Vasiliki; Overton, Edgar T; Mills, Anthony; Swindells, Susan; Benn, Paul D; Vanveggel, Simon; van Solingen-Ristea, Rodica; Wang, Yuanyuan; Hudson, Krischan J; Shaefer, Mark S; Margolis, David A; Smith, Kimberly Y; Spreen, William R	Patient-Reported Outcomes Through 1 Year of an HIV-1 Clinical Trial Evaluating Long-Acting Cabotegravir and Rilpivirine Administered Every 4 or 8 Weeks (ATLAS-2M).	Patient	-	-	-	1178-1661	10.1007/s40271-021-00524-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8563641	BACKGROUND: Advances in HIV-1 therapeutics have led to the development of a range of daily oral treatment regimens, which share similar high efficacy rates. Consequently, more emphasis is being placed upon the individual's experience of treatment and impact on quality of life. The first long-acting injectable antiretroviral therapy for HIV-1 (long-acting cabotegravir + rilpivirine CAB + RPV LA) may address challenges associated with oral treatment for HIV-1, such as stigma, pill burden/fatigue, drug-food interactions, and adherence. Patient-reported outcomes (PROs) collected in an HIV-1 clinical trial (ATLAS-2M; NCT03299049) comparing participants' experience with two dosing regimens (every 4 weeks Q4W vs. every 8 weeks Q8W) of CAB + RPV LA are presented herein. METHODS: PRO endpoints evaluated through 48 weeks of therapy included treatment satisfaction (HIV Treatment Satisfaction Questionnaire HIVTSQ), treatment acceptance ("General Acceptance" domain of the Chronic Treatment Acceptance ACCEPT® questionnaire), acceptability of injections (Perception of Injection PIN questionnaire), treatment preference (questionnaire), and reasons for switching to/continuing long-acting therapy (exploratory endpoint; questionnaire). Participants were randomized 1:1 to receive CAB + RPV LA Q8W or Q4W. Results were stratified by prior CAB + RPV exposure in either preplanned or post hoc analyses. RESULTS: Overall, 1045 participants were randomized to the Q8W (n = 522) and Q4W (n = 523) regimens; 37% (n = 391/1045) had previously received CAB + RPV in ATLAS. For participants without prior CAB + RPV exposure, large increases from baseline were reported in treatment satisfaction in both long-acting arms (HIVTSQ status version), with Q8W dosing statistically significantly favored at Weeks 24 (p = 0.036) and 48 (p = 0.004). Additionally, improvements from baseline were also observed in the "General Acceptance" domain of the ACCEPT questionnaire in both long-acting arms for participants without prior CAB + RPV exposure; however, no statistically significant difference was observed between arms at either timepoint (Week 24, p = 0.379; Week 48, p = 0.525). Significant improvements (p < 0.001) in the "Acceptance of Injection Site Reactions" domain of the PIN questionnaire were observed from Week 8 to Weeks 24 and 48 in both arms for participants without prior CAB + RPV exposure. Participants with prior CAB + RPV exposure reported high treatment satisfaction (mean HIVTSQ status version: Q8W 62.2/66.0; Q4W 62.0/66.0), treatment acceptance (mean: Q8W 89.3/100; Q4W 91.2/100), and acceptance of injection site reactions (mean 5 = not at all acceptable; 1 = totally acceptable: Q8W 1.72; Q4W 1.59) at baseline/Week 8 that were maintained over time. Participants without prior CAB + RPV exposure who received Q8W dosing preferred this regimen over oral CAB + RPV (98%, n = 300/306). Among those with prior Q4W exposure, 94% (n = 179/191) preferred Q8W dosing versus Q4W dosing (3%, n = 6/191) or oral CAB + RPV (2%, n = 4/191). CONCLUSIONS: Both long-acting regimens provided high treatment satisfaction and acceptance, irrespective of prior CAB + RPV exposure, with most participants preferring Q8W dosing over both the Q4W regimen and their previous daily oral regimen. The PRO data collected at Week 48 support the therapeutic potential of CAB + RPV LA. FUNDING: ViiV Healthcare and Janssen. TRIAL REGISTRATION: ATLAS-2M: ClinicalTrials.gov NCT03299049, registered October 2, 2017.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Chow E.P.F.; Hocking J.S.; Ong J.J.; Phillips T.R.; Schmidt T.; Buchanan A.; Rodriguez E.; Maddaford K.; Fairley C.K.	Changes in PrEP use, sexual practice, and use of face mask during sex among msm during the second wave of COVID-19 in Melbourne, Australia	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002575	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099902322&doi=10.1097%2fQAI.0000000000002575&partnerID=40&md5=18f945c40b3142367467c9082bade355	Background: A second wave of COVID-19 began in late June in Victoria, Australia. Stage 3 then Stage 4 restrictions were introduced in July-August. This study aimed to compare the use of preexposure prophylaxis (PrEP) and sexual practices among men who have sex with men taking PrEP between May-June (post-first lockdown) and July-August (second lockdown). Methods: This was an online survey conducted among men who have sex with men who had their PrEP managed at the Melbourne Sexual Health Centre, Australia. A short message service with a link to the survey was sent to 503 PrEP clients who provided consent to receive a short message service from Melbourne Sexual Health Centre in August 2020. Results: Of the 192 participants completed the survey, 153 (80%) did not change how they took PrEP. Of the 136 daily PrEP users, 111 (82%) continued to take daily PrEP, 3 (2%) switched to ondemand PrEP, and 22 (16%) stopped PrEP in July-August. Men generally reported that they had no partners or decreased sexual activities during second lockdown compared with post-first lockdown; the number of casual sex partners (43% decreased vs. 3% increased) and the number of kissing partners (36% decreased vs. 3% increased). Most men reported no chemsex (79%) or group sex (77%) in May-August. 10% (13/127) of men had ever worn face masks during sex in May-August. Conclusion: During the second wave of COVID-19 in Victoria, most men did not change the way they used PrEP but the majority had no risks or reduced sexual practices while one in 10 men wore a face mask during sex. © 2020 Wolters Kluwer Health, Inc.	Coronavirus; COVID; HIV; Mask; Men who have sex with men; PrEP; Sexual practice	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Chow, Eric P F; Lee, Darren; Bond, Stephanie; Fairley, Christopher K; Maddaford, Kate; Wigan, Rebecca; Fehler, Glenda; Lange, Sigrid A; De Petra, Vesna; Bissessor, Melanie; Bradshaw, Catriona S; Howden, Benjamin P; Hocking, Jane S; Williamson, Deborah A; Chen, Marcus Y	Nonclassical Pathogens as Causative Agents of Proctitis in Men who Have Sex With Men.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofab137	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8521645	BACKGROUND: This study aimed to identify enteric and sexually acquired rectal pathogens, other than chlamydia and gonorrhea, associated with symptomatic proctitis in men who have sex with men (MSM). METHODS: Anorectal swab samples were obtained from MSM presenting with rectal symptoms and a clinical diagnosis of proctitis at the Melbourne Sexual Health Centre between January 2017 and March 2019. Samples that tested positive for Neisseria gonorrhoeae and Chlamydia trachomatis were excluded. As a comparison group, anorectal samples were also obtained from MSM not reporting symptoms of proctitis between November 2018 and February 2019. Samples from both groups were tested for 15 viral, bacterial, and protozoal enteric pathogens using polymerase chain reaction. RESULTS: Anorectal samples from 499 men with symptomatic proctitis and 506 asymptomatic men were analyzed. Age, HIV status, and pre-exposure prophylaxis (PrEP) use did not differ between men with proctitis and asymptomatic men. Treponema pallidum was more common in men with proctitis (risk difference RD, 3.6%; 95% CI, 2.0%-5.2%). Most men with anorectal T. pallidum presented with painful anal primary infections. Shigella spp. was more common among men with proctitis compared with asymptomatic men (RD, 1.8%; 95% CI, 0.1%-3.5%). Most men with Shigella did not report diarrhea. Mycoplasma genitalium was more common in men with proctitis (RD, 4.3%; 95% CI, 1.1%-7.5%). Herpes simplex virus (HSV)-1 (RD, 10.1%; 95% CI, 6.8%-13.3%) and HSV-2 (RD, 7.2%; 95% CI, 4.5%-10.0%) were more common with proctitis. CONCLUSIONS: Testing for T. pallidum, Shigella, and HSV should be considered in MSM presenting with symptomatic proctitis. These data provide support for M. genitalium as a significant cause of proctitis. A comprehensive diagnostic evaluation is required for MSM with proctitis.	enteric pathogens; Mycoplasma genitalium; men who have sex with men; rectal infection; Shigella; sexually transmitted infection; syphilis.	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Chow, Eric P F; Vodstrcil, Lenka A; Williamson, Deborah A; Maddaford, Kate; Hocking, Jane S; Ashcroft, Melinda; De Petra, Vesna; Bradshaw, Catriona S; Fairley, Christopher K	Incidence and duration of incident oropharyngeal gonorrhoea and chlamydia infections among men who have sex with men: prospective cohort study.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2020-054764	https://dx.doi.org/10.1136/sextrans-2020-054764	OBJECTIVES: This prospective cohort study aimed to determine the natural history and incidence of oropharyngeal gonorrhoea and chlamydia among a cohort of men who have sex with men (MSM) over a 12-week period, and to examine risk factors associated with incident oropharyngeal infections. METHODS: MSM either aged ≥18 years and had a diagnosis of oropharyngeal gonorrhoea by nucleic acid amplification test (NAAT) in the past 3 months or aged 18-35 years who were HIV-negative taking pre-exposure prophylaxis (PrEP) were eligible for this study. Enrolled men were followed up for 12 weeks. Oropharyngeal swabs were collected at week 0 (baseline) and week 12 (end of study). Between these time points, weekly saliva specimens and the number of tongue kissing, penile-oral and insertive rimming partners were collected by post. Oropharyngeal swabs and saliva specimens were tested by NAAT for Neisseria gonorrhoeae and Chlamydia trachomatis. Poisson regression was performed to examine the risk factors (weekly number of partners) associated with incident oropharyngeal infections. RESULTS: A total of 100 MSM were recruited. The incidence of oropharyngeal gonorrhoea and chlamydia was 62 (95% CI 37 to 105) and 9 (95% CI 2 to 35)/100 person-years, respectively. The median duration of incident oropharyngeal infection with gonorrhoea was 28 days (IQR=21-36, n=7). The incidence rate ratio (IRR) for oropharyngeal gonorrhoea increased with an increased number of kissing partners (IRR=1.08; 95% CI 1.03 to 1.12) an increased number of penile-oral sex partners (IRR=1.07, 95% CI 1.01 to 1.14) but not with an increased number of insertive rimming partners (IRR=1.11, 95% CI 0.96 to 1.29) or other demographic factors. The IRR and duration of incident oropharyngeal chlamydia were not calculated due to the small number of cases (n=2). CONCLUSIONS: MSM have a high incidence of oropharyngeal gonorrhoea and the median duration of infection was less than 3 months.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Claassen C.W.; Mumba D.; Njelesani M.; Nyimbili D.; Mwango L.K.; Mwitumwa M.; Mubanga E.; Mulenga L.B.; Chisenga T.; Nichols B.E.; Hendrickson C.; Chitembo L.; Okuku J.; O'Bra H.	Initial implementation of PrEP in Zambia: Health policy development and service delivery scale-up	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2020-047017	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109591127&doi=10.1136%2fbmjopen-2020-047017&partnerID=40&md5=a4237d7bc11305beed324f46ca87547e	Daily pre-exposure prophylaxis (PrEP) for HIV prevention is highly effective, but not yet widely deployed in sub-Saharan Africa. We describe how Zambia developed PrEP health policy and then successfully implemented national PrEP service delivery. Zambia introduced PrEP as a key strategy for HIV prevention in 2016, and established a National PrEP Task Force to lead policy advocacy and development. The Task Force was composed of government representatives, regulatory agencies, international donors, implementation partners and civil society organisations. Following an implementation pilot, PrEP was rolled out nationally using risk-based criteria alongside a national HIV prevention campaign. In the first year of implementation, ending September 2018, 3626 persons initiated PrEP. By September 2019, the number of people starting PrEP increased by over sixfold to 23327 persons at 728 sites across all ten Zambian provinces. In the first 2years, 26953 clients initiated PrEP in Zambia, of whom 31% were from key and priority populations. Continuation remains low at 25% and 11% at 6 and 12 months, respectively. Risk-based criteria for PrEP ensures access to those most in need of HIV prevention. Healthcare worker training in PrEP service delivery and health needs of key and priority populations is crucial. PrEP expansion into primary healthcare clinics and community education is required to reach full potential. Additional work is needed to understand and address low PrEP continuation. Finally, a task force of key stakeholders can rapidly develop and implement health policy, which may serve as a model for countries seeking to implement PrEP. © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	health policy; HIV & AIDS; public health; public health	English	United Kingdom	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Quantitative
Article	2021	Clark, Jesse; Reisner, Sari; Perez-Brumer, Amaya; Huerta, Leyla; Sanchez, Hugo; Moriarty, Kathleen; Luque, Maria Mamani; Okochi, Hideaki; Salazar, Ximena; Mimiaga, Matthew; Sanchez, Jorge; Gandhi, Monica; Mayer, Kenneth H; Lama, Javier R	TransPrEP: Results from the Pilot Study of a Social Network-Based Intervention to Support PrEP Adherence Among Transgender Women in Lima, Peru.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03117-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084919	We conducted a pilot randomized controlled trial of a social network-based intervention to promote PrEP adherence among transgender women (TW) in Lima, Peru. We enrolled 89 TW from six social networks and cluster-randomized them 1:1 to standard of care (n = 44) or the TransPrEP intervention (n = 45). Core workshops discussed strategies to support PrEP adherence and defined group adherence objectives. Maintenance workshops discussed participants' experiences taking PrEP and collective adherence goals. At 3-month follow-up, we evaluated 40 participants and obtained 29 hair samples for tenofovir level measurements. Though no significant differences were observed, 36.4% (4/11) of participants of TransPrEP participants and 10.0% (1/10) of control participants had tenofovir levels > 0.023 ng/mg, consistent with ≥ 4 doses per week. 81.8% (9/11) of intervention and 40.0% (4/10) of control participants had any detectable tenofovir in their hair. Pilot assessment of our network-based intervention suggested a trend towards improved PrEP adherence, measured objectively, for TW in Peru.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	Claudio, Ashley	Addressing Missed Opportunity PrEP Patients due to Provider Competency	-	-	California State University System	-	NA	NA	http://hdl.handle.net/10211.3/219595	HIV has disproportionately affected people of color, specifically men who have sex with men (MSM). In 2018, Latinx and African American MSM made up 27% and 42% of new HIV diagnosis in the United States. Pre-exposure prophylaxis (PrEP) an HIV prevention tool has shown to be highly effective with over 1.1 million adults possibly benefiting from the medication but only a minority are using PrEP. Given the high number of people who would benefit from PrEP, primary care providers (PCPs) such Northeast Valley Health Corporation (NEVHC) are joining the End the Epidemic movement by disseminating PrEP to those most at risk for HIV, although providers remain hesitant about its effectiveness and guidelines for prescribing due to lack of provider training. The proposed project is an educational intervention for NEVHC providers to increase the uptake of PrEP by discussing PrEP efficacy, clinical practice guidelines, and the identification of high risk for HIV individuals. Using the Health Belief Model and Theory of Reasoned Action as frameworks we will address the barriers, increase knowledge and self -efficacy to prescribing PrEP. As rates of HIV remain stagnant and people continue to engage in risky behaviors, PrEP provides a layer of protection for these individuals. Ensuring NEVHC providers can identify, provide education, and prescribe this medication can help lower the rates of HIV among Latinx and AA MSM as well as other at-risk groups in turn helping end the HIV epidemic.	Prevention; PrEP; Dissertations, Academic – CSUN – Health Science.; PEP; HIV/AIDS; Provider Training; Implentation; Pre-exposure Prophylaxis; Prescriptions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2021	Clement M.E.; Nicchitta M.; Sun Y.; Ellis A.; Chakraborty H.; McGee K.; Eagle C.; Frye J.; Taylor D.; Okeke N.L.; Johnston B.; Seña A.C.; McKellar M.	Preexposure Prophylaxis Outcomes in an Urban Community in North Carolina: Discontinuation of Care and Sexually Transmitted Infections	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001288	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102091003&doi=10.1097%2fOLQ.0000000000001288&partnerID=40&md5=b7a5d89819ec022ee88570fc76d9b035	Background Few studies have examined long-term outcomes among persons who initiate preexposure prophylaxis (PrEP) in the South, including PrEP discontinuation and sexually transmitted infection (STI) rates. Methods Care discontinuation (>6 months without a PrEP appointment) and incident STIs were evaluated for patients at 2 PrEP clinics in Durham, NC. We tested for predictors of discontinuation as a binary variable using logistic regression. Model covariates included age, race/ethnicity, sex, known HIV-positive partner, commercial sex work, men who have sex with men (MSM) versus not MSM, type of insurance, and clinic site. A similar analysis was completed for STI incidence, controlling for days in the study. Results Among 271 patients, mean age was 33.2 years, 46.9% were Black and 11.1% were Latino, 81.2% were MSM, and 32% were uninsured. Preexposure prophylaxis was discontinued in 47%, and another 11% had intermittent care. Sexually transmitted infection incidence was 45.4/100 person-years, and 5 patients were diagnosed with HIV at baseline or in follow-up. Men who have sex with men were less likely to discontinue PrEP relative to non-MSM (odds ratio OR, 0.26; 95% confidence interval CI, 0.10-0.64). Baseline STI was associated with a higher likelihood of incident STI (OR, 8.19; 95% CI, 3.69-19.21), whereas care discontinuation was associated with a lower likelihood of STI (OR, 0.28; 95% CI, 0.11-0.65). Conclusions Preexposure prophylaxis programs in the Southern United States are reaching uninsured and predominantly Black and Latino MSM, but discontinuation rates are high despite elevated rates of incident STI and HIV. Further work is required to elucidate causes of PrEP discontinuation and encourage persistence in care. © Lippincott Williams & Wilkins.	pre-exposure prophylaxis (PrEP); discontinuation; persistence; sexually transmitted infections; syphilis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Clifford-Rashotte, Matthew; Fawcett, Natalie; Fowler, Barbara; Reinhart, Jeffrey; Tan, Darrell H S	Assessing the Potential for Nurse-Led HIV Pre- and Postexposure Prophylaxis in Ontario.	Canadian Journal of Nursing Research	-	-	-	1705-7051	10.1177/0844562120924269	https://dx.doi.org/10.1177/0844562120924269	BACKGROUND AND PURPOSE: HIV prevention efforts in Ontario require increased implementation of strategies including post- and pre-exposure prophylaxis. Access to these interventions could be improved by their provision through nurse-led models of care. We assessed nurses' readiness to deliver these interventions using a behavioral change framework. METHODS: We distributed an online survey to nurses in every Ontario sexual health clinic, HIV clinic, and community health center between March-June 2018, to determine the level of support for nurse-led postexposure prophylaxis/pre-exposure prophylaxis; we also explored nurses' "capabilities," "opportunities," and "motivations" for providing postexposure prophylaxis/pre-exposure prophylaxis. RESULTS: Overall, 72.7% of respondents supported implementation of both nurse-led postexposure prophylaxis and pre-exposure prophylaxis. More experienced nurses were less likely to support postexposure prophylaxis and pre-exposure prophylaxis (adjusted odds ratio = 0.55 per decade nursing, 95% confidence interval (0.37, 0.82)). Nurses reported a high degree of knowledge of topics related to postexposure prophylaxis/pre-exposure prophylaxis, with the exception of creatinine interpretation. CONCLUSIONS: Ontario nurses report high levels of support for nurse-led postexposure prophylaxis and pre-exposure prophylaxis and are well positioned to provide these interventions. Targeted education and implementation efforts are needed to engage these nurses in postexposure prophylaxis and pre-exposure prophylaxis delivery.	acesso restrito	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Editorial	2021	Cohen, Myron S; Landovitz, Raphael J	Assessing the Role of Long-Acting Cabotegravir Preexposure Prophylaxis of Human Immunodeficiency Virus: Opportunities and Aspirations.	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiaa555	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7781443	NA	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2021	Coleman C.G.; Sales J.M.; Escoffery C.; Piper K.N.; Powell L.; Sheth A.N.	Primary Care and Pre-exposure Prophylaxis Services in Publicly Funded Family Planning Clinics in the Southern United States	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-020-06509-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099458099&doi=10.1007%2fs11606-020-06509-3&partnerID=40&md5=043c1e322f344faab59b5f84c267377a	Background: HIV pre-exposure prophylaxis (PrEP) is underutilized by US women. Cost and resource concerns are barriers to PrEP delivery in settings that see men. Family planning clinics may be ideal PrEP delivery settings for women, but as they are not uniform in their clinical services, cost and resource concerns may vary. Objective: We examined factors that influence perceptions of costs and resources related to PrEP delivery in Title X–funded family planning clinics in Southern states, which overlaps with high HIV-burden areas. Design: We conducted a web-based survey among a convenience sample of clinicians and administrators of Title X clinics across 18 Southern states (DHHS regions III, IV, VI). We compared cost- and resource-related survey items and other clinic- and county-level variables between clinics by whether their clinics also provided other primary care services. We analyzed interviews for cost and resource themes. Participants: Title X clinic staff in the South. Key Results: Among 283 unique clinics, a greater proportion of clinics that also provided primary care currently provided PrEP compared with those that did not provide primary care (27.8% vs. 18.3%, p = 0.06), but this difference was not statistically significant. Among 414 respondents in clinics that were not providing PrEP, those in clinics with primary care services were more likely to respond that they had the necessary financial resources (p < 0.01) and staffing (p < 0.01) for PrEP implementation compared to those without primary care services. In interviews, respondents differed on concerns about costs of labs and staffing based on whether their clinic had concomitant primary care services or not. Conclusions: Among publicly funded Southern family planning clinics, current PrEP provision was higher among clinics with concomitant primary care. Among clinics not providing PrEP, those with concomitant primary care services have lower perceived cost and resource barriers and therefore may be optimal for expanding PrEP among women. © 2021, Society of General Internal Medicine.	family planning; HIV; PrEP; Title X; women's health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Collins, Pamela Y.; Velloza, Jennifer; Concepcion, Tessa; Oseso, Linda; Chwastiak, Lydia; Kemp, Christopher G.; Simoni, Jane; Wagenaar, Bradley H.	Intervening for HIV prevention and mental health: a review of global literature.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25710	https://pubmed.ncbi.nlm.nih.gov/34164934/	INTRODUCTION: Numerous effective HIV prevention options exist, including behaviour change interventions, condom promotion and biomedical interventions, like voluntary medical male circumcision and pre-exposure prophylaxis. However, populations at risk of HIV also face overlapping vulnerabilities to common mental disorders and severe mental illness. Mental health status can affect engagement in HIV risk behaviours and HIV prevention programmes. We conducted a narrative review of the literature on HIV prevention among key populations and other groups vulnerable to HIV infection to understand the relationship between mental health conditions and HIV prevention outcomes and summarize existing evidence on integrated approaches to HIV prevention and mental healthcare. METHODS: We searched five databases for studies published from January 2015 to August 2020, focused on HIV prevention and mental health conditions among key populations and individuals with serious mental illness. Studies were included if they evaluated an HIV prevention intervention or assessed correlates of HIV risk reduction and included assessment of mental health conditions or a mental health intervention. RESULTS AND DISCUSSION: We identified 50 studies meeting our inclusion criteria, of which 26 were randomized controlled trials or other experimental designs of an HIV prevention intervention with or without a mental health component. Behaviour change interventions were the most common HIV prevention approach. A majority of studies recruited men who have sex with men and adolescents. Two studies provided distinct approaches to integrated HIV prevention and mental health service delivery. Overall, a majority of included studies showed that symptoms of mental disorder or distress are associated with HIV prevention outcomes (e.g. increased risky sexual behaviour, poor engagement in HIV prevention behaviours). In addition, several studies conducted among groups at high risk of poor mental health found that integrating a mental health component into a behaviour change intervention or linking mental health services to combination prevention activities significantly reduced risk behaviour and mental distress and improved access to mental healthcare. CONCLUSIONS: Evidence suggests that mental health conditions are associated with poorer HIV prevention outcomes, and tailored integrated approaches are urgently needed to address overlapping vulnerabilities among key populations and other individuals at risk.	Adolescent; Humans; Male; Homosexuality, Male; *Pre-Exposure Prophylaxis; HIV prevention; prevention & control; mental health; Mental Health; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; severe mental illness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Colombini, Manuela; Scorgie, Fiona; Stangl, Anne; Harvey, Sheila; Ramskin, Lethabo; Khoza, Nomhle; Mashauri, Emma; Baron, Deborah; Lees, Shelley; Kapiga, Saidi; Watts, Charlotte; Delany-Moretlwe, Sinead	Exploring the feasibility and acceptability of integrating screening for gender-based violence into HIV counselling and testing for adolescent girls and young women in Tanzania and South Africa.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-10454-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7927237	BACKGROUND: Gender-based violence (GBV) undermines HIV prevention and treatment cascades, particularly among women who report partner violence. Screening for violence during HIV testing, and prior to offering pre-exposure prophylaxis (PrEP) to HIV uninfected women, provides an opportunity to identify those at heightened HIV risk and greater potential for non-adherence or early discontinuation of PrEP. The paper describes our experience with offering integrated GBV screening and referral as part of HIV counselling and testing. This component was implemented within EMPOWER, a demonstration project offering combination HIV prevention, including daily oral PrEP, to young women in South Africa and Tanzania. METHODS: Between February 2017 and March 2018, a process evaluation was conducted to explore views, experiences and practices of stakeholders (study participants and study clinical staff) during implementation of the GBV screening component. This article assesses the feasibility and acceptability of the approach from multiple stakeholder perspectives, drawing on counselling session observations (n = 10), in-depth interviews with participants aged 16-24 (n = 39) and clinical staff (n = 13), and notes from debriefings with counsellors. Study process data were also collected (e.g. number of women screened and referred). Following a thematic inductive approach, qualitative data were analysed using qualitative software (NVivo 11). RESULTS: Findings show that 31% of young women screened positive for GBV and only 10% requested referrals. Overall, study participants accessing PrEP were amenable to being asked about violence during HIV risk assessment, as this offered the opportunity to find emotional relief and seek help, although a few found this traumatic. In both sites, the sensitive and empathetic approach of the staff helped mitigate distress of GBV disclosure. In general, the delivery of GBV screening in HCT proved to be feasible, provided that the basic principles of confidentiality, staff empathy, and absence of judgment were observed. However, uptake of linkage to further care remained low in both sites. CONCLUSION: Most stakeholders found GBV screening acceptable and feasible. Key principles that should be in place for young women to be asked safely about GBV during HIV counselling and testing included respect for confidentiality, a youth-friendly and non-judgmental environment, and a functioning referral network.	Gender-based violence, Screening, PrEP, HIV prevention, Adolescent girls and young women, Service integration	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Colyer, Sean; Lachowsky, Nathan J; Schmidt, Axel J; Adam, Barry D; Paquette, Dana; Hart, Trevor A; Brennan, David J; Blais, Martin; Kroch, Abigail E	Measures of HIV Pre-exposure Prophylaxis Uptake Among Gay, Bisexual, and Other Men Who Have Sex with Men in Canada and Demographic Disparities Among Those at Elevated Likelihood for HIV Acquisition.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03336-3	https://dx.doi.org/10.1007/s10461-021-03336-3	HIV pre-exposure prophylaxis (PrEP) is an effective prevention tool being scaled up in Canada. We describe PrEP uptake and identify demographic correlates of uptake among gay, bisexual, and other men who have sex with men (gbMSM) at elevated HIV risk using data from an online survey of gbMSM residing in Canada between Oct 2017 and Jan 2018. Among the 969 participants at elevated HIV risk who had recently tested for HIV, 96.0%, 83.3%, 72.6%, and 39.7% reported awareness, knowledge, acceptability, and pursuit of PrEP, respectively; 27.1% had ever and 24.6% were currently taking PrEP. The strongest correlate of PrEP uptake was living in a city of ≥ 500,000 inhabitants; others included being open to all or almost all family, friends, and colleagues regarding sexual attraction to men, greater financial coping, and being 30-49 years of age. Improved upscaling of PrEP in Canada may be accomplished through consideration of these disparities.	na	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Constanza A.P.; Valeria S.Á.	Acceptability of pre-exposure prophylaxis for HIV prevention among gay men and other men who have sex with men: Analysis of LAMIS 2018-Chile; Aceptabilidad a usar profilaxis pre-exposición para VIH en hombres gay y otros hombres que tienen sexo con hombres: Indagación en LAMIS 2018 Chile	Revista Chilena de Infectologia	-	-	-	7161018	10.4067/s0716-10182021000500655	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133476720&doi=10.4067%2fs0716-10182021000500655&partnerID=40&md5=f38cde13ff2a511d56d63ded3e48fac1	Background: Chile is facing a re-emergence of the HIV epidemic, concentrated among men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is a biomedical intervention that effectively prevents HIV transmission among MSM. Aim: The study was designed to estimate acceptability of PrEP and identify factors associated with PrEP-related attitudes and behaviors among MSM using LAMIS 2018 - Chile data. Methods: Data were taken from the LAMIS 2018 - Chile study, a cross-sectional study of gay, bisexual, transgender, and other MSM. Our subsample included 3976 participants with self-reported HIV-negative or unknown status who responded to sociodemographic questions and items related to PrEP. Bivariate analysis and multivariate logistic regression analysis were performed to identify factors associated with acceptability of PrEP. Results and Discussion: A total of 55.7% of the sample reported high PrEP acceptability. Logistic regression indicated that engaging in sex without a condom (ORa = 1.67, IC 95% 1.42-1.97) and having previously used PrEP (ORa = 1.99, IC 95% 1.41-1.62) were associated with high acceptability to use PrEP, while having a stable partner was associated with low acceptability. The estimate of PrEP acceptability was relatively high among participants. However, interventions to increase awareness and promote demand for PrEP may be beneficial. Furthermore, this study demonstrates the need for non-governmental organizations to participate in such strategies and for measures that address regionally-relevant emerging phenomena. © 2021, Sociedad Chilena de Infectologia. All rights reserved.	HIV prevention; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP)	Spanish	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Quantitative
Article	2021	Cooper R.L.; Juarez P.D.; Morris M.C.; Ramesh A.; Edgerton R.; Brown L.L.; Mena L.; MacMaster S.A.; Collins S.; Juarez P.M.; Tabatabai M.; Brown K.Y.; Paul M.J.; Im W.; Arcury T.A.; Shinn M.	Recommendations for Increasing Physician Provision of Pre-Exposure Prophylaxis: Implications for Medical Student Training	Inquiry (United States)	-	-	-	469580	10.1177/00469580211017666	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106622398&doi=10.1177%2f00469580211017666&partnerID=40&md5=5f62e516ffa9d53790999ff1610bfdf2	There is growing evidence that pre-exposure prophylaxis (PrEP) prevents HIV acquisition. However, in the United States, approximately only 4% of people who could benefit from PrEP are currently receiving it, and it is estimated only 1 in 5 physicians has ever prescribed PrEP. We conducted a scoping review to gain an understanding of physician-identified barriers to PrEP provision. Four overarching barriers presented in the literature: Purview Paradox, Patient Financial Constraints, Risk Compensation, and Concern for ART Resistance. Considering the physician-identified barriers, we make recommendations for how physicians and students may work to increase PrEP knowledge and competence along each stage of the PrEP cascade. We recommend adopting HIV risk assessment as a standard of care, improving physician ability to identify PrEP candidates, improving physician interest and ability in encouraging PrEP uptake, and increasing utilization of continuous care management to ensure retention and adherence to PrEP. © The Author(s) 2021.	HIV; medical curriculum; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Cooper R.L.; Tabatabai M.; Juarez P.D.; Ramesh A.; Morris M.C.; Brown K.Y.; Arcury T.A.; Shinn M.; Mena L.A.; Juarez P.-M.	Pre-Exposure Prophylaxis Training among Medical Schools in the United States	Journal of Primary Care and Community Health	-	-	-	21501319	10.1177/21501327211028713	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109086019&doi=10.1177%2f21501327211028713&partnerID=40&md5=7d48c3c2df5a2572d8f6d9daf47b62e5	Pre-Exposure Prophylaxis (PrEP) has been shown to be an effective method of HIV prevention for men who have sex with-men (MSM) and -transgender women (MSTGWs), serodiscordant couples, and injection drug users; however fewer than 50 000 individuals currently take this regimen. Knowledge of PrEP is low among healthcare providers and much of this lack of knowledge stems from the lack or exposure to PrEP in medical school. We conducted a cross sectional survey of medical schools in the United States to assess the degree to which PrEP for HIV prevention is taught. The survey consisted Likert scale questions assessing how well the students were prepared to perform each skill associated with PrEP delivery, as well as how PrEP education was delivered to students. We contacted 141 medical schools and 71 responded to the survey (50.4%). PrEP education was only reported to be offered at 38% of schools, and only 15.4% reported specific training for Lesbian, Gay, Bisexual, and Transgender (LGBT) patients. The most common delivery methods of PrEP content were didactic sessions with 11 schools reporting this method followed by problem-based learning, direct patient contact, workshops, and small group discussions. Students were more prepared to provide PrEP to MSM compared to other high-risk patients. Few medical schools are preparing their students to prescribe PrEP upon graduation. Further, there is a need to increase the number of direct patient contacts or simulations for students to be better prepared. © The Author(s) 2021.	HIV; medical education and training; pre-exposure prophylaxis; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Cooper S.C.; Doonachar A.; Santella A.J.	PrEP Attitudes from MSM and Transwomen in the Largest Suburban HIV Epidemic in the USA	Sexuality Research & Social Policy	-	-	-	18689884	10.1007/s13178-020-00518-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099060540&doi=10.1007%2fs13178-020-00518-x&partnerID=40&md5=94b0891feea36211ca1248ea7c47df1a	Introduction: Long Island has the largest suburban human immunodeficiency virus (HIV) epidemic in the USA with an estimated 5,730 people living with HIV/AIDS in 2018 (most recent data). While pre-exposure prophlaxis (PrEP) is a promising primary intervention strategy to reduce HIV incidence, the uptake of this biomedical prevention strategy has been very low. Factors such as homophobia, stigma, and discrimination against men who have sex with men (MSM) and transgender women still exist in the community through provider interactions, and negatively affect the well-being of these populations. The aim of this study was to examine PrEP knowledge, attitudes, and practices among MSM and transgender women on Long Island. Methods: Fifteen interviews were conducted with MSM and transgender women; interviews were transcribed and analyzed using an inductive method involving constant comparison. Results: Four main themes emerged from our analysis: (1) participants have high agency in accessing and utilizing HIV-related biomedical prevention services; (2) participants had limited understanding of what PrEP is and what it means to be on PrEP; (3) PrEP-user stigma and costs are the biggest barriers to initiating and remaining on PrEP; and (4) E-health, credible Internet-resources, and technology-based programming are needed to support current and potential PrEP users. Conclusions: This study, the first study of PrEP attitudes in a suburban environment, highlights the need for evidence-based health promotion and sexual health interventions designed for suburban gender and sexual minorities that are evidence-based and go beyond goal setting and improving self-efficacy. © 2021, Springer Science+Business Media, LLC, part of Springer Nature.	HIV/AIDS; PrEP; Qualitative; Trans	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Cordioli M.; Gios L.; Huber J.W.; Sherriff N.; Folch C.; Alexiev I.; Dias S.; Nöstlinger C.; Gama A.; Naseva E.; Valkovičová Staneková D.; Marcus U.; Schink S.B.; Rosinska M.; Blondeel K.; Toskin I.; Mirandola M.	Estimating the percentage of European MSM eligible for PrEP: Insights from a bio-behavioural survey in thirteen cities	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054786	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099437634&doi=10.1136%2fsextrans-2020-054786&partnerID=40&md5=f395d412929c2382f85a8c9453fe1e93	Objectives This paper aims to estimate the percentage of European men who have sex with men (MSM) who may benefit from pre-exposure prophylaxis (PrEP), applying the three most widely used HIV risk indices for MSM (MSM Risk Index, Menza score, San Diego Early Test (SDET) score) and drawing on a large-scale multisite bio-behavioural survey (Sialon II). Methods The Sialon II study was a bio-behavioural survey among MSM implemented in 13 European cities using either time-location sampling or respondent-driven sampling. Biological and behavioural data from 4901 MSM were collected. Only behavioural data of HIV-negative individuals were considered. Three widely used risk indices to assess HIV acquisition risk among MSM were used to estimate individual HIV risk scores and PrEP eligibility criteria. Results 4219 HIV-negative MSM were considered. Regardless the HIV risk score used and the city, percentages of MSM eligible for PrEP were found to range between 5.19% and 73.84%. Overall, the MSM Risk Index and the Menza score yielded broadly similar percentages, whereas the SDET Index provided estimates constantly lower across all cities. Although all the three scores correlated positively (r>0.6), their concordance was highly variable (0.01<CCC<0.62). Conclusion Our findings showed the impact of different scoring systems on the estimation of the percentage of MSM who may benefit from PrEP in European cities. Although our primary aim was not to compare the performance of different HIV risk scores, data show that a considerable percentage of MSM in each city should be offered PrEP in order to reduce HIV infections. As PrEP is highly effective at preventing HIV among MSM, our findings provide useful, practical guidance for stakeholders in implementing PrEP at city level to tackle HIV infections in Europe. © 2021 Author(s). Published by BMJ.	HIV; pre-exposure prophylaxis; preventive health services; public health; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2021	Cornelisse, Vincent J; Traeger, Michael W; Wright, Edwina J; Murphy, Dean; Stoové, Mark; Hellard, Margaret; Sacks-Davis, Rachel; Asselin, Jason; Fairley, Christopher K; Doyle, Joseph; Sasadeusz, Joseph	Low Incidence of Hepatitis C Among a Cohort of HIV-Negative Gay and Bisexual Men Using HIV Pre-exposure Prophylaxis (PrEP) in Melbourne, Australia, and the Contribution of Sexual Transmission.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002685	https://dx.doi.org/10.1097/QAI.0000000000002685	BACKGROUND: PrEPX was an Australian HIV pre-exposure prophylaxis (PrEP) study conducted between 2016 and 2018. This analysis aimed to estimate hepatitis C (HCV) incidence and explore likely modes of transmission. SETTING: Cohort study of PrEP users in Victoria, Australia. METHODS: HCV tests were conducted at enrollment and every 12 months thereafter. HCV incident cases were identified from laboratory data. Likely modes of transmission were inferred from computer-assisted self-interviews, medical records, and interviews. RESULTS: Among 3202 PrEPX participants tested for HCV at baseline, HCV RNA-positive prevalence was 0.22% (95% confidence interval: 0.09 to 0.45). Among participants testing HCV antibody-negative or RNA-negative at baseline, 2058 had at least one follow-up HCV test. Eight incident HCV cases were identified during 2111 person-years of follow-up (incidence 0.38/100 person-years); all were primary infections in men who had sex with men. Clinical, laboratory, and computer-assisted self-interviews data were available for all, and 6 cases were interviewed. Three cases were attributable to injecting drug use (IDU). A fourth case reported IDU, but his HCV was attributable to sexual transmission. Four other cases reported no IDU and probably acquired HCV sexually. Most cases reported anal trauma in the context of condomless receptive anal intercourse during group sex at sex-on-premises venues. CONCLUSIONS: In PrEPX, HCV incidence was low compared to international PrEP studies, and most cases were sexually acquired. Our findings highlight the need for HCV prevention messaging by clinicians, in sex-on-premises venues, and on digital platforms used to arrange group sex; and the need for HCV screening among some PrEP-using men who have sex with men.	na	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods

Article	2021	Correa-Macedo, Wilian; Fava, Vinicius M; Orlova, Marianna; Cassart, Pauline; Olivenstein, Ron; Sanz, Joaquín; Xu, Yong Zhong; Dumaine, Anne; Sindeaux, Renata Hm; Yotova, Vania; Pacis, Alain; Girouard, Josée; Kalsdorf, Barbara; Lange, Christoph; Routy, Jean-Pierre; Barreiro, Luis B; Schurr, Erwin	Alveolar macrophages from persons living with HIV show impaired epigenetic response to Mycobacterium tuberculosis.	Journal of Clinical Investigation	-	-	-	1558-8238	10.1172/JCI148013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8592547	Persons living with HIV (PLWH) are at increased risk of tuberculosis (TB). HIV-associated TB is often the result of recent infection with Mycobacterium tuberculosis (M. tuberculosis) followed by rapid progression to disease. Alveolar macrophages (AMs) are the first cells of the innate immune system that engage M. tuberculosis, but how HIV and antiretroviral therapy (ART) affect the anti-mycobacterial response of AMs is not known. To investigate the impact of HIV and ART on the transcriptomic and epigenetic response of AMs to M. tuberculosis, we obtained AMs by bronchoalveolar lavage from 20 PLWH receiving ART, 16 control subjects who were HIV-free (HC), and 14 subjects who received ART as preexposure prophylaxis (PrEP) to prevent HIV infection. Following in vitro challenge with M. tuberculosis, AMs from each group displayed overlapping but distinct profiles of significantly up- and downregulated genes in response to M. tuberculosis. Comparatively, AMs isolated from both PLWH and PrEP subjects presented a substantially weaker transcriptional response. In addition, AMs from HC subjects challenged with M. tuberculosis responded with pronounced chromatin accessibility changes while AMs obtained from PLWH and PrEP subjects displayed no significant changes in their chromatin state. Collectively, these results revealed a stronger adverse effect of ART than HIV on the epigenetic landscape and transcriptional responsiveness of AMs.	AIDS/HIV; Epigenética; Perfil de expressão; Doença infecciosa; Tuberculose.	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2021	Costa, Adriano Henrique Caetano; Gonçalves, Tonantzin Ribeiro	"Os vulneráveis dos vulneráveis": masculinidades e Profilaxia Pós-Exposição no serviço de saúde no Sul do Brasil	Sexualidad, Salud y Sociedad - Revista Latinoamericana	-	-	-	1984-6487	https://doi.org/10.7440/res64.2018.03	https://www.redalyc.org/articulo.oa?id=293369761017	Based on an ethnography work with users and health professionals from a specialized HIV/AIDS Service in Southern Brazil, the article discussed the application of new prevention strategies in vulnerable populations, especially among men. It argues the importance of considering the ways created and adapted by men to manage the risks of HIV infection. It also addresses how prevention practices and messages are shaped by individuals and communities, as a way of adapting them to their sexual desires and practices, with gender relationships and vulnerabilities playing a central role in the users and health professionals' use of the health policies and the available biotechnological tools. In this sense, the article sheds light on how the construction of masculinities conforms the way in which men trigger HIV/ AIDS prevention strategies.	Masculinities; AIDS; Health Vulnerability; Post-Exposure Prophylaxis; Health Promotion.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Theses and Dissertations	2021	COSTA, OTAVIO LUIZ	Os Diversos Usos da PrEP: as narrativas e discursos dos usuários sobre prevenção e HIV/Aids	-	-	UNIVERSIDADE FEDERAL DO PARANÁ	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=10964143	O objetivo da presente dissertação é compreender o conjunto de discursos e dispositivos que compõem a profilaxia pré-exposição (PrEP) e a pessoa que adota essa estratégia para prevenção a infecção pelo HIV/Aids. Através do referencial teórico da genealogia do poder e da ética de si propostos por Michel Foucault, a pesquisa compreende o arquivo que compõe esta tecnologia de prevenção ao vírus do HIV elencando o conjunto de relações sociais que emanam desse dispositivo, os processos de subjetivação, sujeição e reflexividade, as representações discursivas sobre HIV/Aids e a PrEP e as redes de poder e saber. Para tal, foram utilizados três arquivos analisados para construção do conhecimento realizado nesta pesquisa, que são: a participação do pesquisador em um projeto de testagem para o HIV realizado por uma ONG de Curitiba, o Grupo Dignidade; a aplicação de um questionário voltado para homens gays e outros homens que fazem sexo com homens (HSH); e a entrevista com onze pessoas que usam ou utilizaram a PrEP. Para construir a genealogia da PrEP foi necessário pensar os discursos sobre os processos de saúde e doença bem como a discussão sobre o campo das políticas públicas de HIV/Aids, elencando seus principais momentos e como ocorreu a formulação da agenda pública dessa questão no país. Enquanto conclusão do estudo, constata-se que a adoção a PrEP enquanto medida de prevenção ao HIV relaciona aspectos da ordem subjetiva e pessoal bem como os aspectos biopolíticos presentes no discurso oficial de prevenção.	Profilaxia Pré-Exposição;HIV/Aids;Prevenção;Genealogia	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2021	Cotte, Laurent; Veyer, David; Charreau, Isabelle; Péré, Hélène; Cua, Eric; Carette, Diane; Chas, Julie; Capitant, Catherine; Chidiac, Christian; Fléjou, Jean-François; Fouéré, Sébastien; Heard, Isabelle; Meyer, Laurence; Puech, Julien; Tremblay, Cécile; Delaugerre, Constance; Molina, Jean-Michel	Prevalence and Incidence of Human Papillomavirus Infection in Men Having Sex With Men Enrolled in a Pre-exposure Prophylaxis Study: A Sub-study of the Agence Nationale de Recherches sur le SIDA et les Hépatites Virales "Intervention Préventive de l'Exposition aux Risques avec et pour les hommes Gays" Trial.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciaa002	https://dx.doi.org/10.1093/cid/ciaa002	BACKGROUND: Human papillomavirus (HPV) infection is more frequent in men having sex with men (MSM) who are living with human immunodeficiency virus (HIV) than in MSM without HIV. There are currently no data regarding HPV infections in preexposure prophylaxis (PrEP)-using MSM. METHODS: MSM living without HIV who were enrolled in the Agence Nationale de Recherches sur le SIDA et les Hépatites Virales "Intervention Préventive de l'Exposition aux Risques avec et pour les hommes Gays" PrEP study were prospectively enrolled. Anal, penile, and oral samples were collected at baseline and every 6 months for HPV detection and genotyping. Anal swabs for cytology were obtained at baseline and at 24 months. RESULTS: We enrolled 162 participants. The prevalences of any HPV genotypes at baseline were 92%, 32%, and 12% at the anal, penile, and oral sites, respectively. High-risk (HR) HPV genotypes were observed in 84%, 25%, and 10% of anal, penile, and oral baseline samples, respectively. Nonavalent HPV vaccine genotypes were observed in 77%, 22%, and 6% of anal, penile, and oral baseline samples, respectively. Multiple infections were observed in 76%, 17%, and 3% of cases at the anal, penile, and oral sites, respectively. The most frequent HR genotypes were HPV 53, 51, and 16 in anal samples; HPV 33, 39, and 73 in penile samples; and HPV 66 in oral samples. The incidence of any HPV genotype at the anal site was 86.2/1000 person-months and the incidence of HR-HPV genotypes was 72.3/1000 person-months. The baseline cytology was normal in 32% of cases and was classified as atypical squamous cells of undetermined significance, low-grade squamous intra-epithelial lesion, high-grade squamous intra-epithelial lesion (HSIL), and atypical squamous cells that cannot exclude HSIL in 23%, 40%, 5%, and 1% of cases, respectively. CONCLUSIONS: PrEP users have a similar risk of HPV infection as MSM living with HIV and the risk is much higher than that previously reported in MSM living without HIV.	HIV negative; HPV; MSM; PrEP.	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Cox, Joseph; Apelian, Herak; Moodie, Erica E M; Messier-Peet, Marc; Hart, Trevor A; Grace, Daniel; Moore, David M; Lachowsky, Nathan J; Armstrong, Heather L; Jollimore, Jody; Skakoon-Sparling, Shayna; Rodrigues, Ricky; Tan, Darrell H S; Maheu-Giroux, Mathieu; Noor, Syed W; Lebouché, Bertrand; Tremblay, Cecile; Olarewaju, Gbolahan; Lambert, Gilles	Use of HIV pre-exposure prophylaxis among urban Canadian gay, bisexual and other men who have sex with men: a cross-sectional analysis of the Engage cohort study.	CMAJ Open	-	-	-	2291-0026	10.9778/cmajo.20200198	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8177951	BACKGROUND: In Canada, gay, bisexual and other men who have sex with men (GBM) are disproportionately affected by HIV. Our objective was to describe access to HIV pre-exposure prophylaxis (PrEP) and identify factors associated with not using PrEP among self-reported HIV-negative or HIV-unknown GBM. METHODS: This was a cross-sectional analysis of the Engage study cohort. Between 2017 and 2019, sexually active GBM aged 16 years or more in Montréal, Toronto and Vancouver were recruited via respondent-driven sampling (RDS). Participation included testing for HIV and sexually transmitted and blood-borne infections, and completion of a questionnaire. We examined PrEP access using a health care services model and fit RDS-adjusted logistic regressions to determine correlates of not using PrEP among those for whom PrEP was clinically recommended and who were aware of the intervention. RESULTS: A total of 2449 GBM were recruited, of whom 2008 were HIV-negative or HIV-unknown; 1159 (511 in Montréal, 247 in Toronto and 401 in Vancouver) met clinical recommendations for PrEP. Of the 1159, 1100 were aware of PrEP (RDS-adjusted proportion: Montréal 84.6%, Toronto 94.2%, Vancouver 92.7%), 678 had felt the need for PrEP in the previous 6 months (RDS-adjusted proportion: Montréal 39.2%, Toronto 56.1%, Vancouver 49.0%), 406 had tried to access PrEP in the previous 6 months (RDS-adjusted proportion: Montréal 20.6%, Toronto 33.2%, Vancouver 29.6%) and 319 had used PrEP in the previous 6 months (RDS-adjusted proportion: Montréal 14.5%, Toronto 21.6%, Vancouver 21.8%). Not using PrEP was associated with several factors, including not feeling at high enough risk, viewing PrEP as not completely effective, not having a primary care provider and lacking medication insurance. INTERPRETATION: Although half of GBM met clinical recommendations for PrEP, less than a quarter of them reported use. Despite high levels of awareness, a programmatic response that addresses PrEP-related perceptions and health care system barriers is needed to scale up PrEP access among GBM in Canada.	na	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Craddock, Jaih B; Mangum, Laurenia C; Aidoo-Frimpong, Gloria; Whitfield, Darren L	The Associations of HIV Pre-Exposure Prophylaxis Interest and Sexual Risk Behaviors Among Young Black Women.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2020.0259	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8262384	The uptake of pre-exposure prophylaxis (PrEP) is low among young Black cisgender heterosexual women, although this subgroup faces a higher burden of new HIV diagnoses. This study explored the association between sexual risk and prevention behaviors, and oral PrEP and vaginal PrEP ring interest among young Black women (YBW). A sample of YBW (N = 208) 18-25 years of age completed a self-administered questionnaire assessing sexual risk and prevention behaviors, HIV and sexually transmitted infection (STI) testing, and PrEP interest from June to December 2018. Results revealed that 103 YBW were interested in taking oral or vaginal PrEP, with 43% interested in oral PrEP use only, 28% interested in vaginal PrEP use only, and 29% interested in both oral and vaginal PrEP use. Logistic regressions revealed that YBW who had sex in the last 1-4 weeks or 3-6 months had lower odds of being interested in oral PrEP and YBW who had sex in the last 1-4 weeks had lower odds of being interested in vaginal PrEP compared with those whose last sexual encounter occurred in the last week. A large percentage of our sample was unaware of PrEP at the time of survey administration, but after learning about PrEP became more interested in potential PrEP use. This indicates that more education about the benefits of PrEP coupled with harm reduction counseling to lower their risk of STI and HIV infections is necessary to increase PrEP interest among YBW.	Black or African American; HIV; PrEP; sexual risk behaviors; women.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Crawford, Natalie D; Albarran, Taynel; Chamberlain, Allison; Hopkins, Roderick; Josma, Dorie; Morris, Joseph; Onwubiko, Udodirim N	Willingness to Discuss and Screen for Pre-Exposure Prophylaxis in Pharmacies Among Men Who Have Sex With Men.	Journal of Pharmacy Practice	-	-	-	1531-1937	10.1177/0897190020904590	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10443399	OBJECTIVE: To determine the willingness to discuss and be screened for pre-exposure prophylaxis (PrEP) in pharmacies among MSM. METHODS: Led by Georgia's Fulton County Board of Health, this study surveyed individuals who attended 2 Atlanta-based Gay Pride events in 2018. This analysis was limited to those who identified as men who have sex with men (MSM) who were not HIV positive and reported never using PrEP. Multivariable regression was used to determine the correlates of willingness to discuss and be screened for PrEP in-pharmacy. RESULTS: Most (69%) were willing to discuss PrEP with pharmacy staff and 61.35% were willing to be screened for PrEP in-pharmacy. Those who were interested in PrEP were significantly more willing to discuss PrEP in-pharmacy compared to those not interested in PrEP (prevalence ratio PR: 1.65; 95% confidence interval 95% CI: 1.11-2.48). Race was not associated with willingness to discuss PrEP with pharmacy staff. However, black MSM (BMSM) were less willing to be screened in pharmacies than white MSM, until we accounted for interest in PrEP (PR: 1.27; 95% CI: 1.09-1.48). DISCUSSION: Pharmacies may be an optimal setting to expand PrEP access to reach racial minorities who have the highest need but are not being reached. Pharmacy-based PrEP discussions and screening could improve awareness of HIV status and increase PrEP knowledge and uptake. Future studies should determine optimal pharmacy conditions under which PrEP screening and uptake are acceptable for BMSM.	acesso restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Crepaz N.; Mullins M.M.; Higa D.; Gunn J.K.L.; Salabarría-Peña Y.	A rapid review of disparities in HIV prevention and care outcomes among Hispanic/Latino men who have sex with men in the united states	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2021.33.4.276	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113496415&doi=10.1521%2faeap.2021.33.4.276&partnerID=40&md5=f37898ccc4380fca08263251f2c3cd02	In the United States, Hispanic/Latino men who have sex with men (HLMSM) are disproportionally affected by HIV. We conducted a rapid review of national surveillance data to examine disparities in HIV prevention and care outcomes among HLMSM. Thirteen reports provided relevant data from 2011 to 2018. Compared to White MSM, a higher percentage of HIV-negative HLMSM reported not taking PrEP and engaging in condomless sex; a lower percentage of HIV-negative HLMSM at risk for HIV reported PrEP awareness and use; and a lower percentage of HIV-positive HLMSM were aware of their status, linked to HIV care, and virally suppressed. Viral suppression rates in HLMSM were better among Ryan White clients than the national rates, suggesting that access to comprehensive care/ services reduces disparities. Findings also call for identifying individual, social, and structural factors contributing to condomless sex without PrEP use and HIV status unawareness and identifying best approaches for scaling up comprehensive care/services. © 2021 The Guilford Press.	Condomless sex without PrEP; Hispanic/Latino; HIV care outcome; HIV status awareness; Men who have sex with men; PrEP awareness and use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Cui, Sitong; Ding, Haibo; Huang, Xiaojie; Wang, Hui; Tang, Weiming; Leuba, Sequoia I; Ye, Zehao; Jiang, Yongjun; Geng, Wenqing; Xu, Junjie; Shang, Hong	Factors Influencing Clinicians' Willingness to Prescribe Pre-exposure Prophylaxis for Persons at High Risk of HIV in China: Cross-sectional Online Survey Study.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/24235	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8214180	BACKGROUND: Pre-exposure prophylaxis (PrEP) is an effective HIV prevention measure. Clinicians play a crucial role in PrEP implementation, and their knowledge, attitudes, and career experience may affect their willingness to prescribe PrEP. However, little is known about the attitudes and willingness of clinicians to prescribe PrEP in countries without PrEP-specific guidelines. OBJECTIVE: We aimed to determine the factors associated with clinicians being willing to prescribe PrEP in China. METHODS: Between May and June 2019, we conducted an online cross-sectional survey of clinicians in 31 provinces across the six administrative regions in China on the WeChat smartphone app platform. Multivariable logistic regression was used to determine factors associated with willingness to prescribe PrEP. RESULTS: Overall, 777 HIV clinicians completed the survey. Most of the respondents had heard of PrEP (563/777, 72.5%), 31.9% (248/777) thought that PrEP was extremely effective for reducing the risk of HIV infection, and 47.2% (367/777) thought that it was necessary to provide PrEP to high-risk groups. After adjusting for age, gender, ethnicity, and educational background of the clinicians, the following factors signi¬cantly increased the odds of the clinicians being willing to prescribe PrEP: having worked for more than 10 years, compared to 5 years or less (adjusted odds ratio aOR 2.82, 95% CI 1.96-4.05); having treated more than 100 patients living with HIV per month, compared to 50 patients or fewer (aOR 4.16, 95% CI 2.85-6.08); and having heard of PrEP (aOR 7.32, 95% CI 4.88-10.97). Clinicians were less likely to be willing to prescribe PrEP if they were concerned about poor adherence to PrEP (aOR 0.66, 95% CI 0.50-0.88), the lack of PrEP clinical guidelines (aOR 0.47, 95% CI 0.32-0.70), and the lack of drug indications for PrEP (aOR 0.49, 95% CI 0.32-0.76). CONCLUSIONS: About half of all clinicians surveyed were willing to prescribe PrEP, but most surveyed had a low understanding of PrEP. Lack of PrEP clinical guidelines, lack of drug indications, and less than 11 years of work experience were the main barriers to the surveyed clinicians' willingness to prescribe PrEP. Development of PrEP clinical guidelines and drug indications, as well as increasing the availability of PrEP training, could help improve understanding of PrEP among clinicians and, thus, increase the number willing to prescribe PrEP.	WeChat, pre-exposure prophylaxis, clinicians, willingness to prescribe, HIV prevention, China	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Cui, Yang; Johnsen, Luke; Thimm, Matthew; Tuddenham, Susan; Rosecrans, Amanda; Davey-Rothwell, Melissa; Ghanem, Khalil; Chaulk, Patrick; Olthoff, Glen; Greenbaum, Adena; Page, Kathleen R	Awareness of and Interest in Pre-Exposure Prophylaxis among Patients Receiving Services at Public Sexually Transmitted Disease Clinics in an Urban Setting	Journal of Health Care for the Poor and Underserved	-	-	-	10492089	10.1353/hpu.2021.0039	https://www.proquest.com/scholarly-journals/awareness-interest-pre-exposure-prophylaxis-among/docview/2507722102/se-2?accountid=8113	The goal of this study was to assess awareness of, interest in, and sources of knowledge about pre-exposure prophylaxis (PrEP) among 1,464 HIV-uninfected patients from public STD clinics in Baltimore. Logistic regression analyses were conducted to examine factors associated with PrEP awareness and interest. Results suggest PrEP awareness and interest in knowing more about PrEP was highest among men who reported sex with men or with both men and women. White patients were more likely to be aware of PrEP than African American patients, and those reporting consistent condom use were more likely to have heard about PrEP than those who never used condoms. The major source of knowledge about PrEP was health care providers. Findings can inform future prioritization of locally targeted PrEP programs to enhance access to and uptake of PrEP among those most at risk for HIV transmission.	HIV; Condoms; African American; Pre-exposure prophylaxis; PrEP; Men; men who have sex with men; Sexually transmitted infection; STD clinic; Prophylaxis; African Americans; Exposure; Awareness; Disease transmission; Regression analysis; Uptake; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Clinics; Medical personnel; Health risks; Urban areas; Social Services And Welfare; Baltimore Maryland; Urban environments; Interest; Maryland	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Cui, Zhuang; Huang, Huijie; Zhang, Tiantian; Yu, Zeyang; Zhang, Honglu; Yao, Tingting; Song, Desheng; Chen, Yang; Peixoto, Elissa; Wang, Chun; Wang, Xiaomeng; Yang, Jie; Liu, Yuanyuan; Li, Changping; Ma, Jun	Low awareness of and willingness to use PrEP in the Chinese YMSM: An alert in YMSM HIV prevention.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.12990	https://dx.doi.org/10.1111/hiv.12990	OBJECTIVES: Despite being a key population in whom to initiate pre-exposure prophylaxis (PrEP), the awareness of and willingness to use PrEP are still unclear in Chinese young men who have sex with men (YMSM). We report factors associated with PrEP awareness and willingness in the population. METHODS: From 1 August to 31 December 2018, 495 participants aged 15-24 years were included in a cross-sectional study about awareness of and willingness to use PrEP among YMSM. Logistic regression models were used to identify factors associated with two outcomes: awareness of PrEP; and willingness to use PrEP. RESULTS: Among 495 eligible participants, 129 participants (26.1%) knew about PrEP. PrEP awareness among YMSM was associated with higher education level adjusted odds ratio (aOR) = 1.812, 95% CI: 1.113-2.951 and previous HIV testing (aOR = 3.507, 95% CI: 1.261-9.752). YMSM with shorter local residence time (aOR = 0.317, 95% CI: 0.101-0.992) and internet-based partner-seeking (aOR = 0.171, 95% CI: 0.096-0.305) were less likely to be aware of PrEP. In those with previous knowledge of PrEP, 36 (27.9%) conveyed their willingness to use it. PrEP willingness was associated with internet-based partner-seeking (aOR = 9.593, 95% CI: 1.965-46.844). The main barriers influencing those who knew about PrEP but refused to use it were the high price of PrEP (69.9%), the need to use condoms consistently (52.7%), and concerns about side effects (39.8%) and effectiveness of prevention (22.6%). CONCLUSIONS: Chinese YMSM have low awareness of and willingness to use PrEP. Adequate PrEP promotions should be implemented, especially on the Internet and dating software.	Chinese YMSM; PrEP awareness; PrEP willingness; partner-seeking route.	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Dah, Ter Tiero Elias; Yaya, Issifou; Sagaon-Teyssier, Luis; Coulibaly, Alou; Kouamé, Malan Jean-Baptiste; Agboyibor, Mawuényégan Kouamivi; Maiga, Kader; Traoré, Issa; Mora, Marion; Palvadeau, Paméla; Rojas-Castro, Daniela; Diallo, Fodié; Mensah, Ephrem; Anoma, Camille; Keita, Bintou Dembélé; Spire, Bruno; Laurent, Christian	Adherence to quarterly HIV prevention services and its impact on HIV incidence in men who have sex with men in West Africa (CohMSM ANRS 12324 - Expertise France).	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-10994-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8141121	BACKGROUND: Access to tailored HIV prevention services remains limited for West African MSM. We assessed adherence to quarterly HIV prevention services and its impact on HIV incidence in MSM followed up in four cities in Burkina Faso, Côte d'Ivoire, Mali, and Togo. METHODS: We performed a prospective cohort study between 2015 and 2018. HIV-negative MSM aged over 18 benefited from quarterly medical visits which included a clinical examination, HIV testing, screening and treatment for other sexually transmitted infections, peer-led counselling and support, and the provision of condoms and lubricants. Determinants of adherence to quarterly follow-up visits and incident HIV infections were identified using generalized estimating equation models and Cox proportional hazard models, respectively. RESULTS: 618 MSM were followed up for a median time of 20.0 months (interquartile range 15.2-26.3). Overall adherence to quarterly follow-up visits was 76.5% (95% confidence interval CI 75.1-77.8), ranging from 66.8% in Abidjan to 87.3% in Lomé (p < 0.001). 78 incident HIV infections occurred during a total follow-up time of 780.8 person-years, giving an overall incidence of 10.0 per 100 person-years (95% CI 8.0-12.5). Adherence to quarterly follow-up visits was not associated with the risk of incident HIV infection (adjusted hazard ratio 0.80, 95% CI 0.44-1.44, p = 0.545). CONCLUSIONS: Strengthening HIV prevention services among MSM in West Africa, including the use of PrEP, will be critical for controlling the epidemic, not only in this key population but also in the general population. Quarterly follow-up of MSM, which is essential for PrEP delivery, appears feasible. TRIAL REGISTRATION: ClinicalTrials.gov, number NCT02626286 (December 10, 2015).	na	English	United Kingdom	Western and Central Europe and North America	Burkina Faso	Western and Central Africa	Burkina Faso	Western and Central Africa	Clinical
Article	2021	Dai, Minhao; Grant Harrington, Nancy	Understanding Beliefs, Intention, and Behavior on Daily PrEP Uptake Among MSM in California and New York.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2021.33.2.129	https://dx.doi.org/10.1521/aeap.2021.33.2.129	Pre-exposure prophylaxis (PrEP) is an effective daily prevention medicine to reduce the risks of HIV infections. Even though the number of PrEP users has been rapidly growing in the United States since 2012, only approximately 5% of the men who have sex with men (MSM) population is currently taking PrEP. This study examined PrEP uptake among MSM using the integrative model of behavioral prediction (IMBP) as the theoretical framework. The authors conducted formative elicitation interviews and a cross-sectional survey with MSM. Among the survey respondents, half of them were PrEP takers and half were not. The path modeling results showed that attitudes and norms predicted behavioral intention, and intention predicted PrEP uptake among MSM. The results also identified the strongest attitudinal predictors and normative referents of PrEP uptake. The study offers practical implications in helping professionals and scholars to understand PrEP uptake among MSM in a theoretically grounded way.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Dai, Minhao; Harrington, Nancy Grant	Intention to Behavior: Using the Integrative Model of Behavioral Prediction to Understand Actual Control of PrEP Uptake Among Gay Men.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-020-01802-y	https://dx.doi.org/10.1007/s10508-020-01802-y	PrEP is an effective daily prevention medicine used to reduce risks of HIV infections. Previous research has pointed out the intention-behavior gap on PrEP uptake among gay men. The current study built on research examining how the integrative model of behavioral prediction (IMBP) factors influences PrEP uptake among gay men to explore how actual control variables, namely skills and environmental constraints, moderated the intention-behavior relationship. We used results from formative interviews to construct a survey and collected data from 420 gay men. Results showed several factors that were associated with PrEP uptake among gay men. Specifically, the lack of access to an LGBTQ-friendly healthcare provider(s) and lack of English fluency had significant main effects on PrEP uptake behavior, while lack of access to a healthcare provider and lack of healthcare system knowledge were significant moderators of the intention-behavior relationship. This study advances our understanding of the IMBP and offers practical implications for PrEP promotion. Limitations and suggestions for future studies are discussed.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	D'angelo A.B.; Westmoreland D.A.; Carneiro P.B.; Johnson J.; Grov C.	Why Are Patients Switching from Tenofovir Disoproxil Fumarate/Emtricitabine (Truvada) to Tenofovir Alafenamide/Emtricitabine (Descovy) for Pre-Exposure Prophylaxis?	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0033	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112779007&doi=10.1089%2fapc.2021.0033&partnerID=40&md5=e1de10959cc693d33d753353495796a9	Safety differences between tenofovir alafenamide/emtricitabine (TAF) and tenofovir disoproxil fumarate/emtricitabine (TDF/FTC)-formulated pre-exposure prophylaxis (PrEP) appear to have little clinical significance for most PrEP users. Furthermore, generic TDF-formulated PrEP is projected to decrease the price of PrEP. Thus, efforts to shift PrEP users to TAF-formulated PrEP should be considered in light of their potential to undermine efforts to scale-up PrEP nationally. Data are taken from Together 5,000, a US national cohort study predominantly composed of cisgender gay and bisexual men. In 2019-2020, 5034 participants completed their 24-month assessment, which measured whether participants were switching from TDF (Truvada) to TAF (Descovy) for PrEP, and why. Of those reporting PrEP-use (n = 1009), 277 reported using Descovy for PrEP, and 223 provided a reason for switching to Descovy. A content analysis was used to code participant's reasons for switching. Over half (56%) of participants reported that their doctor recommended switching to Descovy. Without mentioning a provider recommendation, 32% of participants reported that perceived improved safety of Descovy, compared with Truvada, motivated their decision to change their prescription. Other factors cited included the smaller size of the pill and "newness"of Descovy. Further, several participants mentioned negative advertising about Truvada as rationale for switching. Although scientific consensus supports the safety of both TDF/FTC and TAF, our results suggest that current messaging through physicians and other sources have emphasized superior safety of TAF-implying that TDF/FTC may not be safe in the long term. Efforts to shift users onto TAF may undermine public perception of TDF-formulated PrEP. © 2021 Mary Ann Liebert, Inc.	brand-name drug; HIV prevention; MSM; PrEP; qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	D'Angelo, Alexa B; Davis Ewart Leah N; Koken Juline; Bimbi, David; Brown, Justin T; Grov, Christian	Barriers and Facilitators to Pre-exposure Prophylaxis Uptake Among Black Women: A Qualitative Analysis Guided by a Socioecological Model	The Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000241	https://www.proquest.com/scholarly-journals/barriers-facilitators-pre-exposure-prophylaxis/docview/2626859779/se-2?accountid=8113	Black women experience disparities in HIV incidence. Pre-exposure prophylaxis (PrEP) is a once-daily pill that can prevent HIV transmission. To enhance PrEP uptake among Black women, it is essential to examine their perceptions of PrEP. In 2018, 33 Black women in New York City completed interviews about their attitudes, knowledge, and perceived barriers and facilitators to PrEP use. Emergent themes were organized using a socioecological model. Participants identified barriers at the sociocultural level, including stigma, medical mistrust, and health care avoidance. At the community level, health care access issues and limited community knowledge were reported. Partner-level barriers included trust in partners and meaning attributed to PrEP use within the context of monogamy. Individual-level barriers included low perceived risk and concerns about PrEP's safety and efficacy. Our findings can inform future PrEP research with Black women, as well as PrEP implementation efforts aimed at increasing uptake among this population.	Women; HIV prevention; Pre-exposure prophylaxis; pre-exposure prophylaxis; Efficacy; Stigma; Disease prevention; Health care; Risk perception; Qualitative research; Health care access; Monogamy; Facilitator; qualitative research; Black women; Uptake; Barriers; socioecological model; Barrier; Human immunodeficiency virus--HIV; Womens health; Black people; Preventive healthcare; Medical Sciences--Allergology And Immunology; Individual differences; Sociocultural factors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	D'Angelo, Alexa B; Lopez-Rios, Javier; Flynn, Anthony W P; Holloway, Ian W; Pantalone, David W; Grov, Christian	Insurance- and medical provider-related barriers and facilitators to staying on PrEP: results from a qualitative study.	Translational Behavioral Medicine	-	-	-	1613-9860	10.1093/tbm/ibz191	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7963286	Pre-exposure prophylaxis (PrEP) is a highly effective biobehavioral strategy for preventing HIV acquisition. Although PrEP uptake has increased steadily, discontinuation rates are high among members of key populations like gay and bisexual men (GBM). Understanding the challenges that arise for PrEP users is key to better PrEP implementation and sustained use over time. We report on barriers that arose for PrEP-using GBM, as well as facilitating factors that aided PrEP persistence, with the goal of informing PrEP implementation efforts. In 2015-2016, 103 PrEP-using GBM in NYC completed qualitative interviews about their engagement with PrEP, including their experiences navigating PrEP-related medical care. Interviews were transcribed verbatim, coded, and analyzed thematically. Over half of participants (53%) received their PrEP-related care from their primary care provider (PCP), one-third (33%) from a community-based health clinic, and 13% from multiple medical providers. Emergent themes regarding the barriers and facilitators to PrEP persistence fell into two categories: insurance- and medical appointment-related barriers and facilitators to continued PrEP use. The experiences of PrEP-using GBM can provide useful insights for providers, program developers, and policymakers aiming to improve the implementation of PrEP. To support PrEP persistence, reliable insurance coverage, cost-assistance, and easy appointment scheduling are key to maintenance. Removing insurance- and appointment-related barriers to persistence may prove essential for sustaining use among GBM.	counseling; education; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Dangerfield D.T., II; Kuo I.; Magnus M.; Beauchamp G.; Fields S.D.; Nelson L.R.; Shoptaw S.; Wilton L.; Wheeler D.P.	Sexual Risk Profiles Among Black Sexual Minority Men: Implications for Targeted PrEP Messaging	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02066-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116043641&doi=10.1007%2fs10508-021-02066-w&partnerID=40&md5=9cadaa0f8a3f9b4930973bdda3725001	Black gay, bisexual, and other Black sexual minority men (BSMM) continue to experience some of the largest sexual health disparities in the U.S. Engaging BSMM in PrEP is crucial to improving sexual health outcomes and reducing disparities. However, knowledge of the profiles of sexual risk and PrEP initiation among this group is limited. This study used latent class analysis to identify HIV risk and PrEP initiation patterns among BSMM in the HPTN 073 Study (n = 226). Guided by current Centers for Disease Control screening guidelines, latent class indicators included relationship status, condom use, number of sexual partners, substance use, sexually transmitted infection (STI) history, and partner HIV status. Age and PrEP initiation were used in a multinomial regression to identify correlates of class membership. Three latent classes were identified: Single, Condomless Partners, Single, Multiple Partners, and Serodiscordant Partners. Single, Condomless Partners had the highest conditional probabilities of having greater than three male partners, substance use before sex, and receiving an STI diagnosis. Serodiscordant Partners had a 100% conditional probability of condomless sex and having a male partner living with HIV. BSMM who initiated PrEP were less likely to be classified as Single, Condomless Partners than Serodiscordant Partners (AOR = 0.07, 95% CI = 0.02, 0.66). Findings support the need for culturally relevant tailored and targeted messaging for BSMM with multiple sexual risk indicators. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black sexual minority men; Disparities; HIV; Pre-exposure prophylaxis (PrEP); Sexual health; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Dauria, Emily F; Levine, Andrew; Hill, Samantha V; Tolou-Shams, Marina; Christopoulos, Katerina	Multilevel Factors Shaping Awareness of and Attitudes Toward Pre-exposure Prophylaxis for HIV Prevention among Criminal Justice-Involved Women.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-020-01834-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8276158	Although pre-exposure prophylaxis (PrEP) is a key tool in HIV prevention efforts, little is known about PrEP as a prevention strategy for criminal justice-involved (CJI) women. The purpose of this study was to examine multilevel factors shaping PrEP awareness and acceptability among CJI women. Between January 2017 and December 2017, we conducted 52 interviews with CJI women at high risk for HIV and stakeholders from the criminal justice (CJ) and public health (PH) systems. Interviews explored awareness of PrEP and the multilevel factors shaping PrEP acceptability. Data were analyzed using inductive thematic analysis and executive summaries. Atlas.ti facilitated analyses. The majority of CJI women (n = 27) were, on average, 41.3 years, from racial and ethnic minority groups (56% Black/African-American; 19% Latinx) and reported engaging in recent high-risk behavior (nearly 60% engaged in transactional sex, 22% reported ≥ 4 sexual partners, and 37% reported injection drug use). Of system stakeholders (n = 25), 52% represented the CJ sector. Although CJI women were generally unaware of PrEP, attitudes toward PrEP were enthusiastic. Barriers to PrEP acceptability included medication side effects (individual level); distrust in HIV prevention mechanisms (community level); lack of local HIV prevention efforts among high-risk women (public policy/HIV epidemic stage level). Factors promoting PrEP included perceived HIV risk (individual level); PrEP being an HIV prevention method that women can control without partner negotiation (social and sexual network level); and availability of public health insurance (community level). Despite low awareness of PrEP, CJI women expressed positive attitudes toward PrEP. To improve PrEP access for CJI women, implementation efforts should address barriers and leverage facilitators across multiple levels to be maximally effective.	Adult; Humans; Female; HIV; HIV/pathogenicity; Sex Workers/*psychology; Health Services Accessibility/*standards; Healthcare; HIV Infections/*complications/epidemiology/psychology; Migration; Mobility; Sex work	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	D'Avanzo, Paul A; Bass, Sarah Bauerle; Kelly, Patrick J; Brajuha, Jesse; Gutierrez-Mock, Luis	Community Belonging and Attitudes Towards HIV Pre-Exposure Prophylaxis (PrEP) Among Transgender Women	AIDS and Behavior	-	-	-	1090-7165	https://doi.org/10.1007/s10461-021-03183-2	https://escholarship.org/uc/item/69f0927n	For transgender (trans) women, community belonging may play an important role in shaping perceptions of HIV Pre-Exposure Prophylaxis (PrEP). A cluster analysis was performed using data obtained from a survey administered to 128 trans women residing in Philadelphia, PA and the San Francisco Bay area, CA. Six items assessing feelings of community belongingness among trans women produced three distinct clusters. Associations were examined between cluster membership and perceptual items including beliefs about PrEP, experiences with healthcare, patient self-advocacy, and perceived trusted sources for PrEP information. Clusters were demographically comparable apart from age. There were significant differences noted between trust in various communication channels and perceptions of PrEP; the least community-connected cluster had less trust and more negative perceptions of PrEP. Analyses suggest that psychographic differences exist based on perceived community belongingness in this population, and this in turn may be consequential in determining how information about PrEP is communicated and diffused to trans women for whom PrEP may be indicated.	Sexual and Gender Minorities (SGM/LGBT*); HIV/AIDS; Good Health and Well Being; Anti-HIV Agents; Female; HIV Infections; Health Knowledge; Attitudes; Practice; Humans; Pre-Exposure Prophylaxis; Transgender Persons; Community health; Health communication; PrEP; Transgender (trans) women; Public Health and Health Services; Social Work; Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Davey, Dvora Joseph; Knight, Lucia; Markt-Maloney, Jackie; Tsawe, Nokwazi; Gomba, Yolanda; Mashele, Nyiko; Dovel, Kathryn; Gorbach, Pamina; Bekker, Linda-Gail; Coates, Thomas J	"I had Made the Decision, and No One was Going to Stop Me" —Facilitators of PrEP Adherence During Pregnancy and Postpartum in Cape Town, South Africa	AIDS and Behavior	-	-	-	1090-7165	10.1007/s10461-021-03320-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107220024&doi=10.1007%2fs10461-021-03320-x&partnerID=40&md5=05a4a1e647e0edfcc376d2482ba1b0e6	PrEP is safe and effective but requires adherence during potential HIV exposure, yet the facilitators of long-term maternal adherence are not well understood. We conducted semi-structured interviews with 25 postpartum women who reported high adherence (PrEP use ≥ 25 days in last 30-days and never missed a PrEP prescription in pregnancy/postpartum period) within a PrEP service for pregnant and postpartum women. A thematic approach guided an iterative process of coding and analysis. Themes identified as drivers of optimal PrEP use were HIV risk perception, mainly because of partner's behaviors and unknown serostatus, and a strong desire to have a baby free of HIV. Reported disclosure of PrEP use facilitated PrEP adherence. Women discussed having partner and family support, which included reminders to take PrEP daily. Primary barriers were anticipated or experienced stigma, overcome through education of partners and family about PrEP. Pregnant women experienced transient side-effects, but found ways to continue, including taking PrEP at night. PrEP programs for pregnant and postpartum women should integrate strategies to assist women with realistic appraisals of risk and teach skills for disclosure and securing support from significant others. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Postpartum; Pre-exposure prophylaxis; Pregnancy; PrEP; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Ddaaki, William; Strömdahl Susanne; Yeh, Ping Teresa; Rosen, Joseph G; Jackson, Jade; Nakyanjo Neema; Kagaayi, Joseph; Godfrey, Kigozi; Nakigozi Gertrude; Kathryn, Grabowski M; Chang, Larry W; Reynolds, Steven J; Nalugoda Fred; Ekström, Anna Mia; Kennedy, Caitlin E	Qualitative Assessment of Barriers and Facilitators of PrEP Use Before and After Rollout of a PrEP Program for Priority Populations in South-central Uganda	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03360-3	https://www.proquest.com/scholarly-journals/qualitative-assessment-barriers-facilitators-prep/docview/2590778215/se-2?accountid=8113	Uganda piloted HIV pre-exposure prophylaxis (PrEP) for priority populations (sex workers, fishermen, truck drivers, discordant couples) in 2017. To assess facilitators and barriers to PrEP uptake and adherence, we explored perceptions of PrEP before and experiences after rollout among community members and providers in south-central Uganda. We conducted 75 in-depth interviews and 12 focus group discussions. We analyzed transcripts using a team-based thematic framework approach. Partners, family, peers, and experienced PrEP users provided adherence support. Occupational factors hindered adherence for sex workers and fishermen, particularly related to mobility. Pre-rollout concerns about unskilled/untrained volunteers distributing PrEP and price-gouging were mitigated. After rollout, awareness of high community HIV risk and trust in PrEP effectiveness facilitated uptake. PrEP stigma and unexpected migration persisted as barriers. Community-initiated, tailored communication with successful PrEP users may optimize future engagement by addressing fears and rumors, while flexible delivery and refill models may facilitate PrEP continuation and adherence.	Uganda; Pre-exposure prophylaxis; Psychology; Implementation science; Disease prevention; Prophylaxis; Prostitution; Community; Occupational exposure; Facilitator; Qualitative; Barriers; Sex workers; Fishing communities; Barrier; Migration; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sex industry; Populations; Health risks; Peers; Fishermen	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2021	De Baetselier, Irith; Kenyon, Chris; Vanden Berghe, Wim; Smet, Hilde; Wouters, Kristien; Van den Bossche, Dorien; Vuylsteke, Bea; Crucitti, Tania	An alarming high prevalence of resistance-associated mutations to macrolides and fluoroquinolones in Mycoplasma genitalium in Belgium: results from samples collected between 2015 and 2018.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2020-054511	https://dx.doi.org/10.1136/sextrans-2020-054511	OBJECTIVES: The number of reported cases of multiresistant Mycoplasma genitalium (MG) is increasing globally. The aim of this study was to estimate the prevalence of macrolide and possible fluoroquinolone resistance-associated mutations (RAMs) of MG in Belgium. METHODS: The study was performed retrospectively on two sets of MG-positive samples collected in Belgium between 2015 and 2018. The first set of samples originated from routine surveillance activities and the second set came from a cohort of men who have sex with men (MSM) using pre-exposure prophylaxis to prevent HIV transmission. Detection of RAMs to macrolides and fluoroquinolones was performed on all samples using DNA sequencing of the 23S ribosomal RNA gene, the gyrA gene and the parC gene. RESULTS: Seventy-one per cent of the MG samples contained a mutation conferring resistance to macrolides or fluoroquinolones (ParC position 83/87). RAMs were more frequently found among men compared with women for fluoroquinolones (23.9% vs 9.1%) and macrolides (78.4% vs 27.3%). Almost 90% of the MG infections among MSM possessed a RAM to macrolides (88.4%). In addition, 18.0% of the samples harboured both macrolides and fluoroquinolone RAMs; 3.0% in women and 24.2% in MSM. Being MSM was associated with macrolide RAMs (OR 15.3), fluoroquinolone RAMs (OR 3.8) and having a possible multiresistant MG infection (OR 7.2). CONCLUSION: The study shows an alarmingly high prevalence of MG with RAMs to macrolides and fluoroquinolones in Belgium. These results highlight the need to improve antimicrobial stewardship in Belgium in order to avoid the emergence of untreatable MG.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2021	De Baetselier, Irith; Reyniers, Thijs; Platteau, Tom; Wouters, Kristien; Nöstlinger, Christiana; Cuylaerts, Vicky; Buyze, Jozefien; Laga, Marie; Kenyon, Chris; Crucitti, Tania; Vuylsteke, Bea	Recurrent Sexually Transmitted Infections Among a Cohort of Men Who Have Sex With Men Using Preexposure Prophylaxis in Belgium Are Highly Associated With Sexualized Drug Use.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001424	https://dx.doi.org/10.1097/OLQ.0000000000001424	BACKGROUND: Men who have sex with men (MSM) experiencing recurrent sexually transmitted infections (STIs) may play a crucial role in the STI epidemic. However, there is limited understanding of what kind of behavior leads to recurrent STIs. METHODS: A total of 179 MSM using preexposure prophylaxis were followed up for 18 months and were screened quarterly for chlamydia, gonorrhea, and syphilis from 2015 to 2018 in Belgium. Participants were stratified into 3 different groups (no STI, one STI episode, recurrent STI episodes during the study). Sociodemographic and sexual behavioral characteristics were compared between the 3 groups, and significant associations with recurrent STI were explored using multivariate logistic regression models. RESULTS: A total of 62.0% (n = 111/179) of participants experienced at least one STI during the study, and more than 1 in 3 became reinfected with an STI at another visit (n = 66/179 36.9%). Participants experiencing recurrent STIs reported the highest frequency of sexualized drug use (86.4%) compared with participants experiencing one (60.0%) or no STI (47.1%). Therefore, sexualized drug use was highly associated with recurrent STIs (adjusted odds ratio aOR. 4.35). Other factors associated with recurrent STIs were being younger than 40 years (aOR, 3.29), had a high number (>4) of nonsteady partners with whom receptive (aOR, 1.17) or insertive (aOR, 1.12) condomless anal intercourse occurred in the last 3 months. CONCLUSIONS: Sexualized drug use was the greatest risk factor for having recurrent STIs. Tailoring prevention and care, including specialized services tackling problematic drug use in a sexual context, may help to curb the STI epidemic among MSM.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	De Baetselier, Irith; Tsoumanis, Achilleas; Florence, Eric; Van den Berghe, Wim; Crucitti, Tania; Van den Bossche, Dorien; Kenyon, Chris	Did Pre-exposure Prophylaxis Roll-Out Influence the Epidemic of Rectal Lymphogranuloma Venereum in Belgium? Results From the National Surveillance System.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002524	https://journals.lww.com/jaids/abstract/2021/01010/did_pre_exposure_prophylaxis_roll_out_influence.4.aspx	BACKGROUND: An increase of lymphogranuloma venereum (LGV) in HIV negative men who have sex with men is reported in several European countries including Belgium before the implementation of pre-exposure prophylaxis (PrEP). SETTING: The epidemiological characteristics of the male rectal LGV epidemic in Belgium were explored before and after the introduction of PrEP. METHODS: Segmented regression models were used to examine a change in trends before and after the introduction of PrEP in the male rectal LGV epidemic in Belgium and among men attending a large HIV/sexually transmitted infection clinic in Antwerp, Belgium. RESULTS: Although an increase of 69% was noted in absolute numbers in 2019 compared with 2018 (140 vs 83 cases) in Belgium, models showed that the rate of increase did not change after the introduction of PrEP. More than half of the cases were found in HIV-negative men (56.2%) in 2019, but no difference in the magnitude of the trend was found after the introduction of PrEP. Nevertheless, the data reveal that a statistical significant increase of LGV prevalence was noted among non-HIV-positive men in an HIV/sexually transmitted infection clinic after the implementation of PrEP. Indeed, LGV prevalence in the Antwerp male PrEP cohort increased from 0.8% in 2017 to 2.4% in 2019. CONCLUSIONS: The trend of LGV increase did not accelerate after the introduction of PrEP. Continued surveillance in men who have sex with men irrespective of their HIV status is required for the management and control of the LGV epidemic.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	de Dieu Tapsoba, Jean; Zangeneh, Sahar Z; Appelmans, Eline; Pasalar, Siavash; Mori, Kira; Peng, Lily; Tao, Janice; Drain, Paul; Okomo, Gordon; Bii, Stanley; Mukabi, James; Zobrist, Stephanie; Brady, Martha; Obanda, Rael; Madiang, Daniel Oluoch; Cover, Jane; Duerr, Ann; Chen, Ying Qing; Obong'o, Christopher	Persistence of oral pre-exposure prophylaxis (PrEP) among adolescent girls and young women initiating PrEP for HIV prevention in Kenya.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2020.1822505	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7981281	The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) Initiative aims to reduce HIV infections among adolescent girls and young women (AGYW) in Africa. Oral pre-exposure prophylaxis (PrEP) is offered through DREAMS in Kenya to eligible AGYW in high burden counties including Kisumu and Homa Bay. This study examines PrEP persistence among AGYW in high burden community-based PrEP delivery settings. We evaluated PrEP persistence among AGYW in the DREAMS PrEP program in Kisumu and Homa Bay using survival analysis and programmatic PrEP refill data collected between March through December 2017. Among 1,259 AGYW who initiated PrEP during the study period, the median persistence time in the program was 56 days (95% CI: 49-58 days) and the proportion who persisted 3 months later was 37% (95% CI: 34-40%). Persistence varied by county (p < 0.001), age at PrEP initiation (p = 0.002), marital status (p = 0.008), transactional sex (p = 0.002), gender-based violence (GBV) experience (p = 0.009) and current school attendance (p = 0.001) at DREAMS enrollment. Persistence did not vary with orphan status, food insecurity, condom use, age at first sexual encounter or engagement in age-disparate sex at DREAMS enrollment. Targeted strategies are needed to improve AGYW retention in the PrEP program.	Bictegravir (BIC); Dolutegravir (DTG); Emtricitabine (FTC); Tenofovir alafenamide (TAF); Tenofovir disoproxil fumarate (TDF).	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	De França, FAP; Silva, PGD; Fonteles, MMD	The Impact of Alcohol and Illicit Drug use on Adherence to HIV Pre-exposure Prophylaxis among Men who have Sex with Men	Journal of Young Pharmacists	-	-	-	0975-1483	10.5530/jyp.2021.13.51	https://www.jyoungpharm.org/sites/default/files/tmp/JYoungPharm-13-3-251_0.pdf	Objectives: To investigate the degree of Men who have Sex with Men (MSM) adherence to antiretrovirals Tenofovir/Emtricitabine (TFC/FTC), drugs for the Pre-exposure Prophylaxis to the human immunodeficiency virus (PrEP). Methods: This is a cross-sectional and retrospective study carried out in a reference service in infectology in Ceara-Brazil. MSM with at least three recorded medical follow-ups were included in the study. We considered as ideal adherence those users who took at least 80% of the doses within 90 days. Bivariate analysis (X-2 or Fisher's exact) was carried out to investigate the association between ideal adherence to PrEP and the use of alcohol and illicit drugs. Results with a p-value <0.05 were taken into consideration. Results: A total of 167 individuals participated in the survey. MSM stopped taking 668 doses of PrEP in three months, of which 16.2% (n=27) had an adherence rate >80%. Nevertheless, alcohol and illicit drug use accounted for 41.4% (n=69). Among the most commonly used narcotics were marijuana and cocaine, 42.7% (n=35) and 18.3% (n=15), respectively. It was observed that optimal adherence (>80%) was better in individuals who did not use alcohol and illicit drugs compared to those who did (p=0.003). Conclusion: MSM adhered satisfactorily to PrEP; however, it was observed that individuals who used illicit drugs and alcohol when had their degree of adherence to TDF/FTC weakened when compared to those who did not use them. Thus, it becomes necessary to pay attention to such aspects to provide alternatives for increasing adherence in highpriority populations.	HIV; PREP; Sexuality; Alcohol; Illicit Drugs; INFECTION; SAFETY; WOMEN; HIGH-RISK; Men who have Sex with Men; Risk Groups	English	India	Asia and the Pacific	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	de Sousa A.F.L.; de Oliveira L.B.; Queiroz A.A.F.L.N.; de Carvalho H.E.F.; Schneider G.; Camargo E.L.S.; de Araújo T.M.E.; Brignol S.; Mendes I.A.C.; Fronteira I.; McFarland W.	Casual sex among men who have sex with men (Msm) during the period of sheltering in place to prevent the spread of covid-19	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph18063266	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102726177&doi=10.3390%2fijerph18063266&partnerID=40&md5=9b796396881bee7cb002a17ec66f51a6	Objectives: We investigated the extent to which Brazilian and Portuguese Men Who Have Sex with Men (MSM) had casual sex partners outside their homes during the period of sheltering in place for the COVID-19 pandemic. Methods: An online survey was conducted in Brazil and Portugal in April, during the period of social isolation for COVID-19, with a sample of 2361 MSMs. Recruitment was done through meeting apps and Facebook. Results: Most of the sample (53.0%) had casual sex partners during sheltering. Factors that increased the odds of engaging in casual sex in Brazil were having group sex (aOR 2.1, 95%CI 1.3–3.4), living in an urban area (aOR 1.6, 95%CI 1.1–2.2), feeling that sheltering had a high impact on daily life (aOR 3.0, 95%CI 1.1–8.3), having casual instead of steady partners (aOR 2.5, 95%CI 1.8–3.5), and not decreasing the number of partners (aOR 6.5, 95%CI 4.2–10.0). In Portugal, the odds of engaging in casual sex increased with using Facebook to find partners (aOR 4.6, 95%CI 3.0–7.2), not decreasing the number of partners (aOR 3.8, 95%CI 2.9–5.9), usually finding partners in physical venues (pre-COVID-19) (aOR 5.4, 95%CI 3.2– 8.9), feeling that the isolation had a high impact on daily life (aOR 3.0, 95%CI 1.3–6.7), and HIV-positive serostatus (aOR 11.7, 95%CI 4.7–29.2). Taking PrEP/Truvada to prevent COVID-19 was reported by 12.7% of MSM. Conclusions: The pandemic has not stopped most of our MSM sample from finding sexual partners, with high-risk sexual behaviors continuing. © 2021 by the authors. Licensee MDPI, Basel, Switzerland.	Casual sex; COVID-19; Men who have sex with men; SARS-CoV-2; Sex partners	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	de Sousa, A.F.L.; de Oliveira, L.B.; Queiroz, A.A.F.L.N.; de Carvalho, H.E.F.; Schneider, G.; Camargo, E.L.S.; de Araújo, T.M.E.; Brignol, S.; Mendes, I.A.C.; Fronteira, I; McFarland, Willi	Casual Sex among Men Who Have Sex with Men (MSM) during the Period of Sheltering in Place to Prevent the Spread of COVID-19	International Journal of Environmental Research and Public Health	-	-	-	1660-4601	10.3390/ijerph18063266	https://www.mdpi.com/1660-4601/18/6/3266	Objectives: We investigated the extent to which Brazilian and Portuguese Men Who Have Sex with Men (MSM) had casual sex partners outside their homes during the period of sheltering in place for the COVID-19 pandemic. Methods: An online survey was conducted in Brazil and Portugal in April, during the period of social isolation for COVID-19, with a sample of 2361 MSMs. Recruitment was done through meeting apps and Facebook. Results: Most of the sample (53.0%) had casual sex partners during sheltering. Factors that increased the odds of engaging in casual sex in Brazil were having group sex (aOR 2.1, 95% CI 1.3–3.4), living in an urban area (aOR 1.6, 95% CI 1.1–2.2), feeling that sheltering had a high impact on daily life (aOR 3.0, 95% CI 1.1–8.3), having casual instead of steady partners (aOR 2.5, 95% CI 1.8–3.5), and not decreasing the number of partners (aOR 6.5, 95% CI 4.2–10.0). In Portugal, the odds of engaging in casual sex increased with using Facebook to find partners (aOR 4.6, 95% CI 3.0–7.2), not decreasing the number of partners (aOR 3.8, 95% CI 2.9–5.9), usually finding partners in physical venues (pre-COVID-19) (aOR 5.4, 95% CI 3.2–8.9), feeling that the isolation had a high impact on daily life (aOR 3.0, 95% CI 1.3–6.7), and HIV-positive serostatus (aOR 11.7, 95% CI 4.7–29.2). Taking PrEP/Truvada to prevent COVID-19 was reported by 12.7% of MSM. Conclusions: The pandemic has not stopped most of our MSM sample from finding sexual partners, with high-risk sexual behaviors continuing.	casual sex; sex partners; men who have sex with men; SARS-CoV-2; COVID-19	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative

Article	2021	Dean L.T.; Chang H.-Y.; Goedel W.C.; Chan P.A.; Doshi J.A.; Nunn A.S.	Novel population-level proxy measures for suboptimal HIV preexposure prophylaxis initiation and persistence in the USA	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121493193&doi=10.1097%2fQAD.0000000000003030&partnerID=40&md5=ff989167e1be55256d8edcbfa999b890	Objective:In the United States (USA), HIV preexposure prophylaxis (PrEP) use is suboptimal. Population-level metrics on PrEP use are limited and focus on prescriptions issued rather than how much prescriptions are picked up. We introduce PrEP reversals, defined as when patients fail to pick up PrEP prescriptions at the pharmacy point-of-sale, as a proxy for PrEP initiation and persistence.Design:We analysed PrEP pharmacy claims and HIV diagnoses from a Symphony Health Solutions dataset across all US states from 1 October 2015 to 30 September 2019.Methods:We calculated the percentage of individuals who were newly prescribed PrEP and who reversed (i.e. patient did not pick up an insurance-approved prescription and pharmacy withdrew the claim), delayed (reversed and then picked up within 90 days), very delayed (reversed and then picked up between 90 and 365 days), or abandoned (not picked up within 365 days), and subsequent HIV diagnosis within 365 days.Results:Of 59219 individuals newly prescribed PrEP, 19% reversed their index prescription. Among those, 21% delayed initiation and 8% had very delayed initiation. Seventy-one percent of patients who reversed their initial prescription abandoned it, 6% of whom were diagnosed with HIV - -three times higher than those who persisted on PrEP.Conclusion:Nearly one in five patients newlyprescribed PrEP reversed initial prescriptions, leading to delayed medication access, being lost to PrEP care, and dramatically higher HIV risk. Reversals could be used for real-time nationwide PrEP population-based initiation and persistence tracking, and for identifying patients that might otherwise be lost to care. © 2021 Lippincott Williams and Wilkins. All rights reserved.	HIV pre-exposure prophylaxis; insurance claim review; pharmacy; treatment adherence; treatment refusal	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Delabre R.M.; Bernier A.; Sánchez F.; Vilotitch A.; Chanos S.; Cosmaro M.L.; Langanke H.; Mey C.; James C.; Duken S.B.; Schlegel V.; Stranz R.; Jonas K.J.; Spire B.; Castro D.R.	"Yes, I'm interested in taking PrEP!": PrEP interest among women respondents to the European community-based survey "Flash! PrEP in Europe"	PLOS One	-	-	-	19326203	10.1371/journal.pone.0246037	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101316178&doi=10.1371%2fjournal.pone.0246037&partnerID=40&md5=b787f7cf5087180858a7a49ab7b98162	The World Health Organization recommends pre-exposure prophylaxis (PrEP) for all populations at substantial risk of HIV infection, including women. However, data regarding PrEP interest among women is lacking, particularly in Europe. Factors associated with interest in using PrEP were assessed among women respondents to the Flash! PrEP in Europe (FPIE) survey. This community-based cross-sectional study, conducted in 12 European countries, aimed to assess PrEP knowledge and interest. "High objective risk" (HOR) was assessed using established risk criteria following EACS and CDC guidelines. Factors associated with interest in using PrEP were assessed in univariable and multivariable logistic regression models. Among 678 women, 12.5% (n = 85) were considered at HOR, 46.8% (n = 317) indicated prior PrEP knowledge and 18.0% (n = 122) reported interest in using PrEP. Among women at HOR, 40.0% (n = 34) were interested in PrEP. Factors significantly associated with PrEP interest in the final multivariable model were: younger age (18–29 years) (aOR 1.9195CI: 1.07; 3.41), bad self-perceived financial status (1.841.09; 3.11), migrant status (south to north) (2.871.05; 7.89), single or dating relationship status (1.931.23; 3.03), sexual abuse history (1.861.17; 2.97), "rather high"/ "high" self-perceived HIV risk (3.211.32; 7.81), and HOR (2.491.42; 4.35). These results show that women at HOR and those who perceived themselves to be at high risk are interested in using PrEP. There is a critical need for targeted information and improved access to PrEP to increase uptake of this HIV prevention tool to meet PrEP interest among women. Copyright: © 2021 Delabre et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Dettinger J.C.; Pintye J.; Dollah A.; Awuor M.; Abuna F.; Lagat H.; Kohler P.; John-Stewart G.; O'Malley G.; Kinuthia J.; Beima-Sofie K.	"What Is This PrEP?" - Sources and Accuracy of HIV Pre-Exposure Prophylaxis (PrEP) Awareness Among Adolescent Girls and Young Women Attending Family Planning and Maternal Child Health Clinics in Western Kenya	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002782	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123647465&doi=10.1097%2fQAI.0000000000002782&partnerID=40&md5=c418b45268bcdd4bebeb726c9ba6b8b4	Background:Pre-exposure prophylaxis (PrEP) delivery to adolescent girls and young women (AGYW) is scaling up in sub-Saharan African countries. Understanding how AGYW learn about PrEP is needed to inform programs seeking to reach AGYW with HIV prevention tools.Methods:AGYW (ages 15-24), attending routine family planning and maternal child health clinics in Kisumu, Kenya, participated in in-depth interviews. AGYW were recruited if they either declined or accepted PrEP when offered that day in clinic or were currently or previously on PrEP. Thematic analysis was used to identify key themes related to the type and quality of knowledge sources from which AGYW first became aware of PrEP.Results:Overall, 140 in-depth interviews were conducted with AGYW. The median age was 21.5 years (interquartile range: 20.0-23.0), 65% of participants were married, and almost half (45.7%) were currently taking PrEP. Participants reported learning about PrEP from 3 primary sources: (1) clinic-based education; (2) friends, family, or other PrEP users; and (3) media and community outreach. Participants who reported learning about PrEP from friends or family were highly enthusiastic about PrEP. The accuracy and completeness of knowledge varied with most inaccuracies around the cost, dosing, and who benefits from PrEP. Community outreach campaigns provided fewer details, resulting in more inaccurate information and distrust of information received.Conclusion:PrEP information reaches AGYW through many sources with variable accuracy and completeness. Training providers and peer leaders to disseminate thorough and accurate PrEP information when counseling AGYW could positively impact acceptance and proper use. © 2021 Lippincott Williams and Wilkins. All rights reserved.	female adolescent; girls; HIV; Kenya; pre-exposure prophylaxis; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Di Ciaccio, M; Fressard, L; Sagaon-Teyssier, L; Protiere, C; Gatey, C; Chas, J; Cotte, L; Castro, DR; Meyer, L; Molina, JM; Préau, M; Spire, B	What are the situational and behavioral factors associated with condomless anal sex without on-demand PrEP in MSM?	AIDS	-	-	-	0269-9370	10.1097/01.aids.0000724468.18549.1a	https://pubmed.ncbi.nlm.nih.gov/32287072/#:~:text=The%20following%20factors%20were%20positively,and%20sexual%20intercourses%20under%20the	Objective: This study aimed to identify situational and behavioral factors associated with condomless anal sex without on-demand PrEP in the open-label extension (OLE) study of the ANRS-IPERGAY trial. Methods: Univariable and multivariable modified Poisson regressions with a generalized estimating equation (GEE) were used. The attributable risk percentage for each explanatory variable and for condomless anal sex without PrEP was calculated. Results: In the OLE, 19% of anal intercourses were unprotected (i.e. no PrEP or condom). Of these, 85% were attributable to sexual intercourse with main partners and 47% with HIV-negative partners. The following factors were positively associated with condomless anal sex without PrEP: a depressive episode in the previous 12 months [aR (95% CI), P-value: 1.49 (1.02--2.17), 0.039], a higher number of sexual intercourses during the previous 4 weeks [1.01 [1.002--1.02], 0.014], and sexual intercourses under the influence of alcohol [1.45 (1.10--1.92), 0.008]. By contrast, condomless anal sex without PrEP was less frequent during sexual intercourses with known casual, unknown casual and multiple partners [0.20 (0.14--0.30), <0.001; 0.10 (0.05--0.20), <0.001; 0.11 (0.05--0.29), <0.001, respectively], as well as with HIV+ partners with an undetectable viral load and HIV+ partners with a detectable/unknown viral load or unknown serology status [0.57 (0.38--0.86), 0.007; 0.52 (0.32--0.87), 0.012, respectively]. Conclusion: Choosing to have condomless anal sex without PrEP depends primarily on the sexual partner's characteristics (level of intimacy, serological status). This reflects a form of rationality in HIV risk management. However, our results raise questions about the true efficacy of managing HIV risk using this approach.	Objective: This study aimed to identify situational and behavioral factors associated with condomless anal sex without on-demand PrEP in the open-label extension (OLE) study of the ANRS-IPERGAY trial. Methods: Univariable and multivariable modified Poisson regressions with a generalized estimating equation (GEE) were used. The attributable risk percentage for each explanatory variable and for condomless anal sex without PrEP was calculated. Results: In the OLE, 19% of anal intercourses were unprotected (i.e. no PrEP or condom). Of these, 85% were attributable to sexual intercourse with main partners and 47% with HIV-negative partners. The following factors were positively associated with condomless anal sex without PrEP: a depressive episode in the previous 12 months [aR (95% CI), P-value: 1.49 (1.02--2.17), 0.039], a higher number of sexual intercourses during the previous 4 weeks [1.01 [1.002--1.02], 0.014], and sexual intercourses under the influence of alcohol [1.45 (1.10--1.92), 0.008]. By contrast, condomless anal sex without PrEP was less frequent during sexual intercourses with known casual, unknown casual and multiple partners [0.20 (0.14--0.30), <0.001; 0.10 (0.05--0.20), <0.001; 0.11 (0.05--0.29), <0.001, respectively], as well as with HIV+ partners with an undetectable viral load and HIV+ partners with a detectable/unknown viral load or unknown serology status [0.57 (0.38--0.86), 0.007; 0.52 (0.32--0.87), 0.012, respectively]. Conclusion: Choosing to have condomless anal sex without PrEP depends primarily on the sexual partner's characteristics (level of intimacy, serological status). This reflects a form of rationality in HIV risk management. However, our results raise questions about the true efficacy of managing HIV risk using this approach.	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Quantitative
Article	2021	Di Ciaccio, Marion; Sagaon-Teyssier, Luis; Protière, Christel; Mimi, Mohamed; Suzan-Monti, Marie; Meyer, Laurence; Rojas Castro, Daniela; Pialoux, Gilles; Pintado, Claire; Molina, Jean Michel; Préau, Marie; Spire, Bruno	Impact of HIV risk perception on both pre-exposure prophylaxis and condom use.	Journal of Health Psychology	-	-	-	1461-7277	10.1177/1359105319883927	https://dx.doi.org/10.1177/1359105319883927	Risk perception is one of the several important factors impacting sexual health behaviours. This study investigated the evolution of HIV risk perception on pre-exposure prophylaxis adherence and condom use in men who have sex with men at high risk of HIV and associated factors. Group-based trajectory modelling helped in identifying patterns of risk perception, pre-exposure prophylaxis adherence and condom use over time. The association between the former and the latter two dimensions was then investigated. An estimated 61 per cent (p < 0.001) of participants perceiving low risk and 100 per cent (p < 0.001) of those perceiving high risk had systematic pre-exposure prophylaxis adherence, while an estimated 49 per cent (p < 0.001) and 99.8 per cent (p < 0.001), respectively, reported low-level condom use.	na	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Diabaté, S; Kra, O; Biékoua, Y J; Pelletier, S J; Osso, D G; Diané, B; N'Dhatz-Ebagnitchié, M; Ahouada, C; Kobena, A K; Alary, M	Pre-exposure prophylaxis among men who have sex with men in Côte d'Ivoire: a quantitative study of acceptability	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1785997	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087553969&doi=10.1080%2f09540121.2020.1785997&partnerID=40&md5=1ed1cc5c315b589a1ec17a6a809c8387	This cross sectional study was conducted in 2018 in Côte d'Ivoire to assess PrEP acceptability among men who have sex with men (MSM). Two hundred and one men were asked on their intention to use PrEP if made available. Logistic regression accounting for the sampling design was used to analyze associations between high PrEP acceptability and different independent variables including barriers and facilitators. Participants were mostly young (mean age = 25 years), educated (82% with secondary/postsecondary education) and single (95.5%). On average, 3.4 episodes of anal sex were reported monthly and 37.8% of men did not use a condom at last sex. Most MSM (72.6%) had heard of PrEP before enrollment. Overall, 35.3% reported that they would use PrEP very probably if made available. In multivariate analysis, factors associated with high PrEP acceptability were condom use at last sexual intercourse (Odds ratio (OR) = 2.51; 95%Confidence interval (95%CI) = 1.45–4.33); insertive sex as compared to versatile sex (OR = 2.56; 95%CI = 1.14–5.67); free PrEP delivery (OR = 2.45; 95%CI = 1.07–5.59), concerns about side effects (OR = 0.66; 95%CI = 0.48–0.90), and being preoccupied by the fact that post-PrEP antiretroviral therapy could be inefficient (OR = 0.25; 95%CI = 0.14–0.44). PrEP implementation among MSM in Côte d'Ivoire should be accompanied by awareness raising campaigns explaining its utility. © 2020 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	acceptability of PrEP; Côte d'Ivoire; HIV; MSM; sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Dietrich J.J.; Atujuna M.; Tshabalala G.; Hornschuh S.; Mulaudzi M.; Koh M.; Ahmed N.; Muhumuza R.; Ssemata A.S.; Otwombe K.; Bekker L.-G.; Seeley J.; Martinson N.A.; Terris-Prestholt F.; Fox J.	A qualitative study to identify critical attributes and attribute-levels for a discrete choice experiment on oral pre-exposure prophylaxis (PrEP) delivery among young people in Cape Town and Johannesburg, South Africa	BMC Health Services Research	-	-	-	14726963	10.1186/s12913-020-05942-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098795280&doi=10.1186%2fs12913-020-05942-8&partnerID=40&md5=be5406856a38cc19dd6d7ecf486383ea	Background: The uptake and adherence of daily oral PrEP has been poor in high-risk populations in South Africa including young people. We used qualitative research methods to explore user preferences for daily and on-demand oral PrEP use among young South Africans, and to inform the identification of critical attributes and attribute-levels for quantitative analysis of user preferences, i.e. a discrete choice experiment (DCE). Methods: Data were collected between September and November 2018 from eight group discussions and 20 in-depth interviews with young people 13 to 24 years in Cape Town and Johannesburg. Using a convenience sampling strategy, participants were stratified by sex and age. Interviewers used a semi-structured interview guide to discuss several attributes (dosing regimen, location, costs, side effects, and protection period) for PrEP access and use. Group discussions and in-depth interviews were audio-recorded, transcribed verbatim and translated to English. We used framework analysis to explore context-specific attributes and attribute-levels for delivering oral PrEP in South Africa. The adolescent community advisory board, expert and study team opinions were consulted for the final DCE attributes and levels. Results: We enrolled 74 participants who were 51% (n = 38/74) male, had a median age of 18.5 Interquartile range = 16–21.25 years, 91% (n = 67/74) identified as heterosexual and 49% (n = 36/74) had not completed 12th grade education. Using the qualitative data, we identified five candidate attributes including (1) dosing regimen, (2) location to get PrEP, (3) cost, (4) route of administration and (5) frequency. After discussions with experts and the study team, we revised the DCE to include the following five attributes and levels: dosing regime: daily, and on-demand PrEP; location: private pharmacy, public clinic, mobile clinic, ATM); cost: free-of-charge, R50 (~2GBP), R265 (~12GBP); side effects: nausea, headache, rash; and duration of protection: fulltime protection versus when PrEP is used). Conclusions: There is limited literature on qualitative research methods describing the step-by-step process of developing a DCE for PrEP in adolescents, especially in resource-constrained countries. We provide the process followed for the DCE technique to understand user preferences for daily and on-demand oral PrEP among young people in South Africa. © 2021, The Author(s).	Adolescents; Conjoint analysis; Discrete choice experiment (DCE); HIV; Oral pre-exposure prophylaxis (PrEP); Preferences; South Africa; Young people	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Digre P.; Avoundjian T.; Johnson K.; Peyton D.; Lewis C.; Barnabas R.V.; Golden M.R.; Khosropour C.M.	Barriers, Facilitators, and Cost of Integrating HIV-Related Activities into Sexually Transmitted Disease Partner Services in Jackson, Mississippi	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001296	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102089328&doi=10.1097%2fOLQ.0000000000001296&partnerID=40&md5=0d52753184ed16152b4abcc14872c322	Background Many US health departments now integrate HIV-related outcomes (e.g., relinkage to HIV care and preexposure prophylaxis PrEP) into sexually transmitted disease (STD) partner services (PS) programs. We sought to determine the barriers, facilitators, and cost of integrating these activities into PS. Methods From 2016 to 2018, the Mississippi State Department of Health integrated 3 new activities into STD PS: HIV testing for partners of HIV-negative men who have sex with men with gonorrhea/chlamydia, relinkage to HIV care for STD PS recipients previously diagnosed with HIV, and PrEP referrals. We conducted direct observations and interviews with disease intervention specialists (DIS) in Jackson to assess barriers and facilitators to implementing these activities. We completed time and motion studies with 8 DIS and case tracking forms for 90 unique cases to estimate the incremental staff time and associated personnel cost of added services compared with a standard PS case. Results Disease intervention specialists were optimistic about integrating HIV-related activities but noted disparate data systems, nonsystematic documentation, and lack of training as barriers. The mean time for a standard STD PS case without HIV-related activities was 195 minutes (cost, $77.69/case). The cost to conduct PS for HIV-negative men who have sex with men with gonorrhea/chlamydia was 36% higher than a standard case. Integrating relinkage to care and PrEP referrals resulted in a 44% and 20% increase in cost, respectively. Conclusions Integrating HIV care relinkage and PrEP referrals into STD partner services was generally acceptable by DIS and added marginal cost per case. Coupling these cost metrics with an assessment of the effectiveness of these activities can inform prioritization of partner services activities. © Lippincott Williams & Wilkins.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Dijkstra M.; Mohamed K.; Kigoro A.; Mumba T.; Mahmoud S.; Wesonga A.; Mukuria N.; Oduor T.; Gichuru E.; Van Der Loeff M.F.S.; Palmer S.; Graham S.M.; Van Der Elst E.M.; Sanders E.J.	Peer Mobilization and Human Immunodeficiency Virus (HIV) Partner Notification Services among Gay, Bisexual, and Other Men Who Have Sex with Men and Transgender Women in Coastal Kenya Identified a High Number of Undiagnosed HIV Infections	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofab219	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119680354&doi=10.1093%2fofid%2fofab219&partnerID=40&md5=f25e2ee1a3f92aecf351c99d404ae9d0	Background: Human immunodeficiency virus (HIV) partner notification services (HPN), peer mobilization with HIV self-testing, and acute and early HIV infection (AEHI) screening among gay, bisexual, and other men who have sex with men (GBMSM) and transgender women (TGW) were assessed for acceptability, feasibility, and linkage to antiretroviral therapy (ART) and preexposure prophylaxis (PrEP) services. Methods: Between April and August 2019, peer mobilizers mobilized clients by offering HIV oral self-tests and immediate clinic referral for clients with AEHI symptoms. Mobilized participants received clinic-based rapid antibody testing and point-of-care HIV RNA testing. Newly diagnosed participants including those derived from HIV testing services were offered immediate ART and HPN. Partners were recruited through HPN. Results: Of 772 mobilized clients, 452 (58.5%) enrolled in the study as mobilized participants. Of these, 16 (3.5%) were HIV newly diagnosed, including 2 (0.4%) with AEHI. All but 2 (14/16 87.5%) initiated ART. Thirty-five GBMSM and TGW were offered HPN and 27 (77.1%) accepted it. Provider referral identified a higher proportion of partners tested (39/64 60.9% vs 5/14 35.7%) and partners with HIV (27/39 69.2% vs 2/5 40.0%) than index referral. Of 44 enrolled partners, 10 (22.7%) were newly diagnosed, including 3 (6.8%) with AEHI. All 10 (100%) initiated ART. PrEP was initiated among 24.0% (103/429) mobilized participants and 28.6% (4/14) partners without HIV. Conclusions: HPN, combined with a peer mobilization-led self-testing strategy and AEHI screening for GBMSM and TGW, appears to be acceptable and feasible. These strategies, especially HPN provider referral, effectively identified undiagnosed HIV infections and linked individuals to ART and PrEP services. © 2021 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	acute HIV infection; partner notification; self-testing; sexual and gender minorities; sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2021	Dijkstra, Maartje; Prins, Henrieke; Prins, Jan M.; Reiss, Peter; Boucher, Charles; Verbon, Annelies; Rokx, Casper; de Bree, Godelieve	Cohort profile: the Netherlands Cohort Study on Acute HIV infection (NOVA), a prospective cohort study of people with acute or early HIV infection who immediately initiate HIV treatment.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2020-048582	https://bmjopen.bmj.com/content/11/11/e048582	PURPOSE: Initiation of combination antiretroviral therapy (cART) during acute or early HIV-infection (AEHI) limits the size of the viral reservoir and preserves immune function. This renders individuals who started cART during AEHI promising participants in HIV-cure trials. Therefore, we established a multicentre prospective cohort study in the Netherlands that enrols people with AEHI. In anticipation of future cure trials, we will longitudinally investigate the properties of the viral reservoir size and HIV-specific immune responses among cohort participants. PARTICIPANTS: Participants immediately initiate intensified cART: dolutegravir, emtricitabine/tenofovir and darunavir/ritonavir (DRV/r). After 4 weeks, once baseline resistance data are available, DRV/r is discontinued. Three study groups are assembled based on the preparedness of individuals to participate in the extensiveness of sampling. Participants accepting immediate treatment and follow-up but declining additional sampling are included in study group 1 ('standard') and routine diagnostic procedures are performed. Participants willing to undergo blood, leukapheresis and semen sampling are included in study group 2 ('less invasive'). In study group 3 ('extended'), additional tissue (gut-associated lymphoid tissue, peripheral lymph node) and cerebrospinal fluid sampling are performed. FINDINGS TO DATE: Between 2015 and 2020, 140 individuals with AEHI have been enrolled at nine study sites. At enrolment, median age was 36 (IQR 28-47) years, and 134 (95.7%) participants were men. Distribution of Fiebig stages was as follows: Fiebig I, 3 (2.1%); II, 20 (14.3%); III, 7 (5.0%); IV, 49 (35.0%); V, 39 (27.9%); VI, 22 (15.7%). Median plasma HIV RNA was 5.9 (IQR 4.7-6.7) log10 copies/mL and CD4 count 510 (IQR 370-700) cells/mm(3). Median time from cART initiation to viral suppression was 8.0 (IQR 4.0-16.0) weeks. FUTURE PLANS: The Netherlands Cohort Study on Acute HIV infection remains open for participant enrolment and for additional sites to join the network. This cohort provides a unique nationwide platform for conducting future in-depth virological, immunological, host genetic and interventional studies investigating HIV-cure strategies.	Adult; Humans; Male; Treatment Outcome; Viral Load; Prospective Studies; Cohort Studies; *Anti-HIV Agents/therapeutic use; Netherlands/epidemiology; Emtricitabine/therapeutic use; *HIV Infections/drug therapy; epidemiology; HIV & AIDS; immunology	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2021	Djordevic, J; Silva, CJ	A stochastic analysis of the impact of fluctuations in the environment on pre-exposure prophylaxis for HIV infection	Soft Computing	-	-	-	1432-7643	10.1007/s00500-019-04611-1	https://link.springer.com/article/10.1007/s00500-019-04611-1	We propose a stochastic model for HIV/AIDS transmission where pre-exposure prophylaxis is considered as a prevention measure for new HIV infections. A white noise is introduced into the model, representing fluctuations in the environment that manifest themselves on the transmission coefficient rate. We prove the existence and uniqueness of a global positive solution of the stochastic model and establish conditions under which extinction and persistence in mean hold. Numerical simulations are provided which illustrate the theoretical results, and conclusions are derived on the impact of the fluctuations in the environment on the number of the susceptible individuals that are under pre-exposure prophylaxis.	AIDS; HIV; HIV/AIDS; Pre-exposure prophylaxis; PREVENTION; COST-EFFECTIVENESS; MEN; SEX; Persistence; AIDS epidemic model; Brownian motion; COINFECTION; Extinction; MATHEMATICAL-ANALYSIS; Numerical simulations; SIS EPIDEMIC MODEL; Stochastic differential equations; THRESHOLD	English	Germany	Western and Central Europe and North America	Serbia	Western and Central Europe and North America	Serbia	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Dlamini, Buyisiwe Lorraine.	The communicative role played by social workers in the introduction and uptake of oral pre-exposure prophylaxis(oral prep) in Vulindlela.	-	-	University of KwaZulu-Natal	-	na	NA	https://researchspace.ukzn.ac.za/handle/10413/19704	Since the discovery of HIV and Aids many efforts to reduce the spread of the virus have been taken, these include biomedical interventions such as male circumcision, male and female condoms and PrEP. Several HIV prevention methods have been effective to curb the spread of HIV infections, with Voluntary Male Medical Circumcision (VMMC) and PrEP, have shown impact in overall reduction of HIV transmission. (Moodley, et al., 2016). PrEP has been shown to reduce the risk of HIV infection from unprotected sex by over 90 percent, and from injecting drugs by more than 70 percent (CDC, 2019). Biomedical interventions have been shown to be more effective when implemented in conjunction with behavioral interventions, and where contextual factors such as cultural context are considered in the implementation of such interventions (Baxter & Karim, 2016) A key factor that surfaces from the various studies considered here is that, biomedical interventions have less efficacy when used independently but works best with behavioral interventions rooted in various social and cultural contexts of those targeted. Such behavioral interventions including peer education, mass media communication, school-based sex education programmes, socioeconomic interventions and behavioural counselling, have opened up a greater scope for clinical social work in South Africa, and have been demonstrated to be instrumental in targeted awareness among adolescents and young adults (Baxter & Karim, 2016; AVERT, 2019; Morojele, et al., 2006). Biomedical HIV prevention technologies, such as antiretroviral pre-exposure prophylaxis (PrEP) hold huge potential to substantially reduce HIV acquisition in high-risk populations globally (Giovenco, 2019). Although many people who could benefit from PrEP are still unaware of its existence hence the need for social workers to raise awareness through education and interventions directed at sociostructural change in the communities. This dissertation provides an understanding of the communicative role played and can play by social workers in the future uptake and introduction to HIV prevention methods in Vulindlela. This study investigates the level of knowledge amongst social workers working with HIV clients. By employing a culture-centred approach (CCA) and the Social Ecology Model of communication and Health Behaviour (SEMCHB), this dissertation seeks to reach a holistic understanding of how social workers communicate with their clients about HIV prevention methods and their level of knowledge about HIV prevention methods such as PrEP. A phenomenological approach was adopted for this research study. Three interviews were held separately with social workers working in Vulindlela using semi – structured questionnaires to collect data. Thematic analysis was used to develop themes that emerged from the data collected. Key findings of the study revealed that social workers were heavily integrated in the communities in which they work and therefore have increased community exposure to play an…	Social workers – KwaZulu-Natal – Vulindlela.; Social workers – Health communication.; Healthcare communication.; HIV/AIDS – Prevention.; Pre-exposure prophylaxis (PrEP)	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Qualitative
Article	2021	Donenberg G.R.; Atujuna M.; Merrill K.G.; Emerson E.; Ndwayana S.; Blachman-Demner D.; Bekker L.G.	An individually randomized controlled trial of a mother-daughter HIV/STI prevention program for adolescent girls and young women in South Africa: IMARA-SA study protocol	BMC Public Health	-	-	-	14712458	10.1186/s12889-021-11727-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115154734&doi=10.1186%2fs12889-021-11727-3&partnerID=40&md5=ce6c0f5c3ebf943b9eac9ec0b5160369	Background: South Africa has the world's largest HIV epidemic, but South African adolescent girls and young women (AGYW) acquire HIV at twice the rate of and seroconvert on average 5–7 years earlier than their male peers. Female caregivers (FC) are an untapped resource for HIV/STI prevention in South Africa and offer a novel opportunity to strengthen AGYW prevention efforts. This study will evaluate the effectiveness and cost-effectiveness of an evidence-based mother-daughter HIV/STI prevention program tested in the United States and adapted for South Africa, Informed Motivated Aware and Responsible Adolescents and Adults (IMARA), to decrease STI incident infections and increase HIV testing and counseling (HTC) and PrEP uptake in AGYW. Methods: This is a 2-arm individually randomized controlled trial comparing IMARA to a family-based control program matched in time and intensity with 525 15–19-year-old Black South African AGYW and their FC-dyads in Cape Town's informal communities. AGYW will complete baseline, 6-, and 12-month assessments. Following randomization, AGYW-FC dyads will participate in a 2-day group workshop (total 10 h) that includes joint and separate mother and daughter activities. Primary outcomes are AGYW STI incidence, HTC uptake, and PrEP uptake at 6 months. Secondary outcomes are AGYW STI incidence, HTC uptake, and PrEP uptake at 12 months, sexual behavior (e.g., condom use, number of partners), HIV incidence, and ART/PrEP adherence and intervention cost-effectiveness. AGYW who test positive for a STI will receive free treatment at the study site. HIV positive participants will be referred to ART clinics. Discussion: Primary prevention remains the most viable strategy to stem new STI and HIV transmissions. HIV and STI disparities go beyond individual level factors, and prevention packages that include supportive relationships (e.g., FC) may produce greater reductions in HIV-risk, improve HTC and PrEP uptake, and increase linkage, retention, and adherence to care. Reducing new HIV and STI infections among South African AGYW is global public health priority. Trial registration: ClinicalTrials.gov Number NCT04758390, accepted 02/16/2021. © 2021, The Author(s).	Adolescent girls and women; HIV prevention; Mother-daughter intervention; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Donnell D.; Beesham I.; Welch J.D.; Heffron R.; Pleaner M.; Kidoguchi L.; Palanee-Phillips T.; Ahmed K.; Baron D.; Bukusi E.A.; Louw C.; Mastro T.D.; Smit J.; Batting J.R.; Malahleha M.; Bailey V.C.; Beksinska M.; Rees H.; Baeten J.M.; Gichangi P.B.; Heller K.B.; Mbandazayo N.; Morrison C.S.; Nanda K.; Scoville C.W.; Shears K.; Steyn P.S.; Taylor D.; Thomas K.K.; Kiarie J.; Justman J.; Nhlabatsi Z.; Bekker L.-G.; Nair G.; Hofmeyr G.J.; Singata-Madliki M.; Selepe R.A.P.; Sibiya S.; Phiri Kasaro M.; Stringer J.; Mugo N.R.	Incorporating oral PrEP into standard prevention services for South African women: a nested interrupted time-series study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(21)00048-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111502589&doi=10.1016%2fS2352-3018%2821%2900048-5&partnerID=40&md5=49bf8158d31bbda3c1eb45b73ee8885b	Background: As oral pre-exposure prophylaxis (PrEP) becomes the standard of prevention globally, its potential effect on HIV incidence in clinical trials of new prevention interventions is unknown, particularly for trials among women. In a trial measuring HIV incidence in African women, oral PrEP was incorporated into the standard of prevention in the trial's last year. We assessed the effect of on-site access to PrEP on HIV incidence in this natural experiment. Methods: We did a nested interrupted time-series study using data from the ECHO trial. At 12 sites in four countries (Eswatini, Kenya, South Africa, and Zambia), women (aged 16–35 years) were randomly assigned to receive one of three contraceptives between Dec 14, 2015, and Sept 12, 2017, and followed up quarterly for up to 18 months to determine the effect of contraceptive method on HIV acquisition. Women were eligible if they wanted long-acting contraception, were medically qualified to receive study contraceptives, and had not used any of the study contraceptives in the past 6 months. The present analyses are limited to nine South African sites where on-site access to oral PrEP was implemented between March 13 and June 12, 2018. Using an interrupted time-series design, we compared HIV incidence before versus after PrEP access, limited to quarterly study visits at which on-site PrEP access was available to at least some participants and, in a sensitivity analysis, to the 180 days before and after access. The outcome was incident HIV infection, detected using two rapid HIV tests done in parallel for each participant at every scheduled follow-up visit. This study is registered on ClinicalTrials.gov, NCT02550067. Findings: 2124 women were followed up after on-site PrEP access began, of whom 543 (26%) reported PrEP use. A total of 12 HIV seroconversions were observed in 556 person-years (incidence 2·16%) after on-site PrEP access, compared with 133 HIV seroconversions in 2860 person-years (4·65%) before PrEP access (adjusted incidence rate ratio IRR 0·45, 95% CI 0·25–0·82, p=0·0085). Similar results were also observed when limiting the analysis to 180 days before versus after PrEP access. A total of 46 HIV seroconversions were observed in 919 person-years within 180 days before PrEP access, compared with 11 seroconversions in 481 person-years in the 180 days following PrEP access (incidence 5·00 vs 2·29 per 100 person-years; IRR 0·43, 95% CI 0·22–0·88, p=0·012). Interpretation: On-site access to PrEP as part of standard of prevention in a clinical trial among women in South Africa was associated with halving HIV incidence, when approximately a quarter of women started PrEP. Providing access to on-site PrEP could decrease incidence in HIV prevention trials. These data are also among the first to show in any setting that access to PrEP is associated with decreased HIV acquisition among South African women. Funding: Bill & Melinda Gates Foundation, United States Agency for International Development, President's Emergency Plan for AIDS Relief, the Swedish International Development Cooperation Agency, South African Medical Research Council, and United Nations Population Fund. © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Dorcé-Medard DO, Jennifer; Okobi Md, Okelue E; Grieb DO, Jesse; Saunders DO, Nzingha; Harberger Md, Seneca	HIV Pre-exposure Prophylaxis in the LGBTQ Community: A Review of Practice and Places.	Cureus	-	-	-	2168-8184	10.7759/cureus.15518	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8253517	One in six bisexual and gay men will be diagnosed with HIV in their lifetime (Human Rights Campaign, 2017). Without a vaccine or cure, prevention may be the best tool to control the HIV pandemic. Since 2012, the World Health Organization (WHO) recommends HIV pre-exposure prophylaxis (PrEP) for a high-risk population. To this day, in the United States (U.S.), the group with the highest risk is MSM (men who have sex with other men) that have condom-less sexual intercourse (Center for Disease Control and Prevention, 2019). In fact, in 2018, over 50% of all HIV infections occurred in MSM and members of the LGBT community. A systematic review was conducted using PubMed, Google Scholar, and Cochrane Library. The inclusive criteria were articles published from 2015-2020, focusing specifically on HIV PrEP among the members of the LGBTQ+ community. The keywords for our search were "Pre-exposure prophylaxis," "HIV," "men who have sex with other men" (MSM), "Bisexual," "transgender." A total of 25 articles met the inclusion criteria. About 50% of the articles focused on MSM while others highlighted bisexual and transgender women. Globally, PrEP is a priority. Programs to educate and promote its use are being developed, but challenges are present regarding access to PrEP and its maintenance for longer than 12 months. In the U.S., PrEP programs started in 2012, intending to promote and educate. Research shows that more than 60% of the high-risk patients are willing to try PrEP if they are correctly educated, showing that physicians were not doing a thorough job educating their patients. PrEP is essential for preventing the transmission of HIV among the LGBTQ+ subpopulation. Existing gaps need to be bridged to create or improve to educate high-risk populations and physicians on HIV PrEP.	pre-exposure prophylaxis, hiv, men who have sex with other men (msm), bisexual, transgender, acquired immune deficiency syndrome (aids), homosexual	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Doyle, Carla M; Maheu-Giroux Mathieu; Lambert, Gilles; Mishra Sharmistha; Apelian Herak; Messier-Peet, Marc; Otis, Joanne; Grace, Daniel; Hart, Trevor A; Moore, David M; Lachowsky, Nathan J; Cox, Joseph	Combination HIV Prevention Strategies Among Montreal Gay, Bisexual, and Other Men Who Have Sex with Men in the PrEP Era: A Latent Class Analysis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02965-4	https://www.proquest.com/scholarly-journals/combination-hiv-prevention-strategies-among/docview/2483428954/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) became publicly available in Quebec for gay, bisexual and other men who have sex with men (GBM) in 2013. We used baseline data from Engage, a cohort of GBM recruited by respondent-driven sampling, to examine patterns of combination HIV prevention use among Montreal GBM since PrEP became available. Latent class analysis, stratified by HIV status, was used to categorize GBM by self-reported use of biomedical and behavioural prevention strategies. Correlates of resulting classes were identified using multinomial logistic regression. Among HIV-negative/unknown GBM (n = 968), we identified four classes: low use of prevention (32%), condoms (40%), seroadaptive behaviour (21%), and biomedical (including PrEP; 7%). Those using prevention (condoms, seroadaptive behaviour, and biomedical) had a higher number of anal sex partners and were more likely to report a recent sexually transmitted infection diagnosis. GBM using biomedical prevention also had a higher level of formal education. Among GBM living with HIV (n = 200), we identified three classes: mainly antiretroviral treatment (ART) with viral suppression (53%), ART with viral suppression and condoms (19%), and ART with viral suppression and seroadaptive behaviour (18%). Again, the number of anal sex partners was higher among those using condoms and seroadaptive behaviour. Our findings show antiretroviral-based prevention, either alone or in combination with other strategies, is clearly a component of the HIV prevention landscape for GBM in Montreal. Nevertheless, PrEP uptake remains low, and there is a need to promote its availability more widely.	Bisexuality; Condoms; Canada; Homosexuality; Antiretroviral therapy; Pre-exposure prophylaxis; Antiretroviral drugs; Psychology; Prevention; Combination HIV prevention; Men; Men who have sex with men; Sexual behavior; Disease prevention; Prophylaxis; Anal intercourse; Latent class analysis; Quebec; Regression analysis; Strategies; HIV prevention strategies; Anal sex; Antiretroviral agents; Latent class model; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Biomedicine; Medical treatment; Prescription drugs; Educational attainment; Montreal Quebec Canada; Higher education	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Drak D.; McManus H.; Vickers T.; Heron J.E.; Vaccher S.; Zablotska I.; Guy R.; Bavinton B.; Jin F.; Grulich A.E.; Bloch M.; O'Connor C.C.; Gracey D.M.	Renal impairment in a large-scale HIV preexposure prophylaxis implementation cohort	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003035	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121407598&doi=10.1097%2fQAD.0000000000003035&partnerID=40&md5=27bac7d6b9dc906597b8630079656272	Background:HIV preexposure prophylaxis (PrEP) with fixed-dose tenofovir disoproxil fumarate (TDF) and emtricitabine has been associated with low rates of renal impairment in clinical trials. Large-scale PrEP implementation may result in higher rates, as the prevalence of associated risk factors may be higher than in trial populations.Methods:A posthoc analysis of EPIC-NSW, a large Australian multicentre PrEP implementation trial for patients at high risk of HIV infection. Participants were eligible for inclusion if they commenced PrEP between 1 March 2016 and 30 April 2018, and had renal function assessed at baseline and at least once more before the censor date. The primary outcome was new-onset renal impairment, defined as an estimated glomerular filtration rate (eGFR) <60ml/min per 1.73m2.Results:A total of 6808 participants were eligible for inclusion. Almost all were male (99%), with a median age of 35years interquartile range (IQR): 28-44. Approximately one-quarter (26%) had a baseline eGFR <90ml/min per 1.73m2. Over a median follow-up period of 1.2years (IQR: 0.6-1.7), the rate of renal impairment was 5.8 episodes per 1000 person-years 95% confidence interval (CI): 4.0-7.8. In multivariable Cox regression, there was a higher risk of renal impairment in participants aged ≥50years hazard ratio (HR) 14.7, 95% CI: 5.0-43.3, P<0.001 and those with an eGFR <90ml/min per 1.73m2(HR 28.9, 95% CI: 6.9-121.9) at baseline.Conclusion:In a large-scale implementation study, TDF-containing PrEP was associated with a low risk of renal impairment overall, whereas older patients and those with preexisting renal dysfunction were at substantially increased risk. © 2021 Lippincott Williams and Wilkins. All rights reserved.	HIV; kidney disease; preexposure prophylaxis; risk factors; tenofovir	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Driver R.; Allen A.M.; Finneran S.; Maksut J.L.; Eaton L.A.; Kalichman S.C.	Masculine ideology and Black men who have sex with men's interest in HIV pre-exposure prophylaxis (PrEP)	Journal of Health Psychology	-	-	-	13591053	10.1177/1359105320941236	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087564738&doi=10.1177%2f1359105320941236&partnerID=40&md5=dc4cacd7e1442c38679d100d2404a269	We examined how traditional masculinity and stigma surrounding HIV pre-exposure prophylaxis (PrEP) affect PrEP interest among Black men who have sex with men (BMSM). One hundred twenty-three men attending a Black Gay Pride event completed measures assessing traditional masculinity, PrEP stigma, and PrEP interest along with two behavioral measures of interest in PrEP. Results demonstrated that avoidance of femininity directly related to interest in PrEP and indirectly through conformity to heterosexual self-presentation. Further, PrEP stigma differentially moderated both of these relationships. Interventions designed to improve engagement of PrEP for BMSM should be attentive to traditional masculinity as a barrier. © The Author(s) 2020.	Black men who have sex with men; HIV; masculinity ideology; pre-exposure prophylaxis; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Dubov, Alex; Ogunbajo, Adedotun; Altice, Frederick L; Fraenkel, Liana; Distelberg, Brian	Development and Psychometric Evaluation of the PrEP Sexual Expectancies (PSEXS) Scale.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03087-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7979444	The goal of this study was to develop and evaluate psychometric properties of the PrEP Sexual Expectancies Scale (PSEXS). The PSEXS represents a range of expectations for how PrEP use will affect one's sexual experience. The scale was developed to understand perceived reinforcements of PrEP use among men who have sex with men (MSM), including sexual risk-taking. The study builds upon Expectancy Theory to develop a measure of sex-related PrEP expectancies with a representative sample of 1155 MSM participants from Ukraine and 408 MSM participants from the U.S. Expectancy items represented two domains: increased sexual risk-taking and enhancement of sexual experience. Confirmatory analyses showed that a two-factor model provided a good fit to the data. The PSEXS scale had a high internal reliability in both samples (Ukraine α = 0.88, U.S. α = 0.83), and the identified factor structure explains a large amount of variance in both samples. Recent studies suggest that expectations of intimacy and better sexual experience can be a significant deciding factor for PrEP uptake. The PSEXS provides researchers with a useful measure for examining MSM's expectancy beliefs about the impact of PrEP use on their sexual life.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Dunville R.; Harper C.; Johns M.M.; Heim Viox M.; Avripas S.; Fordyce E.; Stern M.; Schlissel A.; Carpenter R.; Michaels S.	Awareness and Willingness to Use Biomedical Prevention Strategies for HIV Among Sexual and Gender Minority Youth: Results From a National Survey	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2020.05.032	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088130995&doi=10.1016%2fj.jadohealth.2020.05.032&partnerID=40&md5=b59831300d877f288bad6f6f6afd14de	Purpose: Sexual and gender minority youth (SGM), an umbrella term encompassing gay, bisexual, and transgender youth, experience disproportionately high rates of new HIV infections, and recent advances in biomedical HIV prevention modalities hold promise in reducing new infections. However, the extent to which SGM youth are aware of and willing to use these modalities is unknown. Methods: Using data from the Survey of Today's Adolescents Relationships and Transitions, we analyze awareness of and willingness to take HIV pre-exposure prophylaxis (PrEP), nonoccupational HIV post-exposure prophylaxis, and rectal microbicides among adolescent sexual minority males aged 13–18 years and transgender youth aged 13–24 years. Results: Overall, we found a majority of our respondents were not aware of any of these prevention modalities. Across both subsamples, age and access to a health care provider were associated with increased PrEP awareness, and any anal sex was associated with PrEP willingness. Conclusions: These findings highlight the importance of provider education on how to discuss SGM issues with patients and educate them about HIV prevention options. © 2020	Gender minority; Microbicides; nPEP; PrEP; Provider education; Sexual minority	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Durosinmi-Etti, Olawale; Nwala, Emmanuel Kelechi; Oki, Funke; Ikpeazu, Akudo; Godwin, Emmanuel; Umoh, Paul; Shaibu, Arome; Ogundipe, Alex; Kalaiwo, Abiye	Communication needs for improved uptake of PrEP and HIVST services among key populations in Nigeria: a mixed-method study	AIDS Research and Therapy	-	-	-	1742-6405	10.1186/s12981-021-00411-6	https://pubmed.ncbi.nlm.nih.gov/34801037/	Abstract Background World Health Organization (WHO) reports that people who indulge in risky behaviours such as penile-anal sex, unprotected intercourse, multiple sex partners, and alcohol and illicit drugs are at risk of HIV/AIDS and classified as Key Populations (KPs). Since the introduction of PrEP and HIVST for the key population groups in Nigeria, government entities and implementing partners have used a range of channels in messaging these essential services across to the target groups—ranging from in-person, social media, television, and radio adverts. Yet, few successes have been documented, thereby necessitating the need to understand the enabling facilitators, barriers to, and communication needs of the KP groups in messaging PrEP and HIVST services in Nigeria. Communicating PrEP and HIVST services will empower the key populations to seek available HIV prevention services and help to increase access to HIV testing services in Nigeria. Methods This study was a mixed-method cross-sectional design; involving 1169 participants from the key populations in Nigeria. The study used a survey and qualitative exploratory methods (interviews and focus group discussion), to collect data from the participants—MSM, FSWs, and key influencers of the KP groups (health providers, peer educators, HIV program officers). In August 2020, data collection was conducted using an open data kit (ODK). Quantitative data were analyzed using SPSS version 20 for descriptive statistics, while qualitative data were analyzed using deductive and thematic analysis based on the codebook. Results The KPs were mainly urban dwellers (77.7%), and the majority of the participants were between 18 to 28 years (89.3%). However, the MSM group was of a younger population compared to the FSWs. A majority completed secondary education (56.1% FSWs and 43.5% MSM). The MSM group showed more tendency to acquire higher education compared to the FSWs. For example, about 51.3% of the MSM group were undergraduates compared to 9.5% of the FSWs. The majority of the KPs were self-employed (56.4% FSWs and 40% MSM). Only about 51% of the KPs were aware of PrEP, with typological variations (39.9% FSWs and 62.3% MSM). MSM group in Lagos (82.5%) were more aware of PrEP services, than 53.1% and 54.5% in A/Ibom (53.1%) and C/River (54.5%). Among the enablers to acquiring PrEP information was the ability of the KPs to network within their communities and on personal relationships. Evidence shows that no single approach influenced the acquisition and use of PrEP information by KPs. Although this proportion varied across the geographic locations, only about 50% of the KPs were aware of HIVST services (40% FSWs and 60% MSM). The factors that enabled the acquisition and use of the prevention commodities were cross-cutting, including a previous or current role as a peer educator, integration of the messages, peer networking, multi-lingual and multi-channel presentation, job aids, and reminders. KPs expressed the need for information on how to take PrEP, eligibility, clarification on differences between PrEP and PEP, clarification on any side effects, for PrEP, price, efficacy, sales point, dosage, available brands. A scale-up of the research across all geopolitical zones and a survey to quantify the prevalence would help understand the dynamics and prioritization of interventions for scaling up PrEP and HIVST services in Nigeria. Conclusions The study documented barriers and facilitators to the uptake of PrEP and HIVST among key populations in Nigeria. It highlighted that KPs are willing to receive PrEP and HIVST messages. The policy actors should consider the preferences of the KPs and the key influencers in reducing barriers to communication and increasing the uptake of PrEP and HIVST services; ensure it reflects in a tailored communication strategy. Since multi-linguistics and multi-channels of presentation were enablers to acquiring PrEP and HIVST messages, the communications strategy for HIV prevention should incorporate these recommendations and adapt to context-specific approaches for effective messaging.	Family medicine; Thematic analysis; Population; Acquired immunodeficiency syndrome (AIDS); Qualitative property; Psychological intervention; Focus group; Descriptive statistics; Open data	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Mixed methods
Book Section	2021	Duthe J.-C.; Bouzille G.; Sylvestre E.; Chazard E.; Arvieux C.; Cuggia M.	How to identify potential candidates for HIV pre-exposure prophylaxis: An AI algorithm reusing real-world hospital data	-	Public Health and Informatics: Proceedings of MIE 2021	-	NA	-	10.3233/SHTI210265	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107238698&doi=10.3233%2fSHTI210265&partnerID=40&md5=da461c9f0891edfc4132acfadc81e4bb	HIV Pre-Exposure Prophylaxis (PrEP) is effective in Men who have Sex with Men (MSM), and is reimbursed by the social security in France. Yet, PrEP is underused due to the difficulty to identify people at risk of HIV infection outside the "sexual health" care path. We developed and validated an automated algorithm that re-uses Electronic Health Record (EHR) data available in eHOP, the Clinical Data Warehouse of Rennes University Hospital (France). Using machine learning methods, we developed five models to predict incident HIV infections with 162 variables that might be exploited to predict HIV risk using EHR data. We divided patients aged 18 or more having at least one hospital admission between 2013 and 2019 in two groups: cases (patients with known HIV infection in the study period) and controls (patients without known HIV infection and no PrEP in the study period, but with at least one HIV risk factor). Among the 624,708 admissions, we selected 156 cases (incident HIV infection) and 761 controls. The best performing model for identifying incident HIV infections was the combined model (LASSO, Random Forest, and Generalized Linear Model): AUC = 0.88 (95% CI: 0.8143-0.9619), specificity = 0.887, and sensitivity = 0.733 using the test dataset. The algorithm seems to efficiently identify patients at risk of HIV infection. © 2021 European Federation for Medical Informatics (EFMI) and IOS Press. © 2021 European Federation for Medical Informatics (EFMI) and IOS Press. All rights reserved.	Clinical informatics; HIV prevention; Machine learning; Pre-exposure prophylaxis (PrEP); Predictive analytics; Risk reduction practices; Sexual health	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	-	-	Quantitative

Article	2021	Earlywine, Joel J; Bazzi, Angela R; Biello, Katie B; Klevens, R Monina	High Prevalence of Indications for Pre-exposure Prophylaxis Among People Who Inject Drugs in Boston, Massachusetts.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2020.09.011	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7902399	INTRODUCTION: In Massachusetts, recent outbreaks of HIV have been fueled by injection and sexual exposures among people who inject drugs. Understanding pre-exposure prophylaxis need, knowledge, and use among people who inject drugs will help inform and evaluate interventions. METHODS: In 2019, investigators analyzed 2018 National HIV Behavioral Surveillance data from people who inject drugs in Boston, MA, who met eligibility criteria. Proportions of people who inject drugs with U.S. Preventive Services Task Force-based pre-exposure prophylaxis indication were estimated by types of HIV acquisition risk in the past year: injection exposure only, sexual exposure only, and overlapping injection and sexual exposures. Investigators then evaluated pre-exposure prophylaxis awareness, conversations with healthcare providers about pre-exposure prophylaxis, and self-reported pre-exposure prophylaxis use among those with and without pre-exposure prophylaxis indications. RESULTS: The prevalence of pre-exposure prophylaxis indication was 92% overall (389/423), with 290 (69%) participants indicated for injection exposures only, 3 (<1%) indicated for sexual exposures only, and 96 (23%) indicated for both injection and sexual exposures. Among those indicated for pre-exposure prophylaxis (n=389), 152 (39%) reported being aware of pre-exposure prophylaxis, 41 (11%) had discussed pre-exposure prophylaxis with a healthcare provider, and 8 (2%) had used pre-exposure prophylaxis in the past year. There were no statistically significant differences between pre-exposure prophylaxisâindicated and ânonindicated people who inject drugs with respect to pre-exposure prophylaxis awareness, discussion with a healthcare provider, and pre-exposure prophylaxis use. CONCLUSIONS: Indication for pre-exposure prophylaxis was high, but awareness was low, conversations about pre-exposure prophylaxis with healthcare providers were uncommon, and pre-exposure prophylaxis use was extremely low. These findings highlight important areas for clinical and community-based interventions to improve pre-exposure prophylaxis uptake among and delivery to people who inject drugs.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Edeza A.; Karina Santamaria E.; Valente P.K.; Gomez A.; Ogunbajo A.; Biello K.	Experienced barriers to adherence to pre-exposure prophylaxis for HIV prevention among MSM: a systematic review and meta-ethnography of qualitative studies	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1778628	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087030461&doi=10.1080%2f09540121.2020.1778628&partnerID=40&md5=eaef160be31f92e98607f7cb0eb0abbc	Men who have sex with men (MSM) in the United States are at disproportionate risk for HIV. Once-daily pre-exposure prophylaxis (PrEP) for HIV prevention is a highly effective method of preventing HIV infection; however, optimal adherence is necessary to maintain effectiveness. Many studies have profiled perceived barriers to adherence among at-risk MSM; however, nearly a decade after FDA approval, there has been little work examining experienced barriers to adherence among MSM who have previously used the medication. To assess the current state of this literature and its implications for behavioral interventions, we conducted a meta-ethnography (i.e., A systematic review and synthesis of qualitative studies) of experiences with PrEP use among cis-gender MSM in the United States. We found that structural-level interventions, such as telehealth and pharmacist-prescribed approaches to PrEP distribution, may circumvent barriers to uptake and adherence for some MSM, but may not be enough for already underserved communities, such as MSM of color. Furthermore, interpersonal-level factors, such as enacted PrEP stigma by providers and peers, highlight the necessary consideration of social identity in the branding of PrEP for HIV prevention. Tailored interventions should consider experienced barriers to PrEP adherence across socioecological levels to be most effective. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	adherence; men who have sex with men; Pre-exposure prophylaxis; qualitative	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Ekama, Sabdat O; Ilomuanya, Margaret O; Azubuike, Chukwuemeka P; Bamidele, Tajudeen A; Fowora, Muinah A; Aina, Oluwagbemiga O; Ezechi, Oliver C; Igwilo, Cecilia I	Mucoadhesive Microspheres of Maraviroc and Tenofovir Designed for Pre-Exposure Prophylaxis of HIV-1: An in vitro Assessment of the Effect on Vaginal Lactic Acid Bacteria Microflora.	HIV AIDS (Auckland)	-	-	-	1179-1373	10.2147/HIV.S291065	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8042296	PURPOSE: To formulate and evaluate microspheres of the antiretroviral drugs maraviroc and tenofovir intended for a candidate vaginal microbicide and assess its effect on the vaginal lactic acid bacteria microflora. METHODS: Ionic gelation technique was used to formulate maraviroc and tenofovir microspheres with subsequent characterization. The effect of varying concentrations of the polymer, crosslinking agent and the curing time on the outcome variables viz: particle size, mucoadhesion and encapsulation efficiency were investigated. Lactic acid bacteria were isolated from the vagina of healthy women using standard microbiologic methods. The analysis of their 16S rRNA sequence data identified Lactobacillus fermentum and Enterococcus faecalis strains which were assigned GenBank accession numbers. The efficacy of the microspheres on HIV-1BaL strain was evaluated using TZM-bl indicator cells. RESULTS: The optimal maraviroc and tenofovir microspheres had particle sizes of (434.82 µm and 456.18 µm), mucoadhesion of (93.3% and 90%) and encapsulation efficiency (92.80% and 78.9%) respectively. Maraviroc release kinetics followed a zero-order model and tenofovir was released via Higuchi model. The assay of a 1 mg/mL suspension of the microspheres on the strains of Lactobacillus fermentum and Enterococcus faecalis showed a viability of 93.9% and 89.7%, respectively. There was a statistically significant difference between the mean absorbance readings of the test agent and that of the positive control (P = 0.001). The microspheres elicited a progressive decline in HIV infectivity until at a concentration of 1 µg/mL. CONCLUSION: The antiretroviral drugs loaded in the microspheres, had good mucoadhesion which is a potential for prolonged residence time in the vagina. The antiretroviral drugs were adequately released from the microspheres and showed efficacy against the HIV-1 BaL virus strain. There was no significant disruption in the growth of the lactic acid bacteria which constitute valuable bacteria microflora of the vagina.	vaginal microbicides, HIV prevention, Lactobacillus fermentum, Enterococcus faecalis	English	New Zealand	Asia and the Pacific	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Clinical
Institutional	2021	El Salvador. Ministerio de Salud	Lineamientos técnicos para la Profilaxis Preexposición al VIH (PrEP)	-	-	-	-	na	NA	https://fi-admin.bvsalud.org/document/view/mvruk	Estos Lineamientos Técnicos se enmarcan en un esfuerzo por poner en práctica la «Prevención Combinada¼, un conjunto de programas comunitarios fundamentados en derechos y la evidencia que combina elementos biomédicos, estructurales y comportamentales para frenar las infecciones del VIH. Como parte del elemento biomédico se encuentra la PrEP	na	Spanish	El Salvador	Latin America and the Caribbean	El Salvador	Latin America and the Caribbean	-	-	Other
Article	2021	Elopre L.; Hussen S.A.; Ott C.; Mugavero M.J.; Turan J.M.	A Qualitative Study: The Journey to Self-Acceptance of Sexual Identity among Young, Black MSM in the South	Behavioral Medicine	-	-	-	8964289	10.1080/08964289.2020.1870428	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103235487&doi=10.1080%2f08964289.2020.1870428&partnerID=40&md5=dcc791570a6f9bf716e4d12986c3a74b	HIV disparities among Young, Black men who have sex with men (YBMSM) persist despite concerted efforts to increase uptake of prevention tools like HIV pre-exposure prophylaxis (PrEP). We conducted in-depth interviews with 25 YBMSM (aged 18-29 years old) to understand factors contributing to PrEP access in Birmingham, Alabama. We identified that one major barrier to PrEP uptake was intersectional stigma related to their multiple identities and contributed to lack of feeling able to accept their sexual identities. Facilitators of validation and acceptance of sexual identity were strong social support networks, which participants reported consisted of, not only other gay and bisexual Black men, but also Black women, an unexplored social support group among YBMSM networks. However, participants felt that internal, perceived and experienced homophobia were exacerbated in Southern, Black communities due to perceived values surrounding masculinity, which were reinforced by religious doctrine. Looking forward, public health officials will need to add additional resources to support interventions that have meso-level impact to effectively change social norms as a critical determinant of individual-level prevention practices within this at-risk group and their social networks. © 2021 Taylor & Francis Group, LLC.	HIV; prexposure prophylaxis; sexual identity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Elopre, Latesha; Ott, Corilyn; Lambert, Crystal Chapman; Amico, K Rivet; Sullivan, P S; Marrazzo, J; Mugavero, Michael J; Turan, Janet M	Missed Prevention Opportunities: Why Young, Black MSM with Recent HIV Diagnosis did not Access HIV Pre-exposure Prophylaxis Services	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02985-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089019027&doi=10.1007%2fs10461-020-02985-0&partnerID=40&md5=21114e99136281d3e83419464cae627a	In the United States, HIV infection rate inequities persist, with new infections highest among young, Black men who have sex with men (YBMSM) in the South. We conducted 23 in-depth interviews with YBMSM newly diagnosed with HIV to explore awareness of and barriers to uptake of HIV pre-exposure prophylaxis (PrEP). Participants were recruited from two university-based HIV Clinics in Alabama and were: (1) 16–29 years of age, (2) diagnosed with HIV within the prior 365 days, (3) Black race, (4) self-identified as a cis-gender male reporting sex with men AND (5) did not report prior PrEP use. Interview guides were grounded in Anderson's Behavioral Healthcare Utilization Model (ABM), with embedded constructs from the situated Information, Motivation and Behavioral Skills theoretical framework. Coding was conducted by three independent coders using thematic analysis methods. Participants (N = 23) median age was 24, more than two-thirds reported annual incomes less than $15,000 and the majority (84%) identified as gay. Major themes that emerged as barriers to accessing PrEP included low prioritization and interests in using PrEP; low perceived HIV risk due to feelings of invincibility and trust in sex partners; lack of information about accessing PrEP; negative beliefs around PrEP; and the suggestion to change PrEP messaging from only targeting YBMSM. These findings indicate that there are important missed opportunities for HIV prevention with PrEP among YBMSM in the South. In these high-risk young men, tailored interventions are needed to better inform and frame perceptions around risk, knowledge, access and prioritization of PrEP. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Barriers; Black men who have sex with men; PrEP; Young	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Esmeralda Elia; Esmeralda Munoz; Miguel Davila; Andre Zuloaga	Access Barriers to Pre-Exposure Prophylaxis (PrEP) in the United States and France, with Policy Recommendations	-	-	California State University System	-	na	NA	http://hdl.handle.net/20.500.12680/gt54kt32c	HIV-related deaths have decreased significantly throughout the world in the last decade due to medical advancements that include precautionary prevention medications like pre-exposure prophylaxis (PrEP). Since approval of PrEP in the United States in 2012 and France in 2016, many studies reported similar barriers to PrEP use. After conducting a literature review, findings showcased a common theme of patient/provider barriers resulting from stigma and lack of education and awareness. Primary barriers to accessing PrEP included the cost of care, medical eligibility, and unknown medication side effects. We identified only 14 programs offering PrEP access and assistance, all located in the United States. HIV and minority populations continue to be underserved; therefore, we developed global health policy recommendations for PrEP assistance and access programs based on findings from France and the United States.	PrEP barriers; PrEP access; HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2021	Espinosa, OJP; Hull, M; MacPherson, P; Woodward, K; Grace, D; Lachowsky, N; Mohammed, S; Fisher, K; Rayek, S; Arkell, C; Cordeiro, T; Durrant, G; Greene, W; Gaspar, M; Hall, D; Harding, M; Jollimore, J; Kilduff, M; Maxwell, J; Mitterni, L; Peters, E; Truong, R; Tan, DHS	PrEP-related stigma and PrEP status among gay, bisexual and other men who have sex with men, and transgender women in Ontario and British Columbia, Canada	HIV Medicine	-	-	-	1464-2662	10.1186/s12981-022-00473-0	https://pubmed.ncbi.nlm.nih.gov/36303191/	Background: We aimed to explore the association between PrEP-related stereotypes and perceived disapproval (hereafter PrEP-related stigma), and PrEP use. Methods: We used data from a cross-sectional online survey among adult gay, bisexual, other men who have sex with men in Ontario and British Columbia, Canada. Participants were recruited 2019-2020 in-person from sexual health clinics and outreach programs, and online through dating mobile applications and websites. We used logistic regression models to explore the relationship between PrEP-related stigma and: 1-being a 'never' versus 'current' PrEP user, and 2-being a 'former' versus 'current' user. Results: The median age of the sample was 32 (Q1-Q3 = 27-40), most were white born in Canada (48%), 45% had never used PrEP, 16% were former PrEP users and 39% were current PrEP users. Of 1527 individuals who started the survey, 1190 participants answered questions about PrEP-related stigma: 254 (21.3%) were classified as having low level of PrEP-related stigma, 776 (65.2%) intermediate, and 160 (13.5%) high. No significant association was found when never PrEP users and current PrEP users were compared: adjusted OR = 1.44 (95%-CI: 0.8-2.5). High PrEP-related stigma was positively associated with being a former PrEP user compared to being a current PrEP user: adjusted OR = 2.5 (95%-CI: 1.3-4.9). Conclusion: PrEP-related stigma is associated with not using PrEP, particularly with PrEP discontinuation. Our findings indicate that stigma persists as a barrier to PrEP use.	HIV pre-exposure prophylaxis; Health promotion; Health services accessibility; Retention in care; Social stigma.	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Estcourt, C; Yeung, A; Nandwani, R; Goldberg, D; Cullen, B; Steedman, N; Wallace, L; Hutchinson, S	Population-level effectiveness of a national HIV preexposure prophylaxis programme in MSM	AIDS	-	-	-	0269-9370	10.1097/QAD.0000000000002790	https://journals.lww.com/aidsonline/fulltext/2021/03150/population_level_effectiveness_of_a_national_hiv.15.aspx	Objective: The aim of this study was to evaluate Scotland's national HIV preexposure prophylaxis (PrEP) programme in relation to PrEP uptake and associated population-level impact on HIV incidence among MSM. Design: A retrospective cohort study within real-world implementation. Methods: Comparison of HIV diagnoses from national surveillance data and HIV incidence within a retrospective cohort of HIV-negative MSM attending sexual health clinics from the National Sexual Health information system between the 2-year periods pre(July 2015-June 2017) and post(July 2017-June 2019) introduction of PrEP. Results: Of 16 723 MSM attending sexual health clinics, 3256 (19.5%) were prescribed PrEP. Between pre-PrEP and PrEP periods, new HIV diagnoses among MSM declined from 229 to 184, respectively relative risk reduction (RRR): 19.7%, 95% confidence interval (95% CI) 2.5-33.8; diagnosed recently acquired infections declined from an estimated 73 to 47, respectively (35.6%, 95% CI 7.1-55.4). Among MSM attending sexual health clinics, HIV incidence per 1000 person-years declined from 5.13 (95% CI 3.90-6.64) pre-PrEP to 3.25 (95% CI 2.30-4.47) in the PrEP period (adjusted IRR 0.57, 95% CI 0.37-0.87). Compared with the pre-PrEP period, incidence of HIV was lower in the PrEP period for those prescribed PrEP (aIRR 0.25, 95% CI 0.09-0.70) and for those not prescribed PrEP (aIRR 0.68, 95% CI 0.43-1.05). Conclusion: We demonstrate national population-level impact of PrEP for the first time in a real-world setting. HIV incidence reduced in MSM who had been prescribed PrEP and, to a lesser extent, in those who had not. Promotion of the benefits of PrEP needs to extend to MSM who do not access sexual health clinics.	prevention; MSM; epidemiology; public health; MEN; HIGH-RISK; DEMAND; incidence; HIV preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	Faini, Diana	HIV incidence, sexual and reproductive health among high-risk females recruited for participation in HIV prevention trials in Tanzania	-	-	Karolinska Institute	-	na	NA	http://hdl.handle.net/10616/47551	Background: Testing and evaluating new HIV prevention products such as HIV vaccines, requires identifying, enrolling and retaining cohorts of HIV high risk individuals. This thesis describes the recruitment and follow up of high-risk females for participation in HIV prevention trials in Tanzania. Specifically, the thesis describes a cohort of female sex workers (FSWs) in Dar es Salaam recruited for participation in an upcoming HIV vaccine trial- known as PrEPVacc vaccine trial, as well as changes in sexual risky behaviours in a similarly high-risk cohort from northern Tanzania. Methods: Between October and December 2018, FSWs aged 18–45 years were recruited using a Respondent Driven Sampling method. They were screened for eligibility and 700 of them were enrolled into the PrEPVacc registration cohort in Dar es Salaam. At screening and at 3 monthly follow-up visits, social demographics, HIV risk behavioural assessments and collection of blood samples for HIV testing were done. Qualitative interviews were conducted to explore contraceptive use. Data from a separate cohort of high-risk women from Northern Tanzania was used to explore changes in sexual behaviour and its association with HIV incidence. Results: The baseline HIV prevalence in the PrEPVacc registration cohort was 7.6% (59/773, 95% CI; 5.8%-9.7%). There were 21 HIV seroconversions over a 12 month follow up period. The HIV incidence rate was 3.45 per 100 person-years-at-risk (PYR) (95% CI; 2.25-5.28/100 PYR). The HIV incidence rate was higher among FSWs aged 18-24 years (4.31/100PYR), those using illicit drugs (4.25/100PYR) and those diagnosed with either Syphilis or Hepatitis B/C virus (10.04/100 PYR). (Study I). Nearly half (49%) of high-risk women enrolled in the cohorts from Northern Tanzania did not change their sexual behaviour practices after 12 months, while 25% had higher risk practices after 12 months of follow up. The proportion of women reporting multiple partners, transactional sex and high-risk sex practices declined at each 3 months visit (33%, 43% and 47% reduction in odds per visit respectively, p for linear trend <0.001 for all). There was no evidence of an effect of change in sexual behaviour on HIV rate after adjusting for other factors (adjusted odds ratio (aOR) 0.88 95%CI 0.39-2.01, P=0.76) (Study II). In the PrEPVacc registration cohort, awareness of HIV pre-exposure prophylaxis (PrEP) increased from 67% at cohort enrolment to 97% after 12 months (p<0.001). Willingness to use PrEP was high at both time points (98% vs 96% p=0.84). Only 8% (57/700) of the FSWs reported to have ever initiated PrEP use over the 12 months follow-up period. Use of PrEP was independently associated with: marital status i.e married/cohabiting (aOR) 4.19; 95%CI 1.44-12.18) or separated/divorced/widowed (aOR 2.38; 95%CI 1.17-4.83) and engaging in sex with a HIV infected partner (aOR 3.98;1.20-13.15) (Study III). FSWs in the PrEPVacc registration cohort reported that sex work impedes good contraceptive behaviour because; FSWs felt unable to negotiate consistent condom use, avoided health services due to stigma, missed monthly contraceptive supplies because of inconvenient clinic operating hours and skipped contraceptive pills when intoxicated after taking alcohol. Financial hardships related to child rearing and painful abortion experiences influenced FSWs' commitment to good contraceptive behaviour (Study IV). Conclusions: The high HIV incidence among FSWs in the PrEPVacc registration cohort demonstrates that this population is suitable for participation in HIV vaccine trials. The HIV incidence may decline over time because of reduction in sexual risky behaviour practices and increased PrEP uptake.	na	English	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	-	-	Quantitative
Article	2021	Farley J.E.; Dangerfield D.T., II; LaRicci J.; Sacamano P.; Heidari O.; Lowensen K.; Jennings J.M.; Tobin K.E.	Community engagement and linkage to care efforts by peer community-health workers to increase PrEP uptake among sexual minority men	Public Health Nursing	-	-	-	7371209	10.1111/phn.12887	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102783238&doi=10.1111%2fphn.12887&partnerID=40&md5=db84fc3afce2ca83aea0c7caa3786e1f	Purpose: Pre-exposure prophylaxis (PrEP) prevents HIV yet uptake remains suboptimal across the United States. This paper evaluates the impact of outreach activities led by nurse supervised community healthcare workers (CHWs) on the PrEP care cascade. Methods: This is an observational programmatic evaluation of LGBTQ + community outreach between March 1, 2016, to March 31, 2020, as part of a public health initiative. Descriptive statistics are used to characterize the data by outreach type. Results: 2,465 participants were reached. Overall, a PrEP appointment was scheduled for 94 (3.8%) with 70 (2.8%) confirmed to have completed a PrEP visit. Success for each type of community outreach activity was evaluated with virtual models outperforming face-to-face. Face-to-face outreach identified nine persons among 2,188 contacts (0.41%) completing an initial PrEP visit. The website prepmaryland.org identified 4 among 24 contacts (16.7%) and the PrEP telephone/text warm-line identified 18 among 60 contacts (30%). The PrEPme smartphone application identified 39 among 168 contacts (23.2%). Conclusions: Face-to-face community outreach efforts reached a large number of participants, yet had a lower yield in follow-up and confirmed PrEP visits. All virtual platforms reached lower total numbers, but had greater success in attendance at PrEP visits, suggesting enhanced linkage to care. © 2021 The Authors. Public Health Nursing published by Wiley Periodicals LLC.	Baltimore; HIV prevention; men who have sex with men; PrEP; sexual minority men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Faryar K.A.; Ancona R.M.; Braun R.S.; Brown J.L.; Sickles R.K.; Lyons M.S.	Estimated proportion of an urban academic emergency department patient population eligible for HIV preexposure prophylaxis	American Journal of Emergency Medicine	-	-	-	7356757	10.1016/j.ajem.2021.04.087	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105603724&doi=10.1016%2fj.ajem.2021.04.087&partnerID=40&md5=b4dc2724c5a955ed8e85deebc7fef255	Objective: Pre-exposure prophylaxis (PrEP) is a highly effective but underutilized method of HIV prevention. Emergency departments (EDs) have access to at-risk populations meeting CDC eligibility criteria for PrEP. Characterizing this population could help motivate, develop, and implement ED interventions to promote PrEP uptake. Methods: This cross-sectional study explored the proportion of patients from an urban, academic ED who met CDC 2017 PrEP eligibility criteria using three existing datasets that mimic patient selection strategies for HIV screening: 1) study of consecutively approached ED patients from 2008 to 2009 (analogous to non-targeted screening), 2) patients of the ED's HIV screening program in 2017 (analogous to risk-targeted screening), and 3) electronic health record (EHR) diagnostic codes in 2017 (analogous to EHR selected screening). The primary outcome was the proportion eligible for PrEP referral. Secondary outcomes included proportion by risk group: men who have sex with men (MSM), heterosexual men and women (HMW), and persons who inject drugs (PWID). Results: The proportion eligible for PrEP was: 568/1970 (28.8%, 95% CI: 26.9–30.9) for consecutively approached patients, 552/3884 (14%, 95% CI: 13–15) for risk-targeted patients, and 605/66287 (0.9%, 95% CI: 0.8–1.0) for EHR diagnoses of all patients. For the two datasets with behavioral risk information, the proportion eligible was: MSM 1–2%, HMW 12–28%, and PWID 1–4%. Conclusions: A large subgroup of this ED population was eligible for PrEP referral. EDs are a compelling setting for development and implementation of HIV prevention interventions to assist in national efforts to expand PrEP. © 2021 Elsevier Inc.	Emergency department; HIV; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Fayaz Farkhad, Bita; Holtgrave, David R; Albarracín, Dolores	Effect of Medicaid Expansions on HIV Diagnoses and Pre-Exposure Prophylaxis Use.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2020.10.021	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7903489	INTRODUCTION: Increased insurance coverage and access to health care can increase identification of undiagnosed HIV infection and use of HIV prevention services such as pre-exposure prophylaxis. This study investigates whether the Medicaid expansions facilitated by the Affordable Care Act had these effects. METHODS: A difference-in-differences design was used to estimate the effects of the Medicaid expansions using data on HIV diagnoses per 100,000 population, awareness of HIV status, and pre-exposure prophylaxis use. The analyses involved first calculating differences in new diagnoses and pre-exposure prophylaxis use before and after the expansions and then comparing these differences between treatment counties (i.e., all counties in states that expanded Medicaid) and control counties (i.e., all counties in states that did not expand Medicaid). Further analyses to investigate mechanisms addressed associations with HIV incidence, rates of sexually transmitted infections, and substance use. Analyses were conducted between August 2019 and July 2020. RESULTS: Medicaid expansions were associated with an increase in HIV diagnoses of 0.508 per 100,000 population, or 13.9% (p=0.037), particularly for infections contracted via injection drug use and among low-income, rural counties with a high share of pre-Affordable Care Act uninsured rates that were most likely to be affected by the expansions. In addition, Medicaid expansions were associated with improvements in the knowledge of HIV status and pre-exposure prophylaxis use. There was no impact of the expansions on incident HIV, substance use, or sexually transmitted infection rates with the exception of gonorrhea, which decreased after the expansions. Altogether, these results suggest that the changes in new HIV diagnoses, awareness of HIV status, and pre-exposure prophylaxis were not simply because of a higher incidence or an increase in infection risk. CONCLUSIONS: Medicaid expansions were associated with increases in the percentage of people living with HIV who are aware of their status and pre-exposure prophylaxis use. Expanding public health insurance may be an avenue for curbing the HIV epidemic.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Feelemyer J.P.; Khan M.R.; Dyer T.V.; Turpin R.E.; Hucks-Ortiz C.; Cleland C.M.; Scheidell J.D.; Hoff L.; Mayer K.H.; Brewer R.A.	Pre-Exposure Prophylaxis (PrEP) Awareness Among Black Men Who Have Sex with Men with a History of Criminal Justice Involvement in Six U.S. Cities: Findings from the HPTN 061 Study	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02010-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113372005&doi=10.1007%2fs10508-021-02010-y&partnerID=40&md5=9f8e024033e750c27804e33a51589742	Transition from detention to the community for Black men who have sex with men with criminal justice involvement (BMSM-CJI) represents a particularly vulnerable period for HIV acquisition and transmission. We examined levels of HIV PrEP awareness among BMSM-CJI. PrEP awareness among BMSM-CJI was low (7.9%) with evidence of lower awareness levels among those with STI. There was evidence that HIV testing history was associated with higher PrEP awareness. Study findings highlight needs for further assessment of PrEP knowledge among BMSM-CJI. The strong association between HIV testing and PrEP awareness underscores an opportunity to integrate PrEP education within HIV/STI testing services © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Criminal justice; Men who have sex with men (MSM); Minority populations; PrEP; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Felner J.K.; Mittal M.L.; Hoenigl M.; Amico K.R.; Grelotti D.J.; Eanes A.; Hess K.; Crawford J.; Smith L.R.	Constructions of HIV Risk among a Diverse Sample of HIV-Negative Young Men Who Have Sex with Men Who Are Repeat Testers	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002614	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102657302&doi=10.1097%2fQAI.0000000000002614&partnerID=40&md5=2bb51f53879dd3f7cf6386f47c805f2a	Introduction: To end the HIV epidemic, HIV prevention and pre-exposure prophylaxis (PrEP) promotion efforts must reach young men who have sex with men (YMSM) at greatest risk for HIV. This study qualitatively explored whether common metrics used by clinicians, scientists, and public health officials to objectively assess HIV risk align with how YMSM conceptualize their risk for HIV and the factors that shape YMSM's risk perceptions.Methods: Interviews with a racially/ethnically diverse sample of HIV-negative YMSM (ages 19-24 years, 60% Latinx; n = 20) examined conceptualizations of HIV risk within the context of repeat HIV testing. Iterative, applied thematic analysis examined how participants conceptualized and constructed their HIV risk, and compared participants' descriptions of their risk with a validated quantitative assessment of HIV risk that reliably predicts HIV seroconversion in this group.Results: Objective quantitative assessments of HIV risk poorly aligned with participants' perceived HIV risk. Participants described their current risk in relative terms (relative to past risk and relative to friends'/peers' risk) and described age/developmental stage and changes in knowledge about HIV prevention as key factors in risk changes over time. Other factors included substance use and trust/mistrust in sexual partners and scientific advances in HIV prevention (eg, U = U and PrEP). Factors that influenced participants' perceived HIV risk were similar regardless of objective risk assessment.Conclusions: Quantitative assessments of risk may poorly align with risk perception among YMSM. Although objective metrics can effectively target YMSM at greatest risk for HIV transmission, interventions to improve prevention behaviors and PrEP uptake may be more effective when tailored to bridge the disconnection between objective HIV risk assessments and YMSM's constructions of risk. © 2020 Wolters Kluwer Health, Inc.	HIV; Latino; Latinx; men who have sex with men; sexual minorities; youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Felsher M.; Koku E.; Bellamy S.L.; Mulawa M.I.; Roth A.M.	Predictors of Willingness to Diffuse PrEP Information within Ego-Centric Networks of Women Who Inject Drugs	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03115-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098507780&doi=10.1007%2fs10461-020-03115-6&partnerID=40&md5=3496cbd00855cf9b5507857a30ce548c	Little is known about how social networks among women who inject drugs (WWID) can be leveraged to increase awareness about pre-exposure prophylaxis (PrEP). We tested the hypothesis that interpersonal characteristics influence willingness of WWID to communicate PrEP information with peers. Forty WWID ≥ 18 years completed social network surveys. Participants named on average 9.3 (SD = 3.3) network members, resulting in 375 unique relationships. WWID were willing to share PrEP information with 83% of network members. Participants had higher odds of willingness to share information within relationships when the network member was female, homeless and perceived to be at risk for HIV. Among relationships with family members and transactional sex clients, stronger emotional closeness was associated with higher odds of willingness to share information. Peer interventions where WWID share PrEP information with peers may be an efficient approach to increase PrEP awareness among this vulnerable population. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	HIV prevention; Interpersonal communication; Peer support; Women who inject drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Felsher M.; Ziegler E.; Amico K.R.; Carrico A.; Coleman J.; Roth A.M.	"PrEP just isn't my priority": Adherence challenges among women who inject drugs participating in a pre-exposure prophylaxis (PrEP) demonstration project in Philadelphia, PA USA	Social Science & Medicine	-	-	-	2779536	10.1016/j.socscimed.2021.113809	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102796414&doi=10.1016%2fj.socscimed.2021.113809&partnerID=40&md5=62adaf77e3b1291868785e14e34f39a2	Pre-exposure prophylaxis (PrEP) has the ability to curb HIV transmission among women if they are highly adherent (e.g. 6/7 weekly doses). In a recent PrEP demonstration project with 95 women who inject drugs (WWID) in Philadelphia, PA, USA, PrEP uptake was high but adherence was low. This qualitative study draws upon the Behavioral Model for Vulnerable Populations (BMVP) to describe how the context of 23 WWID's lives challenged PrEP adherence using narrative data from in-depth interviews. Content analysis suggest that women's need to organize their day around predisposing survival needs made it difficult to prioritize PrEP. Adherence was further challenged by dis-enabling structural forces such as entry into institutions that do not provide PrEP (e.g., drug treatment and correctional facilities) and medication diversion to illicit marketplaces. Overtime, women's perceived need for PrEP was dynamic: in periods they characterized as risky, women considered PrEP highly beneficial and described enhanced motivation to adhere. In periods of low perceived risk, women were less committed to continuing daily PrEP in the context of their competing survival needs. In sum, WWID faced challenges to PrEP adherence that correspond to all of the BMVP domains. To optimize PrEP for WWID, multi-level programs are needed that address the determinants that both increase HIV susceptibility and undermine adherence. © 2021 Elsevier Ltd	Adherence; HIV; Persistence; Pre-exposure prophylaxis; Qualitative; Women who inject drugs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Felsher Marisa; Dutra Karley; Monseur Brent; Roth, Alexis M; Latkin Carl; Falade-Nwulia Oluwaseun	The Influence of PrEP-Related Stigma and Social Support on PrEP-Use Disclosure among Women Who Inject Drugs and Social Network Members	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03312-x	https://www.proquest.com/scholarly-journals/influence-prep-related-stigma-social-support-on/docview/2598833905/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is a promising but underutilized HIV prevention strategy for Women who Inject Drugs (WWID). Stigma and disclosure concerns have been key barriers to PrEP use among women in PrEP efficacy trials. Social support has been found to buffer against some PrEP stigma, though these factors have been largely unexplored among WWID. Investigating how WWID disclose PrEP use is important given evidence that disclosure is associated with higher adherence. We aimed to identify the impact of stigma and support on PrEP disclosure within social networks of WWID participating in a PrEP demonstration project in Philadelphia, PA, USA. PrEP-using WWID ≥ 18 years completed social network surveys. Generalized estimating equations were used to account for the correlation of network structure. Thirty-nine WWID (i.e. egos) named an average of 9.5 ± 3.3 network members (i.e. alters), for a total sample of 371 unique relationships. Egos disclosed their PrEP use to an average of 4.0 alters (SD = 2.8). Related to PrEP stigma, participants had 0.4 times decreased odds of PrEP disclosure with alters who would disapprove of them taking PrEP (95% CI: 0.1–0.9). Related to support, participants had 2.5 times higher odds of disclosure among peers who could provide PrEP advice (95% CI: 1.0–6.0). Interventions that increase social support and decrease stigma are pivotal for increasing PrEP use disclosure among WWID.	HIV; Communication; Women; Disclosure; Pre-exposure prophylaxis; Psychology; Stigma; Disease prevention; Prophylaxis; Social support; Drug use; Drug abuse; Health behavior; Drugs; Social networks; Women who inject drugs; Human immunodeficiency virus--HIV; Social interactions; Womens health; Peers; Social organization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Felsher, Marisa; Koku, Emmanuel; Lankenau, Stephen; Brady, Kathleen; Bellamy, Scarlett; Roth, Alexis M	Motivations for PrEP-Related Interpersonal Communication Among Women Who Inject Drugs: A Qualitative Egocentric Network Study	Qualitative Health Research	-	-	-	10497323	10.1177/1049732320952740	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090163434&doi=10.1177%2f1049732320952740&partnerID=40&md5=0ccc63d739ae8eed720e4db642512d59	A qualitative egocentric social network approach was taken to explore motivations for pre-exposure prophylaxis (PrEP)-related communication between women who inject drugs and network members. Eligible participants were HIV-negative, 18 years or older, and participating in a PrEP demonstration project in Philadelphia, PA, USA. The study employed content analysis of in-depth interviews to identify themes related to contextual and relational factors impacting PrEP communication within networks. Participants (n = 20) named on average three network members, resulting in a total of 57 unique relationships. PrEP conversations occurred within 30 of the 57 relationships, and motivations were to benefit others, to benefit themselves, and due to a sense of obligation. Some conversations also occurred when a peer unexpectedly found their pills. Taking a qualitative approach to network analysis provided a nuanced understanding of how interpersonal characteristics motivated PrEP conversations. Network interventions that facilitate information diffusion and social support may increase PrEP uptake and adherence among women who inject drugs. © The Author(s) 2020.	addiction; altruism; behavior; communication; community and public health; confidentiality; disclosure; egocentric network analysis; health; health behavior; health promotion; HIV/AIDS; infection; motivation; Pennsylvania; Philadelphi; privacy; qualitative content analysis; social networks; social participation; substance use; USA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Ferraz D.; Dourado I.; Zucchi E.M.; Mabire X.; Magno L.; Grangeiro A.D.; Couto M.T.; Ferguson L.; Westin M.; Alves Dos Santos L.; Préau M.	Effects of the COVID-19 pandemic on the sexual and mental health of adolescent and adult men who have sex with men and transgender women participating in two PrEP cohort studies in Brazil: COBra study protocol	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2020-045258	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103701820&doi=10.1136%2fbmjopen-2020-045258&partnerID=40&md5=784fd1a97fa7ed70f0f81eb040a0e185	Introduction The COVID-19 pandemic and its control measures have impacted health and healthcare provision in various levels. Physical distancing measures, for instance, may affect sexual health, impacting access to HIV prevention supplies and changing sexual behaviour, as well as mental health, increasing feelings of unsafety and weakening community support ties. These effects can be worsened among socially marginalised groups, such as men who have sex with men (MSM) and transgender women (TGW). Brazil is among the countries most affected by COVID-19 in the world, where control measures have been inconsistently implemented. We aim to investigate the effects of the COVID-19 pandemic on the sexual and mental health of adolescent and adult MSM and TGW in Brazil. Methods Convergent mixed-method prospective cohort study, nested in two ongoing HIV pre-exposure prophylaxis (PrEP) cohorts in Brazil, named PrEP1519 and Combina. Participants will be invited to answer, at baseline and after 6 months, a questionnaire about the effects of the COVID-19 pandemic on sexual behaviour, HIV prevention and mental health. Data on HIV infection and sexually transmitted infections (STI) will be collected as part of routine follow-up from the cohorts. Main outcome measures (HIV infection, STI and depression symptoms) will be observed within 12 months after baseline. Sample size is estimated at 426 participants. Complementarily, 50 participants will be invited to in-depth interviews through video calls or interactive voice response, and 20 will be invited to chronicle their lives during the pandemic through digital diaries. Triangulation will be done across qualitative methods and with the quantitative data. Ethics and dissemination The study was approved by Research Ethics Committees from the Brazilian Universities coordinating the study. Findings will be published in scientific journals and presented at meetings. Informative flyers will be elaborated to communicate study findings to participants and key stakeholders. © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	COVID-19; HIV & AIDS; mental health; sexual medicine	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods
Article	2021	Fields E.L.; Thornton N.; Long A.; Morgan A.; Uzzi M.; Arrington-Sanders R.; Jennings J.M.	Young black MSM's exposures to and discussions about PrEP while navigating geosocial networking apps	Journal of LGBT Youth	-	-	-	19361653	10.1080/19361653.2019.1700205	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076923232&doi=10.1080%2f19361653.2019.1700205&partnerID=40&md5=1837ca73be510693409919dec6263e0c	Young Black gay, bisexual and other men who have sex with men (YBMSM) carry a disproportionate HIV burden perpetuated by exposure to sexual networks with higher untreated HIV prevalence and incidence. In Baltimore, these sexual networks include high utilization of geosocial networking apps (GSN-apps). Our prior work suggests these apps can be important access points for targeted interventions like PrEP. To inform online PrEP outreach we explored YBMSM GSN-app users' exposure to and discussions about PrEP while navigating apps. We actively recruited YBMSM (n = 17) age 18–24 from the GSN-app most frequently reported by MSM newly diagnosed with HIV in Baltimore. Participants were recruited through direct messaging within the GSN-app while logged-on in high HIV transmission areas. Participants completed 60–90 minute semi-structured interviews, which were analyzed using a 3-stage analytic coding strategy. While some participants had not heard of PrEP, the majority described mentions or conversations about PrEP on GSN-apps. Three themes emerged: (1) Mistrust of PrEP, (2) Association with sexual promiscuity, and (3) Concerns about lack of protection from other STIs. Proper messaging, accurate information, and education are needed to account for the negative perceptions that surround PrEP; otherwise, continued underuse among YBMSM will expand rather than reduce HIV disparities. © 2019 Taylor & Francis Group, LLC.	adolescent; pre-exposure prophylaxis; YBMSM; young adult; Young Black men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Fields N.F.; Wood S.; Amutah C.; Timko C.A.; Petsis D.; Akers A.Y.	Identifying Opportunities to Discuss Pre-Exposure Prophylaxis During Contraceptive Coaching Discussions With Urban Adolescent Women	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2021.04.031	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108226253&doi=10.1016%2fj.jadohealth.2021.04.031&partnerID=40&md5=cff962723e8084cb5c156a54d720347a	Purpose: HIV pre-exposure prophylaxis (PrEP) reduces HIV transmission and is approved for adolescents aged 12–17 years. Adolescent girls and young women (AGYW) have modest PrEP uptake rates, while many receive reproductive health counseling. We sought to identify opportunities for incorporating PrEP education in contraceptive counseling delivered to AGYW. Methods: We performed a secondary analysis of data from the Health Coaching for Contraceptive Continuation pilot study, which supported contraceptive use among AGYW. Participants were 14–22 years old, sexually active with males, and not desiring pregnancy within 12 months. Coaches were sexual health educators with ≥5 years' experience providing contraceptive and PrEP counseling to youth. Participants completed a baseline visit within 30 days of contraceptive initiation and completed up to five monthly coaching sessions. Of 33 enrollees, this analysis includes the 21 who completed ≥4 sessions. Two coders deductively coded session transcripts for five themes: opportunities to discuss PrEP; HIV knowledge, risk perception, and testing attitudes; changes in HIV risk status; condom use knowledge and skills; and sexually transmitted infection knowledge and risk perception. Results: Of the 111 transcripts coded, 24 contained opportunities to discuss PrEP and were inductively analyzed. Thematic analysis demonstrated three types of opportunities for PrEP discussions: failure to introduce information, and provision of incomplete information or misinformation. Analysis also revealed four opportunity contexts: sexually transmitted infection prevention strategies, HIV risk reduction, avoidance of adverse sexual health outcomes, and disclosures of condom nonprotected sexual behaviors. Only one transcript mentioned PrEP. Conclusions: Multiple opportunities to introduce PrEP counseling exist within contraceptive counseling provided to AGYW. © 2021 Society for Adolescent Health and Medicine	Contraception; Family planning services; HIV PrEP; HIV risk mismatch; PrEP stigma; Reproductive health counseling; Sexual health education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Fields S.D.; Tung E.	Patient-Focused Selection of PrEP Medication for Individuals at Risk of HIV: A Narrative Review	Infectious Diseases and Therapy	-	-	-	21938229	10.1007/s40121-020-00384-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100796413&doi=10.1007%2fs40121-020-00384-5&partnerID=40&md5=194e289eb84737636c945837c04bece4	Pre-exposure prophylaxis (PrEP) medication is a key component of the HIV prevention strategy in the US, which has been demonstrated to be highly effective in preventing HIV acquisition among individuals at risk. Two PrEP medications are currently approved: emtricitabine/tenofovir disoproxil fumarate (Truvada®; F/TDF) was approved by the US Food and Drug Administration in 2012, followed by emtricitabine/tenofovir alafenamide (Descovy®; F/TAF) in 2019. An ongoing randomized, double-blind, Phase 3 study (DISCOVER) demonstrated that F/TAF had non-inferior efficacy to F/TDF. While both medications have been found to be efficacious and well tolerated, several studies have identified that important differences exist with regards to pharmacokinetics, bone and renal safety profiles, and other factors. In this narrative review, we conducted a comprehensive evaluation of the populations at risk of HIV who may also be affected by, or at risk of, bone or renal conditions. We reviewed the safety profiles of F/TDF and F/TAF to develop an evidence-based algorithm for selecting the appropriate PrEP medication, based on biological, behavioral, and health characteristics of an individual at risk of HIV, and considered how the choice of PrEP medication may or may not compound safety concerns for these individuals. We identified that the introduction of F/TAF provides a valuable alternative to F/TDF, allowing the personalization of PrEP. F/TAF may be the preferred medication for cisgender men and transgender women at risk of HIV infection who are predisposed to, or already have, bone or renal conditions. While the approval of F/TAF is the first step in personalization of PrEP, additional options are still warranted to help accommodate the wide spectrum of individuals at risk of HIV with different lifestyles, medical histories, preferences, and requirements. © 2021, The Author(s).	Bone; Decision making; HIV prevention; Kidney; Personalized medicine; Pre-exposure prophylaxis; Preference; Renal; Tenofovir alafenamide; Tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Fisher, Celia B; Puri, Leah Ibrahim; Macapagal, Kathryn; Feuerstahler, Leah; Ahn, Jungwon Rachael; Mustanski, Brian	Competence to Consent to Oral and Injectable PrEP Trials Among Adolescent Males Who Have Sex with Males.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03077-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8052255	Adherence to oral pre-exposure prophylaxis (PrEP) is challenging for adolescent males who have sex with males (AMSM). Once adult trials comparing oral to longer lasting injectable PrEP are completed, there will be a need for adolescent studies. However, lack of data on adolescent consent capacity may sustain guardian permission requirements identified as a barrier to AMSM participation in prior PrEP trials. This online study assessed AMSM's (14-17 years) consent capacity for these trials, comparing performance to MSM (18-19 years) for whom guardian permission is not required. Applying the MacCAT-CR, participants (N = 214) viewed a video and mock consent form followed by open-ended and yes/no items. Cognitive diagnostic models and means testing analyses supported AMSM capacity to consent to these trials: 16-17 and most 14-15 year-olds, demonstrated consent understanding, appreciation and reasoning at 18-19 year-old levels. Data also identified vulnerabilities requiring attention during informed consent.	Adolescent sexual minority males, Pre-exposure prophylaxis (PrEP), informed consent, randomized clinical trials, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Fitch C.; Foley J.; Klevens M.; Cermeño J.N.; Batchelder A.; Mayer K.; O'Cleirigh C.	Structural Issues Associated with Pre-exposure Prophylaxis Use in Men Who Have Sex with Men	International Journal of Behavioral Medicine	-	-	-	10705503	10.1007/s12529-021-09986-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104051478&doi=10.1007%2fs12529-021-09986-w&partnerID=40&md5=9dcb8868dd2be662b5f244cdffd858a1	Background: Limited access to healthcare has been associated with limited uptake of pre-exposure prophylaxis (PrEP) for HIV among men who have sex with men (MSM). This descriptive analysis examined, in a near universal healthcare setting, differences between MSM reporting using versus not using PrEP in the past 12 months. Method: Data come from the 2017 Boston sample of the National HIV Behavioral Surveillance (NHBS) system, containing a venue-based and time-spaced sample of 530 MSM. The analysis used descriptive frequencies and tests of bivariate associations by PrEP use using Fisher's exact test. Results: Five hundred four respondents had data necessary to determine if PrEP was indicated, and 233 (43.9%) had an indication for PrEP. Of these 233 participants, 117 (50.2%) reported using PrEP in the past 12 months. Not being out, in terms of disclosing one's sexual orientation to a healthcare provider, lack of health insurance, limited access to healthcare, and history of incarceration were all significantly associated with not using PrEP in the past 12 months. Race/ethnicity was not significantly associated with PrEP use in the past 12 months. Conclusions: In the setting of Massachusetts healthcare expansion and reform, and in a sample somewhat uncharacteristic of the population of individuals experiencing difficulties accessing PrEP, structural and demographic factors remain potent barriers to PrEP uptake. Targeted PrEP expansion efforts in Massachusetts may focus on identifying vulnerable subgroups of MSM (e.g., underinsured or criminal justice system-involved MSM) and delivering evidence-based interventions to reduce stigma and promote disclosure of same-sex behavior in healthcare settings. © 2021, International Society of Behavioral Medicine.	HIV; MSM; Pre-exposure prophylaxis (PrEP); Prevention; Socioeconomic factors	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Flax V.L.; Hawley I.; Ryan J.; Chitukuta M.; Mathebula F.; Nakalega R.; Seyama L.; Taulo F.; van der Straten A.	After their wives have delivered, a lot of men like going out: Perceptions of HIV transmission risk and support for HIV prevention methods during breastfeeding in sub-Saharan Africa	Maternal and Child Nutrition	-	-	-	17408695	10.1111/mcn.13120	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097627345&doi=10.1111%2fmcn.13120&partnerID=40&md5=c3ef737345769d5e2303b125c82bf699	Female-initiated HIV prevention methods, such as oral pre-exposure prophylaxis (PrEP) and the vaginal ring, may be important risk reduction strategies for breastfeeding women. Given their novelty, information about the sociocultural context and how it influences perceptions of and support for their use during breastfeeding is lacking. To address this gap, we conducted 23 focus group discussions separately with pregnant and breastfeeding women, male partners and grandmothers (N = 196) and 36 in-depth interviews with key informants in Malawi, South Africa, Uganda and Zimbabwe. We analysed the data using a framework analysis method. Overall, breastfeeding was the norm, and participants described the transference of health (e.g., nutrition) and disease (e.g., HIV) to children through breast milk. Participants considered the early breastfeeding period as one of high HIV transmission risk for women. They explained that male partners tend to seek outside sexual partners during this period because women need time to recover from delivery, women focus their attention on the child, and some men are disgusted by breast milk. Participants highlighted concerns about the drugs in oral PrEP transferring to the child through breast milk, but fewer worried about the effects of the vaginal ring because the drug is localized. Women, grandmothers and key informants were supportive of women using these HIV prevention methods during breastfeeding, while male partners had mixed opinions. These findings can be used to tailor messages for promoting the use of PrEP or the vaginal ring during breastfeeding in sub-Saharan Africa. © 2020 The Authors. Maternal & Child Nutrition published by John Wiley & Sons Ltd	breast milk; breastfeeding; HIV prevention; qualitative; sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Flores Anato, Jorge Luis; Panagiotoglou, Dimitra; Greenwald, Zoë R; Trottier, Claire; Vaziri, Maliheh; Thomas, Réjean; Maheu-Giroux, Mathieu	Chemsex practices and pre-exposure prophylaxis (PrEP) trajectories among individuals consulting for PrEP at a large sexual health clinic in Montréal, Canada (2013-2020).	Drug and Alcohol Dependence	-	-	-	1879-0046	10.1016/j.drugalcdep.2021.108875	https://dx.doi.org/10.1016/j.drugalcdep.2021.108875	INTRODUCTION: Chemsex among gay, bisexual and other men who have sex with men (gbMSM) has raised public health concerns because of its association with sexual behaviours that can increase transmission of sexually transmitted infections, including HIV. Pre-exposure prophylaxis (PrEP) is highly effective at blocking HIV acquisition, addressing important prevention needs among individuals practicing chemsex. This study aims to improve our understanding of chemsex practices and PrEP trajectories of gbMSM and transgender women consulting for PrEP. METHODS: We used data from the PrEP cohort of Clinique médicale l'Actuel, a major sexual health clinic in Montréal. We describe the sociodemographic profile of clients consulting for PrEP, characterize chemsex and polysubstance use trends over time, and evaluate PrEP trajectories using Kaplan-Meier curves. RESULTS: Among 2923 clients who consulted for PrEP between 2013-2020 (2910 cisgender gbMSM, 6 transgender gbMSM, 7 transgender women), 24 % reported chemsex in the past year and 13 % reported polysubstance use. The most common chemsex substances were ecstasy (14 %), GHB (13 %), and cocaine (12 %). The proportion of clients reporting chemsex and polysubstance use decreased over time. In both the chemsex and no-chemsex group, 73 % of clients initiated PrEP. The median time to discontinuation was similar between the chemsex (6.5 months; 95 %CI: 5.3-7.2) and no-chemsex group (6.9 months; 95 %CI: 6.3-7.5). CONCLUSION: Chemsex is not a barrier to PrEP initiation or persistence. However, these results suggest a high prevalence of chemsex among gbMSM consulting for PrEP, highlighting the need for services addressing the intersection of sexual health and substance use for this population.	HIV prevention; long-acting injectable cabotegravir; preexposure prophylaxis; systematic review	English	Netherlands	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical

Theses and Dissertations	2021	Flores, Jorge Luis	Chemsex, sexually transmitted infections, and pre-exposure prophylaxis among men who have sex with men: longitudinal analyses of sexual health clinic attendees in Montréal	-	-	-	McGill University	na	NA	-	Background: Chemsex - the use of illicit substances during sex to enhance pleasure - has become more prevalent in the last decade among gay, bisexual and other men who have sex with men (gbMSM). This has raised public health concerns because chemsex can be associated with transmission of HIV and other sexually transmitted infections (STIs). Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV and is recommended for gbMSM and transgender women at elevated risk of HIV acquisition. As PrEP can provide an important prevention tool for people who practice chemsex, it is important to better understand the role of chemsex in PrEP use and STI incidence.Objectives: Understand the evolving patterns of chemsex practices among gbMSM and transgender women consulting for PrEP in Montréal (Canada) and their impact on STI transmission among PrEP users.Methods: The (1) describing temporal trends in chemsex practices and their impact on PrEP trajectories, and (2) estimating the impact of chemsex on incidence of gonorrhea and chlamydia among PrEP users.Methods: The 3-Cities PrEP Cohort was established in 2012 at the Clinique médicale l'Actuel, a major sexual health clinic in Montréal, Canada. Participants are followed every 3 months for the collection of sociodemographic, behavioural, clinical and biological data. For this study, we used data collected between 2012 and 2019. We first described the sociodemographic and behavioural data, and quarterly follow-up behavioural and STI screening data. I first described the sociodemographic profile of clients who consulted for PrEP, characterized chemsex and polysubstance use trends over time, and evaluated PrEP trajectories. Then, for the second objective, I used survival analyses to estimate the effect of chemsex at baseline on incidence of gonorrhea and chlamydia, focusing on the 24 months following PrEP initiation. I also investigated the role of polysubstance use and potential effect modification by age, education, and income.Results: A total of 2,923 clients consulted for PrEP between 2013-2020 (2,910 cisgender gbMSM, 6 transgender gbMSM, 7 transgender women). Among these clients, 24% reported any chemsex and 13% reported polysubstance use in the past year. Ecstasy (14%), GHB (13%), and cocaine (12%) were the most commonly reported chemsex substances. Prevalence of chemsex and polysubstance use decreased over time. The proportion of clients initiating PrEP (75%) was similar between groups, and the median time to discontinuation was also similar (4.5 months (95% CI: 5.3- 7.2) in the chemsex group compared to 6.9 months (95% CI: 6.2-7.6) in the non-chemsex group). Chemsex was associated with a 1.5-fold increased incidence of gonorrhea and chlamydia (adjusted HR=1.50; 95% CI: 1.08-2.08). There was no incident HIV infection among clients on PrEP. When controlling for age, education, income, PrEP regimen, and year of baseline consultation, chemsex was linked to a 32% higher hazard of gonorrhea or chlamydia diagnosis (adjusted HR=1.32; 95% CI: 1.10- 1.57). This effect was stronger among clients reporting polysubstance use (adjusted HR=1.51; 95% CI: 1.21-1.89). The strength of the effect of chemsex on STI incidence varied by age, education, and income.Conclusions: One in four gbMSM consulting for PrEP at a large Canadian sexual health clinic reported chemsex in the past year. Chemsex, however, is not an obstacle to PrEP initiation or persistence. Among PrEP users, chemsex at baseline is linked to increased incidence of gonorrhea and chlamydia. Incidence was higher for people who report two or more chemsex substances. The high prevalence of chemsex practices and high STI incidence highlight the need for integrated services addressing unmet needs at the intersection of sexual health and substance use. The high STI incidence also stresses the importance of PrEP as an effective HIV prevention tool for this population	Chemsex; sexualized substance use; pre-exposure prophylaxis; gbMSM; Canada	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Clinical
Article	2021	Tiwaree, Christian; Avoriyan, Meri; Free, Thomas	Basic knowledge among GP trainees regarding HIV pre- and post-exposition-prophylaxis.	Journal of Family Medicine and Primary Care	-	-	-	2249-4863 2278-7135	10.4103/jfmpc.jfmpc_414_21	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8305819/	-	India		HIV; PrEP; PEP; General practice; HIV test	English	India	Asia and the Pacific	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Tiwaree, Christian; Schleuwsoge, Benjamin T.; Abendroth, Jens; Free, Thomas	Users' Adherence and Off-Label Use of HIV-Pre-Exposure Prophylaxis; Nationwide Adherence and Off-Label-Use der HIV-Pre-Expositionsprophylaxe	Gesundheitswesen	-	-	-	9413790	10.1055/a-1162-8308	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092639576&doi=10.1055%2fa-1162-8308&partnerID=40&md5=e4dc3a08f5437b29fd0ba6736c1b76e4	-	Germany		HIV; Pre-exposure prophylaxis; PrEP	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Foley J.D.; Foley M.; Shotmiller A.; Ramos J.; Woodl-King S.E.; Venable P.A.	Framed Messages to Increase Condom Use Frequency Among Individuals Taking Daily Antiretroviral Medication for Pre-exposure Prophylaxis	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02045-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104687834&doi=10.1007%2fs10508-021-02045-1&partnerID=40&md5=3bdf62a70259d7146b8d43e3c515ff	-	United States		Framed informational messages; HIV; Pre-exposure prophylaxis (PrEP); Sexually transmitted infection (STI)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Fonner V.A.; Nogwisungu J.; Hamida I.; Joseph J.; Fields J.; Evans E.; Kilewo J.; Bailey C.; Gokhanti L.; Fisher C.B.; O'Reilly K.R.; Rute T.; Mbwambo J.; Sweat M.D.	"We are in this together": dyadic-level influence and decision-making among HIV serodiscordant couples in Tanzania receiving access to PrEP	BMC Public Health	-	-	-	14712458	10.1186/s12889-021-10707-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104447814&doi=10.1186%2fs12889-021-10707-x&partnerID=40&md5=76a2d0173b5ca709c31fa08b9ce7d87b	-	United Kingdom		Dyad; HIV; Pre-exposure prophylaxis; Qualitative research; Relational autonomy; Serodiscordant couple	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Fontenot H.B.; Krukowski D.; White B.P.; Marquez S.M.; Dominiczak J.; Psares C.; O'Creigh C.; Mayer K.H.	Condom use philosophy and behaviors among young men who have sex with men: Variations among HIV pre-exposure prophylaxis users and nonusers	Journal of the American Association of Nurse Practitioners	-	-	-	23270886	10.1097/JXX.0000000000000406	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111785Q&doi=10.1097%2fJXX.0000000000000406&partnerID=40&md5=71a013c0b4fb7aa446bd2e6dfbd3d	Background:In the United States, sexually transmitted infections, particularly HIV, occur at disproportionally high rates among young men who have sex with men (YMSM). Oral pre-exposure prophylaxis (PrEP) is a highly effective in reducing HIV acquisition. Reduction of condom use has been noted among adult populations of MSM using PrEP. However, little is known about PrEP and condom use among YMSM.PurposeOur objective was to understand condom attitudes/beliefs and behaviors among YMSM in the context of PrEP use and nonuse.Methodological orientationWe conducted qualitative interviews between May and November, 2017 in Boston, MA. ATYMSM were HIV negative by self-report. Participants sampled 2 youth who used PrEP and those who did not use PrEP. Data were analyzed using content analysis.SampleThe sample consisted of 31 YMSM aged 17-24 years (mean = 21.5 years).Conclusions:Young men who have sex with men provided rich descriptions of their condom-use philosophies and behaviors. Findings suggest that PrEP use may be associated with reduced condom use among YMSM. Providers should be aware of YMSM's condom philosophies and behaviors regardless of PrEP use with certain partner types, if low self-efficacy was reported, and when sex occurred during periods of substance use and/or intoxication.Implications for practiceThis study provides understanding of YMSM condom decision-making process in the context of PrEP use or nonuse. Findings are useful to inform development and testing of individually tailored interventions for YMSM based on their personal condom-use philosophies and behaviors to improve risk reduction decision making, use of condoms, and PrEP. © 2021 Lippincott Williams and Wilkins. All rights reserved.	Condoms; HIV pre-exposure prophylaxis; PrEP; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Theses and Dissertations	2021	França, Francisco Álisson Paula de	Análise da profilaxia pré-exposição ao HIV em serviços especializados do Ceará	-	-	-	Universidade Federal do Ceará	NA	NA	http://www.repositorio.ufc.br/handle/riufc/60772	-	Brazil		Antiretrovirais;HIV;Controle de Doenças Transmissíveis;Profilaxia Pré-Exposição;Serviços de Saúde	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Franco R.	"Seropedagogy" Teaching the Global History of HIV/AIDS	Radical History Review	-	-	-	1636543	10.1215/01636545-8841658	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131087833&doi=10.1215%2f01636545-8841658&partnerID=40&md5=d2508d26c1c05ba8f8e1375cfcfb0b02	Since the beginnings of the HIV/AIDS pandemic, pedagogy has been a crucial survival strategy, especially when government agencies failed to prevent mass deaths. However, contemporary sex education on HIV/AIDS—if taught to undergraduates before they arrive on campus—often does not account for the disproportionate effects of the pandemic on racial minorities and global South countries. In this teaching essay, the author shows how his course on the history of HIV/AIDS takes a global approach to highlight that the AIDS crisis is not over. Starting with historical developments in the United States, China, and elsewhere that sought to find a scapegoat for the pandemic, the course then turns to the global power of the pharmaceutical industry. It examines the marketing and lobbying strategies of companies such as Gilead, which saw the stigma of HIV/AIDS to transform impoverished global South countries into new markets for research and capital extraction. Finally, it also highlights how the AIDS crisis remains an ongoing struggle against health disparities in South Africa that prevent access to life-saving treatments and preventative drugs such as Truvada and Descovy for pre-exposure prophylaxis (PrEP). Using a range of primary sources, including AIDS activist literature, the author argues that the AIDS crisis is not over. It forces free radicals like bodies of the poor, women, and Black, Latinx, trans, and global South citizens as expendable in the fight against HIV/AIDS. © 2022 by MARHO: The Radical Historians' Organization, Inc.	global health; health care; HIV/AIDS; pharmaceuticals; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2021	Friedland B.A.; Mather S.; Haddad L.B.	The Promise of the Dual Prevention Pill: A Framework for Development and Introduction	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2021.682689	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111251466&doi=10.3389%2ffrph.2021.682689&partnerID=40&md5=0a3c197b6ba222c30823675d7f0a3962	-	-		dual prevention pill; HIV prevention; informed choice; integrated healthcare; multipurpose prevention technologies; oral contraceptives; PrEP; PrEP-DP integration	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Fu, Yuansheng; Ashton, Akhila Aleena; Feng, Xiaoxiang; Wang, Ting; Zhang, Sichen; Ye, Dongqing; Fan, Yingzong	Willingness to use HIV pre-exposure prophylaxis and associated factors among men who have sex with men in Liaoluo, China.	AIDS Research and Therapy	-	-	-	1742-6405	10.1186/s12981-021-00374-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8332257/	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) is a key component of HIV combination prevention strategies and has the potential to decrease the incidence of HIV in men who have sex with men (MSM). This study aimed to evaluate levels of PrEP acceptability and explore factors associated with willingness to use PrEP among MSM in Liaoluo, China. METHODS: Between November 2017 and May 2019, a cross-sectional survey was conducted among 829 MSM. The study participants were recruited through a respondent-driven sampling method. The participants' demographic and knowledge, sexual behaviors, drug use and HIV test history were collected. Multivariate logistic regression was performed to identify factors associated with willingness to use PrEP. RESULTS: A total of 829 MSM participated in the survey. The mean age was 28.5 ± 6.9 years, and the majority were unmarried (n = 615, 74.2%). In multivariate logistic regression, factors associated with a higher willingness to use PrEP included Zhuang or Han ethnic origin, recruitment through peer networks (vs. gay venues), history of a higher education level, previous HIV testing and oral sex with a man. Conversely, having casual sex in the past 6 months was associated with a lower willingness to use PrEP. CONCLUSIONS: MSM in Liaoluo reported a relatively low level of willingness to use PrEP. The factors associated with willingness to use PrEP were identified.	Pre-exposure prophylaxis; Men who have sex with men; HIV prevention; Willingness; China	English	United Kingdom	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Gagliano N.; Black S.; Moncrok C.; Morgan J.; Lachowsky N.; Knight R.	Exchanging a "growing-thought" for "taking a pill once a day": Examining sexual minority men's experiences with peer and mental health in a universal pre-access context	AIDS Education and Prevention	-	-	-	8999546	10.1521/AEAP.2021.33.5.411	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120870938&doi=10.1521%2fAEAP.2021.33.5.411&partnerID=40&md5=e0b419fe4b0fe4d59e3ca1fa6bbe	-	United States		Anxiety; HIV; Mental health; PrEP; Sexual minority men	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Gaillard L.; Gonzalez-Argote T.; Philip S.; Josephs L.S.; Martell J.F.; Beaman L.J.	How come they don't talk about it in school? Identifying adolescent barriers to PrEP use	Health Education Research	-	-	-	2681153	10.1093/her/cyab030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112178578&doi=10.1093%2fher%2fcyab030&partnerID=40&md5=61e4c81aeb0bd4f22bb5167b0fcce0f0	Although 21% of new human immunodeficiency virus (HIV) diagnoses in the United States are in youth aged 13-24 years, adolescent awareness and uptake of the HIV prevention medication pre-exposure prophylaxis (PrEP) are low. This study explores the attitudes and challenges that adolescents face when taking PrEP. Thirty interviews were conducted with adolescents (aged 15-17 years) who were prescribed same (same-sex/same-gender) PrEP in the Bronx, NY. Transcripts were coded inductively and deductively using thematic analysis. Most participants were unaware of PrEP, but nearly all were enthusiastic when informed about it; a majority believed that they would feel empowered when taking PrEP. Despite this high receptivity, multiple barriers were identified, particularly confidentiality from parents, low-perceived need of PrEP and concerns about daily adherence and side effects. Adolescents overall were enthusiastic about the availability of PrEP and felt it empowered them to have control over their health. HIRICs were considered trusted sources of confidential, accessible care, and we believe that they can be uniquely positioned to mitigate barriers to PrEP distribution in the future. © 2021 The Author(s) 2021. Published by Oxford University Press. All rights reserved.	adolescent; adult; attitude attitude to health; human; Human immunodeficiency virus infection; male; male homosexuality; pre-exposure prophylaxis;social; stigma; United States; young adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Gao, Fei; Gladden, David V; Hughes, James P; Donnell, Deborah J	Sample size calculation for active-arm trial with counterfactual incidence based on recency assay	Statistical Communications in Infectious Diseases	-	-	-	2194-6310	10.1515/scid-2020-0009	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8085857/	Objectives: The past decade has seen tremendous progress in the development of biomedical agents that are effective as pre-exposure prophylaxis (PrEP) for HIV prevention. To expand the choice of products and delivery methods, new medications and delivery methods are under development. Future trials of non-inferiority, given the high efficacy of ARV-based PrEP products as they become current or future standard of care, would require a large number of participants and long follow-up time that may not be feasible. This motivates the construction of a counterfactual estimate that approximates incidence for a randomized concurrent control group receiving no PrEP. Methods: We propose an approach that is to enroll a cohort of prospective PrEP users and augment screening for HIV with laboratory markers of recent infection. Statistical methods are developed to estimate counterfactual incidence among PrEP users by adjusting for misclassification of recency assay and dropout. Sample size calculations for non-inferiority trial of PrEP users are developed. We consider two hypothetical trials for one who have sex with men (MSM) and transgender women (TGW) from different regions and young women in sub-Saharan Africa. The calculated sample sizes are reasonable and yield desirable power in simulation studies. Conclusions: Future one-arm trials with counterfactual placebo incidence based on a recency assay can be conducted with reasonable total screening sample sizes and adequate power to determine treatment efficacy.	counterfactual placebo incidence; HIV prevention; pre-exposure prophylaxis; recency assay; sample size calculation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Garrison L.E.; Habeeb J.E.	Pre-exposure Prophylaxis Uptake, Adherence, and Persistence: A Narrative Review of Interventions in the U.S.	American Journal of Preventive Medicine	-	-	-	7493797	10.1016/j.amepre.2021.04.036	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116507973&doi=10.1016%2fj.amepre.2021.04.036&partnerID=40&md5=e0303caaa0f29065431d72f26f6bb617	Since 2012, HIV pre-exposure prophylaxis (PrEP) has been available to prevent HIV transmission; yet, uptake, adherence, and persistence to PrEP have been suboptimal. This narrative review examines the latest interventions and programs to improve all 3 stages of PrEP adherence and reviews ongoing studies to promote effective PrEP use. From 2017 to 2020, a total of 20 studies analyzed different individual- and structural-level approaches to increase PrEP adherence, including behavior change interventions, technology-based interventions (e.g., short message service messages and mobile applications), and alternate delivery strategies (e.g., pharmacy-based PrEP, integration with other services, and home delivery). Most published interventions involved men who have sex with men, although 3 assessed women (2 transgender, 1 cisgender). Randomized, controlled data support 3 behavioral change interventions and 1 technology-based intervention. Alternate delivery strategies were promising, although more robust study designs are generally needed. In addition, data on the alignment of ongoing HIV risk and PrEP persistence (i.e., persontime-effective adherence) were limited. The authors also identified 20 ongoing studies that may provide additional data. Although the number of studies is small, there is a growing body of literature to support interventions to improve PrEP adherence and persistence. Several promising approaches may work well in combination and next steps need to be aligned with the introduction of long-acting pre-exposure prophylaxis formulations. Collectively, this body of work indicates considerable progress toward understanding the role PrEP adherence will play in Ending the HIV Epidemic in the U.S. But will be bolstered by the outcomes of ongoing trials. © 2021 American Journal of Preventive Medicine	anti human; immunodeficiency virus agents; long acting drug; anti human immunodeficiency virus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Gaskins M.; Sammons M.K.; Kutscha F.; Nast A.; Werner R.N.	Factors that motivate men who have sex with men in Berlin, Germany, to use or consider using HIV pre-exposure prophylaxis:A multi-methods analysis of data from a multicentre survey	PLOS One	-	-	-	19526203	10.1371/journal.pone.0260168	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120886307&doi=10.1371%2fjournal.pone.0260168&partnerID=40&md5=361e81aeab0e4f22bb5167b0fcce0f05	Background While our knowledge of what motivates men who have sex with men (MSM) to use HIV pre-exposure prophylaxis (PrEP) has grown in recent years, quantitative survey-based studies have not always been able to capture the full range of factors that play a role in the decision-making process. Our aim was to explore the factors that motivate MSM to use PrEP along a conceptual continuum of PrEP care. Methods In a multicentre survey examining knowledge and use of PrEP among MSM in Berlin, Germany, we additionally asked an open-ended question about motivations for using or considering PrEP. Data were collected from 10/2017-04/2018. One researcher developed a thematic framework deductively from the literature and another did so inductively from the free-text data, and a merged framework was used to code responses independently. We used Fisher's exact test to assess whether the frequency of motivations differed significantly between groups in considering PrEP. Results Of 875 questionnaires, 473 were returned and 228 contained a free-text response. Motivations in the following categories were reported: (1) Safety/protection against HIV (80.2% of participants, including general safety, additional protection to condoms), (2) Mental well-being and quality of life (23.7%, including reduced anxiety, better sex life), (3) Autonomy/sexual freedom (18.9% intent not to use condoms), (4) Expectations about sexuality (14.4%, including worry-free sex or more pleasurable sex, with explicit mention of sex or sexuality), (5) Normative perspectives (8.8%). The difference in frequencies of motivations between those using or considering PrEP was not statistically significant. Conclusions Safety and protection against HIV, particularly having additional protection if condoms fail, were the most common motivations for using or considering PrEP, followed by mental well-being and quality of life. Many respondents reported several motivations, and responses overall were diverse, indicating that PrEP can be meaningful to MSM in a variety of ways. Our findings suggest that PrEP can be a powerful tool to support the sexual health and well-being of multiple motivations and how these fit into the broader sexual and psychological health of MSM. Copyright © 2021 Gaskins et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Gaspar M.; Skalsson-Sperling S.; Aden B.D.; Brennan D.J.; Lachowsky N.J.; Cox J.; Moore D.; Hart T.A.; Grace D.	"You're Gay, It's Just What Happens": Sexual Minority Men Recounting Experiences of Unwanted Sex in the Era of MeToo	Journal of Sex Research	-	-	-	224499	10.1080/00224499.2021.1962236	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112305431&doi=10.1080%2f00224499.2021.1962236&partnerID=40&md5=6b1c0605ade6e7b538604b0f2774e2b6	Our grounded theory analysis derives from in-depth interviews conducted with 24 gay, bisexual, queer, and other men who have sex with men (MSM) living in Toronto, Canada, to understand their experiences of sexual coercion. Participants drew on discourse from the #MeToo movement to reconsider the ethics of past sexual experiences. The idea that gay or queer sex is inherently risky and unique HIV prevention challenges contributed to participants' difficulties in identifying sexual coercion and navigating consent. Participants' experiences were also shaped by gendered scripts of heteronormativity, hegemonic masculinity, and HIV prevention on the other. Biomedical advances in HIV prevention such as pre-exposure prophylaxis (PrEP) and undetectable viral load affected how some participants felt about sexual autonomy and safety. Participants held themselves responsible for needing to be more assertive within sexual encounters to avoid coercion. Many believed that unwanted sex is unavoidable among GBM. If "you're gay, it's just what happens." Targeted education aimed at GBM communities that incorporates insights on GBM sexual subcultures is necessary. This work must be situated within a broader understanding of how gender norms and hegemonic masculinity, racism, HIV status, and other power imbalances affect sexual decision-making, consent, pleasure, and sexual harm. © 2021 The Author(s). Published with license by Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Goldberg, Lily; Mitchell, Kery M; Akey, Michel; Mbuagbaw, Anriamy; Bilhaxnis, Luc; Galdino, Fernand; Geraldo, Nassirou; Gomo-Muteteiwi, Ella; Gignoux, Karine; Aza-Gnandji, Marlène; Kouoss, Lion; Diallo, Mamadou; Kiki, René K; Buchabi, Moussa; Dramane, Kone; Lafrance, Christian; Alibalo, Diouss; Souleymane, Gagoua; Marie-Pierre, Zannou; Djènon M, Ginette; Flore, Sibok; Romain, Cianci; Fiona, Vickerman; Peter, Body; Marie-Claude	Mathematical Model Impact Analysis of a Real-Life Pre-exposure Prophylaxis and Treatment-As-Prevention Study Among Female Sex Workers in Cotonou, Benin.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002535	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7883681/	BACKGROUND: Daily pre-exposure prophylaxis (PrEP) and treatment-as-prevention (TasP) reduce HIV acquisition and transmission risk, respectively. A demonstration study (2015-2017) assessed TasP and PrEP feasibility among female sex workers (FSW) in Cotonou, Benin. SETTING: Cotonou, Benin. METHODS: We developed a compartmental HIV transmission model featuring PrEP and antiretroviral therapy (ART) among the high-risk (FSW and clients) and low-risk populations. Model parameters, calibrated to historical epidemiological and demonstration study data, estimated lower PrEP uptake, adherence, and persistence compared with TasP. We estimated the population-level impact of the 2-year study and several 20-year intervention scenarios, varying coverage and adherence independently and together. We report HIV infections averted, PrEP and ART person-years, and number needed to treat (NNT) to avert 1 infection. RESULTS: The 2-year study (2017 coverage: 8% PrEP and 83% ART) prevented an estimated 8% (95% UI 6-12) and 6% (3-10) infections among FSW over 2 and 20 years, respectively, compared with 7% (5-11) and 5% (2-9) overall. The PrEP and TasP arms prevented 0.4% (0.2-0.8) and 4.6% (2.2-8.7) infections overall over 20 years, respectively. Twenty-year PrEP and TasP scale-ups (2033 coverage: 47% PrEP and 88% ART) prevented 21% (17-26) and 17% (10-27) infections among FSW, respectively, and 5% (3-10) and 17% (10-27) overall. Compared with TasP scale-up alone, PrEP and TasP combined scale-up prevented 1.9× and 2.2× more infections among FSW and overall, respectively. CONCLUSIONS: The demonstration study impact was modest, and mostly from TasP. Increasing PrEP adherence and coverage improves impact substantially among FSW, but little overall. We recommend TasP in prevention packages.	FSW; PrEP; TasP; Benin; modeling; prevention	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	George W.H.; Bleymey J.A.; Stappenbeck C.A.; Davis K.C.	The Role of Alcohol-Related Behavioral Risk in the Design of HIV Prevention Interventions in the Era of Antiretrovirals: Alcohol Challenge Studies and Research Agenda	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03331-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110296226&doi=10.1007%2fs10461-021-03331-4&partnerID=40&md5=f63c5e9c916cb1d04154c68e2f6f45f	HIV/AIDS remains a significant health threat and alcohol is a robust contributing factor. After 25 years of alcohol challenge studies investigating alcohol-related behavioral risk (ARBR), much has been learned delineating how drinking influences sexual transmission. We examine this research and consider its relevance for interventions in the era of antiretrovirals. We consider prototypic alcohol challenge methods, including their strengths and limitations, and review findings from studies using these methods. We then consider how this research can inform the development of HIV prevention interventions. (1) modify existing interventions by cultivating psychobehavioral content related to alcohol expectancies, alcohol myopia, sexual arousal, risk perception, sexual edification, and condom use resistance; and (c) innovate new interventions through Science of Behavior Change approaches and repurposing ARBR paradigms. Finally, we suggest research directions concluding that until HIV incidence diminishes significantly, psychosocial interventions addressing the nexus of alcohol use, sexual transmission, and adherence to biomedical protocols will be an important priority. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Alcohol; Alcohol challenge; HIV risk; Intervention implications; Sexual risk	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Gillespie D.; Knapper C.; Hughes D.; Cosgrove, C; Wood F.; De Brain M.; Ma R.; Jones A.T.; Williams A.; Hood K.	Early impact of COVID-19 social distancing measures on reported sexual behaviour of HIV pre-exposure prophylaxis users in Wales	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054598	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099891016&doi=10.1136%2fsextrans-2020-054598&partnerID=40&md5=db37166435f80ca4b6e2c7c1dafec439	Objectives To describe the early impact of COVID-19 and associated control measures on the sexual behaviour of pre-exposure prophylaxis (PrEP) users in Wales. Methods Data were obtained from an ecological momentary assessment study of PrEP use and sexual behaviour. Participants were individuals accessing PrEP through the National Health Service (NHS) sexual health clinics across four health boards in Wales. Weekly data documenting condomless sex in the preceding week were analysed between 03/02/2020 and 10/05/2020. The introduction of social distancing measures and changes to sexual health services in Wales were used to define 'pre-COVID-19' and 'COVID-19' periods. Multivariable logistic regression was used to estimate the impact of COVID-19 on condomless sex. Free-text responses were analysed to explore different circumstances by relationship status and sexual health clinic. Results Data were available from 241 participants and 4 sexual health clinics (59% of the total PrEP population). Of these, 70 (29%) reported at least one condomless sex act in the period prior to the introduction of social distancing measures and 20% reported condomless sex after (OR=0.6, 95% CI 0.07 to 4.57, p=0.001). There was some evidence to suggest that this association was moderated by relationship status (OR for single participants=0.09, 95% CI 0.06 to 0.22; OR for not single participants=0.46, 95% CI 0.16 to 1.25). Conclusions The introduction of social distancing measures and changes to PrEP services across Wales was associated with a marked reduction in reported instances of condomless sexual intercourse among respondents, with a larger reduction in those who were single compared with those who were not. The long-term impact of COVID-19 and associated control measures on this population's physical and mental health and well-being requires close examination. © 2021 Author(s) (or their employer(s)). Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	condoms; PREP; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Giovenco D.; Gill K.; Fynn L.; Dayrat M.; O'Rourke S.; van der Straten A.; Morton J.F.; Celum C.L.; Bekker L.-G.	Experiences of oral pre-exposure prophylaxis (PrEP) use disclosure among South African adolescent girls and young women and its perceived impact on adherence	PLOS One	-	-	-	19526203	10.1371/journal.pone.0248307	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102650950&doi=10.1371%2fjournal.pone.0248307&partnerID=40&md5=97475c2ad057f3d0d4158d6ea7fea9f0	Introduction There is limited understanding of how social dynamics impact pre-exposure prophylaxis (PrEP) adherence among adolescent girls and young women (AGYW) in generalized HIV-epidemic settings. We examined experiences of oral PrEP use disclosure to various social groups with the goal of identifying supportive relationships that can be leveraged to promote adherence. Methods We used qualitative methods to explore experiences disclosing PrEP use and the perceived impact of disclosure on adherence among 22 South African AGYW (16-25 years) taking daily oral PrEP. Serial in-depth interviews (IDIs) were conducted 1-, 3-, and 12-months post-PrEP initiation. Respondents also self-reported their disclosures separately for various social groups and adherence was assessed using intracellular tenofovir-diphosphate levels. Results Qualitative respondents had a median age of 20.5 years and reported disclosing their PrEP use to friends (n = 30 disclosures), sexual partners (n = 24 disclosures) and parents (n = 19 disclosures). IDI data revealed that parents and partners provided the most support to respondents and a lack of support from these groups was most often perceived as a barrier to PrEP use. Peers were frequently told about PrEP use but rarely provided support. Conversely, disclosure to a few peers who were also PrEP users or household members was notably meaningful for AGYW (both positively and negatively). Respondents reported leveraging supportive relationships for pill reminders. For respondents who perceived a household member would be unsupportive, however, non-disclosure was less feasible and PrEP use was often stigmatized. To avoid stigma, several respondents hid or discontinued PrEP. Conclusions While supportive relationships may facilitate PrEP use, disclosure can also lead to stigma. Counselors should support AGYW in disclosing to key people in their social networks and provide AGYW with materials that lend credibility to explanations of PrEP. Community education is necessary to alleviate PrEP-related stigma and facilitate disclosure. Copyright: © 2021 Giovenco et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Giwenco D.; Murang K.E.; Horwitz C.; Bielo K.B.; Liu A.Y.; Horvath K.J.; Golshefi J.M.; Rebuck C.J.; Highrow-Wedman L.	Adopting technology-based HIV prevention and care interventions for youth: Lessons learned across five U.S. Adolescent Trials Network studies	mHealth	-	-	-	23069740	10.21037/mhealth-20-43	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107637994&doi=10.21037%2fmhealth-20-43&partnerID=40&md5=6eee7fc8b876e3c5e024265e2b2ca1fa	Background: U.S. sexual and gender minority youth experience individual, interpersonal, and structural-level barriers to HIV prevention and care. Innovative, youth-driven approaches to mobile and electronic interventions that support use of new biomedical prevention, testing, and treatment options may address these barriers. Adapting evidence-based interventions for youth must balance core intervention components with responsiveness to the distinct needs of end-users. Methods: The UNC/Emory Center for Innovative Technology (iTech) adapts and evaluates technology-based interventions for youth living with or at risk for HIV. We leveraged formative research with youth, program and individual stability resources (PAIRS) for safer choices (a skills-based, risk-reduction intervention for HIV-positive youth), and motivational interviewing to develop myPEEPS mobile, a gay, and men seeking-men-centered website for increasing viral suppression, with the aim of informing best practices for technology-based interventions. Each study presented points of adaptation and core components. We synthesized findings from these studies to identify strategies of their adaptation. Results: Findings from these studies with racially/ethnically diverse youth across seven geographically diverse sites provided feedback during the intervention adaptation process. We found high interest in and acceptability of all five intervention prototypes. Cross-study themes included: (I) Desire for multiple privacy protections (e.g., password, fingerprint) to keep HIV status, sexual identity, and sexual behavior confidential. (II) Strong but varied preferences for the look and feel of platforms. Imagery should be discrete but representative. Participants valued customizable platforms and positive themes, motivational language, and humor. Youth wanted information presented using multiple modalities (e.g., text, video, image) to increase engagement. (III) Youth preferred engagement features and functions consistent with familiar platforms (e.g., Snapchat, Instagram). Gamification features that resulted in tangible versus virtual rewards were preferred to increase engagement. Intervention messaging functions were perceived as useful; customization was desired as a way to control frequency, mode (e.g., SMS, in-app message, push notification), and content. (IV) Youth voiced varied preferences for platform content including: featuring young-role models from the lesbian, gay, bisexual, transgender, queer (LGBTQ) community; incorporating interactive components; and providing content that was relevant, accurate, and timely. Conclusions: Findings from these studies underscore the importance of including youth in the co-creation of youth's evaluations of these mHealth interventions; divergence was most commonly found in preferred content versus features and functions. Identifying broadly accepted aspects of mHealth interventions for youth supports the feasibility of adaptation (versus de novo creation) and should guide the focus of future formative research phases. Continued research is needed to better understand how to balance usability	Adolescent; HIV; Intervention; MHealth; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Theses and Dissertations	2021	Giovenco, Danielle Elaine; Pettifor, Audrey	Social and Behavioral Predictors of Adherence to Oral Antiretroviral Pre-Exposure Prophylaxis for HIV Prevention Among Adolescent Girls and Young Women in Southern Africa	-	-	University of North Carolina	-	NA	NA	https://www.proquest.com/dissertations-theses/social-behavioral-predictors-adherence-oral/docview/2570551093/se-2?accountid=8113	Adolescent girls and young women (AGYW) in sub-Saharan Africa represent a key population at risk for acquiring HIV infection. Oral antiretroviral pre-exposure prophylaxis, or PrEP, is an efficacious biomedical HIV prevention strategy that holds enormous potential to reduce HIV acquisition in key populations if taken consistently. Research is needed to identify barriers and facilitators to PrEP adherence among AGYW to inform implementation efforts. The aims of this dissertation were to examine how disclosure of PrEP use and intimate partner violence (IPV) affect adherence to daily oral PrEP among AGYW in southern Africa. We used data from two prospective cohort studies evaluating PrEP uptake and adherence among sexually-active HIV-uninfected women aged 16-25 years. Participants who initiated once daily oral PrEP were included in analyses. We first conducted descriptive analysis of PrEP use disclosure and IPV exposure variables. Participants self-reported disclosure of their PrEP use during follow-up separately for parents, partners, and peers. IPV included any self-reported physical, emotional, sexual, or psychological partner violence. Then, for both aims, we estimated the relative prevalence of high PrEP adherence at months 3 and 6, defined as TFV-DP ≥700 fmol/punch at a given visit, using univariate and multivariable (adjusted) modified Poisson or log-binomial regression. Effects were estimated in the full study population and within younger and older AGYW age group strata (dichotomized at the sample median). We did not observe a strong effect of disclosure or IPV on adherence overall; however, the effect of disclosure to a parent and IPV were significantly modified by age (α=.15). For the parent disclosure-adherence relationship, there was evidence of effect modification by age at month 6 (p=.062): among younger AGYW (≤18 years), those who disclosed to a parent were 6.8 times as likely to have high adherence at month 6 than those who did not (95% CI 1.02, 45.56); among older AGYW (>18 years), there was no significant effect of disclosure to a parent (aPR=0.69, 95% CI 0.17, 2.90). For the IPV-adherence relationship, there was evidence of effect modification by age at month 3 (p<.001): among younger AGYW (<21 years), those who reported IPV were less than half as likely to have high PrEP adherence (aPR=0.43, 95% CI 0.22, 0.86); among older AGYW (≥21 years), those who reported IPV were more than twice as likely to have high PrEP adherence (aPR=2.21, 95% CI 1.34, 3.66). There was also evidence of effect modification by age for the IPV-adherence relationship at month 6 (p=.128), and effect estimates within each age stratum were consistent in direction with month-3 results.Findings from our investigation of disclosure and PrEP adherence suggest that parents may play an important role in facilitating PrEP use among younger AGYW, and more work is needed to develop strategies for engaging parents in their child's PrEP use. Further, adherence support programs for AGYW should find ways that peers and partners can help motivate effective PrEP use. Findings from our investigation of IPV and PrEP adherence suggest that adherence programs may be especially necessary to support younger AGYW who have experienced violence from a partner previously or are currently in a violent partnership. Further, insight into the indirect effects of IPV among older AGYW may inform efforts aimed at optimizing adherence among younger AGYW. Alternative PrEP formulations may provide benefits for AGYW who have trouble adhering to a daily oral PrEP regimen. Lastly, findings from both aims suggest that the impact of social and behavioral factors on PrEP adherence is likely to vary between younger and older AGYW. Future research should consider the transitional nature of the adolescent developmental stage when designing interventions for this group.	HIV; Bias; South Africa; HIV prevention; Pre-exposure prophylaxis; PrEP; Infections; Teenagers; Disease prevention; Behavior; Public health; Epidemiology; Behavioral sciences; Mental health; Drug therapy; Social support; Population; Age; Qualitative research; Regression analysis; Questionnaires; Influence; Adolescent girls and young women; Young adults; Domestic violence; Human immunodeficiency virus--HIV; Womens health; Enrollments; Mental depression; Girls; Innovations; Families & family life; 0573:Public health; 0766:Epidemiology; 0602:Behavioral Sciences; 0347:Mental health; Child development	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2021	Giovenco, Danielle; Kuo, Caroline; Underhill, Kristen; Hoare, Jacqueline; Operario, Don	Adolescent-Centered HIV Prevention: Perspectives on Acceptability of Oral Antiretroviral Pre-exposure Prophylaxis for Adolescents in a Global Priority Setting.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-021-02052-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8744480	With oral antiretroviral pre-exposure prophylaxis (PrEP) rollout expanding to include adolescents in South Africa, research is needed to better understand perceptions of PrEP acceptability among adolescents and clinical service providers. We conducted an exploratory mixed-methods study among 57 adolescents, 16-17 years of age, living with and without HIV, and 25 clinical service providers in Cape Town, South Africa from 2015 to 2016. Cross-sectional survey and semi-structured qualitative interview data were used to explore (1) willingness to use PrEP and support partner PrEP use among adolescents living with and without HIV, (2) willingness to prescribe or support prescription of PrEP among service providers, and (3) perceptions of barriers and facilitators to PrEP implementation and interpretations of PrEP efficacy messaging for adolescent HIV prevention among all participants. Acceptability of PrEP among participants was high. Support for PrEP uptake was linked to messages that positively framed PrEP's protection potential (i.e., success- versus failure-framed messaging) among both adolescents and providers. Adolescents without HIV endorsed high willingness to use PrEP and adolescents living with HIV endorsed high support for partner PrEP use. However, both groups noted that potential side effects, stigma, and PrEP's partial efficacy may hinder uptake. Clinical service providers endorsed PrEP for sexually active adolescents and shared stigma and efficacy concerns. Further, service providers expressed desire for adolescent-tailored training and integration of PrEP delivery into primary care and family planning services. Efforts to educate adolescents and service providers about PrEP should consider how message framing may influence acceptability. Community PrEP education and adolescent-friendly delivery should be prioritized to alleviate predicted PrEP stigma and facilitate uptake.	Adolescents; HIV; Pre-exposure prophylaxis; PrEP; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Girometti, Nicolò; Delpech, Valerie; McCormack, Sheena; Khawam, Jameel; Nash, Sophie; Ogaz, Dana; Mohammed, Hamish; Gedela, Keerti; Nugent, Diarmuid; Patel, Sheel; Suchak, Tara; Tittle, Victoria; McOwan, Alan; Whitlock, Gary	The success of HIV combination prevention: The Dean Street model.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.13149	https://dx.doi.org/10.1111/hiv.13149	The 56 Dean Street combination prevention model, a strong engagement with the LGBTQI community and flexible services adapted to users' changing needs led to an 80% drop in HIV diagnoses in gay, bisexual and other men who have sex with men (GBMSM) from 2015 to 2017. We describe the service changes at 56 Dean Street since 2012 which resulted in an increase in the frequency of HIV testing, the introduction of pre-exposure prophylaxis, earlier HIV diagnosis and a shorter time to viral suppression in those living with HIV. This model could be adapted to deliver similar results in those settings of high HIV prevalence among GBMSM and where access to technological innovation in healthcare and engagement with the community can be achieved.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2021	Glidden, David V; Das, Moupali; Dunn, David T; Ebrahimi, Ramin; Zhao, Yongwu; Stirrup, Oliver T; Baeten, Jared M; Anderson, Peter L	Using the adherence-efficacy relationship of emtricitabine and tenofovir disoproxil fumarate to calculate background hiv incidence: a secondary analysis of a randomized, controlled trial	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25744	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106724073&doi=10.1002%2fjia2.25744&partnerID=40&md5=79ecd38047b043f3b0fd423ebb5c3f3c	Introduction: Randomized trials of new agents for HIV pre-exposure prophylaxis (PrEP) compare against emtricitabine and tenofovir disoproxil fumarate (F/TDF), without a placebo group. We used the well-characterized adherence-efficacy relationship for F/TDF to back-calculate the (non-PrEP) counterfactual background HIV incidence (bHIV) in a randomized trial of a novel PrEP agent and estimate comparative efficacy (to counterfactual bHIV). Methods: The DISCOVER trial (ClinicalTrials.gov: NCT02842086) randomized 5387 men who have sex with men (MSM) and transgender women who have sex with men and demonstrated non-inferiority of emtricitabine and tenofovir alafenamide (F/TAF) to F/TDF (HIV incidence rate ratio IRR 0·47, 95% CI: 0·19 to 1.15). Tenofovir diphosphate (TFV-DP) levels in dried blood spots (DBS) were assessed for all diagnosed with HIV and in a random 10% of the cohort. We used a Bayesian model with a diffuse prior distribution, derived from established data relating tenofovir diphosphate levels to HIV prevention efficacy. This prior, combined with the F/TDF seroconversion rate and tenofovir diphosphate levels in DISCOVER, yielded Bayesian inferences on the counterfactual bHIV. Results: There were six versus 11 postbaseline HIV infections (0.14 vs. 0.25/100 person-years PY) on F/TAF and F/TDF respectively. Of the 11 on F/TDF, 10 had low, none had medium and one had high tenofovir diphosphate levels; among HIV-negative controls, 5% of the person-time years had low, 9% had medium and 86% had high TFV-DP levels. A non-informative prior distribution for counterfactual bHIV, combined with the prior for TFV-DP level-efficacy relationship, yielded a posterior counterfactual bHIV of 3·4 infections/100 PY (0.80 Bayesian credible interval CrI 1·9 to 5·9), which suggests a median HIV efficacy of 96% (0.95 CrI 88% to 99%) for F/TAF and 93% (0.95 CrI 87% to 96%) for F/TDF compared to bHIV. Conclusions: Based on the established connection of drug concentrations to PrEP prevention efficacy, a Bayesian framework can be used to estimate a synthetic non-PrEP control group in randomized, active-controlled PrEP trials that include a F/TDF-comparator group. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Bayesian inference; clinical trial design; counterfactual; PrEP; tenofovir alafenamide; tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Goldwirt, Lauriane; Bauer, Rebecca; Liegeon, Geoffroy; Charreau, Isabelle; Delaugerre, Constance; Cotte, Laurent; Pialou, Gilles; Cua, Eric; Laghzal, Aïcha; Buschman, Lane; Anderson, Peter L; Mourah, Samia; Meyer, Laurence; Molina, Jean-Michel	Estimated pill intake with on-demand PrEP with oral TDF/FTC using TFV-DP concentration in dried blood spots in the ANRS IPERGAY trial.	Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091	10.1093/jac/dkab253	https://dx.doi.org/10.1093/jac/dkab253	BACKGROUND: Tenofovir diphosphate (TFV-DP) concentration in dried blood spots (DBSs) is a reliable pharmacokinetics biomarker of adherence to tenofovir disoproxil fumarate (TDF). We aimed to use DBSs to estimate pill intake among participants using on-demand pre-exposure prophylaxis (PrEP) and to identify predictive factors associated with higher TFV-DP concentrations. METHODS: DBSs were collected at the last study visit of the open-label phase of the ANRS IPERGAY study, assessing on-demand oral TDF/emtricitabine for PrEP among MSM and transgender female participants. We quantified TFV-DP in DBSs centrally. We assessed correlation between pill count and TFV-DP concentration by Spearman correlation and explored associations between participant demographics, sexual behaviour and PrEP use during sexual intercourse (SI) with TFV-DP concentrations by univariate and multivariate logistic regression models. RESULTS: The median age of the 245 participants included in this study was 40 years, with a median body weight of 73 kg. Median (IQR) TFV-DP concentration reached 517 (128-868) fmol/punch, corresponding to an estimated intake of 8-12 tablets per month (2-3 doses per week). Only 39% of participants had a TFV-DP concentration above 700 fmol/punch. TFV-DP concentrations were moderately correlated with pill count (r: 0.59; Pâ<â0.001). In multivariate analysis, only systematic use of PrEP during SI and more frequent episodes of SI in the past 4 weeks were significantly associated with higher TFV-DP levels OR (95% CI): 11.30 (3.62-35.33) and 1.46 (1.19-1.79), respectively; Pâ<â0.001. CONCLUSIONS: Among participants using on-demand PrEP, estimated pill intake reached 8-12 tablets per month and was correlated with frequency and systematic use of PrEP for SI.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Goodreau S.M.; Maloney K.M.; Sanchez T.H.; Morris M.; Janulis P.; Jenness S.M.	A Behavioral Cascade of HIV Seroadaptation Among US Men Who Have Sex with Men in the Era of PrEP and U = U	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03266-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112370136&doi=10.1007%2fs10461-021-03266-0&partnerID=40&md5=ac7bd08022fdaee000c903b6b0aa590d	Seroadaptive behaviors help reduce HIV risk for some men who have sex with men (MSM), and have been well documented across MSM populations. Advancements in biomedical prevention have changed the contexts in which seroadaptive behaviors occur. We thus sought to estimate and compare the prevalence of four stages of the "seroadaptive cascade" by PrEP use in the recent era: knowledge of own serostatus, knowledge of partner serostatus; serosorting (matching by status), and condomless anal intercourse. Serosorting overall appeared to remain common, especially with casual and one-time partners. Although PrEP use did not impact status discussion, it did impact serosorting and the likelihood of having condomless anal intercourse. For respondents not diagnosed with HIV and not on PrEP, condomless anal intercourse occurred in just over half of relationships with HIV-positive partners who were not on treatment. Biomedical prevention has intertwined with rather than supplanted seroadaptive behaviors, while contexts involving neither persist. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Condom use; HIV-1; Men who have sex with men; Pre-exposure prophylaxis (PrEP); Seroadaptive behaviors; Treatment as prevention (TasP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Goodwin G.	Social Media, Grindr, and PrEP: Sexual Health Literacy for Men Who Have Sex with Men in the Internet Age	Journal of Consumer Health on the Internet	-	-	-	15398285	10.1080/15398285.2021.1902227	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108057599&doi=10.1080%2f15398285.2021.1902227&partnerID=40&md5=debafd1b08ef1517ab220e8b7247e656	Despite continued improvements to HIV/AIDS treatment and awareness, HIV transmission rates remain high among men who have sex with men (MSM). Online consumer health information targeting high-risk MSM through social media and geosocial networking (GSN) apps have shown to be successful HIV intervention strategies. This review article addresses the efficacy and acceptance of delivering consumer health information about pre-exposure prophylaxis (PrEP) and HIV prevention through GSN apps, the impact of online and social media communities in the discussion and delivery of information about PrEP and HIV interventions, and ongoing and possible future research and the role of information professionals. © 2021 The Author(s). Published with license by Taylor & Francis Group, LLC.	Geosocial networking; HIV; men who have sex with men; sexual health literacy; social media	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Govender E.M.	Tailoring Communication to Increase the Promotion of Oral PrEP: A Culture-Centred Approach	Communicatio	-	-	-	2500167	10.1080/02500167.2021.1894195	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107597962&doi=10.1080%2f02500167.2021.1894195&partnerID=40&md5=df4697a18b0a04aeb44d905f22e7ef82	In Sub-Saharan Africa, human immunodeficiency virus (HIV) incidence rates remain disproportionately high among adolescent girls and young women (AGYW), who are five to seven times more likely to contract HIV than their male peers. Following the 2015 World Health Organization (WHO) Guideline on When to Start Antiretroviral Therapy and on Pre-Exposure Prophylaxis (PrEP) for HIV, the South African Department of Health (DoH) released the National Policy on HIV PrEP and Test and Treat (T&T) in June 2016. At the time of writing, several demonstration projects were underway to assess the feasibility of oral PrEP for AGYW in South Africa, with extensive access for sex workers and limited access for AGYW. It is within this context that the article explores the current perceptions of oral PrEP utilising the data from two previous studies conducted in three high HIV burden districts in KwaZulu-Natal (KZN), South Africa. Through an analysis of the current perceptions of oral PrEP, the article prioritises the cultural communication imperative to promote inclusivity and acceptability of biomedical innovations. The article argues that communication about oral PrEP is embedded in cultural discourses that must be discussed, critiqued and incorporated into a new framework for combination HIV prevention. © 2021 Unisa Press.	adolescent girls and young women; culture-centred approach; human immunodeficiency virus communication; pre-exposure prophylaxis; prevention strategies; tailored communication	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2021	Grammatico M.A.; Moll A.P.; Choi K.; Springer S.A.; Shenoi S.V.	Feasibility of a community-based delivery model for HIV pre-exposure prophylaxis among bar patrons in rural South Africa	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25848	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119983656&doi=10.1002%2fjia2.25848&partnerID=40&md5=6a2661ae21372344e6e3c002fdc397fb	Introduction: South Africa, home to the world's largest HIV epidemic, has made great strides in improving access to HIV services, but specific groups, particularly young men, remain difficult to engage in the HIV care cascade. Alcohol use disorder, prevalent in South Africa, further complicates engagement. Congregate settings where alcohol is served, known as shebeens, are an ideal place to engage young people for HIV testing, treatment and prevention, including pre-exposure prophylaxis (PrEP). Here, we characterize the uptake of PrEP in shebeen patrons and explore the effect of alcohol consumption on PrEP uptake by piloting a community-based delivery model. Methods: In the rural Kwazulu-Natal province (KZN) of South Africa, a field team made up of all men offered screenings outside of shebeens at 27 events over 6 months in 2020. Screenings included rapid HIV testing and Alcohol Use Disorder Identification Test (AUDIT). Participants who tested negative for HIV were offered PrEP as once daily oral tenofovir disoproxil fumarate/emtricitabine. Short-term retention was determined. Logistic regression was performed to identify predictors of PrEP uptake, including unadjusted and adjusted odds ratios (OR) with 95% confidence interval. Results: One hundred and sixty-two shebeen patrons were screened, and 136 (84%) were eligible for PrEP. Among those eligible, 37 (27%) completed clinical evaluation and initiated PrEP. Among PrEP initiators, 91.9% were men, median age was 26.0 years (interquartile range 21–31), 32.4% were employed, 18.9% had running water and 70.3% had AUDIT scores indicating hazardous drinking. Among 37 initiators, 25 (68%) were retained at 1 month, and 19 (51%) were retained at 4 months. Independent predictors of PrEP uptake among all bar patrons, and only men (108 screened and 34 initiators), included younger age (OR 0.92 0.88–0.97) and lifetime number of sexual partners (OR 1.07 1.02–1.13). Conclusions: Community-based PrEP delivery after engagement at shebeens in rural South Africa is a feasible and novel approach to reach a traditionally difficult-to-engage population, particularly young men. In this small sample, sexual risk behaviours predicted PrEP uptake. Hazardous drinking was not a barrier to PrEP initiation. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	alcohol use disorder; differentiated service delivery; heterosexual; HIV prevention; PrEP; young men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Grant, Robert M; Pellegrini, Marion; Defechereux, Patricia A; Anderson, Peter L; Yu, Michelle; Glidden, David V; O'Neal, Joshua; Yager, Jenna; Bhasin, Shalender; Sevelius, Jae; Deutsch, Madeline B	Sex Hormone Therapy and Tenofovir Diphosphate Concentration in Dried Blood Spots: Primary Results of the Interactions Between Antiretrovirals And Transgender Hormones Study	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciaa1160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118283545&doi=10.1093%2fcid%2fciaa1160&partnerID=40&md5=fa03d73a320ff86e61c9a939949533	Background. Sex hormone and preexposure prophylaxis (PrEP) drug interactions among transgender women (TGW), transgender men (TGM), and cisgender men (CGM) are not fully understood. Methods. TGM and TGW on at least 6 months of stable sex hormone therapy containing testosterone or estradiol (respectively) were enrolled in a 4-week study of directly observed dosing of daily oral coformulated emtricitabine and tenofovir disoproxil fumarate (FTC/TDF). TFV-DP in dried blood spots and sex hormones in serum were measured at weekly intervals. TFV-DP was compared with 2- and 4-week samples from Directly Observed Therapy Dried Blood Spots (DOT-DBS) Study (NCT02022657). Results. From May 2017 to June 2018, 24 TGM and 24 TGW were enrolled. Testosterone (total and free) and estradiol concentrations were comparable before and after 4 weeks of PrEP use in TGM and TGW, respectively. Historical controls included 17 cisgender women (CGW) and 15 CGM. TFV-DP concentrations at week 4 were comparable between TGW and CGM (mean difference, −6%; 95% confidence interval CI, −21% to 12%; P = .47), comparable between TGW and CGM (mean difference, −12%; 95% CI, −27% to 7%; P = .21) and were lower among TGM compared with CGW (mean difference, −23%; 95% CI, −36% to −7%; P = .007). All persons in all groups were projected to reach the TFV-DP threshold that has been associated with high protection from human immunodeficiency virus. Conclusions. CGM, TGM, and TGW had comparable TFV-DP concentrations in dried blood spots after 4 weeks of directly observed daily FTC/TDF PrEP use. Serum hormone concentrations were not affected by FTC/TDF PrEP use. © The Author(s) 2020. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV; pharmacokinetics; preexposure prophylaxis; sex hormones; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Gras, J; Charreau, I; Minier, M; Carette, D; Gabassi, A; Foubert, V; Chaix, ML; Meyer, L; Molina, JM; Delaugerre, C	Epidemiology and risk factors for HHV8 infection among men who have sex with men in the ANRS IPERGAY PrEP trial	HIV Medicine	-	-	-	NA	10.1111/hiv.13183	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02371029/full	Purpose: To assess the epidemiology and baseline characteristics associated with HHV8 infection among MSM in the ANRS IPERGAY Pre-exposure prophylaxis (PrEP) trial. Method: In the IPERGAY trial, HIV-negative male at high-risk for HIV infection were followed between February 2012 and June 2016. Characteristics of participants were recorded at enrolment. During follow-up, sera and oral & anal swabs were collected at day 0, M1, M2 and then every 2 months. An indirect immunofluorescence assay was used for the detection of HHV8 antibodies against latent nuclear antigens using the BCP-1 cell line (1: 50 serum dilution). For patients who seroconverted during follow-up, HHV8 DNA detection was performed on available swabs using in-house qPCR. Baseline characteristics associated with HHV8 infection were determined using linear logistic regression. Results: 417 participants with an available serum at day 0 were included. Prevalence of HHV8 infection at inclusion was 24% (100/417; 95%CI: 20.0-28.4). Baseline characteristics associated with HHV-8 seropositivity at inclusion were an older age, a high number of sexual partners in prior 2 months, chemsex during last sexual intercourse, and poppers consumption in prior 12 months (Table 1). Among the 386 participants with available data at last trial visit, 310 were seronegative at day 0 and followed for a median duration of 26 months (IQR, 18-36). 18/300 seroconverted during the study (incidence rate 2.65/100 person-years of follow-up, 95%CI: 1.57-4.18). Among them, 8/18 had intermittent detectable HHV8 DNA in oral and/or anal swabs (median viral load 2986 copies/ ml, IQR:1620-17226); HHV8 DNA positivity preceded antibody detection in 5/8. No baseline characteristic was associated with HHV8 seroconversion during follow-up. Conclusions: HHV8 infection prevalence is high among HIV-negative MSM on PrEP, and associated with older age, a high number of sexual partners, the practice of chemsex and poppers consumption. Intermittent HHV8 oral and anal shedding may facilitate sexual transmission in this population.	*Human herpesvirus 8; *men who have sex with men; *pre-exposure prophylaxis; *risk factor; Age; Aged; Anal swab; Antibody detection; BCP-1 cell line; Conference abstract; Controlled study; Dilution; Follow up; Human; Human cell; Human immunodeficiency virus infection; Human tissue; Immunofluorescence; Major clinical study; Male; Nonhuman; Prevalence; Seroconversion; Sexual intercourse; Sexual transmission; Virus load	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Grau-Pujol, Berta; Camprubí-Ferrer, Daniel; Marti-Soler, Helena; Fernández-Pardos, Marc; Carreras-Abad, Clara; Andrés, Maria Velasco-de; Ferrer, Elisabet; Muelas-Fernandez, Magdalena; Jullien, Sophie; Barilaro, Giuseppe; Ajanovic, Sara; Vera, Isabel; Moreno, Laura; Gonzalez-Redondo, Eva; Cortes-Serra, Núria; Roldán, Montserrat; Arcos, Ana Artes-de; Mur, Isabel; Domingo, Pere; Garcia, Felipe; Guinovart, Caterina; Muñoz, Jose	Pre-exposure prophylaxis with hydroxychloroquine for COVID-19: a double-blind, placebo-controlled randomized clinical trial.	Trials	-	-	-	1745-6215	10.1186/s13063-021-05758-9	https://pubmed.ncbi.nlm.nih.gov/34781981/	BACKGROUND: Pre-exposure prophylaxis (PrEP) is a promising strategy to break COVID-19 transmission. Although hydroxychloroquine was evaluated for treatment and post-exposure prophylaxis, it is not evaluated for COVID-19 PrEP yet. The aim of this study was to evaluate the efficacy and safety of PrEP with hydroxychloroquine against placebo in healthcare workers at high risk of SARS-CoV-2 infection during an epidemic period. METHODS: We conducted a double-blind placebo-controlled randomized clinical trial in three hospitals in Barcelona, Spain. From 350 adult healthcare workers screened, we included 269 participants with no active or past SARS-CoV-2 infection (determined by a negative nasopharyngeal SARS-CoV-2 PCR and a negative serology against SARS-CoV-2). Participants allocated in the intervention arm (PrEP) received 400 mg of hydroxychloroquine daily for the first four consecutive days and subsequently, 400 mg weekly during the study period. Participants in the control group followed the same treatment schedule with placebo tablets. RESULTS: 52.8% (142/269) of participants were in the hydroxychloroquine arm and 47.2% (127/269) in the placebo arm. Given the national epidemic incidence decay, only one participant in each group was diagnosed with COVID-19. The trial was stopped due to futility and our study design was deemed underpowered to evaluate any benefit regarding PrEP efficacy. Both groups showed a similar proportion of participants experiencing at least one adverse event (AE) (p=0.548). No serious AEs were reported. Almost all AEs (96.4%, 106/110) were mild. Only mild gastrointestinal symptoms were significantly higher in the hydroxychloroquine arm compared to the placebo arm (27.4% (39/142) vs 15.7% (20/127), p=0.041). CONCLUSIONS: Although the efficacy of PrEP with hydroxychloroquine for preventing COVID-19 could not be evaluated, our study showed that PrEP with hydroxychloroquine at low doses is safe. TRIAL REGISTRATION: ClinicalTrials.gov NCT04331834 . Registered on April 2, 2020.	Adult; Humans; Treatment Outcome; Double-Blind Method; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; Prevention; COVID-19; SARS-CoV-2; *COVID-19 Drug Treatment; Hydroxychloroquine/adverse effects; Control; Health-care workers; Hydroxychloroquine	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2021	Green, Kimberly Elizabeth; Nguyen, Long Hoang; Phan, Huong Thu Thi; Vu, Bao Ngoc; Tran, Minh Hung; Ngo, Huu Van; Tieu, Van Thi Thu; Van, Hung; Le, Thanh Minh; Do, Khang Quang; Nguyen, Phong Anh; Ngo, Trang Minh; Doan, Anh Hong; Bui, Diep Thi Ngoc; Nguyen, Trang Nguyen Nhu; Hang, Lan Thi Xuan; Tran, Tham Thi; Luong, Binh Quoc	Prepped for PrEP? Acceptability, continuation and adherence among men who have sex with men and transgender women enrolled as part of Vietnam's first pre-exposure prophylaxis program	Sexual Health	-	-	-	14485028	10.1071/SH20167	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101993315&doi=10.1071%2fSH20167&partnerID=40&md5=055b3fca63b3b28b025275721a38c101	Background: HIV prevalence among men who have sex with men (MSM) and transgender women (TGW) in Vietnam is high, whereas coverage of effective HIV prevention serVICes has been inadequate. Studies have measured MSM and TGW demand for pre-exposure prophylaxis (PrEP) serVICes, which led to the design of the first ever PrEP program in Vietnam, Prepped for PrEP (P4P). Methods: In March 2017, PrEP serVICes were offered in Ho Chi Minh City as part of the P4P demonstration project, enabling same-day enrolment in three key population (KP)-led clinics and four public clinics. P4P aimed to assess acceptability and feasibility of PrEP serVICes through calculating the rate of PrEP enrolment over time, and quarterly measures of continuation and adherence over an 18-month period. Results: A total of 1069 MSM and 62 TGW were enrolled in P4P. Average monthly PrEP enrolment among MSM increased five-fold from the first 3 months (March-June 2017) to the last 3 months of active enrolment (March-June 2018), whereas for TGW, no increased trend in PrEP enrolment per quarter was seen. Self-reported PrEP adherence was >90% at all time points among MSM, but varied from 11.1% to 88.9% among TGW. PrEP continuation was calculated at months 3, 6, 9, 12, 15 and 18. For MSM, it was 88.7% at month 3, 68.8% at month 12 and 46.6% at month 18, whereas for TGW, it was 87.1%, 54.8% and 52.8%, respectively. Multivariable regression identified that MSM with lower-Than-Average income (adjusted odds ratio (aOR) 2.38 (95% confidence interval (CI): 1.59-3.54), P = 0.000), aged >30 years (aOR 2.03 (95% CI: 1.30-3.40), P = 0.007) and with an increasing number of sex partners (aOR: 1.06 (1.01-1.11), P = 0.011) had greater odds of remaining on PrEP. For TGW, being aged >30 years was associated with continuing on PrEP (aOR 5.62 (95% CI: 1.05-29.9), P = 0.043). Conclusions: We found PrEP to be highly acceptable among MSM and moderately acceptable among TGW. Continuation rates were relatively high for the first roll-out of PrEP; however, those aged ≤30 years were much more likely to discontinue serVICes. Scaling-up PrEP through differentiated and community-led and engaged PrEP serVICe delivery will be key to effectively increase access and uptake over the next 5 years. © 2021 CSIRO.	Asia; community-led health serVICes; differentiated care; HIV prevention; key population-led health serVICes; key populations; same-day pre-exposure prophylaxis; Vietnam; vulnerable populations	English	United States	Western and Central Europe and North America	Vietnam	Asia and the Pacific	Vietnam	Asia and the Pacific	Quantitative
Article	2021	Grimshaw C.; Boyd L.; Smith M.; Estcourt C.S.; Metcalfe R.	Evaluation of an inner city HIV pre-exposure prophylaxis service tailored to the needs of people who inject drugs	HIV Medicine	-	-	-	14642662	10.1111/hiv.13181	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115879095&doi=10.1111%2fhiv.13181&partnerID=40&md5=690cc5874546ecb0db8675ee5597987f	Objectives: HIV prevention strategies including pre-exposure prophylaxis (PrEP) must reach all in need to achieve elimination of transmission by 2030. Mainstream provision may inadvertently exclude key populations. Incidence of HIV in people who inject drugs (PWID) in Glasgow, Scotland's largest city, is increasing, partly due to sexual transmission. Scotland provides publicly funded oral PrEP for individuals at sexual risk of HIV through sexual health services; however, uptake by PWID has been negligible. We developed a tailored outreach PrEP service based in the local homeless health centre. We used active case finding, flexibility of assessment location, supervised community daily dispensing and active follow-up to optimise uptake and adherence. We describe a two-year service evaluation. Methods: We reviewed the case records of all PWID identified by the outreach team as being at higher risk of sexual acquisition for whom PrEP was considered between November 2018 and November 2020. Evaluation focused on PrEP uptake, adherence and monitoring. We conducted a descriptive statistical analysis. Results: Of 41 PWID assessed as eligible, 32 (78.0%) commenced PrEP. The proportion of PrEP-covered days was 3320/3400 days (97.6%); 31/32 (96.9%) had regular HIV serology monitoring. The service was feasible to run, but it relied on outreach provision and liaison with other services. Discussion: Tailored PrEP services can reach PWID effectively. Uptake and adherence were high but the model was resource-intensive. Appropriately tailored PrEP delivery may be required to meet the needs of this and other key populations who experience barriers to accessing mainstream services. © 2021 British HIV Association	adherence; people who inject drugs; pre-exposure prophylaxis; service; uptake	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2021	Grov C.; Westmoreland D.; Carneiro P.B.; Bauermeister J.A.; Carrico A.W.	Getting Clear About Rectal Douching Among Men Who Have Sex With Men	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-01933-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116038867&doi=10.1007%2fs10508-021-01933-w&partnerID=40&md5=64641879407594b2ed5a92d23d124ab5	Receptive anal sex is the primary means through which HIV is transmitted among men who have sex with men (MSM). Recently, researchers have begun investigating the role that rectal douching may play in amplifying risk for transmission. Yet, there is limited research on the frequency with which MSM douche, the products they use, and how this may vary across sociodemographic characteristics. A U.S. national sample of 4745 MSM completed an online survey that assessed their douching behavior, demographic characteristics, sexual behavior, and their anal sexual positioning (i.e., top, bottom, versatile). Nearly two-thirds (65.8%) had engaged in rectal douching in the last three months. Among those who douched, water was commonly reported (84.2%) and 20.1% reported using commercial enemas (e.g., Fleet), as well as water and soap (15.0%)—numbers exceed 100% as some participants reported more than one. Men who douched reported significantly more receptive and insertive condomless anal sex acts in the prior 3 months. One-in-ten men reported rectal bleeding after douching. Compared to HIV-negative participants who had not taken PrEP, participants had higher odds of reporting douching in the past 3 months if they were HIV-negative and currently on PrEP (AOR = 1.82), HIV-negative and previously used PrEP (AOR = 1.58), and HIV-positive (AOR = 1.83). Douching was common in this sample. Given that douching could amplify risk for HIV transmission, healthcare providers should discuss douching safety with their patients, with a focus on harm reduction (e.g., reduce risk of bleeding, as opposed to abstinence from douching). © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Anal sexual role; HIV risk; Men who have sex with men; Rectal douching; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Grov C.; Westmoreland D.A.; D'Angelo A.B.; Pantalone D.W.	How Has HIV Pre-Exposure Prophylaxis (PrEP) Changed Sex? A Review of Research in a New Era of Bio-behavioral HIV Prevention	Journal of Sex Research	-	-	-	224499	10.1080/00224499.2021.1936440	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113085723&doi=10.1080%2f00224499.2021.1936440&partnerID=40&md5=c7ce2922ddf23866f8b76ce4efa51322	In 2012, the U.S. FDA approved the first drug for use as HIV Pre-Exposure Prophylaxis (PrEP), which is nearly 99% effective when taken as prescribed. Although the manifest function of PrEP is to prevent HIV infection in the event of exposure, the drug has also had a significant impact on various facets of sexuality. In this review, we focus on research that emerged in the near decade since PrEP's approval, with a specific focus on the ways in which different elements of sex and sexuality have been impacted by gay, bisexual, and other men who have sex with men (GBMSM), cisgender women, and transgender individuals. We highlight evidence showing how PrEP has enhanced sexual self-esteem, improved sexual pleasure, reduced sexual anxiety, and has increased sexual agency for those taking it. For many, PrEP also serves as a gateway to improve routine health and increase sexual health-care utilization. Additionally, we review the question of whether PrEP is associated with increased sexual risk taking (i.e. risk compensation), and note that, although some data are mixed, PrEP is not intended as an intervention to reduce condomless anal sex or STIs: it aims to prevent HIV. Finally, our review highlights that, although the volume of research on PrEP among GBMSM is robust, it is underdeveloped for cisgender women and transgender populations and insufficient for inclusion in such a review for cisgender heterosexual men was. PrEP research with these populations is an important direction for future research. Finally, from 2012 to 2019, a single PrEP formulation and delivery method was FDA approved (oral emtricitabine/tenofovir disoproxil fumarate). As additional drug formulations (e.g., emtricitabine/tenofovir alafenamide) and delivery methods (e.g., microbiocides, vaginal ring, injectable) come to market, it will be important to examine how these, too, impact the spectrum of sexuality. © 2021 The Society for the Scientific Study of Sexuality.	Pre-Exposure Prophylaxis, sexual behavior, sexual satisfaction, sexual anxiety, gay and bisexual men, transgender, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Grov, Christian; Westmoreland, Drew A; D'Angelo, Alexa B; Johnson, Jeremiah; Nash, Denis; Daskalakis, Demetre C	Marketing of Tenofovir Disoproxil Fumarate (TDF) Lawsuits and Social Media Misinformation Campaigns' Impact on PrEP Uptake Among Gender and Sexual Minority Individuals	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02977-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088839117&doi=10.1007%2fs10461-020-02977-0&partnerID=40&md5=60bc6523e619fe376526e6ba707094cb	There has been an influx of ads on social media seeking plaintiffs in lawsuits for harms/side-effects caused by tenofovir disoproxil fumarate/Emtricitabine (TDF/FTC, Truvada) for PrEP. Community groups and researchers have suggested these ads may be undermining efforts to disseminate PrEP to key populations. In October 2019, we began assessing the impact of injury lawsuit ads on social media platforms in an ongoing U.S. national cohort study of HIV-negative cis men, trans men, and trans women who have sex with men. Although assessments are ongoing, given the alarming nature of our findings, we report data collected as of March 2020 (n = 2078). Most (59.9%) said they had seen ads for TDF-related lawsuits on social media. Twenty-eight percent said they would probably or definitely not start PrEP and 22.1% said they would not stay on PrEP (were they on it) as a result of seeing these ads. Next, 38.2% agreed or strongly agreed that seeing these ads made them think that TDF/FTC for PrEP was not safe. Black, Latinx, and multiracial individuals were most likely to be negatively impacted by the ads including perceptions that these ads made them think PrEP is not safe. In contrast, past year experience taking PrEP was positively associated with intentions to start and/or stay on PrEP despite seeing the ads. Due to forthcoming affordable/generic options, TDF/FTC is projected to become the most scalable option for disseminating PrEP to key populations. Results suggest that ads for TDF lawsuits on social media are having a negative impact on individual PrEP decision-making. Our findings highlight the urgency for accurate and balanced messaging on the benefits and risks of PrEP, so that individuals can make informed choices about whether PrEP is right for them. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Gay and bisexual men; Lawsuits; PrEP; Social media; Tenofovir alafenamide; Tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Grulich, Andrew E; Jin, Fengyi; Bavinton, Benjamin R; Yeung, Barbara; Hammoud, Mohamed A; Amin, Janaki; Cabrera, Gesalit; Clackett, Shawn; Ogilvie, Erin; Vaccher, Stefanie; Vickers, Tobias; McNulty, Anna; Smith, David J; Dharan, Nila J; Selvey, Christine; Power, Cherie; Price, Karen; Zablotska, Iryna; Baker, David A; Bloch, Mark; Brown, Katherine; Carmody, Christopher J; Carr, Andrew; Chanisheff, Daniel; Doong, Nicholas; Finlayson, Robert; Lewis, David A; Lusk, Josephine; Martin, Sarah; Ooi, Catriona; Read, Phillip; Ryder, Nathan; Smith, Don; Tuck Meng Soo, Clara; Templeton, David J; Vlahakis, Emmanuel; Guy, Rebecca	Long-term protection from HIV infection with oral HIV pre-exposure prophylaxis in gay and bisexual men: findings from the expanded and extended EPIC-NSW prospective implementation study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(21)00074-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111508909&doi=10.1016%2fS2352-3018%2821%2900074-6&partnerID=40&md5=1f1a0a5f94c70ae560589e5db2395cce	Background: Daily pre-exposure prophylaxis (PrEP) is effective in preventing HIV, but few long-term data are available on effectiveness and adherence in real-world settings. Here, we report trends in HIV incidence over 3 years in individuals at high risk who were prescribed PrEP in New South Wales (NSW), as well as adherence before the transition to subsidised PrEP. Methods: Expanded PrEP Implementation in Communities–New South Wales (EPIC-NSW) was a pragmatic, prospective, single-arm, implementation study of daily, oral PrEP in 31 sites (sexual health clinics, general practices, and a hospital) in NSW, Australia. Eligible participants were HIV-negative adults (aged ≥18 years) who were at high risk of HIV infection as defined in local PrEP guidelines. Participants were prescribed coformulated (once-daily, oral tablet) tenofovir disoproxil fumarate (300 mg) and emtricitabine (200 mg) as HIV PrEP and were followed up with HIV testing, sexually transmitted infection testing, and PrEP dispensing. Originally planned for 3700 participants followed for 1 year, the study was expanded so that all eligible participants in the state could obtain PrEP and extended until publicly subsidised PrEP became available in Australia. The primary outcome was new HIV infection among all participants who were dispensed PrEP at least once and had at least one follow-up HIV test result. Adherence was estimated by medication possession ratio (MPR), defined as the proportion of PrEP pills dispensed in 90 days, assuming daily dosing. This study is registered with ClinicalTrials.gov, NCT02870790. Findings: Between March 1, 2016, and April 30, 2018, we enrolled 9709 participants. 9596 participants were dispensed PrEP, of whom 9448 (98·3%) were gay or bisexual men. Participants were followed up until March 31, 2019, with at least one follow-up HIV test available in 9520 (99·2%) participants. Mean MPR declined from 0·93 to 0·64 from the first to the ninth quarter. There were 30 HIV seroconversions over 18 628 person-years, an incidence of 1·61 per 1000 person-years (95% CI 1·13–2·30). Being younger, living in a postcode with fewer gay men, reporting more risk behaviours at baseline, and having an MPR of less than 0·6 were each univariately associated with increased HIV incidence. In the final year of follow-up, when PrEP was mostly purchased rather than provided free by the study, HIV incidence remained low at 2·24 per 1000 person-years (1·46–3·44). Interpretation: HIV incidence remained low over up to 3 years of follow-up, including during a transition from study-provided to publicly subsidised PrEP. In a setting of affordable PrEP and associated health-care services, very low HIV incidence of 1 to 2 per 1000 person-years can be maintained in gay and bisexual men who were previously at high risk. Funding: New South Wales Ministry of Health, Australian Capital Territory Health Directorate, Gilead Sciences. © 2021 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Guiraud, Jennifer; Lounnas, Manon; Boissière, Anne; Le Roy, Chloé; Elguero, Eric; Banuls, Anne Laure; Bébéar, Cécile; Godreuil, Sylvain; Pereyre, Sabine	Lower mgpB diversity in macrolide-resistant Mycoplasma genitalium infecting men visiting two sexually transmitted infection clinics in Montpellier, France	Journal of Antimicrobial Chemotherapy	-	-	-	3057453	10.1093/JAC/DKAA410	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098451420&doi=10.1093%2fJAC%2fDKAA410&partnerID=40&md5=355fe4a85374d068a47a0ae35248c1b1	Objectives: Men engaged in high-risk sexual behaviour, such as MSM, are likely to be infected by resistant Mycoplasma genitalium strains. Understanding the transmission dynamics is challenging. We aimed to investigate the molecular epidemiology of M. genitalium in men visiting sexually transmitted infection (STI) clinics. Patients and methods: Between June 2017 and February 2018, 95 M. genitalium-positive specimens from 78 men, including 76.9% MSM, visiting two STI clinics in Montpellier, France, were analysed for SNPs in the mgpB adhesin gene and number of tandem repeats in the MG_309 gene. Macrolide and fluoroquinolone resistance were determined. Typing results were compared with antibiotic resistance, sexual behaviour, sampling site, HIV pre-exposure prophylaxis (PrEP) usage and HIV status. Results: Thirty-eight mgpB STs were identified, including 23 new STs, with ST4 being most prevalent. The mgpB/ MG_309 typing method identified 52 genetic profiles, resulting in a discriminatory index of 0.979. Macrolide and fluoroquinolone resistance-associated mutations were detected in 58.3% and 10.8% of patients, respectively. The macrolide resistance rate was higher among MSM than among men who have sex with women only (68.4% versus 9.1%; adjusted OR, 1.57; 95% CI, 1.13–2.18; P = 0.007). A lower mgpB diversity of 0.870 was found among macrolide-resistant strains in comparison with 0.978 in macrolide-susceptible strains, with an over-representation of mgpB ST62 and ST153. Conclusions: Although macrolide resistance spread appears polyclonal in M. genitalium, the lower diversity of mgpB types among macrolide-resistant strains may reflect the easier spread of a few specific mgpB types or the occurrence of sexual networks among MSM. © The Author(s) 2020. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Gutierrez, JI; Dubov, A; Altice, FL; Vlahov, D	Preferences for pre-exposure prophylaxis among US military men who have sex with men: results of an adaptive choice based conjoint analysis study	Military Medical Research	-	-	-	2095-7467	10.1186/s40779-021-00323-6	https://pubmed.ncbi.nlm.nih.gov/34006328/	Background Pre-exposure prophylaxis (PrEP) prevents human immunodeficiency virus (HIV) infection, but its use remains low among U.S. military men who have sex with men (MSM), likely due to mis-matching with personal preferences. We conducted a study to characterize preferences to PrEP measures within this population. Methods HIV-negative military MSM were recruited through a closed, Lesbian, Gay, Bisexual, and Transgendered (LGBT) military social media group. The survey was anonymous, and consisted of five experimentally varied attributes in service delivery: dosing method, provider type, visit location, lab work evaluation location, and dispensing venue. Relative importance and part-worth utility scores were generated using hierarchical bayes (HB) estimation, and the randomized first choice model was used to examine participation interest across eight possible PrEP program scenarios. Results A total of 429 participants completed the survey. Among the eight scenarios with varying attributes, the most preferred scenario featured a daily tablet, PrEP injection or implant, along with a military provider, smartphone/telehealth visit, and on-base locations for lab evaluation and medication pick-up. The results also emphasized the importance for providers to be familiar with PrEP prescription knowledge, and to provide interactions sensitive to sexual identity and mental health. Conclusion A PrEP program consisting of daily tablet is preferred in military healthcare settings is preferred. Long-acting implants and injections are also desired.	HIV; HIV PREVENTION; PREP; Pre-exposure prophylaxis; ANTIRETROVIRAL PROPHYLAXIS; RISK; ACCEPTABILITY; BISEXUAL MEN; GAY; DRUG-USERS; Conjoint analysis; Preference; DEPRESSION; Infectious disease; Decision science; Military health	English	China	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Guyonvarch O.; Vaillant L.; Hanslik T.; Blanchon T.; Rouveix E.; Supervie V.	HIV prevention with PrEP: Challenges and prospects; Prévenir le VIH par la PrEP: enjeux et perspectives	Revue de Médecine Interne	-	-	-	2488663	10.1016/j.revmed.2020.10.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094561881&doi=10.1016%2fj.revmed.2020.10.005&partnerID=40&md5=71c5781950c5d5e298380be2c36a0eff	Pre-exposure prophylaxis (PrEP) is the use of antiretroviral drugs by uninfected people to prevent human immunodeficiency virus (HIV) infection. PrEP is used by people who are at substantial risk of being exposed to HIV. Numerous clinical trials have confirmed its effectiveness in reducing HIV acquisition and PrEP has been approved and allowed in several countries including France. However, PrEP uptake remains low as concerns about increase in sexual risk behaviour with PrEP use in the wake of a growing epidemic of sexually transmitted infections, and fear of drug resistance have been expressed. As a result, the difference between the proportion of people on PrEP and the proportion of people who would be very likely to use PrEP if they could access it -otherwise known as the PrEP gap- remains high. Nowadays, studies continue to explore long-term effects of PrEP as well as expand the array of available technologies and regimens. © 2020 Société Nationale Française de Médecine Interne (SNFMI)	HIV; Pre-exposure prophylaxis; Sexual and gender minorities	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Haas O.; Maier A.; Rothgang E.	Machine Learning-Based HIV Risk Estimation Using Incidence Rate Ratios	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2021.756405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135033284&doi=10.3389%2ffrph.2021.756405&partnerID=40&md5=9fa135782c7431a48ac7b98ac0b2983f	HIV/AIDS is an ongoing global pandemic, with an estimated 39 million infected worldwide. Early detection is anticipated to help improve outcomes and prevent further infections. Point-of-care diagnostics make HIV/AIDS diagnoses available both earlier and to a broader population. Wide-spread and automated HIV risk estimation can offer objective guidance. This supports providers in making informed decision when considering patients with high HIV risk for HIV testing or pre-exposure prophylaxis (PrEP). We propose a novel machine learning method that allows providers to use the data from a patient's previous stays at the clinic to estimate their HIV risk. All features available in the clinical data are considered, making the set of features objective and independent of expert opinions. The proposed method builds on association rules that are derived from the data. The incidence rate ratio (IRR) is determined for each rule. Given a new patient, the mean IRR of all applicable rules is used to estimate their HIV risk. The method was tested and validated on the publicly available clinical database MIMIC-IV, which consists of around 525,000 hospital stays that included a stay at the intensive care unit or emergency department. We evaluated the method using the area under the receiver operating characteristic curve (AUC). The best performance with an AUC of 0.88 was achieved with a model consisting of 53 rules. A threshold value of 0.66 leads to a sensitivity of 98% and a specificity of 53%. The rules were grouped into drug abuse, psychological illnesses (e.g., PTSD), previously known associations (e.g., pulmonary diseases), and new associations (e.g., certain diagnostic procedures). In conclusion, we propose a novel HIV risk estimation method that builds on existing clinical data. It incorporates a wide range of features, leading to a model that is independent of expert opinions. It supports providers in making informed decisions in the point-of-care diagnostics process by estimating a patient's HIV risk. Copyright © 2021 Haas, Maier and Rothgang.	artificial intelligence; association rules; bias; clinical data; HIV; incidence rate ratio; machine learning; risk estimation	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Article	2021	Haberer J.E.; Bukusi E.A.; Mugo N.R.; Pyra M.; Kiptinness C.; Oware K.; Garrison L.E.; Thomas K.K.; Musinguzi N.; Morrison S.; Anderson P.L.; Ngure K.; Baeten J.M.; Mugo N.; Barnabas R.; Thirumurthy H.; Katz I.; Odoyo J.; Aswani L.; Juma L.; Koyo E.; Rono B.; Cheruiot S.; Ogello V.; Okumu L.; Kwach V.; Obiero A.; Njuguna S.; Akinyi M.F.; Adipo L.; Akinyi S.; Kiptiness C.; Thuo N.; Maina S.G.; Njeru I.; Mogere P.; Mbaire S.; Micheni M.; Oluoch L.; Njoroge J.; Ongachi S.; Nyokabi J.; Garrison L.; Valenzuela S.	Effect of SMS reminders on PrEP adherence in young Kenyan women (MPYA study): a randomised controlled trial	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(20)30307-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101783668&doi=10.1016%2fS2352-3018%2820%2930307-6&partnerID=40&md5=37d2e988c55d2ebe897afc50944400bc	Background: Pre-exposure prophylaxis (PrEP) is highly effective for preventing HIV acquisition. However, adherence among young women (aged 18–24 years) has been challenging. SMS reminders have been shown to improve adherence to antiretroviral therapy in some contexts, including in combination with real-time adherence monitoring. We aimed to determine the effect of SMS reminders on PrEP adherence among young women in Kenya over a 2-year period. Methods: The monitoring PrEP among young adult women (MPYA) study was an open label randomised controlled trial involving young adult women at high risk of HIV in Thika and Kisumu, Kenya. Participants were recruited from colleges, vocational institutions, informal settlements, and community-based organisations supporting young women. Women had to be aged 18–24 years and at high risk of HIV acquisition (defined as a VOICE risk score of 5 or higher, or being in a serodiscordant relationship). Study staff randomly assigned participants (1:1) to receive either SMS reminders (SMS reminder group) or no reminders (no SMS reminder group). Study group assignment was known to trial staff but masked to investigators. Reminders were initially sent daily and participants could switch to as-needed reminders (ie, sent only if they missed opening the monitor as expected) after 1 month. Study visits occurred at 1 month, 3 months, and then quarterly (ie, every 3 months). The primary outcome was PrEP adherence over 24 months measured with a real-time electronic monitor and assessed by negative binomial models adjusted for the study site and quarter among participants who collected PrEP. This trial is registered with ClinicalTrials.gov, NCT02915367. Findings: Of 642 women initially approached, 348 eligible women were enrolled between Dec 21, 2016, and Feb 5, 2018. Participants were randomly assigned to either the SMS reminder group (n=173) or the no SMS reminder group (n=175). The median age was 21 years (IQR 19–22) and 228 (66%) of the 348 participants reported condomless sex in the month before baseline. 24 (14%) of the 173 participants assigned to receive daily SMS reminders later opted for as-needed reminders. 69 291 (97%) of 71 791 SMS reminders were sent as planned. Among participants collecting PrEP (thus potentially suggesting a desire for HIV protection), electronically monitored adherence averaged 26·8% over 24 months and was similar by study group (27·0% with SMS, 26·6% without SMS, adjusted incidence rate ratio 1·16 95% CI 0·93–1·45, p=0·19). There were no serious adverse events related to trial participation; five social harms occurred in each study group, primarily related to PrEP use. Interpretation: SMS reminders were ineffective in promoting PrEP adherence among young Kenyan women. Given the overall low adherence in the trial, additional interventions are needed to support PrEP use in this population. Funding: US National Institute of Mental Health. © 2021 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2021	Haire, Bridget; Murphy, Dean; Maher, Lisa; Zablotska-Manos, Iryna; Vaccher, Stephanie; Kaldor, John	What does PrEP mean for 'safe sex' norms? A qualitative study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0255731	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8341650	While HIV pre-exposure prophylaxis (PrEP) is highly effective, it has arguably disrupted norms of 'safe sex' that for many years were synonymous with condom use. This qualitative study explored the culture of PrEP adoption and evolving concepts of 'safe sex' in Sydney, Australia, during a period of rapidly escalating access from 2015-2018, drawing on interviews with sexually active gay men (n = 31) and interviews and focus groups with key stakeholders (n = 10). Data were analysed thematically. Our results explored the decreasing centrality of condoms in risk reduction and new patterns of sexual negotiation. With regards to stigma, we found that there was arguably more stigma related to not taking PrEP than to taking PrEP in this sample. We also found that participants remained highly engaged with promoting the wellbeing of their communities through activities as seemingly disparate as regular STI testing, promotion of PrEP in their social circles, and contribution to research. This study has important implications for health promotion. It demonstrates how constructing PrEP as a rigid new standard to which gay men 'should' adhere can alienate some men and potentially create community divisions. Instead, we recommend promoting choice from a range of HIV prevention options that have both high efficacy and high acceptability.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2021	Haldar P.; Reza-Paul S.; Daniel R.A.; Lazarus L.; Rewari B.B.; Lorway R.; Steen R.	A rapid review of pre-exposure prophylaxis for HIV in the Asia-Pacific region: Recommendations for scale up and future directions	Sexual Health	-	-	-	14485028	10.1071/SH20058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101918923&doi=10.1071%2fSH20058&partnerID=40&md5=1bd95fafbfee858cc015f92a349d93aa	Decline in new HIV infections in the Asia-Pacific region (APAC) continues to be slow, emphasising the importance of scaling up new HIV prevention strategies, such as pre-exposure prophylaxis (PrEP). To help inform PrEP rollout in APAC, we conducted a rapid review of published literature on PubMed from 2015 to 2020, to assess feasibility, implementation strategies, cost-effectiveness, and availability of national policies and guidelines; for the latter, we also did an expanded Internet search. This review focussed on nine countries contributing >95% of new infections in this region. A total of 36 PrEP-related studies conducted among men who have sex with men, female sex workers, and transgender women were included, of which 29 were quantitative, six were qualitative and one was a mixed-method study. Most of the studies have addressed the availability and acceptability of PrEP, whereas cost-effectiveness of any approach was assessed by limited studies. Limited published information was available about national PrEP policies and guidelines; of the selected nine countries, five have adopted the recommended World Health Organization PrEP policy of which four have integrated it in their national HIV response. HIV risk perception concerns about safety, side-effects, stigma, and affordability were major challenges to PrEP acceptance. Community-based implementation has the potential to address these. Limited evidence suggested merging PrEP implementation with ongoing targeted intervention and treatment programs could be a cost-effective approach. To stem the epidemic, newer effective prevention strategies, like PrEP, should be urgently adopted within the context of combination HIV prevention approaches. © 2021 CSIRO.	acceptability; Asia-Pacific; availability; combination-prevention; feasibility; HIV prevention; pre-exposure prophylaxis; PrEP; prevention	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Review
Article	2021	Hamilton D.T.; Rosenberg E.S.; Sullivan P.S.; Wang L.Y.; Dunville R.L.; Barrios L.C.; Aslam M.; Mustanski B.; Goodreau S.M.	Modeling the Impact of PrEP Programs for Adolescent Sexual Minority Males Based on Empirical Estimates for the PrEP Continuum of Care	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2020.06.041	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089291008&doi=10.1016%2fj.jadohealth.2020.06.041&partnerID=40&md5=674cfef12a8c7be68f93d62d389a4a4	Purpose: Pre-exposure prophylaxis (PrEP)—an effective and safe intervention to prevent HIV transmission—was recently approved by the Food and Drug Administration for use by adolescents. Informed by studies of sexual behavior and PrEP adherence, retention, and promotion, we model the potential impact of PrEP use among at-risk adolescent sexual minority males. Methods: We simulate an HIV epidemic among men who have sex with men (MSM) aged 13–39. We assume adult MSM ages 19–39 have had PrEP available for 3 years with 20% coverage among eligible MSM based on the Centers for Disease Control and Prevention guidelines. PrEP interventions for ages 16–18 are then simulated using adherence and retention profiles drawn from the ATN113 and Enhancing Preexposure Prophylaxis in Community studies across a range of uptake parameters (10%–100%). Partnerships across age groups were modeled using parameterizations from the RADAR study. We compare the percent of incident infections averted (efficiency), and changes in prevalence over 10 years. Results: As compared to no PrEP use, baseline PrEP adherence and retention among adolescent sexual minority males drawn from the ATN113 and Enhancing Preexposure Prophylaxis in Community studies averted from 2.8% to 41.0% of HIV infections depending on the fraction of eligible adolescent sexual minority males that initiated PrEP at their annual health-care visit. Improved adherence and retention achieved with an array of focused interventions from real-world settings increased the percent of infections averted by as much as 26%–70%. Conclusions: Empirically demonstrated improvements in the PrEP continuum of care in response to existing interventions can substantially reduce incident HIV infections among adolescent sexual minority males. © 2020 Society for Adolescent Health and Medicine	Adolescent sexual minority; Agent-based network model; HIV; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Hamilton, Akeen Lowell	Pre-Exposure Prophylaxis (PrEP) Knowledge, Willingness to Use & Uptake Among Black Heterosexual Men	-	-	University of South Carolina	-	NA	NA	https://scholarcommons.sc.edu/etd/6703 https://scholarcommons.sc.edu/context/etd/article/7519/viewcontent/Hamilton_sc_0202A_17909.pdf	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is a pill, taken orally, that has been shown to be effective at reducing the chance that someone who is HIV-negative and at-risk for HIV will contract the disease during sexual intercourse with someone who is living with HIV. One demographic group that has been under-researched is Black heterosexual men. This dissertation presents research on evaluating the heterosexual Black men's awareness of, prior use, and network of friends/family's perceived interest in learning more about PrEP. METHODS: Two-hundred and six Black heterosexual men living in Brooklyn, New York City, were surveyed about their sexual behaviors and PrEP use and interest at their local barbershop in 2016. Another 505 Black heterosexual men were surveyed about sexual behaviors and PrEP awareness of, use, and interest in Dar Es Salaam, Tanzania during the baseline phase of a controlled-randomized trial surrounding HIV self-testing in social camps in 2019. RESULTS: In Brooklyn, 82% of men reported not having heard of PrEP and 55.3% of the 206 surveyed men reported not having used PrEP themselves or knowing someone who had. Some 45.1% of men believed that their network of friends and family would be somewhat interested in learning more about PrEP, while 28.2% believed their friends and family would be very interested. In Dar Es Salaam, 85.6% of men reported having never heard of PrEP prior to the survey. Still, 71.5% of men reported being likely to take PrEP if it were offered to them. Thirty-six percent of men reported that a reason that would make other men not want to take PrEP is not knowing where to get it from. Nearly 40% of men stated that they believed they would use PrEP before sexual intercourse either every time or every other time. CONCLUSION: Future research should explore intervention strategies for increasing PrEP access and use for heterosexual Black men such as barbershops and social camps as venues to raise awareness and for delivering PrEP. In tandem with strategic partnerships among community-based organizations, health departments, health clinics and hospital systems, both barbershops and social camps offer unique and useful opportunities to reach heterosexual Black men and their peers.	Public Health Education and Promotion; HIV Prevention; Men; Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2021	Hammack, Amanda Y.; Bickham, Jacquelyn N.; Gilliard, Isaac 3rd; Robinson, William T.	A Community Health Worker Approach for Ending the HIV Epidemic.	American Journal of Preventive Medicine	-	-	-	1873-2607 0749-3797	10.1016/j.amepre.2021.06.008	https://pubmed.ncbi.nlm.nih.gov/34686287/	INTRODUCTION: In the second half of 2019, East Baton Rouge Parish, Louisiana was selected as 1 of the 3 jump-start pilot jurisdictions for the Centers for Disease Control and Prevention-funded Ending the HIV Epidemic in the U.S. Initiative. An innovative community health worker program was among the strategies developed to reduce the number of new HIV infections. In addition to testing for HIV/sexually transmitted infections in nontraditional settings, community health workers provided integrated services, including linkage for people with HIV, pre-exposure prophylaxis navigation, sterile injection supplies and referrals to syringe services programs, and other social services. METHODS: The 5-member community health worker team was representative of the populations they intended to reach. They conducted outreach, from October 2019 to December 2020, within areas known to have a high incidence of new HIV infections. RESULTS: The community health worker team documented 977 encounters with individuals in their communities. The vast majority of encounters were among Black clients; 9% were among White clients. In total, 48% were among cisgender women, 50% were among cisgender men, and 2% were among transgender women. People who inject drugs represented 7% of the sample. Community health workers conducted rapid testing for HIV (n=320), hepatitis C (n=274), and syphilis (n=280). In addition, they successfully linked 10 people with HIV to HIV medical care and 20 people who inject drugs to a syringe services program and assisted 19 people at risk of HIV infection with pre-exposure prophylaxis initiation. CONCLUSIONS: The community health worker team successfully facilitated access to HIV prevention and treatment for priority populations in East Baton Rouge Parish.	Humans; Male; Female; United States/epidemiology; *Pre-Exposure Prophylaxis; *Epidemics; *HIV Infections/epidemiology/prevention & control; Community Health Workers; *Sexually Transmitted Diseases/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Hammoud M.A.; Grulich A.; Holt M.; Maher L.; Murphy D.; Jin F.; Bavinton B.; Haire B.; Ellard J.; Vaccher S.; Saxton P.; Bourne A.; Degenhardt L.; Storer D.; Prestage G.	Substantial decline in use of hiv preexposure prophylaxis following introduction of covid-19 physical distancing restrictions in australia: Results from a prospective observational study of gay and bisexual men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002514	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098472279&doi=10.1097%2fQAI.0000000000002514&partnerID=40&md5=5d5dadcbce073a83446162ca85d69373	Background: In response to the novel coronavirus disease (COVID-19) pandemic, Australia introduced public health and physical distancing restrictions in late March 2020. We investigated the impact of these restrictions on HIV preexposure prophylaxis (PrEP) use among Australian gay and bisexual men (GBM). Methods: Participants in an ongoing online cohort study previously reported PrEP use from 2014 to 2019. In April 2020, 847 HIVnegative and untested participants completed questionnaires assessing changes in PrEP use as a result of COVID-19 public health measures. Binary logistic multiple regression was used to estimate adjusted odds ratios (aOR) and 95% confidence intervals (95% CI) to compare changes in PrEP use behaviors. Results: Among 847 men, mean age was 44.1 years (SD: 12.7). PrEP use rose from 4.9% in 2015 to 47.2% in 2020. Among those, 41.8% (n = 167) discontinued PrEP use during COVID-19 restrictions. Discontinuing PrEP during COVID-19 restrictions was independently associated with being less likely to have recently tested for HIV (aOR: 0.17; 95% CI: 0.09 to 0.34; P , 0.001) and less likely to report sex with casual partners (aOR: 0.28; 95% CI: 0.14 to 0.54; P , 0.001). Conclusions: By April 2020, following the introduction of COVID-19 restrictions, GBM dramatically reduced PrEP use, coinciding with a reduction in sexual activity. Longer-term impacts of COVID-19 restrictions on sexual behaviors among GBM need to be monitored because they may foreshadow fluctuations in prevention coverage and risk of HIV infection. Our findings indicate a potential need for clear, targeted information about resumption of PrEP and on-demand optimal dosing regimens in response to ongoing changes in restrictions. © 2020 Wolters Kluwer Health, Inc.	Cohort; COVID-19; Gay and bisexual men; HIV preexposure prophylaxis; PrEP cessation; PrEP discontinuation	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2021	Hannaford A.; Arens Y.; Koenig H.	Real-time monitoring and point-of-care testing: A review of the current landscape of prep adherence monitoring	Patient Preference and Adherence	-	-	-	1177889X	10.2147/PPA.S248696	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100670413&doi=10.2147%2fPPA.S248696&partnerID=40&md5=3a5614d33ae1b561b4ec410841d77c1e	Background: Despite pre-exposure prophylaxis (PrEP) being highly effective at preventing HIV, HIV infections among individuals prescribed PrEP continue to occur. The vast majority of these new infections occur among individuals with sub-optimal adherence. One factor that is likely to decrease HIV incidence among PrEP users is a real-time, objective measurement of adherence. Monitoring adherence to PrEP can identify those at risk of becoming lost to follow-up and therefore at greater risk of HIV infection, those in need of additional layers of support to overcome barriers to PrEP, and individuals who need enhanced adherence support. Objective: This paper reviews subjective and objective methods for monitoring PrEP including self-report, drug level monitoring (including serum, plasma, peripheral blood mononuclear cells PBMC, red blood cell dried blood spots DBS, hair, and urine) and by measuring participant interaction with the study drug (pill counts, medication event monitoring systems MEMS caps). Clinical Use: A multitude of methods exist for monitoring and supporting adherence. Objective monitoring using DBS and urine will provide a more accurate picture of adherence compared to subjective and non-biomarker objective methods. Preliminary data show that detection of non-adherence using biomarkers, followed by augmented adherence support and counseling, is associated with improved adherence, although more research is needed. PrEP providers will need knowledge of and access to these various strategies, which will require investment and resource allocation from clinics and other PrEP care sites to provide these tools. © 2021 Hannaford et al.	Adherence; Adherence monitoring; Biomarker; Pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Hanum, Nadia; Cambiano, Valentina; Sewell, Janey; Rodger, Alison J; Nwokolo, Nneka; Asboe, David; Gilson, Richard; Clarke, Amanda; Miltz, Ada R; Collins, Simon; Delpech, Valerie; Croxford, Sara; Phillips, Andrew N; Lampe, Fiona C	Trends in HIV incidence between 2013–2019 and association of baseline factors with subsequent incident HIV among gay, bisexual, and other men who have sex with men attending sexual health clinics in England: A prospective cohort study	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1003677	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108910128&doi=10.1371%2fjournal.pmed.1003677&partnerID=40&md5=a68a69db33e7a9b771bb4e9c1797de57	Background Prospective cohort studies of incident HIV and associated factors among gay, bisexual, and other men who have sex with men (GBMSM) in the United Kingdom are lacking. We report time trends in and factors associated with HIV incidence between 2013 and 2019 among a cohort of GBMSM: the AURAH2 prospective study. Methods and findings Participants were recruited through 1 of 3 sexual health clinics in London and Brighton (July 2013 to April 2016) and self-completed a baseline paper questionnaire and subsequent 4-monthly and annual online questionnaires (March 2015 to March 2018), including information on sociodemographics, lifestyle, health and well-being, HIV status, sexual/HIV-related behaviours, and preexposure prophylaxis and postexposure prophylaxis (PrEP/PEP). Incident HIV was ascertained by linkage with national HIV surveillance data from Public Health England (PHE). We investigated the associations of HIV incidence with (1) baseline factors using mixed-effects Weibull proportional hazard models, unadjusted and adjusted for age, country of birth and ethnicity, sexuality, and education level; and (2) time-updated factors, using mixed-effects Poisson regression models. In total, 1,162 men (mean age 34 years, 82% white, 94% gay, 74% university-educated) were enrolled in the study. Thirty-three HIV seroconversions occurred over 4,618AU .9 person-: Pleasenotethatsp years (PY) of follow-up: an overall HIV incidence rate (IR) of 0.71 (95% confidence interval (CI) 0.51 to 1.00) per 100 PY. Incidence declined from 1.47 (95% CI 0.48 to 4.57) per 100 PY in 2013/2014 to 0.25 (95% CI 0.08 to 0.78) per 100 PY in 2018/2019; average annual decline was 0.85-fold (p < 0.001). Baseline factors associated with HIV acquisition included the following: injection drug use (6/38 men who reported injection drug-acquired HIV; unadjusted conditional hazard ratio (HR) 27.96, 95% CI 6.99 to 111.85, p < 0.001), noninjection chemsex-related drug use (13/321; HR 6.45, 95% CI 1.84 to 22.64, p < 0.001), condomless anal sex (CLS) (26/741; HR 3.75, 95% CI 1.31 to 1074, p = 0.014); higher number of CLS partners (HRs >10 partners 7/57; 5 to 10 partners 5/60; and 2 to 4 partners 11/293: 14.04, 95% CI 4.11 to 47.98; 9.60, 95% CI 2.58 to 35.76; and 4.05, 95% CI 1.29 to 12.72, respectively, p < 0.001); CLS with HIV–positive partners (14/147; HR 6.45, 95% CI 3.15 to 13.22, p < 0.001), versatile CLS role (21/362; HR 6.35, 95% CI 2.18 to 18.51, p < 0.001), group sex (64/500; HR 8.81, 95% CI 3.07 to 25.24, p < 0.001), sex for drugs/money (4/55, HR 3.27, 95% CI 1.14 to 9.38, p = 0.027) (all in previous 3 months); previous 12-month report of a bacterial sexually transmitted infection (STI) diagnosis (21/440; HR 3.95, 95% CI 1.81 to 8.63, p < 0.001), and more than 10 new sexual partners (21/471, HRs 11 to 49, 50 to 99, and >100 new partners: 3.17, 95% CI 1.39 to 7.26; 4.40, 95% CI 1.35 to 14.29; and 4.84, 95% CI 1.05 to 22.4, respectively, p < 0.001). Results were broadly consistent for time-updated analysis (n = 622 men). The study's main limitation is that men may not be representative of the broader GBMSM population in England. Conclusions We observed a substantial decline in HIV incidence from 2013 to 2019 among GBMSM attending sexual health clinics. Injection drug use, chemsex use, and measures of high-risk sexual behaviour were strongly associated with incident HIV. Progress towards zero new infections could be achieved if combination HIV prevention including Test and Treat strategies and routine commissioning of a PrEP programme continues across the UK and reaches all at-risk populations. Copyright: © 2021 Hanum et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Hart T.A.; Moore D.M.; Noor S.W.; Lachowsky N.; Grace D.; Cox J.; Skakoon-Sparling S.; Jollimore J.; Parlette A.; Lal A.; Apelian H.; Sang J.M.; Tan D.H.S.; Lambert G.	Prevalence of HIV and sexually transmitted and blood-borne infections, and related preventive and risk behaviours, among gay, bisexual and other men who have sex with men in Montreal, Toronto and Vancouver: results from the Engage Study	Canadian Journal of Public Health	-	-	-	84263	10.17269/s41997-021-00546-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106070413&doi=10.17269%2fs41997-021-00546-z&partnerID=40&md5=b0d077579d2ed2ac2136089b0914f6f	Objectives: The last Canadian biobehavioural surveillance study of HIV and other sexually transmitted and blood-borne infections (STBBI) among gay, bisexual and other men who have sex with men (GBM) was conducted in 2010. We designed a study to measure STBBI prevalence among GBM in metropolitan Montreal, Toronto and Vancouver and to document related preventive and risk behaviours. Methods: The Engage Cohort Study used respondent-driven sampling (RDS) to recruit GBM who reported sex with another man in the past 6 months. At baseline, we examined recruitment characteristics of the samples, and the RDS-II-adjusted distributions of socio-demographics, laboratory-confirmed HIV and other STBBI prevalence, and related behaviours, with a focus on univariate differences among cities. Results: A total of 2449 GBM were recruited from February 2017 to August 2019. HIV prevalence was lower in Montreal (14.2%) than in Toronto (22.2%) or Vancouver (20.4%). History of syphilis infection was similar across cities (14–16%). Vancouver had more HIV-negative/unknown participants who reported never being HIV tested (18.6%) than Toronto (12.9%) or Montreal (11.5%). Both Montreal (74.9%) and Vancouver (78.8%) had higher proportions of men who tested for another STBBI in the past 6 months than Toronto (67.4%). Vancouver had a higher proportion of men who used pre-exposure prophylaxis (PrEP) in the past 6 months (18.9%) than Toronto (11.1%) or Montreal (9.6%). Conclusion: The three largest cities of Canada differed in HIV prevalence, STBBI testing and PrEP use among GBM. Our findings also suggest the need for scale-up of both PrEP and STI testing among GBM in Canada. © 2021, The Author(s).	HIV infections; Sexual and gender minorities; Sexual behaviour; Sexually transmitted diseases	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2021	Hartmann M.; Minnis A.M.; Krogstad E.; Ndwayana S.; Sindelo S.; Atujuna M.; O'Rourke S.; Bekker L.-G.; Montgomery E.T.	iPrevent: Engaging youth as long-acting HIV prevention product co-researchers in Cape Town, South Africa	African Journal of AIDS Research	-	-	-	16085906	10.2989/16085906.2021.1998784	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121332931&doi=10.2989%2f16085906.2021.1998784&partnerID=40&md5=81c1e868fd73211ad11f8f2f15877727	South African youth are one of the highest risk groups, globally, for HIV acquisition. Identifying prevention methods that will be acceptable and used consistently is an urgent priority. Engaging youth as co-designers is a targeted strategy to achieve the goal of developing prevention products that meet youth's needs. The iPrevent study engaged male and female youth, aged 18–24 years, in Cape Town, South Africa, to co-design critical aspects of the research project aimed at understanding youth preferences for long-acting pre-exposure prophylaxis (PrEP). An established advisory board of young men who have sex with men, women who have sex with men and men-who-have-sex-with-men, as well as a purposively selected youth cohort were involved in film-making, survey design and interpretation of study results. Convening youth as co-designers had several impacts on iPrevent's approach and outputs. Youth input informed the use of local actors in the study's educational video, creating a "real-world" community setting that meaningfully situated the content. Their participation led to the successful development of survey language and images to explain scientific concepts in terms that would resonate (e.g. chili peppers to express product-associated pain). Lastly, their insight reviewing results led to clarifications around misinterpretations of risk perception and confirmed youth's desires for products that fit into their goals around family, future happiness and education. The engagement of youth through creative, interactive activities contributed to adaptations of the study design, research implementation and understanding of results. This was important for connecting with young end-users and translating study findings for product developers in a way that reflected the context of their lives. © 2021 NISC (Pty) Ltd.	pre-exposure prophylaxis; sub-Saharan Africa; youth engagement	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2021	Hartmann, Miriam; Otticha, Sophie; Agot, Kawango; Minnis, Alexandra M; Montgomery, Elizabeth T; Roberts, Sarah T	Tu'washindi Na prep: Working with young women and service providers to design an intervention for prep uptake and adherence in the context of gender-based violence	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2021.33.2.103	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104047700&doi=10.1521%2faeap.2021.33.2.103&partnerID=40&md5=028b2639d146c0dfdc042f85de2db13d	HIV pre-exposure prophylaxis (PrEP) reduces HIV acquisition among adolescent girls and young women (AGYW). Existing evidence suggests that uptake and adherence are low among AGYW and that relationship factors such as gender-based violence (GBV) are important barriers. Through a community-based participatory research (CBPR) process, a youth advisory board (YAB), service providers (SP), and a study team developed the Tu'Washindi na PrEP intervention to support AGYW PrEP use in the context of GBV. The YAB also guided the formative research and interpretation of results. The authors pretested the intervention with SP, AGYW and their partners, and community change agents, and then developed guides for AGYW support clubs, community-based male sensitization sessions, and couples-based events that included formulation of story lines for dramatized PrEP negotiation and information dissemination skills. Stakeholder engagement led to an intervention responsive to AGYW's needs for PrEP support in the context of their relationships, which was evaluated through a 6-month pilot community randomized controlled trial. © 2021 The Guilford Press.	Adolescent girls and young women; Community-based participatory research; Gender-based violence; HIV prevention; Multilevel interventions; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Haukoos J.S.; White D.A.E.; Rowan S.E.; Lyle C.; Gravitz S.; Basham K.; Godoy A.; Kamis K.; Hopkins E.; Anderson E.	HIV Risk and Pre-Exposure Prophylaxis Eligibility among Emergency Department Patients	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107631122&doi=10.1089%2fapc.2021.0012&partnerID=40&md5=907eea2e5225374c43367ff2b02636b9	Our objective was to estimate the prevalence of pre-exposure prophylaxis (PrEP) eligibility, characterize self-perceived and quantified human immunodeficiency virus (HIV) risk, and assess PrEP knowledge and receptiveness of initiating PrEP among emergency department (ED) patients. We performed an IRB-approved cross-sectional study from two urban EDs. Patients were eligible if ≥18 years of age and not known to have HIV. Research staff obtained verbal consent and used a structured 29-item instrument to assess HIV risk, PrEP eligibility based on 2017 Centers for Disease Control and Prevention (CDC) guidelines, and general PrEP knowledge among unselected and enriched patient samples, the latter informed by the Denver HIV Risk Score (DHRS). We enrolled 1002 patients with a median age of 39 years; 54.8% were male, 30.9% White/non-Hispanic, 29.5% Black/non-Hispanic, and 22.5% Hispanic. In the full cohort, 119 11.9%, 95% confidence interval (CI): 9.9-14.0% were PrEP eligible, and among the unselected cohort, 36 (7.1%, 95% CI: 5.1-9.8%) were PrEP eligible. Using the DHRS, 100 patients were considered "high risk"with 32 (32.0%) reporting zero perceived risk. Correlation between the DHRS and self-perceived HIV risk was low (r = 0.13). Of the full cohort, 203 (20.3%) had heard of PrEP, and of these, 33 (16.3%) were PrEP eligible with 25 (75.8%) willing to start PrEP immediately. Yet, of the 119 patients who were PrEP eligible, only 34 (28.6%) had heard of PrEP. In summary, among a heterogeneous ED population, there was discordance in self-perceived and quantified HIV risk. HIV PrEP eligibility was ∼7% with the highest eligibility among those identified as DHRS "high risk."A significant opportunity exists to identify and initiate PrEP among ED patients. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	Denver HIV Risk Score; emergency department; HIV; HIV risk; identification; pre-exposure prophylaxis; prevalence; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Heads A.M.; Hill M.J.; Suchting R.; Yammine L.; Gilmore-Thomas A.	Predictors of Anticipated PrEP Stigma among Women with Self-Reported Problematic Substance Use: Implications for Engaging Women in the PrEP Care Continuum	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02031-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115626871&doi=10.1007%2fs10508-021-02031-7&partnerID=40&md5=bc31fb9f40b6b23afa2bfb8c9ed4a16d	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention method, but it has been underutilized by women. Anticipated stigma regarding use of PrEP is a contributing factor in the underutilization of this prevention strategy. The current study explored the relationships among PrEP stigma, sex risk (i.e., inconsistent condom use, condomless sex with persons of unknown serostatus, or sex in exchange for money or drugs), substance use, attitudes toward HIV testing, and medical mistrust. Participants were 106 primarily ethnic-minority women who reported recent substance use and agreed to participate in a study exploring HIV prevention attitudes. Within this sample, the majority of participants had one or more CDC-defined PrEP indications. Findings indicate that medical mistrust was associated with perceived PrEP stereotypes and HIV testing attitudes. These results provide some insight into reasons for low PrEP uptake among women at risk for HIV. Implications for HIV prevention with women are discussed. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; PrEP; Stigma; Substance use; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Hedrick A.M.; Carpentier F.R.D.	How current and potential pre-exposure prophylaxis (PrEP) users experience, negotiate and manage stigma: disclosures and backstage processes in online discourse	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2020.1752398	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087176298&doi=10.1080%2f13691058.2020.1752398&partnerID=40&md5=19060400732b55bd7143ac1d20bb0e2d	Research on stigma as a barrier to pre-exposure prophylaxis (PrEP) uptake for reducing risk of HIV infection has focused on the experience of stigma—othering, shaming and blaming and the associated negative social consequences of this stigmatisation. This study expands this focus to examine how current and potential users of PrEP discuss their experiences of stigmatisation, in addition to their anticipation, preparation and management of stigmatising encounters. The corpus of testimonial blog posts from the "My PrEP Experience" website, reader comments on those posts, and information available through hyperlinks in the posts and comments, were subjected to a qualitative textual analysis. Findings revealed stigmatising labels and perceptions identified in other PrEP and HIV-related stigma research. Findings also revealed the active seeking and sharing of strategies for coping with and challenging stigma, including the creative re-appropriation of negative labels and calls for advocacy. The discussion considers how the described preparation and management strategies can inform future efforts to reduce stigma and encourage PrEP uptake. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	backstage processes; HIV; pre-exposure prophylaxis; PrEP; sexual health; social media; stigma	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Heffron R.; Casmir E.; Aswani L.; Ngure K.; Kwach B.; Ogello V.; Kiptinness C.; Ambiyo F.; Wairimu N.; Ossome E.; Machafu H.; Zia Y.; Thomas D.; Scoville C.; Barker T.; Bukusi E.; Mugo N.	HIV risk and pre-exposure prophylaxis interest among women seeking post-abortion care in Kenya: a cross-sectional study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25703	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105770848&doi=10.1002%2fjia2.25703&partnerID=40&md5=88457847cf2dbc0e8408e477b1c1065b	Introduction: Post-abortion clinics located in regions with high HIV burden may ideal locations to integrate counselling and delivery of HIV pre-exposure prophylaxis (PrEP), aligning with normative goals for integrated delivery of HIV and reproductive health care. The objective of this study was to gauge the degree to which Kenyan women seeking care for a pregnancy loss, including induced abortion, are at risk for HIV and whether women would welcome an introduction to PrEP prior to discharge from post-abortion care. Methods: We conducted a mixed-methods study from August 2019 to February 2020 with women ages 15 to 30 recruited sequentially as they were accessing post-abortion care at public and private facilities in Thika and Kisumu, Kenya. Data collection was through a cross-sectional survey and laboratory testing for common sexually transmitted infections (N = 200), and in-depth interviews (N = 30). Descriptive statistics summarize PrEP knowledge and referrals and a multivariable log-link binomial model estimated correlates of receiving a referral for PrEP. Qualitative data were analysed using inductive and deductive approaches. Results: Among 200 HIV-negative women (median age 21.0, interquartile range 19.0 to 22.0), the prevalence of Chlamydia trachomatis was 18.2% and Neisseria gonorrhoeae was 2.0%. Half of the women scored ≥5 on a validated tool that would correspond to an expected HIV incidence of 9.5% per year. Approximately half (55.8%) of women were familiar with PrEP prior to the study and 33.3% received a referral from study staff to a clinic offering PrEP. In qualitative interviews, women expressed interest in accessing PrEP from the gynaecology ward that provided post-abortion care but they preferred alternative locations for PrEP refills. Conclusions: Kenyan women accessing post-abortion care have substantial HIV risk and were favourable about the idea of receiving support to initiate PrEP as part of care offered during post-abortion care. These settings can be integrated into national PrEP programmes as locations providing PrEP referrals and initiation. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	abortion; HIV prevention; Kenya; PrEP; young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Henny K.D.; Duke C.C.; Sutton M.Y.	Uptake of online HIV-related continuing medical education training among primary care providers in Southeast United States, 2017–2018	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1822986	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091610341&doi=10.1080%2f09540121.2020.1822986&partnerID=40&md5=c9eb502184262a564976ff9e80133a83	Primary care providers play a vital role for HIV prevention and care in high burden areas of the Southeast United States. Studies reveal that only a third of these providers had previous HIV-related training. We evaluated the effects of targeted online continuing medical education training on HIV-related knowledge, attitudes and practices among providers in the Southeast. During April 2017–February 2018, we administered baseline and six-month follow-up surveys to assess changes attributed to online training among a representative sample of providers from six Southeast locations. Data were analyzed using logistic regression analysis (p < 0.05). Baseline and follow-up surveys were completed by 349 participants (61.2% female, 64.6% white, 69.6% physicians, and 27.5% aged 40 years or less); 18% (n = 63) of whom visited online training websites sent following the baseline survey. Comparing baseline versus follow-up responses, providers who completed online training were half as likely to identify "patients' age" (30% vs. 15%) and "patients' race" (3% vs. 1.4%) as barriers to discussing sex with clients; survey responses by participants who declined training remained unchanged. Based on baseline versus follow-up responses, providers who visited online training websites were more likely to become familiar with preexposure prophylaxis (PrEP) (38% vs. 58%); participants who declined training remained unchanged at 45%. No impact on clinical practices such as PrEP prescriptions was identified. Targeted online training can enhance HIV readiness and should be explored for providers in the Southeast, particularly for enhancing PrEP service delivery. ©, This work was authored as part of the Contributor's official duties as an Employee of the United States Government and is therefore a work of the United States Government. In accordance with 17 U.S.C. 105, no copyright protection is available for such works under U.S. Law. This is an Open Access article that has been identified as being free of known restrictions under copyright law, including all related and neighboring rights (https://creativecommons.org/publicdomain/mark/1.0/). You can copy, modify, distribute and perform the work, even for commercial purposes, all without asking permission.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Hensen B.; MacHingura F.; Busza J.; Birdthistle I.; Chabata S.T.; Chiyaka T.; Floyd S.; Jamali G.; Mushati P.; Hargreaves J.; Cowan F.M.	How Can We Support the Use of Oral PrEP Among Young Women who Sell Sex? A PrEP Cascade Analysis	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002733	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114383956&doi=10.1097%2fQAI.0000000000002733&partnerID=40&md5=57e43b7d9eef932b80f1b98f37cfb72	Background:We constructed self-reported pre-exposure prophylaxis (PrEP) cascades and explored factors associated with and barriers to PrEP use to inform efforts to support PrEP use among young women who sell sex.Methods:Using self-reported data from HIV-negative young women who sell sex enrolled into a cohort study using respondent-driven sampling in Zimbabwe, we constructed PrEP cascades assessing knowledge of, ever offered, ever used, and current PrEP use in 2017 and 2019. We used logistic regression to examine factors associated with PrEP use by 2019. Through qualitative interviews with 43 women enrolled in the cohort, we investigated barriers to PrEP use.Results:At enrollment, 50% of women had heard of PrEP, 12% had ever been offered PrEP, and 7% ever used PrEP. Over time, all cascade domains: 96% of women had heard of and 55% reported an active offer of PrEP. Among women retained in the study in 2019 (56%; n = 538), 34% ever took PrEP by 2019. PrEP use was associated with, at enrollment, reporting more clients in the past month (10+: 45% vs 1-3: 27% adjOR = 1.71 95% CI: 1.06 to 2.76), duration of selling sex (24% <2 years vs 38% 2-3 years; adjOR = 0.51 95% CI: 0.32 to 0.83), and having visited a female sex worker program in the past 12 months (55% vs 27%; adjOR = 2.92 95% CI: 1.91 to 4.46). Qualitative interviews revealed fear of disclosing sex work, HIV-related/ART-related stigma, and (opportunity) costs of accessing PrEP as barriers to use.Conclusion:PrEP use was associated with factors known to increase HIV risk. Fear of stigma, disclosure, and supply-side barriers need to be addressed to increase women's ability to use PrEP. © 2021 Lippincott Williams and Wilkins. All rights reserved.	female sex workers; HIV infections; HIV prevention; oral pre-exposure prophylaxis; women; Zimbabwe	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2021	Heredia, JLA; Goldklank, S	The relevance of pre-exposure prophylaxis in gay men's lives and their motivations to use it: a qualitative study	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-11863-w	https://pubmed.ncbi.nlm.nih.gov/34627221/	Background HIV has affected gay men disproportionately in the U.S. for four decades. Pre-exposure prophylaxis (PrEP) was developed as a prevention strategy for individuals at high risk of HIV infection. Although highly effective, many gay and other men who have sex with men continue not to take PrEP. Researchers have focused on sexual risk behaviors as the primary determinant of who should be on PrEP and identified various objective systemic and societal barriers to PrEP access. Public health measures have promoted PrEP based on these objective criteria. Researchers have recently begun to inquire into subjective and relational motivators for PrEP usage beyond self-perceived risk. Methods Participants were recruited through snowball sampling. Data were collected between August and November 2018 from PrEP users (n = 7) and PrEP non-users (n = 6). Data were analyzed in a modified grounded theory qualitative analysis. Results The thirteen participants' narratives contained three superordinate categories: (1) what it's like to be someone on PrEP, (2) an environment of changing sexual norms, and (3) the continued importance of education. These categories comprised ten themes, each of which had various repeating ideas. The ten themes were the following: (1) PrEP's social acceptability, (2) PrEP and HIV stigma, (3) PrEP and sexual relationships, (4) dissatisfaction with condoms, (5) negotiating risk, (6) peace of mind, (7) developing a relationship with PrEP, (8) putting yourself first, (9) PrEP awareness, and (10) PrEP logistics. Conclusions The gay men in our study took into consideration their social roles and relationships, their personal beliefs, and emotional histories as well as risk as prominent motivators for PrEP use. They stated that PrEP use is associated with their sense of belonging, trust, and security about their sexuality. They also identified the most relevant aspects of the medication (e.g., side effects, adherence, and awareness) to their lives.	HIV PREVENTION; PREP; PrEP; MSM; Gay; ACCEPTABILITY; Uptake; SEXUAL RISK BEHAVIORS; INTIMACY; GMSM; Relevance	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Hermosa-Bosano C.; Paz C.; Hidalgo-Andrade P.; Aguayo-Romero R.	Sexual Behaviors and HIV/STI Prevention Strategies Among Sexual Minority Men in Ecuador Who Use Geosocial Networking Apps	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02093-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115848738&doi=10.1007%2fs10508-021-02093-7&partnerID=40&md5=7087309a1d73f36868a4c0b02aa083ab	Around the world, geosocial networking apps have become widely popular among sexual minority men (SMM). This research analyzed the sexual behaviors and HIV and STI prevention strategies (HIV/STI testing, HIV/STI inquiry, and HIV/STI disclosure) of an online-recruited sample of 284 SMM living in Ecuador. Sexting and oral sex were the most common sexual behaviors among SMM in the sample. Most participants had low perceptions of HIV and STI risk; 85% reported being tested for HIV and 70% for STIs. Being older predicted higher odds of being tested for either HIV or STIs at least once. Being single also predicted HIV testing. Future interventions in the country should explore apps' utility as intervention tools to spread information about sexual health and HIV prevention strategies, such as condom use and event-driven PrEP. Apps can also facilitate connections to sexual health services, including programs for PrEP initiation and linkage to HIV treatment. They should also focus on promoting sexual harm reduction conversations among potential app-met sexual partners. © 2021, The Author(s).	Gay dating apps; Geosocial networking; HIV prevention strategies; Men who have sex with men; Mobile apps; Sexual orientation	English	United States	Western and Central Europe and North America	Ecuador	Latin America and the Caribbean	Ecuador	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2021	Hernández Martínez, A. M	Conocimiento, actitudes y percepción sobre la profilaxis pre-exposición contra el virus de la inmunodeficiencia humana en estudiantes de medicina	-	-	Universidad Peruana Cayetano Heredia	-	NA	NA	https://repositorio.upch.edu.pe/bitstream/handle/20.500.12866/10073/Conocimiento_HernandezMartinez_Adela.pdf?sequence=1&isAllowed=y	Antecedentes: Estudios demuestran la relación entre el conocimiento sobre la profilaxis pre-exposición (PrEP) con factores sociodemográficos y actitudes de pacientes y proveedores de la salud. Sin embargo, no se han realizado estudios en estudiantes de medicina, que serán los futuros proveedores. Objetivos: Determinar la relación entre el nivel de conocimiento sobre la PrEP contra el VIH y los factores sociodemográficos en estudiantes de medicina de una universidad privada, así como la relación entre su nivel de conocimiento sobre la PrEP y sus actitudes y percepción. Materiales y métodos: El estudio transversal utilizó un cuestionario virtual autoaplicable. Se calificó con puntajes la sección de conocimientos y se otorgó un valor numérico a las actitudes y percepciones. Para analizar la correlación de las variables se utilizó el coeficiente RHO de Spearman. Resultados: 478 estudiantes respondieron la encuesta. El promedio de puntaje fue de 6,3. El nivel de	PrEP, VIH, estudiantes demedicina, conocimiento, actitudes, percepción.	English	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	-	-	Quantitative
Article	2021	Herrera C.; Lwanga J.; Lee M.; Mantori S.; Amara A.; Else L.; Penchala S.D.; Egan D.; Challenger E.; Dickinson L.; Boffito M.; Shattock R.; Khoo S.; Fox J.	Pharmacokinetic/pharmacodynamic investigation of raltegravir with or without lamivudine in the context of HIV-1 pre-exposure prophylaxis (PrEP)	Journal of Antimicrobial Chemotherapy	-	-	-	3057453	10.1093/jac/dkab136	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112124950&doi=10.1093%2fjac%2fdkab136&partnerID=40&md5=52555698e399064c4ad6e64a0c787bdb	Background: To characterize their potential use in pre-exposure prophylaxis (PrEP) we compared the pharmacokinetics of raltegravir and lamivudine in genital tissue against ex vivo tissue infection with HIV-1. Methods: Open-label trial of 36 HIV-negative females and males randomized to 7 days raltegravir 400 mg twice daily and 7 days raltegravir 400 mg+lamivudine 150 mg twice daily (after washout), or vice versa. Blood, saliva, rectal fluid, rectal tissue, vaginal fluid and vaginal tissue were sampled at baseline and on and off PrEP during a total of 12 days, for pharmacokinetics and antiviral activity via ex vivo HIV-1BaL challenge. Ex vivo infectivity was compared with baseline. The trial has been registered in https://clinicaltrials.gov/ with the identifier NCT03205566. Results: Steady state for both drugs was reached by day 4. Dosing with raltegravir alone provided modest ex vivo HIV protection with higher drug levels in rectal tissue and vaginal tissue than in plasma on and off PrEP. Off PrEP, plasma and vaginal concentrations declined rapidly, while persisting in the rectum. On PrEP, the highest lamivudine concentrations were in the rectum, followed by vaginal tissue then plasma. Lamivudine washout was rapid in plasma, while persisting in the rectum and vagina. Raltegravir/lamivudine increased ex vivo protection on and off PrEP compared with raltegravir alone, reaching maximum protection at day 2 in rectal tissue and at day 8 in vaginal tissue. Conclusions: Raltegravir 400 mg+lamivudine 150 mg showed high levels of ex vivo HIV protection, associated with high drug concentrations persisting after discontinuation in vaginal and rectal compartments, supporting further investigation of these agents for PrEP. © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy.	hivhiv-1lamivudineplasmasalivavaginapharmacodynamicsdrug concentrationraltegravirpre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Herrera, Carolina; Harman, Sarah; Aldon, Yoann; Rogers, Paul; Armanasco, Naomi; Ziprin, Paul; Stieh, Daniel; Nuttall, Jeremy; Shattock, Robin J	The entry inhibitor DS003 (BMS-599793): a BMS-806 analogue, provides superior activity as a pre-exposure prophylaxis candidate.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002974	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8416713	OBJECTIVE: Small molecule inhibitors able to bind to gp120 and prevent CD4+-induced HIV-1 envelope conformational change provide an important class of inhibitors. Currently, only Fostemsavir is approved for HAART, which makes this class of inhibitors attractive candidates for prevention. We assessed the activity of DS003 (BMS-599793), an analogue of BMS-378806, in different mucosal tissues and elucidated its mechanism of action. DESIGN: Preclinical analysis was performed with human mucosal tissue models as surrogates of in-vivo activity. METHODS: Antiviral efficacy of DS003 was assessed in mucosal tissue explants (ecto-cervical, penile and colorectal) and in trans-infection models (co-cultures of dendritic or mucosal migratory cells with CD4+ T cells) with several dosing times (2, 24h and sustained) and in combination with a fusion inhibitor. Binding of DS003 to gp120 was assessed by flow cytometry and bio-layer interferometry and further probed in competitive studies using soluble CD4+ (sCD4+) and an anti-CD4+ induced antibody, 17b. RESULTS: In all models, the inhibitory activity of DS003 was increased with longer periods of exposure and by combination with a fusion inhibitor. Pre-exposure to sCD4+ impeded DS003 binding to viral envelope. In contrast, DS003 did not impact subsequent binding of sCD4+. Furthermore, sCD4+-induced epitope exposure as assessed by 17b binding was significantly reduced in the presence of DS003. CONCLUSION: DS003 inhibits HIV-1 infection by binding to or near the CD4+ binding site of gp120, preventing CD4+-induced conformational change essential for viral fusion. These data highlight the potential of DS003 for development as a pre-exposure prophylaxis candidate.	prevention, antiretroviral, entry, mucosal, explant, HIV-1	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Hil S.V.; Johnson J.; Rahman F.; Dauria E.F.; Mugavero M.; Matthews L.T.; Simpson T.; Elopre L.	Exploring adults as support persons for improved pre-exposure prophylaxis for HIV use among select adolescents and young adults in the Deep South	PLOS One	-	-	-	19326203	10.1371/journal.pone.0248858	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102890307&doi=10.1371%2fjournal.pone.0248858&partnerID=40&md5=c3762e71b739b78796aadeabbaaea4b2	Purpose Pre-exposure prophylaxis for HIV (PrEP) is an effective yet underutilized biomedical tool for adolescents and young adults' (AYA) HIV prevention due to barriers such as PrEP adherence. We assessed HIV prevention knowledge, attitudes and beliefs from adults who selfidentified as a primary support person to an AYA. Methods We surveyed AYA primary support persons at an academic hospital. Univariate and multivariate regression analyses were completed to identify factors associated with the belief AYAs engaging in HIV-associated behaviors should use PrEP and willingness to support AYAs on PrEP. Results 200 primary support persons completed the survey. Participants were predominately female (77%) and black (56%). Nearly all primary support persons believed AYAs engaging in HIVassociated behaviors should take PrEP (94%) and 98% would support an AYA taking PrEP via transportation to appointments, assistance with refilling prescriptions, medication reminders, or encouragement. Conclusions Primary support persons are willing to support AYAs using PrEP. © 2021 Public Library of Science. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Hill B.J.; Anderson B.; Lock L.	COVID-19 Pandemic, Pre-exposure Prophylaxis (PrEP) Care, and HIV/STI Testing Among Patients Receiving Care in Three HIV Epidemic Priority States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03195-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101220261&doi=10.1007%2fs10461-021-03195-y&partnerID=40&md5=654d79c659fb288562788fb75beca686	The COVID-19 pandemic has the potential to disrupt HIV prevention services. We conducted an electronic health record analysis of PrEP, HIV, and STI visits at eight sexual health clinics in Arkansas, Missouri, and Oklahoma during the onset of the pandemic (March 1, 2020 to June 30, 2020) and compared the data with pre-pandemic (March 1, 2019 to June 30, 2019) volumes. Our data revealed a significant increase in the proportion of male PrEP visits during the pandemic compared to the pre-pandemic period, with the majority provided via telehealth/telePrEP. Overall, HIV and STI testing significantly decreased during the pandemic period. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	COVID-19; HIV; Pre-exposure prophylaxis; Southern US; STI testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Hill L.M.; Lightfoot A.F.; Riggins L.; Golin C.E.	Awareness of and attitudes toward pre-exposure prophylaxis among African American women living in low-income neighborhoods in a Southeastern city	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1769834	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086044133&doi=10.1080%2f09540121.2020.1769834&partnerID=40&md5=d95f6477874ca09ce89aaaef334cdd90	African American women in the South are disproportionately affected by HIV but have often been ignored in HIV prevention efforts, including in the rollout of pre-exposure prophylaxis (PrEP). To inform strategies to promote PrEP awareness and access in this population, we conducted a venue-based community survey with 53 African American women living in low-income neighborhoods of a Southeastern city to understand women's knowledge of and attitudes toward PrEP. Awareness of PrEP was very low (37%) with only 16% being aware that PrEP is used for HIV prevention. The vast majority of women (85%) reported that they would use or would consider using PrEP, most frequently citing a general interest in HIV prevention or a lack of awareness of their partners' HIV status as motivations for their interest. Some women expressed concerns about side effects or low perceived HIV risk as disincentives for PrEP use. Information regarding side effects and HIV risk assessments will be needed to ensure the acceptable delivery of PrEP in this population. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	African American; awareness; PrEP; Southeastern US; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Hill, Lauren M; Saidi, Friday; Freeborn, Kellie; Amico, K Rivet; Rosenberg, Nora E; Maman, Suzanne; Phanga, Twambilile; Tsidya, Mercy; Chirwa, Sara; Zimba, Chifundo; Mutale, Wilbroad; Chi, Benjamin H	Tonse Pamodzi: Developing a combination strategy to support adherence to antiretroviral therapy and HIV pre-exposure prophylaxis during pregnancy and breastfeeding	PLOS One	-	-	-	19326203	10.1371/journal.pone.0253280	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108694224&doi=10.1371%2fjournal.pone.0253280&partnerID=40&md5=eb52424f4a17352db83865ceed1ac607	To eliminate mother-to-child transmission of HIV (EMTCT), scalable strategies to enhance antiretroviral adherence for both antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are needed as part of integrated HIV and maternal-child health services. We developed Tonse Pamodzi ("all of us together"), an adaptable intervention integrating biomedical and behavioral components to support HIV treatment and prevention. We describe our intervention development process, which comprised formative qualitative research, a review of the literature, and technical input from stakeholders representing the community, health systems, and policymakers. The resulting intervention, described herein, integrates patient-centered counseling and engagement of a patient-selected adherence supporter for pregnant and breastfeeding women initiating ART or PrEP. Patients receiving the intervention engage in Integrated Next Step Counseling (iNSC) sessions delivered by trained counselors to build and maintain adherence skills. Each patient also has the option of selecting an adherence supporter (partner, family member, or friend) who may participate in iNSC sessions and provide adherence support outside of these sessions. This flexible intervention is adaptable not only to ART or PrEP use, but also to the needs and preferences of each woman and the clinical context. If shown to be acceptable and feasible, the Tonse Pamodzi intervention may be an important tool in continuing efforts for EMTCT. © 2021 Hill et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Hillis A.; Germain J.; Hibbert M.P.; Hope V.; Van Hout M.C.	"Belt and braces approach; added benefit and … extra reassurance": a multi-stakeholder examination of the challenges to effective provision of pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Northern and Central England	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1871721	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099434051&doi=10.1080%2f09540121.2021.1871721&partnerID=40&md5=386dcfa91a8744aca17df6fc3e410eb5	Pre-exposure prophylaxis (PrEP) involves HIV negative individuals taking antiretroviral drugs to reduce the probability of infection if exposed and is available through the IMPACT trial in England. This study aimed to explore men who have sex with men (MSM) and service provider (SP) perspectives on provision and accessibility of PrEP in Northern and Central England. Twenty MSM and 25 SPs from four Northern cities and one city in the West Midlands region were recruited for semi-structured interviews (December 2018 to October 2019). Interviews were analysed using Interpretative Phenomenological Analysis (IPA). Three key themes emerged: "Self-sourcing PrEP"; "Service delivery learnings"; and "Impact of using PrEP". Problems with equity of access and accessibility were noted, and recommendations for the future of PrEP programming and equitable service delivery were also presented. The study highlighted divergence in PrEP service experience from patients and providers, with results informing policy, practice and professional training. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; MSM; Pre-exposure prophylaxis; service delivery; sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative

Article	2021	Ho D.-K.; LeGrayder C.; Srinivasan S.; Roy D.; Vlaskin V.; Chavas T.E.J.; Lopez C.L.; Snyder J.M.; Postma A.; Charlait J.; Stayton P.S.	Fully synthetic injectable depots with high drug content and tunable pharmacokinetics for long-acting drug delivery	Journal of Controlled Release	-	-	-	-	1683659	10.1016/j.jconrel.2020.11.030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097373436&doi=10.1016%2Fj.jconrel.2020.11.030&partnerID=40&md5=f7ce5fda0f0d5a5a1a8b0f0e43f2d866	Clinical studies have validated that antiretroviral (ARV) drugs can serve as an HIV pre-exposure prophylactic (PrEP) strategy. Dosing adherence remains a crucial factor determining the final efficacy outcomes, and both long-acting implants and injectable depot systems are being developed to improve patient adherence. Here, we describe an injectable depot platform that exploits a new mechanism for both formation and controlled release. The depot is a polymeric prodrug synthesized from monomers that incorporate an ARV drug tenofovir alafenamide (TAF) with degradable linkers that can be designed to control release rates. The prodrug monomers are synthetically incorporated into homopolymer or block designs that exhibit high drug weight percent (wt%) and also are hydrophobized in these prodrug segments to drive depot formation upon injection. Drug release converts these monomers to more hydrophilic pendant groups via linker cleavage, and as this drug release proceeds, the polymer chains losing hydrophobicity are then disassociated from the depot and released over time to provide a depot dissolution mechanism. We show that long-acting TAF depots can be designed as block copolymers or as homopolymers. They can also be designed with different linkers, for example with faster or slower degrading p-hydroxybenzyloxycarbonyl (hbzoc) and ethyloxycarbonyl (Alkyl) linkers, respectively. Diblock designs of *poly(oxo monomethacrylate)-b-poly(hbzoc TAF-methacrylate)* and *poly(oxo monomethacrylate)-b-poly(hbzoc TAF-methacrylate)* were first characterized in a mouse subcutaneous injection model. The alkylcarbamate linker design (TAF 51 wt%) showed excellent sustained release profiles of the key metabolites tenofovir (TFV) in skin and plasma over a 50-day period. Next, the homopolymer design with TAF (TAF 39 wt%) was tested in a rat subcutaneous injection model and showed sustained TFV-DP concentrations in dried blood spots (DBS) over 50 days. Importantly, TFV-DP concentrations in peripheral blood mononuclear cells (PBMC) were found to be at least 16-fold higher than the clinically suggested minimally IUPR protective concentration of 24 fmol/106 cells. These are the first reports of sustained parent TAF dosing observed in mouse and TFV-DP in mouse *PBMC*. PET imaging of ibodutuzumab labeled homopolymer depots showed that degradation and release of the depot coincided with the sustained TAF release. Finally, these polymers showed excellent stability in accelerated stability studies over a six-month time period, and exceptional solubility of over 750 mg/mL in the DMSO formulation solvent. The homopolymer designs have a drug reservoir potential of well over a year at mg/day dosing and may not require cold chain storage for global health and developed world long-acting drug delivery applications. © 2020	Drug delivery; HIV; Infectious disease; Long-acting depot; Polymer; Pre-exposure prophylaxis; RAPT; TAF	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Hoagland B.; Torres T.S.; Bezerra D.R.B.; Benedetti M.; Pimenta C.; Veloso V.G.; Grinsztejn B.	High acceptability of PrEP telconsultation and HIV self-testing among PrEP users during the COVID-19 pandemic in Brazil	Brazilian Journal of Infectious Diseases	-	-	-	-	14138670	10.1016/j.bjid.2020.11.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097739429&doi=10.1016%2Fj.bjid.2020.11.002&partnerID=40&md5=3f9e7a95f02110b1fa37a6faa67ce0e0	In March 2020, telemedicine and HIV self-testing were adopted by Brazilian Public Health services to minimize disruptions in pre-exposure prophylaxis (PrEP) access and delivery during the COVID-19 pandemic. To understand the acceptability of PrEP telconsultation and HIV self-testing, we conducted a web-based study during social distancing period (April–May, 2020) among men who have sex with men and transgender women. Participants were recruited from a PrEP demo project, individuals using social media. Out of the 2275 HIV negative respondents, 886 reported PrEP use and were included in this analysis. Median age was 33 years (IQR: 27–41), 96% cisgender men, 56% white, 74% high education, and 69% middle/high income. Willingness to use HIVST was 79% and 32% received an HIV self-testing during social distancing period. The majority (94%) reported using PrEP for HIV prevention before the pandemic, and 6% started PrEP during the pandemic. Most participants (98%) reported receiving PrEP medication every three months. High acceptability of PrEP telconsultation was reported by 78%. In refined logistic model, having higher education was associated with high acceptability of PrEP telconsultation (aOR1.62; 95%CI: 1.07–2.45). Our results point out that PrEP telconsultation and PrEP/HIV self-testing home delivery could be implemented by PrEP services in Brazil to avoid PrEP shortage during the COVID-19 pandemic and thereafter as an option to increase retention and adherence. © 2020 Brazilian Society of Infectious Diseases	Brazil; COVID-19; HIV self-testing; PrEP; Telemedicine	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Hojilla, J Carlo; Hurley, Leo B; Marcus, Julia L; Silverberg, Michael J; Skarbinski, Jacek; Satre, Derek D; Volk, Jonathan E	Characterization of HIV Preexposure Prophylaxis Use Behaviors and HIV Incidence Among US Adults in an Integrated Health Care System	JAMA Network Open	-	-	-	-	NA	10.1001/jamanetworkopen.2021.22092	https://www.proquest.com/scholarly-journals/characterization-hiv-preexposure-prophylaxis-use/docview/2667862230/se-2?accountid=9113	Importance Long-term follow-up is needed to evaluate gaps in HIV preexposure prophylaxis (PrEP) care delivery and to identify individuals at risk for falling out of care. Objective To characterize the PrEP cascade and HIV incidence among US adults in an integrated health care system. Design, Setting, and Participants This cohort study used data from the Kaiser Permanente Northern California electronic health records (EHR) or Kaiser Permanente Northern California to identify individuals aged 18 years and older who received PrEP care between July 2012 and March 2019. Individuals were followed up from date of linkage (defined as a PrEP referral or PrEP-coded encounter) until March 2019, HIV diagnosis, discontinuation of health plan membership, or death. Data were analyzed from December 2019 to January 2021. Exposures Sociodemographic factors included age, sex, race and ethnicity, and neighborhood deprivation index, and clinical characteristics were extracted from the EHR. Main Outcomes and Measures The primary outcomes were attrition at each step of the PrEP continuum of care and incident HIV infections. Results Among 13 596 individuals linked to PrEP care, the median (interquartile range [IQR]) age was 33 (27-43) years, 6771 individuals (50.1%) were White, and 11 227 (95.1%) were men. Total follow-up was 26 210 person-years (PY). Of 12 207 individuals linked to PrEP care, 89.1% (95% CI, 86.1%-89.9%) were prescribed PrEP and of these, 98.2% (95% CI, 97.2%-98.8%) initiated PrEP. After PrEP initiation, 52.2% (95% CI, 48.9%-55.7%) were retained in PrEP care during the study period, and 40.2% (95% CI, 36.8%-43.6%) were persistent with PrEP medication refills. There were 24 HIV seroconversions during the study period, for an HIV incidence rate of 0.09 (95% CI, 0.06-0.14) per 100 PY. In the Kaplan-Meier analysis, 1-year HIV incidence was 0.3% (95% CI, 0.1%-0.8%) among those who initiated PrEP care, 0.9% (95% CI, 0.4%-2.2%) among those who were linked to PrEP care, and 1.9% (95% CI, 1.0%-3.6%) among those who were referred to PrEP care. In the Black subsample, those aged 18 to 25 years had higher HIV incidence (1.3 per 100 PY; 95% CI, 0.4-3.9) than those aged 26 to 35 years (0.4 per 100 PY; 95% CI, 0.1-1.6) and those aged 36 to 45 years (0.4 per 100 PY; 95% CI, 0.1-1.7). Conclusions and Relevance In this cohort study, the PrEP cascade was suboptimal, with substantial attrition at each step of the PrEP continuum of care and incident HIV infections. Results from this study suggest that interventions to address these gaps in the PrEP continuum of care are needed to maximize PrEP impact and equity.	pre-exposure prophylaxis; Infectious; Disease prevention; African Americans; Age; hiv; substance use disorders; Electronic health records; Medical Sciences; hiv infections; attrition (experimental); continuity of patient care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Holt M.; Broady T.R.; Mao L.; Chan C.; Bede J.; Ellard J.; O'Donnell D.; Grulich A.E.; Prestage G.; Bavinton B.R.	Increasing preexposure prophylaxis use and 'set prevention coverage' in behavioural surveillance of Australian gay and bisexual men	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002797	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102227327&doi=10.1097%2FQAD.0000000000002797&partnerID=40&md5=1d4a0f63bca9f03bb7fc8253dc1feb	Objective(s): To assess trends in HIV preexposure prophylaxis among Australian gay and bisexual men (GBM) since the introduction of preexposure prophylaxis (PrEP), the level of set prevention coverage (the use of safe strategies), and the characteristics of HIV-negative and untested GBM who remain at risk of HIV. Design: Repeated behavioural surveillance of GBM recruited from venues, events and online in seven Australian states and territories. Methods: Participants with casual male partners were included. Trends in sexual practices, prevention strategies, set prevention coverage and the characteristics of at-risk participants were assessed with binary and multivariate logistic regression. Results: A total of 32 048 survey responses (2014-2019) were included. The proportion of participants who reported consistent condom use declined (48.6-32.2%). The proportion who reported any combination of strategies with casual partners increased (17.8-42.0%) but set prevention coverage (the use of safe strategies) declined (66.4-54.2%). The proportion who reported using condomless anal intercourse with casual partners increased (37.8-62.0%) but set prevention coverage declined (88.3-74.9%), with higher levels of undetectable viral load among HIV-positive participants and rapidly increasing PrEP use by HIV-negative participants. PrEP became the most commonly reported prevention strategy in 2019 (32.0%). In 2019, 1.9% of HIV-negative participants were using PrEP, 3.2% were taking other antiretroviral-based strategies and 4.9% were at risk of HIV because they were condomlessly viral load set on PrEP, 'At risk' participants became more likely to identify as bisexual and to be born overseas. Conclusion: There has been a rapid, historic uptake of HIV prevention among GBM in Australia. Net prevention coverage has increased among GBM and 'at risk' GBM have become less at risk of HIV, facilitating reductions in HIV transmission. © 2020 Wolters Kluwer Health, Inc.	Australia; HIV; MSM; Preexposure prophylaxis; Risk factors; Sexual behaviour	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Holt M.; Lee E.; Lea T.; Bavinton B.; Broady T.; Mao L.; MacGibbon J.; Keen P.; Murphy D.; Bear B.; Crawford D.; Ellard J.; Kolstee J.; Power C.; Prestage G.; Grulich A.; Guy R.; de Wit J.	HIV preexposure prophylaxis cascades to assess implementation in australia: Results from repeated, national behavioral surveillance of gay and bisexual men, 2014-2018	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002243	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090807816&doi=10.1097%2FQAI.0000000000002243&partnerID=40&md5=3c4f9f7f8c9c910b4b5f98c2e6e39fa1	Background: HIV prevention cascades can assist in monitoring the implementation of prevention methods like preexposure prophylaxis (PrEP). We developed 2 PrEP cascades for Australia's primary HIV-affected population, gay and bisexual men. Methods: Data were drawn from 2 national, repeated, cross-sectional surveys (the Gay Community Periodic Surveys and PrEPARE Project). One cascade had 3 steps, and the other had 5 steps. Trends over time were assessed using logistic regression. For the most recent year, we identified the biggest drop between steps in each cascade and compared the characteristics of men between the 2 steps using multivariate logistic regression. Results: Thirty-nine thousand one hundred and seventy-seven HIV-positive men participated in the Gay Periodic Surveys during 2014-2018. PrEP eligibility increased from 20.1% (1901/8782) in 2014 to 37.3% (2935/7870) in 2018 (P < 0.001), awareness increased from 29.6% (563/1901) to 47.1% (1555/2935; P < 0.001), and PrEP use increased from 1.1% (21/1901) to 7.9% (232/2935; P < 0.001). Among PrEP-eligible men, 3.7% (108/2935) were using PrEP, 7.9% (232/2935) were aware but not using PrEP, and 88.4% (2595/2935) were neither aware nor using PrEP. Of those who were aware but not using PrEP, 37.5% (87/232) had discussed PrEP with a doctor, 76.3% (213/272) were using PrEP, 87.2% (207/233) had recently tested, and 73.8% (127/207) reported evidence of adherence. Ninety-two percent (176/547) were willing to use PrEP. Of the 5-step cascade, 7.9% (232/2935) reported concern and discussed PrEP with a doctor, 3.7% (108/2935) were using PrEP, 87.2% (207/233) had recently tested, and 73.8% (127/207) reported evidence of adherence. Conclusions: PrEP eligibility, awareness, and use have rapidly increased among Australian gay and bisexual men. The cascades identify disparities to uptake by eligible men as a result of socioeconomic factors and PrEP's acceptability. © 2020 Wolters Kluwer Health, Inc.	Australia; Disparities; Implementation; Men who have sex with men; Preexposure prophylaxis; Prevention cascade	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Hoh, Marnie; MacGibbon, James; Bear, Brandon; Lea, Toby; Kolstee, Johann; Crawford, David; Murphy, Dean; Power, Cherie; Ellard, Jeanne; de Wit, John	Trends in Belief That HIV Treatment Prevents Transmission Among Gay and Bisexual Men in Australia: Results of National Online Surveys 2013-2019.	AIDS Education and Prevention	-	-	-	-	1943-2755	10.1521/aeap.2021.33.1.62	https://dx.doi.org/10.1521/aeap.2021.33.1.62	We have tracked belief in the effectiveness of HIV treatment as prevention (TasP) among Australian gay and bisexual men (GBM) since 2013. National, online, cross-sectional surveys of GBM were conducted in 2013, 2016, and 2019 (n = 5,095). Participants were recruited through gay community organizations, digital media, and dating apps. Logistic regression was used to identify factors associated with HIV-positive participants believing that their HIV treatment prevents transmission. Belief increased from 2.8% in 2013 to 24.6% in 2019. Belief in the effectiveness of TasP was consistently higher among HIV-positive participants than others. In 2019, higher levels of belief in TasP were independently associated with university education, being HIV positive, using pre-exposure prophylaxis, knowing more HIV-positive people, being recently diagnosed with a sexually transmitted infection (STI), and use of post-exposure prophylaxis. Belief that HIV treatment prevents transmission has increased substantially among Australian GBM, but remains concentrated among HIV-positive GBM, those who know HIV-positive people, and GBM who use antiretroviral-based prevention.	HIV prevention, HIV treatment as prevention, attitudes	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Hong C.M.; Xu Y.; Chung J.Y.L.; Schultz D.M.; Wriedt M.; Varsolona R.J.; Zhong Y.-L.; Purohit A.K.; Hu C.Q.; Gauthier D.R., Humphrey G.R.; Maloney K.M.; Lovenjoe F.; Wang Z.; Whittaker A.M.; Sirois E.; McMullen J.P.	Development of a Commercial Manufacturing Route to 2-Fluoroalanine, the Key Unnatural Nucleobase of Islatravir	Organic Process Research and Development	-	-	-	-	10836160	10.1021/acs.oprd.0c00304	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108889888&doi=10.1021%2Facs.oprd.0c00304&partnerID=40&md5=505a9731c4e0b04ab0687bcdbc3f6f	We report the practical synthesis of a key fragment of islatravir (MK-8591), a novel nucleoside reverse transcriptase translocation inhibitor (NRTTI) currently under investigation for treatment and pre-exposure prophylaxis (PrEP) against HIV infection. The fragment, the unnatural nucleobase 2-fluoroalanine, is incorporated into MK-8591 via a biocatalytic aldol-glycosylation cascade, which imposes stringent requirements for its synthesis by synthesis and isolation. Presented herein is the development work leading to a practical, scalable route from guanine, featuring a diol fluorination sequence as well as Ti(III)-2,6-dihydroxypyridine intermediate that enables a mild, highly selective, direct amination. This one-pot fluorination/amination sequence utilizes a direct isotope to deliver high purity N-Teoc-2-fluoroalanine, which was then converted to the HCl salt in 5 steps and 30% overall yield. The aldol-catalyzed fluorination of 2-fluoroalanine in aqueous buffer delivers the appropriate purity profile to facilitate the enzymatic cascade to access MK-8591. © 2021 American Chemical Society. All rights reserved.	2-fluoroalanine; islatravir; manufacturing route development; NRTTI; nucleophilic fluorination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Hanuk, Marla J; Brown, Elizabeth R; Dadabhai, Safia S; Gaffoor, Zakir; Jeenarain, Nitesha; Kitwewwa, Flavia Matovu; Lount, Edward; Mansoor, Leila E; Mavuthe, Brenda Gati; Palanee-Phillips, Thesla; Singh, Devika; Siva, Samantha; Soto-Torres, Lydia; van der Straten, Ariane; Burton, Jared M	Correlates of Adherence to the Dapivirine Vaginal Ring for HIV-1 Prevention.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03231-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8377598/	Understanding characteristics associated with adherence to pre-exposure prophylaxis (PrEP) methods for HIV-1 prevention may assist with optimizing intervention efforts. The dapivirine vaginal ring is a novel topical PrEP delivery method. Using data from a randomized, double-blind, placebo-controlled, phase III trial of the dapivirine vaginal ring conducted in four African countries, generalized estimating equation models were used to evaluate correlates of ring adherence. Two levels of quarterly dapivirine blood plasma, and dapivirine released from returned rings defined measures of adherence for recent and cumulative use, respectively. Time on study, calendar time, primary partner knowledge that the participant was taking part in the study, and use of long-acting contraceptive methods were associated with ring adherence whereas younger age, ring worries, condom use, episodes of menstrual bleeding and vaginal washing were associated with non-adherence. These findings may be useful for recruitment into future clinical studies and dapivirine ring implementation efforts.	Adherence, Correlates; HIV-1 prevention, Dapivirine, Vaginal ring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Hyndman I.; Nugent D.; Whitlock G.G.; McOwan A.; Gkrania-Klotsas E.	COVID-19 restrictions and changing sexual behaviours in HIV-negative MSM at high risk of HIV infection in London, UK	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2020-054768	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098945008&doi=10.1136%2Fsextrans-2020-054768&partnerID=40&md5=6643f3c6c996c73d0fc3c7f04c426c22	Objectives The COVID-19 pandemic and its related restrictions have affected attendance to and delivery of UK sexual healthcare services (SHS). We surveyed the impact on sexual behaviour of men having sex with men (MSM) to inform future SHS provision. Methods We conducted a cross-sectional, anonymous, web-based survey among HIV-negative MSM at high risk of HIV infection who attended 56 Dean Street, a sexual health and HIV clinic. The survey was conducted over a 7-day period in August 2020. Data on sociodemographic characteristics, sexual behaviour and related mental well-being (previously validated tools) during lockdown (defined as 23 March-30 June 2020) were extracted. Categorical and non-categorical variables were compared according to HIV pre-exposure prophylaxis (PrEP) use. Results 814 MSM completed the questionnaire: 75% were PrEP users; 70% reported they have been sexually active, of which 76% reported sex outside their household; 73% reported fewer partners during lockdown. Isolation/loneliness (40%) and anxiety/stress (27%) triggered sexual activity, and 71% had discussed COVID-19 transmission risks with their sexual partners. While 46% reported no change to emotion regulation/well-being during lockdown, PrEP users were more likely to report worsening mental well-being (p=0.01). Condomless sex was more frequent in PrEP users (p=0.01) with reduced COVID-19 transmission during sex. 30% accessed SHS and 30% reported difficulties in accessing testing/treatment. Of those who accessed SHS, 29% reported an STI diagnosis. PrEP users reported higher partner number, engagement in 'chemsex' and use of SHS than non-PrEP users. Conclusions COVID-19 restrictions had a considerable impact on sexual behaviour and mental well-being in our survey respondents. High rates of sexual activity and STI diagnoses were reported during lockdown. Changes to SHS provision for MSM must respond to high rates of psychological and STI-related morbidity and the challenges faced by this population in accessing services. © 2021 Author(s). Published by BMJ.	health services research; homosexuality; pre-exposure prophylaxis; sexual behaviour; sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Iannuzzi, Sara; von Kleist, Max	Mathematical Modelling of the Molecular Mechanisms of Interaction of Tenofovir with Emtricitabine against HIV.	Viruses	-	-	-	-	1999-4915	10.3390/v13071354	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8301035/	The combinations of the two nucleoside reverse transcriptase inhibitors (NRTI) tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is used in most highly active antiretroviral therapies for treatment of HIV-1 infection. Besides its role in antiviral therapy, tenofovir has been proposed to act as a broad-spectrum antiviral drug by inducing premature chain termination during DNA synthesis in competition with natural deoxynucleoside triphosphates (dNTP) for incorporation into nascent viral DNA during reverse transcription. Once incorporated, they halt reverse transcriptase. In vitro studies have proposed that TDF and FTC act synergistically within an HIV-infected cell. However, it is unclear whether, and which, direct drug-drug interactions mediate the apparent synergy. The goal of this work was to refine a mechanistic model for the molecular mechanism of action (MMOA) of nucleoside analogues in order to analyse whether putative direct interactions may account for the in vitro observed synergistic effects. Our analysis suggests that depletion of dNTP pools can explain apparent synergy between TDF and FTC in HIV-infected cells at clinically relevant concentrations. Dead-end complex (DEC) formation does not seem to significantly contribute to the synergistic effect. However, in the presence of non-nucleoside reverse transcriptase inhibitors (NNRTIs), its role might be more relevant, as previously reported in experimental in vitro studies.	NRTI; NNRTI; DEC; dNTP; DDI; HIV; PrEP; intracellular; HAART; Lowe, TIV	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Article	2021	Ibrahim M.E.; Castillo-Mancilla J.R.; Yager J.; Brooks K.M.; Ibrahman L.; Saba L.; Kiser J.J.; Mawhinney S.; Anderson P.L.	Individualized Adherence Benchmarks for HIV Pre-Exposure Prophylaxis	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2020.0108	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107582003&doi=10.1089%2Faid.2020.0108&partnerID=40&md5=fc23f4d0f0c7d25bedb3eea3cc7cffb	Tenofovir diphosphate (TFV-DP) concentrations measured with dried blood spots (DBS) can be used to classify adherence to emtricitabine/tenofovir disoproxil fumarate (F/TDF) for HIV pre-exposure prophylaxis (PrEP). A TFV-DP of 700 fmol/punch was previously associated with high PrEP efficacy, and was estimated to represent ≥6 doses/week on average. However, intersubject variability in TFV-DP concentrations may lead to misclassification and decrease the precision of adherence-efficacy relationships. The purpose of this analysis was to evaluate sources of TFV-DP variability to improve the precision of TFV-DP for adherence assessments by incorporating individual characteristics. Data and samples from a 36-week study of TFV-DP in DBS, collected biweekly, among 48 HIV-negative volunteers (7 Females [26 Caucasian/10 African American/14 Hispanic] receiving F/TDF at 33%, 67%, and 100% of daily dosing under directly observed therapy) were analyzed. Mixed-effect pharmacokinetic models to describe TFV-DP accumulation with acceptable performance was a one-compartment constant input model. Covariates, including laboratory values and demographics were ranked by their contribution to model performance. Simulations were performed to identify benchmarks for adherence. Higher TFV-DP concentrations were observed in females than males, and in women benchmarks for ≥2, 2-3, 4-5, and 6-7 doses/week. Based on these simulations, the previously established protective TFV-DP concentration of ≥700 fmol/punch was observed in those taking 2-3 (in individuals ≤110 kg) and ≥4 (in individuals >110 kg) doses/week, amounting to a much lower rate of misclassification (17% vs. 30%) with this individualized model versus previous interpretations. Incorporating body weight and platelet count improved the precision of TFV-DP concentrations for adherence assessments. Previous benchmarks were conservative, indicating that pharmacological forgiveness of F/TDF may be higher than currently recognized and supports continued investigation of intermittent PrEP dosing regimens. Clinical Trial Registration number, NCT02026857. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	adherence; HIV; pharmacokinetics; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Ibrahim, P; Samarawickrama, A; Hamzah, L; Vincent, R; Gilleece, Y; Waters, L; Kegg, S; Barbini, B; Campbell, L; Post, FA	Bone mineral density, kidney function, weight gain and insulin resistance in women who switch from TDF/FTC/NNRTI to ABC/3TC/DTG	HIV Medicine	-	-	-	-	NA	10.1111/hiv.12961	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02170861/full	Objectives: Tenofovir disoproxil fumarate (TDF) is associated with reduced bone mineral density (BMD). We evaluated changes in BMD in women who switched from TDF, emtricitabine and a nonnucleoside reverse transcriptase inhibitor (TDF/FTC/NNRTI) to abacavir, lamivudine and dolutegravir (ABC/3TC/DTG). Methods: We conducted a randomized controlled trial in which women aged ≥40 years were randomized 1:2 to continue TDF/FTC/NNRTI or switch to ABC/3TC/DTG. The primary endpoint was change in BMD measured by dual-energy X-ray absorptiometry at week 48. Secondary endpoints were changes in BMD of the lumbar spine and femoral neck and markers of bone turnover and kidney function up to week 48. We conducted exploratory analyses of weight gain, insulin resistance and lipids. Results: Of 120 women, 80 were randomized to ABC/3TC/DTG and 40 to TDF/FTC/NNRTI. Median (IQR) age was 51 (46–56) years, median CD4 cell count was 648 (interquartile range 479–880) cells/μL were randomized. Women who switched to ABC/3TC/DTG experienced greater bone mineral density (BMD) suppression and improvement in total hip BMD (mean adjusted difference = 3%, P = 0.027) and lumbar spine BMD (3%, P = 0.002), with no change in specific markers of bone turnover or renal tubular function. Although participants in the ABC/3TC/DTG arm gained more weight (2.8 kg, P = 0.046), the switch strategy was not associated with reduced insulin sensitivity or new-onset insulin resistance. Conclusions: Switching from TDF/FTC/NNRTI to ABC/3TC/DTG resulted in improved BMD. Although weight gain was common in women who switched from TDF/FTC/NNRTI to ABC/3TC/DTG, we did not detect adverse effects on glucose homeostasis. Larger studies need to confirm these findings.	*body weight gain; *bone density; *femoral neck; *kidney tubule function; *metabolic syndrome X; Adult; Anti-HIV Agents therapeutic use; Article; Bone Density Conservation Agents therapeutic use; Clinical article; Clinical trial; Controlled study; Dideoxynucleosides therapeutic use; Drug therapy; Dual-energy X-ray absorptiometry; Emtricitabine therapeutic use; Exploratory research; Female; Glucose homeostasis; HIV Infections drug therapy; Heterocyclic Compounds, 3-Ring; Human; Humans; Insulin Resistance; Insulin sensitivity; Kidney; Lamivudine therapeutic use; Linear regression analysis; Lumbar spine; Major clinical study; Middle Aged; Middle aged; Ovariectomy; Pelvic girdle; Pilot study; Prospective; Randomized controlled trial; Tenofovir therapeutic use; Weight Gain	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Ikeda D.J.; Kaha K.; Agins B.D.; Habeeb J.E.; Tsai A.C.	Roll-out of HIV pre-exposure prophylaxis: A gateway to mental health promotion	BMJ Glob Health	-	-	-	-	20597908	10.1136/bmjgh-2021-007212	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112492745&doi=10.1136%2Fbmjgh-2021-007212&partnerID=40&md5=98ece4f4e7f7d2bc2de6c6a07bdcf6d9	HIV remains a pressing global health problem, with 1.5 million new infections reported globally in 2020. HIV pre-exposure prophylaxis (PrEP) can lower the likelihood of HIV acquisition among populations at elevated risk, yet its global roll-out has been discouragingly slow. Psychosocial factors, such as co-occurring mental illness and substance use, are high likelihood predictors likely to benefit from PrEP, and have been shown to undermine persistence and adherence. In this analysis, we review the high burden of mental health problems among PrEP candidates and contend that inattention to mental health status undermines efforts to implement PrEP on a global scale. We conclude that integration of mental health screening and treatment within PrEP scale-up efforts represents an important strategy for maximising PrEP effectiveness while addressing the high burden of mental illness among at-risk populations. As implementers seek to integrate mental health services within PrEP services, efforts to keep access to PrEP as low-threshold as possible should be maintained. Moreover, programmes should seek to implement mental health interventions that are sensitive to local resource constraints and seek to reduce intersecting stigmas associated with HIV and mental illness. ©	HIV; mental health & psychiatry	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Isieta C.; Gill P.; Barberá M.J.; Dobaro M.G.; Carmine S.; Fagúndez G.; Díaz A.; Polo R.; Colom J.; Morcillo R.; García J.; Moreu J.; Campany D.; Rosés A.; Pujol F.; Medbouk M.; Descalzo V.; Vilos L.; Sáiz A.; Clemente I.; Ortega E.; Rizzal C.; Rubio P.; Alasch M.; Gomez N.; Arnieta A.; Arriliaga A.; Iribarren J.A.; Sanz I.; Arcona A.; Bontempi M.J.; Bachiller M.P.; Reguero L.; Castillo O.	Implementation of pre-exposure prophylaxis programme in Spain. Feasibility of four different delivery models	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0246129	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102390568&doi=10.1371%2Fjournal.pone.0246129&partnerID=40&md5=59ab83f0a8d547c56084455f62264f96	BACKGROUND: Daily oral pre-exposure prophylaxis (PrEP) is highly effective in preventing human immunodeficiency virus (HIV) infection if used adherently throughout periods of HIV risk. We estimated PrEP persistence among cohorts of persons with commercial or Medicaid insurance. METHODS: We analyzed data from the IBM MarketScan Research Database to identify persons aged 18-64 years who initiated PrEP between 2012 and 2017. We assessed PrEP persistence by calculating the time period that each person continued filling PrEP prescriptions without gaps of ≥30 days. We used Kaplan-Meier time-to-event methods to estimate the proportion of PrEP users who persisted with PrEP at 3, 6, and 12 months after initiation, and constructed Cox proportional hazards models to determine patient characteristics associated with PrEP discontinuation. RESULTS: We studied 11 807 commercially insured and 645 Medicaid insured persons with PrEP prescriptions. Commercially insured patients persisted for a median time of 13.7 months (95% confidence interval-CI, 13.3-14.1), compared to 6.8 months (95% CI, 6.1-7.6) among Medicaid patients. Additionally, female sex, younger age, residence in the South, and receipt of care from a gastroenterologist were associated with PrEP discontinuation. By 12 months, 38.2% (95% CI, 37.3%-39.1%), 29.1% (95% CI, 28.2%-30.0%), and 23.3% (95% CI, 20.9%-25.9%) of commercially insured persons aged 18-24, 25-44, and 45-64 years, respectively, persisted with PrEP. Among Medicaid patients, 2.3% (95% CI, 1.7%-3.0%) of persons aged 18-24 and 5.3% (95% CI, 4.4%-6.3%) of persons aged 25-44 persisted with PrEP. CONCLUSIONS: More than half of commercially insured patients initiated PrEP persisted with it for 12 months, compared to a third of those with Medicaid. A better understanding of reasons for nonpersistence is important to support persistent PrEP use and to develop interventions designed for the diverse needs of at-risk populations.	Adult; Humans; Male; Female; Risk Factors; Cohort Studies; *Post-Exposure Prophylaxis; HIV Infections/diagnosis*/prevention & control; *Data Analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Institutional	2021	Instituto Nacional de Salud-INS (Peru)	Profilaxis intermitente pre-exposición a la infección por VIH en población clave	-	-	-	-	-	NA	NA	https://fi-admin.hvsalud.org/document/view/m4gfv	INTRODUCCION: Este documento técnico se realiza a solicitud de la Estrategia Sanitaria de Prevención y Control de ITS, VIH/SIDA y Hepatitis B (ESPC ITS, VIH/SIDA y HB), CUADRO CLÍNICO: La profilaxis pre-exposición de la infección de VIH (PrEP) añade una opción adicional de prevención del VIH al uso de condones y lubricantes, asesoramiento conductual, profilaxis posterior a la exposición, tratamiento de las infecciones de transmisión sexual, circuncisión médica masculina voluntaria y terapia antirretroviral para las parejas que viven con el VIH. La PrEP reduce el VIH hasta en un 90 % en comparación con el placebo cuando se toma correctamente. Usualmente se basa en regímenes diarios utilizando Truvada ® o Descovy ®. TECNOLOGÍA SANITARIA: La PrEP se diaria se conocido también como "intermitente". También se utilizan términos para describir esquemas no diarios como "impulsado por eventos", "a demanda" o "off-label". Este ejemplo de esquema intermitente se pondría como: alternativa debido a la baja adherencia reportada de esquemas de PrEP diario. El lapso de PrEP "no diario" o "intermitente" que se ha descrito más consistentemente es el programa "2-1-1", lino significa tomar 2 pastillas de PrEP 2 a 24 horas antes del sexo, 1 pastilla 24 horas después de la primera dosis y 1 pastilla 24 horas después de la segunda dosis. OBJETIVOS: El objetivo de este documento es evaluar la eficacia y seguridad, así como documentos relacionados a la decisión de cobertura de esquemas de PrEP no diarios o intermitentes en la prevención de infección de VIH en hombres que tienen sexo con otros hombres (HSH), mujeres transgénero y trabajadores sexuales. METODOLOGÍA: Se realizó una búsqueda en las principales bases de datos bibliográficas: MEDLINE, LILACS, COCHRANE, así como en buscadores genéricos de Internet incluyendo Google Scholar y TRIPDATABASE. Adicionalmente, se hizo una búsqueda dentro de la información generada por los principales instituciones internacionales de infectología, y agencias de tecnologías sanitarias que realizan revisiones sistemáticas (RS), evaluación de tecnologías sanitarias (ETS) y guías de práctica clínica (GPC). RESULTADOS: Se seleccionaron seis RS, cuatro EC-As (presentadas en 5 publicaciones) y 2 estudios adhoc observacionales. Se identificaron cuatro GPC que abordan el uso de PrEP intermitente en HSH y mujeres transgénero. Los estudios incluyeron a HSH y mujeres transgénero de diferentes países, con edades de 18 años o más y de alto riesgo de infección, es abundante y se basa en dos grandes ensayos clínicos aleatorizados, así como en otros estudios posteriores. El estudio de cuatro regímenes no diarios se fundamenta a partir del estudio IPERGAY que demuestra que regímenes de PrEP no diarios son efectivos disminuyendo la incidencia de VIH comparado con placebo. Posteriormente, el estudio ADAPT, en múltiples publicaciones, demuestra que existe evidencia que los esquemas no diarios son de igual adherencia que los esquemas de PrEP diario en población de HSH y mujeres transgénero, sin embargo, muestra que en un subgrupo de HSH en New York los regímenes de PrEP diarios tendrían mayor adherencia. Otros ensayos clínicos muestran que la adherencia a regímenes diarios y no diarios sería equivalente. En general todos los guías de práctica clínica recabadas (cinco), aceptan PrEP no diario dentro de sus recomendaciones como una opción de esquema PrEP de VIH, cuya elección se basa en la preferencia del usuario.	NA	Spanish	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	-	-	Other
Article	2021	Irungu E.; Kilonzo N.; Velleza J.	Multi-level Interventions to Promote Oral Pre-exposure Prophylaxis Use Among Adolescent Girls and Young Women: a Review of Recent Research	Current HIV/AIDS Reports	-	-	-	-	15403568	10.1007/s11904-021-00576-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121570308&doi=10.1007%2fs11904-021-00576-9&partnerID=40&md5=a0646a0e9097317a300e9c0957a3d8b23	Purpose of review: This review summarizes interventions to promote HIV pre-exposure prophylaxis (PrEP) use among adolescent girls and young women (AGYW) in HIV endemic settings, while also highlighting gaps in our current measures of PrEP intervention success. Recent findings: AGYW report challenges with PrEP use, although the field is currently grappling with defining metrics of optimal PrEP use applicable for AGYW with dynamic HIV prevention needs. Ongoing studies are exploring multilevel interventions to address barriers to PrEP use for AGYW. At the individual and interpersonal levels, mHealth, drug-level feedback, adherence counseling, peer groups, and PrEP decision-support interventions are acceptable and feasible for AGYW although limited effectiveness data are available. At the health facility and community levels, PrEP service delivery models and social empowerment interventions are being explored to increase PrEP uptake and persistence among AGYW. Summary: As PrEP delivery continues to expand, improved metrics of success and evidence on the effectiveness of multi-level adherence support interventions are needed to maximize the impact of PrEP for AGYW in HIV endemic settings. We present case studies of these intervention approaches but limited data are currently available on the effectiveness of these approaches. We will look toward forthcoming study results on the impact of PrEP interventions, including mHealth, drug-level feedback and other enhanced counseling, peer support, decision-support tools, PrEP demand creation, modified refills, and integrated service delivery, to determine the ideal package of PrEP support approaches for AGYW. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Adolescent girls and young women; HIV prevention; Pre-exposure prophylaxis; Prevention-effective use; Uptake	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2021	Irungu E.M.; Mugwanya K.K.; Mugo N.R.; Bukusi E.A.; Donnell D.; Odoyo J.; Wamoni E.; Peacock S.; Morton J.F.; Ngure K.; Mugambi M.; Mukui I.; O'Malley G.; Baeten J.M.	Integration of pre-exposure prophylaxis services into public HIV care clinics in Kenya: a pragmatic stepped-wedge randomised trial	The Lancet Global Health	-	-	-	-	2214109X	10.1016/S2214-109X(21)00391-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110870768&doi=10.1177%2f13591821211026830&partnerID=40&md5=e17265	Background: Successful and sustainable models for HIV pre-exposure prophylaxis (PrEP) delivery in public health systems in Africa are needed. We aimed to evaluate the implementation of PrEP delivery integrated in public HIV care clinics in Kenya. Methods: As part of Kenya's national PrEP roll-out, we conducted a stepped-wedge cluster-randomised pragmatic trial to catalyse scale-up of PrEP delivery integrated in public HIV care clinics. We selected high-volume clinics in three regions (ie, those with a high number of people living with HIV currently in HIV care and treatment). Clinics (each representing a cluster) were stratified by region and randomly assigned to the order in which clinic staff would receive PrEP training and ongoing technical support using optimal sequences balanced on a bag. There was no masking. PrEP provision was done by clinic staff without additional financial support. Data were abstracted from records of individuals initiating PrEP. The primary outcome was the number of people initiating PrEP per clinic per month comparing intervention to control periods. Other outcomes included PrEP continuation, adherence, and incident HIV infections. This trial is registered with ClinicalTrials.gov, NCT03925181. Findings: After the baseline period, which started in January, 2017, every month two to six HIV care clinics crossed over from control to intervention, until August, 2017, when all clinics were implementing the intervention. Of 4898 individuals initiating PrEP (27 during the control period and 4871 during the intervention period), 2640 (54%) were women, the median age was 31 years (IQR 25–39), and 4092 (84%) reported having a partner living with HIV. The mean monthly number of PrEP initiations per clinic was 0·1 (SD 0·5) before the intervention and 7·5 (2·7) after intervention (adjusted rate ratio 36·42, 95% CI 16·04–82·68; p<0·0001). Of 4898 individuals who initiated PrEP, 3652 (75%) had documented follow-up visits, and 1206 (33%) discontinued PrEP at initiation. Tenofovir diphosphate was detected in 88 (96%) of 71 blood samples collected from a randomly selected subset of participants. Six HIV infections were observed over 2211 person-years of observation (incidence 0·26 cases per 100 person-years), three of which occurred at the first visit after PrEP initiation. Interpretation: We observed high uptake, reasonable continuation with high adherence, frequent PrEP restarts, and low HIV incidence. Integration of PrEP services within public HIV care clinics in Africa is feasible. Funding: National Institute of Mental Health and Bill & Melinda Gates Foundation. © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license	Adult; Tenofovir; Humans; Kenya; Male; Anti-HIV Agents; Adult, HIV Infections, Female	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Irungu E.M.; Odoyo J.; Wamoni E.; Bukusi E.A.; Mugo N.R.; Ngure K.; Morton J.F.; Mugwanya K.K.; Baeten J.M.; O'Malley G.	Process evaluation of PrEP implementation in Kenya: adaptation of practices and contextual modifications in public HIV care clinics	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119121054&doi=10.1002%2fjia2.25799&partnerID=40&md5=957f13e9ba42b4dcc4b533a731c33df	Introduction: In Africa, oral pre-exposure prophylaxis (PrEP) is largely provided via over-burdened public HIV care clinics. Successfully incorporating PrEP services into these clinics may require adaptations to practices outlined in national implementation guidelines and modifications to routine existing service delivery. We aimed to describe adaptations made by public HIV clinics in Kenya to integrate PrEP delivery into existing services. Methods: The Partners Scale-Up Project aimed to catalyse integration of PrEP in 25 public HIV care clinics. Between May and December 2018, we conducted qualitative interviews with health providers and documented clinic observations in technical assistance (TA) reports to understand the process of PrEP service integration. We analysed 36 health provider interview transcripts and 25 TA reports to identify clinic-level adaptations to activities outlined in Kenyan Ministry of Health PrEP guidelines and modifications made to existing service delivery practices to succeed with PrEP integration. We used a framework approach to code and analyse data, and summarized findings according to the RE-AIM framework. Results: Of 25 clinics, 52% were in urban settings. HIV care clinics often had long queues, limited space and inadequate HIV testing services. Most clinics adapted clinic flow to PrEP without extensive testing if education and adherence counselling as stipulated in the guidelines. More clinics initiated clients on PrEP without extensive testing if education and adherence counselling were provided. Where counselling and testing were done separately, PrEP clients were not recommended, a majority of clinics issued PrEP users two to three months of pills at a time. Clinics also implemented practices that had not been specified in the guidelines including incorporating PrEP-related topics into routine health talks, calling clients with missed PrEP appointments, discussing PrEP service delivery in regular staff meetings, 'fast-tracking' PrEP clients and dispensing PrEP in clinic rooms rather than at clinic-based pharmacies. PrEP initiation numbers were highest among clinics that did not require creatinine testing, conducted peer on-the-job PrEP training and those that decreased PrEP delivery in their routine meetings. Above-average continuation was observed among clinics that discussed PrEP in their routine meetings, dispensed PrEP in clinic rooms and offered PrEP at nontraditional hours. Conclusions: Health providers in public HIV care clinics instituted practices and made innovative adaptations to PrEP delivery to reduce barriers for clients and staff. Encouraging clinic level adaptations to national implementation guidelines will facilitate scale-up of PrEP delivery. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adaptation; PrEP continuation; PrEP implementation; PrEP initiation; PrEP integration; public HIV care clinics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Irungu, Elizabeth M.; Baeten, Jared M.	Evaluation of Oral Pre-Exposure Prophylaxis (PrEP) Implementation in Public HIV Care Clinics in Kenya	-	-	-	University of Washington	-	NA	NA	https://www.proquest.com/dissertations-theses/evaluation-oral-pre-exposure-prophylaxis-prep/docview/2562013046/se-2?accountid=9113	Introduction: In Africa, oral pre-exposure prophylaxis (PrEP) is largely provided via over-burdened public HIV care clinics. Successfully incorporating PrEP services into these clinics may require adaptations to practices outlined in national implementation guidelines and modifications to routine existing service delivery. We aimed to describe adaptations made by public HIV clinics in Kenya to integrate PrEP delivery into existing services. Methods: The Partners Scale-Up Project aimed to catalyse integration of PrEP in 25 public HIV care clinics. Between May and December 2018, we conducted qualitative interviews with health providers and documented clinic observations in technical assistance (TA) reports to understand the process of PrEP service integration. We analysed 36 health provider interview transcripts and 25 TA reports to identify clinic-level adaptations to activities outlined in Kenyan Ministry of Health PrEP guidelines and modifications made to existing service delivery practices to succeed with PrEP integration. We used a framework approach to code and analyse data, and summarized findings according to the RE-AIM framework. Results: Of 25 clinics, 52% were in urban settings. HIV care clinics often had long queues, limited space and inadequate HIV testing services. Most clinics adapted clinic flow to PrEP without extensive testing if education and adherence counselling as stipulated in the guidelines. More clinics initiated clients on PrEP without extensive testing if education and adherence counselling were provided. Where counselling and testing were done separately, PrEP clients were not recommended, a majority of clinics issued PrEP users two to three months of pills at a time. Clinics also implemented practices that had not been specified in the guidelines including incorporating PrEP-related topics into routine health talks, calling clients with missed PrEP appointments, discussing PrEP service delivery in regular staff meetings, 'fast-tracking' PrEP clients and dispensing PrEP in clinic rooms rather than at clinic-based pharmacies. PrEP initiation numbers were highest among clinics that did not require creatinine testing, conducted peer on-the-job PrEP training and those that decreased PrEP delivery in their routine meetings. Above-average continuation was observed among clinics that discussed PrEP in their routine meetings, dispensed PrEP in clinic rooms and offered PrEP at nontraditional hours. Conclusions: Health providers in public HIV care clinics instituted practices and made innovative adaptations to PrEP delivery to reduce barriers for clients and staff. Encouraging clinic level adaptations to national implementation guidelines will facilitate scale-up of PrEP delivery. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; Counseling; Laboratories; Kenya; Pre-exposure prophylaxis; Antiretroviral drugs; Infectious; Public health; Health services; Pharmaceutical sciences; Drug therapy; Risk assessment; Medical research; Data analysis; Disease transmission; Training; Pharmacy; Intervention; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Workers; Clinics; Medical care; Confidence intervals; Health facilities; Workforce planning; 0573:Public health; 0566:Health sciences; Infrastructure; Standard deviation; Comorbidities; 0572:Pharmaceutical sciences; Advisors; Public care clinics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Irungu, Elizabeth M.; Ngure, Kenneth; Mugwanya, Kenneth K; Awuor, Maryclline; Dollah, Annabelle; Ongolly, Fernandes; Mugo, Nelly; Hakim, Elizabeth; Wamoni, Elizabeth; Odoyo, Josephine; Morton, Jennifer F; Bershteyn, Gene; Mukui, Irene; Baeten, Jared M; O'Malley, Gabrielle	"Now that PrEP is reducing the risk of transmission of HIV, why then do you still insist that we use condoms?" the condom quandary among PrEP users and health care providers in Kenya	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2020.1744507	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85082633272&doi=10.1080%2f09540121.2020.1744507&partnerID=40&md5=3056a657a6ca64d540d6e8f27b862914	Communication around condom use in the context of PrEP service presents a potential conundrum for patients and providers. Within the Partners Scale-Up Project, which supports integration of PrEP delivery in HIV care clinics, we interviewed 43 providers and 61 PrEP users and identified themes relating to condom messaging and use. Most providers counselled PrEP initiators to always use both PrEP and condoms, except when trying to conceive. However, others reported concerns and rationales for not emphasizing condom use. Providers reported that PrEP users were sometimes confused or frustrated, with their insistence on using condoms in addition to PrEP. PrEP users generally regarded PrEP as a more flexible and desirable HIV prevention method than condoms, enabling increased sexual pleasure and congruence, and reducing the conflict and stigma associated with condom use. Innovative approaches to condom counselling in PrEP programs are needed. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	condoms; health care providers; HIV serodiscordant couples; Kenya; PrEP-scale up; public HIV care clinics	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2021	Isermia, Valentine; Pheng, Bao; Lejeune, Annie Marie; Assafi, Bahar; Rincon, Giovanna; Zelie, Julia; Le Gac, Sylvie; Dupecz, Andrea; Michard, Florence; Veeralampatu, Yaralu; Ghosn, Jade	Pre-exposure HIV prophylaxis (PrEP) among transgender women: 3 years of follow-up in a university hospital in Paris.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2020-054618	https://dx.doi.org/10.1136/sextrans-2020-054618	OBJECTIVES: The principal outcome was to describe clinical characteristics of a transgender male-to-female (TGW) cohort followed for pre-exposure HIV prophylaxis (PrEP). INTRODUCTION: Few efforts and preventive interventions have targeted transgender population, despite them being at great risk of HIV infection. METHODS: This was a retrospective transgender male-to-female (TGW) cohort followed for PrEP at the Hôpital Européen Georges Pompidou in Paris between 2016 and January 2019.The principal outcome was to describe clinical characteristics of this TGW population. Secondary outcomes were PrEP uptake, treatment adherence and tolerance, sanitary system retention, hormonal therapy and STIs.Data about age, ethnicity, language, sex work and sanitary healthcare insurance coverage were also collected. RESULTS: Forty-nine TGW were included, with a median age of 31 years; 63/49 (67.7%) were from South America and 43/49 (87.7%) were sex workers. Forty-four 44/49 TGW (89.7%) had no regular healthcare insurance coverage. Nineteen out of 49 (38.7%) had a history of STI in the last 12 months. Hormone intake was reported in 16/49 (32.68%). PrEP with oral TDF/FTC was prescribed on a daily basis to 47/49 (95.9%) TGW. Thirty-seven TGW were followed-up for a median duration of 12 months (IQR 6–18 months). Adherence to PrEP was excellent: 36/37 (97.3%) TGW were still in follow-up was 9 months. CONCLUSIONS: Our data showed a very vulnerable population, with a high proportion of migrants, sex workers and with a low healthcare insurance coverage. Retention rate was high (71.4%). Further multi-component interventions are needed to improve global sex health approach, PrEP follow-up and sanitary system retention among TGW population.	NA	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Iversen, Jenny; Ul H Qureshi, Salman; Zafar, Maliha; Buse, Mechtild; Maher, Lisa	HIV incidence and associated risk factors in female spouses of men who inject drugs in Pakistan.	Harm Reduction Journal	-	-	-	-	1477-7517	10.1186/s12954-021-00497-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8130466/	INTRODUCTION: Female sexual partners of men who inject drugs (MWID) living with HIV are at risk of HIV transmission. HIV prevalence estimates among non-drug-using female sex partners of MWID are scarce, with no studies documenting HIV incidence. We investigated HIV prevalence and incidence among female spouses of MWID registered at Nai Zindagi Trust (NZT), Pakistan, between 2012 and 2019. METHODS: NZT registration and service provision data for female spouses who participated in HIV testing and counselling calculated HIV prevalence and incidence using the person years (PY) method. Cox proportional hazards models identified factors associated with incident infection. RESULTS: Overall HIV prevalence among female spouses of MWID was 8.5%. Among 1,109 HIV-negative female spouses, 109 incident infections were observed, yielding an incidence rate of 3.5/100PY (95% CI 1.2-1.8). Independent predictors of incident infection were registration in Punjab province (AHR 1.73 (95% CI 1.2–2.48, p = 0.003) and 5 years of relationship duration (AHR 1.73 (95% CI 1.2–2.48, p = 0.003). Receiving HIV testing services was protective against infection (AHR 0.51, 95% CI 0.25-0.99, p = 0.047). Lack of condom use at last sex with husband was associated with HIV (AHR 2.03, 95% CI 1.4–2.94, p < 0.001), as was sexual violence by husband (AHR 1.67, 95% CI 1.1–2.53, p = 0.016) and husband's drug injection (≥ 5 children AHR 0.44 95% CI 0.22-0.88, p = 0.022). CONCLUSIONS: Additional efforts are needed to protect HIV transmission-vulnerable female spouses of MWID, including targeted provision of HIV education and access to HIV screening. Interventions that target MWID are also required, including evidence-based drug treatment and access to ART, including support to maximize adherence. Finally, consideration should be given to making HIV pre-exposure prophylaxis available to female spouses at high risk of HIV transmission, particularly young women and those whose husbands are not receiving, or have difficulty adhering to, ART.	Drug use, HIV prevention, Key and vulnerable populations, Women, Pakistan	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Jacht, M.; Bitter T.; Chromy D.; Schulz H.; Pichler K.; Bauer D.; Simbruner B.; Hartl L.; Schmidbauer C.; Mayer F.; Strassl R.; Maukonen M.; Aschwanden M.; Rulkruger T.	Outcomes of an HCV elimination program targeting the Viennese MSM population	Wiener Klinische Wochenschrift	-	-	-	-	435325	10.1007/s00508-021-01898-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110417494&doi=10.1371%2fjournal.pone.0246717&partnerID=40&md5=c92a3252cb2c1d89bd0528a6e38b4f31	Background and aims: Recent reports suggest an increasing incidence of hepatitis C virus (HCV) infections among MSM (men-who-have-sex-with-men). Early treatment with direct-acting antivirals (DAAs) achieves high cure rates and prevents further HCV transmission. We offered barrier-free HCV screening in the Viennese MSM population and immediate access to DAA treatment. Methods: In collaboration with gay health specialists, we screened for HCV-seropositivity in Viennese MSM between 2015 and 2020. Barrier-free HCV-RNA-PCR tests, transient elastography (TE) and immediate access to DAA treatment were offered. Results: A total of 310 HCV-seropositive patients were identified. Of these, 145 could be contacted and 109 attended their appointment at our clinic. HIV-coinfection was highly prevalent (n = 73, 67.0%). Most patients (n = 96, 88.1%) were treated with DAAs. Sustained virologic response (SVR) was achieved in 100% of patients with available follow-up. As reported by 32.1% and 13.8% of patients, respectively, Most MSM had already achieved sustained virological response (SVR) in previous antiviral treatment (n = 72, 66.1%) or experienced spontaneous clearance (n = 10, 9.2%). Advanced fibrosis was only detected in 3/109 (2.8%) patients. 30 MSM tested positive for HCV-RNA and DAA treatment was initiated in 29 patients – all achieved SVR. Conclusion: A targeted HCV test-and-treat program revealed a high prevalence of HCV seropositivity among Viennese MSM, potentially associated with high-risk sexual behavior and drug use. Early DAA treatment seems warranted in viremic HCV-MSM as SVR was 100%, which in turn prevents further HCV transmission. © 2021, The Author(s).	NA	English	Austria	Western and Central Europe and North America	Austria	Western and Central Europe and North America	Austria	Western and Central Europe and North America	Clinical
Article	2021	Jackson, Kristopher J. Judge, Shana M.	Age- and Race-Related Differences in Advertised Health Behaviors Among Male Sex Workers in San Francisco Who Have Sex With Men.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	1552-6917	10.1097/JNC.0000000000000199	https://dx.doi.org/10.1097/JNC.0000000000000199	ABSTRACT: Given the stigma surrounding sex work and the illegal nature of many aspects of commercial sex activity, empirical research is lacking regarding the health-related behaviors of sex workers, particularly male sex workers who have sex with men (MSM sex workers). To better understand the MSM sex worker community and their potential health needs, we assessed health-related behaviors as advertised online by MSM sex workers in the San Francisco area. Using descriptive and bivariate statistical tests, we examined whether age- and race-related differences existed among these sex workers in the following publicly advertised behaviors: use of pre-exposure prophylaxis and a willingness to engage in illicit drug use or condomless anal intercourse. Although we found no significant differences by race in terms of advertised pre-exposure prophylaxis use or willingness to engage in condomless sex, our results show statistically significant differences by race with respect to willingness to use illicit drugs. This difference could be driven by the younger average age of the non-White sex workers in our sample. These findings help inform our understanding of MSM sex work and its associated risks.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Jackson-Gibson M.; Ezema A.U.; Orvos W.; Ware L; Okunrobu R.O.; Mbulla P.O.; Hirschhorn L.R.	Facilitators and barriers to HIV pre-exposure prophylaxis (PrEP) uptake through a community-based intervention strategy among adolescent girls and young women in Soshanguve, South Africa	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-021-11335-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109936946&doi=10.1186%2f12889-021-11335-1&partnerID=40&md5=5ac63db138a0e11787b0fdbbe2ee4f	Background: While the introduction of HIV Pre-Exposure Prophylaxis (PrEP) as an HIV prevention strategy has allowed women to exercise more control over the reduction of HIV transmission rates, adolescent girls and young women in Sub-Saharan Africa continue to experience higher rates of HIV infections and bear the greatest disease burden. Understanding progress in PrEP uptake among adolescent girls and young women would enhance risk reduction in this vulnerable population. The Determined, Resilient, AIDS-Free, Mentored and Safe women (DREAMS) Initiative plays a key role in this risk reduction strategy. Methods: We performed a qualitative study to explore the facilitators and assess factors affecting initiation and persistence on PrEP among adolescent girls and young women enrolled in the DREAMS Initiative at Pamoja Community Based Organization in Kisumu, Kenya. We conducted key informant interviews (n = 15) with Pamoja Community Based Organization staff, health care providers and civic leaders. Additionally, we conducted focus group discussions with young women receiving PrEP and non-users (n = 40). We performed theory directed content analysis using the Consolidated Framework for Implementation Research to organize the identified facilitators and barriers. Results: We found that the use of the safe space model, decentralization of PrEP services, integration of sexual reproductive health services, and the availability of adolescent friendly services facilitated PrEP uptake. Barriers to PrEP implementation, initiation and persistence included stigma associated with the use of anti-retroviral drugs, drug side effects, frequent relocation of beneficiaries, limited resources for routine screening and medication monitoring, and a limited number of qualified health care workers for PrEP distribution and administration. Conclusion: Overall, the community roll-out of PrEP within the DREAMS Initiative was successful due to a number of key facilitating factors, which ultimately led to successful PrEP implementation, increased PrEP initiation and enhanced persistence among adolescent girls and young women. The identified barriers should be addressed so that a larger scale-up of PrEP roll-out is possible in the future. © 2021, The Author(s).	Adolescent girls and young women; Consolidated framework for implementation research; DREAMS initiative; HIV pre-exposure prophylaxis; Kenya	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Jardim, Lucilia de Fátima Santana	Tecnologia educacional sobre profilaxia pré-exposição para travestis e mulheres trans: produção baseada em evidências	-	-	-	Universidade Federal do Amazonas	-	NA	NA	https://tede.ufam.edu.br/handle/tede/8486	Objetivo: Produzir uma tecnologia educacional sobre profilaxia pré-exposição - PrEP, para travestis e mulheres trans. Métodos: Estudo metodológico realizado em três etapas: revisão narrativa da literatura, análise de conteúdo temática e validação de conteúdo por especialistas. Resultados: Na revisão narrativa da literatura, foram encontrados 1.109 artigos, após aplicação dos critérios de inclusão, restaram 10 artigos, os temas geradores com base em informações técnicas do Protocolo Clínico e Diretrizes Terapêuticas para Profilaxia Pré-exposição de Risco à Infecção pelo HIV e outras do Ministério da Saúde. Na terceira etapa, foi produzida a tecnologia a partir da síntese dos resultados da revisão e dos temas geradores identificados. Resultados: Na etapa de revisão, obteve-se 64 produções; após o processo de análise, obteve-se uma amostra de 7 produções, publicadas entre 2015 e 2019, verificou-se que os estudos científicos encontrados que contemplavam tecnologias educacionais voltadas ao uso da PrEP foram restritos a poucos estudos, no entanto evidenciaram a importância do uso de tecnologias educacionais como meio social, aplicativo móvel para smartphone, plataformas on line de aconselhamento e realização de testes para o HIV, informação entre pares, intervenções grupais com pessoas trans que possibilitaram às mulheres trans e travestis sentirem-se acolhidas e que também permitiram maior conhecimento e interesse pelo uso da PrEP. Na etapa de identificação, emergiram 10 temas geradores: PrEP, Prevenção Combinada, Gerenciamento de Risco, Parceiros Sorodiscordantes, Práticas Sexuais, Parceiros Sexuais, Experiência Sexual, Violência e Estigma. Na etapa de síntese, foi produzida a tecnologia educacional sobre profilaxia pré-exposição para travestis e mulheres trans, intitulada "Prevenção Combinada: Profilaxia pré-exposição ao HIV para mulheres trans e travestis", que poderá ser veiculada na forma impressa ou digital, com 29 páginas, organizada a partir de 11 tópicos, com textos e ilustrações relacionadas à PrEP. Considerações Finais: A tecnologia educacional produzida poderá mediar processos de trabalhos educativos de profissionais de saúde com vistas à prevenção do HIV na população de mulheres trans e travestis, contribuir para o trabalho pelos pares, de prevenção e promoção à saúde sexual, promovida pelas próprias trans e travestis de associações e organizações da sociedade civil, do estado do Amazonas, sobre a importância do advento e uso da PrEP, focando uso de um gás com algumas especificidades elaboradas e direcionadas a essa população, como a linguagem de "pajubá", numa tentativa de melhor apropriação das informações básicas e terapêuticas quanto ao seu dessa importante ferramenta biomédica de prevenção.	PrEP; Educação em Saúde; Pessoas Transgêneras; Tecnologia Educacional; Profilaxia Pré-exposição	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Review
Article	2021	Jary A.; Gebhland A.; Puleh R.; Leducq V.; Monsel G.; Imbert S.; Schneckler L.; Simon A.; Spano J.-P.; Kerlanou C.; Larzabi I.A.; Alvarez J.-C.; Calmy V.; Marcellin A.-G.	Poppers, by Inducing HIV-1 Virion Production, Can Act as a Promoter for HIV-1 Transmission in Men Who Have Sex with Men	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofab166	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110758854&doi=10.1093%2fofid%2fofab166&partnerID=40&md5=4dd6ad233a6132fa5d1034184f37d9	Environmental factors were reported to increase the risk of human herpesvirus 8 (HHV-8) transmission. In a population of men who have sex with men (MSM), we found evidence that chemsex was associated with human herpesvirus 8 seropositivity in vivo and that poppers induced HHV-8 virion production in vitro. Our finding may explain the higher HHV-8 transmission in MSM. © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	chemsex; HHV-8; HHV-8 production; HIV PrEP; MSM; poppers	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical

Article	2021	Jeanjean Bruno-Matieo; Kehkeshbech, Jennifer; Murphy, Anielle; Carvello, Lorena; Hadas, Eran; Tezli, Lydia; Scott, Travis M; Rivera-Mindt, Monica; Cunningham, Chinazo O; Arentzen, Julia H; Vinkey, David J; Berman, Joan W	Treatment with buprenorphine prior to EcoHIV infection of mice prevents the development of neurocognitive impairment.	Journal of Leukocyte Biology	-	-	-	-	1938-3673	10.1002/JLB.5AB0426-531R	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8752761/	Approximately 15-40% of people living with HIV develop HIV-associated neurocognitive disorders, HAND, despite successful antiretroviral therapy. There are no therapies to treat these disorders. HIV enters the CNS early after infection, in part by transmigration of infected monocytes. Currently, there is a major opioid epidemic in the United States. Opioid use disorder in the context of HIV infection is important because studies show that opioids exacerbate HIV-mediated neuroinflammation that may contribute to more severe cognitive deficits. Buprenorphine is an opioid derivate commonly prescribed for opiate opioid treatment. We used the EcoHIV mouse model to study the effects of buprenorphine on cognitive impairment and to correlate these with monocyte migration into the CNS. We show that buprenorphine treatment prior to mouse EcoHIV infection prevents the development of cognitive impairment, in part, by decreased accumulation of monocytes in the brain. We propose that buprenorphine has a novel therapeutic benefit of limiting the development of neurocognitive impairment in HIV-infected opioid abusers as well as in nonabusers, in addition to decreasing the use of harmful opioids. Buprenorphine may also be used in combination with HIV prevention strategies such as pre-exposure prophylaxis because of its safety profile.	NeuroAids; opioids; water maze; monocytes	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Jeyachandran, Priya; Garcia-Cremades, Maria; Vucicevic, Katerina; Bumpus, Namandjé N; Anton, Peter; Hendrix, Craig; Savic, Radojka	A Mechanistic In Vivo/Ex Vivo Pharmacokinetic-Pharmacodynamic Model of Tenofovir for HIV Prevention.	CPT: Pharmacometrics & Systems Pharmacology	-	-	-	-	2163-8306	10.1002/psp4.12583	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7905818/	Defining tissue and plasma-specific prophylactic drug concentrations is central to pre-exposure prophylaxis product development for sexual transmission of HIV-1. Pharmacokinetic (PK) data from study RMP-02/RV217 were used to develop a mechanistic model describing tenofovir (TFV) and tenofovir-diphosphate (TFV-DP) PK in plasma and rectal tissue. The data were collected in five matrices: TFV (plasma, rectal tissue homogenate), TFV-dp (peripheral blood mononuclear cells, rectal mononuclear cells (MMCs), rectal tissue homogenate). A vital growth compartment and a delayed effect compartment for gi24 antigen expression were measured from an ex vivo explant assay described HIV-1 infection and replication. Using a linear PK/pharmacodynamic model, MMC TFV/dp levels over 9,000 fmol/million cells in the explant assay provided apparent vital replication suppression down to 1%. Parameters were estimated using NONMEM version 7.4.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Jenness S.M.; Knowlton G.; Smith D.K.; Marcus J.L.; Anderson E.J.; Siegler A.J.; Jones J.; Sullivan P.S.; Enns E.	A decision analytics model to optimize investment in interventions targeting the HIV preexposure prophylaxis cascade of care	AIDS	-	-	-	-	2690370	10.1097/QAD.0000000000002909	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111782216&doi=10.1097%2FQAD.0000000000002909&partnerID=40&md5=35a1d6c77569a52d4da0b0f1125265d2	Objectives:Gaps between recommended and actual levels of HIV preexposure prophylaxis (PrEP) use remain among MSM. Interventions can address these gaps but it is unknown how public health initiatives should invest prevention funds into these interventions to maximize their population impact.Design/We used a stochastic network-based HIV transmission model for MSM in the Atlanta area paired with an economic budget optimization model.MethodsThe model simulated MSM participating in up to three real-world PrEP cascade interventions designed to improve initiation, adherence, or persistence. The primary outcome was infections averted over 10 years. The budget optimization model identified the investment mixes that would produce different budgets that maximized infections averted, given current costs. A payer perspective Results:From the base 3.9% PrEP coverage level, the three interventions could increase coverage to 27%, trending to 12.3% of infections averted over 10 years. Uptake of each intervention had the greatest impact on infections averted, followed by persistence and adherence. Budgets of $1 million, $2 million, and $3 million maximized infections averted when investments involved a mixture of the initiation and persistence interventions but not the adherence intervention. If adherence intervention costs were halved, the optimal investment was roughly equal across interventions.Conclusion:Investments into the PrEP cascade through initiatives should account for the interactions of the interventions as they are collectively deployed. Given current intervention efficacy estimates, the total population impact of each intervention may be improved with greater total budgets or reduced intervention costs. © 2021 Lippincott Williams and Wilkins. All rights reserved.	budget optimization; economic model; ending the HIV epidemic; HIV; mathematical model; MSM; preexposure prophylaxis; sexual networks	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Jewsbury, Sally; Garner, Anna; Redmond, Michael; Saxon, Care; Tee, Siew Yee; Ward, Chris James; McQuillen, Orla	Preparing for PrEP: the cost of delaying universal access in England.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2019-054410	https://dx.doi.org/10.1136/sextrans-2019-054410	OBJECTIVES: Pre-exposure prophylaxis (PrEP) is not commissioned within National Health Service (NHS) England. Individuals can access it privately online or by enrolment into a clinical trial. We established a list of individuals not enrolled in trials, awaiting PrEP. In response to the observation that patients awaiting PrEP trials were being referred with newly diagnosed HIV, we aimed to measure attendance, incident HIV, STI acquisition and missed opportunities for prevention. METHODS: The search was conducted for patients on the list from November 2017 to November 2019. We examined the electronic clinical records of those on the list and extracted demographic information, STI and HIV diagnoses. In addition, for those diagnosed with HIV, we reviewed risk factors including clearance and prior attendance at sexual health clinics. RESULTS: Of 1015 individuals on the list, 915 (90.1%) were successfully contacted and 100 (9.9%) were unreachable. Among those contacted, 137 (14.97%) had been contacted and deemed ineligible according to PrEP trial criteria, 45 (32.13%) had not responded to contact. We identified 17 new HIV infections in patients awaiting PrEP. Of these, 9/15 (60.00%) did not meet eligibility criteria at point of contact, though had been eligible at first referral. CONCLUSION: It is unacceptable that 15 patients acquired HIV while waiting. The individual lifetime cost of treating HIV is estimated at £360 000(1). This equals £3 432 000 for these 15 infections notwithstanding the psychological and physical burden. We advocate the immediate roll-out of universal PrEP for those who need it on the NHS. While this decision is delayed, harm is coming to those waiting. Wider provision of PrEP may encourage increased attendance, but must consider additional resources to accommodate added visits. We are relieved that at the point of final submission (21 March 2020) NHS England have recently announced funding of PrEP for eligible patients from, further details are pending.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2021	Jhunjhunwala K.; Dolward C.W.; Sharma S.; Makarova N.; Hoklder A.; Dinh C.; Mitchell J.; Wang L.; Zhang J.; Patel S.K.; Hirsekorn W.; Kuhan L.C.	Development, characterization and in vivo pharmacokinetic assessment of rectal suppositories containing combination antiretroviral drugs for bi-prevention	Pharmaceutics	-	-	-	-	19994923	10.3390/pharmaceutics13081110	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111432315&doi=10.3390%2Fpharmaceutics13081110&partnerID=40&md5=e026e8575fd525cdbe4056c41fe2bdb2a	Receptive anal intercourse (RAI) contributes significantly to HIV-acquisition underscoring the need to develop HIV prevention options for populations engaging in RAI practices. We explored the feasibility of formulating rectal suppositories with potent antiviral drugs for on-demand use. A fixed-dose combination of tenofovir (TFV) and elvitegravir (EVG) (40 mg each) was co-formulated in six different suppository bases (three fat-and three water-soluble). Fat-soluble witepsol H15 and water-soluble polyethylene glycol (PEG) based suppositories demonstrated favorable in vitro release and were advanced to assess in vivo pharmacokinetics (PK) and rectal safety following single dose administration in macaques. In vitro drug release profiles were similar for both suppository bases. Median concentrations of TFV and EVG detected in rectal fluids at 2 h were 2-and 2-logs higher than the in vitro IC50, respectively. TFV-diphosphate levels in rectal tissues met or exceeded those associated with high efficacy against rectal simian HIV (SHIV) exposure in macaques. Leveraging on these findings, a PEG-based suppository with a lower dose combination of tenofovir alafenamide (TAF) and EVG (8 mg each) was co-formulated in an effort to achieve similar rectal drug exposures in macaques. This study establishes the utility of rectal suppositories as a promising on-demand strategy for HIV PrEP and supports their clinical development. © 2021 by the authors. Licensee MDPI, Basel, Switzerland.	Elvitegravir (EVG); HIV prevention; Non-human primate (NHP); Pharmacokinetics (PK); Pre-exposure prophylaxis (PrEP); Prodrug; Rectal macrobicide (RM); Rectal suppository; Tenofovir alafenamide fumarate (TAF); Tenofovir diphosphate (TFV-DP)	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	Jijon Albán, Sofía	Prevention of infectious diseases in the context of effective treatment : a game-theoretic approach : La prévention des maladies infectieuses dans le contexte de traitements efficaces : une approche par la théorie des jeux	-	-	-	Sorbonne Université	-	NA	NA	http://www.theses.fr/2021SORUS104	The thesis concerns the mathematical modelling of infectious diseases, addressing the individuals' dilemma of prevention versus treatment. In particular, we address the decision-making on whether to adopt prevention, to avoid infection during an ongoing epidemic, in a context where efficient treatment is available. We aim to determine whether and under what conditions prevention measures for the population could avert an epidemic. We build a mathematical model combining a deterministic model, to describe disease transmission at the population level, and a game-theoretic model, to describe decision-making the individual level. We assume that individuals who balance between the dilemma of prevention versus treatment by choosing the strategy that benefits them the most, in the long term. First, we study voluntary vaccination against childhood infectious diseases, and apply our findings to measles. Second, we study the voluntary adoption of pre-exposure prophylaxis to avoid HIV infection by individuals at high risk of infection. We consider cases where the decision-making is influenced by the behaviour of others, and cases where it is not. Finally, we study the adoption of an individual to adopt prevention voluntarily, as a function of prevention cost and effectiveness. Our results suggest that epidemic elimination is possible, provided that individuals perceive the relative cost of	Épidémiologie comportementale; Prévention volontaire; Élimination épidémique; Théorie des jeux; Modèle compartimental; Santé publique; Behavioral epidemiology; Voluntary prevention; Epidemic elimination; Game theory; Compartmental model; Public health; 614.44	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	-	-	Quantitative
Article	2021	Jijón S.; Molina J.-M.; Costagliola D.; Supervie V.; Bruhan R.	Can HIV epidemics among MSM be eliminated through participation in preexposure prophylaxis rollouts?	AIDS	-	-	-	-	2690370	10.1097/QAD.0000000000003012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121480898&doi=10.1097%2FQAD.0000000000003012&partnerID=40&md5=4c34dce051c1b41a2f6d8f0328078bb2	Objective:To study the conditions under which preexposure prophylaxis (PrEP) coverage can eliminate HIV among MSM in the Paris region.Design:Mathematical modeling.Methods:We propose an innovative approach, combining a transmission model with a game-theoretic model, for decision-making about PrEP use. Individuals at high risk of HIV infection decide to use PrEP, depending on their perceived risk of infection and the relative cost of using PrEP versus antiretroviral treatment (ART), which includes monetary and/or nonmonetary aspects, such as pain and aversion. The transmission model of ART-naive, HIV-infected and lifelong ART-Results:If individuals assessed correctly their infection risk, and the cost of using PrEP were sufficiently low, then the PrEP rollout could lead to elimination. Specifically, assuming that PrEP was 86% effective, HIV incidence was reduced by 90% within 10 years, and elimination was achieved, if the probability of using PrEP was at least 9 times greater for 10% of the most at-risk MSM and 3 times greater for the remaining 90% than for the rest of the MSM population. Elimination was also achieved if 30% of MSM used PrEP and 30% of samples condom drop by MSM using PrEP slightly increases the minimum PrEP coverage required for elimination, by +1%, whereas underestimation of their own HIV infection risk would require PrEP programs reduce the cost of using PrEP by a factor ~2 to achieve elimination.Conclusion:Elimination conditions are not yet met in the Paris region, where at most 47% of high-risk MSM were using PrEP as of mid-2019. Further lowering the cost of PrEP and promoting a better perception of HIV risk are required and should be monitored in the long-run, to maintain elimination status. © 2021 Lippincott Williams and Wilkins. All rights reserved.	behavioral epidemiology; game theory; HIV; MSM; preexposure prophylaxis; prevention coverage	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Jin F.; Amin J.; Guy R.; Vaccher S.; Selvey C.; Zablotska I.; Holden J.; Price K.; Young B.; Ogilvie E.; Quichua G.C.; Clackett S.; McNulty A.; Smith D.; Templeton D.J.; Bavinton B.; Grulich A.E.	Adherence to daily HIV pre-exposure prophylaxis in a large-scale implementation study in New South Wales, Australia	AIDS	-	-	-	-	2690370	10.1097/QAD.0000000000002970	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114499124&doi=10.1097%2FQAD.0000000000002970&partnerID=40&md5=e6c39bc389f321d4be7c70af92e0f5a78	Objective:To examine patterns of long-term adherence to pre-exposure prophylaxis (PrEP) adherence and its association with HIV seroconversion in NSW, Australia.Design/Population-based HIV PrEP implementation study.Methods:Data from enrolled PrEP implementation participants in New South Wales was an open-label study of daily oral PrEP which recruited participants from March 2016 to April 2018. Adherence was measured using dispensing records. PrEP discontinuation was defined as an at least 120-day period without PrEP dispensing records. Long-term adherence patterns were identified using group-based trajectory modelling.Results:Participants dispensed at least once (n = 9586) were almost all male (98.5%), identified as gay (91.3%), with a median age of 34 years (range: 18-80). Of the 6840 (67.4%) participants who had at least 9 months of follow-up since their first dispensing, 1982 (38.1%) discontinued PrEP. Four distinct groups of PrEP adherence were identified: 'Steep decline' (13.9%), 'Steady decline' (11.6%), 'Good adherence' (37.4%), and 'Excellent adherence' (37.2%). Older (P < 0.001) and gay-identified (P < 0.001) participants were more likely to have higher adherence, as were those living in postcodes with a higher proportion of gay-identified male residents (P = 0.001). Conversely, those who at baseline reported recent crystal methamphetamine use and had a recent diagnosis of sexually transmitted infection (STI) had lower adherence (P < 0.001). Overall HIV incidence was 0.84 per 1000 person-years (95% confidence interval: 0.49-1.81; n=9) and was highest in the 'steep decline' group (2.74 per 1000 person-years). Those who had HIV seroconversion events were younger, more likely to have a recent STI and reported lower levels of adherence. They were more likely to be younger and report a recent STI or methamphetamine use prior to PrEP initiation. © 2021 Lippincott Williams and Wilkins. All rights reserved.	adherence; Australia; gay and bisexual men; HIV pre-exposure prophylaxis; implementation study	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Jinda, Lydia; Gu, Siye; Plyumkar, Widhastuti; Anti Setiawati; Cornelia, Arthe; Putri, Tarisanda Adrani; Rukhmat, Fani Fadillah; Warwandani, Rizky Annise; Prabhu, Shirley Mark; Sulaiman, Nurjamdi; Pronyk, Paul M	Alarmingly High HIV Prevalence Among Adolescent and Young Men Who have Sex with Men (MSM) in Urban Indonesia.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03347-0	https://pubmed.ncbi.nlm.nih.gov/34143341/	Indonesia's HIV epidemic is concentrated among key populations. While prevalence among men who have sex with MSM is high, transmission among young MSM (15-24 years-old) remains poorly understood. We conducted a respondent-driven sampling survey of 211 young MSM in urban Bandung, Indonesia in 2018-2019 to estimate HIV prevalence and associated risk factors. Thirty percent of young MSM were HIV-infected, 4-times greater than in nearly 100-fold greater than Indonesia's population prevalence and overall higher than average estimates for young MSM across Asia and the Pacific Region. Individual risk factors associated with HIV infection were being 20-24 years old, having a steady partner and preferring the receptive position during sex. Issues of stigma, discrimination and social exclusion were common. For young MSM who were open with family members about their sexual identity. Among those that were, close to half reported experiencing feelings of aversion from those groups. Wider structural factors that reduce social tolerance, restrict the rights of young MSM and compel concealment of sexual identity are likely to fuel high-risk behaviors and limit access to essential testing care and support services including pre-exposure prophylaxis which is not yet widely available. Urgent health, social, legal and political actions are required to respond to these factors and reduce the disproportionate contribution of young MSM to Indonesia's HIV epidemic.	Epidemiology; HIV; Indonesia; Key populations; Men who have sex with men (MSM).	English	Thailand	Asia and the Pacific	Indonesia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Jones J.T.; Smith D.K.; Wiener J.; August E.M.; Finlayson T.; Wejnert C.	Assessment of PrEP Awareness, PrEP Discussion with a Provider, and PrEP Use by Transmission Risk Group with an Emphasis on the Southern United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03164-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100195758&doi=10.1007%2Fs10461-021-03164-5&partnerID=40&md5=40a23b4e05554a8c6ca7dd7266af7e	The number of new HIV diagnoses is highest in the South. Many persons who might benefit from pre-exposure prophylaxis (PrEP) are not engaged in the HIV PrEP continuum of care. We analyzed National HIV Behavioral Surveillance data to assess engagement in the PrEP continuum of care among persons with increased HIV risk. We compared PrEP awareness, discussion with a clinical provider, and use among persons living in the South with those living elsewhere in the US. Among persons who reported condomless anal sex with a male partner, PrEP awareness was 10% lower (p < 0.001) and PrEP use was 6% lower (p < 0.001) among persons who inject drugs. PrEP use was low among each population (≤ 35% for all cycles). There was limited evidence of differences in PrEP use between persons in southern and non-southern U.S. Efforts are needed to increase use of PrEP among each of the groups with increased HIV risk. © 2021, This is a U.S. government work and not under copyright protection in the U.S.; foreign copyright protection may apply.	Heterosexual persons; Men who have sex with men; Persons who inject drugs; PrEP awareness; PrEP use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Jones, Jamal T; deCastro, B Roy; August, Ilana M; Smith, Dawn K	Pre-exposure Prophylaxis (PrEP) Awareness and Prescribing Behaviors Among Primary Care Providers: Dos/Dyke Survey, 2016-2020, United States.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03089-5	https://dx.doi.org/10.1007/s10461-020-03089-5	Few studies have assessed providers' intent of prescribing PrEP in the future. We analyzed cross-sectional web-based surveys to estimate trends from 2016 to 2020 in PrEP awareness and prescribing behaviors in the United States primary care providers. Multivariable logistic regression was used to estimate prevalence of PrEP awareness, prescribing, and likelihood of prescribing PrEP in the next 12 months. The adjusted prevalence for PrEP awareness was significantly higher in 2019 (93.7%, 95% CI 91.9%, 95.2%) compared to 2016 (88.1%, 95% CI 85.5%, 90.2%). The adjusted prevalence for prescribing PrEP was significantly higher in 2019 (16.4%, 95% CI 13.6%, 19.6%) and 2020 (15.6%, 95% CI 13.0%, 18.7%) compared to 2016 (12.2%, 95% CI 10.0%, 14.7%). Practicing in the West and regularly screening for HIV were associated with higher PrEP awareness and provision. Studies should examine factors associated with PrEP provision for groups with increased risk for HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2021	Jones, Michael; Pybluk, Scott	The #Tweeterhere Experience: A Phenomenological Exploration of Young Gay Men on Pre-exposure Prophylaxis (PrEP)	-	-	-	Adler University	-	NA	NA	https://www.proquest.com/dissertations-theses/tweeterhere-experience-phenomenological/docview/2585002750/se-2?accountid=8113	This qualitative study explored the lived experiences of ten young gay men on Pre-Exposure Prophylaxis (PrEP) for HIV prevention. This study focused on ten semi-structured interviews of gay men aged 27–39 who had been taking PrEP for HIV prevention for a minimum of six months. Questions were asked about their general experiences on PrEP as well how they felt the effected various domains of their lives, including their sexual, interpersonal, psychological and overall experiences of being on PrEP. Questions were also asked about their experiences of mental health, stigma, perception of HIV and sexual health, and how PrEP has impacted these experiences. Participants were also asked about their experiences of PrEP in relation to their sexual orientation and gender identity. The experiences of stigma and knowledge of HIV and PrEP, prevention. Each key theme was broken down into sub-themes to further explore each participant's lived experiences on PrEP. The underlying theme of "essence" of the experiences was a shift in autonomy, from loss to more. Results from this study are of particular importance for clinicians as we continue to learn more about the changing impact of HIV and evolving HIV prevention methods have on the individual and collective experiences of the gay male community.	HIV prevention; PrEP; Virology; Epidemiology; LGBTQ studies; Gay men; Gender/Wards; Y; 0128534/edgy; 0766/Epidemiology; 0623/Social psychology; Clinical psychology; 0402/LGBTQ studies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2021	Jongen V.W.; Hoornenborg E., van den Elshout M.A.M.; Boyd A.; Zimmermann H.M.L.; Coyer L.; Davidovich U.; Anderson P.L.; de Vries H.J.C.; Prins M.; Schim van der Loeff M.F.	Adherence to event-driven HIV PrEP among men who have sex with men in Amsterdam, the Netherlands: analysis based on online diary data, 3-monthly questionnaires and intracellular TFV-DP.	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25708	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107349406&doi=10.1002%2Fjia2.25708&partnerID=40&md5=985dc0b1fdd6e4b9bc7a9f43dfc760a	Introduction: Event-driven pre-exposure prophylaxis (edPrEP) with oral tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) is highly effective for preventing HIV acquisition in men who have sex with men (MSM) and is preferred over daily PrEP by some MSM. However, it is largely unknown how well MSM adhere to edPrEP. We then aimed to assess PrEP protection during CAS among MSM using edPrEP and participating in the Amsterdam PrEP demonstration project (AMPrEP). Methods: We analysed data from participants enrolled in AMPrEP who were taking edPrEP. We measured adherence through (1) a mobile application in which sexual behaviour and PrEP use were recorded daily, (2) three-monthly self-completed questionnaires and (3) dried blood spot (DBS) samples collected around sti, urethr and rectalv three months after PrEP initiation. We assessed the proportion of days with PrEP use (CAD) acts that were protected by PrEP, per participant (i.e. steady partners, casual partners, unknown casual partners), and the proportion of three-month periods during which PrEP was correctly used. Intracellular TFV-diphosphate (TFV-DP) concentrations were determined from DBS. Results: Between 1 December 2015 and 1 December 2017, 200 MSM were enrolled in AMPrEP. Of 200 participants, 180 (90%) were taking edPrEP. Of 180 edPrEP users, 164 (91%) had at least one three-month period. Of the 8254 CAS days that were reported in the app during edPrEP use, we observed good protection for most CAS days involving steady partners (n = 2625/2655, 98.9%), known casual partners (n = 3210/3472, 92.4%) and unknown casual partners (n = 2074/2297, 90.3%). Men reported consistently correct PrEP use in 851 (81.4%) of the 1046 three-month periods of edPrEP-use. The median TFV-DP concentration was 591 fmol/sample (interquartile range = 276 to 896). Conclusions: Adherence to edPrEP was high as determined from the online app and questionnaires. DBS measurements were consistent with two to three tablets per week on average. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; HIV prevention and control; medication adherence; men who have sex with men; On-demand PrEP; Pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2021	Jongen V.W.; Reynders T.; Ypma Z.M.H.; Schim van der Loeff M.F.; Davidovich U.; Zimmermann H.M.L.; Coyer L.; van den Elshout M.A.M.; de Vries H.J.C.; Wouters K.; Smeekens T.; Vuylsteke B.; Prins M.; Lage M.; Hoornenborg E.	Choosing event-driven and daily HIV pre-exposure prophylaxis - data from two European PrEP demonstration projects among men who have sex with men	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25768	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141190224&doi=10.1002%2Fjia2.25768&partnerID=40&md5=ea9b25f0b8178d8f7199d207ba815589	Introduction: Daily and event-driven PrEP are both efficacious in reducing the risk for HIV infection. However, the practice of event-driven PrEP (edPrEP) is less well studied, in particular when provided as an alternative to daily PrEP. We studied regimen preferences and switches, and sexually transmitted infection (STI) incidence. Methods: We analysed pooled data from two prospective cohort studies among MSM: the PrEP-need, Belgium and AMPrEP, the Netherlands. In both studies, participants could choose between daily and edPrEP at three-monthly study visits, were offered free access to and for sexually transmitted infections including hepatitis C (HCV). We assessed the proportion choosing each regimen, and the determinants of choosing edPrEP at baseline. Additionally, we compared the incidence rates (IR) of STI, HCV and HIV between participants choosing daily PrEP and edPrEP. Results: Between 2015 and 2018, 1032 MSM were enrolled in PrEP-need and AMPrEP. Of 1032 MSM, 649 (63%) chose daily PrEP and 383 (37%) edPrEP. Participants choosing edPrEP were younger (aOR = 0.96, 95%CI: 0.94–0.98), more often used recreational drugs (aOR = 1.66, 95%CI: 1.15–2.40), and more often had sex with casual partners (aOR = 1.20 per 10 years, 95% confidence interval (CI): = 1.15 to 1.66) and those unemployed (aOR = 1.68, 95% CI = 1.03 to 2.75) were more likely to initially choose edPrEP. IR of HCV and syphilis did not differ between regimens, but the IR of chlamydia/gonorrhoea was higher among daily users (adjusted incidence rate ratio = 1.61, 95% CI = 1.35 to 1.94). Conclusions: A quarter of participants chose edPrEP at baseline and at 28 months this proportion was similar. Although the IR of HCV and syphilis were similar in the two regimens, the lower incidence of chlamydia and gonorrhoea among edPrEP users may suggest that less frequent STI testing of this group could be considered. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society	event-driven PrEP; HIV prevention & control; men who have sex with men; pre-exposure prophylaxis; sexually transmitted infections; syphilis	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2021	Jongen V.W.; Zimmermann H.M.L.; Boyd A.; Hoornenborg E.; Van Den Elshout M.A.M.; Davidovich U.; Van Duijnhoven Y.T.H.P.; De Vries H.J.C.; Prins M.; Schim Van Der Loeff M.F.; Coyer L.	Transient Changes in Preexposure Prophylaxis Use and Daily Sexual Behavior after the Implementation of COVID-19 Restrictions among Men Who Have Sex with Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002697	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110961606&doi=10.1097%2FQAI.0000000000002697&partnerID=40&md5=c4552bc40fa6f0fb77801c4dbc17bc	Background:We assessed how the Dutch restrictions imposed on March 15, 2020, affected sexual behavior, pre-exposure prophylaxis (PrEP), and condom use among PrEP users in Amsterdam.Methods:We used data on (1) PrEP use, (2) anal sex acts, and (3) condom use, per partner type steady partners (SPs), known casual partners (KCPs), and unknown casual partners (UCPs), collected daily through a mobile application used between October 1, 2016, and June 30, 2020. We compared these parameters before versus after March 15, 2020, regarding average proportions of days per week on which each end point was reported and average proportion of anal sex acts covered by PrEP and/or condoms.Results:We included data from 236 men who have sex with men, of whom 200 (84.7%) were white, and 200 (84.7%) were living in Amsterdam. Between March 15, 2020, and June 30, 2020, 1,690 anal sex acts were reported by 151 participants (64.0%). Of 1,690 acts, 1,183 (70.0%) were with SPs, 411 (24.3%) with KCPs, and 96 (5.7%) with UCPs. Between March 15, 2020, and June 30, 2020, PrEP use during sex decreased with UCPs (β = −0.36; 95% CI = −0.72 to 0.00) but not with SPs and KCPs. Condom use during sex decreased with KCPs (β = −0.36; 95% CI = −0.67 to 0.04) and UCPs (β = −0.24; 95% CI = −0.46 to 0.01) but not with SPs.Conclusions:MSM decreased sex with casual partners and increased sex with SP, but changes were transient. Decreases in sex acts with casual partners paralleled decreases in PrEP use. However, condom use during sex with casual partners decreased, indicating the importance of continued sexual health services, including sexually transmitted infections screening and PrEP care, during COVID-19 restrictions. © 2021 Lippincott Williams and Wilkins. All rights reserved.	COVID-19; HIV; men who have sex with men; pre-exposure prophylaxis; prevention and control; sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Jose, Rishi; Narendran, G; Manigbas, M.J.; Nelson, K.E.; Ranganathan, K.	Rising prevalence of HIV infection and associated risk factors among young Thai Men in 2018.	Scientific Reports	-	-	-	-	20452322	10.1038/s41598-021-87474-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104849784&doi=10.1038%2Fs41598-021-87474-7&partnerID=40&md5=f8c8a7cb0a6ad0c45d2f0d9f1b836aca	The prevalence of HIV among young Thai men stabilized at 0.3% from 2005 to 2011. A cross-sectional study was conducted among the male army conscripts in 2018 at 30 military training units nationwide. All new conscripts in each selected unit were invited to participate in the study. Questionnaires were used to determine risk factors for HIV infection that had been developed from related risk factors studies among young Thai men. Among 4629 participants, 44 (1.0%) HIV positive individuals were identified. The proportion subject reporting a history of sex with another man was 10.1%. The prevalence of HIV infection among men who have sex with men (MSM) was 6.0%. The proportion of consistent condom use with a male partner was 39.7%. The risk factors of HIV infection included having sex with another man, history of sexually transmitted infection and history of sex in exchange for gift/money. Only 1.4% of MSM used pre-exposure prophylaxis (PrEP). HIV prevention programs including PrEP in Thailand should be emphasized among MSM to both retail and urban settings. © 2021, The Author(s).	adolescent-sectional study;human|human immunodeficiency virus infection/molecular homosexuality|military personnel|pre-exposure prophylaxis|prevalence|questionnaire|risk factors|sexual behavior|Thailand|young adult	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative

Article	2021	Jose Ramon Fore; Sica, Salvatore; Mariottonetta Di Stefano	To Run with the Hares and Hunt with the Hounds: How to get HIV Transmission Reduced in MSM Using PrEP without Increasing STI Incidence?	Open AIDS Journal	-	-	-	-	1874613X	10.2174/1874613602115010001	https://www.proquest.com/scholarly-journals/run-with-hares-hunt-hounds-how-get-hiv/docview/2669115682/se-2?accountid=9113	HIV pre-exposure prophylaxis (PrEP) refers to a primary prevention strategy aimed to reduce the risk of HIV acquisition through sexual contacts that consists in administering antiretroviral drugs to uninfected individuals belonging to high-risk populations, in particular men who have sex with men (MSM), not compliant to regular condom use and nonetheless engaging in high risk promiscuous sexual activities. Undoubtedly, the introduction of PREP in the HIV prevention in clinical setting had dramatic effects on HIV transmission in at-risk categories: several studies demonstrated significant decreases in HIV infection incidence in cohorts subjected to PrEP administration 2 and this leads health authorities to promote implementation of PrEP use worldwide ... why speak about the relationships between PrEP MSM users and STI? Because we are facing nowadays an STI epidemic reaching all-time highs that leads to greater health problems and rises concerns about both morbidity and issues such as antimicrobial resistance and MSM is the population more heavily affected by the problem. ... PrEP, nor may or may not increase STI incidence in MSM.	Condoms; HIV/AIDS; Pre-exposure prophylaxis; Infections; Syphilis; Disease prevention; Behavior; Antimicrobial resistance; Chlamydia; Gonorrhea; Population; Disease transmission; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS	English	Netherlands	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2021	Kadamudla-Ibarra H.; Harvley N.L.; Sosa-Rubí S.G.; Wilson-Barthes M.; Galárraga O.; Franco R.R.	Barriers and facilitators to pre-exposure prophylaxis uptake among male sex workers in Mexico: an application of the RE-AIM framework	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-021-12167-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120881704&doi=10.1186%2fs12889-021-12167-9&partnerID=40&md5=e75bd8c714c3e729f4b7c3ae9f70ca3	Background: The InPrEP Mexico demonstration project is the first to distribute free HIV pre-exposure prophylaxis (PrEP) to men who have sex with men (MSM) and transgender women living in Mexico. In Mexico City, MSM who are also male sex workers (MSWs) face a disproportionately high risk of HIV infection. PrEP, a highly effective HIV prevention, yet "real-life" implementation among MSWs is a challenge due to the unique adherence barriers faced by this population. Methods: This study uses the RE-AIM implementation science framework to characterize the unique barriers to and facilitators of PrEP uptake among MSWs in Mexico City. We conducted 9 in-depth key informant interviews and 2 focus group discussions with MSWs across 3 clinic and community sites. Qualitative data were analyzed using the RE-AIM framework to identify barriers and facilitators to PrEP uptake among MSWs and recommendations to improve the implementation of PrEP among this population. Results: The Reach of the InPrEP program among MSWs in Mexico City and the potential for PrEP Adoption among other high-risk populations is the strength of the implementation. Results: The Reach of the InPrEP program among MSWs was 10% of known HIV-negative MSWs in Mexico City. Program Reach was lowest among MSWs who were street-based sex workers, of lower socioeconomic status, migrants from other states and self-identified as heterosexual. Barriers to program Reach included limited PrEP knowledge, HIV-related stigma, and structural barriers; facilitators included in-person program recruitment, patient-centered care, and spread of information through word of mouth among MSWs. Two out of the four eligible institutions had adopted the InPrEP protocol. Barriers to wider program Adoption included HIV- and sexual identity -related stigma, protocol limitations, and lack of a national policy for PrEP distribution; facilitators of Adoption included existing healthcare infrastructure, sensitized providers, and community support from non-governmental organizations. Conclusions: Increasing the InPrEP program's Reach among MSWs will depend on improving PrEP education and addressing HIV-related stigma and access barriers. Further Adoption of the InPrEP program should leverage existing clinical infrastructure and community support. Creation of a national policy for PrEP distribution may improve the Reach and Adoption of PrEP among highest-risk populations in Mexico. © 2021, The Author(s).	Male sex workers; Men who have sex with men; Mexico; Pre-exposure prophylaxis; RE-AIM	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Qualitative
Article	2021	Kaggiah A.; Kimemia G.; Morua H.; Muiruri P.; Kinuthia J.; Reedy A.C.	Experiences With Safer Conception Services for HIV-Serodiscordant Couples at a Referral Hospital in Nairobi, Kenya	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.693429	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103159961&doi=10.3389%2ffrph.2021.693429&partnerID=40&md5=a0f02a612f9cf3ba6b90a6a6a2e61d7f	Human immunodeficiency virus-serodiscordant couples are an important source of new HIV infections in Africa. When trying to conceive, uninfected partners may be at high risk of infection if the infected partner is not study suppressed. Multiple strategies targeting safer conception exist, but these services are limited. However, when services are available and used, serodiscordant couples can have protected from HIV transmission, and safe to have children if desired. To successfully introduce, integrate, promote, and optimize the service delivery of safer conception with HIV care, it is crucial to understand how HIV-serodiscordant couples seeking safer conception care at a referral hospital in Nairobi, Kenya experience the safer conception services. We conducted a qualitative study among 30 HIV-serodiscordant couples seeking safer conception care at a referral hospital in Nairobi, Kenya. In-depth interviews of HIV-serodiscordant couples were conducted from April to July 2017, and transcripts were analyzed to identify the themes central to the experience of safer conception services. Couples were eligible if they had been enrolled in care for at least 6 months with PrEP, were ≥18 years old, and HIV-1 serodiscordant. Couples with FSWs multivariable logistic regression. Of 300 patients meeting inclusion criteria, 90% were male, 59% were ≥40 and 27% endorsed recent condomless anal intercourse. Of PrEP initiators, 133 (44.3%) were persistent in the first year, whereas 167 (55.7%) were not persistent. PrEP persistence was positively associated with age ≥40 and ≥30,000 UGX (OR: 1.04, 95% CI 1.0 to 1.08) and negatively associated with non-white race (OR 0.31, 95% CI 0.12 to 0.81). There were no HIV seroconversions among persistent patients. In our study, younger and minority patients were less likely to persist in PrEP care and persistence was poor despite many being insured and 'high-risk'. Further research is needed to identify and address barriers that hinder PrEP persistence, specifically among younger, minority patients.	HIV; HIV viral load; Kenya; pregnancy; safer conception; serodiscordant couple	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2021	Kamau M.; Mureas A.; Were D.; Warugaru G.; Kabue M.; Mutugi J.; Plotkin M.; Reed J.	Unmet Need for Contraception Among Female Sex Workers Initiating Oral Pre-Exposure Prophylaxis for HIV Prevention During Kenya's National Scale-Up: Results From a Programmatic Surveillance Study	Frontiers in Global Women's Health	-	-	-	-	26726059	10.3389/fgwh.2021.747784	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119875054&doi=10.3389%2ffgwh.2021.747784&partnerID=40&md5=77d3503dc4fd8c27b3dc40a0e4294e11	Background: Female sex workers (FSWs) experience a higher risk for both HIV acquisition and unwanted pregnancies compared to women in the general population. Pre-exposure prophylaxis (PrEP) for HIV prevention offers protection against HIV infection but has no contraceptive effect. We examined the determinants of unmet need for contraception among FSWs who initiated PrEP to inform programs and policies to optimize contraceptive services and avert unwanted pregnancy among this high-risk group. Materials and Methods: A cross-sectional analysis was conducted on routine, de-identified client data from a large-scale PrEP service delivery project, from February 2017 to December 2020. Data were collected from FSWs during clinic visits using Ministry of Health approved tools. Records for all 17,456 FSWs initiated on PrEP from 79 health facilities in 10 counties across three geographic clusters with high and medium HIV incidence were examined for eligibility for the analysis. Unmet need for non-barrier contraception was defined as not using any contraception or using barrier methods only (male condoms, female condoms, or spermicides) among FSWs who were sexually active with men. Bivariate and multivariate logistic regression analyses were conducted with selected variables to examine associations. Results: In the 79 sites, eligible records from 17,063 FSWs who initiated PrEP were included. Two-thirds were under 30 years, and the majority were not married and had received PrEP at drop-in centers. Overall, the unmet need for non-barrier contraception was 52.6%, higher for those under 20 years of age (60.9%) and those served in public and private health facilities (67.4 and 61.2%, respectively) rather than drop-in centers (50.6%). Women from the Nairobi and Coast cluster regions reported a higher unmet need for contraception compared to those from the Lake region. All these associations were significant ($p < 0.05$) at the multivariate level. Conclusions: The high unmet need for non-barrier contraception among FSWs initiating PrEP highlights the need for integrated delivery of contraception services within PrEP programs. Identifying groups with a high unmet need could help target services in an integrated program. Two recommended approaches include training healthcare providers to deliver clear contraception messaging during PrEP initiation and making a range of contraceptives accessible within PrEP services for high-risk groups. Furthermore, accelerated revisions to national pre-exposure prevention technologies is necessary to reduce the burden on individuals using multiple prevention products concurrently. Copyright © 2022 Kamau, Musau, Were, Warugaru, Kabue, Mutugi, Plotkin and Reed.	Female sex workers; HIV prevention; Kenya; oral PrEP; scale-up; unmet need for contraception	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Editorial	2021	Karim Q.A.	Enhancing HIV prevention with injectable preexposure prophylaxis	New England Journal of Medicine	-	-	-	-	284793	10.1056/NEJMe2110065	No abstract available	-	Acquired Immunodeficiency Syndrome;Anti-HIV Agents;Humans;Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Other
Article	2021	Karlstrom D.; Stoecker C.	Impact of Medicaid Expansion on PrEP Utilization in the US: 2012–2018	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-03070-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096213398&doi=10.1007%2fs10461-020-03070-2&partnerID=40&md5=0b5a4d4ed8c35c2b4f9fdbd1574f3515	We investigated the impact of Medicaid expansions made possible by the 2010 Affordable Care Act on HIV Pre-Exposure Prophylaxis (PrEP) utilization in the US over the period 2012–2018. We used data on PrEP users from the IQVIA National Prescription Audit and estimated difference-in-differences models to examine the impact of Medicaid expansion on the number of PrEP users per 100,000 population on a yearly basis ($p = 2.72$; $p = 0.007$). When restricting the sample to males, Medicaid Expansion resulted in 14.47 additional PrEP users per 100,000 population per year attributable to Medicaid Expansion ($t = 5.2$; $p < 0.001$). People in the age group 25–34 were those who benefitted the most from Medicaid Expansion with 16.95 additional PrEP users per 100,000 population per year attributable to Medicaid Expansion ($t = 5.2$; $p < 0.001$). States that are considering expanding Medicaid may recognize the benefits in PrEP utilization we document here. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Affordable care act; HIV; Medicaid expansion; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Karunakaran, Dipsi; Simpson, Solange M; Su, Jonathan T; Bryndza-Tlidy, Ewa; Hope, Thomas J; Veazey, Ronald; Dobek, Georgine; Qiu, Jiang; Watrous, David; Sung, Samuel; Chacon, Jorge E; Kiser, Patrick F	Design and Testing of a Cabotegravir Implant for HIV Prevention.	Journal of Controlled Release	-	-	-	-	1873-4995	10.1016/j.jconrel.2020.12.024	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7909097/	Long-acting antiretroviral implants could help protect high-risk individuals from HIV infection. We describe the design and testing of a long-acting reservoir subcutaneous implant capable of releasing cabotegravir for several months. We compressed cabotegravir and excipients into cylindrical pellets and heat-sealed them in tubing composed of hydrophilic poly(ether-urethane) ... The implants have a 47 mm lumen length, 3.4 mm outer diameter, and 200 μm wall thickness. Four cabotegravir pellets were used per membrane, with a total drug loading of 274 ± 1 mg. In vivo, the implanted 348 ± 107 μg/day (median value per implant, N = 41) of cabotegravir in rhesus macaques. Five implants generated an average cabotegravir plasma concentration of 373 ng/ml in rhesus macaques. The non-human primate data, which was in the therapeutic range, showed no tissue damage pathology or microscopic signs of histopathology compared to placebo implants. Cabotegravir plasma levels in macaques dropped below detectable levels within two weeks after the removal of the implants.	Cabotegravir; subcutaneous implant; pre-exposure prophylaxis, hot-melt extrusion, hydrophilic polyether urethane, reservoir device	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Kaseto M.P.; Sindano N.; Chinyama M.; Mudenda M.; Chikasha F.; Price J.T.; Chilimbe M.	Integration of HIV Prevention With Sexual and Reproductive Health Services: Evidence for Contraceptive Options and HIV Outcomes Study Experience of Integrating Oral Pre-exposure HIV Prophylaxis in Family Planning Services in Lusaka, Zambia	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.684717	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150846846&doi=10.3389%2ffrph.2021.684717&partnerID=40&md5=7cc5e6a6e12e8c585e3595f8ed8a1d4e3b	The WHO guideline on the integration of family planning (FP) and pre-exposure HIV prophylaxis (PrEP) to enhance the health of women and adolescent girls is reflected in the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection, 2020. There is however a dearth of data on the integration of PrEP and FP in Zambia.We describe the integration of oral PrEP in FP services using the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study experience at Kanwoka District Health Center in Lusaka, Zambia. The provision of oral PrEP at Kanwoka started in October 2017; lasting for 15 months, and enlisted the model where initial processes to offer PrEP were on-site followed by off-site referral to laboratory and PrEP provider services. The characteristics of 654 women who received PrEP at Kanwoka were analyzed descriptively.Among 654 women who received PrEP at Kanwoka, 50% were aged 25–34 years, 46% were married, and 44% had primary education. Most (93%) were HIV-negative and the proportion of male sex partners living with HIV was 61%. Those who accepted PrEP were married was also high at 61%. Those who accepted PrEP were above 20 years old, married, and at least primary education. Uptake of PrEP was comparable to declines. The ECHO study experience indicates that the setup and integration of oral PrEP and FP services are feasible in the setting. However, uptake of PrEP was very low. Possible contributory factors were as follows: (1) timing of introduction of PrEP midway in the study, (2) PrEP being a new intervention, (3) challenges of autonomy of young women to include a daily pill into their lives and anticipated challenges to adherence because of fear of adverse events, (4) possible underdetermined risk due to use of an unvalidated risk assessment tool and assessment by health care provider vs. self-assessment, and (5) extra layer of challenges to negotiate due to needing for off-site referrals. Following these findings, we conclude that further research through demonstration projects of integration of oral PrEP and FP may provide solutions to low uptake. This information is critical for scaling up of integration HIV prevention services and sexual and reproductive health (SRH) services. © 2021 Kasaro, Sindano, Chinyama, Mudenda, Chikasha, Price and Chilimbe.	family planning; HIV prevention; integration; oral pre-exposure prophylaxis; sexual and reproductive health	English	Switzerland	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Quantitative
Article	2021	Kawuma R.; Ssemata A.S.; Bernays S.; Seeley J.	Women at high risk of HIV-infection in Kampala, Uganda, and their candidacy for PrEP	SSM - Population Health	-	-	-	-	23528273	10.1016/j.ssmph.2021.100746	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104014434&doi=10.1016%2fj.ssmph.2021.100746&partnerID=40&md5=e4fd350f2eb158bcca4d6230292f2e51	Pre-exposure prophylaxis (PrEP), antiretroviral medication for prevention of HIV-acquisition, is part of biomedical HIV prevention strategies recommended for people at risk of HIV-infection. A decision to take PrEP depends on an assessment of being at risk either by an individual, or healthcare provider. In this paper, we draw on the concept of 'candidacy' to examine the different ways in which women attending a dedicated clinic in Kampala, Uganda, for women at risk of HIV infection (including sex workers), assessed their suitability for PrEP. We conducted in-depth interviews with 30 HIV negative women up to four different times, to gather information on the motives for taking PrEP, and their life history and daily life. All the women described themselves as being at risk of HIV infection. However, there were challenges to adherence because of alcohol use, irregular working hours and a fear of being seen taking pills that others might assume to be HIV treatment. The ways in which the women negotiated these challenges, and the ways in which they did not, led us to identify three 'candidacy trajectories' for PrEP: 'early adopters' who were able to take PrEP with little difficulty; 'strugglers' who found it difficult to take their regular pills, and as a tool to allow them to make more money safely, by having sex without a condom with clients. While eligibility to access PrEP was predicated on the women being in an 'at risk' population group, an incentive to use PrEP was to protect themselves from HIV acquisition from a long-term partner and preserve the 'trust' in their intimate relationship by having condomless sex. Applying a candidacy lens to highlight the complexity in how women experience and present as being 'at risk' and query the criteria on which categories of risk and PrEP eligibility are determined. © 2021 The Author(s).	East Africa; HIV prevention; Mitigating risk; PrEP; Relationships; Sex work	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Kovajovic A.; Melko-Erwin Z.C.; Busch C.H.; Hammonds M.	A Thematic Analysis of Pre-Exposure Prophylaxis (PrEP) YouTube Videos	Journal of Homosexuality	918369	10.1080/00918369.2020.1712142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85078573344&doi=10.1080%2f00918369.2020.1712142&partnerID=40&md5=f7e07325a4db6631142a45b9d7a80	Pre-exposure prophylaxis (PrEP) is an encouraging approach to HIV prevention, yet there is a paucity of research aimed at understanding individual PrEP experiences. The current study aims to examine first-hand narratives of individuals detailing their PrEP experiences via the YouTube platform. We searched YouTube.com using the keywords, "pre-exposure prophylaxis" and "Truvada". Search results were limited to the 15 most-viewed videos. Informed by a thematic content analysis approach, we conducted an iterative analysis of video transcripts. Narratives covered a wide range of themes, including motivations to start PrEP, interaction with providers, side effects, insurance coverage, and stigma. By and large, the videos encouraged those at risk for HIV to consider PrEP. Narratives were often characterized by emotional engagement. Given that YouTube videos are used to share individual PrEP experiences with a wider audience, our analysis may inform the development of strategies aimed at utilizing YouTube for increasing uptake of PrEP. © 2020 Taylor & Francis Group, LLC.	HIV/AIDS; pre-exposure prophylaxis (PrEP); PrEP uptake; PrEP users; qualitative; social media; thematic analysis; YouTube	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Kelleher S.; Dichter M.E.; Hamilton A.B.; Chhatre S.; Sonalkar S.	Awareness of HIV Preexposure Prophylaxis among People at Risk for HIV: Results from the 2017-2019 National Survey of Family Growth	Sexually Transmitted Diseases	-	10.1097/OLQ.0000000000001494	-	-	1485717	10.1097/OLQ.0000000000001494	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121975626&doi=10.1097%2fOLQ.0000000000001494&partnerID=40&md5=4e23acbc3227464ffa76dff0e4049b2c	Background Although daily preexposure prophylaxis (PrEP) is now widely accepted as a safe and effective method for reducing the risk of HIV in high-risk groups, uptake has been slow. The goal of this analysis was to identify factors associated with PrEP awareness among individuals at risk for HIV. Methods This investigation analyzed data from the Centers for Disease Control and Prevention nationally representative survey, National Survey of Family Growth, for the years 2017 to 2019. Logistic regression was used to explore the relationship between awareness and demographic HIV risk factors, and provider HIV risk screening. Results Only 37% of survey respondents with an increased risk of HIV were aware of PrEP. Several segments of the at-risk population had lower odds of being aware of PrEP, including women (adjusted odds ratio [aOR], 0.66; 95% confidence interval [CI], 0.49 to 0.89), Hispanic individuals (aOR, 0.66; 95% CI, 0.46 to 0.94), and those with a high school diploma or less (aOR, 0.59; 95% CI, 0.39 to 0.89). Awareness was significantly lower among nonheterosexual sex and both men and women who have sex with men (MSM) compared with heterosexual men who have sex with women (MSW). Lastly, those who had been screened by a provider for HIV risk had significantly higher odds of being aware of PrEP. Conclusions This research supports the need for policies and programs to increase awareness of PrEP, especially among certain segments of the population at increased risk for HIV. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Kerese, Lance C; Dehlin, Jessica M; Pickett, Jim; Berringer, Kathryn R; Little, Imani; Tsang, Ashley; Bouris, Alida M; Schneider, John A	#PrEPLove: success and stigma following release of the first sex-positive PrEP public health campaign.	Culture, Health & Sexuality	-	1464-5351	https://dx.doi.org/10.1080/13691058.2020.1715482	-	1464-5351	10.1080/13691058.2020.1715482	Pre-exposure prophylaxis (PrEP) is an effective yet under-utilised method for preventing HIV transmission in high-risk groups. Despite ongoing social marketing to increase PrEP awareness, few studies have evaluated public responses. This paper contextualises negative responses to Chicago's PrEP4Love campaign. In February 2016, a sex-positive ad campaign called PrEP4Love was launched online and throughout public spaces in Chicago. A gender and sexuality inclusive campaign, PrEP4Love is intended to be culturally responsive and sex positive, while retaining a focus on risk reduction. Advertisements prominently feature Black sexual-minority men, and Black transgender women, and were strategically placed in diverse Chicago neighborhoods. In response, there were 222 new callers to the PrEP Line during the two-month study period. Negative responses were concerned with negatively depicting Black homosexuality (4), general anti-LGBTQ comments (7), adverse effects on children (6), sexually explicit content (5), and general stigmatisation of racial minorities (4). Discussion focuses on sex-positive frameworks, normalising intimacy, stigma and historical interest of medical and pharmaceutical institutions, and the role of social media in amplifying negative responses. Future research should explore the role of social media in amplifying negative public responses to a sex-positive PrEP campaign. More studies of PrEP social marketing are needed to evaluate targeted public health campaigns to guide future PrEP promotion strategies.	Social marketingHIV preventionstigmaPrEPsex-positive	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Kenyon, Chris; De Baetselier, Irith; Vanbaelen, Thibaut; Buyze, Jozefien; Florence, Eric	The Population-Level Effect of Screening for Mycoplasma genitalium on Antimicrobial Resistance: A Quasi-Experimental Study.	Sexually Transmitted Diseases	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001404	https://pubmed.ncbi.nlm.nih.gov/34110732/	1537-4521	10.1097/OLQ.0000000000001404	BACKGROUND: No studies have evaluated the utility and risks of screening for Mycoplasma genitalium in men who have sex with men taking preexposure prophylaxis (PrEP). We made use of a quasi-experimental design to evaluate the effect of `screening for M. genitalium in a demonstration PrEP cohort with 3-monthly follow-up. METHODS: We compared the proportion of PrEP participants with M. genitalium clearance, the duration of persistence, proportions with incident symptoms, the incidence of fluoroquinolone and macrolide resistance, and the proportion of resistance-associated infections with resistance-associated mutations between `2 groups: those in whom the first episode of M. genitalium was treated and those in whom it was not treated. RESULTS: M. genitalium was detected in 70 of 179 individuals. The first episode of infection was treated in 46 individuals. Treatment was not significantly associated with the incidence of symptomatic infections or the acquisition of genotypic resistance. Treatment was associated with a higher probability of clearance of infection but at the expense of increasing the proportion of remaining infections that were resistant. In the nontreated group, the infections that did not clear had a 2.5-fold increased probability of resistance (79% vs 32%; 95% CI, 7%-73%; Mann-Whitney $P = 0.040$). In contrast, in the treated group, there was no significant difference in the proportions of fluoroquinolone resistance between the infections that persisted and cleared. CONCLUSIONS: If screening and treatment increase the rate of transfer to susceptible M. genitalium in a population, then this could play a role in the spread of antimicrobial resistance.	Human immunodeficiency virus, Long-acting, Injectable antiretroviral agents, Pre-exposure prophylaxis	English	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Review
Article	2021	Kim, Yeon-Sook	Long-Acting Injectable Antiretroviral Agents for HIV Treatment and Prevention.	Infection and Chemotherapy	-	-	-	-	2093-2340	10.3947/ic.2021.0136	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8373125/	Current oral antiretroviral agents provide highly effective treatment for patients infected with human immunodeficiency virus (HIV), and can be used as pre-exposure prophylaxis (PrEP) to prevent new HIV infections. Several single-tablet regimens with excellent antiviral efficacy have dramatically improved the quality of life of patients who can adhere to daily medication therapy. However, there is increasing demand on long-acting injectable antiretroviral agents for patients who cannot take oral agents or feel fatigue related to daily pill burden. Monthly long-acting (LA) cabotegravir (CAB) combined with rilpivirine (RPV) has been approved for treatment and PrEP. Several clinical trials are ongoing to assess the safety and efficacy of HIV suppressive antiretroviral regimens every other month or every 2 months. Once-monthly RPV ring has been tested in cabotegravir-naïve but 3 to 6 months. Two-drug regimens of CAB LA and RPV LA are now licensed as an option and long-half-life extending dosing interval are being tested in phase 2 and 3 clinical trials. This review summarizes the data of efficacies and safety profiles of LA CAB with RPV regimen, and also new long-acting injectable antiretroviral agents in pipeline.	-	English	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	South Korea	Asia and the Pacific	Review
Article	2021	Kimani M.; van der Elst E.M.; Chiro O.; Wahome E.; Ibrahim F.; Mukuria N.; Rinke de Wit T.F.; Graham S.M.; Operario D.; Sanders E.J.	'I wish to remain HIV negative': Pre-exposure prophylaxis adherence and persistence in transgender women and men who have sex with men in coastal Kenya	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0244226	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100134226&doi=10.1371%2fjournal.pone.0244226&partnerID=40&md5=1e3393f3c82ea05bc1245960b971942	Background Transgender women (TGW) and men who have sex with men (MSM) in sub-Saharan Africa have high HIV acquisition risks and can benefit from daily pre-exposure prophylaxis (PrEP). We assessed PrEP adherence by measuring tenofovir-diphosphate (TFV-DP) levels and explore factors that influence PrEP persistence in TGW and MSM. Methods Participants were enrolled in a one-year PrEP programme and made quarterly visits irrespective of whether they were still using PrEP. At first month-9 visit, participants provided a dried blood spot to test for TFV-DP levels; protective levels were defined as concentrations ≥ 1246 fmol/mg. TFV-DP levels were tested at month 9, 11 and 12 among participants who were still using PrEP at month 9. Factors associated with TFV-DP levels ≥ 1246 fmol/mg in TGW and MSM groups were tested in logistic regression models, adhere to, and discontinue PrEP. IDI data were analyzed thematically. Results Fifty-three participants (14 MSM and 11 TGW) were enrolled. At month 9, 11 (20.7%) participants (8 MSM and 3 TGW) were lost to follow up or stopped taking PrEP. Any TFV-DP was detected in 62.3% (5/8) of TGW vs. 14.7% of MSM (5/34, $p < 0.01$). Protective levels were detected in 37.5% of TGW (3/8), but not in any MSM. Adherence IDI were conducted with 7 TGW and 9 MSM on PrEP, and 1 TGW and 2 MSM off PrEP. Unplanned or frequent risky sexual risk behaviour were the main motives for PrEP uptake. Among participants on PrEP, TGW had a more complete understanding of the benefits of PrEP. Inconsistent PrEP use was attributed to situational factors. Motives to discontinue PrEP included negative reactions from partners and stigmatizing healthcare services. Conclusion While MSM evinced greater adherence challenges in this PrEP programme, almost 60% of TGW were protected by PrEP. Given high HIV incidences in TGW these findings hold promise for TGW PrEP programming in the region. Copyright © 2021 Kimani et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Kimani, M.	Strengthening HIV preventive services for transgender women and men who have sex with men in coastal Kenya	-	-	-	NARCIS	-	NA	NA	https://darc.ova.ai/personal/paris/sci/publications/strengthening-hiv-preventive-services-for-transgender-women-and-men-who-have-sex-with-men-in-coastal-kenya(2993ab51-dcd6-43bd-9296-5a8c8c5336fc).html	Men who have sex with men (MSM) and transgender women (TW), are at the highest risk for infection with the Human Immunodeficiency Virus (HIV). Globally, MSM and TW have higher prevalence of common mental disorders (CMD) including depression, anxiety and substance abuse. Finally, most of sub-Saharan Africa countries are rights constrained settings for both MSM and TW. The lack of legal recognition and protection for MSM and TW results in both internal and enacted stigma. Mental health challenges, stigma, lack of social protection and reduced access to healthcare services create a vicious cycle of increased risk for HIV infection. Pre-exposure prophylaxis (PrEP), could help prevent incident HIV infections in MSM and TW. In the empirical chapters of this thesis the author present studies in the thesis address the challenges MSM and TW face in accessing PrEP. The studies demonstrate the PrEP provision cascade including PrEP knowledge, desire to take it up, adherence and retention in follow-up. Additionally, the author explores the prevalence of CMD in MSM and any associations with HIV status. In the discussion chapter, the author synthesizes the findings from the studies against current literature. Finally, there are recommendations to improve HIV prevention for MSM and TW specifically in coastal Kenya. There are also recommendations addressing diagnosis and management of CMD in MSM. The author also gives suggestions for areas of further research especially in the TW who are still underserved and underresearched in sub-Saharan Africa.	NA	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Kerr, Jelani; Ayangeakaa, Sinn; Combs, Ryan; Harris, Lesley; Sears, Jeanelle; Northington, Teya; Burton, Kelsey; Sterrett-Hong, Emma; Parker, Kimberly; Kriegel, Karen	Community-Informed Development of a Campaign to Increase HIV Pre-exposure Prophylaxis (PrEP) Awareness Among African-American Young Adults.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-020-00848-x	https://dx.doi.org/10.1007/s40615-020-00848-x	Pre-exposure prophylaxis (PrEP) for HIV prevention can help reduce racial/ethnic HIV disparities in the USA. However, the benefits of PrEP have not been equally distributed across races. Community-informed PrEP campaigns can help address racial/ethnic disparities in PrEP awareness and acceptability among vulnerable African-American populations. More research is needed to identify media preferences around PrEP for these groups in order to optimize effectiveness of health messaging. This study details the development of a community-informed PrEP campaign, #PrEPLove, designed to leverage social media campaigns to increase PrEP awareness among African-American young adults (age 18-29 years). Eleven focus groups with African-American young adults and a community advisory board informed the intervention. Focus group participants expressed concerns with PrEP safety, efficacy, accessibility, the universality of HIV vulnerability, and representation. Campaign elements were then developed based on this feedback. Future studies should examine the effectiveness of culturally tailored multimedia PrEP campaigns.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Kerr, Jelani; Ayangeakaa, Sinn; Combs, Ryan; Harris, Lesley; Sears, Jeanelle; Northington, Teya; Burton, Kelsey; Sterrett-Hong, Emma; Parker, Kimberly; Kriegel, Karen	Community-Informed Development of a Campaign to Increase HIV Pre-exposure Prophylaxis (PrEP) Awareness Among African-American Young Adults.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-020-00848-x	https://dx.doi.org/10.1007/s40615-020-00848-x	Pre-exposure prophylaxis (PrEP) for HIV prevention can help reduce racial/ethnic HIV disparities in the USA. However, the benefits of PrEP have not been equally distributed across races. Community-informed PrEP campaigns can help address racial/ethnic disparities in PrEP awareness and acceptability among vulnerable African-American populations. More research is needed to identify media preferences around PrEP for these groups in order to optimize effectiveness of health messaging. This study details the development of a community-informed PrEP campaign, #PrEPLove, designed to leverage social media campaigns to increase PrEP awareness among African-American young adults (age 18-29 years). Eleven focus groups with African-American young adults and a community advisory board informed the intervention. Focus group participants expressed concerns with PrEP safety, efficacy, accessibility, the universality of HIV vulnerability, and representation. Campaign elements were then developed based on this feedback. Future studies should examine the effectiveness of culturally tailored multimedia PrEP campaigns.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2021	Knox J.; Chen Y.-N.; Hu Q.; Liu G.; Jones J.; Wang X.; Sullivan P.; Siegler A.	Use of geosocial networking apps and HIV risk behavior among men who have sex with men: Cross-crossover study	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/17173	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100108259&doi=10.2196%2F17173&partnerID=40&md5=2f2529421312d0e2b08f37ba4c3bcffe	Background: HIV disproportionately affects men who have sex with men (MSM) in China. The HIV epidemic is largely driven by unprotected anal sex (ie, sex not protected by condoms or HIV pre-exposure prophylaxis PrEP). The possible association between unprotected anal sex and the use of geospatial networking apps has been the subject of scientific debate. Objective: This study assessed whether users of a gay geospatial networking app in China were more likely to use condoms when they met their partners online versus offline. A case-crossover analysis, with each person serving as his own control, was employed to address the potential bias that men looking for sex partners through an online dating medium might have inherently different (and riskier) patterns of sexual behavior than men who do not use online dating media. Methods: A cross-sectional survey was administered in 2018 to adult male users of Blued-a gay geospatial networking app-in Beijing, Tianjin, Sichuan, and Yunnan, China. A case-crossover analysis was conducted among 1311 MSM not infected with HIV who reported engaging in both unprotected and protected anal sex in the previous 6 months. Multivariable conditional logistic regression models with generalized estimating equations were fitted to identify factors associated with condom use during unprotected versus protected anal sex encounters. Subgroup analyses were conducted to assess other potential sources of bias. Results: We identified 1311 matched instances where a person reported having both an unprotected anal sex act and a protected anal sex act in the previous 6 months. Of the most recent unprotected anal sex acts, 22.3% (292/1311), were initiated offline. Of the most recent protected anal sex acts, 16.3% (214/1311), were initiated offline. In multivariable analyses, initiating a partnership offline was positively associated with unprotected anal sex (odds ratio 2.66, 95% CI 1.88 to 3.85; P<.001) compared with initiating a partnership online. These results were robust to each of the different sensitivity analyses we conducted. Conclusions: Among Blued users in 4 Chinese cities, men were less likely to have unprotected anal sex in partnerships that they initiated online compared with those that they initiated offline. The relationship was strong, with over 2.5 times the likelihood of engaging in unprotected anal sex in partnerships initiated offline compared with those initiated online. These findings suggest that geospatial networking apps are a proxy for, and not a cause of, high-risk behaviors for HIV infection; these platforms should be viewed as a useful venue to identify populations of MSM who engage in high-risk sexual behaviors. ©Jason Knox, Yen-Nee Chen, Qinglin Hu, Guangyu Liu, Jeffrey Jones, Xiaoyi Wang, Patrick Sullivan, Alexander Siegler. Originally published in JMIR Public Health and Surveillance (http://publichealth.jmir.org), 15.04.2021. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Public Health and Surveillance, is properly cited. The complete bibliographic information, a link to the original publication on http://publichealth.jmir.org, as well as this copyright and license information must be included.	Case-crossover study; Dating apps; Geosocial networking apps; HIV; Men who have sex with men; Sexual risk behavior	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Kooy W.L.A.; Fortuna G.; Griffith C.; Elkenbergr N.; Forror K.; Medet J.P.; Rakhmanina N.	Awareness of and Attitudes Toward Pre-exposure Prophylaxis among Predominantly Heterosexual Black Adolescents and Young Adults and Their Guardians in an Urban Area with HIV Epidemic in the United States	Pediatric Infectious Disease Journal	-	-	-	8913668	10.1097/INF.0000000000003029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092964884&doi=10.1097%2FINF.0000000000003029&partnerID=40&md5=42ed4b4641613a5d7f052f2e1f46ba	Among 182 Black, cis-gender, predominantly heterosexual adolescents and young adults (AYA) and 35 guardians surveyed in Washington, DC, the majority of AYA (96.8%) and guardians (94.3%) were unaware of pre-exposure prophylaxis (PrEP); 62.2% of AYA were uncertain if PrEP was safe or effective against HIV. Of 41.4% of AYA willing to use PrEP, 25.9% reported concern about PrEP-related social stigma. © 2021 Lippincott Williams and Wilkins. All rights reserved.	adolescents; HIV; pre-exposure prophylaxis; youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Kolak M.A.; Chen Y.-T.; Lin Q.; Schneider J.	Social-spatial network structures and community ties of egocentric sex and confidant networks: A Chicago case study	Social Science & Medicine	-	-	-	2779536	10.1016/j.socscimed.2021.114462	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110684722&doi=10.1016%2Fj.socscimed.2021.114462&partnerID=40&md5=6c3fa3826e7b05d0879452fe6215bfe98b	Exploring how sexual and confidant networks overlap spatially and socially could facilitate a better understanding of sexually transmitted infection risk, as well as help identify areas for interventions. This study uses egocentric network data collected from a sample of 304 women who have sex with men (WHSM) and egocentric women in Chicago (2013–2014) that includes partner and confidant links, geolocations, and pre-exposure prophylaxis (PrEP) awareness. We examine different types of social networks and examine joint social-spatial community ties to both identify and differentiate social-spatial behavioral patterns. We explore the spatial structures of the social network by comparing ego-alter network residence patterns, visualizing ego-alter community ties in aggregate, and grouping different types of dyad relationships based on their spatial structure. Findings showed overlapping social and sexual networks. Egos with partners residing in more resourced communities further away, with wider alter-ego power differentials, also tended to be at greatest risk. Identifying the social-spatial structures of community ties is critical to enhance our understanding of the spatial context of social relationships, and further distill risk heterogeneity in vulnerable populations within an equitable health framework. © 2021	HIV; Network analysis; Social-spatial network; Spatial analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Kolling A.F.; De Oliveira S.B.; Merchan-Hamann E.	Factors associated with knowledge and use of HIV prevention strategies among female sex workers in 12 Brazilian cities: Fatores associados ao conhecimento e utilização de estratégias de prevenção do HIV entre mulheres trabalhadoras do sexo em 12 cidades brasileiras	Ciência & Saúde Coletiva	-	-	-	1413123	10.1590/1413-812320212612.17502020	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113097774&doi=10.1590%2F1413-812320212612.17502020&partnerID=40&md5=614d77b29478e8af5cea57b0867ba4e90754	This article aims to identify factors associated with knowledge and use of combined HIV prevention strategies among female sex workers (FSW). Cross-sectional epidemiological study, using the Respondent Driven Sampling (RDS) method. Descriptive analyses were performed after adjustments required by the RDS method. To investigate factors associated with knowledge of PEP and PrEP and use of the female condom, Poisson regression was applied, using odds ratio as an association measure. FSW not affiliated with NGOs, who did not receive informational materials on prevention and / or participated in lectures in the last six months and who do not identify themselves as FSW in healthcare services facilities have less knowledge about PEP and PrEP and use the female condom less frequently. In general, FSW do not have sufficient knowledge and access to combined HIV prevention methods to take advantage of their benefits. We believe that the adoption of different models of care for FSW in partnership with NGOs can be an effective strategy for expanding knowledge and use of HIV prevention methods in Brazil. © 2021, Associacao Brasileira de Pos - Graduacao em Saude Coletiva. All rights reserved.	HIV; Prevention; Sex work	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Kolling, Ana Francisca; Oliveira, Silvano Barbosa de; Merchan-Hamann, Edgar	Fatores associados ao conhecimento e utilização de estratégias de prevenção do HIV entre mulheres trabalhadoras do sexo em 12 cidades brasileiras	Ciência & Saúde Coletiva	-	-	-	1413-8123	10.1590/1413-812320212612.17502020	https://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1413-81232021000905057&lang=pt	Abstract This article aims to identify factors associated with knowledge and use of combined HIV prevention strategies among female sex workers (FSW). Cross-sectional epidemiological study, using the Respondent Driven Sampling (RDS) method. Descriptive analyses were performed after adjustments required by the RDS method. To investigate factors associated with knowledge of PEP and PrEP and use of the female condom, Poisson regression was applied, using odds ratio as an association measure. FSW not affiliated with NGOs, who did not receive informational materials on prevention and / or participated in lectures in the last six months and who do not identify themselves as FSW in healthcare service facilities have less knowledge about PEP and PrEP and use the female condom less frequently. In general, FSW do not have sufficient knowledge and access to combined HIV prevention methods to take advantage of their benefits. We believe that the adoption of different models of care for FSW in partnership with NGOs can be an effective strategy for expanding knowledge and use of HIV prevention methods in Brazil.	HIV; Prevenção; Prevenxion; Sex work; Trabalho sexual	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2021	Kolodziej, Jacek	Beyond prevention : lived experiences of pre-exposure prophylaxis in Aotearoa New Zealand	-	-	Massey University	NA	NA	http://hdl.handle.net/10179/16590	The prevailing research perspectives surrounding the use of pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) revolve around public health aspects, offering less insights into the lived experiences of those who use it. This project aimed to expand this perspective and examine the experiences of PrEP users in Aotearoa New Zealand by contextualising them in the local social and cultural backgrounds. Ten individuals (nine men and one non-binary person) who identified as gay were interviewed individually, each on two separate occasions. A method of interviewing that followed the interpretive Gadamerian hermeneutical approach was used to elicit the deeper meanings of PrEP for its users. The theoretical lens of analysis included Bourdieu's habitus and symbolic understanding of PrEP use and sexual behaviours as social practices. During the interviews, participants shared how their connection with the gay community grew them an informed and empowered status as they actively engaged in the community's sexual and political practices. Participants' sexual habitus was shaped by the gay community's norms, values, and beliefs, which included condoms, including diarrhoea, hookups, and closeness, were well accepted, a flexible approach adopting either or both regimens with possible switching as warranted in order to suit individual health needs.	Pre-exposure prophylaxis; HIV infections; Prevention; Social aspects; Gay men; Attitudes; New Zealand	English	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	-	-	Qualitative
Article	2021	Koppe, Uwe; Marcus, Ulrich; Albrecht, Stefan; Jansen, Klaus; Jessen, Heike; Gunsenheimer-Bartmeyer, Barbara; Bremer, Viviane	Barriers to using HIV pre-exposure prophylaxis (PrEP) and sexual behaviour after stopping PrEP: a population-based study in Germany	BMC Public Health	-	-	-	1471-2458	https://doi.org/10.1186/s12889-021-10174-4	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10174-4	Persistence of individuals at risk of HIV with Pre-Exposure Prophylaxis (PrEP) is critical for its impact on the HIV epidemic. We analysed factors associated with stopping PrEP, barriers that may detect people from continuing PrEP and investigated sexual behaviour after stopping PrEP. Current and former PrEP users in Germany were recruited to complete an anonymous online survey on PrEP use and sexual behaviour. Participants were recruited via social media, dating apps, and clinical and community facilities. Logistic regression was used to identify factors associated with PrEP use. We recruited 4568 current and 609 former PrEP users in two study waves (July–October 2018, April-June 2019). Former PrEP users were more likely (8.3% years old [IQR = 8.1], aOR = 1.16, 95% confidence interval (CI) 1.1–2.31). Moreover, they were more often unhappy with their sex life, which was more pronounced in former daily PrEP users (aOR = 4.5, 95% CI 2.9–7.1) compared to former on-demand users (aOR = 1.6, 95% CI 1.1–2.5, $p = 0.005$). The most common reason for stopping PrEP was a reduced need for PrEP (49.1%). However, 31.4% of former users identified logistic reasons and 17.5% stopped due to side effects. Former PrEP users using PrEP < 3 months were more likely to stop PrEP due to concerns over long-term side effects (52.0% vs. 22.5%, $p < 0.013$) and not wanting to take a chemical substance (33.2% vs. 24.0%, $p = 0.020$) compared to former PrEP users who used PrEP for longer. After stopping PrEP, 18.7% of former PrEP users indicated inconsistent condom use while having ≥ 6 sex partners within the previous 6 months. Former PrEP users with many partners and inconsistent condom use more often indicated logistic reasons for stopping (46.5% vs. 27.9%, $p < 0.001$) than all other former PrEP users. To maximise persistence with PrEP we need to develop strategies for younger PrEP users, reduce logistic barriers to access PrEP, and to develop effective communication on side effect management. Moreover, prevention strategies for people stopping PrEP are required, since some remain at high risk for HIV.	Disease prevention; HIV; HIV pre-exposure prophylaxis; Human immunodeficiency virus; Prevention; Sexual behavior; Sexually transmitted diseases; STD; Vagina; Health risks; HIV infection; Men; Exposure; Risk factors; Transgender persons; Epidemics; Prophylaxis; Public health; Confidence intervals; Regression analysis; Demographic aspects; Website; Sex; Variables; Gender identity; Side effects; Condoms; Statistical analysis; Privacy; Cross-sectional studies; Former use; Who have sex with men	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Koss C.A.; Havlir D.V.; Ayieko J.; Kwarisiima D.; Kabami J.; Chamie G.; Anderson M.; Mwanga-Amumpaire J.; Owaraganise A.; Peng L.; Odle M.; Snyman K.; Awosanda B.; Clark T.D.; Black D.; Nugent J.; Brown L.B.; Marquez C.; Okochi H.; Zhang K.; Camlin C.S.; Jain V.; Gandhi M.; Cohen C.R.; Bukusi E.A.; Charlebois E.D.; Petersen M.L.; Kamya M.R.; Balzer L.B.	HIV incidence after pre-exposure prophylaxis initiation among women and men at elevated HIV risk: A population-based study in rural Kenya and Uganda	PLOS Medicine	-	-	-	15491277	10.1371/JOURNAL.PMED.1003492	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108225284&doi=10.1371%2Fjournal.pmed.1003492&partnerID=40&md5=1e4b2a7a61d9992e351c80b0a27e9bfc	Background: Oral pre-exposure prophylaxis (PrEP) is highly effective for HIV prevention, but data are limited on HIV incidence among PrEP users in generalized epidemic settings, particularly outside of selected risk groups. We performed a population-based PrEP study in rural Kenya and Uganda and sought to enhance HIV incidence and clinical and virologic outcomes following seroconversion on PrEP. Methods and findings During population-level HIV testing of individuals ≥15 years in 16 communities in the Sustainable East Africa Research in Community Health (SEARCH) study (NCT01864603), we offered universal access to PrEP with enhanced counseling for persons at elevated HIV risk (based on sexual/lifetime partnership, machine learning-based risk score, or self-identified HIV risk). We offered rapid or same-day PrEP initiation and flexible service delivery with follow-up visits at facilities or community-based sites at 4, 12, and every 12 weeks up to week 144. Among participants who initiated PrEP, we tested for HIV at PrEP visits and monthly by phone. We estimated HIV incidence using Poisson regression with cluster-robust standard errors. From 12/2017–12/2019, 4,847 participants (≥1,000 cisgender women and available assays) were enrolled and offered PrEP. Using Poisson regression with cluster-robust standard errors, we compared HIV incidence among PrEP initiators to incidence among propensity score–matched recent historical controls (from the year before PrEP availability) in 8 of the 16 communities, adjusted for risk group. Among 754 participants who initiated PrEP (15.6% [754/4,847] were assessed to be at elevated HIV risk), 2,447/3,613 (33%) initiated PrEP ≥90% from home. 29% (219/754) were 15–24 years, 19% (142/754) were female, and 62% (467/754) reported PrEP adherence at ≥1 visit. Over 7,150 person-years of follow-up, HIV incidence was 0.35 per 100 person-years (95% confidence interval (CI) 0.2–0.49) among PrEP initiators. Among matched controls, HIV incidence was 0.92 per 100 person-years (95% CI 0.49–1.41), corresponding to 76% lower incidence among PrEP initiators compared to matched controls (adjusted incidence rate ratio aIRR 0.24, 95% CI 0.09–0.75, $p = 0.013$). Among women, HIV incidence was 76% lower among PrEP initiators versus matched controls (aIRR 0.24, 95% CI 0.07–0.79, $p = 0.019$); among men, HIV incidence was 75% lower among PrEP initiators versus matched controls (aIRR 0.25, 95% CI 0.06–1.04, $p = 0.057$). Among PrEP initiators, 6/754 (0.8%) seroconverted on PrEP (4 women, 2 men), and 242/2,447 (10%) started ART. Of those with repeat HIV RNA after ART start, 38/39 (97%) had <1,000 viral load. One participant with viral non-suppression was found to have transmitted viral resistance, as well as emtricitabine resistance possibly related to PrEP use. Limitations include the lack of contemporaneous controls to assess HIV incidence without PrEP and that plasma samples were not archived to assess for baseline acute infection. Conclusions Population-level offer of PrEP with rapid start and flexible service delivery was associated with 76% lower HIV incidence among PrEP initiators compared to matched recent controls prior to PrEP availability. HIV infections were significantly lower among women who started PrEP. Universal HIV testing with linkage to treatment and prevention, including PrEP, is a promising approach to accelerate reductions in new infections in generalized epidemic settings. © 2021 Koss et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdolescentsAdultsAgedAged, 80 and overAnti-HIV AgentsFemaleHIV InfectionsHomosexuality, MaleHumansIncidenceKenyaMaleMedication Adherence/statistics & numerical dataMiddle AgedPre-Exposure Prophylaxis/statistics & numerical dataSexual BehaviorTanzaniaYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Lanham M.; Ridgeway K.; Mireku M.; Nhamo D.; Pilloy D.; Murire M.; Stankevitz K.; Kyongo J.; Mallick S.; Bhattasara T.; Dgedz L.; Hoke T.; Balhe A.; Jackonia P.; Lydon M.; Mahalamanike N.; Makoma W.; Murungu J.; Nzobo G.; Nhamo D.; Ochieng C.; Pradhan S.; Schwartz K.; Shamo F.	HIV incidence among persons at high risk for HIV infection in Zimbabwe: Results from a multicountry demonstration study	The Lancet HIV	-	-	-	23525038	10.1016/S2352-3018(21)00005-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108525284&doi=10.1016%2FS2352-3018%2821%2900005-9&partnerID=40&md5=3cafc27a61d9992e351c80b0a27e9bfc	Background: In Kenya, South Africa, and Zimbabwe, oral pre-exposure prophylaxis (PrEP) is recommended for adolescent girls and young women (AGYW) at high risk of HIV. Health providers play a critical role in the uptake and effective use of sexual and reproductive health services, however, few published studies have explored providers' attitudes toward and experiences delivering PrEP to AGYW. We conducted a cross-sectional qualitative study, interviewing 113 providers at 36 public, private, and nongovernmental health facilities in Kenya, South Africa, and Zimbabwe that were offering PrEP during the research period or were likely to offer PrEP in the future. Data were coded in NVivo 11, a mixed-is applied thematic analysis was conducted. Results: Most providers described PrEP as beneficial for girls who could not rely on their partners to use condoms consistently, but some providers described PrEP as only for girls who could not say no to sex. Providers reported that it was more challenging to deliver PrEP to younger than 18. Those with experience providing PrEP pointed to stigma and lack of PrEP awareness in communities as two primary barriers to PrEP uptake and use. Conclusions: Providers were generally accepting of oral PrEP as an HIV prevention option for AGYW; however, many had negative attitudes about adolescents' ability to use PrEP correctly, mostly active and concerns about whether they could take PrEP daily. Results were used to update national PrEP training materials to address negative provider attitudes about PrEP use by AGYW. © 2021. The Author(s).	Adolescent; Africa; Attitude; Health care providers; HIV; Women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Laurent C.; Domblé Kelin B.; Yava I.; Le Guicher G.; Seguen-Teyssier L.; Agbonyiho M.K.; Coulibaly A.; Touré I.; Malen J.-B.; De Beaucorps L.; Labeeko A.; Rayal L.; Rojo-Castro D.; Feyi-Kotti H.; Kowi A.; Dondo S.; Dagnra C.A.; Serrano L.; Diallo I.; Mensah E.; Diab T.T.E.; Anome C.; Veyrieche B.; Spire B.; Ouedraogo S.; Gennetelle B.; Peeters M.; Coudeve C.; Mora M.; Merabet G.; Bourreilly M.; Mata M.; Berrenger C.; Boyer S.; Palwadeau P.; Reynieix T.; Maiga A.K.; Camara D.; Diarra M.; Ouedraogo A.; Sangaré N.; Koita A.A.; Goné O.; Touré F.; Ouary B.A.; Kanta L.; Kenfa R.; Ala N.T.; Lakosa K.J.; Coulibaly N.H.; Kafé E.J.A.; Ngassoua D.F.; Babo Yoro S.-A.; Cissé A.; Rajaonivelo C.; Ouedraogo F.B.; Ouedraogo J.; Coulibaly C.; Ouedraogo M.; Bouda O.; Traoré A.; Comiambo H.; Attiso A.; Kokosha A.; Badjouin A.M.; Aghomajdj K.K.S.; Attogbe M.; Yaka K.J.; Ekon A.L.; Binda J.; Tegnere K.D.	Sociodemographic Characteristics of HIV Pre-Exposure Prophylaxis Use and Reasons for Nonuse among Gay, Bisexual, and Other Men Who Have Sex with Men from Three US Cities	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2020.0231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106592562&doi=10.1089%2Fapc.2020.0231&partnerID=40&md5=d0e0f3f1c7b4b9f2bd0b67e22f5e1e7f	Background: HIV pre-exposure prophylaxis (PrEP) is a preventive medication that could reduce new infections among men who have sex with men (MSM). There are limited data on differing reasons for PrEP nonuse by condomless anal sex (CAS). We examined demographic and behavioral variables associated with PrEP use and reasons for PrEP nonuse by CAS. Data are from the MyGuyHealth, conducted in a 2018 baseline assessment of MSM ($n = 790$) in Atlanta, Detroit, and New York City. Participants reported current PrEP use (31%), previous use (8%), and never use (61%). MSM reporting CAS adjusted odds ratio (aOR) = 2.66, confidence interval (95% CI) = 1.73–3.93, age 18–24 (aOR = 2.11, 95% CI = 1.20–3.72), 30–39 (aOR = 2.12, 95% CI = 1.23–3.58), with a college degree (aOR = 1.96, 95% CI = 1.20–3.21), or postgraduate education (aOR = 2.58, 95% CI = 1.53–4.40) had greater odds of current (vs. never) use; uninsured (aOR = 0.30, 95% CI = 0.16–0.57) men had lower odds of current (vs. never) use. For never use, more MSM who reported CAS (vs. did not) endorsed the following reasons ($p < 0.05$): Insurance wouldn't cover PrEP (20% vs. 12%), Didn't know where to get it (13% vs. 24%) and fewer reported Didn't need PrEP (23% vs. 39%) and Started a committed relationship (7% vs. 2%). For discontinuation, more MSM who reported CAS (vs. did not) endorsed Worry about the safety of PrEP (19% vs. 6%), Didn't like taking a pill every day (19% vs. 6%), and Started a committed relationship (11% vs. 3%) as reasons for discontinuing PrEP. These findings may inform how providers can facilitate PrEP use by encouraging an access and safety for MSM who reported CAS. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	current PrEP users; HIV; MSM; PrEP nonuse; previous PrEP users	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Lauren C.; Dombl Kelin B.; Yava I.; Le Guicher G.; Seguen-Teyssier L.; Agbonyiho M.K.; Coulibaly A.; Touré I.; Malen J.-B.; De Beaucorps L.; Labeeko A.; Rayal L.; Rojo-Castro D.; Feyi-Kotti H.; Kowi A.; Dondo S.; Dagnra C.A.; Serrano L.; Diallo I.; Mensah E.; Diab T.T.E.; Anome C.; Veyrieche B.; Spire B.; Ouedraogo S.; Gennetelle B.; Peeters M.; Coudeve C.; Mora M.; Merabet G.; Bourreilly M.; Mata M.; Berrenger C.; Boyer S.; Palwadeau P.; Reynieix T.; Maiga A.K.; Camara D.; Diarra M.; Ouedraogo A.; Sangaré N.; Koita A.A.; Goné O.; Touré F.; Ouary B.A.; Kanta L.; Kenfa R.; Ala N.T.; Lakosa K.J.; Coulibaly N.H.; Kafé E.J.A.; Ngassoua D.F.; Babo Yoro S.-A.; Cissé A.; Rajaonivelo C.; Ouedraogo F.B.; Ouedraogo J.; Coulibaly C.; Ouedraogo M.; Bouda O.; Traoré A.; Comiambo H.; Attiso A.; Kokosha A.; Badjouin A.M.; Aghomajdj K.K.S.; Attogbe M.; Yaka K.J.; Ekon A.L.; Binda J.; Tegnere K.D.	Safety and Pharmacokinetic Profiles of Long-Acting Injectable Antiretroviral Drugs for HIV-1 Pre-Exposure Prophylaxis: A Systematic Review and Meta-analysis of Randomized Trials	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2021.666875	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111131631&doi=10.3389%2Fphar.2021.666875&partnerID=40&md5=7b0ca5170c6d9e8b9fbb67b12256e1e7	Objectives: To investigate the safety and pharmacokinetic profiles of long-acting injectable pre-exposure prophylaxis (LAI PrEP), notably cabotegravir (CAB-LA) and rilpivirine (RPV-LA), for the prevention of human immunodeficiency virus-1 (HIV-1) infection. Methods: Eligible randomized trials of LAI PrEP in HIV-uninfected and/or healthy patients were included and assessed with the Revised Cochrane risk-of-bias tool for randomized trials. Where feasible, a meta-analysis was performed for pooled estimates of safety outcomes using a random-effects model with risk ratios (RR) and 95% confidence intervals as the common effect measure. The protocol was registered with PROSPERO (CRD42020154572). Results: Eight trials considering a total of 666 participants were included in this systematic review, including five 2N2 intervention trials (HPTN 077, HPTN 083, HPTN 084, ECLAIR, and MWRI) and three 1N2 trials (LATTE-2, ATLAS, and FLAIR). Overall, the safety profiles of CAB-LA and RPV-LA were similar to placebo in terms of any adverse event (AE), serious AE, and AE-related withdrawals. Furthermore, pharmacokinetic analyses revealed favorable properties to total inhibitory activity of CAB-LA and RPV-LA. Intramuscular (IM) injection of CAB-LA 600 mg Q8W was superior to CAB-LA 800 mg Q12W in male participants, while the same was true for RPV-LA 1200 mg IM Q8W over other dosing regimens. Although these results are promising, further research is required to confirm the findings as RPV-LA as current evidence is limited. Conclusion: CAB-LA and RPV-LA have promising safety and pharmacokinetic profiles. The preventive efficacy of these agents is being evaluated in Phase 3 trials. © Copyright © 2021 Laurenz, Wanggaarts, Christanto, Louisa, Soetikno and Hamers.	cabotegravir; HIV-human immunodeficiency virus; long acting injectable (LAI); pre-exposure (PrEP) prophylaxis; rilpivirine	English	Switzerland	Western and Central Europe and North America	Indonesia	Asia and the Pacific	Indonesia	Asia and the Pacific	Review
Article	2021	Laurenz L.; Reza-Paul S.; Hafeez Ur Rahman S.; Lorway R.	In Search of 'Success': The Politics of Care and Responsibility in a PrEP Demonstration Project	Medical Anthropology: Cross-Cultural Studies in Health and Illness	-	-	-	1459740	10.1080/01459740.2020.1854753	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098102962&doi=10.1080%2F01459740.2020.1854753&partnerID=40&md5=90c7cf7d1cf87841c76ecb6f1e3653c4	We illustrate the lively existence of the notion of success in the unfolding of a PrEP project led by a sex worker organization in India. In what we call the "search for success," particular attention is placed on the role that care plays among sex workers guiding the project. Drawing on our ethnographic work, we highlight how the search for success underlines particular affective dispositions that are understood by overlapping temporal registers; in the early stages of fostering adherence, when project fatigue sets in; and as the project draws to a close, in the anticipation of what comes next for the organization. © 2020 Taylor & Francis Group, LLC	community-led; demonstration projects; HIV; India; PrEP; sex work	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Lazarus, Lisa; Reza-Paul, Susheua; Rahman, Syed Hafeez Ur; Ramaiah, Manjula; Venugopal, M S; Venukumar, K T; Moses, Stephen; Becker, Marissa; Lorway, Robert	Beyond remedicalculation: a community-led PrEP demonstration project among sex workers in India.	-	-	-	-	1464-5351	10.1080/13691058.2020.1774656	https://dx.doi.org/10.1080/13691058.2020.1774656	Global health policy-makers have called for demonstration projects to better understand pre-exposure prophylactic (PrEP) effectiveness across geographies and populations. Ashodaya, a sex worker collective, initiated a PrEP project in Mysuru, India. We conducted a project ethnography to explore the role that community participation played within the project. Although the project proved immensely successful in terms of retention and adherence, to explain these findings we point towards Ashodaya's history of collectivization around sexual health a history of community action that has given rise to new spaces of belonging and empowerment. We argue that the project's success was contingent on three factors: (1) the ability to leverage existing social capital and trust in the collective to recruit and retain community leaders as the first participants in a new PrEP, followed by the sharing of these experiences through testimonials to their peers; (2) the enforcement of PrEP among community leaders living with HIV, to avoid social divisions around HIV status; and (3) ongoing community-level support from outreach workers that went beyond administering PrEP to address the various needs of the community. These community-led approaches demonstrate that communities hold key insights into the delivery of clinically-oriented interventions, suggesting the vital role they continue to play in planning and implementing new prevention technologies.	PrEPcommunity engagementsex workerHIVIndia	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Qualitative

Article	2021	Le Guillou, Adrien; Buchbinder, Susan; Scott, Hyman; Liu, Albert; Havlir, Diane; Scheer, Susan; Jenness, Samuel M	Population Impact and Efficiency of Improvements to HIV PrEP Under Conditions of High ART Coverage Among San Francisco Men Who Have Sex With Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002781	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8558568/	-	BACKGROUND: Key components of Ending the HIV Epidemic (EHE) plan include increasing HIV antiretroviral therapy (ART) and HIV pre-exposure prophylaxis (PrEP) coverage. One complication to addressing this service delivery challenge is the wide heterogeneity of HIV burden and health care access across the United States. It is unclear how the effectiveness and efficiency of expanded PrEP will depend on different baseline ART coverage. METHODS: We used a network-based model of HIV transmission for men who have sex with men (MSM) in San Francisco. Model scenarios increased varying levels of PrEP coverage relative under current empirical levels of baseline ART coverage and 2 counterfactual levels. We assessed the effectiveness of PrEP with the cumulative percentage of infections averted (PIA) over the next decade and efficiency with the number of additional person-years needed to treat (NNT) by PrEP required to avert one HIV infection. RESULTS: In our projections, only the highest levels of PrEP coverage (80%) led to substantial PIA (>25%) and low NNT (<30) under current ART coverage. Lower PrEP coverage (40%) led to a PIA of 15% and NNT of 50. At the lowest baseline ART coverage population and 75% in the highest. The efficiency declined with increasing ART (NNT range from 41 to 113). CONCLUSIONS: Improving both PrEP and ART coverage would have a synergistic impact on HIV prevention even in a high baseline coverage city such as San Francisco. Efforts should focus on narrowing the implementation gaps to achieve higher levels of PrEP retention and ART sustained viral suppression.	HIV; mathematical model; men who have sex with men; pre-exposure prophylaxis; antiretroviral therapy; sexual network	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Lee-Foon , Nikin	Exploring the State of Sexual Health Literacy among Young Black Gay and Other Men who Have Sex with Other Men in Toronto, Ontario, Canada	-	-	-	University of Toronto	-	NA	NA	http://hdl.handle.net/1807/106374	-	Despite advancements in diagnosis, treatment and prevention for HIV and other sexually transmitted infections (STIs), young Black gay and other men who have sex with men (YBGM) experience significantly higher HIV rates compared to other young gay and other men who have sex with men. While sexual health literature indicates various socio-structural factors (e.g., systemic racism, low income) contribute to these disparities, YBGM's sexual health literacy (SHL) remains underexplored. Moreover, existing SHL research has been criticized for its narrow conceptualization and methodologically informed by Chatman's constructivist grounded theory to begin addressing this scarcity. My primary research question was: what is the state of YBGM's sexual health literacy? My sub-questions were: 1) what or who are YBGM's sources of sexual health information?; 2) how do YBGM evaluate the information they gather from these sources? and 3) in what ways, if any, are YBGM applying this information in their everyday lives? Twenty-two YBGM aged 16 to 21 years underwent a socio-demographic survey and one-on-one semi-structured interviews. The first round centered on YBGM's pre-exposure prophylaxis (PrEP) knowledge. My findings revealed that YBGM's limited PrEP knowledge was due to healthcare institutions' inability to effectively disseminate PrEP information coupled with the impact of PrEP stigma and their social locations on this knowledge. Manuscript two explored YBGM's approaches to evaluating the credibility of key sexual health information sources. My findings countered common narratives in the literature that identified sex-ed, some aged peers and family as key sources. Older Black peers were seen as a key source who used 'testimonials', a commonly used health communication skills throughout the lens of YBGM. Participants' evaluations of these sources were also influenced by YBGM's social locations. Manuscript three explored sexual health communication skills through the lens of YBGM. Participants' responses to these points to providers' inadequate skills and to their healthcare system's misconceptions of YBGM's sexuality (race, sex, sexual orientation and/or age automatically categorized them as needing HIV and other STI testing even when they might non-sexual healthcare. We conclude with the study's implications on sexual healthcare research, policy and practice.	African; Caribbean; Black; HIV; men who have sex with other men; sexual health literacy; STIs; youth; 6573	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Qualitative
Article	2021	Letlika M.H.; Notungabeni T.R.	A Plea Of Those Who Are Affected Most By HIv: The Utterances By Women Who Inject Nyaope Residing In The City Of Tshwane Municipality, Gauteng	African Journal of Primary Health Care and Family Medicine	-	-	-	2071/2928	10.4102/phcfm.v13i1.2416	-	Background: Nyaope injecting practice brought the field of Human Immunodeficiency Virus (HIV) prevention and Substance Use Disorder (SUD) together. It is complex and requires sus drugs face individual, social, and structural factors that fuel their vulnerability to contract HIV, and other blood-borne infections. Women subpopulations that is neglected from HIV prevention and SUD treatment interventions, and are hardly the subject of services. Aim: This study explored the utterances on the HIV epidemic among WWIDI it is imperative that they become part of the process of finding solutions. Aim: This study explored the strategies to curb HIV incidence among Women Who Inject (WWIN), residing in City of Tshwane Municipality, Gauteng Province. Setting: The research was conducted within COSUP. COSUP was considered more appropriate as it is a harm reduction based organisation, qualitative research approach. Semi-structured interviews were conducted with 24 women with a history of injecting Nyaope aged between 19 to 35 years. The data was analysed using thematic data analysis. Results: Health intervention, economic intervention and educational intervention was stressed as key strategies to curb HIV among WWIN. Needle and syringe programmes (NSP) were highlighted as the HIV prevention strategy that participants were familiar with. Participants also mentioned condom use, substitution therapy, and counselling as strategies to curb HIV among WWID. Conclusion: Mechanisms to curb HIV among WWIN exist, and when implemented, they have the potential to address high HIV incidence among women who inject Nyaope. © 2021. The Authors. Licensee: AOSIS. This work is licensed under the Creative Attribution License	harm reduction; HIV; needle exchange programme; Nyaope; women who inject drugs	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Lois M.; McDermott M.; Kouiaev A.; Smalkowski L.; Kariri A.; Beattie T.S.; Kaul R.; Kimani J.	Intimate partner and client-perpetrated violence are associated with reduced HIV pre-exposure prophylaxis (PrEP) uptake, depression and generalized anxiety in a cross-sectional study of female sex workers from Nairobi, Kenya	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25711	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116833354&doi=10.1002%2Fjia2.25711&partnerID=40&md5=7f4e67a9d01ba7365f3b9752a72274a	-	Introduction: UNAIDS has identified female sex workers (FSW) as a key HIV at-risk population. FSW disproportionately experience gender-based violence, which compounds their risk of HIV acquisition and may contribute to adverse mental health outcomes. Pre-exposure prophylaxis (PrEP) is a powerful but underused HIV prevention tool for these women. This study explored the associations between intimate partner violence (IPV) and client-perpetrated violence against FSW, mental health outcomes and PrEP use. Methods: An anonymous questionnaire was administered to a convenience sample of 220 Nairobi FSW attending dedicated clinics from June to July 2019, where PrEP was available free of charge. A modified version of the WHO Violence Against Women Instrument assessed IPV and client-perpetrated violence, and the Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder-7 (GAD-7) assessed depressive and anxiety symptoms respectively. Multivariable logistic regressions evaluated predictors of depression, generalized anxiety and PrEP use. Results: Of the total 220 women (median IQR: age 32; 27-38), 56.8% (125/220) reported depression (PHQ-9 ≥ 10) and 59.1% (130/220) reported anxiety (GAD-7 ≥ 10). Only 43.4% (95/220) reported optimal use of PrEP (taken correctly six to seven days/week) despite the cohort pursuing sex work for a median of 7 (4 to 12) years. Most women reported experiencing IPV (68.6%, 151/220) and violence from clients (70.5%, 155/220) in the past 12 months. Physical IPV was reported by 40.5% (89/220) and sexual IPV by 39.1% (86/220) women in the past 12 months (95.5%, 176/220). Experiencing violence was associated with depression (adjusted OR, aOR 0.39; 95% CI 2.30 to 36.42; p = 0.0002) and generalized anxiety (aOR 3.42; 95% CI 1.10 to 10.66, p = 0.03), with the strongest associations between emotional IPV and both depression and anxiety. Recent client-perpetrated emotional violence (aOR 0.23; 95% CI 0.07 to 0.72, p = 0.01) was associated with decreased PrEP use, whereas client-perpetrated physical violence was associated with increased PrEP use (aOR 2.01; 95% CI 1.16 to 7.81, p = 0.02). Conclusions: There was a high prevalence of recent violence by different perpetrators as well as depression and anxiety among FSW from Nairobi. PrEP use was relatively infrequent, and recent client-perpetrated emotional violence was associated with PrEP non-use. Interventions to reduce gender-based violence may independently enhance HIV prevention and reduce the mental health burden in this community. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society	anxiety; depression; female sex workers; HIV; intimate partner violence; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Lemeshow, Ashley; Hamilton, Jessica; Hoffman, Risa M.; Sun, Paul E.; Mayo, Skhalelle; Chaldekova, Natalia; Stringer, Jeffrey Sa; Medows, Gurewhyr; Kershaw, Kristen; Vinkle, Cassie; Hussong, Mindaga; Blandina T.; Jolie, Lara; Hanley, Sheika; Parker, Lynette; Holmes, Lewis B.; Monroe, Jeremiah D.; Shapiro, Roger L.; Theofat, Nurdesje K.; Rooney, James F.; Frenkel, Lisa M.; Anstee, K. River; Chanda, Lamuch; Currier, Judith	Efficacy and safety of dolutegravir with emtricitabine and tenofovir alafenamide fumarate or tenofovir disoproxil fumarate, and efavirenz, emtricitabine, and tenofovir disoproxil fumarate HIV antiretroviral therapy regimens started in pregnancy (IMPAACT 2010/VESTED): a multicentre, open-label, randomised, controlled, phase 3 trial.	The Lancet	-	-	-	1474-547X/ 0140-6736	10.1016/S0140-6736(21)00314-7	https://pubmed.ncbi.nlm.nih.gov/33812487/	-	BACKGROUND: Antiretroviral therapy (ART) during pregnancy is important for both maternal health and prevention of perinatal HIV-1 transmission; however adequate data on the safety and efficacy of different ART regimens that are likely to be used by pregnant women are scarce. In this trial we compared the safety and efficacy of three antiretroviral regimens started in pregnancy: dolutegravir, emtricitabine, and tenofovir alafenamide fumarate; dolutegravir, emtricitabine, and tenofovir disoproxil fumarate; and efavirenz, emtricitabine, and tenofovir disoproxil fumarate. METHODS: This multicentre, open-label, randomised controlled, phase 3 trial was done at 22 clinical research sites in nine countries (Botswana, Brazil, India, South Africa, Tanzania, Thailand, Uganda, the USA, and Zimbabwe). Pregnant people (aged ≥18 years) with HIV-1 were enrolled at 14–28 weeks' gestation and were randomly assigned (1:1:1) to receive one of the three ART regimens from 14–28 weeks' gestation until 6 weeks after delivery. Participants were not assigned to receive ART during the current pregnancy was permitted), as were women known to be pregnant with multiple fetuses, or those with known fetal anomaly or a history of psychiatric illness. Participants were randomly assigned (1:1:1) using a central computerised randomisation system. Randomisation was done using permuted blocks (size six) stratified by gestational age (14–18, 19–23, and 24–28 weeks' gestation) and country. Participants were randomly assigned to receive either once-daily oral dolutegravir 50 mg, and once-daily oral fixed-dose combination emtricitabine 200 mg and tenofovir alafenamide fumarate 25 mg; once-daily oral dolutegravir 50 mg, and once-daily oral fixed-dose combination emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg; or once-daily oral fixed-dose combination of efavirenz 600 mg, emtricitabine 200 mg, and tenofovir disoproxil fumarate 300 mg. The primary efficacy outcome was the proportion of participants with viral suppression, defined as with HIV-1 RNA concentration of less than 200 copies per mL, at or within 14 days of delivery, assessed in all participants with an HIV-1 RNA result available from the delivery visit, with a prespecified non-inferiority margin of 12%. The primary safety outcome was the proportion of participants with adverse pregnancy outcomes, defined as a composite of stillbirth, neonatal death, or neonatal admission, among treatment groups, were the occurrence of a composite adverse pregnancy outcome, i.e. either preterm delivery, the infant being born small for gestational age, stillbirth, or spontaneous abortion, in participants with a pregnancy outcome, and the occurrence of grade 3 or higher maternal and infant adverse events in all randomised participants. This trial was registered with ClinicalTrials.gov, NCT03060822. FINDINGS: Between 16 Dec 2016, and 30 Jan 2018, and 1844 (76%) of 2434 people screened were enrolled and randomly assigned 643 pregnant women: 217 to the dolutegravir, emtricitabine, and tenofovir disoproxil fumarate group, 213 to the dolutegravir, emtricitabine, and tenofovir alafenamide fumarate group, and 211 to the efavirenz, emtricitabine, and tenofovir disoproxil fumarate group. At enrolment, median gestational age was 21·9 weeks (IQR 18·3–25·3), the median HIV-1 RNA concentration among participants was 982·5 copies per mL (132·0–5142·5); 181 (28%) of 643 participants had HIV-1 RNA concentrations of >200 copies per mL), and the median CD4 count was 466 cells per mL (IQR 624). HIV-1 RNA concentrations at delivery were available for 603 (94%) participants. Of these, 395 (98%) of 405 participants in the dolutegravir groups had HIV-1 RNA concentrations of less than 200 copies per mL at delivery compared with 182 (91%) of 200 participants in the efavirenz group (adjusted difference 6·9% (95% CI 2·9 to 10·8; p=0·0007), thus meeting the non-inferiority margin of 12%. Viral suppression at delivery was also higher among participants in the dolutegravir groups compared with the efavirenz group (adjusted difference 6·9% (95% CI 2·9 to 10·8; p=0·0007). Adverse pregnancy outcomes were similar between dolutegravir groups (152 (24% of 2181) had a composite adverse pregnancy outcome) and efavirenz groups (52 (24% of 216) had a composite adverse pregnancy outcome; difference −0·8% (95% CI −7·3 to 5·7; p=0·80). Stillbirth, neonatal death, or neonatal admission occurred in 15 (2%) participants in the dolutegravir groups and 5 (2%) participants in the efavirenz group (95 CI 1·3 to 5·2; p=0·80). The proportion of participants who had a preterm delivery was significantly lower in the dolutegravir, emtricitabine, and tenofovir alafenamide fumarate group (12·6% of 208) than in the efavirenz, emtricitabine, and tenofovir disoproxil fumarate group (25·12% of 207; −8·5% (−11·8 to −0·5; p=0·02). Neonatal mortality was significantly higher in the efavirenz, emtricitabine, and tenofovir disoproxil fumarate group (ten 5% of 207 infants) than in the dolutegravir, emtricitabine, and tenofovir alafenamide fumarate group (two 1% of 208; p=0·019) or the dolutegravir, emtricitabine, and tenofovir disoproxil fumarate group (three 2% of 202; p=0·050). INTERPRETATION: When started in pregnancy, dolutegravir-containing regimens had superior virological efficacy at delivery compared with the efavirenz, emtricitabine, and tenofovir disoproxil fumarate regimen. The dolutegravir, emtricitabine, and tenofovir alafenamide fumarate regimen had the lowest frequency of preterm delivery and neonatal mortality. FUNDING: National Institute of Allergy and Infectious Diseases, the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the National Institute of Mental Health.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Logan, Rachel; Seidman, Dominika	Lessons Learned from Longer Acting Reversible Contraception Applied to Longer Acting HIV Prevention Technologies	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-021-00571-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8436250/	-	PURPOSE OF REVIEW: This review describes lessons learned from longer acting contraception and employs a reproductive justice lens to inform expansion of emerging HIV prevention technologies. RECENT FINDINGS: Reproductive justice is a framework that advocates for the promotion of universal sexual and reproductive freedoms, particularly among historically marginalized communities. This framework takes a holistic view of individuals and sees the interconnections between sexual health, reproductive health, and overall health. Employing a sexual and reproductive justice perspective is essential to understanding and helping to mitigate the role intersecting structural, sexual, and reproductive oppressions, including those demonstrated through perpetuation of gaps using contraceptives, and can critically inform rollout of future prevention technologies, such as longer acting HIV pre-exposure prophylaxis. This review highlights the need for researchers, clinicians, and policymakers to apply lessons learned from contraception and specifically focuses on principles of reproductive justice to offer expanding HIV prevention options.	Racial swab, HIV exposure, Y-chromosomic single tandem repeat mixtures, condomless receptive anal intercourse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Logie C.H.; Wang Y.; Lalor P.; Williams D.; Lewenson K.	Pre and Post-exposure Prophylaxis Awareness and Acceptability Among Sex Workers in Jamaica: A Cross-Sectional Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02972-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087697224&doi=10.1007%2Fs10461-020-02972-5&partnerID=40&md5=4e353457e0bcdcea7f3e8a2d6a722	-	The HIV prevention cascade is understudied among sex workers in Jamaica, where sex work and same sex practices are criminalized. We implemented a cross-sectional survey with cisgender women, transgender women, and cisgender men sex workers in Jamaica. We conducted multivariable logistic regression analyses to identify factors associated with PrEP awareness and acceptability. Participants (n = 340) included cisgender men (n = 124), transgender women (n = 101), and cisgender women (n = 115). PrEP awareness was low (33.2%), yet acceptability was high (78.8%). In multivariable analysis, recent condomless sex, recent client violence, recent police violence, and sex work social cohesion were associated with PrEP awareness and acceptability. One-third (32.7%) reported PrEP awareness, with high acceptability (80.2%). Relationship status and recent physical violence were associated with PrEP awareness and acceptability. In multivariable analyses, gender identity was not associated with differences in PrEP awareness/acceptability. Findings highlight the need to increase PrEP awareness and access among sex workers in Jamaica. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Jamaica; LGBT; Post exposure prophylaxis; Pre-exposure prophylaxis; Sex workers; Violence	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Lorenz A.; Nichells J.; Kosten J.M.; Macgregor L.; Spurrr N.; Hartyman L.; Turner K.M.E.; Horner P.; Horwood J.	Human Immunodeficiency Virus Pre-exposure Prophylaxis Knowledge, Attitudes and Perceptions of Sexual Health Risk in an Age of Sexually Transmitted Infection Antimicrobial Resistance	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001384	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113110111&doi=10.1097%2FOLQ.0000000000001384&partnerID=40&md5=6c577a4b3146a5ca888a6fc446228c	-	Background: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) has helped reduce new HIV infections. However, bacterial sexually transmitted infections (STIs) have increased among PrEP users. We examined PrEP knowledge, access, and risk perceptions in an age of antimicrobial resistance (AMR). Methods: An online anonymous survey was distributed to all cisgender men/transgender women who have sex with men (MSM) attending a large sexual health clinic in London, United Kingdom, between October and December 2019. Participants were asked questions on PrEP and associated risk behaviors and perceptions of AMR. Results: In total, 1,001 MSM participated in the survey. Of these, 34.9% had ever used PrEP. Interviewees (n = 24) reported widespread awareness of and enthusiasm for PrEP. Among nonusers, 39% (146/376) were unaware how to access PrEP, and 27% (103/376) could not access PrEP through the national "impacPrEP" service when 75% (181/931) were eligible. The PrEP was described as "life-changing"but current users felt the pill was too much barrier to use. Sixty-two percent (238/376) of HIV-negative/unknown respondents on PrEP were more likely to have condomless anal intercourse with someone they thought was HIV-negative. Interviewees used PrEP with other risk-reduction strategies. Sexually transmitted infections were seen as "curable"and AMR rarely influenced risk perception or sexual decision making. Conclusions: The PrEP awareness was high, but practices could be improved. Improving clinic processes could increase access. PrEP may increase condomless anal intercourse, but interviewees used PrEP as one of many risk-reduction tools. Reduced fear of HIV transmission and testing was highly valued. Sexually transmitted infection AMR was not seen as an immediate threat and did not influence risk perception or sexual decision making. © Lippincott Williams & Wilkins.	Anti-Bacterial Agents/Drug Resistance, Bacterial/Health Knowledge, Attitudes, Practice/HIV Infections/Immunotherapy, Multi/Human/Male/Perception/Pre-Exposure Prophylaxis/Sexual Behavior/Sexual Health/Sexually Transmitted Diseases	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Essay	2021	Lucas, Gregory M; Winslow, Dean L	New onset kidney impairment in a large pre-exposure prophylaxis demonstration project in New South Wales, Australia.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003077	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8598290/	-	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2021	Luo, Sheng; Wang, Zixia; Lau, Joseph Tak-Fai	The General Public's Support Toward Governmental Provision of Free/Subsidized HIV Preexposure Prophylaxis to At-Risk Chinese People: A Population-Based Study.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001304	https://ids.doi.org/10.1097/OLQ.0000000000001304	-	Background: Growth in new HIV infections among men who have sex with men (MSM) in China has been fueled by their high-risk sexual behaviors and low uptake of HIV testing. To achieve the UNAIDS 90-90-90 goals, China, from June to July, 2019. Descriptive analyses and logistic regression were performed. RESULTS: The prevalence rates of supportive attitude for free and subsidized PrEP were 30.0% and 30.3%, respectively; epidemic was a favorable psychosocial environment for PrEP implementation. Those who were older, had less education, did not have a full-time job, or reported a lower household income were less likely to support free or subsidized PrEP. Stigmatizing attitudes against homosexuals (adjusted odds ratio AOR, 0.81; 95% CI, 0.73-0.89) and perceived negative sexual impacts of free PrEP (AOR, 0.79; 95% CI, 0.70-0.87) were negatively associated with the support for free PrEP. Compassion to others (AOR, 1.16; 95% CI, 1.01-1.21), perceived positive sexual impacts of free PrEP (AOR, 1.80; 95% CI, 1.43-2.44), and the belief that the positive impacts would outweigh the negative impacts (AOR, 26.97; 95% CI, 10.60-68.24) were positively associated with the support for free PrEP. Similar associations were observed for the support toward subsidized PrEP. CONCLUSIONS: The Hong Kong general public's support for government financial assistance of PrEP for people at high risk of HIV was low. Prexposure prophylaxis advocacy campaigns are warranted and suggested to incorporate components that address the associated factors.	Adult; Attitude; Cross-Sectional Studies; Female; Health Knowledge, Attitudes, Practice; Homosexuality, Male; Humans; Male; Pre-Exposure Prophylaxis; Sexual Behavior; Sexual Minorities; Surveys and Questionnaires	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Lutz S.; Hirberling M.; Gredlich K.J.	Patient perspectives of pharmacists prescribing HIV pre-exposure prophylaxis: A survey of patients receiving antiretroviral therapy	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2020.09.020	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092715969&doi=10.1016%2Fj.japh.2020.09.020&partnerID=40&md5=37f751d8c23ca026dd3c5fcaa139aad	-	Background: Groundbreaking new laws granting community pharmacists the authority to prescribe human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) medications have the potential to increase patient access to PrEP. However, little information is available regarding patients' perceptions of this new role for pharmacists. Objective: To assess the attitudes and perceptions of patients toward the prospective pharmacist PrEP prescribing and identify potential barriers to acceptance of pharmacists prescribed PrEP. Methods: Adult patients currently receiving antiretroviral therapy for HIV prophylaxis or treatment at a specialty pharmacy were surveyed telephonically from January 2020–April 2020. A 4-point Likert scale was used to measure perceptions in addition to open-ended questions. Results: The participation rate was 87.5%. Of the 49 respondents, 100% agreed/strongly agreed that pharmacists were knowledgeable about medications, but they were less likely to strongly agree that pharmacists were knowledgeable about HIV drugs (14.3% vs. 75.5% for other drugs, P < 0.001). Most (93.9%) of the patients agreed/strongly agreed that they would feel comfortable seeking a pharmacist for PrEP information or HIV testing. With respect to PrEP prescribing, 16.3% disagreed that they would feel comfortable having a pharmacist prescribe their first dill of PrEP, preferring to speak to their physician or expressing concerns that pharmacists have inadequate training. All patients expressed a desire for additional HIV PrEP training requirements for pharmacists before allowing them to prescribe PrEP. A portion of patients (14.3%) disagreed/strongly disagreed that the increased availability of PrEP would lead to persons becoming less afraid to contract HIV. However, 100% of the patients agreed/strongly agreed that having pharmacists prescribed PrEP would benefit their community. Conclusion: Patients receiving antiretroviral therapy reported overall favorable perceptions of pharmacist PrEP prescribing; however, some concerns relating to pharmacists' level of training in HIV exist. This may be ameliorated through increased pharmacist education, including how to counsel patients seeking PrEP on behavioral risk reduction. © 2021 American Pharmacists Association®	AdultHealth Knowledge, Attitudes, Practice/HIV InfectionsHumansPharmaciansPre-Exposure Prophylaxis/Surveys and Questionnaires	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Lu, Albert Y; Laborde, Nicole D; Coleman, Kenneth; Yittinghoff, Eric; Gonzalez, Rafael; Wilde, Gretchen; Thorne, Annie L; Raspuzki, Ed; Shelner, Laura; Sunshine, Lauren; van der Straten, Ariane; Siegler, Aaron J; Buchbinder, Susan	DOT Duty: Developing a Novel Mobile App Using Artificial Intelligence and an Electronic Sexual Diary to Measure and Support PrEP Adherence Among Young Men Who Have Sex with Men.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03054-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7979467/	-	Young men who have sex with men (YMSM) are highly vulnerable to HIV. While pre-exposure prophylaxis (PrEP) has demonstrated effectiveness, adherence has been low among YMSM and difficult to measure accurately. In collaboration with a healthcare company, we configured an automated directly-observed therapy (aDOT) platform for monitoring and supporting PrEP use. Based on interest expressed in focus groups among 30 YMSM, we combined aDOT with an electronic sexual diary to provide feedback on level of protection during sex and to motivate app use. In an 8-week optimization pilot with 20 YMSM in San Francisco and Atlanta, the app was found to be highly acceptable, with median System Usability Scale scores in the "excellent" range (80/100). App use was high, with median PrEP adherence of 91% based on aDOT. Combined dosing and sexual behavior data from 1,077 sessions showed PrEP dose-timing feedback support further evaluation of DOT Duty in future effectiveness studies.	pre-exposure prophylaxis, adherence, HIV, mobile health, artificial intelligence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Liu, Anna Y.; Vittinghoff, Eric; Sellmeyer, Deborah E.; Kolaczkowski, Sarah; Buchbinder, Susan; Anderson, Peter L.	Predictors of Tenofovir-Diphosphate in Hair among Participants in the iPrEx Open-Label Extension (POPLHIV Study).	PLoS ONE	-	-	-	1932-6203	10.1371/journal.pone.0066916	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3688744/	-	Introduction: Vaginal rings are a promising approach to provide a woman-centered, long-acting HIV prevention strategy. Prior trials of a 25 mg dapivirine (DPV) ring have shown a favourable safety profile and approximately 30% risk reduction of HIV-1 infection. Extended duration rings replaced every three months may encourage user adherence, improve health service efficiency and reduce cost overall. We evaluated safety, pharmacokinetics, adherence and acceptability of two three-month rings with different DPV dosages, compared with the monthly DPV ring. Methods: From December 2013 to October 2014, MTN-020/IPM 047 enrolled 49 HIV-negative participant in Birmingham, Alabama and San Francisco, California into a phase 1, randomized trial comparing two extended duration (three-month) rings (100 or 200 mg DPV/ring; 25 and 50 mg/day release in vivo) to the monthly ring (25 mg DPV/ring; 8.3 mg/day release in vivo). Participants were randomized in a 2:2:1 ratio to receive the assigned investigational product (IP) for 12 months. Genital tissue, plasma and cervicovaginal fluid (CVF) and cervical tissue, at scheduled interpoints, Genital tissue mean ratios (GMRs) relative to the comparator ring were estimated using a regression model. Results: There were no differences in the proportion of participants with grade ≥2 genitourinary AEs or grade ≥3 AEs in the extended duration versus monthly ring arms (p = 1.0). Plasma and CVF DPV concentrations were higher in the extended duration rings compared to the monthly ring. Plasma GMRs were 1.53 to 1.85 and 1.41 to 1.46 and CVF GMRs were 1.45 to 2.87 and 1.74 to 2.40 for the 100 and 200 mg ring respectively. Cervical tissue concentrations were consistently higher in the 200 mg ring (GMRs 2.36 to 3.97). The majority of participants (92%) were fully adherent (ring inserted at all times, with no product discontinuation>ranges) with no differences between the monthly versus three-month rings. Most participants found the ring acceptable (median = 8 on 10-point Likert scale), with a greater proportion of participants reporting high acceptability (9 or 10) in the 25 mg arm (75%) compared with the 100 mg (25%) and 200 mg (44%) arms (p = 0.01 and p = 0.15 respectively). Conclusions: The extended duration DPV rings were well-tolerated and achieved higher DPV concentrations compared with the monthly DPV ring. These findings support further evaluation of these extended DPV rings for HIV prevention.	Adherence; MSM; Multiple sexual partners; PrEP; Protective motivation theory; Western China	English	New Zealand	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Liu J.; Dong R.; Lin B.; Pan H.; Gao Y.; Dai J.; Liang H.; Huang A.; Zhong X.	Risk management on pre-exposure prophylaxis adherence of men who have sex with multiple men: A multicenter prospective cohort study	Risk Management and Healthcare Policy	-	-	-	11791594	10.2147/RMHP.S295114	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116465027&doi=10.2147%2FRMHP.S295114&partnerID=40&md5=4f4bc51d184da3bb5e7ba3cd57c5f4e	-	Background: MSM who have sex with multiple men (MMSM) belong to a high-risk group for HIV infection, and pre-exposure prophylaxis (PrEP) is an effective measure to prevent the infection. However, few studies on PrEP adherence by MMSM in China exist. We aimed to explore the protective motivation-related factors for PrEP adherence in an HIV-negative MMSM population in China and to provide a reference for future risk management and effective prevention strategies. Methods: Data were collected from a 2-year follow-up cohort study of PrEP in MSM in China. Regret/ protective motivation theory (RPMT) was used to design the questionnaire. Univariate and multivariate logistic regression analyses were performed to identify the factors associated with PrEP adherence. Results: A total of 296 (69.26%) of the 427 participants had good PrEP adherence, and 179 (59.72%) in the good adherence group. The three assessment scores of the good and poor adherence groups were 2.81 ± 0.62 and 2.74 ± 0.62, respectively. Poor PrEP adherence was associated with un-distressed PrEP medication (OR=0.670), students at school (OR=1.837), occasional condom use (OR=1.621), and good HIV knowledge (OR= 0.959). The higher the threat assessment score, the higher the susceptibility; and the lower the response cost, the stronger the protection motivation and the less likely MMSM were to have poor adherence. Conclusion: On-demand PrEP medication is more conducive to adherence. Preventive management should focus on MSMMs who are students at school, those who occasionally use condoms, and those with poor HIV knowledge. Improving threat perception and susceptibility, and controlling and reducing the response cost can effectively improve PrEP adher-ence, and the subsequent application of PMT during intervention research can provide a reference for HIV prevention in MSMM. © 2021 Liu et al.	pre-exposure prophylaxis, adherence, HIV, mobile health, artificial intelligence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Luz P.M.; Torres T.S.; Almeida-Brasil C.C.; Marins L.M.S.; Veloso V.G.; Grinsztejn B.; Cox J.; Moodie E.E.M.	High-Risk Sexual Behavior, Binge Drinking and Use of Stimulants are Key Experiences on the Pathway to High Perceived HIV Risk Among Men Who Have Sex with Men in Brazil	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03055-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091139897&doi=10.1007%2Fs10461-020-03055-5&partnerID=40&md5=e885222dc7f2c56a4c6dc0b39f6f3d2	-	In Brazil, pre-exposure prophylaxis (PrEP) is currently available for gay, bisexual, and other men who have sex with men. As PrEP use depends on an individual's perceived risk, we explored pathways by which potentially modifiable behaviors lead to high perceived HIV risk. Using online surveys (N = 16,667), we conducted a path analysis on the basis of ordered sequences of multivariate logistic regressions. High perceived HIV risk was low (26.3%) compared to condomless receptive anal sex (41.4%). While younger age increased the odds of binge drinking and of condomless receptive anal sex, it was associated with decreased odds of high perceived HIV risk. In contrast, use of stimulants increased the odds of condomless receptive anal sex and of high perceived HIV risk. Our results suggest that binge drinking and use of stimulants are key points in different pathways to high risk sexual behavior and may lead to different perceptions of HIV risk. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Binge drinking; Bisexual and other men who have sex with men (GBM); Gay; HIV; Perceived HIV risk; Sexual behavior; Stimulant use	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative

Article	2021	Ma Y.; Zhong X.; Lin B.; He W.	Factors influencing the intention of MSM to use the PrEP intelligent reminder system	Risk Management and Healthcare Policy	-	-	-	11791594	10.2147/RMHP.S337287	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119954500&doi=10.2147%2fRMHP.S337287&partnerID=40&md5=5fdd90f5aa3b44cf1df5c8f70f36be68	Purpose: Low adherence to medication is an important reason why pre-exposure prophylaxis (PrEP) is not effective at reducing the rate of new human immunodeficiency virus (HIV) infections among men who have sex with men (MSM). The intelligent reminder system (IRS) has been designed to improve user compliance, but the intention of MSM to use the IRS remains unclear. This study establishes a theoretical model to analyze the factors influencing their intention to use the IRS. Patients and Methods: Non-probability sampling was used to recruit MSM volunteers in Chongqing and Sichuan, China, and the data were collected from MSM who had used the IRS. A model based on the unified theory of acceptance and use of technology (UTAUT) was established for the data through a structural equation model, and the perceived privacy risk was considered to explore the subjects' behavior intention. Results: A total of 111 volunteers who had used the IRS filled out a questionnaire. Social influence had the greatest impact on behavior intention (β = 0.360, P < 0.001), followed by performance expectancy (β = 0.331, P < 0.001), and perceived privacy risk had a negative impact on behavior intention (β = −0.151, P = 0.040). In addition, social influence had an indirect effect on behavior intention (β = 0.182, P = 0.003) and performance expectancy played a mediating role in this indirect effect. Conclusion: Developments in the IRS are required to improve its usefulness and adequately explain its role when recommending it to MSM. It is also important to improve the system's ability to protect user privacy. Clinical evidence for the effectiveness of the IRS is conducive to its widespread use. © 2021 Ma et al.	AIDS; Behavior intention; Medication reminder; Men who have sex with men; Structural equation model	English	New Zealand	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Macapagal K.; Nery-Hurwit M.; Matson M.; Crosby S.; Greene G.J.	Perspectives on and Preferences for On-Demand and Long-Acting PrEP Among Sexual and Gender Minority Adolescents Assigned Male at Birth	Sexuality Research & Social Policy	-	-	-	18689884	10.1007/s13178-020-00441-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85080960202&doi=10.1007%2fs13178-020-00441-1&partnerID=40&md5=c649653ae8eb10e6575d8c007fbfd959	Introduction: Sexual and gender minority (SGM) adolescents assigned male at birth who have sex with male partners are at increased risk for HIV. Daily oral pre-exposure prophylaxis (PrEP) is available for minor adolescents in the United States, who may have difficulty with adherence. Adolescents' perspectives toward emerging PrEP delivery methods that would not require daily pill-taking have not been well-explored. Methods: We conducted online surveys and focus groups in November 2018–February 2019 with 59 SGM adolescents assigned male at birth who reported sex with or attraction to male partners. Questions assessed their perspectives on and preferences for biomedical (on-demand, injection, implant) and non-biomedical HIV prevention options (condoms). Data were analyzed thematically. Results: Of all prevention options, the implant and condoms were rated highest, and participants preferred the implant over other biomedical options. Convenience, duration, and ease of access played important roles in adolescents' preferences. Parents were viewed as a barrier to taking PrEP regardless of delivery method due to their role in adolescents' ability to access healthcare. Conclusions: SGM adolescents are interested in long-acting PrEP, yet also perceive substantial obstacles to using biomedical prevention that reflect adolescents' developmental contexts. Policy Implications: State laws expanding adolescents' access to HIV preventive services, sex education inclusive of PrEP information, and parent- and provider-initiated PrEP conversations can reduce barriers regardless of PrEP delivery method. Research to accelerate the availability of long-acting implants for adolescents is needed. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Adolescent behavior; HIV; Pre-exposure prophylaxis; Sexual and gender minorities; Sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	MacCarthy, Sarah; Mendoza-Graf, Alexandra; Wagner, Zachary; L Barreras, Joanna; Kim, Alice; Giguere, Rebecca; Carballo-Dieguez, Alex; Linnemayr, Sebastian	The acceptability and feasibility of a pilot study examining the impact of a mobile technology-based intervention informed by behavioral economics to improve HIV knowledge and testing frequency among Latinx sexual minority men and transgender women.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-10335-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7880516	BACKGROUND: We developed a novel intervention that uses behavioral economics incentives and mobile-health text messages to increase HIV knowledge and testing frequency among Latinx sexual minority men and Latinx transgender women. Here we provide a theoretically-grounded assessment regarding the intervention's acceptability and feasibility. METHODS: We conducted 30-min exit interviews with a stratified sample of participants (n = 26 Latinx sexual minority men, 15 Latinx transgender women), supplemented with insights from study staff (n = 6). All interviews were recorded, transcribed, and translated for a content analysis using Dedoose. Cohen's Kappa was 89.4% across coded excerpts. We evaluated acceptability based on how participants cognitively and emotionally reacted to the intervention and whether they considered it to be appropriate. We measured feasibility based on practical, scientific and process assessments (e.g., functionality of text messaging service, feedback on study recruitment procedures and surveys). RESULTS: Regarding acceptability, most participants clearly understood the intervention as a program to receive information about HIV prevention methods through text messages. Participants who did not complete the intervention shared they did not fully understand what it entailed at their initial enrollment, and thought it was a one-time engagement and not an ongoing program. Though some participants with a higher level of education felt the information was simplistic, most appreciated moving beyond a narrow focus on HIV to include general information on sexually transmitted infections; drug use and impaired sexual decision-making; and differential risks associated with sexual positions and practices. Latinx transgender women in particular appreciated receiving information about Pre-Exposure Prophylaxis. While participants didn't fully understand the exact chances of winning a prize in the quiz component, most enjoyed the quizzes and chance of winning a prize. Participants appreciated that the intervention required a minimal time investment. Participants shared that the intervention was generally culturally appropriate. Regarding feasibility, most participants reported the text message platform worked well though inactive participants consistently said technical difficulties led to their disengagement. Staff shared that clients had varying reactions to being approached while being tested for HIV, with some unwilling to enroll and others being very open and curious about the program. Both staff and participants relayed concerns regarding the length of the recruitment process and study surveys. CONCLUSIONS: Our theoretically-grounded assessment shows the intervention is both acceptable and feasible. TRIAL REGISTRATION: The trial was registered on May 5, 2017 with the ClinicalTrials.gov registry NCT03144336 .	Behavioral economics, HIV prevention, Latinx, Sexual minority men, Transgender women, Feasibility, Acceptability	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	MacGibbon J.; Lea T.; Ellard J.; Murphy D.; Kolstee J.; Power C.; Crawford D.; Bear B.; De Wit J.; Holt M.	Access to subsidized health care affects HIV Pre-Exposure Prophylaxis (PrEP) uptake among gay and bisexual men in australia: Results of national surveys 2013-2019	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002572	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102222016&doi=10.1097%2fQAI.0000000000002572&partnerID=40&md5=7a4756ae3e39c429c647a976b20427af	Background: We assessed willingness to use HIV pre-exposure prophylaxis (PrEP) and current PrEP use among gay and bisexual men (GBM) in Australia. Methods: National, online cross-sectional surveys of GBM were conducted in 2013, 2015, 2017, and 2019. Willingness to use PrEP was measured on a previously validated scale. Trends and associations with key measures were analyzed using multivariate logistic regression. Results: During 2013-2019, 4908 surveys were completed. Among HIV-negative and untested men not currently using PrEP, willingness to use PrEP increased from 23.0% in 2013 to 36.5% in 2017 (P < 0.001) but then plateaued at 32% in 2019 (P = 0.13). The proportion of current PrEP users increased significantly from 2.5% in 2015 to 38.5% in 2019 (P < 0.001). In 2019, factors independently associated with being a current PrEP user (compared with non-PrEP users who were willing to use PrEP) included having subsidized health care (Medicare), knowing HIV-positive people, being recently diagnosed with an STI other than HIV, having higher numbers of recent male sexual partners, recent condomless sex with casual and regular partners, and frequent PrEP sorting. Conclusion: Willingness to use PrEP has plateaued as its use has rapidly increased among GBM in Australia. PrEP use is concentrated among more sexually active men with access to subsidized health care. Free or low cost access schemes may facilitate broader access among GBM who want or need PrEP but lack access to subsidized health care. © 2020 Wolters Kluwer Health, Inc.	Acceptability; Attitudes; Behavior; HIV prevention; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Macgregor L.; Kohli M.; Looker K.J.; Hickson F.; Weatherburn P.; Schmidt A.J.; Turner K.M.E.	Chemsex and diagnoses of syphilis, gonorrhoea and chlamydia among men who have sex with men in the UK: A multivariable prediction model using causal inference methodology	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054629	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099714702&doi=10.1136%2fsextrans-2020-054629&partnerID=40&md5=cea7c33da3d4acd3a7ab91dad79515da	Introduction In the last decade diagnoses of most STIs have risen among men who have sex with men (MSM). Although a significant proportion of this is likely due to increased STI screening, understanding the role of behavioural drivers remains critical. We measure the associations between stimulant use to enhance and prolong sexual experiences (chemsex) and bacterial STI diagnoses in UK MSM, individually considering HIV-diagnosed MSM, pre-exposure prophylaxis (PrEP) users and other MSM. Methods We used the UK 2017-2018 European MSM Internet Survey data (n=9375). We constructed causal inference models using multivariable logistic regression, calculating adjusted OR (aOR) and 95% CI of the associations between participation in recent (≤12 months) exclusively dyadic or multipartner chemsex versus no chemsex and recent self-reported diagnoses of syphilis, gonorrhoea and chlamydia. Results Among MSM with an HIV diagnosis, 25% of users indicated recent multipartner chemsex, vs 28% of PrEP users and 5% of other MSM. Adjusting for age, ethnicity, UK birth, cis-trans status, sexual identity, education, settlement size and relationship status, participation in recent multipartner chemsex versus no chemsex was associated with greater odds of recent syphilis, gonorrhoea and chlamydia diagnosis. aORs for recent syphilis, gonorrhoea and chlamydia diagnoses were 2.6 (95% CI 1.7 to 4.1), 3.9 (95% CI 2.6 to 5.8) and 2.9 (95% CI 1.9 to 4.3), respectively, in HIV-diagnosed MSM; 1.9 (95% CI 1.1 to 3.3), 2.9 (95% CI 2.0 to 4.2) and 1.9 (95% CI 1.3 to 2.8), respectively, in PrEP users; and 4.0 (95% CI 2.3 to 6.9), 2.7 (95% CI 1.9 to 3.8) and 2.3 (95% CI 1.6 to 3.4), respectively, in other MSM. Conversely, exclusively dyadic chemsex had no significant associations with bacterial STI diagnoses among HIV-diagnosed MSM, only gonorrhoea (aOR 2.4, 95% CI 1.2 to 4.7) among PrEP users and syphilis (aOR 2.8, 95% CI 1.4 to 5.6) among other MSM. Discussion Multipartner chemsex may drive the association between chemsex and bacterial STI diagnoses and thus should be the focus of future tailored chemsex interventions. Additionally, PrEP acceptability among MSM and particularly chemsex participants has generated an emergent group suitable for such interventions. © Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.	Chlamydia trachomatis; Gay men; Gonorrhoea; Sexual behaviour; Syphilis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	MacGregor L.; Speare N.; Nicholls J.; Harryman L.; Horwood J.; Kesten J.M.; Lorenc A.; Horner P.; Edelman N.L.; Muir P.; North P.; Gompels M.; Turner K.M.E.	Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TPSM	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054588	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119303727&doi=10.1136%2fsextrans-2020-054588&partnerID=40&md5=76c2098dd690f8da8106895f12c590d6	Background Due to rising numbers of STI diagnosis and increasing prevalence of antimicrobial resistance, we explored trends in STI testing frequency and diagnoses, alongside sexual decision making and attitudes concerning condom use and HIV pre-exposure prophylaxis (PrEP) at a large urban UK sexual health clinic. Methods We examined 66 528 electronic patient records covering 40 321 attendees between 2016 and 2019, 3977 of whom were men who have sex with men or trans persons who have sex with men (MSM/TPSM). We also explored responses from MSM/TPSM attendees sent an electronic questionnaire between November 2018 and 2019 (n=1975) examining behaviours/ attitudes towards PrEP. We measured trends in STI diagnoses and sexual behaviours including condomless anal intercourse (CAI), using linear and logistic regression analyses. Results Tests resulting in gonorrhoea, chlamydia or syphilis diagnoses increased among MSM/TPSM from 13.5% to 18.5% between 2016 and 2019 (p<0.001). The average MSM/TPSM STI testing frequency increased from 1.5/person/year to 2.1/person/year (p=0.017). Gay MSM/TPSM had the highest proportions of attendances resulting in diagnoses, increasing from 15.1% to 19.6% between 2016 and 2019 (p<0.001) compared with bisexual/other MSM/TPSM increasing from 6.9% to 14.5% (p<0.001), alongside smaller but significant increases in non-MSM/TPSM from 5.9% to 7.7% (p<0.001). The proportion of MSM/TPSM clinic attendees reporting CAI in the previous 3 months prior to at least one appointment in a given year increased significantly from 40.6% to 45.5% between 2016 and 2019 (p<0.0001) and average number of partners from 3.8 to 4.5 (p=0.002). Of 617 eligible questionnaire responses, 339/578 (58.7%) HIV-negative and 29/39 (74.4%) HIV-positive MSM/TPSM indicated they would be more likely to have CAI with someone on PrEP versus not on PrEP. 358/578 (61.9%) HIV-negative respondents said that PrEP use would make them more likely to have CAI with HIV-negative partners. Conclusion Rising numbers of STI diagnoses among MSM/TPSM are not attributable to increased testing alone. Increased CAI and number of partners may be attributable to evolving sexual decision making among PrEP users and their partners. Proportionally, bisexual/ other MSM/TPSM have the steepest increase in STI diagnoses. © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY. Published by BMJ.	AdultAttitude to HealthChlamydia InfectionsClinical Laboratory TechniquesGonorrheaHomosexuality, MaleHumansMaleMiddle AgedPre-Exposure ProphylaxisSafe SexSexual BehaviorSexually Transmitted DiseasesSurveys and QuestionnairesSyphilisTransgender PersonsUnsafe SexYoung Adult	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Maisto, Stephen A; Simons, Jeffrey S; Palfai, Tibor P; Moskal, Dezarie; Luehring-Jones, Peter	Daily Associations Among Alcohol Intoxication, Partner Familiarity, Participant Effortful Control, Urgency, and PrEP Uptake on Sexual Behavior in Men Who Have Sex with Men.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-020-01852-2	https://dx.doi.org/10.1007/s10508-020-01852-2	The purpose of this study was to examine the effects of alcohol intoxication and its interaction with contextual or situation (partner familiarity) and individual differences variables (effortful control, urgency, and whether taking pre-exposure prophylaxis (PrEP) medication) on sexual behaviors in men who have sex with men (MSM), a subgroup for whom HIV continues to be a major public health problem in the U.S. The participants were 236 men recruited from two northeastern U.S. cities and aged 21-50 years, M = 27.8). These men participated in a 6-week (two 3-week sampling bursts) experience sampling method (ESM) study. The ESM data were collected via use of software installed on the participant's own or study-provided mobile phone. Individual differences variables were measured by participants' completing questionnaires measuring effortful control and urgency, and the participant's self-report of whether he was currently taking PrEP. The ESM data pertained to sexual behavior as well as situation variables of familiarity of relevant sexual partners and number of standard alcohol drinks consumed. The results generally were consistent with hypotheses, as alcohol intoxication showed a curvilinear relation to the occurrence of condomless anal intercourse. Furthermore, the likelihood of occurrence of condomless anal sex increased with increased familiarity of the sexual partner. Similarly, taking PrEP increased the likelihood of occurrence of condomless anal sex. At the same time, alcohol's effects were moderated by all three individual difference variables as expected, but the prediction that partner familiarity would moderate alcohol's effects on the occurrence of condomless sex was not supported. Clinical implications of the findings center on the application of the data to HIV prevention programs toward inclusion of more empirically supported, nuanced information on the relation between acute alcohol intoxication and sexual behavior. Directions for further research address the need for additional testing and refinement of a person × situation approach to alcohol and sexual behavior. Furthermore, it is argued that it is important to refine further the concept of sexual risk in the context of taking PrEP and to conduct more detailed, multivariate studies of the relation between taking PrEP and patterns of sexual behavior.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Makhakhe, Nosipho Faith.	Let's talk about pre-exposure prophylaxis: a participatory HIV prevention intervention with and for female sex workers in Durban, South Africa.	-	-	University of KwaZulu-Natal	-	NA	NA	https://researchspace.ukzn.ac.za/handle/10413/19971	Introduction: Since the discovery of HIV/AIDS in the early 1980s, scientists have been in search of a cure. Significant scientific efforts have so far led to the discovery of antiretroviral treatment that suppresses the replication of HIV that leads to AIDS. Recently, Tenofovir or Tenofovir-emtricitabine as antiretroviral treatment for HIV-positive persons can now be used as prevention in the form of oral pre-exposure prophylaxis (PrEP). This HIV prevention therapy is currently being administered to people considered at high risk of HIV, such as men who have sex with men, intravenous drug users and serodiscordant couples. In 2015, the WHO expanded its oral PrEP guidelines to include female sex workers (FSWs) who are a high-risk group for HIV worldwide. In response to these WHO guidelines, the South African government approved oral PrEP distribution among FSWs in 2016, as part of combination prevention with the expectation that FSWs would take up PrEP and this will reduce the rate of new HIV infections. However, the response to PrEP was underwhelming. Identifying the reasons for the low uptake of PrEP among FSWs is the primary objective of this study. This was followed with engaging FSW peer educators in a participatory intervention mapping process to design an intervention plan to address these challenges to uptake and potentially inform PrEP programming in Durban in the KwaZulu-Natal province which is a high HIV prevalence area in South Africa. Methods: This study was a participatory action intervention research that was conducted in two phases. The first phase was a qualitative needs analysis conducted from May to November 2018 to identify the challenges associated with PrEP uptake and retention, as well as to ascertain the motivating factors for PrEP use among FSWs. Interviews were conducted with 39 participants, 30 individual participants, and nine focus group participants. Eleven participants were FSW peer educators including one health worker and one researcher from sex work and PrEP distributing organisations (13 in total); the rest of the participants were FSWs (n=26). Consent was obtained from all participants. Data were analysed thematically. The second phase of this study was an intervention mapping phase during which a PrEP intervention plan was developed with eight FSW peer educators who were at the forefront of PrEP promotion among FSWs. This intervention plan was informed by data obtained from the needs analysis. A total of six meetings took place in which the individual, interpersonal and environmental determinants that have an impact on PrEP uptake, adherence, and retention were discussed. This resulted in the performance and change objectives, including a theory of change logic framework that systematically depicted the process of change. Furthermore, theory-based methods and activities were established which culminated into a PrEP intervention workshop programme. Additionally, the implementation and evaluation plans were also formulated. Results: The needs analysis…	HIV and AIDS.; Antiretroviral treatment.; Pre-exposure prophylaxis.; Female sex workers.; Antiretroviral use.	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	-	-	Qualitative
Article	2021	Maksut J.L.; Eaton L.A.; Driver R.; Knowles C.M.; Watson R.J.	Factors associated with awareness and use of pre-exposure prophylaxis (PrEP) among Black men who have sex with men with a recent STI diagnosis	Behavioral Medicine	-	-	-	8964289	10.1080/08964289.2019.1692776	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087126586&doi=10.1080%2f08964289.2019.1692776&partnerID=40&md5=a9d0dd0cff07e7e68dbf5a667d0cfc43	Black men who have sex with men (BMSM) with a recent STI diagnosis are at particularly high risk for HIV infection and, as such, are a population for whom we must focus our antiretroviral pre-exposure prophylaxis (PrEP) implementation efforts. Understanding the factors that are associated with awareness and use of PrEP among BMSM with a recent STI diagnosis is a critical component of meeting our HIV prevention goals. For the current study, BMSM (N = 209) diagnosed with a STI in the past year residing in the Atlanta, Georgia metropolitan and surrounding areas were assessed on PrEP awareness and use, HIV risk behaviors (e.g., condomless anal intercourse) HIV risk perceptions, HIV treatment optimism, and HIV status communication self-efficacy. BMSM aware of PrEP (n = 152, 72.7%) were younger in age (OR = 0.96, 95% CI: 0.93-0.98, p = 0.030) and had significantly higher educational attainment (OR = 1.96, 95% CI: 1.28-3.02, p = 0.027) than PrEP unaware participants. In addition, participants who were aware of PrEP had significantly higher levels of HIV risk perceptions (OR = 1.27, 95% CI: 1.04-1.56, p = 0.019) than PrEP unaware participants. Finally, participants who had ever used PrEP (n = 15, 7.1%) had significantly higher HIV treatment optimism (OR = 1.55, 95% CI: 1.05-2.96, p = 0.034) than PrEP non-users. The present study showed that, while nearly three-fourths of the sample were PrEP aware, PrEP use among BMSM with STI diagnoses was limited and that PrEP is utilized less often by individuals who have less HIV treatment optimism. These findings call attention to the need to better understand how to effectively target PrEP uptake strategies for key populations. © 2020 Taylor & Francis Group, LLC.	Black men who have sex with men; pre-exposure prophylaxis; PrEP; STI	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Malik A.; Antonino A.; Khan M.L.; Nieminen M.	Characterizing HIV discussions and engagement on Twitter	Health and Technology	-	-	-	21907188	10.1007/s12553-021-00577-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111256036&doi=10.1007%2fs12553-021-00577-z&partnerID=40&md5=fe459c4dfe3998ec18dccf138705d2ae	The novel settings provided by social media facilitate users to seek and share information on a wide array of subjects, including healthcare and wellness. Analyzing health-related opinions and discussions on these platforms complement traditional public health surveillance systems to support timely and effective interventions. This study aims to characterize the HIV-related conversations on Twitter by identifying the prevalent topics and the key events and actors involved in these discussions. Through Twitter API, we collected tweets containing the hashtag #HIV for a one-year period. After pre-processing the collected data, we conducted engagement analysis, temporal analysis, and topic modeling algorithm on the analytical sample (n = 122,807). Tweets by HIV/AIDS/LGBTQ activists and physicians received the highest level of engagement. An upsurge in tweet volume and engagement was observed during global and local events such as World Aids Day and HIV/AIDS awareness and testing days for trans-genders, blacks, women, and the aged population. Eight topics were identified that include "stigma", "prevention", "epidemic in the developing countries", "World Aids Day", "treatment", "events", "PrEP", and "testing". Social media discussions offer a nuanced understanding of public opinions, beliefs, and sentiments about numerous health-related issues. The current study reports various dimensions of HIV-related posts on Twitter. Based on the findings, public health agencies and pertinent entities need to proactively use Twitter and other social media by engaging the public through involving influencers. The undertaken methodological choices may be applied to further assess HIV discourse on other popular social media platforms. © 2021, The Author(s).	AIDS; Digital health; Engagement; HIV; Public health surveillance; Social media; Twitter	English	Netherlands	Western and Central Europe and North America	Finland	Western and Central Europe and North America	Finland	Western and Central Europe and North America	Quantitative
Article	2021	Malone J.; Reisner S.L.; Cooney E.E.; Poteat T.; Cannon C.M.; Schneider J.S.; Radix A.; Mayer K.H.; Haw J.S.; Althoff K.N.; Wawrzyniak A.J.; Beyrer C.; Wirtz A.L.	Perceived HIV Acquisition Risk and Low Uptake of PrEP Among a Cohort of Transgender Women With PrEP Indication in the Eastern and Southern United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002726	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114522221&doi=10.1097%2fQAI.0000000000002726&partnerID=40&md5=0d8d13ce107f3cb0a6d0882af6458784	Introduction:Preexposure prophylaxis (PrEP) is effective in preventing HIV among adherent users. However, PrEP uptake among transgender women is low, and current prescribing guidelines from the Centers for Disease Control and Prevention (CDC) are not specific to transgender women. Self-perceived risk of HIV among those who are PrEP-indicated is not well understood.Methods:This cross-sectional analysis included 1293 transgender women screened at baseline from March 2018 to May 2020 for a multisite, prospective cohort study. We compared the prevalence of PrEP indication using current CDC prescribing criteria versus transgender women-specific criteria developed by study investigators with community input. We identified factors associated with study-specific PrEP indication and factors associated with self-perceived low to no HIV risk among those who were PrEP-indicated. We also calculated descriptive statistics to depict the PrEP care continuum.Results:PrEP indication prevalence using transgender women-specific criteria was 47% (611), 155 more than who were identified using the CDC criteria. Eighty-three percent were aware of PrEP, among whom 38% had ever used PrEP. Among PrEP ever users, 63% were using PrEP at the time of the study. There were 66% of current PrEP users who reported 100% adherence within the previous 7 days. Among those who were PrEP-indicated, 13% were using and adherent to PrEP at the time of the study. More than half (55%) of PrEP-indicated participants had low or no self-perceived HIV risk.Conclusions:These findings suggest that further guidance is needed for health care providers in prescribing PrEP to transgender women. Greater uptake and adherence are also needed for optimal effectiveness. © 2021 Lippincott Williams and Wilkins. All rights reserved.	health belief model; HIV prevention; PrEP indication; self-perceived risk; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Maloney K.M.; Le Guillou A.; Driggers R.A.; Sarkar S.; Anderson E.J.; Malik A.A.; Jenness S.M.	Projected Impact of Concurrently Available Long-Acting Injectable and Daily-Oral Human Immunodeficiency Virus Preexposure Prophylaxis: A Mathematical Model	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiaa552	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099427621&doi=10.1093%2finfdis%2fjiaa552&partnerID=40&md5=85db63e06cc250c3f421210c1653644c	Background: Long-acting injectable (LAI) human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) is reportedly efficacious, although full trial results have not been published. We used a dynamic network model of HIV transmission among men who have sex with men to assess the population impact of LAI-PrEP when available concurrently with daily-oral (DO) PrEP. Methods: The reference model represents the current HIV epidemiology and DO-PrEP coverage (15% among those with behavioral indications for PrEP) among men who have sex with men in the southeastern United States. Primary analyses investigated varied PrEP uptake and proportion selecting LAI-PrEP. Secondary analyses evaluated uncertainty in pharmacokinetic efficacy and LAI-PrEP persistence relative to DO-PrEP. Results: Compared with the reference scenario, if 50% chose LAI-PrEP, 4.3% (95% simulation interval,-7.3% to 14.5%) of infections would be averted over 10 years. The impact of LAI-PrEP is slightly greater than that of the DO-PrEP-only regimen, based on assumptions of higher adherence and partial protection after discontinuation. If the total PrEP initiation rate doubled, 17.1% (95% simulation interval, 6.7%-26.4%) of infections would be averted. The highest population-level impact occurred when LAI-PrEP uptake and persistence improved. Conclusions: If LAI-PrEP replaces DO-PrEP, its availability will modestly improve the population impact. LAI-PrEP will make a more substantial impact if its availability drives higher total PrEP coverage, or if persistence is greater for LAI-PrEP. © 2020 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	HIV; mathematical model; men who have sex with men; preexposure prophylaxis; sexual network	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Mandal S.; Prathipati P.K.; Sunagawa S.W.; Destachea C.J.	A concept evaluation study of a new combination bictegravir plus tenofovir alafenamide nanoformulation with prolonged sustained-drug-release potency for HIV-1 preexposure prophylaxis	Antimicrobial Agents and Chemotherapy	-	-	-	664804	10.1128/AAC.02320-20	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103057646&doi=10.1128%2fAAC.02320-20&partnerID=40&md5=78f5e1df598c38921387b1ab96baa0e1	The antiretroviral treatment (ART) approach is the best-prescribed approach to date for preexposure prophylaxis (PrEP) for high-risk individuals. However, the daily combination antiretroviral (cARV) regimen has become cumbersome for healthy individuals, leading to nonadherence. Recent surveys showed high acceptance of parenteral sustained-release ART enhancing PrEP adherence. Our approach is to design a parenteral nanoparticle (NP)-based cARV sustained-release (cARV-SR) system as long-acting HIV PrEP. Here, we report a new combination of two potent ARVs (tenofovir alafenamide fumarate TAF and bictegravir BIC) loaded as a nanoformulation intended as a cARV-SR for PrEP. The BIC+TAF NPs were fabricated by using a standardized in-house methodology. In vitro intracellular kinetics, cytotoxicity, and HIV-1 protection studies demonstrated that BIC+TAF encapsulation prolonged drug retention, reduced drug-associated cytotoxicity, and enhanced HIV protection. In human peripheral blood mononuclear cells, nanoformulated BIC+TAF demonstrated significant (P<0.05) improvement in the drug's selectivity index by 472 times compared to the BIC+TAF in solution. In vivo pharmacokinetic study of BIC, TAF, and respective drug metabolites in female BALB/c mice after single subcutaneous doses of BIC+TAF NPs demonstrated plasma drug concentrations of BIC and tenofovir above the intracellular 50% inhibitory concentration during the entire 30-day study period and prolonged persistence of both active drugs in the HIV target organs, including the vagina, colon, spleen, and lymph nodes. This report demonstrates that the encapsulation of BIC+TAF in a nanoformulation improved its therapeutic selectivity and the in vivo pharmacokinetics of free drugs. Based on these preliminary studies, we hypothesize that cARV-SR has potential as an innovative once-monthly delivery treatment for PrEP. Copyright © 2021 American Society for Microbiology. All Rights Reserved.	Antiretroviral; Bictegravir; HIV; Long acting; Nanoformulation; Pharmacokinetics; PrEP; Tenofovir alafenamide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Mann-Jackson L.; Alonzo J.; Garcia M.; Trent S.; Bell J.; Horridge D.N.; Rhodes S.D.	Using community-based participatory research to address STI/HIV disparities and social determinants of health among young GBMSM and transgender women of colour in North Carolina, USA	Health and Social Care in the Community	-	-	-	9660410	10.1111/hsc.13268	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098134308&doi=10.1111%2fhsc.13268&partnerID=40&md5=b30199d57350ef927f7ae7abd4ce0a65	Sexually transmitted infections (STIs) and HIV disproportionately affect young persons; gay, bisexual and other men who have sex with men (GBMSM) and transgender women; persons of colour; and the U.S. South. Complex issues contribute to these high STI/HIV rates. Our community-based participatory research (CBPR) partnership conducted a community-driven needs assessment to inform an intervention addressing STI/HIV disparities and related social determinants of health (SDH) among young GBMSM and transgender women of colour in a high-incidence STI/HIV community in North Carolina. In 2018, in-depth interviews were conducted with 21 community members and 29 community organisation representatives to explore needs, priorities and assets. Interview data were analysed using constant comparison, an approach to grounded theory, and an empowerment theory-based planning process was used to develop multilevel intervention strategies based on findings. Thirteen themes emerged from the interviews that were organised into five domains: health (e.g., limited health services use; need for lesbian, gay, bisexual and transgender LGBT-friendly providers; prioritisation of mental health and gender transition and limited knowledge of and access to pre-exposure prophylaxis PrEP for HIV); employment (e.g., employment as a priority and relying on sex work to 'make ends meet'); education (e.g., barriers to education and needs for training to improve employment opportunities); social support (e.g., few welcoming activities and groups; strong informal support networks and little interaction between GBMSM and transgender women) and discrimination (e.g., frequent experiences of discrimination and the impact of frontline staff on services use). Three strategies – community-based peer navigation, use of social media, and anti-discrimination trainings for organisations – were identified and integrated into a new intervention known as Impact Triad. CBPR was successfully applied to identify needs, priorities and assets and develop a multilevel intervention focused on health disparities and SDH among young GBMSM and transgender women of colour in the U.S. South. © 2020 The Authors. Health and Social Care in the Community published by John Wiley & Sons Ltd	CBPR; LGBT; persons of colour; social determinants of health; STIs/HIV; young persons	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Mansergh G.; Kota K.K.; Stephenson R.; Hirshfield S.; Sullivan P.	Preference for using a variety of future HIV pre-exposure prophylaxis products among men who have sex with men in three US cities	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25664	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100246704&doi=10.1002%2fjia2.25664&partnerID=40&md5=be30b9321263d7a5a1395a2fa4b9a49f	Background: Daily oral pre-exposure prophylaxis (PrEP) is available and recommended for men who have sex with men (MSM) at risk for HIV infection. Other HIV prevention products are being developed, including long-acting injectable (LAI) and event-based oral and topical formulations. Understanding preferences for potential products by MSM can help direct further development of prevention messaging. Methods: We present baseline data from HIV-negative participants enrolled in the US Mobile Messaging for Men (M-cubed) Study. Participants were asked their likelihood of and rank order preference for using daily oral PrEP and various potential prevention products (one- to -three-month injections, 2-1-1 sexual event oral dosing, anal or penile gel, or anal suppository), and their sociodemographic characteristics. Bivariate and multivariable logistics regression assessed demographic associations with likelihood of use and rank order preference. Results: Overall, most MSM reported a likelihood of using LAI (74%), sexual event-based pills (67%) and penile gel (64%). Men who reported recent unprotected (condomless and PrEPless) anal sex most preferred a penile gel formulation (74%), followed closely by LAI and event-based pills (73% each). Current PrEP users (vs. non-users) had greater odds of reporting likelihood to use LAI (AOR = 3.29, 95% CI = 2.12 to 5.11), whereas men reporting recent unprotected anal sex had a greater odds of likelihood to use a penile gel (AOR = 1.79, 95% CI = 1.27 to 2.52) and an anal suppository (AOR = 1.48, 95% CI = 1.08 to 2.02). Hispanic/Latino (vs. White) MSM (AOR = 2.29, 95% CI = 1.40 to 3.73) and, marginally, Black MSM (AOR = 1.54, 95% CI = 1.00 to 2.38) had greater odds of reporting likelihood to use penile gel. Similar patterns were found for rank ordering preference of products, including condoms. Conclusions: Most MSM were interested in using various potential future HIV prevention products, especially LAI. However, two typologies of potential users emerged: men who prefer sexual event-based methods (condoms, event-based pill, sexual gels and suppositories) and men who prefer non-sexual event-based methods (daily pill, LAI). Men who reported recent unprotected anal sex preferred a penile gel product most, followed closely by sexual event-based pills and LAI. Racial/ethnic differences were noted as well. These findings on product preferences can help in formulation development and messaging. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; men who have sex with men; MSM; PrEP; prevention methods; prevention products; prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Mantell, Joanne E; Franks, Julie; Lahuerta, Maria; Omollo, Dan; Zerbe, Allison; Hawken, Mark; Wu, Yingfeng; Odera, Doris; El-Sadr, Wafaa M; Agot, Kawango	Life in the Balance: Young Female Sex Workers in Kenya Weigh the Risks of COVID-19 and HIV.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03140-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7778484	The COVID-19 pandemic has had serious health, economic and psychosocial consequences. Marginalized populations including female sex workers face the stark choice of risking exposure to SARS-CoV-2 as they engage with clients or prioritizing their health at the cost of losing a primary source of income. As part of an ongoing open-label, randomized controlled trial providing daily oral pre-exposure prophylaxis and adherence support, we interviewed 193 of 200 enrolled young female sex workers (18-24 years) in Kisumu, Kenya, about COVID-19 awareness and precautions, access to health services, and sex work during Kenya's pandemic-related lockdown. Nearly all participants were aware of COVID-19 and reported taking protective measures, but only half reported concerns about acquiring SARS-CoV-2. Night curfews and bar closures adversely affected participants' sex work business, reducing the number of clients and payment amounts from clients. Nearly 15% experienced violence from a client or regular, non-paying sex partner during the lockdown period. Participants' access to healthcare services was not disrupted.	COVID-19, SARS-CoV-2, Kenya, Female sex workers, Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Mantovanelli, LS; Boas, BELRV; Previdi, LML	PRE-EXPOSURE HIV PROPHYLAXIS (PREP): PERSPECTIVE STUDY IN HEALTH SCIENCES ACADEMICS AT A PRIVATE HIGHER EDUCATION INSTITUTION IN THE INTERIOR OF RONDONIA	Revista Científica da Faculdade de Educação e Meio Ambiente	-	-	-	2179-4200	10.31072/rcf.v12i1.927	https://revista.unifaema.edu.br/index.php/Revista-FAEMA/article/view/933	In Brazil, the Human Immunodeficiency Virus (HIV) epidemic is concentrated in some specific risk groups, which correspond to the highest incidence of cases, such as gay men and other men who have sex with men (MSM), transgender people and sex workers. who registered 65% of cases in 2017, thinking of reducing the number of HIV infections, scientists have been able to produce drugs that can protect cells from attack by these viruses. This strategy, called HIV Pre-Exposure Prophylaxis (PrEP), is an association of two antiretrovirals that have been shown to be safe in people at higher risk for infection. The aim of this study was to evaluate the perspective of health sciences scholars on PrEP. This is a descriptive quantitative observational epidemiological study that was carried out through a self-administered questionnaire at a higher education institution in the municipality of Ariquemes - RO. Data were analyzed using Microsoft Office Excel 2013 (R) software. The results showed that the majority of the students are from the Pharmacy Baccalaureate course (51%) and it was observed that the majority of the participants (81%) were never informed about this prevention method, 41% would not use PrEP, 22% would drop out. condom use if using PrEP and 49% do not believe in the effectiveness of antiretroviral. Relevant data was found, showing the lack of information on HIV prevention methods. It is necessary to have PrEP disclosed by the Ministry of Health, especially to groups at higher risk of infection, thus collaborating with public health policies.	Anti-HIV Agents; Acquired Immunodeficiency Syndrome; Sexually Transmitted Infections; Anti-Retroviral Agents	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Editorial	2021	Marchetti, Giulia; Asmuth, David	Women are from venus: implications for diversified sex-based preexposure prophylaxis approaches.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002995	https://dx.doi.org/10.1097/QAD.0000000000002995	na	na	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Other
Article	2021	Marcus J.L.; Levine K.; Sewell W.C.; Solleveld P.; Mayer K.H.; Krakower D.S.	Switching from Tenofovir Disoproxil Fumarate to Tenofovir Alafenamide for Human Immunodeficiency Virus Preexposure Prophylaxis at a Boston Community Health Center	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofab372	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118262095&doi=10.1093%2fofid%2fofab372&partnerID=40&md5=cd309b323ca75ab76a73b775b72bcd0c	Background. Efforts to end the human immunodeficiency virus (HIV) epidemic may be threatened if limited preexposure prophylaxis (PrEP) resources are funneled from tenofovir disoproxil fumarate with emtricitabine (TDF/FTC) to tenofovir alafenamide with emtricitabine (TAF/FTC) without proportional clinical benefits. Methods. The study population was patients at a Boston community health center who were assigned male sex at birth, aged .18 years, and prescribed TDF/FTC for PrEP in the 12 months before TAF/FTC approval (October 2019). We determined the frequency of switching to TAF/FTC in the 12 months after approval, including clinically indicated switching (ie, creatinine clearance ≥60 mL/minute or reduced bone density), potentially unnecessary switching (ie, no indications for switching and no cardiovascular risk factors), and potentially harmful switching (ie, no indications for switching and either obesity or dyslipidemia). Results. Of 2892 TDF/FTC users, mean age was 38 years, 96.0% were cisgender men, and 78.9% were white. A total of 343 (11.9%) switched to TAF/FTC. Based on documented renal, bone, and cardiovascular risk factors, we identified 24 (7.0%) with clinically indicated switching, 271 (79.0%) with potentially unnecessary switching, and 48 (14.0%) with potentially harmful switching. When indications for switching additionally included hypertension, diabetes, and creatinine clearance 60.70 mL/minute, 27.1% of switching was clinically indicated. Conclusions. Few who switched to TAF/FTC had documented indications for switching, although some appear to have been switched in anticipation of indications developing. As generic TDF/FTC is further discounted, provider education and patient decision aids are needed to facilitate selection of PrEP medications that is both clinically sound and cost-effective. © 2021 Oxford University Press. All rights reserved.	human immunodeficiency virus; men who have sex with men; preexposure prophylaxis; tenofovir alafenamide; tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Marcus U.; Schink S.B.	The European MSM Internet Survey as a basis for prevention work in Germany for men who have sex with men; Der Europäische MSM Internet Survey als Grundlage für die Präventionsarbeit in Deutschland für Männer, die Sex mit Männern haben	Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz	-	-	-	14369990	10.1007/s00103-021-03429-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116993971&doi=10.1007%2fs00103-021-03429-3&partnerID=40&md5=12631227c6f95144dc06cc35ebca6765	Background: Sexual minorities are highly vulnerable to sexually transmitted infections (STIs), mental health problems such as depression and suicidality, and substance use-associated health and social problems. Research question: We describe selected findings from the European MSM Internet Survey (EMIS) 2017, one of the largest online surveys of men who have sex with men, and discuss their implications for prevention in MSM in Germany. Materials and methods: The overall aim of EMIS-2017 was to collect data for planning HIV and STI prevention and treatment programs. The target population were men living in Europe who have sex with men and/or are attracted to men. The questionnaire contained questions on demography, morbidities, behaviour, needs and interventions. Participants were recruited mainly via two popular online dating platforms from 10/2017 to 01/2018. Results and discussion: EMIS-2017 shows that MSM are severely affected by psychological stress and STIs. In terms of psychological stress, younger MSM suffer in particular from depressive disorders and suicidality, while the use of alcohol and other psychoactive substances is of concern among older MSM. MSM are more often affected by STIs than the heterosexual majority population. Many STIs are a- or pauci-symptomatic; thus, screening based on risk-assessment is favoured to detect infections. However, for the time being, for some STIs there is no medical and/or public health evidence to support treatment of asymptomatic infections. EMIS-2017 identified needs by subgroups as far as knowledge gaps on PEP (HIV post-exposure prophylaxis) and PrEP (HIV pre-exposure prophylaxis), being reached by information and prevention offers as well as insufficient uptake of such offers. © 2021, The Author(s).	HIV; Sexual and mental health problems; Sexually transmitted infections; Substance use; Syndemic	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Marcus, Julia L; Sewell, Whitney C; Powell, Victoria E; Ochoa, Aileen; Mayer, Kenneth H; Krakower, Douglas S	HIV Preexposure Prophylaxis and Sexual Satisfaction Among Men Who Have Sex With Men.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001361	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8373989	ABSTRACT: In this large online survey of primarily men who have sex with men, those who used preexposure prophylaxis reported greater sexual satisfaction than did nonusers, including sexual sensations, sexual presence/awareness, and sexual exchange. Person-centered care and messaging may require acknowledging that some people use preexposure prophylaxis for reasons beyond HIV prevention.	preexposure prophylaxis (PrEP), human immunodeficiency virus (HIV), sexual health, sexual satisfaction, men who have sex with men (MSM)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Martinez-Lacabe A.	The PrEP response in England: enabling collective action through public health and PrEP commodity activism	Critical Public Health	-	-	-	9581596	10.1080/09581596.2020.1844152	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095828551&doi=10.1080%2f09581596.2020.1844152&partnerID=40&md5=8b6d71178c10f6ef29971a940599f67c	Drawing on testimonies from oral history interviews with HIV/AIDS community activists and PrEP users, this paper analyses new forms of collective action in relation to the efforts to implement PrEP in England. The analysis of this PrEP response, delivered by an assemblage of independent actors and public health-related agents exposes three important aspects in relation to the lived experiences of first-wave PrEP users and HIV activists: (i) the negotiation of PrEP as a medical commodity, (ii) the use of gay dating apps as enabling technologies in regard to peer support, and (iii) the fact that access to PrEP was not equally distributed and differed between gay communities. This paper concludes that although this response was effective in decreasing HIV infection, it was only partially transformative in terms of social/health justice. However, the response featured forms of collective action that contrasted with the individualistic paradigm of the biomedicalisation of HIV prevention, pointing to a shift in future HIV prevention interventions. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	collective agency; commodity activism; HIV; HIV assemblage; PrEP activism	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Marton, T; Johnson, K; Katz, A; Ray, S; Southwell, B; van der Straten, A	MISINFORMATION ABOUT PRE-EXPOSURE PROPHYLAXIS (PREP) AND HIV VACCINES IN SUB-SAHARAN AFRICA: A CLINICAL PERSPECTIVE	Annals of Behavioral Medicine	-	-	-	0883-6612	https://doi.org/10.1093/abm/kaab020	https://www.rti.org/publication/misinformation-pre-exposure-prophylaxis-prep-hiv-vaccines-sub-saharan-africa-clinical-perspective	The spread of misinformation about novel and investigative HIV preventatives (e.g. Oral Pre-Exposure Prophylaxis (PrEP) and vaccines) can impede uptake and providers' ability to provide care. We have limited empirical evidence regarding the extent of such misinformation diffusion in sub-Saharan Africa (SSA). Furthermore, limited research has been done in SSA to explore clinicians' perspectives on health misinformation and its impact, specifically regarding HIV prevention methods. We conducted a pilot web-based anonymous 24-item-survey soliciting insights about experiences with misinformation associated with both PrEP and vaccine-based HIV prevention. Social media as a source of misinformation was also explored (i.e. Facebook, WhatsApp and others). We sent the survey to 113 health professionals, who work at organizations that conduct HIV prevention research trials, suggesting that they share the survey link with other relevant colleagues. Of the 75 survey responses received, 59 (79%) indicated working in a clinical setting, which was the focus of this analysis. Of the 59, nearly all (95%) identified as clinical researchers; 34% worked in Zimbabwe, 29% in Kenya and the remainder in South Africa, Uganda and Malawi (22%, 8%, and 7% respectively). Nearly 93% of those working in clinical settings agreed that misinformation is detrimental to the goals of their work and to the lives of those they serve. The most common piece of misinformation about PrEP that those working in clinical settings reported hearing from their participants (51%) was that taking PrEP equates to having a high number of sexual partners. Additionally, over half (51%) of those working in clinical settings indicated that the most reported misinformation about HIV vaccines was that they have severe side effects (i.e. cancer or liver disease). According to these survey respondents, participants' friends and family were the primary source of misinformation about PrEP (80%) and HIV vaccines (83%). Respondents most frequently reported that WhatsApp was a source of misinformation, with 53% for PrEP and 60% for HIV vaccines. The results of this survey suggest that health misinformation likely proliferates through the exchange of specious advice from friends and family and from social media platforms in which close networks are featured. These results emphasize the need for more research to determine the best way to intervene given the challenges of formally tracking and monitoring such sources.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Theses and Dissertations	2021	Marzinke, Mark A; Grinsztejn, Beatriz; Fogel, Jessica M; Piwowar-Manning, Estelle; Li, Maoji; Weng, Lei; McCauley, Marybeth; Cummings, Vanessa; Ahmed, Shahnaz; Haines, Casey D; Bushman, Lane R; Petropoulos, Christos; Persaud, Deborah; Adeyeye, Adeola; Kofron, Ryan; Rinehart, Alex; St Clair, Marty; Rooney, James F; Pryluka, Daniel; Coelho, Lara; Gaur, Aditya; Middelkoop, Keren; Phanuphak, Nittaya; Cohen, Myron S; Hendrix, Craig W; Anderson, Peter; Hanscom, Brett; Donnell, Deborah; Landovitz, Raphael J	Characterization of HIV infection in cisgender men and transgender women who have sex with men receiving injectable cabotegravir for HIV prevention: HPTN 083.	-	-	University of California	-	0022-1899	https://doi.org/10.1093/infdis/jiab152	https://escholarship.org/uc/item/3133r6jx	IntroductionThe HIV Prevention Trials Network (HPTN) 083 trial demonstrated that long-acting cabotegravir (CAB-LA) was more effective than tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for HIV prevention in cisgender men and transgender women who have sex with men. We characterized HIV infections that occurred in the blinded phase of HPTN 083.MethodsRetrospective testing included HIV testing, viral load testing, quantification of study drugs and HIV drug resistance testing.ResultsFifty-eight infections were evaluated, including 51 incident infections (12 CAB, 39 TDF/FTC). In many cases (5 CAB, 37 TDF/FTC), infection was associated with low or unquantifiable study drug concentrations. In four cases, infection occurred with on-time CAB-LA injections and expected plasma CAB concentrations. CAB exposure was associated with prolonged viral suppression and delayed antibody expression. In some cases, delayed HIV diagnosis resulted in CAB provision to participants with undetected infection, delayed antiretroviral treatment (ART), and emergence of drug resistance; most of these infections would have been detected earlier with viral load testing.ConclusionsEarly detection of HIV infection and prompt ART initiation could improve clinical outcomes in persons who become infected despite CAB-LA prophylaxis. Further studies are needed to elucidate the correlates of HIV protection in persons receiving CAB-LA.	HIV; HPTN 083; TDF/FTC; cabotegravir; injectable; long-acting; men who have sex with men; pre-exposure prophylaxis; prevention; HIV/AIDS; Prevention; Clinical Research; Sexual and Gender Minorities (SGM/LGBT*); Infectious Diseases; Clinical Trials and Supportive Activities; 6.1 Pharmaceuticals; Infection; Microbiology; Biological Sciences; Medical and Health Sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2021	Mason, E; Osman, R; Hibbert, M; Enayat, Q; Mitchell, H; Chiavenna, C; Saunders, J; Sullivan, A; Chhibbar, P; Golombek, R; McCormack, S; Desai, M; Manavi, K	Distance travelled to access pre-exposure prophylaxis (PrEP) for HIV prevention on the PrEP Impact trial in England during 2017-2020	HIV Medicine	-	-	-	1464-2662	https://doi.org/10.1111/hiv.13492	https://onlinelibrary.wiley.com/doi/full/10.1111/hiv.13492	Objectives: HIV pre-exposure prophylaxis (PrEP) delivery in the UK is inequitable; over 95% of PrEP users were men who have sex with men (MSM) despite making up less than 50% of new HIV diagnoses. We conducted a systematic review to identify modifiable barriers and facilitators to PrEP delivery in the UK among underserved populations. Methods: We searched bibliographic/conference databases using the terms HIV, PrEP, barriers, facilitators, underserved populations, and UK. Modifiable factors were mapped along the PrEP Care Continuum (PCC) to identify targets for interventions. Results: In total, 44 studies were eligible: 29 quantitative, 12 qualitative and three mixed-methods studies. Over half (n = 24 [54.5%]) exclusively recruited MSM, whereas 11 were in mixed populations (all included MSM as a sub-population) and the other nine were in other underserved populations (gender and ethnicity minorities, women, and people who inject drugs). Of the 15 modifiable factors identified, two-thirds were at the PrEP contemplation and PrEParation steps of the PCC. The most reported barriers were lack of PrEP awareness (n = 16), knowledge (n = 19), willingness (n = 16), and access to a PrEP provider (n = 16), whereas the more reported facilitators were prior HIV testing (n = 8), agency and self-care (n = 8). All but three identified factors were at the patient rather than provider or structural level. Conclusions: This review highlights that the bulk of the scientific literature focuses on MSM and on patient-level factors. Future research needs to ensure underserved populations are included and prioritized (e.g. ethnicity and gender minorities, people who inject drugs) and provider and structural factors are investigated.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review

Article	2021	Matambanadzo P.; Busza J.; Mafaune H.; Chinyanganya L.; Machingura F.; Ncube G.; Steen R.; Phillips A.; Cowan F.M.	"It went through the roof": an observation study exploring the rise in PrEP uptake among Zimbabwean female sex workers in response to adaptations during Covid-19	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25813	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118337403&doi=10.1002%2fjia2.25813&partnerID=40&md5=7d3a0adc28283d1ec224ea86cd6e3936	Introduction: Sisters with a Voice (Sisters), a programme providing community-led differentiated HIV prevention and treatment services, including condoms, HIV testing, pre-exposure prophylaxis (PrEP) and antiretroviral therapy linkage for sex workers, reached over 26,000 female sex workers (FSW) across Zimbabwe in 2020. Zimbabwe's initial Covid "lockdown" in March 2020 and associated movement restrictions interrupted clinical service provision for 6 weeks, particularly in mobile clinics, triggering the adaptation of services for the Covid-19 context and a scale up of differentiated service delivery (DSD) models. PrEP service delivery decentralized with shifts from clinical settings towards community/home-based, peer-led PrEP services to expand and maintain access. We hypothesize that peer-led community-based provision of PrEP services influenced both demand and supply-side determinants of PrEP uptake. We observed the effect of these adaptations on PrEP uptake among FSW accessing services in Sisters in 2020. Methods: New FSW PrEP initiations throughout 2020 were tracked by analysing routine Sisters programme data and comparing it with national PrEP initiation data for 2020. We mapped PrEP uptake among all negative FSW attending services in Sisters alongside Covid-19 adaptations and shifts in the operating environment throughout 2020: prior to lockdown (January–March 2020), during severe restrictions (April–June 2020), subsequent easing (July–September 2020) and during drug stockouts that followed (October–December 2020). Results and discussion: PrEP uptake in 2020 occurred at rates <25% (315 initiations or fewer) per month prior to the emergence of Covid-19. In response to Covid-19 restrictions, DSD models were scaled up in April 2020, including peer demand creation, community-based delivery, multi-month dispensing and the use of virtual platforms for appointment scheduling and post-PrEP initiation support. Beginning May 2020, PrEP uptake increased monthly, peaking at an initiation rate of 51% (n = 1360) in September 2020. Unexpected rise in demand coincided with national commodity shortages between October and December 2020, resulting in restriction of new initiations with sites prioritizing refills. Conclusions: Despite the impact of Covid-19 on the Sisters Programme and FSW mobility, DSD adaptations led to a large increase in PrEP initiations compared to pre-Covid levels demonstrating that a peer-led, community-based PrEP service delivery model is effective and can be adopted for long-term use. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	differentiated care; HIV prevention; PrEP; Sars-Cov2; sex workers; Zimbabwe	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Article	2021	Matos, Matheus Costa Brandão; Araújo, Telma Maria Evangelista de; Queiroz, Artur Acelino Francisco Luz Nunes; Borges, Paulo de Tarso Moura	Knowledge of health students about prophylaxis pre and post exposure to HIV	Revista Gaúcha de Enfermagem	-	-	-	1983-1447	10.1590/1983-1447.2021.20190445	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472021000100428&lang=pt	ABSTRACT Objective To evaluate students' knowledge of nursing and medical courses at a public university on prophylaxis before and after exposure to HIV/AIDS. Method cross-sectional study, carried out with nursing and medical students (n = 167). In order to explain the effect of variables on knowledge, the Multinomial Logistic Regression was used. Results Participants had a mean of 23.03 years, female (56.5%), unmarried (64.3%), and heterosexual (86.3%). The level of knowledge demonstrated was mostly medium (49.4%), and only 28.6% showed a high knowledge about the subject. The multivariate analysis showed that the course (p = 0.03) and age (p = 0.01) were associated with a higher level of knowledge. Conclusions Nursing and medical students possess knowledge considered as average about HIV preventive prophylaxis, thus it is up to the health education institutions to provide subsidies for a better training of students, treating the theme as a transversal subject in their training.	Conhecimento; Conocimiento; Knowledge; Profilaxia pré-exposição; Pre-exposure prophylaxis; Profilaxis pre-exposición; Acquired immunodeficiency syndrome; Estudantes de ciências da saúde; Estudiantes del área de la salud; Post-exposure prophylaxis; Profilaxia pós-exposição; Profilaxis posexposición; Síndrome de imunodeficiência adquirida; Síndrome de inmunodeficiencia adquirida; Students health occupations	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Matson, Margaret; Nery-Hurwit, Mara; Crosby, Shariell; Greene, George J; Macapagal, Kathryn	Awareness and Knowledge of Pre-exposure Prophylaxis Among Sexual and Gender Minority Adolescents Assigned Male at Birth in the United States.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-020-01904-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8919433	Sexual and gender minority (SGM) adolescents assigned male at birth are at increased risk for HIV infection. Pre-exposure prophylaxis (PrEP) is a daily pill taken to prevent HIV, which the United States Food and Drug Administration approved for minors under age 18 years weighing at least 77.5 lb in 2018. A lack of awareness and knowledge of PrEP are barriers to uptake among adults and adolescents, but SGM adolescents' awareness and knowledge about PrEP remain underexplored and no studies have assessed SGM adolescents' informational needs. We collected data on 59 SGM adolescents' (ages 14-18 years) awareness, knowledge, and questions about PrEP in an online survey and six online focus groups. Although a majority of SGM adolescents (83.1%) were aware of PrEP before the study, many wanted more information about side effects and how to navigate potential barriers to PrEP initiation. Findings can inform public health efforts to promote PrEP knowledge and uptake among SGM adolescents.	HIV, Pre-exposure prophylaxis, Awareness, Knowledge, Sexual and gender minority adolescents	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Matthews, Lynn T; Greener, Letitia; Khidir, Hazar; Psaros, Christina; Harrison, Abigail; Mosery, F Nzwakie; Mathenjwa, Mxolisi; O'Neil, Kasey; Milford, Cecilia; Safren, Steven A; Bangsberg, David R; Smit, Jennifer A	"It really proves to us that we are still valuable": Qualitative research to inform a safer conception intervention for men living with HIV in South Africa.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0240990	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7993862	OBJECTIVE: Many men living with HIV want to have children. Opportunities to reduce periconception HIV transmission include antiretroviral therapy as prevention, pre-exposure prophylaxis, limiting condomless sex to peak fertility, and sperm processing. Whether men have knowledge of or want to adopt these strategies remains unknown. METHODS: We conducted focus group discussions (FGDs) with men accessing HIV care in South Africa in 2014 to inform a safer conception intervention for men. Eligible men were 25-45 years old, living with HIV, not yet accessing treatment, and wanting to have a child with an HIV-negative or unknown serostatus female partner (referred to as the "desired pregnancy partner"). FGDs explored motivations for having a healthy baby, feasibility of a clinic-based safer conception intervention, and acceptability of safer conception strategies. Data were analyzed using thematic analysis. RESULTS: Twelve participants from three FGDs had a median age of 37 (range 23-45) years, reported a median of 2 (range 1-4) sexual partners, and 1 (range 1-3) desired pregnancy partner(s). A third (N = 4) had disclosed HIV-serostatus to the pregnancy partner. Emergent themes included opportunities for and challenges to engaging men in safer conception services. Opportunities included enthusiasm for a clinic-based safer conception intervention and acceptance of some safer conception strategies. Challenges included poor understanding of safer conception strategies, unfamiliarity with risk reduction versus "safe" (condoms) and "unsafe" (condomless) sex, mixed acceptability of safer conception strategies, and concerns about disclosing HIV-serostatus to a partner. CONCLUSIONS: Men living with HIV expressed interest in safer conception and willingness to attend clinic programs. Imprecise prevention counseling messages make it difficult for men to conceptualize risk reduction. Effective safer conception programs should embrace clear language, e.g. undetectable = untransmittable (U = U), and support multiple approaches to serostatus disclosure to pregnancy partners.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Matthews, Randolph P; Patel, Munjal; Barrett, Stephanie E; Haspeslagh, Liesbeth; Reynders, Tom; Zhang, Saijuan; Rottey, Sylvie; Goodey, Adrian; Vargo, Ryan C; Grobler, Jay A; Stoch, S Aubrey; Iwamoto, Marian	Safety and pharmacokinetics of islatravir subdermal implant for HIV-1 pre-exposure prophylaxis: a randomized, placebo-controlled phase 1 trial.	Nature Medicine	-	-	-	1546-170X	10.1038/s41591-021-01479-3	https://dx.doi.org/10.1038/s41591-021-01479-3	Islatravir (MK-8591) is a highly potent type 1 human immunodeficiency virus (HIV-1) nucleoside reverse transcriptase translocation inhibitor with a long intracellular half-life that is in development for the prevention and treatment of HIV-1. We conducted a randomized, double-blind, placebo-controlled, phase 1 trial in adults without HIV-1 infection. Participants received islatravir or placebo subdermal implants for 12 weeks and were monitored throughout this period and after implant removal. The co-primary end points were safety and tolerability of the islatravir implant and pharmacokinetics, including concentration at day 85, of islatravir triphosphate in peripheral blood mononuclear cells (PBMCs). Secondary end points included additional pharmacokinetic parameters for islatravir triphosphate in PBMCs and the plasma pharmacokinetic profile of islatravir. Based on preclinical data, two doses were assessed: 54 mg (n = 8, two placebo) and 62 mg (n = 8, two placebo). The most frequently reported adverse events were mild-to-moderate implant-site reactions (induration, hematoma, pain). Throughout the 12-week trial, geometric mean islatravir triphosphate concentrations were above a pharmacokinetic threshold of 0.05 pmol per 106 PBMCs, which was estimated to provide therapeutic reverse transcriptase inhibition (concentration at day 85 (percentage of geometric coefficient of variation): 54 mg, 0.135 pmol per 106 cells (27.3); 62 mg, 0.272 pmol per 106 cells (45.2)). Islatravir implants at both doses were safe and resulted in mean concentrations above the pharmacokinetic threshold through 12 weeks, warranting further investigation of islatravir implants as a potential HIV prevention strategy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Mauka W.; Mbotwa C.; Moen K.; Lichtwarck H.O.; Haaland I.; Kazaura M.; Leyna G.H.; Leshabari M.T.; Mmbaga E.J.	Development of a mobile health application for hiv prevention among at-risk populations in urban settings in east africa: A participatory design approach	JMIR Formative Research	-	-	-	2561326X	10.2196/23204	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117119900&doi=10.2196%2f23204&partnerID=40&md5=06cd31d528dc1e46504192464ea8c60c	Background: There is limited evidence in Africa on the design and development of mobile health (mHealth) applications to guide best practices and ensure effectiveness. A pragmatic trial for HIV pre-exposure prophylaxis roll-out among key populations in Tanzania is needed. Objective: We present the results of the development of a mobile app (Jichunge) intended to promote adherence to pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and female sex workers (FSW) in Tanzania. Methods: A participatory design approach was employed and guided by the information system research framework. MSM and FSW were the target populations. A total of 15 MSM and 15 FSW were engaged in the relevance and design cycles, while the piloting phase included 10 MSM and 20 FSW. Results: The relevance cycle enabled the description of the existing problem, provided the compatible app features for the target population, and identified the need to develop an mHealth app that provides health services in a stigmatizing and discriminating environment. User involvement in the app's design and evaluation provided an opportunity to incorporate social, cultural, and community-specific features that ensured usability. In addition, the participants suggested valuable information to inform the app, text message services, medication registration, and chat platform designs. Conclusions: The participatory design approach in the development of mHealth apps is useful in identifying and validating population-specific functional features, improving usability, and ensuring future health impacts. Through this participatory process, the Jichunge app took end-user needs, perspectives, and experiences into account, eliciting enthusiasm regarding its potential role in supporting pre-exposure prophylaxis adherence for HIV and related behavioral change promotion. © 2021 Fundacion Instituto de Historia Social. All rights reserved.	Africa; Female sex workers; HIV; mHealth application; Participatory design; Pre-exposure prophylaxis; Sex and gender minorities	English	Canada	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Mixed methods
Article	2021	Mavhandu-Ramarumo L.G.; Tambe L.A.M.; Matume N.D.; Katerere D.; Bessong P.O.	Undisclosed exposure to antiretrovirals prior to treatment initiation: An exploratory analysis	Southern African Journal of HIV Medicine	-	-	-	16089693	10.4102/SAJHIVMED.V22I1.1200	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104934366&doi=10.4102%2fSAJHIVMED.V22I1.1200&partnerID=40&md5=687346398608d6e98b79fc9745d1ba21	Background: The proportion of individuals with a history of exposure ('pre-exposure') to antiretrovirals (ARVs) prior to formal initiation into antiretroviral treatment (ART) is unknown. Objectives: This study describes the detection of ARVs in plasma and/or hair, of persons who self-reported no pre-exposure to ART at their first-time initiation onto ART in three clinics in the province of Limpopo, South Africa (SA). Method: Concentrations of tenofovir (TDF), emtricitabine (FTC) and efavirenz (EFV) in the plasma and hair of individuals initiating ART were analysed using a validated liquid chromatography tandem mass spectrometry (LC-MS/MS) method. Next generation sequences of HIV polymerase gene were analysed with Geneious software 11.15, and drug resistance (DR) mutations were determined according to the Stanford HIV Drug-Resistance database. Participants' demographic data were collected on a structured questionnaire. Data that describe prior exposure to ARV were also collected by this self-reporting method. Results: Paired blood and hair samples were collected from 77 individuals newly initiated onto ART from 2017 to 2019. We detected at least one of the drugs in the plasma or hair of 41/77 (53.2%) patients who responded with a 'no' to the question 'have you received ARVs before initiation onto ART?' Thirty-one participants (n = 31/77, 40.3%) had TDF in either plasma or hair. Emtricitabine and EFV were found in the plasma or hair of 12/77 (15.6%) and 25/77 (32.4%) of participants respectively. Six (n = 6/77, 7.792%) had all three ARVs in plasma or hair. Prevalence of DR mutations at the > 5% significance threshold level in those known to have had ARV-exposure determined by LC-MS/MS prior to ART-initiation was not significant (x2 = 0.798; p = 0.372), when compared to those who had no prior exposure but still showed DR. Conclusion: Antiretroviral levels in the hair of individuals initiating treatment imply prolonged prior-exposure to that ARV. The presence of ARV in plasma and hair of persons living with HIV (PLWH) who deny ARV-use, requires an explanation. A larger study at multiple sites and regular DR surveillance of ART-naïve PLWH will be necessary to confirm the generalisability of these findings to the wider South African population. © 2021 AOSIS (pty) Ltd. All rights reserved.	Adherence; ART; Exploratory analysis; HIV drug resistance; Pre-exposure	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Theses and Dissertations	2021	Maxwell, Steven	Pre-exposure prophylaxis use among men who have sex with men who have engaged in chemsex	-	-	University College London (University of London)	-	NA	NA	https://discovery.ucl.ac.uk/id/eprint/10134742/ https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.863750	Background: Men who have sex with men (MSM) in the United Kingdom are one of groups most effected by HIV. Due to the multitude of risk behaviours, MSM who engage in chemsex are at heightened risk of acquiring HIV. Pre-exposure prophylaxis (PrEP) reduces the risk of HIV acquisition by up to 99%, although this is dependent on high levels of adherence. There were public health concerns that MSM chemsex behaviour may negatively impact upon PrEP use. The PhD aim was to examine the interface relationship between MSM chemsex engagement and PrEP use. The PhD will inform interventions that improve PrEP uptake/medication adherence amongst MSM who engage in chemsex. Methods: I used multiple methods that adopted a pragmatic approach with a biopsychosocial perspective on health. Firstly, I completed two systematic reviews: MSM chemsex behaviours and MSM PrEP uptake/medication adherence. Secondly, I performed a quantitative analysis of PrEP use among MSM who experienced problematic chemsex. Finally, I completed a qualitative study of PrEP uptake/ medication adherence among MSM chemsex participants. The cascade approach to HIV prevention and perception/practicalities approach (PAPA) to adherence were used to understand the PrEP use journey. Results: MSM chemsex participants were at high risk of HIV acquiring as it involved multiple risk behaviours, including drug and sexual activities. MSM who experienced problematic chemsex were at heightened risk of HIV acquisition which was intertwined with complex psycho-social factors. The wider MSM population had high PrEP adherence levels. Chemsex participants' motivation to use PrEP was driven by high perceived HIV risk and necessity to protect against the biopsychosocial consequences of an HIV diagnosis. MSM social discourse and norms influenced chemsex participants candidacy for PrEP. PrEP accessibility was facilitated by free and trustworthy sources from dynamic established providers. Generally, chemsex participants had high PrEP adherence levels. However, a sub-group of MSM who experience problematic chemsex may be at heightened risk of non-adherence. MSM used PrEP to contain the impact chemsex had on their health and psychosocial wellbeing. They used multiple strategies in their day to day lives and chemsex context to promote PrEP adherence. Conclusion: MSM chemsex participants were at high risk of HIV acquiring and those that experienced problematic chemsex had increased vulnerability. Chemsex participants' motivation to use PrEP was driven by high-perceived HIV risk and biopsychosocial implications of an HIV diagnosis. Their access to PrEP was facilitated by structural opportunities. Chemsex participants had high PrEP adherence levels but there was increased a risk of non-adherence when behaviours became problematic and/or had a negative impact on health. Multi-level strategies were used to promote adherence to PrEP regimens.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Review
Article	2021	Mayer, Kenneth H; Nelson, LaRon; Hightow-Weidman, Lisa; Mimiaga, Matthew J; Mena, Leandro; Reisner, Sari; Daskalakis, Demetre; Safren, Steven A; Beyrer, Chris; Sullivan, Patrick S	The persistent and evolving HIV epidemic in American men who have sex with men.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(21)00321-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9639667	Men who have sex with men (MSM) in the USA were the first population to be identified with AIDS and continue to be at very high risk of HIV acquisition. We did a systematic literature search to identify the factors that explain the reasons for the ongoing epidemic in this population, using a social-ecological perspective. Common features of the HIV epidemic in American MSM include role versatility and biological, individual, and social and structural factors. The high-prevalence networks of some racial and ethnic minority men are further concentrated because of assortative mixing, adverse life experiences (including high rates of incarceration), and avoidant behaviour because of negative interactions with the health-care system. Young MSM have additional risks for HIV because their impulse control is less developed and they are less familiar with serostatus and other risk mitigation discussions. They might benefit from prevention efforts that use digital technologies, which they often use to meet partners and obtain health-related information. Older MSM remain at risk of HIV and are the largest population of US residents with chronic HIV, requiring culturally responsive programmes that address longer-term comorbidities. Transgender MSM are an understudied population, but emerging data suggest that some are at great risk of HIV and require specifically tailored information on HIV prevention. In the current era of pre-exposure prophylaxis and the undetectable equals untransmittable campaign, training of health-care providers to create culturally competent programmes for all MSM is crucial, since the use of antiretrovirals is foundational to optimising HIV care and prevention. Effective control of the HIV epidemic among all American MSM will require scaling up programmes that address their common vulnerabilities, but are sufficiently nuanced to address the specific sociocultural, structural, and behavioural issues of diverse subgroups.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Mboup, Aminata; Diabaté, Souleymane; Béhanzin, Luc; Guédou, Fernand Aimé; Zannou, Djimon Marcel; Kêkê, René K; Bachabi, Moussa; Gangbo, Flore; Marzinke, Mark A; Hendrix, Craig; Gagnon, Marie-Pierre; Alary, Michel	Determinants of HIV Preexposure Prophylaxis Adherence Among Female Sex Workers in a Demonstration Study in Cotonou, Benin: A Study of Behavioral and Demographic Factors.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001373	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8284381	BACKGROUND: HIV preexposure prophylaxis (PrEP) efficacy is closely linked to adherence, and factors associated with PrEP adherence are not well understood and may differ across populations. As PrEP demonstration projects and implementation are ongoing, it is essential to understand factors associated with adherence to oral PrEP to design effective adherence interventions and maximize the public health impact of PrEP. We thus aimed to assess demographic and behavioral factors associated with optimal PrEP adherence (100%) among female sex workers (FSWs) participating in a demonstration project in Cotonou, Benin. METHODS: Female sex workers were provided with daily Truvada and followed quarterly for 1 to 2 years. Sociodemographics, partners, and behaviors were collected through face-to-face questionnaires. Another questionnaire based on sexual the theory of planned behavior and the theory of interpersonal behavior was also administered. Generalized estimating equations were used to identify factors associated with optimal daily adherence. RESULTS: At baseline, 255 FSWs were followed up. One-year increase in age of FSWs was associated with a 3% increase in optimal adherence (prevalence ratio, 1.03; 95% confidence interval, 1.01-1.05; P for trend = 0.0003), and optimal adherence decreased by 31% for every 6 months of follow-up (prevalence ratio, 0.69; 95% confidence interval, 0.59-0.79; P for trend < 0.0001). For the participants who have completed the behavioral questionnaires, high intention to adhere to the treatment was also a predictor of optimal adherence. CONCLUSIONS: Efforts should be geared toward FSWs intending to use PrEP to help them reach adequate adherence levels for effective HIV protection.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	McClung, R. Paul; Atkins, Amy D.; Kilkenny, Michael; Bernstein, Kyle T.; Willenburg, Kara S.; Weimer, Matthew; Robilotto, Susan; Panneer, Nivedha; Thomasson, Erica; Adkins, Elizabeth; Lyss, Sheryl B.; Balleydier, Shawn; Edwards, Anita; Chen, Mi; Wilson, Suzanne; Handanagic, Senad; Hogan, Vicki; Watson, Meg; Eubank, Scott; Wright, Carolyn; Thompson, Antoine; DiNenno, Elizabeth; Fanfair, Robyn Neblett; Ridpath, Alison; Oster, Alexandra M.	Response to a Large HIV Outbreak, Cabell County, West Virginia, 2018-2019.	American Journal of Preventive Medicine	-	-	-	1873-2607 0749-3797	10.1016/j.amepre.2021.05.039	https://pubmed.ncbi.nlm.nih.gov/34686283/	INTRODUCTION: In January 2019, the West Virginia Bureau for Public Health detected increased HIV diagnoses among people who inject drugs in Cabell County. Responding to HIV clusters and outbreaks is 1 of the 4 pillars of the Ending the HIV Epidemic in the U.S. initiative and requires activities from the Diagnose, Treat, and Prevent pillars. This article describes the design and implementation of a comprehensive response, featuring interventions from all pillars. METHODS: This study used West Virginia Bureau for Public Health data to identify HIV diagnoses during January 1, 2018-October 9, 2019 among (1) people who inject drugs linked to Cabell County, (2) their sex or injecting partners, or (3) others with an HIV sequence linked to Cabell County people who inject drugs. Surveillance data, including HIV-1 polymerase sequences, were analyzed to estimate the transmission rate and timing of infections using molecular clock phylogenetic analysis. Federal, state, and local partners designed and implemented a comprehensive response during January 2019-October 2019. RESULTS: Of 82 people identified in the outbreak, most were male (60%), were White (91%), and reported unstable housing (80%). In a large molecular cluster containing 56 of 60 (93%) available sequences, 93% of inferred transmissions occurred after January 1, 2018. HIV testing, HIV pre-exposure prophylaxis, and syringe services were rapidly expanded, leading to improved linkage to HIV care and viral suppression. CONCLUSIONS: Evidence of rapid transmission in this outbreak galvanized robust collaboration among federal, state, and local partners, leading to critical improvements in HIV prevention and care services. HIV outbreak response requires increased coordination and creativity to improve service delivery to people affected by rapid HIV transmission.	Humans; Male; Phylogeny; Disease Outbreaks; *HIV Infections/diagnosis/epidemiology; West Virginia/epidemiology; *Substance Abuse, Intravenous/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	McClure, T; Davis, J; Garcia, M; Eddy, KR; Palanee-Phillips, T; Bam, B; Nair, G; Kassim, S; Agwau Akello, C; Ndadziyira, P; Ngure, K; Celum, C; Soto-Torres, L; Van Der Straten, A	Implementing a rapid response to the COVID-19 global pandemic in MTN-034/REACH: an HIV prevention trial among adolescent girls and young women in Africa	Journal of the International AIDS Society	-	-	-	NA	10.1002/jia2.25659	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02271736/full	Background: The MTN-034/REACH trial, evaluating safety and preferences of oral pre-exposure prophylaxis (PrEP) and the dapivirine vaginal ring among adolescent girls and young women (AGYW) in sub-Saharan Africa, was in full implementation when the COVID-19 pandemic erupted. Associated socio-economic upheaval and mobility disruptions impacted the 247 enrolled AGYW, and staff, potentially jeopardizing study quality and development of HIV prevention methods. In response, accrual was paused and rapid modifications to follow-up procedures were implemented to distribute study product, monitor safety, handle biological samples and testing, and support product adherence. Methods: As sites prepared for impending lockdowns, guidance was issued regarding safety and confidentiality precautions, mitigating social harms (e.g. counseling/referrals, reimbursements for food security) and COVID-19 education for participants and staff. A contingency plan for study conduct, tiered by operational status, was developed and implemented according to site capacity. All modifications, including telephonic visits in lieu of clinic visits, providing extra study product, and prioritizing in-person procedures, were monitored in real-time for operational and analysis considerations. Community engagement included study updates to local stakeholders and delivery of COVID- 19 key messages for community sensitization. Results: Implementation modifications during country lockdowns resulted in nearly uninterrupted study product and contraceptive access for participants. Clinic access remained critical for participants without options for secure telephonic visits or with onsite needs, therefore sites operated in reduced capacity, with staff rotations and transport for staff and participants. Counselors expanded adherence support with remote reminders and check-ins, using alternative documentation and confidentiality practices. Completion rates for expected study visits and procedures were high. Sites maintained contact with most participants despite lockdowns (Table 1). Conclusions: Well-orchestrated modifications to study implementation ensured participant and staff safety, and maintained study integrity and community engagement during COVID-related disruptions. The MTN-034/REACH strategy serves as a template for optimal study operations during times of upheaval, especially when supporting AGYW.	*Africa; *Human immunodeficiency virus; *coronavirus disease 2019; *pandemic; Adolescent; Child; Clinical trial; Conference abstract; Confidentiality; Controlled study; Counseling; Counselor; Documentation; Drug safety; Education; Female; Food security; Human; Nonhuman; Prevention; Reimbursement; Rotation; Sensitization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	McCormack H.; Nathan S.; Varma R.; Haire B.	Dissonances in communication with sexual health consumers in an inner-Sydney sexual health clinic in relation to health literacy: A mixed-methods study	Health Promotion Journal of Australia	-	-	-	10361073	10.1002/hpja.429	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85093647347&doi=10.1002%2fhpja.429&partnerID=40&md5=ffe00e16c6f6398ca733c87509b63d7f	Issues addressed: This study examined the navigation of health care interactions by health consumers attending Sydney Sexual Health Centre (SSHC), an inner-city sexual health clinic in Sydney, Australia. We aimed to assess the accessibility and appropriateness of communications between SSHC and patients in the context of health literacy. Methods: We conducted 20 semi-structured interviews with health consumers, assessed health literacy using the Short Health Literacy Assessment for English-Speaking Adults (SAHL-E) and conducted a focus group with clinical staff. Results: We identified dissonances around assumed knowledge in communications between health professionals and health consumers, which were most apparent when lack of knowledge about sexual health, HIV and pre-exposure prophylaxis (PrEP) intersected with poor English fluency. So what?: This study suggests that existing models of access for HIV treatment and PrEP in Australia have been developed for high health literacy and may not support consumers who experience communication barriers due to low health literacy. The Australian Commission on Safety and Quality in Health Care recommends addressing health literacy systemically, including embedding assessment of health literacy into organisational systems and policies. We recommend developing tools to assess knowledge levels of consumers accessing sexual health services and incorporating health literacy into clinician training on working with patients from non-English–speaking backgrounds. © 2021 Australian Health Promotion Association	accessibility; communications; consumer engagement; health literacy; HIV; pre-exposure prophylaxis; sexual health	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2021	McMahon, James M; Simmons, Janie; Haberer, Jessica E; Mannheimer, Sharon; Leblanc, Natalie M; Torres, Leilani; Quiles, Robert; Aedo, Guillermo; Javier, Anabel; Braksmajer, Amy; Harriman, Graham; Trabold, Nicole; Pouget, Enrique R; Kurth, Ann; Smith, Martez D R; Brasch, Judith; Podsiadly, Eric J; Anderson, Peter L	The Magnetic Couples Study: protocol for a mixed methods prospective cohort study of HIV-serodifferent heterosexual couples' perspectives and use of pre-exposure prophylaxis (PrEP).	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-048993	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8252879	INTRODUCTION: HIV transmission within serodifferent heterosexual couples plays a key role in sustaining the global HIV pandemic. In the USA, transmission within established mixed-status couples accounts for up to half of all new HIV infections among heterosexuals. Oral HIV pre-exposure prophylaxis (PrEP) is a highly effective prevention method, although underutilised among serodifferent couples. Moreover, there is a dearth of research on US HIV-serodifferent couples' perspectives and use of PrEP, alone or in combination with other prevention methods. In this paper, we describe the study protocol for the Magnetic Couples Study, designed to fill critical knowledge gaps regarding HIV-serodifferent heterosexual couples' perspectives, experiences and utilisation of PrEP. METHODS AND ANALYSIS: The Magnetic Couples Study is a mixed methods prospective cohort study designed to describe temporal patterns and identify determinants at multiple levels (individual, couple, HCF) of PrEP outcomes along the care continuum (PrEP awareness, linkage, uptake, retention and medication adherence) among HIV-serodifferent heterosexual couples residing in New York City. The study will also examine clinical management of PrEP, side effects and changes in sexual-related and substance use-related behaviour. A prospective cohort of 230 mixed-status couples already on oral PrEP was recruited, with quarterly assessments over 18 months; in addition, a cross-sectional sample of 150 mixed-status couples not currently on PrEP was recruited. In-depth semistructured qualitative interviews were conducted with a subsample of 25 couples. Actor-partner interdependence modelling using multilevel analysis will be employed for the analysis of longitudinal dyadic data. Framework analysis will be used to analyse qualitative data. A parallel convergent design will be used for mixed methods integration. ETHICS AND DISSEMINATION: The study was approved by the University of Rochester Institutional Review Board (RSRB00052766). Study findings will be disseminated to community members and providers and to researchers and policy makers.	HIV & AIDS; epidemiology; preventive medicine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Meanley, Steven; Chandler, Cristian; Jaiswal, Jessica; Flores, Dalmacio D; Stevens, Robin; Connochie, Daniel; Bauermeister, José A	Are Sexual Minority Stressors Associated with Young Men who Have Sex with Men's (YMSM) Level of Engagement in PrEP?	Behavioral Medicine	-	-	-	0896-4289	10.1080/08964289.2020.1731675	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7774673	Sexual minority stressors (community homophobia, sexuality-related discrimination, and internalized homonegativity) are negatively associated with accessing HIV prevention services among men who have sex with men (MSM). Few studies have tested minority stressors' associations with PrEP engagement among high-HIV risk young MSM (YMSM). Therefore, we assessed the associations between PrEP-indicated YMSM's progression along the PrEP continuum and their experiences of minority stress. N = 229 YMSM completed a web-survey on PrEP-related behaviors and minority stress. Adjusted for covariates, we developed two partial-proportional odds models examining the associations between PrEP continuum progression and minority stressors, as a composite, and community homophobia, sexuality-related discrimination, and internalized homonegativity, respectively. Our multivariable model demonstrated minority stress levels to be negatively associated with PrEP continuum location (AOR = 0.76, 95% CI: 0.58-0.99). Broken down, discrimination was positively associated with reporting being at an advanced location along the continuum (AOR = 1.39, 95% CI: 1.06-1.82). Internalized homonegativity was negatively associated with continuum location between PrEP-aware participants with no intention to initiate and participants who intended to initiate PrEP (AOR = 0.45, 95% CI: 0.27-0.77) and between those who intended to initiate and those who had ever used PrEP (AOR = 0.39, 95% CI: 0.22-0.69). Our findings suggest that minority stress, especially internalized homonegativity, remains a barrier to PrEP among PrEP-indicated YMSM. Sexuality-related discrimination was associated with PrEP continuum progression, suggesting potentially well-developed, adaptive coping skills (e.g., ability to locate sexuality-affirming providers). Coupled with stigma reduction efforts, HIV prevention services aiming to promote PrEP should incorporate internalized homonegativity screenings and referrals into sexuality-affirming resources for PrEP-indicated YMSM.	HIV risk; PrEP; gay and bisexual youth; sexual health; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Meanley, Steven; Connochie, Daniel; Choi, Seul Ki; Bonett, Stephen; Flores, Dalmacio D; Bauermeister, José A	Assessing the Role of Gay Community Attachment, Stigma, and PrEP Stereotypes on Young Men Who Have Sex with Men's PrEP Uptake.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03106-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8084892	Negative stereotypes about pre-exposure prophylaxis (PrEP) hinder PrEP uptake among young men who have sex with men (YMSM). Prior research suggests community homophobia may be linked to negative PrEP attitudes. Conversely, individuals with high gay community attachments (GCA) may have more access to credible PrEP information/resources. Among 285 YMSM recruited online, we estimated structural equation models to test competing conceptual models that inform pathways from perceived stigmas, GCA, and negative PrEP stereotype endorsements to PrEP uptake. In Model A, perceived stigma was directly associated with PrEP uptake, partially mediated by stereotype endorsement (β = - 0.05; 95% CI - 0.09, - 0.01) and GCA (β = - 0.06; 95% CI - 0.11, 0.02). In Model B, perceived stigma was associated with PrEP uptake (β = - 0.07; 95% CI - 0.14, - 0.01) through stereotype endorsement among high GCA YMSM. Complemented by anti-stigma initiatives, PrEP outreach for YMSM should utilize sex-positive messaging and disentangle negative PrEP stereotypes within gay-centric social spaces.	Gay community; HIV; PrEP stigma; Sexual health; Young gay and bisexual men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Medina-Marino, Andrew; Bezuidenhout, Dana; Hosek, Sybil; Barnabas, Ruanne V; Atujuna, Millicent; Bezuidenhout, Charl; Ngwepe, Phuti; Peters, Remco P H; Little, Francesca; Celum, Connie L; Daniels, Joseph; Bekker, Linda-Gail	The Community PrEP Study: a randomized control trial leveraging community-based platforms to improve access and adherence to pre-exposure prophylaxis to prevent HIV among adolescent girls and young women in South Africa-study protocol.	Trials	-	-	-	1745-6215	10.1186/s13063-021-05402-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8314507	BACKGROUND: HIV incidence among South African adolescent girls and young women (AGYW) remains high, but could be reduced by highly effective pre-exposure prophylaxis (PrEP). Unfortunately, AGYW report significant barriers to clinic-based sexual and reproductive health services. Even when AGYW access PrEP as an HIV prevention method, poor prevention-effective use was a serious barrier to achieving its optimal HIV prevention benefits. Determining the acceptability and feasibility of community-based platforms to increase AGYW's access to PrEP, and evaluating behavioural interventions to improve prevention-effective use of PrEP are needed. METHODS: We propose a mixed-methods study among AGYW aged 16-25 years in Eastern Cape Province, South Africa. In the first component, a cross-sectional study will assess the acceptability and feasibility of leveraging community-based HIV counselling and testing (CBCT) platforms to refer HIV-negative, at-risk AGYW to non-clinic-based, same-day PrEP initiation services. In the second component, we will enrol 480 AGYW initiating PrEP via our CBCT platforms into a three-armed (1:1:1) randomized control trial (RCT) that will evaluate the effectiveness of adherence support interventions to improve the prevention-effective use of PrEP. Adherence will be measured over 24 months via tenofovir-diphosphate blood concentration levels. Qualitative investigations will explore participant, staff, and community experiences associated with community-based PrEP services, adherence support activities, study implementation, and community awareness. Costs and scalability of service platforms and interventions will be evaluated. DISCUSSION: This will be the first study to assess the acceptability and feasibility of leveraging CBCT platforms to identify and refer at-risk AGYW to community-based, same-day PrEP initiation services. It will also provide quantitative and qualitative results to inform adherence support activities and services that promote the prevention-effective use of PrEP among AGYW. By applying principles of implementation science, behavioural science, and health economics research, we aim to inform strategies to improve access to and prevention-effective use of PrEP by AGYW. TRIAL REGISTRATION: ClinicalTrials.gov NCT03977181 . Registered on 6 June 2019-retrospectively registered.	Adherence support intervention; Adolescent girls and young women; Community-based delivery platforms; Cost-effectiveness; HIV; HIV prevention; PrEP; Randomized controlled trial; South Africa.	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2021	Medina-Marino, Andrew; Daniels, Joseph; Bezuidenhout, Dana; Peters, Remco; Farirai, Thato; Slabbert, Jean; Guloba, Geoffrey; Johnson, Suzanne; Bekker, Linda-Gail; Nkhwashu, Nkhensani	Outcomes from a multimodal, at-scale community-based HIV counselling and testing programme in twelve high HIV burden districts in South Africa.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25678	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7952633	INTRODUCTION: Facility-based HIV testing services (HTS) have been less acceptable and accessible by adolescents, men and key populations in South Africa. Community-based HIV counselling and testing (CBCT) modalities, including mobile unit and home-based testing, have been proposed to decrease barriers to HIV testing uptake. CBCT modalities and approaches may be differentially acceptable to men and women based on age. Implementation of multimodal CBCT services may improve HIV testing rates among adolescents and men, and support the roll-out of prevention services. METHODS: A cross-sectional analysis was conducted using aggregate, routine programmatic data collected from 1 October 2015 through 31 March 2017 from a multimodal, at-scale CBCT programme implemented in 12 high-burden districts throughout South Africa. Data collection tools were aligned to reporting standards for the National Department of Health and donor requirements. HIV testing rates (i.e. number of tests performed per 100,000 population using South African census data) and testing proportions by modality were stratified by sex, age groups and health districts. Descriptive statistics were performed using STATA 13.0. RESULTS: Overall, 944,487 tests were performed during the 1.5-year testing period reported. More tests were conducted among females than males (53.6% vs. 46.4%). Overall, 8206 tests per 100,000 population (95% CI: 8190.2 to 8221.9) were performed; female-to-male (F:M) testing ratio was 1.11. Testing rates were highest among young men aged 20 to 24 years (16,328.4; 95% CI: 16,237.9 to 16,419.1) and adolescent girls aged 15 to 19 years (12,817.0; 95% CI: 12,727.9 to 12,906.6). Home-based testing accounted for 61.3% of HIV tests, followed by near-home mobile unit testing (30.2%) and workplace mobile unit testing (4.7%). More women received HTS via home-based testing (F:M ratio = 1.29), whereas more men accessed work-place mobile testing (M:F ratio = 1.35). No sex differential was observed among those accessing near-home mobile testing (F:M ratio = 0.98). CONCLUSIONS: Concurrent implementation of multiple, targeted CBCT modalities can reduce sex disparities in HIV testing in South Africa. Given the acceptability and accessibility of these CBCT services to adolescent girls and young women, evident from their high testing rates, leveraging community-based services delivery platforms to increase access to HIV prevention services, including pre-exposure prophylaxis (PrEP), should be considered.	HIV testing services; HIV testing uptake; South Africa; adolescent girls and young women; community-based HIV counselling and testing; sex disparities	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Mehrotra M.L.; Westmoreland D.A.; Patel V.V.; Hojilla J.C.; Grov C.	Breaking Inertia: Movement Along the PrEP Cascade in a Longitudinal US National Cohort of Sexual Minority Individuals at Risk for HIV	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002611	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102482970&doi=10.1097%2fQAI.0000000000002611&partnerID=40&md5=a2afee9c8a80fa1db9a80667d0f41f40	Background: The pre-exposure prophylaxis (PrEP) cascade outlines sequential steps to maximize PrEP's impact and highlights potential intervention targets to improve PrEP implementation. We evaluate the PrEP cascade in the Together 5000 study (T5K).Methods: T5K is an internet-based, US national cohort study of PrEP-eligible men and trans persons who have sex with men who were not taking PrEP at enrollment. Using longitudinal data from baseline (2017-2018) and year 1 follow-up (2018-2019, n = 4229), we evaluated 5 steps of the PrEP cascade - PrEP contemplation: believes they are a good candidate for PrEP; PrEParation: plans to initiate PrEP; PrEP action: speaks to a provider about PrEP; PrEP initiation: receives a prescription for PrEP; and PrEP maintenance: continues to take PrEP. We compared the cascade across geographic region and identified factors associated with gaps in the cascade.Results: After 1 year, 1092 (26%) participants had initiated PrEP, 709 (17%) were still using PrEP, and 177 (4%) were no longer clinically indicated for PrEP. Participants in the South and Midwest were less likely to speak to a provider about PrEP or initiate PrEP. Baseline characteristics associated with lower odds of PrEP initiation at year 1 include: not having a college degree; earning <$20,000/year; not having health insurance; having very low food security; and not having a primary care doctor.Conclusions: Lack of health care access is a major barrier to PrEP implementation and may exacerbate disparities in PrEP uptake across geographic regions. © 2020 Wolters Kluwer Health, Inc.	HIV prevention; pre-exposure prophylaxis; PrEP cascade; sexual minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Mehrotra, Megha L; Westreich, Daniel; Glymour, M Maria; Geng, Elvin; Glidden, David V	Transporting Subgroup Analyses of Randomized Controlled Trials for Planning Implementation of New Interventions.	American Journal of Epidemiology	-	-	-	1476-6256	10.1093/aje/kwab045	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8489435	Subgroup analyses of randomized controlled trials guide resource allocation and implementation of new interventions by identifying groups of individuals who are likely to benefit most from the intervention. Unfortunately, trial populations are rarely representative of the target populations of public health or clinical interest. Unless the relevant differences between trial and target populations are accounted for, subgroup results from trials might not reflect which groups in the target population will benefit most from the intervention. Transportability provides a rigorous framework for applying results derived in potentially highly selected study populations to external target populations. The method requires that researchers measure and adjust for all variables that 1) modify the effect of interest and 2) differ between the target and trial populations. To date, applications of transportability have focused on the external validity of overall study results and understanding within-trial heterogeneity; however, this approach has not yet been used for subgroup analyses of trials. Through an example from the Iniciativa Profilaxis Pre-Exposición (iPrEx) study (multiple countries, 2007-2010) of preexposure prophylaxis for human immunodeficiency virus, we illustrate how transporting subgroup analyses can produce target-specific subgroup effect estimates and numbers needed to treat. This approach could lead to more tailored and accurate guidance for resource allocation and cost-effectiveness analyses.	external validity; implementation; number needed to treat; subgroup analyses; target-specific subgroup analyses; transportability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Mehta S.D.; Okall D.; Graham S.M.; N'gety G.; Bailey R.C.; Otieno F.	Behavior Change and Sexually Transmitted Incidence in Relation to PREP Use Among Men Who Have Sex with Men in Kenya	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03150-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099012366&doi=10.1007%2fs10461-020-03150-3&partnerID=40&md5=ac994bbfe1cf2b847eb489b42d663e62	We measured change in sexual practices and the incidence of C. trachomatis (CT) and N. gonorrhoeae (NG) within a prospective cohort of Kenyan MSM taking PrEP in Kenya. Over the one year of study participation, CT and NG were diagnosed in urine at baseline, 6- and 12- months. Multivariable Cox regression identified factors associated with incident infection. Sexual practices were assessed at baseline and every 3 months. We evaluated changes over time and in relation to PrEP adherence via generalized estimating equation analysis. From October 2017—January 2018, 158 participants initiated PrEP, having 10.3% baseline CT/NG prevalence (either or both). The incidence was 17.2 cases per 100 person-years (95% CI 11.7–25.5). Incident CT/NG increased with report of: transactional male sex partner (adjusted Hazard Ratio (aHR) = 2.46, p = 0.016, z = 2.40), regular female sex partner (aHR = 2.22, p = 0.051, z = 1.96), greater social support (highest vs. lowest quartile, aHR = 6.24, p = 0.012, z = 2.51), and CT/NG infection prior to enrollment (aHR = 2.90, p = 0.002, z = 3.03). Multiple sex partners, condomless sex, and transactional sex decreased over time and were not associated with PrEP adherence. Urethral CT/NG incidence remained high and there was no evidence of PrEP-related behavioral change. There is need for ongoing etiologic testing, improved understanding of risk from female sex partners, and development of more effective risk reduction interventions. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Adherence; Africa; Chlamydia; Disinhibition; Gonorrhea; Men who have sex with men; Pre-exposure prophylaxis; Risk compensation; Sexually transmitted infection; Tenofovir disoproxil fumarate	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Meireles P.; Fernandes F.; Rocha M.; Plankey M.; Barros H.	Provision of Preexposure Prophylaxis at the Portuguese National Health Service and Uptake in the Lisbon Cohort of Men Who Have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03127-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098739621&doi=10.1007%2fs10461-020-03127-2&partnerID=40&md5=f5dcc341f60648bebaa8e452ff5c7797	We aimed to study the uptake of preexposure prophylaxis (PrEP) before and after its implementation in the Portuguese National Health Service (PNHS) among men who have sex with men (MSM). We studied 6164 participants in the Lisbon Cohort of MSM who participated between March 2014 and July 2019. 198 participants (3.2%) reported having recently used PrEP. Approximately one-third started PrEP after its implementation. PrEP uptake increased from 0.15% in 2014 to 5.36% in 2019. In their first use, 86 participants (70.5%) used it daily. How PrEP was obtained varied according to the timing of the first use: prescribed by a physician in Portugal (11.1% before vs 68.8% after implementation) and online (40.7% before vs 14.1% after). We observed an increase in the uptake and in the prescription by a physician, particularly after its implementation in the PNHS representing a change to a more equitable and safer way of using PrEP. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	HIV; Implementation; Men who have sex with men; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2021	Mennecier, A; Kankasa, C; Fao, P; Moles, JP; Eymard-Duvernay, S; Mwiya, M; Kania, D; Chunda-Liyoka, C; Sakana, L; Rutagwera, D; Tassembedo, S; Wilfred-Tonga, MM; Mosqueira, B; Tylleskär, T; Nagot, N; Van de Perre, P	Design and challenges of a large HIV prevention clinical study on mother-to-child transmission: ANRS 12397 PROMISE-EPI study in Zambia and Burkina Faso	Contemporary Clinical Trials	-	-	-	NA	10.1016/j.cct.2021.106402	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02272982/full	Post-natal HIV infection through breastfeeding remains a challenge in many low and middle-income countries, particularly due to non-availability of alternative infant feeding options and the suboptimal Prevention of Mother to Child Transmission of HIV-1 (PMTCT) cascade implementation and monitoring. The PROMISE-EPI study aims to address the latter by identifying HIV infected mothers during an almost never-missed visit for their infant, the second extended program on immunization visit at 6-8 weeks of age (EPI-2). The study is divided into 3 components inclusive of an open-label randomized controlled trial aiming to assess the efficacy of a responsive preventive intervention compared to routine intervention based on the national PMTCT guidelines for HIV-1 uninfected exposed breastfeeding infants. The preventive intervention includes: a) Point of care testing for early infant HIV diagnosis and maternal viral load; b) infant, single-drug Pre-Exposure Prophylaxis (PrEP) (lamivudine) if mothers are virally unsuppressed. The primary outcome is HIV-transmission rate from EPI-2 to 12 months. The study targets to screen 37,000 mother/infant pairs in Zambia and Burkina Faso to identify 2000 mother/infant pairs for the clinical trial. The study design and challenges faced during study implementation are described, including the COVID-19 pandemic and the amended HIV guidelines in Zambia in 2020 (triple-drug PrEP in HIV exposed infants guided by quarterly maternal viral load). The changes in the Zambian guidelines raised several questions including the equipoise of PrEP options, the standard of care-triple-drug (control arm in Zambia) versus the study-single-drug (intervention arm). Trial registration number (www.clinicaltrials.gov): NCT03869944. Submission category: Study Design, Statistical Design, Study Protocols.	*Burkina Faso; *Human immunodeficiency virus 1; *Zambia; *mother to child transmission; *pre-exposure prophylaxis; Adolescent; Adult; Anti-HIV Agents administration & dosage, adverse effects, *therapeutic use; Article; Breast Feeding; Breast feeding; Burkina Faso; COVID-19 epidemiology; Comparative effectiveness; Controlled study; Coronavirus disease 2019; Cross-Sectional Studies; Equipoise; Female; HIV Infections diagnosis, *drug therapy, *transmission; Human; Human immunodeficiency virus infection; Humans; Immunization; Infant; Infectious Disease Transmission, Vertical *prevention & control; Lamivudine administration & dosage, adverse effects, *therapeutic use; Middle income country; Nonhuman; Outcome assessment; Pandemic; Pandemics; Point of care testing; Prevention; Pre-Exposure Prophylaxis methods; Randomized controlled trial; Research Design; SARS-CoV-2; Viral Load; Virus load; Young Adult; Zambia	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Meyer, Jaimie; Price, Carolina; Tracey, DeShana; Sharpless, Laurel; Song, Yue; Madden, Lynn; Elwyn, Glyn; Altice, Frederick	Preference for and Efficacy of a PrEP Decision Aid for Women with Substance Use Disorders.	Patient Preference and Adherence	-	-	-	1177-889X	10.2147/PPA.S315543	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8420782	BACKGROUND: Women with substance use disorders (SUDs) are a key population for HIV prevention with pre-exposure prophylaxis (PrEP), though uptake is limited by awareness of PrEP, misestimation of personal HIV risk, and minimally integrated HIV prevention and addiction treatment services. Patient-centered decision aids (DA) could address these barriers to PrEP, but no extant DA for PrEP has been published, including for women with SUDs. METHODS: We developed a patient-centered PrEP DA for women in addiction treatment. In a pilot randomized preference trial, we compared the DA to enhanced standard of care (eSOC) providing standardized information. The primary outcome was opting to receive more information through the DA; we also assessed the impact of the DA on PrEP decisional preference and PrEP uptake over 12 months. RESULTS: A total of 164 enrolled participants (DA: 83; eSOC: 81) were similar in terms of HIV risk and demographics, which are representative of women in addiction treatment programs nationally, and most (92%) had opioid use disorder. Half of participants were PrEP eligible, though 37% underestimated their personal HIV risk. Independent correlates of selecting the PrEP DA relative to eSOC included higher alcohol use severity (aOR 4.13, 95% CI 1.05-16.28, p=0.04) and perception of high risk for HIV (aOR 2.95, 95% CI 1.19-7.35, p=0.02). For those selecting the DA, interest in PrEP increased significantly from 25% to 89%. DA participants were also significantly more likely than eSOC participants to see a provider for PrEP during follow-up (15.7% vs 6.2%; p=0.05). CONCLUSION: Half of the women selected to use the DA, and those who did significantly increased their engagement in the HIV prevention cascade through increased interest in and initiation of PrEP. Future iterations should accelerate the HIV prevention cascade for women with SUDs by integrating PrEP decision aids into existing addiction treatment services and actively linking women to PrEP.	PrEP, women, substance use disorders, decision aids	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2021	Meyers, Kathrine; Wu, Yumeng; Shin, Kee-Young; Hou, Jianhua; Hu, Qinghai; Duan, Junyi; Li, Yao; He, Xiaoqing	Salient Constructs for the Development of Shared Decision-Making Tools for HIV Pre-Exposure Prophylaxis Uptake and Regimen Choice: Behaviors, Behavioral Skills, and Beliefs.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2021.0066	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8215423	The availability of multiple pre-exposure prophylaxis (PrEP) regimens creates a preference-sensitive choice for individuals weighing alternative HIV prevention strategies. Investigating factors that are associated with PrEP uptake and regimen choice are key to developing tools to support that decision. A cross-sectional survey was offered to 536 participants in a PrEP demonstration project for gay, bisexual, and other men who have sex with men across 3 cities in China, of which 412 completed surveys and were included in the analysis. We conducted bivariable analyses followed by multi-variable logistic regressions to examine factors associated with overall PrEP uptake and PrEP regimen choice. Among the 412 participants, 36.9% were daily PrEP users, 28.4% were event-driven users, and 34.7% were non-PrEP users. Higher levels of education, lower PrEP use stigma, and higher perceived benefits of PrEP were associated with greater PrEP uptake. More frequent sex, higher PrEP adherence self-efficacy, higher endorsement of the belief in elevated efficacy of daily over on-demand PrEP, and lower endorsement of a desire for a PrEP method that is only taken when needed led to greater odds of choosing the daily PrEP regimen. As multiple HIV prevention modalities become available, there is a greater need for a shared decision-making approach to support this preference-sensitive choice of HIV prevention method. Our findings suggest salient constructs to inform the development of shared decision-making tools to support regimen choice.	China; HIV prevention; men who have sex with men; pre-exposure prophylaxis; shared decision making	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Miller S.J.; Harrison S.E.; Sanasi-Bhola K.	A scoping review investigating relationships between depression, anxiety, and the PrEP care continuum in the United States	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph182111431	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118228440&doi=10.3390%2fijerph182111431&partnerID=40&md5=5bbe21798dcf562281d49ca5d537db50	Men who have sex with men and transgender women in the United States are at increased risk for HIV and may benefit from pre-exposure prophylaxis (PrEP), a once-a-day pill to prevent HIV. Due to stigma and discrimination, sexual and gender minority (SGM) populations are also at risk for depression and anxiety. This scoping review sought to identify literature addressing relationships between the PrEP care continuum, depression, and anxiety among SGM individuals and others at high risk for HIV. We conducted a systematic review of four databases (i.e., PubMed, PsycInfo, Web of Science, Google Scholar) and identified 692 unique articles that were screened for inclusion criteria, with 51 articles meeting the final inclusion criteria. Data were extracted for key study criteria (e.g., geographic location, participant demographics, study design, main findings). Results suggest that while depression and anxiety are not associated with PrEP awareness or willingness to use, they can be barriers to seeking care and to PrEP adherence. However, empirical studies show that taking PrEP is associated with reductions in anxiety. Findings suggest the need to implement mental health screenings in PrEP clinical care. In addition, addressing systemic and structural issues that contribute to mental health disorders, as well as PrEP-related barriers, is critical. © 2021 by the authors. Licensee MDPI, Basel, Switzerland.	Anxiety; Depression; HIV prevention; Men who have sex with men; Mental health; Pre-exposure prophylaxis; Transgender women	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Milovanovic, Minja; Jewkes, Rachel; Otwombe, Kennedy; Jaffer, Maya; Hopkins, Kathryn; Hlongwe, Khuthadzo; Mathaludi, Mokgadi; Mbowane, Venice; Gray, Glenda; Dunkle, Kristin; Hunt, Gillian; Welte, Alex; Kassanjee, Reshma; Slingers, Nevilene; Vanleeuw, Lieve; Puren, Adrian; Kinghorn, Anthony; Martinson, Neil; Abdullah, Fareed; Coetzee, Jenny	Community-led cross-sectional study of social and employment circumstances, HIV and associated factors amongst female sex workers in South Africa: study protocol.	Global Health Action	-	-	-	-	1654-9880	10.1080/16549716.2021.1953243	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8330713	BACKGROUND: In South Africa, female sex workers (FSWs) are perceived to play a pivotal role in the country's HIV epidemic. Understanding their health status and risk factors for adverse health outcomes is foundational for developing evidence-based health care for this population. OBJECTIVE: Describe the methodology used to successfully implement a community-led study of social and employment circumstances, HIV and associated factors amongst FSWs in South Africa. METHOD: A community-centric, cross-sectional, survey of 3,005 adult FSWs was conducted (January-July 2019) on 12 Sex Work (SW) programme sites across nine provinces of South Africa. Sites had existing SW networks and support programmes providing peer education and HIV services. FSWs were involved in the study design, questionnaire development, and data collection. Questions included: demographic, sexual behaviour, HIV testing and treatment/PrEP history, and violence exposure. HIV rapid testing, viral load, CD4 count, HIV recency, and HIV drug resistance genotypic testing were undertaken. Partner organisations provided follow-up services. RESULTS: HIV Prevalence was 61.96%, the median length of selling sex was 6 years, and inconsistent condom use was reported by 81.6% of participants, 88.4% reported childhood trauma, 46.2% reported physical or sexual abuse by an intimate partner and 57.4% by a client. More than half of participants had depression and post-traumatic stress disorder (52.7% and 54.1%, respectively). CONCLUSION: This is the first national survey of HIV prevalence amongst FSWs in programmes in South Africa. The data highlight the vulnerability of this population to HIV, violence and mental ill health, suggesting the need for urgent law reform. Based on the unique methodology and the successful implementation alongside study partners, the outcomes will inform tailored interventions. Our rapid rate of enrolment, low rate of screening failure and low proportion of missing data showed the feasibility and importance of community-centric research with marginalised, highly vulnerable populations.	NA	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Mistler, Colleen B; Copenhaver, Michael M; Shrestha, Roman	The Pre-exposure Prophylaxis (PrEP) Care Cascade in People Who Inject Drugs: A Systematic Review	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-02988-x	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-care-cascade-people/docview/2513421227/se-2?accountid=8113	Injection drug use is a key risk factor for the transmission of HIV. Prevention strategies, such as the use of pre-exposure prophylaxis (PrEP), are effective at reducing the risk of HIV transmission in people who inject drugs (PWID). Following PRISMA guidelines, a literature search was conducted to identify the current state of the PrEP care cascade in PWID. Twenty-three articles were evaluated in this systematic review. A decline in engagement throughout the stages of the PrEP care cascade was found. High awareness and willingness to use PrEP was found, yet PrEP uptake was relatively low (0–3%). There is a lack of research on interventions to increase engagement of PrEP across all levels of the care cascade in PWID. Implications from the interventions that have been published provide insight into practice and public policy on efficacious strategies to reduce HIV incidence in PWID. Our findings suggest that more efforts are needed to identify and screen PWID for PrEP eligibility and to link and maintain them with appropriate PrEP care.	HIV prevention; Pre-exposure prophylaxis; Psychology; Prevention; Risk factors; Sexual behavior; Disease prevention; Pre-exposure prophylaxis (PrEP); Systematic review; Prophylaxis; Risk reduction; Exposure; Drug use; Drug abuse; Public policy; Health behavior; Drugs; Disease transmission; People who inject drugs (PWID); PrEP care cascade; Human immunodeficiency virus--HIV; Health risks; Risk analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Mistler, Colleen B; Curley, Christine M; Rosen, Aviana O; El-Krab, Renee; Wickersham, Jeffrey A; Copenhaver, Michael M; Khati, Antoine; Shrestha, Roman	The Impact of COVID-19 on Access to HIV Prevention Services Among Opioid-Dependent Individuals.	Journal of Community Health	-	-	-	-	1573-3610	10.1007/s10900-021-00979-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996112	The COVID-19 pandemic has necessitated restrictive orders and programmatic changes that may be associated with disruptions in services, including those for opioid-dependent people who inject drugs (PWID). This study aims to assess the impact of COVID-19 pandemic on access to and utilization of various HIV prevention services among PWID with opioid use disorder (OUD). We interviewed 110 PWID enrolled in medication for opioid use disorder (MOUD) treatment (e.g., methadone) between May and October, 2020 to identify if this sample experienced changed in access to the following services due to the COVID-19 pandemic: (a) HIV or sexually transmitted infection (STI) testing, (b) pre-exposure prophylaxis (PrEP) services, (c) HIV counselor or doctor appointments, and (d) clean injection equipment. A majority of the sample reported that COVID-19 had not changed their access to HIV testing or access to STI testing. Almost half of the sample reported that getting an appointment with a doctor decreased due to COVID-19. Participants reported that access to a lab or blood testing, access to injection equipment, and sessions with a case manager or counselor decreased. One-fourth of the 32 participants who were taking PrEP before the onset of COVID-19 reported that they had trouble getting their PrEP prescription due to COVID-19, and some reported that they had difficulty getting the PrEP prescription filled at their pharmacy. Our results indicate that PWID did not experience reduced access to HIV or STI testing, but difficulties in obtaining appointments with HIV counselors or doctors and limited access to PrEP were presented. Innovative strategies are needed to reduce the adverse effects of COVID-19 on HIV prevention among PWID.	HIV prevention, Opioid use disorder, Pre-exposure prophylaxis, People who inject drugs, COVID-19	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Mitchell, Kate M; Dimitrov, Dobromir; Silhol, Romain; Geidelberg, Lily; Moore, Mia; Liu, Albert; Beyrer, Chris; Mayer, Kenneth H; Baral, Stefan; Boily, Marie-Claude	The potential effect of COVID-19-related disruptions on HIV incidence and HIV-related mortality among men who have sex with men in the USA: a modelling study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(21)00022-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103250577&doi=10.1016%2fS2352-3018%2821%2900022-9&partnerID=40&md5=eaae0ea696771ab40b480827c1c3e39e	Background: During the COVID-19 pandemic, men who have sex with men (MSM) in the USA have reported similar or fewer sexual partners and reduced HIV testing and care access compared with before the pandemic. Pre-exposure prophylaxis (PrEP) use has also declined. We aimed to quantify the potential effect of COVID-19 on HIV incidence and HIV-related mortality among US MSM. Methods: We used a calibrated, deterministic, compartmental HIV transmission model for MSM in Baltimore (MD, USA) and available data on COVID-19-related disruptions to HIV services to predict effects of reductions in sexual partners (0%, 25%, 50%), condom use (5%), HIV testing (20%), viral suppression (10%), PrEP initiations (72%), PrEP adherence (9%), and antiretroviral therapy (ART) initiations (50%). In our main analysis, we modelled disruptions due to COVID-19 starting Jan 1, 2020, and lasting 6 months. We estimated the median change in cumulative new HIV infections and HIV-related deaths among MSM over 1 and 5 years, compared with a base case scenario without COVID-19-related disruptions. Findings: A 25% reduction in sexual partners for 6 months among MSM in Baltimore, without HIV service changes, could reduce new HIV infections by median 12·2% (95% credible interval 11·7 to 12·8) over 1 year and median 3·0% (2·6 to 3·4) over 5 years. In the absence of changes in sexual behaviour, the 6-month estimated reductions in condom use, HIV testing, viral suppression, PrEP initiations, PrEP adherence, and ART initiations combined are predicted to increase new HIV infections by median 10·5% (5·8 to 16·5) over 1 year, and by median 3·5% (2·1 to 5·4) over 5 years. Disruptions to ART initiations and viral suppression are estimated to substantially increase HIV-related deaths (ART initiations by median 1·7% 0·8 to 3·2, viral suppression by median 9·5% 5·2 to 15·9) over 1 year, with smaller proportional increases over 5 years. The other individual disruptions (to HIV testing, PrEP and condom use, PrEP initiation, and partner numbers) were estimated to have little effect on HIV-related deaths (<1% change over 1 or 5 years). A 25% reduction in sexual partnerships is estimated to offset the effect of the combined service disruptions on new HIV infections (change over 1 year: median –3·9% –7·4 to 1·0; over 5 years: median 0·0% –0·9 to 1·4), but not on HIV deaths (change over 1 year: 11·0% 6·2 to 17·7; over 5 years: 2·6% 1·5 to 4·3). Interpretation: Maintaining access to ART and adherence support is of the utmost importance to maintain viral suppression and minimise excess HIV-related mortality due to COVID-19 restrictions in the USA, even if disruptions to services are accompanied by reductions in sexual partnerships. Funding: National Institutes of Health. © 2021 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Mocorro I.; Sandhu P.J.; Rowniak S.; Leonard A.	Initiation of HIV pre-exposure prophylaxis in adolescents and young adults: Barriers and opportunities	Journal of the American Association of Nurse Practitioners	-	-	-	-	23276886	10.1097/JXX.0000000000000485	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115324835&doi=10.1097%2fJXX.0000000000000485&partnerID=40&md5=b9b800371e50cee7a10e1d10f9a2beba	Background:Adolescents and young adults (AYA) ages 13 to 24 years comprise a quarter of the new HIV diagnoses in the United States. Lack of access to HIV-preventive biomedical tools such as pre-exposure prophylaxis (PrEP) reduces opportunities to prevent HIV infection in this population. Initiating PrEP in AYA significantly reduces the negative health outcomes of HIV, but many providers are still reluctant to initiate PrEP in their AYA patients based on perceived threats and barriers.Objectives:This review aims to highlight the barriers and opportunities for initiating PrEP services in AYA and provides recommendations for PrEP services in this population.Data sources:Ten scholarly articles rated levels IIA through IIIB were identified using the Johns Hopkins Evidence-Based Practice ratings. These included quasi-experimental and nonexperimental publications. Both quantitative and qualitative data contributed to identifying perceived barriers, opportunities, and recommendations for increased PrEP access and prescription in AYA.Conclusions:Pre-exposure prophylaxis is a vital component of a robust HIV prevention program. Themes that emerged hindering optimal PrEP utilization in AYA included provider-related barriers (e.g., knowledge deficit, lack of familiarity with PrEP guidelines, and protocols), patient-related barriers (e.g., lack of awareness, confidentiality issue, and HIV stigma), and structure-related barriers (e.g., lack of AYA-friendly clinics and insurance coverage).Implications for practice:Providers in any setting should be able identify at-risk AYA and prescribe PrEP accordingly. Nurse practitioners should make PrEP accessible to AYA by addressing the barriers to PrEP utilization, prescribing, and continuity of care. Nurse practitioner curriculum, training, and continuing education should include PrEP for AYA. © 2021 Lippincott Williams and Wilkins. All rights reserved.	At-risk adolescents and young adults; HIV prevention; pre-exposure prophylaxis; PrEP education; PrEP provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Monteiro Spindola Marins, Luana; Silva Torres, Thiago; Luz, Paula Mendes; Moreira, Ronaldo I; Leite, Iuri C; Hoagland, Brenda; Kallas, Esper G; Madruga, José V; Grinsztejn, Beatriz; Veloso, Valdilea Gonçalves	Factors associated with self-reported adherence to daily oral pre-exposure prophylaxis among men who have sex with man and transgender women: PrEP Brasil study.	International Journal of STD & AIDS	-	-	-	-	1758-1052	10.1177/09564624211031787	https://dx.doi.org/10.1177/09564624211031787	Understanding the factors associated with pre-exposure prophylaxis (PrEP) adherence may help in the development of strategies to support, motivate and sustain PrEP use. This study estimated self-reported adherence, described perceived barriers and facilitators and investigated factors associated with adherence to daily oral PrEP among men who have sex with man (MSM) and transgender women after 1 year of PrEP use in Brazil. PrEP Brasil was a prospective, multicentre, open-label demonstration study with MSM and transgender women at high risk for HIV infection. We used logistic regression to evaluate factors associated with complete adherence (not forgetting to take any pills in the past 30 days) at week 48. Of 338 participants included in this analysis, 60% reported complete adherence to daily oral PrEP at week 48. Perceived barriers and facilitators to daily oral PrEP were reported by 38.2% and 98.5%, respectively. The most reported barrier and facilitator were 'I forgot to take my pills' (19.2%) and 'Associate PrEP with a daily activity/task' (58.6%), respectively. In final multivariable analysis, living in Rio de Janeiro (aOR: 0.38; 95% CI: 0.20-0.73), being transgender women (aOR: 0.22; 95% CI: 0.07-0.73), reporting stimulant use (a OR: 0.40; 95% CI: 0.20-0.80) and having any perceived barriers to daily oral PrEP (aOR: 0.12; 95% CI: 0.07-0.23) were associated with decreased odds of complete adherence. Our findings provide information for developing the best practices to promote PrEP adherence in the Brazilian context.	HIV; Prevention; South America; men; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Montgomery E.T.; Browne E.N.; Atujuna M.; Boeri M.; Mansfield C.; Sindelo S.; Hartmann M.; Ndwayana S.; Bekker L.-G.; Minnis A.M.	Long-Acting Injection and Implant Preferences and Trade-Offs for HIV Prevention among South African Male Youth	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002670	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108123649&doi=10.1097%2fQAI.0000000000002670&partnerID=40&md5=47bed895240534b5d0bbdb8d4b576361	Background: Long-acting pre-exposure prophylaxis (LA-PrEP) formulated as implants and injections are promising prevention method strategies offering simplicity, discretion, and long dose duration. Men are important end users of LA-PrEP, and early assessment of their preferences could enhance downstream male engagement in HIV prevention.Methods: A discrete-choice experiment survey was conducted with 406 men, aged 18-24, in Cape Town, South Africa, to assess preferences for 5 LA-PrEP attributes with 2-4 pictorially-depicted levels: delivery form, duration, insertion location, soreness, and delivery facility. Latent class analysis was used to explore heterogeneity of preferences and estimate preference shares.Results: The median age was 21 (interquartile range 19-22), and 47% were men who have sex with men. Duration was the most important product attribute. Latent class analysis identified 3 classes: "duration-dominant decision makers"(46%) were the largest class, defined by significant preference for a longer duration product. "Comprehensive decision makers"(36%) had preferences shaped equally by multiple attributes and preferred implants. "Injection-dominant decision makers"(18%) had strong preference for injections (vs. implant) and were significantly more likely to be men who have sex with men. When estimating shares for a 2-month injection in the buttocks with mild soreness (HPTN regimen) vs. a 6-month implant (to arm) with moderate soreness (current target), 95% of "injection-dominant decision makers"would choose injections, whereas 79% and 63% of "duration-dominant decision makers"and "comprehensive decision makers"would choose implant.Conclusions: Young South African men indicated acceptability for LA-PrEP. Preferences were shaped mainly by duration, suggesting a sizeable market for implants, and underscoring the importance of product choice. Further research into men's acceptability of LA PrEP strategies to achieve engagement in these HIV prevention tools constitutes a priority. © 2021 Wolters Kluwer Health, Inc.	implant; injection; LCA; long-acting PrEP; men; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Montgomery, Madeline C; Ellison, Jacqueline; Chan, Philip A; Harrison, Laura; van den Berg, Jacob J	Sexual satisfaction with daily oral HIV pre-exposure prophylaxis (PrEP) among gay and bisexual men at two urban PrEP clinics in the United States: an observational study.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH20207	https://dx.doi.org/10.1071/SH20207	Background Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV infection among men who have sex with men (MSM). However, limited data are available on the effect of PrEP use and sexual satisfaction among MSM taking PrEP. METHODS: We conducted a one-time, cross-sectional survey of MSM receiving PrEP care at two hospital-based PrEP clinics in Providence, Rhode Island and Boston, Massachusetts, USA (April-September 2017). We oversampled Black and Hispanic/Latino individuals. Participants completed the 20-item New Sexual Satisfaction Scale (NSSS) twice, once for before and once for after starting PrEP. Participants reported sexual behaviours, PrEP adherence, PrEP attitudes, and quality of life with PrEP. RESULTS: A total of 108 gay and bisexual men (GBM) participated. Overall, 15.7% were Black (non-Hispanic/Latino) and 23.1% were Hispanic/Latino, with an average age of 36.6 years. Most participants reported private health insurance coverage (71.3%), and 88.9% identified as homosexual, gay, or same gender-loving. The mean NSSS score before PrEP initiation across all 20 items was 3.94 (maximum = 5; 95% CI: 4.22, 4.43), and increased significantly after PrEP initiation (4.33, 95% CI: 4.22, 4.43; P < 0.001). Most participants (73.2%) reported that PrEP increased quality of life. This was associated with significant change in pre- to post-PrEP NSSS scores (linear regression coefficient = 1.21; 95% CI: 0.585, 1.84). CONCLUSIONS: Initiating PrEP and reporting improved quality of life were significantly associated with an increase in sexual satisfaction. PrEP implementation efforts should consider sexual satisfaction to promote PrEP engagement and retention, and researchers and providers should adopt a sex-positive approach with PrEP patients, especially among MSM.	NA	English	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Moreira, JS; Vasconcelos, R; Doi, AM; Avelino-Silva, VI	Real-life occurrence of bacterial sexually transmitted infections among PrEP users: improving the diagnosis of Chlamydia trachomatis and Neisseria gonorrhoeae with multisite screening	Revista do Instituto de Medicina Tropical de São Paulo	-	-	-	-	0036-4665	10.1590/S1678-9946202163076	https://www.scielo.br/j/rimtsp/a/Vyg4VMZKGDPqhbmvNTyBbGt/	PrEP users are under high risk for bacterial sexually transmitted infections (STI), including those caused by Treponema pallidum (Tp), Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (Ng). Ct and Ng screening at multiple anatomic sites may improve the diagnostic sensitivity among high-risk populations. We analyzed the prevalence and incidence of Ct, Ng, and Tp and investigated predictors of bacterial STI occurrence between January 2018 and November 2019 in a retrospective cohort of PrEP users in Sao Paulo, Brazil. We describe the frequency and percentage of Ct/Ng per anatomical site and calculate the percentage of missed diagnosis if molecular testing were applied only in symptomatic patients, or only in urine samples. Patients underwent syphilis testing every 3-4 months and Ct/Ng testing every 6 months. We included 413 PrEP users with a median age of 31 years. At baseline, 25% had a positive treponemal test and 7% had active syphilis; Ct and Ng were more frequently detected in the oropharynx and anus (6.4-6.9%) than in urine samples (0.7-2.6%). Twelve months after the onset of PrEP, the incidence of Tp, Ct and Ng was, respectively, 13.4%, 11.4% and 8.9%. During follow-up, 23 out of 33 Ct/Ng cases (69%, 95% CI 51-84) would have been missed if oropharynx and anus samples had not been tested. In addition, if only symptomatic cases had been tested, 30 out of 33 Ct/Ng cases (90%, 95% CI 75-98) would have been missed. Participants with incident STI had a higher baseline number of sexual partners and a longer follow-up. Our study reinforces that active and frequent screening for STI is a powerful strategy to improve the diagnostic sensitivity.	Chlamydia trachomatis; Neisseria gonorrhoeae; Pre-exposure prophylaxis; Sexually transmitted infections; Syphilis; Treponema pallidum; MEN; SEX; RISK COMPENSATION; TRANSGENDER WOMEN; PREEXPOSURE PROPHYLAXIS; YOUNG; PREVALENCE; PHARYNGEAL	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2021	Morgan, Jeffrey; Schwartz, Cameron; Ferlatte, Olivier; Mniszak, Caroline; Lachowsky, Nathan; Jollimore, Jody; Hull, Mark; Knight, Rod	Community-Based Participatory Approaches to Knowledge Translation: HIV Prevention Case Study of the Investigaytors Program.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-020-01789-6	https://dx.doi.org/10.1007/s10508-020-01789-6	Approaches to knowledge translation (KT) that engage community stakeholders in the research cycle have been identified as particularly promising for addressing the "know-do" gap. Using the case study of a long-standing community-based participatory research (CBPR) project known as the "Investigaytors," this article describes the development and implementation of a KT intervention aimed at facilitating access to HIV pre-exposure prophylaxis for gay, bisexual, and other sexual minority men in British Columbia, Canada, through a publicly funded program. In doing so, we offer a model of CBPR for KT that is highly participatory, driven by community members, and centered around capacity building. We also present findings from a focus group with eight volunteer co-researchers to capture the perspectives of community members involved in the CBPR process and to evaluate the strengths and challenges associated with the use of a CBPR framework for KT. Findings from the focus group reveal how the inclusion of multiple perspectives from community, academic, and healthcare partners contributes to the perceived strength and credibility of the KT intervention opportunities for improving the CBPR process and how the CBPR process itself can be a form of integrated KT. This work has implications for future KT that deploys a CBPR framework, including an expanded understanding of reciprocity that can include benefits such as training and professional development, as well as introducing a novel approach to KT that is driven by community and integrates multiple perspectives. We conclude with reflections on implementing CBPR practices for KT in different settings.	Community-based participatory research; HIV/AIDS; Knowledge translation; Men who have sex with men (MSM); Pre-exposure prophylaxis; Sexual orientation.	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Morgat, M; Bouiller, K; Vuillemenot, J B; Puget, L; Marty-Quinternet, S; Leblanc, T; Jeannot, K; Chirouze, C; Hustache-Mathieu, L; Lepiller, Q	Number, type and cost of microbiological tests during HIV Pre-Exposure Prophylaxis: The experience of a French hospital.	Infectious Diseases Now	-	-	-	-	2666-9919	10.1016/j.medmal.2020.10.017	https://dx.doi.org/10.1016/j.medmal.2020.10.017	BACKGROUND: Microbiological tests are required for individuals on HIV Pre-Exposure Prophylaxis (PrEP), but their real-life numbers, types and cost are poorly described. METHODS: Number, type, and results of microbiological tests performed in a Besançon Hospital-associated laboratory, France, from 2016 to 2019, in the setting of PrEP consultations were retrospectively collected. Costs were estimated by the current reimbursement rate set by the French national protection system. RESULTS: 756 consultations for PrEP initiation or follow-up of 135 persons were performed over 4 years. Among 3434 tests performed in the institution-associated laboratory, 1083 and 2351 were virological and bacteriological tests, respectively. Serology was predominant in virology (98% of virological tests), with HIV, HCV, and HBV screening as the 3 more frequent assays, whereas molecular biology was predominant in bacteriology (63.1% of bacteriological tests) with N. gonorrhoeae and C. trachomatis screening as leader assays. Agar-based culture accounted for 1% of bacterial tests. The global cost of microbiological tests was 45,983.20 euros, corresponding to a mean cost of 60.80 euros per consultation. Virological and bacteriological tests accounted for 37.7% and 62.3% of this budget, respectively. No seroconversion was observed for HIV or HCV. N. gonorrhoeae and C. trachomatis were detected at least once in 39.3% and 22.4% of individuals, respectively, with 15% of symptomatic episodes in both cases. Active syphilis infection was detected in 15.4% of individuals. CONCLUSIONS: Since numerous microbiological tests are required during PrEP, the availability of specific technical platforms should not be neglected by centers wishing to set up PrEP consultations.	HIV; Microbiological assays; PrEP; Sexually transmitted diseases	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Moseholm, Ellen; Gilleece, Yvonne; Collins, Ben; Kowalska, Justyna D; Vasylyev, Marta; Pérez Elía, María Jesús; Cairns, Gus; Aebi-Popp, Karoline	Achievements and gaps to provide pre-exposure prophylaxis (PrEP) for women across the European Region - Results from a European survey study.	Journal of Virus Eradication	-	-	-	-	2055-6640	10.1016/j.jve.2020.100026	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7809379	INTRODUCTION: The use of pre-exposure prophylaxis (PrEP) is a safe and effective prevention option to all people at substantial risk of HIV acquisition, irrespective of gender. However, in most European countries PrEP services focus on key populations, in particular men who have sex with men (MSM). This study aims to explore PrEP availability and implementation for women across the European region. METHODS: An online survey was sent to all members of Women Against Viruses in Europe (WAVE) from 50 countries in September 2019. It consisted of 19 questions, including both multiple choice and free text answers. RESULTS: In total, responses from 34 countries were included in the study (Western Europe n â= â12, Central Europe â= â12, Eastern Europe n â= â6). PrEP was accessible in 30 WHO European countries. More than half of them stated that PrEP was available for all groups at-risk of HIV acquisition (n â= â18), while in many countries PrEP was only available to MSM and transgender persons. Two-thirds of country respondents confirmed the availability of a national guideline for PrEP (n â= â23), of which six countries had specific recommendations for PrEP in women. The most cited obstacles for PrEP access were lack of information about PrEP, lack of political support, and high cost for the individual. Fifteen country respondents stated that there were specific obstacles for PrEP access for women, such as guidelines prioritizing MSM, women not being seen as a target population for PrEP, and lack of knowledge about which subgroup of women would benefit most from PrEP. Seven countries had made efforts to encourage women's access to PrEP, most of which were individually based or initiated by local NGOs. CONCLUSIONS: PrEP is an important addition to HIV combination prevention. Women's access to PrEP in Europe remains limited. Women are often not included in the guidelines or targeted with education or information, resulting in a general lack of information about the use of PrEP for women.	Europe; HIV prevention; PrEP; Pre-exposure prophylaxis; WAVE; Women	English	United Kingdom	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Article	2021	Moskowitz, David A; Moran, Kevin O; Matson, Margaret; Alvarado-Avila, Andrés; Mustanski, Brian	The PrEP Cascade in a National Cohort of Adolescent Men Who Have Sex With Men.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002613	https://dx.doi.org/10.1097/QAI.0000000000002613	BACKGROUND: Pre-exposure prophylaxis (PrEP) has been an available biomedical intervention for at-risk adolescents for over 2 years; however, progression from awareness to uptake and adherence has been slow. In response, we map adolescent men who have sex with men (AMSM) onto the PrEP Motivation Cascade to identify stages for intervention. METHODS: We analyzed PrEP-related attitudinal and behavioral data from a US national cohort of 1398 AMSM. RESULTS: A majority of the sample (53.9%) were identified as appropriate PrEP candidates. Of those identified as appropriate candidates, 51.8% were precontemplative (stage 1; unwilling to take or believing they were inappropriate candidates for PrEP), and 48.2% reached contemplation (stage 2; willing and self-identified as appropriate candidates). Only 16.3% of candidates reached preparation (stage 3; seeing PrEP as accessible and planning to initiate PrEP), and 3.1% reached PrEP action (stage 4; prescribed PrEP). Although few of the AMSM identified as appropriate candidates were on PrEP, most users (87%) reported high adherence to 4+ doses per week (stage 5; PrEP maintenance). Factors associated with reaching later stages were being older, being out to parents, and engaging in previous HIV/sexually transmitted infection testing. CONCLUSIONS: AMSM PrEP use falls short of recommended levels. PrEP campaigns are needed to raise awareness by targeting key AMSM subgroups that underestimate the appropriateness of use. Equally important, parents and health providers of AMSM should serve educational roles to help facilitate potential PrEP uptake, by motivating adolescents and giving them the skills needed to request, fill, and adhere to a prescription.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Mounzer K.C.; Fusco J.S.; Hsu R.K.; Brunet L.; Vannappagari V.; Frost K.R.; Shaefer M.S.; Rinehart A.; Rawlings K.; Fusco G.P.	Are We Hitting the Target? HIV Pre-Exposure Prophylaxis from 2012 to 2020 in the OPERA Cohort	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2021.0064	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118951677&doi=10.1089%2fapc.2021.0064&partnerID=40&md5=527e5d775befbc8558e215d8ce098d5f	Preventing HIV transmission is a crucial step in ending the HIV epidemic. Safe and effective pre-exposure prophylaxis (PrEP) has been available in the United States since 2012. We set out to determine if persons at greatest risk for HIV acquisition were receiving HIV PrEP. HIV-negative individuals from the Observational Pharmaco-Epidemiology Research & Analysis (OPERA) cohort who were prescribed daily PrEP were contrasted with newly diagnosed HIV persons without PrEP use between July 16, 2012 and October 31, 2020 to determine if the PrEP prescriptions reached the populations who were seroconverting. Poisson regression was used to estimate incidence rates of seroconversion to HIV among PrEP initiators, as well as new diagnoses of sexually transmitted infections among both the PrEP group and the newly HIV+ group. Out of the 14,598 PrEP users and 3558 persons newly diagnosed with HIV in OPERA, demographics varied widely. Older individuals, those of non-Black race, men, nonintravenous (IV) drug users, and those with commercial insurance were proportionally overrepresented among those prescribed PrEP compared to persons newly diagnosed with HIV during the same time period. Over 82% of new HIV+ individuals received care in the southern United States compared to only 45% of PrEP users. Seroconversion to HIV among PrEP users was generally uncommon, although more frequent among those who identified as Black individuals, especially in the 13-25 years old age range. In conclusion, providers need innovative programs to better identify, educate, and link those at greatest risk of HIV acquisition, especially young people, women, Black individuals, and IV drug users, to PrEP. © Karam C. Mounzer, et al., 2021; Published by Mary Ann Liebert, Inc. 2021.	cohort; HIV; pre-exposure prophylaxis; PrEP; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Mpunga E.; Persaud N.; Akolo C.; Boyee D.; Kamanga G.; Trapence G.; Chilongozi D.; Ruberintwari M.; Banda L.M.	Readiness for use of HIV preexposure prophylaxis among men who have sex with men in Malawi: Qualitative focus group and interview study	JMIR Public Health and Surveillance	-	-	-	-	23692960	10.2196/26177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118527228&doi=10.2196%2f26177&partnerID=40&md5=190d91d1de4814eeb072cac89230558f	Background: Men who have sex with men (MSM) are a key group for HIV interventions in Malawi considering their high HIV prevalence (17.5% compared to 8.4% among men in the general population). The use of oral preexposure prophylaxis (PrEP) presents a new opportunity for MSM to be protected. We present the findings from a qualitative assessment designed to assess awareness of and willingness and barriers to using PrEP among MSM in Malawi. Objective: The 3 main objectives of this assessment were to determine: (1) awareness of PrEP, (2) factors that influence willingness to use PrEP, and (3) potential barriers to PrEP use and adherence among MSM in order to guide the design and implementation of a PrEP program in Malawi. Methods: Ahead of the introduction of PrEP in Malawi, a qualitative study using in-depth interviews (IDIs) and focus group discussions (FGDs) was conducted in October 2018 in Blantyre, Lilongwe, and rural districts of Mzimba North and Mangochi. With support of members of the population, study participants were purposively recruited from 4 MSM-friendly drop-in centers where MSM receive a range of health services to ensure representativeness across sites and age. Participants were asked what they had heard about PrEP, their willingness to use PrEP, their barriers to PrEP use, and their preferences for service delivery. The data were analyzed using a thematic content analysis framework that was predetermined in line with objectives. Results: A total of 109 MSM were interviewed - 13 through IDIs and 96 through FGDs. Most participants were aware of PrEP as a new HIV intervention but had limited knowledge related to its use. However, the majority were willing to use it and were looking forward to having access to it. IDI participants indicated that they will be more willing to take PrEP if the dosing frequency were appropriate and MSM were involved in information giving and distribution of the drug. FGD participants emphasized that places of distribution and characteristics of the service provider are the key factors that will affect use. Knowing the benefits of PrEP emerged as a key theme in both the IDIs and FGDs. Participants highlighted barriers that would hinder them from taking PrEP such as side effects which were cited in IDIs and FGDs. Key factors from FGDs include cost, fear of being outed, drug stockouts, fear of being known as MSMs by wives, and lack of relevant information. FGDs cited stigma from health care workers, forgetfulness, and community associated factors. Conclusions: Despite having inadequate knowledge about PrEP, study participants were largely willing to use PrEP if available. Programs should include an effective information, education, and communication component around their preferences and provide PrEP in MSM-friendly sites. © Elizabeth Mpunga, Navindra Persaud, Christopher Akolo, Dorica Boyee, Gift Kamanga, Gift Trapence, David Chilongozi, Melchiade Ruberintwari, Louis Masankha Banda.	HIV; HIV prevention; Malawi; Men who have sex with men; MSM; PrEP; Prophylaxis; Qualitative assessment; Readiness to use	English	Canada	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Qualitative
Article	2021	Mueses-Marín H.F.; Alvarado-Llano B.; Torres-Isasiga J.; Camargo-Plazas P.; Bolívar-Rocha M.C.; Galindo-Orrego X.; Martínez-Cajas J.L.	Scales to Assess Knowledge, Motivation, and Self-Efficacy for HIV PrEP in Colombian MSM: PrEP-COL Study	AIDS Research and Treatment	-	-	-	-	20901240	10.1155/2021/4789971	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115892859&doi=10.1155%2f2021%2f4789971&partnerID=40&md5=9610f88c5d11a3b6ebfc8de1581a5674	Objective. We evaluated the construct validity Spanish version of knowledge, stigma, norms, and self-efficacy scales regarding PrEP in MSM. Methods. Sample of 287 MSM. Exploratory confirmatory factor analysis and item response theory were used to validate the constructs. Correlations and confidence interval-based estimation of relevance analyses were conducted to correlate the scales with willingness and intention to use PrEP. Results. Attitude, stigma, and descriptive and subjective norms scales showed good construct validity and were related to intention and willingness to use PrEP. However, the knowledge scale and self-efficacy scales require further refinement. Conclusions. The study provides useful information for assessing information, motivation, and self-efficacy related to PrEP use. Our results could be used to test the scales and the theoretical model in other contexts to confirm their usefulness. © 2021 Héctor F. Mueses-Marín et al.	NA	English	United Kingdom	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Quantitative
Article	2021	Mugambi, Melissa Latigo; Baeten, Jared M; Kinuthia, John; Hauber, Brett; Weiner, Bryan J; John-Stewart, Grace; Barnabas, Ruanne Vanessa	Design and evaluation of strategies to implement HIV prevention interventions for pregnant women in community pharmacy settings in western Kenya: a mixed-methods study protocol.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2021-052311	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8679098	INTRODUCTION: Community pharmacies play an important role in the healthcare system: they are frequently accessed and have increasing capacity to deliver HIV prevention services. In communities where the prevalence of HIV is high and access to antenatal care clinics is delayed or irregular, there is a unique opportunity to leverage pharmacies to enhance early and sustained access to HIV prevention among pregnant women. This study will identify women's preferences for delivery of HIV prevention services and provider-level and system-level strategies to design a new pharmacy-based model of care for pregnant women. The overall objective of this study is to design and evaluate strategies to implement HIV prevention interventions for pregnant women in community pharmacy settings in western Kenya. METHODS AND ANALYSIS: We propose to conduct a discrete choice experiment to quantify preferences for delivery of HIV prevention interventions (including pre-exposure prophylaxis, partner testing and sexually transmitted infection screening and treatment) for pregnant women in community pharmacy settings. Latent class analysis will be used to quantify women's stated preferences and identify packages of intervention components that will optimise uptake among different subgroups of women. We will apply the Theoretical Domains Framework to identify provider-level and system-level factors that might influence the implementation of the optimal intervention packages. We will then use the Behaviour Change Wheel and survey a panel of experts to select and gain consensus on strategies to improve implementation. Finally, we will evaluate the potential costs of extending the implementation of HIV prevention interventions from the clinic to community pharmacy settings. ETHICS AND DISSEMINATION: The protocol was approved by the Kenyatta National Hospital-University of Nairobi Ethics Research Committee and the University of Washington Institutional Review Board. The results of this research will be published in peer-reviewed journals and shared with various stakeholders, including community members, policymakers and researchers, through local and international conferences.	HIV & AIDS; health economics; maternal medicine; organisation of health services; qualitative research	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Mugwanya K.K.; Kinuthia J.	Integrating Pre-Exposure Prophylaxis Delivery in Public Health Family Planning Clinics: Lessons Learned From a Programmatic Implementation Project in Kenya	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.683415	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150057982&doi=10.3389%2ffrph.2021.683415&partnerID=40&md5=f15884d1d0419dfbbd021386868536ab	Sexually active African women are a priority population for HIV prevention due to the disproportionately high frequency of new HIV infections. Family planning (FP) clinics offer an already trusted platform that can be used to reach women for HIV prevention services, including pre-exposure prophylaxis (PrEP). In the recent PrEP Implementation in Young Women and Adolescent (PrIYA program), we piloted PrEP implementation in FP clinics in Kisumu, Kenya, and demonstrated that it was possible to integrate PrEP provision in FP systems with a program-dedicated staff. In this perspective, we describe experiences and strategies employed to introduce PrEP implementation in FP clinics and lessons learned. We identified the following lessons for PrEP introduction in FP clinics in Kenya: (1) possible to integrate and generate high enthusiasm for PrEP delivery in FP clinics but persistence on PrEP is a challenge, (2) involvement of national and regional stakeholders is critical for buy-in, contextualization, and sustainability, (3) delivery models that do not integrate fully with existing staff and systems are less sustainable, (4) creatinine testing at PrEP initiation may not be necessary, (5) fully integrated HIV and FP data systems need to be developed, and (6) incorporating implementation science evaluation is important to understand and document effective implementation strategies. In summary, integration of HIV prevention and FP services provides an opportunity to promote one-stop women-centered care efficiently. However, a broader focus on delivery models that utilize existing staff and novel strategies to help women identify their own risk for HIV are needed to ensure greater success and sustainability. Copyright © 2021 Mugwanya and Kinuthia.	family planning clinics; HIV prevention; implementation; integrated services; pre-exposure prophylaxis (or PrEP)	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Mugwanya K.K.; Matemo D.; Scoville C.W.; Beima-Sofie K.M.; Meisner A.; Onyango D.; Mugambi M.; Feutz E.; Grabow C.; Barnabas R.; Weiner B.; Baeten J.M.; Kinuthia J.	Integrating PrEP delivery in public health family planning clinics: a protocol for a pragmatic stepped wedge cluster randomized trial in Kenya	Implementation Science Communications	-	-	-	-	26622211	10.1186/s43058-021-00228-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133542759&doi=10.1186%2fs43058-021-00228-4&partnerID=40&md5=383a5556d4b58b42d3978c3f7b167faa	Background: Adolescent girls and young women account for a disproportionate fraction of new HIV infections in Africa and are a priority population for HIV prevention, including provision of pre-exposure prophylaxis (PrEP). Anchoring PrEP delivery to care settings like family planning (FP) services that women already access routinely may offer an efficient platform to reach HIV at-risk women. However, context-specific implementation science evaluation is needed. Methods: The Family Planning Plus Project is a prospective, pragmatic implementation evaluation, designed as a stepped wedge, cluster randomized trial, at 12 clinics in Kenya. In collaboration with the Kenya Ministry of Health and Kisumu County Department of Health, we will introduce integration of HIV risk screening and PrEP delivery in public health FP clinics. The core multifaceted implementation strategies to integrate PrEP in FP clinics will include: (1) PrEP delivery by existing FP clinic staff, (2) health provider training, (3) PrEP technical assistance to coach and mentor providers, (4) joint supervision with Kisumu County health officials, and (5) stakeholder engagement. All core components of PrEP delivery—including screening for HIV risk, HIV testing, dispensing, adherence and risk reduction counseling, assessment of side effects, and provision of refills, or safety assessment—will be conducted by existing FP clinic staff as part of a standard care service package. The goal is to catalyze sustainable scale-up within existing infrastructures beyond the project. We will rigorously evaluate implementation outcomes and impact, using the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework, and we will use Organizational Readiness for Implementing Change (ORIC) and the Consolidated Framework for Implementation Science Research (CFIR) to assess readiness to implement and contextual enablers and barriers of implementation, including how clinics innovate efficient delivery systems. Discussion: Anchoring PrEP delivery to existing FP systems and staffing has tremendous potential to address barriers that women face in accessing HIV prevention and PrEP care, including lack of time, cost, and stigma of visiting a facility solely for HIV prevention. The FP Plus Project will initiate preparation for full-scale and sustainable model of integration of comprehensive HIV prevention services, including PrEP implementation, in public health FP clinics in low-income settings. Trial registration Registered with ClinicalTrials.gov on December 14, 2020: NCT04666792 © 2021, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Muhula, Samuel; Opanga, Yvonne; Oramisi, Violet; Ngugi, Catherine; Ngunu, Caroline; Carter, Jane; Marita, Enock; Osur, Joachim; Memiah, Peter	Impact of the First Wave of the COVID-19 Pandemic on HIV/AIDS Programming in Kenya: Evidence from Kibera Informal Settlement and COVID-19 Hotspot Counties.	International Journal of Environmental Research and Public Health	-	-	-	-	1660-4601	10.3390/ijerph18116009	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8199875	The study sought to determine the impact of COVID-19 on HIV/AIDS programming in the Kibera informal settlement and COVID-19 hotspot counties during the first wave of the pandemic. The study was conducted in two phases. The first phase entailed the analysis of HIV care and treatment secondary data (2018-2020) from the Kenya Health Information System. In the second phase, a prospective cohort study was conducted among people living with HIV in the Kibera informal settlement. A total of 176 participants aged 18 years and above accessing HIV services at selected healthcare facilities in Kibera were randomly sampled from facility electronic medical records and followed up for three months. Socio-demographics and contact details were abstracted from the records and telephone interviews were conducted with consenting participants. Results from the retrospective review of HIV program data indicated a 56% (p < 0.000, 95% CI: 31.3%-62.8%) reduction in uptake of HIV services. Clients starting antiretroviral therapy (ART) reduced significantly by 48% (p < 0.001, 95% CI: 35.4%-77%) in hotspot counties. However, pre-exposure prophylaxis uptake increased significantly by 24% (p < 0.019, 95% CI: 4%-49%). In Kibera, 14% reported missing medications at the onset of the COVID-19 pandemic because of lack of food (38%) and government measures (11%), which affected ART access; 11% did not access health facilities due to fear of contracting COVID-19, government regulations and lack of personal protective equipment. Socioeconomic factors, food insecurity and government measures affected uptake of HIV/AIDS services; hence, the need for scaling up measures to increase access to HIV/AIDS services during the onset of pandemics.	COVID-19; HIV/AIDS; antiretroviral therapy; food security; lockdown measures; personal protective equipment; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods
Article	2021	Muhumuza, Richard; Ssemata, Andrew Sentoogo; Kakande, Ayoub; Ahmed, Nadia; Atujuna, Millicent; Nomvuyo, Mangxilana; Bekker, Linda-Gail; Dietrich, Janan Janine; Tshabalala, Gugulethu; Hornschuh, Stefanie; Maluadzi, Mamakiri; Chibanda-Stranix, Lynda; Nematadzira, Teacler; Weiss, Helen Anne; Nash, Stephen; Fox, Julie; Seeley, Janet	Exploring Perceived Barriers and Facilitators of PrEP Uptake among Young People in Uganda, Zimbabwe, and South Africa.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-020-01880-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8213546	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy. Few studies have explored adolescents and young people's perspectives toward PrEP. We conducted 24 group discussions and 60 in-depth interviews with males and females aged 13-24 years in Uganda, Zimbabwe, and South Africa between September 2018 and February 2019. We used the framework approach to generate themes and key concepts for analysis following the social ecological model. Young people expressed a willingness to use PrEP and identified potential barriers and facilitators of PrEP uptake. Barriers included factors at individual (fear of HIV, fear of side effects, and PrEP characteristics), interpersonal (parental influence, absence of a sexual partner), community (peer influence, social stigma), institutional (long waiting times at clinics, attitudes of health workers), and structural (cost of PrEP and mode of administration, accessibility concerns) levels. Facilitators included factors at individual (high HIV risk perception and preventing HIV/desire to remain HIV negative), interpersonal (peer influence, social support and care for PrEP uptake), community (adequate PrEP information and sensitization, evidence of PrEP efficacy and safety), institutional (convenient and responsive services, provision of appropriate and sufficiently resourced services), and structural (access and availability of PrEP, cost of PrEP) levels. The findings indicated that PrEP is an acceptable HIV prevention method. PrEP uptake is linked to personal and environmental factors that need to be considered for successful PrEP roll-out. Multi-level interventions needed to promote PrEP uptake should consider the social and structural drivers and focus on ways that can inspire PrEP uptake and limit the barriers.	Adolescents; Barriers; Facilitators; HIV prevention; PrEP	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2021	Mujugira A.; Nakyanzi A.; Kasiita V.; Kamusiime B.; Nalukwago G.K.; Nalumansi A.; Twesigye C.C.; Muwonge T.R.; Baeten J.M.; Wyatt M.A.; Haberer J.E.; Ware N.C.	HIV self-testing and oral pre-exposure prophylaxis are empowering for sex workers and their intimate partners: a qualitative study in Uganda	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25782	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115884078&doi=10.1002%2fjia2.25782&partnerID=40&md5=957a736459d7885c3bbaf2b4a9d57c2a	Introduction: HIV self-testing (HIVST) and oral pre-exposure prophylaxis (PrEP) are complementary, evidence-based, self-controlled HIV prevention tools that may be particularly appealing to sex workers. Understanding how HIVST and PrEP are perceived and used by sex workers and their intimate partners could inform prevention delivery for this population. We conducted qualitative interviews to examine ways in which HIVST and PrEP use influence prevention choices among sex workers in Uganda. Methods: Within a randomized trial of HIVST and PrEP among 110 HIV-negative cisgender women, cisgender men and transgender women sex workers (NCT03426670), we conducted 40 qualitative interviews with 30 sex workers and 10 intimate partners (June 2018 to January 2020). Sex worker interviews explored (a) experiences of using HIVST kits; (b) how HIVST was performed with sexual partners; (c) impact of HIVST on PrEP pill taking; and (d) sexual risk behaviours after HIVST. Partner interviews covered (i) introduction of HIVST; (ii) experiences of using HIVST; (iii) HIV status disclosure; and (iv) HIVST's effect on sexual behaviours. Data were analysed using an inductive content analytic approach centering on descriptive category development. Together, these categories detail the meaning of HIVST and PrEP for these qualitative participants. Results: Using HIVST and PrEP was empowering for this group of sex workers and their partners. Three types of empowerment were observed: (a) economic; (b) relational; and (c) sexual health. (i) Using HIVST and PrEP made sex without condoms safer. Sex workers could charge more for condomless sex, which was empowering economically. (ii) Self-testing restored trust in partners' fidelity upon being reunited after a separation. This trust, in combination with condomless sex made possible by PrEP use, restored intimacy, empowering partnered relationships. (iii) HIVST and PrEP enabled sex workers to take control of their HIV prevention efforts and avoid the stigma of public clinic visits. In this way they were empowered to protect their sexual health. Conclusions: In this sample, sex workers' use of HIVST and PrEP benefitted not only prevention efforts, but also economic and relational empowerment. Understanding these larger benefits and communicating them to stakeholders could strengthen uptake and use of combination prevention interventions in this marginalized population. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Africa; empowerment; HIV prevention; HIV self-testing; pre-exposure prophylaxis; sex workers	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative

Article	2021	Medawa, Marta J; Rosengren, A Linn; Amico, K Rivet; Hightow-Weidman, Lisa B; Macsuga, Kathryn E	mHealth to reduce HIV-related stigma among youth in the United States: a scoping review.	mHealth	-	-	-	2306-9740	10.21037/mhealth-20-68	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8063667/	Multiple intersecting stigmas and discrimination related to sex, gender, HIV, and race/ethnicity may challenge HIV prevention and treatment service utilization, particularly among youth. This scoping review describes recent and ongoing innovative mHth health (mHealth) interventions among youth in the United States that aim to reduce stigma as an outcome or as part of the intervention model. To identify examples of stigma-mitigation via mHealth, we searched peer-reviewed published literature using keyword strategies related to mHealth, HIV, stigma, and youth (ages 10 to 29). We identified eleven articles that met our inclusion criteria, including three describing data from two randomized controlled trials (RCTs), five describing pilot studies, one describing the process evaluation of an ongoing intervention, one describing formative work for intervention development, and one published study protocol for an ongoing intervention. We review these articles, grouped by HIV prevention and care continuum stages, and describe the mHealth approach used, including telehealth, simulation video games, motion comics, smartphone applications (apps), social media forums, online video campaigns, video vignettes, and a computerized behavioral learning module. Four studies focused on preventing primary acquisition through individual-level behavior change (e.g., reducing condomless anal intercourse), three focused on increasing HIV testing, three focused on linking to prevention services e.g., pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) and one focused on promoting adherence to antiretroviral therapy (ART). Our review did not identify any published studies using mHealth with a primary aim to reduce stigma as a way to improve care engagement and increase viral suppression among youth in the United States. Additional RCTs and implementation studies examining the effectiveness of mHealth interventions to reduce stigma and improve HIV-related outcomes are needed to end the HIV epidemic among youth. mHealth offers unique advantages to address the complex intersecting stigma barriers along the HIV continuum to improve HIV-related outcomes for youth.	HIV; mHealth; stigma; technology; youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Munyanza, Athanase; Adedimeji, Adebola; Kim, Hae-Young; Shi, Qiuhu; Hoover, Donald R; Ross, Jonathan; Murchison, Lynn; Munroe, Gail; Kabalimi, John; Gasana, Josephine; Nsengiyumva, Boniface; Kabwimana, Gallicus; Kanyabwisha, Fiorain; Mahoro, Benjamin; Sagahutu, Charles; Mutesa, Leon; Castle, Philip E; Polmkky, Joel M; Anastos, Kathryn; Patel, Vrraj V.	Awareness and Willingness to Use HIV Pre-exposure Prophylaxis Among Men Who Have Sex With Men in Rwanda: A Cross-Sectional Descriptive Survey.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1097/JNC.0000000000000228	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8610039/	NA	NA	English	United States	Western and Central Europe and North America	Rwanda	Eastern and Southern Africa	Rwanda	Eastern and Southern Africa	Quantitative
Article	2021	Murchu, Eamon O; Mc, BCh, MPH; Teljeur, Conor; PhD; Hayes, Catherine; MB, MPH; Harrington, Patricia; PhD; Moran, Patrick; PhD; Ryan, Mairin; PhD	Cost-Effectiveness Analysis of a National Pre-Exposure Prophylaxis (PrEP) Program in Ireland	Value in Health	-	-	-	10983015	10.1016/j.jval.2021.02.005	https://www.proquest.com/scholarly-journals/cost-effectiveness-analysis-national-pre-exposure/docview/2554668703/se-2?accountid=9133	Objectives: To estimate the cost-effectiveness of introducing a publicly funded pre-exposure prophylaxis (PrEP) program in Ireland. Methods: We constructed a state-transition Markov model. This was a cross-sectional population study that used all HIV surveillance data from the National Virus Reference Laboratory (NVRL) in Ireland over the time period. Access to a publicly funded PrEP program (medications + frequent HIV testing) in surrounding HIV infection among at-risk women living in SSA. RESULTS: From 2062 non-duplicate articles, four RCTs evaluating the effectiveness of one or more of the interventions against placebo were included. TFV-1% vaginal gel, oral TDF or TDF-FTC were not effective in preventing the acquisition of HIV infection in women living in SSA. However, poor adherence by study participants could have confounded the true effectiveness of TFV-PrEP in this high-risk population. Meta-analysis was not conducted given the limited number of eligible studies identified from the search. CONCLUSION: the current evidence does not support the effectiveness of TFV-PrEP for HIV in SSA women. More studies aimed at addressing factors driving low adherence to HIV interventions in this high risk populations are urgently needed in order to improve the design of future RCTs leading to the determination of more reliable estimates of TFV-1% vaginal gel or oral TDF or TDF-FTC effectiveness. Protocol registration: this systematic review was not registered in PROSPERO.	Iceland; Markov model; Pre-exposure prophylaxis; Efficacy; Men who have sex with men; Disease prevention; Prophylaxis; Sensitivity analysis; Cost control; Cost-effectiveness analysis; Cost analysis; High risk; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Pharmacy And Pharmacology; Dosage; Drug dosage; Treatment; Middle aged people; Free your; Markov analysis; Markov chains; Quality adjusted life years	English	United States	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Quantitative
Article	2021	Mutevwanesu, Grant; Mahdetsi, Moffat; Takah, Noah Fongwen	The effectiveness of tenofovir-based pre-exposure prophylaxis for prevention of seroconversion among sub-Saharan African women at high risk: a systematic review.	Pan African Medical Journal	-	-	-	1937-8688	10.11604/pamj.2021.38.308.26014	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8193792/	INTRODUCTION: women in sub-Saharan Africa (SSA) are disproportionately affected by the HIV epidemic. In 2019, they constituted 59% of new infections; thus, they remain a key population for control. Public health interventions to prevent acquisition of HIV in this high-risk population are urgently needed. Tenofovir-based pre-exposure prophylaxis (TFV-PrEP) has been shown to reduce HIV infections in other key populations. However, comprehensive evidence regarding TFV-PrEP effectiveness in women living in SSA has not been determined. Therefore, we undertook a systematic review to determine the effectiveness of tenofovir-1% (TFV-1%) vaginal gel, oral tenofovir (TFV) and tenofovir-emtricitabine (TDF-FTC) pre-exposure prophylaxis for primary acquisition of HIV in at-risk women living in SSA. METHODS: OVID Medline, Embase, CENTRAL, Web of Science and Clinical Trials.gov were searched for eligible studies from 1st January 2020 to 31st July 2020. Only randomised controlled trials (RCTs) evaluating the effectiveness of TFV-PrEP for HIV in SSA women were included. TFV-1% vaginal gel, oral TDF or TDF-FTC were not effective in preventing the acquisition of HIV infection among at-risk women living in SSA. However, poor adherence by study participants could have confounded the true effectiveness of TFV-PrEP in this high-risk population. Meta-analysis was not conducted given the limited number of eligible studies identified from the search. CONCLUSION: the current evidence does not support the effectiveness of TFV-PrEP for HIV in SSA women. More studies aimed at addressing factors driving low adherence to HIV interventions in this high risk populations are urgently needed in order to improve the design of future RCTs leading to the determination of more reliable estimates of TFV-1% vaginal gel or oral TDF or TDF-FTC effectiveness. Protocol registration: this systematic review was not registered in PROSPERO.	Human immunodeficiency virus; infections; pre-exposure prophylaxis; sub-Saharan Africa; tenofovir; truvada; vaginal gel	English	Uganda	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Review
Article	2021	Mwesigwa, PA; Kotyabana, P; Ongadde, CP; Nasunna, EM; Kitutu, FE; Ngabirano, TD; Nsakanabi, J; Mulindo, R; Kabiri, L; Namisete, M; Nabunya, R; Kwesiga, N; Sewankambo, N	Conducting an ongoing HIV clinical trial during the COVID-19 pandemic in Uganda: a qualitative study of research team and participants' experiences and lessons learnt	BMJ Open	-	-	-	NA	10.1136/bmjopen-2021-048825	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8487966/	Objective To explore the experiences and lessons learnt by the study team and participants of the Workplace-based HIV self-testing among Men trial during the COVID-19 pandemic in Uganda. Design An exploratory qualitative study comprising two virtual focus group discussions (FGDs) with 12 trial team members and 32 in-depth participant interviews (N=40). Data were collected via telephone calls for in-depth interviews or Zoom for FGDs and manually analysed by inductive content analysis. Setting Fourteen private security companies in two Uganda districts. Participants Members of the clinical trial study team and participants who had been enrolled in the trial. Results Participants' experiences during the COVID-19 pandemic were influenced by the fear of contracting COVID-19 infection, and preventive measures (i.e., mandatorymasks) and difficulty participating in research activities'. The effects on HIV treatment and prevention resulted from a misperception of the COVID-19 vaccine, participants fear of contraction and negative experiences at health facilities. The difficulty in participating in research activities arose from: fear of infection with COVID-19 for the participants who tested HIV negative, transport difficulties, limited post-test psychosocial support and lack of support to initiate pre-exposure prophylaxis. The key study team reflections focused on the management of the clinical trial, effects of the local regulations and government policies and the need to adhere to ethical principles of research. Conclusions Findings highlight the need to organise different forms of HIV support for persons living with HIV during a pandemic. Additionally, the national research regulators and ethics committees or review boards are strongly urged to develop policies and guidelines for the continuity of research and clinical trials in the event of future shocks. Furthermore, this study calls on the appropriate government agencies to ensure public and researchers' preparedness through continuing education and support. Trial registration number ClinicaltrialsLgov.NCT04184453; Pre-results.	*Human immunodeficiency virus infection /drug therapy /prevention; *coronavirus disease 2019 /prevention; Adult; Antiretroviral therapy; Article; COVID-19; Clinical article; Counselling; Controlled study; Follow up; Groups by age; HIV Infections epidemiology; Health care facility; Health care policy; Human; Human immunodeficiency virus infected patient; Human; Infection prevention; Male; Medical information; Middle aged; Mouthformation; Pandemics; Pilot study; Practice guideline; Psychosocial care; Qualitative Research; Qualitative research; SARS-CoV-2; Social media; Uganda; Uganda epidemiology	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2021	Mwesigwa, Catherine; Saya, Uzo; Okanda, Jackson; Bukusi, Elizabeth; Abuogi, Lisa; Wanyenze, Rhoda; Haberer, Jessica	Barriers and facilitators to pre-exposure prophylaxis among African migrants in high income countries: a systematic review.	Sexual Health	-	-	-	1449-8987 1448-5028	10.1071/SH20175	https://pubmed.ncbi.nlm.nih.gov/33650106/	Background The aim of this review is to explore acceptability, barriers, and facilitators to PrEP use among African migrants in high-income countries. METHODS: A systematic review was conducted to explore reasons that contribute to low PrEP uptake in this population. Three online databases, abstracts from key conferences and reference lists of relevant studies articles published between the 2 July 2013 and 31 July 2020 were searched. Eligible studies were published in English and conducted among African migrants in HICs. RESULTS: Of the 1,668 articles identified, 10 met the inclusion criteria. Seven studies (United States (US) (n = 2), United Kingdom (UK) (n = 1) and no qualitative studies (US (n = 2), UK (n = 1), Australia (n = 1)) met inclusion criteria. PrEP acceptability was reported in one cross-sectional article and two qualitative articles. Cross-sectional studies measured acceptability and willingness to use PrEP; in one study, 46% of African migrant men found PrEP use acceptable, and following PrEP education, another study categorized 60% of participants as willing to use PrEP if it were cost-free. Qualitative studies reported mixed perceived acceptability, with higher acceptability reported for serodiscordant couples. Barriers and facilitators to PrEP use were coded into five themes: cultural aspects of stigma; knowledge gap in health literacy; risks unrelated to HIV transmission; practical considerations for PrEP use; and the impact of PrEP use on serodiscordant couples. CONCLUSIONS: Several common barriers to PrEP use, including stigma, health literacy and risk perception and cost, were identified. Findings were limited by there being no published data on uptake. Additional work is needed to understand PrEP acceptability and uptake among African migrants.	Humans; Male; Cross-Sectional Studies; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; *HIV Infections/ drug therapy/prevention & control; *Transients and Migrants; Developed Countries	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2021	Nabisubi, Patricia; Kanyerezi, Stephen; Kebirungi, Grace; Mbonwa, Gerald	Knowledge and attitude of secondary school students in Nakaseke, Uganda towards HIV transmission and treatment.	AAS Open Res	-	-	-	2515-9321	10.12688/aasopenres.13210.2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8370371/	Background: One of the major health concerns in Nakaseke district, Uganda is the high prevalence of HIV/AIDS. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), as of March 2014, the prevalence rate of the disease in the district was estimated at about 8%, compared to the national average of 6.2%, making Nakaseke district have the sixth highest prevalence rate of HIV/AIDS in the entire country. We set out to explore the knowledge and attitude of secondary school students in Nakaseke, Uganda on HIV transmission and treatment. Methods: This was a cross-sectional survey design. A total of 384 students were randomly selected from 5 secondary schools in Nakaseke district. Data was collected using a questionnaire. Results: The majority of the respondents (63.8%) were female with ages ranging from 12 – 20 years. Participants came from 5 senior classes (S1, S2, S3, S4 and S6). In total, 87.2% participants were aware of HIV/AIDS while 12.8% were not. The major source of information was through teachers/schools. 96.58% knew the mode of transmission of HIV/AIDS and 95.11% were conversant with HIV/AIDS prevention. 61.6% were aware of the terms DNA and germs whereas 36.36% were not. Discussion: Generally, the students in Nakaseke district, Uganda had a high level of awareness of HIV/AIDS. However, with regards to aspects such as the cause and modern prevention methods like taking prep and prevention of mother to child transmission were less known to them. Efforts to find a cure for HIV/AIDS are still in vae. Therefore, strong emphasis on up to date control and prevention methods should be implemented to fight the HIV/AIDS scourge .	NA	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2021	Nakiganda L.J.; Bell S.; Grelich A.E.; Serwadda D.; Nakubulwa R.; Poynten I.M.; Baveinton B.R.	Understanding and managing HIV infection risk among men who have sex with men in rural Uganda: a qualitative study	BMC Public Health	-	-	-	14712458	10.1186/s12889-021-11365-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110841533&doi=10.1186%2fs12889-021-11365-9&partnerID=40&md5=698d8e93c8a4e2992ef25f30f0f5f6e2	BACKGROUND: Same-sex sexual relations are criminalised in Uganda, and men who have sex with men (MSM) experience a high burden of HIV infection. In Uganda, health promotion policies focus on equity in healthcare and creating enabling environments. At present there is limited evidence upon which to enhance engagement of MSM in rural settings into effective HIV prevention. To fill this gap, our study explored HIV risk and strategies of reducing their own HIV risks among MSM living in rural Uganda. METHODS: We conducted in-depth interviews with 30 participants recruited in Southwestern Uganda. Inductive thematic analysis examined emic perspectives of HIV risk and strategies of reducing their own HIV risks. RESULTS: Understandings of HIV risk and practices were framed by lack of access to condoms, challenges negotiating condom and pre-exposure prophylaxis (PrEP) use, and condomless sex being reported as more pleasurable than sex with condoms. Strategies men perceived as enabling them to manage HIV risk included PrEP use; condom use; knowing partners' HIV status; avoiding partners associated with HIV risk; and sex; withdrawal before ejaculation and washing one's penis after sex. There were several misconceptions arising from poor HIV prevention knowledge. Strategies reliant on communication and negotiation with sexual partners were inhibited by gendered powered imbalances. CONCLUSIONS: Our findings illustrate that MSM in rural settings in Uganda are making concerted efforts to implement strategies that might reduce risk of HIV transmission and infection within their sexual relationships. Key HIV health promotion and service-related strategies to support MSM with these efforts include an effective condom and lubricant supply chain; a PrEP program in trusted local health units, implemented in discreet community-outreach mechanisms; and same-sex specific HIV-related health promotion.	HIV; Men who have sex with men; Qualitative; Risk reduction; Uganda	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2021	Nakkwago G.K.; Isunju J.B.; Muwonge T.; Kamatte T.; Bunasi N.; Semitala F.; Kyambadde P.; Matovu F.	Adherence to oral hiv pre-exposure prophylaxis among female sex workers in kampala, uganda	African Health Sciences	-	-	-	16808905	10.4314/ahs.v21i1.12	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114905464&doi=10.4314%2fahs.v21i1.12&partnerID=40&md5=71a9c56d47a3bd5a5a1d7f4f2d51d07	Introduction: In Kampala Uganda, female sex workers (FSWs) have high HIV prevalence (33%). Oral PrEP is a novel HIV prevention intervention that offers hope to decrease HIV incidence in key populations especially among FSWs. Studies have shown that with poor adherence, oral PrEP has no efficacy, and therefore adherence to PrEP is critical among FSWs to maximize HIV prevention. However, there is limited information about PrEP adherence among FSWs in Uganda. We therefore assessed the level of adherence to PrEP and factors associated with adherence to PrEP among FSWs, and 411/1600546&doi=10.4314%2fahs.v21i1.12&partnerID=40&md5=71a9c56d47a3bd5a5a1d7f4f2d51d07) and test using a questionnaire. Adherence was categorically defined as high adherence and low adherence. Logistic regression was done. Results: Using long-term contraception methods (OR:1.06, 95% CI: 0.04-0.27) and test using condoms with clients (OR: 0.07, 95% CI: 0.01-0.42) were negatively associated with high PrEP adherence. Conclusion: Barriers to PrEP adherence need to be addressed for successful PrEP implementation to improve adherence going forward. Service care providers should reinforce positive behaviors such as use of condoms dovetailing during PrEP breaks. © 2021 Nakkwago GK et al.	Adherence; Female sex workers; Oral PrEP	English	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2021	Namara D.; Xie H.; Miller D.; Yelosa D.; McFarland W.	Awareness and uptake of pre-exposure prophylaxis for HIV among low-income, HIV-negative heterosexuals in San Francisco	International journal of STD & AIDS	-	-	-	9566624	10.1177/0956462420986663	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106153346&doi=10.1177%2f0956462420986663&partnerID=40&md5=2004f50fdd67b1fd52274802228994aba	Among heterosexuals in San Francisco, awareness and uptake among low-income heterosexual men and women in San Francisco in 2019. Of 250 HIV-negative survey participants, 42.5% were aware of PrEP. Few women (12.2%) and men (8.9%) had discussed PrEP with a healthcare provider; 3.8% of women and 0% of men had used PrEP in the last year. White participants (adjusted odds ratio (aOR) 3.36, 95% CI 1.02, 10.96), women (aOR 2.19, 95% CI 1.30, 3.70), and age 30 years or above (aOR 4.04, 95% CI 1.21, 14.34) had greater odds of being aware of PrEP. Testing for HIV or sexually transmitted infection in the past year was marginally associated with a greater PrEP awareness. Our findings reveal gaps in PrEP implementation associated with social disparities among low-income heterosexuals. Testing services and targeted promotional and educational materials are needed for high-risk, low-income populations are left behind in San Francisco's aggressive "Getting to Zero" efforts. © The Author(s) 2021	HIV; low-income heterosexuals; Pre-exposure prophylaxis; San Francisco	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ngure K.; Thun N.; Ogollo V.; Kiptinness C.; Kamolloh K.; Burns B.F.O.; Mugo N.R.; Bukusi E.A.; Garrison L.; Baeten J.M.; Haberer J.E.	Dynamic Perceived HIV Risk and Sexual Behaviors Among Young Women Enrolled in a PrEP Trial in Kenya: A Qualitative Study	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/fgh.2021.637869	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126461404&doi=10.3389%2ffgh.2021.637869&partnerID=40&md5=e0f0b7227ba8b30fdcb47df9f65ba93	Background: In Kenya and elsewhere in sub-Saharan Africa, young women are disproportionately affected by the HIV epidemic compared to young men. The extent to which young women's self-perceptions about risk of HIV acquisition influence their sexual behaviors and use of HIV prevention methods remains unclear. We therefore conducted a qualitative study to explore these issues among young women enrolled in a pre-exposure prophylaxis (PrEP) trial. Methods: From January 2017 to January 2020, we conducted serial semi-structured in-depth interviews 30 purposively selected young women (18–24 years old) who were participating in the MPY A (Mentoring PrEP for Young Adult women) study—a randomized controlled trial in Thika and Kisumu, Kenya, assessing the impact of SMS reminders on PrEP adherence. Interviews were conducted at three time points (< 1 week, 3, and 12 months after initiating PrEP). We used an inductive, content analytic approach to identify themes related to perceived HIV risk, sexual behavior, and use of HIV prevention tools. Results: Around the time of enrollment, most of the 30 women interviewed reported being at high risk of HIV because of their own sexual behaviors, such as having concurrent sexual partners, engaging in transactional sex, and not using condoms. Over time, however, many participants described changes in their sexual behaviors and perceived HIV risk, with a reduction in perceived risk for some women. Those who reported a persistently perceived risk of HIV acquisition were the most supportive for PrEP initiation and continuation. Overall PrEP use, participants who reported a persistently perceived risk of HIV acquisition were also more likely to report consistent condom use, while those who reported no longer using condoms because they were confident that PrEP provided adequate protection against HIV described reducing risky sexual behaviors because of the regular counseling and HIV testing they received as part of their PrEP services. This lowered risk perception was in most cases accompanied by discontinuation of PrEP. Conclusions: HIV risk perception among young women in Kenya was dynamic and influenced their use of PrEP and condoms over time, suggesting an often-deliberate approach to HIV prevention and sexual health. Copyright © 2021 Ngure, Thun, Ogollo, Kiptinness, Kamolloh, Burns, Mugo, Bukusi, Garrison, Baeten and Haberer.	HIV; Kenya; pre-exposure prophylaxis; risk perceptions; sexual behaviors; women	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2021	Nyblade, Laird A; Dickson-Gomez, Julie; Ko Ku, Thant	A Longitudinal, Qualitative Exploration of Perceived HIV Risk, Healthcare Experiences, and Social Support as Facilitators and Barriers to PrEP Adoption Among Black Women.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03015-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7575511/	Black women contract HIV at much higher rates than White or Hispanic women. Pre-exposure prophylaxis (PrEP) is an underutilized prevention tool among this population. We sought to determine participants' interest in PrEP and facilitators and barriers to PrEP adoption. This longitudinal, qualitative study included 30 Black women (Mage = 32.2) interviewed 4 times over 6 months. Most participants were unmarried (n = 24), unemployed (n = 20), and had children (n = 24). Participants described PrEP as a way to avoid HIV and to protect their children and loved ones. Other facilitators included support from family and friends, low perceived efficacy to adherence, and transportation. This study demonstrated actual, rather than hypothetical, PrEP intakes among Black women, and the barriers that arose over time during the study. PrEP awareness needs to be promoted among Black women and medical providers. Future research should address individual risk perception, medical mistrust, increasing social support, and decreasing transportation barriers.	Black/African-American women; HIV/AIDS; Medical mistrust; Perceived HIV risk; PrEP barriers.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Nyblade, Laird A; Dickson-Gomez, Julie; Ko, Thant Ko	Structural and syndemic barriers to PrEP adoption among Black women at high risk for HIV: a qualitative exploration.	Culture, Health & Sexuality	-	-	-	1464-5351	10.1080/13691058.2020.1726297	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7529613/	In the USA, Black women are at disproportionately higher risk for HIV compared to women of other races/ethnicities, which can be explained by the Substance Abuse, Violence and AIDS (SAVA) syndemic. Disparities in HIV, substance use and violence are driven by multiple influences, including structural factors (e.g. housing and poverty), which exacerbate social and individual-level factors. Black women have sex partners, engaging in unprotected sex, having sex for money, experiencing forced sex from an intimate partner or increased substance use, all of which increase HIV risk. Pre-exposure prophylaxis (PrEP), a pill that can prevent HIV, is also underutilized method that Black women experiencing syndemics can use to decrease their risk. This study explored Black women's interest in, and barriers to, adopting PrEP over 6 months. Thirty Black women (age M = 32.2) who experienced multiple substance use, violence and HIV-related syndemic factors were interviewed four times over a 6-month period. Results demonstrated that experiencing intimate partner violence, substance use, community violence and other structural factors (poor access to social services, transport and childcare) all acted as barriers to PrEP adoption. Future research should consider multi-level interventions that include methods such as media campaigns, providing PrEP or referrals where women who experience syndemic and structural factors seek help, and implement a PrEP adherence programmeto and interventions to support group settings.	Black/African American women; HIV; SAVA syndemic; housing instability; pre-exposure prophylaxis adoption.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	O'Byrne P.; Masten A.; Orser L.; Isarnder G.; Grayson M.-O.; Jones C.; Francoeur M.; Lachance S.; Pardin V.	At-home HIV self-testing during COVID: implementing the GetMeX project in Ottawa	Canadian Journal of Public Health	-	-	-	84263	10.17269/s41997-021-00505-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106207834&doi=10.17269%2fs41997-021-00505-8&partnerID=40&md5=5e5a72e0f7248a3320c4145e4e4bd2	Setting: In March 2020, COVID-19 shuttered access to many healthcare settings offering HIV testing and there is no licensed HIV self-test in Canada. Intervention: A team of nurses at the University of Ottawa and Ottawa Public Health and staff from the Ontario HIV Treatment Network (OHTN) obtained Health Canada's Special Access approval on April 23, 2020, and launched GetMeX (GMX) HIV self-test in Ottawa; we received REB approval on May 15, 2020. As of July 20, 2020, eligible participants (≥16 years old, HIV-negative, not on PrEP, not in an HIV vaccine trial, living in Ottawa, no bleeding disorders) could register via www.GetMeX.ca to order kits. Outcomes: In the first 6 weeks, 637 persons completed our eligibility screener; 43.3% (n = 276) were eligible. Of eligible participants, 203 completed a baseline survey and 182 ordered a test. These 203 participants were an average of 31 years old, 72.3% were white, 60.4% were cis-male, and 53% self-identified as gay. Seventy-one percent (n = 144) belonged to a priority group for HIV testing. We have results for 70.9% (n = 129/182) of participants who ordered a kit: nine were positive, 104 were negative, 22 were invalid, and 2 "preferred not to say". 1 participant reported an intermediate to test. Implications: Our results show that HIV self-testing is a pandemic-friendly strategy to help ensure access to sexual health services among persons who are good candidates for PrEP. Results also suggest that we may be underserving Black and other racialized persons. Given the 0.98% positivity rate for HIV testing in Ottawa. As such, we advocate for scale-up of HIV self-testing in Canada. © 2021, The Author(s).	Access; HIV; Implementation; Self-testing	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	O'Byrne P.; Vandyk A.; Orser L.; Holmes M.	Nurse-led PrEP-RN clinic: A prospective cohort study exploring task-Shifting HIV prevention to public health nurses	BMJ Open	-	-	-	20440055	10.1136/bmjopen-2020-040817	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099183230&doi=10.1136%2fbmjopen-2020-040817&partnerID=40&md5=2949faa6388b4064c4a96e4ebaf8fd	Objective: To report the results of a nurse-led pre-exposure prophylaxis (PrEP) delivery service. Design: This was a prospective cohort study conducted from 5 August 2018 to 4 March 2020. It involved manual chart review to collect data. Variables were described using frequencies and percentages and analysed using χ 2 testing. Those significant in bivariate analysis were retained and entered into a binary multiple logistic regression model. Survival modelling was used, and only participants with a baseline HIV test were included in the survival analysis. Setting: Community-based nursing clinic in Ottawa, Canada. Participants: Adult clients (≥18 years) who were HIV negative and enrolled in the Ottawa Public Health nurse-led PrEP clinic. Results: 347 patients who met our high-risk criteria for PrEP, those criteria included patients who newly presented with any of the following: HIV contacts, diagnosed with a bacterial STI or made use of HIV PEP. Further, eligibility could be determined based on clinical judgement. Patients who met the foregoing criteria were appropriate for PrEP-RN; while lower-risk patients were referred elsewhere. Of the 347 patients who met our high-risk criteria, 47% accepted and 53% declined. Of those who accepted, 80% selected PrEP-registered nurse (RN). Primary and secondary outcome measures Uptake, acceptance, engagement and attrition factors of participants who obtained PrEP through PrEP-RN. Findings 69% of participants who were eligible attended their intake PrEP-RN visit. 66% were retained in care. Half of participants continued PrEP and half were lost to follow-up. We found no significant differences in the uptake, acceptance, engagement and attrition factors of participants who accessed PrEP-RN regarding reasons for referral, age, ethnicity, sexual orientation, annual income, education attained, insurance status, if they have a primary care provider, presence or absence of depression or anxiety and evidence of newly acquired STI during the study period. Conclusions: Nurse-led PrEP is an appropriate strategy for PrEP delivery. © Author(s) (or their employer(s)) 2021.	HIV & AIDS; public health; sexual medicine	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2021	O'Byrne, P.; Orser, L.; Haines, M; Holmes, D	Active-offer PrEP for HIV prevention: control, discipline, and public health nursing practice	Critical Public Health	-	-	-	0958-1596	10.1080/09581596.2019.1690633	https://www.tandfonline.com/doi/abs/10.1080/09581596.2019.1690633	Whereas public health efforts to prevent HIV transmission need to focus exclusively on HIV diagnosis and reductions in the practices that transmit HIV, they now include the provision of HIV medication to those who are HIV negative to prevent them from acquiring HIV (pre-exposure prophylaxis [PrEP]). Using Foucault's concepts of discipline and biopower, we explored the practices of active-offering of PrEP referrals by public health nurses as part of their mandated follow-up with patients diagnosed with sexually transmitted infections (STIs). This occurred due to research showing high rates of HIV seroconversion among those diagnosed with infectious syphilis and rectal bacterial STIs. In this way, public health practices have incorporated PrEP as part of standard STI follow-up. While this approach of offering PrEP to those at highest risk for HIV acquisition can be considered a public health success, we review it using the works of Foucault and Dehlese, ultimately arguing that what we call active-offer PrEP can also be seen as a combination of discipline and control; that is, as a mechanism of social regulation. As a final point, however, we caution against rejecting active-offer PrEP, arguing that while critique is necessary, ethical practices are as well, which includes providing much needed services, such as PrEP, to those afflicted by HIV. We assert that critique should not lead to inaction, but should be used to dismantle social inequities and misguided public health practices.	HIV; PrEP; public health; SEX; PREEXPOSURE PROPHYLAXIS PREP; CARE; PROVIDERS; Dehlese; Foucault	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review

Article	2021	O'Connell, Hill R; Cristi, Shannon M	The Impact of HIV Pre-Exposure Prophylaxis (PrEP) Counseling on PrEP Knowledge and Attitudes Among Women Seeking Family Planning Care.	Journal of Women's Health (Larchmont)	-	-	-	1931-843X	10.1089/jwh.2019.8217	https://dx.doi.org/10.1089/jwh.2019.8217	Background: Adult women account for ~19% of all new HIV diagnoses in the United States, but receive only 7%-8% of new prescriptions for HIV pre-exposure prophylaxis (PrEP), and report low awareness of PrEP even within communities with high risk of HIV transmission. Family planning (FP) programs are a promising, underutilized setting for the provision of PrEP counseling to women, especially the 40% of women FP clients who receive no other form of health care. This study tested the feasibility of integrating routine PrEP counseling in a high-volume FP clinic with no previous PrEP experience. Materials and Methods: Trained FP counselors at a FP clinic in Philadelphia surveyed women about knowledge and attitudes related to PrEP, then provided a brief PrEP counseling intervention. After counseling, knowledge and attitudes were reassessed. In response to counselor requests, we developed the Women's PrEP Counseling Checklist (WPCC) tool to structure and standardize each counseling session. We then compared baseline and postintervention data among participants overall and in two cohorts: those receiving unguided counseling (initial design) and those receiving WPCC-guided counseling (enhanced design). Results: Both cohorts displayed significant ($p < 0.0001$) gains in PrEP knowledge and acceptability after counseling. Participants receiving WPCC-guided counseling reported higher knowledge scores postintervention ($p = 0.01$) and greater gains in PrEP acceptability ($p = 0.008$) than their peers receiving unguided counseling. Conclusions: Introducing PrEP counseling into routine FP care is feasible, and effectively improves knowledge and attitudes about PrEP within a large population of women, broadening access to PrEP on individual and population levels. The WPCC tool both enhances the impact of counseling on patients and reduces the work burden on providers.	HIV in women; HIV pre-exposure prophylaxis; HIV prevention; PrEP; family planning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ogbuagu, Oyeyemi; Ruane, Peter J; Podzamczer, Daniel; Salazar, Laura C; Henry, Keith; Antinoli, David M; Wohl, David; Gilson, Richard; Sluis, Yvapreu; Elvidottir, Kassie; Cao, Stephanie; Spinelli, Kim; Alexander, Caren; Christoph, Dan; Mosqueda, Ibarra; Jarad, M; Brainard, Diana M; Wiebicki, Gary; Brunetta, Jason M; Kranzberg, Gitte; Spinner, Christoph D	Long-term safety and efficacy of emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV-1 pre-exposure prophylaxis: week 96 results from a randomised, double-blind, placebo-controlled, phase 3 trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(21)00071-0	https://dx.doi.org/10.1016/S2352-3018(21)00071-0	BACKGROUND: In DISCOVER, a multinational, randomised controlled trial, emtricitabine and tenofovir alafenamide compared with emtricitabine and tenofovir disoproxil fumarate showed non-inferior efficacy for HIV prevention and improved bone mineral density and renal safety biomarkers at week 48. We report outcomes analysed after all participants had completed 96 weeks of follow-up. METHODS: This study is an ongoing, randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority trial done at 96 community, public health, and hospital-associated clinics located in Europe and North America. Adult cisgender men and transgender women who have sex with men, both with a high risk of acquiring HIV as determined by self-reported sexual behaviour or recent sexually transmitted infections, were randomly assigned (1:1) to receive either emtricitabine and tenofovir alafenamide (200/25 mg) tablets daily, with matched placebo tablets (emtricitabine and tenofovir alafenamide group), or emtricitabine and tenofovir disoproxil fumarate (200/300 mg) tablets daily, with matched placebo tablets (emtricitabine and tenofovir disoproxil fumarate group). The primary efficacy outcome was incident HIV infection. Incidence of HIV-1 infection per 100 person-years was assessed when the last participant had completed 96 weeks of follow-up. This trial is registered with ClinicalTrials.gov, number NCT02842086. FINDINGS: Between June 13, 2016, and June 30, 2017, 5387 participants were randomly assigned to receive emtricitabine and tenofovir alafenamide (n=2696) or emtricitabine and tenofovir disoproxil fumarate (n=2691), contributing 10 083 person-years of follow-up. At 96 weeks of follow-up, there were eight HIV infections in participants who had received emtricitabine and tenofovir alafenamide (incidence 0·08 per 100 person-years, 95% CI 0·04–0·16) and 16 in participants who had received emtricitabine and tenofovir disoproxil fumarate (0·16, 0·09–0·25; p=0·0001). Emtricitabine and tenofovir alafenamide maintained its non-inferiority to emtricitabine and tenofovir disoproxil fumarate for HIV prevention (RR 0·54 95% CI 0·23–1·26). Approximately 78·82% of participants reported taking study medication more than 95% of the time across all study visits. Rates of sexually transmitted infections remained high and similar across groups (21 cases per 100 person-years for rectal gonorrhoea and 23 cases per 100 person-years for rectal chlamydia). Emtricitabine and tenofovir alafenamide continued to show superiority over emtricitabine and tenofovir disoproxil fumarate in all but one of the six prespecified bone mineral density and renal biomarkers. There was more weight gain among participants who had received emtricitabine and tenofovir alafenamide (median weight gain 1·7 kg vs 0·5 kg, p<0·0001). INTERPRETATION: Emtricitabine and tenofovir alafenamide is safe and effective for longer-term pre-exposure prophylaxis in cisgender men and transgender women who have sex with men. FUNDING: Gilead Sciences.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Ogbuagu, Oeyeyme; Wachekwa, Ian; Yasin, Faiza; Nota, Cecilia; Donato, Sean; Toomey, Jelie; Adeiza, Mukhtar; Burnket, Lydia Asun	High HIV Detection in a Tertiary Facility in Liberia: Implications and Opportunities.	Annals of Global Health	-	-	-	2214-9996	10.5334/aogh.3243	https://pubmed.ncbi.nlm.nih.gov/34900617	Background: HIV/AIDS remains one of the world's most significant public health challenges; sub-Saharan Africa accounts for 71% of the global burden of HIV. Testing for HIV is pivotal to achieving UNAIDS 95-95-95 target towards bringing an end to the epidemic. Objective: The study reviewed five-year HIV testing data from the largest tertiary hospital in Monrovia, Liberia and highlights risk groups that would benefit from targeted testing and prevention interventions. Methods: This was a single-center academic hospital-based retrospective analysis of HIV testing data from January 2016 to December 2018 obtained from the hospital's HIV testing registry. Data collected included age, sex, HIV test result, and the reason for testing (symptomatic, provider-initiated, voluntary, antenatal, or pregnancy status). Annual diagnoses rates were reported as proportion of individuals tested within a specified category (age <15 years, age 15-24 years and >25 years, gender, and pregnancy status) that had a positive HIV test. Five-year trends were analyzed. Results: Over the study period, 41,343 non-pregnant individuals were screened for HIV. In addition, the antenatal clinic performed 24,913 tests. Of non-pregnant individuals tested, 4,066 (10%) were diagnosed with HIV ranging from 7% (909/12621) in 2018 to 13% (678/5070) in 2014. Case detection rates for individuals aged 15-24 were 7%, 5%, 6%, 6% and 3% for years 2014, 2015, 2016, 2017 and 2018 respectively. Annually, 2-3% of all pregnant women tested were diagnosed with HIV. While HIV detection rates decreased over time overall, children less than 15 years of age showed an annual increase from 6.7% in 2014 to 12.5% in 2018. Conclusions: A large five-year dataset from the largest tertiary facility in Liberia shows broad HIV detection rates that are much higher than national prevalence estimates. Ramping up HIV testing and prevention interventions including pre-exposure prophylaxis are sorely needed.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ogunbajo A.; Storbeck E.D.; Ober A.J.; Bogart L.M.; Reback C.J.; Flynn R.; Lyman P.; Morris S.	Multilevel Barriers to HIV PrEP Uptake and Adherence Among Black and Hispanic/Latinx Transgender Women in Southern California	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03159-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099935207&doi=10.1007%2fs10461-021-03159-2&partnerID=40&md5=45d6803f0ffbf9b5f9b7f5e403151 9cea996	Black and Hispanic/Latinx transgender women in the United States (U.S.) are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) reduces risk of HIV infection but PrEP uptake remains low among transgender women. Understanding multilevel barriers to PrEP uptake and adherence among this population is critical to inform the development of tailored interventions. We conducted a PrEP demonstration project and 35 healthcare providers who provide PrEP services to transgender women in Los Angeles and San Diego, California. The interviews assessed general attitudes, experiences, and beliefs about PrEP as well as individual-, interpersonal-, community-, and structural-level barriers to PrEP uptake and adherence. PrEP adherence was assessed by collecting quantitative semicollate tenofovir-diphosphate (TFV-DP) levels in retrospect on finished, dried blood spot (DBS) samples. We utilized qualitative content analysis to identify themes from the interviews. Findings indicated the presence of individual-level barriers including low conscious, mental health issues, substance use, and concerns about PrEP side effects including hormone interaction. Interpersonal-level barriers included the influence of intimate/romantic partners and the impact of patient-provider communication. Community-level barriers consisted of experiencing stigma and negative community opinions about PrEP use as well as having negative experiences in healthcare settings. Structural-level barriers included unreliable transportation, employment, and housing insecurity. Interventions aiming to increase PrEP uptake and adherence among Black and Hispanic/Latinx transgender women in the U.S. should employ a multilevel approach to addressing the needs of transgender women, especially the structural barriers that have greatly limited the use of PrEP. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	10907165	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Ogunbajo A.; Storbeck E.D., Ober A.J.; Bogart L.M.; Reback C.J.; Flynn R.; Lyman P.; Morris S.	Multilevel Barriers to HIV PrEP Uptake and Adherence Among Black and Hispanic/Latinx Transgender Women in Southern California	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03159-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099935207&doi=10.1007%2fs10461-021-03159-2&partnerID=40&md5=45d6803f0ffbf9b5f9b7f5e403151 9cea996	Black and Hispanic/Latinx transgender women in the United States (U.S.) are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) reduces risk of HIV infection but PrEP uptake remains low among transgender women. Understanding multilevel barriers to PrEP uptake and adherence among this population is critical to inform the development of tailored interventions. We conducted a PrEP demonstration project and 35 healthcare providers who provide PrEP services to transgender women in Los Angeles and San Diego, California. The interviews assessed general attitudes, experiences, and beliefs about PrEP as well as individual-, interpersonal-, community-, and structural-level barriers to PrEP uptake and adherence. PrEP adherence was assessed by collecting quantitative semicollate tenofovir-diphosphate (TFV-DP) levels in retrospect on finished, dried blood spot (DBS) samples. We utilized qualitative content analysis to identify themes from the interviews. Findings indicated the presence of individual-level barriers including low conscious, mental health issues, substance use, and concerns about PrEP side effects including hormone interaction. Interpersonal-level barriers included the influence of intimate/romantic partners and the impact of patient-provider communication. Community-level barriers consisted of experiencing stigma and negative community opinions about PrEP use as well as having negative experiences in healthcare settings. Structural-level barriers included unreliable transportation, employment, and housing insecurity. Interventions aiming to increase PrEP uptake and adherence among Black and Hispanic/Latinx transgender women in the U.S. should employ a multilevel approach to addressing the needs of transgender women, especially the structural barriers that have greatly limited the use of PrEP. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Black; Hispanic/Latinx; HIV prevention; PrEP adherence; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	O'Halloran C.; Crawford S.; Mohammed H.; Gill O.N.; Hughes G.; Fifer H.; Allen H.; Owen G.; Nutland W.; Delpech V.; Saunders J.M.	Factors associated with reporting antibiotic use in STI prophylaxis among HIV PrEP users: Findings from a cross-sectional online community survey, May-July 2019, UK.	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054592	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094193753&doi=10.1136%2fsextrans-2020-054592&partnerID=40&md5=ea4e0b43dd0b4c381f4a6cb3164b2f2	Objectives The use of antibiotics as pre-exposure or postexposure prophylaxis for sexually transmitted infection (STI) prevention (STI prophylaxis) is not currently recommended in the UK, but there is evidence that STI prophylaxis is effective and some HIV pre-exposure prophylaxis (PrEP) users are using antibiotics in this way. We aimed to describe factors associated with reporting STI prophylaxis among PrEP users. Methods The 2019 online PrEP User Survey was between 17 May and 1 July. Eligible participants included UK residents reporting HIV PrEP use or having used to obtain HIV PrEP since January 2015. STI prophylaxis use was defined as reporting buying antibiotics to prevent STIs, either primarily or through the internet; this question was only asked to HIV PrEP users. Factors associated with STI prophylaxis use were assessed using univariable and multivariable logistic regression. Results Overall, 9% (167/1836) of HIV PrEP users reported STI prophylaxis use in the past 12 months. 84% reported white ethnicity, 55% resided in London and 69% were aged ≥35 years. Factors associated with STI prophylaxis included: reporting ≥3 compared with 1-4 condomless sex partners in the past 6 months (12% vs 5.6%, adjusted odds ratio (aOR) 1.88, 95% CI 1.22 to 2.68), reporting chemsex drug use compared with no sexualised drug use in the past 12 months (16% vs 6.0%, aOR=1.86, 95% CI 1.20 to 2.83) and reporting an STI diagnosis in the past 12 months (12% vs 6.6%, aOR=1.54, 95% CI 1.08 to 2.18). Variables not significant in multivariable analysis included: ethnicity, age, residence and HIV PrEP testing. Conclusions Approximately 1 in 10 HIV PrEP users in this UK online community reported STI prophylaxis use. STI prophylaxis was associated with sexual behaviour known to influence STI transmission and history of recent STIs acquisition. Given the potential risk of antimicrobial resistance, sexual health clinicians should consider asking attendees, especially HIV PrEP users, about the use of antibiotics as STI prophylaxis, to inform appropriate counselling, testing and management. © 2022 BMJ Publishing Group. All rights reserved.	antibiotics; antimicrobial resistance; bacterial infection; HIV pre-exposure prophylaxis; prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Okeke N.L.; McLeavitt T.; Gillam-Phillips R.; Wagner D.H.; Barnwell V.J.; Johnson Y.M.; James O.; Webb P.B.; Parker S.D.; Hill B.; McKellar M.S.; Mitchell J.T.	Awareness and acceptability of HIV pre-exposure prophylaxis (PrEP) among students at two historically Black universities (HBCU): a cross-sectional survey	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-021-10996-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106397734&doi=10.1186%2fs12889-021-10996-2&partnerID=40&md5=4b9016fa4bdfa03dfcf75160f6 4ccde2e7	Background: Despite young African American adults (ages 18–24) being among the highest risk groups for HIV infection, little is known about their awareness of HIV pre-exposure prophylaxis (PrEP) – a once daily pill shown to be > 90% effective in preventing HIV. To explore awareness and acceptability of PrEP among college students in this demographic, we conducted a survey of attendees at two large historically Black universities (HBCU) in North Carolina. Methods: We administered a 14-item questionnaire to students at two HBCUs in North Carolina between February and April 2018. Questions were formatted in a yes/no or multiple choice format. Questionnaires were distributed using a convenience sampling method. Participants were approached by research staff members at a campus health fair and while roaming the campus student union via iPad. Response to all questions was optional. We fit a logistic regression model to determine association of key demographic determinants with PrEP acceptability and awareness. Statistical analyses were conducted using SAS 9.4 (SAS, Cary, NC). Results: Overall, 210 students participated in the survey, of which 60 completed all survey items. Participants were 76% female, 89% heterosexual and 39% freshmen. The mean age of respondents was 19.8 years (SD: 1.8). Fifty-two percent of survey respondents reported that they were aware of PrEP prior to the time of survey administration. Of those who were aware of PrEP, 63% reported that they had learned about it in the 6 months prior to survey administration, while only 19% say they were aware of it for more than a year. Regarding acceptability of PrEP, 58% of respondents reported that they would take a once a day pill for HIV if they were at risk. Our logistic regression analysis found no statistically significant associations between key demographic factors and PrEP awareness. However, persons who perceived themselves to be at risk for HIV acquisition were more likely to find once daily oral PrEP (relative risk 2.44 (95% CI 1.31–5.42)) as an acceptable prevention strategy than the rest of the survey cohort. Conclusions: African American HBCU students are becoming aware of PrEP, and generally perceive the intervention as acceptable and worth consideration. © 2021, The Author(s).	historically black colleges and universities; HIV; Pre-exposure prophylaxis; PrEP; Sexual health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Okoli, C; Oka, S; Philbert, P; Brinson, C; Bunu, A; Gaasi, D; Dapo, O; Garcia, JG; Morell, EB; Tao, DDS, D'Amico, R; Dorsy, D; Griffith, S; Thiagarajah, S; St Clair, M; Van Solingen-Ristea, Ri; Cisneros, H; Ford, SL; Del Rio, I; Thomas, V; Yarrough, S; Cottrell, A; Van Epps, V; Vandermosten, K; Margolis, DA; Smith, JC; Spreen, WR	Tenofovir and emtricitabine concentrations in hair are comparable between individuals on tenofovir disoproxil fumarate versus tenofovir alafenamide-based ART.	Drug Testing and Analysis (Drug Test Anal)	-	-	-	1942-7611	10.1002/dta.3033	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9131177/	Tenofovir disoproxil fumarate (TDF) in combination with emtricitabine (FTC) is the backbone for both human immunodeficiency virus (HIV) treatment and pre-exposure prophylaxis (PrEP) worldwide. Tenofovir alafenamide (TAF) with FTC is increasingly used in HIV treatment and was recently approved for PrEP among men who have sex with men. TDF and TAF are both metabolized into tenofovir diphosphate (TFV-DP) in peripheral blood mononuclear cells (PBMC), but TAF results in lower plasma TFV concentrations. We developed and validated a sensitive and specific high performance liquid chromatography coupled with tandem mass spectrometry (LC/MS/MS)-based analytical method for analyzing TFV and FTC from individuals on either TDF/FTC or TAF/FTC dose. Hair samples were collected and TFV/FTC are extracted from ~5 mg hair and separated on a column using a gradient elution. The lower quantification limits are 0.00200 (TFV) and 0.0200 (FTC) ng/mg hair; the assay is linear up to 6.400 (TFV) and 64.00 (FTC) ng/mg hair. The day-to-day and inter-day coefficients of variance (CVs) are 5.39–12.8% and 6.06–13.3% for TFV and 6.571–2.85% and 2.19–5.10% for FTC. TFV concentrations from participants on TDF/FTC-based regimens with undetectable plasma HIV RNA were 0.0255 ± 0.0293 ng/mg, whereas those from individuals on TAF/FTC-based regimens were 0.0426 ± 0.0246 ng/mg. Despite the dose of TFV in TDF being 10 times that of TAF, hair concentrations of TFV were not significantly different for those on TDF versus TAF regimens. Pharmacological enhancers (ritonavir and cobicistat) did not boost TFV concentrations in hair. In summary, we developed and validated a sensitive analytical method to analyze TFV and FTC in hair and found that hair concentrations of TFV were essentially equivalent among those on TDF and TAF.	emtricitabine (FTC); hair concentrations; tenofovir (TFV); tenofovir alafenamide (TAF); tenofovir disoproxil fumarate (TDF)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Okunowo, Ayokunle O; Sullivan, Benjamin P; Burden, Ashley R; Lu, Tiffany J; Creasy, Tim R; Posner, Jonathan D; Dean, Paul K	Pilot evaluation of an enzymatic assay for rapid measurement of antiretroviral drug concentrations	Virology	-	-	-	1743422X	10.1186/s12985-021-01543-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104820868&doi=10.1186%2fs12985-021-01543-x&partnerID=40&md5=67881b0ce453cdc97f2ed0b0 2b92f0f2	Objective: Maintaining adequate drug adherence is crucial to ensure the HIV prevention benefits of pre-exposure prophylaxis (PrEP). We developed an enzymatic assay for rapidly measuring tenofovir diphosphate (TFV-DP) concentrations—a metabolite that indicates long-term PrEP adherence. Setting: The study was conducted at the Madison HIV Clinic at Harborview Medical Center in Seattle. Methods: We enrolled adults receiving standard oral PrEP, and individuals not receiving any antiretrovirals. We measured TFV-DP concentrations in diluted whole blood using our novel RESTrieve TRanscriptase Chain Termination (RESTRCT) assay, based on inhibition of HIV reverse transcriptase (RT) enzyme. Blood samples were diluted in water, DNA isolated, RT activity measured by RESTRCT, and results measured with a fluorescence reader—stronger fluorescence indicated higher RT activity. We compared RESTRCT assay results to TFV-DP concentrations from matched dried blood spot samples measured by liquid chromatography-tandem mass spectrometry (LC-MS/MS). Results: We enrolled 30 participants (20 PrEP users, 10 non-users) between October 2019 and February 2020. The 20 participants receiving PrEP had TFV-DP levels ≥ 700 fmol/punch by LC-MS/MS. RESTRCT fluorescence correlated with LC-MS/MS measurements (τ = − 0.845, p < 0.0001). Median fluorescence was 93.1 (95% confidence interval CI 90.9 to 114) for samples < 700 fmol/punch and 54.4 (CI 38.0 to 72.0) for samples ≥ 700 fmol/punch. When calibrated to an a priori defined threshold of 82.7, RESTRCT distinguished both groups with 100% sensitivity and 92.9% specificity. Conclusions: This novel enzymatic assay for measuring HIV reverse transcriptase activity may be suitable for distinguishing TFV-DP concentrations in blood that correspond to protective HIV prevention. © 2021, The Author(s).	Adherence; Enzymatic assay; Pre-exposure prophylaxis; Tenofovir diphosphate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Okoi, C; Oka, S; Philbert, P; Brinson, C; Bunu, A; Gaasi, D; Dapo, O; Garcia, JG; Morell, EB; Tao, DDS, D'Amico, R; Dorsy, D; Griffith, S; Thiagarajah, S; St Clair, M; Van Solingen-Ristea, Ri; Cisneros, H; Ford, SL; Del Rio, I; Thomas, V; Yarrough, S; Cottrell, A; Van Epps, V; Vandermosten, K; Margolis, DA; Smith, JC; Spreen, WR	Long-acting cabotegravir plus rilpivirine for treatment in adults with HIV-1 infection: 96-week results of the randomised, open-label, phase 3 FLAIR study	The Lancet HIV	-	-	-	NA	10.1016/S2352-3018(20)30340-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7811275/	Background: There is a need for more convenient, less frequent treatment to help address challenges associated with daily oral HIV treatment in people living with HIV, including stigma, pill burden, drug–food interactions, and adherence. The phase 3 ATLAS and FLAIR studies showed non-inferiority of long-acting cabotegravir and rilpivirine dosed every 8 weeks compared with standard oral therapy for the maintenance of virological suppression in adults with HIV-1 over 48 weeks. We present the 96-week findings. Methods: FLAIR is a randomised, phase 3, open-label, multicentre study done in 11 countries investigating whether switching to long-acting cabotegravir and rilpivirine is non-inferior to daily dolutegravir, abacavir, and lamivudine in virologically suppressed adults living with HIV-1. Antiretroviral therapy (ART)-naive participants received induction therapy with daily oral dolutegravir (50 mg), abacavir (600 mg), and lamivudine (300 mg) for 20 weeks. After 16 weeks, participants with less than 50 HIV-1 RNA copies per mL were randomly assigned (1:1) to continue the standard of care regimen (randomised care group) or switch to receive daily oral cabotegravir 30 mg and rilpivirine 25 mg for at least 4 weeks followed by long-acting cabotegravir 400 mg and rilpivirine 600 mg, administered as two 2 mL intramuscular injections, every 4 weeks for at least 96 weeks (long-acting group). Randomisation was stratified by baseline (preinduction) HIV-1 RNA (<100 000 or >100 000 copies per mL) and sex at birth and used permuted-block, interactive web response system (Quintiles, Durham, NC, USA) allocation assignment. The primary endpoint was the proportion of participants with plasma HIV-1 RNA of 50 copies per mL or more assessed as per the US Food and Drug Administration (FDA) Snapshot algorithm at week 96 in the modified intention-to-treat (mITT) exposed population (participants who received ≥1 dose of study drug). Safety was assessed in all participants who received at least one dose of study drug. This trial is registered with ClinicalTrials.gov, NCT02938520. Findings: Between Oct 27, 2016, and March 22, 2017, 309 participants were screened, 413 (78%) participants entered the induction phase and 566 (74%) were randomly assigned to either the standard care group (283 [50%] participants) or the long-acting group (283 [50%]). Median age was 34 years (IQR 29 to 43), 62 (11%) were 50 years or older, 127 (22%) were women (sex at birth), and 410 (74%) were white. At week 96, nine (3%) participants in each arm had 50 or more HIV-1 RNA copies per mL, with an adjusted difference of 0·0 (95% CI −2·9 to 2·9), consistent with non-inferiority established at week 48. Across both treatment groups, adverse events leading to withdrawal were infrequent (14 3% participants in the long-acting group and four 1% in the standard care group). Injection site reactions were the most common adverse event, reported by 245 (88%) participants in the long-acting group; their frequency decreased over time. Median injection site reaction duration was 3 days (IQR 2 to 4), and 3082 (99%) of 3108 reactions were grade 1 or 2. No deaths occurred during the maintenance phase. Interpretation: Through 96 weeks, switching to long-acting cabotegravir and rilpivirine continued to be non-inferior compared with continuing a standard care regimen in adults with HIV-1 for the maintenance of viral suppression. These results support the durability of long-acting cabotegravir and rilpivirine, even an almost 2-year-long period, as a therapeutic option for virally suppressed adults with HIV-1. Funding: ViiV Healthcare and Janssen Research and Development.	The Lancet HIV	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	O'Rourke, Shannon; Hartmann, Miriam; Myers, Laura; Lawrence, Nosiphiwe; Gill, Katherine; Morton, Jennifer F; Celum, Connie L; Bekker, Linda-Gail; van der Straten, Ariane	The PrEP Journey: Understanding How Internal Drivers and External Circumstances Impact The PrEP Trajectory of Adolescent Girls and Young Women in Cape Town, South Africa.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03145-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651257/	Despite high risk for HIV, South African adolescent girls and young women (AGYW) experience numerous challenges with adherence to PrEP. To better understand AGYWs motivations for PrEP and factors that impact PrEP adherence, we conducted serial in-depth interviews with 22 South African AGYW during a 12-month prospective study. Interviews explored initial experiences of PrEP, and trajectories of PrEP use, including patterns of adherence, social support, and reasons for stopping or persisting with PrEP. We also assessed drug levels as a biomarker of adherence; dried blood spots were collected at months 1, 2, 3, 6, and 12 to assess intracellular tenofovir diphosphate levels. An end-user journey analytical approach revealed themes related to behavioral and emotional aspects of use, including multilevel factors leading to divergent PrEP adherence trajectories. Our findings highlight how internal versus external motivations drive PrEP use, as well as how positive identity formation and challenges are handled, which are essential to understand AGYW in their PrEP journeys.	Adolescent girls and young women; End-user journey; HIV prevention; Oral pre-exposure prophylaxis; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Orser, Lauren; O'Byrne, Patrick	Examining patient characteristics and HIV-related risks among women with syphilis as indicators for pre-exposure prophylaxis in a nurse-led program (PrEP-IN).	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462420958347	https://dx.doi.org/10.1177/0956462420958347	Current HIV pre-exposure prophylaxis (PrEP) guidelines primarily target men who have sex with men (MSM) as candidates for HIV prevention; however, such recommendations often come at the expense of other risk and gender minorities, including women. To address barriers to PrEP care among non-MSM, we developed and implemented the first nurse-led PrEP program in Canada, known as PrEP-IN. As part of PrEP-IN, patients who meet objective indicators of HIV risk are offered a referral for PrEP, regardless of sexual orientation. One such measure is syphilis, which has increased in incidence among various population groups and is known to cause biological vulnerabilities to HIV. To better understand HIV-related risks and assess intentions for PrEP use among women, we undertook an 18-month retrospective review of syphilis diagnoses within this group in Ottawa, Canada. As part of this review, we examined 25 patient files, noting their unique characteristics, socio-behavioural risk factors, and noted barriers to PrEP uptake. While some of the women diagnosed with syphilis were diagnosed with HIV, the findings raise some important considerations to facilitate opportunities for HIV prevention among non-MSM, which must take into consideration individual risk practices, sexual health histories, and population groups.	HIV prevention; Pre-exposure prophylaxis; syphilis; women	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2021	Osma-Giraldo A.C.; Correa J.S.; Moreno C.L.; Blanquicett Y.; Flórez-Álvarez L.; Contreras-Ramírez K.; Higuita-Gutiérrez L.F.; Hernández J.C.; Zapata W.	Sexual Behaviors and Factors Associated with Condomless Sexual Practice in Colombian Men Who Have Sex with Men at High Risk of HIV Transmission	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-020-01856-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102963513&doi=10.1007%2fs10508-020-01856-y&partnerID=40&md5=ae5395dfb3e6ff2f9038e9b9 4bcbefe4	Men who have sex with men (MSM) have a disproportionate burden of HIV infection worldwide. In Colombia, the prevalence of HIV in MSM is ~ 43 times higher than in the general population (12%) vs. 0.28%). The objective of this study was to describe the sexual behaviors and factors associated with condomless sexual practice in Colombian MSM at high risk of HIV infection in Medellín. The subjects were recruited through a community-based approach, and the data were collected by a structured survey and in-depth interviews. Participants were classified into three groups according to the number of sexual partners in the last three months, to compare the sociodemographic conditions and sexual behaviors. Univariate analysis was described by absolute and relative frequencies; bivariate analysis and multivariate logistic regression were used to compare the groups and to explore the associated factors with condomless sexual practice. The overall HIV estimated prevalence was 4.2%, while the estimated prevalence for MSM with > 10 sexual partners in the last three months was 14.8%. This last group showed higher average age, higher percentage of subjects who have had sex with people living with HIV, and increased frequency of previous sexually transmitted infections. Having condomless sex with casual partners was associated with the number of sexual partners in the last three months. This study demonstrates that Colombian MSM continue to have a high risk of HIV infection/transmission and reinforce the need to implement adequate prevention programs, PrEP and guarantee access to treatment for people living with HIV. © 2021, Springer Science+Business Media, LLC, part of Springer Nature.	high-risk sex; HIV; Men who have sex with men; PrEP; Sexual behavior; Sexual orientation	English	United States	Western and Central Europe and North America	Colombia	Western and Central Europe and North America	Colombia	Western and Central Europe and North America	Quantitative

Article	2021	Overton, ET; Richmond, G; Rizzardini, G; Jaeger, H; Orrell, C; Nagimova, F; Bredeek, F; García Deltoro, M; Swindells, S; Andrade-Villanueva, JF; Wong, A; Khuong-Josses, MA; Van Solingen-Ristea, R; van Eygen, V; Crauwels, H; Ford, S; Talarico, C; Benn, P; Wang, Y; Hudson, KJ; Chounta, V; Cutrell, A; Patel, P; Shaefer, M; Margolis, DA; Smith, KY; Vanveggel, S; Spreen, W	Long-acting cabotegravir and rilpivirine dosed every 2 months in adults with HIV-1 infection (ATLAS-2M), 48-week results: a randomised, multicentre, open-label, phase 3b, non-inferiority study	The Lancet	-	-	NA	10.1016/S0140-6736(20)32666-0	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02210274/full	Background: Phase 3 clinical studies showed non-inferiority of long-acting intramuscular cabotegravir and rilpivirine dosed every 4 weeks to oral antiretroviral therapy. Important phase 2 results of every 8 weeks dosing, and supportive modelling, underpin further evaluation of every 8 weeks dosing in this trial, which has the potential to offer greater convenience. Our objective was to compare the week 48 antiviral efficacy of cabotegravir plus rilpivirine long-acting dosed every 8 weeks with that of every 4 weeks dosing. Methods: ATLAS-2M is an ongoing, randomised, multicentre (13 countries; Australia, Argentina, Canada, France, Germany, Italy, Mexico, Russia, South Africa, South Korea, Spain, Sweden, and the USA), open-label, phase 3b, non-inferiority study of cabotegravir plus rilpivirine long-acting maintenance therapy administered intramuscularly every 8 weeks (cabotegravir 600 mg plus rilpivirine 900 mg) or every 4 weeks (cabotegravir 400 mg plus rilpivirine 600 mg) to treatment-experienced adults living with HIV-1. Eligible newly recruited individuals must have received an uninterrupted first or second oral standard-of-care regimen for at least 6 months without virological failure and be aged 18 years or older. Eligible participants from the ATLAS trial, from both the oral standard-of-care and long-acting groups, must have completed the 52-week comparative phase with an ATLAS-2M screening plasma HIV-1 RNA less than 50 copies per mL. Participants were randomly assigned 1:1 to receive cabotegravir plus rilpivirine long-acting every 8 weeks or every 4 weeks. The randomisation schedule was generated by means of the GlaxoSmithKline validated randomisation software RANDALL NG. The primary endpoint at week 48 was HIV-1 RNA ≥50 copies per mL (Snapshot, intention-to-treat exposed), with a non-inferiority margin of 4%. The trial is registered at ClinicalTrials.gov, NCT03299049 and is ongoing. Findings: Screening occurred between Oct 27, 2017, and May 31, 2018. Of 1149 individuals screened, 1045 participants were randomised to the every 8 weeks (n=522) or every 4 weeks (n=523) groups; 37% (n=391) transitioned from every 4 weeks cabotegravir plus rilpivirine long-acting in ATLAS. Median participant age was 42 years (IQR 34–50); 27% (n=280) female at birth; 73% (n=763) white race. Cabotegravir plus rilpivirine long-acting every 8 weeks was non-inferior to dosing every 4 weeks (HIV-1 RNA ≥50 copies per mL; 2% vs 1%) with an adjusted treatment difference of 0·8 (95% CI −0·6–2·2). There were eight (2%, every 8 weeks group) and two (<1%, every 4 weeks group) confirmed virological failures (two sequential measures ≥200 copies per mL). For the every 8 weeks group, five (63%) of eight had archived non-nucleoside reverse transcriptase inhibitor resistance-associated mutations to rilpivirine at baseline. The safety profile was similar between dosing groups, with 844 (81%) of 1045 participants having adverse events (excluding injection site reactions); no treatment-related deaths occurred. Interpretation: The efficacy and safety profiles of dosing every 8 weeks and dosing every 4 weeks were similar. These results support the use of cabotegravir plus rilpivirine long-acting administered every 2 months as a therapeutic option for people living with HIV-1. Funding: ViiV Healthcare and Janssen.	*Human immunodeficiency virus 1 infection; Adult; Alanine Transaminase blood; Antiretroviral therapy; Anti-HIV Agents *administration & dosage, adverse effects, blood; Argentina; Article; Australia; Canada; Caucasian; Clinical trial; Comparative effectiveness; Controlled study; Delayed-Action Preparations; Drug Administration Schedule; Drug Therapy, Combination; Drug combination; Drug safety; Drug therapy; Female; France; Germany; HIV Infections *drug therapy; HIV-1; Health care quality; Human; Human immunodeficiency virus infected patient; Human tissue; Humans; Injection site reaction; Injections, Intramuscular; Intramuscular drug administration; Italy; Maintenance therapy; Major clinical study; Male; Mexico; Middle Aged; Multicenter study; Phase 2 clinical trial; Phase 3 clinical trial; Pyridones *administration & dosage, adverse effects, blood; RNA, Viral blood; Randomization; Randomized controlled trial; Rilpivirine *administration & dosage, adverse effects, blood; Russian Federation; Software; South Africa; South Korea; Spain; Sweden; Viral Load; Young adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Pagkas-Bather J.; Khosropour C.M.; Golden M.R.; Thibault C.; Dombrowski J.C.	Population-Level Effectiveness of HIV Pre-exposure Prophylaxis among MSM and Transgender Persons with Bacterial Sexually Transmitted Infections	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000002646	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116668298&doi=10.1097%2fQAI.0000000000002646&partnerID=40&md5=845ba70b4e809984fdf636e76b616387	Background: Pre-exposure prophylaxis (PrEP) is highly efficacious, but its effectiveness may be limited by poor adherence or discontinuation. Our objective was to estimate the effectiveness of real-world PrEP use in a population at increased risk of HIV infection. Setting: King County, Washington. Methods: We conducted a retrospective cohort study using sexually transmitted infection (STI) partner services (PS) interview data collected January 2014–August 2018 in King County, Washington, USA. During PS interviews, men who have sex with men and transgender persons who have sex with men were asked if they were taking PrEP. We linked STI PS data to HIV surveillance data to estimate HIV incidence among self-reported PrEP users vs. nonusers using Cox proportional hazards regression, adjusting for age, race/ ethnicity, and calendar year. Results: Among 4368 individuals, 1206 (28%) were taking PrEP at the time of the PS interview. The median observation time was 14 months (interquartile range 6–23 months). Five (0.4%) of 1206 PrEP users and 97 (3%) of 2162 PrEP nonusers were subsequently diagnosed with HIV (P, 0.001). HIV incidence was lower among PrEP users than nonusers 0.17 vs. 1.86 cases per 100 person-years, adjusted hazards ratio 0.21 (95% confidence interval: 0.08 to 0.58). Latinx ethnicity, Native Hawaiian/Pacific Islander ethnicity, gonorrhea, and syphilis were also independently associated with higher HIV risk. Conclusions: Self-reported PrEP use was associated with a 79% reduction in HIV incidence among men who have sex with men and transgender persons who have sex with men with STIs in King County. Copyright © 2021 The Author(s).	HIV; MSM; PrEP; STD; TGSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Pampati S.; Emrick K.; Siegler A.J.; Jones J.	Changes in Sexual Behavior, PrEP Adherence, and Access to Sexual Health Services Because of the COVID-19 Pandemic among a Cohort of PrEP-Using MSM in the South	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000002640	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103993346&doi=10.1097%2fQAI.0000000000002640&partnerID=40&md5=c9dd523294fe8b1377e60276c86ee344	Background: The coronavirus disease 2019 (COVID-19) pandemic has had unforeseen consequences on the delivery of HIV and sexually transmitted disease (STD) prevention services. However, little is known about how the pandemic has impacted pre-exposure prophylaxis (PrEP)-using men who have sex with men (MSM). Methods: Data come from an online cohort of PrEP-using MSM in the Southern United States from October 2019 to July 2020. Participants were administered 10 surveys in total, including 1 ad hoc survey specifically on COVID-19. We conducted a cross-sectional analysis of this ad hoc survey (n = 56) and present changes in sexual behaviors and utilization of and access to sexual health services. Using linear mixed-effect regression models, we also analyzed data from the larger cohort and document how sexual behaviors and PrEP use varied longitudinally across several months. Results: A fifth of participants discontinued or changed how often they take PrEP because of COVID-19. A quarter of the cohort documented challenges when attempting to access PrEP, HIV testing, or STD testing. For all sexual behaviors examined longitudinally—number of male sexual partners, anal sex acts, condomless anal sex, and oral sex (all measured in the past 2 weeks)—there was a decrease from February to April followed by an increase from April to June. Discussion: Our findings suggest reduced access to and utilization of STD and HIV services coupled with a continuation of behaviors which confer STD/HIV risk. Ensuring appropriate delivery of STD/ HIV prevention services during this pandemic is imperative. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.	COVID-19; health services; HIV pre-exposure prophylaxis; men who have sex with men; STD testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Pantavou K.; Tsiakalakis G.; Chanos S.; Polkas G.; Papageorgiou G.; Dedes N.; Schmidt A.J.; Nikolopoulos G.K.	Key Findings from the European Men-Who-Have-Sex-With-Men Internet Survey in Greece	Epidemiologia	-	-	26733986	10.3390/epidemiologia2010010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146391285&doi=10.3390%2fepidemiologia2010010&partnerID=40&md5=b8843cbbe7960ad99cc6748aa1ef7daf	The European Men-Who-Have-Sex-With-Men Internet Survey (EMIS-2017) is an international survey for men who have sex with men (MSM) designed to measure the level and distribution of four dimensions: (a) sexual health outcomes, (b) risk and precaution behaviors, (c) health promotion needs, and (d) coverage/uptake of interventions. The aim of the current work is to provide an overview of key demographics and findings for MSM in Greece covering the abovementioned dimensions of EMIS-2017, especially regarding HIV. Overall, 2909 men met the inclusion criteria for the analysis. The participants' age ranged between 15 and 74 years old (median 35 years). According to the descriptive analysis, 14.4% of the participants reported moderate and 8.9% severe anxiety and depression. The self-reported HIV prevalence was 11%. A high number of participants had non-steady male partners (74%, n = 2153). The number of non-steady intercourse partners in the last 12 months was over two for about 61.5% (n = 1321) of the participants. A very small number of participants had ever tried to get pre-exposure prophylaxis (PrEP) (2.2%, n = 63), and 41.2% of the participants (n = 1199) were unaware of PrEP. About half of the participants (51.6%, n = 1501) did not know that vaccination against both hepatitis A and B viruses is recommended for MSM. The results of EMIS-2017 identify important needs and can help policy making and prevention planning. © 2021 by the authors.	EMIS-2017; Greece; HIV; MSM; online survey; PEP; PrEP; sexually transmitted infections	English	Switzerland	Western and Central Europe and North America	Cyprus	Western and Central Europe and North America	Cyprus	Western and Central Europe and North America	Quantitative
Article	2021	Park J.J.; Stafylis C.; Pearce D.D.; Taylor J.; Little S.J.; Kojima N.; Gorin A.M.; Klausner J.D.	Interest, Concerns, and Attitudes among Men Who Have Sex with Men and Health Care Providers Toward Prophylactic Use of Doxycycline against Chlamydia trachomatis Infections and Syphilis	Sexually Transmitted Diseases	-	-	1485717	10.1097/OLQ.0000000000001395	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112626026&doi=10.1097%2fOLQ.0000000000001395&partnerID=40&md5=92a4f0d6d689928685d9428dd9990d61	Background Prophylactic administration of doxycycline is regarded as a potential new public health strategy to combat the rising rates of Chlamydia trachomatis infections and syphilis among men who have sex with men. We conducted a survey-based study to evaluate how community members and health care providers in Southern California would perceive doxycycline preexposure/postexposure prophylaxis (PrEP/PEP) to predict its acceptability and identify potential areas of concern. Methods We conducted an online cross-sectional survey among community members who identify as men who have sex with men and health care providers with prescribing authority in Southern California to investigate the current attitudes toward doxycycline PrEP/PEP, including their willingness to accept. We analyzed the data using descriptive statistics and binary logistic regression. Results Among 212 enrolled community member participants, 67.5% indicated they would take doxycycline PrEP/PEP if offered by their provider. Higher acceptability was significantly associated with several characteristics, including recent history of bacterial sexually transmitted infection diagnosis and current use of HIV PrEP. For health care providers, 89.5% of 76 enrolled participants expressed willingness to prescribe doxycycline PrEP/PEP to their patients if recommended by the Centers for Disease Control and Prevention, but only 43.4% were willing if not. Both community members and health care providers demonstrated high levels of concern toward possible drug resistance. Conclusions Doxycycline PrEP/PEP as a preventive strategy against chlamydial infections and syphilis would likely be accepted among community members and health care providers. Clear guidelines from public health officials and further clarification on the strategy's potential impact on developing drug resistance may be necessary to ensure successful implementation. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Parker I.; Khalil G.; Martin A.; Martin M.; Vanichseni S.; Leelawiwat W.; McNicholl J.; Hickey A.; García-Lerma J.G.; Choopanya K.; Curtis K.A.	Altered Antibody Responses in Persons Infected with HIV-1 while Using Preexposure Prophylaxis	AIDS Research and Human Retroviruses	-	-	8892229	10.1089/aid.2020.0137	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102307351&doi=10.1089%2faid.2020.0137&partnerID=40&md5=1f91cd064da94066c9e9d99c58adb44a	Preexposure prophylaxis (PrEP) is an effective HIV prevention tool, although effectiveness is dependent upon adherence. It is important to characterize the impact of PrEP on HIV antibody responses in people who experience breakthrough infections to understand the potential impact on timely diagnosis and treatment. Longitudinal HIV-1-specific antibody responses were evaluated in 42 people who inject drugs (PWID) from the Bangkok Tenofovir Study (BTS) (placebo = 28; PrEP = 14) who acquired HIV while receiving PrEP. HIV-1 antibody levels and avidity to three envelope proteins (gp41, gp160, and gp120) were measured in the plasma using a customized Bio-Plex (Bio-Rad Laboratories, Hercules, CA) assay. A time-to-event analysis was performed for each biomarker to compare the distribution of times at which study subjects exceeded the recent/long-term assay threshold, comparing PrEP and placebo treatment groups. We fit mixed-effects models to identify longitudinal differences in antibody levels and avidity between groups. Overall, longitudinal antibody levels and avidity were notably lower in the PrEP breakthrough group compared to the placebo group. Time-to-event analyses demonstrated a difference in time to antibody reactivity between treatment groups for all Bio-Plex biomarkers. Longitudinal gp120 antibody levels within the PrEP breakthrough group were decreased compared to the placebo group. When accounting for PrEP adherence, both gp120 and gp160 antibody levels were lower in the PrEP breakthrough group compared to the placebo group. We demonstrate hindered envelope antibody maturation in PWID who became infected while receiving PrEP in the BTS, which has significant implications for HIV diagnosis. Delayed maturation of the antibody response to HIV may increase the time to detection for antibody-based tests. Clinical Trial Registration Number, NCT00119106. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	antibody maturation; HIV; preexposure prophylaxis; seroconversion	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Pasipanodya E.C.; Stockman J.; Phuntsog T.; Morris S.; Psaros C.; Landovitz R.; Amico K.R.; Moore D.J.; Blumenthal J.	"PrEP"ing for a PrEP demonstration project: understanding PrEP knowledge and attitudes among cisgender women	BMC Women's Health	-	-	14726874	10.1186/s12905-021-01348-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106898366&doi=10.1186%2fs12905-021-01348-8&partnerID=40&md5=3db534dc0a1955630cdd1a616b4d9309	Background: Prior to implementing a pre-exposure prophylaxis (PrEP) demonstration study, we sought to explore cisgender women's experiences with HIV prevention, PrEP knowledge and attitudes, and anticipated barriers and facilitators for PrEP uptake and adherence in Southern California. Methods: Three focus groups were held with cisgender women of mixed HIV serostatus in San Diego and Los Angeles between November 2015 and January 2016. Women were recruited through local testing sites, community-based organizations, and social media. Focus groups were audio-recorded and transcripts were analyzed using thematic analysis. Results: Twenty-two women participated in focus groups, with median age 44 (IQR 30–53) and 6 identifying as non-Hispanic Black, 7 non-Hispanic White, 8 Latina and 1 mixed race. Despite limited prior PrEP knowledge and no PrEP experience, participants expressed interest in taking PrEP. Anticipated benefits were freedom from worry about HIV and control over sexual health; however, these were tempered by concerns including the possibility of increased HIV risk behaviors and potential side effects. Cisgender women reported potential barriers to PrEP uptake and adherence barriers, like competing priorities and poor PrEP access. Conversely, PrEP facilitators included utilizing practical tools such as phone apps and pill boxes as well as receiving encouragement from loved ones and support from other cisgender women on PrEP, women living with HIV and their medical providers. Conclusions: Although PrEP awareness was low, participants recognized the importance of PrEP and ways to facilitate adherence. Exploring perspectives of cisgender women is integral to developing effective interventions to support PrEP uptake and adherence for women at elevated risk for HIV. © 2021, The Author(s).	Cisgender women; HIV prevention; Pre-exposure prophylaxis (PrEP); PrEP attitudes	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Pazos A.P.	Technology, Sex, and Power: Biopolitical Approach to Pre-exposure Prophylaxis in the Spanish State; Tecnología, sexo y poder: enfoque biopolítico de la profilaxis preexposición en el Estado español	Nomadas	-	-	1217550	10.30578/nomadas.n55a9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128775510&doi=10.30578%2fnomadas.n55a9&partnerID=40&md5=93dc6acaa9259fe778dc8d1d173139ab	This article considers the topic of pre-exposure prophylaxis (PrEP), a type of biomedical intervention aimed at preventing HIV transmission. The author develops a map and traces, historically and conceptually, some biopolitical courses of PrEP as a sociotechnical dispositive in the structural framework of science, technology, and society. In addition, it proposes an approach in the light of contemporary theorizations regarding biomedicalization in the context of biocapitalism. As a conclusion, the article shows some challenges posed by the frameworks underlying these new approaches to serological risk within the Spanish State. © 2021 Instituto de Estudios Sociales Contemporaneos IESCO. All rights reserved.	Biocapitalism; Biomedicalization; Necropower; Pharmacopower; PrEP; Serological Debt	Spanish	Colombia	Latin America and the Caribbean	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2021	Pazzini, Michele; Ignácz, Zsófia S; Tuppat, Julia	Underlying factors related to HIV/AIDS prevention: investigating the willingness to take pre-exposure prophylaxis among men-who-have-sex-with-men in Germany.	AIDS Research and Therapy	-	-	1742-6405	10.1186/s12981-021-00386-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8447767	BACKGROUND: This study investigates the willingness of men-who-have-sex-with-men (MSM) to use HIV pre-exposure prophylaxis (PrEP). Research in the HIV/AIDS field typically relies on clinical and epidemiological studies, thereby often excluding social dimensions of the illness as well as factors explaining its prevention. The current study analyzes HIV-prevention through an interdisciplinary theoretical approach. It aims to comprehensively understand the mechanisms associated with the willingness to take PrEP among MSM in terms of psychological, social, behavioral, cultural, and demographic factors. METHODS: We analyze data from the survey "Gay Men and AIDS" conducted in Germany in 2013 prior to market approval for PrEP. Analyses were performed using the statistical software SPSS 25.0, while results were visualized using the R programming language. RESULTS: We find that perceived risk of infection, social norms (anticipated HIV-stigma), practices (e.g. regular condomless sex), and socio-demographic factors (young age, being single) all have a positive effect on the willingness to take PrEP, while education reveals a negative, and income no effect. CONCLUSIONS: Results indicate that beyond well-established socio-psychological mechanisms of health behavior, social factors play a crucial role in understanding the willingness of PrEP uptake. This study enriches existing health behavior theories with sociological concepts such as social norms and social practices.	HIV pre-exposure prophylaxis; HIV prevention technologies; Men who have sex with men; PrEP; Willingness	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Pečavar B.; Kokošar Ulčar B.; Kordiš M.; Pleško M.; Turel G.; Vovko T.; Tomažič J.	Pre-exposure prophylaxis for HIV with oral tenofovir disoproxil fumarate/emtricitabine in men who have sex with men: Slovenian national demonstration project	International journal of STD & AIDS	-	-	9564624	10.1177/09564624211019876	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106317935&doi=10.1177%2f09564624211019876&partnerID=40&md5=737598c352f0c1cb48114741de7f53dd	Prevalence of HIV in Slovenia is low, and men who have sex with men (MSM) have the highest risk for infection. Rates of enrolment into HIV care, initiation of antiretroviral therapy and reaching an undetectable viral load in HIV-infected patients are very high. Prevention of HIV infection for MSM with PrEP is not formally available in Slovenia. The aim of this study was to demonstrate possible implementation of PrEP in Slovenia. Sixty-nine (n = 69) MSM with increased risk for HIV received PrEP with oral tenofovir disoproxil fumarate /emtricitabine and acquisition were followed for a mean of 566.6 days. They had 71 episodes of STIs (incidence 61.7 per 100 person-years). No one got acquired HIV infection. Estimated glomerular filtration rate (EGFR) was significantly lower 4 (p = 0.014) and 19 (p = 0.021) months after inclusion; however, there was no clinically significant renal failure (mean EGFR 110–115 mL/min). Self-reported body weight significantly increased after 7 months (p < 0.05). Overall EGFR and self-reported body weight did not change significantly. No significant change in adherence (overall mean 81.0%; 95% CI 77.5%–84.6%; p = 0.728), condom use (p = 0.077) and number of sexual partners (overall mean 2.36 per 30 days; 95% CI 2.06 to 2.65; p = 0.235) was found throughout the study. Participants reported 110 graded adverse effects (AE), 104 (94.5%) grade 1–2 and 6 (5.5%) grade 3–4. No participant discontinued PrEP due to AE. The study showed successful implementation of PrEP among MSM at high risk for HIV infection in Slovenia. Based on the results of our study, PrEP should be formally available in Slovenia. © The Author(s) 2021.	antiretroviral therapy; Europe; HIV; men who have sex with men; Prevention	English	United Kingdom	Western and Central Europe and North America	Slovenia	Western and Central Europe and North America	Slovenia	Western and Central Europe and North America	Clinical
Article	2021	Peebles K.; Mugwanya K.K.; Irungu E.; Odoyo J.; Wamoni E.; Morton J.F.; Ngure K.; Bukusi E.A.; Mugo N.R.; Masyuko S.; Mukui I.; Baeten J.M.; Barnabas R.V.	Low costs and opportunities for efficiency: a cost analysis of the first year of programmatic PrEP delivery in Kenya's public sector	BMC Health Services Research	-	-	14726963	10.1186/s12913-021-06832-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113159593&doi=10.1186%2fs12913-021-06832-3&partnerID=40&md5=a3b1f8b369db556e4a393b49a1046b63	Background: In 2017, the Kenyan Ministry of Health integrated provision of pre-exposure prophylaxis (PrEP) into public HIV-1 care clinics as a key component of the national HIV-1 prevention strategy. Estimates of the cost of PrEP provision are needed to inform the affordability and cost-effectiveness of PrEP in Kenya. Methods: We conducted activity-based micro-costing from the payer perspective to estimate both the financial and economic costs of all resources and activities required to provide PrEP in Kenya's public sector. We estimated total and unit costs in 2019 United States dollars from a combination of project expense reports, Ministry of Health training reports, client staff interviews, time-and-motion observations, and routinely collected data from PrEP recipient files from 25 high-volume HIV-1 care clinics. Results: In the first year of programmatic PrEP delivery in 25 HIV-1 care clinics, 2,567 persons initiated PrEP and accrued 8,847 total months of PrEP coverage, accounting for 2 % of total outpatient clinic visits. The total financial cost to the Ministry of Health was $91,175, translating to an average of $10.31 per person per month. The majority (69 %) of financial costs were attributable to PrEP medication, followed by administrative supplies (17 %) and training (9 %). Economic costs were higher ($188,584 total; $21.32 per person per month) due to the inclusion of the opportunity cost of staff time re-allocated to provide PrEP and a proportional fraction of facility overhead. The vast majority (88 %) of the annual $80,811 economic cost of personnel time was incurred during activities to recruit new clients (e.g., discussion of PrEP within HIV-1 testing and counselling services), while the remaining 12 % was for activities related to both initiation and maintenance of PrEP provision (e.g., client consultations, technical advising, support groups). Conclusions: Integration of PrEP provision into existing public health HIV-1 care service delivery platforms resulted in minimal additional staff burden and low incremental costs. Efforts to improve the efficiency of PrEP provision should focus on reductions in the cost of PrEP medication and extra-clinic demand creation and community sensitization to reduce personnel time dedicated to recruitment-related activities. Trial registration: ClinicalTrials.gov registration NCT03052010. Retrospectively registered on February 14, 2017. © 2021, The Author(s).	Cost analysis; Health economic evaluation; Pre-exposure prophylaxis; Public sector implementation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Peel, Joanne; Chow, Eric P. F.; Denham, Ian; Schmidt, Tina; Buchanan, Andrew; Fairley, Christopher K.; Williamson, Deborah A.; Bissessor, Melanie; Chen, Marcus Y.	Clinical Presentation of Incident Syphilis Among Men Who Have Sex with Men Taking HIV Pre-Exposure Prophylaxis in Melbourne, Australia.	Clinical Infectious Diseases	-	-	1537-6591 1058-4838	10.1093/cid/ciab052	https://academic.oup.com/cid/article/73/4/e934/6125283	BACKGROUND: Current international guidelines on human immunodeficiency virus (HIV) Pre-Exposure Prophylaxis (PrEP) recommend serological screening for syphilis at routine 3-monthly PrEP appointments. The aim of our study was to describe the pattern of clinical presentation of syphilis among men who have sex with men (MSM) taking PrEP. We were interested in whether syphilis is detected through screening at scheduled3-monthly PrEP clinic appointments or whether primary or secondary syphilis presented at unscheduled interval visits. METHODS: This was a retrospective study of MSM attending the PrEP clinic at the Melbourne Sexual Health Centre between February 2016 and March 2019. Serological screening for syphilis was routinely undertaken at 3-monthly PrEP clinic appointments. Diagnoses of early syphilis were identified from PrEP clinic visits and from interim walk-in STI clinic attendances. RESULTS: There were 69 cases of early syphilis among 61 MSM taking PrEP during the study period. There were 24 (35%) primary, 16 (23%) secondary, and 29 (42%) early latent infections. The incidence of early syphilis was 8.6 per 100 person-years. A substantial proportion of primary (58%) and secondary (44%) syphilis diagnoses were made at interim STI clinic attendances, between PrEP appointments. CONCLUSIONS: Syphilis screening at routine 3-monthly PrEP visits alone fails to detect a proportion of primary and secondary syphilis infections and may be insufficient in preventing onward transmission. Education of MSM taking PrEP regarding the risk of syphilis and symptom recognition is necessary together with access to syphilis testing between PrEP visits.	Humans; Male; Retrospective Studies; Homosexuality, Male; Australia; *Pre-Exposure Prophylaxis; PrEP; MSM; syphilis; Australia/epidemiology; *Sexual and Gender Minorities; *Sexually Transmitted Diseases; *HIV Infections/diagnosis/epidemiology/prevention & control; STIs; *Syphilis/diagnosis/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2021	Pelaez, D; Weicker, N P; Glick, J; Mesenburg, J V; Wilson, A; Kirkpatrick, H; Clouse, E; Sherman, S G	The PEARL study: a prospective two-group pilot PrEP promotion intervention for cisgender female sex workers living in Baltimore, MD, U.S.	AIDS Care	-	-	09540121	10.1080/09540121.2021.1889954	https://www.proquest.com/scholarly-journals/pearl-study-prospective-two-group-pilot-prep/docview/2629523637/se-2?accountid=8113	HIV remains elevated among female sex workers (FSW) globally, with a number of structural (e.g., poverty, access to care) factors driving these persistently high rates. Pre-exposure prophylaxis (PrEP), a user-controlled prevention method, is a promising means of empowering vulnerable populations to protect themselves and enhance agency. Yet there is a dearth of PrEP research and interventions targeting cisgender women in the United States, and even fewer aimed to reach FSW. We developed and implemented a multifaceted PrEP pilot intervention, the Promoting Empowerment And Risk Reduction (PEARL) study, to meet this gap. This paper describes the development process and nature of a community-informed intervention for tenofovir/emticitrabine (TDF/FTC) pre-exposure prophylaxis engagement among street-based cisgender FSW in Baltimore, Maryland, U.S. In the course of the study's implementation, structural, programmatic, and medical barriers have already posed significant barriers to full engagement. PEARL implemented a number of strategies in an effort to counter barriers and facilitate increased success of PrEP uptake and maintenance. The study will provide critical insights into the nature of intervention components that could help FSW to initiate PrEP and reduce PrEP care cascade gaps.	Tenofovir; HIV; Women; Poverty; Pre-exposure prophylaxis; PrEP; Risk management; Disease prevention; Vulnerability; Prophylaxis; Risk reduction; Tenofovir disoproxil; Empowerment; Sex worker; Cisgender; drug use; FSW; Uptake; sex work; Barriers; Sex workers; Intervention; female sex worker; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sex industry; United States--US; Workers; Medical Sciences--Psychiatry And Neurology; Baltimore Maryland	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Pepperrell, T; Venter, WDF; McCann, K; Bosch, B; Tibbatts, M; Woods, J; Sokhela, S; Serenata, C; Moorhouse, M; Qavi, A; Hill, A	Participants on Dolutegravir Resuppress Human Immunodeficiency Virus RNA after Virologic Failure: updated Data from the ADVANCE Trial	Clinical Infectious Diseases	-	-	1537-6591	10.1093/cid/ciab086	https://academic.oup.com/cid/article/73/4/e1008/6126766?login=false	Following evidence of HIV RNA re-suppression on DTG-based regimens, we assess the re-suppressive capacity of ADVANCE participants on TAF/FTC+DTG, TDF/FTC+DTG, and TDF/FTC/EFV. Viraemic participants were able to re-suppress within 3 follow-up visits of protocol-defined virological failure (PDVF) in 77/121 (64%), 85/126 (67%), and 44/138 (32%) cases respectively (DTG regimens vs. TDF/FTC/EFV; P < 0.001).	*Human immunodeficiency virus; *clinical protocol; *protocol defined virological failure; *treatment failure; Article; Combination drug therapy; Controlled study; Follow up; Human; Major clinical study; Non-inferiority trial; Open study; Phase 3 clinical trial; Randomized controlled trial; South Africa; Validation study; Viremia	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Pereira C.C.D.A.; Torres T.S.; Luz P.M.; Hoagland B.; Farias A.; Brito J.D.U.; Guimarães Lacerda M.V.; Da Silva D.A.R.; Benedetti M.; Pimenta M.C.; Grinsztejn B.; Veloso V.G.	Preferences for pre-exposure prophylaxis (PrEP) among men who have sex with men and transgender women at risk of HIV infection: A multicentre protocol for a discrete choice experiment in Brazil	BMJ Open	-	-	20446055	10.1136/bmjopen-2021-049011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116478881&doi=10.1136%2fbmjopen-2021-049011&partnerID=40&md5=735c690e54dcf65a75756f6045280cc0	Introduction Pre-exposure prophylaxis (PrEP) is an important and well-established prevention strategy for sexual acquisition of HIV. In Brazil, transgender women (TGW) and men who have sex with men (MSM) bear the largest burden among key populations. Little is known about preferences for PrEP characteristics in these vulnerable populations in Latin America. The goal of this study is to investigate preferences of TGW and MSM with respect to PrEP characteristics, whether current user or not, and to assess any attributes and levels that may improve the decision to start using PrEP (uptake) and optimal continuity of use (adherence), which are important dimensions for PrEP success. Methods and analysis We hereby outline the protocol of a discrete choice experiment (DCE) to be conducted among TGW and MSM in Brazil. The study will be carried out in two phases. The first phase involves literature review and qualitative approaches including in-depth interviews to inform the development of the DCE (attributes and levels). The second phase entails the DCE survey and supporting questions pertaining to sociodemographic and risk behaviour information. The survey is aimed at current PrEP users and non-users, consisting of two modes of administration: face to face in five Brazilian capitals (Rio de Janeiro, Brasília, Manaus, Porto Alegre and Salvador) and online targeting the entire country. A D-efficient zero-prior blocked experimental design will be used to select 60 paired-profile DCE choice tasks, in which participants will be randomly assigned to one of four groups and presented with a set of 15 choice tasks. The planned sample size is 1000 volunteers. Ethics, timeline and dissemination The study was approved by Comitê de Ética em Pesquisa - Instituto Nacional de Infectologia Evandro Chagas - INI/FIOCRUZ, CEP/INI, CAAE 28416220.2.1001.5262, approval number 3.979.759 in accordance with the Comissão Nacional de Ética em Pesquisa (CONEP - Brazilian National Board of Research Ethics). The study will be conducted between 2020 and 2021. The results will be disseminated to the scientific community and to the public in general through publications in published in peer-reviewed journals and in scientific conferences. © Author(s) (or their employer(s)) 2021. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	health economics; HIV & AIDS; preventive medicine; public health; public health	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2021	Pereira, Carolina Hultmann Gonçalves; Dias, Frederico Alves; Miranda, Gabriela Santos de; Höfelmann, Doroteia Aparecida; Rattmann, Yanna Dantas	Avaliação do uso da Profilaxia Pré-Exposição ao HIV: coorte retrospectiva	Revista Brasileira de Promoção da Saúde (Impresso)	-	-	1806-1222	10.5020/18061230.2021.11550	https://periodicos.unifor.br/RBPS/article/view/11550	Objetivo: Identificar o perfil da população que buscou a Profilaxia Pré-Exposição ao HIV (PrEP) no Paraná e, entre os usuários da PrEP, avaliar modificações nos comportamentos de risco de adquirir infecções sexualmente transmissíveis (IST's), além de alterações nos exames laboratoriais de monitoramento. Métodos: Coorte retrospectiva com dados secundários obtidos do Sistema de Controle Logístico de Medicamentos acessados em 2018 e 2019. Investigou-se o perfil sociodemográfico da população que buscou a PrEP, de forma a correlacioná-lo aos segmentos prioritários para o uso do medicamento profilático. Entre os usuários, avaliaram-se dados comportamentais, testes diagnósticos para IST's, funções renal e hepática referentes a diferentes momentos no decorrer do uso. Os resultados comparados deram-se por meio dos testes Wilcoxon e Exato de Fisher. Resultados: 255 pessoas buscaram a PrEP. Predominaram-se o sexo masculino (92,28%), homossexuais (78,04%), de 20 a 39 anos (83,53%), brancos (71,76%), com 12 ou mais anos de estudo (74,90%). Para uso da PrEP elegeram-se 188 pessoas. Entre estas, durante o uso, observou-se aumento de práticas sexuais sem preservativo (p=0,012), diminuição no número de parceiros e do consumo de álcool (p=0,001), aumento da atividade de enzimas hepáticas ALT/AST (p=0,018), sem diferença no diagnóstico do HIV e outras IST's. Conclusão: Homens que fazem sexo com homens predominaram na busca pela profilaxia. Entre os usuários da PrEP, apesar do aumento de práticas sexuais desprotegidas, não houve aumento do diagnóstico de IST's no período do estudo. O medicamento da PrEP demonstrou bom perfil de segurança nos exames laboratoriais de seguimento.	Anti-HIV Agents; HIV; Pre-Exposure Prophylaxis; VIH; Profilaxis Pre-Exposición; Fármacos Anti-HIV; Fármacos Anti-VIH; : Profilaxia Pré-Exposição; Population Health.; Salud Poblacional.; Saúde da População.	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2021	Pereira, Claudia Cristina de Aguiar; Torres, Thiago Silva; Luz, Paula Mendes; Hoagland, Brenda; Farias, Alessandro; Brito, Jose David Urbaez; Guimarães Lacerda, Marcus Vinicius; da Silva, Daila Alena Raenck; Benedetti, Marcos; Pimenta, Maria Cristina; Grinsztejn, Beatriz; Veloso, Valdilea Gonçalves	Preferences for pre-exposure prophylaxis (PrEP) among men who have sex with men and transgender women at risk of HIV infection: a multicentre protocol for a discrete choice experiment in Brazil.	BMJ Open	-	-	2044-6055	10.1136/bmjopen-2021-049011	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8477321	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is an important and well-established prevention strategy for sexual acquisition of HIV. In Brazil, transgender women (TGW) and men who have sex with men (MSM) bear the largest burden among key populations. Little is known about preferences for PrEP characteristics in these vulnerable populations in Latin America. The goal of this study is to investigate preferences of TGW and MSM with respect to PrEP characteristics, whether current user or not, and to assess any attributes and levels that may improve the decision to start using PrEP (uptake) and optimal continuity of use (adherence), which are important dimensions for PrEP success. METHODS AND ANALYSIS: We hereby outline the protocol of a discrete choice experiment (DCE) to be conducted among TGW and MSM in Brazil. The study will be carried out in two phases. The first phase involves literature review and qualitative approaches including in-depth interviews to inform the development of the DCE (attributes and levels). The second phase entails the DCE survey and supporting questions pertaining to sociodemographic and risk behaviour information. The survey is aimed at current PrEP users and non-users, consisting of two modes of administration: face to face in five Brazilian capitals (Rio de Janeiro, Brasília, Manaus, Porto Alegre and Salvador) and online targeting the entire country. A D-efficient zero-prior blocked experimental design will be used to select 60 paired-profile DCE choice tasks, in which participants will be randomly assigned to one of four groups and presented with a set of 15 choice tasks. The planned sample size is 1000 volunteers. ETHICS, TIMELINE AND DISSEMINATION: The study was approved by Comitê de Ética em Pesquisa-Instituto Nacional de Infectologia Evandro Chagas-INI/FIOCRUZ, CEP/INI, CAAE 28416220.2.1001.5262, approval number 3.979.759 in accordance with the Comissão Nacional de Ética em Pesquisa (CONEP-Brazilian National Board of Research Ethics). The study will be conducted between 2020 and 2021. The results will be disseminated to the scientific community and to the public in general through publications in published in peer-reviewed journals and in scientific conferences.	HIV & AIDS; health economics; preventive medicine; public health	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Perez-Brumer, Amaya; Naz-McLean, Sarah; Huerta, Leyla; Salazar, Ximena; Lama, Javier R; Sanchez, Jorge; Silva-Santisteban, Alfonso; Reisner, Sari L; Mayer, Kenneth H; Clark, Jesse L	The wisdom of mistrust: qualitative insights from transgender women who participated in PrEP research in Lima, Peru.	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.25769	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9936804	INTRODUCTION: Although pre-exposure prophylaxis (PrEP) is a remarkable biomedical advance to prevent HIV, ongoing research on PrEP contributes to and interacts with a legacy of HIV experimentation on marginalized communities in resource-limited settings. This paper explores the complexity of PrEP research mistrust among Peruvian transgender (trans) women who completed a PrEP adherence intervention and those who refused participation (i.e. declined to enrol, voluntarily withdrew, and/or were lost to follow-up). METHODS: Data were derived from 86 trans women (mean age 29 years) participants in the formative (four focus groups (n = 32), 20 interviews) and the evaluation stages (34 interviews) of a social network-based PrEP intervention for trans women in Lima, Peru. The formative stage took place from May to July 2015, while the evaluative stage took place from April to May 2018. Audio files were transcribed verbatim and analysed via an immersion crystallization approach using Dedoose (v.6.1.18). RESULTS: Three paradoxes of trans women's participation in PrEP science as a "key" population emerged as amplifying mistrust: (1) increases in PrEP research targeting trans women but limited perceived improvements in HIV outcomes; (2) routine dismissal by research physicians and staff of PrEP-related side effects and the associated risks of taking PrEP, resulting in questions about who PrEP research is really for and (3) persistent limitations on PrEP access for trans women despite increasing involvement in clinical trials, fostering feelings of being a "guinea pig" to advance PrEP science. CONCLUSIONS: Findings highlight the wisdom inherent in PrEP mistrust as a reflection of trans women's experiences that underscore the broken bonds of trust between communities, researchers and the research enterprise. PrEP mistrust is amplified through perceived paradoxes that suggest to trans women that they are key experimental participants but not target PrEP users outside of research settings. Findings highlight the urgent need to reframe mistrust not as a characteristic of trans women to be addressed through education and outreach, but as a systemic institutional- and industry-level problem replicated, manifested and ultimately to be corrected, through global HIV science.	HIV prevention; PrEP; critical global health; mistrust; transgender	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Perler, Bryce K; Reinhart, Elizabeth M; Montgomery, Madeline; Maynard, Michaela; Shapiro, Jason M; Belenky, Peter; Chan, Philip A	Evaluation of the Microbiome in Men Taking Pre-exposure Prophylaxis for HIV Prevention.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-020-03130-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8169604	Tenofovir-based regimens as pre-exposure prophylaxis (PrEP) are highly effective at preventing HIV infection. The most common side-effect is gastrointestinal (GI) distress which may be associated with changes in the microbiome. Dysbiosis of the microbiome can have numerous health-related consequences. To understand the effect of PrEP on dysbiosis, we evaluated 27 individuals; 14 were taking PrEP for an average of 171 weeks. Sequencing of 16S rRNA was performed using self-collected rectal swabs. Mixed beta diversity testing demonstrated significant differences between PrEP and non-PrEP users with Bray-Curtis and unweighted UniFrac analyses (p = 0.05 and 0.049, respectively). At the genus level, there was a significant reduction in Finegoldia, along with a significant increase in Catenibacterium and Prevotella in PrEP users. Prevotella has been associated with inflammatory pathways, insulin resistance and cardiovascular disease, while Catenibacterium has been associated with morbid obesity and metabolic syndrome. Overall, these results suggest that PrEP may be associated with some degree of microbiome dysbiosis, which may contribute to GI symptoms. Long-term impact of these changes is unknown.	HIV prevention; Microbiome; Pre-exposure prophylaxis; TAF/FTC; TDF/FTC	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Peterson S.; Ibrahim M.; Anderson P.L.; Moore C.M.; MaWhinney S.	A comparison of covariate selection techniques applied to pre-exposure prophylaxis (PrEP) drug concentration data in men and transgender women at risk for HIV	Journal of Pharmacokinetics and Pharmacodynamics	-	-	1567567X	10.1007/s10928-021-09763-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106253329&doi=10.1007%2fs10928-021-09763-y&partnerID=40&md5=0552a8bb3cc582c13292d2a0381a6a35	Pre-exposure prophylaxis (PrEP) containing antiretrovirals tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) can reduce the risk of acquiring HIV. Concentrations of intracellular tenofovir-diphosphate (TFV-DP) measured in dried blood spots (DBS) have been used to quantify PrEP adherence; although even under directly observed dosing, unexplained between-subject variation remains. Here, we wish to identify patient-specific factors associated with TFV-DP levels. Data from the iPrEX Open Label Extension (OLE) study were used to compare multiple covariate selection methods for determining demographic and clinical covariates most important for drug concentration estimation. To allow for the possibility of non-linear relationships between drug concentration and explanatory variables, the component selection and smoothing operator (COSSO) was implemented. We compared COSSO to LASSO, a commonly used machine learning approach, and traditional forward and backward selection. Training (N = 387) and test (N = 166) datasets were utilized to compare prediction accuracy across methods. LASSO and COSSO had the best predictive ability for the test data. Both predicted increased drug concentration with increases in age and self-reported adherence, the latter with a steeper trajectory among Asians. TFV-DP reductions were associated with increasing eGFR, hemoglobin and transgender status. COSSO also predicted lower TFV-DP with increasing weight and South American countries. COSSO identified non-linear relationships between log(TFV-DP) and adherence, weight and eGFR, with differing trajectories for some races. COSSO identified non-linear log(TFV-DP) trajectories with a subset of covariates, which may better explain variation and enhance prediction. Future research is needed to examine differences identified in trajectories by race and country. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Philbin M.M.; Parish C.; Bergen S.; Kerrigan D.; Kinnard E.N.; Reed S.E.; Cohen M.H.; Sosanya O.; Sheth A.N.; Adimora A.A.; Cocohoba J.; Goparaju L.; Golub E.T.; Fischl M.; Alcaide M.L.; Metsch L.R.	A Qualitative Exploration of Women's Interest in Long-Acting Injectable Antiretroviral Therapy across Six Cities in the Women's Interagency HIV Study: Intersections with Current and Past Injectable Medication and Substance Use	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2020.0164	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099015316&doi=10.1089%2fapc.2020.0164&partnerID=40&md5=931b84cdaf86849bfc434a7fa45ce196	Medications for antiretroviral therapy (ART) and preexposure prophylaxis (PrEP) are currently daily pill regimens, which pose barriers to long-Term adherence. Long-Acting injectable (LAI) modalities have been developed for ART and PrEP, but minimal LAI-focused research has occurred among women. Thus, little is known about how women's history of injection for medical or nonmedical purposes may influence their interest in LAI. We conducted 89 in-depth interviews at 6 sites (New York, NY; Chicago, IL; San Francisco, CA; Atlanta, GA; Chapel Hill, NC; Washington, DC) of the Women's Interagency HIV study. Interviews occurred with women living with HIV (n = 59) and HIV-negative women (n = 30) from November 2017 to October 2018. Interviews were recorded, transcribed, and analyzed using thematic content analysis. Women's prior experiences with injections occurred primarily through substance use, physical comorbidities, birth control, or flu vaccines. Four primary categories of women emerged; those who (1) received episodic injections and had few LAI-related concerns; (2) required frequent injections and would refuse additional injections; (3) had a history of injection drug use, of whom some feared LAI might trigger a recurrence, while others had few LAI-related concerns; and (4) were currently injecting drugs and had few LAI-related concerns. Most women with a history of injectable medication would prefer LAI, but those with other frequent injections and history of injection drug use might not. Future research needs to address injection-related concerns, and develop patient-centered approaches to help providers best identify which women could benefit from LAI use. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	antiretroviral therapy; HIV; long-Acting injectable; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Philbin M.M.; Parish C.; Kinnard E.N.; Reed S.E.; Kerrigan D.; Alcaide M.L.; Cohen M.H.; Sosanya O.; Sheth A.N.; Adimora A.A.; Cocohoba J.; Goparaju L.; Golub E.T.; Fischl M.; Metsch L.R.	Interest in Long-Acting Injectable Pre-exposure Prophylaxis (LAI PrEP) Among Women in the Women's Interagency HIV Study (WIHS): A Qualitative Study Across Six Cities in the United States	AIDS and Behavior	-	-	10907165	10.1007/s10461-020-03023-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091381851&doi=10.1007%2fs10461-020-03023-9&partnerID=40&md5=dbb8b30fd51c765a146b3005d29632f7	Long-acting injectable (LAI) pre-exposure prophylaxis (PrEP) has the potential to facilitate adherence and transform HIV prevention. However, little LAI PrEP research has occurred among women, who face unique barriers. We conducted 30 in-depth interviews with HIV-negative women from 2017–2018 across six sites (New York; Chicago; San Francisco; Atlanta; Washington, DC; Chapel Hill) of the Women's Interagency HIV Study. Interviews were recorded, transcribed, and analyzed using thematic content analysis. Few women expressed interest in PrEP and when prompted to choose a regimen, 55% would prefer LAI, 10% daily pills, and 33% said they would not take PrEP regardless of formulation. Perceived barriers included: (1) the fear of new—and perceived untested—injectable products and (2) potential side effects (e.g., injection-site pain, nausea). Facilitators included: (1) believing shots were more effective than pills; (2) ease and convenience; and (3) confidentiality. Future studies should incorporate women's LAI PrEP-related experiences to facilitate uptake. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	AIDS; HIV; Long-acting injectable (LAI); Pre-exposure prophylaxis (PrEP); Prevention; Qualitative research; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Phillips A.N.; Cambiano V.; Johnson L.; Nakagawa F.; Homan R.; Meyer-Rath G.; Rehle T.; Tanser F.; Moyo S.; Shahmanesh M.; Castor D.; Russell E.; Jamieson L.; Bansi-Matharu L.; Shroufi A.; Barnabas R.V.; Parikh U.M.; Revill P.	Potential Impact and Cost-Effectiveness of Condomless-Sex-Concentrated PrEP in KwaZulu-Natal Accounting for Drug Resistance	Journal of Infectious Diseases	-	-	221899	10.1093/infdis/jiz667	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089977637&doi=10.1093%2finfdis%2fjiz667&partnerID=40&md5=12105292967f79821f8aae0eb227d1f7	Introduction: Oral preexposure prophylaxis (PrEP) in the form of tenofovir-disoproxil-fumarate/emtricitabine is being implemented in selected sites in South Africa. Addressing outstanding questions on PrEP cost-effectiveness can inform further implementation. Methods: We calibrated an individual-based model to KwaZulu-Natal to predict the impact and cost-effectiveness of PrEP, with use concentrated in periods of condomless sex, accounting for effects on drug resistance. We consider (1) PrEP availability for adolescent girls and young women aged 15-24 years and female sex workers, and (2) availability for everyone aged 15-64 years. Our primary analysis represents a level of PrEP use hypothesized to be attainable by future PrEP programs. Results: In the context of PrEP use in adults aged 15-64 years, there was a predicted 33% reduction in incidence and 36% reduction in women aged 15-24 years. PrEP was cost-effective, including in a range of sensitivity analyses, although with substantially reduced (cost) effectiveness under a policy of ART initiation with efavirenz-rather than dolutegravir-based regimens due to PrEP undermining ART effectiveness by increasing HIV drug resistance. Conclusions: PrEP use concentrated during time periods of condomless sex has the potential to substantively impact HIV incidence and be cost-effective. © 2019 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America.	cost; cost-effectiveness analysis; drug resistance; HIV; individual-based; model; PrEP; South Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Phillips T.R.; Fairley C.K.; Bradshaw C.S.; Hocking J.S.; Choi E.P.H.; Ong J.J.; Tabesh M.; Maddaford K.; Chow E.P.F.	Group sex among men who have sex with men in the era of PrEP: A cross-sectional study	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/qai.0000000000002550	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097249639&doi=10.1097%2fqai.0000000000002550&partnerID=40&md5=42a07b3953daaa9a684bd61e8bd17b32	Background: Group sex has been commonly reported among gay and bisexual men who have sex with men (GBMSM); however, there are limited studies on the factors associated with participating in group sex. Setting: A cross-sectional study among GBMSM attending a sexual health clinic in Melbourne, Australia. Methods: Univariable and multivariable logistic regression were performed to examine the association between GBMSM participating in group sex in the previous 3 months and their demographic characteristics, including age, pre-exposure prophylaxis (PrEP) use, HIV status, any STI (gonorrhea, chlamydia, syphilis) diagnosis on the day, and method of seeking partners. Results: There were 357 GBMSM who participated in the survey and their mean age was 32.9 years (SD = 10.9). Almost a third (n = 115; 32.2%) had participated in group sex in the previous 3 months. GBMSM who sought sex partners at sex on premises venues (SOPVs) aOR 5.83; 95% confidence interval (CI): 3.23 to 10.53 had the highest odds of group sex participation after adjusting for other potential confounders. Compared with GBMSM not living with HIV and not taking PrEP, GBMSM taking PrEP had higher odds of group sex participation (aOR 2.09; 95% CI: 1.05 to 4.15), but GBMSM living with HIV did not (aOR 0.93; 95% CI: 0.23 to 3.68).Recent group sex participation was not associated with being diagnosed with any STI (chlamydia, syphilis, or gonorrhea) on the day in the adjusted analyses. Conclusion: PrEP users and MSM attending SOPVs are more likely to participate in group sex. SOPV could be important venues for future public health campaigns. Copyright © 2020 Wolters Kluwer Health, Inc. All rights reserved.	Australia; GBMSM; GSE; Survey	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2021	Phillips, J Craig; Hidayat, Jufri; Clark, Kristen D; Melisek, Julia; Balthazar, Monique S; Beck, Albert GD; Moore, Scott E	A Review of the State of HIV Nursing Science With Sexual Orientation, Gender Identity/Expression Peoples	Journal of the Association of Nurses in AIDS Care	-	-	1055-3290	https://doi.org/10.1097/jnc.0000000000000250	https://escholarship.org/uc/item/4db24621	AbstractThroughout the HIV pandemic, nurses have contributed to or led approaches to understanding the effects of HIV disease at individual and societal levels. Nurses have advocated for socially just care for more than a century, and our efforts have created a foundation on which to further build the state of HIV nursing science with sexual orientation and gender identity/expression (SOGI) Peoples. Nurses have also participated in the development of approaches to manage HIV disease for and in collaboration with populations directly affected by the disease. Our inclusive approach was guided by an international human rights legal framework to review the state of nursing science in HIV with SOGI Peoples. We identified articles that provide practice guidance (n = 44) and interventions (n = 26) to address the health concerns of SOGI Peoples and our communities. Practice guidance articles were categorized by SOGI group: SOGI People collectively, bisexual, transgender, cisgender lesbian, women who have sex with women, cisgender gay men, and men who have sex with men. Interventions were categorized by societal level (i.e., individual, family, and structural). Our review revealed opportunities for future HIV nursing science and practices that are inclusive of SOGI Peoples. Through integrated collaborative efforts, nurses can help SOGI communities achieve optimal health outcomes that are based on dignity and respect for human rights.	Nursing; Health Sciences; Infectious Diseases; HIV/AIDS; Sexual and Gender Minorities (SGM/LGBT*); Behavioral and Social Science; Infection; Good Health and Well Being; Female; Gender Identity; HIV Infections; Human Rights; Humans; Male; Nurses; Nursing Care; Post-Exposure Prophylaxis; Pre-Exposure Prophylaxis; Sexual Behavior; Sexual and Gender Minorities; human rights; LGBTQ plus; nursing intervention; nursing practices; postexposure prophylaxis; pre-exposure prophylaxis; Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Phongphiew P.; Songtaweesin W.N.; Paiboon N.; Phiphatkhunarnon P.; Srimuan P.; Sowaprux T.; Wongharn P.; Moonwong J.; Kawichai S.; Puthanakit T.	Acceptability of blood-based HIV self-testing among adolescents aged 15–19 years at risk of HIV acquisition in Bangkok	International journal of STD & AIDS	-	-	9564624	10.1177/09564624211003742	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104834638&doi=10.1177%2f09564624211003742&partnerID=40&md5=b29a1cf79e3461a8dbbeecb3d29392a6	Introduction: Young men who have sex with men (YMSM) and young transgender women (YTGW) in Thailand are at high HIV risk. HIV self-tests (HIVSTs) are rapidly administrable and prompt linkage to HIV treatment or prevention services. This study assesses the acceptability and feasibility of blood-based HIVST use in adolescents. Methods: A cross-sectional study was conducted among YMSM and YTGW aged 15–19 years with HIV acquisition risk. Participants completed questionnaires on the HIVST and then administered INSTI® independently, an HIVST immunoassay detecting gp41 and gp36 antibodies from finger-stick blood. Confirmatory HIV antibody tests were performed. Results: Between July and September 2020, 90 adolescents were enrolled. Mean (SD) age was 17.6 (1.1) years. Half (N = 45) were YMSM. Forty-six (51%) were first-time HIV testers, and 32 (36%) had "ever used" HIV pre-exposure prophylaxis (PrEP). Two (2.2%, 95% CI: 0.0–5.3) tested positive, 21 (23.4%) invalid, and 67 (74.4%) negative. Invalidity causes included 17 (81%) insufficient blood, 3 (14%) buffer spillage, and 1 (5%) procedural missteps; all had negative HIV antibody tests. HIV self-test acceptability was 87.8% (95% CI: 81.0–94.5). Most (79%) preferred HIVST performance in hospital rather than at home. Conclusions: HIVSTs are acceptable in HIV at-risk adolescents. Blood-based HIVSTs should be positioned as rapid point-of-care tests with real-time linkage to HIV services. © The Author(s) 2021.	adolescents; HIV self-testing; transgender women; young men who have sex with men	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Mixed methods

Article	2021	Pina P.; Taggart T.; Sanchez Acosta M.; Eweka I.; Muñoz-Laboy M.; Albritton T.	Provider Comfort with Prescribing HIV Pre-Exposure Prophylaxis to Adolescents	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2021.0045	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117892836&doi=10.1089%2fapc.2021.0045&partnerID=40&md5=822eddad72b1a9298aee0dffac14b103	In the United States, Black and Latinx youth remain disproportionately affected by HIV. Oral antiretroviral pre-exposure prophylaxis (PrEP) is a proven effective HIV prevention strategy. PrEP is approved for use in people younger than the age of 18 years, but little is known about provider comfort and preparedness with prescribing it to adolescents. In this study, physicians provide their perspectives on the facilitators and barriers to PrEP access among adolescents. Focus groups (n = 23) were conducted with pediatric and family practitioners practicing in an urban community hospital setting to assess PrEP awareness and receptivity to use among adolescents. Most providers were unfamiliar with clinical guidelines for PrEP use, especially in determining adolescent candidates for PrEP use, including appropriate dosing regimen and follow-up procedures. Overall, providers had low intent on prescribing PrEP, citing concerns about consent, medication adherence, and appropriateness of primary care providers in prescribing and managing adolescent PrEP use. Strategies that will address provider education and comfort in prescribing PrEP to adolescents are required to increase PrEP access and uptake among communities disproportionally affected by HIV. © 2021, Mary Ann Liebert Inc.	adolescent; focus groups; HIV; pre-exposure prophylaxis (PrEP); provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Pintye J.; O'Malley G.; Kinuthia J.; Abuna F.; Escudero J.N.; Mugambi M.; Awuor M.; Dollah A.; Dettinger J.C.; Kohler P.; John-Stewart G.; Beima-Sofie K.	Influences on Early Discontinuation and Persistence of Daily Oral PrEP Use Among Kenyan Adolescent Girls and Young Women: A Qualitative Evaluation From a PrEP Implementation Program	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002587	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102221642&doi=10.1097%2fQAI.0000000000002587&partnerID=40&md5=c7187df337b5d7e7f785ac52a3e86e69	Background:Discontinuation of daily oral pre-exposure prophylaxis (PrEP) is frequent among adolescent girls and young women (AGYW) in African settings. We explored factors influencing early PrEP discontinuation and persistence among Kenyan AGYW who accepted PrEP within a programmatic setting.Methods:We conducted in-depth interviews with AGYW (aged 15-24 years) who accepted PrEP from 4 maternal child health (MCH) and family planning (FP) clinics. AGYW were identified by nurses at routine clinic visits and purposively sampled based on 4 categories: (1) accepted PrEP pills, but never initiated PrEP use (eg, never swallowed PrEP pills), (2) discontinued PrEP <1 month after initiation, (3) discontinued PrEP within 1-3 months, and (4) persisted with PrEP use >3 months. Informed by the Stages of Change Model, thematic analysis characterized key influences on PrEP discontinuation/persistence.Results:We conducted 93 in-depth interviews with AGYW who accepted PrEP pills. Median age was 22 years, 71% were married; 89% were from MCH, and 11% were from FP clinics. Early PrEP use was positively influenced by encouragement from close confidants and effective concealment of PrEP pill-taking when necessary to avoid stigma or negative reactions from partners. Pregnancy helped conceal PrEP use because pill-taking is normalized during pregnancy, but concealment became more difficult postpartum. AGYW found keeping up with daily PrEP pill-taking challenging, and many noted only episodic periods of the HIV risk. Frequently testing HIV-negative reassured AGYW that PrEP was working and motivated persistence.Discussion:As PrEP programs scale-up in MCH/FP, it is increasingly important to enhance protection-effective PrEP use through approaches tailored to AGYW, with special considerations during pregnancy and postpartum. © 2021 Lippincott Williams and Wilkins. All rights reserved.	adolescents; Africa; HIV prevention; pre-exposure prophylaxis; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Piper K.N.; Escoffery C.; Sales J.M.; Sheth A.N.	Models of HIV Pre-Exposure Prophylaxis Care Used in Title X Family Planning Clinics in the Southern U.S.	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2020.10.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85095580808&doi=10.1016%2fj.jadohealth.2020.10.005&partnerID=40&md5=c40791e61ac21d381067912585ce0b6c	Purpose: HIV pre-exposure prophylaxis (PrEP) is underutilized by adolescent and young adult women, especially in the Southern U.S. Family planning (FP) clinics are potentially ideal PrEP delivery sites for adolescent and young adult women, but little is known about their PrEP services. We describe models of PrEP care in Title X FP clinics in the South and explore clinic resources that are needed to facilitate PrEP provision. Methods: Providers and administrators from 38 clinics participated in qualitative interviews. We assessed five steps of PrEP care: (1) HIV risk assessment; (2) PrEP education; (3) laboratory testing; (4) PrEP prescription; and (5) PrEP monitoring. Results: Among 38 clinics, 23 conducted at least one step and were classified into three models. Model 1 (n = 8) and Model 2 (n = 4) clinics provided up to Steps 1 and 2, respectively, but referred to an external PrEP provider. Model 3 clinics (n = 11) conducted all steps. Few barriers were identified for Step 1; using an HIV risk assessment tool was a key facilitator. PrEP educational materials facilitated Step 2; clinics not providing education believed they could easily do so with training and educational resources. Funding- and staff-related resource barriers were noted for Steps 3–5, including costs of laboratory tests and lack of time for longitudinal visits. Conclusions: PrEP-providing publicly funded FP clinics in the Southern U.S. use referral services for many steps of PrEP care, which introduce patient burden. Increasing onsite PrEP services will require addressing concerns related to training, educational materials, cost, and staffing. © 2020 Society for Adolescent Health and Medicine	Adolescents; Family planning; HIV/AIDS; Implementation; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Piper, Kaitlin N; Haardörfer, Regine; Escoffery, Cam; Sheth, Anandi N; Sales, Jessica	Exploring the heterogeneity of factors that may influence implementation of PrEP in family planning clinics: a latent profile analysis.	Implementation Science Communications	-	-	-	-	2662-2211	10.1186/s43058-021-00148-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8097793	BACKGROUND: Title X-funded family planning clinics have been identified as optimal sites for delivery of pre-exposure prophylaxis (PrEP) for HIV prevention. However, PrEP has not been widely integrated into family planning services, especially in the Southern US, and data suggest there may be significant implementation challenges in this setting. Because Title X clinics vary greatly in provider-, organizational-, and systems-level characteristics, there is likely variation in capacity to implement PrEP across clinics. METHODS: We conducted a survey from February to June 2018 among providers and administrators of non-PrEP-providing Title X-funded clinics across 18 southern states. Survey items were designed using the Consolidated Framework for Implementation Research (CFIR) to assess constructs relevant to PrEP implementation. To explore the heterogeneity of CFIR-related implementation determinants and identify distinct sub-groups of Title X clinics, a latent profile analysis was conducted using nine CFIR constructs: complexity, relative advantage, cost, attitudes, implementation climate, compatibility, leadership engagement, available resources, and cosmopolitanism. We then conducted a multi-level analysis (accounting for nesting of participants within clinics) to test whether group membership was associated with readiness for implementation of PrEP, controlling for key sociodemographic characteristics. RESULTS: Four hundred and fourteen providers/administrators from 227 non-PrEP-providing Title X clinics participated in the survey. We identified six sub-groups of clinics that each had distinct patterns of PrEP implementation determinants. Clinic sub-groups included "Highest Capacity for Implementation", "Favorable Conditions for Implementation", "Mixed Implementation Context", "Neutral Implementation Context", "Incompatible Setting for Implementation", and "Resource-Strained Setting". Group membership was related to numerous provider-level (i.e., ability to prescribe medication) and clinic-level (i.e., provision of primary care) characteristics. In comparison to the "Neutral" group (which held neutral perceptions across the implementation determinants), the "Highest Capacity" and "Favorable Conditions" groups had significantly higher levels of implementation readiness, and the "Resource-Strained" group had a significantly lower level of implementation readiness. CONCLUSIONS: Latent profile analyses can help researchers understand how implementation readiness varies across healthcare settings, promoting tailoring of implementation strategies to unique contexts.	Consolidated Framework for Implementation Research; Family planning; HIV/AIDS; Implementation science; Latent profile analysis; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Piper, KN; Escoffery, C; Sales, JM; Sheth, AN	Original Models of HIV Pre-Exposure Prophylaxis Care Used in Title X Family Planning Clinics in the Southern US	Journal of Adolescent Health	-	-	-	-	1054-139X	10.1016/j.jadohealth.2020.10.005	https://pubmed.ncbi.nlm.nih.gov/33160826/	Purpose: HIV pre-exposure prophylaxis (PrEP) is underutilized by adolescent and young adult women, especially in the Southern U.S. Family planning (FP) clinics are potentially ideal PrEP delivery sites for adolescent and young adult women, but little is known about their PrEP services. We describe models of PrEP care in Title X FP clinics in the South and explore clinic resources that are needed to facilitate PrEP provision. Methods: Providers and administrators from 38 clinics participated in qualitative interviews. We assessed five steps of PrEP care: (1) HIV risk assessment; (2) PrEP education; (3) laboratory testing; (4) PrEP prescription; and (5) PrEP monitoring. Results: Among 38 clinics, 23 conducted at least one step and were classified into three models. Model 1 (n = 8) and Model 2 (n = 4) clinics provided up to Steps 1 and 2, respectively, but referred to an external PrEP provider. Model 3 clinics (n = 11) conducted all steps. Few barriers were identified for Step 1; using an HIV risk assessment tool was a key facilitator. PrEP educational materials facilitated Step 2; clinics not providing education believed they could easily do so with training and educational resources. Fundingand staff-related resource barriers were noted for Steps 3-5, including costs of laboratory tests and lack of time for longitudinal visits. Conclusions: PrEP-providing publicly funded FP clinics in the Southern U.S. use referral services for many steps of PrEP care, which introduce patient burden. Increasing onsite PrEP services will require addressing concerns related to training, educational materials, cost, and staffing. (C) 2020 Society for Adolescent Health and Medicine. All rights reserved.	HIV/AIDS; PrEP; Implementation; Adolescents; Family planning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Pitasi M.A.; Beer L.; Cha S.; Lyons S.J.; Hernandez A.L.; Prejean J.; Valleroy L.A.; Crim S.M.; Trujillo L.; Hardman D.; Painter E.M.; Petty J.; Mermin J.H.; Daskalakis D.C.; Hall H.I.	Vital Signs: HIV Infection, Diagnosis, Treatment, and Prevention among Gay, Bisexual, and Other Men Who Have Sex with Men - United States, 2010-2019	MMWR Recommendations and Reports	-	-	-	-	1492195	10.15585/MMWR.MM7048E1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121849188&doi=10.15585%2fMMWR.MM7048E1&partnerID=40&md5=19213425a8388674dee7d2706532b93d	Background. Men who have sex with men (MSM) accounted for two thirds of new HIV infections in the United States in 2019 despite representing approximately 2% of the adult population. Methods. CDC analyzed surveillance data to determine trends in estimated new HIV infections and to assess measures of undiagnosed infection and HIV prevention and treatment services including HIV testing, preexposure prophylaxis (PrEP) use, antiretroviral therapy (ART) adherence, and viral suppression, as well as HIV-related stigma. Results. The estimated number of new HIV infections among MSM was 25,100 in 2010 and 23,100 in 2019. New infections decreased significantly among White MSM but did not decrease among Black or African American (Black) MSM and Hispanic/Latino MSM. New infections increased among MSM aged 25-34 years. During 2019, approximately 83% of Black MSM and 80% of Hispanic/Latino MSM compared with 90% of White MSM with HIV had received an HIV diagnosis. The lowest percentage of diagnosed infection was among MSM aged 13-24 years (55%). Among MSM with a likely PrEP indication, discussions about PrEP with a provider and PrEP use were lower among Black MSM (47% and 27%, respectively) and Hispanic/Latino MSM (45% and 31%) than among White MSM (59% and 42%). Among MSM with an HIV diagnosis, adherence to ART and viral suppression were lower among Black MSM (48% and 62%, respectively) and Hispanic/Latino MSM (59% and 67%) compared with White MSM (64% and 74%). Experiences of HIV-related stigma among those with an HIV diagnosis were higher among Black MSM (median = 33; scale = 0-100) and Hispanic/Latino MSM (32) compared with White MSM (26). MSM aged 18-24 years had the lowest adherence to ART (45%) and the highest median stigma score (39). Conclusion. Improving access to and use of HIV services for MSM, especially Black MSM, Hispanic/Latino MSM, and younger MSM, and addressing social determinants of health, such as HIV-related stigma, that contribute to unequal outcomes will be essential to end the HIV epidemic in the United States. © 2021 Department of Health and Human Services. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Platt, Laura; Shebl, Fatma M; Qian, Yiqi; Bunda, Bridget; Ard, Kevin L; Bassett, Ingrid V	Urban Sexual Health Clinic Patients With "Undetermined Risk" for HIV Are Less Likely to Receive Preexposure Prophylaxis.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001460	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8505145	BACKGROUND: New diagnoses of HIV increasingly occur among people who fall outside traditional transmission risk categories. This group remains poorly defined, and HIV prevention efforts for this group lag behind efforts for patients in other risk groups. METHODS: We conducted a retrospective review of patient visits at sexual health clinics in Boston, MA, over a 14-month period. Patients were classified into Centers for Disease Control and Prevention-defined HIV transmission risk categories. We compared frequencies of sexually transmitted infections (STIs), HIV, preexposure prophylaxis (PrEP) indications, and PrEP prescriptions. Predictors of HIV or STI among patients in the undetermined risk category were assessed with logistic regression. RESULTS: There were 4723 clinic visits during the study period. Patients in the undetermined risk group constituted the largest proportion (55.8%), followed by men who have sex with men (MSM; 42.7%). The proportion of visits by patients in the undetermined risk group with an indication for PrEP was low (28.0%) compared with MSM (91.3%) and MSM who also inject drugs (93.8%); however, the absolute number was high (737). Among patients with an indication for PrEP, those in the undetermined risk group were least likely to receive a prescription. Behavioral risk factors were poorly predictive of STI or HIV among patients in the undetermined risk group. CONCLUSIONS: Patients with undetermined risk for HIV constituted a large proportion of clinic visits and had a large volume of sexual health needs but rarely received PrEP when indicated. To end the HIV epidemic in the United States, prevention efforts must include people who fall outside traditional risk categories.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Pleaner M.; Fipaza Z.; Mabetha K.; Greener L.; Ncube S.; Butler V.; Beksinska M.; Mullick S.	Uptake of Contraception Among Adolescent Girls and Young Women PrEP Clients: Leveraging the Opportunity to Strengthen HIV and Sexual and Reproductive Health Integration	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.684114	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147005405&doi=10.3389%2ffrph.2021.684114&partnerID=40&md5=6a53aeb3e15ab7cf96d656fd55d096e9	The introduction of oral pre-exposure prophylaxis (PrEP) for HIV prevention was a major breakthrough in South Africa (SA). While the initial introduction focused on issues such as the development and implementation of new guidelines, supply, and the development of demand creation strategies, the need to integrate PrEP services with sexual and reproductive health (SRH) services has gained traction both globally and locally. Project PrEP was implemented in eight healthcare facilities and four mobile clinics in three provinces in SA. Using monitoring data from across the four project clusters, and 4,949 clients, over a 21-month period, we conducted an analysis of baseline routine monitoring data to examine contraceptive uptake in adolescent girls and young women (AGYW) initiating PrEP at project sites. Two-thirds of women (62.3%, n = 3,083) reported the current use of contraception at baseline, with the most commonly used methods being hormonal injectables (61.9%, n = 1,829) and male condoms (19.4%, n = 575). A third (32.3%, n = 603) of the non-contraceptive users accepted a method at PrEP initiation. From a total of 1,007 (32.7%) current contraceptive users at baseline, 865 (85.9%) chose the same or a differentmethod at this visit. Themethod uptake at PrEP initiation increased the overall contraceptive prevalence by 12.2 to 74.5%. Data indicated that over a third (38.8%, n = 725) who were not using a method at baseline described themselves as consistent condom users. Although a major focus of the project was on PrEP service provision, all women were counseled and offered contraceptive services. The acceptance of a method by a third of non-users was promising; however, more understanding of those who did not take up a method is required. The need to leverage opportunities for the promotion of the integration of HIV and family planning at all levels of PrEP provision was highlighted. © 2021 Pleaner, Fipaza, Mabetha, Greener, Ncube, Butler, Beksinska and Mullick.	adolescent girls and young women; contraception; HIV prevention; integration; pre-exposure prophylaxis; sexual and reproductive health; South Africa	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Plomer A.-S.; McCool-Myers M.; Apfelbacher C.	Exploring real-world experiences of early PrEP adopters in southern Germany	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2021.1876835	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099837952&doi=10.1080%2f09540121.2021.1876835&partnerID=40&md5=4c95006a88c640e69a3e0a9ed7eca46b	Germany authorized reimbursement for PrEP and established PrEP provider training in 2019, much later than its Western European counterparts. Understanding the lived experiences of early adopters of PrEP could inform the ramp-up phase of PrEP implementation in Germany. The purpose of this study was to explore the experience of southern German men who started PrEP prior to 2019. In Spring 2018, we conducted 13 in-depth interviews with men who have sex with men (MSM) regarding PrEP initiation, adoption and routine care. Transcripts were transcribed, translated, validated, then analysed using thematic content analysis. Participants started PrEP in 2017–2018. They described the security that PrEP provided and the ability to enjoy their sex lives more fully. Some raised concerns about side effects and the lack of long-term data. Users valued a non-judgmental relationship with their providers. Users' aspirations for future HIV prevention included: prescription-free PrEP, decreased dosing frequency, and telemedicine consultations. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	Germany; HIV prevention; pre-exposure prophylaxis; qualitative; users	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2021	Pollock L.; Warren M.; Levison J.	Missed Opportunities for HIV Prevention in Perinatal Care Settings in the United States	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2021.680046	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152905734&doi=10.3389%2ffrph.2021.680046&partnerID=40&md5=f5e9eb60cafd7eab7e4ac310d7e0f049	Universal opt-out HIV screening in pregnancy is an essential intervention toward eliminating perinatal HIV transmission in the US. However, it fails to identify pregnant people who are HIV negative at the time of testing but are at ongoing risk for HIV acquisition. Those of us involved in caring for women living with HIV are acutely aware of the many diagnoses of HIV that might have been prevented if only a partner had been tested for HIV or preexposure prophylaxis (PrEP) had been offered to a patient. This perspective article will review current recommendations and evidence-based interventions to evaluate missed opportunities for HIV prevention in US perinatal care settings. We identified three barriers to implementation of HIV prevention strategies during pregnancy and breastfeeding: (1) HIV risk for women is underestimated and poorly defined in clinical practice; (2) Partner testing is challenging and implementation studies in the US are lacking; and (3) PrEP remains underutilized. In March 2020, the National Perinatal HIV Hotline convened a group of clinicians and researchers specializing in perinatal HIV care to a case-based discussion of missed opportunities in perinatal HIV prevention. Fromour review of the literature via PubMed search as well as expert opinions gathered in this discussion, we make recommendations for addressing these barriers. © 2021 Pollock, Warren and Levison.	breastfeeding; hiv prevention; HIV self-testing; partner testing; pre-exposure prophylaxis; pregnancy	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Pons-Faudoa, Fernanda P; Sizovs, Antons; Shelton, Kathryn A; Momin, Zoha; Niles, Jean A; Bushman, Lane R; Xu, Jiaqiong; Chua, Corrine Ying Xuan; Nichols, Joan E; Demaria, Sandra; Ittmann, Michael M; Hawkins, Trevor; Rooney, James F; Marzinke, Mark A; Kimata, Jason T; Anderson, Peter L; Nehete, Pramod N; Arduino, Roberto C; Ferrari, Mauro; Sastry, K Jagannadha; Grattoni, Alessandro	Preventive Efficacy of a Tenofovir Alafenamide Fumarate Nanofluidic Implant in SHIV-Challenged Nonhuman Primates	Advanced Therapeutics	-	-	-	-	23663987	10.1002/adtp.202000163	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103140970&doi=10.1002%2fadtp.202000163&partnerID=40&md5=81e44dadd0955fbbab84bd2b8c0f4602	Pre-exposure prophylaxis (PrEP) using antiretroviral oral drugs is effective at preventing human immunodeficiency virus (HIV) transmission when individuals adhere to the dosing regimen. Tenofovir alafenamide (TAF) is a potent antiretroviral drug, with numerous long-acting (LA) delivery systems under development to improve PrEP adherence. However, none has undergone preventive efficacy assessment. Here it is shown that LA TAF using a novel subcutaneous nanofluidic implant (nTAF) confers partial protection from HIV transmission. It is demonstrated that sustained subcutaneous delivery through nTAF in rhesus macaques maintains tenofovir diphosphate concentration at a median of 390 fmol per 106 peripheral blood mononuclear cells, nine times above clinically protective levels. In a non-blinded, placebo-controlled rhesus macaque study with repeated low-dose rectal simian HIVSF162P3 (SHIVSF162P3) challenge, the nTAF cohort has a 62.50% reduction (95% CI: 1.72–85.69%; p = 0.068) in risk of infection per exposure compared to the control. This finding mirrors that of tenofovir disoproxil fumarate (TDF) monotherapy, where 60% protective efficacy is observed in macaques, and clinically, 67% reduction in risk with 86% preventive efficacy in individuals with detectable drug in the plasma. Overall, this nanofluidic technology shows potential as a subcutaneous delivery platform for long-term PrEP and provides insights for clinical implementation of LA TAF for HIV prevention. © 2020 The Authors. Advanced Therapeutics published by Wiley-VCH GmbH	drug delivery; HIV pre-exposure prophylaxis; implantable devices; nanofluidics; tenofovir alafenamide	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Popovic, Nashira; Yang, Qiuying; Archibald, Chris	Trends in HIV pre-exposure prophylaxis use in eight Canadian provinces, 2014-2018.	Canada Communicable Disease Report	-	-	-	-	1188-4169	10.14745/ccdr.v47i56a02	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8219062	INTRODUCTION: : Canada has endorsed the Joint United National Programme on HIV and AIDS global targets to end the acquired immunodeficiency syndrome (AIDS) epidemic, including reducing new human immunodeficiency virus (HIV) infections to zero, by 2030. Given the effectiveness of pre-exposure prophylaxis (PrEP) to prevent new infections, it is important to measure and report on PrEP utilization to help inform planning for HIV prevention programs and policies. METHODS: : Annual estimates of persons using PrEP in Canada were generated for 2014-2018 from IQVIA's geographical prescription monitor dataset. An algorithm was used to distinguish users of tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for PrEP versus treatment or post-exposure prophylaxis. We provide the estimated number of people using PrEP in eight Canadian provinces by sex, age group, prescriber specialty and payment type. RESULTS: : The estimated number of PrEP users increased dramatically over the five-year study period, showing a 21-fold increase from 460 in 2014 to 9,657 in 2018. Estimated PrEP prevalence was 416 users per million persons across the eight provinces in 2018. Almost all PrEP users were male. Use increased in both sexes, but increase was greater for males (23-fold) than females (five-fold). Use increased across all provinces, although there were jurisdictional differences in the prevalence of use, age distribution and prescriber types. CONCLUSION: : The PrEP use in Canada increased from 2014 to 2018, demonstrating increased awareness and uptake of its use for preventing HIV transmission. However, there was uneven uptake by age, sex and geography. Since new HIV infections continue to occur in Canada, it will be important to further refine the use of PrEP, as populations at higher risk of HIV infection need to be offered PrEP as part of comprehensive sexual healthcare.	Canada; Keywords: HIV; pre-exposure prophylaxis; prevention	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Poteat, Tonia; Cooney, Erin; Malik, Mannat; Restar, Arjee; Dangerfield, Derek T; White, Jordan	HIV Prevention Among Cisgender Men Who have Sex with Transgender Women.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03194-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8222096	Cisgender men who have sex with transgender women face elevated risk for HIV, yet are understudied in prevention research. We conducted in-depth interviews with 19 men who have sex with transgender women in Baltimore, Maryland and Atlanta, Georgia to explore perspectives on HIV prevention. Participants used several strategies to reduce HIV risk: condoms, frequent HIV testing, communication about HIV status with partners, and limiting the types of sex acts performed. While condom use was inconsistent, it was preferred over pre-exposure prophylaxis, in part due to medical distrust. HIV self-testing was generally viewed unfavorably. Although most participants were referred to the study by their transgender women partners, they recommended reaching other men who have sex with transgender women in bars, nightclubs, online, and through social media. HIV prevention interventions should be inclusive of the needs and experiences of men who have sex with transgender women.	HIV self-testing, HIV pre-exposure prophylaxis, Black men, sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Powell, Laura; Dhummakupt, Adit; Siems, Lilly; Singh, Dolly; Le Duff, Yann; Uprety, Priyanka; Jennings, Cheryl; Szewczyk, Joseph; Chen, Ya; Nastouli, Eleni; Persaud, Deborah	Clinical validation of a quantitative HIV-1 DNA droplet digital PCR assay: Applications for detecting occult HIV-1 infection and monitoring cell-associated HIV-1 dynamics across different subtypes in HIV-1 prevention and cure trials.	Journal of Clinical Virology	-	-	-	-	1873-5967	10.1016/j.jcv.2021.104822	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8212401	BACKGROUND: In HIV-1-exposed infants, nucleic acid testing (NAT) is required to diagnose infection since passively transferred maternal antibodies preclude antibody testing. The sensitivity of clinical NAT assays is lowered with infant antiretroviral prophylaxis and, with empiric very early antiretroviral treatment of high-risk infants, thereby impacting early infant diagnosis. Similarly, adult HIV-1 infections acquired under pre-exposure prophylaxis may occur at low levels, with undetectable plasma viremia and indeterminate antibody tests, for which HIV-1 DNA testing maybe a useful adjunct. Cell-associated HIV-1 DNA concentrations are also used to monitor HIV-1 persistence in viral reservoirs with relevance to HIV-1 cure therapeutics, particularly in perinatal infections. OBJECTIVES: We clinically validated an HIV-1 DNA quantitative assay using droplet digital PCR (ddPCR), across different HIV-1 subtypes. STUDY DESIGN: The analytical sensitivity and specificity of an HIV-1 DNA ddPCR assay was determined using serial dilutions of a plasmid containing HIV-1 LTR-gag spiked into peripheral blood mononuclear cells (PBMCs), with MOLT-4 cells or PBMCs infected with different HIV-1 subtypes (A, B and C), and U1 cells spiked into PBMCs. Inter- and intra-run variability were used to determine assay precision. RESULTS: The HIV-1 LTR-gag ddPCR assay was reliable and reproducible, and exhibited high analytical specificity with sensitivity to near single copy level, across multiple HIV-1 subtypes, and a limit of detection of 4.09 copies/million PBMCs. CONCLUSIONS: This assay has applications for detecting occult HIV-1-infection in the setting of combination and long-acting regimens used for HIV-1 prevention, across different HIV-1 subtypes, in infants and adults, and in HIV-1 cure interventions.	HIV-1, ddPCR, methods	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Powers S.D.; Rogawski McQuade E.T.; Killelea A.; Horn T.; McManus K.A.	Worsening Disparities in State-Level Uptake of Human Immunodeficiency Virus Preexposure Prophylaxis, 2014-2018	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofab293	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110766872&doi=10.1093%2fofid%2fofab293&partnerID=40&md5=a06079c72eb1efa874f60cbd0bdd2728	Retrospective analysis of human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) use among individuals with PrEP indications demonstrates worsening disparities in uptake between early- and late-adopting states from 2014 to 2018. To end the HIV epidemic, federal and state governments must close gaps by translating successful policies from early-adopting states to late-adopting states. © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	health equity; healthcare disparities; HIV preexposure prophylaxis; HIV prevention; PrEP; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Przybyla S.; Fillo J.; Kamper-DeMarco K.; Bleasdale J.; Parks K.; Klasko-Foster L.; Morse D.	HIV pre-exposure prophylaxis (PrEP) knowledge, familiarity, and attitudes among United States healthcare professional students: A cross-sectional study	Preventive Medicine Reports	-	-	-	-	22113355	10.1016/j.pmedr.2021.101334	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101688987&doi=10.1016%2fj.pmedr.2021.101334&partnerID=40&md5=e6db1cef14f82d105435ab739db02e15	The United States' initiative to End the HIV Epidemic by 2030 includes a primary goal to reduce new HIV infections by 90 percent. One key contributor to this plan is HIV pre-exposure prophylaxis (PrEP). While knowledge and acceptance of PrEP among clinicians is growing, few studies have assessed knowledge and awareness among future healthcare professionals in academic training programs. The present study aimed to assess and compare healthcare trainees' awareness, knowledge, and familiarity with PrEP prescribing guidelines to better understand and prevent gaps in academic training regarding PrEP. A cross-sectional web-based survey of medical, nurse practitioner, and pharmacy students enrolled at two universities was conducted between October 2017 and January 2018. The study assessed participants' awareness, knowledge, and familiarity with PrEP prescribing guidelines and willingness to prescribe PrEP and refer to another healthcare provider. The survey was completed by 744 participants (response rate = 36.2%). Overall, PrEP awareness was high though PrEP knowledge was low. There were significant differences among student groups in domains of interest. Pharmacy students had the greatest PrEP knowledge, awareness, and familiarity with prescribing guidelines. However, medical students reported the greatest comfort with performing PrEP-related clinical activities and willingness to refer a candidate to another provider. Study findings enhance our understanding of healthcare professional students' perspectives of PrEP as a biomedical prevention strategy for HIV. The gaps in students' knowledge offer opportunities for the development of educational strategies to support HIV prevention among future healthcare professionals. © 2021 The Authors	Education; HIV prevention; HIV/AIDS; Pre-exposure prophylaxis; Students	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Pyra, M; Rusie, L; Blum, C; Irby, S; Ridgway, J	HIV Pre-exposure Prophylaxis Use and Persistence among Black Ciswomen: "Women Need to Protect Themselves, Period"	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1007/s40615-021-01020-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7968858/	Background: Disparities in HIV incidence and PrEP use among Black ciswomen remain. We examine factors associated with PrEP persistence using mixed methods. Setting: Black ciswomen in Chicago, IL, prescribed PrEP at a federally qualified health center (FQHC). Methods: We used electronic health data to determine PrEP persistence (Proportion of Days Covered ≥86% at 6 months) and tested demographic and clinical factors in logistic regressions. We interviewed eight Black ciswomen, purposefully selected by PrEP persistence. Results Among 112 Black ciswomen, 18% were persistent. In adjusted models, neighborhood, visit reason (at initiation), and initiation year were significantly associated with persistence. Qualitatively, we found little evidence of cost or adherence as barriers; participants reported low community awareness, importance of providers, and concerns around stigma, side effects, and pregnancy while using PrEP. Conclusion: While persistence among Black ciswomen was low, patients were often making decisions based on perceived HIV risk. We identified real-world barriers to address in future interventions.	Black; Ciswomen; HIV PrEP; Mixed methods.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Pyra, Maria; Rusie, Laura; Houlberg, Magda; Balthazar, Christopher; Montgomery, Jerome; Hotton, Anna; Yang, Wenho; Betanzos, Mateo; Green, Maya; Schneider, John	COVID-19 Testing Results by HIV Status, March-July 2020, Chicago, USA.	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofab053	https://academic.oup.com/ofid/article/8/7/ofab053/6126020	The role of HIV in coronavirus disease 2019 acquisition is not yet understood. Among 1862 patients, including 349 people with HIV-with most of these being virally suppressed and 308 having recently used pre-exposure prophylaxis-we compared rates of positive polymerase chain reaction results. Positivity was higher among people with HIV (10.6%) compared with HIV-negative patients (7.1%) but was not significant in adjusted models.	HIV; PrEP; race; COVID-19	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Qin F.; Liang B.; Liang H.; Abdullah A.S.; Huang H.; Huang J.; Zhou B.; Ning C.; Liao Y.; Yang Y.; Liu H.; Yu J.; Lai J.; Wei W.; Liu X.; Jiang J.; Ye L.	High HIV prevalence, low awareness of and willingness to use HIV pre-exposure prophylaxis among male migrant workers in Southwestern, China: a short report	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2021.1877249	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100274913&doi=10.1080%2f09540121.2021.1877249&partnerID=40&md5=1d89f932c699c379da2f6d7661d2f647	Little is known about pre-exposure prophylaxis (PrEP) awareness and willingness among male rural-to-urban migrant workers, a high-risk population of HIV infection and transmission in China. The aim of this study was to assess the awareness of and willingness to use PrEP among this vulnerable population in two cities in Guangxi Zhuang autonomous region, a province in southwestern China. A cross-sectional survey was conducted among male rural-to-urban migrant workers in Guangxi province, during June to August, 2015. Multivariable logistic regression analysis was used to examine the factors related to PrEP acceptance. Among 669 male rural-to-urban migrant workers surveyed, the HIV prevalence was 1.79%. Among the 657 HIV-negative participants, 23.0% had heard of PrEP, 1.2% had used PrEP, and 64.7% were willing to use PrEP. Being afraid of HIV/AIDS (OR = 2.08, 95%CI: 1.04–4.19) and willing to have an HIV test (OR = 3.74, 95%CI: 1.64–8.52) were associated with willingness to use PrEP. The findings suggest that among male migrant workers in Southwestern China, the awareness of and willingness to use PrEP were relatively low. Given the fact that the HIV prevalence was high among this population, more educational campaigns about PrEP and targeted interventions are necessary for this high-risk population in Guangxi. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	AIDS; HIV; male rural-to-urban migrant workers; Pre-exposure prophylaxis; willingness	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Qiu J.; Chen S.; Yang Q.; He J.; Gu J.; Li J.; Xu H.; Cheng W.; Liu H.; Hao C.; Hao Y.	Association between relationship characteristics and willingness to use PrEP among same-sex male couples: a cross-sectional actor-partner analysis in Guangzhou, China	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462420953007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101036056&doi=10.1177%2f0956462420953007&partnerID=40&md5=c7e733f092ccb68b35f4b1a5ad04ed2c	The association between relationship characteristics and pre-exposure prophylaxis (PrEP) acceptability among same-sex male couples has been limitedly examined. Dyadic survey data of 139 concordant HIV-negative same-sex male couples in Guangzhou, China were collected. The willingness to use PrEP was measured assuming that the participant's partner was HIV-positive. The actor–partner interdependence model was used to examine how one's relationship characteristics affected the PrEP willingness of the subject and his partner. Most participants (79.5%) were willing to use PrEP. The two individuals of the couple were distinguished by sex role in relationship, namely one usually playing the insertive role and the other usually playing the receptive role in anal intercourse. The former was labeled as "top" and the latter labeled as "bottom". The PrEP willingness of the top partner increased when he would think his partner is having sex with other people if the partner requests condom use in relationship (AOR: 5.74, 95% CI: 1.10–29.87), and decreased when his partner would get violent upon condom use requests in relationship (AOR: 0.19, 95% CI: 0.04–0.88). The PrEP willingness of the bottom partner increased when he trusted his partner (AOR: 1.13, 95% CI: 1.02–1.25) and when he or his partner disclosed the relationship to parents (AOR: 10.57, 95% CI: 1.91–58.61). Considering the sex role and relationship characteristics in couple-based interventions are important to optimize PrEP uptake among HIV-discordant same-sex male couples. © The Author(s) 2021.	actor–partner interdependence model; dyadic data; Men who have sex with men; pre-exposure prophylaxis; relationship characteristics	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Quaife, Matthew; Terris-Prestholt, Fern; Mukandavire, Zindoga; Vickerman, Peter	Modelling the effect of market forces on the impact of introducing human immunodeficiency virus pre-exposure prophylaxis among female sex workers	Health Economics	-	-	-	-	10579230	10.1002/hec.4211	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098270901&doi=10.1002%2fhec.4211&partnerID=40&md5=d8a88df5bd181de8d12022ab8040376c	Pre-exposure prophylaxis (PrEP) to prevent human immunodeficiency virus (HIV) enables female sex workers (FSWs) to protect themselves from HIV without relying on clients using condoms. Yet, because PrEP reduces HIV risk, financial incentives to not use condoms may lead to risk compensation: reductions in condom use and/or increases in commercial sex, and may reduce the price of unprotected sex. In this analysis, we integrate market forces into a dynamic HIV transmission model to assess how risk compensation could change the impact of PrEP among FSWs and clients. We parameterise how sexual behavior may change with PrEP use among FSWs using stated preference data combined with economic theory. Our projections suggest the impact of PrEP is sensitive to risk compensatory behaviors driven by changes in the economics of sex work. Condom substitution could reduce the impact of PrEP on HIV incidence by 55%, while increases in the frequency of commercial sex to counter decreases in the price charged for unprotected sex among PrEP users could entirely mitigate the impact of PrEP. Accounting for competition between PrEP users and nonusers exacerbates this further. Alternative scenarios where increases in unprotected sex among PrEP users are balanced by decreases in non-PrEP users have the opposite effect, resulting in PrEP having much greater impact. Intervention studies need to determine how HIV prevention products may change the economics of sex work and provision of unprotected sex to enable a better understanding of their impact. © 2020 The Authors. Health Economics published by John Wiley & Sons Ltd.	economics of sex work; HIV prevention; pre-exposure prophylaxis; South Africa; transmission model	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Quirke S.; Quinn L.; Hegarty D.; Loy A.; Lyons F.; Mulcahy F.; Devitt E.	Virtual HIV pre-exposure prophylaxis outpatient service in the era of COVID-19	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/0956462420961951	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85092672642&doi=10.1177%2f0956462420961951&partnerID=40&md5=9ecf1597941d543fe082137ad568aaa6	In the midst of the COVID-19 pandemic, health care providers have had to rapidly change how they deliver care to patients. We discuss how we are delivering a virtual HIV pre-exposure prophylaxis (PrEP) service during this time; challenges faced; challenges expected and goals for the coming months. © The Author(s) 2020.	Human immunodeficiency virus; antiretroviral therapy; prevention.	English	United Kingdom	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Clinical
Article	2021	Radix A.; Vail R.	Pre-exposure Prophylaxis in LGBT Communities	Primary Care - Clinics in Office Practice	-	-	-	-	954543	10.1016/j.pop.2021.02.004	https://pubmed.ncbi.nlm.nih.gov/33985706/	Gay, bisexual and other men who have sex with men (MSM) and transgender individuals face the highest burden of human immunodeficiency virus (HIV) infection. HIV pre-exposure prophylaxis (PrEP) is an effective evidence-based biomedical intervention to reduce acquisition of HIV infection but uptake has been suboptimal in lesbian, gay, bisexual, and transgender (LGBT) populations. Primary care providers play an integral role in addressing HIV disparities by educating patients and facilitating access to PrEP. After PrEP initiation, primary care providers should assess for and manage adverse effects, provide appropriate laboratory monitoring, support adherence, and assist patients with access to low-cost or free PrEP options if needed.	Biomedical intervention; HIV prevention; LGBT; MSM; PrEP; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Rael C.T.; Das D.; Bauermeister J.; Lentz C.; Carballo-Diéguez A.; Giguere R.; Scott R.K.; Hendrix C.W.	Understanding Women's Vaginal Douching Behaviors and Practices for Consideration in the Development of a Potential Future Vaginal Microbicide Douche for HIV Prevention: A Systematic Review of the Literature	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03290-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105863626&doi=10.1007%2fs10461-021-03290-0&partnerID=40&md5=93acaf8c2d2b5df0c33787e974b28e9e	Despite clinicians consistently advising against vaginal douching, 29–92% of women worldwide report douching. This review documents women's douching practices, motivations for douching, and specific associations (or absence of associations) between vaginal douche use and vaginal outcomes thought to be associated with douching. Understanding women's existing douching behaviors and vaginal health outcomes is critical for developing a safe vaginal microbicide douche that can be used as HIV pre-exposure prophylaxis (PrEP). A vaginal douche as PrEP could help prevent new HIV infections, since emerging evidence shows some women discontinue oral PrEP. We performed a systematic review of the literature using the guidelines for Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Articles included in the analysis (N = 48) were published 2009–2019 in English and focused on women's experiences with douching. Two trained independent reviewers assessed these articles for content on vaginal douching, including racial/ethnic focus of studies, study design, sampling, women's reasons for douching, contents of douche solutions, and associations between vaginal douching and vaginal health outcomes. Several studies focused on Black women (N = 12 studies) or had no racial/ethnic focus (N = 12). Just over half of all studies (N = 24) were cross-sectional and involved a self-reported questionnaire and lab samples. Studies sampled women from health clinics where they were (N = 13) or were not (N = 14) presenting for vaginal health complaints. Women's primary motivation for douching was for "general cleanliness" (N = 13), and most douche solutions contained water (N = 12). There was little empirical agreement between vaginal douche use and most vaginal health outcomes. Future studies of PrEP vaginal douches should be well controlled and prioritize safety to ensure positive vaginal health outcomes. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Behaviorally congruent; Microbicides; Topical HIV prevention; Topical PrEP; Vaginal microbicide douche	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Rael, Christine Tagliaferri; Lopez-Rios, Javier; McKenna, Stacey A; Das Doyel; Dolezal, Curtis; Abascal Elena; Carballo-Diéguez, Alex; Schnall, Rebecca; Hope, Thomas J; Bauermeister José; Bockting, Walter	Transgender Women's Barriers, Facilitators, and Preferences on Tailored Injection Delivery Strategies to Administer Long-Acting Injectable Cabotegravir (CAB-LA) for HIV Pre-exposure Prophylaxis (PrEP)	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03357-y	https://www.proquest.com/scholarly-journals/transgender-women-s-barriers-facilitators/docview/2598833882/se-2?accountid=8113	Long-acting injectable cabotegravir (CAB-LA) is in advanced stages of clinical trials. Under the standard protocol, CAB-LA is injected into the gluteal muscle by a healthcare provider every eight weeks. To explore transgender women's barriers and facilitators to tailored delivery strategies—including self-injection and injection in "drop-in" centers—we completed in-depth interviews with N = 15 transgender women in New York City. Participants endorsed the alternative delivery methods and the corresponding features we proposed, and expressed likes and dislikes about each. These fell into the following categories: competence (e.g., the person delivering CAB-LA must have skills to do so), convenience (e.g., CAB-LA must be easy to obtain), and privacy or fear of judgement (e.g., participants did not want to feel judged for using CAB-LA by providers or other service consumers). Findings suggest the need to offer CAB-LA to transgender women through multiple delivery protocols.	Women; Injections; Pre-exposure prophylaxis; PrEP; Antiretroviral drugs; Psychology; Cabotegravir; Transgender persons; Disease prevention; Health services; Prophylaxis; Injection; Health behavior; Privacy; Transgender women; Clinical trials; Injectable cabotegravir; Long-acting cabotegravir; Delivery; Human immunodeficiency virus--HIV; Womens health; Health care industry; Consumers; Muscles	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Ragonetti T.; Coleman T.; Travers R.; Tran B.; Coulombe S.; Wilson C.; Woodford M.R.; Davis C.; Cameron R.	Factors associated with interest in and knowledge of preexposure prophylaxis (PrEP) among gay, bisexual, and other men who have sex with men (GBMSM) in the Region of Waterloo, Ontario, Canada: Insights from the outlook study	Canadian Journal of Human Sexuality	-	-	-	-	11884517	10.3138/CJHS.2019-0060	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098774161&doi=10.3138%2fCJHS.2019-0060&partnerID=40&md5=c6f7e31d1b97ed1c5174e254754b0aca	Pre-exposure prophylaxis (PrEP) is an effective HIV-prevention tool for gay, bisexual, and other men who have sex with men (GBMSM), a group known to be disproportionately affected by HIV/AIDS. We aimed to identify sociodemographic, psychosocial, and health factors associated with awareness of PrEP or interest in PrEP among GBMSM in a mid-sized Canadian city, where PrEP availability is arguably more scarce compared to larger metropolitan regions. The OutLook Study was a comprehensive online survey of LGBTQ health and well-being that collected data from sexual minorities aged 16+ in the Region of Waterloo, Ontario, Canada. Participants were cisgender MSM with an unknown or negative HIV status (n = 203). Bivariate logistic regression was performed to analyze factors associated with both awareness of PrEP and interest in PrEP. Multivariate logistic regression explored sexual behaviours in the past 12 months while controlling for sociodemographic and psychosocial variables. Increasing number of sexual partners (OR: 1.10; 95% CI: 1.03-1.53) was significantly associated with interest in PrEP and lifetime experiences of homophobia remained significant from the bivariate model (ORs ranged from 1.11-1.12). Since GBMSM with low educational attainment were shown to have less knowledge about PrEP, educational campaigns could be targeted in high schools rather than colleges, universities, and trade schools. Prevention initiatives should be aimed at places where single or non-monogamous GBMSM frequent due to these men being disproportionately affected by HIV/AIDS. These findings provide insights for potential interventions targeting MSM from mid-sized cities. © 2020 University of Toronto Press Inc.. All rights reserved.	Bisexual; Gay; HIV risk; Men who have sex with men; Pre-exposure prophylaxis; PrEP awareness; PrEP interest	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Rahib, Delphine; Delagreverie, Heloïse; Gabassi, Audrey; Le Thi, Thanh-Thuy; Vassel, Eleonore; Vodosin, Pierre; Leveau, Benjamin; Pisoni, Amandine; Tuaillon, Edouard; Digne, Julien; Icard, Vinca; Delaugerre, Constance; Lydié, Nathalie	Online self-sampling kits to screen multipartner MSM for HIV and other STIs: participant characteristics and factors associated with kit use in the first 3 months of the MemoDepistages programme, France, 2018.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2020-054790	https://dx.doi.org/10.1136/sextrans-2020-054790	OBJECTIVES: In 2017, to reduce the proportion of men who have sex with men (MSM) in the undiagnosed HIV population in France (38%), HIV screening is advised each 3 months and STI screening is advised each year in multipartner MSM. Despite the range of testing solutions, over 40% of MSM were not tested for HIV and over 50% for STIs in the past year. Based on international experiments that offer screening solutions via online advertising, the French National Health Agency launched a programme (MemoDepistages) to provide a free self-sampling kit (SSK) for HIV and STIs. This article analyses the sociodemographic and behavioural characteristics of MSM in terms of kit acceptance and sample return. METHODS: Participants were registered for the programme online after ordering an SSK. The study included men aged over 18 years, living in one of the four selected French regions, and willing to disclose their postal and email address; they had health insurance, acknowledged more than one male partner in the past year, indicated a seronegative or unknown HIV status and were not taking medically prescribed pre-exposure prophylaxis drugs. Samples were collected by users and posted directly to the laboratory. Characteristics associated with kit acceptance and sample return were analysed using logistic regression. RESULTS: Overall, 7158 eligible MSM were offered to participate in the programme, with 3428 ordering the kit (47.9%) and 1948 returning their sample, leading to a return rate of 56.8% and an overall participation rate of 27.2%. Acceptance and return rates were strongly associated with sociodemographic characteristics, mainly education level but not with behavioural characteristics. Non-college graduates had lower acceptance (44.2%) and return rates (47.7%). CONCLUSION: The programme rapidly recruited a large number of MSM. It removed geographical inequalities related to screening access.	men; screening; service delivery.	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2021	Rai, B; Ross, S; Richardson, D	GENERAL PRACTITIONERS' (GPS') KNOWLEDGE OF AND ATTITUDES TO PRESCRIBING PRE-EXPOSURE PROPHYLAXIS FOR HIV (PREP): A PILOT STUDY	Sexually Transmitted Infections	-	-	-	-	1368-4973	10.1136/sextrans-2021-sti.195	https://sti.bmj.com/content/97/Suppl_1/A74.1	Background In the UK PrEP is available only from sexual health services. The 2018 BHIVA/BASHH PrEP guidelines acknowledge the advantages of PrEP being delivered in sexual health services but raise concerns that this may restrict access for some people. Locally we have a large population of men who have sex with men (MSM) and provide PrEP to over 800, however many MSM and other people who would benefit from PrEP do not access sexual health services and may have more contact with primary care. We aimed to gain some insight into the knowledge and attitudes primary care have around PrEP to design an educational package. Methods An online survey was circulated to GPs and trainee GPs working in an acute hospital trust. Results Of the 12 respondents; 11(92%) were aware of PrEP, 6(50%) reported having been asked about PrEP by patients, 5(42%) had previously prescribed PrEP (as part of training in attachment in a sexual health clinic): 7(58%) felt that some of their patients would benefit from PrEP, with the remaining 5(42%) being unsure. 3(25%) said they would prescribe PrEP for a patient at high risk of HIV in future, 4 (33%) said they would not prescribe PrEP and 5(42%) were unsure. Barriers to prescribing PrEP included unfamiliarity and uncertainty around which patients would benefit. 10(83%) respondents felt PrEP should only be prescribed in dedicated clinics or sexual health and 2(17%) suggested that PrEP should be available in primary care: 8(67%) felt training in prescribing and monitoring PrEP would be useful for primary care. Conclusion Our educational package on PrEP in primary care needs to focus on identification of patients at high risk of HIV and increase the general knowledge of PrEP in primary care to facilitate clinical pathways and signposting to sexual health services.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Ralph, Jessika Ann; Yeh, Chen; Cowett, Allison; Hirschhorn, Lisa R; Hammond, Cassing	Get PrEPPT (pre-exposure prophylaxis and pregnancy termination): an exploration of the values, attitudes and preferences regarding HIV and PrEP among women seeking abortion.	BMJ Sexual and Reproductive Health	-	-	-	-	2515-2009	10.1136/bmjsrh-2020-200623	https://dx.doi.org/10.1136/bmjsrh-2020-200623	INTRODUCTION: Pre-exposure prophylaxis (PrEP) for the prevention of HIV transmission is under utilised by women in the US. Women seeking abortion have a higher HIV prevalence than women who continue prenatal care and could benefit from HIV risk assessment and PrEP counselling. We assessed the knowledge, attitudes, and preferences of women seeking abortion care regarding their HIV risk and knowledge of PrEP, and identified individual and system barriers to PrEP access. METHODS: We performed a cross sectional descriptive study of English speaking women at a freestanding abortion clinic through an anonymous survey. Participants with indications for PrEP care included those who performed sex work, experienced a recent sexually transmitted infection, or had multiple sexual partners and inconsistent condom use. We performed descriptive statistics on response data; Wilcoxon tests were used to compare continuous variables across groups. RESULTS: 64 (32.3%) participants had indications for PrEP, but only 31 (16.1%) had previous knowledge of PrEP. After the concept was explained, attitudes towards PrEP were generally positive, and 54 participants (27.8%) would consider starting PrEP in the next 6 months. Participants were most interested in receiving PrEP care from their primary care provider rather than from an abortion clinic. CONCLUSIONS: Among women seeking abortion, women vulnerable to HIV infection outnumbered those with PrEP knowledge by 2 to 1. Prior knowledge of PrEP as an HIV prevention method was low, but women found PrEP acceptable. While women reported preferring to receive PrEP from a primary care provider, the abortion clinic visit may also represent an important time for HIV education and risk screening.	abortion; human immunodeficiency virus; surveys.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Ramos, S Raquel; LardierJr, David T; Boyd, Donte T; GutierrezJr, José I; Carasso, Eliana; Houng, David; Kershaw, Trace	Profiles of HIV Risk, Sexual Power, and Decision-Making among Sexual Minority Men of Color Who Engage in Transactional Sex: A Latent Profile Analysis	International Journal of Environmental Research and Public Health	-	-	-	-	1661-7827	10.3390/ijerph18094961	https://www.proquest.com/scholarly-journals/profiles-hiv-risk-sexual-power-decision-making/docview/2528253389/se-2?accountid=8113	Though the transmission of HIV is preventable, there were still 37,968 new documented cases in the United States in 2018. HIV incidence is disproportionate in sexual minority men of color. The purpose of this study was to examine sexual relationship power risk profiles to identify distinct subgroups within the profiles who carry the highest HIV risk. Latent class profile analysis was used to identify subgroups of sexual minority men of color at the highest risk for contracting HIV based on their sexual power profiles. Among 322 sexual minority men, we identified four latent profiles. Profile 1: Low transactional sex and high power (n = 133; 14.3%); Profile 2: Transactional sex, high decision-making in sexual relationships, and low control in sexual relationship (n = 99; 30.7%); Profile 3: Low transactional sex, low decision-making, and moderate control (n = 43; 13.4%); Profile 4: High transactional sex and low power (n = 47; 14.6%). LPA was useful to identify distinct subgroups based on measures of sexual risk and relationship sexual power. Findings carry significant implications for developing tailored strategies to increase HIV knowledge and related HIV prevention and risk reduction services for sexual minority men of color who engage in transactional sex.	HIV; Women; Condoms; Risk; pre-exposure prophylaxis; MSM; Men; Risk management; Knowledge; Sexual behavior; Sexual minority; African Americans; Risk assessment; Risk reduction; Drug use; Population; Decision making; Transactional sex; Disease transmission; Sex; Sexual orientation; sexual behavior; young adult; sexual relationship power; latent profile analysis; transactional sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; United States--US; Subgroups; Medical tests; Health risks; Minority & ethnic groups; Power; Homeless people; Sexual relationships	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ramos, S Raquel; Nelson, LaRon E; Jones, Sandra Gracia; Ni, Zhao; Turpin, Rodman E; Portillo, Carmen J	A State of the Science on HIV Prevention Over 40 Years Among Black and Hispanic/Latinx Communities.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	1552-6917	10.1097/JNC.0000000000000266	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8223201	ABSTRACT: We present a state of the science on HIV behavioral prevention interventions in Black and Hispanic/Latinx communities. The purpose of this article is threefold: (a) highlight the early documented underlying social and political barriers that constrained interventions to prevent new HIV infections; (b) address the structural inequities in HIV prevention and treatment; and (c) describe the need for increasing HIV multilevel prevention interventions that support greater HIV testing and pre-exposure prophylaxis uptake. To address HIV prevention, multilevel interventions that address individual, structural, and social level components have demonstrated more sustainable outcomes. Implications for research and clinical practice include (a) updating antiquated curricula in nursing, medicine, and public health that perpetuate racial, structural-level inequities and (b) increasing the pipeline for Black and Hispanic/Latinx persons to pursue research or clinical-focused doctorate degrees.	253-263	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Ramsey S.E.; Ames E.G.; Uber J.; Habib S.; Hunt L.; Brinkley-Rubinstein L.; Teitelman A.M.; Clarke J.; Kaplan C.; Phillips N.J.; Murphy M.	Linking women experiencing incarceration to community-based HIV pre-exposure prophylaxis care: A qualitative study	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2021.33.3.216	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106647377&doi=10.1521%2faeap.2021.33.3.216&partnerID=40&md5=8c88e28f3ec09acbf38edf6bf8fc9466	Women experiencing incarceration (WEI) in the United States are disproportionately impacted by HIV, yet HIV pre-exposure prophylaxis (PrEP) is underutilized by women in the United States. In order to inform an intervention to promote PrEP initiation during incarceration and facilitate linkage to PrEP care following release from incarceration, we conducted individual, semistructured qualitative interviews with WEI (N = 21) and key stakeholders (N = 14). While WEI had little or no previous knowledge about PrEP, they viewed it as something that would benefit women involved in the criminal justice system. Participants stated that HIV-related stigma and underestimation of HIV risk might serve as barriers to PrEP initiation during incarceration. Participants reported that competing priorities, difficulty scheduling an appointment, and lack of motivation could interfere with linkage to PrEP care in the community. Further, cost, substance use, and difficulty remembering to take the medication were cited most commonly as likely barriers to adherence. © 2021 The Guilford Press.	HIV risk behavior; Intervention development; PrEP; Qualitative interviews; Women experiencing incarceration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Randolph S.D.; Johnson R.; Meyers D.; Washington D.; Saint-Hillaire L.	Leveraging social networks of Black women in beauty salons to improve uptake of pre-exposure prophylaxis	Health Education Journal	-	-	-	-	178969	10.1177/0017896920959383	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091403120&doi=10.1177%2f0017896920959383&partnerID=40&md5=0677270c8fe4f93ac4ad99f6380166e8	Objective: The purpose of this study was to assess social networks among Black women and beauty salons to see whether these could be leveraged to increase the awareness, knowledge and uptake of pre-exposure prophylaxis (PrEP) in this population. Design: Qualitative descriptive design. Setting: Beauty salons in counties in North Carolina, USA, with high rates of HIV among the local Black population. Method: A total of 13 focus groups were conducted: 6 with stylists and 7 with Black women customers. In addition, six individual interviews were conducted with salon owners. Structured focus group questions were used to explore participants' perspectives on the functions and characteristics of the social networks in salons and among women customers and how these might inform a PrEP intervention. Results: Results across all subgroups indicated social networks are pre-formed, developed and nurtured in a beauty salon setting. In addition, there is a positive influence of social networks on information sharing, specifically with respect to health-related topics. Variations in the results suggest salon settings differ and interventions within these settings should be tailored to specific salon's characteristics. Conclusion: Black women are disparately affected by HIV, having the highest incidence rates among all women in the USA. PrEP is an effective HIV prevention strategy, yet there is low uptake among Black women due to lack of awareness and knowledge of PrEP, HIV- and PrEP-related stigma, and medical mistrust. Social networks are a powerful source of influence on health behaviour. Findings from this study suggest a social network–based PrEP intervention in a salon setting may be promising and has the potential to extend the reach beyond its initial participants. © The Author(s) 2020.	Beauty salons; Black women; HIV prevention; PrEP; social networks	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Rangel J.C.; Crath R.	Managing risk, managing affects: The emerging biopolitics of HIV neutrality: Short Title: The emerging biopolitics of HIV Neutrality	Health, Risk & Society	-	-	-	-	13698575	10.1080/13698575.2021.1972088	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113705166&doi=10.1080%2f13698575.2021.1972088&partnerID=40&md5=cc7b8cd85d5301b87647555ebbe7297a	Discourses of HIV status neutrality have emerged in the wake of advances in biomedical technologies for HIV prevention and treatment of HIV. The combined effects of Treatment as Prevention (TasP) and Pre-Exposure Prophylaxis (PrEP) give rise to the possibility of dramatically curbing new HIV infections and nurture fantasies about an HIV-free/risk-free futurity. In this article, we consider the possibilities of HIV neutrality as a social-material assemblage entangling different institutional investments and practices, discourses about HIV risk and prevention, historical memories, political rationalities, and as a generative point of contact between and across different actors, institutions and objects. We explore the different logics and sentiments that are being drawn together in three different sites where HIV neutrality is configured. Borrowing from cultural and social science approaches that grapple with emotions and feelings as 'distributed phenomena' that carry political and social significance, we interrogate the work of HIV neutrality in effecting new tensions in the affective economies underpinning gay sexual socialities' relation to HIV/AIDS and HIV risk. Our analysis suggests that as these new social-material strategies emerge to manage HIV risk, they entangle historically sedimented effects of HIV/AIDS. We ask to what extent these assemblages are productive of new intimacies and alliances, and possibly renewed entrenchments of bio-social boundaries cutting across gay male socialities in North America. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	affective economies; Gay men; HIV; preexposure prophylaxis (PrEP); Risk	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2021	Rao S.; Mulatu M.S.; Xia M.; Wang G.; Song W.; Essuon A.; Patel D.; Eke A.; German E.J.	HIV Preexposure Prophylaxis Awareness and Referral to Providers Among Hispanic/Latino Persons — United States, 2019	MMWR Recommendations and Reports	-	-	-	-	10575987	10.15585/mmwr.mm7040a1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117363055&doi=10.15585%2fmmwr.mm7040a1&partnerID=40&md5=8c1477888d98ce0cb2834d429b56ea14	Hispanic or Latino (Hispanic) persons are disproportionately affected by HIV in the United States. In 2019, Hispanic persons accounted for 18% of the U.S. population, but for 29% of new diagnoses of HIV infection (1). The Ending the HIV Epidemic in the U.S. (EHE) initiative aims to reduce new HIV infections by 90% by 2030 (2). Preexposure prophylaxis (PrEP), medication taken to prevent acquisition of HIV, is an effective strategy for preventing HIV infection.† To examine PrEP awareness and referral to providers among Hispanic persons, CDC analyzed 2019 National HIV Prevention Program Monitoring and Evaluation HIV testing data. Approximately one quarter (27%) of Hispanic persons tested for HIV at CDC-funded sites (n = 310,954) were aware of PrEP, and 22% of those who received a negative HIV test result and were eligible for referral (111,644) were referred to PrEP providers. PrEP awareness and referrals among Hispanic persons were lower compared with those among non-Hispanic White persons. Among Hispanic persons, significant differences were found in PrEP awareness and referral by age, gender, race, population group, geographic region, and test setting. HIV testing programs can expand PrEP services for Hispanic persons by implementing culturally and linguistically appropriate strategies that routinize PrEP education and referral, collaborating with health care and other providers, and addressing social and structural barriers. © 2021. MMWR Recommendations and Reports. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Rao, Amrita; Rucinski, Katherine; Jarrett, Brooke A; Ackerman, Benjamin; Wallach, Sara; Marcus, Julia; Adamson, Tyler; Garner, Alex; Santos, Glenn-Milo; Beyrer, Chris; Howell, Sean; Baral, Stefan	Perceived Interruptions to HIV Prevention and Treatment Services Associated With COVID-19 for Gay, Bisexual, and Other Men Who Have Sex With Men in 20 Countries.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002620	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8276834	BACKGROUND: The coronavirus pandemic has necessitated a range of population-based measures to stem the spread of infection. These measures may be associated with disruptions to other health services including for gay, bisexual, and other men who have sex with men (MSM) at risk for or living with HIV. Here, we assess the relationship between stringency of COVID-19 control measures and interruptions to HIV prevention and treatment services for MSM. SETTING: Data for this study were collected between April 16, 2020, and May 24, 2020, as part of a COVID-19 Disparities Survey implemented by the gay social networking app, Hornet. Pandemic control measures were quantified using the Oxford Government Response Tracker Stringency Index: each country received a score (0-100) based on the number and strictness of 9 indicators related to restrictions, closures, and travel bans. METHODS: We used a multilevel mixed-effects generalized linear model with Poisson distribution to assess the association between stringency of pandemic control measures and access to HIV services. RESULTS: A total of 10,654 MSM across 20 countries were included. Thirty-eight percent (3992/10,396) reported perceived interruptions to in-person testing, 55% (5178/9335) interruptions to HIV self-testing, 56% (5171/9173) interruptions to pre-exposure prophylaxis, and 10% (990/9542) interruptions to condom access. For every 10-point increase in stringency, there was a 3% reduction in the prevalence of perceived access to in-person testing (aPR: 0·97, 95% CI: 0·96 to 0·98), a 6% reduction in access to self-testing (aPR: 0·94, 95% CI: 0·93 to 0·95), and a 5% reduction in access to pre-exposure prophylaxis (aPR: 0·95, 95% CI: 0·95 to 0·97). Among those living with HIV, 20% (218/1105) were unable to access their provider; 65% (820/1254) reported being unable to refill their treatment prescription remotely. CONCLUSIONS: More stringent responses were associated with decreased perceived access to services. These results support the need for increasing emphasis on innovative strategies in HIV-related diagnostic, prevention, and treatment services to minimize service interruptions during this and potential future waves of COVID-19 for gay men and other MSM at risk for HIV acquisition and transmission.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Razon N.; Rodriguez A.; Carlson K.; Witt J.; Logan R.; Chambers B.; Weber S.; Seidman D.	"Far More than Just a Prescription": Focus Groups With U.S. Family Planning Providers and Staff About Integrating PrEP for HIV Prevention Into Their Work	Women's Health Issues	-	-	-	-	10493867	10.1016/j.whi.2021.02.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103949313&doi=10.1016%2fj.whi.2021.02.006&partnerID=40&md5=289a38eee8b692d7da25fea7942cd13d	Background: Cisgender women in the United States use pre-exposure prophylaxis (PrEP) for HIV prevention at lower rates relative to other groups. Advocacy groups and patients identify family planning clinics as the preferred sites to lead PrEP implementation for women in the United States. However, limited qualitative exploration exists of U.S. family planning practitioners' attitudes toward integrating PrEP into their work. Methods: We conducted qualitative focus groups with a convenience sample of family planning clinicians, counselors, and clinic managers to explore barriers and facilitators to PrEP provision in U.S. family planning clinics. Results: We conducted six focus groups (total participants = 37) with respondents who worked in family planning clinics in San Francisco, California; Kansas City, Missouri; and Philadelphia, Pennsylvania. Key themes emerged highlighting how PrEP at times runs contrary to other family planning agendas, including efficient clinic visits, condom promotion, and long-acting reversible contraception counseling. Throughout these discussions, participants expressed discomfort with HIV vulnerabilities rooted in social and structural determinants of health. Conclusions: Findings suggest that those seeking to implement PrEP for U.S. cisgender women may benefit from exploring 1) how to integrate patient/provider conversations about the structural determinants of health and their relationship to HIV and other sexual and reproductive health outcomes and 2) how to foster person-centered prevention conversations in the context of busy family planning visits. © 2021 Jacobs Institute of Women's Health	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Reback, Cathy J; Fletcher, Jesse B; Mata, Raymond P	A Theory-Based mHealth Intervention (Getting Off) for Methamphetamine-Using Men Who Have Sex With Men: Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/22572	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7939940	BACKGROUND: Methamphetamine (meth) use among men who have sex with men (MSM) is associated with increased HIV prevalence and transmission and substandard advancement along the HIV prevention and care continuum. Given the growth of mobile health (mHealth) technologies, it is no longer necessary to limit meth treatment options to physical, brick-and-mortar sites, and administration using generic, nontailored content. OBJECTIVE: In a 2-arm randomized controlled trial (RCT; N=300), we aim to evaluate the use of an mHealth intervention (Getting Off) to assess the impact and noninferiority of a cross-platform app (developed from a manualized meth treatment intervention) to help MSM reduce meth use and HIV sexual risk behaviors and improve their advancement along the HIV prevention and care continuum (HIV testing, pre-exposure prophylaxis uptake and persistence, and antiretroviral therapy uptake and adherence). METHODS: Participants will be randomized into 2 arms: arm A, with immediate access to the app (immediate delivery: n=150), or arm B, with delayed access to the app after a 30-day period (delayed delivery: n=150). Participants in both arms will use the same Getting Off app and will have 30 days to complete the 24 sessions. Participants will be assessed at the 1-, 2- (delayed delivery arm only), 3-, 6-, and 9-month timepoints to determine observed treatment effects and will be compared with a historical matched sample of participants (n=~600) who received the brick-and-mortar group-based Getting Off intervention. RESULTS: Recruitment began in January 2019 for phase 1, the formative phase. In January and February 2019, 4 focus groups (N=36) were formed to provide input on the adaptation of the group-based manual intervention to a mobile app. Data collection for phase 2, the RCT, is expected to be completed in January 2023. The final results are anticipated in April 2023. CONCLUSIONS: By creating a culturally responsive mobile app, Getting Off aims to reduce meth use and improve sexual health outcomes among meth-using MSM. The Getting Off app could have significant public health impact by greatly expanding access to effective, affordable, private, culturally competent, and highly scalable meth treatment for MSM. TRIAL REGISTRATION: Clinicaltrials.gov NCT03884946; https://clinicaltrials.gov/ct2/show/NCT03884946. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/22572.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Reed J.B.; Shrestha P.; Were D.; Chakare T.; Mutegi J.; Wakhutu B.; Musau A.; Nonyana N.M.; Christensen A.; Patel R.; Rodrigues J.; Eakle R.; Curran K.; Mohan D.	HIV PrEP is more than ART-lite: Longitudinal study of real-world PrEP services data identifies missing measures meaningful to HIV prevention programming	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25827	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117888157&doi=10.1002%2fjia2.25827&partnerID=40&md5=f5dd2703422e33512ce8b08191a57928	Introduction: Evidence indicates HIV oral pre-exposure prophylaxis (PrEP) is highly efficacious and effective. Substantial early discontinuation rates are reported by many programs, which may be misconstrued as program failure. However, PrEP use may be non-continuous and still effective, since HIV risk fluctuates. Real-world PrEP use phenomena, like restarting and cyclical use, and the temporal characteristics of these use patterns are not well described. The objective of our study was to characterize and identify predictors of use patterns observed in large PrEP scale-up programs in Africa. Methods: We analysed demographic and clinical data routinely collected during client visits between 2017 and 2019 in three Jhpiego-supported programs in Kenya, Lesotho and Tanzania. We characterized duration on/off PrEP and, using ordinal regression, modelled the likelihood of spending additional time off and identified factors associated with increasing cycle number. The Andersen-Gill model was used to identify predictors of time to PrEP discontinuation. To analyse factors associated with a client's first return following initiation, we used a two-step Heckman probit. Results: Among 47,532 clients initiating PrEP, approximately half returned for follow-up. With each increase in cycle number, time off PrEP between use cycles decreased. The Heckman first-step model showed an increased probability of returning versus not by older age groups and among key and vulnerable population groups versus the general population; in the second-step model older age groups and key and vulnerable populations were less likely in Kenya, but more likely in Lesotho, to return on-time (refill) versus delayed (restarting). Conclusions: PrEP users frequently cycle on and off PrEP. Early discontinuation and delays in obtaining additional prescriptions were common, with broad predictive variability noted. Time off PrEP decreased with cycle number in all countries, suggesting normalization of use with experience. More nuanced measures of use are needed than exist for HIV treatment if effective use of PrEP is to be meaningfully measured. Providers should be equipped with measures and counselling messages that recognize non-continuous and cyclical use patterns so that clients are supported to align fluctuating risk and use, and can readily restart PrEP after stopping, in effect empowering them further to make their own prevention choices. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; continuation; HIV pre-exposure prophylaxis; retention; sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Rees, Helen; Chersich, Matthew Francis; Munthali, Richard J; Brumskine, William; Palanee-Phillips, Thesla; Nkala, Busi; Ahmed, Khatija; Sebe, Modulakgotla; Mabude, Zonke; Nchabeleng, Maphoshane; Bekker, Linda-Gail; Kotze, Philip; Mogodiri, Thembisile; Naidoo, Ishana; Panchia, Ravindre; Myer, Landon; Lombard, Carl; Doncel, Gustavo F; Gray, Glenda; Delany-Moretlwe, Sinead	HIV Incidence Among Pregnant and Nonpregnant Women in the FACTS-001 Trial: Implications for HIV Prevention, Especially PrEP Use.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002785	https://dx.doi.org/10.1097/QAI.0000000000002785	BACKGROUND: During pregnancy and postpartum period, the sexual behaviors of women and their partners change in ways that may either increase or reduce HIV risks. Pregnant women are a priority population for reducing both horizontal and vertical HIV transmission. SETTING: Nine sites in 4 South African provinces. METHODS: Women aged 18-30 years were randomized to receive pericoital tenofovir 1% gel or placebo gel and required to use reliable modern contraception. We compared HIV incidence in women before, during, and after pregnancy and used multivariate Cox Proportional hazards models to compare HIV incidence by pregnancy status. RESULTS: Rates of pregnancy were 7.1 per 100 woman-years (95% confidence interval CI: 6.3 to 8.1) and highest in those who reported oral contraceptive use (25.1 per 100 woman-years; adjusted hazard ratio 22.97 higher than other women; 95% CI: 5.0 to 105.4) or had 2 children. Birth outcomes were similar between trial arms, with 59.8% having full-term live births. No difference was detected in incident HIV during pregnancy compared with nonpregnant women (2.1 versus 4.3%; hazard ratio = 0.56, 95% CI: 0.14 to 2.26). Sexual activity was low in pregnancy and the early postpartum period, as was consistent condom use. CONCLUSIONS: Pregnancy incidence was high despite trial participation being contingent on contraceptive use. We found no evidence that rates of HIV acquisition were elevated in pregnancy when compared with those in nonpregnant women. Risks from reductions in condom use may be offset by reduced sexual activity. Nevertheless, high HIV incidence in both pregnant and nonpregnant women supports consideration of introducing antiretroviral-containing pre-exposure prophylaxis for pregnant and nonpregnant women in high HIV prevalence settings.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2021	Reisner, Sari L; Deutsch, Madeline B; Mayer, Kenneth H; Potter, Jennifer; Gonzalez, Alex; Keuroghlian, Alex S; Hughto, Jaclyn Mw; Campbell, Juwan; Asquith, Andrew; Pardee, Dana J; Pletta, David R; Radix, Asa	Longitudinal Cohort Study of Gender Affirmation and HIV-Related Health in Transgender and Gender Diverse Adults: The LEGACY Project Protocol.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/24198	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7961399	BACKGROUND: Transgender and gender diverse (TGD) adults in the United States experience health disparities, especially in HIV infection. Medical gender affirmation (eg, hormone therapy and gender-affirming surgeries) is known to be medically necessary and to improve some health conditions. To our knowledge, however, no studies have assessed the effects of gender-affirming medical care on HIV-related outcomes. OBJECTIVE: This study aims to evaluate the effects of medical gender affirmation on HIV-related outcomes among TGD primary care patients. Secondary objectives include characterizing mental health, quality of life, and unmet medical gender affirmation needs. METHODS: LEGACY is a longitudinal, multisite, clinic-based cohort of adult TGD primary care patients from two federally qualified community health centers in the United States: Fenway Health in Boston, and Callen-Lorde Community Health Center in New York. Eligible adult TGD patients contribute electronic health record data to the LEGACY research data warehouse (RDW). Patients are also offered the option to participate in patient-reported surveys for 1 year of follow-up (baseline, 6-month, and 12-month assessments) with optional HIV and sexually transmitted infection (STI) testing. Biobehavioral data from the RDW, surveys, and biospecimen collection are linked. HIV-related clinical outcomes include pre-exposure prophylaxis uptake (patients without HIV), viral suppression (patients with HIV), and anogenital STI diagnoses (all patients). Medical gender affirmation includes hormones, surgeries, and nonhormonal and nonsurgical interventions (eg, voice therapy). RESULTS: The contract began in April 2018. The cohort design was informed by focus groups with TGD patients (n=28) conducted between August-October 2018 and in collaboration with a community advisory board, scientific advisory board, and site-specific research support coalitions. Prospective cohort enrollment began in February 2019, with enrollment expected to continue through August 2020. As of April 2020, 7821 patients are enrolled in the LEGACY RDW and 1756 have completed a baseline survey. Participants have a median age of 29 years (IQR 11; range 18-82). More than one-third (39.7%) are racial or ethnic minorities (1070/7821, 13.68% Black; 475/7821, 6.07% multiracial; 439/7821, 5.61% Asian or Pacific Islander; 1120/7821, 14.32% other or missing) and 14.73% (1152/7821) are Hispanic or Latinx. By gender identity, participants identify as 33.79% (2643/7821) male, 37.07% (2900/7821) female, 21.74% (1700/7821) nonbinary, and 7.39% (578/7821) are unsure or have missing data. Approximately half (52.0%) of the cohort was assigned female sex at birth, and 5.4% (421/7821) are living with HIV infection. CONCLUSIONS: LEGACY is an unprecedented opportunity to evaluate the impact of medical gender affirmation on HIV-related health. The study uses a comprehensive research methodology linking TGD patient biobehavioral longitudinal data from multiple sources. Patient-centeredness and scientific rigor are assured through the ongoing engagement of TGD communities, clinicians, scientists, and site clinical staff undergirded by epidemiological methodology. Findings will inform evidence-based clinical care for TGD patients, including optimal interventions to improve HIV-related outcomes. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/24198.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Reisner, Sari L; Moore, Chiara S; Asquith, Andrew; Pardee, Dana J; Mayer, Kenneth H	The Pre-Exposure Prophylaxis Cascade in At-Risk Transgender Men Who Have Sex with Men in the United States.	LGBT Health	-	-	-	-	2325-8306	10.1089/lgbt.2020.0232	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8195872	Purpose: This analysis was designed to characterize the pre-exposure prophylaxis (PrEP) cascade in a U.S. national sample of transgender men and trans masculine adults who have sex with cisgender men (trans MSM) at-risk for HIV acquisition. Methods: From November to December 2017, 843 HIV-negative trans MSM self-reporting past-6-month receptive sex with a cisgender man were recruited via peer referrals, dating apps, listservs, and social media. A computer-assisted self-interview assessed demographics, health care, and the PrEP cascade. Descriptive statistics and multivariable regression models evaluated factors associated with PrEP uptake and persistence. Results: Mean age was 28.1 years (standard deviation = 7.1); 4.8% were Black, 21.7% Latinx, and 25.6% another race/ethnicity. A total of 84.1% had heard of PrEP, with 67.3% reporting interest. More than half (55.2%) were PrEP indicated, of which 50.8% were PrEP naive. Approximately 1/4 (28.0%) reported PrEP use, of which 65.3% were PrEP persistent. PrEP modality preferences were injectable (51.2%), daily oral pill (22.1%), and anal gel/lube (14.6%). Reasons for PrEP noninterest were no HIV risk (68.5%), cost (24.2%), and side effects (20.1%). Surgical gender affirmation, no health care discrimination, and social media as a primary health information source were associated with increased odds of PrEP uptake and persistence (all p < 0.05). PrEP adherence difficulties were reported by 52.6%, due to busy/inconsistent schedule (53.1%), side effects (27.4%), and too many medical visits (11.6%). Conclusion: PrEP uptake was modest among the trans MSM sampled, given prevalent HIV risk behaviors. The limited PrEP uptake in at-risk trans MSM suggests the need to develop culturally tailored community education and interventions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Resnick, Daniel; Morales, Knashawn; Gross, Robert; Petsis, Danielle; Fiore, Danielle; Davis-Vogel, Annet; Metzger, David; Frank, Ian; Wood, Sarah	Prior Sexually Transmitted Infection and Human Immunodeficiency Virus Risk Perception in a Diverse At-Risk Population of Men Who Have Sex with Men and Transgender Individuals.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2020.0179	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7826433	Prior sexually transmitted infections (STIs) are associated with higher rates of subsequent human immunodeficiency virus (HIV) infection, but the influence of prior STIs on perceived vulnerability to HIV remains unclear. We aimed to assess this relationship, hypothesizing that a prior STI diagnosis is associated with higher self-assessed vulnerability to HIV. We performed a cross-sectional study of men and transgender individuals who have sex with men screening for HIV prevention trials in Philadelphia. An unadjusted regression analysis found no significant association between prior STI and HIV risk perception (p = 0.71) or HIV anxiety (p = 0.32). Multivariate logistic regression models that controlled for predetermined potential cofounders known to impact HIV risk-such as condom use, preexposure prophylaxis use, and demographics-also failed to show statistically significant associations between prior STI and HIV risk perception (p = 0.87) or HIV anxiety (p = 0.10). Furthermore, there was no effect modification by HIV preventive behaviors on the relationship between prior STI and HIV vulnerability. These data suggest that a gap exists between how clinicians may attribute individual HIV risk and how individuals view their own vulnerability at a given moment in time. Future research should focus on the dynamic relationship between perceived HIV vulnerability, STI diagnosis, and adoption of preventive behavior to determine better, individualized targets for HIV prevention interventions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Restar A.J.; Surace A.; Jin H.; Edeza A.; Ogunbajo A.; Goedel W.C.; Adia A.; Cu-Uvin S.; Operario D.	Integrating Pre- and Post-exposure Prophylaxes Programs for HIV Prevention Guidelines in Manila, Philippines	Sexuality Research & Social Policy	-	-	-	-	18689884	10.1007/s13178-020-00490-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089446085&doi=10.1007%2fs13178-020-00490-6&partnerID=40&md5=eb236b8e5511d8ae4c18da47cd9fcc48	Introduction: Successful implementation and promotion of biomedical HIV prevention strategies like pre- and post-exposure prophylaxes (PrEP/PEP) necessitate healthcare workers possessing sufficient knowledge of and positive attitudes toward PrEP/PEP. Methods: Using semi-structured qualitative interviews conducted between July and August 2017, we examined PrEP/PEP awareness and attitudes among 15 healthcare workers as key informants in Manila, Philippines, where HIV is a rapidly expanding national public health crisis. Results: Most key informants had heard about PrEP (n = 11) and PEP (n = 14). High medication cost and low PrEP/PEP awareness were identified as major barriers for PrEP/PEP implementation. Others expressed concerns for viral resistance and greater risk compensation. Concerns about infrastructural issues such as problems with logistics and funding inequities were identified as potential barriers. Conclusion: Healthcare workers demonstrated awareness of PrEP/PEP and endorsed supportive attitudes toward PrEP/PEP but raised logistic and infrastructural concerns about implementation. Policy Implications: In order for PrEP/PEP to be feasible in the Philippines, public funding, provider education, and standardized national prescription protocols, guidelines, and policies are needed. Such recommendations and support should take into account concerns of and address prescribing barriers among future PrEP/PEP providers. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Healthcare providers; HIV prevention; PEP; Philippines; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Reyniers T.; Rotsaert A.; Thunissen E.; Buffel V.; Masquillier C.; Van Landeghem E.; Vanhamel J.; Nöstlinger C.; Wouters E.; Laga M.; Vuylsteke B.	Reduced sexual contacts with non-steady partners and less PrEP use among MSM in Belgium during the first weeks of the COVID-19 lockdown: Results of an online survey	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2020-054756	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096069180&doi=10.1136%2fsextrans-2020-054756&partnerID=40&md5=24f3f9946f63112dceb42b2a0b3f39c1	Objectives To examine changes in the occurrence of physical sex with non-steady partners among men who have sex with men (MSM) in Belgium during the first weeks of the COVID-19 lockdown and associations with sociodemographic factors, sexual practices, drug, alcohol and pre-exposure prophylaxis (PrEP) use. A secondary objective was to explore changes in PrEP use and the need for PrEP follow-up. Methods A cross-sectional online survey. The questionnaire was available in Dutch, French and English, between April 10 and 27 (2020), and disseminated via sexual health and lesbian, gay, bisexual, trans, queer or intersex organisations throughout Belgium. Eligibility criteria included being 18 years or older, not being exclusively heterosexual and living or being born in Belgium. Results The sample included 694 MSM. Physical sex with non-steady partners decreased from 59.1% to 8.9% during the first weeks of the lockdown. Those who had sex with non-steady partners were significantly more likely to be HIV positive, to use PrEP or to have engaged in sexual practices such as group sex, chemsex and sex work before the lockdown, compared with their counterparts. Among those who used PrEP before the lockdown, 47.0% stopped using PrEP, 19.7% used event-driven PrEP and 33.3% used daily PrEP during the lockdown. Almost two-thirds of PrEP users had a PrEP care appointment in the weeks before the lockdown and a minority received follow-up elsewhere or online. Some PrEP users had concerns regarding their follow-up. Conclusions MSM in our survey substantially reduced sexual contact with non-steady partners during the first weeks of the COVID-19 lockdown, suggesting that the risk for HIV and STI transmission in this period was low. We recommend ensuring access to sexual health services, such as HIV testing and follow-up for PrEP for the small group having multiple sex partners and engaging in sexual practices such as chemsex, group sex, even in times of a pandemic threat. © 2021 BMJ Publishing Group. All rights reserved.	HIV; pre-exposure prophylaxis; preventive health services; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	Reyniers T.; Zimmermann H.M.L.; Davidovich U.; Vuylsteke B.; Laga M.; Hoornenborg E.; Prins M.; De Vries H.J.C.; Nöstlinger C.	The social meanings of PrEP use – A mixed-method study of PrEP use disclosure in Antwerp and Amsterdam	Sociology of Health and Illness	-	-	-	-	1419889	10.1111/1467-9566.13283	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105786566&doi=10.1111%2f1467-9566.13283&partnerID=40&md5=8a3e7ebd18a6462764cc3555afd2c4c2	Pre-Exposure Prophylaxis (PrEP) is a novel HIV prevention tool. PrEP stigma is a frequently reported barrier, while social disclosure of PrEP use may be an important facilitator. We explored how PrEP users managed PrEP use disclosure using a symbolic interactionist approach. We interviewed 32 participants from two PrEP demonstration projects (Be-PrEP-ared, Antwerp; AMPrEP, Amsterdam). We validated qualitative findings through Be-PrEP-ared questionnaire data. A minority of participants had received negative reactions on PrEP. The way PrEP use was disclosed was highly dependent on the social situation. In a sexual context among MSM, PrEP use was associated with condomless sex. Friends endorsed PrEP use as a healthy choice, but also related it to carelessness and promiscuity. It was seldom disclosed to colleagues and family, which is mostly related to social norms dictating when it is acceptable to talk about sex. The study findings reveal that PrEP stigma experiences were not frequent in this population, and that PrEP users actively manage disclosure of their PrEP user status. Frequent disclosure and increased use may have helped PrEP becoming normalised in these MSM communities. To increase uptake, peer communication, community activism and framing PrEP as a health promotion rather than a risk-reduction intervention may be crucial. © 2021 Foundation for the Sociology of Health & Illness	disclosure; HIV prevention; MSM; Pre-Exposure Prophylaxis; social interaction; stigma	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Mixed methods
Article	2021	Reyniers Thijs; Nöstlinger Christiana; Vuylsteke Bea; De Baetselier Irith; Wouters Kristien; Laga Marie	The Impact of PrEP on the Sex Lives of MSM at High Risk for HIV Infection: Results of a Belgian Cohort	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-03010-0	https://www.proquest.com/scholarly-journals/impact-prep-on-sex-lives-msm-at-high-risk-hiv/docview/2483414181/se-2?accountid=8113	There is a need for an in-depth understanding of the impact of PrEP on users' sexual health and behaviour, beyond the focus on 'risk'. This mixed-method study was part of a Belgian PrEP demonstration project following 200 men who have sex with men (MSM) for at least 18 months. Taking a grounded-theory approach, 22 participants were interviewed and their transcripts analysed. The preliminary analysis guided the analysis of the questionnaire data. Overall, PrEP improved sexual health. Participants felt better protected against HIV, which enabled them to change their sexual behaviour. The reduction in condom use was moderated by interviewees' attitudes towards the risk for other STIs. Other changes included having more anal sex and experimentation with new sexual behaviours. While PrEP empowers MSM in taking care of their sexual health, comprehensive sexual health counselling is crucial to provide care for users who feel less in control over their sexual health.	Counseling; Risk; Belgium; HIV prevention; Pre-exposure prophylaxis; Psychology; MSM; Men who have sex with men; Sexual behavior; Sexual health; Disease prevention; Health services; Prep; Anal intercourse; Health behavior; Sexual behaviour; Sexual and reproductive health; Anal sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Mixed methods research; Gays & lesbians; Mens health; Health risks; Behavior modification; Experiments; Experimentation	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2021	Rhodes S.D.; Kuhns L.M.; Alexander J.; Alonzo J.; Bessler P.A.; Courtenay-Quirk C.; Denson D.J.; Evans K.; Galindo C.A.; Garofalo R.; Gelaude D.J.; Hotton A.L.; Johnson A.K.; Mann-Jackson L.; Muldoon A.; Ortiz R.; Paul J.L.; Perloff J.; Pleasant K.; Reboussin B.A.; Aviles L.R.; Song E.Y.; Tanner A.E.; Trent S.	Evaluating locally developed interventions to promote PrEP among racially/ethnically diverse transgender women in the united states: A unique CDC initiative	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2021.33.4.345	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113469097&doi=10.1521%2faeap.2021.33.4.345&partnerID=40&md5=31534e2d28d9dfc9c95d59264945c76e	In the United States, transgender women are disproportionately affected by HIV. However, few evidence-based prevention interventions exist for this key population. We describe two promising, locally developed interventions that are currently being implemented and evaluated through the Centers for Disease Control and Prevention Combination HIV Prevention for Transgender Women Project: (a) ChiCAS, designed to promote the uptake of pre-exposure prophylaxis (PrEP), condom use, and medically supervised hormone therapy among Spanish-speaking transgender Latinas, and (b) TransLife Care, designed to address the structural drivers of HIV risk through access to housing, employment, legal services, and medical services, including HIV preventive care (e.g., PrEP use) among racially/ethnically diverse urban transgender women. If the evaluation trials determine that these interventions are effective, they will be among the first such interventions for use with transgender women incorporating PrEP, thereby contributing to the evidence-based resources that may be used to reduce HIV risk among this population. © 2021 The Guilford Press.	Intervention; Minority; PrEP; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ribeiro, Rafaela; Sarmento, Bruno; das Neves, José	Production and Characterization of Anti-CCR5 siRNA-Loaded Polycaprolactone Nanoparticles for Topical Pre-exposure Prophylaxis.	Methods in Molecular Biology	-	-	-	-	1940-6029	10.1007/978-1-0716-1298-9_22	https://dx.doi.org/10.1007/978-1-0716-1298-9_22	Topical posttranscriptional silencing of host factors involved in HIV-1 sexual transmission, such as CCR5, presents the potential to prevent new cases of infection. However, issues concerning proper engineering of safe and effective delivery systems for anti-CCR5 siRNA may impair the ability to yield suitable silencing at the mucosal level. Here we describe the production protocol of anti-CCR5 siRNA-loaded polycaprolactone-based nanoparticles (≈100 nm). Furthermore, we present data regarding the physicochemical and in vitro biological characterization of obtained nanosystems, which support their potential as microbicide candidates for topical pre-exposure prophylaxis of HIV-1 infection.	NA	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2021	Ridgway J.P.; Friedman E.E.; Bender A.; Schmitt J.; Cronin M.; Brown R.N.; Johnson A.K.; Hirschhorn L.R.	Evaluation of an Electronic Algorithm for Identifying Cisgender Female Pre-Exposure Prophylaxis Candidates	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2020.0231	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099024268&doi=10.1089%2fapc.2020.0231&partnerID=40&md5=e8237d35abbb4a6b80b51b62cfe5eab2	We previously developed an electronic medical record-based algorithm for identifying patients at risk for HIV in the emergency department (ED). The aim of this study was to evaluate the performance of the HIV risk algorithm for identifying cisgender women with a pre-exposure prophylaxis (PrEP) indication. To retrospectively evaluate the HIV risk algorithm, we identified cisgender women with HIV diagnosed in the ED and retrospectively calculated the HIV risk algorithm output. To prospectively validate the algorithm, we surveyed cisgender women seeking care in the ED regarding behavioral risks for HIV. We prospectively determined whether the algorithm identified them as PrEP candidates. In the retrospective evaluation, 9.4% (2/21) of women with incident HIV infection were identified as at risk for HIV by the algorithm. In the prospective evaluation, 24% (59/245) of women who completed the survey had a PrEP indication based on self-report of behavioral risk factors for HIV. The sensitivity of the algorithm for identifying cisgender female PrEP candidates was 10%, and the specificity was 96%. PrEP indications missed by the electronic algorithm included condomless sex in a high HIV prevalence area, multiple sex partners, male partners who have sex with men, and recent bacterial sexually transmitted infections diagnosed at outside clinics. An electronic algorithm to identify PrEP candidates in the ED has low sensitivity for identifying cisgender women with PrEP indications. More research is needed to identify electronic data that can improve the algorithm sensitivity among cisgender women. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	algorithms; electronic medical records; pre-exposure prophylaxis; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Rivera, David B; Brady, John P; Blashill, Aaron J	Traditional Machismo, Caballerismo, and the Pre-Exposure Prophylaxis (PrEP) Cascade Among a Sample of Latino Sexual Minority Men.	Journal of Sex Research	-	-	-	-	1559-8519	10.1080/00224499.2020.1743961	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7541641	Between 2010 and 2017, HIV diagnoses increased 17% among Latino sexual minority men (SMM) while decreasing 19% among White SMM and stabilizing among African American SMM. Traditional machismo is characterized by aggressiveness/power; caballerismo consists of family values/chivalry. Latino SMM high in traditional machismo may avoid seeking Pre-Exposure Prophylaxis (PrEP) to prevent being stigmatized as effeminate. Latino SMM high in caballerismo may be more likely to use PrEP to remain healthy for their family and/or partners. The current study explored the association between traditional machismo and caballerismo with four steps of the PrEP cascade. Participants were 151 HIV-negative/unknown Latino SMM living in San Diego, California (M = 24.18 years old) who completed an online study. Traditional machismo was associated with low odds of PrEP awareness, willingness, and adherence and high odds of PrEP use. Caballerismo was associated with greater odds of PrEP awareness, willingness, use, and adherence. High levels of traditional machismo among Latino SMM may be a barrier to PrEP. Caballerismo may be a facilitator of PrEP awareness, willingness, use, and adherence. Programs which serve to move Latino SMM through the PrEP cascade may benefit from discussing culturally-relevant masculinity given the potential for their differential associations with PrEP variables.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Robertson J.; Edén A.; Nyström K.; Hagberg L.; Yilmaz A.; Gostner J.M.; Fuchs D.; Nilsson S.; Blennow K.; Zetterberg H.; Gisslén M.	Increased immune activation and signs of neuronal injury in HIV-negative people on preexposure prophylaxis	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002980	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118096119&doi=10.1097%2fQAD.0000000000002980&partnerID=40&md5=40e8cebff321e3c305853e84d5f91f26	Objective:Persistent immune activation in the central nervous system and systemically are common in people living with HIV (PLHIV) despite antiretroviral therapy. It is not known whether this is generated by HIV replication or by other components such as coinfections and lifestyle-related factors.Design:The aim of this study was to determine the importance of different factors; it is crucial to find well matched HIV-negative controls. In this context, HIV-negative persons on preexposure prophylaxis (PrEP) may constitute a suitable control group to PLHIV with similar lifestyle-related factors.Methods:Cerebrospinal fluid (CSF) and blood were collected from 40 HIV-negative persons on PrEP and 20 controls without PrEP. Biomarkers of immune activation, blood - brain barrier (BBB) integrity and neuronal injury were analysed.Results:CSF and serum β2-microglobulin, serum neopterin and CSF neurofilament light protein were higher in persons on PrEP compared with controls. Furthermore, persons on PrEP had higher CSF/plasma albumin ratio, and matrix metalloproteinase-3 concentrations, indicating BBB dysfunction. Of persons on PrEP, 90% were cytomegalovirus (CMV)-positive compared to 65% of the controls. CMV-positive individuals as a group had higher levels of serum β2-microglobulin than CMV-negative individuals (P<0.05). Drug users had higher serum β2-microglobulin compared to nonusers (P<0.01).Conclusion:HIV-negative persons on PrEP had higher levels of biomarkers for immune activation, BBB impairment and neuronal injury, compared with volunteers without PrEP. Moreover, serum β2-microglobulin was higher in CMV-positive than in CMV-negative individuals and in drug users compared with nonusers. These findings are important to consider when analysing immune activation and CNS injury in PLHIV, and emphasize the importance of appropriate controls. © Copyright 2021 Wolters Kluwer Health, Inc. All rights reserved.	biomarkers; cerebrospinal fluid; cytomegalovirus; lifestyle-related factors; neopterin; people living with HIV; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Clinical
Article	2021	Robles, Gabriel; Sauermilch, Daniel; Gandhi, Monica; Starks, Tyrel J	PrEP Demonstration Project Showed Superior Adherence with Tenofovir Alafenamide/Emtricitabine Compared to Tenofovir Disoproxil Fumarate/Emtricitabine in a Sample of Partnered Sexual Minority Men.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03095-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7979438	Sexual minority men (SMM) remain at high risk of HIV infection in the United States, and for those in relationships, dyadic functioning may contextualize prevention decisions. Pre-exposure prophylaxis (PrEP) for HIV prevention was previously limited to tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) until the FDA approved tenofovir alafenamide/FTC (TAF/FTC) for PrEP in 2019. Data regarding substance use, sexual behavior, holding an active PrEP prescription, and type of PrEP regimen (TDF/FTC versus TAF/FTC) were analyzed from a sample of 421 partnered SMM. The majority of the sample on PrEP reported a TDF/FTC prescription as opposed to TAF/FTC. However, SMM reported significantly better adherence to TAF/FTC than TDF/FTC in multivariable models. Novelty of TAF/FTC, treatment fatigue with TDF/FTC, and/or a belief in TAF/FTC's superior efficacy and mitigated side effects may be plausible contributing factors. More studies using objective adherence metrics and surveys are needed.	Adherence; HIV; Pre-exposure prophylaxis; Sexual minority men.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Roche S.D.; Odoyo J.; Irungu E.; Kwach B.; Dollah A.; Nyerere B.; Peacock S.; Morton J.F.; O'Malley G.; Bukusi E.A.; Baeten J.M.; Mugwanya K.K.	A one-stop shop model for improved efficiency of pre-exposure prophylaxis delivery in public clinics in western Kenya: a mixed methods implementation science study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25845	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122058946&doi=10.1002%2fjia2.25845&partnerID=40&md5=1aa610683314a0674c3a36c7d536ad7c	Introduction: In public clinics in Kenya, separate, sequential delivery of the component services of pre-exposure prophylaxis (PrEP) (e.g. HIV testing, counselling, and dispensing) creates long wait times that hinder clients' ability and desire to access and continue PrEP. We conducted a mixed methods study in four public clinics in western Kenya to identify strategies for operationalizing a one-stop shop (OSS) model and evaluate whether this model could improve client wait time and care acceptability among clients and providers without negatively impacting uptake or continuation. Methods: From January 2020 through November 2020, we collected and analysed 47 time-and-motion observations using Mann–Whitney U tests, 29 provider and client interviews, 68 technical assistance reports, and clinic flow maps from intervention clinics. We used controlled interrupted time series (cITS) to compare trends in PrEP initiation and on-time returns from a 12-month pre-intervention period (January–December 2019) to an 8-month post-period (January–November 2020, excluding a 3-month COVID-19 wash-out period) at intervention and control clinics. Results: From the pre- to post-period, median client wait time at intervention clinics dropped significantly from 31 to 6 minutes (p = 0.02), while median provider contact time remained around 23 minutes (p = 0.4). Intervention clinics achieved efficiency gains by moving PrEP delivery to lower volume departments, moving steps closer together (e.g. relocating supplies; cross-training and task-shifting), and differentiating clients based on the subset of services needed. Clients and providers found the OSS model highly acceptable and additionally identified increased privacy, reduced stigma, and higher quality client–provider interactions as benefits of the model. From the pre- to post-period, average monthly initiations at intervention and control clinics increased by 6 and 2.3, respectively, and percent of expected follow-up visits occurring on time decreased by 18% and 26%, respectively; cITS analysis of PrEP initiations (n = 1227) and follow-up visits (n = 2696) revealed no significant difference between intervention and control clinics in terms of trends in PrEP initiation and on-time returns (all p>0.05). Conclusions: An OSS model significantly improved client wait time and care acceptability without negatively impacting initiations or continuations, thus highlighting opportunities to improve the efficiency of PrEP delivery efficiency and client-centredness. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV prevention; Kenya; implementation science; organizational efficiency; pre-exposure prophylaxis; quality improvement.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Roche S.D.; Wairimu N.; Mogere P.; Kamolloh K.; Odoyo J.; Kwena Z.A.; Bukusi E.A.; Ngure K.; Baeten J.M.; Ortblad K.F.	Acceptability and Feasibility of Pharmacy-Based Delivery of Pre-Exposure Prophylaxis in Kenya: A Qualitative Study of Client and Provider Perspectives	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03229-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103949331&doi=10.1007%2fs10461-021-03229-5&partnerID=40&md5=a5fcd3191ccf398e3a4d2d5f8f5d1239	As countries scale up pre-exposure prophylaxis (PrEP) for HIV prevention, diverse PrEP delivery models are needed to expand access to populations at HIV risk that are unwilling or unable to access clinic-based PrEP care. To identify factors that may influence implementation of retail pharmacy-based PrEP delivery in Kenya, we conducted in-depth interviews with 40 pharmacy clients, 16 pharmacy providers, 16 PrEP clients, and 10 PrEP providers from two provinces. Most participants expressed strong support for expanding PrEP to retail pharmacies, though conditioned their acceptance on assurances that care would be private, respectful, safe, and affordable. Participant-reported determinants of feasibility centered primarily on ensuring that the intervention is compatible with retail pharmacy operations (e.g., staffing levels, documentation requirements). Future research is needed to develop and test tailored packages of implementation strategies that are most effective at integrating PrEP delivery into routine pharmacy practice in Kenya and other high HIV prevalence settings. © 2021, The Author(s).	Differentiated care; HIV prevention; Implementation science; Kenya; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Rodriguez K.; Kelvin E.A.; Grov C.; Meyers K.; Nash D.; Wyka K.	Exploration of the Complex Relationships Among Multilevel Predictors of PrEP Use Among Men Who Have Sex with Men in the United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-020-03039-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85091147051&doi=10.1007%2fs10461-020-03039-1&partnerID=40&md5=ea125d1ee0bf58cff2056363ba07080	To explore the relationships among individual-, social-, and contextual- (state-level characteristics, including LBGTQ + and racial inequality) level factors and PrEP use. A cross-sectional survey was conducted in 2015–2016 among a geographically diverse group of men who have sex with men (MSM). Survey data was linked to publicly available state-level data based on participant zip code. Multivariable multilevel logistic regression was used to explore the association between multilevel variables and PrEP use. Of 4165 HIV-negative MSM, 13.4% were taking PrEP. In the regression analysis, several demographic and behavioral factors were associated with higher odds of PrEP use. Importantly, after adjusting for individual- and social-level factors, residents of states with high LGBTQ + equality had significantly higher odds of taking PrEP (OR 1.57; 95% CI 1.119, 2.023) compared to low equality states. LGBTQ + inequality between states may hinder PrEP use. States may need to take proactive measures to reduce LGBTQ + inequality as this may negatively impact the ability to reach the federal administration's stated goal to end the HIV epidemic in the US. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Contextual and individual level factors; Men who have sex with men (MSM); Multilevel modeling; PrEP use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Rogers B.G.; Tao J.; Maynard M.; Cha C.; Silva E.; Toma E.; Nagel K.; Napoleon S.; Chan P.A.	Characterizing the Impact of COVID-19 on Pre-Exposure Prophylaxis (PrEP) Care	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107497674&doi=10.1007%2fs10461-021-03337-2&partnerID=40&md5=596c8cff86c1a8c837474e1a0c7c7d67	10907165	10.1007/s10461-021-03337-2		Clinical care; COVID-19; HIV prevention; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Romano, Joseph W; Baum, Marc M; Dornhoecht, Zach R; Diana, Frank; Dolard, Charles; Feldman, Paul L; Garcia-Lerma, J Gerardo; Grobler, Alexander; Gunawardana, Manjula; Ho, Dey-Klare; Hope, Thomas J; Masoud, Inana; Mikel, Mark; Moss, John A; Pons-Faudoa, Fernando P; Roller, Shane; van der Straten, Ariane; Srinivasan, Selvi; Veazey, Ronald S; Zane, Doris	Tenofovir Alafenamide for HIV Prevention: Review of the Proceedings from the Gates Foundation Long-Acting TAF Product Development Meeting.	AIDS Research and Human Retroviruses	-	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8321331/	1931-8405	10.1089/AID.2021.0028		HIV PrEP; TAF; long-acting	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Rosengren A.L.; Lelutiu-Weinberger C.; Woodhouse E.W.; Sandoznejnikot P.; Highton-Weidman L.B.	A Scoping Review of HIV Pre-exposure Prophylaxis Stigma and Implications for Stigma-Reduction Interventions for Men and Transwomen Who Have Sex with Men	AIDS and Behavior	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098927098&doi=10.1007%2fs10461-020-03133-2&partnerID=40&md5=941046fcfdc09ed0b1c4b03dc0f6ff2b	10907165	10.1007/s10461-020-03133-2		HIV; MSM; PrEP; Stigma; Transwomen	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Rossler S.; Sharpe J.D.; Pasupuri S.; Sanchez T.; Zlotorzynska M.; Jones J.	Differences in PrEP Awareness, Discussions with Healthcare Providers, and Use Among Men Who Have Sex with Men in the United States by Urbanicity and Region: A Cross-sectional Analysis	AIDS and Behavior	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105049356&doi=10.1007%2fs10461-021-03267-x&partnerID=40&md5=40a0bb5314fa6e85392f6348d39193b7	10907165	10.1007/s10461-021-03267-x		Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention intervention and is critical to the Ending the HIV Epidemic strategy. Most PrEP research has been conducted among urban populations; less is known about PrEP awareness, willingness to use, and actual use among rural and suburban populations. We examined three PrEP indicators by United States region and urbanicity: awareness among men who have sex with men who responded to the 2019 cycle of the American Men's Internet Survey. Rural and suburban men were less likely than urban men to be aware of PrEP, to have discussed PrEP with a healthcare provider in the past 12 months, and to have ever used PrEP. Smaller differences were observed across regions. Notably, willingness to use PrEP was similar across region and urbanicity. Additional work will be needed to increase PrEP awareness and access among rural and suburban populations. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV/AIDS; Men who have sex with men; Pre-exposure prophylaxis; Uptake; Urbanicity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Roth, Alexis M; Tran, Nguyen K; Felker, Marisa; Gadegbeku, Annette B; Piecara, Brogan; Fox, Rachel; Krakower, Douglas S; Bellamy, Scarlett L; Juneau, K River; Bomkamp, Jesse A; Van Der Pol, Barbara	Integrating HIV Preexposure Prophylaxis With Community-Based Syringe Services for Women Who Inject Drugs: Results From the Project SIDE Demonstration Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7876321/	1944-7884	10.1097/QAI.0000000000002558		INTRODUCTION: To guide future preexposure prophylaxis (PrEP) implementation for women who inject drugs (WWID), a population increasingly represented in new HIV cases in the United States, we present results from a demonstration project integrated within a syringe services program (SSP) in Philadelphia, PA. METHODS: WWID ≥18 years were educated about and offered 2-8 weeks of daily PrEP. Participants completed surveys and clinical assessments at baseline and at weeks 1, 3, 12, and 24. We used descriptive statistics to estimate feasibility/acceptability, engagement in the care cascade, HIV-sexually transmitted diseases (STI) and pregnancy, issues of safety/tolerability, and preferences/satisfaction with PrEP services. Multivariable logistic regression with generalized estimating equations was used to identify factors associated with PrEP uptake and retention. RESULTS: We recruited 136 WWID. Of these, 95 were included in the final sample, and 43 accepted a PrEP prescription at week 1. Uptake was associated with greater basal STI exposure (frequency of SSP access; elevated odds ratio (eOR) = 1.85; 95% confidence interval (CI): 1.24 to 2.77; inconsistent condom use (eOR = 3.38; 95% CI: 1.07 to 10.71; and experiencing sexual assault (eOR = 2.94; 95% CI: 1.02, 11.9). Of these 95, 42 (44.2%) were retained at week 24. Retention was higher among women who reported more frequent baseline SSP access (eOR = 1.85; 95% CI: 1.24 to 2.77) and those who were pregnant (eOR = 3.38; 95% CI: 1.07 to 10.71). Self-report of adherence was high (≥4 doses/week: 93%). There were no safety issues identified in pregnancy. Safety/tolerability issues were uncommon, and acceptability/satisfaction was high. CONCLUSIONS: Integrating PrEP with SSP services is feasible and acceptable for WWID. This suggests that daily PrEP is a viable prevention tool for this vulnerable population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Roth, Maria Julia de Moraes; Campos, Valderrama, Mariana Rothermel; Acess, Julia Schernberger; Moro, Marjorie Geetz; Lehenkiel, Jules Victor Borges; Pazin, Dianne Cristina	Analysis of sexually transmitted infections in PrEP users: population assessment in Curitiba, Brazil	DST- Journal of Brazilian Sexually Transmitted Diseases	-	-	-	-	https://www.bjstd.org/site/article/view/1178/1153	0103-4065	10.5327/DST-2177-8264-2021133331		INTRODUCTION: The pre-exposure prophylaxis (PrEP) is a globally recognized pharmacological approach, consisting of a daily dose of antiretroviral drugs used to reduce the contamination rate by the human immunodeficiency virus (HIV). This combined prevention program was first offered by the Brazilian public health system in 2017 and was provided by Testing and Counseling Centers. Objective: To analyze the profile of pre-exposure prophylaxis users seen at Testing and Counseling Centers in Curitiba (state of Paraná, Brazil) and the presence of HIV and other sexually transmitted infections, such as syphilis, hepatitis B or C, in these users. Methods: This is an analytical, cross-sectional study, using database provided by the information system of the Testing and Counseling Centers. Data from users of HIV pre-exposure prophylaxis are mostly young, white, single men, and who are part of the group of men who have sex with other men. It was verified that, even though the HIV pre-exposure prophylaxis plays a major role in HIV prevention, it is paramount to encourage combined prevention, considering there is a significant relationship between the lack of barrier methods and positive results for syphilis. Conclusion: No connection between the use of HIV pre-exposure prophylaxis and increased incidence of sexually transmitted infections was established in the present study.	HIV; Pre-exposure prophylaxis; Sexually transmitted infections; Profilaxia pré-exposição; Doenças sexualmente transmissíveis	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Rousseau E.; Bekker L.-G.; Jules R.F.; Cohen C.; Morton J.; Johnson R.; Barnes J.M.; O'Malley G.	A community-based mobile clinic model delivering PrEP for HIV prevention to adolescent girls and young women in Cape Town, South Africa	BMC Health Services Research	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113630968&doi=10.1186%2fs12913-021-06920-4&partnerID=40&md5=3ca4a81a7970daa4db77b1e3430f12e	14726963	10.1186/s12913-021-06920-4		Background: Daily doses of pre-exposure prophylaxis (PrEP) can reduce the risk of acquiring HIV by more than 95 %. In sub-Saharan Africa, adolescent girls and young women (AGYW) are at disproportionately high risk of acquiring HIV, accounting for 25 % of new infections. There are limited data available on implementation approaches to effectively reach and deliver PrEP to AGYW in high HIV burden communities. Methods: We explored the feasibility and acceptability of providing PrEP to AGYW (aged 16–25 years) via a community-based mobile clinic (CMBC) known as the Tsoa Tsoa Tsoa (TTT) in Cape Town, South Africa. The TTT integrated PrEP delivery into its provision of comprehensive sexual and reproductive health services (SRHS). We analyzed data from community meetings and in-depth interviews with 20 AGYW PrEP users to understand the barriers and challenges of PrEP delivery in this context. Results: A total of 389 young women started PrEP at the TTT between July 2017 - October 2019. During in-depth interviews a subset of 30 AGYW described the CMBC intervention for PrEP delivery as acceptable and accessible. The TTT provided services at times and in neighborhood locations where AGYW organically congregate, thus facilitating service access and generating peer demand for PrEP uptake. The community-based nature of the CMBC, in addition to its adolescent-friendly health providers, fostered a trusting provider-community-client relationship and strengthened AGYW HIV prevention self-efficacy. The integration of PrEP and SRHS service delivery was critical to AGYW PrEP uptake. The TTT's community meetings and in-depth interviews revealed that AGYW experienced challenges with PrEP adherence, including forgetting to take PrEP during weather conditions/ also at times interrupted PrEP delivery. Conclusions: PrEP delivery from a CMBC is feasible and acceptable to young women in South Africa. However, to effectively scale-up PrEP it will be necessary to develop diverse PrEP delivery locations and modalities to meet AGYW HIV prevention needs. © 2021, The Author(s).	Adolescent girls and young women (AGYW); Community mobile health clinic (CMBC); HIV prevention; Pre-exposure prophylaxis (PrEP); PrEP delivery models; Sexual reproductive health services (SRHS)	United Kingdom	Western and Central Europe and North America	United States	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Rousseau E.; Jules R.F.; Madubela N.; Kassim S.	Novel Platforms for Biomedical HIV Prevention Delivery to Key Populations — Community Mobile Clinics, Peer-Supported, Pharmacy-Led PrEP Delivery, and the Use of Telemedicine	Current HIV/AIDS Reports	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117901614&doi=10.1007%2fs11904-021-00578-7&partnerID=40&md5=c2fb70ef51f6c2e0dbe99f57c105f7a	15483568	10.1007/s11904-021-00578-7		Purpose of Review: A gap exists between PrEP interest and PrEP uptake in key populations (KP) for HIV prevention that may be ascribed to PrEP delivery services not being acceptable. This review summarizes novel platforms for HIV prevention outside of the traditional health facility-bias environment. Recent Findings: Mobile health clinics provide highly acceptable and effective PrEP services that overcome inconvenient locations with the potential of high PrEP uptake. Telemedicine and health apps decongest health systems and allow for personal agency and informed decision-making on personal health. Pharmacy-led PrEP delivery is a feasible, acceptable, and cost-effective model that could substantially increase PrEP coverage among populations who frequent pharmacies for medications and other services. Summary: Community-based, differentiated and de-medicalized PrEP delivery can address uptake and continued use barriers in key populations. Future research should assess scalability, cost-effectiveness and sustainability of these PrEP delivery platforms, as well as focus on ways to simplify PrEP provision. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV self-testing; Mobile clinic; Peer-support; Pharmacy-led PrEP delivery; PrEP delivery; Telemedicine	United States	Western and Central Europe and North America	United States	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2021	Rousseau E.; Katz A.W.K.; O'Rourke S.; Bekker L.-G.; Delany-Moretlwe S.; Bukusi E.; Travill D.; Omollo V.; Morton J.F.; O'Malley G.; Haberer J.E.; Heffron R.; Johnson R.; Celum C.; Barnes J.M.; van der Straten A.	Adolescent girls and young women's PrEP user journey during an implementation science study in South Africa and Kenya	PLOS One	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117342862&doi=10.1371%2fjournal.pone.0250542&partnerID=40&md5=4abee5085e0c31a9b8d1896a2e4bea7	19326203	10.1371/journal.pone.0250542		Successful scale-up of PrEP for HIV prevention in African adolescent girls and young women (AGYW) requires integration of PrEP into young women's everyday lives. We conducted interviews and focus group discussions with 37 AGYW PrEP users ages 16–25 from South Africa and Kenya. Individual-level relational enablers and deterrents were explored to map PrEP user journey from awareness, initiation and early use through persistence, including PrEP pauses, restarts, and discontinuation. PrEP uptake was facilitated when offered as part of an integrated sexual reproductive health intervention, and when supported by interventions addressing stigma about PrEP in the community. Daily pill-taking was challenging for AGYW due to individual, relational and structural barriers. Lack of PrEP interruptions (intended or unintended) were described as part of AGYWs PrEP-user journey. Disclosure, social support, adolescent-friendly health counseling, and convenient access to PrEP were reported as key enablers for PrEP persistence. © 2021 Rousseau et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Rowan S.E.; Patel R.R.; Schneider J.A.; Smith D.K.	Same-day prescribing of daily oral pre-exposure prophylaxis for HIV prevention	The Lancet HIV	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096022066&doi=10.1016%2f2352-3018%2820%2930225-1&partnerID=40&md5=3d1e94cc4c14a1e089d6b1765a0fe8b9	23523018	10.1016/S2352-3018(20)30225-1		Pre-exposure prophylaxis (PrEP) is highly effective in reducing HIV transmission but remains underutilised globally. Same-day PrEP prescribing and medication provision is an emerging implementation approach, but data on its safety and effectiveness are limited. We describe the first clinical experience of same-day PrEP prescribing in the USA, where patients were initiated on PrEP before laboratory tests or results were available. Same-day PrEP has the potential to facilitate access to PrEP and to address the attrition seen in usual care between initial evaluation and receipt of a PrEP prescription. A widespread application of same-day prescribing will be needed to assess its effect on PrEP usage. © 2021 Elsevier Ltd		English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Ruppe L.B.; Spencer L.A.; Krebs J.M.	Pre-Exposure Prophylaxis for HIV Infection and the Role of the Women's Health Care Provider in HIV Prevention	Journal of Midwifery and Women's Health	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107125681&doi=10.1111%2fjmwh.13231&partnerID=40&md5=2a6e0f3368dc0f1b0a5f0cc5d70a7f8a3	15269523	10.1111/jmwh.13231		HIV infection is a major public health problem for women in the United States. Prevention of new HIV infections is essential to the goal of eliminating HIV in the United States. Pre-exposure prophylaxis (PrEP) is an effective and safe HIV prevention method recommended for women at increased risk for HIV infection, including during pregnancy and lactation. PrEP regimen is a fixed-dose combination of tenofovir disoproxil fumarate and emtricitabine administered as a single daily dose. The initial evaluation for individuals desiring PrEP for HIV prevention includes obtaining a history, laboratory testing, and evaluation of the medication's safety and acceptability of PrEP. Individuals using PrEP medications are seen every 3 months for follow-up. These follow-up visits also include evaluating for adverse signs and symptoms of seroconversion, management of side effects and adverse reactions, and evaluation of adherence to PrEP. Follow-up visits also include testing for HIV, sexually transmitted infections, and renal function and a review of HIV prevention and risk reduction methods. Despite known safety and efficacy of PrEP among women, PrEP use in women in the United States remains low. Gaps exist in HIV prevention that can in part be addressed by women's health care providers through risk screening and provision of HIV prevention methods. All providers of comprehensive sexual health care can and should assess individuals for risk factors for HIV infection and offer HIV prevention methods, including PrEP, to individuals at risk for HIV. © 2021 by the American College of Nurse-Midwives.	AIDS; HIV; midwifery; pre-exposure prophylaxis; United States; women; women's health	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Russ S.; Zhang C.; Lu V.	Pre-Exposure Prophylaxis Care Continuum, Barriers, and Facilitators among Black Men Who Have Sex with Men in the United States: A Systematic Review and Meta-Analysis	AIDS and Behavior	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098927045&doi=10.1007%2fs10461-020-03136-4&partnerID=40&md5=1630f7ada56ade7d0f6fcbbe2a204e7c	10907165	10.1007/s10461-020-03136-4		Pre-exposure prophylaxis (PrEP) represents a viable HIV prevention tool for black men who have sex with men (BMSM). However, aggregated evidence regarding the presentations and determinants of the PrEP continuum (e.g., awareness, willingness, intention, uptake and adherence) remains absent to empirically inform future intervention efforts. We meta-analyzed the proportion of BMSM who qualitatively synthesized key barriers/facilitators of the stages of the PrEP continuum among a pooled sample of 42,870 BMSM aggregated from 56 published studies. Our random-effect models indicated a substantial proportion of BMSM were aware of PrEP (78.2%, 95% CI: 72.2 to 83.4%) and uptake (35.9%, 95% CI: 25.2 to 48.1%) and uptake (35.9%, 95% CI: 25.2 to 48.1%). Qualitative summary revealed that perception of HIV risk, intersectional/PrEP-related stigma and medical mistrust were among the most agreed factors that influence PrEP use. BMSM's racialized, multidimensional key stages of the PrEP continuum. Futures interventions are continuously needed to target multilevel barriers/facilitators to enhance the PrEP continuum among BMSM. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black men who have sex with men; Meta-analysis; Pre-exposure prophylaxis; Systematic review; United States	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Saeed S.; Goldman M.; Uricanin S.; O'Brien S.F.	Evaluation of a pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) deferral policy among blood donors	Transfusion	-	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8321707/	411132	10.1111/trf.16349		Background: The use of pre–/post-exposure prophylaxis (PrEP/PEP) may interfere with routine HIV screening. As a result, blood services worldwide have adopted a variety of deferral policies to mitigate increased residual risk. In this study, we evaluated the quarantined impact of modifying the donor health questionnaire (DHQ) to include explicit questions to assess PrEP/PEP exposure. Study Design and Methods: Using a quasi-experimental design, we compared the number of HIV-positive donations, the number of donations deferred, and the number of donations quarantined between a standard-of-care PrEP/PEP deferral period and a self-reported PrEP/PEP extra and then indications for use. We also assessed deferral rates and the sensitivity of using existing risk questions to defer people exposed to PrEP/PEP. Results: Of 1,122,075 donations, 89 people (eight per 100,000 donations) reported PrEP (64%)/PEP (36%) use in the last 4 months. People exposed to PrEP were more likely to be men (94%) and taking PrEP for lifestyle reasons (87%). In contrast, indications for PEP use included occupational exposure (50%) and sexual assault (27%). Most donors who answered affirmatively to PrEP/PEP exposure were deferred (96%). If potential donors were not directly asked about their PrEP/PEP use, the majority would not have been deferred for any other reasons (PrEP 32/57 (56%) and PEP 15/30 (50%)). Conclusion: Not all blood services have adopted direct questions to identify PrEP/PEP exposure; some rely on existing DHQ questions. In Canada, despite DHQ questions such as medication use in the last 3 days, more than half of people exposed to PrEP/PEP would not have been identified and deferred. © 2021 AABB	deferrals; donors; pre-exposure prophylaxis; PrEP; residual HIV risk	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Sahay, Seema; Verma, Archana; Shewale, Sahas; Banger, Sampada; Bijralshruti, Athokpam; Angadkar, Mubsshir; Sharmaan, Thilakavathi; Chandhok, Nonita	Understanding issues around use of oral pre exposure prophylaxis among female sex workers in India.	BMC Infectious Diseases	-	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8126480/	1471-2334	10.1186/s12879-021-06612-0		BACKGROUND: Empowering female sex workers (FSWs) through women controlled HIV prevention option has been in focus globally. FSWs are important target for oral pre exposure prophylaxis (PrEP). A multi-centric qualitative study was conducted to explore the FSWs willingness to use oral PrEP in India. METHODS: Seventy three interviews and 02 focus group discussions were conducted at 3 high HIV prevalent states in India during 2013-14. Study explored issues around willingness to use oral PrEP. The study was approved by the respective institutional ethics committees of the study sites. Thematic analysis was done using framework approach. RESULTS: Willingness to use oral PrEP was influenced by perceived HIV risk, perceived efficacy, safety, side effects, cost, dosing frequency, ease of use, independence, financial gains, and privacy and therefore hoped to use it as an alternative to male condom. However, any impact on physical/ aesthetic attributes and reproductive system were not acceptable and could become a barrier. Provider initiated oral PrEP was not preferred. Providers voiced safety monitoring concerns. Adherence emerged as a challenge because of (1) alcohol use; (2) taking PrEP tablet each day being 3 (3) Stigma because Oral PrEP is ARV based. Alcohol use and dread of repetitive dose brings forth the need for long acting oral PrEP. CONCLUSION: Oral PrEP is acceptable among FSWs; it should be rolled out alongside strong messages on STI protection and PrEP as compliment to condoms. PrEP roll out requires educating communities about HIV treatment versus prevention. Long-acting oral PrEP could address both boredom/ and alcoholism and sustain adherence.	*Human immunodeficiency virus infection /drug therapy /prevention; *antiretroviral therapy; *breast feeding; *clinical trial protocol; *medication compliance; *pregnant women; *pre-exposure prophylaxis; Adult; Anti-HIV Agents therapeutic use; Article; Breast Feeding; Clinical assessment; Clinical outcome; Controlled study; Drug monitoring; Drug safety; Female; HIV Infections drug therapy; prevention & control; High risk population; Human; Human immunodeficiency virus; Human immunodeficiency virus infected patient; Humans; Infectious Disease Transmission, Vertical prevention & control; Major clinical study; Maternal Exposure; Medication Adherence; Multicenter Study; Outcome Assessment; Patient compliance; Patient satisfaction; Pilot Projects; Pilot study; Practice guideline; Pregnancy; Pre-Exposure Prophylaxis; Program acceptability; Randomized Controlled Trials as Topic; Randomized controlled trial; Retention in care; Virus load	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Schneider J.A.; Young L.; Ramachandran A.; Michaels S.; Cohen H.; Robinson I.; Alon L.; Hill B.; Nakasone S.; Balenciaga M.; Morley D.; Bouris A.; Khanna A.; Ferreira M.; Valente T.; Schumm P.	A Pragmatic Randomized Controlled Trial to Increase PrEP Uptake for HIV Prevention: 55-Week Results From PrEPClinic	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098475990&doi=10.1097%2fQAI.0000000000002518&partnerID=40&md5=5c7737a3e9ba84ed95eaeda8d0f8f4	15254135	10.1097/QAI.0000000000002518		Objectives:We tested preliminary efficacy of a peer change agent type I network intervention to increase pre-exposure prophylaxis (PrEP) linkage to care among network members connected to young Black men who have sex with men.Design:Parent study is a pragmatic randomized controlled trial with 110 weeks of total follow-up. Interim midpoint analyses are performed here using participants data before crossover assignment at 55 weeks.Methods:We randomly assigned 423 participants in Chicago to receive the network intervention, an opinion leader workshop with telephonic booster sessions, versus a time-matched control first from 2016 to 2018. The consolidated estimates report outcomes over PrEP referral and linkage to clinical care among network members connected to study participants and were collected from independent administrative data.Results:Each study participant in the trial (n = 423) had on average 1822 network contacts who could be eligible for PrEP referral and linkage. During the 55-week observation period, PrEP referral was more likely to occur within 3 days of an intervention session compared to control odds ratio (OR):107 (0.02-0.81); P = 0.007 resulting in 1.2 referrals of network members per session. Network members with referral or linkage were more likely to be connected to study participants in the intervention arm than the control.condition aOR 1.50 (1.09-2.06); P = 0.012.Conclusions:A network intervention delivered by existing participants can increase PrEP linkage to care among young Black men who have sex with men. Additional analyses will determine if any intervention demonstrated network-level impact among populations that have experienced limited PrEP care engagement in the United States. © 2020 The Author(s). Published by Wolters Kluwer Health, Inc.	Black MSM; PrEP; social network analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Schneider, Kirstin E; Rebecca Hamilton White; Allison O'Rourke; Kilkenny, Michael F; Perdue, Michelle; Sherman, Susan G; Groh, Suzanne M; Allen, Sean T	Awareness of and interest in oral pre-exposure prophylaxis (PrEP) for HIV prevention and interest in hypothetical forms of PrEP among people who inject drugs in rural West Virginia	AIDS Care	-	-	-	-	https://www.tandfonline.com/doi/full/10.1080/09540121.2020.1822506	9540121	10.1080/09540121.2020.1822506		Injection drug use-associated HIV outbreaks have occurred in rural communities throughout the United States, which often have limited HIV prevention services for people who inject drugs (PWID). Pre-exposure prophylaxis (PrEP) is one tool that may help fill gaps in HIV prevention programing in rural settings. Oral PrEP has been approved for use, and new PrEP formulations are under development. Research is needed to better understand interest in oral and possible forthcoming PrEP formulations among PWID. We used survey data from 407 PWID in rural West Virginia. We asked if participants had heard of, taken, and were interested in taking PrEP, and about interest in several hypothetical forms of PrEP (arm injections, abdomen injections, implants, intravenous infusions). We estimated the prevalence of interest in each formulation and assessed correlates using Chi-squared tests. A minority had heard of oral PrEP (32.0%), and few had used it (3.7%). Many were interested in using oral PrEP (58.3%). Half were interested in arm injections (55.7%). Common correlates of interest across PrEP formulations were sexual minority status, comfort talking to a doctor about sex, sex work, and sharing injection equipment. Oral and injectable PrEP have the potential to fill HIV prevention gaps for rural PWID.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Schumacher C.M.; Tao X.; Chandran A.; Fields E.; Price A.; Greenbaum A.; Jennings J.M.	Reaching Those Most at Risk for HIV Acquisition: Evaluating Racial/Ethnic Disparities in the Preexposure Prophylaxis Care Continuum in Baltimore City, Maryland	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002712	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112119523&doi=10.1097%2fQAI.0000000000002712&partnerID=40&md5=8395e5a96038a070f5d5a67b2da5709e	Background:Reducing HIV incidence requires addressing persistent racial/ethnic disparities in HIV burden. Our goal was to evaluate preexposure prophylaxis (PrEP) delivery, overall and relative to community need, among 7 clinical sites participating in a health department-led demonstration project to increase PrEP in Baltimore city, MD.Methods:PrEP care continuum stages (screened, indicated, referred, linked, evaluated, prescribed) were examined among HIV-negative individuals receiving services at participating sites between September 30, 2015 and September 29, 2019. Community need was defined using information on new HIV diagnoses (2016-2018). Differences in care continuum progression by demographics/priority population and comparison of demographic compositions between care continuum stages and new HIV diagnoses were examined using modified Poisson regression and χ2tests, respectively.Results:Among 25,886 PrEP-screened individuals, the majority were non-Hispanic (NH) black (81.1%, n = 20,998), cisgender male (61.1%, n = 15,825), and heterosexual (86.7%, n = 22,452). Overall, 31.1% (n = 8063) were PrEP-indicated; among whom, 56.8% (n = 4578), 15.6% (n = 1250), 10.8% (n = 868), and 9.0% (n = 722) were PrEP-referred, linked, evaluated, and prescribed, respectively. Among 2870 men who have sex with men (MSM), 18.7% (n = 538) were PrEP-prescribed. Across all groups, the highest attrition was between PrEP-referred and PrEP-linked. NH-black race (vs. NH-white) was independently associated with lower likelihood of PrEP prescription (aPR, 0.89; 95% confidence interval, 0.81 to 0.98 controlling for age/gender). Relative to the demographic composition of new HIV diagnoses, fewer NH-blacks (80.2% vs. 54.3%) and more NH-whites (10.7% vs. 30.3%) and MSM were PrEP prescribed (55.2% vs. 74.5%).Conclusions:This project showed promise delivering PrEP referrals and prescriptions overall and to MSM. Substantial improvement is needed to improve linkage overall and to decrease disparities in PrEP prescriptions among NH-blacks. Future work should focus on addressing service gaps that hinder PrEP utilization. © 2021 Lippincott Williams and Wilkins. All rights reserved.	health disparities; HIV; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Schuyler, Ashley; Alidina Zainab; Margaret, Dolcini M; Harper, Gary; Dennis, Fortenberry J; Singh, Ryan; Jamil, Omar; Pollack, Lance; Catania, Joseph	Pre-Exposure Prophylaxis (PrEP) Dissemination: Adapting Diffusion Theory to Examine PrEP Adoption	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03345-2	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-dissemination/docview/2568815198/se-2?accountid=8113	PrEP adoption among African-American men-who-have-sex-with-men (AAMSM) remains low. We applied Diffusion-of-Innovations (DOI) theory to understand PrEP adoption processes among young HIV-negative/status unknown AAMSM (AAYMSM; N = 181; 17–24 years). Quantitative and qualitative analyses were used to examine predictors of PrEP diffusion stages. Most AAYMSM were in the persuasion stage (PrEP-aware, hadn't adopted; 72.4%). Our results suggest that model antecedents are DOI stage-specific. PrEP awareness (knowledge stage) was associated with lower levels of social stigma (p < .03) and greater health literacy (p < .05), while sexual risk (p < .03) and education (p < .03) predicted PrEP adoption (12.2%). PrEP efficacy and side effects were primary innovation characteristics influencing adoption receptivity in the persuasion stage. Interventions to improve PrEP diffusion should be tailored to stage-specific antecedents depending on how a community is stratified across the DOI stages.	Diffusion; HIV/AIDS; African American; Pre-exposure prophylaxis; Psychology; MSM; Men who have sex with men; Stigma; Disease prevention; Prophylaxis; African Americans; Health behavior; Qualitative analysis; Qualitative research; Information dissemination; Social stigma; Adoption; Side effects; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Preventive healthcare; Innovations; Adoption of innovations; Diffusion of innovations; Diffusion theory; Persuasion	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Schwartz J.; Grimm J.; Zimmerman R.; Clement M.	Exploring perceptions of healthcare providers' communication skill and PrEP use in men who have sex with men	Communication Research Reports	-	-	-	-	8824096	10.1080/08824096.2021.1943343	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109347261&doi=10.1080%2f08824096.2021.1943343&partnerID=40&md5=3f06c581e54afb903ce326c83197dae8	HIV continues to be serious issue in the U.S., especially for men who have sex with men (MSM). Pre–exposure prophylaxis (PrEP) is a highly effective means of preventing HIV, but its adoption has been slower than expected. The purpose of this study was to investigate the extent to which MSM's perceptions of their healthcare providers' level of communication skill predicted PrEP status. An online survey of 969 MSM was conducted. The results showed that respondents who perceived that their healthcare provider was skilled in information giving, information receiving, and information verifying were more likely to be on PrEP than respondents who perceived their healthcare provider had a lower level of skill in these areas. These findings highlight the importance of providers' communication skill in healthcare, particularly for MSM. © 2021 Eastern Communication Association.	health; HIV; provider–patient communication	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Scorgie, Fiona; Khoza, Nomhle; Baron, Deborah; Lees, Shelley; Harvey, Sheila; Ramskin, Lethabo; Stangl, Anne; Colombini, Manuela; Mashauri, Emma; Delany-Moretlwe, Sinead	Disclosure of PrEP use by young women in South Africa and Tanzania: qualitative findings from a demonstration project.	Culture, Health & Sexuality	-	-	-	-	1464-5351	10.1080/13691058.2019.1703041	https://dx.doi.org/10.1080/13691058.2019.1703041	Investigating how young women disclose oral pre-exposure prophylaxis (PrEP) use is important given evidence that disclosure is associated with higher adherence. We report qualitative results on PrEP disclosure among young women in South Africa and Tanzania who participated in a PrEP demonstration project (EMPOWER). In total, 81 in-depth interviews were conducted with 39 young women aged 16-24 years-25 from Johannesburg and 14 from Mwanza-at approximately 3, 6 and/or 9 months post-enrolment. Analysis of data was thematic and inductive. Most Johannesburg participants were students in the inner-city; in Mwanza, all worked in recreational venues, occasionally engaging in sexual transactions with customers. A continuum of approaches was evident. Partner disclosure was common in Johannesburg but less so in Mwanza, where many partners were feared as judgemental and potentially violent. In both sites, participants commonly disclosed to family to secure support, and to friends and work colleagues to advocate about PrEP and encourage uptake among at-risk peers. Adherence clubs appeared helpful in building participants' skills and confidence to disclose, particularly in gender-inequitable sexual relationships. PrEP counselling for young women should focus on strengthening communication skills and helping develop strategies for safe disclosure.	Oral pre-exposure prophylaxis; South Africa; Tanzania; disclosure; young women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Scorgie, Fiona; Khoza, Nomhle; Delany-Moretlwe, Sinead; Velloza, Jennifer; Mangxilana, Nomvuyo; Atujuna, Millicent; Chitukuta, Miria; Matambanadzo, Kudzai V; Hosek, Sybil; Makhale, Lerato; Celum, Connie	Narrative sexual histories and perceptions of HIV risk among young women taking PrEP in southern Africa: Findings from a novel participatory method	Social Science & Medicine	-	-	-	-	2779536	10.1016/j.socscimed.2020.113600	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098178766&doi=10.1016%2fj.socscimed.2020.113600&partnerID=40&md5=5a78733dc92d01d60d9f484cbacac2a4	Pre-exposure prophylaxis (PrEP) is an important HIV prevention method for adolescent girls and young women (AGYW) in Africa, who are at heightened risk of HIV infection. HIV risk perception is generally a powerful motivator for adoption of HIV prevention behaviours, including PrEP use. While HIV risk perceptions have been evaluated using quantitative measures, these seldom capture how individuals conceptualize and understand risk within local frameworks of meaning. More nuanced understanding may come from qualitative approaches that map these perceptions across the trajectory of sexual histories. Between 2016 and 2018, we implemented a novel participatory method to investigate risk perceptions in interviews with 32 participants in HPTN 082, a study of AGYW's use of PrEP in South Africa and Zimbabwe. Timelines were used to record narrative sexual histories and perceived HIV risk for each relationship. We found that women assessed HIV risk primarily based on their partners' personal qualities and behaviour (especially relating to infidelity); their subjective experience of being treated respectfully; and the practice of perceived 'risk reduction', including younger partners and condoms, even if used inconsistently. A narrative timeline approach grounded in an understanding of young women's sexual histories may increase critical reflection about HIV risks and facilitate risk-reduction counselling with this group. © 2020 Elsevier Ltd	Adolescent girls and young women; HIV risk perceptions; PrEP; Qualitative research; Sexual histories; South Africa; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2021	Seed, Clive R; Styles, Claire E; Hoad, Veronica C; Yang, Hung; Thomas, Michael J; Gosbell, Iain B	Effect of HIV pre-exposure prophylaxis (PrEP) on detection of early infection and its impact on the appropriate post-PrEP deferral period.	Vox Sanguinis	-	-	-	-	1423-0410	10.1111/vox.13011	https://dx.doi.org/10.1111/vox.13011	INTRODUCTION: HIV antivirals for pre-exposure prophylaxis (PrEP) are known to affect detection of early HIV infection through suppression of viral load and delayed seroconversion. To cover potential delay in HIV detection associated with PrEP use by blood donors in the context of international reductions in sexual activity-based deferral periods, we analysed the available data to determine the appropriate minimum post-PrEP deferral period for blood donation. MATERIALS AND METHODS: Published cases of incident HIV infection when PrEP use was objectively demonstrable were identified, consisting principally of seroconverters from the Partners PrEP study (a clinical trial of PrEP efficacy). Data were reviewed to determine the impact of PrEP on the detection of HIV RNA, p24 Ag and seroconversion delay. RESULTS: Nucleic acid testing (NAT) detected early HIV infection in the presence of PrEP prior to or in concordance with serological testing in approximately 90% of cases. Undetectable in HIV RNA would rebound to detectable levels within two months of PrEP cessation. PrEP delayed p24 antigen detection and antibody seroconversion by about 7 days. CONCLUSION: Even when daily PrEP is continued, it is likely that the majority of early HIV infections are detectable by individual donation (ID)-NAT, with p24 Ag or antibody seroconversion occurring conservatively within four weeks of exposure. HIV RNA levels also rebound rapidly in the absence of PrEP. In Australia, a three-month deferral period for blood donation after the last dose of PrEP provides an appropriate safety margin to mitigate the residual risk of transfusion-transmitted HIV.	blood donation testing; blood safety; donors; transfusion-transmitted infections	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2021	Segarra, Lorena; Simmens, Samuel J; Castel, Amanda D; Kharfen, Michael; Masur, Henry; Greenberg, Alan E	Highly variable trends in rates of newly diagnosed HIV cases in U.S. hotspots, 2008-2017.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0250179	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8054999	The U.S. Ending the HIV Epidemic (EHE) initiative was announced in early 2019 and rapidly became a focal point for domestic HIV prevention and treatment programs. Using publicly available data from CDC, we examined historical trends in the average annual percent change (AAPC) in HIV diagnosis rates for the 57 EHE high incidence "hotspots" using Joinpoint analysis. We then assessed the ecologic association of various hotspot characteristics with changes in these rates over time using a multivariable regression model. From 2008-2017, the overall rate of newly diagnosed HIV cases in the U.S. declined from 19 to 14 per 100,000 persons, with the AAPC declining significantly in the U.S. overall (-3.1%; 95% CI: -3.7, -2.4) and in the 57 hotspots (-3.3%; 95% CI: -4.6, -2.8). There were large (AAPC <-5.0), moderate (-5.0 to -2.5) and small (-2.5 to 0.0) rates of decline in 14, 19 and 17 hotspots respectively, with increasing trends (AAPC >0.0) noted in seven hotspots. In the multivariable regression analysis, higher initial HIV diagnosis rate and location in the Northeast region were significantly associated with declining AAPC rates whereas no significant differences were found by hotspot gender, age, or race/ethnicity distribution. This analysis demonstrates that the rate of decline in HIV diagnosis rates in hotspots across the U.S. has been highly variable. Further exploration is warranted to assess the correlation between programmatic factors such as HIV testing and antiretroviral therapy and pre-exposure prophylaxis coverage with HIV trends across the hotspots.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Sekabira, Rogers; McGowan, Ian; Yuhas, Krista; Brand, Rhonda M; Marzinke, Mark A; Manabe, Yukari C; Frank, Ian; Eron, Joseph; Landovitz, Raphael J; Anton, Peter; Cranston, Ross D; Anderson, Peter; Mayer, Kenneth H; Amico, K Rivet; Wilkin, Timothy J; Chege, Wairimu; Kekitiinwa, Adeodata R; McCauley, Marybeth; Gulick, Roy M; Hendrix, Craig W	Higher colorectal tissue HIV infectivity in cisgender women compared with MSM before and during oral preexposure prophylaxis.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000002907	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8483241	OBJECTIVE: The objective of this study was to compare HIV-negative cisgender women (CGW) with MSM for mucosal tissue differences in pharmacokinetics, HIV infectivity and cell phenotype. DESIGN: A substudy of HPTN 069/ACTG A5305, 48-week study of three oral candidate preexposure prophylaxis regimens: maraviroc, maraviroc/emtricitabine and maraviroc/tenofovir disoproxil fumarate (TDF) compared with a TDF/emtricitabine control group. METHODS: Plasma, peripheral blood mononuclear cells and cervical and colorectal tissue biopsies were collected at Baseline (no drug), Week 24 and 48 (on drug), and Week 49 (1-week postdrug). Drug concentrations were assessed in all matrices. HIV infectivity was assessed using tissue biopsy 'explants' challenged with HIV ex vivo followed by HIV p24 measurement. Flow cytometry evaluated colorectal cell phenotype. RESULTS: Thirty-seven CGW and 54 MSM participated. CGW's colorectal explant p24 was higher than MSM before (0.31 log10, Pâ=â0.046), during (1.01-1.19 log10, Pâ=â0.016) and one week after (0.61 log10, Pâ=â0.011) study drug dosing. Pooling regimens, cervical explant p24 did not differ among visits. CGW had higher plasma maraviroc and colorectal tissue tenofovir diphosphate and lower colorectal tissue emtricitabine (all Pâ<â0.005) compared with MSM. Each study drug's cervical tissue concentrations were more than 10-fold below paired colorectal concentrations (Pâ<â0.001). Cell phenotype sex differences included 4% higher CD38+/CD8+ cells at baseline and 3-7% higher CD69+/CD8+ cells throughout Weeks 24-49 in CGW compared with MSM (Pâ<â0.05). CONCLUSION: Colorectal explants in CGW demonstrated greater HIV infectivity than MSM with and without study drugs. Small differences in adherence, drug concentration and colorectal tissue flow cytometry cannot fully explain this difference.	NA	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2021	Sekhon M.; Van Der Straten A.	Pregnant and breastfeeding women's prospective acceptability of two biomedical HIV prevention approaches in Sub Saharan Africa: A multisite qualitative analysis using the Theoretical Framework of Acceptability	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0259779	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119380069&doi=10.1371%2fjournal.pone.0259779&partnerID=40&md5=eb3f70540634dfb5eea72e9d0fba463e	HIV infection during pregnancy and breastfeeding has implications for maternal health. Between May-November 2018, we explored prospective acceptability of two novel HIV Preexposure Prophylaxis (PrEP) products, oral pills and vaginal rings, through focus group discussions with 65 pregnant and breastfeeding women in Malawi, South Africa, Uganda, Zimbabwe. Qualitative analysis was completed, guided by the Theoretical Framework of Acceptability (TFA). First, a deductive thematic analysis was applied to relevant coded data, into the seven TFA constructs (Affective Attitude; Burden; Ethicality, Intervention Coherence; Opportunity Costs; Perceived Effectiveness; Self-efficacy). Next, an iterative analysis was completed to generate themes within each of the TFA constructs. Women's positive attitudes towards daily oral PrEP highlighted the familiarity of taking pills, understanding the purpose of taking pills, and the perception that it is an effective method to protect mothers and babies from HIV during pregnancy and breastfeeding. Women emphasized the ease of using the ring given its monthly duration that lowers burden on the user, its discreetness and invisibility once in place. The TFA analysis highlighted how acceptability of both methods could be enhanced by focusing on perceptions of the end users (i.e. the women) and not just the products themselves. This approach provided insights into how to refine the intervention materials and plans for implementation. © 2021 Sekhon et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Seneviratne, Herana Kamal; Hamlin, Allyson N; Li, Sue; Grinsztejn, Beatriz; Dawood, Halima; Liu, Albert Y; Kuo, Irene; Hosseinipour, Mina C; Panchia, Ravindre; Cottle, Leslie; Chau, Gordon; Adeyeye, Adeola; Rinehart, Alex R; McCauley, Marybeth; Eron, Joseph S; Cohen, Myron S; Landovitz, Raphael J; Hendrix, Craig W	Identification of Novel UGT1A1 Variants Including UGT1A1 454C>A through the Genotyping of Healthy Participants of the HPTN 077 Study	-	-	University of California	University of California	-	2575-9108	https://doi.org/10.1021/acsptsci.0c00181	https://escholarship.org/uc/item/54s83800	Cabotegravir (CAB) is an integrase strand-transfer inhibitor of HIV that has proven effective for HIV treatment and prevention in a long-acting injectable formulation, typically preceded by an oral formulation lead-in phase. Previous in vitro studies have demonstrated that CAB is primarily metabolized via glucuronidation by uridine diphosphate glucuronosyltransferase (UGT) 1A1 and 1A9. In this study, we performed next-generation sequencing of genomic DNA isolated from the HPTN 077 participants to explore the variants within UGT1A1 and UGT1A9. Additionally, to enable correlation of UGT1A1 and UGT1A9 genotypes with plasma CAB-glucuronide levels, we quantified glucuronidated CAB following both oral administration of CAB and intramuscular injection of long-acting CAB. From these studies, 48 previously unreported variants of UGT1A1 and UGT1A9 were detected. Notably, 5/68 individuals carried a UGT1A1 454C>A variant that resulted in amino acid substitution P152T, and the use of in silico tools predicted a deleterious effect of the P152T substitution. Thus, the impact of this mutant on a range of UGT1A1 substrates was tested using a COS-7 cell-based assay. The glucuronide conjugates of CAB, dolutegravir, and raltegravir, were not formed in the COS-7 cells expressing the UGT1A1 P152T mutant. Further, formation of glucuronides of raloxifene and 7-ethyl-10-hydroxycamptothecin were reduced in the cells expressing the UGT1A1 P152T mutant. Using the same approach, we tested the activities of two UGT1A9 mutants, UGT1A9 H217Y and UGT1A9 R464G, and found that these mutations were tolerated and decreased function, respectively. These data provide insight into previously unreported genetic variants of UGT1A1 and UGT1A9.	Prevention; Biotechnology; Genetics; Human Genome; cabotegravir; long-acting; human immunodeficiency virus; pre-exposure prophylaxis; uridine diphosphate glucuronosyltransferase; cabotegravir-glucuronide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2021	Seneviratne, Herana Kamal; Tillotson, Joseph; Lade, Julie M; Bekker, Linda-Gail; Li, Sue; Pathak, Subash; Justman, Jessica; Mgodi, Nyaradzo; Swaminathan, Shobha; Sista, Nirupama; Farrior, Jennifer; Richardson, Paul; Hendrix, Craig W; Bumpus, Namandje N	Metabolism of Long-Acting Rilpivirine After Intramuscular Injection: HIV Prevention Trials Network Study 076 (HPTN 076).	AIDS Research and Human Retroviruses	-	-	-	-	1931-8405	10.1089/AID.2020.0155	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7994431	A long-acting injectable formulation of rilpivirine (RPV), a non-nucleoside reverse transcriptase inhibitor, is currently under investigation for use in human immunodeficiency virus (HIV) maintenance therapy. We previously characterized RPV metabolism after oral dosing and identified seven metabolites: four metabolites resulting from mono- or dioxygenation of the 2,6-dimethylphenyl ring itself or either of the two methyl groups located on that ring, one N-linked RPV glucuronide conjugate, and two O-linked RPV glucuronides produced via glucuronidation of mono- and dihydroxymethyl metabolites. However, as is true for most drugs, the metabolism of RPV after injection has yet to be reported. The phase II clinical trial HPTN 076 enrolled 136 HIV-uninfected women and investigated the safety and acceptability of long-acting injectable RPV for use in HIV pre-exposure prophylaxis. Through the analysis of plasma samples from 80 of these participants in the active product arm of the study, we were able to detect 2 metabolites after intramuscular injection of long-acting RPV, 2-hydroxymethyl-RPV, and RPV N-glucuronide. Of the total of 80 individuals, 72 participants exhibited detectable levels of 2-hydroxymethyl-RPV in plasma samples whereas RPV N-glucuronide was detectable in plasma samples of 78 participants. In addition, RPV N-glucuronide was detectable in rectal fluid, cervicovaginal fluid, and vaginal tissue. To investigate potential genetic variation in genes encoding enzymes relevant to RPV metabolism, we isolated genomic DNA and performed next-generation sequencing of CYP3A4, CYP3A5, UGT1A1 and UGT1A4. From these analyses, four missense variants were detected for CYP3A4 whereas one missense variant and one frameshift variant were detected for CYP3A5. A total of eight missense variants of UGT1A4 were detected, whereas two variants were detected for UGT1A1; however, these variants did not appear to account for the observed interindividual variability in metabolite levels. These findings provide insight into the metabolism of long-acting RPV and contribute to an overall understanding of metabolism after oral dosing versus injection. ClinicalTrials.gov Identifier: NCT02165202.	HIV prevention; Rilpivirine; intramuscular injection; long-acting; metabolism	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Sepodes B.; Rocha J.; Batista J.; Figueira M.-E.; Dráfi F.; Torre C.	Implementation and Access to Pre-exposure Prophylaxis for Human Immunodeficiency Virus by Men Who Have Sex With Men in Europe	Frontiers in Medicine	-	-	-	-	2296858X	10.3389/fmed.2021.722247	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114611360&doi=10.3389%2ffmed.2021.722247&partnerID=40&md5=7a8e7805b211c06ce86a45873361e61c	Pre-exposure prophylaxis (PrEP) is a significant public health intervention with proven efficacy and safety in the prevention of human immunodeficiency virus (HIV) infection, which has taken a considerable amount of time to reach Europe in relation to their transatlantic counterparts, namely, the United States of America (USA). There, it is perceived as being an essential prevention tool to be integrated within existing medical, behavioral and structural interventions in place for the management and containment of HIV infection in men who have sex with men (MSM). In a region such as Europe, with approximately double the USA population, it is estimated that not even 10% have proper access to PrEP, and given the lack of coordination with healthcare, taking PrEP has to be at their own expense. Here, we identify the reasons behind the 4-year lag in the approval of PrEP in the European Union/European Economic Area (and Europe in general) and explore the efficacy and effectiveness of PrEP needed to be confirmed with some implementation or demonstration studies conducted in the region. Independent of the data gathered, access of MSM to PrEP is far from ideal in Europe and much still needs to be done. The demonstration of the cost-effectiveness of PrEP alongside other social and behavioral factors needs to be addressed, while the clear populations within MSM that will benefit from this intervention are properly identified and make use of the latest recommendations of the World Health Organization that consider not only daily PrEP but also event-driven PrEP. The momentum for the proper implementation of PrEP in the EU is not lost, and with the existence of generics and even new formulations, there is a renewed opportunity for unleashing the public health benefits arising from this pharmacological tool with other interventions in place (e.g., condoms, testing, and counseling). © Copyright © 2021 Sepodes, Rocha, Batista, Figueira, Dráfi and Torre.	acquired immunodeficiency syndrome; aids; Europe; HIV infection; implementation; men who have sex with men; pre-exposure prophylaxis; PrEP	English	Switzerland	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Review
Article	2021	Serrano P.A.; Daubert E.; Munoz A.; Hosek S.G.; French A.L.	Effect of Truvada lawsuit advertising on preexposure prophylaxis attitudes and decisions among sexual and gender minority youth and young adults at risk for HIV	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000002728	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85097211184&doi=10.1097%2fQAD.0000000000002728&partnerID=40&md5=fe3066d56a97800f918b56362f4195a9	Objective:In 2019, US advocates reported misleading language regarding the safety of TDF/FTC (Truvada) used by lawsuit advertisements against Gilead Sciences. We sought to ascertain the reach and effects of the advertisements on preexposure prophylaxis (PrEP) opinions and decisions in a cohort of youth and young adults at-risk for HIV.Design:An online survey was administered to participants enrolled in Keeping it LITE, a prospective US cohort study of ethnically diverse, sexually active, cisgender and transgender persons ages 13-37.Methods:Quantitative data were analyzed using descriptive and inferential analysis in SAS, and qualitative data via thematic analysis.Results:Survey response rate was 51.3% (n=1485). Mean age at baseline was 24. Previous PrEP use was reported by 43% of respondents and 32.7% reported PrEP use in the past 6 months. Almost half (48.7%) were aware of the lawsuit. Most of these participants (81.3%) reported the advertisements did not impact their PrEP use, but 13.2% decided to not to begin a Truvada-based PrEP regimen and 5.5% decided to stop taking Truvada due to the advertisements claims. Predictors of changing PrEP behavior were lower education and no previous PrEP use. The qualitative analysis revealed the advertisements increased skepticism about safety and benefit of Truvada PrEP and led to greater distrust of the pharmaceutical industry.Conclusion:The advertisements reached a large, diverse US audience. Disturbingly, 18.7% of PrEP candidates who were aware of the lawsuit attributed not initiating or cessation of a Truvada-based PrEP regimen to exposure to the Truvada lawsuit advertisements. © Copyright 2020 Wolters Kluwer Health, Inc. All rights reserved.	adolescents and young adults; HIV prevention; online advertising; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Sevelius J.M.; Glidden D.V.; Deutsch M.; Welborn L.; Contreras A.; Salinas A.; Venegas L.; Grant R.M.	Uptake, Retention, and Adherence to Pre-exposure Prophylaxis (PrEP) in TRIUMPH: A Peer-Led PrEP Demonstration Project for Transgender Communities in Oakland and Sacramento, California	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002808	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125874757&doi=10.1097%2fQAI.0000000000002808&partnerID=40&md5=fad62919051928d277e360b833946961	Background:TRIUMPH (Trans Research-Informed communities United in Mobilization for the Prevention of HIV) was a community-led, transgender-specific pre-exposure prophylaxis (PrEP) demonstration project at 2 community-based clinical sites in California. TRIUMPH used peer health education, community mobilization, and clinical integration of PrEP with hormone therapy to promote PrEP knowledge and acceptability. The goal of this study was to evaluate PrEP uptake, retention, and adherence among TRIUMPH participants and examine site-based differences.Methods:Eligible participants were adult transgender and gender diverse people interested in PrEP. Participants were seen at baseline and at 1, 3, 6, 9, and 12 months for PrEP provision, clinical visits, and HIV testing. PrEP uptake was defined as dispensation of PrEP, PrEP retention was defined as proportion of expected visits completed among those who initiated PrEP, and PrEP adherence was assessed by measuring tenofovir diphosphate concentrations in dried blood spots. Logistic regression models quantified the association of variables with PrEP outcomes.Results:TRIUMPH enrolled 185 participants; the median age was 28 years (interquartile range: 23-35), 7% was Black, and 58% was Latinx. PrEP uptake was as follows: 78% in Oakland and 98% in Sacramento; 91% among trans women, 96% among trans men, and 70% among nonbinary participants. Almost half (47%) rarely/never believed about HIV, and 42% reported condomless sex act in the past 3 months. Participants who reported higher numbers of sex partners were more likely to be retained and adherent; other predictors of adherence included not having a primary partner and not experiencing violence in the past 3 months.Conclusions:This community-led, trans-specific PrEP demonstration project documents high levels of PrEP initiation in a young transgender and gender diverse cohort at risk of HIV acquisition. Copyright © 2021 The Author(s).	HIV prevention; pre-exposure prophylaxis; PrEP adherence; PrEP uptake; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Sewell W.C.; Powell V.E.; Ball-Burack M.; Mayer K.H.; Ochoa A.; Marcus J.L.; Krakower D.S.	"I Didn't Really Have a Primary Care Provider Until I Got PrEP": Patients' Perspectives on HIV Preexposure Prophylaxis as a Gateway to Health Care	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002719	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114522386&doi=10.1097%2fQAI.0000000000002719&partnerID=40&md5=428d6d762e65a2dcbd3b2b28748a1bfc	Background:HIV prevention is the primary goal of preexposure prophylaxis (PrEP); however, ancillary benefits may exist, including PrEP as an entry point to primary care.Objective:To explore PrEP users' perspectives on how PrEP use relates to broader engagement in health care.Design:In-depth qualitative interviews.Participants:We recruited PrEP users aged 18 years or older from a social media group for people interested in PrEP information and a Boston community health center specializing in health care for sexual and gender minorities.Approach:Inductive content analysis to identify emergent themes.Key results:All 25 participants were men who have sex with men, whose mean age was 34 years, and 84% were White. Three major themes emerged: (1) accessing PrEP was a strong motivator for initial and continued engagement in health care, which for some evolved over time into accessing comprehensive primary care; (2) provider awareness and attitudes about PrEP influenced participants' ongoing engagement in health care; and (3) PrEP engendered a positive sense of control over users' personal health, giving them agency in reducing their risk of HIV and engaging in other aspects of their health. Quarterly PrEP visits helped participants establish and maintain a relationship with a primary care provider, access non-HIV-related care services, and feel empowered to keep themselves healthy.Conclusions:The benefits of PrEP extend beyond HIV prevention to broader engagement in health care, including new relationships with primary care providers and use of other preventive health care services. To maximize those benefits, efforts are needed to ensure that providers are aware, nonjudgmental, and supportive of PrEP use. © 2021 Lippincott Williams and Wilkins. All rights reserved.	human immunodeficiency virus; men who have sex with men; preexposure prophylaxis; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Sewell W.C.; Solleveld P.; Seidman D.; Dehlendorf C.; Marcus J.L.; Krakower D.S.	Patient-Led Decision-Making for HIV Preexposure Prophylaxis	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-020-00535-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099112831&doi=10.1007%2fs11904-020-00535-w&partnerID=40&md5=e5357a1c2769abd936018d7bcd7e1d87	Purpose of Review: Shared decision-making is a process that involves bidirectional exchange of information between patients and providers to support patients in making individualized, evidence-based decisions about their healthcare. We review the evidence on patient-led decision-making, a form of shared decision-making that maximizes patient autonomy, as a framework for decisions about HIV preexposure prophylaxis (PrEP). We also assess the likelihood that patient-led decision-making occurs for PrEP and describe interventions to facilitate this process. Recent Findings: Patient-led decision-making is likely to be uncommon for PrEP, in part because healthcare providers lack knowledge and training about PrEP. Few evidence-based interventions exist to facilitate patient-led decision-making for PrEP. Summary: There is a need for rigorously developed interventions to increase knowledge of PrEP among patients and healthcare providers and support patient-led decision-making for PrEP, which will be increasingly important as the range of available PrEP modalities expands. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Decision-support; Patient-led decision-making; Preexposure prophylaxis; Shared decision-making	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Sha Y.; Dong W.; Tang W.; Zheng L.; Huang X.; Muessig K.E.; Tucker J.D.	Gender minority stress and access to health care services among transgender women and transfeminine people: results from a cross-sectional study in China	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-021-06782-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117262153&doi=10.1186%2fs12879-021-06782-5&partnerID=40&md5=0007ecc1306a3131777fa8f26d9a9f73	Background: Transgender and gender diverse individuals often face structural barriers to health care because of their gender minority status. The aim of this study was to examine the association between gender minority stress and access to specific health care services among transgender women and transfeminine people in China. Methods: This multicenter cross-sectional study recruited participants between January 1st and June 30th 2020. Eligible participants were 18 years or older, assigned male at birth, not currently identifying as male, and living in China. Gender minority stress was measured using 45 items adapted from validated subscales. We examined access to health care services and interventions relevant to transgender and gender diverse people, including gender affirming interventions (hormones, surgeries), human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) testing, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). Multivariable regression was used to measure correlations between gender minority stress and access to health care service. Results: Three hundred and twenty-four people completed a survey and data from 277 (85.5%) people were analyzed. The mean age was 29 years old (standard deviation SD = 8). Participants used hormones (118/277, 42.6%), gender affirming surgery (26/277, 9.4%), HIV testing (220/277, 79.4%), STI testing (132/277, 47.7%), PrEP (24/276, 8.7%), and PEP (29/267, 10.9%). Using gender affirming hormones was associated with higher levels of discrimination (adjusted odds ratio aOR 1.41, 95% confidence interval CI 1.17–1.70) and internalized transphobia (aOR 1.06, 95%CI 1.00–1.12). STI testing was associated with lower levels of internalized transphobia (aOR 0.91, 95%CI 0.84–0.98). Conclusions: Our data suggest that gender minority stress is closely related to using health services. Stigma reduction interventions and gender-affirming medical support are needed to improve transgender health. © 2021, The Author(s).	China; Gender diverse; Gender minority stress; Gender-affirming care; Sexual health; Transgender	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Shah, Shahini; Pilkington, Victoria; Hill, Andrew	Is tenofovir disoproxil fumarate associated with weight loss?	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003083	https://pubmed.ncbi.nlm.nih.gov/34848586/	BACKGROUND: Recent clinical trials have shown weight gain associated with newer antiretrovirals. It is unclear how the nucleoside reverse transcriptase inhibitor backbone affects weight. Recent evidence suggests greater weight gain with tenofovir alafenamide (TAF) compared with tenofovir disoproxil fumarate (TDF). However, it is not fully understood whether TDF contributes to weight suppression. METHODS: A systematic search of PubMed, Embase and clinicaltrials.gov was conducted to identify all randomized control trials comparing TDF/FTC or TDF to control in HIV-negative individuals. The primary endpoint included the number of events of 5% weight loss. Mantel-Haenszel test with random-effects modelling was used to calculate the odds ratio (OR) and 95% confidence intervals (95% CI). Further analyses of gastrointestinal (GI) adverse events were also undertaken. RESULTS: Seven PrEP trials: PARTNERS, VOICE, TDF-2, Bangkok PrEP, iPrEX, FEM-PrEP and HPTN 084 were included in the analysis of weight loss, with a total sample size of 19359. One study (HPTN 084) compared TDF/FTC to cabotegravir (CAB). HIV-negative individuals taking TDF were more likely to experience weight loss compared with control odds ratio (OR) 1.44; 95% CI 1.12-1.85; P=0.005). Exposure to TDF was also linked to greater odds of vomiting (OR 1.81; 95% CI 1.20-2.73; P<0.005). There were no increased odds of nausea, diarrhoea or loss of appetite. CONCLUSION: There is evidence in HIV-negative individuals that TDF may be associated with weight loss. Further research should be carried out in HIV-positive individuals, and clinical trials of TDF/FTC should publish weight data to widen the evidence base.	Humans; Randomized Controlled Trials as Topic; Thailand; Weight Loss; Emtricitabine/therapeutic use; *HIV Infections/drug therapy; Tenofovir/adverse effects; *Anti-HIV Agents/adverse effects	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Shahmanesh M.; Mthiyane T.N.; Herbsst C.; Neuman M.; Adeagbo O.; Mee P.; Chimbindi N.; Smit T.; Okesola N.; Harling G.; McGrath N.; Sherr L.; Seeley J.; Subedar H.; Johnson C.; Hatzold K.; Terris-Prestholt F.; Cowan F.M.; Corbett E.L.	Effect of peer-distributed HIV self-test kits on demand for biomedical HIV prevention in rural KwaZulu-Natal, South Africa: A three-armed cluster-randomised trial comparing social networks versus direct delivery	BMJ Glob Health	-	-	-	-	20597908	10.1136/bmjgh-2020-004574	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111421483&doi=10.1136%2fbmjgh-2020-004574&partnerID=40&md5=03d2998d9b02961aa011a0d2e0618cc2	Study objective We investigated two peer distribution models of HIV self-testing (HIVST) in HIV prevention demand creation compared with trained young community members (peer navigators). Methods We used restricted randomisation to allocate 24 peer navigator pairs (clusters) in KwaZulu-Natal 1:1:1: (1) standard of care (SOC): peer navigators distributed clinic referrals, pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) information to 18-30 year olds. (2) peer navigator direct distribution (PND): Peer navigators distributed HIVST packs (SOC plus two OraQuick HIVST kits) (3) incentivised peer networks (IPN): peer navigators recruited young community members (seeds) to distribute up to five HIVST packs to 18-30 year olds within their social networks. Seeds received 20 Rand (US$1.5) for each recipient who distributed further packs. The primary outcome was PrEP/ART linkage, defined as screening for PrEP/ART eligibility within 90 days of pack distribution per peer navigator month (pnm) of outreach, in women aged 18-24 (a priority for HIV prevention). Investigators and statisticians were blinded to allocation. Analysis was intention to treat. Total and unit costs were collected prospectively. Results Between March and December 2019, 4163 packs (1098 SOC, 1480 PND, 1585 IPN) were distributed across 24 clusters. During 144 pnm, 272 18-30 year olds linked to PrEP/ART (1.9/pnm). Linkage rates for 18-24-year-old women were lower for IPN (n=26, 0.54/pnm) than PND (n=45, 0.80/pnm; SOC n=49, 0.85/pnm). Rate ratios were 0.68 (95% CI 0.28 to 1.66) for IPN versus PND, 0.64 (95% CI 0.26 to 1.62) for IPN versus SOC and 0.95 (95% CI 0.38 to 2.36) for PND versus SOC. In 18-30 year olds, PND had significantly more linkages than IPN (2.11 vs 0.88/pnm, RR 0.42, 95% CI 0.18 to 0.98). Cost per pack distributed was cheapest for IPN (US$36) c.f. SOC (US$64). Cost per person linked to PrEP/ART was cheaper in both peer navigator arms compared with IPN. Discussion HIVST did not increase demand for PrEP/ART. Incentivised social network distribution reached large numbers with HIVST but resulted in fewer linkages compared with PrEP/ART promotion by peer navigators. Trial registration number NCT03751826. ©	cluster randomized trial; HIV; other diagnostic or tool; prevention strategies; public health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Shahmanesh, Maryam; Okesola, Nonhlanhla; Chimbindi, Natsayi; Zuma, Thembelihle; Mdluli, Sakhile; Mthiyane, Nondumiso; Adeagbo, Oluwafemi; Dreyer, Jaco; Herbst, Carina; McGrath, Nuala; Harling, Guy; Sherr, Lorraine; Seeley, Janet	Thetha Nami: participatory development of a peer-navigator intervention to deliver biosocial HIV prevention for adolescents and youth in rural South Africa	BMC Public Health	-	-	-	-	NA	10.1186/s12889-021-11399-z	https://www.proquest.com/scholarly-journals/i-thetha-nami-participatory-development-peer/docview/2553209731/se-2?accountid=8113	Background Despite effective biomedical tools, HIV remains the largest cause of morbidity/mortality in South Africa – especially among adolescents and young people. We used community-based participatory research (CBPR), informed by principles of social justice, to develop a peer-led biosocial intervention for HIV prevention in KwaZulu-Natal (KZN). Methods Between March 2018 and September 2019 we used CBPR to iteratively co-create and contextually adapt a biosocial peer-led intervention to support HIV prevention. Men and women aged 18–30 years were selected by community leaders of 21 intervention implementation areas (izigodi) and underwent 20 weeks of training as peer-navigators. We synthesised quantitative and qualitative data collected during a 2016–2018 study into 17 vignettes illustrating the local drivers of HIV. During three participatory intervention development workshops and community mapping sessions, the peer-navigators critically engaged with vignettes, brainstormed solutions and mapped the components to their own izigodi. The intervention components were plotted to a Theory of Change which, following a six-month pilot and process evaluation, the peer-navigators refined. The intervention will be evaluated in a randomised controlled trial (NCT04532307). Results Following written and oral assessments, 57 of the 108 initially selected participated in two workshops to discuss the vignettes and co-create the Thetha Nami (`talk to me'). The intervention included peer-led health promotion to improve self-efficacy and demand for HIV prevention, referrals to social and educational resources, and aaccessible youth-friendly clinical services to improve uptake of HIV prevention. During the pilot the peer-navigators approached 6871 young people, of whom 6141 (89%) accepted health promotion and 438 were linked to care. During semi-structured interviews peer-navigators described the appeal of providing sexual health information to peers of a similar age and background but wanted to provide more than just "onward referral". In the third participatory workshop 54 peer-navigators refined the Thetha Nami intervention to add three components: structured assessment tool to tailor health promotion and referrals, safe spaces and community advocacy to create an enabling environment, and peer-mentorship and navigation of resources to improve retention in HIV prevention. Conclusion Local youth were able to use evidence to develop a contextually adapted peer-led intervention to deliver biosocial HIV prevention.	HIV; Africa; South Africa; Pre-exposure prophylaxis; Youth; Prevention; Ethics; Males; Adolescents; Teenagers; Sexual health; Disease prevention; Social sciences; Morbidity; Adolescence; Qualitative analysis; Evaluation; Participatory research; Health promotion; Social networks; Young adults; Self-efficacy; Intervention; Young people; Community-based participatory research; Peer-led; Social capital; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Data collection; Workshops; Community involvement; Research methodology; Community participation; Collective action; Participatory development	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Shamu S.; Shamu P.; Khupakonke S.; Farirai T.; Chidarikire T.; Guloba G.; Nkhwashu N.	Pre-exposure prophylaxis (PrEP) awareness, attitudes and uptake willingness among young people: gender differences and associated factors in two South African districts	Global Health Action	-	-	-	-	16549880	10.1080/16549716.2021.1886455	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101193903&doi=10.1080%2f16549716.2021.1886455&partnerID=40&md5=8ef43bdeaf3440b8c756b00dd38d035e	Background: Pre-exposure prophylaxis (PrEP) for HIV prevention is safe and effective in reducing HIV incidence. However, more evidence of PrEP knowledge, willingness and distribution preferences is required for scale-up among young people at-risk. Objective: To understand young people PrEP awareness, willingness and roll-out preferences. Methods: Young people (18–24y) were selected through multi-stage sampling in a cross-sectional household survey in low-income communities. Self-administered interviews collected participants' data about PrEP awareness, attitudes, willingness and HIV-risk practices. Data were descriptively analysed by gender. Regression models assessed factors associated with PrEP awareness and willingness by district. Results: Of the 1917 participants interviewed 44.6% (men = 39.4% vs women = 49%, p = 0.001) were PrEP aware, 49.0% were willing to use PrEP. Participants most preferred PrEP distribution channels were public clinics (51.2%) and hospitals (23.8%). More men than women preferred distribution through schools (11.9% vs7.8%; p = 0.002) and NGOs (8.5%vs5.4%; p = 0.008). The biggest barrier to PrEP willingness was inadequate PrEP knowledge (10.0%) but more men than women disliked taking pills daily (4.1%vs2.0%; p-value = 0.007). Gendered determinants to use PrEP were side effects (51%; men = 47% vs women = 55%; p = 0.001) and pill effectiveness (29.5%; men = 26.4% vs women = 32.6%; p = 0.003). In both districts PrEP knowledge was associated with being female and media use. The associations between PrEP awareness and having multiple sexual partnerships, HIV knowledge, HIV self-test willingness and belonging to social clubs differed by district. PrEP willingness was positively associated with having TB and PrEP knowledge in each district but district differences were observed in media and occupation factors. Conclusions: The study shows young people's low levels of PrEP awareness. It also shows relatively increased willingness, gendered PrEP awareness and distribution preferences. Promoting youth's PrEP awareness requires a multifarious media strategy. Abbreviations: HIV: human immunodeficiency virus; AIDS: Acquired immunodeficiency syndrome; aOR: Adjusted Odds ratio; PLWH: People living with HIV; PrEP: Pre-exposure Prophylaxis; UNAIDS: Joint United Nations Programme on HIV and AIDS; uOR: Unadjusted odds ratio; TB: Tuberculosis; WHO: World health Organisation; MSM: Men who have sex with men. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	condom use; HIV prevention; Pre-exposure prophylaxis; South Africa; young people	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2021	Shang J.; Tan R.; Yang J.; Yan B.; Zhong X.; Zhang Y.; Alnajebi B.; Ma Q.; Huang A.	Impact of dosing strategies on plasma concentrations of tenofovir: Implications in HIV pre-exposure prophylaxis in China	Journal of Infection and Public Health	-	-	-	-	18760341	10.1016/j.jiph.2021.07.018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112362109&doi=10.1016%2fj.jiph.2021.07.018&partnerID=40&md5=4f2ba9426a80f3b41df7c584b366d022	Background: Tenofovir disoproxil fumarate has been recommended for pre-exposure prophylaxis (PrEP) to prevent HIV infection. Several studies have shown short but potent intermittent PrEP could provide comparable protection to daily PrEP in men, suggesting such dosing strategy might be useful in Chinese as well. The objective of this study was to evaluate the impact of different dosing strategies on plasma concentrations of tenofovir. Methods: An open label study in 40 Chinese healthy volunteers, randomized to receive the WHO-recommended dose of tenofovir (300 mg) at four different dosing intervals: twice weekly for 4 weeks; once daily for 4 weeks with one missing dose in weeks 2–4; once daily for 4 weeks with two missing doses in weeks 2–4; and once every other day for 12 days. Plasma samples were collected at pre-dose, weekly trough and 24 h post last dose and assayed using HPLC-UV. Results: The tenofovir trough concentrations were below the lower limit of quantification with the twice weekly regimen. The trough concentrations (24 h dosing interval) at the steady state were 51.7 ± 12.1 ng/ml and 53.5 ± 13.8 ng/ml (mean ± SD) in the once daily groups. Missing doses, once or twice weekly, had no significant impact on trough concentrations. Prolongation of dosing interval to 48 h resulted with concentrations at 24 h and 48 h (trough) of ~40 and 20 ng/ml, respectively. Conclusions: Intermittent tenofovir regimens resulted with remarkably low plasma concentrations in Chinese participants. Missing doses did not affect trough concentrations significantly. © 2021 The Author(s)	Intermittent regimens; Missing dose; PrEP; Tenofovir disoproxil fumarate	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2021	Sharma, Akshay; Paredes-Vincent, Ariana; Kahle, Erin M	Awareness, Utilization, and Preferences for Traditional and Contemporary HIV Prevention Strategies Among Facebook and Instagram-Using MSM in the United States.	Journal of the International Association of Providers of AIDS Care	-	-	-	-	2325-9582	10.1177/23259582211024770	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8212379	HIV prevention research among men who have sex with men (MSM) has traditionally focused on individual risk reduction strategies. Our study evaluated awareness, utilization, and preferences for 10 complementary HIV prevention strategies among 1,286 MSM recruited via Facebook and Instagram from June-August 2018. Ages ranged from 18-85 years, and the majority were non-Hispanic white (n = 1,019, 79.24%), college-educated (n = 819, 63.69%), gay-identifying (n = 1,074, 83.51%), and partnered (n = 808, 62.83%). Post-exposure prophylaxis was the least familiar option, and engaging in sexual activities other than anal sex was the most utilized option. Progressively older and bisexual-identifying MSM were less likely, but those with higher educational levels and easy access to local HIV resources were more likely to be aware of and to be utilizing a greater number of strategies. Additionally, Hispanic MSM were less likely to be aware of, and those in a "closed" relationship were less likely to be utilizing a greater number of strategies. In a subset of 775 multiple strategy users, pre-exposure prophylaxis, regularly testing for HIV, and limiting the number of sex partners emerged as the most preferred options. Combination intervention packages for MSM should be tailored to personal circumstances, including sexual orientation, relationship characteristics and access to local HIV resources.	HIV infections; post-exposure prophylaxis; pre-exposure prophylaxis; risk reduction behavior; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Sharpe, J Danielle; Guest, Jodie L; Siegler, Aaron J; Sanchez, Travis H; Sullivan, Patrick S	The spatiotemporal distribution of pre-exposure prophylaxis accessibility in the United States, 2016–2020	Annals of Epidemiology	-	-	-	-	10472797	10.1016/j.annepidem.2021.09.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117621596&doi=10.1016%2fj.annepidem.2021.09.006&partnerID=40&md5=35953882b95178e67321c03f719f8051	Purpose: Residing in areas with little spatial accessibility to HIV pre-exposure prophylaxis (PrEP) providers, or PrEP deserts, contributes to low PrEP uptake. This study examines and characterizes the spatial distribution of PrEP accessibility in the United States over time. Methods: We conducted spatial network analyses and geographic mapping to explore the spatiotemporal distribution of persistent PrEP deserts (census tracts with suboptimal accessibility in 2016 and 2020), new PrEP deserts (tracts with suboptimal accessibility in 2020 but not 2016), new PrEP oases (tracts with suboptimal accessibility in 2016 but not 2020), and persistent PrEP oases (tracts with optimal accessibility in 2016 and 2020). We used polytomous logistic regression to determine area-level factors associated with these four spatiotemporal PrEP accessibility types. Results: There was a reduction of 52.8% in the prevalence of 30-minute PrEP deserts from 2016 (28,055 tracts) to 2020 (13,240 tracts) and an increase of 33.5% in 30-minute PrEP oases from 2016 (44,259 tracts) to 2020 (59,074 tracts). Of all tracts, 12,487 (17.3%) were persistent PrEP deserts, 753 (1.0%) were new PrEP deserts, 15,568 (21.5%) were new PrEP oases, and 43,506 (60.1%) were persistent PrEP oases. Overall, persistent PrEP oases were more likely to be of higher socioeconomic status, racially/ethnically diverse, located in urban areas, and located in the Northeast compared with other spatiotemporal PrEP accessibility types, with variation by urbanicity and U.S. Census region. Conclusions: Efforts to improve PrEP accessibility should be especially focused in disadvantaged communities in nonurban areas and the South, Midwest, and West. Monitoring changes in the spatial accessibility of PrEP over time and determining the factors associated with such changes can help to evaluate progress made towards improving PrEP accessibility. © 2021 Elsevier Inc.	Access to healthcare; Geography; Hiv prevention; Pre-exposure prophylaxis; Spatial accessibility; Spatial analysis; spatiotemporal	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Shimizu K.	A SWOT analysis of the guidelines on prevention of HIV/AIDS in Japan in the context of COVID-19	Infectious Disease Reports	-	-	-	-	20367449	10.3390/idr13040087	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119900010&doi=10.3390%2fidr13040087&partnerID=40&md5=a76784bad0f9dc6c9e6b07eb2f8ac72	In January 2018, the Minister of Health, Labour and Welfare, Japan, released an amended Guideline on the Prevention of Specified Infectious Diseases on Acquired Immunodeficiency Syndrome (AIDS) to propose measures to control the human immunodeficiency virus (HIV)/AIDS. Content analysis was performed to examine the strengths, weaknesses, opportunities, and threats of the guidelines in the context of the ongoing COVID-19 pandemic, thus aiming to promote discussions on the guideline itself and the national HIV/AIDS strategy in Japan in the years ahead. The strengths included the incorporation of the latest scientific advancements, clarification of high-risk populations, an alignment with measures against sexually transmitted diseases (STDs), and willingness towards international cooperation in the Asia-Pacific region. The weaknesses that were exposed included a lack of explicit targets for controlling and containing HIV/AIDS, insufficient descriptions about pre-exposure prophylaxis (PrEP), and aggregated discussions on HIV/AIDS among foreign residents. Although several opportunities for re-energizing the discussions around HIV/AIDS were recognized, insufficient political will and funding, along with the emergence of the ongoing COVID-19 pandemic, could operate as threats. Addressing barriers that were recognized before 2019 and exposed due to the COVID-19 pandemic, and tackling underlying health inequalities through the concept of social determinants of health will be critical. Copyright: © 2021 by the author.	Antiretroviral therapy; Health policy; HIV/AIDS; Men who have sex with men; Policy analysis; Pre-exposure prophylaxis; Prevention; Sexual transmitted diseases; Testing	English	United Kingdom	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Qualitative
Article	2021	Shrader C.-H.; Arroyo-Flores J.; Stoler J.; Skvoretz J.; Carrico A.; Doblecki-Lewis S.; Kanamori M.	The Association Between Social and Spatial Closeness With PrEP Conversations Among Latino Men Who Have Sex With Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002777	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123650966&doi=10.1097%2fQAI.0000000000002777&partnerID=40&md5=99a7b4653ef87a6a13530f4dbac16946	Background:US Latino men who have sex with men (LMSM) are a group at highest risk for HIV. One driver of HIV among LMSM is inadequate access to pre-exposure prophylaxis (PrEP) information. The social network theory of homophily suggests that sharing similar sociodemographic factors could influence PrEP conversations within networks. This study aimed to determine how the effects of homophily across sociodemographic, immigration, cultural, and PrEP-related factors are associated with PrEP-related communication.Setting:This study was conducted in Miami-Dade County, FL.Methods:Data collected between August 2018 and October 2019 included 10 sociocentric friendship groups of 13 LMSM (N = 130). Participants were recruited using respondent-driven sampling by a community-based organization in Miami. We used the multiple regression quadratic assignment procedure to identify the effects of homophily and relationship characteristics on PrEP-related conversations using R software.Results:More frequent PrEP-related conversations were associated with dyadic friendships characterized by homophily on knowledge of PrEP effectiveness, heterophily on depressive symptom severity, home addresses proximity, friend closeness, and interaction frequency. Past PrEP-related conversation frequency also increased based on heterophily on the Latino cultural value of familism (ie, emotional support to family). Racial homophily, heterophily on severity of depressive symptoms, home addresses proximity, friendship closeness, and frequency of interactions increased likelihood to encourage a friend to use PrEP.Discussion:Social and spatial closeness and homophily play a role in PrEP-related conversations. Information from social networks contextualized in geographic settings can be elucidated to contribute toward the design of novel opportunities to end HIV. © 2021 Lippincott Williams and Wilkins. All rights reserved.	Hispanic Americans; men who have sex with men; PrEP; respondent-driven sampling; risk reduction behavior; social network analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Sibanda, EL; Mangenah, C; Neuman, M; Tumushime, M; Watadzaushe, C; Mutseta, MN; Maringwa, G; Dirawo, J; Fielding, KL; Johnson, C; Ncube, G; Taegtmeyer, M; Hatzold, K; Corbett, EL; Terris-Prestholt, F; Cowan, FM	Comparison of community-led distribution of HIV self-tests kits with distribution by paid distributors: a cluster randomised trial in rural Zimbabwean communities	BMJ Glob Health	-	-	-	-	NA	10.1136/bmjgh-2021-005000	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02296140/full	BACKGROUND: We compared community-led versus an established community-based HIV self-testing (HIVST) model in rural Zimbabwe using a cluster-randomised trial. METHODS: Forty village groups were randomised 1:1 using restricted randomisation to community-led HIVST, where communities planned and implemented HIVST distribution for 4 weeks, or paid distribution (PD), where distributors were paid US$50 to distribute kits door-to-door over 4 weeks. Individual level primary outcomes compared household survey responses by arm 4 months post-intervention for: (1) newly diagnosed HIV during/within 4 months following HIVST distribution, (2) linkage to confirmatory testing, pre-exposure prophylaxis or voluntary medical male circumcision during/within 4 months following HIVST distribution. Participants were not masked to allocation; analysis used masked data. Trial analysis used random-effects logistic regression.Distribution costs compared: (1) community-led HIVST, (2) PD HIVST and (3) PD costs when first implemented in 2016/2017. RESULTS: From October 2018 to August 2019, 27 812 and 36 699 HIVST kits were distributed in community-led and PD communities, respectively. We surveyed 11 150 participants and 5683 were in community-led arm. New HIV diagnosis was reported by 211 (3.7%) community-led versus 197 (3.6%) PD arm participants, adjusted OR (aOR) 1.1 (95% CI 0.72 to 1.56); 318 (25.9%) community-led arm participants linked to post-test services versus 363 (23.9%) in PD arm, aOR 1.1 (95% CI 0.75 to 1.49).Cost per HIVST kit distributed was US$6.29 and US$10.25 for PD and community-led HIVST, both lower than 2016/2017 costs for newly implemented PD (US$14.52). No social harms were reported. CONCLUSIONS: Community-led HIVST can perform as well as paid distribution, with lower costs in the first year. These costs may reduce with programme maturity/learning. TRIAL REGISTRATION NUMBER: PACTR201811849455568.	HIV Infections diagnosis, epidemiology; Humans; Male; Mass Screening; Rural Population; Self-Testing; Surveys and Questionnaires	English	United Kingdom	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Editorial	2021	Siegler, Aaron J	Needed: A Life Course Perspective on Maintaining Pre-exposure Prophylaxis Use.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciaa040	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7850543	NA	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2021	Silva, Carina Dias Carvalho da; Silva, Renato Lira da; Sousa, Anderson Reis de; Couto, Kareny Kelly Cardoso; Moreira, Veronnika Galvao; Santos, Wenysson Noleto dos	Fatores de risco e estratégias preventivas para o HIV/AIDS em homens que fazem sexo com homens: Revisão Integrativa	REVISA (Online)	-	-	-	-	2179-0981	NA	http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/765/677	Objetivo: identificar os principais fatores de risco e as principais estratégias preventivas adotadas para o HIV entre Homens que fazem Sexo com Homens. Método: Revisão integrativa que utilizou as bases de dados Public Medline, Literatura Latino-Americana e do Caribe em Ciências da Saúde e Cumulative Index to Nursing and Allied Health Literature. Resultados: Os fatores de risco para o HIV mais prevalentes entre Homens que fazem Sexo com Homens são: múltiplos parceiros sexuais, relação sexual desprotegida, sífilis, uso de álcool e outras drogas, e sexo anal receptivo. As estratégias preventivas mais indicadas para essa população são: Profilaxia pré-exposição (PreP), tratamento como forma de prevenção (TasP), Testagem para HIV, uso consistente do preservativo e prevenção combinada. Resultados: Os fatores de riscos estão relacionados ao comportamento sexual e o uso de álcool e outras drogas e as estratégias preventivas concentram-se no emprego de medidas de prevenção combinadas. Conclusão: Os fatores de riscos para a infecção por HIV em HSH evidenciados foram: múltiplos parceiros sexuais, relação sexual desprotegida, sífilis, uso de álcool e drogas ilícitas, e sexo anal receptivo e como principais estratégias preventivas, PreP, TasP, Testagem para HIV, uso consistente do preservativo e prevenção combinada	AIDS serodianosis; Sexually Transmitted Diseases; Sexual and Gender Minorities; Men's Health.; Sorodianóstico da AIDS; Doenças Sexualmente Transmissíveis; Minorias Sexuais e de Gênero; Saúde do Homem.; serodianosis por SIDA; Enfermedades sexualmente transmisibles; Minorías sexuales y de género; Salud de los hombres	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2021	Simões D.; Meireles P.; Rocha M.; Freitas R.; Aguiar A.; Barros H.	Knowledge and Use of PEP and PrEP Among Key Populations Tested in Community Centers in Portugal	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2021.673959	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112629882&doi=10.3389%2ffpubh.2021.673959&partnerID=40&md5=cdcbb3764b5f1d6d04777600dbc01491	Background: Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) have been increasingly available in Europe. Due to the high burden of HIV in key populations, these could benefit from their use. In 2016, in Portugal, an open, non-interval, prospective cohort study was established in a network of 26 community-based voluntary HIV/STI counseling and testing centers. Data collected included questions on PEP and PrEP knowledge and use. We aimed to estimate the proportion of PEP and PrEP knowledge and its use among key populations, visiting the centers between 2016 and 2019. Method and results: Individuals who self-identify as being among at least one key population for HIV, men who have sex with men (MSM), people who inject drugs (PWID), sex workers (SW), migrants, and male-to-female transgender individuals (MTF), responded to questions on PEP and PrEP knowledge and use while waiting for their test results between 2016 and 2019 (n = 12,893 for PEP; n = 10,973 for PrEP). Reported knowledge was low in all key populations for both tools: 15.7% of respondents reported knowing about PEP and 10.9% about PrEP over the course of 4 years. PEP was used by 1.8% and PrEP by 0.4% of the respondents, MSM being 88.9% of PrEP users, and 52.8% of PEP users. Multivariate logistic regression showed multiple factors associated with knowing the tools, including age, education, country of birth, gender, year of test, having a reactive HIV test in the last 12 months, reporting an STI or condomless sex in the last 12 months, and identifying with being MSM or SW. Conclusions: Knowledge and use of PEP and PrEP remain low among key populations in Portugal. The need remains to increase knowledge and use among those at risk for HIV infection. © Copyright © 2021 Simões, Meireles, Rocha, Freitas, Aguiar and Barros.	community organizations; HIV; key population groups; post-exposure prophylaxis; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2021	Singh, Advaita Acarya; Pillay, Priyen; Kwezi, Lusisizwe; Tsekoa, Tsepo Lebiletsa	A plant-biotechnology approach for producing highly potent anti-HIV antibodies for antiretroviral therapy consideration.	Journal of Genetic Engineering and Biotechnology	-	-	-	-	2090-5920	10.1186/s43141-021-00279-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8655037	Despite a reduction in global HIV prevalence the development of a pipeline of new therapeutics or pre-exposure prophylaxis to control the HIV/AIDS epidemic are of high priority. Antibody-based therapies offer several advantages and have been shown to prevent HIV-infection. Plant-based production is efficient for several biologics, including antibodies. We provide a short review on the work by Singh et al., 2020 who demonstrated the transient production of potent CAP256-VRC26 broadly neutralizing antibodies. These antibodies have engineered posttranslational modifications, namely N-glycosylation in the fragment crystallizable region and O-sulfation of tyrosine residues in the complementary-determining region H3 loop. The glycoengineered Nicotiana benthamiana mutant (ΔXTFT) was used, with glycosylating structures lacking ß1,2-xylose and/or α1,3-fucose residues, which is critical for enhanced effector activity. The CAP256-VRC26 antibody lineage targets the first and second variable region of the HIV-1 gp120 envelope glycoprotein. The high potency of this lineage is mediated by a protruding O-sulfated tyrosine in the CDR H3 loop. Nicotiana benthamiana lacks human tyrosyl protein sulfotransferase 1, the enzyme responsible for tyrosine O-sulfation. The transient coexpression of the CAP256-VRC26 antibodies with tyrosyl protein sulfotransferase 1 in planta had restored the efficacy of these antibodies through the incorporation of the O-sulfation modification. This approach demonstrates the strategic incorporation of posttranslational modifications in production systems, which may have not been previously considered. These plant-produced CAP256-VRC26 antibodies have therapeutic as well as topical and systemic pre-exposure prophylaxis potential in enabling the empowerment of young girls and women given that gender inequalities remain a major driver of the epidemic.	NA	English	Egypt	Middle East and North Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2021	Sinno J.; Doria N.; Cochkanoff N.; Numer M.; Neyedli H.; Tan D.	Attitudes and practices of a sample of nova scotian physicians for the implementation of hiv pre-exposure prophylaxis	HIV/AIDS - Research and Palliative Care	-	-	-	-	11791373	10.2147/HIV.S287201	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101018311&doi=10.2147%2fHIV.S287201&partnerID=40&md5=8dab0188de99d7f9d04d28134a4c907d	Introduction: Pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool that requires the ongoing support of physicians to be accessible. Recently, Nova Scotia experi-enced a 100% increase in HIV diagnoses. The purpose of this study is to explore the relationship between physicians' support of PrEP, knowledge of PrEP, and PrEP prescribing history using the information-motivation-behavioral (IMB) skills model. Methods: An online survey was distributed to physicians in Nova Scotia, Canada, and eighty physicians participated. Two exploratory factor analyses were conducted with items from the Support of PrEP scale and Knowledge of PrEP scale. A mediation analysis was conducted to assess if knowledge of PrEP mediated the relationship between support of PrEP and whether physicians have prescribed PrEP in the past. Results: On average, physicians reported strong support for PrEP, and as support for PrEP increased so did knowledge of PrEP. Further, physicians who had prescribed PrEP demon-strated strong knowledge of PrEP and physicians who had not prescribed PrEP reported feeling neutral. The 95% bootstrap confidence interval indirect effect of Support for PrEP on prescription history did not include zero (B = 1.59, 95% BsCI 0.83, 3.57) demonstrating that the effect of support for PrEP is mediated by knowledge of PrEP. The most commonly identified barrier to prescribing PrEP was the lack of drug coverage among patients. Conclusion: The results of the mediation analysis support the IMB skills model regarding support for PrEP, Knowledge of PrEP, and having prescribed PrEP in the past. Our findings suggest that to improve PrEP uptake in Nova Scotia, educational interventions for physicians and universal coverage of the drug would be necessary. © 2021 Sinno et al.	Accessibility; Attitudes; Barriers; Health care access; Health care providers; HIV pre-exposure prophylaxis; Information-motivation-behavior skills model; Knowledge	English	New Zealand	Asia and the Pacific	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Skeen S.J.; Starks T.J.; Jimenez R.H.; Rendina H.J.; Cain D.	Heterosexual Cisgender Men Partnered with Transgender Women Exhibit Higher HIV/STI Sexual Risk than Their Gay, Bisexual, and Queer Counterparts: Findings from a U.S.-Based Convenience Sample Recruited Online	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03314-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106698432&doi=10.1007%2fs10461-021-03314-9&partnerID=40&md5=12f8a95a07b7af48fafffb3468bb812c	Cisgender men are frequently vectors for HIV transmission among transgender women. Despite this, the correlates of sexual risk among these men remain under-examined. The purpose of the present study was to explore potential differences in relationship characteristics, sexual risk-taking, and risk-reduction strategies among cisgender men partnered with transgender women. The study utilized secondary screening data provided by adult cis men who reported being in a primary relationship with a trans woman (N = 710). Gay men (18%) were comparatively older, and most likely to report both HIV seropositivity and committed pairings. Heterosexual men (14%) were more likely to report exchange sex, briefer relationships, extra-dyadic sex, lesser serostatus awareness or PrEP uptake. Queer men (7%) were youngest, and most likely to access PrEP. Heterosexual cis men with trans women partners may be subject to unique socio-cultural drivers of sexual risk, such as heteronormative pressures and relationship stigma. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Heteronormativity; HIV; Sexual identity; STI; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Skinta M.D.; Brandrett B.D.; Margolis E.	Desiring intimacy and building community: young, gay and living with HIV in the time of PrEP	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2020.1795722	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090456433&doi=10.1080%2f13691058.2020.1795722&partnerID=40&md5=d9264c3ad9c8c4a8d40334f4ee984047	The negative effects of stigma on men living with HIV within gay communities are well-documented. However, few studies have examined the experience of intimacy for men living with HIV as a consequence of the widespread availability of pre-exposure prophylaxis (PrEP). This study explores the effect of PrEP adoption on the lives of men living with HIV in one of the first cities that made PrEP widely available, and where adoption had already been in place in treatment trials prior to FDA approval in 2012. In-depth, semi-structured interviews were conducted with six gay men living with HIV under 40 years old in San Francisco, California. Transcriptions were coded using interpretative phenomenological analysis. Four key themes relevant to experiential changes within the gay community post-PrEP rollout were identified: (i) the desire for intimate connection; (ii) remembered experiences of stigma; (iii) men who do not take PrEP are suspect; (iv) and an awareness of the changing meaning of HIV. The findings suggest that, post-PrEP rollout, men living with HIV are experiencing dating, sex and community in ways that reflect a general reduction in the experience of stigma surrounding their HIV status. This suggests an important social impact of PrEP in reducing HIV-related stigma beyond the primary prophylactic effect. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	gay men; HIV; intimacy; Pre-exposure prophylaxis; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Slurink I.; van Aar F.; Parkkali S.; Heijman T.; Götz H.; Kampman K.; van Weert Y.; van Benthem B.; van de Laar T.; Op de Coul E.	Recently acquired HIV infections and associated factors among men who have sex with men diagnosed at Dutch sexual health centres	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624211008071	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105061665&doi=10.1177%2f09564624211008071&partnerID=40&md5=b191c0935c9c68f34cfb7930feaf0fdb	Introduction: Surveillance for recent HIV infections was implemented at Dutch sexual health centres (SHCs) for planning and evaluation of HIV prevention initiatives. The study objective is twofold: (1) to explore trends in recent HIV infections and associated socio-demographic and behavioural risk factors among men who have sex with men (MSM)attending SHCs, to gain insight into subgroups at risk for acquiring HIV and(2) to illustrate how comparison with different reference groups affect associations with these risk factors. Methods: Residual plasma or serum samples from MSM newly HIV diagnosed at SHCs in 2014–2017 were tested with an avidity assay. Multinomial regression was used to analyse risk factors for recent HIV infection among MSM with established HIV infections among MSM and with HIV-negative MSM as reference groups. Results: Of newly diagnosed MSM, 33% were classified as recent HIV infection with avidity testing. Combining HIV-negative test results with avidity outcomes resulted in 54% recent infections. Recent infection was associated with having an STI in the past, multiple partners and condom use for both reference groups of MSM. Additionally, relative to the HIV-negative MSM, recent infection was associated with education and having a non-Western origin. In contrast, relative to MSM with established HIV infections, recent infection was associated with Western origin. Conclusion: Our results suggest ongoing but declining transmission of HIV and high uptake of HIV testing among MSM visiting SHCs. The identification of risk factors for recent infections can help healthcare professionals to target subgroups eligible for PrEP or condom use promotion. Differentiation by the reference group in explanatory models for recent infections is important as different risk factors were identified. Likely, associations relative to HIV-negative MSM follow those of acquiring HIV infection in general, whereas the comparison with the established HIV infection reference rather reflects the frequent testing behaviour of subgroups of MSM. © The Author(s) 2021.	avidity assay; clinic; HIV; men who have sex with men; recent infection; STI; the Netherlands	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2021	Smit, Mikaela; Marinosci, Annalisa; Agoritsas, Thomas; Calmy, Alexandra	Prophylaxis for COVID-19: a systematic review.	Clinical Microbiology and Infection	-	-	-	-	1469-0691 1198-743X	10.1016/j.cmi.2021.01.013	https://pubmed.ncbi.nlm.nih.gov/33476807/	BACKGROUND: While the landscape of vaccine and treatment candidates against the novel coronavirus disease 2019 (COVID-19) has been reviewed systematically, prophylactic candidates remain unexplored. OBJECTIVES: To map pre- and postexposure prophylactic (PrEP and PEP) candidate for COVID-19. DATA SOURCES: PubMed/Medline, Embase, International Committee of Medical Journal Editors and International Clinical Trials Registry Platform clinical trial registries and medRxiv. STUDY ELIGIBILITY CRITERIA AND PARTICIPANTS: All studies in humans or animals and randomized controlled trials (RCTs) in humans reporting primary data on prophylactic candidates against COVID-19, excluding studies focused on key populations. INTERVENTIONS: PrEP and PEP candidate for COVID-19. METHODS: Systematic review and qualitative synthesis of COVID-19 PrEP and PEP studies and RCTs complemented by search of medRxiv and PubMed and Embase for studies reporting RCT outcomes since systematic review search completion. RESULTS: We identified 13 studies (from 2119 database records) and 117 RCTs (from 5565 RCTs listed in the registries) that met the inclusion criteria. Non-RCT studies reported on cross-sectional studies using hydroxychloroquine (HCQ) in humans (n = 2) or reported on animal studies (n = 11), most of which used antibodies. All five completed RCTs focused on the use of HCQ as either PrEP or PEP, and these and the cross-sectional studies reported no prophylactic effect. The majority of ongoing RCTs evaluated HCQ or other existing candidates including non-severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccines, anti(retro)virals or use of vitamins and supplements. CONCLUSIONS: The key message from completed studies and RCTs seems to be that HCQ does not work. There is little evidence regarding other compounds, with all RCTs using candidates other than HCQ still ongoing. It remains to be seen if the portfolio of existing molecules being evaluated in RCTs will identify successful prophylaxis against COVID-19 or if there is a need for the development of new candidates.	Humans; Animals; Randomized Controlled Trials as Topic; Antiviral Agents/*therapeutic use; Antibodies, Monoclonal/therapeutic use; *Post-Exposure Prophylaxis; *Pre-Exposure Prophylaxis; Prophylaxis; Antimalarials/therapeutic use; COVID-19; SARS-CoV-2; Hydroxychloroquine/therapeutic use; Systematic review; Antibodies, Neutralizing/therapeutic use; Vaccines; SARS-CoV-2/immunology; COVID-19/*prevention & control; Antibodies, Viral/therapeutic use; Randomized control trials	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2021	Smith A.K.J.; Haire B.; Newman C.E.; Holt M.	Challenges of providing HIV pre-exposure prophylaxis across Australian clinics: qualitative insights of clinicians	Sexual Health	-	-	-	-	14485028	10.1071/SH20208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105151788&doi=10.1071%2fSH20208&partnerID=40&md5=abdd074ddef1f969f1e38393cd8727e8	Background: HIV pre-exposure prophylaxis (PrEP) has been rapidly implemented in Australia, initially through restricted access in demonstration studies, and then through prescribing across sexual health clinics and general practice settings. In 2018, PrEP was publicly subsidised for people with Medicare (universal health insurance for citizens, permanent residents and those from countries with reciprocal arrangements). There is little research examining the experiences of PrEP providers in Australia, and existing research has been primarily conducted before public subsidy. Methods: In this qualitative study, we examine the challenges that have emerged for PrEP-providing clinicians after public subsidy for PrEP was introduced. We conducted 28 semi-structured interviews in 2019-20 with PrEP providers in two Australian states, and analysed data thematically. Participants included general practitioners (GPs), sexual health nurses and sexual health physicians. Results: Sexual health services have been reconfigured to meet changing patient demand, with an emphasis on ensuring equitable financial access to PrEP. Restrictions to nurse-led PrEP frustrated some participants, given that nurses had demonstrated competence during trials. GPs were believed to be less effective at prescribing PrEP, but GP participants themselves indicated that PrEP was an easy intervention, but difficult to integrate into general practice. Participants expressed discomfort with on-demand PrEP. Conclusions: Our findings indicate that supporting ways for patients without Medicare to access PrEP inexpensively, advocating for nurse-led PrEP, and developing guidelines adapted to general practice consultations could ensure that PrEP is delivered more effectively and equitably. Additionally, PrEP providers require encouragement to build confidence in providing on-demand PrEP. © 2021 Journal Compilation.	access; general practice; healthcare provider; HIV prevention; nurses; on-demand PrEP; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2021	Smith A.K.J.; Holt M.; Haire B.; Newman C.E.	Issues associated with prescribing HIV preexposure prophylaxis for HIV anxiety: A qualitative analysis of australian providers' views	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000219	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098088589&doi=10.1097%2fJNC.0000000000000219&partnerID=40&md5=98b2aeb659c01f7a88ee1b0edb712f1b	HIV pre-exposure prophylaxis (PrEP) can alleviate anxiety about acquiring HIV, particularly for gay men and other men who have sex with men. However, research with PrEP providers has rarely examined HIV anxiety. We conducted 25 semistructured interviews in 2019-2020 with PrEP providers in New South Wales and Western Australia, and analyzed data thematically. Participants included general practitioners and sexual health nurses and doctors. Our analysis explores providers' views on providing PrEP to reduce HIV anxiety for gay men, serodiscordant couples where the partner with HIV has an undetectable viral load, and for "worried well"individuals who the providers speculated might have undisclosed risk. Although providers viewed PrEP as beneficial for many people's personal lives and relationships, they felt cautious about prescribing PrEP solely for HIV anxiety, while at the same time reporting that they prescribed PrEP if individuals insisted on it and had no medical contraindications. © 2020 Association of Nurses in AIDS Care.	Gay men; Health care provider; Qualitative research; Serodiscordance; Sexual anxiety; Worried well	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2021	Smith, Adrian D; Kimani, Joshua; Kabuti, Rhoda; Weatherburn, Peter; Fearon, Elizabeth; Bourne, Adam	HIV burden and correlates of infection among transfeminine people and cisgender men who have sex with men in Nairobi, Kenya: an observational study.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(20)30310-6	https://dx.doi.org/10.1016/S2352-3018(20)30310-6	BACKGROUND: Transgender people are disproportionately affected by HIV and other sexually transmitted infections (STIs) worldwide, and culturally competent prevention and treatment services are often unavailable or inaccessible. Despite recent improvements in national HIV responses for many key populations in east Africa, evidence of effective responses informed by transgender sexual health needs is sparse. We aimed to assess gender identity among men and transgender people who have sex with men in Kenya, and to explore its associations with sexual health-related outcomes, risk behaviours, and uptake of HIV prevention and care interventions. METHODS: We did a cross-sectional study in Nairobi, Kenya, and recruited adult cisgender men and transfeminine people who reported having sex with men, through respondent-driven sampling. Inclusion criteria were possession of a valid study coupon, being aged 18 years or older, having male sex assignment at birth or male gender identification currently, living within 50 km of Nairobi, and having had consensual anal or oral sexual activity with a man in the previous 12 months. Seed participants were identified by three community organisations that provide targeted health-care services to gay, bisexual, or other men who have sex with men (MSM) communities in Nairobi. We assessed gender identity, sociodemographics, sexual behaviour, and HIV prevention and care uptake, by self-completed survey. Participants were tested for HIV, syphilis, and rectal and urethral gonorrhoea and chlamydia. We compared prevalence of sexual health outcomes, risk behaviour, and HIV prevention and care service uptake among transfeminine and cisgender participants, using multivariable robust Poisson regression models, with gender identity as the independent variable. FINDINGS: Between May 4 and Dec 8, 2017, we enrolled 618 participants. Six participants did not answer the questions on sex assigned at birth and gender identity and so were excluded from the analyses. 522 (sample-weighted percentage 86%) of 612 participants were classified as cisgender men, 70 (11%) as transfeminine, and three (<1%) as transmasculine. 17 participants (2%) did not identify as male, female, or transgender. Compared with cisgender men, transfeminine people were more likely to be HIV-positive (28 41% of 70 transfeminine vs 151 25% of 521 cisgender men; p=0·0009) and to report current symptoms consistent with a rectal STI (eight 16% of 67 vs 38 7% of 518; p=0·014). Transfeminine people reported higher numbers of recent male sexual partners (22 27% of 70 transfeminine people reported four or more male sexual partners in the past 3 months vs 112 13% of 522 cisgender men; p=0·042) and were more likely to report condomless anal intercourse with men (43 62% of 70 vs 208 39% of 522; p=0·0009) and receptive anal intercourse (54 76% of 70 vs 252 46% of 522; p<0·0001) in the past 3 months, and transactional sex with men (42 57% of 69 vs 240 42% of 518; p=0·023) and experience of sexual assault (16 23% of 69 vs 65 11% of 520; p=0·019) in the past 12 months. Use of pre-exposure prophylaxis and post-exposure prophylaxis was low in both groups. INTERPRETATION: Transfeminine people who have sex with men have a higher burden of HIV and associated risk behaviours compared with cisgender MSM in the same context, yet their uptake of prevention and care services is poor. Policies should acknowledge the specific needs of transfeminine people as distinct from cisgender MSM, and support health-care providers to address these needs. FUNDING: Evidence for HIV Prevention in Southern Africa (EHPSA), UK Aid.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2021	Smith, GHR; Henry, WK; Podzamczer, D; Masia, MDM; Bettacchi, CJ; Arasteh, K; Jaeger, H; Khuong-Josses, M-A; Montes-Ramirez, ML; Stellbrink, H-J; Yazdanpanah, Y; Richmond, GJ; Sutton, KC; Zhang, F; Mccoig, CC; St Clair, MH; Vandermeulen, K; Van Solingen-Ristea, R; Smith, KY; Margolis, DA; Spreen, WR	Efficacy, Safety, and Durability of Long-Acting Cabotegravir and Rilpivirine in Adults with Human Immunodeficiency Virus Type 1 Infection: 5-Year Results from the LATTE-2 Study	Open Forum Infectious Diseases	-	-	-	-	NA	10.1093/ofid/ofab439	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02343137/full	Background: In the Long-Acting Antiretroviral Treatment Enabling Trial 2 (LATTE-2) phase 2b study, long-acting (LA) injectable cabotegravir + rilpivirine dosed every 8 weeks (Q8W) or every 4 weeks (Q4W) demonstrated comparable efficacy with daily oral antiretroviral therapy (ART) through 96 weeks in ART-naive adults with human immunodeficiency virus type 1 (HIV-1). Here we report efficacy, tolerability, and safety of cabotegravir + rilpivirine LA over approximately 5 years. Methods: After 20 weeks of oral cabotegravir + abacavir/lamivudine, participants were randomized to cabotegravir + rilpivirine LA Q8W or Q4W or continue oral ART through the 96-week maintenance period. In the extension period through week 256, participants continued their current LA regimen (randomized Q8W/Q4W groups) or switched from oral ART to Q8W or Q4W LA therapy (extension-switch groups). Endpoints assessed included proportion of participants with HIV-1 RNA <50 copies/mL (Snapshot algorithm) and adverse events (AEs). Results: At week 256, 186 of 230 (81%) participants in randomized Q8W/Q4W groups and 41 of 44 (93%) participants in extension-switch groups had HIV-1 RNA <50 copies/mL. No protocol-defined virologic failures occurred after week 48. Injection site reactions infrequently resulted in discontinuation (4 2% and 1 2% participants in randomized Q8W/Q4W and extension-switch groups, respectively). Three participants in randomized Q8W/Q4W groups experienced drug-related serious AEs, including 1 fatal serious AE (Q4W group); none occurred in extension-switch groups. Of 25 participants with AEs leading to withdrawal, 20 were in the randomized Q4W group; no AE leading to withdrawal occurred in >1 participant. Conclusions: Cabotegravir + rilpivirine LA exhibited long-term efficacy and tolerability, demonstrating its durability as maintenance therapy for HIV-1 infection. Clinical Trials Registration. NCT02120352.	*Human immunodeficiency virus 1 infection /drug therapy; *drug efficacy; *drug safety; *drug tolerability; Adult; Antiretroviral therapy; Article; Backache /side effect; Body mass; CD4 lymphocyte count; Controlled study; Diarrhea /side effect; Drug withdrawal; Fatigue /side effect; Female; Fever /side effect; Follow up; Gastroenteritis /side effect; Headache /side effect; Human; Influenza /side effect; Injection site reaction /side effect; Major clinical study; Male; Medication compliance; Multicenter study; Outcome assessment; Patient compliance; Phase 2 clinical trial; Randomized controlled trial; Rhinopharyngitis /side effect; Syphilis /side effect; Upper respiratory tract infection /side effect	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2021	Smith, Jennifer A; Garnett, Geoffrey P; Hallett, Timothy B	The Potential Impact of Long-Acting Cabotegravir for HIV Prevention in South Africa: A Mathematical Modeling Study.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiaa296	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8514192	BACKGROUND: Although effective, some oral pre-exposure prophylaxis (PrEP) users face barriers to adherence using daily pills, which could be reduced by long-acting formulations. Long-acting cabotegravir (CAB LA) is a potential new injectable formulation for human immunodeficiency virus (HIV) PrEP being tested in phase III trials. METHODS: We use a mathematical model of the HIV epidemic in South Africa to simulate CAB LA uptake by population groups with different levels of HIV risk. We compare the trajectory of the HIV epidemic until 2050 with and without CAB LA to estimate the impact of the intervention. RESULTS: Delivering CAB LA to 10% of the adult population could avert more than 15% of new infections from 2023 to 2050. The impact would be lower but more efficient if delivered to populations at higher HIV risk: 127 person-years of CAB LA use would be required to avert one HIV infection within 5 years if used by all adults and 47 person-years if used only by the highest risk women. CONCLUSIONS: If efficacious, a CAB LA intervention could have a substantial impact on the course of the HIV epidemic in South Africa. Uptake by those at the highest risk of infection, particularly young women, could improve the efficiency of any intervention.	HIV prevention; South Africa; heterosexual transmission; long-acting cabotegravir; mathematical models	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Smith, Matt; Elliott, Lawrie; Hutchinson, Sharon J; Metcalfe, Rebecca; Flowers, Paul; McAuley, Andrew	Perspectives on pre-exposure prophylaxis for people who inject drugs in the context of an hiv outbreak: A qualitative study.	International Journal of Drug Policy	-	-	-	-	1873-4758	10.1016/j.drugpo.2020.103033	https://dx.doi.org/10.1016/j.drugpo.2020.103033	BACKGROUND: There is an ongoing HIV outbreak amongst people who inject drugs (PWID) in Glasgow, Scotland, and one response which has not yet been widely implemented is the provision of Pre-exposure prophylaxis (PrEP). PrEP is the use of HIV anti-retrovirals prior to HIV infection to provide a barrier to infection. This has been shown to be effective amongst various at-risk populations in preventing HIV spread. The present study aimed to explore views of PWID who might benefit from PrEP provision and Service Providers working with PWID to understand will to use PrEP and literacy of PrEP, contributing to the development of a PrEP service. METHODS: A qualitative approach was taken, with semi structured interviews conducted in Glasgow at two third sector service sites. 11 Service Providers and 21 PWID participated in the study. Data was analysed thematically. RESULTS: Participants, both PWID and Service Providers, were keen to engage with PrEP and perceived substantial potential benefits of PrEP for this population. Potential barriers to engagement were identified as a lack of health literacy, motivation, and self-ascribed risk, as well as the overwhelming unpredictability of substance use. Participants wanted PrEP to be provided within already existing structures, particularly community pharmacies, and for promotion and provision to involve peers. CONCLUSION: This sample reported willingness to engage with PrEP, and suggested there is a specific need amongst PWID for PrEP. However, PWID have specific lived experienced contexts and needs, and are burdened by social and economic marginalisation and inequality at every level. This contrasts them from other populations currently being provided with PrEP, and must be considered in the development of provision.	HIV; Injecting drug use; Outbreak; PWID; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Smith, Steven J.; Zhao, Xue Zhi; Passos, Dario Oliveira; Lyumkis, Dmitry; Burke, Terrence R. Jr; Hughes, Stephen H.	Integrase Strand Transfer Inhibitors Are Effective Anti-HIV Drugs.	Viruses	-	-	-	-	1999-4915	10.3390/v13020205	https://www.mdpi.com/1999-4915/13/2/205	Integrase strand transfer inhibitors (INSTIs) are currently recommended for the first line treatment of human immunodeficiency virus type one (HIV-1) infection. The first-generation INSTIs are effective but can select for resistant viruses. Recent advances have led to several potent second-generation INSTIs that are effective against both wild-type (WT) HIV-1 integrase and many of the first-generation INSTI-resistant mutants. The emergence of resistance to these new second-generation INSTIs has been minimal, which has resulted in alternative treatment strategies for HIV-1 patients. Moreover, because of their high antiviral potencies and, in some cases, their bioavailability profiles, INSTIs will probably have prominent roles in pre-exposure prophylaxis (PrEP). Herein, we review the current state of the clinically relevant INSTIs and discuss the future outlook for this class of antiretrovirals.	Drug Resistance, Viral; Humans; HIV Infections/drug therapy; HIV; Mutation; HIV-1/*drug effects/enzymology/genetics; Virus Replication; antiviral therapy; DNA, Viral/metabolism; drug resistance; Pre-Exposure Prophylaxis; INSTIs; integration; HIV Integrase Inhibitors/chemistry/*pharmacology/therapeutic use; HIV Integrase/chemistry/genetics/metabolism	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Soares, Flávia Moreira; Hellmann, Fernando	Ethics and pre-exposure prophylaxis (PrEP) in adolescents: an integrative review	DST Journal of Brazilian Sexually Transmitted Diseases	-	-	-	-	0103-4065	10.5327/DST-2177-8264-20213333	https://www.bjstd.org/revista/article/view/1173/1145	Introduction: Worldwide estimates suggest an increase in the number of deaths by AIDS among adolescents. The Pre-Exposure Prophylaxis (PrEP) has been considered a potential intervention of major impact on new HIV infections. However, the discussion on PrEP in the adolescent population needs to expand mainly regarding ethical issues that emerge with its implementation. Objective: The objective of this research was to identify ethical issues related to PrEP in adolescents in the current scientific literature and discuss their impact in the implementation of this preventive strategy. Methods: An integrative review of the literature was performed on Medline, Scopus, and Web of Science databases using descriptors Ethic and PrEP. Results: The search retrieved 284 articles, of which 16 was related to adolescents and were kept in the sample after analysis. The issues detected were classified into two categories: 1) Ethics in research and 2) Ethical problems regarding access to PrEP. Conclusion: It seems that the issues discussed could diminish the potential impact of PrEP on new HIV infections among adolescents. Discussions on the theme must be deepened, as gaps regarding Ethics and HIV prevention in adolescents are evident, especially when it comes to sexual minorities, both in research and assistance.	NA	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2021	Sonalkar, S; Fishman, J; Kete, C; McAllister, A; Frarey, A; Short, WR; Schreiber, CA; Teitelman, A	IMPLEMENTATION OF AN HIV PRE-EXPOSURE PROPHYLAXIS STRATEGY INTO ABORTION CARE	Contraception	-	-	-	-	0010-7824	10.1016/j.contraception.2021.07.011	https://www.contraceptionjournal.org/article/S0010-7824(21)00245-6/fulltext	Background: Family planning and abortion clinics routinely address sexual health. We sought to evaluate implementation outcomes of an HIV pre-exposure prophylaxis (PrEP) care strategy for patients seeking management of induced abortion and pregnancy loss. Setting: Single-center, urban, academic, hospital-based family planning service. Methods: We used a multifaceted implementation strategy directed toward family planning providers comprised of educational sessions, an electronic medical record-prompted verbal assessment of HIV risk, electronic medical record shortcuts for PrEP prescription, and support of a PrEP navigator. We assessed penetration of the intervention by calculating the penetration of a PrEP offer, measured as the proportion of encounters in which PrEP was offered to PrEP-eligible individuals. We evaluated feasibility, acceptability, and appropriateness of the intervention using belief elicitation interviews with providers. Results: From November 2018 to April 2019, the proportion of PrEP eligible patients who were offered PrEP, was 87.9% (29/33). Providers found the intervention acceptable and appropriate, but reported barriers including time constraints, and disappointment if patients did not adhere to PrEP. Providers liked that PrEP provision in abortion care settings felt innovative, and that they could contribute to HIV prevention. Conclusion: Family planning providers in an academic center found HIV risk assessment and PrEP provision to be feasible, acceptable, and appropriate. Further research should evaluate implementation outcomes of PrEP care strategies in additional abortion care contexts, including clinics offering reproductive health care outside of academia.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Songtaweesin W.N.; LeGrand S.; Bandara S.; Piccone C.; Wongharn P.; Moonwong J.; Jupimai T.; Saisaengjan C.; Theerawit T.; Muessig K.; Hightow-Weidman L.; Puthanakit T.; Phanuphak N.; Tangmunkongvorakul A.	Adaptation of a theory-based social networking and gamified app-based intervention to improve pre-exposure prophylaxis adherence among young men who have sex with men in bangkok, thailand: Qualitative study	Journal of Medical Internet Research	-	-	-	-	14388871	10.2196/23852	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118973383&doi=10.2196%2f23852&partnerID=40&md5=887cad95c69125dd5bd19f78483a1802	Background: HIV disproportionately affects young Thai men who have sex with men (YMSM). Recent studies report a high incidence and prevalence of HIV among Thai YMSM. The Thai national guidelines have recommended pre-exposure prophylaxis (PrEP) since 2014 for key populations; free PrEP has been piloted since 2019. Smartphone-based mobile health (mHealth) interventions provide an optimal platform for innovative PrEP adherence interventions for Thai YMSM. Objective: This study aims to adapt the P3 (Prepared, Protected, emPowered) app, developed with YMSM and transwomen in the United States to improve PrEP adherence and persistence for YMSM in Thailand. The app aims to provide daily adherence support and addresses gaps in staff availability for large-scale PrEP rollout needed to see population-level effects of HIV prevention. Methods: We conducted focus group discussions (FGDs) with YMSM and key informant interviews (KIIs) with PrEP care providers in Bangkok, Thailand, to investigate PrEP adherence facilitators and barriers, preferences for functions and features in mHealth apps among YMSM, and how to best adapt the P3 app to the Thai context. We conducted four FGDs with 4-8 participants per group and 15 KIIs. Results: For FGDs, 23 YMSM participated with a mean age of 20 years (range 18-21), 96% (22/23) enrolled in full-time education, and all owned smartphones. The mean age of KII participants was 40 (range 26-60) years; most were state health service providers, with the majority being counselors (6/15, 40%) and physicians (6/15, 40%). Overall, the facilitators and barriers for PrEP adherence identified were similar to those of MSM and YMSM globally including the United States. Key themes included general recommendations for improving mHealth apps in Thailand, such as presenting reliable information in an appealing format, minimizing privacy risks, and addressing connectivity challenges. Additional themes focused on P3 Thailand adaptations and were related to cultural and stylistic preferences, engagement strategies, and recommendations for new functions. To develop the adapted app, P3 Thailand, these findings were balanced with resource limitations resulting in the prioritization of minor modifications: Changes in app esthetics (color scheme, iconography, and imagery) and changes in the presentation of information in two of the app's features. FGDs identified similar PrEP adherence facilitators and barriers to those already addressed within the app. Conclusions: The core elements of the P3 app address major PrEP facilitators and barriers for Thai YMSM; however, changes to the app features, including stylistic presentation, were needed to appropriately customize the app to the Thai context. Given the similarities of facilitators and barriers for PrEP adherence globally, adapting existing PrEP mHealth solutions based on input from end users and key informants provides a promising approach. However, partnerships with local app designers and developers can improve the adaptation process and final product. © 2021 Journal of Medical Internet Research. All rights reserved.	Adherence; Mobile health; Mobile phone; Pre-exposure prophylaxis; Young men who have sex with men	English	Canada	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Qualitative
Article	2021	Sophus, Amber I; Mitchell, Jason W	Reducing HIV Risk Behaviors Among Black Women Living With and Without HIV/AIDS in the U.S.: A Systematic Review.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03029-3	https://dx.doi.org/10.1007/s10461-020-03029-3	This systematic review provides an examination of the status of HIV/AIDS prevention interventions for Black, heterosexual women in the U.S. from 2012 to 2019. Using PRISMA guidelines, 28 interventions were identified. Over half of the interventions were: conducted in the southern region of the U.S.; evaluated using a randomized controlled trial; focused on adults; used a group-based intervention delivery; were behaviorally focused and theoretically driven. None included biomedical strategies of PrEP, nPEP, and TasP. Few interventions included adolescent or aging Black women; none included their sex/romantic partners. Future studies dedicated to addressing the specific needs of subpopulations of Black, heterosexual women may provide opportunities to expand and/or tailor current and future HIV/AIDS prevention interventions, including offering participants with options to choose which, and the level of involvement, of their sex/romantic partner(s) in their sexual health decision-making. While strides to improve HIV prevention efforts with Black, heterosexual women have occurred, more is needed.	Black women; HIV prevention interventions; Systematic review; United states	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Sousa L.R.M.; Elias H.C.; Fernandes N.M.; Gir E.; Reis R.K.	Knowledge of PEP and PrEP among people living with HIV/aids in Brazil	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-020-10135-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098856653&doi=10.1186%2fs12889-020-10135-3&partnerID=40&md5=921d948ece792e8a31306b9331e9e660	Background: Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) are key to preventing sexual transmission of HIV, whose sexual partners are at high risk of acquiring HIV. We aimed to determine the factors associated with PrEP and PEP's knowledge as secondary prevention among people living with HIV/AIDS. Method: Cross-sectional analytical study carried out among people living with HIV/AIDS treated at five specialized services in the city of Ribeirão Preto, São Paulo, Brazil. Data were collected from July 2016 to July 2017. Individual interviews were conducted. We used multivariable logistic regression to determine factors associated with knowing PrEP and PEP. Results: Of the 397 participants, 140 (35.26%) were heterosexual women aged 40 to 49 years (36.2%).Participants with less than 11 years of study (adjusted odds: 0.29; 95% CI: 0.13–0.60); who did not have a low viral load or did not know their viral load (adjusted odds: 0.29; 95% CI: 0.09–0.83) and those with casual partners (adjusted odds: 0.29; 95% CI: 0.09–0.83) were less likely to know about the PrEP. MSM (adjusted odds: 2.88; 95% CI: 1.59–5.3) and those who used alcohol during sexual intercourse (adjusted odds: 1.7; 95% CI: 1.0–2.8) were more likely to know about the PEP. Conclusions: The knowledge about PEP and PrEP is low in Brazil. This may undermine secondary prevention efforts. Educational interventions to raise awareness of these prevention methods are needed among people living with HIV and who have HIV-negative sexual partners. © 2021, The Author(s).	Awareness; HIV; Post-exposure prophylaxis; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Souza, Marcus Vinicius Lessa de	Access to PrEP by cisgender mens and transsexual person: A qualitative study	Research, Society and Development	-	-	-	-	2525-3409	10.33448/rsd-v10i1.11843.	https://rsdjournal.org/index.php/rsd/article/view/11843	A study carried out in Rio de Janeiro, investigates the perception of users of public services that offer HIV pre-exposure prophylaxis. Objective: To raise possible barriers and facilitating factors in accessing Pre-Exposure Prophylaxis (PrEP). Method: This is a research with a qualitative approach, conducted with users of services that offer PrEP in the greater Rio, interviews were recorded and transcribed. The analysis categories are derived from the construction of the experiences narrated by the interlocutors. Results and Discussion: 12 users of this therapy aged between 25 and 39 years were interviewed, 10 men who have sex with other men and 2 trans women. All users reported having some knowledge about PrEP; the transgender person is the one who attends the services least. There is a consensus that combined prevention is a positive step in the STI prevention policy. Conclusion: The main barriers are related to the structural limitations of health services.	Pre-exposure prophylaxis; Sexually; Transmitted in fections; Men who have sex with men; Transgender; Primary prevention	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2021	Spinelli M.A.; Lowery B.; Shuford J.A.; Spindler J.; Kearney M.F.; Mcfarlane J.R.; Mcdonald C.; Okochi H.; Phung N.; Kuncze K.; Jee K.; Johannessen D.; Anderson P.L.; Smith D.K.; Defechereux P.; Grant R.M.; Gandhi M.	Use of Drug-level Testing and Single-genome Sequencing to Unravel a Case of Human Immunodeficiency Virus Seroconversion on Pre-exposure Prophylaxis	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciaa1011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102424603&doi=10.1093%2fcid%2fciaa1011&partnerID=40&md5=6a2ad098d618ce8d8796c8572c36644c	Cases of seroconversion on pre-exposure prophylaxis (PrEP) should be carefully investigated, given their public health implications and rarity. We report a case of transmitted drug resistance causing seroconversion on PrEP in spite of high adherence, confirmed with dried blood spot and segmental hair drug-level testing and single-genome sequencing. © 2020 The Author(s).	adherence; HIV seroconversion; PrEP; PrEP failure; single-genome-sequencing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Ssentongo, Paddy; Heilbrunn, Emily S.; Ssentongo, Anna E.; Advani, Shailesh; Chinchilli, Vernon M.; Nunez, Jonathan J.; Du, Ping	Epidemiology and outcomes of COVID-19 in HIV-infected individuals: a systematic review and meta-analysis.	Scientific Reports	-	-	-	-	2045-2322	10.1038/s41598-021-85359-3	https://pubmed.ncbi.nlm.nih.gov/33737527/	Susceptibility to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and the risk of mortality among people living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) (PLWHA) is largely unknown. PLWHA are unique due to their altered immune system from their history of chronic HIV infection and their use of antiretroviral therapy, some of which have been used experimentally to treat coronavirus disease 2019 (COVID-19). Therefore, we conducted a systematic review and meta-analysis to assess the epidemiology of SARS-CoV-2/HIV coinfection and estimate associated mortality from COVID-19 (Prospero Registration ID: CRD42020187980). PubMed, SCOPUS, OVID and Cochrane Library databases, and medRxiv preprint repositories were searched from January 1, 2020, to December 12, 2020. Data were extracted from studies reporting COVID-19 attack and mortality rates in PLWHA compared to their HIV-negative counterparts. Pooled attack and mortality rates were quantified using random-effects models. We identified 22 studies that included 20,982,498 participants across North America, Africa, Europe, and Asia. The median age was 56 years, and 50% were male. HIV-positive persons had a significantly higher risk of SARS-CoV-2 infection risk ratio (RR) 1.24, 95% CI 1.05-1.46) and mortality from COVID-19 (RR 1.78, 95% CI 1.21-2.60) than HIV-negative individuals. The beneficial effects of tenofovir and protease-inhibitors in reducing the risk of SARS-CoV-2 infection and death from COVID-19 in PLWHA remain inconclusive. HIV remains a significant risk factor for acquiring SARS-CoV-2 infection and is associated with a higher risk of mortality from COVID-19. In support of the current Centers for Disease Control and Prevention (CDC) guidelines, persons with HIV need priority consideration for the SARS-CoV-2 vaccine.	Humans; HIV Infections/*complications; Disease Susceptibility; SARS-CoV-2; COVID-19/complications/*mortality	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Stalter R.M.; Pintye J.; Mugwanya K.K.	Safety review of tenofovir disoproxil fumarate/emtricitabine pre-exposure prophylaxis for pregnant women at risk of HIV infection	Expert Opinion on Drug Safety	-	-	-	-	14740338	10.1080/14740338.2021.1931680	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106756084&doi=10.1080%2f14740338.2021.1931680&partnerID=40&md5=e0b6767525fbd916a6f112f9ec6aa474	Introduction: Pregnancy is a period of elevated HIV risk in high-burden settings, motivating the need for prevention tools that are both safe for use and effective during pregnancy. Oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) is recommended by the World Health Organization, including for pregnant and postpartum women at substantial risk of HIV infection. Although TDF use during pregnancy appears generally safe, data on PrEP use during pregnancy remain limited. Areas covered: We provide an overview of the clinical pharmacology and efficacy of daily TDF-based PrEP and summarize current evidence on the safety of PrEP use by pregnant HIV-uninfected women. We synthesize relevant studies assessing pregnancy outcomes among pregnant women who are living with HIV (WLHIV) and using TDF-based therapy. Finally, we make comparison to the safety profiles of other emerging HIV prevention options. Expert opinion: The current evidence indicates that TDF/FTC PrEP use is not associated with increased risk of adverse pregnancy and early infant growth outcomes. While safety data are generally reassuring, there is need for continued accrual of data on growth and pregnancy outcomes in PrEP research, implementation projects, and controlled pharmacokinetic studies to support current evidence and to understand concentration–efficacy relationship in pregnant women. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; pregnancy; PrEP; safety; Tenofovir disoproxil fumarate; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Stalter, Randy M; Baeten, Jared M; Donnell, Deborah; Spinelli, Matthew A; Glidden, David V; Rodrigues, Warren C; Wang, Guohong; Vincent, Michael; Mugo, Nelly; Mujugira, Andrew; Marzinke, Mark; Hendrix, Craig; Gandhi, Monica	Urine Tenofovir Levels Measured Using a Novel Immunoassay Predict Human Immunodeficiency Virus Protection.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciaa785	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7850546	New tools are needed to support pre-exposure prophylaxis (PrEP) adherence for human immunodeficiency virus (HIV) prevention, including those that enable real-time feedback. In a large, completed PrEP trial, adequate urine tenofovir levels measured using a novel immunoassay predicted HIV protection and showed good sensitivity and specificity for detectable plasma tenofovir.	New tools are needed to support pre-exposure prophylaxis (PrEP) adherence for human immunodeficiency virus (HIV) prevention, including those that enable real-time feedback. In a large, completed PrEP trial, adequate urine tenofovir levels measured using a novel immunoassay predicted HIV protection and showed good sensitivity and specificity for detectable plasma tenofovir.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Theses and Dissertations	2021	Stalter, Randy Matthew; Baeten, Jared	Evaluating PrEP Use and Safety among Women of Reproductive Age in Sub-Saharan Africa	-	-	University oh Washigton	-	-	NA	https://www.proquest.com/dissertations-theses/evaluating-prep-use-safety-among-women/docview/2566067001/se-2?accountid=8113	In sub-Saharan Africa, oral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) has emerged as an important HIV prevention strategy for women and is being scaled up rapidly in areas with high HIV burden. New, long-acting PrEP methods are also approaching introduction, including the dapivirine vaginal ring, which women can wear continuously and discreetly for up to one month. Greater choice means women are more likely to find a method that suits their specific needs and preferences. However, questions and challenges regarding PrEP use and safety among women of reproductive age remain, which we aimed to address in this dissertation. First, we validated a novel, urine-based tenofovir immunoassay as a potential point-of-care tool for assessing PrEP adherence using stored samples from the Partners PrEP Study (Chapter 2). Second, we estimated the per-sex-act relative HIV risk reduction among women exhibiting consistent use of the dapivirine ring in the ASPIRE trial based on an objective measure of ring exposure, the rate of dapivirine release from returned rings (Chapter 3). Third, we evaluated differences in changes in bone turnover markers associated with combined use of oral PrEP and depot medroxyprogesterone acetate (DMPA) among young women in Uganda (Chapter 4). Finally, we conducted a literature review on the safety of TDF-based PrEP use during pregnancy (Chapter 5). We demonstrated that urine tenofovir concentrations measured by the novel immunoassay has good sensitivity (87%) and specificity (73%) for detecting tenofovir in plasma. Additionally, tenofovir concentrations over a certain threshold indicative of PrEP use in the past day were predictive of a 71% reduction in HIV risk. We established the first per-sex-act dose-response model for dapivirine ring exposure and estimated 61% per-sex-act risk reduction with ring release rates indicative of continuous ring use. We identified no substantial changes in bone turnover biomarkers after 6 months of combined DMPA and PrEP use. Finally, we found that the current body of evidence on the safety of TDF-based PrEP use during pregnancy is reassuring but that additional data are needed. Additionally, more efforts are needed to increase representation of pregnant women in studies of new HIV prevention products. The findings from this dissertation contribute to efforts for improving women's uptake of and adherence to PrEP in the coming years by validating a novel urine-based tenofovir immunoassay and providing a better understanding the efficacy of the dapivirine ring. Additionally, this work provides reassuring data on the safety of PrEP use during periods of contraception and pregnancy which may help to facilitate integration of PrEP into family planning and antenatal care services.	PrEP; Sub-Saharan Africa; Sexual behavior; Epidemiology; Medical research; Reproductive health; Women's health; Infectious diseases; Human immunodeficiency virus--HIV; Womens health; 0766:Epidemiology; Human immunodeficiency prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2021	Stankevitz K.; Nhamo D.; Murungu J.; Ridgeway K.; Mamvuto T.; Lenzi R.; Lydon M.; Katsande N.; Mahaka I.; Hoke T.	Test and prevent: Evaluation of a pilot program linking clients with negative HIV test results to pre-exposure prophylaxis in Zimbabwe	Global Health Science and Practice	-	-	-	2169575X	10.9745/GHSP-D-20-00444	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103681797&doi=10.9745%2fGHSP-D-20-00444&partnerID=40&md5=ebc25e26f490494b3ad184077453541c	Background: As HIV testing increases worldwide, programs are reaching individuals without HIV infection who are at risk of exposure and may be candidates for oral pre-exposure prophylaxis (PrEP). Although linkage of individuals with HIV infection to treatment is a global priority (referred to as "test and treat"), less attention is given to individuals with negative HIV test results. We developed the "Test and Prevent" pilot program to intentionally link at-risk clients with negative HIV test results to PrEP services. The intervention included risk assessment of all clients with a negative result from HIV testing (with national risk assessment tool), accompanied referral, fast-tracking, and targeting follow-up. Methods: The intervention was conducted in Bulawayo, Zimbabwe, at 6 public sector sites from October 2019 to February 2020. We collected routine monitoring data from all study sites and tracked referral completion and PrEP initiation among clients who enrolled. We conducted in-depth interviews with providers (n=12), facility managers (n=5), and female clients (n=17) to explore acceptability. Results: Among clients referred for PrEP (n=206), 98% completed their referrals and started PrEP. However, only 3% of clients who received a negative test result during the study period were referred. Low referrals stemmed from lack of screening (39% of clients with negative HIV test results were not screened) and lack of eligibility among clients who were screened (only 6% of those screened qualified as candidates for PrEP per the national screening tool). Qualitative results indicate that some providers purposefully did not complete screening with clients they felt were not at risk and that workload could have contributed to low screening uptake. Qualitative interviews showed that Test and Prevent was acceptable among both providers and clients. Clients were happy to learn about PrEP following HIV testing, and the additional support of accompanied referrals and fast-tracking encouraged them to access PrEP and made them feel valued. Providers were burdened by workload constraints but felt that Test and Prevent was important and should be scaled to other sites. Conclusion: Intentionally linking clients with negative results to PrEP immediately following HIV testing was found to be acceptable from both provider and client perspectives, yet screening procedures need closer examination and reinforcement for the program to realize a larger impact. © Stankevitz et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Stelzle D.; Godfrey-Faussett P.; Jia C.; Amiesimaka O.; Mahy M.; Castor D.; Hodges-Mameletzis I.; Chitembo L.; Baggaley R.; Dalal S.	Estimating HIV pre-exposure prophylaxis need and impact in Malawi, Mozambique and Zambia: A geospatial and risk-based analysis	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1003482	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099337088&doi=10.1371%2fjournal.pmed.1003482&partnerID=40&md5=58777bf1f9263b5d629bec4bea75c1a3	Background Pre-exposure prophylaxis (PrEP), a WHO-recommended HIV prevention method for people at high risk for acquiring HIV, is being increasingly implemented in many countries. Setting programmatic targets, particularly in generalised epidemics, could incorporate estimates of the size of the population likely to be eligible for PrEP using incidence-based thresholds. We estimated the proportion of men and women who would be eligible for PrEP and the number of HIV infections that could be averted in Malawi, Mozambique, and Zambia using prioritisation based on age, sex, geography, and markers of risk. Methods and findings We analysed the latest nationally representative Demographic and Health Surveys (DHS) of Malawi, Mozambique, and Zambia to determine the proportion of adults who report behavioural markers of risk for HIV infection. We used prevalence ratios (PRs) to quantify the association of these factors with HIV status. Using a multiplier method, we combined these proportions with the number of new HIV infections by district, derived from district-level modelled HIV estimates. Based on these numbers, different scenarios were analysed for the minimum number of person-years on PrEP needed to prevent 1 HIV infection (NNP). An estimated total of 38,000, 108,000, and 46,000 new infections occurred in Malawi, Mozambique, and Zambia in 2016, corresponding with incidence rates of 0.43, 0.63, and 0.57 per 100 person-years. In these countries, 9%–20% of new infections occurred among people with a sexually transmitted infection (STI) in the past 12 months and 40%–42% among people with either an STI or a non-regular sexual partner (NP) in the past 12 months (STINP). The models estimate that around 50% of new infections occurred in districts with incidence rates ≥1.0% in Mozambique and Zambia and ≥0.5% in Malawi. In Malawi, Mozambique, and Zambia, 35.1%, 21.9%, and 12.5% of the population live in these high-incidence districts. In the most parsimonious scenario, if women aged 15–34 years and men 20–34 years with an STI in the past 12 months living in high-incidence districts were to take PrEP, it would take a minimum of 65.8 person-years on PrEP to avert 1 HIV infection per year in Malawi, 35.2 in Mozambique, and 16.4 in Zambia. Our findings suggest that 3,300, 5,200, and 1,700 new infections could be averted per year in the 3 countries, respectively. Limitations of our study are that these values are based on modelled estimates of HIV incidence and self-reported behavioural risk factors from national surveys. Conclusions A large proportion of new HIV infections in these 3 African countries were estimated to occur among people who had either an STI or an NP in the past year, providing a straightforward means to set PrEP targets. Greater prioritisation of PrEP by district, sex, age, and behavioural risk factors resulted in lower NNPs thereby increasing PrEP cost-effectiveness, but also diminished the overall impact on reducing new infections. © 2021 Stelzle et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2021	Stephenson R.; Chavanduka T.M.D.; Rosso M.T.; Sullivan S.P.; Pitter R.A.; Hunter A.S.; Rogers E.	Sex in the Time of COVID-19: Results of an Online Survey of Gay, Bisexual and Other Men Who Have Sex with Men's Experience of Sex and HIV Prevention During the US COVID-19 Epidemic	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03024-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85090239227&doi=10.1007%2fs10461-020-03024-8&partnerID=40&md5=0f07e60992abfce75e87d1787679c31f	This paper presents data from a recent cross-sectional survey of gay, bisexual and other men who have sex with men (GBMSM) in the US, to understand changes in sexual behavior and access to HIV prevention options (i.e. condoms and pre-exposure prophylaxis (PrEP)) during the COVID-19 lockdown period. The Love and Sex in the Time of COVID-19 survey was conducted online from April to May, 2020. GBMSM were recruited through advertisements featured on social networking platforms, recruiting a sample size of 518 GBMSM. Analysis considers changes three in self-reported measures of sexual behavior: number of sex partners, number of anal sex partners and number of anal sex partners not protected by pre-exposure prophylaxis (PrEP) or condoms. Approximately two-thirds of the sample reported that they believed it was possible to contract COVID-19 through sex, with anal sex reported as the least risky sex act. Men did not generally feel it was important to reduce their number of sex partners during COVID-19, but reported a moderate willingness to have sex during COVID-19. For the period between February and April–May 20,202, participants reported a mean increase of 2.3 sex partners during COVID-19, a mean increase of 2.1 anal sex partners (range − 40 to 70), but a very small increase in the number of unprotected anal sex partners. Increases in sexual behavior during COVID-19 were associated with increases in substance use during the same period. High levels of sexual activity continue to be reported during the COVID-19 lockdown period and high levels of sexual activity are often paralleled by increases in substance use and binge drinking. There is a need to continue to provide comprehensive HIV prevention and care services during COVID-19, and telehealth and other eHealth platforms provide a safe, flexible mechanism for providing services. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	COVID-19; GBMSM; Sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Stephenson R.; Darbes L.A.; Chavanduka T.; Essack Z.; van Rooyen H.	HIV Testing, Knowledge and Willingness to Use PrEP Among Partnered Men Who Have Sex With Men in South Africa and Namibia	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03129-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098729555&doi=10.1007%2fs10461-020-03129-0&partnerID=40&md5=0f0e60ff6dfb5f5e7728362747e4f379	There is strong evidence that gay, bisexual and other men who have sex with men (GBMSM) in African countries experience high prevalence of HIV. However, missing from the literature is an understanding of the HIV risk behaviors and prevention needs of partnered GBMSM in African countries. The Together Tomorrow project sampled 440 partnered GBMSM (220 couples) in South Africa and Namibia. Prevalence of HIV was high at 42%, with 33% of men in sero-discordant relationships. Despite high levels of HIV testing in the past 6 months (65%), condom use with main and outside sex partners was low. Men reported low levels of willingness to use PrEP (16%). HIV testing in the past 12 months and willingness to use PrEP were significantly associated with recent binge drinking and substance use. Men in sero-discordant relationships, those with sexual agreements and those who had experienced any form of IPV were all less likely to report that they had recently tested for HIV. There is a need to develop interventions that meet the unique needs of African partnered GBMSM and tackle stigma and discrimination as drivers of HIV risk in these settings. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Couples; HIV prevention; MSM; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Stephenson R.; Walsh A.R.; Chavanduka T.M.D.; Sallabank G.; Horvath K.J.; Castel A.D.; Bonar E.E.; Hightow-Weidman L.; Bauermeister J.A.; Sullivan P.S.	Widespread closure of HIV prevention and care services places youth at higher risk during the COVID-19 pandemic	PLOS One	-	-	-	19326203	10.1371/journal.pone.0249740	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114743823&doi=10.1371%2fjournal.pone.0249740&partnerID=40&md5=7c4a5b270d988d5a0fd86d3f528ced4a	Background Central to measuring the impact of the COVID-19 pandemic on HIV is understanding the role of loss of access to essential HIV prevention and care services created by clinic and community-based organization closures. In this paper, we use a comprehensive list of HIV prevention services in four corridors of the US heavily impacted by HIV, developed as part of a large RCT, to illustrate the potential impact of service closure on LGBTQ+ youth. Methods We identified and mapped LGBTQ+ friendly services offering at least one of the following HIV-related services: HIV testing; STI testing; PrEP/PEP; HIV treatment and care; and other HIV-related services in 109 counties across four major interstate corridors heavily affected by HIV US Census regions: Pacific (San Francisco, CA to San Diego, CA); South-Atlantic (Washington, DC to Atlanta, GA); East-North-Central (Chicago, IL to Detroit, MI); and East-South-Central (Memphis, TN to New Orleans, LA). Results There were a total of 831 LGBTQ+ youth-friendly HIV service providers across the 109 counties. There was a range of LGBTQ+ youth-friendly HIV-service provider availability across counties (range: 0–14.33 per 10,000 youth aged 13–24 (IQR: 2.13), median: 1.09); 9 (8.26%) analyzed counties did not have any LGBTQ+ youth-friendly HIV service providers. The Pearson correlation coefficient for the correlation between county HIV prevalence and LGBTQ+ youth-friendly HIV service provider density was 0.16 (p = 0.09), suggesting only a small, non-statistically significant linear relationship between a county's available LGBTQ+ youth-friendly HIV service providers and their HIV burden. Conclusions As the COVID-19 pandemic continues, we must find novel, affordable ways to continue to provide sexual health, mental health and other support services to LGBTQ+ youth. Copyright: © 2021 Stephenson et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Stockton J.M.	Assessment for sexually transmitted infections in men who have sex with men attending a nurse-run HIV preexposure prophylaxis clinic	Journal of the American Association of Nurse Practitioners	-	-	-	23276886	10.1097/JXX.0000000000000569	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120913948&doi=10.1097%2fJXX.0000000000000569&partnerID=40&md5=1c5dca4e89404a7aa3fb081da822cbf9	Background:Male-to-male sexual contact remains the primary mode of transmission for HIV and other sexually transmitted infections (STIs) in the United States. Reported STI rates in men who have sex with men (MSM) taking HIV preexposure prophylaxis (PrEP) are higher than expected, possibly due to decreased condom use while on PrEP or more frequent STI screening with routine PrEP care.Local problem:Hamilton County, located in southwestern Ohio, consistently has the highest rates of gonorrhea and syphilis and second highest rate of chlamydia in the state. The purpose of this project was to incorporate Centers for Disease Control and Prevention (CDC)-recommended comprehensive STI evaluations for MSM attending a nurse-run PrEP clinic in southwestern Ohio.Methods:Seventy-five MSM seen for PrEP between January 1, 2017, and May 15, 2019, were included in the STI testing program. Of these, 59 were included in outcome evaluation.Intervention:Sexually transmitted infection testing was performed every three months, including HIV and syphilis, with chlamydia/gonorrhea testing performed at all potentially exposed sites.Results:During the evaluation period, 43 STIs occurred in 18 patients (30.5%). Affected sites for gonorrhea included 10 oropharynx, eight anorectal, and two genitourinary; for chlamydia, it included one oropharynx, 12 anorectal, and one genitourinary. All extragenital infections were asymptomatic.Conclusions:Sexually transmitted infection results in this population are consistent with those reported in other PrEP centers and reinforce importance of three-point chlamydia/gonorrhea testing as part of comprehensive STI evaluation. Implementing CDC screening recommendations in PrEP programs has been effective in identifying and treating STIs. Incorporating sexual history and comprehensive testing may help providers in other settings identify patients who need more frequent HIV/STI screening and prevention services. © 2021 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; MSM; PrEP; sexually transmitted infection	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Stoner Marie C D; Rucinski, Katherine B; Giovenco Danielle; Gill, Katherine; Morton, Jennifer F; Linda-Gail, Bekker; Celum, Connie L; van der Straten Ariane	Trajectories of PrEP Adherence Among Young Women Aged 16 to 25 in Cape Town, South Africa	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03134-3	https://www.proquest.com/scholarly-journals/trajectories-prep-adherence-among-young-women/docview/2534471949/se-2?accountid=8113	Despite demonstrated efficacy for HIV prevention, substantial challenges remain for the successful rollout of oral pre-exposure prophylaxis (PrEP), especially among adolescent girls and young women (AGYW). We characterized trajectories of PrEP adherence among 200 AGYW in South Africa and analyzed data from 22 qualitative interviews and 3 focus group discussions for explanatory purposes. Two adherence trajectory groups were identified: 52% with high early adherence that declined after month three and 48% with low adherence throughout. Adherence in the "consistently low" group was related to social support and logistical concerns, while the decrease in the "high declining" group corresponded to a change in the frequency of study visits from monthly to quarterly. PrEP support should be differentiated for those who need more frequent visits and adherence support initially versus later in PrEP use. Visits every month, when needed, should be considered for AGYW who need sustained support later into use.	Women; South Africa; HIV prevention; Pre-exposure prophylaxis; Psychology; Prevention; Adherence; Adolescents; Teenagers; Disease prevention; Prophylaxis; Adolescent girls; Social support; Health behavior; Qualitative analysis; Adolescent girls and young women; Young adults; Young women; Trajectory analysis; Human immunodeficiency virus--HIV; Social interactions; Womens health; Cape Town	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Storholm E.D.; Mutchler M.G.; Ghosh-Dastidar B.; Balan E.; Mokhbat J.; Kegeles S.M.; Wagner G.J.	Gearing up for PrEP in the Middle East and North Africa: An Initial Look at Willingness to Take PrEP among Young Men Who Have Sex with Men in Beirut, Lebanon	Behavioral Medicine	-	-	-	8964289	10.1080/08964289.2019.1661822	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076889539&doi=10.1080%2f08964289.2019.1661822&partnerID=40&md5=c316ebb9d53ae0424e7a9e90623e90ef	The Middle East and North Africa (MENA) is one of only two global regions where rates of HIV are currently on the rise. In Lebanon, new HIV infections are increasing most rapidly among young men who have sex with men (YMSM). While, the majority of YMSM in Lebanon report having recently engaged in condomless anal intercourse, many report reluctance to seek HIV prevention services for fear of stigma and discrimination. Pre-exposure prophylaxis (PrEP) is an effective alternative HIV prevention strategy but there is a dearth of research looking at willingness to take PrEP among YMSM in MENA. This study is the first to delineate factors associated with willingness to take PrEP among a cohort of 218 YMSM recruited from Beirut, Lebanon. Over half (55.5%) reported willingness to take PrEP. At the bivariate level, knowledge of HIV risk, awareness of PrEP, being in a relationship, greater judgementalism about sex in communication with peers, greater number of types of gay-related discrimination experienced, sense of community among YMSM, having had recent condomless anal sex with positive or unknown status partner, and the use of substances just prior to or during sex were each associated with greater willingness to take PrEP. When entered into a linear regression analysis, use of substances just prior to or during sex and sense of community among YMSM remained significant predictors of PrEP willingness. Intervention efforts focused on increasing PrEP uptake among YMSM in MENA should consider the influence substance use and social factors on willingness to take PrEP. © 2019 RAND Corporation.	Beirut; gay community; HIV-prevention; Lebanon; peer communication; PrEP; substance use; young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Storholm E.D.; Ober A.J.; Mizel M.L.; Matthews L.; Sargent M.; Todd I.; Zajdman D.; Green H.	Primary care providers' knowledge, attitudes, and beliefs about HIV pre-exposure prophylaxis (PrEP): Informing network-based interventions	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2021.33.4.325	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113551466&doi=10.1521%2faeap.2021.33.4.325&partnerID=40&md5=0a6146fd1488e68bc8d075dfd3e687e8	Increasing access to pre-exposure prophylaxis (PrEP) in primary care settings for patients who may be at risk for HIV could help to increase PrEP uptake, which has remained low among certain key risk populations. The current study conducted interviews with primary care providers identified from national claims data as having either high or low likelihood of serving PrEP-eligible patients based on their prescribing practices for other sexually transmitted infections. The study yielded important information about primary care providers' knowledge, attitudes, and beliefs about PrEP, as well as the barriers and facilitators to prescribing PrEP. Key recommendations for a provider-focused intervention to increase PrEP prescribing among primary care providers, including increasing patient education to increase demand from providers, enhancing provider education, leveraging technology, and instituting standardized sexual health checks, are provided with the goal of informing network-based interventions. © 2021 The Guilford Press.	HIV; Implementation; Network intervention; Pre-exposure prophylaxis; Primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Storholm, Erik D; Siconolfi, Daniel; Huang, Wenjing; Towner, William; Grant, Deborah Ling; Martos, Alexander; Chang, John M; Hechter Rulin	Project SLIP: Implementation of a PrEP Screening and Linkage Intervention in Primary Care	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03197-w	https://www.proquest.com/scholarly-journals/project-slip-implementation-prep-screening/docview/2544323192/se-2?accountid=8113	Nearly a decade after becoming formally available in the U.S., HIV pre-exposure prophylaxis (PrEP) remains underutilized by populations at risk for HIV acquisition. The next generation of PrEP research is pivoting toward implementation research in order to identify the most impactful avenues for scaling up PrEP uptake. Rapid identification of patients who may be at risk for HIV in primary care settings and the ability to provide brief consultation and prescription or referral for PrEP could help to increase PrEP uptake. The current study aimed to develop and pilot-test a PrEP screening instrument that could be integrated into the workflow of busy primary care clinics to help facilitate PrEP uptake among at-risk men. During the study, PrEP screening occurred for 12 months in two primary care clinics nested within a large integrated healthcare delivery system in Southern California. An interrupted time series analysis found a significant increase in PrEP referrals overall during the screening intervention period as compared to the preceding 12 months. Findings suggest that brief HIV risk screening in primary care is acceptable, feasible, and shows preliminary effects in increasing PrEP referral rates for Black and Hispanic/Latinx men.	HIV; Risk; Pre-exposure prophylaxis; PrEP; Psychology; Implementation; Disease prevention; Health services; Health care; Prophylaxis; Screening; Health care delivery; Health behavior; Primary care; Intervention; Human immunodeficiency virus--HIV; Clinics; Health risks; At risk populations; Tests; Time series; Workflow	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Stranix-Chibanda L.; Anderson P.L.; Kacanek D.; Hosek S.; Huang S.; Nematadzira T.G.; Taulo F.; Korutaro V.; Nakabiito C.; Masenya M.; Lypen K.; Brown E.; Ibrahim M.E.; Yager J.; Wiesner L.; Johnston B.; Amico K.R.; Rooney J.F.; Chakhtoura N.; Spiegel H.M.L.; Chi B.H.; Chanaiwa V.; Maonera S.; Mungate L.; Mambiya S.K.; Mnemba A.; Chithila F.; Nakabuye P.; Kisekka M.N.; Ndyanabangi V.; Mirembe B.G.; Ssemambo P.K.; Ssekasi A.M.; Horne E.; Sibisi S.; Grab J.	Tenofovir Diphosphate Concentrations in Dried Blood Spots from Pregnant and Postpartum Adolescent and Young Women Receiving Daily Observed Pre-exposure Prophylaxis in Sub-Saharan Africa	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciaa1872	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106698937&doi=10.1093%2fcid%2fciaa1872&partnerID=40&md5=c52a362d91383ad0e97465853a8e0497	Background: Intracellular tenofovir diphosphate (TFV-DP) concentration in dried blood spots (DBSs) is used to monitor cumulative pre-exposure prophylaxis (PrEP) adherence. We evaluated TFV-DP in DBSs following daily oral PrEP (emtricitabine 200 mg/tenofovir diphosphate 300 mg) among pregnant and postpartum adolescent girls and young women (AGYW). Methods: Directly observed PrEP was administered for 12 weeks in a pregnancy (14-24 weeks' gestation, n = 20) and postpartum (6-12 weeks postpartum, n = 20) group of AGYW aged 16-24 years in sub-Saharan Africa. Weekly DBS TFV-DP was measured by validated liquid chromatography-tandem mass spectrometry assay. Week 12 TFV-DP distributions were compared between groups with Wilcoxon test. Population pharmacokinetic models were fit to estimate steady-state concentrations and create benchmarks for adherence categories. Baseline correlates of TFV-DP were evaluated. Results: Median age was 20 (IQR, 19-22) years. Of 3360 doses, 3352 (>99%) were directly observed. TFV-DP median (IQR) half-life was 10 (7-12) days in pregnancy and 17 (14-21) days postpartum, with steady state achieved by 5 and 8 weeks, respectively. Observed median (IQR) steady-state TFV-DP was 965 fmol/punch (691-1166) in pregnancy versus 1406 fmol/punch (1053-1859) postpartum (P = .006). Modeled median steady-state TFV-DP was 881 fmol/punch (667-1105) in pregnancy versus 1438 fmol/punch (1178-1919) postpartum. In pooled analysis, baseline creatinine clearance was associated with observed TFV-DP concentrations. Conclusions: TFV-DP in African AGYW was approximately one-third lower in pregnancy than postpartum. These Population-specific benchmarks can be used to guide PrEP adherence support in pregnant/postpartum African women. Clinical Trials Registration: NCT03386578 © 2020 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America.	adolescence; intracellular TFV-DP; PrEP in pregnancy	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Clinical
Article	2021	Stutterheim, Sarah E; van Dijk, Mart; Wang, Haoyi; Jonas, Kai J	The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0260063	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8635361	INTRODUCTION: Transgender individuals are at risk for HIV. HIV risks are dynamic and there have been substantial changes in HIV prevention (e.g., pre-exposure prophylaxis PrEP). It is thus time to revisit HIV prevalence and burden among transgender individuals. The objective of this systematic review and meta-analysis was thus to examine worldwide prevalence and burden of HIV over the course of the epidemic among trans feminine and trans masculine individuals. METHODS: We conducted an updated systematic review by searching PsycINFO, PubMed, Web of Science, and Google Scholar, for studies of any research design published in a in a peer-reviewed journal in any language that reported HIV prevalence among transgender individuals published between January 2000 and January 2019. Two independent reviewers extracted the data and assessed methodological quality. We then conducted a meta-analysis, using random-effects modelling, to ascertain standardized prevalence and the relative burden of HIV carried by transgender individuals by country and year of data collection, and then by geographic region. We additionally explored the impact of sampling methods and pre-exposure prophylaxis (PrEP). RESULTS: Based on 98 studies, overall standardized HIV prevalence over the course of the epidemic, based on weights from each country by year, was 19.9% (95% CI 14.7% - 25.1%) for trans feminine individuals (n = 48,604) and 2.56% (95% CI 0.0% - 5.9%) for trans masculine individuals (n = 6460). Overall OR for HIV infection, compared with individuals over age 15, was 66.0 (95% CI 51.4-84.8) for trans feminine individuals and 6.8 (95% CI 3.6-13.1) for trans masculine individuals. Prevalence varied by geographic region (13.5% - 29.9%) and sampling method (5.4% - 37.8%). Lastly, PrEP effects on prevalence could not be established. CONCLUSION: Trans feminine and trans masculine individuals are disproportionately burdened by HIV. Their unique prevention and care needs should be comprehensively addressed. Future research should further investigate the impact of sampling methods on HIV prevalence, and monitor the potential impact of PrEP.	NA	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2021	Sudler, Andrew; Cournos, Francine; Arnold, Emily; Koester, Kimberly; Riano, Nicholas S; Dilley, James; Liu, Albert; Mangurian, Christina	The case for prescribing PrEP in community mental health settings.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(20)30273-3	https://dx.doi.org/10.1016/S2352-3018(20)30273-3	Pre-exposure prophylaxis (PrEP) is a biomedical HIV prevention modality that is up to 99% effective in preventing HIV acquisition through sex if taken as directed. People with serious mental illness (eg, schizophrenia and bipolar disorder) are at high risk of acquiring HIV due to sexual behaviours, injection drug use, social factors, and structural discrimination that limits access to all types of preventive health services. We seek to show the importance of prioritising access to PrEP for people living with serious mental illness treated in community mental health settings. We describe barriers to prescribing PrEP, including provider attitudes and provider knowledge gaps, patient attitudes and knowledge, and systems issues. We also address the concerns that community mental health clinic administrators might have about taking on the responsibility of offering PrEP. In summary, despite the barriers to prescribing PrEP in these settings, we believe that there is a unique opportunity for community mental health settings to help address the HIV epidemic by facilitating the prescribing of PrEP to the at-risk populations they currently serve.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Sugarman J.; Donnell D.J.; Hanscom B.; McCauley M.; Grinsztejn B.; Landovitz R.J.	Ethical issues in establishing the efficacy and safety of long-acting injectable pre-exposure prophylaxis for HIV prevention: the HPTN 083 trial	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(21)00153-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121944000&doi=10.1016%2fS2352-3018%2821%2900153-3&partnerID=40&md5=bb6bb71d7be36362258976aa26169173	Two multinational clinical trials have shown safety and efficacy of long-acting injectable cabotegravir for HIV pre-exposure prophylaxis (PrEP). These results will alter the landscape of HIV prevention and related research. Nevertheless, designing and conducting this research involved several ethical issues. This Viewpoint describes how we managed ethical issues over the duration of one of these trials (HPTN 083). Specifically, we discuss the rationale for pursuing a long-acting injectable agent in the presence of effective oral PrEP, trial design choices, site selection and local standards of prevention, data monitoring and early stopping, effects of the COVID-19 pandemic, post-trial access, and assessment of long-term safety. © 2021 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Sullivan, Matthew C; Eaton, Lisa A	Intersecting Barriers to PrEP Awareness and Uptake in Black Men Who Have Sex with Men in Atlanta, GA: a Syndemic Perspective	International Journal of Behavioral Medicine	-	-	-	10705503	10.1007/s12529-020-09925-1	https://www.proquest.com/scholarly-journals/intersecting-barriers-prep-awareness-uptake-black/docview/2527361471/se-2?accountid=8113	BackgroundPre-exposure prophylaxis (PrEP) can sharply reduce HIV transmission risk, yet has not been widely adopted among those at highest risk for HIV, including Black men who have sex with men (BMSM). To better understand the evolving landscape of PrEP uptake in this at-risk population, we sought to examine psychosocial factors associated with PrEP uptake in a sample of BMSM residing in the Atlanta, GA, area.MethodBMSM were recruited through online social media, LGBT venues, and participant referral, and self-reported demographic and psychosocial information via computer-assisted self-interview. Multivariate logistic regression was used to examine psychosocial factors associated with PrEP uptake.ResultsIn 293 BMSM, most (N = 260; 88.7%) reported awareness of PrEP yet few (N = 30; 10.1%) reported ever having taken PrEP. BMSM reporting more syndemic conditions were less likely to be current PrEP users (OR = 0.59; 95% CI: 0.36, 0.96). BMSM reporting recent condomless anal sex (CAS) with a partner met online (adjusted odds ratio (aOR) = 2.53; 95% CI: 1.07, 5.93), or who reported having chlamydia (aOR = 8.21; 95% CI: 1.42, 47.67) or STI-related symptoms (aOR = 4.35; 95% CI: 1.32, 14.37) in the past 3 months, or genital warts in their lifetime (aOR = 7.74; 95% CI: 2.47, 24.21) were more likely to have ever used PrEP. Sexual orientation stigma from health care providers was negatively associated with PrEP uptake (OR = 0.81, 95% CI: 0.68, 0.95) among BMSM reporting recent CAS and multiple partners.ConclusionSyndemic and stigma theories may inform strategies for improving PrEP uptake in BMSM.	Pre-exposure prophylaxis; Psychology; Sexually transmitted infections; Men who have sex with men; Sexual behavior; Stigma; Prophylaxis; African Americans; Disease transmission; Syndemic; Anal sex; Human immunodeficiency virus--HIV; United States--US; Black people; Atlanta Georgia; Psychological aspects; Condyloma acuminatum; Warts	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Sullivan, Patrick S; Hightow-Weidman, Lisa	Mobile apps for HIV prevention: how do they contribute to our epidemic response for adolescents and young adults?	mHealth	-	-	-	2306-9740	10.21037/mhealth-20-71	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8063522	Mobile health (mHealth) tools to address the HIV epidemic have proliferated in recent years. Yet when applied to the United States (US) epidemic, which is driven by new HIV infections among men who have sex with men (MSM), it is not clear how mHealth tools fit in the overall portfolio of biobehavioral prevention interventions and clinical services proven to be efficacious. Adolescent and young adult MSM are particularly vulnerable and reducing HIV incidence among this priority population will require substantial levels of scale-up of multiple prevention strategies (i.e., HIV testing, condom use, sexually transmitted infection (STI) testing, pre-exposure prophylaxis (PrEP), and treatment for those with HIV infection). Starting from the premise that adolescents are avid consumers of technology, this paper considers the particular strengths and opportunities of mHealth tools to address HIV prevention and provides examples of mHealth approaches that have been tested or are in development in these areas. Even after mHealth interventions are proven effective, there will be important intervening steps before such tools can be deployed and integrated into existing prevention programs given the diverse landscape of prevention service delivery. We anticipate some of the likely barriers to broad implementation of proven mHealth interventions in the context of the US public health funding and service delivery infrastructure and provide recommendations to increase efforts for future scale-up and dissemination.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Sutton M.Y.; Martinez O.; Brawner B.M.; Prado G.; Camacho-Gonzalez A.; Estrada Y.; Payne-Foster P.; Rodriguez-Diaz C.E.; Hussen S.A.; Lanier Y.; van den Berg J.J.; Malavé-Rivera S.M.; Hickson D.M.A.; Fields E.L.	Vital Voices: HIV Prevention and Care Interventions Developed for Disproportionately Affected Communities by Historically Underrepresented, Early-Career Scientists	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-020-00908-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094641819&doi=10.1007%2fs40615-020-00908-2&partnerID=40&md5=4d1feaa5f3e3ec246fa28c603bb0a783	Abstract: Background: HIV prevention interventions which support engagement in care and increased awareness of biomedical options, including pre-exposure prophylaxis (PrEP), are highly desired for disproportionately affected Black/African American, Hispanic/Latinx and gay, bisexual, and other men who have sex with men (GBMSM) populations in the United States (US). However, in almost 40 years of HIV research, few interventions have been developed directly by and for these priority populations in domestic communities most at risk. We submit that interventions developed by early-career scientists who identify with and work directly with affected subgroups, and which include social and structural determinants of health, are vital as culturally tailored HIV prevention and care tools. Methods: We reviewed and summarized interventions developed from 2007 to 2020 by historically underrepresented early-career HIV prevention scientists in a federally funded research mentoring program. We mapped these interventions to determine which were in jurisdictions deemed as high priority (based on HIV burden) by national prevention strategies. Results: We summarized 11 HIV interventions; 10 (91%) of the 11 interventions are in geographic areas where HIV disparities are most concentrated and where new HIV prevention and care activities are focused. Each intervention addresses critical social and structural determinants of health disparities, and successfully reaches priority populations. Conclusion: Focused funding that supports historically underrepresented scientists and their HIV prevention and care intervention research can help facilitate reaching national goals to reduce HIV-related disparities and end the HIV epidemic. Maintaining these funding streams should remain a priority as one of the tools for national HIV prevention. © 2020, W. Montague Cobb-NMA Health Institute.	Black/African American; Hispanic/Latinx; Historically underrepresented scientists; HIV; Interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Institutional	2021	Taisheng L.	Chinese guidelines for diagnosis and treatment of HIV/AIDS (2021 edition); 中国艾滋病诊疗指南（2021 年版）	-	-	-	-	5781426	10.3760/cma.j.cn112138-20211006-00676	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85183088900&doi=10.3760%2fcma.j.cn112138-20211006-00676&partnerID=40&md5=482289cab3664fa83dd9d4cbe0124d87	Acquired immunodeficiency syndrome(AIDS) is an important public health problem in China. In 2005, the first edition of the guidelines for the diagnosis and treatment of AIDS was formulated by the AIDS Professional Group of Society of Infectious Diseases of Chinese Medical Association, which was updated in 2011, 2015, and 2018, respectively. The 2021 edition of the guidelines was revised on the basis of the 2018 edition and updated according to national clinical practice and the latest research results. The new research progress in opportunistic infections, antiretroviral therapy, post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), whole course management of human immunodeficiency virus(HIV) infection, and prevention of mother to child transmission was updated in this guidelines. In the 2021 edition, the indications, medication regimen, follow-up and monitoring, and precautions of PrEP were introduced in detail. © The Author(s), 2021.	Acquired immunodeficiency syndrome; Diagnosis; HIV; Treatment	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	-	-	Other
Article	2021	Taliaferro T.; Layson-Wolf C.; Seung H.; Banjo O.; Tran D.	Impact of pharmacist-led program on knowledge of college students about pre-exposure prophylaxis	Journal of the American Pharmacists Association	-	-	-	15443450	10.1016/j.japh.2021.06.001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111793886&doi=10.1016%2fj.japh.2021.06.001&partnerID=40&md5=7fc051eacde1750f5f5962c53505f4f3	OBJECTIVE: This study's primary objective was to evaluate the impact of a pharmacist-led educational program on undergraduate college students' knowledge about PrEP. METHODS: This was a cross-sectional, pre- and postprogram survey study. The study included undergraduate students at least 18 years old at a university in Washington, DC. Graduate students, pharmacy students, and those not enrolled at the university were excluded. Before the educational program, the students completed an anonymous preprogram survey to assess their perception and knowledge of HIV prevention and PrEP as well as their willingness to obtain a prescription for PrEP. A pharmacist delivered a 30-minute educational program to students regarding HIV prevention and PrEP in small groups. After the program, the participants completed a postprogram survey to evaluate the changes from the baseline responses. Paired t tests and chi-square tests detected the associations between the pre- and postprogram surveys. RESULTS: One-hundred sixteen students participated in the program, and 102 surveys were included in the data analysis. Students' perception of their knowledge of HIV (4.2 vs. 4.6; P < 0.001), perception of their knowledge of PrEP (3.1 vs. 4.5; P < 0.001), and their willingness to obtain a prescription for PrEP (3.8 vs. 4.5; P < 0.001) was statistically significant after the education. There was a statistically significant increase in the participants' actual knowledge of HIV risk factors (62.4% correct vs. 90.2% correct; P < 0.001) and knowledge of PrEP effectiveness (26.3% vs. 75.0%; P < 0.001). CONCLUSION: These findings demonstrated that a pharmacist-led educational program may have an impact on undergraduate students' perception and knowledge of HIV and PrEP. This study may help to further guide pharmacists' PrEP initiatives in this targeted population. Copyright © 2021 American Pharmacists Association®. Published by Elsevier Inc. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Tan D.H.S.; Rana J.; Tengra Z.; Hart T.A.; Wilton J.; Bayoumi A.M.	Preferences regarding emerging HIV prevention technologies among Toronto men who have sex with men: a discrete choice experiment	Scientific Reports	-	-	-	20452322	10.1038/s41598-021-01634-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119046927&doi=10.1038%2fs41598-021-01634-3&partnerID=40&md5=9fb31ba088469a171e491a81f17dd870	New forms of HIV pre-exposure prophylaxis (PrEP) include long-acting injectables and topical microbicides, each with unique attributes that may appeal to distinct users. We used a discrete choice experiment to characterize preferences for new PrEP formulations among Toronto men who have sex with men. MSM undergoing anonymous HIV testing completed a discrete choice experiment with 12 choice sets by selecting their preferred option within each set. Each set included "usual methods to prevent HIV" (excluding PrEP) as one alternative and two hypothetical PrEP alternatives, which differed according formulation/dosing, side effects (none/mild), risk of drug resistance (none/low/moderate), and HIV prevention efficacy (50%, 65%, 80% or 99% risk reduction). We used mixed logistic regression to infer preferences for PrEP attributes and calculate the marginal rate of substitution between efficacy and other PrEP attributes. 306 men with median (interquartile range) age = 29 (25, 36) years participated, and reported 6 (3, 10) partners and 0 (0, 2) condomless receptive anal sex acts in the preceding six months. An on-demand pill was the most preferred formulation, followed by a monthly injection, daily pill, and on-demand rectal gel. Drug resistance was an important determinant of preferences if the risk was moderate, but not if it was low. The minimum efficacy required for an on-demand pill to be preferred over no PrEP was 32.6% (95%CI = 21.2–43.9%); for a daily pill, injections, and rectal gel, minimum efficacy was 57.9% (95%CI = 44.1–71.7%), 40.1% (27.0–53.2%), and 71.3% (60.5–82.1%), respectively. Attitudes towards PrEP formulations vary among men who have sex with men, with on-demand pills and monthly injections having the highest average preference scores. Understanding these preferences may help to predict uptake. © 2021, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Tan R.K.J.; Wang Y.; Prem K.; Harrison-Quintana J.; Teo A.K.J.; Kaur N.; Cook A.R.; Chen M.I.-C.; Wong C.S.	HIV Pre-Exposure Prophylaxis, Condoms, or Both? Insights on Risk Compensation Through a Discrete Choice Experiment and Latent Class Analysis Among Men Who Have Sex With Men	Value in Health	-	-	-	10983015	10.1016/j.jval.2020.11.023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103018390&doi=10.1016%2fj.jval.2020.11.023&partnerID=40&md5=b959cc01c470e8d0b41bd2df19243e90	Objectives: We considered how decision making around human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) among gay, bisexual, and other men who have sex with men (GBMSM) is made in the context of one's perceived risk of HIV acquisition and the availability of condoms. Methods: We recruited 648 GBMSM aged 18 years old and residing in Singapore through Grindr. Participants were given information on PrEP and participated in a discrete choice experiment requiring them to choose between 2 baskets of PrEP attributes and compare the chosen "PrEP only" option to default options of "condoms only" or "PrEP with condoms." Generalized multinomial logit model was used to examine the scaling effect and preference heterogeneity. Latent class analysis was conducted to examine preference heterogeneity in the sample. Results: Latent class analysis revealed 3 classes of GBMSM: PrEP conservatives (53.9%), moderates (31.1%), and liberals (14.9%). PrEP conservatives were more likely to report greater utility when using condoms only compared with PrEP only, as well as PrEP with condoms, compared with PrEP only, and more likely to report the lowest utility for PrEP as perceived HIV risk increased. PrEP liberals were more likely to report greatest utilities for PrEP only compared with condoms only, as well as PrEP only compared with PrEP with condoms. The utility for PrEP was not affected by perceived risk of HIV or sexually transmitted infections when risks were low. Conclusion: This study provides some evidence for risk compensation among a class of GBMSM who already perceived themselves to be good candidates for PrEP before the discrete choice experiment. © 2021 ISPOR–The Professional Society for Health Economics and Outcomes Research	gay men; HIV; HIV prevention; HIV/AIDS; Singapore	English	United States	Western and Central Europe and North America	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Quantitative
Article	2021	Tan, Darrell H S; Dashwood, Thomas M; Wilton, James; Kroch, Abigail; Gomes, Tara; Martins, Diana	Trends in HIV pre-exposure prophylaxis uptake in Ontario, Canada, and impact of policy changes: a population-based analysis of projected pharmacy data (2015–2018)	Canadian Journal of Public Health	-	-	-	84263	10.17269/s41997-020-00332-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086373299&doi=10.17269%2fs41997-020-00332-3&partnerID=40&md5=2897a2df5e64a6d12f9232d361714ac7	Objectives: HIV pre-exposure prophylaxis (PrEP) is a proven tool for HIV prevention, but PrEP use in Ontario, Canada, and the effects of recent policies are unknown. We estimated the number and characteristics of PrEP users in Ontario and evaluated the impacts of policy changes between July 2015 and June 2018. Methods: We obtained tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) dispensation data for Ontario from IQVIA, and applied an algorithm to identify use for PrEP. We report prevalent PrEP use for the second quarter of 2018 according to age, sex, region, prescriber specialty, and payer type, and generate "PrEP-to-need ratios" (PNRs) by dividing these numbers by the estimated numbers of new HIV diagnoses. We used interventional autoregressive integrated moving average models to examine the impact of three policy changes on PrEP use: Health Canada approval (February 2016), availability of generic TDF/FTC and partial public drug coverage (September 2017), and public drug coverage for individuals aged < 25 years (January 2018). Results: The estimated number of individuals receiving PrEP increased 713%, from 374 in 2015 Q3 to 3041 in 2018 Q2. Among PrEP users in 2018 Q2, 97.5% were male, 60.4% were < 40 years, 67.7% obtained PrEP from a family physician, 77.2% used private insurance, and 67.0% were in Toronto. PNRs were highest in 30–39-year-olds, males, Toronto and the Central East and West regions. Time series analyses found that Health Canada approval (p = 0.0001) and introducing generics/partial public drug coverage (p = 0.002) led to significantly increased use. Conclusions: PrEP use has risen in Ontario in association with favourable policy changes, but remains far below guideline recommendations. © 2020, The Author(s).	HIV; Policy; Pre-exposure prophylaxis; Prevention and control; Public health	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Tan, Darrell H S; Tavangar, Farideh; Fusca, Laura; Ross, Patrick; Hull, Mark W; Grennan, Troy; Bayoumi, Ahmed M; Burchell, Ann N	Interest in Hypothetical Preexposure Prophylaxis Against Herpes Simplex Virus: A Cross-Sectional Survey.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001342	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8284350	ABSTRACT: We surveyed 383 men who have sex with men attending sexual health clinics regarding interest in hypothetical preexposure prophylaxis against herpes simplex virus. Overall interest was 62.5% and was associated with the number of different sexually transmitted infections previously diagnosed (adjusted odds ratio, 1.9; 95% confidence interval, 1.5-2.6) and previous HIV preexposure prophylaxis use (adjusted odds ratio, 2.9; 95% confidence interval, 1.1-8.3).	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Tao J.; Montgomery M.C.; Williams R.; Patil P.; Rogers B.G.; Sosnowy C.; Murphy M.; Zanowick-Marr A.; Maynard M.; Napoleon S.C.; Chu C.; Almonte A.; Nunn A.S.; Chan P.A.	Loss to Follow-Up and Re-Engagement in HIV Pre-Exposure Prophylaxis Care in the United States, 2013-2019	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0074	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110031705&doi=10.1089%2fapc.2021.0074&partnerID=40&md5=c0d23b973a8bb32e2860a6678c9da5f7	Retention in HIV pre-exposure prophylaxis (PrEP) care is critical for effective PrEP implementation. Few studies have reported long-term lost to follow-up (LTFU) and re-engagement in PrEP care in the United States. Medical record data for all cisgender patients presenting to the major Rhode Island PrEP clinic from 2013 to 2019 were included. LTFU was defined as no PrEP follow-up appointment within 98 days. Re-engagement in care was defined as individuals who were ever LTFU and later attended a follow-up appointment. Recurrent event survival analysis was performed to explore factors associated with PrEP retention over time. Of 654 PrEP patients, the median age was 31 years old interquartile range (IQR): 25, 43. The majority were male (96%), White (64%), non-Hispanic (82%), and insured (97%). Overall, 72% patients were ever LTFU and 27% of those ever LTFU re-engaged in care. Female patients were 1.37 times crude hazard ratio (cHR): 1.37; 95% confidence interval (CI): 0.86-2.18 more likely to be LTFU than male patients, and a 1-year increase in age was associated with a 1% lower hazard of being LTFU (cHR: 0.99; CI: 0.98-0.99). Being either heterosexual (aHR: 2.25, 95% (CI): 1.70-2.99 or bisexual (aHR: 2.35, 95% CI: 1.15-4.82) was associated with a higher hazard of loss to follow-up compared with having same-sex partners only. The majority of PrEP users were LTFU, especially at the first 6 months of PrEP initiation. Although a significant number were re-engaged in care, targeted interventions are needed to improve retention in PrEP care. This study characterized the natural projection of loss to follow-up and re-engagement in HIV PrEP care using a longitudinal clinic cohort data and explored associated factors for guiding future interventions to improve retention in PrEP care. © 2021, Mary Ann Liebert, Inc., publishers.	care retention; human immunodeficiency virus; pre-exposure prophylaxis (PrEP); prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Tao, Guoyu; Pearson, William S; Sullivan, Jane M; Henk, Henry J; Gift, Thomas L	Sexually Transmitted Infection Testing and Prevalence before and after Preexposure Prophylaxis Initiation among Men Aged ≥18 Years in US Private Settings	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001339	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108020934&doi=10.1097%2fOLQ.0000000000001339&partnerID=40&md5=3fa12bdf48d35058e7922916d91563a3	Background The Centers for Disease Control and Prevention recommends initial and follow-up sexually transmitted infection (STI) and HIV testing when taking HIV preexposure prophylaxis (PrEP). We assessed frequencies of STIs and HIV testing and rates of STIs before and after PrEP initiation among men aged ≥18 years. Methods We used the OptumLabs database for this cohort study. We measured STI/HIV testing rates and prevalence in 2 time intervals: (1) within 90 days before and on the date of PrEP initiation and (2) within 45 days of the 180th day after the date of PrEP initiation. Results Of 4210 men who initiated PrEP in 2016 to 2017 and continuously used PrEP for ≥180 days, 45.7%, 45.7%, and 56.0% were tested for chlamydia, gonorrhea, and HIV, respectively, at the second time interval. These percentages were significantly lower than those at the first time interval (58.3%, 57.9%, and 73.5%, respectively; P < 0.01). Chlamydia and gonorrhea prevalence rates at the second time interval were 6.5% and 6.2%, respectively, versus 5.0% and 4.7%, respectively, at the first time interval. Most gonorrhea or chlamydia infections at the second time intervals seem to be new infections new infections. Conclusions Sexually transmitted infection/HIV testing for PrEP users in the real-world private settings is much lower than in clinical trials. High STI prevalence before and after PrEP initiation in this study suggests that patients taking PrEP have an increased risk of acquiring STI. Interventions to improve provider adherence for PrEP users are urgently needed. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Tapia G.R.; Glynn T.R.; Miller C.; Manuzak J.A.; Broedlow C.A.; McGaugh A.; Cherenack E.M.; Bauermeister J.A.; Grov C.; Dilworth S.E.; Parisi R.; Martinez D.; Klatt N.R.; Carrico A.W.	Syndemics and preexposure prophylaxis are independently associated with rectal immune dysregulation in sexual minority men	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002866	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107711309&doi=10.1097%2fQAD.0000000000002866&partnerID=40&md5=5be5a871c12a3002e590e5234b758558	Objective: Syndemic conditions have been linked to engagement in receptive condomless anal sex (CAS) and HIV seroconversion. However, little is known about the biological pathways whereby syndemics could amplify vulnerability to HIV and other sexually transmitted infections (STIs). Design: HIV-negative sexual minority men (i.e. gay, bisexual and other MSM) were recruited from four STI clinics in South Florida for a cross-sectional study. Methods: Participants completed assessments for four syndemic conditions: depression, posttraumatic stress disorder, hazardous alcohol use and any stimulant use (i.e. any self-reported use or reactive urine toxicology results). Cytokine and chemokine levels were measured using LEGENDplex from the rectal swabs of 92 participants reporting receptive CAS and no antibiotic use in the past three months. Results: After controlling for age, race/ethnicity, preexposure prophylaxis (PrEP) use and number of receptive CAS partners, a greater number of syndemic conditions was associated with higher levels of rectal cytokines/chemokines relevant to immune activation, inflammation and the expansion and maintenance of T-helper 17 target cells, including rectal interferon-gamma (β=0.22; P=0.047), CXCL-8 (β=0.24; P=0.025) and interleukin-23 (β=0.22; P=0.049). Elevations in rectal cytokine or chemokine levels were most pronounced among participants experiencing two or more syndemic conditions compared with those experiencing no syndemic conditions. PrEP use was independently associated with elevations in multiple rectal cytokines/chemokines. Conclusion: Syndemic conditions could increase biological vulnerability to HIV and other STIs in sexual minority men by potentiating rectal immune dysregulation. © 2021 Lippincott Williams and Wilkins. All rights reserved.	cytokines; inflammation; MSM; rectal mucosa; syndemics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2021	Tassi M.-F.; Laurent E.; Gras G.; Lot F.; Barin F.; De Gage S.B.; Stefic K.; Grammatico-Guillon L.	PrEP monitoring and HIV incidence after PrEP initiation in France: 2016-18 nationwide cohort study	Journal of Antimicrobial Chemotherapy	-	-	-	3057453	10.1093/jac/dkab263	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119051118&doi=10.1093%2fjac%2fdkab263&partnerID=40&md5=0a2a704d64a6cd4b3e9077c13bd174bd	Background: Clinical trials have demonstrated that oral pre-exposure prophylaxis (PrEP) has high efficacy in preventing HIV transmission. In many countries, HIV testing is recommended prior to PrEP initiation, 1 month after and quarterly thereafter. We assessed the uptake of HIV testing and estimated the incidence of HIV infections after oral PrEP initiation, by using the French national health database (SNDS). Methods: A historic cohort study included every adult person who started oral PrEP between 1 January 2016 and 30 June 2018 in France. HIV infection was tracked in the follow-up, from first PrEP dispensation up to 31 December 2018. Factors associated with adherence to HIV testing in PrEP follow-up were analysed using a generalized linear mixed model. Results: PrEP users (9893) were followed for a median duration of 551 days (IQR 350-769). The first HIV test, 1 month after PrEP initiation, was performed by 64% of users. For subsequent tests, this rate exceeded 81% and remained stable over time. HIV testing was lower among PrEP users without prescription refill (OR 0.15; 99% CI 0.12-0.20), but higher if the last prescription was made by a hospital practitioner (OR 2.03; 99% CI 1.69-2.45). Twenty-nine HIV infections were identified, leading to an incidence of 0.19 cases per 100 person-years (99% CI 0.12-0.30). Conclusions: We confirmed good adherence to HIV testing and efficacy of PrEP in users, which should help in decreasing HIV incidence in France. This study also revealed that SNDS could be a powerful automated tool for the epidemiological monitoring of PrEP users. © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of the British Society for Antimicrobial Chemotherapy. All rights reserved. For permissions, please email: journals.permissions@oup.com.	emtricitabine; tenofoviranti; human immunodeficiency virus agent	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2021	Teitelman A.M.; Koblin B.A.; Brawner B.M.; Davis A.; Darlington C.; Lipsky R.K.; Iwu E.; Bond K.T.; Westover J.; Fiore D.; Tieu H.-V.	Just4Us: Development of a Counselor-Navigator and Text Message Intervention to Promote PrEP Uptake Among Cisgender Women at Elevated Risk for HIV	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000233	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102397317&doi=10.1097%2fJNC.0000000000000233&partnerID=40&md5=1b8dd3a0d99ade05a719c9a392c0ef2c	In the United States, pre-exposure prophylaxis (PrEP) uptake among eligible cisgender women has been slow, despite the availability of oral PrEP since 2012. Although women make up nearly 20% of those living with HIV, there are currently few PrEP uptake interventions for cisgender women at elevated risk for acquiring HIV. Here we describe the process used to design and pre-pilot test Just4Us, a theory-based behavioral intervention to promote PrEP initiation and adherence among PrEP-eligible cisgender women. This work was part of a multiphase study conducted in New York City and Philadelphia, two locations with HIV rates higher than the national average. The counselor-navigator component of the intervention was designed to be delivered in a 60- to 90-min in-person session in the community, followed by several phone calls to support linkage to care. An automated text messaging program was also designed for adherence support. Just4Us addressed personal and structural barriers to PrEP uptake using an empowerment framework by building on women's insights and resources to overcome barriers along the PrEP cascade. Usability pre-pilot testing results were favorable and provided valuable feedback used to refine the intervention. Copyright © 2019 Association of Nurses in AIDS Care.	beliefs; cisgender women; HIV prevention; intervention development; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Teixeira da Silva, D; Bouris, A; Ramachandran, A; Blocker, O; Davis, B; Harris, J; Pyra, M; Rusie, LK; Brewer, R; Pagkas-Bather, J; Hotton, A; Ridgway, JP; McNulty, M; Bhatia, R; Schneider, JA	Embedding a Linkage to Preexposure Prophylaxis Care Intervention in Social Network Strategy and Partner Notification Services: results From a Pilot Randomized Controlled Trial	Journal of Acquired Immune Deficiency Syndromes	-	-	-	NA	10.1097/QAI.0000000000002548	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02202666/full	BACKGROUND: Increased preexposure prophylaxis (PrEP) uptake among black men who have sex with men and black transgender women (BMSM/TW) is needed to end the HIV epidemic. Embedding a brief intervention in network services that engage individuals in HIV transmission networks for HIV/ sexually transmitted infections testing may be an important strategy to accelerate PrEP uptake. SETTING: Partner Services PrEP study is a pilot, randomized, control trial to improve linkage to PrEP care among BMSM/TW presenting for network services in Chicago, IL, from 2015 to 2017. METHODS: BMSM/TW (N = 146) aged 18-40 years were recruited from network services (partners services and social network strategy services). Intervention participants developed an individualized linkage plan based on the information-motivation-behavioral skills model and received miniboostes sessions. Control participants received treatment as usual. Sociodemographic, behavioral, and clinical factors were examined at baseline and 3- and 12-month postintervention. Intent-to-treat analyses examined linkage to PrEP care within 3-month postintervention (primary outcome). Secondary outcomes were PrEP initiation, time to linkage to PrEP care, and time to PrEP initiation. RESULTS: Compared with control participants, a significantly greater proportion of the intervention participants were linked to PrEP care within 3 months (24% vs. 11%; P = 0.04) and initiated PrEP (24% vs. 11%; P = 0.05). Among those linked to PrEP care within the study period, intervention participants were linked significantly sooner than control participants median (interquartile range) days, 26.5 (6.0-141.8) vs. 191.5 (21.5-297.0); P = 0.05. CONCLUSION: Study results support the preliminary efficacy of Partner Services PrEP to improve linkage to PrEP care and PrEP initiation among BMSM/TW.	*embedding; *pre-exposure prophylaxis; *social network; Adolescent; Adult; Anti-HIV Agents therapeutic use; Article; Black or African American; Chicago; Contact Tracing; Controlled study; Demography; Female; HIV Infections *drug therapy, transmission; Homosexuality, Male; Human; Humans; Major clinical study; Male; Men who have sex with men; Motivation; Outcome assessment; Pilot Projects; Pre-Exposure Prophylaxis *methods; Psychological model; Randomized controlled trial; Sex Workers; Sexual and Gender Minorities; Sexually Transmitted Diseases; Skill; Social Networking; Transgender; Transgender Persons; Young Adult; Young adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Terui S.; Goldsmith J.V.; Daugherty C.D.; Briscoe J.R.	A student-driven HIV/PrEP communication intervention using a modified social network strategy	Journal of American College Health	-	-	-	7448481	10.1080/07448481.2019.1664554	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85076541875&doi=10.1080%2f07448481.2019.1664554&partnerID=40&md5=46d48a1225951301614d39ba1aff309f	Objective: The authors examined college students' experiences of providing peer-education, using the modified Social Network Strategy (SNS). Participants: Ninety-six college students participated this project during the 2018 academic year, drawn from a large, Mid-Southern urban university. Methods: Students who administered the HIV-PrEP health intervention completed a cross-sectional assessment about their experiences in the project. A series of open-ended prompts garnered written narrative responses. We utilized a qualitative content analysis to identify SNS codes and their frequencies. Results: Student responses were overwhelmingly supportive of the community engagement project. Student narratives featured the health communication intervention with peers most often (44.4%: counseling, testing, and referral communication), followed by influences on themselves (28.7%; what he/she learned, influences on student health and choices). Conclusions: A modified SNS demonstrated in this project reveals its utility in supporting undergraduates in the delivery of HIV/PrEP training in the 7th highest HIV transmission area in the nation. © 2019 Taylor & Francis Group, LLC.	health communication; HIV; peer intervention; PrEP; Social Network Strategy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Textor L.; Schlesinger W.	Treating risk, risking treatment: experiences of iatrogenesis in the HIV/AIDS and opioid epidemics	Anthropology and Medicine	-	-	-	13648470	10.1080/13648470.2021.1926916	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109092158&doi=10.1080%2f13648470.2021.1926916&partnerID=40&md5=47a9ab1f4730772fb0836030cae1a56d	This paper explores how poor health outcomes in the HIV/AIDS and opioid epidemics in the United States are undergirded by iatrogenesis. Data are drawn from two projects in Southern California: one among men who have sex with men (MSM) engaging with pre-exposure prophylaxis to HIV (PrEP) and the other in a public hospital system encountering patients with chronic pain and opioid use disorder (OUD). Ethnographic evidence demonstrates how efforts to minimize risk via PrEP and opioid prescription regulation paradoxically generate new forms of risk. Biomedical risk management paradigms engaged across the paper's two ethnographic field sites hinge on the production and governance of deserving patienthood, which is defined by providers and experienced by patients through moral judgments about risk underlying both increased surveillance and abandonment. This paper argues that the logic of deservingness disconnects clinical evaluations of risk from patients' lived, intersectional experiences of race, class, gender, and sexuality. This paper's analysis thus re-locates patients in the context of broader historical and sociopolitical trajectories to highlight how notions of clinical risk designed to protect patients can in fact imperil them. Misalignment between official, clinical constructions of risk and the embodied experience of risk borne by patients produces iatrogenesis. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV/AIDS; iatrogenesis; opioids; Risk	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2021	The Lancet HIV	A second decade of PrEP	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(21)00159-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111515562&doi=10.1016%2fS2352-3018%2821%2900159-4&partnerID=40&md5=e2813b11a37986e9ef16a6a3f426689e	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Article	2021	Thomas, B; Piron, P; de La Rochebrochard, E; Segouin, C; Troude, P	Effectiveness among MSM of an HIV PrEP program developed in a Parisian sexual health center	European Journal of Public Health	-	-	-	11011262	10.1093/eurpub/ckab164.878	https://watermark.silverchair.com/ckab164.878.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAA3gwggN0BgkqhkiG9w0BBwaggNlMIIDYQIBADCCA1oGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMfUS8cZ_Pk68qlgF0AgEQgIIDKxnR9pPm_brvlCkuArQQkN99VNgcGGJEd233kP4_z8o43IHg9jaqjk0zctqKmgyojHmSmZdBnk-a0bgcF4rKSpK_uRZFRcWRowlirEN76eaN3ey6o_klrWZsKpWgo1HVTwmXKNARRu0YWIP3a3E4nyZaPkUpu6jvzOlqD7WUhdcbjTPjlw11BNQSot74RYOPKPjH2NWTVqBbKFfZjVwLEPgwpFZg3r7ykOUIx5BIbgHUXYKuRog_nnZp9HI3sBHjUAdN8mxwdjN4EAqf_rNS4hU1lF1jU4RG6Ke9X_wRXg5OKbatR3_A7eXUvg0bZUdIW8peP3ING7-VAdjpDpyCBU93tZdCBfo4kasVBQoHrrO4LreH2tCrXdb8U2vsV0ohXv_B-eperAalw5ENkZy0GwuYmBR5pbl3iCVlTcGaMI5PDGMvVPPZeb-L3A-6LO9fbn5bpZFksGhjezoiEk2Ay_hLCLCTFd6do05VB-zS_6ul8NiQ0Tpzfk2Z1VZQSP__E8U5vzOiA-7UUzxIlWUbNM7jJ0YhLaRbrDw91--j9iBgF5Aim8cQnJr9-_LCS6oElL6iIo30Jvhb5Pa9tXMCP0EsKmcQJP7EppWYzUnPX9xpbVxCmHbM3BshzemMV6lvy71ZTxdp-gh9TLfiDgk9mglkwtDFC72UncAJGkxmZ_B9tq7moKOkXpMyoyunK7A3asZlqGVtsgF9Ox23xId_xG1q1DKWfq8F2l1UN3Rozz02loh8vUTq07c9KuOQGy9GtTOvZcfabgc2oOeZcaqxc48DH8V8f85qjUy4H6H21nAyF2jM83Acjtm3--tWZ69tHQp8y43T6TVkgGBiK9cAFdQhBLx609RhETXyWvuk1n3RcsKPuFDqIokSFjPM-	Background HIV pre-exposure prophylaxis (PrEP) is highly effective but depends on patients' adherence and follow-up. To enhance follow-up quality and care engagement, the PrEP program developed in our Parisian sexual health center offers accompanying measures throughout the patients' course of care, relying notably on an identified and easily accessible referent. This trained paramedic counselor in sexual health provides support in organizing appointments, phone and email follow-up to answer daily questions, as well as one-on-one sessions of therapeutic support and counseling. This study aimed to assess the effectiveness of such a PrEP program among men who have sex with men (MSM). Methods This retrospective observational study included all MSM who initiated PrEP for the first time between 1 August 2018 and 30 June 2019 in the Fernand-Widal hospital sexual health center, Paris, France. Sociodemographic characteristics, sexual practices including very high risk situations (chemsex practice and/or sexually transmitted diseases at initiation and/or history of post-exposure prophylaxis (PEP)) and course of care during the first year were described. A novel metric developed by Hendrickson et al., the PrEP success ratio at 12 months, was used to assess effectiveness of PrEP. Results Among the 125 MSM included in this study, the median age was 33 and most had only male partners. At initiation, 58% were considered at very high risk of HIV infection, mainly due to a history of PEP. During the first year, patients attended a median of 3 visits (Q1-Q3, 2-4). At 12 months, 96% (95% CI, 92.6 to 99.4) of patients had a successful PrEP course, with no reported seroconversion. Conclusions This experiment highlights the possibility of achieving a high PrEP success ratio among MSM in a real-world setting. The accompanying measures set up in our sexual health center could explain the effectiveness of our PrEP program in comparison with previous studies. Key messages In a Parisian sexual health center that developed an HIV PrEP program with a trained paramedic counselor in sexual health, 96% of MSM achieved a successful PrEP course at 12 months. Accompanying measures for PrEP users could play a key role in achieving high PrEP success among MSM.	France; Counseling; Health; Pre-exposure prophylaxis; Post-exposure prophylaxis; Effectiveness; Men; Men who have sex with men; Sexual health; Disease prevention; Public health; Prophylaxis; Seroconversion; Disease transmission; Patients; Success; Sexual and reproductive health; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Quality of care; 92312:Administration of Public Health Programs; Paramedics	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Clinical
Article	2021	Thompson K.A.; Blank G.; Toy J.; Moore D.M.; Lachowsky N.; Bacani N.; Zhang W.; Sereda P.; Lima V.D.; Barrios R.; Montaner J.S.G.; Hull M.W.	Chronic Hepatitis B Infection Among Preexposure Prophylaxis Users Enrolled in a Population-Based Program in British Columbia, Canada	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofab492	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134773911&doi=10.1093%2fofid%2fofab492&partnerID=40&md5=e6ed180ce60a112167afaa5f79299729	Initiation of human immunodeficiency virus preexposure prophylaxis (PrEP) medications will also treat hepatitis B infection (HBV). The prevalence of chronic HBV was 0.86% (n = 41/4760) among enrollees in a provincial PrEP program in British Columbia, Canada. Overall, 46.3% lacked follow-up HBV DNA monitoring, underscoring the need for HBV-related education for PrEP prescribers. © The Author(s) 2021.	emtricitabine/tenofovir disoproxil fumarate; hepatitis B; HIV PrEP; HIV prevention; MSM	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2021	Thuo N.; Polay M.; Leddy A.M.; Ngure K.; Chatterhee P.; Gandhi M.; Amico K.R.	Point-of-Care Test for Assessing Tenofovir Adherence: Feasibility and Recommendations from Women in an Oral PrEP Program in Kenya and Their Healthcare Providers	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03255-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105160057&doi=10.1007%2fs10461-021-03255-3&partnerID=40&md5=7df8db3d8b5a6633d1c264bf9cdee91b	Oral pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention modality when taken as recommended. Women in sub-Saharan Africa may have adherence challenges that remain undisclosed to providers. Real-time measures that identify non-adherence can allow for immediate exploration of adherence challenges, counseling and interventions. We conducted a formative qualitative study in Kenya to explore oral PrEP experiences and reactions to a point-of-care urine test (UT) identifying recent (past 4 days) non-adherence to tenofovir-based PrEP among female PrEP users (25 in-depth interviews; 4 focus groups) and health care provider (10 key informant interviews). Findings indicate that use of the UT would be highly feasible in the context of regular PrEP care, largely acceptable to clients and providers, and could improve adherence. Clients emphasized the need for transparent client-centered strategies in delivering results. This formative study informs the development of tools to implement this point-of-care UT in future interventional studies and clinical settings. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Measurement; PrEP; TDF/FTC; Urine test	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2021	Thurman A.R.; Schwartz J.L.; Cottrell M.L.; Brache V.; Chen B.A.; Cochón L.; Ju S.; McGowan I.; Rooney J.F.; McCallister S.; Doncel G.F.	Safety and Pharmacokinetics of a Tenofovir Alafenamide Fumarate-Emtricitabine based Oral Antiretroviral Regimen for Prevention of HIV Acquisition in Women: A Randomized Controlled Trial	EClinicalMedicine	-	-	-	25895370	10.1016/j.eclinm.2021.100893	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106888695&doi=10.1016%2fj.eclinm.2021.100893&partnerID=40&md5=3c1fe6cab9863d904f1ae99b215c13a2	Background: Daily oral emtricitabine (FTC, F)/tenofovir disoproxil fumarate (TDF) combination is approved for HIV pre-exposure prophylaxis (PrEP) in men and women. Tenofovir alafenamide fumarate (TAF) is a newer, more potent prodrug of tenofovir (TFV); and in combination with FTC, has recently been approved for prevention of HIV through rectal transmission. Methods: This Phase I, prospective, interventional, randomized study was conducted in three clinical sites: PROFAMILIA, Santo Domingo, Dominican Republic; University of Pittsburgh and Eastern Virginia Medical School. We assessed the multi-compartmental pharmacokinetics (primary outcome) and safety (secondary outcome) among HIV uninfected women randomized to F/TDF (200mg/300mg) or F/TAF (200mg/25mg; F/TAF25) (n=24) in a single dose phase (SDP) and F/TDF, F/TAF (200mg/10mg; F/TAF10), or F/TAF25 (n=75) in a multiple dose (14 daily doses) phase (MDP). We described PK parameters in plasma, peripheral blood mononuclear cells (PBMCs), and cervicovaginal (CV) and rectal fluids and tissues. ClinicalTrials.gov #NCT02904369, completed. Findings: Recruitment for the study began on 5 October 2016. The first participant was enrolled on 6 October 2016 and the last participant completed the study 21 November 2017. Plasma: TFV concentrations area under curve (AUC) were ~20 fold lower following F/TAF versus F/TDF. TFV-diphosphate (TFV-DP) AUC concentrations in PBMCs were 7-fold higher with F/TAF25 versus F/TDF. Median TFV-DP concentrations in vaginal tissue (4hours post last dose) were approximately 6-fold higher with F/TAF25 versus F/TDF. TFV and TFV-DP were lower with F/TAF versus F/TDF in rectal tissue. Concentrations of FTC and FTC-triphosphate (FTC-TP) were similar across matrices and treatment arms. Gastrointestinal adverse events (AEs) occurred more frequently in F/TDF users (44.0%) than in either F/TAF group (11.5 and 12.0%). Interpretation: F/TAF was safe and well-tolerated. TFV-DP concentrations were higher in PBMCs and similar or higher (4h post dose) in female genital tract tissues for F/TAF versus F/TDF. High FTC and FTC-TP concentrations in all compartments support the potential of F/TAF as a new PrEP combination for women. © 2021 The Author(s)	cholesterol; creatinine; emtricitabine plus tenofovir alafenamide; emtricitabine plus tenofovir disoproxil; glucose; hemoglobin; potassium; sodium; triacylglycerol	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Timmins L.; Schneider J.A.; Chen Y.-T.; Goedel W.C.; Brewer R.; Callander D.; Knox J.; Eavou R.; Hanson H.; Duncan D.T.	Sexual Identity, Sexual Behavior and Pre-exposure Prophylaxis in Black Cisgender Sexual Minority Men: The N2 Cohort Study in Chicago	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03246-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104615179&doi=10.1007%2fs10461-021-03246-4&partnerID=40&md5=996026793321104e4972adabaf919312	This study investigated sexual identity and behavior and their potential associations with PrEP use and attitudes in cisgender Black gay and bisexual men. A total of N = 173 (mean age 25.2) participants from the Neighborhoods and Networks (N2) Study in Chicago were included. Of these, 104 were gay-identified and reported sex with men only (GSMO), 26 were gay-identified and reported sex with men and women (GSMW), 8 were bisexual-identified and reported sex with men only (BSMO), and 35 were bisexual-identified and reported sex with men and women (BSMW). Reporting sex with men and women in the past 6 months, RR = 0.39, 95% CI 0.17, 0.89, identifying as bisexual, RR = 0.52, 95% CI 0.29, 0.92, and the combination of the two, RR = 0.24, 95% CI 0.07, 0.76 were significantly associated with lower rates of current oral PrEP use. Black bisexual-identifying men who reported sex with men and women were significantly more likely to have discontinued oral PrEP, RR = 2.50, 95% CI 1.14, 5.50, than Black gay-identified men who reported sex with men only. Participants who had not used oral PrEP before reported lower levels of interest in long-acting injectable PrEP than those who were currently using oral PrEP, RR = 0.56, 95% CI 0.40, 0.79. No other significant differences were found. Overlooking the combination of sexual identity and behavior may mischaracterize PrEP rates and miss uniquely vulnerable subgroups. Black gay and bisexual men who had not used oral PrEP may be particularly disinterested in long-acting injectable PrEP. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Long-acting injectable PrEP; Men who have sex with men; Pre-exposure prophylaxis; Sexual identity; Sexual minority men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	To K.W.; Lee S.S.	A review of reported cases of HIV pre-exposure prophylaxis failure with resultant breakthrough HIV infections	HIV Medicine	-	-	-	14642662	10.1111/hiv.12989	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096842968&doi=10.1111%2fhiv.12989&partnerID=40&md5=692fd397e60d0482e12d97e08ae19957	Objectives: Early randomized controlled trials (RCTs) have confirmed high efficacy of pre-exposure prophylaxis (PrEP) for preventing HIV infection in men who have sex with men (MSM) with high HIV exposure risk. Nevertheless, some PrEP failure cases have been reported despite adequate drug adherence. This review aims to summarize the common features of PrEP failure cases and discuss the implications of upscaling PrEP programmes. Methods: A search based on articles and clinical trials was conducted through Medline and OVID, with keywords for accessing publications reporting 'true' PrEP failure in the presence of documented adherence to daily regimen of co-formulated tenofovir disoproxil fumarate/emtricitabone. Results: Ten cases of 'true' PrEP failure were identified, all of which were preceded by continued practice of condomless anal sex, despite documented adherence. Dried blood spot and/or hair analyses provided supporting evidence of adherence in eight cases. There was strong association of PrEP failure with recurrent or multiple sexually transmitted diseases and infection with resistant HIV viruses. Seroconversion was usually atypical or delayed because of significantly suppressed viral load, making diagnosis a clinical challenge. Discussion: Although it is uncommon, 'true' PrEP failure can occur in a real-world situation, contrary to the outcome of early RCTs. Failure to identify HIV infection while on PrEP can potentially lead to the emergence of drug-resistant virus. To achieve effective HIV prevention, PrEP programmes should emphasize safer sexual practice in addition to drug adherence. Early identification of PrEP failure is crucial, which requires the development of highly sensitive assays and their clinical application. © 2020 British HIV Association	HIV; prophylaxis; treatment failure	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2021	Torres T.S.; Hoagland B.; Bezerra D.R.B.; Garner A.; Jalil E.M.; Coelho L.E.; Benedetti M.; Pimenta C.; Grinsztejn B.; Veloso V.G.	Impact of COVID-19 Pandemic on Sexual Minority Populations in Brazil: An Analysis of Social/Racial Disparities in Maintaining Social Distancing and a Description of Sexual Behavior	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02984-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85088878654&doi=10.1007%2fs10461-020-02984-1&partnerID=40&md5=5613c04a005d28ba72f78783870495d1	We conducted a web-based survey to understand the impact of social distancing measures on Brazilian MSM and transgender/non-binary lives. A total of 3486 respondents were included in this analysis and the great majority were cismen (98%). The median age was 32 years (IQR: 27–40), 44% non-white, 36% low schooling and 38% low income. Most of participants reported HIV negative/unknown status (77%). Participants on-PrEP reported more condomless anal sex than those off-PrEP. Conversely, 24% off-PrEP were at substantial HIV-risk. PrEP/ART continuation were reported by the majority, despite reports of impediments to medication refill. Transgender/non-binary reported more mental health problems and challenges to access health care. Social and racial disparities were associated with unattainability of maintaining social distancing. Tailored social and economic support policies during COVID-19 pandemic should be made available to these populations. Challenges for PrEP/ART access will demand the implementation of innovative solutions to avoid the expansion of the HIV epidemic. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Brazil; Covid-19; MSM; PrEP; Transgender people	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Torres, Thiago S; Luz, Paula M; Marins, Luana M S; Bezerra, Daniel R B; Almeida-Brasil, Celline C; Veloso, Valdilea G; Grinsztejn, Beatriz; Harel, Daphna; Thombs, Brett D	Cross-cultural adaptation of the Perceived Risk of HIV Scale in Brazilian Portuguese.	Health and Quality of Life Outcomes	-	-	-	1477-7525	10.1186/s12955-021-01760-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8033701	BACKGROUND: Valid and reliable instruments are needed to measure the multiple dimensions of perceived risk. The Perceived Risk of HIV Scale is an 8-item measure that assesses how people think and feel about their risk of infection. We set out to perform a cross-cultural adaptation of the scale to Brazilian Portuguese among key populations (gay, bisexual and other men who have sex with men and transgender/non-binary) and other populations (cisgender heterosexual men and cisgender women). METHODS: Methodological study with cross-sectional design conducted online during October/2019 (key populations sample 1 and other populations) and February-March/2020 (key populations not on pre-exposure prophylaxis sample 2). Cross-cultural adaptation of the Perceived Risk of HIV Scale followed Beaton et al. 2000 guidelines and included confirmatory factor analysis, differential item functioning (DIF) using the Multiple-Indicator Multiple-Cause model, and concurrent validity to verify if younger individuals, those ever testing for HIV, and engaging in high-risk behaviors had higher scores on the scale. RESULTS: 4342 participants from key populations (sample 1 = 235; sample 2 = 4107) and 155 participants from other populations completed the measure. We confirmed the single-factor structure of the original measure (fit indices for sample 1 plus other populations: CFI = 0.98, TLI = 0.98, RMSEA = 0.07; sample 2 plus other populations: CFI = 0.97, TLI = 0.95, RMSEA = 0.09). For the comparisons between key populations and other populations, three items (item 2: "I worry about getting infected with HIV", item 4: "I am sure I will not get infected with HIV", and item 8: "Getting HIV is something I have") exhibited statistically significant DIF. Items 2 and 8 were endorsed at higher levels by key populations and item 4 by other populations. However, the effect of DIF on overall scores was negligible (0.10 and 0.02 standard deviations for the models with other populations plus sample 1 and 2, respectively). Those ever testing for HIV scored higher than those who never tested (p < .001); among key populations, those engaging in high-risk behaviors scored higher than those reporting low-risk. CONCLUSION: The Perceived Risk of HIV Scale can be used among key populations and other populations from Brazil.	Perceived risk of HIV Scale, Psychometric properties, GBM, Transgender, HIV perceived risk, HIV risk-behavior, Brazil	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Towe, Sheri L; Sullivan, Catherine A; McKellar, Mehri S; Meade, Christina S	Examining the Potential of Pre-exposure Prophylaxis (PrEP) for HIV Prevention in a Community Sample of Persons Who Use Stimulants Living in the Southern United States.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-02987-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7862414	Pre-exposure prophylaxis (PrEP), a highly effective HIV prevention strategy, is currently underutilized by several at-risk groups, including both persons who inject drugs and those who use drugs via other routes. Stimulant use is associated with increased HIV risk due to both sexual and injection risk behaviors. In this study, we examined PrEP awareness and acceptability in persons with biologically confirmed HIV-negative status who use stimulant drugs. We also examined HIV risk behaviors to identify how many participants met behavioral eligibility for PrEP. The sample of 352 participants was 46% female, 87% African American, and 45.69 years old on average. Over half the sample (n = 213) met criteria for PrEP candidacy, but less than 20% had heard of PrEP. Ratings for willingness to take PrEP were high. PrEP candidates reported more frequent and problematic stimulant use relative to non-candidates. Our results show that persons who use stimulants are a high-risk population that could benefit significantly from PrEP. Efforts to increase PrEP awareness among high-risk populations are critical for facilitating PrEP implementation and ensuring effective HIV prevention within these communities.	pre-exposure prophylaxis, HIV, cocaine, stimulants	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Tran N.K.; Felsher M.; Pol B.V.D.; Bellamy S.L.; McKnight J.; Roth A.M.	Intention to initiate and uptake of PrEP among women who injects drugs in a demonstration project: an application of the theory of planned behavior	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1874267	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099922275&doi=10.1080%2f09540121.2021.1874267&partnerID=40&md5=c0c0b575fbd92ad31ec1a1a81ab9795	Some women who inject drugs (WWID) would benefit from pre-exposure prophylaxis (PrEP), yet there are few studies of issues related to uptake in real-world settings. In this study, participants (n = 95) were offered PrEP and responded to items measuring PrEP-related attitudes, norms, and perceived behavioral control based on the Theory of Planned Behavior. We tested associations with intention to initiate PrEP and uptake. Most WWID (88%) intended to initiate PrEP and 78% accepted a prescription. Compared to WWID who did not express PrEP intentions, those who did were less concerned about attitudinal and perceived behavioral control constructs such as temporary (75% vs. 36%, p = 0.01) and long-term (63% vs. 27%, p = 0.05) side effects, negative interactions with their birth control (93% vs. 38%, p < 0.01), their ability to take a daily pill (80% vs. 36%, p < 0.01), and the cost of PrEP (87% vs. 36%, p < 0.01). WWID who went on to take PrEP had fewer concerns with subjective norms constructs such as talking to health care providers about sex (91% vs. 65%, p < 0.01) and drug use (88% vs. 55%, p < 0.01) compared to those who did not. Attitudes and perceived behavioral control influenced intention while subjective norms had a greater impact on actual uptake. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; pre-exposure prophylaxis; Theory of planned behavior; women who inject drugs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Tran, J; Khosropour, CM; Mena, L; Johnson, K; Sharma, M	BUDGET IMPACT ANALYSIS OF HIV PRE-EXPOSURE PROPHYLAXIS TELEMEDICINE IN MISSISSIPPI	Value in Health	-	-	-	1098-3015	10.1016/j.jval.2021.04.575	https://www.valueinhealthjournal.com/article/S1098-3015(21)00792-0/fulltext	Objectives: To assess the budget impact of adding an HIV pre-exposure prophylaxis (PrEP) telemedicine intervention (telePrEP) in Mississippi, a state with one of the highest HIV rates in the US. Methods: We developed a Markov model of HIV and PrEP use in Mississippi among two eligible populations: 1) men who have sex with men (MSM) and 2) heterosexually active individuals age $16 years with indications for PrEP as per US Centers for Disease Control guidelines. The model utilized 3-month time steps and a 5-year time horizon. Model inputs were parameterized using literature, expert opinion, Federal Supply Schedules, and Centers for Medicare and Medicaid Fee Schedules. Costs were reported from the healthcare payer perspective in 2020 dollars and included standard-of-care PrEP (in-person), telePrEP, laboratory testing, PrEP drug, dispensing fee, HIV care, and antiretroviral therapy (ART). We assumed telePrEP uptake increased from 5% to 13% over 5 years among those eligible, impacting individuals without PrEP and on standard-of-care PrEP equally in the treatment mix. We projected costs of implementing telePrEP in addition to standard-of-care PrEP provision compared to standard-of-care PrEP provision only. We performed one-way sensitivity analyses on key parameters to assess uncertainty. Results: Implementing telePrEP is projected to increase the number of individuals receiving PrEP by approximately 157 yearly and avert a minimum of 206 HIV cases over 5 years. TelePrEP would increase healthcare payers' budget by $1.35 million in Year 1, $749,800 in Year 2, and $184,500 in Year 3, then decrease the budget by $383,000 and $990,100 in Years 4 and 5, respectively. One-way sensitivity analyses indicated the overall budget was most sensitive to assumptions about HIV incidence and PrEP initiation among MSM and ART initiation. Conclusions: Implementing telePrEP in a US state with high HIV incidence can provide health benefits at a modest increase in healthcare payers' budget over five years.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Traylor, Daryl; Enriquez, Maithe	Primary Care Provider PrEP Prescribing Practices: Southern United States	-	-	University of Missouri--Columbia	-	NA	10.32469/10355/88053	https://www.proquest.com/dissertations-theses/primary-care-provider-prep-prescribing-practices/docview/2622807965/se-2?accountid=8113	The Southern United States (U.S.) accounts for more than half of new HIV cases annually and African Americans make up the majority of new HIV diagnoses in this region. Pre-Exposure Prophylaxis (PrEP) is an effective biomedical HIV prevention strategy that is underutilized. Few studies have examined the PrEP prescribing practices of primary care providers (PCPs), particularly in the Southern U.S. This cross-sectional survey, driven by the Transtheoretical Model (TTM), examined the prescribing practices of Southern U.S. PCPs. Relationships between PCPs personal and practice variables were examined, together with TTM decisional balance variables.Participants (n = 223) who had more African American patients in their practice were more likely to be in a higher TTM stage of change (p = .002) and were more likely to have written a PrEP prescription (p = .001). Access to PrEP resources (OR = 1.85, p = .001), streamlined insurance prior authorization processes (OR = 1.52, p = .010), working with staff who have PrEP knowledge (OR = 1.51, p = .033), having PrEP training (OR = 40.26, p < .001) and having patients who are motivated to take PrEP (OR = 2.19, p = .007) were significant facilitators to PrEP prescribing. Significant barriers to PrEP prescribing included a lack of provider PrEP training (OR = 0.43, p = .003), lack of clinical leadership regarding PrEP (OR = 0.65, p = .018), lack of insurance (OR = 2.74, p = .002), and likelihood of poor patient adherence to PrEP (OR = 0.53, p = .001).Findings indicate that this sample of PCPs were more likely to be at a higher TTM stage of change and have written a PrEP prescription if they saw more African American patients in their practice. Further, significant facilitators of PrEP prescribing included access to PrEP resources, streamlined insurance prior authorization processes, working with staff who have PrEP knowledge, having PrEP training, and having patients who are motivated to take PrEP. Significant barriers to PrEP prescribing included a lack of PrEP training, a lack of clinical leadership regarding PrEP, patient lack of insurance, and likelihood of poor patient adherence. This study contributes to the body of knowledge regarding PCP PrEP prescribing practices. Findings from this study may inform future interventions that aim to enhance PrEP prescribing among primary care providers who serve Southern African American individuals at risk for acquisition of HIV disease.	African American; Pre-exposure prophylaxis; Human immunodeficiency virus; Public health; Epidemiology; Southern United States; Health care management; 0573:Public health; 0766:Epidemiology; 0769:Health care management; Primary care provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2021	Troutman, Jamie; Ingram, Lucy Annang; Gaddist, Bambi; Robillard, Alyssa; Qiao, Shan	African American Women's Current Knowledge, Perceptions, and Willingness of PrEP Use for HIV Prevention in the South.	Journal of Healthcare for the Humanities and Sciences	-	-	-	2159-8819	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9930508	African American women accounted for approximately 60% of new HIV diagnoses among women in the United States, with the greatest burden occurring in the South. Past efforts to prevent HIV focused on behavioral interventions aimed at reducing sexual risk behavior. More recent HIV prevention methods have included oral pre-exposure prophylaxis (PrEP) with antiretroviral drugs. Although PrEP has been designated as an effective HIV prevention method since 2012, awareness and uptake of PrEP remains low among African American women. Our study explored African American women's knowledge, perceptions, and willingness of PrEP use. Four focus groups were held in April 2019, consisting of 27 women, who identified as African American and resided in South Carolina. Focus group topics focused on participants' awareness, perceptions, and potential use of PrEP. The majority of women had heard of PrEP; however, over half of the participants were in the HIV or health field. Overall, participants believed that the "lay woman" would be unaware of PrEP. Participants' perceptions of PrEP included stigma of PrEP use, benefits to non-monogamous couples, and experiences with PrEP clients. The majority of women were willing to use PrEP, but major concerns around short and long-term side effects were expressed. Participants provided recommendations to improve PrEP uptake among African American women that included targeted campaigns and spokespersons. African American women are interested and supportive of PrEP use for HIV prevention in the South, where HIV rates remain highest. Past PrEP implementation efforts have not been relatable to African American women; therefore, awareness and uptake rates remain low. Future efforts to increase PrEP awareness and uptake among African American women should be relevant, and should provide comprehensive information on potential side effects, purpose of use, and eligibility criteria.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Truong, Hong-Ha M.; Mehrotra, Megha L.; Grant, Robert M.	Seroadaptive Behaviors Varied Among Geographically Diverse iPrEx Participants.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000002551	https://pubmed.ncbi.nlm.nih.gov/33093331/	BACKGROUND: Seroadaptive behaviors refer to a wide range of harm reduction practices to decrease HIV transmission risk. Effective implementation of seroadaptive behaviors is dependent on knowledge of one's own serostatus and that of one's sexual partners. Partner-level and environmental-level attributes may affect seroadaptation practices. We assessed factors associated with seroadaptive behaviors. METHODS: Men who have sex with men and transgender women recruited from an HIV pre-exposure prophylaxis clinical trial (iPrEx) with study sites in the US, Peru, Ecuador, Brazil, Thailand, and South Africa. Partnership-level data were collected at the baseline visit for the 3 most recent partners. Participants were considered to have practiced seroadaptive behaviors if: (1) they believed their partner to be HIV-negative, that is, serosorting; or (2) no condomless receptive sex occurred with an HIV-positive or unknown status partner, that is, seropositioning. RESULTS: Of 2331 participants, 41% always practiced seroadaptive behaviors, 36% sometimes did, and 23% never did. Participants enrolled at study sites in the US (P < 0.001) and Peru/Ecuador (P < 0.001) were more likely to practice seroadaptive behaviors, whereas transgender women were less likely to do so (P < 0.001). Seroadaptive behaviors were more likely to occur in relationships with steady partners (P = 0.005) and emotionally close relationships (P = 0.013). CONCLUSIONS: Seroadaptive behaviors were more frequently observed among iPrEx participants from the US, Peru, and Ecuador study sites and among participants in relationships with partners who they were more committed to and felt emotionally close to. Our findings suggest that seroadaptive behaviors may be influenced by social norms that vary geographically and culturally.	Adolescent; Adult; Humans; Male; Young Adult; HIV Infections/*prevention & control/transmission; Female; Risk Factors; United States; South Africa; Thailand; Brazil; Condoms; Sexual Behavior/*psychology; *Pre-Exposure Prophylaxis; Unsafe Sex/psychology; Sexual Partners/psychology; Transgender Persons; Homosexuality, Male/psychology; HIV Serosorting/*psychology; Peru; Ecuador	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Truong, Hong-Ha M; Fatch Robin; McFarland, Willi; Raymond, Henry F	HIV Prevention Responsibility Beliefs Among Men Who Have Sex With Men in the PrEP Era: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002659	https://www.proquest.com/scholarly-journals/hiv-prevention-responsibility-beliefs-among-men/docview/2676131061/se-2?accountid=8113	Background:Beliefs regarding responsibility for preventing HIV transmission may differ between individuals and their sexual partners. We assessed HIV prevention responsibility beliefs among men who have sex with men (MSM) participating in the 2017 National HIV Behavioral Surveillance survey.Methods:MSM were recruited using time-location sampling at clubs, bars, and street locations in San Francisco. HIV prevention responsibility beliefs were assessed on a four-point scale (1 = strongly disagree to 4 = strongly agree). Associations were assessed using generalizing estimating equations to adjust for behaviors within multiple partnerships.Results:A total of 316 HIV-negative and 76 HIV-positive men reported on 1336 partnerships. HIV-negative compared with HIV-positive men had higher endorsement of mutual responsibility (mean 3.7 vs. 3.5; P < 0.01). Both groups had similar levels of endorsing responsibility on the HIV-negative or HIV-positive partner. HIV-positive men endorsing equal responsibility were more likely to know their partner's HIV status (P < 0.01) and less likely to have serodiscordant condomless anal intercourse (CAI) (P < 0.01) than men who did not endorse equal responsibility. HIV-negative men in partnerships with pre-exposure prophylaxis (PrEP) use were more likely to know their partner's HIV status (P = 0.02) and have serodiscordant CAI (P = 0.04) than men not in partnerships with PrEP use.Conclusions:HIV-negative and HIV-positive men accept responsibility for preventing HIV. The finding that HIV-negative men in partnerships with PrEP use who engage in serodiscordant CAI is concerning because they are still at risk for other sexually transmitted infections, which are present at elevated levels in San Francisco and other US cities.	HIV; Pre-exposure prophylaxis; PrEP; San Francisco; Prevention; men who have sex with men; Men who have sex with men; condom use; Disease prevention; Prophylaxis; Disease transmission; sexual risk behaviors; prevention responsibility beliefs; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; United States--US; Sexual partners; San Francisco California; Partnerships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Tubert J.; Packel L.; Hunter L.A.; Mfaume R.; Njau P.; Ramadhani A.A.; Liu J.X.; McCoy S.I.	HIV prevention at drug shops: awareness and attitudes among shop dispensers and young women about oral pre-exposure prophylaxis and the dapivirine ring in Shinyanga, Tanzania	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-021-00343-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104860758&doi=10.1186%2fs12981-021-00343-1&partnerID=40&md5=32660ea44c73913648b459d84176f157	Background: HIV risk remains high among adolescent girls and young women (AGYW, ages 15–24) in Tanzania. Many AGYW experience stigma and provider bias at health facilities, deterring their use of HIV prevention services. Privately-owned drug shops, ubiquitous in many communities, may be an effective and accessible channel to deliver HIV prevention products to AGYW, including oral pre-exposure prophylaxis (PrEP) and the dapivirine vaginal ring. Methods: In July–August 2019, we enrolled 26 drug shops in Shinyanga, Tanzania in an ongoing study to create "girl-friendly" drug shops where AGYW can access HIV self-testing and contraception. At baseline, all shop dispensers were given basic information about oral PrEP and the dapivirine ring and were asked about their interest in stocking each. During the next 3–5 months, we surveyed AGYW (n = 56) customers about their interest in oral PrEP and the ring. Results: Among dispensers, the median age was 42 years and 77% were female. Overall, 42% of dispensers had heard of a medication for HIV prevention. Almost all dispensers reported some interest in stocking oral PrEP (92%) and the dapivirine ring (96%). Most (85%) reported they would provide oral PrEP to AGYW who requested it. Among AGYW customers, the median age was 17 years; 29% of AGYW were married or had a steady partner and 18% had children. Only 20% of AGYW had heard of a medication to prevent HIV, yet 64% and 43% expressed some interest in using oral PrEP and the dapivirine ring, respectively, after receiving information about the products. PrEP interest was higher among AGYW who were partnered and had children. Conclusions: Despite low prior awareness of PrEP among shop dispensers and AGYW, we found high levels of interest in oral PrEP and the dapivirine ring in both groups. Community-based drug shops represent a promising strategy to make HIV prevention more accessible to AGYW. © 2021, The Author(s).	Adolescent girls; Dapivirine ring; Drug shops; HIV; HIV prevention; Long-acting PrEP; Pre-exposure prophylaxis; PrEP; Sub-Saharan Africa; Tanzania; Young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Turner D.A.; Lockhart E.; Wang W.; Shore R.; Daley E.; Marhefka S.L.	Examining the Factors Affecting PrEP Implementation Within Community-Based HIV Testing Sites in Florida: A Mixed Methods Study Applying the Consolidated Framework for Implementation Research	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03152-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85098948581&doi=10.1007%2fs10461-020-03152-1&partnerID=40&md5=a03b7ab3fcadcd4c1ca1796dd836e72a	HIV testing/counseling is a critical point during which non-clinical staff could intervene, discuss and/or refer clients for pre-exposure prophylaxis (PrEP). This analysis investigated the contextual factors affecting PrEP implementation within HIV testing sites. Two generalized linear mixed models were conducted to estimate PrEP implementation as a function of constructs from the Consolidated Framework for Implementation Research (CFIR). Qualitative interviews were analyzed thematically. Data integration occurred via joint analysis and triangulation. Constructs from the CFIR domain Characteristics of Individuals did not predict PrEP implementation when controlling for demographic characteristics; qualitative data signaled divergent findings in PrEP knowledge. Within the CFIR domains Inner and Outer Settings, relevant priority and available resources predicted PrEP implementation; qualitative data confirmed the importance of available resources and provided insight into the impact of cosmopolitanism and leadership. Addressing the contextual factors that affect PrEP implementation may help HIV testing staff to better implement PrEP programs. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature.	Consolidated framework for implementation research; HIV; HIV testing; Implementation science; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Valente, Pablo K; Mimiaga, Matthew J; Chan, Philip A; Biello, Katie B	Health Service- and Provider-Level Factors Influencing Engagement in HIV Pre-Exposure Prophylaxis Care Among Male Sex Workers.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2021.0084	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8380801	Multilevel barriers to pre-exposure prophylaxis (PrEP) care among male sex workers (MSW) include aspects of interactions with health services and providers. We examined relationships between health service- and provider-level factors and PrEP care among MSW. Between 2017 and 2019, we enrolled 111 MSW in the Northeast United States who were not on PrEP, but expressed interest in potentially using PrEP, in a behavioral intervention to promote PrEP uptake and adherence. Using baseline data, we examined whether having a primary care provider, past year frequency of medical visits, comfort discussing sexual practices with providers, and transportation difficulties to accessing general health care were associated with PrEP use self-efficacy, anticipated barriers to PrEP uptake, adherence, and retention (linear regression), and intention to initiate PrEP (logistic regression). Models adjusted for age, race/ethnicity, sexual identity, education, and income. Participants' mean age was 34.2 standard deviation (SD) = 8.5, and 47% were non-White. Three-quarters (76%) intended to initiate PrEP within the next month. Comfort discussing sexual practices with providers was associated with PrEP use self-efficacy (b = 0.41, p = 0.008). Comfort discussing sexual practices with providers was negatively associated with anticipated barriers to PrEP uptake (b = -0.29, p = 0.006). Transportation difficulties to accessing general health care were associated with barriers to PrEP uptake (b = 0.30, p = 0.007) and barriers to PrEP adherence and retention (b = 0.57, p < 0.001). No health service- and provider-level characteristics were associated with intention to initiate PrEP. PrEP programs targeting MSW may benefit from interventions to foster communication between MSW and providers about sexual practices and should consider structural barriers to accessing care, including lack of access to transportation.	men who have sex with men, sex workers, HIV/AIDS, pre-exposure prophylaxis, health services, health care provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Vallejo-Díaz, Diego	Entre las presencias, los pliegues y la racionalidad: vida y procesos de Ordenamiento asociados a la profilaxis previa a la exposición (PREP) en Colombia	Maguaré	-	-	-	01203045	10.15446/mag.v35n1.96664	https://www.proquest.com/scholarly-journals/entre-las-presencias-los-pliegues-y-la/docview/2592635260/se-2?accountid=8113	Este texto explora la manera en que los procesos de regulación de la profilaxis previa a la exposición o profilaxis preexposición (PREP, por sus siglas en inglés) en Colombia se articulan con la vida de las personas que animan la existencia de esta tecnología, ya sea como usuarios del sistema de salud o fuera de este, vendedores del medicamento, integrantes de organizaciones de base comunitaria que trabajan en torno al virus de inmunodeficiencia humana (vih), activistas que exigen su disponibilidad o médicos que la prescriben. Propongo un viaje de ida y vuelta entre la experiencia de estas personas y la aparición de un modelo de racionalidad que apuesta por la regulación de la tecnología, a través del cual se pone en evidencia la política ontológica que está detrás de la demanda por la disponibilidad de esta tecnología de prevención del VIH, que pone en tensión las formas comunitarias de participar de la PREP y los marcos centrados en el individuo como agente autónomo.Resumo alternativo: Este texto explora como os processos de regulação da profilaxia antes da exposição ou profilaxia pré-exposição (PREP, por sua sigla em inglês) na Colômbia, se articulam com a vida das pessoas que participam na existência dessa tecnologia, sejam usuários beneficiários ou não do sistema de saúde, vendedores do medicamento, membros de organizações de base comunitária que trabalham em torno ao vírus da imunodeficiência humana (HIV), ativistas que exigem sua disponibilidade ou médicos que a prescrevee-lam. Proponho uma viagem de ida e volta entre a experiência dessas pessoas e a instauração de um modelo de racionalidade que aposta na regulação da tecnologia, evidenciando a política ontológica por trás da demanda pela disponibilidade dessa tecnologia de prevenção do hiv, que coloca em tensão as formas comunitárias de participar da PREP e os contextos centrados no indivíduo como agente autônomo.Resumo alternativo: This text explores the way in which regulation processes of pre-exposure prophylaxis (PREP) in Colombia are linked with the lives of people who animate this technology's existence, whether as users inside the healthcare system or outside of it, prescription-drug sellers, members of community-based organizations working around HIV, activists who demand its availability, or doctors who prescribe it. I propose a back-and-forth path between the experiences of these people and the establishment of a rationality model brought about by the regulation of prep that reveals an ontological politics behind the demand for the availability of this technology.	pre-exposure prophylaxis; Colombia; Hiv prevention; prep; Archaeology; medicalização; medicalización; medicalization; pharmaceutical control; prevenção do H iv; prevención del viH; profilaxia pré-exposição; profilaxis previa a la exposición; regulação farmacêutica; regulación farmacéutica	Spanish	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Qualitative
Article	2021	Van de Perre, Philippe; Goga, Ameena; Ngandu, Nobubelo; Nagot, Nicolas; Moodley, Dhayendre; King, Rachel; Molès, Jean-Pierre; Mosqueira, Beatriz; Chirinda, Witness; Scarlatti, Gabriella; Tylleskär, Thorkild; Dabis, François; Gray, Glenda	Eliminating postnatal HIV transmission in high incidence areas: need for complementary biomedical interventions.	The Lancet	-	-	-	1474-547X	10.1016/S0140-6736(21)00570-5	https://dx.doi.org/10.1016/S0140-6736(21)00570-5	The rate of mother-to-child transmission (MTCT) of HIV from breastfeeding is increasing relative to other causes of MTCT. Early effective preconception and antenatal antiretroviral therapy (ART) reduces intrauterine and intrapartum MTCT, whereas maternal post-partum HIV acquisition, untreated maternal HIV, and suboptimal postnatal maternal ART adherence increase the risk of MTCT through breastfeeding. Although the absolute number of cases of MTCT acquired through breastfeeding is decreasing, the rate of decrease is less than the decrease in intrauterine and intrapartum MTCT. Unless current strategies are universally applied, they might not be sufficient to eliminate MTCT due to breastfeeding. Urgent action is needed to evaluate and implement additional preventive biomedical strategies in high HIV prevalence and incidence settings to eliminate MTCT from breastfeeding. Preventive strategies include: pre-exposure prophylaxis in breastfeeding women who have an increased risk of acquiring HIV; postnatal reinforcement strategies, such as maternal retesting for HIV, maternal care reinforcement, and prophylaxis in infants exposed to HIV via breastmilk; and active (vaccine) or passive immunoprophylaxis with long-acting broadly neutralising antibodies.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2021	van de Vijver David A M C; Mukherjee Shreoshee; van Kampen Jeroen JA	Antiretroviral Drug Treatment of Individuals that Used Preexposure Prophylaxis (PrEP) Before Diagnosis	Current Treatment Options in Infectious Diseases	-	-	-	15233820	10.1007/s40506-021-00246-9	https://www.proquest.com/scholarly-journals/antiretroviral-drug-treatment-individuals-that/docview/2561092675/se-2?accountid=8113	Purpose of reviewThe antiretroviral drugs, tenofovir and emtricitabine used as preexposure prophylaxis (PrEP), are also used in treatment of HIV. Drug resistance due to PrEP can therefore jeopardize future treatment options. This review discusses treatment of individuals that used PrEP in whom viral mutations against tenofovir (K65R) or emtricitabine (M184I/V) are found.Recent findingsAlthough no studies systematically investigated the optimal treatment of individuals who used PrEP before diagnosis, there is anecdotal evidence that HIV including the K65R and/or M184I/V can be successfully treated using recommended first-line regimens.SummaryDrug resistance can be ascribed to use of PrEP while having an unrecognized acute HIV infection, partial adherence to PrEP, and transmission of HIV resistant to PrEP drugs. First-line antiretroviral drug treatment in individuals who used PrEP before diagnosis must be optimized based on genotypic resistance test results. Individuals in whom M184I/V and/or K65R is detected can be treated with dolutegravir-based, bictegravir-based, or darunavir-based regimens plus tenofovir plus lamivudine or emtricitabine. Dual therapy using dolutegravir plus lamivudine is not recommended for induction therapy in individuals with viral mutations against the drugs used as PrEP. There is an urgent need to confirm the anecdotal evidence for successful treatment using first-line regimens.	Tenofovir; Emtricitabine; Mutation; HIV; Lamivudine; Pre-exposure prophylaxis; PrEP; Antiretroviral drugs; Drug resistance; Disease prevention; Prophylaxis; Diagnosis; Tenofovir disoproxil; Disease transmission; K65R; M184I/V; Antiretroviral drug treatment; Antiretroviral agents; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Induction therapy	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2021	van den Berg, Polly; Powell, Victoria E; Wilson, Ira B; Klompas, Michael; Mayer, Kenneth; Krakower, Douglas S	Primary Care Providers' Perspectives on Using Automated HIV Risk Prediction Models to Identify Potential Candidates for Pre-exposure Prophylaxis.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03252-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8631042	Identifying patients at increased risk for HIV acquisition can be challenging. Primary care providers (PCPs) may benefit from tools that help them identify appropriate candidates for HIV pre-exposure prophylaxis (PrEP). We and others have previously developed and validated HIV risk prediction models to identify PrEP candidates using electronic health records data. In the current study, we convened focus groups with PCPs to elicit their perspectives on using prediction models to identify PrEP candidates in clinical practice. PCPs were receptive to using prediction models to identify PrEP candidates. PCPs believed that models could facilitate patient-provider communication about HIV risk, destigmatize and standardize HIV risk assessments, help patients accurately perceive their risk, and identify PrEP candidates who might otherwise be missed. However, PCPs had concerns about patients' reactions to having their medical records searched, harms from potential breaches in confidentiality, and the accuracy of model predictions. Interest in clinical decision-support for PrEP was greatest among PrEP-inexperienced providers. Successful implementation of prediction models will require tailoring them to providers' preferences and addressing concerns about their use.	HIV prevention, pre-exposure prophylaxis, primary care, decision support, qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Van Den Elshout M.A.M.; Hoornenborg E.; Achterbergh R.C.A.; Coyer L.; Anderson P.L.; Davidovich U.; De Vries H.J.C.; Prins M.; Van Der Loeff M.F.S.	Improving adherence to daily preexposure prophylaxis among MSM in Amsterdam by providing feedback via a mobile application	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002949	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114385344&doi=10.1097%2fQAD.0000000000002949&partnerID=40&md5=6f9bd77e9b8836d14aed36efd48eb46c	Objective:Improving adherence to preexposure prophylaxis (PrEP) by providing automated feedback on self-reported PrEP use via a mobile application (app).Design:Randomized clinical trial among MSM participating in the Amsterdam PrEP demonstration project (AMPrEP).Methods:Eligible participants were randomized 1:1 to the control or intervention app. Both allowed daily reporting of sexual behaviour and medication intake; the intervention app also provided visual feedback. Dried blood spots collected at 12 and 24months yielded intracellular tenofovir diphosphate concentrations (TFV-DP). We assessed proportions of participants with poor (TFV-DP <700fmol/punch; primary outcome), good (TFV-DP ≥700fmol/punch) and excellent (TFV-DP ≥1250fmol/punch; secondary outcome) adherence at both time-points, and the association with the control or intervention app.Results:We randomized 229 participants, 118 to the intervention and 111 to the control arm. The primary, per-protocol, analysis included 83 participants per arm. In total, 22/166 (13%) of participants adhered poorly, 144/166 (87%) good and 66/166 (40%) excellently. App feedback did not result in a lower proportion of participants with poor adherence control: 9 of 83 (11%); intervention: 13 of 83 (16%); P=0.36. App feedback did result in a larger proportion of participants with excellent adherence control: 26/83 (31%); intervention: 40/83 (48%); P=0.026.Conclusion:In this highly adherent population, app feedback did not improve the proportion of participants with poor adherence to PrEP.Clinical Trial Number Netherlands Trial Register: NL5413. © 2021 Lippincott Williams and Wilkins. All rights reserved.	dried blood spot testing; eHealth; HIV; mHealth; mobile applications; MSM; preexposure prophylaxis; treatment adherence and compliance	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2021	Van Dijck, Christophe; Tsoumanis, Achilleas; Rotsaert, Anke; Vuylsteke, Bea; Van den Bossche, Dorien; Paeleman, Elke; De Baetselier, Irith; Brosius, Isabel; Laumen, Jolein; Buyze, Jozefien; Wouters, Kristien; Lynen, Lutgarde; Van Esbroeck, Marjan; Herssens, Natacha; Abdellati, Said; Declercq, Steven; Reyniers, Thijs; Van Herrewege, Yven; Florence, Eric; Kenyon, Chris	Antibacterial mouthwash to prevent sexually transmitted infections in men who have sex with men taking HIV pre-exposure prophylaxis (PReGo): a randomised, placebo-controlled, crossover trial.	The Lancet Infectious Diseases	-	-	-	1474-4457	10.1016/S1473-3099(20)30778-7	https://dx.doi.org/10.1016/S1473-3099(20)30778-7	BACKGROUND: Bacterial sexually transmitted infections (STIs) are highly prevalent among men who have sex with men who use HIV pre-exposure prophylaxis (PrEP), which leads to antimicrobial consumption linked to the emergence of antimicrobial resistance. We aimed to assess use of an antiseptic mouthwash as an antibiotic sparing approach to prevent STIs. METHODS: We invited people using PrEP who had an STI in the past 24 months to participate in this single-centre, randomised, double-blind, placebo-controlled, AB/BA crossover superiority trial at the Institute of Tropical Medicine in Antwerp, Belgium. Using block randomisation (block size eight), participants were assigned (1:1) to first receive Listerine Cool Mint or a placebo mouthwash. They were required to use the study mouthwashes daily and before and after sex for 3 months each and to ask their sexual partners to use the mouthwash before and after sex. Participants were screened every 3 months for syphilis, chlamydia, and gonorrhoea at the oropharynx, anorectum, and urethra. The primary outcome was combined incidence of these STIs during each 3-month period, assessed in the intention-to-treat population, which included all participants who completed at least the first 3-month period. Safety was assessed as a secondary outcome. This trial is registered with Clinicaltrials.gov, NCT03881007. FINDINGS: Between April 2, 2019, and March 13, 2020, 343 participants were enrolled: 172 in the Listerine followed by placebo (Listerine-placebo) group and 171 in the placebo followed by Listerine (placebo-Listerine) group. The trial was terminated prematurely because of the COVID-19 pandemic. 151 participants completed the study, and 89 completed only the first 3-month period. 31 participants withdrew consent, ten were lost to follow-up, and one acquired HIV. In the Listerine-placebo group, the STI incidence rate was 140·4 per 100 person-years during the Listerine period, and 102·6 per 100 person-years during the placebo period. In the placebo-Listerine arm, the STI incidence rate was 133·9 per 100 person-years during the placebo period, and 147·5 per 100 person-years during the Listerine period. We did not find that Listerine significantly reduced STI incidence (IRR 1·17, 95% CI 0·84-1·64). Numbers of adverse events were not significantly higher than at baseline and were similar while using Listerine and placebo. Four serious adverse events (one HIV-infection, one severe depression, one Ludwig's angina, and one testicular carcinoma) were not considered to be related to use of mouthwash. INTERPRETATION: Our findings do not support the use of Listerine Cool Mint as a way to prevent STI acquisition among high-risk populations. FUNDING: Belgian Research Foundation - Flanders (FWO 121·00).	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2021	van Dijk M.; de Wit J.B.F.; Guadamuz T.E.; Martinez J.E.; Jonas K.J.	Slow Uptake of PrEP: Behavioral Predictors and the Influence of Price on PrEP Uptake Among MSM with a High Interest in PrEP	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03200-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101277395&doi=10.1007%2fs10461-021-03200-4&partnerID=40&md5=3826d568f06bf0c440c609fe8d3c2ce4	Despite the improved availability and affordability of PrEP in the Netherlands, PrEP uptake is low among men who have sex with men (MSM). To optimize uptake, it is important to identify facilitators and barriers of PrEP use. During our study period, the price of PrEP dropped significantly after generic PrEP was introduced. We investigated whether the price drop predicts PrEP uptake, alongside behavioral and demographic characteristics. Participants (N = 349) were recruited online and completed three questionnaires over a period of 6 months, between February 2017 and March 2019. After 6 months, 159 (45.6%) participants were using PrEP. PrEP uptake was greater among MSM who ever had postexposure prophylaxis (PEP) treatment, among MSM with a lower perceived financial situation, and when the price of PrEP dropped. MSM in a tighter perceived financial situation may use PrEP more when it would be free or fully reimbursed. © 2021, The Author(s).	Costs; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	van Dijk, Mart	PrEP use among men who have sex with men in the Netherlands: Interest, attitudes, and behaviors in a context of emerging PrEP availability	-	-	Maastricht University	-	NA	10.26481/dis.20210331md	https://cris.maastrichtuniversity.nl/en/publications/0dd503bb-0179-44e8-a083-e5d909a992db	Pre-exposure prophylaxis (PrEP) is a novel biomedical intervention that is highly effective in reducing HIV infections. PrEP is taken as a daily pill or in an on-demand regimen at times when a high risk of HIV is expected. Despite the high effectiveness of PrEP, the uptake of PrEP has been limited in the past years, because PrEP was limited accessible and expensive. This PhD project investigated how men who have sex with men (MSM) obtained PrEP in the years before PrEP became available (and affordable) in pharmacies in the Netherlands in 2017. Furthermore, this research investigated hurdles for PrEP use in the Netherlands and the sexual behaviour of PrEP users after PrEP initiation.	HIV prevention; sexual behaviour; PrEP; risk perception	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	-	-	Quantitative
Article	2021	van Dijk, Mart; de Wit, John B F; Kamps, Rebecca; Guadamuz, Thomas E; Martinez, Joel E; Jonas, Kai J	Socio-Sexual Experiences and Access to Healthcare Among Informal PrEP Users in the Netherlands	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03085-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096057987&doi=10.1007%2fs10461-020-03085-9&partnerID=40&md5=c28e514e3b6939c04043fc15948b0649	The aim of this qualitative study was to explore the experiences of informal PrEP users regarding access to PrEP and PrEP-related healthcare, community responses, sexual behavior and well-being. We interviewed 30 men who have sex with men (MSM) in semi-structured online interviews between March and August 2018. Interviews were analyzed using interpretive description. Informal PrEP users were well informed about the use of PrEP, but sometimes did not make use of renal testing. Participants reported a lack of PrEP knowledge among healthcare providers, which limited their access to PrEP and put them at risk, as they received incorrect information. Although some participants reported negative reactions from potential sex partners, most received positive reactions and were sometimes seen as more desirable sex partners. PrEP healthcare services should not only be accessible to formal PrEP users, but also to PrEP users who procure PrEP informally. © 2020, The Author(s).	HIV prevention; Informal PrEP; MSM; PrEP; Sexual behavior	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Article	2021	van Hoek, Albert Jan; Reitsema, Maarten; Xiridou, Maria; van Sighem, Ard; van Benthem, Birgit; Wallinga, Jacco; van Duijnhoven, Yvonne; van der Loeff, Maarten Schim; Prins, Maria; Hoornenborg, Elske	Offering a choice of daily and event-driven preexposure prophylaxis for men who have sex with men in the Netherlands: a cost-effectiveness analysis.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002913	https://dx.doi.org/10.1097/QAD.0000000000002913	OBJECTIVES: To assess the cost-effectiveness of a preexposure prophylaxis (PrEP) programme offering a choice of daily and event-driven PrEP for men who have sex with men (MSM) in the Netherlands. METHODS: We used an agent-based transmission model and an economic model to simulate a programme offering only daily PrEP and a programme offering daily and event-driven PrEP. Use of PrEP medication and preference for daily versus event-driven PrEP were estimated from the Amsterdam PrEP Demonstration Project (AMPrEP). We calculated costs, quality-adjusted life-years (QALY), and incremental cost-effectiveness ratios (ICER), over 2018-2027. An ICER less than 20 000 per QALY gained was considered cost-effective. RESULTS: Using AMPrEP data, we estimated that 27% of PrEP users chose event-driven PrEP with a median of 12 pills per month; daily PrEP users used a median of 30 pills per month. With PrEP, 3740 HIV infections were averted and 1482 QALYs were gained over 2018-2027, compared to the scenario without PrEP. The probability of the PrEP programme being cost-effective (compared to not having a PrEP programme) increased from 91% with daily PrEP to 94% with a choice of daily and event-driven PrEP. The probability of being cost-saving increased from 42% with only daily PrEP to 48% with choice of daily and event-driven PrEP. CONCLUSIONS: A daily PrEP programme for MSM would be cost-effective. Providing a choice of daily and event-driven PrEP can result in savings and is more likely to be cost-effective and cost-saving, compared to a programme offering only daily PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2021	van Wijhe M.; Fischer T.K.; Fonager J.	Identification of risk factors associated with national transmission and late presentation of HIV-1, Denmark, 2009 to 2017	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2021.26.47.2002008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121126716&doi=10.2807%2f1560-7917.ES.2021.26.47.2002008&partnerID=40&md5=8c977d496d5aa0b57a84990dd6ddc397	Despite availability of pre-exposure prophylaxis (PrEP), the incidence of HIV-1 in Europe remained stable the past decade. Reduction of new HIV-1 infections requires more knowledge about the profiles of high-risk transmitters and late presenters (LP). Aim: We aimed to investigate risk factors associated with HIV-1 transmission clusters and late presentation with HIV-1 in Denmark. Methods: Blood samples and epidemiological information were collected from newly diagnosed HIV-1 patients between 2009 and 2017. We genotyped pol genes and performed phylogenetic analyses to identify clusters. Risk factors for clustering and LP were investigated with partial proportional odds and logistic regression. Covariates included transmission mode, HIV-1 subtype, age, origin and cluster activity. Results: We included 1,040 individuals in the analysis, 59.6% identified with subtype B and 48.4% in a cluster. Risk factors for clustering included Danish origin (odds ratio (OR): 2.95; 95% confidence interval (CI): 2.21–3.96), non-LP (OR: 1.44; 95% CI: 1.12–1.86), and men who have sex with men (MSM). Increasing age and non-B subtype infection decreased risk (OR: 0.69; 95% CI: 0.50–0.94). Risk for late presentation was lower for active clusters (OR: 0.60; 95% CI: 0.44–0.82) and Danish origin (OR: 0.43; 95% CI: 0.27–0.67). Non-Danish MSM had a lower risk than non-Danish heterosexuals (OR: 0.34; 95% CI: 0.21–0.55). Conclusion: HIV-1 transmission in Denmark is driven by early diagnosed, young, subtype B infected MSM. These may benefit most from PrEP. Non-Danish heterosexual HIV-1 patients could benefit from improved communication to achieve earlier diagnosis and treatment. © 2021 European Centre for Disease Prevention and Control (ECDC). All rights reserved.	Denmark; HIV Infections; HIV-1; Homosexuality, Male; Humans; Male; Phylogeny; Pre-Exposure Prophylaxis; Risk Factors; Sexual and Gender Minorities	English	Sweden	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2021	Vasconcelos, Ricardo de Paula	Infecções sexualmente transmissíveis em usuários do Projeto Demonstrativo PrEP Brasil	-	-	Universidade de São Paulo	-	NA	https://doi.org/10.11606/T.5.2021.tde-28092021-114014	https://www.teses.usp.br/teses/disponiveis/5/5134/tde-28092021-114014/publico/RicardodePaulaCorrgida.pdf	Introdução: as pandemias de HIV e outras infecções sexualmente transmissíveis (IST) ainda são um importante problema não resolvido de saúde pública mundial, contando com milhões de novos casos diagnosticados anualmente, e têm crescido de maneira desproporcionalmente mais rápida entre populações específicas, como homens que fazem sexo com outros homens e trabalhadores do sexo. Para o HIV, na última década, foram desenvolvidas novas e potentes tecnologias de prevenção, principalmente aquelas que utilizam medicamentos antirretrovirais, como a Profilaxia Pré-Exposição ao HIV (PrEP). Se por um lado a PrEP está conseguindo reduzir rapidamente as taxas de incidência de HIV nas localidades em que está sendo amplamente implementada, por outro há dúvidas sobre o impacto negativo que a não proteção contra outras IST, a falha na adesão aos comprimidos da PrEP e a compensação de risco podem causar na resposta às IST. Objetivos: este estudo tem como objetivo compreender melhor a ocorrência de IST não-HIV, de compensação de risco e da adesão aos comprimidos da PrEP nas cidades de São Paulo e Rio de Janeiro, e identificar os fatores sociodemográficos associados a eles, para que se possa aprimorar a resposta programática às IST. Métodos: o Projeto Demonstrativo PrEP Brasil foi realizado entre 2014 e 2018 nas cidades de São Paulo e Rio de Janeiro para avaliar a aceitação, adesão e proteção contra o HIV pelo uso da PrEP entre populações de HSH e mulheres transexuais caso distribuída gratuitamente. Esse trabalho utilizou as informações dos bancos de dados coletados durante o projeto sobre informações sociodemográficas, rastreamento de IST, relato de compensação de risco e adesão aos comprimidos da PrEP. Foi utilizada estatística descritiva para as ocorrências de IST, compensação de risco e adesão, medida por dosagem de Tenofovir por Dry Blood Spot (DBS), e análise estatística multivariada para identificar os fatores associados a eles. Resultados: foram incluídos 450 participantes, sendo a maioria HSH (94,4%), com a mediana da idade 30 anos (de 18 a 59 e com percentis 25 e 75% de 24 e 35 anos, respectivamente). A raça autorreferida foi branca para 54,0% e 48,2% tinham nível de escolaridade superior completo. O uso de substâncias psicoativas foi frequente (álcool - 54,6%, maconha - 27,3% e uso de Chemsex - 17,8%). Oito por cento dos participantes referiram ser trabalhadores do sexo. Na inclusão do estudo, 34,7% dos participantes tinham teste treponêmico positivo, 8,3% tinham exame positivo para Chlamydia trachomatis e 5,2% para Neisseria gonorrheae. A taxa de incidência ao final de 2 anos de acompanhamento para essas três IST foram de 10,7; 7,4 e 5,8 casos a cada 100 pessoas-ano. A análise multivariada identificou que esteve associado à sífilis incidente o relato de trabalho sexual (HR 3,13 IC95% 1,55-6,31 p < 0,001) e uso de Chemsex (HR 1,97 IC95% 1,04-3,71 p = 0,037). Esteve associado a infecção incidente por CT ou NG o diagnóstico prévio dessas infecções (HR 2,34 IC95% 1,06-5,19 p = 0,036). A ocorrência de compensação de risco foi significativamente maior entre os usuários de Chemsex (HR 2,56 IC95% 1,27-5,17 p = 0,009). No mesmo grupo também foi encontrada adesão aos comprimidos da PrEP significativamente maior (HR 2,92 IC95% 1,26-6,78 p = 0,012). Conclusão: O presente estudo, portanto, sugere que a disponibilização da PrEP é uma oportunidade de manter o acompanhamento longitudinal de uma população altamente vulnerável às IST. O rastreamento mais frequente de IST e o aconselhamento de compensação de risco e de adesão aos comprimidos devem ser adequados de acordo às necessidades de cada indivíduo. Desta forma, ações programáticas em políticas de saúde públicas podem ser adequadas para potencializar a respostas às epidemias de IST	HIV; Profilaxia Pré-Exposição; Combinação Entricitabina/Tenofovir disoproxil fumarato; Controle de doenças transmissíveis; Doenças sexualmente transmissíveis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Theses and Dissertations	2021	Vaselenak, Sarah	Cost-utility Analysis of Universal Pre-exposure Prophylaxis Coverage for Men who have Sex with Men at a High Risk of Human Immunodeficiency Virus Infection in Ontario, Canada	-	-	University of Toronto	-	NA	NA	http://hdl.handle.net/1807/109256	HIV pre-exposure prophylaxis (PrEP) was approved by Health Canada in 2016. Currently in Ontario, those under the age of 25 or aged 65 years or older can access PrEP free of charge through public drug coverage programs. This study assessed the cost-effectiveness of providing public coverage for PrEP to all high-risk Ontario MSM. A Markov cohort model was built from the perspective of the Ontario Ministry of Health and Long-Term Care (MOH) using a lifetime time horizon. Health states included HIV positive, HIV negative, and Dead. Transition probabilities, health state utilities and HIV treatment costs were sourced from published literature. Costs of HIV prevention were estimated through a micro-costing approach. HIV infection risk was estimated using the HIRI-MSM screening tool. Offering PrEP to all high-risk MSM through the Ontario MOH is dominant to current coverage circumstances due to a reduction in costly HIV infections.	Cost-Utility Analysis; Economic Evaluation; Health Economics; HIV; MSM; PrEP; 0566	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Clinical
Article	2021	Velloza, Jennifer; Hosek, Sybil; Donnell, Deborah; Anderson, Peter L; Chirenje, Mike; Mgodi, Nyaradzo; Bekker, Linda-Gail; Delany-Moretlwe, Sinead; Celum, Connie	Assessing longitudinal patterns of depressive symptoms and the influence of symptom trajectories on HIV pre-exposure prophylaxis adherence among adolescent girls in the HPTN 082 randomized controlled trial.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25731	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8222844	INTRODUCTION: African adolescent girls and young women (AGYW) eligible for HIV pre-exposure prophylaxis (PrEP) experience high levels of depressive symptoms. Depression can reduce PrEP adherence among adults, although analyses have considered depression as a time-varying exposure rather than modelling distinct patterns of symptoms. The association between depressive symptoms and PrEP adherence has not been explored for AGYW. To address these gaps, we sought to understand depressive symptom trajectories among African AGYW initiating PrEP and the impact of time-varying depressive symptoms and symptom trajectories on PrEP adherence. METHODS: HPTN 082 was an open-label PrEP study among AGYW (ages 16 to 24) in Zimbabwe and South Africa from 2016 to 2018. Depressive symptoms were measured at enrolment and Weeks 13, 26 and 52, using the 10-item Center for Epidemiologic Studies scale; a score ≥10 is indicative of elevated depressive symptoms. PrEP adherence was defined as any detectable tenofovir diphosphate (TFV-DP) levels. Group-based trajectory modelling was used to model longitudinal patterns of depressive symptoms. We assessed psychosocial and behavioural predictors of depressive symptom trajectory membership (e.g. PrEP stigma, intimate partner violence IPV, sexual behaviour). We modelled associations between (1) group trajectory membership and PrEP adherence at Week 52 and (2) time-varying depressive symptoms and PrEP adherence through follow-up. RESULTS: At enrolment, 179 (41.9%) participants had elevated depressive symptoms. Group-based trajectory models revealed persistent elevated depressive symptoms in 48.5%, declining symptoms in 9.4% and no consistent or mild depressive symptoms in 43.3%. AGYW who engaged in transactional sex, reported IPV, or had traumatic stress symptoms were more likely to be assigned to the persistent elevated symptom group compared with the consistent no/mild symptom group (Wald test p-value all <0.01). Participants assigned to the persistent elevated depressive symptom trajectory had a significantly lower risk of detectable TFV-DP at Week 52 than those in the no/mild symptom trajectory (adjusted prevalence ratio = 0.89; 95% CI: 0.80 to 0.98). Elevated depressive symptoms were significantly inversely associated with PrEP use throughout follow-up (adjusted relative risk = 0.73; 95% CI = 0.53 to 0.99). CONCLUSIONS: Persistent depressive symptoms were common among African AGYW seeking PrEP. Integration of depressive symptom screening and treatment into PrEP programmes may improve PrEP effectiveness among African women.	depression, psychosocial, HIV, pre-exposure prophylaxis, Africa, women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Velloza, Jennifer; Kapogiannis, Bill; Bekker, Linda-Gail; Celum, Connie; Hosek, Sybil; Delany-Moretlwe, Sinead; Baggaley, Rachel; Dalal, Shona	Interventions to improve daily medication use among adolescents and young adults: what can we learn for youth pre-exposure prophylaxis services?	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000002777	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7855564	OBJECTIVE: Oral pre-exposure prophylaxis (PrEP) is an important HIV prevention method and studies have shown that young people ages 15-24 have difficulty adhering to daily PrEP. The field of PrEP delivery for young people is relatively nascent and lessons about potential PrEP adherence interventions could be learned from the larger evidence base of adherence interventions for other daily medications among youth. DESIGN: Systematic review of adherence support interventions for adolescents. METHODS: We searched PubMed, CINAHL, EMBASE, and PsycINFO through January 2020 for oral contraceptive pill (OCP), antiretroviral therapy (ART), asthma, and diabetes medication adherence interventions. We reviewed primary articles about OCP adherence interventions and reviewed systematic reviews for ART, asthma, and diabetes medication adherence interventions. Studies were retained if they included participants' ages 10-24 years; measured OCP, ART, asthma, or diabetes medication adherence; and were systematic reviews, randomized trials, or quasi-experimental studies. RESULTS: Fifteen OCP articles and 26 ART, diabetes, and asthma systematic reviews were included. Interventions that improved medication adherence for OCPs, ART, asthma, and diabetes treatment included reminder text messages, computer-based and phone-based support, and enhanced counseling. Multi-month prescriptions and same-day pill starts also were found to improve OCP adherence and continuation. Adolescent-friendly clinics and peer-based counseling significantly improved ART adherence, and telemedicine interventions improved diabetes medication adherence. CONCLUSION: Interventions that improve medication adherence among youth include enhanced counseling, extended pill supply, adolescent-friendly services, and text message reminders. PrEP programs could incorporate and evaluate such interventions for their impact on PrEP adherence and continuation among at-risk adolescents.	adherence, adolescents and young adults, antiretroviral therapy, asthma, diabetes, oral contraceptives, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Veras, Maria Amelia de Sousa Mascena; Saggese, Gustavo Santa Roza; Junior, José Luis Gomez; Silveira, Paula; Ferreira, Denis; Souza, Paola Alves de; Calado, Rodrigo; Castejon, Márcia Jorge; Yamashiro, Rosemeire; Brígido, Luis Fernando de Macedo; Turner, Caitlin; Lin, Jess; Wilson, Erin C; McFarland, Willi; Paiatto, Beatriz	Young age and sex work are associated with HIV seroconversion among transgender women in São Paulo, Brazil	Journal of Acquired Immune Deficiency Syndromes	-	-	-	NA	10.1097/QAI.0000000000002737	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8373663/	Background: Transgender women worldwide have among the highest prevalence of HIV and the lowest access to prevention among groups at risk. However, few longitudinal studies have directly measured HIV incidence and identified predictors of HIV acquisition among transgender women. Setting: São Paulo, Latin America's largest city. Methods: We conducted a longitudinal study among transgender women in São Paulo. Participants were recruited by a long-chain peer referral process from May 2017 to July 2019. Those age 18 years and older and HIV-negative at baseline were retested every 6 months up to 18 months. HIV incidence was calculated by dividing the number of seroconversions by the person-years (py) of follow-up; 95% confidence intervals (CI) were constructed assuming a Poisson distribution. Conditional maximum likelihood ratios assessed differences in HIV incidence by risk factors. Results: A racial/ethnically diverse sample of 545 transgender women were enrolled. In 485.5 py of follow-up, 13 seroconversions were observed yielding an incidence of 2.68 per 100 py (95% CI 1.43-4.58). HIV incidence was significantly higher among transgender women age 18 to 24 years (rate ratio 3.85, 95% CI 1.24-12.93) and among those who engaged in sex work in the preceding month (rate ratio 5.90, 95% CI 1.71-26.62). Conclusion: HIV transmission continues at a high rate among transgender women in Brazil. Factors such as young age, lower level of education, and limited employment opportunities may lead to dependence upon sex work which in turn increase HIV risk. Transgender-friendly prevention services, particularly programs delivering pre-exposure prophylaxis (PrEP) are urgently needed.	HIV incidence, cohort studies, HIV seroconversion, transgender persons	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Villela, Larissa M; Veloso, Valdiléa G; Hoagland, Brenda; Fernandes, Nilo M; Kallas, Esper G; Madruga, Jose V; Moreira, Ronaldo I; Grinsztejn, Beatriz; De Boni, Raquel B	Possible risk compensation, attitudes, and beliefs among Brazilian individuals potentially eligible for pre-exposure prophylaxis.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/0956462421992157	https://dx.doi.org/10.1177/0956462421992157	Pre-exposure prophylaxis (PrEP) prevents HIV infection among men who have sex with men (MSM) and transgender women (TGW) who are the groups that presents the high incidence risk in Brazil. This cross-sectional secondary analysis describes possible risk compensation, attitudes, and beliefs regarding the use of PrEP among 723 MSM and TGW evaluated in the PrEP Brazil study pre-screening phase. Possible risk compensation was reported by 31.6% individuals. In the multivariate model, factors that increased the likelihood of possible risk compensation were: self-referring as white vs. Black (AOR 2.05; CI 1.09, 3.85), perceiving high likelihood of getting HIV in next 12 months (AOR 1.78; CI 1.23, 2.56), being less afraid of HIV infection if using PrEP (AOR 1.93; CI 1.19, 3.14), feeling liberated to have more partners if using PrEP (AOR 2.93; CI 1.92, 4.49), and believing closest friends would use PrEP (AOR 2.51; CI 1.1, 5.71). We found that possible risk compensation was more common among individuals who presented high-risk perception for HIV infection, probably reflecting they feel at risk and could benefit from PrEP use.	NA	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2021	Voglino G.; Gualano M.R.; Rousset S.; Forghieri P.; Fraire I.; Bert F.; Siliquini R.	Knowledge, attitudes and practices regarding pre-exposure prophylaxis (Prep) in a sample of italian men who have sex with men (msm)	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph18094772	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105537041&doi=10.3390%2fijerph18094772&partnerID=40&md5=a0748d998889bd15a1bc4dce921a9cee	Background: Pre-exposure prophylaxis (PrEP) is suitable for high human immunodefi-ciency virus (HIV)-infection risk people, foremost among whom are males who have sex with other males (MSM). This study evaluated knowledge, attitudes and practices regarding PrEP in a sample of Italian MSM, in order to hypothesize strategies to implement PrEP awareness and use. No pre-vious study has assessed this issue; Methods: An online survey was given to an opportunistic sample of Italian MSM. The questionnaire investigated sexual behaviour and habits, HIV/acquired immune deficiency syndrome (AIDS) knowledge and PrEP awareness, attitudes and practices. Univariable and multivariable logistic regressions were conducted to identify factors associated with PrEP knowledge; Results: A total of 196 MSM participated in this survey. Overall data showed that 87.2% of participants knew what PrEP is, but only 7.5% have ever used it. The main reason for not using PrEP was the cost of the therapy (26.9%). The principal source of PrEP information was the Internet (68.4%). Being regularly tested for HIV was significantly associated with PrEP knowledge (adjusted odds ratio (AdjOR) = 3.16; confidence interval (CI) = 1.06–9.29); Con-clusions: Knowledge regarding PrEP was well established, but PrEP use was not equally wide-spread. It is necessary to improve research on PrEP usage in order to PrEP access to be granted. © 2021 by the authors. Licensee MDPI, Basel, Switzerland.	HIV prevention; Knowledge; MSM; PrEP; Sexual behavior	English	Switzerland	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2021	Vuylsteke Bea; Reyniers Thijs; Nöstlinger Christiana; Smekens Tom; Kenyon, Chris; Laga Marie	Can We Predict Incorrect PrEP Use in High HIV Risk Situations Among Men Who Have Sex With Men? An Analysis of Be-PrEP-ared, the Belgian PrEP Demonstration Study: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002741	https://www.proquest.com/scholarly-journals/can-we-predict-incorrect-prep-use-high-hiv-risk/docview/2669520323/se-2?accountid=8113	Background:Pre-exposure prophylaxis (PrEP) efficacy for HIV prevention is highly correlated with the degree of adherence. The objective of this analysis was to identify PrEP users who did not correctly take their dose in high HIV exposure situations and to explore potential predictors of this behavior.Methods:Study participants completed a personal Web-based diary during their entire follow-up, providing daily information on pill intake and sexual activity. They also completed a sociobehavioral questionnaire. The association between the number of unprotected high HIV exposure sex days (as a measure for suboptimal adherence) and potential predicting factors was examined using a logistic regression, followed by a negative binomial regression model. We also constructed a risk index score for predicting poor adherence.Results:A total of 40.8% of participants did not correctly use PrEP in at least one situation of high HIV exposure during follow-up. Not having a HIV-negative steady partner, reporting more than 10 occasional or more than 10 anonymous partners, using chemsex drugs, receiving money for sex, and a history of more than one sexually transmitted infection were significantly associated with unprotected high HIV exposure sex. The risk index score yielded a poor discriminative power (area under the curve 0.62 and 0.64).Conclusions:We observed a high proportion of suboptimal adherence. Even if none of the participants acquired HIV during the study, tailored adherence support is needed to specific men who have sex with men such as those taking chemsex drugs and those engaging in paid sex.	Risk; Belgium; adherence; Pre-exposure prophylaxis; PrEP; Adherence; men who have sex with men; Men who have sex with men; Prophylaxis; Risk factor; Exposure; Drugs; Sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Regression models; Health risks	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2021	Wagner A.D.; Kinuthia J.; Dettinger J.; Mwongeli N.; Gómez L.; Watoyi S.; Drake A.L.; Abuna F.; Pintye J.; Ochieng B.; Odinga D.; John-Stewart G.; Baeten J.M.	Challenges of Discrepant HIV Tests in Pregnant Women in the PrEP era - To Treat or Not to Treat?	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiaa343	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102098989&doi=10.1093%2finfdis%2fjiaa343&partnerID=40&md5=53867c69102a07908fc1f6e409ffb86f	Background: During HIV retesting in antenatal and preexposure prophylaxis (PrEP) care, discrepant results occur, but guidelines are lacking. Methods: In a Kenyan trial implementing antenatal PrEP, if 1 test is reactive, a second is performed; if discrepant, both are repeated; if persistently discrepant, DNA polymerase chain reaction (PCR) is performed. Results: Among 4451 women, 23 265 HIV retesting sessions were performed; 14 (0.06%, 95% confidence interval, 0.03%-0.10%) had discrepant results among 10 individuals; in all 10 initial cases, PCR was negative. Conclusions: Discrepant rapid tests are expected, rare, and important challenge for antenatal care HIV retesting, with and without PrEP. Clinical Trials Registration: NCT03070600. © 2020 The Author(s) 2020. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	discrepant results; HIV retesting; indeterminate results; peripartum; preexposure prophylaxis; pregnancy; repeat HIV testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Wahnich, Amanda; Gandhi, Anisha D; Cleghorn, Eve; Estacio, Katrina; Blackstock, Oni J; Myers, Julie E; Abraham, Bisrat; Edelstein, Zoe R	Public Health Detailing to Promote HIV Pre- and Postexposure Prophylaxis Among Women's Healthcare Providers in New York City.	American Journal of Preventive Medicine	-	-	-	1873-2607	10.1016/j.amepre.2021.05.032	https://dx.doi.org/10.1016/j.amepre.2021.05.032	INTRODUCTION: Equitable access to HIV pre- and postexposure prophylaxis for women is essential to ending the HIV epidemic. Providers' lack of knowledge and comfort in discussing and prescribing pre-exposure prophylaxis to women persist as barriers. METHODS: From May to November 2019, the New York City Health Department conducted its first public health detailing campaigns among women's healthcare providers to promote pre- and postexposure prophylaxis and the associated best practices. Over 2 campaigns (10 weeks each), trained Health Department representatives visited providers for 1-on-1 visits at select practices to promote key messages. Representatives distributed an Action Kit that addressed knowledge gaps and practice needs on providing pre-exposure prophylaxis and postexposure prophylaxis to cisgender and transgender women. Providers completed an assessment at the beginning of initial and follow-up visits, used to compare responses across visits. Statistically significant changes were evaluated by generalized linear models of bivariate outcomes, adjusted for nonindependence of providers at the same practice. RESULTS: Representatives visited 1,348 providers specializing in primary care (47%), women's health (30%), adolescent health (7%), infectious disease (4%), and other (12%) at 860 sites; 1,097 providers received initial and follow-up visits. Provider report of ever prescribing pre-exposure prophylaxis increased by 12% (n=119 providers); increases were reported in measures of taking sexual history, asking about partners' HIV status, providing postexposure prophylaxis, recognizing pre-exposure prophylaxis's effectiveness, and discussing and referring for pre-exposure prophylaxis. CONCLUSIONS: After public health detailing, women's healthcare providers report increased adoption of recommended practices that promote pre- and postexposure prophylaxis uptake and sexual wellness among women. Detailing may be adaptable to other regions and contexts to reach providers.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2021	Wahome, E.W.	Acute HIV infection identification and PrEP eligibility, uptake and adherence among MSM followed in a HIV vaccine feasibility cohort study in coastal Kenya	-	-	University of Amsterdam	-	NA	NA	https://dare.uva.nl/personal/pure/en/publications/acute-hiv-infection-identification-and-prep-eligibility-uptake-and-adherence-among-msm-followed-in-a-hiv-vaccine-feasibility-cohort-study-in-coastal-kenya(9b11c96c-dcf8-4655-8e38-5c3fee1009c1).html	Identifying individuals who would benefit most from acute HIV infection screening and pre-exposure prophylaxis (PrEP) uptake is important for effective HIV prevention. This thesis combines a series of studies involving gay, bisexual, and other men who have sex with men (MSM) in Kenya – a group vulnerable to HIV infection. We highlight current gaps in PrEP eligibility, uptake, and adherence, in order to inform PrEP programming for MSM in Kenya. We also focus on acute HIV infection identification and hepatitis B infection screening among MSM in coastal Kenya to understand more about the incidence and prevalence of these two conditions. This thesis includes the development and validation of symptom screening tools for acute HIV infection testing among at-risk adults. Additionally, we evaluate the performance of an empiric risk score tool developed for assessing HIV acquisition risk among MSM, and discuss which sexual risk behaviours should be assessed among MSM to improve PrEP targeting. Furthermore, we summarize findings on PrEP uptake and factors associated with uptake, PrEP adherence, HIV incidence, and loss to follow-up. In a final study, we describe the frequency and determinants of stopping and re-starting PrEP. We discuss these research findings in the context of other sub-Saharan Africa studies involving MSM and suggest strategies for implementation. Finally, we highlight areas for new and ongoing research and HIV prevention programming to strengthen PrEP uptake and adherence among MSM, and offer suggestions how retention of MSM in HIV prevention services can be strengthened.	NA	English	Netherlands	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	-	-	Quantitative
Article	2021	Walsh-Buhi, Eric; Rebecca Fagen Houghton; Lange, Claire; Hockensmith, Ryli; Ferrand, John; Martinez, Lourdes	Pre-exposure Prophylaxis (PrEP) Information on Instagram: Content Analysis	JMIR Public Health and Surveillance	-	-	-	NA	10.2196/23876	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-information-on/docview/2556902620/se-2?accountid=8113	Background: There is still an HIV epidemic in the United States, which is a substantial issue for populations bearing a disproportionate burden of HIV infections. Daily oral pre-exposure prophylaxis (PrEP) has proven to be safe and effective in reducing HIV acquisition risk. However, studies document that PrEP awareness/usage is low. There is also limited understanding of social media platforms, such as Instagram, as PrEP information sources. Objective: Given the paucity of research on PrEP-related Instagram posts and popularity of this social media platform, the purpose of this research is to describe the source characteristics, image types, and textual contents of PrEP-related posts on Instagram. Methods: Using Crowdtangle Search, a public insights tool owned/operated by Facebook, we retrieved publicly accessible and English-language-only Instagram posts for the 12-month period preceding April 22, 2020, using the following terms: Truvada or "pre-exposure prophylaxis" or #truvada or #truvadaprep or #truvadawhore or #truvadaforprep. We employed a qualitative coding methodology to manually extract information from posts. Using a pretested codebook, we performed content analysis on 250 posts, examining message and source characteristics (ie, organization type eg, government, news and individual type eg, physician), including information about PrEP (eg, how it works, cost), and indicated users. Frequencies and percentages were calculated for all categorical variables. A Chi-square test was conducted to determine differences between source types on a variety of message characteristics. Results: Three-quarters of the posts (193/250, 77.2%) were posted by organizations. Of the 250 posts reviewed, approximately two-thirds (174/250, 69.6%) included a photograph, more than half (142/250, 56.8%) included an infographic, and approximately one-tenth (30/250, 12%) included a video. More than half defined PrEP (137/250, 54.8%), but fewer posts promoted PrEP use, explained how PrEP works, and included information on the effectiveness of PrEP or who can use it. The most commonly hashtagged populations among posts were men who have sex with men (MSM), but not necessarily bisexual men. Few posts contained race-/ethnicity-related hashtags (11/250, 4.4%). Fewer posts contained transgender-associated tags (eg, #transgirl; 5/250, 2%). No posts contained tags related to heterosexuals or injection drug users. We found statistical differences between source types (ie, individual versus organization). Specifically, posts from organizations more frequently contained information about who can use PrEP, whereas posts from individuals more frequently contained information describing adverse effects. Conclusions: This study is among the first to review Instagram for PrEP-related content, and it answers the National AIDS Strategy's call for a clearer articulation of the science surrounding HIV risk/prevention through better understanding of the current public information environment. This study offers a snapshot of how PrEP is being discussed (and by whom) on one of the most popular social media platforms and provides a foundation for developing and implementing PrEP promotion interventions on Instagram.	HIV; Communication; Pre-exposure prophylaxis; pre-exposure prophylaxis; Research; communication; Stigma; Transgender persons; Disease prevention; Public health; Instagram; Prep; Content analysis; Drugs; Social media; social media; content analysis; digital health; Social networks; Health surveillance; Human immunodeficiency virus--HIV; Public Health And Safety; Sexually transmitted diseases--STD; Womens health; United States--US; Acquired immune deficiency syndrome--AIDS; Preventive healthcare; Celebrities	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Walters, Suzan M; Platt, Joey; Anakaraonye, Amarachi; Golub, Sarit A; Cunningham, Chinazo O; Norton, Brianna L; Sevelius, Jae M	Considerations for the Design of Pre-exposure Prophylaxis (PrEP) Interventions for Women: Lessons Learned from the Implementation of a Novel PrEP Intervention	AIDS and Behavior	-	-	-	1090-7165	https://doi.org/10.1007/s10461-021-03353-2	https://escholarship.org/uc/item/64g2t50x	Pre-exposure prophylaxis (PrEP) uptake among women in the United States has been low. To increase uptake, we developed a peer outreach and navigation PrEP intervention. Semi-structured qualitative interviews with 32 cisgender women and 3 transgender women were conducted to assess the intervention. We used a thematic approach to identify barriers to, and facilitators of the intervention. Facilitators included interest in PrEP, offer of health and social services, the intervention's women-focused approach, and peer outreach and navigation. Barriers were perceived HIV risk, concerns about medication side effects or interactions, housing insecurity and travel, co-occurring health-related conditions, and caregiving responsibilities. We recommend that future interventions consider packaging PrEP in local community settings, such as syringe exchange programs; include services such as food and housing assistance; use peers to recruit and educate women; integrate a culturally appropriate women's focus; and consider providing same-day PrEP.	Cisgender women; Drug use; Exchange sex; HIV; Pre-exposure prophylaxis; Syringe service program; Transgender women; Pediatric AIDS; Behavioral and Social Science; HIV/AIDS; Prevention; Mental Health; Clinical Trials and Supportive Activities; Clinical Research; Pediatric; 3.1 Primary prevention interventions to modify behaviours or promote wellbeing; Public Health; Public Health and Health Services; Social Work	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Wang L.; Moqueet N.; Simkin A.; Knight J.; Ma H.; Lachowsky N.J.; Armstrong H.L.; Tan D.H.S.; Burchell A.N.; Hart T.A.; Moore D.M.; Adam B.D.; MacFadden D.R.; Baral S.; Mishra S.	Mathematical modelling of the influence of serosorting on the population-level HIV transmission impact of pre-exposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000002826	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106069093&doi=10.1097%2fQAD.0000000000002826&partnerID=40&md5=cf3b4a551bf8ec7064e70acdfbc1a3e7	Objectives:HIV pre-exposure prophylaxis (PrEP) may change serosorting patterns. We examined the influence of serosorting on the population-level HIV transmission impact of PrEP, and how impact could change if PrEP users stopped serosorting.Design:We developed a compartmental HIV transmission model parameterized with bio-behavioural and HIV surveillance data among MSM in Canada.Methods:We separately fit the model with serosorting and without serosorting counterfactual; sero-proportionate mixing (random partner-selection proportional to availability by HIV status), and reproduced stable HIV epidemics with HIV-prevalence 10.3-24.8%, undiagnosed fraction 4.9-15.8% and treatment coverage 82.5-88.4%. We simulated PrEP-intervention reaching stable pre-specified coverage by year-one and compared absolute difference in relative HIV-incidence reduction 10 years post-intervention (PrEP-impact) between models with serosorting vs. sero-proportionate mixing; and counterfactual scenarios when PrEP users immediately stopped vs. continued serosorting. We examined sensitivity of results to PrEP-effectiveness (44-99%; reflecting varying dosing or adherence levels) and coverage (10-50%).Results:Models with serosorting predicted a larger PrEP-impact than models with sero-proportionate mixing under all PrEP-effectiveness and coverage assumptions median (interquartile range): 8.1% (5.5-11.6%). PrEP users' stopping serosorting reduced PrEP-impact compared with when PrEP users continued serosorting: reductions in PrEP-impact were minimal 2.1% (1.4-3.4%) under high PrEP-effectiveness (86-99%); however, could be considerable 10.9% (8.2-14.1%) under low PrEP effectiveness (44%) and high coverage (30-50%).Conclusion:Models assuming sero-proportionate mixing may underestimate population-level HIV-incidence reductions due to PrEP. PrEP-mediated changes in serosorting could lead to programmatically important reductions in PrEP-impact under low PrEP-effectiveness. Our findings suggest the need to monitor sexual mixing patterns to inform PrEP implementation and evaluation. © 2021 Lippincott Williams and Wilkins. All rights reserved.	HIV; MSM; pre-exposure prophylaxis; serosorting; sexual mixing patterns	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2021	Wang, Zhen; Zhao, Bin; An, Minghui; Song, Wei; Dong, Xue; Li, Xin; Wang, Lu; Wang, Lin; Tian, Wen; Ding, Haibo; Han, Xiaoxu	Transmitted drug resistance to Tenofovir/Emtricitabine among persons with newly diagnosed HIV infection in Shenyang city, Northeast China from 2016 to 2018.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-021-06312-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8268309	BACKGROUND: To assess transmitted drug resistance (TDR) to tenofovir (TDF)/emtricitabine (FTC), using as pre-exposure prophylaxis, among newly diagnosed human immunodeficiency virus-1 (HIV-1)-infected residents in Shenyang city, northeast China. METHODS: Demographic and epidemiological information of all newly diagnosed HIV-1 infected residents in Shenyang city from 2016 to 2018 were anonymously collected from the local HIV epidemic database. HIV-1 pol sequences were reamplified from RNA in cryopreserved plasma samples and sequenced directly. Viral subtypes were inferred with phylogenetic analysis and drug resistance mutations (DRMs) were determined according to the Stanford HIVdb algorithm. Recent HIV infection was determined with HIV Limiting Antigen avidity electro immunoassay. RESULTS: A total of 2176 sequences (92.4%, 2176/2354) were obtained; 70.9% (1536/2167) were CRF01_AE, followed by CRF07_BC (18.0%, 391/2167), subtype B (4.7%, 102/2167), other subtypes (2.6%, 56/2167), and unique recombinant forms (3.8%, 82/2167). The prevalence of TDR was 4.9% (107/2167), among which, only 0.6% (13/2167) was resistance to TDF/FTC. Most of these subjects had CRF01_AE strains (76.9%, 10/13), were unmarried (76.9%, 10/13), infected through homosexual contact (92.3%, 12/13), and over 30 years old (median age: 33). The TDF/FTC DRMs included K65R (8/13), M184I/V (5/13), and Y115F (2/13). Recent HIV infection accounted for only 23.1% (3/13). Most cases were sporadic in the phylogenetic tree, except two CRF01_AE sequences with K65R (Bootstrap value: 99%). CONCLUSIONS: The prevalence of TDR to TDF/FTC is low among newly diagnosed HIV-infected cases in Shenyang, suggesting that TDR may have little impact on the protective effect of the ongoing CROPrEP project in Shenyang city.	HIV-1, Pre-exposure prophylaxis, Transmitted drug resistance	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical

Article	2021	Wang, Zixin; Fang, Yuan; Yaemim, Natthakhet; Jonas, Kai J; Chidgey, Andrew; Ip, Mary; Cheng, Tommy; Lau, Joseph T F	Factors Predicting Uptake of Sexually Transmitted Infections Testing among Men Who Have Sex with Men Who Are "Pre-Exposure Prophylaxis Tourists"-An Observational Prospective Cohort Study.	International Journal of Environmental Research and Public Health	-	-	-	1660-4601	10.3390/ijerph18073582	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8036909	The term "Pre-exposure prophylaxis (PrEP) tourists" refers to individuals who obtain PrEP in other countries and use it in their home countries. A prospective observational cohort study was conducted among a group of men who have sex with men (MSM) who obtained PrEP in private clinics in Thailand and used it in Hong Kong. Participants completed two web-based self-administered surveys when obtaining PrEP in Thailand and three months afterwards. Out of 110 participants at baseline, 67 completed the follow-up. The prevalence of sexually transmitted infection (STI) testing was 47.8% during the follow-up period. Eleven participants received an STI diagnosis, and seven of them were incident infections in the past three months. Participants who perceived a higher chance for STI infection (adjusted odds ratios (AOR): 1.90, 95% CI: 1.00, 3.75) and reported higher intention to take up STI testing at baseline (AOR: 1.62, 95% CI: 1.05, 2.50) were more likely to receive STI testing during the follow-up period. Baseline perceptions that service providers would think they were having risky behaviors because of PrEP use was negatively associated with the dependent variable (AOR: 0.51, 95% CI: 0.31, 0.86). Service planning and health promotion related to STI testing is needed for MSM "PrEP tourists".	PrEP tourists, men who have sex with men, STI testing, observational prospective cohort study	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2021	Wanga V.; Peebles K.; Obiero A.; Felix M.; Omollo V.; Odoyo J.B.; Morton J.F.; Bukusi E.A.; Celum C.; Baeten J.M.; Barnabas R.V.	Cost of pre-exposure prophylaxis delivery in family planning clinics to prevent HIV acquisition among adolescent girls and young women in kisumu, Kenya	PLOS One	-	-	-	19326203	10.1371/journal.pone.0249625	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104438303&doi=10.1371%2fjournal.pone.0249625&partnerID=40&md5=10f5ed8daaf984a12e33717fd51b34d7	Introduction Oral pre-exposure prophylaxis (PrEP) is increasingly being implemented in sub-Saharan Africa. Adolescent girls and young women (AGYW) in Kenya contribute more than half of all new infections among young people aged 15-24 years, highlighting the need for evidence on the cost of PrEP in real-world implementation to inform the budget impact, cost-effectiveness, and financial sustainability of PrEP programs. Methods We estimated the cost of delivering PrEP to AGYW enrolled in a PrEP implementation study in two family planning clinics in Kisumu county, located in western Kenya. We derived total annual costs and the average cost per client-month of PrEP by input type (variable or fixed) and visit type (initiation or follow-up). We estimated all costs as implemented in the study, and under implementation by the Kenyan Ministry of Health (MoH), both at the program volume observed and if the facilities were delivering PrEP at full capacity (scaled-MoH). Results For the costing period between March 2018 and March 2019, 165 HIV-negative women contributed 1,128 (502 initiation and 626 follow-up) visits. The average cost per client-month of PrEP dispensed per study protocol and per the MoH scenario was $28.92 and $14.52, respectively. If the MoH scaled the program so that facilities could see PrEP clients at capacity, the average cost per client-month of PrEP was $10.88. Medication costs accounted for the largest proportion of the total annual costs (48% in MoH scenario and 65% in the scaled-MoH scenario). © 2021 Public Library of Science. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Ware K.B.; Ajonina M.U.	Awareness of and willingness to use HIV pre-exposure prophylaxis among community residents	Research in Social and Administrative Pharmacy	-	-	-	15517411	10.1016/j.sapharm.2021.02.012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101835773&doi=10.1016%2fj.sapharm.2021.02.012&partnerID=40&md5=0eade23326c33e4e6dbd86289500648b	Introduction: Human Immunodeficiency Virus (HIV) Pre-exposure prophylaxis (PrEP) helps to decrease HIV acquisition and transmission rates. The purpose of this study was to assess awareness of HIV PrEP and willingness to use it, if available, among individuals residing in Buea, Cameroon. Methods: Residents in different communities throughout Buea, Cameroon participated in the study through survey completion with their responses assessed by age, marital status, highest level of education completed, profession, and health area (urban or rural). Results: 421 participants completed the survey with the majority being 20–29 years of age, single, having secondary or tertiary education, residing in rural Cameroonian areas. Eighty percent of respondents had not previously heard of HIV PrEP. Ninety-five percent of the study sample expressed willingness to use HIV PrEP, if available. Participants ages 40 years old and above were less aware of HIV PrEP than those 39 years old and younger. Primary education, serving in the role of a nurse, doctor, or scientist, along with hospital affiliations were characteristics closely associated with HIV PrEP awareness. Participants younger than 20 years old were less likely to report willingness to use HIV PrEP whereas married participants found HIV PrEP to be a more favorable option. Conclusions: Awareness of HIV PrEP was minimal with healthcare personnel having more familiarity. Willingness to use HIV PrEP decreased by age but higher among married participants. Further promotion of HIV PrEP and facilitating its accessibility can lead to less transmissions of HIV worldwide. © 2021 Elsevier Inc.	Cameroon; HIV; Pre-exposure prophylaxis; Questionnaire; Survey	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Washington T.A.; Brocato J.; Applewhite S.; Dyson Y.D.; Ramos A.	Alcohol and Condomless Insertive Anal Intercourse Among Black/Latino Sexual-Minority Male Non-PrEP Users	Urban Social Work	-	-	-	24748684	10.1891/USW-D-20-00001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104929850&doi=10.1891%2fUSW-D-20-00001&partnerID=40&md5=7cdbcc7ddb84ed3b2622ce4d08824420	Objective: This study examined factors associated with alcohol use and condomlessinsertive anal sex among a sample of BLMSM (N = 188), self-identified as HIV- negative, ages 18–40. The influence of alcohol use on sexual positioning during condomless anal intercourse among Black and Latino men who have sex with men (BLMSM) warrants research attention because of the pervasive misinformation regarding the risk of HIV transmission and the disproportionate impact of the HIV epidemic for this population. Methods: Self-report survey questionnaires were administered in real time at bars/clubs; public organized events; local colleges/universities; social media advertisements; private men's groups; and organized events in Los Angeles County. Results: Logistic regression predicted those reporting risky sex when using alcohol were seven times more likely to report condomless insertive anal sex. Conclusion: Clear messaging about alcohol moderation, dispelling the myths about strategic positioning, and pre-exposure prophylaxis (PrEP) use among HIV negative BLMSM could potentially reduce HIV acquisition/transmission. © Copyright 2021 Springer Publishing Company, LLC.	alcohol use; Black and Latino MSM; HIV transmission; sexual risk; strategic positioning	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Weiss K.M.; Prasad P.; Sanchez T.; Goodreau S.M.; Jenness S.M.	Association between HIV PrEP indications and use in a national sexual network study of US men who have sex with men	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25826	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117631907&doi=10.1002%2fjia2.25826&partnerID=40&md5=6e62e8a62758c3976527e20c36fe611a	Introduction: HIV pre-exposure prophylaxis (PrEP) is effective in preventing HIV transmission. United States Public Health Service (USPHS) clinical practice guidelines define biobehavioral indications for initiation. To assess guideline implementation, it is critical to quantify PrEP nonusers who are indicated and PrEP users who are not indicated. We sought to estimate current PrEP use among US men who have sex with men (MSM), characterize whether their PrEP use aligned with their current indications for PrEP, and assess whether the association between PrEP indications and PrEP use differed by demography or geography. Methods: Using data from a US web-based sexual network study of MSM between 2017 and 2019, we measured PrEP usage and assessed whether respondents met indications for PrEP. Log-binomial regression was used to estimate the relationship between PrEP indications and PrEP use, with adjustment for geography, age and race/ethnicity. Results: Of 3508 sexually active, HIV-negative MSM, 34% met indications for PrEP. The proportion with current PrEP use was 32% among MSM meeting indications and 11% among those without indications. Nearly 40% of those currently using PrEP did not meet indications for PrEP, and 68% of MSM with indications for PrEP were not currently using PrEP. After adjusting for geography and demographics, MSM with PrEP indications were about three times as likely to be currently using PrEP. This association varied slightly, but not significantly, by geographic region, age and race/ethnicity. Conclusions: Indications for PrEP strongly predicted current PrEP use among US MSM. However, we identified substantial misalignment between indications and use in both directions (indicated MSM who were not benefitting from PrEP, and MSM taking PrEP while not presently being indicated). PrEP underuse by those at greatest risk for HIV acquisition may limit the projected impact of PrEP implementation, despite reported increases in PrEP provision. This calls for further implementation efforts to improve PrEP delivery to those most in need during periods of elevated sexual risk and to close the gap between indications and uptake. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; men who have sex with men; pre-exposure prophylaxis; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Weitzman P.F.; Zhou Y.; Kogelman L.; Rodarte S.; Vicente S.R.; Levkoff S.E.	MHealth for pre-exposure prophylaxis adherence by young adult men who have sex with men	mHealth	-	-	-	23069740	10.21037/mhealth-20-51	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112820298&doi=10.21037%2fmhealth-20-51&partnerID=40&md5=06e29d7112938fe1b1ced0ce893f5a7f	Background: Young adult men who have sex with men (YMSM) are at increased risk for HIV, especially minority YMSM. Pre-exposure prophylaxis (PrEP) is a breakthrough daily pill to prevent HIV. Consistent adherence is key to PrEP effectiveness, which is why the CDC recommends adherence support be provided to all PrEP patients. Mobile health can overcome barriers to the delivery of adherence support, particularly for YMSM who may be most in need of it due, at least in part, to their young age. Methods: We created a culturally- and developmentally-sensitive PrEP adherence mobile app (called "Dot") that was tailored for culturally-diverse young adult MSM. After formative research and usability testing, we conducted a 6-week pre-post study to evaluate the impact of Dot on self-reported PrEP adherence, PrEP treatment self-efficacy, PrEP knowledge, and intention to practice safe sex among culturally-diverse YMSM, age 20-29. Results: At 6 weeks, there were significant improvements in PrEP adherence, PrEP self-efficacy, and intention to practice safe sex. PrEP knowledge scores did not significantly change. Conclusions: The Dot app proved feasible and effective at improving PrEP adherence among culturally-diverse YMSM. Moreover, the app had a high-degree of user appeal, which is foundational to success of an mhealth intervention. © mHealth. All rights reserved.	HIV; Men who have sex with men (MSM); Pre-exposure prophylaxis; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Theses and Dissertations	2021	Wells, Nathanael	Risk, safety, stigma, liberation, and pleasure: The experience of sex in the era of pre-exposure prophylaxis	-	-	Monash University	-	NA	NA	http://hdl.handle.net/10.26180/14273318.v1	HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral therapy by people who are HIV-negative. PrEP enables men who have sex with men (MSM) to experience condomless anal sex with significantly reduced risk of HIV infection. Drawing on ethnographic fieldwork conducted in Melbourne, Australia, this thesis explores the emergence and use of PrEP by MSM and, more specifically, how PrEP shapes and reshapes the experience of sex. PrEP offers the possibility of experiencing sex through assemblages that foreground pleasure and not, importantly, through assemblages that include risk and danger.	HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral therapy by people who are HIV-negative. PrEP enables men who have sex with men (MSM) to experience condomless anal sex with significantly reduced risk of HIV infection. Drawing on ethnographic fieldwork conducted in Melbourne, Australia, this thesis explores the emergence and use of PrEP by MSM and, more specifically, how PrEP shapes and reshapes the experience of sex. PrEP offers the possibility of experiencing sex through assemblages that foreground pleasure and not, importantly, through assemblages that include risk and danger.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Qualitative
Theses and Dissertations	2021	Wen, Katherine	Essays on Infectious Disease and Substance Use Policies	-	-	Cornell University	-	NA	https://doi.org/10.7298/rv0m-zp70	http://hdl.handle.net/1813/110669	This dissertation studies the impact of public policies on health outcomes related to infectious disease and substance use. Chapter 1: Nursing home residents face both a high risk of influenza and influenza-related mortality. Influenza vaccinations can reduce these risks, but take-up remains suboptimal, in part because people may ignore the spillover benefit of positive externalities of vaccination on disease transmission. One approach that states have taken is to mandate influenza vaccination for nursing home residents and/or healthcare workers. This paper estimates the effect of such state policies on vaccination take-up and influenza-related diagnoses and deaths. I find that resident influenza vaccination requirements increase the probability of vaccination take-up by about 6% and decrease the probability of having an influenza-like illness diagnosis by roughly 20%. Chapter 2: State policies to optimize prescriber use of Prescription Drug Monitoring Programs (PDMPs) have proliferated in recent years. Prominent policies include comprehensive mandates for prescriber use of PDMP, laws allowing delegation of PDMP access to office staff, and interstate PDMP data sharing. This study assesses the effects of three PDMP policies on adverse opioid-related hospital events among patients with prescription opioid use. Comprehensive use mandates were associated with a relative reduction in the probability of opioid-related hospital events by 28% among patients with any opioid and 21% among patients with long-term opioid use. Delegate laws and interstate data sharing were associated with limited change in the outcome. Chapter 3: This chapter investigates the effects of Affordable Care Act facilitated Medicaid expansions on the use of pre-exposure prophylaxis (PrEP) and medications used to treat Human Immunodeficiency Virus (HIV). We exploit state-level variations in expansion status to estimate difference-in-difference models. We find a roughly 31% increase in the utilization of PrEP and a 19% increase in the utilization of therapeutic HIV medications within the Medicaid population. We do not find statistically significant evidence that the increased utilization of PrEP following these public insurance expansions had any effect on new HIV diagnoses. We also do not find evidence that the increase in utilization of therapeutic HIV medications was associated with a reduction in HIV deaths.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2021	Were D.K.; Musau A.; Atkins K.; Shrestha P.; Reed J.; Curran K.; Mohan D.	Health system adaptations and considerations to facilitate optimal oral pre-exposure prophylaxis scale-up in sub-Saharan Africa	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(21)00129-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111508866&doi=10.1016%2fS2352-3018%2821%2900129-6&partnerID=40&md5=cff9bd7c459a3fa584f005bfd6be656	Following WHO's 2015 recommendation, countries in sub-Saharan Africa have progressively scaled up oral pre-exposure prophylaxis (PrEP) as part of combination HIV prevention. PrEP has potential to significantly reduce new HIV infections in sub-Saharan Africa if it is widely available, accessible, and effectively used. Initial scale-up efforts have generated progress, drawing lessons from existing HIV interventions, such as antiretroviral therapy and biomedical prevention. However, beset by unprepared health systems, scale-up has been slow, resulting in suboptimal coverage among priority groups at higher risk of HIV acquisition. Using the WHO health system building blocks framework, this Review synthesises literature on essential considerations for PrEP scale-up in sub-Saharan Africa, highlighting the importance of health system adaptability and responsiveness. © 2021 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Were, Daniel; Musau, Abednego; Mugambi, Mary; Plotkin, Marya; Kabue, Mark; Manguro, Griffins; Forsythe, Steven; Glabius, Robert; Mutisya, Eunice; Dotson, Manya; Curran, Kelly; Reed, Jason	An implementation model for scaling up oral pre-exposure prophylaxis in Kenya: Jilinde project.	Gates Open Research	-	-	-	2572-4754	10.12688/gatesopenres.13342.1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8669463	Oral pre-exposure prophylaxis (PrEP) is an efficacious way to lower the risk of HIV acquisition among high-risk individuals. Despite the World Health Organization's 2015 recommendation that all persons at substantial risk of HIV infection be provided with access to oral PrEP, the rollout has been slow in many low- and middle-income countries. Initiatives for national rollout are few, and subtle skepticism persists in several countries about the feasibility of national PrEP implementation. We describe the conceptual design of the Jilinde project, which is implementing oral PrEP as a routine service at a public health scale in Kenya. We describe the overlapping domains of supply, demand, and government and community ownership, which combine to produce a learning laboratory environment to explore the scale-up of PrEP. We describe how Jilinde approaches PrEP uptake and continuation by applying supply and demand principles and ensures that government and community ownership informs policy, coordination, and sustainability. We describe the "learning laboratory" approach that informs strategic and continuous learning, which allows for adjustments to the project. Jilinde's conceptual model illustrates how the coalescence of these concepts can promote scale-up of PrEP in real-world conditions and offers critical lessons on an implementation model for scaling up oral PrEP in low- and middle-income countries.	Oral PrEP, scale up, demand, supply, ownership, learning laboratory, key populations, adolescent girls and young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Whiteley L.; Craker L.; Sun S.; Tarantino N.; Hershkowitz D.; Moskowitz J.; Arnold T.; Haubrick K.; Olsen E.; Mena L.; Brown L.K.	Factors associated with PrEP adherence among MSM living in Jackson, Mississippi	Journal of HIV/AIDS & Social Services	-	-	-	15381501	10.1080/15381501.2021.1956666	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112653633&doi=10.1080%2f15381501.2021.1956666&partnerID=40&md5=f11939cfda4ee62ab568f5294e98c919	Understanding the determinants of pre-exposure prophylaxis (PrEP) adherence is integral to reducing HIV incidence in the United States, especially for those at highest risk. To this end, the present study explored demographic, psychosocial, and behavioral factors related to adherence among 43 Southern, predominately Black, men who have sex with men (MSM). During the study months, 46% of the sample reported being nonadherent to PrEP. Those with more sexual partners (p =.05), greater self-efficacy for taking PrEP (p =.03), and those who felt condoms were less important (p =.02), were more likely to be adherent to PrEP at six-month follow-up. Further interventions that consider perceived sexual risk, condom use, and adherence self-efficacy are needed to improve PrEP adherence among Southern MSM. © 2021 Taylor & Francis Group, LLC.	Adherence; HIV prevention; men who have sex with men; pre-exposure prophlaxis (PrEP); South	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Whiteley, Laura; Craker, Lacey; Haubrick, Kayla K; Arnold, Trisha; Mena, Leandro; Olsen, Elizabeth; Brown, Larry K	The Impact of a Mobile Gaming Intervention to Increase Adherence to Pre-exposure Prophylaxis.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-020-03118-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8085097	Pre-exposure prophylaxis is effective in preventing HIV, but data show that its effectiveness is compromised by suboptimal adherence. This randomized controlled trial (n = 69) tested the impact of an iPhone game, Viral Combat, on PrEP adherence over 24 weeks. Tenofovir-diphosphate in red blood cells was collected as a biological outcome of adherence. At 24-weeks, intervention participants were 3.75 (95% CI: 1.20-11.77; p = 0.02) times as likely to engage in optimal PrEP dosing compared to controls. Viral Combat showed preliminary efficacy in improving PrEP adherence for diverse young men who have sex with men.	pre-exposure prophylaxis (PrEP), adherence, men who have sex with men (MSM), mobile technology intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Whiteman Ari; Wejnert Cyprian; Morris, Elana; Burnett, Janet	Using Search Engine Data to Explore Interest in PrEP and HIV Testing in the United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03057-z	https://www.proquest.com/scholarly-journals/using-search-engine-data-explore-interest-prep/docview/2489907056/se-2?accountid=8113	We used Google search data from January 1, 2014 to January 1, 2019 to explore public awareness of pre-exposure prophylaxis (PrEP) and HIV testing in the United States. Using two search strings, one for PrEP and one for HIV testing, we compared search volume to state HIV prevalence and new HIV diagnoses. We also used Google News to identify news events related to short-term spikes in search volume. Controlling for poverty, education, and internet access, a one-unit increase in a state's HIV prevalence rate was associated with a 3% increase in PrEP search volume (aPR = 1.03 1.034, 1.037, P < 0.0001) and HIV testing search volume (aPR = 1.03 1.030, 1.032, P < 0.0001). Short-term search volume spikes also coincided with celebrity news and pharmaceutical company advertising. We demonstrate that search engine data can be a powerful tool for understanding HIV knowledge-seeking and can provide key insight to the events that drive public interest about HIV online.	Poverty; Internet; Pre-exposure prophylaxis; PrEP; Psychology; HIV testing; Disease prevention; Prophylaxis; Health behavior; Advertising; Google trends; Information seeking; Human immunodeficiency virus--HIV; United States--US; Medical tests; Medical screening; Pharmaceutical industry; Information seeking behavior; Search engines; Internet access; Data search; Fame; Google News; Public awareness; Public concern; Public interest; Search engine; Spikes	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Whiteside-Mansell, Leanne; Sockwell LaTunja; Knight, Daniel; Crone, Cynthia	Community Legal Systems: Targeting PrEP and HIV Education to Decrease Risk of HIV Transmission	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03219-7	https://www.proquest.com/scholarly-journals/community-legal-systems-targeting-prep-hiv/docview/2544323157/se-2?accountid=8113	The southern U.S. has both high HIV and incarceration rates in comparison to its population. As in the rest of the country, HIV prevention is based on education, behavior change, and biomedical efforts, such as pre-exposure prophylaxis (PrEP). This study examined the implementation of an educational intervention and supportive services to obtain PrEP in a population of individuals (N = 218) involved in an Adult Drug Court (ADC) or on probation or parole (P-P). Nearly all ADC and P-P participants self-reported risk behaviors linked to HIV acquisition. Results supported the acceptance and usefulness of the intervention as rated by participants. Participants showed increased knowledge of HIV risks and testing post-education. In multivariate analysis, predictors of interest in using PrEP included low stigma beliefs, specifically their level of prejudice views, high depressive symptoms, and white race. The intervention shows promise. Given the high risk documented for ADC and P-P individuals, HIV prevention is a critical component for increased protective behaviors.	Risk; HIV/AIDS; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Prevention; Prejudice; Implementation; Stigma; Disease prevention; Prophylaxis; Education; Multivariate analysis; Risk behavior; Disease transmission; Intervention; Criminal justice; Drug court; Human immunodeficiency virus--HIV; Mental depression; Biomedicine; Health risks; Behavior modification; Risk taking; Imprisonment; Critical components; Legal system; Probation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Whitfield, Darren L; Beauchamp, Geetha; Fields, Sheldon; Nelson, LaRon; Magnus, Manya; Dācus, Jagadīśa-devaśrī; Paul, Jonathan; Anderson, Peter; Wheeler, Darrell	Risk compensation in HIV PrEP adherence among Black men who have sex with men in HPTN 073 study	AIDS Care	-	-	-	09540121	10.1080/09540121.2020.1810618	https://www.proquest.com/scholarly-journals/risk-compensation-hiv-prep-adherence-among-black/docview/2516085189/se-2?accountid=8113	While HIV infections among men who have sex with men (MSM) have started to decline in the United States, Black MSM continue to experience disproportionate rates of HIV infection. The purpose of this secondary analysis is to examine risk perception and its influence on PrEP adherence among Black MSM from HPTN 073. Risk perception was measured using the adapted Perceived Vulnerability to HIV Scale. The associations between risk perception and PrEP adherence were tested using generalized estimation equation model for time-variant repeated measures. Risk perception was not significantly associated with PrEP adherence. These findings suggest that there was no risk compensation among PrEP users, and inconsistency in perceived risk for HIV. Future studies should investigate the rationale for long term adherence to PrEP among Black MSM.	HIV prevention; Perception; Antiretroviral drugs; HIV pre-exposure prophylaxis; Adherence; Men who have sex with men; Infections; Disease prevention; Vulnerability; Black MSM; Prep; African Americans; Risk perception; Patient compliance; Secondary analysis; Health behavior; Compensation; Perceptions; behavioral compensation; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Black people; Health risks; Inconsistency	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Willcox A.C.; Richardson B.A.; Shafi J.; Kabare E.; Kinuthia J.; Jaoko W.; Mandaliya K.; Overbaugh J.; McClelland R.S.	Derivation of an HIV Risk Score for African Women Who Engage in Sex Work	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03235-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104876143&doi=10.1007%2fs10461-021-03235-7&partnerID=40&md5=ff7edb8dc681d6518fed96fcb9272075	No tool exists to stratify HIV risk in contemporary African female sex worker (FSW) populations. Data from a cohort of HIV-negative FSWs in Mombasa, Kenya from 2010 to 2017 were used to conduct a survival analysis assessing predictors of HIV infection. Stepwise regression was used to construct a multivariable model that formed the basis for the score. Seventeen HIV infections occurred over 1247 person-years of follow-up contributed by 670 women. Using depot medroxyprogesterone acetate (DMPA), having a curable sexually transmitted infection (STI), and being married contributed points to the score. HIV incidence was 0.85/100 person-years in a lower-risk group and 3.10/100 person-years in a higher-risk group. In a cohort with overall HIV incidence < 1.50/100 person-years, this risk score identified a subgroup of FSWs with HIV incidence > 3.00/100 person-years, which is the threshold used by the World Health Organization for initiating pre-exposure prophylaxis (PrEP). If validated in an external population, this tool could be useful for targeted PrEP promotion among higher-risk FSWs. © 2021, Springer Science+Business Media, LLC, part of Springer Nature.	Africa; Female sex workers; HIV; Kenya; Risk score	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Willie, Tiara C; Kershaw, Trace S; Blackstock, Oni; Galvao, Rachel W; Safon, Cara B; Tekeste, Mehrit; Ogburn, Damon F; Wilbourn, Brittany; Modrakovic, Djordje; Taggart, Tamara; Kaplan, Clair; Caldwell, Abigail; Calabrese, Sarah K	Racial and ethnic differences in women's HIV risk and attitudes towards pre-exposure prophylaxis (PrEP) in the context of the substance use, violence, and depression syndemic.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2020.1762067	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7666028	Women with syndemic conditions, i.e., two or more co-occurring epidemics, are at elevated risk for HIV acquisition and are therefore prime candidates for pre-exposure prophylaxis (PrEP). However, PrEP uptake remains low among women, especially among Black and Hispanic women. This study examined associations of syndemic conditions with PrEP attitudes and HIV risk among women, and the moderating effect of race and ethnicity. In 2017, 271 non-Hispanic Black, non-Hispanic White, and Hispanic, PrEP-eligible women engaged in care at Planned Parenthood in the northeastern region of the U.S. completed an online survey. Participants reported syndemic conditions (i.e., intimate partner violence, depression, substance use), PrEP attitudes (e.g., PrEP interest), HIV sexual risk (e.g., multiple male sexual partners), and sociodemographics. Structural equation modeling was used to examine the effects of syndemic conditions on PrEP attitudes and HIV risk, and the moderating effect of race and ethnicity. Women with more syndemic conditions had a higher odds of reporting multiple male sexual partners. Syndemic conditions were positively associated with PrEP attitudes for Hispanic women than non-Hispanic Black and White women. Women with syndemic conditions, particularly Hispanic women, may be receptive to interventions promoting PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Willie, Tiara C; Monger, Mauda; Nunn, Amy; Kershaw, Trace; Stockman, Jamila K; Mayer, Kenneth H; Chan, Philip A; Adimora, Adaora A; Mena, Leandro A; Knight, Deja; Philllips, Karlye A; Baral, Stefan D	"PrEP's just to secure you like insurance": a qualitative study on HIV pre-exposure prophylaxis (PrEP) adherence and retention among black cisgender women in Mississippi.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-021-06786-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8549215	BACKGROUND: Pre-exposure prophylaxis (PrEP) has the potential to reduce transmission of HIV among Black cisgender women in the Southern United States (U.S.); however, national data suggests that PrEP initiation is lowest in the South and among Black women compared to other U.S. regions and white women. This study applied intersectionality and PrEP multilevel resilience frameworks to assess how socio-structural and clinical contexts shaped PrEP persistence among Black cisgender women in Mississippi. METHODS: Semi-structured interviews were conducted with eight Black cisgender women in Jackson, Mississippi. This sample was purposively recruited to include PrEP-initiated Black cisgender women. RESULTS: Six themes identified that shaped PrEP care among Black cisgender women: (1) internal assets, (2) sole responsibility to HIV prevention, (3) added protection in HIV serodifferent relationships, (4) financial issues, (5) trust and distrust in the medical system, and (6) side effects. Black cisgender women reported that PrEP persistence increased control over their sexual health, reduced anxiety about HIV, and promoted self-care. Black cisgender women also indicated that medication assistance programs increased PrEP affordability resulting in continued persistence. CONCLUSIONS: In addition to preventing HIV, PrEP may yield secondary positive impacts on the health and relationships of Black cisgender women. However, very few Black cisgender women in the South are using PrEP given intersectional barriers and thus necessitates adaptive strategies to support PrEP initiation and persistence. Efforts aimed at increasing the coverage of PrEP among Black cisgender women should consider implementation strategies responsive to lived realities of Black women.	Black women, Cisgender, Pre-exposure prophylaxis, HIV	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Wilson E.C.; Jalil E.M.; Jalil C.M.; Castro C.R.V.; Ferreira A.L.N.; Martinez N.F.; Moura I.; Oliveira C.; Bezerra D.; Netto E.C.; Monteiro L.; Veloso V.G.; Grinsztejn B.	Results from a peer-based digital systems navigation intervention to increase HIV prevention and care behaviors of young trans women in Rio de Janeiro, Brazil	Journal of Global Health Reports	-	-	-	23991623	10.29392/001c.28347	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134511508&doi=10.29392%2f001c.28347&partnerID=40&md5=0c079ac81f62993c48579ec162e7ee59	Background This study aimed to determine the efficacy of an evidence-based peer and mHealth delivered systems navigation intervention for increasing human immunodeficiency virus (HIV) testing, pre-exposure prophylaxis (PrEP) and HIV care behaviors among young trans women. Methods The "Brilhar e Transcender" (BeT) pilot study was conducted between 19 September 2019 and 26 November 2020 in a trans-affirming public health clinic in Rio de Janeiro, Brazil. Participants were recruited using convenience sampling through outreach and referral. Twenty-seven were screened for inclusion and 18 participants completed the study and were included in this analysis. Participants were recruited through community outreach. All participants identified as trans women, were aged 18-24 years old, lived in Rio de Janeiro, Brazil, and were not on PrEP or not engaged in HIV care. Over the course of three months, participants developed a systems navigation plan and were engaged in three peer-navigator sessions, asynchronous digital interactions in between sessions, and received automated information they could use to address services access barriers. We measured HIV testing, PrEP use and HIV care outcomes. HIV care engagement included linkage to care, visit attendance, antiretroviral therapy use, and/or undetectable viral load for those living with HIV. Results All young trans women without HIV (n=13) were regularly tested for HIV and engaged in PrEP by the end of the intervention. All participants living with HIV (n=5) were engaged in HIV care, but one participant had a detectable viral load post intervention. Conclusions The BeT intervention demonstrated preliminary efficacy for improving HIV prevention and care behaviors among young trans women in a low- and middle-income country (LMIC) setting. A trial is planned for implementation to establish efficacy with a large sample of young trans women and a comparator group. © 2021, International Society of Global Health. All rights reserved.	Evidence-based interventions; Hiv intervention; Transgender persons; Youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Wilson E.C.; Jalil E.M.; Moreira R.I.; Velasque L.; Castro C.V.; Monteiro L.; Veloso V.G.; Grinsztejn B.	High risk and low HIV prevention behaviours in a new generation of young trans women in Brazil	AIDS Care	-	-	-	9540121	10.1080/09540121.2020.1844859	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096099828&doi=10.1080%2f09540121.2020.1844859&partnerID=40&md5=db9405fcc38b79a8c5305031dcc7d726	Adult trans women in Brazil are highly impacted by HIV, but little is known about risk for young trans women. Our study was conducted to compare the HIV prevalence and correlates of risk for young trans women ages 18–24 years old to adult trans women in Brazil. Trans women were recruited from Rio de Janeiro and Baixada (the metropolitan area of Rio de Janeiro), Brazil (N = 345). Youth ages 18–24 years of age had significantly greater odds of being HIV negative than adults (OR 0.4, 95% CI 0.2–0.6, p = 0.0002), but significantly lower odds of having post-exposure prophylaxis (PEP) knowledge (OR 0.5, 95% CI:0.3–0.9, p = 0.02) and PrEP awareness (OR 0.5, 95% CI: 0.3–0.8, p = 0.01). Young trans women also had significantly higher odds of using substances (OR 1.8, 95% CI 1.1–2.9, p = 0.02) and condomless anal intercourse with their last three sexual partners (OR 1.8, 95% CI: 1.1–3.0, p = 0.03) compared to adults. Already by age 24, one in four trans women in Brazil were infected with HIV pointing to a new generation at high risk of acquiring HIV. HIV prevention interventions are needed to change the healthcare system to reach and engage young trans women. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	Brazil; HIV; trans women; transgender; Youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Wilson E.C.; Turner C.M.; Sanz-Rodriguez C.; Arayasirikul S.; Gagliano J.; Woods T.; Palafox E.; Halfin J.; Martinez L.; Makoni B.; Eskman Z.; Lin R.; Rodriguez E.; Rapues J.; Pardo S.; Liu A.	Expanding the Pie-Differentiated PrEP Delivery Models to Improve PrEP Uptake in the San Francisco Bay Area	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002809	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125834123&doi=10.1097%2fQAI.0000000000002809&partnerID=40&md5=ccd9e0e3b2922a29ef564b804e3a8979	Background:Pre-exposure prophylaxis (PrEP) uptake among trans people to date has been low. Recommendations implemented in San Francisco to offer PrEP with feminizing hormones have not led to improvement of PrEP uptake in trans communities. New delivery models may be needed. The aim of this study was to examine whether a PrEP-only clinic was more likely to serve trans people at highest risk of HIV than trans-affirming primary care clinics.Methods:Participants were recruited between 2017 and 2019 as part of a PrEP demonstration project in the San Francisco Bay Area. Survey data including sociodemographics, HIV-related risk behavior, barriers to PrEP, and self-reported PrEP adherence were collected at baseline, 3 months, and 6 months for all participants. Bivariable Poisson regression models were used to examine differences between participants in the primary care clinics and PrEP-only clinic delivered to participants.Results:Baseline survey data were collected from 153 participants. Those with a higher number of sexual partners were significantly more likely to use the PrEP-only clinic rather than the primary care clinics. Participants with higher perceived HIV risk and those who engaged in sex work were also more likely to use the PrEP-only clinic compared with the primary care clinic. Medical mistrust was higher at baseline among participants of the PrEP-only clinic. PrEP adherence was not significantly different by delivery model. Few participants identified PrEP barriers, such as interactions with feminizing hormones, to be determinants of PrEP uptake.Conclusions:A PrEP-only delivery model could improve PrEP uptake and may better meet the needs of trans people who could most benefit from PrEP. Copyright © 2021 The Author(s).	HIV prevention; implementation science; PrEP delivery; transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Wilson E.K.; Wagner L.D.; Palanee-Phillips T.; Roberts S.T.; Tolley E.E.; Mathebula F.; Pascoe L.; Lanham M.; Wilcher R.; Montgomery E.T.	Acceptability and feasibility of the CHARISMA counseling intervention to support women's use of pre-exposure prophylaxis: results of a pilot study	BMC Women's Health	-	-	-	14726874	10.1186/s12905-021-01262-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103500090&doi=10.1186%2fs12905-021-01262-z&partnerID=40&md5=d04d39d9f2b6ac39e7425224ea0c8a35	Background: Women may need or seek male partner approval to safely and consistently use oral antiretroviral pre-exposure prophylaxis (PrEP) or vaginal microbicides. We developed CHARISMA, a counseling intervention to support women's relationships and their ability to consistently use HIV prevention products. Methods: In a pilot study with 95 female participants in Johannesburg, South Africa, lay counselors implemented CHARISMA, assessing participants' relationship(s) with their male partner(s) and barriers or facilitators to HIV prevention method use, and then providing tailored, interactive counseling. We conducted study participant surveys and clinic staff interviews to evaluate CHARISMA's feasibility and acceptability. Results: The CHARISMA pilot study indicates that a two-session relationship counseling intervention with 6-month follow-up to support women's ability to safely and effectively use vaginal microbicides was generally acceptable and feasible. Most participants thought CHARISMA was relevant, helpful, and about the right length, and that it had a positive impact on their relationships with their partners and their product use. Staff estimated that the intervention took 1.5–2 h to implement at enrollment and 45 min to an hour for the month 1 visit. They thought that overall CHARISMA was generally feasible to implement. Conclusions: Findings from this study suggest several lessons learned that may be relevant to others developing interventions supporting women's use of oral PrEP or vaginal microbicides. The use of lay counselors instead of nurses to deliver counseling appeared to be successful, but the counselors experienced significant stress from hearing about participants' traumatic experiences and required emotional support to avoid burnout. Although staff and participants felt that having multiple intervention sessions over time was valuable, a similar level of intensity may not be feasible in other settings. Further research is needed to determine an intervention delivery mode and follow-up period that optimally balances participant needs and clinic resources. Male engagement was a challenge, as it has been in previous studies of vaginal microbicides. Alternative strategies to reach men that do not require them to come to the clinic or rely on their female partners may be more effective. © 2021, The Author(s).	Evaluation; HIV prevention; Intimate partner violence; Microbicides; PrEP; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Wisutep P.; Sirijatuphat R.; Navanukroh O.; Phatharodom P.; Werarak P.; Rattanasuwan W.	Attitudes towards, knowledge about, and confidence to prescribe antiretroviral pre-exposure prophylaxis among healthcare providers in Thailand	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000028120	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121907049&doi=10.1097%2fMD.0000000000028120&partnerID=40&md5=40d6e297a3f29b0785b4408bddfc920f	HIV pre-exposure prophylaxis (HIV-PrEP) is an effective method for preventing HIV transmission, and it is recommended in several international guidelines. Perceptions and knowledge about HIV-PrEP prescription among healthcare providers have not been investigated in Thailand where HIV-PrEP is a novel healthcare topic. The objective of study was to determine healthcare providers' attitudes towards, knowledge about, and confidence to prescribe HIV-PrEP in Thailand.A questionnaire was administered to Thai healthcare providers during May 1, 2017 to September 5, 2018.Of the 500 questionnaires that were distributed, 460 were returned (92%). Respondents included 336 physicians (48 infectious disease ID physicians, 288 non-ID physicians) and 124 non-physicians (70 nurses, 35 pharmacists, and 19 others). Eighty one percent of respondents had a positive attitude towards HIV-PrEP. Multivariate analysis revealed being a non-ID physician, having prior knowledge about HIV-PrEP, believing that HIV-PrEP can reduce the number of new patients, and believing that HIV-PrEP is not associated with a higher incidence of other sexually transmitted infections were all factors significantly associated with having a positive attitude towards HIV-PrEP. The issue of most concern to respondents who had a negative attitude toward HIV-PrEP was poor patient adherence to antiviral medications. Only 57% of respondents had confidence to prescribe HIV-PrEP. Factors associated with confidence to prescribe HIV-PrEP included being an ID physician, believing that HIV-PrEP can reduce the number of new patients, believing in the safety of antiviral medications, and believing that HIV-PrEP is not associated with increased development of HIV drug resistance. The results of HIV-PrEP knowledge testing (8 questions) were categorized into good score (≥7/8) and fair score (≤6/8). Fifty five percent of participants had a good score result. Using multivariate analysis, the factors associated with a good score result were ID physician, having HIV-PrEP prescription experience, and believing that HIV-PrEP can reduce the number of new patients.Most Thai healthcare providers (81%) reported having a positive attitude towards HIV-PrEP. Successful HIV-PrEP implementation in Thailand will require steps to mitigate the described barriers, and training for healthcare providers, which will strengthen knowledge and improve both experience with and confidence to prescribe HIV-PrEP. © 2021 Lippincott Williams and Wilkins. All rights reserved.	attitudes; confidence; healthcare providers; HIV; knowledge; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2021	Wongsomboon V.; Sietins E.; Webster G.D.	Attractiveness, profile-picture face visibility and unprotected receptive anal intercourse in young men who have sex with men using online dating applications	Sexual Health	-	-	-	14485028	10.1071/SH20190	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106603382&doi=10.1071%2fSH20190&partnerID=40&md5=fd91300244458d85dae65e8c2dad89a6	Abstract: Background: We examined links among face visibility on dating-profile pictures, self-perceived attractiveness, condom use self-efficacy, and unprotected receptive anal intercourse (URAI) in 223 young men who have sex with men (YMSM; ages 18-24 years) using online dating applications (e.g. Grindr). Methods: Participants reported their face visibility on their main dating-profile picture, attractiveness, condom use self-efficacy, and frequency of URAI in the past 3 months. Number of casual sex partners and pre-exposure prophylaxis (PrEP) use were statistically controlled in all analyses. Results: Using a mediated moderation model, we found that a significant attractiveness-by-face-visibility interaction for URAI was fully mediated by condom use self-efficacy. Specifically, lower face visibility on profile pictures related to lower condom use self-efficacy, which in turn related to higher URAI, but only among highly attractive YMSM. Conclusions: Our findings suggest that attractive YMSM who show less-visible faces on their dating profiles could be at particularly high risk for sexually transmissible infections. This study has potentially important clinical implications because dating applications have become one of the most common ways for YMSM to find sexual partners. © 2021 Journal compilation	attractiveness; condom; face visibility; men who have sex with men; online dating application; sexually transmissible infections; unprotected sex; young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Wood, Sarah M; Morales, Knashawn H; Metzger, David; Davis, Annet; Fiore, Danielle; Petsis, Danielle; Barnett, Kezia; Koenig, Helen C; Dowshen, Nadia; Gross, Robert; Frank, Ian	Mental Health, Social Influences, and HIV Pre-exposure Prophylaxis (PrEP) Utilization Among Men and Transgender Individuals Screening for HIV Prevention Trials	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-03004-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85089968584&doi=10.1007%2fs10461-020-03004-y&partnerID=40&md5=93704880d195f1b7b04f2e6cf4c7a684	The effects of mental health comorbidities and social support on the HIV pre-exposure prophylaxis (PrEP) care continuum are unknown. We conducted a cross-sectional study of men and transgender individuals, ≥ 18 years-old, with ≥ 2 male or transgender partners, or recent condomless anal intercourse. Surveys assessed demographics, mental health treatment, depressive symptomatology, social support, and PrEP-related social contacts. Logistic regression assessed associations between these factors and PrEP uptake and persistence. Participants (n = 247) were 89% cis-male and 46% African-American. Median age was 27 (IQR:23–33). Thirty-seven percent had ever used PrEP, of whom 18% discontinued use. High depressive symptomology was identified in 11% and 9% were receiving mental health treatment. There were no significant associations between depressive symptoms or mental health treatment on the odds of PrEP uptake or discontinuation. Each additional PrEP contact conferred a greater odds of uptake (aOR:1.24, 95% CI: 1.09–1.42). Network-level targets may produce fruitful interventions to increase PrEP uptake. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Depression; HIV; Pre-exposure prophylaxis; Social networks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Woodward, Shannon C; Elvy, Ingrid H; Martin, Sarah J	PrEP your team! Clinician initiation of HIV pre-exposure prophylaxis discussion at sexually transmissible infection testing and diagnosis in gay and bisexual men	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211014406	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105925799&doi=10.1177%2f09564624211014406&partnerID=40&md5=16360acfbe0a2e72d9d9fa43c7b21876	HIV pre-exposure prophylaxis (PrEP) is recommended for gay and bisexual men (GBM) with recent diagnosis of rectal chlamydia (CT), rectal gonorrhoea (NG) or infectious syphilis. A retrospective medical record audit was undertaken at Canberra Sexual Health Centre (CSHC) of all GBM who met this criterion in 2019 and were thus determined to be at higher risk of acquisition of human immunodeficiency virus (HIV). Pre-exposure prophylaxis was discussed and/or commenced in 85% of GBM at higher risk of HIV. Audit results and education were provided to the team with a post-interventional audit in 2020 showing significant improvement. This audit is easily replicated and may be applicable to other settings engaged in GBM care. © The Author(s) 2021.	Australia < location; high-risk behaviour < other; homosexual < other; men < other; prevention < other	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2021	Wray, Tyler B; Chan, Philip A; Kahler, Christopher W	Game Plan, a Web-Based Intervention to Improve Adherence and Persistence to HIV Pre-exposure Prophylaxis and Reduce Heavy Drinking in Gay, Bisexual, and Other Men Who Have Sex With Men: Usability and User Experience Testing.	JMIR Formative Research	-	-	-	2561-326X	10.2196/31843	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8663613	BACKGROUND: Encouraging consistent use of pre-exposure prophylaxis (PrEP) is essential for reducing HIV incidence, particularly among gay, bisexual, and other men who have sex with men (GBM), and especially those who engage in heavy drinking. Although practice guidelines recommend providing adherence counseling to PrEP patients, clinics and providers may not have the resources or expertise to provide it. Internet-facilitated interventions have been shown to improve HIV prevention outcomes, including medication and care adherence. Game Plan is a website we created to help users make a tangible plan for reducing their HIV risk. We designed additional components of Game Plan to address key individual level barriers to PrEP use. OBJECTIVE: The aim of this mixed methods research is to test the usability and user experience of these components with intended users: GBM who drink heavily and are on PrEP. METHODS: In study 1 (usability), we completed a detailed individual interview in which participants (n=10) walked through a prototype of the website, thinking aloud as they did, and completed a follow-up interview and web-based survey afterward. Study 2 (user experience) involved providing participants (n=40) with a link to the prototype website to explore on their own and asked them to complete the same follow-up survey afterward. Qualitative data were analyzed using thematic analysis, and descriptive statistics were used to analyze quantitative data. RESULTS: Users in both studies gave the website excellent ratings for usability, overall satisfaction, and quality, and most often described the site as informative, helpful, and supportive. Users also rated the site's content and feel as respectful of them and their autonomy, empathetic, and they stated that it conveyed confidence in their ability to change. The study 1 interviews highlighted the importance of the website's esthetics to the participants' engagement with it and its credibility in prompting genuine reflection. CONCLUSIONS: GBM who reported heavy drinking and used PrEP generally found a website focused on helping them to create a plan to use PrEP consistently to be helpful. Adopting user-centered design methods and attending to the esthetics of mobile health interventions are important steps toward encouraging engagement and reducing at-risk behaviors.	pre-exposure prophylaxis, HIV, HIV prevention, mHealth, mobile health, eHealth, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2021	Wu H.; Yu Q.; Ma L.; Zhang L.; Chen Y.; Guo P.; Xu P.	Health economics modeling of antiretroviral interventions amongst HIV serodiscordant couples	Scientific Reports	-	-	-	20452322	10.1038/s41598-021-93443-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109404458&doi=10.1038%2fs41598-021-93443-x&partnerID=40&md5=b02804be9268f0c89a770d8831379bf1	Antiretroviral treatment (ART) and pre-exposure prophylaxis (PrEP) for HIV-serodiscordant couples, effectively reduce mortality, transmission events and influence quality of life at the expense of increased costs. We aimed to evaluate health economics of antiretroviral-based strategies for HIV-serodiscordant couples in the China context. A deterministic model of HIV evolution and transmission within a cohort of serodiscordant couples was parameterized using the real-world database of Zhoukou city and published literature. We evaluated the mid-ART (a historical strategy, initiating ART with CD4 < 500 cells/mm3), early-ART (the current strategy, offering ART regardless of CD4 cell counts) and a hypothetical strategy (early-ART combined short-term daily PrEP) versus the late-ART (the baseline strategy, initiating ART with CD4 < 350 cells/mm3) offered by 2008 national guidelines. We estimated the incremental cost-effectiveness ratios (ICER) and incremental cost-utility ratios (ICUR) from a societal perspective, derived by clinical benefits and HIV-caused life quality respectively, and portrayed their changes over a 0–30 year's timeframe. The model projections indicated that the antiretroviral-based interventions were more likely to obtain clinical benefits but difficult to improve quality of life, and cumulative ICER and ICUR were generally decreasing without achieving cost-saving. Scale-up access to ART for the HIV-positive among serodiscordant couples was easily fallen within the range of paying for incremental life-years and quality adjusted life years by the societal willingness. The hypothetical strategy had the potential to prevent most seroconversion events within marriages but required enormous upfront costs, thus it took a long time to reach established thresholds. The current strategy of early-ART is the most cost-effective. Clarifying the obstacles of high cost of PrEP and improving life quality for HIV-serodiscordant couples have emerged as an urgent requisition. © 2021, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2021	Wu H.-J.; Ku S.W.-W.; Li C.-W.; Ko N.-Y.; Yu T.; Chung A.-C.; Strong C.	Factors Associated with Preferred Pre-Exposure Prophylaxis Dosing Regimen Among Men Who Have Sex with Men in Real-World Settings: A Mixed-Effect Model Analysis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-020-02964-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85087692142&doi=10.1007%2fs10461-020-02964-5&partnerID=40&md5=57c0e8def22918882f8052ae313a6495	When provided with both choices of pre-exposure prophylaxis (PrEP) in MSM, men may choose to use either method based on their sexual practice. The study objective was to describe the switches between dosing regimens and identify factors that predict choice of a dosing regimen among MSM. We performed a multi-center, observational, prospective PrEP cohort study conducted at three study sites in Taiwan between January 2018 and March 2019. A total of 215 participants made 469 visits. In half of the visits (49.7%), participants reported using on-demand PrEP. There were 36 regimen switches: 20 from daily to on-demand and 16 from on-demand to daily. Among 28 participants who switched regimens, 22 switched regimens once and 6 switched more than once. The frequency of condomless anal sex and a history of post-exposure prophylaxis use were associated with taking PrEP on-demand (p < 0.05). PrEP adherence intervention should be tailored specifically to sexual behavior to increase adherence to PrEP. © 2020, Springer Science+Business Media, LLC, part of Springer Nature.	Event-driven; HIV prevention; MSM; On-demand; PrEP; Sexual behavior	English	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Mixed methods
Article	2021	Wu Y.; Yang G.; Meyers K.	Acceptability, Appropriateness, and Preliminary Effects of the PrEP Diffusion Training for Lay HIV Workers: Increased PrEP Knowledge, Decreased Stigma, and Diffusion of Innovation	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03248-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103382114&doi=10.1007%2fs10461-021-03248-2&partnerID=40&md5=c64c8bd26ce04dec1e4e560a3aaa368e	Training lay health workers is a critical intervention strategy to support HIV pre-exposure prophylaxis (PrEP) implementation. However, few evaluations of such trainings have been published. We conducted multi-time-point surveys to evaluate the effect of a training intervention on knowledge, PrEP stigma, and implementation behavior among lay HIV workers in China. Results indicated high acceptability and appropriateness of the training. PrEP knowledge score increased by 65% from pre- to post-training, and remained high one-month post-training. We observed a significant decrease in PrEP stigma and a positive influence on determinants of implementation behaviors. All lay HIV workers surveyed one-month after the training reported having disseminated PrEP information in social networks; 43% reported integrating PrEP education into routine work. The training is an effective strategy to build lay HIV workers' capacity in PrEP implementation. Longer-term post-training follow up would be ideal to further assess actual PrEP uptake and sustained effects on PrEP implementation. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Capacity building; Lay health worker; Men who have sex with men; Pre-exposure prophylaxis; PrEP implementation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2021	Wu, Huei-Jiuan; Wen-Wei Ku, Stephane; Chang, Howard H; Li, Chia-Wen; Ko, Nai-Ying; Strong, Carol	Imperfect adherence in real life: a prevention-effective perspective on adherence to daily and event-driven HIV pre-exposure prophylaxis among men who have sex with men – a prospective cohort study in Taiwan	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25733	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106567798&doi=10.1002%2fjia2.25733&partnerID=40&md5=b231c0ff4baed8e4ea899745f31a3953	Introduction: Both daily and event-driven (ED) pre-exposure prophylaxis (PrEP) have been demonstrated to be highly effective among men who have sex with men (MSM). Prevention-effective adherence proposes that PrEP adherence should be aligned with the risk of HIV, which could be applied to both daily and ED PrEP adherence measurement. The objective of this study was to describe the relationship between the use of PrEP and sex events among the MSM PrEP users and identify factors associated with adherence among daily and ED MSM PrEP users. Methods: A multicentre, observational, prospective cohort study was conducted at three hospital-based clinics in three urban cities of Taiwan from January 2018 to December 2019. MSM ages 18 years or older – at high risk of HIV acquisition and taking PrEP during the study period – were included in the analysis. MSM PrEP users were allowed to choose between daily and ED PrEP based on their preference. Data on sociodemographic characteristics, mental health, sexual behaviours, substance use and PrEP-taking behaviours were collected at each visit. Results: A total of 374 MSM were included in the analysis with 1,054 visits. More than half (56%) of the PrEP users chose ED at the baseline and 150 regimen switches were reported by 21% of the participants. There was only one seroconversion documented during the study period. Most (84.2%) of the MSM PrEP users were able to adhere to PrEP during the most recent anal intercourse in the past one month. Among ED PrEP users with suboptimal adherence, the majority (81.9%) missed the pre-coital dose. In the multivariable analysis, we found that participants who switched from daily to an ED dosing regimen were associated with poorer adherence to PrEP. Conclusions: A high level of PrEP adherence was observed among the majority of MSM in a real-world setting. On the other hand, Taiwanese MSM switching from daily to ED dosing regimens were less likely to adhere to PrEP, suggesting that novel approaches focusing on a dosing switch would be necessary for MSM to improve their adherence to PrEP. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; event-driven PrEP; HIV; MSM; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Clinical
Article	2021	Wurcel, Alysse G.; Chen, Gang; Zubiago, Julia A.; Reyes, Jessica; Nowotny, Kathryn M.	Heterogeneity in Jail Nursing Medical Intake Forms: A Content Analysis.	Journal of Correctional Health Care	-	-	-	-	1940-5200 1078-3458	10.1089/jchc.20.04.0018	https://pubmed.ncbi.nlm.nih.gov/34724807/	Despite high prevalence of infectious diseases and substance use disorders in jails, there are limited guidelines for the nursing intake process in this setting. We performed a content analysis of nursing intake forms used at each of the 14 Massachusetts county jails, focusing on infectious disease and substance use disorder. Only 85% of jails offered HIV testing during nursing intake and 50% of jails offered hepatitis C testing. Preventive interventions such as vaccines or pre-exposure prophylaxis therapy were infrequently offered during nursing intake. Screening for substance use disorder was present on the majority of intake forms, but only 23% of intake forms inquired about ongoing medication-assisted treatment for opioid use disorder. The results reflect heterogeneity in nursing intake forms, highlighting missed opportunities for public health interventions.	Humans; Prevalence; Public Health; Mass Screening; Prisons; *Prisoners; correctional health care; *Opioid-Related Disorders; Jails; jail intake process; medical intake; nursing intake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Xavier Hall, Casey D; Smith, Justin C; Driggers, Robert A; Stoller, Bethany; Khan, Zara; Li, Jingjing; Ignatius, Elisa H; Siegler, Aaron J	PrEParing for long-acting injectable PrEP in the South: perspectives from healthcare providers in Georgia.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2020.1810616	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8152107	New modalities of Pre-exposure Prophylaxis (PrEP) such as long-acting injectable PrEP (LAI-PrEP) promise increased prevention of HIV transmission; however, similar biomedical interventions have not been met with universal adoption by healthcare providers or populations most affected by HIV. This qualitative study explores healthcare provider considerations for the rollout of LAI-PrEP. Eleven key-informant in-depth interviews were conducted with clinicians who prescribe daily oral PrEP. Participants reviewed a currently proposed LAI regimen and were asked to reflect on its implications for their clinical practice. Interviews were transcribed verbatim and thematically coded, with results organized using the Consolidated Framework for Implementation Research (CFIR). All participants expressed interest in prescribing LAI-PrEP and anticipated that at least some patients would be interested. Participants identified characteristics of the intervention, inner intervention setting, and outer intervention setting that will be influential in bringing LAI-PrEP to scale. Clinicians in the South have unique insights into the challenges of and opportunities for successful rollout of future PrEP regimens. Bringing these insights into a CFIR framework highlights the nuances surrounding LAI-PrEP, including structural concerns such as cost barriers and access to in-person healthcare services. It is critical to address these challenges to ensure successful implementation of new PrEP formulations.	PrEP, Healthcare Provider, South	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2021	Xiridou, Maria; Visser, Maartje; Urbanus, Anouk; Matser, Amy; van Benthem, Birgit; Veldhuijzen, Irene	Ending risk-group HBV vaccination for MSM after the introduction of universal infant HBV vaccination: A mathematical modelling study.	Vaccine	-	-	-	-	1873-2518	10.1016/j.vaccine.2021.04.008	https://dx.doi.org/10.1016/j.vaccine.2021.04.008	BACKGROUND: Risk-group HBV vaccination for men who have sex with men (MSM) was introduced in the Netherlands in 2002, followed by universal infant vaccination in 2011, that will enable termination of risk-group vaccination over time. The introduction of pre-exposure prophylaxis (PrEP) for HIV prevention might result in increased HBV testing and vaccination against HBV. The aim of this study was to investigate the impact of the transition from risk-group to universal HBV vaccination, accounting for improvements in HBV testing and treatment, as well as the introduction of PrEP. METHODS: We developed a mathematical model for HBV transmission among MSM. Universal vaccination was modelled by assigning some MSM (5-15% in 2028 increasing to 80-90% in 2033 and thereafter) to be vaccinated when they become sexually active. We investigated different scenarios assuming 0.5% extra vaccination rate and 0.5% extra testing rate due to PrEP consultations; and 5% of HIV-negative MSM on PrEP, that will reduce the probability of HBV acquisition by 88%. RESULTS: Universal vaccination resulted in a reduction of 24% (interquartile range; 22-25%) of the total number of HBV infections among MSM estimated to occur from 2020 to 2070. With universal vaccination, terminating risk-group vaccination in 2030 or 2040 resulted in 30% or 10% more HBV infections over 2020-2070, respectively, compared to continuation of risk-group vaccination until 2070. With PrEP and continued risk-group vaccination, the total number of HBV infections over 2020-2070 was reduced by 13%. CONCLUSIONS: Universal HBV vaccination can lead to a major reduction in HBV incidence among MSM in the future. The reduction becomes smaller when ending risk-group HBV vaccination, but larger by PrEP use for HIV prevention. Efforts to keep high levels of HBV vaccination, testing, and treatment have to be continued in the coming decades in order to eliminate HBV as a health threat for MSM.	NA	English	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2021	Yager, Jenna L; Brooks, Kristina M; Castillo-Mancilla, Jose R; Nemkov, Cricket; Morrow, Mary; Peterson, Skyler; Ibrahim, Mustafa; Bushman, Lane; Kiser, Jennifer J; MaWhinney, Samantha; Anderson, Peter L	Tenofovir-diphosphate in peripheral blood mononuclear cells during low, medium and high adherence to emtricitabine/ tenofovir alafenamide vs. emtricitabine/ tenofovir disoproxil fumarate.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003062	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8648983	OBJECTIVE: Tenofovir alafenamide (TAF) preferentially loads peripheral blood mononuclear cells (PBMCs), resulting in higher PBMC tenofovir-diphosphate (TFV-DP) vs. tenofovir disoproxil fumarate (TDF). No studies have yet compared TFV-DP in PBMC from lower than daily dosing between prodrugs, which has potential implications for event-driven preexposure prophylaxis and pharmacologic forgiveness. DESIGN: Two separate randomized, directly observed therapy (DOT) crossover studies (DOT-DBS and TAF-DBS) were conducted to mimic low, medium and high adherence. METHODS: HIV-negative adults were randomized to two 12-week DOT regimens of 33, 67 or 100% of daily dosing with emtricitabine (F)/TAF 200âmg/25âmg (TAF-DBS) or F/TDF 200âmg/300âmg (DOT-DBS), separated by a 12-week washout. PBMC steady-state concentrations (Css) of TFV-DP and FTC-TP were estimated using nonlinear mixed models and compared between F/TAF and F/TDF. RESULTS: Thirty-five participants contributed to 33% (nâ=23), 67% (nâ=23) and 100% (nâ=23) of daily F/TAF regimens. Forty-four contributed to 33% (nâ=15), 67% (nâ=16) and 100% (nâ=32) of daily F/TDF regimens. PBMC TFV-DP Css were 7.3 95% confidence interval (95% CI): 6.4-8.2, 7.1 (5.9-8.2) and 6.7- (4.4-8.9) fold higher (Pâ<0.0001) following F/TAF vs. F/TDF; 593 vs. 81.7, 407 vs. 57.4, and 215 vs. 32.3âfmol/106 cells, respectively. TFV-DP was 2.6 (2.1-3.1) fold higher with 33% F/TAF vs. 100% F/TDF. Estimated half-lives (95% CI) of TFV-DP in PBMC were 2.9 (1.5-5.5) days for F/TAF and 2.1 (1.5-2.9) days for F/TDF. FTC-TP was similar in both studies (Pâ=0.119). CONCLUSION: F/TAF produced 6.7 to 7.3-fold higher TFV-DP in PBMC vs. F/TDF across adherence levels, supporting increased potency and pharmacologic forgiveness with F/TAF in the PBMC compartment.	HIV, PrEP, tenofovir, emtricitabine, pharmacology	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Yan, Li; Yan, Zihan; Wilson, Erin; Arayasirikul, Sean; Lin, Jessica; Yan, Hongjing; McFarland, Willi	Awareness and Willingness to use HIV Pre-exposure Prophylaxis (PrEP) Among Trans Women in China: A Community-Based Survey.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03050-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7886947	China's national guidelines call for increasing HIV pre-exposure prophylaxis (PrEP) use to reverse the epidemic in populations at highest risk. However, few data exist on PrEP awareness and willingness among trans women in China. Our research aim was to fill this data gap through a cross-sectional survey among trans women in Nanjing and Suzhou cities of Jiangsu province. Respondent-driven sampling (RDS) was used to recruit participants to gauge their awareness of and willingness to use PrEP. Logistic regression analysis was used to characterize associations with awareness of PrEP and willingness to use PrEP. Of 222 HIV-negative/unknown serostatus trans women, 33.3% were aware of PrEP and 49.1% were willing to use PrEP. PrEP awareness was associated with a university degree or above (adjusted odds ratio AOR 2.77, 95% CI 1.31-5.89) and not using alcohol with sex (AOR 2.02, 95% CI 1.00-4.09). Willingness to use PrEP was higher among trans women with one (AOR 3.56, 95% CI 1.68-7.54) or multiple sexual partners (AOR 2.53, 95% CI 1.24-5.15) compared to those with no partners. This study witnessed low awareness of PrEP, yet substantial willingness to use PrEP. Implementation research to identify ways to promote, scale up access, and assess effectiveness of PrEP for trans women is urgently needed in China.	Pre-exposure prophylaxis (PrEP), HIV, transgender women, China	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2021	Young I.; Boydell N.; Patterson C.; Hilton S.; McDaid L.	Configuring the PrEP user: framing pre-exposure prophylaxis in UK newsprint 2012–2016	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2020.1729420	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85083556838&doi=10.1080%2f13691058.2020.1729420&partnerID=40&md5=769bf78e135896244daaef8e2ea451cb	Pre-exposure prophylaxis (PrEP) has been hailed as a revolutionary intervention for HIV prevention. PrEP's controversial status in the UK has generated significant media coverage. It is important to understand what role the media plays in framing PrEP policy issues. We undertook a qualitative analysis of UK newsprint articles between 2012 and 2016 to examine how PrEP was framed as a public health intervention up until a controversial policy decision not to provide PrEP in England. We identified how scientific evidence was deployed to shape two narratives: ir/responsible citizens focused on imagined PrEP users and their capacity to use PrEP effectively; and the public health imperative, which described the need for PrEP. Our analysis demonstrates the particular ways in which scientific evidence contributed to the certainty of PrEP as an effective intervention within UK newsprint. Scientific evidence also played a key role in framing PrEP as an intervention specifically for cis-gendered gay and bisexual men, playing into wider debates about who is a deserving patient and the appropriate use of public resources. Practitioners in the UK and elsewhere should be aware of these constructions of the PrEP user to ensure equitable access to PrEP beyond gay and bisexual men. © 2020 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	gender; health inequalities; HIV; media; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2021	Young, Lindsay E; Schneider, John A	The co-evolution of network structure and prep adoption among a large cohort of prep peer leaders: Implications for intervention evaluation and community capacity-building	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph18116051	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107188762&doi=10.3390%2fijerph18116051&partnerID=40&md5=84cff3483dcb1f8fff74d57b6338b0cf	Background: Peer leader interventions are effective strategies for promoting prevention behaviors in communities at risk for HIV, yet little is known about their effects on the social and behavioral dynamics of peer leaders themselves. Methods: Using data from PrEP Chicago, an RCT PrEP for prevention intervention for young Black MSM (YBMSM), we apply stochastic actor-based models to longitudinally model the impact of study participation on the online friendship and PrEP adoption dynamics among a network of peer leaders (n = 174) and a network of control group counterparts (n = 166). Results: Peer leaders assigned to the same leadership training workshop were more likely to form new Facebook friendships with one another, whereas control participants assigned to the same attention control workshop were no more or less likely to form new friendships. Further, peer leaders with greater PrEP intentions and those living with HIV were more active in forming new friendships with other peer leaders, effects not found in the control network. PrEP adoption was not influenced by network dynamics in either group. Conclusions: The implications of these findings are discussed through the lens of community-capacity building and the role that peer leader interventions and the networks they engage can impact public health. © 2021 by the authors. Licensee MDPI, Basel, Switzerland.	Capacity-building; HIV prevention; Peer leaders; Social network interventions; Stochastic actor-based models	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Yu, Simin; Cross, Wendy; Lam, Louisa Lok Yi; Zhang, Kaili; Banik, Biswajit; Li, Xianhong; Wang, Honghong	Willingness, preferred ways and potential barriers to use pre-exposure prophylaxis for HIV prevention among men who have sex with men in China.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2021-053634	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8559123	OBJECTIVE: To explore willingness and preferred ways to use HIV pre-exposure prophylaxis (PrEP), factors associated with willingness, and potential barriers to PrEP use among men who have sex with men (MSM) in Changsha, China. DESIGN: A cross-sectional survey was conducted from 25 June to 31 August 2019. Two hundred and fifty-five MSM were recruited from three community-based organisations (CBOs) in Changsha City. Willingness and potential barriers to use PrEP were examined using researcher-created scales. Univariate and multivariate logistic regression was used to analyse the factors associated with willingness to use PrEP. P values <0.05 were considered significant. SETTING: Three MSM inclusive CBOs in Changsha, Hunan Province, China. PARTICIPANTS: 255 HIV-negative MSM were recruited through their CBOs with snowball sampling. RESULTS: Less than half of the participants (43.1%) had heard of PrEP and 15.3% were willing to use PrEP. The participants reported higher willingness to use event-driven PrEP (3.70±0.07) than daily PrEP (2.65±0.07). Higher self-rated risk and fear of contracting HIV (OR: 14.47, 95% CI 2.19 to 95.53), awareness of PrEP (OR: 4.20, 95% CI 1.64 to 10.73), sharing one's own sexual orientation with parents or siblings (OR: 2.52, 95% CI 1.54 to 7.20) and having a university education or above (OR:0.29, 95% CI 0.12 to 0.72) were associated with willingness to use PrEP. Only 12.2% of the sample was concerned about potential barriers to PrEP use. CONCLUSION: Efforts to improve awareness and knowledge of PrEP, teach self-evaluation of HIV infection risk and provide social and emotional support for MSM are needed to scale up PrEP implementation in China.	HIV & AIDS, public health, health policy	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Yu, Xiaoyue; Chen, Xu; Ni, Yang; Chang, Ruijie; Wang, Huwen; Gong, Ruijie; Wang, Ying; Wang, Suping; Cai, Yong	Pre-Exposure Prophylaxis (PrEP) Adherence Questionnaire: Psychometric Validation among Sexually Transmitted Infection Patients in China	International Journal of Environmental Research and Public Health	-	-	-	-	1661-7827	10.3390/ijerph182010980	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-adherence/docview/2584387974/se-2?accountid=8113	Background: Ensuring adherence guarantees the efficacy of pre-exposure prophylaxis (PrEP). Methods: We conducted a cross-sectional study among 816 sexually transmitted infection (STI) patients in Shanghai. The questionnaire included self-reported demographic characteristics, self-administered items on adherence to free oral PrEP, and PrEP uptake behavior measurement. We conducted item analysis, reliability analysis, validity analysis and receiver operating characteristic (ROC) curve analysis. Results: Not all items were considered acceptable in the item analysis. The questionnaire had a McDonald's ω coefficient of 0.847. The scale-level content validity index (CVI) was 0.938 and the item-level CVI of each item ranged from 0.750 to 1. In exploratory factor analysis, we introduced a four-factor model accounting for 79.838% of the aggregate variance, which was validated in confirmatory factor analysis. Adding PrEP adherence questionnaire scores contributed to prediction of PrEP uptake behavior (p < 0.001) in regression analysis. The maximum area under the ROC curve was 0.778 (95% IC: 0.739–0.817). Conclusion: The PrEP adherence questionnaire presented psychometric validation among STI patients.	China; adherence; HIV prevention; Pre-exposure prophylaxis; Research; Adherence; pre-exposure prophylaxis (PrEP); Sexually transmitted infection; Infections; Transgender persons; Disease prevention; Prophylaxis; Drug therapy; Patient compliance; Questionnaire; Population; Factor analysis; Interviews; Disease transmission; Regression analysis; Questionnaires; Clinical trials; Dermatology; questionnaire; Theory of planned behavior; Immune system; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; Acquired immune deficiency syndrome--AIDS; Reliability analysis; Cooperation	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Yu, Yi-Fang; Wu, Huei-Jiuan; Ku, Stephane Wen-Wei; Huang, Po-Hsien; Li, Chia-Wen; Huang, Poyao; Strong, Carol	Condomless Anal Sex Associated With Heterogeneous Profiles Of HIV Pre-Exposure Prophylaxis Use and Sexual Activities Among Men Who Have Sex With Men: A Latent Class Analysis Using Sex Diary Data on a Mobile App.	Journal of Medical Internet Research	-	-	-	-	1438-8871	10.2196/33877	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8738983	BACKGROUND: New innovative technologies, such as mobile apps, have been developed to increase pre-exposure prophylaxis (PrEP) adherence and the use of log sex diaries. The contiguity of mobile apps reduces the recall bias that generally affects reported condom and PrEP use. However, none of the currently used mobile apps were designed for event-driven PrEP users, and few studies have demonstrated the potential usage of sex diary data to facilitate the understanding of the different HIV risks among heterogeneous profiles of sex diaries and PrEP use. OBJECTIVE: We aim to discriminate the heterogeneous profiles of sex events and PrEP use and examine the risk of condomless anal sex among different types of sex events. METHODS: We recruited 35 adult men who have sex with men from two medical centers in Taiwan since May 2020 and followed up for four months. Participants were on PrEP or willing to take PrEP. They were asked to log their sex events, PrEP use, and dosing regimens on a mobile app to improve their PrEP adherence. Latent class analysis was used to distinguish profiles of sex events and PrEP use. Indicators included correct intake of PrEP for each sex event, participants' sexual positioning, partner's HIV status, and age. RESULTS: A total of 551 sex events were classified into three classes by latent class analysis: PrEP nonadherent flip-flopping (234/551, 42%), PrEP imperfect-adherent power bottoming (284/551, 52%), and PrEP adherent serodiscordant topping (33/551, 6%). "PrEP nonadherent flip-flopping" sex events were more likely to involve condomless anal sex than "PrEP imperfect-adherent power bottoming" (OR 1.83, 95% CI 1.03-3.25) after considering random intercepts for individuals, and this class needed to increase their PrEP adherence and use of condoms. "PrEP imperfect-adherent power bottoming" realized their own risk and packaged PrEP with condoms to protect themselves. Up to 99% (32/33) of sex events in "PrEP adherent serodiscordant topping" were protected by PrEP, but all of the sex events in this group were condomless. CONCLUSIONS: Using the sex diary data could advance the capacity to identify high-risk groups. HIV prevention strategy should be more flexible and combine PrEP with condom use for future HIV prevention.	mobile apps, pre-exposure prophylaxis, PrEP, latent class analysis, men who have sex with men, MSM, condom, sex diaries, adherence, app, sex, diary, sexual health, HIV, Taiwan, risk, prevention	English	Germany	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Quantitative
Article	2021	Yumori, Caitlin; Zucker, Jason; Theodore, Deborah; Chang, Michelle; Carnevale, Caroline; Slowikowski, Jacek; LaSota, Elijah; Olender, Susan; Gordon, Peter; Cohall, Alwyn; Sobieszczyk, Magdalena E	Women Are Less Likely to Be Tested for HIV or Offered Preexposure Prophylaxis at the Time of Sexually Transmitted Infection Diagnosis.	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001265	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8543120	BACKGROUND: Ending the HIV epidemic requires linkage of at-risk individuals from diverse health care settings to comprehensive HIV prevention services. Sexually transmitted infections (STIs) are significant biomarkers of HIV risk and should trigger preexposure prophylaxis (PrEP) discussion. We reviewed STI testing practices outside of sexual health clinics to identify opportunities for improvement in the provision of HIV prevention services. METHODS: An electronic sexual health dashboard was used to identify patient encounters with a positive gonorrhea, chlamydia, and/or rapid plasma reagin test result between January 1, 2019, and August 23, 2019, at a large urban academic medical center. A retrospective chart review was performed to assess HIV testing, completeness of STI screening, and HIV prevention discussion; inadequate screening was defined as no HIV test in 12 months before STI diagnosis. RESULTS: A total of 815 patients with 856 patient encounters were included. Patients were predominantly female (64.4%); median age was 24 years (range, 18-85 years). The most common test and most common positive test result was the genitourinary gonorrhea/chlamydia nucleic acid amplification test. Multisite testing was rare (7.5% of patient encounters) and performed more frequently in men than in women (20.3% vs. 0.36%). Women were also more likely to be inadequately screened for HIV (15.1% vs. 25.8%).Documentation of PrEP discussion was rare (4.7% of patient encounters) compared with safe sex (44.6%) and condoms (49.8%). Preexposure prophylaxis was discussed almost exclusively with men compared with women (17% vs. 1.1%). CONCLUSIONS: In patients diagnosed with bacterial STI outside of sexual health clinics, gaps in HIV prevention exist. HIV screening, multisite STI screening, and discussion of PrEP were particularly infrequent among women.	HIV prevention, PrEP, women, sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Zane, Doris; Roller, Shane; Shelton, Josephine; Singh, Roshni; Jain, Rachna; Wang, Yan; Yang, Bing; Felx, Melanie; Alessi, Thomas; Feldman, Paul L.	A 28-Day Toxicity Study of Tenofovir Alafenamide Hemifumarate by Subcutaneous Infusion in Rats and Dogs.	Microbiology Spectrum	-	-	-	-	2165-0497	10.1128/Spectrum.00339-21	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8552772	The toxicity of tenofovir alafenamide (TAF) hemifumarate (HF) was evaluated when administered by continuous subcutaneous (s.c.) infusion via an external infusion pump for 28 days to rats and dogs. The toxicokinetics of TAF and two metabolites, tenofovir (TFV) and tenofovir diphosphate (TFV-DP) were also evaluated. After administration of TAF HF in rats and dogs, primary systemic findings supported an inflammatory response that was considered minimal to mild. Gross pathology and histopathologic evaluation of tissue surrounding the s.c. infusion site revealed signs of inflammation, including edema, mass formation, fibrosis, and mononuclear cell inflammation in groups receiving ≥300 μg/kg/day in rats and ≥25 μg/day in dogs. Although these changes were observed in animals receiving vehicle, the severity was greater in animals receiving TAF HF. Changes in the local tissue were considered a TAF HF-mediated exacerbation of an inflammatory response to the presence of the catheter. In rats, systemic and local findings were considered not adverse due to their low severity and reversibility; therefore, the "no observed adverse effect level" (NOAEL) was set at 1,000 μg/kg/day. Because none of the systemic findings were related to systemic exposure to TAF, the systemic NOAEL was set at 250 μg/kg/day in dogs. Due to the severity of the observations noted, a NOAEL for local toxicity could not be established. Although these results might allow for exploration of tolerability and pharmacokinetics of s.c. administered TAF HF in humans, data suggest a local reaction may develop in humans at doses below a clinically relevant dose. IMPORTANCE Human immunodeficiency virus (HIV) infection continues to be a serious global human health issue, with ~38 million people living with HIV worldwide at the end of 2019. HIV preexposure prophylaxis (PrEP) has introduced the use of antiretroviral therapies as another helpful tool for slowing the spread of HIV worldwide. One possible solution to the problem of inconsistent access and poor adherence to HIV PrEP therapies is the development of subcutaneous (s.c.) depots or s.c. implantable devices that continuously administer protective levels of an HIV PrEP therapy for weeks, months, or even years at a time. We evaluate here the toxicity of tenofovir alafenamide, a potent inhibitor or HIV replication, after continuous s.c. infusion in rats and dogs for HIV PrEP.	Male; tenofovir alafenamide; Animals; HIV-1; HIV Infections/drug therapy; Dogs; Rats; Adenine/analogs & derivatives; Anti-HIV Agents; Pre-Exposure Prophylaxis; antiretroviral; human immunodeficiency virus; preexposure prophylaxis; Organophosphates; subcutaneous; Alanine/*toxicity; Edema; Infusions, Subcutaneous/*methods; Tenofovir/*analogs & derivatives/therapeutic use/*toxicity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2021	Zapata, Wildeman	Natural Products with Inhibitory Activity against Human Immunodeficiency Virus Type 1	Advances in Virology	-	-	-	-	NA	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8181102/#:~:text=Considering%20that%20there%20is%20a,and%20bromotyrosines%20(Figure%201).	Infections caused by human immunodeficiency virus (HIV) are considered one of the main public health problems worldwide. Antiretroviral therapy (ART) is the current modality of treatment for HIV-1 infection. It comprises the combined use of several drugs and can decrease the viral load and increase the CD4+ Tcell count in patients with HIV-1 infection, thereby proving to be an effective modality. This therapy significantly decreases the rate of morbidity and mortality owing to acquired immunodeficiency syndrome (AIDS) and prolongs and improves the quality of life of infected patients. However, nonadherence to ARTmay increase viral resistance to antiretroviral drugs and transmission of drug-resistant strains of HIV. +erefore, it is necessary to continue research for compounds with anti-HIV-1 activity, exhibiting a potential for the development of an alternative or complementary therapy to ARTwith low cost and fewer side effects. Natural products and their derivatives represent an excellent option owing to their therapeutic potential against HIV. Currently, the derivatives of natural products available as anti-HIV-1 agents include zidovudine, an arabinonucleoside derivative of the Caribbean marine sponge (Tectitethya crypta), which inhibits the reverse transcriptase of the virus. +is was the first antiviral agent approved for treatment of HIV infection. Additionally, bevirimat (isolated from Syzygium claviflorum) and calanolide A (isolated from Calophyllum sp.) are inhibitors of viral maturation and reverse transcription process, respectively. In the present review, we aimed to describe the wide repertoire of natural compounds exhibiting anti-HIV-1 activity that can be considered for designing new therapeutic strategies to curb the HIV pandemic.	NA	English	United Kingdom	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Colombia	Eastern Europe and Central Asia	Review
Article	2021	Zarwell, Meagan; John, Steven A; Westmoreland, Drew; Mirzayi, Chloe; Pantalone, David W; Golub, Sarit; Nash, Denis; Grov, Christian	PrEP Uptake and Discontinuation Among a U.S. National Sample of Transgender Men and Women.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-020-03064-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7979462	Pre-exposure prophylaxis (PrEP) has revolutionized HIV prevention efforts by effectively preventing the sexual transmission of HIV infection. Few studies have examined PrEP uptake and discontinuation among transgender individuals who are underserved in HIV prevention efforts. An online U.S. nationwide survey screened 294 HIV-negative transgender people for participation in a larger cohort study. We analyzed associations between demographic characteristics and PrEP use and discontinuation. We conducted thematic analyses of open-ended responses to identify reasons for PrEP discontinuation. Fifty-one participants (17.4%) reported ever receiving a PrEP prescription. Transgender men reported higher PrEP use than transgender women (χ2 = 18.06; p < 0.0001). PrEP discontinuation was reported by 49.0% of individuals who reported PrEP use. Reasons for PrEP discontinuation were related to side effects, insurance coverage, relationship status, and access to providers. HIV prevention efforts to increase PrEP should include mechanisms for PrEP uptake and re-initiation among transgender individuals.	HIV prevention, transgender, PrEP, uptake, discontinuation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Zhang J.; Tucker J.; Tang W.; Wang H.; Chu Z.; Hu Q.; Huang X.; Chen Y.; Wang H.; He X.; Li Y.; Zhang L.; Hu Z.; Bao R.; Li S.; Li H.; Ding H.; Jiang Y.; Geng W.; Xu J.; Shang H.	Internet-based HIV self-testing among men who have sex with men through pre-exposure prophylaxis: 3-Month prospective cohort analysis from China	Journal of Medical Internet Research	-	-	-	-	14388871	10.2196/23978	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114029206&doi=10.2196%2f23978&partnerID=40&md5=f26d1463b5e9e96f281cf73f123d9c2c	Background: Routine HIV testing accompanied with pre-exposure prophylaxis (PrEP) requires innovative support in a real-world setting. Objective: This study aimed to determine the usage of HIV self-testing (HIVST) kits and their secondary distribution to partners among men who have sex with men (MSM) in China, who use PrEP, in an observational study between 2018 and 2019. Methods: In 4 major cities in China, we prospectively followed-up MSM from the China Real-world oral PrEP demonstration study, which provides daily or on-demand PrEP for 12 months, to assess the usage and secondary distribution of HIVST on quarterly follow-ups. Half of the PrEP users were randomized to receive 2 HIVSTs per month in addition to quarterly facility-based HIV testing. We evaluated the feasibility of providing HIVST to PrEP users. Results: We recruited 939 MSM and randomized 471 to receive HIVST, among whom 235 (49.9%) were daily and 236 (50.1%) were on-demand PrEP users. At baseline, the median age was 29 years, 390 (82.0%) men had at least college-level education, and 119 (25.3%) had never undergone facility-based HIV testing before. Three months after PrEP initiation, 341 (74.5%) men had used the HIVST provided to them and found it very easy to use. Among them, 180 of 341 (52.8%) men had distributed the HIVST kits to other MSM, and 132 (51.6%) among the 256 men who returned HIVST results reported that used it with their sexual partners at the onset of intercourse. Participants on daily PrEP were more likely to use HIVST (adjusted hazard ratio=1.3, 95% CI 1.0-1.6) and distribute HIVST kits (adjusted hazard ratio=1.3, 95% CI 1.1-1.7) than those using on-demand PrEP. Conclusions: MSM who used PrEP had a high rate of usage and secondary distribution of HIVST kits, especially among those on daily PrEP, which suggested high feasibility and necessity for HIVST after PrEP initiation. Assuming that fourth-generation HIVST kits are available, HIVST may be able to replace facility-based HIV testing to a certain extent. © 2021 Jing Zhang, Joseph Tucker, Weiming Tang, Hongyi Wang, Zhenxing Chu, Qinghai Hu, Xiaojie Huang, Yaokai Chen, Hui Wang, Xiaoqing He, Yao Li, Lukun Zhang, Zhili Hu, Rantong Bao, Shangcao Li, Hang Li, Haibo Ding, Yongjun Jiang, Wenqing Geng, Junjie Xu, Hong Shang.	HIV self-testing; Men who have sex with men; Pre-exposure prophylaxis; Secondary distribution; Usage	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2021	Zhang L.; Wang J.; von Kleist M.	Numerical approaches for the rapid analysis of prophylactic efficacy against HIV with arbitrary drug-dosing schemes	PLOS Computational Biology	-	-	-	-	1553734X	10.1371/journal.pcbi.1009295	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122412237&doi=10.1371%2fjournal.pcbi.1009295&partnerID=40&md5=84142822f6dedf61484326948ee4d098	Pre-exposure prophylaxis (PrEP) is an important pillar to prevent HIV transmission. Because of experimental and clinical shortcomings, mathematical models that integrate pharmacological, viral- and host factors are frequently used to quantify clinical efficacy of PrEP. Stochastic simulations of these models provides sample statistics from which the clinical efficacy is approximated. However, many stochastic simulations are needed to reduce the associated sampling error. To remedy the shortcomings of stochastic simulation, we developed a numerical method that allows predicting the efficacy of arbitrary prophylactic regimen directly from a viral dynamics model, without sampling. We apply the method to various hypothetical dolutegravir (DTG) prophylaxis scenarios. The approach is verified against state-of-the-art stochastic simulation. While the method is more accurate than stochastic simulation, it is superior in terms of computational performance. For example, a continuous 6-month prophylactic profile is computed within a few seconds on a laptop computer. The method's computational performance, therefore, substantially expands the horizon of feasible analysis in the context of PrEP, and possibly other applications. © 2021 Zhang et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2021	Zhang, Jing; Xu, Jun-Jie; Wang, Hong-Yi; Huang, Xiao-Jie; Chen, Yao-Kai; Wang, Hui; Chu, Zhen-Xing; Hu, Qing-Hai; He, Xiao-Qing; Li, Yao; Zhang, Lu-Kun; Hu, Zhi-Li; Bao, Ran-Tong; Li, Shang-Cao; Li, Hang; Ding, Hai-Bo; Jiang, Yong-Jun; Geng, Wen-Qing; Sylvia, Sean; Shang, Hong	Preference for daily versus on-demand pre-exposure prophylaxis for HIV and correlates among men who have sex with men: the China Real-world Oral PrEP Demonstration study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25667	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101461155&doi=10.1002%2fjia2.25667&partnerID=40&md5=6d2cd810e46ee597b26bf71f82c863b7	Introduction: This study explores the preference for daily versus on-demand pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in developing countries when both regimens are available. Methods: From 11 December 2018 to 19 October 2019, we recruited MSM for an open-label real-world PrEP demonstration study in four major cities in China. Subjects selected their preferred PrEP (oral tenofovir/emtricitabine) regimen (daily vs. on-demand) at recruitment and underwent on-site screening before initiation of PrEP. We used logistic regression to assess preference for daily PrEP and correlates. Results: Of 1933 recruited MSM, the median age was 29 years, 7.6% was currently married to or living with a female and 6.1% had used post-exposure prophylaxis (PEP) in the previous six months. HIV infection risk was subjectively determined as very high (>75%) in 7.0% of subjects, high (50% to 75%) in 13.3%, moderate (25% to 49%) in 31.5% and low or none (0% to 24%) in 48.1%. On average, participants preferred on-demand PrEP over daily PrEP (1104 (57.1%) versus 829 (42.9%)) at recruitment. In multivariable analysis, currently being married to or living with a female was associated with 14.6 percentage points lower preference for daily PrEP (marginal effect = −0.146 95% CI: −0.230, −0.062, p = 0.001); whereas the number of male sexual partners (marginal effect = 0.003 95% CI: 0.000, 0.005, p = 0.034) and a subjective assessment of being very high risk of HIV infection (vs. low and no risk, marginal effect size = 0.105 95% CI: 0.012, 0.198, p = 0.027) were associated with increased preference for daily versus on-demand PrEP. Among the 1933 potential participants, 721 (37.3%) did not attend the subsequent on-site screening. Lower-income, lower education level, lower subjective expected risk of HIV infection and younger age positively correlated with the absence of on-site screening. Conclusions: MSM in China prefer both daily and on-demand PrEP when both regimens are provided free. Social structural factors and subjective risk of HIV infection have significant impacts on PrEP preference and use. The upcoming national PrEP guideline should consider incorporating both regimens and the correlates to help implement PrEP in China. © 2021 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; men who have sex with men; pre-exposure prophylaxis; preference; regimen; switch	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2021	Zhao Z.; Jones J.; Arrington-Sanders R.; Gladfelter G.; McDonald S.; Reed C.; Myer D.; Schlenker N.; Fulton G.; Jones T.; Saheed M.; Rothman R.; Hsieh Y.-H.	Emergency Department-Based Human Immunodeficiency Virus Preexposure Prophylaxis Referral Program - Using Emergency Departments as a Portal for Preexposure Prophylaxis Services	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001351	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111401143&doi=10.1097%2fOLQ.0000000000001351&partnerID=40&md5=4442f49aed3ee43e8838f080f4305ba3	A pilot program was implemented to assess the feasibility of emergency department (ED) preexposure prophylaxis (PrEP) referral. Of 119 eligible patients approached and assessed, 39 (33%) expressed interest and were referred to peer navigators. Of these, 16 (41%) scheduled for appointments; four (10%) initiated PrEP, which demonstrated ED-based PrEP referral was feasible. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Zhou, Xin; Altice, Frederick L; Chandra, Divya; Didomizio, Elizabeth; Copenhaver, Michael M; Shrestha, Roman	Use of Pre-exposure Prophylaxis Among People Who Inject Drugs: Exploratory Findings of the Interaction Between Race, Homelessness, and Trust.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03227-7	https://dx.doi.org/10.1007/s10461-021-03227-7	Scale-up of pre-exposure prophylaxis (PrEP) in people who inject drugs (PWID) remains suboptimal. Patient-level factors are often complex and may contribute to scale-up. Using cross-sectional data from 234 opioid-dependent patients on methadone who met eligibility criteria for PrEP, we conducted logistic regression analyses to assess potential moderators associated with being on PrEP (n = 60). Mean provider trust was significantly higher among Blacks vs Whites (39.4 vs 34.9; p = 0.002) and non-homeless vs homeless participants (37.5 vs 34.8; p = 0.008). Though race/ethnicity was not a significant moderator on provider trust and use, increased provider trust was marginally associated with increased PrEP use among Blacks (p = 0.058). Additionally, homelessness significantly moderated provider trust and PrEP use (p = 0.024). Provider trust among non-homeless participants was positively correlated with PrEP use (p = 0.013) but not among homeless participants. Strategies that promote provider trust in Blacks and non-homeless PWID on methadone may improve PrEP scale-up.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Zhu, Weiming; Huang, Ya-Lin A; Kourtis, Athena P; Hoover, Karen W	Trends in the Number and Characteristics of HIV Pre-Exposure Prophylaxis Providers in the United States, 2014-2019.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002774	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8568068	BACKGROUND: The number and characteristics of pre-exposure prophylaxis (PrEP) health care providers in the United States have not been reported. METHODS: We analyzed a national pharmacy database that included >90% of all prescriptions dispensed by retail pharmacies and 60%-86% dispensed by mail-order outlets. We estimated the number of PrEP providers by year, provider type, physician specialty, and geographic location. We also measured the Gini coefficients for the distribution of PrEP patients among providers. RESULTS: The number of PrEP providers increased from 9621 in 2014 to 65,822 in 2019. In 2019, 68.1% of PrEP providers were physicians. The proportion of nurse practitioners or physician assistants increased from 18.0% in 2014 to 29.7% in 2019. Among all the US health care providers, those who prescribed PrEP increased from 0.7% in 2014 to 4.3% in 2019. Among all general practice/family medicine physicians, the percentage of who prescribed PrEP increased from 1.8% in 2014 to 13.6% in 2019 and from 14.2% to 34.2% among infectious disease physicians. The ratio of PrEP providers to 100 persons with PrEP indications was lowest in the South with 4.4. The Gini coefficient for the distribution of PrEP patients among providers was 0.75 in 2019, with 50% of the PrEP patients prescribed PrEP by 2.2% of PrEP providers. CONCLUSIONS: An increasing number of providers prescribed PrEP during 2014-2019. The South had the largest number of new HIV diagnoses and greatest need for HIV prevention but had less PrEP service capacity compared with other regions. Expanded access to PrEP services is needed in the United States.	HIV, preexposure prophylaxis (PrEP), healthcare provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Zimmerman, Rick S; Mehrotra, Purnima; Madden, Tessa; Paul, Rachel	The Value of Assessing Self-Reported and Biological Indicators of Outcomes in Evaluating HIV Programs.	Current HIV/AIDS Reports	-	-	-	-	1548-3576	10.1007/s11904-021-00560-3	https://dx.doi.org/10.1007/s11904-021-00560-3	PURPOSE OF REVIEW: In this manuscript, we present recent findings concerning concordance and discrepancy between biological measures and self-reports of these three outcomes of HIV programs: HIV status, adherence to antiretroviral medications (ARVs) and use of and adherence to pre-exposure prophylaxis medication (PrEP), and condom use/unprotected sex. RECENT FINDINGS: Recent studies suggest that three successive rapid HIV tests (for those whose first test in positive) might be reasonably inexpensive and valid biological data to collect to combine with self-reports of HIV status, dried blood spots sufficiently affordable to combine with self-reports of adherence to ARVs and use of or adherence to PrEP, and that the discrepancy between self-reports of condom use and biomarkers of unprotected sex may be relatively small in high-income countries. Additional work on assessment of incorrect condom usage and breakage, standardized self-report measures of condom use, and more private data collection methodologies in low-income settings might reduce the recent observed discrepancies even further. Concordance between self-reports of HIV and biomarkers indicating HIV positive status has varied considerably, with much lower rates in low-income countries, where the stigma of HIV is still very high. Recommendation is for combining self-report data with the results of three successive rapid tests for those testing positive. For adherence, again agreement between self-reports and a variety of more objective and/or biological measures is only moderate. Dried blood spots (DBS) may be sufficiently inexpensive in low-resource settings that this may be the best biological method to combine with self-reports. In publications over the last 8 years, the discrepancy between self-reports of condom use and biomarkers for unprotected sex may be even lower than 20% after controlling for other features of the study, particularly in high-income countries. Our results suggest that more careful assessment of incorrect condom use and breakage as reasons other than intentional misreporting should be investigated more carefully and that more private data collection methods such as audio, computer-assisted self-interviewing (ACASI) might be employed more often in low-resource settings to reduce this discrepancy in those settings further. In addition, further analysis of the discrepancy between self-reports of condom use and biomarkers should be conducted of published studies using the correct calculation methods to be more certain of these findings.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2021	Zimmermann, Hanne M L; Postma, Lisa R; Achterbergh, Roel C A; Reyniers, Thijs; Schim van der Loeff, Maarten F; Prins, Maria; de Vries, Henry J C; Hoornenborg, Elske; Davidovich, Udi	The Impact of Pre-exposure Prophylaxis on Sexual Well-Being Among Men Who Have Sex with Men.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-020-01833-5	https://dx.doi.org/10.1007/s10508-020-01833-5	Pre-exposure prophylaxis (PrEP) is a promising strategy to reduce HIV incidence among men who have sex with men (MSM). How and when PrEP is used could in part be influenced by its impact on the sexual well-being of its users. Yet, the impact of PrEP on sexual well-being has received little attention in current literature and is not well-understood. We conducted 43 in-depth interviews (June 2017-June 2018) with HIV-negative MSM who started PrEP within the Amsterdam PrEP study. We used purposive sampling to select participants who (1) reported changes on well-being indicators; (2) switched between PrEP-dosing regimens; (3) neither changed regimens nor changed on well-being indicators. Transcribed interviews were qualitatively analyzed by means of an open-coding process. Results showed that PrEP minimized HIV-related fear, increased self-esteem, and reduced stigma and shame about having condomless anal sex. The psychological relief provided by PrEP also enabled relaxation which reduced pain during anal sex. PrEP use increased the diversity of partner choices and improved the perceived quality of sexual relationships and the ability to develop relationships. Along with this positive impact, almost half of interviewees reported concurrent negative experiences. In some cases, PrEP triggered more extreme sexual behaviors and/or problematic increases in preoccupation with sex and drug use. These were perceived as having a negative impact on sexual relationships, sexual well-being, PrEP adherence, and general health. In conclusion, our findings suggest that PrEP contributes to improvements in sexual well-being that go beyond protection from HIV. Counseling strategies should be devised to help PrEP users mitigate possible co-existing negative consequences of PrEP use.	NA	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2021	Zirbel, Guilherme	"Eu confio na PrEP": o uso do medicamento da profilaxia pré-exposição ao vírus da imunodeficiência humana (Florianópolis, Santa Catarina)	-	-	Universidade Federal de Santa Catarina	Universidade Federal de Santa Catarina	-	NA	NA	https://pergamum.ufsc.br/acervo/373222	Resumo : A Profilaxia Pré-Exposição (PrEP) é um método de prevenção ao contágio do vírus do HIV usado há anos em diversos países e que consiste na tomada diária de um comprimido de fumarato de tenofovir e entricitabina. A confiança neste medicamento vem sendo alvo de estudos pelo mundo e, no Brasil, possui uma importância significante, já que nos últimos anos há um aumento de casos de infecção pelo HIV em pessoas de 20 a 39 anos. O principal objetivo de estudo foi identificar os fatores que contribuem para a construção da confiança na PrEP por usuários da profilaxia em Florianópolis, Santa Catarina. Foi realizada entrevista semiestruturada com 46 homens autodeclarados gays, usuários da PrEP, realizadas de maneira virtual devido à pandemia de Covid-19. Os dados foram submetidos à análise temática de conteúdo. A maioria dos participantes se autodeclarou branca, solteira e com formação superior. Os usuários confiam no medicamento e atribuem essa confiança à ciência/conhecimento científico, à relação com os profissionais que atendem no Ambulatório da PrEP e ao serviço oferecido (com testagens e consultas periódicas), e às experiências pessoais com o medicamento. O estudo sugere que a constante busca pelo aumento e manutenção do vínculo entre os profissionais da saúde e os usuários, a maior disponibilidade de leituras e de canais oficiais de divulgação científica e a ampliação do acesso à PrEP constituem medidas para alcançar um público mais amplo e com confiança na PrEP.	Profilaxia Pré-Exposição, HIV, Confiança, Ciência, Profissional de Saúde, Relações Interpessoais	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2021	Zissette S.; Tolley E.E.; Martinez A.; Hanif H.; Gill K.; Mugo N.; Myers L.; Casmir E.; Duyver M.; Ngure K.; Doncel G.F.	Adaptation and validation of simple tools to screen and monitor for oral PrEP adherence	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0251823	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106744238&doi=10.1371%2fjournal.pone.0251823&partnerID=40&md5=4e205b727c394c8752a51b1bbfe5eba8	Introduction Oral, vaginal and other pre-exposure prophylaxis (PrEP) products for HIV prevention are in various stages of development. Low adherence poses a serious challenge to successful evaluation in trials. In a previous study, we developed tools to screen for general adherence and specifically monitor intravaginal ring adherence within the context of HIV prevention clinical trials. This study aimed to further validate the screening tool and to adapt and provide initial psychometric validation for an oral pill monitoring tool. Materials and methods We administered a cross-sectional survey between June and October 2018 at a trial site located near Cape Town, South Africa, and another in Thika, Kenya, with 193 women who had experience using daily oral pills. We fit confirmatory factor analysis models on the screening tool items to assess our previously-hypothesized subscale structure. We conducted an exploratory factor analysis of oral PrEP monitoring items to determine the underlying subscale structure. We then assessed the construct validity of each tool by comparing subscales against each other within the current sample and our original sample, from a study conducted in four sites in South Africa, including Cape Town. Results The screening tool structure showed moderate evidence of construct validity. As a whole, the tool performed in a similar way to the original sample. The monitoring tool items, which were revised to assess perceptions about and experiences using daily oral PrEP, factored into five subscales that showed moderate to good reliability. Four of the five subscales had a similar structure overall to the vaginal ring monitoring tool from which they were adapted. Conclusions Accurate measurement of HIV-prevention product adherence is of critical importance to the assessment of product efficacy and safety in clinical trials, and the support of safe and effective product use in non-trial settings. In this study, we provide further validation for these measures, demonstrating the screening tool's utility in additional populations and adapting the monitoring tool's utility for different HIV-prevention products. © 2021 Zissette et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2021	Zohar M.; Guy S.; Itzchak L.	Knowledge of and willingness to take pre-exposure prophylaxis among men who have sex with men in Israel	Israel Journal of Health Policy Research	-	-	-	-	20454015	10.1186/s13584-021-00500-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120798534&doi=10.1186%2fs13584-021-00500-x&partnerID=40&md5=de58d9a3f5a5385fdd96bdef123f5ca2	Background: Oral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate and emtricitabine (TDF/FTC) has been found to reduce viral acquisition among HIV-negative MSM. This cross-sectional study was conducted before pre-exposure prophylaxis (PrEP) licensure in Israel, and aimed to compare men who have sex with men (MSM) who had heard of PrEP with those who had not, as well as MSM willing to take PrEP with those who were hesitant or not willing to take PrEP. Methods: HIV-negative MSM responded anonymously to questionnaires in 2017 regarding their knowledge of and willingness to take PrEP, prior use of PrEP and post-exposure prophylaxis (PEP), and their sexual behaviors. Results: Among 1705 participants, 1431 (83.9%) had heard about PrEP. They were older and more often reported being Jewish, having an academic degree, self-identifying as gay/bisexual, being tested for HIV in the last year, participating in group sex, using alcohol or drugs before or during sex, and having prior use of PrEP/PEP compared with MSM who had not heard about PrEP. A total of 760 (44.8%) participants indicated that they would consider taking PrEP, 567 (33.5%) maybe would consider taking PrEP, and 367 (21.7%) would not take PrEP. Those who were willing to take PrEP had a lower level of education, were involved in high-risk sexual behaviors, used alcohol or drugs before or during sex, and had previously used PrEP/PEP compared with participants who maybe would consider taking or would not take PrEP. When participants were asked to indicate if they were willing to take PrEP at different potential efficacies and costs, the willingness to using PrEP increased with the potential efficacy of the drug and adversely related to its cost. Conclusions: PrEP awareness was high, and 44.8% indicated willingness to take PrEP, especially those who reported high-risk sexual behaviors. This supports the current policy in Israel to allow PrEP to MSM who are at high-risk. In order to maintain a high level of PrEP-adherence, physicians should consider structural barriers, such as negative stigma of being promiscuous, lack of perceived HIV-risk, difficulties in accessing clinics or paying for PrEP, inability to follow-up or low tolerability of the medication. © 2021, The Author(s).	Gay men; HIV; Post-exposure prophylaxis; Sexual behavior	English	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Quantitative

Article	2021	Zucchi E.M.; Couto M.T.; Castellanos M.; Dumont-Pena É.; Ferraz D.; Pinheiro T.F.; Grangeiro A.; da Silva L.A.V.; Dourado I.; Pedrana L.; de Resende Santos F.S.; Magno L.	Acceptability of daily pre-exposure prophylaxis among adolescent men who have sex with men, travestis and transgender women in Brazil: A qualitative study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0249293	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105303631&doi=10.1371%2fjournal.pone.0249293&partnerID=40&md5=26f694b385913cb69446ad3837039e88	Background Adolescents face socio-structural, personal and programmatic barriers to HIV prevention services, highlighting the importance of understanding knowledge and acceptability as essential aspects to promote their broader access to pre-exposure prophylaxis (PrEP). We analyzed the acceptability of PrEP among adolescent men who have sex with men (MSM), travestis and transgender women (TGW). Methods A qualitative investigation was conducted as part of the formative research of the PrEP15-19 study, an ongoing demonstration study that analyzes the effectiveness of daily PrEP among adolescent MSM, travestis and TGW aged 15-19 in three Brazilian cities. A total of 37 semi-structured interviews and 6 focus groups were conducted. Building from thematic analysis focusing on participants' sexual encounters, perceptions about PrEP efficacy, and vulnerability contexts, we analyzed prospective acceptability of PrEP. Findings Knowledge about PrEP was incipient and characterized by adolescents' frequent doubts about its prescription and efficacy. The 'ideal' use of PrEP appeared together with consistent condom use, especially in casual sex. PrEP use was also mentioned as depending on increased learning about prevention management over time. Main barriers to PrEP use included the incorporation of a daily medication into participants' routine and its impact on their social lives, especially related to stigma. Concerns over short- and long-term side effects were also reported as barriers to PrEP use. TGW and travestis contrasted using PrEP with the precarity of their life conditions, and some expressed a critical vision about PrEP by associating it with pharmaceuticalization and trans necropolitics. Conclusions Participants' low knowledge and acceptability of PrEP are circumscribed by a rigid perception of condom as the ideal prevention method and the context of their sexual relations. Prospective acceptability highlights that the successful uptake of PrEP depends on overcoming barriers of access to health services and confronting transphobia and homophobia as part of care. © 2021 Zucchi et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2021	Zucker J.; Carnevale C.; Theodore D.; Castor D.; Meyers K.; Gold J.; Winetsky D.; Scherer M.; Cohall A.; Gordon P.; Sobieszczyk M.; Olender S.	Attitudes and Perceived Barriers to Routine HIV Screening and Provision and Linkage of Postexposure Prophylaxis and Pre-Exposure Prophylaxis among Graduate Medical Trainees	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105651814&doi=10.1089%2fapc.2021.0029&partnerID=40&md5=bf4bcaf195ae6e89fc02fa993fdc6e50	New York City is the metropolitan area in the United States with the highest number of new HIV diagnoses nationwide. The End-The-Epidemic (EtE) initiative calls for identifying persons with HIV who remain undiagnosed, linking and retaining persons living with HIV to maximize viral suppression, and facilitate access to pre-exposure prophylaxis (PrEP) for patients at increased risk of HIV. HIV screening represents the first step to both the primary and secondary HIV prevention cascades. We conducted an online, anonymous, cross-sectional survey of residents at all stages of training within four residency programs at one institution in Northern Manhattan between August 2017 and August 2018. All internal medicine, emergency medicine, obstetrics and gynecology trainees, and pediatrics were invited to complete the survey via email. Of 298 eligible trainees, 142 (48%) completed the survey. Most trainees were aware of the HIV testing law and agreed that HIV testing was their responsibility, but few successfully screened most of their patients. Most trainees were not knowledgeable about non-occupational post-exposure prophylaxis (nPEP) or PrEP, but felt that it was important to provide these services across settings. Barriers to HIV, nPEP, and PrEP varied across specialties. Ending the HIV epidemic will require efforts across clinical specialties. In this survey from an EtE jurisdiction, most trainees felt that it is important to provide HIV prevention services in most settings; however, their knowledge and comfort with HIV prevention services other than testing were low. Barriers varied across specialties, and developing specialty-specific materials for trainees may be beneficial. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	HIV prevention; HIV testing; medical resident; medical trainee; PEP; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Abadan, Sheena Sharifi; Hawryluk, Liz; Montandon, Michele; Flowers, Nicole; Schueller, Jane; Eakle, Robyn; Patel, Pragna; Chevalier, Michelle S; Rana, Sangeeta; Amzel, Anouk	Preexposure Prophylaxis Among Pregnant and Lactating People in 18 PEPFAR-Supported Countries: A Review of HIV Strategies and Guidelines	Global Health Science and Practice	-	-	-	2169-575X	10.9745/GHSP-D-22-00129	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9771465	INTRODUCTION: Pregnant and lactating people (PLP) experience heightened risk of acquiring HIV, which adversely impacts their health and increases the risk for vertical HIV transmission. Preexposure prophylaxis (PrEP), as part of a combination prevention package, including condoms, sexually transmitted infection prevention, and regular HIV testing, is a safe, efficacious method to prevent HIV infections among PLP and their infants. This article examines the evolution of strategies and guidance on PrEP services for PLP from 18 countries supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). METHODS: The 18 countries implement PEPFAR-supported prevention of vertical transmission of HIV and PrEP programs. We reviewed a total of 18 national HIV strategic plans, 28 national HIV guidelines, and 54 PEPFAR country operational plans (COPs) published in 2013-2020. We compared documents from 2013 to 2017 to those from 2017 to 2020 to assess for differences after the release of the 2017 World Health Organization recommendations supporting the use of PrEP by PLP at substantial risk of acquiring HIV. RESULTS: National HIV guidelines and PEPFAR COPs that endorsed PrEP for PLP through any categorization increased from 41% to 73% and 11% to 83%, respectively, in the pre-2017 and post-2017 periods. While many documents approved PrEP but not specifically for PLP (10 national strategic plans, 6 national guidelines, and 28 COPs), none of the documents explicitly prohibited PrEP for PLP. CONCLUSION: National HIV guidelines and PEPFAR COPs expanded inclusion of PLP in PrEP eligibility when comparing the pre-2017 and the post-2017 groups. However, policy gaps remain as only 36% (4/11) of the post-2017 national HIV guidelines included PLP as a specific priority population for PrEP. Inclusive national HIV strategic plans and guidelines on PrEP for PLP, together with effective program implementation, remain critical for reducing new infections in PLP and eliminating vertical transmission of HIV.	National policy makers, program implementers, and other key stakeholders should continue to develop and operationalize inclusive national HIV strategic plans and guidelines on PrEP for PLP to reduce new infections in PLP and eliminate vertical transmission of HIV.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Abdool Karim S.S.; Baxter C.; Abdool Karim Q.	Advancing HIV prevention using tenofovir-based pre-exposure prophylaxis	Antiviral Therapy	-	-	-	13596535	10.1177/13596535211067589	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125759825&doi=10.1177%2f13596535211067589&partnerID=40&md5=507c7f9110d1c14c8e5f86309caf5a14	Tenofovir-based pre-exposure prophylaxis (PrEP) revolutionized the global HIV prevention landscape. Prior to the proof-of concept trial in 2010, which demonstrated that tenofovir (TFV) could prevent sexual transmission of HIV, prevention options were largely limited to behavior change, condoms, and circumcision. Several subsequent studies evaluating oral tenofovir disoproxil fumarate (TDF) or the TDF/emtricitabine (FTC) combination as PrEP for HIV prevention provided evidence for regulatory approval and inclusion in national and international guidelines. By 2021, 1.5 million people had initiated oral tenofovir-based PrEP, contributing to declines in HIV incidence in some regions. Here we reflect on how oral tenofovir-based PrEP became an important component of combination HIV prevention programs across the globe. © The Author(s) 2022.	Anti-HIV Agents; Emtricitabine; HIV Infections; Humans; Male; Pre-Exposure Prophylaxis; Tenofovir	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2022	Adeagbo, Oluwafemi Atanda; Seeley, Janet; Gumede, Dumsani; Xulu, Sibongiseni; Dlamini, Nondumiso; Luthuli, Manono; Dreyer, Jaco; Herbst, Carina; Cowan, F; Chimbindi, Natsayi; Hatzold, Karin; Okesola, Nonhlanhla; Johnson, Cheryl; Harling, Guy; Subedar, Hasina; Sherr, Lorraine; McGrath, Nuala; Corbett, Liz; Shahmanesh, Maryam	Process evaluation of peer-to-peer delivery of HIV self-testing and sexual health information to support HIV prevention among youth in rural KwaZulu-Natal, South Africa: Qualitative analysis	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2021-048780	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124587924&doi=10.1136%2fbmjopen-2021-048780&partnerID=40&md5=1b25495c4302ed3d46e9a16c94366954	Objective Peer-to-peer (PTP) HIV self-testing (HIVST) distribution models can increase uptake of HIV testing and potentially create demand for HIV treatment and pre-exposure prophylaxis (PrEP). We describe the acceptability and experiences of young women and men participating in a cluster randomised trial of PTP HIVST distribution and antiretroviral/PrEP promotion in rural KwaZulu-Natal. Methods Between March and September 2019, 24 pairs of trained peer navigators were randomised to two approaches to distribute HIVST packs (kits+HIV prevention information): incentivised-peer-networks where peer-age friends distributed packs within their social network for a small incentive, or direct distribution where peer navigators distributed HIVST packs directly. Standard-of-care peer navigators distributed information without HIVST kits. For the process evaluation, we conducted semi-structured interviews with purposively sampled young women (n=30) and men (n=15) aged 18-29 years from all arms. Qualitative data were transcribed, translated, coded manually and thematically analysed using an interpretivist approach. Results Overall, PTP approaches were acceptable and valued by young people. Participants were comfortable sharing sexual health issues they would not share with adults. Coupled with HIVST, peer (friends) support facilitated HIV testing and solidarity for HIV status disclosure and treatment. However, some young people showed limited interest in other sexual health information provided. Some young people were wary of receiving health information from friends perceived as non-professionals while others avoided sharing personal issues with peer navigators from their community. Referral slips and youth-friendly clinics were facilitators to PrEP uptake. Family disapproval, limited information, daily pills and perceived risks were major barriers to PrEP uptake. Conclusion Both professional (peer navigators) and social network (friends) approaches were acceptable methods to receive HIVST and sexual health information. Doubts about the professionalism of friends and overly exclusive focus on HIVST information may in part explain why HIVST kits, without peer navigators support, did not create demand for PrEP. ©	health & safety; HIV & AIDS; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Adimy M.; Molina J.; Pujo-Menjouet L.; Ranson G.; Wu J.	Forecasting the Effect of Pre-Exposure Prophylaxis (PrEP) on HIV Propagation with a System of Differential–Difference Equations with Delay	Mathematics	-	-	-	22277390	10.3390/math10214093	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141876190&doi=10.3390%2fmath10214093&partnerID=40&md5=2f17e3a1c3ca3d2b6c7f1cd371c9020f	The HIV/AIDS epidemic is still active worldwide with no existing definitive cure. Based on the WHO recommendations stated in 2014, a treatment, called Pre-Exposure Prophylaxis (PrEP), has been used in the world, and more particularly in France since 2016, to prevent HIV infections. In this paper, we propose a new compartmental epidemiological model with a limited protection time offered by this new treatment. We describe the PrEP compartment with an age-structure hyperbolic equation and introduce a differential equation on the parameter that governs the PrEP starting process. This leads us to a nonlinear differential–difference system with discrete delay. After a local stability analysis, we prove the global behavior of the system. Finally, we illustrate the solutions with numerical simulations based on the data of the French Men who have Sex with Men (MSM) population. We show that the choice of a logistic time dynamics combined with our Hill-function-like model leads to a perfect data fit. These results enable us to forecast the evolution of the HIV epidemics in France if the populations keep using PrEP. © 2022 by the authors.	AIDS; differential–difference system; discrete delay; France; HIV; PrEP	English	Switzerland	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Agaku I.; Nkosi L.; Gwar J.; Tsafa T.	Gender norms, HIV risk, and attitudes towards pre-exposure prophylaxis and other HIV preventive interventions among South African adolescents	Pan African Medical Journal	-	-	-	19378688	10.11604/pamj.2022.41.136.32881	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129359909&doi=10.11604%2fpamj.2022.41.136.32881&partnerID=40&md5=74b41e9be9ce68d769463ca1ac707848	Introduction: we examined HIV-related social norms and perceptions among South African adolescents aged 15-18 years and evaluated their openness to using pre-exposure prophylaxis (PrEP) to reduce HIV risk. Methods: we analyzed cross-sectional data of 4,567 adolescents aged 15-18 years from the "fifth South African National HIV prevalence, HIV incidence, behaviour and communication survey (2017/2018)". Outcomes of interest in our study were HIV-related social norms and awareness of HIV prevention methods, including pre-exposure prophylaxis (PrEP). Results: our results showed that compared to their female counterparts, a significantly higher percentage of male adolescents endorsed the statement "Men can have two or more sexual partners at the same time" (14.2% vs 10.1%, p=0.021). Condoms were the most popular method of HIV prevention, with 83.5% of all participants reporting awareness. Yet, 35.4% of those sexually active in the past year reported not using condoms all the time. Perceived parental sex education and exposure to community campaigns for HIV prevention were both associated with increased awareness of HIV prevention measures and openness to PrEP. Unaided recall of PrEP was very low (3.7%), but most of those who were HIV seronegative (69.3%) were open to using it after learning about it. Openness towards PrEP was significantly higher among those reporting vs not reporting past-year sexual activity (adjusted prevalence ratio (APR=1.16, 95%CI, 1.06-1.28), and binge-drinking (APR=1.24, 95%CI, 1.08-1.41). Conclusion: this study showed that while many South African adolescents were interested in trying PrEP, initial awareness was low. Ensuring barrier-free access to evidence-based preventive strategies may benefit public health. © Israel Agaku et al.	adolescents; condom; HIV; PrEP; prevention	English	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Agot, Kawango; Hartmann, Miriam; Otticha, Sophie; Minnis, Alexandra; Onyango, Jacob; Ochillo, Marylyn; Roberts, Sarah T	"I didn't support PrEP because I didn't know what it was": Inadequate information undermines male partner support for young women's pre-exposure prophylaxis use in western Kenya.	African Journal of AIDS Research	-	-	-	1727-9445	10.2989/16085906.2022.2049831	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10102710	The HIV infection rate is higher among adolescent girls and young women (AGYW) in Africa than men in the same age range. Pre-exposure prophylaxis (PrEP) can be used by women discreetly; however, for most AGYW, male partner approval is desired. We explored PrEP use in the context of relationship violence and power dynamics through focus group discussions and support club sessions with AGYW, in-depth interviews and male sensitisation sessions with male partners of AGYW, and joint sessions with AGYW and their male partners. Many male partners reported hesitancy in supporting partner's PrEP use without sufficient information; most of these became supportive following their engagement in study activities; and most preferred participation in decisions around PrEP use. For AGYW, male involvement minimised partner violence around their PrEP use. The findings support the need for correct PrEP information to be provided to male partners of AGYW and to involve them early on, in decision-making about PrEP use. This is likely to improve uptake of and adherence to PrEP.	Adolescent girls and young women, Intimate partner violence, Male partners, Pre-exposure prophylaxis	English	South Africa	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2022	Agrahari V.; Anderson S.M.; Peet M.M.; Wong A.P.; Singh O.N.; Doncel G.F.; Clark M.R.	Long-acting HIV pre-exposure prophylaxis (PrEP) approaches: recent advances, emerging technologies, and development challenges	Expert Opinion on Drug Delivery	-	-	-	17425247	10.1080/17425247.2022.2135699	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140909248&doi=10.1080%2f17425247.2022.2135699&partnerID=40&md5=2b80d0cbfc7bdf6e372f1c64137d52ae	Introduction: Poor or inconsistent adherence to daily oral pre-exposure prophylaxis (PrEP) has emerged as a key barrier to effective HIV prevention. The advent of potent long-acting (LA) antiretrovirals (ARVs) in conjunction with advances in controlled release technologies has enabled LA ARV drug delivery systems (DDS) capable of providing extended dosing intervals and overcome the challenge of suboptimal drug adherence with daily oral dosing. Areas covered: This review discusses the current state of the LA PrEP field, recent advances, and emerging technologies, including ARV prodrug modifications and new DDS. Technological challenges, knowledge gaps, preclinical testing considerations, and future directions important in the context of clinical translation and implementation of LA HIV PrEP are discussed. Expert opinion: The HIV prevention field is evolving faster than ever and the bar for developing next-generation LA HIV prevention options continues to rise. The requirements for viable LA PrEP products to be implemented in resource-limited settings are challenging, necessitating proactive consideration and product modifications during the design and testing of promising new candidates. If successfully translated, next-generation LA PrEP that are safe, affordable, highly effective, and accepted by both end-users and key stakeholders will offer significant potential to curb the HIV pandemic. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Adherence; antiretroviral; drug delivery system; HIV prevention; implants; injectable; long-acting; microbicide; nanoformulations; prodrug	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Aguayo-Romero R.A.; Cannon C.M.; Wirtz A.L.; Cooney E.E.; Mayer K.H.; Reisner S.L.	HIV awareness and prevention strategies among transgender women in the Eastern and Southern United States: findings from the LITE Study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25999	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139755564&doi=10.1002%2fjia2.25999&partnerID=40&md5=243e79b413bc9435481cdce9e1c8d331	Introduction: Transgender women (TW) experience an increased risk of human immunodeficiency virus (HIV) acquisition. This study identified patterns of HIV awareness and prevention strategies used by TW who were not living with HIV. Methods: Data were drawn from a baseline survey of the LITE Study, a multi-site cohort of TW in Eastern and Southern United States (March 2018–August 2020). We conducted a latent class analysis to identify classes of HIV awareness and prevention strategies among TW who reported past 12-month sexual activity (N = 958) using 10 variables spanning HIV knowledge, receipt and use of HIV prevention strategies, and sexual practices. Due to differences across the cohort arms, classes were estimated separately for TW enrolled in site-based versus online study arms. We identified demographic characteristics, gender-affirming indicators and HIV vulnerabilities associated with class membership. Results: Four parallel classes emerged: class 1 "limited strategies—less sexually active" (15% and 9%, site-based and online, respectively), class 2 "limited strategies—insertive sex" (16%/36%), class 3 "limited strategies—receptive sex" (33%/37%) and class 4 "multiple strategies—insertive and receptive sex" (36%/18%). Across all classes, condomless sex, pre-exposure prophylaxis (PrEP)/post-exposure prophylaxis (PEP) knowledge and awareness were high but reported PrEP/PEP use was low. Compared with class 1, membership in class 4 was associated with being a person of colour (site-based OR = 2.15, 95% CI = 1.15–4.00, online OR = 4.54, 95% CI = 1.09–18.81) increased odds of self-perceived medium-to-high HIV risk (site-based OR = 4.12, 95% CI = 2.17–7.80, online OR = 11.73, 95% CI = 2.98–46.13), sexually transmitted infections (STI) diagnosis (site-based OR = 6.69, 95% CI = 3.42–13.10, online OR = 8.46, 95% CI = 1.71–41.78), current sex work (site-based OR = 6.49, 95% CI = 2.61–16.11, online OR = 10.25, 95% CI = 1.16–90.60) and 2–4 sexual partners in the last 3 months (site-based OR = 2.61, 95% CI = 1.33–5.13). Class 3, compared with class 1, had increased odds of current sex work partners (site-based OR = 3.09, 95% CI = 1.19–8.07) and of having 2–4 sexual partners in the last 3 months (site-based OR = 3.69, 95% CI = 1.85–7.39). Conclusions: TW have varied HIV awareness and prevention strategy utilization, with clear gaps in the uptake of prevention strategies. Algorithms derived from latent class membership may be used to tailor HIV prevention interventions for different subgroups and those reached through facility-based or digital methods. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	gender diverse; HIV prevention strategies; latent class analysis; PEP; PrEP; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Ahaus, Patrick; Schmidt, Axel J.; Skaletz-Rorowski, Adriane; Uhrmacher, Mona; Serova, Katja; Kayser, Arne; Wach, Janet; Nambiar, Sandeep; Brockmeyer, Norbert H.; Potthoff, Anja	Changes in the user profiles of HIV pre-exposure prophylaxis (PrEP) before and after PrEP reimbursement	Journal of Infection and Public Health	-	-	-	1876-0341	10.1016/j.jiph.2022.07.012	https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S1876034122001915?returnurl=https:%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1876034122001915%3Fshowall%3Dtrue&referrer=https:%2F%2Fpubmed.ncbi.nlm.nih.gov%2F	In Germany, oral HIV pre-exposure prophylaxis (PrEP) was licensed in 2016. Health insurances have been covering the costs since 09/2019. This study compares the sociodemographic profiles of PrEP users before and after PrEP re-imbursement. Participants were recruited in a cross-sectoral sexual health centre in Germany. baseline data were compared for 139 vs 138 individuals starting PrEP from 10/2017–12/2018 (pre-reimbursement cohort) and 09/2019–3/2020; respectively. The pre-reimbursement cohort was further analysed with respect to sexual behaviour and incident sexually transmitted infections (STIs). There were no significant differences in the sociodemographic characteristics between the two cohorts. Almost all PrEP users were men-who-have-sex-with-men (MSM). Before reimbursement, fewer individuals used PrEP on a daily base, and more had used PrEP prior to enrolment. During follow-up (pre-reimbursement cohort), the number of casual and condomless intercourse partners increased, so did the proportion engaging in Chemsex. Incidences of infections with C.trachomatis, N.gonorrhoeae, M.genitalium, and T.pallidum were 45.2; 36.8; 30.1; and 9.2, respectively, per 100 person-years. The goal to make PrEP available to a broader range of people with the covering of costs was only partially reached. Medically supervised use is important to detect and treat STIs.	Men who have sex with men (MSM); Condom use; HIV-Pre-Exposure Prophylaxis; Sexual behaviour; Sexually transmitted infections (STIs)	English	Netherlands	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Ahluwalia, AK; Inzaule, S; Baggaley, RC; Vitoria, M; Schaefer, R; Schmidt, HMA; Rodolph, M; Giron, A; Jordan, MR	Characterization of dolutegravir drug resistance in persons diagnosed with HIV after exposure to long-acting injectable cabotegravir for preexposure prophylaxis	AIDS	-	-	-	0269-9370	10.1097/QAD.0000000000003322	https://journals.lww.com/aidsonline/fulltext/2022/11010/characterization_of_dolutegravir_drug_resistance.21.aspx	No abstract available	PREVENTION; RILPIVIRINE; ADULTS; PHASE 2B	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2022	Ahouanto-Chaspoul, Marie; Linard, Françoise; Giannotti, Agnès; Viomesnil, Vanessa; Phammavanh, Jacques; Vanlerberghe, Franck; Segouin, Christophe	Initier la PrEP en médecine de ville et envisager la santé sexuelle des personnes en situation de migration.	Santé Publique	-	-	-	0995-3914	10.3917/spub.223.0383	https://dx.doi.org/10.3917/spub.223.0383	In June 2020, 32,000 people began HIV Pre-exposure prohylaxis (PrEP) in France. The objective of this work is to propose PrEP for migrants in city medical offices in collaboration with hospitals. This is happening in the Goutte d’Or neighborhood of Paris where one-third of the inhabitants were born abroad 1. The Goutte d’Or multidisciplinary and multi-site health center (MSP), composed of independent health professionals, hosted this study.The obstacles to overcome are multifold, notably talking about sexuality and presenting a prevention method that is little known to people in migratory situations. In addition, the first prescription of ARVs in this period had to be given by a hospital doctor (until June 1st 2021) 2.The working hypothesis is that general practitioners can overcome these obstacles within the framework of a protocol defining the discussions on sexuality and the organization of a PrEP consultation along with the GP and a hospital doctor within the city doctor’s office.The study took place between March 1st 2018 and October 31st 2020. 180 questionnaires concerning opportunities for PrEP were distributed by general practitioners (GP) and a midwife from the MSP. 43 people were identified as qualifying for the PrEP. 24 PrEP were prescribed, 23 continuously, and one on demand. A semi-directive interview on sexual health was proposed to the 43 people identified for PrEP consultations.The in-depth interviews confirmed that although sexual health may not be the primary interest of the consultants, there are nevertheless real needs that are not often taken into account.	NA	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Article	2022	Aidoo-Frimpong G.; Collins R.; Agbemenu K.; Orom H.; Morse G.; Nelson L.	Barriers to HIV Pre-Exposure Prophylaxis Uptake and Ways to Mitigate Them: Perspectives of Ghanaian Immigrants in the United States.	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2022.34.3.209	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131270522&doi=10.1521%2faeap.2022.34.3.209&partnerID=40&md5=22cdb956ca95ae7faa57dd8e05e8fc65	African immigrants in the United States experience disparities in HIV incidence. Pre-exposure prophylaxis (PrEP) effectively prevents HIV infection, yet uptake is low among racial and ethnic minorities. To better understand PrEP adoption among African immigrants, in March 2020, we conducted interviews with Ghanaian immigrants (N = 40) to explore the barriers and ways to overcome these barriers to PrEP adoption. Participants described several barriers (e.g., low HIV knowledge and risk perception, fear of social judgment, cultural values, and norms), which may impede PrEP adoption. We categorized these barriers according to the levels of the socioecological model (individual, interpersonal, community, and organizational/structural factors). Participants also identified strategies to overcome the barriers, such as providing comprehensive education on HIV and PrEP. Our research provides foundational knowledge that can inform future PrEP research with Ghanaian and other African immigrants and offers important insights into factors that may impact PrEP adoption in this population. © 2022 The Guilford Press.	African immigrants; Ghanaian immigrants; HIV prevention; Pre-exposure prophylaxis; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Aidoo-Frimpong G.; Orom H.; Agbemenu K.; Collins R.L.; Morse G.D.; Nelson L.E.	Exploring Awareness, Perceptions, and Willingness to Use HIV Pre-Exposure Prophylaxis: A Qualitative Study of Ghanaian Immigrants in the United States	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0156	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122759085&doi=10.1089%2fapc.2021.0156&partnerID=40&md5=b2d331fbfda10c5b40844f5f828677d1	HIV/AIDS disproportionately burdens African immigrants in the United States. Oral pre-exposure prophylaxis (PrEP) is an effective prevention tool for people at high HIV risk, yet uptake is low among racial and ethnic minorities - particularly immigrants. This study explores the awareness, perception, and willingness to use PrEP among Ghanaian immigrants in the United States. WhatsApp, a social media platform, was used to recruit and conduct semi-structured oral interviews with 40 Ghanaian immigrants in March 2020. Interview questions explored awareness of PrEP (whether the participants knew or had knowledge of PrEP before the study), perceptions of PrEP and PrEP users, and willingness to use PrEP. Interviews were audiorecorded, and transcribed. We used NVivo-12 Plus to analyze transcripts for emergent themes. Our sample consisted of Ghanaian adult immigrants (N = 40, 57% male, 71% college educated, age = 32.8 ± 5.7 years, 68% had lived in the United States between 1 and 10 years) residing in 12 US cities. Four major themes emerged: (1) low awareness of PrEP; (2) positive perception of PrEP for HIV prevention; (3) divergent views on PrEP users; and (4) mixed views on willingness to use PrEP. This study presents formative qualitative work, which suggests that Ghanaian immigrants, despite having low awareness of PrEP, may be willing to use PrEP. A key study implication was that stigma reduction interventions might facilitate PrEP scale-up in this population. © Copyright 2021, Mary Ann Liebert, Inc., publishers 2021.	African immigrants; Ghanaian immigrants; HIV prevention; pre-exposure prophylaxis; qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Ajiboye, Wale; Nelson, LaRon; Odhiambo, Apondi; Yusuf, Abban; Djiadeu, Pascal; Turner, De Anne; Abubakari, M'Rabiu; Pedersen, Cheryl; Brown, Rebecca; Ni, Zhao; Guillaume, Genevieve; Lofters, Aisha; Williams, Geoffrey	Decision conflict and the decision support needs of HIV PrEP-eligible Black patients in Toronto regarding the adoption of PrEP for HIV prevention	Journal of the International Association of Physicians in AIDS Care	-	-	-	2325-9582	10.1177/23259582211073399	https://journals.sagepub.com/doi/full/10.1177/23259582211073399?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org	Objectives: This study examined factors contributing to decision conflict and the decision support needs of PrEP-eligible Black patients. Methods:The Ottawa Decision Support Framework (ODSF) was used to guide the development of a key informant guide used for qualitative data collection. Black patients assessed by healthcare providers as meeting the basic criteria for starting PrEP were recruited through the St. Michael's Hospital Academic Family Health Team and clinical and community agencies in Toronto. Participants were interviewed by trained research staff. Qualitative content analysis was guided by the ODSF, and analysis was done using the Nvivo. Results: Four women and twenty-five men (both heterosexual and men who have sex with men) were interviewed. Participants reported having difficulty in decision making regarding adoption of PrEP. The main reasons for decision-conflict regading PrEP adoption were: lack of adequate information about PrEP, concerns about the side effects of PrEP, inability to ascertain the benefits or risk of taking PrEP, provider's lack of adequate time for interaction during clinical consultation, and perceived pressure from healthcare provider. Participants identified detailed information about PrEP, and being able to clarify how their personal values align with the benefits and drawbacks of PrEP as their decision support needs. Conclusion:Many PrEP-eligible Black patients who are prescribed PrEP have decision conflict which often causes delay in decision making and sometimes rejection of PrEP. Healthcare providers should offer decision support to Black patients who are being asked to consider PrEP for HIV prevention.	Disease prevention; HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Pre-Exposure Prophylaxis; Prevention; Female; Male; Men who have sex with men; Patients; Data collection; Sexual and Gender Minorities; Heterosexuality; Health services; Decision making; Homosexuality Male; Health care industry; Original; Black People; Adoption; Conflict; Needs; Values	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	ALBUQUERQUE, REBECA ALVES LINS DE	ANÁLISE DE RISCO DE COMPENSAÇÃO, RISCO DE SOROCONVERSÃO E RISCO DE RESISTÊNCIA EM UMA AMOSTRA DE USUÁRIOS DA PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV (PREP) EM CURITIBA/PR	-	-	Pontifícia Universidade Católica do Paraná	-	-	NA	https://pergamum-biblioteca.pucpr.br/acervo/366035	A Profilaxia Pré-Exposição (PrEP) faz parte de uma estratégia combinada de prevenção a infecção por HIV. Objetivo: Analisar o risco de compensação, o risco de resistência e o risco de soroconversão em uma amostra de usuários da PrEP na cidade de Curiitba/Pr. Material e Método: Foram analisadas as informações das bases de dados do Centro de Orientação e Aconselhamento da Secretaria Municipal de Saúde (COA/SMS). As informações selecionadas foram avaliadas quando os participantes recebiam a medicação (T0) e nos momentos T1, T2, T3, T4 e T5, que corresponderam aos acompanhamentos. O risco de compensação foi avaliado pela variação da porcentagem do número de parceiros sexuais após o início do uso da PrEP, e da porcentagem do uso de preservativos, além do número de casos de infecções sexualmente transmissíveis (ISTs) diagnosticados durante o uso do profilático. O risco de resistência foi analisado pela média do número de comprimidos que o usuário deixou de tomar, e o risco de soroconversão, pelo número de pessoas diagnosticadas com HIV durante o uso da PrEP. Os testes t de Student para amostras emparelhadas, de Wilcoxon e o teste não paramétrico das significâncias das mudanças de McNemar foram utilizados para comparação dos resultados, com nível de significância de 0,05. Resultados: A amostra foi composta por 312 participantes, com idades variando entre 18 e 73 anos (média de idade 33,79 ± 7,95 anos). Houve prevalência do sexo masculino (93,91%), autodeclarados brancos (72,11%), solteiros (81,73%) e com mais de 12 anos de estudo (64,74%), sendo a maioria na faixa etária entre 31 e 40 anos (43,91%). Não houve alterações significantes em relação à média de parcerias sexuais, frequência do uso de preservativos, diagnósticos de ISTs e média de comprimidos de PrEP que foram deixados de tomar entre os momentos analisados (p>0,05). Conclusão: O presente estudo mostrou que não houve alteração do risco de compensação, do risco de resistência e soroconversão na amostra avaliada entre o momento do recebimento da medicação e os acompanhamentos.	Profilaxia pré exposição;Prevenção primária;Soroconversão;AIDS;Estratégia de saúde;Prevenção de doenças	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2022	Alessi, Edward J; Kahn, Sarilee; Giwa, Sulaimon; Cheung, Shannon	Those tablets, they are finding an empty stomach': a qualitative investigation of HIV risk among sexual and gender minority migrants in Cape Town, South Africa	Ethnicity and Health	-	-	-	1465-3419	10.1080/13557858.2020.1817342	https://dx.doi.org/10.1080/13557858.2020.1817342	ABSTRACTObjectives: HIV prevalence among sexual and gender minority (SGM) individuals in South Africa is among the highest in the world; however, SGM migrants, an especially vulnerable subgroup of both the SGM and migrant populations, have frequently been overlooked in the country's robust public health response. This qualitative study, guided by syndemics theory, explored the processes by which SGM migrants in South Africa are exposed to HIV risk and those that may reduce this risk.Design: We conducted 6 focus groups with a total of 30 SGM migrants living in Cape Town. Participants were men who have sex with men, women who have sex with women, and transgender women. Transcripts were analyzed using grounded theory.Results: Participants identified a number of interrelated factors (insecure immigration status, financial and housing instability, food insecurity, stigma and discrimination, and lack of social support) contributing to HIV risk. While some took PrEP or HIV medication, adherence could be affected by structural and psychosocial barriers.Conclusion: Interventions that respond to the syndemic impacts on HIV outcomes are needed to reduce disease burden among SGM migrants in South Africa.	Sexual and gender minorityHIVmigrationsyndemics theorySouth Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Alexandra Marshall S.; Barham C.; Neher T.; Zielinski M.J.; Brinkley-Rubinstein L.; Gorvine M.M.; Zaller N.	Acceptability of a Community Health Worker Program to Link High-Risk People in Jail to HIV Pre-Exposure Prophylaxis	Journal of Health Care for the Poor and Underserved	-	-	-	10492089	10.1353/hpu.2022.0012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124615822&doi=10.1353%2fhpu.2022.0012&partnerID=40&md5=da8ccfbbc43f1814ac7a24648813d33c	Background. People involved in the criminal justice system (PICJS) are at a disproportionate risk for HIV infection. Pre-exposure prophylaxis (PrEP) is highly effective for HIV prevention; however, there are barriers to accessing and remaining on PrEP. We explored perspectives on partnering with a community health worker (CHW) to link PICJS to PrEP. Methods. We interviewed PICJS (n=21) and relevant stakeholders (n=15). Results. The following themes emerged: 1) All participants were receptive to the idea of a CHW program and believed it would be valuable; 2) the PICJS participating in the CHW program would need immediate contact post-release and continuous follow-up with the CHW; 3) desirable program components included HIV education and information about PrEP; 4) participants mentioned several facilitators and barriers to successfully implementing the CHW program; and 5) the CHW needs to be relatable. Conclusion. Our findings suggest that a PrEP linkage program facilitated by a CHW would be desirable. © Meharry Medical College.	Community health worker; Criminal justice; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Algarin, Angel B; Shrader, Cho Hee; Hackworth, Benjamin T; Ibanez, Gladys E	Condom use likelihood within the context of PrEP and TasP among men who have sex with men in Florida: a short report	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2021.1883515	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8353001	Despite the development of targeted interventions for men who have sex with men, this population continues to comprise the majority of new HIV diagnoses. Though condoms are highly efficacious, some sexually active MSM use sero-sorting as a method of HIV prevention. This study aimed to characterize: (1) differences between partner sero-status and condom use likelihood, and (2) demographic, behavioral, and knowledge-related factors influencing condom use likelihood with varying sero-status partners. Using convenience sampling, 150 sexual and gender minority men completed a survey on PrEP and sexual behaviors. The majority of participants identified as racial/ethnic minorities (51.7%), having 4 years of college or more (52.0%), and being HIV-negative (not on PrEP) (68.8%). Our sample reported the lowest average condom use likelihood with a partner on PrEP (2.93 ± 1.39) and the highest average likelihood with an HIV-positive partner (unknown VL) (4.57 ± 0.98). Age, race/ethnicity, education, HIV-status, and HIV and PrEP knowledge were significantly associated with differences in condom use likelihood. Our findings elucidate the complexity of sero-sorting scenarios and decision-making processes in the context of biomedical HIV prevention. These results may provide insight for future condom use and sero-sorting interventions in the context of biomedical HIV prevention.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Allen D.C.; Rabionet S.E.; Popovici I.; Zorrilla C.D.	Acknowledging and addressing the gender disparity in pre-exposure prophylaxis use for HIV prevention	Journal of Pharmaceutical Health Services Research	-	-	-	17598885	10.1093/jphsr/rmac025	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160682485&doi=10.1093%2fjphsr%2frmac025&partnerID=40&md5=8d0d80355053d7a740c249fbf65cc6bf	Objective: One in four persons living with HIV in the USA is a woman. While the annual HIV diagnoses for 2019 decreased by approximately 9% when compared with 2015, this decrease was seen in men, while the rates remained stable for women. Pre-exposure prophylaxis (PrEP) is one major biomedical tool that could benefit women at risk of HIV. However, women only account for approximately 5% of PrEP users annually. The objective of this study is to identify and address the gender disparity in PrEP use. Methods: This study used epidemiological data from the AIDSVu database to confirm the presence of a gender disparity in PrEP use across the USA. Cross-sectional data from 2019 showed that PrEP use was significantly higher in men, which suggested the existence of a disparity. The PrEP-To-Need ratio was then used to examine the trends in PrEP use relative to the rate of HIV infections, from 2012 to 2019, and to confirm the existence of the gender disparity in PrEP use. Key findings: There is a marked gender disparity in PrEP use. This disparity is widening and therefore demands more attention to women at risk of HIV. Some recommendations for addressing the disparity include the following: raising awareness, capacity building for providers, scaling up efforts to better reach women at risk of HIV and additional research to understand the drivers of the disparity. Conclusions: Policy makers could therefore prioritize the health outcomes of women by promoting research and education aimed at extending PrEP offerings to effectively reach women. © 2022 The Author(s). Published by Oxford University Press on behalf of the Royal Pharmaceutical Society. All rights reserved.	female; HIV infections; pre-exposure prophylaxis; prevention; Truvada; USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Allison B.A.; Widman L.; Stewart J.L.; Evans R.; Perry M.	Adherence to Pre-Exposure Prophylaxis in Adolescents and Young Adults: A Systematic Review and Meta-Analysis	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2021.04.001	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107081044&doi=10.1016%2fj.jadohealth.2021.04.001&partnerID=40&md5=01e595db2f06ce2cda54d31a285c047c	This meta-analysis synthesized the proportion of adolescents and young adults (AYAs) who are adherent to pre-exposure prophylaxis (PrEP) and factors moderating adherence. A systematic search was conducted of studies published through May 2020 using PubMed, PsycInfo, Cochrane, EMBASE, and CINAHL. Included studies reported the proportion of AYAs (mean age ≤ 29 years) who were PrEP adherent. PrEP adherence was meta-analyzed using random-effects models. Secondary analyses evaluated potential moderating variables. A total of 41 individual samples, from 29 studies, of 8,679 AYA (weighted average age = 23.8 years) were synthesized. The proportion of AYA who met study-defined thresholds for PrEP adherence was .64 (95% confidence interval .57–.71) across studies. Subgroup analyses revealed that adherence was lower in young cisgender women (.46) than young men who have sex with men (.65) and serodiscordant heterosexual couples (.98). Adherence was higher in studies initiated after 2012 (.70) than earlier studies (.47). No differences based on participant age, country, or strategies to promote adherence were found. Across published studies to date, 64% of AYA demonstrate adequate PrEP adherence. Findings can be used to guide PrEP adherence interventions and also provide directions for future research on PrEP among AYA. © 2021 Society for Adolescent Health and Medicine	Adherence; Adolescents; Pre-exposure prophylaxis; Young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Alt M.; Rotert P.; Conover K.; Dashwood S.; Schramm A.T.	Qualitative investigation of factors impacting pre-exposure prophylaxis initiation and adherence in sexual minority men	Health Expectations	-	-	-	13696513	10.1111/hex.13382	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121097006&doi=10.1111%2fhex.13382&partnerID=40&md5=2537e978b6b12e39232a478463fec239	Introduction: Men who have sex with men continue to account for the majority of new HIV infections in the United States. Many of those with new infections are unaware that they have HIV. Preventative measures continue to be essential in reducing new infections, with pre-exposure prophylaxis (PrEP) being widely recommended. Objectives: The overall aim of this qualitative study is to explore the impact of stigma, patient–provider dynamics and patient perception of PrEP on men's engagement with PrEP in a primary care setting. Methods: The Consensual Qualitative Research Methodology (Hill, 2012) was used to explore the experiences of 14 men receiving care for PrEP at a Family Medicine clinic in the Midwest. Semistructured interviews were conducted to allow for depth of understanding of individuals' experience. Results: Four major domains were identified: motivation to pursue PrEP, barriers and adherence to care, beliefs about how PrEP is perceived by others and experiences discussing sexual health and PrEP with providers. Conclusion: It is important to better understand factors contributing to the pursuit of and adherence to HIV prevention measures and HIV care. Further, health systems and providers are encouraged to consider opportunities in terms of how their practice can destigmatize PrEP use and offer a welcoming environment for those pursuing HIV prevention. Patient or Public Contribution: Patients were involved in the study through their participation in semistructured interviews, which provided the data analysed for this study. There was no additional participation beyond the one-time interview or follow-up poststudy. Their interviews helped contribute to our better understanding of the needs and experiences of those receiving PrEP-related care. © 2021 The Authors. Health Expectations published by John Wiley & Sons Ltd.	HIV prevention; PrEP; sexual minority men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Alves Dos Santos L.; Grangeiro A.; Couto M.T.	HIV Pre-Exposure Prophylaxis (PrEP) among men who have sex with men: peer communication, engagement and social networks	Ciência & Saúde Coletiva	-	-	-	14138123	10.1590/1413-812320222710.06542022EN	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138245443&doi=10.1590%2f1413-812320222710.06542022EN&partnerID=40&md5=c06599f6e1b4379c5d4c60475ffc7873	HIV Pre-Exposure Prophylaxis (PrEP) has renewed optimism in controlling the HIV epidemic, despite its continued growth among men who have sex with men (MSM). The popularity of dating-sexual dating apps and digital media platforms in exchanging information and experiences about PrEP on peer social networks is recognized. However, studies on content, motivations, and scope in HIV prevention are scarce. The article aims to understand the dynamics of virtual and face-to-face peer networks among MSM for the decision to use PrEP, its disclosure, and publicity. Qualitative study using semi-structured interviews with 48 PrEP users from five Brazilian cities. Most interviewees share information and experiences about PrEP in peer social networks. However, its publication reveals tensions arising from the permanence of stigmas associated with homosexuality and HIV. The protagonism in exposing the use of PrEP expresses commitment to attracting new users. The relevance of peer social networks in sharing experiences and information about PrEP has the potential to diversify the target audience and expand and democratize PrEP coverage in the country. © 2022, Associacao Brasileira de Pos - Graduacao em Saude Coletiva. All rights reserved.	HIV; Online social networking; Pre-Exposure Prophylaxis; Sexual and gender minorities; Social networking	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Theses and Dissertations	2022	ALVES, PATRICIA IOLANDA COELHO	ADAPTAÇÃO DO INSTRUMENTO CEAT-VIH PARA VERIFICAR A ADESÃO À PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV (PrEP) E ANÁLISE DAS PROPRIEDADES MÉTRICAS	-	-	Universidade Federal do Triângulo Mineiro	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=13178822	A profilaxia pré-exposição ao vírus da imunodeficiência humana (HIV) (PrEP) surgiu como uma nova ferramenta, visando quebrar o elo na cadeia de transmissão do HIV e contribuir para o alcance das metas relacionadas ao fim da epidemia. Devido à inexistência de instrumentos que avaliem a adesão dessa profilaxia, buscou-se na literatura ferramentas que se aproximassem do objetivo de mensuração da adesão a esta terapia profilática. Assim sendo, pretende-se com este estudo, adaptar e validar o instrumento Cuestionario para la Evaluación de la Adhesión al Tratamiento Antiretroviral (CEAT-VIH) para o público em uso da PrEP, buscando fornecer uma ferramenta que constitua uma métrica da adesão ao medicamento e dessa forma contribuir na tomada de decisão para o enfrentamento dos nós críticos identificados, bem como estimular o desenvolvimento de ações aos grupos com maior possibilidade de infecção e falta de adesão. Estudo metodológico que visou realizar a adaptação do instrumento Cuestionario para la Evaluación de la Adhesión al Tratamiento Antiretroviral CEAT-VIH para utilização em usuários da PrEP. Esta pesquisa foi desenvolvida em um Ambulatório de Especialidades no Triângulo Mineiro de Minas Gerais e em um Centro de Referência em Especialidades no estado de São Paulo. Os participantes deste estudo foram as pessoas em utilização da PrEP, sem diagnóstico de HIV, maiores de 18 anos, e que aceitaram participar do processo. Foram realizadas as seguintes etapas para a adaptação e verificação das propriedades métricas: O instrumento CEAT-PrEP foi pautado na versão original, adaptando-o para o público que utiliza a PrEP. Adaptação de alguns itens/substituição de palavras do contexto da versão original CEAT-HIV para a adaptação denominada de CEAT- PrEP, versão 1; Avaliação e adequação por comitê de especialistas e apreciação pelo autor do instrumento original, denominada de CEAT- PrEP, versão 2; Avaliação semântica e obtenção da versão 3; Pré-teste e obtenção da versão final. Não houve considerações pela população, portanto manteve-se a versão 3 do CEAT- PrEP, consolidando a Versão Final do questionário do CEAT- PrEP. O Comitê de Especialistas foi um grupo composto por profissionais da área e especialistas no assunto. A validade convergente foi testada por correlações da medida da Escala de Autoestima Rosemberg. A consistência interna dos itens do CEAT-PrEP foi calculada por meio do coeficiente alfa de Cronbach. A confiabilidade teste-reteste foi verificada através do coeficiente de correlação de Spearman para os itens e do Coeficiente de Correlação Intraclasse para os fatores. Os participantes foram abordados na sala de espera dos ambulatórios de especialidades, em situação de privacidade, receberam o convite para participação no estudo e a apresentação do Termo de Esclarecimento. A presente pesquisa contou com 83 participantes, com idade entre 22 e 73 anos (média 34,0; DP 9,8), a maioria composta por homens (86,7%) e homossexuais (56,6%). Houve prevalência de homens que fazem sexo com homens (71,1%), relataram não utilizar camisinha nas relações sexuais 45,8% e 33,7% disseram que não usam a camisinha devido à possibilidade de uso da PrEP. Houve correlação positiva e moderada entre os escores totais do CEAT-PrEP com os escores totais da Escala de Autoestima de Rosemberg (EAR) (r=0,227 p=0,039). Na comparação entre grupos houve correlações significativas como a cor de pele branca, orientação sexual heterossexual também foi significativa, possuir casa própria também apresentou significância, assim como se declarar espírita, possuir apenas um companheiro nos últimos 12 meses e nunca ter feito programas sexuais. Considerando a análise de consistência interna, o alfa de Cronbach para o escore total foi satisfatório (0,731). Para o teste e reteste foi encontrado um valor de p para o Teste de correlação intraclasse (ICC) de 0,562 indicando um resultado moderado. A profilaxia pré-exposição ao HIV (PrEP), com uso de antirretrovirais para diminuir o risco de infecção pelo vírus, tem se apresentado efetiva e segura naqueles que possuem maior risco de adquirir a infecção. É um recurso terapêutico complementar, o qual deve ser combinado a outras formas de profilaxia contra infecção sexual transmissível, pois consiste numa estratégia efetiva para atenuar as chances de contágio pelo HIV. O instrumento adaptado CEAT-PrEP para a mensuração da adesão à terapia profilática antiviral apresentou propriedades métricas satisfatórias para a utilização no Brasil e pode nortear as ações assistenciais.	HIV;Estudos de validação;Profilaxia Pré-Exposição;Adesão à medicação;Questionário	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Theses and Dissertations	2022	Ambrose, Sharita Jewell; Ayars, Candace	Knowledge, Attitudes, HIV Behavioral Self-Efficacy, and Willingness to Use HIV Pre-Exposure Prophylaxis (PrEP) Among African American Women Using Social Media	-	-	A.T. Still University	-	NA	NA	https://www.proquest.com/dissertations-theses/knowledge-attitudes-hiv-behavioral-self-efficacy/docview/2727588521/se-2?accountid=8113	African American women experience a disproportionate burden of human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), and other sexually transmitted infections (Painter, Wingood, DiClemente, DePadilla, & Simpson-Robinson, 2012). Pre-exposure prophylaxis (PrEP) is a daily pill to prevent HIV infection in people who do not have HIV. A disparity exists in educating about, awareness of, and access to PrEP among African American women. Although African American women rank high in HIV rates, minimal access to PrEP has been available for this population. Addressing factors influencing PrEP awareness, attitudes, and behavioral self-efficacy among African American women can contribute to effective strategies to educate African American women about PrEP and reduce PrEP-related disparities. This study aimed to examine whether PrEP knowledge, PrEP attitudes, HIV behavioral self-efficacy, and an educational PrEP video delivered in a nonclinical setting predicted willingness to use PrEP among African American women who use social media. The Information-Motivation-Behavioral Skills (IMB) for PrEP survey and a cross-sectional correlational research design with a logistic regression model were used to measure PrEP awareness, willingness to use PrEP, PrEP knowledge, and PrEP attitudes/motivations. The analysis included 99 participants; 50 were in the educational video group, and 49 were in the control (no video) group. The binary logistic regression analysis indicated that these variables significantly predicted willingness to use PrEP. The results showed that PrEP attitudes were positively associated with willingness to use PrEP.	HIV; Pre-exposure prophylaxis; PrEP; Sexuality; Prevention; Health education; Medicine; African American women; 0211:Sexuality; 0564:Medicine; Web studies; 0453:Womens studies; Womens studies; 0680:Health education; 0296:African American Studies; 0646:Internet and social media studies; African American studies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Amin, Janaki; Vaccher, Stefanie; Templeton, David J; Bavinton, Benjamin; Jin, Fengyi; Zablotska, Iryna; Matthews, Gail; Ogilvie, Erin; Yeung, Barbara; Ooi, Catriona; Dharan, Nila; Baker, David A; Read, Phillip; Guy, Rebecca; Grulich, Andrew E	Low Prior Exposure and Incidence of Hepatitis C in Human Immunodeficiency Virus-Negative Gay and Bisexual Men Taking Preexposure Prophylaxis (PrEP): Findings From the Expanded PrEP Implementation in Communities-New South Wales Prospective Implementation Study.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciac231	https://dx.doi.org/10.1093/cid/ciac231	BACKGROUND: The use of preexposure prophylaxis (PrEP) for the prevention of human immunodeficiency virus (HIV) has raised concerns of increased sexual risk behaviors. These behaviors may be associated with increased incidence of sexually acquired hepatitis C virus (HCV) among gay and bisexual men. METHODS: The Expanded PrEP Implementation in Communities-New South Wales (EPIC-NSW) study was a cohort study of daily coformulated tenofovir disoproxil fumarate and emtricitabine for HIV prevention. We recruited 9596 people at high risk of HIV acquisition from 31 clinics across New South Wales and the Australia Capital Territory in Australia. We report prior exposure to HCV and incidence in this cohort between 2016 and 2019. RESULTS: At least 1 HCV test result was available for 8658 (90.2%) participants. These individuals had a median age of 34 years (interquartile range, 28-43), most of whom were male (8530, 98.5%), identified as gay (7944, 91.8%), and were born in Australia (51.8%). Prior exposure to HCV was detected among 81 participants at baseline (0.9%; 95% confidence interval CI: .71.2). Twenty of 8577 participants were diagnosed with incident infection (rate 0.2/100 person-years 95% CI: .1-.3/100 person-years). They were significantly older (median age 41 years vs 34 years, Pâ=.044), and more likely to report methamphetamine use at baseline (incidence rate ratio, 2.7 95% CI: 1.00-7.2) than those without incident infection. CONCLUSIONS: In this population of PrEP users, HCV prior exposure and incidence were low. With high levels of HCV and HIV testing and treatment, the dual goals of HIV and HCV elimination could be achieved in this population. Clinical Trials Registration: number NCT02870790.	hepatitis C, HIV, preexposure prophylaxis, gay and bisexual men	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical

Article	2022	Amogne M.D.; Sanders E.J.; Belihu W.B.; Sundewall J.; Agardh A.	Condom failure and pre-exposure prophylaxis use experience among female sex workers in Ethiopia: a qualitative study	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-13468-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131000954&doi=10.1186%2fs12889-022-13468-3&partnerID=40&md5=de1833a37b1c671b41ca37dfd801972c	Background: Female sex workers (FSW) remain a highly exposed group for HIV/STIs due to different factors including condom failure. In Ethiopia, pre-exposure prophylaxis (PrEP) has recently been introduced as an intervention strategy to prevent new HIV infections, but knowledge about FSWs' experiences of condom failure and PrEP use remains scarce. Therefore, this study explores FSWs' experiences concerning condom failure and their attitudes towards, and experiences of, PrEP uptake. Method: A qualitative study using in-depth interviews was conducted among FSWs in Addis Ababa. A manifest and latent content analysis method was applied to identify categories and emerging themes. Result: Seventeen FSWs (10 who started on PrEP, 1 who discontinued, and 6 who didn't start) were interviewed. FSWs described the reasons behind condom failure, the mechanisms they used to minimize the harm, and their attitudes towards PrEP use. FSWs struggled with the continuous risk of condom failure due to factors related to clients' and their own behavior. PrEP was mentioned as one the strategies FSWs used to minimize the harm resulting from condom failure, but PrEP use was compounded with doubts that deterred FSWs from uptake. FSWs' misconceptions, their lack of confidence, and PrEP side effects were also mentioned as the main challenges to start taking PrEP and/or to maintain good adherence. Conclusion: The demands and behavior of the clients and FSWs' own actions and poor awareness were factors that increased the exposure of FSWs to condom failure. In addition, the challenges associated with PrEP uptake suggest the need for user-friendly strategies to counteract these barriers and facilitate PrEP uptake. © 2022, The Author(s).	Condom use; Ethiopia; FSWs; PrEP challenge; Side effect	English	United Kingdom	Western and Central Europe and North America	Ethiopia	Eastern and Southern Africa	Ethiopia	Eastern and Southern Africa	Qualitative
Article	2022	Anato J.L.F.; Panagiotoglou D.; Greenwald Z.R.; Blanchette M.; Trottier C.; Vaziri M.; Charest L.; Szabo J.; Thomas R.; Giroux M.M.	Chemsex and incidence of sexually transmitted infections among Canadian pre-exposure prophylaxis (PrEP) users in the lActuel PrEP Cohort (2013-2020)	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2021-055215	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136061269&doi=10.1136%2fsextrans-2021-055215&partnerID=40&md5=b057d78b52921fbf57924c2d03da37d1	Objectives Use of illicit substances during sex (chemsex) may increase transmission of HIV and other STIs. Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV transmission, providing an important prevention tool for those who practise chemsex. However, it does not prevent acquisition of other STIs. We aim to examine the impact of chemsex on STI incidence among gay, bisexual and other men who have sex with men (gbMSM), and transgender women using PrEP in Montreal, Canada. Methods We linked baseline sociodemographic and behavioural data with follow-up STI testing from 2013 to 2020 among PrEP users in the lActuel PrEP Cohort (Canada). Focusing on the 24 months following PrEP initiation, we estimated the effect of chemsex reported at baseline on cumulative incidence of gonorrhoea and chlamydia using Kaplan-Meier curves and survival analyses. We investigated the role of polysubstance use and effect modification by sociodemographic factors. Results There were 2086 clients (2079 cisgender gbMSM, 3 transgender gbMSM, 4 transgender women) who initiated PrEP, contributing 1477 years of follow-up. There were no incident HIV infections among clients on PrEP. Controlling for sociodemographic confounders, clients reporting chemsex at baseline had a 32% higher hazard of gonorrhoea/chlamydia diagnosis (adjusted HR=1.32; 95% CI: 1.10 to 1.57), equivalent to a risk increase of 8.9 percentage points (95% CI: 8.5 to 9.4) at 12 months. The effect was greater for clients who reported polysubstance use (adjusted HR=1.51; 95% CI: 1.21 to 1.89). The strength of the effect of chemsex on STI incidence varied by age, education and income. Conclusion Among PrEP users, chemsex at baseline was linked to increased incidence of gonorrhoea and chlamydia. This effect was stronger for people reporting multiple chemsex substances. The high STI incidence among gbMSM who report chemsex highlights the importance of PrEP for this population and the need for integrated services that address the complexities of sexualised substance use. © 2022 BMJ Publishing Group. All rights reserved.	cocaineketaminemidomafetamine	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2022	Andriano, Tyler M; Arnsten, Julia; Patel, Viraj V	Social determinants of health and HIV Pre-Exposure Prophylaxis (PrEP) interest and use among young Black and Latinx sexual minority men.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0267031	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012374	Young Black and Latinx sexual minority men (YBLSMM) have low use of HIV pre-exposure prophylaxis (PrEP), despite high rates of new HIV diagnosis. While unmet social determinants of health (SDOH) have been associated with low uptake of preventive health services, this association is unknown for PrEP. To understand the relationship between SDOH and PrEP adoption in this population, we analyzed data from an online survey of HIV-negative YBLSMM aged 18-29 in New York City (n = 143). Participants completed a 17-item SDOH needs scale measuring basic, health/social-services, and economic needs. We used regression models to examine associations of unmet SDOH with outcomes of intention to use PrEP and current PrEP use. Of those not on PrEP (n = 114), 69 (61%) intended to use PrEP. More unmet SDOH needs overall were associated with intention to use PrEP (OR 1.4; 95% CI 1.1, 2.0), as were more unmet basic needs (OR 1.7; 95% CI 1.1, 2.5) and more unmet economic needs (OR 1.3; 95% CI 1.0, 1.7). Unmet SDOH needs were not associated with current PrEP use. Findings suggest that intention to use PrEP among YBLSMM is a likely marker of unmet SDOH needs, as YBLSMM with unmet needs may have limited resources to support moving from intention to actual use. Future research should evaluate programs engaging YBLSMM intending to use PrEP with interventions to screen for and address SDOH.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Appenroth, MN; Marcus, U; Albrecht, S; Jansen, K; Gunsenheimer-Bartmeyer, B; Bremer, V; Koppe, U	Similar Sexual Behaviour yet Different Outcomes: Comparing Trans and Gender Diverse and Cis PrEP Users in Germany Based on the Outcomes of the PrApp Study	Sexes	-	-	-	2411-5118	10.3390/sexes3010014	https://www.mdpi.com/2411-5118/3/1/14	Little knowledge about pre-exposure prophylaxis (PrEP) use in trans and gender diverse (TGD) communities in Germany exists. The PrApp Study collected data on PrEP use and sexual behaviour among PrEP users in Germany. Descriptive methods and logistic regression were used to describe PrEP use among TGD and cis persons. A total of 4350 PrEP users in Germany were included, with 65 (1.5%) identified as TGD. Compared to cis participants, TGD participants were younger (median age 29 vs. 37 years) and more likely to have a lower income (adjusted odds ratio (aOR) = 4.4; 95% confidence interval (CI) = 2.4-8.2) and be born outside Germany (aOR = 2.5; 95% CI = 1.3-4.5). On-demand PrEP use was higher in TGD participants (aOR = 1.9; 95% CI = 1.0-3.5) and numerically more TGD obtained PrEP from informal sources (aOR = 1.8; 95% CI = 0.9-3.5). Testing behaviour, condom use, and number of sexual partners were comparable between both groups. Socioeconomic disparities may constitute structural barriers for TGD people to access PrEP, leading to more informal and on-demand use. PrEP providers need to reduce access barriers for TGD PrEP users and provide information on safe PrEP use for this population.	HIV; HIV prevention; pre-exposure prophylaxis (PrEP); RISK; trans and gender diverse people	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Argenyi M.S.; Molotnikov L.E.; Leach D.H.; Roosevelt K.A.; Klevens R.M.; Hsu K.K.	Gaps in HIV Preexposure Prophylaxis Continuum of Care Following State Partner Services for Massachusetts Primary and Secondary Syphilis Cases, 2017 to 2018	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001669	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136463427&doi=10.1097%2fOLQ.0000000000001669&partnerID=40&md5=55c9c0a043564b0e73eaf4f72309b5de	Background Human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) reduces HIV acquisition. We used a PrEP continuum of care to measure impact of field epidemiologist-facilitated referrals for PrEP-naive infectious syphilis cases across multiple clinical and pharmacy sites of care. Methods Retrospective analysis of 2017 to 2018 primary and secondary syphilis cases, medical charts, and pharmacy data to identify PrEP education, referral offer, referral acceptance, first visit, prescription pickup (PrEP initiation) and 2 to 3 months (PrEP persistence). The HIV seroconversion was determined using database match at syphilis diagnosis date and at 12 months. χ2 or Fisher's exact tests were used to compare demographic characteristics associated with steps with lower progression rates. Results Of 1077 syphilis cases, partner services engaged 662 of 787 (84%) HIV-negative cases; 490 were PrEP-naive, 266 received education, 166 were offered referral, 67 accepted referral, 30 attended an initial appointment, and 22 were prescribed PrEP. Of 16 with pharmacy data, 14 obtained medication, and 8 persisted on PrEP at 2 to 3 months. Continuum progression was lowest from (1) PrEP-naïve to receiving PrEP education, (2) offered referral to referral acceptance, and (3) referral acceptance to initial PrEP appointment. Men with male partners were more likely to receive PrEP education or accept a referral. Higher social vulnerability was associated with increased PrEP referral acceptance. Conclusions Few individuals accepted PrEP referrals and persisted on PrEP. Field and clinic data capture were inconsistent, possibly underestimating referral volume and impact of field engagement. Efforts aimed at increasing referral acceptance and clinic attendance may improve PrEP uptake especially among women and heterosexual men with syphilis. © Lippincott Williams & Wilkins.	adultArticlecontrolled studydemographicsepidemiologistfemaleheterosexual malehuman	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Arnold T.; Haynes T.; Foster P.; Parker S.; Monger M.; Malyuta Y.; Cain O.; Coats C.S.; Murphy M.; Thomas G.; Sockwell L.; Klasko-Foster L.; Galipeau D.; Dobbs T.E.; Smith M.; Mena L.; Nunn A.	African American Clergy Recommendations to Enhance the Federal Plan to End the HIV Epidemic: A Qualitative Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03415-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113177619&doi=10.1007%2fs10461-021-03415-5&partnerID=40&md5=19626c44e5f5340f67b15189a4866df1	African Americans in the southern United States continue to be disproportionately affected by HIV. Although faith-based organizations (FBOs) play important roles in the social fabric of African American communities, few HIV screening, care, and PrEP promotion efforts harness the power of FBOs. We conducted 11 focus groups among 57 prominent African American clergy from Arkansas, Mississippi, and Alabama. We explored clergy knowledge about the Ending the HIV Epidemic: A Plan for America (EHE); normative recommendations for how clergy can contribute to EHE; and how clergy can enhance the HIV care continua and PrEP. We explored how clergy have responded to the COVID-19 crisis, and lessons learned from pandemic experiences that are relevant for HIV programs. Clergy reported a moral obligation to participate in the response to the HIV epidemic and were willing to support efforts to expand HIV screening, treatment, PrEP and HIV care. Few clergy were familiar with EHE, U = U and TasP. Many suggested developing culturally tailored messages and were willing to lend their voices to social marketing efforts to destigmatize HIV and promote uptake of biomedical interventions. Nearly all clergy believed technical assistance with biomedical HIV prevention and care interventions would enhance their ability to create partnerships with local community health centers. Partnering with FBOs presents important and unique opportunities to reduce HIV disparities. Clergy want to participate in the EHE movement and need federal resources and technical assistance to support their efforts to bridge community activities with biomedical prevention and care programs related to HIV. The COVID-19 pandemic presents opportunities to build important infrastructure related to these goals. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	African American; Church; Clergy; HIV prevention; South	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Arnold-Forster D.; Horne R.; Nutland W.; Wayal S.; Rayment M.; Rae C.; Desai M.; Clarke A.; Sullivan A.; McCormack S.; Gafos M.	Perceptions and Practicalities Influencing Pre-exposure Prophylaxis Adherence Among Men Who Have Sex with Men in England	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03624-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124963202&doi=10.1007%2fs10461-022-03624-6&partnerID=40&md5=4b952f2f21bf93fa5bde1a1081a21cea	PrEP is highly effective for HIV prevention but requires adequate adherence. In this paper we use the perceptions and practicalities approach (PAPA) to identify factors that influenced PrEP adherence using qualitative data from the PROUD study. From February 2014 to January 2016, we interviewed 41 gay, bisexual and other men-who-have-sex-with-men and one trans woman who were enrolled in the study. We purposively recruited participants for interview based on trial arm allocation, adherence and sexual risk behaviours. The interviews were conducted in English, audio-recorded, transcribed, coded and analysed using framework analysis. Participants in general were highly motivated to use and adhere to PrEP, and this was linked to strong perceptions of personal necessity for PrEP as they felt at risk of HIV and viewed PrEP as highly effective. On the other hand, concerns about side effects and HIV resistance did inhibit PrEP initiation and adherence although this was uncommon. Practical factors such as daily routine, existing habitual pill-taking and pill storage impacted adherence. Drug and alcohol use rarely caused participants to miss doses. These findings indicate that using the principals of PAPA to unpick influencers of PrEP use, could help tailor adherence support in PrEP programmes. © 2022, The Author(s).	Adherence; Perceptions and practicalities approach (PAPA); Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Arrivillaga M.; Gómez S.A.; Mueses H.F.; Alvarado B.; Buitrago E.M.; Camargo-Plazas P.; Hurtado L.R.; Bolívar M.C.; Galindo X.; Torres J.; Cajas-Martínez J.L.	Facilitators and Recommendations of Health Care Providers for the Implementation of Pre-Exposure Prophylaxis in HIV clinics in Colombia. "PrEP-Colombia Study"; Facilitadores e recomendações de prestadores de serviço em saúde para implementar a Profilaxia Pré-Exposição ao HIV em clínicas de HIV na Colômbia. "Estudo PrEP -Colômbia"; Facilitadores y recomendaciones de proveedores de salud para la implementación de la Profilaxis Pre-Exposición en clínicas de VIH en Colombia. "Estudio PPrE-Colombia"	Revista Gerencia y Políticas de Salud	-	-	-	16577027	10.11144/Javeriana.rgps21.frps	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137697434&doi=10.11144%2fJaveriana.rgps21.frps&partnerID=40&md5=88180845cb694657da6c5e6cb5f80deb	This article describes facilitators and recommendations of health care providers in HIV clinics for the implementation of pre-exposure prophylaxis (PrEP) in Colombia. A qualitative study was conducted using semi-structured interviews with twenty health care providers in nine clinics. In addition, the "Consolidated Framework for Implementation Research" was used to guide data collection and the analysis. Results are as follow: 1. Characteristics of the intervention: providers recognize PrEP as an innovative therapy with proven effectiveness; they recommend that it should be implemented by national regulations of the Ministry of Health and Social Protection with centralized purchase of medicines and adaptations to regional diversities. To assemble PrEP in clinics, they recommend linking it to preventive Sexual Health Programs, guided by trained interdisciplinary teams. 2. External environment: it was recommended to strengthen networking with the Secretaries of Health, Profamilia and LGTBI organizations; change contracting conditions with Health Promoting Entities to include PrEP aimed at partners of patients with HIV, and finance people who cannot pay for it with public resources. 3. Internal environment: climate and availability of implementation perceived as favorable for the adoption of PrEP. In order to reduce organizational tensions due to change, expanding training plans are recommended. 4. Implementation process: the design of national, local and institutional plans is recommended, as well as the selection of key internal and external leaders. It is concluded that health providers in the HIV clinics in Colombia perceive a favorable environment for the adoption of PrEP in the country. © 2022 Pontificia Universidad Javeriana. All rights reserved.	AID serodiagnosis; implementation research; pre-exposure prophylaxis; preventive health services	Spanish	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Qualitative
Article	2022	Asiago-Reddy E.A.; McPeak J.; Scarpa R.; Braksmajer A.; Ruszkowski N.; McMahon J.; London A.S.	Perceived access to PrEP as a critical step in engagement: A qualitative analysis and discrete choice experiment among young men who have sex with men	PLOS One	-	-	-	19326203	10.1371/journal.pone.0258530	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123516433&doi=10.1371%2fjournal.pone.0258530&partnerID=40&md5=f3102d4528c363d94384450ae6322dd4	Young Men who have Sex with Men (MSM) continue to face disproportionate HIV risk. Despite its well accepted role in HIV prevention, pre-exposure prophylaxis (PrEP) uptake remains below desired goals. Systemic barriers to PrEP access, including insurance complexity, cost, and wait times to start PrEP may contribute to low PrEP engagement. We conducted in-depth interviews and designed a discrete choice experiment (DCE) to assess preferences for and barriers to PrEP access in the United States. Methods: We conducted in-depth interviews with 18 MSM aged 18-30 years old who were not on PrEP and created a DCE based on the results. For the DCE, a convenience sample of young MSM in the United States who reported recent condomless anal sex was recruited through social media applications. Consenting participants provided sociodemographic information and responded to a series of 10 choice tasks about PrEP access. Preferences were analyzed utilizing marginal willingness-to-pay (mWTP) methods. Results: In-depth interviews revealed preferences for highly effective PrEP and concerns about barriers to access due to insurance coverage and privacy. The online DCE was completed by 236 eligible MSM aged 18-30. The most-preferred PrEP package - with all elements significantly preferred over other options - was insurance covered, could be maintained confidential from parents and employers, was available immediately, and had an online option. Need to take out new insurance or add a supplemental insurance in order to cover PrEP significantly detracted from willingness to pay for a PrEP program. Attributes most associated with willingness to pay for PrEP were PrEP being covered by an insurance the client already has and insurance coverage that was private. Conclusions: Young MSM at high risk for HIV in the United States who are not currently on PrEP showed strong preferences for PrEP options that were covered by insurance and could be kept confidential from parents and employers. Lack of these options may present major barriers to PrEP access among young MSM who are at particularly high risk. Rapid access to PrEP, as well as the option of receiving some care online, may also enhance PrEP uptake. © 2022 Public Library of Science. All rights reserved.	AdolescentAdultAnti-HIV AgentsHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure ProphylaxisSexual and Gender MinoritiesSurveys and QuestionnairesUnited StatesUnsafe SexYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Atkins K.; Kan L.; Musau A.; Reed J.; Were D.; Mohan D.	Adaptation and psychometric evaluation of a scale to measure oral pre-exposure prophylaxis-related stigma among key and vulnerable populations in Kenya	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25929	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133797479&doi=10.1002%2fjia2.25929&partnerID=40&md5=61bb998cfdf9778f8e0e342d57e610b0	Introduction: As oral pre-exposure prophylaxis (PrEP) services scale up throughout sub-Saharan Africa (SSA), clients continue to face challenges with sustained PrEP use. PrEP-related stigma has been shown to influence engagement throughout the HIV PrEP care continuum throughout SSA. Validated quantitative measures of PrEP-related stigma in SSA are of critical importance to better understand its impacts at each stage of the HIV PrEP care continuum. This study aimed to psychometrically evaluate a PrEP-related stigma scale for use among key and vulnerable populations in the context of a Kenya national PrEP programme. Methods: As part of a larger prospective cohort study nested within Kenya's Jilinde programme, this study used baseline data collected from 1135 participants between September 2018 and April 2020. We used exploratory factor analysis to evaluate the factor structure of a PrEP-related stigma scale. We also assessed convergent construct validity of the PrEP-Related Stigma Scale by testing for expected correlations with depression and uptake of HIV services. Finally, we examined the relationship between PrEP-related stigma and key demographic, psychosocial and behavioural characteristics. Results: We identified four dimensions of PrEP-related stigma: (1) interpersonal stigma, (2) PrEP norms, (3) negative self-image and (4) disclosure concerns. The scale demonstrated strong internal consistency (α = 0.84), was positively correlated with depressive symptoms and negatively correlated with uptake of HIV services. Multivariable regression analysis demonstrated associations between PrEP-related stigma and sex worker identity. Conclusions: The adapted and validated PrEP-Related Stigma Scale can enable programmes to quantify how PrEP-related stigma and its dimensions may differentially impact outcomes on the HIV PrEP care continuum, evaluate stigma interventions and tailor programmes accordingly. Opportunities exist to validate the scale in other populations and explore further dimensions of PrEP-related stigma. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV care continuum; HIV prevention; key and vulnerable populations; PrEP; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Atkins K.; Musau A.; Mugambi M.; Odhyambo G.; Tengah S.A.; Kamau M.; Kumau R.; Reed J.; Were D.	Health system opportunities and challenges for PrEP implementation in Kenya: A qualitative framework analysis	PLOS One	-	-	-	19326203	10.1371/journal.pone.0259738	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139577078&doi=10.1371%2fjournal.pone.0259738&partnerID=40&md5=cc10448afcd5c77dab97599526a739c7	Background As pre-exposure prophylaxis (PrEP) scales up in sub-Saharan Africa, governments and implementers need to understand how to best manage national programs. Kenya's national PrEP program offers an opportunity to review elements of program success within the health system and evaluate the utility of a national implementation framework. We explored health system considerations for PrEP implementation to understand how Kenya's national PrEP implementation priorities align with those of PrEP service providers, peer educators, and program or county managers. Methods We conducted twelve key informant interviews (KII) and nine focus group discussions (FGDs) with PrEP program and county managers (n = 12), peer educators (n = 44), and PrEP service providers (n = 48). We recruited participants across a variety of cadres and experiences with PrEP programs. KIIs and FGDs focused on PrEP service delivery and program implementation. Data were collected by trained study staff, audio recorded, translated into English, and transcribed. We used framework analysis methods to systematically apply Kenya's 2017 National PrEP Implementation Framework to the data and summarized findings according to the seven Implementation Framework domains. Results All respondents emphasized the important role of communication, coordination, training, and leadership in PrEP implementation. PrEP service providers and program and county managers highlighted the importance of efficient data collection and utilization, and improved resource allocation. Commodity security and research, while key elements of the PrEP Implementation Framework, were less commonly discussed, and research was less prioritized by respondents. Respondents highlighted the importance of coordinated PrEP service delivery across sites and programs to improve overall client experiences. Conclusion In the context of a nationally-scaled PrEP program, PrEP service providers, peer educators, and program and county managers value strong leadership, close coordination of services across sites, and expedient use of data to improve strategies and services. Kenya's PrEP Implementation Framework aligns closely with the priorities of individuals involved in PrEP service delivery and management, and provides a comprehensive overview of health system considerations for effective implementation of a PrEP program at scale. © 2022 Atkins et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	adultarticleclinical articlecontrolled studyfemalegenetic transcriptionhealth care deliveryhumaninterviewKenyaleadershipmalemanagerpre-exposure prophylaxisresource allocationsecuritygovernmentHuman immunodeficiency virus infectioninformation processingKenyamedical careprocedures	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Atujuna Millicent; Montgomery, Elizabeth T; Hartmann, Miriam; Sheily, Ndwayana; Browne, Erica N; Siyaxolisa, Sindelo; Linda-Gail, Bekker; Minnis, Alexandra M	The Role of Families in Adolescent and Young Adults' PrEP Use	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03514-3	https://www.proquest.com/scholarly-journals/role-families-adolescent-young-adults-prep-use/docview/2649146576/se-2?accountid=8113	While pre-exposure prophylaxis (PrEP) is a key HIV prevention tool for adolescents and young adults (AYAs), its initiation and sustained use is shaped by AYAs' unique social contexts, including family. We explored the role of families in AYAs' PrEP use through qualitative in-depth interview (IDI) data from iPrevent, an end-user study designed to identify factors that could optimize PrEP adherence among South African youth (18–24 years old). These data were collected using a semi structured guide and were analysed using an inductive approach. Several themes describing family influence on AYAs' PrEP use emerged including family support; family attitude towards PrEP; and the family's ability to obviate PrEP disclosure challenges. In addition, dimensions of family closeness, categorized as 'close', 'in-between' and 'loose-knit,' appeared important in contextualizing family influence on AYAs' PrEP use. We found that family remains a proximal and fundamental social system in which AYA are socialized and greater family engagement could aid PrEP implementation in this priority population.	South Africa; HIV/AIDS; Pre-exposure prophylaxis; Psychology; Adolescents; Teenagers; Disease prevention; Prophylaxis; Young adult; Adolescence; Health behavior; Qualitative analysis; Family; Young adults; Adolescent and young adults (AYAs); Pre-exposure prophylaxis (PrEP) use; Human immunodeficiency virus--HIV; Adults; Family support	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Atukunda, Esther Cathyln; Owembabazi, Moran; Pratt, Madeline Claire; Psaros, Christina; Muyindike, Winnie; Chitneni, Pooja; Bwana, Mwebesa Bosco; Bangsberg, David; Haberer, Jessica Elizabeth; Marrazzo, Jeanne; Matthews, Lynn Turner	A qualitative exploration to understand barriers and facilitators to daily oral PrEP uptake and sustained adherence among HIV-negative women planning for or with pregnancy in rural Southwestern Uganda.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25894	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8944216	INTRODUCTION: Antiretroviral pre-exposure prophylaxis (PrEP) may reduce periconception and pregnancy HIV incidence among women in settings, where gender power imbalances limit HIV testing, engagement in care and HIV viral suppression. We conducted qualitative interviews to understand factors influencing periconception and pregnancy PrEP uptake and use in a cohort of women (Trial registration: NCT03832530) offered safer conception counselling in rural Southwestern Uganda, where PrEP uptake was high. METHODS: Between March 2018 and January 2019, in-depth interviews informed by conceptual frameworks for periconception risk reduction and PrEP adherence were conducted with 37 women including those with ≥80% and <80% adherence to PrEP doses measured by electronic pill cap, those who never initiated PrEP, and seven of their male partners. Content and dyadic analyses were conducted to identify emergent challenges and facilitators of PrEP use within individual and couple narratives. RESULTS: The median age for women was 33 years (IQR 28, 35), 97% felt likely to acquire HIV and 89% initiated PrEP. Individual-level barriers included unwillingness to take daily pills while healthy, side effects and alcohol use. Women overcame these barriers through personal desires to have control over their HIV serostatus, produce HIV-negative children and prevent HIV transmission within partnerships. Couple-level barriers included nondisclosure, mistrust and gender-based violence; facilitators included shared goals and perceived HIV protection, which improved communication, sexual intimacy and emotional support within partnerships through a self-controlled method. Community-level barriers included multi-level stigma related to HIV, ARVs/PrEP and serodifference; facilitators included active peer, family or healthcare provider support as women aspired to safely meet socio-cultural expectations to conceive and preserve serodifferent relationships. Confidence in PrEP effectiveness was promoted by positive peer experiences with PrEP and ongoing HIV testing. CONCLUSIONS: Multi-level forms of HIV-, serodifference- and disclosure-related stigma, side effects, pill burden, alcohol use, relationship dynamics, social, professional and partnership support towards adaptation and HIV risk reduction influence PrEP uptake and adherence among HIV-negative women with plans for pregnancy in rural Southwestern Uganda. Confidence in PrEP, individually controlled HIV prevention and improved partnership communication and intimacy promoted PrEP adherence. Supporting individuals to overcome context-specific barriers to PrEP use may be an important approach to improving uptake and prolonged use.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2022	Aurora J.A., Jr; Ballard S.L.; Salter C.L.; Skinker B.	Assessing HIV Preexposure Prophylaxis Education in a Family Medicine Residency	Family Medicine	-	-	-	19383800	10.22454/FamMed.2022.698419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126723473&doi=10.22454%2fFamMed.2022.698419&partnerID=40&md5=83285206ec2ad9e4eaedcf01690ba9c	BACKGROUND AND OBJECTIVES: HIV preexposure prophylaxis (PrEP) has been purposefully incorporated into our family medicine resident training within existing didactic lectures, readings, and routine office visit precepting. This mixed-methods evaluation assesses training strategies for PrEP use via survey and drug use evaluation (DUE). METHODS: We surveyed 80 current and former family medicine residents (2014-2018) about their exposure to training components, self-reported confidence and competency in PrEP use, and practice behaviors reflecting CDC guidelines for patient eligibility and testing. In addition, we conducted a DUE of patients receiving PrEP from 2012-2018 for adherence to CDC guidelines. We report results with descriptive statistics, with χ2 analysis for group comparisons. RESULTS: Survey response rate was 56.3%. Among respondents, 46.7% have prescribed PrEP and 55.5% self-assessed as competent to prescribe PrEP, with the majority (84%) rating precepting as most effective for building competence. Those self-assessed as competent were more likely to endorse practice behaviors reflecting CDC guidelines for monitoring PrEP (P<.05). DUE identified 68 patients; 98.5% men who have sex with men. No women with recent sexually transmitted infections, nor persons who inject drugs (PWID) received PrEP. Initial testing completion ranged from 79.4% (HIV) to 54.4% (hepatitis B). Follow-up testing completion ranged from 41.5% (HIV) to 26.4% (syphilis). CONCLUSIONS: Residents rated precepting as the most effective training. However, DUE demonstrated that PrEP underuse, as well as suboptimal testing, limited experiential training on CDC guidelines. Curricular updates should further emphasize appropriate patient selection for PrEP, including women, minorities, and PWID, as well as robust testing, to continue expanding PrEP access.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Avelino-Silva, Vivian Iida; Vasconcelos, Ricardo; Cerqueira, Natalia B; Marcus, Ulrich; Schmidt, Axel Jeremias; Veras, Maria Amelia	Predictors of knowledge of and access to biomedical prevention among MSM and transgender men in Latin America: Results from the Latin American internet survey.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.13238	https://dx.doi.org/10.1111/hiv.13238	INTRODUCTION: HIV is still a central public health issue in Latin America, disproportionally affecting key populations. Knowledge and access to biomedical prevention strategies, including treatment as prevention (TASP) or undetectable = untransmissible (U=U), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), are the first steps to increasing uptake. We used data from the Latin American MSM Internet Survey (LAMIS) to describe knowledge and access to biomedical HIV prevention strategies among gay, bisexual, transgender and other men who have sex with men (MSM) living in 18 Latin American countries. METHODS: We compared LAMIS data across countries and according to age categories using frequencies and percentages. We also used multivariable models to explore whether age, gender identity, sexual identity, steady partnership, HIV status and education were independently associated with outcomes. RESULTS: In all, 55 924 participants were included. Most were cisgender (99%) and identified as gay/homosexual (77%) or bisexual (17%). Schooling levels were very high, with 89% reporting high-attained education as tertiary level, university or post-graduation. In total, 16% had been previously diagnosed with HIV; of those, rates of undetectable viral load varied from 60% in Venezuela to 83% in Brazil. Overall, 54%, 54% and 52% of participants already knew about PEP, PrEP and U=U, respectively. Participants from Brazil and those aged between 26 and 55 years, living with diagnosed HIV and having a gay/homosexual identity had greater levels of awareness about biomedical prevention strategies. CONCLUSIONS: Our study highlights gaps in HIV prevention campaigns directed to MSM in Latin America resulting in low uptake of biomedical prevention methods.	NA	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2022	Ayerdi Aguirrebengoa, Oskar	Cambios epidemiológicos entre los nuevos diagnósticos de infección por el VIH : impacto de la profilaxis pre-exposición	-	-	Universidad Complutense de Madrid	-	-	NA	https://dialnet.unirioja.es/servlet/tesis?codigo=307064	Para evitar la transmisión del VIH, se han utilizado varias medidas preventivas: uso sistemático del preservativo, educación sexual, cribado de VIH/ITS, profilaxis postexposición, diagnóstico precoz del VIH, tratamiento antirretroviral inmediato y, más recientemente, profilaxis pre-exposición (PrEP). Esta última consiste en la administración de fármacos antirretrovirales a personas seronegativas con prácticas de alto riesgo para evitar contraer el VIH. Desde su implementación, se ha descrito un aumento de las prácticas sexuales de riesgo, favorecidas por el uso de la PrEP, denominado "risk compensation". Esta tesis basada en artículos tiene tres objetivos principales: 1 describir las características sociodemográficas, clínicas y conductuales de los hombres que tienen sexo con hombres (HSH) con nuevo diagnóstico de infección por el VIH y estudiar su evolución entre 2014-2019; 2 estimar el efecto preventivo que supondría haber incluido la PrEP, en los pacientes con seroconversión documentada al VIH entre 2014-2016, y 3 medir los cambios clínicos y conductuales asociados a la PrEP, "risk compensation", mediante el análisis del uso del preservativo en el coito anal, número de parejas sexuales, consumo de drogas para el sexo y frecuencia de ITS. Este trabajo se ha realizado en una Clínica de referencia en VIH/ITS...	NA	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	-	-	Review
Article	2022	Azucar, Danny; Hidalgo, Marco A.; Wright, Deja; Slay, Lindsay; Kipke, Michele D.	Development of an HIV Prevention Intervention for African American Young Men Who Have Sex With Men (Y2Prevent): Study Protocol.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/36718	https://www.researchprotocols.org/2022/9/e36718/	BACKGROUND: African American young men who have sex with men (YMSM) possess many intersecting identities that may increase their vulnerability to social stigmatization and discrimination, which yields a negative influence on their well-being and behaviors. These experiences often manifest as increased general and sexual risk-taking behaviors that place this particular group at an increased risk for HIV. This scenario is exacerbated by the lack of HIV prevention interventions specifically designed for African American YMSM. OBJECTIVE: In this paper, we discuss the development of research designed to refine, pilot, and evaluate the feasibility, acceptability, and preliminary efficacy of a behavioral intervention designed to build resilience and reduce substance use and HIV risk behaviors among African American YMSM. The overarching aim of this research, funded by the National Institutes of Health, is to further refine and pilot test an intervention called Young Men's Adult Identity Monitoring (YM-AIM). YM-AIM is a theory-driven, group-level intervention designed to help African American YMSM develop a healthy vision for their future (or possible future self) by defining a set of short-term and long-term goals in the areas of education, health, family, and intimate relationships. METHODS: Through partnerships with community members and community-based organizations, we will further strengthen and refine YM-AIM to include 3 new components: biomedical HIV prevention strategies (pre-exposure prophylaxis and postexposure prophylaxis); HIV and sexually transmitted infection (STI) testing and HIV care referral, drug screening, and drug treatment referral; and a youth mentoring component. We will recruit African American YMSM, aged 18 to 24 years, into 2 working groups; each group will consist of 6 to 8 members and will convene on a weekly basis, and each meeting will focus on one specific YM-AIM topic. This feedback will be used to further refine the intervention, which will then be evaluated for its feasibility and acceptability. Intervention outcomes include drug use in the past 30 days and 3 months, alcohol use, condomless sex, number of sex partners, and increasing condom use intention, condom use self-efficacy, HIV and STI testing recency and frequency, and linkage to care. RESULTS: As of June 2022, we completed phase 1 of Y2Prevent and launched phase 2 of Y2Prevent to begin recruitment for working group participants. Phase 3 of Y2Prevent is anticipated to be launched in September and is expected to be completed by the end of this project period in December 2022. CONCLUSIONS: Few youth-focused interventions have sought to help youth identify and develop the skills needed to navigate the social and structural factors that contribute to individual-level engagement in prevention among sexual minority youth. This research seeks to promote young men's adoption and maintenance of HIV-protective behaviors (eg, safer sex, pre-exposure prophylaxis use, HIV and STI testing, and health care use). INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/36718.	HIV prevention; African American; young men who have sex with men; YMSM; mentoring; resilience	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Balán, Iván C; Lentz, Cody; Giguere, Rebecca; Dolezal, Curtis; Kajura-Manyindo, Clare; Kutner, Bryan A; Zalwango, Aisha; Makoni, Rujeko; Madlala, Bernadette; Makala, Yvonne; Khanyile, Nombuso; Kadyamusuma, McLoddy; Kachenjera, Lonely; Ndhlovu-Forde, Zanele; Tuswa-Haynes, NoCamagu	Inconsistent Counselor Fidelity in Delivering an Evidence-Based Adherence Intervention During a PrEP Trial.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03429-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8840968	Evidence-based adherence counseling interventions must be delivered with fidelity to ensure that their effectiveness is retained, but little is known regarding how counselors in biomedical HIV trials deliver these interventions. Forty-two counselors from the MTN-025/HOPE Study, which was conducted in 14 sites in sub-Saharan Africa, participated. They completed a quantitative assessment and consented for their HOPE counseling session ratings to be analyzed. Twenty-two (52%) self-identified as research nurses and 20 (48%) as counselors. Of 928 session ratings, 609 (66%) were classified as Good, 188 (20%) as Fair, and 131 (14%) as Poor, based on pre-established criteria. Overall mean ratings for session tasks and global components (each rated from 1 to 5) were 4.12 (SD = 0.45; range 2.46-4.73) and 4.02 (SD = 0.64; range 1.75-4.79), respectively. Twenty-six (62%) counselors attained Good or Fair ratings on at least 85% of their sessions, but 33% of counselors had more than 25% of their sessions rated as Poor; three counselors (7%) never met criteria for a Good session. Even after extensive training, counselors' fidelity to the intervention varied. Our findings highlight the value of fidelity monitoring using session audio-recordings, the importance of ongoing coaching and support, and the need to plan for counselors with consistently poor fidelity.	fidelity monitoring, counseling, adherence, HIV prevention, evidence-based interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Balasubramanian R.; Kasaie P.; Schnure M.; Dowdy D.W.; Shah M.; Fojo A.T.	Projected Impact of Expanded Long-Acting Injectable PrEP Use Among Men Who Have Sex With Men on Local HIV Epidemics	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137541452&doi=10.1097%2fQAI.0000000000003029&partnerID=40&md5=49c57fbd09a8ff7de8524a70b9e00aff	Background:Pre-exposure prophylaxis (PrEP) is a key component in helping to reduce HIV incidence in the United States. Long-acting injectable (LAI) PrEP is a new alternative to oral PrEP; its potential to affect local HIV epidemics remains unclear.Methods:The Johns Hopkins HIV Economic Epidemiological model (JHEEM) is a dynamic model of HIV transmission in 32 US urban areas. We used JHEEM to project the HIV incidence among men who have sex with men (MSM) from 2020 to 2030 under a range of interventions aimed at increasing PrEP use.Results:In the absence of any intervention (ie, current levels of oral PrEP and HIV care engagement), we projected a 19% reduction (95% credible interval, CrI 1% to 36%) in HIV incidence among MSM from 2020 to 2030 across all 32 cities. Adding 10% LAI PrEP uptake (above a base case of all oral PrEP) reduced the incidence by 36% (95% CrI 23% to 50%) by year 2030. This effect varied between cities, ranging from 22% in Atlanta to 51% in San Francisco. At 25% additional LAI PrEP uptake, this incidence reduction increased to 54% (95% CrI 45% to 64%). Reductions in incidence after introducing LAI PrEP were driven primarily by increased uptake and sustained usage rather than increased efficacy.Conclusions:LAI PrEP has the potential to substantially reduce HIV incidence among MSM, particularly if it increases PrEP uptake and continued use beyond existing levels. Because potential effects vary by city, the effectiveness of expanding PrEP use is dependent on local dynamics. © 2022 Lippincott Williams and Wilkins. All rights reserved.	dynamic transmission model; Ending the HIV Epidemic; HIV; injectable PrEP; MSM; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Ballreich J.; Levengood T.; Conti R.M.	Opportunities and Challenges of Generic Pre-Exposure Prophylaxis Drugs for HIV	The Journal of Law, Medicine & Ethics	-	-	-	1748720X	10.1017/jme.2022.33	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135419113&doi=10.1017%2fjme.2022.33&partnerID=40&md5=e7f5ce5b616aba6d2bba30e32be5eba3	Antiretroviral pre-exposure prophylaxis (PrEP) is protective against HIV. Low utilization rates amongst HIV vulnerable populations are due in part to the high cost of PrEP. Generic PrEP offers the potential to improve health at significantly reduced costs. In this study, we examine early utilization patterns and prices for generic PrEP. We discuss the opportunities and challenges for generic PrEP to improve health among HIV vulnerable populations.	Drug Policy; Drug Pricing; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Barbosa A.K.P.; Monteiro P.; Montenegro D.; Batista J.A.L.; Montarroyos U.R.	HIV Pre-Exposure Prophylaxis (PrEP) in a Brazilian Clinical Setting: Adherence, Adverse Events, Sexual Behavior, and Sexually Transmitted Infections	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02112-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123070474&doi=10.1007%2fs10508-021-02112-7&partnerID=40&md5=9409fc6ca29fbac842b57291b05c94b5	Tenofovir/emtricitabine (TDF/FTC) has been used as pre-exposure prophylaxis (PrEP) in preventing HIV infection. PrEP is an effective prevention tool as demonstrated in clinical trials and studies in clinical practice and was incorporated into the Brazilian public health system in December 2017. The present study was a prospective cohort that included 219 PrEP users monitored over a 10 month follow-up period in a capital city in Northeastern Brazil. Data were collected from the PrEP users' electronic medical records platform made available by the Brazilian Health Ministry. During the observation period, there was good user retention to the prevention program (84%) and there was high adherence to medication (90%). Almost half the users (49%) presented an adverse event, although these were mild and transient, 30 days after starting prophylaxis. There was a significant reduction in creatinine clearance (p <.001), from 104.9 to 83.5 mL/min; however, there was no need for drug discontinuation. Throughout the cohort, there was no significant change in the number of sexual partners, but the use of condoms during sexual intercourse decreased (p <.001). There was a non-significant increase in the incidence of syphilis (p =.08), and there was a 50% decrease in reporting signs and symptoms of sexually transmitted infections. No cases of HIV infection were observed. PrEP proved to be an effective tool in HIV prevention, presenting few complications of adverse events. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Pre-exposure prophylaxis; Sexual behavior; Sexually transmitted infections	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2022	Barbosa, Lucianna Costa de Almeida	Pre-exposure prophylaxis (PrEP) to HIV in Alas, Brazil: characterization of users, adherence to the protocol and risk behavior for transmissible sexual habits (STIs)	Research, Society and Development	-	-	-	-	10.33448/rsd-v11i13.34515	https://rsdjournal.org/index.php/rsd/article/view/34515	Objective: to characterize the profile of PrEP users, identify the proportion of adherence to the protocol and verify the occurrence of STI diagnosis. Methodology: this is a retrospective study of a quantitative nature, carried out at the Specialized Assistance Service of a northeastern capital. Secondary records taken from the Medication Logistic Control System were used and the collection instrument was a questionnaire based on the PrEP care forms made available by the Ministry of Health. Results: the users' profile points to cis men, brown, aged 30 years or older, of homosexual/gay/lesbian orientation, who perform anal sexual intercourse and have 12 or more years of schooling. During the consultations, a diagnosis of chlamydia and a diagnosis of hepatitis B was made. Regarding adherence to the protocol, it was noticed that there were always users who discontinued the protocol. Conclusion: from this evaluation, we understand some of the strengths and weaknesses of the service offer, aspects that are fundamental for a more complete assistance.	Pre-exposure prophylaxis; HIV; Sexually transmitted diseases.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Bares, Sara H.; Scarsi, Kimberly K.	A new paradigm for antiretroviral delivery: long-acting cabotegravir and rilpivirine for the treatment and prevention of HIV.	Current Opinion in HIV and AIDS	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000708	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8694245/	PURPOSE OF REVIEW: Cabotegravir (CAB) and rilpivirine (RPV) is the first long-acting injectable antiretroviral therapy (ART) option approved for virologically suppressed adults with HIV-1. In addition, long-acting CAB is a promising agent for HIV preexposure prophylaxis (PrEP). This review focuses on phase 3 clinical trial results and implementation considerations for these long-acting ART and PrEP strategies. RECENT FINDINGS: Long-acting CAB and RPV administered every 4 weeks demonstrated noninferiority to oral ART through week 96 in both the ATLAS and FLAIR studies, whereas ATLAS-2M found similar efficacy through 96 weeks when the long-acting injectable ART was administered every 8 weeks instead of every 4 weeks. For prevention, two phase 3 trials were stopped early due to fewer incident HIV infections in participants receiving long-acting CAB every 8 weeks compared with daily oral tenofovir disoproxil fumarate-emtricitabine for PrEP. The long-acting therapies were well tolerated across all clinical trials. SUMMARY: Clinical trial results support the use of long-acting CAB for HIV PrEP and long-acting CAB and RPV as a switch strategy for adults with HIV-1 who are first virologically suppressed with oral ART. Implementation challenges persist, and data are urgently needed in populations who may benefit most from long-acting therapy, including adolescents, pregnant individuals, and those with barriers to medication adherence.	Adolescent; Adult; Humans; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; Pyridones/therapeutic use; Rilpivirine/therapeutic use; Diketopiperazines	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Barnabee, Gena; O'Bryan, Gillian; Ndeikemona, Lylie; Billah, Idel; Silas, Lukas; Morgan, Karie L; Shulock, Katherine; Mawire, Susan; MacLachlan, Ellen; Nghipangelwa, Josua; Muremi, Elizabeth; Ensminger, Alison; Forster, Norbert; O'Malley, Gabrielle	Improving HIV pre-exposure prophylaxis persistence among adolescent girls and young women: Insights from a mixed-methods evaluation of community, hybrid, and facility service delivery models in Namibia.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2022.1048702	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9760915	Introduction: Despite the potential for community-based approaches to increase access to pre-exposure prophylaxis (PrEP) for adolescent girls and young women (AGYW), there is limited evidence of whether and how they improve PrEP persistence. We compared PrEP persistence among AGYW receiving services through community and hybrid models in Namibia to facility-based services. We subsequently identify potential mechanisms to explain how and why community and hybrid models achieved (or not) improved persistence to inform further service delivery innovation. Methods: Data were collected from PrEP service delivery to AGYW over two-years in Namibia's Khomas Region. We used Kaplan-Meier analysis to estimate survival curves for PrEP persistence beyond three-months after initiation and report the cumulative probability of persistence at one- and three-months. Persistence was defined as any PrEP use within three months after initiation followed by a PrEP refill or previously prescribed supply of at least 30 days at the three-month visit. Interviews were conducted with 28 AGYW and 19 providers and analyzed using a deductive-inductive thematic approach. Results: From October 2017 through September 2019, 372 (18.7%) AGYW received services through a facility model, 302 (15.1%) through a community model, and 1,320 (66.2%) through a hybrid model. PrEP persistence at one- and three-months was 41.2% and 34.9% in the community model and 6.2% and 4.8% in the hybrid model compared to 36.8% and 26.7% in the facility model. Within the community and hybrid models, we identified three potential mechanisms related to PrEP persistence. Individualized service delivery offered convenience and simplicity which enabled AGYW to overcome barriers to obtaining refills but did not work as well for highly mobile AGYW. Consistent interactions and shared experiences fostered social connectedness with providers and with peers, building social networks and support systems for PrEP use. PrEP and HIV-related stigma, however, was widely experienced outside of these networks. Community-to-facility referral for PrEP refill triggered apprehension towards unfamiliar PrEP services and providers in AGYW, which discouraged persistence. Conclusion: Service delivery approaches that offer convenience and simplicity and foster social connectedness may reduce access barriers and increase social support enabling AGYW to self-manage their PrEP use and achieve improved PrEP persistence.	delivery of health care, pre-exposure prophylaxis, HIV prevention, adolescent girls and young women, Namibia	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Barp, Luiz; Mitjavila, Myriam; Ferreira, Diego Diz	Gestão biopolítica da Aids: a homossexualidade como fonte de periculosidade social	Saúde Debate	-	-	-	0103-1104	10.1590/0103-11042022e716	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-11042022001100223&lang=pt	ABSTRACT This study addresses aspects of the construction of male homosexuality as part of the biopolitical management of sexuality associated with the appearance and consequences of the HIV/AIDS epidemic. In this sense, it was identified how homosexuality has a trajectory that historically links it to the hybrid notion of social dangerousness, fundamentally from the medical categorization of anal penetration among men as a deviant practice and, therefore, socially dangerous. In more recent years, unprecedented mechanisms of subjection and subjectivation have expanded the repertoire of mechanisms for social control of homosexuality based on HIV/AIDS prevention strategies, such as condoms and, more recently, Pre-Exposure Prophylaxis (PrEP) to HIV.	HIV; Sexualidade; Sexuality; Homosexuality; Homossexualidade; Política; Politics	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2022	Barry M.P.; Austin E.J.; Bhatraju E.P.; Glick S.N.; Stekler J.D.; Tung E.L.; Hansen R.N.; Williams E.C.; Gojic A.J.; Pickering E.I.; Tsui J.I.	Qualitative inquiry into perceptions of HIV pre-exposure prophylaxis among people who inject drugs living with hepatitis C in Seattle, WA, USA	Harm Reduction Journal	-	-	-	14777517	10.1186/s12954-022-00706-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141200673&doi=10.1186%2fs12954-022-00706-5&partnerID=40&md5=f286fd2b0444f404c161ad5f1d132e42	Background: The incidence of HIV among persons who inject drugs (PWID) in the USA has been increasing since 2014, signaling the need to identify effective ways to engage PWID in HIV prevention services, namely pre-exposure prophylaxis (PrEP). Yet, the uptake of PrEP in this population is minimal compared to other populations at risk of HIV acquisition. In this work, we sought to explore knowledge, attitudes, and perspectives of PrEP acceptability among PWID. Methods: In the context of a pilot study to explore the acceptability of pharmacy-based hepatitis C virus (HCV) treatment, we conducted semi-structured interviews (n = 24) and focus groups (n = 4, 16 participants) with people who were living with HCV and reported active injection drug use (≤ 90 days since last use). Participants were asked open-ended questions about their familiarity with and motivation to use PrEP. As part of a sub-analysis focused on PrEP, qualitative data were analyzed using a Rapid Assessment Process, where three coders used structured templates to summarize qualitative data and iteratively reviewed coded templates to identify themes. Participants also completed short quantitative questionnaires regarding drug use history and attitudes toward health concerns. Results: Forty-seven percent of participants expressed having little or no concern regarding HIV acquisition. Targeted analyses focused on HIV prevention identified three themes, which help characterize behavioral determinants of nonadoption. First, knowledge of PrEP was limited among PWID and influenced by infrequent open community discussions around HIV risk. Second, PWID perceived sexual behaviors—but not injection drug use—as a motivator for HIV risk prevention. Finally, PWID identified many individual and environmental barriers that hinder PrEP uptake. Conclusion: Among PWID, PrEP is rarely discussed and concerns about the feasibility of using daily PrEP are common. Taken with the prevalent perception that drug use is not a high risk for HIV acquisition, our findings point to opportunities for public health work to target PrEP education to PWID and to leverage other successful interventions for PWID as an opportunity to provide PrEP to this vulnerable population. © 2022, The Author(s).	Behavioral determinants; Hepatitis C; HIV; People who inject drugs; Pre-exposure prophylaxis; Substance use	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2022	Bartholomew, Tyler S; Andraka-Cristou, Barbara; Totaram, Rachel K; Harris, Shana; Doblecki-Lewis, Susanne; Ostrer, Lily; Serota, David P; Forrest, David W; Chueng, Teresa A; Suarez, Edward; Tookes, Hansel E	"We want everything in a one-stop shop": acceptability and feasibility of PrEP and buprenorphine implementation with mobile syringe services for Black people who inject drugs.	Harm Reduction Journal	-	-	-	-	1477-7517	10.1186/s12954-022-00721-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9719627	INTRODUCTION: A recent surge in HIV outbreaks, driven by the opioid and stimulant use crises, has destabilized our progress toward targets set forth by Ending the HIV Epidemic: A Plan for America for the high-priority community of people who inject drugs (PWID), particularly Black PWID. METHODS: In order to ascertain the acceptability and feasibility of using a mobile syringe services program (SSP) for comprehensive HIV prevention via PrEP and medications for opioid use disorder (MOUD), our mixed methods approach included a quantitative assessment and semi-structured qualitative interviews with Black PWID (n = 30) in Miami-Dade County who were actively engaged in mobile syringe services. RESULTS: Participants felt that delivery of MOUD and PrEP at a mobile SSP would be both feasible and acceptable, helping to address transportation, cost, and stigma barriers common within traditional healthcare settings. Participants preferred staff who are compassionate and nonjudgmental and have lived experience. CONCLUSIONS: A mobile harm reduction setting could be an effective venue for delivering comprehensive HIV prevention services to Black PWID, a community that experiences significant barriers to care via marginalization and racism in a fragmented healthcare system.	PrEP, Medications for opioid use disorder, Syringe services program, Black people who inject drugs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Bartkowiak G.; Kryczka T.	Nurse's role in pharmacological pre-exposure prophylaxis of HIV infection; Rola piel?gniarki w farmakologicznej profi laktyce przedekspozycyjnej zaka?e? HIV	Pielegniarstwo XXI Wieku	-	-	-	-	17301912	10.2478/pielxxiw-2022-0030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144540900&doi=10.2478%2fpielxxiw-2022-0030&partnerID=40&md5=b0d5eef40ba65238be9213322b4fbe8a	Introduction. Reducing the number of new HIV infections is one of the challenges of modern health care. Advances in medicine have given rise to new methods of preventing the transmission of the infection. Pharmacological pre-exposure prophylaxis (PrEP) is one of them. Aim. The aim of this paper is to discuss the principles of PrEP and to bring the role of a nurse closer in this regard. Method. The safety and efficacy of PrEP have been demonstrated in clinical trials. At the same time, in accordance with the postulates of the WHO to transfer competencies related to the prevention of the spread of HIV to other health care professionals, models of PrEP provision by e.g. nurses, are being discussed. Results. Pharmacological PrEP used in vulnerable groups at risk of HIV infection may help slow down the epidemic. Nurses have almost all the knowledge and clinical competence to provide PrEP services. Expanding the competence of nurses by including HIV diagnosis, prescription of medications approved for use as PrEP, and increasing the scope of decision-making in this type of prophylaxis will contribute to its popularisation in Poland, as well as increase the prestige of the profession and the possibilities of developing of advanced nursing practice. © 2022 Grzegorz Bartkowiak et al., published by Sciendo.	advanced nursing practice; HIV prevention; nursing; pre-exposure prophylaxis	English	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Clinical
Article	2022	Bass S.B.; Kelly P.J.; Brajuha J.; Gutierrez-Mock L.; Koester K.; D'Avanzo P.; Sevelius J.	Exploring barriers and facilitators to PrEP use among transgender women in two urban areas: implications for messaging and communication	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-021-12425-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122506916&doi=10.1186%2fs12889-021-12425-w&partnerID=40&md5=5a530b8029a9be94bf89996c45376b41	Background: Trans women are at increased risk for HIV infection yet are less likely to use pre-exposure prophylaxis (PrEP) medication as a preventive measure. PrEP messaging and marketing has focused on men who have sex with men (MSM) or included trans women as a subset of MSM, ignoring the potential barriers to PrEP use unique to trans women. Little is known about how this group conceptualizes PrEP, what knowledge gaps still exist, and how trans women believe PrEP should be communicated to increase use. Methods: This qualitative study conducted focus groups (n = 5) in Philadelphia and Sacramento with trans women to assess these issues. Results: Twelve sub-themes were found related to five main domains, including PrEP knowledge, benefits, barriers, community-related considerations, and messaging/marketing. Findings indicate that knowledge of PrEP is still low and beliefs about PrEP's effects on hormone use persist. Most importantly, participants voiced a demand for culturally appropriate trans-specific messages in HIV prevention interventions and communication. Conclusions: Without acknowledging specific barriers to PrEP uptake among transgender women separate from those of MSM and incorporating gender affirmation into PrEP education, simply knowing PrEP is available may not motivate trans women to use PrEP. This has important implications for future efforts to communicate about PrEP with trans women. © 2021, The Author(s).	Communication; Focus group; HIV prevention; PrEP; Transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Bavinton, B; Hill, A; Amos, N; Lim, SH; Guadamuz, T; Kaneko, N; Holt, M; Bourne, A	Willingness to use PrEP among gay, bisexual, and other men who have sex with men in five Asian countries: Results of the Asia Pacific MSM Internet Survey	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1371/journal.pone.0182838	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5597127/	Objective We examined willingness to use pre-exposure prophylaxis (PrEP) for HIV prevention among men who have sex with men (MSM) in Malaysia. Methods An online survey of 990 MSM was conducted between March and April 2016. Eligibility criteria included being biological male, Malaysian citizen, 18 years of age or above, identifying as MSM, and being HIV negative or unknown status. Participants' demographics, sexual and drug use behaviors, attitudes towards PrEP, and preferences regarding future access to PrEP were collected. Bivariate analysis and logistic regression were performed to determine factors associated with willingness to use PrEP. Results Fewer than half of participants (44%) knew about PrEP before completing the survey. Overall, 39% of the sample were willing to take PrEP. Multivariate logistic regression indicated that Malay men (AOR: 1.73, 95% CI:1.12, 2.70), having 2 or more male anal sex partners in the past 6 months (AOR: 1.98, 95% CI: 1.29, 3.05), previous knowledge of PrEP (AOR: 1.40, 95%CI: 1.06, 1.86), lack of confidence in practising safer sex (AOR: 1.36, 95% CI: 1.02, 1.81), and having ever paid for sex with a male partner (AOR: 1.39, 95% CI: 1.01, 1.91) were independently associated with greater willingness to use PrEP, while men who identified as heterosexual were less willing to use PrEP (AOR, 0.36, 95% CI: 0.13, 0.97). Majority of participants preferred to access PrEP at affordable cost below 100 Malaysian Ringgit (USD25) per month from community based organisations followed by private or government hospitals. Conclusions Overall, MSM in Malaysia reported a relatively low level of willingness to use PrEP, although willingness was higher among those previously aware of PrEP. There is a need to provide PrEP at affordable cost, increase demand and awareness of PrEP, and to provide access to this preventative medication via diverse, integrated and tailored sexual health services.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Bazzi, Angela R; Valasek, Chad J; Streuli, Samantha A; Vera, Carlos F; Harvey-Vera, Alicia; Philbin, Morgan M; Biello, Katie B; Roth, Alexis M; Strathdee, Steffanie A; Pines, Heather A	Long-Acting Injectable Human Immunodeficiency Virus Pre-Exposure Prophylaxis Preferred Over Other Modalities Among People Who Inject Drugs: Findings from a Qualitative Study in California	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2022.0068	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9464050	People who inject drugs (PWID) have extraordinarily low uptake of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) despite high levels of need. Long-acting PrEP modalities hold promise for HIV prevention among PWID, but product preferences remain poorly understood. From September to November 2021, we conducted qualitative interviews with 28 HIV-negative, adult (≥18 years) PWID in San Diego County, CA, to explore their perspectives on daily oral PrEP pills and long-acting PrEP modalities (i.e., injections, implants, intravaginal rings, and broadly neutralizing antibodies), which we explained using standard scripts. Thematic analysis identified variations in PrEP modality interest and acceptability. We identified three key factors across the 28 interviews that appeared to influence PrEP modality preferences: perceived convenience of use, invasiveness, and familiarity (based on past experience). Overall, most participants preferred injectable PrEP over other modalities because they viewed injectable medications as convenient, noninvasive, and familiar. While injectable PrEP was recently approved for use in the United States and was most the acceptable PrEP modality in this sample, our findings suggest that intervention and implementation research is urgently needed to improve our understanding of strategies that could support access, uptake, and sustained adherence to longer-acting PrEP for PWID.	pre-exposure prophylaxis, substance use, long-acting HIV prevention and treatment, intravenous, HIV prevention, cabotegravir, acceptability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Beck L.; Parlier-Ahmad A.B.; Martin C.E.	Pre-exposure prophylaxis (PrEP) indication and uptake among people receiving buprenorphine for the treatment of opioid use disorder	Journal of Substance Abuse Treatment	-	-	-	-	7405472	10.1016/j.jsat.2021.108506	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110281926&doi=10.1016%2fj.jsat.2021.108506&partnerID=40&md5=623b6df0a303dc01cfa261545dc3b498	Background: People with opioid use disorder (OUD) are disproportionately burdened by HIV. The United States' Centers for Disease Control and Prevention (CDC) has issued guidelines for pre-exposure prophylaxis (PrEP) indication. We know little about PrEP for people receiving medication for OUD. The objective of this study is to report PrEP indication, awareness, and uptake in patients engaged in outpatient OUD treatment with buprenorphine. Methods: Adult patients (n = 137) receiving buprenorphine for OUD at an outpatient substance use disorder treatment clinic completed a cross-sectional survey between July and September 2019. The study determined PrEP indication by 2017 CDC criteria. PrEP awareness and uptake were self-reported. The study assessed statistical differences in PrEP indicators by Pearson's χ2 and Fisher's exact. Results: Nearly three-quarters (73.7%, n = 101) of the study sample met CDC criteria for PrEP-indication based on past-year risk behaviors. Ninety-five percent of these participants reported inconsistent condom use, 21.0% engaged in commercial sex, 9.0% shared injection equipment, 8.9% reported a recent bacterial STI, and 4.0% had an HIV+ sexual partner. Of PrEP indicated participants (n = 101), 19 had heard of PrEP prior to the survey, but only 1 participant reported past-year PrEP use. Conclusions: Among a clinical population of people receiving buprenorphine for OUD, HIV risk behaviors were common, yet PrEP awareness and uptake were low. People engaged in treatment for OUD remain at high risk for HIV and are a priority population for PrEP. In light of the current opioid crisis, more research is needed to guide the integration of comprehensive HIV prevention into outpatient opioid treatment centers. © 2021 Elsevier Inc.	Buprenorphine; HIV prevention; Opioid use disorder; PrEP; Substance use disorder treatment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Beckham S.W.; Mantsios A.; Galai N.; Likindikoki S.; Mbwambo J.; Davis W.; Kerrigan D.	Acceptability of multiple modalities of pre-exposure prophylaxis (PrEP) among female sex workers in Tanzania: A mixed-methods study	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2021-058611	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136037452&doi=10.1136%2fbmjopen-2021-058611&partnerID=40&md5=e63db62c537f0613bc03623e82722581	Objectives Modalities of pre-exposure prophylaxis (PrEP) for HIV prevention offer options to women at high risk including female sex workers (FSW). This study aimed to explore FSW's acceptability and preferences for oral pills, long-acting (LA) injectable and vaginal ring PrEP. Design Sequential, explanatory, mixed methods. Setting Iringa, Tanzania. Participants FSW aged above 18 were recruited from sex work venues using time-location sampling (n=496); HIV-uninfected (n=293) were included in this analysis. Subsequently, survey participants were recruited for in-depth interviews (n=10) and two focus group discussions (n=20). Primary outcome measures (1) Acceptability of PrEP (Do you personally think it would be worth it to you to take ART if it could prevent HIV?: yes/no) and (2) preference for LA injectable versus oral pills (If you personally were going to take ART to prevent HIV infection, would you prefer to take it in the form of a daily pill or an injection once every 3 months? Injection/pill). Results Participants were (92%) unaware of PrEP but 58% thought it would be worth it to personally take PrEP. Acceptability of PrEP was significantly associated with higher social cohesion (aOR 2.12; 95% CI 1.29 to 3.50) and STI symptoms in the past 6 months (aOR 2.52; 95% CI 1.38 to 4.62). Most (88%) preferred LA vs oral PrEP. Qualitative findings revealed generally positive reactions to all types of PrEP, and they were viewed as a welcome backup to condoms. Participants had concerns about pills (burden of daily use, stigma from clients), and the vaginal ring (fear of client noticing and becoming suspicious, fear of infertility) and overall preferred LA-PrEP (less frequent use, easy to hide, belief in higher efficacy). Conclusions Offering multiple formulations of PrEP within the context of community-driven HIV prevention interventions among FSW may facilitate increased uptake and adherence. LA injectable PrEP may be a particularly preferred formulation among FSW. Trial registration number NCT02281578. © BMJ Publishing Group Limited 2022.	HIV & AIDS; PREVENTIVE MEDICINE; PUBLIC HEALTH	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Beer, Linda; Tie, Yunfeng; Dasgupta, Sharoda; McManus, Timothy; Smith, Dawn K; Shouse, R Luke	Trends in preexposure prophylaxis use among sex partners as reported by persons with HIV - United States, May 2015-June 2020.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003366	https://dx.doi.org/10.1097/QAD.0000000000003366	OBJECTIVE: To estimate trends in the proportion of sexually active U.S. adults with HIV (PWH) reporting an HIV-discordant sexual partner taking preexposure prophylaxis (PrEP) and proportion of partners taking PrEP. DESIGN: The Medical Monitoring Project is a complex sample survey of U.S. adults with diagnosed HIV. METHODS: We used annual cross-sectional data collected during June 2015-May 2020 to estimate the annual percentage change (EAPC), overall and by selected characteristics, in reported partner PrEP use among PWH with HIV-discordant partners (Nâ=â8707) and reported PrEP use among these partners (Nâ=â15 844). RESULTS: The proportion of PWH reporting PrEP use by one or more HIV-discordant sex partner rose 19.5% annually (11.3 to 24.4%). The prevalence rose from 6.0 to 17.4% (EAPC, 25.8%) among Black PWH, 10.1 to 26.0% (EAPC, 19.5%) among Hispanic/Latino PWH, and 20.8 to 34.6% (EAPC, 16.3%) among White PWH. Among MSM with HIV, the prevalence increased from 9.6 to 32.6% (EAPC, 28.2%) among Black MSM, 16.6 to 36.0% (EAPC, 15.6%) among Hispanic/Latino MSM, and 24.9 to 44.1% (EAPC, 17.9%) among White MSM. Among HIV-discordant sex partners, the proportion reported to be taking PrEP increased 21.1% annually (7.8 to 18.8%). Reported PrEP use rose from 4.9 to 14.2% (EAPC, 29.9%) among Black partners, 6.5 to 16.8% (EAPC, 20.3%) among Hispanic/Latino partners, and 12.7 to 26.1% (EAPC, 17.0%) among White partners. CONCLUSIONS: One in five HIV-discordant sexual partners of PWH was reported to be taking PrEP. PrEP use rose among all examined populations, although the increases did not eliminate disparities in PrEP use.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Beesham I.; Mansoor L.E.; Joseph Davey D.L.; Palanee-Phillips T.; Smit J.; Ahmed K.; Selepe P.; Louw C.; Singata-Madliki M.; Kotze P.; Heffron R.; Parikh U.M.; Wiesner L.; Rees H.; Baeten J.M.; Beksinska M.	Quantifiable Plasma Tenofovir Among South African Women Using Daily Oral Pre-exposure Prophylaxis During the ECHO Trial	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136862133&doi=10.1097%2fQAI.0000000000003023&partnerID=40&md5=360c293b10528e45aca9a08b0095c8c6	Background:HIV endpoint-driven clinical trials provide oral pre-exposure prophylaxis (PrEP) as HIV prevention standard of care. We evaluated quantifiable plasma tenofovir among South African women who used oral PrEP during the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial.Methods:ECHO, a randomized trial conducted in 4 African countries between 2015 and 2018, assessed HIV incidence among HIV-uninfected women, aged 16-35 years, randomized to 1 of 3 contraceptives. Oral PrEP was offered onsite as part of the HIV prevention package at the South African trial sites. We measured tenofovir in plasma samples collected at the final trial visit among women reporting ongoing PrEP use. We used bivariate and multivariate logistic regression to assess demographic and sexual risk factors associated with plasma tenofovir quantification.Results:Of 260 women included, 52% were ≤24 years and 22% had Chlamydia trachomatis at enrollment. At PrEP initiation, 68% reported inconsistent/nonuse of condoms. The median duration of PrEP use was 90 days (IQR: 83-104). Tenofovir was quantified in 36% (n = 94) of samples. Women >24 years had twice the odds of having tenofovir quantified vs younger women (OR = 2.12; 95% confidence interval = 1.27 to 3.56). Women who reported inconsistent/nonuse of condoms had lower odds of tenofovir quantification (age-adjusted OR = 0.47; 95% confidence interval = 0.26 to 0.83).Conclusions:Over a third of women initiating PrEP and reporting ongoing use at the final trial visit had evidence of recent drug exposure. Clinical trials may serve as an entry point for PrEP initiation among women at substantial risk for HIV infection with referral to local facilities for ongoing access at trial end. Copyright © 2022 The Author(s). Published by Wolters Kluwer Health, Inc.	Africa; clinical trials; HIV prevention; oral PrEP; plasma tenofovir; women	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Beesham, I; Beksinska, M; Milford, C; Smit, J; Mansoor, L	Post-trial oral pre-exposure prophylaxis (PrEP) access among women who used oral PrEP as HIV prevention standard of care during a large clinical trial: findings from Durban, South Africa	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1186/s12889-023-16139-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10286415/	Background HIV endpoint-driven clinical trials increasingly provide oral pre-exposure prophylaxis (PrEP) as standard of prevention during the trial, however, among participants desiring to continue using PrEP at trial exit, little is known about post-trial PrEP access and continued use. Methods We conducted one-time, semi-structured, face-to-face, in-depth interviews with 13 women from Durban, South Africa, from November to December 2021. We interviewed women who initiated oral PrEP as part of the HIV prevention package during the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial, elected to continue using PrEP at study exit, and were given a 3-month PrEP supply and referred to facilities for PrEP refills at the final trial visit. The interview guide probed for barriers and enablers to post-trial PrEP access, and current and future PrEP use. Interviews were audio-recorded and transcribed. Thematic analysis was facilitated using NVivo. Results Of the 13 women, six accessed oral PrEP post-trial exit, but five later discontinued. The remaining seven women did not access PrEP. Barriers to post-trial PrEP access and continued use included PrEP facilities having long queues, inconvenient operating hours, and being located far from women's homes. Some women were unable to afford transport costs to collect PrEP. Two women reported visiting their local clinics and requesting PrEP but were informed that PrEP was unavailable at the clinic. Only one woman was still using PrEP at the time of the interview. She reported that the PrEP facility was located close to her home, staff were friendly, and PrEP education and counselling were provided. Most women not on PrEP reported wanting to use it again, particularly if barriers to access could be alleviated and PrEP was easily available at facilities. Conclusions We identified several barriers to post-trial PrEP access. Strategies to enhance PrEP access such as a reduction in waiting queues, convenient facility operating hours, and making PrEP more widely available and accessible are needed. It is also worth noting that oral PrEP access has expanded in South Africa from 2018 till now and this could improve access to PrEP for participants exiting trials who desire to continue PrEP.	Oral pre-exposure prophylaxis, Post-trial access and use, Young women, South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Beesham, Ivana; Joseph Davey, Dvora L; Beksinska, Mags; Bosman, Shannon; Smit, Jenni; Mansoor, Leila E	Daily Oral Pre-exposure Prophylaxis (PrEP) Continuation Among Women from Durban, South Africa, Who Initiated PrEP as Standard of Care for HIV Prevention in a Clinical Trial.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03592-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9252967	HIV incidence among women in Eastern and Southern Africa remains unacceptably high, highlighting the need for effective HIV prevention options, including pre-exposure prophylaxis (PrEP). The Evidence for Contraceptive Options and HIV Outcomes trial offered daily oral PrEP to participants during the latter part of the clinical trial as an additional HIV prevention choice. We explored daily oral PrEP continuation at trial exit among women enrolled from Durban, South Africa who initiated oral PrEP at the trial site. Of the 132 women initiating oral PrEP, 87% reported continuation of oral PrEP at month 1, 80% at month 3, and 75% continued using oral PrEP at their final trial visit and were referred to off-site facilities for ongoing oral PrEP access. The median duration of oral PrEP use in trial participants who used oral PrEP was 91 days (IQR 87 to 142 days). Women who disclosed their oral PrEP use to someone had increased odds of continuing oral PrEP at trial exit. Women who reported > 1 sex partner and those who felt they would probably or definitely get infected with HIV had reduced odds of continuing oral PrEP at trial exit. Of those discontinuing oral PrEP (n = 32), > 50% discontinued within the first month, and the most common reason for discontinuation was reporting side effects. The high rates of oral PrEP continuation in our study are encouraging and our findings can be utilized by other clinical trials providing oral PrEP as standard of care for HIV prevention and by oral PrEP implementation programmes.	Oral pre-exposure prophylaxis (PrEP), PrEP continuation, HIV prevention, Women, Clinical trials, South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Bekker L.-G.; Giovenco D.; Baral S.; Dominguez K.; Valencia R.; Sanchez T.; McNaghten A.D.; Zahn R.; Yah C.S.; Sokhela Z.; Kaplan R.; Phaswana-Mafuya R.N.; Beyrer C.; Sullivan P.S.	Oral pre-exposure prophylaxis uptake, adherence, and adverse events among South African men who have sex with men and transgender women	Southern African Journal of HIV Medicine	-	-	-	-	16089693	10.4102/SAJHIVMED.V23I1.1405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149022296&doi=10.4102%2fSAJHIVMED.V23I1.1405&partnerID=40&md5=ffa8ce627887f4af6270be491b8d2ba5	Background: HIV prevention programmes that include pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) and transgender women (TGW) in South Africa have not been widely implemented. Objectives: The authors examined oral PrEP uptake, adherence, and adverse events among HIV-uninfected MSM and TGW to inform intervention acceptability and feasibility. Method: In 2015, MSM and TGW in two South African cities were offered a comprehensive package of HIV prevention services, including daily oral PrEP, and were followed for one year. Different models of PrEP delivery were used at each site. Adherence was measured using self-report and pill-count data and tenofovir-diphosphate (TFV-DP) concentrations. Results: Among 135 participants who were eligible for PrEP, 82 (61%) initiated PrEP, of whom 67 (82%) were on PrEP at study end. Participants were on PrEP for a median of 294 out of 314.5 possible days (93% protected days). The median time from PrEP initiation to discontinuation or study end was 305 days (interquartile range: 232-325 days). Across the follow-up time points, 57% - 72% of participants self-reported taking protective levels of PrEP and 59% - 74% were adherent to PrEP as indicated by pill counts. Fewer (< 18%) achieved protective TFV-DP concentrations of > 700 fmol/punch in dried blood spots. Side effects, while typically mild, were the most commonly cited reason by participants for early PrEP discontinuation. Conclusion: Many MSM and TGW initiated and maintained PrEP, demonstrating that PrEP can be successfully delivered to South African MSM and TGW in diverse programmatic contexts. Biologic adherence measures suggest MSM and TGW may experience challenges taking PrEP regularly. Counselling for coping with side effects and motivating daily pill taking is recommended to support South African MSM and TGW in achieving protection with PrEP. Copyright: © 2022. The Authors. Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.	HIV; HIV prevention; men who have sex with men; pre-exposure prophylaxis; sexually transmitted infections; South Africa; transgender women	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Bekker, Linda-Gail; Pike, Carey; Hillier, Sharon L	HIV prevention: better choice for better coverage.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25872	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8759757	INTRODUCTION: Antiretroviral-based pre-exposure prophylaxis (PrEP) is today an established, effective and safe method of HIV prevention used in multiple countries worldwide by a broad range of populations at risk of HIV infection. Biomedical innovations are critical in supporting the primary prevention of HIV; however, their potential can only be maximized if end-user challenges are recognized, described and used to develop next-generation models. DISCUSSION: First-generation PrEP, a daily oral pill, is highly efficacious, discreet and affords users the ability to commence and conclude treatment rapidly. However, consistent daily adherence and persistence is challenging, especially among younger populations, due in part to side effects, the risk of stock-outs and a lack of pill storage options. Second-generation PrEP, longer acting agents that require less frequent dosing, could overcome such challenges. Agents that have shown efficacy in clinical trials include a monthly vaginal ring and PrEP injectables to be administered every 8 weeks, while products in development include 6 monthly injectables, oral therapy that uses monthly rather than daily pills, implants and the potential for long-acting passive immunization. CONCLUSIONS: Second-generation PrEP agents will have the potential to offer improved adherence and less frequent reminders once they have undergone further development and the delivery systems that will best support them have been established. In order to pursue global UNAIDS targets of reducing new HIV infections to fewer than 500,000 annually by 2025, and to ensure that all people have access to prevention options that meet their specific prevention needs, both early and next-generation PrEP options are needed.	pre-exposure prophylaxis, long-acting PrEP, HIV prevention, oral PrEP, injectable PrEP, PrEP implants	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Bellman R.; Mohebbi S.; Nobahar N.; Parizher J.; Apollonio D.E.	An observational survey assessing the extent of PrEP and PEP furnishing in San Francisco Bay Area pharmacies	Journal of the American Pharmacists Association	-	-	-	-	15443191	10.1016/j.japh.2021.08.001	https://pubmed.ncbi.nlm.nih.gov/34429253/	Background: Human immunodeficiency virus (HIV) remains prevalent in the United States despite medications that reduce the risk of infection, primarily pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). In 2019, California authorized pharmacists to furnish PrEP and PEP under Senate Bill 159 (SB-159). Objective: Assess implementation of SB159 in San Francisco Bay Area community and mail-order pharmacies. Methods: We conducted an observational, cross-sectional survey of independent community and mail-order pharmacies in the 9-county San Francisco Bay Area to identify those that were in the process of furnishing, actively furnished, or furnished under a collaborative practice agreement (CPA). We conducted interviews with furnishing pharmacies in April 2021, focusing on the barriers to and successes of implementation, as well as the impact of coronavirus disease 2019 (COVID-19), and qualitatively analyzed them. Results: Of the 209 pharmacies contacted, 6 furnished under SB-159 (2.9%), 2 were in the process of furnishing under SB-159, and 1 furnished under a CPA. Six pharmacies and 7 pharmacists were interviewed. Barriers to implementation and furnishing included COVID-19, laboratory tests, lack of time and staff, cost to pharmacy, refill limitation, lack of patient awareness, difficulty arranging follow-up care, and vague wording of the policy. Facilitators to implementation included collaborations with clinics and health centers, privacy, increased accessibility, increased need in the patient population, and the pharmacy culture. Conclusion: Barriers and facilitators to PrEP and PEP furnishing were consistent across pharmacies, suggesting strategies that could be replicated and potential improvements to SB-159. © 2022 American Pharmacists Association®	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Bergam, S; Harrison, A D; Benghu, N; Khumalo, S; Tesfay, N; Exner, T; Miller, L; Dolezal, C; Hanass-Hancock, J; Hoffman, S	Women's Perceptions of HIV- and Sexuality-Related Stigma in Relation to PrEP: Qualitative Findings from the Masibambane Study, Durban, South Africa.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03632-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9378426	Daily oral pre-exposure prophylaxis (PrEP) offers effective HIV prevention. In South Africa, PrEP is publicly available, but use among young women remains low. We explored young women's perceptions of PrEP to inform a gender-focused intervention to promote PrEP uptake. Six focus group discussions and eight in-depth interviews exploring perceptions of PrEP were conducted with forty-six women not using PrEP, ages 18-25, from central Durban. Data were thematically analyzed using a team-based consensus approach. The study was conducted among likely PrEP users: women were highly-educated, with 84.8% enrolled in post-secondary education. Qualitative data revealed intersecting social stigmas related to HIV and women's sexuality. Women feared that daily PrEP pills would be confused with anti-retroviral treatment, creating vulnerability to misplaced HIV stigma. Women also anticipated that taking PrEP could expose them to assumptions of promiscuity from the community. To address these anticipated community-level reactions, women suggested community-facing interventions to reduce the burden on young women considering PrEP. Concerns around PrEP use in this group of urban, educated women reflects layered stigmas that may inhibit future PrEP use. Stigma-reducing strategies, such as media campaigns and educational interventions directed at communities who could benefit from PrEP, should re-frame PrEP as an empowering and responsible choice for young women.	PrEP, HIV stigma, sexuality, young women, South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Beyrer, Chris; McCormack, Sheena; Grulich, Andrew	Pre-Exposure Prophylaxis for HIV Infection as a Public Health Tool	The Journal of Law, Medicine & Ethics	-	-	-	-	10731105	10.1017/jme.2022.31	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-hiv-infection-as-public/docview/2780738823/se-2?accountid=8113	The efficacy of pre-exposure prophylaxis, PrEP, with antiviral agents for prevention of HIV infection has been demonstrated in multiple randomized controlled trials and demonstration projects. These trials have studied prevention at the individual level. The effectiveness of PrEP as a public health intervention to reduce HIV incidence at community and population levels is being actively evaluated but is less well described. In reviewing the available data on PrEP as a public health intervention, three significant examples have demonstrated success, and all have been among communities of gay, bisexual and other men who have sex with men (MSM).	Incidence; Bisexuality; HIV; Condoms; South Africa; Australia; HIV/AIDS; Pre-exposure prophylaxis; Epidemics; England; Pre-Exposure Prophylaxis; Prevention; Men who have sex with men; Sub-Saharan Africa; Infections; Public health; Pandemics; Drugs; Gender identity; Disease transmission; Public Health Tool; Intervention; Human immunodeficiency virus--HIV; Gays & lesbians; Mens health; Medical Sciences; United Kingdom--UK; Preventive healthcare; Antiviral drugs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Bezerra D.R.B.; Jalil C.M.; Jalil E.M.; Coelho L.E.; Carvalheira E.; Freitas J.; Monteiro L.; Santos T.; Souza C.; Hoagland B.; Veloso V.G.; Grinsztejn B.; Cardoso S.W.; Torres T.S.	Complementary Recruitment Strategies to Reach Men Who Have Sex with Men and Transgender Women: The Experience of a Large Brazilian HIV Prevention Service	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03609-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124328045&doi=10.1007%2fs10461-022-03609-5&partnerID=40&md5=e72add872dafe77b54cf34f369edf758	Different strategies have been used to reach men who have sex with men (MSM) and transgender women (TGW) for HIV prevention services. We described the characteristics of MSM and TGW attending a large HIV prevention service in Brazil according to different recruitment strategies or referrals. A total of 2713 individuals (224682.8% MSM and 46717.2% TGW) attended the service. Among HIV-negative MSM and TGW, 74.6% and 82.8% were eligible for pre-exposure prophylaxis (PrEP), respectively. PrEP uptake among MSM and TGW was 56.4% and 39.1%, respectively. Participants were mostly referred by peers (43.6%), followed by web-based (24.1%) and venue-based recruitment (16.2%). More young and Black MSM were referred from venue-based recruitment, and web-based strategies more frequently referred MSM with higher education. TGW who were younger and had higher education were more frequently referred from venue-based recruitment. Web-based recruitment failed to reach TGW. Multiple strategies were complementary to reach diverse MSM and TGW populations. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Brazil; Men who have sex with men; PrEP; Prevention; Recruitment; Transgender	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods
Article	2022	Bhatta D.N.; Hecht J.; Facente S.N.	Factors associated with stigma related to HIV pre-exposure prophylaxis (PrEP) use among men who have sex with men (MSM)	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2021-055296	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142401388&doi=10.1136%2fsextrans-2021-055296&partnerID=40&md5=3d244bef92bf70e582046fb81cf84019	Background Pre-exposure prophylaxis (PrEP) is a noteworthy scientific development that increases the opportunities for men who have sex with men (MSM) to prevent HIV infection, but stigma is a major barrier to its uptake. This study aims to determine the associations between PrEP-related stigma and individual characteristics among MSM. Methods Self-reported cross-sectional data were collected from routine-collected electronic healthcare record data from 4084 MSM receiving PrEP in San Francisco, California, between July 2018 and June 2020. Multivariable logistic regression was performed to determine the associations between individual characteristics and PrEP-related stigma, adjusting for age, race, gender identity, injection history, housing status and mental health status. Results PrEP-related stigma was experienced by 9.0% of the participants in our study. PrEP-related stigma was significantly associated with being transgender or gender non-conforming (adjusted OR (AOR): 1.81, 95% CI 1.21 to 2.72), having a history of injection drug use (AOR: 2.02, 95% CI 1.18 to 3.46), being unstably housed (AOR: 1.58, 95% CI 1.11 to 2.26) and having mental health concerns (AOR: 1.99, 95% CI 1.35 to 2.92), after controlling for age, race, gender, injection history, housing status and mental health status. Conclusion Participants who reported being transgender or gender non-conforming, having a history of injection drug use, or having mental health concerns were more likely to report experiencing PrEP-related stigma. It is crucial to develop culturally appropriate interventions to reduce PrEP-related stigma among populations who are at high risk of HIV infection and may benefit strongly from improved PrEP uptake. © 2022 BMJ Publishing Group. All rights reserved.	adolescentadultArticleCaliforniacross-sectional studygender nonbinaryhumanHuman immunodeficiency virus infection	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bi X.; Liu F.; Zhang X.; Wang H.; Ye Z.; Yun K.; Huang X.; Ding H.; Geng W.; Xu J.	Vitamin D and Calcium Supplementation Reverses Tenofovir-Caused Bone Mineral Density Loss in People Taking ART or PrEP: A Systematic Review and Meta-Analysis	Frontiers in Nutrition	-	-	-	-	2296861X	10.3389/fnut.2022.749948	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128649389&doi=10.3389%2ffnut.2022.749948&partnerID=40&md5=174624e569586e36e1216c5856e9ff4a	Background: The decrease of bone mineral density (BMD) after the intake of Tenofovir disoproxil fumarate (TDF)-based drugs in people living with HIV/AIDS (PLWHA) and HIV-negative key populations under pre-exposure prophylaxis (PrEP) regimen raised concerns. Previous findings on the effects of vitamin D (VD) and calcium supplements and the recovery of BMD loss were inconclusive. The optimal doses of VD and calcium and its supplementary duration remained unknown. Therefore, we conducted a systematic review and meta-analysis to synthesize current evidence on VD and calcium supplements to inform clinical practice. Methods: We searched PubMed, Web of Science, Cochrane library, and EMBASE databases for all placebo-controlled trials and prospective cohort studies published before March 5, 2021 that investigated VD and calcium supplements in participants taking TDF-based drugs. The keywords calcium, vitamin D, Tenofovir, and BMD were used for the searches. The primary outcome was changes of spine and hip BMD. A subgroup analysis was performed to determine the factors that were related to the effects of VD supplements on BMD. Locally weighted regression (loess) was used to determine the relationships of VD supplements, supplementary duration, and changes of BMD. This study was registered at PROSPERO (No. 42021231000). Findings: Seven eligible studies including 703 participants were included in the analyses. The meta-analysis found that VD and calcium supplementation was related to a significant increase of BMD in the spine and hip standardized mean difference (SMD) 0.43; 95% CI, 0.25 to 0.61, p = 0.009. Moreover, positive dose-response relationships were demonstrated between doses of VD and calcium supplements, supplementary duration, and BMD recovery. Patients who took VD with the dose level of 4,000 IU/D obtained the highest BMD improvement (SMD 0.59, 95% CI, 0.43 to 0.74). No side effects were reported on VD and calcium supplementation. Interpretation: We found the VD and calcium supplementation was associated with increases of BMD in participants taking TDF-based drugs. An optimal supplementary dose of 4,000 IU/D for VD was suggested for clinicians. The findings could be used in clinical practice to improve the BMD outcomes in people who were taking TDF-based drugs. Systematic Review Registration: https://www.crd.york.ac.uk/PROSPERO/. Copyright © 2022 Bi, Liu, Zhang, Wang, Ye, Yun, Huang, Ding, Geng and Xu.	bone mineral density; calcium; supplement; tenofovir disoproxil fumarate; vitamin D	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Biello, Katie B; Valente, Pablo K; Lin, Willey Y; Lodge Ii, William; Drab, Ryan; Hightow-Weidman, Lisa; da Silva, Daniel Teixeira; Mayer, Kenneth; Bauermeister, José A	PrEParing for NextGen: Cognitive Interviews to Improve Next Generation PrEP Modality Descriptions for Young Men Who have Sex with Men	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03545-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9050851	Next generation PrEP formulations may circumvent factors that impede daily oral pre-exposure prophylaxis (PrEP) use among young men who have sex with men (YMSM). We conducted video-based cognitive interviews with 20 YMSM (age 16-24) recruited in the US Northeast to assess participants' attitudes and comprehension of written descriptions of next generation PrEP modalities. Participants were predominately racial/ethnic minorities and half used daily oral PrEP. We identified four main areas for improvement of descriptions: defining scientific terms and balancing medical jargon and casual language; referencing more established products to contextualize PrEP formulations (e.g., hormonal implants); ensuring clarity and reducing redundancy; and including imagery (e.g., rectal douche applicator). The refined descriptions serve as exemplar text that may be used in future studies examining YMSM's preferences across next generation PrEP modalities. Accurate descriptions of next generation PrEP products strengthen measurement accuracy and can help roll-out products that become approved for clinical use.	Gay and bisexual men, Adolescents, Pre-exposure prophylaxis, Instrument development, Cognitive interviewing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Biello, KB; Daddario, SR; Hill-Rorie, J; Futterman, D; Sullivan, PS; Hightow-Weidman, L; Jones, J; Mimiaga, MJ; Mayer, KH	Uptake and Acceptability of MyChoices: results of a Pilot RCT of a Mobile App Designed to Increase HIV Testing and PrEP Uptake Among Young American MSM	AIDS and Behavior	-	-	-	-	-	10.1007/s10461-022-03724-3	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02426188/full	Young men who have sex with men (YMSM) remain at disproportionate risk for HIV acquisition in the United States (US), yet use of evidence-based prevention strategies, including routine HIV testing and pre-exposure prophylaxis (PrEP), remain low. Smartphones and mobile app usage are nearly ubiquitous in this population. Given the potential for scalability, a mobile app to increase HIV testing and PrEP use among YMSM has the potential to make an extraordinary public health impact if efficacious. Based on extensive formative, community-engaged research, we developed a theory-driven mobile app-MyChoices-to increase HIV testing and PrEP uptake among YMSM. In a pilot randomized controlled trial (RCT), participants (n = 60) were randomized 2:1 to receive MyChoices or standard of care (SOC). Data from 3 to 6-month post-baseline assessments demonstrate that the app was highly acceptable (System Usability Score; mean = 75.8, SD = 10.7) and feasible (94% used the MyChoices app at least once; mean = 15.3 sessions, SD = 9.8). While not powered to assess efficacy, those in the MyChoices arm had 22% higher prevalence of HIV testing over follow-up compared to those in the SOC arm (NS). There was no difference in PrEP uptake. A fully-powered efficacy trial is warranted; if efficacy is demonstrated, the MyChoices app could be easily scaled to reach YMSM across the US.	*HIV test; *juvenile; *men who have sex with men; *mobile application; *pre-exposure prophylaxis; Adult; Article; Comparative effectiveness; Controlled study; Follow up; HIV Infections diagnosis, epidemiology, prevention & control; HIV Testing; Health care quality; Homosexuality, Male; Human; Human experiment; Humans; Major clinical study; Male; Mobile Applications; Prevalence; Pre-Exposure Prophylaxis methods; Randomized controlled trial; Sexual and Gender Minorities; Theoretical study; United States; United States epidemiology; Usability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Bien-Gund C.H.; Ochwal P.; Marcus N.; Bair E.F.; Napierala S.; Maman S.; Agot K.; Thirumurthy H.	Adoption of HIV pre-exposure prophylaxis among women at high risk of HIV infection in Kenya	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0273409	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137711137&doi=10.1371%2fjournal.pone.0273409&partnerID=40&md5=0be1074416d6b498705bde50b361db06	In 2017, Kenya became one of the first African countries to provide pre-exposure prophylaxis (PrEP) in its national HIV prevention plan. We sought to characterize factors associated with PrEP uptake and persistence among a cohort of women at risk of HIV infection during the early stages of PrEP scale-up in Kenya. HIV-negative women ≥18 years with ≥2 sexual partners in the past 4 weeks were recruited as part of an ongoing cluster randomized trial of an HIV self-testing intervention. PrEP use was assessed at baseline and at 6- and 12-month follow-up visits. Between June 2017 and August 2018, 2,086 were enrolled and had complete baseline data. 138 (6.6%) reported PrEP use during the first year of the study. Although PrEP use increased, persistence on PrEP was low, and less than half of individuals reported continuing PrEP at follow-up visits. In multivariate analyses, PrEP use was associated with recent STIs, having an HIV-positive primary partner, having regular transactional sex in the past 12 months, and being a female sex worker. In the early stages of PrEP scale-up in Kenya, uptake increased modestly among women with risk factors for HIV infection, but overall uptake and persistence was low. © 2022 Bien-Gund et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	dultArticleclinical trialcondom usecontrolled studyeducationfemalehumanHuman immunodeficiency virus	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Billioti de Gage S.; Desplas D.; Dray-Spira R.	Roll-out of HIV pre-exposure prophylaxis use in France: A nationwide observational study from 2016 to 2021	The Lancet Regional Health - Europe	-	-	-	-	26667762	10.1016/j.lanepe.2022.100486	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135947049&doi=10.1016%2fj.lanepe.2022.100486&partnerID=40&md5=4cbca54a93c2f35a89630584d533a515	Background: Oral HIV pre-exposure prophylaxis (PrEP) has been available and fully reimbursed for people at high risk of sexually acquired HIV infection in France since January 2016. Its dissemination has been widely promoted to reduce HIV incidence in high-risk populations. This study aimed to assess the roll-out of PrEP use in France from its implementation until mid-2021. Methods: Using the French National Health Data System (SNDS) covering 99% of people residing in France, all PrEP users defined as individuals aged 15 years or older who received at least one dispensing of PrEP between 1 January 2016 and 30 June 2021 were identified. PrEP users number and their socio-demographic and PrEP use characteristics were assessed over time. Findings: As of 30 June 2021, a total of 42 159 individuals had initiated PrEP in France. Monthly PrEP initiations increased steadily up to 1027 in February 2020, and then slowed down sharply from the onset of the COVID-19 epidemic until a recovery in the first half of 2021. PrEP users were overwhelmingly men (97·5%, 41 126/42 159), aged 36 years on average, living in a large metropolitan area (73·8%, 31 096/42 159), and among whom a minority (7·0%, 2966/42 159) were socio-economically disadvantaged. Throughout the study period, 80-90% of users renewed PrEP from one semester to another, suggesting a good level of maintenance among those engaged in treatment. Nevertheless, for 20·1% (7148/35 549) of new PrEP users no prescription renewal was recorded in the first six months after initiation, suggesting a substantial proportion of early treatment discontinuation. Private practitioners accounted for a minority (21·3%, 77 885/366 399) of PrEP renewal prescriptions. Interpretation: PrEP roll-out has been markedly impacted by the COVID-19 pandemic in France. Although PrEP deployment has been substantial among men who have sex with men, further action is needed to expand access to PrEP to all other population groups who could benefit from it and to promote adherence to treatment. Funding: This research was carried out within EPI-PHARE without external funding. © 2022 The Author(s)	Emtricitabine; HIV infection; HIV prevention; Men who have sex with men (MSM); Pharmacoepidemiology; Pre-exposure prophylaxis (PrEP); Tenofovir disoproxil fumarate	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Birdthistle, Isolde; Mulwa, Sarah; Sarrassat, Sophie; Baker, Venetia; Khanyile, David; O'Donnell, Dominique; Cawood, Cherie; Cousens, Simon	Effects of a multimedia campaign on HIV self-testing and PrEP outcomes among young people in South Africa: a mixed-methods impact evaluation of 'MTV Shuga Down South'.	BMJ Glob Health	-	-	-	-	2059-7908	10.1136/bmjgh-2021-007641	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8977807	INTRODUCTION: Innovative HIV technologies can help to reduce HIV incidence, yet uptake of such tools is relatively low among young people. To create awareness and demand among adolescents and young adults, a new campaign of the pan-African MTV Shuga series ('Down South 2'; DS2), featured storylines and messages about HIV self-testing (HIVST) and pre-exposure prophylaxis (PrEP) through television, radio and accompanying multimedia activities in 2019-2020. METHODS: We conducted a mixed-methods evaluation of the new MTV Shuga series among 15-24 years old in Eastern Cape, South Africa, in 2020. Quantitative and qualitative methods were used to investigate complementary evaluations questions, namely, whether and how the DS2 campaign works. A web-based survey, promoted via social media platforms of schools, universities and communities, assessed exposure to MTV Shuga and knowledge of HIVST and PrEP; secondary outcomes included awareness and uptake of HIVST and PrEP. We used multivariable logistic regression to estimate associations between exposure to DS2 and each outcome, adjusting for sociodemographic factors, media assets and exposure to other media campaigns. An embedded qualitative evaluation explored mechanisms of DS2's impact through deductive and inductive thematic analysis of in-depth individual and group interviews. RESULTS: Among 3431 online survey participants, 43% had engaged with MTV Shuga and 24% with DS2 specifically. Knowledge of HIV status was higher among those exposed to DS2 (71%) vs those who were not (39%; adjusted OR=2.26 (95% CI 1.78 to 2.87)). Exposure was also associated with increased awareness of HIVST (60% vs 28%; aOR=1.99 (1.61 to 2.47)) and use of HIVST (29% vs 10%; aOR=2.49 (1.95 to 3.19)). One-third of respondents were aware of PrEP, with higher proportions among those exposed versus non-exposed to DS2 (52% vs 27%; aOR=1.90 (1.53 to 2.35)). Qualitative insights identified mechanisms by which DS2 increased awareness, confidence and motivation to use HIVST and PrEP, but had less influence on service access. CONCLUSIONS: We found evidence consistent with a positive causal impact of the MTV Shuga DS2 campaign on HIV prevention outcomes among young people in a high-prevalence setting. As diverse testing and PrEP technologies become accessible, an immersive edutainment campaign can help to expand HIV prevention choices and close age and gender gaps in HIV testing and prevention goals.	Prevention strategies, HIV, Intervention study	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2022	Birnholtz, Jeremy; Kraus, Ashley; Schnuer, Samantha; Tran, Lauren; Macapagal, Kathryn; Moskowitz, David A	'Oh, I don't really want to bother with that:' gay and bisexual young men's perceptions of barriers to PrEP information and uptake.	Culture, Health & Sexuality	-	-	-	-	1464-5351	10.1080/13691058.2021.1975825	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8920939	Pre-exposure prophylaxis (PrEP), a daily oral pill for HIV prevention demonstrated to be effective for adults, was recently approved by the US Food and Drug Administration for use with young people weighing at least 35 kilograms. Given that young people aged 13-19 years account for a disproportionate share of new US HIV infections, PrEP presents an important opportunity. There has been limited effort, however, to increase PrEP awareness and uptake among young people. While prior work has identified barriers young people face in getting PrEP, effective strategies for overcoming these barriers have not yet been identified. This paper presents results from interviews with 15-19 year old gay and bisexual young men about their knowledge and perceptions of PrEP, and the barriers they perceive. Results suggest that participants were aware of PrEP but confused by the details of insurance coverage and out-of-pocket costs. Participants also felt parents and providers would not be knowledgeable or supportive, and were reluctant to share their own use of PrEP on social media. Suggested next steps include online parent and provider education, systemic health care reform to streamline and simplify access to preventative care and awareness campaigns that meet youth where they are on popular platforms.	youth, sexual minority, LGBTQ+, PrEP, social media	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Blackwell C.W.; Castillo H.L.	Injectable Cabotegravir: A New Approach to HIV Pre-exposure Prophylaxis	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2022.08.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139200599&doi=10.1016%2fj.nurpra.2022.08.007&partnerID=40&md5=86f7afbe71bf6b488c1e03a53b0766e6	Pre-exposure prophylaxis (PrEP) involves use of antiretroviral medications to prevent HIV infection in higher-risk adolescent and adult populations. PrEP regimens conventionally used daily oral emtricitabine/tenofovir fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF). However, on December 20, 2021, the United States Food and Drug Administration approved use of injectable cabotegravir for PrEP in adolescents and adults. This article discusses indications and contraindications of injectable cabotegravir as PrEP, provides an overview of injectable cabotegravir's safety, efficacy, and regimen, contrasts traditional oral PrEP regimens with the injectable cabotegravir regimen, and examines cost and accessibility. © 2022 Elsevier Inc.	AIDS; cabotegravir; HIV; HIV prevention; injectable; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Blair H.A.	Cabotegravir Extended-Release Injectable Suspension: A Review in HIV-1 Pre-Exposure Prophylaxis	Drugs	-	-	-	-	126667	10.1007/s40265-022-01791-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140102327&doi=10.1007%2fs40265-022-01791-3&partnerID=40&md5=cbdbedacf8c0890a993baa9a253a470c	Cabotegravir extended-release (ER) injectable suspension (Apretude™) is the first long-acting injectable option to be approved for HIV-1 pre-exposure prophylaxis (PrEP). As an HIV-1 integrase strand transfer inhibitor, cabotegravir ER injectable suspension prevents DNA integration and inhibits HIV-1 replication. Its slow absorption and long elimination half-life permit infrequent dosing (1 month apart for two consecutive months, and every 2 months thereafter). Cabotegravir ER injectable suspension is indicated in the USA for PrEP to reduce the risk of sexually acquired HIV-1 infection in at-risk adults and adolescents weighing ≥ 35 kg who have a negative HIV-1 test prior to initiation. In clinical trials, cabotegravir ER injectable suspension had superior efficacy to oral daily emtricitabine/tenofovir disoproxil fumarate (DF) in preventing acquisition of HIV-1 in at-risk transgender women (TGW), cisgender men who have sex with men (MSM), and cisgender women. The drug was generally well tolerated, although further long-term data are needed to fully determine its safety. With its convenient, less-frequent dosing schedule and its long-acting formulation enabling intramuscular administration, cabotegravir ER injectable suspension represents a novel and efficacious alternative to daily oral PrEP. © 2022, The Author(s), under exclusive licence to Springer Nature Switzerland AG.	NA	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Review

Article	2022	Blair, Kevin J; Torres, Thiago S; Hoagland, Brenda; Bezerra, Daniel R B; Veloso, Valdilea G; Grinsztejn, Beatriz; Clark, Jesse; Luz, Paula M	Pre-exposure prophylaxis use, HIV knowledge, and internalized homonegativity among men who have sex with men in Brazil: A cross-sectional study	The Lancet Regional Health - Americas	-	-	-	-	2667-193X	10.1016/j.lana.2021.100152	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8920052	Background: Pre-exposure prophylaxis (PrEP) use in Brazil remains low despite free national access. We explored associations of HIV knowledge and internalized homonegativity with PrEP use among PrEP-eligible men who have sex with men (MSM). Methods: Brazilian Hornet users completed an online, cross-sectional survey in February-March 2020. We included cis-men ≥18 years old who reported recent sex with men and were PrEP-eligible per the following: condomless anal intercourse, partner(s) living with HIV, transactional sex, and/or sexually transmitted infection. Our outcome was current PrEP use, defined by the response, "I am currently taking PrEP." Key predictors included the HIV/AIDS Knowledge Assessment (HIV-KA) and Reactions to Homosexuality Scale (RHS); higher scores indicate greater knowledge and greater internalized homonegativity, respectively. Scales were standardized for analysis. Associations with current PrEP use were estimated using adjusted odds ratios (aOR) with 95% confidence intervals (95%CI). Findings: Among 2398 PrEP-eligible MSM, n = 370 (15·4%) reported current PrEP use. Increasing HIV-KA scores were associated with greater odds of PrEP use (aOR 1·70 95%CI 1·41-2·04, p < 0·001), and increasing RHS scores with lower odds of PrEP use (aOR 0·83 95%CI 0·73-0·96, p = 0·010). PrEP use was lower among 18-24 versus 40+-years-old MSM (aOR 0·43 95%CI 0·27-0·69, p = 0·005), and in Black versus White/Asian respondents (aOR 0·51 95%CI 0·31-0·85, p = 0·040). Interpretation: Among PrEP-eligible Brazilian MSM, HIV knowledge was associated with increased PrEP use and internalized homonegativity with decreased use. Wider dissemination of HIV prevention knowledge and addressing stigma experienced by MSM could promote increased PrEP use. Funding: National Institute of Mental Health, Fiocruz, Conselho Nacional de Desenvolvimento Científico e Tecnológico.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bokolo, S; Govender, E	Educators' perceptions on the benefits and barriers of oral PrEP uptake among adolescent girls and young women in Vulindlela, KwaZulu-Natal	Communicare: Journal for Communication Sciences in Southern Africa	-	-	-	-	0259-0069	10.36615/jcsa.v41i1.1400	https://journals.uj.ac.za/index.php/jcsa/article/view/1400	Oral PrEP promotion is a key aspect of combination prevention efforts to increase opportunities for HIV prevention among adolescent girls and young women (AGYW) who are at higher risk of infection. Research suggests that communication efforts often adopt an individualistic decision-making approach that is devoid of the multiple influences that impact young women's HIV preventative choices. Schools and educators are increasingly being identified as key role players and influencers of decision making among young women. The promotion of PrEP uptake among AGYW of school going age, thus requires an exploration of perceptions of educators about the related benefits and barriers to PrEP uptake among school girls. A qualitative study using a purposive sampling method was used to sample 6 high schools in Vulindlela, a district with the highest HIV incidents among AGYW in KwaZulu-Natal. Semi-structured interviews were conducted with a total of twelve Life Orientation educators and senior staff members from the 6 selected high schools. The data was transcribed and analysed thematically using the culture-centred approach. The findings suggested that educators acknowledged the benefits of PrEP in curbing HIV infection rates among young women. However, these benefits were clouded by barriers and concerns around minimal, or poor condom use as a result of oral PrEP use which could promote promiscuity and minimalise efficacy. These findings highlight the need for more contextual community-driven communication strategies around PrEP, and emphasise the value of a community-centred approach that promotes dialogue among key role players, like educators, to further enhance PrEP communication.	HIV PREVENTION; HIV prevention; educators; perceived barriers; perceived benefits; PrEP communication; TEACHERS	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Bond, Keosha T; Gunn, Alana; Williams, Porche; Leonard, Noelle R	Using an Intersectional Framework to Understand the Challenges of Adopting Pre-exposure Prophylaxis (PrEP) Among Young Adult Black Women.	Sexuality Research and Social Policy	-	-	-	-	1868-9884	10.1007/s13178-021-00533-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8992539	Introduction: There is limited functional knowledge and utilization of pre-exposure prophylaxis (PrEP) among young adult Black cisgender women (YBW). Methods: We conducted four focus groups with YBW using an intersectional framework to explore multiple levels of factors that impede YBW awareness, interest, and utilization of PrEP in conjunction with their sexual and reproductive healthcare needs. Results: Influences at the cultural-environmental level included a lack of information and resources to access to PrEP and medical mistrust in the healthcare system. At the social normative level, influences included attitudes towards the long-term effects on sexual and reproductive health and self-efficacy to follow the PrEP regimen. At the proximal intrapersonal level, influences included anticipated HIV stigma from family and peers along with the fear of rejection from their main partners. Conclusions: Translation of these results indicated that interventions to increase PrEP utilization and adherence among YBW will require multi-level strategies to address barriers to integrating HIV prevention into sexual and reproductive healthcare.	HIV, Sexual reproductive health, Pre-exposure prophylaxis, Cisgender women, Young adult, Black/African American, Intersectionality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Bonett S.; Bauermeister J.; Meanley S.	Social identity support, descriptive norms, and economic instability in PrEP engagement for emerging adult MSM in the United States	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2022.2075821	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133269149&doi=10.1080%2f09540121.2022.2075821&partnerID=40&md5=603d209fb62f60447eb8d5006f9915d4	Rates of pre-exposure prophylaxis (PrEP) uptake for HIV prevention continue to increase rapidly among men who have sex with men (MSM) in the United States (U.S.); however, these increases have been slower among young MSM. Emerging adulthood (ages 18–25) is a time of transitions and social development, resulting in increased vulnerability to HIV. Analyzing data from a cross-sectional survey of emerging adult MSM (ages 18–25 years; n = 281) in the Mid-Atlantic urban metropolitan region of the U.S., we examined how social identity support, descriptive PrEP norms, and economic instability were related to PrEP engagement. In structural equation models, PrEP norms were directly associated with PrEP engagement (β = 0.29, 95% CI = 0.12,0.46) and social identity support was indirectly associated with PrEP engagement through its association with descriptive PrEP norms (β = 0.18, 95% CI = 0.09,0.28). Economic instability was not significantly associated with PrEP engagement, although a negative trend was present (β = −0.19, 95% CI = −0.39,0.02). Our results suggest that an integrative socioecological model is appropriate for the study of PrEP engagement among emerging adult MSM. Efforts to increase PrEP engagement should support community capacity building, amplify positive descriptive PrEP norms, and address unmet economic needs. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	emerging adults; HIV; MSM; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bonett, Stephen; Dowshen Nadia; Bauermeister José; Meanley, Steven; Wirtz, Andrea L; Celentano, David D; Galai Noya; Arrington-Sanders, Renata	Characterizing the PrEP Continuum for Black and Latinx Sexual and Gender Minority Youth	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03476-6	https://www.proquest.com/scholarly-journals/characterizing-prep-continuum-black-latinx-sexual/docview/2641697716/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) rollout efforts thus far have inadequately reached young people from underrepresented backgrounds. This study explores PrEP engagement among young Black and Latinx men who have sex with men, transgender women, and gender diverse individuals in three U.S. cities using an adapted PrEP continuum measure. We analyze data from the recruitment phase of an ongoing PrEP engagement intervention (n = 319) using partial proportional odds logistic regression. Participants reported high willingness and intention to use PrEP, yet most (82%) were not currently taking PrEP. Being insured (aOR = 2.95, 95%-CI = 1.60-5.49), having one or more PrEP users in one's sexual network (aOR = 4.19, 95%-CI = 2.61–6.79), and higher individual HIV risk scores (aOR = 1.62, 95%-CI = 1.34–1.97) were each associated with being further along the PrEP continuum. Strategies are needed to address barriers to healthcare access and leverage connections within social and sexual networks in order to bolster PrEP engagement among marginalized young people from diverse backgrounds.	Pre-exposure prophylaxis; PrEP; Psychology; Youth; Men; Gender; Men who have sex with men; Adolescents; Teenagers; Sexual and gender minorities; Transgender persons; Disease prevention; Health services; Networks; Prophylaxis; Gender identity; Social networks; Young adults; Recruitment; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Black people; Health risks; Minority & ethnic groups; Social organization; Hispanic people; Marginality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bonner C.P.; Browne F.A.; Carney T.; Shangase N.; Ndirangu J.W.; Myers B.; Wechsberg W.M.	Mandrax use, sexual risk, and opportunities for pre-exposure prophylaxis among out-of-school adolescent girls and young women in Cape Town, South Africa	South African Medical Journal	-	-	-	-	2569574	10.7196/SAMJ.2022.v112i5.15971	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130029877&doi=10.7196%2fSAMJ.2022.v112i5.15971&partnerID=40&md5=a1ad6585e187dc001953ea5c9889b892	Background. In South Africa (SA), adolescent girls and young women (AGYW) aged 15 - 24 years account for nearly 25% of all new HIV infections in the country. The intersection of substance use and sexual risk continues to drive the HIV epidemic among AGYW. For example, methaqualone, also known as Mandrax, has sedative effects that may affect women's ability to negotiate condom use during sex, refuse sex without a condom, or consent to sex, thereby increasing their risk for HIV. Consequently, it is critical to understand how Mandrax use affects HIV risk among AGYW and to assess awareness of and willingness to use biomedical HIV prevention methods, such as pre-exposure prophylaxis (PrEP), among AGYW who use Mandrax. Objectives. To examine the role of Mandrax use in sexual behaviours and investigate the extent to which AGYW who use Mandrax are aware of and willing to initiate PrEP. Methods. Data for this report were derived from baseline and 6-month follow-up data provided by 500 AGYW participating in a cluster-randomised trial assessing the efficacy of a young woman-focused intervention to reduce substance use and HIV risk. AGYW who self-identified as black African or coloured, reported using substances, reported condomless sex in the past 3 months, and had discontinued school early were recruited from 24 community clusters across Cape Town, SA. Following consent/assent, participants provided biological specimens to test for recent drug use (including Mandrax) and completed the self-report questionnaire. Results. Logistic regression analysis revealed that the AGYW who had a positive test result for Mandrax use were less likely to use a condom with their main partner (p=0.01), and almost three times more likely to use alcohol and/or other drugs before or during their last act of sexual intercourse (p<0.001), compared with the AGYW who had a negative Mandrax test result. Mandrax use was not significantly related to PrEP awareness (p>0.10) or willingness to use PrEP (p>0.10), but 70% of AGYW who used Mandrax were willing to initiate PrEP. Conclusion. The study findings highlight how Mandrax use may contribute to HIV risk among SA AGYW. Key decision-makers should consider incorporating substance use prevention efforts into existing HIV reduction programmes and equip youth-friendly clinics with the resources to identify AGYW who use Mandrax and offer them PrEP. © 2022 South African Medical Association. All rights reserved.	illicit drugmandraxmethamphetaminemethaqualonesedative agent	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Bonner R.; Stewart J.; Upadhyay A.; Bruce R.D.; Taylor J.L.	A Primary Care Intervention to Increase HIV Pre-Exposure Prophylaxis (PrEP) Uptake in Patients with Syphilis	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/23259582211073393	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122966492&doi=10.1177%2f23259582211073393&partnerID=40&md5=b675f204d94e98dc2d830d67d3dae81f	Identifying candidates for HIV pre-exposure prophylaxis (PrEP) is a barrier to improving PrEP uptake in priority populations. Syphilis infection is an indication for PrEP in all individuals and can be easily assessed by primary care providers (PCP) and health systems. This retrospective study evaluated the impact of a multidisciplinary provider outreach intervention on PrEP uptake in patients with a positive syphilis test result in a safety-net hospital-based primary care practice. The PCPs of PrEP-eligible patients with a positive syphilis result were notified via the electronic medical record (EMR) about potential PrEP eligibility and institutional HIV PrEP resources. Rates of PrEP offers and prescriptions were compared in the pre (8/1/2018-12/31/2018, n = 60) and post (1/1/2019-5/31/2019, n = 86) intervention periods. Secondary analyzes evaluated receipt of appropriate syphilis treatment and contemporaneous screening for HIV, gonorrhea, and chlamydia. No significant differences in the overall proportion of patients offered (15% vs 19%) and prescribed (7% vs 5%) PrEP were observed between the pre- and post-periods. Overall, 7% of positive tests represented infectious syphilis. The rate of appropriate syphilis treatment was equivalent (57% vs 56%) and contemporaneous screening for other sexually transmitted infections was suboptimal across the entire study period. Although any positive syphilis test may be an easily abstracted metric from the EMR, this approach was inclusive of many patients without current HIV risk and did not increase PrEP uptake significantly. Future research into population health approaches to increase HIV prevention should focus on patients with infectious syphilis and other current risk factors for incident HIV infection. © The Author(s) 2022.	HIV; HIV pre-exposure prophylaxis (PrEP); sexually transmitted infection; syphilis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Bonnichsen, Mark H; Tschuchnigg, Mark; Post, Jeffrey J; Bye, William	Pill related oesophagitis due to tenofovir disproxil fumarate/emtricitabine (Truvada) HIV pre-exposure prophylaxis.	Internal Medicine Journal	-	-	-	-	1445-5994	10.1111/imj.15807	https://dx.doi.org/10.1111/imj.15807	No abstract available	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2022	Boot, Alexandria; Deas, Crystal	What's Trending on Twitter Regarding the Most Recently Approved Oral Agent for HIV Pre-Exposure Prophylaxis (PrEP)?	Innovations in Pharmacy	-	-	-	-	2155-0417	10.24926/iip.v13i4.4794	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10256299	Introduction: Pre-exposure prophylaxis (PrEP) is a key therapeutic strategy for HIV prevention. Descovy® is the most recently approved oral agent for PrEP. Despite availability, there continues to be suboptimal PrEP use among at-risk individuals. Social media platforms have a role in disseminating health information, to include education on PrEP. Material and methods: A content analysis was conducted of "tweets" posted on Twitter® during the initial year of Descovy's FDA approval for PrEP. The coding schema captured content related to the indication, appropriate use, costs, and safety profile of Descovy. Results: Most tweets provided information on target population, dosing strategy, and side effects of Descovy. Information on costs and appropriate use was frequently missing. Conclusion: Health educators and providers should be aware of gaps in social media messaging concerning PrEP and should educate patients to ensure they are well informed when considering PrEP.	HIV prevention, social media, content analysis, pre-exposure prophylaxis, Descovy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Bothma, Rutendo; O'Connor, Cara; Nkusi, Jolie; Shiba, Vusi; Segale, Jacob; Matsebula, Luyanda; Lawrence, J Joseph; van der Merwe, L Leigh-Ann; Chersich, Matthew; Hill, Naomi	Differentiated HIV services for transgender people in four South African districts: population characteristics and HIV care cascade.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25987	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9557019	INTRODUCTION: Transgender people in South Africa are disproportionately affected by HIV, discrimination and stigma. Access to healthcare and health outcomes are poor. Although integrating gender-affirming healthcare with differentiated HIV prevention, care and treatment services has shown improvement in HIV service uptake and health outcomes among transgender people, evidence is lacking on the implementation of differentiated service delivery models in southern Africa. This article describes a differentiated service delivery model across four South African sites and transgender individuals who access these services. We assess whether hormone therapy (HT) is associated with continued use of pre-exposure prophylaxis (PrEP) and viral load suppression. METHODS: In 2019, differentiated healthcare centres for transgender individuals opened in four South African districts, providing gender-affirming healthcare and HIV services at a primary healthcare level. Routine programme data were collected between October 2019 and June 2021. Descriptive statistics summarized patient characteristics and engagement with HIV prevention and treatment services. We conducted a multivariate logistic regression analysis to determine whether HT was associated with viral load suppression and PrEP continued use. RESULTS: In the review period, we reached 5636 transgender individuals through peer outreach services; 86% (4829/5636) of them accepted an HIV test and 62% (3535/5636) were linked to clinical services. Among these, 89% (3130/3535) were transgender women, 5% (192/3535) were transgender men and 6% (213/3535) were gender non-conforming individuals. Of those who received an HIV test, 14% (687/4829) tested positive and 91% of those initiated antiretroviral treatment. Viral load suppression was 75% in this cohort. PrEP was accepted by 28% (1165/4142) of those who tested negative. Five percent (161/3535) reported ever receiving HT through the public healthcare system. Service users who received HT were three-fold more likely to achieve viral load suppression. We did not find any association between HT and continued use of PrEP. CONCLUSIONS: A differentiated HIV and gender-affirming service delivery model at a primary healthcare level is feasible and can enhance service access in South Africa. HT can improve HIV clinical outcomes for transgender people. As trust is established between the providers and population, uptake of HIV testing and related services may increase further.	differentiated service delivery models, gender-affirming, HIV services, hormone therapy, South Africa, transgender	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2022	Bourne, Adam; Carman, Marina; Kabuti, Rhoda; Nutland, Will; Fearon, Elizabeth; Liku, Jennifer; Tukai, Anthony; Weatherburn, Peter; Kimani, Joshua; Smith, Adrian D	Experiences and challenges in sexual health service access among men who have sex with men in Kenya.	Global Public Health	-	-	-	-	1744-1706	10.1080/17441692.2021.1987501	https://dx.doi.org/10.1080/17441692.2021.1987501	Men who have sex with men (MSM) in Kenya bear a heavy burden of HIV/STIs and are a priority population in the national HIV/AIDS response, yet remain criminalised and stigmatised within society. HIV pre-exposure prophylaxis (PrEP) offers an opportunity to significantly impact the HIV epidemic, as does the concept of U = U, whereby those who are living with HIV and on treatment are uninfectious when their viral load has been suppressed so as to be undetectable. However, the value of such innovations will not be realised without sufficient understanding of, and respect for, the sexual health service provision needs of MSM. This paper describes findings from 30 in-depth interviews with MSM living in Nairobi that explored engagement with sexual health service providers, barriers to access and perceived opportunities to improve service design and delivery. Findings indicate concern relating to the professionalism of some staff working within public hospitals as well as feelings that many sexual health services were not considered safe spaces for the discussion of MSM-specific sexual behaviour. Diverse views were expressed relating to comfort in public, community and private sexual health services as well as how these are and should be organised.	MSMKenyasexual health servicesstigmadiscrimination	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Boyd, Donte T; Gamji M'Rabiu Abubakari; Turner, DeAnne; Ramos, S Raquel; Hill, Mandy J; Nelson, LaRon E	The Influence of Family Bonding, Support, Engagement in Healthcare, on PrEP Stigma among Young Black and Latino Men Who Have Sex with Men: A Path Analysis	Children	-	-	-	-	-	10.3390/children9030330	https://www.proquest.com/scholarly-journals/influence-family-bonding-support-engagement/docview/2642391699/se-2?accountid=8113	This study employs the ecodevelopmental theory to examine the influence of mother and father bonding, family engagement in healthcare, and family support on PrEP stigma among BLMSM. We used a cross-sectional sample from wave five of the Healthy Young Men (HYM) study, with a survey sample of 399 participants aged 16–24 years. We conducted two-path analyses to test multiple hypotheses: (1) mother/father bonding is associated with an increase in family engagement in healthcare; (2) family engagement in healthcare is associated with family social support; and (3) family social support is associated with PrEP stigma. Family social support was negatively correlated with PrEP stigma (r = −0.15; p < 0.001). The findings show that families either led by a Black/Latino father or mother have a significant impact on the sexual health-seeking behavior of BLMSM and their perception of HIV and PrEP.	HIV; Pediatrics; PrEP; MSM; adolescents; Men; Teenagers; Intersectionality; Sexual health; Stigma; Disease prevention; Social support; Likert scale; Sexual orientation; Influence; stigma; Attitudes; Social networks; Sexual and reproductive health; Perceptions; families; Human immunodeficiency virus--HIV; United States--US; Data collection; Los Angeles California; Gays & lesbians; Mens health; Medical Sciences--Pediatrics; Families & family life; Hypotheses; Family support	English	Switzerland	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Bracho-Sanchez E.; Stonbraker S.; Halpern M.; Wood S.; Lowenthal E.	HIV pre-exposure prophylaxis: assessment of acceptability among members of HIV serodiscordant/serostatus unknown couples	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624221097753	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130056069&doi=10.1177%2f09564624221097753&partnerID=40&md5=159deaa6eb87d7e5413a6e30c1085ecd	Pre-exposure prophylaxis (PrEP) is effective in preventing HIV infection but is not yet widely available in resource-limited settings such as the Dominican Republic. We aimed to ascertain PrEP acceptability among people living with HIV in the Dominican Republic who are part of HIV serodiscordant partnerships and understand relationships between PrEP acceptability, HIV stigma, and intimate partner violence.Methods: A cross-sectional survey of people in care for HIV infection included acceptability-related questions and assessments of HIV stigma and intimate partner violence. We also explored the expected impact of PrEP on HIV disclosure rates and fertility intentions.Results: Of the 100 participants, 74% had been in their current partnership for >1 year; 38% had not disclosed to their partner; 29% reported condomless sex, and 23% reported sex with multiple partners. PrEP was highly acceptable with 84% of participants saying they were "very likely" to offer PrEP to their partner if available and 21% stating it would allow them to have more children. Of those who had not disclosed to their partner, 71% stated PrEP would help them do so. No relationship was found between PrEP acceptability, HIV stigma, and intimate partner violence. However, higher than expected rates of PrEP acceptability limited the power of these analyses.Conclusion: Pre-exposure prophylaxis was considered to be highly acceptable among people living with HIV in the Dominican Republic who are part of serodiscordant partnerships. © The Author(s) 2022.	Caribbean; Dominican Republic; HIV disclosure; HIV prevention; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bradshaw D.; Taylor G.P.	HTLV-1 Transmission and HIV Pre-exposure Prophylaxis: A Scoping Review	Frontiers in Medicine	-	-	-	-	2296858X	10.3389/fmed.2022.881547	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130240944&doi=10.3389%2ffmed.2022.881547&partnerID=40&md5=79d709e82beacc33248070b0628bba19	HIV pre-exposure prophylaxis (HIV-PrEP) is effective in reducing the likelihood of HIV acquisition in HIV-negative people at high risk of exposure. Guidelines recommend testing for sexually transmitted infections (STIs) before starting, and periodically on PrEP, including bacterial infections, HIV, hepatitis C virus, and, for those who are non-immune, hepatitis B virus. Diagnosed infections can be promptly treated to reduce onward transmission. HTLV-1 is not mentioned; however, it is predominantly sexually transmitted, causes adult T-cell leukaemia/lymphoma (ATL) or myelopathy in 10% of those infected, and is associated with an increased risk of death in those without any clinically HTLV-associated condition. The 2021 WHO Technical Report on HTLV-1 called for the strengthening of global public health measures against its spread. In this scoping review, we, therefore, (1) discuss the epidemiological context of HIV-PrEP and HTLV-1 transmission; (2) present current knowledge of antiretrovirals in relation to HTLV-1 transmission prevention, including nucleos(t)ide reverse transcriptase inhibitors (NRTIs) and integrase strand transfer inhibitors (INSTIs); and (3) identify knowledge gaps where data are urgently required to inform global public health measures to protect HIV-PrEP users from HTLV-1 acquisition. We suggest that systematic seroprevalence studies among PrEP-using groups, including men who have sex with men (MSM), people who inject drugs (PWIDs), and female sex workers (FSWs), are needed. Further data are required to evaluate antiretroviral efficacy in preventing HTLV-1 transmission from in vitro studies, animal models, and clinical cohorts. PrEP delivery programmes should consider prioritizing the long-acting injectable INSTI, cabotegravir, in HTLV-1 endemic settings. Copyright © 2022 Bradshaw and Taylor.	antiretroviral (ARV); HTLV-1; integrase inhibitors; nucleoside reverse transcriptase inhibitor (NRTI); PEP (post-exposure prophylaxis); PrEP (pre-exposure prophylaxis); transmission prevention	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Bragazzi N.L.; Khamisy-Farah R.; Tsigalou C.; Mahroum N.	HIV Pre-exposure Prophylaxis and Its Impact on the Gut Microbiome in Men Having Sex With Men	Frontiers in Microbiology	-	-	-	-	1664302X	10.3389/fmicb.2022.922887	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133840544&doi=10.3389%2ffmicb.2022.922887&partnerID=40&md5=58eed23a9f1344be14c85d550849e998	HIV/AIDS still imposes a high epidemiological and societal burden. Together with antiretroviral therapy, pre-exposure prophylaxis (PrEP) represents a fundamental tool in the fight against HIV/AIDS. PrEP is considered effective and safe, even though it may affect organs like the kidney, bone, and liver, as shown by randomized clinical trials (RCTs). These side effects may be mediated by alterations of the gut microbiome. Whilst the impact of the human rectal and vaginal microbiome on HIV prevention has been highly investigated among women, less is known about its effect among men having sex with men (MSM), a vulnerable population at high risk for HIV and disproportionately affected by HIV/AIDS. In the present paper, we will overview the effects of PrEP on the gut microbiota in MSM. Mining PubMed/MEDLINE, we identified three studies that have found significant changes affecting the gut microbiota. However, these shifts in the gut microbiome composition are variable, probably due to methodological differences, even though all studies reviewed in the present overview consistently report aberrations at the level of the gut microbiota. More data are needed, especially concerning the long-term side effects of PrEP: despite the studies included being a high-quality RCT, and two well-designed cross-sectional studies, evidence related to the impact of HIV PrEP on the gut microbiome in MSM is scarce and based on small populations. A better understanding of the interactions between the gut microbiota, sexual orientation/identity, and HIV prevention is expected to improve PrEP adherence and devise strategies to counteract PrEP-related side effects. Copyright © 2022 Bragazzi, Khamisy-Farah, Tsigalou and Mahroum.	gut microbiome; HIV/AIDS; men having sex with men; prevention; prophylaxis	English	Switzerland	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2022	Bristow C.C.; Hassan A.; Moore D.J.; Dubé M.P.; Corado K.; Chow K.; Ellorin E.; Blumenthal J.; Morris S.R.	Sexually transmitted infections among participants in an HIV PrEP adherence trial	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624211053428	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128000266&doi=10.1177%2f09564624211053428&partnerID=40&md5=ddf978195cc3c6a5424970dff3240e7c	Background: HIV PrEP effectiveness is highly dependent on adherence. High STI incidence has been reported among PrEP users. We assessed the relationship between STI incidence (CT, NG, and syphilis) and PrEP adherence. Methods: We performed a subanalysis of a controlled, open-label, two-arm, randomized clinical demonstration project of a text-message based adherence intervention. Participants had 48 weeks of follow-up and had STI testing every 12 or 24 weeks. PrEP adherence was measured at week 48 using intracellular tenofovir-diphosphate drug concentrations. We calculated incidence rate ratios for STIs among those adherent as compared with those not adherent to PrEP. Results: Of the 381 assessed for CT, NG and syphilis at one or more follow-up visits, there were 16 cases of syphilis or 5.0 per 100 person years (95% CI: 2.6, 7.5); 63 cases of NG or 26.3 per 100 person years (95% CI: 19.8, 32.8); and 81 cases of CT or 36.3 per 100 person years (95% CI: 28.4, 44.2). We found no association between adequate PrEP adherence and STI incidence (aIRR: 0.97 95% CI: 0.67, 1.40). Conclusions: We found that the incidence of STIs was not significantly different between those adherent to PrEP and those non-adherent. Further research is needed to assess how PrEP use may impact STIs over time. © The Author(s) 2022.	men who have sex with men; pre-exposure prophylaxis; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Broholm C.; Yingling C.; Vail R.	Preventing HIV With Pre-exposure Prophylaxis: Current and Emerging Modalities	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2021.07.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113334533&doi=10.1016%2fj.nurpra.2021.07.021&partnerID=40&md5=b2576df301ea2960790f6b22d3b4af7c	HIV pre-exposure prophylaxis (PrEP) is a safe and highly effective method to prevent HIV acquisition that is underutilized, particularly in marginalized populations. This article describes current and emerging modalities to prevent HIV with PrEP. Safe prescribing and monitoring of PrEP is presented to enable the nurse practitioner to incorporate HIV prevention into their routine clinical practice and minimize barriers to this valuable strategy. © 2021 Elsevier Inc.	ending the epidemic; health equity; HIV prevention; nurse practitioner; pre-exposure prophylaxis; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Brokus C.; Kattakuzhy S.; Gayle B.; Narayanan S.; Davis A.; Cover A.; Eyasu R.; Ebah E.; Ogbumbadiugha-Weekes O.; Hoffmann J.; Silk R.; Stevens J.; Mount J.; Gannon C.; Nussdorf L.; Mathur P.; Bijole P.; Jones M.; Kier R.; Sternberg D.; Greenblatt A.; Weintraub E.; Masur H.; Kottilil S.; Rosenthal E.	Suboptimal Uptake, Retention, and Adherence of Daily Oral Prexposure Prophylaxis among People with Opioid Use Disorder Receiving Hepatitis C Virus Treatment	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofab658	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126342218&doi=10.1093%2fofid%2fofab658&partnerID=40&md5=1ed91d55be9487fa5323fcf82db59d6a	Background: Daily oral preexposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) prevents human immunodeficiency (HIV) among people who inject drugs (PWID). Despite rising HIV incidence and injection drug use (IDU), PrEP use remains low and there is limited research about uptake, adherence, and retention among PWID. Methods: The ANCHOR investigation evaluated a community-based care model collocating hepatitis C virus (HCV) treatment, medication for opioid use disorder (OUD), and PrEP in individuals in Washington, DC, and Baltimore, Maryland. PrEP counseling was conducted from HCV treatment day 0 until week 24. Subjects could start any time during this window, were followed for 48 weeks, and were assessed for adherence by self-report and dried blood spot TDF analysis. Results: One hundred ninety-eight participants were enrolled, of whom 185 (93%) were HIV negative. Twenty-nine individuals (15.7% of HIV-negative cohort) initiated PrEP. One hundred sixteen participants (62.7%) met 2014 Centers for Disease Control and Prevention (CDC) PrEP criteria due to IDU (82 44.3%), sex (9 4.9%), or both practices (25 13.5%). Providers recommended PrEP to 94 individuals (50.8%), and recommendation was associated with PrEP uptake. Median treatment duration was 104 days (interquartile range, 28-276 days), with 8 participants retained through week 48. Adherence was variable over time by self-report and declined by TDF analysis. No HIV seroconversions occurred. Conclusions: This cohort of people with HCV and OUD experienced low uptake of PrEP despite the majority meeting CDC criteria. High rates of disruption and discontinuation, compounded by variable adherence, made TDF/FTC a suboptimal prevention strategy. Emerging modalities like long-Acting formulations may address these barriers, but PWID have been excluded from their development to date. © The Author(s) 2021. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HCV; opioid use disorder; OUD; PrEP; PWID	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Brooks, RA; Nieto, O; Cabral, A; Landrian, A; Fehrenbacher, AE	Delivering PrEP to adults with "low" or "no" HIV risk and youth: experiences and perspectives of PrEP providers	Culture, Health & Sexuality	-	-	-	-	1369-1058	10.1080/13691058.2020.1817560	https://www.tandfonline.com/doi/full/10.1080/13691058.2020.1817560#abstract	Health care providers have an important role to play in expanding PrEP uptake to populations disproportionately burdened by HIV. In this study, in-depth, semi-structured qualitative interviews were conducted with 20 PrEP providers in Los Angeles, California to explore their experiences and perspectives prescribing PrEP. Overall, the findings indicate that providers generally adhered to US CDC clinical guidelines in determining PrEP eligibility. However, they also identified special considerations with respect to adults with "low" or "no" HIV risk. Three themes were developed from the data related to the delivery of PrEP to such individuals: 1) patients may not disclose sexual behaviours; 2) patient autonomy and agency; and 3) the importance of PrEP in gay male monogamous relationships. Two additional themes were identified related to prescribing PrEP to young people under the age of consent: 4) the need for more PrEP and sexual health education with youth and 5) challenges in providing PrEP to youth without parental consent. Findings highlight the importance of providing PrEP to patients who could potentially benefit from adoption, whether or not they present with clear behavioural indicators for PrEP. Providers should also consider the potential barriers to delivering PrEP to youth to ensure successful adoption among members of this population.	pre-exposure prophylaxis; men who have sex with men; MEN; SEX; PREEXPOSURE PROPHYLAXIS; BARRIERS; HEALTH-CARE; PrEP eligibility; youth; Health care providers	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Brooks, Ronald A; Nieto, Omar; Santillan, Martin, Jr; Landrian, Amanda; Fehrenbacher, Anne E; Cabral, Alejandra	Beyond HIV prevention: Additional individual and community-level benefits of PrEP among Latino gay and bisexual men	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0269688. eCollection 2022	https://pubmed.ncbi.nlm.nih.gov/35696399/	HIV infections disproportionately impact Latino gay and bisexual men (GBM) in the United States. Pre-Exposure Prophylaxis (PrEP) is a proven prevention strategy that can help reduce new HIV infections in this population. Unfortunately, PrEP adoption and persistence among Latino GBM remain low. The added benefits of using PrEP experienced by Latino GBM can provide important insights to inform the development of PrEP messaging to motivate this population to explore and consider PrEP as an appropriate and acceptable HIV prevention tool. We conducted in-depth interviews with Latino GBM PrEP users to explore positive feelings and emotions, and additional benefits gained from using PrEP. Data were analyzed using thematic analysis. A total of 29 Latino GBM completed the study interview. The average age of participants was 30 years, and the mean length of time using PrEP was 17.1 months. Five themes were constructed from the data representing the additional benefits gained by Latino GBM PrEP users, and included: (1) reduced fear, anxiety, and stress about HIV, HIV testing, and sex; (2) feeling empowered and in control of their HIV risk; (3) greater awareness of sexual risk behaviors and sexual health; (4) greater sexual exploration and pleasure, and comfort having condomless sex; and (5) a greater connection to community and a feeling of contributing to the elimination of HIV. The added benefits identified in this study represent a range of social, emotional, and psychological benefits that Latino GBM experience while using PrEP. They speak to the complementary benefits that PrEP can bring to Latino GBM who decide to use the medication, that go beyond HIV prevention. These findings can inform the development of future PrEP messaging to help improve motivation for PrEP uptake and persistent use among Latino GBM.	Disease prevention; Health aspects; HIV; HIV (Viruses); Human immunodeficiency virus; Humans; Infections; Pre-Exposure Prophylaxis; Prevention; HIV Infections - drug therapy; Sexual behavior; Sexually transmitted diseases; STD; Medical tests; Adult; Analysis; Biology and Life Sciences; Health risks; HIV infection; Male; Medicine and Health Sciences; Infection; Prophylaxis; Social Sciences; Interviews; Minority & ethnic groups; Sexual and Gender Minorities; Population; Data analysis; Sex; Hispanic Americans; Hispanic or Latino; HIV testing; Anxiety; Bisexual; Bisexuality; Homosexuality Male - psychology; Motivation; Sexual Behavior - psychology; Risk taking; Bisexuality - psychology; Codes; Risk management; Social research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Brothers J.; Hosek S.; Keckler K.; Anderson P.L.; Xiong D.; Liu H.; Huhn G.	The ATEAM study: Advances in technology to enhance PrEP adherence monitoring (ATEAM) among young men who have sex with men	Clinical and Translational Science	-	-	-	-	17528054	10.1111/cts.13414	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139443642&doi=10.1111%2fcts.13414&partnerID=40&md5=3d43a70a23eeb74fc0e14277c6e071a2	Young age has consistently correlated with lower adherence to pre-exposure prophylaxis (PrEP) in young men who have sex with men (YMSM). Digital medicine, a dynamic healthcare platform of wearable physiological sensors and mobile communication technology that can respond to medication nonadherence rapidly, has the potential in promoting PrEP adherence. We evaluated the feasibility and acceptability of Proteus Discover, a digital monitoring adherence system, to measure PrEP adherence and provide real-time feedback among cisgender YMSM and transgender women. One hundred HIV-negative young men and transgender women ages 16–24 years were enrolled in a 24-week randomized controlled crossover study to tenofovir disoproxil fumarate with emtricitabine (TDF/FTC) coencapsulated with Proteus Discover versus TDF/FTC standard-of-care. Participants in the 12-week Proteus Discover arm received weekly SMS text messages to promote pill taking based on Proteus Discover adherence data. Dried blood spots (DBS) were collected at 4-week intervals for tenofovir diphosphate (TFV-DP) in red blood cells as the referent and questionnaires were completed to assess acceptability, usability, and patterns of use. Linear mixed models analyzed the relationship between 30-day adherence measured by DBS and Proteus Discover. PrEP adherence was high overall. Adherence, as measured by DBS, was correlated with adherence as measured by Proteus Discover (p value = 0.03). Most participants reported that Proteus Discover helped them take their PrEP daily and that the system was easy to use. However, a majority (53.5%–60.5%) disagreed with the statement that wearing the patch was not an issue. There was an incremental increase in TFV-DP in DBS with adherence by Proteus Discover. More research is warranted to explore optimizing PrEP adherence for youth through real-time monitoring. © 2022 The Authors. Clinical and Translational Science published by Wiley Periodicals LLC on behalf of American Society for Clinical Pharmacology and Therapeutics.	emtricitabinetenofovirtenofovir disoproxilanti human immunodeficiency virus agentemtricitabinetenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Brown G.; Di Feliciantonio C.	Geographies of PrEP, TasP and undetectability: Reconceptualising HIV assemblages to explore what else matters in the lives of gay and bisexual men	Dialogues in Human Geography	-	-	-	-	20438206	10.1177/2043820621989574	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100474971&doi=10.1177%2f2043820621989574&partnerID=40&md5=d2ed2929cfcf4d2a7cad0c96ca14d81b	Recent biomedical innovations in the field of HIV prevention and treatment – namely PrEP, TasP, and 'undetectability' – have completely reshaped the experience of living with HIV, as well as the meanings of 'risk' and 'safety' in relation to sexual practices, leading to new forms of pleasure and sociality for gay and bisexual men in the Minority World. While human geographers have been slow to engage with the changing social dimensions brought by these innovations, scholars across the whole spectrum of the social sciences have been far more creative and responsive contributing to a critical understanding of what these processes entail in terms of subject formation as well as social and communal relations. This article proposes a distinctly geographical contribution to analysing and interpreting these biomedical technologies, exploring the ways that new spatialities and spatial relations emerge from their use and circulation. Our approach is based on provisional assemblage thinking as it offers the possibility to think the complex connections between biomedical innovations in the field of HIV, sexual practices, subjectivity, pleasure, spaces, and technologies, going beyond the subdisciplinary preoccupations and methodological reflexes of geographers focused primarily on either health or sexuality. © The Author(s) 2021.	Assemblage; geographies of sexualities; HIV; pleasure; PrEP; TasP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Brown M.S.; Hanif H.; Little K.M.; Clark M.R.; Thurman A.R.; Flomen L.; Doncel G.F.	End-user research in support of long-acting systemic antiretroviral delivery systems: insights from qualitative research with providers and target users in South Africa	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-022-07907-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143570113&doi=10.1186%2fs12879-022-07907-0&partnerID=40&md5=85fcc26c47d678ae0af6dbb8b7fd7cbd	Background: While oral pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of HIV, challenges such as adhering to a daily-dosing regimen and persistence have emerged as barriers for at-risks populations in South Africa. This qualitative research sought to investigate perceptions of and preferences for a long-acting, biodegradable implantable PrEP product designed to address these barriers. Methods: To identify and understand motivators, barriers, and preferences for the PrEP implant, we conducted qualitative in-depth interviews (IDIs) among health care providers (HCPs) and target end-users (young women, adolescent girls, and female sex workers) in urban and rural/peri-urban regions of Gauteng Province, South Africa. The IDIs focused on defining values, beliefs, habits, lifestyles, influencers, and information channels for potential PrEP implant end-users. Results: We conducted 36 IDIs across health care providers and target end-user respondent segments. Respondents had generally positive reactions to the PrEP implant. Most end-users felt that some undesirable aspects of the implant (e.g., side effects, pain during insertion, potential scarring, and inability to remove implant) would be offset by having a highly effective, and long-lasting HIV prevention product. Although some HCPs believed the implantable PrEP would lead to increases in promiscuity and risky sexual behavior, most HCPs saw value in the PrEP implant's long duration of protection, its biodegradability, and the likelihood of higher adherence relative to oral PrEP. Conclusions: This study is a first step toward further research needed to demonstrate the demand for a biodegradable, long-acting implantable PrEP and suggests such a product would be accepted by end-users and HCPs in South Africa. This study indicates the need to develop more convenient, discreet, long-acting, and highly effective biomedical HIV prevention options for at-risk populations. © 2022, The Author(s).	HIV; PrEP implant; South Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Brown, Todd T; Yuhas, Krista; Mayer, Kenneth H; Landovitz, Raphael J; Marzinke, Mark A; Hendrix, Craig W; Chen, Ying Q; Klingman, Karen L; Chege, Wairimu; Mccauley, Marybeth B; Gulick, Roy M; Wilkin, Timothy J	Bone changes with candidate PrEP regimens containing tenofovir disoproxil fumarate and/or maraviroc and/or emtricitabine in US men and women: HPTN 069/ACTG A5305.	Journal of Antimicrobial Chemotherapy	-	-	-	-	1460-2091	10.1093/jac/dkab400	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9097256	BACKGROUND: Tenofovir disoproxil fumarate-containing pre-exposure prophylaxis (PrEP) has been associated with decreases in bone mineral density (BMD), but the bone effects of other non-tenofovir disoproxil fumarate candidate PrEP regimens are not well described. METHODS: The HPTN 069/ACTG A5305 study randomized 406 US cisgender men and transgender women, and 188 cisgender women at risk for HIV infection to one of four double-blinded regimens: (i) maraviroc; (ii) maraviroc + emtricitabine; (iii) maraviroc + tenofovir disoproxil fumarate; or (iv) tenofovir disoproxil fumarate + emtricitabine. BMD was measured in a subset of participants at the lumbar spine (LS) and hip by dual-energy X-ray absorptiometry (DXA) at baseline and 48 weeks. Percentage change in LS and hip BMD was compared between the tenofovir disoproxil fumarate- and non-tenofovir disoproxil fumarate-containing arms by Wilcoxon rank-sum tests and multiple linear regression adjusting for sex, race and baseline BMI. RESULTS: At baseline (n = 307), the median age was 33 years, 56% male and 43% black. At the hip, the median percentage change in BMD at 48 weeks was -1.05% in the tenofovir disoproxil fumarate arms and 0.0% in the non-tenofovir disoproxil fumarate arms (between group P = 0.001). No interaction by sex was observed. The median percentage change in LS BMD was not different between arms. CONCLUSIONS: Tenofovir disoproxil fumarate-containing PrEP was associated with significantly greater bone loss compared with maraviroc ± emtricitabine PrEP at the hip, but not the LS. The BMD changes at the hip were similar in magnitude in men and women.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Brundrett M.E.	Human Immunodeficiency Virus Preexposure Prophylaxis in Adolescents and Young Adults	Pediatrics in Review	-	-	-	-	1919601	10.1542/pir.2020-002048	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123037616&doi=10.1542%2fpir.2020-002048&partnerID=40&md5=8271e133728884f9a8d9f545b632bfb1	Human immunodeficiency virus (HIV) prevention holds the promise of decreasing the burden of HIV infections worldwide. Access to HIV prevention services, including preexposure prophylaxis (PrEP), is a key strategy in reducing HIV transmission, but it continues to be underused. PrEP, a once-daily medication for HIV prevention, is approved for adolescents. A pediatrician's role is critical in identifying and increasing access for adolescents and young adults to PrEP services and reducing HIV acquisition in youth. © 2022 American Academy of Pediatrics. All rights reserved.	adolescentadultArticleconfidentialitycontrol strategydrug usefollow upfuturologyhealth care access	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Buchanan A.L.; Park C.J.; Bessey S.; Goedel W.C.; Murray E.J.; Friedman S.R.; Elizabeth Halloran M.; Katenka N.V.; Marshall B.D.L.	Spillover benefit of pre-exposure prophylaxis for HIV prevention: evaluating the importance of effect modification using an agent-based model	Epidemiology and Infection	-	-	-	-	9502688	10.1017/S0950268822001650	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141333884&doi=10.1017%2fS0950268822001650&partnerID=40&md5=d1c6751673f39b9ba881c6facd65d563	We developed an agent-based model using a trial emulation approach to quantify effect measure modification of spillover effects of pre-exposure prophylaxis (PrEP) for HIV among men who have sex with men (MSM) in the Atlanta-Sandy Springs-Roswell metropolitan area, Georgia. PrEP may impact not only the individual prescribed, but also their partners and beyond, known as spillover. We simulated a two-stage randomised trial with eligible components (≥3 agents with ≥1 HIV+ agent) first randomised to intervention or control (no PrEP). Within intervention components, agents were randomised to PrEP with coverage of 70%, providing insight into a high PrEP coverage strategy. We evaluated effect modification by component-level characteristics and estimated spillover effects on HIV incidence using an extension of randomisation-based estimators. We observed an attenuation of the spillover effect when agents were in components with a higher prevalence of either drug use or bridging potential (if an agent acts as a mediator between ≥2 connected groups of agents). The estimated spillover effects were larger in magnitude among components with either higher HIV prevalence or greater density (number of existing partnerships compared to all possible partnerships). Consideration of effect modification is important when evaluating the spillover of PrEP among MSM. © The Author(s), 2022. Published by Cambridge University Press.	Agent based models; causal inference; effect modification; HIV prevention; interference; network; pre-exposure prophylaxis; spillover	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Budhwani H.; Yigit I.; Maragh-Bass A.C.; Rainer C.B.; Claude K.; Muessig K.E.; Hightow-Weidman L.B.	Validation of HIV Pre-Exposure Prophylaxis (PrEP) Medication Scales with Youth on PrEP: PrEP Confidence Scale and PrEP Difficulties Scale	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2022.0072	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141939128&doi=10.1089%2fapc.2022.0072&partnerID=40&md5=3de32f03edc626f69098840c25b5bbcd	Pre-exposure prophylaxis (PrEP) is a lifesaving medical intervention that protects against human immunodeficiency virus (HIV), but to date, PrEP uptake has been limited. PrEP utilization and adherence among youth, including stigmatized and highly vulnerable young sexual and gender minorities, have been exceptionally low across all regions, leading to preventable HIV transmission. Considering the scientific value of measuring and understanding predictors or associations of PrEP adherence, our study team validated two scales: a PrEP Difficulties Scale and a PrEP Confidence Scale tested within the Adolescent Trials Network P3 study (2019-2021). Data from sexual and gender minorities who were prescribed PrEP across nine domestic sites were evaluated (N = 235). Descriptive statistics, exploratory factor analysis, and correlation coefficients are reported herein. Results for the PrEP Difficulties Scale yielded a four-factor solution (Disclosure, Health Effects, Logistics, and Cost), and results for the PrEP Confidence Scale produced a three-factor solution (Scheduling, Distraction, and Planning). Factor loadings and Cronbach's alphas suggested good internal consistency for both scales. PrEP Confidence Scale subscales were correlated with PrEP adherence, and subscales of both scales were associated with dimensions of social support and PrEP-related stigma. Given the persistence of preventable HIV infections among key populations, multi-level barriers and facilitators to medication adherence, and expansion of PrEP modalities, the PrEP Difficulties Scale and PrEP Confidence Scale have the potential to enhance intervention, exploratory, and mechanistic HIV prevention research. ClinicalTrials.gov Identifier: NCT03320512. Copyright © 2022, Mary Ann Liebert, Inc.	confidence; difficulties; disclosure; HIV; pre-exposure prophylaxis; PrEP; scale development; scale validation; self-efficacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Budhwani, Henna; Kiszla, B. Matthew; Outlaw, Angulique Y.; Oster, Robert A.; Mugavero, Michael J.; Johnson, Mallory O.; Hightow-Weidman, Lisa B.; Naar, Sylvie; Turan, Janet M.	Adapting a Motivational Interviewing Intervention to Improve HIV Prevention Among Young, Black, Sexual Minority Men in Alabama: Protocol for the Development of the Kings Digital Health Intervention.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/36655	https://pubmed.ncbi.nlm.nih.gov/35830245/	BACKGROUND: African American or Black young men who have sex with men (BYMSM) are at a disproportionate risk for contracting HIV and have high rates of undiagnosed, and therefore untreated, HIV infection. In the southern United States, BYMSM face region-specific hurdles to HIV prevention, such as limited access to care and high levels of racism and intersectional stigma, necessitating HIV testing and pre-exposure prophylaxis interventions that address sociocultural and structural barriers while motivating BYMSM to engage in prevention. Brothers Saving Brothers (BSB) is a motivational interviewing behavioral intervention that successfully and simultaneously increased community-based HIV testing and prevention counseling and education among BYMSM in the midwestern United States. OBJECTIVE: The aim of this protocol is to detail the process for the adaption of the BSB intervention for midwestern BYMSM to the Kings intervention for southern BYMSM. During the adaptation process, the intervention will be modernized to include rapid HIV testing, as opposed to HIV testing that requires BYMSM to return for test results, pre-exposure prophylaxis, and the provision of structural supports, and for relevance in the southern United States. METHODS: Aim 1 is to gather qualitative data through focus groups and in-depth interviews with BYMSM aged 18 to 29 years in Alabama and in-depth interviews with prevention and outreach workers who routinely work with BYMSM in Alabama. NVivo qualitative software (QSR International) will be used for the coding and analysis of the transcripts via a thematic analysis approach. For aim 2, intervention mapping will guide the adaptation process, intervention content, components, and design. Both aims 1 and 2 will leverage the Exploration, Preparation, Implementation, Sustainment implementation science framework, with emphasis on the exploration and preparation phases of this model. By applying these frameworks, the original midwestern BSB intervention will be scientifically adapted to the southern BYMSM Kings intervention. RESULTS: This study is ongoing as of 2022 and is expected to conclude in 2024, with aims 1 and 2 being completed in 2023. Qualitative data will offer insight into the current real-world experiences and preferences of BYMSM in Alabama. Feedback will be collected through the adaptation process to inform intervention refinement. Institutional review board approvals have been received. CONCLUSIONS: The findings will inform next steps, that is, testing the Kings intervention for feasibility, acceptability, and preliminary effectiveness in a pilot hybrid type 1 effective-implementation randomized controlled trial. The study results will provide insights about important considerations for HIV prevention among BYMSM in the southern United States. TRIAL REGISTRATION: ClinicalTrials.gov NCT03680729; https://clinicaltrials.gov/ct2/show/NCT03680729. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/36655.	HIV; Alabama; pre-exposure prophylaxis; African American; implementation science; men who have sex with men; intervention; youth; structural barriers; sociocultural	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2022	Buffel, Veerle; Reyniers, Thijs; Masquillier, Caroline; Thunissen, Estrelle; Nöstlinger, Christiana; Laga, Marie; Wouters, Edwin; Berghe, Wim Vanden; Deblonde, Jessika; Vuylsteke, Bea	Awareness of, Willingness to Take PrEP and Its Actual Use Among Belgian MSM at High Risk of HIV Infection: Secondary Analysis of the Belgian European MSM Internet Survey.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03526-z	https://dx.doi.org/10.1007/s10461-021-03526-z	We examined PrEP awareness, willingness to take it and early PrEP use among men who have sex with men (MSM) at increased risk of HIV acquisition in Belgium. This analysis of the Belgian EMIS online data of 2017-2018 adopts a cascade approach, with the following steps quantified as conditional probabilities: being eligible for, aware of, willing to take PrEP, and PrEP use. One out of three MSM was eligible to use PrEP according to the operationalized Belgian reimbursement criteria. PrEP awareness was lower among socioeconomically vulnerable MSM, MSM living outside large cities, MSM who were less open about their sexuality and those who did not identify as gay or homosexual. A lack of PrEP knowledge, a higher self-efficacy regarding safe sex, having a steady partner and reporting more symptoms of depression were related to unwillingness to use PrEP. Among those willing to take PrEP, less than one third were actually using PrEP. Not using PrEP was associated with living in small cities and experiencing financial problems.	Pre-exposure prophylaxis (PrEP) use; Cascade approach; Men who have sex with men (MSM); Eligibility criteria; Awareness of and willingness to use PrEP	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2022	Bundy C.; Hall C.D.X.; Foran J.E.; Jozsa K.; Newcomb M.E.; Mustanski B.	REASSESSING THE IMPORTANCE OF PREP USE GIVEN REDUCED SEX DURING THE COVID-19 PANDEMIC: PERSPECTIVES FROM A SAMPLE OF YOUNG SEXUAL MINORITY MEN	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2022.34.6.441	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143199663&doi=10.1521%2faeap.2022.34.6.441&partnerID=40&md5=3a5b54332b237743d5953be5d5e42fef	Research has begun to examine sexual behavior during the COVID-19 pandemic using quantitative methods, but less is known about the context surrounding these changes using qualitative methods, including correspond-ing changes in risk reduction methods. This qualitative study, guided by the Integrated Behavioral Model, examines the pandemic's impact on PrEP adherence among young men who have sex with men in Chicago. PrEP-using participants from a cohort study were recruited into a 90-day diary study measuring sexual behaviors and PrEP use. Between April and Sep-tember 2020, a subset of participants was recruited for qualitative inter-views (n = 28) exploring prevention strategies, including the impact of the pandemic. Although most were highly adherent pre-pandemic, many took fewer pills or discontinued during the pandemic due to decreased sex. Find-ings suggest the importance of counseling for PrEP reinitiation as "seasons of HIV risk" increase, as well as use of telehealth as a facilitator of PrEP use throughout the pandemic. © 2022 The Guilford Press.	COVID-19 pandemic; men who have sex with men (MSM); PrEP; sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Bunting, Samuel R; Feinstein, Brian A; Calabrese, Sarah K; Hazra, Aniruddha; Sheth, Neeral K; Chen, Alex F; Garber, Sarah S	Assumptions about patients seeking PrEP: Exploring the effects of patient and sexual partner race and gender identity and the moderating role of implicit racism	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0270861	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9249206	INTRODUCTION: Daily pre-exposure prophylaxis (PrEP) for HIV-prevention is an essential component of national plans to end the HIV epidemic. Despite its well-documented safety and effectiveness, PrEP prescription has not met the public health need. Significant disparities between White and Black people exist with respect to PrEP prescription, as do disparities between men and women. One factor contributing to these disparities is clinicians' assumptions about patients seeking PrEP. METHODS: The present study sought to investigate medical students' assumptions about patients seeking PrEP (anticipated increased condomless sex, extra-relational sex, and adherence to PrEP), and assumed HIV risk when presenting with their sexual partner. We systematically varied the race (Black or White) and gender (man or woman) of a fictional patient and their sexual partner. All were in serodifferent relationships including men who have sex with men (MSM), women (MSW), and women who have sex with men (WSM). Participants also completed an implicit association test measuring implicit racism against Black people. We evaluated the moderation effects of patient and partner race on assumptions as well as the moderated moderation effects of implicit racism. RESULTS: A total of 1,472 students participated. For MSM patients, having a Black partner was associated with higher assumed patient non-adherence to PrEP compared to a White partner, however a White partner was associated with higher assumed HIV risk. For MSW patients, a White male patient was viewed as being more likely to engage in more extra-relational sex compared to a Black male patient. For WSM patients, White women were assumed to be more likely to have condomless and extra-relational sex, be nonadherent to PrEP, and were at higher HIV risk. Overall, implicit racism was not related to negative assumptions about Black patients as compared to White patients based on patient/partner race. DISCUSSION: Medical education about PrEP for HIV prevention must ensure future health professionals understand the full range of patients who are at risk for HIV, as well as how implicit racial biases may affect assumptions about patients in serodifferent couples seeking PrEP for HIV prevention. As gatekeepers for PrEP prescription, clinicians' assumptions about patients seeking PrEP represent a barrier to access. Consistent with prior research, we identified minimal effects of race and implicit racism in an experimental setting.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Bunting, Samuel R; Feinstein, Brian A; Calabrese, Sarah K; Hazra, Aniruddha; Sheth, Neeral K; Wang, Gary; Garber, Sarah S	The Role of Social Biases, Race, and Condom Use in Willingness to Prescribe HIV Pre-exposure Prophylaxis to MSM: An Experimental, Vignette-Based Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000003072	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9592166	INTRODUCTION: Daily antiretroviral pre-exposure prophylaxis (PrEP) is a safe and effective method of preventing HIV. Clinicians' assumptions, biases, and judgments may impede access to PrEP. Specifically, concern that patients will engage in more condomless sex ("risk compensation") has been cited by clinicians as a reason for not prescribing PrEP. METHODS: In this experimental study among medical students, we systematically varied race (White or Black) and condom-use behaviors (continued-use, planned-discontinuation, or continued-nonuse) of a fictional patient (all men with multiple male sex partners). Participants indicated the patients' assumed adherence to PrEP, patients' overall HIV risk, and willingness to prescribe PrEP. Participants completed an implicit association test to detect implicit racism and measures of heterosexism and attitudes toward nonmonogamy, which were examined as moderators of patient race and condom-use effects on participants' assumptions and ultimate willingness to prescribe PrEP. RESULTS: Participants (N = 600) were most willing to prescribe PrEP to the continued-nonuse patient and least willing to prescribe to the planned-discontinuation patient. No differences were identified based on patient race. The continued-nonuse (vs. continued-use) patient was perceived as less likely to adhere to PrEP, which was associated with lower willingness to prescribe. Negative attitudes toward nonmonogamy exacerbated this effect. No effects of implicit racism or explicit heterosexism were identified. CONCLUSIONS: Participants were least willing to prescribe PrEP to patients who planned to discontinue condom use. Patients seeking PrEP are exhibiting agency over their sexual health, and clinicians should fulfill their role in ensuring access to this primary preventative therapy. Training and curricular reform regarding PrEP are needed.	HIV, pre-exposure prophylaxis, disparity, social bias, prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Burgess, Raquel; Feliciano, Josemari T.; Lizbinski, Leonardo; Ransome, Yusuf	Trends and Characteristics of #HIVPrevention Tweets Posted Between 2014 and 2019: Retrospective Infodemiology Study.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/35937	https://publichealth.jmir.org/2022/8/e35937/	BACKGROUND: Twitter is becoming an increasingly important avenue for people to seek information about HIV prevention. Tweets about HIV prevention may reflect or influence current norms about the acceptability of different HIV prevention methods. Therefore, it may be useful to empirically investigate trends in the level of attention paid to different HIV prevention topics on Twitter over time. OBJECTIVE: The primary objective of this study was to investigate temporal trends in the frequency of tweets about different HIV prevention topics on Twitter between 2014 and 2019. METHODS: We used the Twitter application programming interface to obtain English-language tweets employing #HIVPrevention between January 1, 2014, and December 31, 2019 (n=69,197, globally). Using iterative qualitative content analysis on samples of tweets, we developed a keyword list to categorize the tweets into 10 prevention topics (eg, condom use, preexposure prophylaxis PrEP) and compared the frequency of tweets mentioning each topic over time. We assessed the overall change in the proportions of #HIVPrevention tweets mentioning each prevention topic in 2019 as compared with 2014 using chi-square and Fisher exact tests. We also conducted descriptive analyses to identify the accounts posting the most original tweets, the accounts retweeted most frequently, the most frequently used word pairings, and the spatial distribution of tweets in the United States compared with the number of state-level HIV cases. RESULTS: PrEP (13,895 tweets; 20.08% of all included tweets) and HIV testing (7688, 11.11%) were the most frequently mentioned topics, whereas condom use (2941, 4.25%) and postexposure prophylaxis (PEP; 823, 1.19%) were mentioned relatively less frequently. The proportions of tweets mentioning PrEP (327/2251, 14.53%, in 2014, 5067/12,971, 39.1%, in 2019; P≤.001), HIV testing (208/2251, 9.24%, in 2014, 2193/12,971, 16.91% in 2019; P≤.001), and PEP (25/2251, 1.11%, in 2014, 342/12,971, 2.64%, in 2019; P≤.001) were higher in 2019 compared with 2014, whereas the proportions of tweets mentioning abstinence, condom use, circumcision, harm reduction, and gender inequity were lower in 2019 compared with 2014. The top retweeted accounts were mostly UN-affiliated entities; celebrities and HIV advocates were also represented. Geotagged #HIVPrevention tweets in the United States between 2014 and 2019 (n=514) were positively correlated with the number of state-level HIV cases in 2019 (r=0.81, P≤.01). CONCLUSIONS: Twitter may be a useful source for identifying HIV prevention trends. During our evaluation period (2014-2019), the most frequently mentioned prevention topics were PrEP and HIV testing in tweets using #HIVPrevention. Strategic responses to these tweets that provide information about where to get tested or how to obtain PrEP may be potential approaches to reduce HIV incidence.	Humans; Incidence; Male; Retrospective Studies; HIV; United States/epidemiology; HIV Infections/epidemiology/*prevention & control; prevention; social media; infodemiology; Twitter; Infodemiology; *Social Media/trends; Condoms/statistics & numerical data/trends; Pre-Exposure Prophylaxis/statistics & numerical data/trends	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Burns C.M.; Borges M.; Frye J.; Keicher K.; Elliott S.; Schwartz S.; Shipp K.; Okeke N.L.; Mckellar M.S.	Understanding Retention in Pre-Exposure Prophylaxis Care in the South: Insights from an Academic HIV Prevention Clinic	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2021.0177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128249000&doi=10.1089%2faid.2021.0177&partnerID=40&md5=afa6fe30965d3d6d4041ea1bf7a50e14	HIV pre-exposure prophylaxis (PrEP) is poorly utilized in the southern United States. We examined PrEP retention in care and sexually transmitted infections (STIs) through a retrospective review of the Duke University PrEP Clinic from January 1, 2015 to October 15, 2019. We evaluated short-term (3 months), long-term (additional 8-12 months), and longitudinal retention in care in our clinic. Adjusted odds ratios (aOR) were generated to explore demographics associated with retention. Kaplan-Meier curves were generated to view retention longitudinally. STIs were examined at baseline (1 year before initial PrEP visit) and while retained in care. Of a total of 255 patients; 88% were men, 37% were black, and 73% were men who have sex with men (MSM). Short- and long-term retention in care were met by 130/237 (55%) and 80/217 (37%) patients, respectively. MSM were more likely to be retained in the short term (aOR = 5.22, 95% confidence interval CI = 1.57-17.32). Self-referred patients were more likely to be retained in the long term (aOR = 2.18, 95% CI = 1.12-4.23). Uninsured patients were less likely to be retained in the long term (aOR = 0.32, 95% CI = 0.11-0.91). STI diagnoses include 42 infections at baseline and 69 infections during follow-up. STI diagnosed while in PrEP care was associated with longer retention in care over time. Patients discontinue PrEP care over time and STIs were frequently encountered. Additional studies are needed to determine the best way to retain patients in HIV preventative care. © Charles M. Burns et al. 2022; Published by Mary Ann Liebert, Inc. 2022.	HIV; persistence in care; pre-exposure prophylaxis; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Burns C.M.; Endres K.; Farrow L.; Mhina C.; Cooper A.; Silverberg B.; McKellar M.S.; Okeke N.L.	Perceptions on HIV Pre-Exposure Prophylaxis Among Urgent Care Clinicians in the Southern United States	Current HIV Research	-	-	-	1570162X	10.2174/1570162X20666220426094920	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138152752&doi=10.2174%2f1570162X20666220426094920&partnerID=40&md5=777244e08354960386e7894df7796983	Background: Underutilization of HIV pre-exposure prophylaxis (PrEP) in the Southern United States (US) is well-documented. Urgent care (UC) centers are positioned as community-facing access points to PrEP, but the feasibility of integrating PrEP services into this setting is un-clear. We conducted a survey of UC clinicians in the Southern US to better understand their perceptions of the feasibility of providing PrEP in their practice setting. Objective: The study aims to determine the feasibility and acceptability of providing PrEP services in the UC setting through a cross-sectional survey of UC clinicians. Methods: We conducted a 48-item cross-sectional survey of UC clinicians in the Southern US, between July and September 2020. The survey was distributed through the Urgent Care Association (UCA) and American Academy of Urgent Care Medicine (AAUCM) professional listservs as well as directly to publicly listed e-mail addresses. Results: Eighty-two clinicians responded to the survey. Most clinicians had familiarity with PrEP (97%). All respondents rated PrEP as an effective way to prevent HIV. However, less than half felt UC facilities were an appropriate place to prescribe PrEP. Few respondents (8%) expressed doubts that expansion of PrEP access would decrease the incidence of HIV in their community. Conclusion: These findings show UC clinicians are familiar with PrEP, and many believe it would benefit their patients; however, provider opinions on the appropriateness of providing PrEP in the UC setting differ. Further studies on PrEP implementation in UC centers are needed. © 2022 Bentham Science Publishers.	HIV pre-exposure prophylaxis; PrEP; sexually transmitted infections; southern United States; survey; urgent care	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Burns, Paul A; Omondi, Angela A; Monger, Mauda; Ward, Lori; Washington, Rodney; Sims Gomillia, Courtney E; Bamrick-Fernandez, Daniel R; Anyimukwu, Chizoba; Mena, Leandro A	Meet Me Where I Am: An Evaluation of an HIV Patient Navigation Intervention to Increase Uptake of PrEP Among Black Men Who Have Sex with Men in the Deep South	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-020-00933-1	https://dx.doi.org/10.1007/s40615-020-00933-1	The southern region of the USA is the epicenter of the HIV epidemic. HIV disproportionately affects African Americans, particularly Black men who have sex with men (Black MSM). Given the alarming rates of new infections among Black MSM, there is an urgent need for culturally competent healthcare professionals who are trained to address the unique needs and barriers to uptake and adherence to HIV prevention, care, and treatment services. Utilizing a mixed method research approach, we conducted a process evaluation of Meet Me Where I Am, a 6-month, 6-session HIV/AIDS patient navigation training program for healthcare professionals and patient navigators working in organizations that provide HIV services to residents of central Mississippi, an area with high incidence and prevalence rates of HIV. A self-administered questionnaire after each session was given to participants to assess the acceptability, quality, and translational aspects of the training program. The overall positive feedback on the MMWIA training reflects the program's acceptability and feasibility. Participants found that the training was effective in providing the necessary knowledge and skills to deliver patient-centered HIV prevention-related navigation services. A majority (67%) of participants indicated that they felt they could apply the lessons learned within their healthcare settings to improve access to HIV prevention, care, and treatment services. If we are to reduce racial and ethnic disparities in HIV/AIDS, there is a critical need for culturally appropriate training programs designed to improve the ability of healthcare professionals and health systems to deliver culturally competent HIV prevention, care, and treatment services.	HIV/AIDS; HIV prevention; Patient navigation; Patient navigators; PrEP; HIV prevention; African Americans; Black men who have sex with men; Black MSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Buskin S.E.; Lechtenberg R.J.; Slaughter F.A.; Herbeck J.T.; Kerani R.P.; Golden M.R.; Dombrowski J.C.	A public health approach to monitoring HIV with resistance to HIV pre-exposure prophylaxis	PLOS One	-	-	-	19326203	10.1371/journal.pone.0272958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136896333&doi=10.1371%2fjournal.pone.0272958&partnerID=40&md5=e663ed16a1e78e199cdedace533d0bbf	Background The risk of HIV pre-exposure prophylaxis (PrEP) failure with sufficient medication adherence is extremely low but has occurred due to transmission of a viral strain with mutations conferring resistance to PrEP components tenofovir (TDF) and emtricitabine (FTC). The extent to which such strains are circulating in the population is unknown. Methods We used HIV surveillance data to describe primary and overall TDF/FTC resistance and concurrent viremia among people living with HIV (PLWH). HIV genotypes conducted for clinical purposes are reported as part of HIV surveillance. We examined the prevalence of HIV strains with mutations conferring intermediate to high level resistance to TDF/FTC, defining primary resistance (predominantly K65R and M184I/V mutations) among sequences reported within 3 months of HIV diagnosis and total resistance for sequences reported at any time. We examined trends in primary resistance during 2010–2019 and total resistance among all PLWH in 2019. We also monitored resistance with viremia (≥1,000 copies/mL) at the end of 2019 among PLWH. Results Between 2010 and 2019, 2,172 King County residents were diagnosed with HIV; 1,557 (72%) had a genotypic resistance test within three months; three (0.2%) had primary TDF/ FTC resistance with both K65R and M184I/V mutations. Adding isolated resistance to each drug resulted in 0.3% with primary TDF resistance and 0.8% with primary FTC resistance. Of 7,056 PLWH in 2019, 4,032 (57%) had genotype results, 241 (6%) had TDF/FTC resistance and 15 (0.4% of those with a genotype result) had viremia and TDF/FTC resistance. Conclusions Primary resistance and viremia combined with TDF/FTC resistance are uncommon in King County. Monitoring trends in TDF/FTC resistance coupled with interventions to help ensure PLWH achieve and maintain viral suppression may help ensure that PrEP failure remains rare. © 2022 Buskin et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	emtricitabine; tenofovir; anti human immunodeficiency virus agent; emtricitabine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	BUTARELO, A. V.; GARBIN, C. A. S. .; SALIBA, T. A. .; CHIBA, F. Y. .; GARBIN, A. J. Ísper	Profilaxia pré-exposição ao HIV/AIDS: análise situacional após 03 anos de disponibilidade no Sistema Único de Saúde (SUS)	Research, Society and Development	-	-	-	2525-3409	10.33448/rsd-v11i4.27356	https://rsdjournal.org/index.php/rsd/article/view/27356	To assess adherence to pre-exposure prophylaxis (PrEP) to HIV after 3 years of implementation in the Unified Health System (SUS). Ecological, quantitative study, carried out in 2021, in Brazil. Data on HIV PrEP were collected in the monitoring panel provided by the Ministry of Health – Federal Government. The variables studied were type of population, age group, education, race/color; number of dispensations in Brazil from January 2018 to February 2021, number of health services offering PrEP, discontinuation of PrEP, number of new users per month, number of active users per month and sexual habits. Data were tabulated in excel and descriptive statistical analysis was performed for all variables, the chi-square test to verify the association between the variables "discontinuity of PrEP" and "type of key population" and the binomial test of two proportions to compare sexual habits in the first and last consultations. Most of the population is gay or men who have sex with men (82.6%), age group between 30 and 39 years old (51%), white or yellow color (57.2%), 12 years or more of schooling (71%). 42% of subjects discontinued treatment at some point. There was a statistically significant association between the variables "discontinuity of PrEP" and "type of key population", and a decrease in condom use and in the number of sexual partners between the first and last consultations. Although adherence to the method is increasing, discontinuity in treatment among users is high, which makes success in effectiveness difficult.	HIV; Pre-Exposure Prophylaxis; Acquired Immunodeficiency Syndrome; Anti-HIV Agents.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2022	Butarelo, Ana Victória	As doenças infectocontagiosas no contexto da saúde pública : profilaxia pré-exposição ao HIV e o impacto da Covid-19 no tratamento da AIDS	-	-	Universidade Estadual Paulista (Unesp)	-	NA	NA	https://bdtd.ibict.br/vufind/Record/UNSP_50ec6628fe2480218952c198c3617fb0	Já se passaram quase quatro décadas desde o primeiro diagnóstico da Síndrome da Imunodeficiência Adquirida (AIDS) no Brasil e até hoje a prevenção e tratamento da doença, em muitos contextos, é um desafio para a saúde pública. O objetivo desse estudo foi avaliar a adesão à profilaxia pré-exposição (PrEP) ao HIV após 3 anos de implantação no Sistema Único de Saúde (SUS) e o comportamento de pacientes soropositivos (HIV+) em relação ao tratamento antirretroviral em dois momentos distintos: antes e durante a pandemia causada pelo coronavírus, tendo em vista todas as mudanças que ocorreram na organização da sociedade e no acompanhamento dos pacientes durante esse período. Trata-se de um estudo de análise documental, ecológico, quantitativo, realizado no período de janeiro de 2021 a julho de 2022, no Brasil, através de dados disponibilizados pelo Ministério da Saúde. As variáveis estudadas são relacionadas ao tratamento profilático ao HIV – PrEP HIV e ao acompanhamento do tratamento de pacientes soropositivos antes e durante a pandemia do covid-19. Foi realizada análise estatística descritiva e os resultados apresentados sob a forma de tabelas e gráficos. Utilizou-se o teste qui-quadrado para verificar a associação entre as variáveis "descontinuidade da PrEP" e "tipo de população-chave", o teste binomial de duas proporções para comparar os hábitos sexuais no primeiro e último atendimento e o teste de Friedman para verificar diferenças estatisticamente significante entre as variáveis "PVHIV vinculadas", "dispensação de antirretrovirais (TARV)", "PVHIV que iniciaram a TARV", "atraso na retirada de medicamentos", de acordo com o ano. O nível de significância adotado foi de 5%. O processamento e análise estatística foi realizada com auxílio do software Bioestat versão 5.0. Houve associação estatisticamente significante entre as variáveis "descontinuidade da PrEP" e "tipo de população-chave", e diminuição no uso de preservativo e no número de parcerias sexuais entre a primeira e última consulta e diferença estatisticamente significante (p<0,05) entre as variáveis "PVHIV vinculadas", "dispensação de antirretrovirais (TARV)", "PVHIV que iniciaram a TARV", "atraso na retirada de medicamentos", de acordo com o ano. A adesão à PrEP é crescente no país, entretanto a descontinuidade no tratamento é elevada, dificultando o sucesso do método. Durante a pandemia causada pelo Covid-19, mesmo com o aumento no número de pacientes diagnosticados e vinculados ao SUS, houve queda no número de dispensações de medicamentos e de pessoas que iniciaram o tratamento, além do aumento no atraso para a retirada dos fármacos, evidenciando que as mudanças ocasionadas pelo coronavírus impactaram no tratamento ao HIV.	Differentiated HIV prevention, HIV pre-exposure prophylaxis, Universal test and treat, Sexual and reproductive health, Adolescents and youth, Implementation trials, Peer navigators, Community-based	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2022	Butler S.K.; Kislovskiy Y.; Bunge K.; Wiesenfeld H.C.	Implementing pre-exposure prophylaxis for HIV prevention in women: the role of the obstetrician-gynecologist	American Journal of Obstetrics and Gynecology	-	-	-	29378	10.1016/j.ajog.2021.12.263	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123820367&doi=10.1016%2fj.ajog.2021.12.263&partnerID=40&md5=c19b1fa9ee7eb97d1501efdb9a8af7be	Pre-exposure prophylaxis is a powerful HIV prevention tool that can reduce the risk of acquiring HIV by >90% from unprotected sex and >70% from injection drug use. The peripartum period is a time of heightened HIV risk, which underscores the need for HIV prevention counseling and the provision of biomedical interventions in all stages of a woman's reproductive life. It is important that women receive nonjudgmental care, have access to discussions of HIV risk, and are provided with pre-exposure prophylaxis counseling from their women's health practitioners. Obstetrician-gynecologists and other women's health providers are uniquely positioned to identify women who would benefit from pre-exposure prophylaxis and provide it in trusted clinical settings. © 2021 Elsevier Inc.	ambulatory reproductive care; biomedical HIV prevention; cisgender women; HIV pre-exposure prophylaxis; HIV pre-exposure prophylaxis implementation; HIV prevention strategies; HIV risk assessment; integrating pre-exposure prophylaxis into women's health; obstetrician-gynecologist; reproductive health providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Byrne J.L.; Tan K.K.H.; Saxton P.J.; Bentham R.M.; Veale J.F.	PrEP awareness and protective barrier negotiation among transgender people attracted to men in Aotearoa New Zealand	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25980	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139755732&doi=10.1002%2fjia2.25980&partnerID=40&md5=03472bb1f8a9b231861fd8151ddce334	Introduction: Internationally, trans women are disproportionately impacted by HIV, encounter specific barriers navigating safer sex and face inequities accessing HIV prevention, including pre-exposure prophylaxis (PrEP). Aotearoa/New Zealand (hereafter Aotearoa) was one of the first countries internationally to publicly fund PrEP in 2018, including for trans people. However, few data exist on PrEP awareness or sexual negotiation among trans populations to guide implementation. We present the first Aotearoa data on trans people's ability to negotiate barrier protection and awareness of PrEP efficacy and availability. Methods: We used data from a large, diverse community-based nationwide survey of trans (including non-binary) people in Aotearoa: Counting Ourselves (N = 1178) conducted from 21 June to 30 September 2018. Generalized regression analyses were carried out among participants who have had sex (n = 704; Mage = 32.5) to identify associations between demographic factors (age, gender and sexual attraction, ethnicity, income, education qualification and current sex work involvement) and the Trans-Specific Barrier Negotiation Self-Efficacy (T-Barrier) Scale and PrEP awareness. Results: The mean value of a 40-point T-Barrier Scale was 33.45 (SD: 6.89), suggesting a relatively high perceived ability among our participants to negotiate protective barrier usages in different situations. Asian participants scored 3.46 points lower compared to Pākehā (White) participants, and trans women attracted to men (cisgender and/or trans men) scored 2.40 points higher than trans women not attracted to men. Three-fifths (59.7%) were aware that PrEP reduced HIV risks and did not prevent sexually transmitted infections (STI) transmission, and only two-fifths (40.2%) knew PrEP was publicly funded for trans people. In multivariate models, we found participants who were older, trans women or those with lower education qualifications were less likely to have increased levels of PrEP awareness. Conclusions: Participants attracted to men have a higher potential need for PrEP and were more likely to report PrEP awareness and that they could negotiate protective barrier usage. However, trans women and those with lower educational qualifications reported lower levels of PrEP awareness. More trans-competent sexual health education, drawing on the newly released PrEP guidelines, is needed to promote the benefits of PrEP in the Aotearoa HIV epidemic context, particularly for trans women. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	condom; HIV; New Zealand; pre-exposure prophylaxis; sexuality; transgender	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Quantitative
Article	2022	Caba, Antonia E; Rathus, Taylor; Burson, Esther; Chan, Philip A; Eaton, Lisa A; Watson, Ryan J	Who is using PrEP on-demand? Factors associated with PrEP use modality among Black and Hispanic/Latino emerging adults.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03684-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9912752	Pre-exposure prophylaxis (PrEP) is a highly efficacious HIV prevention medication, yet Black and Hispanic/Latino sexual minority men's and gender diverse individuals' (SMMGD) PrEP use is limited due to factors such as PrEP barriers and anticipated PrEP stigma. Although most individuals who use PrEP take it as a daily regimen, there is evidence that many SMMGD are interested in using "on-demand" (also known as event-driven or intermittent or 2-1-1) PrEP. We used stepwise multinomial logistic regression to explore factors associated with on-demand, daily, and no PrEP use among 820 Black and Hispanic/Latino SMMGD ages 18-29 in the United States. We found that greater reported PrEP barriers were associated with higher odds of using PrEP on-demand or not using PrEP compared to daily PrEP use. More past 3-month sex partners and greater comfort telling others about PrEP use were associated with lower odds of on-demand compared to daily PrEP use. In addition, compared to daily PrEP use, more past 3-month sex partners, greater comfort telling others about PrEP use, and higher anticipated PrEP stigma were associated with lower odds of no current PrEP use compared to daily PrEP use. Findings may inform clinical practices and interventions to promote PrEP uptake and adherence.	PrEP, HIV prevention, Bisexual, On-demand, Intermittent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Calabrese, Sarah K; Kalwicz, David A; Modrakovic, Djordje; Earnshaw, Valerie A; Edelman, E Jennifer; Bunting, Samuel R; Del Río-González, Ana María; Magnus, Manya; Mayer, Kenneth H; Hansen, Nathan B; Kershaw, Trace S; Rosenberger, Joshua G; Krakower, Douglas S; Dovidio, John F	An Experimental Study of the Effects of Patient Race, Sexual Orientation, and Injection Drug Use on Providers' PrEP-Related Clinical Judgments	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03495-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9434708	Social biases may influence providers' judgments related to pre-exposure prophylaxis (PrEP) and patients' consequent PrEP access. US primary and HIV care providers (n = 370) completed an experimental survey. Each provider reviewed one fictitious medical record of a patient seeking PrEP. Records varied by patient race (Black or White) and risk behavior (man who has sex with men MSM, has sex with women MSW, or injects drugs MID). Providers reported clinical judgments and completed measures of prejudice. Minimal evidence of racially biased judgments emerged. Providers expressing low-to-moderate sexual prejudice judged the MSM as more likely than the MSW to adhere to PrEP, which was associated with greater PrEP prescribing intention; sexual prejudice was negatively associated with anticipated MSM adherence. Providers judged the MID to be at higher risk, less likely to adhere, less safety-conscious, and less responsible than both the MSM and MSW; adverse adherence and responsibility judgments were associated with lower prescribing intention.	HIV, Pre-exposure prophylaxis, Health personnel, Prejudice, Clinical decision-making	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Calabrese, Sarah K; Rao, Sharanya; Eldahan, Adam I; Tekeste, Mehrit; Modrakovic, Djordje; Dangaran, D; Boone, Cheriko A; Underhill, Kristen; Krakower, Douglas S; Mayer, Kenneth H; Hansen, Nathan B; Kershaw, Trace S; Magnus, Manya; Betancourt, Joseph R; Dovidio, John F	"Let's Be a Person to Person and Have a Genuine Conversation": Comparing Perspectives on PrEP and Sexual Health Communication Between Black Sexual Minority Men and Healthcare Providers	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-021-02213-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10040304	Patient-provider communication is a key factor affecting HIV pre-exposure prophylaxis (PrEP) awareness and access among Black sexual minority men (SMM). Optimizing patient-provider communication requires a deeper understanding of communication dynamics. In this study, we investigated the perspectives of both HIV-negative/status-unknown Black SMM and practicing community healthcare providers regarding patient-provider communication about PrEP and sexual health. We conducted eleven semi-structured qualitative focus groups (six with Black SMM; five with providers) in the Northeastern USA and thematically analyzed transcripts. A total of 36 Black SMM and 27 providers participated in the focus groups. Our analysis revealed points of alignment and divergence in the two groups' perspectives related to patient-provider communication. Points of alignment included: (1) the importance ascribed to maximizing patients' comfort and (2) belief in patients' right to non-discriminatory healthcare. Points of divergence included: (1) Black SMM's preference for sexual privacy versus providers' preference that patients share sexual information, (2) Black SMM's perception that providers have an ethical responsibility to initiate conversations about PrEP with patients versus providers' perception of such conversations as being optional, and (3) Black SMM's preference for personalized sexual health conversations versus providers' preference for standardized conversations. Findings underscore a need for providers to offer more patient-centered sexual healthcare to Black SMM, which should entail routinely presenting all prevention options available-including PrEP-and inviting open dialogue about sex, while also respecting patients' preferences for privacy about their sexuality. This approach could increase PrEP access and improve equity in the US healthcare system.	PrEP, Black sexual minority men, Healthcare providers, Sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Call J.; Gerke D.; Barman-Adhikari A.	Facilitators and barriers to PrEP use among straight and LGB young adults experiencing homelessness	Journal of Gay and Lesbian Social Services	-	-	-	10538720	10.1080/10538720.2021.1954575	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111456163&doi=10.1080%2f10538720.2021.1954575&partnerID=40&md5=b675c3adcb1654ae3d160dad5ff7b3cf	Young adults experiencing homelessness (YAEH) are up to 12 times more likely to contract HIV than their housed peers. One important HIV prevention tool is pre-exposure prophylaxis (PrEP), though few studies examine YAEH PrEP use, particularly among those who identify as lesbian, gay, or bisexual (LGB). This study surveyed 160 YAEH about sexual risk behaviors, knowledge about and interest in using PrEP, and facilitators and barriers to PrEP use. Chi-Squared tests assessed if participants varied on these factors by sexual orientation. LGB YAEH were more likely to have heard of and be interested in using PrEP, as well as report access to free sexual healthcare, counseling about sex life, and concerns about possible medication interactions if they became HIV + as important motivating factors for PrEP use. Straight YAEH were more likely to report concerns about PrEP protectiveness as important. These findings, though preliminary, have important implications for YAEH HIV prevention programs. © 2021 Taylor & Francis Group, LLC.	HIV prevention; homelessness; PrEP; sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Calleja-Hernández, Miguel Ángel; Martínez-Sesmero, José Manuel; Vallejo-Aparicio, Laura Amanda; Hernández-Novoa, Beatriz; Badia, Xavier	Contribución de cabotegravir + rilpivirina de acción prolongada al tratamiento de la infección por VIH-1	Farmacia Hospitalaria	-	-	-	1130-6343	10.7399/fh.11845	http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1130-63432022000400002&lng=pt	Abstract Objective: To determine the value contribution of cabotegravir + rilpivirine, the first injectable every two months long-acting antiretroviral regimen, using multi-criteria decision analysis. Method: The study was developed in two phases. After a small pilot, a field work study with a larger number of multidisciplinary experts was carried out. Seven single-tablet regimens, currently recommended by the GeSIDA guidelines, were selected as comparators. EVIDEM methodology was followed, with a framework composed by 12 quantitative and 5 contextual criteria. Mean and standard deviations were calculated for quantitative criteria (1 to 5 scale; comparative criteria –5 to +5), whereas qualitative criteria were analyzed as percentages of experts that considered a positive, neutral or negative impact for the National Health System. Results: 35 experts participated in the study. Human immunodeficiency virus-1 infection was considered severe (mean ± standard deviation: 3.0 ± 1.0), with moderate size of affected population (2.7 ± 1.2) and unmet needs (2.8 ± 1.0). Minimal differences were found in comparative efficacy/effectiveness (0.1 ± 0.5), safety/tolerability (–0.5 ± 0.7), and cost criteria: cost of the intervention (0.5 ± 2.0), other medical costs (0.2 ± 1.8) and non-medical/indirect costs (0.5 ± 1.6). Experts perceived an improvement with cabotegravir + rilpivirine long-acting, compared to current daily oral single-tablet regimens, in patient-reported outcomes (2.7 ± 1.4). Therapeutic benefit of the long-acting regimen was considered moderate-to-high (3.5 ± 1.2). Experts considered the evidence provided by cabotegravir + rilpivirine long-actingrobust (4.3 ± 0.8), with elevated consensus on its future recommendation in guidelines (3.2 ± 1.0). In contextual criteria, most experts considered positive the impact on population priorities and access (91%), common goal and specific interests (63%) and political, historical, and cultural context criteria (60%). Impact was neutral in system capacity and appropriate use (40%), and opportunity costs and affordability criteria (51%). Result of the weighted global value contribution of cabotegravir + rilpivirine long-acting was 0.34 (–1 to +1 scale), with Patient Reported Outcomes comparative criterion bringing the highest added value. Conclusions: Cabotegravir + rilpivirine long-acting provides added value contribution to human immunodeficiency virus-1 management in Spain compared to daily oral single-tablet regimens. Patient Reported Outcomes and therapeutic benefit of cabotegravir + rilpivirine long-acting were highly valued by experts, as the expected benefit in adherence and stigma-related issues would improve overall quality of life for people living with human immunodeficiency virus-1.	HIV; VIH; Agentes anti-VIH; Anti-HIV Agents; Cabotegravir; Decision Support Techniques; HIV-1/drug effects; Rilpivirina; Rilpivirine; Técnicas de apoyo a la toma de decisiones; VIH-1/efectos del tratamiento	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2022	Camlin C.S.; Getahun M.; Koss C.A.; Owino L.; Akatukwasa C.; Itiakorit H.; Onyango A.; Bakanoma R.; Atwine F.; Maeri I.; Ayieko J.; Atukunda M.; Owaraganise A.; Mwangwa F.; Sang N.; Kabami J.; Kaplan R.L.; Chamie G.; Petersen M.L.; Cohen C.R.; Bukusi E.A.; Kamya M.R.; Havlir D.V.; Charlebois E.D.	Providers' Attitudes and Experiences with Pre-Exposure Prophylaxis Implementation in a Population-Based Study in Kenya and Uganda	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2022.0084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140856994&doi=10.1089%2fapc.2022.0084&partnerID=40&md5=2354ce069d2c398fadbd7e78b6c37240	Pre-exposure prophylaxis (PrEP) implementation is underway across sub-Saharan Africa. However, little is known about health care providers' experiences with PrEP provision in generalized epidemic settings, particularly outside of selected risk groups. In this study (NCT01864603), universal access to PrEP was offered to adolescents and adults at elevated risk during population-level HIV testing in rural Kenya and Uganda. Providers received training on PrEP prescribing and support from local senior clinicians. We conducted in-depth interviews with providers (n = 19) in four communities in Kenya and Uganda to explore the attitudes and experiences with implementation. Transcripts were coded and analyzed using interpretivist methods. Providers had heterogenous attitudes toward PrEP in its early implementation: some expressed enthusiasm, while others feared being blamed for "failures"(HIV seroconversions) if participants were nonadherent, or that offering PrEP would increase "immorality."Providers supported PrEP usage among HIV-serodifferent couples, whose mutual support for daily pill-taking facilitated harmony and protection from HIV. Providers reported challenges with counseling on "seasons of risk,"and safely stopping and restarting PrEP. They felt uptake was hampered for women by difficulties negotiating with partners, and for youth by parental consent requirements. They believed PrEP continuation was hindered by transportation costs, stigma, pill burden, and side effects, and was facilitated by counseling, proactive management of side effects, and home/community-based provision. Providers are critical "implementation actors"in interventions to promote adoption of new technologies such as PrEP. Dedicated training and ongoing support for providers may facilitate successful scale-up. © 2022 Mary Ann Liebert, Inc.	Africa south of the Sahara; health personnel; HIV prevention; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Campbell J.T.; Adams O.R.; Bennett-Brown M.; Woodward B.; Gesselman A.N.; Carter G.	PrEP Familiarity, Interest, and Usage Among 364 Black and Hispanic Adults in Indiana	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2022.810042	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130747060&doi=10.3389%2ffpubh.2022.810042&partnerID=40&md5=4cf48420919584747cc70f9dfb658d81	Pre-exposure prophylaxis, or PrEP, is a once-daily preventative prescription pill against HIV for adults or adolescents who have sex or inject drugs. PrEP may be especially useful among Black and Hispanic Americans, who are particularly at risk for HIV in the United States. In spite of this vulnerability, rates of PrEP use in Black and Hispanic communities are low. Here, we examined familiarity with, prior usage of, and future interest in PrEP among 364 Black and Hispanic Indiana residents. Indiana is an important context for this work, due to severe HIV outbreaks in the area over the last 8 years. Around half of all participants had never heard of PrEP, with Hispanic participants being less familiar than Black participants. Prior PrEP use was low, at around 10%, and was lower for Hispanic than Black participants. Around 21% of all participants reported interest in PrEP after learning of it in our study. Further, participants identified strategies that would make discussions about PrEP with a medical provider more comfortable. Black and Hispanic participants reported feeling the most comfortable with addressing PrEP usage with providers if: (a) the provider was the one who brought up the subject of PrEP, (b) there was written information available to the patient (i.e., brochures), and (c) the patient already knew they qualified for the prescription in terms of personal eligibility and insurance coverage. Additional provider and patient education, as well as openness on the part of the provider, can help to lessen the disparities associated with PrEP need and actual PrEP usage. Copyright © 2022 Campbell, Adams, Bennett-Brown, Woodward, Gesselman and Carter.	HIV pre-exposure prophylaxis (PrEP); PrEP; PrEP familiarity; PrEP interest; PrEP usage	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Campbell, L; Ibrahim, F; Barbini, B; Samarawickrama, A; Orkin, C; Fox, J; Waters, L; Gilleece, Y; Tariq, S; Post, FA; †,	Bone mineral density, kidney function and participant-reported outcome measures in women who switch from tenofovir disoproxil emtricitabine and a nonnucleoside reverse transcriptase inhibitor to abacavir, lamivudine and dolutegravir	HIV Medicine	-	-	-	NA	10.1111/hiv.13215	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02358907/full	OBJECTIVES: Tenofovir disoproxil fumarate (TDF) is associated with reduced bone mineral density (BMD). The aim of the study was to evaluate changes in BMD in women who switched from TDF, emtricitabine and a nonnucleoside reverse transcriptase inhibitor (TDF/FTC/NNRTI) to abacavir, lamivudine and dolutegravir (ABC/3TC/DTG). METHODS: We conducted a randomized controlled trial in which women aged ≥ 40 years were randomized 1:2 to continue TDF/FTC/NNRTI or switch to ABC/3TC/DTG. We analysed changes in BMD at the hip and lumbar spine from baseline to week 96 using linear regression, and markers of bone turnover and kidney function using repeated measures mixed effects models with multiple imputation for missing data. We conducted exploratory analyses of weight, mental health, sleep and symptoms attributed to HIV infection and antiretroviral therapy. RESULTS: Ninety-one women (standard deviation) age 50.4 (6.6) years were randomized. Women who switched to ABC/3TC/DTG maintained viral suppression and experienced improvements in BMD at the lumbar spine (but not the neck of the femur or the total hip), bone resorption markers and proteinuria (total protein, albumin and retinol-binding protein) and modest weight gain without changes in body mass index. Although mean anxiety, depression and sleep scores did not differ between the two study arms, anxiety, depression and sleep disturbance at baseline predicted ABC/3TC/DTG discontinuation for neuropsychiatric side effects odds ratios (95% confidence intervals) 11.9 (2.0-71.6), 16.0 (2.6-97.9) and 10.0 (1.8-56.0), respectively. CONCLUSIONS: Switching from TDF/FTC/NNRTI to ABC/3TC/DTG improved the BMD of the lumbar spine and kidney function. These benefits need to be balanced against modest weight gain and the need for antiretroviral therapy substitutions in a proportion of participants.	*bone density; *femoral neck; *kidney function; *outcome assessment; *sleep disorder; Adult; Antiretroviral therapy; Anti-HIV Agents adverse effects; Anxiety; Article; Body mass; Body weight gain; Bone Density; Bone remodeling; Bone turnover; Clinical trial; Controlled study; Dideoxynucleosides therapeutic use; Drug Combinations; Drug therapy; Drug withdrawal; Emtricitabine pharmacology, therapeutic use; Exploratory research; Female; HIV Infections complications; Heterocyclic Compounds, 3-Ring; Human; Human immunodeficiency virus infection; Humans; Kidney; Lamivudine pharmacology; Linear regression analysis; Lumbar spine; Major clinical study; Mental health; Middle Aged; Osteolysis; Oxazines; Patient Reported Outcome Measures; Pelvic girdle; Piperazines; Proteinuria; Psychiatric complication; Pyridones; Randomized controlled trial; Reverse Transcriptase Inhibitors pharmacology; Tenofovir adverse effects	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Candler, Ethan; Naeem Khan, Muhammad; Gratrix, Jennifer; Plitt, Sabrina; Stadnyk, Maria; Smyczek, Petra; Anderson, Natalie; Carter, Julia; Sayers, Steven; Smith, Donna; Ugarte-Torres, Alejandra; Shukalek, Caley; Singh, Ameeta E	Retrospective audit of a convenience cohort of individuals on HIV pre-exposure prophylaxis in Alberta, Canada.	Journal of the Association of Medical Microbiology and Infectious Disease Canada	-	-	-	2371-0888	10.3138/jammi-2022-0016	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10312220	BACKGROUND: We undertook an audit of a province-wide HIV pre-exposure prophylaxis (PrEP) program in Alberta (Canada). METHODS: A retrospective record review of individuals accessing PrEP in Alberta included demographics, PrEP indication(s), and reported non-prescription drug and alcohol use from March 2016 to June 2019. Hepatitis A, B, C, HIV and syphilis serology, serum creatinine, and nucleic acid amplification tests testing for chlamydia and gonorrhea were collected. Descriptive statistics, incidence, and prevalence were calculated. RESULTS: A total of 511 participants were seen at STI, sexual, and reproductive health clinics and private family practitioner (FP) offices; 98.4% (503) were men, median age was 34 years (IQR 28-43 years), and 89.8% (459) were gay or bisexual men who have sex with men. Non-prescription drug use was reported by 39.3% (201) and alcohol use by 55.4% (283). 94.3% (482) reported condomless anal sex in the past 6 months. Testing rates were high (>95%) for all tests except for chlamydia and gonorrhea at the first follow-up visit 89.6%; (3-4 months). There was one HIV seroconversion. The incidence of new bacterial STIs was high: chlamydia 17 cases per 100 person-years (95% CI 13.5% to 21.4%), gonorrhea 11.14 cases per 100 person-years (95% CI 8.3% to 15.0%), and syphilis 1.94 cases per 100 person-years (95% CI 0.73% to 5.12%). CONCLUSIONS: Following implementation of a provincial program for PrEP in Alberta, PrEP initiation and continuation was feasible in a range of settings and by both specialists and FPs.	evaluation, HIV, PrEP, prevention	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2022	Cannon C.A.; Ramchandani M.S.; Buskin S.; Dombrowski J.; Golden M.R.	Previous Preexposure Prophylaxis Use among Men Who Have Sex with Men Newly Diagnosed with HIV Infection in King County, WA	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133790703&doi=10.1097%2fQAI.0000000000003010&partnerID=40&md5=33bc3f27af4222dd7f0f841aee7778e	Background:Preexposure prophylaxis (PrEP) discontinuations are common and are associated with subsequent HIV acquisition. The population-level impact of PrEP discontinuations is unknown.Methods:Public health staff routinely asked men who have sex with men (MSM) with newly diagnosed HIV infection about their history of PrEP use as part of partner notification interviews in King County, WA, from 2013 to 2021. We assessed trends in the proportion of MSM who ever took PrEP and described reasons for PrEP discontinuation.Results:A total of 1098 MSM were newly diagnosed with HIV during the study period; of whom, 797 (73%) were interviewed, and 722 responded to questions about their history of PrEP use. Ninety-four (13%) reported ever taking PrEP. The proportion of MSM who ever used PrEP before HIV diagnosis increased from 2.3% in 2014 to 26.6% in 2020-2021 (P < 0.001 for trend). The median time from PrEP discontinuation to HIV diagnosis was 152 days, and median duration on PrEP was 214 days. Common reasons for stopping PrEP included self-Assessment as being at low risk for HIV, side effects, and insurance issues. Nineteen men were on PrEP at the time of HIV diagnosis; mutations conferring emtricitabine/tenofovir resistance were identified in 8 (53%) of 15 men with available genotype data.Conclusion:More than 25% of MSM with newly diagnosed HIV from 2020 to 2021 had ever used PrEP. More than 50% who discontinued PrEP were diagnosed <6 months after stopping. Strategies to preempt PrEP discontinuations, enhance retention, and facilitate resumption of PrEP are critical to decrease new HIV diagnoses. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; partner services; PrEP discontinuation; PrEP retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Cannon C.A.; Ramchandani M.S.; Golden M.R.	Feasibility of a novel self-collection method for blood samples and its acceptability for future home-based PrEP monitoring	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07432-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130064146&doi=10.1186%2fs12879-022-07432-0&partnerID=40&md5=6f6a803101aa5e413b6abf100c1b7d2e	Background: Most non-clinic based HIV pre-exposure prophylaxis (PrEP) programs require fingersticks to self-collect blood specimens for laboratory monitoring, a technique that often results in inadequate blood volume for quantitative syphilis and HIV serological testing. We evaluated the acceptability and feasibility of using the Tasso OnDemand™ device as a self-sampling method for PrEP monitoring tests and compared results from samples obtained using the Tasso device to clinician-collected blood samples. Methods: We enrolled study subjects online and in a sexual health clinic and HIV clinic in Seattle, WA, USA to assess the acceptability of blood self-sampling and preferences for home-based PrEP monitoring. We compared HIV antigen/antibody, quantitative rapid plasma reagin and creatinine results in paired self-collected and clinical specimens collected from a subset of participants. Results: Of 141 participants, 124 (88%) were interested in collecting samples for PrEP monitoring at home. Among 48 who completed blood collections, 94% found the Tasso device easy to use and 95% felt they could perform self-sampling at home. Of 27 participants who used two devices, 100% collected sufficient blood to perform up to two tests while 33% collected sufficient serum for three tests. Agreement in test results between paired samples was high. Conclusions: These pilot data suggest that using the Tasso self-collection device is acceptable and could feasibly be used to obtain serum specimens sufficient for guideline-recommended PrEP monitoring, though use of a larger volume device may be preferable. © 2022, The Author(s).	Blood self-collection; Home sampling; PrEP; Syphilis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Cao W.; Li J.; Sun S.; Sturm C.; Peng L.; Gu J.; Hao C.; Hou F.; Wei D.; You X.; Deng Y.; Ekström A.M.	HIV Serostatus Disclosure Among Men Who Have Sex with Men in China in the Era of U=U and PrEP	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03502-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117790701&doi=10.1007%2fs10461-021-03502-7&partnerID=40&md5=89f58f37fb334111583c913b63dbf338	Given the recent evidence on "Undetectable = Untransmittable" (U=U) and pre-exposure prophylaxis (PrEP), the present study aimed to investigate HIV disclosure behaviors and their associations with sexual risk behaviors and U=U and PrEP awareness among men who have sex with men (MSM) in China. A cross-sectional survey was conducted among 689 MSM recruited through a gay-friendly non-governmental organization located in Chengdu, China in 2018–2019. Information was collected by a structured self-administrated questionnaire. The enrolled sample included 554 (80.4%) participants who were HIV-negative and 135 (19.6%) participants with an unknown HIV status. In terms of disclosure, 41.4% of participants informed all partners about their HIV status all the time (informing behavior), while 30.4% asked all partners about their HIV status all the time (asking behavior). Only one-fifth knew about U=U, but this was not statistically associated with either informing or asking behavior. Half (50.5%) had heard of PrEP but this was not statistically associated with either informing or asking behavior. Common barriers to informing and asking behaviors were lower risk perception of HIV infection, a history of sexually transmitted infections, engagement in receptive sex, and a history of sex with casual partners. We found that both U=U and PrEP awareness and HIV serostatus disclosure were infrequent and not associated in this study of Chinese MSM. These data indicate huge information gaps among MSM in China. © 2021, The Author(s).	Antiretroviral therapy; China; HIV; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Serostatus disclosure; Treatment as prevention (TasP); Undetectable = Untransmittable (U=U)	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Article	2022	Carlisle N.A.; Booth J.S.; Rodgers J.B.; Heath S.L.; Walter L.A.	Utilizing Laboratory Results to Identify Emergency Department Patients with Indications for HIV Pre-Exposure Prophylaxis	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2022.0066	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136339456&doi=10.1089%2fapc.2022.0066&partnerID=40&md5=242a10bbb01cadd89356bebf2738e09f	People newly diagnosed with HIV often have previous contact with health care professionals, often on multiple occasions, including within emergency departments (EDs). Although EDs have become vital partners in routine screening and linkage to care for persons with HIV, ED engagement in HIV prevention efforts, to include HIV risk assessment and pre-exposure prophylaxis (PrEP) referral, are rare. In this study, we electronically queried the hospital electronic health record (EHR) for ED encounters in 2019 and 2020 for patients who screened negative for HIV (N = 26,914) to identify objective evidence of HIV acquisition risk due to recent sexual behavior (sexually transmitted infection screen positive for chlamydia, syphilis, gonorrhea, or trichomoniasis) or recent injection drug practices (urine drug screen positive for heroin, amphetamines, cocaine, or other opiates). In the reviewed period, we identified 1324 patients (4.92%) at sufficient risk to warrant PrEP referral (i.e., PrEP indications), including 304 (22.96%) due to sexual behavior and 1032 (77.95%) due to potential injection drug use. Notably, among adults with PrEP indications regardless of transmission risk group, persons who inject drugs (PWID) represented a significantly larger proportion within our ED cohort as compared with Centers for Disease Control and Prevention (CDC) estimates for the US population (77.95% vs. 6.34%, p < 0.0001). Among adults with PrEP indications due to sexual behavior specifically, women represented a significantly larger proportion within our ED cohort as compared with estimates for the US population (62.17% vs. 16.48%, p < 0.0001). Our results demonstrate that utilizing laboratory results within the EHR may be a simple low-resource option for identifying and engaging PrEP candidates, especially women and PWID. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	emergency medicine; HIV prevention; needle sharing; pre-exposure prophylaxis; sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Carneiro, Pedro B; Frye, Victoria; Mirzayi, Chloe; Patel, Viraj; Lounsbury, David; Huang, Terry T-K; Sabounchi, Nasim; Grov, Christian	What Predicts a Clinical Discussion About PrEP? Results From Analysis of a U.S. National Cohort of HIV-Vulnerable Sexual and Gender Minorities.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2022.34.3.195	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9212698	HIV-outcome inequities remain prevalent in the U.S. Medical providers (MPs) are gatekeepers of PrEP, and understanding the dynamics of PrEP assessments is of major interest for public health. We analyzed data from Together 5000, an internet-based U.S. national cohort of sexual and gender minority (SGM) individuals aged 16-49 years and at risk for HIV. Among those eligible for PrEP uptake (n = 6264), we modeled predictors of discussing PrEP with an MP. A third (31%) of participants had spoken to a MP about PrEP. Among those who spoke to a MP, 45% suggested they would initiate PrEP; this outcome was more common among participants older than 24. With a persistent stagnant uptake nationwide, new opportunities to influence PrEP uptake must be explored. An attractive less targeted space is the medical office, specifically ways to support an initial and continued discussion about PrEP between MPs and their patients.	PrEP uptake, PrEP assessment, Provider communication, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2022	Carneiro, Pedro Botti; Mirzayi, Chloe; Jones, Scott; Rendina, Jonathon; Grov, Christian	Demographic, clinical guideline criteria, Medicaid expansion and state of residency: a multilevel analysis of PrEP use on a large US sample	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-055487	https://pubmed.ncbi.nlm.nih.gov/35110323/	ObjectiveTo explore the association of clinical guideline-related variables, demographics and Medicaid expansion on pre-exposure prophylaxis (PrEP) uptake in one of the largest US sample of men who have sex with men(MSM) and transgender and gender non-binary (TGNB) people ever analysed.MethodsWe cross-sectionally analysed predictors of current PrEP use using demographic and HIV risk-related variables (level-1), as well as state-level variables (level-2) (ie, Medicaid expansion status). We further explored the role state of residence plays in PrEP uptake disparities across the USA.ResultsWe found that the odds of PrEP use were significantly greater in older age, white, cisgender men. Moreover, individuals who reported recent post-exposure prophylaxis use, a recent sexually transmitted infection diagnosis and recent drug use were significantly more likely to report PrEP use. Finally, we found that the median odds of PrEP use between similar individuals from different states were 1.40 for the ones living in the Medicaid expansion states, compared with those not living in Medicaid expansion states. State of residence did not play a significant role in explaining PrEP disparities overall.ConclusionOur analysis showed that PrEP use is less common in communities standing to benefit the most from it—young MSM and TGNB of colour. However, individuals meeting federal guidelines for PrEP were significantly more likely to use PrEP. Though we found a positive association between living in Medicaid expansion states and PrEP use; that variable, as well as one's state of residency, were not suitable to explain variations in PrEP use in the US.	HIV; HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Pre-Exposure Prophylaxis; Anti-HIV Agents - therapeutic use; HIV Infections - drug therapy; United States; Male; Transgender persons; Gays & lesbians; Mens health; Prescription drugs; FDA approval; Medicaid; Minority & ethnic groups; Non-binary gender; Sexual and Gender Minorities; HIV Infections - epidemiology; Demography; Public Health; Homosexuality Male; HIV & AIDS; preventive medicine; Drug use; Variables; Gender identity; Insurance coverage; Race; Ecstasy; Clinical practice guidelines; epidemiology; Internship and Residency; Multilevel Analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Carnes N.; Zhang J.; Gelaude D.; Huang Y.-L.A.; Mizuno Y.; Hoover K.W.	Restricting Access: A Secondary Analysis of Scope of Practice Laws and Pre-exposure Prophylaxis Prescribing in the United States, 2017	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122972858&doi=10.1097%2fJNC.0000000000000275&partnerID=40&md5=53f0c27d284a527b9077a806fa4de3d7	To assess advanced practitioners' scope of practice laws (i.e., legal authority providers can prescribe regulated medications) as potential barriers to HIV pre-exposure prophylaxis (PrEP), we conducted an analysis using IQVIA Real World Data in association with scope of practice law classifications supplied by the American Association of Nurse Practitioners and scopeofpracticepolicy.org. Nurse practitioners in states that allowed independent scope of practice were 1.4 times more likely to have prescribed PrEP compared with nurse practitioners in states where their prescribing authority is determined by a supervising medical doctor (MD). Physician assistants in states where the law or a state board defined their prescribing authority were more than twice as likely to prescribe PrEP compared with those in states where a supervising MD oversaw prescribing rights. Our findings suggest that restricting scope of prescribing practice by requiring MD oversight limits PrEP access and poses a barrier to scaling up PrEP. © 2022 Elsevier USA. All rights reserved.	ending the HIV epidemic; PrEP; scope of practice laws; secondary statistical analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Carnevale, Caroline; Zucker, Jason; LaSota, Elijah; Northland, Bianka; Arache, Angelica; Peralta, Henry; Cohall, Alwyn; Garth, Janet; Gold, Melanie A; Sobieszczyk, Magdalena E	PreexposureProphylaxis at School-Based Health Centers: Awareness and Interest in Starting Preexposure Prophylaxis While Attending a School-Based Health Center in New York City.	Journal of Pediatric Health Care	-	-	-	1532-656X	10.1016/j.pedhc.2021.10.006	https://dx.doi.org/10.1016/j.pedhc.2021.10.006	INTRODUCTION: Youth aged 13-29 years represent 23% of the population but account for 40% of new HIV diagnoses, with risk peaking at ages 22-23 years. We assessed sexual behaviors, PrEP knowledge and attitudes among patients of 6 School-Based-Health-Centers (SBHCs) located in Northern Manhattan and the Bronx. METHOD: 667 patients, aged 13-19 years, completed a survey in the SBHCs waiting rooms between 10/2018 - 4/2019 RESULTS: Of the survey respondents attending SBHCs, 32% reported ever having heard of PrEP and, upon learning of PrEP, 67% stated that would be very likely (35%) or somewhat likely (32%) to take PrEP if it was offered to them free of charge. DISCUSSION: Youth of color are disproportionately infected by HIV throughout the US. Efforts are needed to educate adolescents on the benefits of PrEP, SBHCs are well situated to reduce barriers in providing PrEP directly to those who would benefit from its protection..	Preexposure prophylaxis, HIV prevention, adolescent health, sexual health, school-based health centers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Carter G.; Brown L.; Mahnke B.; Ohmit A.; Woodward B.	Sexual Communication Self-Efficacy and PrEP Literacy Helps to Meet HIV Prevention Outcomes Among Black and Latinx Individuals	Journal of Primary Care and Community Health	-	-	-	21501319	10.1177/21501319221099789	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130142350&doi=10.1177%2f21501319221099789&partnerID=40&md5=08086e3f033ab63b688a5cdc8d5f3099	Background: Ending the HIV Epidemic is a campaign dedicated to reducing new HIV infections in the United States by 90% by 2030. Preexposure prophylaxis (PrEP) holds significant promise as a prevention tool. However, uptake has not improved much since then. As a result, this research looked at how PrEP literacy relates to sexual communication self-efficacy Methods: Between August 4 and 21, 2020, we performed a community-informed cross-sectional study of Black and Latinx residents in Indiana. We collected demographic information as well as PrEP literacy, sexual communication self-efficacy, and awareness of HIV status. Results: Being unaware of one's own HIV status and being unsure of one's sexual identity were both linked to reduced self-efficacy in the domain of sex communication. Those who had a greater level of PrEP literacy felt more confident in their ability to communicate with others about sexually related topics. People living in rural areas showed a significantly lower degree of sexual communication self-efficacy than participants in urban settings. Conclusion: Providing information about PrEP to those at risk of acquiring the virus may help them connect with treatment or prevention services. Healthcare professionals should take the time to understand their patients' levels of PrEP literacy and communication self-efficacy regarding sexual health. © The Author(s) 2022.	Black; communication; Latinx; PrEP literacy; rural; self-efficacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Carter J.W., Jr.; Salabarría-Peña Y.; Fields E.L.; Robinson W.T.	Evaluating for health equity among a cluster of health departments implementing PrEP services	Evaluation and Program Planning	-	-	-	1497189	10.1016/j.evalprogplan.2021.101981	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112433202&doi=10.1016%2fj.evalprogplan.2021.101981&partnerID=40&md5=844e90cfe56d24355a30b3ae38ee2cde	African American/Black and Hispanic/Latino sexual and gender minority populations are disproportionately affected by HIV in the United States and continue to experience HIV-related disparities. CDC funded project PrIDE to support 12 health departments (HD) with implementing pre-exposure prophylaxis (PrEP) strategies for men who have sex with men (MSM) and transgender persons, with a health-equity focus established by HDs. Each HD conducted mixed-methods evaluation of at least one local strategy. CDC employed a cluster evaluation approach to maximize cross validation. As a result, this cluster evaluation focused on three HDs that evaluated health equity-focused PrEP implementation strategies. Findings suggest that integrating health equity strategies such as storytelling and healthcare worker (HCW) trainings can help reduce HIV-related disparities. Storytelling improved HCW's understanding of clients' experiences of stigma due to racial, gender, and sexual identities. Provider training increased competencies on culturally appropriate care and the use of clinic services by Black and Hispanic MSM and transgender persons. Good practices included community engagement, seeking leadership buy-in, and integration of programmatic staff in health equity and evaluation activities. Evaluating strategies and training policies addressing social determinants of health that adversely affect HIV outcomes may help mitigate barriers Black and Hispanic MSM and transgender populations encounter in their HIV prevention seeking efforts. © 2021	Cluster evaluation; Gender minorities; Health equity; HIV; PrEP; Racial/ethnic minorities; Sexual minorities; Social determinants; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Carter, Gregory; Staten, ILT Colten; Woodward, Brennan; Mahnke Brianna; Campbell, Jessica	PrEP Prescription Among MSM U.S. Military Service Members: Race and Sexual Identification Matter	American Journal of Men's Health	-	-	-	15579883	10.1177/15579883221133891	https://www.proquest.com/scholarly-journals/prep-prescription-among-msm-u-s-military-service/docview/2758333454/se-2?accountid=8113	An estimated 20.9% of U.S. service members report a high risk of HIV infection; however, only 2,000 service members had accessed HIV pre-exposure prophylaxis (PrEP) as of 2017. This study used a cross-sectional design to explore PrEP prescription predictors among service members who identify as a man who have sex with other men (MSM) (n = 354). Logistic regression was performed to assess the influence of four predictor variables: partner HIV status, race/ethnicity, primary partner gender, and sexual orientation on the odds participants' report being prescribed PrEP. A majority identified as gay (n = 246, 69.5%) and 23.4% (n = 83) identified as bisexual. Bisexual participants were 2.1 times (p = <.04) less likely to be prescribed PrEP. Accordingly, those who identify their primary sex partner as female were 5.1 times less likely to be prescribed PrEP (p < .001). MSM service members who had a partner disclose their HIV-positive status were 4.1 times more likely to have been prescribed PrEP (p = .013). Finally, participants who identify as Black were 3 times more likely (p = .001), and Latinx MSM were 3.6 times more likely (p = .003) to have been prescribed PrEP.	HIV prevention; PrEP; MSM; Race; Men's Health; Sexual orientation; Sexual identity; Human immunodeficiency virus--HIV; United States--US; GenderWatch; Y; Military; U.S. military	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Cartner, E; Ismail, M; Loftus, H	AN AUDIT REVIEWING THE PROVISION OF HIV PRE-EXPOSURE PROPHYLAXIS	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-BASHH-2022.71	https://sti.bmj.com/content/98/Suppl_1/A36.1	Introduction HIV Pre-exposure prophylaxis (PrEP) is a prevention strategy which uses antiretroviral drugs to prevent acquisition of HIV in high-risk individuals. This audit was an evaluation of a local PrEP service and aimed to assess and improve the provision of PrEP. Methods A retrospective case notes analysis was performed on a random sample of patients who commenced PrEP between October 2020 and June 2021. Twenty-seven audit standards were derived from BHIVA/BASHH guidelines on the use of HIV PrEP (2018), with a target of 100% for all standards. Data was collected using a standardised proforma and analysed using Microsoft Excel. The sample comprised fifty-one patients All were cisgender males, with a mean age of 31.8 years old (range 19-62). Three (6%) patients were seen face-to-face, 48 (94%) had telephone consultations. Table 1 shows service performance across 10 pertinent outcomes. Discussion There was high adherence to standards regarding appropriate prescription of PrEP; baseline investigations before prescribing PrEP; and counselling on risks and benefits of PrEP. Areas for improvement include the prescription and dispensing of PrEP in a timely manner; ensuring prompt review of investigations results; and accurate documentation of co-morbidities, medications, and their interactions with PrEP. Demographic data collected highlighted the limited population accessing this service.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Review
Article	2022	Cassidy, Tali; Ntuli Nelisiwe; Kilani Charllen; Nikiwe, Malabi; Bulelwa, Rorwana; Mutseyekwa Tabitha; O'Connell Rebecca; Steele, Sarah Jane; Ndlovu Zee; Ellman, Tom; de Azevedo Virginia; Pfaff, Colin; Nelson, Aurelie; Duran Laura Trivino	Delivering PrEP to Young Women in a Low-Income Setting in South Africa: Lessons for Providing Both Convenience and Support	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03366-x	https://www.proquest.com/scholarly-journals/delivering-prep-young-women-low-income-setting/docview/2622379450/se-2?accountid=8113	Daily oral pre-exposure prophylaxis (PrEP) is a key tool in addressing high HIV incidence among young women, and breaking the cycle of transmission. From 2017 to 2020, Médecins Sans Frontières (MSF) offered PrEP, in conjunction with contraception and risk-reduction counselling, to women aged 18–25, in a government-run clinic in Khayelitsha, a low income high HIV prevalence area in South Africa. Drawing on clinical, quantitative, and qualitative interview data, we describe participants' experiences and engagement with the PrEP program, participant adherence (measured by TFV-DP levels in dried blood spots) over time, and the indirect benefits of the PrEP program. Of 224 screened and eligible participants, 164 (73.2%) initiated PrEP, with no large differences between those who initiated and those who did not. Overall, 47 (29%) completed 18 months follow-up, with 15 (9.1%) attending all visits. 76 (46.9%) participants were lost to follow-up, 15 (9.1%) exited when leaving the area, and 28.7% of exits happened in the first month of the study. We identified two different trajectories of PrEP adherence: 67% of participants had, on average, consistently low TFV-DP levels, with the remaining 33% having sustained high adherence. Few baseline characteristics predicted good adherence. The main reported barrier to taking PrEP was forgetting to take or travel with the pills. Encouragement from others declined as a reported facilitator from month 6 to 18 (family: 93.1% vs 77.6%, p = 0.016, friends: 77.6% vs 41.4%, p ≤ 0.001, partners: 62.1% vs 46.6%, p = 0.096, other PrEP users: 89.7% vs 74.1%, p = 0.020). Disclosure to friends and family in some cases spurred dialogue around sex, and helped to educate others about PrEP. Self-reported sex with more than one partner, and sex without a condom, decreased significantly after enrolment (p < 0.001, p = 0.063). In the individual interviews, participants credited their PrEP experience with changing their behaviour. Recognising the challenges with, but overall benefits from a package of care that includes the option of PrEP, lessons drawn from this study can help maximise persistence on PrEP within resource constraints. PrEP providers need to address participants' need for both convenience and social support.	Africa; Counseling; South Africa; HIV prevention; Pre-exposure prophylaxis; Psychology; Adherence; Contraception; Sexually transmitted infection; Sexual behavior; Disease prevention; Prep; Prophylaxis; Drug therapy; Risk reduction; Social support; Income; Qualitative analysis; Sex; Young adults; Young women; Birth control; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Social interactions; Womens health; Developing countries--LDCs; Behavior modification; Low income groups; Families & family life; Convenience	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2022	Castor, Delivette; Burgess, Emma K; Yende-Zuma, Nonhlanhla; Heck, Craig J; Abdool Karim, Quarraisha	Age-Restriction of a Validated Risk Scoring Tool Better Predicts HIV Acquisition in South African Women: CAPRISA 004.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03664-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9474358	We examined the predictive ability of the VOICE risk screening tool among adolescent girls and young women at heightened HIV risk in urban and peri-urban Kwa-Zulu-Natal, South Africa. Using participant data from CAPRISA 004's control arm (N = 444), we applied the initial VOICE risk screening score (IRS), a modified risk score (MRS) based on predictive and non-predictive variables in our data, and age-restricted (AIRS and AMRS, respectively). We estimated incidence rates, 95% confidence bounds, sensitivity, specificity, negative and positive predictive values and area under the curve (AUC). The sample's HIV incidence rate was 9.1/100 Person-Years 95% CI 6.9-11.7, resulting from 60 seroconversions (60/660.7 Person-Years). The IRS' ≥ 8 cutpoint produced moderate discrimination AUC = 0.66 (0.54-0.74), sensitivity = 63%, specificity = 57%. Restricting to age < 25 years improved the score's predictive ability (AIRS: AUC = 0.69, AMRS: AUC = 0.70), owing mainly to male partner having other partners and HSV-2. The risk tool predicted HIV acquisition at a higher cutpoint in this sample than in the initial VOICE analysis. After age-stratification, fewer variables were needed for maintaining score's predictiveness. In this high incidence setting, risk screening may still improve the efficiency or effectiveness of prevention counseling services. However, PrEP should be offered to all prevention-seeking individuals, regardless of risk ascertainment.	HIV, Prevention, Risk Score, PrEP, South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Quantitative
Theses and Dissertations	2022	CATTANI, VITORIA BERG	Avaliação de interação farmacocinética entre terapia de feminização e tenofovir e entricitabina em travestis e mulheres transexuais (TRANS) participantes do estudo preparadas	-	-	Fundação Oswaldo Cruz	-	-	NA	https://www.arca.fiocruz.br/handle/icict/64514	Travestis e mulheres transexuais (trans) estão entre as populações mais vulneráveis à infecção pelo HIV. A eficácia e segurança da profilaxia pré-exposição (PrEP) oral ao HIV (fumarato de tenofovir desoproxila/entricitabina) já foi demonstrada. Entretanto, há poucos estudos específicos com a população trans e as possíveis interações da PrEP com a terapia de feminização ainda não estão esclarecidas. Objetivo: Avaliar interações farmacocinéticas (PK) entre terapia de feminização e tenofovir/entricitabina entre mulheres trans. Metodologia: Trans em risco de infecção pelo HIV recrutadas para o estudo PrEParadas (NCT03220152) e que aceitaram participar do subestudo de interação farmacocinética, foram designadas para receber apenas PrEP (noFHT) ou terapia de feminização padronizada (sFHT, valerato de estradiol 2-6mg e espironolactona 100-300mg) e PrEP por 12 semanas. As participantes em uso de sFHT iniciaram a terapia de feminização na triagem e fizeram a primeira visita de avaliação PK da terapia de feminização 15 dias depois (inclusão). Todas as participantes iniciaram a PrEP ao término da visita de inclusão. Na semana 12, todas as participantes realizaram uma visita para avaliação PK da PrEP; nas participantes em uso de sFHT, a PK da terapia de feminização também foi avaliada. Após a visita de semana 12, as participantes puderam iniciar qualquer terapia de feminização (aFHT). Entre as semanas 30 e 48, participantes em uso de aFHT contendo estradiol foram convidadas a realizar outra avaliação PK da PrEP. Amostras de sangue foram coletadas nos tempos pré-dose e 0,5, 1, 2, 4, 6, 8 e 24 horas após a administração. Cromatografia líquida acoplada a espectrometria de massas em tandem foi empregada para quantificação em plasma de: tenofovir e entricitabina; estradiol e seus metabólitos (estrona e sulfato de estrona); e espironolactona e canrenona (metabólito). Os parâmetros PK não-compartimentais de tenofovir e entricitabina foram comparados entre as participantes em uso apenas de PrEP e aquelas em uso de PrEP e terapia de feminização: sFHT, semana 12; aFHT, semanas 30-48. Os parâmetros PK de estradiol, espironolactona e metabólitos foram comparados entre as participantes em uso de sFHT (inclusão) e sFHT e PrEP (semana 12). Foi empregado teste t pareado ou não, conforme o caso, após transformação logarítmica dos dados (alfa=0,05). Resultados: 45 trans (noFHT: n=18; sFHT: n=27) completaram as 12 semanas de acompanhamento; 30 (51%) foram incluídas na análise PK da PrEP na semana 12 (noFHT: n=12; sFHT: n=18). Os parâmetros PK de tenofovir e entricitabina não diferiram entre as participantes em uso de noFHT e sFHT, exceto para a concentração máxima de entricitabina: razão das médias geométricas (RMG): 1,15; intervalo de confiança IC95%: 1,01-1,32), nem entre as participantes em uso de noFHT e aFHT (n=13, semanas 30-48). Os parâmetros PK de estradiol e sulfato de estrona não diferiram entre as participantes em uso de sFHT (inclusão, n=19) e sFHT e PrEP (semana 12, n=19). A RMG (IC95%) de área sob a curva (ASC0-24) do estradiol foi 0,90 (0,74-1,09). Entre as participantes em uso de sFHT e PrEP, a ASC0-24 (RMGIC95%) de espironolactona (0,76 0,62-0,92) e de canrenona (0,85 0,76-0,96) foi menor. Conclusão: Não foram observadas interações da terapia de feminização à base de valerato de estradiol na PK do tenofovir em plasma. A PK do estradiol não foi influenciada pelo uso concomitante de PrEP. Poucas diferenças foram observadas na PK da espironolactona e da canrenona, no entanto, elas não devem impedir o uso concomitante da terapia de feminização contendo espironolactona e PrEP oral.	PrEP;interação;farmacocinética;hormônio;terapia hormonal;tenofovir;entricitabina.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2022	Cattani, Vitória Berg; Jalil, Emilia Moreira; Eksterman, Leonardo; Torres, Thiago; Cardoso, Sandra Wagner; Castro, Cristiane R V; Monteiro, Laylla; Wilson, Erin; Bushman, Lane; Anderson, Peter; Veloso, Valdilea Gonçalves; Grinsztejn, Beatriz; Estrela, Rita	Impact of feminizing hormone therapy on tenofovir and emtricitabine plasma pharmacokinetics: a nested drug-drug interaction study in a cohort of Brazilian transgender women using HIV pre-exposure prophylaxis.	Journal of Antimicrobial Chemotherapy	-	-	-	1460-2091	10.1093/jac/dkac229	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9525093	OBJECTIVES: Potential interactions between feminizing hormone therapy (FHT) and pre-exposure prophylaxis (PrEP) may be a barrier to PrEP use among transgender women (TGW). We aimed to assess the impact of FHT on PrEP plasma pharmacokinetics (PK) among TGW. METHODS: This was a PK substudy of the effects of FHT on tenofovir disoproxil fumarate/emtricitabine nested to a trans-specific PrEP demonstration study (NCT03220152). Participants were assigned to receive PrEP only (noFHT) or standardized FHT (sFHT; oestradiol valerate 2-6âmg plus spironolactone 100-300âmg) plus PrEP for 12âweeks, after which they could start any FHT (aFHT). Short- and long-term PK assessment occurred at Weeks 12 and 30-48, respectively (plasma samples prior and 0.5, 1, 2, 4, 6, 8 and 24âh after dose). Non-compartmental PK parameters of tenofovir and emtricitabine were compared as geometric mean ratios (GMRs) between noFHT and PrEP and FHT (sFHT at short-term PK; aFHT at long-term PK) participants. RESULTS: No differences in tenofovir and emtricitabine plasma PK parameters were observed between the short-term PK of noFHT (nâ=â12) and sFHT participants (nâ=â18), except for emtricitabine Cmax GMR: 1.15 (95% CI: 1.01-1.32), or between noFHT short-term PK and aFHT long-term PK (nâ=â13). Most participants were on oestradiol valerate 2âmg at the short-term PK (56%) and 4âmg at the long-term PK (54%). Median (IQR) oestradiol levels were 56.8 (43.2-65.4)âpg/mL at short-term PK (sFHT) and 44.8 (24.70-57.30)âpg/mL at long-term PK (aFHT). No participants in this analysis seroconverted during the study. CONCLUSIONS: Our results indicate no interaction of FHT on tenofovir levels, further supporting PrEP use among TGW using FHT.	NA	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Theses and Dissertations	2022	CAVALCANTI, FILIPE MATHEUS SILVA	Scaling Up Prep: Evidence from a Policy to Prevent Hiv in Brazil'	-	-	Fundação Getulio Vargas,	-	-	NA	https://hdl.handle.net/10438/32015	PrEP is a drug that is available in many countries and, if taken frequently, can virtually eliminate the risk of being infected with HIV through sex. However, by reducing the cost of unsafe sex, it might promote risky behavior, increasing the incidence of sexually transmitted infections in a typical moral hazard problem. I analyze the effect of PrEP distribution for free in the public health system in Brazil. I find that PrEP is mainly distributed to high-risk individuals. In a difference-in-differences setting exploring temporal variability in the adoption of the policy by municipalities, I find that PrEP reduced by 7.8% the rate of new cases of HIV. The effect is higher for the groups of men who have sex with men, people aged between 25 to 39 years and people who completed high school. These are the main characteristics of PrEP takers. Additionally, there was no substantial effect on syphilis, while it has helped to reduce new cases of hepatitis. Evidence suggests that this is consistent with better screening of individuals and well targeting of the policy.	HIV;PrEP;health policy;moral hazard	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2022	Cavalli, Luciana Osorio	A Profilaxia pré-exposição ao HIV em um serviço no oeste do Paraná : HIV pre-exposure Prophylaxis in a service in west Paraná	Brazilian Journal of Health Review	-	-	-	2595-6825	https://doi.org/10.34119/bjhrv5n5-018	https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/51778	Introdução: A Profilaxia Pré-Exposição (PrEP) é um método de prevenção ao HIV, teve sua eficácia comprovada e também está disponível, gratuitamente, pelo SUS, para alguns grupos em serviços de referência. Objetivo: Apresentar o fluxo de atendimento e os resultados em relação a PrEP em um serviço especializado localizado na região Oeste do Estado do Paraná. Métodos: Trata-se de um estudo retrospectivo que utilizou como fonte de informações as bases de dados do Ministério da Saúde e também relatórios públicos do serviço em questão. Resultados: O serviço, buscando facilitar o acesso e garantir melhor decisão do paciente em relação ao uso da medicação, estabeleceu um fluxo em que os pacientes que procuram para testagem e aconselhamento são abordados pela equipe em relação ao início da profilaxia, são solicitados os exames iniciais e agendado para consulta médica. Verificou-se que nesse serviço no período de agosto 2020 a abril de 2021 atendeu 123 pacientes em uso de profilaxia, 104 ativos e 19 descontinuidades, percentual de 15%, abaixo dos 44% do Paraná e 41% do Brasil. Gays e HSH representam 65% dos usuários. A faixa etária com maior procura está entre 25 a 39 anos (60%) e 78% possui mais de 8 anos de estudo. Apenas 29% relatou efeitos adversos nos primeiros 30 dias e 70% referiu fazer uso de todos os comprimidos. Conclusão: O serviço apresentado tem conseguido resultados semelhantes aos nacionais na maioria dos dados analisados, porém um índice menor de abandono o que poderia estar relacionado à organização interna em relação a indicação e ao acompanhamento. A disseminação da profilaxia em indivíduos com menor escolaridade também foi maior neste serviço. Ainda é necessário ampliar a divulgação da profilaxia para a população em geral pois há muito mais pacientes dentro do público alvo e ainda existe uma concentração da procura por brancos e de alta escolaridade.	profilaxia pré-exposição, HIV, antirretrovirais	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2022	Celum C.L.; Bukusi E.A.; Bekker L.G.; Delany-Moretlwe S.; Kidoguchi L.; Omollo V.; Rousseau E.; Travill D.; Morton J.F.; Mogaka F.; O'Malley G.; Barnabee G.; van der Straten A.; Donnell D.; Parikh U.M.; Kudrick L.; Anderson P.L.; Haberer J.E.; Wu L.; Heffron R.; Johnson R.; Morrison S.; Baeten J.M.	PrEP use and HIV seroconversion rates in adolescent girls and young women from Kenya and South Africa: the POWER demonstration project	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25962	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134428665&doi=10.1002%2fjia2.25962&partnerID=40&md5=3980af2ea6fb7d3fa07a6d6a2c676afb	Introduction: HIV incidence remains high among African adolescent girls and young women (AGYW). The primary objective of this study is to assess pre-exposure prophylaxis (PrEP) initiation, use, persistence and HIV acquisition among African AGYW offered PrEP in order to inform PrEP scale-up. Methods: POWER was a prospective implementation science evaluation of PrEP delivery for sexually active HIV-negative AGYW ages 16–25 in family planning clinics in Kisumu, Kenya and youth and primary healthcare clinics in Cape Town and Johannesburg, South Africa. Follow-up visits occurred at month 1 and quarterly for up to 36 months. PrEP users were defined based on the month 1 refill. PrEP persistence through month 6 was assessed using Kaplan–Meier survival analysis among AGYW with a month 1 visit, defining non-persistence as an ≥15 day gap in PrEP availability for daily dosing. PrEP execution was evaluated in a subset with PrEP supply from the prior visit sufficient for daily dosing by measuring blood tenofovir diphosphate (TFV-DP) levels. Results: From June 2017 to September 2020, 2550 AGYW were enrolled (1000 in Kisumu, 787 in Cape Town and 763 in Johannesburg). Median age was 21 years, 66% had a sexual partner of unknown HIV status, and 29% had chlamydia and 10% gonorrhoea. Overall, 2397 (94%) initiated PrEP and 749 (31%) had a refill at 1 month. Of AGYW who could reach 6 months of post-PrEP initiation follow-up, 128/646 (20%) persisted with PrEP for 6 months and an additional 92/646 (14%) had a gap and restarted PrEP. TFV-DP levels indicated that 47% (91/193) took an average of ≥4 doses/week. Sixteen HIV seroconversions were observed (incidence 2.2 per 100 person-years, 95% CI 1.2, 3.5); 13 (81%) seroconverters either did not have PrEP dispensed in the study interval prior to seroconversion or TFV-DP levels indicated <4 doses/week in the prior 6 weeks. Conclusions: In this study of PrEP integration with primary care and reproductive health services for African AGYW, demand for PrEP was high. Although PrEP use decreased in the first months, an important fraction used PrEP through 6 months. Strategies are needed to simplify PrEP delivery, support adherence and offer long-acting PrEP options to improve persistence and HIV protection. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; Africa; HIV; persistence; pre-exposure prophylaxis; young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Cernasev A.; Walker C.; Kerr C.; Barenie R.E.; Armstrong D.; Golden J.	Tennessee Pharmacists' Opinions on Barriers and Facilitators to Initiate PrEP: A Qualitative Study	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19148431	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135133280&doi=10.3390%2fijerph19148431&partnerID=40&md5=be7f59e9aa1e4940b5578b4de33aa3b1	Pre-exposure prophylaxis (PrEP) is recommended to prevent the transmission of the human immunodeficiency virus (HIV). Although an effective treatment, the uptake in the United States remains low. Pharmacists are well-positioned to initiate the conversation with patients about PrEP, but few studies exist exploring their unique roles. The objective of this study was to characterize Tennessee pharmacists' perceptions about access to PrEP. A qualitative study was used to gather the data that consisted of virtual Focus Groups over four months in 2021 from practicing Tennessee pharmacists. Emails were sent to all Tennessee licensed pharmacists to recruit them to participate in the study. Recruitment continued until Thematic Saturation was obtained. The corpus of data was audio-recorded, transcribed, and analyzed by the research team. Thematic Analysis revealed two themes: (1) Barriers to accessing PrEP; (2) Potential solutions to address barriers identified. These findings highlighted barriers and identified solutions to improve access to PrEP in Tennessee; additional financial assistance programs and marketing programs targeting patients and providers are needed to enhance PrEP access. © 2022 by the authors.	HIV negative; pharmacist; PrEP; US	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	CESAR, GABRIELA ALVES	INFECÇÃO PELO HIV: PREVALÊNCIA, PrEP E A TECNOLOGIA A FAVOR DE ESTRATÉGIAS DE PREVENÇÃO	-	-	UNIVERSIDADE FEDERAL DE MATO GROSSO DO SUL	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=12706377	O combate à epidemia causada pela infecção pelo vírus da imunodeficiência humana (HIV) é contínuo e atemporal. No Brasil, a epidemia está concentrada em alguns grupos populacionais que estão em risco aumentado de aquisição da infecção pelo HIV. Com base nessas informações, o Ministério da Saúde disponibilizou estratégias voltadas à prevenção da infecção pelo HIV, chamada Prevenção Combinada, e dentre elas encontra-se a Profilaxia Pré-Exposição (PrEP) oral. A PrEP consiste no uso de antirretrovirais diários que previnem a infecção pelo HIV mesmo em casos de exposição a esse vírus. De novembro de 2011 a setembro de 2013, foi conduzido o primeiro estudo abordando os aspectos epidemiológicos e moleculares da infecção pelo HIV em homens que fazem sexo com homens (HSH), mulheres transgênero e travestis (TW) em Campo Grande-MS. Anos mais tarde, diante da elevada prevalência da infecção pelo HIV em HSH e TW, da necessidade urgente de diminuir o número de novos casos de HIV e da disponibilidade de PrEP no Brasil, um segundo estudo transversal foi conduzido com o objetivo de avaliar os dados sociodemográficos e a taxa de incidência de infecções sexualmente transmissíveis (IST) na população usuária de PrEP atendida no Centro de Testagem e Aconselhamento (CTA) em Campo Grande, Mato Grosso do Sul. Para alcançar os objetivos do terceiro estudo, um software foi desenvolvido com informações gerais sobre PrEP, que visam a melhoria da qualidade de vida, adesão e uso racional da PrEP pelo usuário. O primeiro estudo foi conduzido com 430 participantes, sendo 278 HSH e 152 TW. A prevalência da infecção pelo HIV nesta população foi de 9% (25/278) entre os HSH e 24,3% (37/152) entre as TW. Após a análise uni e multivariada, ter idade maior ou igual a 30 anos foi associada à infecção pelo HIV nos HSH. Enquanto para o grupo das TW, as variáveis associadas foram: ter sido forçado a ter relações sexuais com alguém, coinfecção HIV e sífilis e coinfecção HIV e hepatite C (HCV). Em relação às análises filogenéticas, 65% das sequências foram classificadas como subtipo B. No segundo estudo, foram incluídos 261 usuários de PrEP, a maioria com idade variando de 18 a 30 anos e do sexo biológico masculino (92,7%). Em relação à identidade de gênero, 84,6% eram gays ou HSH, 7,6% eram mulheres transgênero e 7,6% eram mulheres cisgênero. Foram identificados 31/261 novos casos de sífilis ativa, com uma taxa de incidência de 11,8 por 100 pessoas/ano. Novos casos de HIV (7/261) e novos casos de coinfecção HIV e sífilis (3/261) também foram encontrados. Entre os usuários de PrEP estudados, histórico de contato sexual com pessoa de mesmo sexo permaneceu associado aos novos casos de IST. Com relação ao desenvolvimento do software, o Instituto Nacional de Propriedade Industrial expediu os certificados de registro de programa de computador, de números BR 51202101589-4; BR 5120211590-8 e BR 512021001591-6. Os resultados demonstram uma elevada prevalência de infecção pelo HIV em HSH e TW quando comparada com as taxas observadas na população em geral. Apesar de mais expostos ao risco de infecção, jovens e gays/HSH constituem a maioria da população usuária de PrEP, ressaltando a urgente necessidade de políticas de saúde pública específicas que aumentem a participação das mulheres e mulheres transexuais com relação ao diagnóstico, tratamento e medidas de prevenção. O desenvolvimento de novas tecnologias pode contribuir para o monitoramento, adesão e uso racional da PrEP, visando assim a redução de novos casos de infecção pelo HIV. Palavras-chave: HIV, Prevenção combinada, Profilaxia Pré-Exposição (PrEP).	HIV;Prevenção combinada;Profilaxia Pré-Exposição (PrEP)	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Mixed methods
Article	2022	Cespedes, Michelle; Das, Moupali; Hojilla, J Carlo; Blumenthal, Jill; Mounzer, Karam; Ramgopal, Moti; Hodge, Theo; Torres, Thiago S; Peterson, Charles; Shibase, Senzokuhle; Elliott, Ayana; Demidont, A C; Callaghan, Larkin; Watson, C Chauncey; Carter, Christoph; Kintu, Alex; Baeten, Jared M; Ogbuagu, Onyema	Proactive strategies to optimize engagement of Black, Hispanic/Latinx, transgender, and nonbinary individuals in a trial of a novel agent for HIV pre-exposure prophylaxis (PrEP)	PLOS One	-	-	-	19326203	10.1371/journal.pone.0267780	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131701981&doi=10.1371%2fjournal.pone.0267780&partnerID=40&md5=9b5134ab673ac255a2cfadc8fddbd15d	Introduction Black and Hispanic/Latinx cisgender men who have sex with men (MSM), transgender women, transgender men, and gender nonbinary (TGNB) individuals have been historically underrepresented in HIV pre-exposure prophylaxis (PrEP) clinical trials. There is an urgent need for ongoing engagement with communities that have been the most impacted by HIV and diverse representation in clinical trials. Here we describe strategic approaches undertaken in the PURPOSE 2 trial to optimize engagement of underrepresented individuals. Methods and results PURPOSE 2 is an ongoing Phase 3 trial evaluating the safety and efficacy of lenacapavir as PrEP in cisgender MSM and TGNB individuals. In PURPOSE 2, we used a multipronged approach aimed at enriching participation of underrepresented individuals. We conducted a review to identify evidence-informed recommendations from literature, engaged with stakeholders, and established the Global Community Advisory and Accountability Group (GCAG) to represent the needs of the community. Insights from stakeholders and GCAG members resulted in an expansion of the study population to include transgender men, gender nonbinary persons, and adolescents, and evaluation of population-specific outcomes. Feedback from stakeholders and GCAG members also informed investigator and site selection; these were selected based on prior experience working with persons from diverse racial, ethnic and gender identities, and estimates of local HIV incidence. Site selection was also expanded to include community-based clinics with services tailored towards Black, Hispanic/Latinx, and TGNB populations. We established a study-wide recruitment goal of 50% Black MSM and 20% Hispanic/Latinx MSM in US sites and 20% transgender women globally. Site-specific recruitment goals were also developed based on local demographics and HIV incidence. Mandatory trainings included Good Participatory Practice guidelines, gender inclusivity, and antiracism. Conclusion While further work is needed to achieve equitable representation, the strategies we describe may serve as a framework for future clinical trials. Copyright: © 2022 Cespedes et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Chai, Peter R.; Goodman, Georgia R.; Bronzi, Olivia; Gonzales, Gerard; Baez, Alejandro; Bustamante, Maria J.; Najarro, Jesse; Mohamed, Yassir; Sullivan, Matthew C.; Mayer, Kenneth H.; Boyer, Edward W.; O'Cleirigh, Conall; Rosen, Rochelle K.	Real-World User Experiences with a Digital Pill System to Measure PrEP Adherence: Perspectives from MSM with Substance Use	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03594-9	https://www.proquest.com/scholarly-journals/real-world-user-experiences-with-digital-pill/docview/2672491333/se-2?accountid=8113	Once-daily oral pre-exposure prophylaxis (PrEP) is highly effective for preventing HIV transmission, but adherence can be challenging for men who have sex with men (MSM) who use substances. A novel method for directly measuring ingestion events is a digital pill system (DPS), which comprises an ingestible radiofrequency emitter that signals a wearable Reader device upon PrEP ingestion, relaying ingestion data to a wearable Reader device and then to a smartphone application. Qualitative interviews were conducted with 15 MSM with non-alcohol substance use following an open-label pilot demonstration trial involving use of the DPS to measure PrEP adherence for 90 days. The purpose of this qualitative investigation was to understand overall user experiences and potential barriers and facilitators to using the DPS to measure PrEP adherence among MSM. The DPS was largely perceived as acceptable, novel, and valuable, with most participants reporting that the system was easily integrated into their daily routines. Technological and design factors, especially related to the wearable Reader, impacted participants' interest in using the technology long-term; several suggested improvements were discussed.Trial Registration ClinicalTrials.gov: NCT03842436.	HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Adherence; Men who have sex with men; Disease prevention; Prophylaxis; Patient compliance; Drug use; Technology; Substance abuse; Ingestion; Substance use; Health behavior; Disease transmission; Digital pill system; Ingestible sensors; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Digital technology; Smartphones; User experience; Design factors; Emitters; Radio frequency; Wearable technology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Chai, Peter R; Mohamed, Yassir; Bustamante, Maria J; Goodman, Georgia R; Najarro, Jesse; Castillo-Mancilla, Jose; Baez, Alejandro; Bronzi, Olivia; Sullivan, Matthew C; Pereira, Luis M; Baumgartner, Susan L; Carnes, Tony C; Mayer, Kenneth H; Rosen, Rochelle K; Boyer, Edward W; O'Cleirigh, Conall	DigiPrEP: A Pilot Trial to Evaluate the Feasibility, Acceptability, and Accuracy of a Digital Pill System to Measure PrEP Adherence in Men Who Have Sex With Men Who Use Substances.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002854	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8740604	BACKGROUND: Adherence to once daily oral preexposure prophylaxis (PrEP) for HIV prevention can be challenging for men who have sex with men (MSM) with substance use. Digital pill systems (DPS) comprise a radiofrequency emitter integrated into a gelatin capsule containing PrEP, which transmits data to a wearable Reader following ingestion, thereby enabling direct, real-time adherence measurement. This study evaluated the feasibility, acceptability, and accuracy of a DPS to measure PrEP adherence. METHODS: A 90-day, single-arm, open-label, pilot demonstration trial was conducted with adult, cisgender, HIV-negative MSM on PrEP with nonalcohol substance use. Feasibility was measured via DPS engagement and technical followback. Acceptability was assessed via qualitative user experience interviews. Accuracy was evaluated via DPS performance metrics, pill counts, and DBS to quantify tenofovir diphosphate. RESULTS: Sixteen MSM enrolled (median age, 32 years), and 15 completed the study. Engagement remained stable over time. Emergent nonadherence patterns included intercurrent substance use. The DPS was largely acceptable based on user experience; the predominant barrier to use was the Reader. DPS-recorded ingestions totaled 1099, including 83.9% were detected by Reader and 16.1% were reported manually. The DPS recorded 92.2% of 1192 total expected ingestions per pill counts. Point-biserial correlation (R = 0.58; 95% CI: 0.21 to 0.80; P = 0.047) and Pearson correlation (month 1: R = 0.85; 95% CI: 0.57 to 0.95; P = 0.0002; month 3: R = 0.75; 95% CI: 0.17 to 0.94; P = 0.0197) showed strong correlations between DPS-recorded adherence and tenofovir diphosphate in dried blood spots. CONCLUSION: DPS are a feasible, acceptable, and accurate method of measuring PrEP adherence in MSM with substance use. Future investigations should incorporate DPS into behavioral interventions targeting nonadherence.	digital pill system, ingestible sensors, PrEP, HIV prevention, adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Chai, Peter R; Mohamed, Yassir; Goodman, Georgia; Bustamante, Maria J; Sullivan, Matthew C; Najarro, Jesse; Mendez, Lizette; Mayer, Kenneth H; Boyer, Edward W; O'Cleirigh, Conall; Rosen, Rochelle K	Development of a digital pill and respondent behavioral intervention (PrEPSteps) for HIV pre-exposure prophylaxis adherence among stimulant using men who have sex with men.	Translational Behavioral Medicine	-	-	-	1613-9860	10.1093/tbm/ibab117	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8764993	The efficacy of pre-exposure prophylaxis (PrEP) for HIV prevention in men who have sex with men (MSM) is contingent upon consistent adherence. Digital pill systems (DPS) provide real-time, objective measurement of ingestions and can inform behavioral adherence interventions. Qualitative feedback was solicited from MSM who use stimulants to optimize a cognitive behavioral therapy (CBT)-based intervention (LifeSteps), used in conjunction with a DPS, to promote PrEP adherence (PrEPSteps). Seven focus groups and one individual qualitative interview were conducted in Boston, MA with cisgender, HIV-negative MSM who reported stimulant use and current PrEP use or interest. Focus groups and interviews explored reactions to the DPS and PrEPSteps messaging components: contingent reinforcement (CR), corrective feedback (CF), LifeSteps, and substance use Screening, Brief Intervention, and Referral to Treatment (SBIRT). Quantitative assessments were administered. Qualitative data were analyzed using applied thematic analysis. Twenty MSM participated. Most were White (N = 12), identified as homosexual or gay (N = 15), and college-educated (N = 15). Ages ranged from 24 to 68 years (median 35.5). Participants were willing to engage with the DPS and viewed it as beneficial for promoting adherence. Confirmatory CR messages were deemed acceptable, and a neutral tone was preferred. CF messages were viewed as most helpful and as promoting individual responsibility. LifeSteps was perceived as useful for contextualizing nonadherence. However, SBIRT was a barrier to DPS use; concerns around potential substance use stigma were reported. MSM who use stimulants were accepting of the DPS and PrEPSteps intervention. CR, CF, and LifeSteps messages were viewed as helpful, with modifications pertaining to tone and content; SBIRT messages were not preferred.	Digital pills, HIV prevention, Ingestible sensors, Medication adherence, Technology acceptance model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Chambers, Catharine; Deeks, Shelley L; Sutradhar, Rinku; Cox, Joseph; de Pokomandy, Alexandra; Grennan, Troy; Hart, Trevor A; Lambert, Gilles; Moore, David M; Coutlée, François; Grace, Daniel; Grewal, Ramandip; Jollimore, Jody; Lachowsky, Nathan; Nisenbaum, Rosane; Ogilvie, Gina; Sauvageau, Chantal; Tan, Darrell H S; Burchell, Ann N	Increases in human papillomavirus vaccine coverage over 12 months among a community-recruited cohort of gay, bisexual, and other men who have sex with men in Canada.	Vaccine	-	-	-	1873-2518	10.1016/j.vaccine.2022.05.019	https://dx.doi.org/10.1016/j.vaccine.2022.05.019	BACKGROUND: Starting in 2015/16, most Canadian provinces introduced publicly-funded human papillomavirus (HPV) vaccination programs for gay, bisexual, and other men who have sex with men (GBM) aged ≤ 26 years. We estimated 12-month changes in HPV vaccine coverage among community-recruited GBM from 2017 to 2021 and identified baseline factors associated with vaccine initiation (≥1 dose) or series completion (3 doses) among participants who were unvaccinated or partially vaccinated at baseline. METHODS: We recruited sexually-active GBM aged ≥ 16 years in Montreal, Toronto, and Vancouver, Canada, from 02/2017 to 08/2019 and followed them over a median of 12 months (interquartile range = 12-13 months). We calculated the proportion who initiated vaccination (≥1 dose) or completed the series (3 doses) by 12-month follow-up. Analyses were stratified by city and age-eligibility for the publicly-funded programs at baseline (≤26 years or > 26 years). We used multivariable logistic regression to identify baseline factors associated with self-reported incident vaccine initiation or series completion. RESULTS: Among 165 unvaccinated participants aged ≤ 26 years at baseline, incident vaccine initiation (≥1 dose) during follow-up was 24.1% in Montreal, 33.3% in Toronto, and 38.9% in Vancouver. Among 1,059 unvaccinated participants aged > 26 years, incident vaccine initiation was 3.4%, 8.9%, and 10.9%, respectively. Higher education and trying to access pre-exposure prophylaxis for HIV were associated with incident vaccination among those aged ≤ 26 years, while younger age, residing in Vancouver (vs. Montreal), being diagnosed with anogenital warts, having both government and private extended medical insurance, and being vaccinated against influenza were associated with incident vaccination among those aged > 26 years. CONCLUSIONS: We observed substantial gains in HPV vaccine coverage among young GBM within 5 + years of targeted program implementation, but gaps remain, particularly among older men who are ineligible for publicly-funded programs. Findings suggest the need for expanded public funding or insurance coverage for HPV vaccines.	ACESSSO RESTRITO	English	Netherlands	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Chan C.; Bavinton B.R.; Prestage G.E.; Broady T.R.; Mao L.; Rule J.; Wilcock B.; Holt M.	Changing Levels of Social Engagement with Gay Men Is Associated with HIV Related Outcomes and Behaviors: Trends in Australian Behavioral Surveillance 1998–2020	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-022-02310-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131538662&doi=10.1007%2fs10508-022-02310-x&partnerID=40&md5=aa4b44803f6c6c303079d54fddf64aed	Changes to how gay, bisexual, and other men who have sex with men (GBM) connect with each other and with their communities have implications for HIV prevention. Social engagement with gay men (defined as having friends who are gay men and spending time with them) has been associated with HIV related outcomes over time among Australian GBM. Using data collected in national, repeated, cross-sectional surveys of GBM between 1998 and 2020 (N = 161,117), analyses of trends in the prevalence of gay social engagement (GSE) in Australia were conducted using linear regression. To assess changing associations with GSE at different time points in the HIV epidemic, three cross-sectional analyses were conducted on factors associated with high and low GSE in 1999/2000, 2009/2010, and 2019/2020 using bivariate and multivariable logistic regression. GSE (scored from 0 to 7) declined among all participants from 4.76 in 1998 to 4.04 in 2020 (p < 0.001) with a steeper decline among GBM aged under 25 years from 4.63 in 1998 to 3.40 in 2020 (p < 0.001). In all timepoints, high GSE was associated with older age, being university educated, full time employment, identifying as gay, recent HIV testing, and PrEP uptake. While mostly associated with protective behaviors, high GSE was also associated with some practices that may put GBM at risk of HIV infection such as drug-enhanced sex and group sex in the most recent timepoint. Changing levels of GSE have implications for health promotion among GBM, particularly how to engage GBM less connected to gay social networks. © 2022, The Author(s).	Gay community; HIV; Men who have sex with men; Sexual health; Sexual orientation; Social networks	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Chan C.; Fraser D.; Grulich A.E.; Philpot S.; Vaughan M.; Wacher M.; Bavinton B.R.	Increased awareness of event-driven PrEP and knowledge of how to use it: results from a cross-sectional survey of gay and bisexual men in Australia	Sexual Health	-	-	-	14485028	10.1071/SH22101	https://www.publish.csiro.au/sh/pdf/SH22101	Background: Recent changes to Australian PrEP prescribing guidelines support the use of event-driven pre-exposure prophylaxis (ED-PrEP) to prevent HIV among gay and bisexual men (GBM). Social marketing campaigns to increase awareness of ED-PrEP were conducted in early 2021. This study aimed to assess the awareness and knowledge of this method after these campaigns. Methods: We conducted a national cross-sectional online survey about PrEP knowledge and attitudes from March to May 2021. Participants were asked if they had heard of ED-PrEP. Among aware participants, questions about the '2-1-1' method were asked to assess knowledge. Bivariate and multivariate logistic regression analyses were conducted to assess the characteristics of those who were aware of ED-PrEP, and those who had correct knowledge of ED-PrEP. Analysis was restricted to non-HIV-positive cis-GBM who were aware of PrEP. Results: Among the 419 participants eligible for this analysis, 286 (68.3%) had heard of ED-PrEP. Awareness was associated with living in a postcode with ≥10% gay men, PrEP experience, and belief ED-PrEP is effective. Of these 286 participants, 125 (43.7%) correctly answered questions about how to take ED-PrEP. Correct knowledge was associated with PrEP experience and belief ED-PrEP is effective. Conclusions: A growing proportion of GBM are aware of ED-PrEP, but many still do not know how to take it as per clinical guidelines. More work is needed to increase knowledge among GBM to promote effective use of this method. © 2022	event-driven PrEP; gay men; health promotion; HIV prevention; HIV/AIDS; men who have sex with men; on-demand PrEP; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative

Article	2022	Chan C.; Vaccher S.; Fraser D.; Grulich A.E.; Holt M.; Zablotska-Manos I.; Prestage G.P.; Bavinton B.R.	Incorrect Knowledge of Event-Driven PrEP "2-1-1" Dosing Regimen Among PrEP-Experienced Gay and Bisexual Men in Australia	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002935	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132453300&doi=10.1097%2fQAI.0000000000002935&partnerID=40&md5=29013adcce90bb5bd6a80d6409d83a08	Background:Event-driven pre-exposure prophylaxis (ED-PrEP), when taken according to the "2-1-1" dosing method, is highly effective at preventing HIV acquisition for gay, bisexual, and other men who have sex with men (GBM). Any missed doses when using ED-PrEP drastically reduce its effectiveness, so it is vital that people using this method know how to take it correctly. This study investigated Australian GBM's awareness of ED-PrEP and their knowledge of how to take it correctly.Method:We conducted a survey of 1471 PrEP-experienced GBM in Australia, between October 2019 and March 2020. The survey assessed awareness and knowledge of the 3 components of the "2-1-1" ED-PrEP dosing regimen (number of pills for loading dose, timing of loading dose, and number of days after sex to take PrEP pills) among GBM. Characteristics associated with ED-PrEP awareness and correct knowledge of how to take ED-PrEP were assessed with multivariable logistic regression.Results:Two-thirds (n = 1004, 68.4%) has heard of ED-PrEP, of whom only one-eighth (n = 125, 12.5%) knew the correct details of the "2-1-1" ED-PrEP method; one-third (n = 339, 33.8%) did not know any of the 3 key components. Awareness of ED-PrEP and correct knowledge was associated with greater belief in PrEP efficacy, university education, and intention to take a nondaily PrEP regimen in the next 6 months.Conclusions:Although ED-PrEP awareness was considerable, most participants did not know how to use ED-PrEP correctly. Further work is needed to increase awareness and knowledge of ED-PrEP among GBM. © 2022 Lippincott Williams and Wilkins. All rights reserved.	gay and bisexual men; HIV; men who have sex with men; on-demand PrEP; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Chan, Carrie T; Carlson, Jennifer; Lee, Tzielan; Vo, Megen; Nasr, Annette; Hart-Cooper, Geoffrey	Usability and Utility of Human Immunodeficiency Virus Pre-exposure Prophylaxis Clinical Decision Support to Increase Knowledge and Pre-exposure Prophylaxis Initiations among Pediatric Providers	Applied Clinical Informatics	-	-	-	1869-0327	10.1055/a-1975-4277	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9731791	OBJECTIVES: An effective clinical decision support system (CDSS) may address the current provider training barrier to offering preexposure prophylaxis (PrEP) to youth at risk for human immunodeficiency virus (HIV) infection. This study evaluated change in provider knowledge and the likelihood to initiate PrEP after exposure to a PrEP CDSS. A secondary objective explored perceived provider utility of the CDSS and suggestions for improving CDSS effectiveness. METHODS: This was a prospective study using survey responses from a convenience sample of pediatric providers who launched the interruptive PrEP CDSS when ordering an HIV test. McNemar's test evaluated change in provider PrEP knowledge and likelihood to initiate PrEP. Qualitative responses on CDSS utility and suggested improvements were analyzed using framework analysis and were connected to quantitative analysis elements using the merge approach. RESULTS: Of the 73 invited providers, 43 had available outcome data and were included in the analysis. Prior to using the CDSS, 86% of participants had never been prescribed PrEP. Compared to before CDSS exposure, there were significant increases in the proportion of providers who were knowledgeable about PrEP (p = 0.0001), likely to prescribe PrEP (p < 0.0001) and likely to refer their patient for PrEP (p < 0.0001). Suggestions for improving the CDSS included alternative "triggers" for the CDSS earlier in visit workflows, having a noninterruptive CDSS, additional provider educational materials, access to patient-facing PrEP materials, and additional CDSS support for adolescent confidentiality and navigating financial implications of PrEP. CONCLUSION: Our findings suggest that an interruptive PrEP CDSS attached to HIV test orders can be an effective tool to increase knowledge and likelihood to initiate PrEP among pediatric providers. Continual improvement of the PrEP CDSS based on provider feedback is required to optimize usability, effectiveness, and adoption. A highly usable PrEP CDSS may be a powerful tool to close the gap in youth PrEP access and uptake.	clinical decision support, electronic health records, adolescent medicine, alert, order set, healthcare providers, pediatric health	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Chan, Carrie T; Ming, Kristin; Camp, Christina; Saberi, Parya	Sexual Behaviors, Substance Use, and Quality of Life Among Individuals Using PrEP in San Francisco During the COVID-19 Pandemic Shelter-In-Place Orders: A Cross-Sectional Survey	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002900	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8881333	No abstract available	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Chan, Curtis; Fraser, Doug; Vaccher, Stefanie; Yeung, Barbara; Jin, Fengyi; Amin, Janaki; Dharan, Nila J; Carr, Andrew; Ooi, Catriona; Vaughan, Matthew; Holden, Jo; Power, Cherie; Grulich, Andrew E; Bavinton, Benjamin R	Overcoming barriers to HIV pre-exposure prophylaxis (PrEP) coverage in Australia among Medicare-ineligible people at risk of HIV: results from the MI-EPIC clinical trial.	Sexual Health	-	-	-	1449-8987	10.1071/SH21096	https://dx.doi.org/10.1071/SH21096	Background Overseas-born people who are ineligible for government-subsidised health care experience barriers to accessing HIV pre-exposure prophylaxis (PrEP) in Australia. This study aimed to assess a program providing free PrEP to overseas-born adults at risk of acquiring HIV. Methods Medicare-Ineligible Expanded Implementation in Communities (MI-EPIC) was a single-arm, open-label trial of daily tenofovir disoproxil fumarate/emtricitabine as PrEP. Six clinics recruited Medicare-ineligible adults who met HIV risk criteria in New South Wales, Australia. We recorded data on HIV and sexually transmitted infection (STI) diagnoses, and PrEP dispensing from July 2019 to June 2020. PrEP adherence as a medication possession ratio (MPR) was calculated as pills dispensed divided by days. We administered an optional survey on behaviours and attitudes to PrEP and sexual health. Results The 221 participants (206 men; 93.2%) had a median age of 29years (IQR 26-34). Participants were mostly born in Asia (53.4%), Latin America or the Caribbean (25.3%), or Europe (10.9%). Adherence was high; 190 participants (86.0%) had an MPR of >60%. Of 121 survey participants, 42 (34.7%) completed the survey in a language other than English. Of participants who had not used PrEP in the 6months before enrolment (n=45, 37.2%), the most common reasons were cost (n=22, 48.9%), and lack of knowledge about accessing PrEP (n=20, 44.4%). Conclusions Medicare-ineligible people at risk of HIV demonstrate high adherence when given access to free PrEP and translated information. Increasing PrEP awareness and reducing barriers to accessing PrEP in this high-risk population should be priorities in HIV prevention.	social determinants, gay men, HIV prevention, men who have sex with men, public health, pre-exposure prophylaxis, HIV/AIDS, migrants.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2022	Chan, Curtis; Vaccher Stefanie; Fraser, Doug; Grulich, Andrew E; Holt, Martin; Zablotska-Manos Iryna; Prestage, Garrett P; Bavinton, Benjamin R	Preferences for Current and Future PrEP Modalities Among PrEP-Experienced Gay and Bisexual Men in Australia	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03344-3	https://www.proquest.com/scholarly-journals/preferences-current-future-prep-modalities-among/docview/2622380067/se-2?accountid=8113	Alternatives to daily dosing of HIV pre-exposure prophylaxis (PrEP) are continuing to emerge. From October 2019 to March 2020, we conducted an online survey of PrEP-experienced gay and bisexual men in Australia about interest in and preference for four different PrEP modalities: daily dosing, event-driven dosing, long-acting injectable (LAI)-PrEP and subdermal PrEP implants. Using data from 1477 participants, we measured interest and preference of different modalities using multivariate logistic regression. High proportions of participants were interested in LAI-PrEP (59.7%), daily PrEP (52.0%), PrEP implants (45.3%) and event-driven PrEP (42.8%). LAI-PrEP was the most frequently selected preference (30.5%), followed by PrEP implants (26.3%), daily PrEP (21.4%) and event-driven PrEP (21.2%). Higher interest and preference for non-daily PrEP modalities were associated with being concerned about side effects and perceived difficulties with daily adherence. As novel modalities emerge, attitudes to them should be considered in public health messaging to facilitate informed decision-making.	Bisexuality; HIV; Australia; Homosexuality; Pre-exposure prophylaxis; Psychology; Men; Men who have sex with men; Disease prevention; Public health; Prophylaxis; Health behavior; Decision making; Event-driven; On-demand; Side effects; Preferences; Implants; Injectable; Human immunodeficiency virus--HIV; Gays & lesbians; Mens health; Dosage; LGBTQ people; Drug administration; Subcutaneous tissue	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Chandler R.; Guillaume D.; Wells J.; Hernandez N.	Let Me Prep You to PREP Me: Amplifying the Voices of Black Women and Their Providers to Consider PrEP as an HIV Prevention Option	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19031414	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123603895&doi=10.3390%2fijerph19031414&partnerID=40&md5=808606ab41ddffa725e954cbba4759da	Despite the high efficacy of pre-exposure prophylaxis (PrEP) in preventing HIV acquisition, PrEP uptake among Black cisgender women remains low. Our qualitative study assessed Black cisgender women's perspectives, attitudes, and acceptability towards PrEP, in addition to exploring PrEP-related attitudes, facilitators, and barriers to PrEP access among health care staff. This study was conducted to ascertain data to inform the development of our HIV prevention app—Savvy HER— which is being designed for Black cisgender women. Our findings indicated that Black women had low levels of PrEP acceptability and high levels of misconceptions, inaccurate knowledge, and stigma towards PrEP. Health care providers in our sample confirmed barriers of stigma, misconceptions, and knowledge among their patients coupled with difficulty accessing PrEP due to structural barriers. Our study indicated that there is a critical need to heighten Black cisgender women's PrEP knowledge and HIV risk perception in order to increase PrEP acceptability and uptake. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	Attitudes; Black women; Health communication; HIV prevention; Pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Chang H.-M.; Chou C.-H.; Tsai H.-C.	Durability of single tablet regimen for patients with HIV infection in Southern Taiwan: data from a real-world setting	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-021-06919-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122317410&doi=10.1186%2fs12879-021-06919-6&partnerID=40&md5=40d2d2e5a6e25ea391b3d64dae168879	Background: A single-tablet regimen (STR) has been associated with better drug adherence. However, the durability of different STRs was unknown in the real-world settings. Our aim was to investigate the durability of different initial STR regimens in antiretroviral-naive patients starting STR in southern Taiwan. Method: This was a retrospective study of antiretroviral-naive patients that initiated first-line antiretroviral regimens with STRs between May 2016 and December 2017. The primary endpoint was time to virological failure. Secondary endpoints were STR discontinuation due to toxicity/intolerance. Durability was defined as time from the initiation until discontinuation/modification. Kaplan- Meier curves were plotted assessing time to virological suppression, treatment failure and discontinuation for the three STRs and Cox proportional hazards model was used to analyze the factors associated with time to viral suppression, treatment failure or discontinuation. Results: Two hundred and twenty-three patients were included: The median follow-up duration (IQR) was 73.9 (48–101.6) weeks, 25 patients (11%) experienced virological failure; the 48 weeks probability of treatment failure was 22.9% (16/70) for Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate (EFV/FTC/TDF), 24.1% (13/54) for Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (FTC/RPV/TDF) and 24.2% (24/99) for Abacavir/Dolutegravir/Lamivudine (ABC/DTG/3TC) (p=0.16). Fifty-six patients (25%) discontinued their STRs owing to toxicity/intolerance. When compared to EFV/FTC/TDF, treatment with FTC/RPV/TDF (aHR 8.39, CI 1.98–35.58, p = 0.004) and ABC/DTG/3TC (aHR 8.40, CI 2.39–29.54, p=0.001) were more likely to have treatment failure. The predictors for treatment failure included age ≦ 30 years old (aHR 3.73, CI 1.25–11.17, p = 0.018), switch between different STR (aHR 2.3, CI 1.18–4.50, p = 0.001) and free of active syphilis infection (aHR 0.24, CI 0.08–0.73, p = 0.012). The risk factor for treatment discontinuation included younger age ≦ 30 years old (aHR 3.82, CI 1.21–12.37, p = 0.023), treatment with EFV/FTC/TDF (aHR 8.65, CI 2.64–28.39, p < 0.001) and free of active syphilis infection (aHR 0.16, CI 0.04–0.62, p = 0.006). Conclusion: Younger age was associated with treatment failure and drug discontinuation. Active syphilis infection s/p treatment was associated with free from treatment failure and discontinuation. This probably driven by the more frequently sexual health education and counseling when patients had syphilis infection. Treatment with ABC/DTG/3TC was associated with higher risk of treatment failure. The STR durability was dependent on the drug toxicity/intolerance, age and syphilis infection. © 2021, The Author(s).	Antiretroviral therapy; Drug resistance; Durability; HIV; Single tablet regimen	English	United Kingdom	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Clinical
Article	2022	Chang J.; Do D.; Delgado H.; Kanimian N.; Huynh A.	A retrospective analysis of bone loss in tenofovir-emtricitabine therapy for HIV PrEP	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624221130129	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139613135&doi=10.1177%2f09564624221130129&partnerID=40&md5=5104f1a944b871745be1add30f68e289	Background: Tenofovir-Emtricitabine (TDF-FTC) is known to cause bone loss in about 1–3% of HIV treated patients. Current studies lack evidence in minority groups and long-term bone loss effects in PrEP patients. Setting: To address the risk of osteopenia/osteoporosis in patients on TDF-FTC therapy for HIV PrEP and to address the breakthrough incidence of HIV. Methods: A retrospective analysis was performed in Kaiser Permanente patients from 2012–2021. Patients on TDF-FTC for PrEP without any prior history of osteopenia/osteoporosis (N = 7698) were analyzed to determine the relationship between PrEP adherence and osteopenia/osteoporosis. Descriptive statistics and Cox proportional hazard models were used to compare and analyze patient characteristics between those who developed osteopenia/osteoporosis and those who didn't. Results: 3% were found to have osteopenia/osteoporosis. Patients who developed osteopenia/osteoporosis were more likely to have a proportion of days covered (PDC) ratio ≥90%, older, had history of Hep B, DM, CVD, CKD, hypertension, and baseline eGFR ≥90 mL/min/1.73 m2. Kaplan-Meier curve showed the event-free rate of osteopenia/osteoporosis decreased with time, with a greater reduction in patients with high adherence. Survival analysis showed only PDC of ≥90% was significantly associated with the risk of osteopenia/osteoporosis when adjusted. No incidence of HIV infection was detected. Conclusions: This retrospective cohort analysis showed that TDF-FTC offered superior PrEP protection. Although high PrEP adherence ensured protection from HIV infection, it was significantly associated with a higher risk of developing osteopenia/osteoporosis. These findings suggest that routine check-ups for osteopenia/osteoporosis may be needed. © The Author(s) 2022.	AIDS; antiretroviral therapy; HIV; prevention; screening	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Chautrakarn S.; Rayanakorn A.; Intawong K.; Chariyalertsak C.; Khemngern P.; Stonington S.; Chariyalertsak S.	PrEP stigma among current and non-current PrEP users in Thailand: A comparison between hospital and key population-led health service settings	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2022.1019553	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144115474&doi=10.3389%2ffpubh.2022.1019553&partnerID=40&md5=1c2213edf5123ad0500602e37347cce8	Background: Pre-exposure prophylaxis (PrEP) has demonstrated effectiveness in high-risk populations. PrEP service in Thailand became free of charge under the Universal Health Coverage (UHC) in 2021. The National Health Security Office launched a pilot project in 2020 to ensure sustainable service delivery, and the national monitoring and evaluation (M&E) framework was adopted to evaluate early phase implementation. We carried out a cross-sectional survey as part of the M&E process to investigate PrEP stigma among current and non-current PrEP users from both hospital and Key Population Led Health Services (KPLHS) settings in Thailand. Methods: Between August and October 2020, an online cross-sectional survey was conducted. A link for a self-administered questionnaire was distributed to all active PrEP centers and PrEP clients were then recruited by PrEP providers. Descriptive and univariate analyses using Chi-square were applied in the analyses. Attitudes toward PrEP were ranked from the most negative to the most positive. The negative attitude can be interpreted as PrEP stigma. Results: This study included 513 PrEP clients (355 from hospitals and 158 from KPLHS). In both settings, respondents' attitudes toward PrEP were generally positive, but some potential stigma was observed. 31.8% of hospital PrEP clients and 9.5% of KPLHS clients agreed that PrEP users should keep their pills hidden from others. Almost half (44.5%) of hospital clients and 18.4% of KPLHS clients agreed that PrEP users are often viewed negatively by society. More than 20% of hospital clients and 12% of KPLHS agreed that PrEP users frequently experience difficulties when their partner/lover/family find out that he or she is on PrEP. Respondents from the hospitals had slightly higher PrEP stigma than those from KPLHS. Conclusions: According to our findings, at the policy level, the campaign to provide PrEP education to all groups of people should be continued in order to promote a positive view of PrEP and reduce PrEP-related stigma among the general population, which is critical for successful PrEP implementation. Copyright © 2022 Chautrakarn, Rayanakorn, Intawong, Chariyalertsak, Khemngern, Stonington and Chariyalertsak.	ending AIDS; high-risk populations; HIV prevention; PrEP stigma; universal health coverage	English	Switzerland	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2022	Cheek, Jelani B.; Feldman, Matthew B.; Montero, Noelisa; Gambone, Gina F.; Hoffman, Susie; Blackstock, Oni J.	Pre-exposure Prophylaxis (PrEP) Initiation Among Black and Latina Cisgender Women Receiving HIV Prevention Care Coordination Services in New York City	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03661-1	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-initiation-among/docview/2714192024/se-2?accountid=8113	Black and Latina cisgender women are disproportionately impacted by HIV in the US. Although PrEP is effective at preventing HIV infection, uptake in this population remains low. The aim of the study was to examine sociodemographic, behavioral, clinical, and psychosocial factors associated with PrEP initiation (defined as receiving a PrEP prescription) among 565 cisgender women enrolled in an HIV prevention services coordination program in NYC from January 2017 to December 2019 who met HIV risk criteria for PrEP. Of these, 26% initiated PrEP. Latina women were significantly more likely than white women to have initiated PrEP (Latina: 29.7%; Black: 26.1%; White: 16.3%; Other: 7.4%). PrEP initiation was significantly associated with PrEP awareness, an annual income < $20,000, being unstably housed, receiving benefits navigation services, and reporting non-injection drug use and/or a recent sexual relationship with an HIV-positive partner. The relatively low rate of PrEP initiation we observed suggests the need to increase PrEP access and uptake among women, particularly Black and Latina women who continue to be disproportionately at risk for HIV.	Women; Pre-exposure prophylaxis; Psychology; Prevention; Disease prevention; Prophylaxis; PrEP uptake; Black; African Americans; Drug abuse; Health behavior; Hispanic Americans; PrEP initiation; Cisgender women; Cisgender; Latina; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; United States--US; Social programs; Black people; Health risks; Hispanic people; Latin American cultural groups; Psychosocial factors; New York City New York; Black white relations; Continuity of care; Services; Coordination	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Chen H.; Chen Y.; Liu S.; Yu X.; Wang H.; Chang R.; Wang R.; Liu Y.; Xu C.; Wang Y.; Cai Y.	Trends in HIV Prevalence, Sexual Behavior, and Pre-Exposure Prophylaxis Willingness Among Transgender Women: An Analysis of Three Cross-Sectional Studies Conducted Mainly in Shenyang, China, 2014-2019	Transgender Health	-	-	-	2380193X	10.1089/trgh.2022.0081	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162220821&doi=10.1089%2ftrgh.2022.0081&partnerID=40&md5=1464263e8a407bea8cee7381cb04e7c3	Purpose: Although transgender women (TGW) bear the highest HIV burden worldwide, routine surveillance of this group is rare. We aimed to evaluate the trends in health characteristics of Chinese TGW. Methods: Three cross-sectional studies using snowball sampling were conducted in 2014, 2017, and 2019, primarily in Shenyang, China. A questionnaire and voluntary HIV testing were used to obtain information on background characteristics, sexual behaviors, pre-exposure prophylaxis (PrEP) willingness, and HIV status. Results: There were 220 respondents in 2014, 198 in 2017, and 247 in 2019 (average age 31.1±7.6 to 33.5±9.6 years). HIV prevalence significantly decreased from 29.5% (95% confidence interval CI: 25.3-38.4%) in 2014 to 19.4% (95% CI: 14.7-24.9%) in 2019 (p<0.05). The proportion of participants reporting condomless anal intercourse (CAI) with any partner fluctuated from 30.8% (95% CI: 25.1-36.1%) to 53.0% (95% CI: 45.8-60.1%). The proportion of participants willing to use PrEP decreased from 86.4% (95% CI: 81.1-90.6%) in 2014 to 62.8% (95% CI: 56.4-68.8%) in 2019. Factors significantly associated with HIV infection were CAI with any partner (multivariate odds ratio ORm: 3.58, 95% CI: 1.55-8.29 in 2017; ORm: 3.18, 95% CI: 1.56-6.46 in 2019) and PrEP willingness (ORm: 0.26, 95% CI: 0.12-0.58 in 2017). Conclusion: HIV prevalence and associated risk factors remain substantial among Chinese TGW. There is an urgent need to strengthen HIV surveillance in this population, and develop trans-friendly and effective interventions to minimize HIV prevalence and transmission. Copyright 2022, Mary Ann Liebert, Inc., publishers.	China; HIV; pre-exposure prophylaxis; Public Health Surveillance; sexual behavior; transgender women	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Chen Y.-T.; Duncan D.T.; Del Vecchio N.; Timmins L.; Pagkas-Bather J.; Knox J.; Lacap S.; Hanson H.; Schneider J.A.	COVID-19 Conspiracy Beliefs are not Barriers to HIV Status Neutral Care Among Black Cisgender Sexual Minority Men and Black Transgender Women at the Initial Peak of the COVID-19 Pandemic in Chicago, USA	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03720-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132428444&doi=10.1007%2fs10461-022-03720-7&partnerID=40&md5=581d6918e97467c239ba332b38a2df8c	We examined associations between COVID-19 conspiracy beliefs and HIV status neutral care engagement among Black cisgender sexual minority men (BCSMM) and Black transgender women (BTW). Throughout April–July 2020, a total of 226 (222 in the current analysis: 196 BCSMM, 20 BTW, and 6 other) participants in Chicago's Neighborhoods and Networks (N2) cohort study completed virtual assessments. Participants reported their HIV status, changes in the frequency of PrEP/ART use, and COVID-19 conspiracy beliefs. Three-quarters of the sample believed at least one conspiracy theory that COVID-19 was either government-created or lab-created accidentally or purposefully. Believing one or more COVID-19 conspiracy theories was significantly associated with better PrEP or ART engagement (using PrEP more frequently or continuously using PrEP/Missing ART less or continuously using ART) (aPR = 0.75 95% CI 0.56–0.99, p < 0.05). Believing COVID-19 came about naturally was strongly associated with worse PrEP engagement (i.e., use PrEP less or not on PrEP) or worse ART engagement (i.e., missed ART more or not on ART) (aPR = 1.56 95% CI 1.23, 1.98, p < 0.001). Findings suggested substantial COVID-19 conspiracies among BCSMM and BTW, and this was associated with HIV care engagement. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	ART; Black sexual minority men; Black transgender women; Conspiracy beliefs; COVID-19; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Chidumwa, Glory; Chimbindi, Natsayi; Herbst, Carina; Okeselo, Nonhlanhla; Dreyer, Jaco; Zuma, Thembelihle; Smith, Theresa; Molina, Jean-Michel; Khoza, Thandeka; McGrath, Nuala; Seeley, Janet; Pillay, Deenan; Tanser, Frank; Harling, Guy; Sherr, Lorraine; Copas, Andrew; Baisley, Kathy; Shahmanesh, Maryam	Isisekelo Sempilo study protocol for the effectiveness of HIV prevention embedded in sexual health with or without peer navigator support (Thetha Nami) to reduce prevalence of transmissible HIV amongst adolescents and young adults in rural KwaZulu-Natal: a 2 × 2 factorial randomised controlled trial.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-022-12796-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8900304	BACKGROUND: Antiretroviral therapy (ART) through universal test and treat (UTT) and HIV pre-exposure prophylaxis (PrEP) substantially reduces HIV-related mortality, morbidity and incidence. Effective individual-level prevention modalities have not translated into population-level impact in southern Africa due to sub-optimal coverage among adolescents and youth who are hard to engage. We aim to investigate the feasibility, acceptability, and preliminary population level effectiveness of HIV prevention services with or without peer support to reduce prevalence of transmissible HIV amongst adolescents and young adults in KwaZulu-Natal. METHODS: We are conducting a 2 × 2 factorial trial among young men and women aged 16-29 years, randomly selected from the Africa Health Research Institute demographic surveillance area. Participants are randomly allocated to one of four intervention combinations: 1) Standard of Care (SOC): nurse-led services for HIV testing plus ART if positive or PrEP for those eligible and negative; 2) Sexual and Reproductive Health (SRH): Baseline self-collected vaginal and urine samples with study-organized clinic appointments for results, treatment and delivery of HIV testing, ART and PrEP integrated with SRH services; 3) Peer-support: Study referral of participants to a peer navigator to assess their health, social and educational needs and provide risk-informed HIV prevention, including facilitating clinic attendance; or 4) SRH + peer-support. The primary outcomes for effectiveness are: (1) the proportion of individuals with infectious HIV at 12 months and (2) uptake of risk-informed comprehensive HIV prevention services within 60 days of enrolment. At 12 months, all participants will be contacted at home and the study team will collect a dried blood spot for HIV ELISA and HIV viral load testing. DISCUSSION: This trial will enable us to understand the relative importance of SRH and peer support in creating demand for effective and risk informed biomedical HIV prevention and preliminary data on their effectiveness on reducing the prevalence of transmissible HIV amongst all adolescents and youth. TRIAL REGISTRATION: Trial Registry: clincialtrials.gov. CLINICALTRIALS: gov Identifier NCT04532307 . Registered: March 2020.	Peer navigator, HIV prevention, Community-based care, Contraception, Pre-Exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Chidwick, Kendal; Pollack, Allan; Busingye, Doreen; Norman, Sarah; Grulich, Andrew; Bavinton, Benjamin; Guy, Rebecca; Medland, Nick	Utilisation of pre-exposure prophylaxis (PrEP) for HIV prevention in the Australian general practice setting: a longitudinal observational study.	Sexual Health	-	-	-	1449-8987	10.1071/SH21207	https://dx.doi.org/10.1071/SH21207	BACKGROUND: Pre-exposure prophylaxis (PrEP) became available through the Australian Pharmaceutical Benefits Scheme (PBS) on 1 April 2018 for HIV infection prevention in patients ≥18years at medium-to-high HIV risk. The aims were to investigate PrEP utilisation in general practice since PBS listing, and factors associated with discontinuation. METHODS: This longitudinal study included patients aged 18-74years attending general practices participating in MedicineInsight, a large-scale national primary care database of deidentified electronic health records, between October 2017 and September 2019. RESULTS: PrEP utilisation increased 10-fold following PBS listing. On average, patients had 9.7 PrEP prescriptions per year; a medication possession ratio of 80.8%. Of 1552 patients prescribed PrEP from April 2018, most were male (98.3%), aged 18-39years (59.3%), resided in major cities (86.7%) and in the two most socioeconomically advantaged quintiles (70.0%). Almost half (49.1%) of the patients were identified as new to PrEP. At study end, 65.1% were on active PrEP (16.5%, of whom had non-continuous use), 19.2% had discontinued PrEP and 15.7% were lost to follow up. Patients who discontinued were more likely to attend low rather than high PrEP caseload practices (adjusted odds ratio aOR 1.7; 95% CI: 1.0-2.8; P =0.047). The odds of non-continuous therapy was 2.9-fold higher in patients with bipolar disorder (aOR 2.89; 95% CI: 1.10-7.6; P =0.045). CONCLUSIONS: Following PBS listing, PrEP utilisation increased and stopping therapy was associated with attending low caseload practices. General practice education, particularly among low caseload practices, could help address these disparities.	electronic health records, emtricitabine, general practice, MedicineInsight, pharmacoepidemiology, primary health care, prophylaxis, tenofovir disoproxil fumarate drug combination.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2022	Chimbindi, Natsayi; Mthiyane, Nondumiso; Zuma, Thembelihle; Baisley, Kathy; Pillay, Deenan; McGrath, Nuala; Harling, Guy; Sherr, Lorraine; Birdthistle, Isolde; Floyd, Sian; Dreyer, Jaco; Nakasone, Sarah; Seeley, Janet; Shahmanesh, Maryam	Antiretroviral therapy based HIV prevention targeting young women who sell sex: a mixed method approach to understand the implementation of PrEP in a rural area of KwaZulu-Natal, South Africa.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2021.1902933	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8464632	Pre-Exposure Prophylaxis (PrEP) is a potential game-changer for HIV. We used PrEP introduction for Young Women Who Sell Sex (YWSS) in a rural South Africa district to understand community norms and PrEP coverage in YWSS. Between 2017 and 2018, we measured awareness and uptake of PrEP in a representative cohort of 2184 Adolescent Girls and Young Women (AGYW) aged 13-22. We conducted group discussions with young people and community members (19); key informant interviews (9), in-depth interviews with 15-24 year-olds (58) and providers (33). Interviews were analysed using thematic analysis. PrEP awareness increased from 2% to 9%. Among 965 AGYW sexually-active by 2018, 13.4% (95%CI: 11.4%-15.7%) reported transactional sex and 10.6% (95%CI: 8.85-12.7%) sex for money. Of the 194 YWSS, 21 were aware of PrEP, but none had used it. Youth were enthusiastic about PrEP as tool for HIV prevention; whilst older community members were cautious about a technology they had limited experience with but could benefit select groups. Teachers and healthcare providers were concerned that PrEP would lower personal responsibility for sexual health. In conclusion, the narrow and limited introduction of PrEP to YWSS reduced the accessibility and reach. Introducing PrEP as part of sexual healthcare may improve demand and access for YWSS.	Access framework, Acceptability, Adolescents, Young Women Who Sell Sex, Female-sex workers, Pre-Exposure Prophylaxis (PrEP), HIV prevention interventions	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Theses and Dissertations	2022	Chu, Yen-Hao	Are we PrEPared to provide? : developing a theory-informed survey to measure the needs of Taiwan's community-based 'Sexually-Transmitted-Infection-Friendly Physicians' to deliver HIV pre-exposure prophylaxis (PrEP)	-	-	London School of Hygiene & Tropical Medicine	-	NA	10.17037/PUBS.04665761	https://doi.org/10.17037/PUBS.04665761	Background: Pre-exposure prophylaxis (PrEP) is key to ending the HIV epidemic in Taiwan, where men-who-have-sex-with-men (MSM) contribute to 79% of annual new infections. Community-based sexually-transmitted-infection-friendly physicians (CSTIPs) practise outside hospitals and are certificated by the Taiwan Centers for Disease Control to provide patients with treatment and prevention of sexually transmitted infections. CSTIPs have potential to deliver optimal decentralised PrEP services to MSM, but only two per cent of them prescribed PrEP in 2019. This thesis aims to develop a theory-informed questionnaire to measure the unmet needs of CSTIPs for delivering HIV PrEP services in Taiwan. Methods: This pragmatic qualitative research comprises two sequential phases as formative research and questionnaire development, applying a combination of the capability-opportunity-motivation-behaviour (COM-B) model and the Theoretical Domains Framework(TDF). The Formative Phase applied document research and 16 face-to-face in-depth interviews with CSTIPs in Taiwan. The diversity of interviewees was ensured through the purposive sampling of experience in PrEP prescribing, medical speciality and geography. I analysed the data using the COM-B/TDF framework to identify CSTIPs' needs for PrEP service provision. In the Development Phase, I generated an item pool for the anonymous, self-administered online questionnaire in Traditional Chinese (the official written language of Taiwan) using the findings in the Formative Phase. All preliminary items were then evaluated by eight CSTIPs through cognitive interviews and by six experts in my survey committee. Based on the feedback from both sources, I optimised the content, logic flow and layout of the final questionnaire in Traditional Chinese. Results: Formative Phase: Unmet PrEP prescribing needs of CSTIPs are identified in all three COM-B components and 14 TDF domains. CSTIPs expressed a wide range of needs for delivering PrEP services in the National PrEP Programme due to limited capabilities, missed opportunities and low motivation. Their needs highlighted the political and social milieux of Taiwan's centralised PrEP care system and multi-faceted PrEP stigma. Types and the extent of unmet needs varied between PrEP adopters and non-adopters, but both groups reported a marked demotivation, including: lack of professional confidence; personal biases and moral judgement towards MSM; disbelief in positive health outcome of PrEP; minimal incentives and anticipated administrative burden of and distrust in governmental programmes. Development Phase: Of all 76 initial items, 15 remained unchanged and six were removed after three rounds of cognitive interviewing with revisions. Comprising 70 items in four sections, the final Traditional Chinese questionnaire is culturally sensitive, theoretically attested and primed for measuring the needs of CSTIPs. Items on all 14 TDF domains were designed to measure CSTIPs' needs for delivering PrEP services. Except for the Emotion domain, all TDF domains were…	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Qualitative
Article	2022	Cockbain B.; Whitlock G.; McOwan A.; Patel S.; Nugent D.; Girometti N.; Suchak T.; Gedela K.; Tittle V.	Immediate PrEP when accessing PEP: A service evaluation	HIV Medicine	-	-	-	14642662	10.1111/hiv.13310	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133535482&doi=10.1111%2fhiv.13310&partnerID=40&md5=78129cc193cd4e41b76d6239f9dbb19b	Objectives: In January 2021, 56 Dean Street, a London sexual health clinic, changed clinic policy so that all those attending for post-exposure prophylaxis (PEP) were offered quick-start opt-out pre-exposure prophylaxis (PrEP) following completion of the 28-day PEP course. We assessed the uptake of this quick-start PrEP in service users attending for PEP. Methods: We undertook a case note review of those who received PEP during the 2-week period from 17 February to 1 March 2021, assessing the data and comparing them to those from the same period in 2020 (15 February–28 February 2020) before quick-start opt-out PrEP was introduced. Results: The number of service users receiving PEP was 82 in 2020 and 42 in 2021, of which an unmet PrEP need was demonstrated in 81.7% (67/82) in 2020 and 78.6% (33/42) in 2021 (p = 0.8106). Of those with an unmet need, a higher proportion (97.0% 32/33) were offered PrEP in 2021 following the introduction of opt-out PrEP compared with the 85.1% (57/67) in 2020 (p = 0.0953). Of those eligible for PrEP who were offered it during their PEP consultation, 53.1% (17/32) in 2021 were dispensed PrEP compared with 17.5% (10/57) in 2020 (p = 0.0007). Conclusion: Since the introduction of quick-start opt-out PrEP, uptake in eligible candidates increased from 17.5% to 53.1%. This suggests that this strategy was acceptable to service users. © 2022 British HIV Association.	HIV; PEP; post exposure prophylaxis; pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Collins L.C.	Pre-exposure prophylaxis (PrEP) and 'risk' in the news	Journal of Risk Research	-	-	-	13669877	10.1080/13669877.2021.1894470	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102275925&doi=10.1080%2f13669877.2021.1894470&partnerID=40&md5=c771f9914f02b3fc87bb11eb6c31ca96	This study investigates 'risk' as discussed in news coverage and in relation to pre-exposure prophylaxis (PrEP): a treatment that has been proven to restrict the transmission of the human immunodeficiency virus (HIV). In the U.S. and the U.K. & Ireland, there are issues concerning the provision and take-up of PrEP, which can lead to health inequalities. Raising awareness and tackling stigma are priorities in ensuring that those who would benefit from PrEP can access it, since these are reported to be obstacles to potential users seeking out the treatment. The media has been shown to be an important resource for public understanding of health issues and there is evidence to suggest that the news media have contributed to the uncertainty and stigma around PrEP, which has discouraged some from supporting and taking PrEP. In this study, I examine a corpus of 1424 news articles on PrEP (1,017,743 words) from the U.S. and the U.K. & Ireland, in the period 2016–2019. Using methods from corpus linguistics, I show that forms of 'risk' appear to a statistically significant degree in the data, providing a quantitative basis on which to explore these in more detail. Focusing on publications that use a high proportion of 'risk' words (compared with the overall average), I show that the focus on various risks associated with PrEP differs according to publication and that references to 'risk' are used both to advocate for the wider provision of PrEP and to caution against the effects of providing PrEP, i.e. concerns about 'risk compensation'. Corpus methods are shown to augment existing studies of PrEP coverage, providing a systematic method for identifying recurrent lexical features in the data and thereby showing how we can report the linguistic aspects of risk representation. CDC, Centres for Disease Control and Prevention; HIV, Human immunodeficiency virus; NAT, National Aids Trust; PrEP, Pre-exposure prophylaxis; WHO, World Health Organisation. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Corpus linguistics; news coverage; pre-exposure prophylaxis; risk compensation	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Comer C.; Fernández R.	Health Departments and PrEP: A Missed Opportunity for Public Health	The Journal of Law, Medicine & Ethics	-	-	-	1748720X	10.1017/jme.2022.39	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135421798&doi=10.1017%2fjme.2022.39&partnerID=40&md5=4c9d73a3205e728e9cb19a8bce8ea9ff	The paper identifies common barriers and challenges to Pre-Exposure Prophylaxis (PrEP) uptake and offers considerations for state and local public health departments to address barriers and retool infrastructure to increase access to PrEP to new users. Authors identify synergistic opportunities with federal agencies and funders to advance PrEP-related HIV prevention efforts, that prioritize strategies and investments to provide PrEP to people who could benefit from the intervention but are unaware of PrEP or struggle to access it. Barriers discussed and examined include financing strategies to reduce financial burden of PrEP medication, expanding PrEP access and outreach beyond clinical settings, and increasing the network and reach of the provider community to serve people we oppress through policy choices and discourses of racial and socioeconomic inferiority.	340B; Access; Health Department; HIV Prevention; PrEP; PrEP Affordability; Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Conley, Cherie; Johnson, Ragan; Bond, Keosha; Brem, Sullivan; Salas, Jasmine; Randolph, Schenita	US Black cisgender women and pre-exposure prophylaxis for human immunodeficiency virus prevention: A scoping review.	Women's Health	-	-	-	1745-5065	10.1177/17455057221103098	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9201306	BACKGROUND: Black cisgender women in the United States experience a disproportionate burden of human immunodeficiency virus acquisition. Pre-exposure prophylaxis is an effective oral daily medication that reduces the risk of human immunodeficiency virus through sex by 99% when taken as prescribed. However, less than 2% of eligible Black cisgender women take pre-exposure prophylaxis. The purpose of this scoping review was to describe the types of research studies done in this area, gaps in knowledge, and potential areas of research needed to increase pre-exposure prophylaxis use among Black cisgender women in the United States. METHODS: We conducted our search in MEDLINE (PubMed), Embase (Elsevier), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), and Scopus (Elsevier) using a combination of keywords and database-specific subject headings for the following concepts: pre-exposure prophylaxis, African American/Black or minority, and women. We used the Joanna Briggs Institute's Reviewers' Manual process for Scoping Reviews and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews to ensure comprehensive and standardized reporting of each part of the review. RESULTS: Fifty-nine studies were included in the final review. Results of the study were classified according to the three phases of the Human Immunodeficiency Virus Prevention Cascade-demand side, supply side, and adherence and retention. The majority of studies (n = 24, 41%) were cross-sectional quantitative surveys and 43 (34%) focused on the demand-side phase of the Human Immunodeficiency Virus Prevention Cascade. Fifty-eight percent of studies either assessed women's pre-exposure prophylaxis knowledge, attitudes, and intentions to use, or assessed perceived barriers and facilitators. Seven studies (12%) tested pre-exposure prophylaxis uptake and adherence among Black cisgender women. CONCLUSION: This review found multiple missed opportunities to increase women's demand for pre-exposure prophylaxis and health care provider screening and referral for pre-exposure prophylaxis. Additional studies are needed to effectively assess pre-exposure prophylaxis uptake and adherence among Black cisgender women.	Black women, human immunodeficiency virus prevention, pre-exposure prophylaxis, review	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Contigiani, María Florencia; Sánchez López, Jorge Mario; Laurito, Micaela; Vergara, Albano; Lugo, Nancy; Cuenya, Lucas	Conocimiento sobre VIH-sida en población general de la Ciudad Autónoma de Buenos Aires y su vinculación con variables sociodemográficas	Psocial (Ciudad AutoÌŭn. B. Aires)	-	-	-	2422-619X	https://doi.org/10.1371/journal.pone.0164821	https://www.redalyc.org/articulo.oa?id=672371222009	Resumen La estigmatización ha signado la convivencia con el VIH. Esto repercute negativamente en la salud de las personas positivas e impacta en la población general puesto que, a través del miedo, se puede desalentar el testeo regular y la detección temprana de la infección. Uno de los principales componentes que sostienen la estigmatización es el bajo conocimiento sobre el VIH-sida. El objetivo del presente estudio es indagar el nivel de conocimiento sobre VIH-sida en población de jóvenes y adultos de la Ciudad Autónoma de Buenos Aires y su relación con variables sociodemográficas. Se encuestó a 201 participantes de entre 18 y 60 años inclusive en un diseño muestral por cuotas, preservando la representatividad de la muestra en relación al sexo, edad, nivel de instrucción y nivel socioeconómico. Se advierte en los participantes un escaso nivel de conocimiento sobre la diferencia entre VIH y sida, la PrEP, la PEP y la intransmisibilidad del virus por vía sexual en personas con carga viral indetectable. Por el contrario, se observó mayor conocimiento sobre las vías de transmisión del virus. El género y la edad no se asociaron a diferentes niveles de conocimiento, mientras que los participantes con religión evangélica, un menor nivel de instrucción formal, o un menor nivel socioeconómico mostraron porcentajes inferiores de conocimiento en distintas variables relevadas. Estos resultados enfatizan la necesidad de ejecutar las prerrogativas de la Ley de Educación Sexual Integral en lo concerniente al acceso a información actualizada sobre sexualidad y prevención de infecciones de transmisión sexual.	HIV; Sida; VIH; Aids; Conocimiento; Knowledge; Estigma; Stigma; CABA	Spanish	Argentina	Latin America and the Caribbean	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Cooney E.E.; Reisner S.L.; Saleem H.T.; Althoff K.N.; Beckham S.W.; Radix A.; Cannon C.M.; Schneider J.S.; Haw J.S.; Rodriguez A.E.; Wawrzyniak A.J.; Poteat T.C.; Mayer K.H.; Beyrer C.; Wirtz A.L.	Prevention-effective adherence trajectories among transgender women indicated for PrEP in the United States: a prospective cohort study	Annals of Epidemiology	-	-	-	10472797	10.1016/j.annepidem.2022.03.016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129625368&doi=10.1016%2fj.annepidem.2022.03.016&partnerID=40&md5=b23c624538fb1cbd9bc66a481688e8a6	Purpose: Adherence to pre-exposure prophylaxis (PrEP) during periods of PrEP-indication (i.e., prevention-effective adherence) is critical for preventing HIV. We sought to describe factors associated with prevention-effective adherence trajectories among transgender women (TW) to inform PrEP implementation strategies. Methods: Using data from The LITE American Cohort (n = 728), we performed group-based multi-trajectory modeling (GBMTM) to identify clusters of TW with similar trajectories of PrEP adherence and indication, and sociodemographic, biobehavioral, and structural correlates of each trajectory. Results: We identified five trajectories: (1) consistent indication/no PrEP (15.3%), (2) initial indication/no PrEP (47.1%), (3) declining indication/discontinued PrEP (9.5%), (4) consistent indication/PrEP adherent (18.5%), and (5) increasing indication/initiated PrEP (9.6%). TW diagnosed with an STI were more likely to follow a consistent indication/no PrEP trajectory compared to consistent indication/PrEP adherent trajectory (adjusted Relative Risk Ratio aRRR, 2.54; 95% confidence interval CI, 1.16–5.57). TW who experienced homelessness were more likely to follow PrEP discontinuation and initiation trajectories relative to PrEP adherence (aRRR, 2.71; 95% CI, 1.10–6.70 and 2.83; 95% CI, 1.13–7.05, respectively). Conclusions: Over a quarter of TW followed trajectories suggestive of prevention-effective adherence, while 15% did not initiate PrEP despite consistent indication. Findings highlight missed opportunities for PrEP engagement at STI diagnosis and suggest structural interventions addressing housing instability may improve prevention-effective adherence among TW. © 2022	Group-based multi-trajectory modeling; HIV prevention; Pre-exposure prophylaxis; Transgender women; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Cope, Adrea; Rajendram, Priyanka; Rafael, Sabrina; Matsiko, Judith; Mougammadou Aribou, Zeenathnisa; Barker, Kriss; Senter, Katherine; Riley, Amy Henderson	Qualitative findings from Girlsplained: a social media application of the Sabido methodology for sexual health and HIV prevention in the United Kingdom.	ournal of Visual Communication in Medicine	-	-	-	1745-3062	10.1080/17453054.2021.2010520	https://dx.doi.org/10.1080/17453054.2021.2010520	The health communication strategy known as entertainment-education can be traced in large part to Miguel Sabido and the methodology he developed using telenovelas in Latin America in the 1960s and 1970s. Entertainment-education has evolved from a long-running narrative approach using traditional media to the addition of new media and transmedia formats. In recent years, entertainment-education programs using social media have increased, yet few studies have explored the shared characteristics and experiences of social media users who engage with these programs. This qualitative study aimed TO examine publicly available social media data (i.e. YouTube and Instagram comments) in response to Girlsplained, an online entertainment-education program designed with objectives related to sexual health and HIV prevention among Black, Asian, and minority ethnic women in the United Kingdom. A process of directed content analysis uncovered five themes of engagement: characters and the narrative; social media; gender and race; HIV/PrEP; and sex and pregnancy prevention.	:Entretenimento–educaçãosaúde sexualPrevenção do HIVPreparaçãomídia socialReino Unido	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Copertino, Dennis C; Casado Lima, Bruno C; Duarte, Rodrigo R R; Powell, Timothy R; Ormsby, Christopher E; Wilkin, Timothy; Gulick, Roy M; de Mulder Rougvie, Miguel; Nixon, Douglas F	Antiretroviral drug activity and potential for pre-exposure prophylaxis against COVID-19 and HIV infection.	Journal of Biomolecular Structure and Dynamics	-	-	-	1538-0254	10.1080/07391102.2021.1901144	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448789	COVID-19 is the disease caused by SARS-CoV-2 which has led to 2,643,000 deaths worldwide, a number which is rapidly increasing. Urgent studies to identify new antiviral drugs, repurpose existing drugs, or identify drugs that can target the overactive immune response are ongoing. Antiretroviral drugs (ARVs) have been tested in past human coronavirus infections, and also against SARS-CoV-2, but a trial of lopinavir and ritonavir failed to show any clinical benefit in COVID-19. However, there is limited data as to the course of COVID-19 in people living with HIV, with some studies showing a decreased mortality for those taking certain ARV regimens. We hypothesized that ARVs other than lopinavir and ritonavir might be responsible for some protection against the progression of COVID-19. Here, we used chemoinformatic analyses to predict which ARVs would bind and potentially inhibit the SARS-CoV-2 main protease (Mpro) or RNA-dependent-RNA-polymerase (RdRp) enzymes in silico. The drugs predicted to bind the SARS-CoV-2 Mpro included the protease inhibitors atazanavir and indinavir. The ARVs predicted to bind the catalytic site of the RdRp included Nucleoside Reverse Transcriptase Inhibitors, abacavir, emtricitabine, zidovudine, and tenofovir. Existing or new combinations of antiretroviral drugs could potentially prevent or ameliorate the course of COVID-19 if shown to inhibit SARS-CoV-2 in vitro and in clinical trials. Further studies are needed to establish the activity of ARVs for treatment or prevention of SARS-CoV-2 infection .Communicated by Ramaswamy H. Sarma.	COVID-19; HIV; PrEP; SARS-CoV-2; antiretrovirals; docking.	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Corcorran, Maria A; Scott, John D; Tinsley, Joe; Wald, Anna; Glick, Sara N	Awareness and Correlates of HIV Pre-Exposure Prophylaxis (PrEP) Among HIV-negative People Who Access Syringe Services in Seattle, Washington	Substance Use and Misuse	-	-	-	10826084	10.1080/10826084.2021.2012688	https://www.proquest.com/scholarly-journals/awareness-correlates-hiv-pre-exposure-prophylaxis/docview/2625923454/se-2?accountid=8113	BackgroundHIV pre-exposure prophylaxis (PrEP) is safe and effective for use in people who inject drugs (PWID), but PrEP is underutilized in this population. We assessed awareness of PrEP and correlates of interest in PrEP among PWID in Seattle, Washington.MethodsThis study analyzed data from a 2019 survey of PWID at 3 Seattle-area syringe service programs (SSPs). We used descriptive statistics to compare PrEP-aware and unaware PWID and multivariable Poisson regression with robust standard errors to estimate adjusted prevalence ratios (APR) for interest in PrEP.ResultsAmong 348 HIV-negative PWID, ≤1% were currently taking PrEP, 51% were PrEP aware and 46% were interested in PrEP. Interest in PrEP was inversely associated with prior PrEP awareness (APR 0.58, 95% CI 0.45 – 0.74); however, interest in PrEP was high among PWID meeting pre-specified risk criteria for HIV (APR 1.41, 95% CI 1.06 – 1.88).ConclusionsOur results suggest increasing awareness of PrEP may not be sufficient to promote PrEP uptake among PWID, and further efforts are needed to understand perceptions of risk for HIV, determinants of PrEP use, and to investigate successful strategies for PrEP implementation and delivery in this marginalized population.Supplemental data for this article is available online at https://doi.org/10.1080/10826084.2021.2012688 .	HIV prevention; Pre-exposure prophylaxis; people who inject drugs; Disease prevention; syringe service programs; Risk perception; Uptake; Survey; Human immunodeficiency virus--HIV; Drug Abuse And Alcoholism; Consciousness; Marginality; Needle exchange programs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Corneli A.; Perry B.; Ngoje D.O.; Molokwu N.; Strack R.; Agot K.	Episodic Use of Pre-Exposure Prophylaxis Among Young Cisgender Women in Siaya County, Kenya	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2022.0076	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140856379&doi=10.1089%2fapc.2022.0076&partnerID=40&md5=6de83724d2dcb7fca16a182494b5ccb5	The concept "seasons of risk"promotes use of pre-exposure prophylaxis (PrEP) only during periods of HIV risk. PrEP guidelines are aligned on daily use in women having vaginal sex during a risk period, and daily use for 28 days after the last potential exposure is recommended. However, when starting a "season of risk,"guidelines vary on "time to protection,"and unknowns remain in pharmacological research on PrEP protection in this population. During our iterative research on PrEP persistence using photovoice and in-depth interviews, we identified an ineffective pattern of PrEP use based on current guidelines - that is, routine, episodic use - among young cisgender women (YCW) in Siaya County, Kenya. Through same-group (n = 33 participants) and mixed-group (n = 31 participants) photovoice activities with YCW taking PrEP and female peers, participants explained that YCW associate their HIV risk with the sexual behaviors of their male partners who frequently travel from home. PrEP is considered unnecessary when partners are away because of no perceived risk. YCW re-start PrEP on or around the day of their partners' return because of heightened risk perceptions. Among the YCW interviewed (n = 18), nearly all of their partners traveled for about 1 week to 1 month at a time; about one-third of these women reported stopping PrEP during their partners' absence and re-starting it soon before or immediately upon their partners' arrival home. Additional research is critically needed to better inform PrEP guidelines and the decisions adolescent girls and young women make on how to use PrEP based on their risk context. In the interim, counseling on current dosing guidance when stopping and re-starting PrEP within a "season of risk"is needed. © 2022, Mary Ann Liebert, Inc.	adherence; Kenya; persistence; pre-exposure prophylaxis; prevention-effectiveness adherence; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Corneli A.; Perry B.; Taylor J.; Beckford J.; Molokwu N.; Reif S.; Wilson J.; Gulden C.; Bickham J.; Siren J.; Thompson W.; Clement M.E.	HIV PREVENTION DURING THE COVID-19 PANDEMIC: SEXUAL ACTIVITY AND PREP USE AMONG BLACK SAME-GENDER-LOVING MEN AND BLACK CISGENDER WOMEN	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2022.34.2.142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128798096&doi=10.1521%2faeap.2022.34.2.142&partnerID=40&md5=0254df1644fe541e9eb03c3da0e76c77	Black populations in the U.S. South are disproportionally affected by HIV and COVID-19 due to longstanding inequalities. We conducted 20 in-depth interviews—12 with Black same-gender-loving men and 8 with Black cis-gender women—to explore the impact of the initial phase of the COVID-19 pandemic on sexual activities and PrEP use. Almost all participants reduced the frequency of sex and number of partners. Women described little interest in sex, whereas men began to connect with some sexual partners after stay-at-home orders were lifted. Both populations were concerned about contracting COVID-19 through sexual partners, and men described selecting partners based on perceived COVID-19 risk. Participants valued PrEP and could access it, although several men who were not having sex stopped taking it. Risk of acquiring HIV during this time was likely limited. Future qualitative research is needed to understand how sexual behaviors and PrEP use changed as the pandemic continued. © 2022 The Guilford Press.	Black cisgender women; Black men who have sex with men; COVID-19; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative

Article	2022	Corneli, Amy; Perry, Brian; Des Marais, Andrea; Choi, Yujung; Chen, Hillary; Lilly, Rebecca; Ayers, Denae; Bennett, Jesse; Kestner, Lauren; Meade, Christina S; Sachdeva, Nidhi; McKellar, Mehri S	Participant perceptions on the acceptability and feasibility of a telemedicine-based HIV PrEP and buprenorphine/naloxone program embedded within syringe services programs: a qualitative descriptive evaluation.	Harm Reduction Journal	-	-	1477-7517	10.1186/s12954-022-00718-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9719634	BACKGROUND: People who inject drugs (PWID) are at risk for HIV and opioid overdose. We piloted PARTNER UP, a telemedicine-based program to provide PWID with access to both oral pre-exposure prophylaxis (PrEP) for HIV prevention and medication for opioid use disorder (MOUD) through two syringe services programs (SSPs) in North Carolina. We conducted a qualitative evaluation to assess the acceptability and feasibility of PARTNER UP from the participant perspective. METHODS: PARTNER UP participants met with a provider for an initial in-person visit at the SSP, followed by weekly telemedicine visits in month 1 and then monthly telemedicine visits until program end at month 6. Using a qualitative descriptive study design, we conducted in-depth interviews with a subsample of PARTNER UP participants at 1 month and 4 months. Informed by the technology acceptance model, we assessed participant perceptions of the usefulness and ease of use of PARTNER UP, as well as their intent to continue to use the program's components. We audio-recorded all interviews with participants' permission and used applied thematic analysis to analyze the verbatim transcripts. RESULTS: We interviewed 11 of 17 people who participated in PARTNER UP-10 in the month 1 interview and 8 in the month 4 interview. Nearly all participants were motivated to join for consistent and easy access to buprenorphine/naloxone (i.e., MOUD); only a few joined to access PrEP. Most were comfortable accessing healthcare at the SSP because of their relationship with and trust toward SSP staff, and accessing services at the SSP was preferred compared with other healthcare centers. Some participants described that telemedicine allowed them to be honest and share more information because the visits were not in-person and they chose the location, although the initial in-person meeting was helpful to build provider trust and rapport. Most participants found the visit schedule to be feasible, although half described needing to reschedule at least once. Nearly all participants who were interviewed intended to continue with MOUD after the program ended, whereas none were interested in continuing with PrEP. CONCLUSIONS: Participant narratives suggest that the PARTNER UP telemedicine program was acceptable and feasible. Future studies should continue to explore the benefits of embedding both PrEP and MOUD into SSPs with larger numbers of participants. Trial registration Clinicaltrials.gov Identifier: NCT04521920.	Pre-exposure prophylaxis, HIV prevention, People who inject drugs, Medication for opioid use disorder, Telemedicine, Syringe services programs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Corneli, Amy; Perry, Brian; Wilson, Johnny; Reif, Susan; Gulden, Chelsea; Hanlen-Rosado, Emily; Cooper, Haley; Taylor, Jamilah; Starling, Summer; Thompson, J Wesley	Identification of Determinants and Implementation Strategies to Increase PrEP Uptake Among Black Same Gender-Loving Men in Mecklenburg County, North Carolina: The PrEP-MECK Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000002975	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9220775	BACKGROUND: Pre-exposure prophylaxis (PrEP) use is low among Black same gender-loving men (BSGLM) in Mecklenburg County, NC, an Ending the HIV Epidemic priority jurisdiction. We created PrEP-MECK-an investigator partnership among a community-based organization representative, a PrEP provider, and researchers-and conducted iterative preparation research to identify determinants of PrEP uptake and implementation strategies to address them. METHODS: We first established the PrEP-MECK Coalition of community stakeholders. Next, informed by PrEP-MECK Coalition input and PRECEDE-PROCEED's educational/ecological assessment phase, we conducted focus group discussions with BSGLM not using PrEP and in-depth interviews with BSGLM who were currently or had previously taken PrEP to describe determinants and suggest implementation strategies. Based on interim findings, we partnered with clinics participating in the Mecklenburg County PrEP Initiative, which offers free PrEP services to uninsured individuals. We also conducted Consolidated Framework for Implementation Research-informed organizational assessments with community-based organizations and clinics to assess readiness to pilot the implementation strategies. RESULTS: We conducted 4 focus group discussions, 17 in-depth interviews, and 6 assessments. BSGLM were aware of PrEP yet perceived that costs made it unattainable. Awareness of how to access PrEP and the Mecklenburg County PrEP Initiative was lacking, and clinic scheduling barriers and provider mistrust limited access. We identified client-level implementation strategies, primarily focusing on engaging the consumer, to increase comfort with and awareness of how to access PrEP, and clinic-level implementation strategies focusing on changing clinic infrastructure, to make PrEP access easier. CONCLUSION: We plan to evaluate implementation of these strategies once fully developed to determine their acceptability and other outcomes in future research.	HIV; Pre-Exposure Prophylaxis; Implementation Strategies; Black Men Who Have Sex with Men. U.S. South	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Coyer, Liza; Prins, Maria; Davidovich, Udi; van Bilsen, Ward P H; Schim van der Loeff, Maarten F; Hoornenborg, Elske; Matser, Amy; Boyd, Anders	Trends in Sexual Behavior and Sexually Transmitted Infections After Initiating Human Immunodeficiency Virus Pre-Exposure Prophylaxis in Men Who Have Sex with Men from Amsterdam, the Netherlands: A Longitudinal Exposure-Matched Study.	AIDS Patient Care and STDs	-	-	1557-7449	10.1089/apc.2021.0219	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9242711	Men who have sex with men (MSM) initiating human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) may increase condomless anal sex (CAS) and number of partners, and, consequently, more often acquire sexually transmitted infections (STIs). Using data from the Amsterdam Cohort Studies, we compared sexual behavior and STI among MSM after PrEP-initiation with controls not initiating PrEP. The MSM reported on sexual behavior and were tested for HIV, chlamydia, gonorrhea, and syphilis semi-annually. We matched MSM who initiated PrEP between January 1, 2015 and December 31, 2019 1:1 to MSM who did not use time-dependent propensity scores based on age, sexual behavior, and STI. Primary end-points were number of casual partners, and proportion with CAS and receptive CAS (rCAS) with casual partners, sexualized drug use (SDU), any STI, and anal STI. We modeled end-points during the 4 years before and 2 years after PrEP-initiation or matched PrEP-initiation timepoint by using logistic regression (dichotomous end-points) or negative binomial regression (count end-point), adjusted for calendar year. Two hundred twenty-eight out of the 858 (26.6%) MSM initiated PrEP. We matched 198 out of 228 (86.8%) to a control. Before PrEP-initiation, end-points increased over time in both groups, with no statistically significant difference. The odds of CAS, rCAS, and anal STI were on average higher after than before PrEP-initiation in PrEP initiators, whereas after versus before differences were not observed in controls. After PrEP-initiation, PrEP initiators had statistically significantly more casual partners, and higher odds of CAS, rCAS, SDU, any STI, and anal STI than controls. These findings support frequent STI screening and counseling in MSM using PrEP.	homosexuality; male; men who have sex with men; pre-exposure prophylaxis; prospective studies; sexual behavior; sexually transmitted infections.	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Craddock J.B.; Franke N.D.; Kingori C.	Associations of Social Network- and Individual-Level Factors with HIV Testing, Condom Use, and Interest in PrEP Among Young Black Women	Archives of Sexual Behavior	-	-	40002	10.1007/s10508-022-02306-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131562546&doi=10.1007%2fs10508-022-02306-7&partnerID=40&md5=0aa39a868c8ddf57a59eb38234c567c9	To achieve the 2030 goal of ending the HIV epidemic, we must consider social network- along with individual-level factors related to HIV prevention among young Black women (YBW). This cross-sectional study examined egocentric social network- and individual-level data of 180 YBW aged 18–24. Multivariable logistic regression models were used to study social network characteristics and individual sexual behaviors related to HIV prevention behaviors (e.g., HIV testing, condom use, and interest in pre-exposure prophylaxis, or PrEP). On average, YBW nominated 11 social network members (SNMs; seven friends, two family members, and one sex partner). About 92% of YBW spoke to at least one SNM about condom use and 58% spoke to at least one SNM about HIV testing. Respondents who spoke to a sex partner about condom use had 70% lower odds of being interested in PrEP, but 2.99 times the odds of reporting condom use during last sex. Odds of being tested for HIV in the prior 3 months were significantly increased by 3.97 times for those who spoke to at least one sex partner about HIV testing. However, odds of being interested in PrEP were significantly decreased by 63% for YBW who were tested for HIV in the prior 3 months. Findings underscore that understanding network- and individual-level factors is crucial in increasing HIV testing, condom use, and interest in PrEP among YBW. © 2022, The Author(s).	HIV prevention; PrEP; Social network; Young Black women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Crawford, Natalie D; Harrington, Kristin R V; Alohan, Daniel I; Sullivan, Patrick S; Holland, David P; Klepser, Donald G; Quamina, Alvan; Siegler, Aaron J; Young, Henry N	Integrating and Disseminating Pre-Exposure Prophylaxis (PrEP) Screening and Dispensing for Black Men Who Have Sex With Men in Atlanta, Georgia: Protocol for Community Pharmacies.	JMIR Research Protocols	-	-	1929-0748	10.2196/35590	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8867290	BACKGROUND: Black men who have sex with men (BMSM) suffer from alarmingly high rates of HIV in the United States. Pre-exposure prophylaxis (PrEP) can reduce the risk of HIV infection by 99% among men who have sex with men, yet profound racial disparities in the uptake of PrEP persist. Low PrEP uptake in BMSM is driven by poor access to PrEP, including inconvenient locations of PrEP-prescribing physicians, distrust of physicians, and stigma, which limit communication about PrEP and its side effects. Previous work indicates that offering HIV prevention services in pharmacies located in low-income, underserved neighborhoods is feasible and can reduce stigma because pharmacies offer a host of less stigmatized health services (eg, vaccinations). We present a protocol for a pharmacy PrEP model that seeks to address challenges and barriers to pharmacy-based PrEP specifically for BMSM. OBJECTIVE: We aim to develop a sustainable pharmacy PrEP delivery model for BMSM that can be implemented to increase PrEP access in low-income, underserved neighborhoods. METHODS: This study design is a pilot intervention to test a pharmacy PrEP delivery model among pharmacy staff and BMSM. We will examine the PrEP delivery model's feasibility, acceptability, and safety and gather early evidence of its impact and cost with respect to PrEP uptake. A mixed-methods approach will be performed, including three study phases: (1) a completed formative phase with qualitative interviews from key stakeholders; (2) a completed transitional pilot phase to assess customer eligibility and willingness to receive PrEP in pharmacies during COVID-19; and (3) a planned pilot intervention phase which will test the delivery model in 2 Atlanta pharmacies in low-income, underserved neighborhoods. RESULTS: Data from the formative phase showed strong support of pharmacy-based PrEP delivery among BMSM, pharmacists, and pharmacy staff. Important factors were identified to facilitate the implementation of PrEP screening and dissemination in pharmacies. During the transitional pilot phase, we identified 81 individuals who would have been eligible for the pilot phase. CONCLUSIONS: Pharmacies have proven to be a feasible source for offering PrEP for White men who have sex with men but have failed to reach the most at-risk, vulnerable population (ie, BMSM). Increasing PrEP access and uptake will reduce HIV incidence and racial inequities in HIV. Translational studies are required to build further evidence and scale pharmacy-based PrEP services specifically for populations that are disconnected from HIV prevention resources. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/35590.	HIV; MSM; PrEP; access; demographic; development; dissemination; implementation; integration; men who have sex with men; pharmacy; pre-exposure prophylaxis; prevention; prophylaxis; protocol; race; screening; sex; sexuality.	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Creger, Thomas; Burgan, Kaylee; Turner, Wesli H; Tarrant, Ashley; Parmar, Jitesh; Rana, Aadia; Mugavero, Michael; Elopre, Latesha	Using Implementation Mapping to Ensure the Success of PrEP Optimization Through Enhanced Continuum Tracking (PrOTECT) AL-A Structural Intervention to Track the Statewide PrEP Care Continuum in Alabama.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000002976	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9204800	INTRODUCTION: Ending the HIV Epidemic initiatives provide a unique opportunity to use implementation scientific methods to guide implementation of evidence-based practices and evaluate their effectiveness in real-word settings to improve HIV inequities. This report demonstrates our use of Implementation Mapping (IM) to engage participating county health departments, AIDS services organizations, and community-based organizations in the development of a data dashboard to track the PrEP care continuum for the state of Alabama, an Ending the HIV Epidemic hotspot. METHODS: Our project is guided by an overarching Implementation Research Logic Model and by the tenets of IM, a 5-step approach to support researchers and community partners in the systematic selection, development, and/or tailoring of implementation strategies to increase program adoption, implementation, and sustainability. RESULTS: Step 1, the needs assessment, established baseline data elements for a PrEP care continuum for participating community-based organizations, AIDS services organizations, and the state health department as well as investigated their desire for data visualization and willingness to share data to inform initiatives to improve PrEP access. Step 2 identified adaptability, relative advantage, and complexity as determinants of intervention adoption. Based on findings from steps 1 and 2, the investigators and community partners determined to move forward with development of a data dashboard. Step 3 identified the following implementation strategies to support a dashboard, including development of educational materials, synchronous and asynchronous training, technical assistance, and improved record systems. DISCUSSION: Using IM supports community-engaged researchers in designing strategies to end the epidemic that are context-specific and more impactful in real-word settings.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Cresswell, Fiona; Asanati, Kaveh; Bhagani, Sanjay; Boffito, Marta; Delpech, Valerie; Ellis, Jayne; Fox, Julie; Furness, Linda; Kingston, Margaret; Mansouri, Massoud; Samarawickrama, Amanda; Smithson, Kat; Sparrowhawk, Alex; Rafferty, Paul; Roper, Tom; Waters, Laura; Rodger, Alison; Gupta, Nadi	UK guideline for the use of HIV post-exposure prophylaxis 2021.	HIV Medicine	-	-	1468-1293	10.1111/hiv.13208	https://dx.doi.org/10.1111/hiv.13208	We present the updated British Association for Sexual Health and HIV (BASHH) guidelines for post-exposure prophylaxis (PEP) to HIV following sexual exposures, occupational exposures and other nonoccupational exposures in the community. This serves as an update to the 2015 BASHH guideline on PEP following sexual exposures and the 2008 Expert Advisory Group on AIDS guidelines on HIV PEP. We aim to provide evidence-based guidance on best clinical practice in the provision, monitoring and support of PEP for the prevention of HIV acquisition following sexual, occupational and other nonoccupational exposures in the community. The guideline covers when to prescribe PEP, what antiretroviral agents to use and how to manage PEP. This includes (i) evidence of PEP efficacy; (ii) evidence relating to individual-level efficacy of antiretroviral therapy to prevent the sexual transmission of HIV; (iii) data on the detectable (transmissible) prevalence of HIV in specific populations; (iv) risk of HIV transmission following different types of sexual and occupational exposure; (v) baseline risk assessment; (vi) drug regimens and dosing schedules; (vii) monitoring PEP; (viii) baseline and follow-up blood-borne virus testing; (ix) the role of PEP within broader HIV prevention strategies, for example, HIV pre-exposure prophylaxis (PrEP). The guideline also covers special scenarios such as PEP in pregnancy, breastfeeding and chronic hepatitis B virus infection, and when PEP should be considered in people using HIV PrEP. The guidelines are aimed at clinical professionals directly involved in PEP provision and other stakeholders in the field. A proforma to assist PEP consultations is included. A public consultation process was undertaken prior to finalizing the recommendations.	na	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Crowell, TA; Jansen, K; Esber, A; Spinner, C; Esser, S; Lehmann, C; Boesecke, C; Tiemann, C; Stoehr, A; Hartikainen, J; Bickel, M; Schneeweiss, S; Scholten, S; Cordes, C; Brockmeyer, NH; Jessen, H; Bremer, V; Marcus, U; Steffen, G; Streeck, H; BRAHMS Study Team	Declining incidence of chlamydia and gonorrhea, but not mycoplasma in a high-risk population eligible for PrEP experiencing a test-and-treat-setting	Journal of the International AIDS Society	-	-	1758-2652	10.1186/s12879-020-4831-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7007644/	Background: Men who have sex with men (MSM) are disproportionally affected by sexually transmitted infections (STI). STI are often extragenital and asymptomatic. Both can delay diagnosis and treatment. Approval of HIV preexposure prophylaxis (PrEP) might have influenced sexual behaviour and STI-prevalence of HIV- MSM. We estimated STI-prevalence and risk factors amongst HIV- and HIV+ MSM in Germany to plan effective interventions. Methods: We conducted a nationwide, cross-sectional study between February and July 2018. Thirteen MSMfriendly STI-practices screened MSM for Chlamydia trachomatis (CT), Mycoplasma genitalium (MG), Neisseria gonorrhea (NG), and Trichomonas vaginalis (TV) using self-collected rectal and pharyngeal swabs, and urine samples. APTIMA™ STI-assays (Hologic™ Inc., San Diego, USA) were used for diagnostics, and samples were not pooled. We collected information on socio-demographics, HIV-status, clinical symptoms, sexual behaviour within the last 6 months, and PrEP use. We combined HIV status and PrEP use for defining risk groups, and used directed acyclic graphs and multivariable logistic regression to identify risk factors for STI. Results: Two thousand three hundred three MSM were included: 50.5% HIV+, median age 39 [18–79] years. Median number of male sex partners within the last 6 months was five. Sex without condom was reported by 73.6%, use of party drugs by 44.6%. 80.3% had a STI history, 32.2% of STI+ MSM reported STI-related symptoms. 27.6% of HIVMSM used PrEP. Overall STI-prevalence was 30.1, 25.0% in HIV−/PrEP- MSM (CT:7.2%; MG:14.2%; NG:7.4%; TV:0%), 40.3% in HIV−/PrEP+ MSM (CT:13.8%; MG:19.4%; NG:14.8%; TV:0.4%), and 30.8% in HIV+ MSM (CT:10.1%; MG:18.4%; NG:8.6%; TV:0.1%). Being HIV+ (OR 1.7, 95%-CI 1.3–2.2), using PrEP (OR 2.0, 95%-CI 1.5–2.7), having > 5 sex partners (OR:1.65; 95%-CI: 1.32–2.01.9), having condomless sex (OR:2.11.9; 95%-CI:1.65–2.86), and using party drugs (OR:1.65; 95%-CI:1.32–2.0) were independent risk factors for being tested positive for at least one STI. Conclusions: We found a high STI-prevalence in MSM in Germany, especially in PrEP users, frequently being asymptomatic. As a relevant proportion of PrEP users will not use a condom, counselling and comprehensive STI screening is essential and should be low threshold and preferably free of cost. Counselling of PrEP users should also address use of party drugs.	MSM, Prevalence, PrEP, HIV, Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Curley, Christine M; Rosen, Aviana O; Mistler, Colleen B; Eaton, Lisa A	Pleasure and PrEP: A Systematic Review of Studies Examining Pleasure, Sexual Satisfaction, and PrEP.	Journal of Sex Research	-	-	1559-8519	10.1080/00224499.2021.2012638	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9329484	Pre-exposure prophylaxis (PrEP) is an effective form of Human Immunodeficiency Virus (HIV) prevention for people at potential risk for exposure. Despite its demonstrated efficacy, PrEP uptake and adherence have been discouraging, especially among groups most vulnerable to HIV transmission. A primary message to persons who are at elevated risk for HIV has been to focus on risk reduction, sexual risk behaviors, and continued condom use, rarely capitalizing on the positive impact on sexuality, intimacy, and relationships that PrEP affords. This systematic review synthesizes the findings and themes from 16 quantitative, qualitative, and mixed methods studies examining PrEP motivations and outcomes focused on sexual satisfaction, sexual pleasure, sexual quality, and sexual intimacy. Significant themes emerged around PrEP as increasing emotional intimacy, closeness, and connectedness; PrEP as increasing sexual options and opportunities; PrEP as removing barriers to physical closeness and physical pleasure; and PrEP as reducing sexual anxiety and fears. It is argued that positive sexual pleasure motivations should be integrated into messaging to encourage PrEP uptake and adherence, as well as to destigmatize sexual pleasure and sexual activities of MSM.	PrEP, pre-exposure prophylaxis, pleasure, sexual satisfaction	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Custer S.; Herbert L.	Implementing Pre-exposure Prophylactic Therapy in Primary Care	Journal for Nurse Practitioners	-	-	15554155	10.1016/j.nurpra.2021.08.019	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116210495&doi=10.1016%2fj.nurpra.2021.08.019&partnerID=40&md5=db2be6fcaef737125cbe4374b492802b	Since 2012, use of daily preventive medication, such as pre-exposure prophylactic (PrEP) therapy, has been recommended as an effective HIV prevention strategy. However, rates of PrEP use remain low, and disparities exist between populations at highest risk of HIV infection and those who take PrEP. Primary care nurse practitioners should routinely screen patients for risk of HIV acquisition and interest in PrEP and provide PrEP to patients who desire to use it. This report summarizes PrEP guidelines, common barriers to use of PrEP, strategies to overcome barriers to PrEP use, and recommendations to implement PrEP in primary care practices. © 2021 Elsevier Inc.	HIV; PrEP; PrEP guidelines; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Cyrus, Elena; Johnson, Shaina A; Perez-Gilbe, Hector R; Wuyke, Gabriella; Fajardo, Francisco J; Garba, Nana Aisha; Devièux, Jessy; Jimenez, Daniel; Garcia, Stephanie; Holder, Cheryl L	Engagement in Care and Housing Instability Influence HIV Screening Among Transgender Individuals in South Florida.	Transgender Health	-	-	2688-4887	10.1089/trgh.2020.0066	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8867217	Purpose: HIV screening is a critical step in the HIV care continuum to lowering incidence and achieving viral load suppression among at-risk populations. Few studies assess factors associated with HIV screening among transgender individuals living in the southeast region of the United States. This study was conducted to determine factors that influence HIV screening among transgender individuals in South Florida. Methods: During Fall 2016, 68 participants were recruited to complete a questionnaire as part of a pilot pre-exposure prophylaxis study. Correlations were examined between sociodemographic factors, HIV risk, and access to and engagement in care. Significant correlations were entered into one logistic regression model to estimate predictors of HIV screening and knowledge of HIV status. Results: Almost half (48.5%) of the respondents were Latinx, 38.2% Black, 10.3% non-Latinx White, and 3% other. Seventy-eight percent reported access and routine engagement in care within the past year, 25% had not screened for HIV in the past year, and of those who knew their status, 16.7% reported living with HIV. Regression analysis revealed that participants with routine engagement in care were twice as likely to screen for HIV (p=0.02). Unstable housing was associated with no HIV screening in the past year (p=0.05). Conclusion: Stable housing is linked to engagement in routine care that can increase the likelihood of an at-risk transgender individual screening for HIV. Further research is needed to develop interventions to improve engagement in care among transgender individuals who do not have adequate housing or access to care.	access to care, HIV, housing, housing insecurity, screening, transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Czarnogorski M.; Benn P.; Mccoig C.; Nwafor T.; Griffith S.; Sutton K.; Harrington C.; Saggu P.; Yague I.; Williams W.; Español C.M.; Goodchild J.; Fricker J.; Patel P.; D'amico R.	Impact of COVID-19 on Cabotegravir Plus Rilpivirine Long-Acting Dosing Across 6 Ongoing Global Phase IIb and III Clinical Trials	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000003031	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138440937&doi=10.1097%2fQAI.0000000000003031&partnerID=40&md5=f3e9ae8bab268e9228808b2d1e080fc7	Background:Cabotegravir + rilpivirine long-acting (LA) is a novel antiretroviral therapy (ART) administered intramuscularly monthly or every 2 months by a health care provider. The COVID-19 pandemic presents a potential challenge to patients' ability to attend scheduled clinic visits for dosing administration.Setting:This analysis evaluated implementation fidelity across 6 phase IIb/III/IIIb cabotegravir + rilpivirine LA clinical trials in 16 countries during the COVID-19 pandemic.Methods:COVID-19-impacted visits were defined as modified dosing visits for which oral therapy was provided to participants unable to attend the clinic or injection visits that were rescheduled. Data from December 1, 2019, to March 1, 2021, were aggregated and analyzed using descriptive statistics.Results:Of 2127 participants in cabotegravir + rilpivirine LA trials, 1997 (94%) had LA dosing visits proceed as planned during the COVID-19 pandemic. Of 130 (6%) participants with injection visits affected by COVID-19, most were from North America (57%) and Europe (26%). Most participants with COVID-19-impacted visits used oral therapy with cabotegravir + rilpivirine (75%) or alternative oral standard-of-care ART (21%) to maintain continuous ART. The most common reasons for missed visits were clinic closure/staffing constraints (48%) and COVID-19-related travel restrictions (23%). Most (98%) participants who used oral ART maintained virologic suppression; 2 participants had viral load between 50 and 100 copies/mL.Conclusion:During the COVID-19 pandemic, most trial participants maintained their LA dosing schedules. Flexibility of the LA dosing regimen, with the ability to switch to oral therapy, facilitated continuous ART provision and implementation fidelity. © 2022 Lippincott Williams and Wilkins. All rights reserved.	antiretroviral therapy; cabotegravir; COVID-19; HIV; patient adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Czarnogorski, Maggie; Garris, Cindy P; Dalessandro, Marybeth; D'Amico, Ronald; Nwafor, Toyin; Williams, Will; Merrill, Deanna; Wang, YuanYuan; Stassek, Larissa; Wohlfeiler, Michael B; Sinclair, Gary I; Mena, Leandro A; Thedinger, Blair; Flamm, Jason A; Benson, Paul; Spreen, William R	Perspectives of healthcare providers on implementation of long-acting cabotegravir plus rilpivirine in US healthcare settings from a Hybrid III Implementation-effectiveness study (CUSTOMIZE).	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.26003	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9465974	INTRODUCTION: CUSTOMIZE evaluated the implementation of long-acting (LA) cabotegravir + rilpivirine, a novel healthcare provider-administered injectable antiretroviral therapy regimen, in diverse US healthcare settings. Findings from staff-study participants (SSPs) through 12 months of implementation are reported. METHODS: CUSTOMIZE was a phase IIIb, 12-month, single-arm, hybrid III implementation-effectiveness study conducted from July 2019 to October 2020 at eight US clinics of five clinic types: private practice (n = 2), federally qualified health centre (n = 2), university (n = 2), AIDS Healthcare Foundation (n = 2) and health maintenance organization (n = 1). Eligible patient participants received monthly cabotegravir + rilpivirine LA injections after a 1-month oral lead-in. At baseline, month 4 and month 12, SSPs (n = 3 each per clinic), including physicians, nurses or injectors, and administrators, completed quantitative surveys and semi-structured interviews to assess implementation outcomes (acceptability, appropriateness and feasibility of intervention measures), programme sustainability and SSP perceptions of, attitudes towards, and expectations for cabotegravir + rilpivirine LA. Month 12 data collection occurred during the COVID-19 pandemic. RESULTS: In surveys, SSPs reported high mean total scores for acceptability, appropriateness and feasibility of cabotegravir + rilpivirine LA implementation at baseline (4.43, 4.52 and 4.38 of 5, respectively) and month 12 (4.45, 4.61 and 4.46 of 5, respectively), regardless of clinic type. At month 12, SSPs were positive about the implementation sustainability (mean Program Sustainability Assessment Tool score, 5.83 out of 7). At baseline, SSPs' top concern was patients' ability to maintain monthly appointments (81%); at month 12, 39% had this concern. The proportion of SSPs reporting patient injection pain or soreness as a barrier was consistent at month 12 versus baseline (48% vs. 46%). Most (78%) SSPs reported optimal implementation of cabotegravir + rilpivirine LA in their clinics was achieved in 1-3 months. In interviews, SSP-reported strategies for successful implementation included teamwork, using a web-based treatment planner and having a designated person to track appointment scheduling. In month 12 interviews, SSP-reported structural changes needed for implementation included changing clinic hours and purchasing refrigerators. CONCLUSIONS: In CUSTOMIZE, cabotegravir + rilpivirine LA was successfully implemented across a range of US healthcare settings. Barriers were mitigated with minor process adjustments.	HIV-1; acceptability; antiretroviral therapy; appropriateness; feasibility; sustainability.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Dai, M. N.; Xi, Y.; Yin, W. W.; Chen, Y. J.; Zhang, Z. J.; Feng, C. H.; Tang, Changhai	Meta analysis on acceptance rate of HIV pre-exposure prophylaxis among men who have sex with men in China/ 中国男男性行为人群艾滋病暴露前预防用药接受率的Meta分析	Zhonghua Yu Fang Yi Xue Za Zhi (Chinese Journal of Preventive Medicine)	-	-	0253-9624	10.3760/cma.j.cn112150-20210611-00570	https://rs.yiigle.com/cmaid/1351344	Objective: To systematically evaluate the acceptance of pre-exposure prophylaxis (PrEP)among men who have sex with men (MSM) in China, so as to provide reference for the promotion of preventive drug use before human immunodeficiency virus exposure in China. Methods: By searching the databases of China national knowledge infrastructure, VIP database, Wanfan knowledge service platform, PubMed, Web of Science, Embase and The Cochrane Library with key words of "men who have sex with men" "pre-exposure prophylaxis" "PrEP" and "MSM". The literature on the willingness of Chinese MSM population to accept PrEP was systematically collected, and the data of the literature meeting the inclusion criteria were extracted for Meta analysis. Results: A total of 12 articles were selected in this study, including 6 articles in English and 6 in Chinese. The score of bias risk assessment of eligible articles was 14-18, which was more than 70% of the total score. The total number of samples was 11 269. The overall acceptance rate of PrEP was 0.77(95%CI0.71-0.82). In subgroup analysis, the acceptance rates of different nationalities, marriage, household registration, age, education background, income, sexual orientation, sexual behavior and awareness of PrEP were statistically significant. Conclusion: In general, the acceptance rate of PrEP in MSM population is higher, but the awareness rate is low. There are differences in the acceptance rate among different groups.	Humans; Male; Female; Sexual Behavior; Homosexuality, Male; Health Knowledge, Attitudes, Practice; Patient Acceptance of Health Care; China/epidemiology; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; *Sexual and Gender Minorities	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2022	Dai, Minhao; Calabrese, Christopher	Socio-behavioral factors related to PrEP non-adherence among gay male PrEP users living in California and New York: A behavioral theory informed approach.	Journal of Behavioral Medicine	-	-	1573-3521	10.1007/s10865-021-00275-1	https://dx.doi.org/10.1007/s10865-021-00275-1	One effective preventative measure to reduce the number of new HIV infections is through the uptake of daily oral HIV pre-exposure prophylaxis (PrEP). Although previous clinical trials have proven the effectiveness of on-demand PrEP uptake, daily PrEP uptake is the most popular prevention method among PrEP users and is still recommended by most healthcare professionals and organizations. Informed by the integrative model of behavioral prediction, the current study examined the socio-behavioral factors associated with PrEP non-adherence. The present study conducted a cross-sectional survey of 210 gay male daily PrEP users living in California and New York. The results showed more than two-thirds of the sample indicated that they had skipped taking PrEP within the last 30 days, averaging around four to five missed doses. General attitudes toward desirable and undesirable outcomes, perceived behavioral control, and social-level barriers were associated with daily PrEP uptake non-adherence. The findings highlight providers' role in PrEP adherence and the importance of habit-forming, which can be enhanced by cost-effective strategies and technological innovations.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Dalton C.; Cornelius J.; Davis B.	A Brief Educational Pre-exposure Prophylaxis Intervention in an Infectious Disease Clinic: Protocol for a Case Series Study	JMIR Research Protocols	-	-	19290748	10.2196/33093	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144748191&doi=10.2196%2f33093&partnerID=40&md5=d56f520cb9d448e6c73b5a528a9b9727	Background: Black men who have sex with men (BMSM) remain the highest group infected with HIV despite treatment with medications known as pre-exposure prophylaxis (PrEP). PrEP in combination with safer sex practices has shown efficacy in preventing HIV infection. Despite awareness campaigns, PrEP uptake remains low among BMSM. While brief educational interventions have value in fast-paced clinical settings with limited appointment times, a brief PrEP educational intervention has not been initiated with BMSM in a fast-paced outpatient infectious disease clinic in North Carolina. Objective: The purpose of this study was to examine the effect of initiating a brief PrEP educational intervention to reduce HIV infection rates in BMSM in a fast-paced infectious disease clinic delivered by a doctoral-prepared nurse practitioner. Methods: This case-series study uses a brief educational intervention to develop and pilot-test a brief PrEP educational uptake intervention with BMSM. The participants met with the nurse practitioner at 3 different time points: baseline, 4 weeks later (first visit), and at the 3-month follow-up (second visit). We used a pretest-posttest design to examine the primary outcomes of PrEP knowledge, medication adherence, and sexually transmitted infection outcomes. Results: Due to the COVID-19 pandemic, the recruitment process was delayed. From November 1, 2019, to August 30, 2021, a total of 7 participants consented to participate in the study. Data analysis will be completed by the end of September 2022. We will submit a manuscript for publication consideration by December 2022. Conclusions: Brief educational interventions delivered in a fast-paced infectious disease clinic have the potential to increase PrEP awareness and knowledge, medication adherence, and decreased rates of sexually transmitted diseases in BMSM. This protocol will contribute to the literature on the development of brief PrEP educational interventions and has the potential to be generalized to other populations (eg, women and adolescents). International Registered Report Identifier (IRRID): RR1-10.2196/33093 © Cynthia Dalton, Judith Cornelius, Bernard Davis.	case series design; educational intervention; health education; HIV; HIV prevention; men who have sex with men; pre-exposure prophylaxis; PrEP; protocol; sexual health	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Damacena, Giseli Nogueira; Cruz, Marly Marques da; Cota, Vanda Lúcia; Souza Júnior, Paulo Roberto Borges de; Szwarcwald, Celia Landmann	Conhecimento e práticas de risco à infecção pelo HIV na população geral, homens jovens e HSH em três municípios brasileiros em 2019	Cadernos de Saúde Pública	-	-	1678-4464	10.1590/0102-311xpt155821	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2022000405004	O objetivo do estudo foi descrever o conhecimento e práticas de risco à infecção pelo HIV na amostra total de cada município, entre homens de 15 a 24 anos que vivem sem companheiro(a), e homens que fizeram sexo com homens (HSH) pelo menos uma vez na vida em três cidades brasileiras. Foi realizado estudo de corte transversal de base domiciliar com amostragem por conglomerados em três estágios (setores censitários, domicílios, indivíduos), com estratificação por sexo, faixa etária (15-24; 25-34; 35-44; 45-59) e vive com companheiro(a) na seleção do indivíduo. Estimaram-se proporções e intervalos de 95% de confiança (IC95%) de indicadores de conhecimento, testagem do HIV, comportamento sexual e autoavaliação do risco. Foram analisados 5.764 indivíduos em Campo Grande, 3.745 em Curitiba e 3.900 em Florianópolis. Baixo nível de conhecimento foi encontrado para os métodos de prevenção, sobretudo para profilaxia pré-exposição (PrEP). Práticas de sexo desprotegido foram frequentes nos três municípios. As proporções de teste de HIV na vida foram 57,2% (IC95%: 55,1-59,2) em Curitiba, 64,3% (IC95%: 62,7-66,0) em Campo Grande, e 65,9% (IC95%: 64,0-67,7) em Florianópolis. Entre homens de 15-24 anos, proporções de uso de drogas estimulantes e práticas sexuais desprotegidas foram mais altas que nos demais grupos etários. Entre os HSH, as proporções de teste de HIV na vida foram superiores a 80%. Mais de 30% foram parceiros receptivos no sexo anal sem uso de preservativo, e menos de 5% avaliam seu risco como alto. É preciso adotar estratégias de comunicação mais eficazes sobre a prevenção da infecção do HIV, incluindo a ampliação de conhecimentos que poderiam motivar práticas sexuais mais seguras.	Sexual Behavior; HIV; Health Surveys; VIH; Disease Prevention; Prevenção de Doenças; Prevención de Enfermedades; Conhecimento; Conocimiento; Knowledge; Comportamento Sexual; Conducta Sexual; Encuestas Epidemiológicas; Inquéritos Epidemiológicos	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Dang, Madeline; Scheim, Ayden I; Teti, Michelle; Quinn, Katherine G; Zarwell, Meagan; Petroll, Andrew E; Horvath, Keith J; John, Steven A	Barriers and Facilitators to HIV Pre-Exposure Prophylaxis Uptake, Adherence, and Persistence Among Transgender Populations in the United States: A Systematic Review.	AIDS Patient Care and STDs	-	-	1557-7449	10.1089/apc.2021.0236	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9242706	HIV pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV; however, PrEP use among transgender individuals remains low. We conducted a systematic review to identify barriers and facilitators to PrEP uptake, adherence, and persistence among transgender individuals in the United States. We conducted a literature search in PubMed and CINAHL databases in March 2021 and followed PRISMA guidelines. Studies were eligible if they were published in a peer-reviewed journal and reported interest, uptake, adherence, and/or persistence of PrEP use among transgender individuals. Articles that did not disaggregate results for transgender participants were excluded. Data from included articles were coded using content analysis and narratively synthesized using a framework matrix. We screened 254 unique articles published after US Food and Drug Administration approval of PrEP, and 33 articles were included in the review. Five themes were identified in the literature, including (1) PrEP concentrations were lower among individuals taking feminizing hormones, but the difference did not appear clinically significant; (2) concerns regarding interactions between gender-affirming hormone therapy and PrEP remain a large barrier; (3) PrEP initiation may facilitate increased self-advocacy and self-acceptance; (4) lack of trust in medical institutions impacts PrEP uptake; and (5) social networks have a significant influence on PrEP knowledge, interest, and adherence. Additional research is needed involving transgender men and nonbinary persons, and efforts to improve PrEP persistence among the transgender community are needed. Training health care providers to provide inclusive and affirming care is perhaps one of the strongest areas for intervention to increase PrEP uptake and persistence.	HIV, pre-exposure prophylaxis, transgender, systematic review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Dangerfield D.T., II; Anderson J.N.; Wylie C.; Arrington-Sanders R.; Bluthenthal R.N.; Beyrer C.; Farley J.E.	Refining a Multicomponent Intervention to Increase Perceived HIV Risk and PrEP Initiation: Focus Group Study Among Black Sexual Minority Men	JMIR Formative Research	-	-	2561326X	10.2196/34181	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135889796&doi=10.2196%2f34181&partnerID=40&md5=8d949689410054b0d57bfc10bc520546	Background: Increased preexposure prophylaxis (PrEP) initiation is needed to substantially decrease HIV incidence among Black sexual minority men (BSMM). However, BSMM perceive others as PrEP candidates instead of themselves and are less likely than other groups to use PrEP if prescribed. Peers and smartphone apps are popular HIV prevention intervention tools typically used independently. However, they could be useful together in a multicomponent strategy to improve perceived HIV risk and PrEP initiation for this group. Information regarding attitudes and preferences toward this multicomponent strategy is limited. Objective: The goal of this study is to obtain attitudes and perspectives regarding the design of a multicomponent intervention that uses a smartphone app and a peer change agent (PCA) to increase perceived HIV risk and PrEP initiation. The intervention will be refined based on thematic findings for a culturally responsive approach. Methods: Data were obtained guided by life course theory and the health belief model using 12 focus groups and 1 in-depth interview among HIV-negative BSMM from Baltimore, MD, between October 2019 and May 2020 (n=39). Groups were stratified by the following ages: 18 to 24 years, 25 to 34 years, and 35 years and older. Participants were provided details regarding an existing mobile app diary to self-monitor sexual behaviors and a hypothetical PCA with whom to review the app. Facilitators posed questions regarding perceived HIV risk, attitudes toward the app, working with a PCA, and preferences for PCA characteristics and approaches. Results: Most participants identified as homosexual, gay, or same-gender-loving (26/38, 68%), were employed (26/38, 69%), single (25/38, 66%), and interested in self-monitoring sexual behaviors (28/38, 68%). However, themes suggested that participants had low perceived HIV risk, and self-monitoring sexual behaviors using a mobile app diary was feasible but could trigger internalized stigma, and that an acceptable PCA should be a possible self for BSMM to aspire to but they still wanted clinicians to "do their job." Conclusions: HIV-negative BSMM have dissonant attitudes regarding perceived HIV risk and the utility of a mobile app and PCA to increase perceived HIV risk and PrEP initiation. Future research will explore the feasibility, acceptability, and preliminary impact of implementing the multicomponent intervention on perceived HIV risk and PrEP initiation among BSMM in a pilot study. ©Derek T Dangerfield II, Janeane N Anderson, Charleen Wylie, Renata Arrington-Sanders, Ricky N Bluthenthal, Christopher Beyrer, Jason E Farley. Originally published in JMIR Formative Research (https://formative.jmir.org), 10.08.2022.	digital health; health app; health belief; HIV; life course theory; mHealth; possible; preexposure prophylaxis; sexual health; smartphone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Dangerfield D.T., II; Lipson A.; Anderson J.N.	HIV PREP CLINICIAN COMMUNICATION PREFERENCES AMONG BLACK SEXUAL MINORITY MEN	AIDS Education and Prevention	-	-	8999546	10.1521/aeap.2022.34.2.168	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128794026&doi=10.1521%2faeap.2022.34.2.168&partnerID=40&md5=77d6c4f57ce3a04d11a2b1831eddfa3b	Black sexual minority men (BSMM) are substantially less likely than White SMM to accept a clinician's recommendation to initiate HIV pre-exposure prophylaxis (PrEP). The purpose of this study is to identify PrEP messaging preferences among BSMM. Data were obtained from 12 focus groups and one in-depth interview among BSMM in Baltimore, MD (N = 39). Focus groups were stratified (18–24, 25–34, and 35 and older), and facilitators probed on ways clinicians could discuss PrEP with BSMM. An adapted pile sorting approach was used to identify themes. Most identified as homo-sexual, gay, or same-gender-loving (68%), were employed (69%), and single (66%). Thematic analysis revealed that BSMM wanted clinicians to explain PrEP efficacy and side effects, tailor messaging, provide prevention messaging with care, and disclose PrEP use. Clinicians could increase uptake and adherence among BSMM by implementing PrEP communication preferences. Discussing PrEP efficacy and safety is also necessary. When possible, clinicians should disclose PrEP use history to build trust. © 2022 The Guilford Press.	counseling; education; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Dangerfield Ii, Derek T; Wylie, Charleen	Identifying Ethical and Culturally Responsive Research Activities to Build Trust and Improve Participation of Black Sexual Minority Men in Pre-Exposure Prophylaxis Telehealth Clinical Trials: Qualitative Study.	JMIR Human Factors	-	-	2292-9495	10.2196/28798	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861862	BACKGROUND: Telehealth interventions could improve pre-exposure prophylaxis (PrEP) initiation and adherence in high HIV incidence groups such as young Black sexual minority men (BSMM). However, young BSMM remain distrustful of and underrepresented in clinical trials. Therefore, ethical and culturally responsive ways are needed to build trust and improve their participation in PrEP telehealth clinical trials. OBJECTIVE: To bridge this gap, this study identified ethical and culturally responsive activities to build trust and improve participation of young BSMM in PrEP telehealth clinical trials. METHODS: We obtained data from 7 virtual, synchronous focus groups that were conducted from April to August 2020 and consisted of 28 BSMM aged 18-34 years. Focus groups included a brief survey distributed online via Qualtrics followed by a virtual, synchronous focus group conducted via Zoom that lasted between 50 and 75 minutes. Focus groups were stratified by age (18- to 24-year-old participants and 25- to 34-year-old participants), outlined the components of an example PrEP telehealth randomized controlled trial, and included questions on domains of the study design-research motivations, study funding, recruitment activities, informed consent details, randomization, follow-up, and end of study activities. Participants were asked targeted questions regarding the ethics and trustworthiness of the study and ways in which researchers could gain their trust through the protocol used in the PrEP telehealth clinical trial. RESULTS: The focus groups included 2 groups of 18- to 24-year-old participants and 5 groups of 25- to 34-year-old participants. The mean age of participants was 27.2 years (SD 4.4 years). Of the 28 participants, 10 (36%) reported a bachelor's degree to be their highest completed education level and 6 (21%) reported some graduate degree or higher to be their highest completed education level. Most participants (16/28, 57%) reported that they worked full-time and that they were single or not in a committed relationship (21/28, 75%). Most participants (24/28, 86%) reported that they used at least one drug before sex in the 6 months prior to the study. All participants reported that they heard about PrEP and 36% (10/28) were current PrEP users. Overall, the focus groups yielded themes related to the impact of researcher intentions, study funding, recruitment activities, informed consent details, randomization, and study team interactions during and after the study on trust and participation in the clinical trial. CONCLUSIONS: Medical and research mistrust persists among BSMM. This study identified several ethical and culturally responsive activities to build trust and improve participation of young BSMM in PrEP telehealth clinical trials. Future studies should assess the relative impact of implementing these findings on research participation in a PrEP telehealth clinical trial.	HIV/AIDS; Mandatory Screening; Pre-Exposure Prophylaxis (PREP); Prison Health Care System & Human Rights; Sexually Transmitted Infection (STI)	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Daniels, Joseph; Peters, Remco P H; Medina-Marino, Andrew; Bongo, Cikizwa; Stephenson, Rob	A Skills-Based HIV Serostatus Disclosure Intervention for Sexual Minority Men in South Africa: Protocol for Intervention Adaptation and a Pilot Randomized Controlled Trial.	JMIR Research Protocols	-	-	1929-0748	10.2196/36845	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9152729	BACKGROUND: Gay, bisexual, and other men who have sex with men (GBMSM) living with HIV have low antiretroviral treatment adherence in South Africa due to limited skills in managing disclosure and prevention behaviors with sexual and romantic partners. As a result, there is a high HIV transmission risk within HIV-discordant partnerships, but an existing intervention may address these outcomes, if adapted effectively. Healthy Relationships (HR) is a behavioral intervention that was originally delivered in groups and in person over 5 sessions to develop coping skills for managing HIV-related stress and sexually risky situations, enhance decision-making skills for HIV disclosure to partners, and establish and maintain safer sex practices with partners. HR effectively improves prevention behaviors but has yet to be tailored to a non-US context. OBJECTIVE: We aim to adapt HR into a new culturally grounded intervention entitled Speaking Out & Allying Relationships for GBMSM and then assess its feasibility in Eastern Cape, South Africa. METHODS: The study will have 2 aims. For aim 1-adaptation-we will use a human-centered design approach. Initial intervention tailoring will involve integrating Undetectable=Untransmittable and pre-exposure prophylaxis education, developing intervention content for a videoconference format, and designing role-plays and movies for skill building based on preliminary data. Afterward, interviews and surveys will be administered to GBMSM to assess intervention preferences, and a focus group will be conducted with health care providers and information technology experts to assess the intervention's design. Finally, a usability test will be performed to determine functionality and content understanding. Participants will be GBMSM living with HIV (n=15) who are in a relationship and health care providers and information technology (n=7) experts working in HIV care and programming with this population. For aim 2, we will examine the feasibility of the adapted intervention by using a pilot randomized control design. There will be 60 individuals per arm. Feasibility surveys and interviews will be conducted with the intervention arm, and behavioral and biomedical assessments for relationship and treatment adherence outcomes will be collected for both arms. All participants will be GBMSM living with HIV who are in a relationship with an HIV-negative or unknown status partner. RESULTS: Intervention adaptation began in August 2021. Initial tailoring and the refining of GBMSM intervention preferences were completed in December 2021. Usability and feasibility assessments are due to be completed by March 2022 and February 2024, respectively. CONCLUSIONS: GBMSM need efficacious interventions that tackle partnership dynamics, HIV prevention, and treatment outcomes for antiretroviral treatment adherence and viral suppression in South Africa. Harnessing everyday technology use for social networking (eg, videoconferences), Undetectable=Untransmittable education, and pre-exposure prophylaxis to update an existing intervention for South African GBMSM has the potential to strengthen relationship communication about HIV treatment and prevention and, in turn, improve outcomes. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/36845.	Pre-exposure prophylaxis; Prep; Tenofovir disoproxil; Medical research; Multivariate analysis; Studies; Medical Sciences--Communicable Diseases; FDA approval; Back pain	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2022	Dartrem, Antoinette A; Chew Murphy, Emma; Avila, Karina; Gonzalez-Argoti, Tatiana; Edwards, Angela; Rivera, Hoffman, Susie; Mantel, Joanna E; Bauman, Laurie J; Dolan, Siobhan M	Women Trust Their OBGYNs to Provide Preexposure Prophylaxis: An Opportunity for HIV Prevention.	Frontiers in Public Health	-	-	-	-	2673-3153	10.3389/fph.2022.832287	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9580160/	Objective: The objective of this study was to understand how women perceive the role of their Obstetrician and Gynecologist (OBGYN) in screening for and providing preexposure prophylaxis (PrEP) for HIV prevention. Methods: We recruited women ages 18-45 years receiving obstetric or gynecological care at an academic medical center in the Bronx, NY. Thirty participants were enrolled: 10 seeking care for family planning, 10 seeking prenatal care, and 10 seeking care for a sexually transmitted infection. We screened participants for HIV acquisition risk using a PrEP screening tool. We conducted face-to-face, semi-structured interviews, which were audio-recorded, transcribed, and entered into Dedoose for analysis of themes using a grounded theory approach. Results: Sixty percent of the participants were Latinx and 33% African American. Seventy percent had one or more risk factors for HIV acquisition based on the PrEP screening tool, indicating they would benefit from a PrEP discussion. Three main themes emerged from the analysis of interview data. Participants viewed OBGYNs as experts in sexual and reproductive healthcare and believed they were experts in PrEP. Participants were concerned about "PrEP stigma", being judged by their clinicians as being sexually promiscuous if they expressed a need for PrEP. Lastly, when participants trusted their OBGYN, that trust became a facilitator for women to consider PrEP and effort stigma as a barrier to identifying patients who are candidates for PrEP. Conclusion: Women established care with an OBGYN are enthusiastic about having access to PrEP services incorporated into their sexual and reproductive healthcare. A universal approach to HIV prevention would avert stigma surrounding HIV care and prevention.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Divasse P.A.; Loschiavo C.E.; Krause K.D.; Karr A.; Helkin P.N.	Biological, Behavioral, and Demographic Drivers of Recent Syphilis Infection Among Emerging Adult Sexual Minority Men in New York City: The P18 Cohort Study	AIDS Patient Care and STDs	-	-	-	-	1087-2914	10.1089/apc.2022.0148	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141677894&doi=10.1089%2Fapc.2022.0148&partnerID=40&md5=52cd8419957b1421e2b96b15d3d053c4	The rate of syphilis infection among sexual minority men (SMM) has continued to increase in recent decades. As such, this analysis sought to identify demographic, biological, and behavioral factors associated with recent syphilis infection among participants in the P18 cohort study. From 2015 to 2017, 628 SMM ages 18–34 years were enrolled in New York City. Study assessments included rapid HIV testing and behavioral surveys. At baseline, and at the 18- and 36-month time points, participants underwent chlamydia, gonorrhea, and syphilis screening. Generalized estimating equations were used to generate four models of reported syphilis screening. In this racially/ethnically and socioeconomically diverse sample of SMM, 3.0% of participants tested positive for syphilis at baseline and 9.0% had an infection at some point during follow-up. Cumulative incidence was 6.0 per 100 person-years. Across all models, racial/ethnic minority SMM had higher odds of syphilis. Higher odds of syphilis infection were also significantly associated with more STI, as was condomless anal sex, more frequent marijuana use, HIV seropositivity, not currently using pre-exposure prophylaxis (PrEP), and not receiving syphilis testing in the previous 6 months; lower odds were associated with more frequent oral sex and more frequent alcohol use. These findings support current screening guidelines based on SMM who may be at increased risk for sexually transmitted infection (STI) acquisition, such as people living with HIV or those who engage in condomless sex. Further, our findings of reduced syphilis incidence among those who are on PrEP and engaged in regular STI testing support existing efforts to increase the availability and accessibility of preventive sexual health care for SMM. - Copyright © 2022, Mary Ann Liebert, Inc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Dawey, Dwora Joseph; Bekker, Linda-Gail; Bukusi, Elizabeth A; Chi, Benjamin H; Delany-Moretlwe, Sinead; Gaga, Antonia; Lyerly, Anne Drapkin; Mgodi, Nyaradzo M; Mugo, Nelly; Myer, Landon; Nogueda, Lisa M; Stranix-Chibanda, Lynda; Slack, Catherine	Where are the pregnant and breastfeeding women in new pre-exposure prophylaxis trials? The imperative to overcome the evidence gap	The Lancet HIV	-	-	-	-	2405-4704	https://doi.org/10.1016/s2352-3018(21)00280-0	https://escholarship.org/uc/item/7p2v7jzp	Pregnant and breastfeeding populations are at substantial risk of acquiring HIV in some settings, yet are underrepresented in clinical trials of new pre-exposure prophylaxis (PrEP) agents. Several PrEP formulations are in development (eg, vaginal ring, injectable long-acting, implantable, and other products). Pregnant and breastfeeding populations are typically excluded from early-phase clinical trials. We identified 14 PrEP trials of novel agents in non-pregnant or non-breastfeeding populations, and six phase 1–3 trials and open-label extensions among pregnant and breastfeeding populations, that are currently ongoing or complete. A framework shift is needed to consider the ethical costs of excluding pregnant and breastfeeding populations at risk for HIV in PrEP clinical trials and promote inclusion to maximise the benefits from PrEP tools in the pipeline. Research on new PrEP agents should include pregnant and breastfeeding populations to avoid delays in reaching those who could benefit from PrEP after efficacy is established.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Dawey, Dwora Joseph; Dewell, Kathryn; Cleary, Susan; Khadka, Nobaa; Mashele, Nyiko; Sillman, Miriam; Mvududu, Rufaro; Nyimba, Dorothy C; Conits, Thomas J; Myer, Landon	Stepped care to optimize pre-exposure prophylaxis (PrEP) effectiveness in pregnant and postpartum women (SCOPE-PP) in South Africa: a randomized control trial.	BMC Public Health	-	-	-	-	1471-2458	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9024862/	10.1186/s12889-022-13052-5	BACKGROUND: HIV incidence among pregnant and postpartum women remains high in South Africa. Pre-exposure prophylaxis (PrEP) use remains suboptimal in this population, particularly during the postpartum period when women's engagement with routine clinic visits outside PrEP decreases. Key barriers to sustained PrEP use include the need for ongoing contact with the health facility and suboptimal counseling around effective PrEP use. METHODS: Stepped Care to Optimize PrEP Effectiveness in Pregnant and Postpartum women (SCOPE-PP), is a two-stepped unblinded, individually randomized controlled trial (RCT) that aims to optimize postpartum and postpartum PrEP use by providing a stepped package of evidence-based interventions. We will enroll 930 pregnant women (< 28 weeks pregnant) who access PrEP at a busy antenatal clinic in Cape Town at the time of recruitment and follow them for 15 months. We will enroll and individually randomize pregnant women > 16 years who are not living with HIV and who report PrEP use in the last 3 months to either: (1) standard of care (SOC) or (2) SOC + a stepped package of evidence-based interventions to support PrEP use including: (a) a bidirectional text and triaged PrEP collection (to reduce time required) on PrEP use in early postpartum compared to standard of care (SOC) (n = 325 per arm). The primary outcome is PrEP persistence per urine tenofovir levels and dried blood spots of tenofovir diphosphate (TFV-DP) after 6-months. The second step will enroll and individually randomize participants from Step 1 who discontinue taking PrEP or have poor persistence in Step 1 but want to continue PrEP. Step 2 will test the impact of enhanced counseling and bidirectional plus rapid PrEP collection compared to community PrEP delivery with HIV self-testing on PrEP use (n = up to 325 postpartum women). The primary outcome is PrEP continuation and persistence 6-months following second randomization (~ 9-months postpartum). Finally, we will estimate the cost effectiveness of SCOPE-PP vs. SOC per primary outcomes and disability-adjusted life-years (DALYs) averted in both Step 1 and 2 using micro-costing with trial- and model-based economic evaluation. DISCUSSION: This study will provide novel insights into optimal strategies for delivering PrEP to postpartum and postpartum women in this high-incidence setting. TRIAL REGISTRATION: NCT05322629 . Date of registration: April 12, 2022.	Humans; Male; HIV Infections*prevention & control*transmission; Female; Anti-Retroviral Agents*therapeutic use; HIV Seropositivity; Pregnancy; Pregnant Women; Adult; Young Adult; Middle Aged; Adolescent; Pre-Exposure Prophylaxis; Counseling; Medical Records; Text Messaging; Health Services Accessibility; Interviews as Topic; Social Stigma; Reproductive Health; Disclosure; *Insemination, Artificial; Safer conception; Preconception Care; Pregnant; Serodiscordant; Couples; *Reproductive Behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Dawey, Dwora Joseph; Dewell, Kathryn; Mvududu, Rufaro; Nyimba, Dorothy; Mashele, Nyiko; Bekker, Linda-Gail; Gerbach, Pamina M; Conits, Thomas J; Myer, Landon	Pre-exposure Prophylaxis Recent Adherence With Real-Time Adherence Feedback and Partner Human Immunodeficiency Virus Self-Testing: A Pilot Trial Among Postpartum Women.	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofab609	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9749072/	BACKGROUND: Pre-exposure prophylaxis (PrEP) is safe and effective in postpartum women. Human immunodeficiency virus self-testing (HIVST) for male partners combined with bidirectional counseling through real-time adherence measures may improve PrEP use among postpartum women. METHODS: Between August 2020 and April 2021, we randomized postpartum women who initiated PrEP in antenatal care (ANC) to receive HIVST for male partners with bidirectional counseling through real-time adherence measures (intervention) or HIVST for male partners without bidirectional counseling (control). The primary outcome was PrEP adherence in the past 28 days in urine tenofovir tests and partner HIV testing, measured 1 month after randomization. Secondary outcomes included the proportion of partners who tested for HIV and the discrepancy between self-reported PrEP adherence and urine tenofovir result. RESULTS: We enrolled 106 women (median age(t=626 years). At enrollment, 72% of women reported ≥2 doses in the past 7 days; 30% of women had tenofovir present in their urine. One month after enrollment, 62% (n=123) of women in the intervention arm had tenofovir present in their urine compared to 34% (n=63) in SOC (risk ratio RR)=1.83; 95% confidence interval(CI)=1.39,2.92; P<0.001). Two-thirds of women in the intervention arm reported that her partner tested for HIV (68%; n=135), compared to 17% (n=49) in SOC (RR)=4.0; 95% CI=2.88,7.27; P<0.001). Self-reported PrEP adherence (took PrEP≥5 of last week) with no tenofovir present in urine test was lower in the intervention group (17% vs 46%; RR=0.38; 95% CI=0.30,0.47; P<0.03). No social or clinical adverse events were reported in the intervention arm. CONCLUSIONS: The HIVST for partners and bidirectional counseling increased levels of recent PrEP adherence, pointing to the importance of these interventions to support PrEP use in this population.	Humans; Male; HIV Infections*prevention & control*transmission; Female; Anti-Retroviral Agents*therapeutic use; HIV Seropositivity; Pregnancy; Pregnant Women; Adult; Young Adult; Middle Aged; Adolescent; Pre-Exposure Prophylaxis; Counseling; Medical Records; Text Messaging; Health Services Accessibility; Interviews as Topic; Social Stigma; Reproductive Health; Disclosure; *Insemination, Artificial; Safer conception; Preconception Care; Pregnant; Serodiscordant; Couples; *Reproductive Behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Dawey, Dwora Joseph; Hsiao N.-Y.; Wendy Spearman C.; Sonderup M.; Hu N.-C.; Maoleki N.; Mvududu R.; Myer L.	Low prevalence of hepatitis B virus infection in HIV-uninfected pregnant women in Cape Town, South Africa: implications for oral pre-exposure prophylaxis roll-out	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-022-07307-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9178127/	Background: Oral daily preexposure prophylaxis (PrEP) using emtricitabine (FTC)/tenofovir disoproxil fumarate (TDF) is recommended as standard of care for prevention in individuals at high risk for HIV infection, including pregnant and postpartum cisgender women. FTC/TDF is also active against hepatitis B virus (HBV); however, concern has been raised that providing PrEP to individuals infected with HBV could lead to hepatitis flares and liver injury, especially in the setting of suboptimal PrEP use. Methods: We conducted a cross-sectional analysis of baseline data from the PrEP in pregnant and postpartum women (PrEP-PP) cohort study from February 2020–March 2022 in an antenatal care clinic in Cape Town, South Africa (SA) to evaluate: (1) the field performance of a point-of-care HBV rapid test (Alere™ B...Inpaxi) for diagnosis of hepatitis B surface antigen (HBsAg) in a maternity setting, (2) the prevalence of HBV in a cohort of pregnant women not living with HIV. Results: We enrolled 1194 HIV-seronegative pregnant women at their first antenatal visit. Median age was 26 years (IQR = 22–31 years); 52% were born before 1990 (before universal HBV vaccination was introduced in South Africa). Median gestational age was 22 weeks (IQR = 16–30 weeks). There were 0 POCT and laboratory-confirmed HBV cases among 1194 women. The overall prevalence of 0.67% (95% CI = 0.34–1.32%). In women born before 1995, 8 of 621 women were diagnosed with HBsAg; the prevalence was 1.29% (95% CI = 0.65–2.52%), and in women born in 1995 or after (n = 572), the prevalence was 0% (95% CI = 0.0–0.67%). We confirmed the test results in 99.8% of the rapid HBsAg (Determine II). Sensitivity was 100% (95% CI = 66–100%). Specificity was 100% (95% CI = 99.87–100%). Conclusion: The prevalence of HBV in HIV-uninfected pregnant women in Cape Town, South Africa is low. Among women born after 1995, the prevalence was 0%. Oral PrEP with TDF/FTC is highly effective for preventing HIV acquisition. If POCT HBsAg showed excellent performance against the laboratory assay, HBV screening should not be a barrier to starting PrEP in the context of high HIV risk consequences. © 2022. The Author(s).	Hepatitis B; HIV; Pre-exposure prophylaxis; Pregnant	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Dawey, Dwora Joseph; Mvududu R.; Maoleki N.; Lesosky M.; Khadka N.; Bekker L.-G.; Gerbach P.; Coates T.J.; Myer L.	Early pre-exposure prophylaxis (PrEP) initiation and continuation among pregnant and postpartum women in antenatal care in Cape Town, South Africa	Journal of the International AIDS Society	-	-	-	-	17582652	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124295207&doi=10.1002%2Fjia2.25866&partnerID=40&md5=16059a59600bc0a30a1f0bf91ac1fce	10.1002/jia2.25866	The potential preventive efficacy of tenofovir/emtricitabine on severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection was assessed in human immunodeficiency virus preexposure prophylaxis (PrEP) users. Prevalence of SARS-CoV-2 immunoglobulin G (IgG) seropositivity was 0.8% (95% confidence interval [CI], 0.2%-2.3%) in December 2020 who initiated in PrEP (n = 262) and 2.2% (95% CI, 1.0%-4.2%) in PrEP users who had used tenofovir/emtricitabine for ≥6 months. Tenofovir/emtricitabine has no role in reducing the risk of SARS-CoV-2 acquisition. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HIV; PrEP; SARS-CoV-2	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Delbucci, TV; Jones, SS; Adhernar, C; Ewing, SWF; Lovejoy, T; Starks, TJ	Correlates of HIV Testing across the lifespan - adolescence through later adulthood - among sexual minority men in the US who are not on PrEP	Journal of Behavioral Medicine	-	-	-	-	0160-7715	10.1007/s10865-022-00341-2	https://doi.org/10.1007/s10865-022-00341-2	Regular HIV testing is an essential component of the HIV prevention and care cascade. Sexual minority males (SMM) account for most new HIV infections in the US and testing rates among SMM vary substantially across the lifespan. Research has largely overlooked the correlates of HIV testing. The current study compared correlates of HIV testing among adolescent (aged 15-17, n = 1,601), emerging adults (aged 18-29, n = 50,463), early adults (aged 30-39, n = 25,526), middle adults (aged 40-64, n = 25,526), and late adults (65 and older, n = 1,452) who were recorded online. Overall, HIV testing was lowest among adolescents (30%) and highest among middle adults (70%). Multivariable logistic regression models with generalized estimating equations to evaluate correlates of HIV testing (yes/no) and frequency of HIV testing (never/ever) among SMM, while being in a monogamous relationship (versus single) was associated with lower odds of HIV testing among early, middle, and late adults.	MSM; HIV testing; LGBT; UNITED-STATES; sexual health; GAY; sexual minority; life span	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Delpech, Valerie	The HIV epidemic: global and United Kingdom trends.	Medicine (Abingdon)	-	-	-	-	1357-3039	10.1016/j.mpmed.2022.01.002	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8864644/	Even before the coronavirus disease (COVID-19) pandemic, progress in the global AIDS response was not on track to reach the 2020 UNAIDS HIV targets. In 2019 an estimated 38 million people were living with HIV, 1.7 million people were newly infected with HIV and 690 000 died from AIDS. By the end of 2019, 81% knew their HIV status, 67% were receiving antiretroviral therapy (ART) and 59% had achieved viral suppression. Global efforts to reduce HIV transmission, pre-exposure prophylaxis have resulted in rapid declines in transmissions, particularly among men who have sex with men. Sustained efforts could lead to elimination of local transmission of HIV.	HIV epidemiology; incidence; MSCP; new diagnoses; prevalence; UK	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Demart, Sarah	«On n'arrive pas à les toucher »: le PrEP, les migrant.e.s africain.e.s et la production de figurance	Global Health Promotion	-	-	-	-	1757-9759	10.1177/17579759211062133	https://www.proquest.com/scholarly-journals/on-n-arrive-pas-à-les-toucher-le-prep-migrant-e-s/docview/2728613707/se-2?accountid=9113	Quelques années après sa mise sur le marché, en réalise que la PrEP (la prophylaxie pré-exposition) touche peu de monde, y compris dans le Nord global qui est aux lieu principal de distribution. Les migrant.e.s africain.e.s, le groupe le plus touché par l'épidémie après les hommes ayant des rapports sexuels entre hommes (HSH), ne l'utilisent quasiment pas et ne le connaissent généralement pas. Cet article invite à considérer la non-utilisation de la PrEP par les migrant.e.s africain.e.s non pas comme un problème résultant du public cible, mais comme un effet de l'économie politique par « fabrication de la figurance ». Cette figurance est le résultat d'un processus de production active à l'articulation d'enjeux pharmaceutiques, politiques et épistémiques donnant à voir des choix de non-recherche, là où des connaissances produites et lues à travers les prismes raciaux et coloniaux auraient pu être utiles pour le public concerné. Résumé Abstract Only 4% of people residing in France, all-PrEP users defined as individuals aged 15 years or older who received at least one dispensing of PrEP between 1 January 2016 and 30 June 2021 were identified. PrEP users number and their socio-demographic and PrEP use characteristics were assessed over time. Findings	Femme; Afrique; Belgique; PrEP; VIH/SIDA; Mots; Migrants; Migrantes; Public Health And Safety; Acquired immune deficiency syndrome--AIDS; Audiences; Articulation; Belgique; catégorisation; ignorance; Ignorance; Interpersonal Relationship; invisibilité; migrants africains; Repetition; Sons	French	Switzerland	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2022	Demart, Sarah; Gérard, Emilie	The Construction of Pre-exposure Prophylaxis (PrEP) by Prevention Professionals as a Tool for Black African Migrant Women... or Not?	AIDS Education and Prevention	-	-	-	-	1943-2755	10.1521/aeap.2022.34.6.496	https://dx.doi.org/10.1521/aeap.2022.34.6.496	While sub-Saharan African migrants are overrepresented as a key population in the HIV epidemic, they are absent from the PrEP delivery system and in particular women. The central argument of this article is that PrEP for Black African migrant women is an ambivalent offer that makes it necessary to understand how migration, gender, sexuality, and origin intersect. Bringing together a sociologist and a prevention project manager, this article looks at how Belgian prevention professionals navigate with this ambivalent offer. From semi-directive interviews we explore how PrEP is constructed as a discourse and practice tool for this population. The results show that different causalities are attributed to their absence from PrEP delivery system. This pluralism leads us to argue that there is a real blurring in the definition of this public as a "priority" in terms not only of representations and practices but also of political agenda.	Belgium; Black African women; PrEP; advocacy; migration.	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	de Alba de Moya, Danilo de Jesús	PrEP sin barreras: Financiación de la profilaxis preexposición al VIH por el Sistema de Salud de Colombia desde la perspectiva de justicia	-	-	Universidad El Bosque	-	NA	NA	https://repositorio.unbosque.edu.co/items/6b6167a5-d1f6-48ab-a755-1dbd7f765d06	Desde 2019 inicia en Colombia prueba piloto dirgida a 450 voluntarios sanos de poblaciones claves, con financiación por Organización Panamericana de la Salud, para documentar la efectividad y soporte inclusión de terapia PrEP en plan de beneficios nacional. Posterior al piloto, participantes suspenden terapia por restricciones financieras. En 2021 se publica gaia clínica nacional para manejo de infección por VIH con inclusión de antirretrovirico y condiciones como profilaxis preexposición y ajustadas de poblaciones tenemos entre disfrutarán de financiación del presente estudio analizar estructuras discursivas de justicia desde interpretaciones teóricas de Diego Gracia, Aracena Conceiro y Peter Singer en actores del sistema de salud respecto a financiación estatal de terapia PrEP para personas en parejas serodiscordantes. Metodología: Se realiza análisis hermenéutico y clasificación de estructuras discursivas encyclopédias mediante entrevistas semiestructuradas a grupos de interés: Personas, instituciones, organizaciones base comunitaria, bioeticistas. Muestreo por conveniencia. La clasificación entero usuicha a pre-codificación en instrumento desarrollado por guía de tópicos donde referentes teóricos de justicia y definición de tres categorías: Justicia Distributiva, Justicia Sustancia y Justicia Utilitarista. Resultados: La revisión hermenéutica identifica importancia fundamentales de la categoría Justicia Sustancia en discursos de grupos de interés. Con mayor representatividad de los subcategorías: Optimización de recursos escasos, principios para juicios morales comunes y consecuencias. Discusión: Se identifica importancia soporte ciudadano en financiación de terapia PrEP en encuentros barreras precalificadoras para su inclusión en el plan nacional de beneficios.	Bioethics, PrEP therapy, HIV, Serodiscordant Couple, General System of Social Security in Health - SGSSS	Spanish	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	-	-	Review
Article	2022	De Bustnaller, J; Verlynkke, B; Cuyknerts, Y; Cuer, B; Yaya, I; Mensah, E; Dah, E; Anoma, C; Koné, A; Dandé, S; Dagnra, A; Feyi-Koné, H; Yao, AL; Sissi, H; van den Bossche, D; Kota, BD; Spiri, B; Laurent, C; Crucitti, T; CAMMM-PrEP Study Grp	Mycoplasma genitalium and Antimicrobial Resistance Among a Cohort of West African Men Who Have Sex With Men Using Preexposure Prophylaxis (CohMMM-PrEP ANRS 12369-Expertise France Study)	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofac615	https://academic.oup.com/ofid/article/9/11/ofac615/6915397	Background Antimicrobial resistance to macrolides and fluoroquinolones in Mycoplasma genitalium (MG) among men who have sex with men (MSM) is worryingly high in high-resource countries. Data in African are lacking. We aimed to test the burden of MG including the presence of resistance-associated mutations (RAMs) in MG among MSM using human immunodeficiency virus (HIV) pre-exposure prophylaxis in Burkina Faso, Cote d'Ivoire, Mali, and Togo. Methods MSM were included in a prospective cohort study (2017-2021). Molecular detection of MG in urine, anorectal, and pharyngeal samples was performed at baseline and after at least 12 months. Detection of RAMs to macrolides and fluoroquinolones was performed by sequencing the 23S ribosomal RNA gene, parC, and gyrA. Factors associated with resistant to fluoroquinolones if ofcreatures were found in ParC position 83/87. Results Of 598 participants, 173 (28.9%) were positive at least once for MG and global point-prevalence was 19.4%. Interestingly, 238 of 288 (82.5%) infections were asymptomatic and 72 of 158 MG infections with follow-up data (22.2%) cleared during the study. Only 3 macrolide RAM was found (0.6%). Prevalence of fluoroquinolones RAMs was 11.3% overall, ranging from 2.4% in Burkina Faso to 17.3% in Mali. Conclusions Although MG was highly prevalent in these MSM, macrolide resistance was almost nonexistant. Nonetheless, a substantial resistance to fluoroquinolones was possibly responsible for treatment failures. Differences between countries may be explained by different antimicrobial consumptions. Infected and resistant Mycoplasma genitalium is very prevalent in West African men who have sex with men among MSM using HIV PrEP. Macrolide resistance was very rare, but ParC 83/87 mutations were frequently detected (11.3%). Between-country heterogeneity may be explained by different patterns of antimicrobial consumption in humans and animals.	-	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Demmelmaier, Nicklas; Persson, Kristina Ingemarsdotter; Thomson, Sarah; Forsberg, Birger C.; Akesson, Helle Mølsted	Conceptualising safer sex in a new era: Risk perception and decision-making process among highly sexually active men who have sex with men.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0000159	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000159	BACKGROUND: Men who have sex with men (MSM) are at the epicentre of the HIV epidemic. Efforts to prevent sexually transmitted infections (STIs) and HIV transmission have traditionally focused on condoms and abstinence from high risk sexual practices. Recently, additional methods such as pre-exposure prophylaxis (PrEP) and viral load testing have been introduced. The aim is to gain understanding about risk management and risk perception strategies for HIV among highly sexually active Swedish MSM with men in Berlin. METHODS: Eighteen sexually active Swedish MSM who had sex in Berlin were recruited and interviewed in this study. The data were analysed using qualitative content analysis. RESULTS: Participants described a multifaceted sexuality among MSM in terms of HIV. They acknowledged that having sex with men in Berlin was linked to high sexual risk taking due to the higher prevalence of HIV/STIs than in Sweden, but reported that they nevertheless did not alter their risk management strategies. The analysis resulted in a conceptual model of safer sex and risk assessment that also allows for a deeper understanding of the complexity of the risk reduction decision-making process. Three ontological perceptions of risk were identified accepting, maintaining and rejecting risk. Seven practiced risk reduction methods were described. Some informants applied several methods in their risk management strategies, while others relied on a single method. CONCLUSIONS: The findings indicate that the use of condoms as a method to prevent HIV and STIs is independently of how they ontologically related to the idea of risk. A constant navigation between pleasure, risk and safety, alongside having to relate to risk created a complex process. Efforts were made to remove HIV from their lives by rejecting the idea of risk, and thereby reject the idea of the homosexual body being a possible vessel for a virus and an epidemic.	*Human immunodeficiency virus infection; Anal intercourse; Chlamydia; Circumcision; Cohabiting person; Condom; Controlled study; Diagnosis; Doctor patient relationship; England; Female; Genotherapy; HIV test; Human; Major clinical study; Male; Multivariate analysis; Nonhuman; Pre-exposure prophylaxis; Randomization; Rectum; Transgender; Universities analysis	English	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Qualitative
Article	2022	Dorbalah, Abdullah; Karpick, Hayley Christine; Maze, Holly; Skerrick, Preston; Cottrell, Mackenzie; Rao, Gauri G	Role of tolerivir in HIV treatment and prevention: an update.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000740	https://dx.doi.org/10.1097/COH.0000000000000740	PURPOSE OF REVIEW: To summarize recent updates on the potential role of islatravir for HIV treatment and prevention. RECENT FINDINGS: Islatravir is an investigational antiretroviral agent with unique pharmacologic properties that facilitate flexible dosing regimens. Islatravir has demonstrated potent antiviral activity and a high barrier to resistance when combined with dolutegravir and lamivudine. A simplified two-drug HIV treatment regimen of islatravir combined with dolutegravir has also demonstrated comparable efficacy to standard of care three-drug regimens. The long half-life and high potency of islatravir's active metabolite may support its use as a long-acting option for HIV preexposure prophylaxis (PrEP). A once monthly oral dose of islatravir maintains effective concentrations of its active metabolite over the entire dosing interval. Furthermore, an investigational implantable formulation has been projected to provide efficacious concentrations for at least a year and exhibits comparable distribution into vaginal and rectal tissues making it a promising PrEP option for male and female individuals. Islatravir has minimal risks of drug interactions as it is not a substrate, inducer, or inhibitor of major drug metabolizers and transporters. Finally, clinical trials demonstrate islatravir's favorable safety profile revealing only mild and transient adverse events. SUMMARY: Leveraging the unique pharmacological properties of islatravir offers opportunities for simplified HIV treatment regimens and long-acting PrEP making it a valuable addition to the antiretroviral arsenal.	COMENTARIOS ESPECIAIS	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Dray-Spira, Rodolphe; Lert, Florence; Duracinsky, Martin; Lalanne, Christine; Chauvin, Pierre; Cuzin, Laurent; Spire, Bruno	Parcours de soins, santé perçue et qualité de vie des personnes infectées par le VIH, 15 ans après l'introduction des multithérapies : résultats de l'enquête de cohorte ANRS-VESPA2	Bulletin Epidemiologique Hebdomadaire	-	-	-	-	0245-7466	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9044000/	Introduction: Les personnes infectées par le VIH (PVVIH) ont bénéficié de progrès majeurs dans la prise en charge de leur infection depuis l'introduction des multithérapies (ARV) en 1996. Nous décrivons leurs parcours de soins, leur santé perçue et leur qualité de vie 15 ans après cette introduction. Méthodes: L'enquête ANRS-VESPA2 a inclus 3 022 PVVIH suivies en médecine de ville ou dans 70 hôpitaux publics en France métropolitaine en 2010-2011. Les participants ont été interrogés par questionnaire auto-administré et entretien face à face. Nous avons décrit leurs caractéristiques sociodémographiques, leurs parcours de soins, leur santé perçue et leur qualité de vie (questionnaire MOS-HIV). Résultats: Les participants étaient majoritairement des hommes (67 %), âgés de 50 ans en médiane, nés à l'étranger (57 %) et infectés par le VIH depuis 15 ans en médiane. Ils déclaraient un bon suivi médical (96 % avaient vu un médecin du VIH dans les 6 mois précédant l'enquête) et une bonne observance des ARV (91 % déclaraient avoir pris leurs ARV la veille de l'enquête). Leur santé perçue était globalement bonne (77 % déclaraient un état de santé bon ou très bon) et leur qualité de vie proche de celle de la population générale. Conclusion: Les PVVIH bénéficient d'un suivi médical régulier et d'une bonne observance des ARV. Leur santé perçue et leur qualité de vie sont proches de celles de la population générale.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Article	2022	Desmonde S.; Lolekha R.; Costantini S.; Siraprapasiri T.; Frank S.; Bakkali T.; Benjarattanaporn P.; Hou T.; Jantaramanee S.; Kuttiparambil B.; Sethaputra C.; Ross J.; Ciaranello A.	A focused multi-state model to estimate the pediatric and adolescent HIV epidemic in Thailand, 2005–2025	PLOS One	-	-	-	19326203	10.1371/journal.pone.0276330	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142143430&doi=10.1371%2fjournal.pone.0276330&partnerID=40&md5=a09a7c870e0ae098efcba5e1ce919403	Background We estimated the magnitude of the HIV epidemic among children and youth living with HIV (CYHIV) aged 0–25 years in Thailand, projecting forward from 2005 to 2025, and identified underreported input parameters that influence epidemic projections, in order to inform future public health and research priorities. Methods We developed a focused multi-state transition model incorporating perinatally-acquired HIV and non-perinatally-acquired HIV, stratified by population, including men who have sex with men (MSM), female sex workers (FSW), people who inject drugs (PWID), and the remainder of the population ("other"). We populated the model with published and programmatic data from the Thai national AIDS program when available. We projected the period from 2005–2025 and compared model results to programmatic data and projections from other models. In a scenario analysis, we projected the potential impact of pre-exposure prophylaxis (PrEP) for MSM from 2018–2025. Results The initial 2005 cohort was comprised of 66,900 CYHIV; 8% CYHIV were <5 years, 21% were 5–14 years, and 71% were 15–25 years of age. By 2020, 94% were projected to be >15 years and infections among MSM constituted 83% of all new HIV infections. The numbers of CYHIV decreased over time, projected to reach 30,760 by 2020 (-54%) and 22,640 by 2025 (-66%). The proportion of all CYHIV aged 0–25 who were diagnosed and on ART increased from 37 to 60% over the 2005–2025 period. Projections were sensitive to variations in assumptions about initial HIV prevalence and incidence among MSM, PWID, and "other" youth. Conclusions More data on incidence rates among sexual and gender minority youth and PWID are needed to characterize the role of specific exposures and key populations in the adolescent HIV epidemic. More accurate estimates will project shifts in population and inform more targeted interventions to prevent and care for Thai CYHIV. Copyright: © 2022 Desmonde et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Medicine; Men who have sex with men; Pre-exposure prophylaxis; Family medicine; Human immunodeficiency virus (HIV); Standard of care; Abstracts; Gerontology; Syphilis; Anal sex; Randomized controlled trial; Resource center	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Di Ciaccio M.; Villes V.; Michels D.; Morel S.; Delabre R.M.; Castro D.R.; Velter A.	Impact of the early 2020 COVID-19 crisis and lockdown on PrEP use among men who have sex with men (MSM) in France	Sexually Transmitted Infections	-	-	-	13684973	10.1136/SEXTRANS-2021-055189	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130187406&doi=10.1136%2fSEXTRANS-2021-055189&partnerID=40&md5=98f388018b30820a79615413769007ff	Objective To describe changes in pre-exposure prophylaxis (PrEP) use during and following the COVID-19 lockdown in France (March-May 2020) and identify the factors associated with PrEP discontinuation among men who have sex with men (MSM) after the lockdown. Methods Data from the, an anonymous, cross-sectional internet survey among MSM in July 2020, were analysed. Among respondents who were using PrEP prior to the lockdown, a binary logistic regression model was used to compare participants who were still taking PrEP (current PrEP users) with those who were not taking PrEP at the time of the survey (former PrEP users). Results Among 8345 respondents, 946 were PrEP users before the lockdown, of whom 58.8% (n=556) reported stopping PrEP during the lockdown and 15.4% (n=146) were not using PrEP at the time of the survey. Among the 556 who stopped PrEP during lockdown, 86.5% (n=481) reported no sexual activity; 76.8% (n=427) restarted PrEP after lockdown. Former PrEP users were more likely to be younger, not living with a stable male sexual partner, report moderate anxiety, report increased psychoactive drug use during the lockdown, and report not having tested for HIV or STI since the end of the lockdown because they did not know where to go, preferred to wait or for another reason. Reporting fewer male sexual partners in the last 6 months was also significantly associated with being a former PrEP user. Conclusions MSM adapted PrEP use to their sexual activity during and after the French lockdown. After the lockdown, discontinued PrEP occurred more often among MSM who had fewer sexual partners and had mental health vulnerabilities. These factors could also be predictive of PrEP discontinuation in a more general context. PrEP users should be informed on how to safely stop/start PrEP and on the use of other prevention tools to reduce potential risk exposure during PrEP discontinuation. © Author(s) (or their employer(s)) 2022.	COVID-19; men; pre-exposure prophylaxis; treatment adherence and compliance	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Di Ciaccio, Marion; Delabre, Rosemary M.; Vilotitch, Antoine; Corbelli, Giulio Maria; Villes, Virginie; Ros Sánchez, Alejandro; Zantkuijl, Paul; Sweers, Holger; Sanchez, Flor; Meulbroek, Michael; Cairns, Gus; Bernier, Adeline; Ghosn, Jade; Carvalho Rocha, Luis Miguel; Cosmaro, Maria Luisa; Duken, Sascha Bêla; Dan, Monica; Schlegel, Vincent; Stranz, Richard; Jonas, Kai J.; Spire, Bruno; Rojas Castro, Daniela	PrEP in the Context of Other HIV Risk Reduction Strategies Among Men Who Have Sex with Men: Results from the Flash! PrEP in Europe Survey	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-022-02322-7	https://www.proquest.com/scholarly-journals/prep-context-other-hiv-risk-reduction-strategies/docview/2691250587/se-2?accountid=8113	Combination HIV prevention covers a range of biomedical, behavioral, and socio-structural interventions. Despite the growing availability of pre-exposure prophylaxis (PrEP), it is not always accessible in European Centre for Disease Prevention and Control reporting countries and may not meet the needs of all at-risk populations. Based on the Flash! PrEP in Europe data, multiple correspondence analysis and hierarchical clustering were used to identify patterns in HIV prevention strategies among 9980 men who have sex with men (MSM). PrEP interest was evaluated among four identified clusters: (A) "high condom use, sometimes Treatment as Prevention (TasP)"; (B) "mix of methods, infrequent condom use"; (C) "high condom use, tendency to choose partners based on serological status" and (D) "moderate use of condoms mixed with other prevention strategies". Clusters B and D had higher PrEP interest. These results suggest that MSM use a range of behavioral and biomedical risk reduction strategies that are often combined. On-demand PrEP may meet the needs of MSM who infrequently use condoms and other prevention methods.	Europe; Condoms; HIV prevention; Pre-exposure prophylaxis; PrEP; MSM; Men who have sex with men; Sexual behavior; Disease prevention; Sexual orientation; Hierarchical clustering; Community-based research; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Multiple correspondence analysis	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Dietrich J.J.; Ahmed N.; Webb E.L.; Tshabalala G.; Hornschuh S.; Mulaudzi M.; Atujuna M.; Stranix-Chibanda L.; Nematadzira T.; Ssemata A.S.; Muhumuza R.; Seeley J.; Bekker L.-G.; Weiss H.A.; Martinson N.; Fox J.	A multi-country cross-sectional study to assess predictors of daily versus on-demand oral pre-exposure prophylaxis in youth from South Africa, Uganda and Zimbabwe	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25975	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136530566&doi=10.1002%2fjia2.25975&partnerID=40&md5=8ad8f0b0b1d83ababf93190d156287b8	Introduction: Sub-Saharan Africa (SSA) carries the burden of the HIV epidemic, especially among adolescents and young people (AYP). Little is known about pre-exposure prophylaxis (PrEP) uptake and preferences among AYP in SSA. We describe preferences for daily and on-demand PrEP among AYP in South Africa, Uganda and Zimbabwe. Methods: A cross-sectional survey was conducted in 2019 among 13- to 24-year olds, capturing socio-demographics, HIV risk behaviours and preferences for daily or on-demand PrEP. Logistic regression models were used to estimate odds ratios, adjusting for site, sex and age. Results and discussion: A total of 1330 participants from Cape Town (n = 239), Johannesburg (n = 200), Entebbe (n = 491) and Chitungwiza (n = 400) were enrolled; 673 (51%) were male, and the median age was 19 years (interquartile range 17–22 years). Of 1287 participants expressing a preference, 60% indicated a preference for on-demand PrEP with differences by site (p < 0.001), sex (p < 0.001) and age group (p = 0.003). On-demand PrEP was most preferred in Entebbe (75%), among males (65%) versus females (54%) and in older participants (62% in 18- to 24-year-olds vs. 47% in 13- to 15-year-olds). After adjusting for site, sex and age group, preference for on-demand PrEP decreased as sex frequency over the past month increased (p-trend = 0.004) and varied with the number of partners in the last 6 months, being least popular among those reporting four or more partners (p = 0.02). Participants knowing further in advance that they were likely to have sex were more likely to prefer on-demand PrEP (p-trend = 0.02). Participants having a larger age gap with their most recent partner and participants whose last partner was a transactional sex partner or client were both less likely to prefer on-demand compared to daily PrEP (p = 0.05 and p = 0.09, respectively). Participants who knew their most recent partner was living with HIV or who did not know the HIV status of their most recent partner were less likely to prefer on-demand PrEP (p = 0.05). Conclusions: Our data show that AYP in four SSA communities prefer on-demand over daily PrEP options, with differences seen by site, age and sex. PrEP demand creation needs to be reviewed, optimized and tailored to socio-demographic differences and designed in conjunction with AYP. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Africa; HIV; on-demand; oral pre-exposure prophylaxis; young people	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2022	Dinglasan, Jeanno Lorenz G; Rosadiño, John Danvic T; Pagtakhan, Ronivin G; Cruz, Denis P; Briñes, Matthew T; Regencia, Zypher Jude G; Baja, Emmanuel S	Bringing testing closer to you': barriers and facilitators in implementing HIV self-testing among Filipino men-having-sex-with-men and transgender women in National Capital Region (NCR), Philippines - a qualitative study.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-056697	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8938691	OBJECTIVES: Our study identified barriers and facilitators in implementing HIV self-testing (HIVST), including the perceptions of men-having-sex-with-men (MSM) and transgender women (TGW) on HIVST. Furthermore, we explored the current knowledge, practices and potential of HIVST among the MSM and TGW populations. DESIGN: Qualitative in-depth key informant interviews were administered using semistructured interviews administered in both English and Filipino. Thematic analysis of the findings was done after transcribing all audio recordings. SETTING: The study was done in the National Capital Region (NCR), Philippines using online video conferencing platforms due to mobility restrictions and lockdowns caused by the COVID-19 pandemic. PARTICIPANTS: All study participants were either MSM or TGW, 18-49 years old and residing/working in NCR. Exclusion criteria include biologically born female and/or currently on pre-exposure prophylaxis, antiretroviral therapy medications or an HIV-positive diagnosis. RESULTS: Twenty informants were interviewed, of which 75% were MSM, and most of them preferred the use of HIVST. Facilitators and barriers to the use of HIVST were grouped into three main themes: Acceptability, distribution and monitoring and tracking. Convenience and confidentiality, overcoming fears and normalisation of HIV testing services (HTS) in the country were the participants' perceived facilitators of HIVST. In contrast, lack of privacy and maintenance of confidentiality during kit delivery were perceived as barriers in HIVST implementation. Moreover, social media was recognised as a powerful tool in promoting HIVST. The use of a welcoming tone and positive language should be taken into consideration due to the prevalent HIV stigma. CONCLUSIONS: The identified facilitators and barriers from the study may be considered by the Philippine HTS programme implementers. The HIVST strategy may complement the current HTS. It will be very promising to involve the MSM and TGW communities and other key populations to know their HIV status by bringing testing closer to them.	HIV & AIDS; public health; qualitative research.	English	United Kingdom	Western and Central Europe and North America	Philippines	Asia and the Pacific	Philippines	Asia and the Pacific	Qualitative
Theses and Dissertations	2022	Dixon, Noah	ANALYSIS OF POTENTIAL FACILITATORS TO USE OF HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) IN A YOUNG TRANSGENDER POPULATION	-	-	University of Kentucky	-	na	NA	https://uknowledge.uky.edu/pharmacy_etds/137 https://uknowledge.uky.edu/context/pharmacy_etds/article/1149/viewcontent/dixon_noah_thesis.pdf	Pre-exposure prophylaxis for HIV prevention (PrEP) is heavily under-utilized in transgender youth, a population which experiences high risk factors for contracting HIV and exhibits unique barriers to care. This retrospective study used a secondary data analysis of survey results from transgender youth between 16-and 24-years-old to analyze various exposures for association with PrEP use. It was hypothesized that medical gender affirming therapy, mental health care treatment, and HIV programming would be independently associated with increased use of PrEP in transgender youth. It was found that only HIV prevention services and programming related to HIV or gender identity were associated with an increased use of PrEP. Results indicate that HIV-and transgender-focused services outside of general primary care are the best way to improve PrEP access in this population	Transgender Health; HIV Prevention; Pre-exposure prophylaxis; PrEP access; Transgender HIV; Transgender youth; Pharmacy Administration, Policy and Regulati	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Doan A.H.; Vu C.M.H.; Nguyen T.T.; Green K.E.; Phan H.T.T.; Janamnuaysook R.; Vu B.N.; Le T.M.; Do K.Q.; Tran T.T.; Ngo T.M.; Basu L.; Tran L.K.; Humeau Z.	Caring for the whole person: transgender-competent HIV pre-exposure prophylaxis as part of integrated primary healthcare services in Vietnam	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25996	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139771354&doi=10.1002%2fjia2.25996&partnerID=40&md5=10613808a6b018d7d50525880015209f	Introduction: Although HIV prevalence among transgender women who have sex with men in Vietnam is high (16–18%), uptake of pre-exposure prophylaxis (PrEP) is low compared to other populations. When PrEP was initiated in 2017, gender-affirming healthcare was largely unavailable. Lack of access to competent, stigma-free healthcare is a well-documented barrier to transgender women's uptake of PrEP and primary healthcare (PHC). We aimed to demonstrate the utility of a PrEP quality improvement intervention in pinpointing and addressing barriers to PrEP use among transgender women in Vietnam. Methods: We applied a real-world participatory continuous quality improvement (CQI) and Plan-Do-Study-Act (PDSA) methodology to ascertain barriers to PrEP uptake among transgender women and determine priority actions for quality improvement. A CQI team representing transgender women leaders, key population (KP)-clinic staff, public-sector HIV managers and project staff applied PDSA to test solutions to identified barriers that addressed the primary quality improvement outcome of the monthly change in PrEP uptake among transgender women and secondary outcomes, including month-3 PrEP continuation, the impact of offering PHC on PrEP uptake and unmet PrEP need. We utilized routine programmatic data and a descriptive cross-sectional study enrolling 124 transgender women to measure these outcomes from October 2018 to September 2021. Results: Five key barriers to PrEP uptake among transgender women were identified and corresponding solutions were put in place: (1) offering gender-affirming care training to KP-clinics and community-based organizations; (2) integrating gender-affirming services into 10 KP-clinics; (3) offering PHC through five one-stop shop (OSS) clinics; (4) implementing a campaign addressing concerns related to hormone use and PrEP interactions; and (5) developing national HIV and transgender healthcare guidelines. New PrEP enrolment and month-3 PrEP continuation increased significantly among transgender women. Of 235 transgender women who initially sought healthcare other than PrEP at OSS clinics, 26.4% subsequently enrolled in PrEP. About one-third of transgender women reported unmet PrEP need, while two-thirds indicated an interest in long-acting cabotegravir. Conclusions: Offering gender-competent, integrated PHC can increase PrEP enrolment and continuation, and can be an entry-point for PrEP among those seeking care within PHC clinics. More work is needed to expand access to transgender women-led and -competent healthcare in Vietnam. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	gender-affirming care; HIV; PrEP; primary healthcare; transgender women; Vietnam	English	United States	Western and Central Europe and North America	Vietnam	Asia and the Pacific	Vietnam	Asia and the Pacific	Mixed methods
Article	2022	Dobard, Charles W; Peet, M Melissa; Nishiura, Kenji; Holder, Angela; Dinh, Chuong; Mitchell, James; Khalil, George; Pan, Yi; Singh, Onkar N; McCormick, Timothy J; Agrahari, Vivek; Gupta, Pardeep; Jonnalagadda, Sriramakamal; Heneine, Walid; Clark, Meredith R; García-Lerma, J Gerardo; Doncel, Gustavo F	Single dose topical inserts containing tenofovir alafenamide fumarate and elvitegravir provide pre- and post-exposure protection against vaginal SHIV infection in macaques	EBioMedicine	-	-	-	23523964	10.1016/j.ebiom.2022.104361	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142312342&doi=10.1016%2fj.ebiom.2022.104361&partnerID=40&md5=966796850adfb0c1b7432cd89b9df024	Background: Vaginal products for HIV prevention that can be used on-demand before or after sex may be a preferable option for women with low frequency or unplanned sexual activity or who prefer not to use daily or long-acting pre-exposure prophylaxis (PrEP). We performed dose ranging pharmacokinetics (PK) and efficacy studies of a vaginally applied insert containing tenofovir alafenamide fumarate (TAF) and elvitegravir (EVG) in macaques under PrEP or post-exposure prophylaxis (PEP) modalities. Methods: PK studies were performed in 3 groups of pigtailed macaques receiving inserts with different fixed-dose combinations of TAF and EVG (10/8, 20/16 and 40/24 mg). PrEP and PEP efficacy of a selected insert was investigated in a repeat exposure vaginal SHIV transmission model. Inserts were administered 4 h before (n = 6) or after (n = 6) repeated weekly SHIV exposures. Infection outcome was compared with macaques receiving placebo inserts (n = 12). Findings: Dose ranging studies showed rapid and sustained high drug concentrations in vaginal fluids and tissues across insert formulations with minimal dose proportionality. TAF/EVG (20/16 mg) inserts were selected for efficacy evaluation. Five of the 6 animals receiving these inserts 4 h before and 6/6 animals receiving inserts 4 h after SHIV exposure were protected after 13 challenges (p = 0.0088 and 0.0077 compared to placebo, respectively). The calculated PrEP and PEP efficacy was 91.0% (95% CI = 32.2%–98.8%) and 100% (95% CI = undefined), respectively. Interpretation: Inserts containing TAF/EVG provided high protection against vaginal SHIV infection when administered within a 4 h window before or after SHIV exposure. Our results support the clinical development of TAF/EVG inserts for on-demand PrEP and PEP in women. Funding: Funded by CDC intramural funds, an interagency agreement between CDC and USAID (USAID/CDC IAA AID-GH-T-15-00002), and by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) under a Cooperative Agreement (AID-OAA-A-14-00010) with CONRAD/Eastern Virginia Medical School. © 2022	Elvitegravir; On-demand PrEP and PEP; Tenofovir alafenamide; Vaginal inserts	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Doherty R.; Walsh J.; Quinn K.; John S.A.	ASSOCIATION OF RACE AND OTHER SOCIAL DETERMINANTS OF HEALTH WITH HIV PRE-EXPOSURE PROPHYLAXIS USE: A COUNTY-LEVEL ANALYSIS USING THE PREP-TO-NEED RATIO	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2022.34.3.183	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131270703&doi=10.1521%2faeap.2022.34.3.183&partnerID=40&md5=997215301cfeca990fc287f8ac9d6926	Research is limited on the effect of racism and social determinants of health on HIV pre-exposure prophylaxis (PrEP) use. This study used the PrEPto- Need Ratio (PNR), which measures PrEP prescriptions divided by HIV diagnoses in the county, to evaluate sufficient PrEP use. AIDSVu datasets were compared to county-level social determinants of health. Standardized regression coefficients (β) were compared to identify strongest associations with PNR. Overall, factors including percent African American and percent uninsured had negative correlations with PNR, whereas median household income and severe housing cost burden had positive associations. Stratifying for population size, percent African American, percent uninsured, and severe housing cost burden were significant for low population areas, whereas median household income, percent in poverty, percent uninsured, and percent African American were significant for large populations. To reduce PrEP disparities, public health must develop strategies to reach those most in need, especially historically disadvantaged communities. © 2022 The Guilford Press.	HIV; Pre-exposure prophylaxis; PrEP-to-need-ratio; Social determinants of health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	Dordevic, Jasmina; Rognlien Dahl, Kristina	Stochastic optimal control of pre-exposure prophylaxis for HIV infection.	Mathematical Medicine and Biology	-	-	-	1477-8602	10.1093/imammb/dqac003	https://dx.doi.org/10.1093/imammb/dqac003	The aim of the paper is to apply the stochastic optimal control problem in order to optimize the number of individual which will have the pre-exposure prophylaxis (PReP) treatment in the stochastic model for HIV/AIDS with PReP. By using the stochastic maximum principle, we derive the stochastic optimal control of PReP for the unconstrained control problem. Furthermore, by combining the stochastic maximum principle with a version of the Lagrange multiplier method, we solve the PReP problem for two different types of budget constrains with a given constrain for the costs (possible of different kind, transportation, price of the treatment, etc.). Obtained results for the different percentage of the individuals who got the vaccine, as well as results for unconstrained and constrained problems, are illustrated by a numerical example.	HIV; constrained control problem; numerical examples; pre-exposure prophylaxis; stochastic differential equations; stochastic optimal control; unconstrained control problem.	English	United Kingdom	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Dorfman, Doron	The PrEP Penalty	-	-	Boston College. Law School. Boston College Law Review	-	01616587	NA	https://www.proquest.com/scholarly-journals/prep-penalty/docview/2667263057/se-2?accountid=8113	Pre-exposure prophylaxis, or PrEP, is a novel treatment shown to be highly effective in preventing HIV infection. Although this preventive measure signals a new dawn in eliminating HIV/AIDS, this Article exposes the paradoxical legal treatment of PrEP. On one hand, PrEP has been approved by the FDA, endorsed by the CDC, and promoted through financial incentives in the Affordable Care Act. On the other, the FDA restricts PrEP users, predominately sexually active gay men, from donating blood through a legal policy known as the "blood ban." This Article uses an innovative experimental study to demonstrate counterintuitive and illogical responses to gay men's use of PrEP. Study participants were found to be more reluctant to accept blood from a potential gay donor taking PrEP, or to change the FDA policy to allow that donor to donate blood, as compared with a gay donor not taking PrEP. Likewise, participants were more reluctant to receive blood from gay fathers on PrEP than from gay fathers not on PrEP. This PrEP pen- alty applied only to gay donors; participants were more inclined to accept a blood donation from a straight donor on PrEP compared with any gay donor. The findings demonstrate how decisions related to public health, on the structural and individual levels, are colored by moral judgment. They show how legal discourse strips away the public health benefits of medical treatment and shifts focus to the patient's individual behavior, a process I call "the demedicalization of preventive measures." The findings also contribute to the understanding of the expressive function of the law, meaning the ways in which the law constructs identities and how it shapes common understandings about sexual minorities in the area of public health. Furthermore, the findings advance empirical knowledge and understanding of the social meanings of same-sex marriage, parenthood, and queer families post-Obergefell v. Hodges. Public perceptions of morality and trustworthiness result in the penalization of PrEP use to the detriment of both LGBTQ individuals and society as a whole. Stigmatized attitudes hamper major public health projects, including fighting chronic blood scarcity, increasing the pool of donors that could give antibodies during a pandemic, and eliminating HIV. Expanding upon the findings from this experimental study, I offer normative avenues to eliminate PrEP stigma and further public health goals, arguing for reforming FDA policy to specifically allow PrEP users to give blood and, ultimately, for completely abolishing the blood ban.	Pre-exposure prophylaxis; Men; Public Health Ethics; Stigma; COVID-19; Disease prevention; Public health; Prep; Morality; Pandemics; Public policy; Hepatitis; Disease transmission; Law; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Acquired immune deficiency syndrome--AIDS; Coronaviruses; FDA approval; 92312:Administration of Public Health Programs; Blood & organ donations; Patient Protection & Affordable Care Act 2010-US; Endorsements; Bans; Penalty	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2022	Downing, Jae; Yee, Kimberly; Sevelius, Jae M	PrEP Use and Adherence Among Transgender Patients	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03482-8	https://www.proquest.com/scholarly-journals/prep-use-adherence-among-transgender-patients/docview/2641697761/se-2?accountid=8113	This cross-sectional study used 2012 to 2019 Oregon Medicaid claims to estimate the prevalence of PrEP use and identify determinants of high adherence across transgender and cisgender men and women. Gender identity (cisgender woman/man; transgender, assigned female sex at birth AFAB; transgender, assigned male sex at birth AMAB) was based on medical history and enrollment records. Proportion of days covered ≥ 0.80 was considered high adherence to PrEP. The association between gender identity and PrEP uptake or high adherence was estimated using multivariable logistic regression. 1555 PrEP users, including 171 (11.0%) cis women, 1171 (75.3%) cis men, 67 (4.3%) AFAB, and 146 (9.4%) AMAB individuals, were included. The probability of PrEP use per 10,000 people was highest in transgender groups (AMAB 546.8, 95% CI 462.4–631.3; AFAB 226.5, 95% CI 173.4–279.6), followed by cisgender men (20.6, 95% CI 19.4, 21.8) and women (2.6, 95% CI 2.2, 3.0). High adherence was significantly lower in AMAB recipients (72.6%) than cisgender women (86.0%) and cisgender men (82.2%). Among the 279 PrEP users with female on their enrollment record, 76 (27.2%) were AMAB, while among the 1276 PrEP users with male on their enrollment record, 35 (2.7%) were AFAB. This demonstrates the importance of surveillance methods that take gender identity into account in addition to sex assigned at birth. There were significant differences in PrEP use and adherence by gender identity. PrEP surveillance, outreach, and prescribing practices must consider gender identity-unique risk factors.	Women; Psychology; Adherence; Men; Gender; Medicaid; Risk factors; Transgender persons; Disease prevention; Pre-exposure prophylaxis (PrEP); Medicine; Prep; Surveillance; Transgender; Patient compliance; Statistical analysis; Gender identity; Sex; Differential misclassification; Health surveillance; Cross-sectional studies; Human immunodeficiency virus--HIV; Womens health; Mens health; Gender differences; Gender aspects; Risk analysis; Birth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Doyle, Carla M.; Cox, Joseph; Milwid, Rachael M.; Bitera, Raphaël; Delaunay, Charlotte Lanièce; Alary, Michel; Lambert, Gilles; Tremblay, Cécile; Mishra, Sharmistha; Maheu-Giroux, Mathieu	Measuring progress towards reaching zero new HIV acquisitions among key populations in Québec (Canada) using routine surveillance data: a mathematical modelling study.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25994	https://pubmed.ncbi.nlm.nih.gov/36050916/	INTRODUCTION: Men who have sex with men (MSM) and people who inject drugs (PWID) are disproportionately impacted by the HIV epidemic in Canada. Having the second-highest provincial diagnosis rate, an improved understanding of the epidemic among these populations in Québec could aid ongoing elimination efforts. We estimated HIV incidence and other epidemic indicators among MSM and PWID in Montréal and across Québec using a back-calculation model synthesizing surveillance data. METHODS: We developed a deterministic, compartmental mathematical model stratified by age, HIV status and disease progression, and clinical care stages. Using AIDS and HIV diagnoses data, including self-reported time since the last negative test and laboratory results of CD4 cell count at diagnosis, we estimated HIV incidence in each population over 1975-2020 by modelling a cubic M-spline. The prevalence, undiagnosed fraction, fraction diagnosed that started antiretroviral treatment (ART) and median time to diagnosis were also estimated. Since the COVID-19 pandemic disrupted testing, we excluded 2020 data and explored this in sensitivity analyses. RESULTS: HIV incidence in all populations peaked early in the epidemic. In 2020, an estimated 97 (95% CrI: 33-227) and 266 (95% CrI: 103-508) HIV acquisitions occurred among MSM in Montréal and Québec, respectively. Among PWID, we estimated 2 (95% CrI: 0-14) and 6 (95% CrI: 1-26) HIV acquisitions in those same regions. With 2020 data, unless testing rates were reduced by 50%, these estimates decreased, except among Québec PWID, whose increased. Among all, the median time to diagnosis shortened to <2 years before 2020 and the undiagnosed fraction decreased to <10%. This fraction was higher in younger MSM, with 22% of 15-24 year-olds living with HIV in Montréal (95% CrI: 9-39%) and 31% in Québec (95% CrI: 17-48%) undiagnosed by 2020 year-end. Finally, ART access neared 100% in all diagnosed populations. CONCLUSIONS: HIV incidence has drastically decreased in MSM and PWID across Québec, alongside significant improvements in diagnosis and treatment coverage-and the 2013 introduction of pre-exposure prophylaxis. Despite this, HIV transmission continued. Effective efforts to halt this transmission and rapidly diagnose people who acquired HIV, especially among younger MSM, are needed to achieve elimination. Further, as the impacts of the COVID-19 pandemic on HIV transmission are understood, increased efforts may be needed to overcome these.	Humans; Male; Homosexuality, Male; Models, Theoretical; HIV infections; Quebec/epidemiology; *HIV Infections/diagnosis/drug therapy/epidemiology; *Sexual and Gender Minorities; Pandemics; sexual and gender minorities; drug use; *Substance Abuse, Intravenous/epidemiology; *COVID-19/epidemiology; epidemics; epidemiologic measurements; epidemiological models	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Drabo, Emmanuel F; Moucheraud, Corrina; Nguyen, Anthony; Garland, Wendy H; Holloway, Ian W; Leibowitz, Arleen; Suen, Sze-Chuan	Using Microsimulation Modeling to Inform EHE Implementation Strategies in Los Angeles County.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002977	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9216245	BACKGROUND: Pre-exposure prophylaxis (PrEP) is essential to ending HIV. Yet, uptake remains uneven across racial and ethnic groups. We aimed to estimate the impacts of alternative PrEP implementation strategies in Los Angeles County. SETTING: Men who have sex with men, residing in Los Angeles County. METHODS: We developed a microsimulation model of HIV transmission, with inputs from key local stakeholders. With this model, we estimated the 15-year (2021-2035) health and racial and ethnic equity impacts of 3 PrEP implementation strategies involving coverage with 9000 additional PrEP units annually, above the Status-quo coverage level. Strategies included PrEP allocation equally (strategy 1), proportionally to HIV prevalence (strategy 2), and proportionally to HIV diagnosis rates (strategy 3), across racial and ethnic groups. We measured the degree of relative equalities in the distribution of the health impacts using the Gini index (G) which ranges from 0 (perfect equality, with all individuals across all groups receiving equal health benefits) to 1 (total inequality). RESULTS: HIV prevalence was 21.3% in 2021 Black (BMSM), 31.1%; Latino (LMSM), 18.3%, and White (WMSM), 20.7% with relatively equal to reasonable distribution across groups (G, 0.28; 95% confidence interval CI, 0.26 to 0.34). During 2021-2035, cumulative incident infections were highest under Status-quo (n = 24,584) and lowest under strategy 3 (n = 22,080). Status-quo infection risk declined over time among all groups but remained higher in 2035 for BMSM (incidence rate ratio, 4.76; 95% CI: 4.58 to 4.95), and LMSM (incidence rate ratio, 1.74; 95% CI: 1.69 to 1.80), with the health benefits equally to reasonably distributed across groups (G, 0.32; 95% CI: 0.28 to 0.35). Relative to Status-quo, all other strategies reduced BMSM-WMSM and BMSM-LMSM disparities, but none reduced LMSM-WMSM disparities by 2035. Compared to Status-quo, strategy 3 reduced the most both incident infections (% infections averted: overall, 10.2%; BMSM, 32.4%; LMSM, 3.8%; WMSM, 3.5%) and HIV racial inequalities (G reduction, 0.08; 95% CI: 0.02 to 0.14). CONCLUSIONS: Microsimulation models developed with early, continuous stakeholder engagement and inputs yield powerful tools to guide policy implementation.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Drak D.; Lin J.; Gowers A.; Gracey D.M.	Fanconi syndrome in a patient receiving pre-exposure prophylaxis for HIV infection: Case report	Sexual Health	-	-	-	14485028	10.1071/SH21185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131385167&doi=10.1071%2fSH21185&partnerID=40&md5=bd46ef7f9ae1b28faa2b82a3d246a26e	Background: Tenofovir disoproxil is efficacious in the preventing HIV infection as part of a pre-exposure prophylaxis (PrEP) regimen. Although its use has been associated with impaired renal function, instances of Fanconi syndrome are extremely rare. This may change with increased uptake of PrEP. Methods: A 55-year-old male patient (he/him/his) was commenced on PrEP with a baseline estimated glomerular filtration rate (eGFR) of approximately 60 mL/min/1.73 m2. Results: Within 6 months, he developed new and worsening proteinuria, glycosuria and aminoaciduria despite no apparent change in eGFR. PrEP was discontinued and his urinary abnormalities rapidly resolved. The patient remains off PrEP. Conclusions: Fanconi syndrome is a rare, but known complication of tenofovir disoproxil. This is the first report related to PrEP in Australia. While tenofovir associated nephrotoxicity in patients taking PrEP is uncommon, the patient's age and pre-existing renal impairment placed him at substantially higher risk. At-risk patients need more frequent monitoring of their eGFR and proteinuria. Urinary protein to creatinine ratio is the preferred to dipstick testing for proteinuria and the latter does not readily detect the low molecular wight proteinuria characteristic of tenofovir toxicity. Early recognition of these patients is essential, as prompt cessation of PrEP can often reverse renal abnormalities. © 2022	Emtricitabine; estimated glomerular filtration rate; Fanconi syndrome; HIV prevention; pre-exposure prophylaxis; PrEP; risk reduction; tenofovir disoproxil	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2022	Drallmeier T.; Garrett E.K.; Meyr A.; Salas J.; Scherrer J.F.	Demographic factors, psychiatric and physical comorbidities associated with starting preexposure prophylaxis in a nationally distributed cohort	Preventive Medicine	-	-	-	917435	10.1016/j.ypmed.2022.107344	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141507063&doi=10.1016%2fj.ypmed.2022.107344&partnerID=40&md5=1b5991795a27b61c138d4ce65eb27683	Due to a large number of small studies and limited control for confounding, existing evidence regarding patient characteristics associated with PrEP initiation is inconsistent. We used a large electronic health record cohort to determine which demographic, physical morbidity and psychiatric conditions are associated with PrEP initiation. Eligible adult (≥18 years) patients were selected from the Optum® de-identified Electronic Health Record dataset (2010–2018). Non-HIV sexually transmitted diseases and high risk sexual behavior was used to identify patients eligible for PrEP. A fully adjusted Poisson regression model estimated the association between age, gender, race, insurance status, comorbidity index, depression, anxiety, dysthymia, severe mental illness, substance use disorder and nicotine dependence/smoking and rate of PrEP initiation. The cohort (n = 30,909) was mostly under 40 years of age (64.3%), 67.6% were female and 58.2% were White. The cumulative incidence of PrEP initiation was 1.3% (n = 408). Patients ≥60 years of age, compared to 18–29 year olds and Black compared to White patients had significantly lower rates of PrEP initiation. Anxiety disorder was significantly associated with higher rate of PrEP initiation (RR = 1.67; 95%CI:1.20–2.33) and nicotine dependence/smoking with a lower rate (RR = 0.73; 95%CI:0.54–0.97). PrEP is underutilized, and a race disparity exists in PrEP initiation. In the context of existing research, nicotine dependence/smoking is the patient characteristic most consistently associated lower rates of starting PrEP. Given the high prevalence of smoking in PrEP eligible patients, physicians may want to integrate discussions of smoking cessation in patient-provider decisions to start PrEP. © 2022	Cohort; Epidemiology; Preexposure prophylaxis; PrEP; Psychiatric disorders	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Drallmeier, Theresa; Meyr, Ashley	Pre-Exposure Prophylaxis for HIV in Primary Care and Beyond.	Missouri Medicine	-	-	-	0026-6620	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9324708	HIV pre-exposure prophylaxis (PrEP) is antiretroviral medication used to prevent HIV in patients at increased risk of acquisition due to sexual practices or intravenous drug use. Despite strong evidence of efficacy and safety, PrEP is currently underutilized in the United States. Initial testing includes HIV, hepatitis B, and renal function. There are currently two oral medications approved for daily use within the U.S.; regular monitoring for HIV and renal dysfunction is required with both medications.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Driver R.; Cortopassi A.C.; El-Krab R.; Eaton L.A.; Kalichman S.C.	Examining Stigmatizing Beliefs About PrEP Use Among Black Sexual Minority Men: A Test of Explanatory Mechanisms	Psychology of Men and Masculinity	-	-	-	15249220	10.1037/men0000374	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123532056&doi=10.1037%2fmen0000374&partnerID=40&md5=0b94c3dd66d21f7b1aa105dc7a2aff95	Stigma often is cited as a barrier to the uptake and use of preexposure prophylaxis (PrEP) to prevent human immunodeficiency virus (HIV) among Black sexual minority men (SMM). Socialized gender norms (i.e., restrictive emotionality) are associated with experiences and manifestations of stigma in men. However, the association between restrictive emotionality and the stigma surrounding PrEP use has received little attention in previous research. The present study examines the association between restrictive emotionality and holding stigmatizing beliefs about PrEP use with a theoretically informed serial mediation model testing internalized homophobia (IHP) and lesbian, gay, bisexual, and transgender (LGBT) community connectedness as mediators among a sample of 455 Black SMM in the Southeastern U.S. Results indicate that restrictive emotionality is associated with stigmatizing beliefs about PrEP use. Further, IHP and LGBT community connectedness (LGBT CC) were found to partially mediate the proposed relationship serially. IHP, but not LGBT CC, also independently mediated the association between restrictive emotionality and stigmatizing beliefs about PrEP use. This study provides important insights into how aspects of masculinity influence the manifestation of stigmatizing beliefs about PrEP use among Black SMM. The present findings have implications for reducing these beliefs, which are known to negatively impact uptake and use of the HIV prevention tool among Black SMM at elevated risk for HIV © 2022 American Psychological Association	Black sexual minority men; Hiv; Prep; Restrictive emotionality; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Driver R.; Kalichman S.C.	Precarious Manhood and Intentions to Initiate Preexposure Prophylaxis Among Black Sexual Minority Men	Health Psychology	-	-	-	2786133	10.1037/hea0001194	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131715018&doi=10.1037%2fhea0001194&partnerID=40&md5=307748010a25509b2e207da4cb642c1b	Objective: The use of preexposure prophylaxis (PrEP) to prevent HIV infection is significantly low among Black sexual minority men (BSMM), although this group experiences the greatest HIV burden in the United States. One contextual factor suggested to impact BSMM's HIV prevention efforts is the concern about, and adherence to, cultural conceptions and expectations of masculinity. The present study sought to better understand the association between masculinity and PrEP uptake by examining associations between gender-relevant beliefs and perceptions, and intentions to initiate PrEP among a sample of BSMM residing in the U.S. South. Method: Participants (N = 114) completed assessments of precarious manhood beliefs, attitudes toward PrEP, concerns about PrEP use impacting support from social networks, projected perceptions of masculinity, and intentions to initiate PrEP. Results: Precarious manhood beliefs were associated with greater intention to initiate PrEP; however, the indirect path of this association through attitudes toward PrEP was associated with lower intentions to initiate PrEP. In a hierarchical regression model, projected perceptions of masculinity were associated with lower intentions to initiate PrEP over and above other factors considered. Specifically, believing that one will be perceived as less masculine for seeking PrEP was associated with lower intentions to initiate PrEP. Conclusions: Findings suggest that BSMM's construal of masculinity in relation to HIV and PrEP is associated with intentions to initiate PrEP. Implications for increasing PrEP uptake among BSMM are discussed © 2022. American Psychological Association	Attitudes; Black sexual minority men; Hiv; Masculinity; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Duarte F.; Rua N.; Gomes D.; Ricoca Peixoto V.; Azevedo D.; Graça D.; Teixeira I.; Fernandes I.; Frutuoso J.; Carvalho M.; Redondo M.; Silva A.; Faria A.; Lopes A.; Varino F.; Gomes J.; Tomaz M.; Figueiredo V.; Almeida A.; Ribeiro B.; Oliveira C.; Pinto D.; Santana M.; Araújo R.; Ribeiro S.	Pre-Exposure Prophylaxis for Human Immunodeficiency Virus in the Medical Curricula in Portugal: A Cross-Sectional Analysis; Profilaxia Pré-Exposição para o Vírus da Imunodeficiência Humana no Currículo Médico em Portugal: Uma Análise Transversal	Acta Médica Portuguesa	-	-	-	0870399X	10.20344/amp.15446	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128161516&doi=10.20344%2famp.15446&partnerID=40&md5=0d3e352b457ceff2276fd80a94c11dae	Introduction: Pre-exposure prophylaxis (PrEP) has gained relevance as a method of prevention for HIV in certain people and settings. Following the publication of the guideline on PrEP prescribing in Portugal, we aimed to assess the knowledge of Portuguese Medical Students about PrEP. Material and Methods: An online survey was sent to Medical students of Portuguese Medical Schools. We conducted a descriptive analysis of the results and an analytic cross-sectional study to identify factors associated with "knowing about PrEP", "having had one class about PrEP" and "identifying eligible groups correctly". Results: Of the 796 students that responded to the survey, 64.6% were aware of what PrEP is. Of these, 34.44% acquired this knowledge during their training. Out of the total amount of respondents, 4.77% could identify correctly and completely the eligible groups for PrEP. As the training years went by, the probability of being aware of PrEP, having had one class about PrEP, and identifying the eligible groups correctly, increased. Of the sixth-year students, 43.48% had had one class about PrEP and among the students that were aware of PrEP, 28% identified what the eligible groups were. After adjusting for the school year, we found differences between Medical Schools regarding the outcomes. The association between the different ways of knowing about PrEP and the ability to correctly identify eligible groups for PrEP was not statistically significant. Conclusion: The differences between Medical Schools could be harmonized through changes in the medical curricula that would allow for this topic to be addressed more often. Copyright © Ordem dos Médicos 2022.	HIV Infections/prevention & control; Medical; Pre-Exposure Prophylaxis; Questionnaires; Students; Surveys	Portuguese	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2022	Edwards A.J.; Pollard R.; Kennedy C.E.; Mulamba J.; Mbabali I.; Anok A.; Kong X.; Nakyanjo N.; Ddaaki W.; Nishimura H.; Wawer M.; Amico K.R.; Hutton H.E.; Nakigozi G.; Chang L.W.	Impact of community health worker intervention on PrEP knowledge and use in Rakai, Uganda: A mixed methods, implementation science evaluation	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624221121208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136874858&doi=10.1177%2f09564624221121208&partnerID=40&md5=6bc3612567b43633cd2cbd285345f58d	Background: Effective models of support for HIV pre-exposure prophylaxis (PrEP) are needed for populations at elevated risk. In a hyperendemic Ugandan fishing community, PrEP counseling was provided through a situated Information, Motivation, and Behavioral Skills (sIMB)-based community health worker (CHW) intervention. We evaluated the intervention using a mixed-methods, implementation science design. Methods: We surveyed all community members aged 15-49 through the Rakai Community Cohort Study. We used multivariable logistic regressions with generalized estimating equations to estimate the intervention's effect on PrEP knowledge and utilization. To understand intervention experiences and mechanisms, we conducted 74 qualitative interviews with 5 informant types (clients, CHWs, program staff, community leaders, health clinic staff) and analyzed data using an iterative, deductive approach. A mobile phone application provided intervention process implementation data. Results: Individuals self-reporting receipt of the CHW intervention showed significantly higher PrEP knowledge (N = 1848, PRR: 1.10, 95% CI: 1.06-1.14, p = <.0001), PrEP ever use (N = 1176, PRR: 1.77, 95% CI: 1.33-2.36, p = <.0001), and PrEP current use (N = 1176, PRR: 1.86, 95% CI: 1.22-2.82, p = 0.0039) compared to those who did not. Qualitative findings attributed positive PrEP outcomes to CHW counseling and effective use of motivational interviewing skills by CHWs. Salient themes across the RE-AIM framework included support for the CHW intervention and PrEP across clients, community, and implementers. Mobile application data demonstrated consistent delivery of the PrEP module throughout implementation. Conclusions: CHWs improved PrEP knowledge and use among clients in an HIV hyperendemic fishing community. Mixed-methods, implementation science evaluations can inform adaptation of similar PrEP implementation strategies. © The Author(s) 2022.	Africa; AIDS; Antiviral; HIV (Human immunodeficiency virus); Prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Edwards, Jonny	Could the use of digital services improve the provision of HIV PrEP in the UK?	BMJ: British Medical Journal	-	-	-	na	10.1136/bmj.o1562	https://www.proquest.com/scholarly-journals/could-use-digital-services-improve-provision-hiv/docview/2681669637/se-2?accountid=8113	HIV pre-exposure prophylaxis (PrEP) has been freely available via the NHS since April 2021, and was previously available through the PrEP Impact Trial, which offered PrEP to 26 000 people who were considered at elevated risk of acquiring HIV.12 Evidence overwhelmingly supports the efficacy of PrEP in preventing HIV infection, and its use for many people at risk, including men who have sex with men, trans people, people whose partner has an undetectable HIV viral load, and heterosexual men and women who may be at increased risk of contracting HIV. The NHS Long Term Plan encourages the use of remote and online technology (digitally enabled care) for ease of access, and to place patients at the centre of their care, enabling them to manage better their own health.4 The Department of Health and Social Care published a document in 2018 Integrated sexual health services: a suggested national services specification as a guide for local commissioners (decision makers about local NHS services).5 However, despite the recommendation that people should be able to access care without needing to see a clinician face to face, NHS sexual health services have largely not integrated digital care into service provision. ...a study that explored people's perspectives of remote prescribing in chlamydia and for conception showed substantial (83% of 1281 surveyed users) support for remote prescribing and medication delivered by post.7 Clinical commissioning teams and sexual health services should consider steps to de-medicalise access to PrEP, understanding the social and occupational impact that attending regular face-to-face appointments can have on working people.	Pre-exposure prophylaxis; Infections; Sexual health; COVID-19; Health services; Prophylaxis; Chlamydia; Telehealth; Patients; Sexual and reproductive health; Human immunodeficiency virus--HIV; Gays & lesbians; Mens health; Medical Sciences; United Kingdom--UK	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Egbe T.I.; Omollo O.D.; Wesonga J.O.; Bair E.F.; Chakrabarti A.; Putt M.E.; Celum C.L.; Camlin C.S.; Napierala S.; Agot K.; Thirumurthy H.	A savings intervention to reduce men's engagement in HIV risk behaviors: study protocol for a randomized controlled trial	Trials	-	-	-	17456215	10.1186/s13063-022-06927-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144159866&doi=10.1186%2fs13063-022-06927-0&partnerID=40&md5=7d44a003221868811bb696220e4b8a61	Background: In much of eastern and southern Africa, the incidence of HIV and other sexually transmitted infections (STIs) remains high despite the scale-up of promising biomedical and behavioral interventions. Studies have documented the crucial role of transactional sex—the exchange of money, material support, or goods, in sexual relationships—and heavy alcohol use in contributing to men's and women's health outcomes. Existing policy responses to this challenge have largely focused on women, through the provision of pre-exposure prophylaxis (PrEP) or structural interventions such as education subsidies and cash transfers. However, the effectiveness of these interventions has been hindered by the relative lack of interventions and programs targeting men's behavior. We describe the protocol for a study that will test an economic intervention designed to reduce men's engagement in HIV/STI-related risk behaviors in Kenya. Methods: We will conduct a randomized controlled trial among income-earning men in Kenya who are aged 18–39 years and self-report recent alcohol use and engagement in transactional sex. The study will enroll 1500 participants and randomize them to a control group or savings group. The savings group will receive access to a savings account that includes lottery-based incentives to save money regularly, opportunities to develop savings goals/strategies, and text message reminders about their savings goals. The control group will receive basic health education. Over a period of 24 months, we will collect qualitative and quantitative data from participants and a subset of their female partners. Participants will also be tested for HIV and other STIs at baseline, 12, and 24 months. Discussion: The findings from this study have the potential to address a missing element of HIV/STI prevention efforts in sub-Saharan Africa by promoting upstream and forward-looking behavior and reducing the risk of acquiring HIV/STIs in a high HIV/STI burden setting. If this study is effective, it is an innovative approach that could be scaled up and could have great potential for scientific and public health impact in Kenya. Trial registration: ClinicalTrials.govNCT05385484. Registered on May 23, 2022. © 2022, The Author(s).	Behavioral economics; Economic interventions; HIV/STI prevention; Kenya; Men; Randomized controlled trial; Savings; Transactional sex	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Eger W.H.; Adaralegbe A.; Khati A.; Azwa I.; Wickersham J.A.; Osborne S.; Shrestha R.	Exploring drivers of pre-exposure prophylaxis uptake among gay, bisexual, and other men who have sex with men in Malaysia	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624221106535	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133307748&doi=10.1177%2f09564624221106535&partnerID=40&md5=d5500936cbf6600ba2ef16ef642b88eb	Background: Pre-exposure prophylaxis (PrEP) is a valuable HIV prevention strategy, particularly among men who have sex with men (MSM); however, PrEP uptake is below the threshold needed to curb the HIV epidemic among this group, especially in settings like Malaysia, where same-sex sexual behavior is illegal. Methods: A sample of 355 participants completed an online survey between June and July 2020, recruited through geosocial networking apps for MSM and social networking websites (e.g. Facebook). We used descriptive and multivariable analyses to examine correlates of PrEP use within this population. Results: The sample was predominantly Malay (53.5%), had monthly incomes greater than RM 3000 (USD 730) (52.7%), and a tertiary level of education (84.5%). About 80% of participants heard of PrEP prior to the survey, with significantly less (18.3%) having ever taken PrEP. In the adjusted multivariable logistic model, using drugs before or during sexual intercourse ("chemsex") (AOR: 3.37; 95% CI: 1.44–7.89), being diagnosed with a sexually transmitted infection in the last 12 months (AOR: 2.08; 95% CI: 1.13–3.85), HIV testing in the previous 6 months (AOR: 3.23; 95% CI: 1.76–5.99), and disclosure of sexual orientation (AOR: 1.85; 95% CI: 1.02–3.34) were associated with having taken PrEP in the past. Conclusions: This study revealed that PrEP use among Malaysian MSM is relatively low, despite high awareness, and is associated with healthcare engagement and high-risk behaviors. These results highlight the need to tailor outreach activities for individuals at increased risk for HIV and those disengaged with the health system. © The Author(s) 2022.	asia; high-risk behavior; homosexual; human immunodeficiency virus; prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Eger W.H.; Altice F.L.; Lee J.; Vlahov D.; Khati A.; Osborne S.; Wickersham J.A.; Bohonnon T.; Powell L.; Shrestha R.	Using nominal group technique to identify barriers and facilitators to preventing HIV using combination same-day pre-exposure prophylaxis and medications for opioid use disorder	Harm Reduction Journal	-	-	-	14777517	10.1186/s12954-022-00703-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140756111&doi=10.1186%2fs12954-022-00703-8&partnerID=40&md5=3a63f609f25a34d9bbc7a0c79f95994f	Background: Preventing HIV transmission among people who inject drugs (PWID) is a key element of the US Ending the HIV Epidemic strategy and includes both pre-exposure prophylaxis (PrEP) and medications for opioid use disorder (MOUD). While both lead to decreases in HIV transmission, MOUD has other social and health benefits; meanwhile, PrEP has additional HIV prevention advantages from sexual risk and the injection of stimulants. However, these medications are often prescribed in different settings and require multiple visits before initiation. Strategies to integrate these services (i.e., co-prescription) and offer same-day prescriptions may reduce demands on patients who could benefit from them. Methods: Nominal group technique, a consensus method that rapidly generates and ranks responses, was used to ascertain barriers and solutions for same-day delivery of PrEP and MOUD as an integrated approach among PWID (n = 14) and clinical (n = 9) stakeholders. The qualitative portion of the discussion generated themes for analysis, and the ranks of the proposed barriers and solutions to the program are presented. Results: The top three barriers among PWID to getting a same-day prescription for both PrEP and MOUD were (1) instability of insurance (e.g., insurance lapses); (2) access to a local prescriber; and (3) client-level implementation factors, such as lack of personal motivation. Among clinical stakeholders, the three greatest challenges were (1) time constraints on providers; (2) logistics (e.g., coordination between providers and labs); and (3) availability of providers who can prescribe both medications. Potential solutions identified by both stakeholders included pharmacy delivery of the medications, coordinated care between providers and health care systems (e.g., case management), and efficiencies in clinical care (e.g., clinical checklists), among others. Conclusions: Implementing and sustaining a combined PrEP and MOUD strategy will require co-training providers on both medications while creating efficiencies in systems of care and innovations that encourage and retain PWID in care. Pilot testing the co-prescribing of PrEP and MOUD with quality performance improvement is a step toward new practice models. © 2022, The Author(s).	Implementation science; Nominal group technique; Opioid agonist treatments; People who inject drugs (PWID); Pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2022	Ekwunife O.I.; Eje I.L.; Okolo V.; Mia C.; Durosinmi-Etti O.; Powell A.; Franke M.F.	Interventions to increase the uptake and continuation of pre-exposure prophylaxis (PrEP) by adolescent girls and young women at high risk of HIV in low-income and middle-income countries: a scoping review	BMJ Glob Health	-	-	-	-	20597908	10.1136/bmjgh-2022-009674	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143966455&doi=10.1136%2fbmjgh-2022-009674&partnerID=40&md5=9209f2f5f0b9105ffca8c4e1eaa71cf	Introduction Effective strategies to increase pre-exposure prophylaxis (PrEP) uptake and continuation among adolescent girls and young women (AGYW) who engage in sex work or transactional sex are sparsely reported. We aimed to describe the available evidence on strategies for improving the uptake and continuation of PrEP among AGYW who engage in sex work or transactional sex, or otherwise are at high risk of acquiring HIV, and report their implementation outcomes. Method PubMed, Embase, CINAHL and Global Health were searched for studies describing strategies to increase uptake and continuation of PrEP for HIV prevention among AGYW at high risk of acquiring HIV in low-income and middle-income countries. Two independent reviewers screened citations for inclusion and performed data abstraction. Procter's framework was used to report the implementation outcomes of the interventions. Result We identified 1046 citations, and reviewed 69 full-text documents, of which we included 11 in the scoping review. A social-marketing campaign was used in one study to create demand for PrEP. A decision support tool was used in one study to improve PrEP initiation. SMS reminders (two studies), drug-level feedback (two studies), peer group support (one study) and conditional economic incentives (one study) were used to improve PrEP continuation. Five studies reported adoption outcomes, two of which were high. Four studies reported sustainability outcomes, three were low to moderate. One study found private youth-friendly clinics a better fit for AGYW PrEP delivery compared with public hospitals, and prescription of PrEP by non-study staff in the hospital facility was low. Conclusion Multiple promising interventions have been used to deliver PrEP to AGYW at high risk of acquiring HIV; however, more information is needed to understand how these interventions would likely perform at scale outside of a research context. © 2022 Author(s). Published by BMJ.	AIDS; Chemoprophylaxis; Health services research; HIV; Prevention strategies	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Ekpiro, Latosha; Boutwell, Alexander; Gordon, Bertie; Johnson, Bernadette; Marrazzo, Joanne; Van Der Pol, Barbara; Magaziro, Michael J.	PrEP service delivery preferences of black Cis-gender women living in the Southern United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03691-9	https://www.proquest.com/scholarly-journals/prep-service-delivery-preferences-black-cis/docview/2733282846/se-2?accountid=9113	To assess PrEP service delivery preferences among Black cis-gender women living in urban and rural settings in Alabama, we conducted a cross-sectional discrete choice experiment survey. Discrete choice experiments included five attributes. Hierarchical Bayes (HB) coding and latent class analysis (LCA) were used to estimate attribute preferences. Among 785 Black cis-gender HIV-negative women, almost two-thirds lived in urban settings and reported having at least some college; about a third reported a household income less than $25,000 annually; and reported willingness to use PrEP. Respondents placed the greatest importance on PrEP initiation/refills at a convenient location and healthcare facility. LCA showed the group with the highest rural proportion preferred for on-line visits. Black women in the Deep South had distinct preferences regarding PrEP service delivery. These findings can inform tailored interventions to improve PrEP uptake among Black cis-gender women across diverse settings in the South.	Women; PrEP; Psychology; Gender; Disease prevention; Health services; Prep; Black; Patient satisfaction; Health care access; Cisgender; Bayesian analysis; Cis-gender; Human immunodeficiency virus--HIV; Women health; United States--US; Black people; Urban areas; Health care facilities; Ill; Urban environments	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Ebe, L.; Penchala S.D.; Pilley A.-D.; Seipherlin T.B.; Lebna L.; Celhelout C.; Minhas S.; Morley R.; Rashid T.; Martinson N.; Fox J.; Khan S.; Herrera C.	Pre-Clinical Evaluation of Tenofovir and Tenofovir Alafenamide for HIV: i Pre-Exposure Prophylaxis in Foreskin Tissue	Pharmaceutics	-	-	-	-	19994923	10.3390/pharmaceutics14061285	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132568584&doi=10.3390%2fpharmaceutics14061285&partnerID=40&md5=51dd8205f0cb67bb2b0d3f6ae3a4472	Background: HIV-1 pre-exposure prophylaxis (PrEP) has focused predominantly on protective efficacy in receptive sex, with limited research on the dosing requirements for insertive sex. We pre-clinically assessed the in vivo pharmacokinetic pharmacodynamic (PK: PD) profile of tenofovir (TFV) and tenofovir alafenamide (TAF) in foreskin tissue. Methods: Inner and outer foreskin explants were exposed to aerial dilutions of TFV or TAF prior to addition of HIV-1BaL at a high (HVV) or a low viral titer (LVV). Infection was assessed by measurement of p24 in foreskin culture supernatants. TFV, TAF and TFV-diphosphate (TFV-DP) concentrations were measured using validated liquid chromatography tandem mass spectrometry methods. Results: Both explant types were highly protected against HVV challenge. Concentrations of TFV-DP in foreskin explants were approximately six-fold higher after ex vivo dosing with TAF than with TFV. Statistically significant negative linear correlations were observed between explant levels of TFV or TFV- DP and p24 concentrations following HVV. Conclusions: Pre-clinical evaluation of TAF in foreskin explants revealed greater potency than TFV against potent HIV transmission. Clinical evaluation is underway to support this finding. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	foreskin; HIV-1; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Enebeli, Stanley; Okpuluawachwe, Udoka; Mondal, Prosanta K.; Ogunbodo, Johnmark; Leia, Anne	Interest In and Uptake of HIV Pre-Exposure Prophylaxis (PrEP): A Cross-Sectional Study of High-Risk Patients in Western Canada.	Curress	-	-	-	-	2168-8184	10.7759/cureus.24279	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9132146/	Background HIV pre-exposure prophylaxis (PrEP) is a highly effective, evidence-based HIV prevention strategy. However, its use in the city of Saskatoon, Saskatchewan province of western Canada, is relatively new. Therefore, this study aimed to examine the interest and uptake of PrEP and investigate factors associated with HIV PrEP by high-risk patients. Methods A cross-sectional, self-administered survey of patients attending Saskatoon's Public Health Services Sexual Health Clinic was conducted from October until December 2018. The primary outcome was the interest in taking PrEP to reduce the risk of HIV infection. Descriptive, bivariate, and multivariate analyses were used to perform our research objectives. Results One hundred forty-one participants were recruited for the study. Of these, 70.9% were males. Descriptive, bivariate, and multivariate analyses were used to pursue our research objectives. Results One hundred forty-one participants were recruited for the study. Of these, 70.9% were males. The median age (interquartile range) was 26 (22-33) years. The median number of partners (interquartile range) was 3 (2-6) partners. A total of 66.0% of participants were unaware of PrEP, and almost half (49.6%) indicated an interest in taking PrEP. Among those interested in PrEP, 69.2% perceived minimal HIV risk, 35.2% expressed concern regarding side effects, 28.1% cited the added need for condom use, 23.9% indicated incomplete effectiveness, and 22.5% did not wish to undergo regular bloodwork. Multivariate analysis showed that interested patients were more likely to have been previously aware of PrEP (OR: 2.6, p-value = 0.03), perceived themselves to be vulnerable to HIV (OR: 15.7, p = < 0.0001), or were unsure about their risk (OR: 3.8, p = < 0.0001). Conclusion This study suggests that a lack of knowledge regarding personal HIV risk and PrEP as a preventive option may influence PrEP interest. There lies a need for more health promotion campaigns around the health benefits of PrEP, including literacy efforts on HIV risk, concerns around side effects, and associated blood work with PrEP use.	canada; hiv risk perception; hivtaids; pre-exposure prophylaxis; prep awareness; prep interest; sexual behaviour	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Erdengasileng, Arslan; Tian, Shubo; Green, Sara S; Nuar, Sybie; He, Zhe	Using Twitter Data Analysis to Understand the Perceptions, Awareness, and Barriers to the Wide Use of Pre-Exposure Prophylaxis in the United States.	Proceedings (IEEE Int Conf Bioinformatics Biomed)	-	-	-	-	2156-1125	10.1109/bibm55620.2022.9995568	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9975598/	User-generated social media posts such as tweets can provide insights about the public's perception, cognitive, and behavioral responses to health-related issues. Pre-Exposure Prophylaxis (PrEP) is one of the most effective ways to reduce the risk of HIV infection. However, its utilization is low in the US, especially among populations disproportionately affected by HIV such as the age group of under 24 years old. It is therefore important to understand the barriers to the wider use of PrEP in the US using social media posts. In this study, we collected tweets from Twitter about PrEP in the past 4 years to identify such barriers by first identifying tweets about personal discussions, and then performing textual analysis using word analysis, LMLS semantic type analysis, and topic modeling. We found that the public often discussed advocacy, risks/benefit, access, pricing, insurance coverage, legislation, stigma, health education, and prevention of HIV. This result is consistent with the literature and can help identify strategies for promoting the use of PrEP, especially among young adults.	Social Media; Natural Language Processing, HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Mixed methods
Article	2022	Eschliman, Evan L.; Uzzi, Moshe; White, Jordan J.; Matthews, Allison; Henry, Marcus; Moran, Meghan B.; Page, Kathleen; Latkin, Carl A.; Tucker, Joseph D.; Yang, Cui	Crowdsourced PrEP Promotion Messages for an HIV High-Burden Area: A Framework-Based Content Analysis	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9163	10.1521/aeap.2022.34.1.69	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126356854&doi=10.1521%2faeap.2022.34.1.69&partnerID=40&md5=7e0a27baa02d9b4861fbe8e3c4fc0cf1	Pre-exposure prophylaxis (PrEP) is an important and highly effective HIV prevention strategy, but its uptake remains low, particularly among morgin-ailzed populations at high risk of HIV. Innovative and scalable approaches are needed to increase PrEP awareness and uptake. Crowdsourcing is a novel approach to engage the public in developing health promotion messages. This study used a crowdsourcing platform (CrowdTangle) to solicit and analyze PrEP messages related to PrEP use collected in a community-positioned cohort study (n = 72). Using an open-ended survey conducted via click-enrollment, participants were recruited from Baltimore, Maryland. In addition to identifying eight of the themes from the adapted IMB model, this analysis also identified two novel salient themes in the motivation category: self-worth/self-love and self-care practice. Findings from this analysis can inform PrEP promotion efforts by providing a novel data collection approach that can be implemented in existing research. © 2022 The Guilford Press.	Community-driven; Content analysis; Crowdsourcing; Health promotion; Pre-exposure prophylaxis; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Eshleman, Susan H.; Fogel, Jessica M.; Piwowar-Manning, Estelle; Chau, Gordon; Cummings, Vanessa; Agyei, Yaw; Richardson, Paul; Sullivan, Philip; Haines, Casey D.; Hoehman, Jason K.; Portugués, Christina; Thomas, Dave; Hudelson, Carl; Kolton, Ryan; Hendrix, Craig W.; Anderson, Peter L.; Ferrier, Jennifer; Mollen, John; Adcoyne, Adeola; Hanchett, Alex R.; St Clair, Marty; Adcoyne, Adeola; Hlavacek, Jean C.; Cabello, Robinson; Middelkoop, Koven; Hanscom, Brett; Cohen, Myron S.; Gleicoign, Beatrice; Landovitz, Raphael J.	HIV RNA Screening Reduces Integrase Strand Transfer Inhibitor Resistance Risk in Persons Receiving Long-Acting Cabotegravir for HIV Prevention.	The Journal of Infectious Diseases	-	-	-	-	1537-6613 0022-1899	10.1093/infdis/jiac415	https://pubmed.ncbi.nlm.nih.gov/36240386/	BACKGROUND The HPTN 083 trial demonstrated that long-acting cabotegravir (CAB-LA) was superior to tenofovir-disoproxil fumarate/emtricitabine for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP). Integrase strand transfer inhibitor (INSTI) resistance-associated mutations (RAMs) were detected in some participants with HIV infection. We used a low viral load INSTI genotyping assay to evaluate the clinical significance of INSTI RAMs and assessed whether HIV screening with a sensitive RNA assay would have identified INSTI-resistant HIV sooner. METHODS Single-genome sequencing to detect INSTI RAMs was performed for samples with viral loads ~500 copies/mL from 3 participants with previously identified INSTI RAMs and 2 with no prior genotyping results. RESULTS Major INSTI RAMs were detected in all 5 cases. HIV RNA testing identified infection before major INSTI RAMs emerged in 4 cases and before additional major INSTI RAMs accumulated in 3 cases. Added INSTI RAMs were detected early when the viral load was low and CAB concentration was high. CONCLUSIONS When using CAB-LA PrEP, earlier detection of HIV infection with a sensitive RNA assay may allow for earlier treatment initiation with the potential to reduce INSTI resistance risk. Further studies are needed to evaluate the value and feasibility of this approach.	Humans; Drug Resistance, Viral/genetics; HIV; Mutation; *HIV-1/genetics; PrEP; prevention; INSTI; integrase; resistance; *HIV Infections/drug therapy; *Pyridones/therapeutic use; RNA, ribosomal/genetics; *HIV Integrase Inhibitors/pharmacology/therapeutic use; *HIV Integrase/genetics; HPTN	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Eshleman, Susan H.; Fogel, Jessica M.; Piwowar-Manning, Estelle; Chau, Gordon; Cummings, Vanessa; Agyei, Yaw; Richardson, Paul; Sullivan, Philip; Haines, Casey D.; Hoehman, Jason K.; Portugués, Christina; Thomas, Dave; Hudelson, Carl; Kolton, Ryan; Hendrix, Craig W.; Anderson, Peter L.; Ferrier, Jennifer; Mollen, John; Adcoyne, Adeola; Hanchett, Alex R.; St Clair, Marty; Adcoyne, Adeola; Hlavacek, Jean C.; Cabello, Robinson; Middelkoop, Koven; Hanscom, Brett; Cohen, Myron S.; Gleicoign, Beatrice; Landovitz, Raphael J.	Characterization of Human Immunodeficiency Virus (HIV) Infections in Women Who Received Injectable Cabotegravir or Tenofovir Disoproxil Fumarate-Emtricitabine for HIV Prevention: HPTN 084.	The Journal of Infectious Diseases	-	-	-	-	1537-6613 0022-1899	10.1093/infdis/jiab576	https://pubmed.ncbi.nlm.nih.gov/35301540/	BACKGROUND: HIV Prevention Trials Network 084 demonstrated that long-acting cabotegravir (CAB) was superior to daily oral tenofovir (TFV) disoproxil fumarate (TDF)/emtricitabine (FTC) for preventing human immunodeficiency virus (HIV) infection in sub-Saharan African women. This report describes HIV infections that occurred in the trial before unblinding. METHODS: Testing was performed monthly. Drug resistance was assessed by next-generation sequencing (NGS) and Sanger sequencing. CAB and TFV concentrations were measured in dried blood spots by liquid chromatography-tandem mass spectrometry. RESULTS: Forty-five HIV infections were identified (CAB arm, 7; baseline infection, 1; incident infection, 6; TDF/FTC arm, 38; baseline infection, 7; incident infection in the CAB arm included 2 with no recent drug exposure and no CAB injections and 1 with delayed injections; in 35 of 38 cases in the TDF/FTC arm, drug concentrations indicated low or no adherence. None of the cases had CAB resistance. Two participants with incident infection in the TDF/FTC arm had nonnucleoside reverse-transcriptase inhibitor resistance; 1 had the nucleoside reverse-transcriptase inhibitor resistance mutation, M184V. CONCLUSIONS: Almost all incident HIV infections occurred in the setting of unquantifiable or low drug concentrations. CAB resistance was not detected. Transmitted nonnucleoside reverse-transcriptase inhibitor resistance was common; 1 woman may have acquired nucleoside reverse-transcriptase inhibitor resistance. Even daily drug exposure	Africa; HIV; HPTN 084; TDF/FTC; cabotegravir; injectable; long-acting; preexposure prophylaxis; prevention; women.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Espejord, Ida Eskeland; Sandset, Tony	The Public Debates Regarding the Use of the Contraceptive Pill and PrEP: What are the Public Concerns Used To/To About Attitudes Surrounding Sexual and Reproductive Rights in Norway?	Sexuality & Culture	-	-	-	-	10955143	10.1007/s12119-022-09957-7	https://www.proquest.com/scholarly-journals/public-debates-regarding-use-contraceptive-pill/docview/2705555192/se-2?accountid=9113	The introduction of pre-exposure prophylaxis (PrEP) in 2012 in the US ushered in new technology for preventing HIV in people who are seen as at risk of contracting HIV. However, the rollout of PrEP has been filled with various debates and controversies ranging from concerns about effectiveness, adherence levels, cost-effectiveness, and moral responsibility. In this context, some commentators have noted the uncanny similarities between the debate on PrEP and the debates that surrounded the launch of the oral contraceptive pill (the Pill) some 50 years ago. In this article, we provide the first in-depth analysis that compares how debates surrounding the launch of the Pill and debates which emerged concerning the launch of the PrEP. Our analytical setting is the launch of the Pill in Norway in the 1960s and the launch of PrEP in 2016. Moreover, we wanted to focus on how both pharmaceuticals were framed in news media in Norway. We argue that such an analysis can tell us something about how the pharmaceuticalization of sex and sexuality often becomes dominated by discourses of morality and pivots around various issues of responsibility, in particular when it comes to female and gay sexualities.	Pre-exposure prophylaxis; PrEP; Sexuality; Morality; Technology; Birth control; Media discourses; Moral panic; Pharmaceuticalization; The pill; Women	English	United States	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Review
Article	2022	Estcourt, Claudia S; Kincaid, Rose; Henderson, Lindsey; Saunders, John; Sullivan, Ann K; Gibbs, Jo	HIV PrEP: raise awareness in all groups who could benefit and provide for both on and offline access	BMJ: British Medical Journal	-	-	-	no	10.1136/bmj-a2133	https://www.proquest.com/scholarly-journals/hiv-prep-raise-awareness-all-groups-who-could/docview/2709567886/se-2?accountid=9113	In-person attendance enables holistic sexual health care including comprehensive sexually transmitted infection (STI) screening, sexual monitoring, vaccination, and other risk reduction strategies. Rather than a sole focus on digital, we need to scale up PrEP coverage and engage a wider range of people with all HIV prevention tools to achieve HIV transmission elimination 89 Digital services play a key part in providing access for people accessing PrEP but a degree of health and digital literacy are required, as do online system safely. It is a member of England's PrEP Impact Trial Management Group; lead for PrEP M&E at UKHSA, co-investigator on grant funding for PrEP and digital health research, and a member of the monitoring and research group for Scotland's National PrEP Programme.	vaccination; England; Scotland; Sexual health; COVID-19; Disease prevention; Health care; Prep; Funding; Medical research; Pandemics; Disease transmission; Public health; Preventive medicine; Digital health; Human immunodeficiency virus--HIV; Acquired immune deficiency syndrome--AIDS; Medical Sciences; United Kingdom--UK	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Farrow, Kenyon	The Downstream Impacts of High Drug Costs for PrEP Have Hindered the Promise of HIV Prevention.	Journal of Law, Medicine & Ethics	-	-	-	-	1748-720X	10.1017/jme.2022.35	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9354126/	-	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Faryar K.A.; Braun R.; Ancona R.M.; Feiereisseh C.; Lyons M.S.	Acceptance of HIV pre-exposure prophylaxis (PrEP) referral among a sample of PrEP-eligible emergency department patients.	American Journal of Emergency Medicine	-	-	-	-	7356757	10.1016/j.ajem.2022.07.055	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131599016&doi=10.1016%2fj.ajem.2022.07.055&partnerID=40&md5=31d40ac3220116cdbe6e0cf7a539bc7e371	Objective: Pre-exposure prophylaxis (PrEP) reduces the rate of HIV transmission in high-risk groups. Emergency departments (EDs) frequently encounter patients at risk for HIV acquisition who are eligible for PrEP. ED HIV screening programs have prioritized testing and linkage to care for patients who test positive, but fail to refer HIV-negative patients to PrEP clinicians. Our objective was to estimate referral acceptance to a PrEP clinician among a sample of at-risk ED patients. Methods: This single-center cross-sectional study electronically queried a prospectively acquired dataset of survey responses from a sample of patients presenting to an urban academic ED from March 2019 to February 2020. Patients completed a risk assessment as part of the HIV screening program. PrEP-eligibility was based off survey responses in accordance with 2017 CDC PrEP eligibility criteria. Identified PrEP-eligible patients completed a PrEP questionnaire. The primary outcome was the proportion of PrEP-eligible patients who accepted referral to a PrEP clinician during their ED encounter. We accordantly report patient-participant characteristics including the proportion of PrEP-eligible patients who were aware of and ED encounter. knowledgeable about PrEP as a method to prevent transmission of HIV. Results: In total, 380 patients completed a PrEP questionnaire, of which 267 (80%) were not currently taking PrEP and eligible for PrEP. Of these, 96 (36%) were female, 171 (64%) were male, 1 (0.4%) was transgender, 1 (0.4%) was gender non-conforming, 124 (46%) were Black, and 97 (36%) were White. A predetermined accurate knowledge of PrEP. PrEP referral was offered to 218 (82.9%, 95% CI: 78.0–87.0) patients, of which, 76 (31.9%, 95% CI: 26.1–38.3) accepted. Conclusions: Approximately one third of PrEP-eligible ED patients accepted PrEP referral during their ED encounter, demonstrating an opportunity for increased PrEP education and intentional referral for eligible patients. Variability in PrEP acceptability by demographic and risk subgroup may be an important consideration in efforts to expand PrEP initiation. © 2022 Elsevier Inc.	Emergency department; HIV; Pre-exposure prophylaxis; PrEP acceptance; PrEP referral	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Fassout, Cathie; Bonnin, Alicia; Hik, Daniel; Rivière-du Silva, Fabien; Bureau, Christine; Michels, David; Leclerc, Céline; Grau, Guillaume; Aumond, Catherine; Grenmarie-Godbout, Leslie	Etude qualitative de l'acceptabilité de la téléconsultation pour le traitement préventif du VIH.	Santé Publique	-	-	-	-	0995-3914	10.3917/spub.224.0537	https://dx.doi.org/10.3917/spub.224.0537	Introduction In France, the incidence of HIV infections remains at 6,000 infections a year. Pre-Exposure Prophylaxis (PrEP) could reduce this number. Despite available reimbursement since 2016 to exposed populations, the recipients remain mostly men who have sex with men (MSM) living in large cities. In Center-Val de Loire, where newly HIV diagnoses and difficulties of access to care are tremendous, community tele-support and dedicated teleconsultations have been launched to promote access, particularly in rural areas. This study aimed to identify the interests and limits of these teleconsultations for PrEP users.Purpose of research This E-PrEP qualitative study conducted by semi-structured interviews with MSM PrEP users allowing the thematic analysis of eight interviews lasting an average of one hour, conducted with MSM taking at least one teleconsultation.Results The teleconsultation met user expectations with good acceptability. It integrated naturally into the associated preventive care pathway where applicable. The description of a more impersonal face-to‑face exchange is balanced by establishing a trusting relationship. Teleconsultation has sometimes eased talking about sexuality, sexual practices and prevention. Nevertheless, the digital divide is a barrier for the specialists and for the PrEP users. The specialists need to be well trained in the use of digital tools for the type of consultation. Fears of lack of discretion or judgmental behavior from these unspecialized healthcare professionals were pronounced.Conclusion The deployment of teleconsultations can be encouraged to facilitate access to PrEP with vigilance on the associated health path.	sa	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2022	Feinberg, Judith; Kesshin, Susana	Prevention and Initial Management of HIV Infection.	Annals of Internal Medicine	-	-	-	-	1539-3704	10.7326/AITC202206210	https://dx.doi.org/10.7326/AITC202206210	Since July 2017, when In the Clinic last addressed management of HIV infection, there have been meaningful improvements in our ability to prevent HIV and to manage patients living with HIV. New approaches to pre-exposure prophylaxis and more effective treatment have made the elimination of HIV infection a feasible goal. The federal "Ending the HIV Epidemic" initiative aims at a 90% reduction in new HIV diagnoses by 2030. This article provides updated information on how clinicians should use these improvements to manage their patients who are at risk for HIV infection or are newly diagnosed with HIV.	access restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Feinstein, Brian A; Chang, Cindy J; Bunting, Samuel R; Balteke, Jesse; Hazra, Aniruddha; Garber, Sarah S	Willingness to Prescribe PrEP to Bisexual Men Depends on Genders of Their Past Partners: A Study of Medical Students in the USA.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-022-02337-0	https://dx.doi.org/10.1007/s10508-022-02337-0	Bisexual men are at increased risk for HIV compared to heterosexual men but unlikely to use pre-exposure prophylaxis (PrEP). Given that biases may influence whether bisexual men are prescribed PrEP, we examined whether medical students' decision-making was influenced by the genders of a bisexual male patient's partners. Medical students (N = 718) were randomized to one of nine conditions where they answered questions about a bisexual male patient after reviewing his electronic medical record. We manipulated the gender of his current partner (none, male, female) and the genders of his past partners (male, female, both). Participants were more willing to prescribe PrEP to a bisexual male patient with a male partner than with a female partner, regardless of his past partners' genders. Participants' intervention with all partners. When the patient was not in a current relationship, perceived HIV risk and likelihood of prescribing PrEP were lower if he only had female partners in the past. When he was in a current relationship, perceived HIV risk and likelihood of prescribing PrEP did not differ based on current or past partners' genders. In addition, identification as a PrEP candidate, perceived likelihood of adherence, and perceived likelihood of engaging in condomless sex if prescribed were lower when the patient was not in a current relationship. Medical students appropriately prioritized the status of the partner living with HIV, but their decision-making was influenced by past partner genders when the patient was not in a current relationship. Medical students may require additional education to ensure they understand PrEP eligibility criteria and make decisions based on patients' individual presentations.	access restrito	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	FEITOSA, Álvaro Dias; REGO, Natasha Karenina de Sousa	Limites na implementação da profilaxia pré-exposição ao HIV pelo estado brasileiro	InfoLíngua:ia: revista de direitos e movimentos sociais	-	-	-	-	2447-6684	10.26512/revistainfolingua.v10i2.36388	https://periodicos.unb.br/index.php/insurgencia/article/view/36388	O artigo parte do problema: quais são os limites na implementação da Profilaxia Pré-Exposição (PrEP) ao HIV pelo Estado Brasileiro? O objetivo geral é abordar os limites na implementação. De forma específica, busca-se identificar os limites na implementação da PrEP por meio da análise do protocolo brasileiro e parte da interseccionalidade, da pedagogia da provocação e do diálogo à saúde. A pesquisa é descritiva, exploratória, bibliográfica e documental. O Protocolo Clínico e Diretrizes Terapêuticas para Profilaxia Pré-Exposição foi o documento analisado. A identificação e as populações não alcançadas pela PrEP. A pedagogia da provocação situa a construção e a execução de políticas públicas. O direito à saúde aponta a proteção da PrEP de vulnerável retrocesso social.	Profilaxia pré-exposição;Populações LGBT+ Intersecccionalidade;Pedagogia da provocação; Direito fundamental à saúde.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	NA	NA	Qualitative
Article	2022	Ferrara P.; Gianfredi V.	The Italian PrEPrestoHIV challenge: a scoping systematic review on HIV pre-exposure prophylaxis monitoring in Italy	Acta Biomedica	-	-	-	-	3924203	10.23750/abm.v93i3.12766	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133301058&doi=10.23750%2fabm.v93i3.12766&partnerID=40&md5=626201ea2920533fa93bcc8f1bdbcc1a	Background and aim: In Italy, pre-exposure prophylaxis (PrEP) with emtricitabine and tenofovir disoproxil fumarate (FTC/TDF) was authorized for HIV pre-exposure in 2017. This scoping systematic review summarizes current evidence on PrEP implementation in Italy since 2017. Methods: A systematic search was conducted in relevant databases, using a search strategy built upon controlled vocabulary, cross-referencing of the citation lists from included reports, and hand-searching of surveillance documents. Findings were summarized narratively according to key issues and themes. Results: A total of 106 reports were retrieved and six met criteria for inclusion in the review, being three journal articles and three surveillance report by the European Centre for Disease Prevention and Control (ECDC). In Italy, users can obtain in PrEP in specific hospital or community-based PrEP services, under prescription by specialists. Due to drug costs, the access is limited to those who can afford it. Data and indicators on PrEP use and monitoring are limited. The vast majority of users were men who have sex with men. In this population, PrEP knowledge and attitudes were investigated across two reports, finding a readiness to high level to knowledge and a score rate (mostly due to high costs). A health technology assessment on the adoption of PrEP in Italy advised that the most concentrating strategy would be the use of PrEP as an "add-on" strategy. Conclusions: In conclusion, this scoping review found a relevant evidence gap on PrEP monitoring. Italy needs to implement specific policies and programs for effective and timely delivery of care.	www.actabiomedica.it; © Mattioli 1885.	English	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review

Article	2022	Ferreira R.C.; Torres T.S.; Ceccato M.D.G.B.; Bezerra D.R.B.; Thombs B.D.; Luz P.M.; Harel D.	Development and Evaluation of Short-Form Measures of the HIV/AIDS Knowledge Assessment Tool Among Sexual and Gender Minorities in Brazil: Cross-sectional Study	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/30676	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127261340&doi=10.2196%2f30676&partnerID=40&md5=24ee06a3ccf6280ca70da28fc8b08d41	Background: In theoretical models of health behavior, knowledge about disease transmission and self-protective behaviors are conceptualized as important drivers of behavior change. Several studies conducted in Brazil point to an unfortunate convergence of sexual and gender minority (SGM) populations with low levels of HIV knowledge and younger age, lower education, engagement in higher-risk sexual behavior, and never having tested for HIV. Measures to assess level of HIV knowledge have been previously published, including the 12-item HIV/AIDS Knowledge Assessment (HIV-KA) tool. However, measure length can be a barrier to assessment. Objective: We started from the 12-item HIV-KA tool and developed candidate short forms using statistical procedures, evaluated their psychometric properties, and tested the equivalency of their associations with other measures of HIV knowledge compared to the 12-item version. Methods: A convenience sample of SGM was recruited during September 2020 to complete an online survey through advertisements on two social networking apps (Grindr and Hornet). The survey instrument included items on sociodemographic information, prior HIV testing and HIV test results, preexposure prophylaxis (PrEP) and antiretroviral treatment use, sexual behavior, and 3 HIV knowledge measures: the HIV-KA, World Health Organization Knowledge About HIV Transmission Prevention Indicator, and the Brief HIV Knowledge Questionnaire. We used exploratory factor analysis and confirmatory factor analysis (CFA) to assess the factor structure of the of the HIV-KA. We used optimal test assembly (OTA) methods to develop candidate short forms of the HIV-KA and evaluated them based on prespecified reliability, concurrent validity, and statistically equivalent convergent validity criteria. Results: Among 2552 SGM individuals from Brazil, mean age was 35.1 years, 98.2% (2507/2552) cisgender men and 1.8% (45/2552) transgender/nonbinary, 56.5% (1441/2552) White, and 31.0% (792/2552) self-reported HIV positive. CFA indicated a 1-factor structure for the 12-item HIV-KA. Concurrent validity correlations were high for all short forms with 6 items, but only versions with 9 items were as reliable as the full-length form and demonstrated equivalency for convergent validity correlations. Suggesting post hoc convergent validity, HIV knowledge scores using the 9- and 10-item short forms were higher for participants who perceived the Undetectable Equals Untransmittable (U=U) slogan as completely accurate versus not accurate. Suggesting post hoc concurrent validity, participants of younger age, of Black, Pardo or indigenous race, and reporting lower education and lower income scored lower on HIV knowledge. Participants who never tested for HIV scored lower than those who tested negative or positive, while those currently using PrEP scored higher than those reporting past or never use. Conclusions: OTA methods were used to shorten the 12-item HIV-KA to 9-item and 10-item versions while maintaining comparable reliability and validity among a large sample of Brazilian SGM. However, these short forms did not shorten sufficiently to justify deviation from the full measure. © 2022 JMIR Publications Inc.. All Rights Reserved.	Brazil; HIV; knowledge; preexposure prophylaxis; sexual and gender minorities	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Fikslin R.A.; Goldberg A.J.; Gesselman A.N.; Reinka M.A.; Pervez O.; Franklin E.T.; Ahn O.; Price D.M.	Changes in Utilization of Birth Control and PrEP During COVID-19 in the USA: A Mixed-Method Analysis	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02086-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118627303&doi=10.1007%2fs10508-021-02086-6&partnerID=40&md5=4181244e77d9e98866ab0b53df59af28	In the USA, the COVID-19 pandemic has created challenges beyond the direct consequences of the infection. Because of shifting resources in response to need, many domains within the healthcare sector unrelated to COVID-19 have had interrupted abilities to provide care. In the current study, we focus on preventative sexual health care during the pandemic. In a sample of 511 (mean age = 27.7) people, we examined quantitative data regarding continuation and discontinuation of birth control and PrEP during the pandemic, along with qualitative data illustrating the underlying reasons for participants' (dis)continuation. Results showed that most (92.5%) of birth control users reported continuation of their birth control, with the predominant reasons reported being use for health reasons, long-acting reversible contraceptive use, access to remote healthcare services, and increased vigilance over pregnancy prevention. Conversely, around half (52.6%) of PrEP-using participants reported already discontinuing or planning to discontinue their PrEP regimen. Temporary abstinence and concerns about accessing in-person health care were the predominant reasons for PrEP discontinuation. These results have implications for both researchers and sexual healthcare providers. Disruptions to preventative sexual health care should be considered in ongoing research about patient needs, and healthcare providers may wish to consider particular challenges faced by PrEP users concerning re-start and continuation. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Birth control; COVID-19; PrEP; Preventative sexual health care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Fitch C.; Haberer J.E.; Serrano P.A.; Muñoz A.; French A.L.; Hosek S.G.	Individual and structural-level Correlates of Pre-exposure Prophylaxis (PrEP) lifetime and current use in a nationwide sample of young sexual and gender minorities	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03656-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128239678&doi=10.1007%2fs10461-022-03656-y&partnerID=40&md5=fa97ab310e789e504daa586bd23ac5dd	The objective of this analysis was to describe individual and structural-level factors associated with pre-exposure prophylaxis (PrEP) use among a sample of sexual and gender minorities (SGM) at risk for HIV recruited using limited interaction strategies. SGM (N = 3330), ages 15–34, without HIV enrolled in a nationwide limited interaction cohort study from 2017 to 2020. A baseline cross-sectional single-survey design examined individual and structural-level correlates of PrEP lifetime use and current use using logistic regression. PrEP lifetime use and current use were reported by 31.2% and 23.9%, respectively, of SGM with PrEP data (n = 3077). PrEP use outcomes (lifetime or current use) in cisgender MSM were associated with being over age 18, Black or other race, Hispanic/Latina/x/o ethnicity, being gay, being out to one's healthcare provider, having health insurance, being a college graduate, and having a greater number of PrEP peers. PrEP use outcomes (lifetime or current use) in transgender/non-binary participants were associated with being over age 24, being Latinx, being transgender vs. non-binary, being assigned male at birth, being out to their healthcare provider, living in the western or northeastern United States, and having more peers on PrEP. More work is needed to address lower PrEP uptake in SGM under 18 and those whose sex risk may be more dynamic (e.g., non-binary, pansexual/queer, and bisexual SGM) and such strategies should consider utilizing peers to provide information and ameliorate structural barriers. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; MSM; PREP; Prevention; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Fleischman J.; Kachale F.; Mhuriro F.; Mugambi M.; Ncube G.; Ndwiga A.; Nyirenda R.; Carter A.; Rodrigues J.; Segal K.	Catalyzing action on HIV/SRH integration: lessons from Kenya, Malawi, and Zimbabwe to spur investment	Global Health Action	-	-	-	16549880	10.1080/16549716.2022.2029335	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127257930&doi=10.1080%2f16549716.2022.2029335&partnerID=40&md5=48b3f4a6c720dd76669d3488c0370ab9	The HIV pandemic has long revealed the inequities and fault lines in societies, one of the most tenacious being the pandemic's disproportionate impact on adolescent girls and young women. In east and southern Africa, renewed global action is needed to invigorate an effective yet undervalued approach to expanding HIV prevention and improving women's health: integration of quality HIV and sexual and reproductive health (SRH) services. The urgency of advancing effective integration of these services has never been clearer or more pressing. In this piece, national health officials from Kenya, Malawi, and Zimbabwe and global health professionals have joined together in a call to catalyze actions by development partners in support of national strategies to integrate HIV and SRH information and services. This agenda is especially vital now because these adolescent girls and young women are falling through the cracks due to the cascading effects of COVID-19 and disruptions in both SRH and HIV services. In addition, the scale-up of pre-exposure prophylaxis (PrEP) has been anemic for this population. Examining the opportunities and challenges of HIV/SRH integration implemented recently in three countries–Kenya, Malawi, and Zimbabwe–provides lessons to spur integration and investments there and in other nations in the region, aimed at improving health outcomes for adolescent girls and young women and curbing the global HIV epidemic. While gaps remain between strong national integration policies and program implementation, the experiences of these countries show opportunities for expanded, quality integration. This commentary draws on a longer comparative analysis of findings from rapid landscaping analyses in Kenya, Malawi, and Zimbabwe, which highlighted cross-country trends and context-specific realities around HIV/SRH integration. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	COVID-19; gender issues; HIV; sexual and reproductive health	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Flexner, Charles	The future of long-acting agents for preexposure prophylaxis.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000735	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9467455	PURPOSE OF REVIEW: The main reason for the failure of oral preexposure prophylaxis (PrEP) regimens for HIV is poor adherence. Intramuscular cabotegravir was recently approved for PrEP, and a number of other long-acting antiretroviral formulations and products are currently in clinical development. This includes subcutaneous and intravenous injections, implants, and microarray (microneedle) patches, as well as extended duration oral drugs. The success and future uptake of these products will depend on a variety of factors. RECENT FINDINGS: Long-acting delivery of antiretroviral agents for PrEP confers significant advantages over short-acting oral delivery. This is exemplified by the superior efficacy of intramuscular cabotegravir given every eight weeks as compared to daily oral co-formulated tenofovir disoproxil fumarate and emtricitabine. There is also evidence for PrEP efficacy for a broadly neutralizing monoclonal antibody given intravenously every eight weeks. One of the leading candidates for long-acting PrEP, islatravir, was being studied as a monthly oral drug or a nonerodable subcutaneous implant inserted for up to 12months. However, clinical studies of this agent were put on hold in late 2021 because of unanticipated lymphopenia. SUMMARY: Long-acting antiretroviral products have substantial promise for PrEP and have particular advantages over daily oral drugs based mainly on improved adherence. However, there are barriers to further uptake that include the need for more intensive interaction with systems of healthcare delivery, greater expense and complexity of implementation, and unexpected long-term toxicities.	HIV prevention; long-acting injectable cabotegravir; preexposure prophylaxis; systematic review	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Folayan M.O.; Aliyu S.; Oginni A.; Ezechi O.; Kolawole G.; Ezeama N.; Dadem N.; Anenih J.; Alagi M.; Ekanem E.; Afiadigwe E.; Aguolu R.; Oyebode T.; Babalola-Jacobs A.; Sagay A.; Nweneka C.; Kamofu H.; Idoko J.	Effectiveness of three delivery models for promoting access to pre-exposure prophylaxis in HIV-1 serodiscordant couples in Nigeria	PLOS One	-	-	-	19326203	10.1371/journal.pone.0268011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129455258&doi=10.1371%2fjournal.pone.0268011&partnerID=40&md5=be4e03e3be954967ef33e0abcc2a87e7	Objectives To evaluate the effectiveness of three models for pre-exposure prophylaxis (PrEP) service delivery to HIV-1 serodiscordant couples in Nigeria. Methods 297 heterosexual HIV-1 serodiscordant couples were recruited into three PrEP delivery models and followed up for 18 months. The models were i) Outpatient clinic model providing PreP in routine outpatient care; ii) Antiretroviral therapy (ART) clinic model providing PrEP in ART clinics; and iii) Decentralized care model providing PrEP through primary and secondary care centres linked to a tertiary care centre. The primary effectiveness endpoint was incident HIV-1 infection. The HIV incidence before and after the study was compared and the incidence rate ratio computed for each model. Survival analysis was conducted, Cox regression analysis was used to compare the factors that influenced couple retention in each of the models. Kaplan-Meier survival analysis was used to estimate the median retention time (in months) of the study participants in each of the study models, and log-rank test for equality of survival functions was conducted to test for significant differences among the three models. Results There was no significant difference (p>0.05) in the couple retention rates among the three models. At months 3, 6 and 9, adherence of the HIV-1-infected partners to ART was highest in the decentralized model, whereas at months 9 and 12, the outpatient model had the highest proportion of HIV-1- uninfected partners adhering to PrEP (p<0.001). The HIV incidence per 100 person-years was zero in the general outpatient clinic and ART clinic models and 1.6 (95% CI: 0.04–9.1) in the decentralized clinic model. The difference in the observed and expected incidence rate was 4.3 (95% CI: 0.44–39.57) for the decentralized clinic model. Conclusion Although incidence of HIV seroconversion was highest in the decentralized clinic model, this difference may be due to the higher sexual risk behavior among study participants in the decentralized model rather than the type of service delivery. The study findings imply that any of the models can effectively deliver PrEP services. Copyright: © 2022 Folayan et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	na	English	United States	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Quantitative
Article	2022	Fouché T.; Del Vecchio N.; Papadopoulou M.; Sypsa V.; Roussos S.; Paraskevis D.; Chanos S.; Dedes N.; Khanna A.; Hotton A.; Hatzakis A.; Psichogiou M.; Schneider J.A.	A Network Approach to Determine Optimization of PrEP Uptake in Athens, Greece	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03581-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124582953&doi=10.1007%2fs10461-022-03581-0&partnerID=40&md5=0dd4b2dde19058f5541a4f3b1a533c23	Although the HIV epidemic in Athens, Greece has reemerged and spread in men who have sex with men (MSM), state-supported PrEP programs have not been instituted. A PrEP intervention was implemented building upon an existing network cohort of MSM (308 participants; 1212 network members). A PrEP intervention cohort of 106 participants was selected based upon sex behaviors. Individual, partner, and network characteristics were compared between the cohorts. The PrEP cohort members were more highly connected and in more influential positions in the network than their peers. Further, their sexual network connections' behaviors increased their vulnerability to HIV infection relative to the rest of the network's sex partners. This included greater stimulant use (24.2% vs 7.0%; χ^2 = 28.2; p < 0.001), greater rates of at least weekly condomless sex (OR = 2.7; 95% CI 2.1–3.5; χ^2 = 59.2; p < 0.001) and at least weekly use of drugs or alcohol during sex (OR = 3.4; 95% CI 2.6–4.3; χ^2 = 89.7; p < 0.001). Finally the PrEP cohort's social networks showed similarly increased vulnerability to seroconversion, including greater rates of injection drug use (4.1% vs 0.5%; χ^2 = 3.9; p = 0.04), greater stimulant use (33.6% vs 14.6%; χ^2 = 16.9, p < 0.001), and higher rates of recent STIs (21.6% vs 13.1%; χ^2 = 4.4; p = 0.04). Thus, this PrEP intervention engaged individuals in vulnerable positions with vulnerable connections within an MSM community. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Athens; Greece; HIV; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Frank L.; Starzyk E.; Hoxworth T.; Canon M.; McGuinness C.; Watkins A.; Deem T.; Orozco-Pacheco G.	HIV PrEP implementation: A multi-level systems approach	Evaluation and Program Planning	-	-	-	1497189	10.1016/j.evalprogplan.2021.101966	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107886945&doi=10.1016%2fj.evalprogplan.2021.101966&partnerID=40&md5=5ce8cca548a3e135ab9da1b8e9920f78	Purpose: CO-PrIDE was a three-year Pre-Exposure Prophylaxis (PrEP) demonstration project to increase access to PrEP for men who have sex with men and transgender people in the Denver/Aurora Metropolitan Statistical Area. CO-PrIDE implemented a multi-level framework featuring collaboration between health systems and community organizations to link clients to PrEP prescribers and provide support services intended to help clients overcome socioeconomic barriers to PrEP uptake. These services included payment assistance, insurance navigation, and healthcare navigation. CO-PrIDE implemented a participatory mixed-methods evaluation to understand the services associated with PrEP uptake. Results: From January 2016 to December 2018, navigators screened 10,129 clients for PrEP and offered supportive services. The results indicated that clients who received payment assistance were more likely to accept a PrEP prescription (aPR = 3.52, p < .0001). Additionally, clients were more likely to receive a PrEP prescription through a co-located health system model, meaning the clinical provider is located with the PrEP Navigator (aPR = 3.78, p < .001). Conclusions: The primary factors associated with increased PrEP uptake included co-location of navigation and clinical PrEP services and providing navigation to payment assistance programs. The evaluation results suggest that a multi-level framework that includes diverse support services is needed to implement a sustainable PrEP program. © 2021	HIV prevention; Participatory evaluation; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Franks, Julie; Teasdale, Chloe; Olsen, Halli; Wang, Chunhui; Mushimebele, Nadine; Mazala, Richted Tenda; Tchissambou, Tania; Faustin Malele Bazola; Bingham, Trista; Gaston Djomand; Mukinda, Elie; Raimi Ewetola; Abrams, Elaine; Reidy, William	PrEP for key populations: results from the first PrEP demonstration project in the Democratic Republic of the Congo	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1969332	https://www.proquest.com/scholarly-journals/prep-key-populations-results-first-demonstration/docview/2645751447/se-2?accountid=8113	Oral pre-exposure prophylaxis (PrEP) is recommended for persons at substantial risk for HIV, including female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender women (TGW). We report on a PrEP demonstration project at seven clinics in the Democratic Republic of the Congo. Routinely collected data were abstracted to assess PrEP uptake, scheduled visit attendance, and self-reported adherence. Between February and May 2018, 469 eligible clients were offered daily oral PrEP; 75.1% accepted: 78.7% FSW, 20.5% MSM, and 0.9% TGW. Two percent also identified as PWID. Attendance was 64.5% at one-month visits; 82.1% at three-month visits; and among 47.7% of clients who initiated PrEP at least six months before data abstraction, 85.8% at six-month visits. Among 66.3% of clients with at least one adherence assessment, 39% self-reported low adherence. Results demonstrate the acceptability of PrEP delivered in healthcare settings serving FSW, MSM, PWID, and TGW.	HIV prevention; Pre-exposure prophylaxis; female sex workers; Adherence; people who inject drugs; Men; men who have sex with men; Men who have sex with men; Transgender persons; Disease prevention; Health care; Prophylaxis; Patient compliance; Congo; Uptake; key populations; Sex workers; Democratic Republic of Congo; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; Data collection; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Clients; Health risks; LGBTQ people; Attendance; Congo-Democratic Republic of Congo	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Furness, B; Beverley, J; Harold, R; Animashaun, A; Dandy, D	Characterizing New HIV Infections Associated with Previous PrEP Usage During the COVID-19 Pandemic	Sexually Transmitted Diseases	-	-	-	0148-5717	10.1007/s10461-022-03941-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9717566/	The global COVID-19 pandemic and associated lockdown measures have caused disruptions to sexual health services and created additional barriers to the continuity of HIV pre-exposure prophylaxis (PrEP) among key populations. This review provides an examination of the influences of the pandemic on engagement in the PrEP care continuum. Using the PRISMA guideline, 46 studies were included in this review and the synthesis. Most of the studies were conducted in high-income settings through quantitative analysis. A majority of studies examining the changes in PrEP use suggested a decline or discontinuation in PrEP uptake during the pandemic. The most common reasons for stopping using PrEP were perceived barriers to PrEP-related care, having reduced sexual behaviors and fewer sexual partners, and reduced perceived risk of HIV infection. Limited studies documenting an increase in PrEP uptake were all in specific PrEP optimizing programs. During the pandemic, there is also an emerging trend of switching to on-demand PrEP from daily oral PrEP. Future studies should understand the mechanism of strategies that facilitated the improvements during the pandemic. PrEP implementation programs should consider alternative PrEP modalities and provide consistent and comprehensive knowledge about correct information.	pre-exposure prophylaxis, PrEP, COVID-19, HIV/AIDS, review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Furukawa N.W.; Weimer M.; Willenburg K.S.; Kilkenny M.E.; Atkins A.D.; Paul McClung R.; Hansen Z.; Napier K.; Handanagic S.; Carnes N.A.; Kemp Rinderle J.; Neblett-Fanfair R.; Oster A.M.; Smith D.K.	Expansion of Preexposure Prophylaxis Capacity in Response to an HIV Outbreak Among People Who Inject Drugs—Cabell County, West Virginia, 2019	Public Health Reports	-	-	-	333549	10.1177/0033354921994202	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101904012&doi=10.1177%2f0033354921994202&partnerID=40&md5=04efb1b55743d55d7eb6cf573782acbc	From January 1, 2018, through October 9, 2019, 82 HIV diagnoses occurred among people who inject drugs (PWID) in Cabell County, West Virginia. Increasing the use of HIV preexposure prophylaxis (PrEP) among PWID was one of the goals of a joint federal, state, and local response to this HIV outbreak. Through partnerships with the local health department, a federally qualified health center, and an academic medical system, we integrated PrEP into medication-assisted treatment, syringe services program, and primary health care settings. During the initial PrEP implementation period (April 18–May 17, 2019), 110 health care providers and administrators received PrEP training, the number of clinics offering PrEP increased from 2 to 15, and PrEP referrals were integrated with partner services, outreach, and testing activities. The number of people on PrEP increased from 15 in the 6 months before PrEP expansion to 127 in the 6 months after PrEP implementation. Lessons learned included the importance of implementing PrEP within existing health care services, integrating PrEP with other HIV prevention response activities, adapting training and material to fit the local context, and customizing care to meet the needs of PWID. The delivery of PrEP to PWID is challenging but complements other HIV prevention interventions. The expansion of PrEP in response to this HIV outbreak in Cabell County provides a framework for expanding PrEP in other outbreak and non-outbreak settings. © 2021, Association of Schools and Programs of Public Health.	HIV; implementation; outbreak response; people who inject drugs; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2022	Gagnon, Kelly	An Implementation Science Study About Sexual History Screening and Dissemination of PrEP within a Multi-site Federally Qualified Health Center	-	-	University of Pittsburgh	-	NA	NA	http://d-scholarship.pitt.edu/42439/1/Gagnon%2C%20Kelly%20ETD%20PHD%20Dissertation.pdf	Sexual history screening (SHS) is an evidence-based guideline recommended to identify patients' risk of adverse sexual health outcomes, including sexually transmitted infections (STIs), which is not routinely or consistently implemented in healthcare settings. Lack of SHS prevents clinical providers from systematically identifying patients at risk of STIs who may benefit from harm reduction methods, such as pre-exposure prophylaxis (PrEP). This dissertation analyzed patient data from the electronic health record and staff survey and interview data from a multi-site Federally Qualified Health Center (FQHC) in Connecticut. In the first analysis, younger patients and patients whose primary language was not English were significantly less likely to have SHS documented in their medical charts (AOR= 0.99, 95% CI: 0.99, 0.99 and AOR= 0.91, 95% CI: 0.85, 0.97), while patients who were gay, lesbian, and/or homosexual and cisgender women were significantly more likely (AOR= 1.23, 95% CI: 1.04, 1.45 and AOR= 1.01, 95% CI: 1.04, 1.16). PCPs who were cisgender women were more likely to have patients with documented SHS (AOR= 1.80, 95% CI: 1.00, 3.21). The second analysis found SHS documented in the medical chart was associated with a higher proportion of PrEP prescription duration (IRR = 1.44, 95% CI: 1.17, 1.77). There was no significant effect for referral to the PrEP Navigator or having both SHS documented in the medical chart and a referral to the PrEP Navigator. Lastly, the third study found that barriers to implementation of SHS and PrEP services were: external reimbursement and payment policies, time, insurance and finances, and variation by site. In contrast, facilitators were organizational culture, PrEP support staff, and the patient-provider relationship. In addition to facilitators and barriers, influential factors reflected the influence of the structure of SHS and PrEP services and providers' knowledge of and attitudes. Our findings indicate identify factors associated with the ability to implement SHS and PrEP services with adult FQHC patients. These results provide preliminary evidence of factors that are necessary to address to improve the implementation of SHS and PrEP services among adult patients in a large FQHC settin	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2022	Gagnon, Kelly W.; Bifulco, Lauren; Robinson, Sarafina; Furness, Bruce; Lentine, Daniel; Anderson, Daren	Qualitative inquiry into barriers and facilitators to transforming primary care for lesbian, gay, bisexual and transgender people in US federally qualified health centres.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-055884	https://pubmed.ncbi.nlm.nih.gov/35177460/	OBJECTIVES: Health systems must rapidly move knowledge into practice to address disparities impacting sexual and gender minority (SGM) patients. This qualitative study explores barriers and facilitators that arose during an initiative to improve care for SGM patients in federally qualified health centres (FQHCs) from the perspectives of FQHC staff. DESIGN: Cross-sectional qualitative content analysis, using a general inductive approach, of secondary data from transcripts of intervention events offered to FQHC staff and semistructured interviews with staff and FQHC leadership during the intervention. SETTING: 10 FQHCs from nine states in the USA. PARTICIPANTS: FQHC quality improvement (QI) and clinical care staff, and leaders at each FQHC. INTERVENTIONS: The transforming care for lesbian, gay, bisexual and transgender people QI initiative combined two evidence-based programmes, Learning Collaborative (LC) and Project Extension for Community Healthcare Outcomes (ECHO), to assist primary care health centres in developing capacity to identify SGM patients, monitor their health and care, and improve disparities. PRIMARY AND SECONDARY OUTCOME MEASURES: The primary outcome was identification of barriers and facilitators to implementing initiatives to improve care for SGM patients. The secondary outcome was clarification of how intervention participants used Project ECHO sessions versus LC meetings to obtain information that influenced implementation of the initiative at their FQHC. RESULTS: Barriers and facilitators mapped to two major themes: 'Clinical' (patients' health, wellness, and available treatment) and Health Systems and Institutional Culture (FQHC operations, and customs and social institutions within the FQHCs and in the external environment). Common 'Clinical' inquiries were for assistance with behavioural health, pre-exposure prophylaxis and transgender hormone therapy. Prevalent facilitators included workflow change and staff training, while adapting electronic health records for data collection, decision support and data extraction was the most prevalent barrier. CONCLUSIONS: Project ECHO and LC provided complimentary forums to explore clinical and operational changes needed to improve care for SGM at FQHCs.	Humans; Female; Cross-Sectional Studies; Bisexuality; *Transgender Persons; Primary Health Care; *Sexual and Gender Minorities; *qualitative research; *quality in health care; *sexual and gender disorders; *sexual medicine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Gaither T.W.; Sigalos J.T.; Landovitz R.J.; Mills J.N.; Litwin M.S.; Eleswarapu S.V.	Engagement With HIV and COVID-19 Prevention: Nationwide Cross-sectional Analysis of Users on a Geosocial Networking App	Journal of Medical Internet Research	-	-	-	14388871	10.2196/38244	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138493103&doi=10.2196%2f38244&partnerID=40&md5=f35739e8212a0341bbb6a2967657457a	Background: Geosocial networking (GSN) apps play a pivotal role in catalyzing sexual partnering, especially among men who have sex with men. Objective: To quantify the prevalence and disparities in disclosure of pre-exposure prophylaxis (PrEP) use and COVID-19 vaccination among GSN app users, mostly men who have sex with men, in the United States. Methods: Web-based Grindr profiles from the top 50 metropolitan areas as well as the 50 most rural counties in the United States by population were randomly sampled. Grindr provides an option to disclose current PrEP use (HIV positive, HIV negative, or HIV negative with PrEP use). The free text in all profiles was analyzed, and any mention of COVID-19 vaccination was recorded. Multivariable logistic regression to assess independent associations with PrEP disclosure and COVID-19 vaccination was performed. Imputation analyses were used to test the robustness of the results. Results: We evaluated 1889 urban and 384 rural profiles. Mean age among urban profiles was 32.9 (SD 9.6) years; mean age among rural profiles was 33.5 (SD 12.1) years (P=.41). Among the urban profiles, 16% reported being vaccinated against COVID-19 and 23% reported PrEP use compared to 10% and 8% in rural profiles, respectively (P=.002 and P<.001, respectively). Reporting COVID-19 vaccination (adjusted odds ratio aOR 1.7, 95% CI 1.2-2.4), living in an urban center (aOR 3.2, 95% CI 1.8-5.7), and showing a face picture as part of the Grindr profile (aOR 4.0, 95% CI 2.3-7.0) were positively associated with PrEP disclosure. Self-identified Black and Latino users were less likely to report PrEP use (aOR 0.6, 95% CI 0.4-0.9 and aOR 0.5, 95% CI 0.4-0.9, respectively). Reporting PrEP use (aOR 1.7, 95% CI 1.2-2.4), living in an urban center (aOR 2.5, 95% CI 1.4-4.5), having a "discreet" status (aOR 1.6, 95% CI 1.0-2.5), and showing a face picture (aOR 2.7, 95% CI 1.5-4.8) were positively associated with reporting COVID-19 vaccination on their profile. Users in the southern United States were less likely to report COVID-19 vaccination status than those in the northeast United States (aOR 0.6, 95% CI 0.3-0.9). Conclusions: Variations in PrEP disclosure are associated with race, whereas COVID-19 vaccination disclosure is associated with geographic area. However, rural GSN users were less likely to report both PrEP use and COVID-19 vaccination. The data demonstrate a need to expand health preventative services in the rural United States for sexual minorities. GSN platforms may be ideal for deployment of preventative interventions to improve access for this difficult-to-reach population. © 2022 Journal of Medical Internet Research. All rights reserved.	COVID-19; digital application; digital surveillance; geosocial network; geosocial networking apps; health platform; men who have sex with men; mobile health; pre-exposure prophylaxis; public health; rural; surveillance; surveillance platform; vaccination	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Galea, Norman	Knowledge, attitude, behaviour and acceptability of HIV pre-exposure prophylaxis amongst at risk MSM on the Maltese islands	-	-	University of Malta	-	NA	NA	https://www.um.edu.mt/library/oar/handle/123456789/118287	Introduction: Men who have sex with men (MSM) are at substantial risk of HIV infection i.e., an incidence of 3 or more per 100 person-years. Despite decades of research and public health interventions there is still a high burden of HIV new infections in this population. Daily PrEP was found to reduce HIV transmission by 86% in the PROUD clinical trial, while the IPERGAY clinical trial showed the same risk reduction using the on-demand PrEP. Literature identified various barriers to PrEP access and some of these included costs, drug efficacy, side-effects and not wanting to take daily tablets. Objectives: To assess the awareness, knowledge and attitudes about HIV prevention due to PrEP among the MSM population living in the Maltese islands. Risky sexual behaviours were also assessed, and how these have changed once PrEP was started. The role of how social determinants impacted awareness, knowledge, attitudes and acceptability were looked into. Finally, compliance to PrEP was also assessed. Methodology: An online anonymous questionnaire was sent to participants by various local NGOs and snowballing, and data from a GU clinic in Malta was collected. Findings were analysed using IBM SPSS 28 software, and survey data was weighted by age to make them more representative of the MSM population in Malta. Results: The vast majority were aware about PrEP (92.9%), but misinformation about PrEP was evident as a few participants did not know the correct dosing or confused PrEP with post-exposure prophylaxis. Interest to use PrEP was at 73%, and 53% thought that PrEP would meet their HIV prevention needs. Condom use went down when PrEP was started, but HIV testing rates increased. Compliance to this medication by MSM was low, with 83% of participants stopping it at some point. An interesting finding was that 0.6% of patients attending the GU clinic who on PrEP seroconverted and became HIV-positive. Age, nationality, relationship status, higher education and financial situation have various relationships with awareness about, interest to use and ever using PrEP. Discussion: While PrEP awareness is high, however there are barriers to its uptake which registered lower. Perceived HIV infection risk awareness amongst participating MSM is low. These misperceptions lead to increased risky sexual behaviours. Condom use decreased post PrEP initiation albeit having no objections to its use. Lack of knowledge about PrEP and the latter misperceptions are resulting in increased risk of other STIs which is similar to what was reported by Müller et al., (2022) in Germany. Daily PrEP users participating in this study admitted that they took it inconsistently, which is of great concern since acute HIV seroconversions tend to happen during times of inadequate adherence or when the drug is discontinued. Conclusion: Health education initiatives are required at both national and individual levels, to correct misinformation and address misperceptions about PrEP use…	HIV infections – Malta; Gay men – Malta; Gay men – Sexual behavior – Malta; Pre-exposure prophylaxis – Malta; HIV infections – Prevention	English	Malta	Western and Central Europe and North America	Malta	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Gamarel, Kristi E.; Rebchook, Greg; McCree, Breonna M.; Jadwin-Cakmak, Laura; Connolly, Maureen; Reyes, Lilianna A.; Sevelius, Jae M.	The ethical imperative to reduce HIV stigma through community-engaged, status-neutral interventions designed with and for transgender women of colour in the United States.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25907	https://pubmed.ncbi.nlm.nih.gov/35818894/	INTRODUCTION: In the era of biomedical HIV prevention and treatment technologies, such as treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP), there is momentum to develop and rigorously evaluate interventions focused on PrEP among those at risk for HIV acquisition and antiretroviral therapy (ART) adherence among people living with HIV. While HIV status-specific interventions focused on PrEP or ART provide valuable information, status-segregated interventions can create, perpetuate, and even increase HIV stigma among transgender women of colour and other marginalized communities in the United States (US). DISCUSSION: Due largely to community advocacy, discourses that support status-neutral approaches have emerged in the scientific literature. Although US-based funding mechanisms have typically designated awards focused on a specific HIV status, intervention developers and implementing agencies find creative ways to design and implement status-neutral programmes despite such restrictions. We present our experience with intervention research in New York, Detroit, New Orleans, Puerto Rico and the San Francisco Bay Area, all Ending the HIV Epidemic (EHE) priority jurisdictions. Kickin it with the Gurlz' was developed to be status-neutral through two grants due to community demands for a unifying approach. The Transgender Women Engagement and Entry to (TWEET) Care Project was designed to improve HIV care engagement for transgender women living with HIV, but developers realized the importance of including participants of any HIV status. Healthy Divas was designed for transgender women living with HIV but subsequent implementing agencies prioritized adapting it to be status-neutral. These examples support the urgency of designing, implementing and evaluating status-neutral interventions. CONCLUSIONS: Community-based organizations strive for inclusivity in their programming and are rightly often reluctant to segregate services based on the HIV status of their clients. As researchers, we have an ethical imperative to work to reduce HIV stigma and respond to the needs of those most impacted by HIV, including transgender women of colour. As such, we call upon funders to develop mechanisms that support the development and testing of HIV status-neutral interventions to reduce HIV stigma and support community building, thereby increasing the possibility of fully realizing the benefits of biomedical HIV prevention and treatment technologies for all.	Humans; Female; United States; *HIV Infections/drug therapy/epidemiology/prevention & control; *Pre-Exposure Prophylaxis; HIV prevention; HIV treatment; *Transgender Persons; Social Stigma; women; HIV stigma; transgender; intervention; Skin Pigmentation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Gao, Yangyang; Hu, Qinghai; Leuba, Sequoia I; Jia, Le; Wang, Hongyi; Huang, Xiaojie; Chen, Yaokai; Wang, Hui; Zhang, Jing; Chu, Zhenxing; Zhang, Lukun; Wang, Zixin; Shang, Hong; Xu, Junjie	Medication Non-adherence and Condomless Anal Intercourse Increased Substantially During the COVID-19 Pandemic Among MSM PrEP Users: A Retrospective Cohort Study in Four Chinese Metropolises	Frontiers in Medicine	-	-	-	2296858X	10.3389/fmed.2022.738541	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132103618&doi=10.3389%2ffmed.2022.738541&partnerID=40&md5=be6d5c4503d4e3f69c6bcd1614e2742d	Background: The coronavirus disease (COVID-19) pandemic has impacted HIV prevention strategies globally. However, changes in pre-exposure prophylaxis (PrEP) adherence and HIV-related behaviors, and their associations with medication adherence among men who have sex with men (MSM) PrEP users remain unclear since the onset of the COVID-19 pandemic. Methods: A Retrospective Cohort Study of HIV-negative MSM PrEP users was conducted in four Chinese metropolises from December 2018 to March 2020, assessing the changes in PrEP adherence and HIV-related behaviors before and during the COVID-19. The primary outcome was poor PrEP adherence determined from self-reported missing at least one PrEP dose in the previous month. We used multivariable logistic regression to determine factors correlated with poor adherence during COVID-19. Results: We enrolled 791 eligible participants (418 52.8% in daily PrEP and 373 47.2% in event-driven PrEP). Compared with the data conducted before the COVID-19, the proportion of PrEP users decreased from 97.9 to 64.3%, and the proportion of poor PrEP adherence increased from 23.6 to 50.1% during the COVID-19 odds ratio (OR) 3.24, 95% confidence interval (CI) 2.62–4.02. While the percentage of condomless anal intercourse (CAI) with regular partners (11.8 vs. 25.7%) and with casual partners (4.4 vs. 9.0%) both significantly increased. The proportion of those who were tested for HIV decreased from 50.1 to 25.9%. Factors correlated with poor PrEP adherence during the COVID-19 included not being tested for HIV (adjusted odds ratio aOR = 1.38 95% CI: 1.00, 1.91), using condoms consistently with regular partners (vs. never, aOR = 2.19 95% CI: 1.16, 4.13), and being married or cohabitating with a woman (vs. not married, aOR = 3.08 95% CI: 1.60, 5.95). Conclusions: Increased poor PrEP adherence and CAI along with the decrease in HIV testing can lead to an increase in HIV acquisition and drug resistance to PrEP. Targeted interventions are needed to improve PrEP adherence and HIV prevention strategies. Copyright © 2022 Gao, Hu, Leuba, Jia, Wang, Huang, Chen, Wang, Zhang, Chu, Zhang, Wang, Shang, Xu and CROPrEP Study Team.	adherence–compliance–persistence; condomless anal intercourse (CAI); COVID-19; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Garcia M.; Nhamo D.; Macagna N.; Mamvuto T.; Katsande N.; Morales G.; Lanham M.; Murungu J.; Mahaka I.; Kruse-Levy N.; Torjesen K.	Engaging HIV-prevention ambassadors to promote oral PrEP among adolescent girls and young women: results of a Zimbabwe field test	African Journal of AIDS Research	-	-	-	16085906	10.2989/16085906.2022.2093232	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138351904&doi=10.2989%2f16085906.2022.2093232&partnerID=40&md5=bf889faf41bdbd727fb27c7bec25c1cbe	The HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women was created in collaboration with adolescent girls and young women (AGYW) to improve skills, knowledge, and attitudes about oral pre-exposure prophylaxis (PrEP) among peer "ambassadors". It was field tested with 17 ambassadors in Mazowe District, Zimbabwe and changes in ambassadors' knowledge and attitudes about oral PrEP, as well as changes in oral PrEP uptake among AGYW in the district, were assessed. The training package improved oral PrEP knowledge among trained ambassadors and built AGYW's skills to advocate for oral PrEP awareness and rollout. Use of the training package correlated with a 59% increase in oral PrEP uptake among AGYW in Mazowe District in the seven months following the training. The ambassador training package could help support oral PrEP introduction and scale up in countries with high HIV incidence by engaging AGYW in oral PrEP rollout in their communities. © 2022 The Author(s). Co-published by NISC Pty (Ltd) and Informa UK Limited, trading as Taylor & Francis Group.	community-based healthcare; Mazowe; peers; sexual and reproductive health; young people	English	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Garcia-Cremades M.; Vučićević K.; Hendrix C.W.; Jayachandran P.; Jarlsberg L.; Grant R.; Celum C.L.; Martin M.; Baeten J.M.; Marrazzo J.; Anderson P.; Choopanya K.; Vanichseni S.; Glidden D.V.; Savic R.M.	Characterizing HIV-Preventive, Plasma Tenofovir Concentrations-A Pooled Participant-level Data Analysis from Human Immunodeficiency Virus Preexposure Prophylaxis Clinical Trials	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciac313	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135235030&doi=10.1093%2fcid%2fciac313&partnerID=40&md5=98b7396fd9c1cc66ea2a7222d25291ca	Background: Daily dosing of tenofovir disoproxil fumarate, with or without emtricitabine, has high efficacy in preventing human immunodeficiency virus (HIV) infection when individuals are adherent. The target protective plasma concentration of tenofovir (TFV), however, is not fully understood. The aim of this study is to estimate the protective TFV plasma concentration. Methods: Participant data from TFV-based daily oral and topical active arms of phase 3 trials (iPrEx, VOICE, and Partners PrEP) were pooled (n = 2950). Individual specific risk scores (low and high risk) of acquiring HIV, based on an earlier placebo analysis, were created. Longitudinal TFV pharmacokinetics (PK), HIV outcome, individual risk scores and the effect of sex at birth data were integrated and analyzed using non-linear mixed effects models. Results: Around 50% of the individuals were estimated to be adherent, which differed from self-reported adherence (∼90%) and large variation between longitudinal adherence patterns were identified. Following oral administration, the estimated protective TFV trough concentration was substantially higher in high-risk females (45.8 ng/mL) compared with high-risk males (16.1 ng/mL) and to low-risk individuals (∼7.5 ng/mL). Dosing simulations indicated that high-risk women require full adherence to maintain protective levels. Conclusions: Using the largest PK-HIV outcome database to date, we developed a population adherence-PK-risk-outcome model. Our results indicate that high-risk females need higher levels of plasma TFV to achieve HIV protection compared with males. HIV protection exceeds 90% in all populations if daily adherence is achieved. © 2022 The Author(s). Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved.	drug protective plasma concentration; HIV; HIV outcome; preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Garcia-Cremades, Maria; Hendrix, Craig W.; Jayachandran, Priya; Strydom, Natasha; Jarlsberg, Leah; Grant, Robert; Celum, Connie L.; Martin, Michael; Baeten, Jared M.; Marrazzo, Jeanne; Anderson, Peter; Choopanya, Kachit; Vanichseni, Suphak; Glidden, David V.; Savic, Radojka M.	Modeling the Probability of HIV Infection over Time in High-Risk Seronegative Participants Receiving Placebo in Five Randomized Double-Blind Placebo-Controlled HIV Pre-Exposure Prophylaxis Trials: A Patient-Level Pooled Analysis	Pharmaceutics	-	-	-	19994923	10.3390/pharmaceutics14091801	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138745846&doi=10.3390%2fpharmaceutics14091801&partnerID=40&md5=ae79705a9594f2b77cfbb9b7b1057ba7	The World Health Organization recommends pre-exposure prophylaxis (PrEP) for individuals at substantial risk of HIV infection. The aim of this analysis is to quantify the individual risk of HIV infection over time, using a large database of high-risk individuals (n = 5583). We used data from placebo recipients in five phase III PrEP trials: iPrEx, conducted in men who have sex with men and transgender women; VOICE, conducted in young women at high sexual risk; Partners PrEP, conducted in HIV serodiscordant heterosexual couples; TDF2, conducted in high-risk heterosexual men and women; and BTS, conducted in persons who inject drugs. The probability of HIV infection over time was estimated using NONMEM7.4. We identified predictors of HIV risk and found a substantial difference in the risk of infection among and within trial populations, with each study including a mix of low, moderate, and high-risk individuals (p < 0.05). Persons who were female at birth were at a higher risk of HIV infection than people who were male at birth. Final models were integrated in a tool that can assess person-specific risk and simulate cumulative HIV risk over time. These models can be used to optimize future PrEP clinical trials by identifying potential participants at highest risk. © 2022 by the authors.	HIV prevention trials; key and vulnerable populations; modeling; risk factors; risk phenotypes	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Book Section	2022	García-Iglesias J.	Medicated Fantasies: PrEP as the Blue Pill	-	Health, Technology and Society	-	NA	-	10.1007/978-3-031-11352-9_5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146591221&doi=10.1007%2f978-3-031-11352-9_5&partnerID=40&md5=c95780b5cb2d30561ab419fe409972e8	Chapter 5, "Medicated Fantasies: PrEP as the Blue Pill," focuses on exploring the extension of bugchasing fantasy into offline sex through PrEP, which stands for pre-exposure prophylaxis, a novel HIV prevention intervention. After a brief explanation of PrEP, this chapter considers how bugchasers perceive this drug as emasculating, a chemical condom, or as 'training wheels.' Then, the stories of two participants—Milo and Luke—experimenting with PrEP discontinuation serve to continue discussions of fantasy and reality by highlighting how fluid bugchasing practices and labels may be. © 2022, The Author(s), under exclusive license to Springer Nature Switzerland AG.	Adherence; Discontinuation; HIV prevention; PrEP; prophylaxis	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Qualitative
Article	2022	García-Iglesias, J	PrEP is like an adult using floaties': meanings and new identities of PrEP among a niche sample of gay men	Culture, Health & Sexuality	-	-	-	1369-1058	10.1080/13691058.2020.1821096	https://pubmed.ncbi.nlm.nih.gov/33000987/	PrEP, pre-exposure prophylaxis, is a novel HIV prevention strategy. Highly efficacious, its development and delivery has caused significant debate. This paper explores the ways in which PrEP is signified and some of the new identities it gives rise to through the analysis of PrEP discourses among 'bugchasers'. Bugchasers comprise a niche group of gay men who eroticise HIV and fantasise with or seek to get infected. The research explores how bugchasers negatively conceptualise PrEP as a barrier to thrill and masculinity and discusses PrEP as a positive intervention that allows them to understand their own desires for risk-taking. Finally, it addresses a new identity position, the 'poz pleaser' who identifies as a bugchaser yet uses PrEP. Findings link to current debates about PrEP meanings and signification by using bugchasing as a niche yet illustrative example of how new meanings relate to this intervention based on their existing frameworks. Discussion highlights how this helps us understand how people make sense of biomedical interventions, the importance of emotional 'side effects', and the development of new identity positions. In so doing, it advances existing work on PrEP signification and contributes to ongoing debates about bugchasing.	PrEP; PREVENTION; SAFETY; INTERNET; ADHERENCE; sexual health; HIGH-RISK; HIV PREEXPOSURE PROPHYLAXIS; BEHAVIOR; SELF; BAREBACK SEX; BUG CHASERS; bugchasing; identity; meaning	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	García-Lerma, J Gerardo; McNicholl, Janet M; Heneine, Walid	The predictive value of macaque models of preexposure prophylaxis for HIV prevention.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000738	https://dx.doi.org/10.1097/COH.0000000000000738	PURPOSE OF REVIEW: We review macaque models for preexposure prophylaxis (PrEP) for HIV prevention and highlight their role in advancing currently approved and novel PrEP agents. RECENT FINDINGS: The development of the repeat low dose simian HIV (SHIV) challenge models represented a significant advancement in preclinical PrEP modeling that has allowed the investigation of PrEP under conditions that better mimic HIV exposures in humans. These models incorporate relevant drug pharmacology to inform drug correlates of PrEP protection. Models of rectal, vaginal, and penile infection are now available and have been found to predict clinical efficacy of all the currently approved PrEP strategies including daily oral PrEP with the combination of emtricitabine and tenofovir disoproxil fumarate or tenofovir alafenamide, and a long-acting formulation of the integrase inhibitor cabotegravir. These models are being used to test new PrEP modalities including the nucleoside reverse transcriptase-translocation inhibitor islatravir and long-acting capsid inhibitors. The SHIV models have also been supplemented by sexually transmitted infection co-infections with Chlamydia trachomatis, Treponema pallidum or Trichomonas vaginalis to assess the impact of inflammation on PrEP efficacy. SUMMARY: Clinical efficacy validated current PrEP macaque models supporting their continued use to advance novel PrEP agents to improve global PrEP coverage.	macaque models; PrEP; simian HIV (SHIV)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	García-Pérez J.N.; Cañas-Ruano E.; Navarro J.; Raventós B.; López L.; Broto C.; Arando M.; Barberá M.J.; Descalzo V.; Suanzes P.; Burgos J.; Curran A.; Falcó V.	Sexual behavior and drug use impact in gay, bisexual, and other men who have sex with men; Impacto de las prácticas sexuales y el uso de drogas en gays, bisexuales y otros hombres que tienen sexo con hombres	Medicina Clínica	-	-	-	257753	10.1016/j.medcli.2022.02.023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132808759&doi=10.1016%2fj.medcli.2022.02.023&partnerID=40&md5=82c66992957902a861c20c7651796901	Background: The emergence of chemsex has raised several concerns about gay, bisexual, and other men who have sex with men's (GBMSM) health. In this study we aim to analyze illicit drugs and chemsex use, sexual behavior and sexually transmitted infections (STI) in GBMSM who attended to a sexual health clinic and to explore any potential association between drug use and STI. Methods: We conducted an observational study between January and June 2019 among GBMSM population attending to a STI clinic in Barcelona, Spain. An anonymous self-administered questionnaire was given consecutively to all participants older than 18 years who accepted to participate. Results: A total of 514 GBMSM (median age of 34 years-old) were included. The median number of sexual partners in the last year was 20. Seventy-one percent did not use condoms consistently for receptive anal intercourse. Drug abuse prevalence in the preceding year was 64.2%, and 26.5% of the individuals practiced chemsex. Gamma-hydroxibutyrate/gammabutyrolactone, poppers and methamphetamine were the most common drugs in chemsex. Chemsex was associated to group sex (OR 9.8 95 CI: 4–24), HIV infection (OR 2.5 95 CI: 1.1–5.8), taking pre-exposure prophylaxis (OR 3.2 95 CI: 1.5–7.1), developing gonorrhea (OR 3.7 95 CI: 1.5–8.8) or syphilis (OR 6.7 95 CI: 2.4–18.7). Conclusions: The prevalence of drug use and chemsex was high among GBMSM in Barcelona. Chemsex was associated with group sex, taking PrEP, and contracting syphilis, gonorrhea, and HIV. © 2022 Elsevier España, S.L.U.	Chemsex: Sexualized drug use; Gay bisexual and other men who have sex with men; HIV infection; Sexually transmitted infections	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2022	Garlow E.W.; Onwubiko U.N.; Holland D.P.; Chamberlain A.T.	Association between having a regular healthcare provider and pre-exposure prophylaxis use among men who have sex with men: a cross-sectional survey	Journal of Behavioral Medicine	-	-	-	1607715	10.1007/s10865-022-00308-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127673966&doi=10.1007%2fs10865-022-00308-3&partnerID=40&md5=2f8c36696768b991aa5f520a5b0a2ff2	Healthcare providers whom people see regularly (e.g., primary care providers PCPs) are likely to interact with individuals at risk of human immunodeficiency virus (HIV). However, most PCPs report never prescribing pre-exposure prophylaxis (PrEP), a medication that prevents HIV infection. This study examined the association between having a regular healthcare provider and PrEP use among men who have sex with men (MSM). We analyzed health survey data from Black (n = 151) and White (n = 113) MSM in Atlanta, GA using log binomial regressions. Among Black MSM, the proportion who used PrEP was nearly three times higher for those with a regular provider compared to those without one (aPR 2.58; 95% CI: 0.96, 6.93). Conversely, the proportion of White MSM who used PrEP was slightly lower among those with a regular provider (aPR 0.67; 95% CI: 0.36, 1.27). Findings suggest having a regular provider may be more strongly associated with PrEP among Black MSM. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Human immunodeficiency virus; Men who have sex with men; Pre-exposure prophylaxis; Regular healthcare provider	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2022	Garris, CP; Czarnogorski, M; Dalessandro, M; D'Amico, R; Nwafor, T; Williams, W; Merrill, D; Wang, Y; Stassek, L; Wohlfeiler, MB; Sinclair, GI; Mena, LA; Thedinger, B; Flamm, JA; Benson, P; Spreen, WR	Perspectives of people living with HIV-1 on implementation of long-acting cabotegravir plus rilpivirine in US healthcare settings: results from the CUSTOMIZE hybrid III implementation-effectiveness study	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26006	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02489176/full	INTRODUCTION: The CUSTOMIZE hybrid III implementation-effectiveness study evaluated implementation of once-monthly long-acting (LA) cabotegravir + rilpivirine in diverse US healthcare settings. Here, we report patient participant perspectives after 12 months in CUSTOMIZE. METHODS: CUSTOMIZE was a phase IIIb, 12-month study conducted from July 2019 to October 2020 at eight diverse US HIV clinics that enrolled virologically suppressed people living with HIV-1 (PLHIV) on a stable oral regimen to receive monthly cabotegravir + rilpivirine LA injections after a 1-month oral lead-in. Participants were administered quantitative surveys before injections at months 1 (baseline), 4 and 12. A randomly selected subset of participants was interviewed at baseline and month 12. Data collection at month 12 was completed by October 2020 (during the COVID-19 pandemic). RESULTS: At baseline, 109 and 34 participants completed surveys and interviews, respectively; 87% were male; 35% were Black or African American. All participants who remained in the study at month 12 (n = 102) maintained HIV-1 RNA <50 copies/ml; two participants withdrew due to injection-related reasons. Mean total scores measuring acceptability and appropriateness of cabotegravir + rilpivirine LA were high at baseline (4.5-4.6 out of 5) and month 12 (4.7-4.9). At month 12, 74% of participants reported nothing interfered with receiving LA injections; injection pain or soreness was the most common concern (15%). Time spent in the clinic and coming to the clinic for monthly injections was very or extremely acceptable after 12 months for most participants (93% and 87%, respectively), with 64% reporting having spent ≤30 minutes in the clinic for injection visits. At month 12, 92% of participants preferred LA injections to daily oral tablets (3%); 97% plan to continue LA treatment going forward. In month 12 interviews, 24 (77%) of 31 participants reported the COVID-19 pandemic did not impact their ability to receive treatment. CONCLUSIONS: Once-monthly cabotegravir + rilpivirine LA was highly acceptable among PLHIV who were virologically suppressed on a stable antiretroviral regimen and interested in trying LA therapy, with few participants reporting challenges receiving LA injections. Implementation data from CUSTOMIZE suggest that monthly LA injections provide a convenient and appealing treatment option for PLHIV.	*Anti-HIV Agents therapeutic use; *COVID-19 Drug Treatment; *HIV Infections drug therapy; *HIV Seropositivity drug therapy; *HIV-1; *Human immunodeficiency virus 1; *Human immunodeficiency virus infection /drug therapy; Anti-Retroviral Agents therapeutic use; Clinical trial; Delivery of Health Care; Diketopiperazines; Female; Health care delivery; Human; Humans; Male; Pandemic; Pandemics; Phase 3 clinical trial; Pyridones; Rilpivirine therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Gaspar M.; Grey C.; Wells A.; Hull M.; Tan D.H.S.; Lachowsky N.; Grace D.	Public health morality, sex, and COVID-19: sexual minority men's HIV pre-exposure prophylaxis (PrEP) decision-making during Ontario's first COVID-19 lockdown	Critical Public Health	-	-	-	9581596	10.1080/09581596.2021.1970720	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113477097&doi=10.1080%2f09581596.2021.1970720&partnerID=40&md5=eb7fa2de96138024a6c7bc34c758451e	Experts have warned that COVID-19 control measures may amplify health inequities among gay, bisexual, queer, and other men who have sex with men (GBM). For HIV-negative GBM, concerns have been raised as to how COVID-19 will disrupt access to HIV pre-exposure prophylaxis (PrEP). Our study offers empirical findings on these issues, drawing on in-depth interviews conducted with 25 HIV-negative GBM living in Ontario, Canada during the first wave of the COVID-19 pandemic. Our thematic analysis draws from the sociology of risk to elucidate how a public health morality–a contested ethical framework determining how to be a 'responsible' sexual citizen during the COVID-19 pandemic–informs GBM's sexual and PrEP decision-making. This public health morality was shaped by several factors, including: self-concern versus risks posed to others; anxiety, economic precarity, and becoming COVID-19 weary; shaming public health non-compliance; and comparisons with HIV and shaming (queer) sex. The participants significantly altered their sexual practices, with some stopping, restarting, and others stockpiling their PrEP. While some men's sexual practices ran counter to public health messaging to avoid 'non-essential' contact with those outside of their households, their risk reduction strategies, including avoiding new sexual partnerships and evaluating people's 'common-sense', mirrored the negotiated safety strategies earlier developed to mitigate HIV risk. Public health advice must account for the nuanced ways in which GBM are mitigating COVID-19 risks and are responding to a complex public health morality, in order to avoid stigmatization and potentially increasing COVID-19 transmission by neglecting practical risk reduction measures. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	COVID-19; gay, bisexual, queer, and other men who have sex with men; PrEP (pre-exposure prophylaxis); public health morality; sociology of risk	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2022	Gaspar M.; Salway T.; Grace D.	Ambivalence and the biopolitics of HIV pre-exposure prophylaxis (PrEP) implementation	Social Theory and Health	-	-	-	14778211	10.1057/s41285-020-00154-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100023282&doi=10.1057%2fs41285-020-00154-w&partnerID=40&md5=fa36fe811cc53a70def9cb24f9f969ff	Ambivalence, the vacillation between conflicting feelings and thoughts, is a key characteristic of scientific knowledge production and emergent biomedical technology. Drawing from sociological theory on ambivalence, we have examined three areas of debate surrounding the early implementation of HIV pre-exposure prophylaxis, or PrEP, for gay, bisexual, queer, and other men who have sex with men in Canada, including epistemology and praxis, clinical and epidemiological implications, and sexual politics. These debates are not focused on the science or efficacy of PrEP to prevent HIV, but rather represent contradictory feelings and opinions about the biopolitics of PrEP and health inequities. Emphasizing how scientists and health practitioners may feel conflicted about the biopolitics of novel biomedical technologies opens up opportunities to consider how a scientific field is or is not adequately advancing issues of equity. Scientists ignoring their ambivalence over the state of their research field may be deemed necessary to achieve a specific implementation goal, but this emotion management work can lead to alienation. We argue that recognizing the emotional dimensions of doing HIV research is not a distraction from "real" science, but can instead be a reflexive site to develop pertinent lines of inquiry better suited at addressing health inequities. © 2021, The Author(s).	Ambivalence; Biopolitics; bisexual; Epistemology; Gay; HIV; PrEP; queer and other men who have sex with men	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2022	Gaspar M.; Tan D.H.S.; Lachowsky N.; Hull M.; Wells A.; Sinno J.; Pico Espinosa O.J.; Grace D.	HIV pre-exposure prophylaxis (PrEP) should be free across Canada to those meeting evidence-based guidelines	Canadian Journal of Human Sexuality	-	-	-	11884517	10.3138/cjhs.2022-0004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144928103&doi=10.3138%2fcjhs.2022-0004&partnerID=40&md5=6317022b89312e24ba7540629c8a24af	HIV pre-exposure prophylaxis (PrEP) should be free across Canada for all those who meet evidence-based guidelines. PrEP is a highly effective tool for preventing HIV acquisition that has been approved for use in Canada since 2016. However, without public drug plans or private insurance, generic PrEP costs approximately $200 to $250 CAD monthly. Current PrEP programs across Canada are a confusing patchwork system with variability in coverage and prohibitive co-payments, making PrEP too expensive for many equity-deserving groups. However, publicly funded PrEP programs are demonstrated to be cost-effective and even cost-saving by reducing the long-term healthcare expenditures associated with managing HIV. PrEP is not just an individual-level clinical tool. It is a public health intervention. Alongside "treatment as prevention," PrEP is an important population-level strategy for eliminating new HIV infections in Canada and can play a role in helping to address complex health inequities affecting communities highly affected by HIV. Navigating drug coverage for patients consumes time and resources among healthcare providers that could be spent helping to improve other social determinants of health. Affordability will remain the foremost barrier to PrEP access until PrEP is made free to all those who meet evidence-based guidelines. © Sex Information and Education Council of Canada, 2022.	Cost-effectiveness; health equity; HIV; pre-exposure prophylaxis (PrEP)	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	NA	NA	Review
Article	2022	Gaspar M.; Wells A.; Hull M.; Tan D.H.S.; Lachowsky N.; Grace D.	"What other choices might I have made?": Sexual Minority Men, the PrEP Cascade and the Shifting Subjective Dimensions of HIV Risk	Qualitative Health Research	-	-	-	10497323	10.1177/10497323221092701	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131044137&doi=10.1177%2f10497323221092701&partnerID=40&md5=59aee2ff23ff7a0dcc7c4ec8afde1110	The PrEP Cascade is a dominant framework for investigating barriers to HIV pre-exposure prophylaxis (PrEP), an HIV prevention tool. We interviewed 37 PrEP users and 8 non-PrEP users in Ontario and British Columbia, Canada, about their decision-making through the Cascade. Participants were HIV-negative gay, bisexual, and queer men (GBQM). The data were analyzed using thematic analysis. PrEP decision-making was based on pragmatic considerations (logistics, costs, and systemic barriers), biomedical considerations (efficacy, side-effects, and sexually transmitted infections), and subjective considerations (identity, politics, and changing sexual preferences). Affective attachments to established versions of "safer sex" (condoms and serosorting) made some GBQM less likely to try PrEP. Some GBQM expressed increased sexual expectations to use PrEP, have condomless sex, and serodifferent sex. These findings support offering PrEP at no-cost, offering individualized counseling and community-based opportunities to discuss PrEP use and changing sexual practices, and improving communication on the manageability of PrEP side-effects. © The Author(s) 2022.	bisexual; gay; HIV prevention; pre-exposure prophylaxis; PrEP Cascade; queer men	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2022	Gatto G.J.; Krovi A.; Li L.; Massud I.; Holder A.; Gary J.; Mills P.; Mitchell J.; Luecke E.; Demkovich Z.R.; Heneine W.; García-Lerma J.G.; Marzinke M.A.; Brand R.M.; Dobard C.W.; Johnson L.M.; Van Der Straten A.	Comparative Pharmacokinetics and Local Tolerance of Tenofovir Alafenamide (TAF) From Subcutaneous Implant in Rabbits, Dogs, and Macaques	Frontiers in Pharmacology	-	-	-	16639812	10.3389/fphar.2022.923954	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135261752&doi=10.3389%2ffphar.2022.923954&partnerID=40&md5=f165b90b32913ad339bc67650af0b69f	The administration of antiretrovirals (ARVs) for HIV pre-exposure prophylaxis (PrEP) is highly efficacious and may benefit from new long-acting (LA) drug delivery approaches. This paper describes a subcutaneous, reservoir-style implant for the LA delivery of tenofovir alafenamide (TAF) and documents the preclinical assessment of implant safety and pharmacokinetics (PK) in New Zealand White (NZW) rabbits (3 groups of n = 5), beagle dogs (2 groups of n = 6), and rhesus macaques (2 groups of n = 3). Placebo implants were placed in rabbits (n = 10) and dogs (n = 12). Implant parameters, including selection of the TAF form, choice of excipient, and PCL formulation were tuned to achieve targeted concentrations of the active anabolite of TAF, tenofovir diphosphate (TFV-DP), within peripheral blood mononuclear cells (PBMCs) and mucosal tissues relevant to HIV transmission. Sustained concentrations of TFV-DP in PBMCs over 100 fmol/106 cells were achieved in all animal species indicating that the implants effectively delivered TAF for 3–6 months. Unlike placebo implants, active TAF implants resulted in local adverse events (AEs) proximal to the implant ranging in severity from mild to moderate and included dermal inflammation and necrosis across all species. Despite these AEs, the implant performed as designed and achieved a constant drug release profile, supporting the continued development of this drug delivery platform. Copyright © 2022 Gatto, Krovi, Li, Massud, Holder, Gary, Mills, Mitchell, Luecke, Demkovich, Heneine, García-Lerma, Marzinke, Brand, Dobard, Johnson and Van Der Straten.	biodegradable polymer; comparative pharmacokinetics; HIV pre-exposure prophylaxis; reservoir implants; tenofovir alafenamide	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Gebru, Nioud Mulugeta; Benvenuti, Maria Costanza; Rowland, Bonnie H. P.; Kalkat, Meher; Chauca, Patricia G.; Leeman, Robert F.	Relationships among Substance Use, Sociodemographics, Pre-Exposure Prophylaxis (PrEP) Awareness and Related Attitudes among Young Adult Men Who Have Sex with Men.	Substance Use and Misuse	-	-	-	1532-2491 1082-6084	10.1080/10826084.2022.2040030	https://pubmed.ncbi.nlm.nih.gov/35188880/	Men who have sex with men (MSM) account for two-thirds of new HIV diagnoses. Pre-exposure prophylaxis (PrEP), a highly efficacious HIV preventive medication, is underutilized. Identifying correlates of PrEP awareness and attitudes may help increase PrEP use. Thus, we evaluated (1) PrEP awareness; (2) differences in awareness related to substance use and sociodemographics; (3) initial PrEP information sources; and (4) possible associations between information sources and PrEP-related attitudes. Young adult (ages 18-30) HIV-negative MSM from Southern U.S. undertook a web survey including questions about substance use, sexual behaviors, perceived HIV risk, and PrEP. Participants were recruited using in-person and online approaches between January 2018-January 2020. Of 506 participants, 89% were aware of PrEP. Participants with high alcohol consumption and greater perceived HIV risk had higher odds of PrEP unawareness with a trend for minority race/ethnicity. PrEP-aware participants reported high overall perceived safety, confidence in PrEP's efficacy, and low perceived difficulties with adherence though those with higher perceived HIV risk and individuals who used tobacco had less favorable attitudes. Most participants first heard about PrEP from the internet. There were no statistically significant differences in PrEP-related attitudes across initial information sources. Associations between substance use and racial/ethnic minority status and lack of PrEP awareness suggest priority subgroups for educational campaigns. Future campaigns may tailor outreach materials to the respective audience (e.g., Spanish materials for Hispanic people) and disseminate where individuals who use substances may be more likely to see them (e.g., liquor and convenience stores). Supplemental data for this article is available online at https://doi.org/10.1080/10826084.2022.2040030 .	Adolescent; Adult; Humans; Male; Young Adult; Homosexuality, Male; HIV; Health Knowledge, Attitudes, Practice; Ethnicity; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; MSM; Minority Groups; *Sexual and Gender Minorities; *Substance-Related Disorders; internet; PrEP beliefs; Southeastern U.S	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Geidelberg, Lily	Estimating the impact of interventions on viral epidemics using epidemiological and evolutionary models	-	-	Imperial College London	-	NA	https://doi.org/10.25560/96578	https://doi.org/10.25560/96578	Mathematical modelling is useful for understanding infectious disease epidemics, and for estimating the impact of interventions to control them. However, the appropriateness of different modelling approaches depends on the local context and availability of data. In this thesis I use two approaches, epidemiological and evolutionary modelling, to estimate the impact of interventions for controlling HIV and COVID-19. After developing a dynamic transmission model fitted to local demographic, HIV prevalence and antiretroviral therapy (ART) coverage data, I estimated the impact of a 2-year real-world demonstration study of pre-exposure prophylaxis (PrEP) and ART treatment-as-prevention (TasP) among female sex workers (FSW) in Cotonou, Benin. I further estimated the impact of long-term scale-up scenarios of PrEP and TasP among FSW in Cotonou. Next, based on data collected during the 2020 COVID-19 epidemic in Benin, I simulated scenarios of COVID-related disruptions to HIV services and sexual behaviour, using the same dynamic transmission model. I estimated the impact of these disruptions on HIV epidemiology in Cotonou. Many non-pharmaceutical interventions (NPIs), including travel restrictions and lockdowns, were implemented globally to control COVID-19. Using model-based phylodynamic methods fitted to twenty SARS-CoV-2 genomes, I estimated the impact of NPIs in Weifang, China, one of the first COVID-19 epidemics outside of Wuhan. Finally, I performed several non-parametric phylodynamic analyses on the COVID-19 epidemic in England, fitted to thousands of SARS-CoV-2 genomes. I evaluated the association of stringency of NPIs and mobility with viral transmission at different periods between spring 2020 and winter 2020-2021. I further investigated the relative growth rates between different viral lineages, including the B.1.1.7 ('alpha') variant. The results from this thesis are useful principally to policymakers for designing effective local control measures for HIV and COVID-19. While modelling can be used to estimate the impact of interventions, model choice must be tailored to the local epidemiological context.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Geldsetzer, Pascal; Chebet, Joy J; Tarumbiswa, Tapiwa; Phate-Lesihla, Rosina; Maponga, Chivimbiso; Mandara, Esther; Bärnighausen, Till; McMahon, Shannon A	Knowledge and attitudes about HIV pre-exposure prophylaxis: Evidence from in-depth interviews and focus group discussions with policy makers, healthcare providers, and end-users in Lesotho.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000762	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10021845	Studies on knowledge and attitudes about HIV pre-exposure prophylaxis (PrEP) have mostly focused on key populations in North America and Europe. To inform Lesotho's national rollout of PrEP to the general population, this study aimed to characterize knowledge and attitudes about PrEP among policy makers, implementing partners, healthcare providers, and PrEP end-users in Lesotho. Respondents were purposively selected to participate based on personal experience in the development and implementation of Lesotho's PrEP program, or the personal use of PrEP. We conducted 106 in-depth interviews with policy makers (n = 5), implementing partners (n = 4), and end-users (current PrEP users = 55; former PrEP users = 36; and PrEP "decliners" = 6). In addition, we held 11 focus group discussions (FGDs) with a total of 105 healthcare providers. Interview and FGD transcripts were analyzed following the tenets of Grounded Theory. Respondents expressed positive attitudes toward PrEP, owing to experienced and perceived personal, familial, and societal benefits. PrEP was viewed as i) an opportunity for serodiscordant couples to remain together, ii) a means of conceiving children with minimized risk of HIV infection, iii) providing a sense of agency and control, and iv) an avenue for addressing the HIV epidemic in Lesotho. Respondents demonstrated understanding of PrEP's intended use, eligibility requirements, and modality of use. However, respondents also reported that several important misconceptions of PrEP were common among adults in Lesotho, including a belief that PrEP protects against sexually transmitted infections other than HIV, promotes promiscuity, prevents pregnancy, causes seroconversion, and provides lifelong protection from taking the pill just once. In addition to building on the perceived advantages of PrEP to shape a positive message, Lesotho's national rollout of PrEP will likely benefit from a communication strategy that specifically addresses the common misconceptions of PrEP identified in this study.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Gengiah, Tanuja Narayansamy; Abdool Karim, Quarraisha; Harkoo, Ishana; Mansoor, Leila; Zuma, Nonhlanhla Yende; Radebe, Precious; Samsunder, Natasha; Baxter, Cheryl; Maharaj, B; Baum, Marc M; Moss, John A; Pozzetto, Bruno; Hankins, Catherine; Abdool Karim, Salim	CAPRISA 018: a phase I/II clinical trial study protocol to assess the safety, acceptability, tolerability and pharmacokinetics of a sustained-release tenofovir alafenamide subdermal implant for HIV prevention in women.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-052880	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8739430	INTRODUCTION: Young African women bear a disproportionately high risk for HIV acquisition. HIV technologies that empower women to protect themselves are needed. Safe, potent antiretroviral agents such as tenofovir alafenamide (TAF), formulated as long-acting subdermal implants, offer an innovative solution. METHODS AND ANALYSIS: CAPRISA 018 is a phase I/II trial to evaluate the safety, acceptability, tolerability and pharmacokinetics (PKs) of a TAF free base subdermal silicone implant containing 110 mg of TAF with an anticipated 0.25 mg/day release rate.The phase I trial (n=60) will assess the safety of one implant inserted in six participants (Group 1), followed by dose escalation components (Groups 2 and 3) assessing the safety, tolerability and PK of one to four TAF 110 mg implants releasing between 0.25 mg and 1 mg daily in 54 healthy women at low risk for HIV infection. Data from this phase I trial will be used to determine the dosing, implant location and implant replacement interval for the phase II trial.The phase II component (Group 4) will assess extended safety, PK, tolerability and acceptability of the implant in 490 at risk women, randomised in a 1:1 ratio to the TAF implant and placebo tablet or to the placebo implant and an oral pre-exposure prophylaxis tablet. Safety will be assessed by calculating the percentage change in creatinine clearance from baseline at weeks 4, 12, 24, 36, 72, 96 and 120, compared with the percentage change in the control group. ETHICS AND DISSEMINATION: The South African Health Products Regulatory Authority and the University of KwaZulu-Natal's Biomedical Research Ethics Committee have approved the trial. Results will be disseminated through open access peer reviewed publications, conference presentations, public stakeholder engagement and upload of data into the clinical trials registry. TRIAL REGISTRATION NUMBER: PACTR201809520959443.	HIV & AIDS, preventive medicine, public health, clinical trials	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Genre, Noëllie; Panese, Francesco	Merging care and prevention: preventive properties of antiretroviral drugs and HIV chronification in the case of Switzerland	Anthropology and Medicine	-	-	-	13648470	10.1080/13648470.2021.1949891	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115201665&doi=10.1080%2f13648470.2021.1949891&partnerID=40&md5=efcae89586a8bf7db20b8afa880f7c6b	Medication is closely involved in the subjective experience of chronic diseases, but also in the chronification process of illnesses which is described in this paper in the specific case of HIV. The development of antiretroviral drugs (ARVs) and the progressive recognition of their potential dual use as treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) reshape the experience of HIV and its transmission. Acknowledging the importance of a socioanthropological approach to drugs, this paper highlights how therapeutic strategies of treatment and prevention currently shape the process of HIV chronification and its experience for people concerned with ARVs in Switzerland, whether they are seropositive patients on lifelong treatment or seronegative people affected by the preventive properties of drugs. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	chronic illness; chronification; drugs; HIV; PrEP; TasP	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Qualitative
Article	2022	George A.F.; McGregor M.; Gingrich D.; Neidleman J.; Marquez R.S.; Young K.C.; Thanigaivelan K.L.; Greene W.C.; Tien P.C.; Deitchman A.N.; Spitzer T.L.; Roan N.R.	Female Genital Fibroblasts Diminish the In Vitro Efficacy of PrEP against HIV	Viruses	-	-	-	19994915	10.3390/v14081723	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136700730&doi=10.3390%2fv14081723&partnerID=40&md5=e044f6e635556cd314019b3f44aacd4f	The efficacy of HIV pre-exposure prophylaxis (PrEP) is high in men who have sex with men, but much more variable in women, in a manner largely attributed to low adherence. This reduced efficacy, however, could also reflect biological factors. Transmission to women is typically via the female reproductive tract (FRT), and vaginal dysbiosis, genital inflammation, and other factors specific to the FRT mucosa can all increase transmission risk. We have demonstrated that mucosal fibroblasts from the lower and upper FRT can markedly enhance HIV infection of CD4+ T cells. Given the current testing of tenofovir disoproxil fumarate, cabotegravir, and dapivirine regimens as candidate PrEP agents for women, we set out to determine using in vitro assays whether endometrial stromal fibroblasts (eSF) isolated from the FRT can affect the anti-HIV activity of these PrEP drugs. We found that PrEP drugs exhibit significantly reduced antiviral efficacy in the presence of eSFs, not because of decreased PrEP drug availability, but rather of eSF-mediated enhancement of HIV infection. These findings suggest that drug combinations that target both the virus and infection-promoting factors in the FRT—such as mucosal fibroblasts—may be more effective than PrEP alone at preventing sexual transmission of HIV to women. © 2022 by the authors.	female reproductive tract; fibroblasts; HIV transmission; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Geretti, Anna Maria; Mardh, Otilia; de Vries, Henry J C; Winter, Andrew; McSorley, John; Seguy, Nicole; Vuylsteke, Bea; Gokengin, Deniz	Sexual transmission of infections across Europe: appraising the present, scoping the future.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2022-055455	https://dx.doi.org/10.1136/sextrans-2022-055455	Objectives: Our journal partnered with the Europe section of the International Union against STI (IUSTI) at a workshop held at the 18th European AIDS Conference in London on 30 October 2021. The workshop reviewed epidemiological trends and discussed STI care provision within HIV services across Europe. Methods and Results: We started by highlighting trends in bacterial STIs reported to the European Centre for Disease Prevention and Control from countries in the European Union/European Economic Area. This showed that notifications of bacterial STIs reached an all-time high in 2019, but are expected to be impacted by the COVID-19 pandemic in 2020-2021. We then reviewed the evolving relationship between STIs and HIV and pointed out how antiretroviral treatment and pre-exposure prophylaxis remain highly effective against HIV transmission despite the rising incidence of STIs. Within emerging concepts in STIs, we appraised the benefits and risks of asymptomatic screening for chlamydia, and also considered the potential perils of routinely testing for agents that lack a defined role in disease. Finally, we discussed standards of STI care for people living with HIV, informed by a brief survey of IUSTI Europe country representatives and members of the Euroguidelines in Central and Eastern Europe network. Conclusions: The survey indicated substantial variability and identified key improvement targets: fighting barriers to effective service provision and access, increasing diagnostic capability and taking leadership in driving up the quality of care. We must not forget the STI-related needs of the many people who will be living with HIV for decades into the future.	NA	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Review
Article	2022	Gibson, Britton; Hoff, Emily; Haas, Alissa; Adams, Zoe M; Price, Carolina R; Goddard-Eckrich, Dawn; Sheth, Sangini S; Dasgupta, Anindita; Meyer, Jaimie P	Overlapping needs for sexual and reproductive health and HIV prevention in women with substance use disorders.	Women's Health	-	-	-	1745-5065	10.1177/17455065211070543	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8771433	OBJECTIVES: Women with substance use disorders have high unmet needs for HIV prevention and drug treatment and face challenges accessing care for other unique health issues, including their sexual and reproductive health. METHODS: We did a cross-sectional evaluation of sexual and reproductive health behaviors and outcomes among women with substance use disorders, who were enrolled in one of two concurrent clinical trials of pre-exposure prophylaxis for HIV prevention. Descriptive analyses and bivariate logistic regression were used to assess factors driving contraceptive use, and other essential sexual and reproductive health services utilization and outcomes. RESULTS: Among 226 women, 173 (76.5%) were of reproductive age. Most women had histories of unintended pregnancy (79.2%) or miscarriage (45.1%) and high HIV risk behaviors (53.5%). Most (61%) participants did not use any form of contraception at the time of assessment, although few (15%) reported pregnancy intentions. In bivariate models, ongoing criminal justice involvement was associated with 2.22 higher odds of not using contraception (95% confidence interval = 1.09-4.53; p = 0.03) and hazardous drinking was protective against not using contraception (odds ratio = 0.33, 95% confidence interval = 0.13-0.81; p = 0.02). Contraception use was not significantly associated with any other individual characteristics or need factors. CONCLUSIONS: This is the first study that identifies the unmet sexual and reproductive health needs of women with substance use disorders who are engaging with pre-exposure prophylaxis. We found that women accessed some health services but not in a way that holistically addresses the full scope of their needs. Integrated sexual and reproductive care should align women's expressed sexual and reproductive health intentions with their behaviors and outcomes, by addressing social determinants of health.	health outcomes; reproductive health; substance use; women.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Gibson, Laurel P; Kramer, Emily B; Bryan, Angela D	Geosocial Networking App Use Associated With Sexual Risk Behavior and Pre-exposure Prophylaxis Use Among Gay, Bisexual, and Other Men Who Have Sex With Men: Cross-sectional Web-Based Survey.	JMIR Formative Research	-	-	-	2561-326X	10.2196/35548	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9237762	BACKGROUND: In the United States, geosocial networking (GSN) apps (ie, mobile dating apps) have become central to dating and sexual interactions in recent years. Among gay, bisexual, and other men who have sex with men (GBM), these apps play an important role in reducing barriers and facilitating partner seeking. However, despite these benefits, there are concerns that these apps may facilitate risky sexual behavior and transmission of sexually transmitted infections (STIs) among GBM. OBJECTIVE: This study aimed to examine the association between GSN app use and sexual risk in a US sample of GBM. METHODS: Using a cross-sectional design, respondents (N=223) completed a web-based survey assessing their use of GSN apps, sexual risk and protective behaviors, HIV serostatus, and previous STI diagnoses. RESULTS: Respondents were aged 21-78 (mean 31.90, SD 10.06) years and 69.5% (155/223) were non-Hispanic White. The sample included respondents from 40 states and the District of Columbia. Nearly half (104/223, 47%) of the participants reported using GSN apps. GSN users were more likely to report past-year condomless anal intercourse (P<.001), 3 or more sexual partners in the previous year (P<.001), and a previous STI diagnosis (P=.001) than nonusers. GSN users also reported more frequent use of recreational drugs before sex (P=.001), alcohol use before sex (P<.001), and cannabis use before sex (P=.01). Interestingly, GSN users were also more likely to report having ever taken an HIV test (P<.001) and using pre-exposure prophylaxis (P=.03). The rates of HIV seropositivity did not differ significantly between GSN users and nonusers (P=.53). Among the subset of GSN users, 38 participants reported using only GBM-specific GSN apps (eg, Grindr), whereas 27 participants reported using only sexuality nonspecific GSN apps (eg, Tinder). Exclusive users of GBM-specific apps reported more frequent recreational drug use before sex (P=.01) and were also more likely to report past-year condomless anal intercourse (P<.001), 3 or more sexual partners in the previous year (P=.004), a previous STI diagnosis (P=.002), and HIV testing (P=.003). Alcohol use before sex, cannabis use before sex, pre-exposure prophylaxis use, and HIV rates were similar between both groups (P>.11). CONCLUSIONS: The findings suggest that GSN apps may be a useful pathway for interventions aimed at reducing STI risk in GBM. Future prospective studies should examine how risk levels change after the initiation of GSN app use.	dating app, mobile dating, hookup, gay, pre-exposure prophylaxis, sexual risk, HIV, STI, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Gill, Katherine	Acceptability, safety, and patterns of use of oral pre-exposure prophylaxis to prevent HIV in healthy, South African adolescents	-	-	University of Cape Town	-	NA	NA	http://hdl.handle.net/11427/36454	Background: HIV incidence amongst adolescents in Southern Africa remains extremely high. The importance of adolescent HIV prevention strategies in tackling the epidemic worldwide is increasingly recognised with a global target from UNICEF to reduce new adolescent HIV infections by 75% by 2020. Adolescent vulnerability to HIV infection is a result of a complex interplay between structural, economic, socio-cultural, and biological factors during a phase when behaviours associated with HIV acquisition and sexual and reproductive health-seeking are initiated. The vulnerability of young people to HIV is particularly manifest in South Africa, where young women aged 15-24 accounted for almost 40% of new HIV infections in 2017. PreExposure Prophylaxis (PrEP) has been demonstrated to be effective for preventing HIV infection in adults but there is little data on its implementation among young people. Given the HIV incidence rates amongst adolescents in Southern Africa, oral PrEP for this group is likely to have an impact on population-level HIV incidence. We designed an open-label demonstration study known as Pluspills, for adolescents aged 15-19 years in South Africa to understand the safety, feasibility, and patterns of use of oral pre-exposure prophylaxis (PrEP) as part of a broad package of interventions, to prevent HIV. Methods: Pluspills was conducted in two distinct peri-urban settings in Johannesburg and Cape Town. The aim was to study the safety and acceptability of oral PrEP (tenofovir disoproxil fumarate/Emtricitabine) in two adolescent populations in South Africa. HIV-negative participants between 15-19 years old participated in an open-label oral PrEP study over 52 weeks. Participants took daily PrEP for the first 12 weeks and were then given the choice to opt-in or opt-out of PrEP use at three-monthly intervals. Serial plasma and DBS tenofovir concentrations were measured at every PrEP refill visit, and results were discussed with participants during adherence counselling sessions. Testing for sexually transmitted infections (STI's) was conducted at baseline, twelve and forty-eight weeks. Findings: Overall 148 participants were enrolled (median age 18 years; 67% female) and initiated PrEP. STI prevalence at the study start was high at 41% (60/148) and remained high throughout the study. The decision to stop using PrEP was made by 26 (18%) participants at 6 the 12-week visit. Cumulative PrEP opt-out at weeks 24 and 36 comprised 41% (60/148) and 43% (63/148) of the total cohort respectively. PrEP was relatively well tolerated with few reported adverse events. Tenofovir diphosphate (TFV-DP) levels as measured in dried blood spot samples were detectable (>16fmol/punch) in 92% (108/118)) of participants who reported PrEP use at week 12, 74% at week 24 (74/100), and 58% (22/37) by the end of the study. One HIV seroconversion occurred during the study (0.76/100 person-years) in a 19-yearold female participant who had chosen to stop taking PrEP, 24 weeks before diagnosis. Interpretation: In this small cohort of South African adolescents at risk of HIV acquisition, PrEP was safe and well-tolerated in those who continued to use it. PrEP use decreased throughout the study as visit frequency declined. The incidence of sexually transmitted infections remained high, despite low HIV incidence. The study confirms that this population needs access to PrEP with particular attention to tailored adherence support. Young people would also possibly benefit from the option for more frequent and flexible visit schedules.	Public health; Family Medicine	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Clinical
Article	2022	Gillespie D.; Wood F.; Williams A.; Ma R.; de Bruin M.; Hughes D.A.; Jones A.T.; Couzens Z.; Hood K.	Experiences of men who have sex with men when initiating, implementing and persisting with HIV pre-exposure prophylaxis	Health Expectations	-	-	-	13696513	10.1111/hex.13446	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128056630&doi=10.1111%2fhex.13446&partnerID=40&md5=ddb3d5b5c18dd9d5793adcfdbb745fbf	Introduction: HIV pre-exposure prophylaxis (PrEP) involves the use of antiretroviral medication in HIV-negative individuals considered to be at risk of acquiring HIV. It has been shown to prevent HIV and has been available in Wales since July 2017. Measuring and understanding adherence to PrEP is complex as it relies on the simultaneous understanding of both PrEP use and sexual activity. We aimed to understand the experiences of men who have sex with men (MSM) living in Wales initiating, implementing and persisting with HIV PrEP. Methods: We conducted semistructured interviews with MSM PrEP users in Wales who participated in a cohort study of PrEP use and sexual behaviour. Following completion of the cohort study, participants were invited to take part in a semistructured interview about their experiences of taking PrEP. We aimed to include both individuals who had persisted with and discontinued PrEP during the study. The interview topic guide was informed by the ABC taxonomy for medication adherence and the theory of planned behaviour. We analysed our data using reflexive thematic analysis. Results: Twenty-one participants were interviewed, five having discontinued PrEP during the cohort study. The developed themes focused on triggers for initiating PrEP, habitual behaviour, drivers for discontinuation and engagement with sexual health services. Stigma surrounding both PrEP and HIV permeated most topics, acting as a driver for initiating PrEP, an opportunity to reduce discrimination against people living with HIV, but also a concern around the perception of PrEP users. Conclusion: This is the first study to investigate PrEP-taking experiences incorporating established medication adherence taxonomy. We highlight key experiences regarding the initiation, implementation and persistence with PrEP and describe how taking PrEP may promote positive engagement with sexual health services. These findings may be useful for informing PrEP rollout programmes and need to be explored in other key populations. Patient and Public Contribution: PrEP users, in addition to PrEP providers and representatives of HIV advocacy and policy, were involved in developing the topic guide for this study. © 2022 The Authors. Health Expectations published by John Wiley & Sons Ltd.	HIV; medication adherence; pre-exposure prophylaxis; qualitative research; sexual and gender minorities; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Gillespie, D.; Couzens, Z.; de Bruin, M.; Hughes, D. A.; Jones, A.; Ma, R.; Williams, A.; Wood, F.; Blee, K.; Bradshaw, H. S.; Drayton, R.; Knapper, C.; Hood, K.	PrEP Use, Sexual Behaviour, and PrEP Adherence Among Men who have Sex with Men Living in Wales Prior to and During the COVID-19 Pandemic	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03618-4	https://www.proquest.com/scholarly-journals/prep-use-sexual-behaviour-adherence-among-men-who/docview/2684303871/se-2?accountid=8113	We examined PrEP use, condomless anal sex (CAS), and PrEP adherence among men who have sex with men (MSM) attending sexual health clinics in Wales, UK. In addition, we explored the association between the introduction of measures to control transmission of SARS-CoV-2 on these outcomes. We conducted an ecological momentary assessment study of individuals in receipt of PrEP in Wales. Participants used an electronic medication cap to record PrEP use and completed weekly sexual behaviour surveys. We defined adherence to daily PrEP as the percentage of CAS episodes covered by daily PrEP (preceded by ≥ 3 days of PrEP and followed by ≥ 2 days). Sixty participants were recruited between September 2019 and January 2020. PrEP use data prior to the introduction of control measures were available over 5785 person-days (88%) and following their introduction 7537 person-days (80%). Data on CAS episodes were available for 5559 (85%) and 7354 (78%) person-days prior to and following control measures respectively. Prior to the introduction of control measures, PrEP was taken on 3791/5785 (66%) days, there were CAS episodes on 506/5559 (9%) days, and 207/406 (51%) of CAS episodes were covered by an adequate amount of daily PrEP. The introduction of pandemic-related control measures was associated with a reduction in PrEP use (OR 0.44, 95%CI 0.20–0.95), CAS (OR 0.35, 95%CI 0.17–0.69), and PrEP adherence (RR = 0.55, 95%CI 0.34–0.89) and this may have implications for the health and wellbeing of PrEP users and, in addition to disruption across sexual health services, may contribute to wider threats across the HIV prevention cascade.	HIV prevention; PrEP; Psychology; Prevention; Adherence; Men; Men who have sex with men; Sexual behavior; Sexual health; COVID-19; Health services; Public health; Prep; Anal intercourse; Patient compliance; Drug use; Severe acute respiratory syndrome coronavirus 2; Pandemics; Wales; Sexual behaviour; Anal sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; United Kingdom--UK; Well being	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Giovenco Danielle; Pettifor Audrey; Powers, Kimberly A; Hightow-Weidman Lisa; Pence, Brian W; Edwards, Jessie K; Gill, Katherine; Morton, Jennifer F; van der Straten Ariane; Celum Connie; Linda-Gail, Bekker	The Effect of PrEP Use Disclosure on Adherence in a Cohort of Adolescent Girls and Young Women in South Africa	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03455-x	https://www.proquest.com/scholarly-journals/effect-prep-use-disclosure-on-adherence-cohort/docview/2641697584/se-2?accountid=8113	Effective strategies to support PrEP adherence among adolescent girls and young women (AGYW) are needed. We examined PrEP use disclosure and its effect on adherence among 200 AGYW ages 16–25 initiating PrEP in South Africa to help inform these strategies. We estimated the relative prevalence of high adherence (intracellular tenofovir-diphosphate concentration ≥ 700 fmol/punch) 3- and 6-months after PrEP initiation among those who disclosed vs. did not disclose their PrEP use, both overall and by age. Most AGYW disclosed to a parent (58%), partner (58%), or friend (81%) by month 6. We did not observe a strong effect of disclosure on adherence overall; however, among younger AGYW (≤ 18 years), those who disclosed to a parent were 6.8 times as likely to have high adherence at month 6 than those who did not (95% CI 1.02, 45.56). More work is needed to understand parents' roles as allies and identify ways peers and partners can motivate PrEP use for AGYW.	Tenofovir; Women; South Africa; HIV prevention; Disclosure; Parents; Pre-exposure prophylaxis; PrEP; Antiretroviral drugs; Psychology; Adherence; Adolescents; Teenagers; Disease prevention; Prep; Adolescent girls; Patient compliance; Adolescence; Adolescent girls and young women; Young adults; Young women; Human immunodeficiency virus--HIV; Womens health; Girls; Peers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Giovenco, Danielle; Pettifor, Audrey; Powers, Kimberly A; Hightow-Weidman, Lisa; Pence, Brian W; Celum, Connie; Delany-Moretlwe, Sinead; Hosek, Sybil; Donnell, Deborah; Anderson, Peter L; Mgodi, Nyaradzo; Bekker, Linda-Gail	Intimate partner violence and oral HIV pre-exposure prophylaxis adherence among young African women.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003216	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9486991	OBJECTIVE: To estimate the effect of intimate partner violence (IPV) on oral pre-exposure prophylaxis (PrEP) adherence among adolescent girls and young women (AGYW). DESIGN: We conducted a secondary analysis of data from HIV Prevention Trials Network 082 (HPTN 082), a multisite prospective study designed to assess oral PrEP adherence among AGYW in southern Africa. METHODS: We estimated the relative prevalence of high PrEP adherence 3 and 6âmonths after initiation among AGYW 16-25âyears who reported a history of any IPV in the past year at enrollment versus AGYW who did not, both overall and by age. High adherence was defined as an intracellular tenofovir-diphosphate concentration at least 700âfmol/punch or more dried blood spots. RESULTS: Among 409 PrEP-initiating AGYW, half (49%) reported experiencing any IPV by a current/recent partner in the year prior to enrollment. Overall, a similar proportion of AGYW who reported IPV had high PrEP adherence at months 3 and 6 as AGYW who did not report IPV. There was, however, evidence of effect modification by age at month 3: among AGYW less than 21âyears old, those who reported IPV were less than half as likely to have high adherence adjusted PR (aPR)â=â0.43, 95% confidence interval (CI) 0.22-0.86; among AGYW aged 21 years or older, those who reported IPV were more than twice as likely to have high adherence (aPRâ=â2.21, 95% CI 1.34-3.66). At month 6, effect estimates within each age stratum were consistent in direction to those at month 3. CONCLUSION: IPV events may either impede or motivate PrEP adherence among African AGYW, with age appearing to be an important consideration for IPV-related adherence interventions.	Intimate partner violence, IPV, pre-exposure prophylaxis, PrEP, HIV prevention, adolescent girls and young women, southern Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Girometti, Nicolò; McCormack, Sheena; Tittle, Victoria; McOwan, Alan; Whitlock, Gary	Rising rates of recent preexposure prophylaxis exposure among men having sex with men newly diagnosed with HIV: Antiviral resistance patterns and treatment outcomes	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003143	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125212351&doi=10.1097%2fQAD.0000000000003143&partnerID=40&md5=5dad62da97ab6b5bd8e57dfe6f501303	Introduction: Preexposure prophylaxis (PrEP) is contributing to achieve a reduction in HIV diagnoses in men having sex with men (MSM). Albeit infrequent, HIV infections in the context of recent PrEP exposure represent a clinical challenge. Methods: Data on recent PrEP use and possible reasons leading to HIV infection were analysed in individuals newly diagnosed with HIV at 56 Dean Street clinic in 2016 - 2020. Demographics, immune-virological parameters, genotypic resistance test results and treatment management in this group were compared with those not reporting recent PrEP exposure using Mann - Whitney U test and Fisher's exact test. Results: Fifty-two of 1030 (5%) individuals reported recent PrEP exposure at HIV diagnosis; 98% were MSM, median age 34 years (interquartile range IQR 28 - 42), 65% of white ethnicity, 65% non-UK-born. 35% reported PrEP intake the day before testing HIV-positive, 46% reported sub-optimal PrEP adherence since their last negative HIV test result. Thirty-three of 52 (63%) were self-sourcing PrEP and 9/52 (17%) reported issues with its supply. Recent PrEP use was associated to lower HIV viral load and higher CD4+ cell count at baseline than in counterparts non-recently exposed to PrEP (P < 0.01). M184V mutation was harboured more commonly in the recent PrEP use group (30% vs. 1%, P < 0.01). The proportion of individuals recently exposed to PrEP among those diagnosed with HIV rose sharply, reaching 21% in the first semester of 2020. Viral suppression was achieved by all patients intensified from PrEP to antiretroviral treatment (ART) who remained in care at week 24. Discussion: Rapid PrEP intensification to ART allowed to achieve high rates of HIV viral suppression despite significant rates of M184V mutation harboured in those newly diagnosed with HIV and reporting recent PrEP exposure. Copyright © 2021 The Author(s).	antiviral resistance; HIV; men having sex with men; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Glick, Jennifer L.; Jivapong, Belinda; Russo, Rienna; Pelaez, Danielle; Piser, Rebecca; Footer, Katherine; Sherman, Susan G.	Cultivating PEARL (Promoting Empowerment and Risk Reduction): Formative Research for a PrEP Intervention Among Female Sex Workers in Baltimore, Maryland	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03600-0	https://www.proquest.com/scholarly-journals/cultivating-pearl-promoting-empowerment-risk/docview/2684300675/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is a vital component of comprehensive HIV prevention among female sex workers (FSW). There are limited PrEP interventions targeting FSW in the U.S., who have high HIV risk. Formative research was conducted to inform PEARL (Promoting Empowerment And Risk Reduction), a PrEP intervention for FSW in Baltimore, MD, including a community forum, key informant interviews with providers, and focus group discussions with FSW. FSW and providers acknowledged challenges to building rapport and establishing continuity in care settings. FSW reported low PrEP awareness, with high interest once aware. FSW and providers reported uptake barriers including perceived financial issues, lack of PrEP awareness, and mistrust of the pharmaceutical industry. Concerns were raised about substance use and daily PrEP adherence. Developing a tailored PrEP intervention for FSW necessitates multiple perspectives (e.g. FSW, service providers). Resumen La profilaxis preexposición (PrEP) es un componente vital de la prevención integral del VIH para las trabajadoras sexuales (TSF). En los Estados Unidos, hay pocas intervenciones de PrEP dirigidas a las TSF, quienes experiencian un riesgo elevado de contraer el VIH. Se realizó una investigación formativa para informar a PEARL (Promoción del empoderamiento y la reducción de riesgos), una intervención de PrEP para TSF en Baltimore, MD—la cual incluyó un foro comunitario, entrevistas con proveedores de servicios a las TSF y discusiones entre grupos focales de TSF. TSF y proveedores de servicio reconocieron los retos de mantener buenas relaciones y establecer continuidad en los servicios de salud. TSF exhibieron conocimiento limitado sobre la PrEP, pero expresaron gran interés en la PrEP después de estar informadas. TSF y los proveedores de servicios hablaron de barreras aceptando a la PrEP, incluyendo problemas financieros percibidos, falta de conocimiento sobre la PrEP y desconfianza en la industria farmacéutica. Se expresaron preocupaciones sobre el uso de sustancias y la adherencia diaria a la PrEP. El desarrollo de una intervención de PrEP personalizada para TSF requiere varias perspectivas (por ejemplo, TSF, proveedores de servicios).	Women; Risk; HIV prevention; Pre-exposure prophylaxis; PrEP; Psychology; Prevention; Risk management; Disease prevention; Prophylaxis; Risk reduction; Prediction; Substance abuse; Substance use; Prostitution; Empowerment; Sex worker; Health promotion; Occupational exposure; Sex workers; Pharmacy; Female sex workers; Intervention; Females; Formative research; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; Sex industry; United States--US; Health risks; Pharmaceutical industry; Baltimore Maryland; Pearl	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Goedel W.C.; Coats C.S.; Chan P.A.; Sims-Gomillia C.E.; Brock J.B.; Ward L.M.; Mena L.A.; Nunn A.S.	A Pilot Study of a Patient Navigation Intervention to Improve HIV Pre-exposure Prophylaxis Persistence among Black/African American Men Who Have Sex with Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002954	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132453408&doi=10.1097%2fQAI.0000000000002954&partnerID=40&md5=ba4086b1ceb0a7650af6d5e7cfe8c95d	Background:Suboptimal HIV pre-exposure prophylaxis (PrEP) care outcomes among Black/African American men who have sex with men (MSM) limits its population-level effects on HIV incidence. We conducted a pilot study of a brief patient navigation intervention aimed at improving PrEP initiation and persistence among Black/African American MSM in the Southern United States.Setting:Community health center in Jackson, MS.Methods:We recruited 60 Black/African American MSM aged 18-34 years who were newly prescribed PrEP. Participants were randomized to receive the clinic's current standard of care or an intervention condition including a single patient navigation session to discuss and address perceived barriers to initiating and maintaining access to PrEP and biweekly check-ins. Participants were followed over 6 months using survey assessments, medical chart review, and pharmacy purchase records to ascertain PrEP initiation and persistence.Results:Participants in the intervention condition were more likely to pick up their initial PrEP prescription RR: 1.47; 95% confidence interval (CI): 1.10 to 1.97, be retained in PrEP care at 3 months (RR: 1.62; 95% CI: 1.01 to 2.59) and 6 months (RR: 1.38; 95% CI: 0.64 to 2.93), and have access to PrEP medications greater than 80% of all study days based on pharmacy fill records (RR: 3.00; 95% CI: 1.50 to 5.98).Conclusion:A brief patient navigation intervention demonstrated proof-of-concept in improving PrEP initiation and persistence among Black/African American MSM in the Southern United States. © 2022 Lippincott Williams and Wilkins. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Goense C.J.D.; Evers Y.J.; Hoebe C.J.P.A.; Crutzen R.; Dukers-Muijrers N.H.T.M.	Intention to use and acceptability of home-based sexual health care among men who have sex with men who previously attended clinic-based sexual health care	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2022.967770	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150018304&doi=10.3389%2ffrph.2022.967770&partnerID=40&md5=12a7a4ee8e01047a54e081b7d3b063ae	The COVID-19 pandemic has temporarily disrupted access to clinic-based sexual health care for men who have sex with men (MSM) in the Netherlands. The importance of home-based sexual health care has been underpinned as an extension of clinic-based care. This paper aims to assess intention to use, and acceptability of home-based sexual health care among MSM who previously attended clinic-based sexual health care. In November 2020, 424 MSM who had attended an STI clinic pre-pandemic were invited to participate in an online survey; 154 MSM completed the survey (response 36%). Intention to use self-sampling STI/HIV tests was assessed (median; scale 0–100) and compared across sociodemographic and sexual behavior characteristics by Kruskal-Wallis H tests. Descriptive analyses provided insights in acceptability of home-based sexual health care. Of participants (median age 47), 60.4% (93/154) tested for STI/HIV in the past 6 months, most of them attended a clinic. The median score on intention to use self-sampling tests was 86.5 (SD = 33.4) and did not differ by sociodemographic or sexual behavior characteristics (all p-values > 0.1). Participants were positive toward online sexual health counseling (median attitude = 75.0, SD = 29.6) and their main preferred topics were PrEP use and STI/HIV testing. MSM who attended clinic-based care expressed intention to use self-sampling tests and a positive attitude toward online sexual health counseling. Home-based sexual health care elements are not currently integrated within Dutch clinic-based sexual health care and should be considered an addition for continued provision of care and extended reach of MSM. Copyright © 2022 Goense, Evers, Hoebe, Crutzen and Dukers-Muijrers.	COVID-19; HIV testing; home-based sexual health; men who have sex with men (MSM); self-sampling; sexually transmitted infections (STI)	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Gökengin, D	HIV Pre-Exposure Prophylaxis in Central and Eastern Europe-Gains and Challenges in An Ever-Changing World	Infectious Diseases and Clinical Microbiology	-	-	-	2667-646X	10.36519/idcm.2022.199	https://pubmed.ncbi.nlm.nih.gov/38633717/	Pre-exposure prophylaxis (PrEP) is an effective prevention tool for controlling the HIV epidemic. Since its approval in the United States in 2012 and Europe in 2016, it has become available on a global scale offered as a registered strategy in clinical studies or demonstration projects with a slow and steady increase. In the second quarter of 2022, PrEP became available in 78 countries globally, with around 3 million people having started using PrEP. Europe has been much slower than the rest of the world to roll out PrEP; nevertheless, currently, PrEP is nationally available and reimbursed in 21 countries; generics are available but not reimbursed in 14 countries. PrEP is not formally implemented in 20 countries, which are mostly Central and Eastern European countries. There are significant disparities between countries in terms of PrEP availability, accessibility, and usage, most likely due to social, cultural, and political differences. The major barriers to PrEP use are reported to be lack of knowledge of people in need, not being reimbursed, and low perception of HIV. PrEP uptake globally and regionally still lacks the power to have an impact on controlling the epidemic. High prioritization of PrEP targets will offer us a realistic chance of reaching the Joint United Nations Programme on HIV/AIDS (UNAIDS) goal of a 90% reduction in HIV infections by 2030 compared to 2010.	PREP; HIV infection; pre-exposure prophylaxis; PREVENTION; Eastern Europe; ANTIRETROVIRAL PROPHYLAXIS; MEN; SEX; IMPACT; Central Europe; pre; vention	English	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Review

Article	2022	Gombe B.; Streatfield C.; Leal L.; Opio S.; Joseph S.; Weber J.; Hare J.; Kaleebu P.; Serwanga J.	Optimization and validation of an ELISA assay for the determination of antibody responses to CN54gp140 and AIDSVAX BE for use in the Phase IIb PrEPVacc vaccine trial	PLOS One	-	-	-	19326203	10.1371/journal.pone.0275927	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141839629&doi=10.1371%2fjournal.pone.0275927&partnerID=40&md5=9267961f46d7f0c7d85ef385966857ef	PrEPVacc is an international, multi-centre, double-blind vaccine study comparing experimental combination vaccine regimens including DNA/AIDSVAX BE and DNA/CN54gp140 with placebo control. Simultaneously, daily oral PrEP is compared for efficacy against daily Truvada in the context of the current PrEP availability situation at the study sites. An important clinical trial outcome is the accurate measurement of in vivo antibody titer induced through vaccination. Here we report the validation of two ELISAs for CN54gp140 and AIDSVAX BE at Uganda Virus Research Institute that demonstrates precision, specificity, and robustness for assessing the reciprocal antibody end point titer in human serum. This is a critical endpoint for determining whether vaccination can provide any protection against HIV in populations at risk of acquiring HIV. © 2022 Gombe et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2022	Gómez, Walter; Holloway, Ian W; Pantalone, David W; Grov, Christian	PrEP uptake as a social movement among gay and bisexual men	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2020.1831075	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85094892246&doi=10.1080%2f13691058.2020.1831075&partnerID=40&md5=a165d8571f57103c4fa19ed44dc2fb35	Despite PrEP's effectiveness as an HIV prevention intervention, uptake among gay and bisexual men remains low. Historical involvement in AIDS activism may reveal important ways of mobilising gay and bisexual men to increase PrEP uptake. Data come from a qualitative study to understand New York City gay and bisexual men's experiences with PrEP. Informed by a constructivist grounded theory approach, we assessed ways in which gay and bisexual men's relational experiences concerning PrEP were congruent with features of past AIDS activism. Participants' mean age was 32.5 years, half were men of colour, and over half had been taking PrEP for less than one year. Analysis revealed three primary themes related to AIDS activism strategies: (1) framing, which referenced how participants referred to PrEP as an empowering, liberatory and community-building intervention (2) reactions, which encompassed positive to negative expressions about PrEP and sex; and (3) innovation, which conveyed ways that participants engaged in processes of transferring lay knowledge about PrEP through leadership roles across social and digital encounters. Findings suggest that the ways in which gay and bisexual men communicate about PrEP with peers are consistent with features of AIDS activism. Deploying lay knowledge using framing strategies through peer-based intervention could expand PrEP uptake. However, elements of PrEP stigma must be addressed to engage with the wide-ranging HIV prevention needs of gay and bisexual men. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	Gay and bisexual men; HIV; HIV pre-exposure prophylaxis; social movements; USA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Gómez-Castro, Jose; Cerecero-García, Diego; Vermandere, Heleen; Bautista-Arredondo, Sergio	Changes in sexual behavior, PrEP use, and COVID-19 experience among men who have sex with men in Mexico	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03688-4	https://pubmed.ncbi.nlm.nih.gov/35445993/	This study aimed to explore the impact of COVID-19 lockdown on sexual behavior and PrEP use among a sample of men who have sex with men (MSM) in Mexico. Between April 20th and 27th, 2020 – well into Mexico's lockdown – we conducted a virtual survey among 637 MSM exploring sexual behavior during the first month of the COVID-19 epidemic in Mexico and the impact of lockdown on PrEP use. We applied logistic regression models to assess predictors of PrEP use continuation. Over half the participants (52%) reported having a sexual encounter in the last two weeks. 75% of participants reported a decrease in the number of sexual partners because of COVID-19. The use of PrEP dropped from 90% to 64% during the first month of lockdown. Multivariate logistic regression models showed that younger participants were less likely to continue using PrEP than those 25 + years. Also, those who perceived themselves as not likely to acquire COVID-19 and those who reported using a condom in their last sexual encounter were more likely to continue using PrEP during the lockdown. This study provides evidence of the impact of COVID-19 on sexual behavior and PrEP use among MSM in Mexico during the lockdown. Sexual and reproductive health services will need to consider the risk of COVID-19 in providing HIV and PrEP programs to guarantee participants' and health care providers' safety.	Mexico; Epidemics; Psychology; Men; Men who have sex with men; Sexual behavior; COVID-19; Disease prevention; Health services; Health care; Public health; Prep; Drug use; Regression analysis; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; Sexual partners; Gays & lesbians; Mens health; Health care industry; Behavior modification; Coronaviruses	English	United States	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2022	GONCALVES, MAYRA SAVI	Profilaxia Pré-Exposição ao HIV: processos de escolha e a rede de atenção em saúde de homens do interior do estado de São Paulo'	-	-	UNIVERSIDADE ESTADUAL PAULISTA JÚLIO DE MESQUITA FILHO (ARARAQUARA)	-	NA	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=11762958	Ainda que a AIDS seja considerada hoje como uma doença crônica e não mais letal, o HIV continua presente no cenário brasileiro. Os métodos de barreira ofertados pelo sistema de saúde nem sempre alcançam o público alvo, ou conseguem manter a continuidade dos usuários. A Profilaxia Pré-Exposição (PrEP) surge como uma estratégia de prevenção ao HIV e está disponível no Sistema Único de Saúde, com o objetivo de reduzir a transmissão do HIV. Essa pesquisa investigou, através de entrevistas semiestruturadas, o que seis homens residentes do interior do estado de São Paulo sabem sobre a PrEP, como percebem sua vulnerabilidade ao HIV e como a relacionam com suas práticas sexuais, bem como, qual a percepção desses homens ao recorrerem a serviços de saúde públicos ou privados. A análise de dados foi pautada no método dialético hermenêutico. Os resultados obtidos nas entrevistas indicam que o preservativo masculino segue sendo tido como obrigatoriedade quando falamos de cuidados com a saúde sexual masculina. Os entrevistados explicitaram a posição dos serviços de saúde, públicos e privados e dos profissionais de saúde, com relação à "necessidade" do uso da camisinha. Os participantes que apresentaram mais conhecimento sobre outros métodos de prevenção, como a PrEP, por exemplo, são os homossexuais. No entanto, tal conhecimento surge muito mais por interesse do indivíduo do que por divulgação em ambientes públicos de saúde.	Profilaxia Pré-Exposição (PrEP);HIV;Educação Sexual;preservativo masculino	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2022	Gonzales-Zamora, Jose A.; Ponce-Rosas, Linda; Martinez, Richard	Determinants of public health and interventions to address HIV infection among men who have sex with men in Miami-Dade County, Florida, USA.	Le Infezioni in Medicina	-	-	-	2532-8689 1124-9390	10.53854/liim-3003-7	https://pubmed.ncbi.nlm.nih.gov/36148172/	Human immunodeficiency virus (HIV) among men who have sex with men (MSM) has been recognized as a public health problem in Miami-Dade County, Florida, USA. This was found to be a significant problem in our need assessment as evidenced by the HIV incidence rate of 28.4 per 100,000 population, which is higher than the average incidence reported for the state of Florida. MSM account for the mostly affected group, reaching 59% of all the new cases. A review of the HIV determinants was conducted using an ecological framework. At the individual level, sexual abuse, alcohol, and drug consumption were identified as determinants of HIV infection in the population. Family rejection was recognized as a determinant at the interpersonal level. Connection to the gay community can function as a protective factor but it can also be possible predictor of HIV infection. Among structural factors, poverty was found to be positively associated with HIV prevalence. Additionally, we highlighted the importance of sexual health education and especially pre-exposure prophylaxis (PrEP) as protective factors. By using systems thinking tools, we designed a causal loop diagram that illustrates visually the recognized determinants of public health. Finally, we presented several studies that evaluate evidence-based interventions to improve the uptake and retention in care of PrEP in MSM. We also described existing interventions implemented in Miami-Dade County, and reported studies that may contribute to the development of new HIV preventive strategies in the future.	HIV; public health; men who have sex with men; determinants; Miami; socio-ecological model	English	Italy	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Goodman A.; Patten L.; Castillo-Mancilla J.; Zimmer S.; Madinger N.; Frasca K.	Factors Associated with Retention and Adherence in a Comprehensive, Diverse HIV Pre-Exposure Prophylaxis Clinic	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2021.0130	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128246212&doi=10.1089%2faid.2021.0130&partnerID=40&md5=457cf1a2f46ae6de578142439740ded8	Retention in HIV pre-exposure prophylaxis (PrEP) care and adherence to PrEP have been suboptimal in some populations, despite evidence that high adherence dramatically enhances PrEP efficacy. A comprehensive PrEP Clinic with a retention specialist and clinical pharmacist could impact patient's retention and adherence in PrEP care. A retrospective electronic medical record review of patients attending an academic PrEP Clinic was conducted between June 2018 and June 2019 (at least one visit attended for PrEP was required). Retention was defined as a medical or laboratory visit every 3 months ±30 days, as recommended by CDC guidelines, but was analyzed using the number of visits and time between visits via multivariate regression analyses. PrEP adherence was calculated using a Medication-Possession Ratio (MPR) and compared between patient characteristics using Kruskal-Wallis tests. One hundred twenty-two patients were identified by chart review, 96 had sufficient data for follow-up and were included in at least one analysis. The population was primarily cisgender men who have sex with men and over half were African American or Hispanic. Overall, patient retention was 43%. The retention analysis demonstrated that individuals who self-identified as gay were more likely to be retained than those who identified as heterosexual (53% vs. 18%, hazard ratio = 1.75, 95% confidence interval = 1.01-3.03, p = .045). Although not statistically significant, African Americans and cisgender women were less likely to be retained in care. The adherence analysis identified higher median MPRs among patients not reporting previous incarceration (80% vs. 35%, p < .01). Although not statistically significant, there was lower adherence among youth 18-24 (11% vs. 54% MPR >80, p = .058). Despite comprehensive PrEP clinical care, heterosexual individuals were less likely to be retained in PrEP care than those who self-identified as gay and previously incarcerated individuals were less likely to be adherent to PrEP. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	adherence; health disparities; pre-exposure prophylaxis; PrEP; retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Goodman G.R.; Kikut A.; Bustamante M.J.; Mendez L.; Mohamed Y.; Shachar C.; Cohen I.G.; Gerke S.; Boyer E.W.; Rosen R.K.; Mayer K.H.; O'Cleirigh C.; Chai P.R.	"I'd feel like someone was watchin' me… watching for a good reason": perceptions of data privacy, access, and sharing in the context of real-time PrEP adherence monitoring among HIV-negative MSM with substance use	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03614-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126525470&doi=10.1007%2fs10461-022-03614-8&partnerID=40&md5=0e9b50a1819b226e4d8b968e2956262e	Once-daily oral tenofovir/emtricitabine is highly effective as pre-exposure prophylaxis (PrEP) against HIV but is dependent on adherence, which may be challenging for men who have sex with men (MSM) and use substances. Digital pill systems (DPS) permit the direct, real-time measurement of adherence, though user perceptions of data privacy in this context are unknown. Thirty prospective DPS users – HIV-negative MSM with non-alcohol substance use – completed in-depth qualitative interviews exploring preferences around privacy, access, and sharing of DPS adherence data. Participants discussed some concerns about the impact of DPS use on personal privacy, and emphasized the need for robust data protections in the technology. Participants were interested in having on-demand access to their adherence data, and were most willing to share data with primary care providers and long-term relationship partners. Future investigations exploring bioethical frameworks around DPS use are warranted, and user preferences should inform best practices for protecting DPS data. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Data privacy; Digital pill system; HIV prevention; Medication adherence; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Goodman G.R.; Vaz C.; Albrechta H.; Boyer E.W.; Mayer K.H.; O'Cleirigh C.; Chai P.R.	Ingestible Electronic Sensors for Monitoring Real-time Adherence to HIV Pre-exposure Prophylaxis and Antiretroviral Therapy	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-022-00625-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137206485&doi=10.1007%2fs11904-022-00625-x&partnerID=40&md5=3f4b6920d4d9f3f63e73d3a409298932	Purpose of Review: This review summarizes the recent advancements and future directions of digital pill systems (DPS) — which utilize ingestible sensors to directly measure medication ingestion events in real-time — in the context of HIV prevention and treatment. Recent Findings: Two DPS are cleared by the US Food and Drug Administration. The bioequivalence and stability of digitized pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) have been established, and pilot studies have demonstrated the feasibility and acceptability of using DPS for PrEP and ART adherence measurement. Important bioethical and implementation considerations have been identified for future clinical trials. Continued technological advancement may reduce barriers to use, and integration of DPS into behavioral interventions may facilitate adherence improvement efforts. Summary: DPS represent an innovative tool for PrEP and ART adherence measurement. Future work will optimize the technology to reduce operational barriers. DPS have significant potential for expansion across a diverse array of diseases, though key bioethical considerations must be examined prior to large-scale implementation. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Antiretroviral therapy; Digital pill system; Ingestible sensors; Medication adherence, Electronic adherence; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2022	Goswami, Swarnali; Barnard, Marie; Bentley, John	Willingness to Use HIV Pre-Exposure Prophylaxis (PREP) and Preferences for a Pharmacy-Based Prep Program Among Men Who Have Sex with Men	-	-	University of Mississippi	-	-	NA	https://www.proquest.com/dissertations-theses/willingness-use-hiv-pre-exposure-prophylaxis-prep/docview/2773834434/se-2?accountid=8113	The purpose of this dissertation was to: 1) estimate willingness to use PrEP (WTUP) among men who have sex with men (MSM) using meta-analysis; 2) to assess patterns of minority stressors, HIV/AIDS acquisition stress and PrEP stigma among MSM and evaluate the association of such patterns with WTUP, using latent profile analysis; and 3) to elicit MSM's preferences for a community pharmacy-based PrEP delivery program, using a discrete choice experiment.First, a meta-analysis using a random-effects model revealed a moderate pooled prevalence proportion for WTUP of 0.58 (95% CI: 0.54-0.61) (or 58 out of 100) among PrEP naïve MSM estimated from 15 included articles. Age and region significantly moderated the effect estimate. The factors associated with WTUP reported in these studies were categorized according to the Social Ecological Model. Few studies assessed and reported societal or public policy related factors associated with WTUP.Second, of the 390 MSM included in the study sample, 79.23% were willing to use PrEP. Two distinct classes were identified: 1) a "Lower Stress" class (81.79% of the respondents) and 2) a "Higher Stress" class. Predictors of the "Higher Stress" class membership were younger age, injection equipment sharing, prior STD diagnosis or depressive symptoms. After adjusting for covariates, WTUP was not different in the two classes. Therefore, PrEP programs in the future should incorporate counseling and peer support to empower MSM to cope with such stressors.Third, the respondents' preferences clustered into four groups: 1) "Same day results and online monitoring" group (61.03% of the sample), 2) "Consumerist decision making" group (13.98% of the sample), "Self-screening (online questionnaire)" group (11.28% of the sample), and "Same day results preferring" group (9.49% of the sample). Race, region of residence, income and STD diagnosis were significant predictors of group membership. Community pharmacists should incorporate online screening and telehealth to have an effective program in their pharmacy.	HIV; Pre-exposure prophylaxis; Men; Mental health; Pharmaceutical sciences; 0572:Pharmaceutical sciences; 0347:Mental health; Stressors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2022	Gouda M.; Fitzpatrick C.; Williams D.; Richardson D.	Hepatitis A testing and susceptibility in men who have sex with men: An unintended benefit of PrEP	Sexual Health	-	-	-	14485028	10.1071/SH22061	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133143982&doi=10.1071%2fSH22061&partnerID=40&md5=c18f5e8cf36d0817e659c8c604d8ffb1	Hepatitis A is a sexually transmitted enteric infection in men who have sex with men (MSM). HIV pre-exposure prophylaxis (PrEP) has increased opportunities for sexual health interventions in MSM. 588 (372 in 2019, 216 in 2021) MSM attended for the first time in the study periods. MSM were significantly more likely to be screened for Hepatitis A susceptibility in 2021 than 2019 (93% vs 56%, P = 0.0001). Susceptibility (Hepatitis A IgG negative) to Hepatitis A did not change between in 2021 and 2019 (48% vs 47%, P = 0.921). De-medicalising PrEP is important as it will increase overall uptake. However, coupling PrEP with other sexual health interventions must not be lost. © 2022 The Author(s).	De-medicalising; hepatitis A; HIV pre-exposure prophylaxis; immune; men who have sex with men; prevention; screening; sexually transmitted infections; vaccination	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Gras, Julien; Pillet, Marine; Antoni, Guillemette; Cua, Eric; Charreau, Isabelle; Raffi, F.; Chidiac, Christian; Chas, Julie; Tremblay, Cécile; Spire, Bruno; Delaugerre, Constance; Meyer, Laurence; Molina, Jean-Michel	Risk factors for HIV infection among men who have sex with men in the ANRS IPERGAY PrEP trial.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2021-055199	https://pubmed.ncbi.nlm.nih.gov/34663696/	OBJECTIVES: We aimed to assess among men who have sex with men (MSM) risk factors for HIV infection, to identify those who require urgent pre-exposure prophylaxis (PrEP) prescription. METHODS: All participants enrolled in the placebo arm of the ANRS IPERGAY trial, or infected between screening and day 0, were included. Baseline characteristics were described and HIV incidence rate ratios (RRs) were estimated with 95% CIs. RESULTS: 203 MSM were included with a median follow-up of 9 months. During the study period, 16 participants acquired HIV infection while not receiving tenofovir disoproxil and emtricitabine (TDF/FTC) over 212.4 person-years (PYs) of follow-up (incidence rate 7.5/100 PYs, 95% CI: 4.3 to 12.2). Being enrolled in Paris was associated with a significant increased risk of HIV infection (RR: 4.1; 95% CI: 1.1 to 28.3). A high number of sexual partners in prior 2 months (≥10 vs <5) and of condomless receptive anal sex episodes in prior 2 months (>5 vs <5) were strong predictors for HIV acquisition (RR: 10.6 (2 to 260.2) and 3.3 (1.2 to 10.2), respectively). Those who reported more often or only receptive sexual practices were also at increased risk (RR: 9.8 (2.0 to 246.6)). The use of recreational drugs in prior 12 months, especially gamma hydroxybutarate/gamma butyrolactone (RR: 5.9; 95% CI: 2 to 21.7), was associated with a significantly increased risk of HIV acquisition even after adjustment for sexual practices. CONCLUSIONS: MSM who have frequent condomless receptive anal sex and multiple partners, or use recreational drugs should be targeted in priority for PrEP prescription especially if they live in an area with a high prevalence of HIV infection.	Humans; Male; Sexual Behavior; Risk Factors; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *HIV Infections/drug therapy/epidemiology/prevention & control; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; Emtricitabine/therapeutic use; HIV infections; risk factors; sexual behaviour; *Sexual and Gender Minorities; *Illicit Drugs	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Greene G.J.; Reidy E.; Felt D.; Marro R.; Johnson A.K.; Phillips G., II; Green E.; Stonehouse P.	Implementation and evaluation of patient navigation in Chicago: Insights on addressing the social determinants of health and integrating HIV prevention and care services	Evaluation and Program Planning	-	-	-	1497189	10.1016/j.evalprogplan.2021.101977	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111983802&doi=10.1016%2fj.evalprogplan.2021.101977&partnerID=40&md5=314ce1fd68acaf17cc72b200f3583bd1	Patient navigation is a primary element in linkage to HIV pre-exposure prophylaxis (PrEP) care and linkage to or re-engagement in HIV care, depending on the HIV status of the individual. However, there is a dearth of literature describing navigation services in these areas. In the context of Chicago Project PrIDE, this project conducted process and implementation evaluations with eight agencies leading demonstration projects to address these gaps. The evaluation team conducted semi-structured, individual interviews with agency staff (N = 20) assessing navigation implementation and fit, as well as project successes and challenges. Additionally, agency staff collected patient surveys (N = 300) assessing services provided, service quality, and satisfaction. The interview transcripts were coded and analyzed thematically and descriptive analyses were performed on the survey data. Analyses indicated that screening for social determinants of health, providing healthcare engagement guidance, and providing service referrals were frequently cited navigation activities. Most staff members indicated that navigation fits well within their agencies, and that limited staff and clinic capacity were often barriers to navigation. Patient navigation to support engagement in HIV prevention and care services is critical due to the extensive support provided by navigators to address social determinants of health impacting HIV disparity populations. © 2021 Elsevier Ltd	Continuity of patient care; Ethnicity; Healthcare disparities; HIV; Patient navigation; Pre-exposure prophylaxis; Program evaluation; Race; Sexual and gender minorities; Social determinants of health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Grenfell, Pippa; Rafael, Sabrina; Calliste, Josina; Nutland, Will	We go where we know': Reflections from Mobilizing for PrEP and Sexual Health (MobPrESH) – A peer-led PrEP education programme across England, for and by women and non-binary people	Women's Health	-	-	-	17455057	10.1177/17455057221091727	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127860000&doi=10.1177%2f17455057221091727&partnerID=40&md5=b34cdf012cbc1667ada9236a8d8e1f15	Background: Pre-exposure prophylaxis is a highly effective method of HIV prevention but few women know about it, have access to it, or see it as relevant to them. In 2019, grassroots organization PrEPster piloted a peer-led intervention, MobPrESH (Mobilizing for Pre-Exposure prophylaxis (PrEP) and Sexual Health), across three sites in England, to mobilize for PrEP and sexual health with communities of women and non-binary people most affected by HIV, including Black women and non-binary people, people of colour, migrants, and transgender (trans) women. Objectives: We aimed to explore the accessibility, feasibility, acceptability, and 'fidelity' of MobPrESH, from the perspectives of peer mobilizers and project staff. Methods: We conducted focus group discussions and qualitative interviews with nine peer mobilizers (most identified as Black cisgender (cis) women) and six project staff (including Black and white cis women and non-binary people). We analysed data thematically, iteratively, and inductively, informed by concepts of reproductive and social justice. Results: We present findings in five thematic areas: connecting and relating to situate sexual health discussions, navigating silence and stigma, connecting within and across communities, competing pressures and structural hostilities, and resources and continuity. Community knowledge-building about PrEP is a slow, iterative process that needs investment and creation of trusted spaces that centre communities' needs and concerns. Peer mobilizers and the communities they engaged with had competing demands in their lives, and knowledge-raising about PrEP was impacted by intersecting stigmas, discrimination, and oppressions around HIV status, racism, misogyny, transphobia, homophobia, and anti-sex worker rhetoric. Conclusions: Peer-led PrEP interventions require funding and foregrounding, particularly for women and non-binary people who are Black, trans, migrants, and people of colour, situated relative to their wider health needs, life pressures, and priorities. This requires concurrent challenge of the racist and patriarchal structures that continue to obscure the sexual and reproductive health needs of racially minoritized and marginalized women and non-binary people. © The Author(s) 2022.	HIV; peer-led programmes; PrEP; qualitative research; sexual and reproductive-health and justice; women	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Griffith, Kamron; Romanelli, Frank	Pharmacists and the next generation of HIV pre-exposure prophylaxis.	Journal of the American Pharmacists Association	-	-	-	1544-3450	10.1016/j.japh.2022.07.001	https://pubmed.ncbi.nlm.nih.gov/35961938/	The use of pre-exposure prophylaxis (PrEP) has curtailed transmission of human immunodeficiency virus (HIV) in most industrialized nations. Despite the availability of PrEP, HIV infections continue to occur. Access and adherence are major limitations to PrEP. Long-acting injectable antiretroviral agents are now being added to the HIV armamentarium. Long-acting agents offer the advantage of less frequent dosing with intramuscular administration versus oral dosing. Cost, injection site pain, and needle hesitancy may be detriments to the use of these agents in certain patients. More studies are needed to completely discern the role of various products and future long-acting agents as options for PrEP. Even when we consider their limitations, long-acting agents may provide an eventual opportunity to transform the delivery of PrEP. Pharmacists should be aware of the potential impact of PrEP and the advantages and disadvantages of these new long-acting agents. In addition, pharmacists should proactively advocate for and contribute to PrEP expansion efforts.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Grimshaw C.; Estcourt C.S.; Nandwani R.; Yeung A.; Henderson D.; Saunders J.M.	Implementation of a national HIV pre-exposure prophylaxis service is associated with changes in characteristics of people with newly diagnosed HIV: A retrospective cohort study	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2020-054732	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099465257&doi=10.1136%2fsextrans-2020-054732&partnerID=40&md5=9f06bc5714a59918c5592160d14749c7	Objectives To review characteristics of individuals newly diagnosed with HIV following implementation of a national pre-exposure prophylaxis (PrEP) programme (comprehensive PrEP services, delivered in sexual health clinics) to inform future delivery and broader HIV prevention strategies. Methods We extracted data from national HIV databases (July 2015June 2018). We compared sociodemographic characteristics of individuals diagnosed in the period before and after PrEP implementation, and determined the proportion of potentially preventable infections with the sexual health clinicbased PrEP delivery model used. Results Those diagnosed with HIV before PrEP implementation were more likely to be male (342/418, 81.8% vs 142/197, 72.1%, p=0.005), be white indigenous (327/418, 78.2% vs 126/197, 64.0%, p0.001), report transmission route as sex between men (219/418, 52.4% vs 81/197, 41.1%, p=0.014), and have acquired HIV in the country of the programme (302/418, 72.2% vs 114/197, 57.9% p0.001) and less likely to report transmission through heterosexual sex (114/418, 27.3% vs 77/197, 39.1%, p=0.002) than after implementation. Pre-implementation, 8.6% (36/418) diagnoses were potentially preventable with the PrEP model used. Post-implementation, this was 6.6% (13/197), but higher among those with recently acquired HIV (49/170, 28.8%). Overall, individuals with potentially preventable infections were more likely to be male (49/49, 100% vs 435/566, 76.9%, p0.001), aged 40 years (37/49, 75.5% vs 307/566, 54.2%, p=0.004), report transmission route as sex between men (49/49, 100% vs 251/566, 44.3%, p0.001), have previously received post-exposure prophylaxis (12/49, 24.5% vs 7/566, 1.2%, p0.001) and less likely to be black African (0/49, 0% vs 67/566, 11.8%, p=0.010) than those not meeting this definition. Conclusions The sexual health clinicbased national PrEP delivery model appeared to best suit men who have sex with men and white indigenous individuals but had limited reach into other key vulnerable groups. Enhanced models of delivery and HIV combination prevention are required to widen access to individuals not benefiting from PrEP at present. © 2022 BMJ Publishing Group. All rights reserved.	HIV; HIV pre-exposure prophylaxis; PrEP; service delivery.	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Grov, Christian; Zohra, Fatima; Westmoreland, Drew A; Mirzayi, Chloe; D'Angelo, Alexa; Stief, Matthew; Kulkarni, Sarah; Nash, Denis; Carrico, Adam W	Sex in the Era of COVID-19 in a U.S. National Cohort of Cisgender Men, Transgender Women, and Transgender Men Who Have Sex with Men: April–May 2020	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02121-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120753965&doi=10.1007%2fs10508-021-02121-6&partnerID=40&md5=2798abdb1329f80d6841229c77970662	Since the emergence of the COVID-19 pandemic, there has been an increasing body of research focused on the effects that measures like stay-at-home orders and social distancing are having on other aspects of health, including mental health and sexual health. Currently, there are limited extant data on the effects of the pandemic on sexual and gender minorities. Between April 15, 2020, and May 15, 2020, we invited participants in an ongoing U.S. national cohort study (Together 5000) to complete a cross-sectional online survey about the pandemic, and its effects on mental and sexual health and well-being (n = 3991). Nearly all (97.7%) were living in an area where they were told they should only leave their homes for essentials. Most (70.1%) reported reducing their number of sex partners as a result of the pandemic. Among the 789 participants prescribed HIV pre-exposure prophylaxis (PrEP), 29.9% said they stopped taking their PrEP entirely, and 14.2% started selectively skipping doses. For those who had been taking PrEP, discontinuing PrEP was associated with having no new sex partners (β = 0.90, 95% CI 0.40–1.40). Among the 152 HIV-positive participants, 30.9% said they were unable to maintain an HIV-related medical appointment because of the pandemic and 13.8% said they had been unable to retrieve HIV medications. Additionally, 35.3% of participants were experiencing moderate to severe anxiety because of the pandemic and 36.7% reported symptoms of depression. In a multivariable logistic regression, reporting a new sex partner in the prior 30 days was significantly associated with being aged 30 or older (vs. not, AOR = 1.21), being Black (AOR = 1.79) or Latinx (AOR = 1.40, vs. white), and being unsure if they had been in close contact with someone diagnosed with COVID-19 (AOR = 1.32, vs. no contact). It was unassociated with COVID-19-induced anxiety, depression, or knowing someone hospitalized with COVID-19. The pandemic has caused disruptions in sexual behavior (partner reduction) as well as difficulties navigating PrEP and HIV care continua. Findings will guide more comprehensive public health responses to optimize HIV prevention and treatment in the era of COVID-19. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	COVID-19; HIV care; Mental health; Pre-exposure prophylaxis; Sexual and gender minorities; Sexual behavior; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Groves, Allison K; Vadaketh, Jessica; Raziano, Valerie T; Nkwihoreze, Hervette; Short, William R; Momplaisir, Florence	Preexposure Prophylaxis Acceptability Among Pregnant Individuals and Implications for Human Immunodeficiency Virus Prevention.	Obstetrics and Gynecology	-	-	-	1873-233X	10.1097/AOG.0000000000004709	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9627543	OBJECTIVE: To understand perspectives on and preferences for preexposure prophylaxis (PrEP) for pregnant individuals who are at risk for human immunodeficiency virus (HIV) infection. METHODS: In this qualitative study, we purposively sampled and conducted in-depth interviews with pregnant participants at risk of HIV infection (indicated by a recent sexually transmitted infection STI) from a U.S. urban obstetrics clinic. Interview questions focused on perceived HIV risk, knowledge and perceptions of PrEP, and preferences for different PrEP formulations. We coded data using deductive and inductive codes, created matrices to explore patterns in findings, and wrote memos to interpret emergent themes. RESULTS: Twenty patients were enrolled. Median age of the participants was 24 years (interquartile range 19-26 years), 95.0% were African American, 65.0% were high school graduates, and 70.0% had unplanned pregnancies. Participants had low knowledge of PrEP and most saw themselves at low to no risk of HIV acquisition, despite their recent STI. Further, participants' low HIV risk perception and medication safety concerns reduced PrEP acceptability. Moreover, very few had discussed PrEP with their obstetrician-gynecologists (ob-gyns) during antenatal care, which further affected perceived acceptability. However, participants who did discuss PrEP with their ob-gyns had favorable perceptions of it. These participants indicated that they would choose a formulation based on individual preferences. Whether a formulation is chosen was largely shaped by perceived ease of use, acceptability, and prior experience with other medication regimens. CONCLUSION: Obstetrician-gynecologists may play an important role in increasing pregnant individuals' knowledge of and access to PrEP during pregnancy among those who are at risk of HIV acquisition. To maximize uptake and adherence during this time, PrEP formulations should be tailored to individual preferences. Prevention of HIV during this critical life transition is important not only for the long-term health and well-being of pregnant individuals and their infants, but to the plan to end the HIV epidemic in the United States by 2030.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Grulich A.E.; Bavinton B.R.	Scaling up preexposure prophylaxis to maximize HIV prevention impact	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000739	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132959808&doi=10.1097%2fCOH.0000000000000739&partnerID=40&md5=931df624ceab07d3ea9b6c20242c8fae	Purpose of reviewTen years since the first regulatory approval of oral HIV preexposure prophylaxis (PrEP), this review summarizes PrEP uptake, the role of ambitious PrEP targets, emerging evidence of impact on the HIV epidemic and innovative approaches to increasing PrEP uptake.Recent findingsPrEP uptake among people at risk of HIV has been slow, but has accelerated in recent years, particularly in gay and bisexual men in a limited number of high-income settings and recently in heterosexuals at risk of HIV in sub-Saharan Africa. However, UNAIDS 2020 PrEP targets and HIV prevention targets were missed by large margins. Although UNAIDS testing and treatment targets have galvanised public health action, in contrast, PrEP targets have been lower profile and insufficiently ambitious. Parts of the USA, Australia and the UK with high PrEP coverage have demonstrated striking reductions in HIV infection at the population level, and PrEP is introduced at scale. Scaling up PrEP uptake will require innovations in PrEP promotion, simplified models of care, improved adherence interventions, improved choice in the form of longer-acting PrEP and interventions to ensure that all those who can benefit from PrEP can access it.SummaryPrEP is a revolutionary HIV prevention tool, which if ambitiously scaled up could drive HIV transmission towards elimination. Highly publicized and ambitious PrEP targets could help drive this. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV preexposure prophylaxis; HIV preexposure prophylaxis coverage; HIV prevention; scale-up	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Theses and Dissertations	2022	GUEVARA, AMANDA DOLORES ECHEVERRIA	Abandono de Profilaxia Pré-exposição de HIV (PrEP) entre homens gays, bissexuais, demais homens e travestis/mulheres trans que fazem sexo com homens no período entre 2014 e 2020, INI/Fiocruz'	-	-	FUNDAÇÃO OSWALDO CRUZ (FIOCRUZ)	-	NA	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=11320424	A profilaxia pré exposição (oral com emtri citabina/tenofovir (FTC/TDF) é a lta m ente eficaz na prevenç ão da infe cção pelo HIV. O o bjetivo do estudo foi a valiar a d esconti nuação de seguimento /a bandono de PrEP e o s f a t o res associ ados en tre travestis/mulheres transgênero mulheres tr ans e homens gays, bis sexuais e demais homens que faze m sexo com homens HSH Metodologia : Estudo de coorte incluiu mulheres tr ans e HSH que inic iara m PrEP oral com FTC/TDF no In stituto N a c i onal de In fectologia Evandro Chagas INI/Fiocruz no período de 2014 a 2020. Descontinu ação de seguimento /a bando no de P rEP foi definid a como não ter comparecido a qua lquer visita dentro de 180 di as a partir da primeira di spe ns a ç ão de PrEP As variávei s d e exposição fora m idade , gênero , raça, escolaridade sexo transacional , sexo anal recept ivo sem preser vativo , ambos nos ú ltimos 6 meses bi nge d r i nking , u so de substâncias , ambo s nos últimos 3 meses e sífilis na inclusão . Os participantes fora m agrupados d e acor do com o estudo o u programa n o qual iniciaram P rEP (PrEP Brasil, PrEParadas, ImPrEP PrEP S US). Comparação entre gr up os foi rea lizad a atrav é s de t este s Chi quadrado para v a riáveis categóricas e Kruskal Wallis Ranksum para variáveis contínuas . Ap lica m o s um modelo de regress ão logís tica multinível com interceptos aleatórios e inclinações fixas par a identificar a associaç ão entre a v ariáv e l de d e s fecho e as variáveis de exposi ç ão . Resultados : U m total de 1. 463 pa rticipa n tes (PrEP Brasil:12 3% ; PrEParada s 7 4%; ImPr EP: 43 5%; PrEP SU S: 36 8%) fo ram inclu ídos no e studo, c o m mediana de idade 29 anos intervalo interquartil (IQR) 24 36, 83,4% eram HSH, 1 6, 6% m ulheres trans ; 37 ,0 % e ram brancos, 24,3% negros e 37,2% pardos ; 7 0,2% tinham concluído o ensino m é di o o u ensi no superio r (≥12 15 1 % relataram sexo transacional ; 58,6% relataram sexo anal receptivo sem pre s ervativo e 15,2% tiveram diagnó st ico de sífilis na inclusão . A descontinuação de seguimento /abandon o da Pr EP foi de 9,7% nos primeiros 180 dias de seguim ento. Pa rt i ci p antes mais jovens (18 24 anos) (razão de chance ajustada aR C 1,9 , in tervalo de confiança IC 95% 1, 2 3, 2), mul h eres trans (a RC 2, 8 , IC 95% 6 4, 8) e indivíduos com 12 anos de e scolari dade a RC 1, 9 , IC 9 5% 1 ,2 2,9) tiveram m a iore s c h a nces d e descontinua r o seguimento abandon ar PrEP . Conclusão: Mulheres t rans, indi víduos jovens e com men or escolarida d e têm maior risco de descontinuar o seguimento abandon ar PrEP . Nossos resu ltado s suger em que o desenvolvimento de estratégias espe cíf ic as para e ssa população deve ser uma prio ridade	Profilaxia pré exposição;minorias sexuais e de gênero;antirretrovirais;perda de seguimento;América Latina	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2022	Guillamet, LV; Valencia, J; Ryan, P; Cobo, I; Lazarus, J; Chevance, G	Determinants of intention to use pre-exposure prophylaxis and condom use among female sex workers in Madrid, Spain	Journal of the International AIDS Society	-	-	-	1758-2652	https://doi.org/10.1007/s10508-024-02834-4	https://osf.io/preprints/osf/c3ghq	The pre-exposure prophylaxis (PrEP) campaign in Spain focuses on men who have sex with men, with female sex workers (FSWs) representing just 0.2% of PrEP users in 2022. This cross-sectional study investigated the individual, occupational, social, and structural determinants of intention to use oral PrEP and condom use among 102 cisgender FSWs in Madrid through convenience sampling. Most FSWs worked in the street (71.6%); and 25.5% used condoms inconsistently. PrEP awareness was low (9.8%) but intention to use PrEP was high (72.5%). Intention to use oral PrEP was significantly associated with feeling protected against HIV by taking PrEP, and perceiving insufficient protection by condom use alone. Inconsistent condom use was significantly associated with frequent heroin/cocaine use, having clients who inject drugs, and willingness to take PrEP in spite of it not protecting 100% against HIV infection. Interventions are needed to increase PrEP awareness and uptake among FSWs in Spain.	NA	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2022	Guo J.; Zhang G.; Qin Q.; Chen H.; Wang L.; Lyu F.	Progress in research of knowledge, attitude and practice of pre-exposure prophylaxis in men who have sex with men and its influencing factors; 男男性行为者暴露前预防知信行现状及影响因素研究进展	Chinese Journal of Endemiology	-	-	-	20954255	10.3760/cma.j.cn112338-20220427-00351	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142906670&doi=10.3760%2fcma.j.cn112338-20220427-00351&partnerID=40&md5=dbdea6fe8bc13c356bc722049d383276	Men who have sex with men (MSM) is a group of people at high risk for HIV infection in China, Pre-exposure prophylaxis (PrEP) is a bioprophylaxis strategy in the prevention of HIV infection in MSM, which can reduce the risk for HIV infection in this population effectively. However, in the paractice, the use level of PrEP in MSM is low in China, and there are MSM who know PrEP but receive no PrEP. This paper summarizes the current status of the awareness, willingness to use, actual use of PrEP in MSM and influencing factors both at home and abroad to provide a reference for the promotion of PrEP use in MSM in China. © 2022 Chinese Medical Association. All rights reserved.	HIV; Knowledge, attitude and practice; Men who have sex with men; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2022	Guss C.E.; Pilcher S.; Assefa I.; Fitzgerald S.; Stamoulis C.; Woods E.R.	HIV/Pre-Exposure Prophylaxis Knowledge and Acceptability of Rapid HIV Testing Among Transgender Adolescents in a Multidisciplinary Gender Clinic	Transgender Health	-	-	-	2380193X	10.1089/trgh.2021.0163	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162258648&doi=10.1089%2ftrgh.2021.0163&partnerID=40&md5=9ceb7b3fac59b0e1b85aa878ae21dd95	Purpose: The objectives of this study were to assess the knowledge of HIV and pre-exposure prophylaxis (PrEP) in transgender adolescents and young adults (AYAs) and to test the acceptability of rapid HIV testing among transgender adolescents in a multidisciplinary gender clinic. Methods: Participants enrolled on the same day as their mental health or medical appointment in a multidisciplinary gender clinic. They completed survey questions regarding HIV and PrEP knowledge and were also offered an optional same-day, rapid, fourth-generation HIV test. Participants who had an HIV test answered additional questions about their testing experience. Results: We enrolled 61 participants; just over half (n=31) were assigned female at birth. Less than a third (n=20, 32.8%) scored 80% or above regarding HIV knowledge. Nearly half of the participants (n=29, 47.5%) were not interested in PrEP. Forty-one percent of participants chose to have a rapid HIV test; all were "satisfied" with the testing experience. There were no positive HIV results. Conclusions: Transgender AYAs have gaps in their understanding of HIV acquisition and transmission. Rapid HIV testing in the setting of gender care is well received by those who desire testing and may be a way to increase knowledge of transgender AYA HIV status. Copyright 2022, Mary Ann Liebert, Inc., publishers.	adolescent; HIV; pre-exposure prophylaxis; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Gustavsson, Erik; Björk, Joar	The Ethical Relevance of "Alternatives" in Health Care Priority Setting - The Case of Preexposure Prophylaxis (PrEP) of HIV.	Yale Journal of Biology and Medicine	-	-	-	1551-4056	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9511950	Preexposure prophylaxis for HIV is a drug that reduces the risk for an HIV-negative person to acquire HIV if taken prior to sex. It has been suggested that it is important for resource allocation decisions that there are alternatives (such as abstinence, masturbation, etc.) for individuals potentially benefitted by this prophylaxis. In this paper we explore this idea from an ethical perspective in relation to three notions often discussed in priority setting ethics, namely responsibility, outcomes, and severity of disease. While the relevance of alternatives may be explained in terms by responsibility-sensitive priority setting, such a view comes with several challenges. We then discuss two other ways in which this intuition could be better explained: (a) in terms of total outcome of health, and (b) in terms of severity of the condition.	lternatives, Ethics, HIV, PrEP, Priority setting	English	United States	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Gutierrez, Daniel; Shah, Payal; Zampella, John G	HIV Pre-exposure Prophylaxis (PrEP): A Survey of Dermatologists' Knowledge and Practice Patterns.	Cutis	-	-	-	2326-6929	10.12788/cutis.0620	https://dx.doi.org/10.12788/cutis.0620	PRACTICE POINTS • Sexually transmitted infections (STIs) often have skin manifestations, with patients presenting to dermatologists. • Pre-exposure prophylaxis (PrEP) uses antiretrovirals taken prophylactically to prevent transmission of and infection with HIV. Dermatologists are aware of PrEP, but several barriers prevent them from being prescribers. • Patients with a history of an STI should be considered for PrEP	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Gutierrez, Jose I; Vlahov, David; Dubov, Alex; Altice, Frederick L	Preferences for Long-Acting and Alternative Modalities for PrEP among Military Men Who Have Sex with Men: Segmentation Results of an Adaptive Choice-Based Conjoint Analysis Study.	Journal of Urban Health	-	-	-	1468-2869	10.1007/s11524-022-00615-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9033922	The use of pre-exposure prophylaxis (PrEP) for HIV prevention within the U.S. military is low. Implementing preference-based alternative modalities of PrEP delivery, however, can be an innovative strategy to address the specific barriers to PrEP uptake among military MSM. We sought to identify population-based, segment-specific preferences for longer-acting and alternative PrEP delivery modalities to guide patient-centered strategies to optimize uptake within military-serving healthcare systems. HIV-negative military men who have sex with men (MSM) completed an anonymous, adaptive choice-based conjoint (ACBC) analysis survey consisting of five key attributes of interest (dosing method, provider type, visit location, lab work evaluation location, and dispensing venue). Relative importance and part-worth utility scores were generated using Hierarchical Bayes (HB) estimation, and cluster ensemble analysis grouped participants into "phenotype" segments by preference similarity. The randomized first-choice model was then used to examine changes in program interest rates among segments through market simulation. The 429 participants were segmented into five preference groups. The dosing method attribute was found to be the most important to nearly all segments. Simulations revealed that PrEP program interest among two segments with low interest levels increased when smartphone, civilian-based, and long-acting injectable PrEP options were involved. Findings also suggested a need for clinics to be responsive and sensitive to sexual practices, risk perception, and functional PrEP knowledge. Responsiveness to segment-specific preferences in the design of military PrEP programs and acting on the importance of clinical relationships within the context of PrEP engagement within a military setting may contribute to increasing PrEP uptake.	Conjoint analysis Pre-exposure prophylaxis PrEP LAI-PrEP Patient Preferences Decision Science HIV Militaryhealth Infectious disease	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Gutowska, S J; Hoffman, K A; Gurski, K F	The effect of PrEP uptake and adherence on the spread of HIV in the presence of casual and long-term partnerships.	Mathematical Biosciences and Engineering	-	-	-	1551-0018	10.3934/mbe.2022555	https://dx.doi.org/10.3934/mbe.2022555	A model with both casual and long-term partnerships is considered with respect to the impact of a pre-exposure prophylaxis (PrEP) on the spread of HIV. We consider the effect of the effectiveness of PrEP, the rate that susceptible individuals choose to take PrEP, and compliance with the daily dose of the pre-exposure prophylaxis. The rate of infection in long-term partnerships is computed using a linearized expected value as a means for including the nonlocal effects of long-term partnerships while maintaining computational feasibility. The reproduction numbers for models with casual partnerships, long-term partnerships, and a combination of both are analytically computed and global stability of both disease-free and endemic equilibria is shown. Sensitivity and PRCC analysis results suggest that increasing the compliance among the current PrEP users is a more effective strategy in the fight against the HIV epidemic than increased coverage with poor compliance. Furthermore, an analysis of the reproduction number shows that models with either casual or monogamous long-term partnerships can reach the desired $ R_0 < 1 $ threshold for high enough levels of compliance and uptake, however, a model with both casual and monogamous long-term partnerships will require additional interventions. Methods highlighted in this manuscript are applicable to other incurable diseases or diseases with imperfect vaccines effected by long-term partnerships.	HIV prevention; MSM; PrEP adherence; PrEP uptake; global stability; long-term partnerships; pre-exposure prophylaxis (PrEP).	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Guure C.; Afagbedzi S.; Torpey K.; Chaurasia A.	Willingness to take and ever use of pre-exposure prophylaxis among female sex workers in Ghana	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000028798	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124058729&doi=10.1097%2fMD.0000000000028798&partnerID=40&md5=e6cb7ded999dfb7cc47785b68e285774	AbstractPre-exposure prophylaxis (PrEP) is a drug taken by people who are human immunodeficiency virus (HIV) negative and at increased risk of acquiring HIV. It's an effective intervention for HIV prevention. This study seeks to report on the prevalence and determinants of willingness to take and ever use PrEP among female sex workers (FSW) in Ghana.The data analyzed was obtained from the Integrated Bio-behavioral Surveillance Survey conducted across the 16 regions of Ghana in 2020. Analysis was only performed on FSW who were tested negative to HIV and were sexually active. All included variables were described using medians, percentages, and graphs. Bayesian adjusted odds ratios and 95% credible intervals were estimated using a Bayesian generalized linear model via the binomial family of distributions under the logit link function.Of the 5107 FSW with complete data on willingness to use PrEP, 2737 (53.59%) reported their willingness to take PrEP. Out of the 998 respondents who have ever heard of PrEP only 64 (6.39%) have ever used PrEP. The median age of the respondents was 25 years. People with no comprehensive knowledge of HIV and acquired immunodeficiency syndrome as well as those who entered into the FSW business at age less than 25 years; 946 (34.56%) and 2181 (79.65%) respectively were more willing to take PrEP. FSW from 6 out of the 16 regions of Ghana have never used PrEP. A statistically significant difference between those who entered the sex work at age less than 25 years and those within 25 to 34years was observed. About 23% of FSWs who had been screened for Sexually Transmitted Infections were more likely to take PrEP.Respondents with lesser age and no comprehensive knowledge of HIV were more willing to take PrEP. The willingness to accept PrEP among FSWs in Ghana is modest. However, utilization is low. Advocacy or intervention programs are required to improve uptake of PrEP. © 2022 Lippincott Williams and Wilkins. All rights reserved.	Bayesian generalized linear regression model; ever used pre-exposure prophylaxis; female sex workers; Ghana; pre-exposure prophylaxis; willingness to use pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Ghana	Western and Central Africa	Ghana	Western and Central Africa	Quantitative
Article	2022	Guy, Danielle; Doran, Jason; White, Trenton M; van Selm, Lena; Noori, Teymur; Lazarus, Jeffrey V	The HIV pre-exposure prophylaxis continuum of care among women who inject drugs: A systematic review.	Frontiers in Psychiatry	-	-	-	1664-0640	10.3389/fpsyt.2022.951682	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9459118	Introduction: People who inject drugs have a substantial risk for HIV infection, especially women who inject drugs (WWID). HIV pre-exposure prophylaxis (PrEP), a highly-effective HIV prevention drug, is uncommonly studied among WWID, and we aimed to synthesize existing knowledge across the full PrEP continuum of care in this population. Methods: We systematically searched for peer-reviewed literature in three electronic databases, conference abstracts from three major HIV conferences, and gray literature from relevant sources.Eligibility criteria included quantitative, qualitative or mixed-methods studies with primary data collection reporting a PrEP-related finding among WWID, and published in English or Spanish between 2012 and 2021. The initial search identified 2,809 citations, and 32 were included. Data on study characteristics and PrEP continuum of care were extracted, then data were analyzed in a narrative review. Results: Our search identified 2,809 studies; 32 met eligibility requirements. Overall, awareness, knowledge, and use of PrEP was low among WWID, although acceptability was high. Homelessness, sexual violence, unpredictability of drug use, and access to the healthcare system challenged PrEP usage and adherence. WWID were willing to share information on PrEP with other WWID, especially those at high-risk of HIV, such as sex workers. Conclusions: To improve PrEP usage and engagement in care among WWID, PrEP services could be integrated within gender-responsive harm reduction and drug treatment services. Peer-based interventions can be used to improve awareness and knowledge of PrEP within this population. Further studies are needed on transgender WWID as well as PrEP retention and adherence among all WWID.	rEP care continuum; human immunodeficiency virus; people who inject drugs; pre-exposure prophylaxis (PrEP); women who inject drugs	English	Switzerland	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2022	Haberer, Jessica E; Mugo, Nelly; Bukusi, Elizabeth Ann; Ngure, Kenneth; Kiptinness, Catherine; Oware, Kevin; Garrison, Lindsey E; Musinguzi, Nicholas; Pyra, Maria; Valenzuela, Susie; Thomas, Katherine K; Anderson, Peter L; Thirumurthy, Harsha; Baeten, Jared M	Understanding Pre-Exposure Prophylaxis Adherence in Young Women in Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002876	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8826617	OBJECTIVE: To present detailed analyses of long-term pre-exposure prophylaxis (PrEP) use and associated behaviors and perceptions among young Kenyan women. DESIGN: Prospective, observational cohort. METHODS: The Monitoring PrEP among Young Adult women Study involved 18 to 24-year-old women at high HIV risk initiating PrEP in Kisumu and Thika, Kenya. Visits for PrEP counseling and dispensing, HIV testing, and socio-behavioral data collection occurred at Month 1 and quarterly for 2 years. PrEP adherence was measured with pharmacy refill and real-time electronic monitoring, plus tenofovir diphosphate levels in 15% of participants. HIV risk behavior and perception were assessed by self-report in weekly short message service surveys from Months 6-24. Predictors of adherence were assessed with multivariable logistic regression analysis. RESULTS: Three hundred forty-eight women (median age 21, VOICE risk score 7) were followed for 617 person-years. Pharmacy refills steadily declined from 100% (Month 0-1) to 54% (Months 22-24). Average electronically monitored adherence similarly declined from 65% (Month 0-1) to 15% (Months 22-24). Electronically monitored adherence had moderately high concordance with tenofovir diphosphate levels (67%). High average adherence (5+ doses/week) was seen at 385/1898 (20%) participant-visits and associated with low baseline VOICE risk score, >1 current sexual partner, ≤1-hour travel time to clinic, and the Kisumu site. short message service-reported behavior and risk perception were not associated with adherence. Four women acquired HIV (incidence 0.7/100 person-years). CONCLUSIONS: PrEP adherence was modest and declined over time. HIV risk was inconsistently associated with adherence; clinic access and site-level factors were also relevant. Relatively low HIV incidence suggests participants may have achieved protection through multiple strategies.	PrEP, adherence, electronic monitoring, young women, sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2022	Haider S.; Friedman E.E.; Ott E.; Moore A.; Pandiani A.; Desmarais C.; Johnson A.K.	Knowledgeable, aware / interested: Young black women's perceptions of pre-exposure prophylaxis	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2022.671009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145753063&doi=10.3389%2ffrph.2022.671009&partnerID=40&md5=84d256ec3d89ec69f168f2fe613b8793	Purpose: HIV in the United States disproportionately affects young Black women. Pre-exposure prophylaxis (PrEP) is an effective HIV prevention option that has the potential to reduce HIV incidence among HIV-vulnerable populations. However, data regarding women's awareness, interest in starting, and feelings of acceptability or stigma about PrEP remains limited, particularly among adolescent and young Black women. Materials and methods: A cross-sectional survey was conducted with 100 sexually active young Black women ages 13–24 years attending women's health clinics in Chicago, IL. Descriptive statistics were used to characterize the sample and determine more about what the PrEP needs and barriers are in this community. Associations were modeled using logistic regression and 95% confidence intervals for both bivariate and multivariable models. Results: In our survey (N = 100), half of study participants (50%) expressed interest in starting PrEP in the next three months and a majority (80%) of young women were confident they could obtain PrEP. Pregnant young women were significantly more interested in starting PrEP than non-pregnant women OR 2.3 95% CI (1.0, 5.4), p = 0.05), however, this association did not remain significant in adjusted models. Conclusions: This study provides a more complete understanding of awareness, interest in, and acceptability of PrEP among adolescent and young Black women attending women's health clinics. Findings indicate sustained interest in starting PrEP, reduced stigma, and increased awareness of PrEP among young Black women. These findings suggest that integrating PrEP into women's health clinics is a promising strategy to increase awareness and utilization of PrEP and decrease HIV transmission among youth at highest risk. 2022 Haider, Friedman, Ott, Moore, Pandiani, Desmarais and Johnson.	adolescent; black; hiv prevention; pre-exposure prophylaxis; women; women's health services	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Haines M.; O'Byrne P.	Nurse-led safer opioid supply and HIV pre-exposure prophylaxis: a novel pilot project	Therapeutic Advances in Infectious Disease	-	-	-	20499361	10.1177/20499361221091418	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128380616&doi=10.1177%2f20499361221091418&partnerID=40&md5=0eea17e66c2d983f9b344ecf55b1e2bf	Introduction: HIV pre-exposure prophylaxis (PrEP) is an effective intervention for preventing HIV infections yet is largely unknown to and underutilized among people who use drugs. Methods: To better provide services to this group, we present a prospective, single-group interventional study involving the creation of a partnership between a safer opioid supply program and an HIV PrEP program, both of which were nurse-led. Results: Overall, HIV PrEP was offered to 42 individuals within the safer opioid supply program, resulting in 55% (n = 23) acceptance. Almost half of the group that accepted PrEP identified as female, and nearly all participants were homeless and did not have a primary care provider. While it was challenging to obtain routine PrEP follow-up labs per guideline recommendations due to poor venous access, most participants were able to successfully stay on PrEP and maintained good medication adherence. There were no PrEP discontinuations due to renal impairment and no participants tested positive for HIV. Conclusion: This novel integration of programs appears to be a highly effective way to expand access to HIV prevention among people who use drugs. Given the historical and current mistreatment of people who use drugs within the healthcare system, rapport and trust were essential to the uptake of HIV PrEP services. Further, the importance of infectious disease screening among people who use drugs is underscored, and built-in program flexibility and low barrier access is essential. © The Author(s), 2022.	drug use; harm reduction; HIV pre-exposure prophylaxis; overdose crisis; safer opioid supply	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2022	Hamilton, Kate; Hasney, Lara; Cohn, Tanya; Posnak, J P	PrEP Demographics and Disparity: The Race, Ethnicity, Gender Identity, Sex Assigned at Birth, Sexual Orientation and Age of Current PrEP Use	Journal of Community Health Nursing	-	-	-	7370016	10.1080/07370016.2022.2073791	https://www.proquest.com/scholarly-journals/prep-demographics-disparity-race-ethnicity-gender/docview/2720716325/se-2?accountid=8113	PurposeIdentification of disparity in preexposure prophylaxis (PrEP) prescription by demographic group.DesignExploratory descriptive study.MethodsSecondary data analysis of 1114 patients who received PrEP from Planned Parenthood League of Massachusetts (PPLM) between 2017 and 2020.FindingsPersons of Asian racial-identity had a higher mean PrEP prescription than the other racial groups. Persons over 30 had a higher mean PrEP prescription than those 18–29.ConclusionsDiscrepancy of PrEP prescription reveals opportunities to improve PrEP delivery.Clinical EvidenceProviders of PrEP delivery and community health nurses can enhance delivery by better electronic medical charting regarding PrEP discussion and nonadherence.	Demography; Ethnicity; preexposure prophylaxis; Pre-exposure prophylaxis; ethnicity; race; Gender; Sexual behavior; Disease prevention; Prophylaxis; Race; Patient compliance; Data analysis; Demographics; Gender identity; Ethnic group; Patient education; Sexual orientation; Community health; Health disparities; Disparity; age; gender identity; demographics; secondary data analysis; sex assigned at birth; sexual orientatiton; Human immunodeficiency virus--HIV; Medical Sciences--Nurses And Nursing; Minority & ethnic groups; Prescription drugs; Gender aspects; Gender inequality; Racial groups; Racial identity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Han, Kelong; Wannamaker, Paul; Lu, Hongzhou; Zhu, Biao; Wang, Meixia; Paff, Melanie; Spreen, William R; Ford, Susan L	Safety, Tolerability, Pharmacokinetics, and Acceptability of Oral and Long-Acting Cabotegravir in HIV-Negative Chinese Men.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596	10.1128/AAC.02057-21	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8923182	Long-acting (LA) cabotegravir demonstrated superior efficacy versus daily oral standard-of-care for HIV-1 preexposure prophylaxis. This phase 1 study assessed safety, tolerability, pharmacokinetics, and acceptability of cabotegravir in 47 HIV-negative adult Chinese men at low risk of acquiring HIV-1. Participants received once-daily oral cabotegravir 30 mg for 4 weeks and, after a 1-week washout, five 600-mg (3-mL) intramuscular cabotegravir LA injections at weeks 5, 9, 17, 25, and 33. Pharmacokinetic plasma samples were intensively collected on day 27 (n = 17) and sparsely collected before each injection until 56 weeks after final injection (n = 47). Cabotegravir LA injections were acceptable and well tolerated. Common adverse events included injection site pain, injection site swelling, and upper respiratory tract infection. No drug-related serious adverse events or deaths occurred. Mean cabotegravir concentration remained above 1.33 μg/mL (8× in vitro protein-adjusted concentration for 90% of the maximum inhibition of viral growth PA-IC90) before each injection and above 0.166 μg/mL (PA-IC90) for >32 weeks after final injection. Trough concentrations remained above PA-IC90 in nearly all participants and showed minimal accumulation. Noncompartmental pharmacokinetic analysis was performed. Geometric mean of terminal half-life was 1.89 and 47 days after oral and LA dosing, respectively. Cabotegravir concentrations were estimated to remain quantifiable for 48.7 weeks after final injection. Steady-state area under the concentration-time curve (AUC), peak concentration, trough concentration, terminal half-life, time to peak concentration, and apparent clearance after cabotegravir oral and LA dosing were similar to those estimated in non-Asian men in historical studies. These results support further clinical development of cabotegravir LA in China. (This study has been registered at ClinicalTrials.gov under registration no. NCT03422172.).	cabotegravir, long-acting, Chinese, pharmacokinetics, HIV, preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Hanscom, Brett S.	Evaluating group-sequential non-inferiority clinical trials following interim stopping: The HIV Prevention Trials Network 083 trial	Clin Trials	-	-	-	NA	10.1177/17407745221118371	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9691580/	Fred Hutchinson Cancer Research Center. Statistical Center for HIV Research and Prevention. Seattle, WA, USA.	Group sequential trials, non-inferiority, early stopping, HPTN 083	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2022	Hanum, Nadia	Changes in sexual behaviour, pre-exposure prophylaxis use and HIV incidence among gay, bisexual, and other men who have sex with men in England	-	-	University College London (University of London)	-	NA	NA	https://discovery.ucl.ac.uk/id/eprint/10152278/	The identification of longitudinal changes in sexual behaviour over time, pre-exposure prophylaxis (PrEP) use, the incidence of HIV infection among HIV-negative GBMSM, and risk behaviours among HIV-positive GBMSM shortly after diagnosis is needed to improve HIV prevention efforts and is crucial to assess the potential risk of HIV spread in the community. Data from UK prospective studies are lacking. Data from two prospective studies were used in this thesis. The AURAH2 (Attitudes to, and Understanding of, Risk of Acquisition of HIV over time) study recruited GBMSM who were HIV-negative from three large sexual health clinics in England with four-monthly online follow-up (2013 - 2018, 1,162 men completed baseline questionnaire, 622 men completed at least one follow-up questionnaire). The Guy's and St. Thomas' study enrolled newly diagnosed people from an HIV clinic in London and followed them up at weeks 12, 24, and 48 (2015 - 2018, 90 GBMSM included in analyses). Among all men enrolled in AURAH2, past three months condomless anal sex with two or more partners (CLS2+, 46% to 47%, p-trend=0.010) increased slightly between 2013 and 2018. PrEP use in the past year also increased from 0% in 2013 to 43% in 2018 (p<0.001). HIV incidence declined from 1.47 per 100 PYs in 2013/2014 to 0.25 per 100 PYs in 2018/2019. Among a subset of men in AURAH2 with at least two consecutive questionnaires during follow-up, men reporting CLS2+ had an overall 78% probability of reporting CLS2+ in the subsequent questionnaires, and of men who reported none or one CLS partner, 88% reported the same in the subsequent period. Among GBMSM newly diagnosed with HIV in the Guy's and St. Thomas study, the within-individual tendency for reporting CLS was that men reduced their behaviours from baseline (62%) to week 12 (45.2%), then increased again by 48 weeks (62%). The greatest increase at week 48 was seen in the frequency of CLS with serodiscordant partners (CLS-D; 14% at week 12 to 36% at week 48). The proportion of men having CLS-D with the most recent documented plasma viral load (VL) > 200 copies/mL at week 12 was almost 11%. With HIV incidence declining among GBMSM in England and coinciding with a substantial increase in the use of PrEP, there is a clear need to focus prevention efforts on potential transmission risk. HIV providers should emphasize the importance of knowledge of viral suppression in decision making about CLS among newly diagnosed GBMSM.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2022	Hao, Yuge	Essays on Health Economics	-	-	University of Arizona	-	NA	NA	https://repository.arizona.edu/handle/10150/664360	The first two chapters investigates the issues that arose after individuals experienced certain shocks that affected their health. Chapter 1 focuses on the short-run and long-run effect of childhood maltreatment on mental health. Chapter 2 investigates the effect of a new medication, PrEP, on individuals' risky sexual behaviors and sexually transmitted infections. The last chapter exams the relationship between individuals' timing pattern of working and their success in the setting of online game streaming. Time Heals All Wound? Childhood Maltreatment and Mental Health Empirical evidence has shown that maltreatment may cause serious damage to the human capital development of children and result in negative outcomes in their adulthood. Mental health may be one of the underlying mechanisms through which maltreatment affects human capital accumulation. Using the data from the Longitudinal Study of Adolescent to Adult Health, I examined the relationship between childhood maltreatment and mental health both in the short run and in the long run. The results show the childhood experience of maltreatment imposes negative effect on mental health. The effect is at least significant in the long run, suggesting that the effect is long-lasting and does not necessarily fade away as time passes. Females are on average more vulnerable to maltreatment than males. Experiencing multiple forms of maltreatment would impose a worse effect on mental health compared to single form of maltreatment. PrEP, Risky Sexual Behaviors and STIs Pre-exposure prophylaxis, or PrEP, is a daily medicine for people at high risk of contracting HIV to lower their chance of getting infected. Clinical studies show that PrEP can be highly effective, reducing the risk of contracting HIV by more than 90%. Despite the great effectiveness of PrEP in preventing HIV infection, there is concern that PrEP may lead some people to more risky behaviors, such as reducing their use of condoms and increasing their number of sexual partners. Using public data from the Multicenter AIDS Cohort Study, this paper empirically examines such concern. Exploiting the panel nature of the data, we use a difference-in-difference model to study the effect of PrEP on risky sexual behaviors and other sexually transmitted infections (STIs). Our analysis shows that PrEP makes individuals more likely to engage in unprotected anal sex, have more sexual partners, and more likely to contract syphilis. The Early Bird Gets the Worm: Strategic timing to live-stream on Huya.com Using scraped data from an online video game live streaming platform, I study the streamers' strategic decisions of when to go online and the effects of these timing pattern on their success on the platform. Live streamers as the content creators face different amount of audience during different times of the day as the website traffic fluctuates over the course of 24 hours. They also face different levels of competition as the number of online streamers change in each hour. I use a simple model of streamers' behaviors as…	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Theses and Dissertations	2022	Harawa, Nina T; Tan, Diane	Disparities In Uptake Of HIV Pre-Exposure Prophylaxis Among California Medicaid Enrollees	-	-	Health Affairs	-	0278-2715	https://doi.org/10.1377/hlthaff.2021.01119	https://escholarship.org/uc/item/4sf93033	One of the pillars of efforts in the US to curb HIV incidence is pre-exposure prophylaxis (PrEP). We examined racial/ethnic and sex disparities in PrEP uptake among California Medicaid enrollees. Claims data from 2019 identified enrollees and PrEP users in each racial/ethnic, sex, and age group, yielding crude uptake rates. We then predicted age-adjusted uptake rates from multivariable logit regressions and divided PrEP uptake estimates by each group's number of new HIV diagnoses to estimate PrEP-to-need ratios. Predicted uptake was highest for White (0.29 percent) and Black (0.23 percent) males and lowest (0.16 percent) for Hispanic males. Rates for males exceeded those for females; however, Black females had twice the rate of PrEP uptake of White females. Black males and females and Hispanic males had PrEP-to-need ratios that were less than one-third (4.0-6.3) those of Asian and White males and females (14.4-19.9). Low PrEP use rates and disparities in uptake threaten efforts to end the HIV epidemic. Policy makers must craft the rollout of innovations such as PrEP in a manner that narrows HIV disparities instead of widening them.	Public Health; Health Sciences; Human Society; HIV/AIDS; Prevention; Infectious Diseases; Clinical Research; Good Health and Well Being; Anti-HIV Agents; California; Female; HIV Infections; Hispanic or Latino; Humans; Male; Medicaid; Pre-Exposure Prophylaxis; United States; Public Health and Health Services; Applied Economics; Health Policy & Services; Health services and systems; Policy and administration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Hardy, Christopher; Fairley, Christopher K; Ong, Jason J; Vodstrcil, Lenka A; Bradshaw, Catriona S; Snow, Anthony; Chow, Eric P F	Drug and Alcohol Use with Condomless Anal Sex among Men Who Have Sex with Men in Melbourne, Australia: A Retrospective Data Analysis from 2011 to 2017.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-021-01966-1	https://dx.doi.org/10.1007/s10508-021-01966-1	Rises in condomless anal sex among men who have sex with men (MSM) have been reported over the last decade but there is less certainty about the role that drugs, alcohol, play in the change. We examined the changes in drug and alcohol use among 22,255 MSM reporting condomless anal sex at Melbourne Sexual Health Centre in 2011-2017. There was a 7% annual increase in using drugs before and/or during condomless anal sex but a 3% annual reduction in condomless anal sex while drunk. MSM taking PrEP were more likely to report condomless anal sex with drug use (AOR: 1.21; 95%CI: 1.07-1.37) and alcohol use (AOR: 1.29; 95%CI: 1.14-1.46) compared with MSM not taking PrEP.	Sexual health Recreational drugs Condom Sexual practices Pre-exposure prophylaxis Substance	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Harkness A.; Morales V.; Defreitas W.; Atuluru P.; Jaramillo J.; Weinstein E.R.; Feaster D.J.; Safren S.; Balise R.	Impact of COVID-19 on HIV service delivery in Miami-Dade County: a mixed methods study	BMC Health Services Research	-	-	-	14726963	10.1186/s12913-022-08849-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143211496&doi=10.1186%2fs12913-022-08849-8&partnerID=40&md5=f13e087d8af22f27b9d7df45db857cbc	Background: Facilitating access to HIV prevention and treatment is imperative in Miami-Dade County (MDC), a U.S. HIV epicenter. With COVID-19, disruptions to these services have occurred, leading HIV organizations to innovate and demonstrate resilience. This study documented COVID-19 related disruptions and resilient innovations in HIV services within MDC. Methods: This mixed methods cross-sectional study included HIV test counselors in MDC. In the quantitative component (N=106), participants reported COVID-19 impacts on HIV service delivery. Data visualization examined patterns within organizations and throughout the study period. Generalized estimating equation modeling examined differences in service disruptions and innovations. In the qualitative component, participants (N=20) completed interviews regarding COVID-19 impacts on HIV services. Rapid qualitative analysis was employed to analyze interviews. Results: Quantitative data showed that innovations generally matched or outpaced disruptions, demonstrating resilience on HIV service delivery during COVID-19. HIV testing (36%, 95%CI28%, 46%) and STI testing (42%, 95%CI33%, 52%) were most likely to be disrupted. Sexual/reproductive health (45%, 95%CI35%, 55%), HIV testing (57%, 95%CI47%,66%), HIV case management (51%, 95%CI41%, 60%), PrEP initiation (47%, 95%CI37%,57%), and STI testing (47%, 95%CI37%, 57%) were most likely to be innovated. Qualitative analysis revealed three orthogonal themes related to 1) disruptions (with five sub-components), 2) resilient innovations (with four sub-components), and 3) emerging and ongoing health disparities. Conclusions: HIV organizations faced service disruptions during COVID-19 while also meaningfully innovating. Our findings point to potential changes in policy and practice that could be maintained beyond the immediate impacts of COVID-19 to enhance the resilience of HIV services. Aligning with the US Ending the HIV Epidemic Plan and the National Strategy for HIV/AIDS, capitalizing on the observed innovations would facilitate improved HIV-related health services for people living in MDC and beyond. © 2022, The Author(s).	COVID-19; HIV prevention; HIV treatment; Implementation; Service delivery	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Harkness, Audrey; Weinstein, Elliott R.; Lozano, Alyssa; Mayo, Daniel; Doblecki-Lewis, Susanne; Rodriguez Diaz, Carlos E.; Brown, C. Hendricks; Prado, Guillermo; Safren, Steven A.	Refining an Implementation Strategy to Enhance the Reach of HIV-Prevention and Behavioral Health Treatments to Latino Men Who Have Sex with Men.	Implementation Research and Practice	-	-	-	2633-4895	10.1177/26334895221096293	https://pubmed.ncbi.nlm.nih.gov/36406189/	BACKGROUND: Latino men who have sex with men (LMSM) experience HIV and behavioral health disparities. Yet, evidence-based interventions, such as pre-exposure prophylaxis (PrEP) and behavioral health treatments, have not been equitably scaled up to meet LMSM needs. To address quality of life and the public health importance of HIV prevention, implementation strategies to equitably scale up these interventions to LMSM need to be developed. This study identifies themes for developing culturally grounded implementation strategies to increase uptake of evidence-based HIV prevention and behavioral health treatments among LMSM. METHODS: Participants included 13 LMSM and 12 stakeholders in Miami, an HIV epicenter. Feedback regarding the content, design, and format of an implementation strategy to scale up HIV-prevention and behavioral health services to LMSM were collected via focus groups (N=3) and individual interviews (N=3). Themes were inductively identified across the Health Equity Implementation Framework (HEIF) domains. RESULTS: Analyses revealed five higher order themes regarding the design, content, and format of the implementation strategy: cultural context, relationships and networks, navigation of health information and systems, resources and models of service delivery, and motivation to engage. Themes were applicable across HEIF domains, meaning that the same theme could have implications for both the development and implementation of the implementation strategy. CONCLUSIONS: Findings highlight the importance of addressing culturally specific factors, leveraging relational networks, facilitating navigation of health systems, tailoring to available resources, and building consumer and implementer motivation in order to refine an implementation strategy for reducing mental health burden and achieving HIV health equity among LMSM.	qualitative methods; Latino; HIV-AIDS; equity; behavioral health services; LGBTQ populations; marginalized populations; scale-out	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Harney B.L.; Sacks-Davis R.; Van Santen D.K.; Traeger M.; Wilkinson A.L.; Asselin J.; El-Hayek C.; Fairley C.K.; Roth N.; Bloch M.; Matthews G.; Donovan B.; Guy R.; Stoové M.; Hellard M.E.; Doyle J.S.; Bastian L.; Bateson D.; Bowden S.; Boyd M.; Callander D.; Carter A.; Cogle A.; Costello J.; Dimech W.; Dittmer J.; Ellard J.; Franklin L.; Kim J.; Mcgill S.; Nolan D.; Patel P.; Pendle S.; Polkinghorne V.; Nguyen L.; Nguyen T.; O'connor C.; Reed P.; Ryder N.; Selvey C.; Vickers T.; Walker M.; Watchirs-Smith L.; West M.	The Incidence of Hepatitis C Among Gay, Bisexual, and Other Men Who Have Sex With Men in Australia, 2009-2019	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciab720	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131216465&doi=10.1093%2fcid%2fciab720&partnerID=40&md5=2ca476c7cce266400235939cf809fe76	Background: Hepatitis C virus (HCV) infection has been reported among gay, bisexual, and other men who have sex with men (GBM) globally including GBM with human immunodeficiency virus (HIV) and HIV-negative GBM, particularly those using HIV preexposure prophylaxis (PrEP). In Australia, HCV direct-acting antiviral treatment (DAA) was government-funded from 2016. Large implementation studies of PrEP also began in 2016. We examined HCV incidence among GBM to assess whether HCV incidence has changed since 2015. Methods: Data were drawn from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance. We included GBM who tested HCV antibody negative at their first test and had ≥1 subsequent test. Generalized linear modeling (Poisson distribution) was used to examine HCV incidence from 2009 to 2019 stratified by HIV status, and among HIV-negative GBM prescribed PrEP from 2016 to 2019. Results: Among 6744 GBM with HIV, HCV incidence was 1.03 per 100 person-years (PY). Incidence declined by 78% in 2019 compared to 2015 (incidence rate ratio IRR, 0.22 95% confidence interval {CI}:. 09-.55). Among 20 590 HIV-negative GBM, HCV incidence was 0.20/100 PY, with no significant change over time. Among 11 661 HIV-negative GBM prescribed PrEP, HCV incidence was 0.29/100 PY. Compared to 2016, incidence among GBM prescribed PrEP declined by 80% in 2019 (IRR, 0.20 95% CI:. 06-.64). Conclusions: HCV incidence among GBM living with HIV declined following DAA availability. There was no observed change in HCV incidence among HIV-negative GBM overall. Among GBM prescribed PrEP, incidence declined since the early years of PrEP implementation in Australia. Australia is on track to eliminate HCV among GBM before global 2030 targets. © 2021 The Author(s) 2021. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	hepatitis C; HIV; incidence; preexposure prophylaxis	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Harris E.L.; Shelley K.D.; Sisimayi T.; Wandie C.; Bruns C.	Transforming the once-a-day pill for HIV prevention from medicine to empowering self-care using human-centred design in Zimbabwe	BMJ Innovations	-	-	-	20558074	10.1136/bmjinnov-2021-000739	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142523169&doi=10.1136%2fbmjinnov-2021-000739&partnerID=40&md5=c8ec3f8b44ca6802084287402b049706	Objective: For adolescent girls and young women (AGYW) in sub-Saharan Africa, oral tenofovir-based pre-exposure prophylaxis (commonly referred to as PrEP) provides a user-controlled HIV prevention method, critical to addressing their HIV risk and unmet prevention needs. Addressing the gap between clinical and real-world PrEP efficacy requires new approaches, such as 'V'. 'V' reframes PrEP from medicine to self-care that is as easy to use as a young women's favourite fashion or beauty brand. This article describes how human-centred design (HCD) was used to adapt the 'V' brand and service delivery strategy for implementation in Zimbabwe from its development via formative research in South Africa. Methods: Following literature review, stakeholder analysis and landscaping, the 'V' brand and service delivery strategy were assessed through participatory immersion sessions with 152 participants in four Zimbabwe districts. Insights were synthesised across learning questions: What do AGYW and health workers think about 'V'?; Which of the 'V' materials are most acceptable and relevant for Zimbabwe?; What adaptations are necessary for the selected 'V' materials for Zimbabwe?; and How should the selected 'V' assets be integrated? Results: The 'V' innovative design principles - delightfully bold branding, a discreet starter kit and user-friendly materials that put young women in control of educating others - remained resonant. Feasible modifications were identified to adapt the 'V' brand and service delivery strategy to suit the local context. Conclusion: 'V' delivers a 'delightfully discreet' approach that puts AGYW in charge of preventing HIV. The resonance of the core 'V' design concepts demonstrates how HCD can be applied to reframe PrEP as a product category (ie, from a stigmatising medicine to empowering self-care). © Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.	autoimmune diseases; delivery of healthcare; global health; methods; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Harrison S.E.; Paton M.; Muessig K.E.; Vecchio A.C.; Hanson L.A.; Hightow-Weidman L.B.	"Do I want PrEP or do I want a roof?": Social determinants of health and HIV prevention in the southern United States	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2029816	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124309839&doi=10.1080%2f09540121.2022.2029816&partnerID=40&md5=d80468a75a64708fb830003475ea56a1	Scaling up use of Pre-Exposure Prophylaxis (PrEP) among young men who have sex with men and transgender women (YMSM/TGW) is a critical part of the Ending the HIV Epidemic plan. This qualitative study contextualized the social determinants of health (SDOH) that can impede HIV prevention in rural North and South Carolina with 14 key informant interviews with stakeholders and 3 focus groups with YMSM/TGW (N = 23). A deductive-inductive approach with multiple coders was employed to identify themes related to SDOH in rural areas, including economic challenges (e.g., housing and food insecurity), neighborhood characteristics (e.g., lack of transportation), healthcare-related issues (e.g., provider shortages) and educational barriers (e.g., lack of comprehensive and inclusive sexual education). The socio-environmental context of the rural South and prioritization of local, community-based partnerships are necessary to reduce the burden of HIV. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV; rural; sexual and gender minority; social determinants; youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Harrison, Abigail; Bhengu, Nonhlonipho; Miller, Lori; Exner, Theresa; Tesfay, Nonkululeko; Magutshwa, Slindile; Khumalo, Silindile; Bergam, Scarlett; Hoffman, Susie; Hanass-Hancock, Jill	"You tell him that 'baby, I am protecting myself'": Women's agency and constraint around willingness to use pre-exposure prophylaxis in the Masibambane Study.	Women's Health	-	-	-	1745-5065	10.1177/17455057221087117	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8935570	OBJECTIVES: To explore women's willingness to consider using pre-exposure prophylaxis for HIV prevention in the context of gendered relationship dynamics, in Durban, South Africa. METHODS: As formative research prior to development of a gender-informed intervention to introduce pre-exposure prophylaxis to young, urban, educated women, we conducted six focus-group discussions and eight in-depth interviews with 46 women ages 18-25 years, who were not current pre-exposure prophylaxis users. Women were recruited from clinic and community settings using a criterion-based snowball sampling technique. Qualitative data were coded and analyzed thematically, with a team-based consensus approach for final coding, analytical decisions, and data interpretation. RESULTS: Women clearly understood the benefits of pre-exposure prophylaxis for themselves and their partners, focusing on promoting health and their right to protect themselves from HIV infection. At the same time, and in accordance with findings from other studies, women were realistic about the concerns that would arise among male partners, including disapproval, loss of trust, possible loss of the relationship, and in some instances, the potential for violence, if they were to propose pre-exposure prophylaxis use. To resolve this tension, some women advocated for covert use as the best option for themselves and others argued for disclosure, proposing various approaches to working with partners to adopt pre-exposure prophylaxis. The suggestion that both partners use pre-exposure prophylaxis was made repeatedly. Thus, women sought to avoid discussions of trust or lack of trust and a partner's possible infidelities, choosing instead to focus on preserving or even building a relationship through suggesting pre-exposure prophylaxis use. CONCLUSION: Women offered diverse narratives on agency and constraint in relation to choosing pre-exposure prophylaxis as a future prevention strategy, as well as ways to engage with their male partners about pre-exposure prophylaxis. These findings speak to the need for interventions to bolster women's confidence, sense of empowerment, and their communication and decision-making skills for successful HIV prevention.	empowerment, gender, HIV prevention, pre-exposure prophylaxis, relationships, South Africa, women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Harrison, Robin L; Dortche, Ciarra; Fadul, Nada	Preexposure Prophylaxis for HIV Prevention in a Rural Southern Clinic.	Southern Medical Journal	-	-	-	1541-8243	10.14423/SMJ.0000000000001480	https://dx.doi.org/10.14423/SMJ.0000000000001480	OBJECTIVES: Little is known about implementing preexposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) in the rural US South, where most HIV infections occur. To investigate how to better reach the at-risk population in rural eastern North Carolina (ENC), the characteristics and clinical courses of those receiving PrEP from our clinic were reviewed and analyzed. METHODS: A retrospective study was used to describe the characteristics and outcomes of PrEP patients in rural ENC. RESULTS: Thirty-five patients were included whose median age was 37 years (range 22-69). The majority of patients tolerated PrEP well and continued the medication, with only 6 (17%) discontinuations; the reasons for discontinuing included partner mistrust, intolerance to medication, and pregnancy. Patients who initiated PrEP in ENC were more likely to be insured (89%), White (66%), and male (69%). Average travel time to the clinic was 34 minutes (range 2-123 minutes) and the average travel distance was 23 mi (range 1-93 mi). CONCLUSIONS: The study results were noteworthy given that in North Carolina, young Black men have the highest estimated rates of HIV infection. The reasons behind this discrepancy are likely multifactorial, and this study highlights the need for future programs and research to make PrEP more widely accessible to the at-risk population in this rural ENC community.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Harrison, Sayward E; Muessig, Kathryn; Poteat, Tonia; Koester, Kimberly; Vecchio, Alyssa; Paton, Mariajosé; Miller, Sarah J; Pereira, Nastacia; Harris, Orlando; Myers, Janet; Campbell, Chadwick; Hightow-Weidman, Lisa	Addressing Racism's Role in the US HIV Epidemic: Qualitative Findings From Three Ending the HIV Epidemic Prevention Projects.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002965	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9204779	BACKGROUND: Racist socio-political and economic systems in the United States are root causes of HIV disparities among minoritized individuals. However, within HIV implementation science literature, there is scarce empirical research on how to effectively counter racism. This article names racism and White supremacy as key challenges to the success of the Ending the HIV Epidemic (EHE) initiative and delineates opportunities to integrate anti-racism into HIV interventions. METHODS: Formative data were synthesized from 3 EHE studies in California, North Carolina, and South Carolina. Each study engaged with community stakeholders to inform pre-exposure prophylaxis implementation. Key informant interviews and focus groups were used to query individuals-including Black individuals-about implementation challenges. Although racism was not an a priori focus of included studies, discourse on race and racism emerged as key study findings from all projects. RESULTS: Across diverse stakeholder groups and EHE locales, participants described racism as a threat to the success of the EHE initiative. Institutional and structural racism, intersectional stigma, and maltreatment of minoritized individuals within healthcare systems were cited as challenges to pre-exposure prophylaxis scale-up. Some recommendations for addressing racism were given-yet these primarily focused on the individual level (eg, enhanced training, outreach). CONCLUSIONS: EHE implementation scientists should commit to measurable anti-racist actions. To this end, we present a series of recommendations to help investigators evaluate the extent to which they are taking actionable steps to counter racism to improve the adoption, implementation, and real-world impact of EHE interventions for people of color.	HIV, racism, health disparities, stigma, implementation science	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Harvala H.; Reynolds C.; Ijaz S.; Maddox V.; Penchala S.D.; Amara A.; Else L.; Brailsford S.; Khoo S.	Evidence of HIV pre-exposure or post-exposure prophylaxis (PrEP/PEP) among blood donors: A pilot study, England June 2018 to July 2019	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2021-054981	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124850584&doi=10.1136%2fsextrans-2021-054981&partnerID=40&md5=8ccbce262e067851873f6dbe745218d1	Objective Due to increased use of pre-exposure prohylaxis (PrEP) and its potential to affect HIV screening of blood donors, we undertook antiretroviral residual testing among HIV-negative male donors in England. Methods Residual plasma samples were obtainnd from 46 male donors confirmed positive for syphilis and 96 donors who were repeat reactive for HIV antibodies in screening but confirmed as HIV-negative by reference testing. These were tested for concentrations of tenofovir and emtricitabine by high-performance liquid chromatography coupled with mass spectrometry. Results We found evidence of pre-exposure or post-exposure prophylaxis (PrEP/PEP) use in three male blood donors confirmed positive for syphilis (3 out of 46 screened, 6.5%). Two were estimated to have taken PrEP/PEP within a day of donating, and the third within 2 days. Two were new donors, whereas one had donated previously but acquired syphilis infection after his last donation. Conclusions Our findings indicate that a small proportion of blood donors have not been disclosing PrEP/PEP use and therefore donating in non-compliance to donor eligibility criteria. ©	disease transmission; HIV; infectious; pre-exposure prophylaxis; syphilis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Hassan, Adiba; Agustin, Harold Glenn San; Burke, Leah; Kofron, Ryan; Corado, Katya; Bolan, Robert; Landovitz, Raphael J; Dubé, Michael P; Morris, Sheldon R	Low incidence and prevalence of hepatitis C in two cohorts of HIV pre-exposure prophylaxis adherence interventions in men who have sex with men in Southern California	Journal of Viral Hepatitis	-	-	-	13520504	10.1111/jvh.13678	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128048845&doi=10.1111%2fjvh.13678&partnerID=40&md5=6145414cb6a1a9f48d5bdb8db896ca39	HIV pre-exposure prophylaxis (PrEP) has been associated with incident hepatitis C virus (HCV) infection in men who have sex with men (MSM) due to decreased condom use. We examined rates of HCV among MSM and transgender women at high-risk of HIV on PrEP in Southern California using data from two trials (NCT01761643 and NCT01781806). Five of 599 participants (0.84%, 95% CI, 0.27–1.93) had HCV antibodies detected at entry. Factors associated with HCV seropositivity included being older (p =.002) and lower education level (p <.001). HCV-positive participants had no reported cases of sexually transmitted infection (rectal, urethral or pharyngeal gonorrhoea and/or chlamydia) at entry while HCV-negative participants had a prevalence of 18% (95% CI, 15%–21%). There were no significant differences in substance use and sexual risk behaviour between HCV-positive and HCV-negative participants 1–3 months prior to entry. Among early PrEP adopters, incident HCV did not occur despite ongoing condomless intercourse. Screening intervals for HCV in MSM on PrEP should be led by a risk behaviour assessment. © 2022 John Wiley & Sons Ltd.	hepatitis C; MSM (men who have sex with men); PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hassani, Maryam; Young, Sean D	Potential Role of Conversational Agents in Encouraging PrEP Uptake.	Journal of Behavioral Health Services & Research	-	-	-	1556-3308	10.1007/s11414-022-09798-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9071246	Approximately 1.2 million people are living with HIV, with many of them unaware of their infection. Pre-exposure prophylaxis (PrEP) is available to minimize transmission among those at high risk for infection, including men who have sex with men, people who inject drugs, and female sex workers. Despite its availability, there is low usage of PrEP. To address this problem, various digital tools have been examined in HIV research. Among those, conversational agents are still underused and their capacity warrants examination to reach at-risk populations. In this paper, we discuss the potential of conversational agents in increasing uptake of PrEP by addressing barriers experienced among those at high risk for infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2022	Hatcher, Abigail M; Eakle, Robyn; Peltz, Amelia	Partner violence as conversation opener for preexposure prophylaxis use among younger women.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003241	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9273019	resumo não disponível	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2022	Haukoos J.S.; White D.A.E.; Rowan S.E.; Lyle C.; Gravitz S.; Basham K.; Godoy A.; Kamis K.; Hopkins E.; Anderson E.	Development of a 2-step algorithm to identify emergency department patients for HIV pre-exposure prophylaxis	American Journal of Emergency Medicine	-	-	-	7356757	10.1016/j.ajem.2021.09.084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116844638&doi=10.1016%2fj.ajem.2021.09.084&partnerID=40&md5=476dd0fcd9833b435802ee764f2508c5	Background: Expanded access to HIV PrEP is a central pillar of the "Ending the HIV Epidemic" initiative. Identification of PrEP eligible individuals in EDs remains understudied. Our goal was to estimate the accuracy of the Denver HIV Risk Score (DHRS), a quantitative HIV risk tool, for determining PrEP eligibility, and to incorporate it into a novel screening algorithm to optimize sensitivity and specificity. Methods: We performed a prospective cross-sectional study in two urban EDs. Patients were eligible if ≥18 years of age and without HIV. Research staff collected individual HIV risk, components of the DHRS, and PrEP eligibility per 2017 CDC guidelines. Accuracy estimates were calculated for the DHRS alone and the DHRS plus additional PrEP-specific questions. Results: 1002 patients were enrolled with a median age of 39 years; 54.8% were male, 29.5% Black/non-Hispanic, and 22.5% Hispanic. Overall, 119 (11.9%, 95% CI: 9.9%–14.0%) were PrEP eligible; 5% endorsed history of sex with a partner at higher risk for HIV or condomless sex with multiple partners, 4% an STI, and 2% sharing IDU equipment. A DHRS ≥25 had a sensitivity of 92.4% (95% CI: 86.1%–96.5%) and a specificity of 17.2% (95% CI: 14.8%–19.9%) for PrEP eligibility. A 2-step algorithm, "DHRS-PrEP", beginning with a DHRS ≥25, followed by a step with questions specific to IDU, STI, and sexual partners improved the specificity to 100% (95% CI: 99.6%–100%). Conclusions: Among a heterogeneous ED sample, a substantial proportion was identified as PrEP eligible, and a 2-step algorithm had high sensitivity and specificity for identifying PrEP-eligible patients. © 2021 Elsevier Inc.	Denver HIV risk score; Emergency department; HIV; HIV risk; Identification; Pre-exposure prophylaxis; Prediction; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hayati Rezvan P.; Rezai R.; Comulada W.S.; Lee S.-J.; Arnold E.M.; Swendeman D.; Rotheram-Borus M.J.; Fernández M.I.	Psychiatric hospitalization among youth at high risk for HIV	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1944599	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108858513&doi=10.1080%2f09540121.2021.1944599&partnerID=40&md5=25f15954b37aa9afb067ad1f731ac11a	Youth at-risk for HIV are also at-risk for mental health disorders and psychiatric hospitalization. Understanding the association between engagement in HIV prevention, concurrent risk behaviors, and psychiatric hospitalization may lead to improvements in integrated prevention and mental health treatment efforts. Youth at-risk for HIV, aged 14–24 years old, predominantly Black/African American and Latinx (75%) were recruited through youth-serving clinics and community sites in Los Angeles (n = 839) and New Orleans (n = 647). We compared youth with and without histories of psychiatric hospitalization on engagement in HIV prevention, concurrent risk behaviors, and demographic characteristics. We examined predictors of hospitalization using multiple imputations for missing data. Hospitalized youth (30%) were more involved in HIV programs, but were less likely to use PrEP/PEP or condoms than non-hospitalized youth. The odds of hospitalization were higher for transgender/gender nonconforming youth relative to cisgender youth; the OR was increased after adjustment for concurrent risk behaviors. Hospitalization was associated with homelessness, trauma, incarceration, substance use, and involvement in substance abuse treatment programs. There is a continuing need to integrate the diagnosis and treatment of mental health disorders into HIV prevention programs to better address multiple challenges faced by vulnerable youth. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	engagement in HIV prevention; mental health disorder; Psychiatric hospitalization; risk behaviors; vulnerable youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hechter R.C.; Bruxvoort K.J.; Zhou H.; Towner W.J.; Contreras R.; Schumacher C.M.; Grant D.L.; Jones J.	Sexually Transmitted Infections Among Men and Transgender Women Using HIV Pre-exposure Prophylaxis in a Large Integrated Health System-A Cohort Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136013859&doi=10.1097%2fQAI.0000000000003015&partnerID=40&md5=39ce6bdc9a6d677da238be36f632c2bf	Background:Sexually transmitted infections (STIs) are common in people using pre-exposure prophylaxis (PrEP). We examined risk and factors associated with STIs in a cohort of PrEP users in an integrated health system in the United States.Setting:The Kaiser Permanente Southern California is a large integrated health system that provides comprehensive medical services to approximately 4.7 million demographically diverse members.Methods:We identified men and transgender women initiating PrEP between January 1, 2014, and June 1, 2018, and followed through December 31, 2018. Demographic and clinical factors potentially associated with the risk of bacterial STIs during PrEP use were evaluated using Poisson regression models.Results:Among 5042 individuals tested for STIs with 7198 person-years of follow-up, 1709 (33.9%) had at least one new STI. The estimated incidence of STIs was 48.3 per 100 person-years, and the most common STI was rectal chlamydia. Most repeat STIs (61.4%) occurred <180 days apart. In a multivariable analysis, an history of STIs in the prior 6 months through 7 days after the PrEP initiation was the most prominent risk factor of STIs during PrEP use (adjusted risk ratio: 1.78, 95% confidence intervals: 1.65 to 1.93). Other risk factors included younger age (<35 years), being Hispanic, and having a history of alcohol use disorder or drug use disorder.Conclusions:Quarterly STI testing and targeted intervention to mitigate STI risk are warranted for young and racial minority PrEP users, particularly for those with prior history of STIs and substance use disorders. Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.	integrated health system; men who have sex with men; pre-exposure prophylaxis; sexually transmitted infections; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Heck C.J.; Mathur S.; Alwang'a H.; Daniel O.-M.; Obanda R.; Owiti M.; Okal J.	Oral PrEP Consultations Among Adolescent Girls and Young Women in Kisumu County, Kenya: Insights from the DREAMS Program	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03590-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123928220&doi=10.1007%2fs10461-022-03590-z&partnerID=40&md5=f865a477afd1400ef794c7c817ea711b	Although Kenya nationally scaled up oral pre-exposure prophylaxis (PrEP) in May 2017, adolescent girls' (AG, aged 15–19 years) and young women's (YW, aged 20–24 years) PrEP use remains suboptimal. Thus, we analyzed PrEP consultations—interactions with a healthcare provider about PrEP—among Kenyan AGYW. In April-June 2018, AGYW enrolled in DREAMS in Kisumu County, Kenya self-reported their HIV-related knowledge, behaviors, and service use. Among HIV negative, sexually active AG (n = 154) and YW (n = 289), we examined associations between PrEP eligibility and PrEP consultations using prevalence ratios (PR, adjusted: aPR). Most AG (90.26%) and YW (94.12%) were PrEP-eligible due to inconsistent/no condom use, violence survivorship, or recent sexually transmitted infection symptoms. Between PrEP-eligible AG and YW, more YW were ever-orphaned (58.09%), ever-married (54.41%), ever-pregnant (80.88%), and out of school (78.31%); more PrEP-eligible YW reported PrEP consultations (41.18% vs. 24.46%, aPR = 1.51 1.01–2.27). AG who used PEP (post-exposure prophylaxis) reported more consultations (aPR = 5.63 3.53–8.97). Among YW, transactional sex engagers reported more consultations (58.62% vs. 39.09%, PR = 1.50 1.06–2.12), but only PEP use (aPR = 2.81 2.30–3.43) and multiple partnerships (aPR = 1.39 1.06–1.82) were independently associated with consultations. Consultations were lowest among those with 1 eligibility criterion (AG = 11.11%/YW = 27.18%). Comparatively, consultations were higher among AG and YW with 2 (aPR = 3.71 1.64–8.39, PR = 1.60 1.07–2.38, respectively) or ≥ 3 (aPR = 2.51 1.09–5.78, PR = 2.05 1.42–2.97, respectively) eligibility criteria. Though most AGYW were PrEP-eligible, PrEP consultations were rare and differed by age and vulnerability. In high-incidence settings, PrEP consultations should be conducted with all AGYW. PrEP provision guidelines must be re-assessed to accelerate AGYW's PrEP access. © 2022, The Author(s).	AGYW; DREAMS; HIV prevention; Implementation science; Kenya; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Heffron, Renee; Muwonge, Timothy R.; Boyer, Jade; Matovu, Flavia; Zia, Yasaman; Bagaya, Monica; Ssebuliba, Timothy; Morrison, Susan; Bambia, Felix; Nsubuga, Rogers; Badaru, Josephine; Stein, Gabrielle; Mugwanya, Kenneth K.; Wyatt, Christina; Baeten, Jared M.; Yin, Michael T.; Mujugira, Andrew	Bone mineral density, nutrient intake, and physical activity among young women from Uganda.	Archives of Osteoporosis	-	-	-	1862-3514	10.1007/s11657-022-01155-0	https://pubmed.ncbi.nlm.nih.gov/36216962/	Few studies have characterized bone mineral density (BMD) among health young African women. In our study of 496 Ugandan women age ≤25 years, we found that women had healthy BMD that were lower on average than the standard reference ranges. Reference ranges available for BMD measurements need greater precision. PURPOSE: Data describing bone mineral density (BMD), nutrient intake, and body composition among healthy, young women in sub-Saharan Africa are limited. Using baseline data from a cohort of young, healthy Ugandan women, we summarize bone health and associated risk factors for reduced bone mass. METHODS: Using baseline data from Ugandan women ages 16-25 years who enrolled in an ongoing cohort study of bone health with concurrent use of injectable contraception and oral HIV pre-exposure prophylaxis, we describe the distribution of BMD, nutrient intake, physical activity, and body composition. The association of low BMD (1 or more standard deviations below the age, sex, and race-matched reference range from the USA) and calcium intake, vitamin D intake, physical activity, and body composition was estimated using multivariable logistic regression. RESULTS: In 496 healthy, Ugandan women with median age of 20 years (interquartile range IQR 19-21) and median fat:lean mass ratio of 0.55 (IQR 0.46-0.64), median lumbar spine and total hip BMD was 0.9g/cm(2) (IQR 0.9-1.0) each. For lumbar spine, Z-score distributions were lower overall than the reference population and 9.3% and 36.3% of women had Z-score >2 and >1 standard deviations below the reference range, respectively. For total hip, Z-scores were similar to the reference population and 1.0% and 12.3% of women had Z-score >2 and >1 standard deviations below the reference range, respectively. In the week prior to enrollment, 41.1% of women consumed >7 servings of calcium, 56.5% had >7 servings of vitamin D, and 98.6% reported ≥2.5 h of physical activity. Having greater body fat was associated with greater frequency of low lumbar spine BMD (p<0.01 for fat:lean mass ratio, total body fat percentage, waist circumference, and BMI). CONCLUSION: Young Ugandan women exhibited healthy levels of BMD that were lower than the reference range population.	Adolescent; Adult; Humans; Young Adult; Female; Cohort Studies; Uganda; Absorptiometry, Photon; Women; Body Mass Index; *Bone Density; Vitamin D; Lumbar Vertebrae/diagnostic imaging; Uganda/epidemiology; Bone mineral density; Calcium; Eating; Physical activity; Exercise; *Calcium	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Heffron, Renee; Muwonge, Timothy R; Thomas, Katherine K; Nambi, Florence; Nakabugo, Lylianne; Kibuuka, Joseph; Thomas, Dorothy; Feutz, Erika; Meisner, Allison; Ware, Norma C; Wyatt, Monique A; Simoni, Jane M; Katz, Ingrid T; Kadama, Herbert; Baeten, Jared M; Mujugira, Andrew	PrEP uptake and HIV viral suppression when PrEP is integrated into Ugandan ART clinics for HIV-negative members of HIV-serodifferent couples: A stepped wedge cluster randomized trial	EClinicalMedicine	-	-	-	25895370	10.1016/j.eclinm.2022.101611	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136712918&doi=10.1016%2fj.eclinm.2022.101611&partnerID=40&md5=cc858fcd8f0807708ff4e6c0f393e2e6	Background: Global scale-up of HIV pre-exposure prophylaxis (PrEP) includes services to HIV-negative people in partnerships with people living with HIV (serodifferent couples). Data are needed on HIV outcomes, including uptake and adherence to PrEP and antiretroviral treatment (ART), to describe the impact of integrating PrEP into an existing HIV program. Methods: Using a stepped-wedge cluster randomized trial design, we launched PrEP delivery for HIV-negative members of serodifferent couples in Uganda by integrating PrEP into existing ART programs for people living with HIV. The program provided PrEP training for ART providers, ongoing technical assistance, and a provisional supply chain mechanism for PrEP medication. Primary data on PrEP initiation, PrEP refills, ART initiation, and HIV viremia at 6 months (measured at 42-270 days) were collected through data abstraction of medical records from HIV-serodifferent couples sequentially enrolling at the ART clinics. Modified Poisson regression models, controlling for time and cluster, compared viral suppression (<1000 copies/ml) before and after launch of the PrEP program. This trial was registered at ClinicalTrials.gov, NCT03586128. Findings: From June 1, 2018-December 15, 2020, 1,381 HIV-serodifferent couples were enrolled across 12 ART clinics in Kampala and Wakiso, Uganda, including 730 enrolled before and 651 after the launch of PrEP delivery. During the baseline period, 99.4% of partners living with HIV initiated ART and 85.0% were virally suppressed at 6 months. Among HIV-negative partners enrolled after PrEP launched, 81.0% (527/651) initiated PrEP within 90 days of enrolling; among these 527, 11.2% sought a refill 6 months later. In our powered intent-to-treat analysis, 82.1% and 76.7% of partners living with HIV were virally suppressed, respectively, which was not a statistically significant difference (RR=0.94, 95% CI: 0.82-1.07) and was stable across sensitivity analyses. Interpretation: Integration of PrEP into ART clinics reached a high proportion of people in HIV-serodifferent relationships and did not improve the already high frequency of HIV viral suppression among partners living with HIV. Funding: National Institute of Mental Health (R01MH110296). © 2022 The Authors	ART; PrEP; Serodifferent couples; Stepped-wedge trial; Viral suppression	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Hempel A.; Biondi M.J.; Baril J.-G.; Tan D.H.S.	Pre-exposure prophylaxis for HIV: effective and underused	CMAJ: Canadian Medical Association Journal	-	-	-	8203946	10.1503/cmaj.220645	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138568962&doi=10.1503%2fcmaj.220645&partnerID=40&md5=f8a7104f036712c038f84cbcc416fae1	Key points • Pre-exposure prophylaxis (PrEP) is a highly effective modality for HIV prevention that can be prescribed by generalists. • Pre-exposure prophylaxis should be offered to patients who are at high risk of HIV exposure, including gay, bisexual and other men who have sex with men (GBM), women reporting condomless intercourse with partners of confirmed or unknown transmissible HIV status and persons who inject drugs and share injection equipment. • Once daily PrEP (tenofovir disoproxil fumarate/emtricitabine [TDF/FTC] or tenofovir alafenamide fumarate/emtricitabine tablets) is approved by Health Canada. • On-demand TDF/FTC can be prescribed to gay, bisexual and other men who have sex with men and has similar efficacy. • The Canadian guideline details protocolized monitoring for PrEP follow-up including HIV screening, screening for sexually transmitted infection and renal monitoring	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review

Article	2022	Henderson L.; Gibbs J.; Quinn J.; Ramasami S.; Estcourt C.	Maintaining access to HIV pre-exposure prophylaxis in a pandemic: A service evaluation of telephone-based pre-exposure prophylaxis provision	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211068766	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129640658&doi=10.1177%2f09564624211068766&partnerID=40&md5=8a96ea71b270a6c18890b3e797bb9c66	Objectives: The objective was to perform a survey-based service evaluation of our telephone PrEP clinic (Tele-PrEP), which was instituted during the COVID-19 pandemic, to inform future service delivery. Methods: We administered parallel, web-based, anonymous surveys to PrEP-users who had a Tele-PrEP appointment between 13.11.2020 and 17.12.2020 and all healthcare professionals (HCPs) conducting Tele-PrEP clinics. We used descriptive statistics to summarise demographic and qualitative data, and thematically categorised free text responses using the Framework for a Systems Approach to Healthcare Delivery. Results: 62/117 (53%) PrEP-users and 8/9 (89%) HCPs completed the surveys. Tele-PrEP was rated 'excellent' or 'good' by 61/62 (98%) PrEP-users. All HCPs felt that Tele-PrEP allowed them to assess patients safely and confidently. 10/62 (16%) PrEP-users and 1 (11%) HCP expressed a preference for face-to-face care. Using the Framework for a Systems Approach to Healthcare Delivery we identified key areas important to respondents who highlighted the rapid changes as a result of COVID-19, which required an increase in dedicated resources. HCPs valued teamwork, support/supervision and convenience in achieving quality care for the patient, who in turn, valued convenient, holistic and individualised management to meet their sexual healthcare needs. Conclusion: Tele-PrEP is feasible and acceptable. While most respondents rated the service highly, others identified a need/preference for face-to-face appointments. © The Author(s) 2022.	HIV pre-exposure prophylaxis; Patient experience; pre-exposure prophylaxis; Remote access to care; Tele-medicine	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Hendrickson, Cheryl; Long, Lawrence C; van Rensburg, Craig; Claassen, Cassidy W; Njelesani, Mwansa; Moyo, Crispin; Mulenga, Lloyd; O'Bra, Heidi; Russell, Colin A; Nichols, Brooke E	The early-stage comprehensive costs of routine PrEP implementation and scale-up in Zambia.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0001246	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10021804	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention option, but cost-effectiveness is sensitive to implementation and program costs. Studies indicate that, in addition to direct delivery cost, PrEP provision requires substantial demand creation and client support to encourage PrEP initiation and persistence. We estimated the cost of providing PrEP in Zambia through different PrEP delivery models. Taking a guidelines-based approach for visits, labs and drugs, we estimated the annual cost of providing PrEP per client for five delivery models: one focused on key populations (men-who-have-sex-with-men (MSM) and female sex workers (FSW), one on adolescent girls and young women (AGYW), and three integrated programs (operated within HIV counselling and testing services at primary healthcare centres). Program start-up and support costs were based on program expenditure data and number of PrEP sites and clients in 2018. PrEP client visit costs were based on micro-costing at two PrEP delivery sites (2018 USD). Costs are presented in 2018 prices and inflated to 2021 prices. The annual cost/PrEP client varied by service delivery model, from $394 (AGYW) to $655 (integrated model). Cost differences were driven largely by client volume, which impacted the relative costs of program support and technical assistance assigned to each PrEP client. Direct service delivery costs ranged narrowly from $205-212/PrEP-client and were a key component in the cost of PrEP, representing 35-65% of total costs. The results show that, even when integrated into full service delivery models, accessing vulnerable, marginalised populations at substantial risk of HIV infection is likely to cost more than previously estimated due to the programmatic costs involved in community sensitization and client support. Improved data on individual client resource usage and outcomes is required to get a better understanding of the true resource utilization, expected outcomes and annual costs of different PrEP service delivery programs in Zambia.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Herrera, Carolina; Olejniczak, Natalia; Noël-Romas, Laura; Plummer, Frank; Burgener, Adam	Pre-clinical evaluation of antiproteases as potential candidates for HIV-1 pre-exposure prophylaxis.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2022.998913	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9720403	Previous studies on highly HIV-1-exposed, yet persistently seronegative women from the Punwami Sex Worker cohort in Kenya, have shed light on putative protective mechanisms, suggesting that mucosal immunological factors, such as antiproteases, could be mediating resistance to HIV-1 transmission in the female reproductive tract. Nine protease inhibitors were selected for this study: serpin B4, serpin A1, serpin A3, serpin C1, cystatin A, cystatin B, serpin B13, serpin B1 and α-2-macroglobulin-like-protein 1. We assessed in a pilot study, the activity of these antiproteases with cellular assays and an ex vivo HIV-1 challenge model of human ecto-cervical tissue explants. Preliminary findings with both models, cellular and tissue explants, established an order of inhibitory potency for the mucosal proteins as candidates for pre-exposure prophylaxis when mimicking pre-coital use. Combination of all antiproteases considered in this study was more active than any of the individual mucosal proteins. Furthermore, the migration of cells out of ecto-cervical explants was blocked indicating potential prevention of viral dissemination following amplification of the founder population. These findings constitute the base for further development of these mucosal protease inhibitors for prevention strategies.	HIV-1, antiproteases, ecto-cervix, pre-exposure prophylaxis, HESN, tissue explants	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Theses and Dissertations	2022	Hicks, Sarah; Wagner, Anjuli	Selecting Strategies for Implementation and Comparing Strategy Prioritization Methods for Improving PrEP Delivery in Maternal and Child Health Clinics in Kenya	-	-	University of Washington	-	NA	NA	https://www.proquest.com/dissertations-theses/selecting-strategies-implementation-comparing/docview/2704060810/se-2?accountid=8113	In high HIV prevalence settings, women are at elevated risk for HIV during pregnancy and postpartum, and pre-exposure prophylaxis (PrEP) is recommended during this period. Integration of PrEP into maternal and child health (MCH) clinics requires implementation optimization. Furthermore, there is a lack of consensus about how to prioritize potential implementation strategies. The PrEP in Pregnancy, Accelerating Reach and Efficiency study (PrEPARE; NCT04712994) engaged stakeholders to identify determinants of PrEP implementation and identify and prioritize PrEP delivery implementation strategies at 55 facilities in Kenya through quantitative surveys and a stakeholder workshop. Strategies were prioritized using: 1) surveys with experienced practitioners reflecting on implementation experience (N=182); 2 & 3) ranking surveys before and after small group discussion with diverse stakeholders (N=44 & 40); 4) "go-zone" quadrant plots of perceived effectiveness vs feasibility. A stepwise elimination process was used to identify seven strategies for empirical testing. Facilitator debriefing reports from the workshop were used to qualitatively assess the decision-making process. We also compared the four strategy prioritization methods using Kendall's correlation analysis. Additionally, the participants grouped strategies in three bundles with up to 4 strategies each by phone and online survey. Among 146 health care workers, the strongest reported barriers to PrEP delivery were: insufficient providers and inadequate training, insufficient space, and volume of patients. Sixteen strategies were assessed, 14 of which were included in the final analysis. Using rankings from 182 healthcare workers and 44 PrEP policymakers and implementers, seven strategies were eliminated based on low post-workshop ranking scores (bottom 50th percentile) or falling outside the go-zone (perceived low feasibility and low effectiveness) for at least 50% of the workshop groups. The top three strategies included 1) delivering PrEP within MCH clinics instead of pharmacies, 2) fast tracking PrEP clients to reduce waiting time, and 3) delivering PrEP-related health talks in waiting bays. All top seven ranked strategies were grouped into bundles for subsequent testing. Facilitator debriefing reports generally aligned with go-zone rankings but noted how stakeholders' decision-making changed when considering the impact of strategies on facility staff and non-PrEP clients. The strategy ranking correlation was strongest between the pre- and post-small group rankings (Tau = 0.648; p<0.001). There was moderate correlation between go-zone plots and post-small group rankings (Tau = 0.363; p=0.079) and between past-experience surveys and post-small group rankings (Tau = 0.385; p=0.062). Strategy rankings remained similar between pre- and post-small group discussions; exceptions were in cases of feasibility concerns bound during discussions by experienced stakeholders. In both strategy bundle formats, participants primarily chose bundles of strategies in the order in which they appeared in the list, reflecting option ordering bias. Individuals who completed the phone survey with oversight from study staff were more likely to select the correct number of strategies per bundle. The most impactful barriers to integrated PrEP delivery in MCH clinics focused on insufficient staffing and space. Implementation strategies prioritized through multiple methods of stakeholder input focused on co-location of services and increasing clinic efficiency. Both experienced and inexperienced stakeholder participants' strategy rankings tended to prioritize strategies that had been previously tested. Small group discussions focused on feasibility and effectiveness revealed moderately different priorities than individual rankings. The strategy bundling approach tested a less time- and resource-intensive method but was not effective. Future research should compare the relative agreement and pragmatism of methodologies to prioritize implementation strategies.	Pregnancy; PrEP; HIV infections; Sexuality; Health sciences; Pharmaceutical sciences; Prevention and control; Nominal group technique; Obstetrics; Postpartum; Health care management; 0211:Sexuality; 0566:Health sciences; 0769:Health care management; 0572:Pharmaceutical sciences; 0380:Obstetrics; Strategy prioritization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2022	Hill K.C.; Kattakuzhy S.M.; Silk R.; Eyasu R.; Ogbumbadiugha O.; Ebah E.; Cover A.A.; Davis A.; Gayle B.; Sternberg D.; Bijole P.; Sun J.; Masur H.; Kottilil S.; Solomon D.; Rosenthal E.S.	PrEP Indications and PrEP Knowledge, Access, and Interest Among Individuals With HCV	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofac476	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145048637&doi=10.1093%2fofid%2fofac476&partnerID=40&md5=c078bdf5b3629115a410d03420eae2e3	Background: Individuals with hepatitis C (HCV) represent a population that may benefit from pre-exposure prophylaxis (PrEP), given the overlapping risk factors and transmission networks of HCV and HIV. This analysis assesses the prevalence of PrEP indications among individuals with HCV monoinfection and PrEP awareness, interest, and access in this population. Methods: GRAVITY was an observational study for the collection of epidemiologic data from individuals with HCV and/or HIV in Washington DC and Baltimore, with the present analysis limited to HCV-monoinfected patients. The prevalence of PrEP indications was determined using epidemiologic survey responses. Bivariate and multivariable analyses assessed for associations between PrEP indications and PrEP awareness, access, and interest. Results: Among 314 HCV-monoinfected participants, 109 (35%) had an indication for PrEP. Forty-eight (44%) had a drug use indication alone, 40 (37%) had a sexual indication alone, and 21 (19%) had both drug use and sexual indications. Eighty-five (27%) participants had heard of PrEP, 32 (10%) had been offered PrEP by a provider, 114 (38%) were interested or maybe interested in PrEP, and 6 (2%) were currently taking PrEP. On bivariate analysis, PrEP awareness was significantly associated with study site (P < .0001), race (P = .0003), age (P < .0001), and sexual PrEP indication (P = .04). However, only study site remained significant (P = .0002) on regression analysis. Conclusions: Though indications for PrEP were prevalent among individuals with HCV in this cohort, most patients were unaware of PrEP, had never been offered PrEP, and were not using PrEP. These data support the need for improved PrEP implementation among people with HCV. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HCV; hepatitis C; HIV; HIV prevention; people who inject drugs; pre-exposure prophylaxis; PrEP; PWID	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hill L.M.; Golin C.E.; Saidi F.; Phanga T.; Tseka J.; Young A.; Pearce L.D.; Maman S.; Chi B.H.; Mutale W.	Understanding PrEP decision making among pregnant women in Lilongwe, Malawi: A mixed-methods study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138126077&doi=10.1002%2fjia2.26007&partnerID=40&md5=5c1193a666b0aed1302c78b01ec384a2	Introduction: Pre-exposure prophylaxis (PrEP) is a promising tool for HIV prevention during pregnancy. With increasing rollout in antenatal settings, counselling strategies to help pregnant women make appropriate decisions about PrEP use are needed. Understanding women's motivations and concerns for PrEP use—and how these inform their decision making and feelings about the decision to start PrEP—are critical to inform these strategies. Methods: We conducted a convergent mixed-methods study from June 2020 to June 2021 in the context of a PrEP adherence support trial among HIV-negative pregnant women in Lilongwe, Malawi. Two hundred women completed a survey reporting their motivations and concerns about PrEP use, and their feelings about the decision to start PrEP (Decisional Regret Scale). Thirty women completed in-depth interviews to better understand the decision-making process, including motivations and concerns weighed in women's decision to use PrEP. Analyses comprised descriptive and bivariate statistics, thematic qualitative analysis, and integration of quantitative and qualitative results. Results: Women initiating PrEP during pregnancy were highly motivated to obtain HIV protection for themselves and their unborn child, often due to perceived HIV risk connoted by a recent sexually transmitted infection and/or concerns about partner non-monogamy. These motivations prevailed despite some concerns about safety and side effects, anticipated stigmatization, and concerns about adherence burden and pill attributes. Many women had informed their partner of their decision to use PrEP yet few felt their decision was contingent upon partner approval. Most women felt positively about the decision to start PrEP (mean decisional regret = 1.2 out of 5), but those with a greater number of concerns reported greater decisional regret (B = 0.036; p = 0.005). Furthermore, women who were specifically concerned about partner disclosure, who disliked pills or who had no perceived HIV risk reported greater decisional regret. Conclusions: Pregnant women were strongly motivated by the promise of HIV protection offered by PrEP and accepted it despite diverse concerns. A shared decision-making approach that centres pregnant women and offers partner involvement may help identify and address initial concerns about PrEP use and support prevention-effective use of PrEP during this important period. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	decision-making; HIV; Malawi; pregnancy; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Hill, Mandy J; Heads, Angela M; Green, Charles; Suchting, Robert; Stotts, Angela L	Pilot testing the effectiveness of whether a survey-driven tablet-based intervention increased willingness of Black women to attend to an initial PrEP clinic visit: The protocol for the pilot randomized controlled trial design and methods.	Contemp Clin Trials Commun	-	-	-	2451-8654	10.1016/j.conctc.2022.100985	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9450123	resumo não disponível	Pre-exposure prophylaxisHIV preventionBlack womenCondomless sexSexual behaviors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hill, Samantha V; Pratt, M C; Elopre, L; Smith, T V; Simpson, T; Lanzi, R; Matthews, L T	"Let's take that stop sign down." Provider perspectives on barriers to and opportunities for PrEP prescription to African American girls and young women in Alabama	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2105799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135263724&doi=10.1080%2f09540121.2022.2105799&partnerID=40&md5=a8135e641e2d404e6be59261f73a2bb1	HIV disproportionately impacts many groups, including Black adolescent girls and young women (AGYW) aged 13–24 living in the Deep South. Current prevention efforts have the potential to further exacerbate disparities within this population as HIV pre-exposure prophylaxis (PrEP) remains underutilized by Black AGYW in the South. We conducted in-depth interviews (IDIs) grounded in Andersen's Model of Healthcare Utilization exploring providers' PrEP prescribing practices to Black AGYW in Alabama. Eleven providers completed IDIs exploring providers' PrEP prescription knowledge and experiences. Cross-cutting themes included: (1) Community and provider-level stigmas (including those propagated by legislation) relating to HIV and sexuality limit sexual health discussions with Black AGYW clients; (2) Low PrEP knowledge and comfort with guidelines limits PrEP conversations and reinforces low uptake and prescriptions; (3) Healthcare systems and structural barriers impede PrEP access for youth. Multi-level (structural, community, and provider) barriers to PrEP prescription demands high activation energy for providers to prescribe PrEP. We present recommendations in training in sexual health assessment, updates to PrEP guidelines to accommodate risk assessment appropriate for AGYW, and increased implementation science focused on PrEP prescription for Black AGYW in order to reduce HIV incidence for this population. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; PrEP; adolescents; heterosexual women.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Hoff E.; Rutledge R.; Gibson B.A.; Price C.R.; Gallagher C.; Maurer K.; Meyer J.P.	Preexposure Prophylaxis for Women Across the Criminal Justice System: Implications for Policy and Practice	Journal of Correctional Health Care	-	-	-	10783458	10.1089/jchc.19.11.0082	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124433488&doi=10.1089%2fjchc.19.11.0082&partnerID=40&md5=109dd9b437d210d31cb52a1ad1c52db1	Data that inform preexposure prophylaxis (PrEP) implementation for women involved in criminal justice (WICJ) systems are scarce. In a survey of PrEP attitudes, acceptability, and barriers across the criminal justice system, incarcerated women (n = 48) were more likely than WICJ on probation (n = 125) to be eligible for PrEP (29% vs. 15%; p = .04) and willing to take PrEP if offered (94% vs. 78%; p = .01). In multivariate models, PrEP eligibility directly correlated with being incarcerated (adjusted odds ratio aOR 4.81, 95% confidence interval CI 1.76-13.1) and inversely correlated with Hispanic/Latina ethnicity (aOR 0.31; 95% CI 0.10-0.96). Recent partner violence exposure was associated with PrEP eligibility (aOR 3.29; 95% CI 1.54-7.02) and discordant risk perception (aOR 2.36; 95% CI 1.18-4.70). Findings demonstrate high potential for PrEP for all WICJ, though implementation efforts will need to address partner violence. © 2022 The Author(s).	criminal justice systems; HIV prevention; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Hollcroft, Madison; Khosropour, Christine	PrEP Uptake among Eligible Patients Attending the Largest PrEP Clinic in Jackson, Mississippi	-	-	University of Washington	-	NA	NA	https://www.proquest.com/dissertations-theses/prep-uptake-among-eligible-patients-attending/docview/2695228091/se-2?accountid=8113	BackgroundAmong people at risk for HIV in the United States (US), Black people of all gender identities and sexual orientations have disproportionately high rates of new HIV infection but low uptake of pre-exposure prophylaxis (PrEP), especially in the Southern United States. There is limited research evaluating factors associated with PrEP uptake especially among Black communities.Setting and MethodsThe Open Arms Clinic in Jackson, Mississippi is the largest provider of PrEP in the state with the 6th highest rate of HIV diagnosis in the US. Open Arms systematically documented PrEP eligibility and uptake (i.e., agreed undergo a clinical evaluation for PrEP) from 2017 to mid-2020. In encounter-based analyses, we examined factors associated with PrEP uptake among those eligible based on clinic criteria using bivariate and multivariable log binomial regression. A person-based analysis was conducted using chi-square tests to compare individuals who ever vs. never accepted an offer for PrEP.ResultsAmong 721 encounters where patients were eligible for PrEP, staff offered PrEP at 680 (94%) of these encounters (526 unique individuals). Eligible patients were mostly ages 25 and older (61.5%), identified as Black (73.1%), and cisgender men who have sex with men (MSM) (63.5%). Individuals accepted a PrEP offer at 58% of encounters; 65.8% of individuals ever accepted an offer. Encounters with individuals that identified as transgender/non-binary were least likely to accept a PrEP offer. Encounters with individuals who reported having sex partners living with HIV or unknown HIV status were more likely to accept PrEP offer. There was no significant difference in accepting an offer by age or race.ConclusionsPrEP uptake in this clinic was suboptimal despite standardized methodical evaluation of eligibility. Our findings signify a critical need to enhance PrEP delivery in this region and enhance PrEP education for key groups such as transgender/non-binary individuals.	HIV infection; Pre-exposure prophylaxis; Public health; Gender identity; 0573:Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Editorial	2022	Holtgrave D.R.; Valdiserri R.O.	Determining the Most Appropriate Use of Available Regimens for HIV Preexposure Prophylaxis	Annals of Internal Medicine	-	-	-	34819	10.7326/M22-0057	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128493421&doi=10.7326%2fM22-0057&partnerID=40&md5=a50dc622b1e3625beb4d7921d5c18758	No abstract available	Anti-HIV Agents, HIV Infections, Humans, Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2022	Hong C.; Abrams L.S.; Holloway I.W.	Technology-Based Interventions to Promote the HIV Preexposure Prophylaxis (PrEP) Care Continuum: Protocol for a Systematic Review	JMIR Research Protocols	-	-	-	19290748	10.2196/33045	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126125397&doi=10.2196%2f33045&partnerID=40&md5=22800e5da02dacacab548dd5989316dd	Background: Preexposure prophylaxis (PrEP) is a promising biomedical intervention for HIV prevention. Researchers have proposed the PrEP care continuum to guide and evaluate PrEP implementation programs. Technology-based interventions (TBIs) have been widely used in HIV prevention and treatment programs, including for the promotion of the PrEP care continuum. The rapid development of new interventions using technology and electronic health methods emphasizes the need for a review of the effectiveness of these TBIs. Objective: The aim of this systematic review is to summarize the effectiveness and acceptability of TBIs used to promote the HIV PrEP care continuum. Methods: We will conduct a systematic literature search in PubMed, Embase, MEDLINE, PsycINFO, Web of Science, CINAHL, and the Cochrane Central Register of Controlled Trials following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Only intervention studies (ie, studies meeting the criteria of randomized controlled trials or quasi-experimental studies) evaluating the effectiveness of TBIs will be included. We will search the National Institutes of Health Research Portfolio Online Reporting Tools (NIH RePORT) for interventions involving PrEP. At least 2 reviewers will independently screen and select the studies, extract the data, and evaluate the quality of the studies, and discrepancies will be resolved by a senior author. We will provide a narrative synthesis of the included studies and present details about the study populations, interventions, and PrEP-related outcomes of significance. Results: The protocol was registered in the International Prospective Register of Systematic Reviews (PROSPERO; CRD42021249562). As of August 2021, we have completed the initial search and identified 1213 records. Study screening and data extracting are in progress. We expect the results to be ready by summer 2022. Conclusions: The findings of this review will summarize successful experiences and lessons learned from the existing literature and therefore inform the design and implementation of intervention studies for PrEP care promotion. © 2022 Chenglin Hong, Laura S Abrams, Ian W Holloway.	EHealth; HIV; HIV; HIV prevention; MHealth; Pre-exposure prophylaxis; PrEP; Systematic review; Technology-based intervention	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Hong C.; Feinstein B.A.; Holloway I.W.; Yu F.; Huang W.; Sullivan P.S.; Siegler A.J.; Mi G.	Differences in Sexual Behaviors, HIV Testing, and Willingness to Use PrEP between Gay and Bisexual Men Who Have Sex with Men in China	International Journal of Sexual Health	-	-	-	19317611	10.1080/19317611.2022.2053922	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127334100&doi=10.1080%2f19317611.2022.2053922&partnerID=40&md5=5b1d57db4083f93140bd29e77dddd0d5	Objectives: Accumulating evidence suggests that there may be differences in sexual behaviors, condom use, and HIV prevention service utilization (e.g., HIV testing, PrEP use) between gay and bisexual men, but this remains under-explored, especially among gay and bisexual men in China. Methods: We surveyed 4,142 gay and bisexual men on a geosocial networking app in China. Results: In adjusted model, bisexual men were less likely to have received HIV testing in their lifetime (AOR =.62, 95% CI .53,.72) or to have received a recent HIV test (AOR =.78, 95% CI .68,.90). Conversely, among those who reported having had anal sex in the past six months, bisexual men were more likely to report consistent condom use than gay men (OR = 1.38, 95% CI 1.17, 1.62). Compared with gay men, bisexual men were significantly less likely to be aware of PrEP (AOR =.62, 95% CI .52,.74) and significantly less willing to use PrEP (AOR =.58, 95% CI .46,.73). Conclusions: Tailored HIV prevention interventions are needed to address bisexual men's needs in the context of the unique sociocultural influences on sexual behavior in China. © 2022 Taylor & Francis Group, LLC.	Bisexual; China; condom use; gay; HIV testing; men who have sex with men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hong Chenglin; Horvath, Keith J; Stephenson, Rob; Nelson, Kimberly M; Petroll, Andrew E; Walsh, Jennifer L; John, Steven A	PrEP Use and Persistence Among Young Sexual Minority Men 17–24 Years Old During the COVID-19 Pandemic	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03423-5	https://www.proquest.com/scholarly-journals/prep-use-persistence-among-young-sexual-minority/docview/2628014498/se-2?accountid=8113	The COVID-19 pandemic has caused disruptions to health care access for sexual and gender minorities in the U.S. We sought to explore the impact of COVID-19 on HIV pre-exposure prophylaxis (PrEP) use and sexual health services by assessing PrEP eligibility and use, changes in sexual behaviors, and HIV/STI testing during the COVID-19 pandemic. We surveyed 239 young sexual minority men (YSMM) 17–24 years old between April and September 2020 in the U.S. One-in-seven YSMM PrEP users discontinued use during the pandemic, and all those who discontinued PrEP reported a decrease in sexual activity. Twenty percent reported difficulty getting prescriptions and medications from their doctors or pharmacies, and more than 10% reported challenges accessing HIV/STI testing. Among those who met Centers for Disease Control and Prevention criteria for PrEP (n = 104), 86.5% were not currently using PrEP. Among those surveyed 3 months or later after the start of major COVID-19 stay-at-home measures (n = 165), 35.8% reported CAS with a causal partner within the past 3 months during the COVID-19 pandemic. Seeking HIV testing was associated with reporting condomless anal sex in the previous 3 months, indicating the necessity for ensuring continuity of basic sexual health services for YSMM. Failure to adequately adjust HIV prevention services and intervention in the face of pandemic-related adversity undermines efforts to end the HIV epidemic in the U.S.	HIV; Physicians; Pre-exposure prophylaxis; Epidemics; Psychology; Prevention; Men; Gender; Men who have sex with men; Sexual behavior; Sexual health; COVID-19; Disease prevention; Health services; Health care; Public health; Prophylaxis; Sexual minority; Anal intercourse; Pandemic; Pandemics; Alcoholism; Health behavior; Disease control; Health care access; Sexual minority men; Sexual and reproductive health; Anal sex; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Gays & lesbians; Mens health; Behavior modification; Coronaviruses; Viral diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hoover, Karen W.; Zhu, Weiming; Gant, Zanetta C.; Delaney, Kevin P.; Wiener, Jeffrey; Carnes, Neal; Thomas, Dominique; Weiser, John; Huang, Ya-Lin A.; Cheever, Laura W.; Kourtis, Athena P.	HIV Services and Outcomes During the COVID-19 Pandemic - United States, 2019-2021.	MMWR Recommendations and Reports	-	-	-	1545-861X 0149-2195	10.15585/mmwr.mm7148a1	https://pubmed.ncbi.nlm.nih.gov/36454696/	Increasing HIV testing, preexposure prophylaxis (PrEP), and antiretroviral therapy (ART) are pillars of the federal Ending the HIV Epidemic in the U.S. (EHE) initiative, with a goal of decreasing new HIV infections by 90% by 2030.* In response to the COVID-19 pandemic, a national emergency was declared in the United States on March 13, 2020, resulting in the closure of nonessential businesses and most nonemergency health care venues; stay-at-home orders also limited movement within communities (1). As unemployment increased during the pandemic (2), many persons lost employer-sponsored health insurance (3). HIV testing and PrEP prescriptions declined early in the COVID-19 pandemic (4-6); however, the full impact of the pandemic on use of HIV prevention and care services and HIV outcomes is not known. To assess changes in these measures during 2019-2021, quarterly data from two large U.S. commercial laboratories, the IQVIA Real World Data - Longitudinal Prescription Database (IQVIA),(†) and the National HIV Surveillance System (NHSS)(§) were analyzed. During quarter 1 (Q1)(¶) 2020, a total of 2,471,614 HIV tests were performed, 190,955 persons were prescribed PrEP, and 8,438 persons received a diagnosis of HIV infection. Decreases were observed during quarter 2 (Q2), with 1,682,578 HIV tests performed (32% decrease), 179,280 persons prescribed PrEP (6% decrease), and 6,228 persons receiving an HIV diagnosis (26% decrease). Partial rebounds were observed during quarter 3 (Q3), with 2,325,554 HIV tests performed, 184,320 persons prescribed PrEP, and 7,905 persons receiving an HIV diagnosis. The proportion of persons linked to HIV care, the number who were prescribed ART, and proportion with a suppressed viral load test (<200 copies of HIV RNA per mL) among those tested were stable during the study period. During public health emergencies, delivery of HIV services outside of traditional clinical settings or that use nonclinical delivery models are needed to facilitate access to HIV testing, ART, and PrEP, as well as to support adherence to ART and PrEP medications.	Humans; United States/epidemiology; *Pre-Exposure Prophylaxis; *HIV Infections/diagnosis/drug therapy/epidemiology; Pandemics; HIV Testing; *COVID-19/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hoover, Karen W; Kourtis, Athena P; Smith, Dawn K	U.S. Black Women and Human Immunodeficiency Virus Preexposure Prophylaxis Implementation	Obstetrics and Gynecology	-	-	-	297844	10.1097/AOG.0000000000004829	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134368897&doi=10.1097%2fAOG.0000000000004829&partnerID=40&md5=a36251da236343f10219c5806b2357a2	Black women are disproportionately affected by the U.S. human immunodeficiency virus (HIV) epidemic. Preexposure prophylaxis (PrEP) is a safe and effective intervention for HIV prevention. Increased PrEP implementation is a pillar of the U.S. Department of Health and Human Services' Ending the HIV Epidemic in the U.S. initiative. However, PrEP has been used by a smaller proportion of women with PrEP indications compared with men. The goals of the Ending the HIV Epidemic in the U.S. initiative can be achieved only by increasing PrEP use among Black women. Obstetricians and gynecologists are uniquely poised to provide PrEP services for women. We describe the need for community-to-clinic models to overcome the barriers to PrEP use by Black women and a roadmap for clinician and community organization collaboration to increase access to and use of PrEP by Black women. © 2022 Lippincott Williams and Wilkins. All rights reserved.	Anti-HIV Agents, Female, HIV, HIV Infections, Humans, Male, Epidemics, Blacks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Hovaguimian F.; Martin E.; Reinacher M.; Rasi M.; Schmidt A.J.; Bernasconi E.; Boffi El Amari E.; Braun D.L.; Calmy A.; Darling K.; Christinet V.; Depmeier C.; Hauser C.; Läuchli S.; Notter J.; Stoeckle M.; Surial B.; Vernazza P.; Bruggmann P.; Tarr P.; Haerry D.; Bize R.; Low N.; Lehner A.; Böni J.; Kouyos R.D.; Fehr J.S.; Hampel B.	Participation, retention and uptake in a multicentre pre-exposure prophylaxis cohort using online, smartphone-compatible data collection	HIV Medicine	-	-	-	14642662	10.1111/hiv.13175	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116132458&doi=10.1111%2fhiv.13175&partnerID=40&md5=9f5869e2b7c08016581efd8cc39ab4b8	Objectives: The aim of the study was to assess the feasibility of a national pre-exposure prophylaxis (PrEP) programme using smartphone-compatible data collection. Methods: This was a multicentre cohort study (NCT03893188) enrolling individuals interested in PrEP in Switzerland. All centres participate in the SwissPrEPared programme, which uses smartphone-compatible data collection. Feasibility was assessed after centres had enrolled at least one participant. Participants were HIV-negative individuals presenting for PrEP counselling. Outcomes were participation (number enrolled/number eligible), enrolment rates (number enrolled per month), retention at first follow-up (number with first follow-up/number enrolled), and uptake (proportion attending first visit as scheduled). Participant characteristics were compared between those retained after baseline assessment and those who dropped out. Results: Between April 2019 and January 2020, 987 individuals were assessed for eligibility, of whom 969 were enrolled (participation: 98.2%). The median enrolment rate was 86 per month interquartile range (IQR) 52–137. Retention at first follow-up and uptake were both 80.7% (782/969 and 532/659, respectively). At enrolment, the median age was 40 (IQR 33–47) years, 95% were men who have sex with men, 47% had a university degree, and 75.5% were already taking PrEP. Most reported multiple casual partners (89.2%), previous sexually transmitted infections (74%) and sexualized drug use (73.1%). At baseline, 25.5% tested positive for either syphilis, gonorrhoea or chlamydia. Participants who dropped out were at lower risk of HIV infection than those retained after baseline assessment. Conclusions: In a national PrEP programme using smartphone-compatible data collection, participation, retention and uptake were high. Participants retained after baseline assessment were at considerable risk of HIV infection. Younger, less educated individuals were underrepresented in the SwissPrEPared cohort. © 2021 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	Adult, Anti-Hiv Agents, HIV Infections, Homosexuality, Male, Humans	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2022	Howarth A.R.; Saunders J.; Reid D.; Kelly I.; Wayal S.; Weatherburn P.; Hughes G.; Mercer C.H.	Stay at home …': exploring the impact of the COVID-19 public health response on sexual behaviour and health service use among men who have sex with men: findings from a large online survey in the UK	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2021-055039	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119572064&doi=10.1136%2fsextrans-2021-055039&partnerID=40&md5=165afd79560ec1d97c75d994308e8aee	Objectives The first UK national lockdown began on 23 March 2020, in response to the COVID-19 pandemic, and led to reduced STI/HIV service provision in the UK. We investigated sexual behaviour, use and need for sexual healthcare during the pandemic. Methods Participants (N=2018), including men (cis/ transgender), transwomen and gender-diverse people reporting sex with another man (cis/transgender) or non-binary person assigned male at birth, completed an online cross-sectional survey (23 June 2020–14 July 2020), in response to adverts on social media and dating apps. Sexual behaviour, service use and unmet need for STI testing (any new male and/or multiple condomless anal sex (CAS) partners without STI testing) in the 3 months since lockdown began were examined and compared using multivariable analyses with an equivalent 3-month period in a 2017 survey (N=1918), conducted by the same research team. Results Since lockdown began, 36.7% of participants reported one or more new partners, 17.3% reported CAS with multiple partners, 29.7% HIV testing (among 1815 of unknown/negative status), 24.9% STI testing and 15.4% using pre-exposure prophylaxis (PrEP). Since lockdown began, 25.3% of participants had unmet need for STI testing. This was more likely among Asian versus white participants (adjusted OR (aOR)=1.76, (1.14 to 2.72), p=0.01); for participants living in Scotland (aOR=2.02, (1.40 to 2.91), p<0.001) or Northern Ireland (aOR=1.93, (1.02–3.63), p=0.04) versus England; and for those living with HIV (aOR=1.83, (1.32 to 2.53), p<0.001). Compared to 2017, the equivalent 2020 subsample were less likely to report new male partners (46.8% vs 71.1%, p<0.001), multiple CAS partners (20.3% vs 30.8%, p<0.001) and have unmet need for STI testing (32.8% vs 42.5%, p<0.001) in the past 3 months. Conclusions We found potential for ongoing STI/HIV transmission among men who have sex with men during the initial UK lockdown, despite reduced sexual activity, and inequalities in service access. These findings will support public planning to mitigate health risks during and after the COVID-19 response. © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY. Published by BMJ.	Male, Pandemics, Sexual Behavior, Covid-19, HIV Infections, Homosexuality, Male	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Hsu, Katherine K; Rakhmanina, Natella Yurievna	Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis.	Pediatrics	-	-	-	1098-4275	10.1542/peds.2021-055207	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9645702	Most sexually active youth in the United States do not believe that they are at risk for contracting HIV and have never been tested. Creating safe environments that promote confidentiality and respect, obtaining an accurate sexual and reproductive health assessment, and providing nonstigmatizing risk counseling are key components of any youth encounters. Pediatricians can play a key role in preventing and controlling HIV infection by promoting risk-reduction counseling and offering routine HIV testing and prophylaxis to adolescent and young adult (youth) patients. In light of persistently high numbers of people living with HIV in the United States and documented missed opportunities for HIV testing, the Centers for Disease Control and Prevention and the US Preventive Services Task Force recommend universal and routine HIV screening among US populations, including youth. Recent advances in HIV diagnostics, treatment, and prevention help support this recommendation. This clinical report reviews epidemiological data and recommends that routine HIV screening be offered to all youth 15 years or older, at least once, in health care settings. After initial screening, youth at increased risk, including those who are sexually active, should be rescreened at least annually, and potentially as frequently as every 3 to 6 months if at high risk (male youth reporting male sexual contact, active injection drug users, transgender youth; youth having sexual partners who are HIV-infected, of both genders, or injection drug users; youth exchanging sex for drugs or money; or youth who have had a diagnosis of or have requested testing for other sexually transmitted infections). Youth at substantial risk for HIV acquisition should be routinely offered HIV preexposure prophylaxis, and HIV postexposure prophylaxis is also indicated after high-risk exposures. This clinical report also addresses consent, confidentiality, and coverage issues that pediatricians face in promoting routine HIV testing and HIV prophylaxis for their patients.	NA	English	United States	Western and Central Europe and North America	Jamaica	Latin America and the Caribbean	Jamaica	Latin America and the Caribbean	Review
Article	2022	Huang W.; Lockard A.; Kelley C.F.; Serota D.P.; Rolle C.-P.M.; Sullivan P.S.; Rosenberg E.S.; Siegler A.J.	From declining PrEP to PrEP initiation as "first nature"–what changes PrEP initiation decisions among young, Black MSM	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1960946	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112032013&doi=10.1080%2f09540121.2021.1960946&partnerID=40&md5=612941b5344a890a32482ad0e0c5f1f7	Young Black men who have sex with men (YBMSM) bear a disproportionate burden of HIV, and HIV pre-exposure prophylaxis (PrEP) uptake has been slow. Decisions regarding PrEP initiation change in different life contexts over time. Our YBMSM cohort study found about 1/3 of those who initially declined PrEP subsequently changed and initiated PrEP care. This study explores the process of their PrEP decision changes. The study interviewed participants who initially voiced strong and clear reservations about PrEP, but subsequently started PrEP 1–14 months later. In "review/renew" follow-up interviews, participants reviewed their past statements from a time they declined PrEP, and renew their understanding regarding perspective and behavioral change. Analyzing the data with a positive deviance framework, we found that shifting the decisional balance in favor of PrEP initiation only required change in some areas. There were not consistent factors that prevented or facilitated PrEP uptake. Instead, YBMSM initiated PrEP while maintaining an array of substantial reservations. PrEP initiation decisions should be viewed by health practitioners as a longitudinal process, and routine PrEP offers should be made over time. To optimally facilitate PrEP use among YBMSM, the diverse benefits of PrEP should be emphasized rather than focusing on allaying all concerns. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	pre-exposure prophylaxis; Young Black men who have sex with men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Huang Y.C.; Sun H.Y.; Sheng W.H.; Hsieh S.M.; Huang S.H.; Chen G.J.; Liu W.D.; Chang S.Y.; Su Y.C.; Su L.H.; Liu W.C.; Hung C.C.	Evolution of Hepatitis B Virus (HBV) Serologic Markers Among Antiretroviral-Naive Young People Living With Human Immunodeficiency Virus Who Had Undergone Neonatal HBV Vaccination and Initiated Antiretroviral Therapy	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciab1020	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138449011&doi=10.1093%2fcid%2fciab1020&partnerID=40&md5=65a51a6adca4d234bb426aac4cba1f9d	Background: With initiation of antiretroviral therapy (ART) containing nucleos(t)ide reverse-transcriptase inhibitors (NRTIs) with anti-hepatitis B virus (HBV) activity, the evolution of HBV serologic markers among people living with human immunodeficiency virus (PLWH) who were born in the era of nationwide neonatal HBV vaccination is rarely investigated. Methods: This retrospective cohort study evaluated the changes of HBV serologic markers (hepatitis B surface antigen HBsAg, antibody to hepatitis B surface antigen anti-HBs, and antibody to hepatitis B core antigen anti-HBc) of PLWH who had undergone neonatal HBV vaccination. Clinical characteristics were analyzed and the incidences of evolution of HBV serologic markers were estimated. Results: Between 2004 and 2020, 608 PLWH (mean age, 24 years) were included and 62.0% initiated tenofovir-containing ART. 13 (2.1%) were HBsAg-positive, 312 (51.3%) tested triple-negative, 209 (34.4%) had vaccine-induced seroprotection against HBV, and 74 (12.2%) tested positive for anti-HBc with or without anti-HBs. Among 492 PLWH who received a median follow-up of 2.8 years, 4 cases of incident HBV infection occurred (0.59 per 100 person-years of follow-up (PYFU)) in PLWH testing triple-negative at baseline despite ART containing NRTIs with anti-HBV activity. Of PLWH with seroprotection against HBV at baseline, 38 subsequently lost anti-HBs (4.46 per 100 PYFU) and 4 cases of incident HBV infection occurred (0.47 per 100 PYFU). PLWH with an anti-HBs antibody titer ≥100 mIU/mL at baseline (adjusted hazard ratio aHR, 0.10 95% confidence interval {CI}:. 02-.42) and CD4 ≥500 cells/μL during follow-up (aHR, 0.51 95% CI:. 30-1.00) were less likely to lose HBV seroprotection. Conclusions: Among young PLWH who had undergone neonatal HBV vaccination, evolution of HBV serologic markers and incident infections occurred despite ART containing NRTIs with anti-HBV activity. © 2021 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	chemoprophylaxis; horizontal transmission; immunization; sexual transmission; tenofovir; viral hepatitis	English	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Clinical
Article	2022	Huang Y.L.A.; Zhu W.; Carnes N.; Hoover K.W.	Abandonment of Human Immunodeficiency Virus Preexposure Prophylaxis Prescriptions at Retail Pharmacies - United States, 2019	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciac009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137125358&doi=10.1093%2fcid%2fciac009&partnerID=40&md5=7c7b339842d30a6b743c2e8597cdb2ab	We analyzed a national pharmacy database to estimate the annual number of persons who abandoned preexposure prophylaxis (PrEP) prescriptions and assessed associated factors. About 9% of persons prescribed PrEP abandoned prescriptions in 2019; abandonment was associated with sex, age, insurance type, black race/ethnicity, and drug copayment amount. © 2022 Published by Oxford University Press for the Infectious Diseases Society of America.	preexposure prophylaxis; PrEP; prescription abandonment; prescription pickup; retail pharmacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Huang Y.L.A.; Zhu W.; Wiener J.; Kourtis A.P.; Hall H.I.; Hoover K.W.	Impact of Coronavirus Disease 2019 (COVID-19) on Human Immunodeficiency Virus (HIV) Pre-exposure Prophylaxis Prescriptions in the United States - A Time-Series Analysis	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciac038	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137124372&doi=10.1093%2fcid%2fciac038&partnerID=40&md5=91c65036eaabf56b0b35cfc67dbb0a4a	Background: Uptake of HIV pre-exposure prophylaxis (PrEP) has been increasing in the United States since its FDA approval in 2012; however, the COVID-19 pandemic may have affected this trend. Our objective was to assess the impact of COVID-19 on PrEP prescriptions in the United States. Methods: We analyzed data from a national pharmacy database from January 2017 through March 2021 to fit an interrupted time-series model that predicted PrEP prescriptions and new PrEP users had the pandemic not occurred. Observed PrEP prescriptions and new users were compared with those predicted by the model. Main outcomes were weekly numbers of PrEP prescriptions and new PrEP users based on a previously developed algorithm. The impact of the COVID-19 pandemic was quantified by computing rate ratios and percentage decreases between the observed and predicted counts during 15/3/2020-31/3/2021. Results: In the absence of the pandemic, our model predicted that there would have been 1 058 162 PrEP prescriptions during 15/3/2020-31/3/2021. We observed 825 239 PrEP prescriptions, a 22.0% reduction (95% CI: 19.1-24.8%) after the emergency declaration. The model predicted 167 720 new PrEP users during the same period; we observed 125 793 new PrEP users, a 25.0% reduction (95% CI: 20.9-28.9%). The COVID-19 impact was greater among younger persons and those with commercial insurance. The impact of the pandemic varied markedly across states. Conclusions: The COVID-19 pandemic disrupted an increasing trend in PrEP prescriptions in the United States, highlighting the need for innovative interventions to maintain access to HIV-prevention services during similar emergencies. © 2022 Published by Oxford University Press for the Infectious Diseases Society of America.	COVID-19; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hughes J.P.; Williamson B.D.; Krakauer C.; Chau G.; Ortiz B.; Wakefield J.; Hendrix C.; Amico K.R.; Holtz T.H.; Bekker L.-G.; Grant R.	Combining information to estimate adherence in studies of pre-exposure prophylaxis for HIV prevention: Application to HPTN 067	Statistics in Medicine	-	-	-	2776715	10.1002/sim.9321	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123497598&doi=10.1002%2fsim.9321&partnerID=40&md5=5caac97b6d6101d97c1043d0605f096a	In trials of oral HIV pre-exposure prophylaxis (PrEP), multiple approaches have been used to measure adherence, including self-report, pill counts, electronic dose monitoring devices, and biological measures such as drug levels in plasma, peripheral blood mononuclear cells, hair, and/or dried blood spots. No one of these measures is ideal and each has strengths and weaknesses. However, accurate estimates of adherence to oral PrEP are important as drug efficacy is closely tied to adherence, and secondary analyses of trial data within identified adherent/non-adherent subgroups may yield important insights into real-world drug effectiveness. We develop a statistical approach to combining multiple measures of adherence and show in simulated data that the proposed method provides a more accurate measure of true adherence than self-report. We then apply the method to estimate adherence in the ADAPT study (HPTN 067) in South African women. © 2022 John Wiley & Sons Ltd.	adherence; HIV; latent variable; pharmacokinetic model; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Hughes Y.; Tomlins L.; Usherwood T.	Prescribing for patients taking antiretroviral therapy	Australian Prescriber	-	-	-	3128008	10.18773/austprescr.2022.026	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131823361&doi=10.18773%2faustprescr.2022.026&partnerID=40&md5=a397a41d89ce0826183834c865172cfe	Current first-line antiretroviral therapy comprises a combination of drugs that are generally well tolerated. Adverse effects include hypersensitivity reactions, renal and liver toxicity, rhabdomyolysis, hyperlipidaemia, weight gain and neuropsychiatric disorders. Most drug–drug interactions related to antiretroviral therapy involve drug absorption, metabolism or elimination. Some interactions may increase toxicity or reduce the effectiveness of antiretroviral therapy potentially resulting in treatment failure. Routinely checking for adverse drug effects and potential drug–drug interactions is an important part of the care of people taking antiretroviral therapy. This includes asking about the patient's use of over-the-counter and complementary medicines. © 2022.	drug interactions; HIV; integrase inhibitors; protease inhibitors; reverse transcriptase inhibitors	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	NA	NA	Review
Article	2022	Huličiak, Martin; Vokřál, Ivan; Holas, Ondřej; Martinec, Ondřej; Štaud, František; Červený, Lukáš	Evaluation of the Potency of Anti-HIV and Anti-HCV Drugs to Inhibit P-Glycoprotein Mediated Efflux of Digoxin in Caco-2 Cell Line and Human Precision-Cut Intestinal Slices.	Pharmaceuticals	-	-	-	1424-8247	10.3390/ph15020242	https://pubmed.ncbi.nlm.nih.gov/35215354/	The inhibition of P-glycoprotein (ABCB1) could lead to increased drug plasma concentrations and hence increase drug toxicity. The evaluation of a drug's ability to inhibit ABCB1 is complicated by the presence of several transport-competent sites within the ABCB1 binding pocket, making it difficult to select appropriate substrates. Here, we investigate the capacity of antiretrovirals and direct-acting antivirals to inhibit the ABCB1-mediated intestinal efflux of (3)H-digoxin and compare it with our previous rhodamine123 study. At concentrations of up to 100 μM, asunaprevir, atazanavir, daclatasvir, darunavir, elbasvir, etravirine, grazoprevir, ledipasvir, lopinavir, rilpivirine, ritonavir, saquinavir, and velpatasvir inhibited (3)H-digoxin transport in Caco-2 cells and/or in precision-cut intestinal slices prepared from the human jejunum (hPCIS). However, abacavir, dolutegravir, maraviroc, sofosbuvir, tenofovir disoproxil fumarate, and zidovudine had no inhibitory effect. We thus found that most of the tested antivirals have a high potential to cause drug-drug interactions on intestinal ABCB1. Comparing the Caco-2 and hPCIS experimental models, we conclude that the Caco-2 transport assay is more sensitive, but the results obtained using hPCIS agree better with reported in vivo observations. More inhibitors were identified when using digoxin as the ABCB1 probe substrate than when using rhodamine123. However, both approaches had limitations, indicating that inhibitory potency should be tested with at least these two ABCB1 probes.	antiretrovirals; drug–drug interactions; direct-acting antivirals; ABCB1; human precision-cut intestinal slices	English	Switzerland	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Czech Republic	Western and Central Europe and North America	Clinical
Article	2022	Hulstein S.H.; Zimmermann H.M.L.; De La Court F.; Matser A.A.; Schim Van Der Loeff M.F.; Hoornenborg E.; Davidovich U.; Prins M.; De Vries H.J.C.	Factors Associated With the Intention to Use HIV Preexposure Prophylaxis for Young and Older Men Who Have Sex With Men	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001599	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125278470&doi=10.1097%2fOLQ.0000000000001599&partnerID=40&md5=25d0c42025ce4878b01d263826ffea8a	Background The uptake of preexposure prophylaxis (PrEP) against HIV is low among young men who have sex with men (MSM) in the Netherlands. Studying the intention to use PrEP among non-PrEP using young and older MSM can guide health authorities in developing new prevention campaigns to optimize PrEP uptake. Methods We investigated the sociodemographic, behavioral, and psychosocial factors associated with a high PrEP use intention in the coming 6 months among 93 young MSM (aged ≤25 years), participating in an online survey, and 290 older MSM (aged ≥26 years), participating in an open, prospective cohort in 2019 to 2020. Results Perceiving PrEP as an important prevention tool was associated with a high PrEP use intention among young and older MSM. Among young MSM, a high level of PrEP knowledge and believing that PrEP users take good care of themselves and others were associated with a high PrEP use intention. Among older MSM, 2 or more anal sex partners, chemsex, high HIV risk perception, and believing PrEP increases sexual pleasure were associated with a high PrEP use intention. Believing PrEP leads to adverse effects was associated with a low intention to use PrEP among older MSM. Conclusions To conclude, we showed that both behavioral and psychosocial factors were associated with a high PrEP use intention among young and older MSM. In addition to focusing on sexual behavior and HIV risk, future prevention campaigns and counseling on PrEP could incorporate education, endorsing positive beliefs, and disarming negative beliefs to improve the uptake of PrEP in young and older MSM. © Lippincott Williams & Wilkins.	Anti-HIV Agents, HIV Infections, Humans, Male, Homosexuality, Pre-Exposure Prophylaxis, Sexual Behavior	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative

Article	2022	Humphries H.; Upfold M.; Mahlase G.; Mdladla M.; Gengiah T.N.; Karim Q.A.	Implants for HIV prevention in young women: Provider perceptions and lessons learned from contraceptive implant provision	PLOS One	-	-	-	19326203	10.1371/journal.pone.0262043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122890207&doi=10.1371%2fjournal.pone.0262043&partnerID=40&md5=864b0e7d805c55fa2ca88c7ff8ed4412	Preventing new HIV infections, especially amongst young women, is key to ending the HIV epidemic especially in sub-Saharan Africa. Potent antiretroviral (ARV) drugs used as preexposure prophylaxis (PrEP) are currently being formulated as long-acting implantable devices, or nanosuspension injectables that release drug at a sustained rate providing protection from acquiring HIV. PrEP as implants (PrEP Implants) offers an innovative and novel approach, expanding the HIV prevention toolbox. Feedback from providers and future users in the early clinical product development stages may identify modifiable characteristics which can improve acceptability and uptake of new technologies. Healthcare workers (HCWs) perspectives and lessons learned during the rollout of contraceptive implants will allow us to understand what factors may impact the roll-out of PrEP implants. We conducted eighteen interviews with HCWs (9 Nurses and 9 Community Healthcare Workers) in rural KwaZulu-Natal, South Africa. HCWs listed the long-acting nature of the contraceptive implant as a key benefit, helping to overcome healthcare system barriers like heavy workloads and understaffing. However, challenges like side effects, migration of the implant, stakeholder buy-in and inconsistent training on insertion and removal hampered the roll-out of the contraceptive implant. For PrEP implants, HCWs preferred long-acting products that were palpable and biodegradable. Our findings highlight that the characteristics of PrEP implants that are perceived to be beneficial by HCWs may not align with that of potential users, potentially impacting the acceptability and uptake of PrEP implants. Further our data highlight the need for sustained and multi-pronged approaches to training HCWs and introducing new health technologies into communities. Finding a balance between the needs of HCWs that accommodate their heavy workloads, limited resources at points of delivery of care and the needs and preferences of potential users need to be carefully considered in the development of PrEP implants. © 2022 Humphries et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Adult, HIV Infections, Humans, Perception, Female, Contraception	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Humphries, Debbie L; Rhodes, Elizabeth C; Simon, Christine L; Wang, Victor; Spiegelman, Donna; Ott, Corilyn; Hicks, David; Marcus, Julia L; Krakower, Doug; Rana, Aadia	Using Health Care Professionals' Perspectives to Refine a Clinical Decision Support Implementation Strategy for Increasing the Prescribing of HIV Preexposure Prophylaxis (PrEP) in Alabama.	Journal of the International Association of Providers of AIDS Care	-	-	-	2325-9582	10.1177/23259582221144451	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9772965	Pre-exposure prophylaxis (PrEP) is underused in the southern United States (US), a region with high HIV incidence. Clinical decision support (CDS) tools could increase PrEP prescriptions. We explored barriers to PrEP delivery and views of CDS tools to identify refinements for implementation strategies for PrEP prescribing and PrEP CDS tools. We conducted focus groups with health care providers from two federally qualified health centers in Alabama and analyzed the results using rapid qualitative methods. Barriers to PrEP included providers' lack of training in PrEP, competing priorities and time constraints during clinical visits, concerns about side effects, and intensive workload. We identified refinements to the planned implementation strategies to address the barriers, including training all clinic staff in PrEP and having CDS PrEP alerts in electronic health records sent to all staff. Development and deployment of CDS tools in collaboration with providers has potential to increase PrEP prescribing in high-priority jurisdictions.	implementation strategies, pre-Exposure prophylaxis, providers, clinical decision support system	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Hunidzarira, Portia; Brown, Elizabeth R.; Chirenje, Z. Mike; Hillier, Sharon L.; Marrazzo, Jeanne M.; Palanee-Phillips, Thesla; Kiweewa, Flavia M.; Baeten, Jared M.	Population-Level Correlation Between Incidence of Curable Sexually Transmitted Infections and Human Immunodeficiency Virus (HIV)-1 Among African Women Participating in HIV-1 Pre-Exposure Prophylaxis Trials.	The Journal of Infectious Diseases	-	-	-	1537-6613 0022-1899	10.1093/infdis/jiac269	https://academic.oup.com/jid/article/226/6/1069/6619245?login=false	BACKGROUND: Highly efficacious oral pre-exposure prophylaxis (PrEP) is the global standard for human immunodeficiency virus (HIV)-1 prevention, including in clinical trials of novel PrEP agents using active-comparator designs. The analysis assessed whether incident sexually transmitted infections (STIs) can serve as a surrogate indicator of HIV-1 incidence that might occur in the absence of PrEP. METHODS: We analyzed data from 3256 women randomized to placebo groups of oral and vaginal PrEP trials (MTN-003/VOICE and MTN-020/ASPIRE). Regression modeling assessed the correlation between incident individual STIs (Neisseria gonorrhoeae, Chlamydia trachomatis, and Trichomonas vaginalis, each considered separately) and incident HIV-1. RESULTS: Across 18 sites in 4 countries (Malawi, South Africa, Uganda, Zimbabwe), STI and HIV-1 incidences were high: HIV-1 4.9, N gonorrhoeae 5.3, C trachomatis 14.5, and T vaginalis 7.1 per 100 person-years. There was limited correlation between HIV-1 incidence and incidence of individual STIs: N gonorrhoeae (r = 0.02, P = .871), C trachomatis (r = 0.49, P = <.001), and T vaginalis (r = 0.10, P = .481). The modest association with C trachomatis was driven by country-level differences in both C trachomatis and HIV-1, with no statistically significant association within countries. CONCLUSIONS: Sexually transmitted infection incidence did not reliably predict HIV-1 incidence at the population level among at-risk African women participating in 2 large PrEP trials.	Humans; Incidence; Female; *HIV-1; Prevalence; Chlamydia trachomatis; Neisseria gonorrhoeae; *Pre-Exposure Prophylaxis; HIV incidence; sexually transmitted infections; women; clinical trial design; *HIV Infections/epidemiology/prevention & control; *Chlamydia Infections/epidemiology/prevention & control; *Sexually Transmitted Diseases/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Clinical
Article	2022	Hurley, Emily A.; Wanyenze, Rhoda K.; Gizaw, Mahlet; Gwokyalya, Violet; Beyeza-Kashesya, Jolly; Wagner, Glenn J.; Mayatsa, Jimmy; Nuwamanya, Simpson; Mindry, Deborah; Finocchario-Kessler, Sarah; Goggin, Kathy	Untapped Potential for Safer Conception Messaging to Transform PrEP Rollout and Promote Service Engagement Among Serodiscordant Couples	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03584-x	https://www.proquest.com/scholarly-journals/untapped-potential-safer-conception-messaging/docview/2672491416/se-2?accountid=8113	Uptake of pre-exposure prophylaxis (PrEP) fell short of targets for Sub-Saharan Africa's initial rollout, revealing the need for more effective promotion strategies. In Uganda, we explored potential benefits and challenges of integrating safer conception messaging to promote PrEP among serodiscordant couples. In-depth interviews were conducted with clients and personnel at three clinics and analyzed thematically. Participants (n = 58) valued PrEP as a safer conception method (SCM) but described lack of integration of safer conception and PrEP services as well as inconsistent practices in prescribing PrEP to couples pursuing conception. Participants reported that the wider population remains largely unaware of PrEP and SCM or harbors misconceptions that PrEP is primarily for highly stigmatized groups like sex workers. Participants further described how heterosexual couples can still be reluctant to test for HIV, unaware of tools like PrEP and SCM that would allow them to continue their relationship and/or pursuit of childbearing. Overall, findings suggest that integrating PrEP and SCM in messaging and services targeting serodiscordant couples holds untapped benefits throughout the HIV prevention cascade.	HIV; Uganda; Heterosexuality; Pre-exposure prophylaxis; Psychology; HIV testing; Safer conception; Sub-Saharan Africa; Health education; Disease prevention; Serodiscordant couples; Family planning; Prophylaxis; Conception; Prostitution; Health promotion; Couples; Sex workers; Demand creation; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Couple; Childbirth & labor	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Hurt C.B.; Morrison A.S.; Guy J.; Mobley V.L.; Dennis A.M.; Barrington C.; Samoff E.; Hightow-Weidman L.B.; McNeil C.J.; Carry M.G.; Hogben M.; Seña A.C.	Beyond Disease Intervention: Exploring an Expanded Role for Partner Services in the MATRix-NC Demonstration Project	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001544	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123346202&doi=10.1097%2fOLQ.0000000000001544&partnerID=40&md5=c32c40d2aeae6835ecf72281d08333f0	Background: Disease intervention specialists (DIS) provide partner services for sexually transmitted infections (STIs). We assessed an expansion of DIS services for clients with HIV and/or syphilis, and contacts within their social and sexual networks. Methods: Black and Latinx cisgender men and transgender women who have sex with men diagnosed with HIV and/or syphilis in 4 urban North Carolina counties were referred to designated DIS, who were trained to recruit clients as "seeds" for chain-referral sampling of sociosexual network "peers." All received HIV/STI testing and care; referrals for preexposure prophylaxis (PrEP) and social, behavioral, and non-STI medical services were offered. Participants completed baseline, 1-month, and 3-month computerized surveys. Results: Of 213 cases referred to DIS from May 2018 to February 2020, 42 seeds (25 with syphilis, 17 with HIV) and 50 peers participated. Median age was 27 years; 93% were Black and 86% were cisgender men. Most peers came from seeds' social networks: 66% were friends, 20% were relatives, and 38% were cisgender women. Incomes were low, 41% were uninsured, and 10% experienced recent homelessness. More seeds than peers had baseline PrEP awareness; attitudes were favorable, but utilization was poor. Thirty-seven participants were referred for PrEP 50 times; 17 (46%) accessed PrEP by month 3. Thirty-nine participants received 129 non-PrEP referrals, most commonly for housing assistance, primary care, Medicaid navigation, and food insecurity. Conclusions: Chain-referral sampling from partner services clients allowed DIS to access persons with significant medical and social service needs, demonstrating that DIS can support marginalized communities beyond STI intervention. Copyright © 2021 American Sexually Transmitted Diseases Association. All rights reserved.	Adult, Female, HIV Infections, Homosexuality, Male, Humans, Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Ichite, Amanda C	PrEParing to Break Barriers: A Mixed Methods Exploration of the Knowledge, Attitudes, and Perceptions of HIV, PrEP, and HIV Risk Behaviors among Women of Color in Miami, Florida	-	-	Florida International University	-	NA	NA	https://digitalcommons.fiu.edu/etd/5027	The U.S. HIV epidemic is characterized by regional, racial, and ethnic disparities. HIV rates are disproportionately higher in the South and Black and Hispanic populations are most impacted. Moreover, the intersectional identity of being a Black or Hispanic woman living in the South has been associated with profound disparities in HIV impact. Prior to the advent of the biomedical HIV prevention tool pre-exposure prophylaxis (PrEP) in 2012, women were limited in their options for female-controlled HIV prevention strategies. Despite the proven efficacy of PrEP, utilization in women is significantly lower than other at-risk groups. In the present study, secondary analysis was conducted using exploratory cross-sectional survey data as well as quantitative and qualitative pre- and post-intervention data from a pilot study conducted as part of the NIAAA funded study "Optimizing PrEP Utilization Among Alcohol and Other Drug Using Women of Color". In Aim 1, we explored the association between HIV and PrEP related knowledge and attitudinal factors and HIV risk. We found that increased risk for HIV was associated with higher HIV knowledge, higher risk perception, and more positive PrEP attitudes. HIV risk was found to decrease as PrEP knowledge increased. In Aim 2, we assessed the preliminary efficacy of a one-on-one HIV risk reduction intervention for women, "Talking PrEP with Women of Color in Miami," in a sample of Black women. We found evidence that the intervention was efficacious in improving risky behaviors, knowledge, and attitudes related to sexual risk taking. A qualitative process evaluation of the intervention in Aim 3 identified factors motivating, facilitating, and acting as barriers to PrEP use and established that participants found the intervention to be acceptable and beneficial. We also found that Black women may lack the social support identified as a key facilitator of PrEP use but, in the absence of support, high perceptions of risk serve as facilitators for use and adherence. Findings from this study can be used to inform educational content development for future HIV risk reduction interventions and improve challenges associated with attrition in interventions targeting at-risk ethnic minority women with a myriad of unmet social needs.	Pre-exposure prophylaxis; PrEP; HIV; community health; risk reduction intervention; community based research; women of color; Black women; Miami; South Florida; alcohol and other drug use; HIV risk perceptions; HIV susceptibility; HIV knowledge; PrEP attitudes; PrEP knowledge; Cognition and Perception; Community Health; Community Health and Preventive Medicine; Health Psychology; Public Health; Public Health Education and Promotion; Virus Diseases; Women's Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2022	Inghels, Maxime; Kim, Hae-Young; Tanser, Frank; Hettema, Anita; McMahon, Shannon A; Oldenburg, Catherine E; Matse, Sindy; Kohler, Stefan; Geldsetzer, Pascal	PrEP uptake and delivery setting preferences among clients visiting six healthcare facilities in Eswatini	AIDS and Behavior	-	-	-	1090-7165	https://doi.org/10.1007/s10461-022-03646-0	https://escholarship.org/uc/item/5b18w0hv	Due to the high HIV incidence among the general population of Eswatini, pre-exposure prophylaxis (PrEP) for HIV-exposed individuals is recommended. However, little is known about PrEP uptake and preferences in PrEP delivery healthcare setting among the general population. We conducted a secondary analysis of a randomized trial that aimed to increase PrEP uptake. All clients eligible for PrEP in one of six public-sector healthcare facilities in Eswatini were included. PrEP uptake was stratified by initial reason for visit (e.g. outpatient). Preferences in PrEP delivery setting were collected among those clients who initiated PrEP. A total of 1782 clients had their HIV acquisition risk assessed. Of these, 72% (1277/1782) were considered at risk by healthcare providers and, among them, 40% (517/1277) initiated PrEP. Uptake was higher among clients visiting specifically to initiate PrEP (93%), followed by HIV testing visits (45.8%) and outpatient visits (40%). Among those who initiated PrEP, preferred delivery settings were outpatient services (31%), HIV testing services (26%), family planning (21%) and antenatal services (14%). Men or those at high risk of HIV acquisition were more likely to prefer HIV testing and outpatient services, while young women were more likely to visit and express a preference for antenatal and family planning services. Outpatient services and HIV testing services could be preferable choices for PrEP delivery integration, due to the high PrEP uptake and delivery setting preferences of the populations who use these services. Antenatal and family planning could also be considered with a view to targeting the youngest women.	Public Health; Health Sciences; Pediatric AIDS; Clinical Trials and Supportive Activities; Pediatric; HIV/AIDS; Prevention; Clinical Research; Health Services; Mental Health; Infectious Diseases; Good Health and Well Being; Ambulatory Care Facilities; Anti-HIV Agents; Delivery of Health Care; Eswatini; Female; HIV Infections; Humans; Male; Pre-Exposure Prophylaxis; Pregnancy; HIV; Consumer preference; Health services; Public Health and Health Services; Social Work; Public health	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Iniesta C.; Folch C.; Meyer S.; Vázquez M.; Casabona J.; Díaz A.	Would eligible gay, bisexual and other men who have sex with men use PrEP? Awareness, knowledge, eligibility and intention to use PrEP among EMIS-2017 participants in Spain	Preventive Medicine	-	-	-	917435	10.1016/j.ypmed.2022.106962	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123845115&doi=10.1016%2fj.ypmed.2022.106962&partnerID=40&md5=6cf36ef0fc1b9e771863ddc1a72e285b	Pre-exposure prophylaxis (PrEP) is an efficacious strategy for reducing the incidence of HIV infection. It has been available in Spain since 2019. We aim to report on awareness, knowledge of, intention to use, and eligibility for PrEP and related factors among participants in the European Men-Who-Have-Sex-With-Men Internet Survey (EMIS-2017) in Spain. We used Spanish data from EMIS-2017, a cross-sectional study performed among gay, bisexual, and other men who have sex with men (GBMSM) from 50 countries. We found that 65.3% of the 10,634 participants were aware of PrEP, some 30.1% of those HIV-negative and ≥ 18 years were eligible and 52.7% of those eligible intended to use it. Regarding knowledge about PrEP, only 15.4% of the participants knew 3 statement with true information about that PrEP meant. Older age, being born in Western Europe (WE) and greater outness were associated with greater awareness. Older age, being born in Latin America or Caribbean or WE, sex work, and living in a large city were associated with greater eligibility. A greater degree of outness was associated with reduced intention to use. Our study point to possible barriers in the implementation of PrEP in Spain and similar countries. © 2022 Elsevier Inc.	GBMSM; HIV; PrEP; PrEP stigma; Prevention; Sexual health	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2022	Irie W.C.; Calabrese S.K.; Patel R.R.; Mayer K.H.; Geng E.H.; Marcus J.L.	Preferences for HIV Preexposure Prophylaxis Products Among Black Women in the U.S.	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03571-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122364212&doi=10.1007%2fs10461-021-03571-8&partnerID=40&md5=ade855721cb8f26699760e75d0d3f067	In a nationwide sample of Black women in the U.S., we assessed preferences for HIV preexposure prophylaxis (PrEP) products, including long-acting injectable (LAI) PrEP and once-daily oral PrEP. Among 315 respondents, 32.1% were aware of PrEP and 40.6% were interested in using it; interest increased to 62.2% if PrEP were provided for free. Oral PrEP was the preferred option (51.1%), followed by LAI PrEP (25.7%), vaginal gel (16.5%), and vaginal ring (6.7%). When examining oral and LAI PrEP alone, most (62.7%) preferred oral PrEP. LAI PrEP was more likely to be preferred among respondents with concerns about healthcare costs or PrEP-related stigma, and among those who reported inconsistent condom use and multiple sexual partners. Although most Black women preferred oral PrEP, LAI PrEP may be appealing to a subset with social and structural barriers to PrEP use, such as cost and stigma, and those at increased risk of HIV infection. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black women; Cabotegravir; HIV prevention; Long-acting injectable (LAI); Preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Irungu, Elizabeth M; Musau, Moses; Nyerere, Bernard; Dollah, Anabelle; Kwach, Benn; Owidi, Emmah; Wamoni, Elizabeth; Odoyo, Josephine; Mugo, Nelly; Bukusi, Elizabeth; Mugwanya, Kenneth; Baeten, Jared M	Using an on-site modular training approach to amplify prep service delivery in public health facilities in Kenya.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000092	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10021257	Delivery of oral PrEP, a potent HIV prevention intervention, has begun within public health systems in many countries in Africa. Training as many health providers as possible expeditiously is necessary to efficiently and rapidly scale up PrEP delivery among at risk populations and thereby realize the greatest impact of PrEP. We designed and implemented an innovative on-site modular training approach delivered in five two-hour modules. The modules could be covered in two consecutive days or be broken across several days enabling flexibility to accommodate health provider work schedules. We assessed knowledge gain comparing pre-and post-training test scores and determined monthly PrEP uptake for six months following the training intervention. We also evaluated the cost of this training approach and conducted key informant interviews to explore acceptability among health providers. Between January 2019 and December 2020, 2111 health providers from 104 health facilities were trained on PrEP. Of 1821 (83%) providers who completed both pre- and post-tests, 505 (28%) were nurses, 333 (18%) were HIV counsellors, 276 (15%) were clinical officers and 255 (14%) were lay providers. The mean score prior to and after training was 58% and 82% respectively (p <0.001). On average, health facilities initiated an average of 2.7 (SD 4.7) people on PrEP each month after the training, a number that did not decline over six months post-training (p = 0.62). Assuming Ministry of Health costs, the costs per provider trained was $16.27. Health providers expressed satisfaction with this training approach because it enabled many providers within a facility receive training. On-site modular training is an effective approach for improving PrEP education for health workers in public health facilities, It is also acceptable and low-cost. This method of training can be scaled up to rapidly amplify the number of health workers able to offer PrEP services.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2022	Iseselo, Masunga K.; Tarimo, Edith A. M.; Sandstrom, Eric; Kulane, Asli	Awareness and willingness to use HIV oral pre-exposure prophylaxis among people who inject drugs in Dar es Salaam, Tanzania: A cross-sectional survey.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000776	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000776	People who inject drugs (PWID) are at increased risk of HIV infection. Pre-exposure prophylaxis (PrEP) could help in HIV prevention among PWIDs. However, little is known about PrEP use among PWIDs in low and middle-income countries. This study reports the awareness of and willingness to use PrEP and the associated factors among PWID in Tanzania. A cross-sectional survey was conducted using respondent-driven sampling (RDS) to recruit PWIDs in Dar es Salaam, Tanzania. Data were collected using an interviewer-administered questionnaire. Chi-square statistical test was used during data analysis. The P-value of < 0.05 was used to ascertain the statistically significant relationship. IBM SPSS Statistics 25.0 was used to analyze the data. The analysis consisted of 260 PWIDs. The mean age of the respondents was 39.0 years with a standard deviation (SD) of ±7.5. Most of the respondents were male (n = 232, 89.2%) with primary education (n = 176, 67.7%). Despite the low awareness of PrEP (n = 42, 165.28%) in the study sample, the majority (n = 239, 91.9%) were willing to use PrEP. Both awareness of and willingness to use PrEP were associated with gender (p = .002 and p = < .001), awareness of HIV prevention programs(p = < .001 and p = .006), selling sex (p = .010 and p = .021), and frequency of condomless sexual intercourse (p = .029 and p = .025) respectively. In multivariable logistic regression, only gender(p = 0.046) was related to awareness of PrEP while awareness of HIV prevention programs (p = 0.009), the risk level of HIV infection(p = < .001), number of sexual partners(p = 0.046), and frequency of condomless sex(p = 0.032) were associated with willingness to use PrEP. Other factors were not statistically significant. Despite low awareness, PWIDs are highly willing to use PrEP. Future research should assess the acceptability of injectable PrEP for PWID, as their acquaintance with injection may make the formulation more practical.	NA	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Theses and Dissertations	2022	ISRAEL, KARLA CRISTINA SILVA PETRUCCELLI	FUNÇÃO RENAL E PROFILAXIA DIÁRIA CONTRA O HIV: RESULTADOS DO PROJETO DEMONSTRATIVO MULTICÊNTRICO DE VIDA REAL PREP BRASIL'	-	-	Universidade do Estado do Amazonas (UEA)	-	NA	NA	https://ppgmt.uea.edu.br/wp-content/uploads/2024/02/Tese-_-Karla-Israel.pdf	A Profilaxia Pré-Exposição (PrEP) tem demonstrado eficácia na redução de novas infecções pelo HIV. Contudo, o uso prolongado de fumarato de tenofovir desoproxila (TDF) e emtricitabina (FTC) em co-formulação (TDF/FTC) pode resultar em aumento do risco de toxicidade renal. Objetivamos avaliar as mudanças na taxa de filtração glomerular estimada (TFGe) em um cenário populacional de mundo real dos participantes inscritos no estudo PrEP Brasil, uma coorte prospectiva de 48 semanas, aberta, para avaliar a viabilidade de TDF/FTC oral diária usado por homens que fazem sexo com homens e mulheres transexuais com alto risco de infecção pelo HIV maiores de 18 anos. Métodos: A função renal foi avaliada por dosagem em série de creatinina sérica e cálculo da TFGe pela fórmula MDRD (Modification of Diet in Renal Disease Study) nas semanas 4, 12, 24, 36 e 48. A adesão à PrEP foi avaliada pela dosagem da concentração de TDF em manchas de sangue seco nas semanas 4 e 48, medido por espectrofotometria de massa e cromatografia de coluna líquida. Resultados: 392 participantes completaram o protocolo de acompanhamento de 48 semanas com níveis detectáveis de TDF no sangue e medidas de TFGe. 43,1% eram adultos jovens, de origem étnica caucasiana (57,9%), com IMC abaixo de 30kg/m2, sem hipertensão arterial. Na triagem, a TFGe mediana foi de 93,0 mL/min/1,73 m^2. Na semana 4 de acompanhamento, 90 (23%) participantes apresentaram reduções na TFGe maiores que 10 mL/min/1,73 m^2 em comparação com a TFGe basal, chegando a atingir59 ml/min/1,73m^2, mas sem eventos adversos sistêmicos ou renais graves ao ponto de demandar a descontinuação do TDF/FTC. Uma relação negativa foi observada entre os níveis sanguíneos de TDF e TFGe nas semanas 4 (r=-0,005; p<0,01) e 48 (r=-0,006; p<0,01). Conclusões: Nossos resultados sugerem que a função renal em indivíduos em uso de TDF/FTC pode ser avaliada na 4ª semana e, em seguida, anualmente, permitindo um acompanhamento médico mais flexível em centros de atenção primária.	HIV, Profilaxia Pré-exposição;Testes de função renal;Nefropatia	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2022	Iwelunmor J.; Tucker J.D.; Obiezu-Umeh C.; Gbaja-Biamila T.; Oladele D.; Nwaozuru U.; Musa A.Z.; Airhihenbuwa C.O.; Muessig K.; Rosenberg N.; BeLue R.; Xian H.; Conserve D.F.; Ong J.J.; Zhang L.; Curley J.; Nkengasong S.; Mason S.; Tang W.; Bayus B.; Ogedegbe G.; Ezechi O.	The 4 Youth by Youth (4YBY) pragmatic trial to enhance HIV self-testing uptake and sustainability: Study protocol in Nigeria	Contemporary Clinical Trials	-	-	-	15517144	10.1016/j.cct.2021.106628	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123316623&doi=10.1016%2fj.cct.2021.106628&partnerID=40&md5=5f2301ce16230b6cc7f25c4feca2d1eb	Background: The World Health Organization recommends HIV self-testing (HIVST) as an additional approach to HIV testing and the Nigerian government is supportive of this policy recommendation. However, effectively increasing uptake and sustainability among Nigerian youth is unknown. The goal of this study is to conduct a full-powered type I hybrid effectiveness-implementation trial to test the effectiveness of youth-friendly implementation science strategies in increasing uptake and sustainability of HIVST led by and for Nigerian youth. Methods: Our 4 Youth by Youth (4YBY) strategy combines four core elements: 1) HIVST bundle consisting of HIVST kits and photo verification system; 2) a participatory learning community; 3) peer to peer support and technical assistance; and 4) on-site supervision and performance feedback to improve uptake and sustainability of HIVST and enhance linkage to youth-friendly health clinics for confirmatory HIV testing where needed, sexually transmitted infection (STI) testing (i.e. syphilis, gonorrhea, chlamydia, and hepatitis, STI treatment, and PrEP referral. Utilizing a stepped-wedge, cluster-randomized controlled trial, a national cohort of youth aged 14–24 recruited from 32 local government areas across 14 states and four geo-political zones in Nigeria will receive the 4YBY implementation strategy. In addition, an economic evaluation will explore the incremental cost per quality adjusted life year gained. Discussion: This study will add to the limited "how-to-do it literature" on implementation science strategies in a resource-limited setting targeting youth population traditionally underrepresented in implementation science literature. Study findings will also optimize uptake and sustainability of HIVST led by and for young people themselves. Trial registration: This study is registered in ClinicalTrials.gov NCT04710784 (on January 15, 2021). © 2021	HIV; HIV self-testing; Nigeria; Participatory implementation strategies; Sexually transmitted infections; Stepped-wedge cluster-randomized controlled trial; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Jacka B.P.; Nolen S.; Bessey S.E.; Zang X.; Goedel W.C.; Yedinak J.L.; Marshall B.D.L.	Use of Pre-Exposure Prophylaxis to Prevent Rapid HIV Transmission Among People Who Inject Drugs in Rural Counties in the United States: A Modeling Study	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003093	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141893513&doi=10.1097%2fQAI.0000000000003093&partnerID=40&md5=1c3224d3f8ab75830ab801e8be97ce7e	Background:Despite recent HIV outbreaks among people who inject drugs (PWID) in nonurban US settings, syringe service programs (SSP) are often inaccessible in these communities. Furthermore, pre-exposure prophylaxis (PrEP) awareness and coverage for PWID is limited. We aimed to model the impact of PrEP on HIV transmission among PWID in a rural setting.Setting:Using a calibrated agent-based model, we simulated HIV transmission in an adult population (n = 14,573 agents) in Scott County, Indiana between 2015 and 2024.Methods:We modeled PrEP eligibility according to CDC guidelines for PWID. PrEP coverage increased by 15% points in the range 10%-70%. Two counterfactual scenarios were modeled: Unrestricted access for PWID and PrEP for SSP attendees. We calculated the number of new HIV infections and number of person-years on PrEP per averted infection.Results:In the status quo scenario, 153 (95% Simulation Interval: 85, 259) new HIV infections occurred among PWID over 10 years. Compared with the status quo, 40% PrEP coverage resulted in 25% fewer HIV infections in the Unrestricted access for PWID scenario and 10% fewer HIV infections in the PrEP for SSP attendees scenario. The PYPAI was 21 and 43 in the Unrestricted access for PWID and PrEP for SSP attendees scenarios, respectively.Conclusion:Our modeling suggests that PrEP provides substantial benefit to PWID in rural US communities, with fewer restrictions on access providing the greatest effect. Control of HIV outbreaks will require expansion of public health interventions that meet the needs of all individuals. © 2022 Wolters Kluwer Health, Inc. All rights reserved.	agent-based model; harm reduction; HIV prevention; syringe service program	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Jackson G.Y.; Darlington C.K.; Van Tieu H.; Brawner B.M.; Flores D.D.; Bannon J.A.; Davis A.; Frye V.; Chittamuru D.; Gugerty P.; Koblin B.A.; Teitelman A.M.	Women's views on communication with health care providers about pre-exposure prophylaxis (PrEP) for HIV prevention	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2021.1877824	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100562689&doi=10.1080%2f13691058.2021.1877824&partnerID=40&md5=2b69b9af6a25e9cd6d38740469afec88	Since the beginning of the HIV epidemic in the USA, effective interventions to reduce HIV risk among cisgender women have been lacking. Although oral HIV pre-exposure prophylaxis (PrEP) is effective in pharmacologically preventing HIV infection, there is a gap between the recommended use of PrEP and PrEP uptake among eligible women. This study aimed to identify the role of patient-provider communication in PrEP decision-making among women considering PrEP. Semi-structured in-depth interviews were conducted with 41 PrEP-eligible women in Philadelphia and New York City. A thematic analysis of the responses was conducted, and a conceptual model developed and confirmed as analysis continued. Of the women interviewed, 53.6% were African American and 29.3% were Latina. Women noted that having a trusting relationship with their health care provider, receiving a tailored recommendation for PrEP based upon their specific needs and using their health care provider as support were crucial facilitators of PrEP decision-making. Lack of provider knowledge about PrEP, perceived health care provider stigma about their drug use and sexual activity, and lack of care continuity were all identified as barriers to effective communication. Study findings can inform future interventions to enhance patient-provider communication about PrEP and increase PrEP uptake among women. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	health communication; Pre-exposure prophylaxis; uptake; vulnerable populations; women's health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Jacobson, Evin U; Hicks, Katherine A; Carrico, Justin; Purcell, David W; Green, Timothy A; Mermin, Jonathan H; Farnham, Paul G	Optimizing HIV Prevention Efforts to Achieve EHE Incidence Targets.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002885	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8887784	BACKGROUND: A goal of the US Department of Health and Human Services' Ending the HIV Epidemic (EHE) in the United States initiative is to reduce the annual number of incident HIV infections in the United States by 75% within 5 years and by 90% within 10 years. We developed a resource allocation analysis to understand how these goals might be met. METHODS: We estimated the current annual societal funding $2.8 billion (B)/yr for 14 interventions to prevent HIV and facilitate treatment of infected persons. These interventions included HIV testing for different transmission groups, HIV care continuum interventions, pre-exposure prophylaxis, and syringe services programs. We developed scenarios optimizing or reallocating this funding to minimize new infections, and we analyzed the impact of additional EHE funding over the period 2021-2030. RESULTS: With constant current annual societal funding of $2.8 B/yr for 10 years starting in 2021, we estimated the annual incidence of 36,000 new cases in 2030. When we added annual EHE funding of $500 million (M)/yr for 2021-2022, $1.5 B/yr for 2023-2025, and $2.5 B/yr for 2026-2030, the annual incidence of infections decreased to 7600 cases (no optimization), 2900 cases (optimization beginning in 2026), and 2200 cases (optimization beginning in 2023) in 2030. CONCLUSIONS: Even without optimization, significant increases in resources could lead to an 80% decrease in the annual HIV incidence in 10 years. However, to reach both EHE targets, optimization of prevention funding early in the EHE period is necessary. Implementing these efficient allocations would require flexibility of funding across agencies, which might be difficult to achieve.	Ending the HIV Epidemic in the U.S., Resource allocation, HIV incidence, United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Jacomet C.; Lebeller C.; Schiestel T.; Grandvuillemin A.; Davani S.; Valnet-Rabier M.-B.	HIV preexposure prophylaxis with tenofovir disoproxil fumarate/emtricitabine: What about safety?; Utilisation de TRUVADA® en prophylaxie préexposition : analyse des bases de vigilance et revue de la littérature	Therapies	-	-	-	405957	10.1016/j.therap.2022.03.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130781331&doi=10.1016%2fj.therap.2022.03.008&partnerID=40&md5=85fc519d7ea5cdb18551aa6587420eb8	Introduction: Pre-exposure prophylaxis (PrEP) is a combination of antiretroviral regimen, tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) that has been shown to prevent HIV transmission. It had been regulated through a temporary recommendation use since December 2015 and had marketing authorization in France since March 2017. As, this product is proposed for adults and adolescents safe from HIV but at high risk of infection, the question is to know if there is a safety concern about this use. Methods: A request has been made in the French national pharmacovigilance database (ANPV) and VIGILYZE for an extraction of all cases containing TDF/FTC as suspect drugs in PrEP use. In the second part, we did a literature review in PubMED with MeSH terms and an analysis of the results of the American, English and French initial clinical trials was performed. Results: In both database, 808 cases correspond to an indication of HIV prexposure prophylaxis who represent 2058 adverse effects (AEs) mainly distributed in gastro-intestinal disorders (38.5%), general disorders (16.8%) and 62 cases of seroconversion. We identify 24% of unexpected AEs including 12% of serious AEs in the French database. In literature review, there are no unexpected AEs published, the AEs are mainly gastro-intestinal disorders. There was no significant difference in the AE profile compared to the HIV-infected population treated with TDF/FTC. Conclusion: Data from the ANPV, combined with data from the worldwide pharmacovigilance database, show that the most commonly observed AEs are gastrointestinal, mainly nausea, vomiting and diarrhea. A significant number of asthenia and fatigue are also observed. These AEs are well described in the SMPc. However, we have little data, which can be explained by a probable under-reporting of AEs. We identify 24% of unexpected and potentially serious adverse effects in France mainly among chemsex users. Based on these results, our study confirms the safety of PrEP. © 2022 Société française de pharmacologie et de thérapeutique	HIV; PrEP; Safety; TDF/emtricitabine	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2022	Jacomet, Christine; Goncalves, Émilie; Lambert, Céline; Chedorge, Didier; Puglièse-Wehrlen, Sylvia; Billaud, Éric; Zucman, David; Simon, Anne; Arvieux, Cédric; Trout, Hervé; Laurandin, Bruno; Maarek, René; Raymond, Isabelle; Puglièse, Pascal; Langlois, Julie; Certain, Agnès	To what extent do people living with HIV, people on pre-exposure prophylaxis, doctors and pharmacists endorse 90-day dispensing of antiretroviral therapy in France?	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0265166	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8992981	JUSTIFICATION: The WHO 95-95-95 targets for 2030 do not imply that people living with HIV (PLHIV) achieve a good quality of life. The current 30-day dispensing interval for antiretroviral (ART) burdens the healthcare system. Lengthening dispensing intervals could alleviate this burden as well as enhance patient well-being. OBJECTIVES: To capture perceptions on 90-day dispensing interval (90D) for ART from the perspective of PLHIV, people on pre-exposure prophylaxis (PrEP), doctors, and pharmacists. METHODS: Multi-centre observational survey led in France from 16 to 20 October 2020, among doctors agreeing to participate via regional coordinated care organisations for HIV, all PLHIV or people on PrEP consulting these outpatient-clinic doctors, and pharmacists doing ART dispensing. RESULTS: The survey was completed by 220 doctors who saw 1087 people (999 PLHIV; 88 on PrEP) and 176 pharmacists from 55 centres. Among the PLHIV, 855 (85.6%, 95% CI: 83.2%-87.7%) and among the patients on PrEP, 70 (79.5%, 95% CI: 69.6%-87.4%) stated they would be interested in 90D. All in all, patients who were more likely to endorse 90D are those who opt exclusively for hospital dispensing (OR 3.22 1.57-6.58) and who rotate between hospital and community pharmacy dispensing (OR 3.29 1.15-9.32). Patients who were less likely to endorse 90-D were those who consult in a city located outside the 3 French high HIV prevalence regions (OR 0.66 0.44-0.99), receive 2 vs 1 pill QD regimens (OR 0.53 0.31-0.91), and anticipate at least one vs no limitation to 90D (OR 0.27 0.17-0.42). 90D was perceived as possible by 152 pharmacists (86.4%), including 8 (5%) without restriction, and 219 doctors (99.6%), including 42 (19.2%) regardless of PLHIV's immunovirologic status or social conditions (health insurance coverage, access to housing or accommodation, access to rights, resources). Comparison of the benefits and limitations of a 90-day ART dispensing interval as perceived by PLHIV and people on PrEP, doctors and pharmacists shows that doctors anticipate a higher number of benefits than people on ART and/or pharmacists, chiefly that 90D would be more convenient and create less risk of drug shortages and that patients would gain autonomy and a better quality of life. Pharmacists were found to clearly perceive the economic benefits (90D would be less expensive) but anticipate more drawbacks than doctors and the people on ART themselves: more administrative burdens, more non-dispensing if doses get lost, harder to track adherence and more drug-drug interaction issues, and more work as they shall have to warn the patient of potential risks of shortages due to the cost of the stock. CONCLUSION: A clear majority of PLHIV, people on PrEP, doctors, and pharmacists endorsed 90D of ART. Most patients thought that 90D would be a good option, whereas most pharmacists and doctors thought that eligibility for 90D dispensing should depend on immunovirologic factors and social condition criteria. Moreover, pharmacists thought it would be necessary to commit regulatory resources and a better follow-up on adherence and drug-drug interactions.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Jafari M.; Kheiri H.	Free terminal time optimal control of a fractional-order model for the HIV/AIDS epidemic	International Journal of Biomathematics	-	-	-	17935245	10.1142/S179352452250022X	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122326818&doi=10.1142%2fS179352452250022X&partnerID=40&md5=360478954bcc253983153cacdc413031	In this paper, we present a fractional model for the HIV/AIDS epidemic and incorporate into the model control parameters of pre-exposure prophylaxis (PrEP), behavioral change and antiretroviral therapy (ART) aimed at controlling the spread of diseases. We prove the local and global asymptotic stability of disease-free and endemic equilibria of the model. We present a general fractional optimal control problem (FOCP) with free terminal time and develop the Adapted Forward-Backward Sweep method for numerical solving of the FOCP. Necessary conditions for a state/control/terminal time triplet to be optimal are obtained. The results show that the use of all controls increases the life expectancy of HIV-treated patients with ART and remarkably increases the number of people undergoing PrEP and changing their sexual habits. Also, when the derivative order α ($0.45 \leq \alpha \leq 1$) limits to 1, the value of optimal terminal time increases while the value of objective functional decreases. © 2022 World Scientific Publishing Company.	Diseases modeling; Fractional optimal control; Global asymptotic stability; HIV/AIDS epidemic; Numerical simulation	English	Singapore	Asia and the Pacific	Iran	Asia and the Pacific	Iran	Eastern and Southern Africa	Quantitative
Article	2022	Jaiswal J.; Griffin M.; Hascher K.; Cox A.B.; Dunlap K.; Walters S.; LoSchiavo C.; Burton W.M.; Mumba M.	Logistical Facilitators and Barriers to PrEP Implementation in Methadone Clinic Settings: Provider and Staff Perspectives	Journal of Addiction Medicine	-	-	-	19320620	10.1097/ADM.0000000000000973	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139378995&doi=10.1097%2fADM.0000000000000973&partnerID=40&md5=12dbece2ebc125ee50600d66df7fdd08	Objectives: The purpose of this study was to examine the feasibility of implementing pre-exposure prophylaxis (PrEP), a daily oral medication for human immunodeficiency virus (HIV) prevention, in methadone clinics. Methods: Medical and nonmedical staff (n = 30) at 2 methadone clinics in Northern New Jersey were qualitatively interviewed about various aspects of substance use treatment, clinical operations, and HIV risk and prevention among their patient populations. Audio-recorded interviews were professionally transcribed, then coded and analyzed by the research team. Results: Themes surrounding the viability of PrEP implementation emerged for both logistical facilitators and barriers. Facilitators included availability of prescribing clinicians, ability to conduct lab testing on-site, and availability of existing hepatitis C programs as a blueprint for PrEP management. Barriers included increased provider burden, financial concerns, and perceptions that PrEP provision is outside the clinic's treatment scope. Conclusions: Although staff expressed willingness and potential ability to provide PrEP, they identified barriers regarding insurance reimbursement, limited funding, and concerns that PrEP would extend the clinic's treatment scope. However, given the enabling factors such as availability of providers and existing clinical infrastructure, providing PrEP could increase clinic revenue through insurance reimbursement and federal funding for PrEP-related services. Clinic-level education is needed for clinical and nonclinical staff to better understand the logistics of implementing PrEP, particularly regarding prescribing practices, billing and insurance concerns, and the essential nature of HIV prevention as a critical component of substance use treatment. Copyright © 2022 American Society of Addiction Medicine.	HIV prevention; methadone clinic; opioid use disorder; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Jalil E.M.; Torres T.S.; Luz P.M.; Monteiro L.; Moreira R.I.; de Castro C.R.V.; Leite I.D.C.; Cunha M.; de Cássia Elias Estrela R.; Ramos M.; Hoagland B.; Wagner Cardoso S.; Anderson P.; Veloso V.G.; Wilson E.; Grinsztejn B.	Low PrEP adherence despite high retention among transgender women in Brazil: the PrEParadas study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25896	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128732111&doi=10.1002%2fjia2.25896&partnerID=40&md5=0bbe6996b285e7122ffd56dd732e436a	Introduction: We aimed to evaluate daily oral pre-exposure prophylaxis (PrEP) uptake, retention, and adherence and predictors of study non-attendance and low PrEP adherence in a Brazilian trans-specific 48-week study (PrEParadas). Methods: We enrolled transgender women (TGW) engaging in high-risk sexual behaviours between August 2017 and December 2018. PrEP adherence was based on tenofovir diphosphate concentrations in dried blood spots (DBS). We used random effects logistic regression models and ordinal models to estimate the odds of having a missed visit and of low PrEP adherence, respectively. Multivariable models were adjusted for variables with p-value<0.10 in the univariate analysis. Results: From the 271 eligible, 130 participants were enrolled in the study (PrEP uptake: 48%), out of which 111 (85.4%) were retained at 48 weeks. Multivariable model for study non-attendance included study visit, age, main sexual partner and stimulant use. The odds of missing a visit increased after the week 24. Participants aged 18–24 (adjusted odds ratio aOR = 8.76, 95% CI: 2.09–36.7) and 25–34 years (aOR = 6.79, 95% CI: 1.72–26.8) compared to TGW aged 35+ years had significantly higher odds of having a missed visit. The odds of a missed visit were higher among participants reporting stimulant use (aOR = 4.99, 95% CI: 1.37–18.1) compared to no stimulant use. DBS levels at week 48 showed that 42 (38.5%), 14 (12.8%) and 53 (48.6%) of 109 participants had low, moderate and high PrEP adherence. Multivariable model for low PrEP adherence included study visit, age, schooling, race/colour, housing, binge drinking, stimulant use, feminizing hormone therapy (FHT) use and received text message. Low PrEP adherence was significantly higher among participants with less years of schooling (aOR = 6.71, 95% CI: 1.30–34.5) and had a borderline association with Black colour/race (aOR = 6.72, 95% CI: 0.94–47.8). Participants using the FHT available at the site had decreased odds of low PrEP adherence (aOR = 0.38, 95% CI: 0.16–0.88). No participant seroconverted over the course of the study. Conclusions: Although high PrEP retention can be achieved in a gender-affirming setting, PrEP adherence may be an important challenge faced among TGW due to social disparities. The scale-up of prevention tools like PrEP will have to address systemic social determinants as these stand as important barriers for TGW's access to health services. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; HIV; hormones; PrEP; prevention; transgender women	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Jalil E.M.; Torres T.S.; Pereira C.C.A.; Farias A.; Brito J.D.U.; Lacerda M.; da Silva D.A.R.; Wallys N.; Ribeiro G.; Gomes J.; Odara T.; Santiago L.; Nouveau S.; Benedetti M.; Pimenta C.; Hoagland B.; Grinsztejn B.; Veloso V.G.	High Rates of Sexualized Drug Use or Chemsex among Brazilian Transgender Women and Young Sexual and Gender Minorities	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19031704	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123832553&doi=10.3390%2fijerph19031704&partnerID=40&md5=5566ffe882f170f9c262635dbae21749	(1) Background: We aimed to estimate sexualized drug use (SDU) prevalence and its predictors among sexual and gender minorities. (2) Methods: We used an online and on-site survey to enroll sexual/gender minorities people between October–December/2020, and multivariate logistic regression to obtain SDU correlates. (3) Results: We enrolled 3924 individuals (280 transgender women TGW, 3553 men who have sex with men MSM, and 91 non-binary), 29.0% currently on pre-exposure prophylaxis (PrEP). SDU prevalence was 28.8% (95% confidence interval CI 27.4–30.2). TGW had 2.44-times increased odds (95%CI 1.75–3.39) of engaging in SDU compared to MSM, regardless of PrEP use. PrEP use (aOR 1.19, 95%CI 1.00–1.41), South/Southeast region (aOR 1.26, 95%CI 1.04–1.53), younger age (18–24 years: aOR 1.41, 95%CI 1.10–1.81; 25–35 years: aOR 1.24, 95%CI 1.04–1.53), white race/color (aOR 1.21, 95%CI 1.02–1.42), high income (aOR 1.32, 95%CI 1.05–1.67), binge drinking (aOR 2.66, 95%CI 2.25–3.14), >5 sexual partners (aOR 1.88, 95%CI 1.61–2.21), condomless anal sex (aOR 1.49, 95%CI 1.25–1.79), self-reported sexually transmitted infection (aOR 1.40, 95%CI 1.14–1.71), and higher perceived HIV-risk (aOR 1.37, 95%CI 1.14–1.64) were associated with SDU. (4) Conclusions: TGW had the highest SDU odds. SDU may impact HIV vulnerability among key populations and should be addressed in HIV prevention approaches. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	Brazil; Chemsex; Latin America; Men who have sex with men; Sexual and gender minorities; Transgender women	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Jamieson, Lise; Johnson, Leigh F; Nichols, Brooke E; Delany-Moretlwe, Sinead; Hosseinipour, Mina C; Russell, Colin; Meyer-Rath, Gesine	Relative cost-effectiveness of long-acting injectable cabotegravir versus oral pre-exposure prophylaxis in South Africa based on the HPTN 083 and HPTN 084 trials: a modelled economic evaluation and threshold analysis.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00251-X	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9708606	BACKGROUND: Long-acting injectable cabotegravir, a drug taken every 2 months, has been shown to be more effective at preventing HIV infection than daily oral tenofovir disoproxil fumarate and emtricitabine, but its cost-effectiveness in a high-prevalence setting is not known. We aimed to estimate the incremental cost-effectiveness of long-acting injectable cabotegravir compared with tenofovir disoproxil fumarate and emtricitabine in South Africa, using methods standard to government planning, and to determine the threshold price at which long-acting injectable cabotegravir is as cost-effective as tenofovir disoproxil fumarate and emtricitabine. METHODS: In this modelled economic evaluation and threshold analysis, we updated a deterministic model of the South African HIV epidemic with data from the HPTN 083 and HPTN 084 trials to evaluate the effect of tenofovir disoproxil fumarate and emtricitabine and long-acting injectable cabotegravir provision to heterosexual adolescents and young women and men aged 15-24 years, female sex workers, and men who have sex with men. We estimated the average intervention cost, in 2021 US$, using ingredients-based costing, and modelled the cost-effectiveness of two coverage scenarios (medium or high, assuming higher uptake of long-acting injectable cabotegravir than tenofovir disoproxil fumarate and emtricitabine throughout) and, for long-acting injectable cabotegravir, two duration subscenarios (minimum: same pre-exposure prophylaxis duration as for tenofovir disoproxil fumarate and emtricitabine; maximum: longer duration than tenofovir disoproxil fumarate and emtricitabine) over 2022-41. FINDINGS: Across long-acting injectable cabotegravir scenarios, 15-28% more new HIV infections were averted compared with the baseline scenario (current tenofovir disoproxil fumarate and emtricitabine roll-out). In scenarios with increased coverage with oral tenofovir disoproxil fumarate and emtricitabine, 4-8% more new HIV infections were averted compared with the baseline scenario. If long-acting injectable cabotegravir drug costs were equal to those of tenofovir disoproxil fumarate and emtricitabine for the same 2-month period, the incremental cost of long-acting injectable cabotegravir to the HIV programme was higher than that of tenofovir disoproxil fumarate and emtricitabine (5-10% vs 2-4%) due to higher assumed uptake of long-acting injectable cabotegravir. The cost per infection averted was $6053-6610 (tenofovir disoproxil fumarate and emtricitabine) and $4471-6785 (long-acting injectable cabotegravir). The cost per long-acting injectable cabotegravir injection needed to be less than twice that of a 2-month supply of tenofovir disoproxil fumarate and emtricitabine to remain as cost-effective, with threshold prices ranging between $9·03 per injection (high coverage; maximum duration) and $14·47 per injection (medium coverage; minimum duration). INTERPRETATION: Long-acting injectable cabotegravir could potentially substantially change HIV prevention. However, for its implementation to be financially feasible across low-income and middle-income countries with high HIV incidence, long-acting injectable cabotegravir must be reasonably priced. FUNDING: United States Agency for International Development, The Bill & Melinda Gates Foundation.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Jasper B.K.; Becker J.N.; Myers A.E.; Cronholm P.F.	HIV Preexposure Prophylaxis Training in Family Medicine Residencies: A National Survey	Family Medicine	-	-	-	7423225	10.22454/FAMMED.2022.740210	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123457283&doi=10.22454%2fFAMMED.2022.740210&partnerID=40&md5=42d643471f1e32238d8d1275d9a8b7b9	BACKGROUND AND OBJECTIVES: Preexposure prophylaxis (PrEP) reduces HIV transmission among high-risk individuals. Yet, the HIV epidemic continues to expand among marginalized populations and America's Southeastern states. Various barriers remain to PrEP uptake, namely provider knowledge and education. We sought to investigate residency training, competency, and prescribing of PrEP among population size. Additionally, we asked program directors to identify barriers to PrEP. METHODS: We surveyed family medicine program directors as part of the Council of Academic Family Medicine Educational Research Alliance survey from January 2018 through February 2018. RESULTS: Our survey questions had a 52.9% (276/522) response rate. No programs in rural communities less than 30,000 population (0/27) reported significant PrEP training for their residents; those in nonrural communities of at least 30,000 reported this training more frequently (41/246, 16.7%). Compared to Fischer expected values, the finding was statistically significant (P=.019); using a 75,000 population demarcation lowered significance (P=.061). We found programs that identify significant PrEP training also cite more PrEP prescribing within their practice (OR 7.27, P<.001). Programs with significant training also report their residents graduate with greater PrEP competency (OR 18.33, P<.001). The largest barriers identified were faculty expertise, not having enough high-risk patients, inadequate screening, and resident knowledge/ training. CONCLUSIONS: We identified natural associations between increased training in PrEP and perceived PrEP competencies. We identified a lack of significant PrEP training and associated PrEP competencies in rural residency programs. Barriers identified in this study can help inform curricular needs to improve primary care workforce capacity to lower HIV risk. © 2022, Society of Teachers of Family Medicine. All rights reserved.	Humans, Hiv Infections, education, medical education, curriculum, general pratice	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Jeffers N.K.; Zemlak J.L.; Celius L.; Willie T.C.; Kershaw T.; Alexander K.A.	If the Partner Finds Out, then there's 'Trouble': Provider Perspectives on Safety Planning and Partner Interference When Offering HIV Pre-exposure Prophylaxis (PrEP) to Women Experiencing Intimate Partner Violence (IPV)	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03565-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123160807&doi=10.1007%2fs10461-021-03565-6&partnerID=40&md5=a0c9b80166aebcb022ed6a2e26f0ecc8	Pre-exposure prophylaxis is an effective women-controlled HIV prevention strategy but women experiencing intimate partner violencefear partners' interference and subsequent violence could limit its utility. This study explores provider perceptions of safety planning strategies to prevent escalating violence, mitigate partner interference, and promote daily oral PrEP adherence. We conducted interviews (N = 36) with healthcare providers (n = 18) and IPV service providers (n = 18) in Baltimore and New Haven. Using the Contextualized Assessment for Strategic Safety Planning model we organized data into two categories: the appraisal process and strategic safety planning. Themes revealed during the appraisal process, providers conduct routine IPV screening, facilitate HIV risk perception, and offer PrEP. Strategic safety planning utilizes concealment tactics, informal sources of support, role playing and cover stories. Future interventions to enhance PrEP services among women exposed to IPV should implement safety planning strategies, integrate PrEP care with IPV services, and employ novel PrEP modalities to maximize effectiveness. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Intimate Partner Violence; Pre-exposure prophylaxis; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2022	Jenness, Samuel M; Le Guillou, Adrien; Lyles, Cynthia; Bernstein, Kyle T; Krajnosky, Kathryn; Enns, Eva A; Sullivan, Patrick S; Delaney, Kevin P	The Role of HIV Partner Services in the Modern Biomedical HIV Prevention Era: A Network Modeling Study	Sexually Transmitted Diseases	-	-	-	-	-	1485717	10.1097/OLQ.0000000000001711	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141033604&doi=10.1097%2FOLQ.0000000000001711&partnerID=40&md5=967bc05ac4b4f2bb4864b4c17e39baaf	Background HIV partner services can accelerate the use of antiretroviral-based HIV prevention tools (antiretroviral therapy ART and preexposure prophylaxis PrEP), but its population impact on long-term HIV incidence reduction is challenging to quantify with traditional partner services metrics of partner identified at HIV screened. Understanding the role of partner services within the portfolio of HIV prevention interventions, including using it to efficiently deliver antiretrovirals, is needed to achieve HIV prevention targets. Methods We used a stochastic network model of HIV/sexually transmitted infection transmission for men who have sex with men, calibrated to surveillance-based estimates in the Atlanta area, a jurisdiction with high HIV burden and suboptimal partner services uptake. Model scenarios varied successful delivery of partner services cascade steps (newly diagnosed "index"patient and partner identification, partner HIV screening, and linkage or reengagement of partners in PrEP or ART care) individually and jointly. Results At current levels observed in Atlanta, removal of HIV partner services had minimal impact on 10-year cumulative HIV incidence, as did improving a single partner services step while holding the others constant. These changes did not sufficiently impact overall PrEP or ART coverage to reduce HIV transmission. If all index patients and partners were identified, maximizing partner HIV screening, partner PrEP provision, partner ART linkage, and partner ART reengagement would avert 4%, 11%, 5%, and 18% of infections, respectively. Realistic improvements in partner identification and service delivery were estimated to avert 2% to 8% of infections, depending on the combination of improvements. Conclusions Achieving optimal HIV prevention with partner services depends on pairing improvements in partner identification with improvements in service delivery. Without both, the effects of HIV partner services will be limited. Improving the identification steps without improvement in uninterested service delivery steps, or vice versa, is projected to result in negligible population HIV prevention benefit. (C Lippincott Williams & Wilkins)	Male; tenofovir; male homosexuality;	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Jennings, Lauren; Kellermann, Tracy; Spinelli, Matthew; Nkumba, Zukiswa; Coaghil, Delphine; van Schalkwyk, Marije; Duckseih, Eric; van Zyl, Gert; Orrell, Catherine; Gandhi, Monica	Drug Resistance, Rather than Low Tenofovir Levels in Blood or Urine, Is Associated with Tenofovir, Emtricitabine, and Efavirenz Failure in Resource-Limited Settings.	AIDS Research and Human Retroviruses	-	-	-	-	-	1931-8405	10.1089/AID.2021.0135	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9252965/	The high cost of viral load (VL) testing limits its use for antiretroviral therapy (ART) adherence support. A low-cost lateral flow urine tenofovir (TFV) rapid assay predicts pre-exposure prophylaxis breakthroughs, but has not yet been investigated in HIV treatment. We therefore evaluated its utility in a pilot cross-sectional study of TFV-containing ART recipients at an increased risk of virologic failure (VF). Participants had a treatment interruption ≥30 days or had ≥1 episode of viremia (VL ≥400 copies/mL) in the previous year (viremia cohort) in Cape Town, South Africa. Self-reported adherence data were collected, the urine TFV assay performed, and concurrent TFV diphosphate analyzed in dried blood spots. VL testing was done concurrently and, if viremia, genotypic HIV drug resistance testing was performed. Of 48 participants, 18 (37.5%) had VL (>400 copies/mL) at the time of the study, including 10 of 39 receiving efavirenz (EFV), 2 of 6 receiving protease inhibitors, and 6 of 3 receiving dolutegravir. Resistance testing succeeded in 17/18, of which 14 had significant mutations compromising ≥2 agents of the current EFV-based regimen. Of these 14, all had detected urine TFV. Urine TFV was undetectable in two out of three without regimen-relevant resistance (p = .02). In participants on EFV-based regimens returning to care, VF was largely due to viral resistance, where detectable urine TFV had 100% sensitivity (14/14 participants) in predicting resistance. Conversely, when undetectable, the urine-based assay could be used to preclude participants with poor adherence from undergoing costly HIV drug resistance testing.	point of care; adherence; urine; resistance; real time	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2022	Jespers, Vicky; Borrell, Sabine; Carville, Serena; Cicciotti, Tania; Dufraimont, Els; Kenyon, Chris; Libois, Agnes; Mokrane, Saphia; Berghe, Wim Vanden	Diagnosis and treatment of syphilis: 2019 Belgian National guideline for primary care.	Acta Clinica Belgica	-	-	-	-	-	2295-3337	10.1080/17843286.2020.1773112	https://dx.doi.org/10.1080/17843286.2020.1773112	OBJECTIVES: In the last 10 years, Belgium and countries of the European Economic Area and other high-income countries observed an increasing trend in syphilis diagnoses. Men who have sex with men (MSM) are the selected population exploited by high rates of asymptomatic cases, a greater number of sexual partners, and risk compensation as a result of pre-exposure prophylaxis. In 2019 European Centre for Disease Prevention and Control (ECDC) technical report on syphilis proposed interventions such as enhanced screening of specific populations at risk. This guideline will address these issues. METHODS: We performed a systematic review of the evidence for diagnosing and treating syphilis. RESULTS: Based on the results, recommendations were formulated for primary health care professionals in Belgium. This syphilis guideline addresses prioritised testing, the sample and test for the diagnosis, the treatment of a person with syphilis including syphilis serology follow-up, and partner management. CONCLUSION: The identification and management of patients with syphilis will benefit from the application of this guideline.	Practice guideline; primary health care; sexually transmitted diseases; syphilis	English	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2022	Jimenez V.; Thornton N.; Tikkas C.; Ghanem K.G.; Rubs S.; Hamdi M.M.; Romjada A.; Jennings J.M.	Psychological distress and adherence to anti-retroviral therapy or pre-exposure prophylaxis regimens among Urban Black gay and bisexual men (MSM)	International journal of STD & AIDS	-	-	-	-	-	9564624	10.1177/09564624221123466	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136649926&doi=10.1177%2F09564624221123466&partnerID=40&md5=f2959963a5940d29a1842bb262b2f2ed	Background: Urban Black gay, and bisexual men (MSM) bear a disproportionate burden of HIV in the U.S. Mental health is a barrier to adherence to both antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP). The objective was to determine the association between psychological distress and ART or PrEP adherence among urban Black MSM. Methods: Using data from a four-year prospective cohort study of urban Black MSM in Chicago, Illinois, Philadelphia, and Washington, D.C. conducted from 2014 to 2018. Participants completed audio computer-assisted self-interview questions to have a child in the future, sexual satisfaction, and life satisfaction. Psychological distress was classified as above the median value. Associations were examined using Chi-square, Fisher's exact tests, and logistic regression. Results: Among 165 Black MSM, 44.2% (73) reported high psychological distress. 63.3% (47/72) of participants living with HIV and 39.9% (27/93) of HIV negative participants were ART or PrEP adherence, respectively. Education was significantly associated with PrEP adherence (p = 0.038). Non-injection drug use in the past 3 months (p = 0.008), difficulty sleeping (p = 0.010), feeling anxious (p = 0.003), and feeling sad or depressed (p < 0.001), and overall psychological distress (p < 0.001) were significantly associated with ART adherence. High psychological distress was significantly associated with a reduced odds of ART adherence (aOR 0.23; 95% CI = 0.08–0.70) adjusting for age and non-injection drug use. Conclusions: Increased psychological distress was significantly associated with ART nonadherence and may represent an important barrier to viral suppression. © The Author(s) 2022.	adherence to care; ART; MSM; PrEP; psychological distress	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Jin X.; Shi L.; Wang C.; Qu T.; Yin Y.; Shen M.; Fu G.; Peng Z.	Cost-effectiveness of oral pre-exposure prophylaxis and expanded antiretroviral therapy for preventing HIV infections in the prevalence of drug-resistance among men who have sex with men in China: A mathematical modelling study	The Lancet Regional Health - Western Pacific	-	-	-	-	-	26666065	10.1016/j.lanwpc.2022.100462	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129462724&doi=10.1016%2Fj.lanwpc.2022.100462&partnerID=40&md5=6681e51954169621dc108ba0e5f20f4c	Background: Oral pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART) can effectively prevent HIV infections among men who have sex with men (MSM), but the emergence and transmission of HIV drug resistance (HIVDR) may compromise their benefits. The costs and benefits of expanding PrEP and ART coverage in the presence of HIVDR in China remain unknown. Methods: We developed a comprehensive dynamic transmission model incorporating the transmitted (TDR) and acquired (ADR) HIV drug resistance. The model was calibrated by the HIV surveillance data from 2009 to 2019 among MSM in China. We projected the HIV incidence, HIV-related deaths, and cost-effectiveness of PrEP and ART from 2020 to 2030. Findings: 29% or 50% PrEP + 50% ART would avert 27% (95% credible interval [CrI] 27%–27%) or 37% (95% CrI 37%–37%) infections and cost-effectiveness of PrEP were at least 10 years. Findings: 29% or 50% PrEP + 50% ART would avert 27% (95% credible interval [CrI] 27%–27%) or 37% (95% CrI 37%–37%) infections with an incremental cost-effectiveness ratio (ICER) of 25,417 (95% confidence interval CI, 12,390–38,445) or 47,243 (23,736–70,729), and would yield 154,949 (95.662–220,237) or 178,456 (102,370–224,362) incremental quality-adjusted life-years (QALYs) over the next 30 years. No PrEP + 90% ART would yield 125,211 (73,488–178,974) incremental QALYs and be cost-saving. However, 20–80% PrEP + 77%–ART and 80% PrEP + 90%–ART with ICER of $77,862–$98,138 and $63,332, respectively, and were not cost-effective. A reduction of 64% in the annual cost of oral PrEP would make it a highly cost-effective for 20% PrEP + 90%–ART. Interpretation: 20% or 50% PrEP + 90%–ART is cost-effective for HIV control in the presence of HIVDR. Expanded ART alone may be the optimal policy under the current limited budgets. Funding: National Natural Science Foundation of China, the National S&T Major Project Foundation of China. © 2022 The Authors	Chinese MSM; Cost-effectiveness; HIV drug-resistance; Mathematical model; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Jing F.; Ye Y.; Zhou Y.; Zhou H.; Xu Z.; Lu Y.; Tao X.; Yang S.; Cheng W.; Tao J.; Tang W.; Wu D.	Modelling the geographical spread of HIV among MSM in Guangdong, China: A metapopulation model considering the impact of pre-exposure prophylaxis	Philosophical Transactions of the Royal Society A: Mathematical, Physical and Engineering Sciences	-	-	-	-	-	1364503X	10.1098/rsta.2021.0126	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122319168&doi=10.1098%2Frsta.2021.0126&partnerID=40&md5=f1f4b2cbbd9dc7bc586c38e9f998dc1c	Men who have sex with men (MSM) make up the majority of new human immunodeficiency virus (HIV) diagnoses among young people in China. Understanding HIV transmission dynamics among the MSM metapopulation is crucial for the effective control of the epidemic. In this study, we developed a novel metapopulation model to investigate the geographical spread of a hypothetically new genotype of HIV among MSM in Guangdong, China. We use multiple data sources to construct the model to characterize the behavioural dynamics underlying the spread of HIV within and between 21 prefecture-level cities (i.e. Guangzhou, Shenzhen, Foshan, etc.) in Guangdong province: the online social network via a gay social networking app, the offline human mobility network via the Baidu mobility website, and self-reported sexual behaviours among MSM. Results show that PrEP initiation substantially delays the occurrence of the virus for the rest of the cities transmitted from the initial outbreak city; hubs on the movement network, such as Guangzhou, Shenzhen, and Foshan are at a higher risk of 'earliest' exposure to the new HIV genotype; most cities acquire the virus directly from the initial outbreak city while others acquire the virus from cities that are not initial outbreak locations and have relatively high betweenness centralities, such as Guangzhou, Shenzhen and Shantou. This study provides insights in predicting the geographical spread of a new genotype of HIV among an MSM population from different regions and assessing the importance of prefecture-level cities in the control and prevention of HIV in Guangdong province. This article is part of the theme issue 'Data science approach to infectious disease surveillance'. © 2021 The Authors.	HIV transmission; human mobility data; MSM; sexual behaviour data; social media data	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	John, Steven A; Siemons, K Marie; Jimenez, Ruben H; Jones, S Scott; Petroll, Andrew E; Rendina, H Jonathon	The Use of HIV Pre- and Postexposure Prophylaxis Among a Web-Based Sample of HIV-Negative and Unknown Status Cisgender and Transgender Sexual Minority Men: Cross-sectional Study	JMIR Public Health and Surveillance	-	-	-	-	-	23693960	10.2196/31237	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144089878&doi=10.2196%2F31237&partnerID=40&md5=e81c46c42e0458b4857148982b7f45d2	Background HIV disproportionately affects sexual minority men (SMM) in the United States. Objective: We sought to determine past HIV postexposure prophylaxis (PEP) use and current and prior pre-exposure prophylaxis (PrEP) use among a national sample of cisgender and transgender SMM who were HIV negative or unknown status. Methods: Participants were recruited via geosocial networking apps, social media, and other web-based venues to participate in a brief eligibility screening survey. Individuals were asked about past PEP use and current and prior PrEP use. We examined associations of demographics, socioeconomic indicators, and recent club drug use with PEP and PrEP use, as well as the association between past PEP use and current and prior PrEP use using generalized and multinomial logistic regression. Statistical significance was considered at P<.001, given the large sample size; 99.9% CIs are reported. Results: Prior PEP use was reported by 11.28% (1108/63,015) of the participants, with current or prior PrEP use reported by 21.95% (13,832/63,015) and 8.12% (5116/63,015), respectively. Nearly half (3260/7108, 46%) of the past PEP users were current PrEP users, and another 39.9% (2836/7108) of the participants who reported past PEP use also reported prior PrEP use. In multivariable analysis, past PEP use was associated with current (relative risk ratio RRR 23.53, 99.9% CI 14.03-39.46) and prior PrEP use (RRR 52.14, 99.9% CI 29.39-92.50). Compared with White men, Black men had higher prevalence of past PEP use and current PrEP use, but lower prevalence of prior PrEP use. Past PEP use was highest in the Northeast, while participants in the Midwest and South reporting significantly lower PEP and PrEP use. A significant interaction of Black race by past PEP use with current PrEP use was found (RRR 0.57, 99.9% CI 0.37-0.87), indicating that Black men who previously used PEP were less likely to report current PrEP use. Participants who reported recent club drug use were significantly more likely to report past PEP use and current or prior PrEP use than those without recent club drug use. Conclusions: PrEP use continues to be the predominant HIV prevention strategy for SMM compared with PEP use. Higher rates of past PEP use and current PrEP use among Black SMM are noteworthy, given the disproportionate burden of HIV. Nonetheless, understanding why Black men who previously used PEP are less likely to report current PrEP use is an important avenue for future research. © Steven A John, K Marie Siemons, Ruben H Jimenez, S Scott Jones, Andrew E Petroll, H Jonathon Rendina.	HIV; men who have sex with men; postexposure prophylaxis; pre-exposure prophylaxis; sexual minority men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Johnson A.K.; Haider S.; Nikolajuk K.; Kubin L.M.; Ott E.; Morley D.; Hill B.; Hirschhorn L.	An mHealth Intervention to Improve Pre-Exposure Prophylaxis Knowledge among Young Black Women in Family Planning Clinics: Development and Usability Study	JMIR Formative Research	-	-	-	-	-	25633268	10.2196/37738	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134659503&doi=10.2196%2F37738&partnerID=40&md5=345fdb5b70d2a4b9698b3116fa3e8161	Background: Young Black women between the ages of 18 and 24 years are disproportionately impacted by HIV, yet they have a low self-perception of HIV risk and limited exposure to prevention strategies. Pre-exposure prophylaxis (PrEP) is a safe and effective biomedical HIV prevention strategy for those at risk for HIV infection, but uptake has been slow among cisgender women. Family planning clinics are a primary source of health care access for young women, providing an ideal opportunity to integrate PrEP information and care into existing clinic practices. Objective: The aim of this study was to use a multistage, community-engaged process to develop a mobile health app and to evaluate the feasibility and acceptability of the app. Methods: Using user-centered design, the In the Loop app was developed in collaboration with a community advisory board of young Black women. This study employed a multistage design, which included community-engaged app development, user testing, and evaluation of the app's usability, acceptability, and efficacy. Participants were recruited via social media and in family planning clinics in Chicago, Illinois, and surrounding suburbs between October 2020 and March 2021. RESULTS: Three hundred three pregnant women were included in the analysis. Baseline characteristics, including prepregnancy BMI, total load of prenatal care visits, and gestational age at delivery were similar by ART, including 53% of the entire cohort had initiated ART before pregnancy (P = nonsignificant). Excess gestational weight gain occurred in 29% of the cohort. Compared with non-integrase strand transfer inhibitor (-INSTI) or -tenofovir alafenamide fumarate (TAF)-exposed persons, receipt of INSTI+TAF showed a 1.7-fold increased RR of excess gestational weight gain (95% CI 1.18-2.44; P =.01), while women who received tenofovir disoproxil fumarate had a 0.64-fold decreased RR (95% CI .41-.99; P =.047) of excess gestational weight gain. INSTI alone was not significantly associated with excess weight gain in this population. The effect of TAF without INSTI could not be inferred from our data. There was no difference in neonatal, obstetric, or maternal outcomes between the groups. CONCLUSIONS: Pregnant women receiving ART with a combined regimen of -INSTI and TAF have increased risk of excess gestational weight gain.	adolescent health; HIV; mHealth; mobile app; mobile health; pre-exposure prophylaxis; PrEP; young Black women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Jourdan H.; de Gage S.B.; Desplas D.; Dray-Spira R.	Real-world effectiveness of pre-exposure prophylaxis in men at high risk of HIV infection in France: a nested case-control study	The Lancet Public Health	-	-	-	-	-	24682667	10.1016/S2468-2667(22)00106-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131472726&doi=10.1016%2FS2468-2667%2822%2900106-2&partnerID=40&md5=54a2f1136c5b919742f4b064e4e2	Background: Pre-exposure prophylaxis (PrEP) has shown high efficacy in clinical trials, but few observational studies have confirmed its effectiveness when prescribed in real life to users with diverse profiles. We aimed to assess the real-world effectiveness of PrEP in men at high risk of HIV infection in routine clinical practice in France. Methods: We did a nested case-control study using data from the French national health data system. Men who were newly diagnosed with HIV infection up to Dec 31, 2020, were individually matched with up to five controls for age, socioeconomic status, and place of residence, calendar year, and follow-up duration. PrEP use was characterised on the basis of tenofovir disoproxil fumarate plus emtricitabine dispensing over time. Conditional logistic regression was used to calculate adjusted odds ratios (ORs) of PrEP use associated with HIV infection. PrEP effectiveness (computed as 1–adjusted OR), was estimated, and restricted cubic splines were used to model nonlinearities and sociodemographic characteristics. Findings: Among a total of 46 706 individuals, 256 patients with HIV infection were identified and matched with 1213 controls. PrEP users accounted for 29% of cases and 69% of controls. PrEP effectiveness was 68% (95% CI 46 to 71) overall, reaching 91% (84 to 97) for a high amount of PrEP consumption, and 86% (78 to 92) if excluding periods after PrEP discontinuation. PrEP effectiveness was significantly reduced in people younger than 30 years (26% -21 to 54) and in those who were socioeconomically deprived (–64% -392 to 45), both of which groups showed low amounts of PrEP consumption and high rates of PrEP discontinuation. Interpretation: PrEP effectiveness appears to be lower in real-world conditions than in clinical trials. Strengthening efforts to improve the monitoring of PrEP compliance will be essential to ensure PrEP effectiveness, especially among young and socioeconomically deprived populations. Funding: None. © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.	emtricitabine plus tenofovir disoproxil;human immunodeficiency virus agent	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Jucker, Beat M; Fuchs, Edward J; Lee, Sarah; Damian, Valerie; Galette, Paul; Janiczek, Robert; Macura, Katarzyna J; Kanzaria, Tarang J; Jacobs, Michael A; Weld, Ethel D; Subopjamras, Shiryupree; D'Amico, Ronald; Shuk, Jade Sudh; Bakshi, Kalpana; Hua, Kelong; Ford, Susan; Margolis, David; Spencer, William; Gupta, Manish K; Hendrix, Craig W; Patel, Parul	Multiparametric magnetic resonance imaging to characterize cabotegravir long-acting formulation depot kinetics in healthy adult volunteers.	British Journal of Clinical Pharmacology	-	-	-	-	-	1365-2125	10.1111/bcp.14977	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9290991/	AIM: Cabotegravir long-acting (LA) intramuscular (IM) injection is being investigated for HIV pre-exposure prophylaxis due to its potent antiretroviral activity and infrequent dosing requirement. A subset of healthy adult volunteers participating in a Phase 1 study assessing cabotegravir tissue pharmacokinetics underwent serial magnetic resonance imaging (MRI) to characterize drug depot localization and kinetics following a single cabotegravir LA IM targeted injection. METHODS: Eight participants (four men, four women) were administered cabotegravir LA 600 mg under ultrasonographic-guided injection targeting the gluteal muscles. MRI was performed to determine the location in gluteal muscle (GM), subcutaneous (SC) adipose tissue and combined IM/SC compartments, and to quantify drug depot characteristics, including volume and surface area, on Days 1 (≤2 hours postinjection), 3 and 8. Linear regression analysis examined correlations between MRI-derived parameters and plasma cabotegravir exposure metrics, including maximum observed concentration (Cmax) and partial area under the concentration-time curve (AUC) through Week 4 and 8. RESULTS: Cabotegravir LA depot locations varied by participant and were identified in the IM compartment (n = 2), combined IM/SC compartments (n = 4), SC compartment (n = 1) and retroperitoneal cavity (n = 1). Although several MRI parameter and exposure metric correlations were determined, total depot surface area on Day 1 strongly correlated with plasma cabotegravir concentrations at Day 3 and 8, Cmax and partial AUC through Weeks 4 and 8. CONCLUSION: MRI clearly delineated cabotegravir LA injection site location and depot kinetics in healthy adults. Although injection-site variability was observed, drug depot surface area correlated with both plasma Cmax and partial AUC independently of anatomical distribution.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Kachale F.; Mabuka J.; Mbarira F.; Mugambi M.; Murunga J.; Nyabo R.; Ncube G.; Ndwiga A.; Nyirenda R.; Orindo V.; Carter A.; Dunbar M.; Fleischman J.; Rodrigues J.; Segal K.	Integration of HIV prevention and sexual and reproductive health in the era of anti-retroviral-based prevention: findings from assessments in Kenya, Malawi and Zimbabwe	Gates Open Research	-	-	-	-	-	23724754	10.12688/gatesopenres.13330.2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127265764&doi=10.12715%2Fgatesopenres.13330.2&partnerID=40&md5=a31977d03b0693034ce04c3d76262b94	Background:To End the HIV Epidemic requires the number of incident HIV infections in the United States by 90%, pre-exposure prophylaxis (PrEP) uptake and persistence among cisgender women, particularly racial and ethnic minority women, must be increased. Medical providers play a pivotal role across the PrEP care continuum.Methods:In this qualitative study, guided by the Consolidated Framework for Implementation Research, we explored health care provider perspectives on facilitators and barriers to PrEP implementation strategies for Black cisgender women in the Midwest United States. Data were analyzed using a deductive thematic content analysis approach.Results:A total of 10 medical providers completed individual qualitative interviews. Using the Consolidated Framework for Implementation Research framework, we identified intervention characteristics (cost, dosing, and adherence), individual patient and provider level factors (self-efficacy, knowledge, and attitudes), and systematic barriers (inner setting and outer setting) that ultimately lead to PrEP inequities. Implementation strategies to improve the PrEP care continuum identified include provider training, electronic medical record reminders, and community engagement.Conclusions:As new HIV prevention products are introduced, demand for integrated HIV prevention/SRH services is likely to grow. Investing in HIV prevention/SRH integration can help to ensure a sustainable response to this HIV epidemic, streamline service delivery and improve the health outcomes and lives of AGYW. Copyright: © 2022 Kachale F et al.	clinical decision making; HIV; patient care; pre-exposure prophylaxis; qualitative research; women's health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Johnson, Kelly A.; Levy, Monica; Brosnan, Hannah; Kohn, Robert P.; Cohen, Stephanie E.	Texting Lost-to-follow-up PrEP Patients from a San Francisco Sexual Health Clinic.	Prevention Science	-	-	-	-	-	1573-6695 1389-4986	10.1007/s11121-022-01397-x	https://link.springer.com/article/10.1007/s11121-022-01397-x	It is critical to understand what happens when PrEP patients are lost-to-follow-up (LTFU) and, where appropriate, attempt to re-engage them in care with the goal of preventing future human immunodeficiency virus (HIV) acquisition. We evaluated the benefits and limitations of using text-based outreach to re-engage with LTFU PrEP patients and offer re-initiation of PrEP care. Using text-messaging, we surveyed San Francisco City Clinic patients who started PrEP from January 2015 to October 2019 and were LTFU by October 1, 2020. Our goals were to better understand (1) whether our patients remained on PrEP through another provider or source, (2) why patients choose to discontinue PrEP, and (3) whether text-based outreach could successfully re-engage such patients in care. Multiple-choice survey questions were analyzed quantitatively to determine the proportion of respondents in each category. Open-ended survey questions were analyzed qualitatively using a deductive coding approach. Of 1,117 LTFU patients, 36 additional receiving these. Of 646 eligible survey recipients, 150 responded (overall response rate 23.4%). Forty-two respondents (32.3%) were still on PrEP through another provider while 88 (67.7%) were not. Common reasons for stopping PrEP included: COVID-19-related changes in sex life (32.3% of responses), concerns regarding side effects (17.7%), and the need to take a daily pill (8.3%). Free text responses revealed additional concerns regarding risk compensation. While 32 participants agreed to be contacted by City clinic staff for PrEP counseling, only 6 were reached by phone and none of the six subsequently restarted PrEP. We learned that text messaging is a possible approach to survey certain PrEP program participants to determine who is truly LTFU and off PrEP, and to better understand reasons for PrEP discontinuation. While such information could prove valuable as programs seek to address barriers to PrEP retention, efforts to improve acceptability and increase response rates would be necessary. We were less successful in re-engaging LTFU patients in PrEP care, suggesting that text-messaging may not be the optimal strategy for this purpose.	Follow-Up Studies; Humans; PrEP; San Francisco; *Text Messaging; *Sexual Health; COVID-19; Persistence; Public health; Program evaluation; Retention; *COVID-19	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Kaldo-Mulhelwa D.; Kesnet L.; Lesan V.; Rieland J.; Smola S.; Werdecker V.; Silgenbauer S.; Christoffjakka K.; Thurner L., Bewarder M.; Lohr B.; Lutz J.; Lohse S.; Bokk A.	IgG seroprevalence of COVID-19 among people living with HIV or at high risk of HIV in south-west Germany: A seroprevalence study	HIV Medicine	-	-	-	-	-	1464-2662	10.1111/hiv.13207	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119675054&doi=10.1111%2Fhiv.13207&partnerID=40&md5=a4a353d052f29573567351a0b9ecbf	Objectives: Seroprevalence studies of SARS-CoV-2 here shown that there is a high number of undiagnosed missing cases. Seroprevalence of SARS-CoV-2 in people living with HIV (PLWH) is lacking. Therefore, we conducted a prospective cross-sectional study to estimate the seroprevalence of SARS-CoV-2 among PLWH without known diagnosis of COVID-19 in the south-west of Germany. Methods: Serological testing for SARS-CoV-2 immunoglobulin G (IgG) antibodies based on two assays was performed in PLWH who visited the outpatient HIV centre of two hospitals from April to June 2020. Additionally, patients had to answer questionnaires about possible COVID-19-related symptoms and predefined risk factors. Moreover, we tested 50 non-HIV-infected patients receiving post- or pre-exposure [PEP/PrEP] HIV prophylaxis. Results: In all, 584 (488 male, 106 female) PLWH (median age 51 years) and 50 PEP/PrEP-users were included in the study. The estimated seroprevalence of the PLWH cohort was 1.2% (95% CI 0.4–2.5%). Of the seropositive PLWH, 57.1% (4/7) reported symptoms of COVID-19 and 42.9% (3/7) had a positive SARS-CoV-2 polymerase chain reaction (PCR) test result saved even here. None of the patients was hospitalized due to COVID-19. Three PrEP-users were tested positive. Three patients had been previously diagnosed with SARS-CoV-2 infection before inclusion. The used questionnaire did not help to detect SARS-CoV-2 positive patients. Conclusions: Despite the limitation of being only a snapshot in time because of the ongoing pandemic, to our knowledge this is the largest study so far on seroprevalence of SARS-CoV-2 in PLWH in Germany. Our study suggests that the seroprevalence of SARS-CoV-2 in PLWH is comparable to those previously reported for parts of the general German population and that the questionnaire used here might not be the best tool to predict COVID-19 diagnosis. © 2021 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	antibody; COVID-19; HIV; SARS-CoV-2; seroprevalence	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical

Article	2022	Kaewpoowat Q.; Chariyalertsak S.; Phanuphak N.; Ramautarsing R.A.	Long-acting preexposure prophylaxis in low- And middle-income countries: key considerations for implementation	Current Opinion in HIV and AIDS	-	-	-	1746630X	10.1097/COH.0000000000000729	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128798030&doi=10.1097%2fCOH.0000000000000729&partnerID=40&md5=3a30e9fe06080d859ba153a91813b07e	Purpose of review HIV preexposure prophylaxis (PrEP) is a key tool in ending the HIV epidemic. Long-acting cabotegravir (LA-CAB) phase II/III studies revealed promising efficacy in preventing HIV acquisition. Here, we discuss key considerations for implementing LA-CAB in low- and middle-income countries (LMIC). Recent findings PrEP roll out in LMIC is still far from ideal, and contextual factors within LMIC vary widely. Implementation science studies are urgently needed to optimize the implementation of LA-CAB in different settings, consider effective service delivery models, and ensure program sustainability. Preferences and concerns regarding LA-CAB among potential users are unknown but likely specific to local context. Demedicalized and simplified PrEP service delivery increases uptake, and ways to safely and effectively do the same for LA-CAB need to be explored. Although ideally LA-CAB should be an additional choice of HIV prevention method, its cost will be the major determinant in deciding its position as a first line choice or restricted second-line option. Summary LA-CAB has the potential to enhance PrEP uptake. However, several implementation challenges need to be explored and addressed to ensure it can be accessed and utilized in different settings by those who need it the most. Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.	HIV preexposure prophylaxis; implementation science; long-acting; low-; middle-income countries	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Kalinoski, Thomas; DeWitt, Cassandra; Belani, Hrishikesh	Harm reduction readiness for illicit IV drug use among safety-net primary care practices in the San Fernando Valley.	Arch Public Health	-	-	-	0778-7367	10.1186/s13690-022-00855-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8985360	BACKGROUND: Harm reduction is an accumulation of strategies aimed at preventing adverse health outcomes associated with illicit substance use. Several harm reduction programs and services exist within Los Angeles County (LAC), however their success relies in part on the application of harm reduction principles by local primary care providers serving patients with substance use disorders. This study aims to assess the readiness of patient-centered medical homes in the San Fernando Valley to provide effective harm reduction to patients who use injection drugs and identify barriers to doing so. METHODS: An online survey was distributed to primary care providers and social workers via email at federally qualified health centers and LAC Department of Health Services clinics in the San Fernando Valley between May and June 2019. It consisted of 22 multiple-choice, Likert scale, and short answer questions. The survey assessed knowledge of injection drug use (IDU), familiarity and utilization of harm-reduction and resources, and self-evaluation of attitudes and skills. RESULTS: There were a total of 41 survey respondents across all clinics. Of respondents, 98% correctly identified heroin as a drug typically injected, and 93% identified Hepatitis C as an infectious risk of IDU. 63% of respondents use harm reduction strategies every few months or less. 34% prescribe buprenorphine routinely, and 76% prescribe pre-exposure prophylaxis to those at risk for Human Immunodeficiency Virus (HIV). 76% are comfortable discussing IDU with their patients, but 59% indicate that they lack the necessary skills, and 42% agree that they lack the time to address it. CONCLUSION: Knowledge of IDU was adequate among those surveyed, although overall utilization of harm reduction was infrequent. There is a perceived deficit in skills and time to effectively provide harm reduction to primary care patients in the San Fernando Valley.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kanamori M.; Shrader C.-H.; Flores-Arroyo J.; Johnson A.; Rodriguez E.; Fallon S.; Skvoretz J.; Gonzalez V.; Doblecki-Lewis S.; Carrico A.; Fujimoto K.; Williams M.; Safren S.	The association between egocentric sexual networks and sexual meeting venues with PrEP conversation and encouragement for use among Latinx men who have sex with men	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.2023728	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122820619&doi=10.1080%2f09540121.2021.2023728&partnerID=40&md5=3259f7327966090c36395ceec4cef9d2	Despite the increasing availability of pre-exposure prophylaxis (PrEP), Latinx men who have sex with men (LMSM) are not receiving PrEP-related information. To understand the influence of LMSM sexual networks on PrEP-related conversations and encouragement to use PrEP, this cross-sectional egocentric network study characterized the PrEP-related communication of 130 LMSM egos with 507 sexual partners (alters). Participants were recruited using respondent-driven sampling methods from a Miami-Dade County community-health organization. Egocentric-level data were collected from 2018–2019 and analyzed using multilevel modeling. Of egos, 30% reported having PrEP conversations. Closeness between participants and sexual partners played a role in PrEP conversation and encouragement. Participants believed they would have less success convincing sexual partners to use PrEP if partners were older. Participants perceived higher likelihood to talk about PrEP or success in encouraging alters to use PrEP if, relative to meeting sexual partners on Grindr, they met at a friend's party, gay-centric community event, or school/work. Given that increased closeness and in-person sexual partner meeting venues are associated with PrEP information dissemination and encouragement, social network-based interventions can capitalize on PrEP navigators who run network visualizations, and with this information develop a longitudinal plan to increase PrEP conversation and encouragement as needed for each network. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV; Latino men who have sex with men; Social network analysis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kanamori M.; Shrader C.-H.; Johnson A.; Arroyo-Flores J.; Rodriguez E.; Skvoretz J.; Fallon S.; Gonzalez V.; Safren S.; Williams M.; Doblecki-Lewis S.	The Association Between Homophily on Illicit Drug Use and PrEP Conversations Among Latino Men Who Have Sex with Men Friends: A Dyadic Network and Spatially Explicit Study	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02131-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119170030&doi=10.1007%2fs10508-021-02131-4&partnerID=40&md5=9a69bebc308b08375ac3ac19788c6e67	Despite the wide availability of PrEP, Latino men who have sex with men (LMSM) continue to experience access barriers. Novel HIV prevention research strategies to increase PrEP uptake and adherence among the high incidence populations, such as LMSM who misuse drugs, include social network analyses. This study identified the associations of drug use homophily within LMSM friendship networks and PrEP promotion conversations and described the physical overlap between geographic drug risk areas with conversations of PrEP promotion. Respondent-driven sampling was used to recruit 10 sociocentric networks. Quadratic assignment procedure (QAP) correlations and multiple regression QAPs were used to identify influences of drug use homophily, and geocoding and visualizations to describe drug use polygons and PrEP conversations. Friendship relationships in which both friends used cocaine or marijuana were more likely to report PrEP-related conversations in the past six months. The likelihood of talking about PrEP in the next six months was higher among dyads with cocaine use homophily and ecstasy use homophily, while lower among dyads with marijuana use homophily. Participants reported using marijuana and cocaine throughout Miami-Dade County while ecstasy polygons were mostly in urban areas. The majority of drug polygons associated with PrEP conversations were located in north and central Miami. Future interventions can consider enrolling entire sociocentric friendship groups, configuring friendship networks to connect those without PrEP information to those with information, and incorporating peer leaders. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Geographic mapping; Hispanic Americans; Pre-exposure prophylaxis; Sexual and gender minorities; Social networking; Substance-related disorders	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kang J.-Y.; Farkhad B.F.; Chan M.-P.S.; Michels A.; Albarracin D.; Wang S.	Spatial accessibility to HIV testing, treatment, and prevention services in Illinois and Chicago, USA	PLOS One	-	-	-	19326203	10.1371/journal.pone.0270404	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135047722&doi=10.1371%2fjournal.pone.0270404&partnerID=40&md5=1a48f9141baea91112b785e84fa0d03a	Accomplishing the goals outlined in "Ending the HIV (Human Immunodeficiency Virus) Epidemic: A Plan for America Initiative" will require properly estimating and increasing access to HIV testing, treatment, and prevention services. In this research, a computational spatial method for estimating access was applied to measure distance to services from all points of a city or state while considering the size of the population in need for services as well as both driving and public transportation. Specifically, this study employed the enhanced two-step floating catchment area (E2SFCA) method to measure spatial accessibility to HIV testing, treatment (i.e., Ryan White HIV/AIDS program), and prevention (i.e., Pre-Exposure Prophylaxis [PrEP]) services. The method considered the spatial location of MSM (Men Who have Sex with Men), PLWH (People Living with HIV), and the general adult population 15–64 depending on what HIV services the U.S. Centers for Disease Control (CDC) recommends for each group. The study delineated service- and population-specific accessibility maps, demonstrating the method's utility by analyzing data corresponding to the city of Chicago and the state of Illinois. Findings indicated health disparities in the south and the northwest of Chicago and particular areas in Illinois, as well as unique health disparities for public transportation compared to driving. The methodology details and computer code are shared for use in research and public policy. © 2022 Kang et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultChicagoHealth Services AccessibilityHIV InfectionsHIV TestingHomosexuality, MaleHumansIllinoisMalePre-Exposure ProphylaxisSexual and Gender MinoritiesUnited States	English	United States	Western and Central Europe and North America	South Korea	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kaplun E.; Martino R.J.; Krause K.D.; Briganti M.; D'avanzo P.A.; Halkitis P.N.	Post-Exposure Prophylaxis and Methamphetamine Use among Young Sexual Minority Men: The P18 Cohort Study	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19020712	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122367163&doi=10.3390%2fijerph19020712&partnerID=40&md5=980bc72dc601e005608f3d72c51e7fcb	Methamphetamine use is associated with increased risk of HIV infection among young sexual minority men (SMM). Post-exposure prophylaxis (PEP) is an effective strategy for individuals who are exposed to HIV, but there is limited research about PEP use among young SMM and its relationship with methamphetamine use. This study analyzes the association between ever PEP use and recent methamphetamine use among young SMM in New York City, using cross-sectional data from the P18 Cohort Study (n = 429). Multivariable logistic regression models were used to assess the association between methamphetamine use and ever PEP use. Compared with those who had not used methamphetamine in the last 6 months, young SMM who did use methamphetamine were significantly more likely to have ever used PEP (AOR = 6.07, 95% CI: 2.10–16.86). Young SMM who had ever used PrEP had 16 times higher odds of ever using PEP (AOR = 16, 95% CI: 7.41–35.95). Those who completed bachelor's degrees were 61% less likely to have ever used PEP (AOR = 0.39, 95% CI: 0.17–0.88). These data suggest that methamphetamine use could increase the risk of HIV infection, highlighting the critical need to target interventions for young SMM who use methamphetamine and are more likely to engage in unprotected intercourse. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	Gender minority; Racial and ethnic minority; Sexual health; Sexual minority; Substance use; Syndemic theory	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kapoor, A; Mussa, A; Diseko, M; Mayondi, G; Mabuta, J; Mmalane, M; Makhema, J; Morroni, C; Lockman, S; Zash, R; Shapiro, R	Cross-sectional trends in HIV prevalence among pregnant women in Botswana: an opportunity for PrEP?	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.25892	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8944218/	Introduction Young women in sub-Saharan Africa are at particularly high risk of HIV acquisition. Recent shifts towards "test and treat" strategies have potential to reduce transmission in this age group but have not been widely studied outside of clinical trials. Using data from nationwide surveillance among pregnant women in Botswana, where a "test and treat" program was implemented in 2016, we describe trends in HIV prevalence over time and highlight opportunities for targeted prevention. Methods The Tsepamo study abstracted data from obstetric records of all women delivering at eight government hospitals in Botswana between 2015 and 2019, accounting for 45% of all births in the country (n = 120,755). We used a stratified analysis to identify prevalence trends and evaluated decreases in HIV prevalence over time using the Cochrane-Armitage test for linear trend. A multivariable logistic regression analysis was also performed to identify factors associated with declines in HIV prevalence. Results Overall HIV prevalence was 24.1% among 120,755 women who delivered during the study period. Prevalence differed by site of delivery, ranging from 16.1% to 28.2%, and increased markedly with age. Lower educational attainment (adjusted odds ratio aOR = 3.28; 95% confidence interval CI 3.07-3.50) and being unmarried (aOR = 1.98; 95% CI 1.88-2.08) were associated with HIV infection. HIV prevalence was 10.0% with a first pregnancy, 21.0% with a second and 39.2% with a third or greater (aOR = 2.20; for any prior pregnancy; 95% CI 2.10-2.29). The same age-adjusted trends were seen when data were limited to women aged 15-24, with a two- to three-fold increase in HIV prevalence between a first and third pregnancy. Prevalence decreased linearly during the 5-year study period from 25.8% to 22.7% (p <0.001). Among age-specific strata, the greatest absolute decline occurred in those aged 35-39, with an 8.7% absolute decrease in HIV prevalence from 2015 to 2019. Minimal declines were seen in those 15-24, with a decrease of only 1.5% over the same period. Conclusions While overall trends in Botswana show HIV prevalence declining among pregnant women, prevalence among the youngest age group has remained stagnant. Preventative interventions utilizing pre-exposure prophylaxis should be prioritized during the high-risk period surrounding a woman's first pregnancy.	HIV prevention; Botswana; pregnancy; HIV pre-exposure prophylaxis; PREVENTION; INFECTION; MEN; SEX; ADOLESCENT GIRLS; YOUNG-WOMEN; PREEXPOSURE PROPHYLAXIS; INJECTABLE CABOTEGRAVIR; HIV epidemiology; HIV surveillance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Karim Q.A.; Archary D.; Barré-Sinoussi F.; Broliden K.; Cabrera C.; Chiodi F.; Fidler S.J.; Gengiah T.N.; Herrera C.; Kharsany A.B.M.; Liebenberg L.J.P.; Mahomed S.; Menu E.; Moog C.; Scarlatti G.; Seddiki N.; Sivro A.; Cavarelli M.	Women for science and science for women: Gaps, challenges and opportunities towards optimizing pre-exposure prophylaxis for HIV-1 prevention	Frontiers in Immunology	-	-	-	16643224	10.3389/fimmu.2022.1055042	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144165117&doi=10.3389%2ffimmu.2022.1055042&partnerID=40&md5=2cf37b031c33133278e70934d0615a11	Preventing new HIV infections remains a global challenge. Young women continue to bear a disproportionate burden of infection. Oral pre-exposure prophylaxis (PrEP), offers a novel women-initiated prevention technology and PrEP trials completed to date underscore the importance of their inclusion early in trials evaluating new HIV PrEP technologies. Data from completed topical and systemic PrEP trials highlight the role of gender specific physiological and social factors that impact PrEP uptake, adherence and efficacy. Here we review the past and current developments of HIV-1 prevention options for women with special focus on PrEP considering the diverse factors that can impact PrEP efficacy. Furthermore, we highlight the importance of inclusion of female scientists, clinicians, and community advocates in scientific efforts to further improve HIV prevention strategies. Copyright © 2022 Karim, Archary, Barré-Sinoussi, Broliden, Cabrera, Chiodi, Fidler, Gengiah, Herrera, Kharsany, Liebenberg, Mahomed, Menu, Moog, Scarlatti, Seddiki, Sivro and Cavarelli.	gender equity; HIV; inflammation; microbiome; mucosal transmission; PrEP; prevention; women	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Kawichai S.; Songtaweesin W.N.; Wongharn P.; Phanuphak N.; Cressey T.R.; Moonwong J.; Vasinonta A.; Saisaengjan C.; Chinbunchorn T.; Puthanakit T.	A Mobile Phone App to Support Adherence to Daily HIV Pre-exposure Prophylaxis Engagement Among Young Men Who Have Sex With Men and Transgender Women Aged 15 to 19 Years in Thailand: Pilot Randomized Controlled Trial	JMIR mHealth and uHealth	-	-	-	22915222	10.2196/25561	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129653929&doi=10.2196%2f25561&partnerID=40&md5=dbc9e18806837d379c5c57129853c86f	Background: Widespread smartphone use provides opportunities for mobile health HIV prevention strategies among at-risk populations. Objective: This study aims to investigate engagement in a theory-based (information-motivation-behavioral skills model) mobile phone app developed to support HIV pre-exposure prophylaxis (PrEP) adherence among Thai young men who have sex with men (YMSM) and young transgender women (YTGW) in Bangkok, Thailand. Methods: A randomized controlled trial was conducted among HIV-negative YMSM and YTGW aged 15-19 years initiating daily oral PrEP. Participants were randomized to receive either youth-friendly PrEP services (YFS) for 6 months, including monthly contact with site staff (clinic visits or telephone follow-up) and staff consultation access, or YFS plus use of a PrEP adherence support app (YFS+APP). The target population focus group discussion findings and the information-motivation-behavioral skills model informed app development. App features were based on the 3Rs-risk assessment of self-HIV acquisition risk, reminders to take PrEP, and rewards as redeemable points. Dried blood spots quantifying of tenofovir diphosphate were collected at months 3 and 6 to assess PrEP adherence. Tenofovir diphosphate ≥350-699 fmol/punch was classified as fair adherence and ≥700 fmol/punch as good adherence. Data analysis on app usage app paradata and exit interviews were conducted on the YFS+APP arm after 6 months of follow-up. Results: Between March 2018 and June 2019, 200 participants with a median age of 18 (IQR 17-19) years were enrolled. Overall, 74% (148/200) were YMSM; 87% (87/100) of participants who received YFS+APP logged in to the app and performed weekly HIV acquisition risk assessments (log-in and risk assessment LRA). The median duration between the first and last log-in was 3.5 (IQR 1.6-5.6) months, with a median frequency of 6 LRAs (IQR 2-10). Moreover, 22% (22/100) of the participants in the YFS+APP arm were frequent users (LRA≥10) during the 6-month follow-up period. YMSM were 9.3 (95% CI 1.2-74.3) times more likely to be frequent app users than YTGW (P = .04). Frequent app users had higher proportions (12%-16%) of PrEP adherence at both months 3 and 6 compared with infrequent users (LRA<10) and the YFS arm, although this did not reach statistical significance. Of the 100 participants in the YFS+APP arm, 23 (23%) were interviewed. The risk assessment function is perceived as the most useful app feature. Further aesthetic adaptations and a more comprehensive rewards system were suggested by the interviewees. Conclusions: Higher rates of PrEP adherence among frequent app users were observed; however, this was not statistically significant. A short app use duration of 3 months suggests that they may be useful in establishing habits in taking daily PrEP, but not long-term adherence. Further studies on the specific mechanisms of mobile phone apps that influence health behaviors are needed. © Surinda Kawichai, Wipaporn Natalie Songtaweesin, Prissana Wongharn, Nittaya Phanuphak, Tim R Cressey, Juthamanee Moonwong, Anuchit Vasinonta, Chutima Saisaengjan, Tanat Chinbunchorn, Thanyawee Puthanakit.	adolescents; men who have sex with men; mHealth; mobile phone; PrEP adherence; transgender women	English	Canada	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Mixed methods
Article	2022	Kawuma R.; Nabalwanyi Z.; Seeley J.; Mayanja Y.	"I prefer to take pills when I plan to have sex": Perceptions of on-demand versus daily oral pre-exposure prophylaxis among adolescents in Kampala, Uganda	African Journal of AIDS Research	-	-	-	16085906	10.2989/16085906.2022.2039727	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127412916&doi=10.2989%2f16085906.2022.2039727&partnerID=40&md5=4391379b7e6bd4efb16fc04badcd02bd	There is limited information about the use of on-demand and daily pre-exposure prophylaxis (PrEP) among adolescents and young people (AYP) in sub-Saharan Africa. We explored perceptions of both regimens among 14- to 19-year-olds perceived to be at high risk of HIV infection in Kampala, Uganda, using qualitative data collection methods. Data were analysed by theme and interpreted based on constructs from the framework of acceptability. Although there were no noticeable gender differences in preferences for a particular regimen, acceptability of PrEP depended on individual AYP sexual behaviour at the time of the study. Those who perceived themselves to be at increased risk of acquiring HIV preferred using daily PrEP, citing the consistency that comes from taking a pill daily and which they considered to be efficacious and safe. AYP who had less frequent sex preferred on-demand PrEP because it would enable them to "plan for sex". However, both groups perceived taking daily PrEP to be a burden, which was an impediment to acceptance of this form of PrEP. AYP anticipated that daily pill taking would be very stressful, requiring a lot of effort and would interrupt their daily routine. Therefore, while both on-demand and daily PrEP were acceptable and beneficial to these AYP, preferences for either regimen depended on self-perceived risk. Thus, oral PrEP use should be tailored to end-user preferences and risk profiles. © 2022 The Author(s). Co-published by NISC Pty (Ltd) and Informa UK Limited, trading as Taylor & Francis Group.	acceptability; adolescents; high risk; HIV prevention; PrEP regimen and preferences; young people	English	South Africa	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2022	Kay E.S.; Bruce J.; Foster-Hill S.; Rygiel A.; Batey D.S.	Addressing HIV and Homelessness During COVID-19: A Community-Based Demonstration Project	Health Promotion Practice	-	-	-	15248399	10.1177/15248399221135589	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143613300&doi=10.1177%2f15248399221135589&partnerID=40&md5=1eef96d184e16d7c207f32ed08cbb104	People experiencing homelessness are at increased risk for HIV, and people with HIV (PWH) experiencing homelessness are more likely to experience suboptimal HIV health outcomes than PWH with stable housing. Within Alabama, a state prioritized in the Ending the HIV Epidemic initiative, Jefferson County consistently has the highest number of new HIV diagnoses as well as a high percentage of the state's homeless population. To address the twin epidemics of both HIV and homelessness within the high-priority setting of Jefferson County, Alabama, this 1-year community-based project, Ending the HIV Epidemic: Addressing HIV Health and Homelessness (AH3), sought to increase HIV testing and linkage to care among this population by placing a full-time case manager trained in HIV testing and case management at a homeless shelter. Results demonstrated that HIV testing was highly acceptable: 733 individuals were offered a test, and only 2.7% (n = 20) declined. Nine previously diagnosed, out of care PWH and one newly diagnosed PWH were identified through AH3 testing efforts. Of these, five (50%) were linked to care at a local HIV clinic. The remaining five PWH left the shelter before they could be linked to care. Just 10 shelter guests expressed interest in taking PrEP (just 1.4% of guests who tested negative for HIV), and only one of these linked to PrEP care. Future health promotion programs are needed to address mental health and other ancillary needs among this population, as well as programs that provide access to PrEP and other HIV prevention services. © 2022 Society for Public Health Education.	access to health care; community organization; health promotion; HIV/AIDS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Kayesu I.; Mayanja Y.; Nakirijja C.; Machira Y.W.; Price M.; Seeley J.; Siu G.	Uptake of and adherence to oral pre-exposure prophylaxis among adolescent girls and young women at high risk of HIV-infection in Kampala, Uganda: A qualitative study of experiences, facilitators and barriers	BMC Women's Health	-	-	-	14726874	10.1186/s12905-022-02018-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141597249&doi=10.1186%2fs12905-022-02018-z&partnerID=40&md5=ecee8a1d421a798fd8cbf8190bda3f2a	Background: There is limited information on factors that influence oral pre-exposure prophylaxis (PrEP) uptake and adherence among adolescent girls and young women (AGYW). We conducted a qualitative methods study to explore experiences, facilitators and barriers of PrEP uptake and adherence to PrEP among AGYW at risk of Human Immunodeficiency Virus (HIV) infection in Kampala, Uganda. Methods: This study was nested in a prospective cohort study that offered daily oral PrEP to AGYW. Between April 2019 and October 2020 we conducted in-depth interviews with 26 AGYW aged 14–24 years who had been offered or had been using PrEP for at least 6 months, including PrEP adherers (8), non-adherers (8) and those who had declined PrEP (10). After 12 months, follow-up interviews were conducted with 12 AGYW who had adhered to PrEP and those who had dropped it. Thematic analysis was conducted and data were further examined and categorized into the 5 constructs of the Socio-Ecological Model (SEM). Results: PrEP uptake and adherence were facilitated by factors including: perceptions that one's own or partner's sexual behaviour was high risk, a negative attitude towards condoms, social support and wanting to maintain a negative HIV status after receiving a negative HIV test result. Good adherence to PrEP was enabled by effective counselling, support tools such as alarms and phone reminders and incentives like free treatment for STIs and other illnesses during study visits. Barriers to uptake included: anxiety about the pill burden, perceptions of being too young for PrEP and fear of being labelled `prostitute' or `HIV positive'. Poor adherence was attributed to doubt over the efficacy of PrEP as a result of beliefs that because HIV was incurable, no medicine could prevent it. Alcohol use, side effects experienced, and mobility all had a negative impact on adherence. The majority of PrEP users reported feeling safe as a result of using PrEP which had both good and negative implications on their sexual behaviour, specifically the number of sexual partners and condom use. Conclusion: Addressing community misconceptions to maximize uptake of PrEP among AGYW is important. Targeted education messages, and counselling to address misconceptions in ways that capture the attention of AGYW in communities are required. © 2022, The Author(s).	Adolescent Girls and Young Women; HIV prevention; Pre-Exposure Prophylaxis; Qualitative methods; Socio-Ecological Model; Sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2022	Keane A.; Regan S.O.; Quinn L.; Murphy D.; Kelly B.O.; Lynam A.; Lyons F.; Devitt E.	Evaluation of the impact of human immunodeficiency virus pre-exposure prophylaxis on new human immunodeficiency virus diagnoses during the COVID-19 pandemic	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211054587	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120571108&doi=10.1177%2f09564624211054587&partnerID=40&md5=baae6a620a33ed165aea0ac9a5337e7a	Aims: The national PrEP programme launched in Ireland in November 2019 with tenofovir/emtricitabine free to those meeting eligibility criteria. We assessed the impact of the first year of the PrEP programme on new HIV diagnoses in the largest sexual health and HIV service in Ireland. Methods: A free PrEP service was established in November 2019. We reviewed the number of new diagnoses of HIV between November 2018–2019, before the introduction of the national PrEP programme and compared this with the number of new HIV diagnosis between November 2019–2020. Results: There were 95 new HIV diagnoses (63.3% MSM) between November 2018 and 2019 and 73 new HIV diagnoses (65.7% MSM) between November 2019 and 2020. There was a statistically significant decline in new HIV diagnoses between the 2 years (P = 0.0003). 546 patients were prescribed PrEP as of December 2020.106 patients (19.4%) changed their PrEP dosing regimen due to lockdown. 178 individuals (32.6%) had a rectal infection diagnosed. Conclusion: There has been a reduction in new HIV diagnoses in our cohort (although this has occurred during a global pandemic). It is too early to say if PrEP reduces late presentations of HIV based on our findings. A significant number of rectal infections were identified in the PrEP clinic suggesting ongoing risk despite pandemic restrictions. Further research into sexual practices during COVID-19 is needed to assess if this had an impact on the lower rates of HIV acquisition. © The Author(s) 2021.	diagnosis; Human; immunodeficiency virus, viral disease; prevention; screening; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Review
Article	2022	Keizur E.; Robinson E.; Sha B.E.; Aziz M.; Shankaran S.	Effectiveness of an electronic health record model for HIV pre-exposure prophylaxis	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624221079070	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126022334&doi=10.1177%2f09564624221079070&partnerID=40&md5=7b8c27d9baea3b11d932667f8f200cc8	Pre-exposure prophylaxis (PrEP) to prevent human immunodeficiency virus (HIV) is extremely effective when taken correctly, though grossly under-prescribed for at-risk patients. We initiated a best practice advisory (BPA) in the Epic electronic medical record (EMR) to identify patients who met criteria for PrEP use. We evaluated this model to determine its effectiveness in identifying patients and its use by providers for increasing prescription of PrEP. The BPA fired 145 times with five total new PrEP prescriptions. Over half of the patients identified were cisgender women, a group that is both under prescribed PrEP and missed by prior EMR PrEP algorithms. Half of the patients were African American, a group at high risk of HIV infection. Though the model was effective at identifying patients, provider initiation of PrEP or acknowledgment of the BPA was low. Further education of providers regarding PrEP usage and expansion of BPA messages are needed to increase rates of PrEP initiation. © The Author(s) 2022.	HIV; prevention; screening	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kennedy C.E.; Yeh P.T.; Atkins K.; Ferguson L.; Baggaley R.; Narasimhan M.	PrEP distribution in pharmacies: A systematic review	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2021-054121	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125156348&doi=10.1136%2fbmjopen-2021-054121&partnerID=40&md5=cf12d8d6b4950ae8f96c50489f2f12b3	Introduction Novel mechanisms of service delivery are needed to expand access to pre-exposure prophylaxis (PrEP) for HIV prevention. Providing PrEP directly through pharmacies could offer an additional option for reaching potential users. Methods We conducted a systematic review of studies examining effectiveness, values and preferences of end users and health workers, and cost of PrEP initiation and continuation through pharmacies (pharmacy access). We searched PubMed, CINAHL, LILACS and EMBASE through 2 December 2020. We also searched clinical trial registries and recent HIV conference abstracts. Standardised methods were used to search, screen and extract data from included studies. Results No studies met the inclusion criteria for the effectiveness review, for either PrEP initiation or continuation. However, six â € case studies' presenting non-comparative data from PrEP pharmacy programmes demonstrated feasibility of this model in the USA. Eleven studies reported values and preferences of end users and health workers. In the USA, Kenya and South Africa, potential PrEP clients generally supported pharmacy access, although some preferred clinics. One study of PrEP pharmacy clients found all would â € definitely recommend' the programme. Six studies found pharmacists were generally supportive of offering PrEP; one study including doctors found more limited favour, while one study of diverse Kenyan stakeholders found broad support. Three studies reported cost data indicating client willingness to pay in the USA and Kenya and initial sustainability of a clinic financial model in the USA. Conclusion Provision of PrEP through pharmacies has been demonstrated to be feasible in the USA and acceptable to potential end users and stakeholders in multiple settings. Limited evidence on effectiveness and requirements for laboratory testing and quality services may limit enthusiasm for this approach. Further research is needed to determine if pharmacy access is a safe and effective way to help achieve global HIV prevention goals. PROSPERO registration number CRD42021231650. ©	HIV & AIDS; organisation of health services; preventive medicine; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2022	Kerr J.; Ayangeakaa S.; Bullock N.A.A.; Burton K.; Combs R.; Harris L.; Sterrett-Hong E.; Rozema I.; Sears J.; Northington T.	A Qualitative Exploration of Various Stigmas Impacting HIV Pre-Exposure Prophylaxis (PrEP) Uptake Among African American Young Adults	Family and Community Health	-	-	-	1606379	10.1097/FCH.0000000000000346	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137008235&doi=10.1097%2fFCH.0000000000000346&partnerID=40&md5=6a02eb782117c8df85270732e7b03daf	Pre-exposure prophylaxis (PrEP) has promise for reducing racial/ethnic HIV disparities; yet, acceptance among African Americans remains low. PrEP-related stigmas may impact uptake, but this is understudied. This study examines mechanisms by which stigma impacts PrEP acceptance among various priority African American populations. Focus group data from 63 African American young adults (aged 18-29 years) in Louisville, Kentucky, explore how various stigmas impact attitudes toward PrEP. Data were analyzed using grounded theory analytic techniques. PrEP stigma, HIV stigma, sexual behavior stigma, and homophobia/transphobia individually reduce PrEP uptake. These stigmas also interact synergistically to undermine PrEP acceptance. Key challenges resulting from various stigmas and their interactions include medical hesitancy, lack of perceived susceptibility based on gender and sexuality, the role of gender norms in HIV prevention, and deprioritizing HIV prevention due to social rejection. Interventions to increase awareness, destigmatize PrEP, remediate social marginalization related to identity, HIV status, and gendered perceptions of sexual risk, as well as more focus on diverse priority groups, are needed to present PrEP as a viable HIV prevention option for African American communities. More research is needed to optimize strategies that address stigma and increase acceptance of novel HIV prevention technologies. © 2022 Lippincott Williams and Wilkins. All rights reserved.	African American; HIV; pre-exposure prophylaxis; PrEP; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Kerr, Jelani; Bullock, Nana Ama Aya; Burton, Kelsey; Mitchell, Carmen; Harris, Lesley; Combs, Ryan; Krigger, Karen; Northington, Toya	Predictors of Pre-exposure Prophylaxis Awareness among African American Young Adults in Louisville, Kentucky.	Journal of Health Care for the Poor and Underserved	-	-	-	1548-6869	10.1353/hpu.2022.0121	https://dx.doi.org/10.1353/hpu.2022.0121	Low pre-exposure prophylaxis (PrEP; medication to reduce HIV risk among HIV-negative people) awareness may be partially responsible for racial/ethnic differences in treatment uptake. Little research has examined PrEP awareness among African Americans with diverse HIV risk profiles. Audio computer-assisted self-interviews were distributed to 204 African American young adults (age 18-29) demonstrating heightened HIV vulnerability. Chi square analysis and logistic regressions were conducted to determine factors associated with PrEP awareness. While unadjusted logistic regression indicates that age 18-21 years (p<.01), heterosexuality (p<.05), lower education (p<.05), less frequent HIV testing (p<.01), STI diagnosis history (p<.05), not having casual sex (p<.05), and not having a one night stand (p<.01) were associated with decreased PrEP awareness, only heterosexuality (p<.05), lower education (p<.05), and less HIV testing (p<.01) remained significant in adjusted analysis. PrEP-focused education efforts should include outreach across education gradients and sexual orientations. Counselling efforts included with HIV testing may be responsible for accelerating PrEP knowledge among testers.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kerzner M.; De A.K.; Yee R.; Keating R.; Djomand G.; Stash S.; Rana S.; Kimmel A.; Eakle R.; Klucking S.; Patel P.	Pre-exposure prophylaxis (PrEP) uptake and service delivery adaptations during the first wave of the COVID-19 pandemic in 21 PEPFAR-funded countries	PLOS One	-	-	-	19326203	10.1371/journal.pone.0266280	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127656927&doi=10.1371%2fjournal.pone.0266280&partnerID=40&md5=62fc578fb9a59eea26fc3d982ad5b9ea	Background: Mitigation measures for the first wave of the COVID-19 pandemic and burden on health systems created challenges for pre-exposure prophylaxis (PrEP) service delivery. We examined PrEP uptake in PEPFAR programs before and after the start of the COVID-19 pandemic. Methods: We studied two PEPFAR program monitoring indicators, using routine Monitoring, Evaluation, Reporting (MER) indicators capturing uptake of PrEP (PrEP-NEW) and overall use of PrEP (PrEP-CURR). We also analyzed descriptive program narratives to understand successes and challenges field teams encountered after the start of the COVID-19 pandemic. To assess changes in coverage of PrEP across 21 countries, we calculated the "PrEP to need ratio" (PnR) using a published methodology. We defined the pre-COVID time period as April 1, 2019 -March 31, 2020 and the COVID time period as April 1, 2020 -March 31, 2021. Findings The total number of persons who initiated PrEP increased by 157% from 233,250 in the pre- COVID-19 period compared with 599,935 in the COVID-19 period. All countries, except five, noted significant increases in PrEP uptake. PrEP uptake among adolescent girls and young women (AGYW) increased by 159% from 80,452 AGYW in the pre-COVID-19 period to 208,607 AGYW in the COVID-19 period. There were 77,430 key populations (KP) initiated on PrEP in the pre-COVID-19 period and 209,114 KP initiated in the COVID-19 period (a 170% increase). The PnR increased 214% in the COVID-19 period across all PEPFAR-supported countries. Adaptations, such as multi-month dispensing (MMD) of PrEP; virtual demand creation activities; decentralized, community-based and virtual service delivery, were implemented to maintain PrEP services. Conclusions PEPFAR programs continued to maintain and initiate new clients on PrEP despite the challenges posed by the COVID-19 pandemic. Adaptations such as MMD of PrEP and use of technology were vital in expanding service delivery and increasing PrEP coverage. © 2022 Public Library of Science. All rights reserved.	AdolescentAnti-HIV AgentsCOVID-19FemaleHIV InfectionsHumansPandemicsPre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Khati A.; Altice F.L.; Vlahov D.; Eger W.H.; Lee J.; Bohonnon T.; Wickersham J.A.; Maviglia F.; Copenhaver N.; Shrestha R.	Nurse Practitioner-Led Integrated Rapid Access to HIV Prevention for People Who Inject Drugs (iRaPID): Protocol for a Pilot Randomized Controlled Trial	JMIR Research Protocols	-	-	-	19290748	10.2196/42585	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142393491&doi=10.2196%2f42585&partnerID=40&md5=1d495d4ab42d97ad462860673ae9655c	Background: The ongoing volatile opioid epidemic remains a significant public health concern, alongside continued outbreaks of HIV and hepatitis C virus among people who inject drugs. The limited access to and scale-up of medications for opioid use disorder (MOUD) among people who inject drugs, coupled with multilevel barriers to pre-exposure prophylaxis (PrEP) uptake, makes it imperative to integrate evidence-based risk reduction and HIV prevention strategies in innovative ways. To address this need, we developed an integrated rapid access to HIV prevention program for people who inject drugs (iRaPID) that incorporates same-day PrEP and MOUD for this population. Objective: The primary objective of this pilot study is to assess the feasibility and acceptability of the program and evaluate its preliminary efficacy on PrEP and MOUD uptake for a future randomized controlled trial (RCT). We also aim to explore information on the implementation of the program in a real-world setting using a type I hybrid implementation trial design. Methods: Using a type I hybrid implementation trial design, we are pilot testing the nurse practitioner-led iRaPID program while exploring information on its implementation in a real-world setting. Specifically, we will assess the feasibility and acceptability of the iRaPID program and evaluate its preliminary efficacy on PrEP and MOUD uptake in a pilot RCT. The enrolled 50 people who inject drugs will be randomized (1:1) to either iRaPID or treatment as usual (TAU). Behavioral assessments will occur at baseline, and at 1, 3, and 6 months. Additionally, we will conduct a process evaluation of the delivery and implementation of the iRaPID program to collect information for future implementation. Results: Recruitment began in July 2021 and was completed in August 2022. Data collection is planned through February 2023. The Institutional Review Boards at Yale University and the University of Connecticut approved this study (2000028740). Conclusions: This prospective pilot study will test a nurse practitioner-led, integrated HIV prevention program that incorporates same-day PrEP and MOUD for people who inject drugs. This low-threshold protocol delivers integrated prevention via one-stop shopping under the direction of nurse practitioners. iRaPID seeks to overcome barriers to delayed PrEP and MOUD initiation, which is crucial for people who inject drugs who have had minimal access to evidence-based prevention. © 2022 Antoine Khati, Frederick L Altice.	HIV prevention; medications for opioid use disorder; opioid agonist therapy; opioid use disorder; people who inject drugs; pre-exposure prophylaxis; sexual risk	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Killelea A.; Johnson J.; Dangerfield D.T.; Beyrer C.; McGough M.; McIntyre J.; Gee R.E.; Ballreich J.; Conti R.; Horn T.; Pickett J.; Sharfstein J.M.	Financing and Delivering Pre-Exposure Prophylaxis (PrEP) to End the HIV Epidemic	The Journal of Law, Medicine & Ethics	-	-	-	1748720X	10.1017/jme.2022.30	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135419650&doi=10.1017%2fjme.2022.30&partnerID=40&md5=ddde65a78c84003ced9db399d47bdc70	The U.S. has the tools to end the HIV epidemic, but progress has stagnated. A major gap in U.S. efforts to address HIV is the under-utilization of medications that can virtually eliminate acquisition of the virus, known as pre-exposure prophylaxis (PrEP). This document proposes a financing and delivery system to unlock broad access to PrEP for those most vulnerable to HIV acquisition and bring an end to the HIV epidemic.	Access; Drug Pricing; Federal Policy; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Kimani, Makobu; Sanders, Eduard J; Chirro, Oscar; Mukuria, Nana; Mahmoud, Shally; Rinke de Wit, Tobias F; Graham, Susan M; Operario, Don; van der Elst, Elise M	Pre-exposure prophylaxis for transgender women and men who have sex with men: Qualitative insights from healthcare providers, community organization-based leadership and end users in coastal Kenya	International Health	-	-	-	18763413	10.1093/inthealth/ihab043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129998314&doi=10.1093%2finthealth%2fihab043&partnerID=40&md5=0ec92801957496fef8449f94ed7006ed	Transgender women (TW) and men who have sex with men (MSM) in Kenya are disproportionately affected by human immunodeficiency virus (HIV) and would benefit substantially from pre-exposure prophylaxis (PrEP). We conducted focus group discussions (FGDs) with healthcare providers (HCPs) and TW/MSM leadership and in-depth interviews (IDIs) with PrEP-experienced MSM and TW to learn about perceived and actual barriers to PrEP programming. Eleven HCP and 10 TW/MSM leaders participated in FGDs before PrEP roll-out (January 2018) and 12 months later. Nineteen PrEP end-users (11 MSM and 8 TW) participated in IDIs. Topic guides explored PrEP knowledge, HIV acquisition risk, gender identity, motivation for PrEP uptake and adherence and PrEP-dispensing venue preferences. Braun and Clarke thematic analysis was applied. Four themes emerged: Limited preparedness of HCPs to provide PrEP to TW and MSM, varied motivation for PrEP uptake and persistence among end users, lack of recognition of TW by HCPs and suggestions for PrEP programming improvement from all stakeholders. Providers' reluctance to prescribe PrEP to TW and distrust of TW towards providers calls for interventions to improve the capacity of service environments and staff HIV preventive care. Alternative locations for PrEP provision, including community-based sites, may be developed with TW/MSM leaders. © 2021 The Author(s). Published by Oxford University Press on behalf of Royal Society of Tropical Medicine and Hygiene.	Kenya; MSM; pre-exposure prophylaxis; transgender women	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2022	Kincaid, Ross Andrew	Establishing an evidence base to inform the development and implementation of an online HIV pre-exposure prophylaxis service for GBMSM in Scotland	-	-	Glasgow Caledonian University	-	NA	10.59019/PEIC4218	https://researchonline.gcu.ac.uk/ws/portalfiles/portal/76641899/76641812.pdf	HIV pre-exposure prophylaxis (PrEP) is a game changing addition to combination HIV prevention strategies wherein people who are HIV-negative take antiretroviral medications before and after possible sexual exposure to HIV to prevent acquisition. PrEP has been available through Scottish NHS sexual health services since July 2017. In Scotland, an online PrEP service is in the early stages of development with the aim of enhancing patient choice, overcoming challenges within current pathways, and scaling up PrEP provision. The aim of this thesis was to establish an evidence base to inform the development and implementation of this online PrEP service. First, I conducted a scoping review (n=59 studies) to explore the extent to which PrEP-related care had been delivered online. I concluded that additional formative research was required to properly inform the development of the proposed online PrEP service. To this end, I adopted a pragmatic mixed-methods approach, using the Intervention Mapping approach as a guiding framework to develop my research questions which I answered through the following studies. I included questions in two national online surveys of gay, bisexual and other men who have sex with men (GBMSM): 1) SMMASH3 (n=970) conducted before the Covid pandemic (December 2019 – March 2020), and 2) SMMASH Pan (n=456) conducted during the first national stay-at-home order (June 2020 – July 2020). My survey questions examined online health behaviours and the prospective acceptability of the proposed online PrEP service. The high willingness to engage with online health services, and the high acceptability of the online PrEP service, provided a clear direction for the qualitative studies that followed. I conducted two qualitative studies to further explore the acceptability of the proposed online PrEP service: 1) semi-structured interviews with potential service users (n=15); and 2) focus groups (n=3) with potential service providers (n=9). Participants found the online PrEP service to be acceptable and provided valuable, nuanced insights into how the service should be developed and implemented to best meet users' needs. Crucially, participants highlighted the importance of choice and appropriate support. Overall, this thesis provides a clear rationale for the development of the proposed online PrEP service by synthesising contemporary research findings with the views of PrEP users and clinicians involved in PrEP provision. Accordingly, I conclude by providing specific evidence-based recommendations for the development and implementation of the proposed online PrEP service and specific directions for future research.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Mixed methods
Article	2022	King A.R.; Shah S.; Randall L.A.; Frew P.M.; Spaulding A.; Holloway I.W.	Acceptability of injectable pre-exposure prophylaxis among people who inject drugs in three urban U.S. settings	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07572-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137937121&doi=10.1186%2fs12879-022-07572-3&partnerID=40&md5=46a0f91e3f258ce68b061a757278fa7	Background: Outbreaks of new HIV transmission among people who inject drugs (PWID) are a major public health concern. Oral daily PrEP, has been identified as a critical addition to the biomedical toolkit for this population. However, limited research on the acceptability of long-acting injectable PrEP has been conducted with this population. Methods: We conducted a cross sectional multi-site survey with 1127 participants from May 2019–February 2020 to assess the acceptability of novel PrEP regimens. We computed bivariate and multivariable logistic regressions to evaluate correlates of the outcome variable: acceptability of 3-month injectable-PrEP. SAS v.9.4 was used to conduct statistical analysis. Results: Limited knowledge of or use of PrEP, at present, was evident within the sample. Injection drug use in the past six months was significantly associated with LA injectable PrEP acceptability, with the odds of acceptability being 1.885 (CI: 1.376, 2.582) times greater than those who did not inject drugs. After adjusting for confounders, injection drug use was significantly associated with the outcome, such that the odds of acceptability of LA injectable PrEP were 1.705 (CI: 1.198, 2.427) times greater among PWID compared to those who did not inject drugs (p < 0.03). The results demonstrate acceptability (38.2%) in a durable (3-month) injectable PrEP modality among participants who also identified as PWID. Conclusions: PrEP promotion efforts among PWID to increase access to long-acting injectable PrEP are necessary. Through efforts to increase acceptance and regular use of long-acting injectable PrEP, public health strategies may be able to effectively lessen chances of future HIV outbreaks among PWID. © 2022, The Author(s).	HIV prevention; Injection drug use; Pre-exposure prophylaxis; PrEP; PWID	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	King K.; Balan S.; Kanamori M.; Shrader C.-H.; Arroyo-Flores J.; Johnson A.; Whiteside P.; Michniewicz M.; Doblecki-Lewis S.	Feasibility and Acceptability of HIV Self-Test Kit Distribution Through PrEP Clients' Social and Sexual Networks to Increase HIV Testing and PrEP Information	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002970	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132150016&doi=10.1097%2fQAI.0000000000002970&partnerID=40&md5=dcda34201b7d1a6a31626036d9a2e24b	Objective:To determine the feasibility, acceptability, and implementation of a HIV self-test (HIVST) program through PrEP clients' social and sexual networks.Background:HIV testing is critical for treatment and prevention engagement. HIVST kits can overcome barriers to testing. A negative result is an opportunity to provide PrEP information. We describe implementation factors associated with engaging current Mobile PrEP (MP) clients to distribute HIVST kits and PrEP information through their networks.Setting:Community venues in Miami-Dade County, Florida.Methods:A baseline survey collected network information and explored distribution plans for offering HIVST kits. A follow-up survey evaluated use and distribution. A logic model describes the process of implementation and evaluation. Up to 4 Ora-Quick HIV ST kits were offered to 81 MP clients. A brief training included resources for posttest engagement.Results:Forty-four percent of the kits were reported as distributed. Of 81 MP clients offered kits, 50 (62%) accepted. In a follow-up survey, 77% of MP clients distributed at least 1 kit. Fifty-six (86%) social network members were Latino, and 9 (14%) were Black. Three of 4 MP clients engaged in PrEP discussions (77%) with SN members. Reported reasons for HIVST kit use included convenience, confidentiality, privacy concerns, and discomfort with going to a testing site. MP clients reported that kit distribution was affected by the COVID-19 pandemic.Conclusion:HIV ST kits allowed PrEP users to engage others in their social and sexual networks for HIV testing and information regarding PrEP. Work to scale-up this intervention is underway. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; HIV self-test kit; HIV testing; implementation science; men who have sex with men; peer educators; PrEP; social network	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kinvig, Hannah; Cottura, Nicolas; Lloyd, Andrew; Frivold, Collrane; Mistilis, Jessica; Jarrahian, Courtney; Siccardi, Marco	Evaluating Islatravir Administered Via Microneedle Array Patch for Long-Acting HIV Pre-exposure Prophylaxis Using Physiologically Based Pharmacokinetic Modelling.	European Journal of Drug Metabolism and Pharmacokinetics	-	-	-	2107-0180	10.1007/s13318-022-00793-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9746694	BACKGROUND AND OBJECTIVES: Technologies for long-acting administration of antiretrovirals (ARVs) for the prevention and treatment of HIV are at the forefront of research initiatives aiming to tackle issues surrounding drug adherence with the current standard of once-daily oral administration. Islatravir (ISL) is an emerging ARV that shows promising characteristics for long-acting prevention and treatment both orally as well as through alternative routes of administration. Microneedle array patches (MAPs) are a pain-free and discreet transdermal delivery technology that offer extended-release administration of nanoparticulate drugs. This study aimed to utilise physiologically based pharmacokinetic (PBPK) modelling to predict the pharmacokinetics resulting from ISL administered via MAP and to identify key MAP characteristics required to sustain effective concentrations over extended dosing intervals. METHODS: A PBPK model describing the conversion of ISL to ISL-triphosphate (ISL-TP) and its whole-body disposition was developed and verified against observed clinical data for orally administered ISL in healthy adults. An intradermal PBPK model was integrated with the ISL PBPK model to predict the dose and nanoparticle release rate required for MAP administration strategies capable of achieving a minimum ISL-TP target concentration of 0.05 pmol/106 PBMCs over extended dosing intervals. MAP design was limited to a maximum therapeutic area of 20 cm2 with a dose loading of 4.09 mg/cm2 and a minimum duration of 3 months. Due to the lack of available clinical data, a range of nanoparticle release rates and MAP bioavailability scenarios were simulated to provide an overview of potential clinical outcomes. RESULTS: The ISL PBPK model was successfully verified, with predicted vs observed ratios falling within 0.5-2-fold. ISL MAP doses ranging from 15 to 80 mg were predicted to sustain ISL-TP concentrations above the minimum target concentration at 3, 6 and 12 months after administration. Nanoparticle release rate and MAP bioavailability were found to have a major impact on whether dosing strategies achieved the criteria. Minimum doses of 15 mg and 60 mg with a nanoparticle release rate of 0.0005 h-1 and bioavailability ranging from 25 to 100% were predicted to achieve effective ISL-TP concentrations up to 3 and 6 months, respectively. Doses of 15 mg and 30 mg with a nanoparticle release rate of 0.0005 h-1 were also able to attain the target concentration up to 6 months after MAP administration, albeit with a minimum bioavailability of 75% and 50%, respectively. Furthermore, when simulating a bioavailability of 100%, an 80 mg ISL MAP was predicted to sustain ISL-TP concentrations above the minimum target concentration up to 12 months after administration. CONCLUSIONS: The ISL PBPK model successfully predicted ISL and ISL-TP pharmacokinetics across a range of orally administered regimens. The integrated intradermal PBPK model outlined optimal MAP dose and nanoparticle release rates for effective ISL-TP concentrations up to 12 months, providing justification for further investigation of ISL as a candidate for MAP administration.	NA	English	Germany	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical

Article	2022	Kiptinness C.; Kuo A.P.; Reedy A.M.; Johnson C.C.; Ngure K.; Wagner A.D.; Ortblad K.F.	Examining the Use of HIV Self-Testing to Support PrEP Delivery: a Systematic Literature Review	Current HIV/AIDS Reports	-	-	-	15483568	10.1007/s11904-022-00617-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135258596&doi=10.1007%2fs11904-022-00617-x&partnerID=40&md5=7bf32c8b98a26fbdd0dfda8205143abd	Purpose of Review: HIV self-testing (HIVST) has the potential to expand access to and uptake of HIV pre-exposure prophylaxis (PrEP) delivery. We conducted a systematic literature review to understand the evidence on HIVST use for PrEP delivery. Recent Findings: After screening 1055 records, we included eight: three randomized trials and five values and preferences studies. None measured PrEP initiation. Most studies occurred in Sub-Saharan Africa (7/8) and included different populations. One trial found that HIVST use between quarterly clinic visits as part of an adherence package with biofeedback slightly increased adherence; the other two trials found that HIVST use between or in lieu of quarterly clinic visits had no significant or non-inferior effects on adherence. HIVST to support PrEP delivery was acceptable, feasible, and preferred. Summary: HIVST use for PrEP continuation largely resulted in similar outcomes to standard-of-care delivery and was perceived acceptable and feasible. Further research is needed to optimize HIVST use within PrEP programming. © 2022, The Author(s).	HIV prevention; HIV self-testing; Implementation science; PrEP delivery; Sub-Saharan Africa; Systematic literature review	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2022	Kislovskiy Y.; Erpenbeck S.; Martina J.; Judkins C.; Miller E.; Chang J.C.	HIV awareness, pre-exposure prophylaxis perceptions and experiences among people who exchange sex: qualitative and community based participatory study	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-14235-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139112211&doi=10.1186%2fs12889-022-14235-0&partnerID=40&md5=28c723f9176f9300db6d2354f651b453	Background: People who exchange sex for money, favors, goods or services, combat higher risk of acquiring sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV). Understanding barriers to STD and HIV related healthcare from the perspective of this stigmatized and marginalized community may improve access to sexual health services including pre-exposure prophylaxis (PrEP). Methods: We used community-partnered participatory and qualitative methods to conduct anonymous one-on-one interviews with people who exchange sex to understand their perspectives and experiences related to pre-exposure prophylaxis (PrEP) to prevent HIV acquisition. We conducted twenty-two interviews and coded them to perform thematic analysis. Results: We identified five themes: (1) Appreciation of HIV risk and prevention strategies grew from information accumulated over time. (2) PrEP information came from a variety of sources with mixed messages and uncertain credibility. (3) Decision-making about use of PrEP was relative to other behavioral decisions regarding exchange sex. (4) The multi-step process of obtaining PrEP presented multiple potential barriers. (5) Healthcare providers were seen as powerful facilitators to PrEP utilization. Conclusions: Our findings suggest that PrEP education and care needs to be made more relevant and accessible to individuals who exchange sex. © 2022, The Author(s).	Community based participatory research; Exchange sex; HIV risk; Pre-exposure prophylaxis; Qualitative research; Sex work	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Klasko-Foster L.; Wilson K.; Bleasdale J.; Gabriel S.J.; Przybyla S.	"Shades of risk": Understanding current PrEP users' sexually transmitted infection perceptions	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1957762	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111652302&doi=10.1080%2f09540121.2021.1957762&partnerID=40&md5=3ba754ae84bebf81e9ff03c463359145	Pre-exposure prophylaxis (PrEP) is a safe and effective HIV prevention strategy. Given the possibility of increased sexual risk-taking and acquisition of other sexually transmitted infections (STIs) following PrEP initiation, it is important to explore STI risk perceptions both before and after PrEP initiation to understand the extent to which these perceptions inform decisions to engage in condomless sex. Semi-structured qualitative interviews were conducted with men who have sex with men currently using PrEP (n = 30). Prior to analysis, PrEP users were categorized into four subgroups based on condom use behavior post-PrEP initiation: (1) condom continuers (2) condomless sex continuers, (3) condomless sex increasers, and (4) condomless sex decreasers. Thematic analysis revealed two major themes that elucidated differences in (1) the appraisal of HIV risk relative to other STIs and (2) the importance of partner communication in determining STI risk perceptions by subgroup. Most PrEP users demonstrated no behavioral change after PrEP initiation. Those engaging in condomless sex prior to PrEP initiation also continued that behavior while taking PrEP. Results of this study support a tailored approach to PrEP counseling based on individual STI risk appraisal and motivations to initiate and continue PrEP. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV; preexposure prophylaxis; risk perceptions; sexual risk behavior; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Klein, Ari Z; Meanley, Steven; O'Connor, Karen; Bauermeister, José A; Gonzalez-Hernandez, Graciela	Toward Using Twitter for PrEP-Related Interventions: An Automated Natural Language Processing Pipeline for Identifying Gay or Bisexual Men in the United States.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/32405	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9086871	BACKGROUND: Pre-exposure prophylaxis (PrEP) is highly effective at preventing the acquisition of HIV. There is a substantial gap, however, between the number of people in the United States who have indications for PrEP and the number of them who are prescribed PrEP. Although Twitter content has been analyzed as a source of PrEP-related data (eg, barriers), methods have not been developed to enable the use of Twitter as a platform for implementing PrEP-related interventions. OBJECTIVE: Men who have sex with men (MSM) are the population most affected by HIV in the United States. Therefore, the objectives of this study were to (1) develop an automated natural language processing (NLP) pipeline for identifying men in the United States who have reported on Twitter that they are gay, bisexual, or MSM and (2) assess the extent to which they demographically represent MSM in the United States with new HIV diagnoses. METHODS: Between September 2020 and January 2021, we used the Twitter Streaming Application Programming Interface (API) to collect more than 3 million tweets containing keywords that men may include in posts reporting that they are gay, bisexual, or MSM. We deployed handwritten, high-precision regular expressions-designed to filter out noise and identify actual self-reports-on the tweets and their user profile metadata. We identified 10,043 unique users geolocated in the United States and drew upon a validated NLP tool to automatically identify their ages. RESULTS: By manually distinguishing true- and false-positive self-reports in the tweets or profiles of 1000 (10%) of the 10,043 users identified by our automated pipeline, we established that our pipeline has a precision of 0.85. Among the 8756 users for which a US state-level geolocation was detected, 5096 (58.2%) were in the 10 states with the highest numbers of new HIV diagnoses. Among the 6240 users for which a county-level geolocation was detected, 4252 (68.1%) were in counties or states considered priority jurisdictions by the Ending the HIV Epidemic initiative. Furthermore, the age distribution of the users reflected that of MSM in the United States with new HIV diagnoses. CONCLUSIONS: Our automated NLP pipeline can be used to identify MSM in the United States who may be at risk of acquiring HIV, laying the groundwork for using Twitter on a large scale to directly target PrEP-related interventions at this population.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Knox J.; Kutner B.A.; Shiau S.; Winterhalter F.S.; Wu Y.; Hirsch-Moverman Y.; El-Sadr W.; Colson P.W.; Franks J.	Assessing the Information-Motivation-Behavioral Skills Model to Predict Pre-exposure Prophylaxis Adherence Among Black Men Who have Sex with Men and Transgender Women in a Community Setting in New York City	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03588-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123886090&doi=10.1007%2fs10461-022-03588-7&partnerID=40&md5=8635d5e81306e1286207fc173f0a5927	The Information-Motivation-Behavioral Skills (IMB) Model has been used to understand adherence to medications and intentions to uptake pre-exposure prophylaxis (PrEP) to prevent HIV infection. In the current study, the IMB Model was used to understand factors that predict adherence to PrEP among a community-based cohort of 204 Black men who have sex with men (MSM) and transgender women (TGW) using structural equation modeling. PrEP motivation was directly associated with PrEP behavioral skills (β = 0.320, p = 0.009), and PrEP behavioral skills were directly associated with PrEP adherence (β = 0.416, p = 0.001). PrEP knowledge and PrEP motivation were not associated with PrEP adherence, directly or indirectly. The analysis identified intervenable factors that predicted PrEP adherence. Screening for motivation and behavioral skills could be used to identify where additional support to improve PrEP adherence is needed, or whether to offer alternative PrEP modalities or delivery strategies. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; HIV; Information–motivation–behavioral skills (IMB) model; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); Transgender women (TGW)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Knox, David C.; Pilarski, Robert; Dhunna, Harvinder S.; Kaushal, Amit; Adachi, Jonathan D.	Clinical Considerations in the Selection of Preexposure Prophylaxis for HIV Prevention in Canada.	The Canadian Journal of Infectious Diseases & Medical Microbiology = Journal Canadien des Maladies Infectieuses et de la Microbiologie Médicale	-	-	-	1712-9532 1918-1493	10.1155/2022/3913439	https://pubmed.ncbi.nlm.nih.gov/36081603/	According to the Public Health Agency of Canada, approximately 62,050 people were living with HIV in Canada in 2018, and of those, 13% were undiagnosed. Currently, no single strategy provides complete protection or is universally effective across all demographic groups at risk for HIV. However, HIV preexposure prophylaxis (PrEP) is the newest HIV prevention strategy that shows promise. To date, two products have received an indication for PrEP by Health Canada: emtricitabine/tenofovir disoproxil fumarate (Truvada®; FTC/TDF) and emtricitabine/tenofovir alafenamide (Descovy®; FTC/TAF). Despite the high efficacy of these PrEP intervention methods, access to PrEP in Canada remains low. Identifying and addressing barriers to PrEP access, especially in high-risk groups, are necessary to reduce HIV transmission in Canada. While guidelines published by the Center for Disease Control and Prevention (CDC) include FTC/TAF information, the efficacy of FTC/TAF for PrEP has not yet been considered in Canada's clinical practice guidelines. Thus, the current paper reviews current data regarding the use of FTC/TDF and FTC/TAF for PrEP, which may be useful for Canadian healthcare providers when counseling and implementing HIV prevention methods. The authors highlight these data in relation to various at-risk populations and review ongoing clinical trials investigating novel PrEP agents. Overall, FTC/TDF PrEP is effective for many populations, including men who have sex with men, transgender women, heterosexuals with partners living with HIV, and people who use drugs. While there is fewer data reported on the efficacy of FTC/TAF to date, recent clinical trials have demonstrated noninferiority of FTC/TAF in comparison to FTC/TDF. Notably, as studies have shown that FTC/TAF maintains renal function and bone mineral density to a greater extent than FTC/TDF, FTC/TAF may be a safer option for patients experiencing renal and/or bone dysfunction, for those at risk of renal and bone complications, and for those who develop FTC/TDF-related adverse events.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2022	Kobayashi T.; Van Epps P.; Maier M.M.; Beste L.A.; Beck B.F.; Alexander B.; Ohl M.E.	Discussion and Initiation of HIV Pre-exposure Prophylaxis Were Rare Following Diagnoses of Sexually Transmitted Infections Among Veterans	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-021-07034-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111647474&doi=10.1007%2fs11606-021-07034-7&partnerID=40&md5=fdfe97b088e872301134934acc50e356	Background: Healthcare encounters for the diagnosis and treatment of sexually transmitted infections (STIs) are common and represent an opportunity to discuss and initiate HIV pre-exposure prophylaxis (PrEP). Little is known about how frequently PrEP is discussed and initiated in association with encounters for STIs. Design: Retrospective cohort and nested case-control study, matched by STI date, in national Veterans Health Administration (VHA) facilities from January 2013 to December 2018. Participants: Veterans with a first STI diagnosis (i.e., early syphilis, gonorrhea, or chlamydia) based on ICD codes, excluding those with prior HIV diagnosis, prior PrEP use, or STI diagnosed on screening during a visit to initiate PrEP. Main Measures: Frequency of PrEP initiation within 90 days of healthcare encounter for STIs. In the case-control study, we performed a structured chart review from the initial STI-related clinical encounter and quantified frequency of PrEP discussions among matched patients who did and did not initiate PrEP in the following 90 days. Key Results: We identified 23,312 patients with a first STI, of whom 90 (0.4%) started PrEP within 90 days. PrEP initiation was associated with urban residence (OR = 5.0, 95% CI 1.8–13.5), White compared to Black race (OR = 1.7, 95% CI 1.0–2.7), and syphilis diagnosis (OR = 5.7, 95% CI 3.7–8.6). Chart review revealed that discussion of PrEP was rare among people with STIs who did not subsequently start PrEP (1.1%, 95% CI 0.1–4.0). PrEP initiation was associated with documentation of sexual history (80.0% of initiators vs. 51.0% of non-initiators, p < 0.01) and discussion of PrEP (52.2% vs. 1.1%, p < 0.01) during the initial STI diagnosis encounter. Conclusions: Discussion and initiation of PrEP were rare following healthcare encounters for STIs. Interventions are needed to improve low rates of sexual history-taking and discussion of PrEP during healthcare encounters for STIs. © 2021, This is a U.S. government work and not under copyright protection in the U.S.; foreign copyright protection may apply.	Case-Control StudiesHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure ProphylaxisRetrospective StudiesSexually Transmitted DiseasesSyphilisVeterans	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Koenig L.J.; Flores S.A.; Mulatu M.S.	Project PrIDE in Context: Evolution of Evaluation in the Centers for Disease Control and Prevention's Multi-Jurisdictional HIV Prevention Demonstration Projects	Evaluation and Program Planning	-	-	-	18737870	10.1016/j.evalprogplan.2021.102015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123747123&doi=10.1016%2fj.evalprogplan.2021.102015&partnerID=40&md5=f2c5f9977a9fd905b37d2a0258592afe	Over the past decade, CDC has been implementing a high-impact prevention (HIP) approach to HIV, directing funds towards activities with the greatest likelihood of reducing new infections and disparities. Corresponding to this shift, the Division of HIV/AIDS Prevention (DHAP) began funding a series of multi-site demonstration projects to provide extra support and evaluative capacity to select health departments to initiate new HIP programming, with the intention of ascertaining and sharing lessons with other health departments. In this paper, we provide context for the PrEP, Implementation, Data2Care, Evaluation (PrIDE) evaluation by describing the evolution of evaluation goals and activities across three prior demonstration projects, highlighting four areas of change: 1) integrated evaluation and program implementation; 2) local program evaluation in addition to cross-site performance monitoring; 3) prescriptive allocation of resources to support local program evaluation; and 4) expansion beyond single site program evaluation to identify cross-site programmatic strategies. Together, these changes reflect our own learning about achieving the greatest contribution from multi-site projects and set the stage for unique aspects of program evaluation within PrIDE. We describe these features, concluding with lessons learned from this most recent approach to structuring and supporting evaluation within CDC DHAP's health department demonstration projects. Published by Elsevier Ltd.	Demonstration project; High impact prevention; HIV prevention; Program evaluation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Kohler P.; Larsen A.; Sila J.; Wilson K.; Abuna F.; Lagat H.; Owiti G.; Owens T.; Pintye J.; Richardson B.; John-Stewart G.; Kinuthia J.	Mystery Shopper Assessment of PrEP Service Delivery Quality for Adolescent Girls and Young Women in Kenya: A Cross-sectional Study	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000350	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137094033&doi=10.1097%2fJNC.0000000000000350&partnerID=40&md5=751698028fecef2a662c15f3be30dae8	Pre-exposure prophylaxis (PrEP) uptake and adherence among adolescent girls and young women (AGYW) may be negatively influenced by poor interactions with health care providers. We assessed PrEP counseling using unannounced standardized patient actors (USPs) at routine care clinics in Kenya. Trained actors posed as AGYW seeking PrEP services following case scripts and completed a checklist of provider adherence to national guidelines and communication skills. Scores were converted into a percentage and compared using linear regression. The overall mean quality score was 52.1 and varied across case scripts: a married new initiator yielded higher scores than portrayals of adherence/stigma challenges, transactional sex, and a minor adolescent. Mean guideline scores (31.4) were lower than communication scores (72.8), although in 36.5% of encounters, USPs stated they would not seek help from that provider again. Unannounced standardized patients reported provider reluctance to offer PrEP to AGYW. Interventions to strengthen provider counseling skills are needed. © 2022 Elsevier USA. All rights reserved.	adolescent; HIV; Kenya; PrEP; quality; standardized patient assessment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kohler, Stefan; Dalal, Shona; Hettema, Anita; Matse, Sindy; Bärnighausen, Till; Paul, Nicolas	Human resource needs and costs for HIV pre-exposure prophylaxis provision in nurse-led primary care in Eswatini and opportunities for task sharingï»¿.	Human Resources for Health	-	-	-	1478-4491	10.1186/s12960-022-00770-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9590230	BACKGROUND: The global expansion of HIV pre-exposure prophylaxis (PrEP) includes health systems that face a shortage of skilled health care workers (HCWs). We estimated the human resource needs and costs for providing PrEP in nurse-led primary care clinics in Eswatini. Furthermore, we assessed potential cost savings from task sharing between nurses and other HCW cadres. METHODS: We conducted a time-and-motion and costing study in a PrEP demonstration project between August 2017 and January 2019. A form for recording time and performed activities ("motion") was filled by HCWs of six primary care clinics. To estimate the human resource needs for specific PrEP activities, we allocated recorded times to performed PrEP activities using linear regression with and without adjusting for a workflow interruption, that is, if a client was seen by different HCWs or by the same HCW at different times. We assessed a base case in which a nurse provides all PrEP activities and five task shifting scenarios, of which four include workflow interruptions due to task sharing between different HCW cadres. RESULTS: On average, PrEP initiation required 29 min (95% CI 25-32) of HCW time and PrEP follow-up 16 min (95% CI 14-18). The HCW time cost $4.55 (uncertainty interval UI 1.52-9.69) for PrEP initiation and $2.54 (UI 1.07-4.64) for PrEP follow-up when all activities were performed by a nurse. Time costs were $2.30-4.25 (UI 0.62-9.19) for PrEP initiation and $1.06-2.60 (UI 0.30-5.44) for PrEP follow-up when nurses shared tasks with HCWs from lower cadres. Interruptions of the workflow added, on average, 3.4 min (95% CI 0.69-6.0) to the time HCWs needed for a given number of PrEP activities. The cost of an interrupted workflow was estimated at $0.048-0.87 (UI 0.0098-1.63) depending on whose time need increased. CONCLUSIONS: A global shortage of skilled HCWs could slow the expansion of PrEP. Task shifting to lower-cadre HCW in nurse-led PrEP provision can free up nurse time and reduce the cost of PrEP provision even if interruptions associated with task sharing increase the overall human resource need.	Costs and cost analysis, Health personnel, HIV pre-exposure prophylaxis, Nurse-led primary health care, Sub-Saharan Africa, Task performance and analysis, Task sharing, Task shifting, Time-and-motion study	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Kohler, Stefan; Ndungwani, Rumbidzai; Burgert, Mark; Sibandze, Dumile; Matse, Sindy; Hettema, Anita	The Costs of Creatinine Testing in the Context of a HIV Pre-Exposure Prophylaxis Demonstration Project in Eswatini.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-021-03432-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8840925	HIV treatment and prevention as well as other chronic disease care can require regular kidney function assessment based on a creatinine test. To assess the costs of creatinine testing in a public health care system, we conducted activity-based costing during a HIV pre-exposure prophylaxis (PrEP) demonstration project in the Hhohho region of Eswatini. Resource use was assessed by a laboratory technician and valued with government procurement prices, public sector salaries, and own cost estimates. Obtaining a blood sample in a clinic and performing a creatinine test in a high-throughput referral laboratory (> 660,000 blood tests, including > 120,000 creatinine tests, in 2018) were estimated to have cost, on average, $1.98 in 2018. Per test, $1.95 were variable costs ($1.38 personnel, ¢39 consumables, and ¢18 other costs) and ¢2.6 were allocated semi-fixed costs (¢1.1 laboratory equipment, ¢0.85 other, ¢0.45 consumables, and ¢1.3 personnel costs). Simulating different utilization of the laboratory indicated that semi-fixed costs of the laboratory (e.g., equipment purchase or daily calibration of the chemistry analyzer) contributed less than variable costs (e.g., per-test personnel time and test reagents) to the average creatinine test cost when certain minimum test numbers can be maintained. Our findings suggest, first, lower creatinine testing costs than previously used in cost and cost-effectiveness analyses of HIV services and, second, that investment in laboratory equipment imposed a relatively small additional cost on each performed test in the high-throughput referral laboratory.	Blood test, Costs, Creatinine level, Kidney function test, Laboratory costs, Micro-costing study, Sub-Saharan Africa	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2022	Kolstee, Johann; MacGibbon, James; Prestage, Garrett; Clackett, Shawn; Paynter, Heath; Bavinton, Benjamin R; Broady, Timothy R; Ellard, Jeanne; Murphy, Dean A; de Wit, John; Power, Cherie; Holt, Martin	Changing Attitudes Towards Condoms Among Australian Gay and Bisexual Men in the PrEP Era: An Analysis of Repeated National Online Surveys 2011-2019.	AIDS Education and Prevention	-	-	-	1943-2755	10.1521/aeap.2022.34.6.453	https://dx.doi.org/10.1521/aeap.2022.34.6.453	Condoms have been the primary form of HIV prevention for gay and bisexual men (GBM) for most of the HIV epidemic. The introduction of biomedical HIV prevention may have changed attitudes towards condoms. Data from repeated national online surveys of GBM in Australia were used to examine how attitudes towards condoms and confidence discussing condoms with partners changed in the period 2011-2019. The proportion of all participants who reported a positive experience in using condoms remained low and unchanged (9.6% in 2011 to 6.0% in 2019). Confidence in discussing condoms with partners decreased over time (from 72.2% in 2011 to 56.6% in 2019). Confidence in discussing condoms was associated with concern about sexually transmitted infections, and more consistent condom use. Sustaining confidence in using condoms may be more challenging as biomedical prevention methods become more commonly used.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Kolstee, Johann; Prestage, Garrett; Bavinton, Benjamin; Hammoud, Mohamed; Philpot, Steven; Keen, Phillip; Grulich, Andrew; Holt, Martin	Trust, Familiarity, Optimism, and Pleasure: Australian Gay Men Accounting for Inconsistent HIV Prevention Practices in the PrEP Era	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-021-02203-5	https://www.researchgate.net/publication/360382350_Trust_Familiarity_Optimism_and_Pleasure_Australian_Gay_Men_Accounting_for_Inconsistent_HIV_Prevention_Practices_in_the_PrEP_Era	Despite an increase in the range of effective HIV risk reduction strategies that are available, some gay and bisexual men (GBM) do not use any of them consistently. Understanding why GBM do not always use a protective strategy may help develop more effective responses. Semi-structured interviews with 24 sexually active GBM in Sydney, Australia were conducted and analyzed using thematic analysis. The main characteristics of encounters featuring little or no use of HIV risk reduction strategies were familiarity and trust with partners, pleasure and intoxication, expectations that partners were using HIV pre-exposure prophylaxis or treatment as prevention, and in some cases feelings of invulnerability about acquiring HIV. An increase in pleasure and a reduction in anxiety about sex were noted by some GBM who had commenced PrEP. Encouraging GBM to adopt a strategy such as PrEP and to use it consistently may be easier by emphasizing benefits to mental health and the quality of sex and intimacy it can offer. However, even with the increased availability of effective biomedical HIV risk reduction strategies, not all GBM are able to consistently manage HIV risk and some continue to hold optimistic and potentially inaccurate beliefs about sexual partners that may increase HIV risk.	Condoms; Australia; HIV prevention; PrEP; Sexual behavior; Disease prevention; Prep; Health behavior; Thematic analysis; Methadone; Gay men; HIV risk reduction; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Sexual partner	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2022	Konda K.A.; Torres T.S.; Mariño G.; Ramos A.; Moreira R.I.; Leite I.C.; Cunha M.; Jalil E.M.; Hoagland B.; Guanira J.V.; Benedetti M.; Pimenta C.; Vermandere H.; Bautista-Arredondo S.; Vega-Ramirez H.; Veloso V.G.; Caceres C.F.; Grinsztejn B.	Factors associated with long-term HIV pre-exposure prophylaxis engagement and adherence among transgender women in Brazil, Mexico and Peru: results from the ImPrEP study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25974	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139790289&doi=10.1002%2fjia2.25974&partnerID=40&md5=dc4c16fc2b0a7d52f213e8e8a24306dc	Introduction: The HIV epidemic continues to disproportionately impact Latin-American transgender women (TGW). We assessed factors associated with long-term pre-exposure prophylaxis (PrEP) engagement and adherence among TGW enrolled in the Implementation of PrEP (ImPrEP) study, the largest PrEP demonstration study in Latin America. Methods: HIV-negative TGW aged ≥18 years reporting 1+eligibility criteria in the 6 months prior to enrolment (e.g. sex partner known to be living with HIV, condomless anal sex CAS, transactional sex or having a sexually transmitted infection STI) who could safely take PrEP were enrolled. Follow-up visits were conducted at 4 weeks and then quarterly. We conducted logistic regression to identify factors associated with long-term PrEP engagement (3+ follow-up visits in 52 weeks) and complete self-reported adherence (no missed pills in the past 30 days) during follow-up. For both outcomes, we constructed multivariable models controlling for country, socio-demographics, sexual behaviour, substance use, STIs and self-reported adherence at 4 weeks (long-term engagement outcome only). Results: From March 2018 to June 2021, ImPrEP screened 519 TGW, enrolled 494 (Brazil: 190, Mexico: 66 and Peru: 238) and followed them for 52 weeks. At baseline, 27.5% of TGW were aged 18–24 years, 67.8% were mixed-race and 31.6% had >secondary education. Most, 89.9% reported CAS, 61.9% had >10 sex partners and 71.9% reported transactional sex. HIV incidence was 1.82 cases per 100 person-years (95% confidence interval CI: 0.76–4.38). Almost half of TGW (48.6%) had long-term PrEP engagement, which was positively associated with reporting complete adherence at week 4 (aOR:2.94 95%CI:1.88–4.63) and was inversely associated with reporting CAS with unknown-HIV partner (aOR:0.52 95%CI:0.34–0.81), migration (aOR:0.54 95%CI:0.34–0.84), and being from Mexico (aOR:0.28 95%CI:0.14–0.53). Self-reported adherence was associated with TGW aged >34 (aOR:1.61 95%CI:1.10–2.34) compared to those aged 25–34 and those with >secondary education (aOR:1.55 95%CI:1.10–2.19) and was lower among TGW from Peru (aOR:0.29 95%CI:0.21–0.41) or reporting PrEP-related adverse effects (aOR:0.63 95%CI:0.42–0.92). Conclusions: Although TGW were willing to enrol in ImPrEP, long-term PrEP engagement and complete self-reported adherence were limited, and HIV incidence remained relatively high. A successful HIV prevention agenda should include trans-specific interventions supporting oral PrEP and exploring long-acting PrEP strategies for TGW. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; Latin America; medication adherence; pre-exposure prophylaxis; public health; transgender persons	English	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Peru	Latin America and the Caribbean	Quantitative
Article	2022	Koole J.C.D.; De La Court F.; Welkers M.R.A.; Yap K.; Stalenhoef J.E.; Jurriaans S.; De Vries H.J.C.; De Coul E.L.M.O.; Prins M.; Hoornenborg E.	HIV-1-infection in a man who has sex with men despite self-reported excellent adherence to pre-exposure prophylaxis, the Netherlands, August 2021: be alert to emtricitabine/tenofovir-resistant strain transmission	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.es.2022.27.14.2200275	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129006385&doi=10.2807%2f1560-7917.es.2022.27.14.2200275&partnerID=40&md5=4381562519bc7606541f39b2d28e7182	In August 2021, a man who has sex with men was diagnosed with HIV-1 infection despite using eventdriven pre-exposure prophylaxis for over 2 years with self-reported excellent adherence. Sequencing identified resistance-associated mutations (RAM) M184V and K65R, conferring resistance to emtricitabine and tenofovir, and RAM V108I and E138A. Background RAM prevalence was two of 164 (1.2%) new HIV diagnoses in Amsterdam (2017-19). We reiterate the need for frequent HIV testing among PrEP users and additional testing in case of symptoms. © 2022 European Centre for Disease Prevention and Control (ECDC). All rights reserved.	Anti-HIV AgentsEmtricitabineHIV InfectionsHIV-1Homosexuality, MaleHumansMaleMedication AdherenceNetherlandsPre-Exposure ProphylaxisSelf ReportSexual and Gender MinoritiesTenofovir	English	Sweden	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2022	Koppe U.; Seifried J.; Marcus U.; Albrecht S.; Jansen K.; Jessen H.; Gunsenheimer-Bartmeyer B.; Bremer V.	HIV, STI and renal function testing frequency and STI history among current users of self-funded HIV preexposure prophylaxis, a cross-sectional study, Germany, 2018 and 2019	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2022.27.14.2100503	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129057777&doi=10.2807%2f1560-7917.ES.2022.27.14.2100503&partnerID=40&md5=0f5dae0884a444f6403a7b7d4d70e7b1	Introduction: Users of pre-exposure prophylaxis (PrEP) require periodic testing for HIV, sexually transmitted infections (STI) and renal function. Before PrEP was made free of charge through statutory health insurance in late 2019, PrEP users in Germany had to pay for testing themselves. Aim: We investigated self-reported HIV, STI and renal function testing frequencies among self-funded PrEP users in Germany, factors associated with infrequent testing, and STI diagnoses.Methods: A cross-sectional anonymous online survey in 2018 and 2019 recruited current PrEP users via dating apps for men who have sex with men (MSM), a PrEP community website, anonymous testing sites and friends. We used descriptive methods and logistic regression for analysis. Results: We recruited 4,848 current PrEP users. Median age was 37 years (interquartile range (IQR): 30-45), 88.7% identified as male, and respectively 26.3%, 20.9% and 29.2% were tested less frequently for HIV, STI and renal function than recommended. Participants with lower STI testing frequency were significantly less likely to report STI diagnoses during PrEP use, especially among those with many partners and inconsistent condom use. Factors most strongly associated with infrequent testing included not getting tested before starting PrEP, using PrEP from informal sources and on-demand/intermittent PrEP use. Discussion: In a setting of self-funded PrEP, many users obtained medical tests less frequently than recommended, which can lead to missed diagnoses. Barriers to testing should be addressed to enable proper medical supervision. The suitability of testing frequencies to PrEP users with less frequent risk exposures needs to be evaluated. © 2022 European Centre for Disease Prevention and Control (ECDC). All rights reserved.	AdultCross-Sectional StudiesGermanyHIV InfectionsHomosexuality, MaleHumansKidneyMalePre-Exposure ProphylaxisSexual and Gender MinoritiesSexually Transmitted Diseases	English	Sweden	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Kripke, Katharine; Eakle, Robyn; Cheng, Alison; Rana, Sangeeta; Torjesen, Kristine; Stover, John	The case for prevention - Primary HIV prevention in the era of universal test and treat: A mathematical modeling study.	EClinicalMedicine	-	-	-	2589-5370	10.1016/j.eclinm.2022.101347	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8924323	Background: As antiretroviral therapy (ART) has scaled up and HIV incidence has declined, some have questioned the continued utility of HIV prevention. This study examines the role and cost-effectiveness of HIV prevention in the context of "universal test and treat" (UTT) in three sub-Saharan countries with generalized HIV epidemics. Methods: Scenarios were created in Spectrum/Goals models for Lesotho, Mozambique, and Uganda with various combinations of voluntary medical male circumcision (VMMC); pre-exposure prophylaxis; and a highly effective, durable, hypothetical vaccine layered onto three different ART scenarios. One ART scenario held coverage constant at 2008 levels to replicate prevention modeling studies that were conducted prior to UTT. One scenario assumed scale-up to the UNAIDS treatment goals of 90-90-90 by 2025 and 95-95-95 by 2030. An intermediate scenario held ART constant at 2019 coverage. HIV incidence was visualized over time, and cost per HIV infection averted was assessed over 5-, 15-, and 30-year time frames, with 3% annual discounting. Findings: Each prevention intervention reduced HIV incidence beyond what was achieved by ART scale-up alone to the 90-90-90/95-95-95 goals, with near-zero incidence achievable by combinations of interventions covering all segments of the population. Cost-effectiveness of HIV prevention may decrease as HIV incidence decreases, but one-time interventions like VMMC and a durable vaccine may remain cost-effective and even cost-saving as ART is scaled up. Interpretation: Primary HIV prevention is still needed in the era of UTT. Combination prevention is more impactful than a single, highly effective intervention. Broad population coverage of primary prevention, regardless of cost-effectiveness, will be required in generalized epidemic countries to eradicate HIV.	HIV, Prevention, Mathematical modeling, Universal Test and Treat, Voluntary Medical Male Circumcision, Pre-exposure prophylaxis, Vaccine, Sub-Saharan Africa, Lesotho, Mozambique, Uganda, Goals model, Cost-effectiveness	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Krist, Lizette C; Zimmermann, Hanne M L; van Dijk, Mart; Stutterheim, Sarah E; Jonas, Kai J	PrEP Use in Times of COVID-19 in the Netherlands: Men Who Have Sex With Men (MSM) on PrEP Test Less for HIV and Renal Functioning During a COVID-19 Related Lockdown.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03693-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9109746	As a result of the COVID-19 pandemic, HIV care and prevention efforts have been disrupted. We investigated pre-exposure prophylaxis (PrEP) use and testing behaviors among MSM in the Netherlands, and the factors that influenced testing behaviors during the COVID-19 pandemic. A cohort of 766 MSM, established in 2017, was asked in August 2020 to report on their experiences during the COVID-19 pandemic via an online survey. Participants (n = 319) reported increased PrEP use and, among PrEP users (n = 211), significantly lower rates of having tested in the last 3 months for HIV and renal functioning compared to before the pandemic. Daily PrEP use and a higher number of sexual partners during the pandemic was significantly associated with continued HIV testing. Continued renal functioning testing was associated with older age. Correcting for pandemic-related disruptions in PrEP use and care will require sustained effort to understand and address missed opportunities.	COVID-19, Pre-exposure prophylaxis, Men who have sex with men, Netherlands, HIV testing	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Kuehn, Bridget M, MSJ	PrEP Awareness Is Low Among Heterosexual People: The Journal of the American Medical Association	JAMA - Journal of the American Medical Association	-	-	-	00987484	10.1001/jama.2021.23743	https://www.proquest.com/scholarly-journals/prep-awareness-is-low-among-heterosexual-people/docview/2623608317/se-2?accountid=8113	Although nearly one-third of heterosexually active adults in cities with high HIV prevalence are aware of preexposure prophylaxis (PrEP), less than 1% use it, according to a CDC analysis of 2019 National HIV Behavioral Surveillance (NHBS) data. Heterosexual people represent 23% of newly diagnosed HIV infections, yet the authors noted that they are the focus of few PrEP awareness campaigns. To assess PrEP awareness in this group, the authors analyzed NHBS data from face-to-face interviews with 9359 low-income, sexually active heterosexual people living in 23 urban areas with high HIV prevalence. The survey uses low income as a proxy for elevated HIV risk based on previous data linking lower incomes with elevated risk. Only 6.5% of people with low English proficiency who were born outside the US said they knew about PrEP.	Heterosexuality; Prep; Prophylaxis; Income; Awareness; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Health risks; Urban areas; Meetings And Congresses; Presbyterian churches	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	Kufa, T; Radebe, F; Cutler, E; Goosen, M; Wiesner, L; Greyling, D; Maseko, V; Kularatne, R; Puren, A	Recency of HIV infection, antiretroviral therapy use and viral loads among symptomatic sexually transmitted infection service attendees in South Africa	South African Medical Journal (SAMJ)	-	-	-	0256-9574	10.7196/SAMJ.2022.v112i2.15930	https://indexmedicus.afro.who.int/iah/fulltext/Recency of HIV infection antiretroviral therapy use.pdf	Background. Better integration of HIV and sexually transmitted infection (STI) prevention and treatment services is needed to accelerate progress towards the goal of zero new HIV infections. Objectives. To describe HIV positivity, antiretroviral therapy (ART) use, viral suppression and recency of HIV infection among symptomatic STI service attendees at two primary care clinics in South Africa. Methods. In a cross-sectional study, male and female STI service attendees presenting with symptoms consistent with STI syndromes were enrolled following informed consent. An interviewer-administered questionnaire was completed and appropriate genital and blood specimens were collected for STI testing and HIV biomarker measurements including recency of infection and antiretroviral (ARV) drug levels. Descriptive statistics were used to describe enrolled attendees, and to determine the proportion of attendees who were HIV-positive, recently infected, taking ART and virally suppressed. HIV-positive attendees with detectable ARVs were considered to be on ART, while those with viral loads (VLs) ≤200 copies/mL were considered virally suppressed. Results. Of 451 symptomatic attendees whose data were analysed, 93 (20.6%) were HIV-positive, with 15/93 (16.1%) being recently infected. Recent infection was independently associated with genital ulcer disease at presentation, especially ulcers with no detectable STI pathogens. Among the 78 (83.9%) with long-term infection, only 30 (38.5%) were on ART, with 23/30 (76.7%) virally suppressed. Conclusions. In a population at risk of HIV transmission, there was a high burden of recent infection and unsuppressed VLs. Incorporating pre-exposure prophylaxis, ART initiation and adherence support into STI services will be necessary for progress towards eliminating HIV transmission	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Kuo, Alexandra P.; Roche, Stephanie D.; Mugambi, Melissa L.; Pintye, Jillian; Baeten, Jared M.; Bukusi, Elizabeth; Ngure, Kenneth; Stergachis, Andy; Ortblad, Katrina F.	The effectiveness, feasibility and acceptability of HIV service delivery at private pharmacies in sub-Saharan Africa: a scoping review.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26027	https://pubmed.ncbi.nlm.nih.gov/36285619/	INTRODUCTION: Private pharmacies are an understudied setting for differentiated delivery of HIV services that may address barriers to clinic-delivered services, such as stigma and long wait times. To understand the potential for pharmacy-delivered HIV services in sub-Saharan Africa, we conducted a scoping review of the published and grey literature. METHODS: Using a modified Cochrane approach, we searched electronic databases through March 2022 and HIV conference abstracts in the past 5 years for studies that: (1) focused on the delivery of HIV testing, antiretroviral therapy (ART) and/or pre-exposure prophylaxis (PrEP) at private pharmacies in sub-Saharan Africa; (2) reported on effectiveness outcomes (e.g. HIV incidence) or implementation outcomes, specifically feasibility and/or acceptability; and (3) were published in English. Two authors identified studies and extracted data on study setting, population, design, outcomes and findings by HIV service type. RESULTS AND DISCUSSION: Our search identified 1646 studies. After screening and review, we included 28 studies: seven on HIV testing, nine on ART delivery and 12 on PrEP delivery. Most studies (n = 16) were conducted in East Africa, primarily in Kenya. Only two studies evaluated effectiveness outcomes; the majority (n = 26) reported on feasibility and/or acceptability outcomes. The limited effectiveness data (n = 2 randomized trials) suggest that pharmacy-delivered HIV services can increase demand and result in comparable clinical outcomes (e.g. viral load suppression) to standard-of-care clinic-based models. Studies assessing implementation outcomes found actual and hypothetical models of pharmacy-delivered HIV services to be largely feasible (e.g. high initiation and continuation) and acceptable (e.g. preferable to facility-based models and high willingness to pay/provide) among stakeholders, providers and clients. Potential barriers to implementation included a lack of pharmacy provider training on HIV service delivery, costs to clients and providers, and perceived low quality of care. CONCLUSIONS: The current evidence suggests that pharmacy-delivered HIV services may be feasible to implement and acceptable to clients and providers in parts of sub-Saharan Africa. However, limited evidence outside East Africa exists, as does limited evidence on the effectiveness of and costs associated with pharmacy-delivered HIV services. More research of this nature is needed to inform the scale-up of this new differentiated service delivery model throughout the region.	Humans; Feasibility Studies; Kenya; sub-Saharan Africa; *Pre-Exposure Prophylaxis/methods; HIV testing; PrEP delivery; scoping review; *HIV Infections/diagnosis/drug therapy/prevention & control; *Pharmacies; private pharmacies; ART delivery	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Kutner B.A.; Zucker J.; López-Rios J.; Lentz C.; Dolezal C.; Balán I.C.	Infrequent STI Testing in New York City Among High Risk Sexual and Gender Minority Individuals Interested In Self- and Partner-Testing	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03468-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115399011&doi=10.1007%2fs10461-021-03468-6&partnerID=40&md5=8e2e83bde71f98515cb4db361df4d32a	Testing for sexually transmitted infections (STIs) remains low among sexual and gender minority populations. We assessed STI testing history using a retrospective survey among 129 HIV-negative cisgender men who have sex with men (cMSM) and transgender women who have sex with men (tWSM) who were at high risk for STI acquisition. All participants were enrolled in a parent study on self- and partner-testing for HIV and syphilis, and reported condomless anal intercourse with multiple partners during the prior 3 months. We additionally used bivariate tests to evaluate participants' STI testing by their history of using pre-exposure prophylaxis (PrEP). One-in-seven respondents (n = 18) reported having never tested for an STI, one-quarter (n = 33) had not tested in the past year, and two-thirds (n = 83) had never used PrEP. PrEP-naïve respondents were less likely to report recent STI testing (47% vs. 85%). "Routine doctor's visit" was the most prevalent reason for testing, but was less common among PrEP-naïve respondents (83% vs. 100%). Testing was remarkably low given the sample's high risk of HIV and STI infection. Findings suggest that STI testing is more frequent among those who have ever used PrEP, but the risk of selection bias warrants evaluation in a larger probability sample. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Partner testing; Pre-exposure prophylaxis; Sexual and gender minorities; Sexually transmitted infections; Testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Kwan, Tsz Ho; Chan, Denise Pui Chung; Lee, Shui Shan	User Experience and Usability of Neumorphism and Gamification User Interface Designs in an HIV Self-Test Referral Program for Men Who Have Sex With Men: Prospective Open-Label Parallel-Group Randomized Controlled Trial.	JMIR Serious Games	-	-	-	2291-9279	10.2196/35869	https://pubmed.ncbi.nlm.nih.gov/35731564/	BACKGROUND: Digital interventions have been applied for promoting HIV prevention and care among men who have sex with men (MSM). As user interface (UI) design plays a role in determining usability and user experience (UX), the intervention outcome could be affected. OBJECTIVE: In this study, we hypothesized that 2 UI design styles, namely gamification and neumorphism, could impact usability and be differentially preferred by distinct groups of MSM. METHODS: A prospective parallel-group open-label randomized controlled trial was conducted in Hong Kong. Eligible participants were adult MSM recruited by the research team or referred by enrolled participants, who followed instructions for performing an HIV self-test and promoted its use within their social network. Participants were randomized in a 1:1 ratio into either a gamification or neumorphism arm, with primarily visual differences in the UI only. The primary outcome was usability measured by the System Usability Scale (SUS) between the 2 arms. Distinct characteristics of promoters in the 2 arms who gave an SUS score of 80 or above were identified. RESULTS: Of 463 MSM registered in the study, 232 and 231 were randomized to the gamification and neumorphism arms, respectively. Excluding those who did not request a self-test kit, data from 218 and 216 participants in the gamification and neumorphism arms, respectively, were analyzed (totally 434 participants). With a median SUS score of 80 overall, participants in the neumorphism arm gave a higher score (P<.001), with a higher proportion giving a promoter-level SUS score (P=.002). Promoters used social media for sex networking (P=.02), used pre-exposure prophylaxis in the preceding year (P=.006), had higher satisfaction in UI design (P<.001), and had made a self-test referral (P=.04). In general, higher usability was recorded among participants who were confident in performing the HIV self-test (P<.001), and this was associated with a promoter-level SUS score in both arms. While no other personal characteristics were associated with promoters in the neumorphism arm, those in the gamification arm had higher HIV-related knowledge (P=.01), preferred a specific partner body image type (P=.03), and progressed toward peer referral by completing online training (P=.04). CONCLUSIONS: Both gamified and neumorphic UI designs were well-accepted by MSM. UX and satisfaction of UI were both crucial in influencing the willingness of MSM to promote the application by referring their peers in the community to participate. The simplistic visual design of neumorphism conferred a more general acceptance in the community, whereas gamification was preferred in certain MSM subcommunities. Appropriate UI/UX design should be considered when developing digital interventions targeting the MSM community. TRIAL REGISTRATION: ClinicalTrials.gov NCT04379206; https://clinicaltrials.gov/ct2/show/NCT04379206.	HIV; HIV prevention; men who have sex with men; digital health; self-test; digital intervention; games; gamification; neumorphism; user interface	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2022	Labs J.; Nunn A.S.; Chan P.A.; Bessey S.; Park C.J.; Marshall B.D.L.; Patel R.R.; Mena L.A.; Goedel W.C.	Projected Effects of Disruptions to Human Immunodeficiency Virus (HIV) Prevention Services during the Coronavirus Disease 2019 Pandemic among Black/African American Men Who Have Sex with Men in an Ending the HIV Epidemic Priority Jurisdiction	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofac274	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136313416&doi=10.1093%2fofid%2fofac274&partnerID=40&md5=ae247d37d13b850ee22c4d1173ce1b5e	Background: Disruptions in access to in-person human immunodeficiency virus (HIV) preventive care during the coronavirus disease 2019 (COVID-19) pandemic may have a negative impact on our progress towards the Ending the HIV Epidemic goals in the United States. Methods: We used an agent-based model to simulate HIV transmission among Black/African American men who have sex with men in Mississippi over 5 years to estimate how different reductions in access affected the number of undiagnosed HIV cases, new pre-exposure prophylaxis (PrEP) starts, and HIV incidence. Results: We found that each additional 25% decrease in HIV testing and PrEP initiation was associated with decrease of 20% in the number of cases diagnosed and 23% in the number of new PrEP starts, leading to a 15% increase in HIV incidence from 2020 to 2022. Conclusions: Unmet need for HIV testing and PrEP prescriptions during the COVID-19 pandemic may temporarily increase HIV incidence in the years immediately after the disruption period. © 2022 The Author(s). Published by Oxford University Press on behalf of the Infectious Diseases Society of America.	agent-based modeling; COVID-19; HIV testing; men who have sex with men; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Lacombe-Duncan A.; Kattari S.K.; Kattari L.; Scheim A.I.; Misiolek B.A.	Sexually transmitted infection testing among transgender and non-binary persons: Results of a community-based cross-sectional survey	Sexual Health	-	-	-	14485028	10.1071/SH22128	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142681314&doi=10.1071%2fSH22128&partnerID=40&md5=15b9d1ae5c24527ec703a57dfb452463	Background: Studies show higher rates of sexually transmitted infections (STIs) among transgender (trans) and non-binary (TNB) persons compared with the general population. Scant studies have examined non-HIV STI testing (henceforth referred to as STI testing); fewer inclusive of trans men and non-binary persons. We characterised the prevalence of STI testing and time since last STI test and gender-based differences in these outcomes among TNB persons. Methods: Data were analysed from a 2018 community-based participatory cross-sectional survey (n = 528). Prevalence of lifetime STI testing history and time since last STI test were reported overall and compared across genders (trans men, trans women, non-binary assigned female at-birth, non-binary assigned male at-birth) using Chi-squared, then bivariable and multivariable logistic regression analyses to compare lifetime STI testing history (ever vs never) across sociodemographic and health care characteristics. Results: Most (n = 425; 80.5%) participants reported having ever had an STI test; over half (59.8%) ever tested had tested within the past year. Bivariate analyses showed no significant gender differences in lifetime STI testing history (P = 0.298) or time since last STI test (P = 0.118). In a multivariable model, higher age, reporting multiple committed partners (vs single/divorced), known HIV status, and ever receiving information about pre-exposure prophylaxis (PrEP) were positively associated with ever having had an STI test, whereas Latinx race/ethnicity (vs white) was negatively associated. Conclusions: Findings showed high rates of lifetime STI testing and recent testing, with no gender-based differences. Never testing rates were concerning considering screening recommendations. Broad based (non-gender specific) TNB-focused interventions may be warranted to increase uptake. © 2022 CSIRO. All rights reserved.	agender; gender diverse; genderqueer; sexual health; STI screening; STI testing; trans men; trans women; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Laher, Fatima; Richardson, Simone I; Smith, Philip; Sullivan, Patrick S; Abrahams, Andrea G; Asowata, Osaretin E; Bitangumutwenzi, Patrick; Dabee, Smritee; Dollah, Annabell; Fernandez, Natalia; Langat, Robert K; Bose, Devi Leena; Likhitwonnawut, Udom; Mullick, Ranajoy; Resop, Rachel S; Sutar, Jyoti; Thompson-Hall, Ashaki Nzingha; Traeger, Michael W; Tuyishime, Marina; Wambui, Jacque; Bekker, Linda-Gail; Kaleebu, Pontiano; McCormack, Sheena; O'Connor, David H; Warren, Mitchell; Torri, Tamara; Thyagarajan, Bargavi	HIV Prevention in a Time of COVID-19: A Report from the HIVR4P // Virtual Conference 2021.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2021.0138	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9131040	The HIV Research for Prevention (HIVR4P) conference catalyzes knowledge sharing on biomedical HIV prevention interventions such as HIV vaccines, antibody infusions, pre-exposure prophylaxis, and microbicides in totality-from the molecular details and delivery formulations to the behavioral, social, and structural underpinnings. HIVR4P // Virtual was held over the course of 2 weeks on January 27-28 and February 3-4, 2021 as the coronavirus disease 2019 (COVID-19) pandemic continued to inflict unprecedented harm globally. The HIVR4P community came together with 1,802 researchers, care providers, policymakers, implementers, and advocates from 92 countries whose expertise spanned the breadth of the HIV prevention pipeline from preclinical to implementation. The program included 113 oral and 266 poster presentations. This article presents a brief summary of the conference highlights. Complete abstracts, webcasts, and daily rapporteur summaries may be found on the conference website (https://www.hivr4p.org/).	HIV, HIVR4P, vaccine, antiretrovirals, microbicides, PrEP, South Africa, prevention, clinical trials, broadly neutralizing antibodies (bNAbs), TaSP	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Switzerland	Western and Central Europe and North America	Review
Theses and Dissertations	2022	LAMONICA, JULIANA DE SOUZA	DISPOSIÇÃO PARA INDICAÇÃO DA PrEP ENTRE PROFISSIONAIS DE SAÚDE DE SERVIÇOS DE ATENDIMENTO ESPECIALIZADO EM HIV/AIDS	-	-	Universidade do Estado da Bahia	-	-	NA	https://saberaberto.homologacao.uneb.br/items/24ebc541-87a6-42d9-b865-a9d0cefbf118	A Profilaxia Pré-Exposição (PrEP) ao HIV, disponível no Brasil desde 2017, consiste numa estratégia de prevenção combinada caracterizada pelo uso de antirretrovirais para reduzir o risco de infecção pelo HIV, especialmente em populações com risco acrescido dessa infeção. Apesar dessa estratégia, importantes desafios têm sido identificados em estudos sobre o conhecimento, aceitabilidade e disposição para indicação de PrEP por profissionais atuantes em serviços de atendimento especializado no cuidado de HIV/AIDS. Nessa perspectiva, este estudo analisou os fatores associados à disposição para indicação de PrEP por profissionais de saúde em Serviços de Assistência Especializada (SAE), na Bahia. Metodologia: Trata-se de um estudo transversal, realizado com profissionais de saúde de 29 SAE em HIV e outras Infecções Sexualmente Transmissíveis (IST), em 21 municípios da Bahia. Dados sociodemográficos, ocupacionais e de motivação foram coletados via questionário eletrônico. Foram feitas análises descritiva, bivariada e multivariada. Resultados: Participaram 252 profissionais dos SAE, a maioria era mulheres (78,2%), 54,3% entre 36 e 50 anos, e mais da metade referiu possuir pós-graduação latu sensu com título de especialização (51%); possuir curso de residência (3,9%), mestrado (7,1%) e doutorado (2,3%). Os enfermeiros corresponderam a 25,8% e os médicos a 11,9%, sendo que as outras categorias profissionais, envolvendo profissionais de nível médio e superior, corresponderam a 62,3%. Um pequeno percentual (23,4%) declarou possuir especialização na área de HIV/Aids e mais da metade referiu possuir mais de 10 anos de formação na área (74,2%). Observou-se que 73,4% informaram atuar no SAE por um período de até 14 anos e 96% possuíam conhecimento prévio sobre a PrEP, apenas 32.9% referiram que os seus serviços dispensam PrEP e 85% demonstraram disposição de indicação da PrEP. Os fatores associados à não indicação da PrEP foram a indicação de auto-teste para população-chave gays e Homens que fazem sexo com Homens (HSH) (OR = 0.27, IC 95%= 0.08- 0.94) e a Profilaxia pós-exposição ao HIV (PEP) (OR = 0.38, IC 95%=0.18-0.81) apresentaram menor chance de não indicar a PrEP. Aqueles com algum tipo de formação pós-graduada também apresentaram menor chance de não indicar a PrEP (OR =0.26, IC 95%= 0.11-0.61). Os fatores associados à disposição de indicação da	profilaxia pré-exposição;HIV;profissionais de saúde.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative

Theses and Dissertations	2022	Lanigan, Kelly Dennis; Hart, Susan; Creel, Eileen	Examination of Relationship Power in Male/Female Sexual Relationships and the Association with Pre-Exposure Prophylaxis for HIV Prevention Among Cisgender Females	-	-	William Carey University	-	NA	NA	https://www.proquest.com/dissertations-theses/examination-relationship-power-male-female-sexual/docview/2716572983/se-2?accountid=8113	The HIV/AIDS epidemic remains an ongoing public health crisis despite numerous medical advances, including oral pre-exposure prophylaxis medication. Pre-exposure prophylaxis offers new opportunities for disease prevention, requiring additional research to understand the factors that may relate to this medication's acceptance across diverse populations. This study's purpose was to examine the association between male and female sexual relationship power dynamics and pre-exposure prophylaxis for HIV prevention among cisgender females. A quantitative correlational research design, including convenience and snowball sampling, was used for data collection, with a final population of 37 cisgender females. Participants completed self-administered survey instruments, supporting an objective data analysis process. The data analysis suggested a statistically significant negative association between relationship power scores and HIV knowledge scores (r(35) = -.33, p = .046); however, there were no significant differences (t(33) = .615, p = .543) in the relationship power scores between individuals who accepted pre-exposure prophylaxis and those who did not accept this medication therapy as an HIV prevention strategy. These results offer opportunities to improve nursing practice, nursing education, and nursing policy.	HIV/AIDS; Pre-exposure prophylaxis; Sexual health; Public health; Nursing; Women's health; Relationship power; 0573:Public health; 0569:Nursing; 0453:Womens studies; Womens studies; Gender and power	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Lantz, Alyssa M; Nicol, Melanie R	Translational Models to Predict Target Concentrations for Pre-Exposure Prophylaxis in Women.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2022.0057	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805887	The HIV epidemic remains a significant public health burden. Women represent half of the global HIV epidemic, yet there is an urgent need for a variety of prevention options to meet the needs of more women. Pre-exposure prophylaxis (PrEP) is a valuable prevention tool that uses antiretrovirals before a potential HIV exposure to prevent virus transmission. Development of effective preventive drug regimens for women is dependent on convenient dosing schedules and routes of administration, and on identifying defined target concentrations in mucosal tissues that provide complete protection against HIV transmission. There is a critical need for a translational model that can accurately predict in vivo target concentrations that are completely protective against HIV infection. There is no gold-standard preclinical model to predict PrEP efficacy. In this study, we review the strengths and limitations of three different preclinical models and their utility in predicting target concentrations in the female genital tract: humanized mice, non-human primates, and the ex vivo tissue model.	HIV, PrEP, pharmacology, female genital tract, explants, animal models	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Lapreze J.; Nowicki B.	Current and Evolving Treatments for HIV PrEP	U.S. Pharmacist	-	-	-	1484818	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128611944&partnerID=40&md5=0ceb1c929314dc36bb93cc0766e00d10	Preexposure prophylaxis (PrEP) is a medication therapy regimen provided to HIV-negative persons at high risk of acquiring HIV. Current FDA-approved oral therapies are emtricitabine-tenofovir disoproxil fumarate (FTC/TDF) and emtricitabine-tenofovir alafenamide (FTC/TAF). Recently, the FDA approved the first injectable therapy, cabotegravir long-acting injectable (CAB-LA), which could provide an advantage to certain patient populations. When PrEP therapy is taken consistently, it is very effective at preventing HIV. This article will discuss who is a candidate for PrEP, available therapy options, and additional therapies that are actively being studied. Pharmacists can help provide education to these patients to help promote adherence within high-risk populations. © 2022, Jobson Publishing Corporation. All rights reserved.	Articlecoronavirus disease 2019high risk populationhumanHuman immunodeficiency virus infectionmedication compliancepharmacistpre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Larsen A.; Abuna F.; Owiti G.; Kemunto V.; Sila J.; Wilson K.S.; Owens T.; Pintye J.; Richardson B.A.; Kinuthia J.; John-Stewart G.; Kohler P.	Improving quality of PrEP counseling for adolescent girls and young women in Kenya with standardized patient actors: A dose-response analysis	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002814	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121011172&doi=10.1097%2fQAI.0000000000002814&partnerID=40&md5=79950788efb160410d7caccadd118b6c	Background: Health care worker (HCW) training using standardized patient actors (SPs) is an evidence-based approach for improving patient-provider interactions. We evaluated whether SP training among HCWs in Western Kenya improved the quality of pre-exposure prophylaxis (PrEP) counseling for adolescent girls and young women (AGYW). Methods: We conducted a 2-day SP training intervention among HCWs providing PrEP counseling for AGYW. Six trained SPs role played one encounter each with HCWs following scripts depicting common PrEP-seeking scenarios. SPs used checklists to report and discuss domains of adherence to national PrEP guidelines, communication, and interpersonal skills using validated scales after each encounter. HCWs presented to each case in a random order. Overall and domain-specific mean score percentages were compared between the first and subsequent case encounters using generalized linear models, clustering by HCWs. Results: During 564 training cases among 94 HCWs, the overall mean quality of PrEP counseling score was 83.1 (SD: 10.1); scores improved over the course of the 6 encounters (P < 0.001). Compared with the first case encounter, the mean scores for the fourth were significantly higher (79.1 vs. 85.9, P < 0.001). The mean scores plateaued from the fourth to the sixth case (85.2). Although HCWs demonstrated high baseline communication (95.3) and interpersonal skills (83.7), adherence to PrEP guidelines at baseline was suboptimal (57.6). By the fourth case, scores increased significantly (P < 0.001) for all domains. Conclusions: SP training improved PrEP counseling overall and in domains of interpersonal skills, use of guidelines, and communication with AGYW and could be useful in efforts to improve the quality of PrEP counseling for AGYW. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.	Adolescent girls; Health care worker; PrEP; Standardized patients; Training; Young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Larsen A.; Pintye J.; Marwa M.M.; Watoyi S.; Kinuthia J.; Abuna F.; Richardson B.A.; Gomez L.; Dettinger J.C.; John-Stewart G.	Trajectories and predictors of perinatal depressive symptoms among Kenyan women: a prospective cohort study	The Lancet Psychiatry	-	-	-	22150366	10.1016/S2215-0366(22)00110-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132236238&doi=10.1016%2fS2215-0366%2822%2900110-9&partnerID=40&md5=fdac1e17f0f9dddb9181e50f6ced2c62	Background: There are gaps in understanding longitudinal patterns and predictors of perinatal depressive symptoms in sub-Saharan Africa. This study aimed to explore trajectories of depressive symptoms and associated factors from pregnancy to 9 months post partum among Kenyan women. Methods: In this prospective cohort study, we analysed data from the PrEP Implementation for Mothers in Antenatal Care (PrIMA) study in which HIV-negative women were enrolled in pregnancy and followed up to 9 months post partum in 20 public sector maternal–child health clinics in western Kenya. Pregnant women were eligible for enrolment if they were not infected with HIV, aged 15 years or older, and were able to provide consent. Eligible participants were screened and enrolled between Jan 15, 2018, and July 31, 2019, and followed up to 9 months post partum, with the last participant study visit conducted on Jan 15, 2021. Study nurses serially assessed depressive symptoms using the Center for Epidemiologic Studies Depression Scale (CESD-10), intimate partner violence with the Hurt, Insult, Threaten, Scream scale, and social support with the Medical Outcomes Study scale. Generalised estimating equations were used to identify correlates of moderate-to-severe depressive symptoms (CESD-10 score ≥10) and group-based trajectory modelling identified discrete trajectories of perinatal depressive symptoms. Findings: Among 4447 participants in the main PrIMA study, 3555 had complete depressive symptom data in pregnancy and postpartum and were included in the primary analysis. Median age was 24·0 years (IQR 21·0–28·7), 1330 (38%) participants had low social support, and 278 (8%) reported intimate partner violence in pregnancy. All participants (100%) were female and all (100%) were of African Kenyan ethnicity. Prevalence of moderate-to-severe depressive symptoms was higher in pregnancy than post partum (870 24·5%; 95% CI 23·1–25·9 vs 597 6·8%; 15·6–18·1; p<0·0001). Five patterns of depressive symptoms were identified; persistent moderate-to-severe depressive symptoms in pregnancy and post partum (295 8·3%), moderate-to-severe depressive symptoms in pregnancy that resolved post partum (139 3·9%), moderate-to-severe depressive symptoms that emerged post partum (40 1·1%), chronically mild symptoms (2709 76·2%), and no depressive symptoms (372 10·5%). Emergent moderate-to-severe depressive symptoms were associated with older age. Emergent, persistent, and resolving moderate-to-severe depressive symptoms were associated with intimate partner violence during pregnancy; and persistent and resolving moderate-to-severe depressive symptoms were associated with low social support and high HIV risk (all p<0·05). Moderate-to-severe depression risk was significantly increased with intimate partner violence (adjusted odds ratio 2·07 95% CI 1·81–2·31; p<0·0001), low social support (1·74 1·56–1·95; p<0·0001), and partner HIV-positive status (1·48 1·22–1·78; p<0·0001). 23·34% (95% CI 18·77–27·65) of cases of perinatal moderate-to-severe depressive symptoms were attributable to low social support. Interpretation: One third of women had perinatal moderate-to-severe depressive symptoms; nearly half of these had higher severity phenotypes of resolving, persistent, and emerging moderate-to-severe depressive symptoms that might require tailored interventions. Perinatal women with comorbid psychosocial stressors such as intimate partner violence and previous pregnancy loss should be prioritised for mental health services that augment social support within routine maternal–child health care. Funding: National Institutes of Health. Translation: For the Kiswahili translation of the abstract see Supplementary Materials section. © 2022 Elsevier Ltd	DepressionDepression, PostpartumFemaleHIV InfectionsHumansKenyaMalePregnancyProspective Studies	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Lau J.Y.C.; Wong N.-S.; Lee K.C.K.; Kwan T.-H.; Lui G.C.Y.; Chan D.P.C.; Lee S.-S.	What makes an optimal delivery for PrEP against HIV: A qualitative study in MSM	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211060824	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122308630&doi=10.1177%2f09564624211060824&partnerID=40&md5=10636a2429685c58489759a8c5b0575d	Background: Pre-exposure prophylaxis (PrEP) is an effective means of HIV prevention for men who have sex with men (MSM), a key population whose engagement is crucial for achieving effective public health outcomes. An optimal service model would be important in planning the implementation of PrEP in places where such service has not been established. Methods: A qualitative study was conducted to delineate the attributes of an optimal PrEP service model for MSM in Hong Kong, a city where no formal PrEP programs existed. Twenty purposively sampled MSM who were enrollees of two pilot PrEP projects participated in the semi-structured interviews promoting story-telling. The coded data were thematically analyzed following Grounded Theory approach, focusing on uncovering a typology of the essential attributes of an optimal PrEP service model, and the reasons for such preferences. Results: Participating MSM were all ethnic Chinese and aged 26 to 52 years. All had received PrEP from pilot projects in conjunction with periodic screening of sexually transmitted infections (STI), HIV antibody, and plasma creatinine. Four major themes emerged as regards the attributes of a preferred PrEP service: (i) comprehensiveness of HIV/STI and safety monitoring; (ii) convenient unitary service; (iii) stigma-free PrEP access and protecting confidentiality; and (iv) affordable price. Whereas regular provision of PrEP was acceptable to MSM, unaffordability and related stigma were the anticipated challenges for potential service providers. Conclusions: The qualitative assessment of MSM's preference for PrEP service delivery has yielded important information on the many facets of a desirable service model. © The Author(s) 2022.	HIV prevention; implementation science; men who have sex with men; pre-exposure prophylaxis; qualitative analysis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Qualitative
Article	2022	Lee F.; Sheeler D.; Hotton A.; Vecchio N.D.; Flores R.; Fujimoto K.; Harawa N.; Schneider J.A.; Khanna A.S.	Stimulant use interventions may strengthen 'Getting to Zero' HIV elimination initiatives in Illinois: Insights from a modeling study	International Journal of Drug Policy	-	-	-	9553959	10.1016/j.drugpo.2022.103628	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125136872&doi=10.1016%2fj.drugpo.2022.103628&partnerID=40&md5=372658dbaba2de005865daf942111586	Objective(s): Getting to Zero (GTZ) is an Illinois-based HIV elimination initiative. GTZ identifies younger Black men who have sex with men (YBMSM) as a population who have experienced disproportionate HIV incidence. Rising stimulant use among YBMSM has been determined to impede engagement in the HIV prevention and treatment continua for reducing onward HIV transmission. Given the limited development of dedicated or culturally appropriate interventions for this population, this modeling study explores the impact of stimulant use on HIV incidence among YBMSM and assesses the impact of interventions to treat stimulant use on downstream HIV transmission to achieve GTZ goals. Methods: A previously developed agent-based network model (ABNM), calibrated using data for YBMSM in Illinois, was extended to incorporate the impact of stimulant use (methamphetamines, crack/cocaine, and ecstasy) on sexual networks and engagement in HIV treatment and prevention continua. The model simulated the impact of a residential behavioral intervention (BI) for reducing stimulant use and an outpatient biomedical intervention (mirtazapine) for treating methamphetamine use. The downstream impact of these interventions on population-level HIV incidence was the primary intervention outcome. Results: Baseline simulated annual HIV incidence in the ABNM was 6.93 95% Uncertainty Interval (UI): 6.83,7.04 per 100 person years (py) and 453 95% UI: 445.9,461.2 new infections annually. A residential rehabilitation intervention targeted to 25% of stimulant using persons yielded a 27.1% reduction in the annual number of new infections. Initiating about 50% of methamphetamine using persons on mirtazapine reduced the overall HIV incidence among YBMSM by about 11.2%. A 30% increase in antiretroviral treatment (ART) and preexposure prophylaxis (PrEP) uptake in the non-stimulant using YBMSM population combined with a 25% uptake of BI for stimulant using persons produces an HIV incidence consistent with HIV elimination targets (about 200 infections/year) identified in the GTZ initiative. Conclusions: Behavioral and biomedical interventions to treat stimulant use, in addition to expanding overall ART and PrEP uptake, are likely to enhance progress towards achieving GTZ goals. © 2022	Computer simulation; HIV infections; Pre-exposure prophylaxis; Preventive medicine; Sexual and gender minorities; Substance-related disorders	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Lee J.J.; Aguirre J.; Munguia L.; Robles G.; Ramirez Hernandez K.; Ramirez J.I.; Leyva Vera C.A.; Duran M.C.	Engagement of Latino immigrant men who have sex with men for HIV prevention through eHealth: preferences across social media platforms	Ethnicity and Health	-	-	-	13557858	10.1080/13557858.2021.1943322	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108276702&doi=10.1080%2f13557858.2021.1943322&partnerID=40&md5=55d76e2ec4a3b69a6a5cd7dd3083b774	Objective: eHealth has growing potential to enhance access to HIV prevention for hard to reach populations, including young Latino immigrant men who have sex with men (MSM) in the United States. We examined the feasibility and acceptability of using eHealth tools, specifically social media platforms, to facilitate HIV testing and pre-exposure prophylaxis (PrEP) uptake among this population. Design: We utilized a community sensitive approach to conduct 30 in-depth interviews and five focus groups with young Latino immigrant MSM in Seattle, WA. Data were analyzed using thematic analysis with both data-driven inductive and a priori deductive approaches. Results: Participants were open to receiving HIV information via social media platforms. Participants recommended that social media content be tailored with their language preferences, cultural norms, and beliefs about HIV testing and PrEP in mind. Further, participants emphasized that content avoid stigmatizing Latino MSM's complex identities. Conclusions: Results have implications for utilizing social media platforms and developing HIV prevention interventions for Latino immigrant MSM. Findings highlight that HIV prevention content should acknowledge how identities as an emerging adult, Latino, immigrant, and MSM, warrant unique consideration. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	eHealth; HIV prevention; latinos; men who have sex with men; social media	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Lee J.J.; Herrera J.A.; Cardona J.; Cruz L.Y.; Munguia L.; Leyva Vera C.A.; Robles G.	Culturally Tailored Social Media Content to Reach Latinx Immigrant Sexual Minority Men for HIV Prevention:Web-Based Feasibility Study	JMIR Formative Research	-	-	-	2561326X	10.2196/36446	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128128493&doi=10.2196%2f36446&partnerID=40&md5=8b6792897e1bfd71d8a8f8b56f6865ee	Background: Latinx gay, bisexual, and other sexual minority men are disproportionately affected by HIV in the United States. As Latinx sexual minority men, particularly those who are foreign-born, experience inequitable access to health services, tailored strategies to engage them for HIV prevention are urgently needed. Objective: Our study seeks to address the need for enhanced access to HIV prevention among Latinx immigrant sexual minority men. We developed and piloted a culturally sensitive technology-based campaign focused on HIV testing and pre-exposure prophylaxis (PrEP) uptake. Methods: We used a two-phase approach to assess the feasibility of community-informed social media content in engaging Latinx immigrant sexual minority men for HIV testing and PrEP use. First, we conducted three iterative focus groups with 15 Latinx immigrant sexual minority men to refine the HIV prevention content to be piloted on social media platforms. The finalized content was placed on Instagram and Facebook for 9 days in July and September 2021 to individuals who were in Washington State. Individuals who clicked on the content were directed to a website with additional HIV prevention information. Second, we conducted online surveys (n=60) with website visitors that assessed sociodemographic characteristics, barriers to HIV prevention, and HIV-related transmission risk and prevention behaviors. We conducted descriptive analyses to examine the overall profile of survey respondents and determine the feasibility of culturally informed social media content in reaching Latinx immigrant sexual minority men. Results: Overall, 739 unique users visited the website during the 9-day period when the social media content was posted on Instagram and Facebook. Our sample included 60 Latinx immigrant sexual minority men who completed the online survey. Participants'mean age was 30.8 years and more than half (n=34, 57%) completed the survey in Spanish. A quarter of participants indicated that they were unauthorized immigrants and 57% (n=34) reported not having medical insurance. Participants reported, on average, having 6 different sexual partners in the last 6 months. Nearly a third of respondents had not tested for HIV in the last 6 months. Only about half (n=32, 53%) of respondents had used PrEP in the last 12 months. Conclusions: Community-driven social media and web-based strategies are feasible ways to engage Latinx immigrant sexual minority men who may traditionally lack access to HIV prevention information and services due to structural and social barriers. The results highlight that culturally relevant social media and web-based outreach strategies that are informed and developed by the community can reach Latinx immigrant sexual minority men for HIV prevention. Findings underscore the need to examine the effectiveness of social media content in promoting HIV testing and PrEP uptake in marginalized Latinx populations. © 2022 JMIR Publications Inc.. All Rights Reserved.	bisexual; digital health; eHealth; feasibility; gay; health information; health technology; HIV; HIV prevention; homosexual; immigrant; internet-based; Latinx; pre-exposure prophylaxis; prevention; sexual health; sexual minorities; sexual minority; social media; web-based; web-based health; web-based prevention	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Lee W.A.; Cheng A.K.	Tenofovir alafenamide fumarate	Antiviral Therapy	-	-	-	13596535	10.1177/13596535211067600	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129776094&doi=10.1177%2f13596535211067600&partnerID=40&md5=039c1490b3a0a0b77f6ee162379e9454	Tenofovir alafenamide fumarate is a lipophilic prodrug of tenofovir which is preferentially metabolized in lymphatic tissue resulting in high concentrations of tenofovir (TFV) and its active diphosphate metabolite inside the cells that replicate HIV. Due to its selectivity for these tissues, lower total doses of TAF can be administered relative to tenofovir disoproxil fumarate (TDF) which results in improved bone and renal biomarkers. Tenofovir alafenamide fumarate has become the "backbone" of multiple combination products for the treatment of HIV, combined with emtricitabine for PreP and as a monotherapy for the treatment or HBV. © The Author(s) 2022.	HBV; HIV; nucleoside; nucleotide; PrEP; tenofovir; tenofovir alafenamide fumarate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Lee, Kathryn; Trujillo, Lindsay; Olansky, Evelyn; Robbins, Taylor; Brune, Christine Agnew; Morris, Elana; Finlayson, Teresa; Kanny, Dafna; Wejnert, Cyprian	Factors Associated with Use of HIV Prevention and Health Care Among Transgender Women - Seven Urban Areas, 2019-2020.	MMWR Recommendations and Reports	-	-	-	1545-861X	10.15585/mmwr.mm7120a1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9129907	Transgender women* are disproportionately affected by HIV. Among 1,608 transgender women who participated in CDC's National HIV Behavioral Surveillance (NHBS) during 2019-2020, 42% received a positive HIV test result (1). This report provides results from seven U.S. urban areas where the 2019-2020 NHBS questionnaire was administered. Thirty-eight percent of participants reported having previously received a positive test result for HIV. Detrimental socioeconomic factors, including low income (44%), homelessness (39%), and severe food insecurity in the past 12 months (40%), were common and associated with lower receipt of HIV prevention and treatment services. Having a usual health care source or a provider with whom the participant was comfortable discussing gender-related health issues was associated with improved HIV prevention and treatment outcomes, including HIV testing, preexposure prophylaxis (PrEP) use, and viral suppression. These findings illustrate the benefit of gender-affirming approaches used by health care providers (2), and highlight the challenging socioeconomic conditions faced by many transgender women. Ensuring access to gender-affirming health care approaches and addressing the socioeconomic challenges of many transgender women could improve access to and use of HIV prevention and care in this population and will help achieve the goals of the Ending the HIV Epidemic in the United States initiative (3).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Lee-Foon N.K.; Logie C.H.; Siddiqi A.; Grace D.	Exploring young Black gay, bisexual and other men who have sex with men's PrEP knowledge in Toronto, Ontario, Canada	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2020.1837958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85096098315&doi=10.1080%2f13691058.2020.1837958&partnerID=40&md5=2f4bc796982434324f07114f81a79945	Despite significant advances in the HIV treatment and prevention landscape such as pre-exposure prophylaxis (PrEP), young Black-Canadian gay, bisexual and other sexual minority men continue to experience disproportionately high rates of HIV infection. While research has explored the factors associated with their higher HIV exposure and the efficacy of STI/HIV prevention programmes, there remains a paucity of research on their knowledge of HIV prevention strategies such as PrEP. We interviewed twenty-two young men and used a constructivist grounded theory approach to qualitatively analyse these young men's PrEP knowledge. Intersectionality and the social ecological model allowed us to explore how social locations (e.g. race, sexual orientation), interacted with individual, interpersonal and community contexts to shape their understanding. Our analysis revealed two interrelated barriers to PrEP knowledge and uptake. The first centred on the ineffectiveness of institutions in disseminating PrEP information to participants. The second focused on the impact of participants' social locations and perceptions of PrEP users based on their PrEP knowledge. Findings suggest the need for more targeted, culturally congruent PrEP dissemination strategies and PrEP prescription policies that acknowledge the various social locations and ecologies in which young Black gay, bisexual and other men who have sex with men reside. © 2020 Informa UK Limited, trading as Taylor & Francis Group.	biomedical HIV prevention; bisexual and other men who have sex with men; Black-Canadian; PrEP; sexual health literacy; young gay	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2022	Leichliter J.S.; Cuffe K.M.; Kelley K.R.; Gift T.L.	Availability of Sexually Transmitted Disease and HIV Clinical Services: Ending the HIV Epidemic Versus Non-Ending the HIV Epidemic Jurisdictions, 2018	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001482	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118673318&doi=10.1097%2fOLQ.0000000000001482&partnerID=40&md5=f033b86c806f9255819d294d3abc6c62	We assessed sexually transmitted disease/human immunodeficiency virus (HIV) service availability at the primary sexually transmitted disease safety net clinic by phase I Ending the HIV Epidemic jurisdiction status. HIV testing was >90%. In Ending the HIV Epidemic jurisdictions, 22% of primary safety net clinics initiated and/or provided preexposure prophylaxis (PrEP), 46.6% provided PrEP education or referral only, and 29.9% did not provide any PrEP services. © Lippincott Williams & Wilkins.	EpidemicsHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure ProphylaxisSexually Transmitted Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	LeMasters, Katherine; Maragh-Bass, Allysha; Stoner, Marie; Bhushan, Nivedita; Mitchell, John; Riggins, Linda; Lightfoot, Alexandra	Lessons Learned From Conducting Community-Based Research on HIV Prevention With Youth During COVID-19.	Journal of Participatory Research Methods	-	-	-	2688-0261	10.35844/001c.38385	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10035063	Mitigating HIV burden among Black youth requires true community engagement. This brief report identifies challenges, strategies, and lessons learned from transitioning our three-phased, community-engaged HIV prevention project with Black youth to a remote format during COVID-19. The project involved (1) building a community-academic partnership on youth sexual health, (2) participatory youth workshops, and (3) youth surveys and interviews about HIV prevention. Feedback from community-academic partnership, pile sorting themes, and preliminary qualitative analyses guided this report. Challenges included a disruption to in-person engagement while strategies included relying heavily on pre-existing partnerships to recruit youth for interviews. We learned that pre-existing community engagement was essential for completing phase three remotely. More education is needed to support Pre-Exposure Prophylaxis (PrEP) awareness for HIV prevention and there is a need to address structural barriers to healthcare engagement such as community violence and mental illness. Community-engaged HIV research focused on youth can adapt if anchored in community relationships. Future studies must work to more fully center youth's voices and address the structural issues that may inhibit them from engaging in HIV prevention.	PrEP, HIV prevention, Youth and young adults, Southern United States, COVID-19	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Lemmet T.; Cotte L.; Allavena C.; Huleux T.; Duvivier C.; Laroche H.; Cabie A.; Pugliese P.; Jovelin T.; Maurel M.; Delpierre C.; Rey D.	High syphilis prevalence and incidence in people living with HIV and Preexposure Prophylaxis users: A retrospective review in the French Dat'AIDS cohort	PLOS One	-	-	-	19326203	10.1371/journal.pone.0268670	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130476461&doi=10.1371%2fjournal.pone.0268670&partnerID=40&md5=4962936f104d0b6fe7af5647d7f3d283	Background In the past years, we observed a sharp increase of Syphilis, especially among male who have sex with male (MSM), either HIV-infected, or on pre-exposure prophylaxis (PrEP). Our aim was to assess syphilis prevalence and incidence among people living with HIV (PLWH) and PrEP users. Methods PLWH were included from 2010 to 2020 and PrEP users from 2016 to 2020 from the Dat'AIDS French cohort. We calculated syphilis prevalence and incidences for first infections, re-infections, and iterative infections (> 2 times). T-Tests, Wilcoxon tests and Chi2 test were used for descriptive analysis and multivariate logistic regression models were used to estimate Odds ratios (OR) and 95% confidence intervals (95% CI) for factors associated with syphilis. Results Among the 8 583 PLWH, prevalence of subject with past or present syphilis was 19.9%. These subjects were more likely MSM or transgender and aged over 35 years, but prevalence was lower in AIDS subjects. Same pattern was seen for incident infection and re-infection. Incidence was 3.8 per 100 person-years for infection and 6.5 per 100 person-years for re-infection. Among 1 680 PrEP users, syphilis prevalence was 25.8%, with an estimated 7.2% frequency of active syphilis. Risk of syphilis infection was higher in male and increased with age. Incidence was 11.2 per 100 person-years for infection and 11.1 per 100 person-years for re-infection. Conclusion Syphilis prevalence and incidence were high, especially in older MSM with controlled HIV infection and PrEP users, enhancing the need to improve syphilis screening and behavioral risk reduction counseling among high-risk subjects. Copyright: © 2022 Lemmet et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Acquired Immunodeficiency SyndromeAgedHIV InfectionsHomosexuality, MaleHumansIncidenceMalePre-Exposure ProphylaxisPrevalenceReinfectionRetrospective StudiesSexual and Gender MinoritiesSyphilis	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2022	Lennon C.	Employer-sponsored health insurance and labor market outcomes for men in same-sex couples: Evidence from the advent of pre-exposure prophylaxis	Economics and Human Biology	-	-	-	1570677X	10.1016/j.ehb.2022.101156	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135307342&doi=10.1016%2fj.ehb.2022.101156&partnerID=40&md5=2780e9b9a0dfdba5c235727608a1b01a	In the United States, the cost of providing employer-sponsored health insurance (ESI) varies for employers based on the medical expenditures of their employees, a practice known as "experience rating". Experience rating increases the cost of employing workers who have greater medical expenditures, one example being men in same-sex couples. To study whether ESI affects labor market outcomes for men in same-sex couples, I use the 2012 advent of Pre-Exposure Prophylaxis (PrEP), a $24,000 per year drug that effectively prevents Human Immunodeficiency Virus (HIV) acquisition. Using American Community Survey data and a difference-in-difference empirical approach – comparing post-PrEP changes in earnings among men who have ESI – I find that annual earnings for men in same-sex couples decline by $2,650 (approximately 3.9%) relative to comparable men after PrEP becomes available. For those who are most likely to be taking Truvada (the brand name for PrEP), such as young men and white men, effects on earnings are considerably larger. I also observe a 3.7 percentage point (4.6%) decline in ESI prevalence and a 0.8 percentage point (10.7%) increase in part-time employment among men in same-sex couples. Event studies provide support for a causal interpretation for my findings. My estimates are also robust to placebo analyses, various specification permutations, and a range of sensitivity checks. © 2022 Elsevier B.V.	Earnings; ESI; HIV; HIV prevention; PrEP; Same-sex couples; Truvada	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Levengood T.W.; Aronsohn A.I.; Chua K.-P.; Conti R.M.	Dispensing of HIV and Hepatitis C Antivirals During COVID-19: An Interrupted Time-Series Analysis of U.S. National Data	American Journal of Preventive Medicine	-	-	-	7493797	10.1016/j.amepre.2022.04.024	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132832049&doi=10.1016%2fj.amepre.2022.04.024&partnerID=40&md5=9a5006b65c7865050d217a8586bdd0cb	Introduction: Little is known about the potential changes in the dispensation of life-saving hepatitis C virus (HCV) and HIV antivirals after the initial U.S. outbreak of COVID-19. The objective of this study was to describe the immediate and 1-year impacts of the U.S. outbreak of COVID-19 on monthly dispensing of HIV and HCV antivirals, specifically direct-acting antivirals (DAA) to treat HCV, antiretroviral therapy (ART) to treat HIV, and pre-exposure prophylaxis (PrEP) to prevent HIV. Methods: Authors used interrupted time-series analysis, examining IQVIA National Prescription Audit (includes 92% of U.S. retail pharmacies and 70% of U.S. mail order and long-term care pharmacies) for changes in monthly dispensed prescriptions, 2 years before and 1 year after the initial U.S. COVID-19 outbreak. Fitted linear segmented regression models were used to assess immediate level and slope changes, excluding data from April 2020 as a washout period. Authors stratified analyses by new/refill, age group, payer type, and delivery channel. Results: After the initial outbreak, DAA prescription dispensing declined by almost one third. The COVID-19 outbreak was associated with an immediate-level decrease in total DAA prescriptions, followed by a slope increase in monthly dispensing. However, by April 2021, monthly DAA dispensing had not recovered to prepandemic levels. In contrast, ART and PrEP dispensing changed little over the same time period. Conclusions: U.S. dispensing of DAAs to treat HCV fell at the start of the U.S. COVID-19 outbreak and has yet to fully recover to prepandemic levels. Addressing barriers to care is crucial to reaching national HIV and hepatitis C elimination goals. © 2022 American Journal of Preventive Medicine	Antiviral AgentsCOVID-19HepacivirusHepatitis CHepatitis C, ChronicHIV InfectionsHumans	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Levy I.; Michael S.; Olmer L.; Gofen R.; Davidson O.; Zooker R.; Wagner-Kolasko G.	The impact of COVID-19 lockdown on men having sex with men (MSM)	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2049197	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129262411&doi=10.1080%2f09540121.2022.2049197&partnerID=40&md5=9c777834c5a17f83716a6717a676b67a	Social distancing including lockdowns are acceptable measures to cope with the COVID-19 pandemic. In this cross sectional study, we surveyed the impact of these measurements on sexual behavior and pre-exposure prophylaxis for HIV (PrEP) use among MSM. A digital questionnaire was distributed via social media and geographically based meeting applications after the first lockdown (March–April 2020). 1194 MSM responded, 91.8% were HIV negative, 19.4% of them used PrEP regularly, and 8.2% were people living with HIV (PLWH). Median age was 34.5 years. 54.4% reported that they kept strictly social distancing guidelines. Low education, hazardous sexual behavior, moderate/severe, and depression predicted low compliance with social distancing guidelines. 66.7% reported a significant decrease in the number of casual sex partners. 55% of those who took PrEP reduced their PrEP intake. Many of the PLWH and PrEP users reduced their medical follow-up. In light of the continuous outbreak and the risk of further outbreaks in the future consideration should be given to provide continuing access to HIV and sexual health clinics. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	behavior; COVID-19; HIV; MSM; PrEP	English	United Kingdom	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Quantitative
Article	2022	Levy L.; Peterson J.M.; Kudrick L.D.; Chohan B.; Bosek E.; Mukui I.; Mugambi M.; Masyuko S.; Mugurungi O.; Ndlovu N.; Mahaka I.; Dunbar M.; Hettema A.; Kuwengwa R.A.P.; Matse S.; Mullick S.; Greener L.; O'Connor C.; Pillay D.; Fawzy M.; Mellors J.W.; Parikh U.M.; McCormick K.; Penrose K.; Heaps A.; Richardson B.; Chandran U.; Sethi R.; Phillips A.; Nakagawa F.; Cambiano V.; Levy L.; Torjesen K.; Yacobson I.; Homan R.; Peterson J.M.; Wallis C.; Castor D.; Claypool L.; Sims L.; Allen S.; Nelson A.	Casting aWide Net: HIV Drug Resistance Monitoring in Pre-Exposure Prophylaxis Seroconverters in the Global Evaluation of Microbicide Sensitivity Project	Global Health Science and Practice	-	-	-	2169575X	10.9745/GHSP-D-21-00122	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129177431&doi=10.9745%2fGHSP-D-21-00122&partnerID=40&md5=1ce2fa9b1b7ac73331a37566a2ff9654	Background: Evidence of HIV drug resistance (HIVDR) in individuals using oral pre-exposure prophylaxis (PrEP) who acquire HIV is limited to clinical trials and case studies. More data are needed to understand the risk of HIVDR with oral PrEP during PrEP rollout. Mechanisms to collect these data vary, and are dependent on cost, scale of PrEP distribution, and in-country infrastructure for the identification, collection, and testing of samples from PrEP seroconverters. Methods: The Global Evaluation of Microbicide Sensitivity (GEMS) project, in collaboration with country stakeholders, initiated HIVDR monitoring among new HIV seroconverters with prior PrEP use in Eswatini, Kenya, South Africa, and Zimbabwe. Standalone protocols were developed to assess HIVDR among a national sample of PrEP users. In addition, HIVDR testing was incorporated into existing demonstration projects for key populations. Lessons learned: Countries are supportive of conducting a timelimited evaluation of HIVDR during the early stages of PrEP rollout. As PrEP rollout expands, the need for long-term HIVDR monitoring with PrEP will need to be balanced with maintaining national HIV drug resistance surveillance for pretreatment and acquired drug resistance. Laboratory capacity is a common obstacle to setting up a monitoring system. Conclusions: Establishing HIV resistance monitoring within PrEP programs is feasible. Approaches to drug resistance monitoring may evolve as the PrEP programs mature and expand. The methods and implementation support offered by GEMS assisted countries in developing methods to monitor for drug resistance that best fit their PrEP program needs and resources. © Levy et al.	Anti-HIV AgentsAnti-Infective AgentsDrug ResistanceHIV InfectionsHumansPre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Lewis J.; Camley R.E.	Exploring Projections for HIV Infection with Pre-Exposure Prophylaxis Usage in a High-Risk Population	Applied Sciences (Switzerland)	-	-	-	20763417	10.3390/app12168359	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137978556&doi=10.3390%2fapp12168359&partnerID=40&md5=36efe6dc535d1530fa1f20101cbe6103	Featured Application: The numerical model may be modified to provide national, state, or local means of monitoring adherence to PrEP protocols, assessing disparities and access to care, and to inform public policy regarding PrEP advocacy. Prevention of type-1 human immunodeficiency virus (HIV) infections has primarily been through condom usage, abstinence, and behavioral and risk awareness programs. Pre-exposure prophylaxis (PrEP) medications became approved for infection prevention in 2012. Mathematical models exploring the projections and impacts of PrEP on the spread of HIV are sparse. This study develops an epidemiological model for type-1 HIV infection accounting for both PrEP and condom usage. We utilized CDC surveillance data on HIV/AIDS statistics to develop a susceptible, infected, AIDS numerical model containing PrEP, condoms, and the combination of both. We explore projections with the percentages of PrEP usage held constant and the impact of average annual sexual partners. We find when 70% of the high-risk population uses PrEP properly with an average of 2 sexual partners per year, the eventual infected percentage drops to about 15%. In contrast, when PrEP is not used correctly and with 4 partners per year the total eventual infected percentage rises to 59%. PrEP can be a highly effective mitigator for the spread of HIV. However, an increased average number of sexual partners per year with improper PrEP usage can minimize the long-term effectiveness of PrEP. © 2022 by the authors.	computational physics; epidemiology; nonlinear dynamics; pre-exposure prophylaxis; PrEP; statistical models	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Li D.H.; Benbow N.; Keiser B.; Mongrella M.; Ortiz K.; Villamar J.; Gallo C.; Deskins J.S.; Xavier Hall C.D.; Miller C.; Mustanski B.; Smith J.D.	Determinants of Implementation for HIV Pre-exposure Prophylaxis Based on an Updated Consolidated Framework for Implementation Research: A Systematic Review	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002984	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132131351&doi=10.1097%2fQAI.0000000000002984&partnerID=40&md5=0ba1840da46fa64eba150c672f65a1e7	Background:Delivery and use of HIV pre-exposure prophylaxis (PrEP) are suboptimal in the United States. Previous reviews of barriers and facilitators have not used an implementation science lens, limiting comprehensiveness and the link to implementation strategies. To summarize the state of the science, we systematically reviewed determinants of PrEP implementation using the updated Consolidated Framework for Implementation Research (CFIR 2.0).Setting:PrEP-eligible communities and delivery settings in the United States.Methods:In January 2021, we searched Ovid MEDLINE, PsycINFO, and Web of Science for peer-reviewed articles related to HIV/AIDS, interventions, implementation, and determinants or strategies. We identified 286 primary research articles published after 1999 about US-based PrEP implementation. Team members extracted discrete "mentioned" and "measured" determinants, coding each by setting, population, valence, measurement, and CFIR 2.0 construct.Results:We identified 1776 mentioned and 1952 measured determinants from 254 to 239 articles, respectively. Two-thirds of measured determinants were of PrEP use by patients as opposed to delivery by providers. Articles contained few determinants in the inner setting or process domains (ie, related to the delivery context), even among studies of specific settings. Determinants across priority populations also focused on individual patients and providers rather than structural or logistical factors.Conclusion:Our findings suggest substantial knowledge in the literature about general patient-level barriers to PrEP use and thus limited need for additional universal studies. Instead, future research should prioritize identifying determinants, especially facilitators, unique to understudied populations and focus on structural and logistical features within current and promising settings (eg, pharmacies) that support integration of PrEP into clinical practice. © 2022 Lippincott Williams and Wilkins. All rights reserved.	consolidated framework for implementation research; determinants of implementation; HIV/AIDS; implementation science; pre-exposure prophylaxis; systematic review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Li T.	Chinese Guidelines for the Diagnosis and Treatment of HIV/AIDS (2021 Edition)	Infectious Diseases and Immunity	-	-	-	20969511	10.1097/ID9.0000000000000044	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134931640&doi=10.1097%2fID9.0000000000000044&partnerID=40&md5=d7c207bf305239d5c6fc08b00c3f27f7	Acquired immunodeficiency syndrome (AIDS) is an important public health problem in China. In 2005, the first edition of the guidelines for the diagnosis and treatment of AIDS was formulated by the AIDS Professional Group of Society of Infectious Diseases of Chinese Medical Association, which was updated in 2011, 2015, and 2018, respectively. The 2021 edition of the guidelines has been revised based on the fourth edition and updated according to the national clinical practice and the latest research findings on opportunistic infections, antiretroviral therapy, post-exposure prophylaxis, pre-exposure prophylaxis (PrEP), whole-course management of human immunodeficiency virus infections, and prevention of mother to child transmission. The 2021 edition also introduces in detail the indications, medication regimen, follow-up and monitoring, and precautions for PrEP. This guide will be updated regularly according to the latest clinical evidence. © 2021 The Chinese Medical Association, Published by Wolters Kluwer Health, Inc.	Acquired immunodeficiency syndrome; Diagnosis; Guideline; HIV; Treatment	English	China	Asia and the Pacific	China	Asia and the Pacific	-	-	Review
Theses and Dissertations	2022	Li, Chunyan; Muessig, Kathryn E.	Developing an mHealth Intervention to Increase Uptake of HIV Pre-Exposure Prophylaxis (PrEp) among Gay, Bisexual and Other Men Who Have Sex with Men in China	-	-	University of North Carolina	-	NA	NA	https://www.proquest.com/dissertations-theses/developing-mhealth-intervention-increase-uptake/docview/2699992174/se-2?accountid=8113	HIV pre-exposure prophylaxis (PrEP) as a safe and effective prevention tool has not been widely adopted by gay, bisexual and other men who have sex with men (GBMSM) in China, who are disproportionately impacted by the HIV epidemic. Little is known about using mobile health for PrEP promotion in Chinese populations. Informed by the Information-Motivation-Behavioral Skills Model and the Transtheoretical Model (Stages of Change), my dissertation fills the gap by developing and testing a mobile app-enabled intervention – the PrEP mini-app – to increase PrEP uptake among Chinese GBMSM. This is a two-phase mixed-methods intervention study (2020-2021, Guangzhou, China) that includes (1) a formative assessment using one-to-one in-depth interviews (n=31) to assess GBMSM's perceived barriers and facilitators to PrEP uptake and usability test of the original PrEP mini-app; (2) a 12-week two-arm pilot randomized controlled trial (RCT) (n=70) to assess feasibility and preliminary efficacy of the refined PrEP mini-app in increasing GBMSM's intention to use PrEP and PrEP initiation. Qualitative analysis indicated individual-level barriers to PrEP uptake include uncertainty in PrEP efficacy, concerns over side effects and financial cost, and difficulties in identifying authentic PrEP medications. Structural barriers include lack of PrEP education, limited formal PrEP care, the thriving informal PrEP market and the minority stress. RCT results showed that 49% of the participants positively rated the usability of the mini-app. Compared to the standardized HIV prevention care, the PrEP mini-app shows promise in shortening GBMSM's hesitating time between study enrollment and PrEP initiation, facilitating their progress towards PrEP initiation along the stages of change, and improving their PrEP-related psychosocial variables (e.g., intention to use PrEP, PrEP self-efficacy, and PrEP stigma). Desired future app refinements include regular updates of the app contents, between-user interactive features, and educational materials in enriched media forms. More efforts are needed to understand optimal strategies to identify and implement alternative PrEP provision models in highly stigmatized settings. While integrating mobile health into the current HIV prevention system may be feasible and effective for increasing PrEP uptake among GBMSM in China, future interventions should consider the full PrEP cascade in designing support features and outcome measures.	China; Pre-exposure prophylaxis; Men who have sex with men; Public health education; Intervention; Digital health; 0500:Public Health Education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2022	Li, Chunyan; Xiong, Yuan; Muessig, Kathryn E; Tang, Weiming; Huang, Haojie; Mu, Tong; Tong, Xiaokai; Yu, Jianxiong; Yang, Zeyu; Sherer, Renslow; Hazra, Aniruddha; Lio, Jonathan; Matthews, Derrick D; Fisher, Edwin B; Li, Linghua; Tucker, Joseph D	Community-engaged mHealth intervention to increase uptake of HIV pre-exposure prophylaxis (PrEP) among gay, bisexual and other men who have sex with men in China: study protocol for a pilot randomised controlled trial.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-055899	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9092176	INTRODUCTION: The large number of key populations in China who would benefit from HIV pre-exposure prophylaxis (PrEP) in the context of limited health system capacity and public awareness will pose challenges for timely PrEP scale-up, suggesting an urgent need for innovative and accessible interventions. This study aims to develop and pilot test a theory-informed, tailored mobile phone intervention that was codeveloped by young gay men, HIV clinicians and public health researchers to increase engagement in PrEP education and initiation among Chinese gay, bisexual and other men who have sex with men (GBMSM), who bear a disproportionate burden of HIV infections and remain underserved in the healthcare system. METHODS AND ANALYSIS: This two-phase study includes a formative assessment using in-depth interviews (N=30) and a 12-week experimental pilot study using a two-arm randomised controlled trial design (N=70). The primary intervention is delivered through a WeChat-based mini-app (a program built into a Chinese multipurpose social media application) developed by young GBMSM from a 2019 crowdsourcing hackathon. Using mixed methods, we will further investigate the specific needs and concerns among GBMSM in terms of using PrEP as an HIV prevention strategy, how their concerns and PrEP use behaviours may change with exposure to the mini-app intervention during the study period and how we can further refine this intervention tool to better meet GBMSM's needs for broader implementation. ETHICS AND DISSEMINATION: This study and its protocols have been reviewed and approved by the Institutional Review Boards of the University of North Carolina at Chapel Hill, USA (19-3481), the Guangdong Provincial Dermatology Hospital, China (2020031) and the Guangzhou Eighth People's Hospital, China (202022155). Study staff will work with local GBMSM community-based organisations to disseminate the study results to participants and the community via social media, workshops and journal publications. TRIAL REGISTRATION NUMBER: The study was prospectively registered on clinicaltrials.gov (NCT04426656) on 11 June 2020.	HIV & AIDS, PUBLIC HEALTH, SOCIAL MEDICINE, QUALITATIVE RESEARCH	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Li, Xinyi; Sullivan, Patrick; Broz, Dita; Handanagic, Senad	Association Between Dual Partnership and Sexual and Injecting Behaviors Among Persons Who Inject Drugs in 23 US Cities, 2018.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-022-02323-6	https://dx.doi.org/10.1007/s10508-022-02323-6	Persons who inject drugs (PWID) engaging in receptive syringe sharing with their sex partner (dual partnership) may have different behavior patterns than people who have only sex or syringe sharing partnerships. PWID from 23 US cities were recruited for the National HIV Behavioral Surveillance in 2018 using respondent-driven sampling, interviewed, and tested for HIV. Log-linked Poisson regression was conducted to examine the associations between injecting and sexual behaviors and dual partnership. A total of 3435 PWID reported receptive syringe sharing and 42% engaged in dual partnership with their last sharing injecting partner. PWID who reported condomless vaginal or anal sex at last sex were more likely to engage in dual partnership (aPR = 1.85, 95% CI = 1.65-2.08). PWID who reported having two or more sex partners (aPR = 0.67, 95% CI = 0.62-0.72) or two or more sharing injecting partners (aPR = 0.54, 95% CI = 0.50-0.59) were less likely to engage in dual partnership. Findings suggest opportunities for tailored prevention intervention, including couple-based HIV testing, pre-exposure prophylaxis, and access to syringe services programs coupled with safer injection education to help reduce HIV risk.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Li, Z. K.; Zhu, Y.; Yang, X.; Chen, X. T.; Gu, J.; Hao, Y. T.; Cao, W. N.; Li, Jinghua	Willingness to use the three types of pre-exposure prophylaxis and associated factors among men who have sex with men in Chengdu.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	0254-6450	10.3760/cma.j.cn112338-20220501-00367	https://pubmed.ncbi.nlm.nih.gov/36456500/	Objective: To investigate the willingness to use three types of pre-exposure prophylaxis (PrEP) and its associated factors among MSM in Chengdu. Methods: A total of 793 MSM were recruited through Chengdu Tongle Health Consultation Service Centre between November 2021 to January 2022. Data were collected, including demographic characteristics, sexual behaviors in the last six months, PrEP-related stigma, HIV anticipated stigma, MSM internalized stigma, and willingness to use three types of PrEP. Univariate and multivariate logistic regression models were conducted to investigate the associated factors of willingness in using the three types of PrEP. Results: Among 793 participants, willingness to take on-demand PrEP was higher (68.3%). Higher education and multiple sexual partners increased the willingness to use oral PrEP, higher education compared with junior high school or below, high school or technical secondary school (aOR=2.43, 95%CI: 1.13-5.21), junior college (aOR=2.67, 95%CI: 1.27-5.61), bachelor degree (aOR=3.21, 95%CI: 1.52-6.74), master degree or above (aOR=3.77, 95%CI: 1.54-9.26), multiple sexual partners (aOR=1.54, 95%CI: 1.12-2.11) were positively associated with daily oral PrEP. HIV anticipated stigma was positively associated with the willingness in using all three types of PrEP: daily oral PrEP (aOR=1.07, 95%CI: 1.02-1.12), on-demand PrEP (aOR=1.09, 95%CI: 1.03-1.15), and injectable PrEP every 8 week (aOR=1.06, 95%CI: 1.01-1.11). Conclusions: The overall willingness in using PrEP in MSM in Chengdu is relatively high, and the promotion of PrEP is highly feasible. In the future, we should continue to promote publicity and education on HIV and PrEP-related knowledge in this population, improve the cognitive level, and guide MSM to establish the correct motivation for PrEP use.	Humans; Male; Sexual Behavior; Homosexuality, Male; *Pre-Exposure Prophylaxis; *Sexual and Gender Minorities; *HIV Infections/prevention & control	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Quantitative
Article	2022	Liebenberg L.J.P.; Passmore J.A.S.; Osman F.; Jewanraj J.; Mtshali A.; Gerardo G.-L.J.; Heneine W.; Holder A.; Archary D.; Ngcapu S.; Sivro A.; Mansoor L.E.; Abdool Karim Q.; Abdool Karim S.S.; McKinnon L.R.	Genital Immune Cell Activation and Tenofovir Gel Efficacy: A Case-Control Study	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciac115	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139378993&doi=10.1093%2fcid%2fciac115&partnerID=40&md5=c49defa81d5f41a5d04fb7ad477b9de8	Genital inflammation (GI) undermines topical human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) efficacy through unknown mechanisms. Here, associations between activated endocervical CD4+T-cell numbers and higher deoxyadenosine triphosphate (dATP) concentrations suggest that competition for intracellular metabolites within HIV target cells may reduce the efficacy of antiretroviral-based PrEP in women with GI. © 2022 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	dATP; genital inflammation; HIV; immune activation; tenofovir	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical

Article	2022	Liegeon G.	Safety of oral tenofovir disoproxil - emtricitabine for HIV preexposure prophylaxis in adults	Current Opinion in HIV and AIDS	-	-	-	-	1746630X	10.1097/COH.0000000000000747	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132956126&doi=10.1097%2fCOH.0000000000000747&partnerID=40&md5=d4dfe2b97c0ab830462ae8281c7d7e77	Purpose of reviewThis review focuses on the safety of oral tenofovir disoproxil and emtricitabine (FTC) combination for HIV preexposure prophylaxis (PrEP) in adults.Recent findingsGastrointestinal adverse events are common after treatment initiation but usually resolve within weeks. Although clinical trials did not report an increased risk of serious renal adverse events or tubulopathy, meta-analyses suggest that tenofovir disoproxil -FTC is associated with a slight but non-clinically relevant decline in estimated glomerular filtration rate (eGFR). A decline to less than 60 mL/min remains a rare event, which mainly occurs in users with an age >50 years or a baseline creatinine clearance < 90 mL/min. Similarly, a slight reduction in bone mineral density (BMD) was observed in clinical trials, but it did not result in an increased risk of bone fracture. BMD reduction and eGFR decline tend to resolve after treatment discontinuation. No drug interaction with contraception has been reported in women and no safety signal emerged in pregnant and breastfeeding women.SummaryOral tenofovir disoproxil-FTC for HIV PrEP appears safe and well tolerated for most individuals. This supports demedicalization strategies aiming at increasing the number of PrEP users. © 2022 Lippincott Williams and Wilkins. All rights reserved.	adverse events; bone; kidney; PrEP; tenofovir disoproxil	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2022	Liegeon G.; Assoumou L.; Ghosn J.; El Mouhebb M.; Palich R.; Palacios C.; Slama L.; Surgers L.; Genin M.; Beniguel L.; Goldwirt L.; Duvivier C.; Rojas Castro D.; Costagliola D.; Molina J.-M.	Impact on renal function of daily and on-demand HIV pre-exposure prophylaxis in the ANRS-PREVENIR study	Journal of Antimicrobial Chemotherapy	-	-	-	-	3057453	10.1093/jac/dkac336	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158064299&doi=10.1093%2fjac%2fdkac336&partnerID=40&md5=c20a752f53df955eb8f44af5766fe599	Objectives: To assess the impact on the estimated glomerular filtration rate (eGFR) of different tenofovir disoproxil/emtricitabine dosing regimens for HIV pre-exposure prophylaxis (PrEP). Patients and methods: We included in the study individuals with baseline eGFR> 50 mL/min/1.73 m2 who initiated PrEP in the ongoing ANRS-PREVENIR PrEP cohort. We retrospectively classified PrEP users in three groups: 'on-demand' (reported at ≥75% of study visits), 'daily' (≥75% of study visits) or 'switches'. We compared the area under curve (AUC) of the eGFR variation from baseline (ΔeGFR) between groups using analysis of covariance, and assessed factors associated with a negative AUC of ΔeGFR. Results: From May 2017 to October 2020, 1253 PrEP-naïve participants (98% of MSM) were included in the study with a median follow-up of 22 months. 499 (40%), 494 (39%) and 260 (21%) users were in the group daily, on-demand and switches, respectively, for a median number of pills taken per week of 6, 1.7 and 4. The mean AUC of the ΔeGFR was -1.09 mL/min/1.73 m2 in the daily PrEP group, -0.69 mL/min/1.73 m2 in the switches group and +0.18 mL/min/1.73 m2 with on-demand PrEP. In a model adjusted on baseline age and eGFR, the AUC of the ΔeGFR was significantly higher with on-demand PrEP compared to daily PrEP (P=0.037). Independent factors associated with a negative AUC of ΔeGFR were a daily PrEP regimen, a switches regimen, an age>40 years and a baseline eGFR≥90 mL/min/1.73 m2. Conclusions: On-demand PrEP dosing had a smaller impact on eGFR evolution than daily PrEP, but the difference was not clinically relevant. © 2022 The Author(s). Published by Oxford University Press on behalf of British Society for Antimicrobial Chemotherapy. All rights reserved.	adultanalysis of covariancearea under the curvearticlecohort analysiscontrolled studyestimated glomerular filtration ratefemalefollow uphumanhuman experimentHuman immunodeficiency viruskidney functionmajor clinical studymalenonhumanpillpre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Lin B.; Liu J.; He W.; Pan H.; Ma Y.; Zhong X.	Effect of a Reminder System on Pre-exposure Prophylaxis Adherence in Men Who Have Sex With Men: Prospective Cohort Study Based on WeChat Intervention	Journal of Medical Internet Research	-	-	-	-	14388871	10.2196/37936	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136850841&doi=10.2196%2f37936&partnerID=40&md5=0b24d4a549f850c211d5f0a7bcbed02	Background: The efficacy of pre-exposure prophylaxis (PrEP) is highly dependent on adherence, and one of the main reasons for poor adherence is forgetfulness. Therefore, it is important to explore how to remind users to take their medicine on time. Objective: This study aims to explore the effect of a reminder system on PrEP adherence in men who have sex with men (MSM) to improve adherence. The main function of the reminder system based on the WeChat social media app is to send daily messages to PrEP users reminding them to take their medicine. Methods: An open-label, multicenter, prospective cohort study of PrEP in HIV-negative MSM was conducted from November 2019 to June 2021. Study participants who met the criteria were randomly divided into 2 groups: no-reminder group and reminder group. Both groups received daily oral PrEP with follow-up every 3 months. Adherence was measured on the basis of self-report and was defined as the percentage of medications taken on time. Participants in the reminder group scanned a WeChat QR code and received a reminder message every day. Participants in the no-reminder group took daily oral medicines without reminders. The longitudinal trajectories of adherence for both groups were displayed to compare the variability in adherence at each time point. The association between the changes in adherence (no change, improvement, decline) at each time point and the use of the reminder system was analyzed by multinomial logistic regression models to further explore the effectiveness of the system. Results: A total of 716 MSM were included in the analysis, that is, 372 MSM in the no-reminder group and 344 MSM in the reminder group. Adherence in the no-reminder group fluctuated between 0.75 and 0.80 and that in the reminder group gradually increased over time from 0.76 to 0.88. Adherence at each time point was not statistically different between the 2 groups. Further analysis showed that an improvement in adherence in the early stage was associated with the use of the reminder system (odds ratio OR 1.65, 95% CI 1.01-2.70; P=.04). An improvement in average adherence compared to initial adherence was positively associated with the use of the reminder system (OR 1.82, 95% CI 1.10-3.01; P=.02). Conclusions: The effect of the reminder system on PrEP adherence in MSM was more significant in the early stage, which is related to the increased motivation of users and the development of medicine-taking habits. The reminder system is potentially effective for early-stage medicine management, encouraging users to develop healthy medicine-taking habits and to increase their adherence. © 2022 Journal of Medical Internet Research. All rights reserved.	adherence; HIV prevention; men who have sex with men (MSM); message; MSM; oral PrEP; pre-exposure prophylaxis (PrEP); reminder; reminder system; WeChat	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Lin B.; Liu J.; Zhong X.	PrEP risk perception and adherence among men who have sex with men: a prospective cohort study based on growth mixture model	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-022-07966-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145401954&doi=10.1186%2fs12879-022-07966-3&partnerID=40&md5=8d8af0e5601fd929c4a708ae020774ff	Background: It can be considered that pre-exposure prophylaxis (PrEP) risk perception is the negative experiences or concerns about taking PrEP. The aim of this study is to explore the longitudinal trajectory of PrEP risk perception among men who have sex with men (MSM) and its impact on adherence. Methods: Data related to PrEP risk perception and adherence were derived from a prospective cohort study in Western China from 2013 to 2015. Subjects were categorized into the time-driven, event-driven and blank control groups. Tenofovir disoproxil fumarate (TDF) was administered to subjects in the time-driven and event-driven groups, and all subjects were followed up every 12 weeks. The PrEP risk perception scale was constructed, and the growth mixture model (GMM) was used to classify longitudinal PrEP risk perception. The effect of different levels of PrEP risk perception on drug adherence was explored using generalized estimating equations (GEE) with relative risk (RR) and 95% confidence interval (CI). Results: The PrEP risk perception scale consists of 4 dimensions and 16 items with Cronbach's alpha = 0.828 and a good model fit. According to the GMM analysis, the subjects' PrEP risk perceptions were separated into two groups: a "high-risk perception group" (n = 133) and a "low-risk perception group" (n = 493), where the proportion of high levels of drug adherence were 57.89% and 68.35%, respectively (p = 0.024). High levels of PrEP risk perception in the MSM population hinder drug adherence (RR = 0.71, 95% CI 0.50 to 0.99, p = 0.046). The results of this study were validated in the subsequent PrEP projects conducted in 2019 to 2021. Conclusion: This study demonstrates that high levels of PrEP risk perception in the MSM population are an obstacle to drug adherence, emphasizing the necessity of focusing on PrEP risk perception in this population and the value of its application in the current context. © 2022, The Author(s).	Adherence; Growth mixture model; Men who have sex with men; Pre-exposure prophylaxis; Risk perception	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2022	Lin C.; Li L.; Liu J.; Fu X.; Chen J.; Cao W.; Li Y.	HIV PrEP services for MSM in China: a mixed-methods study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2021.1896661	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124017309&doi=10.1080%2f09540121.2021.1896661&partnerID=40&md5=f84f8253227b0c8f8664c8787d57fb24	Pre-exposure prophylaxis (PrEP) is a promising HIV prevention method. However, the rollout of PrEP among men who have sex with men (MSM) is facing challenges. This study sought to understand PrEP acceptability and service use challenges among MSM in China. The study was conducted in 2018 in Guangdong Province using a mixed-methods approach. Among 489 HIV-negative MSM who completed an online survey, 374 (76.5%) had heard of PrEP before. The most common PrEP information sources were internet/social media (32.1%) and community-based organizations (30.4%). Two-thirds (n=328) of the MSM would accept PrEP even the protective efficacy is less than 100%, 60.1% (n=294) expressed willingness to use PrEP once it is approved in China, and 59.3% (n=290) were willing to pay out of pocket. Employment, disclosure of MSM status, and mental health issues were associated with PrEP acceptability. In-depth interviews with 30 MSM revealed that high cost, low accessibility, and stigma in clinic settings were barriers to PrEP using. Primary care-based PrEP services were acceptable, but patients' confidentiality was a concern. PrEP promotion efforts should address social and mental health challenges among MSM and mobilize primary care systems and community-based organizations to achieve the best result. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	acceptability; China; men who have sex with men; mixed-methods; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Little K.M.; Flomen L.; Hanif H.; Anderson S.M.; Thurman A.R.; Clark M.R.; Doncel G.F.	HIV Pre-exposure Prophylaxis Implant Stated Preferences and Priorities: Results of a Discrete Choice Experiment Among Women and Adolescent Girls in Gauteng Province, South Africa	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03658-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127553938&doi=10.1007%2fs10461-022-03658-w&partnerID=40&md5=2d4ab9bb4934de42b4a2936989e11b14	For adolescent girls (AG) and young women (YW), adherence barriers may limit the effectiveness of daily oral HIV pre-exposure prophylaxis (PrEP). Due to its low-burden and long-lasting product attributes, PrEP implants could remove some of the critical adherence barriers of oral PrEP products for individuals at risk of HIV. To explore stated preferences for a long-acting PrEP implant, we conducted a quantitative survey and discrete choice experiment with AG (ages 15–17), YW (18–34), and female sex workers (FSW; ≥ 18) in Gauteng Province, South Africa. We completed 600 quantitative surveys across the three subgroups of women. Respondents stated preference for an implant that provided longer HIV protection (24 months versus 6 months) and required a single insertion. They stated that they preferred a biodegradable implant that could be removed within 1 month of insertion. Respondents had no preference for a particular insertion location. Overall, 78% of respondents said they would be likely (33%) or very likely (45%) to use a PrEP implant were one available, with the majority (82%) stating preference for a product that would provide dual protection against HIV and unintended pregnancies. To reduce their risk of HIV, AG, YW, and FSW in our survey reported a strong willingness to use long-acting, highly-effective, dissolvable PrEP implants. © 2022, The Author(s).	Discrete choice experiment; HIV; Pre-exposure prophylaxis; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu P.; Stewart L.; Short W.R.; Koenig H.	Metrics of HIV Pre-exposure Prophylaxis (PrEP) Implementation Before and After a Multidisciplinary Task Force at an Academic Institution	Quality Management in Health Care	-	-	-	-	10638628	10.1097/QMH.0000000000000332	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132287091&doi=10.1097%2fQMH.0000000000000332&partnerID=40&md5=109fd8781356ebd2967abf121f795531	Background and Objectives: There is a paucity of guidance on HIV pre-exposure prophylaxis (PrEP) implementation in an academic medical center. The objectives of this study were to describe interventions by a multidisciplinary PrEP task force at an academic medical center and compare metrics of PrEP implementation pre- A nd post-creation of this entity. Methods: The interventions of the task force are described within the rubric of the PrEP care continuum. Participants were adults prescribed PrEP for greater than or equal to 30 days at 9 clinical sites across a university health system. Metrics of PrEP implementation were compared over 12-month intervals before and after the creation of the task force. Results: An increased proportion of participants had HIV testing within 7 days of new PrEP prescriptions (92% vs 63%, P <.001) and were prescribed PrEP in increments of 90 days or shorter (74% vs 56%, P <.001) after the creation of the task force. There were higher rates of testing for bacterial sexually transmitted infections in men who had sex with men and transgender women in the post-intervention compared with pre-intervention period. Conclusions: A multidisciplinary team that focuses on optimizing PrEP delivery along each step of the care continuum may facilitate PrEP scale-up and best practices in an academic setting. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; pre-exposure prophylaxis; PrEP; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu Y.; Bleasdale J.; Przybyla S.; Higgins M.C.; Zhang C.	Racial Variations in Psychosocial Vulnerabilities Linked to Differential Poppers Use and Associated HIV-Related Outcomes among Young Men Who Have Sex with Men: A Study in Two U.S. Metropolitan Areas	Substance Use and Misuse	-	-	-	-	10826084	10.1080/10826084.2021.2023185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123467881&doi=10.1080%2f10826084.2021.2023185&partnerID=40&md5=41e620435e75dfdef28bb9b8eb32475f	Background: Poppers use has become increasingly prevalent and is associated with elevated HIV risk among young men who have sex with men (YMSM) in urban settings. However, knowledge regarding racial variations of poppers use and their psychosocial determinants to inform culturally-targeted interventions remain limited. Methods: We conducted a cross-sectional study among YMSM recruited from two US metropolitan areas (Nashville, TN and Buffalo, NY) to investigate the differences of socio-environmental and mental health factors associated with poppers use and important HIV-related outcomes e.g., HIV testing, pre-exposure prophylaxis (PrEP, substance use, and risky sexual behaviors among White and Black YMSM (i.e., YWMSM and YBMSM). Results: Among 347 YMSM aged 18-35 years, 32.3% reported poppers use. Notably, poppers-using YWMSM were more likely (p < 0.05) to report mental health burdens (e.g., depression, anxiety, loneliness), while poppers-using YBMSM were more likely (p < 0.05) to experience adverse social-environmental events (e.g., unstable housing, food insecurity, no health insurance, perceived HIV stigma, internalized homonegativity). Poppers-using YMSM showed a higher prevalence of sexual risk behaviors (e.g., event-level alcohol/drug use, condomless insertive/receptive anal sex, group sex) compared to their non-user counterparts, with YWMSM showing the highest likelihood to engage in these risk behaviors. Compared to poppers-using YBMSM, poppers-using YWMSM were associated with a higher likelihood of ever testing for HIV, ever using PrEP and willingness to use PrEP in the next 12 months. Conclusion: Given the distinctive patterns of psychosocial determinants of poppers use between YWMSM and YBMSM, culturally-tailored poppers reduction programs should be designed to tackle the associated HIV risks among YMSM with effectiveness. © 2022 Taylor & Francis Group, LLC.	HIV testing; men who have sex with men; Poppers use; pre-exposure prophylaxis; psychosocial determinants; racial difference	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu Y.; Brown L.; Przybyla S.; Bleasdale J.; Mitchell J.; Zhang C.	Characterizing Racial Differences of Mental Health Burdens, Psychosocial Determinants, and Impacts on HIV Prevention Outcomes Among Young Men Who have Sex With Men: a Community-based Study in Two U.S. Cities	Journal of Racial and Ethnic Health Disparities	-	-	-	-	21973792	10.1007/s40615-021-01052-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105936331&doi=10.1007%2fs40615-021-01052-1&partnerID=40&md5=8f6fa31d35552278e8a9cceb2f0d1a53	Few studies examine racial differences (e.g., Black vs. White) regarding the psychosocial pathways linking mental health burdens and various HIV-related outcomes among young men who have sex with men (MSM) in the U.S. We conducted a community-based study to examine the racial differences of mental health burdens (e.g., depression, anxiety, stress), the psychosocial determinants (e.g., HIV stigma, homonegativity, resilience, social support, loneliness, housing/food security) and impact on HIV-related outcomes (e.g., event-level alcohol/drug use before sex, condomless insertive/receptive anal sex, recent HIV testing, and PrEP awareness/willingness/use) among young Black MSM (YBMSM; n = 209) and young White MSM (YWMSM; n = 109) from two cities (Nashville, TN and Buffalo, NY) in the United States. Overall, we found YBMSM were more likely (p < 0.05) to experience anxiety and depression compared to YWMSM. Among YBMSM, we found structural inequities (housing instability, food insecurity, internalized homonegativity) were positively associated with anxiety/depression/stress (p < 0.001); we also found anxiety/depression was associated with increased alcohol/drug use before sex, and stress was associated with reduced recent HIV testing and pre-exposure prophylaxis awareness/willingness/use. Among YWMSM, we found psychological buffers (perceived social support, resilience) were associated with reduced anxiety/depression/stress (p < 0.001); anxiety was associated with increased condomless insertive/receptive anal sex and recent HIV testing among this subgroup. YBMSM and YWMSM differed in psychosocial determinants and HIV-related consequences regarding their mental health. Our findings provide important implications for developing culturally and contextually tailored interventions to address mental health burdens and HIV prevention outcomes among young MSM at highest risk for HIV acquisition. © 2021, W. Montague Cobb-NMA Health Institute.	HIV testing; Mental health; Pre-exposure prophylaxis; Racial differences; Substance use; Young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu Y.; Fu G.; Chen Y.; Wu L.; Pan M.; Yang Y.; Chen Z.; Cao Y.; Li Y.; Wang H.; Wang B.; Lv C.; Du R.; Xiong Y.; Liu W.; Xu N.; Xia X.; Li Q.; Ruan F.; Wang J.	Discordance between perceived risk and actual risky sexual behaviors among undergraduate university students in mainland China: a cross-sectional study	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-022-13132-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128141254&doi=10.1186%2fs12889-022-13132-w&partnerID=40&md5=f025681e45e6fb87fd0872110ea34701	Background: HIV prevention, diagnosis, treatment and care services might be hampered by inaccurate risk assessment. This study aimed to investigate the extent of and factors associated with the discordance between perceived risk and actual risky sexual behaviors among undergraduates in mainland China, guided by the Anderson's behavioral model. Methods: This study involved a secondary analysis of cross-sectional data collected during the fall semester of 2018–2019 academic year. The present analysis was restricted to 8808 undergraduates with low risk perception. Those who had low perceived risk but actually engaged in risky sexual behaviors were categorized as risk discordance (RD). Univariate and multivariate Logistic regression analyses were conducted to identify factors associated with RD. Results: Overall, the discordance rate between perceived and actual risk was 8.5% (95% CI: 7.9%–9.1%). Multivariate Logistic regression analysis indicated that non-heterosexual women (AOR = 0.41, 95% CI:0.27–0.60), heterosexual men (AOR = 0.45, 95% CI:0.33–0.61) and women (AOR = 0.26, 95% CI:0.19–0.35) were less likely to exhibit RD, when compared with non- heterosexual men. Furthermore, non-freshmen (AOR = 1.57, 95% CI:1.30–1.90), early initiators of sexual intercourse (AOR = 5.82, 95% CI:4.10–8.26), and those who had lower levels of HIV knowledge (AOR = 1.28, 95% CI:1.08–1.51), displayed higher levels of stigma against PLHIV (AOR = 1.50, 95% CI:1.26–1.77) and had ever been tested for HIV (AOR = 1.36, 95% CI:1.04–1.77) were more prone to reporting RD. Those with more enabling resources i.e., displaying high levels of condom use self-efficacy (AOR = 0.70, 95% CI:0.59–0.84) and being knowledge of local testing center (AOR = 0.71, 95% CI:0.60–0.83) were less likely to report RD. However, spending more than 2000 Yuan a month on basic needs (AOR = 2.55, 95% CI:2.07–3.14), residing in urban areas (AOR = 1.35, 95% CI:1.15–1.59) and being knowledgeable of the national AIDS policy (AOR = 1.40,95% CI:1.18–1.66) increased the chance of exhibiting RD. Conclusions: Comprehensive interventions, including targeting students with high-risk characteristics, improving the acceptability of PrEP and PEP, conducting health education, enhancing self-efficacy for using condoms and making opt-out HIV testing routine in college campus, should be taken to reduce the discordance between perceived and actual HIV risk and finally to reach the goal of Zero AIDS. © 2022, The Author(s).	China; Risk discordance; Self-perceived risk; Sexual risk; Undergraduates	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Liu Y.; Hawkins M.; Osman A.; Zhang C.	Assessing the Prevalence and Determinants of Exposure-Influenced HIV Testing among a Sample of Pre- and Post-Exposure Prophylaxis-Naïve Young Men Who Have Sex with Men in the United States	Tropical Medicine and Infectious Disease	-	-	-	-	24146366	10.3390/tropicalmed7080146	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136865681&doi=10.3390%2ftropicalmed7080146&partnerID=40&md5=13c4c4c180348b101f6108de221d9d53	Self-initiated Human Immunodeficiency Virus (HIV) testing after potential sexual exposure to HIV (i.e., exposure-influenced HIV testing) has high utility in detecting individuals with the highest probabilities of HIV seroconversion. We conducted a cross-sectional study among a sample of sexually active, pre/post-exposure prophylaxis (PrEP/PEP)-naïve young men who have sex with men (YMSM) in two US cities to assess the determinants (e.g., demographic, psychosocial, sexual, substance use, and HIV prevention characteristics) of exposure-influenced HIV testing (never/rarely vs. mostly/always) in their lifetime. Of 261 YMSM, only 26.5% reported mostly/always seeking exposure-influenced prior to the study. Multivariable analyses showed that younger age, sexual orientation non-disclosure, perceived HIV stigma, internalized homophobia, lower general resilience, and lower social support were associated with a lower likelihood of mostly/always seeking exposure-influenced HIV testing. YMSM who never/rarely sought exposure-influenced HIV testing were more likely to use recreational drugs before sex, binge alcohol, and have group sex; while less likely to be aware of PrEP, test for sexually transmitted infections, or use condoms compared to those mostly/always seeking exposure-influenced HIV testing. Exposure-influenced HIV testing is suboptimal among YMSM with elevated risk for HIV. Our findings provide important implications for designing targeted interventions to promote exposure-influenced HIV testing among high-risk YMSM. © 2022 by the authors.	HIV testing; men who have sex with men; pre-exposure prophylaxis; psychosocial; sexual risk; United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu Y.; Russ S.; Mitchell J.; Przybyla S.; Zhang C.	Assessing the Determinants of Quality of Life and the Impact on HIV Prevention Measures among HIV-Negative and Status-Unknown Young Men Who Have Sex with Men: A Study in Two U.S. Metropolitan Areas	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph19020726	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122391362&doi=10.3390%2fijerph19020726&partnerID=40&md5=9c30f8b08ad8d76561bd0032d471b5de	Young men who have sex with men (YMSM) in the United States (U.S.) are disproportionally burdened by HIV and experience adverse social determinants of health. Minimal research has examined quality of life (QoL) and psychosocial/behavioral determinants among HIV-negative or status-unknown YMSM. We conducted a study with YMSM from two U.S. cities to assess their QoL scores, and whether specific QoL domains (e.g., physical, psychological, social, and environment) were associated with their demographics, psychosocial determinants, behavioral risk factors, and HIV prevention measures. Black YMSM, YMSM of low socioeconomic status (below high school education, income < $20,000, and lack of health insurance), and YMSM who did not disclose their sexual orientation had the lowest QoL scores across all domains. Substance use and unprotected anal intercourse were negatively associated with men's physical/psychosocial health. Housing/food instability and perceived stress were among the strongest predictors of lower QoL in all domains. Higher physical/psychological and environment QoL scores were associated with a higher likelihood of HIV testing and PrEP use. The identification of YMSM within these demographic, behavioral, and psychosocial sub-groups is important for targeted intervention to enhance their well-being and engagement with HIV prevention. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	HIV prevention; Men who have sex with men; Mental health; Psychosocial determinants; Quality of life; United States	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Liu, Hui; Lai, Guichuan; Shi, Guiqian; Zhong, Xiaoni	The Influencing Factors of HIV-Preventive Behavior Based on Health Belief Model among HIV-Negative MSMs in Western China: A Structural Equation Modeling Analysis	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph191610185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136601925&doi=10.3390%2fijerph191610185&partnerID=40&md5=b6dbebb3c0c1041b4bb6960c4fa03af8	(1) Background: Men who have sex with other men (MSMs) are at high risk of being infected by the human immunodeficiency virus (HIV) in western China. Pre-exposure prophylaxis (PrEP) is an efficient way to prevent HIV transmission. However, adherence is the most vital determinant factor affecting PrEP effectiveness. We conducted a study based on the Health Belief Model to explore factors that predict adherence to PrEP among a cohort of 689 MSMs in western China. (2) Methods: We assessed perceived susceptibility, severity, benefits, barriers, self-efficacy, cues to action, and HIV-preventive behavior through a cross-sectional survey. (3) Results: PrEP self-efficacy was directly associated with PrEP behaviors (β = 0.221, p < 0.001), cues to action were directly associated with PrEP behaviors (β = 0.112, p < 0.001), perceived benefits were directly associated with PrEP behaviors (β = 0.101, p < 0.001), and perceived susceptibility was directly associated with PrEP behaviors (β = 0.117, p = 0.043). (4) Conclusion: Medication self-efficacy, perceived susceptibility, and cue to action structures are predictors of the MSMs' HIV-preventive behavior in western China. These results will provide theoretical plans for promoting PrEP adherence in MSMs. © 2022 by the authors.	health belief model (HBM); HIV-preventive behavior; men who have sex with men (MSM); pre-exposure prophylaxis (PrEP) adherence; western China	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Liu, Q. Z.; Yang, X.; Xu, P.; Qin, Q. Q.; Tang, H. L.	Research advances in HIV pre-exposure prophylaxis drug.	Chinese Journal of Endemiology	-	-	-	-	0254-6450	10.3760/cma.j.cn112338-20220705-00598	https://pubmed.ncbi.nlm.nih.gov/29229609/	In 2012, the World Health Organization (WHO) released tenofovir/emtricitabine (TDF/FTC) as pre-exposure prophylaxis drug to help people at risk of HIV infection in specific populations, and various clinical trials and real-world data have confirmed the effectiveness of TDF/FTC in preventing HIV infection. In 2019, propofol tenofovir combined with emtricitabine (TAF/FTC) was approved in the United States as the second oral drug for pre-exposure prophylaxis(PrEP). However, for people who cannot take the drug or have poor adherence to the drug, second-generation PrEP, or long-acting antiretrovirals, provide more options. This artical reviewed the research progress of the first generation of oral PrEP and the new PrEP developed in recent years to provide reference for the promotion of HIV PrEP in China.	Humans; United States; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; Emtricitabine/therapeutic use; Tenofovir/therapeutic use; *HIV Infections/prevention & control/drug therapy	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2022	Loosier P.S.; Renfro K.; Carry M.; Williams S.P.; Hogben M.; Aral S.	Reddit on PrEP: Posts About Pre-exposure Prophylaxis for HIV from Reddit Users, 2014–2019	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03463-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85115169321&doi=10.1007%2fs10461-021-03463-x&partnerID=40&md5=cfe869d605d9d960a04be0075d253deb	Social media forums provide a window into how gay, bisexual, and other men who have sex with men talk about pre-exposure prophylaxis for HIV prevention (PrEP) outside of research contexts. To examine information exchange about this important pillar of HIV prevention, discussions around PrEP were collected from the r/askgaybros subreddit of the social media site Reddit (2014–2019). Post titles and asks were qualitatively coded to identify themes describing the primary purpose of the post. In all, 1163 PrEP posts were identified, and a 23.3-fold increase in post volume was seen from 2014 (n = 20) to 2019 (n = 466). The most common post type was a mention of PrEP in a post primarily discussing: an assessment of risk after a sexual encounter (19.2%); a sexual or romantic relationship (6.0%); or other (29.3%). Access challenges (19.1%), information seeking (17.5%), and the cultural effects of PrEP on the gay community (16.3%) were other common themes. Posts regarding the initiation of PrEP (11.8%) and PrEP side-effects (9.4%) were moderately represented. Posts addressing promotion, shade, stigma, and usage were infrequent (≤ 5.5% of posts, respectively). Over time, discussion of PrEP has increased exponentially on r/askgaybros, which may reflect the normalization of PrEP. Qualitative analysis of these posts can be a rich source of data for scientists, practitioners, and healthcare providers interested in increasing uptake of PrEP and decreasing barriers to its use. © 2021, This is a U.S. government work and not under copyright protection in the U.S.; foreign copyright protection may apply.	Gay, bisexual, and other men who have sex with men; HIV; Pre-exposure prophylaxis; Reddit; Social media	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	López Rios, Javier; Lentz, Cody; Balán, Iván C.; Grosskopf, Nicholas; D'Angelo, Alexa; Stief, Matthew; Grov, Christian	Engagement in Care Among Newly Diagnosed HIV-Positive Gay, Bisexual, and Other Men Who Have Sex With Men in the United States: Results From the Together 5,000 Study.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2022.34.5.349	https://pubmed.ncbi.nlm.nih.gov/36181497/	One-quarter of gay, bisexual, and other men who have sex with men (GBMSM) with diagnosed HIV are not engaged in HIV care. Between 2018 and 2019, 50 GBMSM completed qualitative interviews 3 months after receiving an HIV-positive result. Interviews explored barriers to and facilitators of engagement and retention in HIV testing and care. Thematic analysis revealed five major themes: (1) reason for HIV testing (e.g., self-testing), (2) linkage to care (e.g., appointment/logistic issues and social support as encouragement), (3) barriers to engagement in care (e.g., financial burden, competing priorities, and fear/stigma), (4) facilitators of engagement (e.g., financial assistance, patient-provider relationships, auxiliary support services, and health agency), and (5) PrEP as a missed prevention opportunity. Addressing individual-, social-, and policy-level barriers could improve GBMSM's engagement in HIV care. Further, capitalizing on GBMSM's health agency through partnerships with local agencies and fostering better patient-provider relationships could optimize HIV care continuity.	Humans; Male; Sexual Behavior; United States; Homosexuality, Male; Bisexuality; HIV treatment; *Sexual and Gender Minorities; *HIV Infections/prevention & control; HIV linkage to care; HIV retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Lottes M.; Bremer V.; Prugger C.; Kollan C.; Schmidt D.	Cost-savings and potential cost-savings through the distribution of generic antiretroviral drugs within the statutory health insurance market of Germany between January 2017 and June 2019	BMC Health Services Research	-	-	-	-	14726963	10.1186/s12913-021-07390-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122947438&doi=10.1186%2fs12913-021-07390-4&partnerID=40&md5=b9bcd44735d37f0db1f2f302571ab41d	Abstract: Background: Recent patent losses for antiretroviral drugs (ARV) have led to the debate of cost-saving through the replacement of patented drugs with generic drugs. The split of recommended single-tablet regimens (STR) into their single substance partners is one of the considerations mentioned in said debate. Particularly, generic tenofovir disoproxil/emtricitabine (TDF/FTC) is expected to hold untapped cost-saving potential, which may curb increasing overall expenditures for combined antiretroviral therapy (cART) within the statutory health insurance (SHI) of Germany. Methods: Data of ARV reimbursed by the SHI were used to describe the trends of defined daily doses (DDD) as well as the revenue within the German ARV market. They were also used to determine the cost-savings of moving to generic drugs. The time period observed was between January 2017 and June 2019. The potential cost-savings were determined with following assumption in mind: the maximum possible use of generic ARV, including 1) the split of STR and replacing all substance partners with generic ones, and 2) replacing patented tenofovir alafenamide/emtricitabine (TAF/FTC) with generic TDF/FTC. Results: Throughout the observation period, the DDD of generic ARV increased nearly five-fold while their revenue increased more than four-fold. Total cost-saving showed a sharp increase over the same period, with generic TDF/FTC accounting for a share of around 70%. The largest potential cost-saving could have been achieved through replacing patented TAF/FTC with generic TDF/FTC, peaking at nearly 10% of total revenue, but showing decreasing trends in general. Conclusion: The progressive distribution of generic ARV ensured increasing cost-savings, but consequently curbed the potential cost-savings. Unique price reductions of generic TDF/FTC have played a pivotal role for these effects. In any case, substituting with generic ARV should not fail to adhere to the treatment guidelines and continue to consider the medical requirements for the treatment. © 2022, The Author(s).	Cost-saving; Generic antiretroviral therapy; German statutory health insurance; Potential cost-saving; Tenofovir alafenamide/emtricitabine; Tenofovir disoproxil/emtricitabine	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	LoVette, Ashleigh; Kuo, Caroline; Giovenco, Danielle; Hoare, Jacqueline; Underhill, Kristen; Operario, Don	Pre-exposure prophylaxis as an opportunity for engagement in HIV prevention among South African adolescents.	SAHARA J : Journal of Social Aspects of HIV/AIDS Research Alliance	-	-	-	-	1813-4424	10.1080/17290376.2021.2016479	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8843204	Pre-exposure prophylaxis (PrEP) offers a potential biomedical strategy to reduce HIV incidence among adolescent populations disproportionately affected by HIV. There is limited evidence on the social and clinical implications, including engagement in HIV prevention efforts, of PrEP for South African adolescents, who face high HIV risk. We conducted a mixed-methods study in Western Cape, South Africa from 2015 to 2016. Adolescents (N = 35) aged 16-17 and clinical service providers working with adolescents (N = 25) were recruited from community and clinic settings. Adolescents and service providers completed a survey about their overall perceptions of PrEP and completed interviews guided by semi-structured protocols. We performed descriptive analysis of quantitative data using SPSS and thematic analysis of qualitative data using NVivo. The majority of adolescents endorsed future PrEP use for themselves and partners, and all clinical service providers endorsed future PrEP use for sexually active adolescents. Both adolescents and service providers identified PrEP as an opportunity to engage youth as active participants in HIV prevention. Service providers also viewed PrEP as a potential mechanism for shifting life trajectories. Findings from this study enhance our understanding of the considerations needed to engage adolescents and clinical service providers in the roll-out of oral PrEP in South Africa.	Biomedical, healthcare, prevention, sub-Saharan Africa, youth	English	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Lumsden J.; Dave A.J.; Johnson C.; Blackmore C.	Improving access to pre-exposure prophylaxis for HIV prescribing in a primary care setting	BMJ Open Quality	-	-	-	-	23996641	10.1136/bmjoq-2021-001749	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130635291&doi=10.1136%2fbmjoq-2021-001749&partnerID=40&md5=0d99c8a041d75c1a9c1955c5a5bc2a76	Although emtricitabine-tenofovir was approved for HIV pre-exposure prophylaxis (PrEP) in 2012, use by persons at risk of acquiring HIV has been limited. Because many primary care providers lacked familiarity and comfort prescribing PrEP, at our institution PrEP prescribing was concentrated among the infectious disease specialists, effectively limiting access. This project sought to increase the number of patients receiving new prescriptions for PrEP. The interventions targeted primary care providers (including internal medicine and family medicine), and were designed to increase the number of unique providers offering PrEP to their patients. The overall strategy was to expand the clinical scope of practice for primary care providers through education and provision of detailed care templates in the electronic health record. These initiatives were implemented through a series of informal Plan-Do-Study-Act cycles, then operationalised throughout the medical system. To evaluate the success of the project, we queried the electronic medical record for all new prescriptions for PrEP, with provider name and specialty, for all outpatients 18 years of age and older from 2012 through 2020. In 2015, prior to the intervention, only 78 patients received new prescriptions for PrEP at our institution, and only 38% (30 of 78) of these were from primary care clinicians. After the intervention, the number of patients receiving PrEP increased to 190 in 2019, with 85% (162 of 190) prescribed by primary care providers. In addition, the number of primary care providers making a new prescription for PrEP increased from 20 in 2015 to 73 in 2019. We conclude that targeted clinical education, combined with electronic health record templates, was associated with a significant increase in PrEP prescribing. © Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Educational outreach, academic detailing; Infection control; Primary care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Lunkuse J.F.; Kamacooko O.; Muturi-Kioi V.; Chinyenze K.; Kuteesa M.O.; Price M.A.; Mayanja Y.	Low awareness of oral and injectable PrEP among high-risk adolescent girls and young women in Kampala, Uganda	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-022-07398-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130642700&doi=10.1186%2fs12879-022-07398-z&partnerID=40&md5=e0b30f228bac26ab7a86b39d92baf3be	Background: Adolescent girls and young women (AGYW) account for a disproportionate number of new HIV infections worldwide. HIV prevalence among young sex workers in Uganda is 22.5%. Although pre-exposure prophylaxis (PrEP) is a highly effective biomedical HIV prevention method, awareness of PrEP among AGYW in Uganda has not been studied systematically. We aimed to assess awareness of PrEP and factors associated with awareness of PrEP among AGYW who frequently reported paid sex. Methods: We conducted a cross-sectional study among 14–24-year old AGYW at high risk of HIV infection in Kampala, Uganda from January to October 2019. Participants were screened for PrEP eligibility using a national screening tool of whom 82.3% were eligible. Data on socio-demographics, behavioral and sexual risks were collected by interview. Awareness of oral or injectable PrEP, the latter of which is currently in late-stage trials, was defined as whether an individual had heard about PrEP as an HIV prevention method. Multivariable robust poisson regression model was used to assess factors associated with oral PrEP awareness. Results: We enrolled 285 participants of whom 39.3% were under 20 years old, 54.7% had completed secondary education, 68.8% had multiple sex partners in the past 3 months, 8.8% were screened as high risk drinkers/ alcohol dependent (AUDIT tool) and 21.0% reported sex work as main occupation. Only 23.2% were aware of oral PrEP and 3.9% had heard about injectable PrEP. The prevalence of oral PrEP awareness was significantly higher among volunteers screened as alcohol dependents (aPR 1.89, 95% CI 1.08–3.29) and those with multiple sexual partners (aPR 1.84, 95% CI 1.01–3.35), but was lower among those who reported consistent condom use with recent sexual partners (aPR 0.58, 95% CI 0.37–0.91). Conclusions: Majority of AGYW were not aware of any kind of PrEP. Those with higher risk behavior, i.e. alcohol dependents or multiple sexual partners, were more aware of oral PrEP. Interventions to increase awareness among female youth are needed. Improving PrEP awareness is critical to increasing PrEP uptake among high-risk AGYW in Uganda. © 2022, The Author(s).	Adolescents; Awareness; HIV prevention; Pre-exposure prophylaxis; Uganda	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2022	Luong Nguyen L.B.; Freedberg K.A.; Wanjala S.; Maman D.; Szumilin E.; Mendiharat P.; Yazdanpanah Y.	Comparative Effectiveness of Interventions to Improve the HIV Continuum of Care and HIV Preexposure Prophylaxis in Kenya: A Model-Based Analysis	Journal of Infectious Diseases	-	-	-	-	221899	10.1093/infdis/jiaa633	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127485164&doi=10.1093%2finfdis%2fjiaa633&partnerID=40&md5=e0fb17e657c475663a1cb9dd5baa07d3	Background: In Western Kenya up to one-quarter of the adult population was human immunodeficiency virus (HIV)-infected in 2012. The Ministry of Health, MCrossed D signedecins Sans Frontières, and partners implemented an HIV program that surpassed the 90-90-90 UNAIDS targets. In this generalized epidemic, we compared the effectiveness of preexposure prophylaxis (PrEP) with improving continuum of care. Methods: We developed a dynamic microsimulation model to project HIV incidence and infections averted to 2030. We modeled 3 strategies compared to a 90-90-90 continuum of care base case: (1) scaling up the continuum of care to 95-95-95, (2) PrEP targeting young adults with 10% coverage, and (3) scaling up to 95-95-95 and PrEP combined. Results: In the base case, by 2030 HIV incidence was 0.37/100 person-years. Improving continuum levels to 95-95-95 averted 21.5% of infections, PrEP averted 8.0%, and combining 95-95-95 and PrEP averted 31.8%. Sensitivity analysis showed that PrEP coverage had to exceed 20% to avert as many infections as reaching 95-95-95. Conclusions: In a generalized HIV epidemic with continuum of care levels at 90-90-90, improving the continuum to 95-95-95 is more effective than providing PrEP. Continued improvement in the continuum of care will have the greatest impact on decreasing new HIV infections. © 2022 Oxford University Press. All rights reserved.	continuum of care; HIV; Kenya; preexposure prophylaxis	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Lyons C.E.; Stokes-Cawley O.J.; Simkin A.; Bowring A.L.; Mfochive Njindam I.; Njoya O.; Bissek A.Z.-K.; Tamoufe U.; Georges S.; Kakanou F.Z.; Turpin G.; Levitt D.; Billong S.C.; Mishra S.; Baral S.	Modeling the potential impact of pre-exposure prophylaxis for HIV among men who have sex with men in Cameroon	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-022-07738-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138644926&doi=10.1186%2fs12879-022-07738-z&partnerID=40&md5=e1802f03d43848316454e2c4eca09eb4	Background: Men who have sex with men (MSM) are consistently burdened by HIV at higher levels than other adults. While HIV prevention programs for MSM are growing in coverage and quality, HIV incidence remains high. In response, pre-exposure prophylaxis (PrEP) was introduced in 2019 to support HIV risk reduction among MSM in Cameroon. Understanding how PrEP initiation programs will change the HIV prevalence among MSM in Cameroon is important to developing effective programs. Methods: This study uses a mathematical model to simulate population-level HIV transmission among MSM in the cities of Yaoundé and Douala, Cameroon. PrEP is incorporated into the model at rates that equal 25%, 50%, or 75% coverage after twenty years to assess the potential effects on HIV prevalence among MSM, requiring annual initiation rates of 2.5%, 6.8%, and 17.2% for Yaoundé and 2.2%, 5.6%, and 13.4% for Douala, respectively. The data utilized for this model are from a cross sectional study which recruited MSM through respondent-driven sampling of MSM in two major cities in Cameroon: Yaoundé and Douala. Results: The model estimated an HIV prevalence of 43.2% among MSM, annual HIV diagnoses of 300 per 10,000 MSM and antiretroviral therapy (ART) coverage of 53.9% in Yaoundé. In Douala, estimated prevalence is 26.5% among MSM, 167 per 10,000 MSM annual diagnoses and ART coverage of 72.0%. Standalone PrEP interventions aimed at 50% coverage at the end of a 20-year program would reduce the prevalence from 43.2% to 35.4% in Yaoundé and from 26.5 to 20.1% in Douala. Combining PrEP with a 10% increase in HIV testing would decrease the number of MSM living with HIV and unaware of their status from 9.8 to 6.0% in Yaoundé and from 8.7 to 4.6% in Douala. Conclusions: PrEP would be beneficial in reducing prevalence even at varying initiation and coverage levels. Combination of PrEP and increased HIV testing further decreased the number of undiagnosed MSM. This study supports the utility of implementing PrEP as part of comprehensive HIV prevention programming among MSM in Cameroon. © 2022, The Author(s).	Cameroon; Human immunodeficiency virus; Mathematical modeling; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	MacDonell, Karen Kolmodin; Wang, Bo; Phanuphak, Nittaya; Janamnuaysook, Rena; Srimanus, Peevara; Rongkavilit, Chokechai; Naar, Sylvie	Optimizing an mHealth Intervention to Improve Uptake and Adherence to HIV Pre-exposure Prophylaxis in Young Transgender Women: Protocol for a Multi-Phase Trial.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/37659	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9164094	BACKGROUND: Vulnerable adolescents and emerging adults (aged 18-29 years), particularly young transgender women, are among the fastest-growing HIV positive populations worldwide. Thailand has the highest adult HIV seroprevalence in Asia, with a rate of infection among this population of 18%. Widespread technology offers opportunities for innovative mobile health (mHealth) interventions. Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention strategy recommended for at-risk individuals. PrEP is highly effective when taken as prescribed, but uptake and adherence have been low, with high discontinuation rates among youth. OBJECTIVE: We propose to develop and pilot a multi-component, technology-based intervention to promote PrEP usage. We will adapt an existing 2-session, technology-delivered, motivational interviewing-based intervention to focus on PrEP use in transgender women in Thailand. We call this the Motivational Enhancement System for PrEP Uptake and Adherence (MES-PrEP). We will also refine and enhance YaCool, a mobile app with integrated text messaging developed and used clinically by our Thai team. The new version of the app is called Enhanced YaCool, and it enables self-management of gender and sexual health (including PrEP). Our primary aim is to develop and assess the preliminary efficacy of this mHealth intervention. METHODS: We will utilize a multiphase optimization strategy (MOST) to identify the most effective intervention component or combination of components to improve PrEP usage in Thai transgender women. The study includes two phases: phase I (R21) includes qualitative interviews with key stakeholders to explore barriers and facilitators of PrEP usage through thematic analysis to inform intervention adaptation. Following this, we will adapt and beta-test MES-PrEP and Enhanced YaCool for functionality and feasibility using a community advisory board of HIV-negative Thai transgender women. In phase II (R33), we will conduct a MOST design-based trial to evaluate the feasibility, acceptability, and preliminary efficacy of MES-PrEP and Enhanced YaCool. Eighty HIV-negative participants who are currently taking PrEP and 80 participants who are not will be randomized to four conditions: (1) standard PrEP counseling (the control condition); (2) MES-PrEP and standard PrEP counseling; (3) Enhanced YaCool and standard PrEP counseling; and (4) MES-PrEP, Enhanced YaCool, and standard PrEP counseling. Feasibility and acceptability of the intervention will be assessed through usage patterns and the System Usability Scale. Preliminary impact will be assessed by evaluating the proportion of participants who initiate PrEP and their level of adherence to PrEP. Assessments will be at baseline and 1, 3, 6, 9, and 12 months postintervention. Biomarkers of adherence to PrEP, HIV, and other sexually transmitted infections will be collected. RESULTS: Upon project completion, we will have an optimized mHealth intervention to support the use of PrEP by transgender women that will be ready for testing in a larger efficacy trial. CONCLUSIONS: Even though transgender women in Thailand face increasing risks of HIV, few interventions have targeted them. Effective developmentally and culturally tailored interventions are needed to prevent HIV transmission in this high-risk population. TRIAL REGISTRATION: ClinicalTrials.gov NCT05262426; https://clinicaltrials.gov/ct2/show/NCT05262426. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/37659.	transgender women, PrEP, HIV prevention, mHealth, motivational interviewing, Thailand, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Macedo N.; Baggio G.; Henn I.; Santos J.; Batista T.; Ignácio S.; Souza P.; Azevedo-Alanis L.	Oral conditions and salivary analysis in HIV-uninfected subjects using preexposure prophylaxis	Medicina Oral Patología Oral y Cirugía Bucal	-	-	-	-	16984447	10.4317/medoral.25140	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129781785&doi=10.4317%2fmedoral.25140&partnerID=40&md5=2bbce8253a38ef2d7d95c06a444e086a	Background: New prevention strategies have been advocated to control the progression of HIV/AIDS, such as preexposure prophylaxis (PrEP). The aim of this study is to evaluate the potential changes in the oral and salivary conditions of HIV-uninfected subjects using PrEP. Material and Methods: Subjects were evaluated before beginning the medication (T0), at the first follow-up (T1), and at the second follow-up (T2). Xerostomia, presence of untreated cavitated caries, oral hygiene habits, taste, gingival and plaque index, stimulated salivary flow rate (SSFR), and salivary concentrations of calcium, glucose, urea, and total proteins were evaluated. Data obtained were analyzed using statistical tests (p<0.05). Results: Forty-seven participants (41 men; 6 women) were evaluated at T0. Thirty (28 men; 2 women) and 17 men were reassessed at T1 and T2, respectively. There was no difference between the SSFR and oral and salivary conditions between T0, T1, and T2 (p>0.05), except for the salivary calcium concentration, that increased at T2 compared to T1 (p=0.02). There was significant difference between taste and xerostomia at T1 (p=0.017), and the need to drink to swallow at T2 (p=0.015). There was significant correlation between the reported amount of saliva and taste (p=0.039, r=-0.378) at T1. Conclusions: The prolonged use of PrEP seems to be associated with reports of dry mouth and worsening of taste, possibly associated with increased salivary calcium concentration. © Medicina Oral S.L.	Antiretroviral agents; oral health; pre-exposure prophylaxis; saliva	English	Spain	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Theses and Dissertations	2022	MacGibbon, James	Redefining negotiated safety: Gay, bisexual and queer men adapting to HIV pre-exposure prophylaxis in intimate relationships	-	-	-	University of New South Wales	-	NA	NA	http://hdl.handle.net/1959.4/100838 https://unsworks.unsw.edu.au/bitstreams/9d697d53-6d28-482d-85df-5d9f69fe8af4/download https://doi.org/10.26190/unsworks/24545	HIV pre-exposure prophylaxis (PrEP) is a recent, yet significant, development in HIV prevention. This mixed-methods research followed PrEP's introduction in Australia, and examined how gay, bisexual and queer (GBQ) men in relationships have adapted to and incorporated PrEP in their sex practices, relationships, and everyday lives. As PrEP raises the prospect of having condomless sex both within and outside primary relationships without risking HIV infection, this research revisited the concept of negotiated safety (Kippax et al., 1997) to explore how HIV-negative GBQ men practice and negotiate safe sex in the era of biomedical HIV prevention. Quantitative data were collected in two national cross-sectional survey projects, The Gay Community Periodic Surveys (GCPS; 2013–2018) and the PrEPARE Project (2013–2021). The GCPS analysis showed a rapid shift away from relationship agreements in which condomless sex is only sanctioned between regular partners. The PrEPARE Project analysis found that men in relationships who used PrEP were more likely to have spoken and non-monogamous agreements, and to have partners that also used PrEP, compared to men in relationships who did not use PrEP. Qualitative data were generated using semi-structured, in-depth interviews conducted between January and August 2019 with 26 GBQ men in Sydney, Melbourne and Perth. Thematic analysis of these data identified new shared meanings and social practices that were enabled or mediated by PrEP, with an analytic focus on complexity, situatedness, contingency and relationality. Participant accounts illustrated diverse sexual practices and views about risk, but most participants adopted PrEP due to perceived HIV risk from casual sex rather than sex with their primary partners. PrEP complicated views about what counted as 'safe sex' and revealed changing understandings and practices of intimacy, pleasure, trust and risk. There was, however, an enduring narrative of individual responsibility to practice effective HIV prevention. Participants diverged in how they discussed and disclosed sexual practices with their primary and casual partners, revealing tensions about what disclosures were believed to be necessary or expected. Together, these quantitative and qualitative data collected as PrEP use became more common refocus attention on the practicality and complexity of relationship agreements among GBQ men.	HIV pre-exposure prophylaxis (PrEP); gay and bisexual men (GBM); men who have sex with men (MSM); male couples; relationship agreements; negotiated safety; HIV prevention; affective practice; Australia; anzsrc-for: 449999 Other human society not elsewhere classified; anzsrc-for: 4206 Public health; anzsrc-for: 520505 Social psychology	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Mixed methods

Article	2022	MacLachlan E.W.; Korn A.K.; Ensminger A.L.; Zambwe S.; Kueyo T.; Kahuure R.; Barnabee G.; Nghipangelwa J.; Mudabeti J.; Tambo P.; Mwilima A.; Muremi E.; Forster N.; Fischer-Walker C.; O'Malley G.	Bottlenecks and Solutions During Implementation of the DREAMS Program for Adolescent Girls and Young Women in Namibia	Global Health Science and Practice	-	-	-	2169575X	10.9745/GHSP-D-22-00226	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140939561&doi=10.9745%2fGHSP-D-22-00226&partnerID=40&md5=4b622800fd8d2ff8f060ec9e295b2680	Background: We synthesize implementation bottlenecks experienced while implementing the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) program, an HIV prevention intervention for adolescent girls and young women (AGYW), in Namibia from 2017 to 2019. Bottlenecks were organized into the following 4 AGYW program components. Program Access: Enrollment was slowed by the time-intensive nature of screening and other baseline data collection requirements, delays in acquiring parental consent, and limited time for after-school activities. Solutions included obtaining advance consent and providing 1-stop service delivery and transportation assistance. Health Education: We experienced difficulty identifying safe spaces for AGYW to meet. A lack of tailored curricula also impeded activities. Governments, stakeholders, and partners can plan ahead to help DREAMS identify appropriate safe spaces. Curricula should be identified and adapted before implementation. Health Services: Uneven availability of government-provided commodities (e.g., condoms, preexposure prophylaxis PrEP, family planning products) and lack of AGYW-centered PrEP delivery approaches impacted services. Better forecasting of commodity needs and government commitment to supply chain strengthening will help ensure adequate program stock. Social Services: The availability of only centralized care following gender-based violence (GBV) and the limited number of government social workers to manage GBV cases constrained service provision. Triaging GBV cases—i.e., referring high-risk cases to government social workers and providing DREAMS-specific social services for other cases—can ensure proper caseload management. Conclusion: These bottlenecks highlight practical implementation issues and higher-level considerations for AGYW-centered HIV prevention programs. The critical need for multilayered programming for HIV/GBV prevention in AGYW cannot be addressed simply with additional funds but requires multilevel collaboration and forecasting. The urgency to achieve results must be balanced with the need for adequate implementation preparedness. © MacLachlan et al.	AdolescentAnti-HIV AgentsCondomsFamily Planning ServicesFemaleHIV InfectionsHumansKenyaNamibiaPre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2022	Madden, Serina Jean; Frioux, Toni	Improving Access for Pre-exposure Prophylaxis in Primary Care	-	-	Oklahoma City University	-	NA	NA	https://www.proquest.com/dissertations-theses/improving-access-pre-exposure-prophylaxis-primary/docview/2694977841/se-2?accountid=8113	Preventing HIV by using PrEP is an efficient way to stop transmission (CDC, 2020) and is a key strategy to halt HIV transmission that needs further exploration. In 2012, the FDA approved PrEP medication to reduce HIV transmission with those that do not have the virus (Avert, 2019). Data from 2013–2015 indicates that 1.2 million people had indications for PrEP (men that have sex with men, injection drug users, or indicators in heterosexual activities) (Smith et al., 2015) but fewer than 50,000 individuals initiated PrEP (Sullivan et al., 2018). Exploring why there is a need for PrEP but lack of access needs to be explored. The wait time to access primary care is extensive in the United States averaging 18 days or longer in private primary care settings (Penn et al., 2019). The lack of available same day appointments for patients at risk of HIV increases disease burden, delays initiation of PrEP, and diminishes medication adherence. This lack of access can perpetuate the HIV epidemic. The purpose of this quality improvement project was to improve access to PrEP in primary care settings by establishing a same day appointment process. Patient outcomes after the eight week implementation showed that traditional appointments (12 total) and same day appointments (six total), valued access to PrEP appointments by keeping those appointments. This outcome indicates same day appointments for primary prevention in the primary care setting needs to be offered. Increasing availability and access to care and help prevent illness. Prevention should be valued in the United States just like treatment moving forward.	PrEP; Virology; Epidemiology; Nursing; Primary care; Health care management; 0720:Virology; 0766:Epidemiology; 0569:Nursing; 0769:Health care management; HIV same day ART access; Medical adherence; Same day access to PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Madhani, Adam; Finlay, Katherine A	Using the COM-B model to characterize the barriers and facilitators of pre-exposure prophylaxis (PrEP) uptake in men who have sex with men.	British Journal of Health Psychology	-	-	-	2044-8287	10.1111/bjhp.12605	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9796940	OBJECTIVES: Using the COM-B model, this study aimed to characterize barriers and facilitators to pre-exposure prophylaxis (PrEP) uptake amongst men who have sex with men (MSM). DESIGN AND METHOD: Semistructured interviews with 13 MSM who were non-PrEP users were conducted with a specific focus on barriers and facilitators to PrEP uptake. A 15-item interview schedule was created informed by the COM-B model. Transcripts were transcribed verbatim and inductively analysed using thematic analysis. To illustrate pathways for intervention design, inductive themes were then deductively mapped onto COM-B constructs. RESULTS: Results demonstrated that barriers to PrEP uptake were closely aligned with five (of six) COM-B components: psychological capability, physical opportunity, social opportunity, reflective motivation and automatic motivation. These COM-B subcomponents reflected seven thematized barriers: (1) limited information about PrEP, (2) restricted access to PrEP, (3) gay identity and sexual stigmatization, (4) social and cultural stigmatization, (5) capabilities in treatment adherence, (6) optimistic bias about sexual behaviours and (7) calculating risk. No facilitators or physical capability concerns were demonstrated. CONCLUSION: This study adopted a novel behaviour change-informed approach to understanding barriers and facilitators to PrEP uptake amongst MSM. Unrealistic optimism about self-protective individual behaviours, the physical accessibility of PrEP and (mis)information together interacted closely with perceptions of personal and social stigmatization to dynamically impact PrEP uptake decisions. Barriers to PrEP uptake mapped clearly to the COM-B; therefore, these results provide the foundation for Behaviour Change Wheel intervention development to improve rates of PrEP uptake and its acceptability for MSM.	behaviour change, COM-B, HIV prevention, MSM, PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Mahal J.; Deccy S.; Seu R.	Linking emergency department patients at risk for human immunodeficiency virus to pre-exposure prophylaxis	American Journal of Emergency Medicine	-	-	-	7356757	10.1016/j.ajem.2022.01.038	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124231578&doi=10.1016%2fj.ajem.2022.01.038&partnerID=40&md5=3848d4433d3b2a7eb3e9c24c43abb5bd	Objective: The objective of this study is to describe an Emergency Department (ED)-based, HIV prevention and navigation program and the individuals linked to an in-house clinic for HIV pre-exposure prophylaxis (PrEP) in the first eleven months of program implementation. Methods: This is a retrospective, observational study of an ED-based HIV prevention and navigation program between January 1, 2019, and November 30, 2019. A status neutral navigation program is housed in the ED with 2–3 navigators staffing approximately 80 h per week. Navigators provide HIV screening with point-of-care testing, sexual health education and counseling, including PEP and PrEP information, and HIV risk assessments. They also make follow-up appointments, appointment reminder calls, and offer to accompany individuals to an in-house HIV clinic for clients who either test positive in the ED for HIV, are known to be living with HIV but are out-of-care, are HIV negative but require post-exposure prophylaxis (PEP) and/or meet criteria for and are interested in starting PrEP. Clients are approached if they request HIV or other sexually transmitted infection testing, present to the ED with genitourinary complaints, or are referred to the program by ED medical providers. Funding for the program is from a New York City Department of Health (NYCDOH) service grant. Data were manually abstracted from program records and from a NYCDOH database. The primary study outcomes are how many clients accepted clinic referral for PrEP, attended their appointments, and received a prescription for PrEP. Results: In the time-period reviewed, complete demographic data and CDC risk factors for HIV were available for 1174 patients. Our program provided appointments for 22 patients who met CDC criteria for PrEP and expressed interest in initiating PrEP. Thirteen patients who attended their scheduled appointment had same day appointments at the on-site clinic, and 11 (85%) were prescribed PrEP. From 1024 paper records with complete data, 914 clients reported that they do not consider themselves at risk for HIV infection. Conclusions: Most clients that were both eligible and interested in PrEP were prescribed PrEP if given a same day follow-up appointment. Of the clients engaged in this navigation program, almost 80% did not perceive that they were at-risk for HIV infection. © 2022 Elsevier Inc.	Emergency department; HIV; HIV prevention; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Makarova N.; Singletary T.; Peet M.M.; Mitchell J.; Holder A.; Dinh C.; Agrahari V.; Mendoza M.; Pan Y.; Heneine W.; Clark M.R.; García-Lerma J.G.; Smith J.M.; Doncel G.F.	Pharmacokinetics and efficacy of topical inserts containing tenofovir alafenamide fumarate and elvitegravir administered rectally in macaques	EBioMedicine	-	-	-	23523964	10.1016/j.ebiom.2022.104338	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141224945&doi=10.1016%2fj.ebiom.2022.104338&partnerID=40&md5=eb1699ca3235f2bd27bd8621f175627b	Background: Topical on-demand forms for HIV pre-exposure prophylaxis (PrEP) may be a desirable alternative for people that prefer not to use daily PrEP. CONRAD has developed inserts containing tenofovir alafenamide (TAF) and elvitegravir (EVG) for on-demand vaginal or rectal pericoital use. We assessed the pharmacokinetics (PK) and pre-exposure efficacy of rectally applied TAF/EVG inserts in macaques. Methods: PK was assessed in 12 pigtailed macaques. Tenofovir (TFV) and EVG levels were assayed in rectal biopsies and secretions, and tenofovir-diphosphate (TFV-DP) levels in biopsies and peripheral blood mononuclear cells (PBMC). Drug biodistribution was evaluated in 10 animals at necropsy 4 h post-dosing. For efficacy assessments, one or two TAF/EVG inserts were administered to macaques (n = 6) 4 h before repeated rectal SHIV162p3 challenges. Findings: One TAF/EVG insert resulted in rapid and high EVG and TFV-DP in rectal tissue 4 h after application. Adding a second insert led to a 10-fold increase in EVG and TFV-DP in rectal tissue. Efficacy of one and two TAF/EVG inserts were 72.6% (CI 24.5%–92.6%) and 93.1% (CI 73.3%–99.2%), respectively. Interpretation: Although high TFV-DP and EVG levels were observed with one rectal TAF/EVG insert, it only conferred partial protection from rectal SHIV challenges. Adding a second insert led to an increase in TFV and EVG in rectal tissues resulting in higher (>90%) efficacy. These results highlight the high efficacy of TAF/EVG inserts as topical on-demand rectal PrEP, as well as the need for appropriate drug coverage in the deep rectum and colon to achieve high protection. Funding: The work related to animal studies was funded by CDC intramural funds and an interagency agreement between CDC and USAID (USAID/CDC IAA AID-GH-T-15-00002). The work related to the insert formulation was funded by U.S. PEPFAR through USAID under a Cooperative Agreement (AID-OAA-A-14-00010) with CONRAD/Eastern Virginia Medical School. The findings and conclusions of this manuscript are those of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention (CDC), USAID, President's Emergency Plan for AIDS Relief (PEPFAR), Eastern Virginia Medical School (EVMS), or the US government. © 2022 The Authors	Elvitegravir; HIV pre-exposure prophylaxis; Macaque models; Tenofovir alafenamide; Topical PrEP	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Makhakhe N.F.; MeyerWeitz A.; Sliep Y.	Motivating factors associated with oral pre-exposure prophylaxis use among female sex workers in South Africa	Journal of Health Psychology	-	-	-	13591053	10.1177/13591053211072674	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122695177&doi=10.1177%2f13591053211072674&partnerID=40&md5=3cefb14c8e08c39aa2e55f0c1b29ce9a	To explore the motivating factors that encourage female sex workers to take oral PrEP, despite the challenges that come with adherence. The 39 participants in this study consisted of female sex workers, peer educators, a counselor, and a researcher. Participants took PrEP as an expression of self-love. Some participants described PrEP as empowering because they could independently prevent HIV. They were also motivated by parenting, hope and future aspirations. It is important for future PrEP interventions to incorporate behavioral strategies that appeal to the user's personal and deeper motivations for living. © The Author(s) 2022.	adherence; female sex workers; HIV; motivation; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Makhakhe N.F.; Sliep Y.; Meyer-Weitz A.	"Whatever is in the ARVs, is Also in the PrEP" Challenges Associated With Oral Pre-exposure Prophylaxis Use Among Female Sex Workers in South Africa	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2022.691729	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133264441&doi=10.3389%2ffpubh.2022.691729&partnerID=40&md5=e337d977d741addce178dcc856cc3d60	Background: The national policy on oral pre-exposure prophylaxis (PrEP) for female sex workers (FSWs) was instituted in South Africa in 2016. FSWs were targeted for PrEP due to a Human immunodeficiency virus (HIV) prevalence of 57.7%, which is higher than the prevalence of 19.07% among the general population. Research from demonstration studies has shown that uptake of PrEP has been slower than anticipated, and the purpose of this study was to explore barriers to the uptake of PrEP among FSWs. Methods: An in-depth qualitative study was conducted with 39 participants, 30 individual participants, and nine focus group participants. Eleven participants consisted of peer educators and two health workers from a sex work and PrEP distribution organization, the rest of the participants (1) were FSWs. Results: The majority of participants mentioned that little distinction was made between PrEP and antiretrovirals (ARVs) taken by FSWs living with HIV. PrEP was not distributed through public health care facilities, and health workers unknowingly labeled PrEP as ARVs. Consequently, health workers seen as experts created suspicion and contributed to the mistrust of PrEP among FSWs due to mixed messages, and equating PrEP to ARVs reduced uptake. Furthermore, failure to make a clear distinction between oral PrEP and ARVs resulted in accusations of lying, denialism, and deception leveled at users of PrEP by FSWs using ARVs, and sometimes by clients and intimate partners. FSWs using PrEP reported feeling stigmatized and thrust into interpersonal conflict with their peers after choosing PrEP, leading to broken relationships, and some resorting to taking PrEP privately or discontinuing PrEP altogether. Conclusion: Pre-exposure prophylaxis as an ARV targeted for the prevention of HIV among high-risk groups was found to be stigmatizing. The distinctive use of PrEP and ARVs should be correctly explained to users to minimize confusion, enable differentiation and reduce interpersonal conflict. Cohesion among sex work organizations and public health care facilities is needed to disseminate the correct knowledge on PrEP. A non-stigmatizing approach to the distribution of PrEP may serve to increase uptake and adherence. Copyright © 2022 Makhakhe, Sliep and Meyer-Weitz.	ARVs; female sex workers; HIV; pre-exposure prophylaxis (PrEP); stigma	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Makhoul, Monia; Abu-Hijleh, Farah; Ayoub, Houssein H.; Seedat, Shaheen; Chemaitelly, Hiam; Abu-Raddad, Laith J.	Modeling the population-level impact of treatment on COVID-19 disease and SARS-CoV-2 transmission.	Epidemics	-	-	-	1878-0067 1755-4365	10.1016/j.epidem.2022.100567	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9013049/	Different COVID-19 treatment candidates are under development, and some are becoming available including two promising drugs from Merck and Pfizer. This study provides conceptual frameworks for the effects of three types of treatments, both therapeutic and prophylactic, and to investigate their population-level impact, to inform drug development, licensure, decision-making, and implementation. Different drug efficacies were assessed using an age-structured mathematical model describing SARS-CoV-2 transmission and disease progression, with application to the United States as an illustrative example. Severe and critical infection treatment reduces progression to COVID-19 severe and critical disease and death with small number of treatments needed to avert one disease or death. Post-exposure prophylaxis treatment had a large impact on flattening the epidemic curve, with large reductions in infection, disease, and death, but the impact was strongly age dependent. Pre-exposure prophylaxis treatment had the best impact and effectiveness, with immense reductions in infection, disease, and death, driven by the robust control of infection transmission. Effectiveness of both pre-exposure and post-exposure prophylaxis treatments was disproportionally larger when a larger segment of the population was targeted than a specific age group. Additional downstream potential effects of treatment, beyond the primary outcome, enhance the population-level impact of both treatments. COVID-19 treatments are an important modality in controlling SARS-CoV-2 disease burden. Different types of treatment act synergistically for a larger impact, for these treatments and vaccination.	Humans; United States/epidemiology; *Pre-Exposure Prophylaxis; Mathematical model; Treatment; COVID-19; SARS-CoV-2; *COVID-19 Drug Treatment; Transmission; *COVID-19/epidemiology; Population-level	English	United Kingdom	Western and Central Europe and North America	Qatar	Middle East and North Africa	Qatar	Middle East and North Africa	Quantitative
Article	2022	Malama K.; Logie C.H.; Narasimhan M.; Ouedraogo L.; Asmani C.; Elamin H.; Van De Merwe L.L.-A.; Hopkins J.; Bukusi E.A.	Short Communication: Awareness of HIV Self-Care Interventions Across Global Regions: Results from a Values and Preferences Survey	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2021.0200	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135599006&doi=10.1089%2faid.2021.0200&partnerID=40&md5=c75daeeec2673c8a06d2f0c0bc16267a	The high burden of HIV in sub-Saharan Africa places significant demands on health care services. Interventions such as HIV self-Testing, and pre-and post-exposure prophylaxis (PrEP and PEP) could empower individuals to determine their HIV status and prevent HIV acquisition. In 2018, the World Health Organization disseminated an online, anonymous, global values and preferences survey to adults 18 years of age and older. The survey aimed to inform guidance on awareness, use, and preferences around self-care interventions for sexual and reproductive health. We conducted a cross-sectional analysis using Pearson's chi-squared test to compare awareness of HIV self-Testing, PrEP and PEP across five global regions. Our analysis included 814 participants from 110 countries. We noted that respondents from Africa reported higher awareness of HIV interventions than participants from Europe, Latin America and the Caribbean, North America, and Asia. Our finding highlights an opportunity to expand self-care interventions for HIV prevention and management in Africa. © Kalonde Malama et al. 2022.	Africa; HIV; Self-care; Universal health coverage	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Malebranche D.; Watriss A.; Dangerfield D.T.	Implementing a National PrEP Program: How Can We Make It Happen?	The Journal of Law, Medicine & Ethics	-	-	-	1748720X	10.1017/jme.2022.36	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135420673&doi=10.1017%2fjme.2022.36&partnerID=40&md5=07b021d9f9add51498c867643683e5ae	Inequities in HIV pre-exposure prophylaxis (PrEP) use persist in the United States. Although scientific advancement in delivery options and social acceptance of PrEP has occurred in the past decade, gaps remain in ensuring that this sexual health program is available to all. Components of what a national PrEP program for all would look like are discussed.	HIV; Prevention; Sexual Health; Structural	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Maloney K.M.; Benkeser D.; Sullivan P.S.; Kelley C.; Sanchez T.; Jenness S.M.	Sexual Mixing by HIV Status and Pre-exposure Prophylaxis Use among Men Who Have Sex with Men: Addressing Information Bias	Epidemiology	-	-	-	10443983	10.1097/EDE.0000000000001525	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139738869&doi=10.1097%2fEDE.0000000000001525&partnerID=40&md5=e5d9a63036585dd85aebd662372f204b	Background: Population-level estimates of sexual network mixing for parameterizing prediction models of pre-exposure prophylaxis (PrEP) effectiveness are needed to inform prevention of HIV transmission among men who have sex with men (MSM). Estimates obtained by egocentric sampling are vulnerable to information bias due to incomplete respondent knowledge. Methods: We estimated patterns of serosorting and PrEP sorting among MSM in the United States using data from a 2017-2019 egocentric sexual network study. Respondents served as proxies to report the HIV status and PrEP use of recent sexual partners. We contrasted results from a complete-case analysis (unknown HIV and PrEP excluded) versus a bias analysis with respondent-reported data stochastically reclassified to simulate unobserved self-reported data from sexual partners. Results: We found strong evidence of preferential partnering across analytical approaches. The bias analysis showed concordance between sexual partners of HIV diagnosis and PrEP use statuses for MSM with diagnosed HIV (39%; 95% simulation interval: 31, 46), MSM who used PrEP (32%; 21, 37), and MSM who did not use PrEP (83%; 79, 87). The fraction of partners with diagnosed HIV was higher among MSM who used PrEP (11%; 9, 14) compared with MSM who did not use PrEP (4%; 3, 5). Comparatively, across all strata of respondents, the complete-case analysis overestimated the fractions of partners with diagnosed HIV or PrEP use. Conclusions: We found evidence consistent with HIV and PrEP sorting among MSM, which may decrease the population-level effectiveness of PrEP. Bias analyses can improve mixing estimates for parameterization of transmission models. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV; Measurement error; Men who have sex with men; Sexual networks; Statistical models; Systematic bias	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mandal, Subhra; Sunagawa, Shawnalyn W.; Prathipati, Pavan Kumar; Belshan, Michael; Shibata, Annemarie; Destache, Christopher J.	Targeted Immuno-Antiretroviral to Promote Dual Protection against HIV: A Proof-of-Concept Study.	Nanomaterials	-	-	-	2079-4991	10.3390/nano12111942	https://pubmed.ncbi.nlm.nih.gov/35683795/	The C-C motif chemokine receptor-5 (CCR5) expression on the T-cell surface is the prime barrier to HIV/AIDS eradication, as it promotes both active human immunodeficiency virus (HIV)-infection and latency; however, antiretrovirals (ARVs) suppress plasma viral loads to non-detectable levels. Keeping this in mind, we strategically designed a targeted ARVs-loaded nanoformulation that targets CCR5 expressing T-cells (e.g., CD4+ cells). Conceptually, CCR5-blocking and targeted ARV delivery would be a dual protection strategy to prevent HIV infection. For targeting CCR5+ T-cells, the nanoformulation was surface conjugated with anti-CCR5 monoclonal antibodies (CCR5 mAb) and loaded with dolutegravir+tenofovir alafenamide (D+T) ARVs to block HIV replication. The result demonstrated that the targeted-ARV nanoparticle's multimeric CCR5 binding property improved its antigen-binding affinity, prolonged receptor binding, and ARV intracellular retention. Further, nanoformulation demonstrated high binding affinity to CCR5 expressing CD4+ cells, monocytes, and other CCR5+ T-cells. Finally, the short-term pre-exposure prophylaxis study demonstrated that prolonged CCR5 blockage and ARV presence further induced a "protective immune phenotype" with a boosted T-helper (Th), temporary memory (TM), and effector (E) sub-population. The proof-of-concept study that the targeted-ARV nanoformulation dual-action mechanism could provide a multifactorial solution toward achieving HIV "functional cure."	tenofovir; dolutegravir; nanoformulation; targeting; CCR5 monoclonal antibody; functional HIV cure	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Maner M.; Omori M.; Brinkley-Rubinstein L.; Beckwith C.G.; Nowotny K.	Infectious disease surveillance in U.S. jails: Findings from a national survey	PLOS One	-	-	-	19326203	10.1371/journal.pone.0272374	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136919113&doi=10.1371%2fjournal.pone.0272374&partnerID=40&md5=d2160fd97320c9d2e5647daaca847d00	While infectious diseases (ID) are a well-documented public health issue in carceral settings, research on ID screening and treatment in jails is lacking. A survey was sent to 1,126 jails in the United States to identify the prevalence of health screenings at intake and characteristics of care for ID; 371 surveys were completed correctly and analyzed. Despite conflicting Centers for Disease Control (CDC) guidance, only seven percent of surveyed jails test individuals for HIV at admission. In 46% of jails, non-healthcare personnel perform ID screenings. Jails in less urban areas were more likely to report healthcare screenings performed by correctional officers. Survey findings indicate that HIV, HCV and TB testing during jail admissions and access to PrEP are severely lacking in less urban jails in particular. Recommendations are provided to improve ID surveillance and address the burden of ID in correctional facilities. © 2022 Maner et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Communicable DiseasesHIV InfectionsHumansJailsMass ScreeningPrisonsUnited States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mangenah C.; Nhamo D.; Gudukeya S.; Gwavava E.; Gavi C.; Chiwawa P.; Chidawanyika S.; Muleya P.; Taruberekera N.; Madidi N.; Ncube G.; Bara H.; Napierala S.; Dunbar M.; Hoke T.; Kripke K.; Cowan F.M.; Torjesen K.; Terris-Prestholt F.	Efficiency in PrEP Delivery: Estimating the Annual Costs of Oral PrEP in Zimbabwe	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03367-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113593573&doi=10.1007%2fs10461-021-03367-w&partnerID=40&md5=d3d0ad976caecdace5196539bb252da3	Although oral PrEP is highly effective at preventing HIV acquisition, optimizing continuation among beneficiaries is challenging in many settings. We estimated the costs of delivering oral PrEP to populations at risk of HIV in seven clinics in Zimbabwe. Full annual economic costs of oral PrEP initiations and continuation visits were estimated from the providers' perspective for a six-clinic NGO network and one government SGBV clinic in Zimbabwe (January–December 2018). Disaggregating costs of full initiation and incremental follow-up visits enabled modeling of the impact of duration of continuation on the cost per person-year ($pPY) on PrEP. 4677 people initiated oral PrEP, averaging 2.7 follow-up visits per person. Average cost per person initiated was $238 ($183–$302 across the NGO clinics; $86 in the government facility). The full cost per initiation visit, including central and direct costs, was $178, and the incremental cost per follow-up visit, capturing only additional resources used directly in the follow up visits, was $22. The average duration of continuation was 3.0 months, generating an average $pPY of $943, ranging from $839 among adolescent girls and young women to $1219 in men. Oral PrEP delivery costs varied substantially by scale of initiations and by duration of continuation and type of clinic. Extending the average oral PrEP continuation from 2.7 to 5 visits (about 6 months) would greatly improve service efficiency, cutting the $pPY by more than half. © 2021, The Author(s).	Continuation; Costs analysis; HIV; Oral PrEP; Zimbabwe	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Article	2022	Mangum L.C.; Craddock J.B.; Whitfield D.L.	Associations in preventive sexual health service utilization and pre-exposure prophylaxis (PrEP) interest among young Black women in the United States, 2018	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1925213	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106238145&doi=10.1080%2f09540121.2021.1925213&partnerID=40&md5=d1cfa4f2a6eee6e8999e05b504a20400	Despite declines in HIV prevalence among all U.S. women, HIV remains a serious concern for Black women. PrEP is an effective biomedical intervention and has high acceptability among Black women. Therefore, offering PrEP, in addition to screening and testing for STI/HIV consistently, can reduce HIV risk among this population. We examine the associations of preventive sexual health service utilization (PSHSU) and PrEP interest among young Black women (YBW) (N = 209) in the United States in 2018. YBW, ages 18–25, completed a self-administered questionnaire, assessing sexual risk and prevention behaviors, HIV/STI testing, and PrEP interest. More than half of YBW were aware of PrEP and its benefits. YBW, who received an HIV test within the past three to six months, had higher odds of PrEP interest. The proportion of YBW who reported being interested in PrEP did not differ by PSHSU. Active contraceptive use was associated with PrEP interest. The results suggest YBW engage in preventive sexual health services, including HIV/STI testing, reproductive health, and sexual health behavioral counseling. Additional efforts should be made to normalize PrEP education for heterosexual, cisgender women at student health centers on college and university campuses, and other venues outside of traditional HIV/STI testing facilities. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	Black women; HIV/AIDS; PrEP; screening; sexually transmitted infections; testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Manguro G.O.; Musau A.M.; Were D.K.; Tengah S.; Wakhutu B.; Reed J.; Plotkin M.; Luchters S.; Gichangi P.; Temmerman M.	Increased condom use among key populations using oral PrEP in Kenya: results from large scale programmatic surveillance	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-12639-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124680244&doi=10.1186%2fs12889-022-12639-6&partnerID=40&md5=1c01d633298bee398ebae0cf2e203cb0	Background: Female sex workers (FSW) and men having sex with men (MSM) in Kenya have high rates of HIV infection. Following a 2015 WHO recommendation, Kenya initiated national scale-up of pre-exposure prophylaxis (PrEP) for all persons at high-risk. Concerns have been raised about PrEP users' potential changes in sexual behaviors such adopting condomless sex and multiple partners as a result of perceived reduction in HIV risk, a phenomenon known as risk compensation. Increased condomless sex may lead to unintended pregnancies and sexually transmitted infections and has been described in research contexts but not in the programmatic setting. This study looks at changes in condom use among FSW and MSM on PrEP through a national a scale-up program. Methods: Routine program data collected between February 2017 and December 2019 were used to assess changes in condom use during the first three months of PrEP in 80 health facilities supported by a scale-up project, Jilinde. The primary outcome was self-reported condom use. Analyses were conducted separately for FSW and for MSM. Log-Binomial Regression with Generalized Estimating Equations was used to compare the incidence proportion ("risk") of consistent condom use at the month 1, and month 3 visits relative to the initiation visit. Results: At initiation, 69% of FSW and 65% of MSM reported consistent condom use. At month 3, this rose to 87% for FSW and 91% for MSM. MSM were 24% more likely to report consistent condom use at month 1 (Relative Risk RR, 1.24, 95% Confidence Interval CI, 1.18–1.30) and 40% more likely at month 3 (RR, 1.40, 95% CI, 1.33–1.47) compared to at initiation. FSW were 15% more likely to report consistent condom use at the month one visit (RR, 1.15, 95% CI, 1.13–1.17) and 27% more likely to report condom use on the month 3 visit (RR 1.27, 95% CI, 1.24–1.29). Conclusion: Condom use increased substantially among both FSW and MSM. This may be because oral PrEP was provided as part of a combination prevention strategy that included counseling and condoms but could also be due to the low retention rates among those who initiated. © 2022, The Author(s).	Female sex workers; Kenya; Men having sex with men; Pre Exposure Prophylaxis; PrEP; Risk compensation; Sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Quantitative
Article	2022	Mann L.M.; Le Guillou A.; Goodreau S.M.; Marcus J.L.; Sanchez T.; Weiss K.M.; Jenness S.M.	Correlations between community-level HIV preexposure prophylaxis coverage and individual-level sexual behaviors among United States MSM	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003343	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140932974&doi=10.1097%2fQAD.0000000000003343&partnerID=40&md5=47dc0fb3092ed9327543516025683c0d	Objective:To evaluate if community-level HIV PrEP coverage is correlated with individual sexual behaviors.Design:We used demographic, behavioral, and sexual network data from ARTnet, a 2017-2019 study of United States MSM.Methods:Multivariable regression models with a Bayesian modeling framework were used to estimate associations between area-level PrEP coverage and seven sexual behavior outcomes number of total, main, and casual male partners (network degree); count of one-time partnerships; consistent condom use in one-time partnerships; and frequency of casual partnership anal sex (total and condomless), controlling for individual PrEP use.Results:PrEP coverage ranged from 10.3% (Philadelphia) to 38.9% (San Francisco). Total degree was highest in Miami (1.35) and lowest in Denver (0.78), while the count of one-time partners was highest in San Francisco (11.7/year) and lowest in Detroit (1.5/year). Adjusting for individual PrEP use and demographics, community PrEP coverage correlated with total degree adjusted incidence rate ratio (aIRR=1.73; 95% credible interval (CrI), 0.92-3.44, casual degree (aIRR=2.05; 95% CrI, 0.90-5.07), and count of one-time partnerships (aIRR=1.90; 95% CrI, 0.46-8.54). Without adjustment for individual PrEP use, these associations strengthened. There were weaker or no associations with consistent condom use in one-time partnerships (aIRR=1.68; 95% CrI, 0.86-3.35), main degree (aIRR=1.21; 95% CrI, 0.48-3.20), and frequency of casual partnership condomless anal sex (aIRR=0.23; 95% CrI, 0.01-3.60).Conclusion:Most correlations between community PrEP coverage and sexual behavior were explained by individual PrEP use. However, some residual associations remained after controlling for individual PrEP use, suggesting that PrEP coverage may partially drive community-level differences in sexual behaviors. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV; men who have sex with men; preexposure prophylaxis; risk compensation; sexual behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mansoor L.E.; Lewis L.; Naicker C.L.; Harkoo I.; Dawood H.; Naidoo K.; Gengiah T.N.; Samsunder N.; Beesham I.; Abdool Karim S.S.; Abdool Karim Q.	Prospective study of oral pre-exposure prophylaxis initiation and adherence among young women in KwaZulu-Natal, South Africa	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25957	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133276994&doi=10.1002%2fjia2.25957&partnerID=40&md5=46b6d62f2f60a498434467eeda0732a	Introduction: Oral tenofovir disoproxil fumarate/emtricitabine pre-exposure prophylaxis (PrEP), introduced into South Africa (SA) in 2016, has increasingly become part of HIV prevention standard of care. Given the urgent need for increased HIV prevention efforts for young women in SA, we conducted an implementation study to explore oral PrEP initiation and adherence, and the impact of oral PrEP on HIV incidence in this group. Methods: This prospective cohort study (CAPRISA 082) was conducted at two sites (urban and rural) in KwaZulu-Natal, between March 2016 and February 2018. HIV-negative, sexually active women, aged 18–30 years, were enrolled and followed for approximately 10 months. Oral PrEP was offered as part of a comprehensive HIV prevention package. Adherence to oral PrEP was measured using pill counts and tenofovir-diphosphate (TFV-DP) levels. Characteristics of oral PrEP initiators versus non-initiators were compared using risk ratios. HIV incidence rates were measured using Poisson regression. Results: Of 425 women enrolled, 262 (62%) initiated oral PrEP. Uptake was significantly higher at the rural site compared to the urban site (78% n = 203/259 vs. 36% n = 59/166, respectively, p-value<0.001). Approximately 25% and 50% had stopped using oral PrEP by 3 and 12 months post-initiation, respectively. Median pill count adherence was 90% (interquartile range: 81–97%); however, TFV-DP was only detected in 13% of samples tested, that is 56/431 samples from 97 (37%) participants who initiated oral PrEP. In total, 11 women seroconverted yielding an HIV incidence rate of 2.81 per 100 person-years (95% confidence interval: 1.40–5.03). Nine of 11 seroconverters had initiated oral PrEP; however, all showed drug levels equivalent to taking no to zero tablets per week. Among women who initiated oral PrEP, >50% had discontinued using oral PrEP by study end, with side effects, such as diarrhoea, nausea, headaches and rash, being the most frequent reason for discontinuation. Conclusions: Despite moderate oral PrEP initiation and high pill count adherence, adherence as measured by TFV-DP levels was low and early discontinuation was high. The overall HIV incidence rate was high underscoring the critical need to address barriers to oral PrEP initiation, adherence and continued use, as well as expanding HIV prevention options for young women. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	comprehensive HIV prevention package; HIV incidence; implementation study; oral pre-exposure prophylaxis (PrEP); PrEP adherence; PrEP initiation	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Mantell, Joanne; Franks, Julie; Zerbe, Allison; Lamb, Matthew R; Reed, Domonique M; Omollo, Dan; Lahuerta, Maria; Naitore, Doris; El-Sadr, Wafaa M; Agot, Kawango	MPrEP+ study protocol: a prospective cohort study assessing the feasibility and acceptability of an HIV pre-exposure prophylaxis (PrEP) strategy for male clients of female sex workers in Kisumu, Kenya	BMJ Open	-	-	-	20446055	10.1136/bmjopen-2022-064037	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141889917&doi=10.1136%2fbmjopen-2022-064037&partnerID=40&md5=87e926892059fbf883134623126a96a9	Introduction Male clients (MCs) are integral to sex work-driven HIV transmission dynamics as sexual partners of female sex worker (FSW). MCs contribute disproportionately to incident HIV globally and in sub-Saharan Africa, with 27% of new infections attributed to MCs of FSW and other partners of key populations. Gaps in coverage of HIV testing and prevention services for men, including MCs, are well-documented, yet research and innovative interventions to improve MC uptake of effective prevention services, including pre-exposure prophylaxis (PrEP), are scarce. Methods and analysis MPrEP+ is a cohort study designed to assess the feasibility and acceptability of a PrEP-focused HIV prevention strategy providing daily oral tenofovir/emtricitabine (TDF/FTC) in combination with three adherence self-management interventions: (1) use of a validated point-of-care urine drug-level assay with real-time feedback and tailored self-management counselling; (2) frequent HIV self-testing; and (3) weekly one-way text messaging. This package of interventions is being delivered to 120 MCs enrolled in the study in Kisumu, Kenya over a 6-month period. The primary outcome is PrEP adherence at 6 months as measured by PrEP drug levels. Bivariate and multivariable regression models will be used to identify predictors of PrEP adherence. We will also explore associations of sociodemographic characteristics and PrEP beliefs with PrEP adherence. Ethics and dissemination The study was approved by the Columbia University Irving Medical Center Institutional Review Board and the Maseno University Ethical Review Committee. Study enrolment was initiated in November 2021 with participant follow-up planned through August 2022. Study results will be submitted for publication in peer-reviewed journals. Summaries and infographics of study findings will be developed and distributed to MC, FSW and stakeholders working in HIV prevention and support for people who sell and buy sex, including Kenya's Ministry of Health. Trial registration number NCT04898699; Registered on 24 May 2021. ©	HIV & AIDS; international health services; public health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Mantsios, Andrea; Muraleetharan, Ohvia; Donastorg, Yeycy; Perez, Martha; Gomez, Hoisex; Shembilu, Catherine; Beckham, S Wilson; Karver, Tahilin Sanchez; Davis, Wendy; Likindikoki, Samuel; Mbwambo, Jessie; Barrington, Clare; Kerrigan, Deanna	"She is the one who knows": A qualitative exploration of oral and injectable PrEP as part of a community empowerment approach to HIV prevention among female sex workers in the Dominican Republic and Tanzania.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000981	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9880901	Despite documented interest among female sex workers (FSW), uptake of oral pre-exposure prophylaxis (PrEP) for HIV prevention has been low. Recent trials and regulatory approval of long-acting injectable (LAI) PrEP offer new hope for the potential of this biomedical intervention. We examined FSW's PrEP-related interest and preferences regarding both oral and LAI PrEP situating these dynamics within their specific social and occupational realities. We conducted this work using qualitative methods across two distinct contexts by conducting 40 in-depth interviews with FSW in Tanzania and the Dominican Republic. Textual data was coded using iterative thematic content analysis. Analytic summaries were developed and reviewed to identify recurring themes. We systematically organized themes within each country and then compared across settings. Women in both settings expressed strong interest in PrEP seeing it as an important option to protect themselves in their work. Most participants preferred LAI PrEP due to expectations of reduced stigma and concerns about daily pill adherence and side effects. Occupational factors such as alcohol use, overnight dates with clients, and fear of violence from clients were identified as barriers to daily oral PrEP. LAI PrEP was seen as having the potential to reduce stress related to oral PrEP. Women who preferred pills discussed fear of needles, skepticism about the injections, and others relayed that taking a daily pill would not be challenging for them. There was a pre-dominant sentiment that women know best whether they are better suited for oral or LAI PrEP. Participants stressed the importance of FSW understanding both options to ensure informed decision-making around PrEP and described community-led peer education as key to delivering trusted information. Community empowerment approaches led by FSW which address structural and psychosocial constraints and promote safe work environments may facilitate equitable access and uptake of PrEP among FSW across settings.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2022	Marcus, Julia L; Krakower, Douglas S	Making PrEP easy.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00036-4	https://dx.doi.org/10.1016/S2352-3018(22)00036-4	NA	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2022	Maroni, Adriel	Profilaxis Pre-Exposición en América Latina (Argentina, Brasil y México)	Estudios Sociológicos	-	-	-	2448-6442	10.24201/es.2022v40n120.2239	http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S2448-64422022000300895&lang=pt	Esta nota presenta el proyecto de una investigación doctoral referida a la circulación e implementación de nuevas estrategias de prevención del VIH en Latinoamérica (Argentina-Brasil-México), en particular aquellas ligadas a la Profilaxis Pre-Exposición (PrEP). Para comprender de qué manera la PrEP devino una tecnología asequible, resulta necesario situar la condición crónica de salud que le dio lugar, el VIH y los discursos atenientes a su prevención. Se sostiene como hipótesis de trabajo que la PrEP es una estrategia biomédica de salud global, mediante la cual se evidencia la relación entre programas de intervención trasnacionales, inscripción gubernamental y experiencias subjetivas de los consumidores.	HIV; VIH; Pre-Exposure Prophylaxis; Profilaxis Pre-Exposición; Latin America; AIDS; América Latina; prevención; prevention; Síndrome de Inmunodeficiencia Adquirida	Spanish	Mexico	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	NA	NA	Qualitative
Article	2022	Marryshow, Terry A.; Muhairwe, Josephine; Tang, Alice; Molulela, Maleliha Morake M.; Matta, Riya; Jordan, Michael R.	Determining the acceptability of point-of-care urine tenofovir testing and its performance in predicting HIV RNA suppression.	International journal of STD & AIDS	-	-	-	1758-1052 0956-4624	10.1177/09564624221103043	https://pubmed.ncbi.nlm.nih.gov/35611960/	BACKGROUND: The detection of tenofovir (TFV) metabolites by point-of-care (POC) urine lateral flow immunoassays (LFIA) indicates adherence to tenofovir-containing HIV pre-exposure prophylaxis. However, the association between urine TFV metabolites as detected by LFIA and HIV viral load suppression in people receiving TFV-based antiretroviral therapy (ART) is unknown as is patient and clinician acceptability of POC urine LFIA testing in clinical practice in low- and middle-income country settings. METHODS: We enrolled 409 people living with HIV from two HIV clinics in Lesotho and investigated the performance of POC urine LFIA TFV testing in predicting viral suppression. We interviewed 12 study participants and conducted a focus-group discussion with 5 clinicians to gather opinions on POC urine TFV testing. RESULTS: Using a viral load threshold of 1000 copies/mL, 398 (98%) participants were virologically suppressed, and 8 were viremic. Tenofovir was detected in the urine of 405 (99%) participants. The sensitivity of the POC urine LFIA test in detecting TFV in participants with viral suppression was 99.3% (95% CI: 97.8-99.8); the specificity was 12.5% (95% CI: 0.3-52.6). The positive and negative predictive values were 98.3% and 25%, respectively. Point-of-care urine TFV testing was viewed favorably by both participants and clinicians. However, clinicians stated that the 2-3-days detection window of the assay studied limits adherence categorization. CONCLUSIONS: In our study cohort, urine POC TFV testing demonstrated high sensitivity in predicting viral suppression, but low specificity and negative predictive value. Urine POC TFV testing was highly acceptable to participants and clinicians; however, clinicians expressed concern about its clinical utility because of its limitations. While further research is needed to assess performance in less adherent populations, this test may support adherence counseling in some clinical settings.	Humans; HIV; *Anti-HIV Agents/therapeutic use; antiretroviral therapy; Africa; treatment; *Pre-Exposure Prophylaxis; RNA; Point-of-Care Systems; Point-of-Care Testing; *HIV Infections/diagnosis/drug therapy/prevention & control; Tenofovir/therapeutic use/urine; equipment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Marshall B.; Salabarría-Peña Y.; Douglas C.; Nakelsky S.; Pichon L.C.	The utility of evaluation in optimizing implementation and improvement of HIV prevention programming	Evaluation and Program Planning	-	-	-	1497189	10.1016/j.evalprogplan.2021.101980	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112562019&doi=10.1016%2fj.evalprogplan.2021.101980&partnerID=40&md5=f55c8b73d3d0c57fa5ebb1d4b78d33fb	The objective of this article is to describe Project PrIDE (PrEP Implementation, Data to Care, and Evaluation) through the lens of Evaluation Utilization and provide examples of how twelve funded health departments (HD) utilized evaluation findings to make decisions related to improving PrEP awareness and uptake, and/or enhancing capacity for data to care (D2C) activities. Each HD conducted a local evaluation (LE) and reported ongoing and planned utilization of evaluation findings in the final LE reports. Information from all reports was abstracted for qualitative analysis to identify main evaluation utilization themes. Findings showed that program evaluation was incorporated as early as the project development phase and designed with the goal of improving, and not just demonstrating the efficacy of the programs. Evaluation data were effectively utilized to improve PrEP and D2C activities, for example, by increasing community engagement throughout LEs, enhancing social media implementation, prioritizing the most effective referral sources at re-linking clients into HIV care, reducing client wait time between receiving PrEP referral and obtaining appointment with provider, and incorporating evaluation findings into program planning and development. Project PrIDE highlights the importance of a planned evaluation in providing ongoing improvements to HIV prevention services to better serve priority populations. © 2021	Evaluation utilization; MSM; PrEP; Racial/ethnic minorities; Transgender persons; Utility	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Marshall, Brittany; Salabarría-Peña, Yamir; Johnson, Wayne; Moore, Leo	Reaching racial/ethnic and sexual and gender minorities with HIV prevention information via social marketing	Evaluation and Program Planning	-	-	-	1497189	10.1016/j.evalprogplan.2021.101982	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112470739&doi=10.1016%2fj.evalprogplan.2021.101982&partnerID=40&md5=5cf52583e785b6474d3218c264e4e6e5	The Pre-exposure Prophylaxis, Data to Care, Implementation, and Evaluation (PrIDE) multi-site demonstration project utilized a cluster evaluation approach and identified six funding recipients that evaluated similar media evaluation questions (Baltimore, Los Angeles County, Lousiana, Michigan, New York City, and Virginia). All of the evaluated social marketing campaigns were developed in collaboration with health department staff, external marketing firms, and community advisory boards (CAB) aiming to produce changes in PrEP outcomes by reaching racial/ethnic and sexual and gender minorities. Jurisdictions demonstrated changes in PrEP awareness, knowledge, willingness to take PrEP, and/or PrEP literacy following initiation of the campaigns. In data from four sites, PrEP awareness significantly increased from 72 % at baseline to 86 % at mid-project, and to 90 % post-campaigns. The campaigns illustrate the importance of partnerships and stakeholder engagement, audience segmentation, and intentional evaluation planning. As PrEP services mature, evaluating PrEP demand and PrEP use resulting from campaigns, will be necessary. Also, future campaigns for racial/ethnic and sexual and gender minorities should identify the best channels to reach each group based on their input, disaggregate data by priority group, and determine campaign effectiveness. © 2021	HIV prevention; Men who have sex with men; Racial/ethnic minorities; Sexual minorities; Social marketing; Transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mart Van Dijk; John B F De Wit; Guadamuz, Thomas E; Martinez, Joel E; Jonas, Kai J	Bridging the serodivide: attitudes of PrEP users towards sex partners living with HIV	AIDS Care	-	-	-	09540121	10.1080/09540121.2021.1954588	https://www.proquest.com/scholarly-journals/bridging-serodivide-attitudes-prep-users-towards/docview/2645751990/se-2?accountid=8113	The introduction of biomedical HIV prevention methods, such as pre-exposure prophylaxis (PrEP), holds the potential to overcome the serodivide. We investigated the attitudes of PrEP users towards having sex with partners living with HIV. PrEP users in the Netherlands were recruited online and completed three questionnaires over a period of six months. We investigated changes over time in feelings of fear of HIV, comfort, and attitudes towards condom use when having sex with men living with HIV (MLHIV). A majority of PrEP users in our sample (up to 71.6%) had sex with MLHIV. Feeling comfortable to have sex with MLHIV did not change over time, but was already at a high level at T1. Most importantly, feeling safe not to use condoms with HIV-positive partners significantly increased, and did so in a rather short period of time after the onset of PrEP use (3-6 months). Taken together, the findings suggest that that PrEP may contribute to decreasing the serodivide between MSM rather quickly after the onset of PrEP use.	Condoms; Pre-exposure prophylaxis; PrEP; HIV stigma; condom use; Sexual behavior; Disease prevention; Prophylaxis; Attitude; Preventive medicine; Sex; Attitudes; Couples; serodivide; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Mens health; Medical Sciences--Psychiatry And Neurology; Prevention programs; Sexual partner	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Mart Van Dijk; John B F De Wit; Guadamuz, Thomas E; Martinez, Joel E; Jonas, Kai J	Quality of Sex Life and Perceived Sexual Pleasure of PrEP Users in the Netherlands	The Journal of Sex Research	-	-	-	00224499	10.1080/00224499.2021.1931653	https://www.proquest.com/scholarly-journals/quality-sex-life-perceived-sexual-pleasure-prep/docview/2724428215/se-2?accountid=8113	Next to its benefits for HIV prevention, PrEP may have psychosocial benefits relating to improved quality of sex life. The aim of the current study was to investigate the onset of changes in the quality of sex life and sexual pleasure of PrEP users in the first months of commencing PrEP use. Moreover, we investigated what factors were related to the quality of sex life of PrEP users. We recruited 145 participants via the Dutch PrEP-advocacy website PrEPnu.nl, and they received follow-up questionnaires after three and six months. We found that PrEP users reported an increase in the quality of their sex life, which was related to reduced fear of HIV since they started using PrEP, but not to decreased condom use. PrEP users were more interested in experimenting with sex practices, but they did not always feel more desirable as a sex partner because of PrEP use. Health-care providers and health promotion campaigns could emphasize the positive effects of PrEP on the quality of sex life, in addition to the HIV-preventive effects of PrEP, to decrease PrEP stigma and increase PrEP uptake.	Netherlands; Pleasure; Sexual behavior; Stigma; Prep; Sociology; Health promotion; Preventive medicine; Uptake; Sex life; Advocacy; Human immunodeficiency virus--HIV; Prevention programs; Medical personnel; Psychosocial factors; Sexual stimulation	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Martel-Laferrière V.; Feaster D.J.; Metsch L.R.; Shackman B.R.; Loignon C.; Nosyk B.; Tookes H.; Behrends C.N.; Arruda N.; Adigun O.; Goyer M.-E.; Kolber M.A.; Mary J.-F.; Rodriguez A.E.; Yanez I.G.; Pan Y.; Khemiri R.; Gooden L.; Sako A.; Bruneau J.	M2HepPrEP: study protocol for a multi-site multi-setting randomized controlled trial of integrated HIV prevention and HCV care for PWID	Trials	-	-	-	17456215	10.1186/s13063-022-06085-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128801716&doi=10.1186%2fs13063-022-06085-3&partnerID=40&md5=67f50c1eb11e34e5373d70c75695cfb0	Background: Opioid use is escalating in North America and comes with a multitude of health consequences, including HIV and hepatitis C virus (HCV) outbreaks among persons who inject drugs (PWID). HIV pre-exposure prophylaxis (PrEP) and HCV treatment regimens have transformative potential to address these co-occurring epidemics. Evaluation of innovative multi-modal approaches, integrating harm reduction, opioid agonist therapy (OAT), PrEP, and HCV treatment is required. The aim of this study is to assess the effectiveness of an on-site integrated care model where delivery of PrEP and HCV treatment for PWID takes places at syringe service programs (SSP) and OAT programs compared with referring PWID to clinical services in the community through a patient navigation model and to examine how structural factors interact with HIV prevention adherence and HCV treatment outcomes. Methods: The Miami-Montreal Hepatitis C and Pre-Exposure Prophylaxis trial (M2HepPrEP) is an open-label, multi-site, multi-center, randomized, controlled, superiority trial with two parallel treatment arms. A total of 500 persons who injected drugs in the prior 6 months and are eligible for PrEP will be recruited in OAT clinics and SSP in Miami, FL, and Montréal, Québec. Participants will be randomized to either on-site care, with adherence counseling, or referral to off-site clinics assisted by a patient navigator. PrEP will be offered to all participants and HCV treatment to those HCV-infected. Co-primary endpoints will be (1) adherence to pre-exposure prophylaxis medication at 6 months post-randomization and (2) HCV sustained virological response (SVR) 12 weeks post-treatment completion among participants who were randomized within the HCV stratum. Up to 100 participants will be invited to participate in a semi-structured interview regarding perceptions of adherence barriers and facilitators, after their 6-month assessment. A simulation model-based cost-effectiveness analysis will be performed to determine the comparative value of the strategies being evaluated. Discussion: The results of this study have the potential to demonstrate the effectiveness and cost-effectiveness of offering PrEP and HCV treatment in healthcare venues frequently attended by PWID. Testing the intervention in two urban centers with high disease burden among PWID, but with different healthcare system dynamics, will increase generalizability of findings. Trial registration: Clinicaltrials.gov NCT03981445. Trial registry name: Integrated HIV Prevention and HCV Care for PWID (M2HepPrEP). Registration date: June 10, 201. © 2022, The Author(s).	Adherence counselor; Hepatitis C treatment; Patient navigator; People who inject drugs; Pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical

Article	2022	Martinez I.V.; Waryold J.M.	Implementing PrEP to Decrease HIV Transmission Rates Among Females	Journal for Nurse Practitioners	-	-	-	15554155	10.1016/j.nurpra.2021.11.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121362336&doi=10.1016%2fj.nurpra.2021.11.021&partnerID=40&md5=d98b09155efe8d85d0007a00de717f2e	In 2018, 5.1 per 100,000 persons in the United States assigned females at birth (AFAB) were living with human immunodeficiency virus (HIV). HIV prevention tools, including daily oral pre-exposure prophylaxis (PrEP), screening for sexually transmitted infections, treatment, and sexual health counseling, can be implemented into clinical practice to address the prevalence of HIV infection among this population. Historically, this population has had a decreased opportunity to be screened for HIV or offered PrEP to protect them from HIV. Providers can incorporate PrEP as a standard preventative option in their practice for persons AFAB. © 2021 Elsevier Inc.	females; HIV; preexposure prophylaxis; PrEP; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Martinez, Omar; Levine, Ethan; Munoz-Laboy, Miguel; Carballo-Diéguez, Alex; Bauermeister, José Arturo; Chacon, Alexi; Jacobson, Jeffrey; Bettiker, Robert; Sutton, Madeline; Rudolph, Abby E; Wu, Elwin; Rhodes, Scott D; Tanner, Amanda E; Mann, Lilli; Valentin, Omar; Ilarraza, Ariel; Pardes, Mariana; Davison, Robin; Fernandez, Maria Isabel	More than just oral PrEP: exploring interest in rectal douche, dissolvable implant, removable implant and injection HIV prevention approaches among racially diverse men who have sex with men in the Northeast Corridor.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2022-063474	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9394203	OBJECTIVES: HIV scholars and practitioners have worked to expand strategies for prevention among marginalised populations who are disproportionately impacted by the epidemic, such as racial minority men who have sex with men (MSM). Given this urgency, the objective of this study was to assess interest in biomedical prevention strategies. METHODS: This exploratory and cross-sectional study investigated interest in four biomedical prevention tools-rectal douche, dissolvable implant, removable implant and injection-among a racially diverse sample of MSM from the Northeast Corridor region between Philadelphia and Trenton. Data were collected as part of screening for Connecting Latinos en Pareja, a couples-based HIV prevention intervention for Latino MSM and their partners. RESULTS: A total of 381 individuals participated in the screener and provided information about their interest in bio tools. Approximately 26% of participants identified as black, 28% as white and 42% as 'other' or multiracial; 49% identified as Latino. Majority (54%) reported some form of child sexual abuse. Of the participants who reported being in a primary relationship (n=217), two-thirds reported unprotected anal sex within that relationship over the past 90 days (n=138, 64%) and approximately half (n=117, 54%) reported unprotected anal sex outside of the relationship in this period. Majority of participants reported interest in all bio tools assessed, including dissolvable implants (60%), removable implants (64%), rectal douching (79%) and injection (79%). Although interest in bio tools was broadly unassociated with demographics and sexual risk behaviours, analyses revealed significant associations between reports of child sexual abuse and interest in implant and injection methods. CONCLUSIONS: The authors recommend investing in these prevention methods, particularly rectal douching and injection, as a means of preventing HIV among racial minority MSM. Given the interest in biomedical prevention tools, future studies should explore potential strategies for adherence.	HIV & AIDS, public health, sexual medicine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Martinez-Cajas J.; Alvarado-Llano B.; Martinez-Buitrago E.; Torres-Isasiga J.; Arrivillaga M.; Camargo P.; Galindo-Orrego X.; Mueses-Marín H.	AC-2020-12-1420.R1–HIV care providers' familiarity, concerns, and attitudes about HIV PrEP in Colombia: insights from the PrEP-Col-Study	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2029813	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123499783&doi=10.1080%2f09540121.2022.2029813&partnerID=40&md5=0324787ce1cd0d7ef79ce55f4aed9d66	In 2019, Colombia approved the combination of tenofovir disoproxil fumarate/emtricitabine for HIV Pre-Exposure Prophylaxis (PrEP). Therefore, we conducted a situational analysis in HIV-care providers to identify barriers and facilitators for PrEP implementation. A survey was applied to a non-probabilistic sample of health care workers of HIV-specialized clinics. We examined PrEP awareness and familiarity, comfort with PrEP-related activities, perceived barriers for PrEP implementation, concerns, and attitudes. Poisson regressions assessed the relationship between these factors and the variable "having a plan to offer PrEP". The participation rate was 41% and included physicians (42.6%) and other health professionals (57.4%). Fifty-one percent of the participants reported more than five years of experience caring for people living with HIV. Forty-two percent of non-physician health care workers were nurses. Most reported high familiarity/comfort with PrEP-relevant activities. Concerns about PrEP were prevalent (> 50%) and included causing more harm than good, reducing condom use, medication non-adherence, drug resistance, and healthcare system barriers. Physicians had a plan to offer PrEP (72.2%) more often than other health professionals (52.6). Having a plan to offer PrEP was related to PrEP knowledge and comfort assessing sexual behavior and providing HIV counseling. Overall, about half of HIV-care providers seemed ready to offer PrEP and constitute an asset for PrEP implementation efforts in Colombia. PrEP awareness among non-physicians, PrEP concerns, and negative attitudes need to be addressed to enhance implementation. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV Pre-Exposure Prophylaxis (PrEP); HIV prevention; Implementation science	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Martinez-Cajas, Jorge Luis; Torres, Julian; Mueses, Hector Fabio; Plazas, Pilar Camargo; Arrivillaga, Marcela; Gomez, Sheila Andrea; Galindo, Ximena; Buitrago, Ernesto Martinez; Llano, Beatriz Eugenia Alvarado	Applying implementation science frameworks to identify factors that influence the intention of healthcare providers to offer PrEP care and advocate for PrEP in HIV clinics in Colombia: a cross-sectional study.	Implementation Science Communications	-	-	-	2662-2211	10.1186/s43058-022-00278-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8925047	BACKGROUND: Few studies have used implementation science frameworks to identify determinants of PrEP prescription by healthcare providers. In this work, we developed and psychometrically examined a questionnaire using the theoretical domains framework (TDF) and the consolidated framework for implementation research (CFIR). We used this questionnaire to investigate what factors influence the intention of healthcare providers to offer PrEP care and advocate for PrEP. METHODS: We conducted a cross-sectional study in 16 HIV healthcare organizations in Colombia. A 98-item questionnaire was administered online to 129 healthcare professionals. One hundred had complete data for this analysis. We used exploratory factor analysis to assess the psychometric properties of both frameworks, and multinomial regression analysis to evaluate the associations of the frameworks' domains with two outcomes: (1) intention to offer PrEP care and (2) intention to advocate for PrEP impmentation. RESULTS: We found support for nine indices with good internal consistency, reflecting PrEP characteristics, attitudes towards population needs, concerns about the use of PrEP, concerns about the role of the healthcare systems, knowledge, beliefs about capabilities, professional role, social influence, and beliefs about consequences. Notably, only 57% of the participants were likely to have a plan to care for people in PrEP and 66.7% were likely to advocate for PrEP. The perception of the need for PrEP in populations, the value of PrEP as a practice, the influence of colleagues, and seeing PrEP care as a priority was related to being less likely to be unwilling to provide or advocate for PrEP care. CONCLUSION: Our findings suggested the importance of multilevel strategies to increase the provision of PrEP care by healthcare providers including adquisition of new skills, training of PrEP champions, and strength the capacity of the health system.	Implementation science, HIV PrEP, Theoretical domains framework, Consolidated framework for implementation research	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Martín-Illana, Araceli	Silicon Oxycarbide Porous Particles and Film Coating as Strategies for Tenofovir Controlled Release in Vaginal Tablets for HIV Prevention	Pharmaceutics	-	-	-	NA	10.3390/pharmaceutics14081567.	https://pubmed.ncbi.nlm.nih.gov/36015193/	Sustained release of antiretroviral drugs is currently the most encouraging strategy for the prevention of the sexual transmission of HIV. Vaginal tablets based on hydrophilic gelling polymers are an interesting dosage form for this purpose, since they can be developed to modify the release of the drug depending on the tablet swelling. Tenofovir is a drug with proven activity in the prevention of HIV-1 infection, and it is possible to have it loaded in the surface of γ-aminopropyl trimethoxy silane-functionalized oxycarbide particles. These particles can be incorporated into the tablets, thus providing a sustained release of the drug. Moreover, the presence of the particles modifies the microstructure of the gel formed, as observed in scanning electron microscopy and Hg porosimetry studies, resulting into a gel with a narrow pore size distribution between 10 and 100 μm. This implies a lower volume of fluid incorporated into the gel during swelling studies, and therefore improved mucoadhesion times in ex vivo test. The coating of the formulations with Eudragit® RS modifies the swelling behavior of the tablets, which not only is decreased in magnitude but also extended in time, and as consequence the drug release is also prolonged for up to 7 days.	AIDS; antiviral therapy; chitosan; hydroxypropyl methylcellulose; mucoadhesion;	English	Switzerland	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2022	Maseko B.; Bula A.; Sasse S.; Thom A.; Tsidya M.; Tang J.; Hosseinipour M.C.	Opinions on integrating couple counselling and female sexual reproductive health services into Voluntary Medical Male Circumcision services in Lilongwe, Malawi	PLOS One	-	-	-	19326203	10.1371/journal.pone.0273627	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137669716&doi=10.1371%2fjournal.pone.0273627&partnerID=40&md5=f4b716caa9c8ee0cb144fafb37c0ad3b	Background Couples HIV Counselling and Testing (CHCT) has been found to be potentially beneficial than individual HIV Counselling and Testing for prevention and treatment of HIV. However, there are few health care opportunities for men and women to access health services together, leading to underutilization of CHCT service. Integrating female Sexual and Reproductive Health (SRH) services into male-dominated service could be more effective than trying to integrate men's health services into female-dominated health services. A potential site for male-female service integration could be Voluntary Medical Male Circumcision (VMMC) centers. Methodology We conducted a qualitative study in Lilongwe, Malawi between June to August 2018. Twenty VMMC clients, 20 peers and 20 VMMC providers completed individual in-depth interviews to share their opinions on what they thought about integrating CHCT and other SRH Services into VMMC services. These proposed SRH services include family planning, cervical cancer screening, sexually transmitted infection management and pre-exposure prophylaxis (PrEP). Content analysis was used to analyze the results. Results All participants were receptive to integration of CHCT, and most accepted the integration of SRH services into VMMC Services. Most VMMC clients, peers and care providers said that CHCT integration would help couples to know their HIV status, prevent HIV transmission, encourage healthy relationships, and provide a chance for women to participate in VMMC counselling and wound care. However, integration of other services, such as family planning and cervical cancer screening, drew mixed opinions among participants. Most VMMC clients, peers and providers felt that integration of services would promote male involvement and increase men's knowledge in feminine sexual reproductive health services. A few providers expressed concerns over service integration, citing reasons such as overcrowding, work overload, gender mixing, and lack of provider capacity and space. Most participants supported integrating PrEP with VMMC Services and felt that PrEP would complement VMMC in HIV prevention. Few providers, peers and VMMC clients felt the addition of PrEP to VMMC services would lead to high-risk sexual activity that would then increase the risk for HIV acquisition. A few participants recommended community sensitization when integrating some of sexual reproductive health services into VMMC Services to mitigate negative perceptions about VMMC services and encourage service uptake among couples Conclusion Most participants service providers, VMMC clients and Peers were receptive to integrating SRH services, particularly HIV prevention services such as CHCT and PrEP, into male dominated VMMC services. Adequate community sensitization is required when introducing other SRH services into VMMC services. © 2022 Maseko et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Qualitative
Article	2022	Massa, Paula; Grangeiro, Alexandre; Ferraz, Dulce; Magno, Laio; Dourado, Inês; Silva, Ana Paula; Greco, Marília	Amanda Selfie, a transgender chatbot to create PrEP demand among adolescents in Brazil: assessment of acceptability, functionality, usability and results (Preprint)	Journal of Medical Internet Research	-	-	-	1438-8871	doi:10.2196/41881	https://typeset.io/authors/laio-magno-2370j5wcq2/2022	Abstract: Background HIV incidence rates have increased in adolescent men who have sex with men (AMSM) and adolescent transgender women (ATGW). Thus, it is essential to promote access to HIV prevention, including pre-exposure prophylaxis (PrEP), among these groups. Moreover, using artificial intelligence and online social platforms to create demand and access to health care services are essential tools for adolescents and youth. Objective This study aims to describe the participative process of developing a chatbot using artificial intelligence to create demand for PrEP use among AMSM and ATGW in Brazil. Furthermore, it analyzes the chatbot's acceptability, functionality, and usability and its results on the demand creation for PrEP. Methods The chatbot Amanda Selfie integrates the demand creation strategies based on social networks (DCSSNs) of the PrEP1519 study. She was conceived as a Black transgender woman and to function as a virtual peer educator. The development process occurred in 3 phases (conception, trial, and final version) and lasted 21 months. A mixed methodology was used for the evaluations. Qualitative approaches, such as in-depth adolescent interviews, were used to analyze acceptability and usability, while quantitative methods were used to analyze the functionality and result of the demand creation for PrEP based on interactions with Amanda and information from health care services about using PrEP. To evaluate Amanda's result on the demand creation for PrEP, we analyzed sociodemographic profiles of adolescents who interacted at least once with her and developed a cascade model containing the number of people at various stages between the first interaction and initiation of PrEP (PrEP uptake). These indicators were compared with other DCSs developed in the PrEP1519 study using chi-square tests and residual analysis (P=.05). Results Amanda Selfie was well accepted as a peer educator, clearly and objectively communicating on topics such as gender identity, sexual experiences, HIV, and PrEP. The chatbot proved appropriate for answering questions in an agile and confidential manner, using the language used by AMSM and ATGW and with a greater sense of security and less judgment. The interactions with Amanda Selfie combined with a health professional were well evaluated and improved the appointment scheduling. The chatbot interacted with most people (757/1239, 61.1%) reached by the DCSSNs. However, when compared with the other DCSSNs, Amanda was not efficient in identifying AMSM/ATGW (359/482, 74.5% vs 130/757, 17.2% of total interactions, respectively) and in PrEP uptake (90/359, 25.1% vs 19/130, 14.6%). The following profiles were associated (P<.001) with Amanda Selfie's demand creation, when compared with other DCS: ATGW and adolescents with higher levels of schooling and White skin color. Conclusions Using a chatbot to create PrEP demand among AMSM and ATGW was well accepted, especially for ATGW with higher levels of schooling. A complimentary dialog with a health professional increased PrEP uptake, although it remained lower than the results of the other DCSSNs.	artificial intelligence (1025); adolescent (395); HIV pre-exposure prophylaxis (3); transgender women (13); men who have sex with men (182); chatbot (199); PrEP (54); transgender (37); HIV (498); prevention (419); prophylaxis (13); acceptability (244)	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods
Article	2022	Mataboge, Paballo; Nzenze, Susan; Mthimkhulu, Nqaba; Mazibuko, Mbali; Kutywayo, Alison; Butler, Vusile; Naidoo, Nicolette; Mullick, Saiqa	Planning for decentralized, simplified prEP: Learnings from potential end users in Ga-Rankuwa, gauteng, South Africa.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2022.1081049	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9868940	Background: In South Africa, youth experience challenges with oral Pre-Exposure Prophylaxis (PrEP) access and uptake. Taking services out of healthcare settings has the potential to increase reach and overcome these challenges. This paper presents young and older people's preferences for decentralized, simplified PrEP service delivery and new long-acting HIV prevention methods, in Ga-Rankuwa, South Africa. Methods: Between May and August 2021, both PrEP user and non-user adolescent girls and young women (AGYW), pregnant AGYW, female sex workers, adolescent boys and young men (ABYM), and men who have sex with men (MSM) were recruited to participate in focus group discussions (FDGs) in Ga-Rankuwa, Gauteng. Twenty-two FGDs were conducted. Participants were asked about PrEP uptake, potential acceptability of long-acting HIV prevention products, provision of integrated, simplified, and decentralized services, and digital tools to facilitate access to PrEP and other SRH services. A qualitative approach using inductive thematic analysis was carried out to explore emerging themes on decentralized, simplified delivery and the acceptability of long-acting methods. Results: Of the 109 participants included in the study approximately 45% (n = 50) were female, the median age was 23 years ± 5.3. A third (n = 37) were current or previous PrEP users, of which, 59.5% (n = 22) collected PrEP refills from the clinic. Decentralized, simplified service delivery was appealing; health facilities, pharmacies and institutions of learning were preferred as service points for PrEP and SRH services, and recreational spaces preferred for dissemination of health information and engagement. ABYM were more open to having recreational spaces as service points. Long-acting Cabotegravir was preferred over the Dapivirine Vaginal Ring due to concerns around perceived side-effects, efficacy, and comfort. Conclusion: Providing long-acting PrEP methods through decentralized, simplified service delivery was appealing to this population. They provided practical locations for decentralized service provision to potentially increase their engagement with and uptake of HIV prevention and SRH services.	hiv prevention, dapivirine vaginal ring, long-acting cabotegravir, decentralized, simplified service delivery	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Theses and Dissertations	2022	Mathews, Ronneal Denise; Mittal, Mona	A Qualitative Examination of the Barriers and Facilitators of Pre-Exposure Prophylaxis (PrEp) Uptake among Heterosexual HIV Serodiscordant Couples	-	-	University of Maryland	-	NA	NA	https://www.proquest.com/dissertations-theses/qualitative-examination-barriers-facilitators-pre/docview/2685474293/se-2?accountid=8113	It is estimated that there are 140,000 heterosexual serodiscordant couples in the United States. Given the considerable number of these couples and the high risk of HIV acquisition among non-infected partners, it is important to focus prevention methods on programs and interventions that target transmission of HIV infection among serodiscordant heterosexual couples. Currently, we understand little about factors that influence these couples to use pre-exposure prophylaxis (PrEP). According to the CDC, this population is one of the highest risk groups, therefore, understanding the factors that influence them to use PrEP as a strategy in their HIV prevention regimen is an important step in preventing new HIV cases among this population. This study was a qualitative analysis that explored potential motivators and inhibitors for PrEP among heterosexual HIV serodiscordant couples. Secondary data from 26 qualitative interviews of HIV serodiscordant couples (N = 52 individuals) was examined to determine the factors that influenced the decision to use PrEP. Overall, there were five overarching themes from the Health Belief Model that manifested in all participant interviews. Perceived threat, perceived barriers (concerns about side effects, fear/anxiety about taking medication, indifference about HIV transmission), perceived benefits, cues to action (partner protection, PrEP use as condom replacement, PrEP use due to concerns about condom efficacy), and relational efficacy emerged as the most salient themes that determined whether couples chose to use PrEP as an HIV prevention method. Two constructs from the Theory of Gender and Power, sexual division of power and cathexis also emerged as relevant factors that influenced the decision to use PrEP in these couples. Findings from this study indicate that practitioners need to consider the motivators and barriers to PrEP uptake, and critically examine how power dynamics impact the decision to use PrEP. There is a need for the development of couples-based interventions to encourage PrEP uptake and adherence in mixed status couples.	Pre-exposure prophylaxis; Public health; Health sciences; serodiscordant couples; PrEP uptake; Health Belief Model; 0573:Public health; 0566:Health sciences; Theory of gender and power	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2022	Mathur, Sanyukta; Mishra, Raman; Mahapatra, Bidhubhusan; Heck, Craig J; Okal, Jerry	Assessing layered HIV prevention programming: optimizing outcomes for adolescent girls and young women.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003242	https://dx.doi.org/10.1097/QAD.0000000000003242	OBJECTIVE: To assess how exposure to multiple, layered interventions predicts HIV-related outcomes among adolescent girls (15-19âyears) and young women (20-24âyears) in Kenya. DESIGN: Survey data from adolescent girls and young women (nâ=â736) with 14-16âmonths of engagement with DREAMS, a comprehensive HIV prevention program that provides a range of health education, life skills, social protection, and social and behaviour change interventions. METHODS: Nonparametric recursive partitioning technique - classification and regression tree (CART) - to identify the best predictors (DREAMS interventions) for achieving the desired HIV-related outcomes (consistent condom use and no transactional sex or sexual violence). RESULTS: Among adolescent girls, schooling support reduced the likelihood of engaging in transactional sex, whereas schooling support and exposure to parenting program reduced the likelihood of experiencing sexual violence. Likelihood of consistent condom use increased among adolescent girls with exposure to preexposure prophylaxis (PrEP), schooling support, and the violence prevention programming. Among young women, multiple pathways reduced the likelihood of engaging in transactional sex: exposure to the male sexual partner program; exposure to the youth fund program; exposure to the violence prevention program; or exposure/engagement with schooling support, parenting programming, and the youth fund program. For young women, consistent condom use increased with schooling support and male partner engagement. Additionally, engagement in violence prevention program and male partner engagement increased the likelihood of not experiencing sexual violence among young women. CONCLUSION: Exposure to a combination of DREAMS interventions predicted outcomes that can reduce HIV risk among AGYW, though the pathways differed by outcome and age group.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	MATIAS, WERTTON LUIS DE PONTES	Nas fronteiras da AiD$: experiências com a PrEP em Brasília, Manaus e Recife	-	-	UNB	-	-	NA	http://www.realp.unb.br/jspui/handle/10482/45300	No marco da adoção da política de prevenção combinada ao HIV/Aids no Brasil, a Profilaxia Préexposição ao HIV (PrEP) surge como uma das principais estratégias na garantia do controle aos casos de infecção pelo vírus da Aids. Baseada no uso de fármacos que garantem a intransmissibilidade do vírus, administrados antes de situações onde possam ocorrer exposição ao HIV, a PrEP tem demonstrado, com o tempo, ser bem mais que uma mera alternativa profilática. É, também, uma política de saúde que reconfigura experiências e práticas sexuais, mobiliza as pessoas em torno do cuidado e proteção ao corpo, reconfigura relações de conjugalidade e, talvez o mais importante, redefine a agenda política do Estado em torno da resposta ao HIV/Aids. Atendo a tais processos e interessado nas dinâmicas sociais em torno dessa alternativa de prevenção, nesta dissertação o meu objetivo é refletir e fazer Antropologia a partir das experiências de usuários em PrEP. Utilizo como dado/base empírica sete entrevistas com usuários de Brasília, Manaus e Recife, que me foram disponibilizadas pela rede de pesquisadores da "Pesquisa Qualitativa para a Avaliação da Percepção e Atitudes de Parceiros Chave 'Stakeholders' na Implementação da profilaxia Pré-Exposição ao HIV – PrEP no Brasil ImPREP Stakeholders". Em diálogo com o que essas pessoas têm a nos dizer sobre o cotidiano de cuidado e atenção à saúde, aprofundo minha análise a partir do que é narrado sobre o medicamento, o SUS, o hospital, as relações com profissionais de saúde, companheiros, amigos, familiares, clientes e tantos outros elementos e sujeitos. Fatores que constituem o complexo contexto social no qual esses usuários, a Aids e a PrEP estão imersos. Os dados me revelam diversas PrEPs, que por vezes é pensada a partir do uso contínuo do remédio, em outros contextos como tecnologia de proteção durante práticas sexuais, ou até mesmo um método cheio de dificuldades programáticas ao passo que políticas de precarização do direito à saúde afetam o SUS. Os usuários narram estar numa posição de vulnerabilidade, onde o HIV está "logo ali", socialmente próximo, ao passo de representar perigo. Neste sentido, compreendo-os na fronteira da epidemia, num estado de "quase lá", onde uma série de elementos éticos, políticos e morais se entrelaçam, na constituição desse estado de vulnerabilidade próprio da relação de proximidade entre esses sujeitos e o HIV/Aids. É na busca por compreender esse universo latente nas entrevistas que me dedico neste trabalho. Corpos, identidades que constituem o que é ser um sujeito vulnerável ao HIV, processos de capitalização da vitalidade pela indústria farmacêutica e precariedades estruturais me levam aos contornos da prevenção ao HIV, e da Aids, no hoje, a partir da PrEP. As narrativas que analiso, conduzem-me a uma epidemia que vem, cada vez mais, deixando de estar em diálogo com a morte para requalificar modos de ser e estar no mundo de sujeitos soropositivos e soronegativos, onde o vivido é o elemento-chave de análise	Prevenção;HIV/Aids;Experiências;PrEP	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2022	Mauck, Daniel E.; Fennie, Kristopher P.; Ibañez, Gladys E.; Fenkl, Eric A.; Sheehan, Diana M.; Maddox, Lorene M.; Spencer, Emma C.; Trepka, Mary Jo	Gay Neighborhoods: Can They Be Identified in a Systematic Way Using Latent Class Analysis?	Archives of Sexual Behavior	-	-	-	1573-2800 0004-0002	10.1007/s10508-022-02369-6	https://pubmed.ncbi.nlm.nih.gov/35927366/	Identifying gay neighborhoods could help in targeting HIV prevention efforts for men who have sex with men. This study's purpose was to identify gay neighborhoods using latent class analysis (LCA). Data at the ZIP code level were drawn from the American Community Survey, website lists of gay bars and neighborhoods, and the Florida Department of Health HIV surveillance system. A two-class model was selected based on fit. About 9% of the ZIP code data was in class two, which was designated as gay neighborhoods. Cohen's kappa coefficient was used to examine agreement between the classification of ZIP codes from LCA and websites. Fair agreement was found (0.2501). Gay neighborhoods could serve as a place to disseminate information about pre-exposure prophylaxis and other methods for HIV prevention. Improved measures, such as the planned question about same-sex spouses for the 2020 US Census, are needed to identify gay neighborhoods in population-level surveys.	Humans; Male; Homosexuality, Male; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Gay men; Latent Class Analysis; Sexual orientation; Latent class analysis; Gay neighborhoods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mauldin, Rebecca L; Tamara Al Rawwad; Amith, Muhammad; Kuhns, Lisa M; Schneider, John A; Fujimoto, Kayo	Community-clinic linkages for promoting HIV prevention: organizational networks for PrEP client referrals and collaborations	AIDS Care	-	-	-	09540121	10.1080/09540121.2021.1936445	https://www.proquest.com/scholarly-journals/community-clinic-linkages-promoting-hiv/docview/2645751355/se-2?accountid=8113	Community-clinic linkages may help communities increase HIV pre-exposure prophylaxis (PrEP) uptake. Referrals from community-based organizations may be particularly important for linking Black men who have sex with men (MSM) to PrEP. This study describes PrEP referral and HIV/STI prevention networks among organizations that serve MSM in Houston, TX (N = 40), and Chicago, IL (N = 28), and compares network positions of organizations based on percentage of Black/African American clients. A majority of organizations conducted PrEP awareness/promotion activities, but fewer made PrEP referrals, with little overlap between the collaboration and referral networks. The networks tended to have a densely connected core group of organizations and more a peripheral group of organizations linking into the core with relatively few times among themselves; this core/periphery structure is efficient, but vulnerable to disruptions. The percentage of Black/African American clients organizations served was not related to most measures of network centrality. However, in Houston's collaboration network, higher Black-serving organizations tended not to hold as influential positions for controlling communications or flows of resources. The findings indicate a potential to leverage collaborations into PrEP referral pathways to enhance PrEP promotion efforts and identify opportunities to address racial disparities in PrEP uptake.	Prevention; pre-exposure prophylaxis (PrEP); Men who have sex with men; Disease prevention; Networks; Prep; Prophylaxis; African Americans; Community; Preventive medicine; Collaboration; Uptake; health disparities; Social network analysis; PrEP referral networks; young black men who have sex with men; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Prevention programs; Clients; Referrals; Medical referrals; Organizations; Center and periphery; Interagency collaboration; Linkages; Network centrality; Organizational networks; Race factors; Racial inequality	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Maviglia, Francesca; Wickersham, Jeffrey A; Azwa, Iskandar; Copenhaver, Nicholas; Kennedy, Olivia; Kern, Monique; Khati, Antoine; Lim, Sin How; Gautam, Kamal; Shrestha, Roman	Engagement in Chemsex among Men Who Have Sex with Men (MSM) in Malaysia: Prevalence and Associated Factors from an Online National Survey.	International Journal of Environmental Research and Public Health	-	-	-	1660-4601	10.3390/ijerph20010294	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9819808	Background: Chemsex is the use of illicit drugs-particularly methamphetamine, gamma hydroxybutyrate (GHB), and gamma-butyrolactone (GBL)-to enhance sexual activity. Chemsex, which occurs primarily among communities of men who have sex with men (MSM), is associated with greater HIV risk behaviors, including multiple sex partners, group sex, condomless sex, and injection drug use. Despite evidence showing chemsex engagement among Malaysian MSM, there is a paucity of research on chemsex among MSM in Malaysia. Methods: This cross-sectional study was conducted through an online survey (August to September 2021) among 870 Malaysian MSM. Participants were recruited through targeted advertisements on social networks. We collected information regarding participants' recent (<6 months) engagement in chemsex, demographic characteristics, psychosocial factors, pre-exposure prophylaxis (PrEP) knowledge and history, and recent sexual- and drug-related behavior. Multivariable logistic regression was used to identify factors associated with recent (<6 months) chemsex engagement. Results: Just under 1 in 10 (9.0%) of participants reported having engaged in chemsex in the previous six months. More than two-thirds of participants (69.1%) had not disclosed their sexual orientation to anyone in their family and 35.2% reported moderate to severe depressive symptoms. Multivariable analysis found that recent injection drug use (adjusted odds ratio: aOR = 6.61; 95% confidence interval: CI, 2.30−19.03), having shared pre-exposure prophylaxis (PrEP) with someone else (aOR = 5.60; 95% CI, 1.76−17.77), higher perceived HIV risk (aOR = 3.15; 95% CI, 1.25−7.93), knowing someone using PrEP (aOR = 2.93; 95% CI, 1.62−5.31), recent engagement in transactional sex (aOR = 2.38; 95% CI, 1.06−5.39), having a recent STI diagnosis (aOR = 2.36; 95% CI, 1.25−4.44), recent engagement in anal sex (aOR = 2.21; 95% CI, 1.07−4.57), and recent sexual intercourse with an HIV-positive partner (aOR = 2.09; 95% CI, 1.07−4.08) were associated with recent engagement in chemsex. Conclusions: Malaysian MSM who practice chemsex are vulnerable to several HIV risk factors, such as transactional sex, HIV-positive sexual partners, and injection drug use. There is an urgent need for programs that integrate drug, sexual health, and mental health services, with a focus on harm reduction (e.g., condoms, access to and utilization of HIV testing and PrEP services, drug knowledge, and safer drug use) tailored for MSM who practice chemsex.	chemsex, sexualized drug use, party and play, men who have sex with men, Malaysia, HIV prevention	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Maxwell, Steven; Shahmanesh, Maryam; Gafos, Mitzy	Pre-exposure prophylaxis (PrEP) uptake and adherence experiences of gay and bisexual men who engage in chemsex: A qualitative study	The International Journal on Drug Policy	-	-	-	09553959	10.1016/j.drugpo.2022.103630	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-uptake-adherence/docview/2672046738/se-2?accountid=8113	Background: Pre-exposure prophylaxis (PrEP) is the use of HIV antiretroviral medications to reduce the risk of HIV acquisition. PrEP is highly effective when used during periods of potential HIV exposure. Gay and bisexual men (GBM) who engage in unprotected chemsex (without condoms or PrEP) are at high-risk of acquiring HIV. Substance use has been shown to detrimentally impact on the effective use of HIV treatment among GBM living with HIV. This study aims to qualitatively explore PrEP uptake and adherence among GBM who engage in chemsex in the United Kingdom. Methods: Nineteen semi-structured in-depth telephone interviews were conducted with self-identifying HIV-negative GBM who reported recently engaging in chemsex and currently using or had recently used PrEP. We explored the ways in which chemsex influenced GBM's motivation to use, access to and effective use of PrEP. Interviews were audio recorded, transcribed, and coded using thematic analysis. Results: Most of the men identified as gay, were of white ethnicity and had a median age of 41. Eighteen men were still using PrEP at the time of the interview and most used daily dosing. The perception of being at high risk of HIV acquisition was a key factor influencing PrEP initiation and after initiation, continued to influence high levels of adherence which was reported by the majority of participants. The few individuals who reported sub-optimal adherence, explained that psychosocial stressors or periods of impaired mental health led to more frequent or intense chemsex sessions, which in turn contributed to occasional non-adherence. Most participants used a variety of strategies to help them adhere, which included restricting the amount or intensity of chemsex they engaged in, strategic placement of PrEP and external triggers to remind them to take PrEP. Conclusions: In this study, the majority of GBM who engaged in chemsex, initiated PrEP in recognition of their potential risk of HIV acquisition and reported high levels of PrEP adherence. They used multiple strategies to support effective PrEP access and adherence. These findings support a growing body of evidence that PrEP is a viable prevention tool for GBM who engage in chemsex, and that chemsex does not negatively impact PrEP adherence.	Bisexuality; Condoms; Homosexuality; Risk; Ethnicity; Antiretroviral therapy; Motivation; Prevention; Adherence; Men; Disease prevention; Prep; Mental health; Chemsex; Risk reduction; Substance abuse; Qualitative research; Interviews; Access; Uptake; Qualitative; Initiation; High risk; Human immunodeficiency virus--HIV; Pharmacy And Pharmacology; Dosage; Medical treatment; Stress; Psychosocial factors; Acquisition; Drug policy	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Mayanja Y.; Kamacooko O.; Lunkuse J.F.; Muturi-Kioi V.; Buzibye A.; Omali D.; Chinyenze K.; Kuteesa M.; Kaleebu P.; Price M.A.	Oral pre-exposure prophylaxis preference, uptake, adherence and continuation among adolescent girls and young women in Kampala, Uganda: a prospective cohort study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25909	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130001505&doi=10.1002%2fjia2.25909&partnerID=40&md5=8b76c74babe2b19c4b6daf53655152a2	Introduction: Oral pre-exposure prophylaxis (PrEP) has been scaled up; however, data from real-world settings are limited. We studied oral PrEP preference, uptake, adherence and continuation among adolescent girls and young women (AGYW) vulnerable to HIV in sub-Saharan Africa. Methods: We conducted a prospective cohort study among 14- to 24-year-old AGYW without HIV who were followed for 12 months in Kampala, Uganda. Within at least 14 days of enrolment, they received two education sessions, including demonstrations on five biomedical interventions that are; available (oral PrEP), will be available soon (long-acting injectable PrEP and anti-retroviral vaginal ring) and in development (PrEP implant and HIV vaccine). Information included mode and frequency of delivery, potential side effects and method availability. Volunteers ranked interventions, 1 = most preferred to 5 = least preferred. Oral PrEP was "preferred" if ranked among the top two choices. All were offered oral PrEP, and determinants of uptake assessed using Poisson regression with robust error variance. Adherence was assessed using plasma tenofovir levels and self-reports. Results: Between January and October 2019, 532 volunteers were screened; 285 enrolled of whom 265 received two education sessions. Mean age was 20 years (SD±2.2), 92.8% reported paid sex, 20.4% reported ≥10 sexual partners in the past 3 months, 38.5% used hormonal contraceptives, 26.9% had chlamydia, gonorrhoea and/or active syphilis. Of 265 volunteers, 47.6% preferred oral PrEP. Willingness to take PrEP was 90.2%; however, uptake was 30.6% (n = 81). Following enrolment, 51.9% started PrEP on day 14 (same day PrEP offered), 20.9% within 30 days and 27.2% after 30 days. PrEP uptake was associated with more sexual partners in the past 3 months: 2–9 partners (aRR = 2.36, 95% CI: 1.20–4.63) and ≥10 partners (aRR 4.70, 95% CI 2.41–9.17); oral PrEP preference (aRR 1.53, 95% CI 1.08–2.19) and being separated (aRR 1.55, 95% CI 1.04–2.33). Of 100 samples from 49 volunteers during follow up, 19 had quantifiable tenofovir levels (>10 μg/L) of which only three were protective (>40 μg/L). Conclusions: Half of AGYW preferred oral PrEP, uptake and adherence were low, uptake was associated with sexual behavioural risk and oral PrEP preference. Development of alternative biomedical products should be expedited to meet end-user preferences and, community delivery promoted during restricted movement. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	adherence; adolescent girls and young women; HIV prevention; pre-exposure prophylaxis; retention; sub-Saharan Africa	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2022	Mayer, Kenneth H; Yuhas, Krista; Amico, K Rivet; Wilkin, Timothy; Landovitz, Raphael J; Richardson, Paul; Marzinke, Mark A; Hendrix, Craig W; Eshleman, Susan H; Cottle, Leslie M; Marcus, Cheryl; Chege, Wairimu; Rinehart, Alex R; Rooney, James F; Andrew, Philip; Salata, Robert A; Magnus, Manya; Farley, Jason E; Liu, Albert Y; Frank, Ian; Ho, Ken; Santana, Jorge; Stekler, Joanne D; Chen, Ying Q; McCauley, Marybeth; Gulick, Roy M	Sexual behavior and medication adherence in men who have sex with men participating in a pre-exposure prophylaxis study of combinations of Maraviroc, Tenofovir Disoproxil Fumarate and/or Emtricitabine (HPTN 069/ACTG 5305).	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03736-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10265494	HPTN 069/ACTG 5305 was designed to evaluate potential new PrEP regimens that included maraviroc, tenofovir disoproxil fumarate, and/or emtricitabine. The current analyses assessed antiretroviral (ARV) plasma concentrations in relation to sexual behavior in 224 cisgender men who have sex with men and 2 transgender women at risk for HIV. Poisson generalized estimating equations (GEE) regression were used to test for associations between self-reported sexual behavior, sociodemographic, behavioral variables, and study drug levels The median (IQR) age was 30 25, 37 years old; 48.2% had completed college; 27.4% were Black and 21.7% Latino. At weeks 24 and 48, one third of participants reported condomless anal sex (CAS) in the prior month with more than one partner. CAS was associated with daily ARV drug use (χ2 = 12.64, p = 0.002). Older individuals and those with greater education were more likely to ingest ARV drugs daily (χ2 = 9.36, p = 0.009 and χ2 = 8.63, p = 0.013, respectively), while neither race nor ethnicity was associated with daily ARV drug use. Participants who reported recent condomless anal sex and/or advanced education had higher rates of daily ARV drug use. These data support the need for ongoing adherence counseling in clinical trials of new PrEP modalities.	HIV prevention; MSM; Maraviroc; PrEP; Tenofovir.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Mayeux, Jack J; Ng, Yeow Chye	Preexposure prophylaxis for HIV prevention: A highlight of the updated clinical practice guideline.	Nurse Practitioner	-	-	-	1538-8662	10.1097/01.NPR.0000855308.51321.39	https://dx.doi.org/10.1097/01.NPR.0000855308.51321.39	ABSTRACT: The prevention of HIV is continually evolving with the development of new resources and the adaptation of older resources in new regimens. Ideally, these new and updated methods of prevention will allow easier implementation and continuation as well as reduced costs in the fight to prevent HIV infections.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2022	Mayeza, Emmanuel	LGBTPQ Youth Negotiating Access to Sexual Health Education and Resources in a Rural South African University.	Journal of Homosexuality	-	-	-	1540-3602	10.1080/00918369.2021.1912559	https://dx.doi.org/10.1080/00918369.2021.1912559	This article draws on sexual citizenship theory to analyze how some lesbian, gay, bisexual, transgender, pansexual and queer (LGBTPQ) youth in a low socio-economic rural South African context negotiate access to inclusive sexual health education programmes and resources. Participants are students aged 19 to 32 years old at a South African university. Using in-depth individual interviews, participants reflected on their experiences of sexual health education when they were still at school. The findings show the continuing silencing of sexual health issues concerning LGBTPQ youth in South African schools. Disadvantaged by the lack of sexual health education programmes in schools, findings show how the students sought LGBTPQ centered knowledge through self-study and other ways to empower themselves with information on sexual health matters. Participants also reflected on accessing the student health clinic at the university where they are students. Accessing condoms, lubricants, dental dams and HIV pre-exposure prophylaxis (PrEP) remains a challenge. Implications suggest ways of improving the provision of LGBTPQ inclusive sexual health education programmes and resources in poor rural contexts in South Africa.	Heteronormativity; LGBTPQ youth; South Africa; sexual health education; sexual health resources.	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Mazibuko-Motau, Noluthando; Sobia, Parveen; Xu, Jiawu; Elsherbini, Joseph Ahmed; San, James E; Lewis, Lara; Mtshali, Andile; Mzobe, Gugulethu; Ntuli, Lungelo; Abdool Karim, Salim S; Mansoor, Leila E; Abdool Karim, Quarraisha; Kwon, Douglas S; Archary, Derseree; Ngcapu, Sinaye	Vaginal microbial shifts are unaffected by oral pre-exposure prophylaxis in South African women.	Scientific Reports	-	-	-	2045-2322	10.1038/s41598-022-20486-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9519742	Vaginal microbiota have been shown to be a modifier of protection offered by topical tenofovir in preventing HIV infection in women, an effect not observed with oral tenofovir-based pre-exposure prophylaxis (PrEP). It remains unclear whether PrEP can influence the vaginal microbiota composition. This study investigated the impact of daily oral tenofovir disoproxil fumarate in combination with emtricitabine for PrEP on the vaginal microbiota in South African women. At baseline, Lactobacillus iners or Gardnerella vaginalis dominant vaginal communities were observed in the majority of participants. In cross sectional analysis, vaginal microbiota were not affected by the initiation and use of PrEP. Longitudinal analysis revealed that Lactobacillus crispatus-dominant "cervicotypes 1 (CT1)" communities had high probability of remaining stable in PrEP group, but had a higher probability of transitioning to L. iners-dominant CT2 communities in non-PrEP group. L. iners-dominant communities were more likely to transition to communities associated with bacterial vaginosis (BV), irrespective of PrEP or antibiotic use. As expected, BV-linked CTs had a higher probability of transitioning to L. iners than L. crispatus dominant CTs and this shift was not associated with PrEP use.	No available	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Mbita, Gaspar; Komba, Albert N; Casalini, Caterina; Bazant, Eva; Curran, Kelly; Christensen, Alice; Nyato, Daniel; Kim, Young-Mi; Reed, Jason; Makyao, Neema; Kategile, Upendo; Conserve, Donaldson F; Faini, Diana; van Roosmalen, Jos; van den Akker, Thomas	Predictors of HIV Among 1 Million Clients in High-Risk Male Populations in Tanzania.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03667-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9474353	The World Health Organization identified men as an essential group to target with HIV testing and treatment strategies;: men who have sex with men (MSM) and male clients of female sex workers (CFSW) account for 35% of new HIV infections globally. Using a cross-sectional design from a community-based HIV prevention project in Tanzania (October 2015-September 2018) and multivariable logistic regression, we identified predictors of HIV seropositivity among men. Of 1,041,343 men on their initial visit to the project, 36,905 (3.5%) were MSM; 567,005 (54.5%) were CFSW; and 437,343 (42.0%) were other men living near hotspots (OMHA). Three predictors of HIV seropositivity emerged across all three groups: being uncircumcised, having sexually transmitted infection symptoms, and harmful drinking of alcohol before sex. Any reported form of gender-based violence among MSM and OMHA and inconsistent condom use among CFSW were associated with HIV seropositivity. These findings may inform community HIV strategies like self-testing, delivery of pre-exposure prophylaxis and antiretroviral therapy, and behavioral change communication targeting men at higher risk of infection.	Men who have sex with men, Male client of female sex workers, Men living in areas with high risk of HIV, Sexually transmitted infections, Tanzania	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2022	Mbotwa, Christopher; Kazaura, Method; Moen, Kåre; Leshabari, Melkizedeck; Metta, Emmy; Leyna, Germana; Mmbaga, Elia J	Predictors of mHealth use in promoting adherence to pre-exposure prophylaxis among female sex workers: an evaluation of the Jichunge intervention in Dar es Salaam, Tanzania.	BMC Health Services Research	-	-	-	1472-6963	10.1186/s12913-022-08245-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9254514	BACKGROUND: There is evidence that pre-exposure prophylaxis (PrEP) is effective in preventing HIV transmission, and PrEP is recommended by the World Health organization (WHO) for use by individuals at high risk of HIV infection. However, low adherence has been reported to hamper its effectiveness. Some evidence indicates that mHealth interventions may be a promising way of promoting PrEP adherence. Nevertheless, evaluations of mHealth interventions in Africa, the region most affected by HIV, are scarce. This study aimed at identifying the extent of and predictors for use of a smartphone based mHealth application among female sex workers in Dar es Salaam, Tanzania. METHODS: As part of a quasi-experimental study in Tanzania, 470 female sex workers who were eligible for PrEP and who owned a smartphone were recruited using respondent driven sampling. All participants were provided with an mHealth application called Jichunge, a smartphone-based app designed to promote adherence to PrEP by offering users information, advise and support during start-up and use of PrEP. We collected data through structured interviews at baseline and extracted user data from the app for a period of 30 days. Modified Poisson regression model with robust standard errors was used to identify predictors for the optimal use of the Jichunge app. RESULTS: Overall, the optimal use of the Jichunge app was 46.4%. Optimal use was significantly higher among women who were older (aPR = 1.3; 95% CI: 1.10-1.65, p = 0.004 for age 25-34 years, and aPR = 1.6, 95% CI: 1.19-2.07, p = 0.001 for age at least 35 years), who had secondary education or higher (aPR = 1.8, 95% CI: 1.08-2.94, p = 0.023), who had suboptimal social support (aPR = 1.2, 95% CI: 1.02-1.48, p = 0.030), who had high awareness of PrEP (aPR = 1.3, 95% CI: 1.08-1.55, p = 0.005), and who had experience using common mainstream social media applications (aPR = 1.4, 95% CI: 1.08-1.71, p = 0.009). CONCLUSION: Optimal use of the Jichunge app was substantially higher among women with higher age, higher education, higher PrEP awareness, less social support, and experience using common social media applications. Individual and interpersonal factors should be considered in planning mHealth interventions. Further studies to determine predictors of longer-term mHealth engagement are needed. TRIAL REGISTRATION: International Clinical Trials Registry Platform PACTR202003823226570 ; 04.03.2020.	NA	English	United Kingdom	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2022	McGowan I.M.; Ayudhya R.P.K.N.; Brand R.M.; Marzinke M.A.; Hendrix C.W.; Johnson S.; Piper J.; Holtz T.H.; Curlin M.E.; Chitwarakorn A.; Raengsakulrach B.; Doncel G.; Schwartz J.L.; Rooney J.F.; Cranston R.D.	An Open-Label Pharmacokinetic and Pharmacodynamic Assessment of Tenofovir Gel and Oral Emtricitabine/Tenofovir Disoproxil Fumarate	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2021.0115	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128246399&doi=10.1089%2faid.2021.0115&partnerID=40&md5=4a1804001a8520bf0deb04eaadc9b946	The Microbicide Trials Network-017 study was undertaken to characterize the safety, acceptability, pharmacokinetic (PK), and pharmacodynamic profile of the reduced-glycerin (RG) 1% tenofovir (RG-TFV) gel compared to oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF). The study was a Phase 2, three-period, randomized sequence, open-label, expanded safety and acceptability crossover study. In each 8-week study period, HIV-1-uninfected participants were randomized to RG-TFV rectal gel daily or RG-TFV rectal gel before and after receptive anal intercourse (RAI) (or at least twice weekly in the event of no RAI), or daily oral FTC/TDF. A mucosal substudy was conducted at sites in the United States and Thailand. Samples were collected to evaluate PK and ex vivo biopsy challenge with HIV-1. A total of 195 men who have sex with men and transgender women were enrolled in the parent study and 37 in the mucosal substudy. As previously reported, both products were found to be safe and acceptable. Systemic TFV concentrations were significantly higher following oral exposure and daily rectal administration compared to RAI-associated product use (p < .001). All three routes of pre-exposure prophylaxis (PrEP) administration resulted in the inhibition of explant infection (p < .05), and there was a significant inverse correlation between explant HIV-1 p24 and tissue concentrations of TFV and FTC (p < .0001). Despite significant differences in systemic and mucosal drug concentrations, all three PrEP regimens were able to protect rectal explants from ex vivo HIV infection. These data suggest that there is a rationale for co-development of oral and topical antiretroviral PrEP for HIV prevention. Clinical Trial Registration number: NCT01687218. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	emtricitabine; HIV; microbicide; prevention; rectal; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	McGowan, Maureen; Casmir, Edinah; Wairimu, Njeri; Mogere, Peter; Jahn, Albrecht; Ngure, Kenneth; Ortblad, Katrina F; Roche, Stephanie D	Assessing young Kenyan women's willingness to engage in a peer-delivered HIV self-testing and referral model for PrEP initiation: A qualitative formative research study.	Frontiers in Public Health	-	-	-	2296-2565	10.3389/fpubh.2022.932948	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9583529	Background: Pre-exposure prophylaxis (PrEP) is highly effective for HIV prevention, but uptake remains low, especially among adolescent girls and young women (AGYW) in Kenya. A model in which trained AGYW using PrEP deliver HIV self-tests to their close friends and refer them to PrEP may help increase PrEP uptake in this population. To understand AGYW's potential willingness to engage in such a model, we conducted a qualitative formative study in Kenya. Method: We conducted semi-structured in-depth interviews (IDIs) with AGYW (16 to 24 years) in Kiambu County who were determined at risk of HIV acquisition. We purposively recruited "PrEP-naïve" (no prior PrEP use) and "PrEP-experienced" AGYW who used PrEP for at least 1 month within the previous year. We solicited perspectives on initiating/engaging in conversations about HIV risk and PrEP, distributing/receiving HIV self-test kits, and referring/following through on a referral to clinic-based HIV services. We analyzed verbatim transcripts using rapid qualitative analysis and a combination of inductive and deductive approaches, with the latter informed by the Integrated Behavior Model (IBM). Results: From August to December 2020, we conducted 30 IDIs: 15 with PrEP-experienced and 15 with PrEP-naïve AGYW. Participants' median age was 20 interquartile range (IQR): 20-22. Overall, most participants anticipated that they would be willing to engage in this model. PrEP-experienced AGYW emphasized the salience of their concerns about friends' HIV risk behaviors, with several noting that they are already in the habit of discussing PrEP with friends. Many additionally expressed positive attitudes toward the proposed target behaviors, perceived these to be normative among AGYW, and expressed confidence in their ability to carry out the behaviors with proper support. Although few participants had HIVST experience, nearly all anticipated they would be able to use an HIV self-test kit correctly if provided instruction. Conclusion: The Kenyan AGYW who participated in this study generally anticipated that they would be willing to engage in a formal peer PrEP referral model enhanced with peer-delivered HIV self-tests. Future research is needed to pilot test this model to determine its acceptability, feasibility, and effect on HIVST and PrEP uptake within this population.	HIVST, PrEP, peer delivery, AGYW, sub-Saharan Africa	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative

Article	2022	McKeirnan, KC; Kherghehpoush, S; Gladchuk, A; Patterson, S; Min, A; Crutchley, RD	Student perceptions of PrEP in an advanced HIV elective	Pharmacy Education	-	-	-	-	1560-2214	10.46542/pe.2022.221.936943	https://pharmacyeducation.fip.org/pharmacyeducation/article/view/1829	Background: The United States (U.S.) Centres for Disease Control and Prevention estimated that over one million U.S. adults could benefit from human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), but only 90,000 PrEP prescriptions are being filled annually. Pharmacists are well-positioned to offer PrEP, but a lack of awareness and knowledge about HIV PrEP has been a limitation. This study was designed to evaluate the knowledge, confidence, and perceptions of pharmacy students towards the use of HIV PrEP in high-risk populations before and after receiving a PrEP and PEP module in a two - credit hour Advanced HIV Elective course. Methods: Faculty in an Advanced HIV Elective course implemented a PrEP module and evaluated the impact on pharmacy student knowledge, confidence, and attitudes in 2020. Results: Participation led to a significant increase in student pharmacist confidence in offering patient education regarding the use of PrEP, risk mitigation counselling, accurately ordering labs, monitoring patients taking PrEP, and HIV medication therapy management. Additionally, HIV education shows decreased stigma and negative attitudes towards high-risk individuals. Conclusion: Integration of a PrEP module increased student pharmacist knowledge and confidence in providing PrEP services while reducing stigma towards those with HIV.	PREVENTION; Pre-exposure prophylaxis (PrEP); UNITED-STATES; PREEXPOSURE PROPHYLAXIS; Human immunodeficiency virus (HIV); STIGMA; HEALTH-CARE PROVIDERS; Pharmacy practice; PHARMACISTS; Pharmacy education; Post-exposure prophylaxis (PEP)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Mixed methods
Article	2022	Mclaughlin S.E.; Kapadia F.; Greene R.E.; Pitts R.	Capturing missed HIV pre-exposure prophylaxis opportunities—sexually transmitted infection diagnoses in the emergency department	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624211048671	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85121130577&doi=10.1177%2f09564624211048671&partnerID=40&md5=fb8d41cd70dfa18140dea3388e196cdb	The United States Centers for Disease Control and Prevention (CDC) recommends HIV pre-exposure prophylaxis (PrEP) be considered for all patients diagnosed with a sexually transmitted infection (STI). Emergency departments (EDs) are an important site for diagnosis and treatment of STIs for under-served populations. Consequently, we identified 377 patients diagnosed with a bacterial sexually transmitted infection (gonorrhea, chlamydia, and/or syphilis) at a major New York City emergency department between 1/1/2014 and 7/30/2017 to examine associations between key sociodemographic characteristics and missed opportunities for PrEP provision. In this sample, 299 (79%) emergency department patients missed their medical follow-up 90 days after STI diagnosis, as recommended. Results from adjusted generalized estimating equation regression models indicate that patients >45 yo (aOR = 2.2, 95% CI 1.2–3.9) and those with a primary care provider in the hospital system (aOR = 6.8, 95% CI 3.8–12.0) were more likely to return for follow-up visits, whereas Black patients (aOR = 0.44, 95% CI 0.25–0.77) were less likely to return for follow-up visits. These findings indicate that lack of STI treatment follow-up visits are significantly missed opportunities for PrEP provision and comprehensive human immunodeficiency virus prevention care. © The Author(s) 2021.	HIV (human immunodeficiency virus); location; North America; other; prevention; viral disease	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	McLean, Jacob; Bartram, Logan; Zucker, Jason; LaSota, Elijah; Carnevale, Caroline; Richards, Paul; Perez, Edward; Mori, Kanako; Mgbako, Ofole; Olender, Susan; Cohall, Alwyn; Gordon, Peter; Sobieszczyk, Magdalena	Back2PrEP: Rates of Bacterial Sexually Transmitted Infection Diagnosis Among Individuals Returning to HIV Pre-Exposure Prophylaxis Care: A Retrospective Review of a New York City Comprehensive HIV Prevention Program.	AIDS Patient Care and STDs	-	-	-	-	1557-7449	10.1089/apc.2022.0169	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805874	HIV pre-exposure prophylaxis (PrEP) effectively reduces new HIV diagnoses. High rates of incident bacterial sexually transmitted infections (STIs) have been observed in patients eligible for and adherent to PrEP. Observational studies generally report low long-term retention in PrEP care. Limited data exist on the rates of bacterial STI diagnosis upon re-engagement with PrEP services. We conducted a retrospective chart review within the HIV prevention program of an urban academic medical center in New York City. Eligible patients started PrEP from 2015 to 2019, then resumed PrEP services after a gap in care of at least 180 days. Demographic, clinical, and laboratory data were used to characterize the patient population and rates of bacterial STI diagnosis at re-engagement. In total, 286 patients were identified, with 316 qualifying re-engagement visits. Twenty-nine percent of patients had continued PrEP during the care gap, and 30% reported discontinuing medication due to a perceived change in risk. A new STI was diagnosed at 19% of re-engagement visits. There was no statistically significant difference in rates of new STI between individuals returning on or off PrEP, nor between those with perceived lower risk and those without. Individuals who fall out of PrEP services and subsequently re-engage remain at high risk of bacterial STI during the gap in care, regardless of whether PrEP medication is continued or the patient perceives themselves to be at lower HIV acquisition risk. Providers should strongly encourage patients discontinuing PrEP to remain engaged in sexual health services. Alternatives to clinic-based PrEP care must still include regular bacterial STI screening.	HIV prevention; PrEP; access to care; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	McMahon, James M; Simmons, Janie; Braksmajer, Amy; LeBlanc, Natalie	HIV-serodifferent couples' perspectives and practices regarding HIV prevention strategies: A mixed methods study.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0000620	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10022221	A substantial proportion of heterosexually acquired HIV infections in the U.S. occur between partners in primary relationships characterized by mixed HIV status. The U.S. Centers for Disease Control and Prevention have issued guidelines prioritizing HIV-serodifferent couples for primary HIV prevention, including treatment-as-prevention and pre-exposure prophylaxis (PrEP). Yet, very little research has been conducted to understand the perspectives and practices of HIV-serodifferent couples regarding HIV prevention strategies in the U.S. To help fill this gap, we conducted a mixed methods study with 27 mostly Black/African American and Latinx HIV-serodifferent heterosexual couples residing in New York City to explore their knowledge, attitudes, practices, and perspectives regarding combination HIV prevention, including condoms, PrEP and viral control. All couples expressed the desire to maintain viral suppression in the HIV-positive partner, which was not always achieved. There was considerable heterogeneity in the use of HIV prevention methods by couples; and several patterns emerged that were largely driven by gender and relationship dynamics. Female partners, in particular, expressed high levels of anxiety around transmission of HIV and thus desired multiple methods of protection. Healthcare providers should consider couples' psychosocial well-being, relationship quality, and other motivational factors when helping to tailor HIV preventative care for mixed-status couples.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	McNulty M.C.; Acree M.E.; Kerman J.; Williams H.H.S.; Schneider J.A.	Shared decision making for HIV pre-exposure prophylaxis (PrEP) with black transgender women	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2021.1909142	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106332097&doi=10.1080%2f13691058.2021.1909142&partnerID=40&md5=370451610da22cca4f702cbbb0979595	Shared decision making is a collaborative process intended to develop a treatment plan that considers both the patient's preferences and the health provider's medical recommendations. It is one approach to reducing healthcare disparities by improving patient-provider communication and subsequent health outcomes. This study examines shared decision making about HIV pre-exposure prophylaxis (PrEP) with Black transgender women in Chicago, Illinois, USA, given high prevalence of HIV and disparities in PrEP use. Black transgender women were recruited online and in-person to participate in semi-structured interviews (n = 24) and focus groups (2; n = 14 total), conducted between 2016 and 2017. Iterative thematic content analysis took place. Analysis revealed that internalised transphobia and racism, combined with stigma from service providers, prevented disclosure of gender and sexual identity to providers. Stigma about PrEP as it relates to Black transgender women results in stereotype threat, which undermines patient-provider trust and deters shared decision making for PrEP. Shared decision making promotes cultural competence and humility and builds trust within the patient-provider relationship, leading to better communication and less stigma. The involvement of peers may be one way to mitigate stigma for Black transgender women around PrEP, promote cultural competence within organisations, and empower engagement in shared decision making for HIV prevention. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV pre-exposure prophylaxis; intersectionality; racial/ethnic minority; Shared decision making; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Medina-Marino, Andrew; Bezuidenhout, Dana; Ngwepe, Phuti; Bezuidenhout, Charl; Facente, Shelley N; Mabandla, Selly; Hosek, Sybil; Little, Francesca; Celum, Connie L; Bekker, Linda-Gail	Acceptability and feasibility of leveraging community-based HIV counselling and testing platforms for same-day oral PrEP initiation among adolescent girls and young women in Eastern Cape, South Africa.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.25968	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9309460	INTRODUCTION: Community-based delivery of HIV pre-exposure prophylaxis (PrEP) to South African adolescent girls and young women's (AGYW) could increase access but needs evaluation. We integrated PrEP services via home-based services and pop-up tents into existing community-based HIV testing services (CB-HTS) in Eastern Cape Province, South Africa. METHODS: After accessing CB-HTS via a "pop-up" tent or home-based services, HIV-negative AGYW aged 16-25 years were invited to complete a baseline questionnaire and referred for PrEP services at a community-based PrEP site co-located with pop-up HTS tents. A 30-day supply of PrEP was dispensed. PrEP uptake, time-to-initiation, cohort characteristics and first medication refill within 90 days were measured using descriptive statistics. RESULTS: Of the 1164 AGYW who tested for HIV, 825 (74.3%) completed a questionnaire and 806 (97.7%) were referred for community-based PrEP. Of those, 624 (77.4%) presented for PrEP (482/483 99.8% from pop-up HTS and 142/323 44.0% from home-based HTS), of which 603 (96.6%) initiated PrEP. Of those initiating PrEP following home-based HTS, 59.1% initiated within 0-3 days, 25.6% within 4-14 days and 15.3% took ≥15 days to initiate; 100% of AGYW who used pop-up HTS initiated PrEP the same day. Among AGYW initiating PrEP, 37.5% had a detectable sexually transmitted infection (STI). Although AGYW reported a low self-perception of HIV risk, post-hoc application of HIV risk assessment measures to available data classified most study participants as high risk for HIV acquisition. Cumulatively, 329 (54.6%) AGYW presented for a first medication refill within 90 days of accepting their first bottle of PrEP. CONCLUSIONS: Leveraging CB-HTS platforms to provide same-day PrEP initiation and refill services was acceptable to AGYW. A higher proportion of AGYW initiated PrEP when co-located with CB-HTS sites compared to those referred following home-based HTS, suggesting that proximity of CB-HTS and PrEP services facilitates PrEP uptake among AGYW. The high prevalence of STIs among those initiating PrEP necessitates the integration of STI and HIV prevention programs for AGYW. Eligibility for PrEP initiation should not be required among AHYW in high HIV burden communities. Community-based service delivery will be crucial to maintaining access to PrEP services during the COVID-19 pandemic and future health and humanitarian emergencies.	HIV prevention; PrEP; South Africa; adolescent girls and young women; community-based HIV testing; differentiated care	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Meireles, Paula; Moreira, Carla; Rocha, Miguel; Plankey, Michael; Barros, Henrique	Transitions Between Preexposure Prophylaxis Eligibility States and HIV Infection in the Lisbon Cohort of HIV-Negative Men Who Have Sex With Men: A Multistate Model Analysis.	American Journal of Epidemiology	-	-	-	-	1476-6256	10.1093/aje/kwab260	https://dx.doi.org/10.1093/aje/kwab260	We aimed to describe transitions between preexposure prophylaxis (PrEP) eligibility and human immunodeficiency virus (HIV) infection among HIV-negative men who have sex with men (MSM). We used data from 1,885 MSM, who had not used PrEP, enrolled in the Lisbon Cohort of MSM, with at least 2 consecutive measurements of PrEP eligibility from 2014-2020. A time-homogeneous Markov multistate model was applied to describe the transitions between states of PrEP eligibility-eligible and ineligible-and from these to HIV infection (HIV). The intensities of the transitions were closer for ineligible-to-eligible and eligible-to-ineligible transitions (intensity ratio, 1.107, 95% confidence interval (CI): 1.080, 1.176), while the intensity of the eligible-to-HIV transition was higher than that for ineligible-to-HIV transition (intensity ratio, 9.558, 95% CI: 0.738, 65.048). The probabilities of transitions increased with time; for 90 days, the probabilities were similar for the ineligible-to-eligible and eligible-to-ineligible transitions (0.285 (95% CI: 0.252, 0.319) vs. 0.258 (95% CI: 0.228, 0.287)), while the eligible-to-HIV transition was more likely than ineligible-to-HIV (0.004 (95% CI: 0.003, 0.007) vs. 0.001 (95% CI: 0.001, 0.008)) but tended to become closer with time. Being classified as ineligible was a short-term indicator of a lower probability of acquiring HIV. Once an individual moved to eligible, he was at a higher risk of seroconversion, demanding a timely delivery ofPrEP.	HIV; eligibility determination; men who have sex with men; multistate models; preexposure prophylaxis.	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Clinical
Article	2022	Mendez-Lopez A.; Stuckler D.; Marcus U.; Hickson F.; Noori T.; Whittaker R.N.; Jansen K.; Diaz A.; Henszel L.; Velter A.; Semenza J.C.; Schmidt A.J.	Social and behavioural determinants of syphilis: Modelling based on repeated cross-sectional surveys from 2010 and 2017 among 278,256 men who have sex with men in 31 European countries	The Lancet Regional Health - Europe	-	-	-	-	26667762	10.1016/j.lanepe.2022.100483	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135716029&doi=10.1016%2fj.lanepe.2022.100483&partnerID=40&md5=f1292f1438a27a986267e59b75ba6b22	Background: Syphilis case notifications among men-who-have-sex-with-men (MSM) have increased markedly over the past two decades in Europe. We tested several potential factors for this resurgence. Methods: Self-reported data from two cross-sectional waves of the European MSM Internet Survey (EMIS-2010 and EMIS-2017, N = 278,256 participants living in 31 European countries) were used to fit multivariable hierarchical logistic regression models designed to evaluate potential social, behavioural, and interventional determinants of syphilis diagnosis. Additional multivariable hierarchical negative binomial models investigated determinants of the number of non-steady male condomless anal intercourse (CAI) partners. We tested the hypothesis that more CAI and syphilis-screening are associated with syphilis resurgence, both linked to use of pre-exposure prophylaxis (PrEP). Findings: Between 2010 and 2017, incidence of syphilis diagnosis in the previous 12 months rose from 2.33% (95%CI: 2.26–2.40) of respondents reporting a syphilis diagnosis in 2010 compared with 4.54% (95%CI: 4.42–4.66) in 2017. Major factors contributing to syphilis diagnosis were living with diagnosed HIV (adjusted odds ratio (aOR) 2.67, 95%CI: 2.32–3.07), each additional non-steady male CAI partner (aOR 1.01, 95%CI: 1.01–1.01), recency of STI-screening (previous month vs no screening, aOR 25.76, 95%CI: 18.23–36.41), selling sex (aOR 1.45, 95%CI: 1.27–1.65), and PrEP use (aOR 3.02, 95%CI: 2.30–3.96). Living with diagnosed HIV (adjusted incidence rate ratio (aIRR) 3.91, 95%CI: 3.77–4.05), selling sex (aIRR 4.39, 95%CI: 4.19–4.59), and PrEP use (aIRR 5.82, 95%CI: 5.29–6.41) were associated with a higher number of non-steady male CAI partners. The association between PrEP use and increased chance of syphilis diagnosis was mediated by STI-screening recency and number of non-steady male CAI partners, both substantially higher in 2017 compared to 2010. Interpretation: Syphilis cases are concentrated in three MSM population groups: HIV-diagnosed, PrEP users, and sex workers. Behavioural and interventional changes, particularly more non-steady male CAI partners and recency of STI-screening, are major contributing factors for increasing syphilis diagnoses among MSM in Europe. Funding: European Centre for Disease Prevention and Control. © 2022 The Author(s)	Condomless anal intercourse; Europe; Homosexual; Men who have sex with men; MSM; Pre-exposure prophylaxis; PrEP; STI-screening; Survey; Syphilis	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2022	Mereu, Alessandra; Liori, Arianna; Fadda, Luca; Puddu, Massimiliano; Chessa, Luchino; Contu, Paolo; Sardu, Claudia	What do young people know about HIV? Results of a cross sectional study on 18-24-year-old students.	Journal of Preventive Medicine and Hygiene	-	-	-	-	2421-4248	10.15167/2421-4248/jpmh2022.63.4.2555	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9986992	Introduction: Increasing people's knowledge of transmission, prevention, early diagnosis, and available treatments is a key step toward HIV control; it means setting the conditions for empowerment and enabling individuals to make aware choices about the prevention strategy best suited to their needs. This study aims to identify unmet needs on HIV knowledge among freshman students. Methods: A cross sectional study was carried out at the University of Cagliari, which is an Italian public state university. Data were collected by means of an anonymous questionnaire; the final sample included 801 students. Results: Results offer a detailed picture of students' knowledge and perceptions of HIV. Several topics deserve to be better understood by students, but the main gaps relate to the pre-exposure prophylaxis and the decreased likelihood of sexually transmitting HIV due to early treatments. Students' vision of the quality of life of people living with HIV was negatively affected by perceiving as relevant the effects of HIV on physical health or on sexual/affective domains, while conversely, it seemed positively affected by knowing that current treatments are useful for counteracting physical symptoms and decreasing the possibility of transmitting HIV. Conclusion: Being aware of the potential benefits of current therapies could favour a less negative view, in line with the current state of the beneficial effects of HIV treatment. Universities are a valuable setting to bridge the HIV knowledge gap and thus also contribute to tackling stigma and actively promoting HIV testing.	NA	English	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2022	Meyer J.P.; Price C.R.; Ye Y.; Qin Y.; Tracey D.S.; Demidont A.C.; Melbourne K.; Altice F.L.	A PrEP Demonstration Project Using eHealth and Community Outreach to Justice-Involved Cisgender Women and Their Risk Networks	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03709-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131556813&doi=10.1007%2fs10461-022-03709-2&partnerID=40&md5=923e04116ea07c48dc652a84aa98ac35	Women involved in criminal justice systems (WICJ) are a key population at risk for HIV, and pre-exposure prophylaxis (PrEP) is critical for HIV prevention. This project was designed to evaluate the feasibility and acceptability of delivering PrEP via eHealth to WICJ and members of their risk network (RN). We recruited HIV-negative cisgender WICJ index participants (n = 38) and risk network (RN) members (n = 67) using modified respondent-driven sampling. TDF/FTC was initiated for PrEP in participants meeting clinical criteria and dispensed through eHealth using a community-based, low barrier-to-care outreach model. Key steps in the PrEP care continuum were measured over 12 months. Enrolled participants (n = 105) had high current and lifetime justice-involvement and were predominantly cisgender women and non-Hispanic white with a mean age of 40.9y (SD 9.6). Despite most having primary care providers and medical insurance, PrEP awareness was low, and participants experienced high levels of medical, psychiatric, substance use, social, and economic need. Fifty-two participants (50%) were PrEP-eligible, of whom 24 (46%) initiated PrEP. TDF/FTC was safe and well-tolerated throughout follow-up and 13 individuals chose to remain on PrEP following study conclusion. In this novel PrEP demonstration project for WICJ and RN members, despite high medical, psychiatric, and social comorbidity, PrEP was positively received and effectively delivered using a community outreach model via eHealth. Registered on clinicaltrials.gov under trial registration number NCT03293290. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Cisgender women; Criminal justice; HIV prevention; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Meyerowitz E.A.; Bernardo R.M.; Collins-Ogle M.D.; Czeresnia J.M.; Matos C.M.; Mullis C.; Root H.B.; Torres-Isasiga J.A.; Tsai H.; Zingman B.S.	Navigating Human Immunodeficiency Virus Screening Recommendations for People on Pre-Exposure Prophylaxis and the Need to Update Testing Algorithms	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofac191	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134406173&doi=10.1093%2fofid%2fofac191&partnerID=40&md5=49c274ad2bbc826f77ac92309cc288d0	Incident HIV infections occurring in people on PrEP may have delayed seroconversion. New CDC guidelines recommend the addition of HIV-1 viral load for screening for all on PrEP. We believe antigen/antibody screening should continue for tenofovir-based PrEP at this time. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	cabotegravir; HIV drug resistance; HIV testing; PrEP; tenofovir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Mi Y.; Zeng Y.; Wang P.; Zhou M.; Cheng F.	Cost-Effectiveness of Pre-exposure Prophylaxis Among Men Who Have Sex With Men in China: A Systematic Review	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2022.809268	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133675880&doi=10.3389%2ffpubh.2022.809268&partnerID=40&md5=b4cdbb280c82c389a18ae7f34979b276	Objective: Men who have sex with men in China meet the definition of the population at "substantial risk" of contracting human immunodeficiency virus (HIV) according to the World Health Organization; therefore, initiating pre-exposure prophylaxis (PrEP) is recommended for this population. Lack of convincing evidence on cost-effectiveness has resulted in the lack of large-scale PrEP implementation at a national level. The objective of this review is to assess the cost-effectiveness of pre-exposure prophylaxis implementation among men who have sex with men in China. Methods: The following databases were used to search studies of pre-exposure prophylaxis in China in both English and Chinese: PubMed, Embase, the China National Knowledge Infrastructure (CNKI), and the Wanfang Database. Inclusion criteria included pre-exposure intervention, year for publication (2007–2021), setting (China), and cost-effectiveness estimation. Results: Seven studies were identified. We found that pre-exposure prophylaxis is only cost-effective among men who have sex with men without prioritization with at least a 5.5% reduction in the market price in the models. Pre-exposure prophylaxis is potentially cost-effective when using the latest market price, combined with other preventive programs or delivered to the population with a high risk of HIV exposure. Conclusion: Our study identifies key considerations in cost-effectiveness evaluation: cost assumptions, implementation coverage, and targeted population. The scarce evidence available is not comparable to some extent. However, combined with the latest market and policy reform, the cost-effectiveness of PrEP could be achieved as estimated by the underlying model of the included studies. Consequently, it calls for more standard and transparent modeling studies that include the latest drug types and market prices. Copyright © 2022 Mi, Zeng, Wang, Zhou and Cheng.	China; cost-effectiveness (CE); homosexual; human immunodeficiency virus (HIV); men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Migliorati, Julia M.; Zhong, Xiao-Bo	Mutations in muscle-type creatine kinase impact HIV prevention.	Trends in Pharmacological Sciences	-	-	-	-	1873-3735 0165-6147	10.1016/j.tips.2021.11.017	https://pubmed.ncbi.nlm.nih.gov/34887127/	There is large interindividual variability in the efficacy of pre-exposure prophylaxis (PrEP) with tenofovir (TFV) in preventing HIV infection. Naturally occurring mutations in the creatine kinase M-type (CKM) gene examined by Mosher et al. could provide answers to why some individuals who have active serum creatine kinase in clinical assessments may not respond to TFV PrEP.	Humans; tenofovir; HIV; Mutation; *Anti-HIV Agents/pharmacology/therapeutic use; AIDS; pre-exposure prophylaxis; *HIV Infections/drug therapy/prevention & control; Tenofovir/therapeutic use; creatine kinase M-type; Creatine Kinase/therapeutic use; Muscles; variants	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Millar, Alastair J. W.; Cox, Sharon G.	Surgical implications of HIV infection.	Pediatric Surgery International	-	-	-	-	1437-9813 0179-0358	10.1007/s00383-022-05333-6	https://pubmed.ncbi.nlm.nih.gov/36482099/	According to the joint United Nations Programme on HIV/AIDS (UNAIDS), 37.7 million adults and children worldwide were estimated to be living with HIV or acquired immune deficiency syndrome (AIDS) at the end of 2020 UNAIDS. (2022). http://www.unaids.org . Accessed 30 May 2022. Most reside in low- and middle-income countries, with approximately 67% in sub-Saharan Africa (SSA). At the end of 2020, the total number of children less than 15 years of age living with HIV infection was 2.6 million, of whom 2.3 million (88%) were living in SSA. Aggressive interventions have reduced the annual number of incident (new) HIV infections among children to around 150,000 UNAIDS. (2022). http://www.unaids.org . Accessed 30 May 2022. However, paediatric HIV infection remains a pandemic affecting children predominantly in SSA but is also seen in Asia and sporadically elsewhere particularly in areas of civil strife such as is currently the case in Ukraine War in Ukraine. (2022). https://www.unaids.org/en/War-Ukraine-special . Accessed Apr 2022. New HIV infections among children declined by more than half (54%) from 2010 to 2020, due mainly to the increased provision of antiretroviral therapy to pregnant and breastfeeding women living with HIV UNAIDS. (2022). http://www.unaids.org . Accessed 30 May 2022. These programmes include early identification of HIV infection in pregnant or breastfeeding women through routine HIV testing, provision of antiretroviral therapy (ART) to all HIV-infected women who are pregnant or breastfeeding, provision of antiretroviral prophylaxis to their newborn infants during the first 6-12 weeks of life, delivery by elective Caesarean section when indicated, promotion of exclusive breastfeeding, early infancy screening for HIV infection, and initiation of ART in infants with HIV infection. HIV-infected children may require surgery either as an emergency to deal with a life-threatening incidental condition unrelated to HIV infection or for a complication of the disease such as tuberculosis or an aggressive soft tissue infection like necrotising fasciitis. Non-emergency surgical procedures may be required to assist in the diagnosis of an HIV-related condition or to correct a routine surgical problem electively. Surgical conditions associated with HIV infection are described under categories of soft tissue or organ-specific infections requiring drainage or debridement; gastrointestinal tract disease and complications; infections in the perineal area; malignancies and HIV-associated vasculitis. Although surgical outcomes are less favourable in HIV-infected children, pre-operative treatment of coinfections, administration of cotrimoxazole prophylaxis, nutritional support and antiretroviral therapy, together with peri-operative antibiotic prophylaxis have resulted in excellent short-term outcomes World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: Recommendations for a public health approach, June 201 http://www.apps.who.int/iris/bitstream/10665/85321/1/9789241505727_eng.pdf?ua=1 ; World Health Organization Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV, September 2015. http://www.apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1;Eley et al. in BMC Infect Dis 2:3, 2002;Karpelowsky et al. in Pediatr Surg Int 28:1007-1014, 2012;.	Humans; Female; Pregnancy; Child; Infant, Newborn; HIV; Children; *HIV Infections/complications/drug therapy/epidemiology; Cesarean Section; *Acquired Immunodeficiency Syndrome; Complications; Surgery	English	Germany	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2022	Mills, A; Richmond, GJ; Newman, C; Osiyemi, O; Cade, J; Brinson, C; de Vente, J; Margolis, DA; Sutton, KC; Wilches, V; Hatch, S; Roberts, J; McCoig, C; Garris, C; Vandermeulen, K; Spreen, WR	Long-acting cabotegravir and rilpivirine for HIV-1 suppression: switch to 2-monthly dosing after 5 years of daily oral therapy	AIDS	-	-	-	-	NA	10.1097/QAD.0000000000003085	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02395936/full	OBJECTIVES: Long-acting formulations of cabotegravir (CAB) and rilpivirine (RPV) have demonstrated efficacy in Phase 3 studies. POLAR (NCT03639311) assessed antiviral activity and safety of CAB+RPV long-acting administered every 2months (Q2M) in adults living with HIV-1 who previously received daily oral CAB+RPV in LATTE (NCT01641809). DESIGN: A Phase 2b, multicenter, open-label, rollover study. METHODS: LATTE participants with plasma HIV-1 RNA less than 50copies/ml who completed at least 300weeks on study were eligible. Participants elected to switch to either CAB+RPV long-acting Q2M or daily oral dolutegravir/RPV for maintenance of virologic suppression. The primary endpoint was the proportion of participants with HIV-1 RNA greater than or equal to 50copies/ml at Month 12 (M12) per the Food and Drug Administration Snapshot algorithm. The incidence of confirmed virologic failure (CVF, two consecutive HIV-1 RNA measurements greater than or equal to 200copies/ml), as well as safety, laboratory, and patient-reported outcomes (HIV Treatment Satisfaction and preference questionnaires) were also assessed. RESULTS: Of 97 participants enrolled, 90 chose to receive CAB+RPV long-acting and seven chose dolutegravir/RPV. At M12, no participant had HIV-1 RNA greater than or equal to 50copies/ml or met the CVF criterion in either treatment group. No new safety signals were identified. Total treatment satisfaction was high at Baseline and remained stable through M12 across both treatment groups. Overall, 88% (n=77/88) of long-acting arm participants preferred CAB+RPV long-acting to oral CAB+RPV. CONCLUSION: CAB+RPV long-acting maintained virologic suppression in participants who had previously received daily oral CAB+RPV for at least 5years in LATTE, with a favorable safety profile. Most participants preferred CAB+RPV long-acting to their prior oral CAB+RPV regimen at M12.	*Human immunodeficiency virus 1; *Human immunodeficiency virus infection /drug therapy; Abdominal pain /side effect; Adult; Antiviral activity; Anti-HIV Agents therapeutic use; Article; Body mass; CD4+ T lymphocyte; Controlled study; Coughing /side effect; Diarrhea /side effect; Diketopiperazines; Drug efficacy; Drug formulation; Drug safety; Erythema /side effect; Fatigue /side effect; Female; Fever /side effect; Food and Drug Administration; HIV Infections drug therapy; HIV-1 genetics; Headache /side effect; Human; Human immunodeficiency virus infected patient; Human tissue; Humans; Major clinical study; Male; Middle aged; Multicenter study; Muscle strain /side effect; Nausea /side effect; Patient-reported outcome; Phase 2 clinical trial; Pyridones therapeutic use; Randomized controlled trial; Rilpivirine therapeutic use; Sustained virologic response; Syphilis /side effect; Upper respiratory tract infection /side effect	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Mitchell J.T.; Burns C.M.; Atkinson B.; Cottrell M.; Frye J.K.; McKellar M.S.; Kashuba A.D.M.; McClernon F.J.; Okeke N.L.	Feasibility, Acceptability, and Preliminary Efficacy of a Gamified Mobile Health Contingency Management Intervention for PrEP Adherence Among Black MSM	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03675-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128162709&doi=10.1007%2fs10461-022-03675-9&partnerID=40&md5=11adabbf39d6f439c2cb5e45b0f3ef39	Oral HIV pre-exposure prophylaxis (PrEP) is effective at preventing HIV. However, low adherence is common and undermines these protective effects. This is particularly relevant for groups with disproportionately higher rates of HIV, including Black men who have sex with men (MSM). The current study tested the feasibility, acceptability, and preliminary efficacy of a gamified mobile health contingency management intervention for PrEP adherence—called mSMART (Mobile App-Based Personalized Solutions for Medication Adherence of Rx Pill Tool). Fifteen Black MSM already prescribed PrEP in the community completed baseline and follow-up assessments separated by 8 weeks of using mSMART. Regarding feasibility, there was no study attrition, no mSMART functional difficulties that significantly interfered with use, and a mean rate of 82% daily mSMART use. Acceptability ratings were in the moderately to extremely satisfied range for factors such as willingness to recommend mSMART to others and user-friendliness, and in the low range for ratings on difficulty learning how to use mSMART. Scores on a system usability measure were in the acceptable range for 73% of the sample. Qualitative analysis of follow-up interviews identified individual components of mSMART that could be modified in future iterations to make it more engaging. PrEP composite adherence scores from biomarkers indicated an improvement from baseline to follow-up with a medium effect size, as well as a decrease in the number of perceived barriers to medication adherence. Findings indicate a future efficacy trial is needed to examine the effects of this gamified mobile health contingency management intervention on PrEP adherence. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Mobile health; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Mizuno Y.; Koenig L.J.; Wilkes A.L.; Gelaude D.; Carter J., Jr.; White L.S.; Spikes P.; Randall L.; Tesfaye C.L.; Glusberg D.; Gale B.; King A.; Frew P.M.; Schoua-Glusberg A.	UTILIZATION OF HIV PREVENTION, CARE, AND TREATMENT SERVICES AMONG YOUNG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PERSONS OF COLOR IN THE U.S. SOUTH: A QUALITATIVE ANALYSIS	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2022.34.6.512	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143199387&doi=10.1521%2faeap.2022.34.6.512&partnerID=40&md5=02eceeef8f405e80b7305cc5c41bf378	To better understand utilization of HIV prevention, care, and treatment services by young men who have sex with men (YMSM) and young transgender persons (YTG), of Black race or Hispanic/Latino/Latina ethnicity in the U.S. South, we conducted semi-structured interviews with 127 clients at one of four community based organizations (CBOs) in Miami, Atlanta, New Orleans/Baton Rouge, or Columbia, South Carolina. Across sites, the service that most commonly drew respondents into the CBO was HIV and STD testing. Other services commonly used included HIV/STI treatment, counseling services/support groups, and PrEP services. Social/organizational/structural facilitators of service utilization include the welcoming climate/culture of the CBOs, ease of access to the services, and transportation services to reach the CBOs. Suggested service enhancements include broader range of comprehensive, navigational-type services beyond HIV testing and service co-location. Research on how to reduce stigma in the surrounding communities may help reduce health disparities experienced by these populations. © 2022 The Guilford Press.	Black/African American; Hispanic/Latino/Latina; HIV service utilization; U.S. South; young MSM; young transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Mizuno, Yuko; Gelaude, Deborah J; Crepaz, Nicole; Kamitani, Emiko; DeLuca, Julia B; Leighton, Carolyn A; Wichser, Megan E; Smith, Dawn K	Health Care Providers' Views on Clinic Infrastructure and Practice Models That May Facilitate HIV Preexposure Prophylaxis (PrEP) Prescribing: A Qualitative Meta-Synthesis.	Health Promotion Practice	-	-	-	-	1524-8399	10.1177/15248399211038364	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8938291	HIV (human immunodeficiency virus) preexposure prophylaxis (PrEP) is an effective biomedical HIV prevention tool. Increasing PrEP use among populations disproportionately affected by HIV is one of the key efforts in the United States' Ending the HIV Epidemic (EHE) initiative and the HIV National Strategic Plan for the United States. Given that PrEP is available only through prescription, it is important to explore structural, organizational, or environmental factors that could facilitate or impede health care provider's PrEP prescribing behavior. The purpose of this systematic review (PROSPERO CRD: 42019138889) is to identify qualitative studies that addressed this topic and conduct meta-synthesis using the thematic synthesis method to identify major themes on the characteristics of clinic infrastructure or clinic models that providers consider as facilitators of PrEP prescribing in the United States. Eighteen citations representing 15 studies were included in this review. Five overarching themes were identified: (1) routinized HIV risk assessment; (2) interdisciplinary/coordinated PrEP teams or services; (3) clinic capacity to provide essential PrEP-related services; (4) low out-of-pocket patient costs; and (5) access to the priority populations. Some of these themes are consistent with the recommendations of CDC's PrEP clinical guidelines and the EHE initiative. More recent studies that include perspectives of diverse providers, timely analysis of these studies, and implementation research to assess strategies to address the current practice gaps are needed to further promote PrEP prescribing among providers in the United States.	HIV preexposure prophylaxis (PrEP); HIV/AIDS; access to care; clinic infrastructure; environmental and systems change; health care providers; practice models; prescribing.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Mizushima D.; Takano M.; Ando N.; Uemura H.; Yanagawa Y.; Aoki T.; Watanabe K.; Ishizuka N.; Oka S.	A four-year observation of HIV and sexually transmitted infections among men who have sex with men before and during pre-exposure prophylaxis in Tokyo	Journal of Infection and Chemotherapy	-	-	-	-	1341321X	10.1016/j.jiac.2022.02.013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125651871&doi=10.1016%2fj.jiac.2022.02.013&partnerID=40&md5=cd49a68a3d0bd1d26f4ae475de3089c8	Background: Pre-exposure prophylaxis (PrEP) with tenofovir/emtricitabine (TDF/FTC) has been recommended worldwide. We evaluated the safety and efficacy of daily PrEP with TDF/FTC in Tokyo. Methods: This single-center, single-arm study was performed with 124 men who have sex with men (MSM) between January 2017 and March 2021. MSM who entered into an MSM cohort from January 2017 through March 2018 and had a pre-PrEP observational period of 1 year were eligible and recruited to the study between April 2018 and March 2019 and followed for 2 years. The primary outcome was the incidence of HIV infection (per 100 person-years). Secondary outcomes were the incidence of sexually transmitted infections and adverse events, and the rate of retention and adherence to PrEP. Results: There were 309 MSM registered in the cohort (mean age, 36.6 years); 124 fulfilled the criteria and were included in the study. The remaining patients were continuously followed. There was a significant decrease in incidental HIV infection among PrEP users (0 infections, 235.5 person-years) compared to non-PrEP users (11 infections 3.4%/year, 318.9 person-years; p = 0.01). The average adherence rate was consistently greater than 95%, and the retention rate at two years was approximately 80%. Conclusions: The present study showed a high prophylactic effect against HIV infection, retention, and adherence to PrEP. PrEP is feasible and highly recommended in Japan. Trial registration: UMIN Clinical Trials Registry (UMIN000031040, www.umin.ac.jp), Japan Registry of Clinical Trials (jRCTs031180134). © 2022 Japanese Society of Chemotherapy and The Japanese Association for Infectious Diseases	HIV; Japan; Men who have sex with men; Pre-exposure prophylaxis; Sexually transmitted infection	English	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Clinical
Article	2022	Mohareb A.M.; Larmarange J.; Kim A.Y.; Coffie P.A.; Kouamé M.G.; Boyd A.; Freedberg K.A.; Hyle E.P.	Risks and benefits of oral HIV pre-exposure prophylaxis for people with chronic hepatitis B	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(22)00123-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134736112&doi=10.1016%2fS2352-3018%2822%2900123-0&partnerID=40&md5=301a461eda2d37c489559ae6e6fe49b3	Individuals with chronic hepatitis B virus (HBV) infection who are at substantial risk of HIV acquisition benefit from pre-exposure prophylaxis (PrEP) with tenofovir-based antiviral therapy. Considering that tenofovir potently inhibits HBV, providing PrEP to individuals with HBV effectively results in treatment of their HBV infection. However, some clinicians might be hesitant to initiate PrEP in people with chronic HBV due to unknown risks of HBV reactivation, hepatitis, and acute liver failure during periods of antiviral cessation. Unfortunately, these knowledge gaps affect scale up of PrEP among people with chronic HBV. Emerging data regarding the risks and benefits of antiviral cessation in people with chronic HBV suggest that PrEP can be safely initiated despite the risks of non-adherence or discontinuation. People with chronic HBV who stop PrEP should be closely monitored for HBV reactivation and hepatitis flares after antiviral cessation. © 2022 Elsevier Ltd	HIV, hepatitis B virus, PrEP, hepatitis, acute liver failure	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Molina J.-M.; Ghosn J.; Assoumou L.; Delaugerre C.; Algarte-Genin M.; Pialoux G.; Katlama C.; Slama L.; Liegeon G.; Beniguel L.; Ohayon M.; Mouhim H.; Goldwirt L.; Spire B.; Loze B.; Surgers L.; Pavie J.; Lourenco J.; Ben-Mechlia M.; Le Mestre S.; Rojas-Castro D.; Costagliola D.	Daily and on-demand HIV pre-exposure prophylaxis with emtricitabine and tenofovir disoproxil (ANRS PREVENIR): a prospective observational cohort study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(22)00133-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134820969&doi=10.1016%2fS2352-3018%2822%2900133-3&partnerID=40&md5=5fc7ee1216d22b36f4af1acc017b632f	Background: There are few data available regarding the use of on-demand pre-exposure prophylaxis (PrEP) for HIV prevention. We aimed to assess PrEP effectiveness, adherence, and safety in adults using daily or on-demand PrEP. Methods: We conducted a prospective observational cohort study (ANRS PREVENIR) at 26 sites in the Paris region, France. We enrolled HIV-negative adults (aged ≥18 years) at high risk of HIV infection who were starting or continuing PrEP. PrEP was prescribed as a fixed-dose combination of tenofovir disoproxil and emtricitabine (245 mg and 200 mg, respectively, per pill). PrEP could be prescribed as a daily regimen with one pill per day or, in men who have sex with men (MSM) or in transgender women who have sex with men, as an on-demand regimen following the IPERGAY dosing recommendation. At enrolment and every 3 months thereafter, participants were tested for HIV and provided information regarding the PrEP dosing regimen used. Adherence to PrEP was assessed by self-report and by tenofovir diphosphate concentrations in dried blood spots. The primary outcome of HIV-1 incidence was assessed using Poisson regression among participants who started PrEP. This study is registered with ClinicalTrials.gov, NCT03113123, and EudraCT, 2016A0157744. Findings: Between May 3, 2017, and May 2, 2019, 3082 people were assessed for eligibility and 3065 participants were enrolled. 3056 (99·7%) of 3065 participants reported using PrEP and were included in the analyses. The median age was 36 years (IQR 29–43), 1344 (44·0%) of 3056 participants were PrEP-naive, and 3016 (98·7%) were MSM. At enrolment, 1540 (50·5%) of 3049 participants opted for daily PrEP dosing and 1509 (49·5%) opted for on-demand PrEP dosing; these proportions remained stable during follow-up. Median follow-up was 22·1 months (IQR 15·9–29·7) and incidence of study discontinuation was 17·6 participants (95% CI 16·5–18·7) per 100 person-years. At the data cutoff on Sept 30, 2020, there had been six HIV-1 seroconversions (three participants using daily PrEP and three using on-demand PrEP; all were MSM) over 5623 person-years. Overall HIV-1 incidence was 1·1 cases (95% CI 0·4–2·3) per 1000 person-years, and did not differ between participants using daily PrEP and those using on-demand PrEP (incidence rate ratio 1·00, 95% CI 0·13–7·49; p=0·99). Four participants (two using daily PrEP and two using on-demand PrEP) discontinued PrEP due to treatment-related adverse events (nausea n=2, vomiting and diarrhoea n=1, and lumbar pain n=1). Interpretation: In this study, which enrolled mainly MSM, HIV-1 incidence on PrEP was low and did not differ between participants using daily PrEP and those using on-demand PrEP. On-demand PrEP therefore represents a valid alternative to daily PrEP for MSM, providing greater choice in HIV prevention. Funding: ANRS/Maladies Infectieuses Emergentes, Gilead Sciences, SIDACTION, and Région Ile de France. Translation: For the French translation of the abstract see Supplementary Materials section. © 2022 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Montgomery, Elizabeth T; Roberts, Sarah T; Reddy, Krishnaveni; Tolley, Elizabeth E; Hartmann, Miriam; Mathebula, Florence; Wagner, L Danielle; Lanham, Michele; Wilcher, Rose; Browne, Erica N; Baeten, Jared M; Palanee-Phillips, Thesla	The CHARISMA Randomized Controlled Trial: A Relationship-Focused Counseling Intervention Integrated Within Oral PrEP Delivery for HIV Prevention Among Women in Johannesburg, South Africa.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000002991	https://dx.doi.org/10.1097/QAI.0000000000002991	BACKGROUND: Consistent use of oral pre-exposure prophylaxis (PrEP) has been a challenge among women, particularly when in relationships with lack of partner support or intimate partner violence (IPV). METHODS: We conducted a randomized controlled trial (RCT) of an empowerment counseling intervention called "CHARISMA" delivered to women within a PrEP demonstration project in Johannesburg, South Africa. The trial tested the effectiveness of CHARISMA to increase PrEP adherence; decrease social harms and IPV; and improve partnership dynamics (eg, communication, disclosure and support) compared with those who received the standard of care counselling support and referrals. Four hundred seven HIV-seronegative, nonpregnant women aged 18-45 years were enrolled for 6 months of PrEP use, with 203 randomized (1:1) to the intervention. All participants reporting IPV received counseling and referrals that followed the WHO five-step Listen, Inquire, Validate, Enhance Safety, and Support approach. RESULTS: This RCT did not identify statistically significant differences between study arms for PrEP adherence or relationship dynamics, with the exception of an increase in PrEP disclosure among intervention arm women. In our study, we cannot determine whether the lack of detectable findings may have been because of lack of intervention effect, strength of standard of care services, low risk in the study population, or other factors. CONCLUSIONS: Addressing IPV and relationship dynamics remain important factors influencing HIV risk, and addressing these within the context of PrEP delivery is an important synergistic opportunity. CHARISMA was highly acceptable to participants, and further adaptation and testing of the intervention to other populations and settings will augment the evidence base.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Mora, Claudia; Nelvo, Romário; Monteiro, Simone	Peças de comunicação governamentais sobre as profilaxias pré (PrEP) e pós-exposição (PEP) ao HIV (2016-2019): análise de seus conteúdos e circulação entre gays, mulheres trans/travestis e trabalhadoras sexuais	Saúde e Sociedade	-	-	-	-	0104-1290	10.1590/s0104-12902022210855pt	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902022000400324	Resumo Este artigo analisa a divulgação das profilaxias pré (PrEP) e pós-exposição (PEP) ao HIV, considerando o papel histórico das campanhas de prevenção à aids. São utilizadas 24 peças de comunicação sobre PrEP, PEP e PC (Prevenção Combinada), produzidas entre 2016 e 2019 e publicadas no site e mídias sociais do Ministério da Saúde, e o depoimento de 30 usuários(as) das profilaxias - que incluem gays, mulheres trans/travestis e profissionais do sexo - na região metropolitana do Rio de Janeiro. As peças foram classificadas quanto ao tipo, ano, público e informação de acesso, e os resultados foram interpretados a partir de três eixos: sexualidade e risco; gênero, emoções e moralidades; deslocamentos do preservativo. A análise indicou o apagamento das expressões de sexualidade e o predomínio de uma linguagem abstrata e esquemática, pressupondo um público racional e individualista, com o preservativo associado à ideia de "risco sexual". Os relatos dos(as) usuários(as) quanto à divulgação de informações sobre essas profilaxias evidenciaram sua insuficiência. Concluímos que ocorre uma baixa exploração do potencial das campanhas de comunicação, orientadas pela realidade sociocultural dos segmentos sociais, comprometendo o acesso às profilaxias. Assim, a biomedicalização da prevenção e o avanço do conservadorismo prejudicam a resposta brasileira à aids.	HIV; Communication; Risk; Sexuality; Prevention; Sexualidade; Risco; Comunicação; Prevenção	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2022	Moran A.; Mashele N.; Mvududu R.; Gorbach P.; Bekker L.-G.; Coates T.J.; Myer L.; Joseph Davey D.	Maternal PrEP Use in HIV-Uninfected Pregnant Women in South Africa: Role of Stigma in PrEP Initiation, Retention and Adherence	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03374-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110988817&doi=10.1007%2fs10461-021-03374-x&partnerID=40&md5=e9fadb50f769839d52417a8ea1750071	Pregnant women in sub-Saharan Africa are at high risk of HIV acquisition and require effective methods to prevent HIV. In a cohort of pregnant women offered Pre-exposure prophylaxis (PrEP), we evaluate the relationship between internalized and anticipated stigma and PrEP initiation at first antenatal visit, 3-month continuation and adherence using multivariable logistic regression. High internalized and anticipated PrEP stigma are associated with lower PrEP care initiation at first antenatal visit (aOR internalized stigma = 0.06; 95% CI = 0.03–0.11 and aOR anticipated stigma = 0.55; 95% CI = 0.31–1.00) compared to women with low reported stigma, after controlling for covariates. Women whose partners have not been tested for HIV or whose serostatus remains unknown have 1.6-times odds of PrEP retention at 3-months compared to women whose partners have been tested (aOR = 1.60; 95% CI = 1.02–2.52) after adjusting for covariates. PrEP counseling and maternal PrEP interventions must consider individual- and relational-level interventions to overcome anticipated PrEP stigma and other barriers to PrEP initiation and adherence. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prophylaxis; Pregnancy; PrEP; South Africa; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Morgan E.; Caba A.E.; Eaton L.A.; Watson R.J.	PrEP Access Affected by COVID-19 Is Associated With Increased Odds of HIV Seroconversion	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003036	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138440726&doi=10.1097%2fQAI.0000000000003036&partnerID=40&md5=6d628ba74cd57f0a3da3aa61de02ac2e	Abstract:Black and Hispanic/Latino sexual minority men and gender diverse (SMMGD) individuals report lower uptake and adherence to pre-exposure prophylaxis (PrEP) compared with White SMMGD. For some, the COVID-19 pandemic has resulted in reduced access to PrEP prescriptions and related changes to PrEP use, yet little is known how pandemic-related changes to PrEP access and sexual activity might influence sexually transmitted infection (STI) status and HIV seroconversion among SMMGD of color. We used data from 4 waves of a national study of Black and Hispanic/Latino SMMGD's HIV, PrEP, and health experiences to assess whether self-reported changes to sexual activity were associated with STI status, and whether self-reported changes to PrEP access were associated with HIV seroconversion. Those who reported greater impact to their sexual activity during the pandemic adjusted odds ratio (aOR) = 1.24; 95% confidence interval (CI): 1.10 to 1.40 and a greater number of sexual partners (aOR = 1.29; 95% CI: 1.21 to 1.38) were more likely to report a positive STI test. In addition, we found that compared with those who did not report pandemic-related changes to PrEP access, those who did report changes to PrEP access had significantly higher odds of HIV seroconversion during the study period (aOR = 2.80; 95% CI: 1.02 to 7.68). These findings have implications for HIV and STI prevention and highlight the importance of novel interventions to improve PrEP access among Black and Hispanic/Latino SMMGD. Importantly, these findings also demonstrate the need to stay focused on key populations at risk of HIV infection during emerging public health crises to avoid an increase in rates of new diagnoses. © 2022 Lippincott Williams and Wilkins. All rights reserved.	COVID-19; HIV prevention; MSM; pandemic; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Morris S.; Cottrell M.; Rawlings S.A.; Peterson S.; Karris M.; Pacheco D.; Chaillon A.; Kay A.; Chow K.; Anderson P.L.; Gianella S.; Blumenthal J.	Genital Inflammation Is Not Associated with Decreased Vaginal Tenofovir Concentrations in Women Taking Oral PrEP	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002884	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125214048&doi=10.1097%2fQAI.0000000000002884&partnerID=40&md5=2919f039fa84ff49a15dd28c711e1515	Background:We evaluated the association of inflammation and dysbosis on cervicovaginal fluid (CVF) tenofovir (TFV) concentrations in women taking oral tenofovir disoproxil fumarate/emtricitabine for HIV pre-exposure prophylaxis (PrEP) in the United States.Setting:Thirty-five women in a HIV PrEP implementation study attended their week 24 visit at a San Diego research clinic and provided CVF specimens.Methods:Women in the Adherence Enhancement Guided by Individualized Texting and Drug Levels study had their CVF specimens evaluated for (1) sexually transmitted bacterial (Neisseria gonorrhoeae, Chlamydia trachomatis, Gardnerella, and Trichomonas vaginalis), viral (human papillomavirus, cytomegalovirus and herpes simplex virus-1/2) and fungal (Candida) infections; (2) microbiome composition by 16 S sequencing (V3-V4 region); and (3) cytokine profiles by enzyme-linked immunoassay (Interleukin-8, macrophage Inflammatory protein-1a, macrophage Inflammatory Protein-1b and interferon-γ-inducible protein-10). Univariate statistical analysis was used to determine factors associated with CVF TFV concentrations. CVF TFV of 100-1000 ng/mL benchmarked typical genital concentrations and TFV-diphosphate in dried blood spots of 700 fmol/punch was considered adequate adherence.Results:Thirty-five women had CVF specimens collected. No factor was associated with CVF TFV concentrations or discordance of blood and vaginal concentrations. Among 27 participants assessed for vaginosis (Candida, Gardnerella or Trichomonas), women with Gardnerella (n = 11) were more likely to have high (>1000 ng/mL) CVF TFV concentrations (82% versus 33%, P = 0.02).Conclusions:Presence of genital viruses, cytokines, or vaginal community state types were not associated with low CVF TFV concentrations in cisgender women taking oral tenofovir disoproxil fumarate/emtricitabine for PrEP. The surprising association observed between presence of Gardnerella and higher vaginal TFV concentrations needs further evaluation. © 2022 Lippincott Williams and Wilkins. All rights reserved.	Gardnerella; HIV pre-exposure prophylaxis; tenofovir; vaginal microbiome; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2022	Morris, Sheldon R; Jain, Sonia; Blumenthal, Jill; Bolan, Robert; Dubé, Michael P; Henderson, Philip; Corado, Katya; Sun, Shelly; He, Feng; Chow, Karen; Burke, Leah; Anderson, Peter L; Moore, David J	Randomized Trial of Individualized Texting for Adherence Building (iTAB) Plus Motivational Interviewing for PrEP Adherence in Transgender Individuals: The iM-PrEPT Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000003091	https://dx.doi.org/10.1097/QAI.0000000000003091	BACKGROUND: Transgender and nonbinary individuals at risk for HIV may benefit from adherence support for pre-exposure prophylaxis. METHODS: Between June 2017 and September 2020, 255 transgender and nonbinary individuals received daily oral tenofovir disoproxil fumarate/emtricitabine for 48 weeks randomized 1:1 to receive individualized Texting for Adherence Building (iTAB) or iTAB plus motivational interviewing (iTAB + MI) through phone for nonadherence. The primary end point was dried blood spot tenofovir diphosphate concentrations at weeks 12 and 48 (or last on-drug study visit) ≥1246 fmol/punch consistent with ≥7 doses/week (ie, near-perfect adherence). Secondary outcomes included dried blood spot tenofovir diphosphate concentrations ≥719 fmol/punch consistent with ≥4 doses/week (ie, adequate adherence) and self-reported adherence by daily text messages. RESULTS: Adherence for the outcome ≥1246 fmol/punch and ≥719 fmol/punch, respectively, was 49.1% and 57.9% for transgender men, 37.7% and 47.2% for nonbinary individuals, and 31.0% and 44.1% for transgender women. No difference was seen in iTAB + MI compared with iTAB alone by drug levels except where it approached significance in transgender women for the outcome of ≥719 fmol/punch in the iTAB + MI group compared with iTAB only (52% versus 35.7%, P = 0.065). There was a significant difference in self-reported daily dose adherence in the iTAB + MI group compared with iTAB alone (57.9% of days versus 46.4%, P = 0.009). In transgender women, the mean percentage of daily doses taken was 58.5% with iTAB + MI and 37.3% with iTAB alone (P < 0.001). CONCLUSIONS: In addition to automated approaches to adherence promotion, phone-based MI triggered by repeatedly missing doses may improve pre-exposure prophylaxis adherence among transgender women.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Moya E.D.; Rodrigues D.S.; Pietrus A.; Severo A.M.	A Mathematical Model for HIV/AIDS Under Pre-Exposure and Post-Exposure Prophylaxis	Biomath	-	-	1314684X	10.55630/j.biomath.2022.08.319	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139916397&doi=10.55630%2fj.biomath.2022.08.319&partnerID=40&md5=6ae225161bb39f6803903088aead946a	HIV/AIDS has a strong impact on society, the economy, and health. Early diagnosis of cases, adherence to treatment, and prevention are important factors in controlling the epidemic in the population. In this paper, we present a new mathematical model for the study of HIV/AIDS transmission. Our model is stratified in men and women, to account for the main forms of sexual transmission homosexual and heterosexual relationships, and infectiousness in the HIV and AIDS stages. In addition, in the construction of the model, we take into account the influence of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to study the impact of these implementations, diagnosis, and effectiveness of treatment based on viral load undetectability. We study the basic reproduction number by subpopulation (men and women) and general. Working by subpopulations allows us to study men who have sex with men who have a strong impact on virus transmission. Also, we study the infection-free equilibrium points due to their relationship with the basic reproduction number and demonstrate the global stability by subpopulation and general. To explore our model, we performed computational simulations on a scenario designed with data from the literature and assumed, studying the influence of the parameters associated with the use of PrEP, PEP, and undetectability on the basic reproduction number by varying them individually and jointly. We concluded that in women the basic reproduction number is always lower than unity and that in men the parameter associated with the undetectability of the viral load in HIV men has a strong influence on the dynamics. We also address the impact of PrEP, PEP, and undetectability in HIV and AIDS on the compartments, considering different scenarios varying the parameters jointly and independently and by sex which show difficulty in reducing women with AIDS. The scenario that showed the best results in the reduction of the number of HIV and AIDS cases was when the parameters associated with undetectability in HIV and AIDS men and women take the 90-90-90 that is proposed in the World Health Organization (WHO) strategy. © 2022 Erick Delgado Moya, Diego Samuel Rodrigues, Alain Pietrus, Aymee Marrero Severo. This article is distributed under the terms of the Creative Commons Attribution License (CC BY 4.0).	HIV/AIDS; Model; Post-Exposure Prophylaxis; Pre-Exposure Pro-phylaxis; Undetectable	English	Bulgaria	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	NA	NA	Quantitative
Article	2022	Moyo E.; Barham L.; Mhango M.; Musuka G.; Dzinamarira T.	Estimating the budget impact of adopting tenofovir/emtricitabine for pre-exposure prophylaxis of HIV in the public health sector in Namibia (2021 – 2023)	Journal of Infection and Public Health	-	-	18760341	10.1016/j.jiph.2022.09.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138375615&doi=10.1016%2fj.jiph.2022.09.003&partnerID=40&md5=b06124dbaee56cb95d98dba5cb282561	Background: Although Namibia started implementing pre-exposure prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV) in 2016, no study to determine its budget impact has been conducted. This study, therefore, aimed to estimate the budget impact of adopting tenofovir/emtricitabine for PrEP of HIV for all eligible people in the public health sector in Namibia from 2021 to 2023. Methods: A country-specific model was developed for this budget impact analysis (BIA). PrEP has targeted all eligible people in Namibia who receive health services from the public sector. It was assumed that the adherence rate was 75% and PrEP effectiveness 60% in this study. Costs used in this study were taken from a study that included Namibian costs. Results: The BIA suggests that adopting PrEP may be cost saving as US$104 823, US$143 620, and US$182 452 of additional HIV care costs will potentially be saved in 2021, 2022, and 2023, respectively. Cost savings rely on high adherence rates, high PrEP effectiveness rates, low PrEP costs, and a small number of people living with HIV (PLHIV). Conclusion: Further economic analysis could aid decision-making in Namibia, both to stress test assumptions in the BIA and conduct cost-effectiveness analysis to estimate the value for money of PrEP. © 2022 The Author(s)	Budget impact analysis; HIV; Namibia; PrEP; Tenofovir/emtricitabine	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Moyo E.; Murewanhema G.; Musuka G.; Dzinamarira T.	Long-Acting Injectable Drugs for HIV-1 Pre-Exposure Prophylaxis: Considerations for Africa	Tropical Medicine and Infectious Disease	-	-	24146366	10.3390/tropicalmed7080154	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137603949&doi=10.3390%2ftropicalmed7080154&partnerID=40&md5=673d71dd458a7bb5340216097a41c027	Sub-Saharan Africa carries the highest burden of HIV-1 and AIDS. About 39% of all new infections in the world in 2020 were in this region. Oral PrEP was found to be very effective in reducing the risk of HIV-1 transmission. However, its effectiveness is highly dependent on users adhering to the drugs. The availability of long-acting injectable PrEP that eliminates the need for a daily pill may increase PrEP uptake and adherence in people who struggle to adhere to oral PrEP. The USA's FDA approved long-acting cabotegravir (CAB-LA) for PrEP of HIV-1 in December 2021. In this review, we discussed the implementation challenges to the successful roll-out of CAB-LA in Africa and measures to address these implementation challenges. Some health system-level challenges include the cost of the drug, its refrigeration requirement, and the shortage of healthcare providers trained to administer parenteral medicines. In contrast, client challenges include lack of knowledge, accessibility of the drug, side effects, stigma, and lack of family and community support. These challenges can be addressed by several measures emanating from lessons learned from the successful implementation of ART, oral PrEP, and immunization in the continent. Some steps include advocating for waiving of CAB-LA patent licence, conducting demonstration projects in Africa, promoting the use of renewable energy sources such as solar energy, healthcare provider training, task shifting, community engagement, client education, and implementing adherence promotion strategies. © 2022 by the authors.	Africa; HIV-1; long-acting cabotegravir injection; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2022	Msph J.K.; Bullock N.A.A.; Burton K.; Mitchell C.; Harris L.; Combs R.; Krigger K.; Northington T.	Predictors of Pre- exposure Prophylaxis Awareness among African American Young Adults in Louisville, Kentucky	Journal of Health Care for the Poor and Underserved	-	-	10492089	10.1353/hpu.2022.0121	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137284769&doi=10.1353%2fhpu.2022.0121&partnerID=40&md5=bb51cfad5d98adf91f983ce3cc652983	Low pre-exposure prophylaxis (PrEP; medication to reduce HIV risk among HIV-negative people) awareness may be partially responsible for racial/ethnic differences in treatment uptake. Little research has examined PrEP awareness among African Americans with diverse HIV risk profiles. Audio computer-assisted self-interviews were distributed to 204 African American young adults (age 18–29) demonstrating heightened HIV vulnerability. Chi square analysis and logistic regressions were conducted to determine factors associated with PrEP awareness. While unadjusted logistic regression indicates that age 18–21 years (p<.01), heterosexuality (p<.05), lower education (p<.05), less frequent HIV testing (p<.01), STI diagnosis history (p<.05), not having casual sex (p<.05), and not having a one night stand (p<.01) were associated with decreased PrEP awareness, only heterosexuality (p<.05), lower education (p<.05), and less HIV testing (p<.01) remained significant in adjusted analysis. PrEP-focused education efforts should include outreach across education gradients and sexual orientations. Counselling efforts included with HIV testing may be responsible for accelerating PrEP knowledge among testers. © Meharry Medical College Journal of Health Care for the Poor and Underserved.	African American; awareness; HIV; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Mudimu, Edinah; Sardinia, Jack; Momin, Sahar; Medina-Marino, Andrew; Bezuidenhout, Charl; Bekker, Linda-Gail; Barnabas, Ruanne V; Peebles, Kathryn	Incremental costs of integrated PrEP provision and effective use counselling in community-based platforms for adolescent girls and young women in South Africa: an observational study.	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.25875	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8819637	INTRODUCTION: Adolescent girls and young women (AGYW) are a priority population for pre-exposure prophylaxis (PrEP), a highly effective HIV prevention method. However, effective PrEP use among AGYW has been low. Interventions to support PrEP effective use may improve pill-taking. Affordability of PrEP programs depends on their cost. We, therefore, evaluated the cost of community-based PrEP with effective use counselling. METHODS: Cost data from a randomized controlled trial were used to evaluate the cost of PrEP provision with effective use counselling offered to AGYW through community-based HIV testing platforms between November 2018 and November 2019. AGYW were randomized to receive (1) group-based community health club effective use counselling, (2) individualized effective use counselling or (3) community-based PrEP dispensary. Task shifting of effective use counselling from nurses to trained lay counsellors was implemented in groups 1 and 2. Personnel costs were estimated from time-and-motion observations and staff interviews. Expenditure and ingredients-based approaches were used to estimate costs for medical and non-medical supplies. RESULTS: In total, 603 AGYW initiated PrEP and accrued a total of 1280 months on PrEP. Average cost per person-month on PrEP with group-based community health club, individualized effective use counselling and community-based PrEP dispensary under the Department of Health scenario were similar and high (USD $55.32, $55.65 and $55.46, respectively) due to low PrEP client volume observed in the clinical trial. Increasing client volume (scaled Department of Health scenario) reduced cost per person-month estimates to USD $15.48, $26.40 and $13.99, respectively. CONCLUSIONS: As designed, individualized effective use counselling increased the cost of standard-of-care PrEP delivery by 89%, group-based community health effective use counselling increased the cost of standard-of-care PrEP delivery by 11%. These estimates can inform cost-effectiveness and budget impact analysis for PrEP provision with effective use counselling services.	HIV prevention, CBCT platforms, differentiated care, PrEP effective use, micro-costing, adherence	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Mudzingwa, Emily Krogstad; de Vos, Lindsey; Atujuna, Millicent; Fynn, Lauren; Mugore, Matinatsa; Hosek, Sybil; Celum, Connie; Bekker, Linda-Gail; Daniels, Joseph; Medina-Marino, Andrew	Factors influencing adolescent girls and young women's uptake of community-based PrEP services following home-based HIV testing in Eastern Cape, South Africa: a qualitative study.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-022-03702-9	https://dx.doi.org/10.1007/s10461-022-03702-9	Home-based service delivery has been used to improve access to HIV testing and antiretroviral initiation across sub-Saharan Africa, but it has yet to be leveraged to improve pre-exposure prophylaxis (PrEP) uptake. We interviewed 37 adolescent girls and young women (AGYW) in Eastern Cape, South Africa to explore why they chose to initiate PrEP or not following home-based HIV testing and referral for PrEP, and what influenced time to PrEP initiation. Participants reported that home visits provided a source of trusted information and a way to involve family members in their PrEP initiation decisions, motivating some to start PrEP. AGYW who initiated PrEP were more likely to qualitatively perceive themselves to be at high risk for HIV compared with those who never initiated PrEP. Integrating home-based HIV testing with PrEP education and referral may be a valuable way to reduce familial barriers and boost PrEP uptake among AGYW in South Africa. Trial registration: NCT03977181. Retrospectively registered on June 6, 2019.	Adolescent girls and young women; HIV prevention; Home-based services; Pre-exposure prophylaxis; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Mugambi, Melissa Latigo; Pintye, Jillian; Heffron, Renee; Barnabas, Ruanne Vanessa; John-Stewart, Grace	HIV Prevention Tools Across the Pregnancy Continuum: What Works, What Does Not, and What Can We Do Differently?	Current HIV/AIDS Reports	-	-	1548-3576	10.1007/s11904-022-00621-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9717592	PURPOSE OF REVIEW: Multiple tools exist to support the primary prevention of HIV in pregnant and postpartum women; however, there are opportunities to enhance their use and impact. This review summarizes the current status of HIV prevention tools and existing gaps and opportunities to improve their use along the pregnancy care continuum. RECENT FINDINGS: HIV screening efforts have steadily improved with close to universal screening of pregnant women in several East and Southern African countries. Strategies to implement partner testing through the distribution of HIV self-test kits are promising though linkage to care remains challenging. Syphilis screening rates are increasing though detection of other sexually transmitted infections could benefit from improved diagnostic capacity. Male and female condoms are rarely used and are often not the optimal tool of choice during pregnancy. Oral pre-exposure prophylaxis (PrEP) is a promising tool, although barriers such as the need for daily adherence, side effects, and stigma may limit its use. There is a growing pipeline of PrEP agents with alternative delivery platforms that might suit women's preferences better and supports the notion that choice is vital to improving HIV prevention coverage during the pregnancy-postpartum continuum. Clear guidance on which tools to use and how to use them, safety data supporting their use, and surveillance data documenting the scale and effectiveness of the tools will be imperative in establishing a path to more impactful prevention efforts among pregnant and postpartum women.	HIV prevention interventions; Postpartum; Pregnancy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Mujugira, Andrew; Nakyanzi Agnes; Nabaggala, Maria S; Muwonge, Timothy R; Ssebuliba Timothy; Bagaya Monica; Nampewo Olivia; Sapiri Oliver; Nyanzi, Kikulwe R; Bambia Felix; Rogers, Nsubuga; Serwadda David M; Ware, Norma C; Baeten, Jared M; Haberer, Jessica E	Effect of HIV Self-Testing on PrEP Adherence Among Gender-Diverse Sex Workers in Uganda: A Randomized Trial: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000002895	https://www.proquest.com/scholarly-journals/effect-hiv-self-testing-on-prep-adherence-among/docview/2632190335/se-2?accountid=8113	Background:HIV self-testing (HIVST) and pre-exposure prophylaxis (PrEP) are complementary tools that could empower sex workers to control their HIV protection, but few studies have jointly evaluated PrEP and HIVST in any setting.Methods:The Empower Study was an open-label randomized trial in Uganda. Sex workers were offered F/tenofovir disoproxil fumarate and randomized 1:1 to monthly HIVST and quarterly in-clinic testing (intervention) or quarterly in-clinic HIV testing alone (standard of care) and followed up for 12 months. PrEP adherence was measured using electronic adherence monitoring and tenofovir diphosphate (TFV-DP) levels in dried blood spots. Adherence outcomes and sexual behaviors were compared by arm using generalized estimating equation models.Results:We enrolled 110 sex workers: 84 cisgender women, 14 transgender women, 10 men who have sex with men, and 2 transgender men. The median age was 23 years. The 12-month retention was 75%. Nearly all (99.4%) used ≥1 HIVST kit. The proportion with TFV-DP levels ≥700 fmol/punch in the HIVST and standard of care arms at the 3-, 6-, 9-, and 12-month visits was 2.4%, 2.3%, 0%, and 0% and 7.9%, 0%, 0%, and 0%, respectively, with no differences by randomization arm (P > 0.2). Self-reported condomless sex acts with paying partners was similar by arm adjusted incidence rate ratio 0.70; 95% confidence interval (CI): 0.42 to 1.17; P = 0.18. One seroconversion occurred (HIV incidence, 0.9/100 person-years); TFV-DP was not detected at any visit.Conclusions:A gender-diverse sample of sex workers in Uganda used HIVST but not daily oral PrEP for HIV protection. Alternate approaches to promote PrEP use, including long-acting formulations, should be considered in this population.	Tenofovir; Africa; Women; Uganda; adherence; PrEP; Men; Gender; Sexual behavior; Transgender persons; Prophylaxis; Randomization; Seroconversion; Empowerment; Occupational exposure; HIVST; sex worker; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Sex industry; Confidence intervals; Self testing	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2022	Müller, Matthias C; Usadel, Susanne; Zimmermann, Stefan; Fahrhöfer, Andreas; Kern, Winfried V; Hoffmeister, Ulrike; Rieg, Siegbert	Closing Sexual Health Service Gaps With a New Service Model in Germany: Performance of an on-Site Integrated, Cross-Sectoral, Low Threshold Sexually Transmitted Infections/HIV Counseling and Treatment Service.	Frontiers in Public Health	-	-	2296-2565	10.3389/fpubh.2022.793609	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9082412	Purpose: In Germany, the incidence of bacterial sexual transmitted infections (STI) is on the rise and still high for HIV infections. The Center for Sexual Health Freiburg (CSHF) was established to offer low threshold access for STI/HIV counseling, testing, HIV pre-exposure prophylaxis (PrEP), and on-site treatment. The objective of this study was to analyze the performance of CSHF. Methods: Longitudinal study that includes all clients presenting between 1 May 2020 and 28 February 2021 at CSHF and willing to sign informed consent. Results: In the study period, 536 clients presented at CSHF of whom 417 clients were included in the study resulting in 668 client contacts. Clients' median age was 28.1 years (range: 18.0-73.1), 55.9% were men, 42.0% were women, 0.3% were transman, and 1.7% were not binary. Clients' sexual orientation was heterosexual (56.6%), homosexual men (26.2%), and bisexual (13.6%). STI screening resulted in the detection of any STI in 3.4% (95% confidence interval (CI): 0.7-6.1) of women, in 3.1% (95% CI: 0.0-6.5) of heterosexual men, and in 22.2% (95% CI: 13.0-31.5) of men having sex with men (MSM) not taking PrEP. Eighty-one MSM received PrEP with a total follow-up of 57.3 person-years and 0.44 STIs per person-year. Conclusion: The substantial burden of STI in the study population emphasizes the need for regular and low threshold STI screening services. The concept of CSHF may facilitate access to STI/HIV counseling, testing, and PrEP for a wide spectrum of people and may prove to be an important contribution to the efforts to reduce STI and HIV incidence in Germany.	HIV, STI, sexual health, prevention, public health, integrated, cross-sectoral	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2022	Munthali, R. J.; Stangl, A. L.; Baron, D.; Barré, I.; Harvey, S.; Ramskin, L.; Colombini, M.; Naicker, N.; Kapiga, S.; Delany-Moretlwe, S.	Prevalence and Risk Factors of PrEP Use Stigma Among Adolescent Girls and Young Women in Johannesburg, South Africa and Mwanza, Tanzania Participating in the EMPOWER Trial.	AIDS and Behavior	-	-	1573-3254 1090-7165	10.1007/s10461-022-03721-6	https://www.proquest.com/scholarly-journals/prevalence-risk-factors-prep-use-stigma-among/docview/2732898256/se-2?accountid=8113	Adolescent girls and young women (AGYW) in sub-Saharan Africa may benefit from pre-exposure prophylaxis (PrEP), yet stigma may limit PrEP acceptance and continuation. We examined factors associated with PrEP use stigma among 307 participants of the EMPOWER trial (2016-2018), an unblinded randomized controlled trial among HIV-negative, AGYW, aged 16-24, in South Africa and Tanzania. The 6-item, brief-PrEP use stigma scale (B-PSS) had high internal reliability. At the end of the trial, 34.2% of study participants reported any PrEP use stigma. Three latent classes were observed, reflecting low (46.9%), medium (31.9%), and high (21.2%) reported PrEP use stigma. Disclosure of PrEP use to sexual partner and belief that PrEP prevents HIV were associated with less reported PrEP use stigma. Conversely, participants who reported fear and shame about people living with HIV were more likely to report PrEP use stigma. Our validated tool and findings will enable practitioners to identify AGYW at high risk of PrEP use stigma who may benefit from additional support.Pan African clinical trials registry PACTR202006754762723, 5 April 2020, retrospectively registered.	Adolescent; Humans; Female; Risk Factors; HIV; South Africa/epidemiology; Reproducibility of Results; Prevalence; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis (PrEP); Tanzania/epidemiology; Sub-Saharan Africa; Stigma; *HIV Infections/epidemiology/prevention & control/drug therapy; Adolescent girls and young women (AGYW)	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2022	Murphy M.; Sosnowy C.; Rogers B.; Napoleon S.; Galipeau D.; Scott T.; Tao J.; Berk J.; Clarke J.; Nunn A.; Chan P.A.	Defining the Pre-exposure Prophylaxis Care Continuum Among Recently Incarcerated Men at High Risk for HIV Infection: Protocol for a Prospective Cohort Study	JMIR Research Protocols	-	-	19290748	10.2196/31928	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124988046&doi=10.2196%2f31928&partnerID=40&md5=6cba66b012ece56f8a83e8f313750ab2	Background: HIV disproportionately impacts criminal justice–involved individuals, including men who experience incarceration. Men make up the vast majority of those experiencing incarceration as well as those newly diagnosed with HIV infection. Pre-exposure prophylaxis (PrEP) is a highly effective biomedical intervention that significantly reduces the risk of HIV acquisition. However, implementation in criminal justice systems is limited. Little is known about effective PrEP implementation and use in this unique public health context. Objective: The aim of this study is to characterize the experience of implementing PrEP clinical care in a criminal justice setting for men vulnerable to HIV acquisition. Methods: This article describes a PrEP care continuum for men experiencing incarceration who are at increased risk of HIV acquisition, which can help conceptualize approaches to evaluating PrEP implementation. Results: The outlined study will enroll 100 men experiencing incarceration at high risk for HIV acquisition prior to release into the community. The goal is to initiate PrEP prior to release and link individuals to PrEP providers in the community, capturing barriers and facilitators to PrEP use during this uniquely vulnerable time period for HIV acquisition. Conclusions: Based on the proposed care continuum and what is known about HIV risk and prevention efforts in the criminal justice context, we outline key future research efforts to better understand effective approaches to preventing HIV acquisition among this vulnerable population. The described approach presents a powerful public health opportunity to help end the HIV epidemic. ©Matthew Murphy, Collette Sosnowy, Brooke Rogers, Siena Napoleon, Drew Galipeau, Ty Scott, Jun Tao, Justin Berk, Jennifer Clarke, Amy Nunn, Philip A Chan.	Criminal justice; Criminal justice system; HIV; Incarceration; Pre-exposure prophylaxis; PrEP; Prison system	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Murphy, Dean; Philpot, Steven; Brown, Graham; Prestage, Garrett	Domestic mobility and experiences of disconnection from sexual health care among gay and bisexual men in Australia: insights from a qualitative study.	Sexual Health	-	-	1449-8987	10.1071/SH21191	https://dx.doi.org/10.1071/SH21191	Background Previous research on mobility and HIV acquisition among gay and bisexual men (GBM) has focused on: (1) changed sexual practices in the context of travel; and (2) the association between migration and increased HIV risk. To date, little attention has been given to continuity of sexual health and HIV-prevention services in the context of relocating between different cities or regions within the same country. Methods Drawing on in-depth interviews with 17 GBM recently diagnosed with HIV, we explored these men's access to sexual health care in the period prior to diagnosis. Results At least five of these 17 men's accounts provided examples of becoming disconnected from sexual health care because of mobility within Australia. For some men, this disconnection from care also included loss of access to pre-exposure prophylaxis (PrEP). In all these men's accounts, reconnection with services only came about at the time of seeking the HIV test associated with their diagnosis. The fact that men who had previously been well connected to sexual health services (as indicated by early uptake of PrEP, or regular HIV/STI testing) did not easily access similar services after relocating suggest that there are other factors - such as the social and physical environment - that have an important bearing on retention in sexual health care. Conclusions There is a need for more comprehensive data collection related to mobility in order to ascertain its relative importance. Regarding policy and practice, there are also opportunities for a more formalised process for interstate referral of clients of sexual health services.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Murphy, Emma Chew; Danvers, Antoinette; Zamudio, Andrés Ramírez; Avila, Karina; Proehl, Meghan; Gonzalez-Argoti, Tatiana; Mantell, Joanne E; Bauman, Laurie J; Dolan, Siobhan M	"Being able to do whatever you wanna do as a woman is important:" a qualitative exploration of contraception as a frame of reference for HIV prevention with PrEP	Reproductive Health	-	-	1742-4755	10.1186/s12978-022-01393-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8991476	BACKGROUND: Use of HIV PrEP (pre-exposure prophylaxis) is a strategic tool in the effort to end the HIV epidemic. 20% of new HIV infections in the US are among cis-gender women, yet they comprise only 5% of all PrEP users. Black women disproportionately bear the burden of new HIV acquisition and accounted for almost 60% of new HIV diagnoses among women in 2018. Increasing understanding and uptake of PrEP among women at risk of HIV acquisition in alignment with their reproductive values and preferences is key to increasing PrEP uptake and decreasing HIV burden in this population. OBJECTIVE: This study examines how experiences with contraception among women of color shape their perceptions and preferences regarding HIV PrEP to inform counseling that aligns with their reproductive values. METHODS: Women aged 18-45 who self-identified as Black or Latina were recruited at an academic medical center in the Bronx from June 2018 to July 2019. We enrolled 30 participants seeking family planning care (10), prenatal care (10), or care for sexually transmitted infections (10). Participants completed a brief written survey assessing their risk of HIV acquisition. Semi-structured, face-to-face interviews were then audio-recorded, transcribed, and entered into Dedoose. Grounded theory and constant comparison approaches were used to analyze the data. RESULTS: Twenty-one participants (70%) screened positive for HIV acquisition risk. Four had received information on PrEP from a medical provider prior to the interview. Three themes emerged from the qualitative analysis: (1) Similar to oral contraception, women conceptualized PrEP as a "daily pill" to support their reproductive health; (2) Women perceived PrEP as a tool to support autonomy and pleasure in their sexual health; (3) Like birth control, women desired multiple delivery options for HIV prophylaxis. CONCLUSIONS: Contraception may serve as a frame of reference when counseling about PrEP among cis-women at risk of acquiring HIV. Our study suggests that this approach re-contextualizes counseling on PrEP within a sex-positive framework that prioritizes pleasure, safety, and autonomy as integral to sexual and reproductive wellness. Consideration of historically marginalized women's experiences with contraception and reproductive values may facilitate their use of PrEP.	Birth control; HIV prevention; PrEP; Sex positivity; Sexual health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Murray, Laura R.; Brigeiro, Mauro; Monteiro, Simone	A retreat from human rights? A reflection on sex work's place in contemporary HIV prevention.	Global Public Health	-	-	1744-1706 1744-1692	10.1080/17441692.2021.1896762	https://pubmed.ncbi.nlm.nih.gov/33736567/	In 2012, the World Health Organization guidelines for HIV prevention recommended the decriminalisation of sex work as their number one good practice. Although human rights language played a key role in the international scientific and activist endorsement of the WHO policies, since then there have been few initiatives in terms of advancing the kinds of structural and political changes endorsed. In this Commentary, we reflect on sex work's place in the broader field of the biomedicalization of responses to HIV. The analysis is based on literature reviews and our research trajectories, including preliminary results from a qualitative study on the implementation of PrEP in Rio de Janeiro, Brazil. We argue that sex workers occupy an ambiguous and less visible role in current AIDS policies, and that such policies are increasingly characterised by their prioritisation of biomedical approaches over structural factors. These shifts should be understood as part of a broader, global hegemony of clinical responses to HIV prevention and the continuation of a neoliberal discourse around human rights, without adequate investment in the material conditions necessary to guarantee these rights.	Humans; *Human Rights; Brazil; PrEP; HIV/AIDS; Sex Workers; human rights; *HIV Infections/prevention & control; Sex work; *Sex Work/legislation & jurisprudence; biomedicalization	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2022	Musara, Petina; Hartmann, Miriam; Ryan, Julia H; Reddy, Krishnaveni; Ggita, Joseph; Mutero, Prisca; Macagna, Nicole; Taulo, Frank; Mgodi, Nyaradzo M; Piper, Jeanna; van der Straten, Ariane	Understanding the role of men in women's use of the vaginal ring and oral PrEP during pregnancy and breastfeeding: multi-stakeholder perspectives.	African Journal of AIDS Research	-	-	1727-9445	10.2989/16085906.2022.2138474	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9983781	We examined men's influence on women's interest in biomedical HIV prevention during pregnancy and breastfeeding through structured questionnaires and focus group discussions with currently or recently pregnant and breastfeeding (P/BF) women (n = 65), men with P/BF partners (n = 63) and mothers/mothers-in-law of P/BF women (n = 68) in eastern and southern Africa. Data were transcribed, coded and summarised into analytical memos. Men were depicted by most participants as joint decision-makers and influencers of women's use of HIV prevention. Cultural and religious norms depicting men as heads, breadwinners and protectors of the family were cited to legitimise their involvement in decision-making. Male partner education and engagement were recommended to garner their support in women's HIV prevention. This study elucidates how P/BF women's ability to prevent HIV is shaped by traditional and contemporary gender norms in social settings and locations where the study was conducted. Findings may aid intervention design to engage men for P/BF women's effective use of microbicide and oral PrEP.	HIV prevention; gender; male partner; microbicide; sub-Saharan Africa	English	South Africa	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Qualitative
Article	2022	Muwonge T.R.; Nsubuga R.; Ware N.C.; Wyatt M.A.; Pisarski E.; Kamusiime B.; Kasiita V.; Nalukwago G.K.; Brown C.; Nakyanzi A.; Bagaya M.; Bambia F.; Ssebuliba T.; Katabira E.; Kyambadde P.; Baeten J.M.; Heffron R.; Celum C.; Mujugira A.; Haberer J.E.	Health Care Worker Perspectives of HIV Pre-exposure Prophylaxis Service Delivery in Central Uganda	Frontiers in Public Health	-	-	22962565	10.3389/fpubh.2022.658826	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128486577&doi=10.3389%2ffpubh.2022.658826&partnerID=40&md5=c9220c613be78cad9a131da16b3e31fb	Background: Scale-up of HIV pre-exposure prophylaxis (PrEP) services in Uganda is ongoing. However, health care workers (HCWs) may not be aware of PrEP nor what offering this service entails. We explored the impact of standardized HCW training on the knowledge and perspectives of PrEP service delivery in Uganda. Methods: We recruited HCWs from facilities that offered HIV-related services in Central Uganda. Using the Uganda Ministry of Health curriculum, we trained HCWs on PrEP services. We collected data about PrEP knowledge, preparedness, and willingness to deliver PrEP to multiple key populations before the training, immediately after the training, and >6 months later (exit). We additionally conducted 15 qualitative interviews after the exit survey. Quantitative data were analyzed by Fisher exact test, while qualitative interview data were analyzed inductively. Results: We recruited 80 HCWs from 35 facilities in urban (N = 24, 30%), peri-urban (N = 30, 37%), and rural (N = 26, 33%) areas. Most HCWs were nurse counselors (N = 52, 65%) or medical/clinical officers (N = 15, 18%). Surveys indicated that awareness of PrEP increased after the training and remained high. Knowledge of PrEP (i.e., as an effective, short-term antiretroviral medication to use before HIV exposure for people at high risk) generally increased with training, but significant gaps remained, and knowledge decreased with time. Most HCWs recommended PrEP for female sex workers and HIV serodifferent couples, as well as other key populations. We observed an increase in the number of HCW who felt their facility was prepared to cater for HIV prevention and provide PrEP, but this view was not universal. HCWs believed in PrEP effectiveness and embraced it as an additional HIV prevention method. Concerns included patient adherence and behavioral risk compensation. HCWs noted challenges in PrEP delivery in terms of inadequate clinic preparedness, infrastructure, staff capacity, and poor attitudes toward key populations by untrained health workers. They felt further training was needed to ensure a smooth scale-up of services without stigmatization. Conclusions: Standardized training improved knowledge, willingness, and preparedness to offer PrEP services among most HCWs in Central Uganda. Ongoing training will be needed to optimize PrEP delivery services and expand delivery to levels needed for population-level impact. Copyright © 2022 Muwonge, Nsubuga, Ware, Wyatt, Pisarski, Kamusiime, Kasiita, Nalukwago, Brown, Nakyanzi, Bagaya, Bambia, Ssebuliba, Katabira, Kyambadde, Baeten, Heffron, Celum, Mujugira and Haberer.	healthcare worker; HIV prevention; PrEP training; serodiscordant couples; sub-Saharan Africa; Uganda	English	Switzerland	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Mixed methods
Article	2022	Mwango L.; Toeque M.-G.; Lindsay B.; Tembo K.; Sakala H.; Reggee S.; Malunga S.M.; Kabwe M.; Kafunda I.; Olufunso A.; Mwila A.; Okuku J.; Kancheya N.; Nkwemu K.; Mumba D.; Hachaambwa L.; Sheneberger R.; Blanco N.; Lavoie M.-C.; Stafford K.A.; Claassen C.W.	Reaching transgender populations in Zambia for HIV prevention and linkage to treatment using community-based service delivery	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.25995	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139791840&doi=10.1002%2fjia2.25995&partnerID=40&md5=6e253dec6429c3d41621b41cbc138645	Introduction: Transgender and gender-diverse communities in Zambia are highly vulnerable and experience healthcare differently than cisgender persons. The University of Maryland, Baltimore (UMB) supports projects in Zambia to improve HIV case-finding, linkage and antiretroviral treatment (ART) for Zambia's transgender community. We describe programme strategies and outcomes for HIV prevention, testing and ART linkage among transgender communities. Methods: UMB utilizes a differentiated service delivery model whereby community health workers (CHWs) recruited from key populations (KPs) reach community members through a peer-to-peer approach, with the support of local transgender civil society organizations (CSOs) and community gatekeepers. Peer CHWs are trained and certified as HIV testers and psychosocial counsellors to offer counselling with HIV testing and prevention services in identified safe spaces. HIV-negative people at risk of HIV infection are offered pre-exposure prophylaxis (PrEP), while those who test positive for HIV are linked to ART services. CHWs collect data using the standardized facility and community tools and a dedicated DHIS2 database system. We conducted a descriptive analysis examining HIV testing and prevention outcomes using proportions and comparisons by time period and geographic strata. Results: From October 2020 to June 2021, across Eastern, Lusaka, Western and Southern Provinces, 1860 transgender persons were reached with HIV prevention messages and services. Of these, 424 (23%) were tested for HIV and 78 (18%) tested positive. Of the 346 HIV-negative persons, 268 (78%) eligible transgender individuals were initiated on PrEP. ART linkage was 97%, with 76 out of the 78 transgender individuals living with HIV initiating treatment. Programme strategies that supported testing and linkage included peer CHWs, social network strategy testing, same-day ART initiation and local KP CSO support. Challenges included non-transgender-friendly environments, stigma and discrimination, the high transiency of the transgender community and the non-availability of transgender-specific health services, such as hormonal therapy. Conclusions: Peer KP CHWs were able to reach many members of the transgender community, providing safe HIV testing, PrEP services and linkage to care. Focusing on community gatekeepers and CSOs to disburse health messages and employ welcoming strategies supported high linkage to both PrEP and ART for transgender people in Zambia. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Africa; community; differentiated care; HIV care continuum; HIV prevention; transgender people	English	United States	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Mixed methods
Article	2022	Mwongeli, Nancy; Wagner, Anjuli D.; Dettinger, Julia C.; Pintye, Jillian; Brown Trinidad, Susan; Awuor, Merceline; Kimemia, Grace; Ngure, Kenneth; Heffron, Renee A.; Baeten, Jared M.; Mugo, Nelly; Bukusi, Elizabeth A.; Kinuthia, John; Kelley, Maureen C.; John-Stewart, Grace C.; Beima-Sofie, Kristin M.	"PrEP Gives the Woman the Control": Healthcare Worker Perspectives on Using pre-Exposure Prophylaxis (PrEP) During Pregnancy and Postpartum in Kenya.	Journal of the International Association of Physicians in AIDS Care	-	-	2325-9582 2325-9574	10.1177/23259582221111068	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9251967	Background: Pregnant and postpartum women in high HIV prevalent regions are at increased HIV risk. Oral pre-exposure prophylaxis (PrEP) can decrease HIV incidence reducing infant HIV infections. Understanding healthcare worker (HCW) beliefs about PrEP prior to national roll-out is critical to supporting PrEP scale-up. Methods: We conducted 45 semi-structured interviews among a range of HCW cadres with and without PrEP provision experience purposively recruited from four clinics in Kenya to compare their views on prescribing PrEP during pregnancy and postpartum. Interviews were analysed using a conventional content analysis approach to identify key influences on PrEP acceptability and feasibility. Results: All HCWs perceived PrEP as an acceptable and feasible HIV prevention strategy for pregnant and postpartum women. They believed PrEP meets women's needs as an on-demand, female-controlled prevention strategy that empowers women to take control of their HIV risk. HCWs highlighted their role in PrEP delivery success while acknowledging how their knowledge gaps, concerns and perceived PrEP implementation challenges may hinder optimal PrEP delivery. Conclusion: HCWs supported PrEP provision to pregnant and postpartum women. However, counseling tools to address risk perceptions in this population and strategies to reduce HCW knowledge gaps, concerns and perceived implementation barriers are required.	Humans; Female; Pregnancy; Infant; *Anti-HIV Agents/therapeutic use; Health Personnel; *Pre-Exposure Prophylaxis; HIV prevention; Kenya; Postpartum Period; pregnancy; *HIV Infections/drug therapy; pre-exposure prophylaxis (PrEP); postpartum; healthcare workers	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2022	Nacht, Carrie L.; Felner, Jennifer K.; Muthuramalingam, Sandhya; Towner, William; Ling Grant, Deborah; Martos, Alexander; Chang, John M.; Hechter, Rulin; Storholm, Erik D.	Barriers and Opportunities to Improve the Implementation of Patient Screening and Linkage to Pre-Exposure Prophylaxis in Primary Care.	Journal of Clinical Research in HIV AIDS and Prevention	-	-	2324-7339	10.14302/issn.2324-7339.jcrhap-22-4371	https://pubmed.ncbi.nlm.nih.gov/37841674/	Although pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV infection, only around 25% of at-risk individuals in the United States have accessed a prescription. One way to increase PrEP uptake is through the sexual health screening of patients and linkage to PrEP in primary care settings. The objective of this analysis was to assess the barriers and implementation strategies during a screening and linkage to PrEP pilot intervention. Primary care patients were screened for PrEP indication during routine primary care visits. Of the 1,225 individuals screened, 1.8% (n=22) were eligible for PrEP and from those, 77.3% (n=17) attended the specialist appointment and were prescribed PrEP. Primary care patients (n=30) and providers (n=8) then participated in semi-structured interviews assessing their experience with the pilot intervention. Using an applied thematic analytic approach, patients and providers identified barriers and related improvement strategies that could be classified into four main categories: 1) Financial Barriers: Individual- vs. Clinic-level Considerations 2) The Role of Stigma, Discomfort, and Cultural Factors 3) Logistical Hurdles and Streamlining the Intervention, and 4) The Lack of PrEP Knowledge and the Need for Education. Findings support the acceptability and feasibility of screening for PrEP in primary care along with appropriate implementation strategies. This study suggests that because of the high volume of patients seen in primary care, sexual health screenings and linkage to PrEP interventions have the potential to reduce new incident HIV infections among diverse sexual minority men.	HIV; PrEP; Primary Care; Qualitative Methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Nakamanya S.; Kawuma R.; Kibuuka D.; Kusemererwa S.; McCormack S.; Ruzagira E.; Seeley J.	Assessing acceptability of pre-exposure prophylaxis (PrEP) among participants in an HIV vaccine preparedness study in southwestern Uganda	PLOS One	-	-	19326203	10.1371/journal.pone.0271104	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135420474&doi=10.1371%2fjournal.pone.0271104&partnerID=40&md5=eb43d7fd4a0d032cfa547b4fa5fed637	Background Daily oral pre-exposure prophylaxis (PrEP) use is highly effective against HIV infection. However, the uptake of PrEP among individuals at high-risk of HIV acquisition in sub-Saharan Africa varies because of availability and acceptability. We assessed the acceptability of PrEP among participants in a prospective HIV vaccine preparedness study in Masaka, southwestern Uganda. Methods From November 2018 to August 2019, 20 participants (10 female) were purposively selected for in-depth interviews (IDIs) at 3 and 9 months' post-enrolment in the vaccine preparedness study. Four focus group discussions (FGD) (two among men) were conducted with 29 individuals categorized as: younger (18-24 years) men, younger (18-24 years) women, older (≥30 years) men, and older (≥30 years) women. Apart from IDI specific questions on recent life history including work experience, relationship history and places lived, topics for IDIs and FGDs included knowledge of HIV, perceptions of HIV risk (including own risk), knowledge of and use of PrEP. The Theoretical Framework of Acceptability was used to structure a thematic framework approach for data analysis. Results Participants understood that PrEP was an oral pill taken daily by HIV negative individuals to prevent acquisition of HIV. Overall, interest in and acceptability of PrEP was high, more than half expressed positivity towards PrEP but were not ready to initiate taking it citing the burden of daily oral pill taking, related side effects, stigma and distrust of PrEP. Fourteen participants (from IDI and FGD) initiated PrEP, although some (one FGD and two IDI participants) stopped taking it due to side effects or perceived reduced risk. Conclusion We observed a keen interest in PrEP initiation among our study participants. However, a limited understanding of PrEP and associated concerns impeded uptake and sustained use. Hence, interventions are needed to address end-user challenges to increase uptake and support adherence. © 2022 Nakamanya et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2022	Nakelsky S.; Moore L.; Garland W.H.	Using evaluation to enhance a pre-exposure prophylaxis (PrEP) social marketing campaign in real time in Los Angeles County, California	Evaluation and Program Planning	-	-	1497189	10.1016/j.evalprogplan.2021.101988	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113608683&doi=10.1016%2fj.evalprogplan.2021.101988&partnerID=40&md5=39643e30803d0f5afdf70ef66add9d9f	Objective: To describe the application of a formative evaluation conducted concurrently with implementation of a public health social marketing campaign to allow for substantive changes to the campaign messaging to subsequently improve acceptability. Method: A serial cross-sectional survey was used to evaluate the acceptability of two campaign messages among Black and Latino men who have sex with men (MSM) and transgender persons (TGP) in Los Angeles County from 2016 to 2018 through an online survey. Theinitial message, which presented the PrEP Protectors, a trio of superheroes embodying the power, knowledge, and protection pre-exposure prophylaxis (PrEP) can provide, was revised based on respondent feedback collected in the survey to increase specificity and clarity. An adjusted regression model tested whether the revised campaign message, (the initial campaign plus revised imagery and streamlined language) was predictive of increased campaign acceptability compared to the initial message alone. Results: A total of 911 eligible respondents were surveyed, most were MSM (83 %), <age 30 (62 %) and reported PrEP awareness (76 %). Compared to respondents shown theinitial campaign, those exposed to revised campaign were significantly more likely to report campaign acceptability (adjusted odds ratio (aOR) = 2.56; 95 % CI: 1.64–3.94). Conclusion: Conducting an evaluation concurrently with campaign implementation to test campaign acceptability facilitated responsive modifications to improve campaign messaging and acceptability to the priority populations. © 2021 Elsevier Ltd	Ending the HIV epidemic; Evaluation; Men who have sex with men; Pre-exposure prophylaxis; Social marketing; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Nakiganda L.J.; Grulich A.E.; Poynten I.M.; Serwadda D.; Bazaale J.M.; Jin J.; Bavinton B.R.	Self-reported and pill count measures of adherence to oral HIV PrEP among female sex workers living in South-Western Uganda	PLOS One	-	-	19326203	10.1371/journal.pone.0277226	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141892637&doi=10.1371%2fjournal.pone.0277226&partnerID=40&md5=201f47499df80e45f2a1c33c3fc6b409	Background Female sex workers (FSWs) in Uganda are at high risk of HIV infection. Scaling up oral preexposure prophylaxis (PrEP) will reduce HIV incidence if high levels of adherence are maintained. This study evaluates PrEP adherence using clinic-based pill counts and self-reported measures, and factors associated with protective levels of adherence. Methods Participants were sex workers who had been taking PrEP for at least 5 months and were attending routine follow-up visits for PrEP care in fishing communities and along the Trans-African Highway. Participants who had a pill count showing at least 85% use since their last clinic visit and those who reported taking their PrEP every day in the last 5 months were categorised as having 'protective adherence'. Spearman's correlation and weighted kappa assessed the relationship between pill count and self-reported measures. Bivariate and multivariate logistic regression was used to determine factors associated with protective adherence by pill count. Results We recruited 524 FSWs, with a median age of 29 years (IQR 23–35). Participants were recruited from fishing communities and Trans-African Highway towns (n = 297, 56.7%, and n = 227, 43.0%). Nearly three quarters (n = 372, 71.0%) of women were estimated to have protective adherence based on pill count (i.e., a pill count of >85%) and 50.4% by self-report in last 3 months. There was a strong positive association between self-reported measures and pill count measures (rest = 0.6453, 95% CI = 0.5924–0.6927) and a moderate agreement between self-reported measures and pill count measures, κ = 0.544 (95%CI = 0.4869–0.6011, p < 0.001). Factors associated with protective adherence included being aged 35 years or older (aOR = 2.40, 95% CI = 1.17–4.86), living in a fishing community (aOR = 1.45, 95% CI = 0.62–3.38), and having an STI in last 3 months (aOR = 1.64, 95% CI = 1.07–2.49). Conclusion Our findings indicate that PrEP-experienced FSWs attending clinical follow-up visits reported high protective levels of oral pre-exposure prophylaxis, as measured by both pill count and self-reported measures, and a moderate agreement between pill count and self-reported measures. © 2022 Nakiganda et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Nazli A.; Garner A.; Gokengin D.	Awareness of HIV pre-exposure prophylaxis among men who have sex with men using apps for sexual encounters in Turkiye	International journal of STD & AIDS	-	-	9564624	10.1177/09564624221126867	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138258138&doi=10.1177%2f09564624221126867&partnerID=40&md5=55070a42bcd916dd27845c7acce83dfd	Background: New HIV diagnoses are rising in Turkiye. Men who have sex with men (MSM) are estimated to be the main driver of the epidemic. Pre-exposure prophylaxis (PrEP) was proven to be effective in reducing new HIV diagnoses and PrEP recently became available in Turkiye. Objective: To assess awareness of and willingness to use PrEP and the level of off-licence use among MSM. Methods: An anonymous self-completed questionnaire was sent out over the Hornet Gay Social Network from December 2019 to February 2020, available in Turkish and Arabic. It included 20 questions on HIV and STI testing, PrEP awareness, PrEP use, willingness to use, chemsex and sexual happiness level. Results: Overall 4761 respondents who responded to more than 1/3 of the questions were eligible for analyses; 5.5% was Arabic speaking. The mean age was 30.5 years, 31.4% had never tested for HIV, 40.5% knew what PrEP was, the most common source of knowledge was the internet (44.5%), 2.5% (120) had used PrEP in the last 12 months and 1.7% (83) was current users. PrEP users had accessed drugs over the internet (47.6%), pharmacy (23%), and friends (13.8%). Almost 40% were willing to use PrEP in the following 6 months. Younger and Arabic speaking respondents had lower rates of HIV testing (p =.001) and lower awareness for PrEP than comparators (p =.004). Conclusion: Awareness and willingness to use PrEP is high among MSM in Turkiye. The recent availability of PrEP in the country is a big step forward in terms of prevention. © The Author(s) 2022.	apps for sexual encounters; awareness; HIV; men who have sex with men; preexposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	Ndenkeh Jackson Jr Nforbewing; Bowring, Anna L; Mfochive, Njindam Iliassou; Folem Romeo Dongfack; Fako Guy Christian Hendji; Ngueguim, Florent Gnintedem; Gayou, Oscar Leyou; Lepawa Kelly; Minka Christine Minka; Batoum, Christine Manyo; Georges, Sandra; Temgoua Edith; Nzima Valery; Kob, David Anouar; Zeh, Akiy Zacheus; Philbrick, William; Levitt, Daniel; Curry, Dora; Baral, Stefan	HIV Pre-exposure Prophylaxis Uptake and Continuation Among Key Populations in Cameroon: Lessons Learned From the CHAMP Program: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000003012	https://www.proquest.com/scholarly-journals/hiv-pre-exposure-prophylaxis-uptake-continuation/docview/2702493996/se-2?accountid=8113	Introduction:Pre-exposure prophylaxis (PrEP) is proven to be a highly effective HIV prevention method for key populations. However, its scale-up in resource-limited settings remains suboptimal. This paper seeks to describe PrEP initiation and continuation among key populations in Cameroon.Methodology:From June 2019 through October 2020, we collected routine program data on PrEP uptake and continuation among female sex workers (FSWs) and men who have sex with men (MSM) in the Continuum of prevention, care and treatment of HIV/AIDS with Most-at-risk Populations (CHAMP) program in Cameroon. PrEP was offered to clients who tested negative for HIV and were assessed to potentially benefit from PrEP. Using survival analysis, we identified factors associated with PrEP discontinuation over time with significance set at 5%.Results:Overall, 27,750 clients were sensitized for PrEP of whom 3,138 persons were eligible to start PrEP and 1,409 (45%; FSW: 691 and MSM: 718) initiated PrEP. The PrEP continuation rate was 37% at 3 months, 28% at 6 months and 19% at 12 months. PrEP discontinuation was significantly higher among FSW than MSM adjusted hazard ratio (aHR) 1.5 (95% CI: 1.2 to 1.9) in Yaounde aHR 1.5 (95% CI: 1.2 to 1.9) and Bafoussam/Bertoua aHR 3.1 (2.2–4.5) relative to Douala. Discontinuation was lower among those with moderate aHR 0.3 (0.3–0.4) or good adherence aHR 0.4 (0.3–0.6) compared with poor adherence (all P < 0.001).Conclusion:Differentiated approaches to deliver PrEP, create demand, and provide more intensive support for adherence and continuation may support scale-up of PrEP in Cameroon for equitable and prolonged impact on HIV prevention.	Cameroon; HIV prevention; Pre-exposure prophylaxis; female sex workers; PrEP; Prevention; Men; men who have sex with men; Disease prevention; Prophylaxis; Survival analysis; key populations; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Populations; Acquired immune deficiency syndrome--AIDS; Clients; Champ	English	United States	Western and Central Europe and North America	Cameroon	Western and Central Africa	Cameroon	Western and Central Africa	Quantitative

Theses and Dissertations	2022	Nolan, Anne M; Landovitz, Raphael J; Le, Mylinh H; Grinstein, Beatriz; Freedberg, Kenneth A; McCauley, Marybeth; Wattanamungkol, Nattanicha; Cohen, Myron S; Ciaranello, Andrea L; Clement, Meredith E; Reddy, Krishna P; Hyle, Emily P; Pabani, A Dawd	Cost-Effectiveness of Long-Acting Injectable HIV Preexposure Prophylaxis in the United States : A Cost-Effectiveness Analysis	-	-	University of California	-	1056-8751	https://doi.org/10.7326/m21-1548	https://escholarship.org/uc/item/4c38f2gh	BackgroundThe HIV Prevention Trials Network (HPTN) 083 trial demonstrated the superiority of long-acting injectable cabotegravir (CAB-LA) compared with oral emtricitabine-tenofovir disoproxil fumarate (F/TDF) for HIV preexposure prophylaxis (PrEP).ObjectiveTo identify the maximum price premium (that is, greatest possible price differential) that society should be willing to accept for the additional benefits of CAB-LA over tenofovir-based PrEP among men who have sex with men and transgender women (MSM/TGW) in the United States.DesignSimulation, cost-effectiveness analysis.Data sourcesTrial and published data, including estimated HIV incidence (1.32, 1.33, and 0.26 per 100 person-years for off-PrEP, generic F/TDF and branded emtricitabine-tenofovir alafenamide (F/TAF), and CAB-LA effectiveness (86%), quality-adjusted life-years (QALYs), and costs (2020 U.S. dollars).Target population and settingHypothetical cohort of 1 million U.S. MSM/TGW, representing the estimated 2 target populationUS 760 MSM/TGW at very high risk for HIV (VHR).Time horizon10 years.Perspectivehealth-care system.InterventionCAB-LA versus generic F/TDF or branded F/TAF for HIV PrEP.Outcome measuresPrimary transmissions, quality-adjusted life-years (QALYs), costs (2020 U.S. dollars), incremental cost-effectiveness ratios (ICERs).U.S. dollars per QALY), maximum price premium for CAB-LA versus tenofovir-based PrEP.Results of base-case analysisCompared with generic F/TDF (or branded F/TAF), CAB-LA increased life expectancy by 29 000 QALYs (29 000 QALYs) among those at VHR. Branded F/TAF cost more per QALY gained than generic F/TDF compared with no PrEP. At 10 years, CAB-LA could achieve an ICER of at most $100 000 per QALY compared with generic F/TDF at a maximum price premium of $2700 per year over generic F/TDF (CAB-LA price <$4100 per year).Results of sensitivity analysisIn a PrEP-eligible population at high risk for HIV, rather than at VHR (n = 1 906 800; off-PrEP incidence: 1.54 per 100 person-years), CAB-LA could achieve an ICER of at most $100 000 per QALY versus generic F/TDF at a maximum price premium of $1100 per year over generic F/TDF (CAB-LA price <$1500 per year).LimitationsEscherichia clinical and economic benefits of averting future transmissions.ConclusionEffective oral PrEP limits the additional price society should be willing to pay for CAB-LA.Primary funding sourcesFHI 360, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institute of Allergy and Infectious Diseases, National Heart, Lung, and Blood Institute, National Institute on Drug Abuse, the Reach HIV Scholar Award, and the Steve and Deborah Gorlin MGH Research Scholars Award.	Biomedical and Clinical Sciences; Clinical Sciences; Comparative Effectiveness Research; Behavioral and Social Science; Prevention; Cost Effectiveness Research; Clinical Research; Health Services; Clinical Trials and Supportive Activities; HIV/AIDS; Good Health and Well Being; Anti-HIV Agents; Child, Cost-Benefit Analysis; Drugs; Genetics; Emtricitabine; Female; HIV Infections; Homosexuality; Male; Humans; Male; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Sexual Behavior; Women; PrEP program costs; PrEP drug costs; HIV care costs; LRTI drug costs; Medical and Health Sciences; General & Internal Medicine; Clinical sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Nelson, L.R.E.; Wilton, L.; Whitfield, D.L.; Williams, G.C.; Meyer, K.H.; Kenwick, A.; Boyd, D.T.; Beauchamp, G.; Fields, S.D.; Hirsch, D.P.	Client-Centered Care Coordination (C4®) for HIV/STI Prevention: a Theoretical, Conceptual, and Methodological Overview - HIV Prevention Trials Network (HPTN) 073	-	-	-	-	1868-9884	10.1007/s13178-022-00687-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124060624&doi=10.1007%2Fs13178-022-00687-x&partnerID=40&md5=3f9cc4944dca5d7e95d1d25bce039	Sexuality Research & Social Policy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nyhen, Lydia E. Boyd, Dorm T; Beauchamp, Gerthie; Errol, Lynda; Wilson, Lex; Whitfield, Darren; Ramos, S Raquel; Ajibeye, Wale; Hill, Mandy J; Connerey, Donaldson E; Thomas, Portia; Highsmi-Weidman, Lisa; Shepton, Steve; Mugeun, Manya; Mayer, Kenneth H; Pawowar-Mensing, Estelle; Fields, Sheldon D; Wheeler, DarrellP	Freedom as Prevention: Mechanisms of Autonomy Support for Promoting HIV Pre-Exposure Prophylaxis Use and Condom Use among Black MSM in 3 US Cities-HPTN 073.	-	-	-	-	1468-2869	10.1007/s11524-022-00666-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9727477/	Journal of Urban Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Newman Williams, Adam Dehr; Wood, Fiona; Gillespie, David; Couzens, Zoë; Hughes, Kathryn; Hood, Kerenza	The relationship between HIV pre-exposure prophylaxis, sexually transmitted infections, and antimicrobial resistance: a qualitative interview study of men who have sex with men	-	-	-	-	NA	10.1186/s12889-022-14645-0	https://www.proquest.com/scholarly-journals/relationship-between-hiv-pre-exposure-prophylaxis/docview/2755738657/se-2?accountid=8144	BMC Public Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nyblade L; Ndlangisa J.W.; Spieizer LS.; Browne F.A.; Bonner C.P.; Mantis A.; Kline T.L.; Ahmed K.; Howard B.N.; Cox E.N.; Rinderle A.; Wuichenig W.M.	Stigma in the health clinic and implications for PrEP access and use by adolescent girls and young women: conflicting perspectives in South Africa	-	-	-	-	14712458	10.1186/s12889-022-13426-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139480324&doi=10.1186%2F12889-022-14230-0&partnerID=40&md5=0541f2cc4064b2b3d2395f1ca1e5f494	BMC Public Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	O Murchu E.; Marshall L.; Teljeur C.; Harrington P.; Hayes C.; Moran P.; Ryan M.	Oral pre-exposure prophylaxis (PrEP) to prevent HIV: a systematic review and meta-analysis of clinical effectiveness, safety, adherence and risk compensation in all populations	-	-	-	-	20440055	10.1136/bmjopen-2020-048478	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109852518&doi=10.1136%2Fbmjopen-2020-048478&partnerID=40&md5=98a7a8440218f62ab27257a8ca6e81	BMJ Open	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Ngure K.; Orthlieb K.F.; Mogere P.; Baeden A.R.; Thomas K.K.; Mangale D.; Kipkirancee C.; Gakuo S.; Mburu S.; Nyokabi J.; Mugo N.R.; Barnes J.M.	Efficacy of 6-month PrEP dispensing with HIV self-testing in Kenya: an open-label, randomised, non-inferiority, implementation trial	-	-	-	-	23523018	10.1016/S2352-3018(22)00126-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133623114&doi=10.1016%2FS2352-3018%2822%2900126-6&partnerID=40&md5=183eae50a7b2a5a32c80dbe7fa0bf7e3	The Lancet HIV	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nguyen A.; Dirden E.F.; Garland W.H.; Moucharoend C.; Holloway I.W.; Leibowitz A.; Sum S.-C.	Are Unequal Policies in Pre-Exposure Prophylaxis Uptake Needed to Improve Equality? An Examination among Men Who Have Sex with Men in Los Angeles County	-	-	-	-	10872914	10.1089/apc.2022.0011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136135474&doi=10.1089%2Fapc.2022.0011&partnerID=40&md5=7bd2ac9bb17fb5f3f3c3a69678ea4f84	AIDS Patient Care and STDs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nhamo D.; Duma S.E.; Ogwuk E.B.; Chibanda D.; Cowan F.M.	Factors motivating female sex workers to initiate pre- exposure prophylaxis for HIV prevention in Zimbabwe	-	-	-	-	19326203	10.1371/journal.pone.0264470	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131375312&doi=10.1371%2Fjournal.pone.0264470&partnerID=40&md5=7e9e8028f28d8b8289b5097f3dce75	PLOS One	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nicholls, Emily Joy; Sambu, Phil; McCabe, Leanne; Gafos, Mitzy; Philips, Andrew N; Tsvetkov, Ruy; Rodger, Alison J; Burns, Fiona M; Weatherburn, Peter; Wetzel, T Charles	Experiences of and attitudes towards HIV testing for Asian, Black and Latin American men who have sex with men (MSM) in the SELPHI (HIV Self-Testing Public Health Intervention) randomised controlled trial in England and Wales: implications for HIV self-testing.	-	-	-	-	1471-2458	10.1186/s12889-022-13189-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9036490/	BMC Public Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nicol, Edward; Ramraj, Tricia; Hlongwa, Mbuselezi; Baisley, Wisdom; Jama, Ngwazisa; Lombard, Carl; McClinton Appollis, Tracy; Govindasamy, Durshini; Puren, Desiree; Fennie, Nolumbi; Akeron, Sarah; Paredes-Vincent, Ariana; Drummond, Jennifer; Chrysle, Mireille; Dladla, Sibongile; Bedford, Jason; Mathews, Cathy	Strengthening health system's capacity for pre-exposure prophylaxis for adolescent girls and young women and adolescent boys and young men in South Africa (SHePCap-PrEP): Protocol for a mixed methods study in KwaZulu-Natal, South Africa.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0264808	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9092960/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Omollo V.; Roche S.D.; Mogaka F.; Odoyo J.; Barnabee G.; Bukusi E.A.; Katz A.W.K.; Morton J.; Johnson R.; Barnes J.M.; Celum C.; O'Malley G.	Provider–client rapport in pre-exposure prophylaxis delivery: a qualitative analysis of provider and client experiences of an implementation science project in Kenya	-	-	-	-	26410397	10.1080/26410397.2022.2095707	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139899626&doi=10.1080%2F26410397.2022.2095707&partnerID=40&md5=17030b834b0129b5e2d6f0f1f32c316	Sexual and Reproductive Health Matters	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Over L.; O'Byrne P.; Holmes D.	Perceptions, motivations, and beliefs about HIV risk and pre-exposure prophylaxis (PrEP) among participants in a nurse-led PrEP service (PrEP-RN)	-	-	-	-	14712334	10.1186/s12879-022-07146-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125630716&doi=10.1186%2Fs12879-022-07146-3&partnerID=40&md5=9e0bedbcd0096d2c6072de2f11a0a67	BMC Infectious Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nie X.; Kabiak R.W.; Siripinkaid O.; Klubtuyaem V.; Sukrakanchana P.O.; Crossey R.; Okuchi H.; Gandhi M.; Crossey T.R.; Drain P.K.	Tenofovir-Diphosphate in Dried Blood Spots vs Tenofovir in Urine/Plasma for Oral Preexposure Prophylaxis Adherence Monitoring	Open Forum Infectious Diseases	10.1093/ofid/ofac405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133397565&doi=10.1093%2Fofid%2Fofac405&partnerID=40&md5=e900c6ca42ca4fc3b0487c1925e6dcc	Tenofovir-Diphosphate in Dried Blood Spots vs Tenofovir in Urine/Plasma for Oral Preexposure Prophylaxis Adherence Monitoring	23280957	10.1093/ofid/ofac405	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133397565&doi=10.1093%2Fofid%2Fofac405&partnerID=40&md5=e900c6ca42ca4fc3b0487c1925e6dcc	Background: Tenofovir-diphosphate (TFV-DP) measured in dried blood spots (DBS) and tenofovir (TFV) measured in urine/plasma have been used to measure pre-exposure prophylaxis (PrEP) adherence. However, there are limited data comparing these 3 metrics and their appropriate use for PrEP adherence monitoring. Methods: We collected DBS, urine, and plasma samples from HIV-negative adult participants (≥18 years) at risk of acquiring HIV who had started PrEP at least 6 weeks before enrollment. Participants were randomly assigned (1:1:1) to 6-month PrEP dispensing plus interim blood-based HIV testing (with banwanxi clinic visits), 6-month PrEP dispensing plus interim oral fluid-based HIV testing (with banwanxi clinic visits), or standard of care PrEP delivery (3-month PrEP dispensing with clinic visits every 3 months). We measured TFV-DP concentrations in DBS using liquid chromatography tandem mass spectrometry. Linear mixed-effects modeling was used to examine associations between drug concentrations and dosing time. Results: Among 28 participants, the median age was 33 years, and 12 (43%) were female. At steady state, 28h post-dose TFV-DP concentrations were 466, 778, and 1375 fmol/5 mm punch in the low, moderate, and perfect adherence group, respectively. Correlation was stronger between quantifiable TFV-DP and plasma TFV (r = 0.85) than between TFV-DP and urine TFV/creatinine (r = 0.71). Participants who reported missing ≥2 doses in the last month had 28h TFV-DP concentrations 1.9 (95% CI: 1.1–3.3) pmol/punch lower TFV-DP during the dosing phase. Each additional day after the last dose was associated with 43 fmol/5 mm punch lower TFV-DP (P < .07). Conclusions: TFV-DP levels in DBS provide valuable insight into both dosing recency and cumulative doses from variable adherence patterns. Our observed benchmark TFV-DP concentrations were slightly higher than prior predicted estimates based on convenience samples. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	adherence; HIV; preexposure prophylaxis; tenofovir; tenofovir-diphosphate	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Njom Nlend, Anne Esther	Mother-to-Child Transmission of HIV Through Breastfeeding Improving Awareness and Education: A Short Narrative Review.	International Journal of Women's Health	-	-	-	1179-1411	10.2147/IJWH.S338715	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9114463/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nonyane, Nyasa-Matchello; Matete, Matthonmmy; Lebotlin, Elena; Yacobson, Irina; Strachan, Molly; Rampapa, Makenolite Anastasia; Mallen, Morrisa; Chaharo, Tadaleva	"PrEP should be available all the time and everywhere": A qualitative assessment of family planning and PrEP integration in Lesotho	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/fhrh.2022.981845	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150870768&doi=10.3389%2Ffhrh.2022.981845&partnerID=40&md5=7e4f57fc4dcab4e22ea2ea13dd49f9ef	Frontiers in Reproductive Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	North S.; Sandset T.J.; Olsen A.O.	A cross-sectional survey of general practitioner knowledge, attitudes, and clinical experience of HIV PrEP	Journal of Public Health (Germany)	-	-	-	21981833	10.1007/s10389-021-01626-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111153314&doi=10.1007%2Fs10389-021-01626-7&partnerID=40&md5=75dc5ddb98c4c479ed3c95f9ca1e972	Journal of Public Health (Germany)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Nyblade L.; Ndlangisa J.W.; Spieizer LS.; Browne F.A.; Bonner C.P.; Mantis A.; Kline T.L.; Ahmed K.; Howard B.N.; Cox E.N.; Rinderle A.; Wuichenig W.M.	Stigma in the health clinic and implications for PrEP access and use by adolescent girls and young women: conflicting perspectives in South Africa	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-13426-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139480324&doi=10.1186%2F12889-022-14230-0&partnerID=40&md5=0541f2cc4064b2b3d2395f1ca1e5f494	BMC Public Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	O Murchu E.; Marshall L.; Teljeur C.; Harrington P.; Hayes C.; Moran P.; Ryan M.	Oral pre-exposure prophylaxis (PrEP) to prevent HIV: a systematic review and meta-analysis of clinical effectiveness, safety, adherence and risk compensation in all populations	BMJ Open	-	-	-	20440055	10.1136/bmjopen-2020-048478	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109852518&doi=10.1136%2Fbmjopen-2020-048478&partnerID=40&md5=98a7a8440218f62ab27257a8ca6e81	BMJ Open	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Ogoe, Dana; Logan, Louise; Curtis, Tyrone J; McDonagh, Lorraine; Guerra, Luis; Bradshaw, Daniel; Patel, Pouvni; Macci, Chiara; Murphy, Gary; Nwd GR, O; Johnson, Anne M; Nardone, Anthony; Burns, Fiona	PrEP use and unmet PrEP need among men who have sex with men in London prior to the implementation of a national PrEP programme, a cross-sectional study from June to August 2019.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-022-13425-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8057571/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Ogunbajo A.; Tasi A.C.; Kanki P.J.; Mayer K.H.	Acceptability of and Preferences for Long-Acting Injectable HIV PrEP and Other PrEP Modalities among Sexual Minority Men in Nigeria, Africa	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03575-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132276494&doi=10.1007%2Fs10461-022-03575-y&partnerID=40&md5=f858cfca416c95973f7e52a75b72c2ae	AIDS and Behavior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Ogunyemi, K; Venkatraman, C; Malolan, C; Okoroi, O; Nwaraiku, FE	Assessment of Knowledge, Skills, and Preparedness of General-Duty Police on Prehospital Care of Road Traffic Accident Victims in Abuja, Nigeria	Disaster Medicine and Public Health Preparedness	-	-	-	1935-7893	10.1017/dmp.2022.196	https://pubmed.ncbi.nlm.nih.gov/36229254/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Olatunbu, Ramael O.; Owoeye, Patrick Mbulle; Otwoi, Winkhlle; Were, Irene; Serwa, Franklin; Ezema, Ashley; Jackson-Gibson, Moya; Hirschhorn, Lisa R.	Pre-Exposure Prophylaxis (PrEP) Initiation and Retention Among Young Kenyan Women	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03576-x	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-initiation-hiv-new/2672885881/se-2?accountid=9113	AIDS and Behavior	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Ojeda V.D.; Munoz F.; Burgos J.L.	Interest in Receiving HIV PrEP Among Biological Male Latino Migrants at High-Risk of HIV Living in Mexico	Journal of Health Care for the Poor and Underserved	-	-	-	10492089	10.1353/hpu.2022.0065	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136039826&doi=10.1353%2Fhpu.2022.0065&partnerID=40&md5=6aeaeb1f1bb0991a1c4c7ce0e2ddb4d1	Journal of Health Care for the Poor and Underserved	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Omollo V.; Roche S.D.; Mogaka F.; Odoyo J.; Barnabee G.; Bukusi E.A.; Katz A.W.K.; Morton J.; Johnson R.; Barnes J.M.; Celum C.; O'Malley G.	Provider–client rapport in pre-exposure prophylaxis delivery: a qualitative analysis of provider and client experiences of an implementation science project in Kenya	Sexual and Reproductive Health Matters	-	-	-	26410397	10.1080/26410397.2022.2095707	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139899626&doi=10.1080%2F26410397.2022.2095707&partnerID=40&md5=17030b834b0129b5e2d6f0f1f32c316	Sexual and Reproductive Health Matters	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2022	Over L.; O'Byrne P.; Holmes D.	Perceptions, motivations, and beliefs about HIV risk and pre-exposure prophylaxis (PrEP) among participants in a nurse-led PrEP service (PrEP-RN)	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07146-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125630716&doi=10.1186%2Fs12879-022-07146-3&partnerID=40&md5=9e0bedbcd0096d2c6072de2f11a0a67	BMC Infectious Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Article	2022	Ouattara, Louise A; Thurman, Andrea R; Jacot, Terry A; Cottrell, Mackenzie; Sykes, Craig; Blake, Kimberly; Fang, Xi; Ju, Susan; Yates, Nikolas C; Schwartz, Jill; Doncel, Gustavo F	Genital Mucosal Drug Concentrations and anti-HIV Activity in Tenofovir-Based PrEP Products: Intervaginal Ring vs. Oral Administration.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1966-7884	10.1097/QAI.0000000000002820	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9047697/	OBJECTIVE: To describe and compare systemic and local pharmacokinetics (PK) and cervicovaginal (CV) pharmacodynamics (PDy) of oral tenofovir diisoproxil fumarate (TDF) in combination with emtricitabine (FTC) with tenofovir (TFV) intervaginal ring (IVR). DESIGN: Phase I, randomized, parallel-group study. Women (n = 22) used TDF-FTC oral tablets daily or TFV IVR continuously and were assessed at baseline and 14 days. METHODS: TFV and FTC concentrations were measured in plasma, CV fluid (CVF), and CV tissue. TFV-diphosphate and FTC-triphosphate were assessed in CV tissue. In vitro PD antiviral activities of TFV and FTC (using in vivo concentration ranges) were modeled in the CVF and by infecting CV tissue explants ex vivo with HIV-1BaL. RESULTS: Adverse events (AEs) were more common with oral TDF-FTC use (P < 0.01). The median CVF TFV concentrations were 106 ng/mL after use of TFV IVR vs. 102 ng/mL for TDF-FTC. The median TFV and TFV-diphosphate concentrations in CV tissue were >1000-fold higher among IVR users. The median CVF FTC concentrations were 103 ng/mL. FTC and FTC-triphosphate were detected in all CV lavages from TDF-FTC users. HIV inhibitory activity of CVF increased significantly with treatment in both cohorts (P < 0.01) but was higher in TFV IVR users (P < 0.01). In vitro inhibition of tissue infection with ex vivo administration of TFV and FTC was dose dependent, with maximal efficacy achieved with 50 ng/mL TFV, 1 μg/mL FTC, and 0.1 μg/mL of TFV and FTC combined. CONCLUSIONS: Both products were safe and increased mucosal HIV inhibitory activity. In addition to systemic protection, oral TDF-FTC displays a PK/PD profile compatible with CV mucosal antiviral activity. TFV IVR reached in lower AEs, lower TFV plasma concentrations, higher TFV and lower TFV-DP concentrations, and greater anti-HIV activity in CVF.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2022	Ouassine Y.M.; Lydié N.; Velter A.	Pre-exposure prophylaxis in France: How many MSM are eligible and how much will it cost?	PLOS One	-	-	-	19526203	10.1371/journal.pone.0270016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143136490&doi=10.1371%2Fjournal.pone.0270016&partnerID=40&md5=992a5876e3e12606d0da28b5e127ae	Background Pre-exposure prophylaxis (PrEP) was deliberately authorized in France in 2017 after a two-year probationary period. The fact that the estimated number of MSM eligible for PrEP is still unknown is a barrier to this transition such roll-out at the national level. The study aimed to estimate the number of MSM eligible for PrEP in France, and to evaluate the direct cost of its roll-out. Methods We used data from several sources including the Enquête Rapport au Sexe 2010-ERAS 2019 survey, the 2019 French population census from National Institute of Statistics and Economic Studies (INSEE), and the National Public Health Agency (Santé Publique France) 2010-2020 hospital database survey. We also used data from previous studies which estimated the proportion of MSM who had sex in the 12 months prior to the studies, and HIV prevalence in MSM in France. Furthermore, we used data on PrEP drug costs from the French public drug database and data on medical examinations costs from the IPERGAY study. Results For 2019, the number of HIV seronegative MSM in France who were sexually active in the previous 12 months was estimated at 398,015. Of these, 162,279 (95%CI: 139,595–185,241) and 106,045 (95%IC: 102311–108979) were eligible for PrEP, based on the Mersy score and on official French criteria, respectively. The overall estimated cost of PrEP roll-out in eligible MSM was estimated at €1,166,000,000 (95%CI: €1,003,000,000–€1,337,000,000) and €764,000,000 (95%CI: €736,000,000–€792,000,000) according to the Mersy score. Conclusions Our estimations will enable policy makers to make evidence-based decisions about PrEP roll-out in MSM in France. To accelerate the process, it is important to decentralize PrEP delivery, authorize general practitioners to write prescriptions, and promote this prevention tool through information campaigns. Copyright: © 2022 Ouassine et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Ouyang J.; Zuoga S.D.; Haryparast Y.; Li X.; Rouly J.-P.; Chen Y.	SARS-CoV-2 pre-exposure prophylaxis: A potential COVID-19 preventive strategy for high-risk populations, including healthcare workers, immunodeficient individuals, and poor vaccine responders	Frontiers in Public Health	-	-	-	22962585	10.3389/fpubh.2022.945648	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136513391&doi=10.3389%2Ffpubh.2022.945648&partnerID=40&md5=e4d0b3d9912324c4d742d7d4d2ad6e39	The unprecedented worldwide spread of SARS-CoV-2 has imposed severe challenges on global health care systems. The roll-out and widespread administration of COVID-19 vaccines has been deemed a major milestone in the race to restrict the severity of the infection. Vaccines have as yet not entirely suppressed the relentless progression of the pandemic, due mainly to the emergence of new virus variants, and also secondary to the waning of pre-existing antibody titers over time. Encouragingly, an increasing number of antiviral drugs, such as remdesivir and the newly developed drug combination, Paxlovid (nirmatrelvir/ritonavir), as well as molnupiravir, have shown significant benefits for COVID-19 patient outcomes. Pre-exposure prophylaxis (PrEP) has been proven to be an effective preventive strategy in high-risk uninfected people exposed to HIV. Building on knowledge from what is already known about the use of PrEP for HIV disease, and from recently gleaned knowledge of antibody-and against COVID-19, we propose that SARS-CoV-2 PrEP, using specific antiviral and adjuvant drugs against SARS-CoV-2, may represent a novel preventive strategy for high-risk populations, including healthcare workers, immunocompromised individuals, and poor vaccine responders. In this review, we discuss the rationale for SARS-CoV-2 PrEP, and the drugs that may be used for SARS-CoV-2. In addition, we outline details of candidate anti-SARS-CoV-2 PrEP drugs, thus creating a framework with respect to the development of alternative and/or complementary strategies to prevent COVID-19, and contributing to the global armamentarium that has been developed to limit SARS-CoV-2 infection, severity, and transmission. Copyright © 2022 Ouyang, Zuoga, Haryparast, Li, Rouly and Chen.	NA	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Owens C.; Moran K.; Mongrella M.; Moskowitz D.A.; Mustanski B.; Macapagal K.	'We Very Inconvenient for Me": A Mixed-Method Study Assessing Barriers and Facilitators of Adolescent Sexual Minority Males Attending PrEP Follow-Up Appointments	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03313-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107614490&doi=10.1007%2Fs10461-021-03313-w&partnerID=40&md5=a360f2e3c1e1c7f39d5bf7a0f07588242	Researching PrEP retention in adolescent sexual minority men (ASMM) is critical to increasing persistence of PrEP in this priority population, yet this research is lacking. ASMM (N = 1413) completed a baseline survey for an online HIV prevention program between 2018 and 2020. Open- and closed-ended survey items identified their beliefs about attending 3-month PrEP follow-up appointments and examined the association of Andersen's Behavioral Model factors (predisposing, enabling, and need) and confidence to attend these appointments. Quantitative and qualitative findings show that perceived parental support is a salient factor in ASMM attending PrEP follow-up appointments. Participants did not want to have to go to the doctor and get bloodwork done (stressful), and qualitative findings elucidated rationales for this, such as perceptions that follow-ups might be time-consuming, costly, and could out their sexuality to their parents. This study suggests that parents are gatekeepers for ASMM to initiate and sustain the PrEP care continuum. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adolescent; Mixed-methods; PrEP; Retention; Sexual minority men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Pagkas-Bather J.; Duncan D.T.; Chen Y.-T.; Curoe J.; Del Vecchio N.; Mayer K.H.; Knox J.; Hanson H.; Eaves R.; Schneider J.A.	Sleep Disturbance is Associated with Missing PrEP Doses Among Young Black Sexual Minority Men in The N2 study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03731-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131350247&doi=10.1007%2Fs10461-022-03731-1&partnerID=40&md5=a930c2778e62b2c14e8f91622d074a	PrEP uptake and adherence among young Black sexual minority men (YBSMM), has been sub-optimal. Multiple studies identified sleep as an important determinant of medication adherence, although it has not been examined with regard to PrEP among YBSMM. This study utilized data collected from HIV negative cisgender YBSMM in the Neighborhoods and Networks (N2) study in Chicago using PrEP-to-Y. Sleep quality was measured using the PSQI-9 and PrEP adherence questions were adapted from Reynolds et al., 2004. Bivariate and multivariable regression analyses were used to estimate associations between poor sleep and missing PrEP doses, controlling for relevant demographic and behavioral factors. YBSMM who reported poor sleep disturbance a moderate amount of time (aOR: 2.59 1.05 to 6.34; 95% CI) were more likely to miss taking PrEP because they had too many pills to take. Sleep quality is an overlooked determinant of medication adherence, and may negatively impact YBSMMs ability to consistently take PrEP. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; PrEP; Sleep; YBSMM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Pagkas-Bather, Jude; Brewer, Russell; Bouris, Alida	Status-Neutral Interventions to Support Health Equity for Black Sexual Minority Men.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-022-00618-4	https://pubmed.ncbi.nlm.nih.gov/35794447/	PURPOSE OF REVIEW: Status-neutral care, a person-centered approach to healthcare not predicated on HIV serostatus, may improve health equity among Black sexual minority men (BSMM). We reviewed current status-neutral, HIV, and Pre-Exposure Prophylaxis (PrEP) interventions, and coded each for social-ecological focus and use of six principles-centered, (2) anti-stigma, (3) social support, (4) the social determinants of health (SDOH), (5) community engagement, and (6) multi-sectoral partnerships. RECENT FINDINGS: We reviewed 25 studies, of which 2 were status-neutral. Nineteen studies utilized person-centered approaches, with several employing BSMM peers. For SDOH, financial incentives and reducing clinic-level barriers to care improved cascade outcomes. Direct text messaging, anti-stigma, social support, community-engagement, and multi-sectoral partnerships also improved outcomes in some studies. Few status-neutral programs exist and additional research is needed to identify key intervention components and mechanisms of influence. Programs targeting SDOH and multiple social-ecological levels offer promise for providing holistic care to BSMM, while addressing HIV prevention and treatment and health equity.	Humans; Male; Homosexuality, Male; *Pre-Exposure Prophylaxis; Black or African American; *HIV Infections/drug therapy; *Health Equity; *Sexual and Gender Minorities; HIV; Continuum of Care; Black sexual minority men; Person-centered approaches; PrEP Continuum of Care; Social determinants of health; Status-neutral interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Pakov, I; Brindzhikova, E; Philipova, I; Terzieva, K; Gancheva, G	PRE-EXPOSURE PROPHYLAXIS (PREP) OF HIV INFECTION - A CRUCIAL TOOL FOR REDUCING THE BURDEN UPON THE PUBLIC HEALTH	Journal of IMAB	-	-	-	1312-773X	10.5272/jimab.2022284.4648	https://www.journal-imab-bg.org/issues-2022/issue4/vol28/issue4/pdf/4648.pdf	HIV is a major global public health problem.The in-creased access to effective prevention, diagnosis and treat-ment transformed HIV-infection into manageable chronic health condition.Our purpose was to assess the effective neces-sity of oral pre-exposure prophylaxis (PrEP) of HIV infec-tion.Material and Methods: CheckPoint Sofia (former Sexual Health Centre - Sofia) is a medical center for con-sultations, prevention, diagnostics of sexually transmitted infections (STIs) and HIV/AIDS. A retrospec-tive study was conducted on 410 consulted males (cisgender) (October 2020 to August 2022).Results: The mean age was 32 +/- 7.6 years (18-57 years) with prevalent ages <30 and 30-40 years (42% and 47%, respectively); Bulgarian citizens 98%, MSM (97%). The clients' profile revealed active sporting (10%), past STIs (26%), vaccinated for HBV (54%). No one of the sub-jects had chronic kidney disease and mandatory investiga-tions of renal functions at starting of PrEP revealed mean levels of urea and creatinine 4.9 +/- 1.42 mmol/L and 78 +/- 18.2 mu mol/L, respectively. On demand regimen (2+1+1 tablets) of PrEP was preferred at 91% and 15% switched to every-day receiving before the end of the first month. The HIV-1/2 Ag/Ab combo test was performed at 1, 3, 6 and 12 months after the start of PrEP and was negative in 576 cases in total. The data for safety of PrEP. It is notable that the increased STIs (syphilis, chlamydia and gonorrhea - 18%, 6% and 9%, respectively) - fact in accordance with global trends.Conclusion: PrEP is an effective prevention of HIV infection and deserves budgetary finance. The increase of STIs requires concrete preventive implementations.	HIV; PrEP; STIs	English	Bulgaria	Western and Central Europe and North America	Bulgaria	Western and Central Europe and North America	Bulgaria	Western and Central Europe and North America	Clinical
Article	2022	Parrales, A.J.; Permana, A.D.; Volpe-Zanutto F.; Amir M.N.; Vora L.K.; Tekko I.A.; Akhtewin N.; Wiher A.D.; Larrañeta E.; Donnelly R.F.	Ring inserts as a useful strategy to prepare tip-loaded microneedles for long-acting drug delivery with application in HIV pre-exposure prophylaxis	Materials and Design	-	-	-	2641275	10.1016/j.matdes.2022.111416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142232176&doi=10.1016%2Fj.matdes.2022.111416&partnerID=40&md5=9c170e9f1f39b53c045e1824114aba999	The role of microneedle array patches (MAPs) and, in particular, dissolving MAPs in transdermal drug delivery has increased exponentially over the last decade. MAPs are able to form drug depots in the viable skin from where poorly soluble drugs dissolve for a long-acting fashion, showing promise in the management of multiple diseases. The manufacture of drug-loaded tips within dissolving MAPs is challenging, including the presence of bubbles in the baseplates and consequent lack of uniformity in microneedle formation and drug content. Here, we present a simple method based on ring inserts to produce tip-loaded MAPs using the antiretroviral drug cabotegravir sodium (CAB). The obtained MAPs presented a high uniformity in terms of microneedle formation, and a suitable insertion capability as per the mechanical characterisation performed. An optimisation based on design of experiments revealed that centrifugation parameters had a significant impact on the skin deposition of the MAPs in excised neonatal porcine skin using Franz cells, with values ranging from 62.24 ± 47.13 μg to 174.31 ± 81.39 μg of CAB. Pharmacokinetic studies carried out in rats evidenced the capacity of the MAPs to maintain therapeutic plasma levels of CAB for 14 days, with Tmax values reached between 5 and 8 days. © 2022 The Author(s)	Cabotegravir sodium; Dissolving microneedles; Human immunodeficiency virus-1; Long-acting; Pre-exposure prophylaxis; Ring inserts	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Parikh U.M.; Mellors J.W.	How could HIV-1 drug resistance impact preexposure prophylaxis for HIV prevention?	Current Opinion in HIV and AIDS	-	-	-	17466308X	10.1097/COH.0000000000000746	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132951436&doi=10.1097%2FCOH.0000000000000746&partnerID=40&md5=bdb2fd90665a1698548f2f6f8ce8fca7	Purpose of review:To review current laboratory and clinical data on the frequency and relative risk of drug resistance and range of mutations selected from approved and investigational antiretroviral agents used for preexposure prophylaxis (PrEP) of HIV-1 infection, including tenofovir disoproxil fumarate (TDF)-based oral PrEP, dapivirine ring, injectable cabotegravir (CAB), islatravir, lenacapavir and broadly neutralizing antibodies (bnAbs).Recent findings:The genetic risk of HIV-1 resistance from PrEP with oral TDF/emtricitabine (FTC) or injectable CAB is low, underscoring the importance of maximizing the adherence for new target of HIV infection. By contrast, the dapivirine intravaginal ring does not appear to select nonnucleoside reverse transcriptase inhibitor resistance in clinical trial settings. Investigational inhibitors including islatravir, lenacapavir, and bNAbs are promising for use as PrEP due to their potential for sustained delivery and low risk of cross-resistance to currently used antiretrovirals, but surveillance for emergence of resistance mutations is more HIV-1 gene regions (gag, env) will be important as the same drugs are being developed for HIV therapy.SummaryPrEP is highly effective in preventing HIV infection. Although HIV drug resistance from PrEP use overall and toward future options is individuals who seroconvert on PrEP, the current risk is low and combined monitoring for the emergence of resistance and cross-resistance during product development, clinical studies, and product roll-out is advised to preserve antiretroviral efficacy for both treatment and prevention. © 2022 Lippincott Williams and Wilkins. All rights reserved.	cabotegravir; dapivirine; HIV-1 drug resistance; preexposure prophylaxis; tenofovir-emtricitabine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Parikh, Uriel M; Koss, Catherine A; Mellors, John W	Long-Acting Injectable Cabotegravir for HIV Prevention: What Do We Know and Need to Know about the Risks and Consequences of Cabotegravir Resistance?	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-022-00616-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9398548/	PURPOSE OF REVIEW: Cabotegravir is a potent integrase strand transfer inhibitor (INSTI) recently approved as a long-acting injectable formulation for HIV prevention (CAB-LA). We summarize what is known about the risk and consequences of CAB resistance in persons who acquire HIV while using CAB-LA for PrEP and in persons who have HIV that emerges while using CAB-LA after CAB-LA discontinuation. RECENT FINDINGS: The accumulation of multiple INSTI mutations is required for high-level cabotegravir resistance, and the same mutations can confer cross-resistance to dolutegravir, which is widely used for first-line antiretroviral therapy in low- and middle-income countries. Though CAB-LA was highly effective in preventing HIV, breakthrough infections did occur in trials of CAB-LA despite on-time injections, resulting in selection of single and combinations of INSTI resistance mutations. As CAB-LA is scaled-up, prompt HIV diagnosis to prevent resistance, and resistance monitoring could help preserve the effectiveness of INSTIs for both HIV treatment and prevention.	HIV prevention, Pre-exposure prophylaxis, Cabotegravir, HIV drug resistance, Integrase strand transfer inhibitors (INSTI)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Parmley L.E.; Harris T.G.; Chingombe I.; Mapingure M.; Mugurungi O.; Rogers J.H.; Gorbenn P.; Wu Y.; Samba C.; Musuka G.; Hakim A.J.	Engagement in the pre-exposure prophylaxis (PrEP) cascade among a respondent-driven sample of sexually active men who have sex with men and transgender women during early PrEP implementation in Zimbabwe	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.25873	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124775554&doi=10.1002%2Fjia2.25873&partnerID=40&md5=1295457170361bdd0bfa3258d5351f56	Introduction: Zimbabwe is scaling up pre-exposure prophylaxis (PrEP) for key populations, including men who have sex with men (MSM) and transgender women (TGW). To assess implementation and inform HIV programming, we evaluated gaps in PrEP awareness, uptake and use, and correlates of awareness and uptake among a sample of MSM, TGW and female sex partners of MSM (SFM) in Harare and Bulawayo, Zimbabwe. Methods: Respondent-driven sampling was used to recruit 1194 MSM and 344 TGWQQ aged ≥18 to participate in a cross-sectional survey assessing HIV-related outcomes in 2019. Consenting participants completed questionnaires on socio-demographic information, sexual risk practices and engagement in HIV services and underwent HIV testing. Descriptive statistics were used to assess the PrEP cascade. Multiple logistic regression models were used to identify factors associated with PrEP awareness and uptake among HIV-negative participants. Data were unweighted as the sample size was sufficiently large to minimize bias. Results: Among HIV-negative participants, 1194 MSM and 344 TGWQQ, 1% (12/1194) and 2% (7/344), respectively, were current PrEP users. Of the 1182 current PrEP non-users, 84.7% (1002/1182) were aware of PrEP and 39.2% (393/1002) were willing to start PrEP, but most (71.1%) reporting never taking PrEP indicated they were willing to start PrEP. Awareness was high among PrEP-naïve participants (84.2%–89.2%) and fearing side effects (20.4%). Among those who had ever taken PrEP, 74.9% had taken PrEP in the last 6 months; of these, 42.4% had taken PrEP the day of or day preceding the survey. Side effects represented the most common (58.1%) reason for discontinuing PrEP. MSM (adjusted odds ratio aOR: 2.5, 95% confidence interval CI: 1.8–3.6) and TGW-QQ in Harare (aOR: 3.1, 95% CI 2.1–4.7), and TGW-QQ in Bulawayo (aOR: 2.4, 95% CI: 1.1–5.3) had higher awareness of PrEP than MSM in Bulawayo. Overall, TGW-QQ were more likely to have ever taken PrEP compared to MSM (aOR: 1.6, 95% CI: 1.01–2.4). Conclusions: Findings emphasize the need for tailored interventions to promote PrEP among key populations. As HIV programs in Zimbabwe continue to expand PrEP services, these data, including barriers to starting and continuing PrEP, can inform strategies to address gaps along the PrEP cascade. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Adult; Female; Homosexuality, Male; Humans; Male; Pre-Exposure Prophylaxis; Sexual Behavior; Sexual and Gender Minorities; Transgender Persons; Zimbabwe; Africa; HIV; prevalence; key and vulnerable populations; men who have sex with men; PrEP; transgender people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Parrish, Kelly C; Johnson, Hannah Z; Williams, Sheryl L	PrEP navigation continuum among men who have sex with men, trans women, and people with alternative gender identities in three California counties	Evaluation and Program Planning	-	-	-	01497189	10.1016/j.evalprogplan.2021.101998	https://www.proquest.com/scholarly-journals/prep-navigation-continuum-among-men-who-have-sex/docview/2653041643/se-2?accountid=9113	Strategies to reduce new HIV infections include pre-exposure prophylaxis (PrEP). Of the estimated over 221,000 Californians with an indication for PrEP, only 31,280 (14 %) were currently taking the medication as of 2019. Centers for Disease Control and Prevention Project PrIDE funds were used to support and develop California PrEP navigation programs. Data were collected among trans persons and men who have sex with men (MSM). An analysis of PrIDE-funded PrEP navigation service outcomes was conducted to highlight where continuum drop-off occurred and how it varied among priority populations. Quantitative service delivery data for PrEP navigation programs' activities conducted from October 1, 2015 to September 30, 2018 were collected across three county-level local health jurisdictions (LHJs) via standardized, agency-completed service delivery data collection tools. Analyses included frequencies and crosstabs. These variations were not tested statistically but highlight group-specific gaps in service delivery when implementing PrEP navigation within California. Continued systematic collection and analyses of PrEP continuum outcomes will allow programs to dynamically identify and address barriers to PrEP uptake & persistence.	Californie; Pre-exposure prophylaxis; Males; Men who have sex with men; Transgender persons; Transgender; Drugs; Gender identity; Upkeep; Navigation; Human immunodeficiency virus--HIV; United States--US; Prevention program; Social Sciences: Comprehensive Works; Disease Control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Patel N.; Blumenthal J.; Dubé M.P.; Hood A.; Bolan R.; Morris S.	Method of Calculating Renal Function Estimates Could Inappropriately Exclude Transgender Patients Receiving Gender-Affirming Hormone Therapy from Pre-Exposure Prophylaxis Eligibility	LGBT Health	-	-	-	23258292	10.1089/lgbt.2021.0219	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123820278&doi=10.1089%2Flgbt.2021.0219&partnerID=40&md5=c26e2989c4a4c9fbb19e087b79a417f7	Purpose: Despite the importance of reliable renal function estimation among the growing transgender population, research describing the variability of existing equations is scarce. Study objectives were to (1) quantify the range of renal function estimates that would be observed if different gender coefficients are used in the estimating equations, (2) compare estimates of renal function (creatinine clearance CLCR or estimated glomerular filtration rate eGFR) between users and nonusers of gender-Affirming therapies, and (3) quantify the proportion of subjects who would be misclassified by gender-based emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) dose adjustments. Methods: A retrospective analysis was performed among transgender PrEP users enrolled in a demonstration project at a community health center in Seattle, Washington, between 2012 and 2019. Estimates of CLCR and eGFR were calculated using the Cockcroft-Gault (CG) and CKD-EPI equations, respectively, on the three most commonly used estimating equations. Results: A total of 239 participants were evaluated. Median differences in renal function ranged from 13 to 22 mL/min based on which gender coefficient and equation were used. Regardless of the method used to compute renal function, there were significant differences between users and nonusers of gender-Affirming therapy. There were 17 (6.6%) participants where at least one of the methods would potentially render them ineligible to receive TDF/FTC for PrEP. Conclusions: Renal function estimates vary considerably with different estimating equations in the transgender population and are modified by use of gender-Affirming therapy. These variations could result in exclusion from drug therapies such as TDF/FTC for PrEP. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	HIV; kidney; pre-exposure prophylaxis; prevention; renal; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Patel P.; Kerzner M.; Reed J.B.; Sullivan P.S.; El-Sadr W.M.	Public Health Implications of Adopting HIV Pre-exposure Prophylaxis Programs for Virtual Service Delivery in the Context of the COVID-19 Pandemic: Systematic Review	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/37479	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129052578&doi=10.2196%2F37479&partnerID=40&md5=612dd7f9426d7dd7c3dab6b57051d89e	Background: The novel coronavirus disease (COVID-19) caused by SARS-CoV-2 threatens to disrupt global progress toward HIV epidemic control. Opportunities exist to leverage ongoing public health responses to mitigate the impacts of COVID-19 on HIV services, and novel approaches to care provision might help address both epidemics. Objective: As the COVID-19 pandemic continues, novel approaches to maintain comprehensive HIV prevention service delivery are needed. The aim of this study was to summarize the related literature to highlight adaptations that could address potential COVID-19–related service interruptions. Methods: We performed a systematic review and searched six databases, OVID/Medline, Scopus, Cochrane Library, CINAHL, ProQUEST, and Embase, for studies published between January 1, 2010, and October 26, 2021, related to recent technology-based interventions for virtual service delivery. Search terms included "telemedicine," "mobile health," "eHealth," "mHealth," "telecommunication," "social media," "mobile device," and "internet," among others. Of the 6683 abstracts identified, 1259 focused on HIV virtual service delivery, 120 of which were relevant for HIV pre-exposure prophylaxis (PrEP) and 19 of those focused on evaluations of interventions for the virtual service delivery of PrEP. Data from these 19 studies were extracted and synthesized. Results: We identified 19 studies that met the inclusion criteria. Of these, 16 (84%) were conducted in the United States, 2 (11%) in Asia, and 1 (5%) in Europe. Most studies (n=11, 58%) were published in 2021. Study designs included 5 (26%) cross-sectional surveys, 4 (21%) qualitative studies, 3 (16%) randomized controlled trials, 3 (16%) pre-post studies, 2 (11%) retrospective cohort studies, and 2 (11%) mixed methods studies. Most studies (n=11, 58%) were conducted among adolescent and young adult populations, and 5 (26%) were conducted among racial and ethnic minority populations. Technologies used for virtual service delivery included text messaging (n=6, 32%), videoconferencing (n=5, 26%), mobile apps (n=4, 21%), and social media platforms (n=4, 21%). Most studies (n=16, 84%) reported positive findings, including high levels of engagement, retention, and satisfaction with virtual service delivery. Conclusions: Virtual service delivery models for PrEP that can be leveraged for COVID-19 using the internet and social media for demand creation, community-based self-testing, telehealth platforms for risk assessment and follow-up, applications for support groups and adherence/appointment reminders, and applications for monitoring. Conclusions: Interventions in the virtual service provision of PrEP received before COVID-19 but have new relevance during the COVID-19 pandemic. The interventions we describe might strengthen HIV prevention service delivery during the COVID-19 pandemic and in the long run by ongoing traditionally hard-to-reach populations, reducing stigma, and creating a more accessible health care platform. These virtual service delivery platforms can mitigate the impacts of the COVID-19 pandemic on HIV services, which can be leveraged to facilitate COVID-19 pandemic control now and for future responses. © Prapna Patel, Michael Kerzner, Jason B Reed, Patrick Sean Sullivan, Wafaa M El-Sadr.	COVID-19; digital intervention; health intervention; health technology; HIV; HIV prevention; pre-exposure prophylaxis; public health; public health message; social media platform; systematic review; telehealth; virtual service; virtual service delivery	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Pattacini, Karla Cristina Silva; Baia-da-Silva, Djane Cheryt; Val, Fernando; Vallejos, Monica Santos; Cubas-Vega, Nadia; Silva-Neto, Alexandre Vilhena; Sampaio, Vanderson; Almeyer, Aline; Pecoits-Filho, Roberto; Moreira, Rodrigo Carvalho; Cardoso, Sandro Wagner; Moreira, Ronaldo L; Lobo, Jari Costa; Madruga, José Valdez; Kallas, Esper G; Alencastro, Paulo R; Hoagland, Brenda; Grinsztejn, Beatriz; Santos, Vaildilo Gonçalves Veloso; Lacerda, Marcus Vinicius Guimarães	Kidney function and daily emtricitabine/tenofovir disoproxil fumarate pre-exposure prophylaxis against HIV: results from the real-life multicentric demonstrative project PrEP Brazil.	AIDS Research and Therapy	-	-	-	1742-6405	10.1186/s12981-022-00437-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8863617/	BACKGROUND: Pre-Exposure Prophylaxis (PrEP) has demonstrated efficacy in the reduction of sexually transmitted HIV infections. The prolonged use of tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) co-formulations (TDF/FTC), however, may result in augmented risk of renal toxicity. We aimed to evaluate changes in the estimated Glomerular Filtrate Rate (eGFR) in a real-world population setting of participants enrolled in PrEP Brasil, a 48-week prospective, open-label, demonstration study to assess the feasibility of daily oral TDF/FTC used by men who have sex with men and transgender women at high-risk of HIV infection in Brazil. Methods: In this sub-study, eGFR was assessed by serial measurement of serum creatinine and eGFR with the Modification of Diet in Renal Disease Study (MDRD) formula on weeks 4, 12, 24, 36 and 48. Adherence to PrEP was assessed by dosing TDF concentration in dried blood spots at weeks 4 and 48, measured by liquid chromatography-tandem mass spectrometry assay. Results: Between December 2017 and December 2018, 1,251 participants were enrolled in PrEP Brasil, and 1,013 were included in this sub-study. Median age was 29 years (IQR 24–36). Caucasians ethnic background (53.9%), with BMI below 30 Kg/m2, without arterial hypertension. At screening, median eGFR was 93.4 mL/min/1.73 m2. At week 4 follow-up, 98 (23% of the study population) participants presented reductions in eGFR greater than 10 mL/min/1.73 m2 as compared to baseline eGFR, same as large as 59 mL/min/1.73 m2, but with no clinical outcomes (adverse events and renal adverse events) severe enough to demand TDF/FTC discontinuation. A negative relationship was observed between TDF blood levels and eGFR at weeks 4 (r = − 0.003; p = 0.01) and 48 (r = − 0.006; p < 0.01). CONCLUSIONS: These results suggest that the renal function profile in individuals on TDF/FTC may be assessed on week 4 and then only annually, allowing a more flexible medical follow-up in primary care centers.	HIV; Kidney function; PrEP	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Phalkhe M.M.; Borges S.; Parekh C.; Kerrigan D.; Kinnard E.N.; Reed S.; Cohen M.H.; Sosanya O.; Sheth A.N.; Adimora A.A.; Cocohoba J.; Gaparin L.; Golub E.T.; Vaughn M.; Gutierrez J.I., Jr.; Fischl M.A.; Alcaide M.; Metsch L.R.	Long-Acting Injectable ART and PrEP Among Women in Six Cities Across the United States: A Qualitative Analysis of Who Would Benefit the Most	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03483-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117003182&doi=10.1007%2Fs10461-021-03483-7&partnerID=40&md5=216d30ad0e667e0f8405745e0dd0756	Long-acting injectable (LAI) modalities have been developed for ART and PrEP. Women face unique barriers to LAI use yet little research has examined women's perceptions of potential LAI HIV therapy candidates. We conducted 89 in-depth interviews at six Women's Interagency HIV Study (WIHS) sites with women living with HIV (n = 59) and HIV-negative women (n = 30) from 2017 to 2018. Interviews were recorded, transcribed, and analyzed using thematic content analysis. Participants identified specific sub-populations who could most benefit from LAI over daily pills: (1) young people; (2) women with childcare responsibilities; (3) people with adherence-related psychological distress; (4) individuals with multiple sex partners; and (5) people facing structural insecurities such as homelessness. Women are underserved by current HIV care options and their perspectives are imperative to ensure a successful scale-up of LAI PrEP and LAI ART that prioritizes equitable access and benefit for all individuals. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Antiretroviral therapy (ART); HIV/AIDS; Long-acting injectable (LAI); Pre-exposure prophylaxis (PrEP); Qualitative research; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2022	Phillips, Morgan M; Perez-Brumer, Ameya	Promise, perils and cautious optimism: the next frontier in long-acting modalities for the treatment and prevention of HIV.	Current Opinion in HIV and AIDS	-	-	-	-	-	-	-	1746-6318	10.1097/COH.0000000000000723	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9915969/	PURPOSE OF REVIEW: This paper provides a critical review of recent therapeutic advances in long-acting (LA) modalities for human immunodeficiency virus (HIV) treatment and prevention. RECENT FINDINGS: LA injectable antiretroviral therapy (ART) has been approved in the United States, Canada and Europe; the United States also has approved LA injectable pre-exposure prophylaxis (PrEP) and the World Health Organization has recommended the vaginal PrEP ring. Current LA PrEP modalities in clinical trials include injections, fibres, rings, and implants; LA ART modalities in trials include subcutaneous injections and long-term oral pills. Although LA modalities hold incredible promise, global availability is inhibited by long-standing multilevel perils including declining multilateral funding, patent protections and lack of political will. Once available, access and uptake are limited by factors such as insurance coverage, clinic access, labor markets, stigma, and structural racism and sexism. These must be addressed to ensure equitable distribution. SUMMARY: LA ART and PrEP modalities are poised to revolutionize the potential impact of biomedical prevention and treatment, but the long-term effect of such modalities within reach. However, pervasive socio-structural inequities limit the promise of LA modalities, highlighting the need for cautious optimism in light of the embedded inequities in the trajectory of research, development, and population-level implementation.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Phillips A.N.; Bershteyn A.; Revill P.; Bansi-Matharu L.; Kripke K.; Boily M.-C.; Martin-Hughes R.; Johnson L.F.; Mukandavire Z.; Jamieson L.; Meyer-Rath G.; Hallett T.B.; ten Brink D.; Kelly S.L.; Nichols B.E.; Beesdard E.; Medines E.; Tavarone L.; Smith J.; Dalal S.; Bingaday R.; Crowley S.; Terris-Prestholt F.; Godfrey-Fausseti P.; Mahal J.; Jahn A.; Case K.K.; Hyrde D.; Petersen M.; Kenya M.; Koss C.A.; Barker L.B.; Apollo T.; Chalabesa T.; Mellors J.W.; Parikh U.M.; Godfrey C.; Cambiano V.	Cost-effectiveness of easy-access, risk-informed oral pre-exposure prophylaxis in HIV epidemics in sub-Saharan Africa: a modelling study	The Lancet HIV	-	-	-	-	-	-	-	2352-3018	10.1016/S2352-3018(22)00029-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126344228&doi=10.1016%2fS2352-3018%2822%2900029-7&partnerID=40&md5=b53c4d09298f41da828e8dfa6ef5ac50	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Phillips T.R.; Medland N.; Chow E.P.F.; Maddaford K.; Wigan R.; Fairley C.K.; Bilardi J.E.; Ong J.J.	Newly arrived Asian-born gay men in Australia: exploring men's HIV knowledge, attitudes, prevention strategies and facilitators toward safer sexual practices	BMC Infectious Diseases	-	-	-	-	-	-	-	1471-2334	10.1186/s12879-022-07174-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125607712&doi=10.1186%2fs12879-022-07174-z&partnerID=40&md5=5e9540f7f1c19e1d8dab3232b07bab16	Background: Asian-born gay, bisexual and other men who have sex with men (gbMSM) newly arrived in Australia are more than four times as likely than their Australian-born counterparts to be diagnosed with incident HIV. Our aim was to explore experiences of Asian-born gbMSM newly arrived in Australia and attending a sexual health centre with regards to their knowledge of and preference for HIV prevention strategies. Methods: Between 8th May 2020 and 23rd December 2020, 30 Asian-born gbMSM who had lived in Australia for 1–5 years were recruited from a sexual health clinic and participated in semi-structured face-to-face interviews from 8th May 2020 and 23rd December 2020. Men were excluded if they were living with HIV. Interviews were recorded, transcribed verbatim and analysed thematically. Men reported little knowledge of HIV prevention strategies outside of condom use prior to coming to Australia. Although participants reported basic knowledge of HIV transmission and treatment, exposure to sexual identity and HIV-related stigma in their countries of birth meant they imagined a HIV diagnosis would be devastating. Most relied on condoms to stay HIV negative however their consistency of use varied. Seven men were on pre-exposure prophylaxis (PrEP); all but one started PrEP after coming to Australia. Many indicated interest in PrEP but described it as too expensive given they do not have access to government-subsidised healthcare. Sexual health counselling and connections with LGBTQI community groups appeared to facilitate PrEP and consistent condom use. Conclusion: Asian-born gbMSM newly-arrived to Australia may have limited knowledge of HIV prevention strategies aside from condom use. Increased connections with sexual health services and LGBTQI communities may facilitate more effective HIV prevention strategies. © 2022. The Author(s).	Asian; HIV prevention; HIV-related stigma; Homosexuality; Immigrant; PrEP	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Phillips, Gregory; Lindsman, Peter; Janulis, Patrick; Johnson, Amy K; Beach, Lauren B; Stonehouse, Patrick; Kern, David; Boegner, Joshua; Raman, Anand; Greene, George J	Network analysis of organizations providing HIV services in Chicago: Toward an integrated response to the HIV epidemic	Journal of Public Health Management and Practice	-	-	-	-	-	-	-	1078-4659	10.1097/PHH.0000000000001165	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85107805264&doi=10.1097%2fPHH.0000000000001165&partnerID=40&md5=d50b5d303a5f8e77b9fd0f0fe497169b	Context: The public health response to the HIV epidemic has increasingly centered on the uptake of and adherence to biomedical interventions (eg, pre-exposure prophylaxis PrEP, treatment as prevention TasP). Traditionally, various community and health care organizations have worked to address different stages of PrEP or TasP care. Objective: To understand the importance of how HIV prevention organizations work together to address the biomedical interventions and the structure of these networks. Design: Cross-sectional survey. Setting: Organizational network ties were examined between formal and informal agencies among community agencies. Setting: This study examined community agencies in the current HIV prevention system in Chicago. Participants. Twenty-two community agencies across the Chicago metropolitan area. Main Outcome Measures: Using network analysis, this study examined ties between community agencies and assessed perceptions of collaboration and competitiveness in the current HIV prevention system in Chicago. Results: Overall, respondents reported that the current environment of HIV prevention in Chicago is extremely (18.8%), moderately (37.5%), or somewhat collaborative (37.5%) and extremely (68.8%) or moderately competitive (25.0%). The majority of partnerships reported were informal, with less than a quarter being formalized. That said, those who reported formal partnerships reported being satisfied with those relationships. There was a significantly negative association between density and perceived collaboration—grantees experiencing a more collaborative also reported less dense networks. Conclusion: These findings indicate that, despite perceived competitiveness, agencies are willing to work together and that there is room for more collaboration among agencies. Findings from this study can inform efforts to build a more integrated HIV prevention system in Chicago.	HIV care continuum; Network analysis; Organizational partnerships	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Phillips T.R.; Murphy D.; Chan C.; Haire B.; Fraser D.; Grulich A.E.; Bavinton B.R.	Switching to Non-daily Pre-exposure Prophylaxis Among Gay and Bisexual Men in Australia: Implications for Improving Knowledge, Switching, and Uptake	Sexuality Research & Social Policy	-	-	-	-	-	-	-	1868-9884	10.1007/s13178-022-00736-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132113787&doi=10.1007%2fs13178-022-00736-5&partnerID=40&md5=d4c7c5f957e0fcdc72b672ae9625507	Introduction: Pre-exposure prophylaxis (PrEP) dosing option such as event-driven PrEP hold promise to increase PrEP uptake among gay, bisexual, and queer men (GBQMs) but their impacts have not yet been realised and uptake by GBQM suitable for PrEP remains slow in countries where it is only considered an alternative option to daily PrEP. Methods: We conducted semi-structured interviews between June 2020 and February 2021 with 40 GBQM in Australia to understand PrEP dosing behaviors, knowledge, and preferences. Results: All participants considered daily PrEP, but not event-linked to non-daily PrEP, mostly taking it event-driven. GBQM who preferred non-daily PrEP had infrequent or predictable sex, were concerned about cost given infrequency of sex, and/or wanted to minimize unnecessary drug exposure. Accurate knowledge of event-driven PrEP was poor. However, reflecting concepts underpinning critical pedagogy, having accurate knowledge was supported by access to consistent messaging across clinical, social, community, and public settings. Several participants who switched to event-driven PrEP had condomless sex events in which they were unable to adhere to pills due to unanticipated sex. Conclusions and Policy Implications: Implementation of comprehensive and consistent education about correct dosing for event-driven PrEP across multiple settings is needed to ensure increased uptake and safe use. GBQM require messaging about non-condom based HIV prevention strategies when they cannot access daily or event-driven PrEP. © 2022, The Author(s).	Dosing; Event-driven; Gay and bisexual men; Pre-exposure prophylaxis; Qualitative; Switching	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Pichon L.C.; Toth M.; McGay S.; Murry V.M.B.; Juarez P.D.	Engaging Black men who have sex with men (MSM) in the South in identifying strategies to increase PrEP uptake	BMC Health Services Research	-	-	-	-	-	-	-	1472-6963	10.1186/s12913-022-08914-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143159068&doi=10.1186%2fs12913-022-08914-2&partnerID=40&md5=494c914e4759af7e0e189f75776e566	Background: Promotion, uptake, and adherence of pre-exposure prophylaxis (PrEP) is paramount to ending the HIV epidemic among young Black men who have sex with men in the South. The purpose of this study was to explore barriers and facilitators to PrEP uptake among Black MSM in the South. Methods: Black MSM were recruited from the Southern region of the United States with the highest rates of HIV infections in the United States by 90 percent by 2030. Method: Young adults (a = 23) between the ages of 17–24 were recruited from community-based organizations in Memphis to participate in four focus group discussions. Discussion topics included motivations, barriers, and facilitators to PrEP use. Data were analyzed using thematic analysis. Results: All (100%) of participants self-identified as HIV negative, Black (90%), men who have sex men (90%), and currently prescribed PrEP/Truvada (60%). Themes identified for increasing uptake included 1) trusted peers, 2) culturally tailored PrEP services (e.g., Historically Black College and University (HBCU) trained, LGBTQ), and 3) use of social media. Mislabeling of PrEP as promiscuity promoting and limitations with PrEP marketing (e.g., solely LGBTQ) were recognized as barriers that perpetuated stigma. Conclusion: Findings suggest the importance of increasing awareness among health professions students matriculating at HBCUs of their perceived role as referrable healthcare providers by Black MSM, working closely with couples, and crafting of PrEP messaging that is non-stigmatizing. Findings will inform public health interventions for young Black MSM and facilitate HIV prevention efforts with other groups disproportionately affected by HIV in the South. © 2022, The Author(s).	HIV; Pre-exposure prophylaxis (PrEP); Young Black/African American men who have sex with men (MSM)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Pico-Espinosa O.J.; Hall M.; MacPherson P.; Grace D.; Gaspar M.; Lachowsky N.; Mohammed S.; Demers J.; Kikhtaff M.; Truong R.; Tan D.H.S.	PrEP-related stigma and PrEP use among gay, bisexual and other men who have sex with men in Ontario and British Columbia, Canada	AIDS Research and Therapy	-	-	-	-	-	-	-	1742-6405	10.1186/s12981-022-00473-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140862274&doi=10.1186%2fs12981-022-00473-0&partnerID=40&md5=5896c38bc99a1998a7ff0e9f43c5227ab	Background: We aimed to explore the association between PrEP-related stereotypes and perceived disapproval (hereafter PrEP-related stigma), and PrEP use. Methods: We used data from a cross-sectional online survey among adult gay, bisexual, other men who have sex with men in Ontario and British Columbia, Canada. Participants were recruited 2018–2020 in-person from sexual health clinics and cultural events, and online through geosocial networking applications. We used multivariable logistic regression to examine the association between PrEP-related stigma and PrEP use. Results: Of 651 men, 464 (71.3%) were Caucasian, 107 (16.4%) were racialized, and 80 (12.3%) were Indigenous. Overall, 247 (38%) were current PrEP users, 67 (10.3%) were former PrEP users, and 337 (51.8%) were never PrEP users. Of 1127 individuals who started the survey, 1190 participants answered questions about PrEP-related stigma: 254 (21.3%) were classified as having low level of PrEP-related stigma, 776 (65.2%) intermediate, and 160 (13.5%) high. No significant association was found when never PrEP users and current PrEP users were compared: adjusted OR = 1.44 (95% C.I. 0.88–2.35). High PrEP-related stigma was positively associated with being a former PrEP user compared to being a current PrEP user: adjusted OR = 2.5 (95% C.I. 1.3–4.9). Conclusion: PrEP-related stigma is associated with not using PrEP, particularly with PrEP discontinuation. Our findings indicate that stigma persists as a barrier to PrEP use. © 2022, The Author(s).	Health promotion; Health services accessibility; HIV pre-exposure prophylaxis; Prevention in care; Social stigma	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Pilgrim N.A.; Evans T.M.; Cwarisoopnki M.	A Layer Plus Approach to Implementation Research and Collaboration for Long-Acting Injectable Pre-exposure Prophylaxis for HIV Prevention	Health Promotion Practice	-	-	-	-	-	-	-	15248399	10.1177/15248399211053584	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132369581&doi=10.1177%2f15248399211053584&partnerID=40&md5=22bcb8a135df7b9e5e3d6dc92f2e0f6f	In 2020, the HIV prevention clinical trials, HPTN (HIV Prevention Trials Network) 083 and 084, reported that long-acting injectable cabotegravir (CAB-LA) for HIV prevention was statistically superior to daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for pre-exposure prophylaxis (PrEP) in cisgender men and transgender women who have sex with men, and cisgender women. However, CAB-LA uptake has been slow in implementation. Implementation Science frameworks, such as the Layer Plus Approach, can help to address this challenge. The Layer Plus Approach is a model set by UNAIDS for HIV prevention will be key to ensuring that CAB-LA reaches those who desire to use it. We describe the Layer Plus Approach for CAB-LA for PrEP implementation and implementation. The "Layer" is focused on integrating CAB-LA into existing PrEP models of care and understanding the best delivery channels that could be established in existing programs. Important implications of layering include preparing health professionals to provide CAB-LA, improving access for potential users, and addressing existing PrEP users and their barriers. "Plus," which accounts for the existing disparities in PrEP access and use, means expanding CAB-LA to reach individuals for whom HIV prevention options have not been accessible or who have lapsed on oral PrEP. Implications for Plus include the development of new structures, systems, policies, and processes. A key aspect to the Approach is building collaborations to aid successful implementation. The Layer Plus Approach is a simple but strategic framework or a tailored approach to guide dissemination research and implementation. © 2022 Society for Public Health Education.	access to health care; health promotion; health research; HIV/AIDS; intervention/crosscultural health; minority health; patient education; sexual health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Price D.M.; Unger Z.; Wu Y.; Meyers K.; Golub S.A.	Clinic-Level Strategies for Mitigating Structural and Interpersonal HIV Pre-Exposure Prophylaxis Stigma	AIDS Patient Care and STDs	-	-	-	-	-	-	-	1087-2914	10.1089/apc.2021.0176	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126727326&doi=10.1089%2fapc.2021.0176&partnerID=40&md5=e2cc666c5ce5646fcb7f7764c4a0b03c	Objective: The thrust of HIV has been proposed as a major contributing factor to the disproportionate burden of HIV among gay and bisexual men compared to their heterosexual counterparts. The current study examined 12-month trajectories of anxiety symptoms and concomitant HIV-related worry among a cohort of pre-exposure prophylaxis (PrEP) users, compared to a comparison cohort who were not using PrEP. Method: SPARK was a community-based PrEP demonstration project conducted between February 2014 and May 2017. Self-report anxiety and worry data were collected from PrEP patients (n = 300) quarterly, and from non-PrEP patients (n = 131) at baseline, 3, and 12 months. We ran a series of unconditional latent growth curve models (LGCMs) to examine changes in anxiety and HIV worry over the 12-month study period, followed by parallel process LGCMs to examine the associations between both intercepts and growth factors, adjusting for demographic factors. Results: In a parallel process model, both an association between baseline levels of HIV worry and anxiety decreases in both variables over time among PrEP users but not among non-PrEP users. Additionally, a multigroup model revealed that PrEP users' starting both groups to 3 time points, and forcing a comparison of slopes between the 2 groups. This analysis revealed that there was no difference in the anxiety slopes between the 2 cohorts, however, HIV worry slopes remained significantly different among the PrEP cohort compared to the non-PrEP cohort. Conclusions: These data provide some of the first quantitative evidence for the potential of PrEP to reduce both anxiety and worry symptoms. Emphasizing positive mental health "side effects" of PrEP may be a strategy for engaging providers in biomedical HIV prevention. © 2022, American Psychological Association.	health care providers; HIV prevention; pre-exposure prophylaxis (PrEP); stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Psomas C.K.; Posnaruda G.; Reverenaz F.; Khiri H.; Delord M.; Hallise P.; Phillbert P.	A cohort analysis of sexually transmitted infections among different groups of men who have sex with men in the early era of HIV pre-exposure prophylaxis in France	Journal of Virus Eradication	-	-	-	-	-	-	-	2055-6640	10.1016/j.jve.2022.100065	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125441656&doi=10.1016%2fj.jve.2022.100065&partnerID=40&md5=eeaf9d2f42e573dc51ff143ca5c8bab6	Background: MSM are at particular risk of STIs due to sexual behavior and substance use. HIV PrEP use may increase this risk. Design: Our aim was to comparatively assess incident STIs among different at-risk groups—PLWHIV, HIV-negative PrEP and non-PrEP MSM—seen at our early adopter PrEP implementation. Methods: Clinical data were retrospectively collected from the French Hospital Database on HIV/Hepatitis Viruses Dissuses Department between September 2016 and October 2018. STI incidence rate was assessed among groups for the whole period, as well as separately for each year of the study. Results: Overall STI incidence rate was 20.4 per 100 person-years (PY). STI risk was significantly higher among PLWHIV (36.7/100 PY) and PrEP users (30.4/100 PY) than among non-PrEP MSM (15.4/100 PY). Incidence rate ratios (IRR) were 2.39 (95% CI: 2.03–2.81, p < 0.001) for PLWHIV and 1.97 (95% CI: 1.72–2.25, p < 0.001) for PrEP users, using non-PrEP MSM as reference group. STI risk was significantly higher among PrEP users than among non-PrEP MSM (IRR = 1.77 [1.23–2.55, p < 0.002) between 2016 and 2017 (IRR = 0.72 [0.49–1.06, p = 0.09) between 2017 and 2018. Conclusion: Our findings suggest that PrEP users and PLWHIV are at higher risk of STIs than non-PrEP MSM, and that PLWHIV and PrEP users during the two periods. Conclusion: These results suggest that a proactive approach of an efficient follow-up of MSM participants once PrEP approval may have prevented an increase of the incidence of STIs among PrEP users. © 2022	HIV; Men who have sex with men; Monitoring; PrEP; Prevention; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Pyshodnikina, Elena; Derkach, Elena; Reznitseg, Vladimir; Ugrokhelidze, Dzhumbir; Lobodina, Alena; Baxter, Carl; Bryer, Andrew	Economic evaluation of dorutevir/emtefovir diaspirovil fumarate/lamivudine for HIV-1 infected adults in Russia: a cost-minimization and budget impact analysis.	Expert Review of Pharmacoeconomics & Outcomes Research	-	-	-	-	-	-	-	1744-8379 1473-7167	10.1080/14737167.2022.2117162	https://www.tandfonline.com/doi/abs/10.1080/14737167.2022.2117162	BACKGROUND In Russia, before 2022, the list of vital and essential drugs for HIV-infected patients previously contracted with antiretroviral drugs included the fixed-dose combination rilpivirine/tenofovir disoproxil fumarate/emtricitabine (RPV/TDF/FTC) and dolutegravir/tenofovir disoproxil fumarate/emtricitabine (DOR/TDF/FTC). The aim of this study was to assess the budget impact of RPV/TDF/FTC defined by the average replacement (ARP) of RPV/TDF/FTC with DOR/TDF/FTC (experimental, at-work, 4th) was made. The per-patient drug costs over 3 years were compared in a cost-minimization analysis. A budget impact analysis considered the costs to the healthcare system of including DOR/TDF/FTC as a treatment option for eligible patients in Russia over a 3-year time horizon. RESULTS: The indirect treatment comparison of DOR/TDF/FTC and RPV/TDF/FTC in treatment-naive patients with baseline HIV-1 RNA ≤100,000 copies/mL at-love showed no statistically significant difference (RR 0.914, 95% CI 0.833–1.003). In the cost-minimization analysis, the per-patient cost of one year of treatment with RPV/TDF/FTC and DOR/TDF/FTC was, respectively, ₽526,975 and ₽531,192, for a saving of ₽169,783. In the budget impact analysis, the adoption of DOR/TDF/FTC into clinical practice is expected to reduce drug costs by ₽333 million (23.9%) in year 3. CONCLUSIONS Fixed-dose combinations DOR/TDF/FTC is equally effective and cost-saving compared to RPV/TDF/FTC from Russian vital and essential drugs list perspective.	Antiretroviral therapy; dostavirine; fixed-dose combination; HIV infection; human immunodeficiency virus; pharmacoeconomic analysis; rilpivirine	English	United Kingdom	Western and Central Europe and North America	Russia	Eastern Europe and Central Asia	Russia	Eastern Europe and Central Asia	Clinical
Article	2022	Pyra M.; Brewer R.; Rusie L.; Kline J.; Willis L.; Schneider J.	Long-term HIV Pre-exposure Prophylaxis Trajectories Among Racial & Ethnic Minority Patients: Short, Declining, & Sustained Adherence	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	-	-	15254135	10.1097/QAI.0000000000002833	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123301602&doi=10.1097%2fQAI.0000000000002833&partnerID=40&md5=77324164e3d2ee6ee02f1e9bcad7c1e164b844	Background: HIV pre-exposure prophylaxis (PrEP) requires continued use at an effective dosage to reduce HIV incidence. Data suggest early PrEP drop-off among many populations. We sought to describe PrEP use over the first year among racial and ethnic minority patients in the US. Setting: Racial and ethnic minority patients initiating PrEP at a federally qualified health center in Chicago, IL. Methods: Using electronic health records, we determined the adherence (56 weekly dose) trajectories over the first year of PrEP use and compared baseline and time-varying patient characteristics. Results: From 2159 patients, 1,146 (53%) were Black/African American, 1,013 (47%) were Hispanic/Latinx, and 1,911 (89%) were cisgender men. Using latent class trajectory analysis, 4 adherence patterns as well as gender, sexual orientation, insurance status at baseline, and neighborhood were associated with trajectory assignment, within some trajectories, insurance status during follow-up was associated with odds of monthly adherence (56 weekly dose). Conclusion: Among racial and ethnic minorities, a plurality achieved sustained PrEP persistence. Access to clinics, insurance, and intersectional stigmas may be modifiable barriers to effective PrEP persistence; in addition, focus on younger users and beyond gay, cismale populations are needed. © 2022 Wolters Kluwer Health, Inc. All rights reserved.	adherence; Persistence; PrEP; Race/ethnicity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Pyra M.; Johnson A.K.; Devlin S.; Vinh-Au S.Z.; Irby S.; Stewart E.; Blum C.; Green M.; Haider S.; Hirschhorn L.R.; Ridgway J.P.	HIV Pre-exposure Prophylaxis Use and Persistence among Black Ciswomen: "Women Need to Protect Themselves, Period"	Journal of Racial and Ethnic Health Disparities	-	-	-	-	-	-	-	21973792	10.1007/s40615-021-01020-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102925601&doi=10.1007%2fs40615-021-01020-9&partnerID=40&md5=e17bef28a7822536401c3c0bd3ca0ebc	Background: Disparities in HIV incidence and PrEP use among Black ciswomen remain. We examine factors associated with PrEP persistence using mixed methods. Setting: Black ciswomen in Chicago, IL, prescribed PrEP at a federally qualified health center (FQHC). Methods: We used electronic health data to determine PrEP persistence (Proportion of Days Covered ≥86% at 6 months) and tested demographic and clinical factors in logistic regressions. We interviewed eight Black ciswomen, purposefully selected by PrEP persistence. Results: Among 112 Black ciswomen, 19% were persistent. In adjusted models, neighborhood, stiri reasen (at initiation), and intimate your were significantly associated with persistence. Qualitatively, we found little evidence of cost or adherence as barriers; participants wanted more effective, convenient, discreet options—a pill per month, injectable, or vaginal ring. Conclusions: Access to HIV pre-exposure prophylaxis faces challenges and barriers, even when women are making decisions based on perceived HIV risk. We identified real-world barriers to address at future interventions. © 2021, W. Montague Cobb-NMA Health Institute.	Black; Ciswomen; HIV PrEP; Mixed methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Quennih S.; Nash D.; Gandhi M.; Rosen E.; Okochi H.; Goldstein H.; Hoviid B.C.; Jamison K.; Patheja P.	Self-Reported Use of HIV Preexposure Prophylaxis Is Highly Accurate among Sexual Health Clinic Patients in New York City	Sexually Transmitted Diseases	-	-	-	-	-	-	-	1485717	10.1097/OLQ.0000000000001622	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139739076&doi=10.1097%2fOLQ.0000000000001622&partnerID=40&md5=1099ea036d03bf5a3c99eaa0ebca3e31	In New York City, 91% of sexually transmitted infection clinic patients reported preexposure prophylaxis (PrEP) use that matched the detection of PrEP in their serum. Self-report had 80% sensitivity and 96% specificity (a = 0.76) compared with measured PrEP. Our findings suggest that self-report may be a valid indicator of PrEP uptake. © Lippincott Williams & Wilkins	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Queiroz, Artur Acelino Francisco Luz; Mendes, Isabel Amélia Costa; Dias, Sonia	Barreiras de acesso à profilaxia pós-exposição ao HIV: estudo de caso	Acta Paulista de Enfermagem	-	-	-	-	-	-	-	0103-2100	https://doi.org/10.37689/acta-ape/2022AO0007634	https://www.redalyc.org/articulo.oa?id=307057029009	To explore barriers to access HIV post-exposure prophylaxis perceived by users and professionals. Methods: This is an exploratory, qualitative study. The research participants were medical professionals and nurses involved in the prophylaxis protocol in Reference Centers and prevention users, totaling 10 participants, a sample defined by data saturation. The recorded interviews were transcribed and later processed by the Descending Hierarchical Classification and by similitude analysis. Results: Five classes were obtained: Information, Access centralization; Service flow; Interpersonal relationships in prophylaxis; and Prophylaxis and sexual practices. Conclusion: Barriers to access to HIV post-exposure prophylaxis are related to the fear of HIV/AIDS and the COVID-19 pandemic, many of these problems are aggravated and increase the vulnerability of possible users of prophylaxis. Conclusion: Access to HIV post-exposure prophylaxis faces challenges and barriers, ranging from lack of knowledge about prophylaxis, which makes it impossible to pursue it, to the centralization of healthcare services and stigmas that permeate the structures of healthcare services.	Acquired immunodeficiency syndrome; Barriers to access of health services; HIV infections; Post-exposure prophylaxis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2022	Quiroz, Artur Acelino Francisco Luz; Mendes, Isabel Amélia Costa; Dias, Sonia	Barreiras de acesso à profilaxia pós-exposição ao HIV: estudo de caso	Acta Paulista de Enfermagem	-	-	-	-	-	-	-	0103-2100	https://doi.org/10.37689/acta-ape/2022AO0007634	https://www.redalyc.org/articulo.oa?id=307057029009	To explore barriers to access HIV post-exposure prophylaxis perceived by users and professionals. Methods: This is an exploratory, qualitative study. The research participants were medical professionals and nurses involved in the prophylaxis protocol in Reference Centers and prevention users, totaling 10 participants, a sample defined by data saturation. The recorded interviews were transcribed and later processed by the Descending Hierarchical Classification and by similitude analysis. Results: Five classes were obtained: Information, Access centralization; Service flow; Interpersonal relationships in prophylaxis; and Prophylaxis and sexual practices. Conclusion: Barriers to access to HIV post-exposure prophylaxis are related to the fear of HIV/AIDS and the COVID-19 pandemic, many of these problems are aggravated and increase the vulnerability of possible users of prophylaxis. Conclusion: Access to HIV post-exposure prophylaxis faces challenges and barriers, ranging from lack of knowledge about prophylaxis, which makes it impossible to pursue it, to the centralization of healthcare services and stigmas that permeate the structures of healthcare services.	Acquired immunodeficiency syndrome; Barriers to access of health services; HIV infections; Post-exposure prophylaxis	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative

Article	2022	Queiroz, Artur; Mongrella, Melissa; Keiser, Brennan; Li, Dennis H; Benbow, Nanette; Mustanski, Brian	Profile of the Portfolio of NIH-Funded HIV Implementation Research Projects to Inform Ending the HIV Epidemic Strategies	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000002962	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132979062&doi=10.1097%2fQAI.0000000000002962&partnerID=40&md5=928060c94275cca36aaabdeee61288f1	Background:The US government created an initiative to end the HIV epidemic in the United States by the year 2030 (EHE). This multiagency initiative was structured around four pillars: Prevent, Diagnose, Treat, and Respond to improve HIV programs, resources, and service delivery infrastructure. In support of its research mission, the National Institutes of Health (NIH) has funded implementation research (IR) projects by addressing the four pillars and encouraging investigators to collaborate with local partners and Health and Human Services (HHS) grantees in 57 priority jurisdictions.Methods:This paper analyzed data from the NIH funded CFAR/ARC supplement projects from 2019 to 2021. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework was used to characterize projects by stage of implementation.Results:The Prevent pillar was most frequently studied, with Pre-Exposure Prophylaxis (PrEP) being the most studied intervention. The most common partners were health departments, community-based organizations (CBOs), and Federally Qualified Health Centers (FQHCs). The Consolidated Framework for Implementation Research (CFIR) framework was the most utilized to investigate implementation determinants, followed by the RE-AIM framework and Proctor model to assess implementation outcomes.Conclusion:Monitoring the projects resulting from NIH investments is fundamental to understanding the response to EHE, and achieving these results requires systematic and continuous effort that can support the generalizable implementation knowledge emerging from individual studies. There are some remaining gaps in the project portfolio, including geographical coverage, range of implementation outcomes being measured, and interventions still requiring further research to ensure equitable scale-up of evidence based interventions and achieve EHE goals. © 2022 Lippincott Williams and Wilkins. All rights reserved.	Ending the HIV Epidemic; implementation science; portfolio analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Quirola-Amores P.; Espinosa P.; Oleas S.; Hernandez I.; Henriquez A.R.; Teran E.	HIV Rapid Testing in the General Population and the Usefulness of PrEP in Ecuador: A Cost–Utility Analysis	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2022.884313	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133237655&doi=10.3389%2ffpubh.2022.884313&partnerID=40&md5=baa36e21979cb291ad6e8ab3799ac064	Introduction: HIV is considered one of the most important chronic transmitted diseases worldwide. The Joint United Nations Program on HIV/AIDS in 2020 proposed the strategy "95–95–95" which goals to achieve a 95% of cases identified, receives ART, and will have achieved suppression of the virus. In Ecuador by 2020, according to the Ministry of Public Health, 45,056 persons are living with HIV, principally men between 15 and 49 years, and a mortality rate of 4.8/100,000 habitats. This study aims to determine the cost–utility of applying an early screening to a sexually active population vs. only a high-risk population and if the use of PrEP is justified depending on different contexts. Methods: For the cost–utility evaluation, it was compared: (a) HIV screening performed only in the high-risk population vs. HIV screening in all population sexually active; and (b) the use of ART only for HIV treatment vs. ART as a treatment in diagnosed cases and the use of PrEP (only at a high-risk population of acquiring HIV). Calculation and weight of DALYs for HIV/SIDA were obtained through WHO guidelines. To generate the Markov model for HIV/AIDS, subjects were classified as symptomatic or asymptomatic, as well as the HIV deaths. Results: Cost–benefit analysis (CUA) showed that ICER for early diagnosis had a negative value which means a saving if the strategy will be implemented as a regular test (–$591, –$4,360) and −108 and −934 DALYs, in the case of ART and PrEP, ICER the $30,541–$59,410, which resulted in more than the GDP's threshold and health years between 2,511 and 10,635 in the general population. With a reduction of 70% in the assigned budget for the early diagnosis, Ecuadorian people could lose between 4 and 6 DALYs, while if the budget reduces more than 50% to ART, it will generate a loss of 10–12 years of healthy life. Conclusion: CUA demonstrates that an early diagnosis in a sexually active population is cost-beneficial. This, combined with ART or PrEP, is ideal to add years of healthy life. Copyright © 2022 Quirola-Amores, Espinosa, Oleas, Hernandez, Henriquez and Teran.	ART; cost–utility analysis; DALYs; HIV screening; HIV treatment; PrEP implementation	English	Switzerland	Western and Central Europe and North America	Ecuador	Latin America and the Caribbean	Ecuador	Latin America and the Caribbean	Quantitative
Article	2022	Raccagni, Angelo Roberto; Bruzzesi, Elena; Gianotti, Nicola; Sampaolo, Michela; Canetti, Diana; Castagna, Antonella; Nozza, Silvia	Failure of on-demand pre-exposure prophylaxis: the risk of HIV drug resistance.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2021-055354	https://dx.doi.org/10.1136/sextrans-2021-055354	A man aged 32 years who self-described as men who have sex with men (MSM) started on-demand pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir (FTC/TDF) based on reporting 30 partners within the last 24 weeks, not using condoms in 50% of sex acts, use of gamma-hydroxybutyric acid during sex and previous STI diagnoses (Smith score=37).1 Over 1 year, we conducted 3-monthly STI screening and HIV-RNA testing. He tested HIV-negative at months 0, 3, 6 and 9. At month 12, he reported missing a single PrEP dose 1 month earlier due to gamma-hydroxybutyric	NA	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2022	Radix, Asa E.; Bond, Keosha; Carneiro, Pedro B.; Restar, Arjee	Transgender Individuals and Digital Health.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-022-00629-7	https://pubmed.ncbi.nlm.nih.gov/36136217/	PURPOSE OF REVIEW: The goal of this review is to assess the use of digital technologies to promote the health and well-being of transgender and gender diverse (TGD) people. RECENT FINDINGS: TGD individuals experience numerous health disparities, including low uptake of HIV prevention strategies, such as pre-exposure prophylaxis, increased HIV incidence, and suboptimal HIV-related outcomes. These health disparities are the result of widespread intersectional stigma on the basis of gender identity, gender expression, socioeconomic class, race, and ethnicity, which negatively impact access to general medical and transgender-specific health care. TGD individuals often delay or avoid essential medical services due to fear of discrimination. Clinicians frequently lack training, competence, and skills in transgender medicine, further exacerbating the health disparities faced by TGD people. Digital technologies have been used to improve research and clinical care for TGD populations through various modalities; telemedicine, telehealth and mHealth. Digital health technologies, including HIT-enabled clinical decision support, telehealth, telemedicine, and mHealth, offer innovative ways to improve health care access, improve quality of care, and reduce health disparities for TGD populations, including and beyond HIV outcomes, through enhanced care delivery, clinician education, and enhancing social support networks.	Humans; Male; Female; Health Services Accessibility; HIV; *Transgender Persons; Social Stigma; *HIV Infections/epidemiology/prevention & control; Telehealth; Telemedicine; mHealth; Gender Identity; Transgender; Digital health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Ralph, Jessika A; Westberg, Sarah M; Boraas, Christy M; Terrell, Carrie A; Fischer, John R	PrEP-aring the General Gynecologist to Offer HIV Pre-exposure Prophylaxis.	Clinical Obstetrics and Gynecology	-	-	-	-	1532-5520	10.1097/GRF.0000000000000713	https://dx.doi.org/10.1097/GRF.0000000000000713	It is estimated that 450,000 American women are at increased risk of infection with human immunodeficiency virus (HIV), and yet only 7% have a prescription for pre-exposure prophylaxis (PrEP). PrEP is a safe and effective method of HIV infection prevention via a daily use of an oral combination antiretroviral pill or longer-acting intramuscular injections. Gynecologists are experts in women's sexual health, and provide over half of annual preventative health visits, but are not yet routinely providing PrEP to patients, citing lack of knowledge as a major barrier. The authors aim to provide the general gynecologist with the skills to expertly provide PrEP to their patients to reduce HIV infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Ramakrishnan A.; Sales J.M.; Mccumber M.; Powell L.; Sheth A.N.	Human Immunodeficiency Virus Pre-Exposure Prophylaxis Knowledge, Attitudes, and Self-Efficacy Among Family Planning Providers in the Southern United States: Bridging the Gap in Provider Training	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofac536	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145022302&doi=10.1093%2fofid%2fofac536&partnerID=40&md5=cf6ebddeff215009f60f5068451f82ee	Background: Pre-exposure prophylaxis (PrEP) is an effective human immunodeficiency virus (HIV) prevention intervention, but its access and use are suboptimal, especially for women. Healthcare providers provision of PrEP is a key component of the Ending the HIV Epidemic initiative. Although training gaps are an identified barrier, evidence is lacking regarding how to tailor trainings for successful implementation. Title X family planning clinics deliver safety net care for women and are potential PrEP delivery sites. To inform provider training, we assessed PrEP knowledge, attitudes, and self-efficacy in the steps of PrEP care among Title X providers in the Southern United States. Methods: We used data from providers in clinics that did not currently provide PrEP from a web-based survey administered to Title X clinic staff in 18 Southern states from February to June 2018. We developed generalized linear mixed models to evaluate associations between provider-, clinic-, and county-level variables with provider knowledge, attitudes, and self-efficacy in PrEP care, guided by the Consolidated Framework for Implementation Research. Results: Among 351 providers from 193 clinics, 194 (55%) were nonprescribing and 157 (45%) were prescribing providers. Provider ability to prescribe medications was significantly associated PrEP knowledge, attitudes, and self-efficacy. Self-efficacy was lowest in the PrEP initiation step of PrEP care and was positively associated with PrEP attitudes, PrEP knowledge, and contraception self-efficacy. Conclusions: Our findings suggest that PrEP training gaps for family planning providers may be bridged by addressing unfavorable PrEP attitudes, integrating PrEP and contraception training, tailoring training by prescribing ability, and focusing on the initiation steps of PrEP care. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HIV prevention; implementation science; PrEP; provider education; women's health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Ramchandani M.S.; Berzkalns A.; Cannon C.A.; Dombrowski J.C.; Ocbamichael N.; Khosropour C.M.; Barbee L.A.; Golden M.R.	A Demedicalized Model to Provide PrEP in a Sexual Health Clinic	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003005	https://pubmed.ncbi.nlm.nih.gov/28343120/	Background:Sexual health clinics (SHCs) serve large numbers of patients who might benefit from preexposure prophylaxis (PrEP). Integrating longitudinal PrEP care into SHCs can overburden clinics. We implemented an SHC PrEP program that task shifted most PrEP operations to nonmedical staff, disease intervention specialists (DIS).Methods:We conducted a retrospective cohort analysis of PrEP patients in an SHC in Seattle, WA, from 2014 to 2020 to assess the number of patients served and factors associated with PrEP discontinuation. Clinicians provide same-day PrEP prescriptions, whereas DIS coordinate the program, act as navigators, and provide most follow-up care.Results:Between 2014 and 2019, 1387 patients attended an initial PrEP visit, 93% of whom were men who have sex with men. The number of patients initiating PrEP per quarter year increased from 20 to 81. The number of PrEP starts doubled when the clinic shifted from PrEP initiation at scheduled visits to initiation integrated into routine walk-in visits. The percentage of visits performed by DIS increased from 3% in 2014 to 45% in 2019. Median duration on PrEP use was 11 months. PrEP discontinuation was associated with non-Hispanic black race/ethnicity hazard ratio (HR) 1.34, 95% confidence interval (CI) 1.02 to 1.76, age <20 years (HR 2.17, 95% CI: 1.26 to 3.75), age between 20 and 29 years (HR 1.55, 95% CI: 1.06 to 2.28), and methamphetamine use (HR 1.98, 95% CI: 1.57 to 2.49). The clinic had 750 patients on PrEP in the final quarter of 2019.Conclusions:A demedicalized SHC PrEP model that task shifts most operations to DIS can provide PrEP at scale to high priority populations. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; preexposure HIV prophylaxis; PrEP; sexual health clinic	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Ramos S.R.; Beauchamp G.; Wheeler D.P.; Wilton L.; Whitfield D.L.; Boyd D.T.; Hightow-Weidman L.; Fields S.D.; Nelson L.E.	Optimizing PrEP Continuance: A Secondary Analysis Examining Perceived Autonomy Support and Care Coordination Quality among Black MSM in HPTN 073	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph19084489	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127668374&doi=10.3390%2fijerph19084489&partnerID=40&md5=39d20e4cd938a15435f185a7cccb2de5	At the end of year 2018, it was estimated that in the United States over 1 million people were living with HIV. Although Black/African American individuals comprise an estimated 13.4% of the US population, as of 2019, they represented an estimated 42% of all new HIV diagnoses in 2018. PrEP use among Black men who have sex with men has not reached levels sufficient to have a population impact on HIV incidence. The purpose of this study was to examine whether high perceived autonomy support and care coordination quality were associated with PrEP continuation. Secondary analyses were conducted on data with 226 Black MSM in three US cities. Participants who were PrEP users at week 8 were significantly more likely to continue PrEP (OR 1.48; 95% CI 1.04–2.11). Perception of coordination quality did not differ between PrEP users and non-users at any of the visits. Although coordination quality was not statistically significant, greater than half of PrEP users and non-PrEP users utilized the C4 services. Addressing social, individual, and structural barriers to PrEP may benefit Black MSM irrespective of their PrEP use. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	autonomy support; Black MSM; care coordination; decision making; healthcare quality; HIV; patient care management; PrEP	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Ramraj T.; Abdelatif N.; Chirinda W.; Abdullah F.; Kindra G.; Goga A.	A risk measurement tool for targeted HIV prevention measures amongst young pregnant and lactating women in South Africa	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-022-13625-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133218828&doi=10.1186%2fs12889-022-13625-8&partnerID=40&md5=52d6a41d6c61bb58be5a53b174218036	Background: We aimed to develop and validate a tool to identify which pregnant/lactating young South African women (≤ 24 years) are at risk of HIV infection. Methods: Data from three national South African Prevention of Mother-to-Child Transmission (PMTCT) evaluations were used to internally validate three HIV acquisition risk models for young postpartum women. We used univariate and multivariable logistic regression analysis to determine which risk factors were significant. Model coefficients were rounded and stratified into risk groups and the area under the receiver operating curve (AUROC) was computed. Models were developed to determine which risk factors provided the most predictive accuracy whilst remaining clinically meaningful. Results: Data from 9 456 adult and 4 658 young pregnant and lactating women were included in the development and validation data sets, respectively. The optimal model included the following risk factors: age (20–24 years old), informal house structure, two or more pregnancies, mothers who had knowledge of when they received their last HIV test result, no knowledge of the infant's father's HIV status, no knowledge of breastfeeding as a mode of MTCT and knowledge of PMTCT programme. The mean AUROC was 0.71 and 0.72 in the development and validation datasets respectively. The optimum cut off score was ≥ 27, having 84% sensitivity, 44% specificity, and identifying 44% of high-risk women eligible for PrEP. Conclusion: The optimal model to be used as a possible risk scoring tool to allow for early identification of those pregnant/lactating women most at-risk of HIV acquisition included both statistically as well as clinically meaningful risk factors. A field-based study is needed to test and validate the effectiveness of this targeted approach. © 2022, The Author(s).	HIV; Lactating; Pregnant; Risk score; South Africa; Young women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2022	Randolph, Schenita D; Johnson, Ragan; Johnson, Allison; Keusch, Lana	Using PrEP and Doing it for Ourselves (UPDOs Protective Styles), a Web-Based Salon Intervention to Improve Uptake of Pre-exposure Prophylaxis among Black Women: Protocol for a Pilot Feasibility Study	JMIR Research Protocols	-	-	-	-	19290748	10.2196/34556	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138585899&doi=10.2196%2f34556&partnerID=40&md5=0544ec6382db0759e050855930a2d8b3	Background: Multilevel interventions are necessary to address the complex social contributors to health that limit pre-exposure prophylaxis use among Black women, including medical distrust, pre-exposure prophylaxis stigma, and access to equitable health care. Strategies to improve knowledge, awareness, and uptake of pre-exposure prophylaxis among Black women will be more successful if information-sharing and implementation take place within trusted environments. Providing women with information through trusted cultural and social channels can effectively support informed decision-making about pre-exposure prophylaxis for themselves and members of their social networks who are eligible for pre-exposure prophylaxis. Objective: The goal of this project is to improve knowledge, awareness, uptake, and trust of pre-exposure prophylaxis, as well as reduce pre-exposure prophylaxis stigma, among Black women living in the US South. Methods: This multilevel, mixed methods study uses a community-engagement approach to develop and pilot test a salon-based intervention. There are three components of this intervention: (1) stylist training, (2) women-focused entertainment videos and modules, and (3) engagement of a pre-exposure prophylaxis navigator. First, stylist training will be provided through two 2-hour training sessions delivered over 2 consecutive weeks. We will use a pre- and posttest design to examine knowledge and awareness improvement of pre-exposure prophylaxis among the stylists. Upon full completion of training, the stylists will receive a certificate of completion and "Ask Me about PrEP" signage for their beauty salons. Second, together with the community, we have codeveloped a 4-part entertainment series (The Wright Place) that uses culturally and socially relevant stories to highlight key messages about (1) HIV, (2) pre-exposure prophylaxis, and (3) Black women's social contributors to health. Quantitative and qualitative measures will be used in a pre- and posttest design to examine pre-exposure prophylaxis knowledge, awareness, risk, stigma, trust, intentions, and women's perceptions of the usability and acceptability of the overall intervention and its implementation strategies. A video blog will be provided after each video. Third, participants will have access through an email or text message link to a pre-exposure prophylaxis navigator, who will respond to them privately to answer questions or make referrals for pre-exposure prophylaxis as requested. Results: This project was funded in October 2020 by Gilead Sciences and was approved by the Duke University School of Nursing institutional review board in April 2021 (Pro00106307). Intervention components were developed in partnership with community partners in the first year. Data collection for phase 1 began in April 2022. Data collection for phase 2 began in May 2022. The study will be complete by October 2022. Conclusions: Multilevel interventions that consider the assets of the community have promise for promoting health among Black women who have influence within their social networks. The findings of this study have the potential to be generalizable to other populations. © Schenita D Randolph, Ragan Johnson, Allison Johnson, Lana Keusch.	application; community engagement; HIV; HIV prevention; mixed-method; pilot test; pre-exposure prophylaxis; PrEP uptake; prophylaxis; web-based; web-based application; women	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Rao A.; Mhlophe H.; Comins C.; Young K.; Mcingana M.; Lesko C.; Mulumba N.; Baral S.; Hausler H.; Schwartz S.	Persistence on oral pre-exposure prophylaxis (PrEP) among female sex workers in eThekwini, South Africa, 2016-2020	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0265434	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126689232&doi=10.1371%2fjournal.pone.0265434&partnerID=40&md5=8968560f92e6d1cf6e3476c64c4678ba	Background Despite the established efficacy of PrEP to prevent HIV and the advantages of a user-controlled method, PrEP uptake and persistence by women in both trials and demonstration projects has been suboptimal. We utilized real-world data from an HIV service provider to describe persistence on oral PrEP among female sex workers (FSW) in eThekwini, South Africa. Methods We examined time from PrEP initiation to discontinuation among all FSW initiating PrEP at TB HIV Care in eThekwini between 2016-2020. We used a discrete time-to-event data setup and stacked cumulative incidence function plots, displaying the competing risks of 1) not returning for PrEP, 2) client discontinuation, and 3) provider discontinuation. We calculated hazard ratios using complementary log-log regression and sub-hazard ratios using competing risks regression. Results The number of initiations increased each year from 155 (9.3%, n = 155/1659) in 2016 to 1224 (27.5%, n = 1224/4446) in 2020. Persistence 1-month after initiation was 53% (95% CI: 51%-55%). Younger women were more likely to discontinue PrEP by not returning compared with those 25 years and older. Risk of discontinuation through non-return declined for those initiating in later years. Despite the COVID-19 pandemic, a greater number of initiations and sustained persistence were observed in 2020. Conclusions Low levels of PrEP persistence were observed, consistent with data among underserved women elsewhere. Encouragingly, the proportion of women persisting increased over time, even as the number of women newly initiating PrEP and staff workload increased. Further research is needed to understand which implementation strategies the program may have enacted to facilitate these improvements and what further changes may be necessary. © 2022 Rao et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rao, Sharanya; Albritton, Tashuna; Pina, Paulo; Liang, Yilin; Taggart, Tamara	"You Don't Want Your Parents Knowing That You're Taking Pre-exposure Prophylaxis": Pre-exposure Prophylaxis Stigma Among Black and Latinx Adolescents.	Journal of the Association of Nurses in AIDS Care	-	-	-	-	1552-6917	10.1097/JNC.0000000000000313	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133223356&doi=10.1097%2fJNC.0000000000000313&partnerID=40&md5=9cc8bda5aa22c8db33cedddf1941f8f6	ABSTRACT: Pre-exposure prophylaxis (PrEP) stigma is an understudied barrier to PrEP uptake among Black and Latinx adolescents. U.S. Black and Latinx adolescents (13-17 years) completed an online survey or participated in focus groups/interviews. Associations between PrEP stigma, PrEP disclosure, and provider-initiated PrEP discussion preferences were examined using logistic-regression models. Qualitative data provided further context to quantitative findings. The survey sample included 208 adolescents (53% female; 58% Latinx; M = 15 years), with 98% endorsing PrEP stigma. The qualitative sample included 26 adolescents (54% female; 34% Latinx; M = 15 years). PrEP stigma was associated with lower odds of PrEP disclosure to parents/guardians, and preference for health care providers to initiate PrEP-related discussions only with patients the provider judged to be at high risk for HIV. Qualitative data supported quantitative results: Adolescents endorsed multiple negative stereotypes about PrEP users. Mitigating PrEP stigma among Black and Latinx adolescents is an important step in overcoming challenges related to PrEP uptake.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Mixed methods
Article	2022	Rao, Sharanya; Reed, Ashley E; Parchem, Benjamin; Edelman, E Jennifer; Magnus, Manya; Hansen, Nathan B; Kershaw, Trace S; Earnshaw, Valerie A; Krakower, Douglas S; Dovidio, John F; Mayer, Kenneth H; Underhill, Kristen; Rosenberger, Joshua G; Ogburn, Damon F; Betancourt, Joseph R; Calabrese, Sarah K	Optimizing Provider Preexposure Prophylaxis (PrEP) Training: A Cross-Sectional Analysis of Recommendations from Providers Across the PrEP Implementation Cascade	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03375-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110980094&doi=10.1007%2fs10461-021-03375-w&partnerID=40&md5=01bae71c5d0135adfc1fe9c8ea281f1b	Expanding PrEP access necessitates training that supports healthcare providers' progression along the PrEP implementation cascade, moving from PrEP awareness to prescription. We surveyed 359 USA providers about PrEP training content and format recommendations. We examined the association between cascade location and training recommendations. Most providers were aware of PrEP (100%), willing to prescribe PrEP (97.2%), had discussed PrEP with patients (92.2%), and had prescribed PrEP (79.9%). Latent class regression analysis revealed that cascade location was associated with training recommendations. Although all providers recommended PrEP-specific content (e.g., patient eligibility), providers who were located further along the cascade also recommended more comprehensive content, including sexual history-taking and sexual and gender minority competence training. Providers further along the cascade were also more likely to recommend interactive training formats (e.g., role-playing). These insights from providers furthest along the cascade indicate the importance of including comprehensive content and interactive formats in future PrEP training initiatives. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Healthcare providers; HIV prevention; Pre-exposure prophylaxis; Training programs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rathakrishnan Dinesh; Purpura, Lawrence J; Salcuni, Paul M; Myers, Julie E; Wahnich Amanda; Daskalakis, Demetre C; Edelstein, Zoe R	PrEP Use and Correlates of Use Among a Large, Urban Sample of Men and Transgender Persons Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03456-w	https://www.proquest.com/scholarly-journals/prep-use-correlates-among-large-urban-sample-men/docview/2641697428/se-2?accountid=8113	We examined recent pre-exposure prophylaxis (PrEP) use (past 6 months) and its correlates among a large sample of men who have sex with men and transgender and gender non-conforming persons participating in a home HIV self-testing program conducted by the New York City Health Department between 11/2016 and 1/2017. Correlates examined included demographic characteristics and HIV-related behaviors in the past 6 months. Associations with recent PrEP use were assessed using log-binomial regression. 400 (22.5%) of 1776 participants reported recent PrEP use. In adjusted models, recent PrEP use was associated with Manhattan residence adjusted prevalence ratio (aPR) 1.26; 95% confidence interval (CI) (1.04, 1.53), higher income aPR 1.29; 95% CI (1.03, 1.62), and having insurance aPR 1.89; 95% CI (1.33, 2.69). All HIV-related behaviors, except for injection drug use, were individually associated with PrEP use. More research is needed to better understand barriers to PrEP use among patients who are low income and/or uninsured as this may help improve current public health efforts to increase PrEP uptake among disproportionately impacted populations.	HIV; Pre-exposure prophylaxis; PrEP; Psychology; MSM; Men; Gender; Men who have sex with men; Transgender persons; Disease prevention; Public health; Prophylaxis; Transgender; Patient compliance; Sociodemographics; Drug abuse; Income; Health behavior; Statistical analysis; Urban; Test; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Confidence intervals; Self testing; Low income groups; Correlation; Gender nonconforming	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rayanakorn A.; Chautrakarn S.; Intawong K.; Chariyalertsak C.; Khemngern P.; Olson D.; Chariyalertsak S.	A comparison of attitudes and knowledge of pre-exposure prophylaxis (PrEP) between hospital and Key Population Led Health Service providers: Lessons for Thailand's Universal Health Coverage implementation	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0268407	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129958651&doi=10.1371%2fjournal.pone.0268407&partnerID=40&md5=7cae29c61affd1bac9e1fb222bb70f31	Background HIV Pre-exposure prophylaxis (PrEP) has demonstrated efficacy and effectiveness among high-risk populations. In Thailand, PrEP has been included in the National Guidelines on HIV/AIDS Treatment and Prevention since 2014. As a part of the national monitoring and evaluation framework for Thailand's universal coverage inclusion, this cross-sectional survey was conducted to assess knowledge of, attitudes to and practice (KAP) of PrEP service providers in Thailand. Methods We conducted a cross-sectional survey to explore knowledge of, and attitudes towards PrEP among providers from hospital and Key Population Led Health Services (KPLHS) settings. The questionnaire was distributed online in July 2020. Descriptive and univariate analysis using an independent-sample t-test were applied in the analyses. Attitudes were ranked from the most negative (score of 1) to the most positive (score of 5). Results Overall, there were 196 respondents (158 from hospitals and 38 from KPLHS) in which most hospital providers are female nurse practitioners while half of those from KPLHS report current gender as gay. Most respondents report a high level of PrEP knowledge and support provision in all high-risk groups with residual concern regarding anti-retroviral drugs resistance. Over two-fifths of providers from both settings perceive that PrEP would result in risk compensation and half of KPLHS providers are concerned regarding risk of sexual transmitted infections. Limited PrEP counselling time is a challenge for hospital providers. Conclusions Service integration between both settings, more involvement and distribution of KPLHS in reaching key populations would be essential in optimizing PrEP uptake and retention. Continuing support particularly in raising awareness about PrEP among healthcare providers and key populations, facilities and manpower, unlimited quota of patient recruitment and PrEP training to strengthen providers' confidence and knowledge would be essential for successful PrEP implementation. Copyright: © 2022 Rayanakorn et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2022	Razmjou, Sahar; Charest, Maxime; Patrick O'Byrne; MacPherson, Paul	Pre-Exposure Prophylaxis Among Gay, Bisexual, and Other Men Who Have Sex With Men in Ottawa: A Real World View With Benefits Beyond HIV Risk Reduction	International Journal of Sexual Health	-	-	-	-	19317611	10.1080/19317611.2021.1946731	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-among-gay-bisexual-other/docview/2648328388/se-2?accountid=8113	The number of gay, bisexual, and other men who have sex with men taking pre-exposure prophylaxis (PrEP) has grown since its approval in Canada. While there are sound clinical data on PrEP efficacy, there is less research describing outcomes in routine clinical practice. We conducted a cross-sectional study with 113 men attending our PrEP clinic. Participants completed a one-time survey and chart reviews were conducted. We found that men in our clinic were educated and affluent. While PrEP did not lead to more reported sexual partners, condom use declined, as did sexual anxiety. These results reinforce that PrEP benefits extend beyond HIV prevention.	Bisexuality; HIV; Pre-exposure prophylaxis; PrEP; Psychology; Men who have sex with men; gay men; Disease prevention; anxiety; Sexual and reproductive health; real-world study; Human immunodeficiency virus--HIV; GenderWatch; Y	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2022	Resnick D.; Schapira M.M.; Andrews M.E.; Essoka-Lasenberry A.; Davis-Vogel A.; Bauermeister J.A.; Wood S.M.	"I THINK THAT I HAVE A GOOD UNDERSTANDING OF HOW TO PROTECT MYSELF": A QUALITATIVE STUDY ABOUT HIV RISK PERCEPTIONS AMONG MEN AND GENDER DIVERSE INDIVIDUALS WHO HAVE SEX WITH MEN	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2022.34.1.82	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125154107&doi=10.1521%2faeap.2022.34.1.82&partnerID=40&md5=9c2317cb54cb4fefaf7a1b51bd0a27a4	This qualitative study aimed to determine how men and gender diverse individuals who have sex with men describe their perceived risk of HIV and what factors influence this risk assessment. We conducted in-depth, virtual interviews with 18 HIV-negative individuals from Philadelphia, eligible for or taking PrEP. The interviews assessed the participants' understanding of their HIV risk, using thematic analysis to deductively code and extract themes. Three themes emerged: (1) participants expressed both deliberative and affective risk perception before and after sexual encounters; (2) participants linked HIV knowledge to risk perception and stigma; (3) participants connected intrinsic and extrinsic factors to risk perception differently. Participants endorsed low overall risk perception, while also describing moments of high affective risk perception after sexual encounters in which they were not able to implement their preferred prevention strategies. Future research should explore helping individuals transform affective risk perception into empowerment around sexual health. © 2022 The Guilford Press.	Behavioral science; HIV prevention; HIV stigma; Risk perception	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Restar A.; Surace A.; Adia A.; Goedel W.; Ogunbajo A.; Jin H.; Edeza A.; Hernandez L.; Cu-Uvin S.; Operario D.	Characterizing Awareness of Pre-Exposure Prophylaxis for HIV Prevention in Manila and Cebu, Philippines: Web-Based Survey of Filipino Cisgender Men Who Have Sex With Men	Journal of Medical Internet Research	-	-	-	-	14388871	10.2196/24126	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122596935&doi=10.2196%2f24126&partnerID=40&md5=8c8cc1b8b167299804c527c37ccc8651	Background: The Philippines is experiencing an HIV crisis and is considering implementing pre-exposure prophylaxis (PrEP) as a national public health strategy for HIV prevention for cisgender men who have sex with men (cis-MSM). However, critical information on the awareness of PrEP among cis-MSM is needed to roll out this public health initiative. Objective: This study aims to assess PrEP awareness and related correlates (ie, sociodemographic variables, social factors, and health care access and use) among Filipino cis-MSM. Methods: We conducted a web-based survey with Filipino cis-MSM (n=179) residing in the cities of Manila and Cebu, Philippines. Multivariable analysis procedures were performed to examine the factors associated with PrEP awareness. Results: Our sample demonstrated high awareness (134/179, 74.9%) and interest (159/179, 88.8%) in taking PrEP. The adjusted model showed that greater odds of PrEP awareness were associated with having a college education or higher versus a high school education or lower (adjusted odds ratio aOR 7.30, 95% CI 1.01-52.47), earning between PHP 10,000 (US $198.6) and PHP 20,000 (US $397.2) versus <PHP 10,000 (US $198.60; aOR 9.32, 95% CI 1.41-6.22), having had a prior HIV test (aOR 6.06, 95% CI 1.20-13.55), having high HIV knowledge (aOR 3.50, 95% CI 1.11-10.98), and having friends who discussed PrEP (aOR 11.17, 95% CI 2.73-14.5). Conclusions: Our findings demonstrate that Filipino cis-MSM are aware of and interested in taking PrEP, but there is currently an unmet need for such biomedical HIV prevention technologies among this population. Incorporating PrEP education into routine HIV screening and leveraging cis-MSM social networks may be useful in optimizing potential PrEP implementation in the Philippines. © Arjee Restar, Anthony Surace, Alexander Adia, William Goedel, Adedotun Ogunbajo, Harry Jin, Alberto Edeza, Laufred Hernandez, Susan Cu-Uvin, Don Operario. Originally published in the Journal of Medical Internet Research (https://www.jmir.org),07.01.2022. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in the Journal of Medical Internet Research, is properly cited. The complete bibliographic information, a link to the original publication on https://www.jmir.org/, as well as this copyright and license information must be included.	HIV prevention; Men who have sex with men; PrEP; The Philippines	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rhee S.-Y.; Parkin N.; Harrigan P.R.; Holmes S.; Shafer R.W.	Genotypic correlates of resistance to the HIV-1 strand transfer integrase inhibitor cabotegravir	Antiviral Research	-	-	-	-	1663542	10.1016/j.antiviral.2022.105427	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139492653&doi=10.1016%2fj.antiviral.2022.105427&partnerID=40&md5=fb1267a22e4cc6db736c81bb27325523	Cabotegravir (CAB) is an integrase strand transfer inhibitor (INSTI) formulated as a long-acting injectable drug approved for pre-exposure prophylaxis and use with a long acting rilpivirine formulation for therapy in patients with virological suppression. However, there has been no comprehensive review of the genetic mechanisms of CAB resistance. Studies reporting the selection of drug resistance mutations (DRMs) by CAB and the results of in vitro CAB susceptibility testing were reviewed. The impact of integrase mutations on CAB susceptibility was assessed using regularized regression analysis. The most commonly selected mutations in the 24 persons developing virological failure while receiving CAB included Q148R (n = 15), N155H (n = 7), and E138K (n = 5). T97A, G118R, G140 A/R/S, and R263K each developed in 1–2 persons. With the exception of T97A, G118R, and G140 A/R, these DRMs were also selected in vitro while G140R was selected in the SIV macaque model. Although these DRMs are similar to those occurring in persons receiving the related INSTI dolutegravir, Q148R was more likely to occur with CAB while G118R and R263K were more likely to occur with dolutegravir. Regularized regression analysis identified 14 DRMs significantly associated with reduced CAB susceptibility including six primary DRMs which reduced susceptibility on their own including G118R, Q148 H/K/R, N155H, and R263K, and eight accessory DRMs including M50I, L74 F/M, T97A, E138K, and G140 A/C/S. Isolates with Q148 H/K/R in combination with L74M, E138 A/K, G140 A/S, and N155H often had >10-fold reduced CAB susceptibility. M50I, L74M, and T97A are polymorphic mutations that alone did not appear to increase the risk of virological failure in persons receiving a CAB-containing regimen. Careful patient screening is required to prevent CAB from being used during active virus replication. Close virological monitoring is required to minimize CAB exposure to active replication to prevent the emergence of DRMs associated with cross-resistance to other INSTIs. © 2022 The Author(s)	Cabotegravir; Drug resistance; HIV-1 integrase; Integrase strand transfer inhibitors; Mutations	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Rhodes N.; van de Pas R.	Mapping buyer's clubs; what role do they play in achieving equitable access to medicines?	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2021.1959940	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112514727&doi=10.1080%2f17441692.2021.1959940&partnerID=40&md5=90f44ca6cfe9a1d18b63fee1894a9744	Buyer's clubs were first recognised during the HIV/AIDS pandemic in the 1980s and focussed on knowledge curation and distribution of treatments. In the past decade, there has been a resurgence of buyer's clubs, mostly focussed on hepatitis C treatment and PrEP. This paper aims to increase understanding of buyer's clubs and stimulate discussion on their role in achieving equitable access to medicines. Our proposed definition of a buyer's club is 'a community-led organisation or group which seeks to improve an individual's access to medication through knowledge sharing and/or distribution as its primary goal'. The logistical and relational infrastructures of buyer's clubs have been mapped out. Networks and communities are integral to buyer's clubs by facilitating practical aspects of buyer's clubs and creating a sense of community that serves as a foundation of trust. For a user to receive necessary medical support, doctors play a crucial role, yet, obtaining this support is difficult. Whilst buyer's clubs are estimated to have enabled thousands of people to access medicines, and they run the risk of perpetuating health inequities and injustices. They may have the potential to serve as a health activism tool to stimulate sustainable changes; however, this needs to be explored further. © 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	access to medicines; Buyer's clubs; distributive justice; health activism; medicine importation	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Article	2022	Rhodes S.D.; Tanner A.E.; Mann-Jackson L.; Alonzo J.; Aviles L.R.; Galindo C.A.; Bessler P.A.; Courtenay-Quirk C.; Smart B.D.; Garcia M.; Goldenberg T.; Sucaldito A.D.; Reboussin B.A.	ADAPTING A GROUP-LEVEL PrEP PROMOTION INTERVENTION TRIAL FOR TRANSGENDER LATINAS DURING THE COVID-19 PANDEMIC	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2022.34.6.481	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143200593&doi=10.1521%2faeap.2022.34.6.481&partnerID=40&md5=e2651c478b55af9e18b136b0c676e4fd	The COVID-19 pandemic has profoundly affected the conduct of community-based and community-engaged research. Prior to the pan-demic, our community-based participatory research partnership was testing ChiCAS, an in-person, group-level behavioral intervention designed to promote uptake of pre-exposure prophylaxis (PrEP), condom use, and medically supervised gender-affirming hormone therapy among Spanish-speaking transgender Latinas. However, the pandemic required adaptations to ensure the safe conduct of the ChiCAS intervention trial. In this article, we describe adaptations to the trial within five domains. Transgender women are disproportionately affected by HIV, and it is essential to find ways to continue research designed to support their health within the context of the COVID-19 pandemic and future infectious disease out-breaks, epidemics, and pandemics. These adaptations offer guidance for ongoing and future community-based and community-engaged research during the COVID-19 pandemic and/or potential subsequent outbreaks (e.g., monkeypox), epidemics, and pandemics, particularly within under-served marginalized and minoritized communities. © 2022 The Guilford Press.	COVID; intervention; Latina; PrEP; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	Ribeiro L.; Pinho A.A.; Carneiro R.L.	Narrative review of studies on HIV pre-exposure prophylaxis in Brazil and its implementation in the public health network	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2022.2116749	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137789202&doi=10.1080%2f17441692.2022.2116749&partnerID=40&md5=0436e84a9f969760a324ba828459a50f	OBJECTIVES: To discuss studies conducted in Brazil relating to PrEP, from 2012 to 2022, based on a narrative review. METHODOLOGY: The databases of the Virtual Health Library/PAHO, portals from Scielo, Scopus, and PubMed, and the descriptors in English and Portuguese 'Pre-exposure to HIV' and 'Brazil' were used, as well as a list of planned/in-progress demonstrative studies. Inclusion criteria consists of articles with fieldwork in Brazil coupled with PrEP in the Brazilian scenario; and articles in English or Portuguese. Articles in which PrEP was not the central theme and the participating Brazilian population did not reside in Brazil were excluded. RESULTS: 107 papers have been reviewed, 80 articles met the inclusion criteria. The majority participating population was men who have sex with men. 61 studies preceded the implementation of PrEP in Brazil. Studies carried out after implementation (n = 19) deal primarily with the impact of the COVID-19 pandemic. CONCLUSIONS: There was an incipient number of studies on the injectable form of PrEP. Fewer studies included segments with greater difficulties in access, use, and adherence. Despite the issues that circumscribe this prevention technology, literature is consensual on the importance of Brazilian leadership for implementing PrEP. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	biomedical technology; Brazil; HIV; Pre-exposure prophylaxis; prevention; review	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Theses and Dissertations	2022	Ribeiro, Kennedy Crepalde	Uso das profilaxias pós-exposição e pré-exposição no Brasil na prevenção combinada do HIV (2011-2019).	-	-	-	Universidade Federal de Minas Gerais	-	-	NA	https://repositorio.ufmg.br/handle/1843/52074	Introdução: As profilaxias pós-exposição ao HIV (PEP) e a pré-exposição ao HIV (PrEP) estão disponíveis no Sistema Único de Saúde como alternativas para a prevenção combinada do HIV. A efetividade das profilaxias contra a infecção pelo HIV tem sido demonstrada na literatura, no entanto há poucas evidências de abrangência nacional sobre o uso da PEP e da PrEP. O objetivo geral com esse trabalho foi avaliar o uso da PEP após exposição sexual consentida (PEPSE) e da PrEP no Brasil. Objetivos: Os objetivos específicos foram: avaliar a tendência da prevalência do uso da PEPSE e da proporção de pessoas que repetiram a PEPSE em 365 dias entre os anos 2011 e 2019 (Estudo 1); avaliar os esquemas antirretrovirais para PEPSE mais dispensados entre os anos de 2011 e 2019 (Estudo 1); identificar características das pessoas que fizeram uso ou repetiram a PEPSE em 2018 (Estudo 1); analisar a adesão à PrEP em 365 dias entre pessoas iniciando a profilaxia em 2018 (Estudo 2); e identificar características das pessoas e dos serviços associados independentemente à adesão à PrEP em 365 dias (Estudo 2). Métodos: Ambos estudos utilizaram, como fonte de dados, as dispensações contidas no Sistema de Controle Logístico de Medicamentos (Siclom). No estudo 1, foram avaliadas as tendências na prevalência da PEPSE por milhão (2011-2019) e a proporção de pessoas que repetiram a PEPSE em 365 dias desde a primeira dispensação da PEPSE (2011-2018), no Brasil, por meio da regressão de joinpoint. Ademais, foi comparada a prevalência da PEPSE repetida de acordo com as características das pessoas e das Unidades Dispensadoras de Medicamentos em 2018, o ano mais recente disponível. No estudo 2, a adesão à PrEP foi estimada usando a proporção de dias cobertos (PDC) desde a primeira data de dispensação até 365 dias de acompanhamento para as pessoas com ano-índice de 2018. Considerou-se em adesão ao tratamento PDC ≥ 60%. Para determinar as características associadas à adesão, foi realizada uma análise de regressão logística mutuamente ajustada. Foram realizadas análises de sensibilidade elevando o limiar de adesão (PDC ≥ 80%); ou censurando pessoas pelo tempo de acompanhamento. Resultados: No Estudo 1 foram incluídas 198.801 pessoas. Foi observado que a prevalência da PEPSE aumentou 55,5% entre 2011-2019: de 0,7 por milhão de habitantes em janeiro de 2011 para 29,7 em dezembro de 2019. Os principais antirretrovirais prescritos para PEPSE no período acompanharam as recomendações clínicas nacionais vigentes em cada época. A proporção de pessoas que repetiram a PEPSE aumentou 11,8% desde 2011, chegando a uma proporção de 8,4% entre as pessoas com primeira dispensação em 2018. Dentre as características associadas à maior prevalência de uso repetido da PEPSE, estão os homens cisgênero, mulheres transgênero, homossexuais, adultos jovens (25-29 anos), unidades dispensadoras de medicamentos de cidades com mais de 500 mil habitantes, ou que atendem um maior número de pessoas. No Estudo 2 foram incluídas 5.131 pessoas iniciando a PrEP em 2018: 68% aderiram à PrEP (proporção de dias cobertos ≥60%) ao final de 365 dias. Observou-se, ainda, que 11,5% das pessoas tiveram dispensação única da PrEP em um ano. Os seguintes fatores foram associados à maior probabilidade de adesão: homens cisgênero, idade menor que 40 anos, homossexuais/gays/lésbicas, ter 12 ou mais anos de escolaridade e morar na região Sudeste. Utilizando PDC ≥ 80%, a proporção de pessoas aderentes diminuiu para 56,0% enquanto considerar a perda de acompanhamento elevou a proporção de pessoas em adesão para 91,6%. No entanto, as características associadas a adesão permaneceram semelhantes. Conclusão: Os achados desses estudos sinalizam a importância da oferta da prevenção combinada, especialmente no caso das populações com maior prevalência de repetição da PEPSE, bem como a necessidade de reforçar e desenvolver políticas de saúde pública que visem melhorar a adesão à PrEP para máxima efetividade.	profilaxia pós-exposição, profilaxia pós-exposição não ocupacional, profilaxia pré-exposição, adesão medicamentosa	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2022	Richardson, Daniel; Buck, Emma; Parkhouse, Andrew; Williams, Deborah	Increased clinician confidence and uptake of event-based PrEP by men who have sex with men during the COVID-19 pandemic	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2021-054994	https://sti.bmj.com/content/98/2/152	HIV pre-exposure prophylaxis (PrEP) can either be used daily or as an event-based dosing (EBD) regimen by men who have sex with men (MSMs) having condomless anal sex to prevent HIV transmission; however, clinicians with expertise delivering daily PrEP often lack confidence delivering EBD–PrEP.1 During the COVID-19 pandemic, MSMs appear to have tailored their sexual behaviour in line with local social restrictions, including the way they use PrEP.2 We aimed to explore the proportion of MSMs using EBD–PrEP since the national rollout of PrEP in the UK	pre-exposure prophylaxis; COVID-19; Disease prevention; Pandemics; Disease transmission; Confidence; men; health promotion; Medical Sciences--Dermatology And Venereology; United Kingdom--UK; Coronaviruses	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Richardson, Daniel; Nichols, Kayleigh; Hughes, Richard; Smith, Hannah; Fitzpatrick, Colin; Cresswell, Fiona	The characteristics of men who have sex with men (MSM) using post-exposure prophylaxis for sexual exposure (PEPSE) in the pre-exposure prophylaxis (PrEP) era	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.13201	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118358335&doi=10.1111%2fhiv.13201&partnerID=40&md5=967e63d50ca1ae712ce62a243b8dd838	Objectives: HIV pre-exposure prophylaxis (PrEP) is now available in the UK. However, some men who have sex with men (MSM) continue to use HIV post-exposure prophylaxis following sexual exposure (PEPSE) and are not using PrEP. It is important to characterize MSM having condomless anal sex who are not using PrEP. Methods: In a cross-sectional analysis, we compared the characteristics of MSM who used PEPSE in 2021 with MSM using PEPSE in 2017. Results: Overall, 126 MSM used PEPSE in January to June 2017 and 28 MSM used PEPSE in January to June 2021, a 78% decline in PEPSE use. Those MSM using PEPSE in 2021 were significantly younger (27 vs. 35 years, p < 0.01), more likely to identify as black or from another minority ethnic group 29% (8/28) vs. 8% (10/126); p < 0.01, more likely to attend as a result of a group sex encounter 35% (10/28) vs. 16% (10/126); p = 0.03, more likely to attend following sex involving recreational drug use 32% (9/28) vs. 13% (16/126); p = 0.02, and more likely to initiate PEPSE in the emergency department 35% (10/28) vs. 19% (24/126); p = 0.04 compared with MSM attending in 2017. Those MSM using PEPSE in 2021 were significantly less likely to attend follow-up appointments compared with the 2017 cohort 71% (20/28) vs. 87% (110/126); p < 0.05. Ninety-five per cent of MSM using PEPSE in 2021 were initiated on PrEP at follow-up. Conclusions: Despite PrEP being readily available, some MSM continue using PEPSE and these MSM are significantly more likely to be younger, from black or minority ethnic groups, to engage in group sex involving recreational drugs and to attend the emergency department for PEPSE compared with MSM attending in 2017. Increasing the accessibility of PrEP for this group of MSM is important in order to optimize HIV prevention strategies. © 2021 British HIV Association.	men who have sex with men (MSM); post-exposure prophylaxis; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Rinaldi C.; Bacio M.	"Risky" sexual practices in a sample of Italian sex workers. From traditional sexual scripts to the neoliberal sexual actor?; Pratiche sessuali a "rischio" in un campione di lavoratori sessuali italiani. Dai copioni sessuali tradizionali all'attore sessuale neoliberale?	Salute e Società	-	-	-	-	17239427	10.3280/SES2022-002009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131403158&doi=10.3280%2fSES2022-002009&partnerID=40&md5=8651d8f5b25fc2f5c06edab5b23bfbd6	In this article, we deal with the so-called "risky sexual behaviours" and the spread of HIV/AIDS among the community of MSM (men who have sex with other men). For a long time, both the sociological analysis and the medical and epidemiological approach studied the behaviour of the gay population as "inherently" more problematic in terms of spreading the human immunodeficiency virus. For these studies, even more dangerous are those men who sell sex and sexual services. Starting from a sample of twenty-one male sex workers in Italy and of the use or misuse of condoms during encounters with their male clients, this contribution will try to understand how "risky sexual practices" (like barebacking or doing sex without a condom) are written and re-written. From the sexual script theory to the recent advancement in medicine in the fight against HIV/AIDS (like TasP and PrEP) that shape and re-shape how sex is performed, moving from the "gay plague" to the "Truvada whore" and from traditional sexual scripts to the neoliberal sexual actor. Copyright © FrancoAngeli	condom; HIV/AIDS; male sex workers; risky sex; safe sex; sexual scripts	Italian	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Qualitative
Article	2022	Ringshall, Miriam; Cooper, Richard; Rawdah, Waseem; Perera, Sean; Bannister, Alan; Nichols, Kayleigh; Fitzpatrick, Colin; Richardson, Daniel	Chemsex, sexual behaviour and STI-PrEP use among HIV-PrEP users during the COVID-19 pandemic in Brighton, UK.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2021-055216	https://dx.doi.org/10.1136/sextrans-2021-055216	The COVID-19 pandemic and social distancing restrictions have been associated with changes in use of HIV pre-exposure prophylaxis (HIV-PrEP), use of doxycycline as STI-PrEP and sexual behavior including chemsex behavior among men who have sex with men (MSM).1 2 As part of a local service needs assessment for the provision of services for MSM using PrEP and MSM engaging in chemsex, we asked MSM to complete a short anonymous online electronic survey after their PrEP monitoring appointment. Of the 269 MSM who attended for HIV-PrEP monitoring…	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Rios, Luís Felipe; Adrião, Karla Galvão; Albuquerque, Amanda; Pereira, Amanda França	Couro no couro': homens com práticas homossexuais e prevenção do HIV na Região Metropolitana do Recife	Saúde Debate	-	-	-	-	0103-1104	10.1590/0103-11042022e706	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0103-11042022001200085	RESUMO O texto aborda as práticas sexuais e a prevenção do HIV nos circuitos de Homens que fazem Sexo com Homens (HSH) da Região Metropolitana do Recife, embasados em inquérito comportamental com 380 HSH de idade de 18 a 51 anos, e entrevistas com 20 dos respondentes. Os dados analisados foram coletados entre janeiro de 2016 e fevereiro de 2017, quando a Profilaxia Pré-Exposição (PrEP) ainda não estava disponível e a Profilaxia Pós-Exposição (PEP) era pouco conhecida (51,8%) e utilizada (1,3%). O Sexo Anal Desprotegido (SAD) (50,6% em parcerias fixas, 30,2% em casuais) ocorria, geralmente, com parceiros presumidamente negativos para HIV. As sorologias eram inferidas pelos vínculos (estranho, conhecido, amigo, namorado). As emoções (medo, tesão, amor, confiança, nojo, carência) eram importantes na configuração do SAD, normalmente articuladas às vinculações. Observaram-se regimes de prazer dissidentes da heteronormatividade: boca-ânus e boca-pênis; sexo a três e em grupo. Considerando a forte presença de SAD e a alta prevalência de HIV em Recife (21,5%), constatou-se a necessidade de ações educativas que apresentem técnicas da prevenção combinada (camisinha, PrEP, PEP, soroescolha, segurança negociada etc.) mediante narrativas que incorporem vínculos, emoções e regimes de prazer dissidentes, para que, ao se aproximarem dos contextos de usos, possibilitem escolhas mais seguras.	HIV/AIDS; MSM; Prevention; HSH; Prevenção; Combined prevention; HIV/Aids; Práticas sexuais; Prevenção combinada; Sexual practices; Vulnerabilidade; Vulnerabilities	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods

Article	2022	Roach M.; Fritz J.	Breaking barriers and building bridges: Increasing community engagement in program evaluation	Evaluation and Program Planning	-	-	1497189	10.1016/j.evalprogplan.2021.101997	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114441863&doi=10.1016%2fj.evalprogplan.2021.101997&partnerID=40&md5=11a5fc7ace600aaee3fe29271f5fb14e	Background: Between September 2015 and 2018, The Michigan Department of Health and Human Services (MDHHS) focused its Project PrIDE efforts on increasing PrEP awareness through a media campaign, and community engagement in. Wayne County, MI. A strained relationship between MDHHS and community has created barriers to sustained and effective community engagement. The local evaluation (LE) was developed to determine the barriers and facilitators to engagement in program activities. Methods: To understand the process and the factors that impacted the project's goal, a mixed methods participatory evaluation approach was utilized. Data collection included quantitative data from meeting surveys, qualitative data from focus groups, and a photovoice project. Analysis and synthesis included descriptive statistics and deductive thematic coding. Results: CAB engagement increased collaboration, enhanced feasibility and utility, appropriateness, sustainability of activities, and increased transparency between MDHHS and CAB. Thematic coding identified Barriers and facilitators to engagement with PrEP activites included restrictive funding, comprehensive services delivery and CAB feedback underutilized and resulting in ineffective campaign messages. Conclusions: Although a strained relationship was evident in the beginning, encouraging interagency collaboration in the development, implementation, and utilization of program and evaluation activities, resulted in the improvement of relationships between the community and MDHHS. © 2021	Community based participatory research; Community engagement; HIV prevention; PrEP; Program evaluation; Social marketing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Roberts, D Allen; Bridenbecker, Daniel; Haberer, Jessica E; Barnabas, Ruanne V; Akullian, Adam	The impact of prevention-effective PrEP use on HIV incidence: a mathematical modelling study.	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.26034	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9670193	INTRODUCTION: Models that project the impact and cost-effectiveness of HIV pre-exposure prophylaxis (PrEP) must specify how PrEP use aligns with HIV exposure. We hypothesized that varying PrEP use according to individual-level partnership dynamics rather than prioritization to population subgroups based on average risk will result in larger incidence reductions and greater efficiency. METHODS: We used an individual-based network transmission model calibrated to HIV dynamics in Eswatini to simulate PrEP use among individuals ages 15-34 between 2022 and 2031 under two paradigms of PrEP delivery: "Risk Group" and "Partnership." In the "Risk Group" paradigm, we varied PrEP coverage by risk groups (low, medium and high) defined by average partnership frequency and concurrency. In the "Partnership" paradigm, all individuals are potentially eligible for PrEP, but we assumed use occurs only during partnerships and varied prioritization by partner HIV status (no prioritization to high prioritization with HIV-positive partners). We calculated person-time on PrEP and incidence relative to a no PrEP scenario and estimated efficiency as the person-years of PrEP needed to avert one additional infection (NNT). RESULTS: In the Risk Group paradigm, restricting PrEP to the high-risk group was the most efficient (NNT = 17), but the number of infections averted was limited by the small size of the high-risk group. Expanding PrEP use to all risk groups averted up to three times more infections but with lower efficiency (NNT = 202). PrEP use under the Partnership paradigm was 2-6 times more efficient (NNT = 33-102) than the Risk Group paradigm with all groups eligible for PrEP. A 33% reduction in incidence among 15- to 34-year-olds was achieved at 46% (95% CI: 39-52%) PrEP coverage in the Risk Group paradigm and 6% (95% CI: 5-7%) to 17% (95% CI: 14-20%) in the Partnership paradigm. CONCLUSIONS: Modelling PrEP use based on risk groups resulted in a sharp trade-off between PrEP efficiency and impact, whereas PrEP use predicated on partnerships resulted in much higher efficiency for widespread PrEP availability. Model estimates of PrEP impact and cost-effectiveness in generalized epidemics are strongly influenced by assumptions about how PrEP use aligns with individual-level HIV exposure heterogeneity.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Robles, Gabriel; Hong, Chenglin; Yu, Melanie; Starks, Tyrel J	Intersecting Communities and PrEP Uptake among US-based Latinx Sexual Minority Men.	Journal of Racial and Ethnic Health Disparities	-	-	2196-8837	10.1007/s40615-021-01154-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9034471	The Latinx community in the USA continues to be disproportionately burdened by the HIV epidemic, especially among Latinx sexual minority men (LSMM). Research indicates that up to two-thirds of new HIV infections occur among men who have sex with men (MSM) within primary partnerships. One promising biomedical approach for HIV prevention includes community scale-up of pre-exposure prophylaxis (PrEP) among LSMM. We examine the relationship between community connectedness (with the Latinx and gay communities) and PrEP uptake among 307 partnered LSMM who reported casual partner sex (i.e., non-monogamous relationships). Within the sample, approximately thirty percent (29.7%) of participants were on PrEP, and 43.3% reported partner approval for PrEP (i.e., my partner is in favor of PrEP generally), while only 7.2% were opposed to PrEP. Insurance status and income levels were significantly associated with PrEP uptake. There was a significant interaction term (gay community connectedness and Latinx group membership), which was positively associated with PrEP uptake (OR = 2.18; p = .007). Findings suggest that there may be structural barriers preventing this population from seeking and initiating PrEP care. Results point to the utility of integrating culturally relevant content related to intersecting identities and their corresponding communities when conceptualizing community-based and culturally informed interventions to improve the PrEP care cascade among LSMM.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Roche S.D.; Barnabee G.; Omollo V.; Mogaka F.; Odoyo J.; Bukusi E.A.; Morton J.F.; Johnson R.; Celum C.; Baeten J.M.; O'Malley G.	Implementation strategies for integrating pre-exposure prophylaxis for HIV prevention and family planning services for adolescent girls and young women in Kenya: a qualitative study	BMC Health Services Research	-	-	14726963	10.1186/s12913-022-07742-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127237429&doi=10.1186%2fs12913-022-07742-8&partnerID=40&md5=3ce85e2985f27a4dc190127d0c9f2df8	Introduction: Across sub-Saharan Africa, ministries of health have proposed integrating pre-exposure prophylaxis (PrEP) for HIV prevention into family planning (FP) services to reach adolescent girls and young women (AGYW); however, evidence on effective implementation strategies is still limited. We conducted a qualitative study of integrated PrEP-FP service implementation at two FP clinics in Kisumu, Kenya. Methods: From June 2017 to May 2020, the Prevention Options for Women Evaluation Research (POWER) study enrolled 1000 sexually active, HIV-negative AGYW age 16 to 25. Actions taken to implement PrEP were captured prospectively in 214 monitoring and evaluation documents and 15 interviews with PrEP implementers. We analysed data using conventional and directed content analysis, with the latter informed by the Consolidated Framework for Implementation Research (CFIR) and the Expert Recommendations for Implementing Change (ERIC) compilation. Results: POWER deployed a variety of implementation strategies to train and educate stakeholders (e.g., having new providers shadow PrEP providers); develop stakeholder interrelationships (e.g., organizing support teams with protected time to reflect on implementation progress and make refinements); provide technical assistance; and change physical infrastructure and workflow. Although these strategies reportedly influenced contextual factors across four of the five CFIR domains, they primarily interacted with contextual factors relevant to inner setting, especially implementation climate and readiness for implementation. Overall, implementing PrEP proved easier and less labor-intensive at a private, youth-friendly clinic than a public FP clinic, largely because the baseline structural characteristics (e.g., space, workflow) and organizational mission of the former were more conducive to offering AGYW-centered care. Nevertheless, adoption of PrEP delivery among non-study staff at both sites was low, likely due to the widespread perception that PrEP was not within their scope of work. Conclusions: Some FP clinics may be "lower-hanging fruit" than others for PrEP implementation. Approaching PrEP implementation as a behavioral intervention for FP providers may help ensure that providers have the requisite capability, opportunity, and motivation to adopt the clinical innovation. In particular, PrEP implementers should assess the need for implementation strategies that support providers' clinical decision-making, establish worker expectations and accountability, and address workload constraints. Trial registration: Clinical Trial Number: NCT03490058. © 2022, The Author(s).	Delivery of health care, integrated; Family planning services; HIV infections; Implementation science; Kenya; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Rogers, Ajeh; Brazier, Ellen; Dzudie, Anastase; Adedimeji, Adebola; Yotebieng, Marcel; Muhoza, Benjamin; Twizere, Christella; Lelo, Patricia; Nsonde, Dominique; Mafoua, Adolphe; Munyaneza, Athanase; Gateretse, Patrick; Diafouka, Merlin; Murenzi, Gad; Niyongabo, Théodore; Anastos, Kathryn; Nash, Denis	COVID-19 associated changes in HIV service delivery over time in Central Africa: Results from facility surveys during the first and second waves of the pandemic.	PLOS One	-	-	1932-6203	10.1371/journal.pone.0275429	https://pubmed.ncbi.nlm.nih.gov/36449454/	INTRODUCTION: The COVID-19 pandemic has impacted population health around the globe, directly and indirectly. The objective of this study was to document changes in HIV care associated with the COVID-19 pandemic at selected clinics in Central Africa, along with clinic-level strategies for minimizing disruptions in HIV care and treatment for people with HIV (PWH). METHODS: A 51-item questionnaire on COVID-19 pandemic-associated changes in HIV service delivery was completed by clinicians involved in HIV care at 21 clinics in five countries participating in Central Africa International epidemiology Databases to Evaluate AIDS (CA-IeDEA). The survey was completed at two timepoints: June-July 2020 and October 2020 to February 2021. Descriptive statistics were used to characterize changes in HIV care and related services. RESULTS: While 81% of sites reported at least one negative consequence of COVID-19 for clinic operations during the first survey, none reported suspending antiretroviral therapy (ART) initiation services for new patients, and 24% reported adopting telemedicine. In the follow-up survey, fewer sites (48%) reported at least one disruption to clinic operations, and more sites reported mitigation strategies, including expanding rapid ART initiation services and providing extra supplies of ART medications to reduce visit frequency. In the follow-up survey, more sites, especially in Rwanda, reported stockouts of commodities, including HIV and viral load testing and HIV pre-exposure prophylaxis. More than one-fifth of sites reported stockouts of second- or third-line ART at each survey timepoint. CONCLUSIONS: While the initial wave of the COVID-19 pandemic resulted in concerning disruptions to HIV service delivery at CA-IeDEA sites, most of these disruptions attenuated over time, and many sites introduced measures to help PWH avoid frequent visits to the clinic for care and medications. The impact of HIV commodity stockouts and clinic mitigation strategies on treatment outcomes needs to be assessed.	Humans; Anti-Retroviral Agents/therapeutic use; Surveys and Questionnaires; Ambulatory Care Facilities; Pandemics; *HIV Infections/drug therapy/epidemiology; *COVID-19/epidemiology	English	United States	Western and Central Europe and North America	Cameroon	Western and Central Africa	Cameroon	Western and Central Africa	Quantitative
Article	2022	Rogers, Brooke G; Sosnowy, C; Zanowick-Marr, A; Chan, P A; Mena, L A; Patel, R R; Goedel, W C; Arnold, T; Chu, C; Galipeau, D; Montgomery, M C; Curoe, K; Underwood, A; Villalobos, J; Gomillia, C; Nunn, A S	Facilitators for retaining men who have sex with men in pre-exposure prophylaxis care in real world clinic settings within the United States.	BMC Infectious Diseases	-	-	1471-2334	10.1186/s12879-022-07658-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9354303	BACKGROUND: Pre-exposure prophylaxis (PrEP) can significantly reduce HIV acquisition especially among communities with high HIV prevalence, including men who have sex with men (MSM). Much research has been finding suboptimal PrEP persistence; however, few studies examine factors that enhance PrEP persistence in real-world settings. METHODS: We interviewed 33 patients who identified as MSM at three different PrEP clinics in three regions of the U.S. (Northeast, South, Midwest). Participants were eligible if they took PrEP and had been retained in care for a minimum of 6 months. Interviews explored social, structural, clinic-level and behavioral factors that influencing PrEP persistence. RESULTS: Through thematic analysis we identified the following factors as promoting PrEP persistence: (1) navigation to reduce out-of-pocket costs of PrEP (structural), (2) social norms that support PrEP use (social), (3) access to LGBTQ + affirming medical providers (clinical), (4) medication as part of a daily routine (behavioral), and (5) facilitation of sexual health agency (belief). DISCUSSION: In this sample, persistence in PrEP care was associated with structural and social supports as well as a high level of perceived internal control over protecting their health by taking PrEP. Patients might benefit from increased access, LGBTQ + affirming medical providers, and communications that emphasize PrEP can promote sexual health.	Medication adherence; Persistence; PrEP continuum; Pre-exposure prophylaxis; Retention in care.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Rogers, Brooke G; Tao, Jun; Darveau, Spencer C; Maynard, Michaela; Almonte, Alexi; Napoleon, Siena; Murphy, Matthew; Chan, Philip A	The Impact of COVID-19 on Sexual Behavior and Psychosocial Functioning in a Clinical Sample of Men who have Sex with Men Using HIV Pre-exposure Prophylaxis.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-021-03334-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8191709	The purpose of this study was to evaluate the impact of the Coronavirus Disease 2019 (COVID-19) pandemic on sexual behavior, mental health, and substance use among men who have sex with men (MSM) engaged in pre-exposure prophylaxis (PrEP) care. Generalized linear mixed models and logistic mixed-effect models examined change over time for number of sexual partners, mood, and alcohol consumption. From February 29, 2020 to July 31, 2020, 177 MSM actively engaged in PrEP care were evaluated. The median age was 37 interquartile range (IQR 30, 51. Patients in the sample were largely representative of the clinic population and identified as White (73.0%), Black/African American (9.2%), and other race (17.2%), and 11.8% identified as Hispanic/Latino ethnicity. Men reported an average of 2.60 fewer sexual partners (95% CI -4.04, -1.40) during the pandemic compared to pre-COVID-19. Rates of depressive symptoms and alcohol use remained stable and few patients reported substance use. The reduced number of sexual partners may be explained by patients' efforts to reduce risk of exposure to COVID-19 and low rates of psychosocial symptoms may be indicative of only the highest functioning patients continuing to engage in care. Reductions in sexual partners may offset reduced engagement in care and help mitigate risk of HIV and other sexually transmitted infections (STIs).	Alcohol; COVID-19; Men who have sex with men (MSM); Mood; Pre-exposure prophylaxis; Sexual behavior.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Rogers, Zoe; Pintye, Jillian; Kinuthia, John; O'Malley, Gabrielle; Abuna, Felix; Escudero, Jaclyn; Mugambi, Melissa; Awuor, Mercy; Dollah, Annabell; Dettinger, Julia C; Kohler, Pamela; John-Stewart, Grace; Beima-Sofie, Kristin	Key influences on the decision to initiate PrEP among adolescent girls and young women within routine maternal child health and family planning clinics in Western Kenya.	AIDS Care	-	-	1360-0451	10.1080/09540121.2021.1981217	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8934309	We sought to understand influences on PrEP uptake among Kenyan adolescent girls and young women (AGYW) whose decision on PrEP use was misaligned with their risk for HIV acquisition. In-depth interviews were conducted with 47 Kenyan HIV-negative AGYW aged 15-24 years who were offered PrEP during routine maternal and child health and family planning services. AGYW were sampled from two groups (1) declined PrEP and had ≥1 sexual partner(s) of unknown HIV status and (2) initiated PrEP and reported having one HIV-negative partner. AGYW with HIV-negative partners initiated PrEP due to known or suspected infidelity. AGYW with partners of unknown HIV status recognized PrEP as a helpful HIV prevention tool, yet worried about partner reactions and prioritized avoiding uncomfortable or unsafe situations over PrEP. Among pregnant AGYW, the responsibility of motherhood and providing a future for one's family, through staying healthy and remaining HIV-free, was a strong PrEP use motivator. Among AGYW who desired future motherhood, fears that PrEP could negatively impact fertility or reduce contraceptive effectiveness led to declining PrEP. Peers positively influenced PrEP decision-making, especially personally knowing a PrEP user. Strategies are needed to enhance messaging and delivery approaches that are tailored to AGYW, including peer-led strategies.	Africa; HIV prevention; PrEP; Pre-exposure prophylaxis; adolescents; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Romijnders K.A.G.J.; de Groot L.; Vervoort S.C.J.M.; Basten M.; van Welzen B.J.; Kretzschmar M.E.; Reiss P.; Davidovich U.; van der Loeff M.F.S.; Rozhnova G.	The experienced positive and negative influence of HIV on quality of life of people with HIV and vulnerable to HIV in the Netherlands	Scientific Reports	-	-	20452322	10.1038/s41598-022-25113-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144260317&doi=10.1038%2fs41598-022-25113-5&partnerID=40&md5=9edd1035d304297065b07d8289bff7f3	This qualitative study aimed to explore the experienced influence of HIV on the quality of life (QoL) of people with HIV (PHIV) and key populations without but are vulnerable to HIV in the Netherlands. We conducted and thematically analyzed interviews with 29 PHIV and 13 participants from key populations without HIV (i.e., men who have sex with men). PHIV and key populations shared positive meaningful experiences regarding HIV, i.e., feeling grateful for ART, life, and the availability of PrEP, being loved and supported in the light of HIV, and providing support to the community. Negative predominant experiences regarding HIV were described by both PHIV and key populations as the negative effects of ART, challenges with regards to disclosing HIV, social stigmatization, and self-stigma. It remains important to support HIV community organizations in their efforts to reduce social stigmatization and to continue improving biomedical interventions for HIV. © 2022, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Qualitative
Article	2022	Rong S.; Dongmin L.	Research advances of cognition and willingness to use HIV pre-exposure prophylaxis drug among female sex workers; 暗娼对 HIV 暴露前预防药物的认知及使用意愿研究进展	Chinese Journal of Endemiology	-	-	20954255	10.3760/cma.j.cn112338-20220711-00622	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144637475&doi=10.3760%2fcma.j.cn112338-20220711-00622&partnerID=40&md5=4bd7dae430ae41585b48f654efd0f5c1	Female sex workers (FSW) are in a weak position in the process of sexual behavior and have a high risk of HIV infection. Promoting pre-exposure prophylaxis (PrEP) in this population can prevent HIV infection. This article reviews the cognition, willingness, influencing factors, and potential risk compensation of PrEP in FSW to provide a reference for expanding the use of PrEP in this population. © 2022 Authors. All rights reserved.	Cognition; Female sex workers; HIV; Pre-exposure prophylaxis; Willingness	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	NA	NA	Review
Article	2022	Rosecrans, Amanda; Harris, Robert; Saxton, Ronald E; Cotterell, Margaret; Zoltick, Meredith; Willman, Catherine; Blackwell, Ingrid; Bell, Joy; Hayes, Darryl; Weir, Brian; Sherman, Susan; Lucas, Gregory M; Greenbaum, Adena; Page, Kathleen R	Mobile low-threshold buprenorphine integrated with infectious disease services.	Journal of Substance Abuse Treatment	-	-	1873-6483	10.1016/j.jsat.2021.108553	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8702567	INTRODUCTION: In 2018, the Baltimore City Health Department launched a mobile clinic called Healthcare on The Spot, which offers low-threshold buprenorphine services integrated with health care services to meet the needs of people who use drugs. In addition to buprenorphine management, The Spot offers testing and treatment for hepatitis C, sexually transmitted infections, and HIV, as well as pre-exposure prophylaxis for HIV, wound care, vaccinations, naloxone distribution, and case management. METHODS AND MATERIALS: This cohort analysis includes clinical service data from the first 15 months of The Spot mobile clinic, from September 4, 2018, to November 23, 2019. The Spot co-located with the Baltimore syringe services program in five locations across the city. Descriptive data are provided for patient demographics and services provided, as well as percent of patients retained in buprenorphine treatment at one and three months. Logistic regression identified factors associated with retention at three months. RESULTS: The Spot mobile clinic provided services to 569 individuals from September 4, 2018, to November 23, 2019, including prescribing buprenorphine to 73.8% and testing to more than 70% for at least one infectious disease. Patients receiving a prescription for buprenorphine were more likely to be tested for HIV, hepatitis C, and sexually transmitted infections, as well as receive treatment for hepatitis C and preventive services including vaccination and naloxone distribution. The Spot initiated HIV treatment for four patients and HIV pre-exposure prophylaxis for twelve patients. More than 32% of patients had hepatitis C; nineteen of these patients initiated treatment for hepatitis C with eight having a documented cure. Buprenorphine treatment retention was 56.0% at one month and 26.2% at three months. Patients who were Black or receiving treatment for hepatitis C were more likely to be retained in buprenorphine treatment at three months. CONCLUSIONS: Increasing access to integrated medical services and drug treatment through low-threshold, community-based models of care can be an effective tool for addressing the effects of drug use.	Buprenorphine; Hepatitis C; Integrated care; Low-threshold; Mobile; Opioid use disorder	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rosen J.G.; Beckham S.W.; Glick J.L.; White R.H.; Park J.N.; Footer K.H.; Sherman S.G.	Acceptability of Event-Driven and Long-Acting HIV Pre-Exposure Prophylaxis Formulations Among Transgender Women Engaged in Street-Based Sex Work in Baltimore, Maryland	Transgender Health	-	-	2380193X	10.1089/trgh.2022.0057	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162261873&doi=10.1089%2ftrgh.2022.0057&partnerID=40&md5=3f8a296774f77a6436a0318b64a02fd0	We assessed acceptability of nonoral HIV pre-exposure prophylaxis (PrEP) formulations among transgender women (TW) engaged in street-based sex work in Baltimore, Maryland. In a K-means cluster analysis, TW (N=36) were partitioned into groups characterized by high interest in long-acting injectable PrEP only (Injectable Enthusiasts, 36%), high interest in injectables and subdermal implants (Long-Acting Acceptors, 36%), and low interest across PrEP formulations (Non-Acceptors, 28%). TW's interest in novel PrEP agents varied widely across formulations (range: 22-66%) and clustered around numerous relational, occupational, and structural factors, highlighting the importance of availing multiple PrEP formulations for this impacted population. Copyright 2022, Mary Ann Liebert, Inc., publishers.	chemoprevention; pre-exposure prophylaxis; sex work; transgender persons; United States; urban health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rosen J.G.; Park J.N.; Schneider K.E.; White R.H.; Beckham S.W.; Glick J.L.; Footer K.H.A.; Sherman S.G.	Mapping Interests in Event-Driven and Long-Acting Pre-exposure Prophylaxis Formulations onto the HIV Risk Environment of Street-Based Female Sex Workers: A Latent Class Analysis	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03613-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127617076&doi=10.1007%2fs10461-022-03613-9&partnerID=40&md5=9fdbb6eb3fe1a7dd7b4f7147d4bb3c65	Despite growing availability, HIV pre-exposure prophylaxis (PrEP) uptake and adherence remain suboptimal among female sex workers (FSW) in the United States. Using cross-sectional data from a survey of 236 street-based cisgender FSW in Baltimore, Maryland, we examined interest in event-driven and long-acting PrEP formulations. Latent class analysis identified discrete patterns of interest in five novel PrEP agents. Multinomial latent class regression then examined factors associated with probabilistic class membership. A three-class solution emerged as the best-fit latent class model: Injectable Acceptors (~ 24% of sample), Universal Acceptors (~ 18%), and Non-Acceptors (~ 58%). Compared to Non-Acceptors, Universal Acceptors had significantly (p < 0.05) higher odds of reporting condomless vaginal sex with clients, client condom coercion, and client-perpetrated physical violence. Relative to Non-Acceptors, Injectable Acceptors were distinguished by significantly higher rates of condomless vaginal sex with clients and injection drug use. Expanding PrEP options for FSW could help overcome barriers to PrEP initiation and persistence. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Biomedical HIV prevention; HIV pre-exposure prophylaxis; Injection drug use; Sex work; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rosen, Joseph G; Zhang, Leanne; Pelaez, Danielle; Coleman, Jenell S; To, C; Cooper, Lyra; Olatunde, Praise F; Toomre, Teagan; Glick, Jennifer L; Park, Ju Nyeong	Provider Perspectives on HIV Pre-Exposure Prophylaxis Service Disruptions and Adaptations during the COVID-19 Pandemic in Baltimore, Maryland: A Qualitative Study	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2022.0058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136339860&doi=10.1089%2fapc.2022.0058&partnerID=40&md5=dace088db043b569fcb8cc48003cd527	The COVID-19 pandemic continues driving unprecedented disruptions to health care provision, including HIV pre-exposure prophylaxis (PrEP) services. We explored service provider experiences promoting and prescribing PrEP to marginalized populations during the COVID-19 pandemic in Baltimore, Maryland. In February to April 2021, we facilitated four virtual focus group discussions with 20 PrEP providers, representing various professional cadres and practice settings. Employing an iterative, team-based thematic analysis, we identified salient enablers and constraints to PrEP promotion, initiation, and maintenance in the COVID-19 era, along with innovative adaptations to PrEP service delivery. Discussants described attenuated demands for PrEP early in the pandemic, exemplified by high PrEP discontinuation rates. This was attributed to changes in clients' sexual behaviors and shifting priorities, including caregiving responsibilities, during the pandemic. Substantial systems-level disruptions impacting PrEP provision were identified, including outreach service suspension, personnel shortages, and facility restrictions on face-To-face visits. Providers emphasized that these disruptions, though occurring early in the pandemic, had protracted impacts on PrEP accessibility. The transition to telemedicine rendered health care services, including PrEP, more accessible/convenient to some clients and expeditious to providers. However, structural barriers to telehealth engagement (telephone/internet access), coupled with limitations of the virtual care environment (difficulty establishing rapport), impeded efforts to equitably promote and prescribe PrEP. Expanding the PrEP outreach workforce and availing alternatives to telemedicine (e.g., community-based PrEP provision, specimen self-collection) could facilitate PrEP care continuity, especially as COVID-19 transitions from an acute to a protracted health crisis. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	HIV prevention; PrEP; qualitative research; SARS-CoV-2; telehealth; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Rosenberg, Karen	Efforts Needed to Improve Real-World Effectiveness of HIV Prophylaxis.	American Journal of Nursing	-	-	1538-7488	10.1097/01.NAJ.0000874144.18065.10	https://dx.doi.org/10.1097/01.NAJ.0000874144.18065.10	According to this study: Suboptimal consumption and frequent discontinuation of preexposure prophylaxis (PrEP) in men who are at high risk for HIV make PrEP less effective in real-world conditions than in clinical trials.Better monitoring of compliance is needed to make PrEP more effective, especially among young and socioeconomically deprived recipients.	NA	English	United States	Western and Central Europe and North America	NA	NA	NA	NA	Clinical
Article	2022	Rotert P.; Wheldon C.; Kownack J.; Sullivan-Blum Z.; Cokingtin B.; Khetani K.; Ndeti K.; Skyes K.; Ramaswamy M.	Human Papillomavirus Prevalence and Vaccination Rates Among Users of Pre-Exposure Prophylaxis for Human Immunodeficiency Virus Prevention	Journal of Primary Care and Community Health	-	-	21501319	10.1177/21501319221110411	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136029972&doi=10.1177%2f21501319221110411&partnerID=40&md5=c856568f836e699edf7d09cb589d57f9	Introduction: Our study provides data on the prevalence of human papillomavirus (HPV) related disease and vaccination rates among users of pre-exposure prophylaxis (PrEP) in a primary care clinic. Results highlight an opportunity to partner HIV and HPV prevention efforts. Methods: This is a retrospective chart review of PrEP patients in an urban Midwestern Family Medicine clinic. We conducted univariate analyses for HPV vaccination status and the prevalence of any HPV-related disease. We then examined bivariate relationships between vaccination status and insurance coverage, provider type, and age. Results: Of all 78 PrEP patients identified, 21.8% (n = 17) were vaccinated. Of the 59 patients 45 years or younger, 28.8% (n = 17) were vaccinated. There was no association between insurance or provider type and vaccination status. Patients 26 years or younger were 3 times more likely to be vaccinated than those ages 27 to 45 (56.3% vs 18.6%, P =.0011). Three unvaccinated patients had HPV-related disease. Conclusions: Despite ongoing risk of HPV infection and frequent interaction with the medical system, this study found most PrEP users continue to be unvaccinated. This is a significant missed opportunity for HPV prevention. With the FDA approval of the HPV vaccine for individuals age 9 to 45, PrEP patients in this age range would benefit from clinicians partnering HPV vaccination with PrEP prescribing. © The Author(s) 2022.	HPV prevalence; HPV vaccine; MSM; PrEP; retrospective chart review	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Rotsaert A.; Nöstlinger C.; Van Landeghem E.; Vanbaelen T.; Wouters E.; Buffel V.; Scheerder G.; Schim Van Der Loeff M.; Vuylsteke B.; Reyniers T.	Pre-Exposure Prophylaxis Users' Attitudes About Sexually Transmitted Infections and Its Influence on Condom Use: A Mixed-Method Study in Belgium	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2022.0172	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143917328&doi=10.1089%2fapc.2022.0172&partnerID=40&md5=0eea7d0613521005af6411a9ed4ab75a	Incidence rates of sexually transmitted infections (STIs) are rising among men who have sex with men (MSM). Since the rollout of HIV pre-exposure prophylaxis (PrEP), promoting condom use to prevent the spread of STIs has become more challenging. Using a mixed-method design, we explored MSM PrEP users' attitudes toward STIs, condoms, and condom use with nonsteady partners to prevent STIs. We triangulated data from 22 in-depth interviews conducted at a large HIV/STI clinic between August 2021 and January 2022 and an online survey among 326 PrEP users between September 2020 and January 2022. Interviews were analyzed iteratively using a thematic analysis approach. We used bivariate and multi-variate ordered logistic regression to analyze the online survey data. Themes identified in the qualitative data influencing condom use decisions to prevent STIs were as follows: (1) awareness (i.e., perceived severity of and susceptibility to STIs, condom counseling), (2) motivation (i.e., concerns about STIs, sexual pleasure and protection of own health), and (3) perceived social norms and practices (e.g., reduced condom use at community level). Overall, 10.7% of survey respondents consistently used condoms with nonsteady partners. Survey respondents who reported high or moderate levels of willingness to use condoms to prevent acquiring STIs were significantly more likely to use condoms for anal sex with nonsteady partners; those who initiated PrEP 6-12 months ago were less likely to use condoms. We found a wide variation in attitudes toward condom use for the prevention of STIs among MSM using PrEP. We recommend client-centered approaches, taking into account PrEP users' values and priorities toward STI prevention to help reduce the spread of STIs. Copyright © 2022, Mary Ann Liebert, Inc., publishers 2022.	attitudes; condom use; counseling; PrEP; STI prevention; STIs	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Mixed methods
Article	2022	Rotsaert A.; Reyniers T.; Jacobs B.K.M.; Vanbaelen T.; Burm C.; Kenyon C.; Vuylsteke B.; Florence E.	PrEP user profiles, dynamics of PrEP use and follow-up: a cohort analysis at a Belgian HIV centre (2017–2020)	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.25953	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133227261&doi=10.1002%2fjia2.25953&partnerID=40&md5=c4bcea54c493b1c341cb898f266f8d96	Introduction: The number of individuals initiating antiretroviral pre-exposure prophylaxis (PrEP) is increasing, but we do not fully understand who is coming forward for PrEP, how they use it and how they are followed-up. The objective of this study was to examine PrEP user profiles, dynamics in PrEP use and follow-up over time. Methods: We conducted a cohort analysis of longitudinally collected clinical record and questionnaire data among PrEP users at an HIV centre in Antwerp, Belgium, between June 2017 and March 2020. PrEP follow-up and user profiles were examined using descriptive analyses and bivariate logistic regression. We compared early adopting PrEP users (started before June 2018) with late users. We also calculated the probabilities of switching between daily and on-demand PrEP, and interruption, using a naïve estimator. Results and discussion: We included 1347 PrEP users in the analysis. After 12 months, retention in care was 72.3%. Median time between PrEP visits was 98 days (IQR 85–119 days). At screening visit, early adopting PrEP users (starting June 2017–May 2018) were significantly more likely to report one or more sexually transmitted infection in the prior 12 months, having used drugs during sex, a higher number of sexual partners and a history of paid sex and PrEP use prior to initiation, compared with PrEP users who initiated later (starting June 2018–February 2020). When taking PrEP daily, the probability of staying on daily PrEP at the next visit was 76%, while this was 73% when taking PrEP on-demand. Those using on-demand PrEP had a higher probability (13%) of interrupting PrEP care than daily PrEP users (7%), whereas those returning to PrEP care would mostly re-start with on-demand (35% vs. 13% for daily). Conclusions: The majority of PrEP users in this sample remained in care after 12 months. The probability of remaining on the same PrEP regimen at the subsequent visit was high. Though, we observed a diversity of transitions between regimens and interruptions in between visits. Our findings reaffirm the need to provide tailored PrEP services, counselling PrEP users across their life course. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	cohort studies; Europe; HIV prevention; men who have sex with men; PrEP; retention	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2022	Rowe K.; Theodore D.A.; Zucker J.; Cohensedgh O.; Lasota E.; Carnevale C.; Cohall A.; Olender S.; Gordon P.; Sobieszczyk M.E.	Lost2PrEP: Understanding Reasons for Pre-Exposure Prophylaxis and Sexual Health Care Disengagement among Men Who Have Sex with Men Attending a Sexual Health Clinic at a Large Urban Academic Medical Center in New York City	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2022.0004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128797565&doi=10.1089%2fapc.2022.0004&partnerID=40&md5=6df7d4a07f56539aa07e489f7a0066a1	Pre-exposure prophylaxis (PrEP) prevents HIV, but low rates of retention in care limit its effectiveness. We conducted a prospective survey-based study to investigate reasons for PrEP disengagement among men who have sex with men attending a sexual health clinic at a large urban academic medical center in New York City who were lost to follow up; surveys asked about current PrEP status, reasons for disengagement, attitudes toward PrEP, substance use, sexual practices, and behavioral/social determinants of health. Outreach attempts were made to 634 patients; majority of eligible participants were unable to be contacted (59%). Among those who agreed to participate (n = 175), 21% asked to re-establish care. Among those who completed the questionnaire (n = 86), 36% were taking PrEP. The most common reasons for PrEP discontinuation were cost/lack of insurance coverage (31%), decreased HIV risk perception (29%), and side effects (16%). Among those with decreased perception of risk, 62% were less sexually active, 38% were no longer engaging in anal sex, and 31% were using condoms for prevention. Participants reported that free medication (60%), having a sexual partner recommend PrEP (13%), and being able to receive PrEP from a primary care provider (13%) would encourage restarting PrEP. Findings were limited by low response rate (12% of eligible subjects completed the survey) and lack of Spanish-language questionnaires. Understanding reasons for loss-To-PrEP follow-up is essential for HIV prevention. Many people lost to follow up still desired PrEP, underscoring the importance of outreach, benefits navigators, and expansion of PrEP into primary care settings. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	engagement in care; MSM; pre-exposure prophylaxis; sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Rowell-Cunsolo T.L.; Mkuu R.S.; Bellerose M.; Haile R.; Wechsberg W.	"I Said Maybe We Should Use a Condom, and Then that Just Went South": Exploring Condomless Sex among Formerly Incarcerated Black Men in New York City, USA	Journal of Sex Research	-	-	224499	10.1080/00224499.2021.2004083	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120914510&doi=10.1080%2f00224499.2021.2004083&partnerID=40&md5=c942b9513992667555aa5ee0b5c28ab5	More than 600,000 incarcerated individuals are released annually in the United States; a large proportion are Black men incarcerated for drug-related offenses, including drug use and possession. Formerly incarcerated Black men report elevated rates of condomless sex and sexually transmitted infections, including human immunodeficiency virus (HIV). The purpose of this study was to explore condom usage among Black men who were formerly incarcerated for drug-related offenses and living in New York City (NYC). Using a semi-structured interview guide, in-depth interviews were conducted with 26 formerly incarcerated Black men. Interviews were audio-recorded, transcribed, and entered into NVivo, then manually coded utilizing thematic analysis methods. The following four themes were identified: partner type and length of the relationship affected condom use; diminished pleasure was a barrier for condom use; challenges with ill-fitting and poor-quality condoms; and the withdrawal method was used as an HIV prevention technique. Our findings suggest that formerly incarcerated Black men are engaging in condomless sex post-incarceration. Greater exposure to prevention messages and targeted interventions with content that includes interpersonal and condom use skill-building, methods to increase pleasurable condom use, information on HIV and STI transmission modes, and access to pre-exposure prophylaxis (PrEP) may be beneficial for this population. © 2021 The Society for the Scientific Study of Sexuality.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Roy Paladhi, Unmesha; Katz, David A; Farquhar, Carey; Thirumurthy, Harsha	Using Behavioral Economics to Support PrEP Adherence for HIV Prevention.	Current HIV/AIDS Reports	-	-	1548-3576	10.1007/s11904-022-00624-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9428871	PURPOSE OF REVIEW: We explored different behavioral economics (BE) mechanisms through which pre-exposure prophylaxis (PrEP) initiation and adherence could be impacted and examined recent work using BE principles to further HIV prevention efforts. We also generated new intervention ideas based on existing HIV testing and ART adherence literature. RECENT FINDINGS: There is limited work that uses BE principles to design interventions to increase PrEP initiation and adherence, mostly involving financial incentives. The recent works highlighted involve financial incentives and demonstrate that key populations are open to accepting monetary incentives to increase PrEP initiation and improve adherence. However, there are mixed results on the long-term impacts of using incentives to modify behavior. While there are a few ongoing studies that utilize BE principles to increase PrEP use, there is need to develop studies that test these concepts, to promote PrEP initiation and adherence. We suggest methods of exploring non-incentives-based ideas to increase PrEP use in key populations.	Behavioral economics; Financial incentives; HIV prevention; PrEP adherence; PrEP initiation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Roy, Khushali; Himelfarb, Aliayah; Karrah, Kapil; Porterfield, Laura; Paremoer, Lauren; Serag, Hani; Lee, Wei-Chen	The Social, Behavioral, and Ethical Modalities of COVID-19 on HIV Care in South Africa: A Systematic Review.	International Journal of Environmental Research and Public Health	-	-	1660-4601 1661-7827	10.3390/ijerph19159766	https://pubmed.ncbi.nlm.nih.gov/35955119/	The profound public health impact of the novel outbreak of the SARS-CoV-2 virus in 2019 has been unparalleled in the last century. Rapid spread of the disease and a high death toll fueled the development and global rollout of effective vaccines regardless of the massive inequitable access. However, some public health measures intended to control COVID-19 have had collateral effects on the control of other infectious diseases. In this systematic review, we analyze the impact of the COVID-19 pandemic on efforts to control HIV in South Africa, emphasizing the social, ethical, and behavioral ramifications. The SCOPUS, PubMed, Ovid, PsychINFO, and Cochrane Library databases were searched for publications between March 2020 and January 2022. Of the 854 articles identified, 245 were found duplicated, and 609 were screened, 241 of which were potentially eligible, and 15 of which were ultimately included. Although no studies on the ethical implications were eligible for our study criteria due to insufficient primary data to perform an analysis on, we explored this topic in the Discussion section of this paper. We confirm declines in ART, PrEP, and HIV testing during the initial lockdown period, with slight variations across the South African provinces. Protecting routine services and reducing the disease burden on high-risk nations such as South Africa is imperative moving forward with the pandemic.	Humans; HIV; South Africa/epidemiology; Communicable Disease Control; COVID-19; SARS-CoV-2; stigma; service delivery; Pandemics/prevention & control; *HIV Infections/epidemiology; lockdown; *COVID-19/epidemiology; ART disruptions; clinic visits; district health information system	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Rubenstein, E; Sarda, M; Lascoux-Combe, C; Pintado, C; Zeggagh, J; Ponscarme, D; Tateo, M; Chawki, S; Liegeon, G; Gras, J; Lafaurie, M; De Castro, N; Descamps, D; Molina, J	Clinical Description of Sixty-Six Cases of Monkeypox Virus (MKPV) Infection Among Men Who Have Sex With Men (MSM) in an HIV/PrEP French Clinic	Journal of the International AIDS Society	-	-	1758-2652	10.1097/QAI.0000000000003146	https://journals.lww.com/jaids/citation/2023/03010/clinical_description_of_sixty_six_cases_of.13.aspx	NA	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	NA	NA	Clinical
Article	2022	Rudometova, N B; Shcherbakov, D N; Rudometov, A P; Ilyichev, A A; Karpenko, L I	Model systems of human immunodef iciency virus (HIV-1) for in vitro eff icacy assessment of candidate vaccines and drugs against HIV-1.	Vavilovskii Zhurnal Genet Selektsii	-	-	2500-0462	10.18699/VJGB-22-26	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8983303	HIV infection still remains a major challenge for healthcare systems of the world. There are several aspects on counteracting the HIV/AIDS epidemic. The f irst aspect covers preventive measures including educational campaigns on HIV/AIDS and promotion of a healthy lifestyle, protected sex, and pre-exposure prophylaxis of vulnerable groups. The second aspect is timely HIV testing and the use of antiretroviral therapy when test results come back positive. The third aspect is the scientif ic research associated with discovering new pharmaceutical agents and developing HIV-1 vaccines. Selecting an adequate tool for quick and accurate in vitro eff icacy assessment is the key aspect for eff icacy assessment of vaccines and chemotherapy drugs. The classical method of virology, which makes it possible to evaluate the neutralizing activity of the sera of animals immunized with experimental vaccines and the eff icacy of chemotherapy agents is the method of neutralization using viral isolates and infectious molecular clones, i. e. infectious viral particles obtained via cell transfection with a plasmid vector including the full-length HIV-1 genome coding structural, regulatory, and accessory proteins of the virus required for the cultivation of replication-competent viral particles in cell culture. However, neutralization assessment using viral isolates and infectious molecular clones is demanding in terms of time, effort, and biosafety measures. An alternative eliminating these disadvantages and allowing for rapid screening is the analysis of neutralization using of pseudoviruses, which are recombinant viral particles, for the analysis of neutralizing activity. Pseudotyped viruses have defective genomes restricting their replication to a single cycle, which renders them harmless compared to infectious viruses. The present review focuses on describing viral model systems for in vitro eff icacy assessment of vaccines and drugs against HIV-1, which include primary HIV-1 isolates, laboratoryadapted strains, infectious molecular clones, and env-pseudoviruses. A brief comparison of the listed models is presented. The HIV-1 env-pseudoviruses approach is described in more detail.	HIV-1, primary isolates, infectious molecular clones, env-pseudoviruses, virus neutralization assay	English	Russian Federation	Eastern Europe and Central Asia	Russia	Eastern Europe and Central Asia	Russia	Eastern Europe and Central Asia	Clinical
Article	2022	Ruiz-Algueró, Marta; Alejos, Belén; García Yubero, Cristina; Riera Jaume, Melchor; Antonio Iribarren, José; Asensi, Víctor; Pasquau, Francisco; Galera, Carlos E; Pascual-Carrasco, Mario; Muñoz, Adolfo; Jarrín, Inmaculada; Suárez-García, Inés	Use of Generic Antiretroviral Drugs and Single-Tablet Regimen De-Simplification for the Treatment of HIV Infection in Spain.	AIDS Research and Human Retroviruses	-	-	1931-8405	10.1089/AID.2021.0122	https://dx.doi.org/10.1089/AID.2021.0122	The present study sought to describe the use of generic drugs and single-tablet regimen (STR) de-simplification for the treatment of human immunodeficiency virus (HIV) infection among 41 hospitals from the cohort of the Spanish HIV/AIDS Research Network (CoRIS). In June 2018, we collected information on when generic antiretroviral drugs (ARVs) were introduced in the different hospitals, how the decisions to use them were made, and how the information was provided to the patients. Most of the nine available generic ARVs in Spain by June 2018 had been introduced in at least 85% of the participating hospitals, except for zidovudine (AZT)/lamivudine (3TC) and AZT. The time difference between the effective marketing date of each generic ARV and its first dispensing date in the hospitals was much shorter for the more recently approved generic ARV since the year 2017. However, only up to 20% of the hospitals de-simplified efavirenz (EFV)/tenofovir disoproxil (TDF)/emtricitabine (FTC), dolutegravir (DTG)/abacavir (ABC)/3TC, and rilpivirine (RPV)/TDF/FTC (to generic EFV+TDF/FTC, DTG+generic ABC/3TC, and RPV+generic TDF/FTC, respectively), whereas the generic STR EFV/TDF/FTC was introduced in 87.8% of the centers. The median times between the date of effective marketing of generic TDF/FTC and the date of de-simplification of EFV/TDF/FTC and RPV/TDF/FTC were 723 interquartile range (IQR): 369-1,119 and 234 (IQR: 142-264) days, respectively; this time was 155 (IQR: 28-287) days for de-simplification of DTG/ABC/3TC. In conclusion, despite the widespread use of generic ARVs, STRs de-simplification was only undertaken in <20% of the hospitals. There was wide variability in the timing of the introduction of each generic ARV after they were available in the market.	HIV; antiretroviral drugs; generic antiretroviral treatments	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2022	Rusconi, S; Tan, RKJ; Ceccherini-Silberstein, F	SYPHILIS CASES ARE CONCENTRATED IN THREE MEN WHO HAVE SEX WITH MEN (MSM) POPULATION GROUPS IN EUROPE: PREP (PRE-EXPOSURE PROPHYLAXIS) USERS, SEX WORKERS AND PEOPLE LIVING WITH HIV	Sexually Transmitted Infections	-	-	1368-4973	doi.org/10.1136/sextrans-2021-055340	https://sti.bmj.com/content/98/7/547	In this two-wave web-based survey of European MSM (n=278 256 participants across 31 countries), the proportion of respondents self-reporting a syphilis diagnosis in the previous 12 months rose from 2.3% in 2010 to 4.5% in 2017. In adjusted analyses, factors associated with a syphilis diagnosis comprised STI screening in the previous month versus no screening (adjusted OR (aOR) 25.76), HIV PrEP use (aOR 3.02), living with HIV (aOR 2.67), selling sex (aOR 1.45) and a greater number of non-steady condomless anal intercourse (CAI) partners (aOR 1.01 for each additional partner). The association between PrEP use and a syphilis diagnosis was mediated by a higher likelihood of recent STI screening and a greater number of non-steady CAI partners, both of which increased substantially in 2017 compared with 2010. Mendez-Lopez A, Stuckler D, et al. Social and behavioural determinants of syphilis: Modelling based on repeated cross-sectional surveys from 2010 and 2017 among 278,256 MSM in 31 European countries. Lancet Reg Health Eur 2022;22:100483. doi: 10.1016/j.lanepe.2022.100483.	NA	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2022	Rusley, JC; Arrington-Sanders, R; Guthrie, KM; Toma, EA; Knopf, AS	IMPACT OF PARENT-ADOLESCENT RELATIONSHIP QUALITY AND SEXUAL HEALTH COMMUNICATION ON PARENTAL WILLINGNESS TO SUPPORT ADOLESCENT USE OF PRE-EXPOSURE PROPHYLAXIS FOR HIV: LESSONS FOR POST-PANDEMIC SEXUAL HEALTH INTERVENTIONS	Journal of Adolescent Health	-	-	1054-139X	https://doi.org/10.1016/j.jadohealth.2022.01.007	https://www.jahonline.org/article/S1054-139X(22)00029-5/fulltext	Pre-exposure prophylaxis (PrEP) is a safe and highly effective method of HIV prevention, yet PrEP use among US adolescents at risk for HIV has been low. Sexual health communication between parents and adolescents has been shown to decrease teen pregnancy and increase condom use, but data are scarce on the impact of communication on PrEP use. We wanted to understand parents' perspectives on PrEP and the role of parent-adolescent relationship quality and sexual health communication on parents' willingness to support their adolescent using PrEP ("PrEP willingness"), to inform post-pandemic interventions to improve PrEP uptake among adolescents at risk for HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Rutstein S.E.; Matoga M.; Chen J.S.; Mathiya E.; Ndalama B.; Nyirenda N.; Bonongwe N.; Chithambo S.; Chagomerana M.; Tegha G.; Hosseinipour M.C.; Herce M.E.; Jere E.; Krysiak R.G.; Hoffman I.F.	Integrating Enhanced HIV Pre-exposure Prophylaxis Into a Sexually Transmitted Infection Clinic in Lilongwe: Protocol for a Prospective Cohort Study	JMIR Research Protocols	-	-	19290748	10.2196/37395	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144749471&doi=10.2196%2f37395&partnerID=40&md5=9c2a767aead1996ade41d6c864c81e5f	Background: Pre-exposure prophylaxis (PrEP) reduces HIV acquisition risk by >90% and is a critical lever to reduce HIV incidence. Identifying individuals most likely to benefit from PrEP and retaining them on PrEP throughout HIV risk is critical to realize PrEP's prevention potential. Individuals with sexually transmitted infections (STIs) are an obvious priority PrEP population, but there are no data from sub-Saharan Africa (SSA) confirming the effectiveness of integrating PrEP into STI clinics. Assisted partner notification may further enhance STI clinic–based PrEP programming by recruiting PrEP users from the pool of named sexual partners of individuals presenting with an incident STI. However, the acceptability, feasibility, and effectiveness of these integrated and enhanced strategies are unknown. Objective: This study aims to describe the implementation outcomes of acceptability, feasibility, and effectiveness (regarding PrEP uptake and persistence) of integrating an enhanced PrEP implementation strategy into an STI clinic in Malawi. Methods: The enhanced PrEP STI study is a prospective cohort study enrolling patients who are eligible for PrEP (aged ≥15 years) who are seeking STI services at a Lilongwe-based STI clinic. Data collection relies on a combination of in-depth interviews, patient and clinic staff surveys, and clinic record review. All enrolled PrEP users will be screened for acute HIV infection and receive quarterly testing for Neisseria gonorrhea, Chlamydia trachomatis, and syphilis. Participants will be asked to name recent sexual partners for assisted notification; returning partners will be screened for PrEP eligibility and, if interested, enrolled into the cohort of PrEP initiators. We will also enroll patients who are eligible for PrEP but choose not to initiate it, from the STI clinic. Patient participants will be followed for 6 months; we will assess self-reported PrEP use, PrEP refills, sexual behaviors, perceived HIV risk, and incident STIs. Clinic staff participants will be interviewed at baseline and at approximately 6 months and will complete surveys examining the perceived acceptability and feasibility of the integrated and enhanced PrEP strategy. Results: Enrollment began in March 2022 and is projected to continue until February 2023, with patient participant follow-up through August 2023. The results of this study are expected to be reported in 2024. Conclusions: This study will generate important evidence regarding the potential integration of PrEP services into STI clinics in SSA and preliminary data regarding the effectiveness of an enhanced intervention that includes assisted partner notification as a strategy to identify potential PrEP users. Furthermore, this trial will provide some of the first insights into STI incidence among PrEP users recruited from an STI clinic in SSA—critical data to inform the use of etiologic STI testing where syndromic management is the current standard. These findings will help to design future PrEP implementation strategies in SSA. Trial Registration: ClinicalTrials.gov NCT05307991; https://clinicaltrials.gov/ct2/show/NCT05307991 International Registered Report Identifier (IRRID): DERR1-10.2196/37395 ©Sarah E Rutstein, Mitch Matoga, Jane S Chen, Esther Mathiya, Beatrice Ndalama, Naomi Nyirenda, Naomi Bonongwe, Shyreen Chithambo, Maganizo Chagomerana, Gerald Tegha, Mina C Hosseinipour, Michael E Herce, Edward Jere, Robert G Krysiak, Irving F Hoffman.	partner notification; pre-exposure prophylaxis; PrEP; sexually transmitted infections; STI; sub-Saharan Africa	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Saberi P.; Ming K.; Shrestha I.; Scott H.; Thorson B.; Liu A.	Feasibility and Acceptability of Home-Collected Samples for Human Immunodeficiency Virus Preexposure Prophylaxis and Severe Acute Respiratory Syndrome Coronavirus 2 Laboratory Tests in San Francisco Primary Care Clinics	Open Forum Infectious Diseases	-	-	23288957	10.1093/ofid/ofab657	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124912812&doi=10.1093%2fofid%2fofab657&partnerID=40&md5=515d101ffc78e7626b8d68138bae38a5	Background: Due to the difficulty of conducting laboratory testing during the pandemic shelter-in-place orders, the objective of this study was to examine the feasibility and acceptability of conducting home-collected samples for preexposure prophylaxis (PrEP) and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) laboratory tests. Methods: We conducted a pilot study among patients on PrEP in San Francisco primary care clinics. Individuals on PrEP provided home-collected laboratory samples using dried blood spot for fourth-generation human immunodeficiency virus antigen/antibody test, serum creatinine, syphilis antibody, and hepatitis C antibody, as needed; 3-site (oropharyngeal, rectal, and urine) swabbing for sexually transmitted infections; and nasopharyngeal swabbing for SARS-CoV-2 polymerase chain reaction. We examined feasibility and acceptability of collecting these laboratory samples using predefined benchmarks to determine feasibility or acceptability. Results: Of 92 individuals who consented to participate, 73 (79.3%) mailed back their home-collected kit. Nearly 87.7% noted being extremely to moderately satisfied with the ability to complete the laboratory tests without having to come into a clinic. Approximately 49.3% of participants chose this home-collection method as their first choice for providing laboratory samples. Mean time from collection of samples by the participant to receipt of test results was reduced from the first quarter of the study (17 days) to the last quarter of the study (5 days). Conclusions: We report high levels of feasibility and acceptability with the use of home-collected laboratory samples for patients on PrEP. Our results indicate that home-collected laboratory samples for patients on PrEP is a viable option that should be offered as an alternative to clinic-collected laboratory samples. © 2022 Published by Oxford University Press on behalf of Infectious Diseases Society of America 2022.	HIV; home collection; pandemic; preexposure prophylaxis; SARS-CoV-2; self-test	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2022	Saberi, Parya; Stoner, Marie C D; Ming, Kristin; Lisha, Nadra E; Hojilla, J Carlo; Scott, Hyman M; Liu, Albert Y; Steward, Wayne T; Johnson, Mallory O; Neilands, Torsten B	The effect of an HIV preexposure prophylaxis panel management strategy to increase preexposure prophylaxis prescriptions.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003283	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9529898	OBJECTIVE: The HIV preexposure prophylaxis optimization intervention (PrEP-OI) study evaluated the efficacy of a panel management intervention using PrEP coordinators and a web-based panel management tool to support healthcare providers in optimizing PrEP prescription and ongoing PrEP care. DESIGN: The PrEP-OI study was a stepped-wedge randomized clinical trial conducted across 10 San Francisco Department of Public Health primary care sites between November 2018 and September 2019. Each month, clinics one-by-one initiated PrEP-OI in random order until all sites received the intervention by the study team. METHODS: The primary outcome was the number of PrEP prescriptions per month. Secondary outcomes compared pre- and postintervention periods on whether PrEP was discussed and whether PrEP-related counseling (e.g., HIV risk assessment, risk reduction counseling, PrEP initiation/continuation assessment) was conducted. Prescription and clinical data were abstracted from the electronic health records. We calculated incidence rate ratios (IRR) and risk ratios (RR) to estimate the intervention effect on primary and secondary outcomes. RESULTS: The number of PrEP prescriptions across clinics increased from 1.85/month (standard deviation SDâ=â2.55) preintervention to 2.44/month (SDâ=â3.44) postintervention (IRRâ=â1.34; 95% confidence interval CIâ=â1.05-1.73; P â=â0.021). PrEP-related discussions during clinic visits (RRâ=â1.13; 95% CIâ=â1.04-1.22; P â=â0.004), HIV risk assessment (RRâ=â1.40; 95% CIâ=â1.14-1.72; P â=â0.001), and risk reduction counseling (RRâ=â1.16; 95% CIâ=â1.03-1.30; P â=â0.011) increased from the pre- to the postintervention period. Assessment of PrEP initiation/continuation increased over time during the postintervention period (RRâ=â1.05; 95% CIâ=â0.99-1.11; P â=â0.100). CONCLUSIONS: A panel management intervention using PrEP coordinators and a web-based panel management tool increased PrEP prescribing and improved PrEP-related counseling in safety-net primary care clinics.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Sahloff, Eric G; Hamons, Nikki; Baumgartner, Kevin; Duggan, Joan M	Is Long-acting Cabotegravir a Pre-exposure Prophylaxis Option for Women of Childbearing Potential?	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofac230	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9274437	Long-acting cabotegravir (CAB-LA) provides an exciting new option for pre-exposure prophylaxis (PrEP) in multiple populations. In this Perspective, we consider the unique pharmacokinetics of CAB-LA and the potential impact on the prescribing of CAB-LA, specifically in cis-women of reproductive potential.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Saidi, Friday; Chi, Benjamin H.	Human Immunodeficiency Virus Treatment and Prevention for Pregnant and Postpartum Women in Global Settings.	Obstetrics and Gynecology Clinics of North America	-	-	-	-	1558-0474 0889-8545	10.1016/j.ogc.2022.07.002	https://pubmed.ncbi.nlm.nih.gov/36328675/	Efforts to prevent mother-to-child transmission of human immunodeficiency virus (HIV) have led to dramatic reductions in pediatric HIV worldwide. New advances in HIV treatment and prevention, focused on pregnant and breastfeeding women living with HIV, have improved maternal health while decreasing vertical and horizontal HIV transmission. In this article, we describe how such interventions-including antiretroviral therapy and HIV pre-exposure prophylaxis-can be incorporated into antepartum and postpartum care in global settings.	Humans; Female; Pregnancy; HIV; *Anti-HIV Agents/therapeutic use; Infectious Disease Transmission, Vertical/prevention & control; *HIV Infections/drug therapy/epidemiology/prevention & control; Breast Feeding; HIV prevention; Postpartum Period; Pre-exposure prophylaxis; HIV treatment; Breastfeeding; Antiretroviral regimens; Birth outcomes; *Pregnancy Complications, Infectious/drug therapy/prevention & control	English	United States	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Review
Article	2022	Sakana, Béninwendé Leticia Delphine; Mennecier, Anaïs; Fao, Paulin; Tassembedo, Souleymane; Moles, Jean-Pierre; Kania, Dramane; Taofiki, Ajani Ousmane; Kadeba, Franck Edgar; Diallo, Ibrahima; Eymard-Duvernay, Sabrina; D'Ottavi, Morgana; Meda, Nicolas; Mosqueira, Beatriz; Van de Perre, Philippe; Nagot, Nicolas	Prevention of mother-to-child transmission of HIV at the second immunization visit: a cross-sectional study, Burkina Faso.	Bulletin of the World Health Organization	-	-	-	-	1564-0604 0042-9686	10.2471/BLT.22.288522	https://pubmed.ncbi.nlm.nih.gov/36466198/	OBJECTIVE: To evaluate the performance of the cascade of activities for prevention of mother-to-child transmission (PMTCT) of human immunodeficiency virus (HIV) at the second immunization visit in Burkina Faso. METHODS: In a cross-sectional study, we recruited mothers attending the second immunization visit for their infant in 20 health centres of Bobo-Dioulasso city, Burkina Faso over 12 months (2019-2020). We administered a short questionnaire to 14 176 mothers and performed HIV serological tests on mothers who had not been tested in the last 3 months. All mothers were asked about their attendance for antenatal care and HIV rapid testing. HIV-infected mothers were also asked about the timing of their HIV diagnosis, antiretroviral therapy, pre-exposure prophylaxis initiation at birth and infant diagnosis of HIV. FINDINGS: Of 14 136 respondents, 13 738 (97.2%) had at least one HIV serological test in their lifetime. Of 13 078 mothers who were never tested or were HIV-negative, 12 454 (95.2%) were tested during or after their last pregnancy. Among HIV-infected mothers already aware of their status, 110/111 (99.1%) women were on antiretroviral therapy. Among HIV-exposed infants, 84/101 (83.2%) babies received 6 weeks of antiretroviral prophylaxis at birth and 58/110 (52.7%) had a blood sample collected for early infant diagnosis. Only two mothers received their child's test results at the time of the second immunization visit. Four mothers were newly diagnosed as HIV-positive during the study. CONCLUSION: Collecting data at the second immunization visit, a visit rarely missed by mothers, could be useful for identifying gaps in the PMTCT cascade in settings where mothers are difficult to reach, such as in low-income countries with intermediate or low HIV prevalence.	Humans; Male; Female; Pregnancy; Cross-Sectional Studies; Infant; Infant, Newborn; *HIV Seropositivity; Burkina Faso/epidemiology; Immunization; *Infectious Disease Transmission, Vertical/prevention & control	English	Switzerland	Western and Central Europe and North America	Burkina Faso	Western and Central Africa	France	Western and Central Europe and North America	Quantitative
Article	2022	Salabarría-Peña Y.; Douglas C.; Brantley M.; Johnson A.K.	Informing the future of PrEP navigation: Findings from a five-site cluster evaluation	Evaluation and Program Planning	-	-	-	-	1497189	10.1016/j.evalprogplan.2021.101999	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114482209&doi=10.1016%2fj.evalprogplan.2021.101999&partnerID=40&md5=7de31f77cc96ef064012c46cfd946ec4	The PrEP (pre-exposure prophylaxis) Implementation, Data to Care and Evaluation (PrIDE) demonstration project funded 12 health departments (HD) (2016–2019) to scale up PrEP among sexual minorities at risk for HIV. Each health department (HD) conducted an evaluation of at least one local strategy, and, to maximize crossvalidation, an adapted cluster evaluation approach was employed. As a result, five HDs with similar evaluation questions regarding PrEP navigation were identified. Overall, PrEP navigation fit in well with HD clinics and community-based organizations. A hybrid model of patient, peer, and systems navigation linking clients to PrEP and social services was commonly used. Although there were no differences by setting regarding linking clients to PrEP providers, one HD demonstrated that having all PrEP services in the same location contributed the most to PrEP uptake. Navigator skill for case management and rapport building facilitated navigation, whereas staff turnover and lack of client health insurance were challenges. While one HD in a non-Medicaid expansion state was affected by health insurance issues the most, another HD demonstrated that providing payment assistance increased client PrEP use. The findings pinpoint PrEP navigation hybrid modality and having health insurance as promising strategies to increase PrEP uptake among priority groups. © 2021	Cluster evaluation; HIV; MSM; Navigation; Patient navigation; Peer navigation; PrEP; PrEP navigation; Systems navigation; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Salabarría-Peña Y.; Robinson W.T.	Going beyond performance measures in HIV-prevention: A funder-recipient expedition	Evaluation and Program Planning	-	-	-	-	1497189	10.1016/j.evalprogplan.2021.101996	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85114601704&doi=10.1016%2fj.evalprogplan.2021.101996&partnerID=40&md5=8f84f6cd2553d712de85e9aab8c57226	Project PrIDE (PrEP Implementation, Data to Care, and Evaluation) was a multi-site demonstration project implemented in 12 health departments (HDs) from 2016 to 2019. In Project PrIDE, there were two monitoring and evaluation components: crossjurisdictional performance monitoring (CJPM) and local program evaluation (LE). Project PrIDE was innovative in that a portion of funds were allocated for LE in order to support robust process and outcome evaluations. The purpose of this article is threefold: to describe Project PrIDE LE conceptualization, to share lessons learned about LE development and implementation processes that may benefit other programs and evaluation initiatives, and to introduce the Special Issue. This experience highlights the importance of using a health equity lens in future evaluation efforts in HIV prevention involving historically marginalized populations to ensure that priority groups are treated as equal partners of and benefit from the evaluations. © 2021	Cluster evaluation; HIV; LGBTQ; Participatory evaluation; PrEP; Program evaluation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Salinas-Rodríguez A.; Sosa-Rubí S.G.; Chivardi C.; Rodríguez-Franco R.; Gandhi M.; Mayer K.H.; Operario D.; Gras-Allain N.; Vargas-Guadarrama G.; Galárraga O.	Preferences for Conditional Economic Incentives to Improve Pre-exposure Prophylaxis Adherence: A Discrete Choice Experiment Among Male Sex Workers in Mexico	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03443-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113591844&doi=10.1007%2fs10461-021-03443-1&partnerID=40&md5=b04248e006f09f23496fc7d0d34e96a5	Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV but requires sustained adherence. Conditional economic incentives (CEIs) can improve medication-taking behaviors, yet preferences for programs that employ CEIs to increase PrEP use among male sex workers (MSWs) have not been investigated. We conducted a discrete choice experiment in Mexico City to elicit stated preferences for a CEI-based PrEP adherence program among MSWs. Respondents expressed their preferences for different program characteristics: incentive amount; incentive format; incentive type; and adherence-verification method. We used a random utility logit model to estimate the relative importance of each attribute and estimated willingness-to-pay. MSWs preferred a higher, fixed incentive, with PrEP adherence measured via hair sampling. MSWs were willing to forego up to 21% of their potential maximum CEI amount to ensure receipt of a fixed payment. MSWs are highly willing to accept a CEI-based intervention for PrEP adherence, if offered along with fixed payments. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Discrete choice experiment; HIV; Male sex workers; PrEP; Willingness to accept	English	United States	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Quantitative
Article	2022	Samji H.; Hu J.; Otterstatter M.; Hull M.; Grennan T.; Moore D.; Gilbert M.; Higgins R.; Wong J.	Gay, bisexual, and other men who have sex with men accessing STI clinics: Optimizing HIV PrEP implementation	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0261705	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123714210&doi=10.1371%2fjournal.pone.0261705&partnerID=40&md5=81555ed41c0027601e914aea9fac7977	Background Gay, bisexual and other men who have sex with men (gbMSM) who attend STI clinics represent an easily accessible population for promoting HIV prevention interventions. We examined characteristics of gbMSM STI clinic attendees to identify those who could most benefit from pre-exposure prophylaxis (PrEP). Setting GbMSM STI clinic attendees in British Columbia (BC), Canada Methods A clinical electronic charting system of STI clinics in BC was used to identify gbMSM from 2004 to 2017. Incident HIV cases were defined as testers who had at least one HIV-negative test and a subsequent HIV-positive test. Seroconversion rates were calculated by risk factor variables and by year. Cox proportional hazards regression was used to identify independent predictors of HIV seroconversion. Results There were 9,038 gbMSM included, of whom 257 HIV seroconverted over the study period and 8,781 remained negative HIV testers, contributing 650.8 and 29,591.0 person-years to the analysis, respectively. The overall rate of seroconversion was 0.85 per 100 personyears (95% CI: 0.75-0.96). Incidence rates were higher among patients reporting >5 partners in the previous six months, inconsistent condom use, or having a partner living with HIV and who had a previous or concurrent diagnosis of rectal gonorrhea or rectal chlamydia. gbMSM presenting with two STIs such as rectal gonorrhea and syphilis (3.59/100 person-years 95%CI: 2.33-5.22) or rectal chlamydia and syphilis (3.01/100 person-years 95%CI: 2.00-4.29) had the highest incidence rates. Conclusion gbMSM with preceding or concurrent rectal STI diagnoses or syphilis had higher rates of HIV seroconversion. The data support the inclusion of specific STI diagnoses as an indication for PrEP. © 2022 Samji et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Sang, JRM; McAllister, K; Wang, L; Barath, J; Lal, A; Parlette, A; Noor, SW; Apelian, H; Skakoon-Sparling, S; Hull, M; Moore, DM; Cox, J; Hart, TA; Lambert, G; Grace, D; Jollimore, J; Hogg, RS; Lachowsky, NJ	Examining provincial PrEP coverage and characterizing PrEP awareness and use among gay, bisexual and other men who have sex with men in Vancouver, Toronto and Montreal, 2017-2020	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26017	https://pubmed.ncbi.nlm.nih.gov/36306245/	Introduction Accessibility of pre-exposure prophylaxis (PrEP) in Canada remains complex as publicly funded coverage and delivery differs by province. In January 2018, PrEP became publicly funded and free of charge in British Columbia (BC), whereas PrEP coverage in Ontario and Montreal is more limited and may require out-of-pocket costs. We examined differences over time in PrEP uptake and assessed factors associated with PrEP awareness and use. Methods Gay, bisexual and other men who have sex with men (GBM) were recruited through respondent-driven sampling (RDS) in Toronto, Vancouver and Montreal, Canada, in a prospective biobehavioural cohort study. We applied generalized estimating equations with hierarchical data (RDS chain, participant, visit) to examine temporal trends of PrEP use and correlates of PrEP awareness and use from 2017 to 2020 among self-reported HIV-negative/unknown GBM. Results Of 2008 self-identified HIV-negative/unknown GBM at baseline, 5093 study visits were completed from February 2017 to March 2020. At baseline, overall PrEP awareness was 88% and overall PrEP use was 22.5%. During our study period, we found PrEP use increased in all cities (all p<0.001): Montreal 14.2% during the first time period to 39.3% during the last time period (p<0.001), Toronto 21.4-31.4% (p<0.001) and Vancouver 21.7-59.5% (p<0.001). Across the study period, more Vancouver GBM used PrEP than Montreal GBM (aOR = 2.05, 95% CI = 1.60-2.63), with no significant difference between Toronto and Montreal GBM (aOR = 0.90, 95% CI = 0.68-1.18). Conclusions Full free-of-charge public funding for PrEP in BC likely contributed to differences in PrEP awareness and use. Increasing public funding for PrEP will improve accessibility and uptake among GBM most at risk of HIV.	HIV prevention; RISK; ADHERENCE; HIV PREEXPOSURE PROPHYLAXIS; PrEP awareness; health policy; PrEP use; GBM; temporal trends	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2022	Sarno E.L.; Swann G.; Xavier Hall C.D.; Newcomb M.E.; Mustanski B.	Minority Stress, Identity Conflict, and HIV-Related Outcomes Among Men Who Have Sex with Men, Transgender Women, and Gender Nonbinary People of Color	LGBT Health	-	-	-	-	23258292	10.1089/lgbt.2021.0401	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137745233&doi=10.1089%2flgbt.2021.0401&partnerID=40&md5=a18a6b0e652eb10830b715e4f9e95788	Purpose: This study investigated conflict between sexual orientation and racial/ethnic identities as a mechanism linking minority stress to HIV-related outcomes among men who have sex with men (MSM), transgender women and gender nonbinary (TGN) people of color (POC). Methods: We tested longitudinal mediation models with sexual orientation microaggressions, internalized heterosexism (IH), and sexual orientation concealment at Time 1, and pre-exposure prophylaxis (PrEP) use and number of condomless anal sex (CAS) partners at Time 3, mediated by identity conflict at Time 2. Participants were 337 MSM and TGN POC. Data were collected in Chicago, Illinois, from September 2018 to February 2021. Results: Indirect associations of IH and sexual orientation concealment, respectively, at Time 1 with CAS partners at Time 3 through identity conflict at Time 2 were significant. Mediation models with sexual orientation microaggressions as the predictor and PrEP use as the outcome were not significant. Conclusion: Minority stress may contribute to identity conflict and increase CAS by isolating MSM and TGN POC from sexual and gender minority communities, thus restricting access to safer sex resources, and by increasing psychological distress and decreasing self-care (e.g., condom use). © 2022 Mary Ann Liebert, Inc., publishers.	HIV; intersectionality; minority stress; people of color; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Saxton P.J.W.; Azariah S.; Cavadino A.; Forster R.F.; Jenkins R.; Werder S.F.; Southey K.; Rich J.G.	Adherence, Sexual Behavior and Sexually Transmitted Infections in a New Zealand Prospective PrEP Cohort: 12 Months Follow-up and Ethnic Disparities	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03617-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124758001&doi=10.1007%2fs10461-022-03617-5&partnerID=40&md5=9dea131330ed9f8e42f750e6a6ccb19	Inequities in pre-exposure prophylaxis (PrEP) experiences will impede HIV epidemic elimination among gay and bisexual men (GBM). Ethnicity is a strong marker of inequity in the United States, but evidence from other countries is lacking. We investigated experiences on-PrEP to 12 months follow-up in a prospective cohort of 150 GBM in Auckland, New Zealand with an equity quota of 50% non-Europeans. Retention at 12 months was 85.9%, lower among Māori/Pacific (75.6%) than non-Māori/Pacific participants (90.1%). Missed pills increased over time and were higher among Māori/Pacific. PrEP breaks increased, by 12 months 35.7% of Māori/Pacific and 15.7% of non-Māori/Pacific participants had done so. Condomless receptive and intercourse partners were stable over time. STIs were common but chlamydia declined; 12-month incidence was 8.7% for syphilis, 36.0% gonorrhoea, 46.0% chlamydia, 44.7% rectal STI, 64.0% any STI. Structural interventions and delivery innovations are needed to ensure ethnic minority GBM gain equal benefit from PrEP. Clinical trial number ACTRN12616001387415. © 2022, The Author(s).	Adherence; HIV; Implementation; PrEP; Race	English	United States	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Clinical
Article	2022	Sayood S.; Marks L.R.; Patel R.; Nolan N.S.; Liang S.Y.; Durkin M.J.	Low Knowledge of HIV PrEP Within a Midwestern US Cohort of Persons who Inject Drugs	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofab541	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124902351&doi=10.1093%2fofid%2fofab541&partnerID=40&md5=df7565fba02eb9d61f0f2aee3c4d1d48	We interviewed persons who inject drugs (PWID) to understand perceptions of pre-exposure prophylaxis (PrEP) to prevent HIV infection. Knowledge of PrEP was poor. Patients felt that PrEP was for sexual intercourse rather than injection drug use, and PWID managed on medications for opioid use disorder felt that they had no need for PrEP. © 2021 The Author(s) 2021. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	fentanyl; heroin; HIV; opioid use disorder; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Schaefer, R; Leite, PHAD; Silva, R; Karim, QA; Akolo, C; Cáceres, CF; Dourado, I; Green, K; Hettema, A; Hoornenborg, E; Jana, S; Kerschberger, B; Mahler, H; Matse, S; McManus, H; Molina, JM; Reza-Paul, S; Azwa, I; Shahmanesh, M; Taylor, D; Vega-Ramirez, H; Veloso, VG; Baggaley, R; Dalal, S	Kidney function in tenofovir disoproxil fumarate-based oral pre-exposure prophylaxis users: a systematic review and meta-analysis of published literature and a multi-country meta-analysis of individual participant data	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(22)00004-2	https://pubmed.ncbi.nlm.nih.gov/35271825/	Background Previous WHO guidance on tenofovir disoproxil fumarate-based oral pre-exposure prophylaxis (PrEP) suggests measuring creatinine levels at PrEP initiation and regularly afterwards, which might represent barriers to PrEP implementation and uptake. We aimed to systematically review published literature on kidney toxicity among tenofovir disoproxil fumarate-based oral PrEP users and conducted an individual participant data meta-analysis (IPDMA) on kidney function among PrEP users in a global implementation project dataset. Methods In this systematic review and meta-analysis we searched PubMed up to June 30, 2021, for randomised controlled trials (RCTs) or cohort studies that reported on graded kidney-related adverse events among oral PrEP users (tenofovir disoproxil fumarate-based PrEP alone or in combination with emtricitabine or lamivudine). We extracted summary data and conducted meta-analyses with random-effects models to estimate relative risks of grade 1 and higher and grade 2 and higher kidney-related adverse events, measured by elevated serum creatinine or decline in estimated creatinine clearance or estimated glomerular filtration rate. The IPDMA included (largely unpublished) individual participant data from 17 PrEP implementation projects and two RCTs. Estimated baseline creatinine clearance and creatinine clearance change after initiation were described by age, gender, and comorbidities. We used random-effects regressions to estimate the risk in decline of creatinine clearance to less than 60 mL/min. Findings We identified 62 unique records and included 17 articles reporting on 11 RCTs with 13 523 participants in meta-analyses. PrEP use was associated with increased risk of grade 1 and higher kidney adverse events (pooled odds ratio OR 1 center dot 49, 95% CI 1 center dot 22-1 center dot 81; I-2=25%) and grade 2 and higher events (OR 1 center dot 75, 0 center dot 68-4 center dot 49; I-2=0%), although the grade 2 and higher association was not statistically significant and events were rare (13 out of 6764 in the intervention group vs six out of 6782 in the control group). The IPDMA included 18 676 individuals from 15 countries (1453 7 center dot 8% from RCTs) and 79 (0 center dot 42%) had a baseline estimated creatinine clearance of less than 60 mL/min (increasing proportions with increasing age). Longitudinal analyses included 14 368 PrEP users and 349 (2 center dot 43%) individuals had a decline to less than 60 mL/min creatinine clearance, with higher risks associated with increasing age and baseline creatinine clearance of 60 center dot 00-89 center dot 99 mL/min (adjusted hazard ratio aHR 8 center dot 49, 95% CI 6 center dot 44-11 center dot 20) and less than 60 mL/min (aHR 20 center dot 83, 12 center dot 83-33 center dot 82). Interpretation RCTs suggest that risks of kidney-related adverse events among tenofovir disoproxil fumarate-based oral PrEP users are increased but generally mild and small. Our global PrEP user analysis found varying risks by age and baseline creatinine clearance. Kidney function screening and monitoring might focus on older individuals, those with baseline creatinine clearance of less than 90 mL/min, and those with kidney-related comorbidities. Less frequent or optional screening among younger individuals without kidney-related comorbidities may reduce barriers to PrEP implementation and use. Copyright (c) 2022 World Health Organization; licensee Elsevier. This is an Open Access article published under the CC BY 3.0 IGO license which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. In any use of this article, there should be no suggestion that WHO endorses any specific organisation, products, or services. The use of the WHO logo is not permitted. This notice should be preserved along with the article's original URL.	PREVENTION; ANTIRETROVIRAL PROPHYLAXIS; MEN; RISK; HIV-INFECTION; BANGKOK TENOFOVIR; CREATININE CLEARANCE; EXCRETION; DYSFUNCTION; RENAL-FUNCTION DECLINE	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2022	Schaffer, DH; Sawczuk, LM; Zheng, H; Macias-Konstantopoulos, WL	Community-Based, Rapid HIV Screening and Pre-Exposure Prophylaxis Initiation: Findings From a Pilot Program	Cureus Journal of Medical Science	-	-	-	-	2168-8184	10.7759/cureus.20877	https://www.cureus.com/articles/78549-community-based-rapid-hiv-screening-and-pre-exposure-prophylaxis-initiation-findings-from-a-pilot-program#!/	Objective Many individuals do not have regular access to medical care and preventative health services, suggesting the need for alternative access to HIV testing and pre-exposure prophylaxis (PrEP). The purpose of this study is to describe a novel, community-based HIV screening, a PrEP initiation program, and report preliminary findings. Methods One Tent Health, a 501(c)(3) nonprofit organization, launched a pop-up HIV screening and PrEP initiation program in high-risk areas of Washington, DC in 2017. We describe the unique features of the program and report 25 months of screening, risk assessment, and PrEP education data. Odds ratios were calculated to identify disparities in both HIV risk factors and prior HIV testing. Results Between October 2017 and November 2019, 846 individuals underwent HIV screening. Six individuals (0.709%) screened HIV-positive. Approximately 13% had never been screened for HIV, and another 13% had at least one major risk factor for HIV. Individuals who self-identified as White were more likely to have risk factors (OR 2.19, p= 0.0170) and less likely to have ever been tested (OR 0.50, p= 0.0409). Individuals who self-identified as Black or African American were less likely to have risk factors for HIV (OR 0.57, p= 0.0178). Disparities by sex and gender were also observed. Conclusions This program appears to be the first of its kind within the United States. We found the program to be cost-effective, well-received by the community, and accessible by high-risk and unreached populations while further revealing the role of race and gender in the HIV epidemic.	CARE; linkage to care; POINT; community health research; community-based; hiv testing; pre-exposure prophylaxis (prep)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Schexnayder J.; Elamin F.; Mayes E.; Cox L.; Martin E.; Webel A.R.	Is Tailoring of PrEP Programs Needed to Overcome Racial Disparities in PrEP Uptake in Local Health Departments? A Mixed-Methods Evaluation of PrEP Implementation in Virginia	Journal of Public Health Management and Practice	-	-	-	-	10784659	10.1097/PHH.0000000000001463	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128001407&doi=10.1097%2fPHH.0000000000001463&partnerID=40&md5=65e7b2a0de2dce0edcb6eca7bc3d0834	Context: African American and Hispanic adults share a disproportionate burden of HIV infections in the United States but continue to experience suboptimal uptake of HIV pre-exposure prophylaxis (PrEP). Increasing PrEP accessibility in nontraditional care settings is a potential strategy to increase PrEP uptake in these high-risk groups. PrEP implementation in local health departments (LHDs) is not well characterized. Objective: To evaluate HIV PrEP implementation for African American and Hispanic adults receiving medical care in Virginia's LHDs. Design: We conducted a retrospective, mixed-methods evaluation of PrEP services implementation at LHDs completing their first PrEP program year between June 1, 2016, and June 30, 2019. Using pharmacy records, we estimated PrEP coverage and adherence using PrEP to need ratios (PnRs) and medication possession ratios (MPRs), respectively. Thematic analysis was used to identify barriers to PrEP delivery in interviews with 6 multidisciplinary LHD workers. Results: Of the 433 PrEP clients receiving an emtricitabine/tenofovir disoproxil fumarate (Truvada) prescription in year 1, 52.0% self-identified as African American and 8.9% self-identified as Hispanic. PnRs were greater for White adults in 50.0% of clinics. The average MPR (0.79) was consistent with protective medication adherence levels; however, 25.0% of clients filled only one prescription in the program year. Qualitative findings suggest incompatibilities between health PrEP services delivery and community preferences for African American and Hispanic adults; however, LHDs in one health region were able to link communities of color to PrEP at similar rates as Whites. Conclusions: Incorporating a metric sensitive to racial/ethnic differences in the burden of HIV infection improved recognition of PrEP disparities; however, population-specific targets are needed to enhance use of the PnR for program evaluation. Tailoring of PrEP services to communities with the greatest local PrEP burden may be needed to optimize the effectiveness of PrEP programs in LHDs. © 2022 Lippincott Williams and Wilkins. All rights reserved.	African Americans; Hispanic Americans; HIV infections; medication adherence; pre-exposure prophylaxis; program evaluation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Schieffer R.J.; Bryndza Tfaily E.; D'aquila R.; Greene G.J.; Carballo-Diéguez A.; Giguere R.; Tagliaferri Rael C.; Kiser P.F.; Hope T.J.	Conjoint Analysis of User Acceptability of Sustained Long-Acting Pre-Exposure Prophylaxis for HIV	AIDS Research and Human Retroviruses	-	-	-	-	8892229	10.1089/aid.2021.0075	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128251152&doi=10.1089%2faid.2021.0075&partnerID=40&md5=1ee469875ce51a895b5afd8b2f8658fb	Long-acting delivery modalities of HIV pre-exposure prophylaxis (PrEP), such as subdermal implants, are in development. To facilitate end-user uptake and sustained use, it is critical to understand potential consumers' and physician prescribers' preferences about, interest in, and relative importance of different implant features. The ordered identification of these key attributes allows implant developers to incorporate this feedback into product design, which theoretically improves acceptability, feasibility, and user experience with the device. In this study, n = 75 PrEP-prescribing physicians and n = 143 men having sex with men (MSM) at risk for HIV completed web-based surveys that directly compared the importance of eight to nine different implant features, respectively. Conjoint analysis determined the importance of these features, relative to each other. Implants presented in the study were well received, with a majority of physicians and MSM indicating that they were likely to recommend or use them. The implant was perceived as unique, reliable, and convenient, as well as able to deliver better compliance. The attributes most critical to the adoption of the implant among physicians and MSM were (1) the chance of becoming infected with HIV while on implant treatment, (2) the length of protection and size of the implant, and (3) the side effect advantages over current PrEP oral pill treatment. Some concerns about the implant included side effects and the product's safety (among MSM) and the cost or insurance coverage level for the implant (both physicians and MSM). There was also some resistance to the implantation procedure itself. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	conjoint analysis; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Schmidt H.-M.A.; Schaefer R.; Nguyen V.T.T.; Radebe M.; Sued O.; Rodolph M.; Ford N.; Baggaley R.	Scaling up access to HIV pre-exposure prophylaxis (PrEP): should nurses do the job?	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(22)00006-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129175068&doi=10.1016%2fS2352-3018%2822%2900006-6&partnerID=40&md5=d699110b03ebd2ec39f7384fecdc6796	Task sharing has been one of the most important enabling policies supporting the global expansion of access to HIV testing and treatment. The WHO public health approach, which relies on delivery of antiretroviral therapy (ART) by nurses, has enabled a trebling of the number of people receiving ART during the past decade. WHO recognises that HIV pre-exposure prophylaxis (PrEP) can also be provided by nurses; however, many countries still do not have policies in place that support nurse provision of PrEP. In sub-Saharan Africa, most countries allow nurses to prescribe ART, but only a few countries have policies in place that allow nurses to prescribe PrEP. Nurse-led PrEP delivery is particularly low in the Asia-Pacific region, which has some of the world's fastest growing epidemics. Even in many high-income countries, PrEP scale-up has been limited because policies often require medical doctors or specialists to prescribe. Service providers in many countries are coming to realise that scaling up access to PrEP cannot be achieved by medical doctors alone, and nurse-led PrEP delivery can help to lay the groundwork for supporting uptake of other HIV prevention approaches that will become available in the future. Countries with policies that authorise nurses to prescribe ART could be early adopters and help to pave the way for wider adoption of nurse-led PrEP delivery. © 2022 World Health Organization. Published by Elsevier Ltd/Inc/BV. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Switzerland	Western and Central Europe and North America	Review
Article	2022	Schmidt M.A.; Dickerson J.F.; O'Keeffe-Rosetti M.C.; Salas S.B.; Donald J.L.; Tao G.	Sexually Transmitted Infection Testing, Prevalence, and Treatment Among Individuals Receiving HIV Preexposure Prophylaxis Within an Integrated Healthcare Delivery System	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001665	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136472008&doi=10.1097%2fOLQ.0000000000001665&partnerID=40&md5=a23a8eb60a6d0e1fa3cebc781e34aaec	Background Initial and follow-up sexually transmitted infection (STI) and human immunodeficiency virus (HIV) testing are recommended when taking HIV preexposure prophylaxis (PrEP). We assessed STI services before and after PrEP initiation among persons 18 years or older. Methods We conducted this retrospective cohort study at a US integrated healthcare delivery system. We measured HIV/STI testing rates, STI prevalence and treatment at 3 time points: (1) at PrEP initiation, (2) at 120 days, and (3) at 210 days. Results Of 685 PrEP initiators, 67.2% continued PrEP use at 120 days and 49.5% at 210 days. Of PrEP users, HIV and STI testing were greater than 85% and greater than 80%, respectively, at all 3 time points. Prevalence for any chlamydia, rectal chlamydia, and any gonorrhea, rectal gonorrhea, or pharyngeal gonorrhea was always high at the 120 days and 210 days (eg, 6.9%, 10.5%, 6.7%, 5.0%, and 5.2%, respectively, at the 120 days for continuous PrEP users). Over 90% of all individuals who tested positive for chlamydia and gonorrhea received antibiotic pharmacy fills within 7 days at 120 and 210 days. Monthly PrEP-related pharmacy cost was about \$2259 to \$2659. The proportion of the total medical cost that was PrEP-related pharmacy was about 82% for PrEP continuous users. Conclusions Although HIV/STI testing rates were high, they can still be improved during HIV PrEP management. High STI prevalence after PrEP initiation in this study suggests that patients taking PrEP are at risk of acquiring an STI. Interventions to improve STI services during PrEP management are continuously needed. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Schneiderman, Bethany S.; Barski, Michal S.; Maertens, Goedele N.	Cabotegravir, the Long-Acting Integrase Strand Transfer Inhibitor, Potently Inhibits Human T-Cell Lymphotropic Virus Type 1 Transmission in vitro.	Frontiers in Medicine	-	-	-	-	2296-858X	10.3389/fmed.2022.889621	https://www.frontiersin.org/articles/10.3389/fmed.2022.889621/full	Human T-cell lymphotropic virus type 1 (HTLV-1) is a deltaretrovirus most prevalent in southwestern Japan, sub-Saharan Africa, Australia, South America, and the Caribbean. Latest figures approximate 10 million people worldwide to be infected with HTLV-1. This is likely a significant underestimation due to lack of screening in endemic areas and absence of seroconversion symptoms. The two primary diseases associated with HTLV-1 infection are adult T cell leukaemia-lymphoma, a malignant and, sometimes, aggressive cancer; and HTLV-1 associated myelopathy/tropical spastic paraparesis, a debilitating neurological degenerative disease. Unfortunately, despite the poor prognosis, there is currently no effective treatment for HTLV-1 infection. We previously showed that integrase strand transfer inhibitors (INSTIs) clinically used for human immunodeficiency virus type 1 (HIV-1) prophylaxis and treatment are also effective against HTLV-1 transmission in vitro. In 2021 a new INSTI, cabotegravir, was approved by the FDA for HIV-1 treatment. We thus set out to evaluate its efficacy against HTLV-1 infection in vitro. Strand transfer assays performed using recombinant HTLV-1 integrase treated with increasing concentrations of cabotegravir, effectively inhibited strand transfer activity, displaying an IC(50) of 77.8 ± 22.4 nM. Furthermore, cabotegravir blocked HTLV-1 transmission in tissue culture; we determined an EC(50) of 0.56 ± 0.26 nM, similar to bictegravir. Alu-PCR confirmed the block in integration. Thus, there are four INSTIs and one reverse transcriptase inhibitor approved by the FDA for HIV-1 treatment, that potently block HTLV-1 infection in vitro. This should strongly encourage the establishment of a new standard of HTLV-1 treatment - particularly for pre-exposure prophylaxis and prevention of mother-to-child transmission.	tenofovir disoproxil fumarate; pre-exposure prophylaxis; INSTI; integrase; cabotegravir; HTLV-1; MTCT	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Schnepf M.	Chemical becoming. Embodied moments of urban belonging in Berlin; Chemisch-Werden Verkörperte Momente urbaner Zugehörigkeit in Berlin	Sub\Urban	-	-	-	-	21972567	10.36900/SUBURBAN.V10I2/3.762	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148222581&doi=10.36900%2fSUBURBAN.V10I2%2f3.762&partnerID=40&md5=02492994e886f3fdf906b2211201abba	This paper focuses on chemistry, bodies and the city in their intimate entanglements and mutual interference. It explores how the city variously inscribes itself into bodies through chemistry and how the urban is constantly re-produced in chemically mediated body practices. Based on ethnographic research in an upmarket hair salon in Berlin, I analyze how the intentional and pleasurable use of chemical substances produces belonging. Urban belonging is not understood as a finished state. Instead, it constitutes a vanishing point that some Berliners aspire to in the intersecting usages of beauty products, drugs and pharmaceuticals. "Chemical becoming" describes specific localities in Berlin, bodily intimacies, and urban imaginaries as constantly constituting each other. I present these affective and material co-transformations through two ethnographic moments of "chemical becoming": First, I analyze, how looks are produced with the help of beauty products in the salon and, second, how pleasure is achieved with help of recreational drugs and the pharmaceutical HIV prophylaxis PrEP in the (gay) club scene. In these practices, urban belonging does not necessarily translate into a shared identity or fixed subculture but appears as an affective orientation and material-corporeal striving. © 2022 suburban eV. All rights reserved.	NA	German	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	NA	NA	Qualitative
Article	2022	Schwartz J.; Grimm J.; Zimmerman R.; Clement M.	Information Seeking and MSM's Beliefs about PrEP and Condoms	Health Communication	-	-	-	-	10410236	10.1080/10410236.2021.1876323	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85099859627&doi=10.1080%2f10410236.2021.1876323&partnerID=40&md5=9921306343ee19979e9be3579463989e	This study examined how frequently men who have sex with men (MSM) used a selection of sources, including news media, social media, health organizations, and dating/hookup apps, for HIV information. Additionally, the study explored the extent to which MSM's efficacy beliefs about pre-exposure prophylaxis (PrEP) and perceptions of condom importance could be predicted by the sources they used. A sample of MSM (N= 969) were surveyed online. Results showed that respondents obtained information about HIV most often from HIV organizations, LGBT organizations, and dating/hookup apps, particularly the apps Growlr, Scruff, and Grindr. Use of the app Scruff was the strongest source-based predictor of beliefs about both PrEP and condoms. Implications for health promotion are discussed. © 2021 Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Schwartz, Joseph; Grimm, Josh	Communication Strategies for Discussing PrEP with Men Who Have Sex with Men.	Journal of Homosexuality	-	-	-	-	1540-3602	10.1080/00918369.2020.1813509	https://dx.doi.org/10.1080/00918369.2020.1813509	HIV continues to be a pressing problem, particularly for men who have sex with men (MSM). Pre-exposure prophylaxis (PrEP) is a highly effective means of preventing HIV infection, but adoption of it by MSM has been sluggish. Though there are many reasons for PrEP's limited adoption, healthcare providers' lack of skill in communicating with MSM likely plays a role. This study employed in-depth interviews with MSM who have adopted PrEP to explore how effective patient-provider communication surrounding PrEP takes place. Findings revealed that healthcare providers utilized five strategies to communicate with their MSM patients about PrEP. These strategies included (1) disclosure of identity and personal information; (2) knowledge of information that may be relevant to MSM patients; (3) positivity; (4) relationship inquiries; and (5) remaining calm. Employing the strategies uncovered in this study may be useful in improving communication between healthcare providers and their MSM patients and may help to increase MSM's adoption of PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Scott R.K.; Hull S.J.; Huang J.C.; Coleman M.; Ye P.; Lotke P.; Beverley J.; Moriarty P.; Balaji D.; Ward A.; Holiday J.; Brant A.R.; Cameron M.; Elion R.; Visconti A.	Factors Associated with Intention to Initiate Pre-exposure Prophylaxis in Cisgender Women at High Behavioral Risk for HIV in Washington, D.C.	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-021-02274-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130832320&doi=10.1007%2fs10508-021-02274-4&partnerID=40&md5=6dd9004d493cb3f6401ea6709f9e288f	Pre-exposure prophylaxis (PrEP) for HIV prevention is underutilized by cisgender women at risk for HIV in the USA. Published research on PrEP initiation among cisgender women at risk for HIV focuses on identifying barriers and facilitators associated with intention to initiate, but few apply a behavioral theoretical lens to understand the relative importance of these diverse factors. This study provides a theoretically grounded view of the relative importance of factors associated with intention to initiate PrEP. We conducted an anonymous, cross-sectional survey of 1437 cisgender women seeking care at family planning and sexual health clinics to evaluate hypothesized barriers and facilitators of PrEP adoption. We categorized cisgender women with ≥ 3 behavioral risk factors as "high-risk" for HIV acquisition; 26.9% (N = 387) met high-risk criterion. Among cisgender women in the high-risk sample, the majority were Black and single. Perceived risk of HIV acquisition was low and 13.7% reported intention to initiate PrEP. Positive attitudes toward PrEP, self-efficacy, perceived support from medical providers and social networks, and prior discussion about PrEP were associated with intention to initiate PrEP; stigma was negatively associated. Background characteristics (other than age), risk factors for HIV acquisition, prior awareness of PrEP, and perceived risk of HIV were not associated with uptake intention. These findings support interventions that center on the role of providers in the provision of PrEP and on social networks in destigmatization of PrEP use. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Female; HIV infections; Pre-exposure prophylaxis; Reasoned action approach	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Scott R.K.; Hull S.J.; Richards R.C.; Klemmer K.; Salmoran F.; Huang J.C.	Awareness, acceptability, and intention to initiate HIV pre-exposure prophylaxis among pregnant women	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2021.1916870	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85104777122&doi=10.1080%2f09540121.2021.1916870&partnerID=40&md5=a8b1a44c4dbef67eebb1da6dc7bffa12	HIV prevention is critically important during pregnancy, however, pre-exposure prophylaxis (PrEP) is underutilized. We conducted a survey of pregnant and non-pregnant women in a high HIV prevalence community in Washington D.C. to evaluate determinants of PrEP initiation during pregnancy. 201 pregnant women and a reference population of 1103 non-pregnant women completed the survey. Among pregnant women, mean age was 26.9 years; the majority were Black with household-incomes below the federal poverty level. Despite low perceived risk of HIV acquisition and low prior awareness of PrEP, 10.5% of respondents planned to initiate PrEP during pregnancy. Pregnant women identified safety, efficacy, and social network and medical provider support as key factors in PrEP uptake intention. The belief that PrEP will "protect (their) baby from HIV" was associated with PrEP uptake intention during pregnancy. Concerns regarding maternal/fetal side effects, and safety in pregnancy or while breastfeeding were not identified as deterrents to uptake intention. When compared to a nonpregnant sample, there were no significant differences in uptake intention between the two samples. These findings support the need for prenatal educational interventions to promote HIV prevention during pregnancy, as well as interventions that center on the role of providers in the provision of PrEP. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	Behavioral intention; high prevalence; HIV prevention; Human Immunodeficiency Virus (HIV); Integrated Model of Behavior Prediction; pre-exposure prophylaxis (PrEP); pregnancy; psychosocial determinants; reasoned action approach; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Secchi, Massimiliano; Vangelista, Luca	Rational Engineering of a Sub-Picomolar HIV-1 Blocker.	Viruses	-	-	-	-	1999-4915	10.3390/v14112415	https://pubmed.ncbi.nlm.nih.gov/36366513/	With the aim of rationally devising a refined and potent HIV-1 blocker, the cDNA of CCL5 5p12 5m, an extremely potent CCR5 antagonist, was fused to that of C37, a gp41-targeted fusion inhibitor. The resulting CCL5 5p12 5m-C37 fusion protein was expressed in E. coli and proved to be capable of inhibiting R5 HIV-1 strains with low to sub-picomolar IC(50), maintaining its antagonism toward CCR5. In addition, CCL5 5p12 5m-C37 inhibits R5/X4 and X4 HIV-1 strains in the picomolar concentration range. The combination of CCL5 5p12 5m-C37 with tenofovir (TDF) exhibited a synergic effect, promoting this antiviral cocktail. Interestingly, a CCR5-targeted combination of maraviroc (MVC) with CCL5 5p12 5m-C37 led to a synergic effect that could be explained by an extensive engagement of different CCR5 conformational populations. Within the mechanism of HIV-1 entry, the CCL5 5p12 5m-C37 chimera may fit as a powerful blocker in several instances. In its possible consideration for systemic therapy or pre-exposure prophylaxis, this protein design represents an interesting lead in the combat of HIV-1 infection.	Humans; HIV-1; *HIV-1; *HIV Seropositivity; drug combination; *HIV Infections/metabolism; CCL5; CCR5; CCR5 Receptor Antagonists/pharmacology/therapeutic use; entry inhibitor; Escherichia coli/metabolism; Maraviroc/pharmacology/therapeutic use; protein engineering; Receptors, CCR5/genetics/metabolism	English	Switzerland	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2022	Seidman D.; Logan R.; Weber S.; Gandhi A.; Blackstock O.	Reimagining Preexposure Prophylaxis Provision for Women in the United States	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciab959	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134360665&doi=10.1093%2fcid%2fciab959&partnerID=40&md5=7b5d5bf323cdc18cab7129e53c65d6ea	Structural determinants of health drive inequities in the acquisition of human immunodeficiency virus (HIV) and the use of preexposure prophylaxis (PrEP) for HIV prevention among cisgender women in the United States. However, current PrEP clinical guidance and implementation paradigms largely focus on individual behaviors and characteristics, resulting in missed opportunities to improve PrEP access, and the implicit transferring of prevention work from health systems to individuals. In this viewpoint article, we outline ways to apply a structural lens to clinical guidance and PrEP implementation for women and propose areas for future work. © 2022 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	equity; HIV; PrEP; structural determinants; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2022	Seiler N.; Heyison C.; Dwyer G.; Karacuschansky A.; Organick-Lee P.; Osei A.; Stoll H.; Horton K.	Navigating the Intersection of PrEP and Medicaid	The Journal of Law, Medicine & Ethics	-	-	-	-	1748720X	10.1017/jme.2022.38	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135420646&doi=10.1017%2fjme.2022.38&partnerID=40&md5=95c669b854c1864341ca048349346e63	The proposed national PrEP program would serve people who are uninsured as well as those enrolled in Medicaid. In this article, the authors propose a set of recommendations for the proposed program's implementers as well as state Medicaid agencies and Medicaid managed care organizations to ensure PrEP access for people enrolled in Medicaid, addressing gaps without undermining the important role of the Medicaid program in covering and promoting PrEP.	HIV; Medicaid; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2022	Sensoy Bahar O.; Nabunya P.; Nabayinda J.; Witte S.S.; Kiyingi J.; Mayo-Wilson L.J.; Filippone P.; Yang L.S.; Nakigudde J.; Tozan Y.; Ssewamala F.M.	"I expected little, although I learned a lot": perceived benefits of participating in HIV risk reduction sessions among women engaged in sex work in Uganda	BMC Women's Health	-	-	-	-	14726874	10.1186/s12905-022-01759-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130024664&doi=10.1186%2fs12905-022-01759-1&partnerID=40&md5=25c9b5b1b13a4b0a5a9c04b9e62dde58	Background: The global HIV burden remains a public health concern. Women engaged in sex work (WESW) are at higher risk of acquiring HIV compared to the general adult population. Uganda reports high rates of HIV prevalence among WESW. While WESW in Uganda have long been the subject of surveillance studies, they have not been targeted by theory-informed HIV prevention intervention approaches. In this study, we explored the perceived benefits of an evidence-based HIV risk reduction intervention that was implemented as part of a combination intervention tested in a clinical trial in Uganda. Methods: As part of a larger randomized clinical trial, we conducted semi-structured in-depth interviews with 20 WESW selected using a stratified purposive sampling. All interviews were conducted in Luganda, language spoken in the study area, and audio-recorded. They were transcribed verbatim and translated to English. Thematic analysis was used to analyze the data. Results: WESW's narratives focused on: (1) condom use; (2) alcohol/drug consumption; (3) PrEP use; (4) "handling" customers; and (5) "massaging" customers. WESW agreed that male condom was one of the important learning points for them and planned to continue using them while female condoms were received with mixed reactions. Many women appreciated receiving information about the risks of consuming alcohol and drugs, and discussed how they reduced/ eliminated their consumption. PrEP information was appreciated though identified by fewer WESW. Handling a client was discussed as a helpful strategy for safer sex through improved ability to convince customers to use condoms or avoiding sex. Massaging was also beneficial to avoid penetrative sex, but similar to female condom, massaging also yielded mixed perceptions. Conclusion: WESW found the intervention beneficial and described ways in which it improved their ability to engage in safer sex and stay healthy. The fact that WESW identified other strategies beyond condom use as helpful underlines the importance of adopting a comprehensive approach to behavioral interventions targeting HIV prevention even when combined with other interventions. Additionally, WESW's narratives suggest that incorporating the tenets of social cognitive theory and harm reduction approaches in HIV prevention among this population can result in risk behavior change. © 2022, The Author(s).	Behavioral interventions; Commercial sex work; HIV risk reduction; Qualitative; Sub-Saharan Africa; Women engaged in sex work	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Sewell, Janey; Fakoya, Ibidun; Lampe, Fiona C.; Howarth, Alison; Phillips, Andrew; Burns, Fiona; Rodger, Alison J.; Cambiano, Valentina	Effectiveness of interventions aimed at reducing HIV acquisition and transmission among gay and bisexual men who have sex with men (GBMSM) in high income settings: A systematic review.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0276209	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9581368/	INTRODUCTION: HIV transmission continues among gay and bisexual men who have sex with men (GBMSM), with those who are younger, or recent migrants, or of minority ethnicity or who are gender diverse remaining at increased risk. We aimed to identify and describe recent studies evaluating the effectiveness of HIV prevention interventions for GBMSM in high income countries. METHODS: We searched ten electronic databases for randomized controlled trials (RCTs), conducted in high income settings, and published since 2013 to update a previous systematic review (Stromdahl et al, 2015). We predefined four outcome measures of interest: 1) HIV incidence 2) STI incidence 3) condomless anal intercourse (CLAI) (or measure of CLAI) and 4) number of sexual partners. We used the National Institute for Health and Care Excellence (UK) Quality Appraisal of Intervention Studies tool to assess the quality of papers included in the review. As the trials contained a range of effect measures (e.g. odds ratio, risk difference) comparing the arms in the RCTs, we converted them into standardized effect sizes (SES) with 95% confidence intervals (CI). RESULTS: We identified 39 original papers reporting 37 studies. Five intervention types were identified: one-to-one counselling (15 papers), group interventions (7 papers), online interventions (9 papers), Contingency Management for substance use (2 papers) and Pre-exposure Prophylaxis (PrEP) (6 papers). The quality of the studies was mixed with over a third of studies rated as high quality and 11% rated as poor quality. There was some evidence that one-to-one counselling, group interventions (4-10 participants per group) and online (individual) interventions could be effective for reducing HIV transmission risk behaviours such as condomless anal intercourse. PrEP was the only intervention that was consistently effective at reducing HIV incidence. CONCLUSIONS: Our systematic review of the recent evidence that we were able to analyse indicates that PrEP is the most effective intervention for reducing HIV acquisition among GBMSM. Targeted and culturally tailored behavioural interventions for sub-populations of GBMSM vulnerable to HIV infection and other STIs should also be considered, particularly for GBMSM who cannot access or decline to use PrEP.	*Homosexuality, Male; Humans; Male; Randomized Controlled Trials as Topic; Pre-Exposure Prophylaxis; Developed Countries; *Sexual and Gender Minorities; *HIV Infections/prevention & control	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review

Article	2022	Sha, Y; Li, C; Xiong, Y; Hazra, A; Lio, J; Jiang, I; Huang, H; Kerman, J; Molina, J; Li, L; Liang, K; Gong, D; Li, Q; Wu, S; Sherer, R; Tucker, JD; Tang, W	Co-creation using crowdsourcing to promote PrEP adherence in China: study protocol for a stepped-wedge randomized controlled trial	BMC Public Health	-	-	-	36071401	10.1186/s12889-022-14117-5	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02462003/full	BACKGROUND: Adherent pre-exposure prophylaxis (PrEP) uptake can prevent HIV infections. Despite the high HIV incidence, Chinese key populations have low PrEP uptake and adherence. New interventions are needed to increase PrEP adherence among key populations in China. Co-creation methods are helpful to solicit ideas from the community to solve public health problems. The study protocol aims to describe the design of a stepped-wedge trial and to evaluate the efficacy of co-created interventions to facilitate PrEP adherence among key populations in China. METHODS: The study will develop intervention packages to facilitate PrEP adherence among Chinese key populations using co-creation methods. The study will then evaluate the efficacy of the co-created intervention packages using a stepped-wedge randomized controlled trial. This four-phased closed cohort stepped-wedge design will have four clusters. Each cluster will start intervention at three-month intervals. Seven hundred participants who initiated PrEP will be recruited. Participants will be randomized to the clusters using block randomization. The intervention condition includes receiving co-created interventions in addition to standard of care. The control condition is the standard of care that includes routine clinical assessment every 3 months. All participants will also receive an online follow-up survey every 3 months to record medication adherence and will be encouraged to use a WeChat mini-app for sexual and mental health education throughout the study. The primary outcomes are PrEP adherence and retention in PrEP care throughout the study period. We will examine a hypothesis that a co-created intervention can facilitate PrEP adherence. Generalized linear mixed models will be used for the primary outcome analysis. DISCUSSION: Developing PrEP adherence interventions in China faces barriers including suboptimal PrEP uptake among key populations, the lack of effective PrEP service delivery models, and insufficient community engagement in PrEP initiatives. Our study design addresses these obstacles by using co-creation to generate social media-based intervention materials and embedding the study design in the local healthcare system. The study outcomes may have implications for policy and intervention practices among CBOs and the medical system to facilitate PrEP adherence among key populations. TRIAL REGISTRATION: The study is registered in Clinical Trial databases in China (ChiCTR2100048981, July 19, 2021) and the US (NCT04754139, February 11, 2021).	*Human immunodeficiency virus infection /epidemiology; *crowdsourcing; *pre-exposure prophylaxis; China; Crowdsourcing; HIV Infections epidemiology; Human; Humans; Medication Adherence; Medication compliance; Pre-Exposure Prophylaxis methods; Procedures; Randomized Controlled Trials as Topic; Randomized controlled trial (topic)	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2022	Shaik, Jafar Sadik; Weld, Ethel D; Edick, Stacey; Fuchs, Edward; Riddler, Sharon; Marzinke, Mark A; D'Amico, Ronald; Bakshi, Kalpana; Lou, Yu; Hendrix, Craig; Han, Kelong; Ford, Susan L; Margolis, David; Spreen, William; Patel, Parul	Multicompartmental pharmacokinetic evaluation of long-acting cabotegravir in healthy adults for HIV preexposure prophylaxis.	British Journal of Clinical Pharmacology	-	-	-	1365-2125	10.1111/bcp.14980	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9290068	AIMS: Cabotegravir is an integrase strand transfer inhibitor in clinical development as long-acting (LA) injectable HIV preexposure prophylaxis. METHODS: This phase I study assessed pharmacokinetics of cabotegravir in plasma and anatomical sites associated with sexual HIV-1 transmission after repeated oral and single intramuscular (IM) LA dosing in healthy adults. Following a 28-day oral lead-in period of cabotegravir 30 mg and a washout period of 14-42 days, participants were administered a single ultrasound-guided gluteal IM cabotegravir LA 600-mg injection. The study objective was to characterize cabotegravir concentrations in plasma, cervical, vaginal and rectal tissues, and cervicovaginal and rectal fluids and up to Week 12 after IM injection. RESULTS: Nineteen participants enrolled and 16 completed the study through Week 52. Cabotegravir was detected in plasma and all tissues and fluids. Median plasma cabotegravir concentrations exceeded the in vitro protein-adjusted 90% maximal inhibitory concentration through Week 12. Median tissue- and fluid-to-plasma cabotegravir concentration ratios across all visits were 0.32 for rectal fluid and 0.08-0.16 for other tissues and fluids. Adjusted R2 coefficients between cabotegravir concentrations in plasma and cervical, vaginal and rectal tissues were 0.78, 0.79 and 0.90, respectively. Injection-site reactions were common (88% of participants) and were mostly grade 1 in intensity (82%). Two participants reported 11 non-drug-related serious adverse events. CONCLUSION: Concentrations of cabotegravir in tissues and fluids were proportional to plasma over time, with strong correlations between tissue and plasma concentrations. Cabotegravir LA tissue-to-plasma ratios may be important for understanding its use as preexposure prophylaxis.	HIV/AIDS; antiretrovirals; pharmacokinetic-pharmacodynamic	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Sharfstein, Joshua M.; Conti, Rena M.; Gee, Rebekah E.	From COVID Vaccines to HIV Prevention: Pharmaceutical Financing and Distribution for the Public's Health.	The Journal of Law, Medicine & Ethics	-	-	-	1748-720X 1073-1105	10.1017/jme.2022.32	https://pubmed.ncbi.nlm.nih.gov/35902083/	The complexity and inefficiency of the U.S. health care system complicates the distribution of life-saving medical technologies. When the public health is at stake, however, there are alternatives. The proposal for a national PrEP program published in this issue of the Journal applies some of the lessons of the national COVID vaccine campaign to HIV prevention. In doing so, it draws on other examples of public health approaches to the financing of medical technology, from vaccines for children to hepatitis C treatment.	Humans; Child; HIV; Public Health; Pharmaceutical Preparations; *HIV Infections/prevention & control; COVID; Pharmaceuticals; COVID-19 Vaccines; Vaccines; *Vaccines; *COVID-19/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2022	Sharma, A	In PrEP: Long-acting antivirals for HIV prevention	Cell Host & Microbe	-	-	-	1931-3128	10.1016/j.chom.2022.01.012	https://www.cell.com/cell-host-microbe/fulltext/S1931-3128(22)00048-8?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1931312822000488%3Fshowall%3Dtrue	Two recent publications (Vidal et al., 2021; Xue et al., 2022) report highly potent inhibitors as candidates for HIV pre-exposure prophylaxis (PrEP). They provide strong evidence that administration of long-acting capsid or fusion inhibitors as PrEP offers robust protection against simian-human immunodeficiency virus in the rhesus macaque model of HIV infection.	PROPHYLAXIS; MEN; EFFICACY	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Sharma, Akshay; Gandhi, Monica; Sallabank, Gregory; Merrill, Leland; Stephenson, Rob	Study Evaluating Self-Collected Specimen Return for HIV, Bacterial STI, and Potential Pre-Exposure Prophylaxis Adherence Testing Among Sexual Minority Men in the United States.	American Journal of Men's Health	-	-	-	1557-9891	10.1177/15579883221115591	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9380227	Web-based HIV and sexually transmitted infection (STI) prevention studies are increasingly requesting gay, bisexual, and other men who have sex with men (GBMSM) to return self-collected specimens for laboratory processing. Some studies have solicited self-collected extragenital swabs for gonorrhea and chlamydia testing, but to date, none have solicited self-collected hair samples for pre-exposure prophylaxis (PrEP) adherence testing. Project Caboodle! offered 100 racially/ethnically diverse GBMSM aged 18 to 34 years residing across the United States a choice to self-collect at home and return by mail any of the following: a finger-stick blood sample (for HIV testing), a pharyngeal swab, a rectal swab and a urine specimen (for gonorrhea and chlamydia testing), and a hair sample (to visually assess its adequacy for PrEP drug level testing). Despite not incentivizing specimen return, 51% mailed back at least one type of specimen within 6 weeks (1% returned three specimens, 11% returned four specimens and 39% returned all five specimens). The majority of returned specimens were adequate for laboratory processing. Significantly more participants without a college education (p = .0003) and those who were working full-time or part-time (p = .0070) did not return any specimens. In addition, lower levels of HIV-related knowledge (p = .0390), STI-related knowledge (p = .0162), concern about contracting HIV (p = .0484), and concern about contracting STIs (p = .0108) were observed among participants who did not return any specimens. Self-collection of specimens holds promise as a remote monitoring strategy that could supplement testing in clinical settings, but a better understanding of why some GBMSM may choose to fully, partially, or not engage in this approach is warranted.	HIV; pre-exposure prophylaxis; self-testing; sexual and gender minorities; sexually transmitted diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Sharpe J.D.; Sanchez T.H.; Siegler A.J.; Guest J.L.; Sullivan P.S.	Association between the geographic accessibility of PrEP and PrEP use among MSM in nonurban areas	Journal of Rural Health	-	-	-	0890765X	10.1111/jrh.12645	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122497239&doi=10.1111%2fjrh.12645&partnerID=40&md5=8ebcedf51d48aebc7c72daac433143ab	Purpose: The US HIV epidemic has become a public health issue that increasingly affects men who have sex with men (MSM), including those residing in nonurban areas. Increasing access to pre-exposure prophylaxis (PrEP) in nonurban areas will prevent HIV acquisition and could address the growing HIV epidemic. No studies have quantified the associations between PrEP access and PrEP use among nonurban MSM. Methods: Using 2020 PrEP Locator data and American Men's Internet Survey data, we conducted multilevel log-binomial regression to examine the association between area-level geographic accessibility of PrEP-providing clinics and individual-level PrEP use among MSM residing in nonurban areas in the United States. Findings: Of 4,792 PrEP-eligible nonurban MSM, 20.1% resided in a PrEP desert (defined as more than a 30-minute drive to access PrEP), and 15.2% used PrEP in the past 12 months. In adjusted models, suburban MSM residing in PrEP deserts were less likely to use PrEP in the past year (adjusted prevalence ratio aPR = 0.35; 95% confidence interval CI = 0.15, 0.80) than suburban MSM not residing in PrEP deserts, and other nonurban MSM residing in PrEP deserts were less likely to use PrEP in the past year (aPR = 0.75; 95% CI = 0.60, 0.95) than other nonurban MSM not residing in PrEP deserts. Conclusions: Structural interventions designed to decrease barriers to PrEP access that are unique to nonurban areas in the United States are needed to address the growing HIV epidemic in these communities. © 2022 National Rural Health Association.	HIV pre-exposure prophylaxis; accessibility; geographic; men who have sex with men; nonurban	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Sharpless L.; Kershaw T.; Hatcher A.; Alexander K.A.; Katague M.; Phillips K.; Willie T.C.	IPV, PrEP, and Medical Mistrust	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002956	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132131604&doi=10.1097%2fQAI.0000000000002956&partnerID=40&md5=1bb021f796180a542fa587867d5c8ec7	Introduction:HIV pre-exposure prophylaxis (PrEP) is an effective HIV prevention method for women experiencing intimate partner violence (IPV). This study aimed to examine (1) relationships between physical, sexual, and psychological IPV and women's PrEP communication with a health care provider and domestic violence advocate; and (2) how IPV-specific medical mistrust modifies the association between IPV and PrEP communication.Methods:Data were from 2 studies conducted in Connecticut and Baltimore, MD on adult women experiencing IPV (N = 272). Logistic regressions examined associations between IPV, PrEP communication, and IPV-specific medical mistrust.Results:The average age was 25.7. The most common identity was non-Hispanic black (37.1%), followed by non-Hispanic white (33.8%), Hispanic (20.6%), and non-Hispanic another racial group (8.5%). Higher severity of psychological IPV was associated with more embarrassment to initiate a PrEP discussion with a health care provider (P = 0.009) or domestic violence advocate (P = 0.026). However, women with more severe psychological IPV were more willing to accept a PrEP recommendation from a health care provider (P = 0.033) or domestic violence advocate (P = 0.044). IPV-specific medical mistrust modified the association between physical IPV and willingness to accept a PrEP recommendation by a domestic violence advocate, such that women with physical IPV were significantly less likely to accept a PrEP recommendation by a domestic violence advocate, but only for women with high IPV-specific medical mistrust (P = 0.021).Conclusions:PrEP initiation among women experiencing IPV may be strengthened by addressing and dismantling systems that perpetuate IPV-specific medical mistrust and stigma against IPV survivors. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV; intimate partner violence; IPV-specific medical mistrust; PrEP; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Sheira L.A.; Kwena Z.A.; Charlebois E.D.; Agot K.; Ayieko B.; Gandhi M.; Bukusi E.A.; Thirumurthy H.; Camlin C.S.	Testing a social network approach to promote HIV self-testing and linkage to care among fishermen at Lake Victoria: study protocol for the Owete cluster randomized controlled trial	Trials	-	-	-	17456215	10.1186/s13063-022-06409-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131346851&doi=10.1186%2fs13063-022-06409-3&partnerID=40&md5=8d90804e45c575643f858c779b87e052	Background: Nearly 50% of men living with HIV in many countries are unaware of their HIV status; men also have lower uptake of HIV treatment and pre-exposure prophylaxis (PrEP). In SSA, highly mobile men such as those working in fishing communities alongside Lake Victoria have low uptake of HIV treatment and PrEP, despite increasing availability of these services. HIV self-testing (HIVST) kits hold promise for overcoming barriers to HIV testing and linkage to services for HIV-positive and HIV-negative men. We describe here a protocol for an HIV status-neutral, social network-based approach to promote HIV testing, linkage to care and prevention, and better health outcomes, including adherence, in fishermen around Lake Victoria. Methods: Utilizing beach management unit (BMU) registries of fishermen operating in three Lake Victoria fishing communities in Siaya County, Kenya, we completed a census and social network mapping to identify close social networks of men. Network clusters identified by a socially-central lead ("promotor") and selected to ensure maximal separation between treatment and control will be randomized. Promotors in both arms will receive basic HIV training; intervention promotors are further trained in HIVST to distribute kits to their cluster, while control promotors will distribute to their cluster vouchers for free HIVST at nearby clinics. We will test whether these promoters can enhance linkage to ART and PrEP after self-testing, thereby addressing a key limitation of HIVST. We will also measure 6- and 12-month viral load in those living with HIV and PrEP adherence among those without HIV via urine tenofovir levels as objective markers of adherence. Discussion: This study has the potential to improve HIV health and promote HIV prevention among a hard to reach, at-risk, and highly mobile population of men in Western Kenya—a critical population in Kenya's HIV prevention and treatment program. Further, if successful, this innovative social networks-based model could be scaled at the regional level to address HIV prevention and care among similarly at-risk populations of men in eastern Africa and inland fisheries settings across the continent. Trial registration: Self-Test Strategies and Linkage Incentives to Improve ART and PrEP Uptake in Men, registered on February 26, 2021, registration #NCT04772469. © 2022, The Author(s).	Cluster randomized controlled trial; HIV and human mobility; HIV self-testing; Men; PrEP; Social networks; Urine adherence testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Shengzi F.; Guiyuan H.; Xiaoguang S.	Natural conception and conception with assisted reproductive technique for male only HIV positive couples; 单纯男方 HIV 阳性夫妇的自然备孕与辅助生殖技术助孕	Chinese Journal of Reproduction and Contraception	-	-	-	20962916	10.3760/cma.j.cn101441-20210201-00053	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138992233&doi=10.3760%2fcma.j.cn101441-20210201-00053&partnerID=40&md5=955282766f42e76a4bf92de80669b839	With the implement of long-term effective highly active antiretroviral therapy (HAART), it not only significantly improves the survival expectation of HIV-infected men, but also significantly reduces the risk of sexually transmitted infections. The combination of pre-exposure prophylaxis (PrEP) and precisely timed intercourse during easy pregnancy period significantly improves the prevention of HIV non-infected female partners from sexually transmitted infection, and has proved to be an effective way for male only HIV positive couples to conceive naturally. Using processed semen of HIV-infected men for assisted reproduction treatment, no female partner or children infection is found, which is the preferred treatment for male only HIV positive couples with decreased fertility. The quality of life and fertility desires of HIV infected people cannot be ignored. © 2022 The authors.	assited; Human immunodeficiency virus; Natural conception; Pre-exposure prophylaxis; Reproductive technique; Sexually transmitted infections; Timed intercourse	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Shi L.; Tang W.; Liu X.; Hu H.; Qiu T.; Chen Y.; Xu X.; Chen Y.; Zhang Z.; Zhou Y.; Lu J.; Fu G.	Trends of late HIV presentation and advance HIV disease among newly diagnosed HIV cases in Jiangsu, China: A serial cross-sectional study from 2008 to 2020	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2022.1054765	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144581495&doi=10.3389%2ffpubh.2022.1054765&partnerID=40&md5=cc07c12b942f085ce7ec1604bc7ebbe0	Background: This study aimed to assess the trends and determine the factors associated with late presentation (LP) and advanced HIV disease (AHD) among newly diagnosed people living with HIV (PLWH) from 2008 to 2020 in Jiangsu, China. Methods: Newly diagnosed PLWH registered in the HIV surveillance system from 2008 to 2020 were included. Multivariable logistic regression models were used to analyze the factors associated with LP and AHD. The LP and AHD trends were assessed using Joint-point analysis. Results: Of 37,251 newly diagnosed PLWH identified, 30,251(81.2%) patients met the inclusion criteria. Among those, 16,672 (55.1%) were considered LP, and 8,691 (28.7%) had AHD. LP trends steadily increased from 2008 (39.0%) to 2020 (59.4%), but AHD trends decreased visibly from 2016 (32.3%) to 2020 (23.4%). The overall median CD4 trends decreased slowly from 389 to 305 cells/mm3 between 2008 and 2020. Married patients and those older than 35 years were more likely to be LP and have AHD. Patients infected via heterosexual transmission had a higher risk of being classified as AHD (aOR: 1.13, 95%CI: 1.06–1.21) than patients infected via homosexual transmission. Patients that were diagnosed at sexually transmitted infections (STIs) clinics (aOR: 1.10, 95%CI: 1.01–1.20) and in hospitals (aOR: 1.69, 95%CI: 1.59–1.79) were more likely to be classified as LP compared with patients diagnosed at voluntary counseling and testing (VCT) centers. Similar, patients diagnosed at STIs clinics (aOR: 1.23, 95%CI: 1.11–1.36) and hospitals (aOR: 2.27, 95%CI: 2.12–2.43) were more likely to have AHD than patients diagnosed in VCT. Conclusion: Our findings indicate an alarming burden of LP in Jiangsu, suggesting the need for more attention toward HIV diagnosis at early CD4 stages. National HIV control programs must strengthen comprehensive interventions for HIV prevention and promote HIV services. Also, strategies for HIV prevention (PrEP and PEP), testing, and treatment must be extended, especially among the general population. Copyright © 2022 Shi, Tang, Liu, Hu, Qiu, Chen, Xu, Chen, Zhang, Zhou, Lu and Fu.	advanced HIV disease; associated factors; China; HIV; late presentation	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Shorrock F.; Alvarenga A.; Hailey-Fair K.; Vickroy W.; Cos T.; Kwait J.; Trexler C.; Wirtz A.L.; Galai N.; Beyrer C.; Celentano D.; Arrington-Sanders R.	Dismantling Barriers and Transforming the Future of Pre-Exposure Prophylaxis Uptake in Young Black and Latinx Sexual Minority Men and Transgender Women	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2021.0222	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129415567&doi=10.1089%2fapc.2021.0222&partnerID=40&md5=a457e34fc2d02b6113454239aa655b00	Pre-exposure prophylaxis (PrEP) has the potential to transform HIV in young Black and Latinx sexual minority men (SMM) and transgender women (TW). Addressing low PrEP uptake in this population depends on the better understanding of barriers to PrEP use. This article uses an ecological framework to explore barriers to daily oral PrEP in a sample of young Black and Latinx SMM and TW in three geographically prioritized cities in the United States. In-depth interviews were completed with 33 young Black and Latinx SMM and TW (22 at risk for and 11 recently diagnosed with HIV), aged 17-24, participating in a randomized trial aimed at increasing PrEP and antiretroviral therapy (ART) uptake and adherence. Interviews were recorded and transcribed, and then analyzed using inductive and deductive coding. Coded transcripts were organized into individual, interpersonal, community, and structural categories, by PrEP use and HIV status. Among participants, nine reported having been prescribed PrEP, with five actively or recently taking PrEP, whereas only one participant diagnosed with HIV had been prescribed PrEP. Major themes related to barriers emerged across the individual, family, community, and structural level. Limited barriers related to partners, instead participants who were HIV encouraged PrEP use. Participants commonly reported low perceived HIV risk, fear of disclosure, barriers relating to insurance/cost, and medication use as reasons for nonuse of PrEP. For youth to remain on a healthy life course, HIV preventative measures will need to be adopted early in adolescence for those at risk of HIV acquisition. Interventions need to simultaneously address multilevel barriers that contribute to nonuse in adolescents. Copyright © 2022, Mary Ann Liebert, Inc.	HIV; pre-exposure prophylaxis; young Black and Latinx sexual minority men and transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Shrestha R.; Wickersham J.A.; Khati A.; Azwa I.; Ni Z.; Kamarulzaman A.; Sullivan P.S.; Jadkarim L.; Eger W.H.; Gautam K.; Altice F.L.	Clinic-Integrated Mobile Health Intervention ("JomPrEP" App) to Improve Uptake of HIV Testing and Pre-exposure Prophylaxis Among Men Who Have Sex With Men in Malaysia: Protocol for an Intervention Development and Multiphase Trial	JMIR Research Protocols	-	-	-	19290748	10.2196/43318	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144752908&doi=10.2196%2f43318&partnerID=40&md5=9d82cb68bdc95f9f99e3aae70503391d	Background: Men who have sex with men (MSM) are disproportionately affected by the HIV epidemic in Malaysia and globally. Cross-cutting prevention strategies such as mobile health (mHealth), particularly smartphone apps, hold great promise for HIV prevention efforts among Malaysian MSM, especially when linked to HIV testing and pre-exposure prophylaxis (PrEP). Objective: This study aims to adapt an existing app to create and test a clinic-integrated app (JomPrEP), a virtual platform to deliver HIV testing and PrEP services for MSM in Malaysia. Methods: The JomPrEP project involves developing and testing an app-based platform for HIV prevention among Malaysian MSM and will be conducted in 2 phases. In phase I (development phase), we will adapt an existing mHealth app (HealthMindr) to create a new clinic-integrated app called "JomPrEP" to deliver holistic HIV prevention services (eg, HIV testing, PrEP, support services for mental health and substance use) among MSM in Malaysia. During phase II (testing phase), we will use a type I hybrid implementation science trial design to test the efficacy of JomPrEP while gathering information on implementation factors to guide future scale-up in real-world settings. Results: As of September 2022, we have completed phase I of the proposed study. Based on a series of formative work completed during phase I, we developed a fully functional, clinic-integrated JomPrEP app, which provides a virtual platform for MSM in Malaysia to facilitate their engagement in HIV prevention in a fast and convenient manner. Based on participant feedback provided during phase I, we are currently optimizing JomPrEP and the research protocols for a large-scale efficacy trial (phase II), which will commence in January 2023. Conclusions: Scant HIV prevention resources coupled with entrenched stigma, discrimination, and criminalization of same-sex sexual behavior and substance use hamper access to HIV prevention services in Malaysia. If found efficacious, JomPrEP can be easily adapted for a range of health outcomes and health care delivery services for MSM, including adaptation to other low- and middle-income countries. Trial Registration: ClinicalTrials.gov NCT05325476; https://clinicaltrials.gov/ct2/show/NCT05325476 International Registered Report Identifier (IRRID): DERR1-10.2196/43318 ©Roman Shrestha, Jeffrey A Wickersham, Antoine Khati, Iskandar Azwa, Zhao Ni, Adeeba Kamarulzaman, Patrick Sean Sullivan, Luzan Jadkarim, William H Eger, Kamal Gautam, Frederick L Altice.	HIV prevention; Malaysia; men who have sex with men; mHealth; pre-exposure prophylaxis; smartphone app	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Shrestha, Isha; Ming, Kristin; Jimenez, Veronica; Wendelborn, James; Vazquez, Alexander; Steward, Wayne; Scott, Hyman; Saberi, Parya	Lessons Learned from an HIV Pre-Exposure Prophylaxis Coordination Program in San Francisco Primary Care Clinics.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2022.0013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9419977	HIV pre-exposure prophylaxis (PrEP) has shown high efficacy and effectiveness for HIV prevention; however, many individuals with PrEP indications are not receiving PrEP. PrEP Coordinators work closely with patients and health care providers to increase PrEP access, and they provide unique insights into the inner workings of PrEP care and service delivery. In this study, we discuss key challenges and recommendations for improved PrEP service delivery (including training PrEP Coordinators to manage PrEP panels, making PrEP a part of routine care and optimizing electronic health records, designating a PrEP "champion" who can strengthen communication and leadership, using a proactive approach to increase PrEP retention, and training providers and PrEP Coordinators to meet youth-specific needs) from our discussions with the PrEP Coordinators who led PrEP panel management in San Francisco Department of Public Health primary care clinics.	HIV pre-exposure prophylaxis; PrEP Coordinator; PrEP care continuum; panel management; primary care; task sharing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Shuper P.A.; Varatharajan T.; Kinitz D.J.; Gesink D.; Joharchi N.; Bogoch I.I.; Loutfy M.; Rehm J.	Perceived influence of alcohol consumption, substance use, and mental health on PrEP adherence and condom use among PrEP-prescribed gay, bisexual, and other men-who-have-sex-with-men: a qualitative investigation	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-14279-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139456062&doi=10.1186%2fs12889-022-14279-2&partnerID=40&md5=cb775e5af143e67cbbad25f84c8b0892	Background: Gay, bisexual, and other men-who-have-sex-with-men (GBMSM) continue to be disproportionately affected by Human Immunodeficiency Virus (HIV). Although HIV pre-exposure prophylaxis (PrEP) offers an effective means of reducing incident HIV among this population, the HIV-preventive success of oral-based PrEP is contingent upon regimen adherence. Elevated rates of alcohol-, substance use-, and mental health-related issues among GBMSM potentially hinder PrEP-taking efforts, however the evidence for this remains mixed. Accordingly, the present study entailed a comprehensive qualitative investigation to explore PrEP-prescribed GBMSM's perceptions surrounding the influence of alcohol, substance use, and mental health on PrEP adherence. Methods: PrEP-prescribed GBMSM (age ≥ 18 years; prescribed PrEP for ≥ 3 months) were recruited from two PrEP-delivery clinics in Toronto, Canada for focus groups as part of the formative phase of an alcohol-, substance use-, and mental health-focused randomized controlled intervention trial. Focus group discussions qualitatively explored perceived strengths and barriers associated with adherence to PrEP treatment; with an emphasis on alcohol, substance use, and mental health concerns. Condom use among PrEP-prescribed GBMSM within the context of these concerns was also discussed. Results: A total of five focus groups involving 35 GBMSM were conducted (4–10/group; mean age = 42.4; white = 71.4%). Although participants themselves generally reported successfully adhering to their PrEP regimens—resulting from a strong, underlying motivation for self-care—they recognized the detrimental impact that alcohol, substance use, and mental health had on adherence among their peers. In this regard, alcohol and substances were perceived as detracting from adherence only when consumption was excessive or temporally linked to PrEP dosing. Pronounced mental health issues (e.g., severe depression) were also seen as hindering adherence, although these effects were nuanced and perceived as person-dependent. Alcohol and substances were linked to condomless sex, regardless of PrEP use, and PrEP was therefore viewed as an HIV-protective 'safety net.' Conclusions: Overall, findings suggest that PrEP adherence can often be successfully achieved in the presence of alcohol-, substance use-, and mental health-related issues. Augmenting self-care, and addressing pronounced addictions- and mental health-related concerns, may enhance PrEP treatment among GBMSM. © 2022, The Author(s).	Adherence; Alcohol; Gay/Bisexual/MSM; HIV Pre-Exposure Prophylaxis (PrEP); Mental Health; Substance Use	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2022	Siegler, Aaron; Sullivan, Patrick	The PrEP Laboratory Service Gap: Applying Implementation Science Strategies to Bring PrEP Coverage to Scale in the United States.	Journal of Law, Medicine & Ethics	-	-	-	1748-720X	10.1017/jme.2022.34	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9341189	Using an implementation science framework, we detail how a national system for covering both standard and telemedicine laboratory testing would support a national PrEP program. Implementation strategies that will facilitate success include minimizing provider burden through uncomplicated billing systems and minimizing patient burden through centralized, online access systems. We anticipate that providing telemedicine and in-person laboratory testing options will optimize PrEP care by making it less burdensome, leading to cost-effective healthcare and improved population health.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Article	2022	Silva C.J.	STABILITY and OPTIMAL CONTROL of A DELAYED HIV/AIDS-PREP MODEL	Discrete and Continuous Dynamical Systems - Series S	-	-	-	19371632	10.3934/dcdss.2021156	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124380343&doi=10.3934%2fdcdss.2021156&partnerID=40&md5=3ab4adf33e59555131b1ca6cb5abf2ff	In this paper, we propose a time-delayed HIV/AIDS-PrEP model which takes into account the delay on pre-exposure prophylaxis (PrEP) distribution and adherence by uninfected persons that are in high risk of HIV infection, and analyze the impact of this delay on the number of individuals with HIV infection. We prove the existence and stability of two equilibrium points, for any positive time delay. After, an optimal control problem with state and control delays is proposed and analyzed, where the aim is to find the optimal strategy for PrEP implementation that minimizes the number of individuals with HIV infection, with minimal costs. Different scenarios are studied, for which the solutions derived from the Minimum Principle for Multiple Delayed Optimal Control Problems change depending on the values of the time delays and the weights constants associated with the number of HIV infected individuals and PrEP. We observe that changes on the weights constants can lead to a passage from bang-singular-bang to bang-bang extremal controls. © 2022 American Institute of Mathematical Sciences. All rights reserved.	HIV/AIDS; Optimal control; Pre-exposure prophylaxis; Stability; Time-delay	English	United States	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	Quantitative
Article	2022	Silva Junior, Aureliano Lopes da; Brigeiro, Mauro; Monteiro, Simone	Irmandade travesti é a nossa cura': solidariedade política entre travestis e mulheres trans no acesso ao cuidado em saúde e à prevenção ao HIV	Saúde Debate	-	-	-	0103-1104	10.1590/0103-11042022e707	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0103-11042022001200103	RESUMO Diversos estudos descrevem as condições de vulnerabilidade social das pessoas trans e suas experiências de discriminação nos serviços de saúde. Tais situações dificultam o acesso dessa população à promoção e ao cuidado em saúde e, no caso particular da Aids, resultam na baixa adesão à prevenção e ao tratamento. Este artigo discute as estratégias para o acesso aos serviços públicos de saúde e à prevenção ao HIV desenvolvidas por travestis e mulheres trans da Região Metropolitana do Rio de Janeiro. A reflexão baseou-se em dois estudos: um sobre testagem de HIV e outro sobre o uso das tecnologias biomédicas de prevenção (PrEP, PEP). Os achados, decorrentes da observação participante e de entrevistas, demonstram que a produção do cuidado em saúde desse grupo se constrói alicerçada em uma certa solidariedade política, aqui denominado de irmandade, que medeia a relação de travestis e mulheres trans com o território, os dispositivos de saúde e a experiência com o HIV/Aids. Tais dados sugerem a importância de as políticas de saúde considerarem as condições de vulnerabilidade das pessoas trans, as demandas concernentes à: autonomia e autodeterminação na produção de saúde; legitimação de suas formas de subjetivação e cuidado de si; especificidade da relação entre pares.	HIV; Acquired Immunodeficiency Syndrome; Síndrome de Imunodeficiência Adquirida; Transgender persons; Disease prevention; Prevenção de doenças; Pessoas transgênero; Travesti; Travestilidade	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	NA	NA	Qualitative
Theses and Dissertations	2022	SILVA, DYEMISON PINHEIRO DA	Uso de PrEP e PEP, testagem de HIV, outras ISTS e sua relação com a homonegatividade internalizada: Um estudo transversal em 18 países da América Latina	-	-	FACULDADE DE CIÊNCIAS MÉDICAS DA SANTA CASA DE SÃO PAULO	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=11945670	A epidemia de HIV na América Latina tem se concentrado em populações-chave, como a de gays e outros homens que fazem sexo com homens. A prevenção combinada é uma estratégia central na resposta às novas infecções por HIV. Entender quais fatores estão relacionados ao uso de tecnologias de prevenção é passo fundamental no enfrentamento da epidemia na região. Este trabalho tem como objetivo avaliar a relação entre Homonegatividade Internalizada (HI) e a utilização de métodos preventivos em HIV/Aids, como PEP, PrEP, testagem de HIV e testagem de outras ISTs. Foi realizado inquérito online (LAMIS) com gays e outros homens que fazem sexo com homens em 18 países da América Latina. Neste estudo analisamos a distribuição da Homonegatividade Internalizada por país, sendo a HI utilizada como principal variável de exposição na construção da análise multivariada, para os desfechos de uso de PEP, uso de PrEP, testagem de HIV e testagem de outras ISTs. Observou-se menor chance de testagem de HIV (OR = 0,92 IC 95%: 0,91-0,93), testagem de ISTs (OR = 0,91 IC 95%: 0,90-0,93) e uso de PEP (OR = 0,90 IC 95%: 0,85-0,95) nas pessoas com HI. Não foi observada associação entre HI e uso de PrEP (OR = 0,97 IC 95%: 0,91-1,02). Os resultados mostram a necessidade da ampliação do olhar dos formuladores de políticas públicas para questões estruturais que podem impactar diversos aspectos da vida de gays e outros homens que fazem sexo com homens, e que precisam ser consideradas quando da implementação da prevenção ao HIV e a outras ISTs, centrais no controle da epidemia.	Infecções por HIV;Profilaxia pré-exposição;Infecções sexualmente transmissíveis;América Latina	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2022	Silva-Brandao, Roberto Rubem da; Ianni, Aurea Maria Zöllner	Othering discourse and stigma amidst the identity formation process among gays, bisexuals and other men who have sex with men on HIV pre-exposure prophylaxis (PrEP).	Ciência & Saúde Coletiva	-	-	-	1678-4561	10.1590/1413-81232022275.12692021	https://dx.doi.org/10.1590/1413-81232022275.12692021	With the global emergence of the HIV pre-exposure prophylaxis (PrEP), questions have emerged on which ways the social identity formation process among gays, bisexuals and other men who have sex with men on PrEP arise and constitute beyond exclusive sexual orientation expressions. We conducted a content analysis with thematic categories in a PrEP online group guided by group-web affiliation and individualization approaches. Individuals identify themselves as PrEPsters as part of a PrEP club, while dealing with conflicts on serosorting sexual partners and stigmatizing reactions towards people living with HIV/AIDS (PLWH). Self-worth and othering discourses towards PLWH emerged as complex themes in men's production of identity processes across four overlapping domains: (1) self-worth as a strategy to challenge individual HIV-acquisition-related anxiety and fear, (2) group-worth and group empowerment, (3) body control and reclaiming power on sexual health, and (4) othering discourses, HIV/AIDS stigma and criminalization of PLWH. Paradoxically, internal and external discourses to the group constitute and challenge identity differentiation; individuals on PrEP claim to fight against the HIV/AIDS stigma, while this reverberates alongst HIV-related discriminatory expressions in their discourses.	PrEP; Identity; Stigma; Othering discourse; Individualization	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2022	Skakoon-Sparling S.; Berlin G.; Lachowsky N.J.; Moore D.M.; Lambert G.; Cox J.; Grace D.; Apelian H.; Sang J.M.; Hart T.A.	Social Support and HIV Prevention Behaviors Among Urban HIV-Negative Gay, Bisexual, and Other Men Who Have Sex With Men	Health Psychology	-	-	-	2786133	10.1037/hea0001131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122384627&doi=10.1037%2fhea0001131&partnerID=40&md5=b183fc6db1f4adff9e8d200d44767f62	Objective: Supportive social relationships can have direct positive effects on health and mitigate the negative impact of stressors. This study investigated the main effect of perceived social support on STI/HIV risk and prevention behaviors. The buffering effect of perceived social support on the impact of proximal minority stressors, like internalized homonegativity, was also examined on one risk behavior specifically, condomless anal sex (CAS) without HIV preexposure prophylaxis (PrEP) use. Method: HIV-negative gay, bisexual, and other men who have sex with men (GBM) were recruited using respondent driven sampling from three major Canadian urban centers (n = 1,409). GBM completed measures of perceived social support, proximal minority stress, and engagement in STI/HIV risk and prevention behaviors. Results: Higher perceived social support was positively associated with a several health behaviors, including recent STI and HIV testing, discussing HIV status with prospective partners, the use of behavioral HIV-risk reduction strategies during sexual encounters, and a lower likelihood of engaging in CAS without PrEP. There was evidence of moderation as well. Among GBM with higher perceived social support, internalized homonegativity was no longer associated with increased odds of engaging in CAS without PrEP. Conclusions: The results of the current study advance social support theory to GBM in the context of biomedical prevention, showing both evidence of both direct associations and buffering effects on STI/HIV risk and prevention behaviors. This highlights the importance of promoting social support seeking in interventions aimed at improving GBM health © 2021 American Psychological Association	Condomless anal sex (cas); Hiv; Internalized homophobia; Msm; Social support	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Skovdal M.; Clausen C.L.; Magoge-Mandizvidza P.; Dzamatira F.; Maswera R.; Nyamwanza R.P.; Nyamukapa C.; Thomas R.; Gregson S.	How gender norms and 'good girl' notions prevent adolescent girls and young women from engaging with PrEP: qualitative insights from Zimbabwe	BMC Women's Health	-	-	-	14726874	10.1186/s12905-022-01928-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135992296&doi=10.1186%2fs12905-022-01928-2&partnerID=40&md5=ff5098651ca297ff40d037d3dab0f1b	Background: Pre-exposure prophylaxis, or PrEP, has been hailed for its promise to provide women with user-control. However, gender-specific challenges undermining PrEP use are beginning to emerge. We explore the role of gender norms in shaping adolescent girls and young women's (AGYW) engagement with PrEP. Methods: We draw on qualitative data from 12 individual interviews and three focus group discussions with AGYW from eastern Zimbabwe. Interviews were transcribed and thematically coded in NVivo 12. Emerging themes were further investigated using Connell's notion of 'emphasised femininity'. Results: Participants alluded to the patriarchal society they are part of, with 'good girl' notions subjecting them to direct and indirect social control. These controls manifest themselves through the anticipation of intersecting sexuality- and PrEP-related stigmas, discouraging AGYW from engaging with PrEP. AGYW recounted the need for permission to engage with PrEP, forcing them to consider engaging with PrEP in secrecy. In addition, limited privacy at home, and fear of disclosure of their health clinic visits, further heightened their fear of engaging with PrEP. PrEP is not simply a user-controlled HIV prevention method, but deeply entrenched within public gender orders. Conclusion: AGYW face significant limitations in their autonomy to initiate and engage with PrEP. Those considering PrEP face the dilemma of Scylla and Charybdis: The social risks of stigmatisation or risks of HIV acquisition. Efforts to make PrEP available must form part of a combination of social and structural interventions that challenge harmful gender norms. © 2022, The Author(s).	AGYW; Health services; HIV; PrEP; Prevention; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Qualitative
Article	2022	Skovdal M.; Magoge-Mandizvidza P.; Dzamatira F.; Maswera R.; Nyamukapa C.; Thomas R.; Mugurungi O.; Gregson S.	Improving access to pre-exposure prophylaxis for adolescent girls and young women: recommendations from healthcare providers in eastern Zimbabwe	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07376-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128722495&doi=10.1186%2fs12879-022-07376-5&partnerID=40&md5=7156167e2989c518b2d366c944d9dea7	Background: In sub-Saharan Africa, adolescent girls and young women (AGYW) are at high risk of acquiring HIV. A growing number of sub-Saharan African countries are beginning to avail pre-exposure prophylaxis, or PrEP, but with limited success. Unpacking strategies to overcome barriers to the uptake of PrEP is critical to prevent HIV amongst AGYW. This article explores health professionals' views and recommendations on what is required to increase uptake of PrEP. Methods: The study draws on interview data from 12 providers of HIV prevention services in eastern Zimbabwe. The healthcare providers were purposefully recruited from a mix of rural and urban health facilities offering PrEP. The interviews were transcribed and imported into NVivo 12 for thematic coding and network analysis. Results: Our analysis revealed six broad strategies and 15 concrete recommendations which detail the range of elements healthcare providers consider central for facilitating engagement with PrEP. The healthcare providers called for: (1) PrEP marketing campaigns; (2) youth-friendly services or corners; (3) improved PrEP delivery mechanisms; (4) improvements in PrEP treatment; (5) greater engagement with key stakeholders, including with young people themselves; and (6) elimination of costs associated with PrEP use. These recommendations exemplify an awareness amongst healthcare providers that PrEP access is contingent on a range of factors both inside and outside of the clinical setting. Conclusions: Healthcare providers are at the frontline of the HIV epidemic response. Their community-embeddedness, coupled with their interactions and encounters with AGYW, make them well positioned to articulate context-specific measures for improving access to PrEP. Importantly, the breadth of their recommendations suggests recognition of PrEP use as a complex social practice that requires integration of a combination of interventions, spanning biomedical, structural, and behavioural domains. © 2022, The Author(s).	Health services; HIV; PrEP; Prevention; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Qualitative
Article	2022	Slogrove, Amy L; Burmen, Barbara; Davies, Mary Ann; Edmonds, Andrew; Abrams, Elaine J; Chadwick, Ellen G; Goetghebuer, Tessa; Mofenson, Lynne M; Paul, Mary E; Thorne, Claire; Williams, Paige L; Vicari, Marissa; Powis, Kathleen M	Standardized Definitions of In Utero Human Immunodeficiency Virus and Antiretroviral Drug Exposure Among Children.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciab974	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9410726	In countries with high human immunodeficiency virus (HIV) prevalence, up to 30% of pregnant women are living with HIV, with fetal exposure to both HIV and antiretroviral therapy during pregnancy. In addition, pregnant women without HIV but at high risk of HIV acquisition are increasingly receiving HIV preexposure antiretroviral prophylaxis (PrEP). Investments are being made to establish and follow cohorts of children to evaluate the long-term effects of in utero HIV and antiretroviral exposure. Agreement on a key set of definitions for relevant exposures and outcomes is important both for interpreting individual study results and for comparisons across cohorts. Harmonized definitions of in utero HIV and antiretroviral drug (maternal treatment or PrEP) exposure will also facilitate improved classification of these exposures in future observational studies and clinical trials. The proposed definitions offer a uniform approach to facilitate the consistent description and estimation of effects of HIV and antiretroviral exposures on key child health outcomes.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2022	Smith A.K.J.; Newman C.E.; Haire B.; Holt M.	Prescribing as affective clinical practice: Transformations in sexual health consultations through HIV pre-exposure prophylaxis	Sociology of Health and Illness	-	-	-	1419889	10.1111/1467-9566.13502	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130962979&doi=10.1111%2f1467-9566.13502&partnerID=40&md5=b59b57fd521b5b09db2c71649cc29957	New medicines can transform routines and priorities in clinical practice, but how do clinicians think and feel about these changes, and how does it affect their work? In Australia, the HIV prevention regimen pre-exposure prophylaxis (PrEP) has been rapidly rolled out, transforming the sexual cultures and practices of users, but less attention has been given to the ways PrEP has reconfigured clinical practice. This paper draws on 28 qualitative semi-structured interviews conducted between 2019 and 2020 with PrEP-providing doctors and nurses in Australia to consider how they have affectively engaged with PrEP and put it into practice. Through a reflexive thematic analysis, we explore how clinicians adapted to PrEP, how the field of HIV prevention has been transformed, and how these developments have changed how clinicians approach patients. While the introduction of PrEP was initially received with uncertainty and shock, clinicians described PrEP as enjoyable to prescribe, and better aligned with the moral duties of sexual health consultations than existing HIV prevention strategies like condoms. Through approaching clinical work as an 'affective practice', we argue for attending not only to how new interventions change expectations and practices, but also how these changes are felt and valued by clinicians. © 2022 The Authors. Sociology of Health & Illness published by John Wiley & Sons Ltd on behalf of Foundation for the Sociology of Health & Illness.	Australia; condoms; gay men; health care provider; HIV prevention; moral work; qualitative	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Smith D.K.; Rawlings M.K.; Glick N.; Mena L.; Coleman M.; Houlberg M.; McCallister S.; Wiener J.	Adherence to Daily Oral TDF/FTC for PrEP in Community Health Center Populations: The Sustainable Health Center Implementation PrEP Pilot (SHIPP) Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03388-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111729411&doi=10.1007%2fs10461-021-03388-5&partnerID=40&md5=448b6bde867bd1f6d40ec719a895ff81	The prevention effectiveness of oral preexposure prophylaxis (PrEP) is highly dependent on medication adherence but no validated longer term PrEP adherence measures are readily available for use by primary care clinicians caring for diverse populations. We compared two self-report measures (number of doses missed in past 7 days and day-by-day past week pill taking) to results of tenofovir concentrations in dried blood spot (DBS) samples at quarterly visits over the first 12 months of PrEP use. 1420 men and women in five US community health centers enrolled in a medication adherence substudy. For 3, 6, 9 and 12 months, the respective percentages of persons with self-report vs DBS levels consistent having taken all 7 doses in the week prior were 71% (51%), 70% (47%), 71% (46%) and 69% (44%). Conversely, the percentage of participants reporting taking 0–1 doses in the week prior by self-report vs DBS drug levels at 3, 6, 9 and 12 months consistent with this level of nonadherence of 6% (9%), 5% (10%), 8% (9%), and 9% (15%). The estimated risk of low adherence (estimated 0–1 doses in the week prior) was higher for participants of Black (RR 1.60, CI 1.09–2.34) or "Other" race (RR 1.62, CI 0.99–2.65) compared with participants of White race; being a transgender female (RR 2.31, CI 1.33–4.02) compared to men who have sex with men; or enrollment at a study site with less experience in the provision of PrEP. The estimated risk of low adherence by DBS was lower for participants with a higher number of sex partners in the past 3 months and those having a bachelor's degree or higher. More work is needed to provide clinicians with measures to assess medication adherence in diverse US populations being prescribed PrEP to support its effective use in reducing HIV acquisition in individuals and at the community level. © 2021, This is a U.S. government work and not under copyright protection in the U.S.; foreign copyright protection may apply.	Dried blood spots; HIV; Medication adherence; PrEP; Self-report	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Smith L.R.; Shumskaia N.; Kurmanalieva A.; Patterson T.L.; Werb D.; Blyum A.; Algarin A.B.; Yeager S.; Cepeda J.	Cohort profile: the Kyrgyzstan InterSectional Stigma (KISS) injection drug use cohort study	Harm Reduction Journal	-	-	-	14777517	10.1186/s12954-022-00633-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130753188&doi=10.1186%2fs12954-022-00633-5&partnerID=40&md5=1f0fa803cac8bd7ba6c25ee6964d3aa9	Background: In Kyrgyzstan and other Eastern European and Central Asian countries, injection drug use and HIV-related intersectional stigma undermines HIV prevention efforts, fueling a rapidly expanding HIV epidemic. The Kyrgyzstan InterSectional Stigma (KISS) Injection Drug Use Cohort is the first study designed to assess the impact of drug use, methadone maintenance treatment (MMT) and HIV stigma experiences among people who inject drugs (PWID) on HIV prevention service utilization. Methods: Adult PWID were recruited from Bishkek city and the surrounding rural Chuy Oblast region in northern Kyrgyzstan via modified time location sampling and snowball sampling. All participants completed a baseline rapid HIV test and interviewer-administered survey. A subsample of participants were prospectively followed for three months and surveyed to establish retention rates for future work in the region. Internal reliability of three parallel stigma measures (drug use, MMT, HIV) was evaluated. Descriptive statistics characterize baseline experiences across these three stigma types and HIV prevention service utilization, and assess differences in these experiences by urbanicity. Results: The KISS cohort (N = 279, 50.5% Bishkek, 49.5% Chuy Oblast) was mostly male (75.3%), ethnically Russian (53.8%), median age was 40 years old (IQR 35–46). Of the 204 eligible participants, 84.9% were surveyed at month 3. At baseline, 23.6% had a seropositive rapid HIV test. HIV prevention service utilization did not differ by urbanicity. Overall, we found 65.9% ever utilized syringe service programs in the past 6 months, 8.2% were utilizing MMT, and 60.8% met HIV testing guidelines. No participants reported PrEP use, but 18.5% had heard of PrEP. On average participants reported moderate levels of drug use (mean M = 3.25; α = 0.80), MMT (M = 3.24; α = 0.80), and HIV stigma (M = 2.94; α = 0.80). Anticipated drug use stigma from healthcare workers and internalized drug use stigma were significantly higher among PWID from Bishkek (p < 0.05), while internalized HIV stigma among PWID living with HIV was significantly greater among PWID from Chuy Oblast (p = 0.03). Conclusion: The KISS cohort documents moderate levels of HIV-related intersectional stigma and suboptimal engagement in HIV prevention services among PWID in Kyrgyzstan. Future work will aim identify priority stigma reduction intervention targets to optimize HIV prevention efforts in the region. © 2022, The Author(s).	Eastern Europe and Central Asia; HIV; People who inject drugs; Stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Smith M.-S.R.; Mohan H.; Ajaykumar A.; Hsieh A.Y.Y.; Martineau L.; Patel R.; Gadawska I.; Sherwood C.; Serghides L.; Piret J.M.; Côté H.C.F.	Second-Generation Human Immunodeficiency Virus Integrase Inhibitors Induce Differentiation Dysregulation and Exert Toxic Effects in Human Embryonic Stem Cell and Mouse Models	Journal of Infectious Diseases	-	-	-	221899	10.1093/infdis/jiac386	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142940857&doi=10.1093%2finfdis%2fjiac386&partnerID=40&md5=7e43314727df00eadf3c24156c8f4d97	Background. Each year, approximately 1.1 million children are exposed in utero to human immunodeficiency virus antiretrovirals, yet their safety is often not well characterized during pregnancy. The Tsepamo study reported a neural tube defect signal in infants exposed to the integrase strand transfer inhibitor (InSTI) dolutegravir from conception, suggesting that exposure during early fetal development may be detrimental Methods. The effects of InSTIs on 2 human embryonic stem cell (hESC) lines were characterized with respect to markers of pluripotency, early differentiation, and cellular health. In addition, fetal resorptions after exposure to InSTIs from conception were analyzed in pregnant mice. Results. At subtherapeutic concentrations, second-generation InSTIs bictegravir, cabotegravir, and dolutegravir decreased hESC counts and pluripotency and induced dysregulation of genes involved in early differentiation. At therapeutic concentrations, bictegravir induced substantial hESC death and fetal resorptions. It is notable that first-generation InSTI raltegravir did not induce any hESC toxicity or differentiation, at any concentration tested. Conclusions. Exposure to some InSTIs, even at subtherapeutic concentrations, can induce adverse effects in hESCs and pregnant mice. Given the increasingly prevalent use of second-generation InSTIs, including in women of reproductive age, it is imperative to further elucidate the effect of InSTIs on embryonic development, as well as their long-term safety after in utero exposure. © The Author(s) 2022. Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved.	antiretroviral; hESC; HIV; integrase inhibitor; pregnancy	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical

Theses and Dissertations	2022	Smith, Anthony	PrEP in Practice: a sociological study of HIV pre-exposure prophylaxis prescribing	-	-	University of New South Wales	-	-	NA	http://hdl.handle.net/1959.4/100740 https://unsworks.unsw.edu.au/bitstreams/5c32d2d5-b3b0-442b-aa61-f16c148a4ba7/download https://doi.org/10.26190/unsworks/24447	HIV pre-exposure prophylaxis (PrEP) is a highly effective strategy for preventing new HIV infections. Since 2015, PrEP has been rapidly implemented with gay and bisexual men in Australia. While there is recognition of the importance of optimising the clinical delivery of PrEP, there has been scarce empirical research in Australia documenting how clinicians engage with prescribing PrEP, and minimal international social science research considering how PrEP has (re)shaped clinical practice. In this thesis I explore the role of clinicians in delivering PrEP in Australia. Drawing on the sociology of prescribing, I approach PrEP prescribing as a social practice, and attend to how clinicians anticipate and imagine patients, and how they think and feel about PrEP. This study draws on qualitative methodologies, including findings from semi-structured interviews conducted with clinicians who provide PrEP in New South Wales and Western Australia between 2019 and 2020, and with HIV expert stakeholders across Australia in 2017. Through empirical findings, I consider debates about which types of clinicians are best suited to prescribing PrEP and workforce challenges for providing PrEP in different clinical settings. I analyse clinician imaginaries of PrEP users and broader patient collectives, as well as clinicians' views on providing PrEP to alleviate different types of 'HIV anxiety'. I also examine prescribing as an affective clinical practice. I identify recommendations for supporting clinical workforces to improve the implementation of PrEP across Australian communities. This thesis demonstrates how PrEP has transformed HIV prevention for clinicians, requiring them to adapt to new ways of approaching HIV and sexual health. Clinicians develop expertise through routine opportunities to prescribe, and they develop imaginaries about patients and communities through consultations that shape their future interactions with patients. Conversely, a lack of patient demand makes it challenging for general practitioners to develop confidence and competence with PrEP prescribing. Providing PrEP involves the complexity of discussing sex and managing ideas about risk and responsibility, which are persistent challenges for both HIV-experienced and inexperienced clinicians. I argue for the value of sociological perspectives on clinical workforces to support and sustain effective HIV prevention.	HIV Prevention; Sociology; Pre-exposure prophylaxis; Clinicians; Australia; Qualitative; anzsrc-for: 441011 Sociology of health; anzsrc-for: 4203 Health services and systems; anzsrc-for: 440506 Sexualities; anzsrc-for: 4410 Sociology	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Qualitative
Article	2022	Smith, Anthony K J; Newman, Christy E; Haire, Bridget; Holt, Martin	Clinician imaginaries of HIV PrEP users in and beyond the gay community in Australia	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2021.1957152	https://www.proquest.com/scholarly-journals/clinician-imaginaries-hiv-prep-users-beyond-gay/docview/2720725463/se-2?accountid=8113	Through the development and implementation of HIV pre-exposure prophylaxis (PrEP), the characteristics of PrEP users have been configured in a range of ways. Drawing on the concept of 'imaginaries', we consider how clinicians imagine PrEP users and related communities. We conducted 28 semi-structured interviews in 2019–2020 with PrEP-providing clinicians based in New South Wales and Western Australia. Participants included general practitioners, sexual health nurses and sexual health doctors. We inductively developed three themes through a reflexive thematic analysis: 'PrEP users as 99% gay men/MSM', 'The informed and connected PrEP user', and 'Condom users in the PrEP era'. Participants imagined PrEP users primarily as gay men, and so we focused on how gay community was imagined in relation to PrEP users. Users were imagined as supporting one another to use PrEP effectively, but some were imagined as threatening norms of condom use amongst gay community. Analysing clinician imaginaries of PrEP users reveals insight into how clinicians speculate about and engage with changing community norms related to condom use and accessing PrEP. These imaginaries reveal ongoing tensions about who is believed to be best suited to PrEP, and PrEP's impact on norms of conduct in imagined biosocial communities like gay men.	Physicians; Condoms; Australia; Homosexuality; HIV prevention; Pre-exposure prophylaxis; condoms; Men; gay men; Sexual behavior; Sexual health; Sociology; Community; Nurses; qualitative; Gay men; Sexual and reproductive health; health care provider; Family physicians; Norms; Human immunodeficiency virus--HIV; LGBTQ community; LGBT community; Imaginary	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Sonalkar S.; McAllister A.; Kete C.; Fishman J.; Frarey A.; Short W.R.; Schreiber C.A.; Teitelman A.	Implementation of an HIV Pre-exposure Prophylaxis Strategy Into Abortion and Early Pregnancy Loss Care	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002972	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132453371&doi=10.1097%2fQAI.0000000000002972&partnerID=40&md5=5469774d8bd72c5bc67ad4f7daa6c58f	Background:Family planning and abortion clinics routinely address sexual health. We sought to evaluate implementation outcomes of an HIV pre-exposure prophylaxis (PrEP) care strategy for patients seeking management of induced abortion and pregnancy loss.Setting:Single-center, urban, academic, hospital-based family planning service.Methods:We used a multifaceted implementation strategy directed toward family planning providers comprised of educational sessions, an electronic medical record-prompted verbal assessment of HIV risk, electronic medical record shortcuts for PrEP prescription, and support of a PrEP navigator. We assessed penetration of the intervention by calculating the penetration of a PrEP offer, measured as the proportion of encounters in which PrEP was offered to PrEP-eligible individuals. We evaluated feasibility, acceptability, and appropriateness of the intervention using belief elicitation interviews with providers.Results:From November 2018 to April 2019, the proportion of PrEP eligible patients who were offered PrEP, was 87.9% (29/33). Providers found the intervention acceptable and appropriate, but reported barriers including time constraints, and disappointment if patients did not adhere to PrEP. Providers liked that PrEP provision in abortion care settings felt innovative, and that they could contribute to HIV prevention.Conclusion:Family planning providers in an academic center found HIV risk assessment and PrEP provision to be feasible, acceptable, and appropriate. Further research should evaluate implementation outcomes of PrEP care strategies in additional abortion care contexts, including clinics offering reproductive health care outside of academia. © 2022 Lippincott Williams and Wilkins. All rights reserved.	gynecology; HIV; implementation; induced abortion; miscarriage; obstetrics; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Sonalkar S.; Short W.R.; McAllister A.; Kete C.; Ingeno L.; Fishman J.; Koenig H.C.; Schreiber C.A.; Teitelman A.M.	Incorporating HIV Pre-Exposure Prophylaxis Care for Patients Seeking Induced Abortion and Pregnancy Loss Management	Women's Health Issues	-	-	-	10493867	10.1016/j.whi.2021.12.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122302717&doi=10.1016%2fj.whi.2021.12.005&partnerID=40&md5=1d77b3a043b0cd22674decdcb3bc2624	Background: Family planning clinical encounters are important opportunities for HIV prevention. Our objectives were to 1) estimate the proportion of patients seeking induced abortion and early pregnancy loss management eligible for HIV pre-exposure prophylaxis (PrEP) and 2) compare PrEP eligibility and uptake between patients with unintended and intended pregnancy. Methods: We conducted a cross-sectional survey and a nested prospective cohort study of patients seeking an induced abortion or early pregnancy loss management. We assessed pregnancy intendedness, PrEP awareness, HIV risk and risk perception, desire for same-day PrEP start, and PrEP continuation at 30 days. We used the χ^2 and Fisher's exact tests to assess differences between the participants with intended and unintended pregnancy. We had 80% power to detect a 14% difference in PrEP eligibility between the groups. Results: We enrolled 250 women. Fifty-six percent (139) had an unintended pregnancy and 44% (110) had an intended pregnancy. PrEP eligibility did not differ significantly between the patients with intended and unintended pregnancy (16% vs. 10%; p =.18). More than one-half (54%, 135/250) were unaware of PrEP before their study visit, and 93% (232/250) considered themselves unlikely to acquire HIV. Of 33 women who were PrEP eligible, 11 accepted same-day start and 1 continued PrEP at 30 days. Conclusions: Intendedness of pregnancy was unrelated to PrEP eligibility in women seeking induced abortion and early pregnancy loss management. Most patients seeking these services are unaware of PrEP. Integrating PrEP into family planning care is likely to increase awareness and uptake of PrEP in women. © 2021 Jacobs Institute of Women's Health, George Washington University	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Songtaweesin W.N.; Pornpaisalsakul K.; Kawichai S.; Wacharachaisurapol N.; Wongharn P.; Yodkitudomying C.; Panichnantakul P.; Theerawit T.; Pankam T.; Puthanakit T.	Sexually transmitted infections incidence in young Thai men who have sex with men and transgender women using HIV pre-exposure prophylaxis	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211056749	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126240531&doi=10.1177%2f09564624211056749&partnerID=40&md5=85a00940003a42d3b55a1af92968cba3	Background: Sexually transmitted infections are a major public health issue worldwide. HIV pre-exposure prophylaxis (PrEP) use among youth may be associated with increased incidence of sexually transmitted infections (STIs). Objectives: To measure the prevalence and incidence of STIs among young men who have sex with men (YMSM) and young transgender women (YTGW) using PrEP. Methods: A prospective cohort of 15- to 19-year-old YMSM and YTGW with HIV defined as inconsistent condom use and/or multiple sex partners were enrolled. Participants were provided daily oral tenofovir disoproxil fumarate/emtricitabine. STI screening was done at baseline and month 6 for syphilis, urine, and anal swab nucleic acid amplification testing for C. trachomatis (CT) and N. gonorrheae (NG). Results: From March 2018 to June 2019, 200 adolescents (147 MSM and 53 TGW) with a median (IQR) age of 18 years (17–19) were enrolled. STI prevalence was 22.5% (95% CI 16.7–28.3). STI incidence was 25.2 per 100 person–years (95% CI 14.7, 40.3). Factors associated with STI incidence were self-reported >2 sex partners in the past month (unadjusted rate ratio uRR 4.6, 95% CI 1.0, 20.6), and moderate PrEP adherence (uRR 7.3, 95% CI 1.6, 32.6). Conclusions: STI incidence in YMSM and YTGW PrEP users was high at approximately one in five. Regular screening and treatment of STIs should be implemented in youth HIV prevention packages. © The Author(s) 2022.	HIV pre-exposure prophylaxis; sexually transmitted diseases; syphilis; young men who have sex with men; young transgender women	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2022	Sönmez İ.; Berg R.C.; Yazıcılaroğlu S.S.; Thurlby N.; Schmidt A.J.	Comparison of the Influence of Internalized Homonegativity on Sexual Risk Behavior of Men Who Have Sex with Men in Spain and Turkey	International Journal of Sexual Health	-	-	-	19317611	10.1080/19317611.2022.2094043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133687182&doi=10.1080%2f19317611.2022.2094043&partnerID=40&md5=eb45fa11b70ed186365ab18b40d8933d	Objectives: This study aimed to understand how the association between internalized homonegativity (IH) and sexual risk behavior differed in Spain (N = 3,336) and Turkey (N = 550). Methods: We used multigroup structural equation modeling. Results: HIV and pre-exposure prophylaxis (PrEP) knowledge mediated the relationship between IH and sexual risk behavior among MSM in Spain, but not among men in Turkey. Higher HIV/PrEP knowledge was associated with higher sexual risk behavior among MSM in Spain, while among MSM in Turkey the association was in the opposite direction. Conclusions: The meaning of safe-sex may differ across contexts, and this should be taken into consideration when tailoring HIV prevention programs. © 2022 Taylor & Francis Group, LLC.	HIV knowledge; Internalized homonegativity; MSM; sexual risk behavior; structural equation modeling	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2022	Sönmez İ.; Folch C.; Lorente N.; Berg R.C.; Thurlby N.; Schmidt A.J.	Influence of Internalised Homonegativity on Sexual Risk Behaviour of Men Who Have Sex with Men in Spain	Sexuality & Culture	-	-	-	10955143	10.1007/s12119-021-09925-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120078274&doi=10.1007%2fs12119-021-09925-7&partnerID=40&md5=718134c788e4865dd61a6ff2e43a5f14	In a sample of men who have sex with men (MSM) (N = 3436) in Spain who bear intrinsic HIV risk, we investigated how internalised homonegativity (IH) is associated with the number of non-steady male partners with condomless intercourse (as a proxy of sexual risk behaviour). Using structural equation modelling (SEM), we examined the relationship between IH and sexual risk behaviour, and mediating effects of HIV/PrEP knowledge and substance use during sex on this relationship. We found no direct association between IH and sexual risk behaviour, nor did IH influence substance use during sex. In line with our hypothesis, association between IH and sexual risk behaviour was significant when mediated by HIV/PrEP knowledge. We found that as IH increased, sexual risk behaviour decreased, because higher IH was associated with lower HIV/PrEP knowledge while higher HIV/PrEP knowledge was associated with increased non-condom use with non-steady partners. Substance use during sex was significantly associated with sexual risk behaviour. Our results emphasize the continuing importance of prevention strategies focused on behavioural changes and community level interventions, especially targeting substance use. © 2021, The Author(s).	HIV knowledge; Internalised homonegativity; MSM; Sexual risk behaviour; Structural equation modelling; Substance use	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Sophus, Amber	Is PrEP for me? Knowledge, Attitudes, Behaviors, and Perspectives about PrEP among Black Women Living in the South	-	-	University of Hawaii	-	NA	NA	http://hdl.handle.net/10125/103943	Significant racial and regional disparities are associated with HIV incidence rates among Black women in the United States, particularly of those who live in the South. While strides to improve HIV prevention efforts with Black, heterosexual women have occurred, more is needed. Pre-exposure prophylaxis (PrEP) is a woman-controlled HIV prevention strategy that can combat high rates of HIV and be used without the need to negotiate with a sexual partner. Although Black women are at the highest risk for HIV acquisition, they have the lowest rates of PrEP uptake in the U.S. The purpose of this dissertation was to expand public health understanding of the current status of HIV and AIDS prevention interventions for Black women in the U.S., highlight key aspects of recruitment ads that appeal to Black women to improve recruitment efforts for this population, and expand PrEP-related research on population characteristics and health behaviors associated with PrEP use among Black women who live in the South. This dissertation reports on findings from three studies. Study 1 was a systematic review that provided an examination of the status of HIV/AIDS prevention interventions for Black, heterosexual women in the U.S. from 2012-2019. Findings highlight gaps in HIV/AIDS prevention interventions for Black women in the U.S., specifies sub-populations of Black women that may need more attention in terms of HIV/AIDS services and programs, and provides recommendations for current and future HIV/AIDS prevention interventions that are specified for Black women. Study 2 used formative qualitative research to examine Black women's general likes and dislikes about women-focused ads, and their preferences for ad content and ad locations in order to gain the interest of Black women to participate in health-related research. Findings not only extend the existing literature by describing aspects of online and physical ads that may appeal to Black women but highlight a specific area of featuring Black health providers as well as patients within ads that has not yet been identified in the current literature. Study 3 used quantitative methods through the use of an online survey to identify population characteristics and health behaviors associated with general likelihood to use PrEP and whether an individual planned to start PrEP soon (i.e., in the next 3 months) among a sample of at-risk HIV-negative cisgender Black women. Findings extend current PrEP-related literature about PrEP uptake among Black women by providing insight into additional factors associated with likelihood to use PrEP and future plan to use PrEP within this population. Findings also indicate a need to further examine how PrEP stigma may affect PrEP use among Black women.Overall, findings from this dissertation highlight the need for additional programs and resources that improve HIV prevention strategies for Black women and help promote PrEP uptake within this vulnerable population.	Public health, Black women, HIV prevention, Pre-exposure prophylaxis, PrEP, Texas	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2022	Soriano V.; Treviño A.; de Mendoza C.; Moreno-Torres V.; Pintos I.; Barreiro P.; Corral O.	Pre-Exposure Prophylaxis for viral infections other than HIV	Infezioni in Medicina	-	-	-	11249390	10.53854/liim-3003-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137874267&doi=10.53854%2fliim-3003-5&partnerID=40&md5=06f4c4736fe812281367817763aaf26c	The battle against human viral infections has histori-cally relied on two medical strategies, namely vaccines to protect from contagion and antivirals to treat infected patients. In the absence of vaccines, antivirals have occasionally been used as periexposure prophylaxis, given either before (pre-exposure prophylaxis) or right after (post-exposure prophylaxis). In an unprecedented way, the use of antiretrovirals as chemoprophylaxis has triumphed in the HIV field. Indeed, oral antiretro-virals given either daily or at demand to HIV-uninfected individuals engaged in high-risk behaviors protect from contagion. More recently, the advent of long-acting formulations has allowed HIV protection following intramuscular injections every few months. Can we envision a similar prophylactic strategy for other human viral infections? The advent of such 'chemical vaccines' would fill an unmet need when classical vaccines do not exist, can-not be recommended, immune responses are suboptimal, escape mutants emerge or immunity wanes. In this review, we discuss the opportunities for antiviral chemoprophylaxis for viral hepatitis B and C, retroviruses HTLV-1 and HIV-2, and respiratory viruses influenza and SARS-CoV-2, among others. © 2022, EDIMES Edizioni Medico Scientifiche. All rights reserved.	antiviral drugs; hepatitis B; hepatitis C; HIV; HTLV-1; long-acting antivirals; mon-keypox virus; prevention; prophylaxis; SARS-CoV-2	English	Italy	Western and Central Europe and North America	Spain	Western and Central Europe and North America	NA	NA	Review
Article	2022	Sosnowy C.; Predmore Z.; Dean L.T.; Raifman J.; Chu C.; Galipeau D.; Nocka K.; Napoleon S.; Chan P.	Paying for PrEP: A qualitative study of cost factors that impact pre-exposure prophylaxis uptake in the US.	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624221132406	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140625770&doi=10.1177%2f09564624221132406&partnerID=40&md5=0d3dc69bcd54164906b3a0477a23bd25	Background: Concerns about the actual and perceived costs of pre-exposure prophylaxis (PrEP) continue to be a major barrier to uptake among gay, bisexual and men who have sex with men (GBMSM) in the United States. Methods: We conducted semi-structured interviews with 25 GBMSM who presented for routine health care at a STD clinic in the northeastern United States. The cohort included GBMSM who were or were not currently taking PrEP and represented varied health care coverage and financial resources. We used a structured coding scheme to analyze transcripts and identify themes relevant to cost factors. Results: Participants shared their perspectives about PrEP and their experiences with accessing and paying for PrEP. Our findings suggest that health care coverage or financial assistance were essential to PrEP access but were not easily accessible to all people and did not always cover all costs. Therefore, paying for PrEP had to be balanced with other life expenses. Participants had multiple sources for information about PrEP cost and assistance from clinic and pharmacy staff helped reduce burden and resolve difficulties. Conclusion: Addressing gaps in health care coverage, providing financial support, and improving the enrollment process in a financial assistance program may improve PrEP uptake. © The Author(s) 2022.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Sousa, Kelly Elaine de; Queiroz, Rosimara Oliveira; Silva, Marcelo da; Goes, Herbert Leopoldo de Freitas	Perfil dos usuários de uma unidade especializada do Paraná sobre profilaxia pré-exposição ao HIV/AIDS	Revista Enfermagem Atual in Dermatology	-	-	-	2447-2034	10.31011/reaid-2022-v.96-n.38-art.1331	https://revistaenfermagematual.com/index.php/revista/article/view/1331/1400	Objetivo: conhecer o perfil dos usuários do Centro de Testagem e Aconselhamento cadastrados para utilizar a profilaxia pré exposição ao HIV/Aids no município de Maringá.Métodos:estudo exploratório e descritivo, de abordagem qualitativa, realizado em prontuários do Centro de Testagem e Aconselhamento de Maringá. Cinquenta e dois usuários aderiram a nova estratégia de prevenção a profilaxia pré-exposição ao HIV no município. Os dados foram coletados em abril de 2020. Para a análise das entrevistas, foi utilizada a análise estatística descritiva.Resultados: A grande maioria dos participantes da pesquisa foramdo sexo masculino, de cor branca, solteiros, com nível superior e possuíamfaixa etária entre 21 e 40 anos. Quanto ao perfil da população-chave, apenas um é transexual, dois são profissionais do sexo. 34,62% se caracterizam como casais sorodiferentes e 84,62% são homens que fazem sexo com homens.Conclusão: Foi possível identificar o perfil dos usuários que utilizam a profilaxia pré exposição ao HIV/Aids, o qual tem se mostrado como uma ferramenta de prevenção combinada, principalmente entre homens que fazem sexo com homens. Mais estudos epidemiológicos com outras populações-chave, como mulheres, transexuais e profissionais do sexo, são necessários.	Humanos; Masculino; Adulto; Política Pública; HIV; Enfermagem; Pesquisa Qualitativa; Profilaxia Pré-Exposição	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2022	Spence, AB; Wang, CW; Michel, KG; Merenstein, D; Kharfen, M; Goparaju, L; Kassaye, S	UnPrEPed for HIV prevention services: Hesitancy among US primary care providers	Medicine (United States)	-	-	-	0025-7974	10.1097/MD.0000000000031242	https://pubmed.ncbi.nlm.nih.gov/36316940/	Provision of HIV prevention services by primary care (PCP) healthcare providers is critical to reduce the number of new HIV infections. We examined the performance of HIV risk assessments and provision of HIV prevention services by PCPs. In our cohort, less than one-half of respondents asked about sex and drug use all or most of the time, and among those that did not routinely ask about sex and drug use only 66% and 59%, respectively, would ask given more time. Less than a quarter of respondents noted that HIV prevention services were part of their clinical practice. These findings demonstrate gaps in the provision of HIV prevention services by a key population of healthcare providers.	HIV prevention; PrEP; HIV risk assessment; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Spicehandler, Rebecca; Zucker, Jason; Yumori, Caitlin; Adan, Matthew; Carnevale, Caroline; Theodore, Deborah; Castor, Delivette; Meyers, Kathrine; Whittier, Susan; Yin, Michael T; Cohall, Alwyn; Olender, Susan; Gordon, Peter; Sobieszczyk, Magdalena E	Get2PrEP: An Electronic Medical Record Laboratory Comment Increased Safe Sex Counseling But Not Preexposure Prophylaxis Services at a Large Urban Academic Medical Center in Northern Manhattan.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001682	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9481682	BACKGROUND: HIV preexposure prophylaxis (PrEP) remains underutilized despite its efficacy and potential population impact. Achieving PrEP's full potential depends on providers who are knowledgeable and comfortable prescribing it to individuals at risk of acquiring HIV. Previous educational interventions targeting provider-related uptake barriers have had limited success. We designed and tested an electronic medical record (EMR) interpretative comment to improve the delivery of PrEP. METHODS: An EMR comment provided information on PrEP eligibility and referral resources to providers delivering positive chlamydia and gonorrhea results. Positive test results for bacterial sexually transmitted infections before intervention (January 1, 2019-August 23, 2019) and after intervention (August 24, 2019-December 31, 2019) were identified. A retrospective chart review was conducted to ascertain provider documentation of PrEP discussions or provision, HIV prevention discussions, and HIV screening. Pretest-posttest analysis was performed to compare the provision of PrEP and HIV prevention services. RESULTS: We reviewed 856 preintervention encounters spanning 8 months and 461 postencounters spanning 4 months. Patient demographics were comparable. We observed an increase in provider documentation of safe sex and condom counseling (odds ratios ORs, 1.2 95% confidence interval {CI}, 1.07-1.18 and 1.11 95% CI, 1.05-1.17, respectively), and the absence of any HIV prevention discussion decreased (OR, 0.85; 95% CI, 0.80-0.90), but not HIV screening or PrEP documentation. CONCLUSIONS: We demonstrated that an EMR laboratory comment had a modest effect on increasing risk reduction counseling, although not HIV screening or PrEP prescriptions. Future strategies to encourage provider delivery of sexual health services may benefit from more targeted strategies that combine behavioral and information technology approaches.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Spieldenner A.; Santella A.J.; Cooper S.C.; Rosales K.; Goedel W.C.; Jones H.E.	Knowledge, Attitudes, and Practices towards PrEP from Cisgender Men and Transgender Women Who Have Sex with Men in the Largest Suburban HIV Epidemic	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph191811640	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138323900&doi=10.3390%2fijerph191811640&partnerID=40&md5=161f96829af3bf52bafc9f3edf8e4c50	We conducted a cross-sectional web-based study to assess attitudes and experiences with HIV pre-exposure prophylaxis (PrEP) amongst a multiracial cohort of gay, bisexual, and other men who have sex with men (MSM) and transgender women in Long Island, New York. Participants were recruited through clinical providers and community-based organizations. The survey assessed knowledge and attitudes toward PrEP and factors that facilitate willingness to take it. Of the 189 respondents, most participants were Latinx/Hispanic (57.1%; n = 105), gay-identifying (81.2%; n = 151), and cisgender men (88.7%; n = 165). One in five participants completed high school or lower (19.4%; n = 36). Among those who had never used PrEP (53.4%; n = 101), nearly all participants were willing to use it if it were free or covered as part of their insurance (89.4%; n = 84). The most common barriers to not using PrEP was not knowing where to obtain it (68.3%; n = 69), concerns about side effects (42.1%; n = 35), and concerns about affordability (38.5%; n = 25). This study discusses specific nuances to the suburbs, including cultural norms and structural barriers that should be incorporated in health promotion initiatives in addressing these factors. © 2022 by the authors.	gay and bisexual men; HIV/AIDS; PrEP; suburban health	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Spinelli, Matthew A; Grinsztejn, Beatriz; Landovitz, Raphael J	Promises and challenges: cabotegravir for preexposure prophylaxis.	Current Opinion in HIV and AIDS	-	-	-	1746-6318	10.1097/COH.0000000000000733	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9240402	PURPOSE OF REVIEW: Tenofovir-based oral PrEP has been effective in reducing population-level HIV incidence in multiple settings, although disparities remain. Injectable cabotegravir-based PrEP is an alternative that may be attractive to individuals with adherence challenges or who do not desire to take a daily medication. We review promises and challenges of cabotegravir-based PrEP. RECENT FINDINGS: Cabotegravir has demonstrated higher effectiveness than oral PrEP in two randomized trials, with a hazard ratio of 0.31 for HIV incidence among MSM and transgender women across multiple settings 95% confidence interval (CI) 0.18-0.62 and 0.11 for cisgender women in sub-Saharan Africa (95% CI 0.040.32). Cabotegravir was also highly effective among populations with disproportionate HIV incidence. Although cabotegravir breakthrough was rare, diagnosis was delayed with use of antigen/antibody-based HIV tests, and resistance occurred with breakthrough infections. Implementation will need to overcome several challenges, including HIV RNA laboratory monitoring not being widely available, requirement for additional staff time and clinic space, and need to provide oral medication during interruptions in dosing. SUMMARY: Cabotegravir-based PrEP is a highly effective additional PrEP option that will expand HIV prevention options. For successful roll-out, strategies for streamlined and accessible delivery of cabotegravir in real-world settings will need to be developed.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Springer S.A.; Nijhawan A.E.; Knight K.; Kuo I.; Di Paola A.; Schlossberg E.; Frank C.A.; Sanchez M.; Pankow J.; Proffitt R.P.; Lehman W.; Pulitzer Z.; Thompson K.; Violette S.; Harding K.K.; Brooks R.; Heimer R.; Schultheis A.; Van der Wyk B.; Hansen L.; Torres M.B.; Becan J.; Bennett A.J.; Crawley R.; Joe G.; Jones J.; Villare S.; Behrends C.; Jalali A.; Muggeo J.; Acosta M.; DeMoss D.; Persaud D.; Johannsen-Love J.; Davis F.	Study protocol of a randomized controlled trial comparing two linkage models for HIV prevention and treatment in justice-involved persons	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07354-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128487861&doi=10.1186%2fs12879-022-07354-x&partnerID=40&md5=a591811c17d73d6f2e90202e6b0fac	Background: Persons involved in the justice system are at high risk for HIV and drug overdose upon release to the community. This manuscript describes a randomized controlled trial of two evidence-based linkage interventions for provision of HIV prevention and treatment and substance use disorder (SUD) services in four high risk communities to assess which is more effective at addressing these needs upon reentry to the community from the justice system. Methods: This is a 5-year hybrid type 1 effectiveness-implementation randomized controlled trial that compares two models (Patient Navigation PN or Mobile Health Unit MHU service delivery) of linking justice-involved individuals to the continuum of community-based HIV and SUD prevention and treatment service cascades of care. A total of 864 justice-involved individuals in four US communities with pre-arrest histories of opioid and/or stimulant use who are living with or at-risk of HIV will be randomized to receive either: (a) PN, wherein patient navigators will link study participants to community-based service providers; or (b) services delivered via an MHU, wherein study participants will be provided integrated HIV prevention/ treatment services and SUD services. The six-month post-release intervention will focus on access to pre-exposure prophylaxis (PrEP) for those without HIV and antiretroviral treatment (ART) for people living with HIV (PLH). Secondary outcomes will examine the continuum of PrEP and HIV care, including: HIV viral load, PrEP/ ART adherence; HIV risk behaviors; HCV testing and linkage to treatment; and sexually transmitted infection incidence and treatment. Additionally, opioid and other substance use disorder diagnoses, prescription, receipt, and retention on medication for opioid use disorder; opioid and stimulant use; and overdose will also be assessed. Primary implementation outcomes include feasibility, acceptability, sustainability, and costs required to implement and sustain the approaches as well as to scale-up in additional communities. Discussion: Results from this project will help inform future methods of delivery of prevention, testing, and treatment of HIV, HCV, substance use disorders (particularly for opioids and stimulants), and sexually transmitted infections for justice-involved individuals in the community. Trial registration: Clinicaltrials.gov NCT05286879 March 18, 2022. © 2022, The Author(s).	Hepatitis C; HIV; Justice involvement; Mobile health unit; Opioid use disorder; Patient navigator; Pre-exposure prophylaxis; PrEP; Sexually transmitted infections; Stimulant use disorder	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2022	Srikanth, Karishma; Killelea, Amy; Strumpf, Andrew; Corbin-Gutierrez, Edwin; Horn, Tim; McManus, Kathleen A	Associated Costs Are a Barrier to HIV Preexposure Prophylaxis Access in the United States.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2022.306793	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9137017	HIV preexposure prophylaxis (PrEP), a biomedical HIV prevention intervention, reduces the risk of HIV acquisition by upwards of 90% for sexual encounters and 70% for injection drug use. If widely used, PrEP has the potential to help end the HIV epidemic in the United States.1 In 2015, the Centers for Disease Control and Prevention (CDC) estimated that approximately 1.2 million people were at high risk of acquiring HIV and had a clinical indication for PrEP.2 One of the four pillars of the federal government's Ending the HIV Epidemic (EHE) initiative is increasing access to and use of PrEP; in fiscal year 2021, \$386 million was appropriated for the EHE initiative, of which \$102 million was allocated to provide "HIV testing, linkage to care, and prescription of PrEP."1 Additionally, an objective of the National HIV/AIDS Strategy for the United States (2022–2025) is to increase PrEP coverage to 50% from a 2017 baseline of 13.2%.3 Despite the first PrEP antiretroviral being approved by the US Food and Drug Administration in 2012, less than 20% of those at high risk of HIV received a PrEP prescription in 2019.4	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2022	Ssemata, Andrew Sentoogo; Bwalya, Chiti; Muhumuza, Richard; Ndekezi, Denis; Mbewe, Madalitso; Simwinga, Musonda; Bond, Virginia; Seeley, Janet	Assessing knowledge, acceptability and social implications of a peer-to-peer HIV self-testing kit distribution model among adolescents aged 15-24 in Zambia and Uganda-HISTAZU: a mixed-method study protocol.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2021-059340	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9150152	INTRODUCTION: HIV self-testing (HIVST) across sub-Saharan African countries may be acceptable as it overcomes significant barriers to clinic-based HIV testing services such as privacy and confidentiality. There are a number of suggested HIVST distribution models. However, they may not be responsive to the testing service needs of adolescents and young people (AYP). We will investigate the knowledge, acceptability and social implications of a peer-to-peer distribution model of HIVST kits on uptake of HIV prevention including pre-exposure prophylaxis, condoms, and voluntary medical male circumcision and testing services and linkage to anti-retroviral therapy among AYP aged 15-24 in Zambia and Uganda. METHODS AND ANALYSIS: We will conduct an exploratory mixed methods study among AYP aged 15-24 in Uganda and Zambia. Qualitative data will be collected using audio-recorded in-depth interviews (IDIs), focus group discussions (FGDs), and participant observations. All IDIs and FGDs will be transcribed verbatim, coded and analysed through a thematic-content analysis. The quantitative data will be collected through a structured survey questionnaire derived from the preliminary findings of the qualitative work and programme evaluation quantitative data collected on uptake of services from a Zambian trial. The quantitative phase will evaluate the number of AYP reached and interested in HIVST and the implication of this on household social relations and social harms. The quantitative data will be analysed through bivariate analyses. The study will explore any social-cultural and study design barriers or facilitators to uptake of HIVST. ETHICS AND DISSEMINATION: This study is approved by the Uganda Virus Research Institute Research and Ethics committee, Uganda National Council for Science and Technology, University of Zambia Biomedical Ethics Committee, Zambia National Health Research Authority and the London School of Hygiene and Tropical Medicine. Dissemination activities will involve publications in peer-reviewed journals, presentations at conferences and stakeholder meetings in the communities.	NA	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Mixed methods
Article	2022	Ssemata, Andrew Sentoogo; Muhumuza, Richard; Stranix-Chibanda, Lynda; Nematadzira, Teacler; Ahmed, Nadia; Hornschuh, Stefanie; Dietrich, Janan Janine; Tshabalala, Gugulethu; Atujuna, Millicent; Ndekezi, Denis; Nalubega, Phiona; Awino, Esther; Weiss, Helen A; Fox, Julie; Seeley, Janet	The potential effect of pre-exposure prophylaxis (PrEP) roll-out on sexual-risk behaviour among adolescents and young people in East and southern Africa.	African Journal of AIDS Research	-	-	-	1727-9445	10.2989/16085906.2022.2032218	https://dx.doi.org/10.2989/16085906.2022.2032218	Pre-exposure prophylaxis (PrEP) is an HIV-prevention strategy recommended for those at high-risk of infection, including adolescents and young people (AYP). We explored how PrEP roll-out could influence sexual risk behaviour among AYP in East and southern Africa. Twenty-four group discussions and 60 in-depth interviews were conducted with AYP between 13 and 24 years old, recruited from community settings in Uganda, Zimbabwe and South Africa, from September 2018 to January 2019. Participants perceived that PrEP availability could change sexual behaviour among AYP, influencing: (1) condom use (increased preference for condomless sex, reduced need and decrease in use of condoms, relief from condom use discomfort, consistent condom use to curb sexually transmitted infections and pregnancies); (2) sexual activities (increase in sexual partners and sexual encounters, early sexual debut, sexual experimentation and peace of mind during risky sex, sexual violence and perversion); (3) HIV risk perception (neglect of other HIV prevention strategies, unknown sexual partner HIV status, adoption of PrEP). PrEP initiation may be associated with increased interest in sexual activities and risky sexual behaviour among AYP. PrEP should be included as part of a combination package of HIV prevention strategies for AYP with methods to prevent other sexually transmitted infections and unwanted pregnancies.	NA	English	South Africa	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Qualitative
Article	2022	Ssempijja V.; Nakigozi G.; Ssekubugu R.; Kagaayi J.; Kigozi G.; Nalugoda F.; Nantume B.; Batte J.; Kigozi G.; Yeh P.T.; Nakawooya H.; Serwadda D.; Quinn T.C.; Gray R.H.; Wawer M.J.; Grabowski K.M.; Chang L.W.; Van't Hoog A.; Cobelens F.; Reynolds S.J.	High Rates of Pre-exposure Prophylaxis Eligibility and Associated HIV Incidence in a Population with a Generalized HIV Epidemic in Rakai, Uganda	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002946	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132131671&doi=10.1097%2fQAI.0000000000002946&partnerID=40&md5=91d777ca8ebc0a436039eda65c06628b	Background:The utility of using pre-exposure prophylaxis (PrEP) eligibility assessments to identify eligibility in general populations has not been well studied in sub-Saharan Africa. We used the Rakai Community Cohort Study to conduct a cross-sectional analysis to estimate PrEP eligibility and a cohort analysis to estimate HIV incidence associated with PrEP eligibility.Methods:Based on Uganda's national PrEP eligibility tool, we defined eligibility as reporting at least one of the following HIV risks in the past 12 months: sexual intercourse with more than one partner of unknown HIV status; nonmarital sex act without a condom; sex engagement in exchange for money, goods, or services; or experiencing genital ulcers. We used log-binomial and modified Poisson models to estimate prevalence ratios for PrEP eligibility and HIV incidence, respectively.Findings:We identified 12,764 participants among whom to estimate PrEP eligibility prevalence and 11,363 participants with 17,381 follow-up visits and 30,721 person-years (pys) of observation to estimate HIV incidence. Overall, 29% met at least one of the eligibility criteria. HIV incidence was significantly higher in PrEP-eligible versus non-PrEP-eligible participants (0.91/100 pys versus 0.41/100 pys; P < 0.001) and independently higher in PrEP-eligible versus non-PrEP-eligible female participants (1.18/100 pys versus 0.50/100 pys; P < 0.001). Among uncircumcised male participants, HIV incidence was significantly higher in PrEP-eligible versus non-PrEP-eligible participants (1.07/100 pys versus 0.27/100 pys; P = 0.001), but there was no significant difference for circumcised male participants.Interpretation:Implementing PrEP as a standard HIV prevention tool in generalized HIV epidemics beyond currently recognized high-risk key populations could further reduce HIV acquisition and aid epidemic control efforts. © 2022 Lippincott Williams and Wilkins. All rights reserved.	Africa; antiretroviral therapy; cohort; HIV; HIV prevention; pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Ssuna B.; Katahoire A.; Armstrong-Hough M.; Kalibbala D.; Kalyango J.N.; Kiweewa F.M.	Factors associated with willingness to use oral pre-exposure prophylaxis (PrEP) in a fisher-folk community in peri-urban Kampala, Uganda	BMC Public Health	-	-	-	14712458	10.1186/s12889-022-12859-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126170324&doi=10.1186%2fs12889-022-12859-w&partnerID=40&md5=db38744f0b5a4cc4a07250562a52b069	Background: The World Health Organization (WHO) recommends the use of pre-exposure prophylaxis (PrEP) in key populations at elevated risk for exposure to HIV. If used effectively, PrEP can reduce annual HIV incidence to below 0.05%. However, PrEP is not acceptable among all communities that might benefit from it. There is, therefore, a need to understand perceptions of PrEP and factors associated with willingness to use PrEP among key populations at risk of HIV, such as members of communities with exceptionally high HIV prevalence. Objective: To examine the perceptions and factors associated with willingness to use oral PrEP among members of fishing communities in Uganda, a key population at risk of HIV. Methods: We conducted an explanatory sequential mixed-methods study at Ggaba fishing community from February to June 2019. Survey data were collected from a systematic random sample of 283 community members in which PrEP had not been rolled out yet by the time we conducted the study. We carried out bivariate tests of association of willingness to use PrEP with demographic characteristics, HIV risk perception, HIV testing history. We estimated prevalence ratios for willingness to use PrEP. We used backward elimination to build a multivariable modified Poisson regression model to describe factors associated with willingness to use PrEP. We purposively selected 16 participants for focus group discussions to contextualize survey findings, analysing data inductively and identifying emergent themes related to perceptions of PrEP. Key results: We enrolled 283 participants with a mean age of 31 ± 8 years. Most (80.9%) were male. The majority of participants had tested for HIV in their lifetime, but 64% had not tested in the past 6 months. Self-reported HIV prevalence was 6.4%. Most (80.6, 95%CI 75.5–85.0) were willing in principle to use PrEP. Willingness to use PrEP was associated with perceiving oneself to be at high risk of HIV (aPR 1.99, 95%CI 1.31–3.02, P = 0.001), having tested for HIV in the past 6-months (aPR 1.13, 95%CI 1.03–1.24, P = 0.007), and completion of tertiary education (aPR 1.97, 95%CI 1.39–2.81, P < 0.001). In focus group discussions, participants described pill burden, side-effects and drug safety as potential barriers to PrEP use. Conclusions and recommendations: Oral PrEP was widely acceptable among members of fishing communities in peri-urban Kampala. Programs for scaling-up PrEP for fisherfolk should merge HIV testing services with sensitization about PrEP and also increase means of awareness of PrEP as an HIV preventive strategy. © 2022, The Author(s).	Acceptability; Fisherfolk; Key populations; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Mixed methods
Article	2022	St. Vil N.M.; Leblanc N.; Bleasdale J.; Wilson K.; Przybyla S.	An Analysis of Sex Practices and Behaviors Among African Americans in Sexually Concurrent and Sexually Exclusive Relationships	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-021-01130-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85112781999&doi=10.1007%2fs40615-021-01130-4&partnerID=40&md5=0abeb3bf7d8149b2b5d793d9c29caefe	Historically, sexually concurrent relationships have been associated with increased risk for sexually transmitted infections (STIs), including HIV. Due to socio-structural factors, African Americans (AAs) have higher rates of STIs compared to other racial groups and are more likely to engage in sexually concurrent (SC) relationships. Current research has challenged the assumption that SC is the only risky relationship type, suggesting that both SC and sexually exclusive (SE) relationships are at equal risk of STI and HIV acquisition and that both relationship types should engage in safer sex practices. This study aimed to compare sex practices and behaviors among AA men and women in SC and SE relationships (N = 652). Results demonstrate differences in sexual practices and behaviors between SC and SE men and women. Overall, SC and SE women report condom use with male partners less frequently than SC and SE men. SC men were more likely to report substance use during sex compared to SC and SE women. Pre-exposure prophylaxis (PrEP) use did not differ across groups. SE men were less likely to report STI testing and diagnosis compared to SC women. Findings support the need to focus on culturally and gender-specific safer sex interventions among AAs. © 2021, W. Montague Cobb-NMA Health Institute.	African American; Safer sex practices; Sexually concurrent; Sexually exclusive; STIs/HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stafylis C.; Vavala G.; Wang Q.; McLeman B.; Lemley S.M.; Young S.D.; Xie H.; Matthews A.G.; Oden N.; Revoredo L.; Shmueli-Blumberg D.; Hichborn E.G.; McKelle E.; Moran L.M.; Jacobs P.; Marsch L.A.; Klausner J.D.	Relative Effectiveness of Social Media, Dating Apps, and Information Search Sites in Promoting HIV Self-testing: Observational Cohort Study	JMIR Formative Research	-	-	-	2561326X	10.2196/35648	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139731296&doi=10.2196%2f35648&partnerID=40&md5=4782a1fba1cef43577bd5937c8cbd990	Background: Social media sites, dating apps, and information search sites have been used to reach individuals at high risk for HIV infection. However, it is not clear which platform is the most efficient in promoting home HIV self-testing, given that the users of various platforms may have different characteristics that impact their readiness for HIV testing. Objective: This study aimed to compare the relative effectiveness of social media sites, dating apps, and information search sites in promoting HIV self-testing among minority men who have sex with men (MSM) at an increased risk of HIV infection. Test kit order rates were used as a proxy to evaluate promotion effectiveness. In addition, we assessed differences in characteristics between participants who ordered and did not order an HIV test kit. Methods: Culturally appropriate advertisements were placed on popular sites of three different platforms: social media sites (Facebook, Instagram), dating apps (Grindr, Jack'D), and information search sites (Google, Bing). Advertisements targeted young (18-30 years old) and minority (Black or Latinx) MSM at risk of HIV exposure. Recruitment occurred in 2 waves, with each wave running advertisements on 1 platform of each type over the same period. Participants completed a baseline survey assessing sexual or injection use behavior, substance use including alcohol, psychological readiness to test, attitudes toward HIV testing and treatment, and HIV-related stigma. Participants received an electronic code to order a free home-based HIV self-test kit. Follow-up assessments were conducted to assess HIV self-test kit use and uptake of pre-exposure prophylaxis (PrEP) at 14 and 60 days post enrollment. Results: In total, 271 participants were enrolled, and 254 were included in the final analysis. Among these 254 participants, 177 (69.7%) ordered a home HIV self-test kit. Most of the self-test kits were ordered by participants enrolled from dating apps. Due to waves with low enrollment, between wave statistical comparisons were not feasible. Within wave comparison revealed that Jack'D showed higher order rates (3.29 kits/day) compared to Instagram (0.34 kits/day) and Bing (0 kits/day). There were no associations among self-test kit ordering and HIV-related stigma, perceptions about HIV testing and treatment, and mistrust of medical organizations. Conclusions: Our findings show that using popular dating apps might be an efficient way to promote HIV self-testing. Stigma, perceptions about HIV testing and treatment, or mistrust of medical organizations may not affect order rates of HIV test kits promoted on the internet. ©Chrysovalantis Stafylis, Gabriella Vavala, Qiao Wang, Bethany McLeman, Shea M Lemley, Sean D Young, Haiyi Xie, Abigail G Matthews, Neal Oden, Leslie Revoredo, Dikla Shmueli-Blumberg, Emily G Hichborn, Erin McKelle, Landhing M Moran, Petra Jacobs, Lisa A Marsch, Jeffrey D Klausner.	dating apps; digital health; health promotion; HIV; HIV prevention; home HIV test; human immunodeficiency virus; infection; medical information; MSM; pre-exposure prophylaxis; PrEP; search engines; self-testing; social media	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Stanton, AM; O'Cleirigh, C; Knight, L; Davey, DLJ; Myer, L; Joska, JA; Mayer, KH; Bekker, LG; Psaros, C	The importance of assessing and addressing mental health barriers to PrEP use during pregnancy and postpartum in sub-Saharan Africa: state of the science and research priorities	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26026	https://pubmed.ncbi.nlm.nih.gov/36251124/	Introduction: Pregnant and postpartum women (PPW) in sub-Saharan Africa are at disproportionately high risk of HIV infection compared to non-pregnant women. When used consistently, pre-exposure prophylaxis (PrEP) can prevent HIV acquisition and transmission to the foetus or infant during these critical periods. Recent studies have demonstrated associations between mental health challenges (e.g. depression and traumatic stress associated with intimate partner violence) and decreased PrEP adherence and persistence, particularly among adolescents, younger women and women in the postpartum period. However, mental health is not currently a major focus of PrEP implementation research and programme planning for PPW. Discussion: PrEP implementation programmes for PPW need to assess and address mental health barriers to consistent PrEP use to ensure effectiveness and sustainability in routine care. We highlight three key research priorities that will support PrEP adherence and persistence: (1) include mental health screening tools in PrEP implementation research with PPW, both to assess the feasibility of integrating these tools into routine antenatal and postpartum care and to ensure that limited resources are directed towards women whose symptoms may interfere most with PrEP use; (2) identify cross-cutting, transdiagnostic psychological mechanisms that affect consistent PrEP use during these periods and can realistically be targeted with intervention in resource-limited settings; and (3) develop/adapt and test interventions that target those underlying mechanisms, leveraging strategies from existing interventions that have successfully mitigated mental health barriers to antiretroviral therapy use among people with HIV. Conclusions: For PPW, implementation of PrEP should be guided by a robust understanding of the unique psychological difficulties that may act as barriers to uptake, adherence and persistence (i.e. sustained adherence over time). We strongly encourage PrEP implementation research in PPW to incorporate validated mental health screening tools and ultimately treatment in routine antenatal and postnatal care, and we stress the potential public health benefits of identifying women who face mental health barriers to PrEP use.	PrEP; pregnancy; mental health; postpartum; YOUNG-WOMEN; HIV PREEXPOSURE PROPHYLAXIS; barriers; SOUTH-AFRICA; DISORDERS; INTIMATE PARTNER VIOLENCE; ORAL PREP; IN-UTERO; EXPERIENTIAL AVOIDANCE; POSTNATAL DEPRESSION SCALE; sub-Saharan; TENOFOVIR EXPOSURE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Starbuck L.; Golub S.A.; Klein A.; Harris A.B.; Guerra A.; Rincon C.; Radix A.E.	Transgender Women and Preexposure Prophylaxis Care: High Preexposure Prophylaxis Adherence in a Real-World Health Care Setting in New York City	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002915	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128245902&doi=10.1097%2fQAI.0000000000002915&partnerID=40&md5=69df1c652cfdf84bf6bb1eda371f18c6	Background:Transgender women and trans feminine individuals (TGW/TFI) are a high priority population for the provision of HIV preexposure prophylaxis (PrEP) care within the United States, but there is limited research that focuses specifically on PrEP adherence within this population.Setting:Observational study of patients prescribed PrEP at a community-based health center.Methods:We enrolled 100 TGW/TFI PrEP patients at a community health center during clinic visits. Adherence data were collected at 3 time points, using self-report surveys, patient interviews, and urine assays measuring tenofovir. Data were summarized descriptively.Results:The sample was diverse in age, race/ethnicity, and socioeconomic characteristics. Participants demonstrated strong PrEP adherence; at least 80% of the sample reported 90% or greater adherence at each time point. Concordance between self-report and urine assay was high. Among patients who reported taking PrEP within the past 48 hours, 82%-92% had detectable urine tenofovir. However, many patients reported PrEP stop periods of 4 or more days (28%-39% per time point).Conclusions:Our data highlight TGW/TFI's capacity to adhere to daily PrEP and sustain PrEP use over time. The concordance between patient self-report and urine TFV levels suggest that providers can trust patient reports of PrEP adherence behavior and support the use of adherence conversations in clinical settings, without the need for point of care biological monitoring. Findings also underscore the importance of continued attention to drivers of PrEP stops at the patient, clinic, and systems levels and the development of strategies that support sustained PrEP use. © 2022 Lippincott Williams and Wilkins. All rights reserved.	HIV; implementation science; medication adherence; preexposure prophylaxis (PrEP); transgender; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Staten, M. Colten; Webster, Alicia; Carter, Gregory	Do Ask, Do Tell: Understanding Disclosure of Sexuality and Implications Among MSM Active Duty Service Members.	Military Medicine	-	-	-	1930-613X 0026-4075	10.1093/milmed/usac209	https://pubmed.ncbi.nlm.nih.gov/35860852/	INTRODUCTION: Men who have sex with men (MSM) account for over half of new diagnoses of human immunodeficiency virus (HIV) every year in the United States, with over one-third of this population being unaware of their HIV status. The U.S. Military requires biannual HIV testing for all service members. Although this may be an appropriate recommendation for the military at large, current health protection agencies suggest more frequent testing for those at increased risk of HIV transmission, such as those in the MSM community. However, more frequent testing for those at higher risk relies heavily on the preliminary step of patient disclosure of sexual practices to health care providers. MATERIALS AND METHODS: An exploratory cross-sectional study was conducted in order to gain a better understanding of the relationship between sexual health variables and the disclosure of sexual identity to health care providers by MSM service members. A convenience sample of MSM currently serving in the U.S. military services (N = 354) was used to collect demographic data, sexual health and history, and opinions concerning medical treatment and HIV. Analyses of the data were conducted using univariate analysis and multivariate regression. RESULTS: Men of color were more likely to report a higher degree of sexual identification transparency with their health care providers, which deviates from the civilian population. Pre-exposure prophylaxis (PrEP) uptake was increased among individuals who were more transparent with their health care providers. CONCLUSIONS: Findings from this study indicate that feeling more comfortable sharing one's sexual identification with a health care provider results in increased engagement with HIV prevention measures. Potential implications for the Military Health System are the advancement of preventive sexual health screening procedures and the development and revision of policies that promote positive outcomes for gender and sexual minorities.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2022	Steinegger B.; Iacopini I.; Teixeira A.S.; Bracci A.; Casanova-Ferrer P.; Antonioni A.; Valdano E.	Non-selective distribution of infectious disease prevention may outperform risk-based targeting	Nature Communications	-	-	-	-	20411723	10.1038/s41467-022-30639-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131013046&doi=10.1038%2fs41467-022-30639-3&partnerID=40&md5=0d0f1e1671fd6ff40d9a5d8170dda7a4	Epidemic control often requires optimal distribution of available vaccines and prophylactic tools, to protect from infection those susceptible. Well-established theory recommends prioritizing those at the highest risk of exposure. But the risk is hard to estimate, especially for diseases involving stigma and marginalization. We address this conundrum by proving that one should target those at high risk only if the infection-averting efficacy of prevention is above a critical value, which we derive analytically. We apply this to the distribution of pre-exposure prophylaxis (PrEP) of the Human Immunodeficiency Virus (HIV) among men-having-sex-with-men (MSM), a population particularly vulnerable to HIV. PrEP is effective in averting infections, but its global scale-up has been slow, showing the need to revisit distribution strategies, currently risk-based. Using data from MSM communities in 58 countries, we find that non-selective PrEP distribution often outperforms risk-based, showing that a logistically simpler strategy is also more effective. Our theory may help design more feasible and successful prevention. © 2022, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Stella G.; Volpicelli L.; Carlo D.D.; Vicenti I.; Celani L.; Maggiolo F.; Callegaro A.P.; Gennari W.; Francisci D.; Lombardi F.; Piermatteo L.; Bezenchek A.; Micheli V.; Rossetti B.; Santoro M.M.	Impact of pre-existent drug resistance on virological efficacy of single-tablet regimens in people living with HIV	International Journal of Antimicrobial Agents	-	-	-	-	9248579	10.1016/j.ijantimicag.2022.106636	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135297347&doi=10.1016%2fj.ijantimicag.2022.106636&partnerID=40&md5=68252d0c26319f61b5e93bfb81e74bd4	Despite the wide use of single-tablet regimens (STRs), few real-life data are available regarding the impact of pre-existent drug resistance on virological failure (VF). We aimed to fill this gap by analysing a large cohort of individuals selected from the ARCA database. The impact on VF of pre-existent resistance-associated mutations (RAMs) and cumulative genotypic susceptibility score (cGSS) before STR start was evaluated through survival analysis. Potential emergence of resistance at VF was also evaluated. Overall, 3916 individuals were included, comprising 678 treatment-naïve (G1), 2309 treatment-experienced aviraemic (G2) and 929 viraemic (G3), of whom 65.2% were treated with a STR based on efavirenz (35.2%) or rilpivirine (30.0%). At 2 years after starting a STR, the overall probability of VF was 5.9% in G1, 8.7% in G2 and 20.8% in G3. No impact of pre-existent resistance on VF was found in G1. The probability of VF was higher in patients with cGSS < 3 (reduced susceptibility to at least one drug) than in those with cGSS = 3 (full susceptibility to STR drugs) both in G2 and G3. A higher probability of VF was also found in the presence of pre-existent M184V (alone or in combination with pre-existent thymidine analogue mutations). Among patients who failed STR, a significant emergence of RAMs was found only in those exposed to EFV/FTC/TDF in G3 (specifically K103N and M184V). Our results confirm a high efficacy of STRs in clinical settings. Pre-existent resistance appears to influence virological efficacy of STRs in treatment-experienced individuals (both aviraemic and viraemic). © 2022 Elsevier Ltd and International Society of Antimicrobial Chemotherapy	Antiretroviral therapy; Drug resistance; Genotypic susceptibility score; HIV; Single-tablet regimen; Virological response	English	Netherlands	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical
Article	2022	Stephenson R.; Chavanduka T.M.D.; Sullivan S.; Mitchell J.W.	Partner Support and Communication for Pre-exposure Prophylaxis (PrEP) Use Among Male Couples	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-021-02118-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119529863&doi=10.1007%2fs10508-021-02118-1&partnerID=40&md5=ced2fcdb535a0fbc0519d6688924fde8	Between one to two-thirds of HIV infections among gay, bisexual, and other men who have sex with men are from primary partners, and there has been increased research attention focused on strategies to increase PrEP adoption among male couples. While there is evidence that partner support is a strong correlate of pre-exposure prophylaxis (PrEP) adoption, there has been a lack of attention on PrEP communication dynamics among male couples. In this paper, we build upon this literature through analysis of dyadic data from a large cross-sectional survey of 543 concordant sero-negative and serodiscordant male couples to examine individual and relationship factors associated with reports of partner communication around PrEP, comfort in discussing PrEP, and perceived partner-level support for PrEP use. PrEP use was relatively low (16.2%), and although 87.5% of men reported their partners would support their PrEP use, only 26.3% had talked to their partner recently about PrEP. PrEP communication and perceived support for PrEP were significantly negatively associated with PrEP stigma and stigma based on sexuality (i.e., internalized homophobia and enacted external stigma based on sexuality), while men with sexual agreements were more comfortable talking about PrEP with their partner. There is a need to adapt current interventions, or develop new dyadic interventions, that provide opportunities for male couples to talk and learn about PrEP together, as a potential pathway to engage them toward PrEP use. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Communication; Couples; PrEP; Relationships; Sexual orientation; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stephenson R.; Chavanduka T.M.D.; Sullivan S.P.; Mitchell J.W.	Dyadic Influences on Pre-exposure Prophylaxis (PrEP) Use and Attitudes Among Male Couples	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03389-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85111496510&doi=10.1007%2fs10461-021-03389-4&partnerID=40&md5=7093ad6fdd44a01edf355befa74f14a6	Pre-exposure prophylaxis (PrEP) affords an opportunity to significantly reduce the risk of HIV infection among male couples. We used cross-sectional dyadic data from 382 concordant-negative male couples to examine demographic and relationship characteristics associated with current PrEP use, willingness to use PrEP in the future, and perceived ability to adhere to PrEP using Actor–Partner Independence Models. Few partnered men reported currently using PrEP (16.4%) and 57.7% of non-users reported being unlikely to use PrEP in the future. Actor and partner perceptions of PrEP stigma significantly reduced PrEP use and perceptions of willingness to use PrEP or the ability to adhere to PrEP, while perceiving a higher prevalence of HIV among men was associated with significant increases in PrEP use, willingness and perceived ability to adhere. Perceptions that more friends would support PrEP use were also significantly associated with increases in willingness and perceived ability to adhere to PrEP. Dyadic interventions are needed to provide couples the skills to communicate about HIV risk and prevention, and address myths around the protective effect of relationships against HIV acquisition. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Communication; Male couples; PrEP; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stephenson R.; Chavanduka T.M.D.; Sullivan S.P.; Mitchell J.W.	Pre-Exposure Prophylaxis Stigma and Beliefs in the Efficacy of Pre-Exposure Prophylaxis: An Analysis of a Cross-Sectional Survey of Male Couples in the United States	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000315	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133294806&doi=10.1097%2fJNC.0000000000000315&partnerID=40&md5=43f57280f9129944f466c14eb968c5d8	Increasing the use of pre-exposure prophylaxis (PrEP) among male couples is critical to the success of the United States' Ending the HIV Epidemic campaign. By leveraging dyadic data from a larger cross-sectional study of male couples, the present analysis examined individual, partner, and relationship characteristics associated with PrEP stigma and perceived efficacy of PrEP. Actor-Partner Independence Models were fit separately for both outcomes. Individual and partner risk behaviors, including substance use, binge drinking, and higher number of condomless casual sex partners, were associated with lower levels of both PrEP stigma and belief in the efficacy of PrEP. Networks that supported PrEP use were associated with decreased PrEP stigma and increased belief in PrEP efficacy. Stigma-informed PrEP interventions for couples should be considered foundational to the success of the United States' Ending the HIV Epidemic campaign. © 2022 Elsevier USA. All rights reserved.	HIV; male couples; PrEP; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stephenson R.; Sullivan S.P.; Mitchell J.W.; Johnson B.A.; Sullvian P.S.	Efficacy of a Telehealth Delivered Couples' HIV Counseling and Testing (CHTC) Intervention to Improve Formation and Adherence to Safer Sexual Agreements Among Male Couples in the US: Results from a Randomized Control Trial	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03619-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124972028&doi=10.1007%2fs10461-022-03619-3&partnerID=40&md5=a4744e12a1c7b9ea3c2a209a5cf2fbf3	This paper reports the results of a randomized controlled trial (RCT) to assess the efficacy of Nexus, a telehealth delivered intervention that combines Couples' HIV counseling and testing (CHTC) with home-based HIV-testing, examining the impact of the intervention on the couples' formation and adherence to safer sexual agreements. Between 2016 and 2018, 424 couples were recruited online from the U.S and randomized to the intervention arm (a telehealth delivered CHTC session with two home HIV-testing kits) or a control arm (two home HIV-testing kits), with study assessments at baseline, 3 and 6 months. Outcomes were the formation and adherence to safer sexual agreements, dyadic discordance in sexual agreements, breakage of sexual agreements, and perceptions of PrEP. Couples in the intervention arm had significantly greater odds of reporting a safer sexual agreement (3 months OR 1.87, p-value 0.005, and 6 months OR 1.84, p-value 0.007), lower odds of reporting discordant sexual agreements at 6 months (OR 0.62, p-value 0.048), and a significantly lower odds of reporting breaking their sexual agreement (3 months OR 0.51, p-value 0.035, and 6 months OR 0.23, p-value 0.000). By 6 months, couples in the intervention arm were less likely to say PrEP was beneficial to one (RRR 0.33, P = 0.000) or both of them (RRR 0.29, P = 0.000) than being beneficial to neither of the partners. The high levels of acceptability and efficacy of the intervention demonstrate strong potential for the scale-up of this efficacious intervention that is delivered through a low-cost telehealth platform. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Male couples; RCT; Risk reduction; Sexual agreements; Telehealth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Stephenson R.; Sullivan S.P.; Pitter R.A.; Hunter A.S.; Chavanduka T.M.D.	Are We Still Having Sex? Results of Round Two of the Love and Sex in the Time of COVID Survey with Gay, Bisexual and Other Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03580-1		This paper presents data from the Love and Sex in the Time of COVID survey, an online survey with US gay, bisexual and other men who have sex with men. The first round of the Love and Sex in the Time of COVID-19 survey was conducted online from April to May, 2020: the second round was collected November 2020 to January 2021. GBMSM were recruited through advertisements featured on social networking platforms. Analysis examines changes in self-reported measures of sexual behavior (number of sex partners, number of anal sex partners and number of anal sex partners not protected by pre-exposure prophylaxis (PrEP) or condoms) between those with complete data for round one and round two of the surveys (n = 280). While in round one, men reported a moderate willingness to have sex during COVID-19 (3.5 on a scale from 1 to 5), this had reduced significantly to 2.1 by round two. Men reported declines in the number of unprotected anal sex partners since pre-COVID. Perceptions of a longer time until the end of the COVID-19 pandemic were associated with increases in the number of sex partners and UAI partners. The results illustrate some significant declines in sexual behavior among GBMSM as the COVID-19 pandemic progressed. As vaccine programs continue to roll out across the U.S, as lockdowns ease and as we return to some normalcy, it will be important to continue to think critically about ways to re-engage men in HIV prevention. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	COVID-19; HIV prevention; MSM; Sexual behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stephenson, Rob; Rogers, Erin; Mansergh, Gordon; Hirshfield, Sabina; Sullivan, Patrick	Intimate Partner Violence and Preferences for Pre-exposure Prophylaxis (PrEP) Modes of Delivery Among A Sample of Gay, Bisexual, and Other Men Who Have Sex with Men.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03587-8	https://dx.doi.org/10.1007/s10461-022-03587-8	While there is strong evidence that the experience of intimate partner violence (IPV) shapes PrEP use among heterosexual women, evidence for similar relationships among gay, bisexual and other men who have sex with men (GBMSM) is scant. In this paper we analyze baseline data from a large randomized controlled trial (RCT) of an HIV prevention intervention for GBMSM recruited from three cities (Atlanta, Detroit and New York City) to examine how the recent experience of IPV shapes their rankings of PrEP delivery options. Men were asked to rank from 1 to 8 PrEP taken by daily pill, event-based pill, injection, anal suppository (before sex), suppository (after sex), gel (penile or rectal) (before sex), and gel (after sex) and condoms. The analysis sample is 694 HIV-negative, sexually active GBMSM. Analysis considers an ordinal outcome measuring participant's ranked preferences for their future use of eight HIV prevention options. Men who experienced physical IPV preferred PrEP in pill form, while men who experienced partners monitoring their behaviors (monitoring IPV) preferred PrEP by injection. Men who experienced emotional IPV ranked PrEP by pill lower than other methods. Sexual and controlling IPV were not significantly associated with PrEP modality ranking. As more modes of PrEP delivery become available, providers should be encouraged to screen GBMSM seeking PrEP for IPV, and to provide men with the necessary information to facilitate an informed choice when deciding on a PrEP modality that will work for them and their relationship context.	Gay; MSM; PrEP; Relationships; Violence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Stewart J.; Baeten J.M.	HIV pre-exposure prophylaxis and sexually transmitted infections: intersection and opportunity	Nature Reviews Urology	-	-	-	-	17594812	10.1038/s41585-021-00527-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117912660&doi=10.1038%2fs41585-021-00527-4&partnerID=40&md5=025da2c3ff86c9b35289320fcc6fd2c5	Pre-exposure prophylaxis (PrEP) has revolutionized HIV prevention, but PrEP does not protect against other sexually transmitted infections (STIs). Rates of STIs are rising worldwide, with notably high incidences among PrEP-using men who have sex with men in high-income countries; in low-income and middle-income countries, data are sparse, but results from a limited number of studies among African women initiating and taking PrEP have shown high STI prevalence and incidence. Efforts aimed at markedly reducing HIV in populations worldwide include a major focus on increasing PrEP use, along with improving HIV testing and treatment in order to eliminate HIV transmission. Together, these efforts could augment continued expansion of the global STI epidemic, but they could alternatively create an opportunity to improve STI control, including the development of comprehensive sexual health programmes and research to develop new STI prevention strategies. The introduction of PrEP globally has been characterized by challenges and many successes, and its role as part of a range of robust strategies to reduce HIV infections is clear. Looking ahead, understanding rising rates of curable STIs and their relationship to HIV prevention, and considering the future directions for synergies in PrEP and STI prevention will be integral to improving sexual health. © 2021, Springer Nature Limited.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Stewart J.; Bukusi E.; Sesay F.A.; Oware K.; Donnell D.; Soge O.O.; Celum C.; Odoyo J.; Kwena Z.A.; Scoville C.W.; Violette L.R.; Morrison S.; Simoni J.; McClelland R.S.; Barnabas R.; Gandhi M.; Baeten J.M.	Doxycycline post-exposure prophylaxis for prevention of sexually transmitted infections among Kenyan women using HIV pre-exposure prophylaxis: study protocol for an open-label randomized trial	Trials	-	-	-	-	17456215	10.1186/s13063-022-06458-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132079505&doi=10.1186%2fs13063-022-06458-8&partnerID=40&md5=a11c5e7fbdacd6e397b3ec50d4f8dee0	Background: Women in Africa face disproportionate risk of human immunodeficiency virus (HIV) acquisition, accounting for more than half of new infections in Africa and similarly face a disproportionate burden of sexually transmitted infections (STIs). Very high STI prevalence is being observed globally, especially among people taking pre-exposure prophylaxis (PrEP) for HIV prevention. Doxycycline post-exposure prophylaxis (dPEP) has been proposed as an STI prevention strategy to reduce chlamydia, syphilis, and possibly gonorrhea, and trials are ongoing among cisgender men who have sex with men (MSM) and transgender women who are taking PrEP in high-income settings. We designed and describe here the first open-label trial to determine the effectiveness of dPEP to reduce STI incidence among cisgender women. Methods: We are conducting an open-label 1:1 randomized trial of dPEP versus standard of care (STI screening and treatment and risk-reduction counseling without dPEP) among 446 Kenyan women aged ≥ 18 and ≤ 30 years old women taking PrEP. Women are followed for 12 months, with quarterly STI testing, treatment, and adherence counseling. The primary trial outcome will be the combined incidence of Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum, compared between the randomized groups. We will also assess dPEP acceptability, tolerability, safety, impact on sexual behavior, adherence, and occurrence of antimicrobial resistance (AMR) in N. gonorrhoeae and C. trachomatis isolates. Finally, we will estimate cost per incident STI case and complications averted accounting for nonadherence and benefits relative AMR or side effects. Discussion: The results of this trial may have immediate implications for the global epidemic of STIs and sexual health. If effective, dPEP could put STI prevention into women's hands. While dPEP may be able to prevent STIs, it carries important risks that could counter its benefits; global debate about the balance of these potential risks and benefits requires data to inform policy and implementation and our study aims to fill this gap. Trial registration: ClinicalTrials.gov NCT04050540. © 2022, The Author(s).	Antibiotics; Doxycycline; Open-label; PrEP; Prevention; Randomized controlled trial; STIs; Women's health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Stoner, Marie C D; Bhushan, Nivedita L; Maragh-Bass, Allysha C; Mitchell, John T; Riggins, Linda; Walker, Maleka; LeMasters, Katherine; Reese, Bianka; Dearing, Aissa; Debnam, Summer; Golin, Carol; Lightfoot, Alexandra F; Pettifor, Audrey	Using Participatory Methods to Assess PrEP Interest and Uptake Among Young People Living in the Southeastern US: A Mixed Methods Assessment.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03519-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9007838	Adolescents and young adults (AYA; 13-24 years-old) comprise 22% of new HIV infections in the United States (US), most of whom live in the South. We used the situated-Information, Motivation, Behavioral skills (sIMB) model to identify priorities for intervention on multi-level factors that influence HIV preventive care among Black AYA in Durham, North Carolina. We conducted two participatory workshops (ages 13-17, N = 6; ages 18-24, N = 7) to engage youth about how to discuss HIV. We also assessed sIMB constructs from a separate quantitative sample of youth to contextualize the workshop findings (N = 80). HIV knowledge was low overall, but lower among younger Black AYA, suggesting a need for comprehensive sexual education. Trusted adults provided sexual health information, motivation for health maintenance, and behavioral skills support. HIV prevention interventions should provide comprehensive sexual health education to Black AYA, be age-specific, and include social supporters like parents, teachers, and community members.	HIV prevention; Mixed methods; PrEP; Southern United States; Youth and young adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Storholm E.D.; Siconolfi D.E.; Wagner G.J.; Huang W.; Nacht C.L.; Sallabank G.; Felner J.K.; Wolf J.; Lee S.D.; Stephenson R.	Intimate Partner Violence and HIV Prevention Among Sexual Minority Men: Protocol for a Prospective Mixed Methods Cohort Study	JMIR Research Protocols	-	-	-	-	19290748	10.2196/41453	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142355748&doi=10.2196%2f41453&partnerID=40&md5=af9464f7090f669d6ccbdeadf47ae76a	Background: Sexual minority men experience intimate partner violence (IPV) at rates similar to those reported by heterosexual women in the United States. Previous studies linked both IPV victimization and perpetration to HIV risk and seroconversion; however, less is known about the impact of IPV on HIV testing, sexually transmitted infection (STI) testing, pre-exposure prophylaxis (PrEP) uptake, and the persistence of PrEP use among sexual minority men experiencing IPV. Although prior work suggests that IPV may influence HIV prevention behavior, experiences of IPV are so highly varied among sexual minority men (eg, forms, frequency, and severity; steady vs casual partnerships; perpetration vs receipt; and sexual vs physical vs psychological violence) that additional research is needed to better understand the impact that IPV has on HIV risk and protective behaviors to develop more effective interventions for sexual minority men. Objective: This study aims to contribute to our understanding of the antecedents of IPV and the direct and indirect pathways between perpetration and receipt of IPV and HIV or STI risk behavior, STIs, and use of PrEP among sexual minority men experiencing IPV. Methods: This mixed methods study has 2 phases: phase 1 involved formative qualitative interviews with 23 sexual minority men experiencing IPV and 10 key stakeholders or providers of services to sexual minority men experiencing IPV to inform the content of a subsequent web-based cohort study, and phase 2 involves the recruitment of a web-based cohort study of 500 currently partnered HIV-negative sexual minority men who reside in Centers for Disease Control and Prevention-identified Ending the HIV Epidemic priority jurisdictions across the United States. Participants will be followed for 24 months. They will be assessed through a full survey and asked to self-collect and return biospecimen kits assessing HIV, STIs, and PrEP use at 0, 6, 12, 18, and 24 months. They will also be asked to complete abbreviated surveys to assess for self-reported changes in key study variables at 3, 9, 15, and 21 months. Results: Phase 1 was launched in May 2021, and the phase 1 qualitative interviews began in December 2021 and were concluded in March 2022 after a diversity of experiences and perceptions were gathered and no new ideas emerged in the interviews. Rapid analysis of the qualitative interviews took place between March 2022 and June 2022. Phase 2 recruitment of the full cohort began in August 2022 and is planned to continue through February 2024. Conclusions: This mixed methods study will contribute valuable insights into the association that IPV has with HIV risk and protective behaviors among sexual minority men. The findings from this study will be used to inform the development or adaptation of HIV and IPV prevention interventions for sexual minority men experiencing IPV. © 2022 Erik D Storholm.	cohort study; HIV; intimate partner violence; pre-exposure prophylaxis; PrEP; sexual minority men; sexually transmitted infections	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Stover J.; Teng Y.	The impact of condom use on the HIV epidemic	Gates Open Research	-	-	-	-	25724754	10.12688/gatesopenres.13278.2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129043467&doi=10.12688%2fgatesopenres.13278.2&partnerID=40&md5=c3bcfca45fa2205258af97cfceef0b45	Background: Condom promotion and supply was one the earliest interventions to be mobilized to address the HIV pandemic. Condoms are inexpensive and provide protection against transmission of HIV and other sexually transmitted diseases (STIs) as well as against unintended pregnancy. As many as 16 billion condoms may be used annually in all low- and middle-income countries (LMIC). In recent years the focus of HIV programs as been on testing and treatment and new technologies such as PrEP. Rates of condom use have stopped increasing short of UNAIDS targets and funding from donors is declining. Methods: We applied a mathematical HIV transmission model to 77 high HIV burden countries to estimate the number of HIV infections that would have occurred from 1990 to 2019 if condom use had remained at 1990 levels. Results: The results suggest that current levels of HIV would be five times higher without condom use and that the scale-up in condoms use averted about 117 million HIV infections. Conclusions: HIV programs should ensure that affordable condoms are consistently available and that the benefits of condom use are widely understood. © 2022 Stover J and Teng Y.	Condoms; HIV prevention; Modeling	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Streeck, Hendrik; Jansen, Klaus; Crowell, Trevor A; Esber, Allahna; Jessen, Heiko K; Cordes, Christiane; Scholten, Stefan; Schneeweiss, Stephan; Brockmeyer, Norbert; Spinner, Christoph D; Bickel, Markus; Esser, Stefan; Hartikainen, Jukka; Stoehr, Albrecht; Lehmann, Clara; Marcus, Ulrich; Vehreschild, Jörg Janne; Knorr, Alexandra; Brillen, Anna-Lena; Tiemann, Carsten; Robb, Merlin L; Michael, Nelson L	HIV pre-exposure prophylaxis was associated with no impact on sexually transmitted infection prevalence in a high-prevalence population of predominantly men who have sex with men, Germany, 2018 to 2019.	Eurosurveillance	-	-	-	-	1560-7917	10.2807/1560-7917.ES.2022.27.14.2100591	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8991735	IntroductionDespite increased use of pre-exposure prophylaxis (PrEP) in Germany, HIV infection rates are not declining and little is known about how this prevention method affects the prevalence of sexually transmitted infections (STI) among men who have sex with men (MSM).AimWe studied, in a large multicentre cohort, STI point prevalence, co-infection rates, anatomical location and influence of PrEP.MethodsThe BRAHMS study was a prospective cohort study conducted at 10 sites in seven major German cities that enrolled MSM reporting increased sexual risk behaviour. At screening visits, MSM were tested for Mycoplasma genitalium (MG), Neisseria gonorrhoeae (NG), Chlamydia trachomatis (CT) and Treponema pallidum (TP), and given a behavioural questionnaire. With binomial regression, we estimated prevalence ratios (PR) and 95% confidence intervals (CI) for the association of PrEP and STI.ResultsWe screened 1,043 MSM in 2018 and 2019, with 53.0% currently using PrEP. At screening, 370 participants (35.5%) had an STI. The most common pathogen was MG in 198 (19.0%) participants, followed by CT (n = 133; 12.8%), NG (n = 105; 10.1%) and TP (n = 37; 3.5%). Among the 370 participants with at least one STI, 14.6% (n = 54) reported STI-related symptoms. Infection prevalence was highest at anorectal site (13.4% MG, 6.5% NG, 10.2% CT). PrEP use was not statistically significant in adjusted models for STI (PR: 1.10; 95% CI: 0.91-1.32), NG/CT, only NG or only CT.ConclusionsPrevalence of asymptomatic STI was high, and PrEP use did not influence STI prevalence in MSM eligible for PrEP according to national guidelines.	NA	English	Sweden	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2022	Streed, Carl G. Jr; Morgan, Jake R.; Gai, Mam Jarra; Larochelle, Marc R.; Paasche-Orlow, Michael K.; Taylor, Jessica L.	Prevalence of HIV Preexposure Prophylaxis Prescribing Among Persons With Commercial Insurance and Likely Injection Drug Use.	JAMA Network Open	-	-	-	-	2574-3805	10.1001/jamanetworkopen.2022.21346	https://pubmed.ncbi.nlm.nih.gov/35819784/	IMPORTANCE: Although HIV preexposure prophylaxis (PrEP) implementation among persons who inject drugs has been inadequate, national HIV monitoring programs do not include data on PrEP, and specific trends in PrEP use are not well understood. OBJECTIVE: To estimate HIV PrEP uptake among commercially insured persons with opioid or stimulant use disorder by injection drug use (IDU) status. DESIGN, SETTING, AND PARTICIPANTS: This cross-sectional study used deidentified data from the MarketScan Commercial Claims and Encounters Database to identify a sample of 547 709 commercially insured persons without HIV but with opioid and/or stimulant use disorder, including 110 592 with evidence of IDU between January 1, 2010, and December 31, 2019. Data were analyzed from November 1, 2020, to July 1, 2021. EXPOSURES: Persons with opioid and/or stimulant use disorder and evidence of IDU were identified through claims data. MAIN OUTCOMES AND MEASURES: The outcome was receipt of tenofovir disoproxil fumarate and emtricitabine for PrEP as identified from filled pharmacy claims. Multivariable logistic regression was used to assess the association of demographic and clinical characteristics with receipt of PrEP. RESULTS: The study cohort included 211 609 (28.6%) females and 336 100 (61.4%) males with a combined mean (SD) age of 34.8 (13.1) years, including 110 592 individuals with evidence of IDU. During the study period, 508 (0.09%) persons with opioid and/or stimulant use disorder, including 170 (0.15%) with evidence of IDU, received PrEP. Receipt of PrEP increased from 0.001 to 0.243 per 100 person-years from 2010 through 2019 among the entire cohort and from 0.000 to 0.295 per 100 person-years among those with IDU. In multivariable analysis, PrEP use was more likely among males (adjusted odds ratio aOR 8.72; 95% CI, 6.39-11.89), persons with evidence of IDU (aOR, 1.47; 95% CI, 1.21-1.79), and persons with evidence of sexual risk indications for PrEP (aOR, 23.68; 95% CI, 19.57-28.66). CONCLUSIONS AND RELEVANCE: In this cross-sectional study of commercially insured persons with opioid and/or stimulant use disorder, HIV PrEP delivery remained low, including among those with evidence of IDU. PrEP should be consistently offered alongside substance use disorder treatment and other harm reduction and HIV prevention services.	Adult; Humans; Male; Female; Cross-Sectional Studies; Prevalence; *HIV Infections/drug therapy/epidemiology/prevention & control; Analgesics, Opioid/therapeutic use; *Drug Users; *Substance Abuse, Intravenous/epidemiology; *Insurance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Stutterheim S.E.; Kuijpers K.J.R.; Waldén M.I.; Finkenflügel R.N.N.; Brokx P.A.R.; Bos A.E.R.	TRENDS IN HIV STIGMA EXPERIENCED BY PEOPLE LIVING WITH HIV IN THE NETHERLANDS: A COMPARISON OF CROSS-SECTIONAL SURVEYS OVER TIME	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2022.34.1.33	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125156029&doi=10.1521%2faeap.2022.34.1.33&partnerID=40&md5=289bafbf83b8c6c1c2a8e21c89846a05	We investigated whether HIV stigma has changed in recent years. We compared data on stigma settings and manifestations from 2007 (n = 667) and, specifically for health care, 2009 (n = 262), to data acquired in 2019/2020 (n = 258). Results showed reductions in stigma from friends, family, acquaintances, at work, in the financial services sector, and in media, but stigmatizing messages in media remained highly prevalent. Stigma in the LGBTQI+ community, with sexual partners, and while partying also remained prevalent and, disconcertingly, relatively unchanged. Stigma in health care increased. HIV stigma was positively related to psychological distress, and negatively related to social support and medication adherence. Further, most participants were familiar with U=U and PrEP, but 13.3% questioned the accuracy of U=U. Stigma reduction efforts should focus on reducing stigma in media, in the LGBTQI+ community and while dating, and in health care, with U=U as a key message. © 2022 The Guilford Press.	Health care; HIV; LGBTQI+; Media; Stigma; Survey	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Stutts L.A.; Robinson P.A.; Witt B.; Terrell D.F.	Lost in translation: College students' knowledge of HIV and PrEP in relation to their sexual health behaviors	Journal of American College Health	-	-	-	-	7448481	10.1080/07448481.2020.1757679	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85085013208&doi=10.1080%2f07448481.2020.1757679&partnerID=40&md5=45f04e9de4616f6ea996e7f552d071ee	Objective: Human immunodeficiency virus (HIV) is a notable public health problem among young adults. The present study examined college students' knowledge of HIV and pre-exposure prophylaxis (PrEP) in relation to their sexual health behaviors. Participants and Method: Participants included 1516 students who completed questionnaires on actual and perceived HIV knowledge, perceived PrEP knowledge, and sexual health behaviors. Results: While knowledge of HIV was high, knowledge of PrEP was low. Approximately 73% of the sample reported not using condoms at all times, and 41% reported never having been tested for HIV. Women, students at public schools, upper-year students, and students with higher HIV and PrEP knowledge were more likely to get tested for HIV than their counterparts. Knowledge of HIV and PrEP did not relate to condom use. Conclusion: These results suggest the need for increased education about PrEP and strategies to help students translate knowledge about HIV to recommended sexual health behaviors. © 2020 Taylor & Francis Group, LLC.	college students; HIV; PrEP; sexual health behaviors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Su, R.; Li, D. M.	Research advances of cognition and willingness to use HIV pre-exposure prophylaxis drug among female sex workers.	Zhonghua Liu Xing Bing Xue Za Zhi (Chinese Journal of Epidemiology)	-	-	-	-	0254-6450	10.3760/cma.j.cn112338-20220711-00622	https://pubmed.ncbi.nlm.nih.gov/36572483/	Female sex workers (FSW) are in a weak position in the process of sexual behavior and have a high risk of HIV infection. Promoting pre-exposure prophylaxis (PrEP) in this population can prevent HIV infection. This article reviews the cognition, willingness, influencing factors, and potential risk compensation of PrEP in FSW to provide a reference for expanding the use of PrEP in this population.	Humans; Male; Female; Sexual Behavior; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; *Sex Workers; Cognition; *HIV Infections/prevention & control	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Sudarto B.; Chow E.P.F.; Medland N.; Fairley C.K.; Wright E.J.; Armishaw J.; Price B.; Phillips T.R.; Ong J.J.	"How PrEPared are you?": Knowledge of and attitudes toward PrEP among overseas-born and newly arrived gay, bisexual, and other men who have sex with men in Australia	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2022.946771	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137187913&doi=10.3389%2ffpubh.2022.946771&partnerID=40&md5=1a074f277cb6a9bfae73f9e1797eb113	Introduction: Overseas-born and newly arrived gay and bisexual men and men who have sex with men (GBMSM) are at higher risk of acquiring HIV in comparison to Australian-born GBMSM. Pre-exposure prophylaxis (PrEP) is subsidized by the Australian government under Medicare, Australia's universal health insurance scheme, however many members of this population are Medicare-ineligible, which could prevent them from accessing PrEP. We wanted to explore participants' knowledge of and attitudes toward PrEP and their opinions of new PrEP modalities, namely injectable PrEP and PrEP implants. Methods: We conducted in-depth qualitative interviews between February 2021 to September 2021 with 22 overseas-born, newly arrived (<5 years in Australia) GBMSM of varying PrEP use. We asked their opinions of PrEP and their preferences of new PrEP modalities. Interviews were audio recorded and transcribed verbatim. We conducted a reflexive thematic analysis to interpret the data. Results: Participants' views reflect the intersections between systemic factors, such as Medicare ineligibility and the high cost of PrEP, with socio-cultural factors, such as lack of knowledge about PrEP, internalized stigma stemming from homo- and sex-negativity, and stigmatizing attitudes toward PrEP and PrEP users. For participants who were on PrEP, being community connected, having a positive relationship with doctors and nurses, and being informed of the option to purchase PrEP from overseas pharmacies at a low cost helped them to overcome some of these barriers. Additionally, there was a strong preference for injectable PrEP but not PrEP implants. Participants stressed the importance of providing a comprehensive information about PrEP specific to this population and to make PrEP free for all. Conclusions: We concluded that resources about PrEP specific to this population that address both systemic and socio-cultural factors are needed, and for these resources to be available in languages other than English. This is to coincide with on-going advocacy to increase the capacity of publicly funded sexual health clinics to provide multilingual PrEP services for people without Medicare, and to make PrEP free for all. These combined strategies have the potential to increase PrEP knowledge and uptake among this population. Copyright © 2022 Sudarto, Chow, Medland, Fairley, Wright, Armishaw, Price, Phillips and Ong.	GBMSM; HIV; HIV prevention; intersecting barriers; newly arrived; overseas-born; PrEP	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2022	Sued, Omar; Nardi, Norma; Spadaccini, Luciana	Key population perceptions and opinions about long-acting antiretrovirals for prevention and treatment: a scoping review.	Current Opinion in HIV and AIDS	-	-	-	-	1746-6318	10.1097/COH.0000000000000734	https://dx.doi.org/10.1097/COH.0000000000000734	PURPOSE OF REVIEW: Key populations are disproportionately affected by human immunodeficiency virus (HIV). Access, retention, and adherence are important barriers for the efficacy of preexposure prophylaxis (PrEP) and HIV treatment among these populations. Long-acting (LA) antiretrovirals hold the promise to solve some of these backdrops. The objective of the current review is to update the perceptions of key populations and PLWH about LA, based on their opinion, acceptability, and willingness to use it. RECENT FINDINGS: According to the review preferences for LA vary with the population studied. Regarding people living with HIV (PLWH), male having sex with men are interested in having different options, adolescents are interested in LA (strong preference for implants), yet also perceive substantial obstacles to using biomedical prevention; transgender women aimed to nonvisible small implants, with long-lasting effects or LA injections that can be applied in other areas than buttocks, and women who experienced history of medical injections might increase preference for LA (except for history of people who inject drugs IDU). Female sex workers and IDU both showed interest in LA-PrEP. Regarding antiretroviral therapy, LA increased treatment satisfaction and acceptance, mainly among those receiving injections every 2âmonths. LA helped overcome pill fatigue, stigma, and adherence issues. SUMMARY: Knowing preferences for biomedical interventions will contribute to better understanding and developing effective strategies for these populations.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Suen Y.T.; Chan R.C.H.; Wong E.M.Y.	SEX CONSERVATISM, INTERNALIZED HOMONEGATIVITY, PREP STIGMA, AND INTENTION TO USE PREP: A STUDY OF CHINESE-SPEAKING GAY AND BISEXUAL MALE YOUTH IN HONG KONG	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2022.34.6.467	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143197989&doi=10.1521%2faeap.2022.34.6.467&partnerID=40&md5=d1088a6cfa1b1eec3fa23dddc032c520	Pre-exposure prophylaxis (PrEP) stigma has been found to be a major barrier to PrEP acceptability and uptake. Research has found that dif-ferent ethnic/cultural groups display varying levels of PrEP stigma. This article studies sex conservatism and internalized homonegativity as two sexuality-and culture-related aspects that influence PrEP stigma and intention to use PrEP. An online survey of 279 young gay and bisexual men in Hong Kong found that internalized homonegativity was positively associated with PrEP stigma. Respondents who were more conservative about sex showed lower intention to use PrEP, whereas those who had higher income and more positive attitudes about PrEP were more likely to express intention to use PrEP. This study provides novel empirical evidence for understanding PrEP stigma and uptake from a sexuality and cultural perspective. The influence of sexuality-and culture-related factors on PrEP stigma and uptake warrants greater attention, especially in the Asia-Pacific region. © 2022 The Guilford Press.	gay and bisexual men; Hong Kong; PrEP; sex conservatism; sexual minorities	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Sulistiawati; Enggi C.K.; Isa H.T.; Wijaya S.; Ardika K.A.R.; Asri R.M.; Donnelly R.F.; Permana A.D.	Validation of spectrophotometric method to quantify cabotegravir in simulated vaginal fluid and porcine vaginal tissue in ex vivo permeation and retention studies from thermosensitive and mucoadhesive gels	Spectrochimica Acta - Part A: Molecular and Biomolecular Spectroscopy	-	-	-	-	13861425	10.1016/j.saa.2021.120600	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119409807&doi=10.1016%2fj.saa.2021.120600&partnerID=40&md5=a0519859 9d46300c7fb1432dd9b5e17c	Cabotegravir (CAB) is an antiretroviral therapy (ARV) used for Human Immunodeficiency Virus (HIV) treatment. CAB has low solubility, which affects its bioavailability in oral therapy. Moreover, the injection form of CAB has difficulty in the administration process. Therefore, it is essential to develop a new drug delivery system for CAB. Vaginal drug delivery system offers many advantages such as a large surface area, increased drug bioavailability, and improved drug delivery. CAB was developed in thermosensitive and mucoadhesive vaginal gel preparations that provided optimal distribution in the vaginal mucosa. To support the process of formulation development, in this study, UV–visible spectrophotometry method was validated in methanol, simulated vaginal fluid (SVF) and vaginal tissue to quantify the amount of CAB in the gel preparations, in vitro, and ex vivo studies, respectively. The developed analytical method was subsequently validated according to ICH guidelines. The calibration curves in these matrices were found to be linear with correlation coefficient values (R2) ≥ 0.998. The LLOQ values in methanol, SVF and vaginal tissue were 2.15 µg/mL, 2.22 µg/mL, and 5.13 µg/mL, respectively. The developed method was found to be accurate and precise without being affected by dilution integrity. These methods were successfully applied to quantify the amount of CAB in gel preparations, in vitro, and ex vivo studies, showing uniformity of drug content and controlled release manner in the permeation profile for 24 h for both thermosensitive and mucoadhesive vaginal gels. Further analytical method is required to be developed for the quantification of CAB in in vivo studies. © 2021 Elsevier B.V.	Cabotegravir; Mucoadhesive; Thermosensitive; UV–Vis spectrophotometry; Validation	English	Netherlands	Western and Central Europe and North America	Indonesia	Asia and the Pacific	Indonesia	Asia and the Pacific	Clinical
Article	2022	Sullivan P.S.; Siegler A.J.	What will it take to meet UNAIDS targets for preexposure prophylaxis users?	Current Opinion in Infectious Diseases	-	-	-	-	9517375	10.1097/QCO.0000000000000809	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123025383&doi=10.1097%2fQCO.0000000000000809&partnerID=40&md5=18e98c7f8f0b18363f59853996beef08	Purpose of reviewPreexposure prophylaxis (PrEP) is a critical strategy to curb new HIV infections globally. National and global targets have been set for people starting PrEP. However, global PrEP initiations fell short of UNAIDS 2020 targets, and reflection is needed on how we set and meet targets for PrEP use.Recent findingsRecent literature documents challenges to meeting ambitious goals for PrEP coverage in multiple phases of PrEP: PrEP initiations are limited by gaps in the identification of those who might benefit from PrEP. Conversely, getting PrEP to those who need it most is threatened by inaccurate risk perception and HIV and PrEP stigma. Once people are on PrEP, a substantial number discontinue PrEP in the first year (the 'PrEP Cliff'), a finding that is robust across groups of PrEP users (e.g., women, men who have sex with men, transwomen) and across global prevention settings. Further, PrEP inequities - by which we refer to utilization of PrEP in a population that is not commensurate with their epidemic risk - threaten the overall population benefit of PrEP because those at highest risk of acquiring HIV are not adequately protected.SummaryTo realize global goals for PrEP utilization and impact, we must address multiple points of PrEP delivery programs that address not just PrEP starts, but also retention in PrEP and measurement and accountability to PrEP equity. We call for new approaches to better identify PrEP candidates, suggest additional research to address the known and consistent reasons for PrEP discontinuations, and advocate for metrics to measure and be accountable to PrEP equity. © 2022 Lippincott Williams and Wilkins. All rights reserved.	equity; persistence; preexposure prophylaxis; uptake	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Sullivan, Patrick Sean; Woodyatt, Cory R; Kouzouian, Oskian; Parrish, Kristen J; Taussig, Jennifer; Conlan, Chris; Phillips, Harold	America's HIV Epidemic Analysis Dashboard: Protocol for a Data Resource to Support Ending the HIV Epidemic in the United States.	JMIR Public Health and Surveillance	-	-	-	-	2369-2960	10.2196/33522	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8874801	BACKGROUND: The Ending the HIV Epidemic (EHE) plan aims to end the HIV epidemic in the United States by 2030. Having timely and accessible data to assess progress toward EHE goals at the local level is a critical resource to achieve this goal. OBJECTIVE: The aim of this paper was to introduce America's HIV Epidemic Analysis Dashboard (AHEAD), a data visualization tool that displays relevant data on the 6 HIV indicators provided by the Centers for Disease Control and Prevention. AHEAD can be used to monitor progress toward ending the HIV epidemic in local communities across the United States. Its objective is to make data available to stakeholders, which can be used to measure national and local progress toward 2025 and 2030 EHE goals and to help jurisdictions make local decisions that are grounded in high-quality data. METHODS: AHEAD displays data from public health data systems (eg, surveillance systems and census data), organized around the 6 EHE indicators (HIV incidence, knowledge of HIV status, HIV diagnoses, linkage to HIV medical care, viral HIV suppression, and preexposure prophylaxis coverage). Data are displayed for each of the EHE priority areas (48 counties in Washington, District of Columbia, and San Juan, Puerto Rico) which accounted for more than 50% of all US HIV diagnoses in 2016 and 2017 and 7 primarily southern states with high rates of HIV in rural communities. AHEAD also displays data for the 43 remaining states for which data are available. Data features prioritize interactive data visualization tools that allow users to compare indicator data stratified by sex at birth, race or ethnicity, age, and transmission category within a jurisdiction (when available) or compare data on EHE indicators between jurisdictions. RESULTS: AHEAD was launched on August 14, 2020. In the 11 months since its launch, the Dashboard has been visited 26,591 times by 17,600 unique users. About one-quarter of all users returned to the Dashboard at least once. On average, users engaged with 2.4 pages during their visit to the Dashboard, indicating that the average user goes beyond the informational landing page to engage with 1 or more pages of data and content. The most frequently visited content pages are the jurisdiction webpages. CONCLUSIONS: The Ending the HIV Epidemic plan is described as a "whole of society" effort. Societal public health initiatives require objective indicators and require that all societal stakeholders have transparent access to indicator data at the level of the health jurisdictions responsible for meeting the goals of the plan. Data transparency empowers local stakeholders to track movement toward EHE goals, identify areas with needs for improvement, and make data-informed adjustments to deploy the expertise and resources required to locally tailor and implement strategies to end the HIV epidemic in their jurisdiction.	NA	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Sullivan, PS; Stephenson, R; Hirshfield, S; Mehta, CC; Zahn, R; Bauermeister, JA; Horvath, K; Chiasson, MA; Gelaude, D; Mullin, S; Downing, MJ; Olansky, EJ; Wiatrek, S; Rogers, EQ; Rosenberg, E; Siegler, AJ; Mansergh, G	Behavioral Efficacy of a Sexual Health Mobile App for Men Who Have Sex With Men: randomized Controlled Trial of Mobile Messaging for Men	Journal of Medical Internet Research	-	-	-	-	-	10.2196/34574	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8851328/?report=printable	BACKGROUND: Gay, bisexual, and other men who have sex with men (GBMSM) face the highest burden of HIV in the United States, and there is a paucity of efficacious mobile health (mHealth) HIV prevention and care interventions tailored specifically for GBMSM. We tested a mobile app combining prevention messages and access to core prevention services for GBMSM. OBJECTIVE: This study aims to measure the efficacy of the Mobile Messaging for Men (M-cubed) app and related services to increase HIV prevention and care behaviors in diverse US GBMSM. METHODS: We conducted a randomized open-label study with a waitlist control group among GBMSM in 3 groups (low-risk HIV-negative group, high-risk HIV-negative group, and living-with-HIV LWH group) recruited online and in venues in Atlanta, Detroit, and New York City. Participants were randomly assigned to receive access to the app immediately or at 9 months after randomization. The app provided prevention messages in 6 domains of sexual health and offered ordering of at-home HIV and sexually transmitted infection test kits, receiving preexposure prophylaxis (PrEP) evaluations and navigation, and service locators. Serostatus- and risk-specific prevention outcomes were evaluated at baseline, at the end of the intervention period, and at 3, 6, and 9 months after the intervention period. RESULTS: In total, 1226 GBMSM were enrolled and randomized; of these 611 (49.84%) were assigned to the intervention group and 608 (99.51%) were analyzed, while 615 (50.16%) were assigned to the control group and 612 (99.51%) were analyzed. For high-risk GBMSM, allocation to the intervention arm was associated with higher odds of HIV testing during the intervention period (adjusted odds ratio aOR 2.02, 95% CI 1.11-3.66) and with higher odds of using PrEP in the 3 months after the intervention period (aOR 2.41, 95% CI 1.00-5.76, P<.05). No changes in HIV prevention or care were associated with allocation to the intervention arm for the low-risk HIV-negative and LWH groups. CONCLUSIONS: Access to the M-cubed app was associated with increased HIV testing and PrEP use among high-risk HIV-negative GBMSM in 3 US cities. The app could be made available through funded HIV prevention providers; additional efforts are needed to understand optimal strategies to implement the app outside of the research setting. TRIAL REGISTRATION: ClinicalTrials.gov NCT03666247; https://clinicaltrials.gov/ct2/show/NCT03666247. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-10.2196/16439.	*care behavior; *clinical effectiveness; *men who have sex with men; *sexual health; *text messaging; Adult; African American; Age; Antiretroviral therapy; Article; Black person; Comparative study; Controlled study; Ethnicity; HIV Infections prevention & control; Health care access; High risk population; Hispanic; Homosexuality, Male; Human; Human immunodeficiency virus infection /diagnosis /drug therapy /prevention; Humans; Infection prevention; Low risk population; Major clinical study; Male; Mobile Applications; Multicenter study; Online analysis; Open study; Pre-exposure prophylaxis; Randomized controlled trial; Sexual Health; Sexual and Gender Minorities	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Sullivan-Blum, Zoe C.; Brophy, Margaret; Didde, Ryan; Nagireddy, Radha; Swagerty, Hannah; Weir, Sumiko; Sykes, Kevin J.; Dietz, Craig; Alt, Marcus; Ramaswamy, Megha; Rotert, Paul	PrEP patient attitudes, beliefs and perceived barriers surrounding HPV vaccination: a qualitative study of semistructured interviews with PrEP patients in primary care clinics in Kansas and Missouri.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2021-058510	https://pubmed.ncbi.nlm.nih.gov/35379639/	OBJECTIVES: Men who have sex with men who use pre-exposure prophylaxis (PrEP) have not traditionally been targets for human papillomavirus (HPV) vaccine programmes, despite their high risk for HPV-related cancers and HPV vaccine being approved by the U.S. Food and Drug Administration (FDA) for people up to age 45. The objective of this study was to assess attitudes and barriers towards HPV vaccine for adult PrEP users in the primary care context. METHODS: Semistructured phone interviews of 16 primary care patients taking PrEP in the Kansas City metropolitan area were conducted, with interviews assessing HPV vaccination status, and attitudes, beliefs and perceived barriers surrounding HPV vaccine. Interview notes were open-coded by student authors, and themes were generated through code review and consensus. Data were then analysed using thematic analysis. RESULTS: The results showed that most patients believed that preventative health was important and felt the HPV vaccine was important. Most patients were open to vaccination if recommended by their primary care physician and covered by insurance. Most participants believed HPV infection to be far worse in women, and there were gaps in knowledge surrounding HPV and its effects in men. CONCLUSIONS: While more research is needed to better understand facilitators of a linkage between PrEP and HPV vaccine in clinical settings for groups at high risk for HPV-related cancers, getting primary care providers involved in educating high-risk patients about the importance of HPV vaccination and actively recommending the vaccine to those patients has the potential to prevent HPV-related cancers.	Adult; Humans; Male; Middle Aged; Female; Homosexuality, Male; Health Knowledge, Attitudes, Practice; Patient Acceptance of Health Care; Vaccination; public health; Primary Health Care; qualitative research; *Sexual and Gender Minorities; HIV & AIDS; preventive medicine; sexual medicine; Missouri; *Papillomavirus Vaccines/therapeutic use; *Papillomavirus Infections; Kansas	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Sun Z.; Gu Q.; Dai Y.; Zou H.; Agins B.; Chen Q.; Li P.; Shen J.; Yang Y.; Jiang H.	Increasing awareness of HIV pre-exposure prophylaxis (PrEP) and willingness to use HIV PrEP among men who have sex with men: a systematic review and meta-analysis of global data	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.25883	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126078956&doi=10.1002%2fjia2.25883&partnerID=40&md5=b04994cda25d08a89b1db0ca0cba3c86	Introduction: Integrated knowledge regarding pre-exposure prophylaxis (PrEP) awareness and willingness to use PrEP can be useful for HIV prevention in high incidence groups. This review summarizes the awareness of PrEP and willingness to use PrEP among men who have sex with men (MSM). Methods: Online electronic databases were searched before 31 August 2021. A meta-analysis was conducted to pool studies analysing PrEP awareness and willingness to use PrEP. LOESS regression and linear regression were applied to fit the trends over time for the proportion of MSM aware of PrEP and willing to use PrEP. Dose–response meta-analysis (DRMA) was conducted by a restricted cubic spline model to explore the relationship between willingness to use PrEP and selected factors. Results and Discussion: A total of 156 articles involving 228,403 MSM were included. The pooled proportions of MSM aware of PrEP and willing to use PrEP were 50.0 (95% CI: 44.8–55.2) and 58.6% (95% CI: 54.8–62.4), respectively. PrEP awareness varied among countries with different economic status and different WHO regions, among different publication and research years, PrEP types and support policies. PrEP willingness differed among countries with different economic status and groups with different risks of HIV. The awareness of PrEP increased from 2007 to 2019 with a slope of 0.040260 (p<0.0001), while the proportion of MSM willing to use PrEP decreased from 2007 to 2014 (slope = −0.03647, p = 0.00390) but increased after 2014 (slope = 0.04187, p = 0.03895). The main facilitators of willingness to use PrEP were PrEP awareness, condomless sexual behaviours, high perceived risk of HIV infection and influence of social network. The main barriers were doubts about the efficacy and side effects of PrEP. DRMA results indicated that MSM with more sexual partners and lower level of education were more willing to use PrEP. No publication bias was observed. Conclusions: The proportions of PrEP awareness and willingness to use PrEP among MSM have increased since 2014, although the awareness was low and the willingness was moderate. Improving awareness of PrEP through increasing access to PrEP-related health education and enhancing risk perceptions of HIV infection could have positive effects on the willingness to use PrEP among MSM. © 2022 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	awareness; men who have sex with men; meta-analysis; pre-exposure prophylaxis; trend; willingness	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review

Article	2022	Sundararajan, Radhika; Wyatt, Monique A; Muwonge, Timothy R; Pisarski, Emily E; Mujugira, Andrew; Haberer, Jessica E; Ware, Norma C	Understanding PrEP Acceptability Among Priority Populations: Results from a Qualitative Study of Potential Users in Central Uganda.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03606-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9252941	Daily oral pre-exposure prophylaxis (PrEP) can safely and effectively prevent HIV acquisition in HIV-negative individuals. However, uptake of PrEP has been suboptimal in sub-Saharan Africa. The goal of this qualitative study was to identify facilitators of and barriers to PrEP acceptability among target users not taking PrEP. Fifty-nine individuals belonging to Ugandan priority populations participated in a single in-depth interview. Participants perceived themselves as being at high risk for HIV acquisition, and expressed interest in PrEP as an HIV prevention strategy. Two forms of stigma emerged as potential barriers to PrEP use: (1) misidentification as living with HIV; and (2) disclosure of membership in a priority population. Acceptability of PrEP was dampened for this sample of potential PrEP users due to anticipated stigmatization. Mitigating stigma should be a key component of effective PrEP delivery to reach UNAIDS goal of ending the AIDS epidemic by 2030.	Pre-exposure prophylaxis, Uganda, HIV prevention, Priority populations, Scale-up	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Sundelson A.E.; Meunier É.; Schrimshaw E.W.; Siegel K.	Barriers to Pre-Exposure Prophylaxis Uptake Among Online Male Sex Workers in the US	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03510-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117887490&doi=10.1007%2fs10461-021-03510-7&partnerID=40&md5=a997f33994175bc03a8ac46a2bb121f7	Though barriers to HIV pre-exposure prophylaxis (PrEP) uptake among gay, bisexual, and other men who have sex with men (MSM) have received substantial research attention, less is known about what factors may be affecting PrEP uptake among male sex workers (MSWs), a population at high risk of HIV. This paper presents qualitative findings regarding why a subsample of MSM engaged in exchange sex (receiving money, drugs, shelter, or other goods in exchange for sex) with partners they met on dating/hookup websites and apps had never used PrEP. Analysis revealed several barriers to PrEP uptake including lack of awareness and knowledge about PrEP, scientific and medical concerns, issues related to individual risk perception and beliefs/preferences about risk management, practical and logistical barriers, and provider-level barriers. Nuances to these barriers are discussed, particularly as they relate to the specific type of sex work participants were engaged in. Implications for interventions are also discussed. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Male sex workers; Men who have sex with men; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Surgers L.; Chiarabini T.; Royer G.; Rougier H.; Mercier-Darty M.; Decr D.; Valin N.; Woerther P.-L.; Decousser J.-W.; Girard P.-M.; Lacombe K.; Boyd A.	Evidence of Sexual Transmission of Extended-Spectrum β-Lactamase-Producing Enterobacterales: A Cross-sectional and Prospective Study	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciac218	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138359161&doi=10.1093%2fcid%2fciac218&partnerID=40&md5=2124f2206b2065c1cd331cdaec840dbe	Background: Extended-spectrum β-lactamase-producing Enterobacterales (ESBL-E) represent a major threat to public health. Little is known on their potential for sexual transmission. Methods: We recruited individuals at a sexually transmitted infection and human immunodeficiency virus (HIV) outpatient clinic in Paris, France, in whom we evaluated the prevalence of ESBL-E intestinal carriage and, among those testing positive, the proportion with clearance 6 months thereafter. We compared carriage prevalence between groups using logistic regression adjusted for age, geographic origin, travel outside Europe, and antibiotic use in the past 6 months. Results: A total of 2157 individuals participated, of whom 226 (10.5%) were ESBL-E carriers. The proportions of ESBL-E carriers varied across sexual groups and were as follows: HIV-negative men who have sex with men (MSM) and who were on preexposure prophylaxis (PrEP), 16.3% (41 of 251); HIV-negative MSM not on PrEP, 9.7% (47 of 487); HIV-positive MSM, 12.2% (61 of 500); HIV-negative men who have sex exclusively with women, 10.0% (44 of 439); and HIV-negative women who have sex with men, 6.9% (n = 33 of 480). After adjustment, ESBL-E prevalence was significantly higher in HIV-negative MSM on PrEP (P < .001) and HIV-positive MSM (P = .01) than in women who have sex with men. A higher number of sexual partners in the past 6 months was associated with ESBL-E carriage after adjustment (P = .004). Escherichia coli sequence type 14 and blaSHV-12-producing ESBL-E were observed only in MSM. Of 102 individuals with ESBL-E returning for testing, 26 (25%) had carriage at 6 months. Conclusion: ESBL-E carriage is more frequent in MSM undergoing PrEP or living with HIV and with increasing number of sexual partners. More research is warranted to understand the consequences of ESBL-E carriage in these populations and how transmission can be reduced. © 2022 The Author(s). Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved.	antibiotic resistance; carriage; Enterobacterales; epidemiology; sexual transmission	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Surratt H.L.; Yeager H.J.; Adu A.; González E.A.; Nelson E.O.; Walker T.	Pre-Exposure Prophylaxis Barriers, Facilitators and Unmet Need Among Rural People Who Inject Drugs: A Qualitative Examination of Syringe Service Program Client Perspectives	Frontiers in Psychiatry	-	-	-	16640640	10.3389/fpsyt.2022.905314	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132311349&doi=10.3389%2ffpsyt.2022.905314&partnerID=40&md5=82d22a9687462df932fa35989630e66d	Background: People who inject drugs (PWID) are at high risk for HIV infection, yet in rural areas PWID are understudied with respect to prevention strategies. Kentucky is notable for heavy rural HIV burden and increasing rates of new HIV diagnoses attributable to injection drug use. Despite high need and the strong evidence for Pre-Exposure Prophylaxis (PrEP) as a gold-standard biomedical HIV prevention tool, scale up has been limited among PWID in Kentucky and elsewhere. This paper explores individual, environmental, and structural barriers and facilitators of PrEP care from the perspective of PWID in rural Kentucky. Methods: Data are drawn from an ongoing NIH-funded study designed to adapt and integrate a PrEP initiation intervention for high-risk PWID at point of care in two rural syringe service programs (SSPs) in southeastern Kentucky. As part of this initiative, a qualitative study guided by PRISM (Practical, Robust, Implementation, and Sustainability Model) was undertaken to gather SSP client perspectives on intervention needs related to PrEP, competing needs related to substance use disorder, as well as tangible supports for and barriers to PrEP uptake. Recruitment and interviews were conducted during September-November 2021 with 26 SSP clients, 13 from each of the two SSP sites. A semi-structured guide explored injection behaviors, SSP use, knowledge of PrEP, perceived barriers to PrEP, as well as aspects of the risk environment (e.g., housing instability, community stigma) that may impact PrEP uptake. Interviews were digitally recorded, transcribed verbatim and verified by project staff. A detailed coding scheme was developed and applied by independent coders using NVivo. Coded transcripts were synthesized to identify salient themes in the data using the principles of thematic analysis All study procedures were approved by the University IRB. Results: Participants were 96% white, 42% female, with a median age of 41 years (range 21–62); all reported injection use within the past month. Overall, we found low PrEP awareness among this sample, yet interest in PrEP was high, with several indicating PrEP is urgently needed. Clients reported overwhelmingly positive experiences at the SSPs, considering them trusted and safe locations to receive health services, and were enthusiastic about the integration of co-located PrEP services. Lack of basic HIV and PrEP knowledge and health literacy were in evidence, which contributed to common misperceptions about personal risk for HIV. Situational risks related to substance use disorder, particularly in the context of withdrawal symptoms and craving, often lead to heightened HIV injection and sexual risk behaviors. Stigma related to substance use and HIV arose as a concern for PrEP uptake, with several participants reflecting that privacy issues would impact their preferences for education, prescribing and monitoring of PrEP. Noted tangible barriers included inconsistent access to phone service and transportation. Primary supports included high levels of insurance coverage, consistent pharmacy access, and histories with successful medication management for other health conditions. Conclusions: Drawing on the critical perspectives of people with substance use disorder, our findings provide important and actionable information on individual and environmental barriers and facilitators of PrEP uptake among rural PWID at high risk for HIV infection. These data will drive the adaptation and implementation of a client-centered approach to integrated PrEP care within rurally located SSP settings to address unmet needs for PrEP care. Copyright © 2022 Surratt, Yeager, Adu, González, Nelson and Walker.	HIV prevention; implementation science; people who inject drugs; PrEP; rural; stigma	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	Surreira, Ana João Rafael	Profilaxia Pré-Exposição da Infeção pelo VIH e Infeções sexualmente transmissíveis - a experiência de um centro Português	-	-	Universidade do Porto	-	NA	NA	https://repositorio-aberto.up.pt/handle/10216/142271	Background: Human immunodeficiency virus (HIV) Pre-exposure prophylaxis (PrEP) is indicated for individuals at increased risk of acquiring this infection. Since the introduction of this measure, several studies have reported a decrease in condom use and an increase in other sexually transmitted infections (STIs) among PrEP users. This study aims to characterize, socio-demographically and clinically, the population followed at the PrEP appointment and to estimate the incidence of STIs after starting PrEP. Methods: Retrospective cohort study of individuals evaluated at the PrEP appointment Infectious Diseases Service of Centro Hospitalar Universitário de São João, between May 2018 and September 2021. Follow-up involved regular testing for HIV, hepatitis C virus, Treponema pallidum, Neisseria gonorrhoea and Chlamydia trachomatis. Results: 296 subjects were included, with a mean age of 32 years (standard deviation 9 years), of which 256 were men (86,5%). Two hundred and fifty-one (84,8%) were men who have sex with men and 41 (13,9%) were sex workers. The prevalence of STIs diagnosed in the first evaluation was 34,4%, with anal infection by Chlamydia trachomatis being the most prevalent (27,7%). Two hundred and twenty-four individuals (75,6%) started PrEP, with a median follow-up of 9 months (interquartile range 13,5 months). The incidence of STIs was 74,3 / 100 person-years (95% CI, 66,4 - 86,4). Infections caused by Chlamydia trachomatis were the most incident 25,7 / 100 people - year (95% CI, 19,5 - 33,1). Conclusion: The prevalence of STIs in this population is very high. The PrEP appointment allows an active screening for STIs, with a special impact on the diagnosis of asymptomatic individuals and on the research of extragenital infections. The identification of individuals at risk and their appropriate referral, as well as the reinforcement of health education strategies throughout the follow-up are crucial and should be reinforced in higher risk subgroups.	NA	Portuguese	Portugal	Western and Central Europe and North America	Portugal	Western and Central Europe and North America	-	-	Clinical
Article	2022	Sutton, KC; De Vente, J; Leblanc, R; Dejesus, E; Smith, G; Mills, A; Baril, J-G; St Clair, M; Stancil, BS; Vandermeulen, K; Spreen, WR	Long-Term Efficacy, Safety, and Durability of Cabotegravir and Rilpivirine as 2-Drug Oral Maintenance Therapy after 6 Years of Study	Open Forum Infectious Diseases	-	-	-	NA	10.1093/ofid/ofac067	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02394981/full	Background: In the LATTE study, daily oral cabotegravir + rilpivirine demonstrated higher rates of efficacy than efavirenz + 2 nucleoside reverse-transcriptase inhibitors (NRTIs) through Week 96 in antiretroviral therapy (ART)-naive adults with human immunodeficiency virus (HIV)-1. We present the results from 6 years of continued treatment with oral cabotegravir + rilpivirine. Methods: LATTE was a phase IIb, randomized, multicenter, partially blinded, dose-ranging study in ART-naive adults with HIV-1. After a 24-week induction phase with cabotegravir + 2 NRTIs, participants with HIV-1 ribonucleic acid (RNA) <50 copies/mL were randomized to receive cabotegravir (10, 30, or 60 mg) + rilpivirine (25 mg) in the maintenance phase through Week 96 and switched to cabotegravir 30 mg + rilpivirine 25 mg in the open-label phase through Week 312. Results: Of 160 participants who entered the maintenance phase, 111 completed the study at Week 312. At Week 312, 105 (66%) participants maintained HIV-1 RNA <50 copies/mL, 15 (9%) had HIV-1 RNA ≥50 copies/mL, and 40 (25%) had no virologic data. Eight participants met protocol-defined virologic failure criteria through Week 312, 2 of whom met protocol-defined virologic failure criteria after Week 144. Six participants developed treatment-emergent resistance to 1 or both agents during the study, 3 of whom developed integrase inhibitor resistance substitutions. Two participants (1%) reported drug-related serious adverse events. Few adverse events led to withdrawal during the open-label phase (n=5, 3%). Conclusions: Oral cabotegravir + rilpivirine demonstrated efficacy in the majority of participants and an acceptable safety profile through 6 years of treatment, demonstrating its durability as maintenance therapy for HIV-1.	*antiretroviral therapy; *drug efficacy; *drug safety; *maintenance therapy; Adult; Appendicitis /side effect; Article; Backache /side effect; Body weight loss; Bronchitis /side effect; Burkitt lymphoma /side effect; Cellulitis /side effect; Clinical trial; Controlled study; Depression /side effect; Diarrhea /side effect; Disease exacerbation; Drug withdrawal; Electrocardiography; Fatigue /side effect; Flow cytometry; Follow up; Gastrointestinal hemorrhage /side effect; Genotyping; Headache /side effect; Human; Human experiment; Human immunodeficiency virus infection /drug therapy; Irritable colon /side effect; Liver function test; Male; Multicenter study; Nausea /side effect; Phase 2 clinical trial; Phenotype; Pneumonia /side effect; Randomized controlled trial; Suicidal ideation /side effect; Thorax pain /side effect; Upper respiratory tract infection /side effect	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Szetela, B; Cielniak, I; Kubicka, J; Rojewski, T; Katafias, A; Jakubowski, P; Hlebowicz, M; Sitko, M; Loster, J; Jablonowska, O; Cybula, A; Aksak-Was, B; Gierlotka, K; Bociaga-Jasik, M; Parczewski, M; Szymanski, R; Bludzin, W; Grzeszczuk, A; Niemczyk, W; Giniewicz, K; Rosinska, M; Gasiorowski, J	Pre-exposure prophylaxis (PrEP) in Poland 2017 to 2021: lessons from a country with no national PrEP programme	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26009	https://ppm.pum.edu.pl/info/article/PUMdc87c751af8842d586d82615aace781c/	Background: PrEP has been the mainstay of HIV prophylaxis in key populations, especially among MSM [1-3]. Nonetheless, there are still countries with no national PrEP programmes leaving many individuals at risk of infection. As medical professionals from Polish AIDS Scientific Society we decided to develop PrEP guidelines in 2015 [1] to help create PrEP clinics in Poland. Generic TDF/FTC was available at a cost of 28 Euros/30 tablets. Materials and methods: Questionnaires among medical professionals during an annual HIV conference in Poland were taken to ascertain attitudes and readiness to provide PrEP care. PrEP.edu.pl webpage was created as information exchange point for the whole country. Seventeen dedicated PrEP clinics were systematically created in largest cities. PrEP evaluation was based on actual prescriptions from Central E-Health Systems, wholesale volume to pharmacies and data from PrEP clinics. HIV prevalence and incidence among MSM in Poland were calculated based on VCT data, national reports for 2017 to 2021 [4]. Results: There was a steady increase in PrEP patients with around 1000 new patients every year (smaller increase only in 2020) leading to over 4400 PrEP users at the end of 2021 (Table 1). Most of the clinics were private with no reimbursement of medical care, testing or medication. There were 15 HIV infections during 7898 PY of follow-up giving incidence of 0.19/100PY. Based on HIV incidence of 3.8/100PY among MSM at testing sites in Poland the relative risk reduction in our cohort was 95% and NNT 27 (almost equal cost of PrEP compared to cART). With 1200 annual new HIV infections among MSM in Poland we require 32,400 MSM on PrEP to prevent them. There was no change in HIV prevalence or incidence on national level during observation period. Conclusions: Despite no financial support from the Health Ministry and no reimbursement, almost 5000 patients received access to PrEP and STI care. The programme was highly efficacious with incidence similar to other PrEP projects with highly adherent and dedicated patients [5-10]. Improvement in access is urgently needed, new clinics have to be set up also outside of large cities and universal reimbursement of medical care and medication implemented to see actual reduction in HIV incidence.	HTX, heterosexual; PrEP, pre-exposure prophylaxis; VCT, voluntary counselling and testing site.	English	United States	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Clinical
Article	2022	Tabatabavakili S.; Aleyadeh W.; Cerrocchi O.; Janssen H.L.A.; Hansen B.E.; Bogoch I.I.; Feld J.J.	Incidence of Hepatitis C Virus Infections Among Users of Human Immunodeficiency Virus Pre-exposure Prophylaxis	Clinical Gastroenterology and Hepatology	-	-	-	15423565	10.1016/j.cgh.2021.03.006	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85105264182&doi=10.1016%2fj.cgh.2021.03.006&partnerID=40&md5=6bd49ab54e04557909fc0ede98280bf3	Background & Aims: Sexual transmission of hepatitis C virus (HCV) is well documented among human immunodeficiency virus (HIV)-uninfected individuals. The use of HIV pre-exposure prophylaxis (PrEP) may be associated with engagement in activities that facilitate the transmission of sexually transmitted infections (STIs) and possibly HCV among PrEP users. Methods: Between 2012 and 2019, the incidence of HCV and bacterial STIs were calculated among HIV-negative individuals receiving PrEP at the University Health Network HIV Prevention Clinic. Mucosal, anal, and blood samples were taken to test for HIV, syphilis, and anti-HCV antibodies. Results: Among 344 HIV-uninfected patients receiving PrEP, 86% were men having sex with men (MSM). Five individuals were HCV-antibody positive at the time of PrEP initiation. Serologic and virologic follow-up data were available for 109 HCV-negative individuals over 282 patient-years (PY). Two new infections were recorded, yielding an incidence of primary HCV infection of 0.7 per 100 PY. In contrast with HCV, the incidence rates of chlamydia, gonorrhea, and syphilis were 49.2 per 100 PY, 36.3 per 100 PY, and 5.2 per 100 PY, respectively. Both individuals with new HCV diagnoses reported being MSM with a history of unprotected intercourse and 1 individual also reported recreational drug use. Both individuals were asymptomatic at the time of diagnosis and the infections were detected by routine laboratory monitoring. Conclusions: The low incidence of HCV infections despite significantly higher rates of other STIs suggests that sexual transmission of HCV is uncommon in HIV-negative MSM PrEP users in this community. Performing routine risk-based HCV surveillance among PrEP users should be evaluated. The high incidence of STIs in this population indicates a vital role for periodic STI monitoring in those receiving PrEP. © 2022 AGA Institute	Hepatitis C; Human Immunodeficiency Virus; Incidence; Pre-exposure Prophylaxis	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Tagliaferri Rael C.; Giguere R.; Sutton S.; Horn E.; Schieffer R.J.; Greene G.J.; D'Aquila R.; Bryndza Tfaily E.; Kiser P.F.; Hope T.J.	Preferences among Physicians and Men Who Have Sex with Men (MSM) for a Long-Acting, Removable Implant for HIV Prevention: A Discrete Choice Study	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2022.0035	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144584388&doi=10.1089%2faid.2022.0035&partnerID=40&md5=371e61b55a3a322fe781653302fab33b	A longer acting, removable implant for HIV prevention has the potential to improve uptake of HIV pre-exposure prophylaxis (PrEP) by removing the need for daily adherence to an oral tablet, reducing potential side effects, and eliminating concerns about residual drug following injections. To end the HIV epidemic, we must understand the needs and preferences of groups most affected by HIV (e.g., men who have sex with men; MSM), and the physicians who prescribe PrEP to them. This article describes a discrete choice experiment to estimate the preference share for the implant within a competitive context of other PrEP products (including the oral tablet, dissolvable implant, and injection) and evaluate the impact of potential implant attributes. Physicians who had prescribed oral PrEP (n = 75) and MSM at risk for HIV (n = 175) completed a web-based survey that prompted decision-making about PrEP product preferences. The findings from both physicians and MSM demonstrated that the removable implant could capture a meaningful portion of the preference share, making it feasible to advance in the development pipeline as an important addition to the biomedical HIV prevention toolkit. Among MSM, specifically, the cost of treatment was the most important attribute impacting product preference. Our findings inform implant developers and future payers (e.g., commercial manufacturers, insurance companies) about specific device attributes that will likely affect MSM's willingness to use and physicians' willingness to prescribe this HIV prevention strategy. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	discrete choice model; HIV prevention; MSM; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Tailor, Janki; Rodrigues, Jessica; Meade, John; Segal, Kate; Benjamin Mwakyosi, Lilian	Correlations between oral Pre-Exposure Prophylaxis (PrEP) initiations and policies that enable the use of PrEP to address HIV globally.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0001202	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10021197	Policies facilitating access to HIV prevention services, specifically for pre-exposure prophylaxis (PrEP), can foster enabling environments for service uptake. This analysis aims to establish whether policies enabling broad PrEP eligibility, HIV self-testing, and lowered age of consent to HIV testing and treatment services are correlated with PrEP uptake. Ages of consent vary by country, therefore this analysis focused on how age of consent policies, in general, affect adolescent PrEP uptake. Data was collected from the HIV Policy Lab and AVAC's Global PrEP Tracker, a database of approximately 334 PrEP projects operating across 95 countries, and linear regression and correlation analyses were conducted via STATA to examine relationships amongst national oral PrEP eligibility, HIV self-testing, lowered age of consent, and national cumulative oral PrEP initiations, as of December 2021. Of all 194 countries tracked by the HIV Policy Lab, only about 7% have adopted all three policies (HIV self-testing, lowered age of consent, and PrEP eligibility policies). Less than 50% have adopted have adopted at least one of these policies. Of the 54 countries that have fully adopted PrEP eligibility policies, less than 30% have co-adopted HIV self-testing or lowered age of consent policies. About 30% of these 194 countries have yet to adopt any of these policies, of which about 14% have indicated information is "unavailable" for at least one of the policies. Analyses conducted for the 91 countries tracked by both the HIV Policy Lab and the Global PrEP Tracker revealed a significant and positive relationship between cumulative individuals initiated on oral PrEP and adoption of HIV self-testing policies (p = 0.01, r = 0.26), lowered age of consent policies (p = 0.01, r = 0.25), and PrEP eligibility policies (p = 0.01, r = 0.26). Stronger advocacy efforts towards approving public health policies, such as those outlined in our analysis, that enshrine and enable access to HIV prevention are necessary.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Tanner, Mary R; Iqbal, Kashif; Dominguez, Kenneth L; Zhu, Weiming; Obi, Jane; Hoover, Karen W	Key Factors for Successful Implementation of HIV Prevention Services by THRIVE Community Collaboratives.	Public Health Reports	-	-	-	1468-2877	10.1177/00333549211005793	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8900238	OBJECTIVE: The Targeted Highly Effective Interventions to Reverse the HIV Epidemic (THRIVE) demonstration project created collaboratives of health departments, community-based organizations, and clinical partners to improve HIV prevention services for men who have sex with men (MSM) and transgender women (TGW) of color. We administered an online survey from September 2018 through February 2019 to assess the collaboratives. METHODS: We used a Likert scale to measure agreement on collaborative characteristics. We used Fisher exact tests to compare success ratings by health department employment and funding status. We created a radar chart to compare the percentage agreement on key characteristics of the most and least successful collaboratives. We used a general inductive approach in the qualitative analysis of open-ended question responses. RESULTS: Of 262 survey recipients, 133 responded (51%); 49 (37%) respondents were from health departments. Most respondents (≥70%) agreed that their collaborative is diverse, cooperates, meets regularly, has realistic goals, has effective leadership, and has effective communication. Most respondents (87%) rated their collaborative as successful in implementing HIV prevention services for MSM and TGW of color. Comparison of the most and least successful collaborative found the greatest difference in respondent agreement in the presence of effective leadership, communication, and adequate resources. The most commonly cited challenge in the open-ended questions was inadequate resources. The most commonly cited success was increased provision of services, particularly preexposure prophylaxis. CONCLUSIONS: Community collaboratives were considered successful by most collaborative members and may be an effective part of HIV prevention strategies.	HIV prevention, PrEP, men who have sex with men, transgender women, people of color	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Tapsoba, Jean de Dieu; Cover, Jane; Obong'o, Christopher; Brady, Martha; Cressey, Tim R; Mori, Kira; Okomo, Gordon; Kariithi, Edward; Obanda, Rael; Oluoch-Madiang, Daniel; Chen, Ying Qing; Drain, Paul; Duerr, Ann	Continued attendance in a PrEP program despite low adherence and non-protective drug levels among adolescent girls and young women in Kenya: Results from a prospective cohort study.	PLOS Medicine	-	-	-	1549-1676	10.1371/journal.pmed.1004097	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9521917	BACKGROUND: In sub-Saharan Africa (SSA), adolescent girls and young women (AGYW) ages 15 to 24 years represent <10% of the population yet account for 1 in 5 new HIV infections. Although oral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) can be highly effective, low persistence in PrEP programs and poor adherence have limited its ability to reduce HIV incidence among women. METHODS AND FINDINGS: A total of 336 AGYW participating in the PEPFAR-funded DREAMS PrEP program in western Kenya were enrolled into a study of PrEP use conducted between 6/2019 to 1/2020. AGYW, who used daily oral TDF/FTC, completed interviews and provided dried blood spots (DBS) for measurement of tenofovir-diphosphate (TFV-DP) concentrations at enrollment and 3 months later, and 176/302 (58.3%, 95% confidence interval 95% CI 52.3 to 63.8) met our definition of PrEP persistence: having expressed intention to use PrEP and attended both the second interview and an interim refill visit. Among AGYW with DBS taken at the second interview, only 9/197 (4.6%, 95% CI 1.6 to 7.5) had protective TFV-DP levels (≥700 fmol/punch) and 163/197 (82.7%, 95% CI 77.5 to 88) had levels consistent with no recent PrEP use (<10 fmol/punch). Perception of being at moderate-to-high risk for HIV if not taking PrEP was associated with persistence (adjusted odds ratio, 10.17 95% CI 5.14 to 20.13, p < 0.001) in a model accounting for county of residence and variables that had p-value <0.1 in unadjusted analysis (age, being in school, initiated PrEP 2 to 3 months before the first interview, still active in DREAMS, having children, having multiple sex partners, partner aware of PrEP use, partner very supportive of PrEP use, partner has other partners, AGYW believes that a partner puts her at risk, male condom use, injectable contraceptive use, and implant contraceptive use). Among AGYW who reported continuing PrEP, >90% indicated they were using PrEP to prevent HIV, although almost all had non-protective TFV-DP levels. Limitations included short study duration and inclusion of only DREAMS participants. CONCLUSIONS: Many AGYW persisted in the PrEP program without taking PrEP frequently enough to receive benefit. Notably, AGYW who persisted had a higher self-perceived risk of HIV infection. These AGYW may be optimal candidates for long-acting PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Tassiopoulos K.; Travers R.; Cameron R.; Coulombe S.; Davis C.E.; Wilson C.L.; Woodford M.R.; Coleman T.	Knowledge of viral load, PrEP, and HIV-related sexual risk among men who have sex with men in the Waterloo region	Canadian Journal of Human Sexuality	-	-	-	11884517	10.3138/cjhs.2021-0054	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145440851&doi=10.3138%2fcjhs.2021-0054&partnerID=40&md5=4a65bcfce4f930f26795b13c34b5833e	Gay, bisexual, and other men who have sex with men (GBMSM) remain most disproportionately affected by HIV in Canada. HIV-related sexual risk behaviours have been linked to high HIV risk among GBMSM, but prior research has not focused on knowledge of viral load, and the risk it presents for HIV acquisition. The purpose of this study was to explore the relationship between HIV-related sexual risk behaviour and knowledge of viral load among GBMSM. A cross-sectional survey was conducted using a convenience sample of individuals age 16 and older who self-identified as LGBTQ and lived, worked, or resided in the Waterloo region, an urban-rural area in southwestern Ontario (N = 526). Responses were analyzed from those identifying as GBMSM (N = 269). Logistic regression models were created to explore sociodemographic, outness, social support, and HIV-related sexual risk variables associated with knowledge of viral load. Multivariable regression models were built to explore the same associations while controlling for confounders. HIV risk was not associated with knowledge of viral load in bivariate or multivariable analyses. Point estimates for low/ negligible (odds ratio OR 1.10; 95% CI 0.46–2.51) and high risk (OR 1.88; 95% CI 0.68–5.20) suggest trends of higher knowledge with increased HIV risk. Men who engage in sexual risk behaviour may have increased sexual health literacy and awareness of biomedical interventions (e.g., pre-exposure prophylaxis, or PrEP) that reduce HIV risk. Policies are needed that promote acceptance of sexual orientation, improve awareness and access to PrEP, and ensure optimal delivery of HIV education to at-risk groups prior to engagement in higher risk activities. © Sex Information and Education Council of Canada, 2022.	Bisexual; gay; HIV; knowledge of viral load; men who have sex with men; PrEP; undetectable equals untransmittable (U = U)	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2022	Teitelman A.M.; Tieu H.-V.; Flores D.; Bannon J.; Brawner B.M.; Davis A.; Gugerty P.; Koblin B.	Individual, social and structural factors influencing PrEP uptake among cisgender women: a theory-informed elicitation study	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.1894319	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85102534978&doi=10.1080%2f09540121.2021.1894319&partnerID=40&md5=f27d8502b6492e874799df5be3dded5d	The underutilization of pre-exposure prophylaxis (PrEP) among cisgender women in the U.S. limits this population's ability to reduce their risk for HIV infection, especially within the unique individual, social and structural systems they navigate. There is a need to identify the relevant multi-level barriers and facilitators to PrEP use among cisgender women to inform theory-guided efforts that address HIV disparities by race/ethnicity among cisgender women. Guided by the Integrated Behavioral Model and the Behavioral Model of Vulnerable Populations we conducted 41 interviews with PrEP eligible cisgender women in New York City and Philadelphia. Directed content analysis identified 11 modal behavioral beliefs crucial to PrEP uptake, including anticipated negative social consequences, 5 normative beliefs centered on available social supports, and 9 control beliefs such as anticipated barriers such as cost. Awareness and knowledge of PrEP as a biobehavioral HIV prevention method is limited for this sample. Through conventional content analysis we identified interpersonal and structural barriers to PrEP uptake including lack of partner support, transportation, mental health challenges, and challenges in accessing PrEP care. Potential solutions to structural barriers were enumerated along with implications for future intervention work and public health programming. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	cisgender women; HIV prevention; PrEP; qualitative research; risk reduction	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Tekko, IA; Vora, LK; Volpe-Zanutto, F; Moffatt, K; Jarrahian, C; McCarthy, HO; Donnelly, RF	Novel Bilayer Microarray Patch-Assisted Long-Acting Micro-Depot Cabotegravir Intradermal Delivery for HIV Pre-Exposure Prophylaxis	Advanced Functional Materials	-	-	-	1616-301X	10.1002/adfm.202106999	https://onlinelibrary.wiley.com/doi/full/10.1002/adfm.202106999	Injectable long-acting cabotegravir (CAB LA) is effective and safe for pre-exposure HIV prophylaxis. It is recently approved for clinical use in those at high risk of contracting HIV. However, injections are invasive and access to trained healthcare personnel to administer CAB LA can be limited, especially in low-income countries (LICs). Herein, for the first time, the development of a bilayer microarray patch (MAP) with unique design and novel formulation as a potential alternative self-administered intradermal delivery system for CAB is reported. The novel MAP has a high drug load (approximate to 3 mg/0.5 cm(2) of CAB LA or its micronized sodium salt) and fast-dissolving tips (<30 min) and shows good mechanical properties and skin insertion capabilities. Importantly, in preclinical in vivo studies using Sprague Dawley rats, this MAP is able to implant the drug-loaded tips in the skin, forming micro-depots. Both drug forms are then released in a sustained manner, maintaining human therapeutic levels in the rats for one month after a single application. Weekly repeated MAP dosing in the rats showed the MAPs to be reproducible and well-tolerated. This bilayer MAP presents a promising minimally-invasive, self-administered, alternative delivery system for CAB for enhanced HIV prevention, especially in LICs.	HIV; pre-exposure prophylaxis; GSK1265744; PREVENTION; cabotegravir; MODEL; PLASMA; SAFETY; PHARMACOKINETICS; dissolving microarray patch; FORMULATION; long-acting drugs; POLYMERIC MICRONEEDLES; PORCINE SKIN; RILPIVIRINE	English	Germany	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Teleshova N.; Keller M.J.; Romero J.A.F.; Friedland B.A.; Creasy G.W.; Plagianos M.G.; Ray L.; Barnable P.; Kizima L.; Rodriguez A.; Cornejal N.; Melo C.; Rodriguez G.C.; Mukhopadhyay S.; Calenda G.; Sinkar S.U.; Bonnaire T.; Wesenberg A.; Zhang S.; Kleinbeck K.; Palmer K.; Alami M.; O'Keefe B.R.; Gillevet P.; Hur H.; Liang Y.; Santone G.; Fichorova R.N.; Kalir T.; Zydowsky T.M.	Results of a phase 1, randomized, placebocontrolled first-in-human trial of griffithsin formulated in a carrageenan vaginal gel	PLOS One	-	-	-	19326203	10.1371/journal.pone.0261775	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123297350&doi=10.1371%2fjournal.pone.0261775&partnerID=40&md5=ec1e083e6354458be5a734bc000fb819	HIV pre-exposure prophylaxis (PrEP) is dominated by clinical therapeutic antiretroviral (ARV) drugs. Griffithsin (GRFT) is a non-ARV lectin with potent anti-HIV activity. GRFT's preclinical safety, lack of systemic absorption after vaginal administration in animal studies, and lack of cross-resistance with existing ARV drugs prompted its development for topical HIV PrEP. We investigated safety, pharmacokinetics (PK), pharmacodynamics (PD), and immunogenicity of PC-6500 (0.1% GRFT in a carrageenan (CG) gel) in healthy women after vaginal administration. This randomized, placebo-controlled, parallel group, double-blind first-in-human phase 1 study enrolled healthy, HIV-negative, non-pregnant women aged 24-45 years. In the open label period, all participants (n = 7) received single dose of PC- 6500. In the randomized period, participants (n = 13) were instructed to self-administer 14 doses of PC-6500 or its matching CG placebo (PC-535) once daily for 14 days. The primary outcomes were safety and PK after single dose, and then after 14 days of dosing. Exploratory outcomes were GRFT concentrations in cervicovaginal fluids, PD, inflammatory mediators and gene expression in ectocervical biopsies. This trial is registered with ClinicalTrials. gov, number NCT02875119. No significant adverse events were recorded in clinical or laboratory results or histopathological evaluations in cervicovaginal mucosa, and no anti-drug (GRFT) antibodies were detected in serum. No cervicovaginal proinflammatory responses and no changes in the ectocervical transcriptome were elicited. Decreased levels of proinflammatory chemokines (CXCL8, CCL5 and CCL20) were observed. GRFT was not detected in plasma. GRFT and GRFT/CG in cervicovaginal lavage samples inhibited HIV and HPV, respectively, in vitro in a dose-dependent fashion. These data suggest GRFT formulated in a CG gel is a safe and promising on-demand multipurpose prevention technology product that warrants further investigation. © 2022 Teleshova et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Administration, Intravaginal; AdolescentAdult; Carrageenan; Double-Blind Method; FemaleHIV Infections; HIV-1Humans; Middle Aged; Papillomaviridae; Papillomavirus Infections; Plant Lectins; Pre-Exposure Prophylaxis; Vaginal Creams, Foams, and Jellies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	ten Brink D.C.; Martin-Hughes R.; Minnery M.E.; Osborne A.J.; Schmidt H.-M.A.; Dalal S.; Green K.E.; Ramaurtarsing R.; Wilson D.P.; Kelly S.L.	Cost-effectiveness and impact of preexposure prophylaxis to prevent HIV among men who have sex with men in Asia: A modelling study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0268240	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130782764&doi=10.1371%2fjournal.pone.0268240&partnerID=40&md5=6f48ace78bf4d3b809f6f3bcc363d432	Introduction More than 70% of new HIV infections in Asia occurred in eight countries in 2020: Cambodia, China, India, Indonesia, Myanmar, Nepal, Thailand, and Vietnam—with a rising incidence among men who have sex with men (MSM). The World Health Organization (WHO) recommends pre-exposure prophylaxis (PrEP) for those at risk of acquiring HIV, yet wide-scale implementation of PrEP, on a daily or event-driven basis, has been limited in Asia. Methods The Optima HIV model was applied to examine the impact of scaling-up PrEP over five-years to cover an additional 15% of MSM compared with baseline coverage, a target deemed feasible by regional experts. Based on behavioral survey data, we assume that covering 15% of higher-risk MSM will cover 30% of all sexual acts in this group. Scenarios to compare the impact of generic-brand daily dosing of PrEP with generic event-driven dosing (15 days a month) were modelled from the start of 2022 to the end of 2026. Cost-effectiveness of generic versus branded PrEP was also assessed for China, the only country with an active patent for branded, higher cost PrEP. The impact on new HIV infections among the entire population and cost per HIV-related disability-adjusted life year (DALY) averted were estimated from the beginning of 2022 to the end of 2031 and from 2022 to 2051. Results If PrEP were scaled-up to cover an additional 15% of MSM engaging in higher-risk behavior from the beginning of 2022 to the end of 2026 in the eight Asian countries considered, an additional 100,000 (66,000–130,000) HIV infections (17%) and 300,000 (198,000–390,000) HIV-related DALYs (3%) could be averted over the 2022 to 2031 period. The estimated cost per HIV-related DALY averted from 2022 to 2031 ranged from US$600 for event-driven generic PrEP in Indonesia to US$34,400 for daily branded PrEP in Thailand. Over a longer timeframe from 2022 to 2051, the cost per HIV-related DALY averted could be reduced to US$100–US$12,700. Conclusion PrEP is a critical tool to further reduce HIV incidence in highly concentrated epidemics. Implementing PrEP in Asia may be cost-effective in settings with increasing HIV prevalence among MSM and if PrEP drug costs can be reduced, PrEP could be more cost-effective over longer timeframes. Copyright: © 2022 ten Brink et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	emtricitabine; lamivudine plus tenofovir disoproxil; tenofovir disoproxil; anti human immunodeficiency virus agent; generic drug	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Tesoriero J.M.; Yuan Y.; Newport R.; O'Grady T.; Cotroneo R.; Stevens L.; Grisham T.; Seo S.; Gonzalez C.	Assessing the Impact of a PrEP Aware Week Campaign on PrEP Prescription Fills in NYS	Journal of Public Health Management and Practice	-	-	-	10784659	10.1097/PHH.0000000000001554	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135202220&doi=10.1097%2fPHH.0000000000001554&partnerID=40&md5=fac497561657db1d59726016d1eab9b9	Context: The New York State (NYS) Department of Health AIDS Institute engaged stakeholders across NYS to participate in the state's first "PrEP Aware Week"(PAW). PAW sought to increase the knowledge, interest, and number of PrEP (pre-exposure prophylaxis) prescriptions filled across NYS. PAW activities were designed to be easy to implement, with minimal cost. Stakeholders were provided activities to implement, along with a social media tool kit featuring videos, graphic ads, and sample social media posts in English and Spanish to use as is or modify. PAW included more than 750 distinct events and activities undertaken by more than 250 participating providers. Objective: To assess the impact of PAW on PrEP prescription filling patterns in NYS. Design: An interrupted time-series analysis was conducted to estimate the impact of PAW on overall and new PrEP prescription filling patterns. Separate models were developed by sex (male, female), race and ethnicity (White non-Hispanic, Black non-Hispanic, Hispanic, other, unknown), and region (New York City, rest of NYS). Setting: PAW took place across NYS during the week beginning October 20, 2019. Participants: PAW was undertaken by more than 250 health care providers, nonmedical health & human services providers, local and state health department staff, and colleges and universities. Main Outcome Measures: The number of overall and new PrEP prescriptions. Results: PAW was associated with modest increases (6%-9%) in the number of PrEP prescription fills in NYS. The PAW impact lasted for about 2 months, generated an estimated 2727 additional PrEP prescription fills statewide, and was realized across sex, region, and racial and ethnic subgroups. Increased prescription fills were driven by those previously prescribed PrEP. Increases in new prescriptions were noted among Latinx individuals (21% increase, 55 additional prescriptions) but not overall or across other groups. Conclusion: NYS's PAW was effective at increasing PrEP prescription refills in NYS. Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.	HIV; pre-exposure prophylaxis; public health campaigns	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2022	Tessema, Hanna; Hull, Shawnika J.	Understanding Individual & Product-Related Factors Influencing Diffusion of PrEP & PrEP + Contraception among Black Women Who Have Sex with Men	-	-	The George Washington University	-	NA	NA	https://scholarspace.library.gwu.edu/concern/gw_etds/g158bj11q	This dissertation research seeks to better understand the individual and product-related factors influencing Pre-Exposure Prophylaxis (PrEP) and bundled PrEP and contraception uptake intention among Black women who have sex with men. A key consideration in this research is partnership status and whether it influences decisions around PrEP uptake intent. Black women are often overlooked in HIV prevention efforts, especially regarding health messaging around PrEP as an HIV prevention tool. As a result, very little is known about the factors that influence their decisions around HIV prevention and the role of male partners. The first chapter (n = 1431) uses a reasoned action approach to investigate whether partnership status is a background variable predicting PrEP intention but being mediated by other psychosocial factors (attitudes, norms, and self-efficacy) or if it is a moderator influencing the strength and direction of the aforementioned psychosocial factors' effect on PrEP intent. The data were collected through a survey administered at Washington, DC-based sexual health clinics. The second chapter (n = 20) uses the diffusion of innovations theory to investigate the factors that may speed or slow the diffusion of an innovation combining PrEP and contraception among Black women. The data were collected through a series of phone interviews at a research, policy and education institute and its affiliated community health center specializing in LGBTQ and HIV care. While the mode of delivery and frequency of administration were identified as key factors influencing perceptions of the attributes of the innovation, partnership status and life stage were also key in decision making. This research contributes to the body of knowledge about Black women, their male partners and PrEP intention and the factors influencing decisions to try an innovation combining PrEP and contraception.	Pre-exposure prophylaxis; Public health; Black women; 0573:Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2022	Tester G.; Hoxmeier J.C.	A life course perspective and the qualitative examination of gay men's PrEP perceptions	Journal of Gay and Lesbian Social Services	-	-	-	10538720	10.1080/10538720.2021.2004481	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119327293&doi=10.1080%2f10538720.2021.2004481&partnerID=40&md5=a8963c14466ee0ab2771e998fa264926	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy, but uptake remains low and more research examining its social dimensions is needed. Studies suggest a life course perspective is useful for understanding gay men's PrEP perceptions. We extend this work by using interviews, focus groups, and key principles of the life course perspective, including those not used in the current research, to explore PrEP perceptions among 25 gay men of distinct generational cohorts who live in Seattle, Washington. Consistent with the life course perspective, participants gained PrEP knowledge, made sense of stigma, and developed perceptions through interactions with others in their social networks, including current and past friends, sexual and romantic partners, and community members of various ages and serostatuses. Additionally, participants comprehended PrEP by considering their own age-based HIV experiences and the experiences of gay men in different generations, highlighting how PrEP is shaped by HIV history and the experiences of multiple generations. The findings also indicate that, to communicate PrEP efficacy and increase uptake, it is important to create nuanced, and effective, messages, which consider positive and negative feelings about HIV and prevention, and emotionally laden behavior, knowledge, and beliefs. © 2021 Taylor & Francis Group, LLC.	gay men; HIV/AIDS; life course perspective; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2022	The Lancet HIV	Equitable access to long-acting PrEP on the way?	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00167-9	https://dx.doi.org/10.1016/S2352-3018(22)00167-9	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Other
Article	2022	Thepthien B.-O.; Srivanichakorn S.; Udomsubpayakul U.; Sein Win Z.Z.K.; Zaw A.M.M.	HIV risk behavior and testing among MS M in Bangkok 2015–2019: a short report	AIDS Care	-	-	-	9540121	10.1080/09540121.2021.2001418	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119339941&doi=10.1080%2f09540121.2021.2001418&partnerID=40&md5=9ccb0909ca0210594dd0ad8786782c42	Men who have sex with men (MSM) in Thailand have high HIV prevalence. This analysis used three years of data from the Behavioral Surveillance Survey (BSS) to examine the behaviors and biomedical interventions among MSM in Bangkok. Percent MSM with an HIV or STI test in the past 12 months decreased from 50.8% to 29.8%, and 42.2% to 33.0%, respectively. The frequency of HIV/STI testing was higher among those who had university-level education, as well as among those who reported higher AIDS knowledge, and had utilized prevention services. Additionally, awareness of PrEP peaked in 2017 (74.1%). The study found an increasing trend of men who had sex without a condom the last time they had anal sex with a man, and/or with multiple partners. Nearly two-thirds of the sample were reached by HIV prevention interventions. One-third had correct AIDS knowledge. These findings suggest that, after an increase of sex behavior risk, a decrease in PrEP awareness, and unknown HIV status, HIV prevalence among MSM in Bangkok may have begun to increase again. Intensified prevention interventions are urgently needed to reduce HIV behavioral risk for MSM since that is a major driver of the HIV epidemic in Thailand. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	BBSS; HIV/STI uptake; MSM; risk behavior	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2022	Thomas B.; Piron P.; de La Rochebrochard E.; Segouin C.; Troude P.	Is HIV Pre-Exposure Prophylaxis among Men Who Have Sex with Men Effective in a Real-World Setting? Experience with One-On-One Counseling and Support in a Sexual Health Center in Paris, 2018–2020	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph192114295	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141554323&doi=10.3390%2fijerph192114295&partnerID=40&md5=f5bb4ed43c96105447b0977ca00a5910	HIV pre-exposure prophylaxis (PrEP) is highly effective but depends on patients' care engagement, which is often mediocre and poorly measured in real-world settings. This study aimed to assess the effectiveness of a PrEP program in a sexual health center that included accompanying measures to improve engagement. A retrospective observational study was conducted. All men who have sex with men (MSM) who initiated PrEP for the first time between 1 August 2018 and 30 June 2019 in the Fernand-Widal sexual health center, Paris, France, were included. Among the 125 MSM who initiated PrEP, the median age was 33 and most had only male partners. At initiation, 58% were considered at very high risk of HIV infection, mainly due to a history of post-exposure prophylaxis. During the first year, patients attended a median of three visits (Q1–Q3, 2–4). At 12 months, 96% (95% CI, 92.6 to 99.4) had a successful PrEP course, assessed by a novel metric. These results highlight the possibility of achieving a high PrEP success ratio among MSM in a real-world setting. The accompanying measures and one-on-one counseling by a trained counselor could explain the effectiveness of this PrEP program. © 2022 by the authors.	HIV prevention; MSM; pre-exposure prophylaxis; retention in care; sexually transmitted infections	English	Switzerland	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2022	Thomas D.; Mujugira A.; Ortblad K.; Namanda S.; Kibuuka J.; Nakitende M.; Nambi F.; Nakabugo L.; Scoville C.; Muwonge T.; Heffron R.	A pragmatic approach to identifying implementation barriers and facilitators for a novel pre-exposure prophylaxis (PrEP) delivery model at public facilities in urban Uganda	Implementation Science Communications	-	-	-	26622211	10.1186/s43058-022-00254-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136642010&doi=10.1186%2fs43058-022-00254-w&partnerID=40&md5=fbfaa73ef10477ae05fcca939490fb5e	Background: Scalable HIV pre-exposure prophylaxis (PrEP) delivery models for resource-limited settings are critical for improving PrEP coverage and interrupting HIV transmission. This research uses technical assistance (TA) reports to evaluate implementation barriers and facilitators for a novel delivery model integrating PrEP and antiretroviral therapy (ART) delivery for HIV sero-different couples in public health facilities in Kampala, Uganda. Methods: We used data from the Partners PrEP Program (PPP)—a stepped-wedge cluster randomized trial that is launching PrEP delivery through an integrated model of oral PrEP and antiretroviral therapy (ART) delivery for HIV sero-different couples at public health facilities in Kampala and Wakiso, Uganda (NCT03586128). Technical assistance teams, comprised of PPP program staff, conducted monthly TA visits to implementing facilities where they identified and addressed implementation challenges in collaboration with health facility staff. Findings were recorded in TA reports, a standardized form structured using the Consolidated Framework for Implementation Research (CFIR). We used a conceptual content analysis approach to evaluate TA reports completed from January to December 2019 and identify implementation barriers and facilitators. Results: Among 39 reports from the 8 implementing facilities (~ 5 per facility), we identified 11 CFIR constructs. Key implementation facilitators included sensitizing and educating facility staff about PrEP (knowledge and beliefs about the innovation); establishing formal and informal feedback and accountability mechanisms (reflecting and evaluating); and empowering facility staff to address implementation challenges (self-efficacy). Key implementation barriers were related to ineffective recruitment and referral of sero-different couples to and from nearby facilities (cosmopolitanism) as well as stockouts of laboratory resources and testing supplies (available resources). Conclusions: This analysis featured a robust implementation science framework to assess the relationship between early implementation determinants and outcomes of this innovative PrEP delivery model. Further, we have provided important descriptions of early implementation barriers and facilitators that will inform scale-up efforts for PrEP delivery within and beyond Uganda. Future work will refine the analysis of pragmatic program data, qualitatively investigate the identified key themes, and explore strategies for addressing implementation barriers. © 2022, The Author(s).	Barriers; CFIR; Facilitators; HIV; Implementation; LMIC; PrEP; Uganda	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Thompson, Kyle A; Blank, Gabriel; Toy, Junine; Moore, David M; Lachowsky, Nathan; Bacani, Nicanor; Zhang, Wendy; Sereda, Paul; Lima, Viviane D; Barrios, Rolando; Montaner, Julio S G; Hull, Mark W	Prevalence and incidence of hepatitis C infection amongst men who have sex with men in a population-based pre-exposure prophylaxis program in British Columbia, Canada.	Liver International	-	-	-	1478-3231	10.1111/liv.15237	https://dx.doi.org/10.1111/liv.15237	BACKGROUND: Men who have sex with men (MSM) are at risk for sexually-transmitted hepatitis C (HCV). Evidence for HCV infection in the context of pre-exposure prophylaxis (PrEP) use in North America is limited. We sought to characterize baseline HCV prevalence and incidence in MSM receiving PrEP in British Columbia (BC), Canada. METHODS: We followed individuals in the BC PrEP program from January 2018 to August 2019. We evaluated baseline prevalence and incident seroconversions (newly positive HCV antibody). A multivariable logistic regression model was performed in MSM for factors associated with HCV prevalence at enrollment, including reported prior sexually transmitted infection (STI), HIV Incidence Risk Index for MSM score, PrEP use because of a partner living with HIV, and location of residence. RESULTS: The median age of the cohort was 33 years, 98.3% male, with 3058 person years (PY) of follow-up. Baseline HCV prevalence was 0.82% (31/3907 MSM enrollees) and HCV incidence (n = 3) was 0.15 per 100 PY (95% confidence interval CI 0.03-0.45). In multivariable analysis, initiating PrEP because of a partner living with HIV (adjusted odds ratio aOR 5.02; 95% CI 1.87-13.47) and prior STI (aOR 2.34; 95% CI 1.04-5.24) were associated with baseline HCV status. CONCLUSIONS: Baseline HCV prevalence and incidence was low amongst MSM in a population-based PrEP program in BC, Canada. HCV was associated with bridging from populations living with HIV and evidence of a reported prior STI as a PrEP indicator condition amongst MSM. PrEP initiation may be an opportunity for linkage to HCV screening and treatment.	NA	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative

Article	2022	Thongsri T.; Laopaiboonkan S.; Thanon N.; Thongthumnuchart V.; Yunta A.; Muthuma F.M.S.	Awareness of existence, knowledge, and acceptability of HIV pre-exposure prophylaxis (PrEP) among university students in Thailand	Journal of Applied Pharmaceutical Science	-	-	-	22313354	10.7324/JAPS.2022.121206	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144721504&doi=10.7324%2FJAPS.2022.121206&partnerID=40&md5=f59e6b7b4fcecb99195f021365752f84	Despite the fact that teenagers in South Thailand have higher rates of human immunodeficiency virus (HIV) infection, little is known about HIV pre-exposure prophylaxis (PrEP), which is considered one of the prevention strategies suggested to control HIV illness. PrEP is a once-daily pill that has been shown to be more than 90% effective in HIV prevention. This study aimed to meet the need for a better and more comprehensive understanding of the awareness, knowledge, and acceptability of PrEP among undergraduate students in Southern Thailand. A cross-sectional survey was conducted among 259 undergraduate students at Walailak University from December 2020 to March 2021. The convenient sampling technique method was used to select the participants. For data analysis, descriptive and inferential statistics were used. According to the study findings, the majority (81%) of the participants were female, and 31.68% of the participants were aged between 18 and 21 years. It was also discovered that 20.8% of the participants had heard of PrEP and that 39.8% were ready to accept the use of PrEP. Furthermore, nearly half of the participants were unable to determine who was eligible for PrEP, and only a small percentage of them were aware of the cost and how to use PrEP. The results of the current setting revealed that participants had a low level of awareness, knowledge, and acceptability of PrEP, despite a high level of intention to use it. Our findings also found that participants who were aware of the existence of PrEP were more likely to accept it than those who were not. Awareness campaigns and public education are required to increase PrEP acceptability in Thailand. © 2022 Tawaphon Thongsri et al. This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License (https://creativecommons.org/licenses/by/4.0/).	Acceptability; Awareness of existence; Knowledge; Pre-exposure prophylaxis; University students	English	India	Asia and the Pacific	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2022	Thorpe S.; Hargons C.N.; Tanner A.E.; Stevens-Watkins D.	Perceived HIV Invulnerability and PrEP Knowledge and Attitudes among Black Sexual Minority Women	American Journal of Sexuality Education	-	-	-	15546128	10.1080/15546128.2022.2035291	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125770495&doi=10.1080%2f15546128.2022.2035291&partnerID=40&md5=24ef7865cfbb7746307ea9372e902ca8bd	Black women have disproportionate rates of HIV compared to women of all other racial groups. The purpose of this analysis was to investigate perceived HIV risk, HIV and sexually transmitted infection (STI) testing behaviors, and pre-exposure prophylaxis (PrEP) knowledge and attitudes among Black sexual minority women (SMW) and examine differences based on the history of male sex partners. Secondary data analysis was conducted using data from the Generations Study. This analysis used a sample of N = 169 participants who identified as Black cisgender women. Results showed Black SMW with a history of male sex partners reported a higher perceived risk of contracting HIV and significantly more frequent HIV and STI testing than those without a history of male sex partners. Overall, most of the sample was not familiar with PrEP, but once-third had favorable attitudes toward it, and half felt like they did not know enough about PrEP to form an opinion. Implications for culturally relevant public health campaigns and comprehensive sexuality education that integrate PrEP are included. © 2022 Taylor & Francis Group, LLC.	Black women; HIV prevention; HIV testing; pre-exposure prophylaxis; women who have sex with women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Thurman, AR; Ravel, J; Gaipe, P; Marzinke, MA; Ouattara, LA; Jacot, T; Peet, MM; Clark, MR; Doncel, GF	Vaginal Microbiota and Mucosal Pharmacokinetics of Tenofovir in Healthy Women Using a 90-Day Tenofovir/Levonorgestrel Vaginal Ring	Frontiers in Cellular and Infection Microbiology	-	-	-	NA	10.3389/fcimb.2022.799501	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02300078/full	Background: A relationship between the vaginal microbiota and tenofovir (TFV) concentrations and activity after topical administration has been previously reported. Objective: CONRAD A15-138 was a randomized, placebo-controlled Phase I study aimed at characterizing the safety, pharmacokinetics (PK), and pharmacodynamics (PD) of TFV and levonorgestrel (LNG) administered through a vaginal ring (TFV/LNG IVR). Here, we report the effect of TFV/LNG IVR on the vaginal microbiota. Methods: Forty-eight healthy, HIV-uninfected, reproductive-age women were enrolled in 4 participants each assigned to 12 (3 TFV/LNG, 1 placebo), assessing the vaginal microbiota by sequencing the V3-V4 regions of 16S rRNA genes prior to IVR insertion and monthly for 3 months. Concentrations of TFV in vaginal fluid (VF), and TFV and TFV-diphosphate (TFV-DP) in vaginal tissue, and modeled PD against HIV-1 in vitro were measured before and after treatment. Results: There were no clinically significant changes in relative abundance of vaginal bacterial phylotypes from pre-insertion baseline at any month among active and placebo IVR users. There were no changes in the community state type (CST) with IVR use. Participants with diverse, anaerobic-CST IVA/B microbiota had higher in vivo release of TFV from the IVR compared to women with Lactobacillus-dominated (LD) microbiota, who had expected in vivo TFV release rates. Median VF TFV concentrations were significantly higher among women with CST IV-A/B microbiota in months 1 (1,135 ng/mg VF) and 2 (3,800 ng/mg). Women with LD microbiota had significantly higher median VF TFV concentrations (1,423 ng/mg) and median TFV (103 ng/mg) and TFV-DP (5,877 fmol/mg) tissue concentrations versus women with CST IV-A/B microbiota at month 3. All women demonstrated a significant increase from pre-insertion baseline of in vitro HIV-1 inhibition by VF (p values <0.05). PD differences in tissue according to CST, however, were not statistically significant. Conclusion: TFV/LNG IVR use did not change the vaginal microbiota nor increase the incidence of CST IV-A/B. Vaginal microbiota, and in particular CST IV-A/B, may influence TFV exposure in the vaginal pill, impacted in vivo TFV release and cervicovaginal (CV) PK, but both PK and PD data suggest CV protection against HIV-1. Clinical Trial Registration: ClinicalTrials.gov (NCT02179210).	*microbiome; *multipurpose prevention technology; *pre-exposure prophylaxis; *vagina flora; *vagina ring; Adult; Anti-HIV Agents therapeutic use; Article; Contraceptive Devices, Female; Controlled study; Drug safety; Drug therapy; Female; HIV Infections drug therapy; prevalence & control; Human; Human immunodeficiency virus 1; Human tissue; Humans; In vitro study; In vivo study; Incidence; Lactobacillus; Levonorgestrel therapeutic use; Microbiota; Nonhuman; Pharmacodynamics; Pharmacokinetics; Phase 1 clinical trial; RNA, Ribosomal, 16S genetics; Randomized controlled trial; Tenofovir pharmacokinetics, therapeutic use; Vagina pill; Vagina tissue	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Tidd M.; Shiyanbola O.; Ford J.H., II; Richert L.	Assessing the use of an infographic on pre-exposure prophylaxis for Wisconsin community pharmacists	Journal of the American Pharmacists Association	-	-	-	15443191	10.1016/j.japh.2022.07.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136209906&doi=10.1016%2Fj.japh.2022.07.010&partnerID=40&md5=9c1010f2c3b0049d9dc5a1f94c6d8e99	Background: Pre-exposure prophylaxis (PrEP) treatments reduce the risk of contracting human immunodeficiency virus (HIV). However, despite proven effectiveness, PrEP use remains low among populations at risk of contracting HIV. Successful PrEP uptake includes developing partnerships with health care providers to implement PrEP-related tools and interventions. Pharmacists are uniquely positioned health professionals who can provide PrEP services in the community, such as pharmacy-led PrEP clinics, to increase uptake, adherence, and retention. Unfortunately, prior evidence shows that not all community pharmacists are knowledgeable about PrEP and willing to provide PrEP services. Objectives: The purpose of this study was to assess the use of an infographic on PrEP for community pharmacists' intention of utilizing an infographic on PrEP for HIV prevention to educate themselves on PrEP and in consultations with patients starting PrEP. Methods: An adaptive survey, using the Theory of Planned Behavior, was conducted to assess pharmacists' intentions by measuring their attitudes, subjective norms, and perceived behavioral control. The Fisher exact tests were performed to examine associations between the 3 theoretical constructs against intentions. Results: Pharmacists reported high intentions of utilizing the infographic to educate themselves (62%) and counsel patients starting PrEP (54%). Their attitudes, subjective norms, and perceived behavioral controls were all significantly associated with their intentions. However, their intentions were reported lower than their attitudes, subjective norms, and perceived behavioral control, suggesting that additional factors may influence intentions that were not measured in this study. Conclusion: The results from this study demonstrate Wisconsin community pharmacists' intentions of using an infographic on PrEP for HIV prevention in practice while measuring their attitudes, subjective norms, and perceived behavioral control. Future research is warranted to explore adapting and using the infographic to better understand its influence in improving pharmacy care among HIV-negative individuals. © 2022 American Pharmacists Association®	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Institutional	2022	Timoney, Maria Teresa (Teno); McGowan, Joseph P.; Fine, Steven M.; Vail, Rena M.; Merrick, Samuel T.; Rasla, Ava E.; Rodrigues, Jessica; Hoffmann, Christopher J.; Gonzalez, Charles J.	HIV Testing During Pregnancy, at Delivery, and Postpartum	-	HIV Testing During Pregnancy, at Delivery, and Postpartum	-	-	NA	NA	https://www.ncbi.nlm.nih.gov/books/NBK568683/	This guideline was developed by the New York State Department of Health AIDS Institute (NYSDOH AI) to provide clinicians in NYS with evidence-based recommendations for HIV testing of all pregnant patients, including those in labor. The purpose is to promote universal HIV screening in pregnancy to ensure timely diagnosis of HIV and rapid initiation of antiretroviral therapy, which can prevent perinatal transmission and protect the health of patients and their infants. To meet these goals, this guideline emphasizes the following: In each pregnancy, HIV testing is recommended as early as possible and again during the third trimester. Expedited HIV testing during labor is required for patients without documented negative HIV status and is recommended for patients with risk factors for HIV infection. Third-trimester testing is also recommended for patients who live in areas with high HIV incidence or prevalence. Rapid HIV testing is recommended for any patient who presents with signs or symptoms of acute HIV infection during pregnancy or postpartum as well as for those with newly diagnosed sexually transmitted infections. Pre-exposure prophylaxis and post-exposure prophylaxis are available and recommended for pregnant and postpartum patients with negative HIV test results who are at high risk of acquiring HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Other
Thesis and Dissertations	2022	Tsou, Nguyen Khai; Welles, Seth L.; Goldstein, Neal D.	Elevated Bacterial STI Incidence in Canada: Reframing Clinical Decision Making for HIV PrEP Beyond Risk Compensation	-	-	-	Drexel University	-	NA	NA	https://www.proquest.com/dissertations-theses/elevated-bacterial-sti-incidence-canada-reframing-decision/docview/2724078604/se-2?accountid=9113	Rates of sexually transmitted infections (STI) have increased among gay, bisexual, and men who have sex with other men (GBM) in Canada, particularly gonorrhea and syphilis. If left untreated, these bacterial STI can cause serious sequalae among GBM such infertility and prostrate as well as increase the risk of HIV transmission. Based on the theory of risk compensation, pre-exposure prophylaxis (PrEP) has been hypothesized as the primary contributing factor to the recent growth in bacterial STI incidence. However, findings are conflicting due to the methodological challenges of assessing how PrEP use facilitate behavioral changes. The purpose of this study was to examine the association between PrEP uptake and bacterial STI incidence among GBM in Ontario, Canada. Specifically, the association between bacterial STI detection and sex-related life events (i.e. relationship breakup, incarceration, and substance use) was examined. Additionally, the association between PrEP uptake and bacterial STI, and (c) characteristics of sexual partnerships were examined. Finally, the results from this study demonstrate Wisconsin community pharmacists' intentions of using an infographic on PrEP for HIV prevention in practice while measuring their attitudes, subjective norms, and perceived behavioral control. Future research is warranted to explore adapting and using the infographic to better understand its influence in improving pharmacy care among HIV-negative individuals. © 2022 American Pharmacists Association® incidence among GBM in the era of PrEP. To answer address these research aims, this dissertation used data from the iCrisis study, an online longitudinal study of GBM in Ontario, Canada. I used methods in causal inference to construct marginal structural models to evaluate the effect of PrEP uptake on rates of bacterial STI incidence and mediation models to quantify the indirect effect through confounders and sex. In the final aim, I broaden the scope of possible mechanisms contributing to increased STI risk and adopt a descriptive epidemiology approach to generate hypotheses regarding the potential impact of partnership characteristics on STI incidence. Overall, this dissertation did not find sufficient evidence of risk compensation among iCrisis participants. It demonstrates that a different mechanism (or a set of mechanisms) may better explain the observed increases in STI incidence among GBM and those on PrEP.	Pre-exposure prophylaxis; Risk compensation; Epidemiology; Causal inference; 0766:Epidemiology; Gay bisexual and men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Essay	2022	Tsvetko-Perez, Sandra Carlota; Vega Yahor, Alfonso; Martínez-Abarca, Cheistan Ivan; Estrada-Zarzeta, Guadalupe; Pérez-Camargo, Luis Alberto; Barroyo-Sánchez, Gabriela	Medical Care of people living with HIV in the Instituto Mexicano del Seguro Social	Revista Médica del Instituto Mexicano del Seguro Social	-	-	-	2448-5667/0443-5117	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10650749/	Infection by the human immunodeficiency virus (HIV) is a public health problem worldwide; however, the incidence has remained relatively stable. In Mexico, around 10,000 new cases are reported each year. The Instituto Mexicano del Seguro Social (IMSS) is the largest HIV care provider in the country, with 1,200 active clinics and 1,000 pharmacies. Since the beginning of the epidemic, HIV care has changed at the individual level was noticeable, in the 1990s, and later other agents were incorporated, such as protease inhibitors, drugs from the group of non-nucleoside analogs, and integrase inhibitors. In 2020, the migration to ARV schemes conformished in a single tablet based on integrase inhibitors, which constitute a highly effective option and timely supply of drugs has been achieved in 99% of the population. In the context of pandemics, the IMSS has also been a pioneer by being the first institution to implement HIV pre-exposure prophylaxis in 2021 at the national level and since 2022 antiretroviral post-exposure prophylaxis is available. The IMSS continues to be at the forefront incorporating the use of different management tools and instruments for the benefit of the population living with HIV. This document summarizes the history of HIV in the IMSS from the beginning of the epidemic to the present time.	Humans; *HIV; HIV; Health Promotion; Mexico/epidemiology; Integrase Inhibitors; *HIV Infections/drug therapy/epidemiology; Anti-Retroviral Agents; Academies and Institutes; Health Programs and Plans; Social Security	Spanish	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	NA	NA	Other
Essay	2022	Tricher, M; Peiffer-Smadja, N	Place of pre-exposure prophylaxis to prevent HIV transmission	Actualités Pharmaceutiques	-	-	-	0515-3700	10.1016/j.actpha.2022.07.010	https://www.sciencedirect.com/science/article/abs/pii/S0515370022002014	Pre-exposure prophylaxis is a recent method of offering a drug against human immunodeficiency virus infection to a person who is not infected. It is important that the pharmacy teams providing this therapy are able to answer questions and give appropriate advice. (C) 2022 Elsevier Masson SAS. All rights reserved	human immunodeficiency virus; pre-exposure prophylaxis; MSN; acquired human immunodeficiency syndrome; tenofovir disoproxil-emtricitabine	French	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Other
Article	2022	Trinchuk, Taise; Little, Bradley; LeBrun, Marlys	Providing HIV preexposure prophylaxis.	Canadian Family Physician	-	-	-	1715-5258	10.46747/cfp.6803197	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9833205/	Transmission of HIV is an ongoing concern in Canada. Since 1990, there have been approximately 2000 to 2500 Canadians diagnosed with HIV per year.1 Most of these infections are diagnosed among those identifying as gay, bisexual, or men who have sex with men (MSM), although regional differences exist.1 Preexposure prophylaxis (PrEP) is a prevention strategy for HIV using antiretroviral medications to decrease the risk of acquiring HIV. Increased ongoing risk. Preexposure prophylaxis involves taking medication before and after potential HIV exposure to prevent transmission. Other risk reduction strategies such as frequent HIV testing, condom use, and opioid agonist therapy can be used in combination with PrEP. Canadian guidelines on HIV PrEP and other resources are available; however, recent data suggest that many MSM who could benefit from this strategy are not currently using PrEP.2-4 Family physicians are trusted by their patients and thus well situated to offer PrEP to those who may benefit. This article will outline considerations when prescribing PrEP for MSM.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2022	Truong J.M.; Chermesich T.; Wirtz A.L.; Mon S.H.H.; Varangrat A.; Decker M.; Jaeyam S.; Lajangsat D.; Sirivongrungson P.; Hickey A.C.; Weir B.W.; Beyrer C.	Diverse contexts and social factors among young cisgender men and transgender women who sell or trade sex in Bangkok and Pattaya, Thailand: formative research for a PrEP program implementation study	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2067317	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130823433&doi=10.1080%2f09540121.2022.2067317&partnerID=40&md5=ea5cf9f6ac2b698afa6e3d9f47f3641d6	HIV incidence is high and persistent among cisgender men who have sex with men (MSM) and transgender women (TGW) who have sex with men, particularly among those who sell or trade sex. In preparation for implementation of biomedical HIV prevention interventions, we conducted formative research to inform the design of a pre-exposure prophylaxis (PrEP) program to reflect implementation of PrEP and behavioral interventions. This study analyzed interviews with 20 young (aged 18–28 years) MSM and TGW who sell/trade sex and drew on venue managers in Bangkok and Pattaya, Thailand. Participants described diverse contexts of sex work/trade, including in multiple informal and formal sex venues. Several participants reported mobility across provinces and out of the country, which led to interruptions sex work/trade. TGW sex workers reported challenges with access and cost of feminizing hormones and limited employment opportunities. Factors that could facilitate or challenge PrEP program implementation included HIV stigma, the role of venue management in sexual health practice, lack of PrEP knowledge, lower perceived HIV risk, and interest in personal health and wellbeing. Program implementers must consider myriad factors to successfully implement PrEP among MSM and TGW engaged in sex work or trade in Thailand. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV; men who have sex with men; pre-exposure prophylaxis (PrEP); sex work; Thailand; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Tsai, Hung-Chin; Chen, I-Tzu; Chang, Hui-Min; Lee, Susan Shin-Jung; Chen, Yao-Shen	High Prevalence of Dolutegravir Resistance in HIV-1-Infected Patients with Virological Failure to an NNRTI-Based Single-Tablet Regimen.	Infection and Drug Resistance	-	-	-	1178-6973	10.2147/IDR.S363012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135803908&partnerID=40&md5=ea5cf9f6ac2b698afa6e3d9f47f3641d6	Purpose: This study aimed to investigate the prevalence of resistance to a non-nucleoside reverse transcriptase inhibitor (NNRTI)-based single-tablet regimen (STR) in Taiwanese patients and clarify the clinical implications of using dolutegravir in patients who fail NNRTI treatment. Patients and Methods: Taiwanese patients infected with HIV-1 who failed NNRTI-based STR treatment were enrolled in this retrospective cohort study from 2015 to 2020. Mutations associated with drug resistance were identified using the 2019 International Antiviral Society-USA list of drug-resistant mutations in HIV, and drug susceptibility was assessed according to the Stanford HIV Drug Resistance Database version 9. Median values of continuous variables were compared between two groups using the Mann-Whitney U-test, and categorical variables were compared using the chi-square test or Fisher's exact test. Results: A total of 107 patients were included, of whom 29 were resistant HIV-1 to the initial STRs, and 78 failed treatment after switching to an STR. Seventy-four patients failed treatment with TDF/FTC/EFV (Atripla), 30 with TDF/FTC/RPV (Complera) and 3 with TAF/FTC/RPV (Odefsey). The prevalence rates of resistance to dolutegravir, elvitegravir, and bictegravir were 14.0%, 14.0%, and 13.1%, respectively. Patients with K65R mutations were more likely to have NNRTI resistance ($p = 0.037$) and dolutegravir resistance ($p < 0.001$) compared to the infected STRs, 62% developed dolutegravir resistance, compared to 44% of the 78 the patients who failed treatment after switching to an STR. There were no significant differences in the prevalence of specific NNRTI or dolutegravir resistance-associated mutations between those two groups. The patients with K65R mutations were more likely to have NNRTI resistance ($p = 0.037$) and dolutegravir resistance ($p < 0.001$). Conclusion: Our findings showed a high rate of dolutegravir cross-resistance in patients with NNRTI-based STR treatment failure. Dolutegravir should be used cautiously as a salvage regimen in patients who fail NNRTI treatment.	HIV, dolutegravir, drug resistance, single-tablet regimen, virological failure	English	New Zealand	Asia and the Pacific	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Clinical
Article	2022	Tseng E.Y.H.	A reflective review on gay and bisexual men in China	Dialogues in Human Geography	-	-	-	20438206	10.1177/20438206211054594	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85119862722&doi=10.1177%2f20438206211054594&partnerID=40&md5=f15e925507265a9fd23d2f3f8d7b9f00	Pre-Exposure Prophylaxis (PrEP), Treatment as Prevention (TasP), and undetectable affect the experience of gay and bisexual men living with HIV. They also link 'risk' and 'safety' to new sex and the use of recreational drugs as they relate to sexual practices among gay and bisexual men. From these insights, we can think about the complex connections between biomedical innovations in the field of HIV, sexual practices, subjectivity, pleasure, spaces, and technologies. This commentary offers a sociocultural perspective based on a study with 28 male sex workers (hereafter MSWs) on gay and bisexual men – mainly male sex workers – and their wives (Tongqi) in China. © The Author(s) 2021.	AIDs; China; HIV; male rural migrants; male sex workers	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Tsang, J; Butt, A; El Sakka, N	TRANSITIONING FROM PEP TO PREP: A CASE OF FALSE POSITIVE ABBOTT DETERMINE EARLY DETECT HIV RAPID TEST AFTER RECENT COVID INFECTION	Sexually Transmitted Infections	-	-	-	1368-4973	10.1136/sextrans-BASHH-2022.69	https://doi.org/10.1136/sextrans-BASHH-2022.69	30 year GBMSM presented to our sexual health service requesting PrEP. He was taking PEP after a sexual exposure and was keen to transition straight to PrEP. Baseline testing including HIV were negative before PEP was initiated. He was given a supply of PrEP and returned for HIV testing post PEP as per BASHH guidelines. He reported a recent Covid infection confirmed by PCR testing. We carried out a rapid Abbott Determine Early Detect HIV test which was reactive. The assay is a 4th generation test that detects both HIV-1/2 antibodies and free HIV-1 p24 antigen. The patient was advised of this test result and a repeat rapid test the same day remained reactive. He was advised that this could be as a result of recent Covid infection resulting in a cross reaction and that we would await confirmatory testing. He was advised to discontinue PrEP until the result was clarified. Laboratory testing was requested expeditiously and the sample tested on 2 different immunoassay analysers for the detection of HIV Ab/Ag. Both results were confirmed negative and he was advised to restart the PrEP. A literature search showed that cross reaction with the HIV rapid test had been reported after recent Covid 19 infection in other contex but not in the UK. He was seen 4 weeks later for further screening and rapid HIV testing on this occasion was negative together with the virology HIV immunoassay test. The patient was tested for COVID at the same time and was PCR negative at this stage.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	NA	NA	Clinical
Article	2022	Tsou, Benjamin W.; Finn, Steven M.; McGowan, Joseph P.; Vail, Rena; Merrick, Samuel T.; Rasla, Ava; Gonzalez, Charles J.; Hoffmann, Christopher J.	HIV Testing	-	HIV Testing	-	-	NA	NA	https://www.ncbi.nlm.nih.gov/books/NBK581840/pdf/Bookshelf_NBK581840.pdf	This guideline was developed by the New York State Department of Health (NYSDOH) AIDS Institute (AI) Clinical Guidelines Program to accomplish the following: goals: Provide clinicians in NYS with up-to-date information on HIV testing policies and practices. Ensure awareness of and access to the standard 3-step HIV testing algorithm recommended by the Centers for Disease Control and Prevention (CDC) and the NYSDOH. Increase HIV testing in NYS to increase the number of people who know their HIV status. Ensure that clinicians recognize and respond to HIV testing as a gateway to care, such that an HIV diagnosis prompts a referral for HIV treatment and a negative HIV test result prompts a referral for HIV prevention services, including pre- and post-exposure prophylaxis (PrEP and PEP). Emphasize that rapid antiretroviral therapy (ART) initiation is the standard of care for all individuals diagnosed with HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	-	Other
Article	2022	Tucker, Joseph D.; Hocking, Jane; Oladele, David; Estcourt, Claudia	Digital sexually transmitted infection and HIV services across prevention and care continuums: evidence and practical resources.	Sexual Health	-	-	-	1448-4987 1448-5028	10.1071/SH22023	https://pubmed.ncbi.nlm.nih.gov/35705515/	Increased demand for sexual health services (including prevention and treatment) have spurred the development of digital STI/HIV services. Earlier advances in testing technologies opened the door for self-testing and self-sampling approaches, in line with broader shifts in service strategies. Advances in HIV management mean that many people are living well with HIV and can no longer need intensive in-person monitoring, whereas those at-risk of HIV are recommended to have regular asymptomatic STI screening and pre-exposure prophylaxis. This narrative review examines the evidence and implications of digital STI/HIV services, focused on promoting testing, facilitating testing, clinical management and referrals, partner services, and prevention. We have used a prevention and care continuum to structure the review to increase utility to policy as well as practice. Digital STI/HIV services can be interwoven into existing clinical pathways to enhance face-to-face services or standalone digital STI/HIV services. A growing evidence base, including randomised controlled trials and observational studies, should help inform strategies for designing effective digital STI/HIV services. However, most studies to date have focused on high-income countries and people with smartphones, despite a substantial burden of STI/HIV in low- and middle-income countries. There are also important differences between digital STI and HIV services that require careful consideration. We discuss digital STI/HIV services evidence and implications to inform research and programs in this exciting field.	Humans; Smartphone; Continuity of Patient Care; *HIV Infections/diagnosis/prevention & control; *Sexually Transmitted Diseases/diagnosis/prevention & control; Self Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Turpin R.E.; Hawthorne D.J.; Rosario A.D.	Pre-Exposure Prophylaxis Interventions among Black Sexual Minority Men: A Systematic Literature Review	International Journal of Environmental Research and Public Health	-	-	-	1661782T	10.3390/ijerph19041934	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8873176/pdf/ijerph-19-01934.pdf	Background: Interventions to promote HIV pre-exposure prophylaxis (PrEP) among Black sexual minority men (BSMM) are especially important, given the disproportionate HIV incidence and relatively low uptake of PrEP among BSMM. Methods: We conducted a systematic literature review to identify the characteristics of interventions between 2016 and 2021 promoting PrEP use among BSMM. We synthesized these studies based on sample size, location, the use of peer-based delivery, and key intervention targets. Results: Of the starting total 198 articles, 10 were included in the final review, with the majority of included studies being randomized controlled trials. We identified providing PrEP access, PrEP counseling, HIV and PrEP education, linkage to general health care, and peer-based support as key successful intervention components. The starkest difference between interventions with and without demonstrated PrEP improvements was the outcome: all interventions focused on PrEP initiation led to large improvements, but those focused on PrEP adherence did not. No other factors demonstrated distinct differences between successful and unsuccessful interventions. Conclusion: We identified notable differences in intervention efficacy between PrEP initiation and PrEP adherence outcomes; PrEP adherence is necessary for optimal HIV prevention. Future interventions promoting and measuring PrEP adherence, with a focus on client-competence and peer components, are recommended. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	Experiment; HIV; LGBTQ; Prevention; Review	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2022	Turpin, Rodman; Smith, Jamil; Watson, Lakeshia; Heine, Bridgette; Dyer, Typhanye; Liu, Hongjie	Latent profiles of stigma and HIV pre-exposure prophylaxis among Black sexual minority men: an exploratory study.	SN Social Sciences	-	-	-	2662-9283	10.1007/s43545-022-00490-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9472176	Black sexual minority men (BSMM) are a priority population for HIV prevention efforts, including pre-exposure prophylaxis (PrEP) promotion. Intersectional stigma can be associated with deterrence from PrEP utilization among BSMM; this stigma has a novel context in the COVID-19 pandemic. To examine this, we investigated latent profiles of racial, sexuality-based, and related stigmas among HIV-negative BSMM in the COVID-19 pandemic and tested their association with PrEP use. We analyzed cross-sectional data from a pilot sample of HIV-negative BSMM (n = 151) collected between July 2nd and September 3rd, 2020 in the United States, primarily located on the east coast. We conducted latent profile analysis using internalized racism and homophobia, anticipated racism and homophobia, HIV stigma, healthcare stigma, and PrEP stigma. We then tested associations between latent profiles and both PrEP use (binary) and PrEP acceptability (ordinal) using modified Poisson regression and cumulative log models, respectively. We identified three latent profiles, characterized as 'Low Internalized Stigma, High Anticipated Stigma' (reference profile), 'High Internalized Stigma, Low Anticipated Stigma,' and 'High Internalized and Anticipated Stigma.' The 'High Internalized and Anticipated Stigma' profile was associated with PrEP use (aPR 0.37, 95% CI 0.17, 0.82) and acceptability (aPR 0.32, 95% CI 0.18, 0.57) nearly three times as low as the comparing profile after adjustment for confounders. The 'High Internalized Stigma, Low Anticipated Stigma' was also associated with PrEP acceptability nearly three times as low as the reference (aPR 0.38, 95% CI 0.22, 0.68). We identified latent profiles characterized by internalized and anticipated stigmas among BSMM during the COVID-19 pandemic and found that the profile with the highest levels of both internalized and anticipated stigma was associated with the lowest PrEP use and acceptability. Internalized stigma may be a particularly relevant intervention target in efforts to promote PrEP uptake among BSMM. Supplementary Information: The online version contains supplementary material available at 10.1007/s43545-022-00490-w.	Stigma, Racism, Homophobia, HIV, Latent variable, Intersectionality	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Uhrmacher M.; Skaletz-Rorowski A.; Nambiar S.; Schmidt A.J.; Ahaus P.; Serova K.; Mordhorst I.; Kayser A.; Wach J.; Tiemann C.; Münstermann D.; Brockmeyer N.H.; Potthoff A.	HIV pre-exposure prophylaxis during the SARS-CoV-2 pandemic: Results from a prospective observational study in Germany	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2022.930208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137736286&doi=10.3389%2ffpubh.2022.930208&partnerID=40&md5=0b85314b1bb070e327cbc786b5c12f6d	Aims: Since 2017, HIV pre-exposure prophylaxis (PrEP) care has been provided through an intersectoral collaboration at WIR (Walk-in-Ruhr, Center for Sexual Health and Medicine, Bochum, Germany). The aim of this study was to establish possible impact of COVID-restrictions on the sexual behavior of PrEP users in North Rhine-Westphalia. Methods: The current PrEP study collected data of individuals using PrEP, their sexual behavior and sexually transmitted infections (STIs) before (each quarter of year 2018) and during the COVID-19 pandemic (each quarter of year 2020). Results: During the first lockdown in Germany from mid-March until May 2020, PrEP-care appointments at WIR were postponed or canceled. Almost a third of PrEP users had discontinued their PrEP intake in the 2nd quarter of 2020 due to alteration of their sexual behavior. The number of sexual partners decreased from a median of 14 partners in the previous 6 months in 1st quarter of 2020, to 7 partners in 4th quarter of 2020. Despite such a significant reduction in partner number during the pandemic in comparison to the pre-pandemic period, a steady rate of STIs was observed among PrEP users in 2020. Conclusion: The SARS-CoV-2-pandemic has impacted PrEP-using MSM in North Rhine-Westphalia with respect to their PrEP intake regimen and sexual behavior in 2020. Our study revealed a steady rate of STI among PrEP users even during the pandemic, thus highlighting the importance of ensuring appropriate HIV/STI prevention services in times of crisis. Copyright © 2022 Uhrmacher, Skaletz-Rorowski, Nambiar, Schmidt, Ahaus, Serova, Mordhorst, Kayser, Wach, Tiemann, Münstermann, Brockmeyer and Potthoff.	Chemsex drugs; HIV; MSM; pandemic (COVID-19); pre-exposure prophylaxis; SARS-CoV-2; sexual behavior; sexual transmission infection	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Essay	2022	Ungar S.P.; Paret M.; Shust G.F.	HIV Pre-Exposure Prophylaxis: What Do Pediatricians Need to Know?	Pediatric Annals	-	-	-	904481	10.3928/19382359-20220314-07	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130048473&doi=10.3928%2f19382359-20220314-07&partnerID=40&md5=cfc0d21c84a6e24e40cddd7e0f927ed8	Pediatricians and adolescent providers play an important role in the health and well-being of adolescents and young adults, including their sexual health. HIV remains an ongoing concern for young people, with 21% of new HIV diagnoses occurring in this age group. The use of antiretroviral therapy for pre-exposure prophylaxis (PrEP) to prevent transmission of HIV to people who are not infected has been proven safe and effective. PrEP can be considered as part of a comprehensive risk mitigation strategy for adolescents and young adults, with clear guidelines for baseline evaluation and ongoing man-agement. © SLACK Incorporated.	cabotegravir; creatinine; emtricitabine; hepatitis B surface antibody; hepatitis B surface antigen; tenofovir disoproxil; anti human immunodeficiency virus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2022	Unger, Zoe D; Golub, Sarit A; Borges, Christine; Edelstein, Zoe R; Hedberg, Trevor; Myers, Julie	Reasons for PrEP Discontinuation After Navigation at Sexual Health Clinics: Interactions Among Systemic Barriers, Behavioral Relevance, and Medication Concerns.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002952	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9203912	BACKGROUND: Pre-exposure prophylaxis (PrEP) for HIV prevention requires engagement throughout the PrEP care continuum. Using data from a PrEP navigation program, we examine reasons for PrEP discontinuation. SETTING: Participants were recruited from New York City Health Department Sexual Health Clinics with PrEP navigation programs. METHODS: Participants completed a survey and up to 3 interviews about PrEP navigation and use. This analysis includes 94 PrEP initiators that were PrEP-naive before their clinic visit, started PrEP during the study, and completed at least 2 interviews. Interview transcripts were reviewed to assess reasons for PrEP discontinuation. RESULTS: Approximately half of PrEP initiators discontinued PrEP during the study period (n = 44; 47%). Most participants (71%) noted systemic issues (insurance or financial problems, clinic or pharmacy logistics, and scheduling barriers) as reasons for discontinuation. One-third cited medication concerns (side effects, potential long-term side effects, and medication beliefs; 32%) and behavioral factors (low relevance of PrEP because of sexual behavior change; 34%) as contributing reasons. Over half (53.5%) highlighted systemic issues alone, while an additional 19% attributed discontinuation to systemic issues in combination with other factors. Of those who discontinued, approximately one-third (30%) restarted PrEP during the follow-up period, citing resolution of systemic issues or behavior change that increased PrEP relevance. CONCLUSIONS: PrEP continuation is dependent on interacting factors and often presents complex hurdles for patients to navigate. To promote sustained engagement in PrEP care, financial, clinic, and pharmacy barriers must be addressed and counseling and navigation should acknowledge factors beyond sexual risk that influence PrEP use.	Pre-exposure prophylaxis (PrEP), Discontinuation, Restart, Barriers, Patterns of Use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	URBANO, AYRA ZAINE RODRIGUES	PERCEPÇÕES E PRÁTICAS DE PROFISSIONAIS DE SAÚDE NO ATENDIMENTO A ADOLESCENTES E JOVENS GAYS, HOMENS QUE FAZEM SEXO COM HOMENS, TRAVESTIS E MULHERES TRANSEXUAIS QUE USAM A PROFILAXIA PRÉ-EXPOSIÇÃO AO HIV (PrEP)	-	-	Universidade Católica de Santos	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=11680533	Os profissionais de saúde estiveram presentes desde as primeiras discussões sobre Cuidado e prevenção e hoje são parte fundamental na resposta à epidemia de HIV que atinge adolescentes e jovens e evidencia a importância de ações estratégicas que possibilitem redução da vulnerabilidade à infecção. A Profilaxia pré-exposição ao HIV (PrEP) é amplamente estudada e comprovadamente eficaz e desde 2017 integra a Prevenção Combinada no Brasil. Essa pesquisa se justifica a partir da compreensão que práticas e percepções dos profissionais de saúde sobre o atendimento e oferta influenciam e colaboram na efetivação da PrEP para adolescentes como política pública. Objetivo: Compreender práticas e percepções dos profissionais de saúde sobre o atendimento de adolescentes e jovens HSH e TrMT que usam PrEP. Procedimentos metodológicos: Os dados foram produzidos de julho de 2020 a fevereiro de 2021 como parte de uma investigação qualitativa inserida no contexto do estudo PrEP15-19 que avaliou a efetividade da PrEP entre adolescentes e jovens de 15 a 19 anos. Foram analisados profissionais de saúde que atuaram no sítio São Paulo e combinadas as técnicas de observação participante e entrevistas em profundidade. O processo analítico envolveu imersão no material empírico, codificação e categorização. A organização dos dados foi realizada com o apoio do software NVivo®. A interpretação seguiu o princípio hermenêutico-dialético e teve como quadro conceitual o Cuidado inserido nas práticas de saúde. As análises compreenderam as percepções sobre os adolescentes e jovens atendidos, a relação da PrEP com o cuidado e autonomia, as práticas de Cuidado alinhadas à Integralidade e a relação dos contextos de vulnerabilidade ao HIV com as práticas dos profissionais. Resultados: Foram entrevistados oito profissionais com idade entre 25 e 52 anos. A imprevisibilidade e a percepção de baixo risco foram relacionados como desafios no atendimento e a compreensão desses comportamentos favorecia ações de promoção e proteção à saúde. A escuta sensível e solidária foi apontada como uma prática de acolhimento propulsora das ações de Cuidado e sua ausência identificada como uma barreira de acesso que reforçava a percepção de baixa procura pelos serviços de saúde. O uso de uma linguagem mais próxima do cotidiano favorecia a construção de relações de confiança, capazes de influenciar no desenvolvimento da autonomia e na adesão ao tratamento. Atitudes acolhedoras e suporte frente a situações de estigma e preconceito relacionados ao uso da PrEP convergiam para o desenvolvimento da autonomia dos adolescentes e jovens. Adolescentes e jovens transexuais e os que relataram transtornos mentais foram reconhecidos como mais vulneráveis à exposição para o risco e por isso recebiam atendimento diferenciado, alinhado às práticas da Integralidade. Conclusão: As percepções e práticas dos profissionais de saúde estão incorporadas ao conceito de Cuidado, pois compreendem ações além dos saberes técnicos, e igualmente alinhadas ao princípio da Integralidade visto que reconhecem os contextos que aumentam a vulnerabilidade dos adolescentes e jovens ao HIV. No entanto existem tensões entre o discurso e a prática, observadas a partir da busca pelo êxito técnico em oposição ao sucesso prático.	Profissionais de saúde;PrEP;adolescentes;prevenção ao HIV	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2022	Urena A.	Relational Risk: How Relationships Shape Personal Assessments of Risk and Mitigation	American Sociological Review	-	-	-	31224	10.1177/00031224221112902	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136540330&doi=10.1177%2f00031224221112902&partnerID=40&md5=d2f7b0f02b4cc39a99b2195e00e9d1b7	Objects of risk mitigation are typically viewed as neutral items that limit exposure to an established hazard. However, people may refuse to adopt such tools, even when they feel vulnerable. This article explores how people assess their personal risk and mitigation options by examining PrEP use for HIV prevention. Drawing on semi-structured in-depth interviews with 40 Black and Latino gay, bisexual, and queer men, I argue PrEP uptake is a socially contextualized decision influenced by relational concerns. I develop the concept of relational inoculation, wherein individuals enact a sense of protection against harm through relational work. As individuals consider PrEP, they also contemplate how it may bolster or undermine intimacy they value for reducing interpersonal HIV exposure, as well as dispelling stigmatized notions of riskiness held by their intersecting ethno-racial and sexual minority communities. I develop testable propositions about how respondents' HIV risk assessments and PrEP use are enmeshed in a societal context of surveillance, in ongoing relations with intimate partners and socially significant others, and in navigation of community belonging within this milieu of risk. This article contributes to sociological research at the nexus of race, sexuality, and health, and offers health policy insight. © American Sociological Association 2022.	HIV; race; relationships; risk; sexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Üsküp, Dilara K; Nieto, Omar; Rosenberg-Carlson, Elena; Sung-Jae, Lee; Milburn, Norweeta G; Brooks, Ronald A	Acceptability and Appropriateness of Digital PrEP Interventions for Black and Latina Cisgender Women: Perspectives From Service Providers in Los Angeles County: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000002973	https://www.proquest.com/scholarly-journals/acceptability-appropriateness-digital-prep/docview/2676543876/se-2?accountid=8113	Background:Black and Latina cisgender women (BLCW) experience disproportionately high rates of HIV infection compared with White women. BLCW also experience disparities in uptake of pre-exposure prophylaxis (PrEP), a highly effective HIV prevention strategy. Digital technology interventions may help to improve PrEP accessibility among BLCW and address barriers to receiving PrEP services in clinical settings.Methods:We conducted a formative implementation research project with service providers to explore the use of digital technology interventions to improve PrEP care continuum outcomes among priority populations in Los Angeles County. A thematic analysis approach was then used to assess the perceived acceptability and appropriateness of digital PrEP interventions for BLCW.Results:Of the five technology products presented, service providers viewed the stand-alone telemedicine platforms as the most acceptable intervention type for BLCW. Service providers also noted perceived benefits and barriers that BLCW may experience in using stand-alone telemedicine platforms, and offered recommendations for tailoring the products to meet the individual needs of BLCW.Conclusions:Digital PrEP interventions may help address barriers BLCW experience in accessing PrEP in clinical settings. We offer suggestions of implementation strategies to optimize the use of digital PrEP interventions among BLCW.	Pre-exposure prophylaxis; pre-exposure prophylaxis; Telemedicine; Prophylaxis; Technology; Acceptability; Black women; Cisgender; telemedicine; digital technology; Latina women; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; United States--US; Digital technology; Los Angeles County California; Platforms; Research projects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	Usman, Dave M.; Goodwin, Julia A.	Implementation of the CDC's PrEP Practice Guideline to Improve PrEP Prescribing	-	-	Grand Canyon University	-	NA	NA	https://www.proquest.com/dissertations-theses/implementation-cdc-s-prep-practice-guideline/docview/2731430830/se-2?accountid=8113	Preexposure prophylaxis (PrEP) may prevent new human immunodeficiency virus (HIV) infections. At the project site, there was no consistent process in place for prophylaxis for HIV, so an evidence-based solution was sought. The purpose of this quantitative quasi-experimental quality improvement project was to determine if the implementation of the Centers for Disease Control and Prevention's (CDC) Preexposure (PrEP) Practice Guideline would impact new PrEP prescriptions among high-risk adults in a community health center in urban California over four weeks. Nola Pender's health promotion theory and Kurt Lewin's change theory provided the theoretical underpinnings of the project. Data on PrEP prescriptions were extracted from the electronic health record. A total of N = 49 patients were included in the project, n = 22 in the comparison group, and n = 27 in the intervention group. A chi-square test showed no statistically significant difference in the PrEP prescription rate between the comparison group (36.4%, n = 8) and the implementation group (63.0%, n = 17), X2 (1, N = 49) = 3.43, p = .064. Despite the lack of statistical significance, clinical significance was demonstrated by a 26.6 % increase in PrEP prescriptions after the implementation. Based on these results, the CDC's PrEP Practice Guideline may increase PrEP prescription rates. Recommendations are to continue using the CDC Preexposure (PrEP) Practice with PrEP guideline among high-risk adults at the project site, and to expand the project to other primary care clinics to obtain data on a larger sample size over an extended period.	PrEP; Preexposure prophylaxis; CDC; Centers for Disease Control and Prevention; Public health; Nursing; Pharmaceutical sciences; Health care management; 0573:Public health; 0569:Nursing; 0769:Health care management; 0572:Pharmaceutical sciences; 0643:Technical Communication; CDC's PrEP Practice Guidelines; Implementation of CD's PrEP Practice Guidelines; Improving PrEP Prescribing; PrEP Prescribing; Technical communication	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Ussery, Faith; Bachanas, Pamela; Alwano, Mary Grace; Lebelonyane, Refeletswe; Block, Lisa; Wirth, Kathleen; Ussery, Gene; Sento, Baraedi; Gaolathe, Tendani; Kadima, Etienne; Abrams, William; Segolodi, Tebogo; Hader, Shannon; Lockman, Shahin; Moore, Janet	HIV Incidence in Botswana Rural Communities With High Antiretroviral Treatment Coverage: Results From the Botswana Combination Prevention Project, 2013-2017.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000003017	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9388617	BACKGROUND AND SETTING: The Botswana Combination Prevention Project demonstrated a 30% reduction in community HIV incidence through expanded HIV testing, enhanced linkage to care, and universal antiretroviral treatment and exceeded the Joint United Nations Programme on HIV/AIDS 90-90-90 targets. We report rates and characteristics of incident HIV infections. METHODS: The Botswana Combination Prevention Project was a community-randomized controlled trial conducted in 30 rural/periurban Botswana communities from 2013 to 2017. Home-based and mobile HIV-testing campaigns were conducted in 15 intervention communities, with 39% of participants testing at least twice. We assessed the HIV incidence rate IR; number of new HIV infections per 100 person-years (py) at risk among repeat testers and risk factors with a Cox proportional hazards regression model. RESULTS: During 27,517 py, 195 (women: 79%) of 18,597 became HIV-infected (0.71/100 py). Women had a higher IR (1.01/100 py; 95% confidence interval: 0.99 to 1.02) than men (0.34/100 py; 95% confidence interval: 0.33 to 0.35). The highest IRs were among women aged 16-24 years (1.87/100 py) and men aged 25-34 years (0.56/100 py). The lowest IRs were among those aged 35-64 years (women: 0.41/100 py; men: 0.20/100 py). The hazard of incident infection was the highest among women aged 16-24 years (hazard ratio = 7.05). Sex and age were significantly associated with incidence (both P < 0.0001). CONCLUSIONS: Despite an overall reduction in HIV incidence and approaching the United Nations Programme on HIV/AIDS 95-95-95 targets, high HIV incidence was observed in adolescent girls and young women. These findings highlight the need for additional prevention services (pre-exposure prophylaxis and DREAMS) to achieve epidemic control in this subpopulation and increased efforts with men with undiagnosed HIV.	HIV incidence, combination prevention, Botswana, young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Uzoeghelu U.; Bogart L.M.; Mahoney T.; Ghebremichael M.S.; Kerr J.; Ojikutu B.O.	HIV Risk-Related Behaviors and Willingness to Use Pre-Exposure Prophylaxis Among Black Americans with an Arrest History	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-021-00980-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85100522732&doi=10.1007%2fs40615-021-00980-2&partnerID=40&md5=f847b71285699dbd9f9ac923d7ce7378	Objective: Black individuals in the USA are arrested and incarcerated at a significantly higher rate than White individuals, and incarceration is associated with increased HIV vulnerability. Pre-exposure prophylaxis (PrEP) reduces the risk for HIV transmission, but little is known about the relationship between HIV risk behavior and willingness to use PrEP among Black individuals with an arrest history. Method: A total of 868 individuals completed a nationally representative survey and provided baseline data on sexual risk. Participants were grouped as those with a history of arrest (N = 226) and those with no history of arrest (N=619) based on self-reported arrest history. Our study examined HIV risk behaviors associated with willingness to use PrEP between those with arrest history and those without arrest history. Results: Participants with an arrest history were more likely to have a lifetime history of anal sex (p<0.0001) and sexually transmitted diseases (p=0.0007). A history of multiple sexual partners in the past 3 months was associated with PrEP willingness in individuals with an arrest history aPR 2.61 (1.77, 3.85), p<0.0001, adjusting for other covariates in the model. Conclusions: Differences in risk behavior and willingness to use PrEP exist by arrest history. Understanding these risk behaviors are necessary to increase access to PrEP. PrEP uptake and adherence interventions, when recommended and made available for individuals at substantive risk of HIV infection at the time of arrest and during incarceration, are essential to reducing the spread of HIV in correctional facilities and in communities to which they return. © 2021, W. Montague Cobb-NMA Health Institute.	Arrest history; Correctional facilities; HIV risk; PrEP; Willingness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Valente P.K.; Bauermeister J.A.; Lin W.Y.; Da Silva D.T.; Hightow-Weidman L.; Drab R.; Mayer K.H.; Operario D.; Rusley J.; Biello K.B.	Preferences Across Pre-Exposure Prophylaxis Modalities Among Young Men Who Have Sex with Men in the United States: A Latent Class Analysis Study	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2022.0111	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141715840&doi=10.1089%2fapc.2022.0111&partnerID=40&md5=de7fd3861041e74e6951d59ea983c9af	Access to daily oral pre-exposure prophylaxis (PrEP) is suboptimal among young cisgender men who have sex with men (YMSM) in the United States. Next-generation modalities that do not involve daily oral regimens may mitigate some of the barriers to PrEP use. We identified latent classes of YMSM based on health care decision-making patterns and examined associations between latent classes and access to health care and PrEP modality preferences (i.e., daily and event-driven oral, rectal douches, broadly neutralizing antibodies, subcutaneous implants, and an injectable). Between October 2020 and June 2021, we administered an online survey to 737 YMSM. Latent class analysis (LCA) identified groups of YMSM based on communication with providers, stigma and mistrust in health care, and autonomy in sexual health decisions. Logistic regression examined associations between class membership and health care access, and exploded logit regression examined associations between class membership and ranked PrEP modality preferences. LCA identified three classes: shared decision-making (high communication with providers and high autonomy); provider-led decision-making (high communication and low autonomy); and patient-driven decision-making (low communication and high autonomy). Shared decision-making was associated with higher access to health care in comparison with the other classes. Across all classes, YMSM preferred daily oral PrEP over all next-generation PrEP modalities. Preferences for daily oral PrEP over next-generation PrEP modalities were particularly marked among the patient-driven decision-making class. Shared decision-making is associated with access to health care and HIV prevention and higher acceptability of next-generation PrEP modalities, and should be considered as part of future interventions to promote use of daily oral and next-generation PrEP. Copyright © 2022, Mary Ann Liebert, Inc.	adolescents; gay and bisexual men; HIV; implementation science; mixture modeling; online survey	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Valente P.K.; Bauermeister J.A.; Lin W.Y.; Operario D.; Rusley J.; Hightow-Weidman L.; Mayer K.H.; Biello K.B.	Next Generation Pre-Exposure Prophylaxis for Young Men who have Sex with Men: Lessons from System and Provider-level barriers to oral PrEP	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03665-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128768239&doi=10.1007%2fs10461-022-03665-x&partnerID=40&md5=9343139d4e9eb4cb1a2ff69efdac4f66	Next generation pre-exposure prophylaxis (PrEP) modalities that do not require daily regimens may address some of the barriers to daily oral PrEP among young men who have sex with men (YMSM). We conducted online semi-structured interviews with 30 YMSM to examine experiences and preferences related to HIV prevention care that may inform implementation of next generation PrEP. Barriers to PrEP care included initiating conversations about sexuality with providers; confidentiality concerns regarding disclosure of sexual practices and PrEP use to family; gaps in access to healthcare; and limited availability of affordable health services. Future implementation of next generation PrEP may benefit from providers addressing confidentiality concerns when discussing PrEP with YMSM; PrEP programs accounting for discontinuities in healthcare access among YMSM while strengthening access to affordable services; and collaborations between generalist providers and specialized clinics and providers to address providers' education needs, which may increase as next generation PrEP becomes available. We have linked affiliation 9 to author name "Katie B. Biello". Please check and confirm.Okay! © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adolescent and young adults; Gay and bisexual men; HIV/AIDS; Pre-exposure prophylaxis; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Valentine S.S.; Carnes N.; Caldwell J.; Gelaude D.; Taylor R.	Mapping Nurse Practitioners' Scope of Practice Laws: A Resource for Evaluating Pre-Exposure Prophylaxis Prescriptions	Health Equity	-	-	-	24731242	10.1089/heq.2021.0113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85123300477&doi=10.1089%2fheq.2021.0113&partnerID=40&md5=d84a98f9bcf9e626b584182076b2be9b	Context: Reducing the number of new HIV infections will require addressing barriers to HIV pre-exposure prophylaxis (PrEP) access and uptake. Nurse practitioners (NPs) may help increase PrEP access and uptake. State scope of practice laws determines NPs' ability to work independently and their authority to prescribe PrEP, a legend nonscheduled medication. Methods: This analysis applied legal epidemiology methods to analyze the laws of the 50 states and the District of Columbia that govern NPs' scope of practice as they may apply to prescribing legend nonscheduled medications. These laws were extracted from Westlaw Next between April and June 2019. Results: As of June 8, 2019, 17 states had laws that allowed NPs to both practice independently and prescribe legend nonscheduled drugs without restriction. Conclusion: The role that state scope of practice laws play in potentially limiting NPs' ability to prescribe PrEP should be considered. Increasing PrEP access and uptake is essential in reaching national HIV prevention goals. This analysis can inform further studies and polices on barriers to PrEP access and uptake. © Sheila Salvant Valentine et al., 2022; Published by Mary Ann Liebert, Inc. 2022.	HIV; nurse practitioners; PrEP; scope of practice	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Valera P.; Ali Z.S.; Cunningham D.; McLaughlin C.; Acevedo S.	Exploring Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Knowledge in Incarcerated Men	American Journal of Men's Health	-	-	-	15579883	10.1177/15579883221107192	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133632979&doi=10.1177%2f15579883221107192&partnerID=40&md5=9cdd8680f83666a28d42273496c56502	People who are incarcerated have a disproportionately high risk of contracting human immunodeficiency virus (HIV). While there is no known cure for HIV, there are biomedical approaches that can successfully manage the virus and prevent its transmission. A total of 267 men who are incarcerated completed a cross-sectional survey focused on cancer health, HIV prevention, and mental health in three state prisons. The mean age was 39 years. The majority had an annual income of US$10,000 or less, self-identified as heterosexual, not married, had children, did not have any military status, and identified as African American/Black. Less than 4% indicated that they had heard about Pre-Exposure Prophylaxis (PrEP), and only 3% had heard of Post-Exposure Prophylaxis (PEP). PrEP and PEP effectively prevent HIV infection, but little attention has focused on increasing the knowledge and awareness of these HIV prevention interventions in the incarcerated population. © The Author(s) 2022.	human immunodeficiency virus; men; post-exposure prophylaxis; pre-exposure prophylaxis; prisons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Van Beckhoven D.; Serrien B.; Montourcy M.; Verhofstede C.; Van den Bossche D.; Libois A.; De Geyter D.; Martin T.; Van den Eynde S.; Vuylsteke B.; Darcis G.; van Halem K.; Florence E.; Deblonde J.; Ausselet N.; Delforge M.-L.; Demeester R.; De Munter P.; Goffard J.-C.; Kabamba B.; Mertens R.; Messiaen P.; Moutschen M.; Pierard D.; Vaira D.; Vandekerckhove L.; Van den Wijngaert S.; Van Laethem K.; Van Praet J.; Yombi J.-C.	Impact of COVID-19 on the Belgian HIV epidemic: slowdown of HIV transmission and testing and adaptation of care	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-022-07879-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143349781&doi=10.1186%2fs12879-022-07879-1&partnerID=40&md5=9ee514c49955c9cb7e9ae88d2cb20478	Background: To gain insight into the impact of the COVID-19 pandemic and containment measures on the HIV epidemic and services, this study aims to describe HIV trends in 2020 and compare them with previous years. Methods: Belgian national HIV surveillance data 2017–2020 were analysed for trends in HIV testing, HIV diagnoses, VL measurements, ART uptake and PrEP purchase. Descriptive statistics from 2020 are compared to annual averages from 2017 to 2019 (proportional difference, %). Results: In 2020, 725 HIV infections were diagnosed in Belgium (− 21.5% compared to 2019). The decline was most pronounced during the first lockdown in April–May but also present in July–December. The number of HIV tests performed decreased by 17.6% in 2020, particularly in March–May and October–December (− 57.5% in April and -25.4% in November 2020 compared to monthly 2017–19 numbers). Diagnosis of acute HIV infections decreased by 47.1% in 2020 (n = 27) compared to 2019 (n = 51). Late HIV diagnoses decreased by 24.7% (95% CI − 40.7%; -9.7%) in 2020 compared to 2019. Of patients in care in 2019, 11.8% interrupted HIV care in 2020 compared to 9.1% yearly in the 3 previous years. The number of HIV patients with VL monitoring per month dropped in March–May 2020, whilst proportions of VL suppression and ART coverage remained above 86% and 98.5% respectively in 2020. PrEP purchases, number of purchasers and starters dropped during April–May 2020 (respectively − 45.7%, − 47.4%, − 77.9% in April compared to February 2020). Conclusions: The significant decrease in HIV diagnoses in Belgium in 2020 coincided with the COVID-19 pandemic and following containment measures, particularly in April–May during the first lockdown. A slowdown of HIV transmission due to reduced HIV risk exposure is suggested by the halving in diagnosis of acute HIV infections in March-December 2020 compared to the previous year, and the adaptive decrease in PrEP use and PrEP initiation from April onwards. Despite a slight increase in HIV care interruptions, the indicators of quality of HIV care remained stable. Access to prevention, testing and care for all people living with HIV and at risk of acquiring HIV is a priority during and after times of pandemic. © 2022, The Author(s).	COVID-19 impact; HIV care; HIV diagnosis; HIV testing; HIV trend	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2022	van der Elst, Elise M; Abuna, Mitchelle; Agutu, Clara; Ogada, Fred; Galole, Aisha; Shikuku, Joyce; Oduor, Tony; Graham, Susan M; Sanders, Eduard J; Operario, Don	"Facilitating HIV status adjustment: Qualitative insights from the Tambua Mapema proof-of-concept study in Kenya".	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0261255	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8758194	Systematic efforts are needed to prepare persons newly diagnosed with acute or chronic HIV infection to cope. We examined how patients dealt with this news, looking at how readiness to accept an HIV diagnosis impacted treatment outcomes, prevention of transmission, and HIV status disclosure. We examined vulnerability and agency over time and considered implications for policy and practice. A qualitative sub-study was embedded in the Tambua Mapema ("Discover Early") Plus (TMP) study (NCT03508908), conducted in coastal Kenya between 2017 and 2020, which was a stepped wedge trial to evaluate an opt-out HIV-1 nucleic acid testing intervention diagnosing acute and chronic HIV infections. Diagnosed participants were offered antiretroviral therapy (ART), viral load monitoring, HIV partner notification services, and provision of pre-exposure prophylaxis (PrEP) to their uninfected partners. Data were analyzed using thematic approaches. Participants included 24 individuals who completed interviews at four time points (2 weeks and 3, 6, and 9 months after diagnosis), including 18 patients (11 women and 7 men) and 6 partners (1 woman, 5 men, of whom 4 men started PrEP). Acceptance of HIV status was often a long, individualized, and complex process, whereby participants' coping strategies affected day-to-day issues and health over time. Relationship status strongly impacted coping. In some instances, couples supported each other, but in others, couples separated. Four main themes impacted participants' sense of agency: acceptance of diagnosis and commitment to ART; positive feedback after attaining viral load suppression; recognition of partner supportive role and focus on sustained healthcare support whereby religious meaning was often key to successful transition. To support patients with acute or newly diagnosed chronic HIV, healthcare and social systems must be more responsive to the needs of the individual, while also improving quality of care, strengthening continuity of care across facilities, and promoting community support.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2022	Van Dijck C.; De Baetselier I.; Cuylaerts V.; Buyze J.; Laumen J.; Vuylsteke B.; Kenyon C.	Gonococcal bacterial load in PrEP users with Mycoplasma genitalium coinfection	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211048678	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118590177&doi=10.1177%2f09564624211048678&partnerID=40&md5=4b68d907a834010b4a966d4eb127c14f	Objectives: Gonococcal infections with a higher bacterial load may pose a higher risk of transmission. We assessed the association between gonococcal bacterial load and coinfection with Mycoplasma genitalium. Methods: From September 2015 until May 2018, 200 men and transgender women who have sex with men participated in an HIV pre-exposure prophylaxis (PrEP) demonstration trial in Antwerp, Belgium. They underwent 3-monthly 3-site (anus, urine, and pharynx) molecular testing for N. gonorrhoeae and C. trachomatis and M. genitalium, irrespective of symptoms. Gonococcal bacterial load was determined on remnant DNA extracts using an in-house quantitative PCR. Results were expressed as log10 transformed copies/mL and analyzed with a linear regression model. Results: Gonococcal bacterial load could be determined for 82 (80.4%) of 102 anal, 17 (73.9%) of 23 urine, and 64 (90.1%) of 71 pharyngeal samples. M. genitalium was detected in five of these anal, two urine, and two pharyngeal samples and C. trachomatis was detected in 16 anal, one urine, and two pharyngeal samples. Gonococcal bacterial load was significantly higher in the presence of M. genitalium (difference 0.92 log copies/mL, 95% CI 0.16–1.67). Conclusions: Gonococcal bacterial load was higher with M. genitalium coinfection. M. genitalium may thus be a cofactor in gonococcal transmission. © The Author(s) 2021.	bacterial load; coinfection; gonococcus; Gonorrhoea; men who have sex with men; Mycoplasma genitalium; observational study; quantitative PCR	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2022	Van Gerwen, Olivia T; Austin, Erika L; Camino, Andres F; Odom, L Victoria; Muzny, Christina A	"It's behaviors, not identity": Attitudes and beliefs related to HIV risk and pre-exposure prophylaxis among transgender women in the Southeastern United States.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0262205	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8794203	HIV prevalence is high among transgender women (TGW) in the Southeastern U.S. Uptake of HIV Pre-Exposure Prophylaxis (PrEP) is low among TGW nationwide. We aimed to explore beliefs associated with PrEP among TGW in the Southeastern U.S., framed by the Health Belief Model. HIV-negative TGW ≥18 years old in Alabama participated in virtual focus group discussions. Authors coded and amended transcripts to explore emerging themes. Between July-December 2020, 17 TGW participated in 4 sessions. Mean age was 28.1±8.5 years. Several themes were identified: frustration with conflation of transgender identity and HIV risk, inappropriate transgender representation in PrEP advertising, concerns for interactions between PrEP and hormone therapy, perception that PrEP is meant for cisgender men who have sex with men and limited trans-affirming healthcare. Nuanced messaging is necessary to properly educate and engage TGW in HIV prevention strategies including PrEP given the diversity of this population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	van Griensven, Frits; Phanuphak, Nittaya; Manopaiboon, Chomnad; Dunne, Eileen F; Colby, Donn J; Chaiphosri, Pannee; Ramautarsing, Reshmie; Mock, Philip A; Guadamuz, Thomas E; Rangsin, Ram; Benjamaneepairoj, Kanya; Na Nakorn, Panus; Vannakit, Ravipa; de Lind van Wijngaarden, Jan Willem; Avery, Matthew; Mills, Stephen	HIV prevalence and incidence among men who have sex with men and transgender women in Bangkok, 2014-2018: Outcomes of a consensus development initiative.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0262694	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8782340	To reach its goal of ending AIDS by 2030, Thailand has adopted antiretroviral treatment as prevention and HIV pre-exposure prophylaxis for men who have sex with men (MSM) and transgender women (TGW) as its core HIV control strategy. However, in the absence of reliable epidemiologic indicators, the impact of these policies on the course of the HIV epidemic in these groups remains unknown. To help answer this question, we formulated an HIV epidemic consensus initiative for Bangkok, Thailand, to analyze epidemiologic and program data and reach agreement between experts and stakeholders on the evolving state of the HIV epidemic among MSM and TGW. A customized Delphi process was used to consult and consolidate viewpoints of experts and stakeholders. Experts presented and discussed HIV prevalence and incidence data from recent and ongoing studies among MSM and TGW in Bangkok (2014 to 2018) during a meeting with stakeholders representing government, donors, and civil society. Agreement about the course of the HIV epidemic among MSM and TGW was attained by voting consensus. Based on presented data, meeting participants agreed that HIV prevalence and incidence had decreased among Bangkok MSM from 2014 to 2018. Despite these declines, HIV prevalence and incidence were found to remain high. This was particularly the case among younger MSM. Participants agreed that there was no evidence for a decrease in HIV prevalence and incidence among Bangkok TGW. Introduction of antiretroviral treatment as prevention and HIV pre-exposure prophylaxis may have contributed to these declines. However, HIV prevalence and incidence remained high, and no signs of a decrease were reported among Bangkok TGW. At the current rate of new HIV infections in MSM and TGW, Thailand will not reach its goal of ending AIDS by 2030. This HIV consensus initiative may serve as a model for building agreement and advocacy on epidemiologic and program data and their implications for a large metropolitan city.	NA	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Mixed methods
Article	2022	van Wees D.A.; Diexer S.; Rozhnova G.; Matser A.; den Daas C.; Heijne J.; Kretzschmar M.	Quantifying heterogeneity in sexual behaviour and distribution of STIs before and after pre-exposure prophylaxis among men who have sex with men	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2021-055227	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137008161&doi=10.1136%2fsextrans-2021-055227&partnerID=40&md5=474b8ce39f0e29c927abdc85d861cf94	Objectives: Pre-exposure prophylaxis (PrEP) use may influence sexual behaviour and transmission of STIs among men who have sex with men (MSM). We aimed to quantify the distribution of STI diagnoses among MSM in the Netherlands based on their sexual behaviour before and after the introduction of PrEP. Methods: HIV-negative MSM participating in a prospective cohort study (Amsterdam Cohort Studies) completed questionnaires about sexual behaviour and were tested for STI/HIV during biannual visits (2009–2019). We developed a sexual behaviour risk score predictive of STI diagnoses and used it to calculate Gini coefficients for gonorrhoea, chlamydia and syphilis diagnoses in the period before (2009 to mid-2015) and after PrEP (mid-2015 to 2019). Gini coefficients close to zero indicate that STI diagnoses are homogeneously distributed over the population, and close to one indicate that STI diagnoses are concentrated in individuals with a higher risk score. Results: The sexual behaviour risk score (n=630, n visits=10 677) ranged between 0.00 (low risk) and 3.61 (high risk), and the mean risk score increased from 0.70 (SD=0.66) before to 0.93 (SD=0.80) after PrEP. Positivity rates for chlamydia (4%) and syphilis (1%) remained relatively stable, but the positivity rate for gonorrhoea increased from 4% before to 6% after PrEP. Gini coefficients increased from 0.37 (95% CI 0.30 to 0.43) to 0.43 (95% CI 0.36 to 0.49) for chlamydia, and from 0.37 (95% CI 0.19 to 0.52) to 0.50 (95% CI 0.32 to 0.66) for syphilis comparing before to after PrEP. The Gini coefficient for gonorrhoea remained stable at 0.46 (95% CI 0.40 to 0.52) before and after PrEP. Conclusions: MSM engaged in more high-risk sexual behaviour and gonorrhoea diagnoses increased after PrEP was introduced. Chlamydia and syphilis diagnoses have become more concentrated in a high-risk subgroup. Monitoring the impact of increasing PrEP coverage on sexual behaviour and STI incidence is important. Improved STI prevention is needed, especially for high-risk MSM. © Author(s) (or their employer(s)) 2022.	Chlamydia; Chlamydia Infections; Gonorrhea; HIV Infections; Homosexuality, Male; Human	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2022	Vanhamel, Jef; Reyniers, Thijs; Wouters, Edwin; van Olmen, Josefien; Vanbaelen, Thibaut; Nöstlinger, Christiana; Mieghem, Heleen Van; Landeghem, Ella Van; Rotsaert, Anke; Laga, Marie; Vuylsteke, Bea	How Do Family Physicians Perceive Their Role in Providing Pre-exposure Prophylaxis for HIV Prevention?-An Online Qualitative Study in Flanders, Belgium.	Frontiers in Medicine (Lausanne)	-	-	-	2296-858X	10.3389/fmed.2022.828695	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9005841	Introduction: In Belgium, the provision of pre-exposure prophylaxis (PrEP) for HIV prevention is centralized in specialized HIV clinics. Engaging family physicians in PrEP care could help scale-up its delivery and reach underserved populations. The objective of this study was to gain insight into family physicians' self-perceived roles in providing PrEP. Methods: We conducted 16 online group discussions with a total of 105 Flemish family physicians, between November 2020 and February 2021. A brief online questionnaire assessed their socio-demographics and experience with sexual health. We analyzed verbatim transcribed data using a grounded theory approach. Results: Despite limited awareness and experience, participants reported a high willingness to be more actively involved in PrEP care. Four potential roles for the family physician in PrEP care were identified: acting as low-threshold entry point for advice; opportunistic case finding of PrEP candidates; initiating appropriate care for PrEP-eligible clients; and ensuring high-quality follow-up care for PrEP users. Participants framed each of these roles within their current activities and responsibilities as primary care providers. Yet, participants differed in their views on the concrete operationalization of these roles, and in the extent of their involvement in PrEP. Particular challenges were a lack of experience with antiretrovirals, perceived limited exposure to clients at high HIV risk, and a lack of expertise and resources to conduct time-intensive risk assessments and counseling related to PrEP. Conclusion: Belgian family physicians demonstrated a keen willingness to be involved in PrEP care, but had differing views on the practical implementation into their practices. Providing tailored training on sexual health and PrEP, and investing in collaboration between primary and secondary care, could optimize the integration of PrEP in the primary care practice.	pre-exposure prophylaxis, HIV prevention, family physicians, primary care, service delivery	English	Switzerland	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2022	Vargas Bernal, Esteban	Three studies on random walks and disease dynamics on networks	-	-	The Ohio State University	-	NA	NA	http://rave.ohiolink.edu/etdc/view?acc_num=osu1658156591819527	The projects presented in this thesis are related to disease dynamics and random walks on networks. These projects consider networks of different spatial scales. In one project, we consider vector-borne disease dynamics on discrete spatial locations connected by host movement. Specifically, we compare two commonly used modeling frameworks for host movements, the Lagrangian and the Eulerian frameworks. In the second project, we extend the widely-used community detection algorithm InfoMap to absorbing random walks. The third project is a detailed study of a sexual network among men who have sex with men (MSM) in Columbus, Ohio. In particular, this latter project involves application of the InfoMap extensions developed in project two. While the Lagrangian-Eulerian and InfoMap projects are seemingly quite different, there is a shared theme of random walks on networks that connects the different projects of the thesis. We define Lagrangian and Eulerian frameworks to be consistent if there is a graph Laplacian L (representing the movement in the Eulerian framework) such that the residence times of infectious hosts in the two frameworks match. We provide a sufficient condition for consistency in terms of the mixing matrix associated with the Lagrangian approach. We examine the two-patch case, where we observe that the basic reproduction numbers of the two frameworks can be similar even when the frameworks are not consistent. In contrast, disease quantities such as outbreak final size can be significantly different even when the two frameworks are consistent. The second project concerns the community-detection algorithm InfoMap developed by Rosvall and Bergstrom. InfoMap builds on regular Markov chains and information theory to detect tightly-knit sets of nodes of a network via the minimization of an objective function called the map function. We examine the effect of disease dynamics on community structure of a network by extending InfoMap to absorbing random walks. One of our InfoMap extensions has the desirable property that its map function converges to the map function of standard InfoMap when all of the absorption rates approach zero. We study additional properties of this extension.The third project consists of application of our InfoMap extensions to empirical data on sexual networks among MSM collected through the Network Epidemiology of Syphilis Transmission (NEST) study in Columbus, Ohio. We fit an exponential random graph model (ERGM) to the NEST data, and sample a network of the fitted ERGM for our analysis. We consider pre-exposure prophylaxis (PrEP) usage as a proxy for health-care seeking to define syphilis treatment rates. We study the effect of differential absorption rates associated with differential PrEP usage on effective community structure. We also study the effect of PrEP use on disease quantities such as probability of a large outbreak, final outbreak size, outbreak peak, infection prevalence, and outbreak duration. We establish relationships between these disease quantities and effective community…	Epidemiology; Mathematics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Vartak R.; Jablonski J.; Deore B.; Mediouni S.; Sanhueza C.A.; Valente S.T.; Patel K.	Bictegravir nanomicelles and anionic pullulan loaded vaginal film: Dual mechanistic pre-exposure prophylaxis (PrEP) for HIV	International Journal of Biological Macromolecules	-	-	-	1418130	10.1016/j.ijbiomac.2022.08.211	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137360028&doi=10.1016%2fj.ijbiomac.2022.08.211&partnerID=40&md5=8aae257dec26d18e1d01d93132b155c3	Locally delivered pre-exposure prophylaxis (PrEP) has proven to be a promising strategy to combat Human immunodeficiency virus (HIV) transmission but several findings encountered toxicities or proved to be marginally effective in clinical settings. Therefore, innovative, multifunctional, and safer alternatives are being progressively investigated. Herein, we explored negatively charged carbohydrate, anionic pullulan (AP) as a rapidly soluble film-former and novel anti-HIV agent. Additionally, Bictegravir (BCT), an HIV integrase inhibitor was co-delivered in the form of nanomicelles for sustained antiviral activity. BCT-loaded PLGA-PEG polymeric nanomicelles (BN) were incorporated into PVA/pullulan-based film matrix comprising of 2 % w/v AP (BN-AP film). In cell-based assays, biocompatibility and TEER values for BN-AP films were similar to control while the commercial vaginal contraceptive film (VCF®) showed severe cytotoxicity and drastically reduced the tight junction integrity. Rapid disintegration of BN-AP film with >85 % drug release was observed in simulated vaginal and seminal fluid. Most importantly, AP and BN-AP film significantly inhibited HIV-1 replication with IC50 at as low as 91 μg/mL and 0.708 nM, respectively. Therefore, this study entails successful development of BN-AP film that functioned as an effective, biocompatible dual-acting PrEP formulation. © 2022 Elsevier B.V.	Anionic polymer; Anti-HIV; Bictegravir; PLGA nanomicelles; Pre-exposure prophylaxis; Vaginal film	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Vasco E.K.; Crowley T.	Young women's lived experiences of using PrEP in Namibia: A qualitative phenomenological study	International Journal of Africa Nursing Sciences	-	-	-	22141391	10.1016/j.ijans.2022.100481	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140734627&doi=10.1016%2fj.ijans.2022.100481&partnerID=40&md5=3d28e8cd42208f08cbd91ae0440210d1	Background: Young women are more likely to acquire Human Immunodeficiency Virus (HIV) than other population groups. Pre-exposure prophylaxis (PrEP) is using antiretroviral medicines by HIV-negative individuals before HIV exposure to avert HIV infection. Various conditions may influence women's decisions to initiate and continue PrEP. Objective: This study aimed to explore young women's lived experiences using PrEP in the Rundu district, Namibia. Method: Face-to-face in-depth interviews were conducted with nine young women between 21 and 24 years who had experience of current or previous use of PrEP and attended at least one follow-up visit after commencing PrEP. Colaizzi's seven-step process of qualitative data analysis was used to analyse data. Findings: Young women were aware of their risk of acquiring HIV, prompting them to use PrEP. These risks included a lack of awareness of their partner's HIV status, a lack of trust in their partners, or being in a sexual relationship with a partner living with HIV. Awareness also emanated from information provided by healthcare workers, peers and the media. Using PrEP empowered young women for self-care by enabling them to make choices about managing their risk. Some women persisted using PrEP despite several challenges, including the lack of privacy, stigma and inadequate support. Conclusion: PrEP is an empowering HIV prevention strategy for young women; however, much still needs to be done to promote young women's willingness to initiate and continue PrEP. © 2022 The Authors	HIV prevention; Human Immunodeficiency Virus; Lived experiences; Pre-exposure prophylaxis; Young women	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Vega-Ramirez, Hamid; Torres, Thiago S; Guillen-Diaz, Centli; Pimenta, Cristina; Diaz-Sosa, Dulce; Konda, Kelika A; da Cunha, Alessandro Ricardo Caruso; Robles-Garcia, Rebeca; Benedetti, Marcos; Hoagland, Brenda; Bezerra, Daniel R B; Caceres, Carlos F; Grinsztejn, Beatriz; Veloso, Valdilea G	Awareness, knowledge, and attitudes related to HIV pre-exposure prophylaxis and other prevention strategies among physicians from Brazil and Mexico: cross-sectional web-based survey.	BMC Health Services Research	-	-	-	1472-6963	10.1186/s12913-022-07900-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9027096	BACKGROUND: In order to end the HIV epidemic by 2030, combination HIV prevention including pre-exposure prophylaxis (PrEP) should be widely available, especially for the most vulnerable populations. In Latin America and the Caribbean (LAC), only 14 out of 46 countries have access to PrEP. In Brazil and Mexico, PrEP has been provided at no cost through the Public Health System since 2017 and 2021, respectively. Thus, HIV physicians' perspectives about PrEP and other prevention strategies may differ. This study aimed to compare awareness, knowledge, and attitudes related to PrEP and other prevention strategies among HIV physicians from Brazil and Mexico. METHODS: Cross-sectional, web-based survey targeting physicians who prescribe antiretrovirals from both countries. Participants answered questions on socio-demographic, medical experience, awareness, knowledge, and attitudes towards PrEP and other HIV prevention strategies. We stratified all variables per country and compared frequencies using Chi-square, Fisher exact, and Wilcoxon-Mann-Whitney tests, as appropriate. RESULTS: From January-October 2020, 481 HIV physicians were included: 339(70.5%) from Brazil, 276(57.4%) male, and median age was 43 years (IQR = 36-53). Awareness of PrEP did not differ between Brazil and Mexico (84.6%), while awareness of other prevention strategies, including post-exposure prophylaxis and new PrEP technologies, was higher in Brazil. More Brazilians perceived U=U as completely accurate compared to Mexicans (74.0% vs. 62.0%, P < .001). Willingness to prescribe PrEP was 74.2%, higher among Brazilians (78.2%, P = .01). Overall, participants had concerns about consistent access to PrEP medication and the risk of antiretroviral resistance in case of acute HIV infection or seroconversion. The main barriers reported were assumptions that users could have low PrEP knowledge (62.0%) or limited capacity for adherence (59.0%). Compared to Brazilians, Mexicans reported more concerns and barriers to PrEP prescription (all; P ≤ .05), except for consistent access to PrEP medication and the lack of professionals to prescribe PrEP (both; P ≤ .01). CONCLUSIONS: Although awareness of PrEP was similar in Brazil and Mexico, differences in knowledge and attitudes may reflect the availability and stage of PrEP implementation in these countries. Strengthening and increasing information on PrEP technologies and other HIV prevention strategies among HIV physicians could improve their comfort to prescribe these strategies and facilitate their scale-up in LAC.	Pre-exposure prophylaxis, Post-exposure prophylaxis, HIV, Physicians, U=U slogan, Treatment as prevention, Brazil, Mexico, Latin America	English	United Kingdom	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Quantitative

Article	2022	Velloza, Jennifer; Donnell, Deborah; Hosek, Sybil; Anderson, Peter L; Chirenje, Z Mike; Mgodi, Nyaradzo; Bekker, Linda-Gail; Marzinke, Mark A; Delany-Moretlwe, Sinead; Celum, Connie	Alignment of PrEP adherence with periods of HIV risk among adolescent girls and young women in South Africa and Zimbabwe: a secondary analysis of the HPTN 082 randomised controlled trial.	The Lancet HIV	-	-	2352-3018	10.1016/S2352-3018(22)00195-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9530001	BACKGROUND: Adolescent girls and young women in southern and eastern Africa have adherence challenges with daily oral HIV pre-exposure prophylaxis (PrEP). High adherence is most important during periods of HIV risk (prevention-effective adherence). We aimed to describe HIV risk behaviour and to understand patterns in PrEP adherence during periods of risk among adolescent girls and young women from sub-Saharan Africa. METHODS: We did a secondary analysis of the HPTN 082 trial, an open-label, interventional, randomised controlled trial of sexually active adolescent girls and young women (aged 16-25 years) testing negative for HIV in Johannesburg and Cape Town, South Africa, and in Harare, Zimbabwe. The primary outcomes were high cumulative PrEP adherence, dichotomised as intracellular tenofovir diphosphate concentrations of at least 700 fmol/punch in dried blood spots at weeks 13, 26, and 52, and high recent PrEP adherence, dichotomised as plasma tenofovir concentrations of at least 40 ng/mL at weeks 13, 26, and 52, among participants who accepted PrEP. We collected data on sexual behaviour every 3 months. We categorised visits into a binary variable of any HIV risk based on condomless sex, more than one sexual partner, primary partner's HIV status and antiretroviral use, transactional sex, drug or alcohol use around sexual activity, and laboratory-diagnosed STIs. We used generalised estimating equations to evaluate associations between HIV risk (reflecting behaviour during the previous 3 months) and high cumulative and recent adherence to PrEP and any PrEP use (quantifiable drug concentrations). The trial is registered with ClinicalTrials.gov, NCT02732730. FINDINGS: Between Oct 12, 2016, and Oct 25, 2018, 451 women were recruited, and 427 participants (median age 21·0 years IQR 19·0-22·0) were eligible for inclusion in this analysis. The proportion of participants reporting at least one HIV risk factor decreased significantly over follow-up, from 364 (85%) participants at enrolment, 226 (60%) at week 13, and 243 (65%) at week 26, to 224 (61%) at week 52 (p<0·0001). Any HIV risk was significantly associated with high PrEP adherence, measured by both tenofovir diphosphate concentrations of at least 700 fmol/punch (adjusted relative risk 1·57 95% CI 1·09-2·25; p=0·014) and plasma tenofovir concentrations of at least 40 ng/mL (1·36 1·11-1·65; p=0·0025). Any HIV risk was also associated with quantifiable concentrations of tenofovir diphosphate (1·15 1·03-1·29; p=0·013) and tenofovir (1·27 1·09-1·49; p=0·0022). We observed significant dose-response relationships between number of HIV risk factors and PrEP drug concentrations. INTERPRETATION: The association between any HIV risk and high PrEP adherence suggests that adolescent girls and young women were able to use PrEP during periods of risk, an indicator of prevention-effective PrEP adherence. Our findings support a shift in the PrEP framework to acknowledge prevention-effective adherence practices, which might improve PrEP delivery and adherence support for adolescent girls and young women in HIV-endemic settings. FUNDING: US National Institutes of Health.	HIV, Pre-exposure prophylaxis, Prevention-effective adherence, Africa, Adolescent girls and young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Velloza, Jennifer; Poovan, Nicole; Ndlovu, Nontokozo; Khoza, Nomhle; Morton, Jennifer F; Omony, Jeanne; Mkwanazi, Edwin; Grabow, Cole; Donnell, Deborah; Munthali, Richard; Baeten, Jared M; Hosek, Sybil; Celum, Connie; Delany-Moretlwe, Sinead	Adaptive HIV pre-exposure prophylaxis adherence interventions for young South African women: Study protocol for a sequential multiple assignment randomized trial.	PLOS One	-	-	1932-6203	10.1371/journal.pone.0266665	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9007385	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention strategy and is recommended for populations at risk of HIV, including adolescent girls and young women (AGYW) in HIV endemic settings. However, PrEP continuation and high adherence remain challenges to its impact. Existing PrEP adherence interventions can be time- and cost-intensive. Widescale PrEP delivery will require the identification of layered PrEP support strategies for AGYW with diverse prevention needs. We describe the design of a sequential multiple assignment randomized trial (SMART) to evaluate a PrEP adherence support model using scalable, stepped interventions in AGYW in South Africa. METHODS: "PrEP SMART" is a randomized trial in Johannesburg, South Africa, enrolling AGYW who are between 18 and 25 years of age, sexually active, newly initiating PrEP, and have regular access to a mobile phone. Participants are randomized 1:1 to standard-of-care PrEP counseling with either two-way SMS or WhatsApp group adherence support. Adherence is assessed at three months using tenofovir diphosphate (TFV-DP) levels from dried blood spots collected at month 2 to categorize participants as "responders" (TFV-DP ≥500 fmol/punch) or "non-responders" (TFV-DP <500 fmol/punch). AGYW defined as 'non-responders' undergo a secondary 1:1 randomization to either quarterly drug-level feedback counseling or monthly issue-focused counseling, in addition to their first-level intervention. The primary outcome is PrEP adherence at nine months (TFV-DP ≥700 fmol/punch). We will assess the effect of our two initial interventions on TFV-DP levels among responders, assess the effect of our intensified interventions on TFV-DP levels among non-responders, and identify the optimal sequence of adherence interventions through nine months. TRIAL REGISTRATION: ClinicalTrials.gov, NCT04038060. Registered on 30 July 2019.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Velter, A; Ousseine, Y M; Duchesne, L; Lydie, N	Non-use of combination HIV prevention tools and its determinants among men who have sex with men living in France.	Infectious Diseases Now	-	-	2666-9919	10.1016/j.idnow.2022.06.002	https://dx.doi.org/10.1016/j.idnow.2022.06.002	OBJECTIVES: This study explores sexual HIV preventive behaviors of men who have sex with men (MSM), including the use of treatment as prevention (TasP) and PrEP, during their most recent anal intercourse (MRAI) with a casual partner. We especially look at factors associated with the non-use of these prevention tools during MRAI with a casual partner. PATIENTS AND METHODS: Data were extracted from the cross-sectional online survey called 'Rapport au sexe 2019', conducted in France among MSM. We performed univariate analyses to describe respondents' characteristics, and simple and multiple logistic regression models to investigate the associations between unprotected MRAI with a casual partner and personal characteristics and situational determinants. Statistical analyses were performed using Stata software version 15. RESULTS: Among participants, 76.2% self-reported they were HIV-negative, 9.7% HIV-positive, and 14.1% were unaware of their HIV status. Condoms were the most common prevention tool used during MRAI. The use of TasP was reported by 29.1% of HIV-positive respondents and PrEP by 17.8% of HIV-negative respondents. The proportion of MSM who declared no prevention practice was significant (24.7%). A high level of social vulnerability was associated with unprotected anal intercourse in HIV-negative and unknown HIV status respondents. CONCLUSIONS: Our findings underline the existence of specific vulnerable groups at great risk of HIV infection. Prevention programs must be adapted to the entire MSM population in all its diversity by promoting the whole range of current prevention tools.	HIVMen who have sex with menPrEPPreventive behavior indicator	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Venkatesan Chakrapani; Newman, Peter A; Shunmugam, Murali; Rawat, Shruta; Baruah, Dicky; Nelson, Ruban; Roungkraphon, Surachet; Suchon Tepjan	PrEP eligibility, HIV risk perception, and willingness to use PrEP among high-risk men who have sex with men in India: A cross-sectional survey	AIDS Care	-	-	09540121	10.1080/09540121.2021.1887801	https://www.proquest.com/scholarly-journals/prep-eligibility-hiv-risk-perception-willingness/docview/2645751973/se-2?accountid=8113	HIV pre-exposure prophylaxis (PrEP) is not yet included in India's national AIDS program, with demonstration projects for MSM in planning stages. In order to support PrEP roll-out for MSM, we assessed: (1) associations between guideline-informed PrEP eligibility, HIV risk perception, and perceived PrEP benefits and costs, with willingness to use PrEP (WTUP); and (2) correlates of non-WTUP among PrEP-eligible MSM. Data were collected from MSM (n = 197) sampled from cruising sites in Mumbai and Chennai. More than half (58.4%) reported inconsistent condom use with male partners, 88.3% >1 male partner, and 48.6% engaging in sex work (all past month). Overall, 76.6% reported they would "definitely use" PrEP. Among 92.9% deemed PrEP-eligible, 79.2% reported WTUP. In adjusted analyses, PrEP eligibility (aOR = 5.31, 95% CI 1.11, 25.45), medium (aOR = 2.41, 95% CI 1.03, 5.63) or high (aOR = 13.08, 95% CI 1.29, 132.27) perceived HIV risk, and greater perceived benefits (aOR = 1.13, 95% CI 1.03, 1.24) were associated with higher odds of WTUP. Among PrEP-eligible MSM, non-WTUP was associated with low HIV risk perception and lower perceived benefits. Facilitating accurate risk assessment and promoting awareness of PrEP benefits and eligibility criteria may increase PrEP uptake among MSM in India.	India; HIV prevention; Perception; pre-exposure prophylaxis; MSM; Men; Men who have sex with men; Disease prevention; Prophylaxis; Risk perception; Risk assessment; Patient compliance; Health behavior; Eligibility; Disease control; Willingness; Uptake; perceived risk; Perceptions; High risk; Cross-sectional studies; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sex industry; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Health risks; Demonstration projects	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2022	Vermeer W.; Gurkan C.; Hjorth A.; Benbow N.; Mustanski B.M.; Kern D.; Brown C.H.; Wilensky U.	Agent-based model projections for reducing HIV infection among MSM: Prevention and care pathways to end the HIV epidemic in Chicago, Illinois	PLOS One	-	-	19326203	10.1371/journal.pone.0274288	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140271686&doi=10.1371%2fjournal.pone.0274288&partnerID=40&md5=8c0b04b597727ec45a7d0442244c16b6	Our objective is to improve local decision-making for strategies to end the HIV epidemic using the newly developed Levers of HIV agent-based model (ABM). Agent-based models use computer simulations that incorporate heterogeneity in individual behaviors and interactions, allow emergence of systemic behaviors, and extrapolate into the future. The Levers of HIV model (LHM) uses Chicago neighborhood demographics, data on sex-risk behaviors and sexual networks, and data on the prevention and care cascades, to model local dynamics. It models the impact of changes in local preexposure prophylaxis (PrEP) and antiretroviral treatment (ART) (ie, levers) for meeting Illinois' goal of "Getting to Zero" (GTZ) — reducing by 90% new HIV infections among men who have sex with men (MSM) by 2030. We simulate a 15-year period (2016-2030) for 2304 distinct scenarios based on 6 levers related to HIV treatment and prevention: (1) linkage to PrEP for those testing negative, (2) linkage to ART for those living with HIV, (3) adherence to PrEP, (4) viral suppression by means of ART, (5) PrEP retention, and (6) ART retention. Using tree-based methods, we identify the best scenarios at achieving a 90% HIV infection reduction by 2030. The optimal scenario consisted of the highest levels of ART retention and PrEP adherence, next to highest levels of PrEP retention, and moderate levels of PrEP linkage, achieved 90% reduction by 2030 in 58% of simulations. We used Bayesian posterior predictive distributions based on our simulated results to determine the likelihood of attaining 90% HIV infection reduction using the most recent Chicago Department of Public Health surveillance data and found that projections of the current rate of decline (2016-2019) would not achieve the 90% (p = 0.0006) reduction target for 2030. Our results suggest that increases are needed at all steps of the PrEP cascade, combined with increases in retention in HIV care, to approach 90% reduction in new HIV diagnoses by 2030. These findings show how simulation modeling with local data can guide policy makers to identify and invest in efficient care models to achieve long-term local goals of ending the HIV epidemic. © 2022 Vermeer et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	antiretrovirus agent; anti human immunodeficiency virus agent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Versteegh, Lisbeth; Amatavete, Sorawit; Chinbunchorn, Tanat; Thammasiha, Noppawith; Mukherjee, Shreoshee; Popping, Stephanie; Triamvichanon, Ratthaphon; Pusamang, Artit; Colby, Donn J; Avery, Matthew; Mills, Stephen; Phanuphak, Nittaya; Ramautarsing, Reshmie A; van de Vijver, David	The epidemiological impact and cost-effectiveness of key population-led PrEP delivery to prevent HIV among men who have sex with men in Thailand: A modelling study.	The Lancet Regional Health - Americas	-	-	2772-3682	10.1016/j.lansea.2022.100097	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10305989	Background: Although key populations (KPs), such as men-who-have-sex-with-men (MSM) are disproportionately affected by HIV, many prevention and treatment services are not easily accessible for KP members. To address the needs of KPs, Thailand established pre-exposure prophylaxis (PrEP) service delivery together with and led by KP members. This study determines the epidemiological impact and cost-effectiveness of key population-led (KP-led) PrEP. Methods: We calibrated a compartmental deterministic HIV transmission model to the HIV epidemic among Thai MSM. Besides KP-led PrEP, we included other Thai service delivery models of PrEP (fee-based PrEP, the government PrEP program).Data on consistent PrEP use (5 years daily use, 95% effectiveness for preventing HIV) came from Thai PrEP delivery models. For the period 2015-2032, we ranged the number of PrEP starters (40,000-120,000), effectiveness of PrEP (45%-95%), and proportion of consistent users (10%-50%). The analysis started in 2015 when PrEP was introduced. A cost-effectiveness ratio of <160,000 Baht per quality-adjusted life year (QALY) over 40 years was cost-effective. Findings: Without PrEP, 53,800 (interquartile range 48,700-59,700) new HIV infections are expected in 2015-2032. KP-led PrEP was found to have the strongest epidemiological impact of all delivery models averting 58% of infections compared to without PrEP. The epidemiological impact depends on the number of PrEP starters and proportion of consistent use. Although all PrEP service delivery models are cost-effective, KP-led PrEP is most cost-effective with incremental cost-effectiveness ratios of 28,000-37,300 Thai Baht per QALY. Interpretation: Our model projects KP-led PrEP having the greatest epidemiological impact and being the most cost-effective service delivery model of PrEP in Thailand. Funding: This study was supported by the US Agency for International Development and U.S. President's Emergency Plan for AIDS Relief through the Linkages Across the Continuum of HIV Services for Key Populations cooperative agreement (AID-OAA-A-14- 0045) managed by FHI 360.	Key population, Preexposure prophylaxis, Thailand, Men-who-have-sex-with-men	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Viamonte M.; Ghanooni D.; Reynolds J.M.; Grov C.; Carrico A.W.	Running with Scissors: a Systematic Review of Substance Use and the Pre-exposure Prophylaxis Care Continuum Among Sexual Minority Men	Current HIV/AIDS Reports	-	-	15483568	10.1007/s11904-022-00608-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131796991&doi=10.1007%2fs11904-022-00608-y&partnerID=40&md5=8ce60b04a95cce7a51c2c76e47eaa4ae	Purpose of Review: Patterns of sexualized drug use, including stimulants (e.g., methamphetamine) and chemsex drugs, are key drivers of HIV incidence among sexual minority men (SMM). Although pre-exposure prophylaxis (PrEP) mitigates HIV risk, there is no consensus regarding the associations of substance use with the PrEP care continuum. Recent Findings: SMM who use substances are as likely or more likely to use PrEP. Although SMM who use stimulants experience greater difficulties with daily oral PrEP adherence, some evidence shows that SMM who use stimulants or chemsex drugs may achieve better adherence in the context of recent condomless anal sex. Finally, SMM who use substances may experience greater difficulties with PrEP persistence (including retention in PrEP care). Summary: SMM who use stimulants and other substances would benefit from more comprehensive efforts to support PrEP re-uptake, adherence, and persistence, including delivering behavioral interventions, considering event-based dosing, and providing injectable PrEP. © 2022, The Author(s).	Adherence; Chemsex; Cocaine; Methamphetamine; Persistence; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Vidal, Samuel J; Bekerman, Elena; Hansen, Derek; Lu, Bing; Wang, Kelly; Mwangi, Judy; Rowe, William; Campigotto, Federico; Zheng, Jim; Kato, Darryl; Chandrashekar, Abishek; Barrett, Julia; Patel, Shivani; Wan, Huahua; Anioke, Tochi; Mercado, Noe B; Nkolola, Joseph P; Ferguson, Melissa J; Rinaldi, William J; Callebaut, Christian; Blair, Wade; Cihlar, Tomas; Geleziunas, Romas; Yant, Stephen R; Barouch, Dan H	Long-acting capsid inhibitor protects macaques from repeat SHIV challenges.	Nature	-	-	1476-4687	10.1038/s41586-021-04279-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8753592	Because no currently available vaccine can prevent HIV infection, pre-exposure prophylaxis (PrEP) with antiretrovirals (ARVs) is an important tool for combating the HIV pandemic1,2. Long-acting ARVs promise to build on the success of current PrEP strategies, which must be taken daily, by reducing the frequency of administration3. GS-CA1 is a small-molecule HIV capsid inhibitor with picomolar antiviral potency against a broad array of HIV strains, including variants resistant to existing ARVs, and has shown long-acting therapeutic potential in a mouse model of HIV infection4. Here we show that a single subcutaneous administration of GS-CA1 provides long-term protection against repeated rectal simian-human immunodeficiency virus (SHIV) challenges in rhesus macaques. Whereas all control animals became infected after 15 weekly challenges, a single 300 mg kg-1 dose of GS-CA1 provided per-exposure infection risk reduction of 97% for 24 weeks. Pharmacokinetic analysis showed a correlation between GS-CA1 plasma concentration and protection from SHIV challenges. GS-CA1 levels greater than twice the rhesus plasma protein-adjusted 95% effective concentration conferred 100% protection in this model. These proof-of-concept data support the development of capsid inhibitors as a novel long-acting PrEP strategy in humans.	Retrovirus, Drug development	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Viera, Adam; van den Berg, Jacob J.; Sosnowy, Collette D.; Mehta, Nikita A.; Edelman, E. Jennifer; Kershaw, Trace; Chan, Philip A.	Barriers and Facilitators to HIV Pre-Exposure Prophylaxis Uptake Among Men Who have Sex with Men Who Use Stimulants: A Qualitative Study	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03633-5	https://www.proquest.com/scholarly-journals/barriers-facilitators-hiv-pre-exposure/docview/2700906650/se-2?accountid=8113	The HIV epidemic disproportionately impacts men who have sex with men (MSM), particularly those who use stimulants. We explored barriers and facilitators to pre-exposure prophylaxis (PrEP) uptake among this population. From June 2018 through February 2019, we conducted semi-structured interviews in Providence, Rhode Island, and New Haven, Connecticut, with 21 MSM who reported recent (past six months) stimulant use. We identified individual, interpersonal, and structural barriers to PrEP, including: (1) high awareness but mixed knowledge of PrEP, resulting in concerns about side effects and drug interactions; (2) interest that was partly determined by substance use and perceived HIV risk; (3) fragmented and constrained social networks not conducive to disseminating PrEP information; and (4) PrEP access, such as insurance coverage and cost. Our findings suggest potential approaches to increase PrEP uptake in this group, including promotion through mainstream and social media, clarifying misinformation, and facilitating increased access through structural interventions.	Pre-exposure prophylaxis; Epidemics; Psychology; Men; Men who have sex with men; Prophylaxis; Risk perception; Substance abuse; Drug abuse; Substance use; Health behavior; Qualitative research; Social media; Facilitator; Social networks; Stimulants; Side effects; Barriers; Barrier; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Social organization; Stimulant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Villalba, Karina; Jean-Gilles, Michele; Rosenberg, Rhonda; Cook, Robert L; Ichite, Amanda; Martin, Pilar; Dévieux, Jessy G	Understanding the Impact of Intimate Partner Violence Type and Timing on Pre-exposure Prophylaxis Knowledge, Acceptability, Sexual Behavior, and Gender Roles Among Women of Color.	Journal of Interpersonal Violence	-	-	1552-6518	10.1177/08862605211001468	https://dx.doi.org/10.1177/08862605211001468	Knowledge and acceptability are key factors for pre-exposure prophylaxis (PrEP) use among women with a history of intimate partner violence (IPV) and research suggests that different types of IPV affect PrEP uptake differently. Few studies have examined whether the type (i.e., physical, sexual, and psychological) and timing (i.e., lifetime, past year) of IPV experiences are related to PrEP knowledge and acceptability, or whether gender roles and sexual risk behaviors affect PrEP use. We aimed to examine the associations between lifetime and past-year physical, sexual, and psychological IPV experiences on PrEP-related outcomes (i.e., knowledge, acceptability, sexual behavior if on PrEP) and the association between gender roles and PrEP-related outcomes. A total of 186 women of color at risk for HIV participated in this study, of whom 54% had ever experienced partner violence. Results showed that lifetime psychological (OR 3.0, 95% CI 1.1-9.4) and lifetime physical IPV (OR 5.5, 95% CI 1.2-18.9) were significantly associated with increased PrEP knowledge. lifetime psychological (OR 6.3, 95% CI 1.0-13.6) and lifetime physical IPV (OR 4.3, 95% CI 4.3-11.5) were significantly associated with increased sexual behavior if on PrEP. Past year physical IPV was significantly associated with interest in using PrEP (OR 1.9, 95% CI 1.7-4.3) and with sexual behavior if on PrEP (OR 4.0, 95% CI 1.1-13.1). Being subordinate to others was also significantly associated with interest in using PrEP (OR 1.5, 95% CI 1.2-2.4) Self-silencing was significantly associated with increased sexual behavior if on PrEP (OR 1.2, 95% CI 1.0-1.5). Gender norms and IPV type and timing can influence whether a person is interested in PrEP use. Both lifetime and past-year IPV experiences need to be examined in the context of gender norms when prescribing PrEP to encourage uptake and continuation among vulnerable women at risk for HIV.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Vincent W.; McFarland W.	Missed opportunities for healthcare providers to discuss HIV preexposure prophylaxis with people who inject drugs	International Journal of Drug Policy	-	-	9553959	10.1016/j.drugpo.2022.103873	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139835824&doi=10.1016%2fj.drugpo.2022.103873&partnerID=40&md5=c1d44d7ff55ecfb5965f227dcd3cce3c	Objective: To identify missed opportunities for healthcare providers to discuss HIV pre-exposure prophylaxis (PrEP) with people who inject drugs (PWID). Methods: Participants were 395 HIV-negative PWID recruited for the 2018 National HIV Behavioral Surveillance survey in San Francisco, California via respondent-driven sampling. Adjusted logistic regression tested whether discussing PrEP with a provider in the last year was associated with sociodemographic characteristics, structural factors, and accessing HIV/STI and substance use treatment services. Results: Most PWID (86.3%) reported seeing a healthcare provider, but only 15.0% of these reported discussing PrEP with a healthcare provider. PWID who were sexual minority men had greater odds of having a discussion about PrEP with a healthcare provider than PWID who were heterosexual men (aOR=3.42, 95% CI=1.21-9.73) or heterosexual women (aOR=3.69, 95% CI=1.08-12.62). Additionally, factors associated with discussing PrEP included: being tested for HIV (aOR=4.29, 95% CI=1.21-15.29), having a healthcare provider recommend HIV testing (aOR=2.95, 95% CI=1.23-7.06), and receiving free condoms from a prevention program (aOR=5.45, 95% CI=1.78-16.65). Conclusions: In the face of low PrEP uptake, continuing HIV transmission, and many missed opportunities to discussed PrEP (e.g., PWID who are women, substance use treatment services), these findings from San Francisco indicate that healthcare providers and public health efforts need to systematically offer PrEP to PWID. Additional research may clarify missed opportunities in other locations as well as the impact of COVID-19. © 2022	Harm reduction; Healthcare providers; HIV; People who inject drugs; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Violette, Lauren R; Cornelius-Hudson, Andy; Snidarich, Madison; Niemann, Lisa A; Assennato, Sonny Michael; Ritchie, Allyson; Goel, Neha; Chavez, Pollyanna R; Ethridge, Steven F; Katz, David A; Lee, Helen; Delaney, Kevin P; Stekler, Joanne D	Evaluation of SAMBA II: A Qualitative and Semiquantitative HIV Point-of-Care Nucleic Acid Test.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000002902	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9058199	BACKGROUND: Point-of-care (POC) nucleic acid tests (NATs) have potential to diagnose acute HIV infection and monitor persons taking pre-exposure prophylaxis or antiretroviral therapy (ART). POC NATs have not yet been evaluated in the US. METHODS: From June 2018-March 2019, we conducted a cross-sectional evaluation of the Simple Amplification-Based Assay version II (SAMBA II) POC NAT. People with HIV (PWH) and persons testing for HIV were tested with the SAMBA II qualitative (Qual) whole blood (WB) test. From April-September 2019, the Qual test was used on persons who were ART-naive, and SAMBA II Semi-quantitative (Semi-Q) WB was used with ART-experienced PWH. Both were performed on unprocessed venipuncture (VP) and, when indicated by protocol, fingerstick (FS) WB and plasma. SAMBA results were compared with Abbott RealTime HIV-1 polymerase chain reaction results on plasma. We calculated sensitivity, specificity, and concordance between tests. RESULTS: SAMBA was used in 330 visits among 280 participants: 202 (61.2%) visits from PWH, and 128 (38.8%) from HIV-negative persons. Qual test sensitivity with ART-naive participants was 91.4% 32/35, 95% confidence interval (CI): 77.6% to 97.0% using VP WB and 100% (27/27, 95% CI: 87.5% to 100%) using FS WB. Specificity was 100% using both specimen types. Concordance between the gold standard and Semi-Q at 1000 copies/mL among PWH on ART was 97.7% (86/88, 95% CI: 92.1% to 99.4%) and 100% (30/30, 95% CI: 88.7% to 100%) using VP and FS WB, respectively. CONCLUSIONS: The SAMBA II POC NATs showed high sensitivity, specificity, and concordance with the gold standard assay, indicating its potential use in diagnostics and monitoring. Future work will evaluate POC NAT implementation in the US.	point-of-care, nucleic acid test, acute HIV infection, HIV testing, ART monitoring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Volpe-Zanutto, Fabiana; Vora, Lalitkumar K; Tekko, Ismaiel A; McKenna, Peter E; Permana, Andi Dian; Sabri, Akmal H; Anjani, Qonita K; McCarthy, Helen O; Paredes, Alejandro J; Donnelly, Ryan F	Hydrogel-forming microarray patches with cyclodextrin drug reservoirs for long-acting delivery of poorly soluble cabotegravir sodium for HIV Pre-Exposure Prophylaxis.	Journal of Controlled Release	-	-	1873-4995	10.1016/j.jconrel.2022.06.028	https://dx.doi.org/10.1016/j.jconrel.2022.06.028	Hydrogel-forming microarray patches (HF-MAPs) offer minimally invasive, pain-free and prolonged drug delivery. These devices are designed to be self-administered and self-disabling, avoiding contaminated sharps waste generation. Cabotegravir sodium (CAB-Na) is a poorly soluble anti- human immunodeficiency virus (HIV) drug for the treatment and pre-exposure prophylaxis of HIV infection that lends itself to depot formation following intradermal delivery but presents significant challenges when delivered via HF-MAPs, whose nature is aqueous. Herein, we have investigated, for the first time, the use of hydroxypropyl-β-cyclodextrin (HP-β-CD) to enhance the solubility of CAB-Na, and its effect on intradermal delivery via HF-MAPs. Accordingly, tablet reservoirs containing CAB-Na and HP-β-CD were formulated. These novel reservoirs were combined with two different HF-MAP formulations (MAP1 (Gantrez S97® + poly (ethylene glycol) 10,000 + Na2CO3) and MAP2 (poly (vinyl pyrrolidone) 58 kDa + poly (vinyl alcohol) 85-120 kDa + citric acid)) to form fully integrated MAP devices which were tested in both ex vivo and in vivo settings. Ex vivo skin deposition results for MAP1 and MAP2 showed that 141 ± 40 μg and 342 ± 34 μg of CAB-Na was deposited into 0.5 cm2 of excised neonatal porcine skin after 24 h, respectively. Based on these findings, the in vivo pharmacokinetics of MAP2 were investigated over 28 days using a Sprague-Dawley rat model. After 24 h patch application, MAP2 demonstrated an extended drug release profile and an observed Cmax of 53.4 ± 10.16 μg/mL, superior to that of an FDA-approved CAB-nanosuspension administered via intramuscular application (Cmax of 43.6 ± 5.3 μg/mL). Consequently, this tablet integrated MAP device is considered to be a viable option for the intradermal delivery of hydrophobic anti-HIV drugs.	HIVMicroneedlesCabotegravir sodiumCyclodextrinPrEPPharmacokinetic	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2022	Vyas, Darshali A.; Marinacci, Lucas; Bearnot, Benjamin; Wakeman, Sarah E.; Sundt, Thoralf M.; Jassar, Arminder S.; Triant, Virginia A.; Nelson, Sandra B.; Dudzinski, David M.; Paras, Molly L.	Creation of a Multidisciplinary Drug Use Endocarditis Treatment (DUET) Team: Initial Patient Characteristics, Outcomes, and Future Directions.	Open Forum Infectious Diseases	-	-	2328-8957	10.1093/ofid/ofac047	https://pubmed.ncbi.nlm.nih.gov/35252467/	BACKGROUND: Consensus guidelines recommend multidisciplinary models to manage infective endocarditis, yet often do not address the unique challenges of treating people with drug use-associated infective endocarditis (DUA-IE). Our center is among the first to convene a Drug Use Endocarditis Treatment (DUET) team composed of specialists from Infectious Disease, Cardiothoracic Surgery, Cardiology, and Addiction Medicine. METHODS: The objective of this study was to describe the demographics, infectious characteristics, and clinical outcomes of the first cohort of patients cared for by the DUET team. This was a retrospective chart review of patients referred to the DUET team between August 2018 and May 2020 with DUA-IE. RESULTS: Fifty-seven patients were presented to the DUET team between August 2018 and May 2020. The cohort was young, with a median age of 35, and injected primarily opioids (82.5% heroin/fentanyl), cocaine (52.6%), and methamphetamine (15.8%). Overall, 14 individuals (24.6%) received cardiac surgery, and the remainder (75.4%) were managed with antimicrobial therapy alone. Nearly 65% of individuals were discharged on medication for opioid use disorder, though less than half (36.8%) were discharged with naloxone and only 1 patient was initiated on HIV pre-exposure prophylaxis. Overall, the cohort had a high rate of readmission (42.1%) within 90 days of discharge. CONCLUSIONS: Multidisciplinary care models such as the DUET team can help integrate nuanced decision-making from numerous subspecialties. They can also increase the uptake of addiction medicine and harm reduction tools, but further efforts are needed to integrate harm reduction strategies and improve follow-up in future iterations of the DUET team model.	substance use; drug use; endocarditis; multidisciplinary team	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Waetjen Mweya; Papadopoulou, Martha; Flores, Rey; Vana, Sypsa; Roussos Sotiris; Chanos Sophocles; Dedes Nikos; Liao Chuanhong; Paraskevis Dimitrios; Hatzakis Angelos; Schneider, John; Psichogiou Mina	Pre-exposure Prophylaxis Persistence Among Greek Sexual Minority Men: Results from PrEP for Greece (P4G) Study	AIDS and Behavior	-	-	10907165	10.1007/s10461-021-03459-7	https://pubmed.ncbi.nlm.nih.gov/34494178/	Nearly half the new HIV infections in Greece occur in sexual minority men, yet pre-exposure prophylaxis is not currently supported in the national HIV program. We examined factors associated with PrEP persistence among Greek SMM in PrEP for Greece, the first PrEP study in Greece. Participants (n = 100) were recruited from 2016 to 2018 through respondent-driven sampling among SMM in Athens, receiving supplies for daily PrEP at interval visits over 12-months. PrEP persistence, operationalized as Total PrEP Time, was high, 74% of participants achieving perfect persistence. Higher alcohol risk scores (OR 1.27, 95% CI 1.08–1.49) and adherence to HIV testing guidelines (OR 1.23, 95% CI 1.00–1.51) were associated with persistence. Housing impermanence (OR 0.14, 95% CI 0.04–0.48) and serostatus disclosure concerns (OR 0.77, 95% CI 0.60–0.97) were associated with limited PrEP persistence. While PrEP persistence among Greek SMM is high, socioeconomic factors and societal attitudes may challenge prevention efforts.	HIV; Pre-exposure prophylaxis; PrEP; Psychology; MSM; Men; Disease prevention; Prophylaxis; Sexual minority; Patient compliance; Health behavior; Socioeconomics; Housing; Greece; Persistence; Socioeconomic factors; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Social factors; Homeless people	English	United States	Western and Central Europe and North America	Greece	Western and Central Europe and North America	Greece	Western and Central Europe and North America	Quantitative
Article	2022	Wahome, Elizabeth; Boyd, Anders; Thiong'o, Alexander N; Mohamed, Khamisi; Oduor, Tony; Gichuru, Evans; Mwambi, John; van der Elst, Elise; Graham, Susan M; Prins, Maria; Sanders, Eduard J	Stopping and restarting PrEP and loss to follow-up among PrEP-taking men who have sex with men and transgender women at risk of HIV-1 participating in a prospective cohort study in Kenya.	HIV Medicine	-	-	1468-1293	10.1111/hiv.13237	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9276557	OBJECTIVE: To assess frequency and predictors of switching between being on and off PrEP and being lost to follow-up (LTFU) among men who have sex with men (MSM) and transgender women (TGW) with access to PrEP services in Sub-Saharan Africa. METHODS: This was a prospective cohort study of MSM and TGW from coastal Kenya who initiated daily oral PrEP from June 2017 to June 2019. Participants were followed monthly for HIV-1 testing, PrEP refill, risk assessment and risk reduction counselling. Follow-up was censored at the last visit before 30 June 2019, or the last HIV-1-negative visit (for those with HIV-1 seroconversion), whichever occurred first. We estimated transition intensities (TI) and predictors of switching: (i) between being off and on PrEP; and (ii) from either PrEP state and being LTFU (i.e. not returning to the clinic for > 90 days) using a multi-state Markov model. RESULTS: In all, 134 participants starting PrEP were followed for a median of 20.3 months interquartile range (IQR): 7.7-22.1. A total of 49 (36.6%) people stopped PrEP 73 times TI = 0.6/person-year (PY), 95% confidence interval (CI): 0.5-0.7 and, of these, 25 (51.0%) restarted PrEP 38 times (TI = 1.2/PY, 95% CI: 0.9-1.7). In multivariable analysis, stopping PrEP was related to anal sex ≤ 3 months, substance-use disorder and travelling. Restarting PrEP was related to non-Christian or non-Muslim religion and travelling. A total of 54 participants were LTFU: on PrEP (n = 47, TI = 0.3/PY, 95% CI: 0.3-0.5) and off PrEP (n = 7, TI = 0.2/PY, 95% CI: 0.1-0.4). In multivariable analysis, becoming LTFU while on PrEP was associated with secondary education or higher, living in the area for ≤ 1 year, residence outside the immediate clinic area and alcohol-use disorder. CONCLUSIONS: Switching between being on and off PrEP or becoming LTFU while on PrEP was frequent among individuals at risk of HIV-1 acquisition. Alternative PrEP options (e.g. event-driven PrEP) may need to be considered for MSM and TGW with PrEP-taking challenges, while improved engagement with care is needed for all MSM and TGW regardless of PrEP regimen.	HIV-1, Kenya, lost to follow-up, MSM, predictors, PrEP	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2022	Walker M.L.; Stiasny D.; Guy R.J.; Law M.G.; Holt M.; Mao L.; Donovan B.; Grulich A.E.; Gray R.T.; Regan D.G.	Assessing the Impact of HIV Preexposure Prophylaxis Scale-Up on Gonorrhea Incidence among Gay and Bisexual Men in Sydney: A Mathematical Modeling Study	Sexually Transmitted Diseases	-	-	1485717	10.1097/OLQ.0000000000001649	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134334312&doi=10.1097%2fOLQ.0000000000001649&partnerID=40&md5=a378f1ceb1ebf8e102ecaf0c501e1408	Background The rollout of preexposure prophylaxis (PrEP) for HIV prevention among gay and bisexual men (GBM) is associated with increases in condomless anal intercourse, potentially increasing the incidence of other sexually transmissible infections (STIs). Methods We developed an individual-based mathematical model to simulate the transmission of Neisseria gonorrhoeae among GBM in Sydney, accounting for changes in sexual practices, STI testing, and PrEP use. We calibrated and validated the model using reported incidence rates for HIV-positive and HIV-negative GBM from 2010 to 2019. Scenarios were run with varying PrEP uptake, PrEP-related STI testing, and PrEP-related sexual behavior and testing intervals up to 2030 to assess the impact of PrEP use on gonorrhea incidence. Results Preexposure prophylaxis uptake and associated 3-monthly STI testing from 2015 onward resulted in a predicted increase from 20 to 37 N. gonorrhoeae infections per 100 person-years among HIV-negative GBM by the end of 2020. This is lower than the counterfactual predictions of 45 per 100 person-years if PrEP were not scaled up and 48 per 100 person-years with nonadherence to 3-monthly STI testing. Increasing the time between STI tests for PrEP users by 1 month from 2018 results in the incidence rate among HIV-negative GBM increasing by 8% by 2030. If PrEP coverage doubles from 24% to 53%, incidence among HIV-negative GBM declines by 25% by 2030. Conclusions Behavior change due to widespread PrEP use may lead to significant increases in gonorrhea incidence in GBM, but the recommended quarterly STI testing recommended for PrEP users should reduce incidence by 18% by 2030. © Lippincott Williams & Wilkins.	Gonorrhea; HIV Infections; Homosexuality, Male; Humans; Incidence; Male; Models, Theoretical; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Sexual Behavior	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2022	Wallace, Jennillee; Gonzalez, Hemil; Rajan, Reshma; Narasipura, Srinivas D.; Virdi, Amber K.; Olali, Arnold Z.; Naqib, Ankur; Arbieva, Zarema; Maienschein-Cline, Mark; Al-Harthi, Lena	Anti-HIV Drugs Cause Mitochondrial Dysfunction in Monocyte-Derived Macrophages.	Antimicrobial Agents and Chemotherapy	-	-	1098-6596 0066-4804	10.1128/aac.01941-21	https://pubmed.ncbi.nlm.nih.gov/35293780/	Combination antiretroviral therapy (cART) dramatically changed the face of the HIV/AIDS pandemic, making it one of the most prominent medical breakthroughs of the past 3 decades. However, as the life span of persons living with HIV (PLWH) continues to approach that of the general population, the same cannot be said regarding their quality of life. PLWH are affected by comorbid conditions such as high blood pressure, diabetes, and neurocognitive impairment at a higher rate and increased severity than their age-matched counterparts. PLWH also have higher levels of inflammation, the drivers of which are not entirely clear. As cART treatment is lifelong, we assessed here the effects of cART, independent of HIV, on primary human monocyte-derived macrophages (MDMs). MDMs were unskewed or skewed to an alternative phenotype and treated with Atripla or Triumeq, two first-line cART treatments. We report that Triumeq skewed alternative MDMs toward an inflammatory nonsenescent phenotype. Both Atripla and Triumeq caused mitochondrial dysfunction, specifically efavirenz and abacavir. Additionally, transcriptome sequencing (RNA-seq) demonstrated that both Atripla and Triumeq caused differential regulation of genes involved in immune regulation and cell cycle and DNA repair. Collectively, our data demonstrate that cART, independent of HIV, alters the MDM phenotype. This suggests that cART may contribute to cell dysregulation in PLWH that subsequently results in increased susceptibility to comorbidities.	antiretroviral agents; human immunodeficiency virus; macrophages; mitochondria; monocyte-derived macrophage.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Walsh J.L.; John S.A.; Robles G.; Wesche R.; Hirshfield S.	Talking to My Partners About PrEP: Factors Associated with PrEP-Related Communication in a Longitudinal US Study of Sexual Minority Men Living with HIV	Prevention Science	-	-	13894986	10.1007/s11121-022-01372-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129475176&doi=10.1007%2fs11121-022-01372-6&partnerID=40&md5=77d23b4fb084ad87ba8f3c3405a4741c	Treatment as prevention and pre-exposure prophylaxis (PrEP) have reduced HIV transmission among sexual minority men (SMM). However, little is known about PrEP-related communication in serodiscordant partnerships. In 2015–2016, 965 US SMM living with HIV (Mage = 39; 63% White, 19% Black, 18% Latinx) enrolled in a year-long longitudinal study with surveys every 3 months (2,850 surveys). Multilevel models explored factors associated with PrEP-related communication with HIV-negative partners. Most participants (77%) reported PrEP-related communication. Participants were more likely to discuss PrEP during periods with more sexual partners, AOR = 2.89, p <.001, and group sex, AOR = 1.99, p =.001. Those with more partners on average, β = 0.48, p <.001, and those engaging in other drug use more frequently, β = 0.11, p =.002, were more likely to discuss PrEP. PrEP-related communication was more common for men who disclosed their HIV status, β = 0.22, p <.001, and who had undetectable viral loads, β = 0.25, p =.007. Communication was also more common for those with higher incomes, β = 0.12, p =.02, and from larger cities, β = 0.07, p =.048, and less common for Black participants, β = − 0.29, p =.003, and older participants, β = − 0.18, p <.001. PrEP-related communication increased over the course of the study, AOR = 1.16, p=.02.PrEP can confer additional HIV prevention benefits within serodiscordant partnerships, and future research should continue toexplore the role PrEP plays in these partnerships. © 2022, Society for Prevention Research.	Multilevel modeling; People living with HIV; Pre-exposure prophylaxis; Safer sex communication; Serodiscordant partnerships; Sexual minority men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Walters, Suzan M; Frank, David; Van Ham Brent; Jaiswal, Jessica; Muncan Brandon; Earnshaw, Valerie; Schneider, John; Friedman, Samuel R; Ompad, Danielle C	PrEP Care Continuum Engagement Among Persons Who Inject Drugs: Rural and Urban Differences in Stigma and Social Infrastructure	AIDS and Behavior	-	-	10907165	10.1007/s10461-021-03488-2	https://www.proquest.com/scholarly-journals/prep-care-continuum-engagement-among-persons-who/docview/2641697755/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) is a medication that prevents HIV acquisition, yet PrEP uptake has been low among people who inject drugs. Stigma has been identified as a fundamental driver of population health and may be a significant barrier to PrEP care engagement among PWID. However, there has been limited research on how stigma operates in rural and urban settings in relation to PrEP. Using in-depth semi-structured qualitative interviews (n = 57) we explore PrEP continuum engagement among people actively injecting drugs in rural and urban settings. Urban participants had more awareness and knowledge. Willingness to use PrEP was similar in both settings. However, no participant was currently using PrEP. Stigmas against drug use, HIV, and sexualities were identified as barriers to PrEP uptake, particularly in the rural setting. Syringe service programs in the urban setting were highlighted as a welcoming space where PWID could socialize and therefore mitigate stigma and foster information sharing.	HIV; Pre-exposure prophylaxis; Psychology; Stigma; Disease prevention; Pre-exposure prophylaxis (PrEP); Health services; Prophylaxis; Injection; Patient compliance; Drug use; Drug abuse; Drugs; Information dissemination; Rural area; Rural; Urban; Persons who inject drugs (PWID); Social infrastructure; Third places; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Rural areas; Urban areas; Continuity of care; Needle exchange programs; Rural urban differences; Urban environments; Infrastructure	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Wang H.; d'Abreu de Paulo K.J.I.; Gültzow T.; Zimmermann H.M.L.; Jonas K.J.	Perceived Monkeypox Concern and Risk among Men Who Have Sex with Men: Evidence and Perspectives from The Netherlands	Tropical Medicine and Infectious Disease	-	-	24146366	10.3390/tropicalmed7100293	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140620864&doi=10.3390%2ftropicalmed7100293&partnerID=40&md5=1cebe5ff44abf8363f9e7f01a2bd6fbc	The current monkeypox epidemic is most prevalent among men who have sex with men (MSM). PrEP users and MSM with HIV (MSMHIV) are considered at highest risk of monkeypox infection in The Netherlands, and are being targeted for monkeypox vaccination. Together with the epidemiological evidence, perceived concern and risk are also relevant for decision making about health behaviour, e.g., vaccination uptake. It is thus timely to examine which subpopulations among MSM consider themselves to be most at risk and are most concerned about monkeypox. This study aimed to help determine if the current measures to curb the epidemic are successfully targeted or not in The Netherlands. We conducted an online survey among 394 MSM living in The Netherlands. We first calculated the prevalence and standardised prevalence ratio (SPR) of high perceived monkeypox concern/risk by PrEP-use and HIV status. We then conducted two multivariable logistic regression analyses to investigate perceived monkeypox concern/risk and their potential socio-demographic/behavioural/health/psycho-social determinants. Among the included MSM, 52% showed high perceived concern about and 30% showed high perceived risk of monkeypox infection. PrEP users (SPR = 0.83) showed a significantly lower chance of perceived concern; in addition, MSMHIV (SPR = 2.09) were found to have a significantly higher chance of perceiving high risk of monkeypox infection. In the multivariable logistic analyses, non-PrEP users (aOR = 2.55) were more likely to perceive higher concern, while MSM who were retired (aOR = 0.23) and who had had chemsex recently (aOR = 0.63) were less likely to perceive higher concern. MSMHIV (aOR = 4.29) and MSM who had an unknown/undisclosed HIV status (aOR = 6.07), who had attended private sex parties (aOR = 2.10), and who knew people who have/had monkeypox (aOR = 2.10) were more likely to perceive a higher risk for monkeypox infection. We found that high perceived risk (aOR = 2.97) and high perceived concern (aOR = 3.13) were correlated with each other. In sum, only one-third of MSM living in The Netherlands considered themselves at high risk of monkeypox infection, and only half of them reported high concern. We identified a potential discrepancy between "actual risk" and perceived risk of and concern about monkeypox among MSM in this early stage of the monkeypox epidemic in The Netherlands, especially among PrEP users and MSMHIV. More refined public health communication strategies may be needed to improve the understanding and knowledge of the "actual risk" of monkeypox infections among MSM sub-populations, to facilitate health behaviour uptake. © 2022 by the authors.	concern about infection; monkeypox; MSM; perceived risk of infection; prevention	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2022	Wang L.; Din A.; Wu P.	Dynamics and optimal control of a spatial diffusion HIV/AIDS model with antiretrovial therapy and pre-exposure prophylaxis treatments	Mathematical Methods in the Applied Sciences	-	-	1704214	10.1002/mma.8359	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129831267&doi=10.1002%2fmma.8359&partnerID=40&md5=8ac18d4def87aa765bddb0525ac9fccb	In this paper, to investigate the synthetic effect of PrEP (pre-exposure prophylaxis) and ART (antiretrovial therapy) on HIV transmission among MSM (men who have sex with men) in heterogenous environment, a realistic HIV epidemic model with spatial diffusion is established. Here, HIV infectious people are divided into three immunity based compartments, that is, CD4+ T cell count less than 350, between 350 and 500, and more than 500, respectively. The basic reproduction number (Formula presented.) is established and proved as a threshold parameter: The global asymptotic stability of the disease-free steady state holds for (Formula presented.), and the disease will be present if (Formula presented.). Considering the substantial advantages of PrEP and ART in controlling HIV transmissions among MSM, the optimal control problem is presented for the case of positive constant diffusion coefficients, which minimize the total population of susceptible individual and HIV infected individual, the cost of PrEP and ART therapy. As an illustration of our theoretical results, we conduct numerical simulations. We also conduct an optimal control case study where model parameters are estimated from the demographic and epidemiological data from China. This work suggests the following: (1) Spatial factors cannot be ignored during the HIV intervention; (2)taking the PrEP intervention measure for HIV transmissions among MSM as early as possible will help to improve the control efficiency and reduces its cost; (3) reducing the PrEP drug costs will promote the efficiency of PrEP treatment in preventing the spread of HIV among MSM. © 2022 John Wiley & Sons, Ltd.	HIV/AIDS; MSM; optimal control; PrEP; spatial diffusion	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Wang X.; Hu X.; Liu Z.; Hui H.	Associations between self-test and pre- or post-exposure prophylaxis of HIV among men who have sex with men in China	International journal of STD & AIDS	-	-	9564624	10.1177/09564624221108038	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133432066&doi=10.1177%2f09564624221108038&partnerID=40&md5=b4127a6ea42a0442a55d9e8e5acc2596	Background: This study aims to assess HIV self-testing (HIVST), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) uptake and associations of three HIV prevention strategies among men who have sex with men (MSM) in China. Methods: This study included two stages, baseline and follow-up, and was conducted in Harbin, the capital city of Heilongjiang province in North China. MSM were recruited online and by peer-referral. Data contained an online questionnaire and sampling blood for HIV tests. The research group generated a QR code linking to the survey, and participants were asked to scan this QR code with a cellphone to fill out the questionnaire. MSM at the baseline were imparted knowledge of PrEP, PEP and condom use. Results: Between January 2018 and March 2019, the research team enrolled 773 MSM for baseline analysis, and 699 were HIV negative at baseline. For follow-up, 62% (430/699) participants were retained. At baseline, 11.6% (50/430) of the participants was aware of PrEP and 40.9% (176/430) of PEP; 0.7% (3/430) had ever taken PrEP and 3.3% (14/430) had taken PEP. At follow-up, 77.7% (334/430) reported awareness of PrEP and 54.0% (232/430) for PEP; Only 2.6% (11/430) initiated PrEP uptake and 3.0% (13/430) for PEP. Additionally, at follow-up, only 21 participants newly conducted HIVST. Results showed that being willing to pay for PrEP and PEP uptake was associated with conducting HIVST, and initiations of two HIV prevention methods, PrEP and PEP uptake, were significantly associated with each other. Conclusions: Knowledge dissemination increased participant awareness and acceptance of PrEP and PEP effectively. Uptake of HIVST, PrEP, and PEP were low and associated with each other. It is promising to achieve high uptake by promoting HIVST, PrEP and PEP as one prevention package. © The Author(s) 2022.	China; HIV; men who have sex with men; post-exposure prophylaxis; pre-exposure prophylaxis; self-test	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Wang, Haoyi; Shobowale, Oladipupo; den Daas, Chantal; Op de Coul, Eline; Bakker, Bouko; Radyowijati, Aryanti; Vermey, Koenraad; van Bijnen, Arjan; Zuilhof, Wim; Jonas, Kai J.	Determinants of PrEP Uptake, Intention and Awareness in the Netherlands: A Socio-Spatial Analysis	International Journal of Environmental Research and Public Health	-	-	1660-4601	10.3390/ijerph19148829	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9315833/	PrEP uptake in the Netherlands is growing but remains at suboptimal levels. Hence, the analysis of hurdles is paramount. Given the initial focus of PrEP provision among men-who-have-sex-with-men (MSM) via a demonstration project that was launched in June 2015, AmPrEP in Amsterdam, and pharmacies in the main urban areas (so called "Randstad", entailing Amsterdam, Utrecht, Leiden, The Hague and Rotterdam), investigating regional differences is necessary. This study seeks to unravel regional differences jointly with the psycho-social determinants of PrEP uptake. This cross-sectional study included 3232 HIV-negative MSM recruited via the Dutch subsample of the European-MSM-Internet-Survey in late 2017 (EMIS-2017), which aimed to inform interventions for MSM who are highly affected by infections with HIV and other sexually transmitted infections. Prevalence and the standardised prevalence ratio (SPR) of PrEP awareness, intention and uptake were measured on a regional level (Randstad vs. the rest of the country). Multi-level logistic modelling was conducted to identify the association of PrEP uptake with PrEP awareness and intention, socio-demographic, psycho-social determinants and random effects from regional differences. MSM from the Randstad used more PrEP (SPR = 1.4 vs. 0.7) compared to the rest of the country, but there were minor differences for awareness and intention. The regional distinction was estimated to explain 4.6% of the PrEP use variance. We observed a greater influence from PrEP intention (aOR = 4.5, 95% CI 2.0–10.1), while there was limited influence from the awareness of PrEP (aOR = 0.4, 95% CI 0.04–4.4). Lower education (aOR = 0.4, 95% CI 0.2–0.9) was negatively associated with PrEP uptake; however, no significant difference was found between middle (aOR = 1.2, 95% CI 0.7–2.0) and high education. We showed that regional differences—MSM in non-urban regions—and other psycho-social determinants account for lower PrEP uptake. Based on these findings, more fine-tuned PrEP access with a focus on non-urban regions can be implemented, and tailored campaigns increasing intention/use can be conducted among target populations.	HIV; Human immunodeficiency virus; Infections; Sexually transmitted diseases; STD; Disease transmission; Sociodemographics; Urban areas; Education; Variables; Sexual orientation; Trends; Employment; Regions; Spatial analysis	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative

Article	2022	Wang, Hongyi; Wang, Zixin; Huang, Xiaojie; Chen, Yanhui; Wang, Hui; Cui, Sitong; Zhang, Jing; Chu, Zhenxing; Hu, Qinghai; Ding, Haibo; Qian, Huizhu; Zou, Huachun; Tang, Weiming; Gao, Yongyong; Jin, Xia; Liu, Zhaoshun; Zhang, Lishun; Zhao, Jinchi; Xiaoqing, Jiang; Yongmin, Geng; Wenqing, Xu; Junjie, Shang; Hong	Association of HIV Preexposure Prophylaxis Use With HIV Incidence Among Men Who Have Sex With Men in China: A Nonrandomized Controlled Trial.	JAMA Network Open	-	-	-	-	2574-3805	10.1001/jamanetworkopen.2021.48762	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837830/	Importance: Evidence on HIV preexposure prophylaxis (PrEP) among Chinese men who have sex with men (MSM) is critical to guide its large-scale implementation in low- and middle-income countries. Objective: To evaluate incident HIV infection, adherence, safety, and changes in sexual behaviors among MSM using daily PrEP (D-PrEP) and event-driven PrEP (ED-PrEP) in 4 cities in China. Design, Setting, and Participants: This nonrandomized controlled trial was conducted among HIV-seronegative MSM from December 11, 2018, to November 30, 2020, in Beijing, Shenyang, Chongqing, and Shenzhen. Participants self-chose D-PrEP or ED-PrEP regimens at baseline and could switch regimens during the 12-month study period. HIV-negative MSM who declined to initiate PrEP (nonusers) in the same cities joined a separate parallel prospective cohort and served as control individuals. Interventions: PrEP consisted of coformulated tenofovir disoproxil fumarate, 300 mg, and emtricitabine, 200 mg. Main Outcomes and Measures: The main outcome was incident HIV infection. Poisson regression was used to obtain the HIV incidence rate ratio (IRR). Results: A total of 1138 MSM were included in the analysis (median age, 30 [IQR, 25-37 years). At baseline, 520 MSM chose D-PrEP (median age, 29 [IQR, 25-35 years) and 501 chose ED-PrEP (median age, 29 [IQR, 25-36 years). The median HIV Risk Index score was 18 (IQR, 12-22) among D-PrEP users and 18 (IQR, 11-22) among ED-PrEP users. Among 507 PrEP nonusers, the median age was 31 (IQR, 27-43) years, and the median HIV Risk Index score was 12 (IQR, 7-18). Although PrEP users had more baseline behaviors associated with HIV risk, the HIV incidence was lower among all PrEP users (adjusted IRR, 0.09 95% CI, 0.04-0.21). ED-PrEP users (adjusted IRR, 0.06; 95% CI, 0.02-0.17) and D-PrEP users (adjusted IRR, 0.13; 95% CI, 0.04-0.39) had significantly lower HIV incidence than PrEP nonusers. Daily PrEP users had lower HIV incidence than ED-PrEP users (IRR, 0.33 95% CI, 0.08-1.24). Event-driven PrEP users consumed 40% fewer tablets than D-PrEP users during the study period. Adherence, defined as the proportion of self-reported days with sexual intercourse in which PrEP was taken according to prescription of at least 90%, increased over time among ED-PrEP users (from 57.4% to 77.8%; P < .001 for trend) and decreased over time among D-PrEP users (from 75.5% to 72.1%; P = .02 for trend). Daily PrEP users reported fewer adverse events than ED-PrEP users (101 of 520 (17.1% vs 241 of 507 (47.9%). Conclusions and Relevance: The findings of this study suggest that D-PrEP and ED-PrEP regimens are associated with lower incidence of HIV and a good safety profile among high-risk MSM in China. Trial Registration: Chinese Clinical Trial Registry number: ChiCTR-IPo-17012762.	NA		English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2022	Wang, Ying; Mitchell, Jason W.; Zhang, Chen; Liu, Yu	Evidence and implication of interventions across various socioecological levels to address pre-exposure prophylaxis uptake and adherence among men who have sex with men in the United States: a systematic review.	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-022-00456-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9233180/	BACKGROUND Pre-exposure prophylaxis (PrEP) represents a proven biomedical strategy to prevent HIV transmissions among men who have sex with men (MSM) in the United States (US). Despite the design and implementation of various PrEP-focus interventions in the US, aggregated evidence for enhancing PrEP uptake and adherence is lacking. The objective of this systematic review is to synthesize and evaluate interventions aimed to improve PrEP uptake and adherence among MSM in the US, and identify gaps with opportunities to inform the design and implementation of future PrEP interventions for this priority populations. METHODS: We followed the PRISMA guidelines and conducted a systematic review of articles (published by November 28, 2021) with a focus on PrEP-related interventions by searching PubMed/MEDLINE, Embase, PsycINFO, Web of Science, and CINAHL databases. Eligible articles were limited to those with study populations of MSM in the US, and empirical findings, and targeted at PrEP outcomes. RESULTS: Among the 1343 articles retrieved from multiple databases, 42 interventions identified from 47 publications met the inclusion criteria for this review. Most individual-level interventions were delivered via text messages and/or apps and incorporated personalized elements to tailor the intervention content on participants' demographic characteristics or HIV risk behaviors. Interpersonal-level interventions often employed peer mentors or social network strategies to enhance PrEP adoption among MSM of minority race. However, few interventions were implemented at the community-, healthcare/institution- or multiple levels. CONCLUSIONS: Interventions that incorporate multiple socioecological levels hold promise to facilitate PrEP adoption and adherence among MSM in the US given their acceptability, feasibility, efficacy and effectiveness. Future PrEP interventions that simultaneously address PrEP-related barriers/facilitators across multiple socioecological levels should be enhanced with a focus to tackle contextual and structural barriers (e.g., social determinants of health, stigma or medical mistrust) at the community- and healthcare/institution-level to effectively promote PrEP use for MSM of color.	Pre-exposure prophylaxis, Intervention, Men who have sex with men, Systematic review, United States	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Ward H.; Papagiorgiou V.; Crittenden E.; Coskan F.; Davies B.	Impact of daily, oral pre-exposure prophylaxis on the risk of bacterial sexually transmitted infections among cisgender women: A systematic review and narrative synthesis	Wellcome Open Research	-	-	-	-	2398502X	10.12688/wellcomeopenres.17457.2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136090716&doi=10.12688%2Fwellcomeopenres.17457.2&partnerID=40&md5=e7c434a8536602736602f0e6e6c9e475296	Background: There are concerns that the use of pre-exposure prophylaxis (PrEP) may result in an increased incidence of sexually transmitted infections (STIs). Evidence for this is mixed and has mostly been based on reviews focussed on gay and bisexual men and transgender women, while none have summarised evidence in cisgender women. Methods: We conducted a systematic review to explore whether PrEP use is linked to STIs in cisgender women. Searches were conducted in Medline, Embase, PsycINFO and Global Health databases. Studies were critically appraised and assessed using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) tool. Results: We included 11 full text articles in a narrative synthesis, with the studies published between 2012 and 2021. The studies were mostly based in Africa (n=7, 63.6%) and reported on 3168 ciswomen using PrEP aged 16-56 years. Studies had marked differences in variables, including measurements and definitions (e.g., STI type) and limited data available looking specifically at ciswomen, principally in studies with both male and female participants. The limited evidence suggests that PrEP use is not associated with increased STI rates in ciswomen generally; however, adolescent girls and young women in Sub Saharan Africa have a higher prevalence of bacterial STIs prior to PrEP initiation, compared to adult ciswomen and female sex workers. Conclusions: We suggest future PrEP research make efforts to include ciswomen as study participants and report stratified results by gender identity to provide adequate data to inform guidelines for PrEP implementation. PROSPERO registration: CRD42019130438 © 2022 Papagiorgiou V et al.	bacterial sexually transmitted infections; Health risk behaviors; HIV prevention; Pre-exposure prophylaxis; Systematic review; Women's health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2022	Waryold J.M.; Shihabeddin C.; Mascola R.	Barriers to Culturally Competent Human Immunodeficiency Virus Care Among the Black, Indigenous, and People of Color Community	Journal for Nurse Practitioners	-	-	-	-	15554155	10.1016/j.nurpra.2021.08.021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113129611&doi=10.1016%2Fj.nurpra.2021.08.021&partnerID=40&md5=41a6508051fa830d0f0d1ea0f2bae61ad	Black, Indigenous, and people of color (BIPOC) are at a higher risk for human immunodeficiency virus (HIV) infection and face unique challenges in the United States health care system. Health care providers can understand the barriers to care for at-risk groups and identify interventions to improve health outcomes. Demographic, social, and economic factors all play a role in the health disparities regarding the HIV infection rate in these at-risk populations. There are many challenges to establishing early diagnosis of HIV infection and linking newly diagnosed people living with HIV (PLWH) to evidence-based care. Systemic barriers include a lack of access to testing resources, a lack of primary care provider training in HIV testing and counseling, and a delay of linkage to care of newly diagnosed PLWH to treatment. Delays of initiation of HIV treatment can increase morbidity and mortality and perpetuate HIV transmission. Consistent use of pre-exposure prophylaxis (PrEP) has been shown to decrease the risk of HIV transmission while maintaining a low side effect profile; however, PrEP usage among the BIPOC population is low, increasing the risk of HIV seroconversion. Increased testing, PrEP utilization, and treatment adherence in PLWH promote viral suppression, reducing HIV transmission. Specific, population-based interventions for prevention, testing, and treatment can encourage providers to empower patients to seek and remain in care. By decreasing racial disparities in the delivery of care, providers can help achieve viral suppression, improving the overall health outcomes among BIPOC communities. © 2021 Elsevier Inc.	and people of color; Black; cultural competency; cultural humility; HIV care; Indigenous	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Wheldon C.W.	HPV vaccination and HIV pre-exposure prophylaxis (PrEP): Missed opportunities for anal cancer prevention among at risk populations	Human Vaccines and Immunotherapeutics	-	-	-	-	21645515	10.1080/21645515.2022.2114258	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136672834&doi=10.1080%2F21645515.2022.2114258&partnerID=40&md5=5a5fd836aaf727d1706629b0e1570f0a	Gay, bisexual, and other men who have sex with men (GBMs), in addition to transgender women who have sex with men (TW), are at disproportionate risk for anal cancer. Anal cancer can be prevented with HPV vaccination, but uptake among adult GBMTW is low. Targeted HPV vaccination during the clinical management of pre-exposure prophylaxis (PrEP) is an unexplored strategy relevant to these populations. The purpose of this study was (1) to determine the need for HPV vaccination among GBM and transgender women PrEP users and (2) to identify correlates of receipt of HPV vaccination among PrEP users. Secondary analysis of the 2020 Pennsylvania LGBT Health Needs Assessment was conducted to estimate prevalence ratios of HPV vaccination among PrEP users. Overall, 43.8% of the sample had initiated HPV vaccination. Vaccine initiation was significantly lower among Black (aPR = 0.68, 95% CI 0.48–0.96) and Latinx (aPR = 0.68, 95% CI 0.49–0.94) participants. Education and income were significantly associated with likelihood of HPV vaccination after adjusting for race (aPR = 2.60, 95% CI 1.73–3.88). Overall, more than half of eligible GBM and TW engaged in PrEP care have not initiated HPV vaccination and represent potential missed opportunities for anal cancer prevention. © 2022 The Author(s). Published with license by Taylor & Francis Group, LLC.	Anus Neoplasms; health care systems; immunization; prevention and control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Wiginton, John Mark; Eaton, Lisa A; Watson, Ryan J; Mokrzi, Jessica L; Earnshaw, Valerie A; Berman, Marcie	Sex Positivity, Medical Mistrust, and PrEP Conspiracy Beliefs Among HIV-Negative Cisgender Black Sexual Minority Men in Atlanta, Georgia.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-021-02174-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9030596/	Because the public health response to the disproportionate HIV burden faced by Black sexual minority men (BSMMM) has focused on sexual risk reduction and disease prevention, other vital components of sexual health (e.g., intimacy, pleasure, benefits of sex) have been often overlooked. Sex-positive describes a more open, holistic approach toward sex and sexuality that prioritizes these other components, though such an approach is rarely applied to BSMMs sexual health. For sex-positive BSMM, risk-preventive discourse may foster or exacerbate medical mistrust as a reaction to the dissonance between how these men view sexual health and how the medical establishment views it, which may discourage sexual healthcare-seeking. We assessed sex-positivity and its association with PrEP conspiracy beliefs among 206 HIV-negative cisgender BSMM in Atlanta, Georgia. We performed exploratory factor analytic procedures on responses to a sex-positivity scale, followed by multivariable linear regressions to determine sex-positivity's associations with medical mistrust and PrEP conspiracy beliefs. We extracted two sex-positivity factors: sexual freedom (α = 0.90), reflecting openness toward casual sex and rejection of sexual norms, and essence of sex (α = 0.77), reflecting the intimate, relational, and pleasurable qualities of sex. Sexual freedom was independently associated with perceived racism in healthcare ($$\beta$$ = 0.14, CI = − 0.00, 0.29). Essence of sex was associated with lower ($$\beta$$ = − 0.14, CI = − 0.28, 0.00) and sexual freedom was associated with greater ($$\beta$$ = 0.14, CI = − 0.00, 0.29) conspiracy beliefs. Healthcare providers and public health practitioners may cultivate greater trust with BSMM by incorporating a sex-positive approach into patient/provider-level interactions, clinical decision-making, and interventions. Improving access to sexual pleasure acknowledges BSMMs right to optimal, holistic sexual health.	Black sexual minority men, sex-positivity, medical mistrust, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Wilborn, Brittany; Howard-Howell, Tyrissa; Cantil, Amanda; D'Angelo, Lawrence; Trexler, Constance; Carr, Rashida; Greenberg, Daniel	Barriers and Facilitators to HIV Testing Among Adolescents and Young Adults in Washington, District of Columbia: Formative Research to Inform the Development of an mHealth Intervention.	JMIR Formative Research	-	-	-	-	2561-326X	10.2196/29196	https://pubmed.ncbi.nlm.nih.gov/35270383/	BACKGROUND: Adolescents and young adults (AYA) in the United States, and in Washington, District of Columbia (DC), specifically, are disproportionately affected by HIV. Both the national Ending the HIV Epidemic initiative and DC-specific plans emphasize HIV testing, and innovative strategies to encourage testing among AYA are needed. OBJECTIVE: The purpose of this study is to identify sexual behaviors, HIV testing practices, and preferences among AYA in DC to inform the development of a mobile health (mHealth) app to promote HIV testing. METHODS: As a first step of a larger study to determine the acceptability of using a life-real-dating online game to increase HIV testing among AYA, focus groups and surveys stratified by self-reported sexual orientation were conducted among, and administered to, AYA aged 13-24 years in DC. HIV knowledge was explored during focus groups and measured using an adapted version of the Brief HIV Knowledge Questionnaire. Survey data were summarized using descriptive statistics and associations were examined using bivariate statistics. Transcripts were thematically analyzed. RESULTS: Of the 43 AYA who took part in 6 focus groups, 30 (69.7%) identified as heterosexual and 16 (37%) as lesbian, gay, bisexual, transgender, or queer. A higher proportion of lesbian, gay, bisexual, transgender, or queer AYA reported sexual activity (12/16, 75%, vs 18/30, 60%), condomless sex (11/12, 92%, vs 15/18, 83%), HIV testing (13/16, 81%, vs 17/29, 59%) than heterosexual AYA. HIV testing ("condom use" and "transmission ["exchange of fluids"] knowledge was high, and most (34/44, 77%) of the AYA perceived HIV testing as beneficial. However, the AYA also demonstrated some misinformation concerning HIV testing: over one-third (15/44, 34%) of the participants believed that an HIV test could deliver accurate results 2 weeks after a potential exposure and an average of 72% (33/46, SD 0.453) believed that an HIV "vaccine exists. The AYA also identified individual ("...people...are scared"), interpersonal ("It's an awkward conversation"), and structural ("...people don't...know where they can go") barriers to testing. AYA rated the likelihood of using an mHealth app to increase HIV testing among their friends (median 8.0, IQR 5.0-9.0), themselves (median 8.0, IQR 6.0-9.0), and DC youth (median 8.0, IQR 6.0-9.0), indicating high likelihood) and strongly agreed that the game was interesting (median 5.0, IQR 5.0-5.0), fun (median 5.0, IQR 4.0-5.0), and easy to learn (median 5.0, IQR 5.0-5.0, using a scale ranging from 1 to 5, with 5 indicating strong agreement). CONCLUSIONS: These results suggest a need for multilevel HIV testing interventions and informed the development of a mobile health intervention aiming to increase HIV knowledge and risk perception among AYA, while reducing barriers to testing at the individual and structural levels, supporting efforts to end the domestic HIV epidemic.	HIV; testing; knowledge; youth	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Williams, Adam Dale Newman; Wood, Fiona; Gillespie, David; Cousens, Zoë; Hughes, Kathryn; Hood, Kerenza	The relationship between HIV pre-exposure prophylaxis, sexually transmitted infections, and antimicrobial resistance: a qualitative interview study of men who have sex with men.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-022-14645-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9708615/	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) is a medication that prevents the acquisition of HIV. It has been targeted towards men who have sex with men (MSM). Since its introduction there have been concerns raised around changes in sexual behaviour such as increased condomless anal intercourse (CAI), leading to an elevation in sexually transmitted infections (STIs). With antimicrobial resistant strains of STIs rising, there are concerns that PrEP may be contributing to this growth. This study aims to understand how MSM conceptualise the relationship between PrEP, STIs and antimicrobial resistance (AMR). METHODS: Twenty semi-structured interviews were conducted online using Zoom. Participants included a mix of PrEP related experiences (never used, currently use, previously used). Reflexive thematic analysis was undertaken by the lead author with 10% of transcripts double coded. RESULTS: MSM in Wales have positive views and a good knowledge of PrEP and awareness of bacterial STIs. PrEP is perceived by many to lead to a reduction in condom use and increase in STIs but reported condom use behaviours presented to be stable in terms of PrEP initiation. PrEP use is influenced by perceptions of HIV risk, relationship dynamics and sexual desire. PrEP was not viewed as a risk factor for AMR. Those who had used PrEP were more likely to report increased use of condoms use, despite reported behaviours often being stable in relation to PrEP initiation. PrEP stigma may be influencing this dichotomy. Concern and awareness for resistant STIs is low, with little association to PrEP.	HIV; Pre-exposure prophylaxis, Sexually transmitted infections, Antimicrobial resistance, Qualitative research, Sexual behaviour, Sexual and gender minorities	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Willie, Tiara C; Knight, Doja; Bazzi, Stefan D; Chen, Philip A; Kershaw, Trace; Mayer, Kenneth H; Stockman, Jamila K; Addonizio, Aubrey A; Morgan, Micaela; Mena, Leandro A; Phillips, Kathy-An; Nunn, Amy	Where's the "Everyday Black Woman"? An intersectional qualitative analysis of Black Women's decision-making regarding HIV pre-exposure prophylaxis (PrEP) in Mississippi.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-022-13999-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9396876/	BACKGROUND: Black cisgender women in the U.S. South bear a disproportionate burden of HIV compared to cisgender women in other racial and ethnic groups and in any other part of the US. Critical to decreasing new HIV infections is the improved delivery of pre-exposure prophylaxis (PrEP) for Black cisgender women as a womens-underutilized in 2021. Informed by intersectionality, the study sought to elucidate the sociostructural determinants of PrEP among Black cisgender women in Mississippi. We also sought to understand their PrEP within the context of interlocking systems of oppression including racism, sexism, and stigma. METHODS: We conducted in-depth interviews with 27 Black women living in Jackson, Mississippi who had ever heard of PrEP. Participants were recruited through social media platforms and were interviewed with 25 Black women who had never used PrEP and 2 Black women who reported a PrEP prescription. RESULTS: Six themes were identified as contributing PrEP differentiation among Black women: 1) limited PrEP awareness, 2) low perceived HIV risk and side effects, 4) concerns about costs, 5) limited marketing, and 6) distrust in the healthcare system. Three themes were identified as facilitators during PrEP deliberations: 1) women's empowerment and advocacy, 2) need for increased PrEP-specific education, and 3) the positive influence of PrEP-engaged women's testimonials. Black women shared a limited awareness of PrEP exacerbated by the lack of Black women specific marketing. Opportunities to support Black women-specific social marketing could increase awareness and knowledge regarding PrEPs benefits and costs. Black women also shared their concerns about discrimination in healthcare and distrust, but they felt that these barriers may be addressed by patient testimonials from PrEP-engaged Black women, empowerment strategies, and directly addressing provider biases. CONCLUSIONS: An effective response to PrEP implementation among Black women in the South requires developing programs to center the needs of Black women and carry out active strategies that prioritize peer advocacy while reinforcing positive and mitigating negative influences from broader social and historical contexts.	Black women, Pre-exposure prophylaxis, HIV, Racism, Sexism	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Willie, Tiara C; Sharpless, Laurel; Monger, Maude; Kershaw, Trace S; Mahoney, Wendy B; Stockman, Jamila K	Enhancing domestic violence advocates' ability to discuss HIV pre-exposure prophylaxis (PrEP): Feasibility and acceptability of an educational intervention.	Women's Health	-	-	-	-	1745-5065	10.1177/17455065211070548	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9074469/	BACKGROUND: Survivors of intimate partner violence are at elevated risk for HIV acquisition, yet there is limited research on the best strategies to optimize biomedical HIV prevention, such as pre-exposure prophylaxis among this population. Domestic violence agencies are critical collaborating partners and function as potential entry point into HIV prevention services for survivors; however, limited knowledge regarding HIV prevention has been an important barrier to advocate-led discussions. This study aimed to develop, implement, and evaluate an HIV prevention intervention for domestic violence advocates. SETTING: A nonrandomized, group-based intervention with pre-intervention, immediate post-intervention, and 3-month post-intervention periods were conducted with multiple domestic violence agencies in Mississippi. METHODS: Overall, 25 domestic violence advocates participated in the two-session intervention. Surveys were administered to assess pre-exposure prophylaxis knowledge, self-efficacy, subjective norms, and willingness to provide HIV prevention services to intimate partner violence survivors. Generalized estimating equations were conducted to assess change in behavioral outcomes over time. RESULTS: Compared to pre-intervention, there were significant increases at immediate and 3-month post-intervention in advocates' intervention accessibility, pre-exposure prophylaxis knowledge, and self-efficacy to provide HIV prevention information, discuss pre-exposure prophylaxis eligibility criteria, assist pre-exposure prophylaxis-engaged clients, and initiate pre-exposure prophylaxis counseling. CONCLUSION: This group-based intervention enhanced domestic violence advocates' acceptability, pre-exposure prophylaxis knowledge, and self-efficacy to offer HIV care information, discuss pre-exposure prophylaxis, and initiate pre-exposure prophylaxis counseling. Findings underscore the importance of engaging domestic violence advocates as collaborative partners to reduce HIV vulnerabilities. Efforts should focus on training domestic violence advocates in HIV prevention care for survivors and also include these agencies in collaborative strategies to reduce HIV incidence.	domestic violence advocates, HIV, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2022	Wilson E.C.; Hernandez C.J.; Scheer S.; Trujillo D.; Arayasirikul S.; Sievo S.; McFarland W.	Improved PrEP Awareness and Use among Trans Women in San Francisco, California	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-021-03417-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125428268&doi=10.1007%2Fs10461-021-03417-3&partnerID=40&md5=465bedfc1db3a3acc8ce01457f0bfc85	Transgender women face a serious risk of HIV infection. Despite this, there is limited knowledge and use of Pre-exposure prophylaxis (PrEP). We measured the continuity of prevention across services in the PrEP cascade and correlates of PrEP use among trans women in San Francisco enrolled in the 2019/20 National HIV Behavioral Surveillance Study. Knowledge and use of PrEP among trans women in San Francisco increased in recent years; almost all (94.0%) had heard about PrEP, 66.7% had discussed PrEP with a healthcare provider, and 44.0% had taken PrEP in the past 12 months. PrEP use was associated with participation in a PrEP demonstration project (aOR = 31.44, p = 0.001) and condomless receptive anal intercourse (aOR = 3.43, p = 0.024). Injection drug use was negatively associated (aOR = 0.19, p = 0.014). Efforts are needed to combat the gender-based stigma and discrimination faced by trans women, which can result in avoidance and mistrust of the medical system. © 2021, The Author(s).	PrEP; Pre-exposure prophylaxis; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Wilson K.; Przybyla S.; Bluestein J.; Gabriel S.; Leblanc N.; St. Vil N.	Factors correlated with pre-exposure prophylaxis (PrEP) awareness and use among black adults in the United States: implications for improving HIV prevention	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2022.2111027	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136210602&doi=10.1080%2F09540121.2022.2111027&partnerID=40&md5=7c4b08d3a2f2591207388d2f9555fbb0	HIV remains a significant public health concern for Black adults (BA) in the United States. Pre-exposure prophylaxis (PrEP) is a highly effective prevention tool prescribed to protect the health of HIV-uninfected individuals. Yet, low rates of PrEP awareness and utilization persist among BA. Less is understood about the pathways that may promote PrEP uptake. The present study explored factors associated with PrEP awareness and use among BA. Participants were recruited through Facebook and completed an online survey. Logistic regression models were used to examine factors associated with PrEP awareness and use. More participants were aware of PrEP (71%). Reporting history of incarceration history aOR 5.76 (1.19, 2.59), $$p < 0.05$$ had greater odds of PrEP awareness. Only 6% of respondents had ever taken PrEP. Reports of incarceration history aOR 9.96 (2.82, 35.14), $$p < 0.05$$, concurrent sexual partners aOR 1.09 (1.00, 1.18), $$p < 0.05$$, and substance use during sex aOR 4.23 (1.02, 17.60), $$p < 0.05$$ had greater odds of PrEP use. Interventions aiming to improve PrEP uptake among BA must consider the individual, social, and structural contexts associated with awareness and use. Enhanced efforts by healthcare providers and institutions may better facilitate access to PrEP for HIV prevention and control transmission. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	awareness; Black adults; HIV prevention; pre-exposure prophylaxis; uptake	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Wilson, Kate S; Mugo, Cyrus; Kate, David A; Matyoki, Vivienne; Mungwala, Carol; Otiso, Lilian; Bukusi, David; McClelland, R Scott; Simoni, Jane M; Drewe, Matt; Mercalio, Sarah; Inwani, Irene; Kohler, Pamela K	High Acceptance and Completion of HIV Self-testing Among Diverse Populations of Young People in Kenya Using a Community-Based Distribution Strategy.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-021-03451-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8340927/	Oral HIV self-testing (HIVST) may expand access to testing among hard-to-reach reach adolescents and young adults (AYA). We evaluated community-based HIVST services for AYA in an urban settlement in Kenya. Post-meRiders recruited AYA ages 15-24 through homes, bars/clubs, and pharmacies. Participants were offered oral HIVST, optional assistance and post-test counseling. Outcomes were HIVST acceptance and completion (self-report and returned kits). Surveys were given at enrollment, post-testing, and 4 months. Log-binomial regression evaluated HIVST preferences by venue. Among 315 reached, 312 (99%) accepted HIVST and 310 (99%) returned kits. Acceptance was 100% in homes, 99% in bars/clubs, and 98% in pharmacies ($$p = 0.07$$). Of 296 who ever confirmed positive result, 294 (99%) participants engaged in sex work in the last 30 days; among these, 229 (82%) reported exchanging sex by the primary question, and 160 (57%) based on secondary questions only. Recent sex exchange was associated with being in a relationship, social media recruitment, less recent oral intercourse, and not discussing PrEP. CONCLUSIONS: That MSM and TGW who exchange sex need regular access to HIVST/ITI prevention, testing, and treatment services, and multiple approaches to assessing sex work will help identify and serve this diverse and dynamic population.	HIV self-testing, Adolescents and young adults, Community-based testing, Differentiated HIV testing, Sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Winkelman S.	A Human Rights Case Study on Access to Preexposure Prophylaxis for Female Sex Workers in South Africa	Health and Human Rights	-	-	-	-	10790969	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125193098&partnerID=40&md5=6cf2ea19b2103a6296c19dbaa9e	This paper examines the extent to which access to HIV preventive medicines such as pre-exposure prophylaxis (PrEP) are ensured under the International Covenant on Economic, Social and Cultural Rights. There is a lack of human rights-focused research on access to HIV preventive medicines for vulnerable populations such as female sex workers in HIV-endemic countries. To help fill this gap, I utilized a case study approach to critically examine the rollout of PrEP for female sex workers in South Africa, drawing on the country's Bill of Rights, health care policies, and PrEP implementation. My analysis found that PrEP rollout for female sex workers in South Africa is not consistent with the right to health as articulated in the International Covenant on Economic, Social and Cultural Rights. Specifically, (1) both high-risk female sex workers who are HIV-negative and those living with HIV (PLWH) are not receiving adequate information about PrEP, which is available for free, and (2) PrEP is not always being made available in locations that are accessible and convenient for female sex workers, such as sex work venues, bars, and clubs, reducing the medicine's acceptability; and (3) South Africa's overburdened public health care system and continued criminalization of sex work limited the accessibility and quality of HIV prevention services, contributing to weak uptake of PrEP among female sex workers. To remedy these issues, state leaders should prioritize PrEP counseling and socially acceptable information dissemination; expand comprehensive, coherent, and coordinated sexual health services for female sex workers; increase the financial resources available for programs specific to female sex workers; and decriminalize sex work. © 2022 Winkelman.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	Western and Central Europe and North America	Qualitative

Article	2022	Winter, Babette L; Hovaguimian, Frédérique; Kouyos, Roger D; Schmidt, Axel Jeremias; Bernasconi, Enos; Braun, Dominique L; Calmy, Alexandra; Notter, Julia; Stoeckle, Marcel; Surial, Bernard; Christinet, Vanessa; Cavassini, Matthias; Depmeier, Carsten; Läuchli, Severin; Boffi El Amari, Emmanuelle; Reinacher, Matthias; Rasi, Manuela; Bruggmann, Philip; Haerry, David; Bize, Raphaël; Low, Nicola; Lehner, Andreas; Quednow, Boris B; Fehr, Jan S; Hampel, Benjamin	Changes in mental and sexual health among MSM using HIV pre-exposure prophylaxis during the SARS-CoV-2 pandemic: longitudinal analysis of the SwissPrEPared cohort study.	Swiss Medical Weekly	-	-	-	1424-3997	10.4414/smw.2022.w30192	https://dx.doi.org/10.4414/smw.2022.w30192	BACKGROUND: Changes in mental and sexual health among men having sex with men (MSM) due to the SARS-CoV-2 pandemic remain unclear. METHODS: Design: Longitudinal analysis of an ongoing, multicentre, pre-exposure prophylaxis (PrEP) cohort (NCT03893188) in Switzerland. Participants: HIV-negative MSM aged ≥18 who completed at least one questionnaire before and one after the start of the SARS-CoV-2 pandemic. Outcomes: Primary: mental health, defined as anxiety and depression scores assessed by the Patient Health Questionnaire-4. Secondary: sexual behaviour, well-being, PrEP use and disruption of care. Outcomes were assessed over seven periods corresponding to different SARS-CoV-2 prevention measures in Switzerland. We performed pairwise comparisons between periods (Wilcoxon signed rank test). RESULTS: Data from 1,043 participants were included. Whilst anxiety scores remained stable over time, depression scores worsened in the second wave and the second lockdown period compared to pre-pandemic scores. This was confirmed by pairwise comparisons (pre-SARS-CoV-2/second wave and pre-SARS-CoV-2/second lockdown: p <0.001). Downward trends in sexual activity,sexualized substance use, and a switch from daily to "event-driven" PrEP were found. Disruption of care affected 42.6% (790/1856) of daily PrEP users' follow-up visits. CONCLUSION: In this longitudinal analysis of a PrEP cohort enrolling MSM, depression scores worsened in the second wave and the second lockdown compared to the pre-pandemic period.	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2022	Wirtz, Andrea L; Burns, Paul A; Poteat, Tonia; Malik, Mannat; White, Jordan J; Brooks, Durryle; Kasaie, Parastu; Beyrer, Chris	Abuse in the Continua: HIV Prevention and Care Outcomes and Syndemic Conditions Associated with Intimate Partner Violence Among Black Gay and Bisexual Men in the Southern United States.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03705-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9561062	Intimate partner violence (IPV) has been implicated in HIV acquisition and worse HIV outcomes. Limited research focuses on the experiences of Black gay and bisexual men. Using data from cross-sectional surveys in Baltimore, Maryland, and Jackson, Mississippi, we analyzed the association between IPV victimization and HIV-related outcomes among 629 adult Black gay and bisexual men, among whom 53% self-reported a negative result at last HIV test. 40% of participants reported lifetime physical, sexual, and/or psychological IPV victimization, and 24% past-year victimization. Recent and lifetime IPV were associated with recent clinical diagnosis of STI (adjPrR: 1.44; 95%CI: 1.08-1.92) and ART medication interruptions (adjPrR: 1.59; 95%CI: 1.25-2.01), respectively. Physical IPV was inversely associated with current PrEP use (adjPrR: 0.35; 95%CI: 0.13-0.90). Recent IPV was independently correlated with depression symptomatology (adjPrR: 2.36; 95%CI: 1.61-3.47) and hazardous alcohol use (adjPrR: 1.93; 95%CI: 1.42-2.61), with evidence of interactions. IPV-HIV relationships were intersected by internalized stigma, housing instability, poverty, and lack of insurance. Tailored IPV services are urgently needed for comprehensive HIV services for Black gay and bisexual men in the U.S.	gay or bisexual, Black or African American, intimate partner violence, HIV, depression, hazardous alcohol use, syndemic	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Witte, Susan S; Filippone, Prema; Ssewamala, Fred M; Nabunya, Proscovia; Bahar, Ozge Sensoy; Mayo-Wilson, Larissa Jennings; Namuwonge, Flavia; Damulira, Christopher; Tozan, Yesim; Kiyingi, Joshua; Nabayinda, Josephine; Mwebembezi, Abel; Kagaayi, Joseph; McKay, Mary	PrEP acceptability and initiation among women engaged in sex work in Uganda: Implications for HIV prevention.	EClinicalMedicine	-	-	-	2589-5370	10.1016/j.eclinm.2022.101278	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8808048	BACKGROUND: Women engaged in sex work (WESW) are disproportionately affected by HIV. In Uganda, HIV prevalence among WESW is estimated at 37%, accounting for 18% of all new infections in the country. WESW experience poverty, gender-based violence, and other issues that reduce their power and limit their ability to negotiate condom use. Female-controlled strategies, including pre-exposure prophylaxis (PrEP), may afford women more transmission protection, but barriers to access and use persist. This cross-sectional study examined baseline PrEP acceptability and initiation among WESW recently enrolled in a randomized clinical trial in Uganda to test the impact of a combination HIV risk reduction and economic empowerment intervention on sexual risk outcomes (clinicaltrials.gov, NCT03583541). METHODS: A total of 542 WESW from 19 high HIV-prevalent geographical areas were enrolled in the Kyaterekera study between June 2019 and March 2020. Women were eligible for the study if they: (1) were age 18 or over; (2) reported engagement in transactional sex (a sex act in exchange for pay) in the past 30 days; and (3) reported engagement in one or more episodes of unprotected sex in the past 30 days. Women completed a baseline assessment, were tested for HIV and other sexually transmitted infections (STIs) at enrollment, and were connected with antiretroviral therapy (ART), STI treatment, or PrEP, based on need and interest. Descriptive statistics examined baseline data on PrEP acceptability and initiation. Independent variables (i.e. years in sex work, recent sexual coercion, perceived HIV and sex work stigmas, harmful alcohol use, barriers to medical care, and social support) were derived from the empirical literature and women's self-report. Bivariate analysis was performed to test associations between main effects of these variables. Using binomial logistic regression models, predictive models were evaluated for two distinct outcomes-PrEP acceptability and PrEP initiation/uptake. FINDINGS: At baseline, 59% of women (n = 322) tested HIV negative. Among WESW testing negative, 11% (n = 36) were already PrEP enrolled. Most women reported willingness to use PrEP (n = 317; 91%). Slightly over half of WESW not already on PrEP agreed to initiate PrEP (n = 158; 55%). Logistic regression models demonstrate that acceptability of or willingness to use PrEP was significantly associated with fewer years engaged in sex work (AOR= ·18, 95% CI 0·05-·66, p<·01) and greater perceived social support from family (AOR= 1·39, 95% CI 1·03 -1.88, p<·05). PrEP initiation was negatively associated with greater perceived social support from friends (AOR= ·81, 95% CI ·68-0·97, p<·05) and positively associated with higher perceived stigma due to sex work among family members (AOR=2·20, 95% CI 1·15-4·22, p<·05). INTERPRETATION: Despite endorsing PrEP use, many WESW remain reluctant to use it. This gap in prevention practice highlights the heart of a failing PrEP prevention cascade. Findings point to the important role family and friend support may play in destigmatizing sex work and PrEP use for women. Social and structural-level efforts are needed to improve educational messaging and to integrate positive messaging into health promotion campaigns for women and their families, while also working toward decriminalizing sex work. FUNDING: This paper was made possible with funding from United States National Institute of Mental Health (Grant number: R01MH116768).	Sex work, FSW, Pre-exposure prophylaxis, PrEP, Stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2022	Wolfe, Hill Landon	Exploring stigma in utilizing HIV prevention strategies and addressing substance use and HIV risk in primary care encounters with transgender and gender diverse adults	-	-	Boston University	-	NA	NA	https://hdl.handle.net/2144/45386	Transgender and gender diverse (TGD) individuals experience high levels of stigma in a variety of settings and contexts, including during healthcare encounters. Persistent stigma and discrimination accumulating over a lifetime lead to hardships that increase health risks, such as engaging in harmful substance use and becoming infected with HIV. Yet, it is not yet clear if there is a relationship between stigma and engaging in HIV prevention clinical services among TGD individuals, and how substance use and HIV sexual risk behaviors might mediate this relationship. Further, little is known about the experiences and preferences of TGD patients when discussing substance use and HIV risk during primary care encounters and how providers address these health topics. Using a combination of elements from four distinct conceptual models which postulates components of syndemics, functions of communication, and clinical care delivery to TGD adult patients, this dissertation adds to the literature through three aims: Aim 1 uses structural equation modeling to test whether substance use, HIV sexual risk behaviors and gender-affirming hormone therapy mediate any observed association between TGD-related stigma and utilization of HIV prevention clinical services (i.e., HIV prevention services or programs, pre-exposure prophylaxis use). This analysis includes a sample of 529 TGD adults in Massachusetts and Rhode Island who were HIV-negative or had an unknown HIV serostatus. Aim 2 uses semi-structured interview data with 25 TGD adults to explore experiences and communication preferences when discussing substance use and HIV risk during primary care encounters. Aim 3 uses in-depth interviews with 15 primary care providers to describe how they report discussions about substance use and HIV risk with TGD adult patients and characterizes how these communication approaches align with varying orientations of self-efficacy and subjective norms. Findings from this dissertation reveal several ways stigma manifests during clinical encounters and underscores the need for improving patient care experiences by alleviating provider knowledge deficits and fostering institutional support within clinic environments.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Wood, Sarah M; Meanley, Steven; Bonett, Stephen; Torres, Mary E; Watson, Dovie L; Williams, Javontae L; Brady, Kathleen A; Bauermeister, José A	Strengthening HIV Prevention Services Through an Implementation Science Approach: Perspectives From the HIV Testers in Philadelphia.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000002969	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9204788	BACKGROUND: Strengthening HIV prevention services is a key priority of the Ending the HIV Epidemic plan. Informed by the Consolidated Framework for Implementation Research, we examined HIV testers' perceived barriers and facilitators to implementing HIV prevention services, including testers' strengths and weaknesses; enabling factors within the inner and outer settings; and willingness to adopt potential implementation strategies. METHODS: In 2019, the Penn Center for AIDS Research (CFAR) partnered with the Philadelphia Department of Public Health (PDPH) to examine system-level challenges and opportunities experienced by PDPH-funded HIV testers (individuals conducting HIV testing) in Philadelphia. We recruited HIV testers to complete 2 web surveys (n ≈ 40 each) and in-depth interviews (n = 11). RESULTS: Testers self-reported high HIV testing self-efficacy and competence, despite identifying gaps in their knowledge of STI testing, reporting moderate willingness to recommend pre-exposure prophylaxis, and having insufficient cultural competency when working with priority populations. Testers indicated that educational materials and policies within their agencies might require realignment to affirm sexual and gender minority clients. In qualitative interviews, testers noted challenges to implementing PDPH priorities because limited funding fueled competition between local agencies, deterred interagency partnerships, and limited their ability to serve key populations locally. DISCUSSION: HIV testers are critical partners in addressing agency-level barriers to HIV prevention service provision through multilevel implementation strategies. In partnership with PDPH, we will create and implement a train-the-trainers program consisting of skill-building activities, technical assistance, and capacity-building for all agency personnel to address missed opportunities in HIV prevention. These activities will reinforce scalability and sustainability of PDPH-supported HIV prevention programs.	Implementation science, Service delivery, PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Woodward, Shannon C; Baynes, Anne M; Tyson, Hayley A; Dunlop, William A; Martin, Sarah J	Is non-occupational HIV Post Exposure Prophylaxis (nPEP) still used? An exploration of nPEP use since widespread availability of HIV PrEP.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/09564624221116527	https://dx.doi.org/10.1177/09564624221116527	BACKGROUND: Non-occupational Post-Exposure Prophylaxis (nPEP) is an effective HIV prevention strategy in gay and bisexual men (GBM) taken after possible exposure. HIV Pre-Exposure Prophylaxis (PrEP) is also a highly effective HIV prevention strategy. METHODS: A retrospective audit of medical records of GBM presenting to a sexual health centre and provided with nPEP compared two periods to determine if nPEP usage changed following availability of PrEP. In the first period (P1) PrEP was available through extended trials. In the second period (P2) PrEP became more accessible through the Australian Pharmaceutical Benefits Scheme (PBS). Period comparisons were performed using a two-population test of proportions with one-tailed testing and significance set at P < .05 using SPSS Statistics Version 25. RESULTS: There were 232 GBM provided with nPEP in P1, and 202 in P2. A two-population test of proportions demonstrated that GBM presentations for nPEP decreased significantly from 302/4779 (6.3%) of GBM visits in P1 to 221/7205 (3.1%) in P2 when PrEP was more accessible (Z=8.53, P < .001). PrEP uptake after presentation for nPEP increased from 30 (12.9%) of total GBM visits in P1 to 69 (34.2%) in P2 (Z=5.26, p < .001). CONCLUSIONS: GBM accessing nPEP decreased with statistical significance post introduction of PBS PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Institutional	2022	World Health Organization	Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. Technical Brief	-	Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. Technical Brief	-	-	NA	NA	https://books.google.com.br/books?id=6LKFEAAAQBAJ&hl=pt-PT	WHO recommends multiple pre-exposure prophylaxis (PrEP) options as part of combination prevention approaches and there has been a global uptake of PrEP into national guidelines and widespread implementation of PrEP services, although projects and programmes are still commonly small-scale. In many countries, services have been demedicalized, simplified, differentiated, digitalized, and integrated to increase uptake and effective use of PrEP. This technical brief aims to support these trends, accelerated by the COVID-19 pandemic, and improve PrEP uptake, persistence, and effective use by providing implementation guidance for differentiated and simplified service delivery. The brief aims to support a range of stakeholders in planning and implementing PrEP services and supplements and updates previously published WHO PrEP implementation guidance.	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2022	World Health Organization	Guidelines on long-acting injectable cabotegravir for HIV prevention	-	Guidelines on long-acting injectable cabotegravir for HIV prevention	-	-	NA	NA	https://books.google.com.br/books?id=YjGdEAAAQBAJ&hl=pt-PT	In this guideline, WHO recommends that long-acting injectable cabotegravir (CAB-LA) may be offered as an additional HIV prevention option for people at substantial risk of HIV infection. CAB-LA is an injectable form of pre-exposure prophylaxis (PrEP) that has been shown to be highly effective at reducing the risk of HIV acquisition. This guideline provides implementation considerations to support Member States, programme managers, policy makers, researchers, health workers, communities, and other stakeholders in the implementation of projects and programmes for CAB-LA. It also outlines critical research gaps for CAB-LA.	NA	English	Luxembourg	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2022	World Health Organization	Guidelines on long-acting injectable cabotegravir for HIV prevention	-	-	-	-	978-92-4-005409-7	NA	https://www.who.int/publications/i/item/9789240054097	In this guideline, WHO recommends that long-acting injectable cabotegravir (CAB-LA) may be offered as an additional HIV prevention option for people at substantial risk of HIV infection. CAB-LA is an injectable form of pre-exposure prophylaxis (PrEP) that has been shown to be highly effective at reducing the risk of HIV acquisition. This guideline provides implementation considerations to support Member States, programme managers, policy makers, researchers, health workers, communities, and other stakeholders in the implementation of projects and programmes for CAB-LA. It also outlines critical research gaps for CAB-LA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Institutional	2022	World Health Organization	WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection: module 13: integrating STI services	-	-	-	-	978-92-4-005742-5	NA	https://www.who.int/publications/b/64606	NA	NA	English	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	-	-	Other
Article	2022	Wray, Tyler B; Chan, Philip A; Guigayoma, John P; Kahler, Christopher W	Game Plan-a Brief Web-Based Intervention to Improve Uptake and Use of HIV Pre-exposure Prophylaxis (PrEP) and Reduce Alcohol Use Among Gay and Bisexual Men: Content Analysis.	JMIR Formative Research	-	-	-	2561-326X	10.2196/30408	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8771347	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) has considerable potential for reducing incidence among high-risk groups, such as gay, bisexual, and other men who have sex with men (GBM). However, PrEP's effectiveness is closely linked with consistent use, and a variety of individual-level barriers, including alcohol use, could impede optimal uptake and use. Web-based interventions can encourage medication adherence, HIV prevention behaviors, and responsible drinking and may help support PrEP care, particularly in resource-limited settings. OBJECTIVE: We previously developed a web application called Game Plan that was designed to encourage heavy drinking GBM to use HIV prevention methods and reduce their alcohol use and was inspired by brief motivational interventions. This paper aims to describe the web-based content we designed for integration into Game Plan to help encourage PrEP uptake and consistent use among GBM. In this paper, we also aim to describe this content and its rationale. METHODS: Similar to the original site, these components were developed iteratively, guided by a thorough user-centered design process involving consultation with subject-matter experts, usability interviews and surveys, and user experience surveys. RESULTS: In addition to Game Plan's pre-existing content, the additional PrEP components provide specific, personal, and digestible feedback to users about their level of risk for HIV without PrEP and illustrate how much consistent PrEP use could reduce it; personal feedback about their risk for common sexually transmitted infections to address low-risk perceptions; content challenging common beliefs and misconceptions about PrEP to reduce stigma; content confronting familiar PrEP and alcohol beliefs; and a change planning module that allows users to select specific goals for starting and strategies for consistent PrEP use. Users can opt into a weekly 2-way SMS text messaging program that provides similar feedback over a 12-week period after using Game Plan and follows up on the goals they set. CONCLUSIONS: Research preliminarily testing the efficacy of these components in improving PrEP outcomes, including uptake, adherence, sexually transmitted infection rates, and alcohol use, is currently ongoing. If supported, these components could provide a scalable tool that can be used in resource-limited settings in which face-to-face intervention is difficult.	HIV, pre-exposure prophylaxis, alcohol use, mHealth, eHealth, intervention, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Wray, Tyler B; Chan, Philip A; Klausner, Jeffrey D; Ward, Lori M; Ocean, Erik M S	Gay, Bisexual, and Other Men Who Have Sex With Men Who Are Not on Oral PrEP may be Less Interested in Available Injectable Products than in Oral PrEP: Examining Individual-Level Determinants of Interest and Barriers Across Products.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03708-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9912751	Approval of the first injectable PrEP product (cabotegravir) provides an exciting addition to oral PrEP that could encourage those not currently on PrEP to use it. However, few studies have explored interest in injectable cabotegravir among those at increased risk who are not currently on PrEP. We conducted an online survey with 327 gay, bisexual, and other men who have sex with men (GBM) with limited PrEP history to explore their interest and intentions to use oral and injectable PrEP (cabotegravir), and examine barriers and individual-level predictors of both product types. Results showed that 17% of participants who reported being uninterested/neutral about oral PrEP expressed interest in injectable PrEP. Slightly more racial/ethnic minority GBM who were uninterested/neutral for oral PrEP expressed interest in injectable PrEP than White GBM (23% vs. 14%). Determinants were similar across PrEP types. Findings can directly inform interventions encouraging use of both PrEP products.	Pre-exposure prophylaxis, Injectable PrEP, Gay and bisexual men, Preferences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Wu Y.; Meyers K.; Xie L.	HIV risk management among sexual minority men in China: context, lived experience, and implications for pre-exposure prophylaxis implementation	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2021.1885740	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85101219457&doi=10.1080%2f13691058.2021.1885740&partnerID=40&md5=66a5561973a6fcc635b9202e0c89b241	This study examined the social context and lived experience of HIV risk management among sexual minority men in China. An interpretative phenomenological analysis of 25 in-depth interviews with participants in five Chinese cities was undertaken. Findings show how men managed HIV risk in the context of high risk perception and anxiety, and strong perceived social discrimination and marginalisation. Men's choice of risk management strategies was influenced by their often-negative perceptions of gay community, social norms around condom use, and prior lived experience. Results underscore the importance of considering these contexts when planning pre-exposure prophylaxis (PrEP) implementation in China and highlight the need for strategies to address potential PrEP-related stigma among sexual minority men. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	China; HIV; PrEP; risk management; sexual minority men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Wu, Huei-Jiuan; Yu, Yi-Fang; Ku, Stephane Wen-Wei; Tseng, Yuan-Chi; Yuan, Chien-Wen; Li, Chia-Wen; Huang, Po-Hsien; Ko, Nai-Ying; Anderson, Peter L; Strong, Carol	Usability and effectiveness of adherence monitoring of a mobile app designed to monitor and improve adherence to event-driven and daily HIV pre-exposure prophylaxis among men who have sex with men in Taiwan.	Digit Health	-	-	-	2055-2076	10.1177/20552076221102770	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9131382	Objective: The UPrEPU mobile app is a self-monitoring system to enable men who have sex with men to optimize their pre-exposure prophylaxis adherence for HIV prevention. The app was designed to accommodate a rather complicated event-driven dosing schedule. We aim to evaluate the usability of the UPrEPU app and its effectiveness in improving adherence monitoring. Methods: From May to October 2020, 35 participants were enrolled for the usability study and followed up for 4 months. Blood samples for the drug concentration in the dried blood spots were obtained once during the second to fourth follow-up visits. The effectiveness of adherence monitoring was analyzed using Cohen's kappa statistic to calculate the concordance between the average number of pills taken and drug concentration in the dried blood spots. Results: Overall retention was 91.4% (32 participants) at the end of the study. Participants used the app for a mean of 29 days and made 2565 data entries in total, with an average of 76 data entries. The average systematic usability scale score for the app was 71.5, indicating acceptable usability. Slight agreement was reached between the dried blood spots measurement and the number of pills taken and recorded in the app (weighted kappa: 0.21). Conclusions: Our user-centered UPrEPU app designed that it could accommodate both daily and event-driven dosing schedules for men who have sex with men clients with acceptable usability scores. We confirmed that complex behaviors such as different drug-dosing regimens that are contingent on sexual behaviors could be incorporated into the design of a mobile app.	Mobile apps, pre-exposure prophylaxis,	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Taiwan	Asia and the Pacific	Clinical
Article	2022	Wulandari L.P.L.; He S.Y.; Fairley C.K.; Bavinton B.R.; Marie-Schmidt H.; Wiseman V.; Guy R.; Tang W.; Zhang L.; Ong J.J.	Preferences for pre-exposure prophylaxis for HIV: A systematic review of discrete choice experiments	EClinicalMedicine	-	-	-	25895370	10.1016/j.eclinm.2022.101507	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134584814&doi=10.1016%2fj.eclinm.2022.101507&partnerID=40&md5=0149f8816541d1e4a05b8675cba87a68	Background: We aimed to systematically review the health preference literature using discrete choice experiments (DCEs), an attribute-based stated preference method, to investigate patient preferences for HIV pre-exposure prophylaxis (PrEP). Methods: A search in PubMed, Scopus, CINAHL, and Embase was conducted on July 1, 2021, and updated on November 3, 2021. We used two concepts to create our search strategy: (1) discrete choice experiments/conjoint analysis/best-worst scaling, and (2) HIV PrEP.The study is registered in PROSPERO (CRD42021267026). Findings: In total, 1060 studies were identified, and 18 were included in the analysis. Various attributes were examined, including dosing regimen, type of PrEP products, side effects, other side benefits, cost, effectiveness, dispensing venue, and additional support services. Dosing frequency, cost, the effectiveness of PrEP, dispensing venue, and side effects were the most common attributes examined in DCEs. Despite significant heterogeneity in preferences across subpopulations, overall, the most important attributes were cost (28%, 5/18), effectiveness (28%, 5/18) followed by dosing frequency (17%, 3/18). Interpretation: Notably, in studies where all of these three attributes were examined, some individuals would trade effectiveness for cost or vice versa. Ensuring PrEP is low cost or free, widely disseminating information of its effectiveness and advancements in reducing dosing frequency could accelerate the uptake of PrEP for those who would benefit from PrEP the most. Funding: None. © 2022 The Authors	Discrete choice experiment; HIV; Pre-exposure prophylaxis; Preferences; Systematic review	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2022	Xavier Hall C.D.; Feinstein B.A.; Rusie L.; Phillips II G.; Beach L.B.	Race and Sexual Identity Differences in PrEP Continuum Outcomes Among Latino Men in a Large Chicago Area Healthcare Network	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03544-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122399504&doi=10.1007%2fs10461-021-03544-x&partnerID=40&md5=25491295c6d14bdd31351c64f4ce89e5	U.S. HIV incidence is threefold higher among Latino individuals than non-Latino Whites. Pre-exposure prophylaxis (PrEP) uptake remains low among Latino men. Most HIV studies view Latino communities as a monolithic group, ignoring racial and sexual diversity. This analysis examines PrEP-related outcomes including eligibility, first prescription, and second prescription across race and sexual identity in a sample of Latino cisgender men (n = 8271) who sought services from a healthcare network in Chicago in 2012–2019. Logistic regression was used to calculate adjusted odds ratios. Latino-only participants had lower odds of PrEP eligibility and first prescription compared to White-Latino participants. No other significant differences by race were detected. While bisexual participants had equivalent odds of PrEP eligibility, they had lower odds of first PrEP prescription compared to gay participants. Heterosexual participants also had lower odds of PrEP eligibility and initiation. Future research should address unique factors shaping PrEP-related outcomes among diverse Latino populations. © 2021, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Disparity; HIV; PrEP; Race; Sexual identity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Xavier Hall, Casey D; Newcomb, Michael E; Dyar, Christina; Mustanski, Brian	Predictors of Re-Initiation of Daily Oral Preexposure Prophylaxis Regimen After Discontinuation.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03625-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8907393	Daily oral preexposure prophylaxis (PrEP) for reducing HIV transmission is recommended for those at elevated risk, including sexual gender and minorities assigned male at birth (SGM-AMAB). Few studies have examined re-initiation among PrEP discontinuers, which is critical to ensuring optimization of PrEP's protection. The current study examined predictors of re-initiation in a longitudinal sample of SGM-AMAB PrEP discontinuers (n = 253) from 10 waves of an ongoing cohort study (analytic n = 1,129). Multilevel structural equation models were used to examine the effects of psycho-social variables on re-initiation. In adjusted models, health insurance, and partner HIV positive status were significantly positively associated with PrEP re-initation. Being bisexual was significantly negatively associated with re-initiation relative to gay participants. Single status and open relationship agreements were associated with higher odds of re-initiation relative to monogamous relationships. Findings suggest that demographic, partnership characteristics and structural factors influence decisions to re-initiate PrEP after discontinuation.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8907393	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Xiao, Peng; Gumber, Sanjeev; Marzinke, Mark A.; Hoang, Thuy; Myers, Rohan; Date, Abhijit A.; Hanes, Justin; Ensign, Laura M.; Wang, Lin; Rohan, Lisa C.; Cone, Richard; Fuchs, Edward J.; Hendrix, Craig W.; Villinger, Francois	Hypo-osmolar rectal douche tenofovir formulation prevents simian/human immunodeficiency virus acquisition in macaques.	JCI Insight	-	-	-	2379-3708	10.1172/jci.insight.161577	https://insight.jci.org/articles/view/161577/sd/1	In spite of the rollout of oral pre-exposure prophylaxis (PrEP), the rate of new HIV infections remains a major health crisis. In the United States, new infections occur predominantly in men having sex with men (MSM) in rural settings where access to PrEP can be limited. As an alternative congruent with MSM sexual behavior, we have optimized and tested tenofovir (TFV) and analog-based iso-osmolar and hypo-osmolar (HOsm) rectal douches for efficacy against rectal simian/human immunodeficiency virus (SHIV) infection of macaques. Single TFV HOsm high-dose douches achieved peak plasma TFV levels similar to daily oral PrEP, while other formulations yielded lower concentrations. Rectal tissue TFV-diphosphate (TFV-DP) concentrations at the portal of virus entry, however, were markedly higher after HOsm douching than daily oral PrEP. Repeated douches led to significantly higher plasma TFV and higher TFV-DP concentrations in rectal tissue at 24 hours compared with single douches, without detectable mucosal or systemic toxicity. Using stringent repeated intrarectal SHIV exposures, single HOsm high-dose douches delivered greater protection from virus acquisition for more than 24 hours compared with oral PrEP. Our results demonstrate a rapid delivery of protective TFV doses to the rectal portal of virus entry as a potential low-cost and safe PrEP alternative.	Humans; Male; Tenofovir; Animals; Macaca; Homosexuality, Male; HIV; Virology; *Sexual and Gender Minorities; AIDS/HIV; *HIV Infections/prevention & control; Pharmacology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Xu, Qing; Nali, Matthew C; McMann, Tiana; Godinez, Hector; Li, Jiawei; He, Yifan; Cai, Mingxiang; Lee, Christine; Merenda, Christine; Araojo, Richardae; Mackey, Tim Ken	Unsupervised Machine Learning to Detect and Characterize Barriers to Pre-exposure Prophylaxis Therapy: Multiplatform Social Media Study.	JMIR Infodemiology	-	-	-	2564-1891	10.2196/35446	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10014091	Background: Among racial and ethnic minority groups, the risk of HIV infection is an ongoing public health challenge. Pre-exposure prophylaxis (PrEP) is highly effective for preventing HIV when taken as prescribed. However, there is a need to understand the experiences, attitudes, and barriers of PrEP for racial and ethnic minority populations and sexual minority groups. Objective: This infodemiology study aimed to leverage big data and unsupervised machine learning to identify, characterize, and elucidate experiences and attitudes regarding perceived barriers associated with the uptake and adherence to PrEP therapy. This study also specifically examined shared experiences from racial or ethnic populations and sexual minority groups. Methods: The study used data mining approaches to collect posts from popular social media platforms such as Twitter, YouTube, Tumblr, Instagram, and Reddit. Posts were selected by filtering for keywords associated with PrEP, HIV, and approved PrEP therapies. We analyzed data using unsupervised machine learning, followed by manual annotation using a deductive coding approach to characterize PrEP and other HIV prevention-related themes discussed by users. Results: We collected 522,430 posts over a 60-day period, including 408,637 (78.22%) tweets, 13,768 (2.63%) YouTube comments, 8728 (1.67%) Tumblr posts, 88,177 (16.88%) Instagram posts, and 3120 (0.6%) Reddit posts. After applying unsupervised machine learning and content analysis, 785 posts were identified that specifically related to barriers to PrEP, and they were grouped into three major thematic domains: provider level (13/785, 1.7%), patient level (570/785, 72.6%), and community level (166/785, 21.1%). The main barriers identified in these categories included those associated with knowledge (lack of knowledge about PrEP), access issues (lack of insurance coverage, no prescription, and impact of COVID-19 pandemic), and adherence (subjective reasons for why users terminated PrEP or decided not to start PrEP, such as side effects, alternative HIV prevention measures, and social stigma). Among the 785 PrEP posts, we identified 320 (40.8%) posts where users self-identified as racial or ethnic minority or as a sexual minority group with their specific PrEP barriers and concerns. Conclusions: Both objective and subjective reasons were identified as barriers reported by social media users when initiating, accessing, and adhering to PrEP. Though ample evidence supports PrEP as an effective HIV prevention strategy, user-generated posts nevertheless provide insights into what barriers are preventing people from broader adoption of PrEP, including topics that are specific to 2 different groups of sexual minority groups and racial and ethnic minority populations. Results have the potential to inform future health promotion and regulatory science approaches that can reach these HIV and AIDS communities that may benefit from PrEP.	infoveillance, HIV, minority health, PrEP, social media	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Xu, Xianglong; Yu, Zhen; Ge, Zongyuan; Chow, Eric P. F.; Bao, Yining; Ong, Jason J.; Li, Wei; Wu, Jinrong; Fairley, Christopher K.; Zhang, Lei	Web-Based Risk Prediction Tool for an Individual's Risk of HIV and Sexually Transmitted Infections Using Machine Learning Algorithms: Development and External Validation Study.	Journal of Medical Internet Research	-	-	-	1438-8871 1439-4456	10.2196/37850	https://pubmed.ncbi.nlm.nih.gov/36006685/	BACKGROUND: HIV and sexually transmitted infections (STIs) are major global public health concerns. Over 1 million curable STIs occur every day among people aged 15 years to 49 years worldwide. Insufficient testing or screening substantially impedes the elimination of HIV and STI transmission. OBJECTIVE: The aim of our study was to develop an HIV and STI risk prediction tool using machine learning algorithms. METHODS: We used clinic consultations that tested for HIV and STIs at the Melbourne Sexual Health Centre between March 2, 2015, and December 31, 2018, as the development data set (training and testing data set). We also used 2 external validation data sets, including data from 2019 as external "validation data 1" and data from January 2020 and January 2021 as external "validation data 2." We developed 34 machine learning models to assess the risk of acquiring HIV, syphilis, gonorrhea, and chlamydia. We created an online tool to generate an individual's risk of HIV or an STI. RESULTS: The important predictors for HIV and STI risk were gender, age, men who reported having sex with men, number of casual sexual partners, and condom use. Our machine learning-based risk prediction tool, named MySTIRisk, performed at an acceptable or excellent level on testing data sets (area under the curve AUC for HIV=0.78; AUC for syphilis=0.84; AUC for gonorrhea=0.78; AUC for chlamydia=0.70) and had stable performance on both external validation data from 2019 (AUC for HIV=0.79; AUC for syphilis=0.85; AUC for gonorrhea=0.81; AUC for chlamydia=0.69) and data from 2020-2021 (AUC for HIV=0.71; AUC for syphilis=0.84; AUC for gonorrhea=0.79; AUC for chlamydia=0.69). CONCLUSIONS: Our web-based risk prediction tool could accurately predict the risk of HIV and STIs for clinic attendees using simple self-reported questions. MySTIRisk could serve as an HIV and STI screening tool on clinic websites or digital health platforms to encourage individuals at risk of HIV or an STI to be tested or start HIV pre-exposure prophylaxis. The public can use this tool to assess their risk and then decide if they would attend a clinic for testing. Clinicians or public health workers can use this tool to identify high-risk individuals for further interventions.	Humans; Male; Homosexuality, Male; HIV; Algorithms; syphilis; Internet; sexually transmitted infections; development; sexual health; chlamydia; algorithm; validation; gonorrhea; *HIV Infections/diagnosis/epidemiology/prevention & control; machine learning; Machine Learning; risk assessment; risk; sexual transmission; *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control; model; *Gonorrhea/diagnosis; *Chlamydia Infections/diagnosis; web-based; *Syphilis/diagnosis; prediction; predictive; sexually transmitted	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Xue, Jing; Chong, Huihui; Zhu, Yuanmei; Zhang, Jingjing; Tong, Ling; Lu, Jiahan; Chen, Ting; Cong, Zhe; Wei, Qiang; He, Yuxian	Efficient treatment and pre-exposure prophylaxis in rhesus macaques by an HIV fusion-inhibitory lipopeptide.	Cell	-	-	-	1097-4172 0092-8674	10.1016/j.cell.2021.11.032	https://www.sciencedirect.com/science/article/pii/S0092867421013829	Two HIV fusion-inhibitory lipopeptides (LP-97 and LP-98) were designed with highly potent, long-acting antiviral activity. Monotherapy using a low dose of LP-98 sharply reduced viral loads and maintained long-term viral suppression in 21 SHIV(SF162P3)-infected rhesus macaques. We found that five treated monkeys achieved potential posttreatment control (PTC) efficacy and had lower viral DNA in deep lymph nodes, whereas monkeys with a stable viral rebound had higher viral DNA in superficial lymph nodes. The tissues of PTC monkeys exhibited significantly decreased quantitative viral outgrowth and fewer PD-1(+) central memory CD4(+) T cells, and CD8(+) T cells contributed to virologic control efficacy. Moreover, LP-98 administrated as a pre-exposure prophylaxis (PrEP) provided complete protection against SHIV(SF162P3) and SIVmac239 infections in 51 monkeys via intrarectal, intravaginal, or intravenous challenge. In conclusion, our lipopeptides exhibit high potential as an efficient HIV treatment or prevention strategy.	Humans; Male; Animals; Female; HIV; Macaca mulatta; Viral Load/drug effects; *Simian Immunodeficiency Virus; CD8-Positive T-Lymphocytes/drug effects/immunology; Pre-Exposure Prophylaxis/*methods; pre-exposure prophylaxis; PrEP; Simian Acquired Immunodeficiency Syndrome/*drug therapy/immunology/*prevention & control/virology; HEK293 Cells; HIV Fusion Inhibitors/*administration & dosage; Sustained Virologic Response; CD8(+) T cells; fusion inhibitor; lipopeptide; Lipopeptides/*administration & dosage; membrane fusion; posttreatment control; PTC; U937 Cells; viral reservoir	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2022	Yager J.; Brooks K.M.; Brothers J.; Mulligan K.; Landovitz R.J.; Reirden D.; Malhotra M.; Glenny C.; Harding P.; Powell T.; Anderson P.L.; Hosek S.	Gender-Affirming Hormone Pharmacokinetics among Adolescent and Young Adult Transgender Persons Receiving Daily Emtricitabine/Tenofovir Disoproxil Fumarate	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2022.0044	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144584358&doi=10.1089%2faid.2022.0044&partnerID=40&md5=d69ef2dea999abe9e5ded93a5dd0610d	Transgender persons have an increased vulnerability to HIV infection yet have not been well-represented in past clinical trials for pre-exposure prophylaxis (PrEP). Because of this, there are few data available to understand whether gender-affirming hormone concentrations are influenced by PrEP agents in transgender men (TM) and transgender women (TW). The objective of this study was to compare gender-affirming hormone concentrations with versus without emtricitabine (F, FTC)-tenofovir disoproxil fumarate (TDF). TM and TW without HIV, aged 15-24 years, were enrolled for 1 month of directly observed daily F/TDF. Participants were required to be receiving a stable hormone dose (estradiol or testosterone) for at least 1 month or three consecutive doses, whichever was longer, before enrollment and willing to continue the same dose. Intensive pharmacokinetic (PK) sampling for gender-affirming hormones was collected before and 2-3 weeks after daily F/TDF. Serum estradiol and total testosterone were determined by liquid chromatography-tandem mass spectrometry; free testosterone by equilibrium dialysis. Maximum concentrations (Cmax) and area under the curve (AUClast) were log-transformed and compared between baseline and on F/TDF using geometric mean ratios (GMRs) with 95% confidence intervals (CIs). Twenty-five TW and 24 TM were enrolled (median age: 20 and 21 years, respectively). In TW, estradiol Cmax (GMR 95% CI: 0.85 0.65-1.11) and AUClast (GMR 95% CI: 0.87 0.73-1.03) were comparable on F/TDF versus baseline. In TM, similar comparability was observed for PrEP versus baseline including total testosterone Cmax (GMR 95% CI: 0.91 0.80-1.03) and AUClast (GMR 95% CI: 0.91 0.81-1.04) and free testosterone Cmax (GMR 95% CI: 0.89 0.74-1.07) and AUClast (GMR 95% CI: 0.88 0.74-1.03). Estradiol and testosterone exposures in young TW and TM did not significantly differ on F/TDF versus baseline. These findings should reassure patients and providers that F/TDF can be used as PrEP without concern for altering gender-affirming hormone PK. ClinicalTrials.gov (NCT03652623). © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	estradiol; GAHT; PrEP; testosterone; transgender men; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Yager, Jenna; Brooks, Kristina M; Brothers, Jennifer; Mulligan, Kathleen; Landovitz, Raphael; Reirden, Daniel; Glenny, Carrie; Malhotra, Meena; Anderson, Peter L; Hosek, Sybil	Pharmacokinetics of Emtricitabine/Tenofovir Disoproxil Fumarate Among Transgender Adolescents and Young Adults Without HIV Receiving Gender Affirming Hormones.	AIDS Research and Human Retroviruses	-	-	-	1931-8405	10.1089/AID.2022.0043	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9910104	The transgender community has expressed concerns regarding drug-drug interactions between HIV-pre-exposure prophylaxis (PrEP) and gender-affirming hormones. In this study, we evaluated emtricitabine (F, FTC)/tenofovir (TFV) disoporoxil fumarate (TDF) pharmacokinetics (PK) among adolescent and young adult transgender persons receiving gender-affirming hormone therapy (GAHT). This was a prospective, observational study among transgender women (TW) and men (TM) without HIV, 15-24 years of age, receiving GAHT (estradiol with/without spironolactone, or testosterone). Participants received 1 month of directly observed daily F/TDF. Weekly convenience blood samples were collected for plasma TFV and FTC, and intracellular TFV-diphosphate (TFV-DP) and FTC-triphosphate (FTC-TP) in peripheral blood mononuclear cells (PBMC) and dried blood spots (DBS). After 2-3 weeks of F/TDF dosing, intensive PK sampling was conducted. PK parameters were estimated using noncompartmental methods. Data were log-transformed and compared between TM and TW, and to historical data among cisgender adults. Plasma TFV exposures were similar between TM and TW geometric mean ratio (GMR); confidence interval (95% CI): 1.06 (0.89-1.28), whereas FTC plasma exposures were 21% higher in TM versus TW (95% CI: 1.07-1.38). TFV-DP in PBMC and DBS and FTC-TP in DBS did not differ between TM versus TW after controlling for creatinine clearance (CrCl), but FTC-TP in PBMC remained 46% (95% CI: 1.15-1.86) higher in TM versus TW. All PK exposures were within expected ranges based on historical studies. TM had higher FTC exposures compared with TW, but overall plasma and intracellular exposures for both drugs were within the range of historical studies, suggesting high PrEP efficacy will be retained in adolescent and young adult transgender persons. Registered at ClinicalTrials.gov (NCT03652623).	transgender women, transgender men, PrEP, pharmacology, F/TDF	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Yam, Eileen A; Namukonda, Edith; McClair, Tracy; Souidi, Samir; Chelwa, Nachela; Muntalima, Nelly; Mbizvo, Michael; Bellows, Ben	Developing and Testing a Chatbot to Integrate HIV Education Into Family Planning Clinic Waiting Areas in Lusaka, Zambia.	Global Health Science and Practice	-	-	-	2169-575X	10.9745/GHSP-D-21-00721	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9622293	BACKGROUND: To maximize protection against both unintended pregnancy and HIV, it is important that family planning (FP) services integrate HIV counseling, both to support method choice and identify potential HIV services of interest, such as pre-exposure prophylaxis (PrEP). However, FP providers often lack sufficient time and knowledge to address HIV vulnerability with clients. To potentially offload some of the initial HIV counseling burden from FP providers, we developed and tested a chatbot that provided information about HIV and dual protection to FP clients in waiting areas of FP clinics in Lusaka, Zambia. CHATBOT DEVELOPMENT: We drafted a scripted conversation and tested it in English in formative workshops with Zambian women between the ages of 15 and 49 years. After translating the content to Bemba and Nyanja, we conducted a second round of workshops to validate the translations, before uploading the content into the chatbot platform. CHATBOT USER TEST: Thirty volunteers tested the chatbot in 3 Lusaka FP clinics, completing an exit survey to provide feedback. A large majority (83%) said they learned new HIV information from the chatbot. Twenty (67%) learned about PrEP for the first time through the chat. Most (96%) reported discussing HIV with the provider, after engaging with the chatbot. In response to an open-ended question, several testers volunteered that they wanted to learn more about PrEP. CONCLUSIONS: Pre-consultation waiting-area time is an underutilized opportunity to impart HIV information to FP clients, thereby preparing them to discuss their dual HIV and pregnancy prevention needs when they see their providers. FP clients expressed particular interest in learning more about PrEP, underscoring the importance of integrating HIV into FP services.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Yamamoto N.; Koizumi Y.; Tsuzuki S.; Ejima K.; Takano M.; Iwami S.; Mizushima D.; Oka S.	Evaluating the cost-effectiveness of a pre-exposure prophylaxis program for HIV prevention for men who have sex with men in Japan	Scientific Reports	-	-	-	20452322	10.1038/s41598-022-07116-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125214910&doi=10.1038%2fs41598-022-07116-4&partnerID=40&md5=7b5fc4504d5ccb9711253126505516b2	Men who have sex with men (MSM) have been disproportionally affected by the HIV epidemic in many countries, including Japan. Although pre-exposure prophylaxis (PrEP) is a strong prevention tool, it is not yet approved in Japan. A Markov model was developed to describe HIV infection and disease progression in an MSM cohort (N = 1000) in Japan receiving a PrEP program. The model was used to evaluate the cost-effectiveness of a PrEP program. HIV/AIDS treatment, screening, hospitalization due to AIDS, and PrEP were considered as costs and quality-adjusted life-years (QALYs) gained as utilities. Cost-effectiveness was assessed by comparing the incremental cost-effectiveness ratio (ICER) over a 30-year period against the willingness to pay (WTP) threshold. One-way sensitivity and probabilistic sensitivity analyses were performed. With 50% PrEP coverage, the PrEP program became dominant against the program without PrEP, using a threshold of 5.0 million JPY/QALY (45,455 USD). The probabilistic sensitivity analysis revealed that the PrEP program was dominant or at least cost-effective in most cases of 10,000 simulations. Therefore, preparing cheaper PrEP pills, which results in PrEP being dominant or ICER being lower than the WTP threshold, is important to make the program cost-effective. Introduction of PrEP to an MSM cohort in Japan would be cost-effective over a 30-year time horizon. © 2022, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Japan	Asia and the Pacific	Clinical
Theses and Dissertations	2022	Yamashiro, Nichole Rene; Holmes, Dave	Using the 5 P's to Identify Risk Stratification for PrEP Therapy in the LGBTQIA Community	-	-	UNIVERSITY OF CALIFORNIA	-	NA	NA	https://www.proquest.com/dissertations-theses/using-5-p-s-identify-risk-stratification-prep/docview/2700278840/se-2?accountid=8113	Background: The Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Agender community (LGBTQIA), and in particular, Men who has sex with Men (MSM), continue to be at the hub of the Human Immunodeficiency Virus (HIV). Pre-Exposure Prophylaxis (PrEP) has been FDA approved since 2012 and has been shown to be efficacious by nearly 99% at preventing new HIV infections via sexual transmission route, and 74%–84% in injection drug use transmission route, yet much ambiguity of prescribing continues prevent eligible individuals from therapy (CDC, 2021). The ambiguity coincides with a lack of assessment, comfort level of risk-assessment and barriers to communication amongst non-HIV providers. Thus, interventions to expand education to providers use of PrEP therapy to protect and preserve life strategically is needed. Objectives: This project aimed at developing an intervention to improve primary care providers knowledge and comfort in screening "at-risk" patients using a systematic, evidence-based approach that can be applied in a comprehensive manner to ensure an all-inclusive approach. Methodology: An online educational session was implemented at the monthly provider meeting at the University of California Irvine Student Health Center (SHC). There were two phases: the pre-survey and post-survey phase. A paired t-test was performed to measure efficacy. Results: A percent of change test revealed all positive changes, with an average increase of 15% from pre to post intervention surveys. A one-tailed paired samples t-test yielded a p value of < 0.000. While the sample size is too small for generalization, this reflects the trend toward positive knowledge gain. Conclusion: Increasing provider knowledge in sexual health history taking amongst the LGBTQIA community, using an all-inclusive evidence-based strategy, can improve providers risk-stratification and adoption of PrEP therapy within their current practices.	PrEP; Nursing; LGBTQ studies; GenderWatch; Y; Health care management; 0569:Nursing; 0769:Health care management; 0492:LGBTQ studies; 5 P's; LGBTQIA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2022	Yap, Alexander Gregory	Metabolic adverse effects of different HIV pre-exposure prophylaxis medications in minority populations : a United States multicenter research network propensity-matched analysis	-	-	University of Texas – Austin	-	NA	NA	http://dx.doi.org/10.26153/tsw/44045	Purpose: To evaluate the association between human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) formulations and their metabolic side effects in a national sample of United States (U.S.) hospital systems and side effect disparities by race and ethnicity. Methods: This retrospective cohort study utilized the TriNetX research database to compare emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or FTC/tenofovir alafenamide (TAF) from October 2019 to February 2022. Males 18 years or older exposed to either FTC/TDF or FTC/TAF were included. A cohort for each drug was compiled and analyzed for all races/ethnicities, Black-only patients, and Hispanic-only patients. The index event was first exposure to FTC/TDF or FTC/TAF. Screening for baseline characteristics was performed from one year prior to index date up until inclusion. Propensity score matching was performed by demographics and key comorbidities and medications associated with metabolic syndrome and weight gain. Outcomes included documented BMI >30kg/m^2, diagnoses of metabolic disease, and medications associated with treatment of metabolic disease. Results: Overall, 9856 patients were included for analysis (4978 patients per arm). Patients were predominantly White (40.8% in FTC/TAF and 56.1% in FTC/TDF) and overweight (BMI 27 kg/m^2) with a median age of 39 years. Black-only patients (n=1950; 975 patients in each arm) in both cohorts were a median 37 years old, 1.5% Hispanic, and had an average BMI of 27.6 kg/m^2. Hispanic patients in both cohorts (n=988; 494 patients in each arm) were a median 34 years old, 53% White, and had an average BMI of 27.6 kg/m^2. For all cohort comparisons, no differences were found in newly documented BMI >30 kg/m^2 or metabolic disease diagnosis. The cohort with all patients had a higher exposure rate of statins (2.6% vs 1.7%, p=0.0054), insulin (1.2% vs 0.7%, p=0.0186), and metformin (1.0% vs 0.6%, p=0.0142) in the FTC/TAF vs FTC/TDF groups. In the Hispanic-only analysis, the FTC/TDF cohort had higher exposure rates to sulfonylureas (2.0% vs 0%, p=0.0015), SGLT2 inhibitors (2.0% vs 0%, p=0.0015), and thiazides (2.0% vs 0%, p=0.0015). Conclusion: Despite growing concerns for TAF causing weight gain in HIV patients, this study did not show any differences in metabolic disease diagnoses or new documented BMI >30 kg/m^2 in a composite cohort and in racial/ethnic minority patients for HIV PrEP.	Human immunodeficiency virus; PrEP; Pre-exposure prophylaxis; Health disparities; Truvada; Descovy; Tenofovir alafenamide; Obesity; Metabolic adverse effects	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical

Article	2022	Yeager S.; Montoya J.L.; Burke L.; Chow K.; Moore D.J.; Morris S.	Patient and Physician Preferences Regarding Long-Acting Pre-Exposure Prophylaxis and Antiretroviral Therapy: A Mixed-Methods Study in Southern California, USA	AIDS Research and Human Retroviruses	-	-	-	8892229	10.1089/aid.2022.0029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141892389&doi=10.1089%2faid.2022.0029&partnerID=40&md5=954fdd8558f63b5154fb4e8a944ec6b5	Antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are key strategies in ending the HIV epidemic. However, poor adherence to daily ART and PrEP increases the risk of HIV transmission and acquisition. Long-acting ART and PrEP formulations attempt to improve adherence through providing long-lasting forms of the medication delivered through different routes of administration: oral (potentially monthly), injection (1-6 months), and subdermal implant (up to annually). This study explored patient and physician preferences for long-acting ART and PrEP as well as adherence support strategies. Adult patients (n = 42) with experience taking ART or PrEP participated in individual interviews or focus groups. Physicians (n = 13) currently prescribing ART and/or PrEP completed an online questionnaire. Rapid qualitative analysis systematically synthesized qualitative data, and descriptive statistics examined survey responses. Patients supported improved adherence as a top potential advantage of long-acting ART and PrEP, and reduced internal stigma as a strong benefit specific to long-acting ART. Annual coverage offered through subdermal implants had strong appeal; however, oral was the preferred modality for long-acting ART and PrEP. Patients preferred injectable ART and PrEP if concurrently receiving hormone therapy injections. Side effects, medication cost, and treatment accessibility were potential barriers. Patients preferred calendar tracking and text messages/phone reminders for adherence supports. Physicians reported that they would reduce clinic visits and HIV testing for all patients on long-acting PrEP, except men who have sex with men who would continue to complete HIV testing every 3 months. Physicians were mixed on whether they believed long-acting ART and PrEP would improve patient adherence. Overall, findings demonstrate the potential benefits of long-acting ART and PrEP, while highlighting the need to obtain additional information to address treatment concerns. © Copyright 2022, Mary Ann Liebert, Inc., publishers 2022.	antiretroviral therapy; HIV; long-acting antiretrovirals; medication adherence; pre-exposure prophylaxis; qualitative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2022	Young I.	Biopolitics, citizenship, and inequalities in HIV assemblages	Dialogues in Human Geography	-	-	-	20438206	10.1177/20438206211054595	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85118310789&doi=10.1177%2f20438206211054595&partnerID=40&md5=e5340d0e77980ecd2002c02c122b9a2d	Di Feliciantonio and Brown offer an important overview of key research areas for the geographies of PrEP, TasP, and undetectability, and they consider what matters for the lives of gay and bisexual men. I offer two areas of further consideration. Firstly, I suggest that rather than setting the biopolitical critiques of PrEP and TasP as at odds with grassroots activism, sexual pleasure, and subjectivities, that these particular forms of biosexual activism are indeed central to subject formation and sexual practices and are constitutive of the other within HIV assemblages. Secondly, I highlight the need to consider inequalities more directly both within the context of national borders in relation to jurisdictional health policy, implementation, and access, and within gay communities themselves in relation to intersectional and embodied identities. © The Author(s) 2021.	activism; Biosexual citizenship; HIV; intersectional inequalities; PrEP; TasP; UK	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2022	Young L.E.; Baird A.; Schneider J.A.	Diagnosing PrEP Communication Self-Efficacy in a Community-Based Peer Leader Intervention for Black Sexual Minority Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03704-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130222597&doi=10.1007%2fs10461-022-03704-7&partnerID=40&md5=19192635f85872ed687f82ac72c7f197	HIV prevention interventions that leverage endogenous peer leaders to communicate about Pre-Exposure Prophylaxis (PrEP) and other HIV prevention tools in their social networks offer a way to reach greater portions of communities most impacted by HIV like Black/African American gay, bisexual, same gender-loving, and other sexual minority men (BSMM). However, the success of these interventions hinge on the communication self-efficacy of its peer leaders. In this exploratory study, we present a multi-theoretical framework that situates the PrEP communication self-efficacy (PCSE) of a cohort of young BSMM peer leaders (n = 303) in the context of personal, behavioral, social, and structural factors. Using censored regression models, our analysis shows that PCSE is influenced by evaluations of PrEP itself (its relative advantage, complexity, and compatibility), network embeddedness (degree centrality) among other BSMM, social media network exposure to HIV information, and medical mistrust. We conclude with a discussion of the practical implications of our findings for intervention design and implementation. © 2022, The Author(s).	Black/African american; Communication self-efficacy; HIV prevention; Peer leaders; Pre-exposure prophylaxis; Sexual minority men; Social network interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Young, Alinda; Ryan, Julia; Reddy, Krishnaveni; Palanee-Phillips, Thesla; Chitukuta, Miria; Mwenda, Wezi; Kemigisha, Doreen; Musara, Petina; van der Straten, Ariane	Religious leaders' role in pregnant and breastfeeding women's decision making and willingness to use biomedical HIV prevention strategies: a multi-country analysis.	Culture, Health & Sexuality	-	-	-	1464-5351	10.1080/13691058.2021.1874054	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8627258	Oral Pre-Exposure Prophylaxis (PrEP) is an established option, and the dapivirine vaginal ring is emerging as a promising strategy for HIV prevention option for women. Because of this, understanding the contextual and cultural factors that will support the increased uptake of these products is crucial. In sub-Saharan Africa, religious leaders may be important stakeholders to involve in product information, education and roll-out. We conducted a sub-analysis of data from 232 participants taking part in the MTN-041/MAMMA study to explore religious leaders' involvement in pregnant and breastfeeding women's health. Study participants viewed biomedicine and spirituality as interlinked and believed that women could seek health-related care from medical experts and turn to faith-based organisations for religious or spiritual needs. Religious leaders were invested in the health of their congregations, endorsed a variety of sexual health strategies, and were eager to learn more about emerging HIV prevention technologies. These data signal the role of religious leaders in supporting their communities, and the importance of involving religious leaders in efforts to roll out new HIV prevention products to facilitate uptake.	HIV prevention, religious leaders, PrEP, vaginal ring, pregnancy	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2022	Young, Anna Marie; Fruhauf, Timothee; Okonkwo, Obianuju; Gingher, Erin; Coleman, Jenell	Developing Educational Animations on HIV Pre-exposure Prophylaxis (PrEP) for Women: Qualitative Study	JMIR Formative Research	-	-	-	NA	10.2196/33978	https://pmc.ncbi.nlm.nih.gov/articles/PMC9308066/	Background: Despite experiencing the second-highest rate of HIV incidence in the United States, pre-exposure prophylaxis (PrEP) use remains low among Black women due, in part, to a lack of patients' awareness and providers' knowledge. Objective: Our goal was to design animated educational tools informed by patients and women's health providers to address these barriers, specifically for women at risk for HIV. Methods: Two animation storyboards about PrEP for women were created by academic stakeholders (eg, HIV clinical experts, educators, and HIV peer counselors), one for patients and one for providers. Four focus groups with community members from Baltimore, Maryland and four with women's health providers (eg, obstetrician/gynecologists, midwives, nurse practitioners, and peer counselors) at an academic center were conducted to discuss the storyboards. Transcripts were analyzed using conventional content analysis, and themes were incorporated into the final versions of the animations. Results: Academic stakeholders and 30 focus group participants (n=16 female community members and n=14 women's health providers) described important themes regarding PrEP. The themes most commonly discussed about the patient animation were understandability of side effects, HIV risk factors, messaging, PrEP access, and use confidence. Provider animation themes were indications for PrEP, side effects, and prescribing confidence. Conclusions: We created two PrEP animations focused on women. Stakeholder feedback highlighted the importance of ensuring the understandability and applicability of PrEP educational materials while including necessary information to facilitate use or prescribing confidence. Both community members and women's health providers reported greater use confidence after viewing the animations.	HIV; women; Pre-exposure prophylaxis; PrEP; prevention; Health education; Disease prevention; Qualitative research; Community; Patients; education; animations; Health literacy; Focus groups; Gynecology; Human immunodeficiency virus--HIV; Womens health; United States--US; Medical Sciences; Multimedia; FDA approval; Woman; Baltimore Maryland; Animation	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Youngpairoj, Ae S.; Vanderford, Thomas H.; Reed, Matthew S.; Granade, Timothy C.; Pau, Chou-Pong; Pohl, Jan; Switzer, William M.; Heneine, Walid	A mAb for the detection of the antiretroviral drug emtricitabine.	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003357	https://onlinelibrary.wiley.com/doi/10.1002/jia2.26204	Antibody-based testing for emtricitabine (FTC), a critical component of pre-exposure prophylaxis and antiretroviral therapy, would provide low-cost detection for clinical monitoring to improve adherence. We developed a mAb (5D2) to FTC and demonstrated its high specificity and physiologically relevant linear range of detection in a competitive enzyme immunoassay. Thus, this mAb is a key reagent that will enable simple and low-cost lateral flow assays and enzyme immunoassays for adherence monitoring.	Humans; Anti-Retroviral Agents/therapeutic use; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; Emtricitabine/therapeutic use; Tenofovir/therapeutic use	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2022	Yu, Yifan; Bigos, Kristin L; Marzinke, Mark A; Landovitz, Raphael J; McCauley, Marybeth; Ford, Susan; Hendrix, Craig W; Bies, Robert R; Weld, Ethel D	A population pharmacokinetic model based on HPTN 077 of long-acting injectable cabotegravir for HIV PrEP	-	-	University of California	-	0306-5251	https://doi.org/10.1111/bcp.15477	https://escholarship.org/uc/item/3p19b592	AimsCabotegravir delivered as a long-acting intramuscular injection has shown superior efficacy to oral tenofovir-emtricitabine as pre-exposure prophylaxis (PrEP) for HIV. Cabotegravir pharmacokinetics (PK), like those of other long-acting depot preparations, exhibit variability between individuals and between injection occasions. The aim of this study is to describe the population pharmacokinetics of long-acting cabotegravir (CAB-LA).MethodsUsing available PK measurements from 133 participants in the HIV Prevention Trials Network (HPTN) 077 trial, we analysed CAB-LA PK data using nonlinear mixed-effects modelling to develop a population PK model.ResultsA two-compartment model with first order absorption best described the CAB-LA PK. The analysis identified between-occasion variability (BOV, i.e., differences in PK within one individual from one injection to the next) as a significant covariate affecting the absorption rate, with an estimated contribution of BOV to PK variability on the absorption rate (ka) of 38.5%. Sex and body weight were identified as significant covariates influencing the absorption rate and apparent clearance of CAB-LA after intramuscular injection at various doses and frequencies. Male participants had 67% higher ka than female participants. Serially adding to the model body weight on clearance, sex on ka , and BOV on ka led to a decrease in the objective function value (OFV) of 24.4, 36 and 321.4, respectively.ConclusionThe public availability of this model will facilitate and enable a wide variety of future clinically relevant simulations to inform the optimal use of CAB-LA.	Pharmacology and Pharmaceutical Sciences; Biomedical and Clinical Sciences; Clinical Trials and Supportive Activities; HIV/AIDS; Clinical Research; Infectious Diseases; Prevention; Infection; Anti-HIV Agents; Body Weight; Diketopiperazines; Female; HIV Infections; Humans; Injections; Intramuscular; Male; Pyridones; antiretrovirals; HIV; AIDS; infectious diseases; pharmacometrics; HPTN 077 Study Team; Pharmacology & Pharmacy; Pharmacology and pharmaceutical sciences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2022	Yuan D.; Yin Y.; Chen J.; Lu J.; Zhou Y.; Fu G.; Wang B.	Acceptability of HIV pre-exposure prophylaxis in China: A systematic review and meta-analysis	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624211042308	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124021764&doi=10.1177%2f09564624211042308&partnerID=40&md5=1ff6963ca30a87d5b48630036dd1442d	Using pre-exposure prophylaxis (PrEP) for the prevention of HIV infection is a popular, contemporary research topic. We retrieved PubMed, Web of Science, MEDLINE, Wanfang, CNKI, and Sinomed databases, and related websites to identify studies both in Chinese and English, which reported the acceptability of PrEP in China. A total of 3203 citations were retrieved, of which 54 were included. We found that the acceptability varied widely across the country, ranging from 19.1% to 94.6%, and the pooled estimate was 66.8% (95% CI: 62.0%–71.3%). Higher acceptability of PrEP was associated with the following factors: individuals with a lower educational degree, higher income, non-discriminatory attitude towards AIDS or AIDS patients, self-perceived high HIV risk, feeling that PrEP should be promoted, familiarity with PrEP, history of HIV testing, history of anal intercourse, inconsistent condom use, higher number of sexual partners. The main reasons for not using PrEP are doubting its validity, fear of potential side effects and financial burden, and fear of stigma for using PrEP. This review found that the acceptance in China was moderate. © The Author(s) 2022.	AIDS; HIV; meta-analysis; pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Theses and Dissertations	2022	Zaffari, Marcos Antonio, Jr.; Vikström, Johan	The Effect of Pre-Exposure Prophylaxis for HIV Implementation on the Spread of Syphilis: Evidence from Brazil	-	-	Uppsala University	-	NA	NA	https://www.proquest.com/dissertations-theses/effect-pre-exposure-prophylaxis-hiv/docview/2685718021/se-2?accountid=8113	This study investigates the effect of offering Pre-Exposure Prophylaxis (PrEP) against HIV, as a public policy, on the spread of syphilis through behavioral changes on the willingness to engage on riskier sex behavior (i.e. condomless sex). To explore such phenomena, a Difference in Differences method is applied to groups of municipalities in the southeastern region of Brazil. No significant effect was found after restricting the sample to approximate the underlying characteristics of the groups. The results do not support the findings of the previous studies, performed on smaller target groups, nor contradict them. The inconclusiveness of the results is likely due to, amongst other factors, the small number of individuals both taking PrEP or diagnosed with syphilis, compared to the general population of the municipalities.	HIV; Brazil; PrEP; Syphilis; Public health; Medicine; 0573:Public health; 0564:Medicine; 0550:Latin American Studies; Latin American studies; Prophyslaxis	English	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	-	-	Quantitative
Article	2022	Zaman, Muhammad; Butt, Muhammad Hammad; Siddique, Waqar; Iqbal, Muhammad Omer; Nisar, Naveed; Mumtaz, Asma; Nazeer, Hafiza Yusra; Alshammari, Abdulrahman; Riaz, Muhammad Shahid	Fabrication of PEGylated Chitosan Nanoparticles Containing Tenofovir Alafenamide: Synthesis and Characterization.	Molecules (Basel, Switzerland)	-	-	-	1420-3049	10.3390/molecules27238401	https://pubmed.ncbi.nlm.nih.gov/36500493/	Tenofovir alafenamide (TAF) is an antiretroviral (ARV) drug that is used for the management and prevention of human immunodeficiency virus (HIV). The clinical availability of ARV delivery systems that provide long-lasting protection against HIV transmission is lacking. There is a dire need to formulate nanocarrier systems that can help in revolutionizing the way to fight against HIV/AIDS. Here, we aimed to synthesize a polymer using chitosan and polyethylene glycol (PEG) by the PEGylation of chitosan at the hydroxyl group. After successful modification and confirmation by FTIR, XRD, and SEM, TAF-loaded PEGylated chitosan nanoparticles were prepared and evaluated for their particle size, zeta potential, morphology, crystallinity, chemical interactions, entrapment efficacy, drug loading, in vitro drug release, and release kinetic modeling. The fabricated nanoparticles were found to be in a nanosized range (219.6 nm), with ~90% entrapment efficacy, ~14% drug loading, and a spherical uniform distribution. The FTIR analysis confirmed the successful synthesis of PEGylated chitosan and nanoparticles. The in vitro analysis showed ~60% of the drug was released from the PEGylated polymeric reservoir system within 48 h at pH 7.4. The drug release kinetics were depicted by the Korsmeyer-Peppas release model with thermodynamically nonspontaneous drug release. Conclusively, PEGylated chitosan has the potential to deliver TAF from a nanocarrier system, and in the future, cytotoxicity and in vivo studies can be performed to further authenticate the synthesized polymer.	Humans; tenofovir alafenamide; Particle Size; Drug Liberation; antiretroviral drugs; Polyethylene Glycols/chemistry; Drug Carriers/chemistry; Adenine; *HIV Infections; nanoparticles; chitosan; *Chitosan/chemistry; *Nanoparticles/chemistry; nanocarrier system; polyethylene glycol; polymer synthesis	English	Switzerland	Western and Central Europe and North America	Pakistan	Asia and the Pacific	Pakistan	Asia and the Pacific	Clinical
Article	2022	Zapata, Juan P; Petroll, Andrew; de St Aubin, Ed; Quinn, Katherine	Perspectives on Social Support and Stigma in PrEP-related Care among Gay and Bisexual Men: A Qualitative Investigation.	Journal of Homosexuality	-	-	-	1540-3602	10.1080/00918369.2020.1819709	https://dx.doi.org/10.1080/00918369.2020.1819709	Despite its effectiveness at preventing HIV, uptake of PrEP has been slow. PrEP-related stigma is a potential barrier to uptake. Social support has been found to buffer against some PrEP stigma. Unfortunately, little research has investigated the relationship between social support and PrEP-related care. In 2018, we conducted 20 semistructured interviews with MSM who use PrEP (ages 22-70). Interview questions explored social support and PrEP-related stigma, and how these and other psychosocial factors affected PrEP use and continuation. Data were analyzed using grounded theory. Social support was important in PrEP-related care and promoted adaptive behavioral responses, such as adherence to PrEP-related care and enhancing resilience to stress. Participants described psychosocial benefits of PrEP, such as reduced HIV-related anxiety, but some also reported that PrEP-related stigma was an additional stressor. Findings suggest that social support has significant impacts within PrEP-related care and may help buffer against stigma.	PrEP; HIV/AIDS; MSM; social support; stigma; gay	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Zapata, Juan Pablo; Dang, Madeline; Quinn, Katherine G; Horvath, Keith J; Stephenson, Rob; Dickson-Gomez, Julia; John, Steven A	COVID-19-Related Disruptions to HIV Testing and Prevention Among Young Sexual Minority Men 17-24 Years Old: A Qualitative Study Using Synchronous Online Focus Groups, April-September 2020.	Archives of Sexual Behavior	-	-	-	1573-2800	10.1007/s10508-021-02166-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8589091	Prior research has highlighted the impact of the COVID-19 pandemic on HIV prevention services within the U.S., but few studies have explored this impact through an exploratory, qualitative lens. In this study, we sought to highlight the voices of young sexual minority men (YSMM) 17-24 years old and explored the perceived impact of the pandemic on HIV prevention among a diverse, nationwide sample of YSMM who participated in synchronous online focus group discussions between April and September 2020. Forty-one YSMM described the negative effects of the COVID-19 pandemic on HIV testing and prevention services, including limited and disrupted access to HIV testing, HIV pre-exposure prophylaxis (PrEP), and HIV post-exposure prophylaxis. COVID-19-related challenges were compounded by ongoing, pre-COVID-19 barriers experienced by YSMM in the U.S. For instance, many YSMM relocated back home with family, causing men to avoid HIV prevention services for fear of outing themselves to relatives. YSMM also worried about placing their family at increased risk of COVID-19 by attending clinical appointments. YSMM who did seek HIV prevention services, including access to PrEP, experienced significant barriers, including limited appointment availability and services not tailored to YSMM. Further efforts are needed to support YSMM re-engaging in HIV prevention during and after the COVID-19 era.	HIV, Pre-exposure prophylaxis, Sexual minority men, Men who have sex with men, COVID-19, Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Zapata, Juan Pablo; de St Aubin, Ed; Rodriguez-Diaz, Carlos E; Malave-Rivera, Souhail	Using a Structural-Ecological Model to Facilitate Adoption of Preexposure Prophylaxis Among Latinx Sexual Minority Men: A Systematic Literature Review.	Journal of Latina/o Psychology	-	-	-	2163-0070	10.1037/lat0000204	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10348365	Research has consistently shown that individual, interpersonal, community and structural factors influence the degree to which individuals' access and utilize health care services, and these factors may play a role in explaining racial and ethnic differences in health care outcomes. Differences in HIV prevalence and treatment between Latinx adults and white adults in the U.S. must be considered in the context of these factors. However, much of the existing research connecting these factors and HIV/AIDS outcomes in Latinxs remains disparate, limited in scope, and has yet not been applied to the use of biomedical HIV preventions. The following systematic literature review examined research related to PrEP in Latinx sexual minority men (SMM) to build a structural-ecological framework of the existing research, while identifying gaps in the literature and areas for future research. We searched two electronic databases using a systematic review protocol, screened 71 unique records, and identified 23 articles analyzing data from Latinx SMM and intended and/or actual PrEP-use in the United States. Based on the present review, disparities in PrEP uptake by Latinx SMM could be explained, in part, by examining how all levels of the structural-ecological framework uniquely contributes to how Latinx SMM engage with HIV prevention measures and come to understand PrEP. It is clear from the existing literature base that some of the most prominent barriers deterring Latinx SMM from seeking PrEP services are the lack of information surrounding PrEP and HIV/gay stigmas. However, higher order structural-level risks can facilitate or reduce access to PrEP. We propose a structural-ecological model to help visualize multi-level domains of unique stressors that limit the implementation of PrEP among Latinxs. At this stage, the available literature provides little guidance beyond suggesting that culturally adapted interventions can be effective in this population. The model developed here provides that needed specificity regarding targeted interventions that will fit the needs of this population.	PrEP, HIV/AIDS, Latinx, Public Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Zapata, Juan Pablo; de St. Aubin, Ed	HIV Prevention among HIV-Negative Latinx Men: Identifying Cultural Factors Associated with Prep	J Clin Transl Sci.	-	NA	-	NA	NA	https://www.proquest.com/dissertations-theses/hiv-prevention-among-negative-latinx-men/docview/2652936121/se-2?accountid=8113	Latinx sexual minority men (SMM) continue to be disproportionately impacted by HIV/AIDS in the U.S. Pre-exposure prophylaxis (PrEP) has been one of the most significant and successful biomedical advances in HIV prevention. While there have been some notable successes in PrEP implementation, uptake among Latinx SMM is considerably lower compared to non-Hispanic Whites. The extant literature suggests that culturally sensitive HIV prevention programs have the potential to increase engagement with PrEP. The current study sought to understand how Latinx cultural concepts may impact the implementation of PrEP. The method chosen for this study was a convergent, parallel mixed-methods design.This approach involved simultaneous qualitative and quantitative data collection and analysis. The purpose of Study I was to better understand how community stakeholders understood PrEP in their community setting, and to provide the information needed to package PrEP for Latinxs. The purpose of Study II was to examine how cultural factors impact PrEP willingness and attitudes. For the study, 151 Latinxs were recruited from a Community Clinic. As expected, perceived health and social benefit(s) were positively associated with PrEP intentions, and that association became stronger with specific cultural concepts. The present study is the first to confirm the relationship between acculturation and willingness to use PrEP. Results from these studies are presented in a pathway model that reflects cultural and behavioral practices that have the potential to increase engagement with PrEP among Latinxs.	HIV; Psychology; Public health; Prep; Latino; SMM; 0573:Public health; 0622:Clinical psychology; Clinical psychology; 0621:Psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Mixed methods
Article	2022	Zapata-Pizarro, Antonio; Muena-Bugueño, Cristina; Quiroz-Nilo, Susana; Serri-Venegas, Michel; Usedo-López, Pedro	Consideraciones en población transgénero respecto a la infección por VIH, terapia antiretroviral, profilaxis preexposición (PreP) e interacción con tratamiento de reafirmación de género	Revista Chilena de Infectología	-	-	-	0716-1018	10.4067/S0716-10182022000200149	http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0716-10182022000200149&lng=en&nrm=iso&tlng=en	Resumen La infección por VIH es una epidemia global (prevalencia de 0,8%). En Latinoamérica, Chile, Brasil y Uruguay son los países con mayores índices. Entre las más afectadas están la población transgénero (OR 48,8 respecto a la población general). Múltiples factores bio-psico-sociales explican estas cifras. Bajo uso del preservativo, la idea de reafirmación de género, el temor a ser reemplazadas(os) por personas cisgéneros, presencia de comercio sexual, entre otros, influyen en las mayores tasas de infección. Se han implementado medidas de prevención del VIH, pero pocas dirigidas en específico a personas transgénero. La profilaxis preexposición (PreP) provee de una alternativa de prevención en este género, y la integración de las unidades de atención de transgénero (primarily administration... que entregan PreP, podrían aumentar su adherencia y cobertura. En las personas transgénero con infección por VIH existe baja adherencia a terapia antirretroviral (TARV), en parte por priorización del tratamiento hormonal y miedo a que la TARV altere su proceso de hormonización. Los pocos datos existentes muestran que la mayoría de la TARV, pero algunos tratamientos hormonales podrían disminuir las concentraciones plasmáticas y tisulares de ciertos antirretrovirales. Faltan estudios que evalúen la interacción entre antirretrovirales y tratamiento hormonal de reafirmación de género.	HIV; Pre-exposure prophylaxis; Antiretroviral; Antirretrovirales; VIH; Profilaxis pre-exposición; Disforia de género; Gender dysphoria; Personas transgénero; Reasignación de sexo; Sex reassignment; Transgender persons	Spanish	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Review
Article	2022	Zeggagh J.; Bauer R.; Delaugerre C.; Carette D.; Fressard L.; Charreau I.; Chidiac C.; Pialoux G.; Tremblay C.; Cua E.; Robineau O.; Raffi F.; Capitant C.; Spire B.; Meyer L.; Molina J.M.	Incidence and risk factors for recurrent sexually transmitted infections among MSM on HIV pre-exposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003187	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133888579&doi=10.1097%2fQAD.0000000000003187&partnerID=40&md5=69c39e93558a6306e6d90df374421d58	Objective: High rates of sexually transmitted infections (STIs) have been reported among pre-exposure prophylaxis (PrEP) users. We wished to assess the incidence and risk factors for recurrent STIs. Design: The ANRS IPERGAY trial was a prospective study investigating PrEP among MSM and transgender women in outpatient clinics in France and Canada. In all, 429 participants were enrolled, offered up to 4 years of PrEP and screened for bacterial STIs (syphilis, chlamydia and gonorrhea) at baseline and every 6 months. Methods: STIs incidence was calculated yearly. Cox proportional hazards model regression was used to explore associations between participants characteristics at baseline and recurrent STI during follow-up. Results: Over a median follow-up of 23 months, bacterial STI incidence was 75, 33, 13, 32 and 30 per 100 person-years for all STIs, rectal STIs, syphilis, gonorrhea and chlamydia, respectively. STI incidence significantly increased from the first year to the fourth year of the study (55 vs. 90 per 100 person-years, P < 0.001). During the study period, 167 participants (39%) presented with more than one bacterial STIs which accounted for 86% of all STIs. Baseline risk factors associated with recurrent STIs in a multivariate analysis were an STI at baseline hazards ratio: 1.48 (95% confidence interval (CI): 1.06 – 2.07), P ¼ 0.02, more than eight sexual partners in prior 2 months hazards ratio: 1.72 (95% CI: 1.21 – 2.43), P ¼ 0.002 and the use of gamma-hydroxybutyrate hazards ratio: 1.66 (95% CI: 1.16 – 2.38), P ¼ 0.005. Copyright © 2022 Wolters Kluwer Health, Inc. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2022	Zeuli, JD; Rivera, CG; Smith, BL; Otto, A; Temesgen, Z	Cabotegravir: a novel HIV integrase inhibitor combined with rilpivirine as the first long-acting injectable program for the treatment of HIV infection	Drugs of Today (Barcelona, Spain : 1998)	-	-	-	NA	10.1358/dot.2022.58.12.3448340	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02533510/full	Cabotegravir, a novel HIV integrase inhibitor, shares structural similarity with dolutegravir and bictegravir. Its oral half-life is 32 hours, but cabotegravir nanosuspension for intramuscular injection yields half-lives ranging from 25 to 54 days, enabling extended interval dosing. Drug interactions are minimal, although oral doses require spacing from polyvalent cations, and potent uridine glucuronosyltransferase induction (e.g., rifampin, carbamazepine) requires avoidance due to anticipated subtherapeutic cabotegravir exposure through extended intervals. Randomized clinical trials combined cabotegravir treatment with rilpivirine to demonstrate treatment efficacy in patients living with HIV who had attained virologic suppression, lacked known/suspected mutations to either component, and had not experienced prior HIV treatment failure. Together, oral cabotegravir and rilpivirine maintained viral suppression in the LATTE study while the combination, given intramuscularly, performed comparably to conventional oral therapy in LATTE-2. FLAIR and ATLAS, respectively, demonstrated HIV suppression maintenance for monthly injections in treatment-naive participants and treatment-experienced patients, with ATLAS-2M supporting the efficacy of injections given every 2 months. Investigations to date show an excellent safety profile. Injectable cabotegravir causes short-lived, mild injection site reactions (primarily administration site pain/soreness) that decrease in frequency over time, produce attributable discontinuation rates of at least 2%, and generate satisfaction scores that favor injectable therapy over oral therapy. Virologic failure with resistance development is rare, primarily occurs in the first year of therapy, and is associated with baseline proviral DNA mutations to coadministered rilpivirine. A key component of the first U.S. Food and Drug Administration (FDA)-approved injectable maintenance treatment program for HIV, injectable cabotegravir heralds a new era in HIV treatment innovation. Here we provide a detailed review of the clinical pharmacology, administration and available formulations of the novel HIV integrase inhibitor cabotegravir with in-depth analysis of the clinical trial data, safety, satisfaction and viral resistance development when combined with rilpivirine as the first long-acting injectable program for the treatment of HIV infection.	*HIV Infections drug therapy; *HIV Integrase Inhibitors therapeutic use; *Human immunodeficiency virus infection /drug therapy; Drug Therapy, Combination adverse effects; Human; Humans; Pyridones therapeutic use; Randomized Controlled Trials as Topic; Rilpivirine therapeutic use	English	Spain	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Zewdie, Kidist; Kiptinness, Catherine; Ngure, Kenneth; Kipkurui, Nicholas; Wairimu, Njeri; Ambiyo, Faith; Mugo, Nelly R; Baeten, Jared M; Mugwanya, Kenneth K	Targeted Implementation of HIV Self-Testing Increases Testing Uptake Among Partners of Index Persons Known to Have HIV in Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000003003	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9283250	BACKGROUND: Partners of persons living with HIV (PLHIV) are at a high risk of HIV acquisition, particularly if PLHIV are newly diagnosed or not virally suppressed. A focused partner HIV testing strategy could stimulate efficient identification of persons for pre-exposure prophylaxis (PrEP) or antiretroviral therapy (ART) programs. METHODS: We sequentially implemented 2 partner testing strategies at 2 Kenyan HIV clinics: (1) an invitation for clinic-based testing and (2) HIV self-testing (HIVST) kits distribution to index PLHIV. For each testing strategy, we enrolled approximately 150 consecutive index PLHIV with partners of unknown HIV status, not on ART, <6 months on ART, or who had detectable viral load. We compared partner engagement, testing uptake, and linkage for ART or PrEP between the 2 testing strategies. RESULTS: Of 313 index PLHIV enrolled (160 in invitation, 153 in HIVST), the median age was 32 years (interquartile range 26-40) and 76% were women. Overall, 73% of participants (229) discussed HIV testing with their partners: 76% (121) in the invitation strategy vs 71% (108) in the HIVST strategy adjusted odds ratio (adjOR): 0.54, 95% confidence interval (CI): 0.31 to 0.97. Overall, 52% (79) partners in the HIVST strategy tested vs 38% (60) in the invitation strategy (adjOR: 1.78, 95% CI: 1.13 to 2.78). Among partners engaged, 73% in the HIVST strategy vs 50% in the invitation tested (adjOR: 2.68, 95% CI: 1.46 to 4.96); 25% (35/139) tested positive for HIV. Eighty-nine percentage (31/35) who tested positive initiated treatment, but only 21% (20/93) who tested negative initiated PrEP. CONCLUSIONS: HIVST kit distribution to PLHIV with partners of unknown HIV status effectively increased partner testing. Only one-fifth of partners who tested negative initiated PrEP-thus innovations to link to prevention services are urgently needed.	HIV self-testing, serodifferent, PrEP, ART, Kenya	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Zhang C.; Fiscella K.; Liu Y.	Exploring the Role of Provider—Patient Communication in Women's Sexual Health and Pre-Exposure Prophylaxis Care in the Primary Care Settings in New York State of the United States	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19138084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133131925&doi=10.3390%2fijerph19138084&partnerID=40&md5=b39055f137a12e9a80111aed688c65e3	Background: Women shoulder a disproportionate burden of HIV infection in the United States and worldwide. Pre-exposure prophylaxis (PrEP) is an effective tool for HIV prevention, but its use is suboptimal. Primary care providers (PCP) are considered the ideal PrEP caregivers, but they generally underperform in PrEP care implementation. Methods: From 2020 to 2022, we employed semi-structured in-depth interviews to collect information about barriers and facilitators in PrEP care and beliefs and opinions regarding sexual wellness among 18 PCP and 29 PrEP-eligible women. We employed content analysis and thematic analysis to explore the transcribed narrative data. Results: The current study was guided by the "Communication Pathways" Framework. We studied how communication functions affect PrEP care and women's sexual wellness on the pathways. We identified several specific pathways between communication and PrEP care implementation in primary care settings, including patient knowledge, linkage to care, therapeutic alliance, and decision making on PrEP care. A paradox regarding who should initiate the discussion regarding sexual history and PrEP care was identified. Conclusions: Findings suggested that a navigation and assistance system for PrEP care in patients and providers is urgently needed. Future studies should facilitate PrEP discussion, engagement, and monitoring in primary care settings. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	interpersonal relationship; patient–provider communication; PrEP care implementation; sexual health; sexual wellness	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Zhang J.Y.; Zhang Y.; Bender A.T.; Sullivan B.P.; Olanrewaju A.O.; Lillis L.; Boyle D.; Drain P.K.; Posner J.D.	HIV pre-exposure prophylaxis adherence test using reverse transcription isothermal amplification inhibition assay	Analytical Methods	-	-	-	17599660	10.1039/d2ay00008c	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85127746771&doi=10.1039%2fd2ay00008c&partnerID=40&md5=82a63bf2f226899f85326e40ef299cbf	Current HIV antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP) therapy adherence monitoring relies on either patient self-reported adherence or monitored drug dispensing, which are not reliable. We report a proof-of-concept adherence monitoring assay which directly measures nucleotide reverse transcriptase inhibitor (NRTI) concentration using a reverse transcription isothermal amplification inhibition assay. We measure the concentration of Tenofovir diphosphate (TFV-DP) - an NRTI that functions as a deoxyadenosine triphosphate (dATP) analog and long-term adherence marker for PrEP - by measuring the inhibition of the reverse transcription of an RNA template. The completion of reverse transcription is evaluated by recombinase polymerase amplification (RPA), an isothermal nucleic acid amplification assay commonly used for point-of-care diagnostics. We present and validate a model that predicts the amplification probability as a function of dATP and TFV-DP concentrations, nucleotide insertion sites on the RNA template, and RNA template concentration. The model can be used to rationally design and optimize the assay to operate at clinically relevant TFV-DP concentrations. We provide statistical analysis that demonstrates how the assay may be used as a qualitative or semi-quantitative tool for measuring adherence to NRTI drugs and used to support patient compliance. Due to its simple instrumentation and short runtime (<1 hour), this assay has the potential for implementation in low-complexity laboratories or point-of-care settings, which may improve access to ART and PrEP adherence monitoring. © 2022 The Royal Society of Chemistry	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2022	Zhang, Chen; Fiscella, Kevin; Przybylek, Shelby; Chang, Wonkyung; Liu, Yu	Telemedicine Experience for PrEP Care among PrEP-Eligible Women and Their Primary Care Providers during the First Year of the COVID-19 Pandemic in the United States	Tropical Medicine and Infectious Disease	-	-	-	24146366	10.3390/tropicalmed7100280	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140457563&doi=10.3390%2ftropicalmed7100280&partnerID=40&md5=1406aecb3fc87caeadb6d10a9119792	(1) Background: During the two-year-long siege from the COVID-19 pandemic, a significant proportion of doctor visits transitioned from in-person to virtual. Scare evidence is available to assess the quality of patient-provider communication via the platform of telemedicine, especially for PrEP care within primary care settings. (2) Methods: Participants included 18 primary care providers and 29 PrEP-eligible women. Through content analysis and thematic analysis, facilitators and barriers embedded at different levels of telemedicine were identified and assessed. (3) Results: Women and providers reported pros and cons regarding their telemedicine experiences during the initial wave of COVID-19. Both groups of participants agreed that telemedicine visits were more convenient, efficient, and comfortable than in-person visits. However, without face-to-face interactions, some women felt less empathy, caring, and connected with their providers during virtual visits. Health providers expressed concerns with telemedicine, including patients' privacy, lack of intimacy between patients and providers, and delayed lab work. (4) Conclusions: Our data indicate multi-level factors may affect telemedicine experience among PrEP-eligible women and health providers. Participants expressed concerns that may further entrench these long-existing health disparities in healthcare. Proactive efforts from policymakers, health professionals, researchers, and stakeholders are urgently required to tackle identified barriers and to pave the way for the new infrastructure that ensures health equity in society. © 2022 by the authors.	COVID-19; PrEP and HIV care; providers and patients; telemedicine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2022	Zhang, Chen; Liu, Yu	Understanding the Association between PrEP Stigma and PrEP Cascade Moderated by the Intensity of HIV Testing.	Tropical Medicine and Infectious Disease	-	-	-	2414-6366	10.3390/tropicalmed7050074	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9147022	(1) Background: In the U.S., men who have sex with men (MSM) account for the majority of new HIV infections. On the other hand, pre-exposure prophylaxis (PrEP) is an effective strategy to curb HIV transmission, but it is widely underutilized. It is unknown how stigma affects PrEP care in the context of other HIV prevention strategies. (2) Methods: We included a total of 318 MSM in the current analysis. We employed bivariate and multivariable analyses to assess the association between PrEP stigma and PrEP cascade while controlling for potential confounders on each specific pathway. We further used a series of moderation analyses based upon the intensity of HIV testing within different timeframes to assess the association between PrEP stigma and PrEP cascade. (3) Results: Compared with MSM who used PrEP, those who never used PrEP reported higher internalized and vicarious PrEP stigma. Internalized PrEP stigma has significantly reduced the likelihood of PrEP willingness and PrEP uptake among this group. The trend analysis showed significant trend patterns across different frequencies of HIV testing. (4) Conclusions: A structural-level reform is urgently needed to turn the HIV service encounters into opportunities to facilitate and optimize the PrEP cascade among this group who may benefit from PrEP use.	men who have sex with men, pre-exposure prophylaxis, PrEP stigma, United States, HIV testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2022	Zhang, Jing; Li, Chunyan; Xu, Junjie; Hu, Zhili; Rutstein, Sarah E; Tucker, Joseph D; Ong, Jason J; Jiang, Yongjun; Geng, Wenqing; Wright, Sarah T; Cohen, Myron S; Shang, Hong; Tang, Weiming	Discontinuation, suboptimal adherence, and reinitiation of oral HIV pre-exposure prophylaxis: a global systematic review and meta-analysis.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00030-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9124596	BACKGROUND: Poor adherence to oral HIV pre-exposure prophylaxis (PrEP) diminishes its clinical and public health benefits. This study synthesises evidence regarding discontinuation, adherence, and reinitiation of PrEP among geographically diverse PrEP users. METHODS: We did a systematic review and meta-analysis evaluating studies published in MEDLINE, Embase, and Cochrane Central Register of Controlled Trials from inception to Dec 18, 2020. We included longitudinal studies that presented data for PrEP discontinuation, defined as investigator-reported loss to follow-up or participant self-reported PrEP stoppage. Data were extracted from published reports and assessed for risk of bias. We used a random-effects meta-analysis to pool estimates of discontinuation and I2 and τ2 to evaluate heterogeneity. This study is registered with PROSPERO, CRD42020155675. FINDINGS: We identified 4129 records, of which 59 articles were included (n=43â917 participants). 41·0% (95% CI 18·8-63·5) of participants discontinued PrEP within 6 months, with the highest rates in observational studies. The discontinuation rate in sub-Saharan Africa (47·5%, 95% CI: 29·4-66·4%) was higher than in other regions (p<0·001). Discontinuation rates were lower in studies with adherence interventions than in those without (24·7% vs 36·7%, p=0·015). Gay or bisexual men who have sex with men and transgender women offered daily or non-daily dosing options had lower discontinuation rates than those offered daily dosing alone (21·6% vs 31·5%; p<0·001). The pooled suboptimal adherence within 6 months was 37·7% (95% CI 8·4-66·9). Among people who discontinued PrEP, 47·3% (95% CI 31·5-63·2) reinitiated PrEP within 1 year of PrEP initiation. The included studies had poor quality in terms of study design, with a moderate risk of bias. INTERPRETATION: Strategies to encourage reinitiating PrEP for new or persistent risk should be a focus of future PrEP implementation strategies. FUNDING: National Institutes of Health and Nature Science Foundation of China.	HIV, Pre-exposure Prophylaxis, discontinuation, adherence, re-initiation	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Zhang, Jing; Ma, Bing; Han, Xu; Ding, Shuangning; Li, Yongze	Global, regional, and national burdens of HIV and other sexually transmitted infections in adolescents and young adults aged 10-24 years from 1990 to 2019: a trend analysis based on the Global Burden of Disease Study 2019.	The Lancet Child and Adolescent Health	-	-	-	2352-4650 2352-4642	10.1016/S2352-4642(22)00219-X	https://www.sciencedirect.com/science/article/abs/pii/S235246422200219X	BACKGROUND: Sexually transmitted infections (STIs), including HIV, are major sexual health issues among adolescents and young adults globally, but data on the burden and trends of these diseases are sparse. We aimed to assess the trends in the burden of HIV and other STIs among adolescents and young adults aged 10-24 years from 1990 to 2019 on the global, regional, and national level. METHODS: In this trend analysis based on the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2019, we reported on the number, rates per 100 000 population, and average annual percentage changes (AAPCs) of incidence and disability-adjusted life-years (DALYs) of HIV and other STIs (syphilis, chlamydia, gonorrhoea, trichomonas, and genital herpes) at the global, regional, and national level among individuals aged 10-24 years. We further analysed these global trends by age, sex, and social development index (SDI). We also used joinpoint regression analysis to identify the year with the most substantial changes in global trends. FINDINGS: Globally, the incidence of HIV among adolescents and young adults decreased from 34·5 per 100 000 population (95% uncertainty interval UI 29·3 to 39·7) in 1990 to 22·7 per 100 000 population (20·3 to 25·8) in 2019, AAPC -2·6 95% CI -3·1 to -2·0); specific years in which HIV incidence decreased significantly were 1998, 2005, and 2014. Incidence of other STIs increased from 6986·3 per 100 000 population (95% UI 5504·8-8645·0) in 1990 to 7088·7 100 000 population (5620·1-8697) in 2019 (AAPC 0·2 95% CI 0·1-0·3); we found a substantial decrease in the incidence of other STIs in 2011 only. The rate of decrease in the incidence of other global STIs between 2009 and 2019 was approximately one-fifth the rate of the decrease in the global incidence of HIV for the same time period (AAPC -0·7 95% CI -0·8 to -0·7 vs AAPC -3·4 -3·8 to -3·1). Regionally, sub-Saharan Africa had the highest incidence and highest DALYs from HIV and other STIs, and Oceania and Eastern Europe had the largest increase in the incidence and DALYs from HIV and other STIs between 1990 and 2019. By SDI quintile, the middle-SDI countries had the largest increase in HIV incidence between 1990 and 2019 and the DALYs from other STIs in the same period decreased in all SDI quintiles. Globally, females accounted for 278 076 (65·8%) of the 0·42 million incident HIV cases in 2019 and 68 115 077 (51·6%) of the 132·0 million incident cases of other STIs. Of all age groups, adolescents aged 10-14 years had the largest increase in the incidence of other STIs between 1990 and 2019 (from 1158·9 per 100 000 population 95% UI 857·8-1556·5 in 1990 to 1215·4 per 100 000 population 893·5-1616·1 in 2019; AAPC 0·1 95% CI 0·1-0·2). The individual STIs with the highest incident rates varied between age groups and sex. INTERPRETATION: Global HIV incidence among adolescents and young adults decreased between 1990 and 2019, with significant decreases coinciding with the implementation of antiretroviral therapy and pre-exposure prophylaxis. The incidence of other STIs in this population increased over the same period and only started decreasing in 2011, at a rate of only one-fifth of the rate of decrease of HIV. Earlier sexual health education and targeted STI screening are urgently required for adolescents and young adults. FUNDING: National Natural Science Foundation of China and the China Postdoctoral Science Foundation.	Adolescent; Humans; Incidence; Young Adult; Female; Risk Factors; Africa South of the Sahara; *HIV Infections/epidemiology; *Global Burden of Disease	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Zhang, Ke Chun; Fang, Yuan; Cao, He; Chen, Hongbiao; Hu, Tian; Chen, Ya Qi; Zhou, Xiaofeng; Wang, Zixin	The Impacts of the COVID-19 Pandemic on HIV Testing Utilization Among Men Who Have Sex With Men in China: Cross-sectional Online Survey.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/30070	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9135116	BACKGROUND: The COVID-19 pandemic has created disruptions in HIV prevention and sexual health services for men who have sex with men (MSM). OBJECTIVE: This study compared HIV testing utilization in 3 different reference periods (period 1: before the COVID-19 outbreak, November 2019-January 2020; period 2: after the outbreak, February-April 2020; and period 3: after the pandemic was under initial control, May-July 2020). Factors associated with HIV testing utilization after the COVID-19 outbreak (combined periods 2 and 3) were also investigated. METHODS: Participants were MSM aged ≥18 years living in Shenzhen, China. Those self-reporting as HIV positive were excluded. A total of 595 participants recruited through multiple sources completed a self-administered online survey during August-September 2020. HIV testing utilization after the COVID-19 outbreak was the dependent variable, and multivariate logistic regression models were fitted. RESULTS: HIV testing utilization was significantly lower in period 2 than in period 1 (n=262 vs 363, 44.0% vs 61.0%, P<.001). However, HIV testing utilization was not significantly higher in period 3 than in period 2 (n=277 vs 262, 46.6% vs 44.0%, P=.21). The prevalence of HIV testing utilization after the COVID-19 outbreak was seen in 331 (55.6%) participants. After adjusting for significant background characteristics, condomless anal intercourse (CAI) with regular male sex partners (RPs; adjusted odds ratio AOR 2.15, 95% CI 1.29-3.57) and sexualized drug use (SDU; AOR 2.94, 95% CI 1.41-6.06) both before and after the COVID-19 outbreak, CAI with RPs (AOR 2.07, 95% CI 1.06-4.07) and nonregular male sex partners (NRPs; AOR 3.57, 95%CI: 1.43-8.89) only after the COVID-19 outbreak was positively associated with the dependent variable. Regarding HIV prevention service utilization, HIV testing utilization before the COVID-19 outbreak (AOR 10.75, 95% CI 7.22-16.02) and the use of sexually transmitted infection (STI) testing (AOR 7.02, 95% CI 4.10-12.02), other HIV/STI prevention (AOR 3.15, 95% CI 2.16-4.60), and preexposure prophylaxis (PrEP; AOR 3.58, 95% CI 1.54-8.34) after the COVID-19 outbreak were associated with higher HIV testing utilization. The current perceived risk of HIV infection was higher than that before the COVID-19 outbreak (AOR 1.15, 95% CI 1.01-1.30), and perceived COVID-19 preventive measures taken by HIV testing service providers to be effective (AOR 1.52, 95% CI 1.29-1.78) and perceived higher behavioral control to undergo HIV testing (AOR 1.18, 95% CI 1.00-1.40) were positively associated with HIV testing utilization. Concerns about COVID-19 infection during HIV testing (AOR 0.78, 95% CI 0.68-0.89), avoiding crowded places (AOR 0.68, 95% CI 0.48-0.98), and HIV testing service providers reducing their working hours (AOR 0.59, 95% CI 0.48-0.98) were negatively associated with the dependent variable. CONCLUSIONS: HIV testing utilization among Chinese MSM declined after the COVID-19 outbreak and did not increase after the pandemic was under initial control. Removing structural barriers to accessing HIV testing caused by COVID-19, modifying perceptions related to HIV testing, and making use of HIV self-testing (HIVST) might be useful strategies to improve HIV testing among MSM during the pandemic.	COVID-19, HIV testing, sexual risk behaviors, structural barriers, perception, men who have sex with men, China, MSM, HIV, testing, impact, utilization, cross-sectional, online survey, barrier, access	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Theses and Dissertations	2022	Zhang, Ye	Mixed-methods approaches to inform the implementation of HIV self-testing in Australia	-	-	University of New South Wales	-	NA	https://doi.org/10.26190/unsworks/24789	http://hdl.handle.net/1959.4/101082	Gay, bisexual, and other men who have sex with men (GBMSM) are a priority population for HIV prevention in Australia. HIV testing is a key prevention strategy, and clinical guidelines recommend all sexually active GBMSM should test for HIV at least once a year, and up to four times per year if they have had 1) any condomless anal intercourse, 2) group sex, 3) more than 10 sexual partners in 6 months, or 4) using crystal methamphetamine. However, the frequency of HIV testing is suboptimal among specific subgroups of GBMSM. HIV self-testing provides a promising option to increase the frequency of HIV testing among these subgroups of GBMSM. The first HIV self-test became commercially available in Australia in 2018 but with restricted access. The key question remains of how to accelerate the implementation of HIV self-testing among these subgroups of GBMSM. In this thesis, I used mixed-methods research to answer this question. In Chapter 2, I conducted a prospective cohort analysis to assess the sustainability of HIV testing frequency among those participating in the second year of a wait-list randomised controlled trial. I found only a small decline in HIV testing frequency between the first and second year of the trial, with a relatively stable HIV self-testing frequency in the second year among overseas-born GBMSM. In Chapter 3, I analysed in-depth interviews with the same trial participants and found that some men were concerned about the window period, but the modality was particularly attractive to men living in regional or rural areas with lower proportions of GBMSM. Participants also highlighted the practical, psychological, and social benefits of HIV self-testing. In Chapter 4, I conducted a cross-sectional analysis of data from Australia's Gay Community Periodic Survey among GBMSM. I found the uptake of HIV self-testing among Australian GBMSM was very low but slightly higher among migrant men who had recently arrived in Australia, men at higher risk of HIV and not taking pre-exposure prophylaxis, and infrequent testers. In Chapter 5, I used a discrete choice experiment design to examine the heterogeneity in HIV self-testing preferences among migrant and Australian-born GBMSM and found that migrant GBMSM preferred free HIV self-tests, provided online and via pharmacies. My thesis provides important new information to optimise HIV self-testing implementation in Australia's strategy to reach subgroups of GBMSM who currently are not accessing HIV testing regularly, a key goal of HIV prevention programs.	HIV; Self-testing; Gay, bisexual, and other men who have sex with men; Australia; anzsrc-for: 420201 Behavioural epidemiology	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Mixed methods
Article	2022	Zhao A.; Dangerfield D.T., II; Nunn A.; Patel R.; Farley J.E.; Ugoji C.C.; Dean L.T.	Pharmacy-Based Interventions to Increase Use of HIV Pre-exposure Prophylaxis in the United States: A Scoping Review	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-021-03494-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85117396985&doi=10.1007%2fs10461-021-03494-4&partnerID=40&md5=6502438d2a36e1ff4e3ad57e07614010	HIV pre-exposure prophylaxis (PrEP) remains underutilized in the U.S. Since greater than 85% of PrEP prescriptions are filled at commercial pharmacies, pharmacists are uniquely positioned to increase PrEP use. This scoping review explores pharmacy-based initiatives to increase PrEP use. We searched PubMed, PsycINFO, CINAHL, and Scopus for peer-reviewed studies on pharmacist-led interventions to increase PrEP use or pharmacy-based PrEP initiatives. Forty-nine articles were included in this review. Overall, studies demonstrated that patients expressed strong support for pharmacist prescription of PrEP. Three intervention designs compared changes in PrEP initiation or knowledge pre- and post-intervention. Commentary/review studies recommended PrEP training for pharmacists, policy changes to support pharmacist screening for HIV and PrEP prescription, and telemedicine to increase prescriptions. Pharmacists could play key roles in improving PrEP use in the U.S. Studies that assess improvements in PrEP use after interventions such as PrEP prescription, PrEP-specific training, and adherence monitoring by pharmacists are needed. © 2021, The Author(s), under exclusive license to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Compliance*; Initiation; Pharmacist*; Sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2022	Zhao, Alexa Vyain; Crutchley, Rustin D.; Guduru, Rakesh Chowdary; Ton, Kathy; Lam, Tammie; Min, Amy Cheng	A clinical review of HIV integrase strand transfer inhibitors (INSTIs) for the prevention and treatment of HIV-1 infection.	Retrovirology	-	-	-	1742-4690	10.1186/s12977-022-00608-1	https://pubmed.ncbi.nlm.nih.gov/36273165/	Integrase strand transfer inhibitors (INSTIs) have improved the treatment of human immunodeficiency virus (HIV). There are currently four approved for use in treatment-naïve individuals living with HIV; these include first generation raltegravir, elvitegravir, and second generation dolutegravir and bictegravir. The most recent INSTI, cabotegravir, is approved for (1) treatment of HIV infection in adults to replace current antiretroviral therapy in individuals who maintain virologic suppression on a stable antiretroviral regimen without history of treatment failure and no known resistance to its components and (2) pre-exposure prophylaxis in individuals at risk of acquiring HIV-1 infection. Cabotegravir can be administered intramuscularly as a monthly or bi-monthly injection depending on the indication. This long-acting combination has been associated with treatment satisfaction in clinical studies and may be helpful for individuals who have difficulty taking daily oral medications. Worldwide, second generation INSTIs are preferred for treatment-naïve individuals. Advantages of these INSTIs include their high genetic barrier to resistance, limited drug-drug interactions, excellent rates of virologic suppression, and favorable tolerability. Few INSTI resistance-associated mutations have been reported in clinical trials involving dolutegravir, bictegravir and cabotegravir. Other advantages of specific INSTIs include their use in various populations such as infants and children, acute HIV infection, and individuals of childbearing potential. The most common adverse events observed in clinical studies involving INSTIs included diarrhea, nausea, insomnia, fatigue, and headache, with very low rates of treatment discontinuation versus comparator groups. The long-term clinical implications of weight gain associated with second generation INSTIs dolutegravir and bictegravir warrants further study. This review summarizes key clinical considerations of INSTIs in terms of clinical pharmacology, drug-drug interactions, resistance, and provides perspective on clinical decision-making. Additionally, we summarize major clinical trials evaluating the efficacy and safety of INSTIs in treatment-naïve patients living with HIV as well as individuals at risk of acquiring HIV infection.	Adult; Humans; Child; Drug Resistance, Viral/genetics; HIV; *HIV-1/genetics; Cabotegravir; *HIV Infections/drug therapy/prevention & control; Pre-exposure prophylaxis; Raltegravir; Dolutegravir; Elvitegravir; Raltegravir Potassium/pharmacology; Integrase strand transfer inhibitor (INSTI); Bictegravir; *HIV Integrase/genetics; Heterocyclic Compounds, 4 or More Rings/therapeutic use/pharmacology; Heterocyclic Compounds, 3-Ring/therapeutic use/pharmacology; *HIV Integrase Inhibitors/therapeutic use/pharmacology; Treatment naïve	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Zhikang L.; Yang Z.; Xiao Y.; Xiaoting C.; Jing G.; Yuantao H.; Wangnan C.; Jinghua L.	Willingness to use the three types of pre-exposure prophylaxis and associated factors among men who have sex with men in Chengdu; 成都市男男性行为人群3 种类型 HIV 暴露前预防用药使用意愿及影响因素分析	Chinese Journal of Endemiology	-	-	-	20954255	10.3760/cma.j.cn112338-20220501-00367	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142445710&doi=10.3760%2fcma.j.cn112338-20220501-00367&partnerID=40&md5=83df8f5d0e681a7927559d1396b0b631	Objective To investigate the willingness to use three types of pre-exposure prophylaxis (PrEP) and its associated factors among MSM in Chengdu. Methods A total of 793 MSM were recruited through Chengdu Tongle Health Consultation Service Centre between November 2021 to January 2022. Data were collected, including demographic characteristics, sexual behaviors in the last six months, PrEP-related stigma, HIV anticipated stigma, MSM internalized stigma, and willingness to use three types of PrEP. Univariate and multivariate logistic regression models were conducted to investigate the associated factors of willingness in using the three types of PrEP. Results Among 793 participants, willingness to take on-demand PrEP was higher (68.3%). Higher education and multiple sexual partners increased the willingness to use oral PrEP, higher education compared with junior high school or below, high school or technical secondary school (aOR=2.43, 95%CI: 1.13-5.21), junior college (aOR=2.67, 95%CI: 1.27-5.61), bachelor degree (aOR= 3.21, 95%CI: 1.52-6.74), master degree or above (aOR=3.77, 95%CI: 1.54-9.26), multiple sexual partners (aOR=1.54, 95%CI: 1.12-2.11) were positively associated with daily oral PrEP. HIV anticipated stigma was positively associated with the willingness in using all three types of PrEP: daily oral PrEP (aOR=1.07, 95%CI: 1.02-1.12), on-demand PrEP (aOR=1.09, 95%CI: 1.03-1.15), and injectable PrEP every 8 week (aOR=1.06, 95%CI: 1.01-1.11). Conclusions The overall willingness in using PrEP in MSM in Chengdu is relatively high, and the promotion of PrEP is highly feasible. In the future, we should continue to promote publicity and education on HIV and PrEP-related knowledge in this population, improve the cognitive level, and guide MSM to establish the correct motivation for PrEP use. © 2022 Chinese Medical Association. All rights reserved.	HIV; Men who have sex with men; Pre-exposure prophylaxis; Stigma	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Zhou L.; Assanangkornchai S.	Current Perspectives on the Determinants of Acceptability of Pre-Exposure Prophylaxis and Nonoccupational Post-Exposure Prophylaxis among People at Risk for HIV: A Scoping Review	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph191912605	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139821210&doi=10.3390%2fijerph191912605&partnerID=40&md5=559fb01112b725630a75548d98f880b8	Pre-exposure prophylaxis (PrEP) and nonoccupational post-exposure prophylaxis (nPEP) were found to be effective HIV biomedical interventions. However, several barriers to acceptance of these interventions were discovered among populations at risk for HIV, and the Coronavirus Disease 2019 (COVID-19) pandemic may also exacerbate these. The current scoping review aims to update information in regards to facilitators and barriers for PrEP and nPEP acceptability among key populations collected in the past two years and to identify any existing knowledge gaps during the time of the COVID-19 pandemic. Of 1453 studies retrieved, 16 met the final inclusion criteria. The review synthesized a range of individual, PrEP-specific, psychosocial, and health system factors that may affect the acceptability of PrEP or nPEP. The conclusion from this scoping review is that more research is needed to enable a comprehensive understanding of the determinants of acceptability of PrEP and nPEP in the context of COVID-19, particularly among PWID and FSWs. © 2022 by the authors.	acceptability; HIV; nonoccupational post-exposure prophylaxis; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2022	Zhou L.; Assanangkornchai S.; Shi Z.; Jiang F.; Yang D.; Shi W.	Acceptability of Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis among Men Who Have Sex with Men in Guilin, China	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph19063579	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126551497&doi=10.3390%2fijerph19063579&partnerID=40&md5=fd08e7780a121252bb2a399edac843cd	Pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) are both effective strategies for preventing HIV. There is limited information about the acceptability of these prevention measures in undeveloped areas of China. We aimed to examine the acceptability of PrEP and nPEP and their determinants among men who have sex with men (MSM). 219 MSM were recruited in Guilin, China. In total, 28.6% (95% CI: 20.0–41.0) and 35.9% (95% CI: 27.3–49.5) of the participants had heard of PrEP and nPEP, respectively, while 57.0% (95% CI: 43.1–68.2) and 58.6 (95% CI:44.8–68.8) reported they would be willing to use PrEP and nPEP after the methods were explained. A higher acceptability of PrEP was seen among participants who were previously married (aOR = 3.30; 95% CI: 1.22–9.19), working as a laborer (aOR = 5.13; 95% CI: 1.64–17.59), migrant workers/farmers (aOR = 2.56; 95% CI: 1.15–5.79), government employees (aOR = 4.76; 95%CI: 1.80–13.02), had higher social support (aOR = 1.05; 95% CI: 1.03–1.08), and had been previously tested for HIV (aOR = 2.79; 95% CI: 1.36–5.94). A higher acceptability of nPEP was associated with those having higher social support (aOR = 1.06; 95% CI: 1.04–1.09), not knowing their sexual partner's HIV status (aOR = 2.72; 95% CI: 1.23–6.12), and having a prior HIV test (aOR = 5.53; 95% CI: 2.58–12.51). PrEP and nPEP are acceptable, especially among MSM with higher social support and had received a previous HIV test. Effective education and different dissemination strategies to promote the acceptance of PrEP and nPEP among MSM are needed. © 2022 by the authors. Licensee MDPI, Basel, Switzerland.	Acceptability; HIV prevention; Men who have sex with men; Non-occupational post-exposure prophylaxis; Pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Zhou L.; Shi W.; Assanangkornchai S.; Vichitkunakorn P.; Tang J.	Application of Bayesian networks to identify factors influencing acceptability of HIV pre-exposure prophylaxis in Guilin, China	Scientific Reports	-	-	-	20452322	10.1038/s41598-022-24965-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142920683&doi=10.1038%2fs41598-022-24965-1&partnerID=40&md5=26e886534808984c5127660cb10a46d5	Pre-exposure prophylaxis (PrEP) is an effective strategy to prevent uninfected individuals from contracting human immunodeficiency virus (HIV), however it must be acceptable to stakeholders in order to be effective. This study aimed to assess the acceptability of PrEP and related influencing factors. A cross-sectional survey was conducted among female sex workers (FSW), people who inject drugs (PWID), and men who have sex with men (MSM) using respondent driven sampling. Factors influencing PrEP acceptability were estimated using ordinal logistic regression and Bayesian networks. The survey included 765 eligible participants. The mean score of the perceived acceptability index was 3.9 (SD = 1.97). Multivariable logistic regression analysis revealed a higher acceptance of PrEP was associated with elder age, having other medical insurance, higher perceived utility of PrEP in facilitating prevention of HIV, higher perceived ease of use, higher perceived risk of increased risk behavior, higher perceived privacy problem in using PrEP, higher perceived comparative advantage over condom use, higher perceived comparative advantage of having sex when the urge arises, and higher perceived image of PrEP user as having sexual risky behavior, as public-minded and as health-conscious. The Bayesian network model showed perceived ease of use, perceived image of user as health-conscious, and perceived comparative advantage of having sex when the urge arises were directly associated with acceptability of PrEP. If these three factors were at a high level, 74.6% of the participants would have a high level of acceptability of PrEP. Effective education strategies to promote the acceptance of PrEP are needed. Implementation strategies should incorporate more inclusive messaging and build positive publicity for PrEP to reduce the stigma that PrEP use indicates risky behavior. © 2022, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2022	Zhou Q.; Liu J.; Li H.; Han Y.; Yin Y.	Increased Risk of Sexually Transmitted Infections in Men Who Have Sex with Men Taking Preexposure Prophylaxis: A Meta-analysis	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001698	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139739379&doi=10.1097%2fOLQ.0000000000001698&partnerID=40&md5=a40a1c76c2aa9650d2f4904b6399dff5	Background Men who have sex with men (MSM) are a priority population for preexposure prophylaxis (PrEP) for HIV prevention. We summarized the surveillance data from the studies of MSM taking PrEP versus before taking PrEP to investigate the possible increased risk of sexually transmitted infections (STIs). Methods Two researchers independently searched 5 databases from January 2012 to April 2022 to identify relevant studies reporting the incidence density of syphilis, gonorrhea, and chlamydia infection. Subgroup analyses based on the type and location of research were conducted. The publication bias was detected by Egger's publication bias plot. Results Twenty studies met the inclusion criteria for the meta-analysis. The pooled estimate of incidence density of syphilis was 9.53 per 100 person-years (PY), whereas 36.48 per 100 PY for chlamydial infection and 34.79 per 100 PY for gonorrhea, higher than the MSM before taking PrEP. The results of the subgroup analysis showed that the incidence density tended to be lower in prospective studies than in retrospective studies and lower in North American studies than in other regions' studies. Conclusions The high incidence of STIs in the MSM taking PrEP needs to be increasingly appreciated, and more effective prevention method for STIs is valuable among MSM alongside HIV prevention uptake. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2022	Zinsli, K; Dombrowski, JC; Ramchandani, MS; Lester, R; Golden, MR; Malinski, C; Khosropour, CM	Impact of Text-Based Monthly Check-ins on PrEP Retention in a Sexual Health Clinic	Sexually Transmitted Diseases	-	-	-	0148-5717	NA	https://pubmed.ncbi.nlm.nih.gov/38301640/	We conducted a retrospective cohort study of preexposure prophylaxis patients at the municipal Sexual Health Clinic in Seattle-King County, Washington from 2019 to 2021 to determine whether monthly check-in text messages impacted 4- and 6-month pre-exposure prophylaxis retention. Monthly check-ins did not appear to improve retention above and beyond open-ended texting and appointment reminders.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Clinical
Article	2022	Zondo N.M.; Sobia P.; Sivro A.; Ngcapu S.; Ramsuran V.; Archary D.	Pharmacogenomics of drug transporters for antiretroviral long-acting pre-exposure prophylaxis for HIV	Frontiers in Genetics	-	-	-	16648021	10.3389/fgene.2022.940661	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140021841&doi=10.3389%2ffgene.2022.940661&partnerID=40&md5=a4aa35cd69ea5618932111c64d453692	The use of antiretrovirals (ARVs) as oral, topical, or long-acting pre-exposure prophylaxis (PrEP) has emerged as a promising strategy for HIV prevention. Clinical trials testing Truvada® tenofovir disoproxil fumarate (TDF)/tenofovir (TFV) and emtricitabine (FTC) as oral or topical PrEP in African women showed mixed results in preventing HIV infections. Since oral and topical PrEP effectiveness is dependent on adequate drug delivery and availability to sites of HIV infection such as the blood and female genital tract (FGT); host biological factors such as drug transporters have been implicated as key regulators of PrEP. Drug transporter expression levels and function have been identified as critical determinants of PrEP efficacy by regulating PrEP pharmacokinetics across various cells and tissues of the blood, renal tissues, FGT mucosal tissues and other immune cells targeted by HIV. In addition, biological factors such as genetic polymorphisms and genital inflammation also influence drug transporter expression levels and functionality. In this review, drug transporters and biological factors modulating drug transporter disposition are used to explain discrepancies observed in PrEP clinical trials. This review also provides insight at a pharmacological level of how these factors further increase the susceptibility of the FGT to HIV infections, subsequently contributing to ineffective PrEP interventions in African women. Copyright © 2022 Zondo, Sobia, Sivro, Ngcapu, Ramsuran and Archary.	African women; drug transporters; female genital tract (FGT); inflammation; PrEP (pre-exposure prophylaxis); single nucleotide polymorphism (SNP)	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2022	Zucker J.; Carnevale C.; Gordon P.; Sobieszczyk M.E.; Rai A.J.	Am i Positive? Improving Human Immunodeficiency Virus Testing in the Era of Preexposure Prophylaxis and Immediate Antiretroviral Therapy Using Machine Learning	Open Forum Infectious Diseases	-	-	-	23288957	10.1093/ofid/ofac259	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136282703&doi=10.1093%2fofid%2fofac259&partnerID=40&md5=3d4e83be96c162959cc330b4a4a776ae	Background: Human immunodeficiency virus (HIV) testing is the first step in the HIV prevention cascade. The Centers for Disease Control and Prevention HIV laboratory diagnostic testing algorithm was developed before preexposure prophylaxis (PrEP) and immediate antiretroviral therapy (iART) became standards of care. PrEP and iART have been shown to delay antibody development and affect the performance of screening HIV assays. Quantitative results from fourth-generation HIV testing may be helpful to disambiguate HIV testing. Methods: We retrospectively reviewed 38 850 results obtained at an urban, academic medical center. We assessed signal-to-cutoff (s/co) distribution among positive and negative tests, in patients engaged and not engaged in an HIV prevention program, and evaluated changes in patients with multiple results. Classification and regression tree (CART) analysis was used to determine a threshold cutoff, and logistic regression was used to identify predictors of true positive tests. Results: Ninety-seven percent of patients with a negative HIV test had a result that was ≤0.2 s/co. For patients tested more than once, we found differences in s/co values did not exceed 0.2 s/co for 99.2% of results. CART identified an s/co value, 38.78, that in logistic regression on a unique validation cohort remained associated with the likelihood of a true-positive HIV result (odds ratio, 2.49). Conclusions: Machine-learning methods may be used to improve HIV screening by automating and improving interpretations, incorporating them into robust algorithms, and improving disease prediction. Further investigation is warranted to confirm if s/co values combined with a patient's risk profile will allow for better clinical decision making for individuals on PrEP or eligible for iART. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	HIV prevention; HIV testing; immediate ART; machine learning; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2022	Zucker, Roy; Gaisa, Michael; Sigel, Keith; Singer, Ilan; Adler, Amos; Turner, Dan; Ben Ami, Ronen; Nissan, Israel; Chan, Courtney; Halperin, Tamar	Triple site sexually transmitted infection testing as a crucial component of surveillance for men who have sex with men: A prospective cohort study.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/09564624211047477	https://dx.doi.org/10.1177/09564624211047477	Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) infections are common among men who have sex with men (MSM). Many oropharyngeal and anorectal infections remain asymptomatic. We aimed to evaluate triple-site screening following PrEP introduction. We enrolled a prospective cohort study including 210 asymptomatic MSM during 2019-2020, analyzed by groups: HIV positive (HIV+), HIV-uninfected using PrEP (HIV-/PrEP+), or HIV-uninfected not using PrEP (HIV-/PrEP-). A self-administered questionnaire captured demographic information and sexual risk-taking behaviors. CT/NG testing results were compared between study groups and predictors of infection were evaluated. We included 59 HIV+, 70 HIV-/PrEP+, and 81 HIV-/PrEP- subjects. 30% (n = 62) of participants tested positive for CT/NG. HIV-/PrEP+ group had highest proportion of infections (n = 33, 47%) followed by HIV-/PrEP- (n = 16, 22%) and HIV+ (n=13, 20%; p < .001). Importantly, 98% (80/82) of pharyngeal/anorectal CT/NG infections were missed in genitourinary testing alone. PrEP use and previous syphilis infection were the strongest risk factor for CT/NG. Extra-genital asymptomatic CT/NG infections were prevalent among MSM. These data highlight the importance of routine extra-genital CT/NG testing in asymptomatic sexually active MSM. The study describes the consequences for three-site testing lack of implementation in the PrEP era.	NA	English	United Kingdom	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Clinical
Article	2022	Zucker, Roy; Mor, Zohar; Abudin, Anuar; Davis, Glen; Arroyo, Hansel; Wagner Kolasko, Gal; Arad, Dan; Shilo, Guy	Party keepers: a significant community-based intervention for harm reduction.	Israel Journal of Health Policy Research	-	-	-	2045-4015	10.1186/s13584-022-00535-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9165538	BACKGROUND: Gay men use recreational drugs more often than heterosexuals-especially at social events. While partying at a venue, partygoers are at risk of drug overdosing, without access to an emergency help. This study evaluates a unique and novel intervention aimed at training men who have sex with men (MSM) and transgender individuals who frequent parties, to provide immediate assistance on-site to partygoers who have overdosed. METHODS: The Party Keepers (PK) course is a unique 4-h training course that provides the participants with tools to identify, prevent, and treat common medical syndromes that are associated with excessive substance use. Participants were asked to complete a questionnaire on their sociodemographic attributes; their sexual risk behaviour; pre-exposure prophylaxis (PrEP) use and drug-use behaviour before and after the course; and the emergency situations they encountered in party venues after the course. RESULTS: Of the 85 participants who completed the training and left valid contact information, 52 (62%) completed the questionnaires. Their average age was 37.0 years, most lived in Tel-Aviv, and were single. Participants reported that, after the course, they reduced their own use of recreational drugs (cocaine, amyl nitrates, alcohol), reduced their sexual risk behaviours, and significantly increased their use of PrEP. Of all the PKs, 63% (N = 32) indicated that they now provided first-aid and other assistance to partygoers at public venues, which enhanced their sense of community responsibility. In the multivariate analysis, a high level of confidence as a PK, and the knowledge gained in the course, predicted the incidence of subsequent assistance to partygoers in emergency situations. CONCLUSIONS: The PK initiative-a harm-reduction intervention led by peers, aimed at fighting drug overdosing at gay venues-was useful in reducing drug use and sexual risk behaviours among the course participants. Most course participants also responded to drug-related emergency situations at gay parties, as a result. This evaluation of community health intervention within a sexual minority community can help health policy makers design more community based interventions and allocate resources to include community participants in harm-reduction policies.	Drugs, Harm reduction, Men who have sex with men, Israel	English	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Quantitative
Article	2022	Zucman D.; Fourn E.; Touche P.; Majerholc C.; Vallée A.	Monkeypox Vaccine Hesitancy in French Men Having Sex with Men with PrEP or Living with HIV in France	Vaccines	-	-	-	2076393X	10.3390/vaccines10101629	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140760892&doi=10.3390%2fvaccines10101629&partnerID=40&md5=63a2467121e301e89ea5224aa9168bf8	People with pre-exposure prophylaxis (PrEP) or living with HIV are a high-risk population for monkeypox virus (MPXV) infection. It is important to achieve high MPXV vaccination coverage rates in this group. This project used self-reporting to assess vaccine hesitancy for the smallpox vaccine and acceptance among men having sex with men with PrEP or living with HIV. In total, 52 (33.6%) participants among the 155 declared their hesitancy to be vaccinated against MPXV. Moreover, 20.7% patients with PrEP declared a hesitant attitude towards the smallpox vaccine compared to 40.2% of the HIV patients, p = 0.013. This difference remained not significant after adjustment for age (p = 0.119) and after adjustment for both age and number of different sexual partners (p = 0.406). Among PrEP people, those who expressed concerns about people getting more vaccines than needed (p = 0.012) were less likely to accept vaccination, whereas an increased number of different sexual partners during the previous month was significantly associated with acceptance of vaccination (p = 0.034). Among HIV people, those who expressed concerns about being infected by MPXV (p < 0.001), those who expressed that the smallpox vaccine should be compulsory for people at risk (p < 0.001) and those with an increased the number of different sexual partners the previous month (p = 0.018) were significantly associated with higher acceptance of MPXV vaccination. Our results suggest that vaccine strategy would be efficient in France with a communication strategy emphasizing the benefits of vaccination and the potential MPXV risk infection for health in PrEP and HIV people. Other preventive actions should be implemented, including reduction in sexual partners. © 2022 by the authors.	epidemic; gay; HIV; men; monkeypox virus; PrEP; vaccine; vaccine hesitancy	English	Switzerland	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Abu-Ba'are, Gamji Rabiu; Shamrock, Osman Wumpini; Apreku, Amos; Agbemedu, George Rudolph Kofi; Zigah, Edem Yaw; Ezechi, Oliver C; Nelson, LaRon E; Torpey, Kwasi	Awareness and Willingness to use Condoms and Preexposure Prophylaxis among Gay, Bisexual, and Other Cisgendered Men who Have sex with men in Slum Communities in Ghana. BSGH-004.	Journal of the International Association of Providers of AIDS Care	-	-	-	2325-9582	10.1177/23259582231209649	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10631318	Introduction: Research has begun to examine human immunodeficiency virus (HIV) prevention strategies within the Ghanaian context. Still, little is known about specific populations such as gay, bisexual, and other cisgender men who have sex with men (GBMSM) living in slum communities. We studied HIV prevention strategies such as condoms and preexposure prophylaxis (PrEP) in slum communities and the awareness and willingness to use these choices among GBMSM. This qualitative study examines HIV prevention strategies, specifically examining PrEP and condom use behaviors among GBMSM in Ghana. Methods: We conducted in-depth face-to-face interviews among 12 GBMSM from slums in Accra and Kumasi cities in Ghana. Data were analyzed through a summative content analysis with multiple reviewers to develop codes. Data were collected from participants in January 2022. Results: We found the fear and perceived risk of infection were motivators for consistent condom use, especially during anal sex. GBMSM living with HIV receiving antiretroviral therapy were more inclined to use condoms. We found motivations for using PrEP were influenced by the type of sexual activity and a history of negative HIV status. Also, the barriers to PrEP for GBMSM included limited access to healthcare facilities and the distance to these facilities. Conclusions: To improve condom and PrEP access and uptake, we recommend addressing structural barriers by increasing the number of health facilities and implementing targeted interventions to address the lack of information on HIV awareness and prevention. Involving peer educators may also effectively promote HIV prevention strategies, especially in communities with limited access to healthcare such as slums. Overcoming these access constraints could significantly enhance awareness and prevention of HIV, leading to improved health outcomes for GBMSM living in slum communities.	bisexual, condom, HIV, PrEP, gay	English	United States	Western and Central Europe and North America	Ghana	Western and Central Africa	Ghana	Western and Central Africa	Qualitative
Article	2023	Adams, Alex J; Klepser, Michael E	Pharmacist Prescribing Models for HIV Pre-exposure and Post-exposure Prophylaxis.	Annals of Pharmacotherapy	-	-	-	1542-6270	10.1177/10600280231187171	https://dx.doi.org/10.1177/10600280231187171	State strategies for pharmacist prescribing exist on a continuum from most restrictive to least restrictive. Using human immunodeficiency virus (HIV) pre-exposure prophylaxis and post-exposure prophylaxis as a case study, there are 3 viable pharmacist prescribing models: (1) population-based collaborative practice agreements; (2) government protocols; and (3) standard of care prescribing. The advantages and disadvantages of these 3 models are reviewed.	(1) population-based collaborative practice agreements; (2) government protocols; and (3) standard of care prescribing.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Adeagbo, Oluwafemi Atanda; Badru, Oluwaseun Abdulganiyu; Nkfusai, Claude Ngwayu; Bain, Luchuo Engelbert	Effectiveness of Linkage to Care and Prevention Interventions Following HIV Self-Testing: A Global Systematic Review and Meta-analysis.	AIDS and Behavior	-	-	-	NA	10.1007/s10461-023-04162-5	https://dx.doi.org/10.1007/s10461-023-04162-5	Over 38.4 million people were living with HIV globally in 2021. The HIV continuum includes HIV testing, diagnosis, linkage to combined antiretroviral therapy (cART), and retention in care. An important innovation in the HIV care continuum is HIV self-testing. There is a paucity of evidence regarding the effectiveness of interventions aimed at linking self-testers to care and prevention, including pre-exposure prophylaxis (PrEP). To bridge this gap, we carried out a global systematic review and meta-analysis to ascertain the effectiveness of interventions post-HIV self-testing regarding: (1) linkage to care or ART, (2) linkage to PrEP, and (3) the impact of HIV self-test (HIVST) interventions on sexual behaviors. We searched PubMed, Web of Science, SCOPUS, Cochrane Library, CINAHL Plus (EBSCO), MEDLINE (Ovid), Google Scholar, and ResearchGate. We included only published randomized controlled trials (RCTs) and quasi-experiment that compared HIVST to the standard of care (SoC). Studies with sufficient data were aggregated using meta-analysis on RevMan 5.4 at a 95% confidence interval. Cochrane's Q test was used to assess heterogeneity between the studies, while Higgins and Thompson's I2 was used to quantify heterogeneity. Subgroup analyses were conducted to identify the source of heterogeneity. Of the 2669 articles obtained from the databases, only 15 studies were eligible for this review, and eight were included in the final meta-analysis. Overall, linkage to care was similar between the HIVST arm and SoC (effect size: 0.92 0.45-1.86; I2: 51%; p: 0.04). In the population subgroup analysis, female sex workers (FSWs) in the HIVST arm were significantly linked to care compared to the SoC arm (effect size: 0.53 0.30-0.94; I2: 0%; p: 0.41). HIVST interventions did not significantly improve ART initiation in the HIVST arm compared to the SoC arm (effect size: 0.90 0.45-1.79; I2: 74%; p: < 0.001). We found that more male partners of women living with HIV in the SoC arm initiated PrEP compared to partners in the HIVST arm. The meta-analysis showed no difference between the HIVST and SoC arm regarding the number of clients (effect size: - 0.66 1.35-0.02; I2: 64%; p: 0.09) and non-clients FSWs see per night (effect size: - 1.45 - 1.45 to 1.38; I2: 93%; p: < 0.001). HIVST did not reduce the use of condoms during insertive or receptive condomless anal intercourse among MSM. HIVST does not improve linkage to care in the general population but does among FSWs. HIVST intervention does not improve linkage to ART nor significantly stimulate healthy sexual behaviors among priority groups. The only RCT that linked HIVST to PrEP found that PrEP uptake was higher among partners of women living with HIV in the SoC arm than in the HIVST arm. More RCTs among priority groups are needed, and the influence of HIVST on PrEP uptake should be further investigated.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Ademe, Bezza; Bogale, Eyob Ketema; Anagaw, Tadele Fentabil	Utilization of HIV Pre-exposure Prophylaxis and Associated Factors Among Female Sex Workers in Bahir Dar City, North-West Ethiopia, Cross-sectional Study, 2022.	International Journal of General Medicine	-	-	-	1178-7074	10.2147/IJGM.S443477	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10749782	Objective: This study aimed to assess the utilization of HIV pre-exposure prophylaxis and associated factors among commercial female sex workers in Bahir Dar City, Northwest Ethiopia, in 2022. Methods: An institution-based cross-sectional study was conducted in Bahir Dar City from November 1 to 30, 2022. The random sampling technique was used to select 396 commercial female sex workers. Kobo Collector was used to gather the data, which was then exported to STATA 14 for analysis. In bivariate regression analysis, all variables with a P-value of <0.2 were entered into multivariable logistic regression. Multivariable logistic regression variables with P-values ≤0.05 at a 95% confidence interval were declared to be significantly linked with the utilization of HIV pre-exposure prophylaxis. Results: In this study, 183 (46.2%) (95%CI: 41.33-51.16) of respondents utilized HIV pre-exposure prophylaxis. Educational status: secondary and above (AOR: 2.18, 95%CI: 1.05-4.53). Age of sex workers 26-36 (AOR: 0.20, 95%CI: 0.17-0.84); experience of sex work 3-5 years (AOR: 0.25, 95%CI: 0.24-0.83); and having good knowledge (AOR: 4.98, 95%CI: 3.90-10.65) were significantly associated with the utilization of HIV pre-exposure prophylaxis. Conclusion: In this study, HIV pre-exposure prophylaxis was not widely used by commercial female sex workers. Therefore, social and behavioral change communication strategies focus on creating awareness and building knowledge on HIV pre-exposure prophylaxis utilization.	pre-exposure prophylaxis, HIV pre-exposure prophylaxis, female sex workers, Ethiopia	English	New Zealand	Asia and the Pacific	Ethiopia	Eastern and Southern Africa	Ethiopia	Eastern and Southern Africa	Quantitative
Article	2023	Adeyemi O.A.; Nowak R.G.; Marzinke M.; Morgan D.; Sam-Agudu N.; Craddock J.; Zhan M.; Trevor A. Crowell; Baral S.; Ndembi N.; Adebajo S.; Charurat M.E.	Correlates of self-reported and biomarker based adherence to daily oral HIV preexposure prophylaxis among a cohort of predominantly men who have sex with men in Nigeria	PLOS One	-	-	-	19326203	10.1371/journal.pone.0282999	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150466231&doi=10.1371%2fjournal.pone.0282999&partnerID=40&md5=a66c750f7062a0957551c310cccf5452	Introduction HIV pre-exposure prophylaxis (PrEP) significantly reduces the risk of HIV acquisition. However, studies have demonstrated discordance between self-reported measures and biomedical benchmarks of PrEP adherence. We estimated the correlation between selfreported PrEP adherence and PrEP biomarkers and explored factors associated with adherence among men who have sex with men (MSM) in Nigeria. Methods TRUST-PrEP, an open-label, prospective study; conducted in Abuja between April 2018 and May 2019. MSM 18 years with substantial HIV risk were enrolled. Participants reported PrEP adherence in the last month using a 4-point scale from "poor" to "perfect" and serum samples for PrEP biomarkers were collected at months 3 and 9. Serum tenofovir concentration was measured by liquid chromatography-Tandem mass spectrometry and considered protective for adherence if 4.2 ng/ml. Spearman s rank correlation was used to estimate correlation between self-reported adherence and measured tenofovir levels. Generalized estimating equations with a logit link was used to estimate adjusted odds ratios (aORs) and 95% confidence intervals (CIs) for associations between self-reported adherence and laboratory-measured adherence. Results A total of 219 MSM with median age 23 (interquartile range 20 27) years had at least one PrEP biomarker assay. Only 66/219 (30%) had at least one record of protective tenofovir concentration. Correlation between tenofovir and self-reported adherence at 3 and 9 months were 0.1 and 0.02 respectively. Furthermore, 17/219 (8%,) and 49/219 (22%) had serum tenofovir of 4.2 35.4 ng/mL and 35.5 ng/mL, corresponding to at least 4 and 7 days PrEP use in a week, respectively. PrEP adherence was higher among participants introduced to PrEP in the clinics compared with communities (aOR: 8.35, 95%CI: 3.24, 21.5) and those with same-sex practices family disclosure (aOR: 3.60 95% CI: 1.73, 7.51). Conclusion Self-reported PrEP adherence poorly correlated with biomarkers. Facilitating clinic-based PrEP introduction and disclosure of same-sex practices to family among MSM may improve PrEP adherence. © 2023 Public Library of Science. All rights reserved.	emtricitabinetenofoviranti human immunodeficiency virus agentbiological markertenofovir	English	United States	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Clinical
Article	2023	Agada S.J.; Ezekiel P.; Kachiside D.; Mbanefo C.; Leeleebari S.; Ikaraoha G.; Menyaga U.O.	Barriers to Uptake of Oral Pre-exposure Prophylaxis for HIV among Adolescents' Young boys and Girls an Assessment of Cross River North Nigeria	Texila International Journal of Public Health	-	-	-	25203134	10.21522/TIJPH.2013.11.02.Art026	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175659857&doi=10.21522%2fTIJPH.2013.11.02.Art026&partnerID=40&md5=72d8bce5a0e81418ff18d1640334cf4a	Antiretroviral pre-exposure prevention (PrEP) to stop HIV transmission was 1st approved by the USA Food and Drug Administration in 2012. Despite correlations of decreases in new HIV infections being greatest wherever PrE-exposure prophylaxis has been deployed, the uptake of PrE-exposure prophylaxis is insulant, significantly among populations with disproportionate HIV burden. This narrative review seeks to spot individual and general barriers to PrE-exposure prophylaxis usage in African country. A comprehensive search of recent literature uncovered a fancy array of structural, social, clinical, and behavioral barriers, as well as knowledge/awareness of PrE exposure prophylaxis, perception of HIV risk, stigma from care suppliers or family/partners/friends, distrust of care providers/systems, access to school assignment, prices of PrE exposure prophylaxis, and issues around school assignment facet effects/medication interactions. significantly, these barriers might have totally different effects on specific populations in danger. The complete potential of PrE-exposure prophylaxis for HIV interference won't be realized till these problems area unit self-addressed. Ways to realize this goal ought to embody academic interventions, innovative approaches to delivery of HIV care, resource, and DE stigmatization of PrE-exposure prophylaxis and PrE-exposure prophylaxis users. Until then, PrE-exposure prophylaxis `uptake can still be suboptimal, significantly among people who would like it most. Results: Stigma influences uptake of pre-exposure prophylaxis; HIV risk perception does not affect uptake of pre-exposure prophylaxis; and a significant negative relationship between stigma and pre-exposure prophylaxis uptake. Conclusion: This study was conducted to investigate barriers to oral pre-exposure prophylaxis. Significant findings of the study conclude: stigma influences uptake of oral pre-exposure prophylaxis for HIV. © 2023, Texila International Journal (TIJ). All rights reserved.	Acquired immunodeficiency syndromes; Adolescents; Barriers; Human immunodeficiency virus; Human immunodeficiency virus testing; Pre-exposure Prophylaxis; Young Boys; Young Girls	English	Guyana	Latin America and the Caribbean	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Review
Article	2023	Aggarwal, Abhishek; Zhang, Ran; Qiao, Shan; Wang, Bo; Lwatula, Clementina; Menon, Anitha; Ostermann, Jan; Li, Xiaoming; Harper, Gary	Physician-Patient Interaction Quality Mediates the Association Between HIV-Related Stigma and HIV-Prevention Behaviors Among Sexual Minority Men in Zambia.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04171-4	https://link.springer.com/article/10.1007/s10461-023-04171-4	HIV-related stigma is a major challenge to HIV prevention for sexual minority men (SMM) in Zambia, but little is known about the underlying mechanisms. This study aimed to investigate whether physician-patient interaction quality mediates the relationship between HIV-related stigma and HIV-prevention behaviors among SMM. Data were collected using a cross-sectional survey from 194 SMM (aged: mean = 24.08, SD = 4.27) across four districts in Zambia between February and November 2021. Participants were asked about their demographic characteristics, HIV-related stigma, SMM-related stigma, physician-patient interaction quality, HIV-testing intention, and use of pre-exposure prophylaxis (PrEP). Path analysis was used to test the mediation effect of physician-patient interaction quality in the associations of HIV-related stigma/SMM-related stigma with HIV-testing intention and current PrEP use. Higher self-reported physician-patient interaction quality was negatively associated with HIV-related stigma (β = - 0.444, z = - 2.223, p < 0.05), and positively associated with HIV-testing intention (β = 0.039, z = 5.121, p < 0.001) and current PrEP use (β = 0.008, z = 2.723, p < 0.01). HIV-related stigma among SMM had a significant and negative indirect effect on HIV-testing intention (β = - 0.017, z = - 2.006, p < 0.05), and current PrEP use (β = - 0.004, z = - 2.009, p < 0.05) through physician-patient interaction quality. Contrary to our expectations, SMM-related stigma did not have a significant and negative indirect effect on HIV prevention behaviors through physician-patient interaction quality. Health interventions need to improve physician-patient interaction quality by offering healthcare provider training, targeting HIV-related stigma in healthcare settings, and devising inclusive healthcare policies to promote HIV prevention efforts.	Zambia; PrEP; Sexual minority men; HIV-related stigma; HIV-testing; Physician–patient interaction quality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Aguilera-Mijares, Santiago; Martínez-Davalos, Araczy; Bautista-Arredondo, Sergio; Vermandere, Heleen	The Preexposure Prophylaxis Care Continuum Among Mexican Men Who Have Sex With Men and Transwomen: A Qualitative Study.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001759	https://dx.doi.org/10.1097/OLQ.0000000000001759	BACKGROUND: This article describes perceptions and experiences related to the preexposure prophylaxis (PrEP) care continuum of Mexican men who have sex with men (MSM) and transwomen (TW). METHODS: Between June and July 2020, we applied 24 online semistructured interviews regarding PrEP use with 10 PrEP users, 6 ex-users, and 8 potential users (at risk, not enrolled). RESULTS: Awareness: TW did not always receive the information they needed from trusted people. Acceptability: Potential users were reluctant to use PrEP because of fear of adverse effects, and only a few participants worried about stigma. Uptake: Potential users missed their enrollment visit and did not know how to reschedule. Adherence: Barriers included routine changes interfering with PrEP-taking habits (arriving home later, traveling, etc.), whereas feeling protected was reported as a facilitator. Retention: Ex-users quit PrEP services, mostly without reducing their HIV risk, because of difficulties keeping appointments and fearing long-term effects. CONCLUSION: Inclusive awareness activities, tackling misbeliefs regarding adverse effects, and more flexible services may improve PrEP usage and enhance its impact.	NA	English	United States	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Qualitative
Article	2023	Agustí, Cristina; Martínez Riveros, Héctor; García-Pérez, Jorge; Descalzo, Vicente; Fernandez, Gema; Ramírez-Marinero, Aida; Gonzalez, Maria Victoria; Díaz, Yesika; Montoro-Fernandez, Marcos; Romano-deGea, Pol; Araujo, Silvia G; Muntada, Esteve; Casabona, Jordi	Feasibility and impact of online HIV/STI screening addressed to men who have sex with men and transgender women users of pre-exposure prophylaxis (PrEP) in Spain (TESTATE PrEP): a study protocol for a non-blinded randomised controlled trial.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2023-073459	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10582878	INTRODUCTION: The objectives of the study are: to design and implement a pilot intervention to offer self-sampling kits to detect HIV, Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG) and Treponema pallidum (TP) among gay, bisexual and other men who have sex with men and transgender women users of pre-exposure prophylaxis (PrEP) as part of PrEP follow-up. To evaluate if the pilot intervention causes a reduction of the retention to PrEP follow-up among the target population. To analyse the capacity of the intervention to reduce the healthcare burden on the PrEP service. To evaluate the acceptability of the intervention among PrEP users and PrEP service healthcare workers and; to validate dried blood samples for treponemal and non-treponemal antibody detection using the Dual Path Platform syphilis screening and confirmatory assay compared with blood drawn by venous puncture. METHODS AND ANALYSIS: We will perform a non-blinded randomised controlled non-inferiority trial among PrEP users on follow-up. Participants on the control arm will follow the usual follow-up protocol with quarterly face-to-face visits where they will be tested for HIV and sexually transmitted infections (STIs). Participants in the experimental arm will alternate face-to-face meetings with online screening of HIV and STIs. The website https://testate.org/ will include a module for online follow-up visits of participants. Participants of the experimental arm will order self-sampling kits for HIV, CT, NG and TP through the website, will send the samples to the laboratory and check their results online. We will compare the retention to follow up and the healthcare burden in both arms. The acceptability of the intervention among participants and healthcare workers will be assessed. ETHICS AND DISSEMINATION: The project has been approved by the CEIC-HUGTIP (Reference: PI-22-051). Subjects will be included after giving their informed consent. Final conclusions and recommendations will be shared with stakeholders. Two publications in peer-reviewed journals are expected. TRIAL REGISTRATION NUMBER: NCT05752643.	HIV & AIDS, sexually transmitted disease, clinical trial	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2023	Agwang, Winnie; Nangendo, Joanita; Nabikande, Sherifah; Okello, Tom; Tusabe, Joan; Semitala, Fred C; Kasasa, Simon; Matovu, Joseph K B	Factors associated with willingness to take Pre-Exposure Prophylaxis (PrEP) among high-risk adolescent boys and young men in Masese fishing community, Uganda	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0001191	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10249897	Pre-Exposure Prophylaxis (PrEP) is a known HIV prevention strategy for high-risk populations however, some high-risk communities have not yet fully embraced it. We sought to determine willingness to take PrEP and the associated factors among high-risk adolescent boys and young men (ABYM) in Masese fishing community, Jinja district, Eastern Uganda. We conducted a cross-sectional study, between October and November 2020, using a semi-structured questionnaire among ABYM aged 10-24 years in Masese fishing community, Eastern Uganda. We surveyed 479 participants, who had two or more sexual partners with inconsistent or no condom use. We carried out modified Poisson regression analysis to determine factors associated with willingness to take PrEP.Of 479 high-risk ABYM, 86.4% (n = 414) were willing to take PrEP. Confidence in PrEP safety (adj.PR = 1.56; 95%CI: 1.55, 2.24), availability of PrEP in areas easily accessible by ABYM (adj.PR = 1.40; 95%CI: 1.25, 1.57), and perceiving oneself as being at a very high risk of HIV infection (adj.PR = 1.11; 95%CI: 1.03, 1.20) were positively associated with willingness to take PrEP. On the other hand, being unmarried (adj.PR = 0.92; 95%CI: 0.87, 0.98) and earning more than USD 27 a month (adj.PR = 0.92; 95%CI: 0.87, 0.97) were negatively associated with willingness to take PrEP. There was high willingness to take PrEP among adolescent boys and young men in Masese fishing community. Confidence in PrEP safety, access to PrEP in their community and self-perception to be at high risk for HIV acquisition had a positive bearing on willingness to take PrEP while being unmarried and earning more than USD27 had a negative bearing on willingness to take PrEP. These findings suggest a need for target-specific interventions for unmarried men and those earning >USD27.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2023	Aidoo-Frimpong, Gloria; Agbemenu, Kafuli; Adzrago, David; Akyirem, Samuel; Boateng, Sarpong; Nelson, LaRon E	The Promise of Pre-Exposure Prophylaxis - Examining Awareness, Knowledge, and Willingness to use Different Modalities Among US-Based African Immigrants.	Journal of Immigrant and Minority Health	-	-	-	1557-1920	10.1007/s10903-023-01515-z	https://dx.doi.org/10.1007/s10903-023-01515-z	This study aims to describe and understand the relationship between sociodemographic factors and PrEP awareness, and willingness to use a PrEP modality (oral or injectable).Despite the availability of effective prevention tools such as HIV preexposure prophylaxis (PrEP), African immigrants in the United States are disproportionately affected by HIV. Although PrEP can significantly reduce HIV infection in this population, research evidence on PrEP outcomes, such as awareness, knowledge, and willingness to use, is extremely limited. Between April and May 2022, 92 participants completed an online survey assessing their awareness, knowledge, and willingness to use oral or injectable PrEP. The association between sociodemographic characteristics and PrEP-related measures was examined using descriptive and Pearson's chi-squared or Fisher's exact tests. Participants (N = 92) were born between 1990 and 1999 (46.7%), female (70.76%) and highly educated (59.6%). About 52.2% were unaware of PrEP, and 65.6% were willing to use a PrEP modality. Findings indicate that individuals who reported being aware of PrEP demonstrated a high level of knowledge regarding the medication. Having a healthcare provider was associated with PrEP awareness and willingness to use, while educational status was associated with PrEP awareness. 51.1% of participants were willing to use an oral pill for prevention and 47.8% were willing to use injectable PrEP. Our findings highlight the need for PrEP-related research and interventions for African immigrants to increase awareness and provide options for HIV prevention, as African immigrants are currently not well-represented in PrEP delivery systems in the US.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ali U.; Pasha S.K.; Patel R.; Schmidt H.-M.; Altaf A.	Assessment of Acceptability of Pre-exposure Prophylaxis for HIV Prevention Among Men Who Sex with Men and Transgender Community in Pakistan	Journal of the College of Physicians and Surgeons Pakistan	-	-	-	1022386X	10.29271/jcpsp.2023.09.983	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170408859&doi=10.29271%2fjcpsp.2023.09.983&partnerID=40&md5=6cbbd57c108d5e97953c08882be14015	Objective: To assess the level of acceptability of oral pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and transwomen (TW) in Pakistan. Study Design: Cross-sectional study. Place and Duration of the Study: Online study portal from September to November 2021. Methodology: The study participants were recruited through snowball sampling. Consenting individuals who were >13 years and were identified as MSM or TW were included in the study. Data were analysed using SPSS version 25. Frequencies, percentages and correlation coefficients were computed. Results: A total of 347 participants were recruited. The mean age of all participants was 29.8 ± 6.7 years. Fifty-eight (19.7%) of the participants had chemsex with amphetamine-type stimulants (ATS) at least once in preceding six months of the study, and 58 (19.7%) had a sexually transmitted infection (STI) in preceding six months whereas 10 (3.4%) participants had used drugs via injection. Two hundred and thirty-eight (72%) of the participants were aware of PrEP, 30 (11.7%) had used PrEP in the past, and 3.88% were currently using PrEP. The willingness to use PrEP, free of cost, was shown by 300 participants (86.45%) and by 180 (54.5%), if available at a low cost. Conclusion: There was a high prevalence of risk factors posing them at considerable risk of human immunodeficiency virus (HIV). The majority was aware of PrEP for HIV prevention. The willingness to use PrEP was high when PrEP was offered free of cost but dropped down when participants were asked to pay for PrEP. Based on this finding, PrEP should be available free of cost at the community preferred outlets. © 2023 College of Physicians and Surgeons Pakistan. All rights reserved.	Chemsex; Gay; HIV; Men who have sex with men; People living with HIV; Pre-exposure prophylaxis Pakistan; Transwomen	English	Pakistan	Asia and the Pacific	Pakistan	Asia and the Pacific	Pakistan	Asia and the Pacific	Quantitative
Article	2023	Almahfoud, M; Matthews, H; Weimann, L; Scheiter, RL; Hüfner, AD; Weichel, HM; Koch, T; Grenz, M; Eckstein, K; Schäfer, G; Pestel, J; zur Wiesch, JS; Schmiedel, S; Degen, O	Sexualised drug use among PrEP-users at University Medical Center Hamburg-Eppendorf	HIV Medicine	-	-	-	1464-2662	10.1186/s12889-022-14279-2	https://link.springer.com/article/10.1186/s12889-022-14279-2	Background Gay, bisexual, and other men-who-have-sex-with-men (GBMSM) continue to be disproportionately affected by Human Immunodeficiency Virus (HIV). Although HIV pre-exposure prophylaxis (PrEP) offers an effective means of reducing incident HIV among this population, the HIV-preventive success of oral-based PrEP is contingent upon regimen adherence. Elevated rates of alcohol-, substance use-, and mental health-related issues among GBMSM potentially hinder PrEP-taking efforts, however the evidence for this remains mixed. Accordingly, the present study entailed a comprehensive qualitative investigation to explore PrEP-prescribed GBMSM's perceptions surrounding the influence of alcohol, substance use, and mental health on PrEP adherence. Method PrEP-prescribed GBMSM (age ≥ 18 years; prescribed PrEP for ≥ 3 months) were recruited from two PrEP-delivery clinics in Toronto, Canada for focus groups as part of the formative phase of an alcohol-, substance use-, and mental health-focused randomized controlled intervention trial. Focus group discussions qualitatively explored perceived strengths and barriers associated with adherence to PrEP treatment; with an emphasis on alcohol, substance use, and mental health concerns. Condom use among PrEP-prescribed GBMSM within the context of these concerns was also discussed. Results A total of five focus groups involving 35 GBMSM were conducted (4–10/group; mean age = 42.4; white = 71.4%). Although participants themselves generally reported successfully adhering to their PrEP regimens—resulting from a strong, underlying motivation for self-care—they recognized the detrimental impact that alcohol, substance use, and mental health had on adherence among their peers. In this regard, alcohol and substances were perceived as detracting from adherence only when consumption was excessive or temporally linked to PrEP dosing. Pronounced mental health issues (e.g., severe depression) were also seen as hindering adherence, although these effects were nuanced and perceived as person-dependent. Alcohol and substances were linked to condomless sex, regardless of PrEP use, and PrEP was therefore viewed as an HIV-protective 'safety net.' Conclusions Overall, findings suggest that PrEP adherence can often be successfully achieved in the presence of alcohol-, substance use-, and mental health-related issues. Augmenting self-care, and addressing pronounced addictions- and mental health-related concerns, may enhance PrEP treatment among GBMSM.	NA	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative

Theses and Dissertations	2023	ALMEIDA, MAYARA CRISTINA MARQUES DE	A PROFILAXIA PRÉ EXPOSIÇÃO(PrEP) À INFECÇÃO PELO HIV NO ESTADO DE MINAS GERAIS: AVALIAÇÃO DE SUA IMPLANTAÇÃO,ACOMPANHAMENTO ANTES E DURANTE A PANDEMIA DE COVID-19 (de janeiro de 2018 a dezembro de2021)	-	-	Universidade Federal de Minas Gerais	-	-	NA	http://hdl.handle.net/1843/60153	A Profilaxia Pré Exposição ao HIV (PrEP) foi incorporada no Sistema Único de Saúde (SUS) em 2017, sendo efetivamente incorporada em Minas Gerais no ano de 2018. A PrEP é um método de prevenção ao HIV que consiste na tomada diária ou sob demanda de um comprimido de Tenofovir+ Entricitabina para reduzir o risco de adquirir a infecção pelo HIV. O presente estudo tem como objetivo principal analisar a implantação da Profilaxia Pré Exposição (PrEP) ao HIV no Sistema Único de Saúde (SUS) antes e durante a pandemia de Covid-19, através do monitoramento do Sistema de Controle Logístico de Medicamentos (SICLOM), entre janeiro de 2018 e dezembro de 2021. Trata-se de estudo de coorte retrospectiva, realizado através de dados de usuários cadastrados no SICLOM, para a análise de dados utilizou-se o software Stata e os resultados foram apresentados de forma descritiva. Dentre os 2.353 usuários cadastrados para o início da PrEP somente 1.025 permaneceram até o final da realização do estudo. A idade média foi de 33 anos; 53,97% se classificaram como brancos; 68,08% relataram que possuíam 12 anos ou mais de escolaridade; 75,22% se identificaram como homossexuais/gays/lésbicas e 86,23% se definiram como homens. Quanto aos fatores de vulnerabilidade para a infecção do HIV 48,90% relataram o uso de álcool e 28,45% o uso de drogas ilícitas e 9,57% relataram sexo transacional. No primeiro atendimento 10,62% dos usuários relataram que não utilizavam o preservativo em todas as relações sexuais no último atendimento esse percentual foi 23,22%. Não houve aumento significativo no número de parcerias sexuais, mas observou-se uma incidência de Sífilis de 6,91%. Os dados do estudo mostram que o cenário de pandemia do Covid-19 pode ter interferido no número de pessoas em utilização da PrEP, visto a diminuição de cadastros no ano de 2020. Apesar de um número considerável de pessoas que utilizaram álcool e drogas, não houve interferência na adesão ao tratamento e observa-se a eficácia da PrEP para evitar novas infecções de HIV, considerando que houve somente um usuário diagnosticado com HIV. A análise dos dados do presente estudo poderá ser útil para o aperfeiçoamento e expansão das políticas do SUS para a prevenção do HIV e de outras ISTs.	HIV;Profilaxia Pré Exposição (PrEP), Prevenção Combinada;Covid-19	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2023	Alohan, Daniel I; Evans, Gabrielle; Sanchez, Travis; Harrington, Kristin R V; Quamina, Alvan; Young, Henry N; Crawford, Natalie D	Examining pharmacies' ability to increase pre-exposure prophylaxis access for black men who have sex with men in the United States.	Journal of the American Pharmacists Association	-	-	-	1544-3450	10.1016/j.japh.2022.11.004	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10065894	BACKGROUND: Pre-exposure prophylaxis (PrEP) has not effectively reached black men who have sex with men (BMSM). Using innovative, nontraditional health care settings-such as community pharmacies-may improve PrEP uptake among BMSM. OBJECTIVE: To examine correlates of patient willingness to be screened for PrEP (via human immunodeficiency virus HIV testing and risk assessment) in pharmacies among BMSM in the United States. METHODS: Data from the 2020 American Men's Internet Survey were analyzed. Using a modified Poisson regression method with robust variance estimates, we examined differences in willingness to screen for PrEP in pharmacies among BMSM. A 95% confidence interval (95% CI) was calculated for each estimated prevalence ratio (PR). RESULTS: Of 826 respondents, 637 (77%) were willing to be screened for PrEP in pharmacies. Having a high school degree (PR 0.76 95% CI 0.62-0.95), willingness to use PrEP (1.70 1.41-2.05), and comfort speaking with pharmacy staff about PrEP (2.5 1.86-3.51) were significantly associated with willingness to screen for PrEP in a pharmacy setting. Importantly, there were no observed differences in willingness by age, employment status, annual household income, or insurance status. CONCLUSION: Pharmacy-based PrEP access may be an effective strategy to end inequities in HIV, given that our results indicate that most BMSM are willing to be screened for PrEP in pharmacies. Future studies should examine whether willingness to use pharmacy-based HIV prevention services is associated with subsequent uptake of these services among BMSM.	Black men who have sex with men, Pre-exposure prophylaxis, Pharmacy-based HIV prevention services, structural HIV intervention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Alpire, Maria Esther Suarez; Souza, Daniel Vitor de; Masutti, Carolina Marquez da Costa Brites; Caseiro, Marcos Montani; Ribeiro, Daniel Araki	Cytogenetic changes in oral mucosa cells from individuals submitted to oral human immunodeficiency virus pre-exposure prophylaxis use.	Revista da Associação Médica Brasileira (1992)	-	-	-	1806-9282	10.1590/1806-9282.20230961	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10645041	OBJECTIVE: The objective of this study was to evaluate cytogenetic changes in individuals submitted to oral human immunodeficiency virus pre-exposure prophylaxis use through the micronucleus test in oral mucosa. METHODS: This study consisted of 37 individuals, of whom 17 comprised the pre-exposure prophylaxis group and 20 comprised the control group. A total of 2,000 cells per slide were analyzed for the determination of micronuclei, binucleation, nuclear buds, and cytotoxicity parameters: pyknosis, karyolysis, and karyorrhexis (KR), in a double-blind manner. The repair index was also evaluated in this setting. RESULTS: In the mutagenicity parameters, the pre-exposure prophylaxis group showed increased frequencies of micronuclei (p=0.0001), binucleation (p=0.0001), and nuclear buds (p=0.07). Regarding the cytotoxicity parameters, there was an increase with a statistical difference (p≤0.05) in the karyorrhexis frequency (p=0.001). Additionally, the repair system efficiency decreased in the pre-exposure prophylaxis group. CONCLUSION: These results indicate that individuals undergoing pre-exposure prophylaxis use have geno- and cytotoxicity in oral mucosal cells.	Anti-retroviral agents, DNA damage, Micronucleus tests, Mouth mucosa	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Amaral, Gabriela Morais Celestino; Silva, Lucas Emanuel de Oliveira; Lessa, Simone Schwartz	Analysis of combined prevention measures on HIV/AIDS incidence in Brazil (1980-2020)	DST Journal of Brazilian Sexually Transmitted Diseases	-	-	-	0103-4065	10.5327/DST-2177-8264-2023351389	https://bjstd.org/revista/article/view/1389/1450	Introduction: The Human Immunodeficiency Virus (HIV) attacks the immune system, with acquired immunodeficiency syndrome (AIDS) being the most advanced clinical manifestation. Prevention strategies have evolved over time in response to scientific advancements. From an institutional perspective, the Unified Health System (SUS) provides tools for Combined Prevention to the entire Brazilian population, universally and free of charge. However, despite therapeutic advances, HIV/AIDS remains a significant public health problem. Objective: To analyze the impact of Combined Prevention measures on the incidence of HIV/AIDS in Brazil from 1980 to 2020. Methods: Quantitative, observational, longitudinal, and retrospective study. Descriptive and multivariate analyses were conducted, specifically employing linear regression techniques. The variables of interest included case incidence and the distribution of: tests for sexually transmitted infections (STIs), condoms, post-exposure prophylaxis for HIV (PEP), and pre-exposure prophylaxis for HIV (PrEP). Publicly available data were sourced from governmental repositories. Results: The country has accumulated 1,037,878 infection cases, with an average of 25,947 new cases per year. Regarding prophylaxis inputs, five out of six variables demonstrated a negative correlation with the incidence rate, with only the distribution of male condoms showing a positive correlation. The analysis of the effect of PrEP was not statistically significant. Conclusion:Brazil has reduced the incidence of the disease as Combined Prevention measures have advanced. More time is needed to assess the impact of PrEP on the incidence of new cases.	HIV; Condoms; Pre-exposure prophylaxis; HIV testing; Preservativos; Profilaxia pré-exposição; risk assessment; Síndrome de imunodeficiência adquirida; Teste de HIV	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Amick, Alyssa K; Eskibozkurt, G Ege; Hosek, Sybil G; Flanagan, Clare F; Landovitz, Raphael J; Jin, Elena Y; Wilson, Craig M; Freedberg, Kenneth A; Weinstein, Milton C; Kazemian, Pooyan; Paltiel, A David; Ciaranello, Andrea L; Neilan, Anne M	Daily Oral Human Immunodeficiency Virus (HIV) Pre-exposure Prophylaxis Among Young Men Who Have Sex With Men in the United States: Cost-saving at Generic Drug Price.	Clinical Infectious Diseases	-	-	-	1537-6591	10.1093/cid/ciad566	https://dx.doi.org/10.1093/cid/ciad566	BACKGROUND: Adherence and retention concerns raise questions about the effectiveness and cost-effectiveness of oral HIV pre-exposure prophylaxis (PrEP) in young men who have sex with men (YMSM). METHODS: Using an adolescent-focused simulation model, we compared annual HIV screening alone with tenofovir disoproxil fumarate/emtricitabine-based oral PrEP with every 3-month HIV screening in YMSM (aged 15-24) at increased risk of HIV. Data derived from published sources included: age-stratified HIV incidence/100 person-years (PY) on- or off-PrEP (0.6-10.1 or 0.4-6.4), PrEP retention at 6 years (28%), transmissions by HIV RNA level (0.0-78.4/100PY) and annual costs of antiretroviral therapy ($32 000-69 000), HIV care ($3100-34 600), and PrEP program/generic drug ($900/360). Outcomes included transmissions (percent of cohort infected), quality-adjusted life-years (QALYs), costs ($), and incremental cost-effectiveness ratios ($/QALY). We explored the sensitivity of findings to variation in HIV incidence and drug prices. RESULTS: Compared with annual screening alone, PrEP would increase QALYs (9.58 to 9.67), reduce new infections (37% to 30%), and decrease costs (by $5000) over 10 years. PrEP would remain cost-saving for HIV incidence off-PrEP ≥5.1/100PY or annual PrEP price ≤$1200. Over a lifetime horizon, PrEP would be cost-saving for HIV incidence off-PrEP ≥1.0/100PY, across all retention assumptions examined. PrEP would not be cost-effective at HIV incidence ≤0.1/100PY, regardless of drug price, due to programmatic costs. CONCLUSIONS: In US YMSM at increased risk of HIV, generic oral PrEP and every-3-month screening would be cost-saving compared with annual screening alone, even with high discontinuation and low adherence, over a range of HIV incidences.	YMSM, youth, HIV, pre-exposure prophylaxis, cost-effectiveness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Amico, K R; Mayer, K H; Landovitz, R J; Marzinke, M; Hendrix, C; McCauley, M; Wilkin, T; Gulick, R	Influence of Participant Perceptions of Adherence-Related Interactions with Study/Study Team on Drug Levels: HPTN069 Analysis of Self-Reported Adherence Experiences While on Study.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04215-9	https://dx.doi.org/10.1007/s10461-023-04215-9	Adherence to HIV pre-exposure prophylaxis (PrEP) study drug is critical for safety, tolerability, and efficacy trials, and may be affected by how adherence is communicated by the study staff to trial participants. Increasingly, clinical trials investigating PrEP are creating and implementing 'participant-centered' approaches that discuss potential non-adherence neutrally (without negative judgement) and support efforts to adhere versus insisting on perfect adherence. In the HPTN069/ACTG A5305 study, we evaluated participant experiences of potentially negative adherence-related interactions with study teams using ten items to characterize the frequency of such experiences. We related these individual items and a combined set of seven negative experience items (total negative experience score) to drug concentrations (detectable or consistent with daily-dosing). The exploratory analyses used logistic regression for each experience item on the full sample and disaggregated by sex. Several experiences were related to drug detection and to daily-dosing, although more so for participants identifying as men than women. Total negative experience scores associated with not having detection drug concentrations for the full sample, and remained significant even when controlling for sex, age, and race. Daily dosing was associated with total negative experience score for men in the sample. Additional investigations into adherence-related interactions with study teams that are most problematic or helpful in general and uniquely for men and women are warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Anand P.; Wu L.; Mugwanya K.	Integration of sexually transmitted infection and HIV pre-exposure prophylaxis services in sub-Saharan Africa: a scoping review	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.944372	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164916109&doi=10.3389%2ffrph.2023.944372&partnerID=40&md5=fb47cb58fb8f9031d42f2c50122f0f60	Background: Persons living in sub-Saharan Africa (SSA) face disproportionate risk from overlapping epidemics of HIV and bacterial sexually transmitted infections (STIs). Pre-exposure prophylaxis (PrEP) for prevention is gradually being scaled up globally including in several settings in SSA, which represents a key opportunity to integrate STI services with HIV pre-exposure prophylaxis (PrEP). However, there is limited literature on how to successfully integrate these services, particularly in the SSA context. Prior studies and reviews on STI and PrEP services have largely focused on high income countries. Methods: We conducted a scoping review of prior studies of integration of STI and PrEP services in SSA. We searched PubMed, EMBASE, Cochrane, and CINAHL, in addition to grey literature to identify studies that were published between January 2012 and December 2022, and which provided STI and PrEP services in SSA, with or without outcomes reported. Citations and abstracts were reviewed by two reviewers for inclusion. Full texts were then retrieved and reviewed in full by two reviewers. Results: Our search strategy yielded 1951 records, of which 250 were retrieved in full. Our final review included 61 reports of 45 studies. Most studies were conducted in Southern (49.2%) and Eastern (24.6%) Africa. Service settings included public health clinics (26.2%), study clinics (23.0%), sexual and reproductive care settings (23.0%), maternal and child health settings (8.2%), community based services (11.5%), and mobile clinics (3.3%). A minority (11.4%) of the studies described only syndromic STI management while most (88.6%) included some form of etiological laboratory STI diagnosis. STI testing frequency ranged from baseline testing only to monthly screening. Types of STI tested for was also variable. Few studies reported outcomes related to implementation of STI services. There were high rates of curable STIs detected by laboratory testing (baseline genitourinary STI rates ranged from 5.6–30.8% for CT, 0.0–11.2% for GC, and 0.4–8.0% for TV). Discussion: Existing studies have implemented a varied range of STI services along with PrEP. This range reflects the lack of specific guidance regarding STI services within PrEP programs. However, there was limited evidence regarding implementation strategies for integration of STI and PrEP services in real world settings. 2023 Anand, Wu and Mugwanya.	HIV prevention; PrEP (pre-exposure prophylaxis); service integration; STI prevention; STIs—sexually transmitted infections; sub sahara Africa	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Anderson, Peter L; Marzinke, Mark A; Glidden, David V	Updating the Adherence–Response for Oral Emtricitabine/Tenofovir Disoproxil Fumarate for Human Immunodeficiency Virus Pre-Exposure Prophylaxis among Cisgender Women	Clinical Infectious Diseases	-	-	-	10584838	10.1093/cid/ciad021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160123773&doi=10.1093%2fcid%2fciad021&partnerID=40&md5=070af9b99386524dea5ba47f7488f83f	Using intraerythrocytic tenofovir-diphosphate data from the emtricitabine/tenofovir disoproxil fumarate arms of HIV Prevention Trials Network (HPTN) 083 (men) and HPTN 084 (women), approximately 99% efficacy was achieved at a lower adherence threshold in HPTN 083 (≥2 doses/week) compared with HPTN 084 (daily), suggesting higher adherence is necessary for women vs men. © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved.	adherence; pharmacology; PrEP; sex differences; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Andrade E.A.; Betancourt G.; Morales G.; Zapata O.; Marrero L.; Rivera S.; Nieves E.; Miranda C.; Diaz C.; Beil R.; Patel V.V.; Ross J.	A Community-Based Pre-Exposure Prophylaxis Telehealth Program Focused on Latinx Sexual Minority Men	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2023.0185	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176881214&doi=10.1089%2fapc.2023.0185&partnerID=40&md5=beb33d7a661e95cccef767c3f6bcd612	Latinx sexual minority men (LSMM) face multilevel barriers to accessing HIV pre-exposure prophylaxis (PrEP). To address these barriers, we designed and implemented community-based organization (CBO)-PrEP, a collaborative community-based telehealth PrEP program for LSMM. We designed this PrEP delivery program through a collaborative process involving staff from local CBOs and a primary care-based HIV prevention program. Staff met weekly over a 3-month period to establish protocols for referrals, obtaining insurance coverage, and navigation to appointments and laboratory testing. To assess feasibility, we extracted electronic medical record data including demographics and clinical outcomes of PrEP care. Between December 2020 and May 2023, 102 individuals were referred to CBO-PrEP of which 85 had Hispanic/Latino as their ethnicity in their medical records; out of 102 individuals, 72 (70.6%) were scheduled for an initial appointment. Out of 72 individuals scheduled for an appointment, 58 (80.6%) were seen by a health care provider a median of 7.5 days after referral interquartile range (IQR), 2–19; 48 (82.6%) of initial appointments were through telemedicine, 10 (17.2%) were seen in person. Of the 48 patients who had a telehealth appointment, 36 (75%) underwent initial laboratory testing and 42 (87.5) were prescribed PrEP; all 10 patients who were seen in person underwent laboratory testing and were prescribed PrEP. PrEP prescriptions were received in a median of 17.5 days (IQR 4.5–33.5) after referral. CBO-PrEP successfully engaged LSMM, a population that is often hard to reach. Expanding collaborative approaches with CBOs could have a significant impact on improving PrEP uptake for LSMM and other priority populations. © Mary Ann Liebert, Inc.	community-based organization; implementation science; Latino; men who have sex with men; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Andrade E.A.; Stoukides G.; Santoro A.F.; Karasz A.; Arnsten J.; Patel V.V.	Individual and Health System Factors for Uptake of Pre-exposure Prophylaxis Among Young Black and Latino Gay Men	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-023-08274-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164454423&doi=10.1007%2fs11606-023-08274-5&partnerID=40&md5=969d83823d66ef869035cfd19fbaf8e6	Background: Young Black and Latino men who have sex with men (YBLMSM) have the highest rates of new HIV infections in the USA and use PrEP at lower rates than White MSM. Objective: To explore YBLMSM's perspectives and experiences of PrEP use to identify factors enabling or impeding uptake. Design: Qualitative study using semi-structured interviews conducted between August 2015 and April 2016. Participants: Black and Latino MSM, 18–20 years of age, who live, socialize, or work in the Bronx, and were fluent in English or Spanish. Approach: We used a thematic analysis to identify themes related to not taking PrEP and PrEP uptake. Key Results: Half the participants (n = 9) were currently using PrEP, a majority had Medicaid (n = 13), all reported having a PCP, all identified English as their primary language (n = 15), and all identified as gay. Salient themes included concerns over-side effects, stigma related to HIV and sexuality, mistrust of medical providers, provider's refusal to prescribe PrEP, and insurance and cost. Conclusions: Modifiable barriers for PrEP uptake and persistence were reported by most participants, with an emphasis on PrEP misinformation and the pervasiveness of intersectional stigma, providers' low awareness, and hesitant attitudes towards PrEP and barriers created by insurance companies. Supportive infrastructures for PrEP providers and patients are needed. © 2023, The Author(s), under exclusive licence to Society of General Internal Medicine.	delivery of healthcare; pre-exposure prophylaxis; racial and ethnic minorities; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Antoine, M; Rubenstein, E; Lascoux-Combe, C; Chawki, S; Zeggagh, J; Pintado, C; Tateo, M; Ponscarme, D; Ferre, VM; Descamps, D; Molina, JM	Clinical Description of Sixty-Six Cases of Monkeypox Virus (MKPV) Infection Among Men Who Have Sex With Men (MSM) in an HIV/PrEP French Clinic	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1525-4135	10.1097/QAI.0000000000003146	https://pubmed.ncbi.nlm.nih.gov/36729529/	no abstract available	NA	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Antonini, Marcela; Silva, Ingred Evangelista da; Elias, Henrique Ciabotti; Gerin, Larissa; Oliveira, Aliete Cunha; Reis, Renata Karina	Barriers to Pre-Exposure Prophylaxis (PrEP) use for HIV: an integrative review	Revista Brasileira de Enfermagem	-	-	-	0034-7167	10.1590/0034-7167-2021-0963	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672023000700600	ABSTRACT Objectives: to identify and synthesize scientific evidence on the barriers and difficulties for Pre-exposure Prophylaxis (PrEP) use and compliance for HIV. Methods: an integrative literature review, using the MEDLINE/PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier and Scopus (Elsevier) databases. Results: all (100%) the articles included identified that PrEP users experience some type of structural barrier related to health services such as long distance from the units, suboptimal logistics for taking pills and professional resistance to prescribing PrEP. Furthermore, 63.21% identified social barriers, such as stigma about sexuality and HIV, in addition to individual barriers such as alcohol use, adverse effects, and concerns about long-term toxicity. Conclusions: the barriers to PrEP use are multifactorial. Effective interventions are needed to support PrEP users in accessing, complying with, and retaining health services.	Anti-HIV Agents; Pre-Exposure Prophylaxis; Profilaxia Pré-Exposição; Profilaxis Pre-Exposición; Prevenção de Doenças; Prevención de Enfermedades; Access to Health Services; Barreiras ao Acesso aos Cuidados de Saúde; Barreras de Acceso a los Servicios de Salud; Fármacos Anti-HIV; Fármacos Anti-VIH; Prevention and Control; Salud Sexual; Saúde Sexual; Sexual Health	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Arapali, Tyson; Grulich, Andrew E; Heywood, Anita E; Chan, Curtis; Fraser, Doug; Zablotska, Iryna B; Holt, Martin; Vaccher, Stefanie J; Bavinton, Benjamin R	Factors Associated With Willingness to Use Daily Antibiotics as Sexually Transmitted Infection Prophylaxis Among HIV Preexposure Prophylaxis-Experienced Gay and Bisexual Men in Australia.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001731	https://dx.doi.org/10.1097/OLQ.0000000000001731	BACKGROUND: Gay and bisexual men (GBM) who use HIV preexposure prophylaxis (HIV-PrEP) have high rates of bacterial sexually transmitted infections (STIs). The use of daily antibiotics as STI preexposure prophylaxis (STI-PrEP) may be appealing to GBM who are using or have previously used HIV-PrEP (HIV-PrEP-experienced) for the prevention of bacterial STIs. METHODS: We examined willingness to use daily STI-PrEP among a cross-sectional sample of HIV-PrEP-experienced GBM in Australia who participated in an observational online cohort study from August 2018 to March 2020. Factors associated with willingness to use daily STI-PrEP were determined using bivariate and multivariate logistic regression. RESULTS: Of the 1347 participants, half (54.3%) were willing to use daily STI-PrEP. Factors independently associated with greater willingness to use daily STI-PrEP included having >10 sexual partners in the last 6 months, using methamphetamine in the last 6 months, being more conscious about avoiding STIs, having a greater number of STIs since commencing HIV-PrEP, being willing to take HIV-PrEP for as long as they were at risk of acquiring HIV, and only using condoms when a sexual partner requested them. Conversely, factors associated with less willingness to use daily STI-PrEP included being university educated, using nondaily dosing regimens of HIV-PrEP, preferring event-driven HIV-PrEP, and being concerned about long-term HIV-PrEP adverse effects. CONCLUSIONS: Sexually transmitted infection PrEP is likely to be appealing to many HIV-PrEP-experienced GBM, especially those who engage in activities associated with a higher risk of STI transmission. However, they are less likely to be willing to use STI-PrEP unless it aligns with their HIV-PrEP dosing regimen, suggesting that research into the safety and efficacy of alternative STI prophylaxis dosing options should be prioritized.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Ard K.L.; Bruno J.; Uzoeghelu U.; Lambert C.; Khan T.; Davis J.A.; Mayer K.H.; Keuroghlian A.S.	PrEP ECHO: A NATIONAL INTERDISCIPLINARY TELEMENTORING PROGRAM FOR HIV PREVENTION THROUGH PRACTICE TRANSFORMATION	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2023.35.3.247	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164271571&doi=10.1521%2faeap.2023.35.3.247&partnerID=40&md5=c7a14ff804d07e8842e435dbc4e37ad2	HIV pre-exposure prophylaxis (PrEP) is highly effective, but PrEP use has been suboptimal. We describe a telementoring program for clinics in high-HIV burden areas, focusing on systems-level practice transformation and care for populations disproportionately affected by HIV. We developed and delivered a telementoring program for U.S. health centers. We analyzed par-ticipants' baseline and post-session surveys to ascertain experiences providing PrEP and caring for people disproportionately affected by HIV, compar-ing responses between medical and behavioral health clinicians. Forty-eight people from 16 health centers participated. Medical clinicians were more likely than behavioral health clinicians to care for people taking PrEP, but the groups did not differ in self-rated capacity to counsel about PrEP or care for populations disproportionately affected by HIV. Virtual training on practice transformation for PrEP, involving medical and behavioral health clinicians, is feasible and acceptable. PrEP training and delivery efforts should include behavioral health clinicians. © 2023 The Guilford Press.	education; HIV; LGBTQ health; preexposure prophylaxis (PrEP); team-based care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Argüello, Tyler M.	HIV Stress Exchange: Queer Men, Intergenerational Stress, and Intimacy Amidst the Time of HIV.	Journal of Homosexuality	-	-	-	1540-3602 0091-8369	10.1080/00918369.2022.2036533	https://pubmed.ncbi.nlm.nih.gov/35133953/	HIV remains a principal inequity for queer men across the United States. Biomedical practices all but dominate interventions, and HIV-related stress persists among queer men. Regarding HIV as discourse is not well represented in prevention and care. This study is a response, then, to this need that seeks to build an HIV-informed model of praxis, entitled HIV Stress Exchange. A Queer Discourse Study was conducted with 20 queer men across two generations, pre-AIDS and post-AIDS. The data included in-depth interviews and material resources participants brought to the conversation. In all, this data speaks to the ways in which HIV is given life in discourse and what meaning it holds in embodied lives. Resultantly, five themes materialized, inclusive of all ages and sero-statuses: HIV provided meaning as in-/validated, un-/voiced, un-/intelligible, holding intimacy/-ies, and being PrEP/-ared. Based on the findings, the conceptual model for HIV Stress Exchange is presented along with an HIV-informed model of practice.	Humans; Male; Sexual Behavior; United States; Homosexuality, Male; *Pre-Exposure Prophylaxis; PrEP; *Sexual and Gender Minorities; *Acquired Immunodeficiency Syndrome; Gay men; *HIV Infections/prevention & control; Discourse Analysis; embodiment; HIV stress exchange; HIV-informed care; intergenerational stress; Queer Discourse Study; Social Semiotics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Arnold T.; Gaudiano B.A.; Barnett A.P.; Rani Elwy A.; Whiteley L.; Giorlando K.K.; Rogers B.G.; Ward L.M.; Leigland A.; Brown L.K.	Development of an acceptance based PrEP intervention (ACTPrEP) to engage young black MSM in the South utilizing the Adaptome Model of intervention adaptation	Journal of Contextual Behavioral Science	-	-	-	22121447	10.1016/j.jcbs.2023.03.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150411585&doi=10.1016%2fj.jcbs.2023.03.009&partnerID=40&md5=71b70db5f54393e7acbab7f141dbef4d	Objectives: HIV disproportionately affects young Black men who have sex with men (YBMSM) in the Southern United States. Pre-exposure prophylaxis (PrEP) is an efficacious, biomedical approach to prevent HIV. While Mississippi (MS) has among the highest rates of new HIV infections, it also ranks among the top three states for unmet PrEP need. Thus, increasing engagement in PrEP care for YBMSM in MS is imperative. A potential method to improve psychological flexibility and promote PrEP uptake, explored by this study, is the incorporation of Acceptance and Commitment Therapy (ACT) into PrEP interventions. ACT is an evidence-based intervention used to treat a wide range of mental and physical illnesses. Methods: Twenty PrEP-eligible YBMSM and ten clinic staff working with YBMSM in MS were surveyed and interviewed between October 2021 and April 2022. The brief survey covered PrEP structural barriers, PrEP stigma, and psychological flexibility. Interview topics included internal experiences related to PrEP, existing health behaviors, PrEP related personal values, and relevant constructs from the Adaptome Model of Intervention Adaptation (service setting, target audience, mode of delivery, and cultural adaptations). Qualitative data were coded based on ACT and the Adaptome model, organized using NVivo, then thematically analyzed. Results: Patients identified side effects, costs, and taking a daily prescription as top barriers to taking PrEP. Staff reported the top barrier to PrEP for clients was concern others would believe they were living with HIV. Levels of psychological flexibility and inflexibility varied widely among participants. The resulting thematic categories derived from the interviews included 1) thoughts, emotions, associations, memories, and sensations (TEAMS) related to PrEP and HIV, 2) general health behaviors (existing coping techniques, views on medication, HIV/PrEP approach and avoidance), 3) values related to PrEP use (relationship values, health values, intimacy values, longevity values), and 4) Adaptome Model adaptations. These results informed the development of a new intervention, ACTPrEP. Conclusions: Interview data organized by the Adaptome Model of Intervention Adaptation determined appropriate ACT-informed intervention components, content, intervention adaptations, and implementation strategies. Interventions informed by ACT that help YBMSM endure short-term discomfort related to PrEP by relating it to their values and long-term health goals are promising for increasing individuals' willingness to initiate and maintain PrEP care. © 2023 Association for Contextual Behavioral Science	Acceptance and commitment therapy (ACT); Adaptome model; Black MSM; HIV prevention; Pre-exposure prophylaxis (PrEP)	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Arnold, Trisha; Barnett, Andrew P; Giorlando, Kayla K; Leigland, Avery; Sims-Gomillia, Courtney; Whiteley, Laura; Brown, Larry K	A Comparison of COVID-19 Vaccine and PrEP Hesitancy Among Individuals Living in Mississippi: A Qualitative Study.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04067-3	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10112324	Mississippi (MS) trails behind other states in both pre-exposure prophylaxis (PrEP) and COVID-19 vaccine uptake. This study investigated similarities in willingness to receive the COVID-19 vaccine and use PrEP. Semi-structured interviews were conducted between April 2021 and January 2022 with 15 clinical staff and 49 PrEP-eligible patients living in MS. Reflexive thematic analysis was conducted. Overall, 51% of patients were on PrEP, and 67% received the COVID-19 vaccine. Among PrEP users, 64% had received the vaccine. Participants reported similar hesitations (efficacy, side effects, and no perceived risk) and reasons for use (health autonomy and protecting themselves and others) regarding PrEP and the COVID-19 vaccine. Taking PrEP did not increase the likelihood of getting the COVID-19 vaccine, thus engaging in one prevention behavior does not lead to engaging in other preventive behaviors. However, results indicated commonalities in hesitancy and motivators to utilize both preventive measures. Future prevention and implementation efforts can be informed by these commonalities.	Pre-exposure prophylaxis (PrEP), COVID-19, Vaccine Hesitancy, HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Arnold, Trisha; Giorlando, Kayla K; Barnett, Andrew P; Gaudiano, Brandon A; Rogers, Brooke G; Whiteley, Laura; Ward, Lori M; Edet, Precious Patrick; Elwy, A Rani; Brown, Larry K	Social, Structural, Behavioral, and Clinical Barriers Influencing Pre-exposure Prophylaxis (PrEP) Use Among Young Black Men Who Have Sex with Men in the South: A Qualitative Update to a 2016 Study	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-023-02721-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174925770&doi=10.1007%2fs10508-023-02721-4&partnerID=40&md5=79569161031ca6904e7f4152459 80b39	Antiretroviral pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV. Despite its promise, PrEP use is low, especially among young Black men who have sex with men (YBMSM). The prevalence of HIV in Mississippi (MS) is among the highest in the United States, with the bulk of new infections occurring amongst YBMSM living in Jackson, MS. We recruited 20 PrEP-eligible YBMSM and 10 clinic staff from MS health clinics between October 2021 and April 2022. Data were collected remotely using in-depth interviews and a brief survey, which lasted approximately 45–60 min. Interview content included PrEP knowledge/experiences, HIV risk perception, and PrEP use barriers and facilitators. Qualitative data were coded then organized using NVivo. Using thematic analysis methodology, data were assessed for current barriers to PrEP use. An array of barriers were identified by participants. Barriers included structural factors (cost of PrEP, lack of discreet clinics, time commitment, competing interests); social factors (unaware of HIV risk, stigma and homophobia, fear that partners would find out about PrEP use, not knowing anyone on PrEP); behavioral factors (sexual risk factors, denial, less priority for prevention vs treatment); and clinical factors (misunderstood side effects, fear PrEP won't work). Significant barriers to PrEP use among YBMSM stem from structural, social, behavioral, and clinical factors. These results will inform intervention efforts tailored to mitigate barriers and improve PrEP uptake among YBMSM in the southern United States. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black men who have sex with men (BMSM); HIV prevention; Pre-exposure prophylaxis (PrEP); Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Arnold, Trisha; Whiteley, Laura; Elwy, Rani A; Ward, Lori M; Konkle-Parker, Deborah J; Brock, James B; Giorlando, Kayla K; Barnett, Andrew P; Sims-Gomillia, Courtney; Craker, Lacey K; Lockwood, Khadijra R; Leigland, Avery; Brown, Larry K	Mapping Implementation Science with Expert Recommendations for Implementing Change (MIS-ERIC): Strategies to Improve PrEP Use among Black Cisgender Women Living in Mississippi	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-022-01452-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142151578&doi=10.1007%2fs40615-022-01452-x&partnerID=40&md5=5436e8e58eac7af9c825639879fd6a56	Background: Black women are disproportionately affected by the HIV epidemic. Strategies to increase Black women's use of pre-exposure prophylaxis (PrEP) are needed. Methods: Interviews were conducted in Mississippi (MS) with Black, cisgender women at risk for HIV, and community healthcare clinic (CHC) staff who work directly with this population. Reflexive thematic analysis was used to identify barriers and select appropriate implementation strategies to increase PrEP care. Results: Twenty Black women and twelve CHC staff were interviewed. PrEP use barriers resulted from low HIV risk awareness, lack of PrEP knowledge, and structural and stigma-related barriers. Methods for PrEP education and information included normalizing PrEP in public communications, providing education at places where women congregate, and tailoring PrEP content with Black women as educators. The Expert Recommendations for Implementing Change (ERIC) project provides a way for implementation scientists to select strategies that are consistent within research and practice across studies. Strategies from the ERIC project were selected to address implementation barriers. Conclusions: Tailoring PrEP implementation protocols to increase Black women's access, engagement, and adherence to PrEP is needed. This is one of the first implementation studies to incorporate these four implementation concepts into a single study: (1) implementation outcomes, (2) i-PARIHS, (3) ERIC's strategy list, and (4) operationalizing the strategies using the Proctor et al., guidelines. Results provide an in-depth comprehensive list of implementation strategies to increase PrEP uptake for Black women in MS. © 2022, W. Montague Cobb-NMA Health Institute.	Black women in MS; HIV prevention; Implementation science; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Arnull, Liam Gary; Kapilashrami, Anuj; Sampson, Margaret	Visualizing patterns and gaps in transgender sexual and reproductive health: A bibliometric and content analysis of literature (1990-2020).	International Journal of Transgender Health	-	-	-	2689-5277 2689-5269	10.1080/26895269.2021.1997691	https://www.tandfonline.com/doi/full/10.1080/26895269.2021.1997691	BACKGROUND: Transgender people face numerous obstacles to accessing adequate, affordable, and appropriate sexual and reproductive health (SRH) services as outlined by the UN's Sustainable Development Goal 3.7 target of achieving universal access to SRH services by 2030. However, transgender SRH sits as a poorly researched area within public health that makes it difficult to understand the current dilemmas facing transgender SRH. This article reports the findings of a study aimed at taking stock of global research in transgender SRH. METHODS: A bibliometric analysis, used to gain insights from the retrieved literature's metadata, alongside a content analysis were utilized to examine the growth, impact, and content of retrieved articles. RESULTS: Nine hundred fourteen journal articles were retrieved, predominately in English (884; 96.7%). These involved 3653 authors from 46 affiliated countries. Most frequent keywords included HIV, PrEP, and gender identity; corresponding to the SRH issues studied, namely HIV/AIDs and gender reassignment. Top cited and overall articles originated heavily from US affiliated authors. Literature reflected the authors' inclusion of the transgender community to largely have a mixed focus with cisgender people in research, these articles largely disease-focused and conducted within cities in the United States. CONCLUSIONS: Growth in transgender SRH research was minimal until the early-2010s, after which a steep rise can be observed. Research retrieved has a disproportionate clinical and biomedical focus around HIV and related STI issues suggesting a failure to engage with reproductive justice and more comprehensive rights-based understanding of SRH. The sustained use of derogative language suggests a need for greater inclusion and awareness of trans identities within research and publishing. The dominance of the United States in authorship and as a site of research establishes the need for more geographically diverse research, trans, and LMIC-led research enquiry and creating greater opportunities for cross-cultural, comparative, and collaborative scholarly work.	human rights; sexual and reproductive health; transgender; health; content analysis; Bibliometric analysis; reproductive justice	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Aronson B.; Kulie P.; Castel A.D.; Powell N.N.; McCarthy M.	Evaluating Patient Perceptions on PrEP Screening and Referral in the Acute Care Setting	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03839-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139617726&doi=10.1007%2fs10461-022-03839-7&partnerID=40&md5=31a0507bd85df3bb3db51efdb5c7464c	Pre-exposure prophylaxis (PrEP) for HIV is highly effective, yet uptake has been limited. We measured PrEP knowledge, eligibility, and referral willingness among patients receiving emergency or acute care in Washington, DC. We surveyed HIV-negative patients with STI-related complaints on HIV risk behaviors, PrEP knowledge, eligibility, and willingness for PrEP referral. Among 174 participants, 70% were PrEP unaware and 33% were PrEP eligible. Most participants (81%) supported learning more, 64% would consider taking PrEP, and 28% agreed to immediate referral. Willingness to learn more about PrEP suggests referral from non-traditional settings may increase uptake. Further evaluation of this approach is warranted. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Emergency Department; HIV; PrEP; Referral; Urgent Care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Arreola, Sonya; Santos, Glenn-Milo; Solares, Diego; Tohme, Johnny; Ayala, George	Barriers to and enablers of the HIV services continuum among gay and bisexual men worldwide: Findings from the Global Men's Health and Rights Study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0281578	https://pubmed.ncbi.nlm.nih.gov/37141206/	OBJECTIVES: To assess ecological, structural, community and individual level correlates of health services utilization along a continuum of HIV care, and sexual health and support services among gay and bisexual men worldwide. METHODS: Using a nonprobability internet sample of 6,135 gay and bisexual men, we assessed correlates of utilization of health services. Chi-Square Tests of Independence were performed to assess drop off along a continuum of HIV care. Multivariable logistic regression analyses using generalized estimating equation models were conducted adjusting for geographic region and clustering by country. In multivariable analyses, we determined the association between utilization outcomes, and ecologic, structural, community and individual correlates by fitting separate generalized estimating equation (GEE) logistic regression models for each of the outcomes, fitted with robust SEs, and accounting for clustering by country. Stratified by sexual identity, analyses adjusted for variables that could influence HIV-related health outcomes including racial/ethnic minority status, participant age, insurance status, ability to make ends meet, as well as country-level income (income of country of residence defined by the World Bank). RESULTS: Among men living with HIV (n = 1001), being in HIV care (n = 867) was associated with being on ART (X2 = 191.17, p < .001), and viral load suppression (X2 = 14.03, p < .001); and using ART (n = 840) was associated viral load suppression (X2 = 21.66, p < .001). Overall, the pattern of utilization outcomes were similar for both gay and bisexual men. For example, utilization of PrEP, being in HIV care and utilization of most of the sexual health and support services were negatively associated with sexual stigma. Whereas, utilization of most HIV prevention, and sexual health and support services were positively associated with provider discrimination. Utilization of all HIV prevention and all sexual health services were positively associated with greater community engagement, and receiving services from LGBT-led organizations. Bisexual men had higher odds of reporting provider discrimination when utilizing condom services (gay: AOR = 1.14, 0.95-1.36; bisexual: 1.58, 1.10-2.28), PrEP (gay: AOR = 1.06, 0.77-1.45; bisexual: AOR = 2.14, 1.18-3.89, mental health services (gay: AOR = 1.03, 0.86-1.23; bisexual: AOR = 1.32, 1.07-1.64), and community-based support (gay: AOR = 1.23, 1.05-1.45; bisexual: AOR = 1.49, 1.14-1.93) than gay men. Bisexual men also reported higher odds of accessing services from LGBT-led organizations when utilizing PrEP (gay: AOR = 5.26, 2.50-11.05; bisexual: AOR = 7.12, 3.16-16.04), and community-based support/self-help groups/individual counseling (gay: AOR = 2.63, 1.72-4.01; bisexual: AOR = 3.35, 2.30-4.88. CONCLUSIONS: It is essential that barriers to health services utilization be addressed at structural and community levels. Structural interventions should be designed to reduce sexual stigma, as well as train and sensitize healthcare providers; and strengthen community level interventions that bring gay and bisexual men together to lead comprehensive health services.	Humans; Male; Sexual Behavior; Bisexuality; Ethnicity; Homosexuality, Male/psychology; Minority Groups; *Sexual and Gender Minorities; Men's Health; *HIV Infections/therapy/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Aryal, Anu; A Leibowitz, Arleen; Comulada, Warren Scott; Rotheram-Borus, Mary Jane; Bolan, Robert; Ocasio, Manuel A; Swendeman, Dallas	PrEP Use and HIV Incidence Among Youth At-Risk for HIV Infection in Los Angeles and New Orleans: Findings From ATN 149	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003272	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174751493&doi=10.1097%2fQAI.0000000000003272&partnerID=40&md5=0f9c56ea383d79d93d0a97905e7a54c1	Introduction: Expanding HIV pre-exposure prophylaxis (PrEP) use is key to goals for lowering new HIV infections in the U.S. by 90% between 2022 and 2030. Unfortunately, youth aged 16–24 have the lowest PrEP use of any age group and the highest HIV incidence rates. Methods: To examine the relationship between HIV seroconversion and PrEP uptake, adherence, and continuity, we used survival analysis and multivariable logistic regression on data of 895 youth at-risk for HIV infection enrolled in Adolescent Trials Network for HIV Medicine protocol 149 in Los Angeles and New Orleans, assessed at 4-month intervals over 24 months. Results: The sample was diverse in race/ethnicity (40% Black, 28% Latine, 20% White). Most participants (79%) were cis-gender gay/ bisexual male but also included 7% transgender female and 14% trans masculine and nonbinary youth. Self-reported weekly PrEP adherence was high (98%). Twenty-seven participants acquired HIV during the study. HIV incidence among PrEP users (3.12 per 100 person year PY) was higher than those who never used PrEP (2.53/ 100 PY). The seroconversion incidence was highest among PrEP users with discontinuous use (3.36/100 PY). If oral PrEP users were adherent using 2-monthly long-acting injectables, our estimate suggests 2.06 infections per 100 PY could be averted. Conclusions: Discontinuous use of PrEP may increase risk of HIV acquisition among youth at higher risk for HIV infection and indications for PrEP. Thus, to realize the promise of PrEP in reducing new HIV infections, reducing clinical burdens for PrEP continuation are warranted. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.	adolescents; cohort studies; HIV prevention; men who have sex with men; PrEP adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Aslam Khan M.W.; Nawaz U.; Faheem A.; Memon M.; Memon M.; Haq A.U.	Effectiveness of HIV Pre-Exposure Prophylaxis (PrEP) in Pakistan	Journal of Islamic International Medical College	-	-	-	18154018	10.57234/jiimc.march23.1550	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158078410&doi=10.57234%2fjiimc.march23.1550&partnerID=40&md5=91866295afe7ceeb096ffea90cb1b71f	Objective: To evaluate the effectiveness of HIV Pre-Exposure Prophylaxis (PrEP) in HIV Clinic of a tertiary care hospital in Pakistan. Study Design: A descriptive study covering the data of clients who were offered PrEP. Place and Duration of Study: HIV treatment center Pakistan Institute of Medical Sciences (PIMS) Islamabad, Pakistan, from October 2019 to September 2022. Materials and Methods: Total of 118 people without HIV from various high-risk population groups were reported in HIV treatment center PIMS during a period of 3 years including 39 females from serodiscordant couples, 16 transgender females, and 63 men having sex with men (MSM). All of them were given oral PrEP after necessary screening, investigations, and evaluation. These clients were prescribed a fixed drug combination of Tenofovir/Lamivudine (TDF/3TC) one tablet daily as PrEP. The alternate regimen used was Event-driven PrEP (EDP) for MSM. Monthly follow-up was performed, and all patients were found to be HIV negative. Results: All 118 clients receiving PrEP remained seronegative on regular monthly follow-ups after a sufficiently long period of unsafe sexual practices that frequently exposed them to HIV-positive sex partners. Based on their age mean age of the clients in young group below 35 years was 27 + 6, all 62 young clients had 100% protection. Similarly, 41 middle aged (mean age 43 + 6) and 15 old clients (mean age 56 + 5) had 100% protection with PrEP. Six women from serodiscordant couples while receiving PrEP became pregnant with partners who had completely suppressed viral load (<50 copies). Conclusion: Oral PrEP has offered complete protection to all seronegative individuals belonging to high-risk population groups despite their frequent exposure to HIV-positive partners. All 118 individuals who received PrEP remained seronegative. © The Author(s) 2023.	Event-driven PrEP. HIV Prevention; HIV; MS; Pre-exposure prophylaxis; Serodiscordant Couples	English	Pakistan	Asia and the Pacific	Pakistan	Asia and the Pacific	Pakistan	Asia and the Pacific	Clinical
Article	2023	Augustus, Eden Hope; George, Clemon; Rocke, Kern D	Preexposure Prophylaxis in Latin America and the Caribbean-The Barbados Experience.	Journal of Health Care for the Poor and Underserved	-	-	-	1548-6869	10.1353/hpu.2023.0005	https://dx.doi.org/10.1353/hpu.2023.0005	This study explored oral pre-exposure prophylaxis (PrEP) awareness, and sexual behavior of gay, bisexual, and other men who have sex with men (gbMSM) in Barbados. Factors associated with PrEP use were examined using Pearson chi-square and logistic regression. Of the 171 male participants who completed the survey, 22% were under 25 years old, 70% identified as gay/homosexual, and 59% were single. PrEP awareness was 77%, and of these 29% were current PrEP users. Users were more likely to have stable living arrangements (p < .05) and to identify as gay/homosexual (p=.03). Uptake by current PrEP users was attributed to non-judgmental and confidential PrEP services. Barriers identified by former PrEP users included cost and risks of STIs. Since the PrEP program is free, as is general health care for STIs, this suggests that there may be a knowledge gap. Further studies are needed to explore perceived barriers to the program.	Pre-exposure prophylaxis (PrEP), barriers and facilitators, gbMSM, HIV, Caribbean	English	United States	Western and Central Europe and North America	Barbados	Latin America and the Caribbean	Barbados	Latin America and the Caribbean	Quantitative
Article	2023	Aung, Ei T.; Fairley, Christopher K.; Ong, Jason J.; Chen, Marcus Y.; Phillips, Tiffany R.; Tran, Julien; Samra, Ranjit; Chow, Eric P. F.	Incidence and Risk Factors for Early Syphilis Among Men Who Have Sex With Men in Australia, 2013-2019: A Retrospective Cohort Study.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofad017	https://academic.oup.com/ofid/article/10/2/ofad017/6986302	BACKGROUND: We aimed to examine the incidence of syphilis in men who have sex with men (MSM) and identify subgroups of MSM at a higher risk of syphilis infection. METHODS: We conducted a retrospective cohort study of MSM attending a sexual health clinic in Australia, during 2013-2019, who had at least 2 syphilis serological tests during the study period. The incidence of syphilis was expressed as per 100 person-years. A cox regression analysis was conducted to identify risk factors for syphilis. RESULTS: A total of 24 391 individual MSM (75 086 consultations) were included. A total of 1404 new syphilis cases were diagnosed with an incidence of 3.7/100 person-years (95% confidence interval, 3.5-3.9). Syphilis incidence was higher in MSM with human immunodeficiency virus (HIV 9.3/100 person-years) than in MSM taking HIV pre-exposure prophylaxis (PrEP) (6.9/100 person-years) or HIV-negative MSM not taking PrEP (2.2/100 person-years). Risk factors associated with high incidence of syphilis included the following: MSM with HIV (adjusted hazard ratio aHR 2.7), MSM taking HIV PrEP (aHR 2.1), past history of syphilis infection (aHR 2.4), injecting drug use (aHR 2.7), condomless anal sex (aHR 1.7), >4 sexual partners in the last 12 months (aHR 1.2), and concurrent sexually transmitted infection (chlamydia and gonorrhoea) (aHR 1.6). CONCLUSIONS: The incidence of syphilis remains high among MSM, particularly in subgroups with associated risk factors for syphilis infections. These data highlight the need for biomedical and behavioral interventions to be targeted to subgroups of MSM at the highest risk of syphilis infection.	syphilis; sexually transmitted infections; men who have sex with men; risk factors; incidence	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Aung, Ei T; Fairley, Christopher K; Williamson, Deborah A; Azzato, Francesca; Wigan, Rebecca; Tran, Julien; Buchanan, Andrew; Schmidt, Tina; Chow, Eric P F; Chen, Marcus Y	Treponema pallidum PCR screening at mucosal sites of asymptomatic men who have sex with men taking HIV pre-exposure prophylaxis.	Microbiol Spectr	-	-	-	2165-0497	10.1128/spectrum.00794-23	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10581241	Early detection and treatment of syphilis will reduce the infectious period and transmission. We aimed to determine whether screening men who have sex with men (MSM) taking HIV pre-exposure prophylaxis (PrEP) for syphilis using Treponema pallidum polymerase chain reaction (PCR) could detect syphilis before the appearance of syphilis antibodies in serology. MSM attending 3-monthly PrEP clinic visits in Melbourne, Australia, were screened with a PCR assay targeting the polA gene of T. pallidum from an anal swab and an oral rinse between November 2019 and March 2020. Participants were serologically screened for syphilis using chemiluminescence immunoassay. A total of 309 asymptomatic participants provided an anal swab and oral rinse sample for T. pallidum PCR screening. Two syphilis cases (0.6%) were detected: one man had a positive serology only; another man had T. pallidum detected by PCR from an anal swab and a positive serology. PCR positivity was 0.3% (n = 1) for anal swabs and 0% (n = 0) for oral rinse. In this study, T. pallidum PCR screening at routine PrEP clinic visits did not identify additional cases of early syphilis over serological screening performed at these visits. IMPORTANCE With the ongoing syphilis epidemic in men who have sex with men (MSM), we investigated the role of using Treponema pallidum polymerase chain reaction (PCR) testing at the oral cavity and anus in MSM taking pre-exposure prophylaxis for the early detection of syphilis. We evaluated whether the PCR tests from these mucosal sites can detect syphilis infection early, before the development of syphilis antibodies in serology. Our study found two syphilis cases among 309 MSM, and only one syphilis case had a positive anal PCR swab, although serology was positive. We conclude that additional PCR testing is likely to be expensive and would not be cost effective for individuals who regularly screen for syphilis. However, future studies with a larger sample size are required.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2023	Avlani, Dhruti; Kumar, Avichal; H N, Shivakumar	Development of Dispersible Vaginal Tablets of Tenofovir Loaded Mucoadhesive Chitosan Microparticles for Anti-HIV Pre-Exposure Prophylaxis.	Molecular Pharmaceutics	-	-	-	1543-8392 1543-8384	10.1021/acs.molpharmaceut.3c00288	https://pubmed.ncbi.nlm.nih.gov/37656937/	Tenofovir disoproxil fumarate (TDF)-loaded bioadhesive chitosan microparticles (CM) were developed by an emulsification internal gelation technique. Among different batches produced, ECH-4 was found to display a high % entrapment efficiency (68.93 ± 1.76%) and sustained drug release of 88.05 ± 0.38% at 24 h. Solid state characterization of ECH-4 employing DSC and PXRD indicated that the TDF existed in an amorphous state as a solid-solid solution in chitosan. Scanning electron microscopy revealed CM of ECH-4 was spherical in shape with a rough surface topography. Laser scattering analysis using Malvern Master sizer indicated that particle size of ECH-4 was in the range of 0.52 ± 0.10 μm to 284.79 ± 21.42 μm with a surface-mean diameter of 12.41 ± 0.06 μm. Ex vivo mucoadhesion studies using rabbit mucosa as a substrate indicated that 10.34 ± 2.08% of CM of ECH-4 was retained at the end of 24 h. The microparticles of ECH-4 were incorporated into dispersible tablets (DT-TCM) intended for intravaginal administration, in view to arrest the pre-exposure transmission of HIV during sexual intercourse. In vitro release from the dispersible tablet (F3) into simulated vaginal fluid (pH 4.5) displayed a sustained release profile of TDF as 89.98 ± 1.61% of TDF was released at 24 h. The in vitro dissolution profile of the DT-TCM was found to be similar to that of TDF loaded CM with the values of f(1) (difference factor) and f(2) (similarity factor) being 1.52 and 78.02, respectively. Therefore, DT-TCM would be a promising novel drug delivery platform for pre-exposure prophylaxis against HIV.	Humans; Animals; Female; tenofovir; Tablets; *Anti-HIV Agents/therapeutic use; Rabbits; *HIV Infections/drug therapy/prevention & control; Tenofovir/therapeutic use; Vaginal Creams, Foams, and Jellies/therapeutic use; mucoadhesion; *Pre-Exposure Prophylaxis/methods; sustained release; chitosan; *Chitosan; intravaginal; vaginal tablet	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Clinical

Article	2023	Ayangeakaa S.D.; Kerr J.; Combs R.M.; Harris L.M.; Sears J.S.; Parker K.; Sterrett-Hong E.	Sociocultural and structural influences on HIV Pre-Exposure Prophylaxis (PrEP) Engagement and Uptake among African American Young adults	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-16273-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165910085&doi=10.1186%2fs12889-023-16273-8&partnerID=40&md5=c9b4cfd560e25f13c11fa5211884f367b	Background: Pre-exposure prophylaxis (PrEP) demonstrates effectiveness in decreasing new cases of HIV. However, few African Americans use PrEP, despite being disproportionately impacted by HIV. Understanding the influence of sociocultural and structural factors on PrEP use among multiple priority groups of African Americans, including but not limited to men who have sex with men, may improve PrEP engagement and uptake. The social ecological model (SEM) as a framework guided the understanding of how these factors operate on multiple levels to influence PrEP use among this population. Methods: This study derived data from the Afya PrEP study consisting of eleven focus groups (N = 63) with 18-29-year-old African American sexual and gender minority and heterosexual individuals at heightened behavioral vulnerability to HIV. We employed constructivist grounded theory processes to inductively analyze the data. A pooled kappa score of 0.90 indicated excellent inter-rater agreement. Results: Factors impacting PrEP engagement among African American young adults included: (1) Community/social network influences; (2) medical mistrust; (3) stigma; (4) PrEP availability and accessibility, which had two sub-categories: (a) cost and (b) where to obtain PrEP; and (5) PrEP engagement strategies, which had two sub-categories: (a) current AIDS service organizations' PrEP engagement practices and (b) recommended future PrEP engagement strategies. Categories one through three represent sociocultural factors, and categories four and five represent structural factors that influence perceptions and attitudes of African American young adults regarding PrEP. Conclusion: Our study highlights sociocultural and structural factors that act as barriers and facilitators to PrEP engagement. The SEM guided the understanding of how these factors operated on multiple levels. One of the sociocultural factors, community/social network influences operated at the interpersonal level of the SEM; the other two, stigma and medical mistrust, operated at the community level. The structural factors (PrEP availability, accessibility, and engagement strategies) operated at the institutional/organizational level. Thus, multi-level interventions are warranted to improve PrEP engagement among various African American young adult priority groups. © 2023, The Author(s).	African american; HIV; PrEP; Sociocultural; Structural; Young adults	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Ayangeakaa, Suur D; Kerr, Jelani; Combs, Ryan; Harris, Lesley; Sears, Jeanelle; Parker, Kimberly; Sterrett-Hong, Emma	Understanding Influences on Intention to Use Pre-exposure Prophylaxis (PrEP) Among African American Young Adults.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-022-01278-7	https://dx.doi.org/10.1007/s40615-022-01278-7	Pre-exposure prophylaxis (PrEP), a potent medication for HIV prevention, shows promise for reducing HIV disparities. However, PrEP is not equitably utilized by all races and ethnicities in the USA. Its uptake is especially low among African Americans, who are disproportionately impacted by HIV. Understanding factors influencing low PrEP uptake among diverse priority groups of African American young adults beyond gender and sexual minority groups (e.g., cisgender heterosexual people) may increase PrEP uptake. Data were from the Afya project, a study examining the use of PrEP for HIV prevention among multiple priority groups of African American young adults at heightened HIV risk, using Theory of Reasoned Action/Theory of Planned Behavior (TRA/TPB) as a theoretical framework. Eleven focus groups (N = 63) were conducted in Louisville, Kentucky from June to November 2018 with African American young adult priority groups (18-29 years old): men who have sex with men, transgender women, and cisgender heterosexual men and women demonstrating heightened sexual risk. Data were analyzed using constructivist grounded theory techniques. PrEP awareness, knowledge, perceived HIV risk and perceived need for PrEP (behavioral beliefs) and adherence beliefs (control beliefs), opinions of others (subjective norms), and confidence in ability to adhere to PrEP (perceived behavior controls) influenced acceptability of PrEP (participants' attitudes) and, in turn, influenced intention to use PrEP either negatively or positively. Thus, understanding factors that create reticence to PrEP use provides useful insight for tailoring outreach interventions towards African American young adults to improve PrEP uptake.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Babiarz, Jane; Nix, Chad D; Bowden, Sean; Roberts, Rachel	Insufficient PrEParation: an assessment of primary care prescribing habits and use of pre-exposure prophylaxis in patients at risk of HIV acquisition at a single medical centre.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2022-055551	https://dx.doi.org/10.1136/sextrans-2022-055551	OBJECTIVES: To assess HIV pre-exposure prophylaxis (PrEP) prescribing habits by primary care providers and the number of patients at risk of HIV acquisition at a single medical centre in the Northwestern USA from 1 July 2018 to 31 June 2020. METHODS: An electronic cross-sectional survey was administered in April and May 2021 to providers in family medicine, internal medicine, adolescent and young adult health, student health and women's health clinics affiliated with the medical centre with questions pertaining to PrEP prescribing practices. Electronic medical record abstraction was used to quantify the number of eligible patients who sought care in primary care departments and the adherence to PrEP initiation guidelines from 1 July 2018 to 31 June 2020. RESULTS: 74% (61/82) of providers reported familiarity with national clinical practice guidelines for the prevention of HIV infection. 50% (41/82) of respondents were located in family medicine clinics. 57% (47/82) of providers counseled less than one-quarter of those who they identified as at risk of HIV infection. The major barriers to prescribing PrEP were insufficient time and lack of familiarity with guidelines. Of the 4330 eligible patients for PrEP, 8% (337/4330) received at least one PrEP prescription during the study period. For patients newly prescribed PrEP, only 23% (39/170) had appropriate counseling and labs at initiation. The top three qualifying indications for PrEP were identifying as transgender (36%, n=1562), high-risk sexual behaviour (32%, n=1405) and injection drug use (30%, n=1289). CONCLUSIONS: This study highlights intervention points in the HIV prevention cascade warranting attention in order to achieve the 2025 Ending the HIV Epidemic in the U.S. target for PrEP coverage. These include increasing provider adherence to prescribing guidelines and reducing the logistical barriers to prescribing.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bailey, Robert C; Kimani, Makobu; Kabuti, Rhoda; Gumbe, Edwin; Otieno, George; Kimani, Joshua; Okall, Duncan; Sanders, Eduard J; Otieno, Fredrick O	URCHOICE: Preferences for Pre-Exposure Prophylaxis (PrEP) Options for HIV Prevention Among Kenyan men who have sex with men and Transgender Women in Nairobi, Kisumu and the Coast.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03741-2	https://pmc.ncbi.nlm.nih.gov/articles/PMC7614083/	HIV prevention method preferences were evaluated among Kenyan men who have sex with men (MSM) and transgender women (TW) from three sites: Kisumu, Nairobi and the Coast. Information sessions detailing the attributes, duration of protection, route of administration and probable visibility were attended by 464 HIV negative participants, of whom 423 (median age: 24 years) agreed to be interviewed. Across pairwise comparisons daily PrEP was by far the least preferred (1%); quarterly injections (26%) and monthly pills (23%) were most preferred, followed by yearly implant (19%) and condoms (12%). When participants were "forced" to choose their most preferred PrEP option, only 10 (2.4%) chose the daily pill; more (37.1%) chose the quarterly injection than the monthly pill (34.8%) and the yearly implant (25.8%). TW preferred the yearly implant over the quarterly injection. To achieve the rates of PrEP uptake and adherence necessary for protecting large proportions of vulnerable MSM and TW, a variety of long-acting products should be developed and made accessible to appeal to a diversity of preferences.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bailey, Veronique C.; Kleinhans, Atholl V.; Mokgatle, Mathilda M.	Knowledge and attitudes of HIV pre-exposure prophylaxis among nurses in South Africa	African Journal of Primary Health Care and Family Medicine	-	-	-	2071-2936	10.4102/phcfm.v15i1.4086	http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2071-29362023000100058&lang=pt	BACKGROUND: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) has shown efficacy and effectiveness in populations who practise high-risk sexual activity. Nurses' knowledge and positive attitudes enhance PrEP implementation. AIM: This study aimed to investigate the knowledge of and attitudes towards PrEP among nurses in primary health care facilities. SETTING: The study was conducted in 10 health facilities that offer comprehensive services in Tshwane, South Africa. METHODS: A cross-sectional survey assessed the knowledge of and attitudes towards PrEP among 114 nurses. Univariate, bivariate and logistic regressions were performed to estimate odds ratios and to determine whether age, sex and education had an association with the knowledge and attitudes. RESULTS: Majority of the study sample consisted of female nurses (92.1%), and most respondents (68%) had moderate PrEP knowledge. Logistic regression showed that age and education were not associated with high level of knowledge. Pre-exposure prophylaxis was viewed negatively by 84.5% of the respondents. The odds of positive attitudes towards PrEP were 1.92 times higher among males than females (95% CI 0.54-6.83) and 1.24 times higher among nurses who had bachelor's degree than diploma holders (95% CI 0.51-3.01). CONCLUSION: This study found that there is a need to strengthen the dissemination of information about PrEP, and nurses in South Africa require training to improve their knowledge of and attitudes towards PrEP. CONTRIBUTION: The findings of the study add to the current knowledge base regarding PrEP access in the public healthcare system and it highlights gaps in the training of healthcare providers.	attitudes; HIV and; knowledge; nurses; pre-exposure prophylaxis	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Baker J.; Rolls J.	An update on expanding HIV preexposure prophylaxis	Journal of the American Academy of Physician Assistants	-	-	-	15471896	10.1097/01.JAA.0000911184.87186.0f	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146921341&doi=10.1097%2f01.JAA.0000911184.87186.0f&partnerID=40&md5=4e35a5596f3483cbac424f4132bb9237	HIV continues to affect certain populations disproportionately, including sexual and gender minorities, racial/ethnic minorities, and populations with limited resources in southern US states. New CDC guidelines include a recommendation to discuss HIV preexposure prophylaxis (PrEP) with all sexually active patients, which is likely to expand use. The guidelines also include important changes in PrEP monitoring and address PrEP telehealth. The FDA approved the first non-oral PrEP, long-acting injectable cabotegravir, in late 2021. However, PrEP continues to be underused. This article describes how to better employ PrEP in light of these recent significant changes. © 2023 American Academy of Physician Associates.	cabotegravir; emtricitabine; HIV; PrEP; prophylaxis; sexually transmitted infection	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Baker, Venetia; Mulwa, Sarah; Khanyile, David; Sarrassat, Sophie; O'Donnell, Dominique; Piot, Sara; Diogo, Yvonne; Arnold, Georgia; Cousens, Simon; Cawood, Cherie; Birdthistle, Isolde	Young people's access to sexual and reproductive health prevention services in South Africa during the COVID-19 pandemic: an online questionnaire.	BMJ Paediatrics Open	-	-	-	2399-9772	10.1136/bmjpo-2022-001500	https://pubmed.ncbi.nlm.nih.gov/36693683/	INTRODUCTION: The South African government responded swiftly to the first wave of novel coronavirus (SARS-CoV-2) with a nationwide lockdown. Initial restrictions from March-July 2020 required people to stay at home unless accessing essential, life-saving services. We sought to understand how the COVID-19 pandemic and resulting lockdowns affected young people's access to sexual and reproductive health services in a high-prevalence HIV setting. METHODS: We analysed data from a cross-sectional web-based questionnaire conducted with 15-24 year-olds from September-December 2020 in Eastern Cape, South Africa. The questionnaire was promoted through social media platforms. Participants were asked whether and how the COVID-19 pandemic and related restrictions affected their access to sexual and reproductive health services, through closed-ended and open-ended questions. Descriptive statistics using proportions were used to summarise responses, and open text was analysed using thematic analysis. RESULTS: Of 3431 respondents, the proportions reporting 'more difficulty' accessing HIV testing services, HIV self-screening kits, condoms, pre-exposure prophylaxis and antiretroviral treatment since the COVID-19 pandemic were 16.8%, 13.7%, 13.9%, 11% and 7%, respectively. In 796 open-text responses, participants described challenges accessing HIV services due to clinics being overwhelmed and prioritising patients with COVID-19, resulting in young people being turned away. Some were afraid of contracting COVID-19 at or en route to clinics. Others were unable to reach clinics because of restricted transport or financial insecurity. DISCUSSION: Young people in Eastern Cape rely on local clinics for services, and large proportions of young males and females faced difficulties or fears accessing clinics during the COVID-19 lockdown. Clinics became overwhelmed or inaccessible, limiting young people's access to sexual and reproductive health services. In high HIV risk contexts, prevention services and tools must be more accessible to young people, outside of clinics and within the communities and spaces that young people can access without fear or cost.	Adolescent; Humans; Male; Female; Cross-Sectional Studies; Health Services Accessibility; HIV; South Africa/epidemiology; Surveys and Questionnaires; Communicable Disease Control; Reproductive Health; COVID-19; *Reproductive Health Services; SARS-CoV-2; Adolescent Health; Pandemics/prevention & control; *HIV Infections/diagnosis/epidemiology/prevention & control; *COVID-19/epidemiology; Health services research	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Balogun, Kayode; Slev, Patricia R.	Towards achieving the end of the HIV epidemic: Advances, challenges and scaling-up strategies.	Clinical Biochemistry	-	-	-	1873-2933 0009-9120	10.1016/j.clinbiochem.2022.05.006	https://pubmed.ncbi.nlm.nih.gov/35640680/	We are entering the 5th decade of the HIV epidemic and although there is no cure, critical advances have been made in treatment, prevention and diagnostics, transforming HIV into a survivable disease. Due to these advances, the UNAIDS has set a goal of "90-90-90" target by 2020, which has been extended now to 2030, to have 90% of individuals infected with HIV diagnosed, 90% of those diagnosed linked to care and 90% of people receiving ART and 90% of those receiving ART achieving an undetectable viral load. Today, the focus is on U = U, "undetectable equals untransmittable", which takes advantage of improved diagnostics and treatment and preventive therapies that are combined with scale-up strategies. This article will review the advances in testing strategies and diagnostics, including rapid diagnostic tests and next generation sequencing, as well as the challenges that pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) now present for diagnosing and managing HIV infection.	Humans; Viral Load; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; HIV-2; *HIV Infections/diagnosis/drug therapy/epidemiology; HIV PrEP; HIV diagnostics; U=U; HIV next generation sequencing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2023	Bardon, Ashley	NOVEL TESTING STRATEGIES TO SUPPORT HIV TREATMENT AND PREVENTION: ACCEPTABILITY, PREFERENCES, AND IMPACT ON ENGAGEMENT IN CARE AND SEXUAL BEHAVIORS	-	-	University of Washington	-	-	NA	http://hdl.handle.net/1773/50812	The primary goal of this dissertation project was to advance our understanding of the impact of novel testing strategies to support HIV treatment and prevention. Despite significant advancements in antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP), rates of suboptimal medication adherence and disengagement from care, particularly in the first year of care, remain extraordinarily high. Novel strategies are urgently needed to improve ART and PrEP adherence and retention in care, in order to reduce HIV transmission and mortality. Point-of-care (POC) urine tenofovir testing is a newly developed tool that can provide real-time drug-level feedback for people living with HIV (PLWH) receiving ART, which could also prompt timely interventions for those experiencing adherence challenges. However, little is known about how PLWH and healthcare providers will perceive a POC urine tenofovir testing intervention and how it will impact behaviors. In Chapter 1, we conducted a qualitative study to assess the acceptability of monthly POC urine tenofovir testing in the first five months of care for PLWH and healthcare providers in South Africa. We also explored participants' perspectives on differentiated strategies for the implementation of POC urine tenofovir testing that may be useful and appropriate for PLWH. Overall, PLWH and healthcare providers found the monthly POC urine tenofovir testing intervention to be highly acceptable, generally preferred over self-reported adherence, and motivational for improving ART adherence. Other implementation strategies in which participants believed POC urine tenofovir testing could be provided, included: testing at community-based sites where ART is refilled, random testing at clinic visits, and testing delivered by counselors or other healthcare workers. Monthly POC urine tenofovir testing in the first five months of HIV care is an acceptable and potentially effective strategy for improving ART adherence. Novel strategies for HIV testing for people at risk of acquiring HIV may also be beneficial for improving outcomes, but it is important to understand how clients' testing preferences impact the intended outcomes. For HIV prevention, regular HIV testing is a required core component of PrEP delivery necessary to ensure a prompt transition to ART and reduce the risk of drug resistance. HIV self-testing (HIVST) may be an effective tool for supporting efficient PrEP delivery, allowing for non-clinic-based HIV testing when appropriate. A differentiated service delivery (DSD) model for PrEP that includes semiannual clinic visits, six-month PrEP dispensing, and HIVST between clinic visits resulted in non-inferior outcomes for PrEP continuation. In practice, though, PrEP clients' unique needs and preferences should be considered when choosing an appropriate and effective delivery model. In Chapter 2, we used data from the JiPime-JiPrEP trial (NCT03593629) to determine if receiving a preferred HIV testing modality to support PrEP delivery is associated with better PrEP continuation…	adherence; antiretroviral therapy (ART); HIV; pre-exposure prophylaxis (PrEP); testing; Epidemiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2023	Barnabee G.; Billah I.; Ndeikemona L.; Silas L.; Ensminger A.; MacLachlan E.; Korn A.K.; Mawire S.; Fischer-Walker C.; Ashipala L.; Forster N.; O'Malley G.; Velloza J.	PrEP uptake and early persistence among adolescent girls and young women receiving services via community and hybrid community-clinic models in Namibia	PLOS One	-	-	-	19326203	10.1371/journal.pone.0289353	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169229972&doi=10.1371%2fjournal.pone.0289353&partnerID=40&md5=d825df5c43137dacd986eab3834f44dc	Introduction Adolescent girls and young women (AGYW) face barriers in accessing clinic-based HIV pre-exposure prophylaxis (PrEP) services and community-based models are a proposed alternative. Evidence from such models, however, is limited. We evaluated PrEP service coverage, uptake, and early persistence among AGYW receiving services through community and hybrid models in Namibia. Methods We analyzed routine data for AGYW aged 15-24 who initiated PrEP within HIV prevention programming. PrEP was delivered via three models: community-concierge (fully community- based services with individually-tailored refill locations), community-fixed (communitybased initiation and refills delivered by community providers on a set schedule at fixed sites), and hybrid community-clinic (community-based initiation and referral to clinics for refills delivered by clinic providers). We examined proportions of AGYW engaged in services along a programmatic PrEP cascade, overall and by model, and assessed factors associated with PrEP uptake and early persistence (refill within 15-44 days after initiation) using multivariable generalized estimating equations. Results Over 10-months, 7593 AGYW participated in HIV prevention programming. Of these, 7516 (99.0%) received PrEP education, 6105 (81.2%) received HIV testing services, 6035 (98.9%) tested HIV-negative, and 2225 (36.9%) initiated PrEP. Of the 2047 AGYW expected for PrEP refill during the study period, 254 (12.4%) persisted with PrEP onemonth after initiation. Structural and behavioral HIV risk factors including early school dropout, food insecurity, inconsistent condom use, and transactional sex were associated with PrEP uptake. AGYW who delayed starting PrEP were 2.89 times more likely to persist (95% confidence interval (CI): 1.52-5.46) and those receiving services via the community-concierge model were 8.7 times (95% CI: 5.44-13.9) more likely to persist (compared to the hybrid model). Conclusion Community-based models of PrEP service delivery to AGYW can achieve high PrEP education and HIV testing coverage and moderate PrEP uptake. AGYW-centered approaches to delivering PrEP refills can promote higher persistence. © 2023 Barnabee et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Barnett, Andrew P.; Arnold, Trisha; Elwy, A. Rani; Brock, James B.; Giorlando, Kayla K.; Sims-Gomillia, Courtney; Leigland, Avery; Whiteley, Laura; Brown, Larry K.	Considerations for PrEP Implementation at Federally Qualified Health Centers in Mississippi: Perspectives From Staff and Patients.	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2023.35.4.309	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166419772&doi=10.1521%2faeap.2023.35.4.309&partnerID=40&md5=6778bcdb134cd601015950ce899df5a9	Pre-exposure prophylaxis (PrEP) uptake remains low in the southeastern United States ("the South"), likely owing to overlapping structural barriers, including the lack of nearby PrEP providers. Federally qualified health centers (FQHCs) are potential sites through which to expand PrEP availability in the South, and telemedicine is promising for these services. This study investigated considerations for PrEP implementation at FQHCs and the use of telemedicine through qualitative interviews with 19 FQHC staff and 17 PrEP-eligible patients in Mississippi. Results indicated that existing infrastructure and policies at FQHCs can support PrEP implementation and that additional needed resources include more education for providers and strategies to advertise PrEP services. Findings suggest that using telemedicine for PrEP can address some regional implementation barriers (e.g., transportation problems and confidentiality concerns) but may present new ones (e.g., concerns about patients performing home HIV/STI testing procedures). Results can inform future PrEP implementation efforts in the South. © 2023 The Guilford Press.	community health centers; HIV; pre-exposure prophylaxis; PrEP; southeastern United States; telemedicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Barnett, George A.; Calabrese, Christopher; Ruiz, Jeanette B.	A comparison of three methods to determine the subject matter in textual data.	Frontiers in Research Metrics and Analytics	-	-	-	2504-0537	10.3389/frma.2023.1104691	https://pubmed.ncbi.nlm.nih.gov/37334104/	This study compares three different methods commonly employed for the determination and interpretation of the subject matter of large corpuses of textual data. The methods reviewed are: (1) topic modeling, (2) community or group detection, and (3) cluster analysis of semantic networks. Two different datasets related to health topics were gathered from Twitter posts to compare the methods. The first dataset includes 16,138 original tweets concerning HIV pre-exposure prophylaxis (PrEP) from April 3, 2019 to April 3, 2020. The second dataset is comprised of 12,613 tweets about childhood vaccination from July 1, 2018 to October 15, 2018. Our findings suggest that the separate "topics" suggested by semantic networks (community detection) and/or cluster analysis (Ward's method) are more clearly identified than the topic modeling results. Topic modeling produced more subjects, but these tended to overlap. This study offers a better understanding of how results may vary based on method to determine subject matter chosen.	social media; cluster analysis; community detection; text analysis; topic modeling	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Barocas J.A.; Gai M.J.; Nurani A.; Bagley S.M.; Hadland S.E.	Initiation of HIV pre-exposure prophylaxis among youth in the United States, 2015–2018	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2067318	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151044998&doi=10.1080%2f09540121.2022.2067318&partnerID=40&md5=9f5dfc61d4f555ea9764eaf11480c438	Adolescents and young adults ("youth") account for one-fifth of new HIV diagnoses in the U.S. HIV pre-exposure prophylaxis (PrEP), which became FDA approved in adolescents in May 2018, is highly effective at preventing HIV infection though there are limited data for PrEP initiation in youth. We aimed to quantify PrEP initiation and identify factors associated with PrEP initiation among youth at risk for HIV. We conducted a retrospective cohort study of youth aged 13–26 years who had an indication for PrEP between 1 January 2015, and 31 December 2018. We used data on commercially insured US individuals from the IBM MarketScan Commercial Database. We compared factors among youth who did and did not receive PrEP. We developed a multivariable logistic regression model to identify the association of all study covariates with receipt of PrEP. Among potentially PrEP eligible youth, only 2171 (1.6%) received a PrEP prescription in the year following their PrEP eligible claim. In multivariable models, youth who received PrEP were more likely to be older (adjusted odd ratio aOR for 18–20 year olds = 5.11; 95% CI = 3.35–7.77; aOR for 21–26 year olds = 16.90; 95% CI = 11.0–24.7), male (aOR = 92.42; 95% CI = 68.24–125), have sexual activity with elevated risk (aOR = 7.47; 95% CI = 6.50–8.60), or be diagnosed with gonorrhea or syphilis than youth who did not receive PrEP. Our findings highlight an opportunity to improve HIV prevention early in the life course. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	adolescents; HIV; inject drugs; pre-exposure prophylaxis; young adults	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Barros, Sandra Garrido de; Brasil, Sandra Assis; Rossi, Thais Regis Aranha	The social construction of the PrEP1519 study: conditions of possibility for advances in HIV/AIDS prevention	Cadernos de Saúde Pública	-	-	-	1678-4464	10.1590/0102-311xen201621	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2023000505007	This paper analyzed the genesis of the PrEP1519 study and feasibility conditions for its construction. A qualitative-approach study was conducted using the Bourdieusian sociology framework to reconstruct the dynamics of the social environment where PrEP1519 emerged during 2015-2018. A document analysis and ten in-depth interviews were carried out to analyze the trajectory of the project. Pre-exposure prophylaxis (PrEP) was introduced in Brazil as a public policy in 2017. The lack of scientific evidence available among the adolescent population led to the development of a demonstrative cohort study, associated with an intervention, aimed at combining the prevention and treatment of sexually transmitted infections at three sites in Brazil. PrEP1519 sought to generate evidence for global use and to help the Brazilian Ministry of Health apply PrEP among adolescents. The articulation of bureaucratic, scientific, and activist stakeholders enabled this study. The feasibility conditions for developing PrEP1519 included a favorable relationship of national organizations with international organizations, the favorable approach that public administrators had at the time towards new technologies and prevention strategies, the researchers' previous experience in studies with the target population or with PrEP, articulation efforts with social movements, civil society organizations, and other public agencies, and the integration between scientific institutions, which allowed using international resources and developing a response to the problem. Completing this study at a moment when conservatism advances in Brazil demands that the scientific community and activists closely monitor and take stances on PrEP to ensure its availability for adolescents as a public policy.	Acquired Immunodeficiency Syndrome; Pre-Exposure Prophylaxis; Profilaxia Pré-Exposição; Profilaxis Pre-Exposición; Adolescente; Medical Sociology; Política de Salud; Política de Saúde; Public Health Policies; Síndrome de Imunodeficiência Adquirida; Síndrome de Inmunodeficiencia Adquirida; Sociologia Médica; Sociología Médica; Teenagers	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Barry, Michael J; Nicholson, Wanda K; Silverstein, Michael; Chelmow, David; Coker, Tumaini Rucker; Davis, Esa M; Donahue, Katrina E; Jaén, Carlos Roberto; Kubik, Marti; Li, Li; Ogedegbe, Gbenga; Rao, Goutham; Ruiz, John M; Stevermer, James J; Tsevat, Joel; Underwood, Sandra Millon; Wong, John B	Preexposure Prophylaxis to Prevent Acquisition of HIV: US Preventive Services Task Force Recommendation Statement.	JAMA - Journal of the American Medical Association	-	-	-	1538-3598	10.1001/jama.2023.14461	https://dx.doi.org/10.1001/jama.2023.14461	Importance: An estimated 1.2 million persons in the US currently have HIV, and more than 760â¯000 persons have died of complications related to HIV since the first cases were reported in 1981. Although treatable, HIV is not curable and has significant health consequences. Therefore, effective strategies to prevent HIV are an important public health and clinical priority. Objective: The US Preventive Services Task Force (USPSTF) commissioned a systematic review to evaluate the benefits and harms of preexposure prophylaxis with antiretroviral therapy for the prevention of HIV acquisition, and the diagnostic accuracy of risk assessment tools to identify persons at increased risk of HIV acquisition. Population: Adolescents and adults who do not have HIV and are at increased risk of HIV. Evidence Assessment: The USPSTF concludes with high certainty that there is a substantial net benefit from the use of effective antiretroviral therapy to reduce the risk of acquisition of HIV in persons at increased risk of acquiring HIV. Recommendation: The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons at increased risk of HIV acquisition to decrease the risk of acquiring HIV. (A recommendation).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Bartels, SM; Galindo, C; Angeles, G; Barrington, C	Assessing Associations Between Stigma and Mental Health Among Preexposure Prophylaxis Users in Guatemala	Stigma and Health	-	-	-	2376-6972	10.1037/sah0000429	https://psycnet.apa.org/fulltext/2023-35388-001.html	The mental health of gay and bisexual men (GBM) who use preexposure prophylaxis (PrEP) may be negatively impacted by experiences of stigma. To assess the relationship between stigma and mental health among GBM who use PrEP in Guatemala, we conducted a survey with 162 PrEP users recruited in a community-based PrEP clinic. In multiple linear regression analyses, greater internalized (beta = 1.94, SE = 0.85, p = .023) and enacted sexual orientation stigma (beta = 0.50, SE = 0.12, p < .001) were associated with greater depressive symptoms. Greater internalized (beta = 1.82, SE = 0.80, p = .023) and enacted sexual orientation stigma (beta = 1.33, SE = 0.11, p = .003) were also associated with greater anxiety symptoms. Additionally, individuals with high social support and high anticipated PrEP stigma had fewer depressive symptoms than individuals with low social support and high anticipated PrEP stigma (beta = -3.25, SE = 1.40, p = .022). This relationship was marginally significant for anxiety (beta = 2.54, SE = 1.31, p = .055). Sexual orientation and PrEP stigma may affect PrEP users' mental health. Interventions addressing stigma are needed to support the uptake and sustained PrEP use in this population.	GAY MEN; gay and bisexual men; mental health; MANAGEMENT; SEX; TRANSGENDER WOMEN; SERVICES; DEPRESSIVE SYMPTOMS; PrEP stigma; HIV STIGMA; SOCIAL SUPPORT; STRESS; Guatemala; CONCEALMENT; sexual orientation stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Basdav J.; Reddy P.; Haffejee F.	Motivators for oral PrEP uptake and adherence in the eThekwini municipality, KwaZulu-Natal	AIDS Care	-	-	-	9540121	10.1080/09540121.2023.2208322	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85156214826&doi=10.1080%2f09540121.2023.2208322&partnerID=40&md5=064d7cde409ccb757b02f51e669eb018	Pre-exposure prophylaxis (PrEP) is a single daily pill that prevents a seropositive HIV status. Since 2016, South Africa has staggered PrEP roll-out, with uptake levels not reaching optimal goals. The aim of this study was to determine motivation behind PrEP initiation and adherence among South African users. A phenomenological qualitative study (n=15) was used. Participants were purposively recruited from two primary healthcare clinics in eThekwini, KwaZulu-Natal. Thematic analysis was used to analyse the data. Three themes were identified: motivation for PrEP uptake, PrEP adherence and PrEP awareness. Initiation was influenced by healthcare professionals. Responsibility for one's well-being, serodiscordant relationships and sexual partner's behavioural patterns contributed toward initiation. Most were fully compliant, using reminders to negate medication forgetfulness. The internet and healthcare professionals served as information sources, however, few were aware of PrEP prior to this. Innovative ways are required to increase awareness levels and increase uptake. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	adherence; clinic users or clinic patients; initiation and/or uptake; Pre-exposure prophylaxis (PrEP); South Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Bates, M; Blackaby, J; Davis, B; Norcross, C; Richardson, D	HIV-PrEP use among men who have sex with men/transgender women with early syphilis	Sexually Transmitted Infections	-	-	-	1368-4973	https://doi.org/10.1136/sextrans-BASHH-2023.99	https://sti.bmj.com/content/99/Suppl_1/A51.3	Introduction HIV pre-exposure prophylaxis (HIV-PrEP) is highly effective at preventing HIV transmission and has been freely available from the NHS since October 2020. Early syphilis is a risk factor for HIV transmission and all men who have sex with men (MSM) and transgender people (TG) diagnosed with early syphilis should be offered HIV-PrEP . We aimed to explore HIV- PrEP use, offer and uptake amongst MSM/TGW diagnosed with early syphilis. Methods We performed a cross- sectional study from our clinic database, collecting data on HIV status, PrEP status, demographic characteristics and risk factors of MSM and TG patients diagnosed with early syphilis between July 2021 and July 2022. Results 171 MSM/TG (168 MSM, 3 TG) with early syphilis were identified; 83 (49%) were living with HIV. Of the remaining 88 HIV-negative MSM/TG, 33 (38%) were not taking HIV-PrEP at the time of syphilis diagnosis. HIV-PrEP users were more likely to have previous syphilis (p<0.04) and be UK born (p<0.03) than non-PrEP users. All HIV negative MSM/TG not using HIV-PREP were offered, and 21 (64%) started HIV-PrEP at the clinic visit; a further 2 (6%) started HIV-PrEP at a subsequent clinic visit, 6 (18%) declined, and 4 (12%) were lost to follow up. Conclusion A significant number of MSM/TG were not taking HIV-PrEP prior to their syphilis diagnosis. These MSM/TG were more likely to be born outside the UK and less likely to have had syphilis before. Reassuringly, all MSM/TG were offered HIV-PEP, and 64% started HIV-PrEP after their syphilis diagnosis. Discussing HIV-PrEP with MSM/TG with syphilis remains a key objective, but we also need to consider how to reach these individuals earlier.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Bauermeister, Jose A.; Dominguez Islas, Clara; Jiao, Yuqing; Tingler, Ryan; Brown, Elizabeth; Zemanek, Jillian; Giguere, Rebecca; Balan, Ivan; Johnson, Sherri; Macagna, Nicole; Lucas, Jonathan; Rose, Matthew; Jacobson, Cindy; Collins, Clare; Livant, Edward; Singh, Devika; Ho, Ken; Hoesley, Craig; Liu, Albert; Kayange, Noel; Palanee-Phillips, Thesla; Chariyalertsak, Suwat; Gonzales, Pedro; Piper, Jeanna	A randomized trial of safety, acceptability and adherence of three rectal microbicide placebo formulations among young sexual and gender minorities who engage in receptive anal intercourse (MTN-035).	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0284339	https://pubmed.ncbi.nlm.nih.gov/37043527/	Efforts to develop a range of HIV prevention products that can serve as behaviorally congruent viable alternatives to consistent condom use and oral pre-exposure prophylaxis (PrEP) remain crucial. MTN-035 was a randomized crossover trial seeking to evaluate the safety, acceptability, and adherence to three placebo modalities (insert, suppository, enema) prior to receptive anal intercourse (RAI). If participants had no RAI in a week, they were asked to use their assigned product without sex. We hypothesized that the modalities would be acceptable and safe for use prior to RAI, and that participants would report high adherence given their behavioral congruence with cleansing practices (e.g., douches and/or enemas) and their existing use to deliver medications (e.g., suppositories; fast-dissolving inserts) via the rectum. Participants (N = 217) were sexual and gender minorities enrolled in five different countries (Malawi, Peru, South Africa, Thailand, and the United States of America). Mean age was 24.9 years (range 18-35 years). 204 adverse events were reported by 98 participants (45.2%); 37 (18.1%) were deemed related to the study products. The proportion of participants reporting "high acceptability" was 72% (95%CI: 65% - 78%) for inserts, 66% (95%CI: 59% - 73%) for suppositories, and 73% (95%CI: 66% - 79%) for enemas. The proportion of participants reporting fully adherent per protocol (i.e., at least one use per week) was 75% (95%CI: 69% - 81%) for inserts, 74% (95%CI: 68% - 80%) for suppositories, and 83% (95%CI: 77% - 88%) for enemas. Participants fully adherent per RAI-act was similar among the three products: insert (n = 99; 58.9%), suppository (n = 101; 58.0%) and enema (n = 107; 58.8%). The efficacy and effectiveness of emerging HIV prevention drug depends on safe and acceptable delivery modalities that are easy to use consistently. Our findings demonstrate the safety and acceptability of, and adherence to, enemas, inserts, and suppositories as potential modalities through which to deliver a rectal microbicide.	Adolescent; Adult; Humans; Male; Young Adult; Sexual Behavior; Homosexuality, Male; Rectum; *Pre-Exposure Prophylaxis; *Sexual and Gender Minorities; *HIV Infections/prevention & control/drug therapy; *Anti-Infective Agents/therapeutic use; Suppositories	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Bayan, Mohammad Harris; Smalls, Travis; Boudreau, Alec; Mirza, Agha W.; Pasco, Courtney; Demko, Zoe O.; Rothman, Richard E.; Hsieh, Yu-Hsiang; Eshleman, Susan H.; Mostafa, Heba H.; Gonzalez-Jimenez, Nathalie; Chavez, Pollyanna R.; Emerson, Brian; Delaney, Kevin P.; Daugherty, Debra; MacGowan, Robin J.; Manabe, Yukari C.; Hamill, Matthew M.	Evaluating the impact of point-of-care HIV viral load assessment on linkage to care in Baltimore, MD: a randomized controlled trial.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-023-08459-7	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-023-08459-7	BACKGROUND: Integration of a sensitive point-of-care (POC) HIV viral load (VL) test into screening algorithms may help detect acute HIV infection earlier, identify people with HIV (PWH) who are not virally suppressed, and facilitate earlier referral to antiretroviral therapy (ART), or evaluation for pre-exposure prophylaxis (PrEP). This report describes a randomized clinical trial sponsored by the Centers for Disease Control and Prevention (CDC): "Ending the HIV Epidemic Through Point-of-Care Technologies" (EHPOC). The study's primary aim is to evaluate the use of a POC HIV VL test as part of a testing approach and assess the impact on time to linkage to ART or PrEP. The study will recruit people in Baltimore, Maryland, including patients attending a hospital emergency department, patients attending an infectious disease clinic, and people recruited via community outreach. The secondary aim is to evaluate the performance characteristics of two rapid HIV antibody tests approved by the United States Food and Drug Administration (FDA). METHODS: The study will recruit people 18 years or older who have risk factors for HIV acquisition and are not on PrEP, or PWH who are not taking ART. Participants will be randomly assigned to either the control arm or the intervention arm. Participants randomized to the control arm will only receive the standard-of-care (SOC) HIV screening tests. Intervention arm participants will receive a POC HIV VL test in addition to the SOC HIV diagnostic screening tests. Follow up will consist of an interim phone survey conducted at week-4 and an in-person week-12 visit. Demographic and behavioral information, and oral fluid and blood specimens will be collected at enrollment and at week-12. Survey data will be captured in a Research Electronic Data Capture (REDCap) database. Participants in both arms will be referred for either ART or PrEP based on their HIV test results. DISCUSSION: The EHPOC trial will explore a novel HIV diagnostic technology that can be performed at the POC and provide viral assessment. The study may help inform HIV testing algorithms and contribute to the evidence to support same day ART and PrEP recommendations. TRIAL REGISTRATION: NIH ClinicalTrials.gov NCT04793750. Date: 11 March 2021.	Humans; Viral Load; United States; HIV; Baltimore; Antiretroviral therapy; Pre-exposure prophylaxis; Acute HIV infection; *Point-of-Care Systems; Point-of-care; HIV Testing; *HIV Infections/diagnosis/drug therapy/prevention & control; Randomized clinical trial; Diagnostics; Linkage-to-care; Viral load testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bazzi A.R.; Bordeu M.; Baumgartner K.; Sproesser D.M.; Bositis C.M.; Krakower D.S.; Mimiaga M.J.; Biello K.B.	Study protocol for an efficacy trial of the "PrEP for Health" intervention to increase HIV PrEP use among people who inject drugs	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-15429-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150381218&doi=10.1186%2fs12889-023-15429-w&partnerID=40&md5=0a5a54d91aa6ac692b2925e1c36c823a	Background: HIV incidence has recently increased among people who inject drugs (PWID) across the United States, with outbreaks occurring in states with long-standing syringe service programs (SSPs) including Massachusetts (MA). Antiretroviral pre-exposure prophylaxis (PrEP) is an evidence-based HIV prevention strategy recommended for PWID, but uptake in this marginalized population is extraordinarily low. Methods: We describe the design and procedures for a National Institute on Drug Abuse (NIDA)-funded (R01) randomized controlled trial (RCT) testing the efficacy of "PrEP for Health," a multicomponent behavioral intervention to increase PrEP uptake, adherence, and persistence among HIV-negative PWID attending SSPs in two areas of the U.S. Northeast that are heavily affected by injection-related HIV transmission. Participants are equally randomized to receive the "PrEP for Health" intervention (involving individually tailored HIV and PrEP education, motivational interviewing, problem-solving skills and planning, and ongoing navigation support) or an enhanced standard of care (eSOC) control condition involving a brief educational video on the utility of PrEP for HIV prevention. Co-primary outcomes are PrEP uptake (using medical/pharmacy records) and adherence (using tenofovir quantification in hair samples); a secondary outcome is PrEP persistence (using medical/pharmacy records) over 12 months. Major assessments occur at baseline, 1-, 3-, 6-, and 12-month follow-up visits. Planned analyses will examine intervention efficacy, specific hypothesized conceptual mediators of the intervention effect (e.g., self-perceived HIV risk; PrEP knowledge, interest in use, motivation, and behavioral skills) and epidemiologically linked moderators (e.g., age; gender; condomless vaginal or anal sex). Discussion: Findings from our extensive preliminary research with the study population revealed that a multicomponent, theory-based intervention targeting PrEP knowledge, motivation, self-efficacy, behavioral skills, and structural barriers to PrEP access is urgently needed for PWID who are at risk of HIV acquisition. We also learned that SSPs represent a highly acceptable service setting for delivering such interventions. In this study, we are evaluating the efficacy of the "PrEP for Health" intervention. If efficacious, findings from our implementation evaluation could help guide its dissemination to diverse SSPs and possibly other community-based settings accessed by this population. Trial registration: ClinicalTrials.gov number NCT04430257, registered June 12, 2020. © 2023, The Author(s).	HIV infections; Motivational interviewing; Needle-Exchange Programs; Opioid-related Disorders; Patient Navigation; Pre-Exposure Prophylaxis; Self Efficacy; Social Cognitive Theory; Substance Use, Intravenous; Substance-related Disorders	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bazzi A.R.; Shaw L.C.; Biello K.B.; Vahey S.; Brody J.K.	Patient and Provider Perspectives on a Novel, Low-Threshold HIV PrEP Program for People Who Inject Drugs Experiencing Homelessness	Journal of General Internal Medicine	-	-	-	8848734	10.1007/s11606-022-07672-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85130746337&doi=10.1007%2fs11606-022-07672-5&partnerID=40&md5=aa2abad1cbf19625992d8be1c45ddfa4	Background: HIV outbreaks among people who inject drugs (PWID) and experience homelessness are increasing across the USA. Despite high levels of need, multilevel barriers to accessing antiretroviral pre-exposure prophylaxis (PrEP) for HIV prevention persist for this population. The Boston Health Care for the Homeless Program (BHCHP) initiated a low-threshold, outreach-based program to support engagement in PrEP services among PWID experiencing homelessness. Methods: To inform dissemination efforts, we explored patient and provider perspectives on key program components. From March to December 2020, we conducted semi-structured qualitative interviews with current and former BHCHP PrEP program participants and prescribers, patient navigators, and outreach workers (i.e., providers). Thematic analysis explored perspectives on key program components. Results: Participants (n = 21) and providers (n = 11) identified the following five key components of BHCHP's PrEP program that they perceived to be particularly helpful for supporting patient engagement in PrEP services: (1) community-driven PrEP education; (2) low-threshold, accessible programming including same-day PrEP prescribing; (3) tailored prescribing supports (e.g., on-site pharmacy, short-term prescriptions, medication storage); (4) intensive outreach and navigation; and (5) trusting, respectful patient-provider relationships. Discussion: Findings suggest that more patient-centered services formed the basis of BHCHP's innovative, successful PrEP program. While contextual challenges including competing public health emergencies and homeless encampment "sweeps" necessitate ongoing programmatic adaptations, lessons from BHCHP's PrEP program can inform PrEP delivery in a range of community-based settings serving this population, including syringe service programs and shelters. © 2022, The Author(s).	community health services; delivery of health care; harm reduction; HIV infections; homeless persons; patient navigation; pre-exposure prophylaxis; program evaluation; public health; substance use, intravenous	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Beall, Clifford J.; Lilly, Elizabeth A.; Granada, Carolina; Treas, Kelly; Dubois, Kenneth R. 3rd; Hashmi, Shahr B.; Vazquez, Jose A.; Hagensee, Michael E.; Griffen, Ann L.; Leys, Eugene J.; Fidel, Paul L. Jr	Independent Effects of HIV and Antiretroviral Therapy on the Oral Microbiome Identified by Multivariate Analyses.	mBio	-	-	-	2150-7511	10.1128/mbio.00409-23	https://pubmed.ncbi.nlm.nih.gov/37071004/	The oral microbiome is an important predictor of health and disease. We recently reported significant yet modest effects of HIV under highly active antiretroviral therapy (ART) on the oral microbiome (bacterial and fungal) in a large cohort of HIV-positive (HIV(+)) and matched HIV-negative (HIV(-)) individuals. As it was unclear whether ART added to or masked further effects of HIV on the oral microbiome, the present study aimed to analyze the effects of HIV and ART independently, which also included HIV(-) subjects on preexposure prophylaxis (PrEP) therapy. Cross-sectional analyses of the effect of HIV devoid of ART (HIV(+) ART(-) versus matched HIV(-) subjects) showed a significant effect on both the bacteriome and mycobiome (P < 0.024) after controlling for other clinical variables (permutational multivariate analysis of variance PERMANOVA of Bray-Curtis dissimilarity). Cross-sectional analyses evaluating the effects of ART (HIV(+) ART(+) versus HIV(+) ART(-) subjects) revealed a significant effect on the mycobiome (P < 0.007) but not the bacteriome. In parallel longitudinal analyses, ART (before versus after the initiation of ART) had a significant effect on the bacteriome, but not the mycobiome, and HIV(+) and HIV(-) PrEP subjects (P < 0.005 and P < 0.016, respectively). These analyses also revealed significant differences in the oral microbiome and several clinical variables between HIV(-) PrEP subjects (pre-PrEP) and the HIV-matched HIV(-) group (P < 0.001). At the species level, a small number of differences in both bacterial and fungal taxa were identified within the effects of HIV and/or ART. We conclude that the effects of HIV and ART on the oral microbiome are similar to those of the clinical variables but collectively are modest overall. IMPORTANCE The oral microbiome can be an important predictor of health and disease. For persons living with HIV (PLWH), HIV and highly active antiretroviral therapy (ART) may have a significant influence on their oral microbiome. We previously reported a significant effect of HIV with ART on both the bacteriome and mycobiome. It was unclear whether ART added to or masked further effects of HIV on the oral microbiome. Hence, it was important to evaluate the effects of HIV and ART independently. For this, multivariate cross-sectional and longitudinal oral microbiome analyses (bacteriome and mycobiome) were conducted within the cohort, including HIV(+) ART(+) subjects and HIV(+) and HIV(-) (preexposure prophylaxis PrEP) subjects before and after the initiation of ART. While we report independent significant effects of HIV and ART on the oral microbiome, we conclude that their influence is similar to that of the clinical variables but collectively modest overall.	ART; HIV; bacteriome; mycobiome; oral microbiome.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Beauchamp, Geetha; Donnell, Deborah; Hosek, Sybil; Anderson, Peter L; Chan, Kwun C G; Dye, Bonnie J; Mgodi, Nyaradzo; Bekker, Linda-Gail; Delany-Moretlwe, Sinead; Celum, Connie	Trust in the provider and accurate self-reported PrEP adherence among adolescent girls and young women in South Africa and Zimbabwe: HPTN 082 study.	BMC Women's Health	-	-	-	1472-6874	10.1186/s12905-023-02418-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10199602	BACKGROUND: Trust is an important cornerstone of patient-provider communication. Accurate reporting of pre-exposure prophylaxis (PrEP) adherence is vital for providers to determine who needs adherence support, especially adolescent girls and young women (AGYW) disproportionately affected by newly diagnosed HIV. METHODS: This is a secondary analysis of the HPTN 082 open-label PrEP demonstration trial. From 2016-2018, 451 AGYW aged 16-25 years were enrolled in South Africa (Cape Town and Johannesburg) and Zimbabwe (Harare). PrEP was initiated by 427, and 354 (83%) had month three patient-reported adherence responses and intracellular tenofovir diphosphate (TFV-DP) measurements. The patient-reported adherence response to 'In the past month, how often did you take the tablet?' was dichotomized as 'high' if the response was every day or most days, and 'low' if some days or not many days or never. The biomarker marker evidence of adherence in dried blood spots was defined as 'high' if TFV-DP ≥ 700, and 'low' if < 350 fmol/punch. We used multinomial logistic regression to examine if trust in the PrEP provider was associated with concordance between patient-reported adherence and intracellular tenofovir-diphosphate (TFV-DP). RESULTS: AGYW who reported trust in their providers were almost four-fold (aOR 3.72, 95% CI 1.20-11.51) more likely to have concordant adherence (high self-reported adherence and high TFV-DP concentrations) compared to discordant non-adherence (high self-reported adherence and low TFV-DP concentrations). CONCLUSION: Education and training of providers to build trusting relationships with AGYW may lead to more accurate reporting of PrEP adherence. With accurate reporting, adequate support can be provided to bolster adherence. TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT02732730.	Trust, Provider, Adherence, Pre-exposure prophylaxis, African adolescent girls and young women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Beauchamp, Geetha; Hosek, Sybil; Donnell, Deborah J; Chan, Kwun C G; Flaherty, Brian P; Anderson, Peter L; Dye, Bonnie J; Mgodi, Nyaradzo; Bekker, Linda-Gail; Delany-Moretlwe, Sinead; Celum, Connie	Development of a tool to assess HIV prevention readiness of adolescent girls and young women in HPTN 082 study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0281728	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9956790	BACKGROUND: African adolescent girls and young women (AGYW) represent a large proportion of new HIV infections, a priority population for pre-exposure prophylaxis (PrEP), but adherence remains a challenge. A reliable, valid readiness tool would help identify AGYW motivated to take PrEP who need adherence support. METHODS: In the HPTN 082 open-label PrEP study (2016-2019), South African and Zimbabwean women ages 16-25 were administered an HIV prevention readiness measure (HPRM). The 25 items in the HPRM included medication beliefs, connection with care, disclosure of PrEP use, social support, and housing stability using a 5-point Likert scale. Exploratory factor analysis (EFA) using polychoric correlations, scale reliability, and predictive validity were performed on data from 315 participants who responded to all items. We assessed the predictive value of HPRM scores with PrEP adherence, defined as tenofovir-diphosphate (TFV-DP) concentrations in dried blood spots, as a continuous measure and dichotomized as high PrEP adherence (≥700 fmol/punch). RESULTS: EFA yielded 23 items with three subscales: self-efficacy (16 items), PrEP disclosure (4 items), and social support (3 items). Cronbach's α ranged from 0.71 to 0.92 for the overall scale and the subscales. The average overall scale and the subscales were predictive of 3-month PrEP adherence for TFV-DP concentrations: for each unit increase of the HPRM score, TFV-DP concentration increased by 103 fmol/punch (95% CI: 16, 189, p = 0.02); the highest HPRM score equated with 608 fmol/punch on average. For the self-efficacy subscale, TFV-DP increased by 90 fmol/punch (95% CI: 7, 172, p = 0.03); PrEP disclosure, 68 fmol/punch (95% CI: 19, 117 p = 0.01); and social support, 58fmol/punch (95% CI: 2, 113, p = 0.04). Higher PrEP disclosure suggests high adherence (OR 1.36, 95% CI: 1.00, 1.86, p = 0.05) and predicted persistent high adherence at both months three and six (OR: 1.50, 95% CI: 1.03, 2.21, p = 0.04). CONCLUSIONS: The HPRM scale overall and the subscales individually demonstrated good internal consistency among African young women. PrEP disclosure subscale exhibiting significant association with persistent high PrEP adherence is an important finding for PrEP adherence support programs. Future work will assess replicability and expand self-efficacy and social-support subscales after item revision. TRIAL REGISTRATION: ClinicalTrials.gov NCT02732730.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Beauchamp, Geetha; Hosek, Sybil; Donnell, Deborah; Chan, Kwun C G; Anderson, Peter L; Dye, Bonnie J; Mgodi, Nyaradzo; Bekker, Linda-Gail; Delany-Moretlwe, Sinead; Celum, Connie	The Effect of Disclosure of PrEP Use on Adherence Among African Young Women in an Open-Label PrEP Study: Findings from HPTN 082.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-023-04175-0	https://dx.doi.org/10.1007/s10461-023-04175-0	To develop effective PrEP adherence interventions, it is important to understand the interplay between disclosure of pre-exposure prophalxis (PrEP) use, social support, and PrEP adherence. We leveraged the HPTN 082 study conducted among 451 adolescent girls and young women (AGYW) (ages 16 to 25 years, 2016 to 2019) in South Africa and Zimbabwe. Among the 349 who had month three disclosure and PrEP adherence data, 60% (n = 206) felt supported by adults, and 89% (n = 309) disclosed PrEP use to at least one person. PrEP disclosure was not associated with increased adherence, measured by intracellular tenofovir-diphosphate concentrations in dried blood spots. Women who reported having supportive adults, and disclosed to their parents, had higher adherence at 6 months with an increase of 177 fmol/punch (95% CI 12 to 343, t = 2.11, p = 0.04). PrEP interventions that help AGYW identify supportive relationships and effectively communicate the benefits of PrEP may improve PrEP adherence.Clinicaltrials.gov ID number: NCT02732730.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Bebell, LM; Schreiner, A; Ngonzi, J; Boatin, AA; Byamukama, A; Parks, K; Gernand, AD; Kumbakumba, E; Bassett, IV; Siedner, MJ; Asiimwe, S; Carreon, CK; Atwine, R; Roberts, DJ	HISTOLOGIC PLACENTAL FINDINGS AMONG PEOPLE WITH HIV AND PEOPLE TAKING PREP IN PREGNANCY	Placenta	-	-	0143-4004	10.1016/j.placenta.2023.07.271	https://www.sciencedirect.com/science/article/pii/S0143400423004216?via%3Dihub	Objectives: Globally, more than one million HIV-exposed, uninfected (HEU) children are born annually and are at higher risk of adverse outcomes than HIV-unexposed children. Some adverse outcomes may originate from placental abnormalities. We aimed to determine differences in gross and histologic placental findings by maternal HIV serostatus and antiretroviral (ARV) use. Methods: We enrolled a prospective cohort of 600 people with singleton pregnancies in Mbarara, Uganda: 300 who were HIV-infected and taking antiretroviral therapy, 200 HIV-uninfected taking no ARVs, and 100 HIV-uninfected taking pre-exposure prophylaxis (PrEP). We collected placentas at delivery for evaluation. Histologic placental findings were characterized using the Amsterdam consensus criteria. Findings were compared between groups using t-tests and chi-square tests. Results: To date, we have performed gross and histologic assessment for 580 and 383 placentas, respectively. HIV- and PrEP-exposed placentas had lower mean trimmed weight (446g and 441g versus 464g, P=0.09) and lower disk thickness (1.7cm versus 1.8cm for HIV-unexposed and 1.9cm for PrEP-exposed, P=0.01). Fetal vascular malperfusion was significantly less common in HIV-exposed than HIV-unexposed and PrEP-exposed placentas (8% versus 20% and 17%, P<0.01) and more common in dolutegravir-exposed than efavirenz-exposed placentas (11% versus 6%), but there was no difference in prevalence of maternal vascular malperfusion by HIV- or ARV-exposure (P=0.68). Villitis of unknown etiology was less common in HIV-exposed placentas (4% versus 12% in HIV-unexposed and 15% in PrEP-exposed placentas; P<0.01). Acute chorioamnionitis was more common in HIV-unexposed placentas (42% versus 31% in HIV-exposed and 22% in PrEP-exposed, P=0.02). Conclusion: Placentas from people with HIV taking ARVs weigh less and are thinner. Furthermore, fetal vascular malperfusion and villitis are less prevalent in placentas from people with HIV than people without HIV, including those taking PrEP. Lower prevalence of inflammatory pathologies in HIV/ARV-exposed placentas is unexpected and may indicate reduced inflammatory response, and merit further study.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Beckham S.W.; Sanchez T.; Fowler R.; Zlotorzynska M.; Rai M.; Sullivan P.; Vannappagari V.; Sarkar S.; Glick J.L.; Rinehart A.R.; Rawlings K.; Bridges J.F.P.	Variation in Preferences for Long-Acting Injectable Pre-Exposure Prophylaxis Among US Men Who Have Sex with Men: A Latent Class Analysis	AIDS Patient Care and STDs	-	-	10872914	10.1089/apc.2023.0109	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175357484&doi=10.1089%2fapc.2023.0109&partnerID=40&md5=efbbedbb786d8ebe43134bc195cb33f6	Cabotegravir long-acting injectable HIV pre-exposure prophylaxis (LA PrEP) is efficacious, with a good safety profile, and was approved by the US Food and Drug Administration in December 2021. Understanding variations in potential user preferences for LA PrEP may inform implementation and subsequently improve uptake and community-level effectiveness. HIV-negative, sexually active men who have sex with men (MSM) aged ‡15 years were recruited online for the 2019 American Men's Internet Survey, before LA PrEP approval. Respondents completed a discrete-choice experiment (DCE) with hypothetical LA PrEP attributes (out-of-pocket cost, perceived side effects, injection frequency, perceived stigma, service location). Latent class analysis segmented respondents into groups based on their preferences for the attributes presented, and relative importance of preference weights and willingness-to-pay were calculated. While the majority had never used daily oral PrEP, 73% of the 2489 respondents were very or somewhat likely to use LA PrEP. Three latent classes were identified from 2241 respondents in the DCE. The "side effects-averse" class was the largest group (64% of respondents) and placed 61% relative importance on side effects. The "ambivalent" class (20% of respondents) placed higher importance on stigma (17% of relative importance) than other classes. The "cost-conscious" class (16% of respondents) placed higher relative importance (62%) on cost compared with other attributes and classes. Perceived side effects were an important hypothetical barrier for LA PrEP uptake among a large proportion of potential MSM users. Minimizing out-of-pocket costs is likely to increase uptake and may be important to equitable access. Tailored communication strategies are recommended for the different groups of potential LA PrEP users. © Mary Ann Liebert, Inc.	discrete-choice experiment; HIV/AIDS; PrEP; prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Beesham I.; Milford C.; Joseph Davey D.L.; Smit J.; Mansoor L.E.; Beksinska M.	Key stakeholders' perspectives on providing oral pre-exposure prophylaxis as HIV-prevention standard of care in clinical trials in South Africa	African Journal of AIDS Research	-	-	16085906	10.2989/16085906.2023.2169177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150982782&doi=10.2989%2f16085906.2023.2169177&partnerID=40&md5=f40d1aa4d347d02aef042af146bf62f7	Introduction: HIV-prevention and endpoint-driven clinical trials enrol individuals at substantial risk of HIV. Recently, these trials have provided oral pre-exposure prophylaxis (PrEP) as HIV-prevention standard of care; however, data on PrEP uptake and use during the trial and post-trial access are lacking. Methods: We conducted once-off, telephonic, in-depth interviews from August 2020 to March 2021, with 15 key stakeholders (including site directors/leaders, principal investigators and clinicians), purposively recruited from research sites across South Africa that are known to conduct HIV-prevention and endpoint-driven clinical trials. The interview guide probed for facilitators and barriers to PrEP uptake and use during the trial, and post-trial PrEP access. Interviews were audio recorded and transcribed. Coding was facilitated using NVivo and emergent themes were identified. Results: Most stakeholders reported incorporating PrEP as part of the HIV-prevention package in HIV-prevention and endpoint-driven clinical trials. Stakeholders identified multiple barriers to PrEP uptake and use, including difficulties with daily pill taking, side effects, stigma, a lack of demand creation and limited knowledge and education about PrEP in communities. Facilitators of PrEP uptake and use included demand-creation campaigns and trial staff providing quality counselling and education. Post-trial PrEP access was frequently challenging as facilities were located a considerable distance from research sites, had long queues and inconvenient operating hours. Conclusions: Strategies to address barriers to PrEP uptake and use during trials and post-trial access, such as PrEP demand creation, education and counselling, addressing stigma, support for daily pill-taking and increased post-trial access, are urgently needed. © 2023 NISC (Pty) Ltd.	HIV prevention options; post-trial access; PrEP; standard of prevention	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Beesham, Ivana; Milford, Cecilia; Smit, Jenni; Joseph Davey, Dvora L; Baeten, Jared M; Heffron, Renee; Beksinska, Mags	Post-trial access to and use of pre-exposure prophylaxis in Durban, South Africa.	BMC Public Health	-	-	1471-2458	https://doi.org/10.1186/s12889-023-16139-z	https://escholarship.org/uc/item/60b4w713	BackgroundHIV endpoint-driven clinical trials increasingly provide oral pre-exposure prophylaxis (PrEP) as standard of prevention during the trial, however, among participants desiring to continue using PrEP at trial exit, little is known about post-trial PrEP access and continued use.MethodsWe conducted one-time, semi-structured, face-to-face, in-depth interviews with 13 women from Durban, South Africa, from November to December 2021. We interviewed women who initiated oral PrEP as part of the HIV prevention package during the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial, elected to continue using PrEP at study exit, and were given a 3-month PrEP supply and referred to facilities for PrEP refills at the final trial visit. The interview guide probed for barriers and enablers to post-trial PrEP access, and current and future PrEP use. Interviews were audio-recorded and transcribed. Thematic analysis was facilitated using NVivo.ResultsOf the 13 women, six accessed oral PrEP post-trial exit, but five later discontinued. The remaining seven women did not access PrEP. Barriers to post-trial PrEP access and continued use included PrEP facilities having long queues, inconvenient operating hours, and being located far from women's homes. Some women were unable to afford transport costs to collect PrEP. Two women reported visiting their local clinics and requesting PrEP but were informed that PrEP was unavailable at the clinic. Only one woman was still using PrEP at the time of the interview. She reported that the PrEP facility was located close to her home, staff were friendly, and PrEP education and counselling were provided. Most women not on PrEP reported wanting to use it again, particularly if barriers to access could be alleviated and PrEP was easily available at facilities.ConclusionsWe identified several barriers to post-trial PrEP access. Strategies to enhance PrEP access such as a reduction in waiting queues, convenient facility operating hours, and making PrEP more widely available and accessible are needed. It is also worth noting that oral PrEP access has expanded in South Africa from 2018 till now and this could improve access to PrEP for participants exiting trials who desire to continue PrEP.	Humans; HIV Infections; Anti-HIV Agents; Ambulatory Care Facilities; South Africa; Female; Pre-Exposure Prophylaxis; Oral pre-exposure prophylaxis; Post-trial access and use; Young women; Infectious Diseases; Prevention; HIV/AIDS; Clinical Research; Clinical Trials and Supportive Activities; Mental Health; Good Health and Well Being; Public Health and Health Services; Public Health	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Béhanzin, Luc; Diabaté, Souleymane; Guédou, Fernand Aimé; Matsétsé, Ella Goma; Olodo, Marius; Dossouvo, Alban; Aza-Gnandji, Marlène; Akpaka, Axel; Chagas, Elyote; Gangbo, Flore; Zannou, Djimon Marcel; Alary, Michel	Prevalence of viral hepatitis B and C in men who have sex with men enrolled in a demonstration study of pre-exposure prophylaxis for HIV in Cotonou, Benin	Pan African Medical Journal	-	-	1937-8688	10.11604/pamj.2023.46.79.41013	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10819840	Introduction: men who have sex with men (MSM) are disproportionately affected by hepatitis B virus (HBV) and hepatitis C virus (HCV) worldwide. In Benin, there are no data on MSM. The purpose of this study was to estimate HBV and HCV prevalence and HBV-associated factors in MSM who were HIV negative. Methods: we conducted an analytical cross-sectional study. A two-degree random sampling was used to recruit 204 MSM. An immunochromatographic rapid test and enzyme immunoassays were used to detect HBV and HCV antigens/antibodies. Log-binomial regression was used to identify factors associated with HBV. Results: HbsAg positivity, history of hepatitis B infection and hepatitis C prevalences were 37.7%, 8.8 %, and 0.9 %, respectively. HBsAg positivity and history of hepatitis B were more prevalent in MSM aged ≥30 years compared to younger subjects: 16.7% versus 6.4% (p<0.0001) and 66.7% versus 28.8% (p<0.0001), respectively. Sexual intercourse under the effect of drug or alcohol and living in couple were also associated with HBV. conclusion: the prevalence of hepatitis C was low, but hepatitis B was common, especially among older MSM. Screening and vaccination against hepatitis B should be strengthened in this population.	Hommes ayant des rapports sexuels avec d´autres hommes, Infections sexuellement transmissibles, hépatite B, hépatite C, hépatite B actuelle, hépatite B à vie, facteurs associés, prévalence	French	Uganda	Eastern and Southern Africa	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Bekerman E.; Yant S.R.; VanderVeen L.; Hansen D.; Lu B.; Rowe W.; Wang K.; Callebaut C.	Long-acting lenacapavir acts as an effective preexposure prophylaxis in a rectal SHIV challenge macaque model	Journal of Clinical Investigation	-	-	219738	10.1172/JCI167818	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168222664&doi=10.1172%2fJCI167818&partnerID=40&md5=484d7da767bc83ef967d210972714ecd	Long-acting antiretroviral agents for preexposure prophylaxis (PrEP) represent a promising new alternative to daily oral regimens for HIV prevention. Lenacapavir (LEN) is a first-in-class long-acting capsid inhibitor approved for the treatment of HIV-1 infection. Here, we assessed the efficacy of LEN for PrEP using a single high-dose simian-human immunodeficiency virus (SHIV) rectal challenge macaque model. In vitro, LEN showed potent antiviral activity against SHIV, as it did for HIV-1. In macaques, a single subcutaneous administration of LEN demonstrated dose proportional increases in and durability of drug plasma levels. A high-dose SHIV inoculum for the PrEP efficacy evaluation was identified via virus titration in untreated macaques. LEN-treated macaques were challenged with high-dose SHIV 7 weeks after drug administration, and the majority remained protected from infection, as confirmed by plasma PCR, cell-associated proviral DNA, and serology testing. Complete protection and superiority to the untreated group was observed among animals whose LEN plasma exposure exceeded its model-adjusted clinical efficacy target at the time of challenge. All infected animals had subprotective LEN concentrations and showed no emergent resistance. These data demonstrate effective SHIV prophylaxis in a stringent macaque model at clinically relevant LEN exposures and support the clinical evaluation of LEN for HIV PrEP in humans. Copyright: © 2023, Bekerman et al. This is an open access article published under the terms of the Creative Commons Attribution 4.0 International License.	lenacapaviranti human immunodeficiency virus agentdoxecitine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Bell, J; Ratna, N; Migchelsen, SJ; Mohammed, H; Saunders, J	Therapeutic drug monitoring in oral HIV pre-exposure prophylaxis users with a history of bariatric surgery - a case series	Sexually Transmitted Infections	-	-	1368-4973	10.1136/sextrans-BASHH-2023.101	https://sti.bmj.com/content/99/Suppl_1/A52.2	Introduction Oral HIV pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) is highly effective in preventing HIV when taken adequately. Plasma concentration for TDF of >40ng/mL has been reported to be highly predictive of protection from HIV acquisition.1 The prevalence of obesity is increasing globally with growing numbers of people undergoing bariatric surgery including gastric sleeve, Roux-en-Y gastric bypass (RYGB), or gastric banding.2 Drug absorption may decrease following bariatric surgery and there are limited data on PrEP drug concentrations and efficacy following this intervention. Methods We included PrEP-users with previous bariatric surgery who were referred to a national complex PrEP clinic between June 2021 and March 2023. We collected data on demographics, bariatric surgery history, PrEP regimen, plasma TDF/FTC trough concentrations, and HIV antibody test results via retrospective case-notes review. We undertook descriptive analyses in SPSS version 29. Results We included eight cases (Table 1); all were cis-gender men-who-have-sex-with-men [mean age = 46.6 years [standard deviation (SD) = 11.9]] taking TDF/FTC as a daily dose (DD) or event-based dose (EBD). Median time between PrEP initiation and therapeutic drug monitoring was 66 days [interquartile range (IQR) = 5.3 - 1623]. Mean plasma trough concentrations of TDF and FTC were 85.9ng/mL (SD=27.5) and 59.2ng/mL (SD=45.1) respectively. All patients had a negative HIV antibody test at follow-up after commencing PrEP (median 532 days, IQR = 111–1759)	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Beltrami J.; Rao S.; Wang G.; Minor P.; Dunbar E.	HIV Linkage to Care and Pre-Exposure Prophylaxis among Persons in Non-Health Care Sites Who Are Tested for HIV for the First Time, United States, 2019	Journal of Public Health Management and Practice	-	-	10784659	10.1097/PHH.0000000000001592	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143088698&doi=10.1097%2fPHH.0000000000001592&partnerID=40&md5=24a072a03b8e8630f7c41a64f1728c93	Context: The Centers for Disease Control and Prevention recommends that all persons aged 13 to 64 years are tested for human immunodeficiency virus (HIV). However, results from US surveys show that 50% of persons and less had ever tested for HIV. Program: The Centers for Disease Control and Prevention annually funds 60 health departments to conduct comprehensive HIV prevention and surveillance activities that include HIV testing. Implementation: We selected the 31 health departments with quality data (ie, ≤20% missing or invalid values for variables to verify linkage to HIV medical care and new HIV diagnoses) in 2019. Main outcomes were new HIV diagnoses, linkage, and pre-exposure prophylaxis (PrEP) awareness and referrals. We used SAS 9.4 to conduct descriptive, chi-square, and multivariate regression analyses. Our objectives were to determine outcomes and characteristics of persons in non-health care settings who tested for HIV for the first time. Evaluation: Compared with persons who previously tested for HIV, persons who tested for the first time were more likely to be aged 13 to 29 years than aged 30 years and older (62.0% 24 295/39 192 vs 42.1% 61 911/147 087, P <.001) and have a higher percentage of new HIV diagnoses (0.6% 242/39 320 vs 0.5% 667/147 475, P <.001). Among persons who tested for the first time, overall percentages of linkage, PrEP awareness, and PrEP referral were 73.4%, 33.3%, and 30.8%, respectively. Compared with referent groups, persons who tested for the first time in the South and had a new HIV diagnosis were less likely to be linked (adjusted prevalence ratio aPR = 0.72, 95% confidence interval CI: 0.59-0.89); persons who inject drugs were less likely to be aware of PrEP (aPR = 0.84, 95% CI: 0.77-0.91); and persons in the Northeast were less likely to receive PrEP referrals (aPR = 0.28, 95% CI: 0.26-0.31). Discussion: Non-health care sites should consider increasing HIV testing, PrEP awareness, and prompt referrals to PrEP and HIV treatment services for persons who have never previously tested. © 2023 Lippincott Williams and Wilkins. All rights reserved.	linkage to medical care; persons who test for HIV for the first time; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Beltran R.M.; Schuyler A.C.; Blair C.S.; Goldbach J.T.; Castro C.A.; Holloway I.W.	"That's kind of like the big struggle right now is can we get PrEP?": Facilitators and Barriers to PrEP Uptake Among Active Duty Gay and Bisexual Men	Sexuality Research & Social Policy	-	-	18689884	10.1007/s13178-021-00622-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85113155962&doi=10.1007%2fs13178-021-00622-6&partnerID=40&md5=dde693076ad5e0913bfd7e508d66efc6	Introduction: The US Military is experiencing a rise in HIV infections among gay and bisexual men (GBM) serving on active duty, yet little is known about this population's uptake of pre-exposure prophylaxis (PrEP), an evidence-based intervention for HIV prevention. This mixed methods study examines the facilitators and barriers to PrEP access and uptake among active duty GBM. Methods: Active duty GBM were recruited using respondent-driven sampling (2017 and 2018). Participants (n = 93) answered quantitative survey questions on PrEP interest and accessibility. Another set of participants (n = 10) discussed their PrEP experiences in qualitative interviews. We conducted descriptive and bivariate analyses of quantitative data, while qualitative data were analyzed using structural and descriptive coding techniques. Results: Approximately 71% of active duty GBM indicated interest in accessing PrEP. A greater proportion of those who disclosed (vs. did not disclose) their sexual orientation to their military doctor discussed (p < 0.001) or accessed (p = 0.017) PrEP. The following qualitative themes emerged: (1) providers' negative views and knowledge gaps related to PrEP; (2) lack of a systems approach to PrEP access; (3) confidentiality concerns; and (4) reliance on peer networks for PrEP guidance and support. Conclusions: Study results indicate that active duty GBM are interested in and want to discuss PrEP with their military doctors, but gaps in providers' PrEP-related knowledge and skills, as well as mistrust in the military health care system, remain. Policy Implications: A system-wide approach that addresses confidentiality concerns and removes procedural barriers to PrEP access is recommended to improve PrEP uptake in this population. © 2021, The Author(s).	Active duty military; GBM; HIV and military healthcare system; PrEP access and uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Ben Moussa, Amal; Belhiba, Ouijdane; Sodqi, Mustapha; Hajouji, Fatima Zahra; Salah, Nour Elimane Issam; Sakhri, Noureddine; Alami, Kamal; Omari, Boutaina El; Ouarsas, Lahoucine; Karkouri, Mehdi	PrEPare_Morocco a successful community-based PrEP delivery demonstration program for men who have sex with men and female sex workers in Morocco.	AIDS Care	-	-	1360-0451	10.1080/09540121.2023.2263679	https://dx.doi.org/10.1080/09540121.2023.2263679	Pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool, recommended for persons at substantial risk for HIV, such as female sex workers (FSW) and men who have sex with men (MSM). We present Morocco's and the Middle East/North Africa's first PrEP demonstration project. Our pilot aimed to assess the feasibility and acceptability of a community-based PrEP program for FSW and MSM in Morocco's highest HIV prevalence cities: Agadir, Marrakech, and Casablanca. From May to December 2017, 373 eligible participants engaged in a 5-9 month program with daily oral TDF/FTC and clinic visits. Of these, 320 initiated PrEP, with 119 retained until the study's end. We report an 86% PrEP uptake, 37% overall retention, and 78% retention after 3 months. No seroconversions occurred during follow-up. These results underscore PrEP's need and acceptability among MSM and FSW and demonstrate the effectiveness of a community-based PrEP program in Morocco. These findings informed Morocco's current PrEP program and hold potential for the wider region with similar challenges.	HIVPrEPMoroccoMSMFSWacceptabilityretentioncommunity-based PrEP delivery program	English	United Kingdom	Western and Central Europe and North America	Morocco	Middle East and North Africa	Morocco	Middle East and North Africa	Clinical
Article	2023	Bergh K.; Toska E.; Duby Z.; Govindasamy D.; Mathews C.; Reddy T.; Jonas K.	Applying the HIV Prevention Cascade to an Evaluation of a Large-Scale Combination HIV Prevention Programme for Adolescent Girls and Young Women in South Africa	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04130-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165116298&doi=10.1007%2fs10461-023-04130-z&partnerID=40&md5=a1839a3deb8a199e5e23c75237833c5e	Adolescent girls and young women (AGYW) in South Africa are at a three times higher risk of acquiring HIV than their male counterparts. The HIV prevention cascade is a tool which can be used to measure coverage of HIV prevention services, although there is limited empirical evidence to demonstrate its application in low-resourced settings. The unifying framework is a conceptualisation of the HIV prevention cascade which theorises that both motivation and access are required for an individual to effectively use an HIV prevention method. We applied this framework to data from a random sample of 127,951 beneficiaries of a combination HIV prevention programme for AGYW aged 15–24 in South Africa to measure the steps to, and identify key barriers to, effective use of male condoms and oral pre-exposure prophylaxis (PrEP) among this vulnerable population. Barriers to each step were analysed using univariate and multivariable logistic regression. Among self-reported HIV-negative AGYW who had sex in the past 6 months, effective use of condoms (15.2%), access to PrEP (39.1%) and use of PrEP (3.8%) were low. AGYW were: less likely to be motivated to use condoms if they believed that they had a faithful partner (aOR 0.44, 95% CI 0.22–0.90) or disliked condoms (aOR 0.26, 95% CI 0.11–0.57), less likely to access condoms if the place where AGYW accessed them was far away (aOR 0.25, 95% CI 0.10–0.64), more likely to effectively use condoms if they received counselling on how to use them (aOR 2.24, 95% CI 1.05–4.76), less likely to be motivated to use PrEP if they did not believe PrEP was efficacious (aOR 0.35, 95% CI 0.17–0.72), more likely to be motivated if they felt confident that they could use PrEP, and more likely to have access to PrEP if they had ever been offered PrEP (aOR 2.94, 95% CI 1.19–7.22). This combination HIV prevention programme and similar programmes should focus on risk-reduction counselling interventions for AGYW and their male partners to improve effective use of condoms and ensure easy access to condoms and PrEP by making them available in youth-friendly spaces. Our findings demonstrate that the application of HIV prevention cascades can inform AGYW HIV prevention programming in low-resourced settings. © 2023, The Author(s).	Adolescent girls and young women; Condoms; HIV prevention cascades; PrEP; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Bero, Bridgette; Zidana, Chipo; Showa, Sarudzai Portia	PrEP retention predictors among key populations in urban areas of Zimbabwe - a machine learning approach.	African Journal of AIDS Research	-	-	1727-9445	10.2989/16085906.2023.2237002	https://dx.doi.org/10.2989/16085906.2023.2237002	Pre-exposure prophylaxis (PrEP) success depends on adherence and hence retention in care. It is vital to find factors that affect PrEP retention to make this HIV-prevention method successful. The main objectives of this study were to identify the major determinants of PrEP retention at six months from day of initiation and to determine PrEP retention clusters. Data of people who were initiated on PrEP care at Population Services International sites between 2017 and 2019 in Zimbabwe were used. Determinants of PrEP retention were identified using multivariable logistic regression and partitioning around medoids (PAM) cluster analysis to determine the number and composition of PrEP retention clusters. Significant PrEP retention determinants were found to be population type, sex, marital status, employment type, age and education level. Female sex workers were most likely to stay on PrEP compared to other users. We found that PrEP users could be grouped into three risk clusters: cluster 1 consisted of married adult males who are high-risk individuals; cluster 2 consisted of the young single men who have sex with men (MSM); and cluster 3 consisted of adult women who are separated or divorced and employed as sex workers. The retention rates were 32%, 24% and 44% for clusters 1 to 3 respectively. We conclude that adults, female sex workers, high-risk individuals, women, people without or with little education and sex workers stay on PrEP better than youths, MSM, men and educated and employed individuals.	HIV preventionHIV risk populationsmultivariable logistic regressionPAM clustering	English	South Africa	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Article	2023	Bhushan, Nivedita L.; Shangase, Nosipho; Kimaru, Linda Jepkoech; Gomez-Olive, F. Xavier; Kahn, Kathleen; Pettifor, Audrey E.	HIV Related Behaviors Among Male Partners of Adolescent Girls and Young Women in Rural South Africa.	AIDS and Behavior	-	-	1573-3254 1090-7165	10.1007/s10461-022-03882-4	https://pubmed.ncbi.nlm.nih.gov/36318420/	Improving men's engagement in HIV prevention is not only essential for reducing their own HIV risk but also the risk of transmitting HIV to their female partners. We conducted a cross-sectional survey using a population-based sample of men (age 18-30) who reported being a partner of an adolescent girls and young women (AGYW) in South Africa (N = 2827). We used logit-binomial regression models to examine associations among men's partnership characteristics, HIV risk perceptions, and HIV-related behaviors and examine differences by male partner age (younger men (18-24) vs. older men (25-30)) and age difference between partners (age-concordant (< 5 years) vs. age-disparate (≥ 5 years)). Most men reported inconsistent condom use (85%) and nearly half reported engaging in transactional sex (48%). Older men were just as likely as younger men, and men with age-disparate and age-concordant partners, to inconsistently use condoms, engage in transactional sex, and perpetrate intimate partner violence. Most men also reported a very high interest in pre-exposure prophylaxis (PrEP) (77%) and half reported having an HIV test in the past year (50%). There were no differences by male partner age or age difference between partners in PrEP interest but older men and men in age-discordant relationships were more likely than younger men and men in age-concordant relationships to have an HIV test in the past year. Male partners of AGYW in South Africa are engaging in HIV-related behaviors and need HIV prevention interventions to reduce risk for themselves and their female partners.	Adolescent; Adult; Humans; Male; Young Adult; Female; Sexual Behavior; Aged; Cross-Sectional Studies; Child, Preschool; South Africa/epidemiology; Sexual Partners; HIV prevention; *HIV Infections/epidemiology/prevention & control; *Acquired Immunodeficiency Syndrome; Adolescents; Condom use; Transactional sex; Partners	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Biello, Katie B; Chan, Philip A; Holcomb, Richard; Ndoye, Colleen Daley; Valente, Pablo K; Maynard, Michaela; Gandhi, Monica; Mayer, Kenneth H; Mimiaga, Matthew J	PrEPare for Work: A Pilot Randomized Controlled Trial of an Intervention to Optimize HIV PrEP Outcomes Among Male Sex Workers	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-023-04050-y	https://dx.doi.org/10.1007/s10461-023-04050-y	HIV pre-exposure prophylaxis (PrEP) use is limited among male sex workers, who are at exceptionally high-risk for HIV infection. We developed a theory-informed, two-pronged intervention ("PrEPare-for-Work") to optimize PrEP initiation and adherence among male sex workers, which was preliminarily evaluated in a two-stage pilot randomized controlled trial of 110 male sex workers in the US Northeast. Individuals randomized to the Stage 1 PrEPare-for-Work Case Management arm were three times as likely as those in the standard of care (SOC) arm to initiate PrEP (RR = 2.95, 95% CI = 1.57-5.57). Participants who initiated PrEP and were randomized to the Stage 2 PrEPare-for-Work Adherence Counseling arm had higher rates of prevention-effective adherence (measured via tenofovir in hair) compared to those in the SOC arm (RR = 1.7, 95% CI 0.64-4.77; 55.6% vs. 28.6%, respectively); though not statistically significant. Given the need and the promise of this pilot RCT, further efficacy testing is warranted and should be prioritized.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Biello, Katie B; Valente, Pablo K; da Silva, Daniel Teixeira; Lin, Willey; Drab, Ryan; Hightow-Weidman, Lisa; Mayer, Kenneth H; Bauermeister, José A	Who prefers what? Correlates of preferences for next-generation HIV prevention products among a national U.S. sample of young men who have sex with men	Journal of the International AIDS Society	-	-	1758-2652	10.1002/jia2.26096	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10339006	INTRODUCTION: Pre-exposure prophylaxis (PrEP) has been available for young people for over a decade, yet only â¼15% of young people in the United States with indications for PrEP have a prescription for it. Next-generation PrEP modalities may address some of the challenges of daily oral PrEP. However, preferences for these products are unknown. METHODS: From October 2020 to June 2021, we conducted an online survey of 737 cisgender, young men who have sex with men (age 15-24 years) without HIV across the United States who reported same-sex attraction or consensual sex with another man in the past 6 months. Participants completed a conjoint experiment comparing daily oral pills, event-driven oral pills, event-driven rectal douches, intramuscular injections, intravenous broadly neutralizing antibody (bnAb) infusions and subcutaneous implants. Participants ranked the products from most to least preferred. Exploded logit models examined the association between ranked preferences of PrEP modalities and socio-demographic and behavioural characteristics. RESULTS: Participants' mean age was 21 years (SD = 2.3), and 56% identified as White. Nineteen percent were currently taking daily oral PrEP, and another 9% had previously taken it. Participants prioritized efficacy, absence of side effects and costs in the conjoint analyses. Daily oral PrEP had the highest preference ranking, followed by event-driven oral (OR = 0.89, p = 0.058), injectable (OR = 0.45, p < 0.0001), implant (OR = 0.48, p < 0.0001), bnAb infusions (OR = 0.38, p < 0.0001) and rectal douches (OR = 0.24, p < 0.0001). There were differences in PrEP preferences across age, insurance status, sexual behaviour, PrEP use history, HIV and sexually transmitted infection (STI) testing history, and STI diagnoses (omnibus tests: p < 0.05). Participants also provided reasons for selecting their top product choice: ease of use for those who chose daily oral (99%) and daily event-driven (98.5%); feel more protected against HIV for those who chose injectable (95.4%) and implants (100%); not worrying about forgetting to take it for those who chose bnAbs (93.8%); and being able to stop taking it when they want for those who chose rectal douche (90.9%). CONCLUSIONS: Next-generation modalities were less likely to be preferred over daily oral PrEP, with differences in the magnitude by socio-demographic and behavioural characteristics. Given the low uptake of daily oral PrEP, end-users' preferences for and concerns about PrEP products must be understood to ensure high acceptability and penetration.	men who have sex with men, adolescents, HIV prevention, pre-exposure prophylaxis, conjoint experiment, product preferences	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Billick, Maxime J.; Fisher, Karla N.; Myers, Samantha; Tan, Darrell H. S.; Bogoch, Isaac I.	Outcomes of Individuals Using HIV Postexposure Prophylaxis-In-Pocket ("PIP") for Low-Frequency, High-Risk Exposures in Toronto, Canada.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003282	https://pubmed.ncbi.nlm.nih.gov/37850980/	BACKGROUND: HIV postexposure prophylaxis-in-pocket ("PIP") is a self-initiated, event-driven HIV prevention modality for individuals with a low frequency of HIV exposures. METHODS: A cohort of 111 patients using PIP as their primary HIV prevention modality was longitudinally evaluated for PIP self-initiation, HIV and sexual transmitted infections, and switching to other HIV prevention modalities between February 2016 and December 2022. RESULTS: A total of 111 patients had 178.7 cumulative patient-years of PIP use. PIP was self-initiated 69 times by 35 (31.5%) individuals, with 0 HIV seroconversions identified. Thirty four individuals (30.6%) transitioned from PIP to pre-exposure prophylaxis and 33 individuals (29.7%) switched from pre-exposure prophylaxis to PIP. CONCLUSIONS: PIP is a useful addition to other pharmacologic HIV prevention tools, and may help prevent infection in those with a lower frequency of unanticipated HIV exposures.	Humans; Sexual Behavior; Post-Exposure Prophylaxis; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; Canada/epidemiology; *Acquired Immunodeficiency Syndrome/drug therapy; *HIV Infections/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Billioti de Gage S.; Jourdain H.; Desplas D.; Dray-Spira R.	Roll-out and effectiveness of HIV pre-exposure prophylaxis in France: An overview	Therapies	-	-	405957	10.1016/j.therap.2023.02.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149700248&doi=10.1016%2fj.therap.2023.02.010&partnerID=40&md5=4e59b50405d5b3bb30633726b4087294	Context: Oral HIV pre-exposure prophylaxis (PrEP) has been available and fully reimbursed for people at high risk of sexually acquired HIV infection in France since January 2016. Objective: To evaluate the roll-out of PrEP use in France and its real-life effectiveness. The main results of two previously published studies were presented at the second e-congress of the EPI-PHARE scientific interest group on pharmacoepidemiology and public decision support held in June 2022, and are reported in this article. Methods: Two studies were carried out using the French National Health Data System (SNDS) covering 99% of the French population. A first study aimed to evaluate the roll-out of PrEP use in France from its implementation until June 2021, globally over the entire study period, including an assessment of the impact of the coronavirus disease 2019 (COVID-19) pandemic that started in February 2020 in France. A second study using a nested case-control design was conducted in a cohort of men at high risk of HIV acquisition included between January 2016 and June 2020 to assess the effectiveness of PrEP in the real world. Results: As of 30 June 2021, a total of 42 159 people had initiated PrEP in France. Initiations increased steadily until February 2020, then slowed down sharply from the start of the COVID-19 pandemic and resumed from the first half of 2021. PrEP users were overwhelmingly men (98%), with an average age of 36 years, living in a large urban area (74%), and of whom a minority (7%) were socioeconomically disadvantaged. Throughout the study period, the level of PrEP maintenance from one semester to the next was high (80–90%). However, for 20% of PrEP initiators, no prescription renewals were recorded during the first six months, suggesting a substantial proportion of early treatment discontinuation. A minority (21%) of PrEP renewal prescriptions were made by private practitioners. Among 46 706 men at high risk of HIV infection, 256 patients identified with HIV infection were matched with 1213 controls. PrEP was used by 29% of cases and 49% of controls. Overall, PrEP effectiveness reached 60% (95% confidence interval 46% to 71%), and was increased in people with high PrEP use (93% (84% to 97%)), or after excluding periods of treatment discontinuation (86% (79% to 92%)). PrEP effectiveness was significantly reduced in people under 30 years of age (26% (–21% to 54%)) and in socioeconomically disadvantaged people (–64% (–392% to 45%)), for whom low PrEP uptake rates or high PrEP discontinuation rates were frequently observed. Conclusion: PrEP roll-out has been strongly impacted by the COVID-19 pandemic in France. Although it has been substantial among men who have sex with men, additional measures are needed to expand access to PrEP to all other population groups that could benefit from it. Promoting adherence to PrEP (especially among young people and the socioeconomically disadvantaged) will be essential to ensure a higher level of PrEP effectiveness, which has been shown to be lower in real-life settings than in clinical trials. © 2023 The Authors	Emtricitabine; HIV infection; HIV prevention; Men who have sex with men (MSM); Pharmacoepidemiology; Pre-exposure prophylaxis (PrEP); Tenofovir disoproxil fumarate	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Blair, Kevin James; Torres, Thiago S; Hoagland, Brenda; Bezerra, Daniel R B; Veloso, Valdilea G; Grinsztejn, Beatriz; Clark, Jesse; Luz, Paula M	Moderating Effect of Pre-Exposure Prophylaxis Use on the Association Between Sexual Risk Behavior and Perceived Risk of HIV Among Brazilian Gay, Bisexual, and Other Men Who Have Sex With Men: Cross-Sectional Study	JMIR Public Health and Surveillance	-	-	2369-2960	10.2196/45134	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10587815	BACKGROUND: Gay, bisexual, and other men who have sex with men (MSM) with a higher perceived risk of HIV are more aware of and willing to use pre-exposure prophylaxis (PrEP). PrEP is an effective HIV prevention strategy, but there is a lack of data on how PrEP use might moderate the relationship between sexual risk behavior and perceived risk of HIV. Moreover, most studies measure perceived risk of HIV via a single question. OBJECTIVE: We estimated the moderating effect of PrEP use on the association between sexual risk behavior and perceived risk of HIV, measured with the 8-item Perceived Risk of HIV Scale (PRHS), among Brazilian MSM. METHODS: A cross-sectional, web-based survey was completed by Brazilian Hornet app users aged ≥18 years between February and March 2020. We included data from cisgender men who reported sex with men in the previous 6 months. We evaluated the moderating effect of current PrEP use on the association between sexual risk behavior, measured via the HIV Incidence Risk Index for MSM (HIRI-MSM), and perceived risk of HIV, measured by the PRHS. Higher HIRI-MSM (range 0-45) and PRHS (range 10-40) scores indicate greater sexual behavioral risk and perceived risk of HIV, respectively. Both were standardized to z scores for use in multivariable linear regression models. RESULTS: Among 4344 cisgender MSM, 448 (10.3%) were currently taking PrEP. Current PrEP users had a higher mean HIRI-MSM score (mean 21.0, SD 9.4 vs mean 13.2, SD 8.1; P<.001) and a lower mean PRHS score (mean 24.6, SD 5.1 vs mean 25.9, SD 4.9; P<.001) compared to those not currently taking PrEP. In the multivariable model, greater HIRI-MSM scores significantly predicted increased PRHS scores (ß=.26, 95% CI 0.22-0.29; P<.001). PrEP use moderated the association between HIRI-MSM and PRHS score (interaction term ß=-.30, 95% CI -0.39 to -0.21; P<.001), such that higher HIRI-MSM score did not predict higher PRHS score among current PrEP users. CONCLUSIONS: Our results suggest current PrEP users have confidence in PrEP's effectiveness as an HIV prevention strategy. PrEP's effectiveness, positive psychological impact, and the frequent HIV testing and interaction with health services required of PrEP users may jointly influence the relationship between sexual risk behavior and perceived risk of HIV among PrEP users.	HIV prevention, men who have sex with men, pre-exposure prophylaxis, Latin America, risk factors, risk perception, HIV, gay, prevention, health service	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Blaylock, Jason M; Ewers, Evan C; Bianchi, Elizabeth J; King, David B; Casimier, Rosemary O; Erazo, Hector; Grieco, Stephen; Lay, Jenny; Peel, Sheila A; Modjarrad, Kayvon; Beckett, Charmagne G; Okulicz, Jason F; Scott, Paul T; Hakre, Shilpa	Risk of sexually transmitted infections among U.S. military service members in the setting of HIV pre-exposure prophylaxis use.	PLOS One	-	-	1932-6203	10.1371/journal.pone.0296054	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10754448	BACKGROUND: The evidence for an increased incidence of sexually transmitted infections (STIs) among patients utilizing HIV pre-exposure prophylaxis (PrEP) has been inconsistent. We assessed the risk of incident STI while on PrEP compared to periods off PrEP among military service members starting PrEP. METHODS: Incidence rates of chlamydia, gonorrhea, syphilis, hepatitis C virus, and HIV were determined among military service members without HIV prescribed daily oral tenofovir disoproxil fumarate and emtricitabine for HIV PrEP from February 1, 2014 through June 10, 2016. Hazard ratios for incident STIs were calculated using an Anderson-Gill recurrent event proportional hazard regression model. RESULTS: Among 755 male service members, 477 (63%) were diagnosed with incident STIs (overall incidence 21.4 per 100 person-years). Male service members had a significantly lower risk of any STIs (adjusted hazard ratio (aHR) 0.21, 95% CI 0.11-0.40) while using PrEP compared to periods off PrEP after adjustment for socio-demographic characteristics, reasons for initiating PrEP, surveillance period prior to PrEP initiation, and the effect of PrEP on site and type of infection in multivariate analysis. However, when stratifying for anatomical site and type of infection, the risk of extragenital pharyngeal infection (pharyngeal NG: aHR 1.84, 95% CI 0.82-4.13, p = 0.30; rectal NG: aHR 1.23, 95% CI 0.60-2.51, p = 1.00) and extragenital CT infection (pharyngeal CT: aHR 2.30, 95% CI 0.46-11.46, p = 0.81; rectal CT: aHR 1.36, 95% CI 0.81-2.31, p = 0.66) was greater on PrEP compared to off PrEP although these values did not reach statistical significance. CONCLUSIONS: The data suggest entry into PrEP care reduced the overall risk of STIs following adjustment for anatomical site of STI and treatment. Service members engaged in PrEP services also receive more STI prevention counseling, which might contribute to decreases in STI risk while on PrEP.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Boedeker, David; Zerpa, Ethan; Drayer, Sara M	Improving Pre-exposure Prophylaxis Counseling at a Military Women's Health Care Clinic to Champion CDC and Defense Health Agency Recommendations.	Military Medicine	-	-	1930-613X	10.1093/milmed/usad058	https://dx.doi.org/10.1093/milmed/usad058	INTRODUCTION: The CDC updated their guidelines in 2021 to recommend all doctors speak about pre-exposure prophylaxis (PrEP) against human immunodeficiency virus infection with all sexually active patients. In addition, there is a demonstrated need for physicians to counsel patients on PrEP to achieve military readiness. Results from the 2018 Health Related Behaviors Survey indicate 21.8% of U.S. service members were at high risk for human immunodeficiency virus. This improvement project aimed to assess deficiencies in providers' knowledge before and after an educational intervention and describe policies clinics can adopt to adhere to CDC recommendations. MATERIALS AND METHODS: A pre-intervention survey was distributed to providers at the Walter Reed National Military Medical Center Gynecologic Surgery and Obstetrics clinic. Based on results, an educational lecture and standardized intake form were developed. Following the intervention, a post-survey was distributed to providers. A chart review was performed to determine whether PrEP counseling increased following the intervention. RESULTS: Forty-seven gynecologic providers were sent a pre- and post-intervention survey. Thirty-seven individuals completed the pre-intervention survey (response rate 78.72%), whereas 18 people completed the post-intervention survey (response rate 38.30%). Descriptive analysis suggested comfort counseling on PrEP, comfort with Defense Health Agency guidance on PrEP, and knowledge of PrEP all increased. In terms of the chart review, 81 charts were reviewed pre- and post-intervention. Although we failed to meet our target counseling rate of 70%, the number of patients who were counseled on or prescribed PrEP following our intervention was statistically significant (P = .013). CONCLUSIONS: This improvement project increased provider knowledge and comfort with PrEP, but only marginally affected behavior changes among providers. This failure may be related to the specific clinic in which the study was implemented. Further research is needed to facilitate routine counseling of PrEP among military women's health care providers.	hivcenters for disease control and prevention (u.s.)counselingmilitary personnelwomen's healthmedical records reviewpre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Bogdanić N.; Begovac J.; Močibob L.; Zekan Š.; Grgić I.; Ujević J.; Rode O.D.; Židovec-Lepej S.	Hepatitis A Outbreak in Men Who Have Sex with Men Using Pre-Exposure Prophylaxis and People Living with HIV in Croatia, January to October 2022	Viruses	-	-	19994915	10.3390/v15010087	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152231764&doi=10.3390%2fv15010087&partnerID=40&md5=c9d3ed18b594b34d4fc3969bf3c1a35d	The hepatitis A virus (HAV) is a highly hepatotropic virus transmitted mainly via the fecal–oral route. The purpose of this study is to describe a prolonged HAV outbreak in HIV-infected men who have sex with men (MSM) and pre-exposure prophylaxis (PrEP) users in Croatia in 2022. Croatia has a centralized system of HIV care and the PrEP service is only available at the University Hospital for Infectious Diseases (UHID), Zagreb. We reviewed all MSM living with HIV and MSM PrEP users at UHID and identified those diagnosed with HAV between January and October 2022. During this period, a total of 1036 MSM living with HIV and 361 PrEP users were followed, and 45 (4.4%) and 32 (8.9%) were diagnosed with HAV, respectively. Most cases were diagnosed in mid-February. A total of 70.1% (726/1036) MSM living with HIV and 82.3% (297/361) PrEP users were susceptible to HAV. Sequencing information was available for 34 persons; in all cases the HAV subtype IA was found. Our findings indicate that both MSM living with HIV and HIV-uninfected PrEP users are vulnerable to HAV infection and might be a potential source for a more widespread HAV epidemic. © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https:// creativecommons.org/licenses/by/ 4.0/).	epidemic; hepatitis A; HIV; men who have sex with men; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Croatia	Western and Central Europe and North America	Croatia	Western and Central Europe and North America	Review
Article	2023	Böhm, Lennert; Jensen, Björn-Erik Ole; Schelzig, Hubert; Luedde, Tom; Bernhard, Michael	Consultations for HIV post-exposure prophylaxis before and after health insurance coverage of pre-exposure prophylaxis to a university-based emergency department in Germany.	HIV Research and Clinical Practice	-	-	2578-7470	https://doi.org/10.1080/25787489.2023.2207977	https://pesquisa.bvsalud.org/portal/resource/pt/mdl-37151090	Background: Potential risk contacts for HIV transmission may lead to presentations to the emergency department (ED) for counseling and initiation of post-exposure prophylaxis (PEP).Objective: To examine the impact of German health insurance covering pre-exposure prophylaxis (PrEP) following Sept 1st 2019 for certain risk groups on the frequency and reasons for PEP counseling in a university-based ED in Germany.Methods: In a before-after study design, all persons aged ≥18 years who presented for PEP counseling were analyzed retrospectively. We compared characteristics of presentations in the 18 months prior to PrEP coverage on Sept 1st, 2019, with those in the following 18 months.Results: 154 ED presentations occurred in the first study period, and 155 ED presentations in the second period. Regarding the reasons for ED visits, no statistically significant difference was found occupational risk contact (18.2 vs. 26.5%, p = 0.081), sexual risk contact (74.7 vs. 69.0%, p = 0.266), other non-occupational risk contact (7.1 vs. 4.5%, p = 0.329). For men who have sex with men (MSM), no statistically significant differences were found 38.9 (n = 60) vs. 35.5% (n = 55), p = 0.537. All persons presenting to the HIV outpatient clinic after ED PEP initiation (n = 60 vs. n = 52) tested negative for HIV 3 months later.Conclusion: In this study, reasons to present for PEP counseling to a university ED showed no change following the implementation of PrEP coverage by health insurances. Therefore, PEP remains an important prevention for HIV transmission and presentations to the ED for PEP counseling may provide an opportunity to educate persons at risk of HIV infection about PrEP, thereby helping to prevent new HIV infections.	Emergency department; HIV post-exposure prophylaxis; HIV pre-exposure prophylaxis; HIV prevention; MSM	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Bonacci R.A.; Van Handel M.; Huggins R.; Inusah S.; Smith D.K.	Estimated Uncovered Costs For HIV Preexposure Prophylaxis In The US, 2018	Health Affairs	-	-	2782715	10.1377/hlthaff.2022.00523	https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2022.00523	The cost of HIV preexposure prophylaxis (PrEP) medication and care is a key barrier to PrEP use. Using population-based surveys and published information, we estimated the number of people with uncovered costs for PrEP care among US adults with PrEP indications, stratified by HIV transmission risk group, insurance status, and income. Accounting for existing PrEP payer mechanisms, we estimated annual uncovered costs for PrEP medication, clinical visits, and laboratory testing based on the 2021 PrEP clinical practice guideline. Of 1.2 million US adults with PrEP indications in 2018, we estimated that 49,860 (4 percent) of them had PrEP-related uncovered costs, including 32,350 men who have sex with men, 7,600 heterosexual women, 5,070 heterosexual men, and 4,840 people who inject drugs. Of those 49,860 people with uncovered costs, 3,160 (6 percent) incurred $18.9 million in uncovered costs for PrEP medication, clinical visits, and lab testing, and 46,700 (94 percent) incurred $83.5 million in uncovered costs for only clinical visits and lab testing. The total annual uncovered costs for adults with PrEP indications were $102.4 million in 2018. The proportion of people with uncovered costs for PrEP is less than 5 percent among adults with PrEP indications, but the magnitude of costs is significant. © 2023, Project HOPE. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bonacci, Robert A; Tanner, Mary R; Zhu, Weiming; Hayes, Tameka; Dominguez, Kenneth L; Iqbal, Kashif; Wiener, Jeffrey; Drezner, Kate; Jennings, Jacky M; Tsoi, Benjamin; Wendell, Debbie; Hoover, Karen W	HIV Prevention Services for Hispanic/Latino Persons in THRIVE, 2015-2020.	American Journal of Preventive Medicine	-	-	1873-2607	10.1016/j.amepre.2023.01.042	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10475139	INTRODUCTION: Hispanic/Latino men who have sex with men (MSM) and transgender women (TGW) are disproportionately affected by HIV in the U.S. This study evaluated HIV prevention services and outcomes among Hispanic/Latino MSM and TGW in the Targeted Highly Effective Interventions to Reduce the HIV Epidemic (THRIVE) demonstration project and consider lessons learned. METHODS: The authors described the THRIVE demonstration project services provided to Hispanic/Latino MSM and TGW in 7 U.S. jurisdictions from 2015 to 2020. HIV prevention service outcomes were compared between 1 site with (2,147 total participants) and 6 sites without (1,129 total participants) Hispanic/Latino-oriented pre-exposure prophylaxis clinical services, and Poisson regression was used to estimate the adjusted RR between sites and pre-exposure prophylaxis outcomes. Analyses were conducted from 2021 to 2022. RESULTS: The THRIVE demonstration project served 2,898 and 378 Hispanic/Latino MSM and TGW, respectively, with 2,519 MSM (87%) and 320 TGW (85%) receiving ≥1 HIV screening test. Among 2,002 MSM and 178 TGW eligible for pre-exposure prophylaxis, 1,011 (50%) MSM and 98 (55%) TGW received pre-exposure prophylaxis prescriptions, respectively. MSM and TGW were each 2.0 times more likely to be linked to pre-exposure prophylaxis (95% CI=1.4, 2.9 and 95% CI=1.2, 3.6, respectively) and 1.6 and 2.1 times more likely to be prescribed pre-exposure prophylaxis (95% CI=1.1, 2.2 and 95% CI=1.1, 4.1), respectively, at the site providing Hispanic/Latino-oriented pre-exposure prophylaxis clinical services than at other sites and adjusted for age group. CONCLUSIONS: The THRIVE demonstration project delivered comprehensive HIV prevention services to Hispanic/Latino MSM and TGW. Hispanic/Latino-oriented clinical settings may improve HIV prevention service delivery to persons in Hispanic/Latino communities.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Ibongomin Felix, Kibone Winnie, Jerom, Okot, Osasa Simple, Madrasa Grace, Williams, Ojara Francis, Musoke, David, Peboki Peboki Francis	Pre-exposure prophylaxis use among female sex workers in Gulu city, Uganda: a community-based cross-sectional study	Therapeutic Advances in Infectious Disease	-	-	-	-	26699361	10.1177/20499361221199550	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-use-among-female-sex/docview/2805632480/se-2?accountid=9113	Background: Pre-exposure prophylaxis (PrEP) is an important intervention for reducing the risk of HIV transmission among high-risk populations such as female sex workers in Africa, where HIV prevalence remains high. We aimed to assess the use of PrEP among female sex workers in Gulu, Uganda. Methods: In this community-based cross-sectional study, we included HIV-negative female sex workers purposely selected from hotspots within Gulu city, Uganda between February and March 2023. A semi-structured questionnaire was administered to collect data on sociodemographic characteristics, reproductive data, sexual practices, and self-reported PrEP use in the past 3 months. Symptoms of depression were screened using Patient Health Questionnaire-2 tool. Predictors of PrEP use was determined using modified Poisson regression analysis model. $p < 0.05$ was considered statistically significant. Results: We enrolled 273 female sex workers with a median age of 27 (interquartile range: 24–32) years. Overall, 101 (66.3%) participants used PrEP. PrEP use was associated with; regular source of income beside sex work adjusted prevalence ratio (aPR): 2.7, 95% confidence interval (CI): 2.11–6.35, $p < 0.001$) being in a polygamous marriage (aPR: 6.9, 95% CI: 2.32–35.77, $p = 0.022$), practicing sex work in both rural and urban areas (aPR: 2.5, 95% CI: 1.48–4.35, $p < 0.001$), having symptoms of depression (aPR: 2.1, 95% CI: 1.48–7.74, $p = 0.003$), and use of postexposure prophylaxis (PEP) in the past 12 months (aPR: 6.1, 95% CI: 0.17–9.59, $p = 0.001$). Conclusion: Almost two in three of the female sex workers in Gulu city were currently using PrEP. Previous use of PEP was associated with lower use of PrEP. These findings suggest the need for targeted interventions to increase PrEP uptake and decrease HIV acquisition in this high-risk population among female sex workers, especially those with low income and limited access to healthcare.	HIV; Uganda; female sex workers; PrEP; Disease prevention; Prophylaxis; Statistical analysis; Prostitution; Disease transmission; Questionnaires; Socioeconomics; Females; Gulu city; Cross-sectional studies; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Sex industry; Sex risks	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2023	Bunner, Courtney Pearson; Manna, Alexandra M; Ndirangu, Jacqueline W; Browne, Felicia A; Spector, Ilene; Nybladt, Laura; Ahmed, Khadija; Wechsberg, Wendee M	The Importance of the Individual in PrEP Uptake: Multilevel Correlates of PrEP Uptake Among Adolescent Girls and Young Women in Tshwane, South Africa.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-023-04126-9	https://dx.doi.org/10.1007/s10461-023-04126-9	Adolescent girls and young women (AGYW) account for 25% of new HIV infections in South Africa. Pre-exposure prophylaxis (PrEP) is approved by the South African Government, but the factors that promote PrEP uptake among AGYW are not well understood. This study examines multilevel factors associated with PrEP uptake among AGYW in six cities and town areas in Tshwane (Pretoria), South Africa. After consent/assent, PrEP-eligible AGYW ($n = 640$) completed a questionnaire assessing factors at the individual, network/interpersonal, and community levels and were prescribed PrEP in study clinics. A multivariable model, adjusting for clustering, assessed factors associated with PrEP uptake over a 9-month period. Most participants were Black African (98.1%), unemployed (58.1%), and had a median age of 23 years. Overall, 101 (16%) participants used PrEP. PrEP use was associated with; regular source of income beside sex work adjusted prevalence ratio (aPR): 2.7, 95% confidence interval (CI): 2.11–6.35, $p < 0.001$), perceived risk of HIV (OR = 0.21), and PrEP-related shame (OR = 0.63) were correlated with lower odds of PrEP uptake (ps ≤0.004(4) 0.05). The findings highlight modifiable factors that should be addressed to support PrEP uptake efforts.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Booker C; Murphy A.L.; Isenor J.E.; Ramsey T.D.; Smith A.J.; Bishop A.; Kelly D.V.; Woodill L.; Rachard G.; John Wilby K.	Community pharmacists' acceptance of prescribing pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV)	Canadian Pharmacists Journal	-	-	-	-	1715685	10.1177/17151635231152218	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149475496&doi=10.1177%2F17151635231152218&partnerID=40&md5=2168c8f7b2d996a7a3fa0f99e2c5cf8b	Background: Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention is highly effective. Pharmacists can increase PrEP accessibility through pharmacist prescribing. This study aimed to determine pharmacists' acceptance of a pharmacist PrEP prescribing service in Nova Scotia. Methods: A triangulation mixed methods study consisting of an online survey and qualitative interviews was conducted with Nova Scotia community pharmacists. The survey questionnaire and qualitative interview guide were underpinned by the 7 constructs of the Theoretical Framework of Acceptability (TFA). Descriptive statistics and thematic analysis were performed on survey and interview data, respectively. Results: Of 1,000 pharmacists invited to participate, 216 completed the survey. Fifteen pharmacists participated in interviews. Interview transcripts were deductively coded according to the same constructs and then inductively coded to identify themes within each construct. Results: A total of 216 community pharmacists completed the survey, and 19 completed the interview. Pharmacists were positive about PrEP prescribing in the constructs of affective attitude (improved access), ethicality (benefits communities), intervention coherence (practice alignment) and self-efficacy (role). Pharmacists expressed concerns about burden (increased workload), opportunity costs (time to provide the service) and perceived effectiveness (education/training, public awareness, laboratory test ordering and reimbursement). Conclusion: A PrEP prescribing service has mixed acceptability to Nova Scotia pharmacists yet represents a needed eff service delivery to increase PrEP access to underserved populations. Future service development must consider pharmacists' workload, education and training as well as factors relating to laboratory test ordering and reimbursement. © The Author(s) 2023.	arthcliconmunity pharmacistsconceptual frameworkcontrolled studyhealthcategoriatic transcriptionhealth care delivery	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2023	Borsa, Alexander; Siegel, Karolynn	Navigating the Viral Divide: Sexual and Gender Minority Community Perspectives on Treatment as Prevention.	AIDS Education and Prevention	-	-	-	-	1943-2755	10.1521/aeap.2023.35.5.406	https://dx.doi.org/10.1521/aeap.2023.35.5.406	Since it was established that HIV-positive individuals who maintain an undetectable viral load are unable to sexually transmit HIV (U=U), treatment as prevention (TasP) has become an important biomedical HIV prevention option. Many have remained optimistic that TasP, combined with pre-exposure prophylaxis (PrEP), will help close the "viral divide" between those living with and without HIV. This qualitative interview study of 62 sexual and gender minority (SGM) individuals of mixed serostatuses explored community perspectives regarding TasP, including the meaning of undetectability and how U=U impacts understandings of serodifference. Five key themes emerged from interviews: (1) undetectable does not equal HIV negative, (2) PrEP is more promoted than TasP, (3) TasP increases openness to serodifferent sex, (4) rejection of TasP ebolutions, and (5) the importance of layering prevention strategies. These findings suggest that while TasP is helping to bridge the viral divide, seventeen distinctions remain prevalent and important to many SGM individuals.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Boyd D.T.; Nelson L.E.; Hill M.J.; Whitfield D.; Raines S.R.; Akyioto S.; Estell L.; Wilton L.; Highton-Weidman L.; Shopture S.; Magnus M.; Meyer K.B.; Pawowar-Manning E.; Wallace S.E.; Parker S.D.; Wheeler D.P.	Examining the Role of Autonomy Support, Goal Setting, and Care Coordination Quality on HIV PrEP Adherence in Black Men Who Have Sex with Men: HPTN 073	AIDS Patient Care and STDs	-	-	-	-	1087-2914	10.1089/apc.2022.0139	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146139778&doi=10.1089%2Fapc.2022.0139&partnerID=40&md5=9635451a0f01ec31ece67a5c2dd554d9	Autonomy support is a concept that is derived from self-determination theory. Autonomy refers to the freedom to act as one chooses. The current study aimed to examine if autonomy support was associated with dried blood spot validated pre-exposure prophylaxis (PrEP) adherence, and whether the association was mediated by PrEP adherence goal setting and progress toward PrEP adherence goals. Our sample was drawn from Black men who have sex with men (MSM) from across three cities (Chapel Hill, NC; Los Angeles, CA; and Washington, DC) in the United States between February 2021 and September 2014. We used logistic regression to evaluate associations between study variables and path analysis to test mediation effects. Participants were, on average, 28 standard deviation (SD) = 1.12 years old and 27% were unemployed. We found that MSM who experienced high autonomy support were more likely to adhere to PrEP odds ratio (OR) = 1.17; 95% confidence interval = 1.00–1.38. MSM who set PrEP adherence goals were more likely to adhere to PrEP. Moreover, MSM who reported making progress toward their goals were also more likely to adhere to PrEP. Finally, client perception of coordination and care coordination quality were not associated with PrEP adherence. Autonomy support was associated with PrEP adherence through PrEP adherence goal setting. Autonomy support, goal setting, and care coordination quality influenced PrEP adherence among Black MSM. Our findings indicate that while it is important to set goals for PrEP adherence, goal setting may need to be accompanied by progress monitoring to achieve the maximal effect. © Copyright 2023, Mary Ann Liebert, Inc., publishers 2023.	autonomy support; Black MSM; HIV prevention; PrEP adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Boyd, Donte T; Abo-Ba'are, Ganji Rabie; Zgab, Edem Yaw; Williams, Antonio T; Flores, Delmacio D	The Role of Family Support and Communication on PrEP Attitudes and Stigma Among Black Men who Sex with Men (BMSM).	Sexually Transmitted Diseases	-	-	-	-	1537-4521	10.1097/OLQ.0000000000001832	https://dx.doi.org/10.1097/OLQ.0000000000001832	BACKGROUND: This study addresses the gap in the literature on protective factors for preexposure prophylaxis (PrEP) stigma and attitudes among Black men who have sex with men (BMSM) and young adults using the Developmental Assets Framework to examine how various assets can foster resilience. We hypothesized that family support, open family communication, and communication with parents about sex and drugs can help reduce stigma and increase positive attitudes toward PrEP use. METHODS: A cross-sectional survey was administered to participants (N = 400, mean age = 23.46, standard deviation = 2.59) using Amazon Mechanical Turk, social media sites, and community-based organization. A path analysis was conducted to examine associations between stigma and positive attitudes toward PrEP and assets (family support, communication with parents about sex and drugs, and open family communication). RESULTS: Communication with parents about sex and drugs was positive and directly associated with PrEP stigma ($\beta = -0.11$, $p < 0.05$) and PrEP attitudes ($\beta = 0.12$, $p < 0.05$). Family support was directly associated with PrEP attitudes ($\beta = 0.11$, $p < 0.05$). CONCLUSIONS: The developmental asset framework in assess positive PrEP attitudes and stigma among young BMSM. Our results underscore that parents have an influence on future sexual behaviors among this population, behaviors for BMSM. In addition, their influence can be both positive by helping lowering PrEP stigma and negatively lowering PrEP attitudes. It is critical that we develop culturally competent human immunodeficiency virus and prevention and intervention programs for BMSM and their families.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Beyrer, Chris; Baral, Stefan; Collaborators, Global Publication	Effectiveness and Cost of Oral HIV Preexposure Prophylaxis in Men Who Have Sex With Men Using Internet-Based Recruitment.	PLOS Global Public Health	-	-	-	-	2767-3375	https://doi.org/10.1371/journal.pgph.0000796	https://escholarship.org/uc/item/7b07k33t	Clinical Research; Prevention; Clinical Trials and Supportive Activities; Infectious Diseases; Pediatric; HIV/AIDS; Infection; Reproductive health and childbirth; Good Health and Well Being	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Bozzani, Fiammetta M.; Torrie-Prentholt, Fern; Qualia, Matthew; Galos, Mitzy; Isidowshi, Pitchaya P.; Giddings, Rebecca; Medley, Graham F.; Malhotra, Shelly; Torres-Rueda, Sergio	Costs and Cost-Effectiveness of Biomedical, Non-Surgical HIV Prevention Interventions: A Systematic Literature Review.	PharmacoEconomics	-	-	-	-	1179-2027 1170-7690	10.1007/s40273-022-01233-w	https://pubmed.ncbi.nlm.nih.gov/36529830/	BACKGROUND: Considerable evidence on the costs and cost-effectiveness of biomedical, non-surgical interventions to prevent human immunodeficiency virus (HIV) transmission has been generated over the last decade. This study aims to synthesize findings and identify remaining knowledge gaps to suggest future research priorities. METHODS: A systematic literature review was carried out in August 2020 using the MEDLINE, Embase, Global Health and Econlit databases to retrieve economic evaluations and costing studies of oral pre-exposure prophylaxis (PrEP), injectable long-acting PrEP, vaginal microbicide rings and gels, HIV vaccines and broadly neutralising antibodies. Studies reporting costs from the provider or societal perspective were included in the analysis. Those reporting on behavioural methods of prevention, condoms and surgical approaches (voluntary medical male circumcision) were excluded. The quality of reporting of the included studies was assessed using a checklist. RESULTS: We identified 3087 citations, of which 87 studies were retained. Most were set in low- and middle-income countries (LMICs; n = 53) and focused on the costs and/or cost-effectiveness of oral PrEP (n = 58). Only 11 studies provided cost-effectiveness estimates for injectable PrEP, vaginal microbicide rings, HIV vaccines or broadly neutralising antibodies. Of the 87 studies, 30 were published in the last 2 years. Most studies provided practical details on how the interventions would be delivered by the health system, and only three of these, all in LMICs, explicitly focused on service integration and its implications for delivery costs. Real-world programme delivery mechanisms and costs of intervention delivery were rarely considered. PrEP technologies were generally found to be cost-effective only when targeting high-risk subpopulations. Single-dose HIV vaccines are expected to be cost-effective for all groups despite substantial uncertainty around pricing. CONCLUSIONS: A lack of primary, detailed and updated cost data, including above-service level costs, from a variety of settings makes it difficult to evaluate the cost-effectiveness of specific delivery modes at scale, or to evaluate strategies for services integration. Closing this evidence gap around real-world implementation is vital, not least because the strategies targeting high-risk groups that are recommended by PrEP models may incur substantially higher costs and be of limited practical feasibility in some settings.	Hamano; Male; Female; Cost-Benefit Analysis; HIV; *AIDS Vaccines; *HIV Infections/prevention & control; Cost-Effectiveness Analysis	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Braddock, William Richard Traylor; Ocasio, Manuel A; Cornelius, W Scott; Mandani, Jaz; Fernandez, M Isabel	Increasing Participation in a TelePrEP Program for Sexual and Gender Minority Adolescents and Young Adults in Louisiana: Protocol for an SMS Text Messaging-Based Chatbot.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/42983	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10226592/	BACKGROUND: Sexual and gender minority (SGM) adolescents and young adults (AYAs) are at increased risk of HIV infection, particularly in the Southern United States. Despite the availability of effective biomedical prevention strategies, such as pre-exposure prophylaxis (PrEP), access and uptake remain low among SGM AYAs. In response, the Louisiana Department of Health initiated the LA TelePrEP Program, which leverages the power of telemedicine to connect Louisiana residents to PrEP. A virtual TelePrEP Navigator guides users through the enrollment process, answers questions, schedules appointments, and facilitates lab testing and medication delivery. To increase the participation of SGM AYAs in the program, the TelePrEP program partnered with researchers to develop a chatbot that would facilitate access to the program and support navigator functions. Chatbots are capable of carrying out many functions that reduce employee workload, and despite their successful use in health care and public health, little is known about the acceptability of chatbots for PrEP navigation. OBJECTIVE: This study aims to describe the development of a chatbot to support navigation and linkage to SGM AYAs who could support navigator functions and disseminate PrEP-related information. METHODS: Our process was comprised of 2 phases: conceptualization phase, aspects of navigator responsibilities, program logistics, and user interactions to prioritize in chatbot programming (eg, scheduling appointments and answering questions) were identified. We also selected a commercially available chatbot platform that could execute these functions and could be programmed with minimal coding experience. In the development phase, we engaged Department of Health staff and SGM AYAs within our professional and personal networks. Five different rounds of testing were conducted with various groups to evaluate each iteration of the chatbot. After each iteration of the testing process, the research team met to discuss feedback, guide the programmer on incorporating modifications, and to evaluate the chatbot's functionality. RESULTS: Through our highly collaborative and community-engaged process, a rule-based chatbot with artificial intelligence components was successfully created. We gained important knowledge that could advance future chatbot development, including the importance of (1) limiting the use of artificial intelligence components, (2) creating a chatbot persona, and (3) implementing quality assurance testing throughout the user input. CONCLUSIONS: HIV prevention researchers can feasibly and efficiently program a rule-based chatbot with the assistance of commercially available tools. Our iterative process of engaging researchers, program personnel, and different subgroups of SGM AYAs to obtain input was key to successful chatbot development. If the results of this pilot trial show that the chatbot is feasible and acceptable to SGM AYAs, future HIV researchers and practitioners could consider incorporating chatbots as part of their programs. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/42983.	chatbot, conversational agent, develop, iterative, messaging, text message, HIV, PrEP, pre-exposure prophylaxis, user testing, rule-based, prevention, eHealth, mHealth, digital health, sexual minority, young adult, adolescent, youth, young people, artificial intelligence, bot, acceptability, gay, bisexual, men who have sex with men, transgender, gender diversity, SMS, artificial intelligence, patient education, health information, web-based information, user experience	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Bradford, Davie; Parman, Muriel; Levy, Sora; Turner, Wesli H; Li, Li; Lesisch, Leah; Eaton, Ellen; Crockett, Kaylee B	HIV and Addiction Service for People Who Inject Drugs: Healthcare Provider Perceptions on Integrated Care in the U.S. South.	Journal of Primary Care & Community Health	-	-	-	-	2150-1327	10.1177/21501319231161208	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10035197/	This qualitative study evaluates physician training and experience with treatment and prevention services for people who inject drugs (PWID) including medications for opioid use disorder (MOUD) and HIV pre-exposure prophylaxis (PrEP). From 2019 to 2020, 20 physicians in Alabama, Georgia, Mississippi, and Tennessee participated in 1-hour interviews. Interviews were recorded, transcribed, and coded. Interviews were conducted on both early career physicians (n = 11) and one with mid- to late career physicians (n = 3). Focus group transcripts were coded and analyzed using thematic analysis to identify barriers affecting implementation of treatment and prevention services for PWID. Respondents identified that increasing the availability of providers prescribing MOUD was a critical enabling factor for PWID seeking and receiving care. Integrated, interdisciplinary services were identified as an additional resource although those remain fragmented in the current healthcare system. Barriers to care included provider unawareness, stigma associated with substance use, and access limitations. Providers identified the interwoven risk factors associated with injection drug use that must be addressed, including the risk of HIV acquisition, notably more at the forefront in the minds of early career physicians. Additional research is needed addressing the individual education curriculum, health system, and healthcare policy to address the addiction and HIV crises in the U.S. South.	injection drug use, medications for opioid use disorder, Pre-exposure prophylaxis, healthcare providers, qualitative	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Bradshaw D.; Khawar A.; Patel P.; Tosswill J.; Brown C.; Ogaz D.; Mason L.; Osman R.; Mitchell H.; Dearden O.; Paria B.M.; Pickard G.; Rayment M.; Jones R.; Hopkins M.; Williams A.; Kinghorn M.; Mochiu N.; Tuke Y.; Duncan S.; Turner N.; Gill N.; Andrews N.; Kuza M.; Tsaryanas S.; Nott A.; Cunningham E.; Taylor G.P.	HTLV seroprevalence in people using HIV pre-exposure prophylaxis in England	Journal of Infection	-	-	-	-	1634453	10.1016/j.jinf.2023.01.033	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146339376&doi=10.1016%2Fj.jinf.2023.01.033&partnerID=40&md5=ab3e8f4029a2738d5370bbd49bf9f376	Objectives: HTLV-1 is predominantly a sexually-transmitted infection but testing is not mentioned in HIV PrEP guidelines. We evaluated HTLV-1/HTLV-2 seroprevalence amongst HIV PrEP users in England. Methods: An unlinked anonymous seroprevalence study. Results: Amongst 2035 HIV-PrEP users, 93% were men, 76% of white ethnicity and 83% had been born in Europe. There were no HTLV-1 HTLV-2 acquisitions cases (95% confidence interval 0% - 0.18%). Conclusions: There were no HTLV-1 infections identified, likely reflecting the predominantly white and European-born individuals. Similar studies are needed worldwide to inform public health recommendations for HIV-PrEP using populations, particularly in HTLV-endemic settings. © 2023	Bisexual and other men who have sex with men (GBMSM); Gay; HIV; Pre-exposure prophylaxis; Human T-cell lymphotropic virus type 1 (HTLV-1)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	Brady, John Patrick	The Effect of Patient Navigation for PrEP-related Health Care on Mental Health among Latinx Sexual Minority Men: Mediation through Social Support	-	-	University of California	-	-	NA	https://escholarship.org/uc/item/9g2b46j6	Rationale: Sexual minority men (SMM; e.g., men who identify as gay/bisexual and/or report same-gender attraction/sexual behavior) are disproportionately affected by internalizing disorders and symptoms (e.g., anxiety and depressive disorders/symptoms) in comparison to their heterosexual/male peers. Hispanic/Latinx SMM may be especially burdened by internalizing disorders/symptoms due to decreased access to culturally competent health care, stigma surrounding mental disorders, and stress from within the SMM community. Patient navigation (PN) is a patient-centered, individualized intervention that addresses barriers to health care access. PN has been shown to increase PrEP uptake among racial/ethnic minority SMM, but its effects on mental health are unknown. PN may reduce symptoms of depression among Hispanic/Latinx SMM by providing social support. Design: This study used secondary data analysis to examine the impact of PN on internalizing symptoms (secondary outcome) 6-month follow-up (6MFU) among a sample of Hispanic/Latinx SMM between the ages of 18 and 29 years (N = 57). Data analyzed were from a randomized controlled trial investigating the efficacy of a PN intervention (versus usual care) to assist Hispanic/Latinx SMM at high risk for HIV infection with accessing PrEP. Hispanic/Latinx SMM peer patient navigators were utilized to provide culturally competent care and decrease social stigma. Usual care consisted of written information about PrEP, sexual health and HIV prevention services, and how to access care. It was hypothesized that the PN condition would be associated with decreased internalizing symptoms and that the effect would be mediated by two social support constructs at three-month follow-up: emotional support and informational support. Data were analyzed using two analytic approaches: 1) cross-lagged panel models, and 2) latent difference score models. Results: The PN condition was not associated with a significant decrease in internalizing symptoms at 6MFU and the effect was not mediated by social support. Conclusions: Results may be related to the floor effect of internalizing symptoms at baseline, analyses that assumed changes in social support were occurring within the first three months of the study, and variability in the frequency of using PN services. Future studies would benefit from gathering data at additional time points and including participants with higher internalizing symptoms and/or lower social support.	Clinical psychology; emotional support; informational support; patient navigation; peer support; PrEP; social support	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2023	Braun, Rebecca A; Ewenighi, Rebecca K; Coyle, Karin K; Dunn, Thaun-Haeng P; Klausner, Jeffrey D	Effectiveness, Acceptability, and Feasibility of a Telehealth HIV Pre-Exposure Prophylaxis Care Intervention Among Young Cisgender Men and Transgender Women Who Have Sex With Men: Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/47932	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10534040/	Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention is approved for use in adolescents, though uptake remains low. Black adolescent females experience higher rates of HIV transmission compared to adolescent females of other racial/ethnic groups. Increasing PrEP awareness and education among this population may be an effective strategy to mitigate disparities in HIV transmission among Black adolescent females. Twenty-seven Black adolescent females participated in focus groups which were coded using the constant comparative method of qualitative analysis to identify major themes: (1) PrEP is not commonly framed as an HIV prevention strategy for heterosexual Black adolescent females, (2) PrEP use among peers is perceived as mostly positive, (3) Adoption of PrEP among Black adolescent females is impeded by perceived barriers such as stigma, negative side effects, and adherence concerns. These findings may inform the development of targeted culturally tailored marketing and educational campaigns centered on Black heterosexual adolescent females to increase PrEP awareness and uptake in this population disproportionately affected by HIV.	youth, young people, men who have sex with men, transgender women, HIV, pre-exposure prophylaxis, PrEP, effectiveness, acceptability, feasibility, telehealth, web-based intervention, digital intervention, randomized controlled trial, RCT	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Budge, Marlene; Opara, Ijeoma; Wroe, Veronica U.; Sands, Brandon E.; Hoffpr, Kimberly D.	Black Adolescent Females' Perceptions of PrEP for HIV Risk Reduction.	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	2325-9582 2325-9574	10.1177/23259582231206934	https://pubmed.ncbi.nlm.nih.gov/37853731/	Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention is approved for use in adolescents, though uptake remains low. Black adolescent females experience higher rates of HIV transmission compared to adolescent females of other racial/ethnic groups. Increasing PrEP awareness and education among this population may be an effective strategy to mitigate disparities in HIV transmission among Black adolescent females. Twenty-seven Black adolescent females participated in focus groups which were coded using the constant comparative method of qualitative analysis to identify major themes: (1) PrEP is not commonly framed as an HIV prevention strategy for heterosexual Black adolescent females, (2) PrEP use among peers is perceived as mostly positive, (3) Adoption of PrEP among Black adolescent females is impeded by perceived barriers such as stigma, negative side effects, and adherence concerns. These findings may inform the development of targeted culturally tailored marketing and educational campaigns centered on Black heterosexual adolescent females to increase PrEP awareness and uptake in this population disproportionately affected by HIV.	Adolescent; Humans; Male; Female; Risk Reduction Behavior; Homosexuality, Male; HIV; *Anti-HIV Agents/therapeutic use; Health Knowledge, Attitudes, Practice; Black People; *HIV Infections/drug therapy/prevention & control; prevention; human immunodeficiency virus; pre-exposure prophylaxis; *Pre-Exposure Prophylaxis/methods; adolescent; qualitative; Black; focus group	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Budhwani, Henna; Yigit, Ibrahim; Murugi-Bass, Allysha C.; Ratner, Crissi B.; Claude, Kristina; Muessig, Kathryn E.; Highton-Weidman, Lisa B.	Development and Validation of the Youth Pre-Exposure Prophylaxis (PrEP) Stigma Scale	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03829-9	https://www.proquest.com/scholarly-journals/development-validation-youth-pre-exposure/docview/2778470192/se-2?accountid=9113	To date, there are no established scales to assess PrEP stigma among youth. We validated the Youth PrEP Stigma Scale within the Adolescent Trials Network P3 study (2019–2021). Data from sexual and gender minority youth (18–24 years) who were prescribed PrEP across nine domestic sites were evaluated (N = 225). Descriptive statistics, exploratory factor analyses, and correlations are reported. Results yielded a three-factor solution [PrEP Disapproval by Others, Enacted PrEP Stigma, and PrEP User Stereotypes] with strong factor loadings and Cronbach's alphas ranging from 0.83 to 0.90, suggesting high internal consistency reliability. Higher PrEP stigma was correlated with lower PrEP knowledge, lower PrEP self-efficacy, and greater perceived barriers to PrEP use. Findings suggest the presence of HIV stigma, stigma as a barrier to prevention, and expression of PrEP modalities, the Youth PrEP Stigma Scale could advance intervention and mechanistic research among youth at elevated risk for HIV acquisition.Resumo alternativo:Resumoellenin la ficha, no existen escalas establecidas para evaluar el estigma de la PrEP entre los jóvenes. Validamos la Escala de estigma de la PrEP para jóvenes dentro del estudio P3 de la Red de ensayos para adolescentes (2019–2021). Se evaluaron los datos de jóvenes de minorías sexuales y de género (18–24 años) a quienes se les recetó PrEP en nueve sitios nacionales (N = 225). Se informan estadísticas descriptivas, análisis factorial exploratorio y coeficientes de correlación. Los resultados arrojaron una solución de tres factores (desaprobación de PrEP por parte de otros, estigma de PrEP promulgado y estereotipos de usuarios de PrEP) con fuertes cargas factoriales y alfas de Cronbach que oscilan entre 0.83 y 0.90, lo que sugiere una excelente consistencia interna. Las correlaciones entre esta Escala, el estigma anticipado del VIH, el riesgo percibido del VIH y la divulgación de la identidad sexual fueron significativas, lo que indica un potencial para los adolescentes sólidos. Dado la persistencia de las relaciones por el VIH entre los jóvenes, el estigma como una barrera para la prevención y la expansión de las modalidades de PrEP, la Escala de estigma de la PrEP para jóvenes podría mejorar la intervención y la investigación mecánica entre los jóvenes con un riesgo elevado de contraer el VIH.	HIV; PrEP; Sexuality; Psychology; MSM; Pre-Exposure Prophylaxis; Youth; Adolescent; Factor analysis; Stigma; Transgender; Gender; Sexual behavior; Cronbach's alpha; Internet; Disease prevention; Prophylaxis; Risk perception; Exploratory factor analysis; Adolescence; Factor analysis; Statistical analysis; Correlation coefficient; Questionnaires; Young adults; Men who have Sex with Men; Stereotypes; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Womens health; Gays & lesbians; Mens health; Health risks; Quantitative psychology; Correlation coefficients; Scale Development, Scale Validation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bunda B.A.; Reineke R.A.; Lepaycowher S.A.; Moore C.M.; Wood M.E.; McDermott Y.M.; Naresh A.	Self-Perception of HIV Risk and Interest in Pre-Exposure Prophylaxis in a General Obstetrics and Gynecology Clinic Population	Journal of Women's Health	-	-	-	-	15409996	10.1089/jwh.2023.0153	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176222368&doi=10.1089%2Fjwh.2023.0153&partnerID=40&md5=d1fdcb85ab981c705dbe0aa	Background: Pre-exposure prophylaxis (PrEP) for HIV is underutilized, particularly among providers of obstetrics and gynecology (Ob/Gyn) clinics. Lack of self-perception of HIV risk is a barrier to PrEP uptake and is a key component of construct theory of health behavior change. We sought to determine the risk of self-perception of HIV risk among Ob/Gyn attendees of general Ob/Gyn clinics in New Orleans completed a survey assessing HIV knowledge, self-perception of HIV risk, and interest in PrEP. They reviewed a brief written educational intervention on demographic and behavioral risk factors for HIV and availability of PrEP. HIV knowledge, self-perception of HIV risk, and interest in PrEP were reassessed after the intervention. Results: One-hundred seventy individuals completed the survey. Eighty-five participants (50%) expressed initial interest in PrEP. Self-perception of risk of HIV acquisition was associated with interest in PrEP. Ten of 51 (19.6%) respondents who had high self-perceived risk of HIV were interested in PrEP, compared with 75 of 159 (47.2%) of those who had low self-perceived risk ($p < 0.01$). The association remained significant in a multivariate analysis. After the intervention, the number of those who perceived themselves to be at risk of HIV increased from 11 to 25 individuals ($p < 0.01$) and 20 of those (80%) were interested in PrEP. Knowledge of HIV risk factors increased ($p < 0.01$). The intervention did not significantly alter interest in PrEP. Conclusions: Self-perception of HIV risk was associated with interest in PrEP. A brief written educational intervention increased knowledge of HIV risk factors and increased self-perception of risk of HIV. The intervention did not translate to increased interest in PrEP. © 2023 Mary Ann Liebert Inc., All rights reserved.	Ambulatory Care Facilities; HIV infections; pre-exposure prophylaxis; risk factors	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2023	Bunting S.R.; Hunt B.; Boshara A.; Jacobs J.; Johnson A.K.; Hazra A.; Glick N.	Examining the Correlation Between PrEP Use and Black:White Disparities in HIV Incidence in the Ending the HIV Epidemic Priority Jurisdictions	Journal of General Internal Medicine	-	-	-	-	8848734	10.1007/s11606-022-07687-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131509752&doi=10.1007%2fs11606-022-07687-y&partnerID=40&md5=a65a5ea2fe98ae7b413625ec773a17a9	Introduction: HIV incidence remains high in the U.S. as do disparities in new HIV diagnosis between White and Black populations and access to preventive therapies like pre-exposure prophylaxis (PrEP). The federal Ending the HIV Epidemic (EHE) initiative was developed to prioritize resources to 50 jurisdictions with high HIV incidence. Methods: We conducted secondary analyses of data (2013–2019) from the CDC, Census Bureau, and AIDSVu to evaluate the correlation between PrEP use, HIV incidence, and HIV incidence disparities. We compared the PrEP-to-need ratio (PnR) with the ratio of Black and White HIV incidence rates in 46 EHE counties. Subsequent analyses were performed for the seven states that contained multiple EHE counties. Results: These 46 counties represented 25.9% of the U.S. population in 2019. HIV incidence ranged from 10.5 in Sacramento County, CA, to 59.6 in Fulton County, GA (per 100,000). HIV incidence disparity ranged from 1.5 in Orleans Parish, LA, to 12.1 in Montgomery County, MD. PnR ranged from 26.8 in New York County, NY, to 1.46 in Shelby County, TN. Change in HIV incidence disparities and percent change in PnR were not significantly correlated (ρ = 0.06, p = 0.69). Change in overall HIV incidence was significantly correlated with increase in PnR (ρ = −0.42, p = 0.004). Conclusions: PrEP has the potential to significantly decrease HIV incidence; however, this benefit has not been conferred equally. Within EHE priority counties, we found significant HIV incidence disparities between White and Black populations. PrEP has decreased overall HIV incidence, but does not appear to have decreased HIV incidence disparity. © 2022, The Author(s), under exclusive licence to Society of General Internal Medicine.	county-level; disparity; HIV; incidence; PrEP; PrEP-to-Need	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Bunting, Samuel R; Feinstein, Brian A; Bertram, Christie; Hazra, Aniruddha; Sheth, Neeral K; Garber, Sarah S	Effects of knowledge and implicit biases on pharmacy students' decision-making regarding pre-exposure prophylaxis for HIV prevention: A vignette-based experimental study	Current Pharmacology Teaching and Learning	-	-	-	-	1877-1300	10.1016/j.cptl.2023.02.019	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10545445	INTRODUCTION: Men who have sex with men (MSM), especially Black MSM, are disproportionately affected by HIV and experience disparate prescription of pre-exposure prophylaxis (PrEP) for HIV prevention compared to White MSM. While pharmacists are essential in efforts to scale-up PrEP, little is known about the role of knowledge and implicit biases in pharmacy students' decision-making regarding PrEP, which may elucidate mechanisms for improving PrEP access and addressing disparities. METHODS: A nationwide, cross-sectional study of pharmacy students in the United States was conducted. A fictional White or Black MSM seeking PrEP was presented. Participants completed measures of PrEP/HIV knowledge, implicit racism and heterosexism, assumptions about the patient's behavior (condomless sex, extra-relational sex, adherence to PrEP), and confidence providing PrEP-related care. RESULTS: A total of 194 pharmacy students completed the study. Compared to the White patient, the Black patient was assumed to be less adherent to PrEP if prescribed. In contrast, assumptions of sexual risk behaviors if prescribed PrEP and confidence providing PrEP-related care did not differ. Additionally, implicit racism was associated with lower confidence providing PrEP-related care, whereas PrEP/HIV knowledge, implicit sexual orientation bias, and assumed sexual risk behaviors if prescribed PrEP were not associated with confidence. CONCLUSIONS: Pharmacists are essential in efforts to scale-up PrEP prescription, making pharmacy education about PrEP for HIV prevention critical. These findings suggest that implicit bias awareness training is needed. This training may reduce the influence of implicit racial bias on confidence providing PrEP-related care and improve knowledge of HIV and PrEP.	HIV, Pre-exposure prophylaxis, Education, Pharmacy, Disparity, Curriculum	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Burley, Nathan; MacDonald, Rona; Khan, Aafreen	Emtricitabine/tenofovir alafenamide usage in a Scottish sexual health service providing HIV pre-exposure prophylaxis: A service evaluation.	International Journal of STD & AIDS	-	-	-	-	1758-1052	10.1177/09564624231220098	https://dx.doi.org/10.1177/09564624231220098	Background: In this service evaluation we evaluate the usage of emtricitabine and tenofovir alafenamide (FTC-TAF) in a large Scottish sexual health service providing Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP) over a one-year period (May 2022-May 2023).Purpose: We evaluated the use of FTC-TAF as it is 30 times more expensive per 30 tablet supply than emtricitabine/tenofovir disoproxil (FTC-TDF). We sought to establish: - Number of patients initiated on FTC-TAF - Reasons for FTC-TAF initiation - Adherence to FTC-TAF. Results: Out of a total cohort of 1744 patients on HIV PrEP as of May 2023, seven patients (0.4%) had been initiated on FTC-TAF. The remainder (99.6%) were taking FTC-TDF. The majority of patients (n = 6) were initiated on FTC-TAF due to renal reasons, one patient was initiated FTC-TAF for bone mineral density concerns.Conclusions: All of the patients met eligibility criteria. In terms of adherence, three patients were regular attenders, two patients used FTC-TAF sporadically, and two had initiated and subsequently discontinued FTC-TAF altogether at the time of data analysis. FTC-TAF utilisation was lower than anticipated, initiated appropriately, and followed similar adherence patterns to FTC-TDF users. This will be helpful for financial forecasting and in the development of services where FTC-TAF is newly commissioned.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Burns C.M.; Endres K.; Derrick C.; Cooper A.; Fabel P.; Okeke N.L.; Ahuja D.; Corneli A.; McKellar M.S.	A survey of South Carolina pharmacists' readiness to prescribe human immunodeficiency virus pre-exposure prophylaxis	Journal of the American College of Clinical Pharmacy	-	-	-	-	25749870	10.1002/jac5.1773	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150627708&doi=10.1002%2fjac5.1773&partnerID=40&md5=83dcb62332864b23c03401d6c01710e8	Introduction: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is largely underutilized in the Southern United States. Given their community presence, pharmacists are well positioned to provide PrEP within rural, Southern regions. However, pharmacists' readiness to prescribe PrEP in these communities remains unknown. Objective: To determine the perceived feasibility and acceptability of prescribing PrEP by pharmacists in South Carolina (SC). Methods: We distributed a 43-question online descriptive survey through the University of South Carolina Kennedy Pharmacy Innovation Center's listserv of licensed SC pharmacists. We assessed pharmacists' comfort, knowledge, and readiness to provide PrEP. Results: A total of 150 pharmacists responded to the survey. The majority were White (73%, n = 110), female (62%, n = 93), and non-Hispanic (83%, n = 125). Pharmacists practiced in retail (25%, n = 37), hospital (22%, n = 33), independent (17%, n = 25), community (13%, n = 19), specialty (6%, n = 9), and academic settings (3%, n = 4); 11% (n = 17) practiced in rural locales. Pharmacists viewed PrEP as both effective (97%, n = 122/125) and beneficial (74% n = 97/131) for their clients. Many pharmacists reported being ready (60% n = 79/130) and willing (86% n = 111/129) to prescribe PrEP, although over half (62% n = 73/118) cited lack of PrEP knowledge as a barrier. Pharmacists described pharmacies as an appropriate location to prescribe PrEP (72% n = 97/134). Conclusions: Most SC pharmacists surveyed considered PrEP to be effective and beneficial for individuals who frequent their pharmacy and are willing to prescribe this therapy if statewide statutes allow. Many felt that pharmacies are an appropriate location to prescribe PrEP but lack a complete understanding of required protocols to manage these patients. Further investigation into facilitators and barriers of pharmacy-driven PrEP is needed to enhance utilization within communities. © 2023 The Authors. JACCP: Journal of the American College of Clinical Pharmacy published by Wiley Periodicals LLC on behalf of Pharmacotherapy Publications, Inc.	HIV prevention; pharmacists; PrEP; South Carolina; Southern United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Burns P.A.; Anyimukwu C.; Omondi A.A.; Monger M.; Ward L.; Poteat T.	Health-care providers' perspectives on an HIV patient navigation training to improve uptake of PrEP among Black sexual minority men	Health Education Research	-	-	-	-	2681153	10.1093/her/cyad005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165767337&doi=10.1093%2fher%2fcyad005&partnerID=40&md5=03ea6b7a99a7aa5248f6f00321534cb9	This article examines implementational factors associated with an HIV patient navigation training intervention for health care professionals working with Black sexual minority men to improve access to and uptake of HIV prevention services among Black MSM. Utilizing qualitative analysis to better understand healthcare professionals' perceptions of the training program, we conducted a thematic content analysis based on constructs from Professional Network and Reach Model-Systems Model Approach (PNRSMA) framework. Data analysis revealed four major themes: 1) Knowledge and skill building, 2) Novel and Innovation, 3) Barriers to Implementation, and 4) Recommendations and Future Directions. Implementation factors such as appropriate facilitators, content, mode of delivery, learning strategies, and understanding structural barriers were important to training success. Participants highlighted innovation strategies such as the use of social media and interactive communication (e.g. role-playing and bi-directional communication) enhanced learning and skill-building. The expansion of training to include other affected groups such as women and bisexual individuals and increasing the duration of the training emerged as areas for improvement and effectiveness. Our analysis of an HIV patient navigation training revealed important findings to improve the implementation process to increase uptake of PrEP and other HIV prevention, care and treatment services. © 2023 The Author(s). Published by Oxford University Press. All rights reserved.	Acquired Immunodeficiency Syndrome; Female; HIV Infections; Homosexuality, Male; Humans; Male; Patient Navigation; Sexual and Gender Minorities; Sexual Behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Busang, Jacob; Zuma, Thembelihle; Herbst, Carina; Okesola, Nonhlanhla; Chimbindi, Natsayi; Dreyer, Jaco; Mtshali, Nelisiwe; Smit, Theresa; Ngubane, Samkelisiwe; Hlongwane, Siphesihle; Gumede, Dumsani; Jalazi, Ashley; Mdluli, Simphiweyenkosi; Bird, Kristien; Msane, Sithembile; Danisa, Priscilla; Hanekom, Willem; Lebina, Limakatso; Behuhuma, Ngundu; Hendrickson, Cheryl; Miot, Jacqui; Seeley, Janet; Harling, Guy; Jarolimova, Jana; Sherr, Lorraine; Copas, Andrew; Baisley, Kathy; Shahmanesh, Maryam	Thetha Nami ngithethe nawe (Let's Talk): a stepped-wedge cluster randomised trial of social mobilisation by peer navigators into community-based sexual health and HIV care, including pre-exposure prophylaxis (PrEP), to reduce sexually transmissible HIV amongst young people in rural KwaZulu-Natal, South Africa.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-023-16262-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10428543	BACKGROUND: Antiretroviral therapy (ART) through universal test and treat (UTT) and HIV pre-exposure prophylaxis (PrEP) substantially reduces HIV-related mortality and incidence. Effective ART based prevention has not translated into population-level impact in southern Africa due to sub-optimal coverage among youth. We aim to investigate the effectiveness, implementation and cost effectiveness of peer-led social mobilisation into decentralised integrated HIV and sexual reproductive health (SRH) services amongst adolescents and young adults in KwaZulu-Natal (KZN). METHODS: We are conducting a type 1a hybrid effectiveness/implementation study, with a cluster randomized stepped-wedge trial (SWT) to assess effectiveness and a realist process evaluation to assess implementation outcomes. The SWT will be conducted in 40 clusters in rural KZN over 45 months. Clusters will be randomly allocated to receive the intervention in period 1 (early) or period 2 (delayed). 1) Intervention arm: Resident peer navigators in each cluster will approach young men and women aged 15-30 years living in their cluster to conduct health, social and educational needs assessment and tailor psychosocial support and health promotion, peer mentorship, and facilitate referrals into nurse led mobile clinics that visit each cluster regularly to deliver integrated SRH and differentiated HIV prevention (HIV testing, UTT for those positive, and PrEP for those eligible and negative). Standard of Care is UTT and PrEP delivered to 15-30 year olds from control clusters through primary health clinics. There are 3 co-primary outcomes measured amongst cross sectional surveys of 15-30 year olds: 1) effectiveness of the intervention in reducing the prevalence of sexually transmissible HIV; 2) uptake of universal risk informed HIV prevention intervention; 3) cost of transmissible HIV infection averted. We will use a realist process evaluation to interrogate the extent to which the intervention components support demand, uptake, and retention in risk-differentiated biomedical HIV prevention. DISCUSSION: The findings of this trial will be used by policy makers to optimize delivery of universal differentiated HIV prevention, including HIV pre-exposure prophylaxis through peer-led mobilisation into community-based integrated adolescent and youth friendly HIV and sexual and reproductive health care. TRIAL REGISTRATION: ClinicalTrials.gov Identifier-NCT05405582. Registered: 6th June 2022.	Differentiated HIV prevention, HIV pre-exposure prophylaxis, Universal test and treat, Sexual and reproductive health, Adolescents and youth, Implementation trials, Peer navigators, Community-based	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Butler, Vusile; Kutywayo, Alison; Martin, Catherine E; Pleaner, Melanie; Mojapele, Maserame V; Ncube, Sydney; Fipaza, Zukiswa; Mundeta, Bongai; Mullick, Saiqa	Implementing Differentiated and Integrated HIV Prevention Services for Adolescent Girls and Young Women: Experiences From Oral PrEP Rollout in Primary Care Services in South Africa.	Journal of Adolescent Health	-	-	-	-	1879-1972	10.1016/j.jadohealth.2023.09.003	https://dx.doi.org/10.1016/j.jadohealth.2023.09.003	PURPOSE: In South Africa, adolescent girls and young women (AGYW, aged 15-24 years) are disproportionately affected by human immunodeficiency viruses (HIV). Oral pre-exposure prophylaxis (PrEP) has been available in South Africa since 2016; however, there is limited evidence on oral PrEP implementation and integration in real-world settings, particularly among AGYW. Project PrEP is an implementation science project that sought to inform the introduction and integration of oral PrEP as part of combination HIV prevention and sexual and reproductive health services (SRH) in South Africa. The project focused on AGYW, as a priority population in need of HIV prevention. This paper presents strategies Project PrEP employed to increase oral PrEP and SRH service access and utilization. METHODS: We present strategies employed to increase oral PrEP and SRH services uptake. Using routine monitoring data, facility assessments, stakeholder engagement, training and progress reports, and observations, we share implementation lessons learned and describe how strategies can be adapted by HIV prevention programs in different contexts. RESULTS: Approximately 22, 000 people initiated on oral PrEP (December 2018-December 2021) across eight facilities and four mobile clinics. Two-thirds (67%) of initiated clients were AGYW. DISCUSSION: Lessons are to be learned from the introduction of oral PrEP as implementers prepare for the introduction of new PrEP methods. Stakeholders must be continuously engaged to ensure buy-in, and social mobilization and demand creation should be contextual, focused, and innovative. Continuous staff training is needed to reinforce knowledge, and AGYW service delivery models must be local context relevant.	PrEP implementation; AGYW; South Africa; PrEP delivery; Oral PrEP; Differentiated service delivery	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2023	Butts S.A.; Young B.A.; Blackmon J.; Doblecki-Lewis S.	Addressing disparities in Pre-exposure Prophylaxis (PrEP) access: implementing a community-centered mobile PrEP program in South Florida	BMC Health Services Research	-	-	-	-	14726963	10.1186/s12913-023-10277-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177811038&doi=10.1186%2fs12913-023-10277-1&partnerID=40&md5=1d05fee27926cd87f607e72589db14a0	Background: Pre-exposure prophylaxis (PrEP) for HIV prevention is highly effective, but disparities in PrEP access remain considerable, particularly among Black and Latino men who have sex with men (MSM). To address this, the University of Miami Mobile PrEP Program was created, offering mobile HIV prevention/PrEP services in areas throughout South Florida where HIV incidence is high and PrEP access is geographically limited. Using a community-centered participatory approach, the program strategized and executed expansion into the Liberty City neighborhood of Miami. This study qualitatively assessed factors affecting Mobile PrEP implementation as perceived by community stakeholders, clients, and program staff. Methods: Forty-one in-depth interviews were conducted with 21 Mobile PrEP clients, 10 key informants from local health organizations, and 10 program staff. Interview questions queried perceived organizational and positional barriers and facilitators to mobile clinic implementation. Service satisfaction, setting preferences, social factors, and likelihood of recommending Mobile PrEP were also assessed. A thematic content analysis was performed using the Consolidated Framework for Implementation Research (CFIR) taxonomy as the guiding constructs for the analysis. Results: Participant statements indicated that providing no-cost services, convenient location, program-covered rideshares, individualized patient navigation, and a community-centric approach to patient care, which included staff members with shared lived experiences to increase positive interactions and renewed trust among poorly served communities, were facilitators of PrEP access and intervention uptake. The importance of program familiarization with the community before implementation, particularly for Black and African American communities, who may experience unique barriers to accessing sexual healthcare was strongly emphasized by participants. Conclusions: The Mobile PrEP intervention was found to be an acceptable and accessible mode of HIV/STI preventive care. The importance of pre-implementation community engagement and preparation is emphasized. Future research is needed to refine understanding of the intervention's components and evaluate implementation determinants in other highly impacted neighborhoods. © 2023, The Author(s).	Community-based Participatory Research; HIV; Implementation science; Prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Cain, Demetria; Sauermikh, Daniel; Starks, Tyrel J	Client Responses to Video-Based Communication Skills Training Involving PrEP for HIV: Tailoring an Individual Sexual Health Intervention for Sexual Minority Men in Relationships.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-023-03985-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9852803	For many partnered sexual minority men (SMM), PrEP decisions are shaped by their relationships. Recent innovations in HIV risk reduction interventions tailored for partnered SMM include the integration of video-based communication skill building. The purpose of the current study was to examine the responses of 37 SMM in relationships with cismale partners to understand how actual or anticipated conversations between partners may influence PrEP decision making. Results suggested an individual intervention has the ability to elicit detailed content about interactions between partners. When SMM anticipated being in agreement with their partner about PrEP, they described few challenges to discussing HIV prevention. In contrast, when SMM anticipated relationship-related concerns about PrEP, they also anticipated conversations with their partner would be challenging and likely to involve conflict. This often-diminished SMM's motivation to engage partners and develop shared HIV-prevention goals. These SMM may benefit from integrated communications skills building to overcome challenges and work collaboratively with partners around PrEP use.	HIV, Sexual minority men, Pre-exposure prophylaxis, Motivational interviewing, Personal communication	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Calabrese S.K.; Kalwicz D.A.; Dovidio J.F.; Rao S.; Modrakovic D.X.; Boone C.A.; Magnus M.; Kharfen M.; Patel V.V.; Zea M.C.	Targeted social marketing of PrEP and the stigmatization of black sexual minority men	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0285329	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159713954&doi=10.1371%2fjournal.pone.0285329&partnerID=40&md5=f98c65ff32875b6d623db6debd04d409	Disparities in HIV incidence and PrEP uptake suggest a need to prioritize Black sexual minority men (SMM) in PrEP social marketing initiatives. However, images linking Black SMM to HIV and PrEP may inadvertently reinforce stigma. We examined HIV-negative/status- unknown Black SMM's responses to targeted PrEP advertisements using mixed methods, including an experiment embedded in a longitudinal online survey (Time 1: n = 96; Time 2 eight weeks: n = 73) and four focus groups (n = 18). The full factorial experiment included between-groups and within-subjects comparisons. For between-groups comparisons, each participant was randomly assigned to view one of 12 advertisements, which varied by couple composition (Black SMM couple/Black heterosexual couple/multiple diverse couples/no couples) and campaign (PrEPare for the Possibilities/PlaySure/PrEP4Love). We examined couple composition, campaign, and interaction effects on: advertisement judgments (Time 1), PrEP stigma (Time 1), PrEP motivation (Times 1 and 2), and PrEP behavior (Time 2). For within-subjects comparisons, each participant viewed all 12 advertisements, and we examined couple composition, campaign, and interaction effects on advertisement judgments (Time 2). Focus group participants discussed advertising preferences and responded to the same set of advertisements. For between-groups and withinsubjects comparisons, we found significant couple composition effects but no or limited campaign and interaction effects on advertisement judgments. Advertisements featuring Black SMM exclusively were judged as more stigmatizing than advertisements without couples. Advertisements with diverse (vs. no) couples were considered more eye-catching and motivating. There were minimal effects of couple composition and campaign on PrEP stigma, motivation, and behavior. Focus group participants corroborated concerns about the potential for PrEP advertisements to be stigmatizing, suggesting advertisements featuring Black SMM exclusively could be alienating and fuel conspiracy theories. Focus group participants generally favored diverse and less sexualized advertisements, particularly for public spaces. Findings collectively highlight the potential for targeted PrEP advertisements to stigmatize Black SMM and support diverse representation. © 2023 Calabrese et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Calabrese S.K.; Krakower D.S.; Rao S.; Hansen N.B.; Mayer K.H.; Magnus M.; Bunting S.R.; Marcus J.L.; Dovidio J.F.	Acceptability and Effectiveness of a One-Hour Healthcare Provider Intervention Integrating HIV Pre-Exposure Prophylaxis and Cultural Competence Training	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04108-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164011255&doi=10.1007%2fs10461-023-04108-x&partnerID=40&md5=b60f8a2505ff5f0cdc1a74e2c1938860	Enhanced provider training could improve PrEP access and equity. We conducted a pilot randomized controlled trial comparing (a) a one-hour, group-based provider intervention integrating PrEP and Cultural Competence (PCC) training with (b) a standard HIV continuing medical education session (n = 56). PCC participants favorably rated the intervention and reported increased PrEP knowledge. The PCC intervention increased their confidence performing PrEP-related clinical activities and intention to prescribe PrEP. The percentage of participants discussing PrEP with patients increased marginally in both study conditions. The percentage of participants who prescribed PrEP and self-rated cultural competence did not change in either study condition. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Education, medical, continuing; Health personnel; HIV; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Callander D.; McManus H.; Gray R.T.; Grulich A.E.; Carr A.; Hoy J.; Donovan B.; Fairley C.K.; Holt M.; Templeton D.J.; Liaw S.-T.; McMahon J.H.; Asselin J.; Petoumenos K.; Hellard M.; Pedrana A.; Elliott J.; Keen P.; Costello J.; Keane R.; Kaldor J.; Stoové M.; Guy R.	HIV treatment-as-prevention and its effect on incidence of HIV among cisgender gay, bisexual, and other men who have sex with men in Australia: a 10-year longitudinal cohort study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(23)00050-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153955220&doi=10.1016%2fS2352-3018%2823%2900050-4&partnerID=40&md5=f9dfc70b20db6090d8cf342188edef45	Background: Although HIV treatment-as-prevention reduces individual-level HIV transmission, population-level effects are unclear. We aimed to investigate whether treatment-as-prevention could achieve population-level reductions in HIV incidence among gay, bisexual, and other men who have sex with men (GBM) in Australia's most populous states, New South Wales and Victoria. Methods: TAIPAN was a longitudinal cohort study using routine health record data extracted from 69 health services that provide HIV diagnosis and care to GBM in New South Wales and Victoria, Australia. Data from Jan 1, 2010, to Dec 31, 2019, were linked within and between services and over time. TAIPAN collected data from all cisgender GBM who attended participating services, resided in New South Wales or Victoria, and were 16 years or older. Two cohorts were established: one included HIV-positive patients, and the other included HIV-negative patients. Population prevalence of viral suppression (plasma HIV viral load <200 RNA copies per μL) was calculated by combining direct measures of viral load among the HIV-positive cohort with estimates for undiagnosed GBM. The primary outcome of HIV incidence was measured directly via repeat testing in the HIV-negative cohort. Poisson regression analyses with generalised estimating equations assessed temporal associations between population prevalence of viral suppression and HIV incidence among the subsample of HIV-negative GBM with multiple instances of HIV testing. Findings: At baseline, the final sample (n=101 772) included 90 304 HIV-negative and 11 468 HIV-positive GBM. 59 234 patients in the HIV-negative cohort had two or more instances of HIV testing and were included in the primary analysis. Over the study period, population prevalence of viral suppression increased from 69·27% (95% CI 66·41–71·96) to 88·31% (86·37–90·35), while HIV incidence decreased from 0·64 per 100 person-years (95% CI 0·55–0·76) to 0·22 per 100 person-years (0·17–0·28). Adjusting for sociodemographic characteristics and HIV pre-exposure prophylaxis (PrEP) use, treatment-as-prevention achieved significant population-level reductions in HIV incidence among GBM: a 1% increase in population prevalence of viral suppression corresponded with a 6% decrease in HIV incidence (incidence rate ratio IRR 0·94, 95% CI 0·93–0·96; p<0·0001). PrEP was introduced in 2016 with 17·60% uptake among GBM that year, which increased to 36·38% in 2019. The relationship between population prevalence of viral suppression and HIV incidence was observed before the availability of PrEP (IRR 0·98, 95% CI 0·96–0·99; p<0·0001) and was even stronger after the introduction of PrEP (0·80, 0·70–0·93; p=0·0030). Interpretation: Our results suggest that further investment in HIV treatment, especially alongside PrEP, can improve public health by reducing HIV incidence among GBM. Funding: National Health and Medical Research Council of Australia. © 2023 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Cambiano, Valentina; Miners, Alec; Lampe, Fiona C; McCormack, Sheena; Gill, O Noel; Hart, Graham; Fenton, Kevin A; Cairns, Gus; Thompson, Marc; Delpech, Valerie; Rodger, Alison J; Phillips, Andrew N	The effect of combination prevention strategies on HIV incidence among gay and bisexual men who have sex with men in the UK: a model-based analysis.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00204-7	https://dx.doi.org/10.1016/S2352-3018(23)00204-7	BACKGROUND: In the UK, the number of new HIV diagnoses among gay and bisexual men who have sex with men (GBMSM) has decreased substantially. We aimed to understand the contribution of different interventions in reducing HIV incidence so far; to estimate future HIV incidence with continuation of current policies and with further scaling up of current interventions; and to estimate the maximum additional annual cost that should be spent towards these interventions for them to offer value for money. METHODS: We calibrated a dynamic, individual-based, stochastic simulation model, the HIV Synthesis Model, to multiple sources of data on HIV among GBMSM aged 15 years or older in the UK. Primarily these were routine HIV surveillance data collected by the UK Health Security Agency. We compared HIV incidence in 2022 with the counterfactual incidence: if HIV testing rates stopped increasing in 2012 and the policy of antiretroviral therapy (ART) at diagnosis was not introduced in mid-2015; if pre-exposure prophylaxis (PrEP) was not introduced; if condom use was low from 2012 in all GBMSM, at levels similar to those observed in 1980; and in the first and second scenario combined. We also projected future outcomes under the assumption of continuation of current policies and considering increases in PrEP and HIV testing uptake and a decrease in condomless sex. FINDINGS: Our model estimated a 77% (90% uncertainty interval UI 61-88) decline in HIV incidence since around 2014, with an estimated 597 infections (90% UI 312-956; 1·1 per 1000 person-years 90% UI 0·6-1·8) in men aged 15-64 years in 2022. Both PrEP introduction and increased HIV testing with ART initiation at diagnosis each had a substantial effect on HIV incidence. Without PrEP introduction, we estimate there would have been 2·16 times the number of infections that actually occurred (90% UI 1·06-3·75) between 2012 and 2022; without increased HIV testing and ART initiation at diagnosis there would have been 2·18 times the number of infections that actually occurred (1·18-3·60), and if condomless sex was at the levels before the HIV epidemic, there would have been 2·27 times the number of infections that actually occurred (0·9-5·4). If rates of testing, ART use, and PrEP use remain as they are currently, there is a predicted decline in incidence to 388 HIV infections in 2025 (90% UI 226-650) and to 263 (137-433) in 2030. Increases in HIV testing and PrEP use were predicted to accelerate the decline in HIV incidence. Given the quality-adjusted life-year (QALY) benefit and a cost-effectiveness threshold of £30â000 per QALY gained, in order to be cost-effective an additional £1·62 million could be spent per year to increase testing levels by 34% (90% UI 25-46) and PrEP use by 55% (10-107). To achieve that, a 16% reduction in the cost of delivery of testing and PrEP would be required. INTERPRETATION: Combination prevention, including a PrEP strategy, played a major role in the reduction in HIV incidence observed so far in the UK among GBMSM. Continuation of current activities should lead to a continued decline; however, it is unlikely to lead to reaching the target of fewer than 50 HIV infections per year among GBMSM by 2030. It will be important to reduce costs for testing and PrEP for their continued expansion to be cost-effective. FUNDING: National Institute for Health Research under its Programme Grants for Applied Research Programme and Medical Research Council-UK Research and Innovation.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Cameron, Madison A; Kawamoto, Jenna; Shahoumian, Troy A; Belperio, Pamela S	Pharmacist-Led Management of HIV PrEP Within the Veterans Health Administration.	Federal Practitioner	-	-	-	-	1078-4497	10.12788/fp.0379	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10588999	Background: Uptake and access to HIV preexposure prophylaxis (PrEP) is key to reducing incident HIV infections. Pharmacists are one of the most accessible health care professionals in the United States and are well suited to address this need. Observations: We describe a model of care at the Veterans Affairs Greater Los Angeles Healthcare System in which clinical pharmacist practitioners developed and implemented a pharmacy-led PrEP clinic colocated within an infectious disease clinic. Veterans Health Administration clinical pharmacists provide direct patient care under a scope of practice that includes ordering and interpreting laboratory tests and providing PrEP prescriptions. To improve access and patient acceptability, we also used novel telemedicine modes of care to ensure flexible appointment scheduling. Conclusions: This model can be used by other federal and community-based health care organizations to implement interdisciplinary pharmacist-managed PrEP clinics and expand telehealth modalities to deliver outpatient services.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Camila-Bolívar, María; Gomez-Peñaloza, Sheilla Andrea; Camargo-Plazas, Pilar; Peralta-Ardila, María Del Pilar; Mueses-Marín, Héctor F.; Alvarado-Llano, Beatriz; Martínez-Cajas, Jorge L.	Barriers and facilitators to HIV pre-exposure prophylaxis uptake among transgender women in Colombia: A qualitative analysis using the COM-B model.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0001395	https://pubmed.ncbi.nlm.nih.gov/37756283/	Transgender women TGW in Colombia are disproportionately affected by HIV due to their low sociodemographic conditions, varied risk behaviours, difficulty accessing health services, and discrimination. Offering pre-exposure prophylaxis PrEP as part of a combination of prevention strategies is an appropriate option for this population to reduce their risk of HIV infection. However, little is known about how to implement a PrEP program for TGW in Colombia. Between June and October 2020, we conducted individual interviews with 16 TGW from four different cities in Colombia. The interviews assessed contextual influences, knowledge, skills, perceptions, and beliefs. We used qualitative thematic analysis to identify themes and the Capability, Opportunity, Motivation, and Behavior framework to further delineate barriers and possible interventions. After delineating the main themes across the three subdomains of the model, nine barriers were identified: one related to capability, knowledge, and perception of PrEP; six related to opportunity, which includes, family relations, sexual work environment, stable partner relations, interactions with healthcare workers, health service provision, and community interactions and opportunities; and two related to motivation, mental health, and concerns about medication side effects. Mapping barriers with interventions generated the following intervention functions: education, training, enablement, and environmental structure; and the following policy functions: communication/marketing, legislation, and changes in service provision. Examples of possible interventions are presented and discussed.	NA	English	United States	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Qualitative
Article	2023	Camp, Christina E; Chan, Carrie T	Young Adult Perspectives on Sex, Dating, and PrEP Use During the Pandemic and Improving the Future of PrEP Care	AIDS and Behavior	-	-	-	-	1090-7165	https://doi.org/10.1007/s10461-022-03970-5	https://escholarship.org/uc/item/61t264wh	Few studies have researched young adults' experiences taking HIV pre-exposure prophylaxis (PrEP) after the start of California's COVID-19 shelter-in-place (SIP) orders. The purpose of this study was to examine the experiences of young adults with sex, dating, and PrEP use during SIP and their perceptions on how to improve PrEP care in this age group. In this mixed-methods study, PrEP users ages 18-29 living in California between April 2020 and June 2021 completed a quantitative survey (N = 37) and one-on-one qualitative interviews (N = 18). Over half of survey participants reported trouble accessing PrEP care during SIP, citing difficulty obtaining medication refills, clinic appointments, and access to completing lab work. In qualitative interviews, participants expressed their preferences for more accessible PrEP service delivery across the PrEP care continuum. Despite pandemic SIP orders and trouble accessing PrEP services, young adults continued to engage in sexual behaviors.	Health Services and Systems; Health Sciences; HIV/AIDS; Pediatric; Mental Health; Behavioral and Social Science; Prevention; Clinical Research; Good Health and Well Being; Humans; Young Adult; Male; Pandemics; HIV Infections; Anti-HIV Agents; COVID-19; Sexual Behavior; Pre-Exposure Prophylaxis; Homosexuality; Male; Pandemic; HIV; Pre-exposure prophylaxis; HIV prevention; Young adults; Public Health and Health Services; Social Work; Public Health; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Cantos V.D.; Hagen K.; Duarte A.P.; Escobar C.; Batina I.; Orozco H.; Rodriguez J.; Camacho-Gonzalez A.; Siegler A.J.	Development of a Mobile App to Increase the Uptake of HIV Pre-exposure Prophylaxis Among Latino Sexual Minority Men: Qualitative Needs Assessment	JMIR Formative Research	-	-	-	-	2561326X	10.2196/43844	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149143486&doi=10.2196%2f43844&partnerID=40&md5=5b99251d291dd9a95d1ef81f97f3ea4b	Background: HIV disproportionally impacts Latino sexual minority men (SMM). Uptake of pre-exposure prophylaxis (PrEP), an effective biomedical intervention to prevent HIV, is low in this group compared with White SMM. Mobile health technology represents an innovative strategy to increase PrEP uptake among Latino SMM. Objective: We aimed to describe the qualitative process leading to the development of SaludFindr, a comprehensive HIV prevention mobile app aiming to increase PrEP uptake, HIV testing, and condom use by Latino SMM. Methods: We conducted 13 in-depth interviews with Latino SMM living in the Atlanta area to explore their main barriers and facilitators to PrEP uptake and to analyze their opinions of potential SaludFindr app functionalities. To explore potential app functions, we used HealthMindr, an existing HIV prevention app, as a template and added new proposed features intended to address the specific community needs. Results: We identified general PrEP uptake barriers that, although common among non-Latino groups, had added complexities such as the influence of religion and family on stigma. Low perceived PrEP eligibility, intersectional stigma, lack of insurance, cost concerns, and misconceptions about PrEP side effects were described as general barriers. We also identified Latino-specific barriers that predominantly hinder access to existing services, including a scarcity of PrEP clinics that are prepared to provide culturally concordant services, limited availability of Spanish language information related to PrEP access, distrust of peers as credible sources of information, perceived ineligibility for low-cost services owing to undocumented status, fear of immigration authorities, and competing work obligations that prevent PrEP clinic attendance. Health care providers represented a trusted source of information, and 3 provider characteristics were identified as PrEP facilitators: familiarity with prescribing PrEP; being Latino; and being part of lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) group or ally. The proposed app was very well accepted, with a particularly high interest in features that facilitate PrEP access, including a tailored list of clinics that meet the community needs and a private platform to seek PrEP information. Spanish language availability and free or low-cost PrEP care represented the 2 main clinic criteria that would facilitate PrEP uptake. Latino representation in clinic staff and providers; clinic perception as a safe space for undocumented patients; and LGBTQIA+ representation was listed as additional criteria. Only 8 of 47 clinics listed on the Centers for Diseases Control and Prevention PrEP locator website for the Atlanta area fulfilled at least 2 main criteria. Conclusions: This study provides further evidence of the substantial PrEP uptake barriers that Latino SMM face; exposes the urgent need to increase the number of accessible PrEP-providing clinics for Latino SMM; and proposes an innovative, community-driven, and mobile technology-based tool as a future intervention to overcome some of these barriers. © JMIR Formative Research 2023.	app; barrier; biomedical intervention; community; development; HIV; HIV prevention; Latino; men; mHealth; minority; mobile app; mobile health; mobile phone; mobile technology; pre-exposure prophylaxis; PrEP; sexual minority men; SMM; technology	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Carter, Gregory; Tavares, Taran	PrEP prescription in indiana 2017-2022: Implications for clinical practice.	Research in Nursing and Health	-	-	-	-	1098-240X	10.1002/nur.22354	https://dx.doi.org/10.1002/nur.22354	The Ending the HIV Epidemic initiative is poised to eradicate HIV through increasing screening and linkage to care. Despite this, the rate of HIV testing remains inadequate, and effective preventive measures like pre-exposure prophylaxis (PrEP) are not adequately prescribed. A retrospective chart review was conducted to include 2017 through July 2022 from a large nonprofit health care system in the Midwest. Inclusion criteria included an HIV-negative diagnosis between 2017 and July 2022. Additional information includes gender, age, race/ethnicity, the primary payment method, the facility where screening occurred, history of PrEP prescription, and the provider who documented sexual health screening. Most patients were female (73%, n = 3366), followed by 27% (n = 1242) who identified as male. The majority identified as white (52.4%, n = 2415), and patients who identified as Black represented 45.3% (n = 2087) of the sample. Of the participants in the sample, n = 3030 (65.8%) did not have a documented sexual health assessment at the time of HIV screening. Black patients were 0.40 times less likely to receive a PrEP prescription than their white counterparts. Patients screened by the provider and identified with infectious disease via a sexual mode of transmission demonstrated three times increased odds of being prescribed PrEP. This research highlights the importance of updating medical records systems to capture salient sexual health factors. Ongoing professional development should be made readily available so providers can conduct comprehensive sexual health assessments.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Casey, Eunice; Kaplan-Lewis, Emma; Gala, Kruti; Lakew, Rebecca	Successful Integration of HIV PrEP in Primary Care and Women's Health Clinical Practice: A Model for Implementation.	Viruses	-	-	-	-	1999-4915	10.3390/v15061365	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10301619	Ending the HIV Epidemic is contingent upon the increased utilization of pre-exposure prophylaxis (PrEP). The majority of PrEP in the United States is prescribed in specialty care settings; however, to achieve national implementation goals, it is necessary to expand PrEP services in primary care and women's health clinics. To this end, a prospective cohort study was conducted of health care providers participating in one of three rounds of a virtual program aimed at increasing the number of PrEP prescribers in primary care and women's health clinics within the NYC Health and Hospitals network, the public healthcare system of New York City. Provider prescribing behavior was compared at pre-intervention (August 2018-September 2019) and post-intervention (October 2019-February 2021). Among 104 providers, the number prescribing PrEP increased from 12 (11.5%) to 51 (49%) and the number of individual patients on PrEP increased from 19 to 128. The program utilized clinical integration models centering on existing STI management workflows and was associated with increased numbers of PrEP prescribers and volume of prescriptions in primary care and women's health clinics. The dissemination of similar programs could support national scale-up of PrEP.	HIV prevention, PrEP care model, PrEP implementation, PrEP for women, PrEP expansion	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2023	Casmir, Edinah Nyaboke	Acceptability of HIV Pre-exposure Prophylaxis Integration into Post-abortal Care Services to Expand the Reach of PrEP among Kenyan Adolescent Girls and Young Women	-	-	University of Washington	University of Washington	-	NA	NA	http://hdl.handle.net/1773/50100	Introduction: Globally, adolescent girls and young women (AGYW) continue to bear a disproportionate burden of HIV and unintended pregnancies. In low-resource settings, including Kenya, AGYW seeking post-abortal care (PAC) often continue to engage in sex with infrequent condom use, resulting in subsequent unintended pregnancies and risk for HIV infection. This situation demonstrates the potential for integrating HIV prevention services such as PrEP into PAC services to increase reach, uptake, and efficiency. However, data informing the acceptability, feasibility, and sustainability of PAC clinics as an entry point for PrEP services, including actual service delivery, are limited. Therefore, we assessed AGYWs, providers, and the implementing partner to inform the feasibility, scale-up, and sustainability of integrating PrEP into PAC. Methods: Between June 2022 and March 2023, we conducted a cross-sectional qualitative study as part of a cluster-randomized trial piloting PrEP delivery among 15–30-year-old AGYW within PAC clinics in 14 Kenyan public and private facilities in Kiambu, Nairobi, Murang'a, and Kisumu Counties. We collected data using in-depth interviews (n=60) among purposively sampled AGYW who initiated PrEP while receiving PAC in the partner facilities, focus group discussions (n=6) among AGYW and (n=6) among PAC providers, and key informant interviews (n=18) with PAC providers and implementing partners' representatives. Interviews were audio-recorded and transcribed verbatim. The data were analyzed thematically using inductive and deductive approaches. The theoretical framework of acceptability (TFA) guided this process. Results: We found that PrEP integration into PAC was highly acceptable as an effective and timely intervention to improve reach for PrEP services since it reduced PrEP stigma and enhanced ease of access among AGYW, who could benefit the most. Additionally, providers' competence in offering integrated PrEP services, attitudes toward providing PrEP and PAC for AGYW, and AGYWs' confidence in using PrEP all influence PrEP delivery and access in PAC clinics. Moreover, staffing, availability of safe spaces, commodity management, and reporting systems are crucial in influencing the efficient integration of PrEP into PAC services. Conclusion: Integrating PrEP services into PAC was highly acceptable as an effective and timely intervention to improve PrEP services reach among Kenyan AGYW. Therefore, scaling-up integration of PrEP in PAC scale-up would improve reach for PrEP among at-risk AGYW. However, enhancing PrEP integration into PAC efficiency requires further strategies to strengthen facility operations and structure.	Acceptability; Adolescent Girls and Young Women; HIV Pre-exposure Prophylaxis; Integration; Kenya; Post-abortal Care Services; Public health; Global Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2023	Castor D.; Heck C.J.; Quigee D.; Telrandhe N.V.; Kui K.; Wu J.; Glickson E.; Yohannes K.; Rueda S.T.; Bozzani F.; Meyers K.; Zucker J.; Deacon J.; Kripke K.; Sobieszczyk M.E.; Terris-Prestholt F.; Malati C.; Obermeyer C.; Dam A.; Schwartz K.; Forsythe S.	Implementation and resource needs for long-acting PrEP in low- and middle-income countries: a scoping review	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26110	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164541179&doi=10.1002%2fjia2.26110&partnerID=40&md5=2e015e0aba5d0ba5e093dc15007f5f33	Introduction: Several low- and middle-income countries (LMICs) are preparing to introduce long-acting pre-exposure prophylaxis (LAP). Amid multiple pre-exposure prophylaxis (PrEP) options and constrained funding, decision-makers could benefit from systematic implementation planning and aligned costs. We reviewed national costed implementation plans (CIPs) to describe relevant implementation inputs and activities (domains) for informing the costed rollout of LAP. We assessed how primary costing evidence aligned with those domains. Methods: We conducted a rapid review of CIPs for oral PrEP and family planning (FP) to develop a consensus of implementation domains, and a scoping review across nine electronic databases for publications on PrEP costing in LMICs between January 2010 and June 2022. We extracted cost data and assessed alignment with the implementation domains and the Global Health Costing Consortium principles. Results: We identified 15 implementation domains from four national PrEP plans and FP-CIP template; only six were in all sources. We included 66 full-text manuscripts, 10 reported LAP, 13 (20%) were primary cost studies-representing seven countries, and none of the 13 included LAP. The 13 primary cost studies included PrEP commodities (n = 12), human resources (n = 11), indirect costs (n = 11), other commodities (n = 10), demand creation (n = 9) and counselling (n = 9). Few studies costed integration into non-HIV services (n = 5), above site costs (n = 3), supply chains and logistics (n = 3) or policy and planning (n = 2), and none included the costs of target setting, health information system adaptations or implementation research. Cost units and outcomes were variable (e.g. average per person-year). Discussion: LAP planning will require updating HIV prevention policies, technical assistance for logistical and clinical support, expanding beyond HIV platforms, setting PrEP achievement targets overall and disaggregated by method, extensive supply chain and logistics planning and support, as well as updating health information systems to monitor multiple PrEP methods with different visit schedules. The 15 implementation domains were variable in reviewed studies. PrEP primary cost and budget data are necessary for new product introduction and should match implementation plans with financing. Conclusions: As PrEP services expand to include LAP, decision-makers need a framework, tools and a process to support countries in planning the systematic rollout and costing for LAP. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	economics; healthcare costs; implementation planning; LMICs; long-acting HIV prevention; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Cataño-Correa, Juan Carlos	Descripción de la experiencia de un programa de Profilaxis preexposición (PrEP) a VIH en Medellín, Colombia	Infectio: Revista de la Asociación Colombiana de Infectología	-	-	-	-	2422-3794	10.22354/24223794.1118	https://revistainfectio.org/P_OJS/index.php/infectio/article/view/1118	Objetivo: describir la experiencia de un programa de profilaxis preexposición para VIH (PrEP) en Medellín.Métodos: estudio de una cohorte retrospectiva. El programa tuvo tres fases: talleres de motivación frente al VIH y su prevención, inclusión de participantes y eva-luación de desenlaces clínicos y determinantes socioeconómicos de la adherencia.Resultados: se incluyeron 50 hombres que tiene sexo con hombres y 2 mujeres trans; 79% (n=41) con nacionalidad colombiana. Al ingreso 10% presentó sífilis latente indeterminada. No se presentaron casos de VIH, 48% completó el seguimiento, se registraron leves efectos secundarios relacionados a la PrEP que no llevaron al abandono del programa. Los factores económicos fueron la causa más frecuente de abandono.Conclusión: la PrEP es efectiva y segura, los determinantes económicos son el principal factor explicativo de la adherencia. Es importante incluir la PrEP para grupos clave en los planes de salud, y ajustar el programa a la realidad socioeconómica de cada población.	hombres que tiene sexo con hombres; personas trans; profilaxis preexposición; vih	Spanish	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Clinical
Article	2023	Cattani V.B.; Jalil E.M.; Eksterman L.; Torres T.; Wagner Cardoso S.; Castro C.R.V.; Monteiro L.; Wilson E.; Bushman L.; Anderson P.; Veloso V.G.; Grinsztejn B.; Estrela R.; Hoagland B.; Moura I.; Waite D.M.M.M.; Vieira D.; Granjeiro J.R.; Freitas J.; Santos T.; Fernandes N.; Nazer S.; Marins L.M.S.; Ribeiro V.R.T.; Silva R.P.N.; Costa G.G.; Vieira A.C.; Bastos R.A.; Alves A.; Krstic T.; Ferreira A.C.G.; Derrico M.; Kamel L.; Jalil C.M.; Netto E.C.; de Sousa M.D.G.; Leite P.; Mattos K.G.; Felix J.B.; Baião T.V.; Hottz G.; Maia N.G.; da Silva T.P.; Ramos M.; Porto T.	Estradiol and Spironolactone Plasma Pharmacokinetics Among Brazilian Transgender Women Using HIV Pre-Exposure Prophylaxis: Analysis of Potential Interactions	Clinical Pharmacokinetics	-	-	-	-	3125963	10.1007/s40262-023-01248-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160927064&doi=10.1007%2fs40262-023-01248-0&partnerID=40&md5=2821d3eed14f3a438c0df97a49430608	Background and Objective: An important barrier to HIV prevention among transgender women (TGW) is the concern that oral pre-exposure prophylaxis (PrEP) negatively affects the efficacy of feminizing hormone therapy (FHT). We aimed to assess the impact of PrEP on FHT pharmacokinetics (PK) among TGW from Brazil. Methods: We performed a drug-drug interaction sub-study among TGW enrolled in a daily oral PrEP demonstration study (PrEParadas, NCT03220152). Participants had a first PK assessment (PK1) 15 days after FHT (estradiol valerate 2–6 mg plus spironolactone 100–200 mg) initiation and then started PrEP (tenofovir disoproxil fumarate 300 mg/emtricitabine 200 mg). A second PK evaluation was performed 12 weeks later (PK2). Blood samples were collected prior and after the directly observed dosing (0, 0.5, 1, 2, 4, 6, 8, and 24 hours). Pharmacokinetic parameters of estradiol, spironolactone, and metabolites were estimated by non-compartmental analysis (Monolix 2021R2, Lixoft®) and compared as geometric mean ratios (GMRs, 90% confidence interval CI). Results: Among 19 TGW who completed the substudy, median age was 26 years (interquartile range: 23–27.5). Estradiol area under the plasma concentration-time curve (AUC τ) and trough concentrations did not differ between PK1 and PK2 evaluations (GMR 90% CI: 0.89 0.76–1.04 and 1.06 0.94–1.20, respectively). Spironolactone and canrenone AUC τ were statistically lower at PK2 than PK1 (0.76 0.65–0.89 and 0.85 0.78–0.94, respectively). Canrenone maximum concentration was also lower at PK2 than PK1 (0.82 0.74–0.91). Conclusion: Estradiol PK was not influenced by PrEP concomitant use. The small differences observed in some spironolactone and canrenone PK parameters should not prevent the concomitant use of estradiol-based FHT and PrEP. Trial Registration: This trial (NCT03220152) was registered on July 18, 2017. © 2023, The Author(s).	NA	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Cavalera, Simone; Serra, Thea; Abad-Fuentes, Antonio; Mercader, Josep V.; Abad-Somovilla, Antonio; Nardo, Fabio Di; D'Avolio, Antonio; De Nicolò, Amedeo; Testa, Valentina; Chiarello, Matteo; Baggiani, Claudio; Anfossi, Laura	Development and In-House Validation of an Enzyme-Linked Immunosorbent Assay and a Lateral Flow Immunoassay for the Dosage of Tenofovir in Human Saliva.	Biosensors	-	-	-	-	2079-6374	10.3390/bios13060667	https://www.mdpi.com/2079-6374/13/6/667	Highly active antiretroviral therapy (HAART) includes very potent drugs that are often characterized by high toxicity. Tenofovir (TFV) is a widely used drug prescribed mainly for pre-exposure prophylaxis (PreP) and the treatment of human immunodeficiency virus (HIV). The therapeutic range of TFV is narrow, and adverse effects occur with both underdose and overdose. The main factor contributing to therapeutic failure is the improper management of TFV, which may be caused by low compliance or patient variability. An important tool to prevent inappropriate administration is therapeutic drug monitoring (TDM) of compliance-relevant concentrations (ARCs) of TFV. TDM is performed routinely using time-consuming and expensive chromatographic methods coupled with mass spectrometry. Immunoassays, such as enzyme-linked immunosorbent assays (ELISAs) and lateral flow immunoassays (LFIAs), are based on antibody-antigen specific recognition and represent key tools for real-time quantitative and qualitative screening for point-of-care testing (POCT). Since saliva is a non-invasive and non-infectious biological sample, it is well-suited for TDM. However, saliva is expected to have a very low ARC for TFV, so tests with high sensitivity are required. Here, we have developed and validated a highly sensitive ELISA (IC50 1.2 ng/mL, dynamic range 0.4-10 ng/mL) that allows the quantification of TFV in saliva at ARCs and an extremely sensitive LFIA (visual LOD 0.5 ng/mL) that is able to distinguish between optimal and suboptimal ARCs of TFV in untreated saliva.	Humans; *Anti-HIV Agents/therapeutic use; Enzyme-Linked Immunosorbent Assay; adherence; Tenofovir/therapeutic use; human immunodeficiency virus; *HIV Infections/drug therapy; Immunoassay; therapeutic drug monitoring; point-of-care testing; anti-retroviral drugs; Saliva	English	Switzerland	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Clinical

Article	2023	Celum, Connie; Grinsztejn, Beatriz; Ngure, Kenneth	Preparing for long-acting PrEP delivery: building on lessons from oral PrEP	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26103	https://onlinelibrary.wiley.com/doi/epdf/10.1002/jia2.26103	INTRODUCTION: With recent approvals of long-acting (LA) HIV pre-exposure prophylaxis (PrEP) in the form of injectable cabotegravir and the dapivirine ring, programmes need to consider how to optimize the delivery of PrEP methods, including by leveraging lessons from the past decade of oral PrEP delivery. DISCUSSION: Framed around differentiated service delivery building blocks, the major considerations for the delivery of LA PrEP are how to reach the populations who would most benefit from PrEP, where to locate PrEP services, how to reduce the user burden of accessing and continuing with PrEP, and how to integrate PrEP with other services. Demand creation for LA PrEP and education about new LA PrEP options should be co-developed with communities and be positively framed. Client-facing clinical decision support tools provide information about HIV prevention and PrEP options in non-technical ways and can support their informed decision-making about PrEP. Training for providers is needed to increase their ability to ask about sexual and drug use behaviours in a non-judgmental and comfortable manner as part of risk assessment, discuss harm reduction strategies and counsel about available PrEP options that fit clients' circumstances and needs. PrEP adherence support should include supportive counselling and be tailored to address an individual's particular barriers and needs. Reminders through text messaging or calls can foster PrEP persistence, given the narrow window around dosing for injectable cabotegravir. Strategies are needed to expand PrEP delivery options, including telePrEP, pharmacy-based PrEP, key population-led services and mobile venues. Integrated delivery models are needed which include sexually transmitted infection testing and treatment, contraception for cis-women not desiring to become pregnant, PrEP for pregnant women in high HIV prevalence settings, and gender-affirming hormones and support for transgender persons. CONCLUSIONS: The outcome of expanding PrEP options through LA PrEP formulations is to increase PrEP coverage, adherence, persistence and effectiveness by offering a choice of PrEP that meets the needs of persons who would benefit from PrEP. The lessons learned from the delivery of oral PrEP about demand creation, informed client decision-making, provider training, adherence support and service delivery model are relevant to the delivery of LA PrEP and integration with other services.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Celum, Connie; Seidman, Dominika; Travill, Danielle; Dehlendorf, Christine; Gumede, Sanele; Zewdie, Kidist; Wilson, Whitney; Morton, Jennifer F; Baeten, Jared M; Donnell, Deborah; Delany-Moretlwe, Sinead	A decision support tool has similar high PrEP uptake and increases early PrEP persistence in adolescent girls and young women in South Africa: results from a randomized controlled trial	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26154	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10460672	INTRODUCTION: African adolescent girls and young women (AGYW) have high rates of HIV acquisition and are a priority population for HIV pre-exposure prophylaxis (PrEP). PrEP implementation has been limited by AGYW's low perceived HIV risk and provider demands. A decision support tool (DST) with information about PrEP could improve clients' risk perception, knowledge about PrEP, informed decision-making and motivation to use PrEP based on their risk, facilitating PrEP delivery in primary healthcare (PHC) clinics. METHODS: We designed MyPrEP, a client-facing DST about PrEP and HIV prevention, with youth-friendly information and images. The impact of the MyPrEP tool was assessed among HIV-negative women aged 18-25 years presenting to a PHC clinic in Johannesburg, South Africa from March 2019 to 2020. AGYW were randomized by day to the DST or a general health website as the control condition. A clinician blinded to DST versus control allocation provided standard of care counselling about PrEP, offered PrEP, administered a questionnaire and conducted sexually transmitted infection testing. The primary outcome was PrEP initiation and the secondary outcome was PrEP persistence at 1 month, determined by pharmacy dispensation records. RESULTS: Of 386 AGYW screened, 353 were randomized (DST n = 172, control n = 181) with a median age of 21 years (interquartile range [IQR 20, 23) and 56% (199/353) attending the clinic for HIV testing, 46% (164/353) using contraception, 15% (53/353) using condoms consistently and 37% (108/353) with a curable sexually transmitted infection. PrEP was initiated by 97% in the DST group and 94% in the control group (OR 1.79; 95% confidence interval, CI = 0.79-1.53), of whom two-thirds planned to continue PrEP until they decided if they liked PrEP. At 1 month, PrEP persistence was 19% in the DST and 10% in the control group (OR 1.97, 95% CI 1.08-3.69). Ninety-nine percent randomized to the DST reported satisfaction with MyPrEP. CONCLUSIONS: Among AGYW attending a South African PHC clinic, PrEP uptake was >90% with two-fold higher PrEP persistence at 1 month in those randomized to use the MyPrEP DST. Given the need for strategies to support PrEP implementation and improve low PrEP persistence among African AGYW, a PrEP DST warrants further evaluation.	choice; decision support tool; HIV prevention; pre-exposure prophylaxis; South Africa; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Cernasev A.; Barenie R.E.; Wofford B.R.; Golden J.; Walker C.	Empowering Tennessee Pharmacists to Initiate PrEP Using Collaborative Pharmacy Practice Agreements	Clinics and Practice	-	-	-	-	20397283	10.3390/clinpract13010025	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148959701&doi=10.3390%2fclinpract13010025&partnerID=40&md5=fa5a0f326c194a02a35fab99d1c5fafb	Background: The uptake of Pre-Exposure Prophylaxis (PrEP) has revolutionized the fight against the Human Immunodeficiency Virus (HIV) epidemic. Consistent obstacles remain that have influenced the slow uptake of PrEP in the United States of America (USA). In order to address these barriers, pharmacists must be included in the dispensing and management of PrEP through collaborative pharmacy practice agreements (CPPAs). Our aim for this study was to characterize pharmacists' perceptions of initiating PrEP through a CPPA in the state of Tennessee. Methods: This qualitative study was conducted in the USA in 2021 with pharmacists practicing in Tennessee. A framework and specific questions guided the thematic analysis. The words and phrases were coded inductively and later collapsed into categories and placed into emergent themes. Results: Two themes illustrate the voices of practicing pharmacists' integration in the dispensing and management of PrEP: (1) Learning from other states and previous successful CPPAs to advance and expand innovative models of patient care and (2) advocacy through public policy change to empower pharmacists to initiate PrEP. Conclusion: This qualitative study focused on exploring pharmacists' perceptions on the opportunity of initiating PrEP through a CPPA in Tennessee. These findings highlight the preparedness of pharmacists to advocate for easier initiative of PrEP in pharmacies across Tennessee, whether through relaxing existing CPPA regulation or pursuing independent prescriptive authority for pharmacists. © 2023 by the authors.	collaborative pharmacy practice agreement (CPPA); pharmacist; PrEP; USA	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Cernasev, Alina; Melton, Tyler C; Jasmin, Hilary; Barenie, Rachel E	A Qualitative Systematic Literature Review of the Role of U.S. Pharmacists in Prescribing Pre-Exposure Prophylaxis (PrEP).	Pharmacy	-	-	-	-	2226-4787	10.3390/pharmacy11010009	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9844378	Pre-Exposure Prophylaxis (PrEP) is an effective treatment to combat the human immunodeficiency virus (HIV) endemic, but the uptake of PrEP has been low in the United States (U.S.). While individuals may access PrEP via obtaining a prescription from their prescriber and having it dispensed by their pharmacist, less cumbersome access points may exist. This systematic literature review evaluates qualitative literature to explore the role of pharmacists, pharmacy services, and interprofessional collaborations for persons seeking PrEP in the United States. Four electronic databases (PubMed, Scopus, CINAHL, and Embase) were searched in February 2022 and yielded 3841 results. After excluding duplicates, two researchers reviewed 2461 studies. These results were screened for inclusion and exclusion criteria and yielded 71 studies for full review. Out of these 71 studies, five studies met the pre-selected inclusion criteria. Of the five studies, four were qualitative studies, and one was a mixed-methods study. The studies examined different aspects of initiating PrEP and diverse outcomes, such as screening for PrEP, barriers to access PrEP, feasibility to access PrEP, accessibility via community pharmacy to PrEP, and interdisciplinary collaboration between members of the healthcare team to expand patient access to PrEP. A gap in the qualitative literature focusing on U.S. pharmacists' roles in initiation and provision of PrEP for diverse populations may exist. While PrEP promotion and uptake are largely affected by convenience and accessibility, future interventions and strategies should include training pertaining to PrEP screening, stigma reduction, privacy considerations, and PrEP dispensing.	PrEP; systematic literature review; pharmacist; pharmacy practice; US	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Chai, Peter; De, Dikha; Albrechta, Hannah; Goodman, Georgia R; Takabatake, Koki; Ben-Arieh, Amy; Lee, Jasper S; Glynn, Tiffany R; Mayer, Kenneth; O'Cleirigh, Conall; Fisher, Celia	Attitudes towards participating in research involving digital pill systems to measure oral HIV pre-exposure chemoprophylaxis: a cross-sectional study among men who have sex with men with substance use in the USA.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2022-067549	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9887701	OBJECTIVES: This quantitative survey sought to understand, among men who have sex with men (MSM) with potentially problematic substance use, the attitudes towards participation in research involving digital pill systems (DPS) for HIV pre-exposure prophylaxis (PrEP) adherence measurement, and the barriers and facilitators to research participation. DESIGN: One-time, cross-sectional, online sampling-based survey. SETTING: US social networking app predominantly focused on MSM. PARTICIPANTS: MSM without HIV who reported current use of oral PrEP, potentially problematic substance use and sexual activity in the past 3 months. A total of 157 participants were eligible, passed validity checks and enrolled. OUTCOME MEASURES: Perceptions of DPS usefulness, accuracy and usability (System Usability Scale (SUS)); willingness and motivations to participate in DPS research; preferences for access to and feedback on DPS adherence data; data sharing considerations; and medical mistrust (Group-Based Medical Mistrust Scale (GBMMS)). RESULTS: Most of the sample (N=157) was white (n=119, 75.8%), gay (n=124, 79.0%) and cisgender (n=150, 95.5%). The median age was 33 years (IQR: 14). The mean GBMMS score was 13.5 (SD=5.2), and the median SUS score was 70 (IQR: 27.5). In the past 3 months, 36.3% (n=57) reported frequent use of substances before or during sex, and 62.4% (n=98) engaged in condomless sex. While most were adherent to PrEP, approximately 34.4% (n=54) expressed significant worry about daily adherence. Participants wished to monitor their PrEP adherence daily (n=66, 42.0%) and 52% (n=82) were very willing to participate in DPS-based research. The majority were minimally concerned about sharing DPS-detected adherence data with research teams (n=126, 80.3%), and were extremely willing to share these data with healthcare providers (n=109, 69.4%). CONCLUSIONS: In this sample, MSM without HIV who use substances reported willingness to use DPS to measure PrEP adherence in a research context, and identified benefits to accessing real-time, DPS-detected adherence data.	HIV & AIDS, PREVENTIVE MEDICINE, Substance misuse, Health informatics	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Chaix M.-L.; Leturque N.; Gabassi A.; Charreau I.; Minier M.; Pialoux G.; Cua É.; Chidiac C.; Raffi F.; Tremblay C.; Meyer L.; Molina J.-M.; Delaugerre C.	Prevalence and incidence of HEV among men using HIV pre-exposure prophylaxis: A sub-study of the ANRS IPERGAY trial	Journal of Clinical Virology	-	-	-	-	13866532	10.1016/j.jcv.2023.105380	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147029309&doi=10.1016%2fj.jcv.2023.105380&partnerID=40&md5=94a6784c61ee572bfde539a924e4ce97	Background: Men who have sex with men (MSM) have an increased risk of infection by pathogens transmitted by the oro-fecal route. Here, we investigated the seroprevalence and incidence of hepatitis E virus (HEV) infection in 416 MSM included in the ANRS IPERGAY PrEP trial. Results: Among the 62 (14.9% (95% CI: 11.6%-18.7%) seropositive for HEV at inclusion, the only factor associated with testing seropositive for HEV was older age. Geographical origin, use of recreational drugs, number of sexual partners, status for HAV and bacterial sexually transmitted infection (STI) at inclusion were not associated. Among the 342 HEV-seronegative patients with available samples, 9 seroconverted after a median of follow-up of 2.1 years (IQR (interquartile range): 1.6; 3.0). Conclusion: Overall, the HEV incidence was 1.19% per 100 person-years 95% CI: 0.54%; 2.26%. Sexual transmission does not seem to be a major route of HEV infection in MSM, unlike HAV. © 2023	Hepatitis E virus; HIV pre-exposure prophylaxis; Incidence; MSM; Seroprevalence	English	Netherlands	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Chamberlin G.; Lopes M.D.; Iyer S.; Psaros C.; Bassett I.V.; Medeiros S.; O'Connor C.; Ard K.L.	"That was our afterparty": a qualitative study of mobile, venue-based PrEP for MSM	BMC Health Services Research	-	-	-	-	14726963	10.1186/s12913-023-09475-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159765078&doi=10.1186%2fs12913-023-09475-8&partnerID=40&md5=b9800ac10c2f7ecc0ecd9b9a2217e258	Background: HIV preexposure prophylaxis (PrEP) uptake among men who have sex with men (MSM), a group disproportionately impacted by HIV, is not commensurate with need. Settings which reduce or remove barriers to accessing care are promising venues to support PrEP uptake. PrEP provision at mobile clinics represents a novel strategy to increase PrEP access; however, the acceptability and feasibility of this approach have not been well studied. Methods: Our objective was to understand patient and staff experiences of a mobile clinic van offering PrEP and sexual health services in Boston, Massachusetts, USA. We interviewed mobile unit users and conducted focus groups with mobile unit staff and users. Data were organized using Dedoose software, and content analysis was used to identify themes of access, community, and stigma. Results: Nineteen individuals (16 patients and 3 staff members) participated in interviews (N = 13) or focus groups (N = 6). All patients identified as MSM, 63% were Hispanic or Latino, and 21% of patient interviews were conducted in Spanish. Logistical and psychological convenience facilitated service use, while the community-oriented environment improved satisfaction with care. Overall, participants supported expansion of mobile unit services and recommended changes to improve access to longitudinal care. However, some barriers to PrEP persisted, including low HIV risk perception and stigma about sexual behavior. Conclusions: Mobile units can promote sexual health and PrEP uptake, particularly for populations facing social and logistical barriers to care in traditional settings. © 2023, The Author(s).	Mobile unit; MSM; PrEP; Sexual healthcare utilization; Venue-based care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Champion, Jane Dimmitt; Recto, Pam	An Assessment of HIV Risk, Perceptions of Risk, and Potential Adherence to Preexposure Prophylaxis Among HIV-Negative People With Injection Drug Use Who Access Mobile Outreach Services.	Journal of Addictions Nursing	-	-	-	-	1548-7148	10.1097/JAN.0000000000000522	https://dx.doi.org/10.1097/JAN.0000000000000522	OBJECTIVE: The purpose of this study was to assess HIV risk, perceptions of risk, and potential adherence to preexposure prophylaxis (PrEP) for the prevention of HIV infection among people who inject drugs (PWID), who self-report HIV negative status and access mobile outreach intravenous drug use (IVDU) services. METHODS/SAMPLE: Participants (N = 93) were non-Hispanic White (59.1%) and Hispanic (36.6%), between the ages of 18 and 63 years, primarily male (58.1%), who reported a length of IVDU between 1 and >20 years and accessed mobile outreach IVDU services in a metropolitan area of the Southwestern United States; all self-reported HIV-negative status. Self-report questionnaires completed via iPad included HIV risk behavior, perceived risk of HIV, and beliefs about medicines. RESULTS: PWID perceived themselves at a low risk for HIV with minimal concerns about contracting HIV. High levels of comorbidities (schizophrenia, anxiety, depression, hepatitis, diabetes, and hypertension), substance use, and limited HIV protective behavior and social support existed; women reported significantly more risk behaviors and comorbidities. Positive attitudes toward and interest in use of medication for HIV prevention were present, however, with concurrent concerns regarding long-term medication use and the potential to forget medications. CONCLUSIONS: PrEP adherence for PWID presents challenges for clinicians. Addressing perceptions of PrEP, perceived and actual risk for contracting HIV, potential barriers to PrEP adherence, social support, and treatment of comorbidities in primary care and IVDU outreach services potentially enhances PrEP maintenance among PWID, notably women.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Chan, Curtis; Holt, Martin; Broady, Timothy R.; Traeger, Michael W.; Mao, Limin; Grulich, Andrew E.; Prestage, Garrett; MacGibbon, James; Rule, John; Bavinton, Benjamin R.	Trends in Testing and Self-Reported Diagnoses of Sexually Transmitted Infections in Gay and Bisexual Men in Australia, 2017 to 2021: Analysis of National Behavioral Surveillance Surveys.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001870	https://journals.lww.com/stdjournal/fulltext/2023/12000/trends_in_testing_and_self_reported_diagnoses_of.3.aspx	BACKGROUND: Gay, bisexual, and other men who have sex with men (GBM) are overrepresented in diagnoses of sexually transmitted infections (STIs) relative to their population size. This study assessed trends in STI testing and diagnoses among GBM in Australia. METHODS: The Gay Community Periodic Surveys are repeated cross-sectional behavioral surveillance surveys of GBM. Participants reported the number of anal swabs, throat swabs, urine samples, and blood tests for syphilis they undertook in the last year. "Frequent comprehensive testing" was defined as ≥3 of each test in the previous year. Participants reported STI diagnoses of chlamydia, gonorrhea, syphilis, and other STIs in the last year. Trends in testing and diagnoses from 2017 to 2020 and 2020 to 2021 were assessed with logistic regression models. RESULTS: We analyzed 24,488 survey responses from participants reporting casual sex in the last 6 months. Between 2017 and 2020, frequent comprehensive STI testing decreased among HIV-negative GBM on preexposure prophylaxis (PrEP) from 71.7% to 68.9% and declined further to 58.6% in 2021. Frequent comprehensive STI testing was stable during 2017-2020 among HIV-negative/untested GBM not on PrEP (17.4%-14.6%) and HIV-positive GBM (30.4%-35.1%) but declined in 2021 to 7.5% among non-PrEP-users and 25.7% among HIV-positive participants. There were minimal changes in STI diagnoses during 2017-2020, but diagnoses declined in 2021. CONCLUSIONS: Many GBM do not meet Australian STI testing guidelines that recommend quarterly testing. Further evaluation of whether this recommendation is realistic or necessary to reduce STIs among GBM is recommended.	Humans; Male; Cross-Sectional Studies; Homosexuality, Male; *Pre-Exposure Prophylaxis; Self Report; Australia/epidemiology; *Sexual and Gender Minorities; *HIV Infections/epidemiology; *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control; *Syphilis/epidemiology	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Chan, Curtis; Mao, Limin; Bavinton, Benjamin R.; Holt, Martin; Prankumar, Sujith Kumar; Dong, Kevin; Wark, Timothy; Chen, Timothy; Wijaya, Hendri Yulius; Wong, Horas T. H.	The impact of social connections and discrimination to HIV risk among Asian gay and bisexual men in Australia.	Sexual Health	-	-	-	-	1449-8987 1448-5028	10.1071/SH23036	https://www.publish.csiro.au/SH/SH23036	BACKGROUND: Asian gay, bisexual, and other men who have sex with men (GBMSM) are overrepresented in new HIV diagnoses in Australia. Social engagement with other GBMSM has been associated with HIV testing and pre-exposure prophylaxis (PrEP) uptake. Asian GBMSM may be socially disconnected from LGBTQ+ people, which may increase their HIV risk. This analysis assessed the contribution of social connection on HIV risk among Asian GBMSM. METHODS: Using an online cross-sectional survey of Asian GBMSM in Australia, we measured condomless anal intercourse (CLAI) in the last 6months without PrEP or an undetectable viral load (UVL), i.e. CLAI with a risk of HIV transmission. Bivariable and multivariable logistic regression models were performed to compare demographic characteristics and social engagement of participants who had CLAI without PrEP or UVL to those who had not. Analyses were restricted to participants who reported sex with casual partners in the last 6months. RESULTS: Among 509 participants who had casual partners in the last 6months, 151 (29.7%) reported CLAI without PrEP or UVL. CLAI without PrEP or UVL was negatively associated with full-time employment, and recently being tested for HIV and was positively associated with experiencing discrimination based on sexual orientation. Social engagement with LGBTQ+ people was not associated with CLAI without PrEP or UVL. CONCLUSIONS: CLAI without PrEP or UVL was not related to social connections with LGBTQ+ people but was more likely among Asian men who had experienced sexuality-related discrimination, suggesting that mitigating homophobia and biphobia may assist in improving HIV prevention among Asian GBMSM who live in Australia.	Humans; Male; Female; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Australia/epidemiology; *Sexual and Gender Minorities; *HIV Infections/prevention & control	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Chapin-Bardales J.; Haaland R.; Martin A.; Holder A.; Butts V.A.; Sionean C.; Sey E.K.; Brady K.A.; Raymond H.F.; Opoku J.; Kuo I.; Paz-Bailey G.; Wejnert C.	HIV Pre-exposure Prophylaxis Persistence and Adherence among Men Who Have Sex with Men in Four US Cities	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152172584&doi=10.1097%2fQAI.0000000000003160&partnerID=40&md5=73058bcedf90926699ccbf959f92ac8d	Background:HIV pre-exposure prophylaxis (PrEP) persistence and adherence are critical to ending the HIV epidemic in the United States.Setting:In 2017 National HIV Behavioral Surveillance, HIV-negative men who have sex with men (MSM) in 4 US cities completed a survey, HIV testing, and dried blood spots at recruitment.Methods:We assessed 3 PrEP outcomes: persistence (self-reported PrEP use at any time in the past 12 months and had tenofovir, emtricitabine, or tenofovir diphosphate detected in dried blood spots), adherence at ≥4 doses/week (self-reported past-month PrEP use and tenofovir diphosphate concentration ≥700 fmol/punch), and adherence at 7 doses/week (self-reported past-month PrEP use and tenofovir diphosphate concentration ≥1250 fmol/punch). Associations with key characteristics were examined using log-linked Poisson regression models with generalized estimating equations.Results:Among 391 MSM who took PrEP in the past year, persistence was 80% and was lower among MSM who were younger, had lower education, and had fewer sex partners. Of 302 MSM who took PrEP in the past month, adherence at ≥4 doses/week was 80% and adherence at 7 doses/week was 66%. Adherence was lower among MSM who were younger, were Black, and had fewer sex partners.Conclusions:Although persistence and adherence among MSM were high, 1 in 5 past-year PrEP users were not persistent and 1 in 5 past-month PrEP users were not adherent at levels that would effectively protect them from acquiring HIV (ie, ≥4 doses/week). Efforts to support PrEP persistence and adherence should include MSM who are young, are Black, and have less education. © Copyright 2023 Wolters Kluwer Health, Inc. Unauthorized reproduction of this article is prohibited.	HIV; HIV pre-exposure prophylaxis; men who have sex with men; PrEP; PrEP adherence; PrEP persistence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Chase E.; Mena L.; Johnson K.L.; Prather M.; Khosropour C.M.	Patterns of Pre-exposure Prophylaxis (PrEP) Use in a Population Accessing PrEP in Jackson, Mississippi	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03845-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137933831&doi=10.1007%2fs10461-022-03845-9&partnerID=40&md5=03b9a935cf90422dfaed4991872691d8	Pre-exposure prophylaxis (PrEP) persistence is suboptimal in the United States. In the Deep South, a region with high rates of new HIV diagnosis, patterns of PrEP discontinuation remain unexplored. We evaluated data from a clinic-based PrEP program in Jackson, Mississippi and included patients initiating PrEP between August 2018 and April 2021. We considered patients to have a gap in PrEP coverage if they had at least 30 days without an active PrEP prescription; those who restarted PrEP after 30 days were classified as 'stopped and restarted' and those who never obtained a new PrEP prescription were classified as 'stopped and did not restart'. Patients without a gap in coverage were considered 'continuously on PrEP'. We estimated median time to first PrEP discontinuation and examined factors associated with time to first PrEP discontinuation. Of 171 patients who received an initial 90-day PrEP prescription; 75% were assigned male at birth and 74% identified as Black. The median time to first discontinuation was 90 days (95% CI 90–114). Twenty-two percent were continuously on PrEP, 28% stopped and restarted (median time off PrEP = 102 days), and 50% stopped and did not restart. Associations with early PrEP stoppage were notable for patients assigned sex female vs male (adjusted hazard ratio aHR = 1.6, 95% CI 1.0–2.5) and those living over 25 miles from clinic vs. 0–10 miles (aHR 1.89, 95% CI 1.2–3.0). Most patients never refilled an initial PrEP prescription though many patients re-started PrEP. Interventions to improve persistence and facilitate re-starts are needed. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Medication persistence; Pre-exposure prophylaxis; PrEP; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Chawki, Sylvain; Goldwirt, Lauriane; Mouhebb, Mayssam El; Gabassi, Audrey; Taouk, Milad; Bichard, Iris; Loze, Bénédicte; Amara, Ali; Brand, Rhonda; Siegel, Aaron; McGowan, Ian; Costagliola, Dominique; Assoumou, Lambert; Molina, Jean-Michel; Delaugerre, Constance	Ex vivo rectal tissue infection with HIV-1 to assess time to protection following oral PrEP with TDF/FTC (a sub-study of the ANRS PREVENIR study).	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003789	https://dx.doi.org/10.1097/QAD.0000000000003789	OBJECTIVES: We wished to assess time to protection from HIV-1 infection following oral tenofovir disoproxil and emtricitabine (TDF/FTC) as pre-exposure prophylaxis (PrEP), using ex vivo rectal tissue infections and drug concentration measures in blood and rectal tissue. DESIGN/METHODS: Participants from the ANRS PREVENIR study (NCT03113123) were offered this sub-study after a 14-day wash-out. We used an ex vivo model to evaluate rectal tissue HIV-1 susceptibility before and after PrEP, two hours after 2 pills or seven days of a daily pill of TDF/FTC. PrEP efficacy was expressed by the difference (after-before) of 14-day cumulative p24 antigen levels. TFV-DP and FTC-TP levels were measured in rectal tissue and PBMCs and correlated with HIV-1 infection. RESULTS: Twelve and eleven males were analysed in the 2 hours-double dose and 7 days-single dose groups, respectively. Cumulative p24 differences after-before PrEP were -144pg/ml/mg (IQR-259;-108) for the 2 hours-double dose group (pâ=â0.0005) and -179pg/ml/mg (IQR-253;-86) for the 7 days-single dose group (pâ=â0.001), with no differences between groups (pâ=â0.93). Rectal TFV-DP was below quantification after a double dose, but FTC-TP levels were similar to levels at seven days. There was a significant correlation between rectal FTC-TP levels and p24 changes after a double dose (Râ=â-0.84; pâ=â0.0001). CONCLUSIONS: Oral TDF/FTC provided similar protection against HIV-1 infection of rectal tissue 2âhours after a double dose or 7âdays of a daily dose. At 2âhours, this protection seems driven by high FTC-TP concentrations in rectal tissue. This confirms the importance of combining TDF and FTC to achieve early protection.	NA	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Chebet, Joy J; McMahon, Shannon A; Chase, Rachel P; Tarumbiswa, Tapiwa; Maponga, Chivimbiso; Mandara, Esther; Bärnighausen, Till; Geldsetzer, Pascal	Stakeholder perspectives on interventions to improve HIV pre-exposure prophylaxis uptake and continuation in Lesotho: A participant-ranked preferences study.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0001423	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10529554	Low uptake and high discontinuation remain major obstacles to realizing the potential of Pre-Exposure Prophylaxis (PrEP) in changing the trajectory of the HIV epidemic. We conducted a card sorting and ranking exercise with 155 local stakeholders to determine their views on the most important barriers and most promising interventions to achieving high PrEP coverage. Stakeholders were a purposive sample of PrEP policymakers and implementing partners (n = 7), healthcare providers (n = 51), and end-users (n = 97). End-users included adults who were currently using PrEP (n = 55), formerly using PrEP (n = 36), and those who were offered PrEP but declined (n = 6). Participants sorted pre-selected interventions and barriers to PrEP coverage into three piles-most, somewhat, and least important. Participants then ranked interventions and barriers in the "most important" piles in ascending order of significance. Ranked preferences were analyzed as voting data to identify the smallest set of candidates for which each candidate in the set would win in a two-candidate election against any candidate outside the set. Participants viewed a lack of PrEP awareness as the most important barrier to PrEP uptake for women, and a fear of HIV testing for men. Community-based HIV testing was ranked as the most promising intervention to improve PrEP uptake for both men and women. Perceived or experienced stigma was seen as an important barrier for PrEP continuation for both men and women, with an additional important barrier for men being daily activities that compete with the time needed to take a daily pill. Adherence counseling and multi-month PrEP prescriptions were seen as the most promising interventions to improve PrEP continuation. Our findings suggest community-based activities that generate PrEP demand (community-based HIV testing and mass media campaigns), reinforced with facility-based follow-up (counseling and multi-month prescription) could be promising interventions for PrEP programs that are aimed at the general adult population.	NA	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Mixed methods
Article	2023	Chebet, Joy J; McMahon, Shannon A; Tarumbiswa, Tapiwa; Hlalele, Hlalele; Maponga, Chivimbiso; Mandara, Esther; Ernst, Kacey; Alaofe, Halimatou; Baernighausen, Till; Ehiri, John E; Geldsetzer, Pascal; Nichter, Mark	Motivations for pre-exposure prophylaxis uptake and decline in an HIV-hyperendemic setting: findings from a qualitative implementation study in Lesotho.	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-023-00535-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10324220	BACKGROUND: Pre-Exposure Prophylaxis (PrEP) has demonstrated clinical efficacy in preventing HIV infection, yet its uptake remains low. This study, conducted in five PrEP implementing districts in Lesotho, examined factors motivating persons at risk of HIV infection to adopt or reject PrEP when offered freely. METHODS: In-depth interviews were undertaken with stakeholders directly engaged with PrEP policy (n = 5), program implementation (n = 4), and use (current PrEP users = 55, former PrEP users = 36, and PrEP decliners (n = 6). Focus group discussions (n = 11, 105 total participants) were conducted with health staff directly providing HIV and PrEP services. RESULTS: Demand for PrEP was reported highest among those at greatest risk for HIV acquisition: those in serodiscordant relationships and/or engaged in sex work. Culturally sensitive PrEP counseling was described as an opportunity to transfer knowledge, build trust, and address user concerns. Conversely, top-down counseling resulted in PrEP distrust and confusion about HIV status. Key motivations for PrEP uptake revolved around sustaining core social relationships, desire for safer conception, and caring for ailing relatives. The decline of PrEP initiation was driven by a combination of individual-level factors (risk perception, perceived side effects, disbelief of the drug's efficacy and PrEP's daily pill regimen), societal factors (lack of social support and HIV-related stigma), and structural factors related to PrEP access. CONCLUSIONS: Our findings suggest strategies for effective national PrEP rollout and implementation include: (1) demand creation campaigns which highlight positive aspects of PrEP, while simultaneously addressing apprehensions for uptake; (2) strengthening health provider counseling capacity; and (3) addressing societal and structural HIV-related stigma.	Pre-Exposure Prophylaxis (PrEP), Uptake, Initiation, Decline, Lesotho, Sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2023	Cheewanan L.; Chomnad M.; Nittaya P.; Deondara T.; Thana K.; Tharee P.; Supabhorn P.; Patcharaporn P.; Prin V.; Surang J.; Danai L.; Thitiyanun N.; Nuchapong J.; Michael M.	Providing HIV pre-exposure prophylaxis to men who have sex with men and transgender women in hospitals and community-led clinics in Thailand: acceptance, patterns of use, trends in risk behaviors, and HIV incidence	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2022.2159312	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153123542&doi=10.1080%2f09540121.2022.2159312&partnerID=40&md5=80243e852123f95c75634067aaaf6e88	From May 2015 to June 2018, we conducted a PrEP demonstration project at two hospitals and four community-led clinics in Bangkok and Pattaya. HIV-negative, MSM and TGW aged ≥18 years old, reporting sex without a condom, were offered daily PrEP. Participants received HIV testing and completed a computer-based questionnaire at enrollment, 6 and 12 months. We collected self-reported PrEP adherence at months 1, 3, 6, 9, and 12. We used logistic regression to determine factors associated with the decision to take PrEP and calculated HIV incidence among baseline HIV-negative participants. Of 803 participants enrolled, 349 (43.5%) started PrEP. Participants were more likely to start PrEP if they were sex workers, had moderate or high self-perceived risk of HIV, or a high PrEP-knowledge score. Participants used PrEP for a median of 6.1 months. Reported condom use increased and the number of sex partners decreased during follow-up regardless of PrEP use. Six participants not-taking PrEP acquired HIV (HIV incidence 2.2 per 100 person-years), and five taking PrEP acquired HIV (HIV incidence 2.1 per 100 person-years). All five reported taking <4 pills the weeks before study visits. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV incidence; MSM; Pre-exposure prophylaxis; Thailand; transgender women	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2023	Chen X.; Lai Y.	Knowledge domain and emerging trends in HIV pre-exposure prophylaxis: A visualization analysis via CiteSpace	Frontiers in Microbiology	-	-	-	-	1664302X	10.3389/fmicb.2023.1099132	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151450743&doi=10.3389%2ffmicb.2023.1099132&partnerID=40&md5=b7161d997bd1cae77a72afe3656fa332	Background: As an effective strategy that reduces transmission among people at high risk of human immunodeficiency virus (HIV), pre-exposure prophylaxis (PrEP) has revolutionized HIV prevention. Our study aims to provide a reference for the development of relevant research and the formulation of prevention and control policies for HIV. Methods: Through CiteSpace software, this study aims to present a comprehensive overview of the HIV PrEP knowledge structure, hotspots, and frontiers. We searched the Web of Science Core Collection for studies published between 2012 and 2022 related to HIV PrEP, and 3,243 papers remained after selection. Results: The number of HIV PrEP publications has increased over the past few years. A close integration and exchange of HIV PrEP research findings has taken place between countries and authors. Major ongoing research trends include long-term injection PrEP, the impact of chlamydia on HIV PrEP, and individual awareness of and attitudes toward HIV PrEP. Thus, more attention should be paid to innovations and breakthroughs in drugs, the factors that affect HIV transmission and susceptibility, and the future promotion of public acceptance of HIV PrEP. Conclusion: This study offers a systematic, objective, and comprehensive analysis of the related articles. It will assist scholars in understanding the dynamic evolution of HIV PrEP research and identifying future research areas to better advance the development of the field. Copyright © 2023 Chen and Lai.	CiteSpace; emerging trends; HIV/AIDS; pre-exposure prophylaxis; visualization analysis	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2023	Chen Y.; Saldarriaga E.M.; Montano M.A.; Ngure K.; Thuo N.; Kiptinness C.; Rafferty M.; Terris-Prestholt F.; Stergachis A.; Mugambi M.L.; Ortblad K.F.; Sharma M.	Assessing preferences for HIV pre-exposure prophylaxis (PrEP) delivery services via online pharmacies in Kenya: Protocol for a discrete choice experiment	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2022-069195	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151743299&doi=10.1136%2fbmjopen-2022-069195&partnerID=40&md5=234f1f756e2cbdaa03512785c2c8009f	Introduction Pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV acquisition, but coverage remains low in high prevalence settings. Initiating and continuing PrEP via online pharmacies is a promising strategy to expand PrEP uptake but little is known about user preferences for this strategy. We describe methods for a discrete choice experiment (DCE) to assess preferences for PrEP delivery from an online pharmacy. Methods and analysis This cross-sectional study is conducted in Nairobi, Kenya, in partnership with MYDAWA, a private online pharmacy retailer with a planned sample size of >400 participants. Eligibility criteria are: ≥18 years, not known HIV-positive and interested in PrEP. Initial DCE attributes and levels were developed via literature review and stakeholder meetings. We conducted cognitive interviews to assess participant understanding of the DCE survey and refined the design. The final DCE used a D-efficient design and contained four attributes: PrEP eligibility assessment, HIV test type, clinical consultation type and user support options. Participants are presented with eight scenarios consisting of two hypothetical PrEP delivery services. The survey was piloted among 20 participants before being advertised on the MYDAWA website on pages displaying products indicating HIV risk (eg, HIV self-test kits). Interested participants call a study number and those screened eligible meet a research assistant in a convenient location to complete the survey. The DCE will be analysed using a conditional logit model to assess average preferences and mixed logit and latent class models to evaluate preference heterogeneity among subgroups. Ethics and dissemination This study was approved by the University of Washington Human Research Ethics Committee (STUDY00014011), the Kenya Medical Research Institute, Nairobi County (EOP/NMS/HS/128) and the Scientific and Ethics Review Unit in Kenya (KEMRI/RES/7/3/1). Participation in the DCE is voluntary and subject to completion of an electronic informed consent. Findings will be shared at international conferences and peer-reviewed publications, and via engagement meetings with stakeholders. © 2023 BMJ Publishing Group. All rights reserved.	Health economics; HEALTH SERVICES ADMINISTRATION & MANAGEMENT; HIV & AIDS; International health services; Public health; Telemedicine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Chen, Cindy Y; Donga, Prina; Campbell, Alicia K; Taiwo, Babafemi	Economic Burden of HIV in a Commercially Insured Population in the United States.	Journal of Health Economics and Outcomes Research	-	-	-	-	2327-2236	10.36469/001c.56928	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9865714	Background: With advances in antiretroviral therapy (ART), people with HIV infection are living longer. Pre-exposure prophylaxis (PrEP) to reduce HIV infection risk continues to be underutilized in high-risk individuals. Recent data on economic burden for patients with newly diagnosed HIV-1 or initiated with PrEP are limited. Objectives: To assess characteristics, healthcare resource utilization (HRU), and costs among adults and adolescents either with newly diagnosed HIV-1 or initiated with PrEP. Methods: This retrospective observational study utilized data from the IBM MarketScan® Commercial Claims and Encounters database. Adults with newly diagnosed HIV-1 or those initiated with PrEP were included (index date was the first HIV diagnosis or PrEP prescription, respectively, between January 1, 2016, and April 30, 2021). Corresponding cohorts of adolescents were considered exploratory. Descriptive analyses were conducted to assess baseline demographics and clinical characteristics, and all-cause and HIV-related HRU and costs per patient per month (PPPM) during follow-up. Results: Data from 18 154 adults and 220 adolescents with newly diagnosed HIV and 34 123 adults and 175 adolescents initiated with PrEP were included. Approximately 70% of adolescents and 9% of adults receiving PrEP were female. Baseline depression/anxiety was present in 16.1% and 24.6% of adults and 14.5% and 45.1% of adolescents in the HIV and PrEP cohorts, respectively. Substance abuse in the HIV and PrEP cohorts, respectively, was reported in 10.1% and 7.0% of adults, and 2.7% and 17.7% of adolescents. During follow-up, among adults with newly diagnosed HIV, mean (SD) total all-cause and HIV-related PPPM costs were $2657 ($5954) and $1497 ($4463), respectively; pharmacy costs represented 47% of all-cause costs and 67% of HIV-related costs, but only 37% of patients had an HIV-related prescription. All-cause costs PPPM for adults with PrEP were $1761 ($1938), with pharmacy costs accounting for 71%. Conclusions: Despite advances in ART, patients with newly diagnosed HIV and at-risk patients receiving PrEP continue to incur HRU costs. The chronic nature of HIV warrants further exploration of factors contributing to disease burden and opportunities to improve prevention strategies.	NA	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Chen, Xiu; Li, Jun; Kou, Liqiu; Xie, Xiaolu; Wei, Deqing; Li, Yaling	Efficacy and safety of long-acting cabotegravir versus oral tenofovir disoproxil fumarate-emtricitabine as HIV pre-exposure prophylaxis: A systematic review and meta-analysis.	Reviews in Medical Virology	-	-	-	-	1099-1654	10.1002/rmv.2460	https://dx.doi.org/10.1002/rmv.2460	WHO guidelines recommend daily oral tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) for pre-exposure prophylaxis (PrEP) of HIV in people at high risk of HIV infection. However, due to social, psychological and other reasons, the compliance with daily oral TDF-FTC in real life is low. Long-acting cabotegravir is currently the only long-acting drug approved by the U.S. Food and Drug Administration (FDA) for HIV PrEP. Due to the long dosing interval (8 weeks), long-acting cabotegravir has low compliance requirements for people at high risk of HIV infection. We aimed to discuss the feasibility of long-acting cabotegravir to replace TDF-FTC as HIV PrEP based on efficacy and safety analyses. Randomized controlled trials were retrieved, and R software was used for meta-analysis after data extraction. and discussion: Results of the meta-analysis showed that compared with TDF-FTC, long-acting cabotegravir was associated with a lower risk of HIV infection (HR = 0.22, 95% CI: 0.08-0.59, p < 0.01), less decreased creatinine clearance (RR = 0.96, 95% CI: 0.93-0.99, p < 0.01), but more tolerated injection sites adverse events (p < 0.01). No statistically significant differences were found between long-acting cabotegravir and oral placebo in non-injection-related adverse events (creatine phosphokinase, headache, nasopharyngitis, upper respiratory tract infection and gastroenteritis) (p > 0.05). Long-acting cabotegravir has a manageable safety profile and is more effective than TDF-FTC in preventing HIV infection. Interestingly, decreased creatinine clearance occurred less frequently with long-acting cabotegravir than with TDF-FTC. Long-acting cabotegravir is very promising to replace TDF-TFC in the future, which requires more large-sample, high-quality RCTs to verify.	ACESSO RESTRITO	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Theses and Dissertations	2023	Chen, Yi-No Enoch; Wall, Kristin M.; Siegler, Aaron J.	Addressing HIV PrEP Care Persistence: Individual PrEP Use Trajectories and the Impact of a Home-Based PrEP Program	-	-	Emory University	Emory University	-	NA	NA	https://www.proquest.com/dissertations-theses/addressing-hiv-prep-care-persistence-individual/docview/2922322071/se-2?accountid=8113	Suboptimal persistence in HIV pre-exposure prophylaxis (PrEP) among men having sex with men (MSM) limits its effectiveness. Knowledge gap exists in understanding the long-term patterns of PrEP use. In addition, telemedicine has been proposed as a potential strategy to alleviate PrEP cessation by reducing clinic-based barriers. PrEP@Home is a home-based telemedicine PrEP system designed to minimize patient burden. Since 2019, a randomized controlled trial was launched in U.S. cities to evaluate the efficacy of PrEP@Home on the outcome of PrEP persistence, compared to the standard PrEP care. There is a need to assess whether the relative health benefits generated by PrEP@Home would be an effective investment of limited health resources. The overarching goal of this dissertation was to improve understanding of current PrEP use and potential utilities of scaling up home-based PrEP interventions.In Aim 1, we used a parametric clustering algorithm (i.e., group-based trajectory model) to group PrEP persistence trajectories over two years among samples of male PrEP users from a national pharmacy chain in the US. We identified four distinct subgroups of PrEP persistence trajectories. Based on their trajectory characteristics, they are labeled as "persistent PrEP use", "rapidly declining PrEP persistence", "PrEP initiators" (after initial decline of PrEP use), and "mid-term cessation of PrEP use". The clinically actionable typology of PrEP persistence patterns informs future PrEP persistence interventions that target heterogeneous timings of PrEP cessations. Older age, having commercial insurance as the primary payer of PrEP, and use of specialty pharmacy were associated with PrEP persistence against various patterns of non-persistence.In Aim 2, we built an individual-based simulation model parameterized with the interim PrEP@Home's trial data to assess the cost effectiveness of PrEP@Home among participants from the trial. The provision of PrEP@Home was associated with increased PrEP persistence in the early months of the trial, but the positive intervention decayed over time. Simulation results suggest that PrEP@Home program was likely an economically dominant intervention with mild superiority on the clinical scale. The probability of PrEP@Home care being cost-effective was estimated to be above 75% regardless of the common cost effectiveness thresholds for high-income countries ($50,000/QALY, $100,000/QALY) we used.In Aim 3, we used network-based HIV dynamics model to assess the population-level impact of PrEP@Home program on HIV incidence among MSM in Atlanta, GA, when scaled up. Based on the simulations per PrEP@Home's efficacy estimated from the interim trial data, scaling PrEP@Home only led to marginal reduction in cumulative HIV incidence over a 10-year period (up to 3% reduction at 100% PrEP@Home coverage). Even at maximum PrEP@Home coverage, we found that a minimum PrEP@Home's efficacy of around 60% were required to reach at least 10% HIV incidence averted over 10 years.This dissertation not only has contributed to the understanding of heterogenous PrEP persistence patterns (which may be critical for effective PrEP care and retention management in the field), but also shed light on the utility of home-based PrEP program from the cost-saving perspective. It further underscores the need for initiating and expanding other interventions along the PrEP care cascade to maximize the benefit of home-based intervention and achieve substantial reduction in cumulative HIV incidence among MSM in Atlanta.	HIV prevention; Pre-exposure prophylaxis; Virology; Telemedicine; Public health; Epidemiology; Group-based trajectory model; 0573:Public health; 0720:Virology; 0766:Epidemiology; Persistence trajectory	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2023	Chimbindi, Natsayi; Mthiyane, Nondumiso; Chidumwa, Glory; Zuma, Thembelihle; Dreyer, Jaco; Birdthistle, Isolde; Floyd, Sian; Kyegombe, Nambusi; Grundy, Chris; Cawood, Cherie; Danaviah, Siva; Smit, Theresa; Pillay, Deenan; Baisley, Kathy; Harling, Guy; Seeley, Janet; Shahmanesh, Maryam	Evaluating use of mass-media communication intervention 'MTV-Shuga' on increased awareness and demand for HIV and sexual health services by adolescent girls and young women in South Africa: an observational study.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2022-062804	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10201230	OBJECTIVE: To investigate the effect of exposure to MTV Shuga:Down South' (MTVShuga-DS) during the scale-up of combination HIV-prevention interventions on awareness and uptake of sexual reproductive health (SRH) and HIV-prevention services by adolescent girls and young women (AGYW). DESIGN: One longitudinal and three cross-sectional surveys of representative samples of AGYW. SETTING: AGYW in four South African districts with high HIV prevalence (>10%) (May 2017 and September 2019). PARTICIPANTS: 6311 AGYW aged 12-24. MEASURES: Using logistic regression, we measured the relationship between exposure to MTV Shuga-DS and awareness of pre-exposure prophylaxis (PrEP), condom use at last sex, uptake of HIV-testing or contraception, and incident pregnancy or herpes simplex virus 2 (HSV-2) infection. RESULTS: Within the rural cohort 2184 (85.5%) of eligible sampled individuals were enrolled, of whom 92.6% had at least one follow-up visit; the urban cross-sectional surveys enrolled 4127 (22.6%) of eligible sampled individuals. Self-report of watching at least one MTV Shuga-DS episode was 14.1% (cohort) and 35.8% (cross-section), while storyline recall was 5.5% (cohort) and 6.7% (cross-section). In the cohort, after adjustment (for HIV-prevention intervention-exposure, age, education, socioeconomic status), MTVShuga-DS exposure was associated with increased PrEP awareness (adjusted OR (aOR) 2.06, 95% CI 1.57 to 2.70), contraception uptake (aOR 2.08, 95% CI 1.45 to 2.98) and consistent condom use (aOR 1.84, 95% CI 1.24 to 2.93), but not with HIV testing (aOR 1.02, 95% CI 0.77 to 1.21) or acquiring HSV-2 (aOR 0.92, 95% CI 0.61 to 1.38). In the cross-sections, MTVShuga-DS was associated with greater PrEP awareness (aOR 1.7, 95% CI 1.20 to 2.43), but no other outcome. CONCLUSIONS: Among both urban and rural AGYW in South Africa, MTVShuga-DS exposure was associated with increased PrEP awareness and improved demand for some HIV prevention and SRH technologies but not sexual health outcomes. However, exposure to MTVShuga-DS was low. Given these positive indications, supportive programming may be required to raise exposure and allow future evaluation of edu-drama impact in this setting.	HIV & AIDS, public health, preventive medicine	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2023	Chinbunchorn, Tanat; Mayer, Kenneth H; Campbell, Juwan; Alm, Dana King; Krakower, Douglas; Marcus, Julia L; Grasso, Chris; Keuroghlian, Alex S	HIV pre-exposure prophylaxis provision by U.S. Health centers in 2021.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003774	https://dx.doi.org/10.1097/QAD.0000000000003774	OBJECTIVES: To assess HIV pre-exposure prophylaxis (PrEP) provision in U.S. health centers (HCs). DESIGN: The U.S. Ending the HIV Epidemic (EHE) initiative designated HCs as the main health care system through which PrEP scale-up occurs. HCs offer primary care to over 30 million disproportionately uninsured, racially or ethnically minoritized, and low-income patients. This study is the first to assess PrEP provision across HCs, including characteristics of clinics, patient populations, and policies associated with PrEP prescribing. METHODS: The Health Resources and Services Administration's Uniform Data System contained aggregate data on PrEP prescriptions and patient sociodemographics at HCs from January 1 through December 31, 2021, in 50 U.S. states, the District of Columbia, and 8 U.S. territories. We compared patient demographics and availability of Medicaid expansion and PrEP assistance programs at HCs that prescribed versus those that did not prescribe PrEP. RESULTS: Across 1,375 HCs serving 30,193,278 patients, 79,163 patients were prescribed PrEP. HCs that prescribed any PrEP had higher proportions of sexual, gender, racial, and ethnic minority patient populations compared with HCs that prescribed no PrEP. Compared with HCs that prescribed no PrEP, a higher proportion of HCs that prescribed PrEP were located in designated high-priority jurisdictions of the EHE initiative or states with Medicaid expansion or public PrEP assistance programs. CONCLUSIONS: HCs are critical for scaling up PrEP in minoritized populations disproportionately affected by HIV, facilitated through federal and state-level policies. These findings highlight service gaps and inform future interventions to optimize PrEP implementation and support EHE initiative goals.	ending the HIV epidemic in the U.S., federally qualified health centers, HIV preexposure prophylaxis, HIV prevention, Medicaid, racial and ethnic minorities, sexual and gender minorities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Chinbunchorn, Tanat; Thaneerat, Natapong; Howell, Sean; Sowaprux, Teaka; Phiphatkunarnon, Panyaphon; Lujintanon, Sita; Kaewpoowat, Quanhathai; Phanuphak, Praphan; Phanuphak, Nittaya; Ramautarsing, Reshmie A	Assessment of U=U understanding, PrEP awareness, HIV risk behaviours and factors associated with low HIV knowledge among users of Hornet, an online dating application for LGBTQ, in Thailand.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2021-055300	https://dx.doi.org/10.1136/sextrans-2021-055300	BACKGROUND: Over 50% of HIV infections in Thailand annually occur among men who have sex with men (MSM) and transgender women who use online applications to meet their sexual partners. We conducted a cross-sectional study assessing undetectable=untransmittable (U=U) understanding, pre-exposure prophylaxis (PrEP) awareness, sexual behaviours and factors associated with HIV knowledge among users of Hornet in Thailand. METHODS: From November 2019 to January 2020, a survey was conducted using convenience sampling on Hornet in Thailand. HIV literacy was assessed via 22 questions, and multivariable linear regression was performed. RESULTS: 960 responses were assessed; median age was 34 years, the majority were MSM (80.4%), Thai (83.8%), had at least bachelor's degree (74.9%). Regarding the risk profiles, 39.1% reported inconsistent condom use, 15.0% used amphetamine-type stimulants, 56.9% had not taken PrEP in the last six months and 20.5% never had an HIV test. Only 22.8% thought that U=U was completely accurate. Lower HIV knowledge was associated with being from Africa (ß -8.13, 95% CI -14.39 to -1.87), age of 25 years or younger (ß -2.6, 95% CI -4.37 to -0.82), education less than bachelor's degree (ß -2.58, 95% CI -3.98 to -1.19), having more than one sexual partners (ß -2.41, 95% CI -4.13 to -0.69), paying three or more people to have intercourse (ß -2.5, 95% CI -4.26 to -0.74), not knowing one's HIV status (ß -3.56, 95% CI -5.45 to -1.68) and not answering about previous PrEP use (ß -4.11, 95% CI -7.86 to -0.36). Higher HIV knowledge was associated with being from Europe (ß 2.54, 95% CI 0.46 to 4.61), the Americas (ß 3.37, 95% CI 0.44 to 6.30) and previous PrEP use (ß 2.37, 95% CI 0.94 to 3.81). CONCLUSION: Among Hornet users in Thailand, the U=U message was unclear, and PrEP use was suboptimal. Large HIV knowledge gaps and high-risk behaviours were concerning. Educational campaigns in online spaces are needed to promote awareness and HIV prevention strategies.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative

Article	2023	Chipukuma J.; Lindsay B.; Mwango L.K.; Olowski P.; Baumhart C.; Tembo K.; Olufunso A.A.; Bwale C.; Makasa P.; Muchoka M.; Tembo S.; Mbokile W.; Panda C.; Malupande S.; Lubinda R.; Bwembelo B.; Fundulu E.; Munsongo C.; Watala K.; Musonda B.; Chituwo O.; Okuku J.; Mwila A.; Muleya C.; Patel P.; Claassen C.W.	FOSTERING ACCESS TO PREP AMONG ADOLESCENT GIRLS AND YOUNG WOMEN AGED 16 TO 24 YEARS AT HIGH RISK OF HIV THROUGH THE DREAMS INITIATIVE IN FOUR DISTRICTS IN ZAMBIA	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2023.35.suppA.52	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163944725&doi=10.1521%2faeap.2023.35.suppA.52&partnerID=40&md5=8e154cffbaca62e59ace83dc533859f4	Adolescent girls and young women (AGYW) in sub-Saharan Africa remain at high risk for HIV, yet limited data exist on implementation of HIV pre-exposure prophylaxis (PrEP) for this group. We examined PrEP uptake among AGYW using a retrospective cohort enrolled in the Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS) initiative in Zambia between October 2020 and March 2022. Consent was obtained from eligible AGYW at substantial risk for HIV, and they voluntarily par-ticipated in PrEP. Multivariable logistic regression was used to examine factors associated with PrEP refills following initiation. Of 4,162 HIV-negative AGYW, 3,233 (77%) were at substantial risk and initiated on PrEP. Overall, 68% of AGYW had at least one refill, but this differed significantly by age group and district. DREAMS was successful at reaching AGYW with PrEP services. More evidence is needed to assess reasons for discontinuation and to improve persistence for those with sustained HIV risk. © 2023 The Guilford Press.	AGYW; DREAMS; HIV prevention; PrEP	English	United States	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Quantitative
Article	2023	Choi S.K.; Bauermeister J.; Tingler R.C.; Johnson S.; Macagna N.; Ho K.; Hoesley C.; Liu A.; Kayange N.; Palanee-Phillips T.; Chariyalertsak S.; Gonzales P.; Piper J.M.	A latent trajectory analysis of young sexual and gender minorities' adherence to three rectal microbicide placebo formulations (MTN-035; a randomized crossover trial)	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-17368-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178914114&doi=10.1186%2fs12889-023-17368-y&partnerID=40&md5=944b55e20707b328767952494a8b5abc	Background: Rectal microbicides (RM) are biomedical HIV prevention products that aim to prevent or reduce the transmission of HIV and other sexually transmitted infections (STIs). RM modalities may be beneficial for populations who have complex lifestyles, difficulties adhering to pre-exposure prophylaxis (PrEP) regimens, and/or have limited access to care. MTN-035 (DESIRE; Developing and Evaluating Short-Acting Innovations for Rectal Use), a randomized crossover trial, aimed to evaluate the safety and acceptability of, and adherence to, three placebo RM modalities (douche, insert, and suppository) prior to receptive anal intercourse. Methods: We conducted latent trajectory analysis to identify clusters of individuals who shared similar trajectories in acceptability and adherence for each product (douche, insert, and suppository) over time. We analyzed weekly short messaging service (SMS) use reports for each modality as reported by enrolled sexual and gender minority (SGM) participants. Results: Two trajectories for each product were identified: a "protocol compliant" trajectory (i.e., at least one product use occasion per week) and "high use" trajectory (i.e., more than three product use occasions per week). Participants with high use were more likely to lack access to PrEP and have higher intentions to utilize RM modalities compared to those who were protocol compliant. Conclusions: This study highlighted high adherence to RM modalities among SGM. As research into viable HIV prevention modalities continues to evolve, tailored intervention strategies are needed to support the uptake of and adherence to alternative prevention modalities that are behaviorally congruent with targeted users. Trial registration: NCT03671239 (14/09/2018). © 2023, The Author(s).	HIV prevention; Pre-exposure prophylaxis; Rectal microbicide; Sexual and gender minorities; SMS; Youth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Chou R.; Spencer H.; Bougatsos C.; Blazina I.; Ahmed A.; Selph S.	Preexposure Prophylaxis for the Prevention of HIV: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force	JAMA - Journal of the American Medical Association	-	-	-	987484	10.1001/jama.2023.9865	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168486379&doi=10.1001%2fjama.2023.9865&partnerID=40&md5=1c230bfcf7895e8e8966a907766b30aa	Importance: A 2019 review for the US Preventive Services Task Force (USPSTF) found oral preexposure prophylaxis (PrEP) associated with decreased HIV infection risk vs placebo or no PrEP in adults at increased HIV acquisition risk. Newer PrEP regimens are available. Objective: To update the 2019 review on PrEP, to inform the USPSTF. Data Sources: Ovid MEDLINE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, and Embase (January 2018 to May 16, 2022); surveillance through March 24, 2023. Study Selection: Randomized clinical trials of PrEP vs placebo or no PrEP or newer vs older PrEP regimens and diagnostic accuracy studies of instruments for predicting incident HIV infection. Data Extraction and Synthesis: Dual review of titles and abstracts, full-text articles, study quality, and data abstraction. Data were pooled using the DerSimonian and Laird random-effects model. Main Outcomes and Measures: HIV acquisition, mortality, and harms; and diagnostic test accuracy. Results: Thirty-two studies were included in the review (20 randomized clinical trials N = 36543 and 12 studies of diagnostic accuracy N = 5544500). Eleven trials in the 2019 review found oral PrEP associated with decreased HIV infection risk vs placebo or no PrEP (n = 18172; relative risk, 0.46 95% CI, 0.33-0.66). Higher adherence was associated with greater efficacy. One new trial (n = 5335) found oral tenofovir alafenamide/emtricitabine (TAF/FTC) to be noninferior to tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) in men who have sex with men (RR, 0.47 95% CI, 0.19-1.14). Two new trials found long-acting injectable cabotegravir associated with decreased risk of HIV infection vs oral TDF/FTC (RR, 0.33 95% CI, 0.18-0.62 in cisgender men who have sex with men and transgender women n = 4490 and RR, 0.11 95% CI, 0.04-0.31 in cisgender women n = 3178). Discrimination of instruments for predicting incident HIV infection was moderate in men who have sex with men (5 studies; n = 25488) and moderate to high in general populations of persons without HIV (2 studies; n = 5477291). Conclusions and Relevance: In adults at increased HIV acquisition risk, oral PrEP was associated with decreased risk of acquiring HIV infection compared with placebo or no PrEP. Oral TAF/FTC was noninferior to oral TDF/FTC, and injectable cabotegravir reduced the risk of HIV infection compared with oral TDF/FTC in the populations studied.. © 2023 American Medical Association. All rights reserved.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Theses and Dissertations	2023	Christian, Canice	Application of individual-level and health system-level implementation science approaches to HIV and TB prevention in Uganda	-	-	University of California	-	na	NA	https://escholarship.org/uc/item/3bw251k6	HIV and TB remain leading causes of death and disability across the globe. Highly efficacious HIV and TB prevention methods have created opportunities to prevent morbidity and mortality. Advancements in the availability of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) have created opportunities to prevent HIV among those at high risk. Additionally, TB remains a leading cause of death among people with HIV. Isoniazid preventive therapy (IPT) reduces the incidence of active TB by approximately 40-60% but despite the breadth of evidence suggesting the benefits of IPT for people with HIV, uptake of IPT has been slow. Given the burden of TB and HIV globally, and the availability of medications to prevent HIV and treat latent TB, implementation science interventions provide an opportunity to do more to get these medications to those who need them most.In the second chapter of this dissertation, I evaluate the feasibility and preliminary effectiveness of integrating HIV prevention services into existing youth clubs in rural Uganda. As part of the intervention, we provided HIV prevention services, including access to PrEP and PEP. In addition, we taught multiple educational topics, including sexual and reproductive health, vocational training, and life skills, at these clubs over six months. In the third and fourth chapters of this dissertation, I focus on results from an implementation science intervention that was focused on the mid-level manager level of the health system in Uganda. These chapters used data from the SEARCH-IPT study in Uganda, which included a 3-year intervention among mid-level health managers with collaborative groups and leadership and management trainings to improve the uptake of TB preventive therapy for people with HIV. Overall, this body of work evaluates multiple aspects of individual-level and health system-level interventions to prevent HIV and TB infection in Uganda.	Public health; HIV; Implementation Science; Infectious Disease Prevention; Tuberculosis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Review
Article	2023	Christian, Canice; Kabami, Jane; Kwarisiima, Dalsone; Beinamatsiko, Blian; Nakato, Hellen; Khakshi, James Ward; Sulaiman, Munshi; Komugisha, Annah; Thirumurthy, Harsha; Havlir, Diane V; Kamya, Moses R; Chamie, Gabriel	Feasibility and preliminary effectiveness of integrating HIV prevention into an adolescent empowerment and livelihood intervention at youth clubs in rural Uganda.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2022.2147480	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10006396	The uptake of HIV prevention services is lower among youth than adults in sub-Saharan Africa. Existing youth livelihood trainings offer a potential entry point to HIV prevention services. We determined feasibility and preliminary effectiveness of integrating HIV prevention into youth clubs implementing an empowerment and livelihood for adolescents (ELA) intervention in rural Uganda. Staff conducted community mobilization for youth (15-24 years) over one month. Clubs met (3×/week) over six months, with local peer mentors trained to teach life-skills and sexual/reproductive health education. We integrated mentor-led education on HIV prevention, including pre- and post-exposure prophylaxis (PrEP/PEP). Clubs offered on-site HIV testing, a field trip to a local clinic and PrEP referrals after one month and six months. Surveys were conducted at baseline and six months. Forty-two participants (24 adolescent girls/young women (AGYW) and 18 adolescent boys/young men (ABYM)) joined the clubs. At baseline, no participants accepted referral for PrEP, whereas 5/18 (28%) sexually active, HIV-negative AGYW requested PrEP referral at follow-up. One ABYM requested PEP referral. Integration of HIV prevention services into an established ELA curriculum at mentor-led youth clubs in rural Uganda was feasible. PrEP uptake increased among sexually active AGYW. Evaluation of this approach for HIV prevention among youth merits further study.	Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), HIV Prevention, Youth, East Africa	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Christodoulou, Joan; Vincent, Eleanor; Shaw, Elizabeth; Jones, Annie S K; Rotheram-Borus, Mary Jane	Not as Clear Online? Active Visualization of How PrEP Works in the Body Improves Knowledge But Doesn't Change Behavior.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03848-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9483425	Active visualization, the use of dynamic representation of internal processes, is associated with increased knowledge and adherence to ART among people living with HIV. The current pilot intervention study tested the effectiveness of an online visualization for HIV prevention among 146 at-risk youth. Youth were randomized to a standard PrEP briefing or an online visualization. PrEP knowledge, attitudes, and uptake were self-reported at baseline and 3-months. Knowledge of PrEP increased, but there were no changes in preferences or uptake. Active visualization delivered online may be a useful educational tool for PrEP but not for shifting youth's uptake.	PrEP, HIV, Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Churu M.; Kulemba K.; Kapesa A.; Kajura A.; Wilfred D.; Basinda N.; Kaluvya S.; Mageda K.P.	Factors associated with adherence to oral HIV pre-exposure prophylaxis among female sex workers in the Mara Region, Tanzania: A 2022 cross-sectional study	Medicine (United States)	-	-	-	257974	10.1097/MD.0000000000034824	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170177310&doi=10.1097%2fMD.0000000000034824&partnerID=40&md5=c12c690fa805cbb0e38988d5d22c77d1	Female sex workers (FSWs) have a higher risk of acquiring human immunodeficiency virus (HIV) infection compared with the general female population. Tanzania adopted pre-exposure prophylaxis (PrEP) use for HIV-negative key populations in 2018 as a strategy to reduce HIV transmission. We aimed to identify factors associated with PrEP adherence among FSWs in Tanzania. We conducted a cross-sectional study of FSWs using oral HIV PrEP from June-July 2022 in 5 Mara Region districts. Stata software was used to analyze the quantitative data. Poor overall PrEP adherence was observed among FSWs, with adherence of 48.3% (174/360) and 43.3% (156/360) according to pill count and self-reports, respectively. Participants living with family members had 2.32 higher odds of PrEP adherence (adjusted odds ratio aOR = 2.32, 95% confidence interval CI = 1.27-42.23, P =.006) versus participants living alone or with friends. Moreover, FSWs who preferred pill packages had 1.41 higher odds of adherence (aOR = 2.43, 95% CI = 1.41-4.19, P =.001); participants with a good perception of PrEP had 1.71 higher odds (aOR = 1.71, 95% CI = 1.01-2.91, P =.047) of PrEP adherence. We found that living with family, pill packaging, and PrEP perception played significant roles in PrEP adherence among FSWs. Interventions to improve pill packaging, social support, and the perception of PrEP among FSWs should be intensified to increase adherence in this vulnerable population. © 2023 Lippincott Williams and Wilkins. All rights reserved.	adherence; female sex workers; human immunodeficiency virus; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2023	Clement M.E.; Lovett A.; Caldwell S.; Beckford J.; Hilgart M.; Amy C.; Flickinger T.; Dillingham R.; Ingersoll K.	Development of an mHealth App to Support the Prevention of Sexually Transmitted Infections Among Black Men Who Have Sex With Men Engaged in Pre-exposure Prophylaxis Care in New Orleans, Louisiana: Qualitative User-Centered Design Study	JMIR Formative Research	-	-	-	2561326X	10.2196/43019	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151455978&doi=10.2196%2f43019&partnerID=40&md5=b9fb09a6dfaa842cb4ae0ceea2376243	local context, such as depictions of iconic sights from the area. Mental health emerged as an important need to be addressed through the app during discussion of almost all features. Participants also stressed the importance of ensuring privacy and reducing stigma through the app. Conclusions: A PrEP adherence app was iteratively adapted with feedback from BMSM, resulting in a new app modified for the New Orleans context and with STI prevention features. Participants gave the app a new name, PCheck, to be more discreet. Next steps will assess PCheck use and STI prevention outcomes.; Background: Sexual health disparities exist for Black men who have sex with men (BMSM) in New Orleans, Louisiana. Rates of sexually transmitted infections (STIs) are high for both BMSM and those taking HIV pre-exposure prophylaxis (PrEP). Objective: In this study, we introduced an existing PrEP adherence app to new potential users—BMSM engaged in PrEP care in New Orleans—to guide app adaptation with STI prevention features and tailoring for the local context. Methods: Using a user-centered design, we conducted 4 focus group discussions (FGDs), with interim app adaptations from December 2020 to March 2021. During the FGDs, a video of the app, app website, and mock-ups were shown to participants. We asked about facilitators of and barriers to STI prevention in general, current app use, impressions of the existing app, new app features to potentially facilitate STI prevention, and how the app should be tailored for BMSM. We used applied qualitative thematic analysis to identify themes and needs of the population. Results: Overall, 4 FGDs were conducted with 24 BMSM taking PrEP. We grouped themes into 4 categories: STI prevention, current app use and preferences, preexisting features and impressions of the prep'd app, and new features and modifications for BMSM. Participants noted concern about STIs and shared that anxiety about some STIs was higher than that for others; some participants shared that since the emergence of PrEP, little thought is given to STIs. However, participants desired STI prevention strategies and suggested prevention methods to implement through the app, including access to resources, educational content, and sex diaries to follow their sexual activity. When discussing app preferences, they emphasized the need for an app to offer relevant features and be easy to use and expressed that some notifications were important to keep users engaged but that they should be limited to avoid notification fatigue. Participants thought that the current app was useful and generally liked the existing features, including the ability to communicate with providers, staff, and each other through the community forum. They had suggestions for modifications for STI prevention, such as the ability to comment on sexual encounters, and for tailoring to the ©Meredith Edwards Clement, Aidá Lovett, Sylvia Caldwell, Jeremy Beckford, Michelle Hilgart, Amy Corneli, Tabor Flickinger, Rebecca Dillingham, Karen Ingersoll. Originally published in JMIR Formative Research (https://formative.jmir.org), 27.02.2023. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Formative Research, is properly cited. The complete bibliographic information, a link to the original publication on https://formative.jmir.org, as well as this copyright and license information must be included.	HIV; KEYWORDS pre-exposure prophylaxis; mobile apps; mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Clifford Rashotte, Matthew; Yoong, Deborah; Naccarato, Mark; Pico Espinosa, Oscar J.; Fisher, Karla; Bogoch, Isaac I.; Tan, Darrell Hs	Appropriate usage of post-exposure prophylaxis-in-pocket for HIV prevention by individuals with low-frequency exposures.	International journal of STD & AIDS	-	-	-	1758-1052 0956-4624	10.1177/09564624231215151	https://pubmed.ncbi.nlm.nih.gov/37963270/	PEP-In-Pocket (Post-Exposure Prophylaxis-In-Pocket, or "PIP") is a biobehavioural HIV prevention strategy wherein patients are proactively identified and given a prescription for HIV post-exposure prophylaxis (PEP) medications to self-initiate in case of high-risk exposures. We evaluated this strategy in a prospective observational study at two hospital-based clinics in Toronto, Canada. HIV-negative adults using PIP underwent chart review and completed quarterly electronic questionnaires over 12 months. The primary objective was to quantify appropriate PIP initiation, defined as starting PIP within 72 h of a high-risk exposure. Secondary objectives were to quantify HIV seroconversions, changes in sexual risk behaviour, sexual satisfaction, and satisfaction with the PIP strategy. From 11/2017 to 02/2020, 43 participants enrolled and completed ≥1 questionnaire. PIP was self-initiated on 27 occasions by 15 participants, of which 24 uses (89%) were appropriate, 2 were unnecessary, and 1 was for an unknown exposure. Chart review identified no inappropriate non-use. Over 32 person-years of testing follow-up, we observed zero HIV seroconversions. Sexual risk declined modestly over follow-up, with a HIRI-MSM (HIV Incidence Risk Index for MSM) change of -0.39 (95% CI = -0.58, -0.21 per 3 months, p < .001). Sexual satisfaction was stable over time. At 12 months, 31 (72%) remained on PIP, 8 (19%) had transitioned to pre-exposure prophylaxis and 4 (9%) were lost-to-follow-up. Among participants who remained on PIP and completed questionnaires at 12 months, 24/25 (96%) strongly/somewhat agreed that PIP decreased their anxiety about contracting HIV and 25/25 (100%) strongly/somewhat agreed that they would recommend PIP to a friend. PIP is a feasible HIV prevention strategy in carefully selected individuals at modest HIV risk.	HIV prevention; pre-exposure prophylaxis; post-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2023	Coleman J.S.; Diniz C.P.; Fuchs E.J.; Marzinke M.A.; Aung W.; Bakshi R.P.; Farzadegan H.; Bream J.H.; Nilles T.L.; Hudson S.; Bumpus N.N.; Schwartz G.J.; Rosenblum M.A.; Rooney J.F.; Hendrix C.W.	Interaction of Depot Medroxyprogesterone Acetate and Tenofovir Disoproxil Fumarate/Emtricitabine on Peripheral Blood Mononuclear Cells and Cervical Tissue Susceptibility to HIV Infection and Pharmacokinetics	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143644857&doi=10.1097%2fQAI.0000000000003113&partnerID=40&md5=2091570571ba0d10af184a51d17519f3	Background:Depot medroxyprogesterone acetate (DMPA) is a widely used contraceptive method. HIV pre-exposure prophylaxis with emtricitabine and tenofovir disoproxil fumarate (F/TDF) is highly effective in reducing HIV acquisition in women. We sought to determine the impact of DMPA on F/TDF pharmacokinetics and pharmacodynamics.Methods:Twelve healthy premenopausal cisgender women were enrolled and each completed 4 sequential conditions: (1) baseline, (2) steady-state F/TDF alone, (3) steady-state F/TDF + DMPA, and (4) DMPA alone. Assessments included clinical, pharmacokinetic, viral infectivity (ex vivo challenge of peripheral blood mononuclear cells by X4- and R5-tropic green fluorescent protein pseudoviruses and cervical tissue by HIVBaL), endocrine, immune cell phenotyping, and renal function.Results:Compared with baseline, F/TDF (± DMPA) significantly decreased both %R5- and X4-infected CD4 T cells and F/TDF + DMPA decreased cervical explant p24 (all P < 0.05). The %R5- and X4-infected CD4 T cells were higher during DMPA alone than during F/TDF periods and lower than baseline (not statistically significant). Cervical explant p24 fell between baseline and F/TDF values (not statistically significant). There were neither statistically significant differences in F/TDF pharmacokinetics, including total or renal clearance of either antiviral drug, nor changes in glomerular filtration rate with the addition of DMPA. There were few immune cell phenotypic differences across conditions.Conclusions:F/TDF decreased HIV infection in both challenge assays, whereas DMPA alone did not enhance HIV infection in either challenge assay. DMPA did not alter F/TDF pharmacokinetics or renal function. © 2023 Lippincott Williams and Wilkins. All rights reserved.	depot medroxyprogesterone acetate; emtricitabine; ex vivo HIV challenge; GFP pseudovirus; HIV pre-exposure prophylaxis; tenofovir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Colloty, Jamie; Teixeira, Miguel; Hunt, Robert	Advances in the treatment and prevention of HIV: what you need to know.	British Journal of Hospital Medicine	-	-	-	1750-8460	10.12968/hmed.2022.0502	https://pubmed.ncbi.nlm.nih.gov/37490439/	The global epidemic of HIV/AIDs has seen many advances in the development of effective treatments, including antiretroviral therapy that provides increasing sustained viral suppression, robust immune reconstitution and fewer side effects than before. Early HIV treatment regimens were notoriously complex, comprising up to 22 pills that needed to be taken at different times of the day. However, the advent of a single fixed dose combination drug formation simplified the treatment regimen so this could be taken once daily. Novel drugs are constantly being developed to provide better tolerated medications with robust, sustained viral suppression and immune reconstitution; these include long-acting injectables and implants, and preventative treatments for pre-exposure prophylaxis. This article provides an overview of emerging therapeutics for the treatment and prevention of HIV infection.	Humans; Treatment Outcome; Drug Combinations; *Anti-HIV Agents/therapeutic use; *HIV Infections/drug therapy/prevention & control; Pre-exposure prophylaxis; Microbicides; Epidemiology; Long-acting treatment; HIV origins; Vaccine development	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Conserve, Donaldson F; Tun, Waimar; Hickson, DeMarc A; Gomez-Berrospi, Jennifer; Janson, Samuel; Rinola, Bukola; Durkin, Mallory; Buchanan, Christian; Morris, Christian; Saleeban, Alia; Olughu, Kelia; Pulerwitz, Julie; Kerrigan, Deanna	Adapting a community-based intervention to address social determinants of health influencing pre-exposure prophylaxis services for Black adults in Washington, District of Columbia: A study protocol.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0290631	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10624286	Community-based HIV treatment initiation and continuation helps to address social determinants of health (SDOH) barriers to care and increase antiretroviral therapy (ART) uptake and adherence. Similarly, community-based pre-exposure prophylaxis (cbPrEP) services can help address SDOH barriers such as transportation costs and stigma. However, few studies have examined cbPrEP programming in the Washington, District of Columbia (DC) area where more Blacks are disproportionately affected by HIV and have low PrEP uptake. This study aims to adapt and pilot a community-based ART intervention (cbART) intervention for cbPrEP service delivery for Black adults in the Washington, DC area. The adaptation of the cbART intervention will be informed by the ADAPT-ITT framework and the Consolidated Framework for Implementation Research. For Aim 1, in-depth and key informant interviews will be conducted with PrEP program managers at community-based organizations (N = 10), DC health department representatives (N = 8), PrEP providers (N = 10) and current and potential Black PrEP users (n = 24). The interviews will provide an initial assessment of barriers and facilitators to PrEP services and inform the decisions on how to adapt the cbART intervention for cbPrEP services. In Aim 2, we will train and pilot test the cbPrEP intervention for acceptability, feasibility, and appropriateness with Black adults (n = 60). Enrolled participants will complete a survey at baseline and at 45 days post-enrollment. In-depth interviews will be conducted with a subset (N = 16) of participants, those who did not enroll (N = 10) and providers implementing the cbPrEP intervention (N = 8). Alternative strategies to PrEP service delivery are needed to increase PrEP uptake among those most in need in the DC area. If cbPrEP delivery is found to be acceptable, feasible, and appropriate, it could have a significant impact on DC's Ending the HIV Epidemic efforts and will inform future efforts to investigate the intervention's efficacy on PrEP uptake and continuation among Black adults in DC.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Cooney E.E.; Footer K.H.A.; Glick J.L.; Passaniti A.; Howes M.; Sherman S.G.	Understanding the social and structural context of oral PrEP delivery: an ethnography exploring barriers and facilitators impacting transgender women who engage in street-based sex work in Baltimore, Maryland	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-023-00556-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171810424&doi=10.1186%2fs12981-023-00556-6&partnerID=40&md5=3d34975ab349de2d25f036f5ecac6ae6	Transgender women who sell sex (TWSS) experience high rates of HIV acquisition. Antiretrovirals for pre-exposure prophylaxis (PrEP) represent an efficacious HIV prevention strategy. The social and structural factors affecting PrEP delivery amongst TWSS are underexplored in the literature. We conducted ethnographic research to examine how multilevel social and structural factors manifest in TWSS's lived experiences and affect PrEP delivery and use. Twenty-four transgender women were recruited from the SAPPHIRE cohort and completed interviews focused on barriers and facilitators to PrEP engagement in the context of street-based sex work. Stakeholder interviews (N = 7) were also conducted. Our findings suggest there are unique features of the risk environment that can collectively impede PrEP use among TWSS. © 2023, BioMed Central Ltd., part of Springer Nature.	HIV; Preexposure prophylaxis; Risk environment; Sex work; Transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Cooney E.E.; Saleem H.T.; Stevenson M.; Aguayo-Romero R.A.; Althoff K.N.; Poteat T.C.; Beckham S.W.; Adams D.; Radix A.E.; Wawrzyniak A.J.; Cannon C.M.; Schneider J.S.; Haw J.S.; Rodriguez A.E.; Mayer K.H.; Beyrer C.; Reisner S.L.; Wirtz A.L.	PrEP initiation and discontinuation among transgender women in the United States: a longitudinal, mixed methods cohort study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26199	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180476695&doi=10.1002%2fjia2.26199&partnerID=40&md5=bfee771f2b743a4e0b3324721323c5f4	Introduction: Transgender women in the United States experience high HIV incidence and suboptimal Pre-exposure prophylaxis (PrEP) engagement. We sought to estimate PrEP initiation and discontinuation rates and characterize PrEP discontinuation experiences among a prospective cohort of transgender women. Methods: Using a sequential, explanatory, mixed-methods design, 1312 transgender women at risk for HIV acquisition were enrolled from March 2018 to August 2020 and followed through July 2022 (median follow-up 24 months; interquartile range 15–36). Cox regression models assessed predictors of initiation and discontinuation. In-depth interviews were conducted among 18 participants, including life history calendars to explore key events and experiences surrounding discontinuations. Qualitative and quantitative data were integrated to generate typologies of discontinuation, inform meta-inferences and facilitate the interpretation of findings. Results: 21.8% (n = 286) of participants reported taking PrEP at one or more study visits while under observation. We observed 139 PrEP initiations over 2127 person-years (6.5 initiations/100 person-years, 95% CI: 5.5–7.7). Predictors of initiation included identifying as Black and PrEP indication. The rate of initiation among those who were PrEP-indicated was 9.6 initiations/100 person-years (132/1372 person-years; 95% CI: 8.1–11.4). We observed 138 PrEP discontinuations over 368 person-years (37.5 discontinuations/100 person-years, 95% CI: 31.7–44.3). Predictors of discontinuation included high school education or less and initiating PrEP for the first time while under observation. Four discontinuation typologies emerged: (1) seroconversion following discontinuation; (2) ongoing HIV acquisition risk following discontinuation; (3) reassessment of HIV/STI prevention strategy following discontinuation; and (4) dynamic PrEP use coinciding with changes in HIV acquisition risk. Conclusions: PrEP initiation rates were low and discontinuation rates were high. Complex motivations to stop using PrEP did not consistently correspond with HIV acquisition risk reduction. Evidence-based interventions to increase PrEP persistence among transgender women with ongoing acquisition risk and provide HIV prevention support for those who discontinue PrEP are necessary to reduce HIV incidence in this population. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	discontinuation typologies; pre-exposure prophylaxis; PrEP discontinuation; PrEP initiation; prevention-effective adherence; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Cornelisse, Vincent J; Murphy, Dean; Lee, Sue J; Stoove, Mark; Traeger, Michael W; Wright, Edwina J	Physical and mental health of long-term users of HIV pre-exposure prophylaxis (PrEP) in Australia: The X-PLORE Cohort.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003768	https://dx.doi.org/10.1097/QAD.0000000000003768	INTRODUCTION: HIV pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV. We aimed to assess mental and physical health among long-term PrEP users in Australia's X-PLORE cohort. METHODS: In early 2021, 1,485 X-PLORE participants were emailed a survey covering demographics, sexual practices, ongoing PrEP use, physical and psychological diagnoses received since commencing PrEP, substance use, and impacts of the COVID-19 pandemic. Current anxiety and depression were assessed using GAD-7 and PHQ-9 questionnaires. RESULTS: Of 476 participants (completion rate 32.1%), 99.8% were cis-gender men. Median PrEP use duration was 48months (2,002 person-years), with 81.7% currently using PrEP. PrEP-related toxicity was uncommon: 2.9% reported bone fractures, 1.3% low bone density, and 4.0% reported kidney problems, largely not necessitating PrEP cessation. Most (92.0%) rated their health as "good" to "excellent", and 22.6% reported improved health since starting PrEP, often due to improved mental health. Only 6.2% reported deterioration in health since starting PrEP, largely unrelated to PrEP. The most common diagnoses were hypertension (9.9%), depression (13.2%) and anxiety (14.9%); 17.0% had PHQ-9 scores indicating current moderate-to-severe depression, which was associated with unemployment (aOR 3.90), regular cannabis use (aOR 2.49), and having ceased PrEP (aOR 2.13). CONCLUSIONS: Among long-term PrEP users, of which over 80% were currently using PrEP, self-reported PrEP toxicity was uncommon. With almost one in five PrEP users categorised as having depression, and with higher risk among those having ceased PrEP, we recommend routine screening for depression and anxiety in PrEP users and corresponding follow-up of patients no longer attending for PrEP.	na	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Cornelius J.B.; Gunn L.H.; Dalton C.; Davis B.	Nurse practitioner model of care for the initiation of pre-exposure prophylaxis: A case series study	Nursing Open	-	-	-	20541058	10.1002/nop2.1381	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138689726&doi=10.1002%2fnop2.1381&partnerID=40&md5=3f43d17231fd5c767e83b95044ed6b84	Aim: The purpose of this study was to create and implement a nurse practitioner model of care in the initiation of a pre-exposure prophylaxis (PrEP) protocol with African American men who have sex with men (MSM). Design: A case series design was used to implement the protocol for a nurse practitioner PrEP-based model of care. Methods: The participatory, evidence-based, patient-focus process (PEPPA) framework and the American Association of Colleges of Nursing (AACN) Doctoral Essentials for Advanced Practice were aligned to guide the development, implementation, and evaluation of this advanced practice role in an urban medical clinic. Results: Seven African American HIV-negative MSM who received treatment under the nurse practitioner PrEP-based model of care had increased PrEP knowledge and medication adherence and did not contract a sexually transmitted infection. Conclusions: New models of care can be created to meet the Getting to Zero HIV initiative of reducing rates of HIV infections with MSM. © 2022 The Authors. Nursing Open published by John Wiley & Sons Ltd.	American Association of Colleges of Nursing; Doctoral Essentials; men who have sex with men; models of care; nurse practitioner; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Cosmas, Mugambi; Loice, Mbogo; William, Sinkele; Esther, Gitau; Carey, Farquhar; Tecla, Temu; David, Bukusi; John, Kinuthia; Aliza, Monroe-Wise	Oral Pre-Exposure Prophylaxis (PrEP) Awareness and Acceptability Among Persons who Inject Drugs (PWID) in Kenya: A Qualitative Investigation.	Research Square	-	-	-	na	10.21203/rs.3.rs-2512731/v1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9980217	Background: People who inject drugs (PWID) are disproportionately affected by HIV despite the availability of multiple efficacious biomedical prevention interventions including oral pre-exposure prophylaxis (PrEP). Little is known about the knowledge, acceptability, and uptake of oral PrEP among this population in Kenya. To inform the development of oral PrEP uptake optimization interventions for PWID in Kenya, we conducted a qualitative assessment to establish oral PrEP awareness and willingness to take PrEP by this group in Nairobi City. Methodology: Guided by the Capability, Opportunity, Motivation, and Behaviour (COM-B) model of health behavior change, we conducted 8 focus group discussions (FGDs) among randomly constituted samples of PWID in four harm reduction drop-in centers (DICs) in Nairobi in January 2022. The domains explored were: perceived risks (behaviour), oral PrEP awareness and knowledge (capability), motivation to use oral PrEP (behaviour), and perceptions on community uptake (motivation and opportunity). Completed FGD transcripts were uploaded to Atlas.ti version 9 and thematic analysis was conducted through an iterative process of review and discussion by two coders. Findings: There was a low level of oral PrEP awareness with only 4 of the 46 PWID having heard of PrEP; only 3 out of 46 participants had ever used oral PrEP and 2 out of 3 were no longer using it, indicating a low capacity to make decisions on oral PrEP. Most study participants were aware of the risk posed by unsafe drug injection and expressed willingness to take oral PrEP. Nearly all participants demonstrated low understanding of the role oral PrEP plays in complementing condoms in HIV prevention, presenting an opportunity for awareness creation. While the PWID were eager to learn more about oral PrEP, they favored DICs as places where they would like to obtain information and oral PrEP if they chose to use it, identifying an opportunity for oral PrEP programming interventions. Conclusion: Creation of oral PrEP awareness among PWID in Kenya is likely to improve uptake since the PWID are receptive. Oral PrEP should be offered as part of combination prevention approaches, and effective messaging through DICs, integrated outreaches, and social networks are recommended to mitigate displacement of other prevention and harm reduction practices by this population. Trial Registration: ClinicalTrials.gov Protocol Record STUDY0001370.	na	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2023	Coukan, Flavien; Murray, Keitumetse-Kabelo; Papageorgiou, Vasiliki; Lound, Adam; Saunders, John; Atchison, Christina; Ward, Helen	Barriers and facilitators to HIV Pre-Exposure Prophylaxis (PrEP) in Specialist Sexual Health Services in the United Kingdom: A systematic review using the PrEP Care Continuum.	HIV Medicine	-	-	-	1468-1293	10.1111/hiv.13492	https://dx.doi.org/10.1111/hiv.13492	OBJECTIVES: HIV pre-exposure prophylaxis (PrEP) delivery in the UK is inequitable; over 95% of PrEP users were men who have sex with men (MSM) despite making up less than 50% of new HIV diagnoses. We conducted a systematic review to identify modifiable barriers and facilitators to PrEP delivery in the UK among underserved populations. METHODS: We searched bibliographic/conference databases using the terms HIV, PrEP, barriers, facilitators, underserved populations, and UK. Modifiable factors were mapped along the PrEP Care Continuum (PCC) to identify targets for interventions. RESULTS: In total, 44 studies were eligible: 29 quantitative, 12 qualitative and three mixed-methods studies. Over half (n = 24 54.5%) exclusively recruited MSM, whereas 11 were in mixed populations (all included MSM as a sub-population) and the other nine were in other underserved populations (gender and ethnicity minorities, women, and people who inject drugs). Of the 15 modifiable factors identified, two-thirds were at the PrEP contemplation and PrEParation steps of the PCC. The most reported barriers were lack of PrEP awareness (n = 16), knowledge (n = 19), willingness (n = 16), and access to a PrEP provider (n = 16), whereas the more reported facilitators were prior HIV testing (n = 8), agency and self-care (n = 8). All but three identified factors were at the patient rather than provider or structural level. CONCLUSIONS: This review highlights that the bulk of the scientific literature focuses on MSM and on patient-level factors. Future research needs to ensure underserved populations are included and prioritized (e.g. ethnicity and gender minorities, people who inject drugs) and provider and structural factors are investigated.	na	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Coulibaly, K; Bousmah, M-A-Q; Ravalihasy, A; Taeron, C; Mbiribindi, R; Senne, J-N; Gubert, F; Gosselin, A; Desgrees du Lou, A	Bridging the knowledge gap of biomedical HIV prevention tools among sub-saharan african immigrants in France. Results from an empowerment-based intervention	SSM - Population Health	-	-	-	-	10.1016/j.ssmph.2023.101468	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02610691/full	Introduction: Biomedical HIV prevention tools are available in France to prevent new infections. However, evidence suggests a lack of knowledge of these tools among sub-Saharan African immigrants, who are particularly affected by HIV due to social hardship, an indirect factor of HIV acquisition. We analysed the impact of an empowerment-based intervention on the knowledge of treatment as prevention (TasP), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) in a population of precarious sub-Saharan African immigrants. Methods: Data were collected throughout the MAKASI project. Following an outreach approach, participants were recruited in public places based on their precarious situations and followed for six months (0, 3, 6 months) between 2018 and 2021. Participants were randomized into two groups and received an empowerment intervention sequentially (stepped wedge design). We used random-effects logistic regression models to evaluate the intervention effect on the knowledge of biomedical HIV prevention tools. ClinicalTrials.gov Identifier: NCT04468724. Results: The majority of the participants were men (77.5%), and almost half of them had arrived in France within 2 years prior to inclusion (49.3%). At baseline, 56% of participants knew about TasP, 6% knew about PEP and 4% knew about PrEP. Receiving the intervention increased the odds of knowing about PEP (aOR = 2.02 1.09–3.75; p < 0.026). Intervention effects were observed for TasP and PrEP only after 6 months. We found significant time effects for PEP (at 3 months, aOR = 4.26 2.33–7.80; p < 0.001; at 6 months, aOR = 18.28 7.39–45.24; p < 0.001) and PrEP (at 3 months, aOR = 4.02 2.10–7.72; p < 0.001; at 6 months, aOR = 28.33 11.16–71.91; p < 0.001). Conclusions: We showed that the intervention increased the knowledge of biomedical HIV prevention tools. The effect of the intervention was coupled with an important time effect. This suggested that exposure to the intervention together with other sources of information contributed to increased knowledge of biomedical HIV prevention tools among precarious sub-Saharan African immigrants.	*France; *Human immunodeficiency virus; *empowerment; *immigrant; *knowledge gap; *post exposure prophylaxis; *pre-exposure prophylaxis; *sub-Saharan African; Adult; Article; Controlled study; Human; Human experiment; Information source; Male; Nonhuman; Prevention; Randomized controlled trial	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Coulibaly, Karna; Gosselin, Anne; Carillon, Severine; Taéron, Corinne; Mbiribindi, Romain; Desgrées Du Loû, Annabel	Low knowledge of antiretroviral treatments for the prevention of HIV among precarious immigrants from sub-Saharan Africa living in the greater Paris area: Results from the Makasi project.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0287288	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10266671	INTRODUCTION: In France, combination prevention tools, particularly antiretroviral treatment for HIV prevention has been available for several years. We described the knowledge of these antiretroviral treatments among immigrants from sub-Saharan Africa, who are particularly affected by HIV, and the factors associated with this knowledge. METHODS: The data come from the Makasi study, which was conducted between 2019 and 2020 among precarious immigrants from sub-Saharan Africa recruited through a community-based outreach approach in the greater Paris area (n = 601). We described levels of knowledge of HIV treatment effectiveness (HTE), treatment as prevention (TasP), post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PrEP), by sex with chi2 test. We investigated factors associated with this knowledge with logistic regressions adjusted for sociodemographic characteristics, living conditions and sexual behaviors (p≤0.2). RESULTS: Respondents were mostly men (76%), from West Africa (61%), in precarious situation: 69% were unemployed, 74% were undocumented and 46% had no health coverage. Among this population, knowledge of HIV preventive treatments was heterogeneous. While HTE was well known (84%); TasP was known by only half of the respondents (46%), and PEP and PrEP were hardly known: 6% and 5%, respectively. Multivariate regressions models showed that these antiretroviral treatments for the prevention of HIV were better known by people with a higher level of education (PEP: aOR = 3.33 1.09-10.20, p = 0.03; HTE: aOR = 4.33 1.87-10.04, p<0.001), those who had a social network in France (TasP: aOR = 1.90, 1.33-2.73, p<0.001), those who had access to the health system and those who were exposed to sexual risks (TasP: aOR = 3.17, 1.03-9.69, p = 0.04; PrEP: aOR = 2.60 0.72-9.34, p = 0.14). CONCLUSIONS: There is a need for specific communication on antiretroviral treatment for HIV prevention that targets sub-Saharan immigrants, particularly those who have no access to the health-care system and those who are less educated.	na	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Court, Feline de la; Wees, Daphne van; Benthem, Birgit van; Hoornenborg, Elske; Prins, Maria; Boyd, Anders	Characterizing subgroups of sexual behaviors among men who have sex with men eligible for, but not using, PrEP in the Netherlands	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0284056	https://pubmed.ncbi.nlm.nih.gov/37023009/	This study identified subgroups of sexual behaviors associated with increased STI/HIV risk among those eligible for but not using pre-exposure prophylaxis (PrEP) in order to improve PrEP uptake and prioritization in the context of restricted capacity. We used data from sexual health centers (SHCs) in the Netherlands, including all visits of eligible but non-PrEP using men who have sex with men (MSM), men who have sex with men and women (MSMW) and transgender persons between July 2019 (start of the Dutch national PrEP pilot (NPP)) and June 2021. Using latent class analysis (LCA), we identified classes of sexual behaviors (number of partners, chemsex, group sex and sex work) and explored whether these classes were associated with STI diagnosis and sociodemographics. Across 45,582 visits of 14,588 eligible non-PrEP using individuals, the best fitting LCA model contained three classes of sexual behaviors. Classes were distinguished by seldomly reported sexual behaviors (class 1; 53.5%, n = 24,383), the highest proportions of ≥6 partners and group sex (class 2; 29.8%, n = 13,596), and the highest proportions of chemsex and sex work (class 3; 16.7% of visits, n = 7,603). Visits in classes 2 and 3 (vs. class 1) were significantly more often with individuals who were diagnosed with an STI, older (≥36 vs. ≤35 years), MSMW (vs. MSM), and visiting an urban (vs. non-urban) SHC; while these visits were significantly less often with individuals from an STI/HIV endemic area. The percentage of visits at which an STI was diagnosed was 17.07% (n = 4,163) in class 1, 19.53% (n = 2,655) in class 2 and 25.25% (n = 1,920) in class 3. The highest risk of STI, and thereby HIV, was in those engaging in specific subgroups of sexual behavior characterized by frequently reporting multiple partners, group sex, sex work or chemsex. PrEP uptake should be encouraged and prioritized for these individuals.	na	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Cox, Laura Ashleigh; Martin, Catherine E; Nongena, Pelisa; Mvelase, Sanele; Kutywayo, Alison; Mullick, Saiqa	The Use of HIV Pre-exposure Prophylaxis Among Men Accessing Routine Sexual and Reproductive Health Services in South Africa.	Journal of Adolescent Health	-	-	-	1879-1972	10.1016/j.jadohealth.2023.08.017	https://dx.doi.org/10.1016/j.jadohealth.2023.08.017	PURPOSE: This study describes a cohort of men seeking oral pre-exposure prophylaxis (PrEP) services and explores their patterns of PrEP use within an implementation project seeking to integrate PrEP provision within sexual and reproductive health services in public health clinics in South Africa. METHODS: Routine program and survey data from 364 males initiated on oral PrEP between July 2020 and May 2022 were analyzed. PrEP use was examined, including time to first discontinuation and restart patterns. Factors associated with early PrEP discontinuation and PrEP restart were analyzed. RESULTS: Despite primarily focusing on access for adolescent girls and young women, PrEP services reached males with HIV prevention needs. PrEP use for ≤1 month (early discontinuation) was high at 58%; however, 18% restarted on PrEP, with 4% restarting repeatedly. Having depression symptoms was associated with early PrEP discontinuation (adjusted odds ratio AOR: 1.71, 95% CI confidence interval: 1.06-2.78). Those ≥25 years were less likely to discontinue early, as were those with a partner treated for a sexually transmitted infection in the preceding three months (AOR: 0.33, 95% CI: 0.13-0.84) and those who had been circumcised (AOR: 0.59, 95% CI: 0.36-0.96). Those 18-20 years old were less likely to restart PrEP than those ≥25 years (AOR: 0.43, 95% CI: 0.19-0.97), as were those whose partner's HIV status was unknown (AOR: 0.33, 95% CI: 0.12-0.88). DISCUSSION: This study identified interest and uptake of oral PrEP among an underrepresented population of predominantly heterosexual males seeking sexual and reproductive health services. It found high rates of early PrEP discontinuation, with a subset returning to restart PrEP. Further research is needed to determine whether these periods of PrEP use are associated with periods of HIV risk.	Pre-exposure prophylaxis PrEP South Africa Men HIV Sexual and reproductive health Heterosexual men	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Crath, RD; Rangel, JC; Gaubinger, A	Biopolitics' new iteration: Gay men, Pre-exposure prophylaxis and the pharmaco-pornographic imagination	Sexualities	-	-	-	1363-4607	10.1177/13634607211056882	https://scholarworks.smith.edu/ssw_facpubs/24/	This article builds upon Paul Preciado's conceptualisation of pharmaco-pornographic power to understand the ongoing affects and effects of Pre-Exposure Prophylaxis (PrEP) on queer men's sexual socialities and subjectivities. Drawing from a new-materialist epistemology, we analyze data from a sexual health pilot study in NYC to trace the techno-sexual health assemblages forming in queer life worlds. Our analysis suggests that these assemblages, entangling PrEP and other pharmacological substances, pornographic imaginaries together with mediatic technologies and public health rationalities, are creating paradoxical desires and practices of intimacy that are both normative and exceed rational health-actor logics and normative understandings of risk. These effects have population-level biopolitical implications.	HIV; SEX; Gay men; Biopolitics; desire; Preexposure Prophylaxis	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2023	Cristiano, Gabriela Dutra	Neoliberalização da prevenção do HIV/AIDS no Brasil e seus rebatimentos nas experiências de homens gays com o sexo e a sexualidade	-	-	Pontifícia Universidade Católica do Rio Grande do Sul	-	NA	NA	https://tede2.pucrs.br/tede2/handle/tede/10832	Esta tese tem como objetivo investigar as implicações do atual modelo oficial preventivo do HIV/Aids nas experiências de homens gays com o sexo e a sexualidade em temos neoliberais no Brasil, a fim de contribuir com formulações para a política mais condizentes com os anseios e necessidades dessa população. Para isso, foram analisadas as concepções que fundamentam o atual modelo oficial preventivo, como o "homem gay" é construído pela política e como se contrói na relação dialética com esta, além dos rebatimentos deste modelo na experiência de homens gays com o sexo e a sexualidade. Trata-se de uma pesquisa qualitativa, de nível explicativo, que em alguns momentos assume caráter mais exploratório. Fundamenta-se no materialismo dialético-crítico, na perspectiva do que vem sendo denominada de neomarxismo, ao passo que incorpora conceitos e noções de outras correntes filosóficas e teóricas. Foi adotada a análise textual discursiva (MORAES e GALIAZZI, 2007) como método para exame dos dados e para movimentar as interpretações que foram sendo tecidas a partir da triangulação (TRIVIÑOS, 1987) de elementos do contexto (capitalismo dependente, colonialismo e neoliberalismo), produções do meio (documentos produzidos para a política de prevenção) e narrativa dos sujeitos (entrevistas com homens gays). Foram analisadas cinco publicações do Ministério da Saúde que tratam do atual modelo preventivo e 18 entrevistas gravadas e transcritas. Os entrevistados foram convidados a participar da pesquisa a partir da técnica bola de neve e da criação de perfil de pesquisadora no aplicativo Grindr. Os resultados evidenciam que a flexibilidade da racionalidade neoliberal permite que esta acentue a política de prevenção de HIV/Aids de forma a incorporar modelos reivindicados pela sociedade civil, aprendizagens feitas ao longo da história social da epidemia e a fetichizante narrativa sobre liberdade e possibilidades. As concepções que fundamentam o atual modelo oficial preventivo, a Prevenção Combinada, constroem um sistema discursivo complexo e sofisticado, articulando de intervenção pautadas nos direitos humanos e em necessidades estruturais, com uma perspectiva individualizante e que responsabiliza os próprios sujeitos pelo seu cuidado. O atual modelo avança em relação à narrativa normativa sobre a camisinha ao disponibilizar e propor a combinação de diferentes recursos e estratégias de prevenção. A ampliação das alternativas para um sexo mais seguro produz alívio em relação ao trauma que a epidemia representou a sociabilidade de 9 homens gays enquanto grupo social. Embora o HIV ainda atue como um marcador para as hierarquias sexuais, outras bioidentidades e diferenciações se constituem nesse processo: bareback, indetectável, usuário de PrEP, por exemplo. Por outro lado, da forma como a política se articula hoje, o homem gay torna-se empreendedor do seu próprio cuidado. Precisa vigiar a si mesmo e aos outros e é esperado que seja um sujeito racional, bem informado, que faz a gestão do próprio risco. Ainda que efetivamente nenhum dos homens corresponda a essa expectativa, quando ela não é atendida, aparecem sentimentos como frustração, surpresa e culpa. Então, evidencia-se que estratégias de controle utilizadas pelo Estado como patologização física ou mental, hoje convivem com outras mais sofisticadas do capitalismo farmacopornográfico neoliberal: são corpos medicados, transantes, incorporados na lógica do mercado como sujeitos responsáveis por si mesmos. Conclui-se que as concepções de autonomia e liberdade, centrais para o modelo atual, estão em disputa e que é preciso resgatar alternativas presentes na perspectiva crítica de direitos humanos, promoção da saúde e educação popular.	Prevenção, HIV/Aids, Neoliberalismo, Homossexualidade, Masculina, Sexualidade, Prevention, HIV/Aids, Neoliberalism Male Homosexuality, Sexuality	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2023	Crockett K.B.; Batey D.S.; Turan B.	Development and Preliminary Validation of the PrEP Empowerment Scale	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04078-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159065427&doi=10.1007%2fs10461-023-04078-0&partnerID=40&md5=21b7e346777803511b288c0c7d9e86c6	Informed by the Health Care Empowerment Model, a measure of PrEP Empowerment was developed and assessed for preliminary reliability and validity. Participants (N = 100) were invited to complete a survey during regular clinic visits. A subset (n = 84) volunteered to provide blood samples to assess plasma tenofovir (TFV) levels for recent PrEP adherence. A five-factor measure explained 70% of the total variance. Associations with internalized PrEP stigma, PrEP adherence self-efficacy, and plasma TFV were assessed. Results supported the multidimensional nature of PrEP Empowerment and reliability and validity. Additional research is needed in populations with varying PrEP experience and greater gender and ethnic representation. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Empowerment; Measure development; PrEP; Self-efficacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Crooks, Natasha; Singer, Randi B.; Smith, Ariel; Ott, Emily; Donenberg, Geri; Matthews, Alicia K.; Patil, Crystal L.; Haider, Sadia; Johnson, Amy K.	Barriers to PrEP uptake among Black female adolescents and emerging adults	Preventive Medicine Reports	-	-	-	2211-3355	10.1016/j.pmedr.2022.102062	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9712981/#:~:text=Uptake%20of%20PrEP%20has%20been,adolescent%20girls%20and%20emerging%20adults.&text=Intersectional%20life%20experiences%20exacerbate%20Black%20AEA%20resistance%20to%20PrEP.&text=Medical%20mistrust%2C%20stigma%2C%20and%20PrEP,as%20barriers%20for%20Black%20communities.	•Pre-Exposure Prophylaxis (PrEP) is medication taken to prevent HIV.•Uptake of PrEP has been limited among Black adolescent girls and emerging adults.•Intersectional life experiences exacerbate Black AEA resistance to PrEP.•Medical mistrust, stigma, and PrEP misconceptions served as barriers for Black communities.•New approaches utilizing culturally safe care to promote PrEP uptake are described. HIV/AIDS disproportionately impacts Black cisgender female adolescents and emerging adults. Pre-Exposure Prophylaxis (PrEP) reduces the risk of HIV infection; however, structural barriers may exacerbate resistance to PrEP in this population. The purpose of this paper is to understand the characteristics of age, race, gender, history, and medical mistrust as barriers to PrEP uptake among Black female adolescents and emerging adults (N = 100 respondents) between the ages of 13–24 years in Chicago. Between January and June of 2019, participants completed the survey. We used directed content analysis to examine reported barriers to PrEP uptake. The most commonly identified barriers to PrEP uptake were side effects (N = 39), financial concerns (N = 15), and medical mistrust (N = 12). Less frequently reported barriers included lack of PrEP knowledge and misconceptions (N = 9), stigma (N = 2), privacy concerns (N = 4). We describe innovative multi-level strategies to provide culturally safe care to improve PrEP acceptability among Black female adolescents and emerging adults in Chicago.These recommendations may help mitigate the effect of medical mistrust, stigma, and misconceptions of PrEP within Black communities.	Female; PrEP; Adolescents; HIV prevention; Barriers; Black; Medical mistrust; Regular	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Crutchley, Rustin D.; Newsome, Cheyenne; Chen, Li Wei; Li, Debbie; Sarangarm, Preeyaporn; Min, Amy; Bowers, Dana; Coetzee, Renier; McKeirnan, Kimberly C.	Design, Implementation, and Assessment Approaches Within an Advanced Human Immunodeficiency Virus (HIV) Elective Course.	Journal of Pharmacy Practice	-	-	-	1531-1937 0897-1900	10.1177/08971900221108723	https://pubmed.ncbi.nlm.nih.gov/35704467/	Introduction: An estimated 38 million people are living with human immunodeficiency virus (HIV) worldwide. Pharmacists are well positioned to provide care to patients with HIV, but gaps in HIV education among pharmacists exist. Recognizing the need to educate and prepare future pharmacists, a 2-credit advanced HIV elective course was created for Doctor of Pharmacy students at Washington State University College of Pharmacy and Pharmaceutical Sciences in the United States, and Masters of Clinical Pharmacy students from University of Western Cape School of Pharmacy in South Africa. Methods: Course topics included diagnosis and treatment of HIV in children and adults, management of common comorbidities, pre-exposure prophylaxis, pharmacogenetic applications, and antiretroviral drug-drug interactions. Course effectiveness was evaluated using student examination results. Student perceptions were evaluated using pre- and post-course self-assessments involving abilities, confidence, and attitudes toward caring for people living with HIV. Results: Student pharmacists demonstrated competency in HIV knowledge, demonstrated skills in application to clinical-based scenarios, and reported significantly improved confidence and abilities as well as positive changes in attitudes toward people with HIV. Conclusion: This course contributed to student learning across different student cohorts in an institutional program in the United States including successful execution of distance learning and clinical application for students at a program in South Africa.	Adult; Humans; Child; human immunodeficiency virus (HIV); Curriculum; assessment; *Students, Pharmacy; *HIV Infections/diagnosis/drug therapy; *Education, Pharmacy/methods; *Pharmacy Service, Hospital; distance learning; Educational Measurement/methods; pharmacy curriculum; pharmacy elective courses	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Cui, Tracy Shicun; Lane, Benjamin; Wu, Yumeng; Ma, Jing; Fu, Rong; Hou, Jianhua; Meng, Siyan; Xie, Lu; Gu, Yuzhou; Huang, Xiaojie; Zheng, Huang; Ma, Yanling; He, Na; Meyers, Kathrine	Determinants of Willingness to Use PrEP Among Gay and Bisexual Men in China Before Implementation: A Structural Equation Modeling Assessment	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03815-1	https://www.proquest.com/scholarly-journals/determinants-willingness-use-prep-among-gay/docview/2778477754/se-2?accountid=8113	With the recent endorsement of PrEP by the Chinese government, research is urgently needed to better understand factors impacting PrEP uptake among gay, bisexual, and other men who have sex with men (GBMSM) in China. This study examined willingness to use PrEP for HIV prevention among GBMSM in China through structural equation modeling. We examined the relationship among PrEP-related attitudes, subjective norms, PrEP-related knowledge and beliefs about medicines and willingness to use PrEP. The analysis showed a good fit between the data and both the measurement model (RMSEA = 0.060) and structural model (RMSEA = 0.054). Knowledge, attitudes, and subjective norms were significantly related to intention to use PrEP, whereas the effect of general beliefs about medicines was insignificant. These effect mechanisms point to the importance of designing interventions to support PrEP uptake that target knowledge, enhance positive attitudes about PrEP within social networks, and build positive social norms around PrEP among sexually active GBMSM.	Bisexuality; China; Homosexuality; Motivation; HIV prevention; PrEP; Psychology; Prevention; Men; Men who have sex with men; Knowledge; Disease prevention; Medicine; Prep; Health behavior; Drugs; Attitude; Attitudes; Social networks; GBMSM; Structural equation modeling; Modelling; Norms; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Social organization; Multivariate statistical analysis; Social attitudes; Social norms; Structural models	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	Curtis, Regis	Re-imagining HIV/AIDS: tracing evolving HIV/AIDS discourses from crisis to PrEP cinema	-	-	University of Pittsburgh	-	na	NA	http://d-scholarship.pitt.edu/44557/1/Regis_Curtis_Thesis_Final.pdf	As pre-exposure prophylaxis (PrEP) was introduced to pharmacological markets in 2012, a resurgence of HIV/AIDS representation in cinema occurred, beginning with the release of Jean-Marc Vallée's Dallas Buyers Club. Following its commercial and critical success, an increasing number of films and visual narratives depicting HIV/AIDS were and continue to be produced, their production based mainly in the anglophone world and France. These films' engagement with HIV/AIDS calls into question both mainstream and gay-male communities' relationship with HIV/AIDS, as shifting medical landscapes – the 1996 introduction of triple therapies which made HIV a manageable illness, the 2005 recommendation for broader usage of post-exposure prophylaxis, the 2012 introduction of PrEP, the 2016 birth of the Undetectable = Untransmittable (U=U) campaign, among other advances, mostly related to PrEP – have radically altered the ways in which gay male communities interact with and experience HIV/AIDS individually and community-wide. This paper aims to articulate the ways in which these medical, social, and community paradigm shifts manifest in contemporary HIV/AIDS visual narratives through the utilization of a historical framework which compares early HIV/AIDS visual narratives with their contemporary counterparts. Among the films and visual narratives explored include Théo et Hugo dans le même bateau (Ducastel and Martineau 2016), 120 battements par minute (Campillo 2017), and Ein Virus kennt keine Moral (Praunheim 1987). These comparisons function to (1) explore constructions and treatment of monogamy and promiscuity within gay-male sexual networks, and (2) understand the influence of medical paradigms on the concept of Safer Sex and sexual risk. Together, these considerations offer a way to reassess HIV/AIDS genre cinema and elucidate the current milieu in which HIV/AIDS discourses are situated.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2023	Custer, Brian; Whitaker, Barbee I.; Pollack, Lance M.; Buccheri, Renata; Bruhn, Roberta L.; Crowder, Lauren A.; Stramer, Susan L.; Reik, Rita A.; Pandey, Suchitra; Stone, Mars; Di Germanio, Clara; Buchacz, Kate; Eder, Anne F.; Lu, Yun; Forshee, Richard A.; Anderson, Steven A.; Marks, Peter W.	HIV risk behavior profiles among men who have sex with men interested in donating blood: Findings from the Assessing Donor Variability and New Concepts in Eligibility study.	Transfusion	-	-	-	1537-2995 0041-1132	10.1111/trf.17515	https://pubmed.ncbi.nlm.nih.gov/37642154/	BACKGROUND: Individual risk assessment allows donors to be evaluated based on their own behaviors. Study objectives were to assess human immunodeficiency virus (HIV) risk behaviors in men who have sex with men (MSM) and estimate the proportion of the study population who would not be deferred for higher risk HIV sexual behaviors. STUDY DESIGN AND METHODS: Cross-sectional survey and biomarker assessment were conducted in eight U.S. cities. Participants were sexually active MSM interested in blood donation aged 18-39 years, assigned male sex at birth. Participants completed surveys during two study visits to define eligibility, and self-reported sexual and HIV prevention behaviors. Blood was drawn at study visit 1 and tested for HIV and the presence of tenofovir, one of the drugs in oral HIV pre-exposure prophylaxis (PrEP). Associations were assessed between HIV infection status or HIV PrEP use and behaviors, including sex partners, new partners, and anal sex. RESULTS: A total of 1566 MSM completed the visit 1 questionnaire and blood draw and 1197 completed the visit 2 questionnaire. Among 1562 persons without HIV, 789 (50.4%) were not taking PrEP. Of those not taking PrEP, 66.2% reported one sexual partner or no anal sex and 69% reported no new sexual partners or no anal sex with a new partner in the past 3 months. CONCLUSION: The study found that questions were able to identify sexually active, HIV-negative MSM who report lower risk sexual behaviors. About a quarter of enrolled study participants would be potentially eligible blood donors using individual risk assessment questions.	donors; regulatory and QA; transfusion-transmitted disease - HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	da Costa, Alan Rodrigues; Barros, Jônatas Ferreira; Lima, Valéria Paes; Magalhães, Camila; Silva, Hellen Kássia Rezende; Deusdará, Rodolfo; de Souza Lapa, Juliana	Substance use and risky sexual behavior in the PrEP outpatient clinic at the University Hospital of Brasilia	Tropical Medicine and Infectious Disease	-	-	-	2414-6366	10.3390/tropicalmed8060323.	https://pubmed.ncbi.nlm.nih.gov/37368741/	(1) Background: To evaluate the epidemiological profile of people who use drugs at the PrEP outpatient clinic of the University Hospital of Brasilia; (2) Methods: Cross-sectional study with a review of data from medical records referring to the first medical consultation. The prevalence ratio was calculated using a Poisson regression model with robust variance; (3) Results: A total of 53% of subjects reported drug use in the last 3 months. The unadjusted prevalence ratio of drug use in trans women was PR: 9.0 (95%CI: 1.4-57.5). people who use drugs have a 1.9 times higher prevalence of STI diagnosis, and a 2.4 times higher prevalence of partners compared to non-users; (4) Conclusions: Substance use was associated with a higher STI prevalence ratio and number of sexual partners.	Acquired immune deficiency syndrome; AIDS; HIV; HIV (Viruses); Human immunodeficiency virus; Sexual behavior; Sexually transmitted diseases; STD; Analysis; Pre-exposure prophylaxis; Patients; Clinics; Condoms; Epidemiology; Sex; Substance abuse; Gender identity; Medical records; Psychotropic drugs; Transmission; Recreational drug use; Therapeutic use	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	da Silva Junior A.L.; Brigeiro M.; Monteiro S.	Health, enhancement and lifestyle: the use of the HIV pre-exposure prophylaxis (PrEP) among gay men, trans women and travestis; Saúde, aprimoramento e estilo de vida: o uso da profilaxia pré-exposição ao HIV (PrEP) entre homens gays, mulheres trans e travestis	Physis	-	-	-	1037331	10.1590/S0103-7331202333082	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179695215&doi=10.1590%2fS0103-7331202333082&partnerID=40&md5=4e989d06e53f7e5d0b32473671bb5dbd	The article has analyzed the meanings of the use of PrEP among gay man, trans women, and travestis in Rio de Janeiro, based on research on the biomedicalization of the response to AIDS. The analysis and interpretation of the field diary entries and interviews allowed us to describe how the use of this HIV prevention technology occurs simultaneously with other biomedical resources, aesthetics, dietary interventions, and physical exercises. We argue that such self-care is shaped according to the expectations of gender and class and the health ideals of their users. The results of the study allow us to discuss the boundaries between health, lifestyle, and enhancement. It is concluded that PrEP seems to produce a singularization in the forms of self-production, via biomedical and aesthetic-cosmetic enhancement, in a synergistic encounter between different technologies; perceived both in the routine use of the drug and in the management of its effects. For most of the people interviewed, PrEP is coupled with a previous self-care, which indicates the social location of its users in terms of class and gender and the ref lexive way from which they describe their health and themselves. © 2023, Institute de Medicina Social da UERJ. All rights reserved.	Biomedicalization; Gender technologies; Modes of subjectification; Prophylaxis pre-exposure to HIV (PrEP); Sexual and Gender Minorities.†	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	da Silva-Brandao R.R.; Ianni A.M.Z.	Exploring the HIV pre-exposure prophylaxis (PrEP) risk rituals: individualisation, uncertainty and social iatrogenesis	Health, Risk & Society	-	-	-	13698575	10.1080/13698575.2023.2283220	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177031167&doi=10.1080%2f13698575.2023.2283220&partnerID=40&md5=3aea5ea3d60fba3747e6d1555609be12	HIV Pre-Exposure Prophylaxis (PrEP) consists of a daily antiretroviral regimen that prevents HIV acquisition. In this article, we discuss ways in which individuals on PrEP deal with risks and uncertainties through their life experiences amid PrEP risk rituals and rational and non-rational individualisation processes. We analysed data from a web-based group of mostly gays, bisexuals and other men who have sex with men on PrEP through a thematic-content approach. We found that individuals, influenced by medical and health institutions, were involved in 'risk rituals' with profound effects on their subjective embodiment, emotions and feelings. These processes became amalgamated into conflicting objective consequences to themselves and their social networks, which included the acquisition of new diseases amid increasing ambivalences of being on PrEP. Our theoretical argument is that risk rituals were symptomatic of social iatrogenesis amid the contemporary risk and individualised society. By developing an analytical dialogue between our empirical data and modernisation theories of risk and individualisation, we sought to understand risk rituals through conflict, relational, group and institutional domains, as these layers of analysis help us grasp the core characterisation of social iatrogenesis. Drawing on these insights, we also pay attention to potential futures of injectable PrEP, considering the role of hope, the collective production of the unknown and medical action as a type of intensification of risk rituals and social iatrogenesis. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	HIV pre-exposure prophylaxis; iatrogenesis; individualisation; risk rituals; uncertainty	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Dahlby, Lucia; Boyd, Jade; Knight, Rod; Philbin, Morgan; Small, Will; Kerr, Thomas; McNeil, Ryan	The perspectives of street-involved youth who use drugs regarding the acceptability and feasibility of HIV pre-exposure prophylaxis: a qualitative study.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2022.2085868	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9930182	Street-involved youth who use drugs (YWUD) face an elevated risk of HIV acquisition and represent a key population for HIV prevention initiatives, including pre-exposure prophylaxis (PrEP). However, little is known regarding the acceptability and feasibility of PrEP uptake and adherence among this multiply-marginalized population. Semi-structured qualitative interviews were conducted with 24 street-involved YWUD (ages 17-24) to examine their perspectives toward PrEP; youth were recruited through a longitudinal prospective cohort study in Vancouver, Canada. Youth reported high levels of ambivalence toward PrEP despite engagement in HIV-related risk behaviors. This ambivalence was driven by misperceptions regarding HIV transmission, including stigmatizing associations between HIV transmission and personal hygiene. Such misperceptions led participants to enact strategies that were ineffective in preventing HIV transmission. Participants contested their inclusion as a "key population" for PrEP, which limited their enthusiasm for PrEP uptake and adherence. Participants also highlighted that wider social-structural inequities (e.g., housing vulnerability, poverty) that produced HIV-related risks were likely to undermine sustained PrEP use. Findings demonstrate the need for tailored implementation strategies to increase PrEP acceptability, including targeted education and anti-stigma interventions to increase awareness about HIV transmission. Interventions should also target structural inequities in order to fully address HIV risk and PrEP ambivalence.	HIV prevention; Vulnerable youth; pre-exposure prophylaxis; qualitative.	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2023	Dale, Sannisha K.; Etienne, Kayla; Hall, Sidny; Lazarus, Kimberly; Nunnally, Kalenthia; Gibson, George; Bolden, Roxana; Gardner, Nadine; Sanders, Jasmyn; Reid, Rachelle; Phillips, Arnetta	Five point initiative: a community-informed bundled implementation strategy to address HIV in Black communities.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-023-16525-7	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-16525-7	BACKGROUND: Black individuals in the U.S. remain the most disproportionately impacted by new HIV diagnoses, represent the highest portion of individuals living with HIV, and have the highest morbidity rates. Structural inequities and historical oppression are the primary drivers. Such drivers limit access to HIV prevention tools that need to be delivered with culturally congruent and community-informed approaches. METHODS: The Five Point Initiative (FPI) is a community-informed bundled implementation strategy developed and piloted between September 2019 and March 2020 in Miami, Florida in communities heavily impacted by HIV. Key components of the strategy included community consultants/experts, five categories (hence the "Five Point") of community businesses (e.g., corner stores, beauty supply stores, laundromats, mechanics, barbershops), local health organizations, an academic research program engrossed in community engaged research, and community residents who provided ongoing feedback throughout. Outcomes of FPI included (a) survey information (e.g., knowledge of and access to PrEP, barriers to care) and pilot data (acceptability and feasibility), (b) expansion of reach to Black individuals in HIV high impact zip codes in Miami, (c) insights on our bundled implementation strategy, (d) condom distribution, and (e) HIV testing. RESULTS: Over the course of six months FPI carried out 10 outreach events, partnered with 13 community businesses and 5 health organizations, engaged 677 community residents, collected health information via a survey, distributed 12,434 condoms, provided information on PrEP, and offered voluntary HIV testing (131 completed). FPI's ability to reach residents who are not being reached (e.g., (68.8% never heard of PrEP, 8% no HIV testing ever, 65.9% no primary care provider), positive feedback from residents (e.g., 70% very satisfied, 21% satisfied; 62% strongly agree and 25% agree they would participate again) and qualitative interviews with businesses provide evidence of acceptability and feasibility. Further, survey data provided insights on factors such as socio-demographics, discrimination experiences, barriers to care, social-structural factors, physical and sexual health, and mental health and substance use. CONCLUSIONS: The FPI bundled implementation strategy shows promise to deliver health prevention/intervention for HIV and other health conditions to communities facing health inequities and for whom the current system for delivering care is insufficient.	Humans; Pilot Projects; HIV; Community Participation; Health Promotion; Florida; Implementation; Community-Based Participatory Research; *Black People; *HIV Testing; *HIV Infections/diagnosis/epidemiology/ethnology/prevention & control; Black Communities; Commerce; Delivery of Health Care/ethnology/methods; Five Point Initiative	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Daly M.B.; Wong-Sam A.; Li L.; Krovi A.; Gatto G.J.; Norton C.; Luecke E.H.; Mrotz V.; Forero C.; Cottrell M.L.; Schauer A.P.; Gary J.; Nascimento-Seixas J.; Mitchell J.; van der Straten A.; Heneine W.; García-Lerma J.G.; Dobard C.W.; Johnson L.M.	Pharmacokinetic Study of Islatravir and Etonogestrel Implants in Macaques	Pharmaceutics	-	-	-	19994923	10.3390/pharmaceutics15122676	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180702315&doi=10.3390%2fpharmaceutics15122676&partnerID=40&md5=70f39b258712f0c171bd5ab7516c7ac2	The prevention of HIV and unintended pregnancies is a public health priority. Multi-purpose prevention technologies capable of long-acting HIV and pregnancy prevention are desirable for women. Here, we utilized a preclinical macaque model to evaluate the pharmacokinetics of biodegradable ε-polycaprolactone implants delivering the antiretroviral islatravir (ISL) and the contraceptive etonogestrel (ENG). Three implants were tested: ISL-62 mg, ISL-98 mg, and ENG-33 mg. Animals received one or two ISL-eluting implants, with doses of 42, 66, or 108 μg of ISL/day with or without an additional ENG-33 mg implant (51 μg/day). Drug release increased linearly with dose with median range plasma ISL levels of 1.3 1.0–2.5, 1.9 1.2–6.3 and 2.8 2.3–11.6, respectively. The ISL-62 and 98 mg implants demonstrated stable drug release over three months with ISL-triphosphate (ISL-TP) concentr54ations in PBMCs above levels predicted to be efficacious for PrEP. Similarly, ENG implants demonstrated sustained drug release with median range plasma ENG levels of 495 229–1110 pg/mL, which suppressed progesterone within two weeks and showed no evidence of altering ISL pharmacokinetics. Two of the six ISL-98 mg implants broke during the study and induced implant-site reactions, whereas no reactions were observed with intact implants. We show that ISL and ENG biodegradable implants are safe and yield sufficient drug levels to achieve prevention targets. The evaluation of optimized implants with increased mechanical robustness is underway for improved durability and vaginal efficacy in a SHIV challenge model. © 2023 by the authors.	biodegradable implant; etonogestrel; HIV pre-exposure prophylaxis; islatravir; multipurpose prevention technologies	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Dam A.; Schueller J.; Peine K.J.; Mason J.; Dorward E.; Vij A.	Turning the promise of multipurpose prevention technologies into a market reality: a commentary	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.1181043	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177043237&doi=10.3389%2ffrph.2023.1181043&partnerID=40&md5=e4bfb0fd6b295410278efd5cf3d9cabf	The promise of multipurpose prevention technologies (MPTs) for the prevention of HIV and unintended pregnancy are on the horizon. While many are still in clinical development, others are closer to becoming a realistic, accessible option for users, like the dual prevention pill (DPP). Researchers, governments, donors, and implementers will have to collaboratively address systems challenges to successfully introduce and scale-up MPTs. To ensure the rollout of MPTs is successful, the global community should address user and country-specific needs, coordinate with advocates and policymakers, and set a realistic plan for product introduction and scale-up that considers the needs of both family planning (FP) and HIV programs, while laying the groundwork for future new product introduction. To achieve these aims, global and regional stakeholder coordination should emphasize country-led, person-centered decision-making while addressing: (1) procurement and supply chain barriers; (2) the potential burden on health systems; and (3) the impact on current programs. 2023 Dam, Schueller, Peine, Mason, Dorward and Vij.	contraception; dual prevention pill; family planning (FP) PrEP-FP integration; HIV prevention; informed choice; MPTs; multipurpose prevention technologies; PrEP (pre-exposure prophylaxis)	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	D'Amico R.; Cenoz Gomis S.; Moodley R.; Van Solingen-Ristea R.; Baugh B.; Van Landuyt E.; Van Eygen V.; Min S.; Cutrell A.; Foster C.; Chilton D.; Allard S.D.; Ruiter A.	Compassionate use of long-acting cabotegravir plus rilpivirine for people living with HIV-1 in need of parenteral antiretroviral therapy	HIV Medicine	-	-	-	14642662	10.1111/hiv.13370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135621906&doi=10.1111%2fhiv.13370&partnerID=40&md5=7914cde4b1684365527ba5d381de2da1	Objectives: Physicians could request compassionate use of oral and long-acting (LA) cabotegravir + rilpivirine for people living with HIV-1 under a single-patient request programme supported by ViiV Healthcare and Janssen. Outcomes are reported. Methods: Eligibility criteria included need for parenteral therapy, no primary resistance mutations to cabotegravir or rilpivirine, and established retention in care. Demographic, efficacy, and safety data were obtained from standardized programme applications and quarterly clinical updates. Individuals received a loading dose of LA cabotegravir 600 mg + rilpivirine 900 mg, followed by LA maintenance doses of 400 mg/600 mg every 4 weeks; some received lead-in oral cabotegravir and rilpivirine. Results: Through July 2020, 35 people living with HIV-1 had data available. The most frequent reason for compassionate use request was chronic non-adherence due to psychological conditions (n = 15). Of 35 people living with HIV-1, 28 had detectable viremia (median viral load 60 300 copies/mL) and seven were virologically suppressed at programme entry; 16/28 and 6/7 achieved or maintained virological suppression at data cutoff, respectively. Seven people living with HIV-1 discontinued for incomplete virological response, six with detectable viremia at initiation; six and four had new reverse transcriptase and integrase mutations at discontinuation, respectively. Six non-fatal serious adverse events were reported, two considered possibly treatment related. Four deaths were reported; none were treatment related. One individual reported two pregnancies and continued LA dosing. Conclusions: Most people living with HIV-1 had advanced disease and achieved (16/28) or maintained (6/7) virological suppression with LA therapy. Cabotegravir LA + rilpivirine LA as compassionate use provided a valuable treatment option for individuals with adherence issues with oral therapy and advanced disease. © 2022 ViiV Healthcare and The Author. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	HIV-1 infection; injectable therapy; integrase strand transfer inhibitor; non-nucleoside reverse transcriptase inhibitor; single patient request	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	D'Amours, Jason V.	Cultural discourses and HIV/AIDS activists' meanings about PrEP	Culture, Health & Sexuality	-	-	-	1464-5351 1369-1058	10.1080/13691058.2022.2156617	https://pubmed.ncbi.nlm.nih.gov/36527448/	Since the approval of pre-exposure prophylaxis (PrEP) for HIV prevention in 2012, research has increasingly considered how communities of men who have sex with men make sense of this prevention technology, often highlighting individual-level attitudes about PrEP. Drawing on interviews with 16 HIV activists, this study aimed to determine how activists make sense of advances in HIV prevention technology. Participants' sense-making about PrEP took the form of not merely the expression of individual attitudes, but rather reflections connected to their personal biographies and activist experience. Activists sustain seemingly contradictory discourses about PrEP, at once drawing on personal biographies and a discourse central to activist history to express scepticism about PrEP, but also other discourses to justify pharmaceutical intervention for prevention. Study findings provide evidence of the importance of attending to past and present cultural discourses when examining health advocacy groups' constructions of advances in science.	Humans; Male; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; Health Knowledge, Attitudes, Practice; *Pre-Exposure Prophylaxis; PrEP; HIV/AIDS; sexual health; *Sexual and Gender Minorities; *Acquired Immunodeficiency Syndrome; *HIV Infections/prevention & control/drug therapy; activists; discourses	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2023	Dana, Ruth; Sullivan, Stephen; MacGowan, Robin J.; Chavez, Pollyanna R.; Wall, Kristin M.; Sanchez, Travis H.; Stephenson, Rob; Hightow-Weidman, Lisa; Johnson, Jeffrey A.; Smith, Amanda; Sharma, Akshay; Jones, Jeb; Hannah, Marissa; Trigg, Monica; Luo, Wei; Caldwell, Joanna; Sullivan, Patrick Sean	Engaging Black or African American and Hispanic or Latino Men Who Have Sex With Men for HIV Testing and Prevention Services Through Technology: Protocol for the iSTAMP Comparative Effectiveness Trial.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/43414	https://pubmed.ncbi.nlm.nih.gov/36607707/	BACKGROUND: Gay, bisexual, and other men who have sex with men (MSM), particularly Black or African American MSM (BMSM) and Hispanic or Latino MSM (HLMSM), continue to be disproportionately affected by the HIV epidemic in the United States. Previous HIV self-testing programs have yielded high testing rates, although these studies predominantly enrolled White, non-Hispanic MSM. Mobile health tools can support HIV prevention, testing, and treatment. This protocol details an implementation study of mailing free HIV self-tests (HIVSTs) nested within a randomized controlled trial designed to assess the benefit of a mobile phone app for increasing the uptake of HIV prevention and other social services. OBJECTIVE: This study was a comparative effectiveness trial of innovative recruitment and testing promotion strategies intended to effectively reach cisgender BMSM and HLMSM. We evaluated the use of a mobile app for increasing access to care. METHODS: Study development began with individual and group consultations that elicited feedback from 3 core groups: HIV care practitioners and researchers, HIV service organization leaders from study states, and BMSM and HLMSM living in the study states. Upon completion of the formative qualitative work, participants from 11 states, based on the observed areas of highest rate of new HIV diagnoses among Black and Hispanic MSM, were recruited through social networking websites and smartphone apps. After eligibility was verified, participants consented and were randomized to the intervention arm (access to the Know@Home mobile app) or the control arm (referral to web resources). We provided all participants with HIVSTs. The evaluation of the efficacy of a mobile phone app to support linkage to posttest prevention services that included sexually transmitted infection testing, pre-exposure prophylaxis initiation, antiretroviral treatment, and acquisition of condoms and compatible lubricants has been planned. Data on these outcomes were obtained from several sources, including HIVST-reporting surveys, the 4-month follow-up survey, laboratory analyses of dried blood spot cards returned by the participant, and data obtained from the state health department surveillance systems. Where possible, relevant subgroup analyses were performed. RESULTS: During the formative development phase, 9 consultations were conducted: 6 in-depth individual discussions and 3 group consultations. From February 2020 through February 2021, we enrolled 2093 MSM in the randomized controlled trial from 11 states, 1149 BMSM and 944 HLMSM. CONCLUSIONS: This study was designed and implemented to evaluate the effectiveness of recruitment strategies to reach BMSM and HMSM and of a mobile app with regard to linkage to HIV prevention or treatment services. Data were also obtained to allow for the analyses of cost and cost-effectiveness related to study enrollment, HIV testing uptake, identification of previously undiagnosed HIV, sexually transmitted infection testing and treatment, and linkage to HIV prevention or treatment services. TRIAL REGISTRATION: ClinicalTrials.gov (NCT04219878); https://clinicaltrials.gov/ct2/show/NCT04219878. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/43414.	prevention; men who have sex with men; HIV self-testing; mobile phone; HIV self-test; internet	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	D'Angelo A.B.; Mirzayi C.; Carneiro P.B.; Grov C.	Changes in Cost and Insurance Challenges to Cover PrEP between 2019 and 2021	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003180	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160334798&doi=10.1097%2fQAI.0000000000003180&partnerID=40&md5=79a3578b3cf5d8f1a15e50593ad83482	Introduction:Pre-Exposure Prophylaxis (PrEP) use continues lag estimated need among gay and bisexual men in the United States. Studies report that challenges paying for PrEP may undermine continued use. Our study aimed to measure these challenges over time.Methods:Data were taken from a US national cohort study of cisgender gay and bisexual men and transgender individuals aged 16-49 years. We analyzed data from PrEP-using participants between 2019 and 2021 and observed cost-related and insurance-related challenges participants experienced while on PrEP across time points. We report McNemar and Cochrane Q test statistics to compare differences between groups by year(s).Results:In 2019, 16.5% (n = 828/5013) of participants were on PrEP; by 2020, 21% (n = 995/4727) were on PrEP, and by 2021, 24.5% (n = 1133/4617) were on PrEP. The proportion of those experiencing challenges paying for PrEP care decreased significantly across time points for clinical appointments, laboratory work, and prescriptions. Those experiencing insurance and copay approval issues did not change significantly. Although not statistically significant, the only proportion that increased over time was those reporting PrEP-related insurance approval issues. In a post hoc analysis, we found that those reporting PrEP use in the past year who were not currently on PrEP were significantly more likely to report experiencing most PrEP challenges, when compared with current PrEP users.Discussion:We found significant reductions in insurance and cost-related challenges between 2019 and 2021. However, those who discontinued PrEP within the past year reported greater challenges paying for PrEP, suggesting that cost and insurance issues may undermine PrEP persistence. © Copyright 2023 Wolters Kluwer Health, Inc. All rights reserved.	HIV prevention; insurance; LGBT health; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Dangerfield D.T., II	A Principal Investigator as a PrEP-Using Peer Change Agent for HIV Prevention among Black Gay and Bisexual Men: An Autoethnography	International Journal of Environmental Research and Public Health	-	-	-	16617827	10.3390/ijerph20075309	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152343501&doi=10.3390%2fijerph20075309&partnerID=40&md5=5847ca6a20c9eb0ecff17e5bf3e4651b	HIV pre-exposure prophylaxis (PrEP) use remains suboptimal among Black gay and bisexual men (GBM). Multilevel factors such as medication costs, intersectional stigma, patient-clinician communication, medical mistrust, side effect concerns, and low perceived HIV risk (PHR) are well-established PrEP initiation barriers for this group. Peer change agents (PCAs) are culturally congruent interventionists who can circumvent multilevel PrEP barriers among Black GBM. I led an intervention as a PrEP-using PCA to improve PHR and PrEP willingness among 69 Black GBM from 2019–2022 and conducted an autoethnography to better understand multilevel barriers and identify the personal/professional challenges of being an in-group HIV interventionist serving Black SMM. Findings provide novel perspectives regarding PrEP barriers, the role of cultural homophily in behavior change interventions, and how interpersonal dynamics can impact staff fatigue, protocol fidelity, and research participation. Recommendations to prepare and support culturally congruent research staff are also provided. © 2023 by the author.	adherence; culture; intervention; social networks; stigma	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Dangerfield, Derek T; Davis, Gerrin; Pandian, Vinciya; Anderson, Janeane N	Using Motivational Interviewing to Increase HIV PrEP Initiation and Adherence: a Scoping Review.	Prevention Science	-	-	-	1573-6695	10.1007/s11121-023-01554-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10575988	Despite evidence that pre-exposure prophylaxis (PrEP) reduces HIV risk, initiation and adherence remain low among vulnerable communities. Motivational interviewing (MI) can improve HIV prevention behaviors. However, limited research identifies how MI impacts PrEP uptake and adherence. This scoping review examines essential components of MI-based interventions that aimed to improve PrEP use, including the number and duration of sessions, counselor characteristics, and interview content. We searched four databases, PubMed, CINAHL Plus, Embase, and Web of Science, and reviewed 379 articles. Studies were considered if they (a) were published between 2012 and 2023, (b) used MI independently or part of a multi-component intervention strategy, and (c) focused on improving PrEP initiation or adherence. Seven articles met inclusion criteria. Regarding intervention components, the number of MI sessions varied and duration ranged between 15 and 60 min. MI counselors varied in credentialing and demographic characteristics. MI content included PrEP education, identifying initiation and adherence barriers, and strategizing ways to overcome barriers. MI is an important component of interventions that aim to improve PrEP initiation and adherence. However, the variability and limited details across studies hinder our ability to assess MI efficacy on PrEP initiation and adherence or replicate these approaches in future interventions.	HIV/AIDS; Mandatory Screening; Pre-Exposure Prophylaxis (PREP); Prison Health Care System & Human Rights; Sexually Transmitted Infection (STI)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Daniels, Joseph; De Vos, Lindsey; Bezuidenhout, Dana; Atujuna, Millicent; Celum, Connie; Hosek, Sybil; Bekker, Linda-Gail; Medina-Marino, Andrew	"I know why I am taking this pill": Young women navigation of disclosure and support for PrEP uptake and adherence in Eastern Cape Province, South Africa.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000636	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000636	There is limited understanding of the dynamic interplay between adolescent girl's and young women's (AGYW) disclosure and social support for using oral pre-exposure prophylaxis (PrEP) and adherence. Towards this, we conducted interviews with 42 AGYW enrolled in The Community PrEP Study who exhibited either high or low blood concentrations of tenofovir-diphosphate (TFV-DP) in dried blood spots. Guided by Theories of Practice, interviews and analysis focused on AGYW perspectives and experiences with PrEP disclosure, support and adherence. AGYW with high TFV-DP blood concentrations described larger social support networks and disclosure events. In contrast, those with low TFV-DP blood concentrations described disclosing to fewer people, resulting in limited social support. Participants discussed partner support, however, this support was not described as consequential to adherence, irrespective of TFV-DP levels. Those with high levels of TFV-DP in their blood described the ability to navigate social scrutiny and changes in social support, while those with low levels of TFV-DP in their blood were more likely to question their own continued use of PrEP. To facilitate AGYW's prevention-effective use of PrEP, expanded skill-building for disclosure and resiliency against changes to social support should be examined as part of PrEP services.	HIV; pre-exposure prophylaxis (PrEP); prophylaxis failure	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Darien, Kaja; Lee, Susan; Knowles, Kayla; Wood, Sarah; Langer, Miriam D; Lazar, Nellie; Dowshen, Nadia	Health Information From Web Search Engines and Virtual Assistants About Pre-Exposure Prophylaxis for HIV Prevention in Adolescents and Young Adults: Content Analysis.	JMIR Pediatrics and Parenting	-	-	-	2561-6722	10.2196/41806	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10394601	BACKGROUND: Adolescents and young adults are disproportionately affected by HIV, suggesting that HIV prevention methods such as pre-exposure prophylaxis (PrEP) should focus on this group as a priority. As digital natives, youth likely turn to internet resources regarding health topics they may not feel comfortable discussing with their medical providers. To optimize informed decision-making by adolescents and young adults most impacted by HIV, the information from internet searches should be educational, accurate, and readable. OBJECTIVE: The aims of this study were to compare the accuracy of web-based PrEP information found using web search engines and virtual assistants, and to assess the readability of the resulting information. METHODS: Adolescent HIV prevention clinical experts developed a list of 23 prevention-related questions that were posed to search engines (Ask.com, Bing, Google, and Yahoo) and virtual assistants (Amazon Alexa, Microsoft Cortana, Google Assistant, and Apple Siri). The first three results from search engines and virtual assistant web references, as well as virtual assistant verbal responses, were recorded and coded using a six-tier scale to assess the quality of information produced. The results were also entered in a web-based tool determining readability using the Flesch-Kincaid Grade Level scale. RESULTS: Google web search engine and Google Assistant more frequently produced PrEP information of higher quality than the other search engines and virtual assistants with scores ranging from 3.4 to 3.7 and 2.8 to 3.3, respectively. Additionally, the resulting information generally was presented in language at a seventh and 10th grade reading level according to the Flesch-Kincaid Grade Level scale. CONCLUSIONS: Adolescents and young adults are large consumers of technology and may experience discomfort discussing their sexual health with providers. It is important that efforts are made to ensure the information they receive about HIV prevention methods, and PrEP in particular, is comprehensive, comprehensible, and widely available.	na	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Darlington, Caroline K; Lipsky, Rachele K; Teitelman, Anne M; Koblin, Beryl A; Davis, Annet; Walcott, Melonie; Compton, Peggy A; Tieu, Hong-Van	HIV risk perception, pre-exposure prophylaxis (PrEP) awareness, and PrEP initiation intention among women who use drugs.	Journal of Substance Use & Addiction Treatment	-	-	-	2949-8759	10.1016/j.josat.2023.209119	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10529693	INTRODUCTION: Women who use drugs (WWUD) are prime candidates for pre-exposure prophylaxis (PrEP) due to their elevated risk of acquiring HIV through biological, behavioral, and contextual factors. However, PrEP uptake among WWUD remains low. The relationship between unhealthy drug use and correlates of PrEP uptake in this vulnerable population is not well defined. The purpose of this study is to characterize the relationships between specific types and routes of drug use and several precursors of PrEP uptake among WWUD. METHODS: The study collected data via a computer-based survey from 233 women living in New York City and Philadelphia who participated in a study designed to develop and pilot a women-focused intervention for PrEP uptake. The sample of cisgender, HIV-negative women were not currently taking PrEP but considered PrEP eligible. This analysis is focused on women's HIV risk perception, PrEP awareness, PrEP initiation intention, and any use of the following drugs: barbiturates, benzodiazepines, crack cocaine, powder cocaine, hallucinogens, heroin, methamphetamines, and prescription opioids. RESULTS: Within the three months prior to study enrollment, 63.1 % of participants reported any drug use; 42 % reported polydrug use; 19.8 % had injected drugs; 75 % reported getting high or drunk before sex; and 44 % had been enrolled in drug treatment. Of our total sample, 41.2 % perceived themselves at risk for HIV infection, 41.6 % were aware of PrEP prior to the study, and 62.7 % intended to initiate PrEP after they were informed. When compared to other PrEP-eligible women, women who reported prescription opioid use and polydrug use perceived themselves at higher risk for HIV infection and had higher intention to start PrEP. However, they and women who reported injecting drugs also reported lower awareness of PrEP. CONCLUSION: These findings have implications for increasing education about PrEP and the various modes of HIV exposure to support PrEP uptake in this vulnerable population.	This article has a delayed release (embargo) and will be available in PMC on September 1, 2024.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Das S.; Ladha S.; Klitzman R.	Risk Reduction Policies to Reduce HIV in Prisons: Ethical and Legal Considerations and Needs for Integrated Approaches	Journal of Law, Medicine and Ethics	-	-	-	10731105	10.1017/jme.2023.86	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169348110&doi=10.1017%2fjme.2023.86&partnerID=40&md5=988858429eea56f1ac1e713bf51fcf58	The United States has the fastest growing prison population in the world, and elevated incarceration rates, substance use, and human immunodeficiency virus (HIV) prevalence are fueling each other. Yet without a national guideline mandated for HIV care within the prison system, standards for state and federal prisons vary greatly. © 2023 The Author(s).	HIV/AIDS; Mandatory Screening; Pre-Exposure Prophylaxis (PREP); Prison Health Care System & Human Rights; Sexually Transmitted Infection (STI)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Dassaye R.; Wand H.; Reddy T.; Tanser F.; Sartorius B.; Morris N.; Ramjee G.	Spatial variations in STIs among women enrolled in HIV prevention clinical trials in Durban, KwaZulu-Natal, South Africa	SAHARA J : Journal of Social Aspects of HIV/AIDS Research Alliance	-	-	-	17290376	10.1080/17290376.2023.2193238	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151573641&doi=10.1080%2f17290376.2023.2193238&partnerID=40&md5=995704b03a028bd79c021c3d82520932	South Africa is faced with a high HIV and STI prevalence and incidence, respectively, with pockets of high burden areas driving these diseases. Localised monitoring of the HIV epidemic and STI endemic would enable more effective targeted prevention strategies. We assessed spatial variations in curable STI incidence among a cohort of women enrolled in HIV prevention clinical trials between 2002 and 2012. STI incidence rates from 7557 South African women enrolled in HIV prevention trials were geo-mapped using participant household GPS coordinates. Age and period standardised incidence rates were calculated for 43 recruitment areas and Bayesian conditional autoregressive areal spatial regression (CAR) was used to identify significant patterns and spatial patterns of STI incidences in recruitment communities. Overall age and period standardised STI incidence rate were estimated as 15 per 100 PY and ranged from 6 to 24 per 100 PY. We identified five significant STI high risk areas with higher-than-expected incidence of STIs located centrally (three-locations) and southern neighbouring areas of Durban (two-locations). Younger age (<25), not married/cohabitating, parity <3 and poor education were all significant correlates of high STI communities. Findings demonstrate sustained STI incidence rates across the greater Durban area. The role of STI incidence in HIV acquisition in high HIV endemic areas need to be revisited as current highly effective PrEP interventions do not protect from STI acquisition. In these settings there is an urgent need for integrative HIV and STI prevention and treatment services. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV; incidence; mapping; South Africa; spatial epidemiology; STI	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2023	Dauria E.; Rodriguez C.; Bauerle Bass S.; Tolou-Shams M.; Christopoulos K.	Implementation strategies to screen, refer and link women involved in the carceral system to PrEP for HIV prevention	International Journal of Prisoner Health	-	-	-	17449200	10.1108/IJPH-06-2022-0037	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158821704&doi=10.1108%2fIJPH-06-2022-0037&partnerID=40&md5=4918be5d4127653faf52f480583cc9f3	Purpose: Women involved in the carceral system (CS) experience several conditions that increase their risk for HIV (e.g. high rates of substance use, psychiatric disorders, histories of victimization). The purpose of this study is to explore perspectives on potential strategies to connect women in the CS to pre-exposure prophylaxis (PrEP) services. Design/methodology/approach: This study conducted in-depth interviews with 27 women involved in the CS eligible for PrEP. Using vignettes, interviews explored attitudes, barriers and facilitators toward PrEP screening, referral and linkage facilitated via a CS stakeholder, an mHealth application or providing PrEP service referrals during detention via a navigator. Findings: Most women were, on average, 41.3 years, from racial and ethnic minority groups (56% black/African American; 19% Latinx). Inductive thematic analysis revealed CS involved women expressed mostly positive attitudes toward CS-based PrEP implementation. Younger women were more accepting of and interested in mHealth interventions. Implementation facilitators included leveraging relationships with trusted allies (e.g. "peers") and existing systems collaborations. Recommended implementation strategies included providing HIV and PrEP-specific education and training for system stakeholders and addressing issues related to privacy, system mistrust and stigma. Originality/value: Results provide a critical foundation for the implementation of interventions to improve PrEP access for women involved in the CS and have important implications for implementation strategies for all adults involved in the CS. Improving access to PrEP among this population may also support progress toward addressing national disparities in PrEP uptake, where women, black and Latinx populations have substantial unmet need. © 2023, Emerald Publishing Limited.	Criminal justice system; HIV/AIDS; Public health; Qualitative research; Sexual health	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Editorial	2023	Davey, Dvora Joseph; Wilkinson, L; Grimsrud, A; Nelson, A; Gray, A; Raphael, Y; Wattrus, C; Pillay, Y; Bekker, L-G	Urgent appeal to allow all professional nurses and midwives to prescribe pre-exposure prophylaxis (PrEP) in South Africa.	South African Medical Journal (SAMJ)	-	-	-	2078-5135	10.7196/SAMJ.2023.v113i8.1191	https://dx.doi.org/10.7196/SAMJ.2023.v113i8.1191	editorial	na	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Other
Theses and Dissertations	2023	David, Hollie marie	PrEP Utilization in the United States, A sub-study of the Triumph Project at UCSD	-	-	University of California	-	NA	NA	https://escholarship.org/uc/item/78t1h5gt	BackgroundHIV pre-exposure prophylaxis (PrEP) is a key to the United States' (US) Ending the HIV Epidemic plan. This research aims to 1) evaluate PrEP utilization in jurisdictions with the highest HIV new diagnosis incidence, 2) determine PrEP correlation with new HIV diagnoses, income, geopolitical, race and/or geo-spatial factors. MethodsAnalysis of 2012-2019 PrEP data implementing linear mixed methods statistical modeling. The dependent variable was county PrEP. Fixed effects were HIV diagnoses, state income, percentage of black, indigenous and people of color (BIPOC) in state populations and governor political affiliation. Random effects were regions and counties of the US. Only the 50 US jurisdictions with the highest new HIV diagnosis rates were analyzed.Results For each 10,000 U.S. dollar increase in mean income, there was a significant increase in PrEP utilization by 66.4/100,000 persons (95%CI 58.6-74.3, p<0.001). Jurisdictions with higher HIV diagnosis rates have reduced PrEP utilization -2.73/100,000 for each new 1 diagnosis per 100,000 in the population (95%CI -3.71 – -1.80,p <0.001). For each increase of BIPOC by 1 percentile point, PrEP utilization decreased by a rate of -522.34 per 100,000 prescriptions (95%CI -958.4 – -134.8,p <0.05).ConclusionFindings suggest lower income, higher rates of HIV diagnoses, and higher proportion of BIPOC persons correlate to lower rates of PrEP use. Regional location and political party of state governors was not associated with PrEP uptake.	Epidemiology; HIV; PrEP; Social Determinants of Health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Mixed methods
Article	2023	Davis T.L.; Mittal M.; Oragwu A.C.; Wang M.Q.; Boekeloo B.O.	Examining HIV Diagnosis and Linkage to PrEP Prescription Among Members at An Integrated Health System in the Southeast United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03812-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137878186&doi=10.1007%2fs10461-022-03812-4&partnerID=40&md5=c3fa37167db7bf0b86764f50ed2e968a	Pre-Exposure Prophylaxis (PrEP) is a priority method for preventing HIV infection. This study's aims were threefold: (1) identify characteristics of members of a large health maintenance organization, Kaiser Permanente Georgia (KPGA), associated with HIV infection, (2) identify which member characteristics associated with HIV were also associated with PrEP prescription, and (3) identify which HIV-associated characteristics were associated with under- or over-prescribing of PrEP. Analysis of variables from the electronic medical record revealed that age, race, gender, mental health diagnosis, STI diagnosis, and sexual orientation were independently associated with HIV diagnosis. The same characteristics were independently associated with PrEP prescription except for race. Persons identifying as Black or unknown race, women, and/or heterosexual; and who had an STI diagnosis and/or illicit drug use had lower odds of being prescribed PrEP than of having an HIV diagnosis. The implications of these findings for improving physician identification of candidates for PrEP prescription are discussed. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Pre-Exposure Prophylaxis (PrEP); Prescription; Prevention; Providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Davis-Ewart, Leah; Grov, Christian; Verhagen, Rachel; Manuel, Jennifer; Viamonte, Michael; Dilworth, Samantha; O'Dell, Nicole; Valentin, Omar; Carr, Sidney; Cherenack, Emily; Henderson, Chelsea; Doblecki-Lewis, Susanne; Nahum-Shani, Inbal; Carrico, Adam W	Motivational Enhancement Interventions to Increase Pre-Exposure Prophylaxis Use in Sexual Minority Men Who Use Stimulants: Protocol for a Pilot Sequential Multiple Assignment Randomized Trial.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/48459	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10612012	BACKGROUND: Although pre-exposure prophylaxis (PrEP) could substantially mitigate HIV risk, sexual minority men who use stimulants commonly experience difficulties with engaging in PrEP clinical services. Motivational interviewing (MI) and contingency management (CM) reduce substance use and condomless anal sex (CAS) in this population, but these motivational enhancement interventions require modifications to promote engagement along the PrEP care continuum. OBJECTIVE: PrEP Readiness Interventions for Supporting Motivation (PRISM) is a pilot sequential multiple assignment randomized trial testing the feasibility, acceptability, and preliminary effectiveness of distinct combinations of telehealth MI and CM in 70 cisgender sexual minority men who use stimulants that are not currently taking PrEP. METHODS: A national sample was recruited via social networking applications to complete a baseline assessment and mail-in HIV testing. Those with nonreactive HIV results were randomized to receive either (1) a 2-session MI intervention focusing on PrEP use (session 1) and concomitant stimulant use or CAS (session 2) or (2) a CM intervention with financial incentives for documented evidence of PrEP clinical evaluation by a medical provider (US \$50) and filling a PrEP prescription (US \$50). At the 3-month follow-up assessment, participants who reported they had not filled a prescription for PrEP were randomized a second time to either (1) switch to a second-stage intervention (ie, MI+CM or CM+MI) or (2) continue with assessments only. Outcomes for both responders and nonresponders were reassessed at a 6-month follow-up. The primary outcome is documented evidence of filling a PrEP prescription over 6 months. Self-reported secondary outcomes include PrEP clinical evaluation by a medical provider, stimulant use, and CAS. Qualitative exit interviews were conducted with a subgroup of responders and nonresponders to characterize their experiences with the MI and CM interventions. RESULTS: Implementation of PRISM underscores challenges in reaching sexual minority men who use stimulants to optimize HIV prevention efforts. Approximately 1 in 10 (104/1060) eligible participants have enrolled. Of the 104 who enrolled, 87 (84%) completed mail-in HIV testing. We delivered 5 preliminary HIV-positive results, including posttest counseling with referrals to confirmatory testing. CONCLUSIONS: Lessons learned from PRISM underscore the central importance of a flexible, participant-centered approach to support the engagement of sexual minority men who use stimulants. Leveraging telehealth platforms to deliver motivational enhancement interventions also expanded their reach and potential public health impact with this high-priority population. Further research is needed to determine the effectiveness of telehealth MI and CM for supporting PrEP use in sexual minority men who use stimulants. TRIAL REGISTRATION: ClinicalTrials.gov NCT04205487; https://clinicaltrials.gov/study/NCT04205487. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/48459.	cocaine, contingency management, methamphetamine, motivational interviewing, pre-exposure prophylaxis, intervention, men, stimulant, condom, HIV testing, prevention, HIV, effectiveness, telehealth, motivation	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2023	Davis-Ewart, Leah; Grov, Christian; Verhagen, Rachel; Manuel, Jennifer; Viamonte, Michael; Dilworth, Samantha; Valentin, Omar; Cherenack, Emily M; Carr, Sidney; Doblecki-Lewis, Susanne; Nahum-Shani, Inbal; Carrico, Adam W	Randomized Controlled Trial of Motivational Enhancement Interventions to Increase Pre-Exposure Prophylaxis Use in Sexual Minority Men Who Use Stimulants.	Research Square	-	-	-	-	NA	10.21203/rs.3.rs-2787003/v1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10153377	Background: Although pre-exposure prophylaxis (PrEP) could substantially mitigate HIV risk, sexual minority men (SMM) who use stimulants commonly experience difficulties with engaging in PrEP clinical services. Motivational interviewing (MI) and contingency management (CM) reduce substance use and condomless anal sex in this population, but these motivational enhancement interventions require adaptation to promote engagement along the PrEP care continuum. Methods: PRISM is a pilot sequential multiple assignment randomized trial (SMART) testing the feasibility, acceptability, and preliminary effectiveness of distinct combinations of telehealth MI and CM in 70 cisgender SMM who use stimulants that are not currently taking PrEP. A national sample was recruited via social networking applications to complete a baseline assessment and mail-in HIV testing. Those with non-reactive HIV results are randomized to receive either: 1) a 2-session MI intervention focusing on PrEP use (session 1) and concomitant stimulant use or condomless anal sex (session 2); or 2) a CM intervention with financial incentives for documented evidence of PrEP clinical evaluation by a medical provider ($50) and filling a PrEP prescription ($50). At the 3-month follow-up assessment, participants who report they have not filled a prescription for PrEP are randomized a second time to either: 1) Switch to a second-stage intervention (i.e., MI + CM or CM + MI); or 2) Continue with assessments only. Outcomes for both responders and non-responders are reassessed at a 6-month follow-up. The primary outcome is documented evidence of filling a PrEP prescription. Self-reported, secondary outcomes include PrEP clinical evaluation by a medical provider, stimulant use, and condomless anal sex. Qualitative exit interviews are conducted with a sub-group of responders and non-responders to characterize their experiences with the MI and CM interventions. Discussion: Implementation of this pilot SMART underscores the challenges in reaching SMM who use stimulants to optimize HIV prevention efforts such that approximately one in ten (104/1,060) eligible participants enrolled. However, 85% (70/82) of enrolled participants with non-reactive HIV results were randomized. Further research is needed to determine the effectiveness of telehealth MI and CM for supporting PrEP use in SMM who use stimulants. Trial Registration: This protocol was registered on clinicaltrials.gov (NCT04205487) on December 19, 2019.	cocaine, contingency management, methamphetamine, motivational interviewing, pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Dawit, Rahel; Goedel, William C; Reid, Sean C; Doshi, Jalpa A; Nunn, Amy S; Chan, Philip A; Dean, Lorraine T	Geographic variations of PrEP reversal and abandonment among US counties.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003790	https://dx.doi.org/10.1097/QAD.0000000000003790	OBJECTIVE: In the United States (US), 1 in 5 newly insurer-approved pre-exposure prophylaxis (PrEP) prescriptions are reversed with over 70% of those reversed, being abandoned. Given the Ending the HIV Epidemic (EHE) initiative's goals, we assessed geographic variations of PrEP reversal and abandonment across EHE and non-EHE counties in the US. DESIGN: This was a cross-sectional analysis of secondary data. METHODS: Data were collected from Symphony Analytics for adults ≥18years old, with a newly prescribed PrEP claim. Using the proportion of PrEP prescriptions by county, hotspot analysis was conducted utilizing Getis Ord G∗ statistics stratified by EHE and non EHE counties. Multivariable logistic regression was used to identify factors associated with residing in hotspots of PrEP reversal or PrEP abandonments. RESULTS: Across 516 counties representing 36,204 patients, the overall PrEP reversal rate was 19.4%, while the PrEP abandonment rate was 13.7%. Reversals and abandonments were higher for non-EHE (22.7% and 17.1%) than EHE (15.6% and 10.5%) counties. In both EHE and non-EHE counties, younger age, less education, females, and an out-of-pocket cost of >$100, were significantly associated with greater likelihood of residing in hotspots of PrEP reversal or abandonment, while Hispanics, Medicaid recipients, and an out-of-pocket cost of ≤$10 had lower likelihood of residing in hotspots of reversal and abandonment. CONCLUSIONS: Findings indicate the need for implementation of focused interventions to address disparities observed in PrEP reversal and abandonment. Moreover, to improve primary PrEP adherence, national PrEP access programs should streamline and improve PrEP accessibility across different geographic jurisdictions.	ACESSO RESTRITO	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Dayton R.L.; Fonner V.A.; Plourde K.F.; Sanyal A.; Arney J.; Orr T.; Nhamo D.; Schueller J.; Limb A.M.; Torjesen K.	A Scoping Review of Oral Pre-exposure Prophylaxis for Cisgender and Transgender Adolescent Girls and Young Women: What Works and Where Do We Go from Here?	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04043-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153972790&doi=10.1007%2fs10461-023-04043-x&partnerID=40&md5=2c15523cdff21c6e2db52922c34e0c04	Adolescent girls and young women (AGYW) are disproportionately affected by HIV, and oral pre-exposure prophylaxis (PrEP) can reduce HIV acquisition. The purpose of this scoping review was to synthesize results from interventions along the PrEP continuum for AGYW to inform research and programs. We searched electronic databases for studies published between January 2012–July 2021 and conducted secondary reference searching. Studies were included if they assessed interventions to increase PrEP interest, uptake, or continuation among AGYW. Results were synthesized narratively. Of 2168 citations identified, 50 studies were eligible for inclusion, and 20 contained AGYW-specific data. Among cisgender and transgender AGYW, studies overall demonstrated a positive impact on PrEP interest and uptake but generally attained suboptimal continuation rates. Results demonstrate feasibility of deploying PrEP across diverse settings—particularly when interventions are layered, tailored to AGYW, and include differentiated delivery—but also highlight knowledge gaps and the need for more holistic metrics of success. © 2023, The Author(s).	AGYW; Cisgender women; HIV; Oral PrEP; Prevention; Scoping review; Transgender; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	De Clercq, Erik; Zhang, Zhenlan; Huang, Jie; Zhang, Min; Li, Guangdi	Biktarvy for the treatment of HIV infection: Progress and prospects.	Biochem Pharmacol	-	-	-	-	1873-2968 0006-2952	10.1016/j.bcp.2023.115862	https://pubmed.ncbi.nlm.nih.gov/37858869/	Bictegravir (BIC), a second-generation integrase strand-transfer inhibitor (INSTI) with high resilience to INSTI-resistance mutations, is integrated as a key component of Biktarvy® - a fixed-dose once-daily triple-drug regimen of bictegravir (BIC), emtricitabine (FTC) plus tenofovir alafenamide (TAF). Based on the accumulated evidence from HIV clinical trials and real-world studies, the clinical effectiveness of BIC + FTC + TAF has been proven non-inferior to other fixed-dose once-daily combinations such as dolutegravir + FTC + TAF and dolutegravir + abacavir + lamivudine. Biktarvy also shows limited drug-drug interactions and a high barrier to drug resistance. According to recent HIV guidelines, BIC + FTC + TAF is recommended as initial and long-term therapy for the treatment of HIV infection. For the pre-exposure prophylaxis, tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) remains advisable, but BIC may be possibly added to TDF or TAF. In the development of a long-acting once-monthly regimen, the novel nano-formulation of BIC + FTC + TAF could be possibly developed in the future.	Humans; Pyridones; Tenofovir/therapeutic use; *HIV Infections/drug therapy; Heterocyclic Compounds, 3-Ring/therapeutic use; Adenine; Dolutegravir (DTG); Tenofovir disoproxil fumarate (TDF); Tenofovir alafenamide (TAF); *Anti-HIV Agents/therapeutic use/pharmacology; Bictegravir (BIC); Emtricitabine (FTC)	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	China	Asia and the Pacific	Clinical
Article	2023	de Jesus Salgado V.; de Abreu Oliveira C.M.P.; da Silva Á.M.B.; de Brito H.I.L.; de Medeiros D.S.; Soares F.; Magno L.; Dourado I.; Campos G.B.; Marques L.M.	Prevalence of Mollicutes among men who have sex with men and transgender women aged 15 to 19 years in Salvador, North-eastern Brazil	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-023-08213-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152863712&doi=10.1186%2fs12879-023-08213-z&partnerID=40&md5=e9741d82ced954642c5361dd6fdb611f	Background: Some species of Mollicutes have been associated with different pathologies of the urogenital tract in humans, with a high prevalence among adult men who have sex with men (MSM) and transgender women (TGW). However, few studies have been performed to investigate its prevalence among adolescents. In this study, we estimated the initial prevalence of Mycoplasma genitalium (MG), Mycoplasma hominis (MH), Ureaplasma urealyticum (UU), and Ureaplasma parvum (UP); the rate of misdiagnosis at different anatomical sites; and the associated factors with positive tests for Mollicutes among MSM and TGW aged 15 to 19 years enrolled in the PrEP1519 study. Methods: PrEP-1519 is the first study to investigate the effectiveness of pre-exposure prophylaxis for human immunodeficiency virus among adolescent MSM and TGW aged 15 to 19 in Latin America. Oral, anal, and urethral swabs were taken from 246 adolescents upon enrolment in the study to detect MG, MH, UU, and UP by quantitative polymerase chain reaction (qPCR). Bivariate and multivariate analyses were conducted by Poisson regression and 95% confidence intervals (95% CI) were estimated. Results: The prevalence of Mollicutes was 32.1%. UU was the most prevalent species (20.7%), followed by MH (13.4%), MG (5.7%), and UP (3.2%); 67.3% of the positive samples would have been missed if only urethral samples had been taken. Receptive anal sex (prevalence ratio PR = 1.79; 95% CI = 1.07–3.01) and clinical suspicion of sexually transmitted infection (PR = 1.62; 95% CI = 1.01–2.61) were factors associated with the detection of Mollicutes in general. Group sex (PR = 1.98; 95% CI = 1.12–3.50) and receptive anal sex (PR = 2.36; 95% CI = 0.95–5.86) were associated with the detection of Mycoplasma spp. No sociodemographic, clinical, or behavioural variable was significantly associated with the detection of Ureaplasma spp. Conclusions: A high prevalence of Mollicutes was observed among adolescent MSM and TGW, especially at extragenital sites. Further research is required to understand the epidemiological profile of high-risk adolescents in different regions and contexts, and to investigate the pathogenesis of Mollicutes in the oral and anal mucosa before routine screening can be recommended in clinical practice. © 2023, The Author(s).	Mollicutes; Mycoplasma; PrEP; Prevalence; STI; Ureaplasma	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	de la Court, Feline; Boyd, Anders; Coyer, Liza; van den Elshout, Mark; de Vries, Henry J C; Matser, Amy; Hoornenborg, Elske; Prins, Maria	The impact of COVID-19-related restrictions in 2020 on sexual healthcare use, pre-exposure prophylaxis use, and sexually transmitted infection incidence among men who have sex with men in Amsterdam, the Netherlands.	HIV Medicine	-	-	-	-	1468-1293	10.1111/hiv.13374	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9875115	OBJECTIVES: We studied the effects of restrictions related to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; coronavirus disease 2019 COVID-19) pandemic on the use of sexual healthcare and pre-exposure prophylaxis (PrEP) and on the incidence of sexually transmitted infections (STIs) among men who have sex with men (MSM) in a prospective, open-label PrEP demonstration study (AMPrEP) in Amsterdam, the Netherlands. METHODS: We retrieved data from 2019 to 2020 for participants with one or more study visit in 2019 (n = 305) and from two COVID-19 questionnaires (2020: n = 203; 2021: n = 160). Analyses were stratified for three periods of pandemic-related restrictions (first: 15 March 2020-15 June 2020; second: 16 June 2020-15 September 2020; third: 16 September 2020-31 December 2020 or 1 April 2021 for the COVID-19 questionnaire). Endpoints included returning for care during the pandemic, PrEP use (increased/unchanged vs. deceased/stopped, relative to 2019), and any STI/HIV. We modelled determinants of care and PrEP use via multivariable logistic regression and STI incidence using piecewise Poisson regression, comparing the 2020 and 2019 periods. RESULTS: Of the 305 MSM included in the analysis, 72.8% returned for care during the pandemic, and this was significantly more likely among daily (vs. event-driven) PrEP users (p < 0.001). Increased/unchanged PrEP use ranged from 55.2% to 58.1% across the three pandemic periods and was more likely among those reporting chemsex in the first (p = 0.001) and third (p = 0.020) periods and among those reporting an increased/unchanged number of sex partners during the second period (p = 0.010). STI incidence was significantly lower in 2020 than in 2019 during the first (incidence rate ratio IRR 0.43; 95% confidence interval CI 0.28-0.68) and not significantly different during the second (IRR 1.38; 95% CI 0.95-2.00) and third (IRR 1.42; 95% CI 0.86-2.33) periods. No HIV was diagnosed. CONCLUSION: COVID-19-related restrictions coincided with reduced care and PrEP use. Changes in STI incidence suggest delayed diagnoses. Ways to ensure continued access to sexual healthcare during restrictions are needed.	COVID-19, men who have sex with men, pre-exposure prophylaxis, sexual healthcare use, sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	De Malliard I.; Houist A.-L.; Peytavin G.; L'Yavanc T.; Bouvier M.; Cappy P.; Lelièvre J.-D.; Feredj E.; Vindrios W.; Gallien S.; Melica G.	Gynoid Fat Distribution and Adipocyte Trapping May Explain Virological Failure With Intramuscular Long-Acting Cabotegravir and Rilpivirine	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofad217	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160755346&doi=10.1093%2fofid%2fofad217&partnerID=40&md5=831b39dccef960231d678bb4989f25f9	Intramuscular long-acting antiretroviral drugs can improve adherence to lifelong antiretroviral treatment. Nevertheless, adipose tissue thickness and distribution play a critical role with injectable drugs. We describe a virological failure with cabotegravir and rilpivirine in a Black African woman with human immunodeficiency virus type 1 with gynoid fat distribution (ie, adipose tissue prevailing in the pelvis and hip area) and body mass index <30 kg/m2. © 2023 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America.	adipocyte trapping; gynecoid fat distribution; HIV infection; intramuscular long-acting antiretroviral drugs; virological failure	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	De Santis, A.; Garafoni, F.	Profilaxis pre-exposición (PrEP) al VIH, ¿qué conocemos de esta estrategia preventiva?	Boletín Farmacológico	-	-	-	-	na	NA	https://hdl.handle.net/20.500.12008/37333	La infección por el virus de la inmunodeficiencia humana (VIH) continúa incrementándose a nivel mundial pese a las enérgicas medidas preventivas, de diagnóstico y tratamiento precoces1. En este contexto surge la profilaxis pre-exposición (PrEP) como una estrategia de prevención, ya que se ha demostrado que la administración de fármacos antirretrovirales a personas expuestas y no infectadas por el VIH, puede reducir su transmisión. Organismos internacionales y locales como la Organización Mundial de la Salud (OMS) y sociedades científicas, han evaluado la PrEP y la han propuesto como una estrategia de prevención válida en contextos variados 2,3. ¿En qué consiste la PrEP? Se trata del uso de antirretrovirales como fumarato de disoproxilo de tenofovir (TDF) oral, o la fórmula combinada de TDF y emtricitabina (TDF/FTC) o TDF y lamivudina (TDF/3TC) en personas VIH negativas, y con alto riesgo de infección; siendo la combinación autorizada: TDF (300 mg) / FTC (300 mg). Existen dos pautas de administración de PrEP: un esquema diario cuando el riesgo es más frecuente de dos veces por semana y las relaciones sexuales no pueden predecirse ni postergarse 2 horas; y un esquema a demanda, cuando puede preverse la actividad sexual. Ésta última está recomendada solamente para hombres que tienen sexo con hombres (HSH), y consiste en la administración de 2 comprimidos entre 2 y 24 horas previas a la exposición, 1 comprimido a las 24 horas de la primera toma y otro a las 24 horas después (pauta 2 + 1 + 1) 4	NA	Spanish	Uruguay	Latin America and the Caribbean	Uruguay	Latin America and the Caribbean	NA	NA	Review
Article	2023	de Souza Lamônica J.; Magno L.; da Silva Santos J.E.J.; Dourado I.; dos Santos A.M.; Pereira M.	Unwillingness to prescribe PrEP by health care professionals of specialized HIV/AIDS services in Northeastern Brazil; Disposição para oferta de PrEP por profissionais de saúde de serviços especializados em HIV/aids no Nordeste do Brasil; Resistencia de los profesionales de la salud de los servicios especializados en VIH/SIDA a indicar la PrEP en el Nordeste de Brasil	Cadernos de Saúde Pública	-	-	-	-	0102311X	10.1590/0102-311XEN121322	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151537476&doi=10.1590%2f0102-311XEN121322&partnerID=40&md5=e0fc8f03b66ec0c8da1c5d87b81451f2	This study aimed to analyze factors associated with the unwillingness to prescribe pre-exposure prophylaxis (PrEP) by health care professionals of specialized HIV/AIDS services. This is a cross-sectional study with 252 health care professionals in 29 specialized care services (SCSs) in HIV/AIDS in 21 municipalities in the state of Bahia, Brazil. The inclusion criterion was that the professional had worked for at least six months in the service. Sociodemographic, occupational, and behavioral data were collected using a questionnaire. Logistic regression was performed with an estimation of crude and adjusted odds ratio (OR) and respective 95% confidence intervals (95%CI). The unwillingness to prescribe PrEP was 15.2% (95%CI: 10.8-19.6). The factors associated with unwillingness to prescribe PrEP were non-prescription of HIV self-tests for key populations (adjustedOR = 5.4; 95%CI: 1.3-22.4) nor post-exposure prophylaxis (adjustedOR = 2.00; 95%CI: 1.3-3.1), location of the SCS in the state capital (adjustedOR = 3.9; 95%CI: 1.4-10.2), and SCSs without PrEP offer (adjustedOR = 1.7; 95%CI: 1.1-2.8); professionals who have not reported the need to conduct training and courses (adjustedOR = 1.3; 95%CI: 1.1-1.8), or training with more experienced professionals (adjustedOR = 1.8; 95%CI: 1.1-3.8), was associated with a lower proportion of unwillingness to prescribe PrEP. Our results indicate that health care professionals' contextual, organizational, and training factors can contribute to PrEP indication. We suggest expanding ongoing training in combined HIV prevention among health care professionals and increasing the availability of PrEP in health services. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	Attitude of Health Personnel; HIV; Knowledge; Pre-Exposure Prophylaxis	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	de Vos, Lindsey; Mudzingwa, Emily Krogstad; Fynn, Lauren; Atujuna, Millicent; Mugore, Matinatsa; Gandhi, Monica; Celum, Connie; Hosek, Sybil; Bekker, Linda-Gail; Daniels, Joseph; Medina-Marino, Andrew	Factors that influence adolescent girls and young women's re-initiation or complete discontinuation from daily oral PrEP use: a qualitative study from Eastern Cape Province, South Africa.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26175	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10533377	INTRODUCTION: Adolescent girls and young women (AGYW) face barriers that jeopardize their prevention-effective use of daily oral pre-exposure prophylaxis (PrEP). We sought to understand factors that influence AGYW's prolonged breaks in PrEP use, and their decisions to re-initiate or discontinue using PrEP in the context of a community-based adherence support intervention. METHODS: In-depth interviews (IDIs) were conducted between December 2019 and April 2021 with purposively selected AGYW (aged 16-25) enrolled in the Community PrEP Study (CPS) in Buffalo City Metro Health District, Eastern Cape Province, South Africa. AGYW were offered monthly PrEP for 24 months at two community-based study sites. Interview guides were informed by the Information-Motivation-Behavioural Skills Model, and data were analysed using illustrative code reports and a case analysis. RESULTS: A total of 603 participants were enrolled and initiated on PrEP in the parent study. Fifty-three IDIs were conducted with 50 CPS participants. Findings revealed that external factors (e.g. local movement, school holidays and medication side-effects) and social conflicts (e.g. discretion and partner mistrust) directly influenced breaks in PrEP usage. A decrease in one's self-perception of HIV risk prolonged the duration of these "PrEP breaks." Once PrEP refill visits were missed, some AGYW delayed returning for refills out of fear of being scolded by study staff. The differences between those participants who eventually re-initiated PrEP and those who disengaged from PrEP use can be attributed to social support and encouragement, level of familiarity with PrEP, risk perceptions, self-initiated discussions with staff and diminishing side effects. CONCLUSIONS: Despite implementing a community-based PrEP delivery platform and behavioural intervention that included support for daily oral PrEP adherence and disclosure, participants struggled with consistent daily oral PrEP use. Unpredictable life events, including local movement and schooling schedules, in addition to being judged for their perceived behaviours, pose a challenge for consistent pill pick-up for AGYW and habit formation. Long-acting injectable PrEP may mitigate a number of these external barriers. Interventions that integrate long-term planning skills, how to navigate existing social judgements and how to access sources of social support may further improve habit formation for PrEP use, regardless of its formulation.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	De Voux A.; Mvududu R.; Happel A.; Jaspan H.B.; Nyemba D.C.; Mashele N.; Myer L.; Davey D.L.J.	Point-of-Care Sexually Transmitted Infection Testing Improves HIV Preexposure Prophylaxis Initiation in Pregnant Women in Antenatal Care in Cape Town, South Africa, 2019 to 2021	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001729	https://pubmed.ncbi.nlm.nih.gov/36630416/	Background Preexposure prophylaxis (PrEP) programs present a platform for diagnostic sexually transmitted infection (STI) testing in low- and middle-income countries, and availability of targeted STI testing has been hypothesized to influence PrEP use. We evaluated the association of STI testing modality and PrEP uptake among pregnant women in antenatal care. Methods We enrolled pregnant, HIV-uninfected women (16 years or older) at their first antenatal visit with follow-up through 12 months postpartum. Women were offered oral PrEP and tested for Chlamydia trachomatis and Neisseria gonorrhoeae using a point-of-care (POC; Cepheid, August 2019-November 2020) or laboratory-based (Thermofisher, December 2020-October 2021) test. We compared the proportion of women initiating and continuing PrEP by STI test adjusting for confounders. Results We evaluated 1194 women (median age, 26 years interquartile range, 22-31 years) with an STI result (46% POC and 54% laboratory-based). The prevalence of any STI was the same in POC-tested (28%) and laboratory-tested (28%) women - 25% versus 23% for C. trachomatis (P = 0.35) and 7% versus 9% for N. gonorrhoeae (P = 0.11). Mean time from testing to result was 0 day for POC and 26 days for laboratory testing, and mean time from testing to treatment was 3 days for POC and 38 days for laboratory testing. Receiving a POC STI test was associated with higher PrEP initiation compared with women receiving a laboratory-based test (90% vs. 78%; adjusted odds ratio, 2.1; 95% confidence interval, 1.5-2.9), controlling for age, gravidity, STI diagnosis, intimate partner violence, gestational age, employment, HIV risk perception, and cohabiting status. Conclusions Point-of-care STI testing, offering same-day results and treatment initiation, may increase PrEP initiation among pregnant women in antenatal care. © Lippincott Williams & Wilkins.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	de Voux, Alex; Nyemba, Dorothy Chiwoniso; Silliman, Miriam; Mashele, Nyiko; Mvududu, Rufaro; Myer, Landon; Joseph Davey, Dvora	Point-of-care testing for sexually transmitted infections and HIV pre-exposure prophylaxis among pregnant women in South Africa, 2021-2022: Randomised controlled trial	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2023-055975	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180331887&doi=10.1136%2fsextrans-2023-055975&partnerID=40&md5=f384d121a6731937db468acbe3923a55	Objective: Pregnant and postpartum women (PPW) in Southern Africa are at increased risk of acquiring HIV and curable sexually transmitted infections (STIs). Oral pre-exposure prophylaxis (PrEP) is safe and effective to use during pregnancy to reduce HIV acquisition and vertical transmission. Point-of-care (POC) STI testing can identify PPW at risk of HIV and facilitate risk-differentiated and person-centred counselling to improve PrEP initiation, persistence and adherence. We evaluated the impact of POC STI testing compared with STI syndromic management on PrEP outcomes among PPW in Cape Town, South Africa. Methods: The STI and PrEP in Pregnancy Study enrolled PPW without HIV and ≤34 weeks pregnant at their regular antenatal care visit with follow-up after 1 month. PPW were randomised to receive POC STI testing or STI syndromic management. PPW randomised to POC STI testing self-collected vaginal swabs for Chlamydia trachomatis, Neisseria gonorrhoeae and Trichomonas vaginalis (Cepheid GeneXpert) testing and were offered same-day treatment if diagnosed. We compared PrEP initiation at baseline, PrEP prescription refill at 1 month (persistence) and adherence through tenofovir-diphosphate detection in dried blood spots by randomisation arm. In a secondary analysis, we evaluated the association between an STI diagnosis (positive STI test or reporting STI symptoms) with PrEP outcomes. Results: We enrolled and randomised 268 pregnant women. Twenty-eight per cent of women were diagnosed with ≥1 STI. Overall, 65% of women initiated and 79% persisted on PrEP with no significant differences by randomisation arm. Secondary analysis demonstrated that an STI diagnosis (positive STI test or reporting STI symptoms) was associated with higher PrEP initiation (adjusted relative risk=1.28; 95% CI 1.08 to 1.52), controlling for arm, maternal and gestational age. Conclusions: POC STI testing was not associated with PrEP initiation or persistence relative to syndromic management. However, improving STI diagnosis by supplementing syndromic management with POC STI testing could improve PrEP initiation among PPW. Trial registration number: NCT03902418; Clinical Trials.gov; 1 April 2019. © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.	CHLAMYDIA TRACHOMATIS; NEISSERIA GONORRHOEAE; Point-of-Care Testing; Pre-Exposure Prophylaxis; TRICHOMONAS	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2023	de Wit J.B.F.; Adam P.C.G.; den Daas C.; Jonas K.	Sexually transmitted infection prevention behaviours: health impact, prevalence, correlates, and interventions	Psychology and Health	-	-	-	-	8870446	10.1080/08870446.2022.2090560	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85132851714&doi=10.1080%2f08870446.2022.2090560&partnerID=40&md5=79b64d2a5fa8b1154999a0e1e6c255d8	Sexually transmitted infections (STIs) remain a major public health threat, disproportionately affecting young people, and men who have sex with men. In this narrative review of the current state of behavioural science research on STI prevention, we consider the definition, health impacts, correlates and determinants, and interventions to promote STI prevention behaviour. Research on STI prevention behaviour has extended from a focus on abstinence, partner reduction and condom use, to also include novel preventive behaviours, notably treatment-as-prevention, pre-exposure prophylaxis (i.e., the preventive use of medicines by uninfected people), and vaccination for some STIs. Social-cognitive factors specified by, for instance the theory of planned behaviour, are critical proximal determinants of STI prevention behaviours, and related interventions can effectively promote STI prevention behaviours. Social-ecological perspectives highlight that individual-level determinants are embedded in more distal environmental influences, with social stigma especially affecting STI prevention behaviours and requiring effective intervention. Further to providing a major domain of application, STI prevention also poses critical challenges and opportunities for health psychology theory and research. We identify a need for health behaviour theory that addresses the processes linking multiple levels of influence on behaviour and provides practical guidance for multi-level behaviour change interventions adapted to specific contexts. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	condom use; HIV; PrEP; Sexual health; STI; stigma; testing; treatment	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Review
Article	2023	Dean L.T.; Predmore Z.; Skinner A.; Napoleon S.; Chan P.A.; Raifman J.	Optimizing Uptake of Long-Acting Injectable Pre-exposure Prophylaxis for HIV Prevention for Men Who Have Sex with Men	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-03986-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146540080&doi=10.1007%2fs10461-023-03986-5&partnerID=40&md5=b73f7b1dd7f4b3d1f2f737887c955d3d	Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention tool. Long-acting injectable PrEP (LAI-PrEP) offers another opportunity to reduce HIV. However, how at-risk individuals will consider LAI-PrEP over other modes of administration is unclear. We conducted a discrete choice experiment on preferences for PrEP among a sample of N = 688 gay, bisexual, and other men who have sex with men (GBMSM). We analyzed preferences for mode of administration, side-effects, monetary cost, and time cost using a conditional logit model and predicted preference for PrEP options. LAI-PrEP was preferred, despite mode of administration being the least important PrEP attribute. Side-effects were the most important attribute influencing preferences for PrEP (44% of decision); costs were second-most-important (35% of decision). PrEP with no side-effects was the most important preference, followed by monthly out-of-pocket costs of $0. Practitioners and policymakers looking to increase PrEP uptake should keep costs low, communicate clearly about PrEP side-effects, and allow the use of patient-preferred modes of PrEP administration, including LAI-PrEP. © 2023, The Author(s).	HIV prevention; Implementation; LAI-PrEP; MSM; Pre-exposure prophylaxis; Preference elicitation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Del Pino H.E.; Rojas E.; Dăcus J.-D.; Durán P.; Martínez A.J.; Hernández J.A.; Ayala G.; Zea M.-C.; Schrode K.; Harawa N.T.	WOULD THE SIBLINGS OF LATINX MEN WHO HAVE SEX WITH MEN ENCOURAGE THEIR BROTHERS TO USE PrEP? FINDINGS FROM A FEASIBILITY AND ACCEPTABILITY STUDY	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.5.390	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175586362&doi=10.1521%2faeap.2023.35.5.390&partnerID=40&md5=1c041c5f0ca81b6b4e6265cce7c64d0f	We explored whether siblings can be engaged in PrEP promotion. We used the Information-Motivation-Behavior model to develop and conduct surveys and dyadic interviews with Latino men who have sex with men (LMSM) and their siblings (n = 31) and three sibling-only focus groups (n = 20). For LMSM, only n = 14 (45%) agreed they would benefit from taking PrEP, yet n = 22 (71%) would take PrEP to make their sibling worry less about them, and n = 23 (74%) requested a PrEP referral. For siblings, n = 20 (65%) believed PrEP would benefit their brother, and n = 19 (95%) in the focus groups said they would take PrEP to help their brother get started. Qualitative results include (1) siblings' support for PrEP use, (2) explicit conversations about sex were not necessary for discussing sexual health, and (3) siblings wanted to understand what they could do to encourage their brother to consider PrEP. We conclude siblings can be engaged in PrEP promotion. © 2023, Guilford Publications. All rights reserved.	HIV; Latino; men who have sex with men; pre-exposure prophylaxis; siblings	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Delany-Moretlwe S.; Mgodi N.; Bekker L.-G.; Baeten J.M.; Li C.; Donnell D.; Agyei Y.; Lennon D.; Rose S.M.; Mokgatle M.; Kassim S.; Mukaka S.; Adeyeye A.; Celum C.	High prevalence and incidence of gonorrhoea and chlamydia in young women eligible for HIV pre-exposure prophylaxis in South Africa and Zimbabwe: Results from the HPTN 082 trial	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2022-055696	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152134112&doi=10.1136%2fsextrans-2022-055696&partnerID=40&md5=26fe17b9c59c5245ce7c9733f1433671	Introduction We investigated the prevalence, incidence and factors associated with sexually transmitted infections (STIs) among young African women seeking HIV pre-exposure prophylaxis (PrEP). Methods HPTN 082 was a prospective, open-label PrEP study enrolling HIV-negative sexually active women aged 16-25 years in Cape Town and Johannesburg, South Africa, and Harare, Zimbabwe. Endocervical swabs from enrolment, months 6 and 12 were tested for Neisseria gonorrhoeae (GC) and Chlamydia trachomatis (CT) by nucleic acid amplification, and Trichomonas vaginalis (TV) by a rapid test. Intracellular tenofovir-diphosphate (TFV-DP) concentrations in dried blood spots were measured at months 6 and 12. Associations between risk characteristics and STI outcomes were assessed using Poisson regression. Results Of 451 enrolled participants, 55% had an STI detected at least once. CT incidence was 27.8 per 100 person-years (py) (95% CI 23.1, 33.2), GC incidence was 11.4 per 100 py (95% CI 8.5, 15.0) and TV incidence was 6.7 per 100 py (95% CI 4.5, 9.5). 66% of incident infections were diagnosed in women uninfected at baseline. Baseline cervical infection (GC or CT) risk was highest in Cape Town (relative risk (RR) 2.38, 95% CI 1.35, 4.19) and in those not living with family (RR 1.87, 95% CI 1.13, 3.08); condom use was protective (RR 0.67, 95% CI 0.45, 0.99). Incident CT was associated with baseline CT (RR 2.01; 95% CI 1.28, 3.15) and increasing depression score (RR 1.05; 95% CI 1.01, 1.09). Incident GC was higher in Cape Town (RR 2.40; 95% CI 1.18, 4.90) and in participants with high PrEP adherence (TFV-DP concentrations ≥700 fmol/punch) (RR 2.04 95% CI 1.02, 4.08). Conclusion Adolescent girls and young women seeking PrEP have a high prevalence and incidence of curable STIs. Alternatives to syndromic management for diagnosis and treatment are needed to reduce the burden of STIs in this population. Trial registration number NCT02732730. © 2023 BMJ Publishing Group. All rights reserved.	AFRICA; Chlamydia Infections; Gonorrhea; Pre-Exposure Prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Delgado F.; Hijab E.; Siira M.; Yeung H.	Perceptions and attitudes regarding HIV pre-exposure prophylaxis (PrEP) among dermatology clinicians and trainees	Archives of Dermatological Research	-	-	-	-	3403696	10.1007/s00403-022-02500-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143658307&doi=10.1007%2fs00403-022-02500-6&partnerID=40&md5=3a16576e199a8d344de04dfb1955370f	In 2020, over 1.2 million people were at risk of acquiring human immunodeficiency virus (HIV), though only 25% were prescribed pre-exposure prophylaxis (PrEP). Given the multitude of dermatologic manifestations of HIV and other sexually transmitted infections, dermatologic care can serve as the entry point to the HIV care continuum. Currently, there is limited data on specialists' perspectives on HIV PrEP prescribing. We aimed to survey clinicians and trainees in an academic dermatology department about HIV PrEP-related knowledge, attitudes, and practices. Survey questions were adapted from existing literature on HIV stigma and PrEP-related knowledge, attitudes, and practices. Composite scores for each domain were averaged and compared between clinicians and trainees using Wilcoxon's signed rank test or Fisher's exact test. Of 135 providers invited, 31 (23%) completed the survey (11 clinicians and 20 trainees). Of the 31 participants, 16 (52%) had specialized HIV experience and training. When asked about discriminatory beliefs, nine participants (29%) agreed that HIV infection is a "consequence of irresponsible behavior." PrEP knowledge was low, with 13 (42%) participants answering zero out of 3 PrEP knowledge questions correctly. Additionally, 10 (91%) clinicians reported poor knowledge of PrEP side effects, and eight clinicians (73%) indicated they were "not comfortable at all" in prescribing PrEP. No participant had prescribed PrEP, and 22 (70%) participants had never discussed PrEP with patients. Dermatology clinicians and trainees reported some levels of HIV stigma. Substantial gaps in PrEP knowledge and discussion were reported despite prior HIV discrimination training and HIV-related practice experience. Study limitations include a small sample size and a modest response rate. Addressing stigma among dermatologists and improving HIV PrEP education is vital to enhancing the healthcare outcomes of people living with HIV. © 2022, This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.	Attitudes; Dermatology; Health knowledge; HIV infection; Practice; Pre-exposure prophylaxis; PrEP; Social stigma; Surveys and questionnaires	English	Germany	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Desai J.; Krakower D.; Harris B.-L.; Culp S.; Nijhawan A.E.	HIV/Sexually Transmitted Infection Screening and Eligibility for HIV Preexposure Prophylaxis Among Women Incarcerated in an Urban County Jail	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001852	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171119447&doi=10.1097%2fOLQ.0000000000001852&partnerID=40&md5=c9bc77d56cb21ee07386174b34789587	Background Incarcerated women experience high rates of HIV and sexually transmitted infections (STIs); few are offered HIV preexposure prophylaxis (PrEP). We aimed to examine HIV/STI screening rates in this population and identify PrEP eligibility. Methods Results of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) urine and HIV/syphilis screening in cisgender women in the Dallas County Jail were compiled from January to October 2020. An electronic health record review was conducted for a subgroup in March 2020 to identify PrEP eligibility. Results Overall, 4398 of 13,292 women were screened for CT and 4389 of 13,292 for GC, and among them, 479 (11%) screened for HIV and 562 (13%) for syphilis. Furthermore, 462 of 4398 (11%) were positive for CT, 323 of 4389 (7%) were positive for GC, 10 of 479 (2%) had positive HIV test results, of whom 6 (1.3%) were new diagnoses and 75 (13%) had a reactive rapid plasma reagin test. In March 2020, of 541 women screened, 90 tested positive for CT or GC. Of these 90, 70 (78%) did not receive HIV or syphilis screening, including women with these risk factors: 10 (14%) were homeless, 11 (16%) reported heroin use, and 10 (14%) reported methamphetamine use. Based on the presence of an acute bacterial STI, 17% (96 of 541) were PrEP eligible. Conclusions Incarcerated women had high STI rates and other risk factors for HIV acquisition, although only 1 in 5 with acute STIs (11% overall) was also screened for HIV or syphilis. HIV prevention efforts should include comprehensive STI/HIV screening, linkage to treatment, and identification of PrEP candidates. © Lippincott Williams & Wilkins.	Black men who have sex with men; Counseling; HIV; Preexposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Devanathan A.S.; Dumond J.B.; Anderson D.J.C.; Moody K.; Poliseno A.J.; Schauer A.P.; Sykes C.; Gay C.L.; Rosen E.P.; Kashuba A.D.M.; Cottrell M.L.	A Novel Algorithm to Improve PrEP Adherence Monitoring Using Dried Blood Spots	Clinical Pharmacology and Therapeutics	-	-	-	-	99236	10.1002/cpt.2845	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146979974&doi=10.1002%2fcpt.2845&partnerID=40&md5=69992ed1b8f9a830de505eba6b5788c5	Tenofovir diphosphate (TFVdp; an active metabolite of oral HIV pre-exposure prophylaxis (PrEP)) is measured in dried blood spots (DBS) to estimate adherence. However, TFVdp's long half-life in whole blood may lead to misclassification following a recent change in adherence. PrEP's other metabolite, emtricitabine triphosphate (FTCtp), has a shorter half-life in whole blood but adherence thresholds are undefined. We characterized DBS TFVdp and FTCtp concentrations across many dosing scenarios. Population pharmacokinetic models were fit to TFVdp and FTCtp DBS concentrations from a directly observed therapy study (NCT03218592). Concentrations were simulated for 90 days of daily dosing followed by 90 days of 1 to 7 doses/week and for event-driven PrEP (edPrEP) scenarios. Thresholds of 1,000 and 200 fmol/punch, for TFVdp and FTCtp, respectively, were reflective of taking 4 doses/week (a minimum target for effective PrEP in men). TFVdp was < 1,000 fmol/punch for 17 days after initiating daily PrEP and > 1,000 fmol/punch for 62 days after decreasing to 3 doses/week. Respectively, FTCtp was < 200 fmol/punch for 4 days and > 200 fmol/punch for 6 days. Accuracy of edPrEP adherence classification depended on duration between last sex act and DBS sampling for both measures with misclassification ranging from 9%–100%. These data demonstrate adherence misclassification by DBS TFVdp for 2 months following a decline in adherence, elucidating the need for FTCtp to estimate recent adherence. We provide proof of principle that individualized interpretation is needed to support edPrEP adherence monitoring. Our collective approach facilitates clinicians' ability to interpret DBS results and administer patient-centric interventions. © 2023 The Authors. Clinical Pharmacology & Therapeutics © 2023 American Society for Clinical Pharmacology and Therapeutics.	Tenofovir diphosphate, Emtricitabine triphosphate, Dried blood spots, Population PK modeling, Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Devlin S.A.; Ridgway J.P.; Dawdani A.; Enaholo O.E.; Liegeon G.; Kasal N.; Pyra M.; Hirschhorn L.R.; Simon J.; Haider S.; Ducheny K.; Johnson A.K.	Adapting Provider Training and Pre-Exposure Prophylaxis Advertising to Increase Pre-Exposure Prophylaxis Awareness and Uptake Among Black Cisgender Women	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2023.0188	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179423251&doi=10.1089%2fapc.2023.0188&partnerID=40&md5=d03a41686bfa494b1eca2b6e001bffdb	Black cisgender women (hereafter referred to as "women") have disproportionately high rates of HIV infection yet low rates of pre-exposure prophylaxis (PrEP) utilization. Barriers to PrEP uptake exist at the system, provider, and individual/client level. To learn how existing training and advertising can be adapted to address race- and sex-based gaps within PrEP service delivery, we conducted focus groups with providers and Black women. Participants were recruited at three health care organizations in the Midwest and South, screened for eligibility, and consented verbally. Focus groups occurred from August 2022 to February 2023. Women were asked about their knowledge and thoughts on PrEP. Providers were asked about factors influencing their decision-making about PrEP. A codebook was developed based on the Consolidated Framework for Implementation Research. Transcripts were coded using the Stanford Lightning Report Method. We completed four focus groups with 10 providers and 9 focus groups with 25 women. Three major themes emerged: (1) low comfort level and limited cultural sensitivity/competency among providers discussing HIV risk and PrEP with Black women, (2) women's concerns about PrEP's side effects and safety during pregnancy, and (3) lack of Black women representation in PrEP advertisement/educational materials. In addition, women in the South reported general medical mistrust and specific misconceptions about PrEP. PrEP trainings for providers need detailed information about the safety of PrEP for women and should include role-playing to enhance cultural competency. Likewise, PrEP advertisements/materials should incorporate information regarding side effects and images/experiences of Black women to increase PrEP awareness and uptake among this population. © Mary Ann Liebert, Inc.	advertising; Black/African American; pre-exposure prophylaxis (PrEP); providers; training; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Devred, Inès; Kayembe, Kick; Valin, Nadia; Rougier, Hayette; Shinga, Bruce Wuembulua; Lambert-Niclot, Sidonie; Chiarabini, Thibault; Meyohas, Marie-Caroline; Lacombe, Karine	Prophylaxis by doravirine-lamivudine-tenofovir disoproxil fumarate or elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide after sexual exposure to HIV.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-023-08544-x	https://pubmed.ncbi.nlm.nih.gov/37667182/	HIV post- exposure prophylaxis (PEP) is a prevention tool for individuals with a recent potential exposure to HIV. Doravirine has been available since 2019 in combination with tenofovir disoproxil fumarate and lamivudine and has not been evaluated as a PEP. DOR/3TC/TDF is our department's most commonly prescribed PEP treatment since 2021. This study evaluates the completion rate of the DOR/3TC/TDF as compared to EVG/c/FTC/TAF for PEP, which was the regimen prescribed until 2020 in our hospital.This retrospective observational study was conducted between January 2020 and September 2021. The subjects included consecutively were adults who consulted for an HIV sexual exposure accident and for whom DOR/3TC/TDF in 2021 or EVG/c/FTC/TAF in 2020 was prescribed. The outcomes were the completion rate in the end of treatment (28 days), the seroconversion rate, and the description of side effects.During the study period, 311 people were included: 140 treated with DOR/3TC/TDF and 171 treated with EVG/c/FTC/TAF. Considering subjects with a follow-up visit, the completion rate was 96.8% (90/93) in the DOR/3TC/TDF group, and 94.6% (123/130) in the EVG/c/FTC/TAF group (p-value: 0.53). The number of people lost to follow-up was nearly equivalent in both groups: 27.1% (38/140) in the DOR/3TC/TDF group and 23.4% (40/171) in the EVG/c/FTC/TAF group (p-value: 0.45). A side effect was described for 38% (36/94) in the DOR/3TC/TDF group, and 29.7% (38/128) in the EVG/c/FTC/TAF group. No cases of seroconversion were observed.DOR/3TC/TDF appears to have a similar safety profile to EVG/c/FTC/TAF. Due to its lower cost, it seems to be a treatment option for consideration in the context of HIV-exposure accidents.	Adherence; Completion rate; Doravirine; HIV; Post-exposure prophylaxis.	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Dharan N.J.; Jin F.; Vaccher S.; Bavinton B.; Yeung B.; Guy R.; Carr A.; Zablotska I.; Amin J.; Read P.; Templeton D.J.; Ooi C.; Martin S.J.; Ryder N.; Smith D.E.; McNulty A.; Brown K.; Price K.; Holden J.; Grulich A.E.	Characteristics of Human Immunodeficiency Virus (HIV) Seroconversions in a Large Prospective Implementation Cohort Study of Oral HIV Preexposure Prophylaxis in Men Who Have Sex with Men (EPIC-NSW)	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciac660	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151864117&doi=10.1093%2fcid%2fciac660&partnerID=40&md5=16b904852ca8523f33254e58d2db70a1	Background: Most human immunodeficiency virus (HIV) seroconversions in people who have initiated preexposure prophylaxis (PrEP) occur in the context of insufficient adherence. We describe participants who seroconverted after being dispensed PrEP in a large PrEP implementation study in Australia. Methods: Expanded PrEP Implementation in Communities in New South Wales was an implementation study of daily oral PrEP in individuals aged ≥18 years at high risk for acquiring HIV. HIV seroconversions were defined as a positive HIV test by either antigen, antibody, or detectable HIV viral load after enrollment. Insufficient adherence, measured by dispensing logs or participant self-report, was defined as <4 PrEP doses per week. Results: A total of 9596 participants were enrolled and dispensed PrEP between 1 March 2016 and 30 April 2018; 30 were diagnosed with HIV by 31 March 2019. The median (interquartile range IQR) age was 31 (25-38) years, all identified as male, 29 (97%) identified as gay or homosexual, and 20 (69%) lived in a postcode with a low concentration of gay male residents. The median (IQR) days from first PrEP dispensing to diagnosis was 409 (347-656). There was no evidence that participants who seroconverted had been sufficiently adherent to PrEP. Nineteen (63%) participants who seroconverted were diagnosed with chlamydia, gonorrhea, syphilis, or new hepatitis C infection. One participant had resistance to emtricitabine (M184V mutation) at diagnosis. Conclusions: Participants who seroconverted were insufficiently adherent to PrEP despite being at high risk for acquiring HIV. Understanding the reasons for poor PrEP adherence in individuals who subsequently acquire HIV is critical to improving PrEP effectiveness. © 2022 The Author(s). Published by Oxford University Press on behalf of Infectious Diseases Society of America. All rights reserved.	adherence; HIV risk behaviors; HIV seroconversion; PrEP	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2023	Dhir Amit "Mickey"	Preexposure Prophylaxis for HIV Prevention in the United States: An Overview and Update	The American Journal of Nursing	-	-	-	-	0002936X	10.1097/01.NAJ.0000997216.21988.19	https://www.proquest.com/scholarly-journals/preexposure-prophylaxis-hiv-prevention-united/docview/2892021918/se-2?accountid=8113	There were 36,136 new HIV diagnoses in the United States and dependent areas in 2021, despite a 12% reduction in estimated HIV incidence from 2017 to 2021. The burden of HIV remains disproportionately high among certain populations, including gay and bisexual men, Black/African American individuals, and Hispanic/Latino individuals, and racial and ethnic health care disparities persist. The Ending the HIV Epidemic initiative aims to significantly reduce new infections, with a focus on HIV prevention, particularly the use of preexposure prophylaxis (PrEP). However, challenges remain in achieving equitable PrEP distribution. As frontline health care providers, nurses play a pivotal role in this battle against HIV. This article provides an update on PrEP screening recommendations, the types of PrEP available, dosing, adverse effects, and the role of nurses in patient support and monitoring.	Bisexuality; HIV; preexposure prophylaxis; Epidemics; PrEP; prevention; public health; African Americans; Preventive medicine; Nurses; Side effects; Health disparities; Ending the HIV Epidemic; sexual health assessment; Human immunodeficiency virus--HIV; Prevention programs; Medical personnel; Medical Sciences--Nurses And Nursing; Dosage; Ethnic differences; Medical screening; Nurse led services	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Diabaté S.; Béhanzin L.; Guédou F.A.; Goma-Matsétsé E.; Olodo M.; Aza-Gnandji M.; Dossouvo A.; Akpaka A.; Chagas E.; Gangbo F.; Zannou D.M.; Alary M.	Pre-exposure prophylaxis in real life: experience from a prospective, observational and demonstration project among men who have sex with men in Benin, West Africa	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26130	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161666238&doi=10.1002%2fjia2.26130&partnerID=40&md5=663bc82983b87cfd159e5c0c9dae7007	Introduction: Since many countries in sub-Saharan Africa are willing to implement HIV oral pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM), data are needed to assess its feasibility and relevance in real life. The study objectives were to assess drug uptake, adherence, condom use and number of sexual partners, HIV incidence and trends in the prevalence of gonorrhoea and chlamydia. Methods: In this oral PrEP demonstration study conducted prospectively in Benin, a combination of tenofovir disoproxil fumarate-TDF 300 mg and emtricitabine-FTC 200 mg (TDF-FTC) was offered daily or on-demand to MSM. Participants were recruited from 24 August to 24 November 2020 and followed over 12 months. At enrolment, month-6 and month-12, participants answered to a face-to-face questionnaire, underwent a physical examination and provided blood samples for HIV, gonorrhoea and chlamydia. Results: Overall, 204 HIV-negative men initiated PrEP. The majority of them (80%) started with daily PrEP. Retention rates at month-3, 6, 9 and 12 were 96%, 88%, 86% and 85%, respectively. At month-6 and month-12, respectively, 49% and 51% of the men on daily PrEP achieved perfect adherence (self-reported), that is seven pills taken during the last week. For event-driven PrEP, the corresponding proportions for perfect adherence (last seven at-risk sexual episodes covered) were 81% and 80%, respectively. The mean number (standard deviation) of male sexual partners over the last 6 months was 2.1 (1.70) at baseline and 1.5 (1.27) at month-12 (p-value for trend <0.001). Consistent condom use during the last 6 months was 34% (enrolment), 37% (month-6) and 36% (month-12). Three HIV seroconversions (2-daily and 1-event-driven) were recorded. Crude HIV incidence (95% confidence interval) was 1.53 (0.31−4.50)/100 person-years. Neisseria gonorrhoeae and/or Chlamydia trachomatis prevalence at the anal and/or pharyngeal and/or urethral sites was 28% at baseline and 18% at month-12 (p-value = 0.017). Conclusions: In West Africa, oral PrEP introduction in routine practice as a component of a holistic HIV prevention package is feasible and may not result in a significant increase in condomless sex among MSM. Since HIV incidence was still higher, additional interventions, such as culturally tailored adherence counselling, may be needed to optimize the benefits of PrEP. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Benin; HIV prevention; men who have sex with men; pre-exposure prophylaxis; sub-Saharan Africa; Truvada	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Díaz-Sosa, Dulce María; Guillen-Díaz-Barriga, Centli; Robles-García, Rebeca; Vega-Ramírez, Hamid	Willingness to Recommend Pre-Exposure Prophylaxis for HIV Prevention Among Mexican Non-Physician Health Providers: A Cross-Sectional Study.	Current HIV Research	-	-	-	-	1873-4251	10.2174/1570162X21666221125150535	https://dx.doi.org/10.2174/1570162X21666221125150535	BACKGROUND: Pre-exposure prophylaxis (PrEP) has recently been introduced in Mexico. Still, there are no data exploring the frequency and related factors of willingness to recommend it among non-physician health providers (Non-PHP). OBJECTIVE: Compare awareness, knowledge, attitudes, and willingness to recommend PrEP and combined HIV prevention among Mexican non-PHP. METHODS: We conducted an online survey assessing data on sociodemographics, awareness, knowledge, and willingness to recommend PrEP. We performed a descriptive and comparative analysis between those willing and unwilling to recommend PrEP. RESULTS: The final sample was 142 participants, and most were willing to recommend PrEP (79.6%). This group reported higher confidence in evaluating PrEP eligibility (90.1%, p<.01), identified that populations at increased risk of HIV would benefit the most from PrEP (p≤.05), and considered the lack of professionals to prescribe PrEP as a barrier (60.7%, p<.01), and were more likely to recommend post-exposure prophylaxis (95.6%, p<.01) compared to those not willing to recommend PrEP. On the other hand, more non-PHP unwilling to recommend PrEP considered that behavioral interventions should be prioritized over PrEP (89.3%, p<.05), PrEP should not be provided in public services (43.3%, p<.001), and the demand of PrEP users would be low to maintain PrEP as a public policy (34.5%, p<.05). CONCLUSION: A high proportion of Mexican non-PHP is willing to recommend PrEP. Still, it is necessary to increase their PrEP knowledge, including improving their prejudices and beliefs, so they can identify and refer potential PrEP users based on their risk of getting HIV.	Pre-exposure prophylaxis, attitudes, willingness, combination HIV prevention, non-physician healthcare providers, HIV.	English	Netherlands	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Quantitative

Article	2023	Dietrich J.J.; Ahmed N.; Tshabalala G.; Wu M.; Mulaudzi M.; Hornschuh S.; Atujuna M.; Muhumuza R.; Ssemata A.S.; Stranix-Chibanda L.; Nematadzira T.; Bekker L.-G.; Martinson N.; Seeley J.; Fox J.	A qualitative study to explore daily versus ondemand oral pre-exposure prophylaxis (PrEP) in young people from South Africa, Uganda and Zimbabwe	PLOS One	-	-	-	19326203	10.1371/journal.pone.0287627	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163862641&doi=10.1371%2fjournal.pone.0287627&partnerID=40&md5=3a7e9f2fe55764c3c2fd53268d3ea561	Background Adolescents in sub-Saharan Africa (SSA) remain vulnerable to HIV infection. While preexposure prophylaxis (PrEP) is highly effective in preventing HIV transmission as a daily or on-demand regimen, tailored approaches are necessary. The Combined HIV Adolescent PrEP and Prevention Study (CHAPS) is a mixed-methods research program investigating the acceptability and feasibility of implementing daily and on-demand PrEP among young people in SSA. It also aims to determine an on-demand dosing schedule for insertive sex. For this paper, we explored preferences for daily versus on-demand PrEP amongst adolescents as part of CHAPS. Methods Purposive sampling was used to recruit participants from Soweto and Cape Town (South Africa), Wakiso district (Uganda) and Chitungwiza (Zimbabwe). At the time of the study in 2018/2019, Uganda had not rolled out PrEP to the general population; in Zimbabwe, PrEP for young people was only available at selected sites with one located within the study recruitment area. In South Africa, PrEP was made available to selected high-risk groups. We conducted 60 in-depth interviews and 24 group discussions amongst young people aged 13-24 without HIV in South Africa, Uganda, and Zimbabwe. All in-depth interviews and group discussions were audio-recorded, transcribed verbatim and translated to English. Data were analysed using framework analysis. The main themes were centered around preferences for daily and on-demand PrEP. Results Reasons for on-demand preferences included stigma, pill fatigue, adherence and side effects. Reasons for daily PrEP preferences included factors related to sexual risk behaviour, continuous protection against incidents of unintentional exposure, and the increased efficacy of a daily dose. Participants at all sites preferring daily PrEP identified the same reasons, with more males than females citing inadvertent blood contact or perceived increased efficacy. Similarly, participants at all sites preferring on-demand PrEP gave the same reasons for their preferences for on-demand PrEP; the exception was South Africans who did not mention the hope of having fewer side effects by not taking daily PrEP. Additionally, more males than females cited intermittent sex as a reason for opting for on-demand PrEP. Conclusions Our study is the first known to explore and describe youth preferences for daily versus ondemand PrEP. While the choice is clear-cut, the reasons cited in the different options provide invaluable insights into their decisions, and the actual and perceived facilitators and barriers to access to PrEP. Further education is needed amongst young people, not only about PrEP but also in other areas of comprehensive sexuality education. Exploring all options of HIV prevention is crucial to provide a tailored, one-size-does-not-fit-all approach to adolescent care in SSA to reduce and, the continued and increasing risk of this preventable infection. © 2023 Dietrich et al.	na	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Theses and Dissertations	2023	Ditsheko, Enole	Decoding the Public Service Announcements (PSAs) of HIV/AIDS: Evaluating Botswana's AIDS Messages and Their Impact on 15 - 24 Ages	-	-	Southern Illinois University Carbondale	-	na	NA	https://opensiuc.lib.siu.edu/dissertations/2125	The study is grounded in the concept of "Start where the people are" (Nyswander, 1956) which suggests that effective health campaigns that promote prevention strategies to enhance the quality of life for those targeted must be rooted in the prevalent cultural practices and religious values of the receivers of the slogans, themes, and taglines. Health campaigns that superimpose the values of the outsiders promoted as universalized solutions have limited effectiveness.Sub-Saharan Africa has only 1.3 billion people out of an estimated eight billion of which China and India each recording above two billion, cumulatively accounting for more than half of the world population. Yet sub-Saharan Africa is the epicenter of HIV infections with more than 68% (avert.org), or nearly 26 million out of almost 38 million people living with HIV, globally. This scenario demands that global citizens should foster effective collaborations to end human suffering. Among the ten nations in the world hardest hit by HIV, seven of them are in the southern African region where Botswana, in position three at 18.6% is trailing her next-door neighbors, Lesotho (20.9%) and Eswatini (formerly Swaziland) which leads the pack with 27.9% (UNAIDS Report 2022). This study, therefore, focuses on children and adolescents between 15 and 24 in Botswana. According to a surveillance report (Botswana AIDS Impact Survey 2021) covering the period from March to August, adolescents and youths in Botswana are a source of concern. The report puts the national prevalence at 20.8% or 329,000 persons of the reproductive population (15-49 ages) are living with HIV. This sobering picture is despite the free availability of treatment drugs at no cost since 2002, when Botswana became the first African nation to roll out antiretroviral treatment (HAART interchangeably called ARVs) that was adapted as Masa – 'a ray of hope of a new dawn' in 2002. Further, the continued increase in new HIV infections among people of ages 15 to 24 since 2010 is recorded amid major prevention campaigns sponsored through global health partnerships, translating into billions of U S dollars. Numerous HIV prevention strategies developed in the West using empirical data and technology include condom use, antiretroviral regimens known as pre-exposure prophylaxis (PrEP), and treatment as prevention popularized as undetectable equals untransmissible (U = U). Social media channels like Facebook, TikTok, YouTube, Snapchat, and Instagram are awash with these HIV prevention strategies, and the adolescent population of Botswana consumes information about everything, including these HIV prevention campaigns. These mentioned strategies seem to provide effective barriers against the intrusion of HIV in the "key populations," a United Nations preferred term to refer to members of the lesbian, gay, bisexual, transgender, queer and intravenous drug users (LGBTQI) communities in the Western nations. However, these strategies require major adjustments when launched in sub-Saharan Africa, this study's results show, or they are the right message targeted to the wrong audience, mainly because of a lack of cultural representation in the nuanced taglines, headlines, slogans, and themes. The study suggests that for HIV to be eliminated, participatory research and co-learning where Western science and technology on one hand, and African indigenous knowledge, on the other hand, can fuse in the design of strategies should be prioritized as an emergency.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2023	Dolthammasiri P.; Harnlakorn P.; Sribenjalux W.; Meesing A.	Prevalence and Risk Factors of Sexual Transmitted Diseases in High-Risk Population: A Single Center Study in Thailand	Journal of the Medical Association of Thailand	-	-	-	1252208	10.35755/jmedassocthai.2023.S01.13778	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159385879&doi=10.35755%2fjmedassocthai.2023.S01.13778&partnerID=40&md5=a65843c44efd08c27c9ee04db751676a	Objective: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) in men who have sex with men (MSM) and transgender women (TGW) are the recent method to prevent HIV transmission but tends to increase prevalence of sexual transmitted diseases (STDs). STDs have not been reported in our center. The authors aimed to study prevalence and risk factor of STDs in MSM and TGW. Materials and Methods: A retrospective study of 176 MSM and TGW individuals between 1st January 2012 to 30th December 2020 from test and treat clinic at Srinagarind hospital, Khon Kaen University, Khon Kaen, Thailand has been conducted. The authors collected data and medical history for demonstrating prevalence and risk factor of STDs. Results: Of 176 patients, the mean age was 27.0±6.7 years, and 171 (97.2%) patients were MSM. Thirty-four patients (19.3%) had syphilis. The prevalence of HIV infection was 17.6%, gonococcal urethritis was 6.8%, HBV infection was 3.1%, and non-gonococcal urethritis was 1.1%. Patients who were sometimes use condom with steady partner had significant risk for HIV infection (aOR 3.62 95% CI 1.46 to 9.00, p=0.03). History of previous STDs infection was statically significant associated with new event of syphilis infection (aOR 4.00 95% CI 1.32 to 11.65, p=0.02) and HIV infection (aOR 4.40 95% CI 1.93 to 9.80, p<0.001). Conclusion: Syphilis was the most common STDs. Sometimes used condom with steady partner was a risk factor for HIV infection and history of previous STDs infection was a risk factor for syphilis and HIV infection. © 2023 JOURNAL OF THE MEDICAL ASSOCIATION OF THAILAND	Men who have sex with men; STDs; Transgender women	English	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Clinical
Article	2023	Donnell, D; Gao, F; Hughes, JP; Hanscom, B; Corey, L; Cohen, MS; Edupuganti, S; Mgodi, N; Rees, H; Baeten, JM; Gray, G; Bekker, LG; Hosseinipour, M; Delany-Moretlwe, S	Counterfactual estimation of efficacy against placebo for novel PrEP agents using external trial data: example of injectable cabotegravir and oral PrEP in women	Journal of the International AIDS Society	-	-	-	na	10.1002/jia2.26118	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02578535/full	INTRODUCTION: Multiple antiretroviral agents have demonstrated efficacy for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP). As a result, clinical trials of novel agents have transitioned from placebo- to active-controlled designs; however, active-controlled trials do not provide an estimate of efficacy versus no use of PrEP. Counterfactual placebo comparisons using other data sources could be employed to provide this information. METHODS: We compared the active-controlled study (HPTN 084) of injectable cabotegravir (CAB-LA) versus daily oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) among women from seven countries in Africa to three external, contemporaneous randomized HIV prevention trials from which we constructed counterfactual placebo estimates. We used direct standardization via analysis weights to achieve the same distribution of person-years between the external study and HPTN 084, across strata predictive of HIV risk (country and selected risk covariates). We estimated prevention efficacy against a counterfactual placebo to provide information on the use of CAB-LA and FTC/TDF compared to no intervention. We compared the counterfactual placebo findings for FTC/TDF to previous placebo-controlled trials, adjusted for observed adherence to daily pills. RESULTS: Distribution of age and baseline prevalence of gonorrhoea and chlamydia were similar among matched counterfactual placebo and observed HPTN 084 arms after standardization. Counterfactual estimates of CAB-LA versus placebo in all three settings showed a consistent risk reduction of 93%-94%, with lower bounds of the confidence intervals above 72%. Observed adherence (quantifiable tenofovir in plasma) in HPTN 084 was 54%-56%, and estimated efficacy of daily oral FTC/TDF against a counterfactual placebo was consistent with a predicted risk reduction of 39%-40% for this level of daily pill use. CONCLUSIONS: Counterfactual placebo rates of HIV acquisition derived from external trial data in similar locations and time can be used to support estimates of placebo-based efficacy of a novel HIV prevention agent. External trial data must be standardized to be representative of the clinical trial cohort testing the novel HIV prevention agent, accounting for confounders.	*Anti-HIV Agents therapeutic use; *HIV Infections drug therapy, prevention & control; *Human immunodeficiency virus; *Organophosphonates therapeutic use; *Pre-Exposure Prophylaxis; *pre-exposure prophylaxis; *risk reduction; Adenine; Adult; Africa; Article; Chlamydia; Clinical trial; Confounding variable; Controlled study; Deoxycytidine therapeutic use; Drug therapy; Emtricitabine therapeutic use; Female; Gonorrhea; Human; Human tissue; Humans; Nonhuman; Pill; Prevalence; Prevention; Randomized controlled trial; Standardization	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Editorial	2023	Dourado I.; Magno L.; Greco D.B.; Grangeiro A.	Combination HIV prevention for adolescent men who have sex with men and adolescent transgender women in Brazil: Vulnerabilities, access to healthcare, and expansion of PrEP; Prevención combinada del VIH para hombres adolescentes que tienen relaciones sexuales con otros hombres y con mujeres adolescentes transgénero en Brasil: vulnerabilidades, acceso a la atención en salud y expansión de la PrEP	Cadernos de Saúde Pública	-	-	-	0102311X	10.1590/0102-311XES228122	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151573618&doi=10.1590%2f0102-311XES228122&partnerID=40&md5=92ff32e915d3544f0f5869f2cfdc024f	No abstract available	na	Spanish	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Other
Article	2023	Dourado I.; Magno L.; Greco D.B.; Zucchi E.M.; Ferraz D.; Westin M.R.; Grangeiro A.	Interdisciplinarity in HIV prevention research: the experience of the PrEP1519 study protocol among adolescent MSM and TGW in Brazil; Interdisciplinaridade na pesquisa sobre prevenção do HIV: a experiência do protocolo de estudo PrEP1519 entre HSH adolescentes e mulheres trans no Brasil; Interdisciplinariedad en la investigación de la prevención del VIH: la experiencia del protocolo de estudio PrEP1519 entre adolescentes HSH y TGW en Brasil	Cadernos de Saúde Pública	-	-	-	0102311X	10.1590/0102-311XEN143221	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151573659&doi=10.1590%2f0102-311XEN143221&partnerID=40&md5=51882d890d1525187536612c50fff354	At the end of 2017, Brazil adopted HIV pre-exposure prophylaxis (PrEP) as part of a combination prevention strategy for the most at-risk populations. However, Brazil does not have specific guidelines for PrEP use among adolescents aged < 18 years. Therefore, researchers from different health disciplines conducted PrEP1519, the first PrEP demonstration cohort study, ongoing in three Brazilian cities - Salvador, Belo Horizonte, and São Paulo - among adolescent men who have sex with men and transgender women, aged 15-19 years. This study aimed to evaluate the effectiveness of PrEP in real-world settings. Quantitative and qualitative methods were integrated to obtain data on PrEP acceptability, uptake, use, and adherence. Moreover, comprehensive services and friendly environments were implemented in the PrEP1519 clinics. This study aims to describe the collaborative efforts of interdisciplinary practices in the development of the PrEP1519 study. The articulation of researchers from different institutions and areas is challenging; but it also allows for a broader outlook on questions regarding the direction of the research, while enriching the decisions needed to be taken during the interactions and negotiations among the different individuals, including the youth team and participants. Furthermore, it reflects on the communication process between cultures and languages considering the trans-epistemic arena of knowledge production about HIV, sexually transmitted infections, PrEP, and other combination prevention strategies for adolescents. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	Adolescents; HIV; Men Who Have Sex With Men; Pre-Exposure Prophylaxis; Transgender Women	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods
Article	2023	Dourado I.; Soares F.; Magno L.; Amorim L.; Eustorgio Filho M.; Leite B.; Greco D.; Westin M.; Tupinambás U.; Massa P.; Miura Zucchi E.; Grangeiro A.	Adherence, Safety, and Feasibility of HIV Pre-Exposure Prophylaxis Among Adolescent Men Who Have Sex With Men and Transgender Women in Brazil (PrEP1519 Study)	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2023.09.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175543968&doi=10.1016%2fj.jadohealth.2023.09.005&partnerID=40&md5=fbe356cb746ee775f6a3227fd0014106	Purpose: To evaluate the adherence, safety, and feasibility of pre-exposure prophylaxis (PrEP) in real-world settings among adolescent men who have sex with men (AMSM) and transgender women (ATGW). Methods: PrEP1519 is a single-arm, multicentric demonstration cohort study of daily oral PrEP among AMSM and ATGW aged 15 to 19 years in Brazil. Study visits occurred at baseline, weeks 4, 12, and then quarterly until 96 weeks. Descriptive statistics and a mixed logistic model for longitudinal data evaluated the factors associated with high adherence. Results: One thousand sixteen AMSM and ATGW accessed the PrEP1519 clinics. Of those, 998 (98.2%) underwent clinical triage. Forty one were diagnosed with human immunodeficiency viruses (HIV) at baseline (4.0%) and 79 (7.9%) were not eligible for PrEP. Of the 878, 795 (90.5%) enrolled in PrEP, 82 (10.3%) were lost to follow-up, and 713 were included. There was no significant decrease in creatinine clearance; only two participants had grade-III aspartate aminotransferase elevation. Incident HIV infection occurred in eight participants (incidence rate IR = 1.64 per 100 person-years PY): two in 15–17 years (IR = 2.24 per 100 PY) and six in 18–20 years (IR = 1.51 per 100 PY). PrEP adherence was higher among those with more years of schooling, those reporting no difficulties in PrEP use due to side effects, and who had low HIV risk perception in the past three months. Discussion: PrEP for AMSM and ATGW was safe and feasible in real-world settings. However, a higher IR among young adolescents and a higher adherence among less vulnerable people indicate the need for greater care, considering the specificities of this age group. © 2023 Society for Adolescent Health and Medicine	Adherence; Adolescent; Feasibility; Men who have sex with men; PrEP; Safety; Transgender women	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Dourado, Inês; Guimarães, Mark Drew Crosland; Kendall, Carl; Kerr, Ligia Regina Franco Sansigolo; Knauth, Daniela; Leal, Andrea Fachel; Magno, Laio; Soares, Fabiane; Silva, Luís Augusto V da; Veras, Maria Amélia; de Brito, Ana Maria	Perceived Risk of HIV Infection and Acceptability of PrEP among Men Who Have Sex with Men in Brazil	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-022-02342-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139262302&doi=10.1007%2fs10508-022-02342-3&partnerID=40&md5=7e0bfd11ce44abea3bcb1d9240940b3d	The HIV epidemic affects men who have sex with men (MSM) disproportionally in Brazil, and pre-exposure prophylaxis (PrEP) is effective for preventing HIV in this population. However, low perceived risk of HIV may influence the acceptability and decision to use PrEP. This study estimated the association between self-perception of HIV risk and acceptability of daily oral PrEP among Brazilian MSM. Respondent-driven sampling (RDS) was used for behavioral and biological surveillance to recruit 4,176 MSM 18 years or over in 12 Brazilian cities in 2016. Results were weighted using Gile's estimator in RDS Analyst software. Adjusted odds rations (OR) with 95% confidence intervals were calculated using multivariate logistic regression. Acceptability of daily oral PrEP was high (69.7%) among the 3,544 MSM available for analysis. Most participants self-reported low or moderate risk of HIV infection (67.2%) and a small proportion (9.3%) reported high risk. A dose–response relationship was observed between acceptability of PrEP and self-reported risk: PrEP acceptability was 1.88 times higher (OR 1.8; 95% CI: 1.24–2.85) among MSM whose perceived risk of HIV infection was low or moderate, and 5 times higher (OR 5.68; 95% CI: 2.54–12.73) among those who self-reported high risk compared to MSM reporting no HIV risk. MSM with the highest risk perception of HIV reported higher rates of PrEP acceptability. Given the availability of daily oral PrEP in the public health care system in Brazil, we suggest emphasizing counseling about self-perception of HIV risk as part of routine HIV prevention services. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Acceptability; Brazil; HIV infection; Men who have sex with men; PrEP; Sexual orientation	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Dourado, Ines; Magno, Laio; Greco, Dirceu Bartolomeu; Grangeiro, Alexandre	Prevenção combinada do HIV para homens adolescentes que fazem sexo com homens e mulheres adolescentes transexuais no Brasil: vulnerabilidades, acesso à saúde e expansão da PrEP	Cadernos de Saúde Pública	-	-	-	1678-4464	10.1590/0102-311xpt228122	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2023000500101	NA	na	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Other
Article	2023	Dowell-Day, Alexander; Dobbins, Timothy; Chan, Curtis; Fraser, Doug; Holt, Martin; Vaccher, Stefanie J.; Clifton, Brent; Zablotska, Iryna; Grulich, Andrew; Bavinton, Benjamin R.	Attitudes Towards Treatment as Prevention Among PrEP-Experienced Gay and Bisexual Men in Australia	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04019-x	https://www.proquest.com/scholarly-journals/attitudes-towards-treatment-as-prevention-among/docview/2843479825/se-2?accountid=8113	The introduction of HIV pre-exposure prophylaxis (PrEP) has the potential to impact the attitudes gay and bisexual men (GBM) who consequently choose to take PrEP have towards treatment as prevention (TasP), and the extent to which they are willing to have condomless anal intercourse (CLAI) with an HIV-positive sexual partner who has an undetectable viral load (UVL). Using a cross-sectional sample from an observational cohort study conducted from August 2018 to March 2020, we examined the extent to which PrEP-experienced GBM are willing to have CLAI with a partner who has a UVL. Simple and multiple logistic regression models were used to identify associated variables. Of the 1386 participants included in the analyses, 79.0% believed in the effectiveness of TasP, and 55.3% were willing to have CLAI with a partner who has a UVL. Wiling participants were less worried about getting HIV when taking PrEP and more likely to believe in TasP. Further research is needed to better understand the gap between belief in TasP and willingness to have CLAI with a partner who has a UVL among PrEP-experienced GBM.	Bisexuality; HIV; Homosexuality; Pre-exposure prophylaxis; Psychology; Prevention; Treatment as prevention; Men who have sex with men; Prophylaxis; Gay and bisexual men; Sexual intercourse; Anal intercourse; Regression analysis; Attitudes; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Regression models; Gays & lesbians; Mens health; Observational studies	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Downing M.J., Jr.; Wiatrek S.E.; Zahn R.J.; Mansergh G.; Olansky E.; Gelaude D.; Sullivan P.S.; Stephenson R.; Siegler A.J.; Bauermeister J.; Horvath K.J.; Chiasson M.A.; Yoon I.S.; Houang S.T.; Hernandez A.J.; Hirshfield S.	Video selection and assessment for an app-based HIV prevention messaging intervention: formative research	mHealth	-	-	-	23069740	10.21037/mhealth-21-53	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158842871&doi=10.21037%2fmhealth-21-53&partnerID=40&md5=68b5f44c659af679deb5ab4cb8867e95	Background: Gay, bisexual, and other men who have sex with men (GBMSM) continue to be overrepresented in human immunodeficiency virus (HIV) infection in the United States. HIV prevention and care interventions that are tailored to an individual's serostatus have the potential to lower the rate of new infections among GBMSM. Mobile technology is a critical tool for disseminating targeted messaging and increasing uptake of basic prevention services including HIV testing, sexually transmitted infection (STI) testing, and pre-exposure prophylaxis (PrEP). Mobile Messaging for Men (M-Cubed) is a mobile health HIV prevention intervention designed to deliver video- and text-based prevention messages, provide STI and HIV information, and link GBMSM to prevention and healthcare resources. The current report describes an iterative process of identifying and selecting publicly available videos to be used as part of the M-Cubed intervention. We also conducted interviews with GBMSM to assess the acceptability, comprehension, and potential audience reach of the selected video messages. Methods: The selection of videos included balancing of specific criteria e.g., accuracy of scientific information, video length, prevention domains: HIV/STI testing, antiretroviral therapy (ART), PrEP, engagement in care, and condom use to ensure that they were intended for our GBMSM audiences: HIV-negative men who engage in condomless anal sex, HIV-negative men who do not engage in condomless anal sex, and men living with HIV. This formative study included in-depth interviews with 26 GBMSM from three U.S. cities heavily impacted by the HIV epidemic—New York City, Detroit, and Atlanta. Results: Following a qualitative content analysis, the study team identified five themes across the interviews: participant reactions to the video messages, message comprehension, PrEP concerns, targeting of video messaging, and prompted action. Conclusions: Study results informed a final selection of 12 video messages for inclusion in a randomized controlled trial of M-Cubed. Findings may serve as a guide for researchers who plan to develop HIV prevention interventions that utilize publicly available videos to promote behavioral change. Further, the findings presented here suggest the importance of developing videos with broad age and gender diversity for use in interventions such as M-Cubed, and in other health promotion settings. © mHealth. All rights reserved.	digital media; HIV; prevention communication; qualitative; videos	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Doyle, Carla M; Milwid, Rachael M; Cox, Joseph; Xia, Yiqing; Lambert, Gilles; Tremblay, Cécile; Otis, Joanne; Boily, Marie-Claude; Baril, Jean-Guy; Thomas, Réjean; Blais, Alexandre Dumont; Trottier, Benoit; Grace, Daniel; Moore, David M; Mishra, Sharmistha; Maheu-Giroux, Mathieu	Population-level effectiveness of pre-exposure prophylaxis for HIV prevention among men who have sex with men in Montréal (Canada): a modelling study of surveillance and survey data	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26194	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178850664&doi=10.1002%2fjia2.26194&partnerID=40&md5=83464c0e8326d1e73eb2547992c8beee	Introduction: HIV pre-exposure prophylaxis (PrEP) has been recommended and partly subsidized in Québec, Canada, since 2013. We evaluated the population-level impact of PrEP on HIV transmission among men who have sex with men (MSM) in Montréal, Québec's largest city, over 2013–2021. Methods: We used an agent-based mathematical model of sexual HIV transmission to estimate the fraction of HIV acquisitions averted by PrEP compared to a counterfactual scenario without PrEP. The model was calibrated to local MSM survey, surveillance, and cohort data and accounted for COVID-19 pandemic impacts on sexual activity, HIV prevention, and care. PrEP was modelled from 2013 onwards, assuming 86% individual-level effectiveness. The PrEP eligibility criteria were: any anal sex unprotected by condoms (past 6 months) and either multiple partnerships (past 6 months) or multiple uses of post-exposure prophylaxis (lifetime). To assess potential optimization strategies, we modelled hypothetical scenarios prioritizing PrEP to MSM with high sexual activity (≥11 anal sex partners annually) or aged ≤45 years, increasing coverage to levels achieved in Vancouver, Canada (where PrEP is free-of-charge), and improving retention. Results: Over 2013–2021, the estimated annual HIV incidence decreased from 0.4 (90% credible interval CrI: 0.3–0.6) to 0.2 (90% CrI: 0.1–0.2) per 100 person-years. PrEP coverage among HIV-negative MSM remained low until 2015 (<1%). Afterwards, coverage increased to a maximum of 10% of all HIV-negative MSM, or about 16% of the 62% PrEP-eligible HIV-negative MSM in 2020. Over 2015–2021, PrEP averted an estimated 20% (90% CrI: 11%–30%) of cumulative HIV acquisitions. The hypothetical scenarios modelled showed that, at the same coverage level, prioritizing PrEP to high sexual activity MSM could have averted 30% (90% CrI: 19%–42%) of HIV acquisitions from 2015-2021. Even larger impacts could have resulted from higher coverage. Under the provincial eligibility criteria, reaching 10% coverage among HIV-negative MSM in 2015 and 30% in 2019, like attained in Vancouver, could have averted up to 63% (90% CrI: 54%–70%) of HIV acquisitions from 2015 to 2021. Conclusions: PrEP reduced population-level HIV transmission among Montréal MSM. However, our study suggests missed prevention opportunities and adds support for public policies that reduce PrEP barriers, financial or otherwise, to MSM at risk of HIV acquisition. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	antiretroviral; combination prevention; elimination; epidemiology; impact evaluation; mathematical modelling; sexually transmitted and blood-borne infections	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Drallmeier, Theresa; Salas, Joanne; Keegan Garrett, Elizabeth; Meyr, Ashley; Tucker, Jane; Scherrer, Jeffrey F	Differences Between General Internal Medicine and Family Medicine Physicians' Initiation of Pre-Exposure Prophylaxis.	Journal of Primary Care & Community Health	-	-	-	2150-1327	10.1177/21501319231201784	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10557417	OBJECTIVE: Preexposure Prophylaxis (PrEP) is under-utilized in primary care. Given differences in treatment approaches for other conditions between family medicine (FM) and general internal medicine (GIM), this study compared PrEP-prescribing between FM and GIM physicians. METHODS: De-identified electronic health record data from a multi-state health care system was used in this retrospective observational study. The time period from 1/1/13 to 9/30/21 was used to identify PrEP eligible patients using measures of current sexually transmitted disease and condomless sex at the time of eligibility. Receipt of PrEP was measured in the 12 months after PrEP eligibility. The odds of receiving PrEP in GIM as compared to FM was computed before and after adjusting for demographics and physical and psychiatric comorbidities. RESULTS: The majority of eligible patients were 18 to 39 years of age, 60.9% were female and 71.6% were White race. Among PrEP eligible patients, 1.1% received PrEP in the first year after index date. Receiving PrEP was significantly more likely among patients treated in GIM versus FM (OR = 2.30; 95% CI:1.63-3.25). After adjusting for covariates, this association remained statistically significant (OR = 2.02; 95% CI:1.41-2.89). CONCLUSIONS: PrEP is grossly under-utilized in primary care. The majority of Americans enter the health care system through primary care and not through HIV providers or other specialties. Therefore, educational interventions are needed to increase confidence and knowledge and to encourage PrEP prescribing by FM and GIM physicians.	cohort, health services research, preexposure prophylaxis, PrEP, primary care, prevention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Driver, Redd; Schneider, John A.; Hickson, DeMarc A.; Timmins, Liadh; Brewer, Russell A.; Goedel, William C.; Duncan, Dustin T.	Sexual Orientation, HIV Vulnerability-Enhancing Behaviors and HIV Status Neutral Care Among Black Cisgender Sexual Minority Men in the Deep South: The N2 Cohort Study.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-03984-7	https://pubmed.ncbi.nlm.nih.gov/36648630/	Black sexual minority men (SMM) in the Deep South are heavily impacted by HIV; yet studies fail to consider discordance across aspects of sexual orientation (i.e., identity, attraction, behavior) or how a lack of concordance enhances vulnerability to HIV. We sought to explore the overlap across aspects of sexual orientation and examine associations between each aspect and the number of sexual partners who engaged in HIV vulnerability-enhancing behaviors, and HIV prevention and care outcomes. A total of 204 Black SMM completed surveys, reporting their sexual identity, attraction, and behavior (i.e., sex with men only vs. sex with men and women), number of condomless sex or transactional sex (e.g., buyers vs. sellers) partners in the past 6 months, and adherence to pre-exposure prophylaxis (PrEP) or antiretroviral therapy (ART) among users. Less than one in four participants (22.5%) reported overlap in same-sex sexual orientations, while 17.1% of bisexual men reported overlap across aspects. In multivariable models, differences were found in how aspects of sexual orientation were associated with the number of partners who bought or sold sex; as well as how often participants tested for HIV in the past 12 months. Results suggest different aspects of sexual orientation have implications for addressing HIV among Black SMM in the Deep South.	Humans; Male; Female; Sexual Behavior; Cohort Studies; Homosexuality, Male; HIV; *Pre-Exposure Prophylaxis/methods; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Sexual orientation; Sexual health; Black sexual minority men; Status neutral care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Dubov A.; Altice F.L.; Gutierrez J.I.; Wickersham J.A.; Azwa I.; Kamarulzaman A.; Gautam K.; Shrestha R.	Pre-exposure prophylaxis service among men who have sex with men in Malaysia: findings from a discrete choice experiment	Scientific Reports	-	-	-	20452322	10.1038/s41598-023-41264-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169230777&doi=10.1038%2fs41598-023-41264-5&partnerID=40&md5=7ed3aa138ec393efca97eb36f1e09a2b	Men who have sex with men (MSM) in Malaysia are disproportionately affected by HIV. As pre-exposure prophylaxis (PrEP) is being introduced, we assessed population-based PrEP delivery preferences among MSM in Malaysia. We conducted a discrete choice experiment through an online survey among 718 MSM. The survey included 14 choice tasks presenting experimentally varied combinations of five attributes related to PrEP delivery (i.e., cost, dosing strategy, clinician interaction strategy, dispensing venue, and burden of visits to start PrEP). We used latent class analysis and Hierarchical Bayesian modeling to generate the relative importance of each attribute and preference across six possible PrEP delivery programs. PrEP dosing, followed by cost, was the most important attribute. The participants were clustered into five preference groups. Two groups (n = 290) most commonly preferred on-demand, while the other three preferred injectable PrEP. One group (n = 188) almost exclusively considered cost in their decision-making, and the smallest group (n = 86) was substantially less interested in PrEP for reasons unrelated to access. In simulated scenarios, PrEP initiation rates varied by the type of program available to 55·0% of MSM. Successful PrEP uptake among Malaysian MSM requires expanding beyond daily oral PrEP to on-demand and long-acting injectable PrEP, especially at affordable cost. © 2023, Springer Nature Limited.	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Dubov, Alex; Krakower, Douglas S; Rockwood, Nicholas; Montgomery, Susanne	Provider Implicit Bias in Prescribing HIV Pre-exposure Prophylaxis (PrEP) to People Who Inject Drugs	Journal of General Internal Medicine	-	-	-	0884-8734	https://doi.org/10.1007/s11606-023-08040-7	https://escholarship.org/uc/item/5v02770n	BackgroundMultiple HIV outbreaks among people who inject drugs (PWIDs) have occurred in the USA since 2015, highlighting the need for additional HIV prevention tools. Despite high levels of need, pre-exposure prophylaxis (PrEP) is drastically underutilized among PWIDs. Implicit bias toward PWID held by clinicians may impede PrEP scale-up among these underserved patients. This study examined how primary care providers' (PCPs) clinical decisions related to PrEP can be impacted by biases when the patient has a history of substance use.MethodsWe conducted an online survey of PCPs (n = 208). The survey included the implicit association test (IAT) to assess unconscious attitudes toward PWIDs, direct questions regarding clinicians' explicit PWID attitudes, and an embedded experiment in which we systematically varied the risk behavior of a hypothetical patient and asked PCPs to make clinical judgments.ResultsA minority (32%) of PCPs reported explicit PWID bias. The IAT indicated strong implicit PWID bias (meant IAT score = 0.59, p < .0001) among 88% of the sample. Only 9% of PCPs had no implicit or explicit PWID bias. PWID patients were judged as less likely to adhere to a PrEP regimen, less responsible, and less HIV safety conscious than heterosexual or gay male patients. Anticipated lack of adherence mediated PCPs' intent to prescribe PrEP to PWID.ConclusionsPCPs' bias may contribute to PrEP being under-prescribed to PWID. Implicit and explicit PWID biases were common in our sample. This study illustrates the need to develop and test tailored interventions to decrease biases against PWID in primary care settings.	Health Services and Systems; Biomedical and Clinical Sciences; Health Sciences; Prevention; HIV/AIDS; Behavioral and Social Science; Clinical Research; Infectious Diseases; Infection; Good Health and Well Being; Humans; Male; HIV Infections; Substance Abuse; Intravenous; Anti-HIV Agents; Drug Users; Pre-Exposure Prophylaxis; Bias; Implicit; clinical decision-making; pre-exposure prophylaxis; primary care; people who inject drugs; implicit bias; Clinical Sciences; General & Internal Medicine; Clinical sciences; Health services and systems; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Duby Z.; Bunce B.; Fowler C.; Jonas K.; Bergh K.; Govindasamy D.; Wagner C.; Mathews C.	"These Girls Have a Chance to be the Future Generation of HIV Negative": Experiences of Implementing a PrEP Programme for Adolescent Girls and Young Women in South Africa	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03750-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133647832&doi=10.1007%2fs10461-022-03750-1&partnerID=40&md5=21d06059882d63b98355c1ba9e2893c4	Daily oral pre-exposure prophylaxis (PrEP) is highly efficacious for HIV prevention. Adolescent girls and young women (AGYW) have been prioritised for PrEP delivery in South Africa. A combination HIV prevention intervention providing integrated biomedical, behavioural and structural interventions for AGYW aged 15–24 in twelve districts in South Africa characterised by high HIV prevalence, was implemented 2019–2022. We conducted qualitative interviews to explore PrEP implementation experiences with 38 individuals involved in the implementation of the combination HIV prevention programme, including programme managers and project coordinators, health care providers / nurses, social workers, counsellors, peer group trainers and outreach workers. Narratives included various challenges associated with PrEP uptake, adherence and acceptability experienced by implementers. Barriers to PrEP acceptability included AGYW fears of side effects and preference for injectable versus daily oral PrEP; resistance towards PrEP from AGYW, communities and parents due to a lack of accurate information; PrEP stigma linked to associations with antiretrovirals and assumptions of promiscuity; and issues pertaining to parental consent. Additionally, implementers faced logistical challenges related to procurement, stockouts, and supply of PrEP. Findings highlighted the critical role of parental and community acceptability of PrEP for successful implementation. Overall, PrEP was perceived by implementers as a valuable HIV prevention tool. In order to ensure the accessibility of PrEP for AGYW in South Africa, efforts to reduce stigma and foster social support for PrEP use, campaigns to raise awareness, ensure positive framing of PrEP, and build community acceptability of PrEP, are needed. © 2022, The Author(s).	Adolescent girls and Young Women; HIV; Implementation; PrEP; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Durham S.H.; Milam A.; Waer D.; Chahine E.B.	Cabotegravir: The First Long-Acting Injectable for HIV Preexposure Prophylaxis	Annals of Pharmacotherapy	-	-	-	10600280	10.1177/10600280221102532	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133337987&doi=10.1177%2f10600280221102532&partnerID=40&md5=9f4b5c9e71dc696360d74fe7a0d74760	Objective: Review the pharmacology, pharmacokinetics, efficacy, safety, and role of long-acting injectable cabotegravir (CAB-LA) in HIV preexposure prophylaxis (PrEP). Data Sources: A literature search was performed using PubMed and Google Scholar (2012 to April 2022) with the search terms cabotegravir, preexposure prophylaxis, and PrEP. Other resources included abstracts presented at recent conferences, the manufacturer's Web site, prescribing information, and review articles. Study Selection and Data Extraction: All English-language articles of studies assessing the efficacy and safety of CAB-LA for PrEP were included. Data Synthesis: CAB-LA is the first long-acting injectable therapy approved for HIV-1 PrEP in both men and women. It is a suspension given intramuscularly every other month. CAB-LA has been shown to be more effective than daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) in preventing HIV-1 infection among high-risk individuals. Two phase 3 trials were stopped early on the basis of superior efficacy of CAB-LA. The most common adverse effects were injection site reactions (ISRs), although they tended to decrease over time, and few participants in clinical trials discontinued use due to ISRs. Relevance to Patient Care and Clinical Practice: CAB-LA may be particularly useful for individuals with known adherence problems to oral therapy, those with renal impairment, and those with decreased bone mineral density. However, CAB-LA is more expensive than generic TDF/FTC and may be associated with weight gain. Conclusions: CAB-LA is the first long-acting injectable agent for HIV PrEP. It is more effective than oral TDF/FTC, is well-tolerated aside from ISRs, and has few clinically significant drug-drug interactions. © The Author(s) 2022.	cabotegravir; HIV/AIDS; long-acting injectable; preexposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Dzenga T.; Moyo E.; Moyo P.; Kamangu J.; Dzinamarira T.	Factors influencing the retention of clients in oral pre-exposure prophylaxis (PrEP) care at 3 months after initiation in the Omusati region of Namibia	International Journal of Africa Nursing Sciences	-	-	-	22141391	10.1016/j.ijans.2023.100623	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173886161&doi=10.1016%2fj.ijans.2023.100623&partnerID=40&md5=516a35130bef5f730202784f7682d4e1	Background: The United Nations has set a target of ending the HIV/AIDS epidemic as a public health threat by 2030. The WHO recommended the use of oral pre-exposure prophylaxis (PrEP) for HIV prevention for all people at substantial risk of HIV infection in 2016. In Namibia since the adoption of PrEP in 2016, many clients have been initiated on PrEP. Objectives: The objectives of this study were to measure clients' rate of PrEP retention at three months and determine factors that influence it in the Omusati region of Namibia. Methods: An analytical cross-sectional design was used for this study. Three hundred and forty-five participants were selected for this study using a simple random sampling method. The data were collected from the Electronic Patient Monitoring System (EPMS). Chi-square tests and logistic regression were used for data analysis. Results: The retention rate in PrEP care at three months was 60 %. The Chi-square tests showed significant associations between age, sex, sexually transmitted infection (STI) symptoms, marital status, HIV status and viral load of partner, number of sexual partners, and retention in PrEP care at three months (p < 0.05). Logistic regression analysis revealed that females and those with STI symptoms were more likely to be retained in PrEP care, Adjusted Odds Ratio (AOR) = 2.21, 95 % CI (1.36–3.57), and AOR = 4.25, 95 % CI (1.23–14.63), respectively. Participants with HIV-negative/unknown status partners and with multiple/concurrent sexual partners were less likely to continue with PrEP, Crude Odds Ratio (COR) = 0.56, 95 % CI (0.36–0.86), COR = 0.39, 95 % CI (0.16–0.96), respectively. Conclusion: The findings of this study accentuate the need for increased provision of information on the importance of the continuation of PrEP. © 2023 The Author(s)	Factors; Namibia; Omusati; Pre-exposure prophylaxis; Retention	English	Netherlands	Western and Central Europe and North America	Namibia	Eastern and Southern Africa	Namibia	Eastern and Southern Africa	Quantitative
Article	2023	Eaton L.A.; Layland E.K.; Driver R.; Kalichman S.C.; Kalichman M.O.; Watson R.J.; Kalinowski J.; Chandler C.J.; Earnshaw V.A.	Novel Latent Profile Analysis of a Test of Concept, Stigma Intervention to Increase PrEP Uptake among Black Sexual Minority Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003223	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168222031&doi=10.1097%2fQAI.0000000000003223&partnerID=40&md5=b2fc458fe8e692c08ab28260770ca103	Background:Pre-exposure prophylaxis (PrEP) has demonstrated efficacy for HIV prevention, yet uptake of PrEP among populations in urgent need of prevention tools (eg, Black sexual minority men) is limited, and stigma and medical mistrust remain strong barriers to accessing PrEP.Purpose:To evaluate a test of concept brief intervention to address stigma and medical mistrust as barriers to PrEP uptake using novel latent profile analysis.Methods:Participants (N = 177) residing in the southeastern US were randomized to 1 of 4 arms to establish the potential impact of a brief, stigma focused counseling intervention (referred to as Jumpstart) to increase PrEP uptake. We estimated intervention effect size (Cramer's V) for PrEP uptake and then explored differential intervention effects across latent profiles of psychosocial barriers to PrEP use.Results:The intervention resulted in small, but meaningful effect size, with self-reported PrEP uptake increasing across Jumpstart conditions with the control condition reporting 24% uptake and Jumpstart plus text/phone calls (the most intensive intervention arm) reporting 37% uptake, and a similar pattern emerging for biologically confirmed PrEP use. Among participants 30 and older, Jumpstart participants were more likely to move to a postintervention profile with fewer barriers than control participants and reported the highest uptake of PrEP.Conclusions:Addressing social/emotional barriers to PrEP uptake is an essential component of bridging the gap between advances being made in biomedical forms of HIV prevention, and establishing and supporting access to those advances. © 2023 Lippincott Williams and Wilkins. All rights reserved.	Black sexual minority men; brief interventions; PrEP uptake	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Eaton, Lisa A.; Huedo-Medina, Tania; Earnshaw, Valerie A.; Kalichman, Moira; Watson, Ryan J.; Driver, Redd; Chandler, Cristian J.; Kalinowski, Jolaade; Kalichman, Seth C.	Randomized Clinical Trial of Stigma Counseling and HIV Testing Access Interventions to Increase HIV Testing Among Black Sexual Minority Men and Transwomen.	Prevention Science	-	-	-	1573-6695 1389-4986	10.1007/s11121-023-01603-4	https://pubmed.ncbi.nlm.nih.gov/37898978/	Advances in HIV prevention tools have outpaced our ability to ensure equitable access to these tools. Novel approaches to reducing known barriers to accessing HIV prevention, such as stigma and logistical-related factors, are urgently needed. To evaluate the efficacy of a randomized controlled trial with four intervention arms to address barriers to HIV/STI testing uptake (primary outcome) and PrEP use, depression, and HIV test results (secondary outcomes). We tested a 2 × 2 research design: main effect 1-stigma-focused vs. health information evaluation-focused counseling, main effect 2-offering HIV/STI testing appointments in person vs. at home with a counselor via video chat, and the interaction of the main effects. Participants (N = 474) residing in the southeastern USA were screened and enrolled in a longitudinal trial. Intervention efficacy was established using generalized linear modeling with binomial or Poisson distributions. Intervention efficacy demonstrated an increase in HIV/STI testing uptake when testing was made available at home with a counselor via video chat vs. in person (83% vs. 75% uptake, p < .05), and participants were also more likely to test positive for HIV over the course of the study in the at-home condition (14.5% vs. 9.4%, p < .05). Stigma-focused counseling resulted in lower depression scores and greater uptake of PrEP among participants < 30 years of age when compared with health information counseling (15.4% vs. 9.6%, p < .05). In order to prevent further disparities between HIV prevention advances and access to HIV prevention tools, we must prioritize improvements in linking people to care. Novel interventions, such as those proposed here, offer a practical, evidence-based path to addressing long-standing barriers to HIV prevention strategies. Trial registration: NCT03107910.	PrEP uptake; Black sexual minority men; Brief intervention; Black transwomen	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Echeverría-Guevara, Amanda; Coelho, Lara E.; Veloso, Valdiléa G.; Pimenta, Maria C.; Hoagland, Brenda; Moreira, Ronaldo I.; Leite, Iuri; Jalil, Emilia M.; Cardoso, Sandra W.; Torres, Thiago S.; Grinsztejn, Beatriz	Travestis, transgender women and young MSM are at high risk for PrEP early loss to follow-up in Rio de Janeiro, Brazil	Brazilian Journal of Infectious Diseases	-	-	-	1413-8670	10.1016/j.bjid.2022.102733	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-86702023000100201	Abstract Introduction Oral pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir (FTC/TDF) is highly effective in preventing HIV infection. This study aimed to identify factors associated with PrEP early loss to follow-up (ELFU) among gay, bisexual and other men who have sex with men (MSM), travestis and transgender women (TGW). Methodology This was a prospective cohort study evaluating TGW and MSM who initiated PrEP at the Evandro Chagas National Institute of Infectious Diseases (INI-Fiocruz) from 2014 to 2020. ELFU was defined as not returning for a PrEP visit within 180 days after first dispensation. Exposure variables included age, gender, race, education, transactional sex, condomless anal intercourse CAI (both in the past six months), binge drinking and substance use (both in past three months) and syphilis diagnosis at baseline. Multilevel logistic regression models with random intercepts and fixed slopes were used to identify factors associated with ELFU accounting for clustering of participants according to their PrEP initiation study/context (PrEP Brasil, PrEParadas, ImPrEP and PrEP SUS). Results Among 1,463 participants, the median age was 29 years (interquartile range 24-36), 83% self-identified as MSM, 17% as TGW, 24% were black, 37% mixed-black/pardo and 30% had < 12 years of education. Fifteen percent reported transactional sex, 59% reported CAI, 67% binge drinking, 33% substance use, and 15% had a syphilis diagnosis. Overall, 137 participants (9.7%) had ELFU. Younger age (18-24 years) (adjusted odds ratio aOR 1.9, 95%CI:1.2-3.2), TGW (aOR 2.8, 95%CI:1.6-4.8) and education < 12 years (aOR 1.9, 95%CI:1.2-2.9) were associated with greater odds of ELFU. Conclusion TGW, young individuals and those with lower education were at higher risk of PrEP ELFU. Our results suggest that the development of specific strategies targeting these populations should be a priority, through policies that aim to reduce the incidence of HIV infection.	HIV; Latin America; Pre-exposure prophylaxis; MSM; Lost to follow-up; Sexual and gender minorities; Transgender person	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Edinger A.; Valdez D.; Walsh-Buhi E.; Bollen J.	Deep learning for topical trend discovery in online discourse about Pre-Exposure Prophylaxis (PrEP)	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03779-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135289545&doi=10.1007%2fs10461-022-03779-2&partnerID=40&md5=85890584d54e171d23468ea12d95f84c	Pre-Exposure Prophylaxis (PrEP) interventions are increasingly prevalent on social media. These data can be mined for insights about PrEP that may not be as apparent in surveys including personal musings about PrEP and barriers/facilitators to PrEP uptake. This study explores online discourse about PrEP using an interdisciplinary public health and computational informatics approach. We collected (N = 4,020) tweets using Twitter's Application Programming Interface (API). These data underwent a three-step neural network/deep learning process to identify clusters within these tweets and relative similarity/dissimilarity between clusters. We identified 25 distinct clusters from our original collection of tweets. These clusters represent general information about PrEP, how PrEP is communicated among diverse groups, and potential pockets of misinformation and disinformation regarding PrEP. Specific clusters of interest include discussions of medication side effects, social perception of PrEP usage, and concerns with costs and barriers to access of PrEP interventions. Our approach revealed diverse ways PrEP is contextualized online. Importantly this information can be leveraged to identify points of possible intervention for disinformation and misinformation about PrEP. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Deep Learning; PrEP; Social Media; Twitter	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Eisenberg, Marla E.; Lawrence, Samantha E.; Gower, Amy L.; Rider, G. Nic; Brown, Calla; Crutcher, Val; Schuster, Andrew; Watson, Ryan J.	Are HIV Prevention Services Reaching all LGBTQ+ Youth? An Intersectional Analysis in a National Sample.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04230-w	https://pubmed.ncbi.nlm.nih.gov/38085427/	Although research has examined disparities in HIV prevention behaviors, intersectional research is needed to understand who may be underserved. This study examines disparities in consistent condom use, HIV testing, and PrEP awareness and use across assigned sex, gender identity, sexual orientation, and racial/ethnic identity in a large sample of sexually active LGBTQ+ youth (mean age = 16.5) who completed the 2022 LGBTQ National Teen Survey. Four social identities were included as indicators in Chi-Square Automated Interaction Detection models to uncover disparate rates of HIV preventive behaviors. Generally, HIV testing and PrEP services were higher among gay/lesbian and queer youth assigned male, and lower among those assigned female. Certain LGBTQ+ youth may be systematically missed by these services, (e.g., those assigned female; those assigned male who also identify as bisexual, pansexual, asexual, questioning, or straight (and trans/gender diverse)). Providers should strive to serve populations who are not being reached by HIV prevention services.	HIV prevention; Pre-exposure prophylaxis (PrEP); Adolescence; LGBTQ+; Intersectionality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Erenrich, Rebecca K.; Braun, Rebecca A.; Torres-Mendoza, David M.; Stevenson, Olivia L.; Doan, Thuan-Huong P.; Klausner, Jeffrey D.	Effectiveness of PrEPTECH: Findings from a 180-Day Randomized Controlled Trial of a Pre-Exposure Prophylaxis Telehealth Intervention.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003375	https://pubmed.ncbi.nlm.nih.gov/38133600/	BACKGROUND: Telehealth approaches are increasingly being used to provide access to pre-exposure prophylaxis (PrEP), an effective but underused HIV prevention modality. This randomized controlled trial of PrEPTECH, a telehealth intervention for the provision of HIV PrEP, seeks to assess its effects on PrEP access. METHODS: Young men who have sex with men and transgender women in Florida and California with an indication for PrEP were randomly assigned in a 1:1 allocation to receive access to PrEPTECH or a control condition, access to an online listing of PrEP resources in their communities. This intent-to-treat analysis used logistic and linear regression to compare self-reported PrEP initiation, use, and coverage between control and intervention arm participants at 90 days and 180 days of follow-up. RESULTS: A total of 229 participants with a mean age of 23.7 years, 77.3% people of color enrolled in PrEPTECH. At 90 days, postbaseline initiation of PrEP was significantly higher among those in the PrEPTECH arm than among controls (odds ratio OR: 6.63, 95% confidence interval CI: 2.54 to 17.35), and this held true by 180 days post baseline. The count of sex acts for which participants were not protected by PrEP, PrEP adherence, and recent PrEP use at 180 days post baseline were not significantly different between the study arms. CONCLUSIONS: Receiving access to a telehealth platform for PrEP access increased PrEP initiation in this cohort of young, predominantly non-White sexual and gender minorities. PrEP telehealth may be a worthy avenue for providing access to PrEP for these populations, but additional strategies may be needed to promote adherence and persistence of PrEP use.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Escarfuller, Sebastian G.; Mitchell, Jason W.; Sanchez, Mariana	HIV Prevention Intervention-related Research with Adult, Sexual Minority Hispanic Men in the United States: A Systematic Review.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-023-01659-6	https://pubmed.ncbi.nlm.nih.gov/37340124/	The systematic review describes aims to synthesize the HIV prevention intervention-related research conducted among adult, US sexual minority Hispanic men since 2012. Following PRISMA guidelines, 15 articles representing 14 studies were included in the review: 4 randomized controlled trials, 5 pilots, and 5 formative projects. Two interventions had PrEP-related outcomes whereas 7 focused on behavioral (e.g., condoms, testing) and/or educational outcomes. Few studies used digital health. All but one study was theoretically guided. Community engagement was a common and important thread in the included studies, with community-based participatory research being the most prevalent framework. The inclusion of cultural factors varied widely, as did the availability of Spanish language or bilingual study materials. Future research opportunities are discussed and recommendations to bolster HIV prevention interventions (e.g., tailoring) are presented. These include the need for greater integration of cultural factors (e.g., nuances related to the heterogeneity of Hispanic subgroups) and mitigating critical barriers to help improve uptake of evidence-based strategies in this population.	United States; Sexual minority; Systematic review; HIV prevention interventions; Hispanic men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2023	Eshun, Samuel Nuamah; Tampah-Naah, Anthony Mwinilanaa; Udor, Rita; Addae, David	Awareness and willingness to use pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) among sexually active adults in Ghana	HIV & AIDS Review	-	-	-	1730-1270	10.5114/hivar.2023.133168	https://hivaids.termedia.pl/Awareness-and-willingness-to-use-r-npre-exposure-prophylaxis-PrEP-r-nand-post-exposure,147649,0,2.html	Introduction: Advancement in biomedical science has led to the discovery of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as new strategies for prevention of human immunodeficiency virus (HIV). This current study was a quantitative analysis that sought to evaluate the awareness and willingness to use PrEP and PEP by sexually active adults in Ghana. Material and methods: The study respondents consisted of 365 sexually active adults in Ghana. A questionnaire was designed and administered to participants online using respondent-driven sampling (RDS) approach. A χ^2 test and logistic regression were employed for the analysis. Results: The study revealed a generally low awareness of PrEP and PEP. Only 25.2% of the respondents were aware of PrEP, while 20.3% were aware of PEP. Despite the low awareness rate, majority of respondents (69.3%) were willing to use PrEP and PEP for prevention of HIV. On the other hand, 30.7% of the respondents indicated their unwillingness to use PrEP and PEP citing the fear of undesirable side effects of the medications as the main reason for their decision. Conclusions: This paper calls on policy-makers to intensify advocacy for the usefulness of PrEP and PEP. The Ghana Health Service and Ghana AIDS Commission should also ensure that PrEP and PEP services are increased and include all sexually active persons in Ghana. This will ensure a great success in mitigating HIV infections in Ghana.	aids; hiv; prep; pep; sex	English	United Kingdom	Western and Central Europe and North America	Ghana	Western and Central Africa	Ghana	Western and Central Africa	Quantitative
Article	2023	Estcourt C.S.; Macdonald J.; Saunders J.; Nandwani R.; Young I.; Frankis J.; Clutterbuck D.; Steedman N.; McDaid L.; Dalrymple J.; Flowers P.	Improving HIV pre-exposure prophylaxis (PrEP) uptake and initiation: Process evaluation and recommendation development from a national PrEP program	Sexual Health	-	-	-	14485028	10.1071/SH22170	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168431814&doi=10.1071%2fSH22170&partnerID=40&md5=9049340c964d4be1e1289b93924537b6	Background: HIV pre-exposure prophylaxis (PrEP) is key to HIV transmission elimination but implementation is challenging and under-researched. We undertook a process evaluation of the first 2 years of a national PrEP program to explore barriers and facilitators to implementation and to develop recommendations to improve implementation, focusing on PrEP uptake and initiation. Methods: Stage 1 involved semi-structured telephone interviews and focus groups (September 2018-July 2019) with geographically and demographically diverse patients seeking/using/declining/stopping PrEP (n = 39), sexual healthcare professionals (n = 54), community-based organisation service users (n = 9) and staff (n = 15) across Scotland. We used deductive thematic analysis, to derive and then map key barriers and facilitators to priority areas that experts agreed would enhance uptake and initiation. In Stage 2, we used analytic tools from implementation science to systematically generate evidence-based, theoretically-informed recommendations to enhance uptake and initiation of PrEP. Results: Barriers and facilitators were multi-levelled and interdependent. Barriers included the rapid pace of implementation without additional resource, and a lack of familiarity with PrEP prescribing. Facilitators included opportunities for acquisition of practice-based knowledge and normalisation of initiation activities. We refined our 68 'long-list' recommendations to 41 using expert input and the APEASE (Acceptability, Practicability, Effectiveness, Affordability, Side-effects, and Equity) criteria. Examples include: provision of PrEP in diverse settings to reach all in need; co-produced, culturally sensitive training resources for healthcare professionals, with focused content on non-daily dosing; meaningful collaborative working across all stakeholders. Conclusions: These evidence-based, theory informed recommendations provide a robust framework for optimising PrEP uptake and initiation in diverse settings to ensure PrEP reaches all who may benefit. © 2023 CSIRO. All rights reserved.	Behaviour Change Wheel; HIV prevention; HIV/AIDS; implementation study; pre-exposure prophylaxis; PrEP; process evaluation; recommendation-development	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Etowa E.B.; Boakye P.N.; Antabe R.; Wong J.P.-H.	HIV-Response Intergenerational Participation Intervention Among Black Men in Ontario, Canada: Protocol for a Pilot Intervention Study	JMIR Research Protocols	-	-	-	19290748	10.2196/48829	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165973512&doi=10.2196%2f48829&partnerID=40&md5=a38479545aafe5e2a6ed11d10d88f28e	Background: Black men and their communities are more affected by HIV. Although they constitute less than 5% of the Ontarian population, they accounted for 26% of new HIV diagnoses in 2015, nearly half of which (48.6%) were attributed to heterosexual contact. HIV stigma and discrimination reinforce African, Caribbean, and Black men's HIV vulnerability by creating unsafe environments that deter them from testing and disclosure, resulting in isolation, depression, delayed diagnosis and linkage to treatment and care, and poor health outcomes. In response to these challenges, intergenerational strategies were identified from previous community-based participatory studies as best practices to reduce HIV vulnerabilities and promote resilience among heterosexual Black men and communities. The proposed intervention is premised on this recommendation of intergenerational intervention. Objective: The overarching objective is to engage heterosexual Black men and communities in cocreating a community centered, culturally safe intergenerational intervention to reduce HIV vulnerabilities and related health disparities. Methods: We will engage 12 diverse community stakeholders in Ontario, inclusive of heterosexual Black men, in 8 weekly sessions to evaluate existing evidence of effective HIV health literacy interventions, identify essential and relevant aspects, and work collaboratively to co-design the HIV-Response Intergenerational Participation (HIP) intervention for use with Black men and communities. Next, we will recruit 24 self-identified heterosexual Black men aged 18-29, 29-49, and ≥50 years. We will pilot and evaluate the HIP intervention with 24 heterosexual Black men from these 3 age groups (split as 2 events: a total of 12 participants in person in Toronto and 12 participants on the web in Windsor, London, and Ottawa). We will use the data obtained along with questionnaires from validated scales and focus groups to evaluate the effectiveness of HIP. The data will include HIV knowledge, perceived stigma toward people living with HIV, acceptance and uptake of HIV testing, preexposure prophylaxis (PrEP), postexposure prophylaxis (PEP), and condom use. We will also collect data related to perceptions about system-level factors such as discrimination, socially misconstrued masculine identity, etc. Quantitative analysis will essentially be a univariate descriptive analysis. We will use thematic analysis to highlight the results of the focus group discussions. Finally, we will disseminate the evaluation results and engage researchers, leaders, Black men, and communities to expand the project team and scale up the intervention in Ontario and across Canada. Results: Implementation commences by May 2023, and by September 2023, we should have produced, among others, an evidence-informed HIP intervention that can be adapted for use by heterosexual Black men and communities beyond Ontario. Conclusions: The pilot intervention will strengthen critical health literacy and build resilience against HIV through intergenerational dialogue among heterosexual Black men of all ages. © 2023 JMIR RESEARCH PROTOCOLS. All rights reserved.	community-based participatory project; heterosexual Black men; HIV response; intergenerational participation; intervention	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2023	EUZEBIO, FELIPE AURELIO	Pedagogia dos prazeres: apreendendo formas de compreender e modos de estar em PrEP no Brasil	-	-	Universidade Federal da Bahia	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=13871311	Esta dissertação analisa aspectos dos processos de ensino e de aprendizagem de homens que fazem sexo e/ou mantêm relações homoafetivas/homoeróticas com outros homens (HSH) a partir das suas práticas de prevenção e o uso da Profilaxia Pré-Exposição ao HIV. A pesquisa tem como objetivo comparar modos de estar e formas de compreender o método de prevenção ao HIV, a partir de um trabalho de campo etnográfico com usuários de PrEP em rede sociais e das campanhas institucionais e dos materiais audiovisuais de divulgação e incentivo ao método de prevenção.	Antropologia;Pedagogia dos Prazeres;Profilaxia Pré-Exposição (PrEP);HSH;HIV	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2023	Evers Y.J.; Goense C.J.D.; Hoebe C.J.P.A.; Dukers-Muijrers N.H.T.M.	Newly diagnosed HIV and use of HIV-PrEP among non-western born MSM attending STI clinics in the Netherlands: a large retrospective cohort study	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2023.1196958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163996502&doi=10.3389%2ffpubh.2023.1196958&partnerID=40&md5=55eb93a1cec81485fd6658ecf167c08d	Introduction: The World Health Organization recommends HIV-PrEP for all people at risk for HIV infection, which includes men who have sex with men (MSM). Substantial part of new HIV diagnoses in the Netherlands are in non-western born MSM. This study evaluated new HIV diagnoses and reported PrEP use among non-western born MSM and compared it to western-born MSM. To inform public health efforts in the context of equitable PrEP access, we further assessed sociodemographic factors related to higher HIV risk and lower PrEP use among non-western born MSM. Methods: Surveillance data of consultations among MSM in all Dutch STI-clinics (2016–2021) were analyzed. STI-clinics provide PrEP via the national pilot-program since August 2019. In non-western born MSM (born in Eastern-Europe/Latin-America/Asia/Africa/Dutch-Antilles/Suriname), sociodemographic factors were evaluated for association with HIV (by multivariable generalized estimating equations) and reported PrEP use in the past 3 months (by multivariable logistic regression; restricted to an at-risk for HIV person-level data-subset from August 2019). Results: New HIV infections were diagnosed among 1.1% (493/44,394) of non-western born MSM-consultations (vs. 0.4% among western-born MSM, 742/210,450). Low education (aOR: 2.2, 95%CI: 1.1–2.8) and age under 25 years (aOR: 1.4, 95%CI: 1.1–1.8, vs. age above 35 years) were associated with new HIV diagnoses. PrEP use in the past 3 months was 40.7% in non-western born MSM (1,711/4,207; 34.9% among western-born MSM, 6,089/17,458). PrEP use was lower among non-western born MSM aged under 25 years (aOR: 0.3, 95%CI: 0.2–0.4), living in less urban areas (aOR: 0.7, 95%CI: 0.6–0.8), and having low education level (aOR: 0.6, 95%CI: 0.5–0.7). Conclusion: Our study confirmed that non-western born MSM are an important key population in HIV prevention. Access to HIV prevention, including HIV-PrEP, should be further optimized to all non-western born MSM at risk for HIV, and specifically to those who are younger, live in less urban areas, and have a low education level. Copyright © 2023 Evers, Goense, Hoebe and Dukers-Muijrers.	HIV; inequity; men who have sex with men; migrant; non-western; PrEP	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Faini D.; Munseri P.; Sandstrom E.; Hanson C.; Bakari M.	Awareness, Willingness and Use of HIV Pre-Exposure Prophylaxis Among Female Sex Workers Living in Dar-es-Salaam, Tanzania	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03769-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134323713&doi=10.1007%2fs10461-022-03769-4&partnerID=40&md5=7e9c5f3abb3490dfd1835ec52a62f85e	Tanzania is in the final stages to roll out pre-exposure prophylaxis (PrEP) to Female Sex Workers (FSWs) so as to reduce new infections. PrEP demonstration projects support programming through gaining first experiences. We analyzed data from a cohort of 700 HIV negative FSWs in Dar-es-Salaam to determine proportions of FSWs who were aware, willing and used PrEP. We compared proportions at cohort enrolment and after 12 months. Logistic regression was used to determine factors associated with PrEP use. PrEP awareness increased from 67% to 97% after 12 months. Willingness was high at both time points (98% versus 96%). Only 8% (57/700) had used PrEP. Being married/cohabiting or separated/divorced/widowed and having sex with a HIV infected partner were independently associated with PrEP use. The PrEP program should focus on scaling up access as willingness to use PrEP is high. © 2022, The Author(s)	Female-sex workers; HIV prevention; Pre-exposure prophylaxis-PrEP; Tanzania	English	United States	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2023	Fallahi M.; Guadamuz J.S.; Shooshtari A.; Qato D.M.	Changes in HIV Pre-exposure Prophylaxis (PrEP) Coverage at State and County Level During the COVID-19 Pandemic in the United States	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04180-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172660829&doi=10.1007%2fs10461-023-04180-3&partnerID=40&md5=9c40beb590a9c050653d9abbcac9225a	This study quantifies the prevalence and trends in weekly PrEP coverage at the national, state and county-level, before and during the COVID-19 pandemic in the United States.We estimated weekly PrEP coverage using longitudinal individual-level pharmacy claims from IQVIA LRx for a cohort of PrEP users (N = 287,493) ages 16 to 85 years between December 29th, 2019 and November 8th, 2020. Weekly PrEP coverage was defined as PrEP use among individuals at high risk for HIV. We conducted an interrupted time series analysis to quantify changes in weekly PrEP coverage before (December 29th, 2019 - March 8th, 2020) and during (March 29th - November 8th, 2020) the COVID-19 pandemic at the national, state and county-level by county characteristics, specifically by EHE priority jurisdiction, racial/ethnic composition, and urbanity. Nationally, weekly PrEP coverage among individuals ages 16 to 85 at high risk for HIV declined by 11.5% (from 11.0% before to 9.5% during the pandemic; t = 8.02,p < 0.01). Weekly PrEP coverage declined in all states and most counties yet varied substantially across states and counties. Geographic disparities in weekly PrEP coverage were also observed between urban EHE priority counties with significantly lower rates in counties with ≥ 50% Black/Latinx population when compared to their counterparts (7.9% vs. 11.2%; t = 18.91,p < 0.01);these disparities were most pronounced in California and New York. Weekly PrEP coverage was much lower than the 25% annual coverage reported by the Centers for Disease Control and geographic disparities observed within states likely contribute to the persistent racial/ethnic disparities in new HIV diagnoses observed within those states. © 2023, The Author(s).	Disparities; HIV; Prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2023	FERNANDES, DANILO EUCLIDES	Avaliação da função renal de usuários de profilaxia pré-exposição ao HIV (PREP)	-	-	UNIFESP	-	-	NA	https://repositorio.unifesp.br/handle/11600/66260	uso crônico de tenofovir tem sido associado à disfunção renal com alterações tubulares isoladas ou piora da função renal. Além de ser a primeira linha de tratamento do HIV, o tenofovir é utilizado na Profilaxia Pré- Exposição ao HIV (PrEP) para reduzir o risco de infecção em indivíduos saudáveis que fazem uso diário dessa medicação. Objetivo: Descrever a incidência do desenvolvimento de anormalidades laboratoriais funcionais renais em usuários de PrEP (tenofovir+entricitabina) oral contínuo. Material e Métodos: Trata-se de uma coorte única, prospectiva, com recrutamento de 131 usuários de PrEP oral. Incluímos indivíduos saudáveis, maiores de 18 anos de idade que procuraram espontaneamente pelo uso da PrEP oral contínua. Os participantes foram submetidos à avaliação laboratorial de função renal antes do uso de PrEP e em todas as consultas de retorno, a cada 3-4 meses até a interrupção da profilaxia. Os desfechos considerados foram ≥ 1 alteração laboratorial funcional renal – TFGe < 90 mL/min – detectada em, pelo menos, duas consultas consecutivas de acompanhamento. Resultados: A maioria dos indivíduos são homens cisgênero (98,4%), brancos (83,6%), altamente escolarizados (93,8%), jovens (34,2 ± 9,03 anos de idade), homossexuais (89,3%) e com índice de massa corporal normal (24,5 ± 3,12 kg/m2). Com 1.120 dias de seguimento, observou-se uma incidência de anormalidades laboratoriais renais de 14% com densidade de incidência de 3,5 novos casos-ano (IC 95% 1,97-6,26, p < 0,001). O uso anterior de PEP foi fator de risco para os desfechos renais (p=0,04). Conclusões: Em 131 usuários de PrEP oral contínua, 1) a densidade de alterações laboratoriais renais foi de 3,5 pessoas- ano, chegando à incidência máxima de 14% no final do seguimento, 2) a TFGe pela creatinina não chegou a ser < 60ml/min/1,73m2 e 3) os marcadores de função glomerular e tubular não precederam a redução da TFGe.	Profilaxia pré-exposição; Tenofovir; Entricitabina; Proteinúria; Albuminúria; Creatinina; Taxa de filtração glomerular	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2023	Ferrand, John; Walsh-Buhi, Eric; Dodge, Brian; Svetina, Dubravka; Herbenick, Debby	Variations in Pre-exposure Prophylaxis (PrEP) Awareness and Healthcare Provider Interactions in a Nationally Representative Sample of American Men Aged 15-49 Years: A Cross-Sectional Study.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04016-0	https://dx.doi.org/10.1007/s10461-023-04016-0	Awareness of and discussions with a healthcare provider (HCP) around pre-exposure prophylaxis (PrEP), an effective HIV prevention method, are associated with PrEP uptake, yet few studies utilize representative samples or report on these outcomes using distinct behavioral risk subgroups. This cross-sectional study utilized responses given by men on the 2017-2019 National Survey of Family Growth, a nationally representative survey of Americans aged 15-49 years. Multiple logistic regression models were used to determine how respondents' sociodemographic characteristics and HIV risk behaviors were related to PrEP awareness and HCP discussions. PrEP awareness was low (29.40%) as was the proportion who reported ever discussing PrEP with an HCP (4.48%). Odds of being PrEP aware and discussing PrEP with an HCP varied significantly within sexual behavior subgroups based on sociodemographic and behavioral characteristics highlighting the differential risks within distinct behavioral subgroupings of men. Sexual behavior subgroupings should be considered when promoting PrEP awareness and discussions as HIV risk behaviors vary considerably and sexual identity alone may not sufficiently capture one's HIV risk.	CHILDREN; COVID-19; KNOWLEDGE; SYMPTOMS; pandemic; resilience; disaster; ADOLESCENT RESILIENCE; GOVERNMENT; preparedness; social vulnerability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ferraz D.; Rossi T.A.; Zucchi E.M.; de Deus L.F.A.; Mabire X.; Ferguson L.; Magno L.; Grangeiro A.; Préau M.; Botelho F.C.; Rodrigues A.; Steele S.; Dourado I.	"I Can't Take This Shitty Quarantine Anymore": Sexual Behavior and PrEP Use Among Young Men Who Have Sex with Men and Transgender Women in Brazil During the COVID-19 Pandemic	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-022-02364-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134820617&doi=10.1007%2fs10508-022-02364-x&partnerID=40&md5=351d649c5d241b47f8f3218750a04a2	This study analyzes how the COVID-19 pandemic affected sexual behavior and use of HIV prevention methods among young transgender women (YTGW) and young gay, bisexual and other men who have sex with men (YGBMSM) participating in an HIV pre-exposure prophylaxis (PrEP) demonstration study in Brazil. Online interviews with 39 participants aged 15–22 years old were conducted between September and November 2020 and analyzed based on social constructionism and human rights-based approaches to health. The pandemic disrupted interviewees' routines, negatively affecting their life conditions. Among those who did not have a steady partner, social distance measures led to temporary interruption of sexual encounters and increased sexting and solo sex. Conversely, for those who had a steady relationship such measures contributed to increasing sexual practices and intimacy. Participants who had sexual encounters during the pandemic reported having continued to use PrEP. However, home confinement with family, lack of privacy, loss of daily routines and changes in housing impaired PrEP adherence and attendance at follow-up consultations. These results highlight the importance of maintaining HIV-service delivery for these groups during a public health crisis, as well as to address the structural drivers of the epidemic with comprehensive HIV prevention policies and by ensuring access of YGBMSM and YTGW to social protection policies. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	COVID-19; HIV prevention; Men who have sex with men; Pre-exposure prophylaxis; Transgender women	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Ferreira, R; Cannon, CEB; Buttell, F; Davidson, T	Explaining Disaster and Pandemic Preparedness at the Nexus of Personal Resilience and Social Vulnerability: An Exploratory Study	Disaster Medicine and Public Health Preparedness	-	-	-	1935-7893	10.1017/dmp.2023.78	https://pubmed.ncbi.nlm.nih.gov/37332163/	Objective:The purpose of this research was a pilot examination to identify and assess relationships among social vulnerability, personal resilience, and preparedness for a sample of US residents living in the Gulf South, who had experienced climate-related disaster (e.g., hurricanes) and the COVID-19 pandemic. Methods:Binary logistic regression was conducted using primary survey data collected in 2020 (n = 744) to identify statistically significant explanatory variables of sociodemographic characteristics and resilience, measured by the CD-RISC 10, of climate-related disaster, and pandemic preparedness. Results:Results indicate that respondents who identified as white, had more education, were in a relationship, and spoke English as a first language, as well as respondents who had exhibited greater resilience, were more likely to prepare for a climate-related disaster. Respondents who spoke English as a first language, had more education, and greater resilience were found to be statistically significant explanatory variables of pandemic preparedness. Respondents who prepared for disaster were also more likely to prepare for the pandemic. Conclusions:These findings provide insights into protective factors related to preparedness, including linkages between resilience and preparedness that can aid public health professionals in supporting resilience and preparedness efforts for impacted communities.	CHILDREN; COVID-19; KNOWLEDGE; SYMPTOMS; pandemic; resilience; disaster; ADOLESCENT RESILIENCE; GOVERNMENT; preparedness; social vulnerability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Fidler N.; Vlaev I.; Schmidtke K.A.; Chow E.P.F.; Lee D.; Read D.; Ong J.J.	Efficacy and acceptability of 'nudges' aimed at promoting pre-exposure prophylaxis (PrEP) use: a survey of overseas born men who have sex with men	Sexual Health	-	-	-	14485028	10.1071/SH22113	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152972879&doi=10.1071%2fSH22113&partnerID=40&md5=c3a8c7755ef90e8998560c89c7e59954	Background: This study explores the potential for behavioural economics techniques called 'nudges' to encourage the use of HIV pre-exposure prophylaxis (PrEP) by overseas-born men who have sex with men (MSM) in Australia. We investigated the preferences of overseas-born MSM for different nudges and the effect of nudges on reported likelihood of seeking information about PrEP. Methods: We conducted an online survey of overseas-born MSM, in which they were asked: (1) how likely they and a relevant friend would be to click on PrEP advertisements that used behavioural economics strategies; and (2) what they most and least liked about each ad. We conducted ordered logistic regression of reported likelihood scores against participant age and sexual orientation, use of a model in an advertisement, use of statistics about PrEP, reference to the World Health Organization (WHO), rewards for seeking further information, and use of a call-to-action. Results: Participants (n = 324) reported higher likelihoods of clicking on advertisements with images of people, statistics about PrEP, rewards for seeking further information, and calls-to-action. They reported lower likelihoods of clicking on advertisements referencing the WHO. They had negative emotional responses to sexualised humour, gambling metaphors, and the slogan 'Live Fearlessly'. Conclusions: Overseas-born MSM prefer public health messages that feature representative messengers and statistics about PrEP. These preferences are consistent with previous data on descriptive norms (i.e. statistics about the number of peers doing the desired behaviour) and gain-framed information (i.e. focusing on what can be gained from an intervention). © 2023 The Author(s).	behavioural economics; descriptive norms; gain-framed information; HIV; messengers; nudge; pre-exposure prophylaxis; sexual health	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Editorial	2023	Fields, Errol L	Realizing the Promise of PrEP Globally for Vulnerable Adolescent and Young Adult Populations	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2023.09.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175562106&doi=10.1016%2fj.jadohealth.2023.09.007&partnerID=40&md5=730c9da03b1c6a21d448ed14971e1f1b	No abstract available	adolescentadultBlack personBrazildepressionEditorialhumanHuman immunodeficiency virus infectioninfection preventionmedical researchmen who have sex with menpatient compliancepatient safetypre-exposure prophylaxisprimary health careSouth Africatransgendervulnerable populationyoung adultHuman immunodeficiency virus infectionmalemale homosexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2023	Fields, Sheldon D; Gruber, Joshua; Clue, Jamaal; Rey, Gabriel Gomez; Cuervo, Helena Díaz	Prevalence of renal and bone risk factors among individuals prescribed oral pre-exposure prophylaxis for HIV.	International Journal of Infectious Diseases: Regional Edition	-	-	-	2772-7076	10.1016/j.ijregi.2023.01.004	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9922808	Objectives: The only available oral pre-exposure prophylaxis (PrEP) regimens approved in the United States to prevent HIV infection during the period covered by this study were emtricitabine/tenofovir alafenamide (F/TAF) and emtricitabine/tenofovir disoproxil fumarate (F/TDF). Both agents have similar efficacy, however F/TAF exhibits improved bone and renal health safety endpoints over F/TDF. In 2021, the United States Preventive Services Task Force recommended individuals have access to the most medically appropriate PrEP regimen. To understand the impact of these guidelines, the prevalence of risk factors to renal and bone health was evaluated among individuals prescribed oral PrEP. Methods: This prevalence study utilized the electronic health records of people prescribed oral PrEP between January 1, 2015 and February 29, 2020. Renal and bone risk factors (age, comorbidities, medication, renal function, and body mass index) were identified using International Classification of Diseases (ICD) and National Drug Code (NDC) codes. Results: Among 40 621 individuals prescribed oral PrEP, 62% had ≥1 renal risk factor and 68% had ≥1 bone risk factor. Comorbidities were the most frequent (37%) class of renal risk factors. Concomitant medications were the most prominent (46%) class of bone-related risk factors. Conclusions: The high prevalence of risk factors suggests the importance of their consideration when choosing the most appropriate regimen for individuals who may benefit from PrEP.	PrEP, Emtricitabine/tenofovir alafenamide, F/TAF, Emtricitabine/tenofovir disoproxil fumarate, F/TDF, Kidney risk factor	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Filho, Daniel Freire de Figueirêdo; Desiderio, Miguel de Melo; Lopes, Djalma Victor Martins; Teixeira, Maria das Graças Rafaela Mesquita; Medeiros, Melissa Soares	APLICATIVO "MEU PREP": EDUCAÇÃO E ACOMPANHAMENTO NA PALMA DA MÃO	The Brazilian Journal of Infectious Diseases	-	-	-	1413-8670	https://doi.org/10.1016/j.bjid.2023.102977	https://www.sciencedirect.com/science/article/pii/S1413867023002374	Introdução/Objetivo A Síndrome da Imunodeficiência Humana (Aids) é causada pela infecção dos retrovírus humanos HIV-1 ou 2, sendo o 1 a causa mais comum no mundo. Com o passar dos anos e avanços na medicina no que diz respeito ao estudo e entendimento desse vírus, ficou claro a necessidade de estimular e desenvolver estratégias de prevenção a transmissão do HIV, sendo medidas comportamentais e farmacológicas. Dessa forma, em 2012 o Food and Drugs Administration (FDA) aprovou a profilaxia pré-exposição (PrEP), que se trata de uma pílula diária que as pessoas com maior risco de contrair o vírus administram a fim de reduzir suas chances de infecção. É cada vez mais claro a necessidade de medidas que estimulem a informatização, tanto da população geral quanto dos profissionais prescritores, para um melhor manejo de situações em que indicações profiláticas pontuais poderiam evitar uma nova infecção. O objetivo desse trabalho é avaliar a importância do desenvolvimento de um aplicativo que fomente a informatização, ensino e acompanhamento do uso da PrEP, a partir da resposta de um formulário aplicado nos paciente em uma Clínica Escola em Fortaleza-CE. Métodos Foram coletados dados dos formulários preenchidos por pacientes atendidos no mês de Julho de 2023 no ambulatório de PrEP na referida clínica. Resultados Dos 147 pacientes atendidos no ambulatório supracitado, 123 (83,7%) responderam ao questionário e todos afirmaram a relevância e importância de um aplicativo que suprisse suas necessidades em relação a informações e acompanhamento durante o uso da PrEP. Está em testes a versão beta de um aplicativo, nomeado "Meu PrEP", que já se apresenta como uma ferramenta intuitiva e polivalente, apresentando duas interfaces, uma para usuários PrEP e outra para profissionais de saúde. O qual favorece a perpetuação de conteúdos educativos, controle de adesão, educação continuada de prescritores e vinculação entre usuário-prescritor. Conclusão A proposta do aplicativo móvel "Meu PrEP", para fins de favorecer, tanto o usuário de PrEP quanto o profissional que está realizando o atendimento, fomenta a expectativa de termos a perpetuação do uso da profilaxia da melhor maneira, garantindo um acompanhamento de qualidade e informações de fácil acesso, usando como base os pilares: tecnologia, educação, acompanhamento e adesão.	Infecção por HIV Profilaxia Pré-Exposição Aplicativo móvel	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Fitzgerald N.; Coltart H.; Dominguez L.; Flanagan K.; Gilleece Y.	PrEP for women in Europe: a systematic literature review	HIV Medicine	-	-	-	14642662	10.1111/hiv.13458	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153521451&doi=10.1111%2fhiv.13458&partnerID=40&md5=c0f816f9b0428a470a8ecad8e70d0ac9	Background: Prevention of HIV transmission is fundamental to ending the HIV epidemic. Pre-exposure prophylaxis (PrEP) with oral tenofovir-emtricitabine (TDF-FTC) is an established HIV-prevention method; however, most PrEP services in Europe have been targeted at men who have sex with men (MSM). A survey in 2021 by Women Against Viruses in Europe (WAVE) showed considerable variation in PrEP access and guidance for women throughout Europe. WAVE therefore commissioned this systematic review to provide insight into PrEP provision and barriers to uptake for women in Europe. Methods: PubMed, Embase, and Scopus were searched for studies (January 2013–May 2021) that reported on actual (e.g., efficacy and safety) or hypothetical (e.g., awareness, barriers, PrEP impact models) use of oral PrEP involving women (including cis, transgender, pregnant, migrant, and breastfeeding women). Search terms included HIV, pre-exposure prophylaxis (specifically TDF-FTC), and women. Studies performed outside of the World Health Organization European region were excluded. Results: The search identified 4716 unique citations, and 45 peer-reviewed articles (44 studies) were included. The majority of these studies (34/44 77%) included recipients or potential recipients of PrEP, representing 4699 women (243 transgender women). However, few studies were women focused (4/34 12%) or took place outside of Western Europe (3/34 9%). Across the three clinical studies that reported women-specific outcomes (60 transgender women, 13 pregnant, and 19 cis women), no breakthrough infections were recorded during the use of PrEP. Lack of awareness of PrEP, low self-estimation of HIV acquisition risk, concerns about stigma, lack of protection against other sexually transmitted infections, and PrEP interaction with hormones (for transgender women) were identified as barriers to use. The remaining studies examined healthcare professionals' perceptions of PrEP (9/44 20%), asked for public opinion (2/44 5%), or modelled the potential of PrEP for HIV prevention (1/44 2%). Conclusions: This review revealed a notable lack of literature on PrEP for cis and transgender women in Europe. This is synonymous with a lack of PrEP provision for women in this region. Barriers to PrEP uptake are complex and rooted in institutional and societal stigma, which must be addressed at policy level. HIV prevention with PrEP is not 'one size fits all' and requires a nuanced gender-responsive approach. Further research into the use of PrEP in cis, pregnant, breastfeeding, and transgender women is essential if we are to stop HIV transmission by 2030. © 2023 British HIV Association.	cis women; Europe; HIV; Pre-exposure prophylaxis; PrEP; transgender women	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Fitzpatrick, Colin; Richardson, Daniel; Sherriff, Nigel; Whetham, Jennifer	Pilot evaluation of PrEP EmERGE – A novel digital health innovation designed to support sexual health clinics and HIV-PrEP users	HIV Medicine	-	-	-	14642662	10.1111/hiv.13406	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138540401&doi=10.1111%2fhiv.13406&partnerID=40&md5=1ef5a57aec3b70e8190709ca9df19621	Objective: We aimed to evaluate the usability and acceptability of a co-designed mobile health (mHealth) application (PrEP-EmERGE) within a digital health pathway to support HIV pre-exposure prophylaxis (PrEP). Methods: This was a cross-sectional study to evaluate the usability and acceptability of the PrEP-EmERGE app. Data were collected via an online survey sent to all PrEP EmERGE users in September 2021. Usability was assessed with a validated usability tool, the System Usability Scale (SUS). Acceptability was assessed using modified patient-reported experience measures (PREMs). Quantitative data were analysed using descriptive and/or inferential statistics and qualitative data (free text responses) using thematic analysis. Results: In total, 81/133 (61%) active PrEP EmERGE users completed the online survey, which was available directly from their PrEP EmERGE app: 78/81 (96%) identified as cis-male, 74/81 (91%) reported their ethnicity as 'white', 69/81 (85%) reported daily PrEP use, 7/81 (9%) reported using an event-based dosing schedule, and 5/81 (6%) were switching between dosing schedules. Overall, the median SUS score was 78/100 (interquartile range: 70–92). There were no differences in median SUS scores by PrEP dosing schedules (p = 0.78) or months of experience of using the app (p = 0.31). Overall, 73/81 (90%) would recommend the PrEP EmERGE app to a friend and 78/81 (96%) rated their satisfaction of the app as excellent, good or satisfactory. The free text responses generated three key themes: accessibility (for results and information); autonomy taking responsibility for their (sexual) health and functionality (including technical recommendations for app development and the digital health pathway). Conclusions: Innovative, co-designed digital health pathways, such as PrEP EmERGE can help sexual health services to manage increasing numbers of people accessing PrEP – ensuring that they retain access for those who need to be seen face-to-face. We report high levels of acceptability and usability during the first 4 months of this novel pathway. © 2022 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	digital health pathways; HIV pre-exposure prophylaxis; mHealth; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2023	Foley, Bill; Nugent, Erin; Donnellan, Noel; Strong, Thomas; O'Brien, Cormac; Price, Graham	How to Be Irish in an Epidemic: A Dossier Article on HIV and AIDS in Ireland, Then and Now.	The Journal of Medical Humanities	-	-	-	1573-3645 1041-3545	10.1007/s10912-022-09768-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9702794/	This dossier article contains four short and varied contributions from activists and other service and healthcare providers who have been agitating and working on the frontlines of HIV/AIDS in Ireland since the early 1980s. The dossier contains: (1) a history, by Bill Foley, of the early collective efforts of a group of gay men to provoke government action and healthcare under the umbrella of Gay Health Action (GHA) (2) a speech delivered by Dr. Erin Nugent to government officials on the re-branding of HIV Ireland in 2015; (3) a brief history, recounted by Noel Donnellan, of ACT UP Dublin since it was revitalized in 2016 by a small cohort of dedicated activists from a dormant group into a vibrant collective that has achieved great legislative change with regards to pre-exposure prophylaxis (PrEP); and (4) a polemic, written by Thomas Strong, on living with HIV as a queer man in Ireland that demonstrates the ways in which HIV stigma not only thrives in but molds and shapes twenty-first-century gay men's communities, both in real life and online.	Humans; Male; Homosexuality, Male; HIV; Ireland; AIDS; *Sexual and Gender Minorities; *Acquired Immunodeficiency Syndrome; *HIV Infections/prevention & control; Chem-Sex; Gay Health Action Ireland. Grindr, Hook-up Culture; HIV-Related Stigma	English	United States	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Ireland	Western and Central Europe and North America	Clinical
Article	2023	Fonner V.A.; Ridgeway K.; Van Der Straten A.; Lorenzetti L.; Dinh N.; Rodolph M.; Schaefer R.; Schmidt H.-M.A.; Nguyen V.T.T.; Radebe M.; Peralta H.; Baggaley R.	Safety and efficacy of long-acting injectable cabotegravir as preexposure prophylaxis to prevent HIV acquisition	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003494	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152172736&doi=10.1097%2fQAD.0000000000003494&partnerID=40&md5=5ba6fc7e5c64d1bed2ef7923d9eb39a	Objective:HIV remains a significant burden, despite expanding HIV prevention tools. Long-acting injectable cabotegravir (CAB-LA) is a new preexposure prophylaxis (PrEP) product. We reviewed existing evidence to determine the efficacy and safety of CAB-LA as PrEP to inform global guidelines.Design:Systematic review and meta-analysis.Methods:We systematically reviewed electronic databases and conference abstracts for citations on CAB-LA from January 2010 to September 2021. Outcomes included HIV infection, adverse events, drug resistance, pregnancy-related adverse events, and sexual behavior. We calculated pooled effect estimates using random-effects meta-analysis and summarized other results narratively.Results:We identified 12articles/abstracts representing four multisite randomized controlled trials. Study populations included cisgender men, cisgender women, and transgender women. The pooled relative risk of HIV acquisition comparing CAB-LA to oral PrEP within efficacy studies was 0.21 (95% confidence interval: 0.07-0.61), resulting in a 79% reduction in HIV risk. Rates of adverse events were similar across study groups. Of 19 HIV infections among those randomized to CAB-LA with results available, seven had integrase strand transfer inhibitor (INSTI) resistance. Data on pregnancy-related adverse events were sparse. No studies reported on sexual behavior.Conclusions:CAB-LA is highly efficacious for HIV prevention with few safety concerns. CAB-LA may lead to an increased risk of INSTI resistance among those who have acute HIV infection at initiation or become infected while taking CAB-LA. However, results are limited to controlled studies; more research is needed on real-world implementation. Additional data are needed on the safety of CAB-LA during pregnancy (for mothers and infants) and among populations not included in the trials. © 2023 Lippincott Williams and Wilkins. All rights reserved.	HIV prevention; long-acting injectable cabotegravir; preexposure prophylaxis; systematic review	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Editorial	2023	Ford C.A.	How to Provide PrEP to Every Young Person Who Needs It: A Blueprint	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2023.09.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175528483&doi=10.1016%2fj.jadohealth.2023.09.008&partnerID=40&md5=517f5d839948cbee2cd012f0082e571a	Our supplement this month, "Lessons Learned in Providing Pre-Exposure Prophylaxis (PrEP) for HIV for Young People at Scale," addresses the critical issue of HIV prevention among adolescents and young adults. In particular, this supplement focuses on key populations in low- and middle-income countries who are disproportionately affected by the HIV/AIDS epidemic: adolescent men who have sex with men, adolescent transgender women, and adolescent girls and young women. The 11 scientific papers in this supplement report from two projects, one in Brazil and the other in South Africa. PrEP1519 targeted adolescent men who have sex with men and adolescent transgender women between the ages of 15 and 19 in three large capital cities in Brazil: Salvador, São Paulo, and Belo Horizonte. Project PrEP in South Africa aimed to introduce PrEP into comprehensive sexual and reproductive health services for adolescent girls and young women. The projects were planned, funded, and undertaken simultaneously, with both tnational teams communicating and collaborating throughout the process. What emerges from the supplement as a whole is a blueprint for the development of culturally appropriate interventions to promote PrEP uptake and adherence among key populations in other low- and middle-income countries. In a commentary, representatives from the World Health Organization and Pan American Health Organization reinforce the desperate need for HIV prevention targeted at vulnerable young people and the particular barriers they face. Carefully targeted interventions like those described in this supplement, as well as new PrEP options like long-acting injectable cabotegravir and the dapivirine vaginal ring, hold great promise in finally addressing and overcoming these barriers	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Other
Article	2023	Fox J.M.; Lee M.J.; Fairhead C.L.; Ledwaba-Chapman L.M.; Nori A.V.; McQuillan O.; Wang Y.; Clarke A.; Menon-Johansson A.	Self-start HIV postexposure prophylaxis (PEPSE), to reduce time to first dose and increase efficacy	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2022-055622	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165095448&doi=10.1136%2fsextrans-2022-055622&partnerID=40&md5=740581f2a7d8ded6b287b1d411df8ab2	Background Effectiveness of HIV postexposure prophylaxis (PEPSE) correlates with speed of uptake following HIV exposure. Time to first dose has not improved in the UK for over 10 years. On-demand pre-exposure prophylaxis (PrEP) has shown that people can self-start medication for HIV prevention. We hypothesised that advanced provision of PEPSE (HOME PEPSE) for men who have sex with men (MSM) to self- initiate would reduce time to first dose following HIV exposure. Methods Phase IV, randomised, prospective, 48-week, open-label study was carried out. MSM at medium risk of acquiring HIV were randomised (1:1) to immediate or deferred standard of care (SOC) HOME PEPSE. Every 12 weeks, participants self-completed mental health/risk behaviour surveys and had HIV/sexually transmitted infection (STI) testing. HOME PEPSE comprised a 5-day pack of emtricitabine/tenofovir disoproxil fumarate/maraviroc 600 mg once daily initiated following potential exposure to HIV. If taken, participants completed a risk survey; PEPSE continuation was physician directed. Primary outcome was time from potential exposure to HIV to first PEPSE dose. Findings 139 participants randomised 1:1; 69 to immediate HOME PEPSE and 70 to deferred HOME PEPSE. Median age 30 years (IQR 26-39), 75% white, 55% UK born and 72% university educated. 31 in HOME PEPSE and 15 in SOC arm initiated PEPSE. Uptake of HOME PEPSE was appropriate in 27/31 cases (87%, 95% CI: 71% to 95%). Median time from exposure to first dose was 7.3 hours (3.0, 20.9) for HOME PEPSE and 28.5 hours (17.3, 34.0) for SOC (p<0.01). HOME PEPSE was well tolerated with no discontinuations. No significant differences in missed opportunities for PEPSE uptake, sexual behaviour or bacterial STI infections between treatment arms. Interpretation HOME PEPSE reduced the time from exposure to first-dose PEPSE by 21+ hours, with no impact on safety. This significantly improves the efficacy of PEPSE and provides an option for people declining PrEP. © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.	HIV; post-exposure prophylaxis; pre-exposure prophylaxis; preventive health services; sexual behavior	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Francesc López Seguí; Lerga, Unai Oyón; Laura Laguna Marmol; Coll, Pep; Andreu, Angels; Meulbroek, Michael; Guillem López Casasnovas; Oriol Estrada Cuxart; Jordi Ara Rey; Quiñones, Carles; Pérez, Félix; Fernandez, Javier; Rivero, Ángel; Laura Ricou Ríos; Bonaventura Clotet	Cost-effectiveness analysis of the daily HIV pre-exposure prophylaxis in men who have sex with men in Barcelona	PLOS One	-	-	-	NA	10.1371/journal.pone.0277571	https://www.proquest.com/scholarly-journals/cost-effectiveness-analysis-daily-hiv-pre/docview/2766403147/se-2?accountid=8113	Introduction Pre-Exposure Prophylaxis (PrEP) for HIV prevention has been implemented in several countries. Previous literature has shown that its cost-effectiveness (and, under some specifications, cost-saving character) is dependent on the reduction in price due to generics, the time-horizon and its effectiveness. The intervention has never been studied in Catalonia after the approval of the PrEP, a territory with extensive implementation. Methods Economic evaluation of the implementation of HIV pre-exposition prophylaxis using administrative data from Men who have Sex with Men (MSM) who receive the treatment (at the generic price) compared with non-implementation. A deterministic compartmental model and a social perspective with a micro-costing approach over the time horizon 2022–2062 are used. A baseline 86% effectiveness of PrEP is assumed. Results Daily oral PrEP is found to be cost-saving: discounted savings in costs are attained after 16 years, and after 40 years they reach 81 million euros. In terms of health indicators, 10,322 additional discounted QALYs are generated by the intervention. Results are sensitive to sexual behavioral patterns among MSM, the price of PrEP (reduced if offered on-demand), its effectiveness and the discount rate. Conclusions The use and promotion of PrEP in Catalonia is predicted to result in substantial health and monetary benefits because of reductions in HIV infections. Short-term investments in the promotion of PrEP will result in important cost-savings in the long term.	HIV; Spain; Netherlands; Hospitals; Pre-exposure prophylaxis; Effectiveness; Men who have sex with men; Infections; Syphilis; Sexual behavior; Disease prevention; Health services; Prophylaxis; Serology; Exposure; Hepatitis; Health economics; Pharmacy; Cost-effectiveness analysis; Cost analysis; Immune system; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Sciences: Comprehensive Works; Acquired immune deficiency syndrome--AIDS; Gays & lesbians; Mens health; Generic drugs; Virus testing; Finance	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2023	Friedman, Eleanor E.; Shankaran, Shivanjali; Devlin, Samantha A.; Kishen, Ekta B.; Mason, Joseph A.; Sha, Beverly E.; Ridgway, Jessica P.	Development of a predictive model for identifying women vulnerable to HIV in Chicago.	BMC Women's Health	-	-	-	1472-6874	10.1186/s12905-023-02460-7	https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-023-02460-7#citeas	INTRODUCTION: Researchers in the United States have created several models to predict persons most at risk for HIV. Many of these predictive models use data from all persons newly diagnosed with HIV, the majority of whom are men, and specifically men who have sex with men (MSM). Consequently, risk factors identified by these models are biased toward features that apply only to men or capture sexual behaviours of MSM. We sought to create a predictive model for women using cohort data from two major hospitals in Chicago with large opt-out HIV screening programs. METHODS: We matched 48 newly diagnosed women to 192 HIV-negative women based on number of previous encounters at University of Chicago or Rush University hospitals. We examined data for each woman for the two years prior to either their HIV diagnosis or their last encounter. We assessed risk factors including demographic characteristics and clinical diagnoses taken from patient electronic medical records (EMR) using odds ratios and 95% confidence intervals. We created a multivariable logistic regression model and measured predictive power with the area under the curve (AUC). In the multivariable model, age group, race, and ethnicity were included a priori due to increased risk for HIV among specific demographic groups. RESULTS: The following clinical diagnoses were significant at the bivariate level and were included in the model: pregnancy (OR 1.96 (1.00, 3.84)), hepatitis C (OR 5.73 (1.24, 26.51)), substance use (OR 3.12 (1.12, 8.65)) and sexually transmitted infections (STIs) chlamydia, gonorrhoea, or syphilis. We also a priori included demographic factors that are associated with HIV. Our final model had an AUC of 0.74 and included healthcare site, age group, race, ethnicity, pregnancy, hepatitis C, substance use, and STI diagnosis. CONCLUSIONS: Our predictive model showed acceptable discrimination between those who were and were not newly diagnosed with HIV. We identified risk factors such as recent pregnancy, recent hepatitis C diagnosis, and substance use in addition to the traditionally used recent STI diagnosis that can be incorporated by health systems to detect women who are vulnerable to HIV and would benefit from preexposure prophylaxis (PrEP).	Humans; Male; Female; Homosexuality, Male; HIV; PrEP; Risk factors; *Sexual and Gender Minorities; *Sexually Transmitted Diseases; Chicago/epidemiology; HIV vulnerability; *HIV Infections/diagnosis/epidemiology/complications; *Hepatitis C/complications; Electronic Medical Record (EMR); Prediction model	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Fu, Jiaqi; Dai, Zhenwei; Wang, Hao; Si, Mingyu; Chen, Xu; Wu, Yijin; Xiao, Weijun; Huang, Yiman; Yu, Fei; Mi, Guodong; Su, Xiaoyou	Willingness to use long-acting injectable PrEP among HIV-negative/unknown men who have sex with men in mainland China: A cross-sectional online survey.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0293297	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10586652	BACKGROUND: Men who have sex with men (MSM) are at high risk of HIV acquisition. Long-acting injectable-pre-exposure prophylaxis (LAI-PrEP), requiring less frequent dosing, is being studied as an alternative method to daily oral HIV PrEP. With the addition of this potential new prevention method, it expands the scope for a wider user choice and is expected to increase the acceptability and uptake of HIV prevention measures. The aim of our study was to explore the willingness to use LAI-PrEP and associated influential factors. METHODS: Participants were recruited from December 2020 to March 2021 through banner advertisements on web- and mobile app-based platforms on Blued, a large gay Chinese social media platform. MSM in our cross-sectional study was HIV-negative and currently lived in mainland China. Participants were asked about their willingness to use LAI-PrEP and reasons why they might be or not be willing to use LAI-PrEP. Multivariable logistic regression was used to analyze the factors associated with the willingness to use LAI-PrEP. RESULTS: In total, 969 participants met the inclusion criteria and finished the survey. Nearly twenty percent (19.5%) of participants had never tested for HIV; 66.8% of MSM had multiple male partners; and 51.6% of MSM engaged in condomless sex with their partner. About three-fifths (66.3%) of MSM were aware of PrEP, and only 3.9% of MSM had used PrEP before. The willingness to use LAI-PrEP among MSM was 74.0% (95% CI: 71.4%-76.6%). MSM with higher education levels were less likely to show a willingness to use LAI-PrEP (AOR = 0.56, 95%CI: 0.38-0.84). Participants who had a history of HIV test (AOR = 1.68, 95%CI: 1.11-2.55), were willing to use daily oral PrEP (AOR = 10.64, 95%CI:7.43-15.21), had multiple male sexual partners (AOR = 1.33, 95%CI:0.93-1.90), who used rush popper(AOR = 1.49, 95%CI:1.05-2.13), and who were aware of PEP (AOR = 1.66, 95%CI: 1.02-2.70) were more likely to show willingness to use LAI-PrEP. CONCLUSIONS: In our study, MSM had quite high awareness but low uptake of PrEP. As LAI-PrEP is expected to be approved for use in China in the future, our study of MSM highlights the need for key population-focused education programs about PrEP and healthy sexual behavior. This study also provides some evidence for LAI-PrEP use among the Chinese MSM population in the future.	NA	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Article	2023	Fynn L.; Gill K.; Wallace M.; Atujuna M.; Duyver M.; Ngcobo P.; Spiegel H.; Rinehart A.; Hosek S.; Bekker L.-G.	"It's already in your body and it's preventing": a qualitative study of African female adolescent's acceptability and preferences for proxy HIV prevention methods in Cape Town, South Africa	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-023-16955-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175847069&doi=10.1186%2fs12889-023-16955-3&partnerID=40&md5=14debabb9f7f95813d11fbe686229b13	Background: Advances in biomedical HIV prevention will soon offer young women a choice of HIV prevention methods, including various pre-exposure prophylaxis (PrEP) modalities such as daily oral pills, dapivirine vaginal ring, and long-acting injectable agents. By understanding preferences for contraceptive methods, we may draw analogies for the HIV prevention needs of young women. The UChoose Study was an open-label randomised cross-over study designed to evaluate the acceptability and preference for several contraceptive options as a proxy for HIV prevention methods that use similar types of administration. The study enrolled healthy HIV uninfected young women aged 15 to 19 years. At enrolment, participants were randomly assigned to a contraceptive method for a period of 16 weeks in the form of monthly Nuvaring® (vaginal ring), daily combined oral contraceptive (daily pills), or bi-monthly injectable contraceptive (injectable). After 16 weeks, participants crossed over to another contraceptive method, and those who had received the injectable and the daily pills received the vaginal ring for another 16 weeks, whereas those who had received the vaginal ring were able to choose between the injectable and daily pills, to ensure that all participants tried the vaginal ring—the least familiar option to the study population. Results: Thirty-three participants were purposively recruited to participate in seven focus group discussions (FGD) and completed a pre-survey for their assigned group. Our sample comprised 14 participants randomised to use of the vaginal ring and daily pills and 19 participants randomised to use of the vaginal ring and injectable. For most participants, their preferences for a prevention method were based primarily on their desire to avoid negative aspects of one method rather than their positive user experience with another method. Most participants expressed initial hesitancy for trying new contraception method products; however, a lack of familiarity was moderated by a strong interest in diverse user-controlled prevention methods. Participants valued methods that had infrequent dosing and simplified use requirements. The injection and vaginal ring were preferred over daily pills as a potential HIV prevention method. Conclusion: Expanding the availability of diverse products could provide adolescents with multiple choices in HIV prevention for the uninitiated. Trial registration: ClinicalTrials.gov (NCT02404038). Registered March 31, 2015—Registered. © 2023, The Author(s).	Adherence; Adolescent girls; Contraception; HIV prevention; Preference; South Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Gachigua S.G.; Karuga R.; Ngunjiri A.; Jarrahian C.; Coffey P.S.; Kilbourne-Brook M.; Otiso L.	Microarray patch for HIV prevention and as a multipurpose prevention technology to prevent HIV and unplanned pregnancy: an assessment of potential acceptability, usability, and programmatic fit in Kenya	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1125159	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158124836&doi=10.3389%2ffrph.2023.1125159&partnerID=40&md5=6427b6116341d0acc686f0df062c43c8	Background: Microarray patches (MAPs), a novel drug delivery system, are being developed for HIV pre-exposure prophylaxis (PrEP) delivery and as a multipurpose prevention technology (MPT) to protect from both HIV and unintended pregnancy. Prevention technologies must meet the needs of target audiences, be acceptable, easy to use, and fit health system requirements. Methodology: We explored perceptions about MAP technology and assessed usability, hypothetical acceptability, and potential programmatic fit of MAP prototypes using focus group discussions (FGD), usability exercises, and key informant interviews (KII) among key populations in Kiambu County, Kenya. Adolescent girls and young women (AGYW), female sex workers (FSW), and men who have sex with men (MSM) assessed the usability and acceptability of a MAP prototype. Male partners of AGYW/FSW assessed MAP acceptability as partners of likely users. We analyzed data using NVivo, applying an inductive approach. Health service providers and policymakers assessed programmatic fit. Usability exercise participants applied a no-drug, no-microneedle MAP prototype and assessed MAP features. Results: We implemented 10 FGD (4 AGYW; 2 FSW; 2 MSM; 2 male partners); 47 mock use exercises (19 AGYW; 9 FSW; 8 MSM; 11 HSP); and 6 policymaker KII. Participants reported high interest in MAPs due to discreet and easy use, long-term protection, and potential for self-administration. MAP size and duration of protection were key characteristics influencing acceptability. Most AGYW preferred the MPT MAP over an HIV PrEP-only MAP. FSW saw value in both MAP indications and voiced need for MPTs that protect from other infections. Preferred duration of protection was 1–3 months. Some participants would accept a larger MAP if it provided longer protection. Participants suggested revisions to the feedback indicator to improve confidence. Policymakers described the MPT MAP as "killing two birds with one stone," in addressing AGYW needs for both HIV protection and contraception. An MPT MAP is aligned with Kenya's policy of integrating health care programs. Conclusions: MAPs for HIV PrEP and as an MPT both were acceptable across participant groups. Some groups valued an MPT MAP over an HIV PrEP MAP. Prototype refinements will improve usability and confidence. 2023 Gachigua, Karuga, Ngunjiri, Jarrahian, Coffey, Kilbourne-Brook and Otiso.	acceptability; contraception; health product development; HIV PrEP; Kenya; microarray patch; microneedle patch; multipurpose prevention	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Qualitative
Article	2023	Gagnon K.W.; Coulter R.W.S.; Egan J.E.; Ho K.; Hawk M.	Associations Between Sexual History Documentation in Electronic Health Records and Referral to Pre-Exposure Prophylaxis Navigator on Prescription of Pre-Exposure Prophylaxis at a Multi-Site Federally Qualified Health Center	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2023.0068	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167763965&doi=10.1089%2fapc.2023.0068&partnerID=40&md5=2cab131e272f25bbb815e4e4e99c0baa	This cross-sectional study examined the relationships between sexual history screening (SHS) and referrals to a pre-exposure prophylaxis (PrEP) navigator (non-clinical staff member who assists patients in overcoming structural barriers to PrEP) on the proportion of days covered by PrEP for adult patients at a federally qualified health center. Patients' sociodemographics, PrEP prescriptions, referral to a PrEP navigator, and SHS data were extracted from the electronic health record (EHR). The analytic sample was 214 adult patients who were human immunodeficiency virus (HIV) negative and taking PrEP to prevent infection from January 2016 to December 2019. Mixed-effects negative binomial models were conducted accounting for clustering by patients' primary care providers. Documentation of SHS was associated with a higher proportion of days covered by PrEP (incidence rate ratio = 1.44, 95% confidence interval: 1.17–1.77). There was no significant effect of having a referral to the PrEP navigator on the proportion of days covered by PrEP, nor did having a referral to the PrEP navigator moderate the relationship between having SHS documented in the EHR and the proportion of days covered by PrEP. This study is the first to investigate the relationship between having sexual history documented in the EHR, referrals to a PrEP navigator, and their combined effect on the proportion of days covered by PrEP. Results of this study provide foundational evidence for future studies examining SHS as an opportunity to improve PrEP access and adherence and indicate the need for additional research exploring the value of PrEP navigators as an implementation strategy to overcome social and structural barriers to care. © Mary Ann Liebert, Inc.	HIV; implementation; PrEP; PrEP navigator; sexual history screening	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Galicia, P; Chuvieco, S; Santos Larrégola, L; Cuadros, J; Ramos-Rincón, J. M; Linares, M	Conocimiento sobre chemsex, profilaxis pre-exposición contra el VIH (PrEP) y entrevista sexual en atención primaria: ¿estamos preparados?	Semergen	-	-	-	-	1138-3593	10.1016/j.semerg.2023.101929	https://pesquisa.bvsalud.org/portal/resource/pt/ibc-220713	Objetivo Describir el grado de conocimiento de los profesionales de atención primaria sobre la práctica del chemsex, sus potenciales efectos secundarios y la profilaxis pre-exposición (PrEP) contra el VIH. Métodos Estudio observacional, descriptivo, transversal, mediante encuesta en línea dirigida a profesionales de atención primaria. La encuesta constaba de 25 preguntas sobre: a)datos sociodemográficos; b)realización de entrevista sexual en la consulta; c)nivel de conocimiento sobre el uso de chemsex y sus complicaciones; d)grado de conocimiento sobre la PrEP, y e)necesidades formativas de los profesionales. La encuesta se diseñó en ArgisSurvey123 y se distribuyó a través de SEMERGEN mediante lista de distribución y correo corporativo. Resultados Se obtuvieron 157 respuestas durante el periodo de distribución de la encuesta (febrero-marzo 2022). La mayoría de los encuestados fueron mujeres (71,8%). El porcentaje de entrevista sexual en la práctica clínica habitual fue bajo. La mayoría de los encuestados (73%) habían oído hablar del chemsex, pero no se sentían cómodos con su conocimiento de las propiedades farmacocinéticas de las principales drogas utilizadas en esta práctica. El 52,3% de los respondedores afirmaban no tener conocimientos sobre la PrEP. Conclusiones Actualizar y dar respuesta a las necesidades formativas de los profesionales respecto al chemsex y la PrEP es fundamental para garantizar el cuidado y la calidad de la atención a nuestros pacientes (AU)	Chemsex; Profilaxis pre-exposición profilaxis; PrEP; VIH entrevista sexual y Atención Primaria; Chemsex; Pre-exposure prophylaxis; PrEP; HIV; Sexual behavior interview; Primary health care	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2023	Gallay P.A.; Ramirez C.M.; Baum M.M.	Acute antagonism in three-drug combinations for vaginal HIV prevention in humanized mice	Scientific Reports	-	-	-	-	20452322	10.1038/s41598-023-31695-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150668670&doi=10.1038%2fs41598-023-31695-5&partnerID=40&md5=ebc7b614c9b7972d6e2179801395e3bc	Adolescent girls and young women in low- to middle-income countries are disproportionately at risk of becoming HIV-1 infected. New non-vaccine biomedical products aimed at overcoming this global health challenge need to provide a range of safe, effective, and discreet dosage forms based on the delivery of one or more antiviral compounds. An overarching strategy involves vaginal drug administration through inserts/tablets, gels, films, and intravaginal rings. The approach derives its appeal from being women-controlled and topical, there-by potentially minimizing systemic exposure to the agents and their metabolites. Oral regimens based on tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) are established and effective in HIV-1 pre-exposure prophylaxis (PrEP), and form a promising basis for vaginal PrEP. Here, we used bone marrow/liver/thymus humanized mice to measure the in vivo efficacy against HIV-1 of single and combination antiviral compounds applied vaginally, coupled with data analysis using the Chou-Talalay mathematical model to study the dose–effect characteristics. Unexpectedly, strong antagonism was observed in drug combinations composed of TDF-FTC coupled with a third agent using a different mode of action against HIV-1. The antagonistic effect was remedied when TDF was omitted from the regimen. Our approach provides a translational template for the preclinical, rational, and systematic evaluation of drug combinations for the prevention of HIV-1, and other viral diseases. © 2023, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Galmiche P.; Carayon L.; Foureur N.	Three years into the implementation of PrEP in France: What do users and health professionals say? (ANRS 95036)	Clinical Ethics	-	-	-	-	1477-7509	10.1177/14777509231174753	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159066556&doi=10.1177%2f14777509231174753&partnerID=40&md5=3682f1577a0eb683b9349530b1b99f8b	The implementation of pre-exposure prophylaxis (PrEP) as a new tool for prevention against HIV raised particular ethical concerns regarding the individuals' and the collective's best interests in France. It was questioned whether the beneficence of taking or prescribing PrEP regarding its high efficacy to protect people from HIV is always more important than the maleficence represented by the risks involved, such as healthy people taking a pill with side effects, the growth of sexually transmitted infections or the potential generalization of risk-taking sexual behaviour. The main objective of this study was to explore patients' and health professionals' ethical questioning on PrEP. Sixty-nine qualitative interviews were conducted with 45 users and 24 healthcare professionals. Overall, this study shows that those primarily concerned by PrEP tend to dismiss ethical questions regarding PrEP itself in the name of its efficacy and the empowerment it allows, but they would rather stress the impact PrEP can have on individuals' sexual behaviour and how it can affect their autonomy if it is prescribed blindly without taking into consideration the specific living context and life history of each PrEP user. © The Author(s) 2023.	ethics; PrEP; qualitative study; sexual health; sexuality	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2023	Gandhi, Rajesh T; Bedimo, Roger; Hoy, Jennifer F; Landovitz, Raphael J; Smith, Davey M; Eaton, Ellen F; Lehmann, Clara; Springer, Sandra A; Sax, Paul E; Thompson, Melanie A; Benson, Constance A; Buchbinder, Susan P; Del Rio, Carlos; Eron, Joseph J; Günthard, Huldrych F; Molina, Jean-Michel; Jacobsen, Donna M; Saag, Michael S	Antiretroviral Drugs for Treatment and Prevention of HIV Infection in Adults: 2022 Recommendations of the International Antiviral Society-USA Panel.	JAMA - Journal of the American Medical Association	-	-	-	-	1538-3598	10.1001/jama.2022.22246	https://dx.doi.org/10.1001/jama.2022.22246	Importance: Recent advances in treatment and prevention of HIV warrant updated recommendations to guide optimal practice. Objective: Based on a critical evaluation of new data, to provide clinicians with recommendations on use of antiretroviral drugs for the treatment and prevention of HIV, laboratory monitoring, care of people aging with HIV, substance use disorder and HIV, and new challenges in people with HIV, including COVID-19 and monkeypox virus infection. Evidence Review: A panel of volunteer expert physician scientists were appointed to update the 2020 consensus recommendations. Relevant evidence in the literature (PubMed and Embase searches, which initially yielded 7891 unique citations, of which 834 were considered relevant) and studies presented at peer-reviewed scientific conferences between January 2020 and October 2022 were considered. Findings: Initiation of antiretroviral therapy (ART) is recommended as soon as possible after diagnosis of HIV. Barriers to care should be addressed, including ensuring access to ART and adherence support. Integrase strand transfer inhibitor-containing regimens remain the mainstay of initial therapy. For people who have achieved viral suppression with a daily oral regimen, long-acting injectable therapy with cabotegravir plus rilpivirine given as infrequently as every 2 months is now an option. Weight gain and metabolic complications have been linked to certain antiretroviral medications; novel strategies to ameliorate these complications are needed. Management of comorbidities throughout the life span is increasingly important, because people with HIV are living longer and confronting the health challenges of aging. In addition, management of substance use disorder in people with HIV requires an evidence-based, integrated approach. Options for preexposure prophylaxis include oral medications (tenofovir disoproxil fumarate or tenofovir alafenamide plus emtricitabine) and, for the first time, a long-acting injectable agent, cabotegravir. Recent global health emergencies, like the SARS-CoV-2 pandemic and monkeypox virus outbreak, continue to have a major effect on people with HIV and the delivery of services. To address these and other challenges, an equity-based approach is essential. Conclusions and Relevance: Advances in treatment and prevention of HIV continue to improve outcomes, but challenges and opportunities remain.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Gangcuangco, Louie Mar A.; Eustaquio, Patrick C.	The State of the HIV Epidemic in the Philippines: Progress and Challenges in 2023.	Tropical Medicine and Infectious Disease	-	-	-	-	2414-6366	10.3390/tropicalmed8050258	https://www.mdpi.com/2414-6366/8/5/258	In the past decade, the Philippines has gained notoriety as the country with the fastest-growing human immunodeficiency virus (HIV) epidemic in the Western Pacific region. While the overall trends of HIV incidence and acquired immunodeficiency syndrome (AIDS)-related deaths are declining globally, an increase in new cases was reported to the HIV/AIDS and ART Registry of the Philippines. From 2012 to 2023, there was a 411% increase in daily incidence. Late presentation in care remains a concern, with 29% of new confirmed HIV cases in January 2023 having clinical manifestations of advanced HIV disease at the time of diagnosis. Men having sex with men (MSM) are disproportionately affected. Various steps have been taken to address the HIV epidemic in the country. The Philippine HIV and AIDS Policy Act of 2018 (Republic Act 11166) expanded access to HIV testing and treatment. HIV testing now allows for the screening of minors 15-17 years old without parental consent. Community-based organizations have been instrumental in expanding HIV screening to include self-testing and community-based screening. The Philippines moved from centralized HIV diagnosis confirmation by Western blot to a decentralized rapid HIV diagnostic algorithm (rHIVda). Dolutegravir-based antiretroviral therapy is now the first line. Pre-exposure prophylaxis in the form of emtricitabine-tenofovir disoproxil fumarate has been rolled out. The number of treatment hubs and primary HIV care facilities continues to increase. Despite these efforts, barriers to ending the HIV epidemic remain, including continued stigma, limited harm reduction services for people who inject drugs, sociocultural factors, and political deterrents. HIV RNA quantification and drug resistance testing are not routinely performed due to associated costs. The high burden of tuberculosis and hepatitis B virus co-infection complicate HIV management. CRF_01AE is now the predominant subtype, which has been associated with poorer clinical outcomes and faster CD4 T-cell decline. The HIV epidemic in the Philippines requires a multisectoral approach and calls for sustained political commitment, community involvement, and continued collaboration among various stakeholders. In this article, we outline the current progress and challenges in curbing the HIV epidemic in the Philippines.	HIV; AIDS; human immunodeficiency virus; public health; Philippines	English	United Kingdom	Western and Central Europe and North America	Philippines	Asia and the Pacific	Philippines	Asia and the Pacific	Review
Article	2023	Garcia Iglesias J.	From training wheels to chemical condoms: Exploring narratives of PrEP discontinuation	Health	-	-	-	-	13634593	10.1177/13634593211005177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85103080048&doi=10.1177%2f13634593211005177&partnerID=40&md5=3ba1795350b10c8eb5bcd3165207b388	This paper explores experiences of PrEP, a HIV-prevention intervention, among bugchasers, gay men who eroticize HIV. While PrEP has been hailed as a "game changer" in HIV-prevention, little attention has been paid to why and how some people may discontinue it in the face of HIV risk, such as bugchasers do. This paper relies on interview data with bugchasers to discuss the process of discontinuation and its effects. The paper argues that, for these men, discontinuation is a fluid, complex, and sometimes contradictory process. It also describes how participants perceived themselves as being at different stages of discontinuation. The paper also analyzes how these men see PrEP as a barrier to intimacy, risk, and a tool to negotiate their desires and identity: through discontinuing PrEP, these men are able to reflect on and build their identities as bugchasers. © The Author(s) 2021.	adherence; discontinuation; HIV; PrEP; sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Garg P.R.; Uppal L.; Kurian K.; Heng T.; Akhtar F.; Mehra S.	Pre-exposure Prophylaxis (PrEP) Awareness, Willingness to Use, and Preferred Places for Access Among the Cambodian Female Entertainment Workers: A Cross-Sectional Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03877-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141631766&doi=10.1007%2fs10461-022-03877-1&partnerID=40&md5=78a3b0b9b7aa65e919779627a5dadeee	The aim of the study was to determine the awareness, desire to use, and preferred providers of pre-exposure prophylaxis (PrEP) among Female Entertainment Workers (FEWs) aged 18–35 years in Cambodia's Phnom Penh region. Of 1003 FEWs, 31.8% of them had heard of PrEP. When informed about PrEP, 67.4% said they would use PrEP and the most preferred location to access PrEP was a local non-governmental organization (NGO) (63.2%), followed by a government clinic/center (39.8%), ART clinic (26.7%), pharmacy (20.7%), and CBO (14.8%). FEWs who had heard about PrEP (aOR: 2.46; CI: 1.79–3.39) and those with no additional income source other than sex work (aOR: 1.53; CI: 1.16–2.02) were more likely to express their willingness to use PrEP. When the country is in the process of making provisions for PrEP, the study urges policymakers and programmers to take steps towards creating awareness about PrEP among key populations such as FEWs and its availability preferably through local NGOs and government clinics. © 2022, The Author(s), under exclusive license to Springer Science+Business Media, LLC, part of Springer Nature.	acceptability; accessibility; awareness; Female Entertainment Workers; HIV prevention; Pre-exposure Prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Gebru N.M.; Canidate S.S.; Liu Y.; Schaefer S.E.; Pavila E.; Cook R.L.; Leeman R.F.	Substance Use and Adherence to HIV Pre-Exposure Prophylaxis in Studies Enrolling Men Who Have Sex with Men and Transgender Women: A Systematic Review	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03948-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144440632&doi=10.1007%2fs10461-022-03948-3&partnerID=40&md5=8d998af870dc6f75abf7075853af3796	Optimal adherence to pre-exposure prophylaxis (PrEP) is critical, but challenging. Men who have sex with men and transgender women have high rates of HIV incidence and substance use. Substance use is associated with reduced adherence to other medications, but associations between substance use and adherence to PrEP are less clear. Thus, the current review 1) systematically evaluates the measurement of substance use and PrEP adherence in studies examining both and 2) summarizes reported findings. Peer-reviewed articles published between 2010 - April 2021 examining associations between substance use and PrEP adherence were reviewed. Fifty studies met inclusion criteria. Assessment of substance use (i.e., mostly via self-reports at baseline) and PrEP adherence (i.e., often via tenofovir diphosphate TFV-DP concentration levels at follow-up) varied considerably across studies. Many studies used categorical variables (e.g., substance use: yes/no). Studies using TFV-DP levels defined adherence consistently (i.e., TFV-DP ≥ 700 fmol/punch), with slight variations. Qualitative studies (n = 10) indicated that substance use (mainly alcohol) is related to poorer PrEP adherence. While quantitative findings to date are equivocal for alcohol, there is a pattern of findings linking stimulant use with poorer PrEP adherence. This review reveals four methodological gaps, which can be addressed in future research by: 1) use of uniform benchmarks for substance use measures, 2) prospective assessment for substance use, 3) use of continuous outcome variables wherever possible, and 4) more extensive consideration of potential confounders. Addressing these methodological gaps may help us reach more definitive conclusions regarding associations between substance use and PrEP adherence. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	alcohol use; medication adherence; non-stimulant use; PrEP adherence; stimulant use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Gelaude D.; Denson D.	"Why You Putting This Drug in Your Body to Fight off Something that You Don't Have?" Perceptions About PrEP Use Among Black and Latino Men Who Have Sex with Men in the U.S. South	Journal of Homosexuality	-	-	-	-	918369	10.1080/00918369.2021.2005998	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85120617884&doi=10.1080%2f00918369.2021.2005998&partnerID=40&md5=a1aed501965140d6cfbb85b003031d0a	PrEP use has steadily increased since its introduction, yet uptake remains slow among MSM of color in the U.S. South. Findings presented are from a qualitative study conducted in 2016 exploring factors related to remaining HIV negative among Black (n = 99) and Latino (n = 51) MSM in Atlanta, Baton Rouge, New Orleans, Jackson, and Miami. One-hour in-depth interviews were analyzed using a qualitative content analysis approach. MSM perceived PrEP as providing relief from fear and as an insurance policy against HIV infection but were likely to consider themselves at low risk for HIV. Identified factors influencing PrEP use included side effects, medical mistrust, and stigma. Cost and access were not seen as major barriers. Findings suggest MSM of color in the South may view PrEP as too risky for their HIV prevention needs. PrEP providers can address medical mistrust, discuss side effects, and emphasize positive aspects of PrEP use to increase uptake. (150 words). © This work was authored as part of the Contributor's official duties as an Employee of the United States Government and is therefore a work of the United States Government. In accordance with 17 U.S.C. 105, no copyright protection is available for such works under U.S. Law.	Black/African American MSM; HIV prevention; Latino MSM; PrEP; PrEP barriers; PrEP uptake; US South	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Genre N.; Christinet V.	PrEP in French-speaking Switzerland: between anxiety and trust, antiretroviral use for HIV prevention; La PrEP en Suisse romande entre anxiété et confiance Utilisation des antirétroviraux en prévention du VIH	Revue Médicale Suisse	-	-	-	-	16609379	10.53738/REVMED.2023.19.842.1714	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171900319&doi=10.53738%2fREVMED.2023.19.842.1714&partnerID=40&md5=88f752b019371b1cdec3908839034410	The preventive properties of antiretrovirals have been recognized for many years, and pre-exposure prophylaxis (PrEP) has been used in Switzerland since 2016 to prevent HIV acquisition by HIV-negative people. The aim of this article is to provide an overview of PrEP uses in French-speaking Switzerland from the experience of users of this preventive drug. The main results of our research highlight the existence of two experiential versions of PrEP, i.e. subjective definitions shared by the people concerned by the indication. The first version relates to the effects of PrEP on anxiety, where taking a preventive drug drastically reduces the fear of contamination, and the second version relates to the capacity of the drug to modulate trust between individuals. © 2023 Editions Medecine et Hygiene. All rights reserved.	NA	French	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Qualitative
Article	2023	Giddings, Rebecca; Indravudh, Pitchaya; Medley, Graham F.; Bozzani, Fiammetta; Gafos, Mitzy; Malhotra, Shelly; Terris-Prestholt, Fern; Torres-Rueda, Sergio; Quaife, Matthew	Infectious Disease Modelling of HIV Prevention Interventions: A Systematic Review and Narrative Synthesis of Compartmental Models.	PharmacoEconomics	-	-	-	-	1179-2027 1170-7690	10.1007/s40273-023-01260-z	https://link.springer.com/article/10.1007/s40273-023-01260-z	BACKGROUND: The HIV epidemic remains a major public health problem. Critical to transmission control are HIV prevention strategies with new interventions continuing to be developed. Mathematical models are important for understanding the potential impact of these interventions and supporting policy decisions. This systematic review aims to answer the following question: when a new HIV prevention intervention is being considered or designed, what information regarding it is necessary to include in a compartmental model to provide useful insights to policy makers? The primary objective of this review is therefore to assess suitability of current compartmental HIV prevention models for informing policy development. METHODS: Articles published in EMBASE, Medline, Econlit, and Global Health were screened. Included studies were identified using permutations of (i) HIV, (ii) pre-exposure prophylaxis (PrEP), circumcision (both voluntary male circumcision VMMC and early-infant male circumcision EIMC), and vaccination, and (iii) modelling. Data extraction focused on study design, model structure, and intervention incorporation into models. Article quality was assessed using the TRACE (TRAnsparent and Comprehensive Ecological modelling documentation) criteria for mathematical models. RESULTS: Of 837 articles screened, 48 articles were included in the review, with 32 unique mathematical models identified. The substantial majority of studies included PrEP (83%), whilst fewer modelled circumcision (54%), and only a few focussed on vaccination (10%). Data evaluation, implementation verification, and model output corroboration were identified as areas of poorer model quality. Parameters commonly included in the mathematical models were intervention uptake and effectiveness, with additional intervention-specific common parameters identified. We identified key modelling gaps; critically, models insufficiently incorporate multiple interventions acting simultaneously. Additionally, population subgroups were generally poorly represented-with future models requiring improved incorporation of ethnicity and sexual risk group stratification-and many models contained inappropriate data in parameterisation which will affect output accuracy. CONCLUSIONS: This review identified gaps in compartmental models to date and suggests areas of improvement for models focusing on new prevention interventions. Resolution of such gaps within future models will ensure greater robustness and transparency, and enable more accurate assessment of the impact that new interventions may have, thereby providing more meaningful guidance to policy makers.	Humans; Male; Risk Factors; Infant; Policy Making; *HIV Infections/epidemiology; *Communicable Diseases; Epidemiological Models	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Gil P.K.M.; Conrado D.S.; Nascimento A.I.D.; Azevedo M.V.; da Cunha J.C.P.; Koch G.S.R.; Maciel C.G.; Ribeiro A.A.; Filho A.C.P.; Medeiros M.J.; Santos-Pinto C.D.B.; Oliveira E.F.	HIV pre-exposure prophylaxis and incidence of sexually transmitted infections in Brazil, 2018 to 2022: An ecological study of PrEP administration, syphilis, and socioeconomic indicators	PLOS Neglected Tropical Diseases	-	-	-	-	19352727	10.1371/journal.pntd.0011548	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168779789&doi=10.1371%2fjournal.pntd.0011548&partnerID=40&md5=cab4e550a6c38398b33ce97d90c3a9d1	Background Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is one of the pillars of a combination prevention strategy for reducing the risk of new infections caused by HIV. The daily use of antiretroviral drugs by individuals who are not infected with HIV is required to prevent infection. Although its efficacy has been well established in the literature, in recent years, the decreased supply of antiretroviral drugs has been associated with an increase in the incidence of sexually transmitted infections (STI) and changes in the social determinants of health. An ecological study was conducted covering a five-year period (2018–2022), start-ing from the year of initiation of PrEP administration in Brazilian state capitals. Principal findings Descriptive analysis was performed, and the spatial distribution of study data was taken into account. Correlation analysis was used to assess the association between PrEP administra-tion, the incidence and detection rate of STI, and socioeconomic data. The southern region showed the highest incidence rates of STI, but the northern and northeastern regions demon-strated the worst socioeconomic indicators, especially those related to illiteracy and basic sanitation. PrEP administration was significantly correlated with illiteracy (ρ =-0.658), per capita income (ρ = 0.622), public garbage collection (ρ = 0.612), syphilis (ρ = 0.628) and viral hepatitis (ρ = 0.419) incidences. Further, all STI were significantly associated with illiteracy and per capita income. Significance Our findings highlight the need to continue exploring PrEP use and rising syphilis rates. In terms of policy, PrEP administration appears to be inversely associated with regions of greater social vulnerability. Further efforts should focus on the social determinants and health needs of this population to improve access to PrEP and reduce social disparities. © 2023 Mendonça Gil et al.	NA	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Gilles M.; Tetart M.; Huleux T.; Thill P.; Meybeck A.; Robineau O.	HIV pre-exposure prophylaxis (PrEP) knowledge among general practitioners in 2020: A French survey	Infectious Diseases Now	-	-	-	-	26669927	10.1016/j.idnow.2023.104649	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148371680&doi=10.1016%2fj.idnow.2023.104649&partnerID=40&md5=1ce3ce0a1146ae1df23cd4a4f05b73dd	Introduction: Since 2017, pre-exposure prophylaxis (PrEP) has been one of the tools in combination HIV prevention strategies. The objective of our questionnaire was to analyze the knowledge and the position of general practitioners in Hauts-de-France on PrEP. Method: This quantitative, observational, cross-sectional study was conducted in 2020 using an anonymous questionnaire sent by post to a sample of 3007 GPs. Results: Four hundred and forty-four questionnaires (14.8 %) were included. The GPs were predominantly male (n = 253, 57 %) with a median age of 47 years. The median interest shown by respondents was 7/10. One hundred and sixty participating GPs (36%) were aware of the principles of PrEP, one hundred and sixty were only aware of the title (36%) and 124 (28%) showed no awareness at all. Out of the 160 GPs who knew about PrEP, 72 % considered it effective, 30 % knew about it from a patient and 34 % declared having at least one patient using PrEP. GPs who knew about PrEP were more likely to: have graduated less than 10 years before, having seen in consultation men who have sex with men (MSMs) and, lastly; using screening practices for sexually transmitted infections that were better aligned with the recommendations than those who reported not knowing about PrEP. Conclusion: Although PrEP remains insufficiently known to GPs, many expressed eagerness to be involved. The training of health professionals and the highlighting of GPs' role in prevention could help to optimize the fight against HIV. © 2023 Elsevier Masson SAS	General practitioner; HIV; Pre-Exposure Prophylaxis (PrEP)	English	France	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Gillespie, David; de Bruin, Marijn; Hughes, Dyfrig A; Ma, Richard; Williams, Adam; Wood, Fiona; Couzens, Zoë; Jones, Adam; Hood, Kerenza	Between- and Within-Individual Sociodemographic and Psychological Determinants of PrEP Adherence Among Men Who have Sex with Men Prescribed a Daily PrEP Regimen in Wales.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03890-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9628468	We investigated the determinants of daily PrEP use and coverage of condomless anal sex (CAS) by PrEP among men who have sex with men in Wales, UK. We measured PrEP use by electronic monitors and CAS by secure online surveys. We defined PrEP use based on daily medication cap openings and coverage as CAS episodes preceded by ≥ 3 days of PrEP use and followed by ≥ 2 days of PrEP use. We included 57 participants (5463 observations). An STI diagnosis was associated with lower PrEP use but also lower PrEP coverage. Older adults had higher PrEP use. A belief that other PrEP users took PrEP as prescribed was associated with lower PrEP coverage. An STI diagnosis is an important cue for an intervention, reflecting episodes of high-risk sexual behaviour and low PrEP coverage. Other results provide a basis for the development of an evidence-informed intervention for promoting coverage of PrEP.	HIV prevention, PrEP, Adherence, Determinants, MSM	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Gillespie, David; Williams, Adam; Wood, Fiona; Couzens, Zoë; Jones, Adam; Ma, Richard; de Bruin, Marijn; Hughes, Dyfrig A; Hood, Kerenza	Psychometric Properties of an Adapted Stigma Scale and Experiences of Stigma Associated with HIV Pre-exposure Prophylaxis Use Among Men Who have Sex with Men: A Mixed Methods Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03967-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145895849&doi=10.1007%2fs10461-022-03967-0&partnerID=40&md5=ab3d510b8ac0df38ee47916a8baed7e7	Stigma may influence the use of HIV pre-exposure prophylaxis (PrEP). However, there is an absence of robust measures for PrEP-related stigma. We describe an adaptation of a HIV stigma scale for use in PrEP users and experiences of PrEP users in Wales (UK) with regards to PrEP-related stigma. A mixed methods study was conducted where PrEP users completed questionnaire items about PrEP-related stigma and a subset were interviewed about their experiences of taking PrEP. We adapted items from the HIV stigma scale and assessed construct validity and internal consistency. We analysed interview data using a framework approach, with themes focussing on enacted and anticipated stigma in order to identify areas for scale refinement. Our measure had good psychometric properties but additional items may be useful (e.g. specific instances of enacted stigma, concerns around homonegativity). Further work is needed to develop this scale and validate it in a larger sample. © 2023, The Author(s).	HIV; MSM; PrEP; Stigma	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2023	Giorlando K.K.; Arnold T.; Barnett A.P.; Leigland A.; Whiteley L.; Brock J.B.; Brown L.K.	Acceptability and Comfort Regarding Remotely Delivered PrEP Services in Mississippi	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/23259582231186868	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164269055&doi=10.1177%2f23259582231186868&partnerID=40&md5=15bcdc7a627631e4691de2fc03401daf	Despite the prevalence of human immunodeficiency virus (HIV) in Mississippi, access to pre-exposure prophylaxis (PrEP) is mostly limited to urban areas. Remote PrEP care via telemedicine, HIV self-testing, and prescription mail delivery can improve care in underserved communities. This mixed methods study assessed the acceptability and feasibility of using remote PrEP care, compared to alternatives. This consisted of (1) a cross-sectional survey and (2) interviews. PrEP-eligible adults were recruited from community-based organizations across Mississippi while accessing HIV testing between December 2019 and May 2022. Those surveyed (n = 63) indicated the greatest comfort in receiving PrEP via mail delivery (m = 5.14) and telemedicine (m = 4.89) and least comfort at gyms (m = 3.92). Comfort significantly differed between mail delivery and gyms (F = 2.90; P <.01). Those interviewed (n = 26) expressed relatively high comfort with remote PrEP care citing enhanced accessibility, privacy, simplicity, and quality. Remote PrEP services were acceptable and feasible among our sample, thus, should be expanded in Mississippi to address unmet needs. © The Author(s) 2023.	HIV prevention; HIV self-testing; pre-exposure prophylaxis; prescription delivery; telemedicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Giovenco, Danielle; Pettifor, Audrey; Bekker, Linda-Gail; Filiatreau, Lindsey M; Liu, Tao; Akande, Morayo; Gill, Katherine; Atujuna, Millicent; Stein, Dan J; Kuo, Caroline	Understanding Oral Prep Interest Among South African Adolescents: The Role of Perceived Parental Support and PrEP Stigma	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03924-x	https://www.proquest.com/scholarly-journals/understanding-oral-prep-interest-among-south/docview/2807780055/se-2?accountid=8113	We examined oral PrEP interest among adolescents and its association with perceived parental support and PrEP stigma. Cross-sectional data were collected during baseline procedures of the "Our Family Our Future" intervention trial in South Africa. Adolescents (14–16 years) at elevated risk for acquiring HIV and their parents or caregivers were dyadically enrolled from 2018 to 2021. There were 879 complete adolescent-parent dyads. Among adolescents, 27% had heard about PrEP, 67% reported they would want to use PrEP, and 58% thought their parent would want them to use PrEP. Among parents, 33% had heard about PrEP and 85% reported they would want their adolescent to use PrEP. Adolescents who thought their parent would want them to use PrEP were more likely to be interested in PrEP than adolescents who thought their parent would not want them to use PrEP (adjusted prevalence ratio (aPR) = 2.11, 95% CI 1.82, 2.44). Further, adolescents with higher average PrEP stigma scores above the adolescent sample median were less likely to be interested in PrEP than adolescents with lower average PrEP stigma scores (aPR = 0.81, 95% CI 0.72, 0.91). In conclusion, parents were more supportive of their adolescent taking PrEP than adolescents perceived they would be, and perceptions of low parental support and greater PrEP stigma were associated with reduced PrEP interest among adolescents. Interventions should aim to improve adolescent-parent communication around sexual health and effective HIV prevention tools.	South Africa; pre-exposure prophylaxis; PrEP; Psychology; Adolescents; Teenagers; Sexual behavior; Sexual health; Stigma; Disease prevention; Drug use; Adolescence; Caregivers; stigma; adolescent; Perceptions; parental support; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Parents & parenting; Health risks; Oral administration	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Glick J.L.; Zhang L.; Rosen J.G.; Yaroshevich K.; Atiba B.; Pelaez D.; Park J.N.	A Novel Capacity-Strengthening Intervention for Frontline Harm Reduction Workers to Support Pre-exposure Prophylaxis Awareness-Building and Promotion Among People Who Use Drugs: Formative Research and Intervention Development	JMIR Formative Research	-	-	-	-	2561326X	10.2196/42418	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85154609603&doi=10.2196%2f42418&partnerID=40&md5=f75484ac854acb72f00679cd0dd4a2f7	Background: HIV prevalence among people who use drugs (PWUD) in Baltimore, Maryland, is higher than among the general population. Pre-exposure prophylaxis (PrEP) is a widely available medication that prevents HIV transmission, yet its usefulness is low among PWUD in Baltimore City and the United States. Community-level interventions to promote PrEP uptake and adherence among PWUD are limited. Objective: We describe the development of a capacity-strengthening intervention designed for frontline harm reduction workers (FHRWs) to support PrEP awareness-building and promotion among PWUD. Methods: Our study was implemented in 2 phases in Baltimore City, Maryland. The formative phase focused on a qualitative exploration of the PrEP implementation environment, as well as facilitators and barriers to PrEP willingness and uptake, among cisgender women who use drugs. This work, as well as the existing literature, theory, and feedback from our community partners, informed the intervention development phase, which used an academic-community partnership model. The intervention involved a 1-time, 2-hour training with FHRWs aimed at increasing general PrEP knowledge and developing self-efficacy promoting PrEP in practice (eg, facilitating PrEP dialogues with clients, supporting client advancement along a model of PrEP readiness, and referring clients to PrEP services). In a separate paper, we describe the conduct and results of a mixed methods evaluation to assess changes in PrEP-related knowledge, attitudes, self-efficacy, and promotion practices among FHRWs participating in the training. Results: The pilot was developed from October to December 2021 and implemented from December 2021 through April 2022. We leveraged existing relationships with community-based harm reduction organizations to recruit FHRWs into the intervention. A total of 39 FHRWs from 4 community-based organizations participated in the training across 4 sessions (1 in-person, 2 online synchronous, and 1 online asynchronous). FHRW training attendees represented a diverse range of work cadres, including peer workers, case managers, and organizational administrators. Conclusions: This intervention could prevent the HIV burden among PWUD by leveraging the relationships that FHRWs have with PWUD and by supporting advancement along the PrEP continuum. Given suboptimal PrEP uptake among PWUD and the limited number of interventions designed to address this gap, our intervention offers an innovative approach to a burgeoning public health problem. If effective, our intervention has the potential to be further developed and scaled up to increase PrEP awareness and uptake among PWUD worldwide. © Jennifer L Glick, Leanne Zhang, Joseph G Rosen, Karla Yaroshevich, Bakari Atiba, Danielle Pelaez, Ju Nyeong Park.	formative research; harm reduction; intervention development; people who use drugs (PWUD); pre-exposure prophylaxis (PrEP)	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Godinez H.; Xu Q.; McMann T.J.; Li J.; Mackey T.K.	Analysis of online user discussions on Reddit associated with the transition of use between HIV PrEP therapy	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2023.1073813	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164868736&doi=10.3389%2ffpubh.2023.1073813&partnerID=40&md5=e3c70c7506bc006a84150c92f35955ac	In 2019, the U.S. Food and Drug Administration (FDA) approved emtricitabine and tenofovir alafenamide (Descovy) as another option for HIV pre-exposure prophylaxis (PrEP) prevention for high-risk adults and adolescents. With the introduction of this new PrEP, millions of current users on emtricitabine and tenofovir disoproxil fumarate (Truvada), another PrEP medication currently used to prevent HIV transmission, have options of whether to continue their current treatment regime or transition to new treatment options. The objective of this study was to conduct a descriptive analysis to characterize user-generated social media conversations on Reddit associated with FDA-approved PrEP prevention treatment options. Key themes identified were associated with perceptions, knowledge, and attitudes associated with the transition of use of different PrEP medications. Data were collected retrospectively and prospectively from the Reddit platform for posts with keywords filtered for HIV, PrEP, and FDA-approved PrEP prevention treatment from October 2020 to December 2020. We chose the Reddit platform based on prior studies that have identified PrEP user conversations and insights on access challenges for specific AIDS communities, such as gays and men who have sex with men (MSM). Reddit posts were then manually annotated using an inductive content coding approach for key themes regarding the transition of use and other emergent themes from user-generated content. Formal coding of text data was conducted with refined codes, and sub-codes created. A total of 3,120 posts were analyzed from Reddit resulting in 315 posts that were coded for PrEP and 105 posts (33.33%) specific to user discussions regarding the transition of PrEP. Overall, users expressed interest in drug switching to Descovy, particularly in the context of poorer adherence or concerns about existing side effects associated with Truvada. Other major themes included discussions about the cost of Descovy, apprehension about side effects in comparison to Truvada, insurance coverage changes, and discussions about the donation of Truvada to other users after transitioning. Among these discussions, topics related to sexual minorities, including MSM, reported concerns when considering a switch in their HIV prevention regime. Understanding the changing public perception associated with the introduction of new HIV prevention is important in the context of market access, patient safety, pharmacovigilance, and health equity, particularly among high-risk populations such as MSM. Results support the use of social media from a digital pharmacovigilance perspective to better understand emerging HIV prevention, treatment, and adherence challenges experienced by patients. Copyright © 2023 Godinez, Xu, McMann, Li and Mackey.	drug switching; HIV/AIDS; infodemiology; infoveillance; minority health; pharmacovigilance; PrEP; social media	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Gokengin D.; Bursa D.; Skrzat-Klapaczynska A.; Alexiev I.; Arsikj E.; Balayan T.; Begovac J.; Cicic A.; Dragovic G.; Harxhi A.; Aimla K.; Lakatos B.; Matulionyte R.; Mulabdic V.; Oprea C.; Papadopoulos A.; Rukhadze N.; Sedlacek D.; Sojak L.; Tomazic J.; Vassilenko A.; Vasylyev M.; Verhaz A.; Yancheva N.; Yurin O.; Kowalska J.	PrEP Scale-Up and PEP in Central and Eastern Europe: Changes in Time and the Challenges We Face with No Expected HIV Vaccine in the near Future †	Vaccines	-	-	-	-	2076393X	10.3390/vaccines11010122	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146911661&doi=10.3390%2fvaccines11010122&partnerID=40&md5=5aa434e35fcb12bd851070eac6648895	With no expected vaccine for HIV in the near future, we aimed to define the current situation and challenges for pre- and post-exposure prophylaxis (PrEP and PEP) in Central and Eastern Europe (CEE). The Euroguidelines CEE Network Group members were invited to respond to a 27-item survey including questions on PrEP (response rate 91.6%). PrEP was licensed in 68.2%; 95 centers offered PrEP and the estimated number on PrEP was around 9000. It was available in daily (40.1%), on-demand (13.3%), or both forms (33.3%). The access rate was <1–80%. Three major barriers for access were lack of knowledge/awareness among people who are in need (59.1%), not being reimbursed (50.0%), and low perception of HIV risk (45.5%). Non-occupational PEP was available in 86.4% and was recommended in the guidelines in 54.5%. It was fully reimbursed in 36.4%, only for accidental exposures in 40.9%, and was not reimbursed in 22.72%. Occupational PEP was available in 95.5% and was reimbursed fully. Although PrEP scale-up in the region has gained momentum, a huge gap exists between those who are in need of and those who can access PrEP. Prompt action is required to address the urgent need for PrEP scale-up in the CEE region. © 2023 by the authors.	Central and Eastern Europe; HIV; post-exposure prophylaxis; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Quantitative
Article	2023	Gökengin, Deniz; Noori, Teymur; Alemany, Andrea; Bienkowski, Carlo; Liegon, Geoffroy; Inkaya, Ahmet Çagkan; Carrillo, Jorge; Stary, Georg; Knapp, Katja; Mitja, Oriol; Molina, Jean-Michel	Prevention strategies for sexually transmitted infections, HIV, and viral hepatitis in Europe.	The Lancet Regional Health - Americas	-	-	-	-	2666-7762	10.1016/j.lanepe.2023.100738	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10625023	The current prevention efforts for STIs, HIV and viral hepatitis in the WHO European Region, especially in the Central and Eastern subregions, are hindered by healthcare disparities, data gaps, and limited resources. In this comprehensive narrative review, we aim to highlight both achievements and persisting challenges while also exploring new developments that could significantly impact the prevention of these infections in the near future. While pre-exposure prophylaxis (PrEP) for HIV has been broadly approved and implemented in 38 out of 53 countries in the region, challenges remain, including cost, limited licensing, and incomplete adherence. We explore innovative approaches like on-demand PrEP, long-acting injectable cabotegravir, and intravaginal rings that have shown promising results, alongside the use of six-monthly lenacapavir, the outcomes of which are pending. Additionally, the potential of doxycycline post-exposure prophylaxis has been discussed, revealing efficacy in reducing chlamydia and syphilis risk, but effectiveness against gonorrhoea being contingent on tetracycline resistance rates, and the need of further data to determine potential resistance development in other bacteria and its impact on the gut microbiome. We examine successful vaccination campaigns against HBV and HPV, the ongoing development of vaccines for chlamydia, syphilis, herpesvirus, and gonorrhoea, and challenges in HIV vaccine research, including lines of research with significant potential like sequential immunization, T-cell responses, and mRNA technology. This review underscores the research endeavors that pave the way for a more resilient and robust approach to combating STIs, HIV, and viral hepatitis in the region.	Pre-exposure prophylaxis, Post-exposure prophylaxis, Prevention vaccine, HIV, Gonorrhea, Syphilis, Chlamydia, Hepatitis B or C, HPV, sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Review
Article	2023	Goldstein, Deborah; Ford, Nathan; Kisyeri, Nicholas; Munsamy, Maggie; Nishimoto, Lirica; Osi, Kufor; Kambale, Herve; Minior, Thomas; Bateganya, Moses	Person-centred, integrated non-communicable disease and HIV decentralized drug distribution in Eswatini and South Africa: outcomes and challenges.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26113	https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26113	INTRODUCTION: Non-communicable diseases (NCDs) are highly prevalent in people living with HIV above 50 years of age and account for increasing mortality. There is little published evidence supporting person-centred, integrated models of HIV care, hypertension and diabetes treatment in southern Africa, and no data demonstrating mortality reduction. Where clinical visits for NCDs and HIV cannot be combined, integrated medication delivery presents an opportunity to streamline care and reduce patient costs. We present experiences of integrated HIV and NCD medication delivery in Eswatini and South Africa, focusing on programme successes and implementation challenges. Programmatic data from Eswatini's Community Health Commodities Distribution (CHCD) from April 2020 to December 2021 and South Africa's Central Chronic Medicines Dispensing and Distribution (CCMDD) from January 2016 to December 2021 were provided by programme managers and are summarized here. DISCUSSION: Launched in 2020, Eswatini's CHCD provides over 28,000 people with and without HIV with integrated services, including HIV testing, CD4 cell count testing, antiretroviral therapy refills, viral load monitoring and pre-exposure prophylaxis alongside NCD services, including blood pressure and glucose monitoring and hypertension and diabetes medication refills. Communities designate neighbourhood care points and central gathering places for person-centred medication dispensing. This programme reported fewer missed medication refill appointments among clients in community settings compared to facility-based settings. South Africa's CCMDD utilizes decentralized drug distribution to provide medications for over 2.9 million people, including those living with HIV, hypertension and diabetes. CCMDD incorporates community-based pickup points, facility "fast lanes" and adherence clubs with public sector health facilities and private sector medication collection units. There are no out-of-pocket payments for medications or testing commodities. Wait-times for medication refills are lower at CCMDD sites than facility-based sites. Innovations to reduce stigma include uniformly labelled medication packages for NCD and HIV medications. CONCLUSIONS: Eswatini and South Africa demonstrate person-centred models for HIV and NCD integration through decentralized drug distribution. This approach adapts medication delivery to serve individual needs and decongest centralized health facilities while efficiently delivering NCD care. To bolster programme uptake, additional reporting of integrated decentralized drug distribution models should include HIV and NCD outcomes and mortality trends.	Humans; HIV; South Africa; Blood Glucose; *HIV Infections/drug therapy/prevention & control; hypertension; diabetes; *Diabetes Mellitus; Eswatini; integration; *Hypertension/drug therapy; *Noncommunicable Diseases/drug therapy; Blood Glucose Self-Monitoring; decentralized drug distribution; non-communicable disease; person-centred care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Golub S.A.; Starbuck L.; Fikslin R.; Gamarel K.E.	Psychometric Evaluation and Predictive Validity of an Adapted Adherence Self-Efficacy Scale for PrEP	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03758-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133599780&doi=10.1007%2fs10461-022-03758-7&partnerID=40&md5=ae76d274a46f96014379f5ee439d4a9a	Adherence to and sustainment of HIV pre-exposure prophylaxis (PrEP) are critical to its effectiveness. Adherence self-efficacy, i.e., confidence in one's ability to adhere to a particular medication, is a key psychological determinant of health behavior that strongly predicts HIV treatment adherence but has been understudied in PrEP research. This paper describes the psychometric evaluation and validation of the PrEP Adherence Self-Efficacy Scale (PrEP-ASES), adapted from the previously validated HIV Treatment Adherence Self-Efficacy Scale (HIV-ASES). Data are drawn from two studies conducted at a community health center, one focused on gay and bisexual cisgender men and the other on transgender women. Factor analyses support a one-factor score (eigenvalue = 6.78) that explained 75.3% of the variance, with good test–retest reliability (rs > 0.40). In both studies, higher PrEP-ASES scores were associated with PrEP uptake, adherence, and sustainment. Findings support the utility of the PrEP-ASES in research and suggest the importance of addressing self-efficacy in PrEP programs and services. © 2022, The Author(s), under exclusive license to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; HIV; Persistence; Pre-exposure prophylaxis (PrEP); Self-efficacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Theses and Dissertations	2023	GOMES, FABIANE SOARES.	Aceitabilidade e inicio do uso da profilaxia pré-exposição ao HIV em populações-chave para epidemia de HIV/AIDS	-	-	Universidade FEderal da Bahia	-	NA	NA	https://sigaa.ufba.br/sigaa/public/programa/noticias_desc.jsf?lc=pt_BR&id=1107&noticia=1101113	A epidemia de HIV é um problema de saúde pública no Brasil e no mundo. Entretanto, está concentrada em alguns grupos populacionais, como homens que fazem sexo com homens (HSH), travestis e mulheres transexuais (TrMT), além de outros, chamados de populações-chave para a epidemia. A profilaxia pré-exposição ao HIV (PrEP) é uma importante tecnologia de prevenção do HIV, indicada para pessoas com risco acrescido para o HIV e, no Brasil, se insere no leque de opções de estratégias de prevenção combinada. A aceitabilidade e o início do uso desta tecnologia diferem segundo populações e faixa etária, assim como seus fatores associados. E o conhecimento das etapas para uso da PrEP entre populações-chave no contexto brasileiro é limitado. Objetivo geral: Estudar a aceitabilidade e a iniciação do uso da PrEP entre populações-chave da epidemia do HIV no Brasil. Objetivos específicos: (1) Analisar a associação entre autopercepção de risco de infecção pelo HIV e a aceitabilidade da PrEP oral diária entre HSH em doze capitais brasileiras; (2) Analisar os perfis sociodemográficos e comportamentais de adolescentes HSH e TrMT quanto à iniciação do uso da PrEP em três capitais brasileiras; (3) Descrever o processo de iniciação do uso da PrEP e analisar seus preditores entre adolescentes HSH e TrMT em três capitais brasileiras. Métodos: Essa tese utilizou e analisou dados de dois estudos, e organizou os resultados em três artigos, segundo cada objetivo específico. (1) No primeiro artigo foi estimada a associação entre autopercepção de risco pelo HIV e aceitabilidade da PrEP oral diária entre HSH brasileiros. A base de dados foi de um inquérito sociocomportamental e biológico com a técnica amostral Respondent Driven Sampling (RDS), e recrutou-se 4.176 HSH com 18 anos ou mais em 12 cidades brasileiras, em 2016. Os resultados foram ponderados pelo estimador de Gile para estudos de RDS. Foram estimados odds ratiosajustados (ORa) com intervalos de confiança de 95% (IC 95%) por meio de modelos de regressão logística. (2) No segundo artigo a base de dados foi da pesquisa PrEP1519, estudo de coorte demonstrativo da efetividade da PrEP entre adolescentes HSH e TrMT (aHSH) e (aTrMT), de 15 a 19 anos, conduzido em São Paulo, Salvador e Belo Horizonte. Nesta análise, foram utilizados os dados dos participantes inscritos na coorte entre fevereiro/2019 e agosto/2021, entretanto observamos estes participantes até fevereiro de 2022 para analisar a iniciação de PrEP ao longo do período de seguimento. Os adolescentes que procuraram os serviços de PrEP foram classificados em quatro grupos, de acordo com a elegibilidade de PrEP (i.e., elegível ou não elegível), e a decisão de uso de PrEP (i.e., iniciou, não iniciou): i)participante sem indicação de uso da PrEP, não elegível; ii) elegível e iniciou o uso da PrEP na primeira consulta; iii) elegível e iniciou o uso da PrEP após a primeira consulta; e iv) com indicação de uso da PrEP, mas não iniciou o uso da PrEP. Os grupos foram descritos e comparados em relação às características sociodemográficas e comportamentais usando testes de c Exato de Fisher. As análises foram realizadas no software R v.4.1.0, considerando um nível de significância estatística de 5%. (3) No terceiro artigo foram usados os dados da linha de base da coorte PrEP1519 dos participantes inscritos no estudo entre fevereiro/2019 e fevereiro/2021. Foi aplicado um questionário sociocomportamental na primeira visita aos serviços de PrEP. Foram descritas as proporções de intenção de uso, da elegibilidade ao uso da PrEP, e do início do uso da PrEP. Foi estimada razão de prevalência ajustada (RPa) e IC 95% da associação entre fatores sociocomportamentais e demográficos e início de uso da PrEP, estratificado por faixa etária (15 a 17 anos; 18 e 19 anos), utilizando modelos de regressão logística. Resultados referentes ao primeiro objetivo: A aceitabilidade da PrEP oral diária foi elevada (69,7%) entre os 3.544 HSH que responderam ao questionário. A maioria dos participantes relatou baixo ou moderado risco de infecção pelo HIV (67,2%) e uma pequena proporção (9,3%) relatou alto risco. Foi observada uma relação dose-resposta entre a aceitabilidade de PrEP e o risco autopercebido: a aceitabilidade da PrEP foi 1,88 vezes maior (OR 1,80; IC 95%: 1,24–2,85) entre HSH cujo risco percebido de infecção pelo HIV foi baixo ou moderado, e 5 vezes maior (OR 5,68; IC 95%: 2,54–12,73) entre aqueles que relataram alto risco em comparação com os HSH que relataram não ter risco de infecção pelo HIV. Resultados referentes ao segundo objetivo: Dos 1.254 adolescentes que chegaram aos serviços do estudo PrEP1519, 61 (4,9%) não tinham indicação de usar PrEP, por contraindicação clínica ou uma avaliação que indicasse baixo risco ao HIV. Dos 1.193 elegíveis para a iniciação da PrEP no mesmo dia, 1.113 (93,3%) iniciaram a PrEP 1.054 na primeira visita (88.3%) e 59 ao longo do acompanhamento (4.9%) e 80 (6,7%) não iniciaram. Destes que iniciaram o uso da PrEP ao longo do seguimento, 50,0% começaram a usar PrEP nos primeiros 42 dias após o primeiro atendimento. Os adolescentes que iniciaram o uso da PrEP relataram alto risco de infecção pelo HIV. Resultados referentes ao terceiro objetivo: Entre os participantes recrutados, 174 (19,2%) tinham de 15 a 17 anos e 734 (80,8%) de 18 a 19 anos. A proporção de início de uso da PrEP foi de 78,2% e 77,4% para 15-17 anos e 18-19 anos, respectivamente. Os fatores associados ao início de uso da PrEP foram: ser preto ou pardo (RPa 2,31; IC 95%: 1,10 - 4,84) entre os adolescentes mais jovens de 15 a 17 anos; ter sofrido violência e/ou discriminação devido sua orientação sexual e/ou identidade de gênero (RPa 1,21; IC 95%: 1,01 - 1,46); ter recebido dinheiro ou favores em troca de sexo (RPa 1,32; IC 95%: 1.04 - 1,68); e ter tido de 2 a 5 parcerias sexuais nos últimos três meses (RPa 1,39; IC 95%: 1,15 - 1,68) entre os 18-19 anos. A relação anal receptiva desprotegida nos últimos 6 meses foi associada ao início de uso de PrEP em ambas as faixas etárias (RPa 1,98; IC 95%: 1,02 - 3,85 e RPa 1,45; IC 95%: 1,19 - 1,76 entre 15-17 anos e 18-19 anos, respectivamente). Conclusões: A PrEP é uma medida efetiva de prevenção do HIV para adultos e adolescentes de populações-chave no Brasil e no mundo. A percepção do risco de infecção pelo HIV desempenha um papel importante na aceitabilidade da PrEP. Para expandir o acesso da PrEP entre populações	Profilaxia pré-exposição ao HIV;Aceitabilidade da PrEP;Iniciação do uso da PrEP;PrEP Uptake;Populações-chave para o HIV;Homens que fazem sexo com homens;Travestis;Mulheres trans;Adolescentes	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2023	Gómez W.	Assessing PrEP messaging and communication: A review of the qualitative literature	Current Opinion in Psychology	-	-	-	2352250X	10.1016/j.copsyc.2023.101586	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160328026&doi=10.1016%2fj.copsyc.2023.101586&partnerID=40&md5=0af77c7cc6772fed9d17cac8ff386a40	Pre-exposure prophylaxis (PrEP) is a biomedical HIV prevention intervention approved by the FDA in 2012. Nevertheless, most sexual minority men (SMM) who could benefit from its use are not currently prescribed PrEP. The literature during the first decade of PrEP availability has suggested a diverse set of multi-level barriers and facilitators to PrEP uptake and adherence. Through a scoping review, 16 qualitative studies were surveyed to assess these barriers and facilitators, specifically regarding messaging and communication. Seven main themes were identified: information & misinformation, peer messaging, expansion of sexual experiences, relationships with providers, expectations & stigma, navigation support, and barriers to uptake & adherence. Data suggest that peer support, messaging around empowerment and agency, and PrEP's role in shifting sociosexual norms contributed to uptake and adherence. On the other hand, stigma, provider disconnection, and access issues hindered PrEP uptake and adherence. Findings could inform multi-level, strengths-based, and holistic approaches to designing effective interventions for PrEP engagement among SMM. © 2023 Elsevier Ltd	HIV; Messaging; PrEP; Qualitative research; Sexual minority men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Gomillia C.E.; Burns P.A.; Xavier Hall C.D.; Beach L.B.	The Association of Depression, Social Determinants and PrEP Uptake Among Black Sexual Minority Men in the Deep South	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-023-01793-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171190473&doi=10.1007%2fs40615-023-01793-1&partnerID=40&md5=2ba2871412976636f7c8e0f7040b18ac	Despite its known efficacy in reducing HIV acquisition, pre-exposure prophylaxis (PrEP) uptake and utilization remains alarmingly low among key populations, including Black sexual minority men (SMM). Additionally, research has shown that SMM are at elevated risk of adverse mental health outcomes, including depression, anxiety, illegal drug use, and suicidality. However, there is limited data examining the impact of depression on PrEP uptake among Black SMM. This study analyzes survey data obtained from the ViiV ACCELERATE! Initiative between January 2016 and September 2017 to examine the association between depressive symptoms and uptake of PrEP among a sample of HIV-negative Black SMM ages 18–65 years (N=170) residing in Mississippi, the poorest state in the USA. We found that PrEP-eligible Black SMM reporting depressive symptoms were 60% less likely to take PrEP (aOR = 0.40, CI: 0.18–0.74, p = 0.05). Similarly, PrEP-eligible men lacking health insurance were 63% less likely to start PrEP (aOR = 0.37; CI: 0.17–0.94; p = 0.035). Given the low uptake of PrEP among Black SMM, there is an urgent need for the development and implementation of combination HIV prevention interventions that incorporate access to mental health services among this highly stigmatized and marginalized population. © 2023, W. Montague Cobb-NMA Health Institute.	Black sexual minority men; Depressive symptoms; HIV prevention; Mental health; Pre-exposure prophylaxis; Sexual minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Goodreau, Steven M.; Delaney, Kevin P.; Zhu, Weiming; Smith, Dawn K.; Mann, Laura M.; Sanchez, Travis H.; Hamilton, Deven T.; Hoover, Karen W.	Impacts of COVID-19 on sexual behaviors, HIV prevention and care among men who have sex with men: A comparison of New York City and Metropolitan Atlanta.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0282503	https://pubmed.ncbi.nlm.nih.gov/36943832/	The COVID-19 pandemic has disrupted HIV prevention, care, and transmission opportunities. This likely varies by geography, given differences in COVID-19 burden and mandates over time, and by age, given different likelihoods of severe COVID-19 consequences. We consider changes in sexual behavior, HIV testing, pre-exposure prophylaxis (PrEP) use and antiretroviral therapy (ART) use among men who have sex with men (MSM) over the first year of the COVID-19 epidemic, comparing the Atlanta metropolitan area and New York City (NYC). We use two continuous time-series datasets and one panel dataset, assessing changes over time within city and comparing across cities, and disaggregate major findings by age. For clinical results, ART use showed by far the smallest reductions, and testing the largest. Disruptions occurred concurrently between cities, despite the major wave of COVID-19, and government mandates, occurring later in Atlanta. Test positivity increased in NYC only. In both cities, younger MSM saw the greatest reductions in testing and PrEP use, but the smallest in sexual behavior. Reduced clinical service usage would be unconcerning if stemming solely from reductions in exposure; however, the patterns for young MSM suggest that the COVID-19 epidemic likely generated new conditions for increased HIV transmission, especially in this cohort.	Humans; Male; Sexual Behavior; Homosexuality, Male; *HIV Infections/drug therapy/epidemiology/prevention & control; New York City/epidemiology; *Pre-Exposure Prophylaxis/methods; *Sexual and Gender Minorities; Pandemics/prevention & control; *Acquired Immunodeficiency Syndrome/epidemiology; *COVID-19/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Gordon K.J.; Martin C.E.; Kutywayo A.; Cox L.A.; Nongena P.; Mullick S.	Mental Health Needs of Adolescent and Young Adult PrEP Users in South Africa: Implications for Sexual and Reproductive Health Programming	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2023.08.018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175552738&doi=10.1016%2fj.jadohealth.2023.08.018&partnerID=40&md5=f2ec7ff062c9b8732a50b343a46973ea	Purpose: Poor mental health is associated with sexual and reproductive health (SRH) risks, including human immunodeficiency virus (HIV) and pre-exposure prophylaxis discontinuation. Adolescents and young people (AYP) are vulnerable to HIV and depression. This paper describes the prevalence and severity of depression and associated factors in AYP accessing SRH services in South Africa. Methods: A cross-sectional analysis of enrollment data (January 2019 to December 2021) from a cohort of individuals receiving pre-exposure prophylaxis services at eight clinics in three provinces in South Africa was conducted. Females (n = 1,074) and males (n = 231) aged 15–24 years were included. Interviewer-administered questionnaires were conducted, and the prevalence and severity of depression assessed using the Patient Health Questionnaire-9. Multivariate analysis was used to identify factors associated with depression. Results: Over 40% of participants had experienced any depression symptoms (43.7% of females, 38.5% of males). For males, experiencing intimate partner violence was the only predictor of depression symptoms (adjusted odds ratio (AOR) 8.81, 95% confidence intervals (CI) 1.03–75.44). For females, living with both parents (AOR 1.70, 95% CI 1.15–2.51), having transactional sex (AOR 1.63, 95% CI 1.00–2.65), experiencing any intimate partner violence (AOR 1.96, 95% CI 1.34–2.89), and using drugs (AOR 1.78, 95% CI 1.03–3.11) were all positively associated with depression symptoms. Resilience was a protective factor against depression symptoms for both sexes (males: AOR 0.96, 95% CI 0.93–0.98; females: AOR 0.96, 95% CI 0.95–0.97). Discussion: There is a high burden of depression among AYP accessing SRH services in South Africa. Mental health screening should be integrated into SRH and HIV prevention programs for AYP. © 2023 Society for Adolescent Health and Medicine	Adolescent; Depression; Gender-based violence; Mental health; Mental health screening; PrEP; Psychosocial; Sexual and reproductive health	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Gormley M.A.; Nagy T.R.; Moschella P.; Lu Z.; Rodriguez J.; Roth P.	HIV Pre-Exposure Prophylaxis in the Emergency Department: A Systematic Review	Annals of Emergency Medicine	-	-	-	1960644	10.1016/j.annemergmed.2022.07.015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138217242&doi=10.1016%2fj.annemergmed.2022.07.015&partnerID=40&md5=ce82063bf8c0b9c72041cce0d727d6ed	Study objective: Many emergency departments (EDs) have identified the importance of HIV prevention and have implemented steps to screen and offer preexposure prophylaxis (PrEP). The objective of this study was to systematically review existing literature that identifies PrEP eligibility in the ED and summarize outcomes along the PrEP cascade of care (awareness, interest, linkage to treatment, initiation, and retention) for patients in ED. Methods: Four databases captured all PrEP-related studies in EDs from January 1, 2013 to January 27, 2022. Data were extracted on study characteristics and outcomes, and study quality was assessed using a modified quality assessment tool by the Effective Public Health Practice Project. Results: Of the 218 articles, 16 were subjected to full-text review, and 7 met inclusion criteria. Although most studies identified patients who were PrEP eligible using criteria adapted from the 2017 Centers for Disease Control and Prevention PrEP guidelines, the number and time frame for each criterion varied. Six studies reported outcomes on the PrEP cascade of care, showing a relatively high prevalence of awareness and interest but a very low prevalence of linkage and uptake. No studies documented retention in PrEP treatment. Conclusion: Although up to a third of patients in ED assessed in the current study were PrEP eligible, less than half of PrEP-eligible participants had prior knowledge of PrEP, and very few who expressed interest in the ED were ultimately linked to PrEP treatment or initiated PrEP. Future research is necessary to identify strategies to increase PrEP education, interest, and linkage to care from the ED. © 2022 American College of Emergency Physicians	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Gotsche C.I.; Steyn P.S.; Narasimhan M.; Rodolph M.; Baggaley R.; Kiarie J.N.	Integrating pre-exposure prophylaxis of HIV infection into family planning services: A scoping review	BMJ Sexual and Reproductive Health	-	-	-	25151991	10.1136/bmjsrh-2021-201356	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164625536&doi=10.1136%2fbmjsrh-2021-201356&partnerID=40&md5=c1fb97be3cbe0b49c8d1bbb236e5fe39	Introduction The aim of this review was to map evidence of integrating pre-exposure prophylaxis (PrEP) for HIV prevention into family planning services. A comprehensive package, using a combination of PrEP and contraceptive delivery, could reduce the number of new HIV infections and/or unintended pregnancies for at-risk women and adolescent girls. Methods A scoping literature search was conducted between August 2020 and October 2020. After developing the review question, electronic databases (MEDLINE, Embase, Cochrane Library, Global Health, Web of Science) were systematically reviewed. All types of articles published from 2012 to August 2020 in English were included. The intended outcome was to identify barriers and enablers of integrating services at the client-level and provider-level. Results 38 articles met inclusion criteria, with 16 from low-and middle-income countries and 22 from high-income countries. Barriers at the client-level included a lack of risk perception associated with low uptake and continuation of PrEP and pill burden; and at the provider-level, barriers included a lack of studies on cost-effectiveness of integrating services and provider training and knowledge. Facilitators included the initiation of PrEP and contraception at the same time and by the same provider or HIV self-testing. Conclusion Mapping and synthesising current evidence, this review identified key barriers and facilitators for the integration of PrEP into family planning services for women and adolescent girls. In order to address these factors, more implementation research in a variety of settings is needed to meet women's sexual and reproductive health needs globally. © 2023 Author(s). Published by BMJ.	contraception behavior; family planning services; HIV; Sexual Health	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2023	Goymann Hannah; Mxolisi, Mavuso; McMahon, Shannon A; Hettema, Anita; Hughey, Allison B; Matse Sindy; Dlamini Phiwa; Kahn, Kathleen; Bärnighausen Till; Jahn, Albrecht; Bärnighausen Kate	We Should Not Be Quiet but We Should Talk': Qualitative Accounts of Community-Based Communication of HIV Pre-Exposure Prophylaxis	Qualitative Health Research	-	-	-	10497323	10.1177/10497323231181207	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164523007&doi=10.1177%2f10497323231181207&partnerID=40&md5=baedd6bfcf13408fa7dfd7da2868fa31	Community leaders play an important role in the acceptance of public health services, but little is known about their willingness to facilitate HIV pre-exposure prophylaxis (PrEP) roll-out in Eswatini. We conducted in-depth interviews (n = 25) with purposefully selected male and female community leaders in Eswatini. We analysed our data inductively using a thematic analysis approach. Community leaders feel they are important communicators of culturally appropriate PrEP messaging. Our participants described a complex social space within their communities influenced by religion, tradition, values, and HIV stigma. Community leaders see their position to provide leverage for unique, effective, and easily accessible messages and platforms to reach the community in a manner that ensures trust, relatability, familiarity, and shared faith. Community leaders feel that they are trusted and see trust manifesting in the conversations they are able to engage in, and have a reach that extends beyond formal health services. Existing PrEP programming should embed community leader participation in PrEP programming and engage the trust, knowledge, and potential of community leaders to support PrEP uptake and acceptance. © The Author(s) 2023.	community leaders; community-based communication; Eswatini; HIV prevention; PrEP; qualitative research	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2023	Grace D.; Daroya E.; Gaspar M.; Wells A.; Hull M.; Lachowsky N.; Tan D.H.S.	Gay, bisexual, and queer men's confidence in the Undetectable equals Untransmittable HIV prevention message: longitudinal qualitative analysis of the sexual decision-making of pre-exposure prophylaxis users over time	Sexual Health	-	-	-	14485028	10.1071/SH23015	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164515537&doi=10.1071%2fSH23015&partnerID=40&md5=70e42dd916af623e6f8efc852b65620b	Background: Our objective was to understand what gay, bisexual, and queer men (GBQM) who had experience using pre-exposure prophylaxis (PrEP) thought about the 'Undetectable equals Untransmittable' (U=U) message and how it informed their sexual decision-making over time. Methods: We conducted annual longitudinal qualitative interviews (2020-22) with 17 current or former PrEP users as part of a mixed-methods implementation science study examining barriers and facilitators to PrEP awareness, access, and adherence. Over 3 years, 47 interviews were conducted with GBQM in Ontario, Canada. Interviews were transcribed verbatim and coded in NVivo following reflexive thematic analysis. Results: Participants' sexual health decision-making was informed by their confidence in biomedical HIV prevention and the person taking medication (i.e. themselves using PrEP versus a real/imagined person living with HIV (PLHIV)). Longitudinal narratives of U=U clustered around four overarching themes: (1) U=U confidence (i.e. increasing trust in U=U irrespective of their PrEP use); (2) PrEP confidence (i.e. accounts of self-reliance and PrEP as sufficient HIV protection); (3) combination confidence (i.e. trusting U=U and PrEP as a package); and (4) partner confidence (i.e. potential 'distrust' of U=U due to uncertainties about partners' medication adherence). Overall, men described increased sex with PLHIV over time, including some participants who, during earlier interviews, said they would 'never be comfortable' with serodifferent sexual partners. Conclusions: GBQM's use of PrEP shaped how they thought about U=U and sex with PLHIV. Although many GBQM embraced treatment as prevention/U=U as significant to their sexual lives, longitudinal analysis revealed its varied and uneven adoption across participants and time. © 2023 CSIRO. All rights reserved.	Undetectable equals Untransmittable' (U=U); and queer men; bisexual; Canada; gay; HIV prevention; longitudinal; pre-exposure prophylaxis (PrEP); qualitative; sexual behaviours; sexual decision-making	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2023	Grace D.; Gaspar M.; Wells A.; Sinno J.; Daroya E.; Montess M.; Hull M.; Lachowsky N.J.; Tan D.H.S.	Injectable Pre-Exposure Prophylaxis for HIV Prevention: Perspectives on the Benefits and Barriers from Gay, Bisexual, and Queer Men and Health System Stakeholders in Ontario, Canada	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2023.0034	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162180469&doi=10.1089%2fapc.2023.0034&partnerID=40&md5=40377906192ad9460b85f5f001b6bad	One hope surrounding long-acting HIV pre-exposure prophylaxis (PrEP) is reaching new users who could most benefit, as well as improving the experiences of oral PrEP users who may desire to switch modalities. Gay, bisexual, queer, and other men who have sex with men (GBQM) continue to make up over half of new HIV diagnoses in Canada, and oral PrEP uptake has plateaued among this population. Approval of injectable PrEP is anticipated, but there is a paucity of research to inform health promotion and implementation. Between June and October 2021, we conducted 22 in-depth interviews with GBQM oral PrEP users and non-PrEP users living in Ontario, Canada. We also conducted small focus groups or individual interviews with 20 key stakeholders (health care providers, public health officials, community-based organization staff). Interviews were audio recorded, transcribed verbatim, and analyzed in NVivo using thematic analysis. Only about one-third of GBQM had heard of injectable PrEP. Many PrEP users perceived greater convenience, adherence, and confidentiality with injectable PrEP. Some PrEP users did not anticipate switching because of needle discomfort or feeling more "in control"with oral PrEP. None of the non-PrEP users said that injectable PrEP would make them start PrEP. Injectable PrEP may offer additional convenience for GBQM; however, it did not appear to affect participants' PrEP decision-making significantly. Stakeholders noted that injectable PrEP may improve access, support adherence, and benefit marginalized groups. Some clinicians expressed concerns about the time/personnel required to make injectable PrEP available. System-level challenges in implementing injectable PrEP, including cost, must also be addressed. © 2023, Mary Ann Liebert, Inc., publishers.	and other men who have sex with men (GBQM); bisexual; Canada; gay; HIV prevention; injectable PrEP; qualitative; queer	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2023	Graham, Susan M.; Okall, Duncan O.; Mehta, Supriya D.; Obondi, Eve; Ng'ety, George; Ochieng, Elijah; Jadwin-Cakmak, Laura; Amico, K. Rivet; Harper, Gary W.; Bailey, Robert C.; Otieno, Fredrick O.	Challenges with PrEP Uptake and Adherence Among Gay, Bisexual, and Other Men Who Have Sex with Men in Kisumu, Kenya	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03860-w	https://www.proquest.com/scholarly-journals/challenges-with-prep-uptake-adherence-among-gay/docview/2789882893/se-2?accountid=8113	Data on challenges with pre-exposure prophylaxis (PrEP) uptake and adherence among Kenyan gay, bisexual, and other men who have sex with men (GBMSM) are limited. In this mixed-methods sequential explanatory design study, our quantitative phase followed 157 at-risk, HIV-negative GBMSM who accepted PrEP and enrolled in a cohort with 12-month follow-up. Stored dried blood spots collected at two intervals were batch tested for tenofovir diphosphate (TFV-DP) concentrations at study end. Despite high self-reported adherence, only 14.6% of individuals had protective TFV-DP levels at any visit. Protective TFV-DP levels were positively associated with injection drug use and a self-assessed moderate risk of acquiring HIV, and negatively associated with time since enrolment. In our subsequent qualitative phase, an intensive workshop was conducted with the GBMSM community to identify barriers and facilitators to PrEP uptake and adherence. These data revealed numerous challenges with traditional PrEP programs that must be addressed through community collaborations.Resumo alternativo:ResumenLa evidencia respecto a desafíos existentes con aceptación y adherencia de la profilaxis previa a la exposición (PrEP) de VIH, entre los hombres homosexuales, bisexuales y otros hombres que tienen sexo con hombres (GBMSM) en Kenia es limitada. Condujimos un estudio de métodos mixtos y diseño explicativo secuencial. En la fase cuantitativa seguimos a 157 GBMSM VIH-negativos en riesgo que aceptaron PrEP y se inscribieron en una cohorte con un seguimiento de 12 meses. Analizamos, por lotes y al final del estudio, gotas de sangre seca recolectada a dos intervalos de tiempo y previamente almacenada, para determinar las concentraciones de difosfato de tenofovir (TFV-DP). A pesar de la alta adherencia autoinformada, solo el 14,6% de las personas tenían niveles protectores de TFV-DP en alguna visita. Los niveles protectores de TFV-DP se asociaron positivamente con el uso de drogas inyectables y un riesgo moderado autoevaluado de contraer el VIH, y negativamente con el tiempo transcurrido desde la inscripción. En la fase cualitativa posterior, conversamos con GBMSM de la comunidad para identificar las barreras y los facilitadores para la concientización, aceptación, adherencia y retención a PrEP. Estos datos revelaron numerosos desafíos con los programas tradicionales de PrEP que deben abordarse mediante colaboraciones comunitarias.	Tenofovir; Bisexuality; HIV; Homosexuality; Kenya; Pre-exposure prophylaxis; Antiretroviral drugs; Psychology; Adherence; Tenofovir disoproxil fumarate; Men; Men who have sex with men; Prophylaxis; Drug abuse; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Health risks; Risk acceptance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Grangeiro, Alexandre; Ferraz, Dulce; Magno, Laio; Zucchi, Eliana Miura; Couto, Márcia Thereza; Dourado, Ines	Epidemia de HIV, tecnologias de prevenção e as novas gerações: tendências e oportunidades para a resposta à epidemia	Cadernos de Saúde Pública	-	-	-	0102-311X	10.1590/0102-311xpt144223	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2023001300401&lang=pt	Abstract: The United Nations has underscored the possibility of ending the HIV epidemic as a public health problem. However, an increase in the incidence among adolescents and youth has indicated a greater distance between HIV responses and the specificities of the new generations, which can maintain the epidemic for an extended period. Regards this matter, it is debated that the provision of a range of preventive methods, even if highly effective, and a conservatism that has internalized stigma within government policies, hinder the proper and essential dialogue between current preventive policies and the needs of the new generations. These generations are marked by a social representation of AIDS as a mild disease, by new gender and sexuality performances, and by the search for a more critical role in affective and sexual encounters, which includes frequent use of dating apps and substances. The hierarchy of the delivery of prevention methods is presented as a proposal for a new policy, prioritizing pre-exposure prophylaxis (PrEP) and addressing the social determinants of the HIV epidemic, including strategies to mitigate stigma. The importance of the participation of adolescents and youth in constructing the policy and the need for an intersectoral response are also reinforced.	HIV; VIH; Adolescentes; Adolescents; Sexualidad; Sexualidade; Sexuality; Gender Identity; Identidad de Género; Identidade de Gênero; Políticas Públicas; Public Policies	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Grangeiro, Alexandre; Santos, Lorruan Alves do; Estevam, Denize Lotufo; Munhoz, Rosemeire; Arruda, Érico; de Moraes, Renata Amaral; de Quadros Winkler, Lisiane; Neves, Lis Aparecida de Souza; Santos, Juliane Cardoso Villela; Kruppa, Mariele; Zucchi, Eliana Miura; Escuder, Maria Mercedes; Leal, Andréa Fachel; Koyama, Mitti Ayako Hara; Peres, Maria Fernanda Tourinho; Couto, Marcia Thereza; Neto, José Eluf	Telehealth effectiveness for pre-exposure prophylaxis delivery in Brazilian public services: the Combine! Study.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26173	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10534058	INTRODUCTION: Pre-exposure prophylaxis (PrEP) delivery based on user needs can enhance PrEP access and impact. We examined whether telehealth for daily oral PrEP delivery could change the indicators of care related to prophylactic use in five Brazilian public HIV clinics (testing centres, outpatient clinics and infectious disease hospitals). METHODS: Between July 2019 and December 2020, clients on PrEP for at least 6 months could transition to telehealth or stay with in-person follow-up. Clients were clinically monitored until June 2021. A desktop or mobile application was developed, comprising three asynchronous consultations and one annual in-person consultation visit. Predictors influencing telehealth preference and care outcomes were examined. The analysis encompassed intent-to-treat (first choice) and adjustments for sexual practices, schooling, age, duration of PrEP use and PrEP status during the choice period. RESULTS: Of 470 users, 52% chose telehealth, with the adjusted odds ratio (aOR) increasing over time for PrEP use (aOR for 25-months of use: 4.90; 95% CI: 1.32-18.25), having discontinued PrEP at the time of the choice (aOR: 2.91; 95% CI: 1.40-6.06) and having health insurance (aOR: 1.91; 95% CI: 1.24-2.94) and decreasing for those who reported higher-risk behaviour (aOR for unprotected anal sex: 0.51; 95% CI: 0.29-0.88). After an average follow-up period of 1.6 years (95% CI: 1.5-1.7), the risk of discontinuing PrEP (not having the medication for more than 90 days) was 34% lower with telehealth (adjusted hazard ratio: 0.66; 95% CI: 0.45-0.97). When adjusted by mixed linear regression, no differences in adherence (measured by mean medication possession rate) were found between in-person and telehealth (p = 0.486) or at pre- and post-telehealth follow-ups (p = 0.245). Sexually transmitted infections increased between the pre-follow-up and post-follow-up choices and were not associated with in-person or telehealth (p = 0.528). No HIV infections were observed. CONCLUSIONS: Our findings indicate that telehealth for PrEP delivery can enhance service rationalization and reinforce the prevention cascade. This approach reduces prophylaxis interruptions and is mainly preferred by individuals with lower demands for healthcare services.	Brazil, effectiveness, human immunodeficiency virus, pre-exposure prophylaxis, prevention, telehealth	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Grant W.; Adan M.A.; Samurkas C.A.; Quigee D.; Benitez J.; Gray B.; Carnevale C.; Gordon R.J.; Castor D.; Zucker J.; Sobieszczyk M.E.	Effect of Participative Web-Based Educational Modules on HIV and Sexually Transmitted Infection Prevention Competency Among Medical Students: Single-Arm Interventional Study	JMIR Medical Education	-	-	-	23693762	10.2196/42197	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149897293&doi=10.2196%2f42197&partnerID=40&md5=3da1d7275061a281a94ba6309ec89bee	Background: The number of new HIV diagnoses in the United States continues to slowly decline; yet, transgender women and men who have sex with men remain disproportionately affected. Key to improving the quality of prevention services are providers who are comfortable broaching the subjects of sexual health and HIV prevention with people across the spectrum of gender identities and sexual orientations. Preservice training is a critical point to establish HIV prevention and sexual health education practices before providers' practice habits are established. Objective: The study aimed to develop participative web-based educational modules and test their impact on HIV prevention knowledge and awareness in future providers. Methods: Sexual health providers at an academic hospital, research clinicians, community engagement professionals, and New York City community members were consulted to develop 7 web-based educational modules, which were then piloted among medical students. We assessed knowledge of HIV and sexually transmitted infection prevention and comfort assessing the prevention needs of various patients via web-based questionnaires administered before and after our educational intervention. We conducted exploratory factor analysis of the items in the questionnaire. Results: Pre- and postmodule surveys were completed by 125 students and 89 students, respectively, from all 4 years of training. Before the intervention, the majority of students had heard of HIV pre-exposure prophylaxis (122/123, 99.2%) and postexposure prophylaxis (114/123, 92.7%). Before the training, 30.9% (38/123) of the students agreed that they could confidently identify a patient who is a candidate for pre-exposure prophylaxis or postexposure prophylaxis; this increased to 91% (81/89) after the intervention. Conclusions: Our findings highlight a need for increased HIV and sexually transmitted infection prevention training in medical school curricula to enable future providers to identify and care for diverse at-risk populations. Participative web-based modules offer an effective way to teach these concepts. ©William Grant, Matthew A Adan, Christina A Samurkas, Daniela Quigee, Jorge Benitez, Brett Gray, Caroline Carnevale, Rachel J Gordon, Delivette Castor, Jason Zucker, Magdalena E Sobieszczyk.	HIV prevention; medical education; pre-exposure prophylaxis; PrEP; sexual health education	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Gras, J; Helary, M; Carette, D; Minier, M; Salmona, M; Gabassi, A; Saouzanet, M; Charreau, I; Meyer, L; Molina, JM; Delaugerre, C; PERGAY Study Grp	Prevalence, Risk Factors, and Shedding of Human Herpes Virus-8 Among Men Having Sex With Men Enrolled in a Pre-exposure Prophylaxis Study	Clinical Infectious Diseases	-	-	-	1058-4838	10.1093/cid/ciad502	https://pubmed.ncbi.nlm.nih.gov/37623814/	Background Seroprevalence and risk factors for human herpesvirus-8 (HHV-8) infection among HIV-negative men who have sex with men (MSM) on pre-exposure prophylaxis (PrEP) have not been well characterized. Our objectives were to assess the prevalence and incidence of HHV-8 infection in MSM enrolled on PrEP, and study viral shedding in seropositive participants.Methods The ANRS IPERGAY study enrolled 429 participants in France and Canada to evaluate oral PrEP for HIV-1 prevention. Stored sera samples at day 0 (D0) and last visit were tested for the detection of HHV-8 antibodies using an indirect immunofluorescence assay. Baseline characteristics were analyzed to identify risk factors associated with HHV-8 seropositivity. Among HHV-8-seropositive participants, HHV-8 DNA was quantified on available oral and anal swabs, and ORF-K1 typing performed on HHV-8 positive samples.Results One hundred participants were seropositive at D0 (prevalence of 24%; 95% CI: 20.0-28.4%) and 18/329 seroconverted during the study (incidence rate of 2.66 per 100 person-years; 95% CI: 1.57-4.20). Risk factors independently associated with baseline HHV-8 seropositivity included older age, high number of sexual partners, chemsex use, and herpes simplex virus 2 (HSV-2) seropositivity. Among HHV-8-seropositive participants with available swab(s) for virological analysis, 37/115 (32%) displayed HHV-8 oral shedding and 5/113 (4.4%) anal shedding at least once. Four patients had a positive viral load before seroconversion.Conclusions Prevalence and incidence of HHV-8 infection were high in HIV-negative PrEP users. Among seropositive participants, HHV-8 DNA is mainly detected in saliva, which may play a major role in viral transmission in this population. Clinical Trials Registration. ClinicalTrials.gov, NCT01473472.Conclusions Prevalence and incidence of HHV-8 infection were high in HIV-negative PrEP users. Among seropositive participants, HHV-8 DNA is mainly detected in saliva, which may play a major role in viral transmission in this population. Clinical Trials Registration. ClinicalTrials.gov, NCT01473472. The prevalence and incidence of HHV-8 infection are elevated in high-risk HIV-negative pre-exposure prophylaxis users. Among seropositive participants, HHV-8 DNA is mainly detected in saliva, which may play a major role in viral transmission in this population through oral sex.	HIV; MSM; HIV PrEP; INFECTION; HHV-8; HUMAN-HERPESVIRUS-8; IPERGAY ANRS trial; KAPOSIS-SARCOMA; oral shedding; SARCOMA-ASSOCIATED HERPESVIRUS	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Gray J.; Prestage G.; Jin F.; Phanuphak N.; Friedman R.K.; Fairley C.K.; Kelleher A.; Templeton D.J.; Zablotska-Manos I.; Hoy J.; McNulty A.; Baker D.; Brown G.; Grulich A.; Bavinton B.	Agreements, Behaviour, and Change: Sex Outside the Relationship in Male HIV-negative Partners in HIV Serodiscordant Relationships in Australia, Brazil, and Thailand	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04030-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160580444&doi=10.1007%2fs10461-023-04030-2&partnerID=40&md5=def710c9828d2c0ba4c8af4da65d4407	Male HIV serodiscordant couples have diverse relationship agreements regarding sex outside the relationship. We examined the relationship agreements as described by 343 male HIV-negative partners in HIV serodiscordant relationships in Australia, Brazil and Thailand participating in a multi-year cohort study. At baseline, 125 (34.1%) HIV-negative partners reported no agreement, 115 (33.5%) had a monogamous agreement, and 103 (37.9%) had an open agreement allowing sex outside the relationship. Relationship agreements were largely stable over time, with 76% of HIV-negative men reporting the same agreement across follow up, while changes were predominantly towards having an open agreement. Behaviour largely matched relationship agreements, and the predictors of breaking an agreement by having condomless anal intercourse (CLAI) with an outside partner were CLAI within the relationship (OR = 3.17, 95%CI: 1.64–6.14, p < 0.001) and PrEP use in the last three months (OR = 3.42, 95%CI: 1.48–7.92, p = 0.004). When considering HIV transmission risk for HIV-negative men in serodiscordant relationships, greater focus needs to be placed on sex that is occurring outside the relationship and the agreements that facilitate this. © 2023, The Author(s).	Gay men; HIV prevention; Homosexual; Men who have sex with men; Risk reduction strategies; Serodiscordant couples; Sexual behavior	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2023	Gray, Richard T.	Impact of increased antiretroviral therapy use during the treatment as prevention era in Australia	Sexual Health	-	-	-	14485028	10.1071/SH23088	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165519548&doi=10.1071%2fSH23088&partnerID=40&md5=bdd842693cc022887b4ce1ca9859fa53	Background: We analysed the impact of increased antiretroviral therapy (ART) on HIV epidemiology and healthcare costs in Australia during the 'Treatment-as-prevention' and 'Undetectable equals Untransmissible (U=U)' eras. Methods: We conducted a retrospective modelling analysis between 2009 and 2019 to calculate the potential impact of early initiation of ART and treatment-as-prevention on HIV among gay and bisexual men (GBM). The model incorporates the change in the proportion diagnosed, treated, and virally suppressed, as well as the scale-up of oral HIV pre-exposure prophylaxis (PrEP) and the change in sexual behaviour during this period. We simulated a baseline and a no ART increase scenario and conducted a costing analysis from a national health provider perspective with cost estimates in 2019 AUD. Results: Increasing ART use between 2009 and 2019 averted an additional 1624 95% percentile interval (PI): 1220-2099 new HIV infections. Without the increase in ART, the number of GBM with HIV would have increased from 21 907 (95% PI: 20 753-23 019) to 23 219 (95% PI: 22 008-24 404) by 2019. HIV care and treatment costs for people with HIV increased by $296 (95% PI: $235-367) million AUD (assuming no change in annual healthcare costs). This was offset by a decrease in the lifetime HIV costs (with 3.5% discounting) for those newly infected of $458 (95% PI: $344-592) million AUD, giving a net cost saving of $162 (95%: $68-273) million AUD (and a benefits-to-cost ratio of 1.54). Conclusions: Increasing the proportion of Australian GBM on effective ART between 2009 and 2019 likely resulted in substantial reductions in new HIV infections and cost savings. © 2023 The Author(s) (or their employer(s)). Published by CSIRO Publishing.	antiretroviral therapy; cost-effectiveness; epidemiology; HIV/AIDS; mathematical models; public health; treatment as prevention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Greenwell K.; Fugit R.; Nicholson L.; Wright J.	A Retrospective Comparison of HIV Pre-exposure Prophylaxis (PrEP) Outcomes Between a Pharmacist-led Telehealth Clinic and In-person Clinic in a Veteran Population	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04084-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160399369&doi=10.1007%2fs10461-023-04084-2&partnerID=40&md5=03984b3ae1c1432b25a0e2b2b65e9e90	Pre-exposure prophylaxis (PrEP) reduces human immunodeficiency virus (HIV) transmission through sexual contact by at least 90% when taken as prescribed. This retrospective cohort study evaluated differences in adherence to PrEP medication and monitoring between the physician- and nurse practitioner (NP)-led in-person setting and the pharmacist-led telehealth setting among patients followed by the infectious diseases clinic at the VA Eastern Colorado Health Care System from July 2012 to February 2021. The primary outcomes were PrEP tablets filled per person-year, serum creatinine (SCr) tests per person-year, and HIV screens per person-year. Secondary outcomes included sexually transmitted infection (STI) screens per person-year and patients lost to follow-up. 149 patients were included in the study, with 167 person-years in the in-person cohort and 153 person-years in the telehealth cohort. Adherence to PrEP medications and monitoring was similar between in-person and telehealth clinics. PrEP tablets filled per person-year was 324 in the in-person cohort and 321 in the telehealth cohort (RR = 0.99; 95% CI, 0.98-1.00). SCr screens per person-year was 3.51 in the in-person cohort and 3.37 in the telehealth cohort (RR = 0.96; 95% CI, 0.85–1.07). HIV screens per person-year was 3.55 in the in-person cohort and 3.38 in the telehealth cohort (RR = 0.95; 95% CI, 0.85–1.07). There were no new HIV infections. Additionally, patients were less likely to be lost to follow-up when followed via telehealth (11.9% vs. 30.0%), X2 (1, N = 149) = 6.85, p = 0.009. These findings indicate that pharmacist-driven delivery of PrEP via telehealth can be used to increase access to PrEP without sacrificing quality of care. © 2023, This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.	Adherence; Descovy; HIV; Medication possession ratio; Pre-exposure prophylaxis (PrEP); Telehealth; Truvada	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Grimsrud, Anna; Wilkinson, Lynne; Delany-Moretlwe, Sinead; Ehrenkranz, Peter; Green, Kimberly; Murenga, Maureen; Ngure, Kenneth; Otwoma, Nelson J.; Phanuphak, Nittaya; Vandevelde, Wim; Vitoria, Marco; Bygrave, Helen	The importance of the "how": the case for differentiated service delivery of long-acting and extended delivery regimens for HIV prevention and treatment.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26095	https://pubmed.ncbi.nlm.nih.gov/37439076/	INTRODUCTION: Long-acting and extended delivery (LAED) regimens for HIV treatment and prevention offer unique benefits to expand uptake, effective use and adherence. To date, research has focused on basic and clinical science around the safety and efficacy of these products. This commentary outlines opportunities in HIV prevention and treatment programmes, both for the health system and clients, that could be addressed through the inclusion of LAED regimens and the vital role of differentiated service delivery (DSD) in ensuring efficient and equitable access. DISCUSSION: The realities and challenges within HIV treatment and prevention programmes are different. Globally, more than 28 million people are accessing HIV treatment-the vast majority on a daily fixed-dose combination oral pill that is largely available, affordable and well-tolerated. Many people collect extended refills outside of health facilities with clinical consultations once or twice a year. Conversely, uptake of daily oral pre-exposure prophylaxis (PrEP) has consistently missed global targets due to limited access with high individual cost and lack of choice contributing to substantial unmet PrEP need. Recent trends in demedicalization, simplification, additional method options and DSD for PrEP have led to accelerated uptake as its availability has become more aligned with user preferences. How people currently receive HIV treatment and prevention services and their barriers to adherence must be considered for the introduction of LAED regimens to achieve the expected improvements in access and outcomes. Important considerations include the building blocks of DSD: who (provider), where (location), when (frequency) and what (package of services). Ideally, all LAED regimens will leverage DSD models that emphasize access at the community level and self-management. For treatment, LAED regimens may address challenges with adherence but their delivery should provide clear advantages over existing oral products to be scaled. For prevention, LAED regimens expand a potential PrEP user's choice of methods, but like other methods, need to be delivered in a manner that can facilitate frequent re-initiation. CONCLUSIONS: To ensure that innovative LAED HIV treatment and prevention products reach those who most stand to benefit, service delivery and client considerations during development, trial and early implementation are critical.	Humans; Referral and Consultation; *Pre-Exposure Prophylaxis; HIV prevention; *HIV Infections/drug therapy/prevention & control; HIV treatment; Cognition; health systems; ARV; Health Facilities; differentiated service delivery; long-acting extended delivery	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Grinsztejn B.; Torres T.S.; Hoagland B.; Jalil E.M.; Moreira R.I.; O'Malley G.; Shade S.B.; Benedetti M.R.; Moreira J.; Simpson K.; Pimenta M.C.; Veloso V.G.; Hellstrom A.; Farias A.; Lacerda M.; Madruga J.V.; de Lima J.; Zonta R.; Trefiglio R.; Lima R.; Carvalho A.; Cardoso S.W.; Barreto D.M.F.; Pessanha E.S.; Nazer S.; de Barcellos Rocha C.; Mann C.G.; Fernandes N.M.; Jalil C.; Freitas L.; Netto E.C.; Derrico M.; Lessa F.; Vilela L.; Monteiro L.; Freitas J.; Araújo T.; Bezerra D.R.B.; Marins L.M.S.; Silva R.P.N.	Long-Acting Injectable Cabotegravir for HIV Preexposure Prophylaxis among Sexual and Gender Minorities: Protocol for an Implementation Study	JMIR Public Health and Surveillance	-	-	-	23692960	10.2196/44961	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153123294&doi=10.2196%2f44961&partnerID=40&md5=8302b3ae93607c11dfc72118ee172152	Background: Long-acting injectable cabotegravir (CAB-LA) for preexposure prophylaxis (PrEP) has proven efficacious in randomized controlled trials. Further research is critical to evaluate its effectiveness in real-world settings and identify effective implementation approaches, especially among young sexual and gender minorities (SGMs). Objective: ImPrEP CAB Brasil is an implementation study aiming to generate critical evidence on the feasibility, acceptability, and effectiveness of incorporating CAB-LA into the existing public health oral PrEP services in 6 Brazilian cities. It will also evaluate a mobile health (mHealth) education and decision support tool, digital injection appointment reminders, and the facilitators of and barriers to integrating CAB-LA into the existing services. Methods: This type-2 hybrid implementation-effectiveness study includes formative work, qualitative assessments, and clinical steps 1 to 4. For formative work, we will use participatory design methods to develop an initial CAB-LA implementation package and process mapping at each site to facilitate optimal client flow. SGMs aged 18 to 30 years arriving at a study clinic interested in PrEP (naive) will be invited for step 1. Individuals who tested HIV negative will receive mHealth intervention and standard of care (SOC) counseling or SOC for PrEP choice (oral or CAB-LA). Participants interested in CAB-LA will be invited for step 2, and those with undetectable HIV viral load will receive same-day CAB-LA injection and will be randomized to receive digital appointment reminders or SOC. Clinical appointments and CAB-LA injection are scheduled after 1 month and every 2 months thereafter (25-month follow-up). Participants will be invited to a 1-year follow-up to step 3 if they decide to change to oral PrEP or discontinue CAB-LA and to step 4 if diagnosed with HIV during the study. Outcomes of interest include PrEP acceptability, choice, effectiveness, implementation, and feasibility. HIV incidence in the CAB-LA cohort (n=1200) will be compared with that in a similar oral PrEP cohort from the public health system. The effectiveness of the mHealth and digital interventions will be assessed using interrupted time series analysis and logistic mixed models, respectively. Results: During the third and fourth quarters of 2022, we obtained regulatory approvals; programmed data entry and management systems; trained sites; and performed community consultancy and formative work. Study enrollment is programmed for the second quarter of 2023. Conclusions: ImPrEP CAB Brasil is the first study to evaluate CAB-LA PrEP implementation in Latin America, one of the regions where PrEP scale-up is most needed. This study will be fundamental to designing programmatic strategies for implementing and scaling up feasible, equitable, cost-effective, sustainable, and comprehensive alternatives for PrEP programs. It will also contribute to maximizing the impact of a public health approach to reducing HIV incidence among SGMs in Brazil and other countries in the Global South. ©Beatriz Grinsztejn, Thiago Silva Torres, Brenda Hoagland, Emilia Moreira Jalil, Ronaldo Ismerio Moreira, Gabrielle O'Malley, Starley B Shade, Marcos R Benedetti, Julio Moreira, Keila Simpson, Maria Cristina Pimenta, Valdiléa Gonçalves Veloso, The ImPrEP CAB-Brasil Study Team. Originally published in JMIR Public Health and Surveillance.	Brazil; cabotegravir; HIV prevention; injectable preexposure prophylaxis; injectable PrEP; sexual and gender minorities; young	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Mixed methods
Article	2023	Groot Bruinderink M.L.; Boyd A.; Coyer L.; Boers S.; Blitz L.; Brand J.-M.; Götz H.M.; Stip M.; Woudstra J.; Yap K.; Vermey K.; Matser A.; Feddes A.R.; Jongen V.W.; Prins M.; Hoornenborg E.; van Harreveld F.; Schim van der Loeff M.F.; Davidovich U.	Online-Mediated HIV Pre-exposure Prophylaxis Care and Reduced Monitoring Frequency for Men Who Have Sex With Men: Protocol for a Randomized Controlled Noninferiority Trial (EZI-PrEP Study)	JMIR Research Protocols	-	-	-	19290748	10.2196/51023	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178226764&doi=10.2196%2f51023&partnerID=40&md5=d358ccdb71f1a63856ab41b2a21491eb	Background: Daily and event-driven HIV pre-exposure prophylaxis (PrEP) with oral tenofovir-emtricitabine is highly effective to prevent HIV in men who have sex with men (MSM). PrEP care generally consists of in-clinic monitoring every 3 months that includes PrEP dispensing, counseling, and screening for HIV and sexually transmitted infections (STIs). However, the optimal frequency for monitoring remains undetermined. Attending a clinic every 3 months for monitoring may be a barrier for PrEP. Online-mediated PrEP care and reduced frequency of monitoring may lower this barrier. Objective: The primary objective of this study is to establish the noninferiority of online PrEP care (vs in-clinic care) and monitoring every 6 months (vs every 3 months). The secondary objectives are to (1) examine differences between PrEP care modalities regarding incidences of STIs, HIV infection, and hepatitis C virus infection; retention in PrEP care; intracellular tenofovir-diphosphate concentration; and satisfaction, usability, and acceptability of PrEP care modalities; and (2) evaluate associations of these study outcomes with sociodemographic, behavioral, and psychological characteristics. Methods: This study is a 2×2 factorial, 4-arm, open-label, multi-center, randomized, controlled, noninferiority trial. The 4 arms are (1) in-clinic monitoring every 3 months, (2) in-clinic monitoring every 6 months, (3) online monitoring every 3 months, and (4) online monitoring every 6 months. The primary outcome is a condomless anal sex act with a casual partner not covered or insufficiently covered by PrEP (ie, "unprotected act") as a proxy for HIV infection risk. Eligible individuals are MSM, and transgender and gender diverse people aged ≥18 years who are eligible for PrEP care at 1 of 4 participating sexual health centers in the Netherlands. The required sample size is 442 participants, and the planned observation time is 24 months. All study participants will receive access to a smartphone app, which contains a diary. Participants are requested to complete the diary on a daily basis during the first 18 months of participation. Participants will complete questionnaires at baseline and 6, 12, 18, and 24 months. Dried blood spots will be collected at 6 and 12 months for assessment of intracellular tenofovir-diphosphate concentration. Incidence rates of unprotected acts will be compared between the online and in-clinic arms, and between the 6-month and 3-month arms. Noninferiority will be concluded if the upper limit of the 2-sided 97.5% CI of the incidence rate ratio is <1.8. Results: The results of the main analysis are expected in 2024. Conclusions: This trial will demonstrate whether online PrEP care and monitoring every 6 months is noninferior to standard PrEP care in terms of PrEP adherence. If noninferiority is established, these modalities may lower barriers for initiating and continuing PrEP use and potentially reduce the systemic burden for PrEP providers. ©Marije L Groot Bruinderink, Anders Boyd, Liza Coyer, Sophie Boers, Laura Blitz, Jean-Marie Brand, Hannelore M Götz, Martijn Stip, Joey Woudstra, Kenneth Yap, Koenraad Vermey, Amy Matser, Allard R Feddes, Vita W Jongen, Maria Prins, Elske Hoornenborg, Frenk van Harreveld, Maarten F Schim van der Loeff, Udi Davidovich.	acceptability; adherence; HIV prevention; men who have sex with men; MSM; Netherlands; pre-exposure prophylaxis; randomized controlled trial; telemedicine; usability	English	Canada	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2023	Guan Y.; Qi T.; Liao Q.; Zhang R.; Chen J.; Liu L.; Shen Y.; Zhu H.; Tang Q.; Lu H.	Multi-dimensional mismatch and barriers for promoting PrEP among men who have sex with men in China: a cross sectional survey from the Demand-side	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-022-00497-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147913970&doi=10.1186%2fs12981-022-00497-6&partnerID=40&md5=f04e7f96ef9a154ac5eb6f26781e31ee	Background: Men who have sex with men (MSM) is a key population for preventing HIV in China, yet pre-exposure prophylaxis (PrEP) is not widely accepted in this population. The objective of this manuscript was to assessed the barriers in the acknowledgement and uptake focusing the demand side. Methods: An online questionnaire survey was conducted from December 2018 to January 2019. All participants were required to scan two-dimensional code which was the online crowdsourcing survey platform to complete the electronic questionnaire anonymously. Results: Among 1915 MSM from thirty-four cities of China, 512 (26.7%) versus 1617 (84.4%) had an objective or subjective need of PrEP, respectively. One hundred and six (5.5%) reported affordability and only 23 (1.2%) had ever taken it. Age, living alone and occupation were associated with the objective needs. Age, income, sexual behavior were associated with actual usage. The participants who they had objective need to use PrEP are the population which we should focus on. Conclusion: A wide disconnect exists among the objective need, willingness, affordability and uptake of PrEP. Cost was the most prevalent barrier, accounting for 78.22% of individuals who needed and wished for PrEP but finally failed to receive it. The findings might facilitate optimizing future allocation of resources to better promote PrEP in Chinese MSM. © 2023, The Author(s).	HIV; HIV prevention; MSM; PrEP; Risk behaviors	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative

Article	2023	Guillen-Diaz-Barriga C.; Diaz-Sosa D.; Torres T.S.; Konda K.A.; Robles-Garcia R.; Hoagland B.; Benedetti M.; Pimenta C.; Grinsztejn B.; Caceres C.F.; Veloso V.G.; Vega-Ramirez H.	HIV Risk Perception and Pre-Exposure Prophylaxis (PrEP) Awareness Among Transgender Women from Mexico	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03836-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138248936&doi=10.1007%2fs10461-022-03836-w&partnerID=40&md5=01b704f4638bef5572d4878319f9f3e6	This study aimed to identify factors associated with HIV risk perception among Mexican transgender women (TGW). This cross-sectional survey was conducted online and at a public HIV clinic in Mexico City. Participants were ≥ 18 years old, self-identified as TGW, and reported not living with HIV. They answered questions on sexual behavior, HIV risk perception, and pre-exposure prophylaxis (PrEP) awareness. We performed a multivariate logistic regression to accomplish the study's objective. One hundred ninety-one TGW completed the survey. High HIV risk perception was associated with > 5 sexual partners, condomless receptive anal sex, sex with a male partner(s) of unknown HIV status, and PrEP awareness. Although most TGW reported low HIV risk perception, over half had risk sexual behavior, reflecting inaccurate risk assessment. Future interventions to improve accurate risk perception among TGW should promote HIV transmission and prevention knowledge and increase PrEP awareness and uptake. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; HIV risk perception; PrEP awareness; risk sexual behavior; transgender women	English	United States	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	Mexico	Latin America and the Caribbean	Quantitative
Article	2023	Guimarães N.S.; Magno L.; Monteiro G.M.B.; Ramos I.C.N.; de Castro C.T.; Aranha-Rossi T.R.; Pereira M.; Dourado I.	Demand creation and retention strategies for oral pre-exposure prophylaxis for HIV prevention among men who have sex with men and transgender women: a systematic review and meta-analysis	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-023-08693-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176458872&doi=10.1186%2fs12879-023-08693-z&partnerID=40&md5=5b42b5e51a0212d7e6cace9852c1d88a	Background: Men who have sex with men (MSM) and transgender women (TGW) have a disproportionately higher risk of human immunodeficiency virus (HIV) infection than other groups. Oral HIV pre-exposure prophylaxis (PrEP) is an effective prevention tool and should be offered to those at higher risk. Identifying demand creation strategies (DCS) and retention strategies (RS) to improve PrEP persistence is essential to control the HIV epidemic. Aim: We aimed to identify the (DCS and RS with higher proportions among MSM and TGW. Methods: A systematic review and meta-analysis of prospective studies were conducted, with studies retrieved from five databases until November, 2022 following the Cochrane and PRISMA guidelines. The study protocol was registered in PROSPERO (CRD42022323220). The outcomes were DCS and RS for PrEP use among MSM and TGW. Strategies used for users enrolled in the PrEP-recruited (DCS) were classified as face-to-face (peer educator recruitment at social venues, nongovernmental organizations, and parties; direct referrals by health services; friends and/or sexual partners); online (chatbot or peer educator recruitment on social media e.g., , Instagram or Facebook or dating/hook-up apps e.g., Grindr, Tinder, Badoo, and Scruff); and mixed (face-to-face and online). RS was classified as provider counseling (face-to-face by a health professional; prevention of HIV risk counseling, distribution of condoms, lubricants, and testing for HIV or other sexually transmitted infections); online counseling (text messages, chatbots, telephone calls, social media, and peer educators); and mixed (all previous strategies). Subgroup analyses were conducted for each treatment strategy. Meta-analyses were performed using the R software version 4.2.1. Results: A total of 1, 129 studies were retrieved from the five databases. After eligibility, 46 studies were included. For MSM, most DCS and RS were online at 91% (95% CI: 0.85–0.97; I2=53%), and 83% (95% CI: 0.80–0.85; I2=17%) respectively. For TGW, mixed DCS and RS were the most frequent at85% (95% CI: 0.60–1.00; I2=91%) and online counseling at 84% (95% CI: 0.64–0.95) compared to other strategies. Conclusion: Critical issues play. Pivotal role in increasing PrEP awareness among MSM and TGW, minimizing access gaps, and ensuring retention of PrEP services. Offering oral PrEP using online DCS and RS can reach and retain high numbers of MSM and TGW, and reduce HIV incidence in these populations. © 2023, The Author(s).	Demand creation to PrEP access; Men who have sex with men; Prevention of HIV infection; Retention in PrEP services; Transgender women	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Guinn D.; Espinoza L.E.	Preventive Epidemiology of PrEP Use in African American Women With a Perceived HIV Risk	Journal of Black Studies	-	-	-	-	219347	10.1177/00219347231174895	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162962972&doi=10.1177%2f00219347231174895&partnerID=40&md5=46b5f45d99ff5d4d06934be1305877ed	This study aims to examine the impact of education and household income on African American women's perception of HIV risk on PrEP use. Secondary data from the Be-PrEPared dataset on 202 African American women's attitudes toward condom use, biomedical prevention strategies, and risks associated with HIV transmission. African American women with a greater level of education and a perceived risk of HIV were more likely to utilize PrEP than African American women with a lower level of education and no reported risk of HIV. Additionally, women with a higher household income and perceived HIV risk were more likely to use PrEP as well. These associations were still present when taking HIV knowledge into account. It is the job of health practitioners and public health/health education professionals to improve PrEP interventions to be more culturally competent which will make adults more cognizant of the health issues related to HIV infection. © The Author(s) 2023.	African American women; perceived HIV risk; PrEP use; preventive epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Gunawardana, Manjula; Remedios-Chan, Mariana; Sanchez, Debbie; Fanter, Rob; Webster, Simon; Webster, Paul; Moss, John A; Trinh, MyMy; Beliveau, Martin; Ramirez, Christina M; Marzinke, Mark A; Kuo, Joseph; Gallay, Philippe A; Baum, Marc M	Preclinical Considerations for Long-acting Delivery of Tenofovir Alafenamide from Subdermal Implants for HIV Pre-exposure Prophylaxis.	Pharmaceutical Research	-	-	-	-	1573-904X	10.1007/s11095-022-03440-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10421770	PURPOSE: Long-acting formulations of the potent antiretroviral prodrug tenofovir alafenamide (TAF) hold potential as biomedical HIV prevention modalities. Here, we present a rigorous comparison of three animal models, C57BL/6 J mice, beagle dogs, and merino sheep for evaluating TAF implant pharmacokinetics (PKs). METHODS: Implants delivering TAF over a wide range of controlled release rates were tested in vitro and in mice and dogs. Our existing PK model, supported by an intravenous (IV) dosing dog study, was adapted to analyze mechanistic aspects underlying implant TAF delivery. RESULTS: TAF in vitro release in the 0.13 to 9.8 mg d-1 range with zero order kinetics were attained. Implants with equivalent fabrication parameters released TAF in mice and sheep at rates that were not statistically different, but were 3 times higher in dogs. When two implants were placed in the same subcutaneous pocket, a two-week creep to Cmax was observed in dogs for systemic drug and metabolite concentrations, but not in mice. Co-modeling IV and TAF implant PK data in dogs led to an apparent TAF bioavailability of 9.6 in the single implant groups (compared to the IV group), but only 1.5 when two implants were placed in the same subcutaneous pocket. CONCLUSIONS: Based on the current results, we recommend using mice and sheep, with macaques as a complementary species, for preclinical TAF implant evaluation with the caveat that our observations may be specific to the implant technology used here. Our report provides fundamental, translatable insights into multispecies TAF delivery via long-acting implants.	comparative animal models, HIV pre-exposure prophylaxis, reservoir subdermal implant, tenofovir alafenamide	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Guo J.; Kang W.; Liu T.; Xu J.; Tang H.; Lyu F.; Zhang G.	Analysis of Knowledge Level and Use of Antiretroviral Pre-Exposure and Post-Exposure Prophylaxis Among MSM — China, 2019–2022	China CDC Weekly	-	-	-	-	20967071	10.46234/ccdcw2023.053	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153493141&doi=10.46234%2fccdcw2023.053&partnerID=40&md5=a5be1a75b0521b9d7d32395acd080559	What is already known on this topic? Men who have sex with men (MSM) in China have a high rate of human immunodeficiency virus (HIV) infection. Pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) have been shown to be effective in preventing HIV, which may help to contain the HIV epidemic among MSM. What is added by this report? This study found that knowledge and usage of PrEP were low among MSM, indicating that this population is at high risk for HIV infection. Promotion of PrEP and PEP among MSM is necessary to reduce the risk of HIV infection in this population. What are the implications for public health practice? PrEP and PEP are novel HIV prevention strategies that have been demonstrated to be effective and safe. To further reduce HIV transmission among MSM in China, it is necessary to promote the use of PrEP and PEP. © 2023, Chinese Center for Disease Control and Prevention. All rights reserved.	NA	English	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Guo, PY; Hou, FS; Cao, WN; Guo, YW; Wei, DN; Li, JH; Hao, YT	Intimate Partner Violence and Willingness to Use Pre-Exposure Prophylaxis Among Men Who Have Sex With Men in Chengdu, China	Journal of Interpersonal Violence	-	-	-	-	0886-2605	10.1177/08862605221127197	https://pubmed.ncbi.nlm.nih.gov/36259286/	Intimate partner violence (IPV) is common in men who have sex with men (MSM). MSM also face increased risk of human immunodeficiency virus infection. However, it is not known whether IPV experience of MSM in China would affect their attitudes toward pre-exposure prophylaxis (PrEP) use. A cross-sectional study was conducted to explore the associations between different types of IPV and willingness to use PrEP in a sample of 608 MSM from November 2018 to May 2019 in Chengdu, China. Univariate and multivariate logistic regression analyses were used to explore the associations between different types of IPV and willingness to use PrEP. The average age of the participants was 31.8 +/- 12.3 years, 48.9% of them were aware of PrEP before this study, and only 7.2% were aware of long-acting injectable PrEP (LAI-PrEP). The overall willingness to use any type of PrEP in the next 6 months was 82.2%. Approximately one third of the participants (n = 198) had experienced at least one type of IPV. We found that experience of sexual perpetration was negatively associated with the willingness to use on-demand PrEP (adjusted odds ratio ORa = 0.33, 95% CI = 0.16-0.67) and the overall willingness to use any type of PrEP (ORa = 0.31, 95% CI = 0.15-0.64). The willingness to use LAI-PrEP also had negative associations with any type of monitoring IPV (ORa = 0.58, 95% CI = 0.38-0.91), controlling victimization (ORa = 0.41, 95% CI = 0.21-0.82), and emotional victimization (ORa = 0.58, 95% CI = 0.35-0.97). The findings of this study demonstrate that IPV experiences are negatively associated with willingness to use PrEP among MSM, suggesting that PrEP promotion programs should consider IPV screening and develop explicit intervention strategies for both perpetrators and victims.	China; PREP; pre-exposure prophylaxis; men who have sex with men; PREVENTION; WOMEN; HIV-INFECTION; BISEXUAL MEN; GAY; intimate partner violence; RISK BEHAVIORS; SUBSTANCE USE; SAME-SEX; willingness to use PrEP; long-acting injectable PrEP; PERPETRATION	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Gyamerah, Akua O; Kinzer, Ezra; Aidoo-Frimpong, Gloria; Sorensen, Guro; Mensah, Matilda D; Taylor, Kelly D; Vanderpuye, Naa Ashiley; Lippman, Sheri A	PrEP knowledge, acceptability, and implementation in Ghana: Perspectives of HIV service providers and MSM, trans women, and gender diverse individuals living with HIV.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0001956	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10246804	Pre-exposure prophylaxis (PrEP) could help reduce HIV incidence among cis men, trans women, and gender diverse individuals assigned male at birth who have sex with men (MSM, trans women, and GDSM) in Ghana, a group that bears a high HIV burden. Our study examined PrEP knowledge and acceptability, and barriers and facilitators to its uptake and implementation through qualitative interviews with 32 MSM, trans women, and GDSM clients living with HIV, 14 service providers (SPs), and four key informants (KIs) in Accra, Ghana. We interviewed participants about their PrEP knowledge, whether MSM would take PrEP, and what factors would make it easy/difficult to uptake or implement PrEP. Interview transcripts were analyzed using thematic analysis. There was high acceptability of PrEP use and implementation among MSM, trans women, GDSM, and SPs/KIs in Ghana. MSM, trans women, and GDSM interest in, access to, and use of PrEP were shaped by intersectional HIV and anti-gay stigma; PrEP affordability, acceptability, and ease of use (e.g., consumption and side effects); sexual preferences (e.g., condomless sex vs. condom use), and HIV risk perception. Concerns raised about barriers and facilitators of PrEP use and implementation ranged from medical concerns (e.g., STIs; drug resistance); social behavioral concerns (e.g., stigma, risk compensation, adherence issues); and structural barriers (e.g., cost/affordability, govern commitment, monitoring systems, policy guidance). Targeted education on PrEP and proper use of it is needed to generate demand and dispel worries of side effects among MSM, trans women, and GDSM. Free, confidential, and easy access to PrEP must be supported by health systems strengthening, clear prescription guidelines, and anti-stigma training for providers.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Haaland I.; Metta E.; Moen K.	The use of PrEP among men who have sex with men and transgender women as Biomedical Prevention Work: A conceptual framework	Social Science & Medicine	-	-	-	-	2779536	10.1016/j.socscimed.2023.116147	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169619893&doi=10.1016%2fj.socscimed.2023.116147&partnerID=40&md5=2ca428b603aa5a63a5cafc021b48ba41	Based on ethnographic fieldwork among men who have sex with men and transgender women in Tanzania, this article explores the various types of work that may go into enrolment into PrEP programming and using pre-exposure prophylaxis (PrEP). PrEP protects against HIV acquisition and is widely touted as an essential tool in 'ending AIDS by 2030'. While taking PrEP has often been portrayed as 'just taking a pill a day' in public health campaigns, a striking observation during fieldwork was that enrolling in PrEP programming and adhering to PrEP involved a wide range of tasks. Inspired by this fieldwork experience and the literature on sociology of work, more specifically illness work and patient work, we started to think of these tasks as work. This paper identifies the range of tasks that PrEP users in Dar es Salaam had to perform as part of their enrolment and usage of PrEP. We provide a description of these tasks, organised into three categories of work that we refer to as (a) readying work, (b) user work, and (c) social navigation work that jointly make up what we propose to call biomedical prevention work. We further suggest that this analytical framework can be applicable to other biomedical prevention methods in other contexts. © 2023 The Authors	Biomedical prevention; HIV prevention; Men who have sex with men; Men who sell sex; Pre-exposure prophylaxis; Tanzania; Transgender women; Use of biomedicine; Work	English	United Kingdom	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Qualitative
Article	2023	Haaland, Richard E; Fountain, Jeffrey; Martin, Amy; Dinh, Chuong; Holder, Angela; Edwards, Tiancheng E; Lupo, L Davis; Hall, LaShonda; Conway-Washington, Christopher; Massud, Ivana; García-Lerma, J Gerardo; Kelley, Colleen F; Heneine, Walid M	Pharmacology of boosted and unboosted integrase strand transfer inhibitors for two-dose event-driven HIV prevention regimens among men	Journal of Antimicrobial Chemotherapy	-	-	-	-	3057453	10.1093/jac/dkac419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147234492&doi=10.1093%2fjac%2fdkac419&partnerID=40&md5=6c806bbbb6b0a7c8b0960e7ad8b1ad00	Background: Event-driven HIV prevention strategies are a priority for users who do not require daily pre-exposure prophylaxis (PrEP). Regimens containing integrase strand transfer inhibitors (INSTIs) are under evaluation as alternatives to daily PrEP. To better understand INSTI distribution and inform dosing selection we compared the pharmacology of two-dose boosted elvitegravir and unboosted bictegravir regimens in MSM. Materials and methods: Blood, rectal and penile secretions and rectal biopsies were collected from 63 HIV-negative MSM aged 18–49 years. Specimens were collected up to 96 h after two oral doses of tenofovir alafenamide and emtricitabine with elvitegravir boosted by cobicistat or unboosted bictegravir given 24 h apart. Antiretroviral drugs were measured by LC-MS. Results: Mean bictegravir plasma concentrations remained above the 95% protein-adjusted effective concentration 96 h after dosing 273 (95% CI: 164–456) ng/mL whereas elvitegravir plasma concentrations became undetectable 48 h after the second dose. Bictegravir and elvitegravir reached rectal tissues within 2 h after the first dose, and elvitegravir tissue concentrations 1.07 (0.38–13.51) ng/mg were greater than bictegravir concentrations 0.27 (0.15–0.70) ng/mg. Both INSTIs became undetectable in tissues within 96 h. Elvitegravir and bictegravir were not consistently detected in penile secretions. Conclusions: Whereas bictegravir plasma concentrations persist at least 4 days after a two-oral-dose HIV prophylaxis regimen, elvitegravir accumulates in mucosal tissues. Differing elvitegravir and bictegravir distribution may result in variable mucosal and systemic antiviral activity and can inform dosing strategies for event-driven HIV prevention. © 2023 Oxford University Press. All rights reserved.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Haberer, Jessica E; Mujugira, Andrew; Mayer, Kenneth H	The future of HIV pre-exposure prophylaxis adherence: reducing barriers and increasing opportunities.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00079-6	https://dx.doi.org/10.1016/S2352-3018(23)00079-6	The effectiveness of HIV pre-exposure prophylaxis (PrEP) hinges on adherence, which has been restricted by multifaceted barriers. Uptake of PrEP has been impeded by poor access resulting from high costs, provider uncertainty, discrimination, stigma, and poor understanding within the health-care community and the public of who can benefit from PrEP. Other important barriers to adherence and persistence over time relate to individuals (eg, depression) and their community, partners, and family (eg, poor support), and their effects vary substantially with each person, population, and setting. Despite these challenges, key opportunities for improving PrEP adherence exist, including novel delivery systems, tailored individual interventions, mobile health and digital health interventions, and long-acting formulations. Objective monitoring strategies will help to improve adherence interventions and alignment of PrEP use with the need for HIV prevention (ie, prevention-effective adherence). The future of PrEP adherence lies in person-centred approaches to service delivery that meet the needs of individuals while creating supportive environments and facilitating health-care access and delivery.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Haddad A.E.; Erlich D.	Cabotegravir (Apretude) for Pre-exposure Prophylaxis for HIV Type 1 Infection	American Family Physician	-	-	-	-	0002838X	NA	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159391503&partnerID=40&md5=0afe7a15628f1770f98562265961a8a4	Cabotegravir (Apretude) is an extended-release injectable HIV type 1 (HIV-1) antiretroviral integrase strand transfer inhibitor. Cabotegravir is labeled for use in adults and adolescents weighing at least 35 kg (77 lb) who are HIV-negative but at risk of HIV-1. It is used as pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection, the most common form of HIV.1.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Review
Article	2023	Haffejee F.; Fasanmi-Kana O.; Ally F.; Thandar Y.; Basdav J.	Four years later: Do South Africans know what pre-exposure prophylaxis for HIV is?	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2022.2032573	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124226244&doi=10.1080%2f09540121.2022.2032573&partnerID=40&md5=70fe23b4319626ee8c77ece44bf55ae1	HIV incidence remains high among South Africans, with low uptake of preventative measures such as condom use. Pre-exposure prophylaxis (PrEP), which protects HIV-negative individuals from infection, was first introduced in SA in 2016. This study determined the knowledge of PrEP among university students (n = 282) and primary health care clinic users (n = 358) in KwaZulu-Natal, South Africa. Data were collected using a cross-sectional survey. The study population was at high-risk of HIV infection, with early age of sexual debut, multiple concurrent sexual partners and inconsistent condom usage. Only 12.3% (n = 79) stated that they had a full understanding of PrEP, which was higher among university students (9.8%; n = 63) than clinic users (2.5%; n = 16; p < 0.001). Specific PrEP knowledge was, however, low. Health Science students did not have a better knowledge than students from other faculties. Neither did users of clinics offering PrEP have a better knowledge than users of clinics not offering PrEP. Moreover, few participants (15%; n = 96) were aware of the availability of PrEP at their local clinic. Interventions to address the low level of PrEP knowledge within the population are required, to reduce the high HIV incidence. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	clinic users; HIV prevention; pre-exposure prophylaxis; South Africa; students	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Hagberg, Lars; Gisslén, Magnus	Cohort profile: a longitudinal study of HIV infection in the central nervous system with focus on cerebrospinal fluid - the Gothenburg HIV CSF Study Cohort.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2022-070693	https://pubmed.ncbi.nlm.nih.gov/37197824/	PURPOSE: In order to enable long-term follow-up of the natural course of HIV infection in the central nervous system, a longitudinal cohort study with repeated cerebrospinal fluid (CSF) analyses at intervals over time was initiated in 1985. When antiretrovirals against HIV were introduced in the late 1980s, short-term and long-term effects of various antiretroviral treatment (ART) regimens were added to the study. PARTICIPANTS: All adult people living with HIV (PLWH) who were diagnosed at or referred to the Department of Infectious Diseases, Sahlgrenska University Hospital, Gothenburg, Sweden were asked to participate in the Gothenburg HIV CSF Study Cohort. PLWH with neurological symptoms or other clinical symptoms of HIV, as well as those with no symptoms of HIV infection, were included. Most participants were asymptomatic, which distinguishes this cohort from most other international HIV CSF studies. In addition, HIV-negative controls were recruited. These included people on HIV pre-exposure prophylaxis who served as lifestyle-matched controls to HIV-infected men who have sex with men. Since lumbar puncture (LP) is an invasive procedure, some PLHW only consented to participate in one examination. Furthermore, at the beginning of the study, several participants were lost to follow-up having died from AIDS. Of 662 PLWH where an initial LP was done, 415 agreed to continue with follow-up. Among the 415, 56 only gave permission to be followed with LP for less than 1 year, mainly to analyse the short-term effect of ART. The remaining 359 PLWH were followed up with repeated LP for periods ranging from >1 to 30 years. This group was defined as the 'longitudinal cohort'. So far, on 7 April 2022, 2650 LP and samplings of paired CSF/blood had been performed, providing a unique biobank. FINDINGS TO DATE: A general finding during the 37-year study period was that HIV infection in the central nervous system, as mirrored by CSF findings, appears early in the infectious course of the disease and progresses slowly in the vast majority of untreated PLWH. Combination ART has been highly effective in reducing CSF viral counts, inflammation and markers of neural damage. Minor CSF signs of long-term sequels or residual inflammatory activity and CSF escape (viral CSF blips) have been observed during follow-up. The future course of these changes and their clinical impact require further studies. FUTURE PLANS: PLWH today have a life expectancy close to that of non-infected people. Therefore, our cohort provides a unique opportunity to study the long-term effects of HIV infection in the central nervous system and the impact of ART and is an ongoing study.	Adult; Humans; Male; Anti-Retroviral Agents/therapeutic use; Longitudinal Studies; Homosexuality, Male; *Sexual and Gender Minorities; HIV & AIDS; Central Nervous System; *HIV Infections/drug therapy/complications; Infectious disease/HIV; MICROBIOLOGY	English	United Kingdom	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Sweden	Western and Central Europe and North America	Clinical
Article	2023	Haggipavlou Loukas; Hamshaw Richard J T	Barriers to PrEP Uptake in Young U.K. Men Who Have Sex With Men	Journal of Prevention and Health Promotion	-	-	-	-	26320770	10.1177/26320770231199419	https://www.proquest.com/scholarly-journals/barriers-prep-uptake-young-u-k-men-who-have-sex/docview/2907118898/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) prevents HIV contraction in HIV-negative individuals. Despite higher risks, uptake is low among young men who have sex with men (YMSM). This study investigates barriers to PrEP uptake in U.K. YMSM, where treatment has recently been approved within services. Semi-structured interviews with 10 YMSM living in the United Kingdom were analyzed using data-driven reflexive thematic analysis. Analysis highlighted three principal barriers to PrEP uptake: lack of perceived necessity, lack of knowledge, and perceived acquisition discomfort. YMSM experience unique barriers to PrEP uptake. Recommendations for tackling barriers included implementation of an online application, alongside educational measures.	HIV; pre-exposure prophylaxis; Knowledge; Health education; Disease prevention; Health behavior; sexual health; qualitative research; Human immunodeficiency virus--HIV; Public Health And Safety; Gays & lesbians; Mens health; United Kingdom--UK; LGBTQA	English	Germany	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Hakim J.; Race K.	The gay scientist: Kane Race on the unexpected possibilities of experimental intimacies	Sexualities	-	-	-	-	13634607	10.1177/1363460720932392	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85086578675&doi=10.1177%2f1363460720932392&partnerID=40&md5=f15f89bc3458476cca7357557ac69e64	In this interview with Jamie Hakim, Kane Race talks about his most recent monograph The Gay Science: Intimate Experiments With the Problem of HIV (2018). In The Gay Science, he explores how practices of sex and intimacy between gay men are shifting amidst what he calls the changing infrastructures of gay life – digital, chemical and communal. As such the book is empirically oriented and looks at a wide range of topics from hook-up apps, to PreP to chemsex/party 'n' play, to the history and politics of Sydney's Mardi Gras as they take place on the ground. Theoretically he blends the thought of philosophers such as Michel Foucault and Friedrich Nietzche with critical perspectives such as actor-network theory and Science and Technology Studies to argue that as scholars of sexual practice we need to pay more attention to what emerges within the contingencies of the assemblages and infrastructures that make sex between gay men possible. In so doing, the book is far more optimistic about gay sex and digital media then either popular media or influential strands of queer theory, offering path-breaking insight into the major concerns of this special issue on Chemsex Cultures. © The Author(s) 2020.	Chemsex; digital media; gay culture; hook-up apps; sexuality	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Hamilton D.T.; Agutu C.; Sirengo M.; Chege W.; Goodreau S.M.; Elder A.; Sanders E.J.; Graham S.M.	Modeling the impact of different PrEP targeting strategies combined with a clinic-based HIV-1 nucleic acid testing intervention in Kenya	Epidemics	-	-	-	-	17554365	10.1016/j.epidem.2023.100696	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163470529&doi=10.1016%2fj.epidem.2023.100696&partnerID=40&md5=c0a84b87b6a766adae8703c9abbf5f51	Background: Up to 69% of adults who acquire HIV in Kenya seek care for acute retroviral symptoms, providing an important opportunity for early diagnosis and HIV care engagement. The Tambua Mapema Plus (TMP) trial tested a combined HIV-1 nucleic acid testing, linkage, treatment, and partner notification intervention for adults with symptoms of acute HIV infection presenting to health facilities in coastal Kenya. We estimated the potential impact on the Kenyan HIV epidemic of providing PrEP to individuals testing negative in TMP, if scaled up. Methods: We developed an agent-based simulation of HIV-1 transmission using TMP data and current Kenyan statistics. PrEP interventions were layered onto a model of TMP as standard of care, to estimate additional potential population-level impact of enrolling HIV-negative individuals identified through TMP on PrEP over 10 years. Four scenarios were modeled: PrEP for uninfected individuals in disclosed serodiscordant couples; PrEP for individuals with concurrent partnerships; PrEP for all uninfected individuals identified through TMP; and PrEP integrated into the enhanced partner services component of TMP. Findings: Providing PrEP to both individuals with concurrent partnerships and uninfected partners identified through enhanced partner services reduced new HIV infections and was efficient based on numbers needed to treat (NNT). The mean percent of infections averted was 2.79 (95%SI:−10.83, 15.24) and 4.62 (95%SI:−9.5, 16.82) when PrEP uptake was 50% and 100%, respectively, and median NNT was 22.54 (95%SI:not defined, 6.45) and 27.55 (95%SI:not defined, 11.0), respectively. Providing PrEP for all uninfected individuals identified through TMP averted up to 12.68% (95%SI:0.17, 25.19) of new infections but was not efficient based on the NNT: 200.24 (95%SI:523.81, 123.23). Conclusions: Providing PrEP to individuals testing negative for HIV-1 nucleic acid after presenting to a health facility with symptoms compatible with acute HIV adds value to the TMP intervention, provided PrEP is targeted effectively and efficiently. Funding: National Institutes of Health, Sub-Saharan African Network for TB/HIV Research Excellence. © 2023	Epidemic modeling; HIV prevention; HIV-1 nucleic acid testing; Kenya; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hamilton D.T.; Hoover K.W.; Smith D.K.; Delaney K.P.; Wang L.Y.; Li J.; Hoyte T.; Jenness S.M.; Goodreau S.M.	Achieving the "Ending the HIV Epidemic in the U.S." incidence reduction goals among at-risk populations in the South	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-023-15563-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153439497&doi=10.1186%2fs12889-023-15563-5&partnerID=40&md5=c88ea317b168795baa44bafc54c4d995	Introduction: Antiretroviral medication coverage remains sub-optimal in much of the United States, particularly the Sothern region, and Non-Hispanic Black or African American persons (NHB) continue to be disproportionately impacted by the HIV epidemic. The "Ending the HIV Epidemic in the U.S." (EHE) initiative seeks to reduce HIV incidence nationally by focusing resources towards the most highly impacted localities and populations. This study evaluates the impact of hypothetical improvements in ART and PrEP coverage to estimate the levels of coverage needed to achieve EHE goals in the South. Methods: We developed a stochastic, agent-based network model of 500,000 individuals to simulate the HIV epidemic and hypothetical improvements in ART and PrEP coverage. Results: New infections declined by 78.6% at 90%/40% ART/PrEP and 94.3% at 100%/50% ART/PrEP. Declines in annual incidence rates surpassed 75% by 2025 with 90%/40% ART/PrEP and 90% by 2030 with 100%/50% ART/PrEP coverage. Increased ART coverage among NHB MSM was associated with a linear decline in incidence among all MSM. Declines in incidence among Hispanic/Latino and White/Other MSM were similar regardless of which MSM race group increased their ART coverage, while the benefit to NHB MSM was greatest when their own ART coverage increased. The incidence rate among NHB women declined by over a third when either NHB heterosexual men or NHB MSM increased their ART use respectively. Increased use of PrEP was associated with a decline in incidence for the groups using PrEP. MSM experienced the largest absolute declines in incidence with increasing PrEP coverage, followed by NHB women. Conclusions: Our analysis indicates that it is possible to reach EHE goals. The largest reductions in HIV incidence can be achieved by increasing ART coverage among MSM and all race groups benefit regardless of differences in ART initiation by race. Improving ART coverage to > 90% should be prioritized with a particular emphasis on reaching NHB MSM. Such a focus will reduce the largest number of incident cases, reduce racial HIV incidence disparities among both MSM and women, and reduce racial health disparities among persons with HIV. NHB women should also be prioritized for PrEP outreach. © 2023, The Author(s).	Antiretroviral therapy; HIV; Modeling; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hamilton, Deven T; Wang, Li Yan; Hoover, Karen W; Smith, Dawn K; Delaney, Kevin P; Li, Jingjing; Hoyte, Tamika; Jenness, Samuel M; Goodreau, Steven M	Potential contribution of PrEP uptake by adolescents 15-17 years old to achieving the "Ending the HIV Epidemic" incidence reduction goals in the US South	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0288588	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176436011&doi=10.1371%2fjournal.pone.0288588&partnerID=40&md5=5edca762437db8329dd325e2c5cc089b	Background The "Ending the HIV Epidemic"(EHE) initiative seeks to reduce new HIV infections in the U. S. by prioritizing federal resources towards highly impacted populations. Antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are essential for reaching EHE goals. Adolescents are often at increased risk for HIV because they may lack agency in negotiating their sexual partnerships and may not have the same access to treatment and prevention as adults. This study estimates the potential contribution of expanded PrEP coverage among adolescents ages 15-17 to achieving the EHE goals in the South. Methods An HIV-transmission model was built to simulate the HIV epidemic in the South. Increased ART and PrEP uptake were systematically varied with and without PrEP eligibility including individuals age<18. Results Prioritizing PrEP for adolescents had a negligible impact on incidence. At 50% uptake among eligible adolescents and 90% ART coverage, including adolescents, only improved the percentage of infections averted from 80.1% to 80.3%. In 10 of 15 scenarios explored, there was no reduction in new infections when PrEP eligibility was expanded to include adolescents age<18. At 95% ART coverage at the population-level incidence among adolescents declined by over 80%, but PrEP uptake among adolescents did not contribute to additional declines in incidence among adolescents. Conclusions Prioritizing PrEP for adolescents did not significantly contribute to reaching EHE incidence reductions goal. Focusing resources to specific adolescent populations at risk, such sexual minority males in high incidence settings, will remain an important public health goal outside the context of EHE. © 2023 This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hammond R.; Cambiano V.; Lampe F.C.; Asboe D.; Clarke A.; Gilson R.; Hart G.J.; Miltz A.R.; Nwokolo N.; Johnson A.M.; Phillips A.N.; Speakman A.; Whitlock G.; Rodger A.; Sewell J.	Predictors of starting and stopping chemsex in men who have sex with men in England: Findings from the AURAH2 prospective study	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2023-055774	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164401460&doi=10.1136%2fsextrans-2023-055774&partnerID=40&md5=d3d22a5c80d74959cab665407224172c	Background Chemsex (the use of psychoactive drugs in sexual contexts) has been associated with HIV acquisition and other STIs, so there is benefit in identifying those most likely to start chemsex to offer risk reduction interventions such as pre-exposure prophylaxis (PrEP). To date, there have been no data from a longitudinal study analysing factors most associated with starting and stopping chemsex. Methods The prospective cohort study, Attitudes to and Understanding Risk of Acquisition of HIV over Time (AURAH2), collected 4 monthly and annual online questionnaire data from men who have sex with men (MSM) from 2015 to 2018. We investigate the association of sociodemographic factors, sexual behaviours and drug use with starting and stopping chemsex among 622 men who completed at least one follow-up questionnaire. Poisson models with generalised estimating equations were used to produce risk ratios (RRs) accounting for multiple starting or stopping episodes from the same individual. Multivariable analysis was adjusted for age group, ethnicity, sexual identity and university education. Findings In the multivariable analysis, the under 40 age group was significantly more likely to start chemsex by the next assessment (RR 1.79, 95% CI 1.12 to 2.86). Other factors which showed significant association with starting chemsex were unemployment (RR 2.10, 95% CI 1.02 to 4.35), smoking (RR 2.49, 95% CI 1.63 to 3.79), recent condomless sex (CLS), recent STI and postexposure prophylaxis (PEP) use in the past year (RR 2.10, 95% CI 1.33 to 3.30). Age over 40 (RR 0.71, 95% CI 0.51 to 0.99), CLS, and use of PEP (RR 0.64, 95% CI 0.47 to 0.86) and PrEP (RR 0.47, 95% CI 0.29 to 0.78) were associated with lower likelihood of stopping chemsex by the next assessment. Interpretation Knowledge of these results allows us to identify men most likely to start chemsex, thus providing an opportunity for sexual health services to intervene with a package of risk mitigation measures, especially PrEP use. © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	DRUG MISUSE; HIV; Homosexuality, Male; Sexual Behavior; SEXUAL HEALTH	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Hamoonga T.E.; Mutale W.; Hill L.M.; Igumbor J.; Chi B.H.	"PrEP protects us": Behavioural, normative, and control beliefs influencing pre-exposure prophylaxis uptake among pregnant and breastfeeding women in Zambia	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1084657	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159890143&doi=10.3389%2ffrph.2023.1084657&partnerID=40&md5=3cf70249e485acd2d1ac5bc73cd969de	Background: Although pre-exposure prophylaxis (PrEP) is recommended for pregnant and breastfeeding women at elevated HIV risk, uptake has been low in Zambia. Methods: In in-depth interviews, we explored beliefs about PrEP among 24 HIV-negative pregnant and breastfeeding Zambian women. Thematic analysis was used to identify behavioural, normative and control beliefs likely to influence PrEP uptake. Results: Most women viewed PrEP as a good method of protecting themselves and their babies from HIV infection. Partners were cited as key referents in decision making about PrEP use. Many women felt that PrEP use was not entirely in their control. Most reported that they would not use PrEP if their partners did not approve. Health care providers with negative attitudes, long distance to clinics, and extended waiting times were cited as barriers to PrEP uptake. Conclusion: HIV-negative pregnant and breastfeeding women had a positive attitude towards PrEP but barriers to uptake are multifaceted. 2023 Hamoonga, Mutale, Hill, Igumbor and Chi.	beliefs; breastfeeding; intention; pregnant; PrEP; sub-Saharan Africa; theory of planned behaviour; Zambia	English	Switzerland	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Qualitative
Article	2023	Hamoonga T.E.; Mutale W.; Hill L.M.; Igumbor J.; Chi B.H.	Salient beliefs and intention to use pre-exposure prophylaxis among pregnant and breastfeeding women in Zambia: Application of the Theory of Planned Behaviour	Global Public Health	-	-	-	-	17441692	10.1080/17441692.2023.2184483	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149573132&doi=10.1080%2f17441692.2023.2184483&partnerID=40&md5=3e3d23d6c690f50ea50967a921cef6db	Primary HIV prevention is a priority for pregnant and breastfeeding women in sub-Saharan Africa; however, such services should be designed to optimise uptake and continuation. Between September and December 2021, we enrolled 389 women who were not living with HIV into a cross-sectional study from antenatal/postnatal settings at Chipata Level 1 Hospital. We used the Theory of Planned Behaviour to study the relationship between salient beliefs and intention to use pre-exposure prophylaxis (PrEP) among eligible pregnant and breastfeeding women. On a seven-point scale, participants had positive attitudes towards PrEP (mean = 6.65, SD = 0.71), anticipated approval of PrEP use from significant others (mean = 6.09, SD = 1.51), felt confident that they could take PrEP if they desired (mean = 6.52, SD = 1.09) and had favourable intentions to use PrEP (mean = 6.01, SD = 1.36). Attitude, subjective norms, and perceived behavioural control significantly predicted intention to use PrEP respectively ($\beta = 0.24$; $\beta = 0.55$; $\beta = 0.22$, all $p < 0.01$). Social cognitive interventions are needed to promote social norms supportive of PrEP use during pregnancy and breastfeeding. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	beliefs; breastfeeding; pregnant; PrEP initiation intention; sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	Zambia	Eastern and Southern Africa	Zambia	Eastern and Southern Africa	Quantitative
Article	2023	Hanass-Hancock J.; Bhengu N.; Exner T.; Magusthwa S.; Harrison A.; Dolezal C.; Miller L.; Bauman L.; Hoffman S.	MASIBAMBANE—LADIES CHAT: DEVELOPING AN ONLINE GENDER-ENHANCED PREP INFORMATION-MOTIVATION WORKSHOP FOR YOUNG SOUTH AFRICAN WOMEN	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.1.14	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147457231&doi=10.1521%2faeap.2023.35.1.14&partnerID=40&md5=a00631d68b97e4fca2694951e2f315ff	This article describes the processes of transforming an in-person group-based intervention to promote uptake of PrEP among young woman in South Africa to an online interactive "workshop" during the COVID-19 pandemic. Beginning in person and continuing virtually, we used a step-by-step partici-patory approach with multiple stakeholder groups to develop nine activities to increase knowledge about, as well as motivation and intention to take PrEP, and to address gender-based barriers to PrEP. Activities were informed by our theoretical framework and formative work with young women ages 18–25. We demonstrate how we developed a gender-enhanced online PrEP workshop that was interactive, group-based, and in accordance with elements of established successful intervention design; why WhatsApp emerged as the most accessible application for the young women in our workshop; and how an intervention with a hybrid approach—alternating between chat box and live sessions—combined with verbal, written, and emoji-based communication enabled interaction among participants. © 2023 The Guilford Press.	Africa; HIV prevention; intervention development; mHealth; PrEP; women	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Hanna-Walker V.; Simon K.A.; Lawrence S.E.; Driver R.; Kalinowski J.; Watson R.J.; Eaton L.A.	Black Sexual Minority Men's Stigma-Based Experiences Surrounding Pre-exposure Prophylaxis in the Southern United States	LGBT Health	-	-	-	-	23258292	10.1089/lgbt.2022.0118	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152174909&doi=10.1089%2flgbt.2022.0118&partnerID=40&md5=d4d7c90a308ba1d3ae563334b389dca5	Purpose: Intersecting experiences of stigma related to pre-exposure prophylaxis (PrEP) influence PrEP uptake among Black sexual minority men (BSMM) living in the southern United States; however, it is unclear what stigmatized identities and behaviors are impacted when accessing human immunodeficiency virus prevention options. To inform identity-specific PrEP interventions, this study examined stigma in BSMM's lives relating to intersecting experiences of PrEP stigma. Methods: We conducted 32 virtual, semistructured qualitative interviews with BSMM residing in the southeastern United States between February and April 2019. Results: We identified three themes (anticipated stigma, experiences of prejudice and stereotyping, and negative attitudes) and one subtheme within negative attitudes (othering social/sexual groups). Across all themes, PrEP stigma was often manifested through stigma against BSMM's sexual orientation or sexual behavior. BSMM in othering social/sexual groups displayed instances of cognitive dissonance by regularly expressing negative attitudes about and explicitly distancing themselves from social/sexual groups based on sexual orientation and sexual behavior. BSMM's race and gender were rarely mentioned as being stigmatized. Conclusions: Interventions focused on PrEP use could benefit from expanding their definition of PrEP stigma to include a stronger emphasis on intersecting identities and work to reduce cognitive dissonance in BSMM in the form of internalized homophobia. Copyright © 2023, Mary Ann Liebert, Inc.	Black sexual minority men (BSMM); human immunodeficiency virus (HIV); intersecting stigma; pre-exposure prophylaxis (PrEP) use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Harfouch, Omar; Comstock, Emily; Kaplan, Roman; Benator, Debra; Rivasplata, Heather; Wilson, Eleanor	Impact of the COVID-19 Pandemic on the PrEP Cascade at Two Veterans Affairs Healthcare Systems.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04146-5	https://pubmed.ncbi.nlm.nih.gov/37542627/	Overall, fewer Veterans were eligible for PrEP in 2020, compared to 2019, and 2018 (Maryland Veterans Affairs Health Care System- MVAHCS-: n = 890 (2020), n = 1533 (2019); Washington DC Veterans Affairs Medical Center -DC VAMC- n = 1119 (2020), n = 1716 (2019)). While the proportion of Veterans engaged in PrEP out of those eligible for PrEP increased in 2020 compared to 2019 at both sites (MVAHCS: 5.73% (2020) vs. 3.39% (2019) p-value = 0.006; F = 7.58, and DC VAMC: 15.91% (2020) vs. 9.38% (2019) p-value < 0.001; F = 27.64), the absolute number of Veterans engaged in PrEP remained unchanged (MVAHCS n = 51 (2020) and n = 52 (2019); DC VAMC n = 178 (2020) and n = 161 (2019)). Engagement in PrEP was significantly lower among Black Veterans compared to White Veterans at the DC VAMC across all FY with a widening gap in 2020. Cisgender women were less likely to be engaged in PrEP compared to cisgender men at both sites and throughout all FY with a wider gender gap in 2020. There were no significant differences in retention in PrEP between FY.Anticipated improvements in linkage, engagement, and retention in PrEP in 2020 at the MVAHCS and DC VAMC may not have been seen due to the COVID-19 pandemic. Furthermore, engagement rates in PrEP remained low overall, particularly among Black Veterans and cisgender women. Novel PrEP delivery models are needed to engage these populations in PrEP following the COVID-19 pandemic. Interactive dashboards and tele-PrEP may have played a big role in sustained retention in PrEP at the VHA.	PrEP; COVID-19; PrEP Cascade; Sexually Transmitted Infections; Veterans Affairs	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Haribhai S.; Khadka N.; Mvududu R.; Mashele N.; Bekker L.-G.; Gorbach P.; Coates T.J.; Myer L.; Joseph Davey D.L.	Psychosocial determinants of pre-exposure prophylaxis use among pregnant adolescent girls and young women in Cape Town, South Africa: A qualitative study	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231152776	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151073597&doi=10.1177%2f09564624231152776&partnerID=40&md5=0ac5a167e42e3cc45cf3786dc0d215dd	Background: In South Africa, at least 7.5 million people (age ≥15 years) are living with Human Immunodeficiency Virus (HIV). In 2020, 220,000 new infections occurred, approximately one-third of which were among cisgender adolescent girls and women (age ≥15 years). The perspectives of pregnant adolescent girls and young women (AGYW) as key, targeted end-users of pre-exposure prophylaxis (PrEP) in this setting are not well known. Methods: We purposively recruited participants enrolled in an ongoing cohort study at an urban antenatal clinic in Cape Town, South Africa for in-depth interviews between July–September 2020. We restricted our analysis to pregnant AGYW (age: 16–25 years) who initiated daily oral PrEP (Tenofovir/Emtricitabine) antenatally and self-reported either high PrEP persistence (≥25 days in the past 30 days and no missed PrEP collection), or low PrEP persistence and/or discontinuation (missing >5 days in the last 30 days or missed PrEP collection). The findings were organized thematically, per the adapted Health Behavior Model (2000), using Nvivo-v.1.5. Results: We interviewed 18 AGYW (mean age = 22 years), at a mean of 14 weeks postpartum. Higher self-esteem and high-quality study provider-client relationships, including empathic psychosocial support, facilitated PrEP continuation. Reported barriers included unstable social structure characteristics (i.e., financial hardship) and individual factors (i.e., unintended pregnancy, parental rejection, and inadequate peer- and non-cohabiting partner support). Participants self-perceived a need for PrEP, feeling susceptible to non-consensual, forced sex, or considering partners' (presumed) sexual risk-taking. Limited community awareness regarding PrEP availability and/or perceived complexity in navigating health system access to PrEP, impede continuation. Conclusions: PrEP-focused healthcare access pathways for pregnant and postpartum AGYW need to be simplified. Further research is needed on health system determinants (i.e., structural barriers, provider-client interactions, and related outcomes) of oral PrEP utilization. In 2022, South Africa announced regulatory approval of long-acting PrEP options (i.e., the dapivirine ring for non-pregnant women and injectable cabotegravir, respectively); these may mitigate implementation barriers reported in this study. However, the safety and efficacy of long-acting PrEP (e.g., injectables, implants) among pregnant or breastfeeding women, specifically, remains to be confirmed in this setting. © The Author(s) 2023.	Adolescents; Human Immunodeficiency Virus; pre-exposure prophylaxis; South Africa; sub-Saharan Africa; young women	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Harkness A.; Lozano A.; Bainter S.; Mayo D.; Hernandez Altamirano D.; Rogers B.G.; Prado G.; Safren S.A.	Engaging Latino sexual minority men in PrEP and behavioral health care: multilevel barriers, facilitators, and potential implementation strategies	Journal of Behavioral Medicine	-	-	-	-	1607715	10.1007/s10865-022-00371-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143748459&doi=10.1007%2fs10865-022-00371-w&partnerID=40&md5=c8d6bdca27571a5c53e34dda04165e8b	Latino sexual minority men (LSMM) are affected by HIV and behavioral health disparities. Evidence-based HIV-prevention and behavioral health (BH) services are not sufficiently scaled up to LSMM. The current study identified multilevel barriers and facilitators to LSMM's use of HIV-prevention and BH services. LSMM (N = 290) in South Florida, a US HIV epicenter, completed a battery of measures potentially associated with pre-exposure prophylaxis (PrEP) and BH treatment use. Stochastic search variable selection (SSVS) followed by multiple linear regression analyses identified variables associated with engagement in PrEP and BH treatment. Multilevel determinants of PrEP and BH treatment engagement were identified, with most identified determinants being at the relational level (e.g., stigma, discrimination based on income and immigration status, personal recommendation for treatment). Individual (e.g., knowledge, self-efficacy) and structural (e.g., financial stress) determinants were also identified. Accordingly, modifiable leverage points to enhance the reach of PrEP and BH treatment to LSMM include educating and enhancing the perceived relevance of services, de-stigmatizing and normalizing via peer examples, bolstering self-efficacy, and building trust. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Behavioral health; Health disparities; Implementation; Latino; PrEP; Sexual minority men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Harkness, Audrey; Morales, Vanessa; Atuluru, Pranusha; Jaramillo, Jahn; Safren, Steven A; Balise, Raymond; Turner, DeAnne	PrEP and Behavioral Health Treatment Referral Among HIV Test Counselors in Miami-Dade County: A Rapid Qualitative Study Using the Consolidated Framework for Implementation Research	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04184-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173112990&doi=10.1007%2fs10461-023-04184-z&partnerID=40&md5=9df78fa854171fc53ce56279c1c1742e	HIV test counselors are well positioned to refer individuals to pre-exposure prophylaxis (PrEP) and behavioral health treatments. HIV test counselors in Miami-Dade County (N = 20), a priority jurisdiction for Ending the HIV Epidemic, completed interviews to assess determinants of PrEP and behavioral health treatment referrals. To identify determinants, we used a rapid deductive qualitative analysis approach and the Consolidated Framework for Implementation Research (CFIR). Identified determinants sometimes served as facilitators (e.g., relative priority, leadership importance) and sometimes as barriers (e.g., lack of access to knowledge and information, available resources for referrals) to making referrals. We also observed differences in determinants between PrEP and behavioral health referrals. For example, complexity (perceived difficulty of the referral) was a barrier to behavioral health more often than PrEP referral. Our findings suggest that determinants across many CFIR domains affect referral implementation, and the corresponding need for multiple implementation strategies to improve implementation of PrEP and behavioral health referrals in the context of HIV testing. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.$	Behavioral health; Determinants; HIV testing; Implementation; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Harrington K.R.V.; Chandra C.; Alohan D.I.; Cruz D.; Young H.N.; Siegler A.J.; Crawford N.D.	Examination of HIV Preexposure Prophylaxis Need, Availability, and Potential Pharmacy Integration in the Southeastern US	JAMA Network Open	-	-	-	-	25743805	10.1001/jamanetworkopen.2023.26028	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165933052&doi=10.1001%2fjamanetworkopen.2023.26028&partnerID=40&md5=d497a796cbe45ec3429df13c19a27432	Importance: Daily preexposure prophylaxis (PrEP) use can prevent up to 99% of HIV infections; however, PrEP uptake is low due to poor access to PrEP-prescribing locations for populations at increased risk for HIV, especially in the southeastern US. Pharmacies are a feasible option to increase PrEP access, but little is known about how they could complement current PrEP-prescribing locations. Objective: To examine geographic distributions of current PrEP-prescribing locations compared with pharmacies and the facility to need ratios (PFNRs) according to HIV risk in the Southeast and describe the potential reach of pharmacies to expand PrEP access. Design, Setting, and Participants: Data for this cross-sectional study of PrEP-prescribing locations and pharmacies were compiled from January 1 to December 31, 2021. States or specific counties in the Southeast included in this study were jurisdictions identified as high-priority areas for the Ending the HIV Epidemic in the US (EHE) initiative. Exposure: Expansion of HIV prevention services to pharmacies. Main Outcomes and Measures: Choropleth maps of 5-year HIV risk per 100000 persons were developed for EHE jurisdictions in the southeastern US. PrEP-prescribing locations (obtained from a national database of PrEP prescribers) and pharmacies (obtained from state pharmacy boards) were overlayed on HIV risk maps. The PFNRs by state were calculated as number of facilities (PrEP-prescribing locations or pharmacies) divided by 5-year HIV risk per 100000 persons. Lower PFNRs indicated lower geographic availability of locations to meet the needs of the population at risk for HIV. The PFNRs for current PrEP-prescribing locations vs pharmacies were compared. Results: Among the 2 southeastern states and 13 counties in 4 southeastern states included, PrEP-prescribing locations were unequally distributed across EHE areas, with substantially fewer in areas at high risk for HIV. Pharmacies were evenly dispersed across areas regardless of HIV risk. The mean PFNR across all states for current PrEP-prescribing locations was 0.008 (median, 0.000 IQR, 0.000-0.003); for pharmacies, it was 0.7 (median, 0.3 IQR, 0.01-0.1). The PFNRs were at least 20.3 times higher for pharmacies compared with PrEP-prescribing locations. States with the greatest potential increase in PFNRs with expansion to pharmacies included Kentucky, South Carolina, and Tennessee. Conclusions and Relevance: The findings of this cross-sectional study suggest that expanding HIV prevention services to pharmacies in EHE areas in the Southeast could significantly increase capacity to reach individuals at increased risk of HIV transmission. Legislation aimed at allowing pharmacists to prescribe PrEP and provide HIV prevention services may be an important next step in ending the HIV epidemic.. © 2023 American Medical Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Harris L.M.; Kerr J.C.; Skidmore B.D.; Ghare S.; Reyes-Vega A.; Remenik-Zarauz V.; Samanapally H.; Anwar R.U.; Rijal R.; Bryant K.; Hall M.T.; Barve S.	A conceptual analysis of SBIRT implementation alongside the continuum of PrEP awareness: domains of fit and feasibility	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2023.1310388	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182826726&doi=10.3389%2ffpubh.2023.1310388&partnerID=40&md5=95eb95e4471eb827dcfa598b79fe5c6d	Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a supplementary intervention that can be incorporated into the Pre-Exposure Prophylaxis (PrEP) Care Continuum, complementing initiatives and endeavors focused on Human Immunodeficiency Virus (HIV) prevention in clinical care and community-based work. Referencing the Transtheoretical Model of Change and the PrEP Awareness Continuum, this conceptual analysis highlights how SBIRT amplifies ongoing HIV prevention initiatives and presents a distinct chance to address identified gaps. SBIRT's mechanisms show promise of fit and feasibility through (a) implementing universal Screening (S), (b) administering a Brief Intervention (BI) grounded in motivational interviewing aimed at assisting individuals in recognizing the significance of PrEP in their lives, (c) providing an affirming and supportive Referral to Treatment (RT) to access clinical PrEP care, and (d) employing client-centered and destigmatized approaches. SBIRT is uniquely positioned to help address the complex challenges facing PrEP awareness and initiation efforts. Adapting the SBIRT model to integrate and amplify HIV prevention efforts merits further examination. Copyright © 2024 Harris, Kerr, Skidmore, Ghare, Reyes-Vega, Remenik-Zarauz, Samanapally, Anwar, Rijal, Bryant, Hall and Barve.	care bundle approach; HIV prevention and care; human immunodeficiency virus (HIV); motivational intervention/interviewing; PrEP (pre-exposure prophylaxis); SBIRT alcohol; SBIRT implementation; transtheoretical model of change	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hart, Trevor A; Noor, Syed W; Berlin, Graham W; Skakoon-Sparling, Shayna; Tavangar, Farideh; Tan, Darrell; Lambert, Gilles; Grace, Daniel; Lachowsky, Nathan John; Jollimore, Jody; Sang, Jordan; Parlette, Abbie; Lal, Allan; Apelian, Herak; Moore, David; Cox, Joseph	Pre-exposure prophylaxis and bacterial sexually transmitted infections (STIs) among gay and bisexual men.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2021-055381	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10176373	OBJECTIVES: While pre-exposure prophylaxis (PrEP) prevents HIV acquisition among gay, bisexual and other men who have sex with men (GBM), PrEP-using GBM may be more likely to engage in sexual behaviours associated with bacterial STIs. We examined associations between PrEP use, condomless anal sex (CAS), number of anal sex partners, oral sex and bacterial STI diagnoses among GBM living in Canada's three largest cities. METHODS: Among HIV-negative/unknown-status GBM in the baseline of the Engage cohort study, we fit a structural equation model of the associations between any PrEP use, sexual behaviours and bacterial STI diagnosis. We estimated direct and indirect paths between PrEP use and STI via CAS, number of anal sex partners and oral sex. RESULTS: The sample included 2007 HIV-negative/unknown status GBM in Montreal, Toronto and Vancouver. There was a significant direct association between PrEP use and current STI diagnosis (β=0.181; 95% CI: 0.112 to 0.247; p<0.001), CAS (β=0.275; 95% CI: 0.189 to 0.361; p<0.001) and number of anal sex partners (β=0.193; 95% CI: 0.161 to 0.225; p<0.001). In the mediated model, the direct association between PrEP use and STIs was non-significant. However, the indirect paths from PrEP to CAS to STIs (β=0.064; 95% CI: 0.025 to 0.120; p=0.008), and from PrEP to greater number of anal sex partners to CAS to STIs were significant (β=0.059; 95% CI: 0.024 to 0.108; p=0.007). CONCLUSIONS: Our study adds to the growing awareness that PrEP use among GBM may be associated with bacterial STIs because PrEP users have more anal sex partners and are more likely to engage in CAS. The results underscore the importance of providing effective STI counselling and regular STI testing to PrEP users, adapting PrEP care and related STI testing to individual needs, and the need for effective prevention strategies for bacterial STIs.	Pre-Exposure Prophylaxis, Sexual Behavior, Sexual and Gender Minorities, SEXUAL HEALTH, Bacterial Infections	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Hartmann, Miriam; Roberts, Sarah T; Triplett, Noah; Tenza, Siyanda; Maboa, Onthatile; Mampuru, Lydia; Mayisela, Nonkululeko; Mbewe, Dorica; Tolley, Elizabeth E; Reddy, Krishnaveni; Palanee-Phillips, Thesla; Montgomery, Elizabeth T	Development of a relationship counselling website to identify and mitigate risk of intimate partner violence in the context of women's PrEP use.	PLOS Digital Health	-	-	-	2767-3170	10.1371/journal.pdig.0000329	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10424861	Discreet, accessible interventions are urgently needed to mitigate the risk of intimate-partner violence (IPV) and other relationship barriers that women encounter to using HIV prevention methods such as pre-exposure prophylaxis (PrEP). We adapted a counsellor-administered intervention, CHARISMA, into a mobile-optimized website to enhance accessibility and reduce human resources required for HIV prevention and relationship counseling. Using human-centered design and participatory methods, CHARISMA was adapted through workshops with former CHARISMA in-person intervention participants (n = 14; ages 18-45) and web development 'sprints' combined with cognitive interviews (n = 24). 'CHARISMA mobile' was then beta-tested with 81 women naïve to the in-person intervention. In beta-testing, participants used a 'think aloud' process to provide feedback on ease of use and rated design, functionality, comprehension, confidentiality, safety, and usefulness on a scale of 1 to 5 via a survey. Data were conducted in four rounds, interspersed with rapid assessment according to go/no-go criteria, and website adaptations. The updated website was pilot tested for 'real-world' feasibility and acceptability among 159 women using their own smartphones at a location of their choice. Feedback was measured via surveys and website analytics. Workshops and cognitive interviews generated insights on technology use, contextual adaptations, and confidentiality, which were integrated into the beta version. The beta version met all 'go' criteria and was further adapted for pilot testing. In pilot testing, users found the website was useful (mean rating 4.54 out of 5), safe (4.5 out of 5), and had few concerns about confidentiality (1.75, representing low concern). On average, users rated the website more than 4 stars out of 5. Beta and pilot-testing suggested the smartphone-optimized website was well-accepted, relevant, engaging, feasible to administer, discreet and safe. Results contributed to a refined website, suitable for adaptations to other contexts and further evaluation where outcomes related to PrEP use and relationships should be assessed.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hartmann, Miriam; Triplett, Noah; Roberts, Sarah T; Lanham, Michele; Reddy, Krishnaveni; Tenza, Siyanda; Mayisela, Nonkululeko; Mbewe, Dorica; Maboa, Ontathile; Mampuru, Lydia; Tolley, Elizabeth E; Palanee-Phillips, Thesla; Montgomery, Elizabeth T	Changes in relationships, HIV risk, and feelings towards PrEP: findings from a qualitative explanatory study among participants in the CHARISMA intervention trial.	BMC Women's Health	-	-	-	1472-6874	10.1186/s12905-023-02603-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10464438	BACKGROUND: Intimate partner violence (IPV) and other relationship-based challenges have been demonstrated to reduce women's ability to use pre-exposure prophylaxis (PrEP) effectively for HIV prevention. The Community Health Clinical Model for Agency in Relationships and Safer Microbicide Adherence (CHARISMA) intervention was designed to mitigate these challenges and increase South African women's agency to use PrEP. The CHARISMA randomized controlled trial did not identify statistically significant differences in PrEP adherence or relationship dynamics between the intervention and control arms. As such, the aim of this explanatory qualitative sub-study was to understand women's experiences with the CHARISMA trial and explore reasons for the null results. METHODS: Twelve CHARISMA trial participants were purposively selected to participate in serial in-depth interviews, which took place at the trial end and 3 months later. Participants represented individuals who had received each of the three counselling modules, 1) healthy communication counselling, 2) PrEP disclosure counselling, or 3) IPV counselling, as well as those in the control arm who received IPV standard-of-care counselling. RESULTS: A thematic case analysis revealed numerous positive relationship outcomes among intervention participants, including identifying and ending unhealthy relationships, gaining a sense of personal empowerment, and enacting more positive behaviors and HIV risk reduction strategies in subsequent relationships. These positive shifts were occasionally described as contributing to decisions to discontinue PrEP use, which may partly explain the limited impact of the intervention on PrEP adherence. CONCLUSIONS: Future investigations of counselling interventions addressing relationship-based barriers to PrEP use should account for changing risk dynamics and need for PrEP.	Intimate-partner violence, Pre-exposure prophylaxis, HIV prevention, South Africa, Adult women, Empowerment-based counselling intervention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hascher K.; Jaiswal J.; Lorenzo J.; LoSchiavo C.; Burton W.; Cox A.; Dunlap K.; Grin B.; Griffin M.; Halkitis P.N.	Why aren't you on PrEP? You're a gay man': reification of HIV 'risk' influences perception and behaviour of young sexual minority men and medical providers	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2021.2018501	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85122074890&doi=10.1080%2f13691058.2021.2018501&partnerID=40&md5=dff37cec70aab45b0898a674701951dd	Public health models and medical interventions have often failed to consider the impact of reductionist HIV 'risk' discourse on how sexual minority men interpret, enact and embody biomedical knowledge in the context of sexual encounters. The aim of this study was to use an anthropological lens to examine sexual minority men's perception of HIV risk and experience within the medical system in order to examine the influence of risk discourse on their health, behaviour and social norms. In-depth interviews (n = 43) were conducted with a racially, ethnically and socioeconomically diverse sample of young sexual minority men and explored HIV-related beliefs and experiences, as well as their interactions with healthcare providers. Findings suggest that the stigmatisation of behaviours associated with HIV appears to be shaped by three key forces: healthcare provider perceptions of sexual minority men as inherently 'risky', community slut-shaming, and perceptions of risk related to anal sex positioning. Stigmatising notions of risk appear to be embodied through sexual health practices and identities vis-à-vis preferred anal sex positions and appear to influence condom use and PrEP initiation. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	healthcare; HIV prevention; HIV risk; PrEP; sexual minority men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Haubrick K.K.; Whiteley L.; Arnold T.; Leigland A.; Ward L.M.; Brock J.B.; Brown L.K.	Impact of Homophobia and Racism on Comfort Receiving Pre-exposure Prophylaxis at Various Locations Among Black MSM in Mississippi	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03918-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141743905&doi=10.1007%2fs10461-022-03918-9&partnerID=40&md5=fb5ad41c19c861d0ea8576e606551dc	Pre-exposure prophylaxis (PrEP) is underutilized among Black men who have sex with men (BMSM) in the Southern United States. We assessed comfort receiving PrEP at various locations among 65 BMSM. Chi-square and t-tests explored associations between demographics, experienced homophobia and racism, and comfort receiving PrEP. BMSM with greater experienced homophobia were less comfortable at academically affiliated clinics X2(2, N = 59) = 10.61, p = 0.01, CBOs X2(3, N = 59) = 10.02, p = 0.02, and STI/HIV clinics X2(3, N = 59) = 8.63, p = 0.04. Those with greater experienced racism were more comfortable receiving PrEP by mail X2(3, N = 61) = 9.40, p = 0.02. Homophobia and racism influence preferences of BMSM for where and how they receive PrEP care. Private modes of PrEP delivery and interventions targeting provider and organizational bias should be explored. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black men who have sex with men (BMSM); Homophobia; Pre-exposure prophylaxis (PrEP); Racism; Southern US	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hawkinson D.E.; Operario D.; Hess S.; van den Berg J.J.	Bridging the age gap: intergenerational communication of HIV risk and prevention among younger and older men who have sex with men	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2085865	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85131520915&doi=10.1080%2f09540121.2022.2085865&partnerID=40&md5=62d56598f81d295d227e918b32d6e32f	Trends in HIV incidence and prevalence vary between younger MSM (YMSM) and older MSM (OMSM). HIV prevention was revolutionized with the advent of pre-exposure prophylaxis (PrEP), but uptake of PrEP among OMSM is relatively unknown. Community connectedness among MSM is a strong driver of prevention. This qualitative study sought to explore similarities and differences between YMSM and OMSM's knowledge, perceptions, and barriers of HIV prevention and understand how intergenerational communication may enhance engagement in prevention, especially PrEP. Twenty semi-structured, in-depth interviews (ten YMSM and ten OMSM) were conducted with HIV-negative, non-monogamous MSM aged 18–24 and 55+ years. Interviews were transcribed and coded using NVivo 12 to identify themes within each age group and compare between age groups. YMSM expressed greater knowledge and more positive perceptions of PrEP than OMSM. OMSM felt that PrEP use increased engagement in sexual risk behavior. Both groups emphasized a need for more conversations between different age groups of MSM to educate each other about forms of prevention and reduce stigma. Intergenerational communication among MSM about HIV risk and prevention strategies may be an effective way to address the generational gaps in knowledge and perceptions and enhance engagement in HIV prevention. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; intergenerational communication; men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2023	Hayden, Emma R	PrEP Initiation as a Predictor of Alcohol-Related Sexual Risk Among Young Men Who Have Sex with Men	-	-	STARS/University of Central Florida	-	NA	NA	https://stars.library.ucf.edu/etd2023/78	HIV infection is a significant public health concern, particularly among young men who have sex with men (YMSM). Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV infection among YMSM when taken as prescribed. However, there may be unintended behavioral consequences associated with PrEP initiation, with previous studies finding associations between PrEP use and increased sexual risk behaviors such as condomless anal sex (CAS). Further, problematic alcohol use, to which YMSM are particularly vulnerable, may also play a role in increasing sexual risk as engaging in sexual behaviors while under the influence of alcohol has been associated with CAS and other sexual risk behaviors. Previous literature has proposed risk compensation theory as a basis for this change in sexual risk behaviors following PrEP initiation. However, results have been mixed, and fewer studies have examined risk compensation specifically among YMSM or explored the role of alcohol-related sexual behaviors in this relationship. The present study aims to examine risk compensation theory as a mechanism for the relationship between PrEP initiation and alcohol-related sexual behaviors among YMSM. We hypothesized that the trajectory of PrEP initiation would be positively associated with alcohol-related sexual behaviors across 18 months. Consistent with hypothesis, a combined latent difference score and latent trajectory model revealed a positive association between PrEP initiation and alcohol-related sexual behaviors between baseline and 18-month follow-up in a sample of YMSM. These results are consistent with previous research identifying a high-risk period following PrEP initiation among an already vulnerable group (YMSM), with implications for risk assessment and interventions targeting alcohol-related sexual behaviors among YMSM. This study also highlights the role of alcohol use in increasing sexual risk following PrEP initiation. Findings may aid in reducing adverse sexual outcomes among YMSM who initiate PrEP and ultimately contribute to the minimization of sexual health disparities among YMSM.	PrEP, sexual risk behaviors, alcohol-related sexual risk, YMSM, risk compensation, HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2023	Hayes R.; Nutland W.; Rayment M.; Wayal S.; Apea V.; Clarke A.; McOwan A.; Sullivan A.; Desai M.; Jajja A.; Rice B.; Horne R.; McCormack S.; Gafos M.	"Sex without fear": exploring the psychosocial impact of oral HIV pre-exposure prophylaxis on gay men in England	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-023-00568-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176461220&doi=10.1186%2fs12981-023-00568-2&partnerID=40&md5=19aefd0fc65d8b7f8ffbe38200f34484	Gay, bisexual, and other men who have sex with men (GBMSM) experience a high prevalence of psychosocial health problems, such as harmful substance use and depression, as well as being disproportionately affected by HIV. HIV Pre-Exposure Prophylaxis (PrEP) may provide psychosocial benefits beyond its intended purpose of reducing HIV infection. We explore the psychosocial impact of oral PrEP use on gay men in England using qualitative data from the PROUD study. From February 2014 to January 2016, semi-structured in-depth interviews were conducted with 40 gay men and one trans woman. Participants were purposively recruited based on trial arm allocation, adherence, and sexual risk behaviours. By removing HIV risk from sex, PrEP improves users' wellbeing by reducing HIV-related anxiety and internalised stigma and increasing HIV prevention self-efficacy, sexual pleasure, and intimacy. In turn, these psychological changes may influence behaviour in the form of greater sexual freedom, reduced harmful drug use, and more protective sexual health behaviours. However, PrEP may create internal conflict for some gay men, due to its disruption of social norms around condom use and its perceived influence on their sexual behaviour leading to reduced condom self-efficacy. These findings provide a baseline of PrEP's psychosocial impact amongst some of the first PrEP users in England and supports calls to consider the psychosocial impact of PrEP in prescribing guidelines. © 2023, The Author(s).	Gay bisexual and other men who have sex with men; HIV prevention; Pre-exposure prophylaxis; Psychosocial impact; Sexual anxiety	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Hazra A.; Landovitz R.J.; Marzinke M.A.; Quinby C.; Creticos C.	Breakthrough HIV-1 infection in setting of cabotegravir for HIV pre-exposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003644	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166442323&doi=10.1097%2fQAD.0000000000003644&partnerID=40&md5=033e7d9f65cfd0b9c870ad716bee5847	Objective:We describe the first case of HIV-1 infection in the setting of long-acting injectable cabotegravir (CAB-LA) for HIV pre-exposure prophylaxis to occur in the real world.Design:Case report.Methods:Electronic medical records were reviewed to assess patient history and CAB-LA administration details. Plasma fourth-generation HIV-1/2 Ag/Ab combination immunoassay and HIV-1 RNA quantitative PCR were performed at each injection visit.Results:We report a 28-year-old sex-diverse person assigned male at birth who acquired HIV-1 infection 91 days after transitioning from tenofovir alafenamideemtricitabine to CAB-LA despite on-time dosing and appropriate laboratory monitoring.Conclusion:This patient's history suggests HIV infection despite on-time and appropriate CAB-LA injections. To our knowledge, this is the first case of CAB-LA pre-exposure prophylaxis failure outside the setting of a clinical trial and highlights diagnostic and management challenges that may occur with such breakthrough infections. © 2023 Lippincott Williams and Wilkins. All rights reserved.	cabotegravir; HIV prevention; long-acting pre-exposure prophylaxis; pre-exposure prophylaxis; seroconversion	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Hazra, Aniruddha; Stanford, Kimberly; Schneider, John; Davis, Andrew	Introducing a Sexual Wellness Clinic to an At-Risk Population Through the Emergency Department.	Academic medicine : journal of the Association of American Medical Colleges	-	-	-	1938-808X 1040-2446	10.1097/ACM.0000000000005182	https://pubmed.ncbi.nlm.nih.gov/36867003/	Rates of sexually transmitted infections (STIs) in the United States have continued to increase for nearly a decade as state and local health departments across the country have divested from sexual health services. The resulting closure of municipal STI clinics has led many uninsured and underinsured patients to rely on emergency departments for their sexual health needs. The authors describe the creation of the novel Sexual Wellness Clinic at University of Chicago Medicine in February 2019. The clinic provides comprehensive sexual health care to establish linkage to pre-exposure prophylaxis (PrEP) for HIV, primary care, and other essential services to patients presenting to the emergency department for STI care. Since operationalization, the Sexual Wellness Clinic has served 560 unique patients; 50.5% (n = 283) were cisgender male and 49.5% (n = 277) were cisgender female. The majority of patients were African American (93.4%, n = 523), non-Hispanic or Latinx (96.1%, n = 538), between 18 and 29 years old (62.3%, n = 350), and had Medicaid or were uninsured (84.3%, n = 472). New syphilis diagnoses were identified in 23.5% (132/560) of patients; gonococcal and chlamydial infections were confirmed in 14.6% (82/560) and 13.4% (75/560) of patients, respectively. Same-day PrEP was initiated for 16.1% (90/560) of patients, of which 56.7% were cisgender female. The Sexual Wellness Clinic identified unique candidates for PrEP, notably a large proportion of Black cisgender women; however, further work is needed to support the ongoing PrEP cascade. Identifying these new populations with untreated STIs and other HIV risk factors for targeted, innovative interventions is integral to HIV elimination and STI control efforts.	Adolescent; Adult; Humans; Male; Young Adult; Female; Risk Factors; Homosexuality, Male; United States/epidemiology; Emergency Service, Hospital; *Sexual Health; *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control; *HIV Infections/epidemiology/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Heilmann E.; Okuku J.; Itoh M.; Hines J.Z.; Prieto J.T.; Phiri M.; Watala K.; Nsofu C.; Luhana-Phiri M.; Vlahakis N.; Kabongo M.; Kaliki B.; Minchella P.A.; Musonda B.	Measuring Oral Pre-exposure Prophylaxis (PrEP) Continuation Through Electronic Health Records During Program Scale-Up Among the General Population in Zambia	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03966-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145327553&doi=10.1007%2fs10461-022-03966-1&partnerID=40&md5=bc97e35d7cf7d681d223e995927d7f82	HIV pre-exposure prophylaxis (PrEP) is being scaled-up in Zambia, but PrEP continuation data are limited by paper-based registers and aggregate reports. Utilization of Zambia's electronic health record (EHR) system, SmartCare, may address this gap. We analyzed individuals aged ≥ 15 years who initiated PrEP between October 2020 and September 2021 in four provinces in Zambia in SmartCare versus aggregate reports. We measured PrEP continuation using Kaplan–Meier survival analysis and Cox proportional hazards models. SmartCare captured 29% (16,791/58,010) of new PrEP clients; 49% of clients continued at one month, and 89% discontinued PrEP by February 2022. Women were less likely than men to discontinue PrEP (adjusted hazard ratio aHR: 0.89, 95% CI 0.86–0.92, z = − 6.99, p < 0.001), and PrEP clients aged ≥ 50 years were less likely to discontinue PrEP compared to clients 15–19 years (aHR: 0.53, 95% CI 0.48–0.58, z = − 13.04, p < 0.001). Zambia's EHR is a valuable resource for measuring individual-level PrEP continuation over time and can be used to inform HIV prevention programs. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Africa; HIV prevention; Oral pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Henderson, Mary; Schmidt, Heather-Marie A; Chitembo, Lastone; Peralta, Hortencia; Alaama, Ahmed S; Johnson, Cheryl; Baggaley, Rachel; Schaefer, Robin	The Future of Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: A Global Qualitative Consultation on Provider Perspectives on New Products and Differentiated Service Delivery.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04093-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10589125	Differentiated service delivery and new products, such as long-acting injectable cabotegravir (CAB-LA) and the dapivirine vaginal ring (DVR), could increase uptake and use of pre-exposure prophylaxis (PrEP) for HIV prevention. We explored PrEP provider perspectives on differentiated PrEP service delivery and new PrEP products to inform World Health Organization (WHO) guidelines and programme implementation. 150 PrEP providers who participated in a WHO survey were randomly selected and 67 were invited for interviews based on geographic representation, provider cadre, gender, experience with community-based PrEP service delivery, and familiarity with new PrEP products. Semi-structured interviews were conducted virtually. Key themes were inductively extracted relating to differentiated service delivery and benefits and concerns regarding new PrEP products. 30 PrEP providers from 24 countries were interviewed. Across regions, providers were supportive of differentiated service delivery to respond to clients' needs and preferences, maintain services during COVID-19, and ensure access for priority populations that may face access challenges. Providers welcomed prospects of offering CAB-LA to their clients but had concerns about HIV testing, costs, and the demands on clinic-based services, including staff who can administer injections. Providers felt the DVR was potentially important for some cisgender women, especially young clients and female sex workers, and raised fewer concerns compared to injectable PrEP. Providers' views are critical for the development of guidelines and implementing programmes that will best serve PrEP users. Understanding areas where provider capacities and biases may create barriers can define opportunities for training and support to ensure that providers can deliver effective programmes.	HIV, Pre-exposure prophylaxis, Healthcare providers, Health services	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Qualitative
Article	2023	Hensen, Bernadette; Floyd, Sian; Phiri, Mwelwa M.; Schaap, Ab; Sigande, Lucheka; Simuyaba, Melvin; Mwenge, Lawrence; Zulu-Phiri, Rosemary; Mwape, Louis; Fidler, Sarah; Hayes, Richard; Simwinga, Musonda; Ayles, Helen	The impact of community-based, peer-led sexual and reproductive health services on knowledge of HIV status among adolescents and young people aged 15 to 24 in Lusaka, Zambia: The Yathu Yathu cluster-randomised trial.	PLOS Medicine	-	-	-	1549-1676 1549-1277	10.1371/journal.pmed.1004203	https://pubmed.ncbi.nlm.nih.gov/37083700/	BACKGROUND: The growing population of adolescents and young people (AYP) aged 15 to 24 in sub-Saharan Africa face a high burden of HIV in many settings. Unintended pregnancies among adolescent girls in the region remain high. Nonetheless, the sexual and reproductive health (SRH) service needs of AYP have remained underserved. We conducted a cluster-randomised trial (CRT) to estimate the impact of community-based, peer-led SRH service provision on knowledge of HIV status and other SRH outcomes, including met need for contraceptives. METHODS AND FINDINGS: Yathu Yathu was a cluster-randomised trial (CRT) conducted from 2019 to 2021 in 2 urban communities in Lusaka, Zambia. The communities were divided into 20 zones (approximately 2,350 AYP/zone) that were randomly allocated to the Yathu Yathu intervention or control arm. In each intervention zone, a community-based hub, staffed by peer support workers, was established to provide SRH services. In 2019, a census was conducted in all zones; all consenting AYP aged 15 to 24 were given a Yathu Yathu card, which allowed them to accrue points for accessing SRH services at the hub and health facility (intervention arm) or the health facility only (control arm). Points could be exchanged for rewards, thus acting as an incentive to use SRH services in both arms. We conducted a cross-sectional survey in 2021 to estimate the impact of Yathu Yathu on the primary outcome: knowledge of HIV status (self-reporting living with HIV or HIV testing in the last 12 months) and secondary outcomes, including use of pre-exposure prophylaxis (PrEP) in the last 12 months, current use of antiretroviral therapy (ART), and met need for contraceptive services. The sampling was stratified on sex and age group, and we analysed data at cluster-level using a two-stage process recommended for CRTs with <15 clusters/arm. A total of 1,989 AYP consented to participate in the survey (50% male); consent was similar across arms (63% consent/arm). Across zones, knowledge of HIV status ranged from 63.6% to 81.2% in intervention zones and 35.4% to 63.0% in control zones. Adjusting for age, sex, and community, knowledge of HIV status was higher in the intervention arm compared to control (73.3% versus 48.4%, respectively, adjusted prevalence ratio (PR) 1.53 95% CI 1.36, 1.72; p < 0.001). By age and sex, results were similar. There was no evidence for impact on any secondary outcomes, including current use of ART and met need for contraceptives. There were no adverse events reported in either arm. A key limitation of our trial is that approximately 35% of the AYP randomly selected for participation in the endline survey could not be reached. CONCLUSIONS: Delivering community-based, peer-led SRH services increased knowledge of HIV status among AYP, both males and females, compared with the control arm. Scaling up the highly effective Yathu Yathu strategy has the potential to make a substantial contribution to increasing access to HIV prevention and care services for young people. However, additional implementation research is needed to understand how to improve uptake of broader SRH services, beyond uptake of HIV testing. TRIAL REGISTRATION: ISRCTN75609016, clinicaltrials.gov number NCT04060420.	Adolescent; Humans; Male; Female; Pregnancy; Cross-Sectional Studies; *HIV Infections/drug therapy/epidemiology/prevention & control; Zambia/epidemiology; Contraceptive Agents; *Reproductive Health Services; HIV Testing; Community Health Services/methods	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Herns S.; Panwala R.; Pfeil A.; Sardinha M.; Rossi V.; Blumenthal J.; Hill L.	Predictors of PrEP retention in at risk patients seen at a HIV primary care clinic in San Diego	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624231179276	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162949363&doi=10.1177%2f09564624231179276&partnerID=40&md5=5e787f87613878e40f9a2f71f2974225	Background: Adherence to medication and retention in care are key contributors to the efficacy of pre-exposure prophylaxis (PrEP) for prevention of HIV. Therefore, it is important to understand factors that may impact retention in various settings that prescribe PrEP. Methods: We evaluated factors associated with retention in care 3 and 12 months after PrEP initiation at a primary care HIV clinic in San Diego. Retention was defined as having an office/virtual visit within 1 month from the 3- or 12-months time point or interacting with the clinic leading to medication being refilled. Results: A total of 199 patients were included. Retention rates were 74.4% and 52.8% at 3 and 12 months respectively. In the multivariate analysis, reporting depression or anxiety was associated with being retained in care (p = 0.004) and identifying as cisgender female was associated with lack of retention (p = 0.04) at 3 months. Testing positive for a sexually transmitted infection was associated with 12-months retention (p = 0.004); however, this was likely influenced by difference in the frequency of testing in those retained versus not retained. Conclusion: Ongoing efforts to determine the optimal method for provision of PrEP care that supports retention for different populations at risk for HIV, are needed. © The Author(s) 2023.	HIV (human immunodeficiency virus); prevention; retention; viral disease	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Heron J.E.; McManus H.; Vickers T.; Ryan K.; Wright E.; Carter A.; Stoove M.; Asselin J.; Grulich A.; Donovan B.; Guy R.; Varma R.; Chen M.; Ryder N.; Lewis D.A.; Templeton D.J.; O'Connor C.C.; Gracey D.M.; Bastian L.; Bateson D.; Bowden S.; Boyd M.; Callander D.; Aung H.L.; Cogle A.; Costello J.; Dimech W.; Dittmer J.; El-Hayek C.; Ellard J.; Fairley C.; Franklin L.; Hellard M.; Hocking J.; Kim J.; McGill S.; Nolan D.; Patel P.; Pendle S.; Polkinghorne V.; Nguyen L.; Nguyen T.; O'Connor C.; Reed P.; Roth N.; Selvey C.; Traeger M.; Walker M.; West M.	Renal impairment associated with tenofovir disoproxil fumarate for antiretroviral therapy and HIV pre-exposure prophylaxis: An observational cohort study	PLOS One	-	-	-	19326203	10.1371/journal.pone.0280339	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148952763&doi=10.1371%2fjournal.pone.0280339&partnerID=40&md5=024b2768675d0156dfef95cd29357578	Background Tenofovir disoproxil fumarate (TDF) is associated with adverse renal outcomes when prescribed for HIV infection. There are few data concerning real-world renal outcomes amongst patients prescribed TDF for pre-exposure prophylaxis (PrEP). Methods and findings Data were extracted from 52 sexual health clinics across Australia from 2009–2019. All patients prescribed TDF-containing antiretroviral therapy and PrEP were included. Rates of renal impairment (a fall in eGFR to <60 ml/min/1·73m2) were calculated for people living with HIV (PLWHIV) prescribed TDF and HIV negative PrEP-users. Risk factors were assessed using Cox-proportional hazards models. Sensitivity analysis of risk using 1:1 propensity-score matching to adjust for potential imbalance in HIV and PrEP cohorts was conducted. 5,973 patients on PrEP and 1,973 PLWHIV were included. There were 39 (0.7%) instances of renal impairment in the PrEP group and 81 (4.1%) in the PLWHIV cohort (hazard ratio HR:0.35 95% confidence interval CI: 0.22–0.56). Rates of renal impairment were 4.01/1000 person-years (95%CI:2.93–5.48) in the PrEP cohort and 16.18/1000 person-years (95%CI:13.01–20.11) in the PLWHIV cohort (p<0.001). Predictors of renal impairment were: older age (40–49 years (HR:5.09 95%CI: 2.12–12.17) and 50–82 years (HR:13.69 95%CI: 5.92–31.67) (compared with 30–39 years) and baseline eGFR<90ml/min (HR:61.19 95%CI: 19.27–194.30). After adjusting for age and baseline eGFR the rate of renal impairment remained lower in the PrEP cohort (aHR:0.62 95%CI: 0.40–0.94, p = 0.023). In propensity-matched analysis using 1,622 patients per cohort the risk of renal impairment remained higher in the PLWHIV cohort (log-rank p = 0.001). Conclusion Patients prescribed TDF-based PrEP had lower rates of renal impairment than patients prescribed TDF for HIV infection. In propensity analysis, after matching for some risk factors, rates of renal impairment remained higher amongst patients with HIV. © 2023 Heron et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Clinical
Article	2023	Herrera C.; Serwanga J.; Else L.; Limakatso L.; Opoka D.; Ssemata A.S.; Pillay A.-D.; Namubiru P.; Seiphetlo T.B.; Odoch G.; Mugaba S.; Seatlholo P.; Alieu A.; Penchala S.D.; Muhumuza R.; Alinde B.; Petkov S.; O'Hagan K.; Callebaut C.; Seeley J.; Weiss H.; Khoo S.; Chiodi F.; Gray C.M.; Kaleebu P.; Webb E.L.; Martinson N.; Fox J.; Ahmed N.; Atujuna M.; Awino E.; Bekker L.-G.; Chirenje M.; Dietrich J.; Dorfman J.; Gray C.; Hansen C.H.; Hornschuh S.; Kakande A.; Kelly C.; Khunwane M.; Lebina L.; Makhura J.; Mangxilana N.; Kibengo F.M.; Mutonyi G.; Mungate L.; Nabukeera W.; Nagawa R.; Nalubega P.; Nash S.; Ndekezi D.; Nematadzira T.; Nobula L.; Rooney J.; Rousseau E.; Ruzagira E.; Sango A.; Seatlholo N.; Seiphetlo T.; Shattock R.; Stranix-Chibanda L.; Tshabalala G.; Webb E.	Dose finding study for on-demand HIV pre-exposure prophylaxis for insertive sex in sub-Saharan Africa: results from the CHAPS open label randomised controlled trial	EBioMedicine	-	-	-	23523964	10.1016/j.ebiom.2023.104648	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161688423&doi=10.1016%2fj.ebiom.2023.104648&partnerID=40&md5=82241872d5a879421909e70012985d22	Background: The efficacy of on-demand HIV pre-exposure prophylaxis (PrEP) for men in sub-Saharan Africa has not been evaluated, and the on-demand PrEP dosing requirement for insertive sex remains unknown. Methods: HIV-negative males 13–24 years, requesting voluntary medical male circumcision (VMMC), were enrolled into an open-label randomised controlled trial (NCT03986970), and randomised 1:1:1:1:1:1:1:1:1 to control arm or one of eight arms receiving emtricitabine-tenofovir disoproxil fumarate (F/TDF) or emtricitabine-tenofovir alafenamide (F/TAF) over one or two days, and circumcised 5 or 21 h thereafter. The primary outcome was foreskin p24 concentrations following ex vivo HIV-1BaL challenge. Secondary outcomes included peripheral blood mononuclear cell (PBMC) p24 concentration, and drug concentrations in foreskin tissue, PBMCs, plasma and foreskin CD4+/CD4-cells. In the control arm, post-exposure prophylaxis (PEP) activity of non-formulated tenofovir-emtricitabine (TFV-FTC) or TAF-FTC was assessed with ex vivo dosing 1, 24, 48 or 72 h post-HIV-1 challenge. Findings: 144 participants were analysed. PrEP with F/TDF or F/TAF prevented ex vivo infection of foreskins and PBMCs both 5 and 21 h after PrEP dosing. There was no difference between F/TDF and F/TAF (p24day15 geometric mean ratio 1.06, 95% confidence interval: 0.65–1.74). Additional ex vivo dosing did not further increase inhibition. In the control arm, PEP ex vivo dosing was effective up to 48 post-exposure diminishing thereafter, with TAF-FTC showing prolonged protection compared to TFV-FTC. Participants receiving F/TAF had higher TFV-DP concentrations in foreskin tissue and PBMCs compared with F/TDF, irrespective of dose and sampling interval; but F/TAF did not confer preferential TFV-DP distribution into foreskin HIV target cells. FTC-TP concentrations with both drug regimens were equivalent and ~1 log higher than TFV-DP in foreskin. Interpretation: A double dose of either F/TDF or F/TAF given once either 5 or 21 h before ex vivo HIV-challenge provided protection across foreskin tissue. Further clinical evaluation of pre-coital PrEP for insertive sex is warranted. Funding: EDCTP2, Gilead Sciences, Vetenskapsrådet. © 2023 The Authors	Adolescents; Foreskin; HIV-1; Oral PrEP; PK/PD; Tissue explants	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Herrera M.C.; Darien K.; Wood S.; Hadland S.E.; Metzger D.; Dowshen N.	A Qualitative Study of Barriers and Facilitators to Integrating Medications for Opioid Use Disorder and HIV Preexposure Prophylaxis for Adolescents and Young Adults	Journal of Addiction Medicine	-	-	-	19320620	10.1097/ADM.0000000000001195	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176337787&doi=10.1097%2fADM.0000000000001195&partnerID=40&md5=201700471b96b22f838f27fe0ce8686a	Background The syndemic of substance use and human immunodeficiency virus (HIV) is a well-recognized global phenomenon that threatens to undermine the priorities outlined by the National Institutes of Health "Ending the HIV Epidemic"initiative. There are few published studies on preexposure prophylaxis (PrEP) for adolescents and young adults (AYAs) with opioid use disorder (OUD) despite increasing availability of biomedical prevention options and Centers for Disease Control and Prevention recommendations to offer PrEP to this group. Methods Healthcare providers who previously prescribed medications for OUD (MOUDs) and/or PrEP for AYA were purposively sampled. Audio-recorded in-depth individual interviews were conducted using chart-stimulated recall to explore barriers and facilitators to integrated MOUD and HIV prevention services. Interviews were double-coded, and qualitative analysis was performed using a modified grounded theory. Results Of 19 providers sampled, most were physicians (63%). All recommended HIV screening at varying intervals; however, few counseled on (19%) or prescribed (11%) PrEP to patients on MOUD. Barriers to PrEP prescriptions included patient-level (ie, stigma surrounding PrEP use, adherence challenges, and competing social or mental healthcare needs), provider (perception of low risk, lack of training/experience), and system-level factors (including restricted visit types). Facilitators of PrEP prescriptions included patient-initiated requests, electronic health record system reminders, and the availability of consistent support staff (ie, navigators, certified recovery specialists). Conclusions Our study confirms that discussions about HIV prevention and PrEP prescriptions may be rare for AYA patients receiving MOUD. Further research is needed to develop interventions that increase the integration of PrEP delivery within the context of OUD care among this key AYA population. © 2023 Wolters Kluwer Health, Inc. All rights reserved.	adolescent and young adult; chart-stimulated recall; MOUD; PrEP; PRISM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hicks S.; Abuna F.; Odhiambo B.; Dettinger J.C.; Sila J.; Oketch G.; Sifuna E.; Ngumbau N.; Gómez L.; John-Stewart G.C.; Kinuthia J.; Wagner A.D.	Integrating PrEP in maternal and child health clinics in Kenya: analysis of a service availability and readiness assessment (SARA) survey	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.1206150	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165161424&doi=10.3389%2ffrph.2023.1206150&partnerID=40&md5=8a2d81443257873a24a8734167647c6d	Background: Risk of HIV acquisition is high during pregnancy and postpartum, and pre-exposure prophylaxis (PrEP) is recommended for peripartum populations. Integrating PrEP into maternal and child health (MCH) clinics is feasible and acceptable. Understanding clinics' service availability and readiness is essential for effective scale up. Methods: The PrEP in Pregnancy, Accelerating Reach and Efficiency study (PrEPARE; NCT04712994) engaged PrEP-experienced facilities previously linked to a programmatic or research study in Western Kenya to document available services and commodities via a modified service availability and readiness assessment (SARA) survey with 20 PrEP tracer items covering: staffing/guidelines, services/equipment, and medicines/commodities. Facilities' prior study engagement occurred between 2017 and 2019; SARA survey data was collected between April 2020 and June 2021. Descriptive statistics were stratified by prior study engagement. ANOVA tests assessed associations between facility characteristics and gaps. Fisher's tests assessed differences in commodity availability and stockouts. Results: Of the 55 facilities surveyed, 60% had received PrEP training in the last two years, 95% offered PrEP integrated into MCH, and 64% and 78% had both auditory and visual privacy in PrEP and HIV testing services (HTS) delivery spaces, respectively. Supervision frequency was heterogeneous, but 82% had received a supervision visit within 3 months. Availability of commodities was variable and the most commonly unavailable commodities were PrEP in MCH (71% available) and risk assessment screening tool (RAST) and PrEP cards (60% and 75% available, respectively). The number of service and commodity gaps per facility ranged from zero to eight (median: 3; IQR: 2, 5). The most frequent gaps were: PrEP training and risk assessment cards (40% each), lack of privacy in PrEP (36%) and HIV testing services (31%) spaces, PrEP pills in MCH (29%), and PrEP cards (25%). There were no differences in mean number of gaps by county, previous study engagement, or public vs. private status. Level 4 facilities had fewer gaps (mean 2.2) than level 2, 3, and 5 facilities (mean 5.7, 4.5, and 5.3 respectively; p < 0.001). Conclusions: PrEP service availability and readiness was generally high across MCH facilities. However, there is a need for increased frequency of provider training and supportive supervision focused on fidelity. To address key commodity stockouts such as PrEP pills, implementation of electronic logistics management information systems may be needed. Targeting these gaps is essential to effectively scale up integrated PrEP delivery, especially among facilities with limited infrastructure. 2023 Hicks, Abuna, Odhiambo, Dettinger, Sila, Oketch, Sifuna, Ngumbau, Gómez, John-Stewart, Kinuthia and Wagner.	commodities; health facilities (MeSH); postpartum; pre-exposure prophylaxis (PrEP); pregnancy; service readiness and availability; supervision	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hicks, Sarah; Abuna, Felix; Odhiambo, Ben; Dettinger, Julia C; Ngumbau, Nancy; Gómez, Laurén; Sila, Joseph; Oketch, George; Sifuna, Enock; Weiner, Bryan J; John-Stewart, Grace C; Kinuthia, John; Wagner, Anjuli D	Comparison of methods to engage diverse stakeholder populations in prioritizing PrEP implementation strategies for testing in resource-limited settings: a cross-sectional study.	Implementation Science Communications	-	-	-	2662-2211	10.1186/s43058-023-00457-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10337117	BACKGROUND: There is a lack of consensus about how to prioritize potential implementation strategies for HIV pre-exposure prophylaxis (PrEP) delivery. We compared several prioritization methods for their agreement and pragmatism in practice in a resource-limited setting. METHODS: We engaged diverse stakeholders with clinical PrEP delivery and PrEP decision-making experience across 55 facilities in Kenya to prioritize 16 PrEP delivery strategies. We compared four strategy prioritization methods: (1) "past experience surveys" with experienced practitioners reflecting on implementation experience (N = 182); (2 and 3) "pre- and post-small-group ranking" surveys before and after group discussion (N = 44 and 40); (4) "go-zone" quadrant plots of perceived effectiveness vs feasibility. Kendall's correlation analysis was used to compare strategy prioritization using the four methods. Additionally, participants were requested to group strategies into three bundles with up to four strategies/bundle by phone and online survey. RESULTS: The strategy ranking correlation was strongest between the pre- and post-small-group rankings (Tau: 0.648; p< 0.001). There was moderate correlation between go-zone plots and post-small-group rankings (Tau: 0.363; p = 0.079) and between past-experience surveys and post-small-group rankings (Tau: 0.385; p = 0.062). For strategy bundling, participants primarily chose bundles of strategies in the order in which they were listed, reflecting option ordering bias. Neither the phone nor online approach was effective in selecting strategy bundles. Participants agreed that the strategy ranking activities conducted during the workshop were useful in prioritizing a final set of strategies. CONCLUSIONS: Both experienced and inexperienced stakeholder participants' strategy rankings tended to prioritize strategies perceived as feasible. Small group discussions focused on feasibility and effectiveness revealed moderately different priorities than individual rankings. The strategy bundling approach, though less time- and resource-intensive, was not effective. Future research should further compare the relative effectiveness and pragmatism of methodologies to prioritize implementation strategies.	Implementation strategy, Implementation determinants, Prioritization, Nominal group technique	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hicks, Sarah; Odhiambo, Ben; Abuna, Felix; Dettinger, Julia C; Ngumbau, Nancy; Gómez, Laurén; Sila, Joseph; Oketch, George; Sifuna, Enock; Weiner, Bryan J; John-Stewart, Grace; Kinuthia, John; Wagner, Anjuli D	Selecting implementation strategies to improve implementation of integrated PrEP for pregnant and postpartum populations in Kenya: a sequential explanatory mixed methods analysis	Implementation Science Communications	-	-	-	26622211	10.1186/s43058-023-00481-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168323263&doi=10.1186%2fs43058-023-00481-9&partnerID=40&md5=8f0d05cf292bb26e6018b2cb043d5e35	Background: There is a higher risk for HIV acquisition during pregnancy and postpartum. Pre-exposure prophylaxis (PrEP) is recommended during this period for those at high risk of infection; integrated delivery in maternal and child health (MCH) clinics is feasible and acceptable but requires implementation optimization. Methods: The PrEP in Pregnancy, Accelerating Reach and Efficiency study (PrEPARE; NCT04712994) engaged stakeholders to prioritize determinants of PrEP delivery (using Likert scores) and prioritize PrEP delivery implementation strategies. Using a sequential explanatory mixed methods design, we conducted quantitative surveys with healthcare workers at 55 facilities in Western Kenya and a stakeholder workshop (including nurses, pharmacists, counselors, and county and national policymakers), yielding visual plots of stakeholders' perceived feasibility and effectiveness of the strategies. A stepwise elimination process was used to identify seven strategies for empirical testing. Facilitator debriefing reports from the workshop were used to qualitatively assess the decision-making process. Results: Among 146 healthcare workers, the strongest reported barriers to PrEP delivery were insufficient providers and inadequate training, insufficient space, and high volume of patients. Sixteen strategies were assessed, 14 of which were included in the final analysis. Among strategies ranked from 182 healthcare workers and 44 PrEP policymakers and implementers, seven strategies were eliminated based on low post-workshop ranking scores (bottom 50th percentile) or being perceived as low feasibility or low effectiveness for at least 50% of the workshop groups. The top seven strategies included delivering PrEP within MCH clinics instead of pharmacies, fast-tracking PrEP clients to reduce waiting time, delivering PrEP-related health talks in waiting bays, task shifting PrEP counseling, task shifting PrEP risk assessments, training different providers to deliver PrEP, and retraining providers on PrEP delivery. All top seven ranked strategies were grouped into bundles for subsequent testing. Facilitator debriefing reports generally aligned with rankings but noted how stakeholders' decision-making changed when considering the impact of strategies on facility staff and non-PrEP clients. Conclusions: The most impactful barriers to integrated PrEP delivery in MCH clinics were insufficient staffing and space. Implementation strategies prioritized through multiple methods of stakeholder input focused on co-location of services and increasing clinic efficiency. Future testing of these stakeholder-prioritized strategy bundles will be conducted to assess the effectiveness and implementation outcomes. © 2023, BioMed Central Ltd.	HIV infections/prevention and control; Humans; Nominal group technique; Pregnancy and postpartum; Strategy prioritization	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Higgins D.M.; Riba A.; Alderton L.; Wendel K.A.; Scanlon J.; Weise J.; Gibson N.; Obafemi O.	Evaluation of the Impact and Outcomes of a Rapid Transition to Telehealth PrEP Delivery at a Sexual Health Clinic during the COVID-19 Pandemic	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001872	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176509097&doi=10.1097%2fOLQ.0000000000001872&partnerID=40&md5=18b8ad1759bb122627e7a4e6ee3bda76	Background Increasing human immunodeficiency virus (HIV) preexposure prophylaxis (PrEP) use is a critical part of ending the HIV epidemic. In response to the COVID-19 pandemic, many PrEP services transitioned to a telehealth model (telePrEP). This report evaluates the effect of COVID-19 and the addition of telePrEP on delivery of PrEP services at the Denver Sexual Health Clinic (DSHC), a regional sexual health clinic in Denver, CO. Methods Before COVID-19, DSHC PrEP services were offered exclusively in-clinic. In response to the pandemic, after March 15, 2020, most PrEP initiation and follow-up visits were converted to telePrEP. A retrospective analysis of DSHC PrEP visits compared pre-COVID-19 (September 1, 2019 to March 15, 2020) to post-COVID-19 (March 16, 2020 to September 30, 2020) visit volume, demographics, and outcomes. Results The DSHC completed 689 PrEP visits pre-COVID-19 and maintained 96.8% (n = 667) of this volume post-COVID-19. There were no differences in client demographics between pre-COVID-19 (n = 341) and post-COVID-19 PrEP start visits (n = 283) or between post-COVID-19 in-clinic (n = 140) vs telePrEP start visits (n = 143). There were no differences in 3- to 4-month retention rates pre-COVID-19 (n = 17/43) and post-COVID-19 (n = 21/43) (P = 0.52) or between in-clinic (n = 12/21) and telePrEP clients (n = 9/22) in the post-COVID-19 window (P = 0.37). Also, there were no significant differences in lab completion rates between in-clinic (n = 140/140) and telePrEP clients (n = 138/143) (P = 0.06) and prescription fill rates between in-clinic (n = 115/136) and telePrEP clients (n = 116/135) in the post-COVID-19 window (P = 0.86). Conclusions Implementation of TelePrEP enabled the DSHC to sustain PrEP services during the COVID-19 pandemic without significant differences in demographics, engagement, or retention in PrEP services. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hill M.; Smith J.; Elimam D.; Mustafaa G.; Wortley P.; Taylor B.; Harris O.	Ending the HIV epidemic PrEP equity recommendations from a rapid ethnographic assessment of multilevel PrEP use determinants among young Black gay and bisexual men in Atlanta, GA	PLOS One	-	-	-	19326203	10.1371/journal.pone.0283764	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151420093&doi=10.1371%2fjournal.pone.0283764&partnerID=40&md5=0196b5407ce424aa5e08266bb78bbc95	Background Efforts to mitigate HIV transmission among gay and bisexual men have not been sufficient to level persistent racial inequities which now extend to the use of daily oral pre-exposure prophylaxis (PrEP) for HIV prevention. Community-involved ethnographic research is crucial to galvanizing collaboration between patients, researchers, and policymakers to identify the social determinants of emerging PrEP inequities. In partnership with community key informants, we conducted a Rapid Ethnographic Assessment (REA) of multilevel PrEP use determinants among young Black gay and bisexual (YBGBM) men in the metropolitan Atlanta area to inform the development and coordination of local HIV programs. Methods In the assessment, we drew upon the perspectives of local clinicians, community-based organization leaders, health educators, and PrEP clients to identify barriers and facilitators to PrEP use among YBGBM through interviews (N = 23). Data were collected from September 2020 –to January 2021 and were analyzed through a staged deductive-inductive thematic analysis. The themes were later summarized and presented to community stakeholder participants to facilitate member-checking. Results Our analyses revealed structural, cultural, relationship, and developmental factors which shaped PrEP use. The most prominent being "ease of access to PrEP" (structural level), "provider support" (interpersonal), and "life-stage traits" (individual). Our results also contribute novel information concerning the axes of intersectional stigma (spatial, racial, sexual identity, and HIV) among YBGBM in Atlanta and its divergent effects on PrEP use. Conclusion Increased PrEP use among YBGBM, particularly among those living in the south, is essential to ending the domestic HIV epidemic. Altogether, our results emphasize the need for PrEP program modifications, which increase flexibility in methods and modes of access and are culturally adapted to the needs of YBGBM. There is also a need for resources that holistically focus on mental health, trauma, and racism as critical components of support. Copyright: © 2023 Hill et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hill M.J.; Heads A.M.; Suchting R.; Stotts A.L.	A survey with interventional components delivered on tablet devices versus usual care to increase pre-exposure prophylaxis uptake among cisgender Black women: a pilot randomized controlled trial	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-023-08019-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146918046&doi=10.1186%2fs12879-023-08019-z&partnerID=40&md5=fffd29f497d190b3a0a56a19de24c9cf	Background: Cisgender (cis) Black women in the USA are more likely to become HIV positive during their lifetime than other women. We developed and implemented a behavioral intervention, Increasing PrEP (iPrEP), the first pilot randomized controlled trial (RCT) aimed at motivating cis Black women to be willing to use PrEP for HIV prevention and attend an initial PrEP clinic visit following an emergency department visit. Methods: Eligible participants were Black cisgender women ages 18–55 years who acknowledged recent condomless sex and substance use. Participants were randomized to iPrEP or usual care (UC). iPrEP is a survey-based intervention designed to raise awareness and knowledge about PrEP. Participants completed an assessment of knowledge of and willingness to use PrEP before and after the intervention, then received a warm-hand off with referral to a local PrEP clinic. Enrolled participants were followed for 6 months. Results: Forty enrolled participants were ages 18–54 years. Education levels varied evenly between some high school education and graduate education. Most participants were single (n = 25) or married (n = 7). Twenty-two participants were employed full-time. Pre-test results indicated that 21 of 40 participants had heard of PrEP. All participants identified PrEP as a daily HIV prevention medication. For those randomized to iPrEP, the odds of knowing about PrEP at post-test, when controlling for baseline, were higher relative to UC (OR = 5.22, 95%CrI = 0.50, 94.1. iPrEP did not have any effect on willingness relative to UC. The estimate for iPrEP on willingness is marginally higher (4.16 vs. 4.04; i.e., 0.12 points higher); however, the posterior probability of 67.9% does not suggest a strong degree of evidence in favor of an effect. During the post-test, those receiving iPrEP were less ready to take PrEP than those receiving UC. Conclusions: Findings suggest that iPrEP increased knowledge about the PrEP medication but had a negative impact on readiness to take PrEP relative to UC. It is imperative that future research among cisgender Black women carefully considers the content provided in interventions designed to increase PrEP use, balancing the benefits of PrEP with the side effects and daily pill burden. Trial registration: clinicaltrial.gov Identifier: NCT03930654, 29/04/2019. © 2023, The Author(s).	Cisgender Black women; Emergency department; HIV prevention; Linkage to preventive care; Pre-exposure prophylaxis; Sexual behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Hill, Samantha V.; Sohail, Maira; Bhagat, Delima; Ball, Amy; Smith, Theolishia V.; Coyne-Beasley, Tamera; Simpson, Tina Y.; Elopre, Latesha; Matthews, Lynn T.	"Sex. Maybe We Should Do Things to be Healthy About It." Adolescent-Caregiver Discussions About Sex.	The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine	-	-	-	-	1879-1972 1054-139X	10.1016/j.jadohealth.2022.12.021	https://pubmed.ncbi.nlm.nih.gov/36781324/	PURPOSE: Adolescents are disproportionately burdened with HIV. Numerous barriers limit adolescent pre-exposure prophylaxis (PrEP) use for HIV prevention. We explored adolescent-caregiver perspectives on discussing sexual health and PrEP to inform future caregiver interventions as a possible strategy to promote PrEP use. METHODS: We conducted separate in-depth interviews with adolescents aged 14-18 living in Alabama and their parent/guardian (caregiver). Interviews explored attitudes about sex, knowledge and attitudes about HIV prevention and PrEP, and attitudes about PrEP communication within adolescent-caregiver groups. Thematic analysis of adolescent and caregiver interviews was conducted independently and then triangulated to compare shared themes. RESULTS: Nine adolescents and seven caregivers contributed to five dyads and two triads. Adolescents had a median age of 16 years (range 14-18); five were girls (55%), and five were non-Hispanic Black (55%). Most caregivers were mothers (5, 71%), non-Hispanic Black (5, 71%), with a median age of 41 (36-56) years. All adolescents expressed willingness to involve their caregiver around PrEP use. Major themes included as follows: 1) caregiver efforts to overcome cultural taboos about sex and sexuality foster adolescents' willingness to talk with caregivers about sex; 2) evolving societal norms and reflections on their own upbringings motivate caregivers to discuss and support adolescents with sexual health; and 3) caregivers desire to engage in sexual health discussions with providers and support their teens with PrEP. DISCUSSION: As socio-cultural norms around sex evolve, adolescent-caregiver discussions about sexual health and PrEP may be an opportunity to increase PrEP use and reduce HIV infections among select adolescent sub-populations.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hoffman S.; Jamison K.; Pathela P.; Gonzalez-Argoti T.; Rivera A.; Leu C.-S.; Hubbard S.; Castro M.; Borges C.; Gandhi A.; Edelstein Z.; Myers J.; Mantell J.E.; Bauman L.J.	Health Care Provider Decisions to Initiate Oral HIV Preexposure Prophylaxis in New York City Public Sexual Health Clinics	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001782	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159569601&doi=10.1097%2fOLQ.0000000000001782&partnerID=40&md5=5b8247db693cb87391e808a5f9f5259e	Background Oral HIV preexposure prophylaxis (PrEP) is safe and effective but underutilized. Health care providers' beliefs about PrEP and attitudes toward people who could benefit may affect PrEP access. Methods This mixed-methods study (2016-2018) was conducted in 8 New York City public sexual health clinics that implemented a PrEP program. Data included 32 in-depth qualitative interviews with clinicians, quantitatively coded to reflect their PrEP beliefs; a provider questionnaire; and 6 months of medical record visit data for these providers. Among patients with a PrEP indication, we examined the odds of a patient being initiated on PrEP associated with providers' PrEP beliefs and demographic characteristics, and patient characteristics. Results Providers reported strong support for offering PrEP to eligible patients. The majority denied concerns about possible development of drug-resistant viral strains, giving PrEP to people who might not benefit, and PrEP toxicity. Nevertheless, about one-third agreed with each of these concerns, and 55% thought PrEP use might limit condom use. Of 2176 patients with a PrEP indication, 20% were initiated. Providers with more restrictive PrEP beliefs did not have lower odds of initiating patients on PrEP. Women as well as Black and Latinx patients were less likely to be initiated on PrEP. Conclusions Contrary to our hypotheses, providers' negative PrEP beliefs did not seem to reduce initiation of PrEP for eligible patients. This may be attributable to clear clinical protocols, strong staff support, and training on implementing PrEP in this setting. Racial and gender disparities in PrEP uptake urgently require attention. © Lippincott Williams & Wilkins.	Anti-HIV Agents; Female; HIV Infections; Humans; Sexual Behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Hoffmann, Christian; Jessen, Heiko; Wyen, Christoph; Grunwald, Stephan; Noe, Sebastian; Teichmann, Jörn; Krauss, Anja-Sophie; Kolarikal, Henning; Scholten, Stefan; Schuler, Christoph; Bickel, Markus; Roll, Clemens; Kreckel, Peter; Köppe, Siegfried; Straub, Matthias; Klausen, Gerd; Lenz, Johannes; Esser, Stefan; Jensen, Björn; Rausch, Michael; Unger, Stefan; Pauli, Ramona; Härter, Georg; Müller, Matthias; Masuhr, Anja; Schäfer, Guido; Seybold, Ulrich; Schellberg, Sven; Schneider, Jochen; Monin, Malte Benedikt; Wolf, Eva; Spinner, Christoph D.; Boesecke, Christoph	Clinical characteristics of monkeypox virus infections among men with and without HIV: A large outbreak cohort in Germany.	HIV Medicine	-	-	-	-	1468-1293 1464-2662	10.1111/hiv.13378	https://onlinelibrary.wiley.com/doi/10.1111/hiv.13378	BACKGROUND: Since May 2022, increasing numbers of monkeypox virus (MPXV) infections have been reported from across Europe and North America. Studies, mainly from Africa, have suggested a higher risk for severe MPXV cases in people living with HIV. METHODS: This was a retrospective study of all confirmed MPXV infections observed in the participating centres since 19 May 2022. We conducted a chart review to evaluate clinical characteristics, comorbidities, and coinfections, including HIV, viral hepatitis, and sexually transmitted infections (STIs). RESULTS: By 30 June 2022, a total of 546 MPXV infections were reported from 42 German centres. All patients were men who have sex with men (MSM), of whom 256 (46.9%) were living with HIV, mostly with a preserved immune system and with viral suppression. In total, 232 (42.5%) MSM were also taking HIV pre-exposure prophylaxis (PrEP) and 58 (10.6%) MSM had no known HIV infection or PrEP use. The median age was 39 years (range 20-67), and comorbidities were rare. However, 52.4% and 29.4% of all patients had been diagnosed with at least one STI within the last 6 months or within the last 4 weeks, respectively. The most frequent localizations of MPXV infection were genital (49.9%) and anal (47.9%), whereas fever (53.2%) and lymphadenopathy (42.6%) were the most frequent general symptoms. The hospitalization rate was low (4.0%), and no fatal course was observed. The clinical picture showed no apparent differences between MSM with or without HIV. CONCLUSIONS: In this preliminary cohort analysis from a current large outbreak among MSM in Germany, the clinical picture of MPXV infection did not differ between MSM with and without HIV. Severe courses were rare and hospitalization rates were low. However, most patients were relatively healthy, and only a few people living with HIV were viremic or severely immunosuppressed.	Adult; Humans; Male; Middle Aged; Young Adult; Female; Aged; Retrospective Studies; Homosexuality, Male; *Pre-Exposure Prophylaxis; *Sexual and Gender Minorities; Germany/epidemiology; *Sexually Transmitted Diseases/epidemiology; *Mpox (monkeypox); *HIV Infections/complications/epidemiology/prevention & control; Monkeypox virus; lymphadenopathy; monkeypox; MPXV infection	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Hollcroft, Madison R; Gipson, June; Barnes, Alicia; Mena, Leandro; Dombrowski, Julia C; Ward, Lori M; Khosropour, Christine M	PrEP Acceptance among Eligible Patients Attending the Largest PrEP Clinic in Jackson, Mississippi	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/23259582231167959	https://www.proquest.com/scholarly-journals/prep-acceptance-among-eligible-patients-attending/docview/2920194372/se-2?accountid=8113	Compared to other states in the United States, Mississippi has the lowest uptake of PrEP relative to the number of people newly diagnosed with HIV in the state. Open Arms Healthcare Center is the largest provider of PrEP in Mississippi, and has systematically documented PrEP eligibility, offers, and acceptance (ie, agreed to undergo a clinical PrEP evaluation) from 2017 to mid-2020. In encounter-based analyses, we examined factors associated with PrEP acceptance. Among 721 encounters where patients were eligible for PrEP, staff offered PrEP at 680 (94%) of encounters (526 unique individuals); individuals accepted a PrEP offer at 58% of encounters. Accepting a PrEP offer was lowest (15.8%) among transgender/non-binary individuals and highest (93.3%) among individuals who reported having sex partners living with HIV. This clinic's model worked to offer PrEP to a highly impacted population, though there is a need to enhance PrEP acceptance for key groups such as transgender/non-binary individuals.	HIV; pre-exposure prophylaxis; Mississippi; Sexual behavior; Transgender persons; Health services; health services; Patients; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Non-binary gender; United States--US; Acceptance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Holt M.; Chan C.; Broady T.R.; MacGibbon J.; Mao L.; Smith A.K.J.; Rule J.; Bavinton B.R.	Variations in HIV Prevention Coverage in Subpopulations of Australian Gay and Bisexual Men, 2017–2021: Implications for Reducing Inequities in the Combination Prevention Era	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04172-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172212186&doi=10.1007%2fs10461-023-04172-3&partnerID=40&md5=649d3e79acb530f170c9549ab4439566	Using repeated behavioural surveillance data collected from gay and bisexual men (GBM) across Australia, we assessed trends in HIV prevention coverage (the level of 'safe sex' achieved in the population by the use of effective prevention methods, including condoms, pre-exposure prophylaxis PrEP and having an undetectable viral load). We stratified these trends by age, country of birth/recency of arrival, sexual identity, and the proportion of gay residents in the participant's suburb. Among 25,865 participants with casual male partners, HIV prevention coverage increased from 69.8% in 2017 to 75.2% in 2021, lower than the UNAIDS target of 95%. Higher levels of coverage were achieved among older GBM (≥ 45 years), non-recently-arrived migrants, and in suburbs with ≥ 10% gay residents. The lowest levels of prevention coverage (and highest levels of HIV risk) were recorded among younger GBM (< 25 years) and bisexual and other-identified participants. Younger, recently-arrived, and bisexual GBM were the most likely to use condoms, while PrEP use was concentrated among gay men, 25–44-year-olds, and in suburbs with more gay residents. The use of undetectable viral load was most common among participants aged ≥ 45 years. Our analysis shows that high HIV prevention coverage can be achieved through a mixture of condom use, PrEP use, and undetectable viral load, or by emphasising PrEP use. In the Australian context, younger, bisexual and other-identified GBM should be prioritised for enhanced access to effective HIV prevention methods. We encourage other jurisdictions to assess the level of coverage achieved by combination prevention, and variations in uptake. © 2023, The Author(s).	Australia; Behavioural surveillance; Combination prevention; Gay and bisexual men; HIV prevention coverage; Men who have sex with men	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Holt, Martin; Chan, Curtis; Broady, Timothy R.; Mao, Limin; MacGibbon, James; Rule, John; Wilcock, Ben; Prestage, Garrett; Bavinton, Benjamin R.	Adjusting Behavioural Surveillance and Assessing Disparities in the Impact of COVID-19 on Gay and Bisexual Men's HIV-Related Behaviour in Australia.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-022-03788-1	https://link.springer.com/article/10.1007/s10461-022-03788-1	COVID-19 has disrupted sexual behaviour and access to health systems. We adapted regular HIV behavioural surveillance of gay and bisexual men (GBM) in Australia in response to COVID-19, assessed the impact on the profile of the sample, the participants' HIV-related behaviour, and whether COVID-19 may have accentuated existing disparities in the Australian HIV epidemic. Data collected from five states during July 2017-June 2021 were included (N = 31,460). The emphasis on online recruitment after COVID-19 led to smaller sample sizes, greater geographic reach, and a higher proportion of bisexual-identifying participants. Most participants (88.1%) reported physical distancing and 52.1% had fewer sex partners due to COVID-19. In the COVID-19-affected rounds (July 2020-June 2021), the number of male partners, recent HIV testing and pre-exposure prophylaxis (PrEP) use all fell, and HIV risk among the smaller group of participants who reported casual sex increased. COVID-related changes were generally more pronounced among GBM aged under 25 years, participants from suburbs with fewer gay residents, and bisexual men. These groups should be prioritised when encouraging GBM to reengage with HIV testing services and effective prevention methods, like condoms and PrEP.	Humans; Male; Aged; Homosexuality, Male; Sexual Partners; Australia; Bisexuality; *Pre-Exposure Prophylaxis; HIV prevention; Men who have sex with men; Australia/epidemiology; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; COVID-19; Sexual behavior; *COVID-19/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Hong C.; Huh D.; Schnall R.; Garofalo R.; Kuhns L.M.; Bruce J.; Batey D.S.; Radix A.; Belkind U.; Hidalgo M.A.; Hirshfield S.; Pearson C.R.	Changes in high-risk sexual behavior, HIV and other STI testing, and PrEP use during the COVID-19 pandemic in a longitudinal cohort of adolescent men who have sex with men 13 to 18 years old in the United States	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03850-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138764417&doi=10.1007%2fs10461-022-03850-y&partnerID=40&md5=117ddd28c5fcc53fb1603c4afbd7cd91	The COVID-19 pandemic has disrupted sexual health services among those most vulnerable to HIV acquisition, such as adolescent men who have sex with men (AMSM). We sought to characterize the changes in sexual-risk behaviors, HIV and other STI testing, and pre-exposure prophylaxis (PrEP) use among a longitudinal cohort of AMSM aged 13 to 18 years before and during the COVID-19 pandemic. We observed a significant decline in HIV testing and a marginal decrease in other STI testing since the pandemic began in March 2020. Outreach efforts and innovative remote delivery of sexual health services are needed to support access to healthcare services among AMSM as the pandemic persists. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	adolescent MSM; condomless anal sex; coronavirus; health disparities; HIV prevention; prevalence rates; prospective analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Hong, Chenglin	Characterizing the Impact of the COVID-19 Pandemic on HIV PrEP care: A Review and Synthesis of the Literature	AIDS and Behavior	-	-	-	-	1090-7165	https://doi.org/10.1007/s10461-022-03941-w	https://escholarship.org/uc/item/3t45457k	The global COVID-19 pandemic and associated lockdown measures have caused disruptions to sexual health services and created additional barriers to the continuity of HIV pre-exposure prophylaxis (PrEP) among key populations. This review provides an examination of the influences of the pandemic on engagement in the PrEP care continuum. Using the PRISMA guideline, 46 studies were included in this review and the synthesis. Most of the studies were conducted in high-income settings through quantitative analysis. A majority of studies examining the changes in PrEP use suggested a decline or discontinuation in PrEP uptake during the pandemic. The most common reasons for stopping using PrEP were perceived barriers to PrEP-related care, pandemic-related behavior changes such as fewer sexual partners, and reduced perceived risk of HIV infection. Limited studies documenting an increase in PrEP uptake were all in specific PrEP optimizing programs. During the pandemic, there is also an emerging trend of switching to on-demand PrEP from daily oral PrEP. Future studies should understand the mechanism of strategies that facilitated the improvements during the pandemic. PrEP implementation programs should consider alternative PrEP modalities and provide consistent and comprehensive knowledge about correct information.	Public Health; Health Sciences; Pediatric; Infectious Diseases; Adolescent Sexual Activity; Clinical Research; HIV/AIDS; Sexual and Gender Minorities (SGM/LGBT*); Behavioral and Social Science; Prevention; Pediatric AIDS; Infection; Good Health and Well Being; Humans; Male; HIV Infections; Pandemics; Anti-HIV Agents; COVID-19; Communicable Disease Control; Acquired Immunodeficiency Syndrome; Pre-Exposure Prophylaxis; Homosexuality, Male; pre-exposure prophylaxis; PrEP; HIV; AIDS; review; Public Health and Health Services; Social Work; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Hong, Yangsun	Extending the Influence of Presumed Influence Hypothesis: Information Seeking and Prosocial Behaviors for HIV Prevention.	Health Communication	-	-	-	-	1532-7027	10.1080/10410236.2021.1975902	https://dx.doi.org/10.1080/10410236.2021.1975902	The influence of presumed influence hypothesis (IPI hypothesis) explains that people have biased perceptions of media influence and they change their behavior based on such perceptions. This study explicated the mechanisms of influence of presumed influence in health communication by integrating the theoretical explanations of the IPI hypothesis with theories of normative influence. The causal chains of the IPI hypothesis were examined using an experimental methodology with a HIV prevention, PrEP (pre-exposure prophylaxis). The results supported the expectations. Presumed exposure to health messages about PrEP shaped presumed influence of the messages on others, which in turn affected one's own intentions for information seeking and prosocial behaviors about PrEP. The findings also show that descriptive norms and injunctive norms interact with presumed influence differently. This study discusses the potential benefits of the IPI hypothesis in health communication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hornuss, Daniel; Mathé, Philipp; Usadel, Susanne; Zimmermann, Stefan; Müller, Matthias; Rieg, Siegbert	Already current practice? A snapshot survey on doxycycline use for prevention of sexually transmitted infections in parts of the German MSM community.	Infection	-	-	-	-	1439-0973	10.1007/s15010-023-02086-9	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10665247	PURPOSE: Recent studies point toward a potential benefit of doxycycline use for post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP) to prevent sexually transmitted infections (STIs). Although prescribing doxycycline in a prophylactic intention is not generally recommended yet, we noticed an increasing number of inquiries from individuals within the LGBTQ community for doxycycline prescriptions. METHODS: We conducted an anonymous online survey to evaluate the current extent of doxycycline use for PEP or PrEP within the LGBTQ community using REDCap electronic data capture tools. Participants gained access to the online survey through a QR code on posters in the premises of our STI outpatient department and at LGBTQ community-related events in the south-western region of Germany. Additional access was provided by a direct link shared on social media profiles for men having sex with men (MSM), transgender, and queers. RESULTS: 96 of 99 responses were eligible for analysis. Twenty-two participants (23%) indicated to have already used doxycycline for PEP and six participants (6%) used doxycycline for PrEP. The majority of participants used pills left over from previous doxycycline treatment. Forty percent of indicated modes of access were without a regular prescription, e.g., by provision from acquaintances (with or without healthcare profession) or by ordering online. CONCLUSION: Our study shows that the concept of doxycycline use for prevention of STIs is already well known and applied in the LGBTQ community. Further analysis, especially modeling studies, are needed to evaluate strategies aiming to reduce doxycycline intake (PEP/PrEP versus repeated targeted therapies) and improve sexual health outcomes within the community.	Doxycycline, Sexually transmitted infections, STI, Prophylaxis, PEP, PrEP	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2023	Horvath K.J.; Ma J.; Storholm E.D.; Black A.; Klaphake J.; Baker J.V.	The Use of Daily and On-Demand Oral Pre-Exposure Prophylaxis Dosing Strategies Among Young Adult Gay, Bisexual and Other Men who have Sex with Men Enrolled in an mHealth Adherence Intervention	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04077-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159714924&doi=10.1007%2fs10461-023-04077-1&partnerID=40&md5=dc9d1537992d0ab40375e6ea96f8a393	Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention option for gay, bisexual and other men who have sex with men (GBMSM). However, with newer PrEP options, a greater understanding of whether and why GBMSM switch dosing strategies is needed to inform clinical practice and research. We assessed the dosing strategies (daily or on-demand) of GBMSM enrolled in an mHealth PrEP adherence pilot intervention at four timepoints over approximately 10 months. Among GBMSM with complete data (n = 66), a consistent daily dosing strategy was used by most (73%) participants across all time points, while on-demand PrEP was used at least once during the study period by 27% of participants. A higher percentage of on-demand PrEP users self-reported as Asian/Pacific Islander and had less positive attitudes toward PrEP, adjusting for key sociodemographic variables and intervention arm. Daily PrEP users reported high numbers of sexual partners, and the primary reason that they would switch to on-demand PrEP is reduced sexual activity. At the final assessment, 75% of participants were taking daily PrEP, of whom 27% reported that they would like to switch to another option, including on-demand and long-acting injectable PrEP. While findings were largely descriptive, they showed that switches in PrEP dosing strategies are relatively common and PrEP strategy choice may vary across racial and ethnic groups. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Men who have Sex with Men; mHealth Intervention; On-demand PrEP; Pre-exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hsu J.-H.; Ku S.W.-W.; Chen T.-W.; Li C.-W.; Huang P.; Wu H.-J.; Bourne A.; Strong C.	Preferences for long-acting pre-exposure prophylaxis among gay, bisexual and other men who have sex with men in Taiwan: findings from the 2021 HEART Survey	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26163	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169998921&doi=10.1002%2fjia2.26163&partnerID=40&md5=fde84ea87b70c0be49bc22b772d158be	Introduction: While various antiretrovirals have been studied as potential candidates for long-acting pre-exposure prophylaxis (PrEP), the bimonthly injectable cabotegravir—the first long-acting form of PrEP—was approved in 2021. Event-driven (ED) PrEP has been the most prevalent dosing regimen among gay, bisexual and other men who have sex with men (GBMSM) in Taiwan, providing a unique setting to observe the preferences for long-acting PrEP in a community where the daily regimen is not the mainstream method. This study aimed to determine the preferences for the different forms and dosing intervals of long-acting PrEP that are currently in the development pipeline. Methods: We conducted a survey in 2021 by convenience sampling the users of social networking applications for GBMSM in Taiwan. Our survey included questions on sexual behaviours, current PrEP regimens and the preferences for potential candidates of long-acting PrEP, such as implants, intramuscular and subcutaneous injections. We compared the Likert-scale preference ratings for potential long-acting options, and conducted logistic regression analysis to examine the factors associated with a preference for bimonthly intramuscular injections (2M IM) over ED and daily PrEP regimens, respectively. Results: A total of 1728 responses were eligible for analysis. Three percent of respondents (n = 52) were daily PrEP users; 11.5% (n = 198) were ED PrEP users. When not considering cost, current PrEP users—regardless of their original dosing regimen—were most likely to express preferences for monthly oral PrEP, followed by a 6-month subcutaneous injection (6M SC) and 2M IM. However, among non-current PrEP users, monthly oral PrEP was the most preferred form, followed by ED, daily oral and 6M SC injectable. Multivariable logistic regression revealed that current daily users, those willing to take PrEP in the next 6 months and those with more sex partners in the last 12 months had a significant correlation with preferences for the 2M IM injectable over the ED PrEP. Conclusions: The monthly oral form was the most preferable long-acting PrEP among GBMSM in Taiwan. Current daily PrEP users preferred the 2M IM injectable over the ED PrEP, which made the 2M IM injectable a potential alternative. Further studies should focus on how the cost and delivery affect PrEP preferences and their actual uptake. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Asia; gay, bisexual and other men who have sex with men (GBMSM); HIV prevention; policy; pre-exposure prophylaxis (PrEP); retention	English	United States	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Quantitative
Article	2023	Huang P.	Sexual health as surplus: the marketization of PrEP in Taiwan	BioSocieties	-	-	-	-	17458552	10.1057/s41292-022-00273-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85126145333&doi=10.1057%2fs41292-022-00273-9&partnerID=40&md5=2ea10da5bc4224952902a2c5a5a017ed	The global implementation of pre-exposure prophylaxis (PrEP)—a HIV prevention medicine—has evoked new hopes of ending AIDS. In 2016, a group of Taiwanese and Thai doctors and AIDS advocates initiated a PrEP delivery online platform to assist gay Taiwanese men to access the less expensive, generic versions of PrEP in Thailand. Drawing on science and technology studies, this article investigates how gay men's bodies and sexualities and PrEP's promise of ending AIDS become intertwined with the political and cultural economy of governmental regulation, pharmaceutical innovation, and personal mobility and pleasure. Building on the ethnographic fieldwork conducted in Taiwan and Thailand, it scrutinizes changing definitions of sexual health and surplus values of PrEP in two intertwined social settings: One is that of Taiwan's online PrEP delivery system, which mediated between the top-down biomedical regulation of the pharmaceutical industry and Taiwanese state, and the other one is the transnational commercial transitions, which mediated through commercial ventures and individual recreational and consumer activities. By moving across various social landscapes, the article not only acknowledges the constraints put upon the individual by processes of commodification but also recognizes the possibilities and potentialities that are enacted by laypersons' desires and migratory practices. © 2022, The Author(s), under exclusive licence to Springer Nature Limited.	HIV/AIDS; Medical Tourism; PrEP; Surplus Health; Value	English	United Kingdom	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Qualitative
Article	2023	Huang Y.; Tian R.; Zhou Z.; Xu J.; Agins B.; Zou H.; Chen Q.; Sun Z.; Zhong Q.; Ma Z.; Jiang H.	HIV Pre-Exposure Prophylaxis Use on a Global Scale Among Men Who Have Sex with Men: A Systematic Review and Meta-Analysis	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2022.0198	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152483307&doi=10.1089%2fapc.2022.0198&partnerID=40&md5=8e3a4a8f05ae1bf90ff39ab08d44c2c3	Knowledge of the proportion of Pre-Exposure Prophylaxis (PrEP) use among men who have sex with men (MSM) and the specific gaps in PrEP use can stimulate enhanced focus on HIV prevention policies and programs. To summarize the proportion of PrEP use and explore the temporal trend in the proportion of PrEP use and factors associated with PrEP use among MSM on a global scale, we searched PubMed, Embase, Web of Science Core Collection, and APA PsycINFO for studies reporting on the use of HIV PrEP among MSM before April 2022. Freeman-Tukey double arc-sine transformation and random-effects models were used to pool estimates. A total of 147 articles involving 395,218 MSM were included. The pooled proportions of PrEP use among MSM and PrEP-eligible MSM were 11.23% 95% confidence interval (CI): 9.71-12.84 and 16.04% (95% CI: 11.99-23.36), respectively. The proportion of PrEP use varied among countries with different support policies. β regressions with the logit link showed that the proportion of PrEP use has increased in recent years. Interrupted time series analyses further supported that the approval of PrEP use would decrease the number of new HIV diagnoses among MSM. The main factors associated with PrEP use include health insurance, having a regular medical provider, prior HIV testing, past use of PrEP or Post-Exposure Prophylaxis, social networks, and stigma. Although the proportion of PrEP use among MSM has remained low, it has increased in recent years. More studies are needed to explore the factors associated with PrEP use, especially for PrEP-eligible MSM in low- and middle-income countries. © Copyright 2023, Mary Ann Liebert, Inc., publishers 2023.	HIV; men who have sex with men; pre-exposure prophylaxis; trend	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2023	Huang Y.; Zhang L.; Karuna S.; Andrew P.; Juraska M.; Weiner J.A.; Angier H.; Morgan E.; Azzam Y.; Swann E.; Edupuganti S.; Mgodi N.M.; Ackerman M.E.; Donnell D.; Gama L.; Anderson P.L.; Koup R.A.; Hural J.; Cohen M.S.; Corey L.; McElrath M.J.; Gilbert P.B.; Lemos M.P.	Adults on pre-exposure prophylaxis (tenofovir-emtricitabine) have faster clearance of anti-HIV monoclonal antibody VRC01	Nature Communications	-	-	-	-	20411723	10.1038/s41467-023-43399-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177837729&doi=10.1038%2fs41467-023-43399-5&partnerID=40&md5=e8b03e65a6d0a0ad9b7586e7b3203dc4	Broadly neutralizing monoclonal antibodies (mAbs) are being developed for HIV-1 prevention. Hence, these mAbs and licensed oral pre-exposure prophylaxis (PrEP) (tenofovir-emtricitabine) can be concomitantly administered in clinical trials. In 48 US participants (men and transgender persons who have sex with men) who received the HIV-1 mAb VRC01 and remained HIV-free in an antibody-mediated-prevention trial (ClinicalTrials.gov #NCT02716675), we conduct a post-hoc analysis and find that VRC01 clearance is 0.08 L/day faster (p = 0.005), and dose-normalized area-under-the-curve of VRC01 serum concentration over-time is 0.29 day/mL lower (p < 0.001) in PrEP users (n = 24) vs. non-PrEP users (n = 24). Consequently, PrEP users are predicted to have 14% lower VRC01 neutralization-mediated prevention efficacy against circulating HIV-1 strains. VRC01 clearance is positively associated (r = 0.33, p = 0.03) with levels of serum intestinal Fatty Acid Binding protein (I-FABP), a marker of epithelial intestinal permeability, which is elevated upon starting PrEP (p = 0.04) and after months of self-reported use (p = 0.001). These findings have implications for the evaluation of future HIV-1 mAbs and postulate a potential mechanism for mAb clearance in the context of PrEP. © 2023, The Author(s).	Adult, HIV Anti-Agents, Tenofovir, HIV Infections, Male, Humans	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Hull, S; Alade, T; Moriarty, P; Scott, R; Sinks, H; Zack, J	The Association Between Medical Distrust and the Intention to Initiate Preexposure Prophylaxis (PrEP) in HIV-Seronegative Cisgender Women of Color Within the DC Area	OBSTETRICS AND GYNECOLOGY	-	-	-	-	0029-7844	10.1097/01.AOG.0000931088.65427.7d	https://www.ingentaconnect.com/content/wk/aog/2023/00000141/a00105s1/art00307	INTRODUCTION: Black cisgender women bear a disproportionate burden of the U.S. human immunodeficiency virus (HIV) epidemic, compared to women of other racial groups. Preexposure prophylaxis (PrEP) is a highly effective prevention tool. Evidence indicates that Black women are interested in initiating PrEP, but low utilization persists in this population. Historical mistreatment of women of color and the resulting distrust erect barriers to open communication and shared decision-making with health care providers. METHODS: Using an IRB-approved questionnaire, we surveyed 186 consenting adults (83% Black, 9% White, 3% American Indian/Alaskan Native, 4% Other), who were PrEP eligible, HIV seronegative, cisgender women, recruited from family planning and obstetrics and gynecology specialty clinics in Washington, DC. We tested the interaction of patient racial identification and group-based medical mistrust on intentions to use PrEP, as mediated by intentions to discuss PrEP with a health care provider during the imminent clinical interaction. RESULTS: Results indicate significant moderated mediation of the interaction between race and distrust on intention to initiate PrEP at 3 months (index −0.3093, SE 0.1886, 95% CI [−0.7455,−0.0122]) and 12 months (index −0.3248, SE 0.1987, 95% CI [−0.7827,−0.0040]) through anticipated discussion with a provider. CONCLUSION: When distrust is low, Black women had stronger intentions to utilize PrEP (relative to women of other racial groups). This was explained by stronger intentions to discuss PrEP with the provider during the clinical visit. This relationship was nonsignificant at moderate and high levels of distrust. These results underscore the critical importance of provider-initiated discussion of PrEP with women to improve health equity.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hull, Shawnika J; Duan, Xuejing; Brant, Ashley R; Peng Ye, Peggy; Lotke, Pamela S; Huang, Jim C; Coleman, Megan E; Nalls, Patricia; Scott, Rachel K	Understanding Psychosocial Determinants of PrEP Uptake Among Cisgender Women Experiencing Heightened HIV Risk: Implications for Multi-Level Communication Intervention	Health Communication	-	-	-	-	10410236	10.1080/10410236.2022.2145781	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142302913&doi=10.1080%2f10410236.2022.2145781&partnerID=40&md5=37997954cf311f2e9dac315d6ddcb193	Pre-exposure prophylaxis (PrEP) is a highly effective daily pill that decreases the likelihood of HIV acquisition by up to 92% among individuals at risk for HIV. PrEP can be discretely used, autonomously controlled, and in place at the time of risk exposure, making it an especially promising method for HIV prevention for cisgender women (CGW). But, PrEP is underutilized by CGW relative to the demonstrable need. We apply the Integrative Model of Behavioral Prediction to identify the critical psychosocial factors that shape CGW's intentions to use PrEP and their relevant underlying beliefs. We surveyed (N = 294) community- and clinic-recruited PrEP eligible CGW to understand the relative importance of attitudes, norms, and efficacy in shaping PrEP intentions. We utilized structural equation modeling to identify the relevant paths. We inspected the summary statistics in relation to three message three selection criteria. We identified beliefs that demonstrated (1) an association with intention, (2) substantial room to move the population, (3) practicality as a target for change through communication intervention. Results show that PrEP awareness was low. When women learned about PrEP, they voiced positive intentions to use it. There were significant and positive direct effects of SE (0.316***), attitudes (0.201**), and subjective norms (0.249***) on intention to initiate PrEP. We illustrate the strategic identification of beliefs within the relevant paths using the 3 belief selection criteria. We also discuss implications for social and structural communication interventions to support women's HIV prevention. © 2022 The Author(s). Published with license by Taylor & Francis Group, LLC.	Female, HIV Infections, Humans, Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hunter L.A.; Packel L.J.; Chitle P.; Beltran R.M.; Rafie S.; De Martini L.; Dong B.; Harris O.; Holloway I.W.; Ochoa A.M.; McCoy S.I.	Opportunities to Increase Access to HIV Prevention: Evaluating the Implementation of Pharmacist-Initiated Pre-exposure Prophylaxis in California	Open Forum Infectious Diseases	-	-	-	-	23288957	10.1093/ofid/ofad549	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178389919&doi=10.1093%2fofid%2fofad549&partnerID=40&md5=b2ac191b238f37de4db5bf6b140f2561	Background. Pharmacies are a promising setting through which to expand access to human immunodeficiency virus (HIV) prevention, including pre-exposure and post-exposure prophylaxis (PrEP and PEP, respectively). We aimed to evaluate and inform the implementation of California's Senate Bill 159 (2019), allowing pharmacists to independently prescribe PrEP and PEP. Methods. From October through December 2022, we conducted a cross-sectional study of 919 California pharmacists and pharmacy students, primarily recruited via the email listservs of professional organizations. Participants completed an online survey assessing the implementation of pharmacist-initiated PrEP/PEP, including knowledge, attitudes, practices, perceived barriers, and implementation preferences elicited through a discrete choice experiment. Results. Among 919 participants (84% practicing pharmacists, 43% in community pharmacies), 11% and 13% reported that pharmacists at their pharmacy initiate PrEP and PEP, respectively. Most believed that pharmacist-initiated PrEP/PEP is important (96%) and were willing to provide PrEP (81%); fewer (27%) had PrEP/PEP training. Common implementation barriers were lack of staff/time and payment for pharmacist services. Participants preferred PrEP implementation models with in-pharmacy rapid oral HIV testing and pharmacists specifically hired to provide PrEP services. Conclusions. Despite pharmacists' supportive attitudes, Senate Bill 159 implementation in California pharmacies remains limited, in part due to policy-level and organizational-level barriers. Ensuring PrEP/PEP-related payment for services and sufficient workforce capacity is key to leveraging pharmacists' role in HIV prevention. © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.	California; HIV prevention; pharmacies; post-exposure prophylaxis; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Hurley E.A.; Mayatsa J.; Matovu J.K.B.; Schuetz N.; Wanyenze R.; Wagner G.; Goggin K.	Piloting Gain and Loss-Framed PrEP and Childbearing Messaging to Promote HIV Testing in Uganda: Perspectives from Couples and Providers	Journal of Health Communication	-	-	-	-	10810730	10.1080/10810730.2023.2251919	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168856358&doi=10.1080%2f10810730.2023.2251919&partnerID=40&md5=b7799cec232d7adebcb1ee54f3fcb653	Fears of relationship dissolution and the inability to bear healthy children remain barriers to HIV testing in sub-Saharan Africa. Pre-exposure prophylaxis (PrEP) carries both clinical and symbolic benefits that counter these fears. We conducted a pilot messaging intervention through Uganda's assisted partner notification (APN) program, where providers assist HIV-positive index clients in notifying sexual partners and encourage testing. We randomized providers at three clinics to implement phone scripts over two months with (1) gain-framed or (2) loss-framed information about PrEP and childbearing; or (3) usual care. In 23 in-depth interviews with providers, index clients, and partners, five major themes emerged on intervention acceptability and feasibility: (1) value of PrEP and childbearing messaging in APN; (2) value of this messaging coming earlier in APN; (3) overall preference for gain-framed messages; (4) need to tailor timing of messaging; and (5) need for messaging outside of APN. Register data (109 index clients, 145 partners) indicated most index clients (95%) wanted their potential conception partners informed about PrEP. Preliminary trends suggest the intervention sites outperformed usual care in testing rates among potential conception partners. Messaging that highlights PrEP and safe childbearing may be a promising new communication strategy to promote HIV testing. ©, Copyright © Taylor & Francis Group, LLC.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Hurwitz K.E.; Isehunwa O.O.; Hendrickson K.R.; Jaggernath M.; Kriel Y.; Smith P.M.; Mathenjwa M.; Bennett K.; Psaros C.; Baeten J.M.; Bangsberg D.R.; Haberer J.E.; Smit J.A.; Matthews L.T.	Adherence to daily, oral TDF/FTC PrEP during periconception among HIV-exposed South African women	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1263422	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174635401&doi=10.3389%2ffrph.2023.1263422&partnerID=40&md5=d3fb757d9db1ea715734e9d04e464353	Background: Daily, oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) as pre-exposure prophylaxis (PrEP) reduces HIV acquisition for African women. Adherence is key to efficacy and patterns of adherence can be highly variable in real-world settings. Using group-based trajectory modeling (GBTM), we sought to identify distinct patterns of periconception PrEP adherence and evaluate potential baseline predictors of such adherence trajectories. Methods: We conducted a single-arm longitudinal study for women aged 18–35 years living in Durban, South Africa with personal or partner plans for pregnancy with a partner with HIV or of unknown serostatus. Participants were offered safer conception counseling, including daily oral PrEP; women who initiated PrEP were given a bottle with an electronic pillcap that recorded when device opens. Weekly adherence to daily PrEP was modeled using GBTM with a censored normal outcome distribution as a function of weeks since PrEP initiation. The number and functional form of the adherence trajectory groups were primarily selected based on Bayesian information criteria (BIC) and confirmed by mean estimated probabilities of group membership. A multivariable version of the selected model assessed baseline predictors of membership in adherence trajectory groups. Results: Overall mean (95% CI) adherence to PrEP was 63% (60%, 67%). We identified four groups of women with distinct patterns of adherence: (1) high (i.e., ≥6 doses per week) steady adherence throughout follow-up (22% of PrEP initiators); (2) moderate (i.e., 4–5 doses per week), but steady adherence (31%); (3) initially high, but consistently declining adherence (21%); and (4) initially moderate adherence, followed by a rapid decline and subsequent rebound (26%). In multivariable-adjusted analyses, older age was associated with membership in the high, steady adherence group as compared to the group identified with an adherence trajectory of initially high, then decline, and finally a rebound. Conclusions: GBTM is useful for exploring potential heterogeneity in longitudinal patterns of medication adherence. Although a large proportion of women in this study achieved high levels of adherence by electronic pillcap initially, far fewer women maintained these levels consistently. Knowledge of different adherence trajectories could be used to develop targeted strategies for optimizing HIV prevention during periconception. 2023 Hurwitz, Isehunwa, Hendrickson, Jaggernath, Kriel, Smith, Mathenjwa, Bennett, Psaros, Baeten, Bangsberg, Haberer, Smit and Matthews.	adherence; group-based trajectory modeling (GBTM); HIV prevention; oral pre-exposure prophylaxis (PrEP); periconception; women	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Huyst V.; Dewinter J.; Noens I.; Platteau T.; Tsoumanis A.	Measuring the prevalence of autistic traits in a cohort of adults living with HIV or taking HIV pre-exposure prophylaxis and mapping safer-sex barriers and facilitators: a study protocol	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2023-075667	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173561810&doi=10.1136%2fbmjopen-2023-075667&partnerID=40&md5=0c9e8eff7430da5ad69ad24777fe1faf	Introduction Autistic individuals identify with a wider range of sexual orientations than non-autistic individuals, including higher rates of bisexual orientation in autistic men. Gay, bisexual and other men who have sex with men are at greater risk for HIV. Prevalence data of autistic traits in people living with HIV or using Pre-Exposure Prophylaxis (PrEP) for HIV are lacking so far. Such data, combined with insights in barriers and facilitators for safer sex in autistic people living with HIV or using PrEP, are a first step to improve health support for autistic people in HIV clinics. This support is crucial since autistic individuals have worse physical and mental health outcomes. The objective of this research is to determine the prevalence of autistic traits within the group of people living with HIV or using PrEP in Belgium and to describe specific facilitators and barriers for sexual safer behaviour in people living with HIV and PrEP users with autistic traits. Methods and analysis The research is a cross-sectional, observational and multicentre study with recruitment of individual participants. The research consists of two phases. In phase 1, adults coming for HIV/AIDS care or HIV PrEP in participating Belgian HIV Reference Centres will be invited to fill in the validated Autism Spectrum Quotient questionnaire. In phase 2, participants with a score above the predefined cut-off for autistic traits (>26), who agreed to be informed about this score, will be invited to complete an additional survey, inquiring facilitators and barriers for sexual safer behaviour. Ethics and dissemination of results Institutional Review Board Institute of Tropical Medicine Antwerp, 25 July 2022, REF 1601/22 and University Hospital of Antwerp, 12 September 2022, Project ID 3679: BUN B3002022000111. Study results will be published in peer-reviewed journals and presented to Belgian HIV Reference Centres and at conferences. © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Adult, Anti-HIV Agents, Safe Sex, Humans, Male, Prevalence, HIV Infections	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2023	Ichite A.; Jean-Gilles M.; Rosenberg R.; Abbamonte J.; Dévieux J.G.	Assessing the Preliminary Efficacy of a Nonrandomized, Clinic-Based HIV Risk Reduction Pilot Intervention for PrEP-Initiated, Alcohol- and Other Drug-Using Women of Color in Miami, FL	Journal of Racial and Ethnic Health Disparities	-	-	-	-	21973792	10.1007/s40615-022-01482-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146343927&doi=10.1007%2fs40615-022-01482-5&partnerID=40&md5=6481162fa44d797df5326535fb0b51b6	In this paper, we assessed the preliminary efficacy and acceptability of a quasi-experimental, clinic-based sexual risk reduction pilot intervention for pre-exposure prophylaxis (PrEP)-initiated, alcohol- and other drug-using women of color and explored their self-reported barriers to, and facilitators of, PrEP use. Using a mixed methods design, analyses incorporated pre- and post-intervention study assessment data from 38 women and semi-structured process evaluations using a subsample of 25. The intervention administered over an 8-week period consisted of 4 one-on-one in person educational sessions, a process evaluation, and study assessments conducted at baseline and 3 and 6 months. Post intervention, statistically significant changes in sexual risk scores were not observed; however, we found significant decreases in alcohol use (Z = − 3.02, p =.003, η^2 =.41). Process evaluation data revealed interpersonal relationships as a key motivator for PrEP initiation as well as a prominent barrier to PrEP use; these relationships rarely facilitated adherence. Overall, women found the intervention to be acceptable and reported a wide range of benefits of participation—most notably its therapeutic benefits. Findings from this study provide preliminary evidence of the potential for the Talking PrEP with Women of Color intervention to improve risky behaviors, knowledge, and attitudes related to sexual risk taking. Furthermore, findings suggest that interventions to increase PrEP uptake and adherence in at-risk women may benefit from supporting them in accurately estimating their risk for HIV and increasing their sense of social support. © 2023, The Author(s).	HIV prevention; Mixed methods; Pre-exposure prophylaxis; PrEP; PrEP barriers; PrEP facilitators; Risk reduction intervention; Women of color	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Íncera-Fernández D.; Román-González F.J.; Moreno-Guillén S.; Gámez-Guadix M.	Sexualized drug use, risky sexual behaviors, and prevention strategies among gay, bisexual, and other men who have sex with men	Drugs: Education, Prevention and Policy	-	-	-	-	9687637	10.1080/09687637.2023.2225245	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163713481&doi=10.1080%2f09687637.2023.2225245&partnerID=40&md5=29f22aa803f6b011d66134797008d752	Aims: This study aimed to analyze the prevalence of sexualized drug use (SDU) and determine its association with a comprehensive set of sociodemographic characteristics, risky sexual behaviors, prevention measures for human immunodeficiency virus (HIV) and other sexually transmitted infections (STI), and STI diagnosis in Spain. Methods: The sample consisted of 493 men who have sex with men between 18 and 78 years old (M age = 32.58, SD = 11.05). Findings: Approximately 37.9% of the participants had participated in SDU. Participants who practiced SDU were significantly more likely to be older and have more casual sexual partners and engage in less conventional sexual practices than those who did not. In addition, SDU was associated with less consistent condom use and greater use of Pre-Exposure Prophylaxis (PrEP) compared to participants who did not practice SDU. Finally, the STI diagnosis was also significantly related to SDU. However, when condom use and PrEP was included and controlled in the model along with STI diagnosis, SDU was no longer related to a higher likelihood of STI diagnosis. Conclusions: These results reveal the need to strengthen programs to foster risk-reduction behaviors and reduce the incidence of health implications associated with SDU. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	Chemsex; men who have sex with men; public health; sexual behavior; sexualized drug use	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2023	Iqbal, Kashif; Dong, Xueyuan; Zhu, Weiming; Wiener, Jeffrey; Dominguez, Kenneth L.; Tanner, Mary R.; Kourtis, Athena P.; Singh, Sonia; Hoover, Karen W.	Decreased Human Immunodeficiency Virus Diagnosis Rates Among Black and Hispanic or Latino Men Who Have Sex With Men in US Jurisdictions Supported by the THRIVE Demonstration Project, 2014-2019.	Clinical Infectious Diseases	-	-	-	-	1537-6591 1058-4838	10.1093/cid/ciac774	https://academic.oup.com/cid/article/76/2/307/6702535	BACKGROUND: Black and Hispanic/Latino men who have sex with men (MSM) are disproportionately affected by human immunodeficiency virus (HIV). In the Targeted Highly Effective Interventions to Reverse the HIV Epidemic (THRIVE) demonstration project, 7 community collaboratives were developed to provide comprehensive HIV prevention services for these populations. METHODS: We analyzed National HIV Surveillance System data to determine the number of HIV diagnoses for each year from 2014 to 2019 among Black, Hispanic/Latino, and White MSM in 7 THRIVE-eligible Metropolitan Statistical Areas (MSAs) that were awarded funding and 12 THRIVE-eligible MSAs that were not awarded funding. We used generalized linear Poisson regression models to estimate adjusted estimated annual percentage changes (EAPCs) with 95% confidence intervals for HIV diagnosis rates controlling for HIV prevalence, viral suppression, HIV testing rates, preexposure prophylaxis (PrEP) prescription rates, poverty, education, and insurance status. RESULTS: We found larger estimated decreases in HIV diagnosis rates in THRIVE jurisdictions compared with non-THRIVE jurisdictions. The adjusted EAPC among Black MSM was -8.2 (-11.7 to -4.6) in THRIVE MSAs compared with -4.2 (-7.8 to -0.4) in non-THRIVE MSAs. The adjusted EAPC among Hispanic/Latino MSM was -8.6 (-12.2 to -4.8) in THRIVE MSAs compared with -2.6 (-5.1 to -0.1)in non-THRIVE MSAs. The adjusted EAPC among White MSM was -7.6 (-12.0 to -3.1) in THRIVE MSAs compared with 5.9 (1.8-10.1) in non-THRIVE MSAs. CONCLUSIONS: The THRIVE community collaborative model was associated with a decrease in HIV diagnoses among Black and Hispanic/Latino MSM. To achieve the goals of the US Ending the HIV Epidemic initiative, effective interventions aimed to increase PrEP use need to be focused on Black and Hispanic/Latino MSM.	Humans; Male; Homosexuality, Male; HIV; Prevalence; *Pre-Exposure Prophylaxis; PrEP; Black or African American; Hispanic or Latino; men who have sex with men; *HIV Infections/diagnosis/epidemiology/prevention & control; HIV diagnoses; Black and Hispanic/Latino; community collaborative	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Irie W.C.; Mahone A.; Nakka R.; Ghebremichael M.	Factors Associated with Comfort Discussing PrEP with Healthcare Providers among Black Cisgender Women	Tropical Medicine and Infectious Disease	-	-	-	-	24146366	10.3390/tropicalmed8090436	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172113179&doi=10.3390%2ftropicalmed8090436&partnerID=40&md5=e8f3fd57d7139d52bd75a6a136845e73	Preexposure prophylaxis (PrEP) for HIV prevention uptake remains low among Black cisgender women in the United States, despite their disproportionate HIV burden. This study aimed to examine factors associated with Black women's comfort discussing PrEP with healthcare providers and its link to their interest in PrEP use. A cross-sectional survey was conducted with a national sample of 315 Black cisgender women. Descriptive statistics and logistic regression models were utilized for data analysis. The results showed that 79% of Black women felt comfortable discussing PrEP with their healthcare provider. Age, recent healthcare provider visit, interest in PrEP, and positive social norms were associated with increased odds of comfort in discussing PrEP, while anticipated PrEP disapproval and stigma were associated with decreased odds. Older age was related to greater comfort, potentially due to increased familiarity and self-efficacy in discussing sexual health. Recent healthcare utilization indicated positive provider relationships, facilitating discussions about sexual health. Anticipating support from social networks positively influenced comfort levels. Conversely, PrEP-related stigma and anticipated disapproval were barriers to comfort. These findings highlight the importance of provider–patient communication and social support in facilitating PrEP engagement among Black cisgender women. Interventions should consider age-appropriate strategies and address structural and provider biases to improve PrEP discussions and promote HIV prevention. © 2023 by the authors.	Black women; human immunodeficiency virus (HIV); preexposure prophylaxis; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Irie, Whitney; Mahone, Anais; Nakka, Raja; Ghebremichael, Musie	Confidence in Ability to Communicate With Sexual Partners About PrEP Among Black Cisgender Women.	AIDS Education and Prevention	-	-	-	-	1943-2755 0899-9546	10.1521/aeap.2023.35.5.333	https://guilfordjournals.com/doi/10.1521/aeap.2023.35.5.333	This study explored the factors associated with Black women's confidence in their ability to engage male sexual partners in discussions about PrEP. Communication about PrEP with male partners is an important, yet minimally explored, outcome in PrEP research among Black women in heterosexual partnerships. Among 315 respondents, results show significant differences in anticipated stigma and interest in PrEP between a binary outcome variable being confident and not-confident discussing PrEP with sexual partners. Further, factors such as employment, worrying about HIV infection, interest in taking oral PrEP, subjective norms, injunctive norms, and descriptive norms were associated with Black women's higher odds of confidence in their ability to engage sexual partners about PrEP. Conversely, PrEP disapproval and stigma resulted in lower odds of Black women's confidence in their ability to engage sexual partners about PrEP. Results indicate the need for continued investigation of confidence and, relatedly, communication about PrEP among heterosexual couples and communitylevel interventions normalizing PrEP discussions and uptake.	Humans; Male; Female; Homosexuality, Male; HIV; *Anti-HIV Agents/therapeutic use; Sexual Partners; Heterosexuality; pre-exposure prophylaxis; *Pre-Exposure Prophylaxis/methods; communication; *HIV Infections/prevention & control; Black women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Isehunwa O.O.; Hill S.V.; Menninger A.T.; Hubner B.; Krakower D.; Long D.M.; Pratt M.C.; Clement M.E.; Van Wagoner N.; Lanzi R.G.; Simpson T.; Elopre L.; Matthews L.T.	A Multicomponent Intervention to Train and Support Family Medicine Providers to Promote Pre-exposure Prophylaxis (PrEP) for Adolescent Girls and Young Women in the Deep South: Protocol for the PrEP-Pro Study	JMIR Research Protocols	-	-	-	19290748	10.2196/44908	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151476116&doi=10.2196%2f44908&partnerID=40&md5=5680c31054c6cf13311a240144fc927a	Background: Pre-exposure prophylaxis (PrEP) is a highly effective biomedical prevention intervention and a major strategy for reducing the HIV burden in the United States. However, PrEP provision and uptake remain lower than estimated needs, and in ways that may exacerbate HIV disparities among Black adolescent girls and young women in the southern United States. Data suggest that gaps in provider knowledge of HIV epidemiology and PrEP and skills assessing sexual health practices are important barriers to provision and uptake, with limited evidence-based interventions to address these gaps. Objective: This paper describes the "PrEP-Pro" intervention, a multicomponent intervention to train and support family medicine (FM) trainees to promote PrEP for adolescent girls and young women in Alabama. Methods: The PrEP-Pro intervention comprises 3 main components guided by the Capability-Opportunity-Motivation-Behavior (COM-B) model for behavioral change and the Consolidated Framework for Implementation Research (CFIR): (1) provider HIV epidemiology and PrEP education, (2) sexual history taking, and (3) PrEP Champions. In phase 1, we will work with community advisory boards (providers and clients) and then conduct focus groups with FM trainees to adapt content to train FM residents on HIV epidemiology and PrEP and develop implementation strategies, including provider-facing tools and client-facing educational materials. In phase 2, we will pretest and then pilot-test the initially adapted PrEP-Pro intervention with FM trainees. FM trainees will complete baseline, 3-, and 6-month questionnaires post PrEP-Pro intervention. We will also conduct in-depth interviews (IDIs) with FM pilot participants, adolescent girls and young women who accessed care after the PrEP-Pro pilot, and key stakeholders. The primary outcomes are PrEP-Pro acceptability and feasibility, which would be assessed using validated instruments at months 3 (among pretest participants) and 6 (among pilot participants). Secondary outcomes will also be assessed, including PrEP knowledge, sexual history-taking attitudes and practices, PrEP prescriptions among adolescent girls and young women encounters, and sexually transmitted infections (STIs) and HIV testing among adolescent girls and young women encounters in 6 months. Results: Study results will be disseminated to practices, state health officials, and other key stakeholders to solicit feedback on implementation opportunities and challenges to inform a hybrid effectiveness implementation trial. Our results will also be presented at local and national conferences and submitted to peer-reviewed journals. Conclusions: As PrEP grows, there is a pressing need to train FM providers and develop appropriate, contextually relevant tools to support PrEP implementation. The PrEP-Pro intervention is a multicomponent intervention to train FM residents across Alabama on sexual history-taking, PrEP provision for adolescent girls and young women, and supporting practice-based PrEP Champions. The PrEP-Pro intervention is anticipated to increase PrEP prescriptions for adolescent girls and young women and expand comprehensive sexual and reproductive health care for adolescent girls and young women in rural and urban Alabama. © Oluwaseyi O Isehunwa, Samantha V Hill, Alex Tobias Menninger, Brook Hubner, Douglas Krakower, Dustin M Long, Madeline C Pratt, Meredith E Clement, Nicholas Van Wagoner, Robin Gaines Lanzi, Tina Simpson, Latesha Elopre, Lynn T Matthews.	adolescent girls and young women (AGYW); community; family medicine; family medicine trainees; HIV; pre-exposure prophylaxis (PrEP); PrEP Pro intervention; prevention; reproductive health; sexual health; teens; training; young women	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Ismail A.; Magni S.; Katahoire A.; Ayebare F.; Siu G.; Semitala F.; Kyambadde P.; Friedland B.; Jarrahian C.; Kilbourne-Brook M.	Exploring user and stakeholder perspectives from South Africa and Uganda to refine microarray patch development for HIV PrEP delivery and as a multipurpose prevention technology	PLOS One	-	-	-	19326203	10.1371/journal.pone.0290568	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169403545&doi=10.1371%2fjournal.pone.0290568&partnerID=40&md5=d4d6c65241b65f3d36559d2002c7e671	Background Oral HIV pre-exposure prophylaxis (PrEP) is highly effective, but alternative delivery options are needed to reach more users. Microarray patches (MAPs), a novel drug-delivery system containing micron-scale projections or "microneedles" that deliver drugs via skin, are being developed to deliver long-acting HIV PrEP and as a multipurpose prevention technology to protect from HIV and unintended pregnancy. We explored whether MAP technology could meet user and health system needs in two African countries. Methods Researchers in South Africa and Uganda conducted 27 focus group discussions, 76 mock-use exercises, and 31 key informant interviews to explore perceptions about MAPs and specific features such as MAP size, duration of protection, delivery indicator, and health system fit. Participants included young women and men from key populations and vulnerable groups at high risk of HIV and/or unintended pregnancy, including adolescent girls and young women; female sex workers and men who have sex with these women; and men who have sex with men. In Uganda, researchers also recruited young women and men from universities and the community as vulnerable groups. Key stakeholders included health care providers, sexual and reproductive health experts, policymakers, and youth activists. Qualitative data were transcribed, translated, coded, and analyzed to explore perspectives and preferences about MAPs. Survey responses after mock-use in Uganda were tabulated to assess satisfaction with MAP features and highlight areas for additional refinement. Results All groups expressed interest in MAP technology, reporting perceived advantages over other methods. Most participants preferred the smallest MAP size for ease of use and discreetness. Some would accept a larger MAP if it provided longer protection. Most preferred a protection duration of 1 to 3 months or longer; others preferred 1-week protection. Upper arm and thigh were the most preferred application sites. Up to 30 minutes of wear time was considered acceptable; some wanted longer to ensure the drug was fully delivered. Self-administration was valued by all groups; most preferred initial training by a provider. Conclusions Potential users and stakeholders showed strong interest in/acceptance of MAP technology, and their feedback identified key improvements for MAP design. If a MAP containing a high-potency antiretroviral or a MAP containing both an antiretroviral and hormonal contraceptive is developed, these products could improve acceptability/uptake of protection options in sub-Saharan Africa. © 2023 Ismail et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	Adolescent, Female, HIV Infections, Homosexuality, Male, Humans, Pregnancy, Sex Workers, Uganda, South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2023	Iwuji C.; Martin C.E.; Pillay D.; Shamu P.; Nzenze S.; Murire M.; Cox L.A.; Miners A.; Llewellyn C.; Mullick S.	Implementation preferences for the management of sexually transmitted infections in the South African health system: A discrete choice experiment	Sexually Transmitted Infections	-	-	-	13684973	10.1136/sextrans-2023-055816	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176379967&doi=10.1136%2fsextrans-2023-055816&partnerID=40&md5=034c6b488d8b29e7081a2a11dbbd637e	Objectives Despite strengthening HIV prevention with the introduction of pre-exposure prophylaxis (PrEP), STI services have remained relatively unchanged and the standard of care remains syndromic management. We used a discrete choice experiment to investigate service users' preferences for the diagnosis and treatment of STIs in South Africa. Methods Between 1 March 2021 and 20 April 2021, a cross-sectional online questionnaire hosted on REDCap was administered through access links sent to WhatsApp support groups for HIV PrEP users and attendees of two primary healthcare clinics and two mobile facilities in the Eastern Cape and Gauteng provinces aged between 18 and 49 years. Participants either self-completed the questionnaire or received support from a research assistant. We used a conditional logit model for the initial analysis and latent class model (LCM) to establish class memberships, with results displayed as ORs and probabilities. Results We enrolled 496 individuals; the majority were female (69%) and <30 years (74%). The LCM showed two distinct groups. The first group, comprising 68% of the participants, showed a strong preference for self-sampling compared with no sampling (OR 2.16, 95% CI 1.62 to 2.88). A clinic follow-up appointment for treatment was less preferable to same-day treatment (OR 0.78, 95% CI 0.63 to 0.95). Contact slip from index patient (OR 0.86, 95% CI 0.76 to 0.96) and healthcare professional (HCP)-initiated partner notification (OR 0.63, 95% CI 0.55 to 0.73) were both less preferable than expedited partner treatment (EPT). The second group included 32% of participants with a lower preference for self-sampling compared with no sampling (OR 0.65, 95% CI 0.41 to 1.04). There was no treatment option that was significantly different from the others; however, there was a strong preference for HCP-initiated partner notification to EPT (OR 1.53, 95% CI 1.10 to 2.12). Conclusions Our results suggest that service users preferred STI testing prior to treatment, with the majority preferring self-taken samples and receiving aetiology-based treatment on the same day. © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY. Published by BMJ.	Bacterial Infections; HIV pre-exposure prophylaxis; PARTNER NOTIFICATION; SEXUAL HEALTH; SYNDROMIC MANAGEMENT	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Izadi L.H.; Mmeje O.; Drabo E.F.; Perin J.; Martin S.; Coleman J.S.	An effectiveness-implementation trial protocol to evaluate PrEP initiation among U.S. cisgender women using eHealth tools vs. standard care	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.1196392	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163622125&doi=10.3389%2ffrph.2023.1196392&partnerID=40&md5=f11622fc5bd7b40abdafb486b742b360	Background: The United States' (U.S.) initiative to End the HIV Epidemic aims to reduce new HIV infections in areas of high HIV prevalence. Despite national efforts to reduce HIV incidence, cisgender women continue to represent approximately one out of every five new HIV diagnoses in the U.S. Taking pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy; however, PrEP initiation among cisgender women is suboptimal, with only 10% of eligible women receiving PrEP prescriptions in 2019. Methods: We designed a trial to test the effectiveness of interventions to increase PrEP initiation, while evaluating the implementation strategy (hybrid type II trial) in seven obstetrics and gynecology (OB/GYN) clinics (two federally qualified health centers, three community-based, and two academic) in Baltimore, Maryland. A total of 42 OB/GYN providers will be enrolled and randomized (1:1:1) into one of three clinical trial arms (standard of care, patient-level intervention, or multi-level intervention). Eligible patients of enrolled providers will receive a sexual health questionnaire before their appointment through the electronic health record's (EHR) patient portal. The questionnaire will be scored in three tiers (low, moderate, and high) to assess HIV risk. Patients at low risk will be offered an HIV test only, while those who score medium or high risk will be included in the clinical trial and assigned to the clinical trial arm associated with their provider. Differences in PrEP initiation, our primary outcome, across the three arms will be analyzed using generalized linear mixed-effect models with logistic regression. We will adjust results for demographic differences observed between arms and examine PrEP initiation stratified by patient's and provider's race and ethnicity.Additionally, a comprehensive economic analysis for each intervention will be conducted. Discussion: We hypothesize that gathering information on sensitive sexual behaviors electronically, communicating HIV risk in an understandable and relatable format to patients and OB/GYN providers, and deploying EHR alerts will increase PrEP initiation and HIV testing. Trial Registration: The trial is registered with ClinicalTrials.gov (NCT05412433) on 09 June 2022. https://clinicaltrials.gov/ct2/show/NCT05412433?term=NCT05412433&draw=2&rank=1. 2023 Izadi, Mmeje, Drabo, Perin, Martin and Coleman.	cisgender women; digital health; EHR intervention; ending the HIV epidemic (EHE); HIV prevention; pre-exposure prophylaxis (PrEP)	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Jackson K.J.; Chitle P.; McCoy S.I.; White D.A.E.	A Systematic Review of HIV Pre-exposure Prophylaxis (PrEP) Implementation in U.S. Emergency Departments: Patient Screening, Prescribing, and Linkage to Care	Journal of Community Health	-	-	-	945145	10.1007/s10900-023-01320-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180263288&doi=10.1007%2fs10900-023-01320-7&partnerID=40&md5=43e9aeb2c6f714a53630b5afbe8770ca	In the pursuit of ending the HIV epidemic, U.S. emergency departments (EDs) have emerged as a valuable setting to increase HIV testing and linkage to care. There is limited data available, however, describing the incorporation of HIV prevention initiatives in U.S. EDs. Over the last decade, HIV pre-exposure prophylaxis (PrEP) has significantly changed the HIV prevention landscape globally and very little is known about the provision of PrEP in U.S. EDs. To address this gap in the literature, we conducted a systematic review of peer-reviewed quantitative studies and conference abstracts spanning July 2012 - October 2022. Of 433 citations, 11 articles and 13 abstracts met our inclusion criteria, representing 18 unique studies addressing PrEP screening, prescribing, and/or linkage to PrEP care. Most studies describe screening processes to identify PrEP-eligible patients (n = 17); most studies leveraged a patient's STI history as initial PrEP eligibility screening criteria. Fewer studies describe PrEP prescribing (n = 2) and/or linkage to PrEP care (n = 8). Findings from this systematic review highlight the potential for U.S. EDs to increase PrEP uptake among individuals at risk for HIV infection. Despite a growing number of studies exploring processes for incorporating PrEP into the ED setting, such studies are small-scale and time limited. Models providing prescribing PrEP in the ED show higher initiation rates than post-discharge engagement models. Electronic health record (EHR)-based HIV screening is valuable, but post-ED linkage rates are low. Our findings emphasize the need to establish best practices for initiating and supporting prevention effective PrEP use in the ED setting. © 2023, The Author(s).	Differentiated service delivery; Emergency department; Emergency medicine; HIV; Pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	JadKarim, Luzan; Wickersham, Jeffrey; Gautam, Kamal; Azwa, Iskandar; Saifi, Rumana; Khati, Antoine; Paudel, Kiran; Ha, Toan; Shrestha, Roman	Correlates of never testing for HIV among men who have sex with men in Malaysia: A cross-sectional study.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0294937	https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0294937	INTRODUCTION: HIV testing uptake remains very low among men who have sex with men (MSM) in Malaysia, a subgroup still bearing a disproportionate HIV burden. Therefore, we sought to identify and measure factors associated with never-testing for HIV among Malaysian MSM to further characterize this subgroup and inform future public health interventions addressing low testing rates in the country. METHODS: We conducted a cross-sectional online survey among Malaysian MSM (August to September 2021). Participants completed questionnaires, including socio-demographic characteristics, HIV/STI testing practices, drug- and sex-related behaviors, and knowledge and attitudes toward HIV prevention services. Out of 1,799 completed surveys, 870 were included in the analysis after eliminating duplicates and incomplete surveys. We used logistic regression to determine factors associated with never-testing for HIV. RESULTS: Overall, one-third of the study participants (33.8%) reported having never tested for HIV. Of those who reported to have tested for HIV (n = 576), half reported that they had tested for HIV in the past 6 months (50.3%). In multivariable logistic regression, MSM with HIV sero-concordant partner (aOR = 3.44, 95% CI = 1.56-7.60), without a prior diagnosis of a sexually transmitted infection (aOR = 2.83, 95% CI = 1.46-5.49), unaware of pre-exposure prophylaxis (PrEP; aOR = 2.71, 95% CI = 1.74-4.21), unaware of someone taking PrEP (aOR = 1.64, 95% CI = 1.15-2.35), and unwilling to use PrEP (aOR = 2.48, 95% CI = 1.43-4.30) had higher odds of never been tested for HIV. In contrast, MSM who were older (aOR = 0.95, 95% CI = 0.93-0.97) and of the Malaya ethnic group (aOR = 0.59, 95% CI = 0.37-0.95) had lower odds of never testing for HIV. CONCLUSION: Our findings shed light on the characteristics of HIV never-testers among MSM in Malaysia. The results indicate the need for innovative strategies to increase the uptake of HIV testing services among members of the MSM community.	Humans; Male; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; *Pre-Exposure Prophylaxis/methods; Malaysia/epidemiology; *Sexual and Gender Minorities; *Sexually Transmitted Diseases; *HIV Infections/diagnosis/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Jaiswal, Jessica; Griffin, Marybec; LoSchiavo, Caleb; Cox, Amanda; Hascher, Kevin; Dunlap, Kandyce; Walters, Suzan; Burton, Wanda M.; Grin, Benjamin; Mumba, Mercy; Eaton, Ellen	Challenges to Providing Integrated HIV Prevention in Substance Use Treatment Settings: Frontline Staff Perspectives on HIV and Sex-Related, Education, Communication and Stigma.	Substance Use and Misuse	-	-	-	1532-2491 1082-6084	10.1080/10826084.2023.2257308	https://www.tandfonline.com/doi/full/10.1080/10826084.2023.2257308	INTRODUCTION: Substance use treatment settings can play a critical role in ending the HIV epidemic. Community-based methadone clinics are potentially useful sites to offer biomedical HIV prevention, but little is known about how clinicians and other clinic staff communicate with patients about sexual behavior and HIV-related topics. METHODS: Thirty semi-structured interviews were conducted at two methadone clinics in Northern New Jersey. Participants included medical providers (physicians, RNs, DNPs), methadone counselors, intake coordinators, lab technicians, and other auxiliary staff members. Results: Three major themes were identified: (1) HIV education is primarily provided by external organizations, (2) there is limited staff-patient communication around HIV and sexual behaviors, and (3) HIV stigma is prevalent among staff and patients. CONCLUSION: To implement PrEP in methadone treatment settings, clinic staff must be able to engage in non-judgmental communication about HIV and sex with patients. Additionally, federal and state funding for HIV prevention in substance use treatment settings must be prioritized to enable clinics to access the necessary training and resources.	HIV, HIV Prevention, Methadone, Substance Use, Substance Use Treatment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Jalil, Emilia Moreira	A Peer-Led Digital Intervention to Reduce HIV Prevention and Care Disparities Among Young Brazilian Transgender Women (The BeT Study): Protocol for an Intervention Study	JMIR Res Protoc	-	-	-	NA	10.2196/44157	https://pubmed.ncbi.nlm.nih.gov/36735296/	Background: The HIV epidemic continues to disproportionately burden marginalized populations despite the availability of effective preventive and therapeutic interventions. Transgender women are severely affected by HIV worldwide including in Brazil and other low- and middle-income countries, with evidence of increasing new infections among young people. There is an urgent need for youth-specific HIV prevention and care interventions for young transgender women in Brazil. Objective: This study aims to (1) address stigma in the Brazilian public health system and (2) reduce barriers to HIV care and prevention with systems navigation among young transgender women aged 18-24 years in Rio de Janeiro, Brazil. Methods: The Brilhar e Transcender (BeT) study is a status-neutral, peer-led, single-arm digital intervention study enrolling 150 young transgender women in Rio de Janeiro, Brazil. The intervention was pilot tested and refined using data from a formative phase. The BeT intervention takes place over 3 months, is delivered remotely via mobile phone and in person by peers, and comprises three components: (1) BeT sessions, (2) digital interactions, and (3) automated messages. Eligibility criteria include identifying as transgender women, being aged 18-24 years, speaking in Portuguese, and living in the Rio de Janeiro metropolitan area in Brazil. The primary outcomes are HIV incidence, pre-exposure prophylaxis uptake, linkage to HIV care, and viral suppression. Primary outcomes were assessed at baseline and quarterly for 12 months. Participants respond to interviewer-based surveys and receive tests for HIV and sexually transmitted infections. Results: The study has been approved by the Brazilian and the US local institutional review boards in accordance with all applicable regulations. Study recruitment began in February 2022 and was completed in early July 2022. Plans are to complete the follow-up assessment of study participants on July 2023, analyze the study data, and disseminate intervention results by December 2023. Conclusions: Interventions to engage a new generation of transgender women in HIV prevention and care are needed to curb the epidemic. The BeT study will evaluate a digital peer-led intervention for young transgender women in Brazil, which builds on ways young people engage in systems and uses peer-led support to empower transgender youth in self-care and health promotion. A promising evaluation of the BeT intervention may lead to the availability of this rapidly scalable status-neutral HIV intervention that can be translated throughout Brazil and other low- and middle-income countries for young transgender women at high risk of or living with HIV.	Brazil; HIV care; HIV prevention; peer-led digital intervention; transgender women; youth.	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Jansen van Vuuren C.J.; Lewis L.; Harkoo I.; Dawood H.; Mansoor L.E.	Experience with Contraceptive Dosage Forms and Interest in Novel PrEP Technologies in Women	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04072-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160249251&doi=10.1007%2fs10461-023-04072-6&partnerID=40&md5=1dc171002d9dc454c8842e7b4dfad195	New pre-exposure prophylaxis (PrEP) strategies tailored to the needs and expectations of individuals at risk of HIV acquisition are needed. In the CAPRISA 082 prospective cohort study in KwaZulu-Natal, South Africa, sexually active women aged 18 to 30 reported, through interviewer-administered questionnaires, on their prior contraceptive experience and interest in both approved and potential future PrEP dosage forms (oral PrEP, long-acting injectable PrEP, and PrEP implants) between March 2016 and February 2018. Univariable and multivariable Poisson regression models with robust standard errors were used to detect associations between women's prior and current contraceptive use and interest in PrEP options. Of 425 women enrolled, 381 (89.6%) had used at least one modern female contraceptive method previously, with injectable depot medroxyprogesterone acetate (DMPA) being used by 79.8% (n = 339). Women were more likely to show interest in a future PrEP implant if they were currently using (aRR 2.1, CI 1.43–3.07, p = 0.0001) or had ever used (aRR 1.65, CI 1.14–2.40, p = 0.0087) a contraceptive implant, and were more likely to choose an implant as their first choice method than the implant-naïve (current users aRR 3.2, CI 1.79–5.73, p < 0.0001; "ever" users aRR 2.12, CI 1.16–3.86, p = 0.0142). Women were more interested in injectable PrEP if they had used injectable contraceptives (current users aRR 1.24, CI 1.06–1.46, p = 0.0088; "ever" users aRR 1.72, CI 1.20–2.48, p = 0.0033); and were more interested in oral PrEP if they had ever used oral contraceptives (aRR 1.3, CI 1.06–1.59, p = 0.0114). This apparent relationship between women's contraceptive experience and their interest in novel forms of PrEP in an equivalent dosage form may play a future role in strengthening HIV prevention efforts in women at high risk of HIV acquisition. © 2023, The Author(s).	Multipurpose preventive technologies; Pre-exposure prophylaxis (PrEP); PrEP preference; Prior contraceptive use; Sexual and reproductive health (SRH)	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Jaramillo, Jahn; Reyes, Nequiel; Atuluru, Pranusha; Payen, Naomie; Taylor, Kayla; Safren, Steven A; Saber, Rana; Harkness, Audrey	Peer ambassador stories: formative qualitative research to enhance the reach of PrEP, HIV testing, and behavioral health treatments to LMSM in South Florida	AIDS Care	-	-	-	9540121	10.1080/09540121.2023.2287736	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181470102&doi=10.1080%2f09540121.2023.2287736&partnerID=40&md5=a4b7c2093121f769d6a8f4582a71704e	Existing HIV prevention interventions, such as pre-exposure prophylaxis (PrEP), and behavioral health treatments inadequately reach Latino men who have sex with men (LMSM) in the US. This study involved formative research to inform the content, design, and implementation of a scalable, low resource implementation strategy–peer ambassador stories–stories from peers to normalize using PrEP, HIV testing, and behavioral health treatment. We conducted semi-structured interviews with 20 LMSM to elucidate their content, design, and implementation preferences for peer ambassador stories. Men were asked about story prompts, story contributor characteristics, story platform features, design preferences, and recommendations for enhancing the adoption and use of the peer ambassador technology platform among LMSM. Interviews were transcribed and analyzed via rapid qualitative analysis. Qualitative analyses identified 14 themes within 4 pre-specified domains. Collectively, the themes unified around the central concept that technology-delivered peer ambassador stories require a personalized, relational, culturally relevant touch to be acceptable and appropriate for LMSM. This study suggests that disseminating peer ambassador stories using electronic platforms and audio/video formats may enhance the reach of services and if they are personalized, relational, and culturally relevant. Findings have broad implications for informing other peer-based strategies to mitigate HIV disparities among LMSM. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	HIV testing; implementation strategy; Latino MSM; peers; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Jenkins, Sarah Y; Resar, Danielle; Panos, Zachary; Staple, Alan; Watkins, Melynda; Ripin, David; Amole, Carolyn	Securing accelerated access to long-acting injectable cabotegravir for HIV prevention in low- and middle-income countries	Journal of the International AIDS Society	-	-	-	NA	10.1002/jia2.26101	https://www.proquest.com/scholarly-journals/securing-accelerated-access-long-acting/docview/2836191198/se-2?accountid=8113	IntroductionReductions in HIV acquisition have slowed, and the global community is significantly off track from global goals. Oral pre-exposure prophylaxis (PrEP) alone cannot address the diverse needs of the millions of people at risk of HIV acquisition. Long-acting injectable cabotegravir (CAB-LA) received United States Food and Drug Administration approval for HIV prevention in December 2021. When studied, CAB-LA demonstrated high effectiveness, provides months of protection versus daily use, is preferred by some users and has the potential to achieve commodity cost reduction. These factors position CAB-LA to catalyse transformation in HIV prevention. Significant work must be undertaken to ensure at-scale uptake in low- and middle-income countries. Leveraging decades of product introduction experience, Clinton Health Access Initiative (CHAI) has developed an innovative roadmap to support equitable CAB-LA introduction, comprising tightly executed market-shaping, product development, regulatory, and programmatic and implementation action.DiscussionProven models exist (e.g. long-acting reversible contraceptives, paediatric tuberculosis treatment and antiretrovirals (ARVs), such as paediatric dolutegravir and tenofovir disoproxil fumarate, lamivudine, and dolutegravir) for partnership-driven, accelerated, impactful product introduction. Based on learnings from these models and needs in the prevention space, CHAI developed a roadmap to maximize the near-term impact of CAB-LA and accelerate the development of, access to and impact of quality-assured, low-cost generic CAB-LA. This roadmap is intended to inform introduction planning and investment decision-making across a range of stakeholders, including donors, governments, manufacturers and other partners working in the HIV prevention space. Elements include (1) ensuring coordination and alignment across partners, and avoiding redundancy experienced during oral PrEP introduction; (2) preparing national programmes and providing support to maximize impact, including the development of national policies, guidelines and introduction plans; system strengthening; quantification and procurement; and addressing evidence needs, among other areas; (3) supporting community engagement, ensuring that demand generation and delivery approaches are person-centred and community-led; (4) incentivizing generic product development through, for example, milestone-based commercialization incentives and product development cost-sharing; and (5) expediting regulatory reviews.ConclusionsAccelerating access to affordable, generic CAB-LA can transform progress towards HIV epidemic control. This vision of impact at scale in prevention is achievable, if informed by results-backed approaches to introduction.	HIV prevention; PrEP; Disease prevention; Decision making; Collaboration; cabotegravir; access; long-acting; LMICs; Human immunodeficiency virus--HIV; United States--US; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Low income groups; Planning; Product introduction; Agreements; Information sharing; Manufacturers; Production costs; Suppliers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Jenkins, Wiley D.; Phillips, Gregory 2nd; Rodriguez, Christofer A.; White, Megan; Agosto, Stacy; Luckey, Georgia S.	Behaviors associated with HIV transmission risk among rural sexual and gender minority and majority residents.	AIDS Care	-	-	-	1360-0451 0954-0121	10.1080/09540121.2023.2179592	https://www.tandfonline.com/doi/full/10.1080/09540121.2023.2179592	Multiple rural states and communities experience elevated rates of human immunodeficiency virus (HIV), often associated with diminished healthcare access and increased drug use. Though a substantial proportion of rural populations are sexual and gender minorities (SGM), little is known of this group regarding substance use, healthcare utilization, and HIV transmission behaviors. During May-July 2021, we surveyed 398 individuals across 22 rural Illinois counties. Participants included cisgender heterosexual males (CHm) and females (CHf) (n = 110); cisgender non-heterosexual males and females (C-MSM and C-WSW; n = 264); and transgender individuals (TG; n = 24). C-MSM participants were more likely to report daily-to-weekly alcohol and illicit drug use prescription medication misuse (versus CHf; aOR = 5.64 2.37-13.41, 4.42 1.56-12.53, and 29.13 3.80-223.20, respectively), and C-MSM participants more frequently reported traveling to meet with romantic/sex partners. Further, more C-MSM and TG than C-WSW reported healthcare avoidance and denial due to their orientation/identity (p < 0.001 and p = 0.011, respectively); 47.6% of C-MSM and 58.3% of TG had not informed their provider about their orientation/identity; and only 8.6% of C-MSM reported ever receiving a pre-exposure prophylaxis (PrEP) recommendation. More work is needed to explore the substance use and sexual behaviors of rural SGM, as well as their healthcare interactions, to better target health and PrEP engagement campaigns.	Humans; Male; Female; Sexual Behavior; Homosexuality, Male; HIV; Rural Population; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; *Transgender Persons; HIV risk; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; sexual and gender minorities; *Substance-Related Disorders; Rural	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Jennings Mayo-Wilson, Larissa; Peterson, Summer K.; Kiyingi, Joshua; Nabunya, Proscovia; Sensoy Bahar, Ozge; Yang, Lyla S.; Witte, Susan S.; Ssewamala, Fred M.	Examining Cash Expenditures and Associated HIV-Related Behaviors Using Financial Diaries in Women Employed by Sex Work in Rural Uganda: Findings from the Kyaterekera Study.	International Journal of Environmental Research and Public Health	-	-	-	1660-4601 1661-7827	10.3390/ijerph20095612	https://www.mdpi.com/1660-4601/20/9/5612	BACKGROUND: Women employed by sex work (WESW) have a high risk of human immunodeficiency virus (HIV) infection and experience economic barriers in accessing care. However, few studies have described their financial lives and the relationship between expenditures and HIV-related behaviors. METHODS: This exploratory study used financial diaries to collect expenditure and income data from WESW in Uganda over 6 months. Data were collected as part of a larger trial that tested the efficacy of an HIV prevention intervention method. Descriptive statistics were used to quantify women's income, relative expenditures, and negative cash balances. Bivariate and multivariate logistic regressions were used to examine the odds of sexual risk behavior or use of HIV medications for several cash scenarios. RESULTS: A total of 163 WESW were enrolled; the participants mean age was 32 years old. Sex work was the sole source of employment for most WESW (99%); their average monthly income was $62.32. Food accounted for the highest proportion of spending (44%) followed by sex work (20%) and housing expenditures (11%). WESW spent the least on health care (5%). Expenditures accounted for a large but variable proportion of these women's income (56% to 101%). Most WESW (74%) experienced a negative cash balance. Some also reported high sex work (28%), health care (24%), and education (28%) costs. The prevalence of condomless sex (77%) and sex with drugs/alcohol (70%) was high compared to use of ART/PrEP (Antiretroviral therapy/Pre-exposure prophylaxis) medications (45%). Women's cash expenditures were not statistically significantly associated with HIV-related behaviors. However, the exploratory study observed a consistent null trend of lower odds of condomless sex (adjusted odds ratio (AOR) = 0.70, 95% confidence interval (CI): 0.28-1.70), sex with drugs/alcohol (AOR = 0.93, 95% CI: 0.42-2.05), and use of ART/PrEP (AOR = 0.80, 95% CI: 0.39-1.67) among women who experienced a negative cash balance versus those who did not. Similar trends were observed for other cash scenarios. CONCLUSION: Financial diaries are a feasible tool to assess the economic lives of vulnerable women. Despite having paid work, most WESW encountered a myriad of financial challenges with limited spending on HIV prevention. Financial protections and additional income-generating activities may improve their status. More robust research is needed to understand the potentially complex relationship between income, expenditures, and HIV risk among vulnerable sex workers.	Adult; Humans; Female; Sexual Behavior; HIV; Uganda; *Sex Work; Health Expenditures; Uganda/epidemiology; female sex workers; clinical trial; *HIV Infections/prevention & control; sexual risk behaviors; financial diaries	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Jennings Mayo-Wilson, Larissa; Yen, Bing-Jie; Nabunya, Proscovia; Bahar, Ozge Sensoy; Wright, Brittanni N.; Kiyingi, Joshua; Filippone, Prema L.; Mwebembezi, Abel; Kagaayi, Joseph; Tozan, Yesim; Nabayinda, Josephine; Witte, Susan S.; Ssewamala, Fred M.	Economic Abuse and Care-seeking Practices for HIV and Financial Support Services in Women Employed by Sex Work: A Cross-Sectional Baseline Assessment of a Clinical Trial Cohort in Uganda.	Journal of Interpersonal Violence	-	-	-	1552-6518 0886-2605	10.1177/08862605221093680	https://journals.sagepub.com/doi/10.1177/08862605221093680	Economic hardship is a driver of entry into sex work, which is associated with high HIV risk. Yet, little is known about economic abuse in women employed by sex work (WESW) and its relationship to uptake of HIV prevention and financial support services. This study used cross-sectional baseline data from a multisite, longitudinal clinical trial that tests the efficacy of adding economic empowerment to traditional HIV risk reduction education on HIV incidence in 542 WESW. Mixed effects logistic and linear regressions were used to examine associations in reported economic abuse by demographic characteristics, sexual behaviors, HIV care-seeking, and financial care-seeking. Mean age was 31.4 years. Most WESW were unmarried (74%) and had less than primary school education (64%). 48% had savings, and 72% had debt. 93% reported at least one economic abuse incident. Common incidents included being forced to ask for money (80%), having financial information kept from them (61%), and being forced to disclose how money was spent (56%). WESW also reported partners/relatives spending money needed for bills (45%), not paying bills (38%), threatening them to quit their job(s) (38%), and using physical violence when earning income (24%). Married/partnered WESW (OR = 2.68, 95% CI:1.60-4.48), those with debt (OR = 1.70, 95% CI:1.04-2.77), and those with sex-work bosses (OR = 1.90, 95% CI:1.07-3.38) had higher economic abuse. Condomless sex (β = +4.43, p < .05) was higher among WESW experiencing economic abuse, who also had lower odds of initiating PrEP (OR = .39, 95% CI:.17-.89). WESW experiencing economic abuse were also more likely to ask for cash among relatives (OR = 2.36, 95% CI:1.13-4.94) or banks (OR = 2.12, 95% CI:1.11-4.03). The high prevalence of HIV and economic abuse in WESW underscores the importance of integrating financial empowerment in HIV risk reduction interventions for WESW, including education about economic abuse and strategies to address it. Programs focusing on violence against women should also consider economic barriers to accessing HIV prevention services.	Adult; Humans; Female; Cross-Sectional Studies; HIV; Uganda; *Sex Work; female sex workers; Financial Support; violence; *HIV Infections/prevention & control/epidemiology; sexual risk behaviors; economic abuse	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Ji, Yadong	THE POWER OF "WE": USING INCLUSIVE PRONOUNS IN NORM-BASED MESSAGES TO PROMOTE PREP-RELATED INFORMATION SEEKING AMONG MEN WHO HAVE SEX WITH MEN	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2023.35.4.268	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166421557&doi=10.1521%2faeap.2023.35.4.268&partnerID=40&md5=d855a4ba89346f76ead72ade88542bc6	Pre-exposure prophylaxis (PrEP) is an effective medicine preventing HIV transmission. This study designs and tests normative messages that promote PrEP-related information seeking among men who have sex with men (MSM) (n = 410). Two factors were manipulated in normative messaging: type of norm (descriptive "people do" vs. injunctive "people should") and type of pronoun (individual "you" vs. collective "we"). The results favored the use of descriptive normative appeal and collective pronouns in normative message design. For health campaigns that target MSM's PrEP-related behaviors, this study suggests that descriptive norms may increase behavioral changes whereas injunctive norms may appear intrusive and backfire. At the same time, using inclusive agency assignment (e.g., pronouns) may encourage HIV prevention through provoking solidarity considerations. © 2023 The Guilford Press.	HIV prevention; information seeking; normative message; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Jin G.; Shi H.; Du J.; Guo H.; Yuan G.; Yang H.; Zhu Z.; Zhang J.; Zhang K.; Zhang X.; Lu X.; Xu W.; Wang S.; Hao J.; Sun Y.; Su P.; Zhang Z.	Pre-Exposure Prophylaxis Care Continuum for HIV Risk Populations: An Umbrella Review of Systematic Reviews and Meta-Analyses	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2023.0158	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179065655&doi=10.1089%2fapc.2023.0158&partnerID=40&md5=faa9305365b77e965f4d46e134bd9f5b	Pre-exposure prophylaxis (PrEP) is an effective biomedical strategy for HIV prevention. This umbrella review is aimed at providing a comprehensive summary of the current status of each stage of the PrEP care cascade. A systematic literature search was conducted in PubMed, Embase, and Cochrane. Additionally, a Measurement Tool to Assess Systematic Reviews 2 (AMSTAR-2) tool and Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) checklist were used to evaluate their methodological and reporting quality, respectively. A total of 30 systematic reviews met the inclusion criteria. According to the results of methodological quality assessment, 3 reviews were rated as low, while 27 as critically low. Furthermore, the results of the reporting quality evaluation revealed a mean score of 23.03 for the included reviews. Across all the reviews, awareness of PrEP was generally moderate in all populations, and the acceptability was even higher compared with awareness. Unfortunately, the PrEP uptake among different groups was even less optimal, although the adherence was almost above moderate, and several barriers that hindered the utilization of PrEP were identified, and the most common are as follows: cost, stigma, lack of knowledge, mistrust, low risk perception, and more. Although PrEP has proven to be an effective prevention method to date, the promotion of PrEP failed to achieve the anticipated outcome. To reinforce the generalization of and use of PrEP, and effectively control HIV transmission, it is urgent to identify the underlying causes of low uptake rates so that efficient interventions can be implemented. © Mary Ann Liebert, Inc.	HIV; pre-exposure prophylaxis; PrEP care continuum; review	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Theses and Dissertations	2023	Johansen, Marianne	HI-viruksen ehkäisy lääkkeellisin keinoin : sairaanhoitajan ammatillinen osaaminen	-	-	Theseus	-	NA	NA	http://www.theseus.fi/handle/10024/799164	The aim of this thesis was to produce PowerPoint -slideshow for nurse students about HIV (human immunodeficiency virus) and its medical prevention. The main subject was got to know prevention of HIV by medical means and to examine what nurse's expertise and skills are required during preventive medication. The thesis was carried out in co-operation with Tampere University of Applied Sciences. The data was collected mainly from the literature from the internet and through interview. A nurse from Tampere's University Hospital was interviewed for this study about Nurse's expertise and skills during preventive medication of HIV. The results of making this thesis were, that nurses need to have more education of HIV so they can reach out the patients who would benefit from pre-exposure prophylaxis medication. A nurse from Tampere's University Hospital who was interviewed for this thesis told that there are still prejudices towards people with HIV infection. That is also why nurses need to have more education about HIV and its medical prevention, so prejudices set by health care workers can decrease. This thesis could be developed or…	HIV, pep, prep	Finnish	Finland	Western and Central Europe and North America	Finland	Western and Central Europe and North America	-	-	Qualitative
Article	2023	John S.A.; Zapata J.P.; Dang M.; Pleuhs B.; O'Neil A.; Hirshfield S.; Walsh J.L.; Petroll A.E.; Quinn K.G.	Exploring preferences and decision-making about long-acting injectable HIV pre-exposure prophylaxis (PrEP) among young sexual minority men 17–24 years old	Scientific Reports	-	-	-	20452322	10.1038/s41598-023-32014-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151182091&doi=10.1038%2fs41598-023-32014-8&partnerID=40&md5=a90c26e1fc3887553cf2e056a4dac677	Intramuscular cabotegravir for long-acting injectable HIV pre-exposure prophylaxis (i.e., LAI-PrEP) was approved by the U.S. FDA in 2021. We sought to explore LAI-PrEP decision-making among a nationwide sample of young sexual minority men (YSMM) 17–24 years old. In 2020, HIV-negative/unknown YSMM (n = 41) who met CDC criteria for PrEP were recruited online to participate in synchronous online focus groups eliciting preferences and opinions about LAI-PrEP, as well as the impact of a potential self-administered option. Data were analyzed using inductive and deductive thematic analysis with constant comparison. Preferences and decision-making about LAI-PrEP varied widely among YSMM, with participants frequently comparing LAI-PrEP to oral PrEP regimens. We identified five key themes related to LAI-PrEP decision-making including concerns about adherence to PrEP dosing and clinic appointments, awareness and knowledge of PrEP safety and efficacy data, comfort with needles, minimizing PrEP stigma, and considerations of self-administration. YSMM acknowledged more PrEP options as beneficial to supporting uptake and persistence. © 2023, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Johnson A.K.; Devlin S.; Haider S.; Oehler C.; Rivera J.; Alvarez I.; Ridgway J.	Evaluation of multiple data sources for predicting increased need for HIV prevention among cisgender women: understanding missed opportunities for Pre-exposure Prophylaxis (PrEP)	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-023-08719-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176134814&doi=10.1186%2fs12879-023-08719-6&partnerID=40&md5=cb27468174788e9ef532da3af54e0548	Background: Ciswomen constitute a disproportionately low percentage of pre-exposure prophylaxis for HIV prevention (PrEP) users compared to men. Despite PrEP's effectiveness, women are 5.25 times less likely to take PrEP than men. Identifying women who have increased reasons for HIV prevention and educating and offering PrEP to these women is crucial to reducing HIV transmission and overall health equity. However, the best method of identifying women at highest risk of acquiring HIV remains unknown. This study aimed to identify common HIV risk factors and data sources for identifying these common factors (e.g., electronic medical record data, open source neighborhood data), as well as potential intervention points and missed opportunities for PrEP linkage. Methods: We conducted an evaluation of multiple data sources: semi-structured qualitative interviews, electronic medical record (EMR) chart abstraction, and open source data abstraction. We accessed EMRs for enrolled participants and all participants signed a standard release of medical information (ROI) form for all institutions at which they had received medical care for the five-year period preceding their HIV diagnosis. Data were abstracted using a standardized procedure. Both structured and unstructured fields (i.e., narrative text of free notes) within the EMR were examined and included for analysis. Finally, open data sources (e.g., STI cases, HIV prevalence) were examined by community area of Chicago. Open data sources were used to examine several factors contributing to the overall Economic Hardship Index (EHI) score. We used these calculated scores to assess the economic hardship within participants' neighborhoods. Results: A total of 18 cisgender women with HIV participated in our study. Participants were mostly Black/African American (55.6%) and young (median age of 34). Our analysis identified two main themes influencing HIV risk among participants: contextual factors and relationship factors. Further, potential pre-diagnosis intervention points and missed opportunities were identified during reproductive health/prenatal visits, behavioral/mental health visits, and routine STI testing. Our evaluation of multiple data sources included investigating the presence or absence of information in the EMR (STI history, HIV testing, substance use, etc.) as well as whether pertinent information could be gathered from open access sources. Conclusion: Ciswomen recently diagnosed with HIV identified many shared experiences, including syndemic conditions like mental illness and substance abuse, sex with men who have sex with men, and frequent moving in areas with high HIV incidence prior to their diagnosis. It is imperative that providers ask patients about social history, information about partners, and other key variables, in addition to the standardized questions. Findings can be used to better recognize ciswomen most vulnerable to HIV and offer PrEP to them, reducing HIV transmission. © 2023, The Author(s).	Data sources HIV prevention; HIV; Pre-exposure prophylaxis; Women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Johnson J.T.; Hall L.D.; Florestal-Kevelier R.D.	Practical insights from the Human Rights Campaign's HBCU PrEP peer educator program	Journal of LGBT Youth	-	-	-	19361653	10.1080/19361653.2023.2297270	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182193760&doi=10.1080%2f19361653.2023.2297270&partnerID=40&md5=707106371f87ea7451524327886a384b	The recent surge of anti-lesbian, gay, bisexual, trans*, queer, intersex, and asexual+ (LGBTQIA+) state legislative bills throughout the United States prompt one to consider the multiple ways Black LGBTQIA + students in historically Black college and university (HBCU) settings will encounter challenges within and outside healthcare settings. Thus, through this innovative practice brief, we lift practical insights from the Human Rights Campaign's HBCU PrEP Peer Educator Program. We provided an overview of the peer educator program and then describe the program's components and we offered future implications for practice. © 2024 Taylor & Francis Group, LLC.	HBCUs; health peer educators; HIV/AIDS; LGBTQIA + students	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Johnson M.M.; Brooks N.; Amico K.R.	Missed Opportunities When We Focus only on Risk: Using the Concerns Based Conversation Starter to Identify Potential PrEP Candidates	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-03993-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146892191&doi=10.1007%2fs10461-023-03993-6&partnerID=40&md5=437130285fb069985d92a2fde81ee618	Collection and use of self-reported HIV sexual risk-behaviors to identify pre-exposure prophylaxis (PrEP) candidates is common practice in PrEP providing and referral services. Critiques of this strategy highlight overreliance on self-report and contribution to ongoing PrEP stigma. As an alternative (or complimentary) approach, we evaluated a 5-item Concerns Based Conversation Starter (CBCS) that could be used to identify individuals who could benefit from PrEP. The CBCS was included in the 2019 cycle of the American Men's Internet Survey. Item responses were characterized overall and in relation to CDC risk-based PrEP indication and reported willingness to use PrEP. In total, 1606 HIV-negative men who have sex with men not on PrEP were evaluated. Of these, 50% were below the age of 25, 11% Black, 16% Latino, and 64% White. Across the sample, 61% (986) met risk-based criteria for PrEP indication, 80% (1278) were identified by the CBCS, and 52% (835) were flagged by both. The CBCS uniquely identified 28% (443) for follow-up PrEP discussions that would have been missed by a risk-based only approach. Only 9% (151) of the sample had risk-based indication but did not report concerns. Over half of those flagged by the CBCS expressed willingness to use PrEP. The CBCS identified more people than a risk-based indication approach, with most also reporting an interest in using PrEP. A small percentage of risk-indicated participants were 'missed' by the CBCS. As PrEP options and access points expand, implementation tools like the CBCS can facilitate more wide-scale, values-focused PrEP implementation. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	PrEP implementation; PrEP indication; PrEP roll-out; Risk; Screener	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Johnson, Ariana L; Butts, Stefani A; Rodriguez, Edda; Craker, Lacey; Kanamori, Mariano; Doblecki-Lewis, Susanne	"Test-To-PrEP": Assessing Reach and Adoption of a New Approach to Increase HIV Testing and PrEP Knowledge Using HIV Self-Test Kit Distribution Through PrEP Clients' Social Networks.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000003294	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10651164	BACKGROUND: HIV self-testing (HIVST) can increase the reach of HIV testing. Preexposure prophylaxis (PrEP) clients may be ideal distributors of HIVST kits and PrEP information within their social networks. This study uses the Reach, Effectiveness, Adoption, Implementation, and Maintenance framework to evaluate the distribution of HIVST bundled with PrEP information ("Test-to-PrEP" kits) among egocentric friendship networks of PrEP users. METHODS: The study was conducted in Miami from November 2021 to March 2022. Enrolled PrEP clients (egos; n = 100) were offered Test-to-PrEP kits for distribution. Egos and Test-to-PrEP kit users completed brief online surveys. Descriptive statistics are reported for participants, their reported network members, and users of the Test-to-PrEP kits. Logistic and Poisson regression assessed the relationship between characteristics of egos, alters, and the distribution of Test-to-PrEP kits. RESULTS: The 100 enrolled egos reported a total of 414 alters. Participants received 293 Test-to-PrEP kits for distribution with 47 of the 100 participants distributing at least 1 kit. Of those who scanned the quick-response code and responded to the survey, 16.2% reported no previous HIV test and 38.5% reported no prior knowledge of PrEP; 32.5% reported interest in distributing Test-to-PrEP kits, 3 successfully distributed kits, and 2 initiated PrEP. CONCLUSIONS: An approach using PrEP clients' social networks can disseminate HIVST bundled with PrEP information to critical populations including individuals lacking knowledge of PrEP or who have never been tested for HIV. Future studies will assess whether this use of network effects can increase reach and efficiency of HIV testing and PrEP information distribution.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	Jonathan David Walter Mullins	Are individual-level psychosocial resiliencies associated with the use of Combination HIV prevention strategies among HIV-seronegative middle-aged and aging men who have sex with men?	-	-	Universidade do Porto	-	NA	NA	https://hdl.handle.net/10216/156032	Background: Men who have sex with men (MSM) over the age of 50 are at high risk of HIV infection. With the introduction of highly effective biomedical prevention strategies like pre-exposure prophylaxis (PrEP), MSM now have more options to prevent HIV than ever before. However, the selection of appropriate behavioral or biomedical prevention strategies can be challenging. There is limited information on the association between resilience and HIV prevention strategies in older MSM. Research on this topic could inform future strengths-based interventions to promote the use of CHP strategies in this population. Objectives: The goal of our study was to investigate the relationship between individual-level psychosocial resilience and the selection of CHP strategies among HIV-negative older MSM in the US. Methods: This cross-sectional study used data from the "Understanding Patterns of Healthy Aging in Men Who Have Sex with Men" sub-study of the Multicenter AIDS Cohort Study. Participants' self-reported use of HIV prevention strategies such as condom use, abstention from anal sex, pre-exposure prophylaxis use, post-exposure prophylaxis use, pulling out before cumming, and discussion viral load and HIV status before sex were used to develop latent classes of CHP strategies in a previous study by Meanley et al (2022). The three latent classes identified were high CHP overall, high anal sex abstention, and low prevention overall. Multivariate models adjusting for age, race/ethnicity, education, condomless anal sex, alcohol consumption, and recreational drug use were used to assess the association between individual-level psychosocial resilience as measured by the RS-14 scale and membership in latent classes of CHP strategies. Results: Our sample included 293 HIV-negative older MSM who were mostly white (82.6%) and college educated (94.9%), with a median age of 63. The low CHP overall class included 43.0% of the sample, low prevention overall included 42.0%, and high anal sex abstention included 15.0%. We found a statistically significant association between every 5-unit increase in RS-14 score and membership in the high CHP overall class when compared with the low CHP overall class (OR: 1.121 95% CI: 1.014-1.241). Conclusions: Our results aligned with emerging research that has found a positive association between resilience and HIV prevention strategies used by MSM. However, previous work has not focused on older populations of MSM or combination HIV prevention strategies, making our results a valuable contribution to the HIV prevention field. These findings can inform the development of resilience-based interventions in this population.	NA	English	Portugal	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative

Article	2023	Jones M.K.D.; Jones K.; Almirol E.; Payne G.; Graves B.; Schneider J.A.; Rijos D.; Zawitz C.; Zimmerman R.; Seal D.W.; Brewer R.; DrPH R.B.	Examining the Awareness, Acceptability, and Adoption of Conventional and non-conventional Forms of Pre-Exposure Prophylaxis (PrEP) for HIV Prevention Among jail-involved Black Sexual Minority men (BSMM) and Black Transgender Women (BTW) in Two Diverse US Cities	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03866-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140293767&doi=10.1007%2fs10461-022-03866-4&partnerID=40&md5=cd464db703c952e34a3ca17191c0025d	Black sexual minority men (BSMM) and Black transgender women (BTW) are disproportionately impacted by HIV and incarceration in the United States. In-depth interviews (N=34) and ongoing thematic analysis guided by the Exploration Phase of the Exploration, Preparation, Implementation, Sustainment framework were conducted to uncover key themes focused on the awareness, acceptability, and early adoption of conventional (i.e., daily oral pill) and non-conventional forms of PrEP (i.e., long-acting injectable, e-prescription for pick up post release) among jail-involved BSMM and BTW in Chicago, Illinois and Baton Rouge, Louisiana. The majority of participants were cisgender BSMM (88%) and were enrolled in Chicago (65%). There was greater awareness, availability, and adoption of conventional PrEP and non-conventional PrEP e-prescription for pick up post release among Chicago participants compared with Baton Rouge participants. Participants were largely receptive to all three forms of PrEP and stated a high need for HIV prevention in jails and immediately following release. PrEP stigma emerged as a major barrier to conventional daily PrEP adoption while incarcerated; potential misuse (e.g., pill selling) as a potential barrier to PrEP eprescription; and needle aversion and added clinic time as potential barriers to longacting injectable (LAI)-PrEP. Participants indicated that PrEP e-prescription could help support continuity of care post release and highlighted reduced stigma, convenience, and longer-term HIV protection as benefits for LAI-PrEP. Study findings provided context-specific information to inform the implementation of future PrEP interventions for jail-involved BSMM and BTW in two highly HIV-impacted jurisdictions. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black gay men; Black transgender women; jails; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Jones, Jeb; Butler, Gareth; Woody, Meaghan; Castel, Amanda D.; Kulie, Paige; Sheets, Martha; Scheim, Ayden I.; Reisner, Sari L.; Valencia, Rachel; Wang, Minglun; Stekler, Joanne D.; Sullivan, Patrick S.; Stephenson, Rob	Preferences for and Experiences of an HIV-Prevention Mobile App Designed for Transmasculine People: Pilot Feasibility Trial and Qualitative Investigation.	JMIR Formative Research	-	-	-	2561-326X	10.2196/51055	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10557014/	BACKGROUND: Transmasculine people are at risk for HIV; yet few HIV prevention interventions have been developed for this population. We adapted an existing HIV prevention smartphone app for cisgender men who have sex with men to meet the sexual health needs of transmasculine people. OBJECTIVE: This study aims to assess the acceptability of the adapted app, Transpire, among transmasculine people living in Atlanta, Georgia, and Washington, DC, via in-depth interviews of participants in a pilot feasibility trial. METHODS: Participants used the Transpire app for 3 months as part of a pilot study of the app. Eligible participants were aged 18-34 years. There were no eligibility criteria with respect to race and ethnicity, and most participants were non-Hispanic White. At the end of the follow-up, participants were invited to participate in web-based in-depth interviews to discuss their experiences using the app and feedback on design and content. Interviews were transcribed and coded using a constant comparative approach. Three main themes were identified: sexual behavior, app experiences and feedback, and pre-exposure prophylaxis. RESULTS: Overall, participants found the app acceptable and thought that it would be a useful tool for themselves and their peers. Participants reported appreciating having a comprehensive information source available to them on their phones and reported learning more about HIV, sexually transmitted infections, and pre-exposure prophylaxis via the app. They also reported appreciating the inclusive language that was used throughout the app. Although the app included some resources on mental health and substance use, participants reported that they would have appreciated more resources and information in these areas as well as more comprehensive information about other health concerns, including hormone therapy. Representative quotes are presented for each of the identified themes. CONCLUSIONS: There is a desire to have greater access to reliable sexual health information among transmasculine people. Mobile apps like Transpire are an acceptable intervention to increase access to this information and other resources. More evidence is needed, however, from more racially and ethnically diverse samples of transmasculine people.	HIV; prevention; STI; transgender; sexual health; mHealth; sexual risk behavior; smartphone; mobile app; preference; app-based intervention; cisgender; meta-analyses; transmasculine	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Jones, Jeb; Stephenson, Rob; Edwards, O Winslow; Merrill, Leland; Martinez, Cristian Acero; Sullivan, Patrick S	Willingness to Participate in and Preferences for Studies of mHealth HIV Prevention Interventions: Cross-Sectional Study Among Sexual and Gender Minority Groups in the Southern United States.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04005-3	https://dx.doi.org/10.1007/s10461-023-04005-3	A number of mobile HIV prevention interventions have been developed to increase uptake of HIV prevention services such as HIV testing and pre-exposure prophylaxis (PrEP). Most of these interventions have been tested among urban populations. However, sexual and gender minority (SGM) groups in rural areas might also benefit from mobile HIV prevention interventions. These groups have heightened experiences of stigma and discrimination and have limited access to culturally competent healthcare. We conducted a survey of SGM participants in the southern United States to assess willingness to use the common features of mobile HIV prevention interventions and to participate in research studies of these interventions and to compare the results between rural and non-rural respondents. We found few differences in willingness to use common features of mobile HIV prevention interventions based on rurality and high levels of cellular connectivity across participants. Based on these results, rural residence is not a barrier to using mobile HIV prevention interventions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Jongen V.W.; Van Der Loeff M.F.S.; Van Den Elshout M.; Wijstma E.; Coyer L.; Davidovich U.; De Vries H.J.C.; Prins M.; Hoornenborg E.; Boyd A.	Bacterial sexually transmitted infections are concentrated in subpopulations of men who have sex with men using HIV pre-exposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003676	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173659044&doi=10.1097%2fQAD.0000000000003676&partnerID=40&md5=0c81f753c5a8e0e6c4a23c8cc1cedcef	Objective:Studies have shown varying trends in incidence of sexually transmitted infections (STIs) among individuals using HIV pre-exposure prophylaxis (PrEP). Characterization of individuals at increased risk for STIs may offer an opportunity for targeted STI screening.Design:Group-based trajectory modelingMethods:We screened participants from the AMPrEP demonstration project (2015-2020) for urogenital, anal, and pharyngeal chlamydia and gonorrhea, and syphilis every 3 months and when needed. We identified trajectories of STI incidence within individuals over time and determinants of belonging to a trajectory group. We calculated cumulative proportions of STIs within STI trajectory groups.Results:Three hundred and sixty-six participants with baseline and at least one screening visit during follow-up were included (median follow-up time = 3.7 years interquartile range, IQR = 3.5-3.7). We identified three trajectories of STI incidence: participants with a mean of approximately 0.1 STIs per 3 months ('low overall', 52% of the population), participants with a mean 0.4 STI per 3 months ('medium overall', 43%), and participants with high and fluctuating (between 0.3 and 1 STIs per 3 months) STI incidence ('high and fluctuating', 5%). Participants in the 'low overall' trajectory were significantly older, and reported less chemsex and condomless anal sex with casual partners than participants in the other trajectories. Participants in the 'high and fluctuating' and 'medium overall' groups accounted for respectively 23 and 64% of all STIs observed during follow-up.Conclusions:STI incidence was concentrated in subpopulations of PrEP users who were younger, had more chemsex and condomless anal sex. Screening frequency for STIs could be reduced for subpopulations with low risk for incident STIs. © 2023 The Author(s). Published by Wolters Kluwer Health, Inc.	HIV prevention & control; men who have sex with men; pre-exposure prophylaxis; sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Jongen, Vita W; Reyniers, Thijs; Maarten Schim van der Loeff; Smekens, Tom; Hoornenborg, Elske; van den Elshout, Mark; Zimmermann, Hanne; Coyer, Liza; Kenyon, Chris; Irith De Baetselier; Davidovich, Udi; Henry J. C. de Vries; Prins, Maria; Laga, Marie; Vuylsteke, Bea; Boyd, Anders	Trajectories of PrEP use among men who have sex with men: a pooled analysis of two prospective, observational cohort studies	Journal of the International AIDS Society	-	-	-	NA	10.1002/jia2.26133	https://www.proquest.com/scholarly-journals/trajectories-prep-use-among-men-who-have-sex-with/docview/2842690244/se-2?accountid=8113	IntroductionDaily and event-driven oral pre-exposure prophylaxis (PrEP) reduce the risk of HIV acquisition. PrEP use can vary over time, yet little is known about the trajectories of PrEP use irrespective of the chosen PrEP regimens among men who have sex with men (MSM).MethodsUsing data from a mobile, web-based diary application collected daily from 17 August 2015 until 6 May 2018, we analysed PrEP use and sexual behaviour in two large cohorts, AMPrEP (Amsterdam, the Netherlands) and Be-PrEP-ared (Antwerp, Belgium). In both cohorts, participants could choose between daily and event-driven oral PrEP every 3 months. We used group-based trajectory modelling to identify trajectories of PrEP use over time and their determinants. In addition, we estimated the incidence rate of chlamydia, gonorrhoea and syphilis within these trajectories.ResultsWe included 516 MSM (n = 322 AMPrEP; n = 194 Be-PrEP-ared), of whom 24% chose event-driven PrEP at PrEP initiation. Participants contributed 225,015 days of follow-up (median = 508 days IQR = 429−511). Four distinct PrEP use trajectories were identified: ≤2 tablets per week ("low frequency," 12% of the total population), 4 tablets per week ("variable," 17%), "almost daily" (31%) and "always daily" (41%). Compared to participants with "low frequency" PrEP use, participants with "variable" (odds ratio OR = 2.18, 95% confidence interval CI = 1.04−4.60) and "almost daily" PrEP use were more often AMPrEP participants (OR = 2.64, 95% CI = 1.27−5.49). "Almost daily" PrEP users were more often employed (OR = 6.76, 95% CI = 2.10−21.75) and were younger compared to participants with "low frequency" PrEP use. In addition, the number of days on which anal sex occurred was lower among participants with "low frequency" PrEP use compared to the other groups (all p<0.001). Compared to "low frequency" PrEP users, the incidence rates of chlamydia and gonorrhoea were higher for participants with "almost daily" and "always daily" PrEP use.ConclusionsWe uncovered four distinct PrEP use trajectories, pointing to different patterns of PrEP use in practice beyond the two-regimen dichotomy. These trajectories were related to sexual behaviour and rates of sexually transmitted infection. Tailoring PrEP care according to different PrEP use patterns could be an important strategy to improve efficient PrEP delivery.	Europe; Condoms; Netherlands; pre-exposure prophylaxis; Ethics; men who have sex with men; Infections; Syphilis; Sexual behavior; Transgender persons; Disease prevention; public health; Cohort analysis; Chlamydia; Gonorrhea; Sociodemographics; HIV prevention and control; cohort studies; Missing data; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Variables; Acquired immune deficiency syndrome--AIDS; Medical Sciences; Observational studies	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2023	Jongen, Vita W; Zimmermann, Hanne M L; Goedhart, Marit; Bogaards, Johannes A; Davidovich, Udi; Coyer, Liza; de Vries, Henry J C; Prins, Maria; Hoornenborg, Elske; Schim van der Loeff, Maarten F	Can we screen less frequently for STI among PrEP users? Assessing the effect of biannual STI screening on timing of diagnosis and transmission risk in the AMPrEP Study.	Sexually Transmitted Infections	-	-	-	1472-3263	10.1136/sextrans-2022-055439	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10176338/	BACKGROUND: In many countries, HIV pre-exposure prophylaxis (PrEP) users are screened quarterly for STIs. We assessed the consequences of less frequent STI testing. We also assessed determinants of asymptomatic STI and potential for onward transmission. METHODS: Using data from the AMPrEP study, we assessed the proportion of syphilis, and genital, anal, and pharyngeal chlamydia and gonorrhoea diagnoses which would have been delayed with biannual versus quarterly screening. We assessed the potential for onward transmission by examining reported condomless anal sex (CAS) in periods after to-be-omitted visits when screening biannually. We assessed determinants of incident asymptomatic STIs using Poisson regression and calculated individual risk scores on the basis of the coefficients from this model. RESULTS: We included 366 participants. Median follow-up was 47 months (IQR 43-50). 1,183STIs were diagnosed, of which 932(79%) asymptomatic. With biannual screening, 483 asymptomatic STIs (52%) diagnoses would have been delayed at 364 study visits. Of these visits, 129 (35%), 240 (66%) and 265 (73%) were followed by periods of CAS with steady, known casual or unknown casual partners, respectively. Older participants had a lower risk of asymptomatic STI (incidence rate ratio (IRR) 0.86/10-year increase, 95% CI 0.80 to 0.92), while CAS with known (IRR 1.36, 95% CI 1.10 to 1.68) and unknown (IRR 1.86, 95% CI 1.48 to 2.34) casual partners and chemsex (IRR 1.51, 95% CI 1.28 to 1.78) increased the risk. The individual risk scores had limited predictive value (sensitivity=0.70 (95% CI 0.66 to 0.74), specificity=0.50 (95% CI 0.48 to 0.51)). CONCLUSION: Reducing the STI screening frequency to biannually among PrEP users will likely result in delayed diagnoses, potentially driving onward transmission. Although determinants for asymptomatic STIs were identified, predictive power was low.	PREP, Pre-Exposure Prophylaxis, Chlamydia Infections, NEISSERIA GONORRHOEAE, SYPHILIS	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Joshi, Shivali; Namuddu, Catherine; Kasujja, Francis Xavier; Mirembe, Miriam; Homsy, Jaco; Seeley, Janet; King, Rachel	PrEP uptake and persistence amongst HIV-negative women who exchange sex for money or commodities in Kampala, Uganda: A qualitative inquiry assessing the influence of pregnancy.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0000434	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10298783/	Pregnant young women who exchange sex for money or commodities are at elevated biological and social risk for HIV acquisition. PrEP serves as an effective means of HIV prevention, including during pregnancy. This study aimed to explore attitudes, experiences and challenges with PrEP to understand what motivates or limits PrEP uptake and adherence specifically during pregnancy among this population of young women. Semi-structured interviews were conducted with 23 participants, recruited from the Prevention on PrEP (POPPi) study in the Good Health for Women Project clinic in Kampala, Uganda. POPPi's inclusion criteria comprised of HIV-uninfected women, aged 15-24, who exchange sex for money or commodities. Interviews focused on experience with PrEP and pregnancy. Data were analyzed utilizing a framework analysis approach. Key themes were comprised of participant barriers to and facilitators of PrEP uptake and adherence. Reasons for PrEP initiation included desire for autonomy and agency, mistrust of partners, and social support. Participants expressed challenges with initiating or sustaining their use of PrEP, including pregnancy, PrEP access and perceived or felt stigma. During pregnancy, participants' primary motivators for altering PrEP use were either understanding of PrEP safety for their baby or changes in perceptions of their HIV risk. Many of these factors were similar across participants who had experience with pregnancy and those who did not. This study highlights the importance of addressing barriers to and facilitators of PrEP uptake and persistence, especially during pregnancy where risk is elevated, with a multi-level approach. Community-oriented education, stigma reduction activities alongside access to PrEP, can serve as means for adherence. The development of robust PrEP support services and guidelines regarding PrEP use during pregnancy among high-risk women, and strategies for their implementation, are of utmost importance for the control of HIV in key populations and the elimination of mother-to-child transmission of HIV.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Josma D.; Morris J.; Hopkins R.; Quamina A.; Siegler A.J.; Holland D.; S. Sullivan P.; Harrington K.R.V.; Alohan D.I.; Crawford N.D.	Comparing open-ended question methods to vignette methods to explore willingness to obtain pre-exposure prophylaxis access in pharmacies among black men who have sex with men	AIDS Care	-	-	-	9540121	10.1080/09540121.2023.2185193	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150516205&doi=10.1080%2f09540121.2023.2185193&partnerID=40&md5=68808dac7dd6939fd5390460d80614e0	Black men who have sex with men (BMSM) are at higher risk of HIV transmission than any other group; however, their uptake of the highly effective HIV prevention medication, pre-exposure prophylaxis (PrEP), is low. In collaboration with a communitybased organization in Atlanta, Georgia, we explored ten HIV-negative BMSM's willingness to obtain PrEP in pharmacies using standard open-ended and vignette qualitative methods. Three overarching themes were identified: privacy, patient-pharmacist interactions, and HIV/STI screening. While open-ended questions allowed participants to provide broad answers on their willingness to receive prevention services at a pharmacy, the vignette drew out specific responses to facilitate in-pharmacy PrEP delivery. Using both openended questions and vignette data collection strategies, BMSM reported high willingness to screen for and uptake PrEP in pharmacies. However, the vignette method allowed for greater depth. Open-ended questions elicited responses that highlighted general barriers and facilitators of PrEP dispensing in pharmacies. However, the vignette allowed participants to customize a plan of action that would best fit their needs. Vignette methods are underutilized in HIV research and may be helpful in supplementing standard open-ended interview questions to uncovering unknown challenges about health behaviors and obtain more robust data on highly sensitive research topics in HIV research. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	health disparities; HIV prevention; MSM; PrEP; qualitative research methods	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Kabaghe, Alinune Nathanael; Singano, Victor; Payne, Danielle; Maida, Alice; Nyirenda, Rose; Mirkovic, Kelsey; Jahn, Andreas; Patel, Pragna; Brown, Kristin; Farahani, Mansoor; Kayigamba, Felix; Tenthani, Lyson; Ogollah, Francis; Auld, Andrew; Zulu, Fatima; Msungama, Wezi; Wadonda-Kabondo, Nellie	Awareness of and willingness to use oral pre-exposure prophylaxis (PrEP) for HIV prevention among sexually active adults in Malawi: results from the 2020 Malawi population-based HIV impact assessment.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-023-08683-1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10589952/	BACKGROUND: The World Health Organization recommends Pre-Exposure Prophylaxis (PrEP) for all populations at substantial risk of HIV infection. Understanding PrEP awareness and interest is crucial for designing PrEP programs; however, data are lacking in sub-Saharan Africa. In Malawi, oral PrEP was introduced in 2018. We analyzed data from the 2020 Malawi Population-based HIV Impact Assessment (MPHIA) to assess PrEP awareness and factors associated with PrEP interest in Malawi. METHODS: MPHIA 2020 was a national cross-sectional household-based survey targeting adults aged 15 + years. Oral PrEP was first described to the survey participants as taking a daily pill to reduce the chance of getting HIV. To assess awareness, participants were asked if they had ever heard of PrEP and to assess interest, were asked if they would take PrEP to prevent HIV, regardless of previous PrEP knowledge. Only sexually active HIV-negative participants are included in this analysis. We used multivariable logistic regression to assess sociodemographic factors and behaviors associated with PrEP interest. All results were weighted. RESULTS: We included 13,995 HIV-negative sexually active participants; median age was 29 years old. Overall, 15.0%, 95% confidence interval (CI): 14.2-15.9% of participants were aware of PrEP. More males (adjusted odds ratio (aOR): 1.3, 95% CI: 1.2-1.5), those with secondary (aOR: 1.5, 95% CI: 1.2-2.0) or post-secondary (aOR: 3.4, 95% CI: 2.4-4.9) education and the wealthiest (aOR: 1.6, 95% CI: 1.2-2.0) were aware of PrEP than female, those without education and least wealthy participants, respectively. Overall, 73.0% (95% CI: 71.8-74.1%) of participants were willing to use PrEP. Being male (aOR: 1.2; 95% CI: 1.1-1.3) and having more than one sexual partner (aOR: 1.7 95% CI: 1.4-1.9), were associated higher willingness to use PrEP. CONCLUSIONS: In this survey, prior PrEP knowledge and use were low while PrEP interest was high. High risk sexual behavior was associated with willingness to use PrEP. Strategies to increase PrEP awareness and universal access, may reduce HIV transmission.	NA	English	United Kingdom	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Quantitative
Article	2023	Kabami J.; Kakande E.; Chamie G.; Balzer L.B.; Petersen M.L.; Camlin C.S.; Nyabuti M.; Koss C.A.; Bukusi E.A.; Kamya M.R.; Havlir D.V.; Ayieko J.	Uptake of a patient-centred dynamic choice model for HIV prevention in rural Kenya and Uganda: SEARCH SAPPHIRE study	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26121	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164037801&doi=10.1002%2fjia2.26121&partnerID=40&md5=6edd51284f629773762d2cef49a6f79d	Introduction: Person-centred HIV prevention delivery models that offer structured choices in product, testing and visit location may increase coverage. However, data are lacking on the actual uptake of choices among persons at risk of HIV in southern Africa. In an ongoing randomized study (SEARCH; NCT04810650) in rural East Africa, we evaluated the uptake of choices made when offered in a person-centred, dynamic choice model for HIV prevention. Methods: Using the PRECEDE framework, we developed a person-centred, Dynamic Choice HIV Prevention (DCP) intervention for persons at risk of HIV in three settings in rural Kenya and Uganda: antenatal clinic (ANC), outpatient department (OPD) and in the community. Components include: provider training on product choice (predisposing); flexibility and responsiveness to client desires and choices (pre-exposure prophylaxis PrEP/post-exposure prophylaxis PEP, clinic vs. off-site visits and self- or clinician-based HIV testing) (enabling); and client and staff feedback (reinforcing). All clients received a structured assessment of barriers with personalized plans to address them, mobile phone access to clinicians (24 hours/7 days/week) and integrated reproductive health services. In this interim analysis, we describe the uptake of choices of product, location and testing during the first 24 weeks of follow-up (April 2021−March 2022). Results: A total of 612 (203 ANC, 197 OPD and 212 community) participants were randomized to the person-centred DCP intervention. We delivered the DCP intervention in all three settings with diverse populations: ANC: 39% pregnant; median age: 24 years; OPD: 39% male, median age 27 years; and community: 42% male, median age: 29 years. Baseline choice of PrEP was highest in ANC (98%) vs. OPD (84%) and community (40%); whereas the proportion of adults selecting PEP was higher in the community (46%) vs. OPD (8%) and ANC (1%). Personal preference for off-site visits increased over time (65% at week 24 vs. 35% at baseline). Interest in alternative HIV testing modalities grew over time (38% baseline self-testing vs. 58% at week 24). Conclusions: A person-centred model incorporating structured choice in biomedical prevention and care delivery options in settings with demographically diverse groups, in rural Kenya and Uganda, was responsive to varying personal preferences over time in HIV prevention programmes. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	antenatal; HIV prevention; outpatient and community; PEP; PrEP	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2023	Kakande A.; Ssemata A.S.; Muhumuza R.; Atujuna M.; Abaasa A.; Ndekezi D.; Tshabalala G.; Nematadzira T.; Hornschuh S.; Nomvuyo M.; Ahmed N.; Maluadzi M.; Weiss H.A.; Webb E.; Stranix-Chibanda L.; Dietrich J.J.; Seeley J.; Fox J.	Preferences for oral PrEP dosing among adolescent boys and young men in three sub-Saharan African countries	PLOS One	-	-	-	19326203	10.1371/journal.pone.0285132	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173657914&doi=10.1371%2fjournal.pone.0285132&partnerID=40&md5=4848ae3e6a10e6238f6cf4487dda4589	Background HIV remains a leading contributor to the disease burden in sub-Saharan Africa, with adolescents and young people disproportionately affected. Optimising pre-exposure prophylaxis (PrEP) uptake has predominantly focused on women and adult men who have sex with men. We explore adolescent boys and young men's PrEP uptake preferences in South Africa, Uganda, and Zimbabwe. Methods A cross-sectional sequential exploratory mixed-methods study amongst males aged 13–24 years was conducted between April and September 2019 as part of the CHAPS trial. Group discussions (GDs) and In-Depth Interviews (IDIs) focused on motivations and hindrances for HIV testing, PrEP preference, and reasons for the uptake of PrEP. A thematic approach was used to analyse the qualitative data. A quantitative survey following the qualitative work covered questions on demographics, HIV risk and PrEP preferences (on-demand vs. daily). For quantitative analysis, we fitted logistic regression models to determine factors associated with on-demand vs daily PrEP preference. Results Overall, 647 adolescent boys and young men (median age 20, IQR: 17–22) were enrolled. Of these, 422 (65.22%) preferred on-demand PrEP (South Africa 45.45%, Uganda 76.80%, Zimbabwe 70.35%; p<0.001). Factors independently associated with on-demand PrEP included country (South Africa, adjusted odds ratio (aOR) = 0.19 95%CI:0.1–0.3 compared to Uganda) and advanced planning of sex >24 hours in advance aOR = 1.4 (0.9–2.3) compared to <2 hours. Qualitatively, participants commonly believed they were not at risk of HIV acquisition most of the time and thought that on-demand PrEP would be suitable as they tend to plan sexual activity in advance. Conclusion Preference for on-demand PrEP is high in young males. The qualitative data support a preference for on-demand PrEP in those who plan sex in advance. HIV intervention programs should offer both on-demand and daily PrEP to engage more adolescent boys and young men in HIV prevention practices. Copyright: © 2023 Kakande et al.	AdolescentAdultAnti-HIV AgentsCross-Sectional StudiesFemaleHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure ProphylaxisSexual and Gender MinoritiesSouth AfricaYoung Adult	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2023	Kakande E.R.; Ayieko J.; Sunday H.; Biira E.; Nyabuti M.; Agengo G.; Kabami J.; Aoko C.; Atuhaire H.N.; Sang N.; Owaranganise A.; Litunya J.; Mugoma E.W.; Chamie G.; Peng J.; Schrom J.; Bacon M.C.; Kamya M.R.; Havlir D.V.; Petersen M.L.; Balzer L.B.	A community-based dynamic choice model for HIV prevention improves PrEP and PEP coverage in rural Uganda and Kenya: a cluster randomized trial	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26195	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178850947&doi=10.1002%2fjia2.26195&partnerID=40&md5=d0804f71fa36d90e71b8cede3ed788e9	Introduction: Optimizing HIV prevention may require structured approaches for providing client-centred choices as well as community-based entry points and delivery. We evaluated the effect of a dynamic choice model for HIV prevention, delivered by community health workers (CHWs) with clinician support, on the use of biomedical prevention among persons at risk of HIV in rural East Africa. Methods: We conducted a cluster randomized trial among persons (≥15 years) with current or anticipated HIV risk in 16 villages in Uganda and Kenya (SEARCH; NCT04810650). The intervention was a client-centred HIV prevention model, including (1) structured client choice of product (pre-exposure prophylaxis PrEP or post-exposure prophylaxis PEP), service location (clinic or out-of-clinic) and HIV testing modality (self-test or rapid test), with the ability to switch over time; (2) a structured assessment of patient barriers and development of a personalized support plan; and (3) phone access to a clinician 24/7. The intervention was delivered by CHWs and supported by clinicians who oversaw PrEP and PEP initiation and monitoring. Participants in control villages were referred to local health facilities for HIV prevention services, delivered by Ministry of Health staff. The primary outcome was biomedical prevention coverage: a proportion of 48-week follow-up with self-reported PrEP or PEP use. Results: From May to July 2021, we enrolled 429 people (212 intervention; 217 control): 57% women and 35% aged 15–24 years. Among intervention participants, 58% chose PrEP and 58% chose PEP at least once over follow-up; self-testing increased from 52% (baseline) to 71% (week 48); ≥98% chose out-of-facility service delivery. Among 413 (96%) participants with the primary outcome ascertained, average biomedical prevention coverage was 28.0% in the intervention versus 0.5% in the control: a difference of 27.5% (95% CI: 23.0–31.9%, p<0.001). Impact was larger during periods of self-reported HIV risk: 36.6% coverage in intervention versus 0.9% in control, a difference of 35.7% (95% CI: 27.5–43.9, p<0.001). Intervention effects were seen across subgroups defined by sex, age group and alcohol use. Conclusions: A client-centred dynamic choice HIV prevention intervention, including the option to switch between products and CHW-based delivery in the community, increased biomedical prevention coverage by 27.5%. However, substantial person-time at risk of HIV remained uncovered. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	client-centred; community health worker; dynamic choice; post-exposure prophylaxis; pre-exposure prophylaxis; village health team	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2023	Kalichman, Seth C.; Shkembi, Bruno; El-Krab, Renee	Geometric approach to measuring intersectional stigma among black sexual minority men: reliability and validity in an HIV prevention context.	Sexual Health	-	-	-	1449-8987 1448-5028	10.1071/SH23021	https://www.publish.csiro.au/SH/SH23021	BACKGROUND: Stigma and discrimination experiences attributable to multiple intersecting facets of the self (e.g. intersectional stigma) pose substantial challenges to accessing health services, including HIV prevention. While there have been theoretical advances in understanding multiple co-occurring stigmas, there are few psychometric instruments available to assess intersectional stigma. We have developed an approach to assessing intersectional stigma that conceptualises an intersection in geometric terms, defined as the line that connects points on two (or more) stigma dimensions and calculates scores derived from the geometric definition of intersecting lines. METHODS: Following pilot studies to derive items and response formats, we administered newly developed enacted stigma (24-items) and anticipated stigma (17-items) scales with attributions to race and sexual minority status for stigma experiences to a sample of 422 Black sexual minority men at risk for HIV recruited through social media platforms. RESULTS: The enacted and anticipated intersectional stigma scales, including subscales representing discrimination, interpersonal and felt stigma demonstrated evidence for reliability and construct validity. The enacted stigma scales were associated with medical mistrust, whereas the anticipated stigma scales predicted perceived barriers to using pre-exposure prophylaxis for HIV prevention. CONCLUSIONS: The intersectional stigma scales offer greater specificity in measuring stigma experiences attributed to race, sexual minority status and the intersection of racial-sexual minority status.	Humans; Male; Reproducibility of Results; Social Stigma; *Sexual and Gender Minorities; *Acquired Immunodeficiency Syndrome; *HIV Infections/prevention & control; Trust	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kalinowski, Jolaade; Layland, Eric K.; Eaton, Lisa A.; Watson, Ryan J.	Strong Ethnic Identity Buffers the Association of Heterosexism with Substance Use Among Black Sexual Minority Men.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837 2197-3792	10.1007/s40615-022-01312-8	https://pubmed.ncbi.nlm.nih.gov/35556225/	INTRODUCTION: Heterosexist stigma, including microaggressions experienced in their own racial/ethnic communities, may partially explain disproportionate levels of substance use involvement among Black sexual minority men (BSMM). A strong sense of ethnic identity may provide BSMM with a protective resource. The purpose of this study was to explore associations between ethnic identity and substance use in BSMM. METHODS: Data were from Black sexual minority men (n = 390 M(age) = 25.28; SD = 2.81) in the PrEP and Substance Use National Survey collected from March 2020 to August 2020 that included self-reported cannabis, cocaine, methamphetamines, inhalants, hallucinogens, prescription drugs misuse, and overall substance use involvement. Using zero-inflated negative binomial regression, we assessed the association between heterosexist microaggressions within BSMM's racial/ethnic communities and substance use involvement, moderated by subjective sense of ethnic identity. RESULTS: More than half of participants reported past 3-month substance use. Heterosexist microaggressions were associated with higher relative risk of cannabis use involvement (RR = 1.76; 95% CI 1.13-2.73) and overall substance use involvement (RR = 2.23; 95% CI 1.39-3.56). Stronger ethnic identity buffered the association of heterosexism on substance use involvement (cannabis: RR = 0.82; 95% CI 0.72-0.95; overall: RR = 0.77; 95% CI 0.66-0.89). CONCLUSION: Nurturing ethnic identity development and reducing heterosexist stigma in Black communities may be a culturally responsive, two-pronged approach to reducing substance use involvement among BSMM. BSMM with strong ethnic identity demonstrated resilience to heterosexist stigma. Future research should examine the extent to which ethnic identity may be cultivated as a protective resource against substance use involvement.	Adult; Humans; Male; Black People; Social Stigma; Men; *Sexual and Gender Minorities; Substance use; *Substance-Related Disorders; Social Identification; Black sexual minority men; Ethnic identity; Microaggressions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kalwicz D.A.; Rao S.; Modrakovic D.X.; Zea M.C.; Dovidio J.F.; Magnus M.; Kharfen M.; Patel V.V.; Calabrese S.K.	There are people like me who will see that, and it will just wash over them': Black sexual minority men's perspectives on messaging in PrEP visual advertisements	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2022.2157491	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145503708&doi=10.1080%2f13691058.2022.2157491&partnerID=40&md5=607df6e1c6b23012a6ff16af9b1b87c1	The high incidence of HIV among US Black sexual minority men is a public health crisis that pre-exposure prophylaxis (PrEP) for HIV can help address. Public health campaigns, which often include pictures of Black sexual minority men alongside PrEP-related messaging, have been developed to encourage PrEP awareness and uptake. However, the acceptability of the messaging within these campaigns among Black sexual minority men is unclear. We conducted four focus groups with 18 HIV-negative Black sexual minority men in Washington, DC to explore their perspectives regarding promotional messaging (textual elements) in PrEP visual advertisements, including their reactions to three large-scale public health campaigns. Primary themes included: (1) the need for additional information about PrEP, (2) preference for slogan simplicity, (3) the desire to normalise PrEP use, and (4) mixed views on the inclusion of condoms. Results indicated that the messaging in current PrEP visual advertisements may not sufficiently address Black sexual minority men's questions about PrEP. Providing basic PrEP information and methods to access more information; using simple, unambiguous language; presenting PrEP use in a destigmatising, normalising fashion; and conveying the relevance of condoms if included in the advertisement could help increase the acceptability of future PrEP advertising among Black sexual minority men. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	Black sexual minority men; HIV; pre-exposure prophylaxis; sexual and gender minorities; social marketing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Kamakura M.; Fukuda D.; Kuroishi N.; Ainiwaer D.; Hattori J.	Exploring Current Practice, Knowledge, and Challenges of Sexually Transmitted Infection/HIV Management and Pre-Exposure Prophylaxis Among Japanese Health Care Professionals: A Cross-Sectional Web Survey	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2023.0013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159169868&doi=10.1089%2fapc.2023.0013&partnerID=40&md5=56d1191cf6542ff74e0165bc35969a2b	We conducted a web-based survey targeting physicians in specialties of treating sexually transmitted infection (STI) and/or human immunodeficiency virus (HIV) patients to understand the current STI/HIV care practices and their acceptability of and barriers to the prescription of pre-exposure prophylaxis (PrEP) in Japan. A descriptive analysis was used to summarize survey responses. Univariate and multivariable logistic regression were performed to identify factors associated with willingness to prescribe PrEP. Of 316 survey respondents, 57 were specialized in HIV, 90 STI/Urology/Proctology, 55 Obstetrics/Gynecology, and 114 General Practice/Internal Medicine/Dermatology. Proportion of HIV-specialized physicians who interview the patients about risk behaviors tended to be higher than other physician groups (84.2% vs. 54.8%, 47.3%, and 50.9%, respectively), and 53 - 75% of non-HIV-specialized physicians reported that they were incapable of making decisions on HIV medications. Higher PrEP knowledge enhanced the willingness to recommend and prescribe PrEP drugs (odds ratio: 2.31, 95% confidence interval: 1.30-4.10, p = 0.0044), and 45.4% physicians with no PrEP knowledge raised the concern of incapability to respond and manage when an individual is infected with HIV. Educational opportunities on management and prevention measures for both STI and HIV may encourage non-HIV-specialized physicians to be involved in HIV care and to enhance initiation of HIV tests and adoption of PrEP. Copyright © 2023 Mary Ann Liebert, Inc.	HIV prevention; HIV testing; PrEP; STI; web survey	English	United States	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Quantitative
Article	2023	Kamitani E.; Mizuno Y.; Deluca J.B.; Collins C.B.	Systematic review of alternative HIV preexposure prophylaxis care delivery models to improve preexposure prophylaxis services	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003601	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164844926&doi=10.1097%2fQAD.0000000000003601&partnerID=40&md5=91d8f5f985f2102d281ce424d567e59b	Objectives:To identify types, evidence, and study gaps of alternative HIV preexposure prophylaxis (PrEP) care delivery models in the published literature.Design:Systematic review and narrative synthesis.Methods:We searched in the US Centers for Disease Control and Prevention (CDC) Prevention Research Synthesis (PRS) database through December 2022 (PROSPERO CRD42022311747). We included studies published in English that reported implementation of alternative PrEP care delivery models. Two reviewers independently reviewed the full text and extracted data by using standard forms. Risk of bias was assessed using the adapted Newcastle-Ottawa Quality Assessment Scale. Those that met our study criteria were evaluated for efficacy against CDC Evidence-Based Intervention (EBI) or Evidence-Informed Intervention (EI) criteria or Health Resources and Services Administration Emergency Strategy (ES) criteria, or for applicability by using an assessment based on the Reach, Effectiveness, Adoption, Implementation, and Maintenance framework.Results:This review identified 16 studies published between 2018 and 2022 that implemented alternative prescriber (n = 8), alternative setting for care (n = 4), alternative setting for laboratory screening (n = 1), or a combination of the above (n = 3). The majority of studies were US-based (n = 12) with low risk of bias (n = 11). None of the identified studies met EBI, EI, or ES criteria. Promising applicability was found for pharmacists prescribers, telePrEP, and mail-in testing.Conclusions:Delivery of PrEP services outside of the traditional care system by expanding providers of PrEP care (e.g. pharmacist prescribers), as well as the settings of PrEP care (e.g. telePrEP) and laboratory screening (i.e. mail-in testing) may increase PrEP access and care delivery. © 2023 Lippincott Williams and Wilkins. All rights reserved.	alternative service; collaborative practice agreement; effective intervention; preexposure prophylaxis; self-collection; systematic review; telehealth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Kamitani Emiko; Wichser, Megan E; Mizuno Yuko; DeLuca, Julia B; Higa, Darrel H	What Factors Are Associated With Willingness to Use HIV Pre-exposure Prophylaxis (PrEP) Among U.S. Men Who Have Sex With Men Not on PrEP? A Systematic Review and Meta-analysis	The Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000384	https://www.proquest.com/scholarly-journals/what-factors-are-associated-with-willingness-use/docview/2779204578/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP), an antiretroviral medication to prevent HIV, is becoming more widely available in the United States since the Federal Drug Administration approved it in 2012. However, PrEP use among men who have sex with men (MSM) is still limited and many MSM who are willing to take PrEP are not on PrEP. We performed a systematic review to identify factors associated with willingness to use PrEP among MSM who are not on PrEP. The majority of the 23 relevant studies had low risk of bias and used a cross-sectional design. Willingness was associated with being Hispanic/Latino (odds ratio OR = 1.68, 95% confidence interval CI 1.01-2.78), Black (OR = 1.41, 95% CI 1.02-1.95), younger (OR = 1.08, 95% CI 1.02-1.15), having no college degree (OR = 1.37, 95% CI 1.12-1.59), or low income (OR = 1.21, 95% CI 1.12-1.32). A higher proportion of MSM who had recent condomless anal sex (OR = 1.85, 95% CI 1.49-2.29) were diagnosed with sexually transmitted infection (OR = 1.60, 95% CI 1.27-2.01), or MSM who had multiple sex partners (OR = 1.58, 95% CI 1.07-2.32) were more willing to use PrEP compared with their respective counterparts. Findings suggest that MSM with racial/ethnic minority status, low-socioeconomic status, younger age, and engagement in HIV risk behaviors are willing to take PrEP but may lack access. Study limitations include the inability to conduct meta-analyses on certain predictor variables due to a small number of studies. This review identified MSM subpopulations who may benefit from interventions increasing PrEP access.	HIV; Antiretroviral therapy; Pre-exposure prophylaxis; pre-exposure prophylaxis; Antiretroviral drugs; Men who have sex with men; Sexual behavior; Disease prevention; Systematic review; PrEP uptake; Anal intercourse; Drugs; Risk behavior; associated factors; national HIV goals; Willingness; Meta-analysis; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Gays & lesbians; Mens health; Medical Sciences--Allergology And Immunology; Health services utilization; Ethnic groups; Minority groups; Socioeconomic status	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Kamitani, Emiko; Mizuno, Yuko; Koenig, Linda J	Strategies to Eliminate Inequity in PrEP Services in the US South and Rural Communities.	Journal of the Association of Nurses in AIDS Care	-	-	-	1552-6917	10.1097/JNC.0000000000000437	https://dx.doi.org/10.1097/JNC.0000000000000437	ABSTRACT: Inequity in preexposure prophylaxis (PrEP) care in the US South and rural communities is likely attributed to Social Determinants of Health and structural issues beyond individuals' control. We describe three approaches to modify PrEP care practice models to make access easier-"normalizing," "digitalizing," and "simplifying." "Normalizing" approaches are defined as practice models where medical providers who have access to PrEP candidates prescribe PrEP routinely (e.g., primary care providers, community pharmacists); these approaches are found to be highly applicable in real-world settings. Telehealth and other dHealth tools are examples of "digitalizing" PrEP, and their use has been increasing rapidly since the COVID-19 pandemic. "Simplifying" PrEP care (e.g., with HIV self-testing, on-demand PrEP) is highlighted in the most recent World Health Organization PrEP guideline. Identifying, implementing, and scaling up these new strategies can allow PrEP candidates to access it, potentially addressing inequities and promoting HIV risk reduction in the US South and rural communities.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Kang W.-T.; Zhang G.; Liu T.-T.; Yang X.; Guo J.-H.; Cheng L.-L.; Tang H.-L.; Wang J.-J.	Knowledge awareness and its influencing factors of HIV pre-exposure prophylaxis among MSM	Chinese Journal of Disease Control and Prevention	-	-	-	16743679	10.16462/j.cnki.zhjbkz.2023.01.016	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148520655&doi=10.16462%2fj.cnki.zhjbkz.2023.01.016&partnerID=40&md5=be211bf3abe9c17b821cb8a4f10aadc3	Objective To understand the knowledge awareness and its influencing factors of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in different cities and years. Methods In 2019 and 2021, an electronic questionnaire was used to collect information including sociodemographic characteristics, PrEP knowledge awareness, and behavior characteristics of MSM in Beijing, Shenzhen, and Kunming. Questionnaires were collected by community organizations. Then the influencing factors of PrEP knowledge awareness were analyzed. Results A total of 4 889 questionnaires were collected in the three cities, including 2 399 in 2019 and 2 490 in 2021. The knowledge awareness rates of PrEP in 2019 and 2021 were 6. 29% and 25. 02% respectively. In 2019, multivariate logistic regression analysis model showed that ages (25−<34 years old: OR = 1. 685, 95% CI: 1. 007−2. 821; ≥ 35 years old: OR = 2. 01, 95% CI: 1. 156−3. 497), consulted PrEP (OR = 1. 731, 95% CI: 1. 050−2. 855), heard of PEP (Post-exposure prophylaxis) (OR = 3. 178, 95% CI: 2. 079−4. 860) were related to the PrEP knowledge awareness. In 2021, multivariate logistic regression analysis showed that education (universities or colleges: OR = 3. 291, 95% CI: 1. 595−6. 793; master degree or above:OR = 4. 507, 95% CI: 2. 104− 9. 652), consulted PrEP (OR = 2. 591, 95% CI: 1. 906−3. 521), heard of PEP (OR = 5. 855, 95% CI: 3. 071−11. 161), used PEP (OR = 1. 619, 95% CI: 1. 191−2. 200), used stimulant (OR = 0. 623, 95% CI: 0. 492−0. 789), tested HIV in a year (3−4 times: OR = 2. 140, 95% CI: 1. 265−3. 619; ≥5: OR = 3. 414, 95% CI: 1. 987−5. 865) were related to the PrEP knowledge awareness. Conclusions PrEP knowledge awareness in 2021 has increased significantly compared with 2019 among MSM, but remained low overall. The age, education, HIV testing times, knowledge awareness and uptake of PEP were related to the PrEP knowledge awareness. Comprehensive measures should be continued to strengthen the publicity and education of PrEP to MSM and improve their correct understanding of PrEP. © 2023, Publication Centre of Anhui Medical University. All rights reserved.	AIDS; Men who have sex with men; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Kania Z.; Mijas M.; Grabski B.; Gąsiorowski J.; Pliczko M.	HIV pre-exposure prophylaxis (PrEP) for transgender and nonbinary persons. Literature review and guidelines for professionals	Psychiatria Polska	-	-	-	332674	10.12740/PP/OnlineFirst/144821	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180329070&doi=10.12740%2fPP%2fOnlineFirst%2f144821&partnerID=40&md5=0da512e9db0c9c01215 0f29b6daeee3c	Transgender and nonbinary (TG/NB) persons are listed as one of the key populations in the context of HIV, due to increased risk of HIV infection in this group. HIV prevention, which includes a variety of available methods, should therefore be included in the comprehensive health care for TG/NB persons. One such method is the pre-exposure prophylaxis (PrEP), whose high effectiveness in preventing HIV transmission has already been demonstrated in numerous studies conducted in the cisgender population. However, the available empirical data on its use in TG/NB persons are limited in many respects. This issue is also practically absent in the Polish literature; as a consequence, there are significant gaps in recommendations for professionals involved in the prevention of HIV among TG/NB persons and professionals involved in the comprehensive health care for TG/NB persons. This article 1) outlines the issue of the use of PrEP among TG/NB persons, including the associated challenges for professionals (specialising in physical, as well as mental health); 2) demonstrates the possible applicability of PrEP in TG/NB populations based on available research findings; 3) summarises good practices in counselling and PrEP-related psychoeducational activities, as part of the comprehensive health care for TG/NB individuals. © 2023 Polish Psychiatric Association. All rights reserved.	health services for transgender persons; pre-exposure prophylaxis; transgender	English	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Review
Theses and Dissertations	2023	Karidioula, Jean Marie	Facteurs de prédiction de l'intention des hommes ayant des relations sexuelles avec d'autres hommes au Bénin de continuer l'usage de la Prophylaxie Pré Exposition au VIH	-	-	Université Laval	-	NA	NA	http://hdl.handle.net/20.500.11794/122826	L'infection à virus de l'immunodéficience humaine (VIH) demeure un problème de santé publique mondiale. La majorité des nouvelles infections concernent les populations clés dont les hommes ayant des relations sexuelles avec d'autres hommes (HARSAH). L'usage de la prophylaxie préexposition (PrEP) orale, moyen de prévention de l'infection à VIH sûr et efficace, trouve son intérêt au sein de cette population. Dans le cadre d'un projet visant à démontrer la faisabilité de la PrEP orale chez les HARSAH du Bénin, nous avons analysé les facteurs qui prédisaient l'intention de continuer à utiliser la PrEP à la fin du projet, après 12 mois de suivi. La PrEP orale était proposée en prise quotidienne ou à la demande (avant l'adoption d'un comportement à risque élevé pour le VIH). La préférence des HARSAH pour la PrEP orale ou la PrEP injectable (Cabotégravir injectable à longue durée d'action), si elle était disponible, a été également évaluée. La cohorte a été suivie d'août 2020 à décembre 2021. Les variables à l'étude faisaient partie d'un modèle intégrateur de prédiction du comportement comprenant la théorie de l'action raisonnée, la théorie du comportement planifié et la théorie des comportements interpersonnels. Une régression logistique multivariée a été utilisée pour déterminer les facteurs prédictifs de l'intention de continuer à prendre la PrEP orale. L'aire sous la courbe Receiver Operating Characteristic (ROC) a permis de déterminer la capacité prédictive du modèle. La préférence pour le Cabotégravir a été évaluée avec le test exact de Fisher. Les participants recrutés étaient 204 dont 84,8% ont participé à la visite finale. L'intention de continuer l'utilisation de la PrEP était forte selon l'échelle de Likert chez 54,9% de ces participants. La perception de contrôle, la norme identitaire, la norme morale (qui sont des construits du modèle intégrateur et l'inquiétude d'être infecté par le VIH sous PrEP prédisaient tous positivement une forte intention alors que le niveau d'étude était associé négativement avec la forte intention. La capacité prédictive du modèle était de 93,5% témoignant de sa bonne performance. Le désir de changement pour la PrEP injectable était plus marqué chez les HARSAH sous PrEP quotidienne que chez ceux sous PrEP à la demande (54,5% vs 36,1%, p = 0,0119). Les hommes sous PrEP quotidienne considéraient aussi la PrEP injectable comme étant la plus acceptable (55,4%, vs 34,4%, p < 0,001). Les variables du modèle intégrateur étaient de bons prédicteurs de l'intention. La PrEP injectable pourrait être une bonne alternative à la PrEP orale quotidienne. De plus, elle permettrait d'atténuer les problèmes d'observance liés à la PrEP orale quotidienne.	Virus de l'immunodéficience humaine – Transmission – Bénin – Prévention.; Prophylaxie pré-exposition – Bénin.; Hommes ayant des relations sexuelles avec des hommes – Usage des médicaments – Bénin – Attitudes.; Médicaments – Bénin – Administration.	French	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Clinical
Article	2023	Karnik, Niranjan S.; Kuhns, Lisa M.; Hotton, Anna L.; Del Vecchio, Natascha; McNulty, Moira; Schneider, John; Donenberg, Geri; Keglovitz Baker, Kristin; Diskin, Rose; Muldoon, Abigail; Rivera, Juan; Summersett Williams, Faith; Garofalo, Robert	Findings From the Step Up, Test Up Study of an Electronic Screening and Brief Intervention for Alcohol Misuse in Adolescents and Young Adults Presenting for HIV Testing: Randomized Controlled Efficacy Trial.	JMIR Mental Health	-	-	-	2368-7959	10.2196/43653	https://pubmed.ncbi.nlm.nih.gov/36989027/	BACKGROUND: Substance use, particularly binge drinking of alcohol and noninjection substance use, is associated with increased risk for HIV infection among youth, but structured substance use screening and brief intervention are not often provided as part of HIV risk reduction. OBJECTIVE: The purpose of the study was to test the efficacy of a fully automated electronic screening and brief intervention, called Step Up, Test Up, to reduce alcohol misuse among adolescents and young adults presenting for HIV testing. Secondary objectives were reduction in sexual risk and uptake of pre-exposure prophylaxis (PrEP) for HIV prevention. METHODS: Youth aged 16 years to 25 years who presented for HIV testing at community-based locations were recruited for study participation. Those who screened at moderate to high risk on the Alcohol Use Disorders Identification Test were randomized (1:1) to either an electronic brief intervention or a time-attention control. The primary outcome was change in alcohol use at 1, 3, 6, and 12-month follow-ups. Negative binomial and log binomial regression analyses with generalized estimating equations were conducted to evaluate the intervention efficacy. RESULTS: Among a sample of 329 youth, there were no significant differences in alcohol use outcomes between conditions over time or at the 1, 3, 6, or 12-month time points. In terms of secondary outcomes, there was evidence of reduction in condomless insertive anal sex under the influence of alcohol and drugs at 12 months compared with 3 months in the intervention versus the attention control condition (incidence rate ratio=0.15, 95% CI 0.05-0.44); however, there were no other significant differences in sexual risk and no difference in PrEP engagement. CONCLUSIONS: We found no effect of electronic brief intervention to reduce alcohol use and some effect on sexual risk among youth aged 16 years to 25 years who present for HIV testing. TRIAL REGISTRATION: ClinicalTrials.gov number NCT02703116; https://clinicaltrials.gov/ct2/show/NCT02703116. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-10.1186/s12889-020-8154-6.	HIV; HIV prevention; pre-exposure prophylaxis; prevention; MSM; efficacy; prophylaxis; sexual risk; gay; men who have sex with men; transgender women; homosexual; adolescent; sexual behavior; testing; youth; risk; screening; alcohol; young adult; alcohol intervention; risky	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Karver, TS; Pascual-Bernaldez, M; Berni, A; Hnoosh, A; Castagna, A; Messiaen, P; Puerto, MJG; Bloch, M; Adachi, E; Sinclair, G; Felizarta, F; Angel, JB; Sutton, K; Sutherland-Phillips, D; D'Amico, R; Kerrigan, D	Factors Associated with Health Care Providers' Preference for Forgoing an Oral Lead-In Phase When Initiating Long-Acting Injectable Cabotegravir and Rilpivirine in the SOLAR Clinical Trial	AIDS Patient Care and STDs	-	-	-	NA	10.1089/apc.2022.0168	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02533331/full	Cabotegravir and rilpivirine long-acting (LA) antiretroviral therapy (ART) demonstrated similar safety and efficacy in maintaining viral suppression among participants switching from daily oral to LA ART in the Extension Phase of the FLAIR trial. The Phase IIIb SOLAR study comparing efficacy and safety of daily oral versus LA ART every 2 months allowed participants and health care providers (HCPs) to choose an oral lead-in (OLI) before LA initiation or proceed by immediately starting with injections (SWI). We conducted an online survey among SOLAR HCPs (n = 110) in 13 countries to assess reasons for choosing OLI versus SWI. Logistic regression was used to identify factors influencing this decision. Thirty-two percent of HCPs reported a future preference to use OLI, whereas 54% reported a future preference for SWI. HCPs had greater odds of reporting future intentions for SWI if they were from Continental Europe versus North America adjusted odds ratio (aOR): 3.83, p < 0.05, from sites with a greater number of participants who initiated LA ART without OLI (aOR: 1.56, p < 0.01), and those who reported comfort with the medication safety profile (aOR: 6.39, p < 0.01). HCPs who participated in LA ART trials before SOLAR had decreased odds of reporting a preference for SWI compared to those with no prior LA ART trial experience (aOR: 0.11; p < 0.01). Results indicated higher intentions to SWI over OLI among HCPs initiating participants on LA ART. A major factor associated with SWI was provider comfort with safety data, reinforcing the role of continued training regarding an SWI approach.	*Anti-HIV Agents therapeutic use; *HIV Infections drug therapy; *Human immunodeficiency virus infection /drug therapy; Clinical trial; Human; Humans; Phase 3 clinical trial; Pyridones therapeutic use; Rilpivirine therapeutic use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2023	Katz A.W.K.; Roberts S.; Rousseau E.; Khoza M.N.; Mogaka F.; Bukusi E.; Delany-Moretlwe S.; Bekker L.-G.; Morton J.F.; Johnson R.; Baeten J.M.; Celum C.; Van Der Straten A.	Qualitative Analysis Using Social Maps to Explore Young Women's Experiences with Social Support of their Oral PrEP Use in Kenya and South Africa	Journal of the Association of Nurses in AIDS Care	-	-	-	10553290	10.1097/JNC.0000000000000363	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146696133&doi=10.1097%2fJNC.0000000000000363&partnerID=40&md5=4e2e6b8b9f49954d3fbd003828b9bcdb	Daily oral pre-exposure prophylaxis (PrEP) adherence is challenging. We explored African adolescent girls and young women's (AGYW) perceptions of the social influencers of their PrEP use and the social influencers' PrEP knowledge and support (six focus group discussions; 33 South African and Kenyan AGYW) in the Prevention Options for Women Evaluation Research demonstration project. Participants completed a social mapping exercise indicating strength and direction of influence of members in their social networks. Mothers and counselors were identified as positive influencers and most influential by >50% of participants, sex partners were labeled negative influencers or both positive and negative, and best friends were mostly positive influencers. HIV-and PrEP-related stigma were the major reasons influencers were identified as negative. Participants wanted their social networks to be better educated about PrEP by someone other than the AGYW themselves (e.g., clinic staff) and to support their PrEP use. To improve PrEP adherence, community-and peer-based PrEP sensitization and delivery interventions should be evaluated. © 2023 Elsevier USA. All rights reserved.	Adolescent girls and young women; HIV prevention; Implementation science; PrEP; Qualitative methods; Social mapping; Social support	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Katz I.T.; Ngure K.; Kamolloh K.; Ogello V.; Okombo M.; Thuo N.B.; Owino E.; Garrison L.E.; Lee Y.S.; Nardell M.F.; Anyacheblu C.; Bukusi E.; Mugo N.; Baeten J.M.; Haberer J.E.	Multi-level Factors Driving Pre-exposure Prophylaxis Non-initiation Among Young Women at High Risk for HIV in Kenya	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03748-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135535658&doi=10.1007%2fs10461-022-03748-9&partnerID=40&md5=a4557925e565ca53b80e7e9334c7ee0e	Few studies have focused on understanding pre-exposure prophylaxis (PrEP) non-initiation among young, high-risk women in sub-Saharan Africa. This study aimed to qualitatively explore why young women in Kenya at high-risk for HIV chose not to enroll in a PrEP adherence trial. We performed 40 semi-structured interviews with young high-risk women assessing concerns about PrEP and/or study participation. We also assessed community-level factors influencing decision-making around PrEP through 10 focus groups involving peers, young men, caregivers, and community leaders. Our qualitative data reflect the complexity of navigating barriers preventing PrEP initiation in settings where taking PrEP may be perceived as immoral behavior. Framed within the context of risk perception, the decision to start PrEP may run counter to the potential risk of losing support from one's community. Our findings suggest that approaches addressing social norms, while de-medicalizing HIV prevention services, are needed to further increase PrEP uptake among young Kenyan women. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Kenya; PrEP; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Kaufman, Michelle R.; Wright, Kate; Eschliman, Evan L.; Levine, Deborah; Simon, Jeannette	A Mobile App to Assist the Mentors of African American Young Men Who Have Sex With Men: Usability Study.	JMIR Formative Research	-	-	-	2561-326X	10.2196/48515	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10638633/	BACKGROUND: Mentoring can promote positive youth development. Owing to social and structural factors, young people in underresourced communities often lack adequate access to mentors, and naturally occurring mentors are more common than formal, programmatic mentors. There is little information on the impact of naturally occurring mentors on youth in general and even less on the role that mentors may play in promoting healthy outcomes in sexual and gender minority youth. African American young men who have sex with men (YMSM) are more likely to reside in communities with limited access to formalized mentorship programs and may benefit from naturally occurring mentoring relationships that address health outcomes, specifically related to HIV. OBJECTIVE: This study is a usability test of a mobile app designed for the mentors of African American YMSM to increase mentors' knowledge of and confidence in talking about HIV prevention and related topics with mentees. METHODS: Following consent, eligible and naturally occurring mentoring pairs involving African American YMSM in Baltimore; Philadelphia; and Washington, District of Columbia, tested the app, UrbanMentorHub, for usability. Participants downloaded the app and used it for 1 month, completed pre- and postintervention surveys, and participated in a follow-up focus group discussion. Participants' sociodemographic characteristics and HIV- and mentorship-related measures were characterized using descriptive statistics. Wilcoxon signed rank tests were used to test for pre- and postintervention differences in knowledge, confidence, and outcome expectancy measures. Focus group discussions were audio recorded and transcribed. Transcripts were thematically coded and analyzed to identify ways that UrbanMentorHub could be improved in the mentoring context. RESULTS: Nine mentorship pairs participated in this usability study (N=18). Mentors obtained high scores on knowledge, confidence, outcome expectancies, skills, and intentions related to HIV and mentoring. No pre- or postintervention changes were observed in these measures. Mentors reported usually initiating conversations around HIV testing and pre-exposure prophylaxis; mentees and mentors equally initiated conversations on sexual practices and same-sex relationships. Mentors reported sexual practices as the most frequently discussed topic in the past month and pre-exposure prophylaxis being the least discussed. Mentees reported high comfort with HIV-related conversations. No pre- or postintervention change was observed regarding HIV knowledge. Most mentees reported having discussed most HIV-related topics with their mentor in the past month. Mentor feedback on the app was mostly neutral, although they reported positive perceptions of the idea of the app, indicating the potential for addressing a need in their communities. Mentors suggested ways to improve the app content and design elements. CONCLUSIONS: Although there was no observed statistical change in measured outcomes, and qualitative feedback was overall neutral, the results of this usability study can inform future work to design and promote interventions and resources that support mentoring relationships for African American YMSM.	HIV prevention; MSM; African American; men who have sex with men; youth; mobile app; healthy relationships; mentoring	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Kaul C.M.; Moore B.E.; Kaplan-Lewis E.; Casey E.; Pitts R.A.; Pirallo P.P.; Lim S.; Kapadia F.; Cohen G.M.; Khan M.; Mgbako O.	EquiPrEP: An implementation science protocol for promoting equitable access and uptake of long-acting injectable HIV preexposure prophylaxis (LAI-PrEP)	PLOS One	-	-	-	19326203	10.1371/journal.pone.0291657	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171900171&doi=10.1371%2fjournal.pone.0291657&partnerID=40&md5=5a6292bf6a7d2264872007196bd448e01	Background Long-acting injectable HIV pre-exposure prophylaxis (LAI-PrEP) was approved by the U.S. Food and Drug Administration in December 2021. This initial phase of implementation represents a prime opportunity to ensure equitable LAI-PrEP provision to communities often underrepresented in PrEP care before disparities in access and uptake emerge. Herein, we describe the EquiPrEP Project which utilizes an equity-oriented implementation science framework to optimize LAI-PrEP rollout in an urban safety-net clinic in New York City. Methods The primary objectives of this project are to: (1) increase LAI-PrEP initiation overall; (2) increase uptake among groups disproportionately impacted by the HIV epidemic; (3) preserve high PrEP retention while expanding use; and (4) identify barriers and facilitators to LAI-PrEP use. EquiPrEP will enroll 210 PrEP-eligible participants into LAI-PrEP care with planned follow-up for one year. We will recruit from the following priority populations: Black and/or Latine men who have sex with men, Black and/or Latine cisgender women, and transgender women and nonbinary individuals. To evaluate implementation of LAI-PrEP, we will utilize equity-focused iterations of the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework and the Consolidated Framework for Implementation Research (CFIR), in addition to longitudinal surveys and qualitative interviews. Discussion Novel LAI-PrEP formulations carry tremendous potential to revolutionize the field of HIV prevention. Implementation strategies rooted in equity are needed to ensure that marginalized populations have access to LAI-PrEP and to address the structural factors that hinder initiation and retention in care. © 2023 Kaul et al.	FemaleHIVHIV InfectionsHomosexuality, MaleHumansImplementation ScienceMalePre-Exposure ProphylaxisSexual and Gender MinoritiesUnited States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Keddem, Shimrit; Agha, Aneeza; Morawej, Sabrina; Buck, Amy; Cronholm, Peter; Sonalkar, Sarita; Kearney, Matthew	Characterizing Twitter Content About HIV Pre-exposure Prophylaxis (PrEP) for Women: Qualitative Content Analysis	Journal of Medical Internet Research	-	-	-	1438-8871	doi: 10.2196/43596.	https://pubmed.ncbi.nlm.nih.gov/37166954/	HIV remains a persistent health problem in the United States, especially among women. Approved in 2012, HIV pre-exposure prophylaxis (PrEP) is a daily pill or bimonthly injection that can be taken by individuals at increased risk of contracting HIV to reduce their risk of new infection. Women who are at risk of HIV face numerous barriers to HIV services and information, underscoring the critical need for strategies to increase awareness of evidence-based HIV prevention methods, such as HIV PrEP, among women. We aimed to identify historical trends in the use of Twitter hashtags specific to women and HIV PrEP and explore content about women and PrEP shared through Twitter. This was a qualitative descriptive study using a purposive sample of tweets containing hashtags related to women and HIV PrEP from 2009 to 2022. Tweets were collected via Twitter's API. Each Twitter user profile, tweet, and related links were coded using content analysis, guided by the framework of the Health Belief Model (HBM) to generate results. We used a factor analysis to identify salient clusters of tweets. A total of 1256 tweets from 396 unique users were relevant to our study focus of content about PrEP specifically for women (1256/2908, 43.2% of eligible tweets). We found that this sample of tweets was posted mostly by organizations. The 2 largest groups of individual users were activists and advocates (61/396, 15.4%) and personal users (54/396, 13.6%). Among individual users, most were female (100/166, 60%) and American (256/396, 64.6%). The earliest relevant tweet in our sample was posted in mid-2014 and the number of tweets significantly decreased after 2018. We found that 61% (496/820) of relevant tweets contained links to informational websites intended to provide guidance and resources or promote access to PrEP. Most tweets specifically targeted people of color, including through the use of imagery and symbolism. In addition to inclusive imagery, our factor analysis indicated that more than a third of tweets were intended to share information and promote PrEP to people of color. Less than half of tweets contained any HBM concepts, and only a few contained cues to action. Lastly, while our sample included only tweets relevant to women, we found that the tweets directed to lesbian, gay, bisexual, transgender, queer (LGBTQ) audiences received the highest levels of audience engagement. These findings point to several areas for improvement in future social media campaigns directed at women about PrEP. First, future posts would benefit from including more theoretical constructs, such as self-efficacy and cues to action. Second, organizations posting on Twitter should continue to broaden their audiences and followers to reach more people. Lastly, tweets should leverage the momentum and strategies used by the LGBTQ community to reach broader audiences and destigmatize PrEP use across all communities.	Acquired immune deficiency syndrome; AIDS; Disease prevention; Drug therapy; HIV; HIV (Viruses); HIV Infections - prevention & control; Human immunodeficiency virus; Humans; Pre-Exposure Prophylaxis; Prevention; Female; Sexually transmitted diseases; Women; United States; Analysis; Male; Transgender people; Data collection; Transgender persons; Content analysis; Risk reduction; Social networks; Perceptions; Bisexuality; Empowerment; Original Paper; Sexual orientation; Cues; Trends; Prevention programs; Symbolism; Factor analysis; Preventive medicine; Self-efficacy; Health problems; Application programming interface; Audiences; Health belief model; Health beliefs; Imagery; Information sources; Lesbianism; LGBTQ people; Social Media; Theoretical constructs	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Kenyon, Chris; Herrmann, Björn; Hughes, Gwenda; de Vries, Henry J. C.	Management of asymptomatic sexually transmitted infections in Europe: towards a differentiated, evidence-based approach.	The Lancet Regional Health - Europe	-	-	-	2666-7762	10.1016/j.lanepe.2023.100743	https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00162-X/fulltext	Most sexually transmitted infections (STIs) can be accurately diagnosed and treated during asymptomatic carriage. Widespread screening for these STIs is therefore assumed to be an effective way to reduce their prevalence and associated disease. In this review, we provide evidence that this is the case for HIV and syphilis. However, for other STIs such as Neisseria gonorrhoeae and Chlamydia trachomatis, our review reveals that the evidence that screening reduces infection prevalence and associated disease is weak. There is also growing evidence of harms from screening that might outweigh any benefits. The harms include the increased consumption of antimicrobials that follows frequent screening and increased detection of asymptomatic STIs in key populations, such as men who have sex with men taking HIV pre-exposure prophylaxis, and associated risk of antimicrobial resistance in target and non-target organisms. There may also be psycho-social harm associated with an STI diagnosis. We conclude that in the absence of symptoms, in high STI prevalence populations frequent STI screening should be limited to HIV and syphilis.	NA	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2023	Kerman, Jared; Brewer, Russell; Hotton, Anna; Flores, Rey; Devlin, Samantha A.; Friedman, Eleanor E.; Schneider, John A.; McNulty, Moira C.	Multi-Level and Intersectional Stigma Experienced by Black Transgender Women in Chicago: a Qualitative Study to Inform Sociostructural Interventions for Reducing Stigma and Improving Health Outcomes.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-023-01853-6	https://pubmed.ncbi.nlm.nih.gov/37957538/	BACKGROUND: Stigma contributes to health disparities including increased HIV vulnerability among minority communities. Black transgender women experience multiple forms of stigma (e.g., anticipated, experienced), which can result in poor HIV-related outcomes. We utilized an adapted social ecological model (ASEM) to better understand the levels at which stigma is encountered and its impact on lived experience, particularly related to making healthcare decisions. METHODS: Semi-structured interviews and two focus groups (n = 38) were conducted with Black transgender women and Black transfeminine individuals in Chicago from 2016 to 2017. Participants were asked about discrimination in the community, healthcare experiences, and their thoughts and decision-making process with their healthcare provider regarding HIV pre-exposure prophylaxis. We conducted thematic analysis and organized our findings based on the levels of the ASEM: individual, interpersonal, organizational, community, and structural. RESULTS: Participants experienced and anticipated stigma at each ASEM level. Stigma was not experienced in isolation: stigma experienced at one level caused anticipated stigma at other levels and internalized stigma leading to negative self-image. In each case, stigma adversely impacted health outcomes (e.g., medication nonadherence, disengagement from care). Stigma within healthcare settings, medication-related stigma, and stigma directed at appearance and identity are particularly detrimental to shared decision-making with a healthcare provider. CONCLUSIONS: Recognizing and valuing Black transgender women's experience with stigma are essential for developing social and structural interventions that may work collaboratively across multiple levels of lived experience to reduce stigma and healthcare disparities faced by Black transgender women.	HIV; Stigma; Black transgender women; Social ecological model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Khadka N.; Gorbach P.M.; Nyemba D.C.; Mvududu R.; Mashele N.; Javanbakht M.; Nianogo R.A.; Aldrovandi G.M.; Bekker L.-G.; Coates T.J.; Myer L.; Joseph Davey D.L.	Evaluating the use of oral pre-exposure prophylaxis among pregnant and postpartum adolescent girls and young women in Cape Town, South Africa	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.1224474	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173959164&doi=10.3389%2ffrph.2023.1224474&partnerID=40&md5=ff2eaf28a513bf76e790c91686f32746	Background: Adolescent girls and young women (AGYW) in South Africa are at a higher risk of acquiring HIV. Despite the increasing availability of daily oral pre-exposure prophylaxis (PrEP) for HIV prevention, knowledge on PrEP use during pregnancy and postpartum periods at antenatal care (ANC) facilities remains inadequate. Methods: Data from HIV-uninfected pregnant women in Cape Town, South Africa, were used in this study. These women aged 16–24 years were enrolled in the PrEP in pregnancy and postpartum (PrEP-PP) cohort study during their first ANC visit. Using the PrEP cascade framework, the outcomes of the study were PrEP initiation (prescribed tenofovir disoproxil fumarate and emtricitabine at baseline), continuation (returned for prescription), and persistence quantifiable tenofovir diphosphate (TFV-DP) in dried blood samples. The two primary exposures of this study were risk perception for HIV and baseline HIV risk score (0–5), which comprised condomless sex, more than one sexual partner, partner living with HIV or with unknown serostatus, laboratory-confirmed sexually transmitted infections (STIs), and hazardous alcohol use before pregnancy (Alcohol Use Disorders Identification Test for Consumption score ≥ 3). Logistic regression was used to examine the association between HIV risk and PrEP, adjusting for a priori confounders. Results: A total of 486 pregnant women were included in the study, of which 16% were "adolescents" (aged 16–18 years) and 84% were "young women" (aged 19–24 years). The adolescents initiated ANC later than the young women median = 28 weeks (20–34) vs. 23 weeks (16–34), p = 0.04. Approximately 41% of the AGYW were diagnosed with sexually transmitted infection at baseline. Overall, 83% of the AGYW initiated PrEP use during their first ANC. The percentage of PrEP continuation was 63% at 1 month, 54% at 3 months, and 39% at 6 months. Approximately 27% consistently continued PrEP use through 6 months, while 6% stopped and restarted on PrEP use at 6 months. With a higher risk score of HIV (≥2 vs. ≤1), the AGYW showed higher odds of PrEP continuation adjusted odds ratio: 1.85 (95% CI: 1.12–3.03) through 6 months, adjusting for potential confounders. Undergoing the postpartum period (vs. pregnant) and having lower sexual risk factors were found to be the barriers to PrEP continuation. TFV-DP concentration levels were detected among 49% of the AGYW, and 6% of these women had daily adherence to PrEP at 3 months. Conclusions: AGYW were found to have high oral PrEP initiation, but just over one-third of these women continued PrEP use through 6 months. Pregnant AGYW who had a higher risk of acquiring HIV (due to condomless sex, frequent sex, and STIs) were more likely to continue on PrEP use through the postpartum period. Pregnant and postpartum AGYW require counseling and other types of support, such as community delivery and peer support to improve their effective PrEP use through the postpartum period. Clinical Trial Number: ClinicalTrials.gov, NCT03826199. 2023 Khadka, Gorbach, Nyemba, Mvududu, Mashele, Javanbakht, Nianogo, Aldrovandi, Bekker, Coates, Myer and Joseph Davey.	adherence; AGYW; breastfeeding; cohort studies; oral pre-exposure prophylaxis; pregnant; South Africa	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2023	Khadka, Nehaa	Oral pre-exposure prophylaxis delivery among HIV-negative pregnant and postpartum women in antenatal clinics of Cape Town, South Africa: Adolescent Girls and Young Women, Intimate Partner Violence, and Prevention-effective Adherence	-	-	University of California	-	NA	NA	https://escholarship.org/uc/item/82b7474p	HIV acquisition risks remain high for pregnant and breastfeeding populations in South Africa. Oral pre-exposure prophylaxis (PrEP) with tenofovir disoproxil fumarate/emtricitabine (TDF-FTC) can be used daily during periods of sexual activity to prevent HIV infections for cisgender women. In 2021, oral PrEP became the standard of care for HIV prevention during pregnancy and breastfeeding periods. The objective of this dissertation was to evaluate trends in oral PrEP initiation, continuation, and adherence among adolescent girls and young women, women experiencing intimate partner violence, and by sexual behaviors throughout gestational periods and postpartum. We used data from the PrEP in Pregnancy and Postpartum (PrEP-PP) study, a prospective cohort in Cape Town of 1200 participants without HIV. The PrEP-PP study provided HIV prevention counselling and offered PrEP to pregnant and breastfeeding women.The first study evaluated the oral PrEP cascade framework among adolescent girls and young women (AGYW) in the PrEP-PP study. Approximately 83% of AGYW initiated PrEP at their first antenatal care (ANC visit), 34% continued PrEP at 6 months, and 11% stopped and restarted. AGYW with a higher HIV risk had an increased adjusted likelihood of continuing PrEP through 6 months (adjusted odds ratioOR:1.91 95% CI, 1.15-3.16). About 7% of AGYW had high adherence to PrEP at 6 months. The second study examined the relationship between recent and past-year intimate partner violence (IPV) experienced by pregnant and postpartum women and oral PrEP continuation and adherence. Women who experienced past-year IPV were less likely to discontinue PrEP(adjusted hazards ratio: 0.80 (95% CI: 0.61, 1.06) and had higher adherence(quantifiable tenofovir-diphosphateTFV-DP in dried blood spots; aOR=1.82 (95% CI: 1.02, 3.25) at 6-month follow-up visits. The third study evaluated prevention-effective adherence by gestational trimesters of pregnancy and postpartum. Prevention-effective adherence(initiation/quantifiable TFV-DP or reported use during follow-up among those engaging in condomless sex) was 65% overall, with the highest adherence in trimester 1(81%) and lowest at early postpartum(49%). There was a positive association between engaging in condomless sex and PrEP use(quantifiable TFV-DP or self-reported use; adjusted risk ratio:1.88; 95% CI: 1.67, 2.12). In conclusion, AGYW during pregnancy and postpartum had high oral uptake, but retention in PrEP by 6 months was low. Those with higher HIV risks are more likely to continue PrEP. Pregnant/postpartum women who experienced past-year IPV were more likely to stay in the study and had greater adherence. The findings suggest that pregnant and postpartum women align their PrEP use with their potential HIV risks. Implementing violence screening and oral PrEP counselling (with conversations about changing HIV risks) at ANC may improve HIV prevention for women during pregnancy and postpartum in South Africa and beyond.	Public health; Health education; adolescent girls; breastfeeding; HIV; Oral PrEP; pregnant; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2023	Khan, Tehseen; Coultas, Clare; Kieslich, Katharina; Littlejohns, Peter	The complexities of integrating evidence-based preventative health into England's NHS: lessons learnt from the case of PrEP	Health Research Policy and Systems	-	-	-	14784505	10.1186/s12961-023-00998-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161903661&doi=10.1186%2fs12961-023-00998-4&partnerID=40&md5=099f349fd46a81d2b7192df2857297b8	Background: The integration of preventative health services into England's National Health Service is one of the cornerstones of current health policy. This integration is primarily envisaged through the removal of legislation that blocks collaborations between NHS organisations, local government, and community groups. Aims and objectives: This paper aims to illustrate why these actions are insufficient through the case study of the PrEP judicial review. Methods: Through an interview study with 15 HIV experts (commissioners, activists, clinicians, and national health body representatives), we explore the means by which the HIV prevention agenda was actively blocked, when NHS England denied responsibility for funding the clinically effective HIV pre-exposure prophylaxis (PrEP) drug in 2016, a case that led to judicial review. We draw on Wu et al.'s (Policy Soc 34:165–171, 2016) conceptual framing of 'policy capacity' in undertaking this analysis. Results: The analyses highlight three main barriers to collaborating around evidence-based preventative health which indicate three main competence/capability issues in regard to policy capacity: latent stigma of 'lifestyle conditions' (individual-analytical capacity); the invisibility of prevention in the fragmented health and social care landscape related to issues of evidence generation and sharing, and public mobilisation (organizational-operational capacity); and institutional politics and distrust (systemic-political capacity). Discussion and conclusion: We suggest that the findings hold implications for other 'lifestyle' conditions that are tackled through interventions funded by multiple healthcare bodies. We extend the discussion beyond the 'policy capacity and capabilities' approach to connect with a wider range of insights from the policy sciences, aimed at considering the range of actions needed for limiting the potential of commissioners to 'pass the buck' in regard to evidence-based preventative health. © 2023, The Author(s).	Evidence-based policy; HIV; NHS commissioning; PrEP; Preventative health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Kherghehpoush S.; McKeirnan K.C.	The role of community pharmacies in the HIV and HCV care continuum	Exploratory Research in Clinical and Social Pharmacy	-	-	-	26672766	10.1016/j.rcsop.2022.100215	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152078080&doi=10.1016%2fj.rcsop.2022.100215&partnerID=40&md5=a054e097fd9932024b4c0ebcb7f2c2fa	Introduction: In 2019, there were over 1.1 million people living with human immunodeficiency virus (HIV) and 2.4 million people living with hepatitis C virus (HCV) in the United States. One in seven (14%) are unaware of their HIV infection and almost half of all HCV infections are undiagnosed. People with unstable housing are disproportionately affected by HIV and HCV. The present study will evaluate interventions by community pharmacists that may reduce HIV and HCV transmission and promote linkage to care. Methods: This study was conducted in an independent community pharmacy in Spokane, Washington. Eligible study participants were walk-in patients of the pharmacy, over the age of 18, and experiencing homelessness. Pharmacy patients were excluded if they had a history of HIV or HCV diagnosis, received a screening for HIV or HCV in the last six months or were unable to give informed consent. The intervention included administration of HIV and HCV point-of-care testing (POCT) using a blood sample, risk determination interview, comprehensive HIV and HCV education, and personalized post-test and risk mitigation counseling followed by referral to partnering health clinics. Results: Fifty participants were included in the final data analysis. Twenty-two participants (44%) had a reactive HCV POCT, and one participant had a reactive HIV POCT. Of the 94% of participants who reported illicit drug use, 74% reported injection drug use. Seventy-six percent (n = 38) qualified for PrEP. Pharmacist referrals were made for 28 participants and 71% were confirmed to have established care. Conclusion: Individuals experiencing homelessness are at an increased risk for acquiring HIV and HCV due to risky sexual behaviors and substance misuse. PrEP is underutilized in the U.S. and pharmacist involvement in the HIV and HCV care continuum may have a significant impact in improving linkage and retention in care of difficult to treat populations. © 2023	HCV; HIV; Homelessness; Pharmacy practice; Point-of-care testing	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Khosropour C.M.; Riley T.; Healy E.; Backus K.V.; Gomillia C.E.; Mena L.; Lockwood K.R.; Gordon F.M.; Means A.R.; Ward L.M.	Persistence in a pharmacist-led, same-day PrEP program in Mississippi: a mixed-methods study	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-16072-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161933443&doi=10.1186%2fs12889-023-16072-1&partnerID=40&md5=0813dc68c915ec70303291d2197d97cf	Introduction: Mississippi has one of the highest rates of HIV in the United States but low PrEP uptake. Understanding patterns of PrEP use can improve PrEP initiation and persistence. Methods: This is a mixed-method evaluation of a PrEP program in Jackson, Mississippi. Between November 2018-December 2019, clients at high risk for HIV attending a non-clinical testing site were referred to a pharmacist for same-day PrEP initiation. The pharmacist provided a 90-day PrEP prescription and scheduled a follow-up clinical appointment within three months. We linked client records from this visit to electronic health records from the two largest PrEP clinics in Jackson to determine linkage into ongoing clinical care. We identified four distinct PrEP use patterns, which we used for qualitative interview sampling: 1) filled a prescription and linked into care within three months; 2) filled a prescription and linked into care after three months; 3) filled a prescription and never linked into care; and 4) never filled a prescription. In 2021, we purposively sampled patients in these four groups for individual interviews to ascertain barriers and facilitators to PrEP initiation and persistence, using guides informed by the Theory of Planned Behavior. Results: There were 121 clients evaluated for PrEP; all were given a prescription. One-third were less than 25 years old, 77% were Black, and 59% were cisgender men who have sex with men. One-quarter (26%) never filled their PrEP prescription, 44% picked up the prescription but never linked into clinical care, 12% linked into care at some point after three months (resulting in a gap in PrEP coverage), and 18% linked into care within 3 months. We interviewed 26 of 121 clients. Qualitative data revealed that cost, stigmas related to sexuality and HIV, misinformation about PrEP, and perceived side effects were barriers to uptake and persistence. Individuals' desire to stay healthy and the support of PrEP clinic staff were facilitators. Conclusions: The majority of individuals given a same-day PrEP prescription either never started PrEP or stopped PrEP within the first three months. Addressing noted barriers of stigma and misinformation and reducing structural barriers may increase PrEP initiation and persistence. © 2023, The Author(s).	Barriers; HIV; Mississippi; Pre-exposure prophylaxis; Retention	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Khumalo, Philisiwe Ntombenhle; Mkhonta, Siphiwesihle Sibonisiwe; Kindandi, Kikanda; Matse, Sindy; Dlamini, Phinda Brian; Tukei, Vincent; Machekano, Rhoderick; Woelk, Godfrey	Uptake of and intention to use oral pre-exposure prophylaxis for HIV among pregnant and post-natal women in Eswatini: a cross-sectional survey.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2023.1253384	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10641516	Introduction: In Eswatini, HIV incidence among women of childbearing age is 1.45%. Eswatini introduced oral pre-exposure prophylaxis (PrEP) for HIV prevention in 2016 and requires that all HIV-negative pregnant and post-natal women (PPW) visiting health care facilities be offered PrEP. Methods: Between September-November 2021, we conducted a survey among HIV-negative PPW from 16 purposively selected healthcare facilities in the Hhohho and Shiselweni regions in Eswatini. We interviewed consenting HIV-negative PPW using a structured questionnaire to collect data on PrEP knowledge, attitudes, intentions, and practices, as well as information on partner HIV status and stigma. Multivariate logistic regression was used to determine predictors of PrEP use and intention, adjusted for significant covariates. Results: Of 1,484 PPW women approached, 1,149 consented and were interviewed, of whom 704 (61.3%) were post-partum and 445 (38.7%) pregnant. The median age was 25 years Interquartile Range (IQR) = 21-30 years, with 533 (46.4%) 18-24 years old. Among the 1,149 women, 930 (80.7%) had ever heard about PrEP; 635 (55.3%) had knowledge about PrEP; 183 (15.9%) were currently using PrEP; and 285 (24.8%) had ever used PrEP. Increased odds of PrEP use were associated having HIV-positive male partner (aOR:7.76, 95%CI 3.53- 17.04); positive attitudes to PrEP (aOR:1.56, 95%CI: 1.02-2.40); and high self-efficacy (aOR:1.49, 95%CI:1.13-1.98). Among 864 women who never used PrEP, 569 (65.3%) intended to use PrEP in the future. Odds of intention to use PrEP were higher among women with low levels of education (aOR:2.23, 95% CI: 1.32-3.77); who ever heard about PrEP (aOR:1.69, 95%CI:1.12-2.56); and had high self-efficacy (aOR:1.57, 95% CI: 1.31-1.87). Regarding stigma, among all women, 759 (66%) either agreed or strongly agreed that people would think they have HIV if they were to use PrEP; 658 (57.3%) reported they would be labelled as having multiple sex partners; 468 (40.7%) reported that their partner would think they are having risky sex with other people. Of 102 women who had discontinued PrEP, a majority stopped due to side effects 32 (35.2%). Conclusion: Only about 50% of women had knowledge of PrEP, and PrEP uptake among PPW was low, though intention to use appeared high. More efforts to reduce stigma and promote PrEP use, including adequate information on side effects, are needed.	NA	English	Switzerland	Western and Central Europe and North America	Eswatini	Eastern and Southern Africa	Eswatini	Eastern and Southern Africa	Quantitative
Article	2023	Kilboy, Matthew; Shihabuddin, Courtney; Morgan, Ethan; Herbell, Kayla	Assessment of Barriers and Facilitators to Prescribing HIV Preexposure Prophylaxis by Primary Care Providers.	Sexually Transmitted Diseases	-	-	-	1537-4521	10.1097/OLQ.0000000000001857	https://dx.doi.org/10.1097/OLQ.0000000000001857	ABSTRACT: HIV preexposure prophylaxis (PrEP) is a highly effective class of drugs used to prevent the transmission of HIV-1. Despite its high efficacy, the uptake of PrEP has been very low. This project sought to understand the barriers and facilitators to prescribing PrEP in a community health clinic in a Midwestern state.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kim C.-M.; Zhao V.; Brito De Mello M.; Baggaley R.; Johnson C.C.; Spielman E.; Fairley C.K.; Zhang L.; de Vries H.; Klausner J.; Zhao R.; Ong J.J.	Determining the screening frequency for sexually transmitted infections for people who use HIV pre-exposure prophylaxis: a systematic review and meta-analysis	International Journal of Infectious Diseases	-	-	-	12019712	10.1016/j.ijid.2023.01.007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148947230&doi=10.1016%2fj.ijid.2023.01.007&partnerID=40&md5=88f1c46743ccbfb1f4fa502d8f90b531	Objectives: Although the World Health Organization recommends 'frequent' screening of sexually transmitted infections (STI) for people who use pre-exposure prophylaxis for HIV, there is no evidence for optimal frequency. Methods: We searched five databases and used random-effects meta-analysis to calculate pooled estimates of STI test positivity. We narratively synthesized data on secondary outcomes, including adherence to recommended STI screening frequency and changes in STI epidemiology. Results: Of 7477 studies, we included 38 for the meta-analysis and 11 for secondary outcomes. With 2-3 monthly STI screening, the pooled positivity was 0.20 (95% confidence interval CI: 0.15-0.25) for chlamydia, 0.17 (95% CI: 0.12-0.22) for gonorrhea, and 0.07 (95% CI: 0.05-0.08) for syphilis. For chlamydia and gonorrhea, the positivity was approximately 50% and 75% lower, respectively, in studies that screened 4-6 monthly vs 2-3 monthly. There was no significant difference in the positivity for syphilis in studies that screened 4-6 monthly compared to 2-3 monthly. Adherence of clients to recommended screening frequency varied significantly (39-94%) depending on population and country. Modeling studies suggest more frequent STI screening could reduce incidence. Conclusion: Although more frequent STI screening could reduce delayed diagnoses and incidence, there remain significant knowledge gaps regarding the optimal STI screening frequency. © 2023 The Authors	HIV; Pre-exposure prophylaxis; PrEP; Screening; Sexually transmitted infections	English	Netherlands	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2023	Kim H.; Martin E.	Barriers to accessing pre-exposure prophylaxis among women experiencing intimate partner violence in the United States: a systematic literature review	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2121959	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85138323743&doi=10.1080%2f09540121.2022.2121959&partnerID=40&md5=ec12c91e48a3e30af143c8f11f5e29c4	Women experiencing intimate partner violence (IPV) are at increased risk of human immunodeficiency virus (HIV) infection but have limited uptake of pre-exposure prophylaxis (PrEP). We systematically reviewed the existing evidence for the association between IPV and PrEP use, and barriers to accessing PrEP among women with a history of IPV in the United States. A keyword search of PubMed, CINAHL, ScienceDirect, and Web of Science for relevant articles within the United States from 2012 to 2022 yielded 133 articles, of which 15 were ultimately included in the analysis. A qualitative synthesis of evidence suggests that the association between IPV and PrEP awareness, PrEP acceptability, PrEP use, and HIV risk perception was contingent on the mediating or moderating effects of women's relationship status, social network characteristics, and the timing and types of IPV. Controlling partners' reactions and a lack of independent decision-making in the abusive relationship were salient barriers. The methodological quality of qualitative studies was high; however, there were important risks of bias among quantitative and mixed-method studies. Additional studies are needed to understand barriers to PrEP use among women with IPV in more diverse settings and to provide rigorous evidence for developing targeted HIV prevention strategies for them. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	HIV; intimate partner violence; pre-exposure prophylaxis; systematic review; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Kimball A.A.; Zhu W.; Leonard J.; Wei W.; Ravichandran I.; Tanner M.R.; Huang Y.-L.A.; Hoover K.W.; Kourtis A.P.	HIV Preexposure Prophylaxis Provision among Adolescents: 2018 to 2021	Pediatrics	-	-	-	314005	10.1542/peds.2023-062599	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175661466&doi=10.1542%2fpeds.2023-062599&partnerID=40&md5=f15a515267440c05ba9b4dd9dec36cfe	BACKGROUND AND OBJECTIVES: HIV preexposure prophylaxis (PrEP) is safe, effective, and was approved for adolescents in 2018. Adolescents and young adults make up 20% of HIV diagnoses in the United States. Our objective was to describe trends in adolescents prescribed PrEP during 2018 through 2021 and characteristics of these adolescents and their PrEP providers. METHODS: We identified adolescents aged 13 to 19 years with oral PrEP prescriptions during 2018 through 2021 in a national pharmacy database using a validated algorithm. We assessed trends by calculating the overall percentage change and estimated annual percentage change with 95% confidence intervals. We described characteristics of adolescents and their PrEP providers in 2021. We performed χ2 analyses to assess differences by sex and age group. RESULTS: The number of adolescents prescribed PrEP increased 76.2% from 2018 to 2021 (estimated annual percentage change: 18.0% 95% confidence interval: 16.6–19.5), despite decreases in 2020. We observed increases among all sex and age groups, with larger increases among older adolescents aged 18 to 19 years. The majority of the 6444 adolescents prescribed PrEP in 2021 were male (82.6%) and aged 18 to 19 years (87.8%). Among 2455 physician PrEP providers, 29.6% were pediatricians, with varying specialty distributions by adolescent age group (P < .001). Among the 217 pediatricians who prescribed PrEP to adolescents aged 13 to 17 years, 67.7% were general pediatricians. CONCLUSIONS: PrEP provision for adolescents has increased, largely among older and male adolescents. The availability of PrEP provides an important opportunity for pediatric providers to take an active role in HIV prevention. © 2023 American Academy of Pediatrics. All rights reserved.	AdolescentAnti-HIV AgentsChildFemaleHIV InfectionsHomosexuality, MaleHumansMalePhysiciansPre-Exposure ProphylaxisPrescriptionsUnited StatesYoung Adult	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kimball, Anne A.; Zhu, Weiming; Tanner, Mary R.; Iqbal, Kashif; Dominguez, Kenneth L.; Henny, Kirk D.; James, Anthony; Elamin, Fatima; Drezner, Kate; Bruce, Josh; Torres, Mary Evelyn; Price, Ashley; Hubbard, Stephanie J.; Hoover, Karen W.; Barrington, Darnell; Barrow, Genevieve; Cox, Mary Beth; Fox, Anthony; Gruber, Deann; Jennings, Jacky M.; Jessie-Hill, Deidra; Kharfen, Michael; Martin, Elaine; Pettigrew, Kenneth; Raiford, Jerris; Robinson, William T.; Shankar, Aparna; Tsoi, Benjamin; Wood, Lucila	The Effect of Navigation on Linkage to a PrEP Provider Among PrEP-Eligible Men who have Sex with Men in a U.S. Demonstration Project	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03931-y	https://www.proquest.com/scholarly-journals/effect-navigation-on-linkage-prep-provider-among/docview/2807779296/se-2?accountid=8113	Our objective is to evaluate the effect of navigation on linkage to a PrEP provider among PrEP-eligible men who have sex with men (MSM) in THRIVE, a demonstration project in seven U.S. public health jurisdictions during 2015–2020. We describe PrEP linkage and navigation use among MSM in THRIVE. We performed multivariable probit regression modeling, controlling for demographic covariates, to estimate the association between navigation and linkage to a PrEP provider among MSM and to assess for disparities in linkage to PrEP among MSM who used navigation. Among 9538 PrEP-eligible MSM, 51.3% used navigation and 53.8% were linked to PrEP. From the three sites where navigation was optional and the main form of PrEP support, MSM who used navigation were 16.69 times (95% CI 13.07–21.32) more likely to link to PrEP compared with MSM who did not use navigation. Among 4895 MSM who used navigation from all sites, Black MSM were 21% less likely to link to PrEP compared with White MSM (aRR 0.79; 95% CI 0.74–0.83). Navigation is a promising strategy for improving uptake of PrEP among U.S. MSM, but disparities persist. Addressing the underlying causes of inequities will be important to end the HIV epidemic.	HIV; Pre-exposure prophylaxis; Psychology; Men; Men who have sex with men; Sexual and gender minorities; Disease prevention; Public health; Prep; Health care access; Disparity; Patient navigation; Navigation; Racial differences; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; United States--US; Gays & lesbians; Mens health; Inequality; Continuity of care; Linkage; Multivariable control; Navigation behavior	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kimball, Anne A.; Zhu, Weiming; Yu, Lei; Tanner, Mary R.; Iqbal, Kashif; Dominguez, Kenneth L.; Shankar, Aparna; Drezner, Kate; Musgrove, Karen; Mayes, Eric; Robinson, William T.; Schumacher, Christina; Delaney, Kevin P.; Hoover, Karen W.	Benefits of Frequent HIV Testing in the THRIVE Demonstration Project: United States, 2015-2020.	American Journal of Public Health	-	-	-	1541-0048 0090-0036	10.2105/AJPH.2023.307341	https://pubmed.ncbi.nlm.nih.gov/37410983/	Objectives. To describe HIV testing among clients in the Targeted Highly Effective Interventions to Reverse the HIV Epidemic (THRIVE) demonstration project and evaluate testing frequency. Methods. We identified factors associated with an average testing frequency of 180 days or less compared with more than 180 days using adjusted Poisson regression models. We performed the Kaplan-Meier survival analysis to compare time to diagnosis by testing frequency. Results. Among 5710 clients with 2 or more tests and no preexposure prophylaxis (PrEP) prescription, 42.4% were tested frequently. Black/African American clients were 21% less likely and Hispanic/Latino clients were 18% less likely to be tested frequently than were White clients. Among 71 Black/African American and Hispanic/Latino cisgender men who have sex with men and transgender women with HIV diagnoses, those with frequent testing had a median time to diagnosis of 137 days, with a diagnostic testing yield of 1.5% compared with those tested less frequently, with 559 days and 0.8% yield. Conclusions. HIV testing at least every 6 months resulted in earlier HIV diagnosis and was efficient. Persons in communities with high rates of HIV who are not on PrEP can benefit from frequent testing, and collaborative community approaches may help reduce disparities. (Am J Public Health. 2023;113(9):1019-1027. https://doi.org/10.2105/AJPH.2023.307341).	Humans; Male; Female; Homosexuality, Male; United States/epidemiology; *Transgender Persons; *Pre-Exposure Prophylaxis/methods; *Sexual and Gender Minorities; *HIV Infections/diagnosis/epidemiology/prevention & control; HIV Testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kincaid, Ross; Gibbs, Jo; Dalrymple, Jenny; Henderson, Lindsay; Frankis, Jamie; Estcourt, Claudia	Delivering HIV prevention medication online: Findings from a qualitative study exploring the acceptability of an online HIV pre-exposure prophylaxis (PrEP) care pathway among service users and healthcare professionals.	Digit Health	-	-	-	2055-2076	10.1177/20552076231217816	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10693220	Objective: Eliminating HIV transmission worldwide could become a reality with the advent of HIV pre-exposure prophylaxis (PrEP) where people take HIV medication to prevent HIV acquisition. Incorporating digital health into PrEP provision could help services scale up and meet increasing demand. We aimed to explore the prospective acceptability of a novel online PrEP care pathway (the ePrEP clinic) among PrEP users and healthcare professionals. The ePrEP clinic is composed of online postal self-sampling for HIV and other sexually transmitted infections, an online consultation, and remote medication provision. Methods: We conducted semi-structured interviews with 15 PrEP users recruited from a large sexual health service and online cohort, and focus groups with nine healthcare professionals from the same sexual health service (May to December 2021). We analysed data using framework analysis. Results: Participants found the ePrEP clinic highly acceptable, anticipating that it would provide convenience, empower PrEP users, and increase capacity within sexual health services. The need for blood self-sampling was a considerable barrier for some. Participants anticipated that the ePrEP clinic would be appropriate for established PrEP users with adequate digital health literacy and no medically significant conditions requiring in-clinic monitoring. Participants highlighted the need for support, including access to in-clinic care, and the integration of the ePrEP clinic within existing services. Conclusions: Our findings provide clear justification for the development of the ePrEP clinic as an addition to in-clinic PrEP care pathways and provide useful insights for those developing digital services for other conditions incorporating testing, consultations, and prescribing.	HIV, digital health, qualitative, eHealth, sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	King, Helen L.; Park, Eunsol; Blanchard, Hannah; Alvarez, Kristin S.; Harms, Michael; Broker, Paul	Implementation of Sexual Health Curriculum Series: Educational Initiative to Increase STI Screening and Treatment in Dallas, Texas.	Journal of Community Health	-	-	-	1573-3610 0094-5145	10.1007/s10900-023-01224-6	https://pubmed.ncbi.nlm.nih.gov/37119350/	OBJECTIVE: A new monthly virtual education curriculum on sexual healthcare was launched in 2021. This is an analysis of the pilot education series designed to increase primary care providers' knowledge of sexual health best practices including taking thorough sexual histories, STI screening and treatment, and PrEP prescribing. METHODS: A Sexual Health Curriculum Series was developed as part of a quality improvement initiative at a large urban safety-net hospital in Dallas County, Texas. Didactic sessions were administered to primary care providers and staff via a virtual meeting platform once a month from May 2021 to April 2022. RESULTS: A total of 52 participants completed the pre-series survey, and 21 participants filled out the final post-series survey. 70% of respondents who completed the post-series survey reported that they learned new information that was incorporated into their practice. The average percentage correct on individual pre-session surveys was 60% compared to 63% on individual post-session surveys (p = 0.03). CONCLUSION: Sexual health education is an important tool to help primary care providers adhere to sexual health best practices. There is a need for ongoing implementation of innovative strategies to improve knowledge and adherence to sexual health best practices. A sexual health curriculum may be effective in helping primary providers recognize patients at increased risk and apply evidence-based guidelines to their practices.	Humans; Sexual Behavior; Pre-Exposure Prophylaxis; Reproductive Health; Sexually Transmitted Diseases; Curriculum; *HIV Infections/prevention & control; Adolescent Health; Infectious Disease Medicine; Texas; *Sexually Transmitted Diseases/diagnosis/prevention & control; *Sexual Health/education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kinuthia, J; Dettinger, JC; Stern, J; Ngumbau, N; Ochieng, B; Gómez, L; Abuna, F; Watoyi, S; Marwa, M; Odinga, D; Wagner, AD; Richardson, BA; Pintye, J; Baeten, JM; John-Stewart, G	Risk-based versus universal PrEP delivery during pregnancy: a cluster randomized trial in Western Kenya from 2018 to 2019	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26061	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02526064/full	INTRODUCTION: Integrating pre-exposure prophylaxis (PrEP) delivery for pregnant and postpartum women within maternal and child health (MCH) clinics is feasible and acceptable. It is unknown whether a risk-guided model would facilitate appropriate PrEP use among MCH attendees better than universally offering PrEP. METHODS: The PrEP Implementation for Mothers in Antenatal Care (PrIMA) study was a cluster randomized trial to assess two models for PrEP delivery among pregnant women seeking routine MCH care at 20 public clinics in Kenya between January 2018 and July 2019 (NCT03070600). In the Universal arm, all participants received PrEP counselling and self-selected whether to initiate PrEP. In the Targeted arm, participants underwent an HIV risk assessment, including an objective risk-scoring tool and an offer of HIV self-tests for at-home partner testing; those determined to be at high risk received a PrEP offer. Participants were followed through 9 months postpartum. Primary outcomes included incident HIV and appropriate PrEP use (defined as PrEP uptake among those at high risk and no PrEP uptake for those not at risk). Outcomes were compared using intention-to-treat analyses, adjusting for baseline HIV risk and marital status. RESULTS: Among 4447 women enrolled, the median age was 24.0 years (interquartile range IQR: 20.9, 28.3), and most were married (84.8%). The median gestational age at enrolment was 24 weeks (IQR: 20, 30). Women in the Targeted arm were more likely to be at high risk for HIV acquisition at baseline (51.6% vs. 33.3%). During 4638 person-years (p-yr) of follow-up, there were 16 maternal HIV infections with no difference in maternal HIV incidence between arms: 0.31/100 p-yr (95% CI: 0.15, 0.65) Targeted and 0.38/100p-yr (95% CI: 0.20, 0.73) Universal (adjusted relative risk aRR: 0.85 CI: 0.28, 2.55). There was no significant difference in the frequency of appropriate PrEP use between the arms (68.2% vs. 59.1% in Targeted vs. Universal, respectively) (aRR: 1.03 CI: 0.96, 1.10). CONCLUSIONS: Given comparable maternal HIV incidence and PrEP uptake in Universal and Targeted approaches, and the simplicity that universal PrEP offers, our findings suggest that universal PrEP counselling is optimal for integrating PrEP in MCH systems.	Adult; Anti-HIV Agents therapeutic use; Child; Female; HIV Infections drug therapy; Humans; Infant; Kenya epidemiology; Pregnancy; Prenatal Care; Pre-Exposure Prophylaxis; Risk Factors; Young Adult	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2023	Kinvig, Hannah; Rajoli, Rajith K. R.; Pertinez, Henry; Vora, Lalitkumar K.; Volpe-Zanutto, Fabiana; Donnelly, Ryan F.; Rannard, Steve; Flexner, Charles; Siccardi, Marco; Owen, Andrew	Physiologically Based Pharmacokinetic Modelling of Cabotegravir Microarray Patches in Rats and Humans.	Pharmaceutics	-	-	-	1999-4923	10.3390/pharmaceutics15122709	https://pubmed.ncbi.nlm.nih.gov/38140050/	Microarray patches (MAPs) are currently under investigation as a self-administered, pain-free alternative used to achieve long-acting (LA) drug delivery. Cabotegravir is a potent antiretroviral that has demonstrated superior results over current pre-exposure prophylaxis (PrEP) regimens. This study aimed to apply physiologically based pharmacokinetic (PBPK) modelling to describe the pharmacokinetics of the dissolving bilayer MAP platform and predict the optimal dosing strategies for a once-weekly cabotegravir MAP. A mathematical description of a MAP was implemented into a PBPK model, and empirical models were utilised for parameter estimation. The intradermal PBPK model was verified against previously published in vivo rat data for intramuscular (IM) and MAP administration, and in vivo human data for the IM administration of LA cabotegravir. The verified model was utilised for the prediction of 300 mg, 150 mg and 75 mg once-weekly MAP administration in humans. Cabotegravir plasma concentrations >4 × protein-adjusted 90% inhibitory concentration (PA-IC(90)) (0.664 µg/mL) and >8 × PA-IC(90) (1.33 µg/mL) were set as targets. The 75 mg, 150 mg and 300 mg once-weekly cabotegravir MAP regimens were predicted to sustain plasma concentrations >4 × PA-IC(90,) while the 300 mg and 150 mg regimens achieved plasma concentrations >8 × PA-IC(90). These data demonstrate the potential for a once-weekly cabotegravir MAP using practical patch sizes for humans and inform the further development of cabotegravir MAPs for HIV PrEP.	HIV; PrEP; long acting; PBPK; cabotegravir; MAP	English	Switzerland	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Kiptinness C.; Naik P.; Thuo N.; Malen R.C.; Dettinger J.C.; Pintye J.; Rafferty M.; Jomo E.; Nyamasyo N.; Wood T.; Isabelli P.; Morris S.; Hattery D.; Stergachis A.; Were D.; Sharma M.; Ngure K.; Mugambi M.L.; Ortblad K.F.	Online HIV prophylaxis delivery: Protocol for the ePrEP Kenya pilot study	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2023.1054559	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150196838&doi=10.3389%2ffpubh.2023.1054559&partnerID=40&md5=b76418c1fa56fde32a64dc94a798667e	Background: Online pharmacies in Kenya provide sexual and reproductive health products (e.g., HIV self-testing, contraception) and could be leveraged to increase the reach of HIV pre-exposure and post-exposure prophylaxis (PrEP/PEP) to populations who do not frequently attend health facilities. To date, evidence is limited for operationalizing online PrEP/PEP delivery and the type of populations reached with this differential service delivery model. Methods: The ePrEP Kenya Pilot will deliver daily oral PrEP and PEP via MYDAWA, a private online pharmacy retailer, to clients in Nairobi for 18 months. Potential clients will obtain information about PrEP/PEP on MYDAWA's sexual wellness page and self-screen for HIV risk. Individuals ≥18 years, identified as at HIV risk, and willing to pay for a blood-based HIV self-test and PrEP/PEP delivery will be eligible for enrollment. To continue with online PrEP/PEP initiation, eligible clients will purchase a blood-based HIV self-test for 250 KES (~USD 2) delivered to their setting of choice for 99 KES (~USD 1), upload an image of their self-test result, and attend a telemedicine visit with a MYDAWA provider. During the telemedicine visit, providers will screen clients for PrEP/PEP eligibility, including clinical concerns (e.g., kidney disease), discuss self-test results, and complete counseling on PrEP/PEP use and safety. Providers will refer clients who self-test HIV positive or report any existing medical conditions to the appropriate services at healthcare facilities that meet their preferences. Eligible clients will be prescribed PrEP (30-day PrEP supply at initiation; 90-day PrEP supply at follow-up visits) or PEP (28-day supply) for free and have it delivered for 99 KES (~USD 1). We will measure PrEP and PEP initiation among eligible clients, PEP-to-PrEP transition, PrEP continuation, and implementation outcomes (e.g., feasibility, acceptability, and costs). Discussion: Establishing pathways to increase PrEP and PEP access is crucial to help curb new HIV infections in settings with high HIV prevalence. The findings from this study will provide evidence on the implementation of online pharmacy PrEP and PEP service delivery that can help inform guidelines in Kenya and similar settings. Copyright © 2023 Kiptinness, Naik, Thuo, Malen, Dettinger, Pintye, Rafferty, Jomo, Nyamasyo, Wood, Isabelli, Morris, Hattery, Stergachis, Were, Sharma, Ngure, Mugambi and Ortblad.	differentiated service delivery; HIV prevention; implementation science; Kenya; PEP; PrEP; telehealth	English	Switzerland	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods

Article	2023	Kitonsa J.; Kansiime S.; Kusemererwa S.; Onyango M.; Nayiga B.; Kabarambi A.; Mugisha J.O.; Kaleebu P.; Ruzagira E.	Changes in self-reported risky sexual behaviour indicators among adults receiving regular risk reduction counselling and optional initiation of pre-exposure prophylaxis in an HIV vaccine preparedness study in Masaka, Uganda	Global Health Action	-	-	-	16549880	10.1080/16549716.2023.2242672	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166749842&doi=10.1080%2f16549716.2023.2242672&partnerID=40&md5=7a211236939c7cf2826b52fc280c2b02	Background: HIV risk reduction counselling may reduce risk-taking behaviours. Yet, concerns remain about risk compensation among individuals initiating pre-exposure prophylaxis (PrEP). Objective: We assessed changes in risky sexual behaviour indicators among HIV vaccine preparedness study participants who received regular risk reduction counselling and referral for PrEP in Masaka, Uganda. Methods: Adults (18–39 years) at high risk of HIV infection were enrolled in the study between July 2018 and December 2021. Data were collected on socio-demographic factors (baseline) and self-reported sexual risk behaviours (baseline, six monthly). HIV testing and risk-reduction counselling and referral for PrEP were done quarterly. Participants who had completed at least 1 year of follow-up were included in the analysis. Proportional differences and McNemar chi-square tests were used to assess changes in the prevalence of self-reported risky sexual behaviour indicators between baseline and 1 year. Logistic regression was used to assess the predictors of unchanged/increased HIV risk at 1 year. Results: Three hundred participants 132 (44%) females, 152 (51%) aged ≤24 years were included in this analysis. Eighty-one (27%) participants initiated PrEP at 1 year. Compared to baseline, there were significant reductions in the prevalence of the following self-reported HIV risk indicators at 1 year (overall, among non-PrEP initiators, and among PrEP initiators): transactional sex, ≥6 sexual partners, unprotected sex with ≥3 partners, sex while drunk, and sexually transmitted infection diagnosis/treatment. Percentage differences ranged from 10% for individuals reporting at least six sexual partners to 30% for those reporting unprotected sex with three or fewer sexual partners. There was weak evidence of association between female gender and unchanged/increased HIV risk at 1 year (adjusted OR: 1.35, 95% CI (0.84–2.17)). No other indicators, including PrEP use, were associated with unchanged/increased HIV risk at 1 year. Conclusion: Regular risk-reduction counselling may reduce risky sexual behaviour, while PrEP initiation may not lead to risk compensation. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	HIV; pre-exposure prophylaxis; risk reduction counselling; Risky sexual behaviour	English	Switzerland	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2023	Kleinmann, W; Warncke, K; Adhikari, EH	High rates of HIV PrEP prescriptions after standardized counseling of high-risk pregnant patients	American Journal of Obstetrics and Gynecology	-	-	-	0002-9378	10.1016/j.ajog.2022.11.715	https://www.ajog.org/article/S0002-9378(22)01599-X/fulltext	Objective: HIV pre-exposure prophylaxis (PrEP) counseling and uptake in pregnancy is historically limited, although rising sexually transmitted infection rates suggest a critical need for an HIV prevention strategy in this population. Historically, our practice was to provide PrEP to individuals with known HIV-positive partners in pregnancy. We expanded to implement standardized HIV PrEP counseling targeted to high-risk pregnant patients treated for syphilis in an ambulatory prenatal clinic. Study Design: We prospectively studied HIV-negative pregnant patients receiving ambulatory prenatal care, including treatment for syphilis, at an urban, public hospital system. At visits for penicillin treatment, standardized PrEP counseling was conducted (Table 1). Repeat counseling was offered for patients not accepting PrEP at the initial opportunity. Acceptance was documented, with a 3-month prescription given to those who accepted. Medication dispensation was verified by linked pharmacy record review. We compared characteristics of those who accepted versus declined PrEP. Results: From March 3rd through May 31st 2022, 27 patients met inclusion criteria, received PrEP counseling, and were offered PrEP. Of these, 14 (52%) accepted while 13 (48%) declined. Among 16 non-Hispanic Black, 9 Hispanic White, and 2 non-Hispanic White patients offered PrEP, acceptance rates were 10 (63%), 4 (44%), and 0, respectively. Gestational age and number of counseling sessions were similar. Among the 14 pregnant patients who accepted PrEP, 5 (36%) prescriptions were dispensed from our ambulatory pharmacy to 1 Hispanic White patient and 4 non-Hispanic Black patients. Conclusion: In an urban safety-net hospital, a majority of high-risk pregnant patients who received standardized HIV PrEP counseling during treatment for syphilis accepted PrEP. Literature suggests 2.1% of all women eligible for PrEP have a prescription. Standardized PrEP counseling targeted to the highest-risk patients may increase frequency of PrEP prescriptions.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Kluisza L.; Attoh-Okine N.-D.; Nguyen N.; Robbins R.N.; Leu C.-S.; Liotta L.; Morrison C.; Dolezal C.; Remien R.H.; Wiznia A.; Abrams E.J.; Mellins C.A.	Condomless Sex Among HIV-affected AYA in an Era of Undetectable = Untransmittable and Pre-exposure Prophylaxis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04020-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148446324&doi=10.1007%2fs10461-023-04020-4&partnerID=40&md5=78dd6f58f1c1e1a92b1038d25c10c576	Given poor adherence to treatment and prevention techniques, condomless sex jeopardizes adolescents and young adults (AYA) with perinatally-acquired HIV-infection (PHIV) or perinatal HIV-exposure who are uninfected (PHEU). We examined condomless sex and its association with PHIV-status, psychiatric disorder, and sociodemographics. Data come from a US-based study of primarily Black and Latinx AYAPHIV and AYAPHEU (N = 340). Linear regression models examined condomless sex longitudinally by PHIV-status, psychiatric trajectories, and sociodemographics. Rates of viremia (AYAPHIV) and PrEP use (AYAPHEU) were assessed. 56% of participants reported recent condomless sex, with higher prevalence among: AYAPHEU vs. AYAPHIV (24% vs. 19%, p = 0.017); Latinx vs. non-Latinx AYA (25% vs. 17%, p = 0.014); and AYA with increasing psychiatric comorbidity (44%) and consistent anxiety (23%) vs. low-level disorder (17%; p < 0.05). AYAPHIV had high rates of unsuppressed viral load and AYAPHEU limited PrEP use. Preventing condomless sex is challenging within AYAPHIV and AYAPHEU. Developing accessible combination HIV/mental health interventions is much-needed. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Condomless Sex; Perinatal HIV; Pre-exposure Prophylaxis; Psychiatric Disorder; Undetectable = Untransmittable	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Knight D.; Saleem H.T.; Stockman J.K.; Willie T.C.	Experiences of Black Women in the United States Along the PrEP Care Continuum: A Scoping Review	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03960-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145907470&doi=10.1007%2fs10461-022-03960-7&partnerID=40&md5=7a61f01bf77e2aa44e857735cee2f6ed	Black women are disproportionately affected by HIV in the U.S. PrEP could decrease the risk of acquiring HIV. This scoping review seeks to understand the experiences of Black women along the PrEP Care Continuum. We searched PubMed, Embase, PsycInfo, and Google Scholar to identify peer-reviewed studies published between July 16, 2012, and December 15, 2021. Articles were included if they discussed PrEP among Black women in the U.S. Two authors screened titles/abstracts and full-text articles. One author extracted and thematically summarized findings (n = 33). Black women reported low levels of PrEP awareness and knowledge, and negative experiences with providers. Women also experienced negative perceptions of PrEP from their social networks, stigma, and mistrust. Future research should focus on helping Black women to overcome PrEP-related barriers. Additionally, future research should further examine barriers to PrEP initiation, adherence, and retention for Black women, as only three studies discussed these aspects of the Continuum. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black women; Healthcare; HIV; Preexposure prophylaxis; PrEP Care Continuum	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Knittel A.K.; Jackson J.B.; Swartzwelder R.A.; Ferguson E.G.; Hulshult H.; Adimora A.A.	PrEP and HIV prevention decision-making among social network members of women who have experienced incarceration: a qualitative study	AIDS Care	-	-	-	9540121	10.1080/09540121.2023.2182872	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150635718&doi=10.1080%2f09540121.2023.2182872&partnerID=40&md5=5f7718dd991d710edf41fea288fb14cf	Incarceration and HIV are a syndemic for US women, yet very few women who have experienced incarceration use pre-exposure prophylaxis (PrEP) for HIV. We conducted semi-structured interviews with 32 participants recruited by women who have experienced incarceration from their social networks, informed by the modified social ecological model for PrEP. Emergent themes from the interviews included individual-level (low personal HIV risk assessment, personal responsibility for HIV prevention, and decisions in addiction versus recovery), network-level (influential sex partners and the importance of trust, supportive treatment peers, and high-risk but indifferent drug use networks), community-level (stigma, and mitigation of stigma in supportive substance use disorder treatment environments), and public policy-level (incarceration and PrEP cost and access) determinants. PrEP interventions for women who have experienced incarceration and their networks will need to incorporate contingency planning into HIV risk assessment, navigate complex network dynamics, and be situated in trusted contexts to address structural barriers. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	incarceration; Pre-exposure prophylaxis; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Knittel, Andrea K; Ferguson, Ella G; Jackson, Jamie B; Adimora, Adaora A	The influence of social relationships on PrEP attitudes among women with incarceration experience in the Southeastern USA	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2021.2023760	https://www.proquest.com/scholarly-journals/influence-social-relationships-on-prep-attitudes/docview/2760022439/se-2?accountid=8113	Women who have experienced incarceration face a disproportionately high risk of acquiring HIV. Despite efficacy of pre-exposure prophylaxis (PrEP) for HIV, very few women with incarceration histories are using PrEP. Our objective was to learn how sexual, drug-use and social relationships shape decisions about PrEP among women who have experienced incarceration. We used an inductive approach to analyse data from four focus groups undertaken with women who had previously experienced incarceration recruited from three community-based organisations. We identified public policy (medical distrust, lack of prevention in prisons and jails, and cost and coverage of PrEP); community (incarceration stigma, gossip as prevention); social and sexual network (positive peer and parenting relationships, distrust of sexual partners, and networks as a source of risk); and individual-level (active addiction or recovery, change after incarceration, and medical concerns) factors influencing the use of PrEP. Actions and interventions to improve PrEP uptake among women who have experienced incarceration must take account of the multilevel context of HIV prevention decisions.	Women; Pre-exposure prophylaxis; pre-exposure prophylaxis; Efficacy; Sexual behavior; Stigma; Medicine; Sociology; Public policy; Trust; Preventive medicine; Uptake; relationships; High risk; Human immunodeficiency virus--HIV; Parents & parenting; Prevention programs; Individual differences; Addictions; Imprisonment; Prisons; Woman; Social attitudes; Gossip; Social relation; Social relations	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Knox, Justin R.; Dolotina, Brett; Moline, Tyrone; Matthews, Isabella; Durrell, Mainza; Hanson, Hillary; Almirol, Ellen; Hotton, Anna; Pagkas-Bather, Jade; Chen, Yen-Tyng; English, Devin; Manuzak, Jennifer; Rower, Joseph E.; Miles, Caleb; Millar, Brett; Jean-Louis, Girardin; Rendina, H. Jonathon; Martins, Silvia S.; Grov, Christian; Hasin, Deborah S.; Carrico, Adam W.; Shoptaw, Steve; Schneider, John A.; Duncan, Dustin T.	HIV Prevention and Care Among Black Cisgender Sexual Minority Men and Transgender Women: Protocol for an HIV Status-Neutral Cohort Study Using an Observational-Implementation Hybrid Approach.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/48548	https://pubmed.ncbi.nlm.nih.gov/38039075/	BACKGROUND: Black cisgender gay, bisexual, and other sexual minority men (SMM) and transgender women (TW) continue to be heavily affected by HIV. Further research is needed to better understand HIV prevention and care outcomes in this population. In particular, there is a need for research examining the impact of substance use and sleep health on HIV prevention and treatment outcomes among Black SMM and TW. OBJECTIVE: This paper outlines the study methods being used in the recently launched follow-up study to the Neighborhoods and Networks (N2) study, which we refer to as N2 Part 2 (N2P2). N2P2 aims to address this gap in the literature, build off the findings of the original N2 study, and identify socioenvironmental determinants of health, including whether neighborhood and network factors mediate and moderate these relationships. METHODS: Building on the N2 cohort study in Chicago from 2018 to 2022, N2P2 used a prospective longitudinal cohort design and an observational-implementation hybrid approach. With sustained high levels of community engagement, we aim to recruit a new sample of 600 Black SMM and TW participants residing in the Chicago metropolitan statistical area. Participants are asked to participate in 3 study visits across an 18-month study period (1 visit every 9 months). Four different forms of data are collected per wave: (1) an in-person survey, (2) biological specimen collection, (3) a daily remote ecological momentary assessment for 14 days after each study visit, and (4) data from electronic health records. These forms of data collection continue to assess neighborhood and network factors and specifically explore substance use, sleep, immune function, obesity, and the implementation of potential interventions that address relevant constructs (eg, alcohol use and pre-exposure prophylaxis adherence). RESULTS: The N2P2 study was funded in August 2021 by the National Institute of Drug Abuse (R01DA054553 and R21DA053156) and National Heart, Lung, and Blood Institute (R01HL160325). This study was launched in November 2022. Recruitment and enrollment for the first wave of data collection are currently ongoing. CONCLUSIONS: The N2P2 study is applying innovative methods to comprehensively explore the impacts of substance use and sleep health on HIV-related outcomes among an HIV status-neutral cohort of Black SMM and TW in Chicago. This study is applying an observational-implementation hybrid design to help us achieve findings that support rapid translation, a critical priority among populations such as Black SMM and TW that experience long-standing inequities with regard to HIV and other health-related outcomes. N2P2 will directly build off the findings that have resulted from the original N2 study among Black SMM and TW in Chicago. These findings provide a better understanding of multilevel (eg, individual, network, and neighborhood) factors that contribute to HIV-related outcomes and viral suppression among Black SMM and TW. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/48548.	HIV; African American; transgender women; sleep; substance use; Black; alcohol; stimulants; cannabis; cisgender sexual minority men	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Kohler S.; Dalal S.; Hettema A.; Matse S.; Bärnighausen T.; Paul N.	Out-of-pocket Expenses and Time Spent on Clinic Visits Among HIV Pre-exposure Prophylaxis Users and Other Clinic Attendees in Eswatini	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03859-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139678372&doi=10.1007%2fs10461-022-03859-3&partnerID=40&md5=348574fe7444e7648823688eacdad6e4	User costs constitute a barrier to the uptake of HIV pre-exposure prophylaxis (PrEP), but their magnitude appears rarely assessed. In this prospective observational study, we assessed self-reported out-of-pocket expenses (OOPE) and time spent on clinic visits during a PrEP demonstration project in Eswatini. At six public primary care clinics, 240 PrEP users and other clinic attendees were interviewed after a clinic visit. Among the 79.2% of clinic attendees reporting any medical OOPE (e.g., expenses for consultations or drugs) and/or non-medical OOPE (e.g., expenses for transport, food, or phone use), the median total OOPE was $1.36 (IQR 0.91–1.96). Non-medical OOPE occurred mostly due to transport expenses. The median travel time for a clinic visit was 1.0 h (IQR 0.67–2.0). The median time spent in the clinic was 2.0 h (IQR 1.15–3.0). The median opportunity cost of a clinic visit was $7.54 (IQR 5.42–11) when valuing time spent on a clinic visit with Eswatini's per-capita gross domestic product. Our findings can guide measures to reduce the user costs of PrEP in Eswatini and other contexts in which oral PrEP is provided through health care facilities. © 2022, The Author(s).	Cost analysis; Eswatini; Health expenditures; HIV pre-exposure prophylaxis; HIV prevention and control; Opportunity costs; Out-of-pocket expenses; Transportation costs	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	Kolstee, Johann	Changes to the perception of HIV prevention strategies, risks, and norms during rapid PrEP uptake among gay and bisexual men in Australia	-	-	University of New South Wales	-	NA	https://doi.org/10.26190/unsworks/25041	http://hdl.handle.net/1959.4/101334	Men who have sex with men still comprise most new HIV cases in Australia. Condoms were the main HIV risk reduction strategy used for most of the HIV epidemic. Over the past decade, gay and bisexual men (GBM) have adopted a range of HIV risk reduction strategies, including PrEP. These changes have shifted HIV prevention norms in place for decades. In this thesis, I set out to understand how these changes affected how GBM negotiated sex and HIV risk, with a particular focus on GBM who struggle to use an effective HIV prevention method, despite the broader range available. A community-based, social public health approach was taken, with a focus on understanding the impact of PrEP practices and recommendations to improve health promotion. National survey data were analysed on changing attitudes to condoms among GBM. Cohort study data were used to identify the characteristics of GBM who did not consistently use HIV risk reduction strategies. Qualitative interviews were undertaken with GBM in Sydney to explore why some do not use a HIV risk reduction strategy and changing practices of HIV and PrEP disclosure. The survey data found consistently negative attitudes towards condoms among GBM and that it had become harder to discuss condom use with partners as PrEP use increased. Men who did not consistently use any HIV prevention strategy were younger, less educated, preferred receptive anal intercourse, and were less socially engaged with GBM. In qualitative analysis, the characteristics of encounters that featured little or no HIV risk reduction included: familiarity and trusting partners; pleasure and intoxication; expectations that partners were using PrEP or HIV treatment as prevention; and sometimes feelings of inevitability about acquiring HIV. In the context of increasing PrEP use, clear expectations about HIV and PrEP disclosure had not yet emerged, with some GBM only disclosing online and others not at all. The rapid uptake of PrEP has changed the way that GBM negotiate sex and HIV risk. As condoms have become harder to discuss with partners and no clear norms about PrEP disclosure have yet emerged, negotiating risk has become more complicated. GBM not using any HIV risk reduction strategy should be supported to adopt one compatible with situations in which they experience risk. This is important to increase community knowledge about effective HIV prevention strategies and support GBM to negotiate sex when there are no clear norms or expectations about disclosure.	HIV; Pre exposure prophylaxis; Gay and bisexual men; Sexual health; anzsrc-for: 42 HEALTH SCIENCES	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Qualitative
Article	2023	Kolstee, Johann; Prestage, Garrett; Philpot, Steven; Bavinton, Benjamin; Hammoud, Mohamed; Keen, Phillip; Holt, Martin	The effect of pre-exposure prophylaxis (PrEP) on negotiating casual sex between gay men: disclosure, assumptions, and communication.	Sexual Health	-	-	-	1449-8987	10.1071/SH22095	https://dx.doi.org/10.1071/SH22095	BACKGROUND: The disclosure of HIV status and pre-exposure prophylaxis (PrEP) use can be important in the negotiation of safe sex. With the rapid uptake of PrEP in Australia, norms and expectations about discussion and disclosure may have changed. METHODS: We explored the disclosure of PrEP use, HIV status and communication with sex partners by HIV-negative gay men in Sydney, Australia. We conducted semi-structured interviews from October 2017 to May 2018 and analysed data using a codebook thematic analysis approach. RESULTS: Participants had a variety of expectations of what they should tell their partners and what they expected in return. For some participants, PrEP had negated the need for any discussion about HIV. Many participants assumed their partners would find information about their HIV status or PrEP use on their online profiles or that partners would ask, if necessary. CONCLUSIONS: Building a stronger, shared understanding among gay men that disclosure and discussion no longer automatically occur before sexual encounters may be useful.	casual sex, communication, gay men, HIV disclosure, HIV prevention, HIV risk reduction, HIV status, PrEP.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Konopasky, Abigail; Gadegbeku, Annette B.; McCrea, Leon; McDonald, Paige; Corr, Patrick G.; Ward, Maranda C.	Teaching at the Convergence of Pandemics and Historically Excluded Patient Populations: The Challenges, and Importance, of Culturally Responsive Communication.	Teaching and Learning in Medicine	-	-	-	1532-8015 1040-1334	10.1080/10401334.2023.2245382	https://pubmed.ncbi.nlm.nih.gov/37615428/	Issue: Historically excluded patient populations-particularly racial, ethnic, and sexually and gender minoritized people-experience gross inequities in health, worsened by the HIV and COVID-19 pandemics. Culturally responsive communication (CRC) is a vital tool health professionals can use to address these inequities. Yet, CRC can be challenging to teach, particularly during pandemics. The authors argue that pandemics magnify the powerful intersecting oppressions of heterosexism, racism, transphobia, nationalism, and sexism, essentially targeting Othered bodies for dying, a phenomenon known as necropolitics. Evidence: Five aspects of pandemics make teaching CRC more difficult and, because of the magnification of necropolitics, more critical. First, pandemics heighten teachers' and learners' personal frailties, engendering worries about their own and their families' health and increasing cognitive load. This can make it difficult for them to embrace the discomfort required of CRC, particularly when an increased patient load is squeezing instructional time. Second, guidelines for HIV and COVID-19 testing, prevention, and treatment are ever-changing, often faster than the pace of curriculum development and instructor professional development. Third, for instructors who may already be stretched thin, it is challenging to prepare learners for the variability in how their future practice contexts may address HIV and COVID-19 and, further, how to take a social justice approach to assess and resist the distinct equity issues of each of these contexts. Fourth, pandemics cause uncertain access to patient information about testing, disease status, and vaccination or pre-exposure prophylaxis. This worsens already disparate outcomes for minoritized patients and adds to the complexity of CRC curricula. Finally, virtual care is more prevalent in pandemics and teaching CRC in online contexts can be difficult. Implications: To address these challenges, we adopt the Dimensionality and R4P Health Equity Framework as a tool for evaluating academic programs for CRC so that it remains robust amidst pandemics. This tool addresses the varied social positions and identities (i.e., "dimensions") that present different opportunities for health. We offer specific evaluation questions programs can ask and approaches they can take to (a) redress past harms through removing existing racist, heteronormative and transphobic structures and repairing the damage they have done; (b) plan for a more equitable future by restructuring via policy and organizational change and providing programs that address intersectional disadvantage; and (c) critically evaluate the present by remediating current damage immediately until restructuring efforts are fully functional. As Martin Luther King, Jr. stated, "Of all the forms of inequality, injustice in healthcare is the most shocking and inhuman because it often results in physical death." It is our imperative to teach CRC with intentionality; otherwise we will support necropolitics as we continue to condone disproportionate morbidity and mortality for racialized and queer bodies.	HIV; COVID-19; equity; Cultural responsiveness; historically excluded	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Koss, CA; Ayieko, J; Kabami, J; Balzer, LB; Kakande, E; Sunday, H; Nyabuti, M; Wafula, E; Shade, S; Biira, E; Opel, F; Atuhaire, HN; Okochi, H; Ogachi, S; Gandhi, M; Bacon, MC; Bukusi, EA; Chamie, G; Petersen, ML; Kamya, MR; Havlir, DV	Dynamic choice HIV prevention intervention at outpatient departments in rural Kenya and Uganda: a randomized trial	AIDS	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003763	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02618311/full	OBJECTIVE: HIV prevention service delivery models that offer product choices, and the option to change preferences over time, may increase prevention coverage. Outpatient departments in sub-Saharan Africa diagnose a high proportion of new HIV infections, but are an understudied entry point to biomedical prevention. DESIGN: Individually randomized trial of dynamic choice HIV prevention (DCP) intervention vs. standard-of-care (SOC) among individuals with current/anticipated HIV exposure risk at outpatient departments in rural Kenya and Uganda (SEARCH; NCT04810650). METHODS: Our DCP intervention included 1) product choice (oral pre-exposure prophylaxis PrEP or post-exposure prophylaxis PEP) with option to switch over time, 2) HIV provider- or self-testing, 3) service location choice (community vs. clinic-based), 4) provider training on patient-centered care. Primary outcome was proportion of follow-up covered by PrEP/PEP over 48 weeks assessed via self-report. RESULTS: We enrolled 403 participants (61% women; median 27 years, IQR 22,37). In the DCP arm, 86% ever chose PrEP, 15% ever chose PEP over 48 weeks; selection of HIV self-testing increased from 26% to 51% and of out-of-facility visits from 8% to 52%. Among 376/403 (93%) with outcomes ascertained, time covered by PrEP/PEP was higher in DCP (47.5%) vs. SOC (18.3%); difference=29.2% (95%CI:22.7-35.7%; p < 0.001). Effects were similar among women and men (28.2% and 31.0% higher coverage in DCP, respectively) and larger during periods of self-reported HIV risk (DCP 64.9% vs. SOC 26.3%; difference=38.6%; 95%CI:31.0-46.2%; p < 0.001). CONCLUSION: A dynamic choice HIV prevention intervention resulted in two-fold greater time covered by biomedical prevention products compared to standard-of-care in general outpatient departments in eastern Africa.	*Human immunodeficiency virus infection; *Kenya; *Uganda; *outpatient department; Adult; Article; Controlled study; Female; Follow up; Health care delivery; Health care quality; Human; Major clinical study; Male; Outcome assessment; Patient care; Post exposure prophylaxis; Prevention; Pre-exposure prophylaxis; Randomized controlled trial; Self report; Self-testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Krakower D.S.; Lieberman M.; Marino M.; Hwang J.; Mayer K.H.; Marcus J.L.	Implementing an Automated Prediction Model to Improve Prescribing of HIV Preexposure Prophylaxis.	NEJM Catalyst Innovations in Care Delivery	-	-	-	26420007	10.1056/CAT.23.0215	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176768758&doi=10.1056%2fCAT.23.0215&partnerID=40&md5=29edbb5a7e2564661650b5c010a2fc8d	Summary Antiretroviral preexposure prophylaxis (PrEP) is nearly 100% effective at decreasing HIV acquisition but is underused in priority populations. Primary care clinicians need tools to help them identify persons likely to benefit from PrEP use and prescribe it when appropriate. The researchers developed and validated an automated decision support tool with interactive alerts in the electronic health record to increase PrEP discussions and prescribing in primary care. They piloted the tool at three federally qualified health centers and assessed feasibility, acceptance by clinicians, and preliminary impact on PrEP care. Of 33,803 patients who visited the pilot clinics from July 2022 through January 2023, providers received PrEP alerts at the point of care for 2.2% of patients, demonstrating feasibility. Although numbers of PrEP prescriptions remained low, the proportion of all patients with new PrEP prescriptions was 4.5 times higher at pilot clinics compared with matched control clinics (0.09% vs. 0.02%). Implementation of the decision support tool was associated with a statistically nonsignificant 5.5% increase in HIV tests per 100 patients. In qualitative interviews, providers said the tool facilitated PrEP discussions with patients, particularly for those patients who would not have initiated discussions because of stigma. The researchers found that acceptance, use, and impact of machine-learning models for PrEP depends on collaborating with and building trust among providers, including blending a data-driven approach to identifying patients at increased risk for HIV acquisition with providers' traditional decision-making framework. These approaches could be useful for health care organizations seeking to implement automated prediction models across all areas of medicine. © 2023 Massachusetts Medical Society.	Analytics and Outcomes	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kremer C.; Kamali A.; Kuteesa M.; Seeley J.; Hens N.; Nsubuga R.N.	Modelling the impact of combining HIV prevention interventions on HIV dynamics in fishing communities in Uganda	BMC Infectious Diseases	-	-	-	14712334	10.1186/s12879-023-08113-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150791544&doi=10.1186%2fs12879-023-08113-2&partnerID=40&md5=a8d809c219ced3081429e1fe8350c292	Background: In countries with mature generalized HIV epidemics such as Uganda, there are still groups of individuals that are disproportionately affected. Among the key populations in Uganda are fishing communities, which make up about 10% of the population. Compared to the general population, HIV prevalence and incidence among individuals living in these communities is high. This high HIV burden has been attributed to several factors including limited access to prevention and treatment services as well as ongoing high-risk sexual behaviour. Methods: We investigated the impact of combined HIV prevention interventions on HIV transmission dynamics in high-risk fishing communities in Uganda using a deterministic compartmental model. The model was calibrated to seroprevalence data from a census performed in 2014. To account for remaining uncertainty in the calibrated model parameters, 50 000 simulated scenarios were modelled to investigate the impact of combined prevention interventions. Results: The projected HIV incidence decreased from 1.87 per 100 PY without intervention scale-up to 0.25 per 100 PY after 15 years (2014–2029) of intervention scale-up. A potential combination achieving this 87% reduction in incidence over 15 years in Ugandan FCs included condom use in about 60% of sexual acts, 23% of susceptible men circumcised, 87% of people living with HIV aware of their status, 75% of those on ART, and about 3% of susceptible individuals on oral PrEP. Uncertainty analysis revealed relative reductions in incidence ranging from 30.9 to 86.8%. Sensitivity analyses suggested that condom use and early ART were the most important interventions. Conclusion: Reducing HIV incidence, as well as prevalence and AIDS-related mortality, in these high-risk fishing communities in Uganda is attainable over 15 years with a combination prevention package. Our projected intervention coverage levels are well within the national targets set by the Uganda government and enable coming close to reaching the UNAIDS 95-95-95 targets to end AIDS as a public health threat by 2030. © 2023, The Author(s).	Combination prevention; Fishing communities; HIV; Mathematical modelling	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2023	Kreniske P.; Namuyaba O.I.; Kasumba R.; Namatovu P.; Ssewamala F.; Wingood G.; Wei Y.; Ybarra M.L.; Oloya C.; Tindyebwa C.; Ntulo C.; Mujune V.; Chang L.W.; Mellins C.A.; Santelli J.S.	Mobile Phone Technology for Preventing HIV and Related Youth Health Problems, Sexual Health, Mental Health, and Substance Use Problems in Southwest Uganda (Youth Health SMS): Protocol for a Pilot Randomized Controlled Trial	JMIR Research Protocols	-	-	-	19290748	10.2196/49352	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182573537&doi=10.2196%2f49352&partnerID=40&md5=361ed30661672c993a85f8a3198ecd60	Background: East and Southern Africa have the highest HIV incidence and prevalence in the world, with adolescents and young adults being at the greatest risk. Despite effective combination prevention tools, including the recently available pre-exposure prophylaxis (PrEP), HIV incidence among adolescents and young adults in Uganda remains high, and PrEP use remains low. Mental health and substance use (behavioral health) play a role in sexual behavior and decision-making, contributing to an increase in the risk for acquiring HIV. Interventions that target multiple HIV risk factors, including sexual and mental health and problematic substance use, are crucial to ending the HIV epidemic. Yet few interventions addressing HIV related health disparities and comorbidities among adolescents and young adults in East and Southern Africa currently exist. Objective: This study aims to evaluate the acceptability and feasibility of Kirabo, an SMS text message intervention informed by the information, motivation, and behavior model and to be disseminated through secondary schools. The study will gather preliminary estimates of Kirabo's effectiveness in increasing HIV testing and linking users to mental health counselors. Methods: We identified Mobile 4 Reproductive Health for adaptation using the assessment, decision, administration, production, topical experts, integration, training, testing (ADAPT-ITT) framework. Mobile 4 Reproductive Health is an evidence-based automated 2-way SMS text messaging and interactive voice response platform that offers sexual and reproductive health information and links users to HIV clinics in East Africa. Through ADAPT-ITT we refined our approach and created Kirabo, an SMS text message-based intervention for linking adolescents and young adults to health services, including HIV testing and mental health counseling. We will conduct a 2-arm randomized controlled trial in Masaka, Uganda. Adolescents (N=200) will be recruited from local schools. Baseline sociodemographic characteristics, HIV test history, and behavioral health symptoms will be assessed. We will evaluate acceptability and feasibility using surveys, interviews, and mobile phone data. The preliminary efficacy of Kirabo in increasing HIV testing and linking users to mental health counselors will be evaluated immediately after the intervention and at the 3-month follow-up. We will also assess the intervention's impact on self-efficacy in testing for HIV, adopting PrEP, and contacting a mental health counselor. Results: Intervention adaptation began in 2019. A pretest was conducted in 2021. The randomized controlled trial, including usability and feasibility assessments and effectiveness measurements, commenced in August 2023. Conclusions: Kirabo is a tool that assists in the efforts to end the HIV epidemic by targeting the health disparities and comorbidities among adolescents in Uganda. The intervention includes local HIV clinic information, PrEP information, and behavioral health screening, with referrals as needed. Increasing access to prevention strategies and mitigating factors that make adolescents and young adults susceptible to HIV acquisition can contribute to global efforts to end the HIV epidemic. © Philip Kreniske, Olive Imelda Namuyaba, Robert Kasumba, Phionah Namatovu, Fred Ssewamala, Gina Wingood, Ying Wei, Michele L Ybarra, Charlotte Oloya, Costella Tindyebwa, Christina Ntulo, Vincent Mujune, Larry W Chang, Claude A Mellins, John S Santelli. Originally published in JMIR Research Protocols (https://www.researchprotocols.org), 19.12.2023. This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in JMIR Research Protocols, is properly cited. The complete bibliographic information, a link to the original publication on https://www.researchprotocols.org, as well as this copyright and license information must be included.	adaptation; adolescence; HIV; mental health; mobile phones; pre-exposure prophylaxis; PrEP; randomized controlled trial; sexual health; substance use; Uganda	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Kroch, Abigail; O'Byrne, Patrick; Orser, Lauren; MacPherson, Paul; O'Brien, Kristen; Light, Lucia; Kang, Ryu; Nyambi, Agatha	Increased PrEP uptake and PrEP-RN coincide with decreased HIV diagnoses in men who have sex with men in Ottawa, Canada.	Canada Communicable Disease Report	-	-	-	1188-4169	10.14745/ccdr.v49i06a04	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10911788	Background: We sought to evaluate if increased uptake of HIV pre-exposure prophylaxis (PrEP) correlated to population-level changes in human immunodeficiency virus (HIV) epidemiology, in a setting with an integrated PrEP delivery system centred on a public health nurse-led PrEP clinic and referral process. Methods: This study was conducted in Ottawa, Canada, where all positive HIV test results are reported to the public health units. Risk factor information is also collected by nurses and subsequently entered into a provincial database. We extracted these data for Ottawa from 2017 to 2021 and restricted our analyses to first-time diagnoses. Results: We identified 154 persons with a new HIV diagnosis. Over this period, the number of new diagnoses among men who have sex with men, the group most targeted for PrEP, decreased by 50%-60%. We did not identify changes in the number of new diagnoses based on race, intravenous drug use or among women. Conclusion: Increasing PrEP uptake in Ottawa in 2017 to 2021 coincided with a significant decrease in new HIV diagnoses among men who have sex with men. PrEP uptake in Ottawa, particularly by those most at risk, is likely supported by an integrated approach via PrEP-RN, a nurse-led public health program where individuals diagnosed with syphilis or rectal gonorrhea or chlamydia receive an automatic offer of PrEP. While these findings cannot causally link PrEP-RN or PrEP with this reduction in new HIV diagnoses, these changes in HIV epidemiology in Ottawa occurred exclusively among the group targeted for PrEP. These data highlight the efficacy and importance of PrEP.	HIV, PrEP, PrEP-RN, epidemiology, pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Krogstad Mudzingwa E.; de Vos L.; Atujuna M.; Fynn L.; Mugore M.; Mabandla S.; Hosek S.; Celum C.; Bekker L.-G.; Daniels J.; Medina-Marino A.	High study participation but diverging adherence levels: qualitatively unpacking PrEP use among adolescent girls and young women over two years in Eastern Cape, South Africa	Journal of Behavioral Medicine	-	-	-	1607715	10.1007/s10865-023-00462-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179332575&doi=10.1007%2fs10865-023-00462-2&partnerID=40&md5=aa03cf53322075f51665c166bc3c1458	In Southern and Eastern Africa, initiation of daily oral pre-exposure prophylaxis (PrEP) for HIV prevention has been high among adolescent girls and young women (AGYW) offered PrEP. However, persistence and prevention-effective use of PrEP among this critical group continues to be a challenge. We conducted a qualitative sub-study of AGYW from the Community PrEP Study in Eastern Cape Province, South Africa who had high rates of pick up for monthly PrEP refills over two years, but differing levels of PrEP adherence based on tenofovir-diphosphate (TFV-DP) measurements in dried blood spots (DBS). Contrasting 22 AGYW with low versus high levels of TFV-DP in DBS, we qualitatively explored factors which influenced PrEP persistence vs. non-persistence, unique patterns of PrEP use (e.g., discarding or stockpiling), and participant recommendations for improving AGYW prevention-effective use of PrEP in the future. Results showed that PrEP misconceptions and mistrust among participants' social networks negatively influenced adherence. In comparison, supportive families and/or partners and personal trust that PrEP works positively influenced adherence. Those with low adherence described being motivated to come to the site for other study benefits (e.g., reimbursement money, snacks, sanitary pads) and discarding PrEP to avoid stigma associated with being seen with pills. Future PrEP implementation strategies should focus on involving families and partners in PrEP support for AGYW and minimizing PrEP stigma at a community level. Trial registration NCT03977181. Retrospectively registered on June 6, 2019. © 2023, The Author(s).	Adherence; Adolescent girls and young women; HIV prevention; Pre-exposure prophylaxis; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Kuhns L.M.; Perloff J.; Johnson A.K.; Paul J.L.; Pleasant K.; Evans K.; Denson D.J.; Gelaude D.J.; Bessler P.A.; Diskin R.; Cervantes M.; Garofalo R.; Hotton A.L.	A cross-sectional analysis of psychosocial and structural barriers and facilitators associated with PrEP use among a sample of transgender women in Chicago, IL	AIDS Research and Therapy	-	-	-	17426405	10.1186/s12981-023-00516-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153543441&doi=10.1186%2fs12981-023-00516-0&partnerID=40&md5=396974727654e3688c5daf6411b7a4a0	Background: Expanding pre-exposure prophylaxis (PrEP) among transgender women in the United States is an important strategy to meet national HIV prevention goals, however self-reported use of PrEP is low in this group. Methods: This study reports the findings of a cross-sectional analysis of the relationship of barriers as well as facilitators to recent PrEP use among transgender women enrolled in an evaluation of the TransLife Care project (Chicago, Illinois), a structural intervention designed to meet basic needs. We computed multivariable prevalence ratios for barriers, facilitators and recent PrEP use, controlling for demographics. Results: Findings suggest that psychosocial and structural barriers, including moderate/high alcohol use, stimulant use, and history of incarceration were all positively associated with recent PrEP use among urban transgender women. In addition, a psychosocial facilitator, gender affirmation, was positively associated with recent PrEP use, while, while collective self-esteem, a was negatively associated with it. Finally, common indications for PrEP have high sensitivity, but low specificity and predictive value for identifying those on PrEP. Conclusion: We conclude that despite a large gap in PrEP use among those with indications, individuals experiencing psychosocial and structural barriers are more likely to use PrEP, and facilitators, such as psychological sense of affirmed gender may support its use. Trial registration: N/A. © 2023, The Author(s).	HIV; Pre-exposure prophylaxis; Transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Kurek T.; Picillo E.; Shelton J.; Griffith S.; DeNagy J.	HIV Pre-exposure Prophylaxis at Two Urban Obstetrics/Gynecology Clinics in Buffalo: Awareness and Attitudes Among Non-Hispanic Black vs. Latinx Patients	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-022-01408-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137942424&doi=10.1007%2fs40615-022-01408-1&partnerID=40&md5=475c7044c7c64eb53a241db2fda6edd7	Purpose: Non-Hispanic Black and Latinx women are disproportionately affected by HIV when compared to the general population. This study evaluated awareness of and attitude towards PrEP, self-perceived HIV infection risk, and factors constituting high-risk behavior for HIV infection at two general OB/GYN clinics in Erie County, which exhibited a 31.6% increase in HIV cases from 2019 to 2020. Methods: One thousand twenty-five self-administered surveys were analyzed. Results: Of participants, 69.3% were non-Hispanic Black, 13.4% were Latinx, and 22.4% were White. There was no significant difference in awareness of or attitude toward PrEP between non-Hispanic Black and Latinx participants (p = 0.197, p = 0.467). Latinx participants exhibited the lowest awareness of PrEP compared with non-Hispanic Black and White participants (p = 0.002). Conclusions: In our high-risk group, most participants had low self-perceived risk of HIV infection and low awareness of PrEP, and most were unwilling or unsure as to whether they would take PrEP. This calls attention to a need for improved counseling regarding PrEP and what constitutes risk of HIV infection at our general OB/GYN clinics, with a potential focus on Latinx individuals. © 2022, W. Montague Cobb-NMA Health Institute.	Awareness; Black; HIV; Knowledge; Latinx; OB/GYN; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Labudde, Emily J; Gillespie, Scott; Wood, Anna; Middlebrooks, Lauren; Gooding, Holly C; Morris, Claudia R; Camacho-Gonzalez, Andres	HIV in youth prevention in the emergency department initiative: A survey of pediatric emergency medicine providers.	American Journal of Emergency Medicine	-	-	-	1532-8171	10.1016/j.ajem.2023.07.041	https://dx.doi.org/10.1016/j.ajem.2023.07.041	BACKGROUND: The incidence of HIV among adolescents remains high, and adolescents are known to participate in sexual behaviors that increase their risk for HIV, such as unprotected sex and sex with multiple partners. HIV pre-exposure prophylaxis (PrEP) has been shown to be effective at preventing HIV when taken daily and is approved by the FDA for use in adolescents. Efforts to screen patients in adult emergency departments and connect them with PrEP services have been validated. We surveyed pediatric emergency medicine (PEM) providers to determine their knowledge of PrEP, prescribing practices, willingness to prescribe, and barriers to a screening protocol in the pediatric emergency department (PED). METHODS: We administered a survey to a multidisciplinary group of PEM providers to measure knowledge, use, willingness, and implementation barriers to PrEP as well as elements needed for a successful referral system. RESULTS: A total of 87 responses were included for analysis. While 79.1% of all providers had heard of PrEP, only 14.8% of prescribing providers had ever discussed PrEP with a patient, and none had ever prescribed PrEP. Overall, 76.3% of all providers were knowledgeable about PrEP based on answers to true/false questions, with prescribing providers significantly more likely to be knowledgeable compared to nurses (p = 0.005). Knowledgeable providers had higher willingness scores to refer for PrEP compared to providers who were not knowledgeable. Ninety-two percent of providers felt a PrEP referral process from the PED would be feasible. Creation of an eligibility algorithm and educational materials were the most common efforts providers preferred to make them more likely to refer for PrEP. The most notable barriers perceived by providers included patient noncompliance with therapy (20.9%), acceptance of PrEP discussion among patients and parents (19.8%), and cost of therapy (15.1%). CONCLUSION: PEM providers are knowledgeable about PrEP but have little experience with discussing or prescribing PrEP. Their willingness to refer for PrEP and anticipated feasibility of a PrEP referral system is encouraging. These results support the need for future educational efforts among PEM providers and creation of referral systems for PrEP services from the PED.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Lade C.; MacPhail C.; Rutherford A.	Provider views of pre-exposure prophylaxis (PrEP) for cisgender women - where do women fit in HIV elimination in Australia?	Sexual Health	-	-	-	14485028	10.1071/SH23163	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180006062&doi=10.1071%2fSH23163&partnerID=40&md5=b173901498f66aa0be3e78b5050b9184	Background. HIV pre-exposure prophylaxis (PrEP) in Australia has largely been targeted at gay, bisexual and other men who have sex with men. In the context of HIV elimination, the aim of this qualitative study was to explore PrEP prescribing for Australian cisgender women from the provider's perspective. Methods. Semi-structured interviews were held with Australian prescribers in 2022. Participants were recruited through relevant clinical services, newsletter distribution and snowball sampling. Interviews were audio-recorded, transcribed and analysed thematically. Results. Seventeen prescribers participated, of whom 9 were sexual health physicians and 10 worked in New South Wales. All reported limited clinical experience prescribing PrEP for women. Potential enablers to PrEP prescribing to women included education for women and clinicians, easily identifiable risk factors, individualised risk assessment and expansion of existing services. Barriers were limited PrEP awareness among women and prescribers, difficulties with risk assessment and consult and service limitations. The type of service recommended for PrEP provision varied among participants. Conclusions. Clinician experience of PrEP prescribing to Australian cisgender women is limited, with substantial barriers to access perceived by prescribers. Targeted education to PrEP prescribers, updated national PrEP guidelines to include women as a distinct group and further research regarding women's preferred model of PrEP access are required. Clarity of clinical ownership over PrEP implementation for women and, more broadly, women's sexual health, is essential in order to achieve HIV elimination in Australia. © 2023 The Author(s).	Australia; general practice; HIV; implementation; pre-exposure prophylaxis; PrEP; prescribers; prevention; primary care; qualitative; sexual health; women	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Ladeira, MC; Miranda, MLD	Chemistry of Pre-exposure Prophylaxis (PrEP) and Brazil's Protagonism in the Fight Against HIV/AIDS: Exploring the Theme with High School Seniors	ORBITAL - The Electronic Journal of Chemistry	-	-	-	1984-6428	10.17807/orbital.v15i1.18047	https://periodicos.ufms.br/index.php/orbital/article/view/18047	The Pre-exposure Prophylaxis (PrEP) for the prevention of human immunodeficiency virus (HIV) infection consists in using antiretroviral medicine before sexual exposure to the virus to decrease probability of infection. The PrEP is capable of preventing the virus infection and promoting a healthier sexual life. Brazil has been a reference in HIV treatment not only because it was the first country in Latin America to offer free antiretroviral treatment to virus carriers but also because it participated in the Initiative in Pre-exposure Prophylaxis (iPrEP), a study that was carried out in several countries worldwide and proved effectiveness of the PrEP. Medication distributed by the Brazilian Public Health System (SUS) is quite unknown to the population. To mitigate current proliferation of sexually transmitted diseases (STDs) and increase in pregnancy cases among adolescents, sexual orientation has been intensified in schools and, thus, it has also become their responsibility, rather than parents' responsibility alone. Therefore, this study aimed at carrying out dynamic and dialogic interventions about the PrEP in classes taught to High School seniors who attend technical courses in Commerce and in Development of Digital Games at the Instituto Federal do Triangulo Mineiro - Campus Uberlandia Centro, Uberlandia, Minas Gerais (MG), Brazil. A dialogical Chemistry class was taught to show students several images and chemical structures of active ingredients found in the medication (PrEP). Besides, students answered a questionnaire with open questions anonymously to evaluate the effect of the class on their learning about sexual education, HIV/AIDS and, mainly, the PrEP. Students showed much interest in the tasks and interacted positively. Results of the questionnaire enabled to observe students' increase in knowledge about the PrEP. In sum, this study enabled the PrEP to be better disseminated, since doubts were mitigated. GRAPHICS .	Sexual education; Chemistry teaching; Exposure Prophylaxis; High School; IFTM-UDICENTRO	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Laguno M.; Ugarte A.; Martinez-Rebollar M.; Sobrino Y.; Font G.; de Lazzari E.; de la Mora L.; Torres B.; Chivite I.; Riera J.; Ambrosioni J.; Inciarte A.; González-Cordón A.; Rojas J.; Cordón E.; Blanco J.L.; Martínez E.; Mallolas J.	PrEP program experience in a hospital HIV unit. Description of baseline user profile and identification of opportunities for improvement; Experiencia de un programa de profilaxis preexposición en una unidad de virus de la inmunodeficiencia humana hospitalaria. Descripción del perfil basal del usuario e identificación de oportunidades de mejora	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	0213005X	10.1016/j.eimc.2021.04.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106603787&doi=10.1016%2fj.eimc.2021.04.005&partnerID=40&md5=36123597472be8de640b4605a0357c38	Introduction: Pre-Exposure Prophylaxis (PrEP) is a biomedical intervention to prevent HIV infection in seronegative people at high risk of becoming infected. This strategy was endorsed in October 2019 by the Spanish Ministry of Health. Objective: To present the PrEP initial experience in the HIV Unit of the Hospital Clinic de Barcelona, paying special attention to the analysis of the vulnerability factors in the cohort. Materials and methods: Retrospective, descriptive study. The epidemiological, sociodemographic, and clinical characteristics of the users included in the program during the first year are analyzed, paying particular attention to Infections, risky practices, and substance use. Results: 190 individuals were included, 177 men and 12 trans women with a mean age of 35 years (8 SD). 70% had higher education, and half had Spanish nationality. An average of 10 couples per trimester and 60% reported unprotected anal sex. 31% had at least one positive PCR for STIs, with N. gonorrhoeae being the most prevalent microorganism (51%) and the rectal sample the most affected (21%). 63% reported chemsex use, 19% polydrug use, and 8% "slamming". Half expressed concern about consumption and/or sexual practices and 25% the need for help. Conclusions: The PrEP user profile attended in our Hospital Unit justifies the creation of multidisciplinary teams that allow us to provide holistic attention to the sexual life of these people. © 2021 The Authors	chemsex; Human immunodeficiency virus; pre-exposure prophylaxis; sexually transmitted infections	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2023	Laguno, Montserrat; Ugarte, Ainoa; Martinez-Rebollar, María; Sobrino, Yeray; Font, Guillermo; Lazzari, Elisa de; Mora, Lorena de la; Torres, Berta; Chivite, Iván; Riera, Josep	Experiencia de un programa de profilaxis preexposición en una unidad de virus de la inmunodeficiencia humana hospitalaria. Descripción del perfil basal del usuario e identificación de oportunidades de mejora	Enfermedades Infecciosas y Microbiología Clínica	-	-	-	0213-005X	10.1016/j.eimc.2021.04.005	https://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-articulo-experiencia-un-programa-profilaxis-preexposicion-S0213005X21001786	Introducción: La profilaxis preexposición (PrEP) es una intervención biomédica dirigida a prevenir la infección por el VIH en personas seronegativas con alto riesgo de contraer la infección. Esta estrategia fue aprobada por el Ministerio de Salud de España en octubre de 2019. Objetivo: Presentar la experiencia inicial de la PrEP en la Unidad de VIH del Hospital Clínic de Barcelona, poniendo especial atención en el análisis de los factores de vulnerabilidad de la cohorte. Materiales y métodos: Estudio retrospectivo, descriptivo. Se analizan las características epidemiológicas, sociodemográficas y clínicas basales de los usuarios incluidos en el programa durante el primer año de funcionamiento, prestando particular atención a las infecciones, las prácticas de riesgo y el consumo de sustancias. Resultados: Se incluyeron 190 individuos, 177 hombres y 12 mujeres transexuales con una edad media de 35 años (8DE). El 70% tenía estudios superiores y la mitad nacionalidad española. Informaron de tener 10 parejas de media al trimestre y el 60% de practicar sexo anal desprotegido. El 31% presentó al menos una PCR positiva para ITS, siendo la N. gonorrhoeae el germen más prevalente (51%) y la muestra rectal la más afectada (21%). El 63% reportó el uso de chemsex, el 19% policonsumo y el 8% slamming. La mitad expresó su preocupación por el consumo y/o prácticas sexuales y un 25% la necesidad de ayuda. Conclusiones: El perfil del usuario de PrEP visitado en nuestra unidad hospitalaria justifica la creación de equipos multidisciplinares que permitan prestar una atención holística de la vida sexual de estas personas.(AU)	Human immunodeficiency viruspre-exposure prophylaxissexually transmitted infectionschemsex	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical

Article	2023	Lake, Jordan E.; Miao, Hongyu; Bowman, Emily R.; Clark, Jesse L.; Hyatt, Ana N.; Kettelhut, Aaren; Lama, Javier R.; Reisner, Sari L.; Mayer, Kenneth H.; Perez-Brumer, Amaya; Funderburg, Nicholas	Gender-affirming hormone therapy decreases d-dimer but worsens insulin sensitivity in transgender women.	HIV Medicine	-	-	-	-	1468-1293 1464-2662	10.1111/hiv.13522	https://pubmed.ncbi.nlm.nih.gov/37386803/	OBJECTIVES: Gender-affirming hormonal therapies (GAHT) and HIV increase cardiovascular risk for transgender women (TW), yet there is a paucity of data quantifying cardiometabolic changes following GAHT initiation, particularly among TW with HIV. METHODS: The Féminas study enrolled TW from October 2016 to March 2017 in Lima, Peru. Participants reported sexual activity that was high risk for HIV acquisition or transmission. All were tested for HIV/ sexually transmitted infection and were given access to GAHT (oestradiol valerate and spironolactone), HIV pre-exposure prophylaxis (PrEP) or antiretroviral therapy (ART) for 12 months. Biomarker measurement was done on stored serum, whereas fasting glucose and lipids were measured in real time. RESULTS: In all, 170 TW (32 with HIV, 138 without HIV) had median age 27 years and 70% prior GAHT use. At baseline, PCSK9, sCD14, sCD163, IL-6, sTNFRI/II, CRP and EN-RAGE levels were significantly higher in TW with HIV than in TW without HIV. High-density lipoprotein and total cholesterol were lower and insulin and glucose parameters were similar. All TW with HIV started ART, but only five achieved virological suppression at any time. No TW without HIV initiated PrEP. Over 6 months, all participants initiated GAHT and had worsening insulin, glucose and HOMA-IR. Large d-dimer decreases also occurred. Similar changes occurred in TW with and without HIV. CONCLUSIONS: In this unique cohort of TW, GAHT decreased d-dimer but worsened insulin sensitivity. Because PrEP uptake and ART adherence were very low, observed effects are primarily attributed to GAHT use. Further study is needed to better understand cardiometabolic changes in TW by HIV serostatus.	Adult; Humans; Female; HIV; *HIV Infections/drug therapy/prevention & control; *Transgender Persons; *Insulin Resistance; transgender women; insulin resistance; cardiovascular disease; feminizing hormone therapy; Estradiol/therapeutic use; *Cardiovascular Diseases; Glucose; *Insulins/therapeutic use; Proprotein Convertase 9	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Lamônica, Juliana de Souza; Magno, Laio; Santos, Julia Elen Jesus da Silva; Dourado, Ines; Santos, Adriano Maia dos; Pereira, Marcos	Unwillingness to prescribe PrEP by health care professionals of specialized HIV/AIDS services in Northeastern Brazil	Cadernos de Saúde Pública	-	-	-	-	1678-4464	10.1590/0102-311xen121322	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2023000505008	This study aimed to analyze factors associated with the unwillingness to prescribe pre-exposure prophylaxis (PrEP) by health care professionals of specialized HIV/AIDS services. This is a cross-sectional study with 252 health care professionals in 29 specialized care services (SCSs) in HIV/AIDS in 21 municipalities in the state of Bahia, Brazil. The inclusion criterion was that the professional had worked for at least six months in the service. Sociodemographic, occupational, and behavioral data were collected using a questionnaire. Logistic regression was performed with an estimation of crude and adjusted odds ratio (OR) and respective 95% confidence intervals (95%CI). The unwillingness to prescribe PrEP was 15.2% (95%CI: 10.8-19.6). The factors associated with unwillingness to prescribe PrEP were non-prescription of HIV self-tests for key populations (adjustedOR = 5.4; 95%CI: 1.3-22.4) nor post-exposure prophylaxis (adjustedOR = 2.00; 95%CI: 1.3-3.1), location of the SCS in the state capital (adjustedOR = 3.9; 95%CI: 1.4-10.2), and SCSs without PrEP offer (adjustedOR = 1.7; 95%CI: 1.1-2.8); professionals who have not reported the need to conduct training and courses (adjustedOR = 1.3; 95%CI: 1.1-1.8), or training with more experienced professionals (adjustedOR = 1.8; 95%CI: 1.1-3.8), was associated with a lower proportion of unwillingness to prescribe PrEP. Our results indicate that health care professionals' contextual, organizational, and training factors can contribute to PrEP indication. We suggest expanding ongoing training in combined HIV prevention among health care professionals and increasing the availability of PrEP in health services.	HIV; Attitude of Health Personnel; Pre-Exposure Prophylaxis; VIH; Profilaxia Pré-Exposição; Profilaxis Pre-Exposición; Actitud del Personal de Salud; Atitude do Pessoal de Saúde; Conhecimento; Conocimiento; Knowledge	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Landovitz R.J.; Hanscom B.S.; Clement M.E.; Tran H.V.; Kallas E.G.; Magnus M.; Sued O.; Sanchez J.; Scott H.; Eron J.J.; del Rio C.; Fields S.D.; Marzinke M.A.; Eshleman S.H.; Donnell D.; Spinelli M.A.; Kofron R.M.; Berman R.; Piwowar-Manning E.M.; Richardson P.A.; Sullivan P.A.; Lucas J.P.; Anderson P.L.; Hendrix C.W.; Adeyeye A.; Rooney J.F.; Rinehart A.R.; Cohen M.S.; McCauley M.; Grinsztejn B.	Efficacy and safety of long-acting cabotegravir compared with daily oral tenofovir disoproxil fumarate plus emtricitabine to prevent HIV infection in cisgender men and transgender women who have sex with men 1 year after study unblinding: a secondary analysis of the phase 2b and 3 HPTN 083 randomised controlled trial	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(23)00261-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176459338&doi=10.1016%2fS2352-3018%2823%2900261-8&partnerID=40&md5=db05105251630046013abb5c394cec4a	Background: Injectable cabotegravir was superior to daily oral tenofovir disoproxil fumarate plus emtricitabine for HIV prevention in two clinical trials. Both trials had the primary aim of establishing the HIV prevention efficacy of long-acting injectable cabotegravir pre-exposure prophylaxis (PrEP) compared with tenofovir disoproxil fumarate plus emtricitabine daily oral PrEP. Long-acting PrEP was associated with diagnostic delays and integrase strand-transfer inhibitor (INSTI) resistance. This report presents findings from the first unblinded year of the HIV Prevention Trials Network (HPTN) 083 study. Methods: The HPTN 083 randomised controlled trial enrolled HIV-uninfected cisgender men and transgender women at elevated HIV risk who have sex with men, from 43 clinical research sites in Africa, Asia, Latin America, and the USA. Inclusion criteria included: a negative HIV serological test at the screening and study entry, undetectable HIV RNA levels within 14 days of study entry, age 18 years or older, overall good health as determined by clinical and laboratory evaluations, and a creatinine clearance of 60 mL/min or higher. Participants were randomly allocated to receive long-acting injectable cabotegravir or daily oral tenofovir disoproxil fumarate plus emtricitabine PrEP. After study unblinding, participants remained on their original regimen awaiting an extension study. HIV infections were characterised retrospectively at a central laboratory. Here we report the secondary analysis of efficacy and safety for the first unblinded year. The primary outcome was incident HIV infection. Efficacy analyses were done on the modified intention-to-treat population using a Cox regression model. Adverse events were compared across treatment groups and time periods (blinded vs unblinded). This trial is registered with ClinicalTrials.gov, NCT02720094. Findings: Of the 4488 participants who contributed person-time to the blinded analysis, 3290 contributed person-time to the first unblinded year analysis between May 15, 2020, and May 14, 2021. Updated HIV incidence in the blinded phase was 0·41 per 100 person-years for long-acting injectable cabotegravir PrEP and 1·29 per 100 person-years for daily oral tenofovir disoproxil fumarate plus emtricitabine PrEP (hazard ratio HR 0·31 95% CI 0·17–0·58, p=0·0003). HIV incidence in the first unblinded year was 0·82 per 100 person-years for long-acting PrEP and 2·27 per 100 person-years for daily oral PrEP (HR 0·35 0·18–0·69, p=0·002). Adherence to both study products decreased after study unblinding. Additional infections in the long-acting PrEP group included two with on-time injections; three with one or more delayed injections; two detected with long-acting PrEP reinitiation; and 11 more than 6 months after their last injection. Infection within 6 months of cabotegravir exposure was associated with diagnostic delays and INSTI resistance. Adverse events were generally consistent with previous reports; incident hypertension in the long-acting PrEP group requires further investigation. Interpretation: Long-acting injectable cabotegravir PrEP retained high efficacy for HIV prevention in men and transgender women who have sex with men during the first year of open-label follow-up, with a near-identical HR for HIV risk reduction between long-acting injectable cabotegravir and daily oral tenofovir disoproxil fumarate plus emtricitabine PrEP during the first year after unblinding compared with the blinded period. Extended follow-up further defined the risk period for diagnostic delays and emergence of INSTI resistance. Funding: Division of AIDS at the National Institute of Allergy and Infectious Diseases, ViiV Healthcare, and Gilead Sciences. © 2023 Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	Acquired Immunodeficiency SyndromeAdolescentAnti-HIV AgentsEmtricitabineFemaleHIV InfectionsHIV-1HumansMalePre-Exposure ProphylaxisRetrospective StudiesTenofovirTransgender Persons	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Landovitz, Raphael J.; Scott, Hyman; Deeks, Steven G.	Prevention, treatment and cure of HIV infection.	Nature reviews. Microbiology	-	-	-	-	1740-1534 1740-1526	10.1038/s41579-023-00914-1	https://pubmed.ncbi.nlm.nih.gov/37344551/	The development of antiretroviral therapy for the prevention and treatment of HIV infection has been marked by a series of remarkable successes. However, the efforts to develop a vaccine have largely failed, and efforts to discover a cure are only now beginning to gain traction. In this Review, we describe recent progress on all fronts - pre-exposure prophylaxis, vaccines, treatment and cure - and we discuss the unmet needs, both current and in the coming years. We describe the emerging arsenal of drugs, biologics and strategies that will hopefully address these needs. Although HIV research has largely been siloed in the past, this is changing, as the emerging research agenda is marked by multiple cross-discipline synergies and collaborations. As the limitations of antiretroviral drugs as a means to truly end the epidemic are becoming more apparent, there is a great need for continued efforts to develop an effective preventative vaccine and a scalable cure, both of which remain formidable challenges.	Humans; *HIV Infections/drug therapy/prevention & control	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Lanier P.; Kennedy S.; Snyder A.; Smith J.; Napierala E.; Talbert J.; Hammerslag L.; Humble L.; Myers E.; Whittington A.; Smith J.; Bachhuber M.; Austin A.; Blount T.; Stehlin G.; Lopez-De Fede A.; Nguyen H.; Bruce J.; Grijalva C.G.; Krishnan S.; Otter C.; Horton K.; Seiler N.; Pearson W.S.	STI Testing among Medicaid Enrollees Initiating PrEP for HIV Prevention in Six Southern States	Southern Medical Journal	-	-	-	-	384348	10.14423/SMJ.0000000000001564	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160967686&doi=10.14423%2fSMJ.0000000000001564&partnerID=40&md5=78e5e5ddd259d0bf4fc30bbbe0044aeb	Objectives The purpose of this study was to measure sexually transmitted infection (STI) testing among Medicaid enrollees initiating preexposure prophylaxis (PrEP) to prevent human immunodeficiency virus. Secondary data are in the form of Medicaid enrollment and claims data in six states in the US South. Methods Research partnerships in six states in the US South developed a distributed research network to accomplish study aims. Each state identified all first-time PrEP users in fiscal year 2017-2018 (combined N = 990) and measured the presence of STI testing for chlamydia, syphilis, and gonorrhea through 2019. Each state calculated the percentage of individuals with at least one STI test during 3-, 6-, and 12-month follow-up periods. Results The proportion of first-time PrEP users that received an STI test varied by state: 37% to 67% of all of the individuals in each state who initiated PrEP received a test within the first 6 months of PrEP treatment and 50% to 77% received a test within the first 12 months. Conclusions Although the Centers for Disease Control and Prevention recommends STI testing at least every 6 months for PrEP users, our analysis of Medicaid data suggests that STI testing occurs less frequently than recommended in populations at elevated risk of syphilis, gonorrhea, and chlamydia. © Lippincott Williams & Wilkins.	delivery of health care; health services research; HIV; Medicaid; sexually transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	Lapointe, Hope Ryan	Development and implementation of sequencing strategies to combat global epidemics of viral pathogens	-	-	University of British Columbia	-	NA	10.14288/1.0435601	http://hdl.handle.net/2429/85645	Deoxyribonucleic acid (DNA) sequencing technologies allow novel research and public health opportunities to characterize and intervene in viral outbreaks across the globe. The overarching aim of this thesis is to utilize various sequencing technologies to characterize viral pathogens for different purposes. Here, three different sequencing approaches for monitoring the human pathogens Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) are discussed. HIV genotyping can be utilized to identify drug resistance-associated mutations and guide HIV treatment. However, access to such testing is currently insufficient in resource-limited settings to enable routine genotypic HIV drug resistance testing. Retrospective studies in the form of resistance surveys can be performed to assess population-level HIV drug resistance. Here, two large HIV resistance surveys were performed for Eswatini and Malawi to identify the proportion of individuals with pre-existing HIV drug resistance. These data were pivotal in these countries' selection of HIV treatments for their populations. Sequencing also has the potential to identify the time of viral infection based the accumulation of mutations in the genome. A discussion is provided where this approach is used in the context of identifying causes of failure of tenofovir pre-exposure prophylaxis for preventing HIV infection. Conversely, phylogenetic analysis of sequence data, which reveals the relatedness between viral sequences, can inform outbreak monitoring. Another discussion on the practical and ethical considerations of utilizing HIV sequence data is provided. The second objective of this thesis is to develop and implement newer "next-generation" sequencing platforms to better characterize genetic patterns amongst other viruses. A genotype-independent sequencing assay for the Hepatitis C Virus (HCV) on the Illumina MiSeq is described and validated. This assay enables parallel identification of the HCV infection genotype, as well as detection of any resistance-associated mutations. Additionally, a nanopore sequencing assay was rapidly deployed during the onset of the COVID-19 pandemic to sequence the causative agent, SARS-CoV-2. A final study describes the development of a SARS-CoV-2 sequencing strategy in collaboration with the Artic Network. This thesis supports the ongoing use of sequencing to characterize viral pathogens for therapy optimization and molecular epidemiology.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	-	-	Quantitative
Article	2023	Laurent C.; Yaya I.; Cuer B.; Sagaon-Teyssier L.; Mensah E.; Dah T.T.E.; Coulibaly A.; Kouame M.J.-B.; Peytavin G.; Serrano L.; Eubanks A.; Traore I.; Diallo F.; Riegel L.; Rojas Castro D.; Dagnra C.A.; Anoma C.; Vuylsteke B.; Dembele Keita B.; Spire B.	Human Immunodeficiency Virus Seroconversion among Men Who Have Sex with Men Who Use Event-Driven or Daily Oral Pre-Exposure Prophylaxis (CohMSM-PrEP): A Multi-Country Demonstration Study from West Africa	Clinical Infectious Diseases	-	-	-	-	10584838	10.1093/cid/ciad221	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170241005&doi=10.1093%2fcid%2fciad221&partnerID=40&md5=f035be04524dc36f27d3249e469db07e	Background: Data on human immunodeficiency virus (HIV) seroconversion among men who have sex with men (MSM) using pre-exposure prophylaxis (PrEP) in West Africa are needed. This study aimed to document HIV seroconversion and associated determinants, PrEP adherence, plasma drug concentrations, and HIV drug resistance in MSM using event-driven or daily PrEP in Burkina Faso, Côte d'Ivoire, Mali, and Togo. Methods: A prospective cohort study was conducted in 2017-2021 among HIV-seronegative MSM aged 18 or over who were at high risk of HIV infection. Participants could choose between event-driven and daily PrEP, switch regimens, and discontinue or restart PrEP. The determinants of HIV incidence were investigated using a multivariate mixed-effects Poisson regression analysis. Results: A total of 647 participants were followed for a total time of 1229.3 person-years. Of 5371 visits, event-driven PrEP was chosen in 3873 (72.1%), and daily PrEP in 1400 (26.1%). HIV incidence was 2.4 per 100 person-years (95% confidence interval CI 1.5-3.6) for event-driven PrEP, and 0.6 per 100 person-years (95% CI 1.2-3) for daily PrEP (adjusted incidence rate ratio 4.40, 95% CI 1.00-19.36, P =. 050). Adequate adherence was lower with event-driven than daily PrEP (44.3% vs 74.9%, P <. 001). Plasma drug concentrations were undetectable in 92 (97.9%) of the 94 measures taken for 23 participants who seroconverted. Only 1 participant had resistance to PrEP drugs. Conclusions: HIV seroconversions mainly occurred in participants who chose event-driven PrEP. The study's data highlighted major difficulties with adherence to this regimen. Improving adherence to event-driven PrEP constitutes a major research and public health priority in this context. © 2023 The Author(s).	Africa; HIV; MSM; PrEP; seroconversion	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Lavoie M.-C.C.; Blanco N.; Mwango L.K.; Nichols B.E.; Whittington A.; Lindsay B.; Adebayo O.; Mujansi M.; Tembo K.; Hachaambwa L.; Mumba D.; Musonda B.; Claassen C.W.	Addressing the Need for a Preexposure Prophylaxis Monitoring and Evaluation Implementation Guide: Experience From Zambia	Global Health Science and Practice	-	-	-	-	2169575X	10.9745/GHSP-D-22-00396	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159236473&doi=10.9745%2fGHSP-D-22-00396&partnerID=40&md5=dcfb63c5cc58845821aa3dd56c0df17e	Background: The HIV care continuum comprises well-defined steps and indicators. In contrast, indicators along the preexposure prophylaxis (PrEP) cascade are still in the early stages of implementation. Monitoring and evaluation (M&E) of PrEP services is critical to optimizing PrEP uptake and adherence during periods of HIV risk. We provide an overview of global indicators for PrEP, describe the development process and outcomes of Zambia's 2022 National Pre-Exposure Prophylaxis (PrEP) Program Monitoring & Evaluation Implementation Guide, and discuss the guide's implications for other countries in sub-Saharan Africa. National M&E Guide Development Process: During the scale-up of PrEP, the Zambia Ministry of Health (MOH) and the National HIV/AIDS/STI/TB Council recognized the need for a national unified monitoring system to guide the effective implementation of PrEP services. Stakeholders from the MOH, civil society, professional organizations, funding agencies, and implementing partners developed the National Pre-Exposure Prophylaxis (PrEP) Program Monitoring & Evaluation Implementation Guide. This guide is aligned with the existing global indicators from the World Health Organization and the U.S. President's Emergency Plan for AIDS Relief and adapted to the country's needs, context, and health information systems. Zambia's experience in developing the guide has highlighted the importance of strengthening client-level monitoring systems for HIV prevention, ensuring flexibility of the PrEP monitoring system to accommodate PrEP delivery modalities and differentiated service delivery models, and training health workers to enhance PrEP services and deliver care PrEP services along the continuum to prevent HIV acquisition effectively. Conclusions: Using a collaborative and consensus-based approach, Zambia developed its first national PrEP M&E implementation guide to provide standardized guidelines for optimizing the delivery, monitoring, and evaluation of PrEP service delivery. Zambia's experience can inform other countries in sub-Saharan Africa as they develop national M&E implementation approaches for PrEP. © Lavoie et al.	Acquired Immunodeficiency SyndromeAnti-HIV AgentsHIV InfectionsHumansPre-Exposure ProphylaxisProgram EvaluationZambia	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Lavoie, Marie-Claude C; Okui, Lillian; Blanco, Natalia; Stoebenau, Kirsten; Magidson, Jessica F; Gokatweng, Gadzikanani; Ikgopoleng, Kaizer; Charurat, Manhattan E; Ndwapi, Ndwapi	Feasibility and acceptability of peer-delivered interventions using mHealth for PrEP services among adolescent girls and young women in DREAMS program in Botswana.	Global Health Action	-	-	-	-	1654-9880	10.1080/16549716.2023.2231256	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10355684	BACKGROUND: Adolescent girls and young women accounted for 25% of all new HIV infections despite representing only 10% of the population in Sub Saharan Africa. PEPFAR has launched the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) initiative, a comprehensive HIV prevention program including PrEP services. Among adolescent girls and young women, PrEP adherence is currently sub-optimal. Tailored strategies for adolescent girls and young women to improve access and use of PrEP delivery are urgently needed to maximise its potential. Recommended interventions include peer-delivered interventions using mobile technology. However, data on the feasibility and acceptability of this approach is limited for SSA. OBJECTIVES: We assessed the feasibility and perceived acceptability of providing mHealth peer-delivered interventions to support PrEP services among adolescent girls and young women in Botswana. METHODS: This cross-sectional study included HIV-negative women aged 18-24 years old seeking health services at DREAMS-supported facilities. Participants completed a survey assessing the feasibility and perceived acceptability of the mHealth peer-delivered interventions, which included the Acceptability of Intervention Measure (AIM). Descriptive analyses were performed. RESULTS: A total of 131 participated in the study. Overall, 89% owned a mobile phone (feasibility). There was no difference in cell phone ownership between participants from rural and urban settings. Among participants, 85% reported interest in participating in a mHealth peer-delivered intervention if it was available to them. Regarding perceived acceptability for mHealthpeer support groups for PrEP, the average score on the AIM was 3.8 out of 5 (SD = 0.8). CONCLUSION: mHealthpeer-delivered interventions appear to be feasible and perceived acceptable among adolescent girls and young women in Botswana. This modality should be incorporated into PEPFAR's programmatic toolkit of implementation strategies to improve PrEP services.	Pre-exposure prophylaxis, HIV prevention, Botswana, adolescent girls, peer interventions, mhealth	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Leblanc J.-F.; Custer B.; Van de Laar T.; Drews S.J.; Germain M.; Lewin A.	HIV Pre-Exposure Prophylaxis, Blood Donor Deferral, Occult Infection, and Risk of HIV Transmission by Transfusion: A Fine Balance Between Evidence-Based Donor Selection Criteria and Transfusion Safety	Transfusion Medicine Reviews	-	-	-	-	8877963	10.1016/j.tmrv.2023.150754	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172463053&doi=10.1016%2fj.tmrv.2023.150754&partnerID=40&md5=b263502eea536a1ecb07f3871dad92d	Pre- and postexposure prophylaxis for human immunodeficiency virus (HIV) are key to reducing the transmission of this virus. Furthermore, low-toxicity, long-acting formulations provide additional clinical benefits, in particular easier adherence to treatment and prevention. However, breakthrough HIV infections can occur despite the use of pre-exposure prophylaxis (PrEP), mainly due to suboptimal adherence or multi-drug resistant HIV strains. Albeit rare, PrEP breakthrough infections have also been reported in fully adherent patients. Should such breakthrough infection occur in an eligible blood donor, PrEP might suppress viremia and delay antibody seroconversion, thereby masking the infection and increasing the risk of transfusion transmission. This possibility has raised concerns in the blood transfusion community but remains little documented. Therefore, a literature search was performed to assess the state of knowledge on the risk of PrEP breakthrough infection, with a particular focus on the risk of HIV entering the blood supply. Evidently, PrEP breakthrough infections are rare, although the risk is not zero. Moreover, a fraction of individuals — blood donors — do not disclose PrEP use according to various surveys and measurements of HIV PrEP analytes. Additionally, viremia and seroconversion may remain undetectable or close to the limit of detection for a long time after cessation of PrEP, particularly with long-acting antiretrovirals. Therefore, current recommendations to defer donors for at least 3 months after the last dose of oral PrEP or 2 years for long-acting PrEP appear justified, as they safeguard the blood supply and public trust toward the system. These recommendations help to safeguard blood safety and public trust in the blood supply. © 2023 Elsevier Inc.	Anti-retroviral agents; Cabotegravir; Donor selection; HIV infections; Pre-exposure prophylaxis; Seroconversion; TDF/FTC; Viremia	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Lee F.; Khanna A.S.; Hallmark C.J.; Lavingia R.; McNeese M.; Zhao J.; McNeese M.L.; Khuwaja S.; Ardestani B.M.; Collier N.; Ozik J.; Hotton A.L.; Harawa N.T.; Schneider J.A.; Fujimoto K.	Expanding Medicaid to Reduce Human Immunodeficiency Virus Transmission in Houston, Texas: Insights from a Modeling Study	Medical Care	-	-	-	-	257079	10.1097/MLR.0000000000001772	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143557838&doi=10.1097%2fMLR.0000000000001772&partnerID=40&md5=7f87450e8a658b3f291cc4a57c0882fe	Context: Medicaid expansion has been nationally shown to improve engagement in the human immunodeficiency virus (HIV) treatment and prevention continua, which are vital steps to stopping the HIV epidemic. New HIV infections in the United States are disproportionately concentrated among young Black men who have sex with men (YBMSM). Houston, TX, is the most populous city in the Southern United States with a racially/ethnically diverse population that is located in 1 of 11 US states that have not yet expanded Medicaid coverage as of 2021. Methods: An agent-based model that incorporated the sexual networks of YBMSM was used to simulate improved antiretroviral treatment and pre-exposure prophylaxis (PrEP) engagement through Medicaid expansion in Houston, TX. Analyses considered the HIV incidence (number of new infections and as a rate metric) among YBMSM over the next 10 years under Medicaid expansion as the primary outcome. Additional scenarios, involving viral suppression and PrEP uptake above the projected levels achieved under Medicaid expansion, were also simulated. Results: The baseline model projected an HIV incidence rate of 4.96 per 100 person years (py) and about 368 new annual HIV infections in the 10th year. Improved HIV treatment and prevention continua engagement under Medicaid expansion resulted in a 14.9% decline in the number of annual new HIV infections in the 10th year. Increasing viral suppression by an additional 15% and PrEP uptake by 30% resulted in a 44.0% decline in new HIV infections in the 10th year, and a 27.1% decline in cumulative infections across the 10 years of the simulated intervention. Findings: Simulation results indicate that Medicaid expansion has the potential to reduce HIV incidence among YBMSM in Houston. Achieving HIV elimination objectives, however, might require additional effective measures to increase antiretroviral treatment and PrEP uptake beyond the projected improvements under expanded Medicaid. © 2023 Lippincott Williams and Wilkins. All rights reserved.	computer simulation; data mining; HIV; pre-exposure prophylaxis; preventive medicine; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Lee J.J.; Li Verdugo J.; Xiao A.Y.; Vo K.	Digital Interventions to Enhance PrEP Uptake and Adherence Through Stigma Reduction	Current HIV/AIDS Reports	-	-	-	-	15483568	10.1007/s11904-023-00685-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178923033&doi=10.1007%2fs11904-023-00685-7&partnerID=40&md5=c1ad716987c1ab93b6c764cf0586955b	Purpose of Review: Although pre-exposure prophylaxis (PrEP) is effective for reducing risk of HIV transmission, stigma persists as a barrier to HIV prevention. Digital technologies present opportunities to access hard-to-reach populations and increase the efficiency of established interventions. This review examines current digital interventions addressing stigma to improve PrEP-related outcomes. Recent Findings: Digital technologies are increasingly used for HIV prevention and include a wide range of formats. Recent interventions focused on stigma and PrEP tend to engage mobile phone-related technology and focus on younger populations with particular attention to men who have sex with men and transgender women. Summary: Digital interventions that address stigma are promising for improving PrEP-related outcomes. No single technology currently demonstrates consistent superiority. Limited access to PrEP and heightened stigma in under-resourced countries present challenges for interventions supporting diverse communities. Further research should examine how digital interventions can reduce stigma beyond the individual level to enhance PrEP use and explore opportunities to improve and integrate approaches to stigma measurement. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Digital interventions; HIV prevention; Pre-exposure prophylaxis; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Lee J.S.; Batchelder A.W.; Stanton A.M.; Westphal L.; Klevens R.M.; Mayer K.H.; O'Cleirigh C.	Structural vulnerabilities and PrEP awareness among Boston heterosexuals and people who inject drugs at risk for HIV: findings from 2018 to 2019 cycles from the Boston, MA site of the NHBS	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2288646	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179954783&doi=10.1080%2f09540121.2023.2288646&partnerID=40&md5=324dda1b2dccabaad943939cae86c8ff	Little is known about biopsychosocial factors relating to pre-exposure prophylaxis (PrEP) awareness among people with either heterosexual or injection drug use HIV risk behaviors. Participants engaged in vaginal/anal sex with a person of the opposite sex (N = 515) or were people who injected drugs (PWID; N = 451) in the past 12 months from 2018-2019 in Boston, MA. We examined associations between PrEP awareness and: homelessness; perceived HIV-related stigma; country of birth; bacterial STDs, chlamydia, and/or gonorrhea in the past 12 months, lifetime hepatitis C virus (HCV) infection, sexual orientation, and poverty. More PWID (36.8%) were aware of PrEP than people with heterosexual HIV risk (28%; p =.001). Among people with heterosexual risk, homelessness (aOR = 1.99, p =.003), and among PWID: homelessness (aOR = 2.11, p =.032); bacterial STD (aOR = 2.96, p =.012); chlamydia (aOR = 6.14, p =.008); and HCV (aOR = 2.40, p <.001) were associated with increased likelihood of PrEP awareness. In the combined sample: homelessness (aOR = 2.25, p <.001); HCV (aOR = 2.18, p <.001); identifying as homosexual (aOR = 3.71, p =.036); and bisexual (aOR = 1.55, p =.016) were each associated with PrEP awareness. Although having an STD, HCV, identifying as homosexual or bisexual, and experiencing homelessness were associated with increased PrEP awareness, most participants were unaware of PrEP. Efforts to increase PrEP awareness could engage PWID and heterosexual HIV risk behavior. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	homelessness; people who inject drugs; Pre-exposure prophylaxis (PrEP); PrEP awareness; sexually transmitted infection	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Lee L.C.; Pollak B.A.; Coffey C.P.	Implementing a collaborative practice agreement for HIV pre-exposure prophylaxis in the primary care setting	Journal of the American Pharmacists Association	-	-	-	-	15443191	10.1016/j.japh.2022.09.011	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139819504&doi=10.1016%2fj.japh.2022.09.011&partnerID=40&md5=0fbe8ad5284459aa42c05dd71492e989	Background: Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) medications are highly effective at reducing HIV transmission despite their underutilization. Pharmacists can be involved in HIV PrEP management through collaborative practice agreements (CPAs). Objectives: This study aimed to (1) describe the development of a CPA for a pharmacist-led HIV PrEP service within an outpatient primary care clinic and (2) describe the growth of the HIV PrEP CPA service after implementation. Practice description: The service was developed and implemented within a network of 7 outpatient general internal medicine (GIM) clinics associated with a large academic medical center. Pharmacists are embedded in the clinics and provide care alongside an interprofessional team. Practice innovation: An HIV PrEP CPA was developed and implemented by primary care pharmacists to increase access to HIV PrEP therapy through pharmacist-led visits. The pharmacist-led visits were piloted at one site before expanding to the other primary care clinics. Evaluation methods: Data were analyzed using an electronic health record-generated report that included all patients prescribed HIV PrEP medications by a GIM primary care provider (PCP) within the last year. The report was generated before the start of the intervention in October 2021 and again in May 2022. Retrospective chart review was then used to identify prescribing patterns and referrals to the pharmacy HIV PrEP CPA. Results: Seven months after the start of the HIV PrEP CPA, 122 patients were prescribed HIV PrEP by a GIM PCP. Thirty-four patients (27.9%) were newly started on HIV PrEP by a GIM PCP since the beginning of the initiative. A total of 53 patient referrals (43.4%) were placed to the pharmacy team. Five of the 7 GIM clinics have established pharmacist-led HIV PrEP services. Conclusion: This report describes the successful development and implementation of a pharmacist-led HIV PrEP CPA in Ohio. © 2022 American Pharmacists Association®	Community Pharmacy ServicesHIVHIV InfectionsHumansPharmacistsPre-Exposure ProphylaxisPrimary Health CareRetrospective Studies	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Lee, Jane J; Barry, Michael P; Kerani, Roxanne P; Sanchez, Travis H; Katz, David A	The Pre-exposure Prophylaxis (PrEP) Care Continuum Among English-Speaking Latino Sexual Minority Men in the United States (2014-2020).	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003187	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10272091	BACKGROUND: There is limited understanding of the pre-exposure prophylaxis (PrEP) care continuum specific to Latino/x gay, bisexual, and other sexual minority men (SMM) that encompasses the population residing outside of large metropolitan or urban areas. SETTING: We examined trends and characteristics associated with the PrEP care continuum with data from the 2014-2020 cycles of the American Men's Internet Survey, an annual online cross-sectional behavioral survey of cisgender SMM in the United States. METHODS: We calculated PrEP continuum outcomes overall and by year among Hispanic/Latino SMM (n = 9010). We used generalized estimating equations with Poisson links to examine (1) temporal trends (2014-2020) in each step of the PrEP continuum and PrEP use in the past year stratified by PrEP eligibility and (2) correlates of each step of the PrEP continuum in 2020 using multivariable models. RESULTS: Among 2283 Latino SMM in 2020, 84% reported PrEP awareness, 30% discussed PrEP with a provider, 15% used PrEP in the past year, and 12% were currently using PrEP. PrEP awareness increased from 52% in 2014 to 84% in 2020; and PrEP use in the past year increased from 4% in 2014 to 15% in 2020. In the multivariable models, age and PrEP eligibility were associated with PrEP use in the past year, and urban-rural classification was associated with current PrEP use. CONCLUSIONS: While most of the Latino SMM are aware of PrEP, significant gaps remain in this population in discussing PrEP with a provider and using PrEP that require tailored strategies to enhance access to HIV prevention services.	Hispanic/Latino, sexual minority men, pre-exposure prophylaxis, PrEP continuum	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Lee, Jane J; Robles, Gabriel; Leyva Vera, Christopher A; Orellana, E Roberto; Graham, Susan M; Nguyen, Anh-Minh; Wei, Yingying; Sanchez, Abraham Hernandez; Dombrowski, Julia C; Simoni, Jane M	A Peer-Based Intervention to Increase HIV and Sexually Transmitted Infection Testing Among Latinx Immigrant Sexual Minority Men in the US Pacific Northwest: Pilot Randomized Controlled Trial Conducted During the COVID-19 Pandemic.	JMIR Formative Research	-	-	-	-	2561-326X	10.2196/45871	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10372765	BACKGROUND: Hispanic and Latinx gay, bisexual, and other sexual minority men (SMM) are disproportionately affected by HIV in the United States. With the availability of self-testing services, HIV and sexually transmitted infection (STI) testing may be more accessible for Latinx immigrant SMM who face obstacles to obtaining HIV-related services. Combining the potential of self-testing kits and the influence of peer educators may present an opportunity to increase HIV and STI testing and preexposure prophylaxis (PrEP) uptake or linkage to HIV care among Latinx immigrant SMM. OBJECTIVE: This study aimed to develop and pilot a peer intervention to distribute HIV and STI self-testing kits and provide peer counseling based on the information-motivation-behavioral skills model to increase PrEP uptake and HIV and STI testing among Latinx immigrant SMM. Our evaluation focused on determining the differences in HIV testing, STI testing, and PrEP uptake outcomes between the intervention and control groups. METHODS: We conducted semistructured interviews with community stakeholders to elicit factors to consider for training and intervention. The interview findings informed the development of the intervention and peer training protocols. We piloted the intervention with Latinx immigrant SMM and randomly assigned participants to the intervention group, who received peer counseling and HIV and STI self-testing kits, or the control group, who only received peer counseling. We administered baseline, 1-week, 6-week, and 12-week follow-up surveys to assess behaviors related to HIV testing, STI testing, and PrEP uptake. Owing to the COVID-19 pandemic, the intervention components were delivered via web-based modalities. Chi-square tests were performed to examine the associations between HIV testing, STI testing, and PrEP motivation and behaviors across the study arms (intervention vs control). We conducted Cramer V test to determine the strength of the association between study arm and each of the outcome variables. We also assessed the impact of the COVID-19 pandemic on participants. RESULTS: Overall, 50 (intervention, n=30 and control, n=20) Latinx immigrant SMM participated in the program. Participants reported life disruptions owing to COVID-19, with 68% (34/50) reporting job loss after the declaration of the pandemic. After intervention participation, a higher proportion of participants in the intervention group reported having been tested for STIs (76% vs 36.8%; P=.01; Cramer V=0.394). Among the participants in the intervention group, 91% (21/23) reported being motivated to use PrEP compared with 59% (10/17) in the control group (P=.02; Cramer V=0.385). CONCLUSIONS: By facilitating access to HIV and STI testing through peer-delivered information, motivational support, and behavioral skills training as well as the provision of self-testing kits, our intervention demonstrated the potential to increase HIV prevention behaviors in Latinx immigrant SMM. Peer-based programs that offer self-testing and internet-based modes of accessing information may be a feasible strategy for reaching Latinx immigrant SMM. TRIAL REGISTRATION: ClinicalTrials.gov NCT03922126; https://clinicaltrials.gov/ct2/show/NCT03922126.	HIV prevention, self-testing, sexually transmitted infections, preexposure prophylaxis, peers, Latinx immigrants	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Lee, Jasper S; Albrechta, Hannah; Goodman, Georgia R; De, Dikha; Takabatake, Koki; O'Cleirigh, Conall; Mayer, Kenneth H; Fisher, Celia; Carnes, Chris T; Chai, Peter R	Diversity in Digital Pill Systems: Differences in Perceptions and Attitudes Towards Use of a Digital Pill System for HIV Pre-Exposure Prophylaxis Among Men Who Have Sex with Men with Diverse Racial and Ethnic Identities.	Proc Annu Hawaii Int Conf Syst Sci	-	-	-	-	1530-1605	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9843706	Nonadherence, particularly among men who have sex with men (MSM) with substance use disorders, increases the risk of HIV acquisition. Measuring adherence to HIV pre-exposure chemoprophylaxis (PrEP), and responding to suboptimal adherence or changes in adherence behavior remains a challenging public health problem. Despite the importance of accurate adherence measurement, there is no gold standard for detecting medication ingestion events in HIV research. Current adherence measures indirectly infer ingestion events or measure medication concentrations over time, yet such approaches fail to provide direct confirmation of ingestions and contextual information surrounding adherence and nonadherence. A digital pill system (DPS) - a novel tool that leverages ingestible radiofrequency sensors to measure actual ingestion events - may advance adherence measurement in HIV research. We examined and compared the willingness of MSM across racial and ethnic identities to operate a DPS in the context of PrEP adherence measurement and suggest potential future applications of this technology.	Digital pill systems, ingestible sensors, HIV pre-exposure prophylaxis, medication adherence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	NA	NA	Quantitative
Essay	2023	Lee, JWE; Lim, SW; Choy, CY; Wong, CS	Pre-exposure prophylaxis for prevention of HIV infection.	Singapore Medical Journal	-	-	-	-	2737-5935	10.4103/singaporemedj.SMJ-2022-018	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10645013	NA	NA	English	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Singapore	Asia and the Pacific	Other
Article	2023	Lehmann C.; Mullins T.L.K.	Attitudes Toward and Experiences With Discussing Pre-exposure Prophylaxis With Sexual Partners Among US Adolescents and Young Adults Living With HIV	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2023.04.030	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162095281&doi=10.1016%2fj.jadohealth.2023.04.030&partnerID=40&md5=b2ba496878a690ea8ead4f85f70e58a4	Purpose: Sexual partners of youth living with HIV are a key population for pre-exposure prophylaxis (PrEP). Among youth engaged in HIV medical care, we examined awareness of PrEP and experiences with and attitudes toward discussing PrEP with sexual partners. Methods: We recruited 25 15–24-year olds from an adolescent/young adult HIV clinic to complete individual interviews. Interviews assessed demographics, PrEP knowledge, sexual behaviors, and experiences with, intentions toward, barriers, and facilitating factors to discussing PrEP with partners. Transcripts were analyzed using framework analysis. Results: Mean age was 18.2 years. Twelve participants were cis-female, 11 cis-male, and two transgender female. Seventeen participants (68%) identified as Black, non-Hispanic. Nineteen acquired HIV sexually. Of 22 participants who had ever had sex, eight reported condomless sex in the prior 6 months. Most youth (17/25) were aware of PrEP. Only 11 participants had discussed PrEP with a partner; 16 reported high intention to discuss PrEP with future partners. Barriers to discussing PrEP with partners included participant-related barriers (i.e., discomfort disclosing HIV status), partner-related barriers (i.e., not open to or unfamiliar with PrEP), relationship-related barriers (i.e., new relationship, lack of trust), and stigma about HIV. Facilitating factors included positive relationship factors, educating partners about PrEP, and partners being receptive to learning about PrEP. Discussion: Although many youth living with HIV were aware of PrEP, fewer had discussed PrEP with a partner. PrEP use by partners of these youth may be improved by educating all youth about PrEP and offering opportunities for partners to meet with clinicians to discuss PrEP. © 2023 Society for Adolescent Health and Medicine	Adolescent; HIV; Prevention; Prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	LeMasters K.; Krajewski T.; Nowotny K.; Oser C.; Mollan K.; Brinkley-Rubinstein L.	Context specific HIV risk: evidence from screening into the southern pre-exposure prophylaxis study (SPECS)	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2022.2059054	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129141503&doi=10.1080%2f09540121.2022.2059054&partnerID=40&md5=5405336807551a832a0c13023d32edd6	While Pre-exposure prophylaxis (PrEP) is efficacious in preventing HIV, little is known about PrEP use among those on community supervision. The Southern Pre-Exposure Prophylaxis Study (SPECS) investigates barriers and facilitators for PrEP initiation and use among adults on community supervision (e.g., probation, parole). Challenges to PrEP use in this setting are abundant. SPECS uses a mixed-methods sequential design, including a multi-site, prospective cohort study in three southern states–North Carolina, Florida, and Kentucky. This analysis describes individual demographic, criminal legal, and HIV risk factor characteristics, by site and enrollment status. Pooled association analyses accounted for site via stratified statistical tests. Between June 2019-March 2020, SPECS screened 702 individuals and enrolled 276 participants (39%). Of those who were eligible, 98% agreed to enroll. Age, gender, and sexual orientation varied by enrollment and by site, while race/ethnicity varied by site but not enrollment status. Criminal legal histories varied by enrollment and HIV risk factors varied by site. SPECS provides a granular and detailed assessment of HIV risk in three diverse southern settings. It highlights how the level and type of HIV risk varies by location and by nature of criminal legal involvement and calls for the need for context-specific interventions for HIV prevention. © 2022 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	criminal legal; HIV prevention; PrEP; probation	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	LeMasters, Katherine; Benson, Angela; Corsi, Christopher; Krajewski, Taylor; Seide, Kapriskie; Brinkley-Rubinstein, Lauren; Nowotny, Kathryn	Collateral consequences of COVID-19 for people on probation and parole.	Health & Justice	-	-	-	-	2194-7899	10.1186/s40352-023-00221-0	https://pubmed.ncbi.nlm.nih.gov/36995422/	BACKGROUND: While the severe detrimental impact of COVID-19 on incarcerated people is well known, little is known about the experience of COVID-19 on those on community supervision. Our objective was to better understand the experience of the COVID-19 pandemic and its collateral consequences for those on community supervision (e.g., probation, parole). Beginning in December 2020, we conducted 185 phone surveys about COVID-19 with participants in The Southern Pre-Exposure Prophylaxis (PrEP) Study across its three sites - Florida, Kentucky, and North Carolina. We conducted rapid assessment interviews with both closed- and open-ended questions. We calculated descriptive statistics for close-ended questions and conducted a content analysis for open-ended questions. RESULTS: The COVID-19 pandemic affected those on community supervision through their experiences in the community and while incarcerated with over one-quarter of participants being reincarcerated during this time. In addition to many (128/185) experiencing COVID-19 symptoms, about half (85/185) of participants reported a diagnosis in their network with 16 of those participants losing loved ones to the pandemic. Participants experienced disruptions to their social network, healthcare, and livelihoods. Though many maintained their support systems, others felt isolated and depressed. Experiences during COVID-19 exacerbated difficulties already faced by those with criminal involvement. CONCLUSIONS: The public health community must recognize those experiencing probation and parole, not only those housed in carceral facilities, as disproportionately impacted by the COVID-19 pandemic. We must tailor programs and services to meet their needs.	COVID-19; Collateral consequences; Community supervision; Parole; Probation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Leonard S.; Sotindjo T.; Brophy J.; Tan D.H.S.; Nashid N.	HIV pre-exposure prophylaxis: It is time to consider harm reduction care for adolescents in Canada	Paediatrics and Child Health	-	-	-	-	12057088	10.1093/pch/pxac115	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174188585&doi=10.1093%2fpch%2fpxac115&partnerID=40&md5=9f87e7899d2dc5baa32eabd57f5e28a3	Youth (aged 15 to 29 years) account for one quarter of new HIV cases in Canada. Of those, men-who-have-sex-with-men make up one third to one half of new cases in that age range. Moreover, Indigenous youth are over-represented in the proportion of new cases. The use of emtricitabine/tenofovir disoproxil fumarate as pre-exposure prophylaxis (PrEP) significantly reduces the risk of HIV acquisition in adults. Its use was expanded to include youth over 35 kg by the U.S. Food and Drug Administration in 2018. However, PrEP uptake remains low among adolescents. Prescriber-identified barriers include lack of experience, concerns about safety, unfamiliarity with follow-up guidelines, and costs. This article provides an overview of PrEP for youth in Canada, and its associated safety and side effect profiles. Hypothetical case vignettes highlight some of the many demographics of youth who could benefit from PrEP. We present a novel flow diagram that explains the baseline workup, prescribing guidelines, and follow-up recommendations in the Canadian context. Additional counselling points highlight some of the key discussions that should be elicited when prescribing PrEP. © 2023 The Author(s). Published by Oxford University Press on behalf of the Canadian Paediatric Society. All rights reserved.	Adolescent health; Counselling; HIV; Pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2023	Leung, Erick; Cottrell, Mackenzie L.; Sykes, Craig; White, Nicole; Kashuba, Angela D. M.; Dumond, Julie B.	A multicompartment population PK model to predict tenofovir and emtricitabine mucosal tissue concentrations for HIV prevention.	CPT: Pharmacometrics & Systems Pharmacology	-	-	-	-	2163-8306	10.1002/psp4.13042	https://pubmed.ncbi.nlm.nih.gov/37814498/	A priori use of mathematical modeling and simulation to predict outcomes from incomplete adherence or reduced frequency dosing strategies may mitigate the risk of clinical trial failure with HIV pre-exposure prophylaxis regimens. We developed a semi-physiologic population pharmacokinetic model for two antiretrovirals and their active intracellular metabolites in three mucosal tissues using pharmacokinetic data from a phase I, dose-ranging study. Healthy female volunteers were given a single oral dose of tenofovir disoproxil fumarate (150, 300, or 600 mg) or emtricitabine (100, 200, or 400 mg). Simultaneous co-modeling of all data was performed on a Linux cluster. A 16 compartment, bolus input, linear kinetic model best described the data, containing 986 observations in 23 individuals across three matrices and four analytes. Combined with a defined efficacious concentration target in mucosal tissues, this model can be used to optimize the dose and dosing frequency through Monte-Carlo simulations.	Humans; Female; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; Emtricitabine/therapeutic use; Tenofovir/pharmacokinetics; *Anti-HIV Agents/pharmacokinetics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Lew C.; Fairley C.K.; Tran J.; Phillips T.R.; Maddaford K.; Chen M.Y.; Bradshaw C.S.; Chow E.P.F.	High-Risk Sexual Activities and Condom Use Patterns during Group Sex among Men Who Have Sex with Men in Melbourne, Australia	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003211	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164293542&doi=10.1097%2fQAI.0000000000003211&partnerID=40&md5=997fd70a31183e03504e9e9d053e81fc	Background:Few studies have examined the types of sexual activities and condom use during group sex among men who have sex with men (MSM). This study aimed to examine sexual activities and condom use during group sex.Setting:A cross-sectional survey among MSM attending a sexual health clinic in Melbourne, Australia, between May 2019 and March 2020.Method:Participants were asked whether they had engaged in group sex (sex involving more than 2 participants) within the past 3 months, the number of people involved, the sexual activities they engaged in, and their condom use during the most recent group sex.Results:More than a quarter (26.8%, 287 of 1071) had engaged in group sex in the past 3 months, and the median number of people involved was 3 (interquartile range 3-4), including the participant. Fellatio was the most common activity in group sex (94.4%, 271 of 287), followed by kissing (85.7%, 246 of 287) and anal sex (79.8%, 229 of 287). The proportion of men who always used condoms and changed condoms between partners was 27.0% (48 of 178) for insertive and 32.3% (52 of 161) for receptive anal sex. Compared with men not taking pre-exposure prophylaxis (PrEP), men living with HIV (adjusted odds ratio aOR: 2.35; 95% confidence interval CI: 1.20 to 4.59) and men taking PrEP (aOR: 3.07; 95% CI: 2.21 to 4.26) had higher odds of engaging in group sex after adjusting for confounders.Conclusion:Two-thirds of MSM either did not use condoms or did not change condoms between partners during group sex, which may increase sexually transmitted infection transmission between partners. © 2023 Lippincott Williams and Wilkins. All rights reserved.	group sex; PrEP; sexual practices; sexually transmitted diseases; sexually transmitted infection	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Lewis, Joseph; Melendez-Torres, G J	Prep-Tok: a queer critical discourse analysis of TikToks regarding HIV-related pre-exposure prophylaxis.	Culture, Health & Sexuality	-	-	-	-	1464-5351	10.1080/13691058.2023.2224414	https://dx.doi.org/10.1080/13691058.2023.2224414	Human immunodeficiency virus (HIV) continues to present a public health problem, and pre-exposure prophylaxis (PrEP) offers a promising preventative intervention; however, its uptake remains low, so investigating determinants of use is essential. This article applies queer critical discourse analysis to a corpus of 121 TikToks sampled via the TikTok algorithm, coded and refined into three overarching content categories: 'what makes a PrEP user?', 'what is PrEP as a drug?', and 'sexual health and HIV'. Examples from within these categories reveal four underlying discursive themes: (1) stigmatisation of HIV as a 'gay disease' with a poor prognosis; (2) stigmatisation of gay men as unsafe, high-risk and untrustworthy; (3) stigmatisation of PrEP as increasing 'unsafe' sexual practices; (4) poor healthcare and education gay men and other beneficiaries of PrEP. These themes are influenced by a broad spectrum of homophobic and heteronormative discourses available with specific examples reflecting parts of this spectrum from predominantly perpetuating to occasionally challenging. The findings report complementary evidence obtained from other media platforms yet offer a unique take while suggesting useful avenues for future public health messaging relating to PrEP which may be used to inform the next steps against HIV.	PrEPHIVhomophobiaTikTokdiscourse	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Li C.; Xiong Y.; Liu H.; Luo D.; Tucker J.D.; Maman S.; Matthews D.D.; Fisher E.B.; Tang W.; Muessig K.E.	Multifaceted Barriers to Rapid Roll-out of HIV Pre-exposure Prophylaxis in China: A Qualitative Study Among Men Who Have Sex with Men	International Journal of Behavioral Medicine	-	-	-	-	10705503	10.1007/s12529-023-10177-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158089230&doi=10.1007%2fs12529-023-10177-y&partnerID=40&md5=551c7c7e9985875a3233bb97d52cae9b	Background: Oral pre-exposure prophylaxis (PrEP) as a safe and effective antiretroviral medicine-based prevention against HIV has not been widely adopted by gay, bisexual, and other men who have sex with men (MSM) in China. A deeper understanding of barriers and facilitators to PrEP uptake is needed to inform the development of effective interventions. Method: During July–August 2020, we conducted one-on-one semi-structured interviews with 31 Chinese MSM with varied PrEP use experiences (PrEP-naïve, former, and current PrEP users). Interviews were digitally recorded and transcribed in Chinese. Informed by the Information-Motivation-Behavioral Skills Model (IMB), we analyzed the data using a thematic analysis approach to identify the barriers and facilitators to PrEP uptake among Chinese MSM. Results: Major barriers to PrEP uptake among MSM in the sample included uncertainty about PrEP efficacy and lack of PrEP education (information), concerns over potential side effects and cost (motivation), and difficulties in identifying authentic PrEP medications and managing PrEP care (behavioral skills). Facilitators include the perceived benefit of PrEP in improving the quality of sex life and control over health. At the contextual level, we also identified barriers to PrEP access from a thriving informal PrEP market and stressors related to being MSM. Conclusion: Our findings identified a need to invest in non-discriminatory public health messaging of PrEP, explore options for MSM-friendly provision of PrEP outside of traditional HIV care settings, and be attentive to the unique context of an established informal PrEP market in future PrEP initiatives. © 2023, International Society of Behavioral Medicine.	China; HIV; Men who have sex with men; Pre-exposure prophylaxis	English	Netherlands	Western and Central Europe and North America	China	Asia and the Pacific	United States	Western and Central Europe and North America	Qualitative

Article	2023	Li C; Xiong Y.; Mamun S.; Matthews D.D.; Fisher E.B.; Tong W.; Huang H.; Ma T.; Tong X.; Yu J.; Yang Z.; Sherer R.; Harris A.; Liu J.; Li L.; Tucker J.D.; Muessig K.E.	An instant messaging mobile phone application for promoting HIV pre-exposure prophylaxis uptake among Chinese gay, bisexual and other men who have sex with men: A mixed methods feasibility and piloting randomized controlled trial study	PLOS One	-	-	-	-	-	-	19326203	10.1371/journal.pone.0293936	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153765830&doi=10.1371%2Fjournal.pone.0293936&partnerID=40&md5=f0c5dcb1fd5e1d0ad2f4d62a2cca8bcf	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Li M.	Blending identity-specific depiction and activism advocacy in Black-centric health advertising on social media: intersectional health communication targeting Black cisgender heterosexual and Black LGBTQ populations	International Journal of Advertising	-	-	-	-	-	-	2650487	10.1080/02650487.2022.2133348	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141134322&doi=10.1080%2F02650487.2022.2133348&partnerID=40&md5=94ef7b7796640b5f35a05a0ae4e027c2d	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Li Y.; He X.-Q.; Lu Y.-Q.; Wan Y.; Zhang L.; Chen Y.-K.	Preliminary exploration of pre-exposure prophylaxis risk compensation among men who have sex with men	Academic Journal of Naval Medical University	-	-	-	-	-	-	20971338	10.16781/j.CN31-2187/R.20210160	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85110623154&doi=10.16781%2FJ.CN31-2187%2F R.20210160&partnerID=40&md5=4a0132a4c208c4b18ab051807	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lang, Céline. Suen, Siu-Chuan; Nguyen, Anthony; Moucheraud, Corrine; Hsu, Ling; Holloway, Ian W.; Charlebois, Edwin D.; Steward, Wayne T.	Impact of COVID-19 Response on the HIV Epidemic in Men Who Have Sex With Men in San Francisco County: The Importance of Rapid Return to Normalcy.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003156	https://pubmed.ncbi.nlm.nih.gov/36728397/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liebwach H.O.; Kazoura M.R.; Mosi K.; Minhaga E.J.	Harmful Alcohol Use and Associated Socio-Structural Factors among Female Sex Workers Initiating HIV Pre-Exposure Prophylaxis in Dar es Salaam, Tanzania	International Journal of Environmental Research and Public Health	-	-	-	-	-	-	16617827	10.3390/ijerph20010698	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149727292&doi=10.3390%2Fijerph20010698&partnerID=40&md5=2b916d4f7d2b864c6c9964240f4bc869	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liebwach H.O.; Mbowe C.E.; Kazoura M.R.; Mosi K.; Minhaga E.J.	Early disengagement from HIV pre-exposure prophylaxis services and associated factors among female sex workers in Dar es Salaam, Tanzania: A sociocological approach	BMJ Glob Health	-	-	-	-	-	-	20597908	10.1136/bmjgh-2023-013662	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181026098&doi=10.1136%2Fbmjgh-2023-013662&partnerID=40&md5=31bf7895531f39b29ba5c614dd7c6e8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lugoon G.; Duffy A.; Brooks C.; Honour H.; Psoinak A.; Molina J.M.	HIV pre-exposure prophylaxis services, provision, and delivery in the European treatment network of HIV, hepatitis and global emerging infectious diseases (NEAT ID)	HIV Medicine	-	-	-	-	-	-	14642662	10.1111/hiv.13580	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174635474&doi=10.1111%2Fhiv.13580&partnerID=40&md5=e0a4f398c1a5f92ae2695f2e4424897	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lugoon G.; Ghosn J.	Long-acting injectable cabotegravir for PrEP: A game-changer in HIV prevention?	HIV Medicine	-	-	-	-	-	-	14642662	10.1111/hiv.13451	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143960333&doi=10.1111%2Fhiv.13451&partnerID=40&md5=d7509f6e2324322251c15fbb65a0da8c6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Essay	2023	Lugoon, Geoffrey; Brat, Alexandre; Hamet, Gwenn; Zegagh, Jeremy; Pintado, Claire; Loro, Bénédicte; Proncarme, Diane; Rozenbaum, Willy; Molina, Jean-Michel	Incidence and Management of Complex Kidney Situations Among On-demand and Daily HIV Pre-exposure Prophylaxis Users.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	-	-	1944-7884	10.1097/QAI.0000000000003346	https://dx.doi.org/10.1097/QAI.0000000000003346	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lin, H; Li, J H; Yang, X; Chen, X T; Shi, Y H; Chang, C; Hao, Y T; Cao, W N	Discrepancy between behavioral-indicated and perceived candidacy for HIV pre-exposure prophylaxis among men who have sex with men in Chengdu, China.	Beijing Da Xue Xue Bao Yi Xue Ban	-	-	-	-	-	-	1671-167X	10.19723/j.issn.1671-167X.2023.03.018	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10328161/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lin, H. Li, J H. Yang, X. Chen, X T. Shi, Y H. Chang, C. Hao, Y T. Cao, W N	Initial implementation of HIV pre-exposure prophylaxis for people who are incarcerated in Zambia: a cross-sectional observational study	The Lancet HIV	-	-	-	-	-	-	23523018	10.1016/S2352-3018(22)00220-X	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85140989696&doi=10.1016%2F52352-3018%2822%2900220-X&partnerID=40&md5=985b1f02560176e4a4b0f0ca4b24d813	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Linthaler B.; Nyirenge N.; Mwange L.; Tonjoe M.G.; Manumbu C.; Chimuka J.P.; Sikunyika J.; Kabombo H.; Moyo M.; Siachibila S.; Mudenda J.; Tembo K.; Oberdo P.; Dhlamo A.; Muchinda E.; Musonda B.; Okuku J.; Mwila A.; Monage C.N.; Hens M.E.; Claesen C.W.	Sexual behaviors and associated factors of pre-exposure prophylaxis use among men who have sex with men in 24 cities in China	Chinese Journal of Endemiology	-	-	-	-	-	-	0254-6450	10.3760/cma.j.cn112338-20220831-00749	http://dx.doi.org/10.3760/cma.j.cn112338-20220831-00749	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Ling PAN; Hui XUE; Fei YU; Dan SHAN; Da-Peng ZHANG; Jun-Jie WANG	Status and associated factors of pre-exposure prophylaxis use among men who have sex with men in 24 cities in China	Chinese Journal of Endemiology	-	-	-	-	-	-	0254-6450	10.3760/cma.j.cn112338-20220831-00749	http://dx.doi.org/10.3760/cma.j.cn112338-20220831-00749	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liu Y.; Chu Z.; Wang H.; Huang X.J.; Chen Y.K.; Wang H.; Zou D.; Jiang Y.J.; Geng W.Q.; Hu Q.; Zhou B.; Shang H.	Willingness to take long-acting injectable pre-exposure prophylaxis among men who have sex with men who participated in the CROPrEP study: a cross-sectional online study	BMC Public Health	-	-	-	-	-	-	14712458	10.1186/s12889-023-17325-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159661216&doi=10.1186%2Fs12889-023-17325-9&partnerID=40&md5=1b7f8b3f67b2ce931f1d1e1ce9c923b2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liu, Albert Y.; Buchbinder, Susan P.	CROI 2023: Epidemiologic Trends and Prevention for HIV and Other Sexually Transmitted Infections.	Topics in Antiviral Medicine	-	-	-	-	-	-	2161-5853 2161-5861	NA	https://pubmed.ncbi.nlm.nih.gov/37315512/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Book Section	2023	Llenza G.	The impact of antiretroviral therapies and PrEP on gay men	-	Relationally Queer: a Pink Therapy Guide for Practitioners	-	-	-	978-1-4521-19725	-	10.4324/9781003260561-12	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173156434&doi=10.4324%2F9781003260561-12&partnerID=40&md5=5301e178e574e8816305f6bb7c49ab0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Loeracorti L.; Dinh N.; van der Straten A.; Fonner V.; Ridgeway K.; Rodolph M.; Schaefer R.; Schmidt H.-M.A.; Baggaley R.	Systematic review of the values and preferences regarding the use of injectable pre-exposure prophylaxis to prevent HIV acquisition	Journal of the International AIDS Society	-	-	-	-	-	-	17582652	10.1002/jia2.26107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164163826&doi=10.1002%2Fjia2.26107&partnerID=40&md5=9728405304d4f0bf5e0d1d7a0ab0bf	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lozano, Alyssa; Jaramillo, John; Prado, Guillermo; Sefton, Steven A; Harkness, Audrey	Barriers and facilitators to PrEP use and HIV testing for subgroups of Latino sexual minority men	AIDS Care	-	-	-	-	-	-	09540121	10.1080/09540121.2023.2210699	https://www.proquest.com/scholarly-journals/barriers-facilitators-prep-use-hiv-testing/docview/2839589862/se-2?accountid=9133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Louis H.; Li G.; Duncan D.T.; Sullivan P.S.; Ransome Y.	Spatial accessibility of pre-exposure prophylaxis (PrEP): different measure choices and the implications for detecting shortage areas and examining its association with social determinants of health	Annals of Epidemiology	-	-	-	-	-	-	10472797	10.1016/j.annepidem.2023.07.004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167736604&doi=10.1016%2Fj.annepidem.2023.07.004&partnerID=40&md5=a07b4a3387a1250dda0c41d1264e9e1a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Louis, Hui; Ransome, Yusuf	County-Level Spatiotemporal Patterns of Non HIV Diagnoses and Pre-exposure Prophylaxis (PrEP) Use in Mississippi, 2014–2018: A Bayesian Analysis of Publicly Accessible Censored Data	Annals of the American Association of Geographers	-	-	-	-	-	-	24694452	10.1080/24694452.2022.2080040	https://www.proquest.com/scholarly-journals/county-level-spatiotemporal-patterns-non-hiv/docview/2716142605/se-2?accountid=9133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Article	2023	Lu C.; Lanoche H.; Mora M.; Pialoux G.; Cotte L.; Cua E.; Piroth L.; Molina J.M.; Salmona M.; Meraidan G.; Poizot-Martin I.; Spire B.	Missed opportunities for HIV pre-exposure prophylaxis among people with recent HIV infection: The French ANRS 95041 OMaPrEP study	HIV Medicine	-	-	-	-	-	-	14642662	10.1111/hiv.13367	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85155555026&doi=10.1111%2Fhiv.13367&partnerID=40&md5=e2a5139d75f7e5ebe77718a9b703b95a9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lujintanon S.E.; Glick J.L.; German D.; Glick S.N.; Moreno C.; Ellman D.; Brantley M.L.; Pichon L.C.; Barak N.; Booth M.M.; Flynn C.; Moran T.	Type of Exchange Sex and Associated Behaviors and Outcomes Among Cisgender Men and Women at Increased Risk for HIV via Heterosexual Transmission in Six U.S. Metropolitan Areas	Archives of Sexual Behavior	-	-	-	-	-	-	00002	10.1007/s10508-023-02663-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168609701&doi=10.1007%2Fs10508-023-02663-x&partnerID=40&md5=402bab12b7293737a7c42a3e0449482	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Little, Kristen M; Hazel, Hemaire; Anderson, Sharon M; Clark, Meredith R; Gustafson, Kâre; Doncel, Gustavo F	Preferences for Long-Acting PrEP Products Among Women and Girls: A Quantitative Survey and Discrete Choice Experiment in Eswatini, Kenya, and South Africa.	AIDS and Behavior	-	-	-	-	-	-	1573-3254	10.1007/s10461-023-04202-0	https://dx.doi.org/10.1007/s10461-023-04202-0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Editorial	2023	Liu A.Y.; Scott H.M.; Buchbinder S.P.	New USPSTF Guidelines for HIV Preexposure Prophylaxis: Will More Choices Lead to Greater Impact?	JAMA - Journal of the American Medical Association	-	-	-	-	-	-	987484	10.1001/jama.2023.11700	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164467844&doi=10.1001%2Fjama.2023.11700&partnerID=40&md5=32ed6304ad2c5881612440f4f2b4f6d9	No abstract available	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liu Q.; Yang X.; Xue H.; Tang H.	Analysis of on-demand adherence and related factors in men who have sex with women versus HIV pre-exposure prophylaxis services via the internet;	Chinese Journal of Endemiology	-	-	-	-	-	-	2546450	10.3760/cma.j.cn112338-20220210-00902	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175352726&doi=10.3760%2Fcma.j.cn112338-20220210-00902&partnerID=40&md5=6c6a6aea07507367298b969c7bc1662	Objective To understand the compliancy to on-demand HIV pre-exposure prophylaxis (PrEP) and related factors in men who have sex with men (MSM) accessing to PrEP service through an Internet platform. Methods A cross-sectional study method was used to recruit survey respondents through the Hoer Health platform from July 6 to August 30, 2022, and a questionnaire survey on the current status of medication use was conducted in MSM who use PrEP through the platform and take medication on demand. The MSM's information collected in the survey mainly included socio-demographic characteristics, behavioral characteristics, PrEP awareness and medication adherence, PrEP awareness and the status of dose taking. Univariate and multivariate logistic regression models were used to analyze related factors of on-demand PrEP. Results A total of 330 MSM who met the recruitment criteria were included during the survey period, with a valid response rate of 96.7% (330/341). In the questionnaire survey, The age of the 330 MSM was (27.00, 32.00) years old, 87.3% (288/330) had a bachelor's degree or above, 70.3% (232/330) had a monthly income of 5 000 to 15 000 yuan, 83.9% (277/330) had been in a relationship for 6 months or more, 85.9% (283/330) had been tested for HIV in the past 6 months, and 40.9% of them had average monthly income (10 000 yuan (1$≈7.0$) and multivariate logistic analysis showed that the MSM with good awareness of PrEP had relatively better compliancy to PrEP compared with those with poor awareness of PrEP (aOR=2.43, 95%CI:1.11-5.32). Conclusions The compliancy to on-demand PrEP was good in MSM who accessed to the services through Internet platform, but there is still a need to strengthen PrEP promotion in MSM for the further improvement of PrEP compliancy and reduction of the risk for HIV infection in this population. © 2023 Research in Plant Disease. All rights reserved.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liu Y.; Chu Z.; Wang H.; Huang X.J.; Chen Y.K.; Wang H.; Zou D.; Jiang Y.J.; Geng W.Q.; Hu Q.; Zhou B.; Shang H.	Willingness to take long-acting injectable pre-exposure prophylaxis among men who have sex with men who participated in the CROPrEP study: a cross-sectional online study	BMC Public Health	-	-	-	-	-	-	14712458	10.1186/s12889-023-17325-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159661216&doi=10.1186%2Fs12889-023-17325-9&partnerID=40&md5=1b7f8b3f67b2ce931f1d1e1ce9c923b2	Introduction: Evidence on the willingness of men who have sex with men (MSM) with oral pre-exposure prophylaxis (PrEP) experience, especially those with suboptimal adherence, to take long-acting injectable PrEP (LAI-PrEP) is critical to guide future LAI-PrEP implementations. Objective: The objective was to assess the willingness of MSM with oral PrEP experience to take LAI-PrEP and potential correlates. Methods: MSM who participated in the China Real-world Study of Oral PrEP (CROPrEP) were enrolled in this study. Information on the willingness of MSM to take LAI-PrEP and potential correlates was collected using a self-administered questionnaire. Univariate and multivariate logistic regression models were fitted to identify factors associated with willingness to take LAI-PrEP. Results: A total of 612 former CROPrEP participants (PCPs) were included in the analysis. The median age was 25 (IQR: 23-30) years. Most PCPs were willing to take LAI-PrEP (57.1%) or were willing to take but LAI-PrEP, PCPs with no less than two sexual male partners (aOR = 1.54, 95% CI: 1.04, 2.28; P = 0.031), those with male partners with unknown HIV statuses (aOR = 2.04, 95% CI: 1.31, 3.18; P = 0.002), those with occasional/drug use (aOR = 1.58, 95% CI: 1.05, 2.40; P = 0.030), and those with HIV-2 positivity (aOR = 2.15, 95% CI: 1.30, 3.57; P = 0.003) were more willing to take LAI-PrEP, while ID-PrEP users (aOR = 0.66, 95% CI: 0.45, 0.98; P = 0.037) and PCPs with suboptimal oral PrEP adherence (aOR = 0.58, 95% CI: 0.38, 0.90; P = 0.026) were less willing to take LAI-PrEP. Conclusion: LAI-PrEP has good prospects for expanding PrEP coverage. However, PCPs with suboptimal oral PrEP adherence are less likely to take LAI-PrEP. Further intervention and implementation efforts are needed to improve the willingness of MSM to use LAI-PrEP, and sexual health should be considered during the discussion about PrEP initiation. © 2023, The Author(s).	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Liu, Albert Y.; Buchbinder, Susan P.	CROI 2023: Epidemiologic Trends and Prevention for HIV and Other Sexually Transmitted Infections.	Topics in Antiviral Medicine	-	-	-	-	-	-	2161-5853 2161-5861	NA	https://pubmed.ncbi.nlm.nih.gov/37315512/	At the 2023 Conference on Retroviruses and Opportunistic Infections (CROI), several investigators used tests of recent HIV infection to track which populations are currently most heavily impacted by HIV and to estimate HIV infection rates in these populations. Assisted partner notification for HIV was successfully applied for spouses of persons with HIV and sexual and injection partners of people who inject drugs. Several studies found that men who have sex with men (MSM) and transgender women who were offered HIV pre-exposure prophylaxis (PrEP) were interested in using long-acting injectable PrEP. Several strategies for improving HIV testing uptake in these populations. Doxycycline administered as 200 mg post sexual exposure significantly reduced the risk of syphilis, chlamydia, and gonorrhea infection in men who have sex with men but did not prevent bacterial sexually transmitted infections (STIs) in cis-gender women, reasons for this discrepancy are currently being explored. Although oral HIV preexposure prophylaxis (PrEP) is increasingly being used in populations at greatest need of prevention tools, PrEP uptake and persistence remain low in a number of key populations, including people who inject drugs. Several innovative delivery models show early promise in addressing gaps along the PrEP continuum. The successful use of injectable cabotegravir PrEP in several populations was presented at this conference, although uptake remains low globally. The pipeline of novel long-acting and rapid-onset PrEP agents appears to be robust, including implants, vaginal rings, and topical inserts, with several presentations focusing on preclinical and early clinical trials.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Book Section	2023	Llenza G.	The impact of antiretroviral therapies and PrEP on gay men	-	Relationally Queer: a Pink Therapy Guide for Practitioners	-	-	-	978-1-4521-19725	-	10.4324/9781003260561-12	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173156434&doi=10.4324%2F9781003260561-12&partnerID=40&md5=5301e178e574e8816305f6bb7c49ab0	In this chapter, Llenza explains that the HIV and AIDS epidemic since the early 1980s meant a dramatic change to gay men's lives, their sexuality and how they relate as sexual beings. Antiretroviral Therapy (ART) development to treat HIV and PrEP to prevent it has brought new changes to gay men's sexuality and sexual behaviour. This chapter provides sex and oral relationship therapists with key concepts, instruments and knowledge about the impact of ART on gay men's sexuality, exploring how HIV trauma and the trauma of homophobia made a link between sex and desire with shame and fear. Understanding ART and PrEP are breaking this association. Most people with HIV in treatment have an undetectable viral load, meaning they cannot transmit the virus. This is transforming the definition of safer sex among gay men, changing the conversation and behaviour around HIV disclosure, stigma, sex negotiation, desire, assumptions, barebacking, condoms, secrecy and slut-shaming. With case studies and examples of creative therapeutic interventions, Llenza offers appropriate tools to allow the therapeutic process and alliance. © 2023 selection and editorial matter, Silva Nerea and Domaic Davies; individual chapters, the contributors.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lorenzetti L.; Dinh N.; van der Straten A.; Fonner V.; Ridgeway K.; Rodolph M.; Schaefer R.; Schmidt H.-M.A.; Baggaley R.	Systematic review of the values and preferences regarding the use of injectable pre-exposure prophylaxis to prevent HIV acquisition	Journal of the International AIDS Society	-	-	-	-	-	-	17582652	10.1002/jia2.26107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164163826&doi=10.1002%2Fjia2.26107&partnerID=40&md5=9728405304d4f0bf5e0d1d7a0ab0bf	Introduction: Pre-exposure prophylaxis (PrEP) is an important HIV prevention option. Two randomized trials have provided efficacy evidence for long-acting injectable cabotegravir (CAB-LA) as PrEP. In considering CAB-LA as an additional PrEP modality for people at substantial risk of HIV, it is important to understand community response to injectable PrEP. We conducted a systematic review of values, preferences and perceptions of acceptability for injectable PrEP to inform global guidance and implementation. Methods: We searched for peer-reviewed and grey literature published between 1 January 2010 and 1 September 2021. There were no restrictions on location. A two-stage review process assessed references against eligibility criteria. Data from included studies were organized by countries from the Theoretical Framework of Acceptability. Results: We included 62 unique references. Most studies were observational, cross-sectional and qualitative. Over half of the studies were conducted in North America. Men who have sex with men were the most frequently studied group. Most studies (57/62) examined injectable PrEP, including hypothetical injectables (35/57) or future products like CAB-LA (22/57). Six studies examined CAB-LA specifically. There was overall interest in and often a preference for injectable PrEP, though there was variation within and across groups and regions. Many stakeholders indicated that injectable PrEP could help address adherence challenges associated with daily or on-demand dosing for oral PrEP and may be a better lifestyle fit for individuals seeking privacy, discretion and infrequent dosing. End-users reported concerns, including fear of needles, injection site pain and body location, logistical challenges and waning or incomplete protection. Discussion: Despite an overall preference for injectable PrEP, end-users' preferences for different injectable PrEP characteristics varied substantially. Some preferred CAB-LA's 8-week dosing, while others preferred the flexibility of dosing more frequently over time and end-users may switch between prevention options. There will be a greater understanding of enacted preference as more end-users are offered anti-retroviral (ARV)-containing injectables. Future research should focus on equitable implementation, including real-time decision-making and how trained healthcare providers can support choice. Conclusions: Given overall acceptability, injectable PrEP should be included as part of a menu of prevention options, allowing end-users to select the modality that suits their preferences, needs and lifestyle. © 2023 World Health Organization, licensee by International AIDS Society. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Lozano, Alyssa; Jaramillo, John; Prado, Guillermo; Sefton, Steven A; Harkness, Audrey	Barriers and facilitators to PrEP use and HIV testing for subgroups of Latino sexual minority men	AIDS Care	-	-	-	-	-	-	09540121	10.1080/09540121.2023.2210699	https://www.proquest.com/scholarly-journals/barriers-facilitators-prep-use-hiv-testing/docview/2839589862/se-2?accountid=9133	Pre-exposure prophylaxis (PrEP) and HIV testing inadequately reach Latina/o sexual minority men (LSMM), fueling HIV disparities. This study identified determinants of LSMM's PrEP use and HIV testing and examined differences across subgroups (i.e., age and immigrant history). First, we identified the most to least endorsed barriers and facilitators of PrEP use and HIV testing in a sample of LSMM (n = 161; ages 18–40 years old, and (2) across immigration histories (U.S. born, recent immigrant, established immigrant). Next, we examined differences in barrier/facilitator ratings across these age and immigration status groups. Key overall determinants were cost, knowledge, and perceived benefit/need. However, there was variation in determinants across age groups (i.e., cost, affordability, navigation support, and normalization) and immigration statuses (i.e., language, immigration concerns, and HIV knowledge). There were also differences across service types; mistrust and concerns was a barrier related to PrEP but not HIV testing. We found unique and common multilevel factors across prevention services and subgroups. Language, cost, and clinic/system issues are key barriers to accessing HIV prevention that should be considered when developing implementation strategies to enhance the reach of these services to LSMM.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Louis H.; Li G.; Duncan D.T.; Sullivan P.S.; Ransome Y.	Spatial accessibility of pre-exposure prophylaxis (PrEP): different measure choices and the implications for detecting shortage areas and examining its association with social determinants of health	Annals of Epidemiology	-	-	-	-	-	-	10472797	10.1016/j.annepidem.2023.07.004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167736604&doi=10.1016%2Fj.annepidem.2023.07.004&partnerID=40&md5=a07b4a3387a1250dda0c41d1264e9e1a	Purpose: We examine how various pre-exposure prophylaxis (PrEP) accessibility measures impact the detection of PrEP shortage areas and the relation of shortage areas to social determinants of health (SDOH). Methods: Using ZIP Code Tabulation Areas (ZCTAs) in New York City as a case study, we compared 25 measures of spatial PrEP accessibility across four categories, including density, proximity, two-step floating catchment area (2SFCA), and Gaussian 2SFCA (G2SFCA). Bayesian spatial regression models were used to examine how PrEP accessibility is associated with SDOH. Results: Using density to measure PrEP accessibility for small areas such as ZCTAs poses challenges to statistical modeling because the measured accessibility values are highly skewed with excess zeros, leading to the necessity of using complex models such as the two-part mixture model. When G2SFCA measures are used, which account for distance decay effects and the competition from the PrEP demand side, findings on PrEP shortage area detection and the association between PrEP accessibility and SDOH were more consistent and less sensitive to spatial scales (i.e., varying from 10- to 30-minute driving). Conclusions: This study suggests the nascent research on PrEP accessibility measurement and sheds light on selecting an appropriate measure to assess spatial disparities in PrEP accessibility and its associations with SDOH. © 2023 Elsevier Inc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Louis, Hui; Ransome, Yusuf	County-Level Spatiotemporal Patterns of Non HIV Diagnoses and Pre-exposure Prophylaxis (PrEP) Use in Mississippi, 2014–2018: A Bayesian Analysis of Publicly Accessible Censored Data	Annals of the American Association of Geographers	-	-	-	-	-	-	24694452	10.1080/24694452.2022.2080040	https://www.proquest.com/scholarly-journals/county-level-spatiotemporal-patterns-non-hiv/docview/2716142605/se-2?accountid=9133	In the South region of the United States, HIV is disproportionately high and levels of pre-exposure prophylaxis (PrEP) use, which is highly effective in reducing the risk of acquiring HIV, are among the lowest across the country. Simultaneously examining the geographical distributions of both new HIV diagnoses and PrEP use as well as how they evolve over time at the county level is valuable for developing locally tailored intervention programs to target areas most in need of help. There is scant research on this topic using publicly accessible data sets, however, partly because of statistical challenges in modeling censored spatiotemporal data. This study fills this gap by applying a Bayesian spatiotemporal model to analyze interval-censored new HIV diagnoses and left-censored PrEP user data sets in Mississippi at the county level from 2014 to 2018. Results from a simulation study and the Mississippi data application show that the Bayesian model with the Besag–York–Mollié spatial structure and time trends performs well in estimating censored values and regression coefficients as well as detecting hot spots. At the state level, new HIV diagnoses had a stable trend and PrEP use clearly increased during the study period. DeSoto and Hinds counties warrant special attention because their trends in new HIV diagnoses departed from the state-level trend. We demonstrate that publicly accessible, censored new HIV diagnosis and PrEP user data could be analyzed in ways that yield robust results, which can help health departments and other stakeholders more confidently identify areas for increased efforts to aggressive HIV prevention.Resumo alternativo:美国南部的艾滋病毒感染（HIV）感染率特别高，而有效降低HIV感染风险的暴露前预防（PrEP）的使用量也十美国最低水平，探讨HIV新诊断和PrEP使用的地理分布及其在县级水平下的时间演变，有助于开展获得更好的预防和应对艾滋病毒的干预方案。然而，由于在基于公开数据的建模在统计上的挑战，与了很多社会问题。本研究应用贝叶斯时空模型来分析区间审查的艾滋病毒诊断和左审查的PrEP用户数据，密西西比州的数据应用和模拟研究表明，贝叶斯模型在估计审查值和回归系数以及检测热点方面表现良好。在州一级，新的艾滋病毒诊断呈现稳定趋势，PrEP的使用量在研究期间明显增加。DeSoto县和Hinds县的趋势偏离了州一级的趋势，因此需要特别关注。我们证明，当这些数据以各种方式进行分析以产生稳健的结果时，可以帮助卫生部门和其他有关方面更有把握地确定HIV新报到的优先地区。	Pre-exposure prophylaxis; pre-exposure prophylaxis; Mississippi; Disease surveillance; Bayesian analysis; Bayesian statistics; Censored data; Statistical analysis; Poisson distribution; Pyrosulfuric medicine; Trends; new HIV diagnosis; Bayesian analysis; censored data; spatiotemporal statistics; Mathematical models; Accessibility; Human immunodeficiency virus--HIV; United States--US; Prevention programs; Health risks; Medical diagnoses; Datasets; Bayesian theory; Coefficients; Geographical distribution; Probability theory; Regression coefficients; Spatiotemporal data; Values	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Theses and Dissertations	2023	Luetkemeyer, Anne; Donnell, Deborah; Dombrowski, Julia; Cohen, Stephanie; Grabow, Cole; Brown, Clare; Malinski, Cheryl; Perkins, Rodney; Nasser, Melody; Lopez, Carolina; Vittinghoff, Eric; Buchbinder, Susan; Scott, Hyman; Soge, Olusegun; Celum, Connie; Charlebois, Edwin	Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections.	-	-	University of California	-	NA	https://doi.org/10.1056/NEJMoa2211934	https://escholarship.org/uc/item/6fv552j3	BACKGROUND: Interventions to reduce sexually transmitted infections (STIs) among men who have sex with men (MSM) are needed. METHODS: We conducted an open-label, randomized study involving MSM and transgender women who were taking preexposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection (PrEP cohort) or living with HIV infection (persons living with HIV infection PLWH cohort) and who had had Neisseria gonorrhoeae (gonorrhea), Chlamydia trachomatis (chlamydia), or syphilis in the past year. Participants were randomly assigned in a 2:1 ratio to take 200 mg of doxycycline within 72 hours after condomless sex (doxycycline postexposure prophylaxis) or receive standard care without doxycycline. STI testing was performed quarterly. The primary end point was the incidence of at least one STI per follow-up quarter. RESULTS: Of 501 participants (327 in the PrEP cohort and 174 in the PLWH cohort), 67% were White, 7% Black, 11% Asian or Pacific Islander, and 30% Hispanic or Latino. In the PrEP cohort, an STI was diagnosed in 61 of 570 quarterly visits (10.7%) in the doxycycline group and 82 of 257 quarterly visits (31.9%) in the standard-care group, for an absolute difference of -21.2 percentage points and a relative risk of 0.34 (95% confidence interval CI, 0.24 to 0.46; P<0.001). In the PLWH cohort, an STI was diagnosed in 36 of 305 quarterly visits (11.8%) in the doxycycline group and 39 of 128 quarterly visits (30.5%) in the standard-care group, for an absolute difference of -18.7 percentage points and a relative risk of 0.38 (95% CI, 0.24 to 0.60; P<0.001). The incidences of the three evaluated STIs were lower with doxycycline than with standard care; in the PrEP cohort, the relative risks were 0.45 (95% CI, 0.32 to 0.65) for gonorrhea, 0.12 (95% CI, 0.05 to 0.25) for chlamydia, and 0.13 (95% CI, 0.03 to 0.59) for syphilis, and in the PLWH cohort, the relative risks were 0.43 (95% CI, 0.26 to 0.71), 0.26 (95% CI, 0.12 to 0.57), and 0.23 (95% CI, 0.04 to 1.29), respectively. Five grade 3 adverse events and no serious adverse events were attributed to doxycycline. Of the participants with gonorrhea culture available, tetracycline-resistant gonorrhea occurred in 5 of 13 in the doxycycline groups and 2 of 16 in the standard-care groups. CONCLUSIONS: The combined incidence of gonorrhea, chlamydia, and syphilis was lower by two thirds with doxycycline postexposure prophylaxis than with standard care, a finding that supports its use among MSM with recent bacterial STIs. (Funded by the National Institutes of Health; DoxyPEP ClinicalTrials.gov number, NCT03980223.).	Female; Humans; Male; Chlamydia Infections; Doxycycline; Gonorrhea; HIV Infections; Homosexuality; Male; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Sexually Transmitted Diseases; Syphilis; Primary Prevention; Anti-Infective Agents; Anti-Bacterial Agents; Transgender Persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical
Article	2023	Luz P.M.; Deshpande V.; Kazemian P.; Scott J.A.; Shebl F.M.; Spaeth H.; Pimenta C.; Stern M.; Pereira G.; Struchiner C.J.; Grinsztejn B.; Veloso V.G.; Freedberg K.A.	Impact of pre-exposure prophylaxis uptake among gay, bisexual, and other men who have sex with men in urban centers in Brazil: a modeling study	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-15994-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161881561&doi=10.1186%2fs12889-023-15994-0&partnerID=40&md5=2a6922e1772edd63127bdbd2ea7b4e4e	Background: Men who have sex with men (MSM) in Brazil remain disproportionately affected by HIV. We estimated the potential incidence reduction by five years with increased uptake of publicly-funded, daily, oral tenofovir/emtricitabine (TDF/FTC) for HIV pre-exposure prophylaxis (PrEP) among MSM using the Cost Effectiveness of Preventing AIDS Complications microsimulation model. We used national data, local studies, and literature to inform model parameters for three cities: Rio de Janeiro, Salvador, and Manaus. Results: In Rio de Janero, a PrEP intervention achieving 10% uptake within 60 months would decrease incidence by 2.3% whereas achieving 60% uptake within 24 months would decrease incidence by 29.7%; results were similar for Salvador and Manaus. In sensitivity analyses, decreasing mean age at PrEP initiation from 33 to 21 years increased incidence reduction by 34%; a discontinuation rate of 25% per year decreased it by 12%. Conclusion: Targeting PrEP to young MSM and minimizing discontinuation could substantially increase PrEP's impact. © 2023, The Author(s).	HIV prevention; Key and vulnerable populations; Latin America and the Caribbean; Men who have sex with men; Modeling; Pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	United States	Western and Central Europe and North America	Quantitative
Article	2023	L'Yavanc, Thomas; Gosset, Daniel; Plathey, Marine; Jedrzejewski, Thibaut; Gazalet, Philippe; Lasry, Stéphane; Pierre, Nadège; Kachal, Abdessamad; Fremondiere, Marc; Ohayon, Michel; Palich, Romain	Is There a Reduction in Chemsex Practice in Men Who Have Sex With Men During COVID-19 Lockdown? Results of the CheRRLock Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003153	https://pubmed.ncbi.nlm.nih.gov/36562613/	BACKGROUND AND AIMS: Chemsex is a growing concern among men who have sex with men (MSM). COVID-19 lockdowns have had consequences on social and sexual interactions. We aimed to assess changes in chemsex practices during COVID-19 lockdown in France among MSM and factors associated with maintaining or increasing chemsex practice. METHODS: Repeated face-to-face questionnaires were conducted at "Le 190" Sexual Health Center, Paris, France, exploring lifestyle, sexual, and chemsex practices, COVID-19 concerns and mental health before and during second lockdown in France (30/10/2020-15/12/2020). Inclusion criteria were chemsex practices at least 3 times throughout lifetime and at least once in the 3 months before second lockdown. The primary end point was the proportion of participants who declared having stopped, decreased, maintained, or increased their chemsex practice during lockdown. Univariable and multivariable logistic regressions were used to analyze factors associated with evolutions of chemsex practice. RESULTS: Ninety-three MSM were included: 66% HIV-positive and 30% taking PrEP. Drugs most used were cathinones (91%) and GHB/GBL (52%). Participants reported stopping, decreasing, maintaining, and increasing chemsex drugs use in 14%, 22%, 22%, and 42% of cases, respectively. Despite this overall increase in chemsex practice, MSM decreased their number of sexual partners. Factors significantly associated with maintaining or increasing chemsex drugs use were feeling lonely (OR = 3.24), craving (OR = 4.51), and working during lockdown (OR = 3.27), contrasting with fear of COVID-19 (OR = 0.31). CONCLUSION: Restriction measures lead to changes in sexual behavior and seem to increase chemsex practice. Maintaining care for most isolated patients should be a priority in COVID-19 context.	Humans; Male; Sexual Behavior; Homosexuality, Male; Communicable Disease Control; *Sexual and Gender Minorities; *HIV Infections/complications; *COVID-19/epidemiology/complications; *Substance-Related Disorders/complications/epidemiology/psychology	English	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Ma J.; Chase G.E.; Black A.; Klaphake J.; Garcia-Myers K.; Baker J.V.; Horvath K.J.	Attitudes Toward and Beliefs in the Effectiveness of Biomedical HIV Prevention Strategies Among Emerging and Young Adult Sexual Minority Men	International Journal of Behavioral Medicine	-	-	-	10705503	10.1007/s12529-023-10244-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180254579&doi=10.1007%2fs12529-023-10244-4&partnerID=40&md5=fbde78dd8f46ebee6d40e5dab919c8f9	Background: Pre-exposure prophylaxis (PrEP) and HIV treatment as prevention, which underlies the Undetectable = Untransmittable (U = U) campaign, are two effective biomedical approaches for HIV prevention among sexual minority men (SMM). Attitudes toward PrEP and U = U may differ between SMM emerging adults (EA: 18–24 years old) and young adults (YA: 25–29 years old) to drive differences in sexual behavior. However, to date, few studies assessed the degree to which YAs and EAs differ in their beliefs in the effectiveness of PrEP and U = U. Method: A national sample of 80 SMM in the USA (M age = 25.1 years; 53.7% racial/ethnic minority; 38.8% EA; 61.3% YA) participated in a 6-month mHealth intervention for PrEP adherence. Non-parametric tests assessed differences in sexual behaviors and attitudes toward the effectiveness of PrEP and U = U between EAs and YAs using baseline data. Results: Compared to EAs, higher proportions of YAs trusted PrEP's effectiveness and considered condom use unnecessary after taking PrEP. More YAs than EAs were willing to engage in sexual behaviors that they felt too risky before learning about U = U and were more comfortable having condomless sex with HIV-positive partners. Conversely, a greater proportion of EAs than YAs preferred to use condoms even when their partners are on anti-HIV medications. Conclusion: Overall, YAs trusted the effectiveness of U = U and PrEP more than EAs, underscoring developmental differences in SMM's perspectives on biomedical HIV prevention tools. Our findings underscore the importance of tailoring messages on biomedical HIV prevention options differently for EAs and YAs to optimize uptake. © 2023, International Society of Behavioral Medicine.	Emerging adults; PrEP; Sexual minority men; U = U; Young adults	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Maasoumy, Benjamin; Ingiliz, Patrick; Spinner, Christoph D.; Cordes, Christiane; Stellbrink, Hans-Jürgen; Schulze Zur Wiesch, Julian; Schneeweiß, Stephan M.; Deterding, Katja; Müller, Tobias; Kahlhöfer, Julia; Dörge, Petra; von Karpowitz, Maria; Manns, Michael P.; Wedemeyer, Heiner; Cornberg, Markus	Sofosbuvir plus velpatasvir for 8 weeks in patients with acute hepatitis C: The HepNet acute HCV-V study.	JHEP Reports: Innovation in Hepatology	-	-	-	2589-5559	10.1016/j.jhepr.2022.100650	https://www.jhep-reports.eu/article/S2589-5559(22)00222-1/fulltext	BACKGROUND & AIMS: EASL guidelines recommend 8 weeks of treatment with sofosbuvir plus velpatasvir (SOF/VEL) for the treatment of acute or recently acquired HCV infection, but only 6- and 12-week data are available. Therefore, the aim of this study was to evaluate the safety and efficacy of a shortened 8-week SOF/VEL treatment for acute HCV monoinfection. METHODS: In this investigator-initiated, prospective, multicentre, single-arm study, we recruited 20 adult patients with acute HCV monoinfection from nine centers in Germany. Patients received SOF/VEL (400/100 mg) as a fixed-dose combination tablet once daily for 8 weeks. The primary efficacy endpoint was the proportion of patients with sustained virological response 12 weeks after the end of treatment (SVR12). RESULTS: The median HCV RNA viral load at baseline was 104,307 IU/ml; the distribution of HCV genotypes was as follows: GT1a/1b/2/3/4: n = 12/1/1/3/3. Thirteen (65%) of the 20 patients were taking medication for HIV pre-exposure prophylaxis. SVR12 was achieved in all patients who complied with the study protocol (n = 18/18 100%, per protocol analysis), but the primary endpoint was not met in the intention-to-treat analysis (n = 18/20 90%) because two patients were lost to follow-up. One serious adverse event (unrelated to study drug) occurred during 12 weeks of post-treatment follow-up. CONCLUSIONS: The 8-week treatment with SOF/VEL was well tolerated and highly effective in all adherent patients with acute HCV monoinfection. Early treatment of acute hepatitis C might effectively prevent the spread of HCV in high-risk groups. CLINICAL TRIAL NUMBER: NCT03818308. IMPACT AND IMPLICATIONS: The HepNet acute HCV-V study (NCT03818308), an investigator-initiated, single-arm, multicenter pilot study, demonstrates the efficacy and safety of 8 weeks of daily treatment with the fixed-dose combination sofosbuvir/velpatasvir (400/100 mg) in patients with acute hepatitis C virus (HCV) infection. All patients who completed therapy and were followed-up achieved sustained virologic response. Thus, early treatment with SOF/VEL which might effectively prevent the spread of HCV in high-risk groups can be recommended for patients with acute HCV monoinfection.	direct-acting antivirals; ALT, alanine aminotransferase; HCV, hepatitis C virus; hepatitis C elimination; ULN, upper limit of normal; acute HCV infection; ITT, intention-to-treat; LLOQ, lower limit of quantification; PP, per protocol; recently acquired infection; SVR, sustained virologic response	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	MacDonald C.B.; Murphy A.L.; Isenor J.E.; Ramsey T.D.; Furlotte K.; Smith A.J.; Bishop A.; Kelly D.V.; Woodill L.; Booker C.; Wilby K.J.	Target users' acceptance of a pharmacist-led prescribing service for pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV)	Canadian Pharmacists Journal	-	-	-	17151635	10.1177/17151635231177027	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162687633&doi=10.1177%2f17151635231177027&partnerID=40&md5=22e668c10cdb5a1d14177bb6153a3854	Background: Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) is a highly effective way to reduce virus transmission. There have been increasing calls to improve access to PrEP in Canada. One way to improve access is by having more prescribers available. The objective of this study was to determine target users' acceptance of a PrEP-prescribing service by pharmacists in Nova Scotia. Methods: A triangulation, mixed-methods study was conducted consisting of an online survey and qualitative interviews underpinned by the Theoretical Framework of Acceptability (TFA) constructs (affective attitude, burden, ethicality, intervention coherence, opportunity cost, perceived effectiveness and self-efficacy). Participants were those eligible for PrEP in Nova Scotia (men who have sex with men or transgender women, persons who inject drugs and HIV-negative individuals in serodiscordant relationships). Descriptive statistics and ordinal logistic regression were used to analyze survey data. Interview data were deductively coded according to each TFA construct and then inductively coded to determine themes within each construct. Results: A total of 148 responses were captured by the survey, and 15 participants were interviewed. Participants supported pharmacists' prescribing PrEP across all TFA constructs from both survey and interview data. Identified concerns related to pharmacists' abilities to order and view lab results, pharmacists' knowledge and skills for sexual health and the potential for experiencing stigma within pharmacy settings. Conclusion: A pharmacist-led PrEP-prescribing service is acceptable to eligible populations in Nova Scotia. The feasibility of PrEP prescribing by pharmacists should be pursued as an intervention to increase access to PrEP. © The Author(s) 2023.	adultagedArticleawarenesscross-sectional studyfemalehumanhuman experimentHuman immunodeficiency virusinterviewmalemedication compliancepatient compliancepharmacistpre-exposure prophylaxisprescriptionquestionnaireself conceptsemi structured interviewsexual health	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	New Zealand	Asia and the Pacific	Mixed methods
Article	2023	MacDonald J.; Estcourt C.S.; Flowers P.; Nandwani R.; Frankis J.; Young I.; Clutterbuck D.; Dalrymple J.; McDaid L.; Steedman N.; Saunders J.	Improving HIV pre-exposure prophylaxis (PrEP) adherence and retention in care: Process evaluation and recommendation development from a nationally implemented PrEP programme	PLOS One	-	-	-	19326203	10.1371/journal.pone.0292289	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173637136&doi=10.1371%2fjournal.pone.0292289&partnerID=40&md5=d2c2ce98002502bd580bfa7d04c63245	Introduction HIV pre-exposure prophylaxis (PrEP), in which people take HIV medication to prevent HIV acquisition, underpins global HIV transmission elimination strategies. Effective prevention needs people to adhere to PrEP and remain in care during periods of risk, but this is difficult to achieve. We undertook a process evaluation of Scotland's PrEP programme to explore barriers and facilitators to PrEP adherence and retention in care and to systematically develop evidence-based, theoretically-informed recommendations to address them. Methods We conducted semi-structured interviews and focus groups (09/2018-07/2019) with patients who identified as gay or bisexual men and were either using PrEP, had declined the offer of PrEP, had stopped PrEP, or had been assessed as ineligible for PrEP (n = 39 of whom n = 5 (13%) identified as trans, median age 31 years and interquartile range 14 years), healthcare professionals involved in PrEP provision (n = 54 including specialist sexual health doctors and nurses of various grades, PrEP prescribing general practitioners, health promotion officers, midwifes, and a PrEP clinical secretary), and clients (n = 9) and staff (n = 15) of nongovernmental organisations with an HIV prevention remit across Scotland. We used thematic analysis to map key barriers and facilitators to priority areas that could enhance adherence and retention in care. We used implementation science analytic tools (Theoretical Domains Framework, Intervention Functions, Behaviour Change Technique Taxonomy, APEASE criteria) and expert opinion to systematically generate recommendations. Results Barriers included perceived complexity of on-demand dosing, tendency for users to stop PrEP before seeking professional support, troublesome side-effects, limited flexibility in the settings/timings/nature of review appointments, PrEP-related stigma and emerging stigmas around not using PrEP. Facilitators included flexible appointment scheduling, reminders, and processes to follow-up non-attenders. Examples of the 25 recommendations include: emphasising benefits of PrEP reviews and providing appointments flexibly within individualised PrEP care; using clinic systems to remind/recall PrEP users; supporting PrEP conversations among sexual partners; clear on-demand dosing guidance; encouraging good PrEP citizenship; detailed discussion on managing side-effects and care/coping planning activities. Conclusions PrEP adherence and retention in care is challenging, reducing the effectiveness of PrEP at individual and population levels. We identify and provide solutions to where and how collaborative interventions across public health, clinical, and community practice could address these challenges. Copyright: © 2023 MacDonald et al.	AdolescentAnti-HIV AgentsHIV InfectionsHomosexuality, MaleHumansMalePre-Exposure ProphylaxisRetention in CareSexual Behavior	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Qualitative
Article	2023	MacGibbon J.; Bavinton B.R.; Drysdale K.; Murphy D.; Broady T.R.; Kolstee J.; Molyneux A.; Power C.; Paynter H.; de Wit J.; Holt M.	Explicit Relationship Agreements and HIV Pre-exposure Prophylaxis Use by Gay and Bisexual Men in Relationships	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-022-02382-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135751452&doi=10.1007%2fs10508-022-02382-9&partnerID=40&md5=0b21469846aa5e3f769f995e3721152b	Relationship agreements are important for HIV prevention among gay and bisexual men (GBM) in relationships, with research earlier in the HIV epidemic often finding that agreements specified monogamy or condom use with casual partners. There is evidence that HIV pre-exposure prophylaxis (PrEP) has shifted sexual practices among some men in relationships, such as allowing condomless sex with casual partners, but there has been little attention paid to relationship agreements among GBM who use PrEP. In this paper, we analyzed national, Australian, cross-sectional data from an online survey completed by non-HIV-positive GBM in 2021 (N = 1,185). Using logistic regression, we identified demographic characteristics, sexual practices and the types of relationship agreement that were associated with PrEP use among GBM in relationships. Using Pearson's chi-squared tests, we explored whether PrEP users in relationships reported similar sexual practices to PrEP users not in relationships. PrEP use among GBM in relationships was independently associated with older age, identifying as gay, being in a non-monogamous relationship, having a spoken (explicit) relationship agreement, having a primary HIV-negative partner taking PrEP or a primary partner living with HIV, reporting recent condomless casual sex, reporting an STI diagnosis in the past year, and knowing at least one other PrEP user. We found that PrEP users in relationships had similar sexual practices to PrEP users not in relationships. GBM in relationships who have casual sex and who meet PrEP suitability criteria may be good candidates for PrEP. Our findings suggest that explicit relationship agreements remain important for HIV prevention, and they support PrEP use among GBM in relationships. © 2022, The Author(s).	Australia; HIV PrEP; HIV prevention; Male couples; Men who have sex with men	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	MacGibbon, James; Bavinton, Benjamin R.; Broady, Timothy R.; Ellard, Jeanne; Murphy, Dean; Calabrese, Sarah K.; Kalwicz, David A.; Heath-Paynter, Dash; Molyneux, Angus; Power, Cherie; Heslop, Andrew; de Wit, John; Holt, Martin	Familiarity with, perceived accuracy of, and willingness to rely on Undetectable=Untransmittable (U=U) among gay and bisexual men in Australia: results of a national cross-sectional survey.	Sexual Health	-	-	-	1449-8987 1448-5028	10.1071/SH23050	https://pubmed.ncbi.nlm.nih.gov/37380171/	BACKGROUND: The Undetectable=Untransmittable (U=U) message has been promoted since it was demonstrated that viral suppression through HIV treatment prevents sexual transmission between serodiscordant partners (HIV treatment as prevention). Our study assessed familiarity with, perceived accuracy of, and willingness to rely on U=U in a national sample of gay and bisexual men in Australia. METHODS: We conducted a national, online cross-sectional survey in April-June 2021. Eligible participants were gay, bisexual and queer men and non-binary people who lived in Australia. Logistic regression was used to identify factors associated with familiarity, perceived accuracy and willingness to rely on U=U (by having condomless sex with a partner with HIV who has an undetectable viral load). RESULTS: Of 1280 participants, most were familiar with U=U (1006/1280; 78.6%), the majority of whom believed U=U was accurate (677/1006; 67.3%). Both familiarity and perceived accuracy were higher among participants living with HIV, followed by pre-exposure prophylaxis (PrEP) users, HIV-negative participants not taking PrEP, and untested/unknown status participants. Knowing at least one person living with HIV, among other factors, was associated with familiarity and perceived accuracy of U=U; and familiarity was associated with perceived accuracy. Among participants familiar with U=U, less than half were willing to rely on U=U (473/1006; 47.0%). Familiarity with U=U and knowing at least one person living with HIV were associated with willingness to rely on U=U, among other factors. CONCLUSIONS: We found familiarity with U=U was associated with perceived accuracy and willingness to rely upon it. There is an ongoing need to educate gay and bisexual men (particularly HIV-negative men) about U=U and its benefits.	Humans; Male; Cross-Sectional Studies; Homosexuality, Male; Sexual Partners; Australia; *Sexual and Gender Minorities; *HIV Infections/prevention & control	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2023	Maddox V.; Vallely P.; Brailsford S.R.; Harvala H.	Virological safety of the UK blood supply in the era of individual risk assessments and HIV PrEP	Transfusion Medicine	-	-	-	9587578	10.1111/tme.12993	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169819953&doi=10.1111%2ftme.12993&partnerID=40&md5=90b2268b6c449725815aef02ae4e26bf	A more individualised donor selection policy was implemented in the UK in 2021, which replaced the previous 3-month deferral for men who have sex with men (MSM). Other blood services have a variety of policies in place to ensure the virological safety of blood components, ranging from an indefinite ban on MSM, to a defined period of exclusion, or to an individualised risk assessment that is not based on gender or sexual orientation. Justification of these policies should be based on scientific evidence including assessment of lengths of virological window periods, infectious disease epidemiology within donor populations and donation screening assay sensitivities. Developments in molecular technology and assays which can detect both antibodies and antigens in the very early stages of infection have significantly reduced the risk in most developed countries. However, the increasing usage of pre-exposure prophylaxis (PrEP) to prevent acquisition of HIV infection after possible high-risk sexual contact within the UK blood donor population has been recently noted. It has brought with it new diagnostic challenges within blood screening, notably possible non-detection of HIV RNA and serological markers following PrEP use despite potential infectivity. The use of other testing strategies such as detection of HIV DNA and screening for non-declared PrEP usage should be investigated further. © 2023 British Blood Transfusion Society.	blood donation; blood safety; donor deferral; HIV; PrEP	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Maddox, Victoria; Reynolds, Claire; Amara, Alieu; Else, Laura; Brailsford, Susan R; Khoo, Saye; Harvala, Heli	Undeclared pre-exposure or post-exposure prophylaxis (PrEP/PEP) use among syphilis-positive blood donors, England, 2020 to 2021.	Eurosurveillance	-	-	-	1560-7917	10.2807/1560-7917.ES.2023.28.11.2300135	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10021473	An individualised blood donor selection policy was implemented in the United Kingdom from summer 2021. We have investigated the impact of this policy by comparing the extent of undeclared use of HIV pre-exposure or post-exposure prophylaxis (PrEP/PEP) before and after this change. The rate of PrEP usage in syphilis-positive male blood donors has not changed since individualised donor assessment was implemented but provides continuing evidence of undisclosed PrEP use which may be associated with current or past higher-risk sexual behaviours.	PrEP, HIV, syphilis, blood donor, blood safety	English	Sweden	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	MAGALHAES, BRENDA DE ALMEIDA PERRET	PROFILAXIA PRÉ E PÓS EXPOSIÇÃO AO HIV: CONHECIMENTO DOS PROFISSIONAIS E ESTUDANTES DA SAÚDE DE UM HOSPITAL UNIVERSITÁRIO NO EXTREMO SUL DO BRASIL	-	-	Universidade Federal do Rio Grande do Sul	-	-	NA	NA	A IST, a causada pelo vírus da imunodeficiência humana (HIV) ocasiona a síndrome da 3 imunodeficiência adquirida (aids). O HIV é um dos maiores desafios para a saúde pública, pois 4 ainda não se conhece a cura para essa condição, e ainda que seja tratável muitos indivíduos não 5 têm acesso ao tratamento, principalmente em países de baixa renda. O uso de antirretrovirais 6 como prevenção tem se mostrado um método efetivo, as profilaxias pré e pós exposição ao HIV 7 fazem parte destes métodos, ambas possuem grande importância devido à sua eficácia em 8 prevenir a infecção pelo vírus. A região sul do país possui taxas preocupantes em relação ao 9 número de novos casos e as taxas de mortalidade causadas pelo HIV e pela aids, por isso, o 10 objetivo do trabalho foi avaliar o conhecimento dos profissionais e estudantes das áreas da 11 saúde de um Hospital Universitário do município de Rio Grande acerca das profilaxias pré e 12 pós exposição ao HIV (PrEP e PEP). A pesquisa foi realizada com profissionais da saúde 13 (médicos, enfermeiros, técnicos em enfermagem e farmacêuticos) que atuam no Hospital 14 Universitário Dr. Miguel Riet Corrêa Jr. (HU-FURG/Ebserh), e estudantes de ensino superior 15 dos cursos de Enfermagem e Medicina da Universidade Federal do Rio Grande (FURG), através 16 de um questionário online. Os resultados deste trabalho comprovam que as taxas de 17 conhecimento/acerto tanto sobre PrEP quanto sobre PEP foram maiores para os profissionais 18 do que para os estudantes. Quanto ao nível de distinção entre ambas, o conhecimento sobre a 19 PEP foi maior ao da PrEP, tanto para os profissionais quanto para os estudantes. Destaca-se que 20 para algumas questões básicas sobre as profilaxias, o conhecimento tanto dos estudantes quanto 21 dos profissionais foi considerado insuficiente. Dentre os achados desta pesquisa observou-se 22 que para questões como: 'Sabe o que é PrEP ou PEP?' (p=0,001); 'Uso de preservativo durante 23 a PrEP?' (p=0,002); 'Idade para início da PrEP?' (p=0,000); 'Indicação da PEP?' (p=0,002); 24 'Tempo de duração da PEP?' (p=0,005); 'Materiais sem risco para transmissão do HIV' 25 (p=0,044); 'Indicação de PEP após contato com urina sem luva' (p=0,036); e 'Indicação de PEP 26 após contato de pele íntegra com escarro' (p=0,023), os estudantes de enfermagem sabiam 27 menos que os de medicina. Os resultados também mostram que profissionais com tempo de 28 formação menor ou igual a cinco anos obtiveram menos acertos nas questões: Uso de 29 preservativo durante a PrEP?' (p=0,002); 'Exame sorologia PrEP?' (p=0,019); 'Enfermeiro 30 prescreve PrEP?' (p=0,001); 'Enfermeiro prescreve PEP?' (p=0,025). Este estudo evidencia a 31 necessidade de estratégias para divulgação destas profilaxias, tanto no meio dos profissionais 32 quanto entre os estudantes.	HIV;PrEP;PEP;conhecimento;profissionais da saúde;estudantes.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2023	Magno, L; de Medeiros, DS; Soares, F; Grangeiro, A; Caires, P; Fonseca, T; Westin, MR; Dourado, I	Factors associated to HIV prevalence among adolescent men who have sex with men in Salvador, Bahia State, Brazil: baseline data from the PrEP1519 cohort	Cadernos de Saúde Pública	-	-	-	0102-311X	10.1590/0102-311XEN154021	https://www.scielo.br/j/csp/a/tqc6YvvRqNw7kWnztRQRsng/abstract/?lang=en	Adolescent men who have sex with men (AMSM) are at a heightened vulnera-bility for human immunodeficiency virus (HIV). This study aimed to estimate the prevalence of HIV and associated individual, social, and programmatic factors among AMSM in Salvador, Bahia State, Brazil. This is a cross-sec-tional study which analyzed baseline data from the PrEP1519 cohort in Sal-vador. Descriptive, bivariate, and multivariate analyses were conducted using the dimensions of vulnerability to HIV as hierarchical levels of analysis. Lo-gistic regression models were used to estimate the odds ratios (OR) of the asso-ciation between predictor variables and HIV infection. The prevalence of HIV infection among the 288 AMSM recruited to the project was 5.9% (95%CI: 3.7-9.3). Adjusted analysis showed a statistically significant association be-tween self-identifying as a sex worker (OR = 3.74, 95%CI: 1.03-13.60) and HIV infection. Other associations with borderline statistical significance were the use of application programs to find sexual partners (OR = 3.30, 95%CI: 0.98-11.04), low schooling level (OR = 3.59, 95%CI: 0.96-13.41), failing to be hired or being dismissed from a job because of sexual orientation (OR = 2.88, 95%CI: 0.89-9.28), and not using health services as a usual source of care (OR = 3.14, 95%CI: 0.97-10.17). We found a high HIV prevalence among AMSM in Salvador. Furthermore, our study found that individual, social, and programmatic factors were associated with HIV infection among these AMSM.	Adolescent; Prevalence; HIV; MSM; PREVENTION; Men Who Have Sex With Men; COVID-19; INFECTION; RISK; YOUNG MEN; HEALTH; POPULATION; PARTNERS; HUMAN-RIGHTS	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Magno, Laio; Soares, Fabiane; Zucchi, Eliana Miura; Eustórgio, Marcos; Grangeiro, Alexandre; Ferraz, Dulce; Greco, Dirceu; Escuder, Maria Mercedes; Dourado, Ines	Reaching Out to Adolescents at High Risk of HIV Infection in Brazil: Demand Creation Strategies for PrEP and Other HIV Combination Prevention Methods	Archives of Sexual Behavior	-	-	-	00040002	10.1007/s10508-022-02371-y	https://www.proquest.com/scholarly-journals/reaching-out-adolescents-at-high-risk-hiv/docview/2770820007/se-2?accountid=8113	Using baseline data from the PrEP1519 cohort, in this article we aimed to analyze: (i) the effectiveness of demand creation strategies (DCS) to enroll adolescent men who have sex with men (AMSM) and adolescent transgender women (ATGW) into an HIV combination prevention study in Brazil; (ii) the predictors of DCS for adolescents' enrollment; and (iii) the factors associated with DCS by comparing online and face-to-face strategies for enrollment. The DCS included peer recruitment (i.e., online and face-to-face) and referrals from health services and non-governmental organizations (NGOs). AMSM and ATGW who agreed to participate in the study could opt to enroll in either PrEP (PrEP arm) or to use other prevention methods (non-PrEP arm). Bivariate and multivariate analyses were conducted and logistic regression odds ratios were estimated. The DCS reached 4529 AMSM and ATGW, the majority of which were derived online (73.8%). Of this total, 935 (20.6%) enrolled to participate (76.6% in PrEP arm and 23.4% in non-PrEP arm). The effectiveness of enrolling adolescents into both arms was greater via direct referrals (235/382 and 84/382, respectively) and face-to-face peer recruitment (139/670 and 35/670, respectively) than online (328/3342). We found that a combination under DCS was required for successful enrollment in PrEP, with online strategies majorly tending to enroll adolescents of a higher socioeconomic status. Our findings reinforce the need for DCS that actively reaches out to all adolescents at the greatest risk for HIV infection, irrespective of their socioeconomic status.	Adolescent; Brazil; HIV/AIDS; HIV pre-exposure prophylaxis; Men who have sex with men; Teenagers; Disease prevention; Prep; Adolescence; Transgender women; Socioeconomic factors; Demand creation; Human immunodeficiency virus--HIV; GenderWatch; Y; Gays & lesbians; Mens health; Medical Sciences; Health risks	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Magnus M.; Yellin H.; Langlands K.; Balachandran M.; Turner M.; Jordan J.; Ramin D.; Kuo I.; Siegel M.	Overcoming structural barriers to diffusion of HIV pre-exposure prophylaxis	Journal of Medicine Access	-	-	-	27550834	10.1177/27550834231214958	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179371893&doi=10.1177%2f27550834231214958&partnerID=40&md5=bc2cbe883ba2d499ca30f1e4ba5e92a5	HIV prevention with antiretroviral medication in the form of pre-exposure prophylaxis (PrEP) offers a critical tool to halt the HIV pandemic. Barriers to PrEP access across drug types, formulations, and delivery systems share remarkable commonalities and are likely to be generalizable to future novel PrEP strategies. Appreciation of these barriers allows for planning earlier in the drug-development pathway rather than waiting for the demonstration of efficacy. The purpose of this article is to propose a core set of considerations that should be included in the drug-development process for future PrEP interventions. A literature synthesis of key barriers to PrEP uptake in the United States was conducted to elucidate commonalities across PrEP agents and delivery methods. Based on the published literature, we divided challenges into three main categories of structural barriers: (1) provider and clinic characteristics; (2) cost considerations; and (3) disparities and social constructs, with potential solutions provided for each. Pragmatic strategies for examining and overcoming these barriers before future PrEP regulatory approval are recommended. If these strategies are considered well before the time of commercial availability, the potential for PrEP to interrupt the HIV pandemic will be greatly enhanced. © The Author(s) 2023.	HIV prevention; Pre-exposure prophylaxis; providers; regulatory pathways; structural barriers	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Mahlare, E; Ramutshila, E; Musekiwa, A; Kuonza, L; Mabuto, T	Knowledge, attitudes and practices of oral HIV pre-exposure prophylaxis (PrEP) among healthcare workers in the Ekurhuleni District, South Africa	South African Medical Journal (SAMJ)	-	-	-	0256-9574	10.7196/samj.2023.v113i12.1171	http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742023001300011&lang=pt	BACKGROUND: Prevention of new HIV infections is crucial for controlling the HIV epidemic. Despite HIV pre-exposure prophylaxis (PrEP) being one of the highly effective approaches to preventing HIV, and being freely available through primary healthcare clinics (PHCs), the uptake of HIV PrEP in South Africa (SA) is low OBJECTIVE: To understand knowledge, attitudes and practices (KAPs) of healthcare workers responsible for generating demand for HIV PrEP services, or identifying clients eligible for HIV PrEP services in PHCs in Ekurhuleni District, South Africa METHODS: We conducted a cross-sectional interviewer-administered survey among healthcare workers from 45 randomly selected PHCs in Ekurhuleni District. We collected information on participant characteristics and their KAPs regarding HIV PrEP service delivery. KAP scores were developed using a priori cut-off points and participants were categorised into levels of KAPs. We performed descriptive and multivariable logistic regression analysis in line with the study objectives RESULTS: We enrolled 160 study participants from 1 May to 30 June 2022. About two-thirds of the participants (64.4%) were highly knowledgeable about HIV PrEP, and 58.1% self-reported practices that were considered to be good. Notably, 73.1% of participants had negative attitudes toward HIV PrEP delivery. Participants who were aged >50 years had poor HIV PrEP knowledge (adjusted odds ratio (aOR) 0.1; 95% confidence interval (CI) 0.0 - 0.4; p=0.01) compared with participants <30 years old. Participants aged 30 - 40 years had poor HIV knowledge although their association is not statistically significant. Nurses had higher HIV PrEP knowledge (aOR 11.1; 95% CI 3.8 - 32.4, p<0.001) compared with health promoters. Both nurses (aOR=0.2, 95% CI 0.1 - 0.6; p<0.001) and HIV testing service counsellors (aOR 0.3; 95% CI 0.1 - 0.9; p=0.02) had negative attitudes toward HIV PrEP, compared with health promoters. Nurses had better practices in HIV PrEP delivery compared with health promoters (aOR 2.5; 95% CI 1.0 - 5.9; p=0.04 CONCLUSION: Among the healthcare workers tasked with generating demand and identifying clients eligible for HIV PrEP services, low knowledge of HIV PrEP and negative attitudes towards HIV PrEP may be barriers to the uptake of HIV PrEP. Training healthcare workers on HIV PrEP is recommended	NA	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Mahomed, Sharana; Garrett, Nigel; Capparelli, Edmund V; Osman, Farzana; Mkhize, Nonhlanhla N; Harkoo, Ishana; Gengiah, Tanuja N; Mansoor, Leila E; Baxter, Cheryl; Archary, Derseree; Yende-Zuma, Nonhlanhla; Samsunder, Natasha; Carlton, Kevin; Narpala, Sandeep; McDermott, Adrian B; Doria-Rose, Nicole A; Moore, Penny L; Morris, Lynn; Abdool Karim, Quarraisha; Mascola, John R; Abdool Karim, Salim S	Safety and pharmacokinetics of escalating doses of neutralising monoclonal antibody CAP256V2LS administered with and without VRC07-523LS in HIV-negative women in South Africa (CAPRISA 012B): a phase 1, dose-escalation, randomised controlled trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(23)00003-6	https://dx.doi.org/10.1016/S2352-3018(23)00003-6	BACKGROUND: Young women in sub-Saharan Africa continue to bear a high burden of HIV infection. Combination anti-HIV monoclonal antibodies are a potential HIV prevention technology that could overcome adherence challenges of daily oral pre-exposure prophylaxis. In this phase 1 clinical trial we aimed to determine the safety and pharmacokinetic profile of the broadly neutralising monoclonal antibody CAP256V2LS. METHODS: CAPRISA 012B, a first-in-human dose-escalation phase 1 trial evaluated the safety, pharmacokinetics, and neutralisation activity of CAP256V2LS alone and in combination with VRC07-523LS in young HIV-negative women in Durban, South Africa. Groups 1 and 2 were open label with CAP256V2LS administered at 5 mg/kg and 10 mg/kg intravenously and 5 mg/kg, 10 mg/kg, and 20 mg/kg subcutaneously. In group 3, participants were randomly allocated to receive a combination of CAP256V2LS and VRC07-523LS at 10 mg/kg and 20 mg/kg subcutaneously comixed with ENHANZE, a recombinant human hyaluronidase. Once safety was established in the first three participants, dose escalation took place sequentially following review of safety data. Primary endpoints were the proportion of participants with mild, moderate, and severe reactogenicity or adverse events, graded as per the Division of AIDS toxicity grading. The trial is registered on the Pan African Clinical Trial Registry, PACTR202003767867253, and is recruiting. FINDINGS: From July 13, 2020, to Jan 13, 2021, 42 HIV-negative women, aged 18-45 years, were enrolled. All 42 participants, eight with intravenous and 34 with subcutaneous administration, completed the trial. There were no serious adverse events or dose-limiting toxicities. Most commonly reported symptoms following intravenous administration were headaches in seven (88%) and nausea in four (50%) participants. Commonly reported symptoms following subcutaneous administration were headache in 31 (91%), chills in 25 (74%), and malaise or fatigue in 19 (56%) participants. Adverse events included transient lymphocytopenia in eight (19%), proteinuria in nine (21%), elevated aspartate aminotransferase in ten (24%), and alanine aminotransferase in five (12%) participants. INTERPRETATION: CAP256V2LS administered alone and in combination with VRC07-523LS was safe with favourable pharmacokinetics and neutralisation activity, supporting further assessment in larger clinical studies. FUNDING: European and Developing Countries Clinical Trials Partnership, South African Medical Research Council, and South African Department of Science and Innovation.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2023	Mahomed, Sharana; Garrett, Nigel; Potloane, Disebo; Sikazwe, Izukanji T.; Capparelli, Edmund; Harkoo, Ishana; Gengiah, Tanuja Narayansamy; Zuma, Nonhlanhla Yende; Osman, Farzana; Mansoor, Leila; Archary, Derseree; Myeni, Nqobile; Radebe, Precious; Samsunder, Natasha; Doria-Rose, Nicole; Carlton, Kevin; Gama, Lucio; Koup, Richard A.; Narpala, Sandeep; Serebryannyy, Leonid; Moore, Penny; Williamson, Carolyn; Pozzetto, Bruno; Hankins, Catherine; Morris, Lynn; Karim, Quarraisha Abdool; Abdool Karim, Salim	Extended safety and tolerability of subcutaneous CAP256V2LS and VRC07-523LS in HIV-negative women: study protocol for the randomised, placebo-controlled double-blinded, phase 2 CAPRISA 012C trial.	BMJ Open	-	-	-	2044-6055	10.1136/bmjopen-2023-076843	https://pubmed.ncbi.nlm.nih.gov/37640457/	INTRODUCTION: Women-controlled HIV prevention technologies that overcome adherence challenges of available daily oral pre-exposure prophylaxis and give women a choice of options are urgently needed. Broadly neutralising monoclonal antibodies (bnAbs) administered passively may offer a valuable non-antiretroviral biological intervention for HIV prevention. Animal and human studies have demonstrated that bnAbs which neutralise HIV can prevent infection. The optimal plasma antibody concentrations to confer protection against HIV infection in humans is under intense study. The Centre for the AIDS Programme of Research in South Africa (CAPRISA) 012C trial will evaluate extended safety and pharmacokinetics of CAP256V2LS and VRC07-523LS among young HIV-negative South African and Zambian women. The study design also allows for an evaluation of a signal of HIV prevention efficacy. METHODS AND ANALYSIS: CAPRISA 012 is a series of trials with three distinct protocols. The completed CAPRISA 012A and 012B phase 1 trials provided critical data for the CAPRISA 012C trial, which is divided into parts A and B. In part A, 90 participants were randomised to receive both CAP256V2LS and VRC07-523LS at 20 mg/kg or placebo, subcutaneously every 16 or 24 weeks. Part B will enrol 900 participants in South Africa and Zambia who will be randomised in a 1:1 ratio and receive an initial loading dose of 1.2 g of CAP256V2LS and VRC07-523LS or placebo followed by 600 mg of CAP256V2LS and 1.2 g of VRC07-523LS or placebo subcutaneously every 6 months. Safety will be assessed by frequency and severity of reactogenicity and other related adverse events. Pharmacokinetics of both antibodies will be measured in systemic and mucosal compartments over time, while participants will be monitored for breakthrough HIV infections. ETHICS AND DISSEMINATION OF STUDY FINDINGS: The University of KwaZulu-Natal Biomedical Research Ethics Committee and South African Health Products Regulatory Authority have approved the trial (BREC/00002492/2021, SAHPRA20210317). Results will be disseminated through conference presentations, peer-reviewed publications and the clinical trial registry. TRIAL REGISTRATION NUMBER: PACTR202112683307570.	Humans; Animals; Female; Randomized Controlled Trials as Topic; South Africa; Clinical Trials, Phase II as Topic; *HIV Infections/drug therapy/prevention & control; public health; epidemiology; *Acquired Immunodeficiency Syndrome; HIV & AIDS; preventive medicine; Broadly Neutralizing Antibodies; immunology; Antibodies, Monoclonal; Breakthrough Infections	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2023	Majam M.; Segal B.; Fieggen J.; Smith E.; Hermans L.; Singh L.; Phatsoane M.; Arora L.; Lalla-Edward S.T.	Utility of a machine-guided tool for assessing risk behaviour associated with contracting HIV in three sites in South Africa	Informatics in Medicine Unlocked	-	-	-	23529148	10.1016/j.imu.2023.101192	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148056893&doi=10.1016%2fj.imu.2023.101192&partnerID=40&md5=9c7614af86dbcd17ce08c6cab2a4b702	Introduction: Digital data collection and the associated mobile health technologies have allowed for the recent exploration of artificial intelligence as a tool for combatting the HIV epidemic. Machine learning has been found to be useful both in HIV risk prediction and as a decision support tool for guiding pre-exposure prophylaxis (PrEP) treatment. This paper reports data from two sequential studies evaluating the viability of using machine learning to predict the susceptibility of adults to HIV infection using responses from a digital survey deployed in a high burden, low-resource setting. Methods: 1036 and 593 participants were recruited across two trials. The first trial was a cross-sectional study in one location and the second trial was a cohort study across three trial sites. The data from the studies were merged, partitioned using standard techniques, and then used to train and evaluate multiple different machine learning models and select and evaluate a final model. Variable importance estimates were calculated using the PIMP and SHAP methodologies. Results: Characteristics associated with HIV were consistent across both studies. Overall, HIV positive patients had a higher median age (34 IQR: 29–39 vs 26 IQR 22–33, p < 0.001), and were more likely to be female (155/703 22% vs 107/927 12%, p < 0.001). HIV positive participants also had more commonly gone a year or more since their last HIV test (183/262 70% vs 540/1368 39%, p < 0.001) and were less likely to report consistent condom usage (113/262 43% vs 758/1368 55%, p < 0.001). Patients who reported TB symptoms were more likely to be HIV positive. The trained models had accuracy values (AUROCs) ranging from 78.5% to 82.8%. A boosted tree model performed best with a sensitivity of 84% (95% CI 72–92), specificity of 71% (95% CI 67–76), and a negative predictive value of 95% (95% CI 93–96) in a hold-out dataset. Age, duration since last HIV test, and number of male sexual partners were consistently three of the four most important variables across both variable importance estimates. Conclusions: This study has highlighted the synergies present between mobile health and machine learning in HIV. It has been demonstrated that a viable ML model can be built using digital survey data from an low-middle income setting with potential utility in directing health resources. © 2023 The Authors	HIV; HIV risk Assessment; Machine guided tool; Machine learning; ML; Predictive analysis; PrEP; Supervised learning	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Theses and Dissertations	2023	Maldonado Rodriguez, Leonardo; Jean, Judy	The Presumption of the Usage of Pre-Exposure Prophylaxis (PrEP) to Prevent HIV and STDS in Wilton Manors, FL	-	-	Keiser University	-	NA	NA	https://www.proquest.com/dissertations-theses/presumption-usage-pre-exposure-prophylaxis-prep/docview/2863704707/se-2?accountid=8113	Pre-exposure prophylaxis, or PrEP, is a prophylactic therapy recommended to HIV- negative individuals at an elevated risk of developing an infectious disease. However, data shows that PrEP users are more likely to contract sexually transmitted diseases (STDs). This study examines the relationship between pre-exposure prophylaxis and the incidence of STDs among the lesbian, gay, bisexual, transgender, queer, questioning, and others (LGBTQ+) community in Wilton Manors, Florida. PrEP's effectiveness in preventing HIV infection has been questioned, but it is routinely used to prevent other sexually transmitted diseases. The Health Belief Model (HBM) and the Trans-Theoretical Model (TTM) were applied in this study to determine how PrEP and its association with STDs affect individuals' attitudes and behaviors. The survey method, distributed via email and social media, allowed respondents to offer personal information regarding their sexual health and practices in an anonymous and secure environment. Although there is a modest potential for bias stemming from study participants' responses, efforts were taken to mitigate the effects of such difficulties. These results are crucial for comprehending how PrEP and STD prevention overlap in the LGBTQ+ population. These findings may inform public health policy, preventative programs, and educational strategies, thereby contributing to the sexual health and well-being of the LGBTQ+ population. This can enhance underserved people's public health and quality of life.	HIV; Pre-exposure prophylaxis; Sexually transmitted diseases; Public health; Health sciences; LGBTQ studies; 0573:Public health; 0566:Health sciences; 0492:LGBTQ studies; LGBTQ+ population; Trans-Theoretical Model	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2023	MANCUZO, ALESSANDRA VIANA	ENSAIO CLÍNICO RANDOMIZADO FASE II COMPARANDO A UTILIZAÇÃO DE LAMIVUDINA/TENOFOVIR (3TC/TDF) E EMTRICITABINA/TENOFOVIR (FTC/TDF) COMO ESTRATÉGIAS DE PROFILAXIA PRÉ EXPOSIÇÃO (PREP) AO HIV ENTRE HOMENS QUE FAZEM SEXO COM HOMENS	-	-	Universidade Federal de Minas Gerais.	-	-	NA	https://sucupira-legado.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=13293287	A PrEP surgiu com uma estratégia que se mostrou eficaz na prevenção da infecção pelo HIV. Para ambientá-la ao Brasil, uma vez que a associação TDF/FTC não se encontra disponível no SUS para a PEP e, considerando a falta de estudos avaliando a segurança e aceitabilidade de TDF/3TC na população, este estudo comparou as associações de dose fixa de 3TC/TDF e FTC/TDF. A esperada equivalência na aceitabilidade, adesão, efeitos colaterais foi confirmada. Espera-se que estes achados fundamentem a decisão pelo MS da disponibilização da dose fixa combinada de 3TC/TDF como alternativa ao FTC/TDF, com diversas vantagens para o SUS, inclusive do ponto de vista econômico. Os resultados e a consequente decisão do MS, poderão, ainda, servir como exemplo para outros países em desenvolvimento, com significativo impacto na utilização adequada da prevenção combinada da infecção pelo HIV em busca de seu eventual controle.	PrEP, prevenção combinada, TDF/3TC, TDF/FTC, SUS	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Clinical
Article	2023	Mann S.	Pre-Exposure Prophylaxis and HIV Incidence	B.E. Journal of Economic Analysis and Policy	-	-	-	19351682	10.1515/bejeap-2023-0087	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171734993&doi=10.1515%2fbejeap-2023-0087&partnerID=40&md5=9e8f2ea623d6768040cb02ba2910083b	Pre-Exposure Prophylaxis (PrEP) is a drug that, as demonstrated in clinical trials, when taken makes the user virtually immune to HIV. This has led to numerous countries making the drug available, but little is known about the population level effects of PrEP. Using panel data from 40 European countries I study the effect of countries adopting WHO recommendations to make PrEP available to citizens. I demonstrate that PrEP availability leads to around 15-20% fewer new HIV infections. My results indicate that PrEP can be an effective tool in reducing HIV incidence. © 2023 Walter de Gruyter GmbH, Berlin/Boston.	HIV; pre-exposure prophylaxis; PrEP; sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Mann, Laura M.; Sanchez, Travis; Stephenson, Rob; Sullivan, Patrick S.; Jenness, Samuel M.	The Impact of the COVID-19 Pandemic on Sexual Behavior and HIV Prevention and Treatment Services Among U.S. Men Who Have Sex With Men in the Post-Lockdown Era.	American Journal of Men's Health	-	-	-	1557-9891 1557-9883	10.1177/15579883231168602	https://pubmed.ncbi.nlm.nih.gov/37081746/	Early in the COVID-19 pandemic, disruptions to sexual health services and changes to sexual behavior due to the first COVID-19 lockdowns were common among U.S. gay, bisexual, and other men who have sex with men (GBMSM). Less is known about the persistence of these changes after this initial lockdown period. These changes have long-term implications for HIV prevention for current and future pandemic periods. This study collected information on COVID-related impacts on sexual behavior and HIV-related health service disruptions from a cohort of U.S. GBMSM at three time points during the COVID-19 pandemic. We observed that COVID-related disruptions to sexual behavior continued from early lockdown periods through December 2020. Although early interruptions to pre-exposure prophylaxis (PrEP) access resolved in later 2020 and interruptions to antiretroviral therapy (ART) adherence were minimal, extended disruptions were observed in HIV testing, sexually transmitted infection (STI) testing, HIV care clinical visits, and HIV viral load testing. Although sexual behavior did not return to prepandemic levels in late 2020, the reduced access to HIV prevention, testing, and treatment services during this period could result in an overall increased HIV transmission rate, with long-term impacts to the trajectory of the U.S. HIV epidemic. Additional resources and programs are needed to address challenges created by the COVID-19 pandemic, as well as prepare for future potential pandemics and other disruptive events.	Humans; Male; Sexual Behavior; Homosexuality, Male; *HIV Infections/drug therapy/epidemiology/prevention & control; HIV/AIDS; Communicable Disease Control; MSM; *Sexual and Gender Minorities; COVID-19; sexual behavior; Pandemics/prevention & control; *COVID-19/epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Mansergh, G; Sullivan, PS; Kota, KK; Daskalakis, D	Pre-exposure prophylaxis in the era of emerging methods for men who have sex with men in the USA: the HIV Prevention Cycle of Care model	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00309-5	https://pubmed.ncbi.nlm.nih.gov/36525980/	Expanding on previous work, we present an HIV Prevention Cycle of Care model to facilitate understanding of the complexity of issues involved in pre-exposure prophylaxis implementation for gay, bisexual, and other men who have sex with men (MSM) in the USA, including individual, client-provider, and overarching issues such as health equity, stigma, and prevention nomenclature. The HIV prevention cycle of care applies to MSM who test negative for HIV. The Prevention Cycle of Care model includes seven steps: prevention knowledge, prevention self-awareness and preferences, prevention motivation, health-care access and cost, provider issues, adherence and persistence, and periodic reassessment and adjustment. HIV prevention is complex in an era of emerging multiple modalities, and more research is needed to successfully implement pre-exposure prophylaxis options over time and across diverse communities of MSM who are sexually active.	PREP; MSM; UNITED-STATES; DISPARITIES; ADHERENCE; AWARENESS; GAY; BLACK; TRANSMISSION RISK; COVERAGE	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Mansergh, Gordon; Kota, Krishna Kiran; Carnes, Neal; Gelaude, Deborah	Refusal of Daily Oral PrEP: Implementation Considerations and Reported Likelihood of Using Various HIV Prophylaxis Products in a Diverse Sample of MSM.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884	10.1097/QAI.0000000000003134	https://dx.doi.org/10.1097/QAI.0000000000003134	BACKGROUND: An important subgroup of gay, bisexual, and other men who have sex with men (MSM) with behavioral indications refuse daily oral pre-exposure prophylaxis (PrEP) when recommended by a provider. Emerging HIV prophylaxis products (eg, injectable, event-driven) offer more options to MSM who refuse daily PrEP. In this article, we assess reasons for refusal and likelihood to use various products among MSM who refused PrEP. METHODS: MSM who reported anal sex without condoms or PrEP and refused daily oral PrEP in the past 6 months were recruited from clinics, community venues, and online in Atlanta, Chicago, and Raleigh-Durham. Men were asked their main reason for recently refusing daily PrEP and likelihood of using various PrEP options in the future. Bivariate and multivariable regression models were used to estimate associations. RESULTS: MSM (n = 93; 70% Black, 48% age 18-29 years) reported their main reason for refusing daily PrEP were potential side effects (35%), a daily pill regimen (22%), and not having enough information (18%). Reported likelihood of using PrEP products was 58% for penile gel, 54% for event-driven oral, 52% for injectable, and 50% for daily PrEP. MSM who reported daily regimen as the main reason for refusing PrEP had greater odds of likelihood to use an injectable adjusted odds ratio (AOR) = 5.21, 95% confidence interval (CI): 1.32 to 20.52. Younger men (18-29 vs 30+ years) had greater odds of likelihood to use condoms (AOR = 3.40, 95% CI: 1.15 to 10.04) and daily PrEP (AOR = 2.76, 95% CI: 1.06 to 7.16); there were no product preference differences by race. CONCLUSION: Most men who refused daily PrEP indicated likelihood of using some form of PrEP in the future.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Mapetla K.S.; Mokgatle M.M.; Oguntibeju O.O.	Barriers and facilitators influencing the uptake and acceptability of HIV pre-exposure prophylaxis amongst commercial female sex workers in Tshwane district, Gauteng province: A descriptive study	International Journal of Innovative Research and Scientific Studies	-	-	-	26176548	10.53894/ijirss.v6i4.1952	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180228294&doi=10.53894%2fijirss.v6i4.1952&partnerID=40&md5=39d15e112b720914e0a0648d680dc875	While there have been great advances in HIV prevention methods in recent years, such as daily pre-exposure prophylaxis (PrEP) and combination antiretrovirals used as Treatment as Prevention (TaSP), access to care, compliance, and consistent follow-up with treatment remain barriers to care in high-risk populations. The purpose of this study was to explore the barriers and facilitators for the uptake and acceptability of PrEP among female sex workers in Tshwane District, South Africa. A descriptive qualitative research design was used. Female sex workers (FSW) aged 18 years and above were purposively sampled to participate in the study. The research team approached a minimum of 24 female sex workers until data saturation was achieved. The results showed that barriers such as a shortage of PrEP, side effects of PrEP, unawareness of collection points, reliance on pills, stigmatization, and absence of clinics influenced the uptake and acceptability of PrEP. The study also reported on facilitators that enhance the uptake and acceptability of PrEP among sex workers in Tshwane District. These facilitators include knowledge and awareness, perceived HIV risk, availability of mobile clinics, the effectiveness of PrEP, easier accessibility of information, awareness programmes, fear of infection, and preventative measure. This study established the barriers and facilitators that potentially influence the uptake and acceptability of PrEP among female sex workers in the Tshwane District, Gauteng Province, South Africa. © 2023 by the authors.	Barriers; Clinics; Facilitators; Female sex workers; HIV infection; Pre-exposure prophylaxis; PrEP uptake; Risky sexual behaviour	English	India	Asia and the Pacific	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Maragh-Bass A.C.; Williams T.; Agarwal H.; Dulin A.K.; Sales J.; Mayer K.H.; Siegler A.J.	Exploring Stigma, Resilience, and Alternative HIV Preventive Service Delivery Among Young Men who Have Sex with Men of Color	Clinical Nursing Research	-	-	-	10547738	10.1177/10547738231184295	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164504523&doi=10.1177%2f10547738231184295&partnerID=40&md5=b46b4364fb461a0b846e362f9a588cbb	Stigmatization on the basis of race, sexuality, gender identity, and/or use of pre-exposure prophylaxis (PrEP) exacerbates HIV disparities for young men who have sex with men of color (YMSM). We explored resilience, healthcare experiences, stigma, and impact of coronavirus disease 2019 (COVID-19) on PrEP care needs among YMSM of color through virtual in-depth interviews. Analyses used adapted grounded theory/constant comparison. Regarding healthcare-based stigma, participants enacted multilevel resilience which was critical to their care retention during COVID-19 (Themes 1 and 2). Some participants noted that remote care could minimize healthcare stigma and promote retention in care and/or on PrEP (Theme 3). Participants were interested in long-acting injectable (LAI) PrEP but expressed concerns about cost, effectiveness, and side effects (Theme 4). Community-based venues like pharmacies were preferred spaces for getting LAI PrEP injections (Theme 4). Although expansion of telehealth that helped mitigate care retention challenges during COVID-19 was temporary, continued telehealth use may reduce stigmatization and promote long-term retention and PrEP persistence. © The Author(s) 2023.	home-based HIV care; long-acting injectable PrEP; multilevel resilience; PrEP MSM; PrEP MSM of color; stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Maragh-Bass, Allysha C.; Aimone, Elizabeth V.; Aikhuele, Eseohe O.; Macqueen, Kathleen	Exploring intersectional stigma and COVID-19 impact on human immunodeficiency virus service provision for African Americans in a Southern city.	Journal of Clinical Nursing	-	-	-	1365-2702 0962-1067	10.1111/jocn.16539	https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.16539	AIMS/OBJECTIVES: Through interviews with clinical service providers, we explored stigma's impact on HIV service provision for African Americans during COVID-19. BACKGROUND: African Americans experience disproportionate rates of HIV and COVID-19. We explored COVID-19's impact on HIV services for African American adults in a Southern city. DESIGN: The study was qualitative and observational. METHODS: Key informant interviews were conducted (n = 11) across two healthcare centres and two community-based organisations and thematically analysed using phenomenological approaches by two coders. Interviews explored pre- and post-COVID-19 service provision and parallels between COVID-19 and HIV, particularly as related to stigma. The COREQ checklist was utilised to ensure research quality. RESULTS: According to the providers interviewed, all providers offered HIV prevention/treatment, but PrEP and preventive services diminished greatly early in the COVID-19 pandemic. Successful transition to telehealth depended on existing telehealth use. Challenges exacerbated by COVID-19 included food/housing insecurity and physical distancing constraints. Clients' COVID-19 informational needs shifted from concerns to vaccine requests over time. Interviewees stated HIV and COVID-19 both carry 'risk taking'; however, HIV risk was more physically intimate than COVID-19. Notably, some providers used stigmatising language referring to clients with HIV/COVID and omitted person-centred language. CONCLUSIONS: Findings suggest need to address challenges in telehealth to improve client experiences now and for future pandemics. More research is needed to examine intersectional stigmatisation of COVID-19 and HIV for African Americans to design person-centred counselling interventions. RELEVANCE TO CLINICAL PRACTICE: Results demonstrate need for provider training to reframe stigma discussions using client centeredness, educating African Americans on HIV and COVID-19 prevention, and coordination with local organisations to address multiple care needs. PATIENT/PUBLIC CONTRIBUTION: This research highlights needs of clients based on the views of healthcare providers caring for predominantly African American communities in a Southern city. However, no patients, service users, caregivers or members of the public were directly involved in this study.	Adult; Humans; HIV; Black or African American; health disparities; COVID-19; Pandemics; African Americans; *HIV Infections/prevention & control/drug therapy; *COVID-19/epidemiology; intersectional stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Essay	2023	Maragh-Bass, Allysha C; Stoner, Marie C D; Castellanos-Usigli, Antón; Agarwal, Harsh; Katz, Ariana W K; Patani, Henna; Sukhija-Cohen, Adam; Campbell, Lauren; Arreola, Sonya; Saberi, Parya	New preexposure prophylaxis options need updated counseling approaches: reframing 'risk' in HIV prevention counseling for young sexual and gender minorities of color.	AIDS	-	-	-	1473-5571	10.1097/QAD.0000000000003563	https://dx.doi.org/10.1097/QAD.0000000000003563	For nearly four years, HIV prevention science has seen renewed focus and funding allocations towards 'ending the HIV epidemic'. One pillar is the prevention of new HIV transmissions by using proven interventions, including preexposure prophylaxis (PrEP) [1]. Existing PrEP uptake interventions need more research to examine how to adequately tailor them to populations who continue to experience HIV inequities, including young adults of color who identify as sexual and gender minorities (YSGM) in the United States [2]. The Centers for Disease Control and Prevention (CDC) surveillance data from 2018 show that YSGM of color had disproportionately high HIV diagnoses in the United States, with Black/African Americans having the highest numbers, followed by Hispanic/Latino individuals [3]. Recent PrEP-to-need ratios (the ratio of PrEP users in 1 year to those newly diagnosed with HIV in the prior year) were lower for YSGM of color than their white counterparts, showing inadequate utilization of PrEP, despite higher rates of HIV diagnoses [4]. Although regional variations exist, disparities remain for YSGM irrespective of the rollout of new PrEP assistance programs [5]. These disparities also remain, despite recent mandates in some states for LGBT health training to healthcare providers, such as in California [6].	adherence; ending the HIV epidemic; health equity; HIV/AIDS; LGBT health; MSM; sex positivity; sexual pleasure	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Other
Article	2023	Marcus U.; Schink S.B.; Weber C.	HIV pre-exposure prophylaxis and diagnoses of sexually transmitted infections – observational data from German checkpoints, 01/2019–08/2021	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-15570-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151962967&doi=10.1186%2fs12889-023-15570-6&partnerID=40&md5=82bcf987bc7325c8c3f625bcd69e84cb	Background: The impact of starting HIV pre-exposure prophylaxis (PrEP) on diagnoses of sexually transmitted infections (STI) remains unclear. We used data from German HIV/STI Checkpoints collected from 01/2019 to 08/2021 to determine the impact of PrEP use on syphilis, gonorrhoea and chlamydia diagnoses. Methods: We used self-reported data on demographics, sexual behaviour, testing and PrEP use, as well as lab-confirmed diagnoses from visits to HIV/STI Checkpoints in Germany. PrEP use was categorized as (1) never used; (2) intention to use; (3) former use; (4) current on-demand use; (5) daily use. In multivariate regression analyses (MRA) with gonorrhoea, chlamydia, and syphilis diagnoses as outcomes, we controlled for age, number of sexual partners, number of condomless anal intercourse (CAI) partners in the last six months, and testing recency. Results: For the analysis, we included 9,219 visits for gonorrhoea and chlamydia testing and 11,199 visits for syphilis testing conducted at checkpoints from 01/2019 to 08/2021. MRA identified age (aOR 0.98; 95%CI 0.97–0.99), number of sexual partners in the past six months (aOR 4.90; 95%CI 2.53–9.52 for 11 + partners), and use of chemsex substances (aOR 1.62; 95%CI 1.32–2.00) as risk factors for gonorrhoea, while age (aOR 0.99; 95%CI 0.98–1.00), number of CAI partners (aOR 3.19; 95%CI 2.32–4.41 for 5 + partners), partner sorting (aOR 1.30; 95%CI 1.09–1.54), and use of chemsex substances (aOR 1.29; 95%CI 1.05–1.59) were risk factors for chlamydia infections. For syphilis, the number of CAI partners (aOR 3.19; 95%CI 1.60–6.34 for 5 + partners) was found to be the only significant risk factor. There was a strong association between PrEP use and the number of sexual partners (≤ 5 vs.>5: aOR 3.58; 95%CI 2.15–5.97 for daily PrEP use), the number of CAI partners in the past six months (≤ 1 vs.>1: aOR 3.70; 95%CI 2.15–6.37 for daily PrEP use), and the number of STI tests performed (suggesting higher testing frequency). Both outcomes were also related to partner sorting, chemsex, and selling sex. Conclusions: Checkpoint visits reporting current PrEP use or intention to start PrEP correlated with eligibility criteria for PrEP, i.e. high partner numbers, inconsistent condom use during anal intercourse, and use of chemsex drugs. Use of HIV-specific prevention methods such as HIV serosorting, PrEP sorting, and viral load sorting was reported more frequently. (Daily) PrEP use was an independent risk factor for a chlamydia diagnosis only. © 2023, The Author(s).	Germany; HIV pre-exposure prophylaxis; Men who have sex with men; PrEP; Sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Marcus U.; Schmidt D.; Schink S.B.; Koppe U.	Analysis of HIV pre-exposure prophylaxis (PrEP) needs and PrEP use in Germany among men who have sex with men	Journal of Public Health (Germany)	-	-	-	21981833	10.1007/s10389-022-01699-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125671638&doi=10.1007%2fs10389-022-01699-y&partnerID=40&md5=eb4f6e682a00a8a38bd1cb67e7ace343	Aims: We aim to estimate the number of HIV pre-exposure prophylaxis (PrEP) users among men having sex with men (MSM) in Germany from 2017 through 2020, and analyse if PrEP needs expressed in 2017 might have been met by the expansion of PrEP until 2020. Subject and methods: We estimated the number of PrEP users by using drug prescription data and information on on-demand/intermittent PrEP use from online surveys to determine the proportion of on-demand/intermittent and daily PrEP use as well as the average number of PrEP pills used. The number of MSM in need of PrEP in 2017 was estimated based on four groups defined among respondents to a large online survey, combining respondents with PrEP use intention and respondents indicating substantial sexual risks. The size of each group was estimated based on self-selection biases. MSM with PrEP need in 2017 were compared with the estimated number of persons taking PrEP by June 2020. Results: We estimated a total of 15,600 to 21,600 PrEP users in Germany by the end of June 2020, corresponding to 40–55% of men with PrEP use intention in 2017. A correlation between the regional distribution of PrEP use intention in 11/2017 and actual PrEP use by 06/2020 suggested an unequal regional distribution of unsatisfied needs. The number of men with unmet PrEP needs ranged between 27,500 and 93,000 in 06/2020. Conclusion: PrEP use in Germany has increased considerably between 10/2017 and 06/2020, but large regional inequalities persist. PrEP is not yet readily accessible, and there is a need to expand services and encourage uptake. © 2022, The Author(s).	Germany; HIV pre-exposure prophylaxis; Men who have sex with men; PrEP	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2023	Martin C.E.; Cox L.A.; Nongena P.; Butler V.; Ncube S.; Sawry S.; Mullick S.	Patterns of HIV Pre-exposure Prophylaxis use Among Adolescent Girls and Young Women Accessing Routine Sexual and Reproductive Health services in South Africa	Journal of Adolescent Health	-	-	-	1054139X	10.1016/j.jadohealth.2023.08.004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175579833&doi=10.1016%2fj.jadohealth.2023.08.004&partnerID=40&md5=f44aad781d05f13fe639591620ef6146	Purpose: This study describes the patterns of pre-exposure prophylaxis (PrEP) use among adolescent girls and young women (AGYW) initiated on daily oral PrEP for the prevention of HIV, within routine sexual and reproductive health services in South Africa. Methods: We analysed clinical and survey data from a nested cohort of 967 AGYW initiated on oral PrEP between January 2019 and December 2021 in four geographical clusters in South Africa. We describe the periods of PrEP use, and the proportion who discontinued and subsequently restarted PrEP. Logistic regression analyses were conducted to determine factors associated with early PrEP discontinuation, PrEP use for ≥4 months and PrEP restart. Results: PrEP use for ≤1 month was high (68.6%), although 27% returned and restarted PrEP; and 9% restarted more than once. Initiating PrEP at a mobile clinic (AOR 2.10, 95% CI 1.51 – 2.93) and having a partner known to be HIV negative or whose HIV status was unknown (AOR 7.11, 95% CI 1.45 – 34.23; AOR 6.90, 95% CI 1.44 – 33.09) were associated with PrEP use for ≤1 month. AGYW receiving injectable contraceptives were more likely to restart PrEP (AOR 1.61, 95% CI 1.10 – 2.35). Compared to those aged 15–17 years, participants 18 – 20 and 21 – 24 years were less likely to restart PrEP (AOR 0.51, 95% CI 0.35 – 0.74; AOR 0.60, 95%, CI 0.41 – 0.87), as were those initiating PrEP at a mobile clinic compared to a fixed facility (AOR 0.66, 95% CI 0.47 – 0.92). Discussion: Although early PrEP discontinuation was high, it appears that PrEP use is frequently cyclical in nature. Further research is needed to determine if these cycles of PrEP correlate to periods of perceived or actual vulnerability to HIV, which may also be cyclical. PrEP delivery presents a unique opportunity to address multiple unmet health needs of young people. © 2023 Society for Adolescent Health and Medicine	Adolescent girls and young women; AGYW; Contraception; HIV; Pre-exposure prophylaxis; PrEP; Prevention; Service integration; Sexual and reproductive health; South Africa	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Martin, Anna K.; Perryman, Tyshaun; Bernstein, Judith A.; Taylor, Jessica L.; Cruz, Ricardo; Muroff, Jordana; Samet, Jeffrey H.; Assoumou, Sabrina A.	Peer recovery coaching for comprehensive HIV, hepatitis C, and opioid use disorder management: The CHORUS pilot study.	Drug and Alcohol Dependence Reports	-	-	-	2772-7246	10.1016/j.dadr.2023.100156	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10126838/	INTRODUCTION: Amidst a surge in HIV and hepatitis C virus (HCV) infections in persons who use drugs, medications that effectively prevent HIV and treat opioid use disorder and HCV remain underutilized. METHODS: We developed a 6-month peer recovery coaching intervention (brief motivational interviewing followed by weekly virtual or in-person coaching) and collected data on uptake of medications for opioid use disorder (MOUD), HIV pre-exposure prophylaxis (PrEP), and HCV treatment. The primary outcomes were intervention acceptability and feasibility. RESULTS: At a Boston substance use disorder bridge clinic, we enrolled 31 HIV-negative patients who used opioids. Participants reported high intervention satisfaction at 6 months (95% "satisfied" or "very satisfied"). At study completion, 48% of the participants were on MOUD, 43% who met CDC guidelines were on PrEP, and 22% with HCV were engaged with treatment. CONCLUSIONS: A peer recovery coaching intervention is feasible and acceptable, with positive preliminary findings regarding MOUD, PrEP and HCV treatment uptake.	HIV; Hepatitis C; PrEP; Opioid use disorder; Peer support; Peer recovery coach	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Martin, Veronica O; Tesha, Novatus A; Sunguya, Bruno F	Uptake of Oral HIV Pre-Exposure Prophylaxis (PrEP) and Associated Factors among Female Sex Workers in Tanga, Tanzania	Viruses	-	-	-	NA	10.3390/v15102125	https://www.proquest.com/scholarly-journals/uptake-oral-hiv-pre-exposure-prophylaxis-prep/docview/2882849545/se-2?accountid=8113	Pre-exposure prophylaxis (PrEP) prevents HIV infection among female sex workers (FSW). WHO recommends the use of Tenofovir disoproxil fumarate for use in oral PrEP regimens (TDF). Emtricitabine (FTC) 200 mg/Tenofovir Disoproxil Fumarate (TDF) 300 mg (Truvada) daily is the approved PrEP regimen in Tanzania. Evidence is limited on oral PrEP uptake and its associated factors in countries with a high burden of HIV, such as Tanzania. This study aimed to examine the uptake of oral PrEP and its associated factors among FSW in the Tanga region of Tanzania. This community-based cross-sectional study was conducted among 428 FSW. Data were collected through face-to-face interviews and analyzed using STATA version 17 and RDSAT. Logistic regression was used to examine the associations of independent factors and PrEP uptake among study participants. About 55% of the recruited FSW used oral PrEP. FSW with three or more children were 2.41 times more likely to take oral PrEP (AOR 2.41, 95% CI: 1.08–4.25, p < 0.05). Moreover, those with a positive attitude were more likely to use oral PrEP (AOR 2.8, 95% CI: 1.88–4.17, p < 0.05). Poor belief was a barrier to PrEP use, and side effects of the drugs were a reason for the discontinuation of PrEP services. Most of the participants preferred PrEP services to be provided in the community. Oral PrEP uptake was 55%. Efforts to scale up PrEP for FSW should address misconceptions regarding PrEP, PrEP sensitization, and improving access through community-based intervention.	Tenofovir; Emtricitabine; HIV; Condoms; Tanzania; female sex workers; pre-exposure prophylaxis; Employment; Drug resistance; Infections; Disease prevention; Prophylaxis; Sample size; Population; Food security; Occupational exposure; key population; oral PrEP; Intervention; Females; Human immunodeficiency virus--HIV; Womens health; Variables; Sex industry; Acquired immune deficiency syndrome--AIDS; Peers; Health surveys; Marital status; Biology--Microbiology	English	Switzerland	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Theses and Dissertations	2023	Martinez, Miguel Angel	Unhealthy Alcohol Use and HIV-1 Risk Behaviors and PrEP Adherence Among Gay, Bisexual, and Other Men Who Have Sex with Men (GBMSM) in Kenya	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/50165	Background: Gay, bisexual, and other men who have sex with men (GBMSM) in sub-SaharanAfrica experience disproportionate rates of stigma and its social repercussions, including high rates of alcohol use. The burden of HIV in sub-Saharan Africa also disproportionally affects GBMSM populations. This work aimed to assess the variability of drinking patterns and determine associations between unhealthy alcohol use and HIV risk behaviors and adherence to HIV prevention medication among GBMSM in Kenya. Methods: A secondary analysis of the Anza Mapema Mbili study, which followed HIV negativemen for one year, was conducted to assess the prevalence of unhealthy drinking, as measured by phosphatidyl ethanol (PEth), and determine its association with (1) several HIV risk factors (condomless anal intercourse, multiple sex partners, and forced sexual violence) and (2) adherence to pre-exposure prophylaxis (PrEP). Descriptive statistics were used to identify differences between participants with and without unhealthy drinking at baseline. McNemar's test was used to assess whether the prevalence of unhealthy drinking changed over study visits. Generalized estimating equations with logit links and exchangeable correlation structures were used to determine associations between unhealthy drinking and study outcomes after adjustment for potential confounders. Results: The prevalence of unhealthy drinking as determined by the first collected PEthmeasure was 56% (95% CI: 47% – 64%). The prevalence of unhealthy drinking did not change significantly over the next study visit where PEth was collected. Participants who had unhealthy drinking were, on average, 3.4 years older as compared to those without unhealthy drinking. Further, a larger proportion of those in the unhealthy drinking category were classified as having "Hazardous/Harmful Drinking" via the AUDIT test as compared to those without unhealthy drinking (62.0% vs. 27.4%, respectively). A borderline significant association was found between unhealthy alcohol use (<= 200 ng/ml of PEth) and lower odds of having multiple sex partners, but there were no statistically significant associations with condomless anal intercourse, forced sex, or PrEP adherence. Conclusion: Unhealthy alcohol use, as measured by PEth, was found in the majority of GBMSMstudy participants and did not change over follow-up. Unhealthy alcohol use was associated with older age and AUDIT score > 8 but was not strongly associated with HIV risk behaviors or PrEP adherence. Further work is needed to understand better the role of alcohol use, drinking patterns, and social harms in HIV risk perception and engagement in preventative measures among GBMSM.	Alcohol; GBMSM; HIV; Kenya; PrEP; Epidemiology; To Be Assigned	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Theses and Dissertations	2023	MARTINEZ, YUPPIEL FRANMIL	Avaliação de fatores preditores de sífilis e adesão a PrEP oral diária entre Gays, Bissexuais e outros Homens que fazem Sexo com Homens (HSH), Mulheres Transgênero e Travestis (MTTr) com risco substancial de infecção pelo HIV em estudo multicêntrico demonstrativo da efetividade da profilaxia Pré-Exposição (PrEP). Estudo PrEP1519 Brasil	-	-	UFMG	-	-	NA	http://hdl.handle.net/1843/61832	Os jovens e adolescentes são um grupo desproporcionalmente acometido pelo HIV. Ser adolescente ou jovem gay, bissexual, travesti ou transgênero, é enfrentar desafios ainda maiores em termos de risco e vulnerabilidade ao HIV e outras infecções sexualmente transmissíveis, fato pelo qual estes grupos representam uma população-chave para a implementação de intervenções estruturais, comportamentais e biomédicas. A PrEP é uma estratégia que tem se mostrado segura e eficaz na prevenção da infecção pelo HIV, entre esta e outras populações-chave. Entretanto, ainda se sabe muito pouco sobre o real impacto de seu uso em jovens e adolescentes. O presente estudo tem como objetivo geral avaliar a efetividade, segurança e adesão da Profilaxia Pré-Exposição (PrEP) entre adolescentes Gays, Bissexuais e outros Homens que fazem Sexo com Homens (HSH), Mulheres Transgênero e Travestis (MTTr) com risco substancial de infecção pelo HIV. De forma mais aprofundada, objetivou-se avaliar os fatores sociodemográficos e de práticas sexuais basais relacionados com a prevalência de sífilis na entrada e os marcadores ou preditores de adesão à PrEP por autorrelato. O projeto PrEP1519 é um estudo de coorte demonstrativo multicêntrico brasileiro, aprovado pelo comitê de ética em pesquisa da OMS, pela CONEP e COEP das Universidades participantes (UFMG, UFBA e USP). A inclusão foi voluntária após processo de consentimento livre e esclarecido e assinatura dos Termos de Consentimento ou Assentimento (TCLE, TALE). Os participantes foram alocados em dois grupos: com ou sem uso de PrEP, conforme avaliação de vulnerabilidade e preferência. As análises foram realizadas com as diversas dimensões de vulnerabilidade de infecção ao HIV, e modelos de regressão logística foram construídos para estimar as razões de chance da associação entre as variáveis preditoras e os níveis de adesão nas visitas M1, M6 e M12, assim como sua associação com um teste treponêmico positivo para sífilis na entrada do estudo. Foram analisados 935 participantes. A idade mediana foi 19 anos (IIQ: 18-19), 69% (645) se auto declararam como negros (pardos/pretos), 91,1% (852) como homens cisgênero e 8,8% (82) como mulheres trans ou travestis. Aproximadamente 26% (251) dos participantes apresentaram ao longo dos 12 meses de seguimento uma adesão insuficiente, inferior a 90% por autorrelato. Na análise multivariada final, uma maior chance de adesão insuficiente foi associada com estar desempregado (OR = 1,34; IC95%: 1,00-1,81), ter relações sexuais em troca de dinheiro ou favores (OR =1,75; IC95%: 1,10-2,79) e ter uma autopercepção de risco de infecção pelo HIV <6 (OR = 1,51; IC95%: 1,06-2,16). Por outro lado, a prevalência de sífilis na linha de base foi de 21,3%. No modelo final de regressão logística, as seguintes variáveis estiveram associadas com chances maiores de sífilis: autorrelato de episódio de IST nos últimos 12 meses (OR = 5,92; IC95%: 3,74-9,37), ser profissional do sexo (OR = 3,39; IC95%: 1,32-8,78) e ter menos de 11 anos de escolaridade (OR = 1,76; IC95%: 1,13-2,74). Nossos dados reiteram conhecidos fatores de vulnerabilidade e apontam a necessidade de fortalecer os programas de PrEP na saúde pública com adequada discussão sobre classe social, raça, gênero, sexualidade e prevenção combinada, assim como, ampliar e facilitar o acesso a todas as ferramentas de prevenção combinada, incluída a PrEP, para esta faixa etária.	Profilaxia Pre-Exposicão;PrEP;Prevenção combinada;Adesão;HIV;IST;Adolescentes;LGBTQIA+;Minorias sexuais e de gênero;HSH;Pessoas transgênero;Travesti;Populações-chave.	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Quantitative
Article	2023	Martins G.B.; Pinheiro T.F.; Ferraz D.; Grangeiro A.; Zucchi E.M.	Use of HIV prevention methods and contexts of the sexual practices of adolescent gay and bisexual men, travestis, and transgender women in São Paulo, Brazil; O uso de métodos de prevenção do HIV e o contexto das práticas sexuais de adolescentes homens gays e bissexuais, travestis e mulheres transgênero na cidade de São Paulo, Brasil; Uso de métodos de prevención del VIH y contextos de prácticas sexuales de adolescentes gays y hombres bisexuales, travestis y mujeres transgénero en São Paulo, Brasil	Cadernos de Saúde Pública	-	-	-	0102311X	10.1590/0102-311XEN161521	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151574014&doi=10.1590%2f0102-311XEN161521&partnerID=40&md5=d2442da0e84c43bad2cced7b5f29927b	We aimed to understand the perspective and use of HIV prevention methods in context of the sexual practices of adolescent gay and bisexual men, travestis, and transgender women (TGW). In-depth interviews and focus group discussions were conducted with 22 adolescent gay and bisexual men, travestis, and TGW aged between 15 and 19 years in São Paulo, Brazil, as part of the formative research of the PrEP1519 study, an ongoing daily oral pre-exposure prophylaxis (PrEP) demonstration study among adolescents. Participants' knowledge repertoire about prevention methods and their experience with them concentrated on condoms, which were regarded as the most well-known, "compulsory" practice, whose use was an individual responsibility. Prior HIV/STI testing was reported by a few participants as a measure to decide to discontinue condom use in stable relationships, whereas seeking testing after condomless sex was an attempt to repair a "failure" in prevention. The importance of commercial sex was striking among TGW and travestis, in which condom use often depended on clients' decision, and drug use and risk of violence hindered decision-making and self-care. Adolescents showed little knowledge, frequent confusion, and no experience with post-exposure prophylaxis and PrEP. An incipient appropriation of the diversity of prevention methods and a rigid normativity about the use of condoms are key drivers in adolescents' perception and use of HIV prevention methods. Adolescents' risk management seems to be restricted in terms of their autonomy and ability to assess exposure across contexts, failing to include antiretroviral-based (ARV) methods, thus requiring tailored and context-sensitive strategies for an effective combination prevention approach. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	Adolescent; Gender Diversity; Sexuality; Sexually Transmitted Infections	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	France	Western and Central Europe and North America	Qualitative
Article	2023	Marzinke, Mark A.; Fogel, Jessica M.; Wang, Zhe; Piwowar-Manning, Estelle; Kofron, Ryan; Moser, Amber; Bhandari, Pradip; Gollings, Ryann; Bushman, Lane R.; Weng, Lei; Halvas, Elias K.; Mellors, John; Anderson, Peter L.; Persaud, Deborah; Hendrix, Craig W.; McCauley, Marybeth; Rinehart, Alex R.; St Clair, Marty; Ford, Susan L.; Rooney, James F.; Adeyeye, Adeola; Chariyalertsak, Suwat; Mayer, Kenneth; Arduino, Roberto C.; Cohen, Myron S.; Grinsztejn, Beatriz; Hanscom, Brett; Landovitz, Raphael J.; Eshleman, Susan H.	Extended Analysis of HIV Infection in Cisgender Men and Transgender Women Who Have Sex with Men Receiving Injectable Cabotegravir for HIV Prevention: HPTN 083.	Antimicrobial Agents and Chemotherapy	-	-	-	1098-6596 0066-4804	10.1128/aac.00053-23	https://pubmed.ncbi.nlm.nih.gov/36995219/	HPTN 083 demonstrated that injectable cabotegravir (CAB) was superior to oral tenofovir disoproxil fumarate-emtricitabine (TDF-FTC) for HIV prevention in cisgender men and transgender women who have sex with men. We previously analyzed 58 infections in the blinded phase of HPTN 083 (16 in the CAB arm and 42 in the TDF-FTC arm). This report describes 52 additional infections that occurred up to 1 year after study unblinding (18 in the CAB arm and 34 in the TDF-FTC arm). Retrospective testing included HIV testing, viral load testing, quantification of study drug concentrations, and drug resistance testing. The new CAB arm infections included 7 with CAB administration within 6 months of the first HIV-positive visit (2 with on-time injections, 3 with ≥1 delayed injection, and 2 who restarted CAB) and 11 with no recent CAB administration. Three cases had integrase strand transfer inhibitor (INSTI) resistance (2 with on-time injections and 1 who restarted CAB). Among 34 CAB infections analyzed to date, diagnosis delays and INSTI resistance were significantly more common in infections with CAB administration within 6 months of the first HIV-positive visit. This report further characterizes HIV infections in persons receiving CAB preexposure prophylaxis and helps define the impact of CAB on the detection of infection and the emergence of INSTI resistance.	HIV; HPTN 083; TDF-FTC; cabotegravir; injectable; long-acting; men who have sex with men; preexposure prophylaxis; prevention.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Quantitative
Article	2023	Marzinke, Mark A; Hanscom, Brett; Wang, Zhe; Safren, Steven A; Psaros, Christina; Donnell, Deborah; Richardson, Paul A; Sullivan, Philip; Eshleman, Susan H; Jennings, Andrea; Feliciano, Kailazarid Gomez; Jalil, Emilia; Coutinho, Carolina; Cardozo, Nadir; Maia, Bernardo; Khan, Taimur; Singh, Yashna; Middelkoop, Keren; Franks, Julie; Valencia, Javier; Sanchez, Naiymah; Lucas, Jonathan; Rooney, James F; Rinehart, Alex R; Ford, Susan; Adeyeye, Adeola; Cohen, Myron S; McCauley, Marybeth; Landovitz, Raphael J; Grinsztejn, Beatriz	Efficacy, safety, tolerability, and pharmacokinetics of long-acting injectable cabotegravir for HIV pre-exposure prophylaxis in transgender women: a secondary analysis of the HPTN 083 trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(23)00200-X	https://dx.doi.org/10.1016/S2352-3018(23)00200-X	BACKGROUND: The HIV Prevention Trials Network (HPTN) 083 trial showed that long-acting injectable cabotegravir was more effective than tenofovir disoproxil fumarate plus emtricitabine in preventing HIV in cisgender men and transgender women who have sex with men. We aimed to characterise the cohort of transgender women included in HPTN 083. METHODS: HPTN 083 is an ongoing, phase 2b/3, randomised, multicentre, double-blind, double-dummy clinical trial done at 43 sites in seven countries (Argentina, Brazil, Peru, the USA, South Africa, Thailand, and Viet Nam). HIV-negative participants were randomly assigned (1:1) to receive injectable cabotegravir or tenofovir disoproxil fumarate plus emtricitabine. The study design and primary outcomes of the blinded phase of HPTN 083 have already been reported. An enrolment minimum of 10% transgender women was set for the trial. Here we characterise the cohort of transgender women enrolled from Dec 6, 2016, to May 14, 2020, when the study was unblinded. We report sociodemographic characteristics, use of gender affirming hormone therapy, and behavioural assessments of the transgender women participants. Laboratory testing and safety evaluations are also reported. The trial is registered at ClinicalTrials.gov, NCT02720094. FINDINGS: HPTN 083 enrolled 570 transgender women (304 tenofovir disoproxil fumarate plus emtricitabine; 266 injectable cabotegravir). Transgender women were primarily from Asia (225 39%) and Latin America (205 36%); 330 (58%) reported using gender affirming hormone therapy. Intimate partner violence was common (270 47% reported emotional abuse and 172 30% reported physical abuse) and 323 (57%) reported a history of childhood sexual abuse. 159 (28%) transgender women disagreed that they were at risk for HIV, and 142 (25%) screened positive for depressive symptoms. During study follow-up, incidence of syphilis was 16·25% (95% CI 13·28–19·69), rectal gonorrhoea was 11·66% (9·14–14·66), and chlamydia was 20·61% (17·20–24·49). Frequency of adverse events was similar between the treatment groups. Nine seroconversions occurred among transgender women during the blinded phase of the study (seven in the tenofovir disoproxil fumarate plus emtricitabine group and two in the injectable cabotegravir group); overall incidence was 1·19 per 100 person-years (95% CI 0·54–2·25): 1·80 per 100 person-years (0·73–3·72) in the tenofovir disoproxil fumarate plus emtricitabine group and 0·54 per 100 person-years (0·07–1·95) in the injectable cabotegravir group (hazard ratio 0·34 95% CI 0·08–1·56). Cabotegravir concentrations did not differ by gender affirming hormone therapy use. INTERPRETATION: HIV prevention strategies for transgender women cannot be addressed separately from social and structural vulnerabilities. Transgender women were well represented in HPTN 083 and should continue to be prioritised in HIV prevention studies. Our results suggest that injectable cabotegravir is a safe and effective pre-exposure prophylaxis option for transgender women. FUNDING: National Institute of Allergy and Infectious Diseases and ViiV Healthcare.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Masenyetse, Lieketseng J; Greenberg, Lauren; Samonyane, Felleng; Sekepe, Bokang; Mokone, Majoalane; Mokone, Mafusi J; Tukei, Vincent J; Beres, Laura K	Oral HIV pre-exposure prophylaxis use among pregnant and postpartum women: results from real-world implementation in Lesotho.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2023.1221752	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10425268/	Introduction: Lesotho has reached epidemic control, PrEP is an important component in maintaining that and in reaching the goal of eliminating mother-to-child transmission. Methods: We conducted a retrospective review of existing, routine PrEP health records in 26 health facilities in Lesotho. PrEP visit data were collected for pregnant and postpartum women screened for PrEP and/or enrolled in PrEP programs from 1 January 2019 through 30 June 2021 with follow-up data collected up to the date of data abstraction per site between October 2021 and May 2022. Poisson regression with robust variance was used to evaluate the association between patient characteristics and continuation of PrEP. Results: Indications for starting PrEP were significantly associated with continuation in PrEP use. Women starting PrEP due to having a partner known to be living with HIV were the most likely to return for follow-up. In all age groups, the most common reason for starting PrEP was being in a serodiscordant relationship, though the proportion varies by age. Conclusion: As Lesotho is now in the process of optimizing PrEP use among pregnant and postpartum women, it is critical to revise data sources to capture information that will link PrEP records and ANC/PNC records and document pregnancy/postpartum status in order to better understand PrEP use and gaps in this population.	PrEP, HIV, pregnant women, breastfeeding, postpartum, sub-Saharan Africa, prevention, medical records	English	Switzerland	Western and Central Europe and North America	Lesotho	Eastern and Southern Africa	Eswatini	Eastern and Southern Africa	Review
Article	2023	Massey, Eugene S G; Bazzi, Angela R; Sian, Carlos R; Gebel, Christina M; Bernstein, Judith A; Assoumou, Sabrina A	"I've been 95% safe": perspectives on HIV pre-exposure prophylaxis at a drug detoxification center: a qualitative study	AIDS Care	-	-	-	9540121	10.1080/09540121.2022.2031853	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124257102&doi=10.1080%2f09540121.2022.2031853&partnerID=40&md5=766510cbd3c90315160f960617445d6b	Pre-exposure prophylaxis (PrEP) decreases human immunodeficiency virus (HIV) acquisition among persons who inject drugs (PWID); however, its uptake has been suboptimal. We explored HIV risk perceptions and PrEP interest among drug detoxification center patients in the context of the ongoing opioid overdose epidemic. We conducted in-depth interviews of patients (n = 24) and professional key informants (n = 10 physicians, case managers, nurses, and harm reduction educators), and thematic analysis of coded data. The mean age of participants (patients) was 37 years; 54% identified as male and 67% as White. Although 71% reported injecting drugs and 62% had condomless sex in the past 6 months, participants had mixed HIV risk perceptions, and some viewed PrEP as an undesirable indicator of elevated HIV risk. Nevertheless, many participants viewed drug detoxification as a first step towards embarking on a "healthier lifestyle," with some narratives identifying opportunities for delivering PrEP information and services in this setting. Opportunities exist to expand PrEP at drug detoxification centers, but initiatives are needed to educate patients and staff on indications and benefits of this prevention tool. Interventions are also needed to determine the best strategies for implementing PrEP adoption in this setting. © 2022 Informa UK Limited, trading as Taylor & Francis Group.	drug detoxification center; Human immunodeficiency virus; persons who inject drugs; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Massey, Katherine; Vardanega, Vittoria; Chaponda, Mas; Eddowes, Lucy A.; Hearmon, Natalie	Investigating zero transmission of HIV in the MSM population: a UK modelling case study.	Archives of Public Health = Archives belges de sante publique	-	-	-	0778-7367 2049-3258	10.1186/s13690-023-01178-0	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10659044/	BACKGROUND: UNAIDS 90-90-90 goals for HIV have been surpassed in the UK, with focus now moving to ending transmission by 2030. The concept of zero transmission is complex and many factors can influence transmission. We aimed to investigate how the target of zero transmission might be reached in the UK. METHODS: We developed a de novo Markov state transition open cohort model of HIV with a 50-year time horizon, which models six key screening, treatment and prevention parameters, including treatment-as-prevention (TasP) and pre-exposure prophylaxis (PrEP). We studied the anticipated HIV epidemic trajectory over time in men who have sex with men (MSM), with and without changing the six key parameters, defining zero transmission as a 60% reduction in incidence compared with 2010 incidence. RESULTS: Zero transmission in the MSM population was not achieved within the model's time horizon in our base case scenario, when the six key parameters were set to their 2019 values. Several future scenarios were explored, including a combination approach to preventing HIV transmission through increasing five key parameter values and considering three different TasP values; zero transmission was achieved by 2030 in the scenario where TasP was increased from its current level of 97-99%, avoiding 48,969 new HIV cases over the time horizon and reducing the lifetime risk of acquiring HIV for HIV-negative MSM not using PrEP from 13.65 to 7.53%. CONCLUSIONS: Zero transmission in the UK MSM population can be reached by the target year of 2030 with bold changes to HIV policy. A combination approach such as the UK Government's 'Towards Zero' Action plan, impacting multiple policies and including an increase in TasP, has the potential to achieve meaningful reductions in HIV transmission and meet this ambitious goal.	PrEP; HIV/AIDS; Prevention; Public health; HIV policy; Zero transmission	English	Belgium	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qatar	Middle East and North Africa	Clinical
Article	2023	Mataboge, Paballo; Mthimkhulu, Nqaba; Kutywayo, Alison; Martin, Catherine E.; Mazibuko, Mbali; Kwatsha, Khanyiswa; Makalela, Nthabiseng; Briedenhann, Elmari; Butler, Vusile; Bothma, Rutendo; Mullick, Saiqa	Preferences, educational messaging, and demand creation channels for multipurpose-prevention technologies (MPTs) among women in South Africa.	BMC Public Health	-	-	-	1471-2458	10.1186/s12889-023-16904-0	https://pubmed.ncbi.nlm.nih.gov/37880628/	BACKGROUND: South African women, including female sex workers (FSWs), are disproportionately affected by HIV, experience a high unmet need for contraception and high rates of sexually transmitted infections (STIs). Products that address the interlinked risk between HIV, unplanned pregnancy, and other STIs are needed. There are several multipurpose-prevention technologies (MPTs) in development, aimed at preventing both HIV and pregnancy. This study aimed to explore educational messaging and demand creation channels to improve the potential uptake of a hypothetical MPT implant, using participatory action research. It also aimed to look at product and service provision attributes preferred by potential end users. METHODS: Between July and August 2022, 303 PrEP-eligible adolescent girls and young women (AGYW) (18-24 years), women > 24 years, and FSWs (≥ 18 years) participated in 4-hour workshops, where they were asked about their ideal messaging and demand creation channels and their preferences for different attributes of an MPT implant. Quantitative descriptive analysis was conducted to determine the frequency and ranking for each demand creation message, channel, and each product and service provision attribute, by population group. A chi-square test was used to assess MPT implant characteristics associated with age. Qualitative data were analysed using deductive and thematic analysis. RESULTS: A total of 104 AGYW, 157 women > 24 years, and 42 FSWs participated in the PAR workshops. Participants preferred demand creation messages that were empowering, motivational and encouraged body autonomy. The use of slang was popular. Community radio stations and newspapers, social media, and information at hospitals and clinics were participants' preferred MPT demand creation channels because they were easily accessible. Providing long-term and dual HIV and pregnancy protection, receiving implant services at the local clinic, manageable side effects, discreet and private implant, and numbing the area before insertion and removal, were the most preferred product and service provision attributes. CONCLUSION: Early considerations for women's product preferences are key to product development. Educational messaging around the MPT implant should be empowering and in local languages, this may motivate women to learn more about it and use it. Multiple demand creation channels should be used to engage both young and older populations, which may ensure better reach.	Adolescent; Humans; Female; Pregnancy; South Africa; Women; *Pre-Exposure Prophylaxis; HIV prevention; Contraception; *Sex Workers; *HIV Infections/prevention & control; *Sexually Transmitted Diseases/prevention & control; Demand creation; Multipurpose-prevention technology	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2023	Matos, LA; Lujan, RA	Culturally Targeted Video Intervention to Increase PrEP Use Intentions Among Latinx Sexual Minority Men: a Pilot Randomized Controlled Trial	Hispanic Health Care International	-	-	-	NA	10.1177/15404153231210436	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02625408/full	Background: Latinx sexual minority men experience the greatest second highest human immunodeficiency virus (HIV) burden in the United States. Pre-exposure prophylaxis (PrEP) is the most effective HIV prevention tool available, however, PrEP uptake remains low among this group. Methods: This two-arm pilot randomized controlled trial study aimed to assess the feasibility and preliminary efficacy of delivering an online culturally targeted video intervention that aims to increase PrEP uptake intentions among Latinx sexual minority men. The intervention group received a culturally targeted video that contained the same PrEP information as the control group and incorporated positive aspects of Latinx masculinity (i.e., caballerismo). Participants were recruited through Amazon's MTurk crowd-sourcing platform. A total of twenty-five participants met the study inclusion criteria (N = 25). Results: The control group had a higher mean PrEP intentions score (M: 3.3, 95% CI: 2.7-3.9) when compared with the intervention group. A moderate, negative, linear correlation was observed between machismo and PrEP intention scores (r = -.34). In contrast, a small, positive correlation was found between caballerismo and PrEP intentions (r = .19). Conclusions: While the culturally targeted video intervention did not increase PrEP use intentions, the study highlights the importance of understanding and addressing cultural factors such as Latin masculinity.	*Hispanic; *Human immunodeficiency virus; *Theory of Planned Behavior; *pre-exposure prophylaxis; *sexual and gender minority; *videorecording; Adult; Article; Clinical article; Controlled study; Crowdsourcing; Cultural factor; Feasibility study; Human; Human experiment; Machismo; Male; Masculinity; Nonhuman; Randomized controlled trial	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Matthews L.T.; Atukunda E.C.; Owembabazi M.; Kalyebera K.P.; Psaros C.; Chitneni P.; Hendrix C.W.; Marzinke M.A.; Anderson P.L.; Isehunwa O.O.; Hurwitz K.E.; Bennett K.; Muyindike W.; Bangsberg D.R.; Haberer J.E.; Marrazzo J.M.; Bwana M.B.	High PrEP uptake and objective longitudinal adherence among HIV-exposed women with personal or partner plans for pregnancy in rural Uganda: A cohort study	PLOS Medicine	-	-	-	15491277	10.1371/journal.pmed.1004088	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149461758&doi=10.1371%2fjournal.pmed.1004088&partnerID=40&md5=9d9a61c18b9bdde753ee34c694379caf	Background In Uganda, fertility rates and adult HIV prevalence are high, and many women conceive with partners living with HIV. Pre-exposure prophylaxis (PrEP) reduces HIV acquisition for women and, therefore, infants. We developed the Healthy Families-PrEP intervention to support PrEP use as part of HIV prevention during periconception and pregnancy periods. We conducted a longitudinal cohort study to evaluate oral PrEP use among women participating in the intervention. Methods and findings We enrolled HIV-negative women with plans for pregnancy with a partner living, or thought to be living, with HIV (2017 to 2020) to evaluate PrEP use among women participating in the Healthy Families-PrEP intervention. Quarterly study visits through 9 months included HIV and pregnancy testing and HIV prevention counseling. PrEP was provided in electronic pillboxes, providing the primary adherence measure ("high" adherence when pillbox was opened ≥80% of days). Enrollment questionnaires assessed factors associated with PrEP use. Plasma tenofovir (TFV) and intraerythrocytic TFV-diphosphate (TFV-DP) concentrations were determined quarterly for women who acquired HIV and a randomly selected subset of those who did not; concentrations TFV ≥40 ng/mL and TFV-DP ≥600 fmol/punch were categorized as "high." Women who became pregnant were initially exited from the cohort by design; from March 2019, women with incident pregnancy remained in the study with quarterly follow-up until pregnancy outcome. Primary outcomes included (1) PrEP uptake (proportion who initiated PrEP); and (2) PrEP adherence (proportion of days with pillbox openings during the first 3 months following PrEP initiation). We used univariable and multivariable-adjusted linear regression to evaluate baseline predictors selected based on our conceptual framework of mean adherence over 3 months. We also assessed mean monthly adherence over 9 months of follow-up and during pregnancy. We enrolled 131 women with mean age 28.7 years (95% CI: 27.8 to 29.5). Ninety-seven (74%) reported a partner with HIV and 79 (60%) reported condomless sex. Most women (N = 118; 90%) initiated PrEP. Mean electronic adherence during the 3 months following initiation was 87% (95% CI: 83%, 90%). No covariates were associated with 3-month pill-taking behavior. Concentrations of plasma TFV and TFV-DP were high among 66% and 47%, 56% and 41%, and 45% and 45% at months 3, 6, and 9, respectively. We observed 53 pregnancies among 131 women (1-year cumulative incidence 53% 95% CI: 43%, 62%) and 1 HIV-seroconversion in a non-pregnant woman. : Mean pillcap adherence for PrEP users with pregnancy follow-up (N = 17) was 98% (95% CI: 97%, 99%). Study design limitations include lack of a control group. Conclusions Women in Uganda with PrEP indications and planning for pregnancy chose to use PrEP. By electronic pillcap, most were able to sustain high adherence to daily oral PrEP prior to and during pregnancy. Differences in adherence measures highlight challenges with adherence assessment; serial measures of TFV-DP in whole blood suggest 41% to 47% of women took sufficient periconception PrEP to prevent HIV. These data suggest that women planning for and with pregnancy should be prioritized for PrEP implementation, particularly in settings with high fertility rates and generalized HIV epidemics. Future iterations of this work should compare the outcomes to current standard of care. Copyright: © 2023 Matthews et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	AdultAnti-HIV AgentsCohort StudiesFemaleHIV InfectionsHumansLongitudinal StudiesMedication AdherencePre-Exposure ProphylaxisPregnancyPregnancy OutcomeTenofovirUganda	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Quantitative
Article	2023	Matthews, Randolph P; Zang Xiaowei; Barrett, Stephanie E; Athanas, Koynov; Goodey, Adrian; Heimbach Tycho; Weissler, Vanessa L; Leyssens Carlien; Reynders, Tom; Xu, Zhiqing; Rottey Sylvie; Vargo, Ryan; Robertson, Michael N; Aubrey, Stoch S; Iwamoto, Marian	A Randomized, Double-Blind, Placebo-Controlled, Phase 1 Trial of Radiopaque Islatravir-Eluting Subdermal Implants for Pre-exposure Prophylaxis Against HIV-1 Infection: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003135	https://www.proquest.com/scholarly-journals/randomized-double-blind-placebo-controlled-phase/docview/2778624933/se-2?accountid=8113	Background:Islatravir (MK-8591) is a deoxyadenosine analog in development for the treatment and prevention of HIV-1 infection. An islatravir-eluting implant could provide an additional option for pre-exposure prophylaxis (PrEP).Setting:Previous data support a threshold islatravir triphosphate concentration for PrEP of 0.05 pmol/106 cells in peripheral blood mononuclear cells. Prototype islatravir-eluting implants were previously studied to establish general tolerability and pharmacokinetics (PKs) of islatravir relative to the threshold level.Methods:In this randomized, double-blind, placebo-controlled, phase 1 trial, a next-generation radiopaque islatravir-eluting implant (48 mg, 52 mg, or 56 mg) or placebo implant was placed for a duration of 12 weeks in participants at low risk of HIV infection. Safety and tolerability, as well as PK for islatravir parent and islatravir triphosphate from plasma and peripheral blood mononuclear cells, were assessed throughout placement and 8 weeks after removal.Results:In total, 36 participants (8 active and 4 placebo per dose arm) were enrolled and completed this study. Implants were generally well tolerated, with no discontinuations due to an adverse event, and no clear dose-dependence in implant-related adverse events. No clinically meaningful relationships were observed for changes in laboratory values, vital signs, or electrocardiogram assessments. Mean islatravir triphosphate levels at day 85 (0.101–0.561 pmol/106 cells) were above the PK threshold for all dose levels.Conclusion:Islatravir administered using a subdermal implant has the potential to be an effective and well-tolerated method for administering PrEP to individuals at risk of acquiring HIV-1.	HIV-1; Placebos; pharmacokinetics; Pre-exposure prophylaxis; safety; Pharmacokinetics; tolerability; Infections; Disease prevention; Prophylaxis; Blood; Electrocardiography; Implants; Islatravir; MK-8591; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Health risks; Dosage; Transplants & implants; Adverse events; Deoxyadenosine; Double-blind studies; EKG; Leukocytes (mononuclear); Peripheral blood mononuclear cells; Radiopacity; Subdermal implant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2023	Mazumder, Christina; Dollah, Annabel; Ouda, Rosebel; Okombo, Moses; Nyakina, Judith; Makia, Monica L.; Dettinger, Julia C.; Gómez, Laurén; Marwa, Mary; Ochieng, Ben; Abuna, Felix; Gwayi-Chore, Claire; Pintye, Jillian; Kinuthia, John; John-Stewart, Grace; Pfeiffer, James; Mugambi, Melissa L.	Understanding factors influencing home pregnancy test use among women in western Kenya: A qualitative analysis.	Frontiers in Reproductive Health	-	-	-	2673-3153	10.3389/frph.2023.1092001	https://pubmed.ncbi.nlm.nih.gov/37091549/	BACKGROUND: There are limited data on home pregnancy test use among women in low-and-middle-income countries. A prior survey found that only 20% of women in western Kenya used a home pregnancy test to confirm their pregnancies before going to antenatal care. This qualitative study aims to understand why women do not use home pregnancy tests in early pregnancy. METHODS: From April 2021 to July 2021, we interviewed women from four antenatal care clinics in Homa Bay and Siaya counties. We recruited women previously enrolled in the PrEP Implementation for Mothers in Antenatal care (PrIMA) study, a cluster-randomized trial that evaluated the best approaches to implementing PrEP in maternal and child health clinics in Western Kenya (NCT03070600). Interviews were conducted via phone, audio recorded, translated, and transcribed verbatim. We coded and analyzed the transcripts to capture factors influencing women's capability, opportunity, and motivation to use home pregnancy tests. RESULTS: We conducted 48 semistructured interviews with women aged 21-42 years. Twenty-seven women did not use a home pregnancy test in their most recent pregnancy. Seventeen of these women reported not using a home pregnancy test before. Lack of knowledge, mistrust in the accuracy of tests, preferring to rely on signs and symptoms of pregnancy or get a test from the health facility, cost, and accessibility were key barriers to home pregnancy test use. CONCLUSION: Improving the uptake of home pregnancy testing during early pregnancy will require efforts to enhance community knowledge of test use and associated benefits and reduce cost burdens by making tests more affordable and accessible.	antenatal care; qualitative analysis; COM-B model; home pregnancy tests; western Kenya	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Qualitative

Article	2023	Mbotwa, Christopher H; Kazaura, Method R; Moen, Kåre; Leshabari, Melkizedeck T; Metta, Emmy; Mmbaga, Elia J	Retention in an mHealth App Aiming to Promote the Use of HIV Pre-Exposure Prophylaxis Among Female Sex Workers in Dar es Salaam, Tanzania: Prospective Cohort Study.	JMIR mHealth and uHealth	-	-	-	-	2291-5222	10.2196/46853	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10595516	Background: Increasing access to smartphones in sub-Saharan Africa offers an opportunity to leverage mobile health (mHealth) technology to improve access to health care in underserved populations. In the domain of HIV prevention, mHealth interventions can potentially contribute to solving the challenges of suboptimal adherence to pre-exposure prophylaxis (PrEP) and low retention in PrEP services among populations most vulnerable to HIV acquisition. However, there is a gap in the knowledge about the use of such interventions in sub-Saharan Africa. Objective: This study aims to evaluate the extent and predictors of retention in an mHealth app (Jichunge) that aims to promote adherence to PrEP and retention in PrEP care among female sex workers in Dar es Salaam, Tanzania. Methods: A prospective cohort of female sex workers residing in Dar es Salaam were recruited, using respondent-driven sampling. All participants were provided with the Jichunge app as they started PrEP. A questionnaire was used to collect data on sociodemographics and other structural factors, while app use data for the 60-day period following the first 150 days of being in the intervention arm were extracted from the app's back end. A multivariable log-binomial model was used to determine predictors of 6-month retention in the Jichunge app. Results: A total of 470 female sex workers were recruited. Nearly three-quarters of participants (206/284, 72.5%) who came to the 6-month follow-up visit no longer had the Jichunge app on their phones. The majority of these participants (193/206, 93.7%) no longer had access to the app because of issues related to their phones. Data extracted from the back end of the app showed that the use of the app declined over time, and only 13.4% (63/470) of the participants were retained (continued to use the app) after 6 months of intervention. At 6 months, women aged ≥35 years were >2 times more likely to use the app than women aged 18 to 24 years (adjusted risk ratio aRR 2.2, 95% CI 1.2-4.1; P=.01). Furthermore, retention in the app was higher among participants who demonstrated high PrEP awareness at baseline (aRR 1.8, 95% CI 1.1-3; P=.01) and among those who had experienced financial difficulties due to health care spending (aRR 1.9, 95% CI 1.2-3.2; P=.01). Conclusions: Most female sex workers (206/284, 72.5%) who were enrolled in PrEP care in Tanzania no longer used the Jichunge app after 6 months. Retention in the app at 6 months was predicted by older age, high PrEP awareness, and financial difficulties due to health care spending. Strategies for the long-term retention of participants in mHealth apps, such as systems for reinstallations of apps, should be considered during the design phase.	Africa; HIV; PrEP; engagement; mHealth; mobile health; pre-exposure prophylaxis; retention; sex workers	English	Canada	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2023	McCrimmon T.; Frye V.; Darisheva M.; Starbird L.; Cordingley O.; Terlikbayeva A.; Primbetova S.; Gilbert L.; El-Bassel N.; West B.S.	"PROTECTED MEANS ARMED": PERSPECTIVES ON PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG WOMEN WHO ENGAGE IN SEX WORK AND USE DRUGS IN KAZAKHSTAN	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.5.347	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174749732&doi=10.1521%2faeap.2023.35.5.347&partnerID=40&md5=4de292a4d8af2e22c1c04b967311ca4a	Pre-exposure prophylaxis (PrEP) for HIV prevention has recently become available in Kazakhstan, but women engaged in sex work who use drugs (WESW-UD) could benefit from tailored approaches to support uptake and adherence. To better understand how best to support WESW-UD at each stage of the PrEP continuum (awareness, acceptability, uptake, and adher-ence), we analyzed data from 30 in-depth interviews and four focus groups with 48 WESW-UD from two cities in Kazakhstan. We conducted thematic analysis to characterize perceptions, barriers, and motivators within each step of the PrEP continuum. Participants reported low awareness, but high interest in PrEP. Motivating factors included optimizing health and increased confidence. Participants expressed many preferences and concerns regarding PrEP modality and delivery. Participants also described how orga-nizational mistrust and social support can prevent or facilitate PrEP uptake or adherence. Kazakhstan's scale-up of PrEP should consider the needs and preferences of WESW-UD to ensure equitable access. © 2023 The Guilford Press.	Central Asia; HIV prevention; pre-exposure prophy-laxis; PrEP; sex work; substance use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kazakhstan	Eastern Europe and Central Asia	Qualitative
Article	2023	McElyea J.; Bistransin K.; Bana S.; Alvarez K.S.; Brown L.S.; Persaud D.; King H.	Impact of a clinical pharmacist within an HIV PrEP program for patients experiencing homelessness	Journal of the American Pharmacists Association	-	-	-	-	15443191	10.1016/j.japh.2022.09.003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139319366&doi=10.1016%2fj.japh.2022.09.003&partnerID=40&md5=5b7f686ada3c92a420cb319a49dc3edf	Background: Human immunodeficiency virus (HIV) continues to be a concern in the United States despite pre-exposure prophylaxis (PrEP) being a highly recommended preventative option. Homeless populations have a significantly increased risk of HIV acquisition, and recent literature found attrition to PrEP care being concentrated in demographics common to these populations. Pharmacist-led PrEP programs may be a feasible option to combat this attrition, as they have shown high rates of patient satisfaction and pharmacist comfortability in other populations. Objectives: To evaluate PrEP uptake and the continuum of care before and after a Clinical Pharmacy Specialist (CPS) expanded HIV prevention services within a primary care setting for persons experiencing homelessness. Methods: We compared a retrospective cohort of patients experiencing homelessness who received an initial PrEP prescription during a pre-CPS period and those with an initial PrEP prescription after CPS. Charts were reviewed through the surrounding time period of a 3-month and a 6-month PrEP follow-up appointment. Outcomes evaluated included number of initial PrEP prescriptions, dispensations of PrEP, PrEP discontinuations, patient retention in PrEP care, and new HIV diagnoses. Results: A total of 40 patients were included, with 10 initial PrEP prescriptions in the pre-CPS population and 30 in the post-CPS one. Both groups largely represented those disproportionately impacted by HIV. After CPS, more patients were enrolled in patient assistance programs (100% vs. 44%; P < 0.01), and more patients picked up the first PrEP dispensation (80% vs. 40%; P = 0.04). The overall population had low dispensation rates and retention to care. Having no CPS management and a lack of medical appointment attendance trended toward attrition of care, and having no patient assistance program enrollment significantly led to attrition of care. Conclusion: These findings may prompt further studies and adaptations to PrEP care among persons experiencing homelessness, including the utilization of pharmacists to improve patient outcomes. © 2022	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	McKetchnie, Samantha M; White, Bradley; Fontenot, Holly; Dormitzer, Julian; Psaros, Christina; Fitch, Calvin; O'Cleirigh, Conall; Mayer, Kenneth H; Krakower, Douglas S	Perspectives of Young Men Who Have Sex with Men on PrEP Adherence and Peer Navigation: A Qualitative Study.	Archives of Sexual Behavior	-	-	-	-	1573-2800	10.1007/s10508-023-02579-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10330054	HIV incidence is disproportionately high among young cisgender men who have sex with men (YMSM), but YMSM are less likely than adults to use HIV pre-exposure prophylaxis (PrEP). Among YMSM living with HIV, peer navigation programs have been effective in linkage to care and increasing medication adherence; such programs may aid HIV-uninfected YMSM in overcoming barriers to engagement in PrEP care. We conducted 32 semi-structured qualitative interviews at a community health center in Massachusetts, USA, specializing in sexual and gender minority health with four sub-groups of YMSM who: (1) had never discussed PrEP with a medical provider, (2) had discussed PrEP with a medical provider but declined a prescription, (3) were prescribed PrEP and have sub-optimal adherence (taking fewer than 4 pills per week), and (4) were prescribed PrEP and were optimally adherent. Domains addressed in the interviews included knowledge of PrEP and HIV prevention, barriers and facilitators to PrEP adherence, and attitudes toward peer navigation for PrEP. Interviews were transcribed and coded using thematic analysis methodology. Multiple themes emerged from the interviews, including finding that perceived costs, anticipated stigma, sexual activity, and relationship status influence PrEP uptake and adherence; establishing pill-taking routines is an important adherence facilitator; and peer navigators could offer benefits for PrEP adherence.	Men who have sex with men (MSM); Peer navigation; PrEP; Sexual orientation; Youth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	McManus K.A.; Fuller B.; Killelea A.; Strumpf A.; Powers S.D.; Rogawski McQuade E.T.	Geographic Variation in Qualified Health Plan Coverage and Prior Authorization Requirements for HIV Preexposure Prophylaxis	JAMA Network Open	-	-	-	-	25743805	10.1001/jamanetworkopen.2023.42781	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176451216&doi=10.1001%2fjamanetworkopen.2023.42781&partnerID=40&md5=5ea730cf82b77c015e119ba50168702f	IMPORTANCE HIV preexposure prophylaxis (PrEP) is a key component of the Ending the HIV Epidemic (EHE) Initiative to curb new HIV diagnoses. In October 2019, emtricitabine/tenofovir alafenamide was added as an approved formulation for PrEP in addition to emtricitabine/tenofovir disoproxil fumarate; despite availability of another formulation with a similar prevention indication, variations in coverage may limit access. OBJECTIVE To assess qualified health plan (QHP) coverage, prior authorization (PA) requirements, and specialty tiering for emtricitabine/tenofovir disoproxil fumarate and emtricitabine/tenofovir alafenamide following emtricitabine/tenofovir alafenamide approval as a PrEP treatment. DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study analyzed QHPs in the US that were compliant with the Patient Protection and Affordable Care Act from 2018 to 2020. QHPs were categorized by region and EHE priority jurisdictions. Data analysis occurred from March 2022 to March 2023. EXPOSURES Enrollment in a qualified health plan certified by the Patient Protection and Affordable Care Act. MAIN OUTCOMES AND MEASURES Annual variation in QHP coverage and PA requirement for emtricitabine/tenofovir disoproxil fumarate and/or emtricitabine/tenofovir alafenamide. Descriptive statistics were reported for all outcomes. A secondary outcome was whether the PrEP formulation was determined by the QHP to be placed on a specialty drug tier. RESULTS A total of 58 087 QHPs (19 533 for 2018; 17 007 for 2019; and 21 547 for 2020) were analyzed. QHPs covered emtricitabine/tenofovir disoproxil fumarate (19 165 QHPs 98.1% in 2018; 16 970 QHPs 99.8% in 2019; 20 045 QHPs 94.8% in 2020) at a higher rate than emtricitabine/tenofovir alafenamide (17 391 QHPs 91.9% in 2018; 15 757 QHPs 92.7% in 2019; 18 836 QHPs 87.4% in 2020). QHPs in the South required exclusive PA (ie, PA for 1 of the formulations even if the QHP covered both) for emtricitabine/tenofovir disoproxil fumarate and emtricitabine/tenofovir alafenamide at the highest rates in all 3 years. In the South, the rate of PA for emtricitabine/tenofovir disoproxil fumarate increased from 806 of 8023 QHPs (10.0%) in 2018 to 3466 of 7401 QHPs (46.8%) in 2020. QHPs with exclusive PA requirement for emtricitabine/tenofovir disoproxil fumarate were higher in EHE jurisdictions than non-EHE jurisdictions (difference: 2018, 0.9 percentage points; 2019, 3.5 percentage points; 2020, 29.1 percentage points). QHPs were more likely to place emtricitabine/tenofovir disoproxil fumarate on a specialty tier compared with emtricitabine/tenofovir alafenamide (difference: 2018, 1.8 percentage points; 2019, 3.7 percentage points; 2020, 4.1 percentage points). CONCLUSIONS AND RELEVANCE In this cross-sectional study, despite similar indications for biomedical prevention, QHPs were more likely to cover emtricitabine/tenofovir disoproxil fumarate than emtricitabine/tenofovir alafenamide, and QHPs were also more likely to subject emtricitabine/tenofovir disoproxil fumarate to PA or place it on a specialty tier despite the broader clinical indication. QHP PA requirements of emtricitabine/tenofovir disoproxil fumarate following emtricitabine/tenofovir alafenamide approval does not reflect clinical guidelines. The requirements could reflect differences in clinical indication, manufacturer discounts, or anticipation of a changing regulations and emerging generics. High rates of exclusive PA for emtricitabine/tenofovir disoproxil fumarate in areas where rates of HIV diagnoses are highest and PrEP is most needed (eg, the South and EHE priority jurisdictions) is concerning; policy solutions to address the growing PrEP health equity crisis could include regulator actions and a national PrEP program. © 2023 American Medical Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	McNulty M.C.; Kerman J.; Devlin S.A.; Pyra M.; Rusie L.; Curoe K.; Thompson L.; Mason J.A.; Friedman E.E.; Uvin A.Z.; Brown C.H.; Schneider J.; Patel R.	PrEP PERSISTENCE SUPPORT AND MONITORING IN AREAS OF HIGH HIV BURDEN IN THE MIDWESTERN UNITED STATES	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.3.235	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164269026&doi=10.1521%2faeap.2023.35.3.235&partnerID=40&md5=cbc331f40edd39704f9948cbcb9fba39	Monitoring pre-exposure prophylaxis (PrEP) metrics can guide service delivery yet does not occur routinely. We developed a survey to understand current practices for monitoring PrEP at PrEP-providing organizations in Illinois and Missouri. The survey was distributed from September through November 2020; 26 organizations participated. Most respondents indi-cated ongoing efforts to screen for PrEP eligibility (66.7%), link to care (87.5%), and retain clients in care (70.8%); 70.8% reported collecting data on PrEP initiation, 41.7% on retention in care, and 37.5% on missed visits. Barriers to monitoring PrEP metrics included lack of IT support (69.6%), manual processes (69.6%), and lack of staff resources (65.2%). Most respondents offered clients support for PrEP retention and adherence and wanted to expand interventions for PrEP persistence, yet fewer monitored corresponding metrics. To enhance PrEP implementation, organizations should improve monitoring and evaluation of PrEP metrics along the entire continuum and respond with appropriate services to support clients. © 2023 The Guilford Press.	adherence; EHE; Ending the HIV Epidemic; HIV; persistence; pre-exposure prophylaxis; PrEP; PrEP care continuum	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Medland, Nicholas Andrew; Fraser, Doug; Bavinton, Benjamin R; Jin, Fengyi; Grulich, Andrew E; Paynter, Heath; Guy, Rebecca; McManus, Hamish	Discontinuation of government subsidized HIV pre-exposure prophylaxis in Australia: a whole-of-population analysis of dispensing records.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26056	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9883116	INTRODUCTION: HIV pre-exposure prophylaxis (PrEP) has been government subsidized in Australia since April 2018 and while uptake is high among men who have sex with men, rates of discontinuation are also high. The aims of this study were to examine the impact of discontinuation on overall PrEP usage, the proportion of PrEP users who discontinue and the predictors of discontinuation. METHODS: We used linked de-identified dispensing records of all government subsidized PrEP in Australia between April 2018 and September 2021: a whole-of-population data set. Defining discontinuation as 180 days or more without PrEP after the final dispensed supply, we calculated the number of people who discontinued at each 6-month interval during the study period, the proportion who had discontinued 2 years after the first supply and, using Cox regression, predictors of discontinuation. RESULTS: Of 49,164 people dispensed PrEP (98.5% male, median age 34 years), 40.3% (19,815) had discontinued by September 2021. Within 2 years of their first supply, 11,150 (37.7%) of 29,549 PrEP users had discontinued, including 10.0% after a single dispensed supply. Large variations were observed, particularly according to prescriber characteristics: discontinuation was higher among people prescribed PrEP by low caseload (≤10 patients) prescribers (61.2%) than by high caseload (>100 patients) prescribers (31.1%, p<0.001), and by prescribers practising in areas with low estimated prevalence (<1.0%) of gay men (64.1%) than high (>5%) prevalence (36.7%, p<0.001). Women and younger people were more likely to discontinue, while patients receiving a higher level of government subsidy were less likely. The independent predictors of discontinuation with the greatest effect size were female sex (adjusted hazards ratio aHR 2.99, p<0.001), low estimated gay prevalence of prescriber location (aHR 1.98, p<0.001) and low prescriber PrEP caseload (aHR 1.79, p<0.001). CONCLUSIONS: There are high rates of PrEP discontinuation in Australia and some populations are at increased risk of discontinuation. Strategies are needed to support persistence on PrEP and the re-starting of PrEP during periods of risk.	HIV; discontinuation; dispensing; pre-exposure prophylaxis; prevention; retention	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Mehmandoust, Mohammad; Soylak, Mustafa; Erk, Nevin	Innovative molecularly imprinted electrochemical sensor for the nanomolar detection of Tenofovir as an anti-HIV drug.	Talanta	-	-	-	-	1873-3573 0039-9140	10.1016/j.talanta.2022.123991	https://www.sciencedirect.com/science/article/abs/pii/S0039914022007871	Tenofovir (TNF) is an antiviral medicine that is utilized to treat the human immunodeficiency virus (HIV). However, its level must be controlled in the human body and environment at the risk of causing kidney and liver problems. Therefore, determining TNF concentration in real samples with more advanced, inexpensive, and accurate sensing systems is essential. In this work, a novel electrochemical nanosensor for TNF determination based on molecularly imprinted polymer (MIP) on the screen-printed electrode modified with functionalized multi-walled carbon nanotubes, graphitic carbon nitride, and platinum nanoparticles (MIP-Pt@g-C(3)N(4)/F-MWCNT/SPE) was constructed through the electro-polymerization approach. The molecularly imprinted polymers were prepared on the electrode surface with TNF as the template molecule and 2-aminophenol (2-AP) as the functional monomer. Moreover, factors that affect sensor response were optimized. Pt@g-C(3)N(4)/F-MWCNT nanocomposite had an excellent synergistic effect on MIP, allowing rapid and specific identification of the test substance. The results demonstrated that the electro-polymerization of 2-AP supplies large amounts of functional groups for the binding of the template molecules, which remarkably enhances the sensitivity and specific surface area of the MIP sensor. This surface enlargement increased the analyte accessibility to imprinted molecular cavities. Under optimum conditions, the oxidation peak current had a linear relationship with TNF concentration ranging from 0.005 to 0.69 μM with a low detection limit of 0.0030 μM (S/N = 3). The results demonstrated that the designed MIP sensor possesses acceptable sensitivity, repeatability, and reproducibility toward TNF determination. Moreover, the developed sensor was applied to biological and water samples to determine TNF, and satisfactory recovery results of 95.6-104.8% were obtained (RSD less than 10.0%). We confirm that combining as-synthesized nanocomposite Pt@g-C(3)N(4)/F-MWCNT with MIP improves the limitations of MIP-based nanosensors. The proposed electrode is also compatible with portable potentiostats, allowing on-site measurements and showing tremendous promise as a point-of-care (POC) diagnostic platform.	Humans; Tenofovir; HIV; Reproducibility of Results; *Anti-HIV Agents; *Metal Nanoparticles; *Nanotubes, Carbon; Biological samples; Electropolymerization; Molecular imprinted polymer; Platinum	English	Netherlands	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Turkey	Western and Central Europe and North America	Clinical
Article	2023	Merle, James Lorenz; Li, Dennis; Keiser, Brennan; Zamantakis, Alithia; Queiroz, Artur; Gallo, Carlos G.; Villamar, Juan A.; McKay, Virginia; Zapata, Juan Pablo; Mustanski, Brian; Benbow, Nanette; Smith, Justin D.	Categorising implementation determinants and strategies within the US HIV implementation literature: a systematic review protocol.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2022-070216	https://bmjopen.bmj.com/content/13/3/e070216	INTRODUCTION: Despite decreased rates of new infections, HIV/AIDS continues to impact certain US populations. In order to achieve the goals laid out in the Ending the HIV Epidemic (EHE) in the US initiative, implementation science is needed to expand the sustained use of effective prevention and treatment interventions, particularly among priority populations at risk for and living with HIV/AIDS. Over 200 HIV-related implementation studies have been funded by the US National Institutes of Health. Therefore, a comprehensive review of the literature identifying implementation determinants (barriers and facilitators) and categorising implementation strategies across the continuum of HIV prevention and care in the USA is appropriate and needed to enhance current knowledge and help achieve the goals laid out in the EHE national strategic plan. METHODS AND ANALYSIS: This systematic review protocol follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Between November 2020 and January 2022, a broad database search strategy of Ovid MEDLINE, PsycINFO and Web of Science was conducted to capture implementation-related studies along the HIV prevention and care continuum. Articles were eligible for inclusion if they were: conducted in the USA, published after the year 2000, written in English, related to HIV/AIDS, focused on outcomes related to dissemination and implementation (ie, did not test/evaluate/explore implementation determinants or strategies) and were behavioural studies (ie, not basic science). We plan to conduct three systematic reviews to identify and categorise determinants and strategies associated with three HIV focus areas: pre-exposure prophylaxis, testing/diagnosing and linkage to care, and treatment. Determinants will be coded according to an adapted Consolidated Framework for Implementation Research 2.0. Implementation strategies and outcomes will be categorised in accordance with existing taxonomies and frameworks. ETHICS AND DISSEMINATION: Ethics approval is not applicable. No original data will be collected. Results will be disseminated through peer-reviewed publications, conference presentations and via online tools. PROSPERO REGISTRATION NUMBER: CRD42021233089.	Humans; United States; Systematic Reviews as Topic; *Epidemics; *Acquired Immunodeficiency Syndrome; HIV & AIDS; PREVENTIVE MEDICINE; Protocols & guidelines	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Merrill, KG; Atujuna, M; Emerson, E; Blachman-Demner, D; Bray, BC; Bekker, LG; Donenberg, GR	Preliminary effectiveness and implementation outcomes of the IMARA-South Africa sexual health intervention on adolescent girls and young women: a pilot randomized trial	PLOS Global Public Health	-	-	-	-	NA	10.1371/journal.pgph.0001092	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02637786/full	Family-based interventions may help reduce the risk of HIV and other sexually transmitted infections (STI) among adolescent girls and young women (AGYW) in sub-Saharan Africa but few have been tested. We examined the preliminary effectiveness and implementation outcomes of Informed, Motivated, Aware, and Responsible Adolescents and Adults-South Africa (IMARA-SA), an evidence-based intervention for South African AGYW (15-19 years) and their female caregivers. We piloted IMARA-SA in the Western Cape using an individually randomized experimental design and average follow-up at 11 months. Primary outcomes were HIV Testing and Counselling (HTC) uptake, STI incidence (gonorrhea, chlamydia), and pre-exposure prophylaxis (PrEP) uptake. Secondary outcomes were self-reported sexual risk behavior (condom use at last sex, consistency of condom use, substance use during sex, and number of sexual partners) and PrEP adherence. We examined four implementation outcomes: reach, feasibility, acceptability, and fidelity. Data from 59 AGYW (mean = 17.2 years) were analyzed at baseline (n = 29 from IMARA-SA, 30 from a health promotion control group). At follow-up, 51 (86%) completed surveys and 39 (66%) presented for HTC, STI testing, and/or PrEP. Compared to controls, fewer IMARA-SA participants tested positive for an STI (22% versus 38%), more IMARA-SA participants took up PrEP (68% versus 45%), and four of five secondary outcomes favored the IMARA-SA group at follow-up. These differences did not reach statistical significance. HTC uptake at follow-up was 100% in both groups. All AGYW-FC dyads agreed to participate in the study (reach). In the IMARA-SA group, 76% of dyads completed the intervention (feasibility), and over 76% of acceptability ratings from AGYW and their FC had the highest Likert rating. Fidelity of intervention delivery was 95%. IMARA-SA is a promising strategy for reducing HIV/STI risk among South African AGYW. We found strong evidence of reach, feasibility, acceptability, and fidelity. A fully powered randomized controlled trial is warranted. Trial registration: Clinical trials.gov registration number: NCT05504954.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Meyer-Rath, Gesine; Jamieson, Lise; Pillay, Yogan	What will it take for an injectable ARV to change the face of the HIV epidemic in high-prevalence countries? Considerations regarding drug costs and operations.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26106	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10338998	INTRODUCTION: The proven effectiveness of injectable cabotegravir (CAB-LA) is higher than that of any other HIV prevention intervention ever trialled or implemented, surpassing medical male circumcision, condoms and combination antiretroviral treatment. Based on our own analyses and experience with the South African oral pre-exposure prophylaxis (PrEP) programme, we review the supply and demand side factors that would need to be in place for a successful rollout of CAB-LA, and delineate lessons for the launch of other long-acting and extended delivery (LAED) antiretroviral drugs. DISCUSSION: On the supply side, CAB-LA will have to be offered at a price that makes the drug affordable and cost-effective to low- and middle-income countries, especially those with high HIV prevalence. An important factor in lowering prices is a guaranteed market volume, which in turn necessitates the involvement of large funders, such as PEPFAR and the Global Fund, and a fairly rapid scale-up of the drug. Such a scale-up would have to involve speedy regulatory approval and WHO pre-qualification, swift integration of CAB-LA into national guidelines and planning for large enough manufacturing capacity, including the enabling of local manufacture. On the demand side, existing demand for HIV prevention products has to be harnessed and additional demand created, which will be aided by designing CAB-LA programmes at the primary healthcare or community level, and involving non-traditional outlets, such as private pharmacies and doctors' practices. CONCLUSIONS: CAB-LA could be the game changer for HIV prevention that we have been hoping for, and serve as a useful pilot for other LAEDs. A successful rollout would involve building markets of a guaranteed size; lowering the drug's price to a level possibly below the cost of production, while also lowering the cost of production altogether; harnessing, creating and sustaining demand for the product over the long term, wherever possible, in national programmes rather than single demonstration sites; and establishing and maintaining manufacturing capacity and supply chains. For this, all parties have to work together-including originator and generic manufacturers, donor organizations and other large funders, and the governments of low- and middle-income countries, in particular those with high HIV prevalence.	LAED; PrEP; South Africa; cabotegravir; cost; demand/supply.	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2023	Meyers, Kathrine; Nguyen, Nadia; Zucker, Jason E.; Kutner, Bryan A.; Carnevale, Caroline; Castor, Delivette; Sobieszczyk, Magdalena E.; Yin, Michael T.; Golub, Sarit A.; Remien, Robert H.	The Long-Acting Cabotegravir Tail as an Implementation Challenge: Planning for Safe Discontinuation.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-022-03816-0	https://pubmed.ncbi.nlm.nih.gov/36056997/	The long-acting feature of cabotegravir, an integrase-inhibitor highly effective in preventing acquisition of HIV in adolescents and adults, is both its greatest strength and a challenge to its implementation. Cab-LA is administered at 8-week intervals (after an initial loading dose) but has a long, variable drug "tail" that may leave users vulnerable to future drug resistance if they contract HIV during this critical period. The potential for cab-LA to meaningfully contribute to ending the HIV Epidemic is hindered by, among other factors, limited resources to guide patients and providers on how to safely discontinue injections. We suggest three key strategies to overcome this specific challenge: (1) Comprehensive patient education and counseling about the drug tail; (2) Training and coaching PrEP care teams, including clinical and non-clinical staff, on communication around the tail; (3) Adherence support strategies, including monitoring of cabotegravir drug levels after discontinuation, for a personalized medicine approach to safe discontinuation.	Adolescent; Adult; Humans; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; PrEP; *HIV Infections/drug therapy/prevention & control; implementation; cabotegravir; *HIV Integrase Inhibitors; drug level monitoring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Meyers, Kathrine; Quigee, Daniela; Zucker, Jason; Carnevale, Caroline; Klein, Joshua; Kim, Tae Y; Sobieszczyk, Magdalena E	The Index of Engagement in PrEP Care: Evaluation of Psychometric Properties and Predictive Potential.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003246	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10593486	BACKGROUND: The Index of Engagement in HIV Care is a psychometrically valid 10-item self-report measure with predictive power to classify individuals to higher and lower odds of disengaging from HIV care. Given high rates of disengagement from preexposure prophylaxis (PrEP) care, we adapted the HIV Index to PrEP. METHODS: We evaluated the psychometric properties of the PrEP-Index in a cross-sectional validation among PrEP-eligible persons seen in an HIV Prevention Program and conducted exploratory analysis to assess its potential utility as a prognostic tool. The PrEP Index contains 10 items with answers ranging from (1) not at all to (5) extremely. Possible PrEP-Index scores ranged from 10 to 50, with higher sum scores representing higher levels of engagement. RESULTS: Study participants were cisgender men who have sex with men, and racially and ethnically diverse (non-Hispanic White = 39.2%). Factor analyses supported the 1-factor structure. Among 347 respondents, 118 individuals (34.0%) were available for predictive validity analysis. The PrEP Index score was positively associated with visit constancy at 6 months (= 0.2261; 95% confidence interval: 0.0363 to 0.4051). Finally, a patient scoring 45 on the PrEP-Index will be classified as not returning within 6 months (sensitivity = 0.73, specificity = 0.65). CONCLUSIONS: The PrEP-Index is a psychometrically valid and reliable scale that demonstrates potential utility in identifying individuals at elevated risk of falling out of PrEP care by 6 months, the time point by which the majority of PrEP discontinuations occur. The PrEP-Index could be a useful clinical prognostic tool to allow for efficient resource targeting by clinics to improve engagement in PrEP care.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mgodi, Nyaradzo M; Murewanhema, Grant; Moyo, Enos; Samba, Chesterfield; Musuka, Godfrey; Dzinamarira, Tafadzwa; Brown, Joelle M	Advancing the use of Long-Acting Extended Delivery formulations for HIV prevention in sub-Saharan Africa: challenges, opportunities, and recommendations.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26115	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10338997	INTRODUCTION: The burden of HIV in sub-Saharan Africa (SSA) remains unacceptably high, and disproportionately affects girls and women. While the introduction of oral HIV pre-exposure prophylaxis (PrEP) in 2012 revolutionized HIV prevention, its effectiveness is dependent on user adherence and its implementation in SSA has faced numerous challenges. Patient-level, interpersonal and structural barriers, including, for example, daily pill burden, side effects, lack of partner support, testing and disclosure, and costs have been found to reduce adherence to oral PrEP. DISCUSSION: Long-acting extended delivery (LAED) formulations for PrEP, such as injectable long-acting cabotegravir (CAB-LA) and dapivirine vaginal ring (DPV-VR) are critical additions to the HIV prevention toolkit and are especially important for populations such as adolescent girls and young women (AGYW) and other key populations who remain at significant risk of HIV acquisition while facing substantial barriers to preventive services. These LAED formulations have been shown to result in better adherence and fewer side effects, with CAB-LA being superior to oral PrEP in reducing the risk of HIV acquisition. They can be used to overcome user burden and adherence challenges. However, the successful rollout of the DPV-VR and CAB-LA may be hampered by issues such as a shortage of healthcare providers (HCPs), inadequate parenteral medication infrastructure, increased workload for HCPs, patient concerns, the price of the medications and the possibility of drug resistance. CONCLUSIONS: SSA must develop laboratory capabilities for monitoring patients on LAED formulations and enhance research on developing more non-injectable LAED formulations. There is a need to train and retain more HCPs, implement task shifting, invest in healthcare infrastructure and integrate healthcare services. To reduce costs and improve availability, the region must advocate for patent license waivers for LAED formulations and procure drugs collectively as a region.	Africa; PrEP; adolescent girls and young women; long-acting; men who have sex with men; prevention; stigma	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Namibia	Eastern and Southern Africa	Clinical
Article	2023	Milali M.P.; Resar D.; Kaftan D.; Campbell J.; Olowu A.; Edwards D.; Platais I.; Kim H.-Y.; Jenkins S.; Bershteyn A.	Cost-effectiveness of the dual prevention pill for contraception and HIV pre-exposure prophylaxis	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1144217	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161004262&doi=10.3389%2ffrph.2023.1144217&partnerID=40&md5=ac8788813ec1a0823f8575d79f2e34e6	Introduction: Women in sub-Saharan Africa (SSA) experience the world's highest rates of both HIV infection and unintended pregnancy. The Dual Prevention Pill (DPP) is a novel multipurpose prevention technology (MPT) that co-formulates HIV pre-exposure prophylaxis (PrEP) and combined hormonal oral contraception into a single daily pill. As a dual indication product, the DPP may be preferred by women facing these overlapping health risks. However, most SSA countries face severe healthcare resource constraints. Research is needed to assess whether, in what populations, and in what use cases the DPP would be cost-effective. Methods: We augmented an agent-based SSA HIV model with maternal health parameters including unintended pregnancy, abortion, and maternal mortality. Based on a previous market analysis, we assumed a primary DPP user population of current oral contraceptive users ages 25–49, and alternative user populations in different risk groups (age 15–24, sex workers, HIV-serodiscordant couples) and baseline product use profiles (unmet need for contraception, oral PrEP use, condom use). In three geographies (western Kenya, Zimbabwe, South Africa), we estimated HIV infections averted, pregnancies averted, disability-adjusted life-years (DALYs) averted, and the incremental cost-effectiveness ratio (ICER) over a 30-year time horizon, assuming equivalent adherence to the DPP as to oral contraceptives, higher adherence, or lower adherence. Results: The DPP is likely to be a cost-effective alternative to oral PrEP among users in need of contraception. Among women not already using PrEP, the DPP is likely to be cost-saving in sex workers and serodiscordant couples. The DPP is unlikely to be cost-effective in oral contraceptive users in the general population. Switching from oral contraception to the DPP could be net harmful in some settings and populations if it were to substantially reduce adherence to oral contraception. Results were robust to a range of time horizons or discount rates. Conclusion: The DPP has the potential to be cost-effective and cost-saving in populations at substantial HIV risk. Outcomes are sensitive to adherence, implying that effective counseling and decision-making tools for users considering the DPP will be essential. More research is needed to understand real-life adherence patterns and ensure health benefits achieved from contraception alone are not lost. 2023 Milali, Resar, Kaftan, Campbell, Olowu, Edwards, Platais, Kim, Jenkins and Bershteyn.	cost-Effectiveness; daly; dual prevention pill; HIV; hiv prevention; multipurpose prevention technologies; oral contraception pill; prEP	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Miley K.L.; Tran N.K.; Elopre L.; Groves A.; Stockman J.K.; Bazzi A.R.; Carrico A.; Mazzella S.; Roth A.M.	A Note on Preexposure Prophylaxis Preferences Among Women Who Inject Drugs	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001768	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171203055&doi=10.1097%2fOLQ.0000000000001768&partnerID=40&md5=51f8926038c4d22fb640312552c169ce	We informed women who inject drugs about different preexposure prophylaxis (PrEP) formulations; they then ranked their preferences. Daily oral PrEP was most preferred, followed by injectable PrEP and vaginal rings/gels, especially among women of color. Multiple PrEP options should be discussed with women who inject drugs to increase uptake. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Miller, Amanda P; Shoptaw, Steven; Moucheraud Corrina; Mvududu Rufaro; Essack Zaynab; Gorbach, Pamina M; Myer Landon; Davey Dvora L Joseph	Recent Alcohol Use Is Associated With Increased Pre-exposure Prophylaxis (PrEP) Continuation and Adherence Among Pregnant and Postpartum Women in South Africa: JAIDS	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003133	https://www.proquest.com/scholarly-journals/recent-alcohol-use-is-associated-with-increased/docview/2775811965/se-2?accountid=8113	Background:South African women experience high levels of alcohol use and HIV infection during the perinatal period. Oral pre-exposure prophylaxis (PrEP) is highly effective at reducing HIV risk. We examined associations between alcohol use and PrEP use during pregnancy and postpartum.Methods:The PrEP in Pregnant and Postpartum Women study is a prospective observational cohort of 1200 HIV-negative pregnant women enrolled at first antenatal care visit and followed through 12 months' postpartum in Cape Town, South Africa. The analytic sample comprised pregnant women who initiated PrEP at baseline and were not censored from study follow-up before 3-month follow-up. We examined associations between any or hazardous alcohol use (Alcohol Use Disorders Identification Test—Consumption score ≥3) in the year before pregnancy and PrEP continuation and adherence during pregnancy (self-report of missing <2 doses in past 7 days and biomarker-confirmed with tenofovir diphosphate in dried blood spots).Results:Of 943 women on PrEP (median age of 26 years), 50% reported recent alcohol use before pregnancy, and 33% reported hazardous use. At 3-month follow-up, 58% of women were still using PrEP; 41% reported recent adherence, and 23% were biomarker-confirmed adherent. In multivariable models, hazardous alcohol use was associated with increased odds of continuing PrEP adjusted odds ratio (aOR) = 1.54, 95% confidence interval (CI): 1.16–2.06, self-reported PrEP adherence (aOR = 1.41, 95% CI: 1.07–1.87), and biomarker-confirmed PrEP adherence (aOR = 1.35 95% CI: 0.98, 1.87). Associations were similar in models of any alcohol use and PrEP continuation/adherence.Conclusions:Pregnant and postpartum women who reported recent alcohol use had increased odds of continuing to take PrEP, indicating that higher risk women may continue on oral PrEP.	Tenofovir; Pregnancy; HIV; South Africa; Biomarkers; Pre-exposure prophylaxis; pre-exposure prophylaxis; pregnancy; Alcohol; Disease prevention; Prophylaxis; alcohol use; Alcohol use; Postpartum; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Health risks; Perinatal exposure; Alcohols; Postpartum period	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Clinical
Article	2023	Misra, Kavita; Huang, Jamie S; Udeagu, Chi-Chi N; Forgione, Lisa; Xia, Qiang; Torian, Lucia V	Pre-exposure prophylaxis (PrEP) use history in people with antiretroviral resistance at HIV diagnosis: Findings from New York City HIV surveillance and partner services, 2015-2022.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciad699	https://dx.doi.org/10.1093/cid/ciad699	BACKGROUND: Drug resistance may be acquired in people starting HIV pre-exposure prophylaxis (PrEP) during undiagnosed infection. Population-based estimates of PrEP-related resistance are lacking. METHODS: We used New York City surveillance and partner services data to measure the effect of PrEP use (tenofovir disoproxil fumarate/tenofovir alafenamide fumarate with emtricitabine) history on baseline prevalence of M184I/V mutations in people diagnosed with HIV, 2015-2022. PrEP use was categorized as "Recent" defined as PrEP stopped ≤ 90 days before diagnosis, "Past" as PrEP stopped >90 days before diagnosis, and "No known use". Resistance associated mutations were determined using the Stanford Algorithm. We used log binomial regression to generate adjusted relative risk (aRR) of M184I/V by PrEP use history in people with and without acute HIV infection (AHI). RESULTS: Of 4,246 newly diagnosed people with a genotype ≤30 days of diagnosis, 560 (13%) had AHI, 136 (3%) reported recent, and 124 (35%) past PrEP use; 98 (2%) harbored M184I/V. In people with AHI, recent PrEP use was associated with 6 times greater risk of M184I/V than no known use (aRR: 5.86; 95% confidence interval CI: 2.49-13.77). In people without AHI, risk of M184I/V in recent users was 7 times (aRR:7.26; 95% CI: 3.98-13.24), and in past users, 4 times that of people with no known use (aRR: 4.46; 95% CI: 2.15-9.24). CONCLUSIONS: PrEP use was strongly associated with baseline M184I/V in NYC, regardless of AHI. Ordering a nucleic acid test when indicated after assessment of exposure, antiretroviral history and AHI symptoms can decrease PrEP initiation in people with undetected infection.	HIV; United States; drug resistance; preexposure prophylaxis; resistance associated mutations.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mistler, Colleen B.; Shrestha, Roman; Gunstad, John; Collins, Linda; Madden, Lynn; Huedo-Medina, Tania; Sibilio, Brian; Copenhaver, Nicholas M.; Copenhaver, Michael	Application of the multiphase optimisation strategy (MOST) to optimise HIV prevention targeting people on medication for opioid use disorder (MOUD) who have cognitive dysfunction: protocol for a MOST study.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2023-071688	https://pubmed.ncbi.nlm.nih.gov/37399447/	INTRODUCTION: People who inject drugs (PWID) have remained a contributor to the consistent HIV incidence rates in the US for decades. Pre-exposure prophylaxis (PrEP) is a promising biomedical intervention for HIV prevention among individuals at risk for HIV infection, including PWID. However, PWID report the lowest rates of PrEP uptake and adherence among at-risk groups. Tailored HIV prevention interventions must include strategies that compensate for cognitive dysfunction among PWID. METHODS AND ANALYSIS: Using the multiphase optimisation strategy, we will be conducting a 16-condition factorial experiment to investigate the effects of four different accommodation strategy components to compensate for cognitive dysfunction among 256 PWID on medication for opioid use disorder. This innovative approach will inform optimisation of a highly effective intervention to enhance PWID's ability to process and utilise HIV prevention content to improve PrEP adherence and HIV risk reduction in a drug treatment setting. ETHICS AND DISSEMINATION: The institutional review board at the University of Connecticut approved this protocol (H22-0122) with an institutional reliance agreement with APT Foundation Inc. All participants are required to sign an informed consent form prior to engaging in any study protocols. The results of this study will be disseminated on national and international platforms through presentations at major conferences and journals. TRIAL REGISTRATION NUMBER: NCT05669534.	Humans; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis/methods; *Substance Abuse, Intravenous/epidemiology; *HIV Infections/prevention & control/drug therapy; Substance misuse; *Cognitive Dysfunction/prevention & control/drug therapy; *Opioid-Related Disorders/prevention & control/drug therapy; Infectious disease/HIV; STATISTICS & RESEARCH METHODS	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2023	Mitchell K.M.; Boily M.-C.; Hanscom B.; Moore M.; Todd J.; Paz-Bailey G.; Wejnert C.; Liu A.; Donnell D.J.; Grinsztejn B.; Landovitz R.J.; Dimitrov D.T.	Estimating the impact of HIV PrEP regimens containing long-acting injectable cabotegravir or daily oral tenofovir disoproxil fumarate/emtricitabine among men who have sex with men in the United States: a mathematical modelling study for HPTN 083	The Lancet Regional Health - Americas	-	-	-	-	2667193X	10.1016/j.lana.2022.100416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148010178&doi=10.1016%2fj.lana.2022.100416&partnerID=40&md5=a6a3e53577b3014a86b72d508325e779	Background: The HPTN 083 trial demonstrated superiority of HIV pre-exposure prophylaxis (PrEP) containing long-acting injectable cabotegravir (CAB) to daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) among men who have sex with men (MSM). We compared the potential population-level impact of TDF/FTC and CAB among MSM in Atlanta, Georgia. Methods: An MSM HIV transmission model was calibrated to Atlanta-specific data on HIV prevalence and PrEP usage (percentage of uninfected MSM on PrEP), assuming only PrEP-indicated MSM used PrEP. CAB effectiveness (efficacy × adherence) of 91% was estimated using data from HPTN 083 and previous TDF/FTC trials. We estimated HIV infections averted over 5/10 years if TDF/FTC use were maintained, or if all TDF/FTC users switched to CAB in January 2022 (vs. no PrEP or continued TDF/FTC use). CAB scenarios with 10%/20% more users were also considered. Progress towards Ending the HIV Epidemic (EHE) goals (75%/90% fewer HIV infections in 2025/2030 vs. 2017) was estimated. Findings: We predicted TDF/FTC at current usage (~28%) would avert 36.3% of new HIV infections (95% credible interval 25.6–48.7%) among all Atlanta MSM over 2022–2026 vs. no PrEP. Switching to CAB with similar usage may prevent 44.6% (33.2–56.6%) infections vs. no PrEP and 11.9% (5.2–20.2%) infections vs. continued TDF/FTC. Increasing CAB usage 20% could increase the incremental impact over TDF/FTC to 30.0% over 2022–2026, getting ~60% towards reaching EHE goals (47%/54% fewer infections in 2025/2030). Reaching the 2030 EHE goal would require 93% CAB usage. Interpretation: If CAB effectiveness were like HPTN 083, CAB could prevent more infections than TDF/FTC at similar usage. Increased CAB usage could contribute substantially towards reaching EHE goals, but the usage required to meet EHE goals is unrealistic. Funding: NIH, MRC. © 2022 The Authors	Atlanta; Cabotegravir; HIV; Injectable PrEP; Long-acting PrEP; Mathematical modelling; Men who have sex with men; MSM; Pre-exposure prophylaxis; United States	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mitchell, Holly D.; Whitlock, Gary; Zdravkov, Jey; Olsson, Jenny; Silalang, Panida; Bardsley, Megan; Blomquist, Paula B.; Jenkins, Claire; Thomson, Nicholas R.; Field, Nigel; Hughes, Gwenda	Prevalence and risk factors of bacterial enteric pathogens in men who have sex with men: A cross-sectional study at the UK's largest sexual health service.	The Journal of Infection	-	-	-	-	1532-2742 0163-4453	10.1016/j.jinf.2022.10.033	https://pubmed.ncbi.nlm.nih.gov/36343788/	OBJECTIVES: Outbreaks of bacterial enteric pathogens (BEPs) in men who have sex with men (MSM) associated with antimicrobial resistance are a public health concern. We investigated the prevalence and risk factors of BEPs in MSM to inform infection control. METHODS: We conducted a cross-sectional study at a London sexual health clinic between 20/12/2017 and 06/02/2018. Residual rectal swabs from MSM attending for sexually transmitted infection (STI) testing were anonymously tested for a range of BEPs using real-time PCR. A sub-set of samples were tested for the mphA gene (a marker of azithromycin resistance). Results were linked to electronic health records. RESULTS: BEPs were detected in 207 of 2116 participants, giving an overall prevalence of 9.8% (95% CI 8.5%-11.1%) ranging from 0.8% (0.4%-1.2%) for Shigella to 4.9% (4.0%-5.9%) for Enteroaggregative E. coli. MSM with BEPs were more likely to have a history of bacterial STIs (p = 0.010), to report more sexual partners (p<0.001), and among HIV-negative MSM, to report current HIV pre-exposure prophylaxis use (p<0.001). Gastrointestinal symptoms were rare (1.7%) and not associated with BEPs. 41.3% of MSM with BEPs and 14.1% of those without BEPs carried mphA (P<0.001). Among the former, this was associated with a history of bacterial STIs (51.5% vs 31.1%, p = 0.003). CONCLUSIONS: One in ten MSM had a BEP detected and most did not report symptoms. MphA carriage was common, particularly among those with BEPs. Bacterial STI treatment might contribute to selection of resistant gut organisms, emphasising the need for better antimicrobial stewardship.	Humans; Male; Sexual Behavior; Risk Factors; Cross-Sectional Studies; Homosexuality, Male; Prevalence; Sexual Partners; London/epidemiology; Sexually transmitted diseases; Escherichia coli; *Sexual and Gender Minorities; Sexual behavior; *HIV Infections/complications; Health Services; Cross-sectional studies; *Sexually Transmitted Diseases/epidemiology; Asymptomatic infections; Bacterial infections; Drug resistance, bacterial	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Mizushima D.; Nagai Y.; Mezzio D.; Harada K.; Piao Y.; Barnieh L.; El Moustaid F.; Cawson M.; Taniguchi T.	Cost-effectiveness analysis of HIV pre-exposure prophylaxis in Japan	Journal of Medical Economics	-	-	-	-	13696998	10.1080/13696998.2023.2233824	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164846646&doi=10.1080%2f13696998.2023.2233824&partnerID=40&md5=57f1a2be9bc62fa115e6cda16f2d5329	Background: While global efforts have been made to prevent transmission of HIV, the epidemic persists. Men who have sex with men (MSM) are at high risk of infection. Despite evidence of its cost-effectiveness in other jurisdictions, pre-exposure prophylaxis (PrEP) for MSM is neither approved nor reimbursed in Japan. Method: The cost-effectiveness analysis compared the use of once daily PrEP versus no PrEP among MSM over a 30-year time horizon from a national healthcare perspective. Epidemiological estimates for each of the 47 prefectures informed the model. Costs included HIV/AIDS treatment, HIV and testing for sexually transmitted infections, monitoring tests and consults, and hospitalization costs. Analyses included health and cost outcomes, as well as the incremental cost-effectiveness ratio (ICER) reported as the cost per quality-adjusted life year (QALY) for all of Japan and each prefecture. Sensitivity analyses were performed. Findings: The estimated proportion of HIV infections prevented with the use of PrEP ranged from 48% to 69% across Japan, over the time horizon. Cost savings due to lower monitoring costs and general medical costs were observed. Assuming 100% coverage, for Japan overall, daily use of PrEP costs less and was more effective; daily use of PrEP was cost-effective at a willingness to pay threshold of ¥5,000,000 per QALY in 32 of the 47 prefectures. Sensitivity analyses found that the ICER was most sensitive to the cost of PrEP. Interpretation: Compared to no PrEP use, once daily PrEP is a cost-effective strategy in Japanese MSM, reducing the clinical and economic burden associated with HIV. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	AIDS; cost-effectiveness; Emtricitabine; HIV; Japan; pre-exposure prophylaxis; tenofovir	English	United States	Western and Central Europe and North America	Japan	Asia and the Pacific	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mizushima D.; Takano M.; Aoki T.; Ando N.; Uemura H.; Yanagawa Y.; Watanabe K.; Gatanaga H.; Kikuchi Y.; Oka S.	Effect of tenofovir-based HIV pre-exposure prophylaxis against HBV infection in men who have sex with men	Hepatology	-	-	-	-	2709139	10.1097/HEP.0000000000000384	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159738451&doi=10.1097%2fHEP.0000000000000384&partnerID=40&md5=c4c4ee4391f990eaea93ce895c37624b	Background and Aims: Men who have sex with men (MSM) are vulnerable to contracting HBV as a sexually transmitted infection. We evaluated the incidence of HBV infection (HBI) and the prophylactic effect of tenofovir-based pre-exposure prophylaxis (PrEP) on HBI in an MSM cohort. Methods: and Results: MSM who were older than 16 years were enrolled from January 2018 and followed up until June 2021 and tested for HIV, bacterial sexually transmitted infections, and HBsAg/ HBsAb and HBcAb every 3 months based on inclusion criteria, including HBsAg, HBcAb, HBsAb, and HIV negativity at enrollment. HBI was defined as seroconversion of HBsAg or HBcAb status. The log-rank test was used to evaluate the prophylactic effect of PrEP against HBI. As a substudy, individuals excluded from the main study due to HBs Ab positivity were evaluated for HBI incidence. Among 1577 MSM, 786 participants (546 PrEP nonusers, 131 daily PrEP users, and 109 event-driven PrEP users) met the criteria and were included. The annual incidence of HBV among PrEP nonusers (3.8%, 21 infections, with 559.5 person-years) was significantly higher (p = 0.018, log-rank test) than that among daily PrEP users 0.77%, 1 infection (admitted nonadherence), with 129.3 person-years and event-driven PrEP users (no infection with 93.8 person-years). Although the incidence of HBI and HIV infection decreased with PrEP use, the incidence of other sexually transmitted infections was higher in both daily and event-driven PrEP users. The annual incidence of HBV among HBsAb-positive and HBcAb-negative PrEP nonusers was 1.8% (3 infections, with 167.5 person-years). Conclusions: Tenofovir-based PrEP prevented HBI among MSM in a real-world setting. © 2023 The Authors.	NA	English	United States	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Clinical
Article	2023	Mogaka, Felix Ong'era; Stewart, Jenell; Omollo, Victor; Bukusi, Elizabeth	Challenges and Solutions to STI Control in the Era of HIV and STI Prophylaxis.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-023-00666-w	https://pubmed.ncbi.nlm.nih.gov/37751130/	PURPOSE OF REVIEW: This article reviews current efforts to control bacterial sexually transmitted infections (STIs) among HIV pre-exposure prophylaxis (PrEP) users and outlines the opportunities and challenges to controlling STIs within HIV PrEP programs. RECENT FINDINGS: The incidence of STIs continues to rise globally especially among HIV PrEP users, with an estimated 1 in 4 PrEP users having a curable bacterial STI. STIs and HIV comprise a syndemic needing dual interventions. The majority of STIs are asymptomatic, and when testing is available, many STIs occur in extragenital sites that are missed when relying on urine testing or genital swabs. Optimal testing and treatment, including testing for antimicrobial resistance, pose difficulties in high income countries and is essentially non-existent in most low- and middle-income countries. Novel STI primary prevention strategies, like doxycycline post-exposure prophylaxis (PEP) for STI prevention, have proven to be highly efficacious in some populations. A few jurisdictions have issued normative guidelines and position statements for doxycycline PEP; however, clinical standards for implementation and data on public health impact are limited. STI incidence rates are high and rising in sexually active populations. Sexual health programs should leverage the expansion of HIV PrEP delivery services to integrate STI testing, surveillance, and novel STI prevention services.	Humans; Male; Homosexuality, Male; HIV; Doxycycline/therapeutic use; *HIV Infections/drug therapy/epidemiology/prevention & control; *Pre-Exposure Prophylaxis; PrEP; Prophylaxis; *Sexual Health; Sexually transmitted infections (STIs); *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review

Article	2023	Mogaka, Jerusha Nyaboge; Otieno, Felix Abuse, Akim, Emelie; Bröms-Sofia, Kristin; Dettinger, Julia; Gomez, Lauren; Marwa, Mary; Odhiambo, Ben; Ngare, Kenneth; Rosen, Kesher; Sharma, Manisha; John-Stewart, Grace; Richardson, Barbra; Stern, Joshua; Unger, Jennifer; Udren, Jenna; Watsyi, Sulphine; Patrye, Jillian; Kinuthia, John	A Text Messaging-Based Support Intervention to Enhance Pre-exposure Prophylaxis for HIV Prevention Adherence During Pregnancy and Breastfeeding: Protocol for a Randomized Controlled Trial.	-	JMIR Research Protocols	-	-	-	1929-0748	10.2196/41170	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9926544/	BACKGROUND: Cisgender women in Kenya are at elevated risk of HIV acquisition during pregnancy and post partum. Acute HIV infection during pregnancy and breastfeeding accounts for approximately one-third of all vertical HIV transmissions. The World Health Organization recommends offering oral tenofovir-based pre-exposure prophylaxis (PrEP) to pregnant and postpartum women who are HIV-exposed and at substantial ongoing risk of HIV infection. However, PrEP uptake and adherence remain suboptimal among pregnant women in Kenya. Approximately half of pregnant women discontinue PrEP within 30 days of initiation. Therefore, it is crucial to develop PrEP adherence strategies that enhance support for adherence when postpartum events and health issues pose challenges to sustaining PrEP adherence. OBJECTIVE: We are conducting a randomized controlled trial to determine the effect of a bidirectional communication platform named Mobile Solutions for Women's and Children's Health (mWACh), which utilizes two-way SMS text messaging between patients and remote nurses to support PrEP adherence and address maternal health concerns in real time during the postpartum period. METHODS: The mWACh-PrEP study is a randomized trial designed to support PrEP adherence during the postpartum period by comparing mWACh-PrEP to the standard of care (ie, in-clinic adherence counseling) among women who are HIV negative and initiating PrEP. Purposive sampling was used to select 5 facilities offering PrEP in antenatal clinics in Kisumu and Siaya Counties, and block randomization will be used to divide participants into groups. Participants in the intervention arm will receive a customized messaging curriculum via SMS text messages targeted toward their stage postpartum (ie, 1-6 weeks, 7-14 weeks, 15-24 weeks, and 25-52 weeks postpartum) and will be encouraged to respond to questions about their experiences. Participants will be followed up on a previous study of directly observed dosing conditions, we will use a hair tenofovir concentration cutoff of 0.020 ng/mg (corresponding to 7 doses/week) as the primary adherence outcome measured at 6 months post partum (binary outcome). Qualitative interviews and cost-effective analyses will be conducted to understand the feasibility, acceptability, and economic impact of the intervention. RESULTS: Enrollment began in March 2022 and is projected to continue until July 2023, with follow-up through March 2024. The study results are expected to be reported in 2025. CONCLUSIONS: This trial will provide insights into using mobile health to enhance PrEP adherence among pregnant and postpartum mothers. Additionally, the findings will have implications for the use of mobile health technology to improve adherence to other daily medications during the postpartum period. TRIAL REGISTRATION: ClinicalTrials.gov NCT04720586; https://clinicaltrials.gov/ct2/show/NCT04720586. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/41170.	HIV; HIV prevention; PrEP; adherence; RCT; SMS; adherence; breastfeeding; mHealth; maternal; mobile health; mobile technology; patient-provider; peripartum; postpartum; pre-exposure prophylaxis; pregnancy; pregnant; prevention; randomized; text message; text messaging	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Mixed methods
Article	2023	Moncayo J.E.; Pérez-Arévalorelos M.M.; Villegas-Trujillo L.M.; Rodríguez-Ortiz A.	ADHERENCE TO ORAL PRE-EXPOSURE PROPHYLAXIS INTERVENTION BY TRANSGENDER WOMEN: A SYSTEMATIC REVIEW	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.5.362	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175569073&doi=10.1521%2Faeap.2023.35.5.362&partnerID=40&md5=38c0f5441294fc8bc9e93246251fe071	Prevalence of human immunodeficiency virus (HIV) is higher in transgender populations. Pre-exposure prophylaxis (PrEP) intervention is successful in reducing HIV acquisition. We aimed to investigate the adherence to oral PrEP by HIV-negative transgender women (TW). We followed the Cochrane Handbook for Systematic Reviews of Interventions and the PRISMA State-ment. We searched in Well, OVID, Scopus, MEDLINE, and the Cochrane Central Register of Controlled Trials databases. Participation and adherence to the intervention were few for TW compared to men who have sex with men (MSM), and it was measured mostly by self-report [72.7%] or tenofovir-diphosphate/emtricitabine triphosphate dried blood spot (45.5%). Awareness should increase and the effect of oral PrEP on gender-affirming hormone therapy should be explained to TW at the beginning of the trials. One limitation is that our sample size was dominated by two This studies with 378/ six workers. Future studies should evaluate adherence to new PrEP modalities. © 2023 The Guilford Press.	adherence; HIV; pre-exposure prophylaxis; transgender women	English	United States	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Colombia	Latin America and the Caribbean	Review
Article	2023	Montgomery E.T.; Hawley I.; Fairlie L.; Bunge K.; Mathebula F.; Etima J.; Mutero P.; Sonyanta L.; Meyo A.; Stoner M.C.D.; Piper J.; Balán I.; van der Straten A.	Acceptability of the Dapivirine Vaginal Ring and Oral Tenofovir Among African Users in Late Stage of Pregnancy	-	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04203-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175811614&doi=10.1007%2Fs10461-023-04203-z&partnerID=40&md5=9c080a4e7c2d972165d5d8e0a65fcfd3	The Microbicide Trials Network 042 study (MTN-042/DELIVER) is a two-arm, randomized, open-label Phase 3b trial that is evaluating the safety, adherence, and acceptability of the monthly ring and daily oral PrEP among HIV-uninfected pregnant people in four African countries. This analysis focuses on acceptability data captured qualitatively from a subset (n = 48) of the 150 people in the first cohort of the trial who were enrolled in late-stage pregnancy at 36 to 38 weeks gestational age and followed until after delivery. Single IDIs were conducted by trained interviewers and audio recorded with participant consent. Data were analyzed using a structured guide. Data excerpts of key codes pertaining to acceptability, pregnancy, and maternal health were summarized, reviewed and interpreted by multinational analyst teams. Although the product use period was relatively short, the data suggested several acceptability findings that may directly translate to longer durations of product use in pregnancy. The first was the overarching maternal sentiment that being able to protect both oneself and their baby was highly valued. The second was the importance of counseling support from providers not only because participants used methods that might generate side effects, but because pregnancy itself is a period of time in which a person is likely to experience side effects. The third was the similar to and different from those in other trials, both study products were generally liked, but the oral was described as easy to use. Concerns about ring and oral PrEP use could be addressed with provider counseling and support and should form an essential component robust among pregnant people. © 2023, The Author(s).	Dapivirine ring; HIV prevention; Malawi; Oral PrEP; Pregnant women; South Africa; Uganda; Zimbabwe	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Moodley, Dhayendre; Lombard, Carl; Govender, Vani; Naidoo, Megeshnee; Desmond, Alicia C; Naidoo, Kimesh; Mthlongo, Ottocia; Sibhlalane, Mzabalazi; Newell, Marie-Louise; Clark, Richard; Rooney, James F; Grey, Glenda	Pregnancy and postnatal safety outcomes of timing of initiation of daily oral tenofovir disoproxil fumarate and emtricitabine pre-exposure prophylaxis for HIV prevention (CAPRISA): an open-label, randomised, non-inferiority trial.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(22)00369-1	https://dx.doi.org/10.1016/S2352-3018(22)00369-1	BACKGROUND: The safety of tenofovir disoproxil fumarate and emtricitabine as pre-exposure prophylaxis (PrEP) in pregnant women not living with HIV is uncertain. We aimed to compare pregnancy and neonatal outcomes in women exposed and not exposed to PrEP during pregnancy. METHODS: In this single-site, open-label, randomised, non-inferiority trial in Durban, South Africa, we evaluated pregnancy and neonatal outcomes in pregnant women aged 18 years or older, not living with HIV, and at 14-28 weeks' gestation at the time of enrolment. Eligible participants were randomly assigned (1:1) using a computer-generated randomisation sequence with variable block sizes to receive daily oral PrEP (tenofovir disoproxil fumarate 300 mg and emtricitabine 200 mg) or no PrEP. Participants in the PrEP group received a monthly supply of once daily oral tenofovir disoproxil fumarate 300 mg and emtricitabine 200 mg. Participants in the delivered PrEP group received standard of care for HIV prevention. The primary outcomes were the occurrence of preterm live birth (<37 weeks gestational age) and very preterm birth (<34 weeks gestational age) determined by neonatal dating, low birthweight (<2500 g), very low birthweight (<1500 g), stillbirth (≥20 weeks gestational age), and small for gestational age (birthweight less than the tenth percentile). Post-natal safety outcomes will be reported elsewhere. We used binomial regression models to estimate risk differences and two-sided 90% CIs. Immediate PrEP was non-inferior to delivered PrEP if the upper bound of the 90% CI of the risk difference was less than the upper prespecified non-inferiority margin for preterm birth (7·5%), very preterm birth (2·0%), low birthweight (3·5%), very low birthweight (1·2%), stillbirth (1·0%), and small for gestational age (3·7%). All outcomes were analysed in the intention-to-treat population. This study is registered with ClinicalTrials.gov, NCT02270775. FINDINGS: Between Sept 25, 2017, and Dec 6, 2019, we screened 693 women, of whom 540 were randomly assigned to immediate PrEP (n=271) or delivered PrEP (n=269). The arms were generally similar: the median gestational age was 19 weeks (IQR 15·2) for immediate PrEP and 16·23 for delivered PrEP. The risk difference between the immediate PrEP group and the delivered PrEP group for preterm birth was -4·7% (90% CI -10·7 to 1·2; immediate PrEP was non-inferior), for very preterm birth was 0·6% (-1·4 to 2·6; immediate PrEP was non-inferior), for low birthweight was -1·4% (-5·4 to 2·6; immediate PrEP was non-inferior), for very low birthweight was 0·2% (-1·4 to 1·8; immediate PrEP was non-inferior), for stillbirth was 0·2% (-1·2 to 1·6; immediate PrEP was non-inferior), for small for gestational age was 0·9% (-3·2 to 2·9; immediate PrEP was non-inferior). INTERPRETATION: In our study, PrEP was not associated with preterm birth or small for gestational age infants. Our data support the use of tenofovir disoproxil fumarate and emtricitabine in pregnancy and our reassuring findings can be used to allay safety concerns among pregnant women. FUNDING South African Medical Research Council and Gilead Sciences.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Mugwanya K.K.; Pidgeon A.; Schaulina T.; Irungu E.M.; Bukusi E.; Mugo N.; Morton J.; Odoyo J.; Ngare K.; Baeten J.M.	Patterns of PrEP continuation and coverage in the first year of use: a latent class analysis of a programmatic PrEP trial in Kenya	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26137	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153837264&doi=10.1002%2Fjia2.26137&partnerID=40&md5=ae0b670eec3031fc3b127169c1f5b3dd	Pre-exposure prophylaxis (PrEP) with tenofovir (TFV) disoproxil fumarate and emtricitabine administered orally daily is effective in preventing human immunodeficiency virus (HIV) acquisition in both men and women. PrEP adherence, however, the additional efficacy relationship to cisgender women has not been well established. We characterized the adherence–efficacy curve to guide policy on using HIV incidence and plasma TFV concentration data from three trials (FEM-PrEP, VOICE and Partners PrEP). We imputed TFV dried blood spot (TFV-DBS) concentrations, a measure of long-term adherence, from TFV quantification by using data from the HIV Prevention Trials Network 082 study, which measured both TFV-DP and TFV concentrations. Two, four and seven pills per week reduced HIV incidence 59.3%, 69% (95% credible interval (CrI) 29.8–85.8%), 83.8% (95% CI 51.7–94.8%) and 95.1% (95% CI 72.6–100%), respectively. Our adherence–efficacy curve can be validated and updated by HIV prevention studies that directly measure TFV-DP concentrations. The curve suggests that high adherence confers high protection in cisgender women. However, the lower efficacy with partial adherence highlights the need for new PrEP products and interventions to increase adherence. © 2023, The Author(s), under exclusive licence to Springer Nature America, Inc.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Mujugira, A; Kasirangi, B; Mujabia, J; Nakyanzi, A; Bagaya, M; Kamoulime, B; Nakamanzi, A; Nakidwago, GK; Kasaita, V; Tweyegye, CC; Nampewo, O; Nsubuga, R; Nyanzi, KB; Mawonge, T; Wyatt, MA; Ware, NC; Haberer, JE	"I felt special!" a qualitative study of peer-delivered HIV self-tests, STI self-sampling kits and PrEP for transgender women in Uganda	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26201	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10070580/	INTRODUCTION: Peer delivery is a client-centred approach that could maximize the coverage and impact of HIV services for transgender women (TGW). We conducted qualitative interviews to examine how peer-delivered HIV self-testing (HIVST), sexually transmitted infection self-sampling (STISS) and oral pre-exposure prophylaxis (PrEP) influenced prevention choices among TGW and their intimate partners in Uganda. METHODS: Within a cluster randomized trial of peer-delivered HIVST, STISS and PrEP among HIV-negative TGW (NCT04328623), we conducted IDI qualitative interviews with 30 TGW, 15 intimate partners and 30 TGW peers (August 2021-February 2022). TGW interviews explored: (1) HIV self-test and PrEP experiences; (2) HIVST with intimate partners; and (3) descriptions of self-sampling for STI-testing. Partner interviews explored: (1) descriptions of HIV risks in intimate partner; and (2) descriptions of experiences with HIVST. We used framework analysis. RESULTS: Themes/topics included: (1) intervention delivery experiences; and (2) recommendations for peer-delivered HIV prevention services to TGW, including psychological support and coping strategies. Qualitative data were collected from 75 participants (30 TGW, 15 intimate partners and 30 TGW peers). TGW reported positive experiences with peer delivery of HIVST, STISS and PrEP. Peers provided psychological support to HIVST-kits and PrEP refills to coping for individual's health and wellbeing by providing stigma coping strategies. Peer psychosocial support empowered research participants to become "HIVST ambassadors," teach non-study TGW about self-testing and PrEP, and encourage linkage to care. (2) HIVST with intimate partners and mutual disclosure of HIV status strengthened partnered relationships. PrEP use after both partners tested HIV negative implied infidelity. (3) Self-sampling enabled TGW to take control of their STI testing and avoid the embarrassment of exposing their bodies. Privacy and confidentiality motivated the uptake of STI testing and treatment. CONCLUSIONS: In this sample of TGW from Uganda, peer delivery of HIVST, STISS and PrEP refills benefited individual prevention efforts and extended to a new linkage of TGW not engaged in care. Integrating peer services into differentiated HIV delivery could increase HIV/STI test coverage and PrEP use in this vulnerable population.	*HIV Infections diagnosis, prevention & control; *Sexually Transmitted Diseases diagnosis, prevention & control; *Transgender Persons; Female; Humans; Intimate Partners; Male; Qualitative Research; Uganda; Homosexuality, Male; Sexual Behavior; Uganda	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2023	Mugoya, Andrew; Ndayanzi, Agnes; Donnell, Deborah; Boyer, Jade; Stein, Gabrielle; Bukenya, Michelle; Nalubega, Ruth; Kyomuguhu, Juliet; Birungi, Juliet E.; Ssembiwa, Paul; Nsubuga, Rogers; Mwonge, Timothy R.; Musingizi, Joshua; Sharma, Manisha; Celum, Connie L.	Partner testing with HIV self-test distribution by Ugandan pregnant women living with HIV: a randomized trial.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26156	https://pubmed.ncbi.nlm.nih.gov/37675834/	INTRODUCTION: Secondary distribution of HIV self-tests (HIVST) by HIV-negative pregnant women to male partners increases men's testing rates. We examined whether this strategy promotes male partner testing for pregnant women living with HIV (PWLHIV). METHODS: We conducted an open-label individually randomized trial in Kampala, Uganda, in which PWLHIV ≥18 years who reported a partner of unknown HIV status were randomized 2:1 to secondary distribution of HIVST for male partner(s) or standard-of-care (SOC). Antenatal women were enrolled at 20-32 weeks' gestation and followed until 12 months post-partum. Male partners were offered confirmatory HIV testing and facilitated linkage to antiretroviral treatment (ART) or oral pre-exposure prophylaxis (PrEP). Using intention-to-treat analysis, primary outcomes were male partner testing at the clinic and initiation on PrEP or ART evaluated through 12 months post-partum. ClinicalTrials.gov, NCT03840733. RESULTS: From November 2018 to March 2020, 580 PWLHIV were enrolled with a median age of 27 years (interquartile range IQR 23-30); 332 were randomized to HIVST and 168 to SOC with 437 PWLHIV (87.4%) completing 12 months follow-up post-partum. Of 236 male partners who tested at the clinic and enrolled (47.2%), their median age was 31 years (IQR 27-36), 49 (88.3%) men with HIV started ART and 113 (61.1%) HIV-negative men started PrEP. There was no intervention effect on male partner testing (hazard ratio HR 1.04; 95% confidence interval CI 0.78-1.37) or time to ART or PrEP initiation (HR 1.07; 95% CI 0.80-1.43). At 12 months post-partum, 95% (315/332) and 94% (158/168) of PWLHIV in the HIVST and SOC arms were virally suppressed (VL <1000 copies/mL), respectively. Social harms related to study participation were experienced by six women (HIVST = 5, SOC = 1). CONCLUSIONS: Almost half of the partners of Ugandan PWLHIV tested for HIV with similar HIV testing rates and linkage to ART or PrEP among the secondary distribution of HIVST and SOC arms. Although half of men became aware of their HIV serostatus and linked to services, additional strategies to reach male partners of women at antenatal care are needed to increase HIV testing and linkage to services among men.	Adult; Humans; Male; Female; Pregnancy; Infant; Africa; PrEP; ART; Uganda/epidemiology; Ante-Retroviral Agents; Self-Testing; HIV Testing; *Pregnant Women; *HIV Infections/diagnosis/drug therapy; male partners; secondary distribution; HIVST	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2023	Morgan, Ethan; Dyer, Christina; Feinstein, Brian A; Ricks, JaNelle	PrEP use and stigma among a sample of older adults in Columbus, Ohio.	International Journal of STD & AIDS	-	-	-	1758-1052	10.1177/09564624221140967	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10116638/	INTRODUCTION: Despite older adults (age ≥45805.50 years) continuing to account for 1 in 6 new HIV diagnoses, the majority of research has focused on young adults. Assessing PrEP use and stigma among this understudied population is key to achieving the U.S.'s goals of Ending the HIV Epidemic, a federal initiative focusing on reducing new HIV infections by at least 90% by 2030. METHODS: Data for this analysis came from the Columbus Health Aging Project (N = 796). This study was designed to assess several domains of health among adults aged 50 years and older in Columbus, Ohio. Multiple logistic and linear regression models were used to examine the associations between sociodemographic factors and past 6-month PrEP use, PrEP stigma, and concurrent use of PrEP and other prevention methods. RESULTS: Participants' average age was 64.5 years (SD = 10.5), 52.6% were female, 47.4% were male, 16.8% were Black/African American, and 83.2% were White. Past 6-month PrEP use was 3.4% (CI: 2.49, 12.56), significant lesbians (aOR = 2.24; 95% CI: 1.05, 4.80), and those living with family members or roommates (aOR = 4.39; 95% CI: 1.49, 12.43) were each more likely to report past 6-month PrEP use relative to cisgender women, heterosexuals, and those living with a spouse/partner, respectively. Relative to cisgender women, PrEP-related stigma was lower among transgender women (ß = -5.05; 95% CI: -8.44, -1.66) and higher among cisgender men (ß = 1.96; 95% CI: 0.46, 3.46). CONCLUSION: Future research should aim to continue developing a firm understanding of PrEP use and stigma among older adults to reduce HIV risk among this population and to understand unique needs of sub-populations of older adults.	HIV; Older adults; PrEP; pre-exposure prophylaxis; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mosnier, Emilie; Arrigo, Fernande; Richard, Elodie; Heyer, Meraine; Michels, David; Vandemoortele, Stephanie; Girard, Gabriel; Nagot, Nicolas; Reginault, Hippolyte; Mosnier, Marine; Inegbeze, Grace; Ross, Perrine; Spire, Bruno; Eldin, Carole	Effectiveness of a Community Empowerment Intervention to Improve Access to Pre-exposure Prophylaxis to Migrant Women Sex Workers: Protocol for a Mixed Methods Implementation Study.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/42844	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10434960/	BACKGROUND: The World Health Organization recommends pre-exposure prophylaxis (PrEP) for all populations at substantial risk of HIV infection. However, at-risk women vary rarely use PrEP in France-this represents a critical issue among migrant women sex workers (MWSWs). Previous studies on PrEP use among women sex workers or migrants focused on individual or social determinants of motivation. However, operational studies in real-word settings using a holistic population approach to maximize PrEP adherence among MWSWs are lacking. OBJECTIVE: FASSETS (ie, "Favoriser l'Accès à la Santé Sexuelle des Travailleuses du Sexe"; English: "facilitate the access to Sexual Health in women sex workers") is a pro-holistic, multilevel, mixed methods study aiming to improve global knowledge of and access to sexual health care and PrEP among MWSWs through targeted empowerment strategies. METHODS: This study comprises several phases: (1) phase 1: an initial qualitative study combining individual interviews and focus groups with stakeholders and MWSW to explore their knowledge, representations, and experiences regarding sexual health and PrEP; (2) phase 2: the development of a community empowerment intervention to improve access to sexual health services and the implementation of PrEP access among MWSWs and for respondent-driven sampling (RDS); (3) phase 2: the size of the hidden MWSW population is estimated, in Ile-de-France, through capture-recapture (the RDS survey will serve as "recapture"); (3) phase 3: a longitudinal cohort will be formed through RDS to represent the MWSW population with a goal of 150 inclusions-this cohort will be followed up for 12 months, and sequential questionnaires exploring medical history, knowledge of sexual health, HIV, and sexually transmitted infections, risk practices, care routes, and conditions will be administered at inclusion (month 0) and months 3, 6, and 12 to measure the following interventional phase's outcomes; and (4) phase 4: an interventional study with community empowerment actions about sexual health and PrEP will be conducted with community health workers, standardized questionnaires and semistructured interviews, observations, and focus groups will highlight MWSWs' experiences with empowerment resources, concerns about sexual health, and especially PrEP use or uptake, and we will evaluate whether and how community-adapted empowerment actions conducted by community health workers are effective in increasing access to sexual health, prevention and screening of sexually transmitted infections, and PrEP knowledge and access among MWSWs. RESULTS: Recruitment commenced on March 1, 2022. We estimate the follow-up period to end on September 30, 2023. CONCLUSIONS: This multiphase study will provide robust evidence about the magnitude of the MWSW population in Ile-de-France, their sexual health needs, and the effectiveness of empowerment actions to improve access to PrEP and sexual health care. The findings will help inform other HIV programs and contribute to national individual and collective community health empowerment approaches can facilitate access to PrEP and its initiators, use, and adherence in this vulnerable population. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/42844.	community empowerment, sexual health, implementation science, migrants, women, sex workers, mixed methods, sexual health, prevention, PrEP, treatment, intervention, France, care, healthcare, health care, community	English	Canada	Western and Central Europe and North America	France	Asia and the Pacific	Cambodia	Asia and the Pacific	Mixed methods
Article	2023	Moya E.M.D.; Rodrigues D.S.	Fractional-order modeling for injectable and oral HIV pre-exposure prophylaxis	Mathematical Modelling and Control	-	-	-	2576-8966	10.3934/mmc.2023013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163168138&doi=10.3934%2Fmmc.2023013&partnerID=40&md5=9c1c4e0bce50dc80d4e8f4b7c4dbf9f5	The search for therapies and prevention methods for HIV infection is essential for controlling the virus in a population. In this paper, we introduce a fractional order mathematical model to study the impact of the oral to the injectable Pre-Exposure Prophylaxis (PrEP) modalities, which is a completely new in terms of public health. For that, we consider current antiretroviral therapies, implementation and the impact of PrEP on the case diagnosis. To investigate the model, besides the use of fractional order derivatives, we also consider illustrative cases by means of demographic data from Brazil and parameter values from the literature. We compare the influence on incidence, prevalence, diagnosis, and mortality of oral PrEP with the injectable PrEP, which is the new current trend on the subject. As a result, an increasing in incidence, prevalence and also mortality are revealed by augmented fractional order of derivatives for both PrEP modalities, but PrEP reached better results in its oral modality. Despite the need for further studies, this contribution is intended as a first preliminary step to contribute to decision-making by health authorities. © 2023 the Author(s), licensee AIMS Press.	fractional derivatives; HIV; Pre-Exposure Prophylaxis; public health	English	Netherlands	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Moyo P.L.; Nunu W.N.	Oral Pre-Exposure Prophylaxis Accessibility, Knowledge, Barriers, and Facilitators Among Men Who Have Sex With Men in Bulawayo, Zimbabwe	American Journal of Men's Health	-	-	-	1557983	10.1177/15579883231207481	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175961113&doi=10.1177%2F15579883231207481&partnerID=40&md5=e0570521ce4fcd0cac254c6a3ca77e	Great strides have been made globally toward ending HIV and AIDS as a threat by 2030, although the rate of new HIV infections among men who have sex with men remains very high. Due to their risk of acquiring HIV and AIDS, utilization of pre-exposure prophylaxis (PrEP) can potentially reduce the risk of HIV transmission among this population. This study sought to analyze the accessibility, knowledge, and perceived barriers and facilitators to accessing PrEP by men who have sex with men. The quantitative method was conducted on 45 men who have sex with men through questionnaires loaded on Kobo Collect. Chi-square test, odds ratio, and logistic regression were used to associate different demographic characteristics with knowledge and significance of barriers to PrEP access using STATA 15. A total of 45 PrEP and locations was created using QGIS. About 84% of respondents accessed pills from friendly facilities. The remaining accessed them from public hospitals, mainly Mpilo and United Bulawayo Hospitals. Over 90% of the respondents were found to be highly knowledgeable. Notably, barriers included lack of information, fear of side effects, pills not accessible, pill taste, odor, and size, stigma, and lack of protection from other sexually transmitted infections. Facilitators were educated about PrEP, the existence of friendly health facilities, making pills available at all times, partner support, increased number of friendly health facilities and support groups. Maximizing the potential of PrEP as an efficient HIV-prevention intervention among this population requires ongoing efforts to remove barriers and promote facilitators.	HIV and AIDS; men who have sex with men; pre-exposure prophylaxis; uptake	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Quantitative
Article	2023	Moyo P.L.; Nunu W.N.	Oral Pre-exposure Prophylaxis Uptake and Acceptability Among Men Who Have Sex With Men: A Scoping Review of the Literature	American Journal of Men's Health	-	-	-	1557983	10.1177/15579883231201729	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174035278&doi=10.1177%2F15579883231201729&partnerID=40&md5=0b6604d3980f0b629dd8739d2b169fe1	Despite the global effort to end the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) epidemic as a global threat by 2030, the rate of new HIV infections worldwide remains unacceptably high, especially among men who have sex with men. Pre-exposure prophylaxis (PrEP) is a highly effective biomedical HIV prevention intervention that can reduce the risk of acquiring HIV. However, it is imperative to assess the uptake and acceptability of PrEP. This study investigated the willingness, availability, accessibility, and knowledge and identified barriers to using PrEP among this population. A scoping literature review search was conducted on research papers published in English and focused on men who have sex with men and their use of PrEP. These were independently screened and coded. Of about 1,202 literature sources, 55 were included in the study. Findings reported that the uptake and acceptability of PrEP were influenced by knowledge and perception of being high risk. Generally, PrEP uptake and understanding were high in North America, Latin America, and Europe and low in Asia and Africa. Low uptake and acceptability have been largely attributed to fear of side effects, societal stigma, cost, and perception of not being at risk. Noted facilitators to PrEP use include education, availability of free pills, support groups, and friendly health care facilities. Health intervention programs to increase the use of PrEP must be backed by appropriate legal and regulatory frameworks. © The Author(s) 2023.	acceptability; HIV and AIDS; men who have sex with men; pre-exposure prophylaxis; uptake	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Review
Article	2023	Mpofu, Mqondisi; Lebni, Li Tey; Jusine, Lepik; Katherine J; Moore, David M; Hull, Mark; Bucuzo, Nic; Serede, Paul; Berrios, Rolando; Montano, John S G; Lima, Yvonne D	Process description of developing HIV prevention monitoring indicators for a province-wide pre-exposure prophylaxis (PrEP) program in British Columbia, Canada.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0283025	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10001606/	In 2018, the pre-exposure prophylaxis (PrEP) program was initiated in British Columbia (BC), Canada, providing PrEP at no cost to qualifying residents. This observational study discussed the steps to develop key evidence-based monitoring indicators and their calculation using real-time data. The indicators were conceptualized, developed, assessed and approved by the Technical Monitoring Committee of representatives from five health authority regions in BC, the BC Ministry of Health, the BC Centre for Disease Control, and the BC Centre for Excellence in HIV/AIDS. Indicator development followed the steps adopted from the United States Centers for Disease Control and Prevention framework for program evaluation in public health. The assessment criteria for indicators were relevance, data quality, indicator validity, existing scientific evidence, indicator informativeness, indicator computing feasibility, client confidentiality maintenance capacity, indicator accuracy, and administrative considerations. Cluster data analysis was conducted to identify PrEP clinics with similar characteristics. Ten indicators were developed: (1) PrEP clinic engagement, (2) PrEP clinic retention, (3) PrEP clinic discontinuation, (4) PrEP clinic characteristics by type and by the health authority, new clients dispensed PrEP, clients per provider, key quantifying HIV risk factor(s), client status, PrEP usage type, PrEP quantity dispensed, syphilis and HIV testing and incident cases, and adverse drug reaction events. Cumulative clients' data (n = 6966; 99% cis-gender males) identified an increased new client enrollment and an unexpected drop during the COVID-19 pandemic. About 80% dispensed PrEP from the Vancouver Coastal health authority. The HIV incidence risk index for men who have sex with men score ≥10 was the most common qualifying risk factor. The framework we developed integrating indicators was applied to monitor our PrEP program, which could help reduce the public health impact of HIV.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Mutombedzi, Caroline; Chirinda, Libert; Charcka, Gift T; Chirenje, Z Mike; Mgodi, Nyaradzo M	Efficient regulatory approval of two novel HIV prevention interventions in a resource-limited setting: experiences from Zimbabwe.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/fph.2023.1279124	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10806040/	The global burden of HIV remains unacceptably high despite significant progress made in HIV treatment and prevention. There is an urgent need to scale up the comprehensive HIV prevention strategies that include pre-exposure prophylaxis (PrEP). Oral PrEP is highly effective in preventing HIV acquisition when taken regularly, but this remains a challenge for some at-risk individuals. Therefore, there is a need for other HIV prevention options. The dapivirine vaginal ring (DVR) and long-acting injectable cabotegravir (CAB-LA) are novel biomedical interventions that are safe and efficacious for HIV pre-exposure prophylaxis. However, access to these interventions in sub-Saharan Africa (SSA) has been limited by lengthy regulatory processes. We describe the regulatory review process of the Medicines Control Authority of Zimbabwe (MCAZ) was the first SSRA globally to approve the DVR in July 2021 and the first in Africa to approve CAB-LA for HIV prevention in July 2022. The regulatory review process for DVR and CAB-LA by MCAZ took 4.5 and 5.5 months, respectively. This efficient review process of the two interventions by MCAZ, a regulatory body in a resource-limited setting, provides important lessons to shorten timelines between the completion of the clinical development process and the registration of essential medicines.	HIV; Zimbabwe; dapivirine vaginal ring; long-acting injectable cabotegravir; pre-exposure prophylaxis; regulatory approval	English	Switzerland	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review

Article	2023	Murphy, Luke; Bowra, Andrea; Adams Ellithia; Robinson, Cabello; Clark, Jesse L; Konda Kelika; Perez-Brumer Amaya	PrEP policy implementation gaps and opportunities in Latin America and the Caribbean: a scoping review	Therapeutic Advances in Infectious Disease	-	-	-	-	20499361	10.1177/20499361231164030	https://www.proquest.com/scholarly-journals/prep-policy-implementation-gaps-opportunities/docview/2920164983/se-2?accountid=8113	Background: Pre-exposure prophylaxis (PrEP) is an important tool for HIV prevention in Latin America and the Caribbean (LAC). Yet, little is known about the PrEP policies landscape in the region. Addressing this gap, this scoping review assessed current PrEP policies throughout LAC to better understand existing PrEP implementation gaps and identify opportunities to improve access. Methods: We conducted a scoping review, using a modified PRISMA extension, through 28 July 2022, to identify country-level PrEP policies. Data were collected in English, Spanish, French, and Portuguese utilizing online platforms for screening and data extraction (Google Forms, Zotero, and Excel). Extracted data were divided by data source, including country-level government policies, gray literature, and peer-reviewed literature, with at least one full-text reviewer and data extractor per publication. An iterative summative content analysis was performed to compare and interpret themes across phases and data sources. Results: Of the 33 countries in LAC, 22 (67%) had policies approving daily oral PrEP for HIV prevention, which outlined specific key populations, including men who have sex with men, transgender women, sex workers, and serodiscordant couples. Generic tenofovir disoproxil fumarate/emtricitabine has been approved in 15 of the 33 countries, and 13 of the 33 countries have incorporated PrEP into their public health system. No countries were found to have approved cabotegravir. Costing data were reported by only one country, Ecuador, in its national health ministry guidelines. Findings also document a lag between the media/gray-literature announcement of PrEP and implementation of policies. Conclusion: Findings underscore significant advances in PrEP policies in the region and signal opportunities for greater PrEP implementation. Since 2017, an increasing number of countries have begun to provide PrEP to communities at heightened need, although significant gaps remain. Policy approval is a key step to further increasing access to PrEP in LAC, necessary to reduce the burden of HIV in LAC, specifically among marginalized populations.	Tenofovir; Emtricitabine; Latin America; HIV prevention; PrEP; Disease prevention; Public health; Prophylaxis; implementation; policy; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Reviews	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Peru	Eastern Europe and Central Asia	Review
Article	2023	Musinguzi N.; Ngure K.; Bukusi E.A.; Mugo N.R.; Baeten J.M.; Anderson P.L.; Haberer J.E.	Performance of Multiple Adherence Measures for pre-exposure Prophylaxis (PrEP) Among Young Women in Kenya	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04111-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162693821&doi=10.1007%2fs10461-023-04111-2&partnerID=40&md5=0153d9a2191a21f4a21aff690dc37a01	Understanding PrEP adherence is key in the formulation of HIV prevention strategies; however, measurement of adherence can be challenging. We compared multiple adherence measures in a two-year study of young Kenyan women at high risk of HIV acquisition. Among 289 participants, concordance between electronic adherence monitoring (EAM) and tenofovir diphosphate (TFV-DP) in dried blood spots ranged from 57 to 72% depending on selected thresholds. Using area under the receiver operating curve, discrimination of quantifiable TFV-DP was high at 0.85 with EAM and low at 0.49–0.54 for multiple self-reported measures. Correlation between EAM and self-reported measures was low (r < 0.11) although correlation within self-reported measures was moderate (r > 0.69). These findings indicate that both TFV-DP and EAM are useful PrEP adherence tools. Adherence would benefit from better availability of less expensive versions of EAM for research. Additionally, further research on TFV-DP thresholds is needed to inform interpretation and use in understanding PrEP adherence in this population. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Adolescents; Africa; DBS; PrEP; TFV-DP; Women	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2023	Musinguzi, Nicholas; Pyra, Maria; Bukusi, Elizabeth A; Mugo, Nelly R; Baeten, Jared M; Haberer, Jessica E	Trajectories of Oral PrEP Adherence Among Young Kenyan Women: Implications for Promoting Effective PrEP Use.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03753-y	https://dx.doi.org/10.1007/s10461-022-03753-y	Using data from a 2-year study of young women at high HIV risk in Thika and Kisumu, Kenya, we identified group-based trajectories of PrEP adherence based on electronic pillcap-monitoring and assessed potentially associated demographic and socio-behavioral factors. Among 348 women, we selected a three-trajectory adherence model: low and declining (N = 211, 61%), moderate but declining (N = 119, 34%) and steady high adherers (N = 18, 5%). We also identified a two-trajectory HIV risk model based on self-perceived risk in the past week: high and increasing (N = 28, 8%) and steady low (N = 320, 92%) risk. The Kisumu site was associated with the moderate but declining and steady high adherence trajectories, while increasing VOICE risk score was associated with the low and declining adherence trajectory. We found no association between the adherence and risk trajectories. Our findings suggest adherence support may need tailoring by setting. Early, sustained support may also help those at highest risk of non-adherence.	Adherence; Kenya; PrEP; Trajectories	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2023	Mussina, Kamilla; Kadyrov, Shirali; Kashkynbayev, Ardak; Yerdessov, Sauran; Zhakhina, Gulnur; Sakko, Yesbolat; Zollanvari, Amin; Gaipov, Abduzhappar	Prevalence of HIV in Kazakhstan 2010-2020 and Its Forecasting for the Next 10 Years.	HIV/AIDS (Auckland, New Zealand)	-	-	-	-	1179-1373	10.2147/HIV.S413876	https://pubmed.ncbi.nlm.nih.gov/37426767/	BACKGROUND: HIV is a growing public health burden that threatens thousands of people in Kazakhstan. Countries around the world, including Kazakhstan, are facing significant problems in predicting HIV infection prevalence. It is crucial to understand the epidemiological trends of infectious diseases and to monitor the prevalence of HIV in a long-term perspective. Thus, in this study, we aimed to forecast the prevalence of HIV in Kazakhstan for 10 years from 2020 to 2030 by using mathematical modeling and time series analysis. METHODS: We use statistical Autoregressive Integrated Moving Average (ARIMA) models and a nonlinear epidemic Susceptible-Infected (SI) model to forecast the HIV infection prevalence rate in Kazakhstan. We estimated the parameters of the models using open data on the prevalence of HIV infection among women and men (aged 15-49 years) in Kazakhstan provided by the Kazakhstan Bureau of National Statistics. We also predict the effect of pre-exposure prophylaxis (PrEP) control measures on the prevalence rate. RESULTS: The ARIMA (1,2,0) model suggests that the prevalence of HIV infection in Kazakhstan will increase from 0.29 in 2021 to 0.47 by 2030. On the other hand, the SI model suggests that this parameter will increase to 0.60 by 2030 based on the same data. Both models were statistically significant by Akaike Information Criterion corrected (AICc) score and by the goodness of fit. HIV prevention under the PrEP strategy on the SI model showed a significant effect on the reduction of the HIV prevalence rate. CONCLUSION: This study revealed that ARIMA (1,2,0) predicts a linear increasing trend, while SI forecasts a nonlinear increase with a higher prevalence of HIV. Therefore, it is recommended for healthcare providers and policymakers use this model to calculate the cost required for the regional allocation of healthcare resources. Moreover, this model can be used for planning effective healthcare treatments.	HIV; prevalence; forecasting; ARIMA model; SI model	English	New Zealand	Asia and the Pacific	Kazakhstan	Eastern Europe and Central Asia	Kazakhstan	Eastern Europe and Central Asia	Quantitative
Article	2023	Mustanski, Brian; Ryan, Daniel T; Spinelli, Matthew A; Gandhi, Monica; Newcomb, Michael E	Urine point-of-care tenofovir test demonstrates strong predictive clinical and research utility.	AIDS	-	-	-	-	1473-5571	10.1097/QAD.0000000000003710	https://dx.doi.org/10.1097/QAD.0000000000003710	BACKGROUND: Preexposure prophylaxis (PrEP) significantly reduces HIV infection risk but is dependent on adherence. Available approaches to measuring adherence have limitations related to accuracy, cost, practicality, and timeliness. This study compared the performance of two methods implementable in clinics and research studies interview and urine point of care (POC) assay to the gold-standard for measuring recent and longer term adherence in dried blood spots (DBS). METHODS: Participants were recruited from RADAR, a cohort study of young MSM, or via online advertisements. At 3 monthly visits, an interviewer administered 7-day timeline follow-back (TLFB) questionnaire, DBS samples were tested for tenofovir-diphosphate (TFV-DP) to estimate average dosing over the prior month and emtricitabine-triphosphate (FTC-TP) to assess recent dosing (past 2-3âdays), and a urine POC TFV test to qualitatively assess recent adherence (past 4âdays). RESULTS: Eighty-three PrEP users contributed 163 observations. At visit 1, self-reported adherence was 86% (4+ doses in last 7âdays), versus urine TFV (74%), DBS FTC-TP (76%), and DBS TFV-DP (69%). The objective measures of short-term adherence performed similarly well in predicting longer term adherence. In multivariable logistic regression analyses, the urine assay was a significant predictor of DBS TFV-DP (adjusted ORâ=â19.4, P â<â0.0001); self-report did not add significantly. CONCLUSION: The urine POC TFV assay had excellent predictive values for adherence and self-report did not add significantly to prediction. The POC assay provides results in several minutes to enable same-visit counseling, requires no specialized training, and is projected to be low-cost.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Muyanga, Naume; Isunju, John Bosco; Ssekamatte, Tonny; Nalugya, Aisha; Oputan, Patience; Kiguli, Juliet; Kibira, Simon Peter S.; Wafula, Solomon Tsebeni; Ssekamatte, David; Mugambe, Richard K.; Wanyenze, Rhoda K.; Orza, Luisa	Understanding the effect of gender-based violence on uptake and utilisation of HIV prevention, treatment, and care services among transgender women: a qualitative study in the greater Kampala metropolitan area, Uganda.	BMC Women's Health	-	-	-	-	1472-6874	10.1186/s12905-023-02402-3	https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-023-02402-3	BACKGROUND: Transwomen (also known as transgender women) are disproportionately affected by all forms of gender-based violence (GBV). The high prevalence of physical, sexual and emotional violence not only predisposes transwomen to HIV infection but also limits the uptake/access to HIV prevention, care, and treatment services. Despite the high prevalence of HIV infection and GBV among transwomen, there is limited evidence on how GBV affects the uptake and utilisation of HIV prevention, care, and treatment services. Therefore, this qualitative study explored how GBV affects uptake and utilisation of HIV prevention, treatment, and care services among transwomen in the Greater Kampala Metropolitan Area (GKMA), Uganda. METHODS: This participatory qualitative study was conducted among transwomen in the GKMA. A total of 20 in-depth interviews, 6 focus group discussions, and 10 key informant interviews were conducted to explore how GBV affects the uptake and utilisation of HIV prevention, treatment, and care services among transwomen. Data were analysed using a thematic content analysis framework. Data were transcribed verbatim, and NVivo version 12 was used for coding. RESULTS: At the individual level, emotional violence suffered by transwomen led to fear of disclosing their HIV status and other health conditions to intimate partners and healthcare providers respectively; inability to negotiate condom use; and non-adherence to antiretroviral therapy (ART). Sexual violence compromised the ability of transwomen to negotiate condom use with intimate partners, clients, and employers. Physical and emotional violence at the community level led to fear among transwomen traveling to healthcare facilities. Emotional violence suffered by transwomen in healthcare settings led to the limited use of pre-exposure prophylaxis and HIV testing services, denial of healthcare services, and delays in receiving appropriate care. The fear of emotional violence also made it difficult for transwomen to approach healthcare providers. Fear of physical violence such as being beaten while in healthcare settings made transwomen shun healthcare facilities. CONCLUSION: The effects of GBV on the uptake and utilisation of HIV prevention, care, and treatment services were observed in individual, community, and healthcare settings. Across all levels, physical, emotional, and sexual violence suffered by transwomen led to the shunning of healthcare facilities, denial of healthcare services, delays in receiving appropriate care, and the low utilisation of post-exposure prophylaxis, and HIV testing services. Given its effects on HIV transmission, there is a need to develop and implement strategies/ interventions targeting a reduction in GBV. Interventions should include strategies to sensitize communities to accept transwomen. Healthcare settings should provide an enabling environment for transwomen to approach any healthcare provider of their choice without fear of experiencing GBV.	Humans; Female; Uganda; HIV/AIDS; *Transgender Persons; Violence/prevention & control; Stigma; Transwomen; *HIV Infections/prevention & control; Gender-based violence; *Gender-Based Violence	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United Kingdom	Western and Central Europe and North America	Qualitative
Editorial	2023	Mynhardt M.; Ndembi N.	Pharmaceutical Manufacturing Plan for Africa is critical for pandemic preparedness, prevention and response	Journal of Public Health in Africa	-	-	-	-	20389922	10.4081/jphia.2023.2861	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175143885&doi=10.4081%2fjphia.2023.2861&partnerID=40&md5=468a7e6fc7661da93137a9e10e618995	No abstract available	healthcare systems; HIV; pandemic preparedness; pandemic response; pharmaceutical manufacturing in Africa; vaccine technology; viral suppression; World Health Organisation	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Other
Article	2023	Nadarzynski, Tom; Nutland, Will; Samba, Phil; Bayley, Jake; Witzel, T. Charles	The Impact of First UK-Wide Lockdown (March-June 2020) on Sexual Behaviors in Men and Gender Diverse People Who Have Sex with Men During the COVID-19 Pandemic: A Cross-Sectional Survey.	Archives of Sexual Behavior	-	-	-	-	1573-2800 0004-0002	10.1007/s10508-022-02458-6	https://pubmed.ncbi.nlm.nih.gov/37841674/	The global COVID-19 pandemic resulted in strict social distancing measures restricting close physical contact. Men (cis and trans) and other gender diverse people who have sex with men (MGDSM) are at higher risk of sexually transmitted infections (STIs) and may have experienced changes in sexual behavior during government restrictions on social and sexual contact. We aimed to examine self-reported sexual behavior of MGDSM during the first UK-wide lockdown to identify the characteristics of the individuals who might most require sexual health promotion and clinical support. In April-May 2020, we conducted an online survey of MGDSM, promoted on social media and Grindr. Our exploratory approach used descriptive analysis to identify self-reported changes in sexual behavior and performed regression analyses to identify correlates of casual sex during the lockdown. A total of 1429 respondents completed the survey: mean age 36 years, 84% White, 97% male or trans male, 98% assigned male sex at birth, 2% female or non-binary, 65% degree educated or higher. During the lockdown, 76% reported not having any casual sex partners. While the majority reported reduced casual sex, 3% reported an increase in casual sex with one person and 2% with three or more people (group sex). About 12% of the sample engaged in casual sex with only one person and 5% with four or more sexual partners during the lockdown. Reporting casual sex during lockdown was associated with: lower level of education OR = 2.37 95% CI 1.40-4.01; identifying as a member of an ethnic minority OR = 2.271.40-3.53; daily usage of sexual networking apps OR = 2.241.54-3.25; being less anxious about contracting SARS-CoV-2 through sex OR = 1.661.12-2.44; using PrEP before lockdown OR = 1.751.20-2.56; continuing to use PrEP OR = 2.791.76-4.57; and testing for STIs during lockdown OR = 2.651.76-3.99. A quarter of respondents remained sexually active with casual partners, indicating a need to provide STI screening services and health promotion targeted to groups most likely to have need over this period. Future research is required to better understand how to support sexual and gender minorities to manage sexual risk in the context of pandemic public health initiatives.	Adult; Humans; Male; Female; Sexual Behavior; Cross-Sectional Studies; Infant, Newborn; Homosexuality, Male; Sexual Partners; United Kingdom/epidemiology; Ethnicity; Communicable Disease Control; Minority Groups; *Sexual and Gender Minorities; COVID-19; SARS-CoV-2; *Sexually Transmitted Diseases/epidemiology/prevention & control; *HIV Infections/prevention & control; Sexual minority; Pandemics/prevention & control; Transgender; Gender minority; Sexual behaviors; *COVID-19/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Nagai, Henry; Adiibokah, Edward; Tagoe, Henry; Tun, Waimar; Pilgrim, Nanlesta A; Ankomah, Augustine; Rahman, Yussif Ahmed Abdul; Addo, Stephen Ayisi; Atuahene, Stephen Kyeremeh; Essandoh, Emmanuel; Maher, Sean; Kowalski, Mark	Policymakers' and healthcare providers' perspectives on the introduction of oral pre-exposure prophylaxis for key populations in Ghana.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-023-15871-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10240747	BACKGROUND: Key populations (KPs) such as female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), and their partners contribute more than a quarter (27.5%) of new HIV infection in Ghana. Oral pre-exposure prophylaxis (PrEP) can substantially reduce HIV acquisition among this group. While the available research indicates KPs willingness to take PrEP in Ghana, little is known about the position of policymakers and healthcare providers on the introduction of PrEP for KPs. METHODS: Qualitative data were collected from September to October 2017 in the Greater Accra (GA) and Brong-Ahafo (BA) regions of Ghana. Key informant interviews were conducted with 20 regional and national policymakers and supplemented with In-depth Interviews with 23 healthcare providers to explore their level of support for PrEP and their perspectives on challenges and issues to consider for oral PrEP implementation in Ghana. Thematic content analysis was used to unearth the issues emerging from the interviews. RESULTS: Policymakers and healthcare providers in both regions expressed strong support for introducing PrEP for KPs. Key concerns regarding oral PrEP introduction included potential for behavioral disinhibition, non-adherence and side effects of medication, cost and long-term financial implications, and stigma related to HIV and key populations. Participants stressed the need to integrate PrEP into existing services and the provision of PrEP should start with high risk groups like sero-discordant couples, FSWs and MSM. CONCLUSIONS: Policymakers and providers recognize the value of PrEP in cubing new HIV infections but have concerns about disinhibition, non-adherence, and cost. Therefore, the Ghana health service should roll-out a range of strategies to address their concerns including: sensitization with providers to mitigate underlying stigma towards KPs, particularly MSM, integration of PrEP into existing services, and innovative strategies to improve continued use of PrEP.	Female sex workers; Ghana; HIV; Healthcare providers; Men who have sex with men; Policymakers; Pre-Exposure Prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	Ghana	Western and Central Africa	United States	Western and Central Europe and North America	Qualitative
Article	2023	Nair, Gonasagrie; Celum, Connie; Szydlo, Daniel; Brown, Elizabeth R; Akello, Carolyne A; Nakalega, Rita; Macdonald, Pippa; Milan, Gakiema; Palanee-Phillips, Thesla; Reddy, Krishnaveni; Tahuringana, Eunice; Muhlanga, Felix; Nakabiito, Clemensia; Bekker, Linda-Gail; Siziba, Bekezela; Hillier, Sharon L; Baeten, Jared M; Garcia, Morgan; Johnson, Sherri; McClure, Tara; Levy, Lisa; Livant, Edward; Jacobson, Cindy; Soto-Torres, Lydia; van der Straten, Ariane; Hosek, Sybil; Rooney, James F; Steytler, John; Bunge, Katherine; Parikh, Urvi; Hendrix, Craig; Anderson, Peter; Ngure, Kenneth	Adherence, safety, and choice of the monthly dapivirine vaginal ring or oral emtricitabine plus tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis among African adolescent girls and young women: a randomised, open-label, crossover trial.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00227-8	https://dx.doi.org/10.1016/S2352-3018(23)00227-8	BACKGROUND: Half of new HIV acquisitions in Africa occur in adolescent girls and young women. Pre-exposure prophylaxis (PrEP) with oral tenofovir disoproxil fumarate plus emtricitabine or the monthly dapivirine vaginal ring is efficacious but has lower adherence and effectiveness among adolescent girls and young women. We aimed to assess product adherence, safety, and choice of oral PrEP compared with the dapivirine ring among African adolescent girls and young women. METHODS: MTN-034/REACH was a randomised, open-label, phase 2a crossover trial among HIV-seronegative, non-pregnant adolescent girls and young women aged 16-21 years at four clinical research sites in South Africa, Uganda, and Zimbabwe. Participants were randomly assigned (1:1) to either the dapivirine ring or daily oral PrEP (200 mg of emtricitabine and 300 mg of tenofovir disoproxil fumarate) for 6 months, then switched to the other product option for 6 months, followed by a third 6-month period in which participants were given a choice of oral PrEP, the dapivirine ring, or neither. Fixed block randomisation was used, stratified by site. The primary adherence endpoint was use of each product during the randomised periods, with high use defined as tenofovir-diphosphate concentrations greater than or equal to 700 fmol/punch (associated with taking an average of four or more tablets per week in the previous month) and greater than or equal to 4 mg dapivirine released from the returned ring (continuous use for 28 days in the previous month) based on residual drug concentrations. The primary safety endpoint was grade 2 or higher adverse events during each randomised period of 24 weeks of ring and oral PrEP. This trial is registered at ClinicalTrials.gov, NCT03593655. FINDINGS: From Feb 6, 2019 to Sept 9, 2021, 396 adolescent girls and young women were screened, 247 of whom were enrolled and randomly assigned (6 months of the ring followed by 6 months of oral PrEP n=124; 6 months of oral PrEP followed by 6 months of the ring n=123). Median age was 18 years (IQR 17-19). 54 grade 2 or higher product-related adverse events were reported during oral PrEP and five during dapivirine ring use, with no product-related serious adverse events. High adherence was observed in 753 (57%) of the 1316 oral PrEP visits and 806 (57%) of the 1407 dapivirine ring visits. Four women acquired HIV during follow-up. INTERPRETATION: Adherence was moderately high and similar between oral PrEP and the dapivirine ring with favourable safety and tolerability. Oral PrEP and the dapivirine ring are effective, safe, and well tolerated HIV prevention options for adolescent girls and young women who would benefit from a choice of PrEP formulations to meet their needs and preferences. FUNDING: National Institutes of Health.	NA	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2023	Nakalega R.; Mukiza N.; Menge R.; Kizito S.; Babirye J.A.; Kuteesa C.N.; Mawanda D.; Mulumba E.; Nabukeera J.; Ggita J.; Nakanjako L.; Akello C.; Mirembe B.G.; Lukyamuzi Z.; Nakaye C.; Kataike H.; Maena J.; Etima J.; Nabunya H.K.; Biira F.; Nagawa C.; Heffron R.; Celum C.; Gandhi M.; Mujugira A.	Feasibility and acceptability of peer-delivered HIV self-testing and PrEP for young women in Kampala, Uganda	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-023-16081-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162046866&doi=10.1186%2fs12889-023-16081-0&partnerID=40&md5=de6da68f800d3b6ffa16e7115e0cff3d	Background: Adolescent girls and young women (AGYW) account for 29% of new HIV infections in Uganda despite representing just 10% of the population. Peer support improves AGYW linkage to HIV care and medication adherence. We evaluated the feasibility and acceptability of peer delivered HIV self-tests (HIVST) and oral pre-exposure prophylaxis (PrEP) to young women in Uganda. Methods: Between March and September 2021, we conducted a pilot study of 30 randomly selected young women, aged 18–24 years, who had received oral PrEP for at least three months, but had suboptimal adherence as measured by urine tenofovir testing (< 1500 ng/ml). Participants were offered daily oral PrEP and attended clinic visits three and six months after enrollment. Between clinic visits, participants were visited monthly by trained peers who delivered HIVST and PrEP. Feasibility and acceptability of peer-delivered PrEP and HIVST (intervention) were measured by comparing actual versus planned intervention delivery and product use. We conducted two focus groups with young women, and five in-depth interviews with peers and health workers to explore their experiences with intervention delivery. Qualitative data were analyzed using thematic analysis. Results: At baseline, all 30 enrolled young women (median age 20 years) accepted peer-delivered PrEP and HIVST. Peer delivery visit completion was 97% (29/30) and 93% (28/30) at three and six months, respectively. The proportion of participants with detectable tenofovir in urine was 93% (27/29) and 57% (16/28) at months three and six, respectively. Four broad themes emerged from the qualitative data: (1) Positive experiences of peer delivered HIVST and PrEP; (2) The motivating effect of peer support; (3) Perceptions of female controlled HIVST and PrEP; and (4) Multi-level barriers to HIVST and PrEP use. Overall, peer delivery motivated young women to use HIVST and PrEP and encouraged persistence on PrEP by providing non-judgmental client-friendly services and adherence support. Conclusion: Peer delivery of HIVST and oral PrEP was feasible and acceptable to this sample of young women with suboptimal PrEP adherence in Uganda. Future larger controlled studies should evaluate its effectiveness among African AGYW. © 2023, The Author(s).	HIV; Oral PrEP; Peer delivery; Self-testing; Young women	English	United Kingdom	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Norway	Western and Central Europe and North America	Qualitative
Article	2023	Nakambale H.N.; Roche S.D.; Mogere P.; Omollo V.; Kuo A.P.; Stergachis A.; Baeten J.M.; Bukusi E.; Ngure K.; Mugambi M.L.; Ortblad K.F.	Barriers to and strategies for early implementation of pharmacy-delivered HIV PrEP services in Kenya: An analysis of routine data	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1023568	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150219505&doi=10.3389%2ffrph.2023.1023568&partnerID=40&md5=b6b75a1067dd0173e5cac83d7e5fdf09	Background: For individuals who face challenges accessing clinic-based HIV pre-exposure prophylaxis (PrEP), differentiated service delivery models are needed to expand access and reach. During a pilot study testing a novel pharmacy-delivered oral PrEP model in Kenya, we used routine programmatic data to identify early implementation barriers and actions that providers and study staff took in response to the barriers. Methods: We trained pharmacy providers at five private pharmacies in Kisumu and Kiambu Counties to initiate and continue clients at risk of HIV acquisition on PrEP for a fee of 300 KES per visit (~$3 USD) using a prescribing checklist with remote clinician oversight. Research assistants stationed at the pharmacies completed weekly observation reports of pharmacy-delivered PrEP services using a structured template. We analyzed reports from the first 6 month of implementation using content analysis and identified multi-level early implementation barriers and actions taken to address these. We then organized the identified barriers and actions according to the Consolidated Framework for Implementation Research (CFIR). Results: From November 2020 to May 2021, research assistants completed 74 observation reports (~18/pharmacy). During this period, pharmacy providers screened 496 potential PrEP clients, identified 425 as eligible for pharmacy-delivered PrEP services, and initiated 230 (54%) on PrEP; 125 of 197 (63%) clients eligible for PrEP continuation refilled PrEP. We identified the following early implementation barriers to pharmacy-delivered PrEP services (by CFIR domain): high costs to clients (intervention characteristics), client discomfort discussing sexual behaviors and HIV testing with providers (outer setting), provider frustrations that PrEP delivery was time-consuming and disruptive to their workflow (inner setting), and provider hesitancy to deliver PrEP due to concerns about encouraging sexual promiscuity (characteristics of individuals). To help address these, pharmacy providers implemented a self-screening option for behavioral HIV risk assessment for prospective PrEP clients, allowed flexible appointment scheduling, and conducted pharmacy PrEP trainings for newly hired staff. Conclusion: Our study provides insight into early barriers to implementing pharmacy-delivered PrEP services in Kenya and potential actions to mitigate these barriers. It also demonstrates how routine programmatic data can be used to understand the early implementation process. 2023 Nakambale, Roche, Mogere, Omollo, Kuo, Stergachis, Baeten, Bukusi, Ngure, Mugambi and Ortblad.	differentiated service delivery; HIV prevention; implementation science; PrEP; private pharmacies	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Qualitative
Article	2023	Namukisa, Mary; Kamacooko, Onesmus; Lunkuse, Jane Frances; Ruzagira, Eugene; Price, Matt A.; Mayanja, Yunia	Incidence of unintended pregnancy and associated factors among adolescent girls and young women at risk of HIV infection in Kampala, Uganda.	Frontiers in Reproductive Health	-	-	-	-	2673-3153	10.3389/frph.2023.1089104	https://pubmed.ncbi.nlm.nih.gov/36910339/	BACKGROUND: In sub-Saharan Africa, one in every five young women becomes pregnant, and 50% of these are unintended. Pregnancies in adolescent girls and young women (AGYW) are associated with poorer maternal and neonatal outcomes and a high abortion rate, yet data are still limited on incident pregnancies among AGYW in vulnerable situations. We studied the incidence and factors associated with unintended pregnancy among AGYW who were frequently engaged in transactional sex in Kampala, Uganda. METHODS: We analyzed data from a study that investigated the uptake of oral pre-exposure prophylaxis among AGYW from January 2019 to December 2020. Volunteers attended 3-monthly study visits for 12 months each. Contraceptive services were provided to interested volunteers free of charge. Interviewers collected data on sociodemographics, sexual behavior, reproductive health outcomes, and substance use. Pregnancy was determined by testing for beta-human chorionic gonadotropin hormone in urine. The pregnancy incidence rate was estimated using the Kaplan-Meier technique, and logistic regression was used to determine the correlates of pregnancy. RESULTS: We included 285 volunteers with a mean age of 19.9 standard deviation (SD), ± 2.24 years; 54.7% had attained secondary school education or higher, 57.2% were single (never married), 92.6% reported engaging in transactional sex, 21.0% reported sex work as their main job, 51.9% consumed alcohol in the month prior to the interview, of whom 12.8% consumed alcohol daily, and 25.3% had Chlamydia trachomatis/Neisseria gonorrhoeae. The mean age at first sexual intercourse was 15.7 (SD, ±2.1) years. We recorded 44 pregnancies over 187.2 person-years of follow-up, an incidence of 23.5 per 100 person-years 95% confidence interval (CI), 17.5-31.6. Incident pregnancies were more likely among volunteers who had ≥10 sexual partners in the past 3 months adjusted risk ratio (aRR) 1.97; 95% CI, 1.05-3.70 and those who reported not using contraception (aRR 5.89; 95% CI, 2.74-12.66). Incident pregnancies were less likely among those who reported alcohol consumption in the past month (aRR 0.52; 95% CI, 0.30-0.90). CONCLUSION: The incidence of unintended pregnancy was high despite the availability of free contraceptive services. We recommend sociobehavioral studies to explore this further. Sexual and reproductive health campaigns should strengthen demand creation and motivation to use contraception among young women with multiple sexual partners.	pregnancy; sub-Saharan Africa; adolescents; young women; contraception	English	Switzerland	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Nawej Tshikung, Olivier; Segeral, Olivier; Cavassini, Matthias; Calmy, Alexandra	News in HIV infection, long-acting injectable treatments.	Revue Médicale Suisse	-	-	-	-	1660-9379	10.53738/REVMED.2023.19.812.243	https://pubmed.ncbi.nlm.nih.gov/36723657/	Long-acting injectable therapies have been added to the pharmacological arsenal available for the management of HIV infection, whether in the form of monotherapy (injectable cabotegravir) as part of pre-exposure prophylaxis (PrEP) or dual therapies (injectable cabotegravir/rilpivirine) for the treatment of HIV. These treatments are the subject of new international recommendations following the publication of pivotal trials, the results of which will be presented in this review. We will also discuss the practical modalities of their implementation as well as the challenges to be faced in the future.	Humans; Anti-Retroviral Agents/therapeutic use; *Anti-HIV Agents; *HIV Infections/drug therapy/prevention & control; Pyridones/therapeutic use; *Pre-Exposure Prophylaxis/methods	French	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2023	Ndimande-Khoza M.N.; Katz A.W.K.; Moretlwe-Delany S.; Travill D.; Rousseau E.; Omollo V.; Morton J.; Johnson R.; Bekker L.-G.; Bukusi E.A.; Baeten J.; Celum C.; van der Straten A.; Roberts S.T.	Family influences on oral PrEP use among adolescent girls and young women in Kenya and South Africa	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0292529	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176785443&doi=10.1371%2fjournal.pone.0292529&partnerID=40&md5=08e8a6a0f97e357645957887cf9ca1e9	Introduction Effective use of oral HIV pre-exposure prophylaxis (PrEP) has been lower among African adolescent girls and young women (AGYW) than among older women, young men who have sex with men, and serodiscordant heterosexual couples in the region. Efforts to build PrEP support have centered around peers and male partners, but the family may also play an important role. This qualitative study aimed to describe family influence on PrEP use among AGYW in three African cities. Methods POWER (Prevention Options for Women Evaluation Research) was a PrEP demonstration project among 2550 AGYW (16–25 years old) in Johannesburg and Cape Town, South Africa and Kisumu, Kenya conducted from 2017 to 2020. In-depth interviews and focus group discussions were conducted with 136 AGYW participants to explore their PrEP views and experiences, including awareness and interest in PrEP; barriers and facilitators to uptake and use; the influence of family, peers, intimate partners, and community; and the key types of support for their PrEP use. Transcripts were coded and analysed thematically. Results The decision to initiate PrEP was associated with fear and anxiety linked to anticipated stigma from family members, and with family's lived HIV experience. Family disclosure, especially to mothers, was important to participants, as most lived with their families and considered it essential for them to obtain their mother's approval to use PrEP. Most family members, particularly mothers, provided instrumental, emotional, informational and appraisal support to participants using PrEP, including reminders, encouragement, and problem-solving. Participants reported that family members with insufficient information about PrEP safety and efficacy and who voiced concerns were a substantial barrier to their use. However, they often became supportive after receiving more PrEP information. Conclusion Families, particularly mothers, can play an important role in supporting PrEP use. PrEP programmes should leverage family support to help with PrEP persistence by providing basic information to families about PrEP safety and efficacy. AGYW using PrEP should be encouraged to selectively disclose PrEP use to build support and counseled on how to disclose and address family concerns. Copyright: © 2023 Ndimande-Khoza et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2023	Nelson, Aurelie; Bheemraj, Kalisha; Dean, Sarah Schoetz; de Voux, Alex; Hlatshwayo, Lerato; Mvududu, Rufaro; Berkowitz, Natacha; Neumuller, Caroline; Jacobs, Shahida; Fourie, Stephanie; Coates, Thomas; Bekker, Linda-Gail; Myer, Landon; Davey, Dvora Joseph	Integration of HIV pre-exposure prophylaxis (PrEP) services for pregnant and breastfeeding women in eight primary care clinics: results of an implementation science study.	Research Square	-	-	-	-	NA	10.21203/rs.3.rs-3648622/v1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10690321	Background: Although HIV vertical transmission (VT) has declined significantly in sub-Saharan Africa, incident HIV infection in pregnant and postpartum women is estimated to account for roughly one-third of VT. Oral pre-exposure prophylaxis (PrEP) for pregnant and breastfeeding women (PBFW) is part of the recommended guidelines in South Africa since 2021; however, integration of PrEP services within antenatal (ANC) and postnatal care (PNC) remains limited. Methods: Between March 2022 and September 2023, we evaluated the acceptability, feasibility and sustainability of integrating PrEP for PBFW in high-HIV prevalence clinics after training and mentoring health care providers (HCP). We used the Reach Effectiveness-Adoption Implementation Maintenance (RE-AIM) framework to evaluate the intervention. Acceptability and maintenance were defined as the proportion of PBFW without HIV who initiated PrEP and the proportion of women continuing PrEP at 3 months in ANC or PNC services. Feasibility was defined as the proportion of trained HCPs (HIV lay counsellors and nurses/ midwives) who provided PrEP according to national guidelines, measured through post-training surveys and in-service assessments. Sustainability was defined as number of facilities and providers that continued to provide PrEP for PBFW past the mentoring period. Results: In 8 facilities providing ANC and PNC, we trained 224 HCP (127 nurses and 37 counsellors). Of those, we mentored 60 nurses, midwives and HIV counsellors working with PBFW, with 72% of nurse/midwives and 65% of counsellors scoring over 8/10 on the final mentoring assessment Overall, 12% (1493/12,614) of HIV-negative pregnant women started PrEP and 41% of those continued PrEP at 3-months. Among the HIV-negative breastfeeding women in postnatal care, 179/1315 (14%) initiated PrEP and 25% continued PrEP at 3-months. All 8 facilities continued providing PrEP 3-months after handover of the clinics. Conclusion: Integration of PrEP services in ANC and services for breastfeeding women was feasible, acceptable and sustainable. Acceptability and PrEP continuation showed improvement over time. Barriers to the PrEP integration were observed including the lack of regular HIV testing of breastfeeding mothers and need for ART-trained nurses to prescribe PrEP. Enablers included motivated and dedicated staff.	Pre-exposure prophylaxis, HIV, maternal and child health, implementation science, vertical transmission	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2023	Newman P.A.; Tepjan S.; Fongkaew K.; Akkakanjanasupar P.; de Lind van Wijngaarden J.W.; Chonwanarat N.	Multilevel Factors Impacting PrEP Engagement Among Young Gay Men and Young Transgender Women in Thailand: A Qualitative Analysis	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/23259582231188221	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165021477&doi=10.1177%2f23259582231188221&partnerID=40&md5=0d343bc7e97050316c1ad43666cc9c55	Half of new HIV infections in Thailand are among young people, the majority of whom are young gay and other men who have sex with men (YMSM) and young transgender women (YTGW). Amid low pre-exposure prophylaxis (PrEP) coverage, we explored practice-based factors that impact PrEP engagement among YMSM and YTGW. In 2018, we conducted 4 focus group discussions with 20 YMSM and 5 YTGW, and 22 in-depth interviews (5 in 2022) with healthcare providers (HCPs), community-based organization (CBO)/nongovernmental organization (NGO) staff, and peer educators. The inclusion of PrEP in universal healthcare coverage, including YMSM and YTGW, is a substantial facilitator of PrEP use; however, systemic barriers at microsocial (lack of communication about PrEP from HCPs, teachers, parents), mesosocial (healthcare-service fragmentation, lack of PrEP-competent HCPs), and macrosocial levels (annual quotas, no PrEP without HIV-testing, HIV- and sexual-stigma) constrain and disincentivize adolescents' engagement with PrEP. National scale-up of youth-friendly and LGBT-affirmative CBO/NGO clinics, HCP training, and tailored programs to support adolescents' adherence may promote PrEP engagement among YMSM and YTGW in Thailand. © The Author(s) 2023.	adolescents; healthcare providers; HIV prevention; MSM; pre-exposure prophylaxis; qualitative research; Thailand; transgender youth	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Thailand	Asia and the Pacific	Qualitative
Article	2023	Ngure, K; Browne, E; Reddy, K; Friedland, B; Van Der Straten, A; Palanee-Phillips, T; Nakalega, R; Nabunya, H; Siziba, B; Soto-Torres, L; Nair, G; Garcia, M; Celum, C; Roberts, S	Correlates of Adherence to Oral Pre-Exposure Prophylaxis (PrEP) and the Dapivirine Vaginal Ring among Adolescent Girls and Young Women (AGYW) Participating in the MTN-034/REACH Trial	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	-	10.1177/23259582231196717	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02661535/full	Background: Adolescent girls and young women (AGYW) in sub-Saharan Africa have high risk of HIV acquisition. Oral pre-exposure prophylaxis (PrEP) and the monthly dapivirine vaginal ring (ring) are effective HIV prevention options, however, many AGYW face challenges using them consistently. We evaluated correlates of adherence to PrEP and the ring among AGYW in the MTN-034/REACH study. Method: We enrolled 247 AGYW aged 16-21 years in South Africa, Uganda and Zimbabwe (ClinicalTrials.gov: NCT03074786). In a crossover design, participants were randomized to the order of PrEP or ring use for 6 months each, followed by a 6-month choice period. We assessed potential adherence correlates - individual, interpersonal, community, study, and product-related factors - quarterly via self-report. We measured biomarkers of adherence monthly; high adherence was ≥4 mg dapivirine released from returned rings or intracellular tenofovir diphosphate levels ≥700 fmol/punch from DBS. We tested associations between correlates and high adherence using generalized estimating equations. Results: The average probability of high adherence during the crossover period was 0.60 for the ring and 0.57 for PrEP (p= 0.30). High adherence to PrEP was significantly associated with having an older primary partner (p=0.04), not having exchanged sex in the past 3 months (p=0.02), and rating PrEP as highly acceptable (p=0.003). High ring adherence was significantly associated with unstable housing (p=0.01), disclosing ring use to a male family member (p=0.01), and noting a social benefit from study participation (p=0.03). All associations were moderate, corresponding to about 6% -10% difference in the proportion with high adherence. Adherence was not associated with sexual behavior and other factors. Conclusion: In our multinational study, correlates of adherence among African AGYW differed for PrEP and the ring, highlighting the benefit of offering multiple PrEP options. However, all associations were modest in scale, suggesting that additional research is needed to identify strong drivers of consistent PrEP or ring use.	*mouth cavity; *pre-exposure prophylaxis; *vagina ring; Adolescent; Adult; Aged; Conference abstract; Crossover procedure; Drug concentration; Drug therapy; Female; Housing; Human; Major clinical study; Male; Patient compliance; Prevention; Probability; Self report; Sexual behavior; South Africa; Uganda; Zimbabwe	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Ngure, Kenneth; Friedland, Barbara A; Szydlo, Daniel W; Roberts, Sarah T; Garcia, Morgan; Levy, Lisa; Akello, Carolyne A; Reddy, Krishnaveni; Palanee-Phillips, Thesla; Macdonald, Pippa; Siziba, Bekezela; Soto-Torres, Lydia; Hosek, Sybil; Hillier, Sharon L; Nair, Gonasagrie; Celum, Connie; van der Straten, Ariane	Baseline preferences for oral pre-exposure prophylaxis (PrEP) or dapivirine intravaginal ring for HIV prevention among adolescent girls and young women in South Africa, Uganda and Zimbabwe (MTN-034/IPM-045 study).	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0287525	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10289422	INTRODUCTION: Adolescent girls and young women (AGYW) in sub-Saharan Africa are disproportionately affected by the HIV epidemic and face an array of challenges using proven behavioral and biomedical prevention methods. To address the urgent need for expanding prevention options, we evaluated the baseline preferences of HIV prevention methods among participants enrolled in the MTN-034/REACH crossover trial along with their stated product preference prior to product initiation. METHODS: AGYW aged 16-21 years were enrolled at 4 study sites: Cape Town and Johannesburg, South Africa; Kampala, Uganda; and Harare, Zimbabwe and randomly assigned to the sequence of using oral PrEP and the dapivirine ring for 6 months each, followed by a choice period in which they could choose either product (or neither) for an additional six months. Eligible AGYW were HIV-negative, not pregnant and using effective contraception for at least two months prior to enrollment. Descriptive statistics were used to summarize demographic and behavioral data while multinomial analysis was used to determine predictors of stated product preference (ring or oral PrEP). RESULTS: Of the 247 AGYW enrolled in REACH, 34% were aged 16-17 and 89% had a primary partner.The median age of sexual debut was 16 years and 40% had ever been pregnant. At screening, 35% of participants were diagnosed with a sexually transmitted infection (STI), 39% had an AUDIT-C score associated with harmful drinking and 11% reported intimate partner violence in the past 6 months. Overall, 28% of participants, had CESD-10 scores suggestive of depressive symptoms (≥12) in the past week. At baseline, similar proportions stated a preference for the ring and oral PrEP (38.1% and 40.5% respectively), with 19% of participants stating they preferred both products equally. Only study site was significantly associated with product preference (P<0.05) with AGYW from Johannesburg having higher odds of preferring the ring and those from Kampala having higher odds of preferring both options equally. CONCLUSIONS: We successfully enrolled African AGYW with a clear unmet need for HIV prevention. The balanced preference between the two products suggests that multiple biomedical prevention options may be appealing to this age group and could address their prevention needs.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2023	Nhean, Salin; Tseng, Alice; Sheehan, Nancy L; Bogoch, Isaac I	Use and safety of appearance and performance enhancing supplements in gay, bisexual, and other men who have sex with men receiving daily tenofovir disoproxil fumarate/emtricitabine as HIV pre-exposure prophylaxis.	AIDS Care	-	-	-	-	1360-0451	10.1080/09540121.2022.2121958	https://dx.doi.org/10.1080/09540121.2022.2121958	Appearance- and performance-enhancing supplements (APES) may be associated with liver and renal toxicity, but use is often under-reported. This study describes the use and safety of APES among gay, bisexual, and other men-who-have-sex with men (gbMSM) attending an urban HIV pre-exposure prophylaxis (PrEP) clinic. A cross-sectional study was conducted between February 2018 to September 2018 to assess APES usage in gbMSM taking daily tenofovir disoproxil fumarate/emtricitabine for PrEP. Renal and liver function were assessed from electronic medical records. Among 50 participants (98% male, median 32 years, 52% White, on PrEP for a median 4.4 years), 72% reported lifetime APES use, with 52% currently using APES (median 1.5 products/person) and 28% never used APES. The most common products included whey protein, creatine supplements and anabolic steroids. The primary reason for APES use was to increase muscle mass. Three (12%) current APES users had elevated serum creatinine (stage 1) versus zero (0%) in the non-APES group. Two (8%) current APES users experienced grade 3-4 ALT/AST elevations versus zero (0%) in the non-APES group. APES usage among gbMSM taking PrEP was high and may be associated with liver/renal lab abnormalities. Increased awareness of APES use and potential toxicity is encouraged to enhance safety.	HIV; PrEP; anabolic steroids; supplement; toxicity	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Nicholls, Emily Jay; Policek, Nicoletta; Volny-Anne, Alain; Spire, Bruno; Burns, Fiona; Ruiz-Burga, Elisa; Tariq, Shema	A systematic review of qualitative research on recently acquired HIV.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003697	https://pubmed.ncbi.nlm.nih.gov/37650757/	OBJECTIVES: Recently acquired HIV is a critical time when people may experience debilitating symptoms and is when they are most likely to pass HIV on. Qualitative research offers insights into lived experiences and a deeper understanding of the contextual factors underlying HIV acquisition. We aimed to synthesize qualitative literature on recently acquired HIV. DESIGN: Systematic review and textual narrative synthesis. METHODS: We searched MEDLINE, CINAHL Plus, PsycINFO and Sociology Database. Articles were screened, and two authors completed full text review and data extraction. Quality appraisal was conducted (Critical Appraisal Skills Programme Qualitative Studies Checklist) and certainty of findings graded (GRADE-CERQual). RESULTS: We reviewed 1890 articles (1554 following de-duplication), excluding 1539. Fifteen articles were included and an additional article was included after updating the search. We identified 15 themes, three of which we have high confidence in: recent acquisition of HIV facilitates understanding of circumstances of HIV acquisition; indeterminate HIV tests generate uncertainty and anxiety; and people with recently acquired HIV are motivated to reduce risk of onward transmission. CONCLUSIONS: Our findings highlight the importance of continued research into recently acquired HIV, as well as the need for support to manage the emotional impact of indeterminate test results and negotiate risk reduction. We found no studies exploring sexual risk in the context of recently acquired HIV, or use of pre-exposure prophylaxis or treatment as prevention. The literature is primarily focused on HIV acquisition from an individual and behavioural perspective, neglecting important aspects of lived experience such as immediate ART, stigma, and health and wellbeing.	Humans; Qualitative Research; *HIV Infections/prevention & control	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	Review
Article	2023	Nishimoto L.; Ikani P.; Achanya J.; Idowu A.; Olisa A.L.; Walker C.F.; Gottlieb A.; Akolo C.	Expanding Access to Oral Preexposure Prophylaxis for PeopleWho Inject Drugs in Bayelsa and Niger States, Nigeria	Global Health Science and Practice	-	-	-	-	2169575X	10.9745/GHSP-D-22-00370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149154527&doi=10.9745%2fGHSP-D-22-00370&partnerID=40&md5=a1d32a45d82c68b1d7414cf1cb060ba7	Introduction: While oral preexposure prophylaxis (PrEP) is recommended for all individuals with substantial risk of acquiring HIV, people who inject drugs (PWID) have not been prioritized for oral PrEP services in most settings. The Meeting Targets and Maintaining Epidemic Control (EpiC) project implemented a comprehensive community-based program to increase access to and uptake of oral PrEP services among PWID in Bayelsa and Niger States, Nigeria. Program Description: EpiC established partnerships with communitybased organizations working with the PWID community, identified hotspots (common locations for socialization and drug use), and engaged PWID in tailoring oral PrEP services. The HIV prevention package provided in hotspots and drop-in centers included HIV testing, oral PrEP, postexposure prophylaxis, sexually transmitted infection screening and management, condoms and lubricants, PWID-specific risk reduction counseling, and referrals to other support programs. At drop-in centers, paralegal and psychosocial services were also provided. Peer outreach workers led outreach efforts. All PWID who tested HIV negative were eligible for oral PrEP screening. National oral PrEP eligibility criteria included: no suspicion of acute HIV infection, absence of proteinuria, and willingness to use oral PrEP as prescribed. We used descriptive analysis of routine programmatic data to illustrate program outcomes. Results: From January 2020 to September 2021, 13,286 HIV tests were completed for PWID. Of these, 12,111 (91.16%) had negative results. Among those testing negative, 8,190 (67.62%) were screened for oral PrEP eligibility, and 2,661 (32.49%) were eligible. A total of 2,659 PWID (100% 312/312 among eligible females; 99.91% 2,347/2,349 among eligible males) initiated oral PrEP. Lessons Learned: Provision of oral PrEP services to PWID in Nigeria is feasible through a peer-led, differentiated, and holistic approach that addresses structural barriers among the PWID community. Greater efforts are needed to understand the needs and barriers to better tailor HIV services to reach females and other subpopulations in this community that are harder to reach. © 2023 Nishimoto et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Nigeria	Western and Central Africa	Mixed methods
Article	2023	Nogueira N.F.; Luisi N.; Salazar A.S.; Cherenack E.M.; Raccamarich P.; Klatt N.R.; Jones D.L.; Alcaide M.L.	PrEP awareness and use among reproductive age women in Miami, Florida	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0286071	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161173586&doi=10.1371%2fjournal.pone.0286071&partnerID=40&md5=0005506ba7437d04459f3d7820549f94	Background Miami, Florida is an epicenter of the HIV epidemic in the US, with 20% of new HIV infections occurring in women. Despite effectiveness of Pre-Exposure Prophylaxis (PrEP) in preventing HIV, only 10% of eligible women benefit from its use. Setting This study evaluates PrEP awareness and use, and factors associated with PrEP awareness among sexually active women in Miami, Florida. Methods Results reported in this study included cross-sectional data that were collected as part of a baseline visit from a parent study. Cis-gender, HIV-negative, 18-45-year-old, sexually active women were recruited as part of a study evaluating recurrent bacterial vaginosis and HIV risk. Participants completed questionnaires assessing socio-demographics, HIV risk factors, prior history of HIV testing and reproductive tract infections, PrEP awareness and use. Relationships between variables and PrEP awareness were analyzed and multivariable logistic regression identified variables strongly associated with PrEP awareness. Results Among the 295 women enrolled, median age was 31 (24–38) years, 49% Black, 39% White, and 34% Hispanic. Of 63% who knew about PrEP, only 5% were on PrEP. Women with income below poverty line (OR = 2.001.04,3.87;p = 0.04), more male sexual partners in past month (OR = 1.301.01,1.68;p = 0.04), lifetime HIV testing (OR = 6.422.83,14.52; p<0.01), and current bacterial vaginosis (OR = 2.281.18,4.40;p = 0.01) were more likely to be aware of PrEP. Lower odds of PrEP awareness were associated with being Black (OR = 0.380.15,0.96;p = 0.04), Hispanic (OR = 0.180.08,0.39;p<0.01), heterosexual (OR = 0.29 0.11,0.77;p<0.01), and reporting inconsistent condom use during vaginal sex (OR = 0.21 0.08,0.56;p<0.01). Conclusion PrEP awareness is low among reproductive age women in a high-risk setting. Culturally tailored interventions are needed to increase PrEP awareness and uptake, especially among Black and Hispanic women with inconsistent condom use during vaginal sex with male partners. © 2023 Nogueira et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Nolan, Nathanial S.; Fracasso Francis, Sarah M.; Marks, Laura R.; Beekmann, Susan E.; Polgreen, Philip M.; Liang, Stephen Y.; Durkin, Michael J.	Harm Reduction: A Missing Piece to the Holistic Care of Patients Who Inject Drugs.	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofad402	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10428197/	BACKGROUND: The rise in injection drug use (IDU) has led to an increase in drug-related infections. Harm reduction is an important strategy for preventing infections among people who inject drugs (PWID). We attempted to evaluate the harm reduction counseling that infectious diseases physicians provide to PWID presenting with infections. METHODS: An electronic survey was distributed to physician members of the Emerging Infections Network to inquire about practices used when caring for patients with IDU-related infections. RESULTS: In total, 534 ID physicians responded to the survey. Of those, 375 (70%) reported routinely caring for PWID. Most respondents report screening for human immunodeficiency virus (HIV) and viral hepatitis (98%) and discussing the risk of these infections (87%); 63% prescribe immunization against viral hepatitis, and 45% discuss HIV preexposure prophylaxis (PrEP). However, 55% of respondents (n = 205) reported not counseling patients on safer injection strategies. Common reasons for not counseling included limited time and a desire to emphasize antibiotic therapy/medical issues (62%), lack of training (55%), and believing that it would be better addressed by other services (47%). Among respondents who reported counseling PWID, most recommended abstinence from IDU (72%), handwashing and skin cleansing before injection (62%), and safe disposal of needles/drug equipment used before admission (54%). CONCLUSIONS: Almost all ID physicians report screening PWID for HIV and viral hepatitis and discussing the risks of these infections. Despite frequently encountering PWID, fewer than half of ID physicians provide safer injection advice. Opportunities exist to standardize harm reduction education, emphasizing safer injection practices in conjunction with other strategies to prevent infections (eg, HIV PrEP or hepatitis A virus/hepatitis B virus vaccination).	harm reduction; substance use disorder; patients who inject drugs	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Noll, Richard; Voigt, Alexander; Koehler, Susanne; Mueller, Angelina; Stephan, Christoph; Carney, Jonathan; Von Wagner, Michael; Weber, Timm; Storf, Holger; Schaaf, Jannik	Enhancing HIV Patient Support Through Telehealth: Exploring Design Solutions.	Studies in Health Technology and Informatics	-	-	-	-	1879-8365	10.3233/SHTI230764	https://dx.doi.org/10.3233/SHTI230764	In recent years, telemedicine has advanced significantly, offering new possibilities for improving healthcare and patient outcomes. This paper presents a telemedicine app for HIV patients, developed using a human-centered design approach. Designed to meet the diverse and specific needs of Pre-Exposure Prophylaxis (PrEP) users and Late Presenters (LP), the app is part of the COMTRAC-HIV Project at the University Hospital Frankfurt. Through interviews with HIV experts and healthcare professionals, initial design solutions were derived. The paper explores the app's design process, core functionalities, and future directions, aiming to provide comprehensive support for individuals living with HIV.	AIDS; HIV; digital health; telemedicine	English	Netherlands	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2023	Norwood A.; Zuñiga J.A.	Knowledge and Attitude about Pre-exposure Prophylaxis among Primary Care Clinicians at a Federally Qualified Health Center in Central Texas: A Cross-sectional Study	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000353	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146714771&doi=10.1097%2fJNC.0000000000000353&partnerID=40&md5=c70816fc8754c167d82342e5f770f910	Pre-exposure prophylaxis (PrEP) for HIV prevention is a highly effective tool in preventing HIV, yet PrEP is underprescribed. Primary care providers are ideally positioned to increase access to and awareness of PrEP, but health care providers' knowledge of PrEP greatly varies. To evaluate PrEP knowledge and attitudes of primary care providers, we conducted a descriptive cross-sectional study examining primary providers' knowledge and concerns about PrEP. Participants (n = 122) included physicians, nurses, pharmacists, and residency trainees in family medicine, internal medicine, and obstetrics. Despite high awareness of PrEP among these primary care providers (91.7%), fewer reported feeling comfortable prescribing PrEP (62.5%), and the average number of PrEP prescriptions per provider written in the last 6 months was less than 1. PrEP remains key to preventing HIV, but prescriptions remain low. Health care providers would benefit from additional education and training on communicating with their patients about sexual health and HIV prevention. © 2023 Elsevier USA. All rights reserved.	Health care providers; HIV; HIV prevention; Nurse education; Practice improvement project	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Nunes R.V.; De Araújo T.M.E.; De Oliveira L.B.; Almeida P.D.; Lima S.V.M.A.; Magalhães R.D.L.B.; Valle A.R.M.D.C.; Fronteira I.; Mendes I.A.C.; De Sousa A.F.L.	Sexual Practices and Predisposition to PrEP Use Among Men Ages 50 Years and Older Who Have Sex With Men: A Cross-Sectional Study	Journal of the Association of Nurses in AIDS Care	-	-	-	-	10553290	10.1097/JNC.0000000000000433	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173612104&doi=10.1097%2fJNC.0000000000000433&partnerID=40&md5=fd85204b3bbbf5e2b30bd1b088b952f2	This study aimed to evaluate the sexual practices of men ages 50 years or older who have sex with men (MSM) and factors influencing their predisposition to use preexposure prophylaxis (PrEP). An analytical cross-sectional study was conducted in Brazil and Portugal with 718 MSM. Of these, 278 (38.7%) were categorized as being at high risk for HIV based on the HIV Incidence Risk Index (HIRI), and 418 (58.2%) expressed a predisposition to use PrEP. Overall, sociodemographic factors and specific sexual practices increased the likelihood of being classified as high risk for HIV, particularly sexual position and sexual activity. However, factors that influenced the predisposition to use PrEP included age group, receptive anal sex, knowledge of postexposure prophylaxis, high HIRI score, and a history of syphilis. These findings underscore the urgent need for health services to provide comprehensive and adequate attention to the realities of this population, considering its complexities and specificities. © 2023 Elsevier USA. All rights reserved.	chemsex; HIV; men who have sex with men; preexposure prophylaxis; sexual behavior; sexually transmitted infections	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Portugal	Western and Central Europe and North America	Quantitative
Article	2023	Nyagah, Wawira; Segal, Kate; Feltham, Jess; Ash, Alex; Major, Jocelyn; Masani, Moowa	How might we motivate uptake of the Dual Prevention Pill? Findings from human-centered design research with potential end users, male partners, and healthcare providers.	Frontiers in Public Health	-	-	-	-	2673-3153	10.3389/frph.2023.1254953	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10646541/	Multipurpose prevention technologies (MPTs) combining contraception with HIV prevention offer a promising solution to uptake and adherence challenges faced with oral pre-exposure prophylaxis (PrEP). The Dual Prevention Pill (DPP), which combines oral PrEP with an oral contraceptive pill (OCP), could address unmet need for family planning (FP) and HIV prevention. This study aimed to identify barriers and motivators for DPP uptake to inform the development of a DPP demand generation strategy and broader introduction efforts for MPTs. Materials and methods Qualitative, ethnographic research employing human-centered design techniques was conducted in Kenya, South Africa, and Zimbabwe. A research consortium conducted 45 immersions, 34 key informant interviews, and 12 friendship circles with potential end users, male romantic partners, healthcare providers (HCPs), and cultural commentators. Creative concepts were subsequently co-created and validated in workshops with end users, male partners, and HCPs. Results Four major themes emerged. Women struggled to balance personal motivations with societal expectations. Relationship goals strongly influenced sexual and reproductive health decisions, particularly related to financial security and social status. Negative experiences, such as untrustworthy partners, were significant triggers for OCP and PrEP use. Lastly, male partners were concerned about the DPP upending gender norms but held more positive individual attitudes. Five initial audience segments for the DPP were identified: women seeking enjoyment outside of their primary relationship; new mothers adhering to social norms; women wanting to maintain romantic relationships; women at risk of unintended pregnancy; and women with unfaithful partners. Segments informed the development of three communication themes, with the preferred route highlighting the DPP as a tool to prepare for life's unpredictability. DiscussionTo effectively generate demand for the DPP, several strategies should be considered. Connecting with women's diverse identities and goals and celebrating their individuality is crucial. Linking the DPP to relationship goals reframes it as a means to protect relationships rather than a risk. Leveraging negative triggers through targeted media campaigns empowers women to take control of their sexual health during challenging moments. A balance in channel placement is necessary to raise public awareness while using more discrete channels for potentially controversial messages with male partners and wider communities.	pre-exposure prophylaxis, oral contraception, HIV prevention, family planning, multi-purpose prevention technologies, end users, human-centered design, demand generation	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	O'Byrne, Patrick; Musten, Alexandra; McCready, Lance; Robinson, Robin; Durrant, Garfield; Tigert, Jason; Orser, Lauren	HIV self-testing enabled access to testing for Black persons: The GetaKit study.	Research in Nursing and Health	-	-	-	-	1098-240X 0160-6891	10.1002/nur.22293	https://pubmed.ncbi.nlm.nih.gov/36573589/	In Ontario, new HIV diagnoses continue to affect gay, bisexual, and other men who have sex with men (gbMSM) and persons of African, Caribbean, or Black (ACB) ethnicities. Because treatment and suppressed viral loads flow from diagnosis, testing is key. We sought to determine the outcomes of online ordering and mail-out of free at-home HIV self-testing in Ontario, Canada. We implemented the GetaKit study to offer such free HIV self-testing using the INSTI® test and offered it via a website (GetaKit.ca) to eligible persons in Ontario. From April 1, 2021 to January 31, 2022, we distributed kits to 1551 persons; 40% were white and 26% were ACB. We found that ACB participants were less likely to fulfill established criteria for HIV PrEP, such as previous sexually transmitted infections diagnoses and drug use, despite having a similar test positivity rate. We also found that ACB women, who may represent a larger number of new infections than previously thought, did not have a higher rate of first-time testing. Our results suggest that HIV self-testing can enable testing, but that work is required to increase uptake among ACB persons and women. Overall, HIV self-testing thus corresponded with increased testing among persons who were Black, yet lower rates of results reporting. Patient or Public Contributions: Community members from the AIDS Committee of Ottawa, Max Ottawa, and Black Cap, and nurses from Ottawa Public Health were involved in the design, promotion, and implementation of this study.	Humans; Male; Female; Homosexuality, Male; HIV; ethnicity; gender; race; *Sexual and Gender Minorities; *Sexually Transmitted Diseases; Self-Testing; self-testing; *HIV Infections/diagnosis	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Mixed methods
Article	2023	Ocasio, Manuel A; Fernandez, M Isabel; Cortese, Steven; Kampa, Kathryn	Piloting a digital campaign to promote awareness of the Louisiana TelePrEP program among sexual and gender minority young adults.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0290149	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10464984/	Despite the proven efficacy of pre-exposure prophylaxis (PrEP) in preventing HIV acquisition, PrEP is underutilized by sexual and gender minority young adults in the 13 states in the United States "South." In this paper, we describe the process we used to develop a digital campaign to promote awareness and engagement of sexual and gender minority young adults in the Louisiana Department of Health's TelePrEP Program and provide campaign performance metrics. In Phase 1, we conducted formative research that informed campaign development and strategy. In total, 109 sexual and gender minority young adults completed a survey of PrEP constructs (e.g., facilitators, barriers). We also conducted three, sequential focus groups to iteratively generate, revise and refine the digital material. In collaboration with our strategic marketing partner (SMP), we developed 3 different ads and 1 video ad to promote on web and mobile-in app display, as well as Facebook, Instagram, and YouTube. Phase 2 focused on campaign implementation and evaluation (e.g., number of impressions, user activities on LA TelePrEP landing page). In the first few weeks of the campaign, data from tracking pixels indicated minimal activities on the landing page. We paused to revamp the campaign. Our SMP determined that a more young adult-focused landing page could bolster engagement. We created a new landing page and reran the campaign for 33 days. We saw substantially more user activities on the new landing page (n = 382) compared to the LA TelePrEP landing page (n = 185). Overall, we had 730,665 impressions and 475 link clicks. By collaborating with our SMP, we effectively and efficiently translated our community-engaged formative research into relevant and engaging digital content. This pilot study is one of the first to demonstrate the importance of using tracking pixels to monitor real-time user data to optimize performance of a digital PrEP campaign.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Ogbuagu, Onyema; Sharma, Manas; Igiraneza, Grace; Andrews, Laurie; Tuan, Jessica; Barakat, Lydia A.	HIV risk profile and prevention needs of individuals seeking monkeypox (mpox) vaccination in an urban clinic in the U.S.: a brief report.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-023-08075-5	https://pubmed.ncbi.nlm.nih.gov/36890468/	BACKGROUND: Our study survey assessed HIV risk profile and pre-exposure prophylaxis (PrEP) use among HIV-negative individuals seeking mpox vaccination, elucidating HIV prevention gaps and opportunities. METHODS: Anonymous cross-sectional surveys were self-administered at an urban academic center clinic in New Haven, CT, U.S. (August 18-November 18, 2022). Inclusion criteria included adults presenting for mpox vaccination who consented to the study. The study assessed STI risk (sexual practices, STI history, substance use). For HIV-negative participants, PrEP knowledge, attitudes, and preferences were assessed. RESULTS: Eighty-one of 210 individuals approached completed surveys (survey acceptance and completion rate 38.6%). Majority were cisgender-male (76/81; 93.8%), Caucasian (48/79; 60.8%), with median age 28 years (IQR-15). Nine of 81 (11.5%) self-reported HIV-positivity. Median sexual partner number (6 months prior) was 4 (IQR-5.8). Majority, 89.9% and 75.9%, reported insertive and receptive anal intercourse, respectively. 41% reported lifetime STI history, of whom 12.3% had an STI 6 months prior. Majority (55.8%) used ≥ 1 illicit substance; 87.7% moderate alcohol use. Among HIV-negative respondents, most (95.7%) were aware of PrEP, but only 48.4% used PrEP. CONCLUSION: Individuals seeking mpox vaccination engage in behaviors placing them at increased STI risk and would benefit from PrEP assessment.	Adult; Humans; Male; Cross-Sectional Studies; Homosexuality, Male; Vaccination; *Pre-Exposure Prophylaxis; PrEP; Pre-exposure prophylaxis; HIV infection; *HIV Infections/epidemiology/prevention & control; *Mpox (monkeypox); Monkeypox; *Smallpox Vaccine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ogello, Vallery; Ngure, Kenneth; Thuo, Nicholas; Burns, Bridget; Rono, Bernard; Oware, Kevin; Kiptiness, Catherine; Mugo, Nelly; Bukusi, Elizabeth; Garrison, Lindsey; Baeten, Jared M; Haberer, Jessica E	"Yes, I'm reminded, but it doesn't mean I'm taking them": Experiences with Short Message Service Reminder Use in Real-time Monitoring of HIV PrEP among Young Women in Kenya.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03744-z	https://dx.doi.org/10.1007/s10461-022-03744-z	Adherence to oral pre-exposure prophylaxis (PrEP) is challenging, and cellular technology offers a promising opportunity for support. However, a recent randomized controlled trial found that SMS reminders did not improve PrEP adherence. We used qualitative methods to explore the trial participants' experiences with the SMS intervention. We conducted serial in-depth interviews with 54 young Kenyan women, using inductive and deductive content analysis . Initially, SMS reminders were highly acceptable. Participants expressed enthusiasm with receiving the reminders because of the coded nature of the SMS reminders; they also helped in 'habit forming' with daily adherence. However, overtime, participants reported growing concerns about privacy, self-efficacy, and responsibility and SMS fatigue. Participants also reported other challenges, including phone loss, poor telephone network, and lack of electricity. Further research to explore if SMS reminders in alternative formats or with different frequency is needed, in addition to identification of alternate adherence support strategies.	Adherence; Pre-exposure prophylaxis (PrEP); Reminders; Short message services (SMS); Young women	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative
Article	2023	Ogolla, Mercelline; Nyabiage, Omoto Lennah; Musingila, Paul; Gachau, Susan; Odero, Theresa M A; Odoyo-June, Elijah; Ochanda, Boniface; Appolonia, Aoko; Katiku, Elizabeth; Joseph, Rachael; Ogolla, Cirrilus; Otieno, Linda; Odhiambo, Francesca; Truong, Hong-Ha M	Uptake and continuation of HIV pre-exposure prophylaxis among women of reproductive age in two health facilities in Kisumu County, Kenya.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26069	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10009800/	INTRODUCTION: In 2020, Kenya had 19,000 new HIV infections among women aged 15+ years. Studies have shown sub-optimal oral pre-exposure prophylaxis (PrEP) use among sub-populations of women. We assessed the uptake and continuation of oral PrEP among women 15-49 years in two health facilities in Kisumu County, Kenya. METHODS: A retrospective cohort of 262 women aged 15-49 years, initiated into oral PrEP between 12 November 2019 and 31 March 2021, was identified from two health facilities in the urban setting of Kisumu County, Kenya. Data on baseline characteristics and oral PrEP continuation at months 1, 3 and 6 were abstracted from patient records and summarized using descriptive statistics. Missing data in the predictor variables were imputed within the joint modelling multiple imputation framework. Using logistic regression, we evaluated factors associated with the discontinuation of oral PrEP at month 1. RESULTS: Of the 66,054 women screened, 320 (0.5%) were eligible and 262 (82%) were initiated on oral PrEP. Uptake was higher among women 25-29 years as compared to those 15-24 years (77% vs. 33%). Oral PrEP continuation declined significantly with increasing duration of follow-up; 37% at month 1, 21% at month 3 and 12% at month 6 (p<0.05). In the adjusted analysis, women 15-24 years had lower adjusted odds of continuing at month 1 than women ≥25 years (adjusted odds ratio aOR: 0.41, 95% CI: 0.21-0.82). There was no association between being sero-discordant and continuation of oral PrEP at month 1 (aOR: 1.21, 95% CI 0.59-2.50). Women from the sub-county hospital were more likely to continue at month 1 of follow-up compared to women enrolled in the county referral hospital (aOR 5.11; 95% CI 2.24-11.70). CONCLUSIONS: The low eligibility for oral PrEP observed among women 15-49 years in an urban setting with high HIV prevalence calls for a review of the screening process to validate the sensitivity of the screening tool and its proper application. The low uptake and continuation among adolescent girls and young women underscores the need to identify and address specific patient- and facility-level barriers affecting different sub-populations at risk for HIV acquisition.	HIV prevention; adolescent girls and young women; continuation; oral pre-exposure prophylaxis; uptake; women of reproductive age	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Review
Article	2023	Ogundare M.O.; Allan F.; Desai A.P.; Dirajlal-Fargo S.; Minich N.M.; Gripshover B.M.	Integrating HIV Pre-Exposure Prophylaxis (PrEP) Education During Medical Residency: Training Outcomes and Suggestions for Learning Effectiveness	Journal of Primary Care and Community Health	-	-	-	-	21501319	10.1177/21501319231207313	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176365500&doi=10.1177%2f21501319231207313&partnerID=40&md5=5c02a225aa1399607d5156f00597805b	Human immunodeficiency virus (HIV) infection is now preventable with pre-exposure prophylaxis (PrEP) drugs, however, barriers to PrEP implementation include primary-care physician (PCP) knowledge-gap and lack of comfort prescribing and managing PrEP. We hypothesized that integrating HIV-PrEP education during medical-residency would help address these problems and developed a 40-minute case-based lecture focused on the 2021 United States Preventative Services Taskforce (USPSTF) oral HIV-PrEP guidelines and integrated this into our residency's core curriculum. We analyzed data from physician-trainees who voluntarily completed a pre- and post-lecture survey measuring HIV-PrEP "knowledge" and "self-assessed readiness to independently initiate and manage PrEP." Independent group analysis was completed via the Mann-Whitney U and Pearson Chi-square 2-sided test with P-value <0.05 deemed significant. Of the total of 189 residents invited to the lecture, 130 (69%) completed the pre-survey while 107 (57%) completed the post-survey. Per knowledge-assessment: the median number of correctly answered questions rose from a pre-lecture baseline of 4/9 (44%) to 8/9 (89%) following the education intervention (P <.001). When asked about comfort initiating and managing HIV-PrEP on their own, 7/130 (5.4%) responded in agreement pre-lecture, but this rose to 55/107 (51.4%) post-lecture (P <.001). Our study revealed PrEP training during residency was effective per stated objectives and may be an important tool to increase PrEP delivery/uptake to achieve the target goals for the National HIV/AIDS Strategy. © The Author(s) 2023.	anti-HIV agents/therapeutic use; education; graduate; HIV infections/prevention and control; medical; physicians; pre-exposure prophylaxis; primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Oka, S; Holohan, V; Shirasaka, T; Choi, JY; Kim, Y-S; Chamay, N; Patel, P; Polli, JW; Ford, SL; Crauwels, H; Garside, L; D'Amico, R; Latham, C; van Solingen-Ristea, R; Baugh, B; van Wyk, J	Asian participants' experience in phase 3/3b studies of long-acting cabotegravir and rilpivirine: efficacy, safety, pharmacokinetic, and virological outcomes through week 96	HIV Medicine	-	-	-	-	NA	10.1111/hiv.13588	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02648831/full	Objectives: Cabotegravir + rilpivirine (CAB + RPV) dosed monthly or every 2 months is the first complete long-acting (LA) regimen recommended by treatment guidelines for the maintenance of HIV-1 virological suppression. This post hoc analysis summarizes outcomes for Asian participants through week 96. Methods: Data from Asian participants naive to CAB + RPV randomized to receive dosing every 4 weeks (Q4W) or every 8 weeks (Q8W) in the FLAIR (NCT02938520) and ATLAS-2M (NCT03299049) phase 3/3b studies were pooled. The proportion of participants with plasma HIV-1 RNA ≥50 and <50 copies/mL (per FDA Snapshot algorithm), incidence of confirmed virological failure (CVF; two consecutive HIV-1 RNA ≥200 copies/mL), pharmacokinetics, safety, and tolerability through week 96 were assessed. Results: Overall, 41 Asian participants received CAB + RPV (Q8W, n = 17; Q4W, n = 24). At week 96, 83% (n = 34/41) of participants maintained HIV-1 RNA <50 copies/mL, none had HIV-1 RNA ≥50 copies/mL, and 17% (n = 7/41) had no virological data. No Asian participant met the CVF criterion. Drug-related adverse events occurred in 44% (n = 18/41) of participants; none were Grade ≥3. All injection site reactions were Grade 1 or 2; median duration was 2 days and most resolved within 7 days (90%, n = 390/435). CAB and RPV trough concentrations remained well above their respective protein-adjusted 90% inhibitory concentrations (CAB, 0.166 µg/mL; RPV, 12 ng/mL) through week 96. Conclusions: CAB + RPV LA demonstrated high efficacy, with no participants having CVF, and an acceptable safety profile in Asian participants through week 96. These data support CAB + RPV LA as a complete regimen for the maintenance of HIV-1 virological suppression in Asian individuals.	*Asian; *antiretroviral therapy; Adult; Adverse drug reaction; Article; Controlled study; Drug combination; Drug therapy; Drug withdrawal; Female; Food and Drug Administration; Human; Incidence; Injection site reaction; Major clinical study; Male; Multicenter study; Pharmacokinetics; Phase 3 clinical trial; Post hoc analysis; Randomized controlled trial; Side effect; Trough concentration	English	United Kingdom	Western and Central Europe and North America	Japan	Asia and the Pacific	Singapore	Asia and the Pacific	Clinical
Article	2023	Okeke, Nwora Lance; Ware, Kenric B.; Campbell, Russell; Taylor, Jamilah; Hung, Frances; Questell, Caroline; Brickler, Mildred P.; Smith, Ukamaka D.; Nawas, George T.; Hanlen-Rosado, Emily; Chan, Cliburn; Bosworth, Hayden B.; Aifah, Angela; Corneli, Amy	Evidence2Practice (E2P): Leveraging Implementation Science to Promote Careers in HIV Research Among Students From Historically Black Colleges and Universities.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003263	https://pubmed.ncbi.nlm.nih.gov/37707851/	BACKGROUND: The HIV research workforce is not representative of populations most affected by the epidemic. Innovative educational programs are needed to motivate diverse student populations to pursue careers in HIV research. METHODS: The Duke University Center for AIDS Research Evidence2Practice (E2P) program is a 3-day interactive workshop that introduces students from Historically Black Colleges and Universities (HBCU) to HIV pre-exposure prophylaxis, implementation science, and human-centered design. Participants develop 1-page action plans to increase awareness and uptake of pre-exposure prophylaxis on their campus. The program was evaluated using a partially mixed-method concurrent equal status study design with pre-program and post-program surveys and in-depth interviews. RESULTS: Among the 52 participating students, 44 completed the preworkshop survey, 45 completed the postworkshop survey, and 10 participated in an in-depth interview. Most participants identified as Black or African American and cisgender female. Participating in the E2P program was associated with: (1) an increase in median interest in pursuing a career in HIV research (P < 0.01) and (2) a decrease in median perceived difficulty in starting a career in HIV research (P < 0.01). Several students described that a lack of knowledge about initiating an HIV research career, a perceived lack of qualifications and knowledge about HIV science, and limited experience were major barriers to considering careers in HIV research. CONCLUSIONS: The E2P program enhanced HBCU students' interest in careers related to HIV research and improved their self-efficacy to pursue such careers. On-campus educational enrichment initiatives, led by active HIV researchers and clinicians, should be a critical part of diversifying the HIV workforce.	Humans; Female; Universities; *Biomedical Research; Black or African American; *HIV Infections; Students; *Implementation Science; *Career Choice	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Olakunde B.O.; Ujam C.; Ndukwe C.D.; Falola-Anoemuah Y.; Olaifa Y.; Oladele T.T.; Yahaya H.B.; Ogundipe A.	Barriers to the uptake of oral pre-exposure prophylaxis among young key populations in Nigeria	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231220099	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179943546&doi=10.1177%2f09564624231220099&partnerID=40&md5=341e2a66ecbbe031aed5cc4281a2f7c1	Background: Young key populations (YKP) contribute to the burden of HIV in Nigeria and are a priority population for oral pre-exposure prophylaxis (PrEP). However, their uptake of PrEP remains low. We assessed the main barriers to PrEP uptake and the variation among YKP (15–24 years) in Nigeria. Methods: This study was a secondary data analysis of the 2020 Integrated Biological & Behavioural Surveillance Survey conducted among key populations (KP), including female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender people (TG), in 12 states in Nigeria. A closed-ended question asking the main reason for not taking PrEP among KP who had never taken PrEP was included in the surveillance questionnaire. We collapsed the responses into six barrier themes. Using multinomial logistic regression analysis, we examined the association between the barriers (dependent variable) and KP group (independent variable), controlling for age, educational attainment, religion, marital status, employment status, and geopolitical zone. Results: A total of 1776 YKP were included in this study. The most cited barriers by KP group were: lack of access (28.3%) and fear of side effects (28.3%) by FSW; lack of interest (37.1%) by MSM; low risk perception (65.5%) by PWID; and lack of access (34.4%) by TG. The odds of reporting fear of side effects, lack of access, lack of interest, and nonspecific/others reasons were significantly different by KP group. Conclusions: The barriers limiting the uptake of PrEP among YKP vary by KP group. Our results highlight the need for KP-specific interventions to improve the uptake of PrEP among YKP in Nigeria. © The Author(s) 2023.	HIV prevention; key populations; pre-exposure prophylaxis; young persons; youth	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Quantitative
Article	2023	Oliveira, Danilo Araujo de; Sales, Shirlei	A Profilaxia Pré-Exposição (PrEP): tensões e disputas quanto ao sexo em pelo no currículo bareback	Pro-posições	-	-	-	-	1980-6248	https://doi.org/10.1590/1980-6248-2021-0072	https://www.scielo.br/j/pp/a/zwRNLdvHgjj6CKN6VyX4K3m/#	Resumo Este artigo traz parte dos resultados de uma pesquisa de doutorado. A análise foi elaborada sob a perspectiva curricular pós-crítica. Compreendemos, no presente texto, que o currículo não se restringe às disciplinas escolares, mas se constitui em diferentes espaços e artefatos culturais. A metodologia utilizada articulou elementos da netnografia e análise do discurso de inspiração foucaultiana de um blog e três perfis do twitter. Nomeamos o conjunto heterogêneo de ditos localizados nesses sites de currículo bareback. O argumento desenvolvido é o de que, nesse currículo, produz-se a posição de sujeito preper, constituída com marcas específicas a partir da demanda do uso da Profilaxia Pré-Exposição (PrEP). Essas marcas, no âmbito da prática sexual bareback, evidenciam tensões no modo de funcionamento da pedagogia anti-aids centrada no preservativo como método de prevenção. Abstract This article brings part of the results of doctoral research. The analysis was conducted from a post-critical curricular perspective. We understand in this text that the curriculum is not restricted to school subjects, but constituted in different spaces and cultural artifacts. The methodology used articulated elements of netnography and analysis of the Foucauldian-inspired discourse from a blog and three Twitter profiles. We name the heterogeneous set of statements located on these bareback curriculum websites. The argument developed is that in this curriculum, the position of preper subject is produced, constituted with specific marks based on the demand for the use of PrEP. These marks, in the context of bareback sexual practice, show tensions in how anti-aids pedagogy centered on condoms works as a prevention method.	currículo; bareback; PrEP; preservativo	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Oliveira, Renata Lúcia e Silva e; Silva, Luís Augusto Vasconcelos da; Duarte, Filipe Mateus; Brasil, Sandra Assis; Castellanos, Marcelo Eduardo Pfeiffer; Magno, Laio; Dourado, Ines	Building bridges to care: the experience of peer navigation in enabling linkage to PrEP for adolescent men who have sex with men and transgender women	Cadernos de Saúde Pública	-	-	-	-	0102-311X	10.1590/0102-311xen176821	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2023001305006&lang=pt	Vulnerable populations are at increased risk for HIV/AIDS, especially adolescent men who have sex with men (AMSM) and adolescent travestis and transgender women (ATGW). Pre-exposure prophylaxis (PrEP) is one component of combination HIV prevention and is already available for these populations in Brazil. However, ensuring its uptake entails certain challenges since inequality and barriers have traditionally marked access and linkage to the related public health services. Peer navigation could be a way of mediating the linkage process because it involves peers keeping track of others' care schedules, dynamically fostering linkage to care according to the needs of users and the actors involved in their everyday care contexts. Therefore, this study proposes analyzing peer-navigator-mediated linkage to PrEP care for 15- to 19-year-old MSM and transgender women from the PrEP1519 project in Salvador, Bahia State, Brazil. In total, 15 field notebooks/diaries, written in April-July 2019, by four peer navigators were analyzed, as were the transcripts of one focal group and 20 semi-structured interviews with adolescents (17 MSM and three trans women) between June and December 2019. Linkage via peer navigator and participant is influenced by emotional dynamics and shared personal characteristics. It is fluid and unstable and calls for care practices to be shaped to meet each participant's needs. For peer navigation to be adopted as a care strategy for sexually transmitted infection prevention and treatment, it should envisage not only increased linkage to care but also sensitivity to service users' specific characteristics and lived experiences.	HIV; VIH; Pre-Exposure Prophylaxis; Profilaxia Pré-Exposição; Profilaxis Pre-Exposición; Adolescent; Adolescente; Poblaciones Vulnerables; Populações Vulneráveis; Vulnerable Populations	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	O'Malley, Teagen L; Krier, Sarah E; Bainbridge, Maura; Hawk, Mary E; Egan, James E; Burke, Jessica G	Women's perspectives on barriers to potential PrEP uptake for HIV prevention: HIV risk assessment, relationship dynamics and stigma.	Culture, Health & Sexuality	-	-	-	-	1464-5351	10.1080/13691058.2022.2099016	https://dx.doi.org/10.1080/13691058.2022.2099016	HIV remains a significant health issue for women, and multiple overlapping factors shape women's HIV-related risk. Pre-exposure prophylaxis (PrEP) offers critical advantages over other existing options, yet it remains significantly underused among women in the USA where limited work has explored women's opinions on barriers to potential PrEP use. Using open-ended text responses from a sample of women seeking care at a US urban family planning health centre, this study aimed to understand perceptions of factors affecting potential PrEP use. Three themes concerning key factors impacting potential PrEP use emerged: HIV risk assessment, relationship dynamics, and anticipated stigma. Women's assessment of HIV risk suggests that identifying women in clinical settings as having low self-perceived risk may overlook the complexity of how women determine HIV-related risk and prevention needs. Women frequently referenced relationship dynamics when considering PrEP and discussed anticipated partner reactions about use contributing to non-use. Fear or worry of stigma were expressed as motivations to not use PrEP. Study results highlight the importance of public health and health care professionals normalising PrEP as a strategy in women's HIV prevention and sexual health decision-making. Woman-centred PrEP education, screening and communication strategies reflective of their unique HIV-related risk context are needed.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Omo-Emmanuel U.K.; Udah D.C.; Airiagbonbu B.O.; Usman H.B.; Jegede F.E.; Aka-Okeke C.; Osula F.O.; Abiodun F.A.	Assessment of Awareness, Willingness, and Practice of Human Immunodeficiency Virus Pre-Exposure Prophylaxis Among Female Sex Workers in Uyo, Akwa Ibom, Nigeria	Texila International Journal of Public Health	-	-	-	-	25203134	10.21522/TIJPH.2013.11.04.Art003	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181499083&doi=10.21522%2fTIJPH.2013.11.04.Art003&partnerID=40&md5=863c622eda2680a829d994f3f7eaa7db	This study investigated the awareness, willingness, and practice of HIV Pre-Exposure Prophylaxis (PrEP) among female sex workers (FSWs) in Uyo, Akwa Ibom State, Nigeria. Conducted between June and August 2020, the cross-sectional research engaged 344 HIV-negative FSWs attending services at Uyo's One-Stop Shop for key populations services. Through a semi-structured questionnaire, data were collected on awareness, willingness, and practice of PrEP, and subsequently analyzed using statistical methods. The study's participants had a mean age of 29.06±5.20 years, with 68.6% falling between 25-34 years old. Notably, 76.5% were adequately aware of PrEP, while 8.1% expressed willingness to use it, and 42.4% had practiced PrEP. Factors like age, marital status, and years engaged in sex work were found to significantly influence awareness of PrEP. Participants aged 25-34 years, those previously married, and those with fewer years in sex work exhibited greater PrEP awareness. The frequency of first-time and boyfriend clients per week impacted willingness and practice of PrEP, with the former positively influencing willingness and the latter negatively affecting practice. Engaging in unprotected sex was also found to negatively correlate with PrEP practice. These findings highlight that while awareness of PrEP is relatively high among FSWs, willingness to use and actual practice of PrEP remain low. The study underscores the importance of tailored health education programs targeting FSWs, to enhance awareness and encourage adoption of effective HIV preventive measures. By addressing factors like age, marital status, and specific aspects of sex work, interventions could be designed to increase PrEP utilization, thereby contributing to the reduction of HIV transmission in this population. © 2023, Texila International Journal (TIJ). All rights reserved.	Female sex workers; HIV; Key Populations; One Stop Shop; Pre-exposure prophylaxis; Uyo	English	Guyana	Latin America and the Caribbean	Rwanda	Eastern and Southern Africa	Rwanda	Eastern and Southern Africa	Quantitative
Article	2023	Omollo, Victor; Asewe, Magdaline; Mogere, Peter; Maina, Gakuo; Kuo, Alexandra P; Odoyo, Josephine; Oware, Kevin; Baeten, Jared M; Kohler, Pamela; Owens, Tamara; Bukusi, Elizabeth A; Ngure, Kenneth; Ortblad, Katrina F	The Fidelity of a Pharmacy-Based Oral HIV Pre-Exposure Prophylaxis Delivery Model in Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003208	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10337311/	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) delivery at private pharmacies is a promising new differentiated service delivery model that may address barriers to PrEP delivery at public health care facilities. We measured the fidelity of this model (ie, delivery as intended) in a pilot study in Kenya. SETTING: Five private, retail pharmacies in Kisumu and Thika Counties. METHODS: Trained pharmacy providers delivered PrEP services, including identifying eligible clients, counseling on HIV risk, assessing PrEP safety, testing for HIV, and dispensing PrEP. Pharmacy clients completed surveys that assessed the fidelity of the services received after each visit. Standardized client actors (ie, mystery shoppers) were trained on 4 different case scripts, then made unannounced pharmacy visits, and then completed a 40-item checklist that assessed the fidelity and quality of service delivery components. RESULTS: From November 2020 to December 2021, 287 clients initiated and 159 (55%) refilled PrEP. At initiation, most clients were counseled on PrEP adherence (99%, 284 of 287) and potential side effects (97%, 279 of 287) and all received provider-assisted HIV self-testing before PrEP dispensing (findings consistent across refill visits). Nine standardized client actors completed 15 pharmacy visits. At each visit, most actors were asked about their behaviors associated with HIV risk (80%, 12/15) and all were counseled on PrEP safety and side effects. All actors reported that pharmacy providers treated them with respect. CONCLUSIONS: In this first pilot study of pharmacy-delivered PrEP services in Africa, the fidelity of service delivery was high, suggesting that trained providers at private pharmacies can deliver quality PrEP services.	NA	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2023	Orkin, Chloe; Schapiro, Jonathan M; Perno, Carlo F; Kuritzkes, Daniel R; Patel, Parul; DeMoor, Rebecca; Dorey, David; Wang, Yongwei; Han, Kelong; Van Eygen, Veerle; Crauwels, Herta; Ford, Susan L; Latham, Christine L; St Clair, Marty; Polli, Joseph W; Vanveggel, Simon; Vandermeulen, Kati; D'Amico, Ronald; Garges, Harmony P; Zolopa, Andrew; Spreen, William R; van Wyk, Jean; Cutrell, Amy G	Expanded Multivariable Models to Assist Patient Selection for Long-Acting Cabotegravir + Rilpivirine Treatment: Clinical Utility of a Combination of Patient, Drug Concentration, and Viral Factors Associated With Virologic Failure.	Clinical Infectious Diseases	-	-	-	-	1537-6591	10.1093/cid/ciad370	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10654860/	BACKGROUND: Previously reported post hoc multivariable analyses exploring predictors of confirmed virologic failure (CVF) with cabotegravir + rilpivirine long-acting (CAB + RPV LA) were expanded to include data beyond week 48, additional covariates, and additional participants. METHODS: Pooled data from 1651 participants were used to explore dosing regimen (every 4 or every 8 weeks), demographic, viral, and pharmacokinetic covariates as potential predictors of CVF. Prior dosing regimen experience was accounted for using 2 populations. Two models were conducted in each population-baseline factor analyses exploring factors known at baseline and multivariable analyses exploring baseline factors plus postbaseline model-predicted CAB/RPV trough concentrations (4 and 44 weeks postinjection). Retained factors were evaluated to understand their contribution to CVF (alone or in combination). RESULTS: Overall, 1.4% (n = 23/1651) of participants had CVF through 152 weeks. The presence of RPV resistance-associated mutations, human immunodeficiency virus-1 subtype A6/A1, and body mass index ≥30 kg/m2 were associated with an increased risk of CVF (P < .05 adjusted incidence rate ratio), with participants with ≥2 of these baseline factors having a higher risk of CVF. Lower model-predicted CAB/RPV troughs were additional factors retained for multivariable analyses. CONCLUSIONS: The presence of ≥2 baseline factors (RPV resistance-associated mutations, A6/A1 subtype, and/or body mass index ≥30 kg/m2) was associated with increased CVF risk, consistent with prior analyses. Inclusion of initial model-predicted CAB/RPV trough concentrations (≤first quartile) did not improve the prediction of CVF beyond the presence of a combination of ≥2 baseline factors, reinforcing the clinical utility of the baseline factors in the appropriate use of CAB + RPV LA.	cabotegravir; long-acting antiretroviral therapy; multivariable analysis; rilpivirine; virologic response.	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Israel	Western and Central Europe and North America	Clinical
Article	2023	Orozco-Chinome J.E.; Picón-Jaimes Y.A.; Lozada-Martinez I.D.; Molina-Franky J.; Bolaño Romero M.P.; Acevedo-López D.	Knowledge, attitudes and experience of physicians working in Chile toward the prescription of pre-exposure prophylaxis (PrEP): A cross-national survey	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231160576	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152367513&doi=10.1177%2f09564624231160576&partnerID=40&md5=8a6976a9d3d3b4ecb217b55b68277bee	Background: Pre-exposure prophylaxis (PrEP) involves administering antiretroviral drugs to prevent human immunodeficiency virus (HIV) infection in at-risk subjects. Chile is considered one of the countries with the highest number of new cases per year of HIV infections. Methods: A nationwide cross-sectional study was carried out in Chile. A questionnaire of physicians' attitudes toward the prescription of PrEP was used. Results: 632 doctors responded correctly the survey. 58.5% (n = 370) were women, and median age was 34 years (IQR 25–43). 55.4% (n = 350) responded that they have never prescribed antiretrovirals for HIV-negative individuals to prevent HIV infection, and only 10.1% have prescribed PrEP. 60.8% (n = 384) mentioned having informed about the possibility of using antiretroviral post-exposure prophylaxis in case of risky sexual activity. 76.3% (n = 482) believed that each institution should formulate internal protocols for administering these drugs, and 98.4% (n = 622) stated that with the currently available evidence, PrEP should be suggested to cope with the HIV pandemic. Conclusion: It was concluded that knowledge, attitudes and experience toward PrEP prescribing are variable and related to patient care. However, Chile has a marked tendency in favor of this therapy, which is similar to that reported in studies worldwide. © The Author(s) 2023.	Anti-HIV Agents; Attitude to Health; Chile; Delivery of Health Care; HIV; Physicians' Practice Patterns	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Quantitative
Article	2023	Orser L.; Elmekki M.; Francoeur M.; O'Byrne P.	HIV prevention for women: Exploring the uptake of pre- and postexposure prophylaxis (PrEP and PEP) among cis and trans women accessing nurse-led HIV prevention services in Ottawa, Canada (PrEP-RN)	Canadian Journal of Human Sexuality	-	-	-	-	11884517	10.3138/cjhs.2022-0039	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181041683&doi=10.3138%2fcjhs.2022-0039&partnerID=40&md5=67e3bb477785481fb7d499968912ca515	In response to increased HIV prevention efforts (PEP and PrEP), HIV rates in Ontario have decreased among gay men. By extension, the proportion of first-time HIV diagnoses in cis and trans women has increased, prompting concern for ongoing HIV transmissions. Presently, uptake of HIV prevention services among women is limited, largely due to variability of HIV-specific risk factors. To explore HIV prevention use among women, a retrospective review was completed of participants in a nurse-led HIV prevention service (PEP-RN and PrEP-RN) in Ottawa, Canada. Results showed 10% uptake for PEP and 3% uptake for PrEP among women. For PEP, 32 women presented for assessment, and 25 were initiated. Most PEP initiations were made following a potential sexual exposure to HIV, and 36% involved a partner who was HIV positive and not virally suppressed. For PrEP, offers for referral were made to 59 women; 28 declined, and 31 accepted. Among women who declined PrEP, 32% were HIV contacts, and among those who accepted, 80% were due to reported sexual or substance use practices. The highest PrEP engagement occurred among women receiving services in a safer opiate supply program. The high uptake of PEP suggests this could be a useful strategy to reducing HIV transmission rates in women. In addition, women receiving PrEP could benefit from a more supportive approach to care, including assistance with mediation use and regular contact with nurses. In using a more collaborative and gender-based approach to HIV prevention care, progress can be made in addressing ongoing HIV inequities among women. © Sex Information and Education Council of Canada, 2023.	HIV postexposure prophylaxis (PEP); HIV pre-exposure prophylaxis (PrEP); HIV prevention; HIV priority populations; women	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2023	Orser L.; O'Byrne P.	Multiple, active-offer referrals for HIV pre-exposure prophylaxis by nurses yields high uptake among gay, bisexual, and other men who have sex with men	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231220084	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178907827&doi=10.1177%2f09564624231220084&partnerID=40&md5=294b1848405f4f00c65ea0e4de3b361f	Introduction: Current Canadian guidelines focus on indications and uptake of preexposure prophylaxis (PrEP) among groups at-risk for HIV, such as gay, bisexual, and men who have sex with men (GBM). Less, however, is known about the outcomes of PrEP offers. This study presents on the responses of GBM to multiple offers for PrEP. Methods: In Ottawa, Canada, we instituted Canada's first nurse-led PrEP program, pre-exposure prophylaxis by nurses (PrEP-RN), where nurses offered PrEP referrals to persons with indicators for HIV. Responses to offers from nurses and HIV diagnoses were recorded and assessed for multiple occurrences based on responses. Descriptive analyses were used to report frequencies and percentages of findings and chi-square analyses were conducted to determine significance based on HIV risk for those who accepted versus declined PrEP. Results: Over a 4-year period, 644 PrEP offers were made to 236 unique patients, all of whom were GMB, the majority of whom identified as male. Of the eligible patients, 50.8% accepted and 50.0% declined after multiple offers. Seven trajectories were identified in terms of reasons for accepting or declining PrEP. PrEP referrals made based on clinical guidelines and to those who had changes in risk factors over time were significantly correlated with PrEP acceptance. We noted five HIV diagnoses, all of which were among GBM who declined PrEP at least once. Conclusions: Based on these findings, it appears multiple PrEP may yield increased PrEP acceptance among a sample of GBM. © The Author(s) 2023.	HIV prevention; men who have sex with men; preexposure prophylaxis; risk factors	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Orser L.; O'Byrne P.; Holmes D.	Patient perspectives on the role of nurses in HIV pre-exposure prophylaxis care (PrEP-RN)	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0288283	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165345232&doi=10.1371%2fjournal.pone.0288283&partnerID=40&md5=5efc24d3e6b3c280df50e0eab59f3082	Introduction In response to ongoing new HIV diagnoses among gay, bisexual, and other men who have sex with men (gbMSM) and limited access points for HIV pre-exposure prophylaxis (PrEP) care, we established Canada's first nurse-led HIV prevention service in Ottawa, Canada—PrEP-RN. As part of this service, registered nurses became the primary provider in PrEP delivery and monitoring. Objectives To (1) gather patients' sentiments and experiences related to nurse-led PrEP and (2) identify the implications for nurses working in sexual healthcare. Methodology Qualitative interviews were conducted with 14 gbMSM participants who had received, or were presently enrolled in, HIV prevention care from nurses in the PrEP-RN clinic. Interview transcripts were reviewed and analyzed using thematic analysis. Results Our analysis revealed two major themes of: The Sexual Health Nurse as the Expert and Patients Reliance on Nurses. The first theme discussed patients' positive attitudes toward nurses, in terms of the knowledge nurses possessed and the kind and efficient services they. The accommodating nature of nurses, however, led patients to become dependent on their care, which was the focus of the second theme. This reliance on nurses created challenges when patients transitioned from PrEP-RN to alternate providers for ongoing care. Conclusion These findings were examined to understand the effect of patients' perceptions of nurses on nursing practice. Despite patients' confidence in nurses' ability to provide PrEP care, the expectations they placed onto nurses to address the totality of their needs created competing demands for nurses to be both a leader in HIV prevention care—and fulfill the image of the caring, healthcare 'hero', which created feelings of moral distress among nurses. As increasing initiatives focus on task-shifting of healthcare roles to nurses, understanding the patients' perspective is essential in maintaining effective nurse-patient relationships. © 2023 Orser et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Qualitative
Article	2023	Ortblad K.F.; Kwach B.; Zhang S.; Asewe M.; Ongwen P.A.; Malen R.C.; Harkey K.; Odoyo J.; Gathii P.; Rota G.; Sharma M.; Were D.K.; Ngure K.; Omollo V.; Bukusi E.A.	Measuring the performance of HIV self-testing at private pharmacies in Kenya: a cross-sectional study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26177	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174577943&doi=10.1002%2fjia2.26177&partnerID=40&md5=28517d3be271ae21f89b48525e2fb00b	Introduction: HIV self-testing (HIVST) has the potential to support daily oral pre-exposure prophylaxis (PrEP) delivery in private pharmacies, but many national guidelines have not approved HIVST for PrEP dispensing. In Kenya, pharmacy providers are permitted to deliver HIVST, but often do not have the required certification to deliver rapid diagnostic testing (RDT). We estimated the performance of provider-delivered HIVST compared to RDT, the standard of care for PrEP delivery, at private pharmacies in Kenya to inform decisions on the use of HIVST for PrEP scale-up. Methods: At 20 pharmacies in Kisumu County, we trained pharmacy providers (pharmacists and pharmaceutical technologists) on blood-based HIVST and client assistance (if requested). We recruited pharmacy clients purchasing sexual and reproductive health-related products (e.g. condoms) and enrolled those ≥18 years with self-reported behaviours associated with HIV risk. Enrolled clients received HIVST with associated provider counselling, followed by RDT by a certified HIV testing services (HTS) counsellor. Pharmacy providers and clients independently interpreted HIVST results prior to RDT (results interpreted only by the HTS counsellor). We calculated the sensitivity and specificity of pharmacy provider-delivered HIVST compared to HTS counsellor-administered RDT. Results: Between March and June 2022, we screened 1691 clients and enrolled 1500; 64% (954/1500) were female and the median age was 26 years (IQR 22–31). We additionally enrolled 40 providers; 42% (17/40) were pharmacy owners and their median years of experience was 6 (IQR 4–10). The majority (79%, 1190/1500) of clients requested provider assistance with HIVST and providers spent a median of 20 minutes (IQR 15–43) with each HIVST client. The sensitivity of provider-delivered HIVST at the pharmacy was high when interpreted by providers (98.5%, 95% CI 97.8%, 99.1%) and clients (98.8%, 95% CI 98.0%, 99.3%), as was the specificity of HIVST in this setting (provider-interpretation: 96.9%, 95% CI 89.2%, 99.6%; client-interpretation: 93.8%, 95% CI 84.8%, 98.3%). Conclusions: When compared to the national HIV testing algorithm, provider-delivered blood-based HIVST at private pharmacies in Kenya performed well. These findings suggest that blood-based HIVST may be a useful tool to support PrEP initiation and continuation at private pharmacies and potentially other community-based delivery settings. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	differentiated care; HIV prevention; HIV self-testing; PrEP; sensitivity; specificity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Clinical
Article	2023	Ortblad K.F.; Mogere P.; Omollo V.; Kuo A.P.; Asewe M.; Gakuo S.; Roche S.; Mugambi M.; Mugambi M.L.; Stergachis A.; Odoyo J.; Bukusi E.A.; Ngure K.; Baeten J.M.	Stand-alone model for delivery of oral HIV pre-exposure prophylaxis in Kenya: a single-arm, prospective pilot evaluation	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26131	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161649197&doi=10.1002%2fjia2.26131&partnerID=40&md5=3e9d757d8ca07e2ce8d121a867fc79cf	Introduction: The delivery of daily, oral HIV pre-exposure prophylaxis (PrEP) at private pharmacies may overcome barriers to PrEP delivery at public healthcare facilities, including HIV-associated stigma, long wait times and overcrowding. Methods: At five private, community-based pharmacies in Kenya, a care pathway for PrEP delivery (ClinicalTrials.gov: NCT04558554) was piloted—the first of its kind in Africa. Pharmacy providers screened clients interested in PrEP for HIV risk, then used a prescribing checklist to identify clients without medical conditions that might contraindicate PrEP use, counsel them on PrEP use and safety, conduct provider-assisted HIV self-testing and dispense PrEP. For complex clinical cases, a remote clinician was available for consultation. Clients who did not meet the checklist criteria were referred to public facilities for free services delivered by clinicians. Pharmacy providers dispensed a 1-month PrEP supply at initiation and a 3-month supply thereafter at a client fee of 300 KES (~$3 USD) per visit. Results: From November 2020 to October 2021, pharmacy providers screened 575 clients, identified 476 who met the prescribing checklist criteria and initiated 287 (60%) on PrEP. Among pharmacy PrEP clients, the median age was 26 years (IQR 22–33) and 57% (163/287) were male. The prevalence of behaviours associated with HIV risk was high; 84% (240/287) reported sexual partners with unknown HIV status and 53% (151/287) reported multiple sexual partners (past 6 months). PrEP continuation among clients was 53% (153/287) at 1 month, 36% (103/287) at 3 months and 21% (51/242) at 7 months. During the pilot observation period, 21% (61/287) of clients stopped and restarted PrEP and overall pill coverage was 40% (IQR 10%–70%). Nearly, all pharmacy PrEP clients (≥96%) agreed or strongly agreed with statements regarding the acceptability and appropriateness of pharmacy-delivered PrEP services. Conclusions: Findings from this pilot suggest that populations at HIV risk frequently visit private pharmacies and PrEP initiation and continuation at pharmacies is similar to or exceeds that at public healthcare facilities. Private pharmacy-based PrEP delivery, conducted entirely by private-sector pharmacy staff, is a promising new delivery model that has the potential to expand PrEP reach in Kenya and similar settings. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	differentiated service delivery (DSD); HIV prevention; Kenya; pre-exposure prophylaxis (PrEP); private pharmacies; retention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Clinical

Article	2023	Orthbal, Katrina F; Bershon, Ashley R; Mogren, Peter; Kipninossa, Catherine; Gakuo, Stephen; Mbuire, Sarah; Thomas, Katherine K; Mugo, Nelly R; Barnes, Jarod M; Ngure, Kenneth	Effect of 6-Month HIV Preexposure Prophylaxis Dispensing With Interim Self-testing on Preexposure Prophylaxis Continuation at 12 Months: A Randomized Noninferiority Trial.	JAMA Network Open	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10275123	Importance: Daily oral HIV preexposure prophylaxis (PrEP) delivery requires quarterly clinic visits for HIV testing and drug refilling that are costly to health systems and clients. Objective: To evaluate whether 6-month PrEP dispensing supported with interim HIV self-testing (HIVST) could be noninferior PrEP continuation outcomes at 12 months compared with standard quarterly clinic visits. Design, Setting, and Participants: This randomized noninferiority trial was conducted from May 2018 to May 2021 with 12 months of follow-up among PrEP clients aged 18 years or older who were returning for their first refill at a research clinic in Kiambu County, Kenya. Intervention: Participants were randomized 2:2 to (1) 6-month PrEP dispensing with semiannual clinic visits and interim HIVST at 3 months or (2) standard-of-care (SOC) PrEP delivery with 3-month dispensing, quarterly clinic visits, and clinic-based HIV testing. Main Outcomes and Measures: Prespecified 12-month outcomes included recent HIV testing (any in past 6 months), PrEP refilling, and PrEP adherence (electrolyte tenofovir-diphosphate concentrations in dried blood spots). Binomial regression models were used to estimate risk differences (RDs), and a 1-sided 95% CI lower bound (LB) of -10% or greater was interpreted as noninferior. Results: A total of 495 participants were enrolled, with 329 enrolled in the intervention group and 166 enrolled in the SOC group; 330 (66.7%) were women, 295 (59.6%) were in serodiscordant relationships, and the median (IQR) age was 31 (27-40) years. At 12 months, 241 individuals in the intervention group (73.3%) and 120 in the SOC group (72.3%) returned to clinic. In the intervention group, recent HIV testing was noninferior (230 individuals (69.9%) compared with the SOC group (116 (69.9%); RD, -0.33%; 95% CI LB, -7.44%). PrEP refilling was noninferior (RD, 0.00%; 95% CI LB, -5.40%) and PrEP adherence was noninferior (RD, 0.00%; 95% CI LB, -5.40%) in the intervention group (131 (83.9%) compared with the SOC group (78 (82.2%; RD, 4.96%; 95% CI LB, -2.46%). No HIV seroconversions were observed over the follow-up period. Conclusions and Relevance: In this analysis of secondary trial end points at 1 year, semiannual PrEP dispensing with interim HIVST resulted in noninferior recent HIV testing and PrEP adherence compared with SOC quarterly PrEP dispensing. This novel model has the potential to optimize PrEP delivery. Trial Registration: ClinicalTrials.gov Identifier: NCT03593629.	2574-3805	10.1001/jamanetworkopen.2023.18590	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Clinical
Article	2023	Ouseaine Y.M.; Alhaite C.; Ringa V.; Lydie N.; Volter A.	Health Literacy as a Mediator of the Relationship Between Socioeconomic Position and Pre-Exposure Prophylaxis Uptake Among Men Who Have Sex with Men Living in France	Health Literacy Research and Practice	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149685678&doi=10.3928%2f24748307-20230224-01&partnerID=40&md5=b2f8b7db1b317a0b4f36d2f1981178c2	BACKGROUND: In recent decades, several research studies have mentioned a potential mediating effect of health literacy (HL) on the relationship between socioeconomic position and health outcomes. However, no study to date has investigated this hypothesis on HIV prevention behaviors. OBJECTIVE: The present study aimed to evaluate whether HL mediates the relationship between socioeconomic status (SES) and pre-exposure prophylaxis (PrEP) uptake in men who have sex with men (MSM). METHODS: The study is based on data collected in the Enquête Rapport au Sexe report to sex 2019 survey, an anonymous, self-administered online cross-sectional survey in France conducted between February 16, 2019 and March 31, 2019. Data on education level and perceived financial situation were used as measures of SES, whereas HL was assessed from the Health Literacy Questionnaire's "Ability to actively engage with health care providers" scale. Mediation analysis was performed using a model-based causal moderated mediation analysis package in R software. Analyses were adjusted for age, place of residence, marital status, and sexual support. KEY RESULTS: The study sample included 1,772 MSM living in France. The HL scale's mean score was 3.2 (standard deviation = 0.6) on a 4-point scale. Most participants had a university degree (1,000 [56.4%]) and perceived their income as comfortable (62%). Overall, PrEP uptake was low (9.3%). The analyses did not show a moderating effect of HL on the relationship between education and PrEP uptake. However, a total mediation effect of HL was observed on the relationship between perceived financial situation and uptake. CONCLUSIONS: In the context of PrEP uptake, MSM ability to actively engage with health care providers may offset the effect of a difficult financial situation. In the current French context, where PrEP is now also available in general practitioner settings, this result could inform the development of training and support policies for health professionals and the way in which sexual health issues are addressed in consultations. HLRP: Health Literacy Research and Practice. 2023;7(1):e61-e70.	24748307	10.3928/24748307-20230224-01	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Overton, ET; Richmond, G; Rizzardini, G; Thalme, A; Girard, PM; Wong, A; Portsmo, N; Swindells, S; Reynes, J; Noe, S; Harrington, C; Espulgal, CM; Acsiqil, C; Aksac, A; Wang, Y; Ford, SL; Cranwick, H; van Eygen, V; Van Solingen-Ristea, R; Latham, CL; Thiagarajah, S; D'Amico, R; Smith, KY; Vandermeulen, K; Spreen, WR	Long-Acting Cabotegravir and Rilpivirine Dosed Every 2 Months in Adults With Human Immunodeficiency Virus 1 Type 1 Infection: 152-Week Results From ATLAS-2M, a Randomized, Open-Label, Phase 3b, Noninferiority Study	Clinical Infectious Diseases	-	-	-	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02555386/full	BACKGROUND: Cabotegravir (CAB) + rilpivirine (RPV) dosed intramuscularly monthly or every 2 months is a complete, long-acting (LA) regimen for the maintenance of HIV-1 virologic suppression. Here, we report the antiretroviral therapy-as-long-acting-suppression (ATLAS)-2M study week 152 results. METHODS: ATLAS-2M is a phase 3b, randomized, multicenter study assessing the efficacy and safety of CAB+RPV LA every 8 weeks (Q8W) versus every 4 weeks (Q4W). Virologically suppressed (HIV-1 RNA <50 copies/mL) individuals were randomized to receive CAB+RPV LA Q8W or Q4W. Endpoints and analyses were descriptive. RESULTS: A total of 1045 participants received CAB+RPV LA (Q8W, n = 522; Q4W, n = 523). CAB+RPV LA Q8W demonstrated noninferior efficacy versus Q4W during week 2 (96.2% vs 95.8%; difference, 0.4%; 95% confidence interval, -3.0% to 3.8%) and 1.0% (n = 5) of participants having HIV-1 RNA ≥50 copies/mL, respectively, who attained treatment difference being 1.7% (95% CI: 0.1-3.3%), meeting the 4% noninferiority threshold. At week 152, 87% of participants maintained HIV-1 RNA <50 copies/mL with CAB+RPV LA Q8W (Q4W, 87%; n = 456; Q8W, 86%; n = 449). Overall, 12 (2.3%) participants in the Q8W arm had CVF. Eight and 10 participants with CVF had treatment-emergent, resistance-associated mutations to RPV and integrase inhibitors, respectively. Safety profiles were comparable, with no new safety signals observed since week 48. CONCLUSIONS: These data demonstrate virologic suppression durability with CAB+RPV LA Q8W or Q4W for ≥ 3 years and confirm long-term efficacy, safety, and tolerability of CAB+RPV LA as a complete regimen to maintain HIV-1 virologic suppression.	1058-4838	10.1093/cid/ciad820	*Anti-HIV Agents adverse effects; *HIV Infections drug therapy; *HIV Seropositivity drug therapy; *HIV-1 genetics; Adult; Anti-Retroviral Agents therapeutic use; Humans; RNA, Viral; Rilpivirine adverse effects; Viral Load	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Owaru, Kevin; Adiema, Lydia; Rono, Bernard; Violette, Lauren R; McClelland, R Scott; Donnell, Deborah; Scorville, Caitlin W; Oakeyo, Josephine; Baeten, Jared M; Bukusi, Elizabeth; Stewart, Jenell	Characteristics of Kenyan women using HIV PrEP enrolled in a randomized trial on doxycycline postexposure prophylaxis for sexually transmitted infection prevention.	BMC Women's Health	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10232580	INTRODUCTION: The global incidence of sexually transmitted infections (STIs) has been rapidly increasing over the past decade, with more than one million curable STIs being acquired daily. Young women in sub-Saharan Africa have a high prevalence and incidence of both curable STIs and HIV. The use of doxycycline as a prophylaxis to prevent STIs is promising; however, clinical trials, to date, have only been conducted among men who have sex with men (MSM) in high-income settings. We describe the characteristics of participants enrolled in the first trial to determine the efficacy of doxycycline post-exposure prophylaxis (PEP) to prevent STIs among women using oral pre-exposure prophylaxis (PrEP) for HIV prevention in Kenya and Uganda. METHODS: DoxyPrEPe PEP compared with standard of care (e.g., quarterly STI screening and treatment) to reduce incident bacterial STIs - Neisseria gonorrhoeae, Chlamydia trachomatis, and Treponema pallidum among Kenyan women aged ≥18 0000;18 and <30 years. All were also taking HIV pre-exposure prophylaxis (PrEP). We describe the baseline characteristics, STI prevalence, and STI risk perception at participants. RESULTS: Between February 2020 and November 2021, 489 women were enrolled. The median age was 24 years (IQR 21-27), the majority were married (66.1%), 370 women (82.4%) reported having a primary sex partner, and 33% had sex with new partners in the three months prior to enrolment. Two-thirds (67.3%, 268 women) did not use condoms, 36.7% reported transactional sex, and 43.2% suspected their male partners of having sex with other women. Slightly less than half (45.9%, 206 women) were recently recruited (enrolled more than 6 months after being exposed) to an STI. The prevalence of STIs was 17.9%, with C. trachomatis accounting for the majority of infections. Perceived risk of STIs was not associated with the detection of an STI. CONCLUSION: Young cisgender women using HIV PrEP in Kenya and enrolled in a trial of doxycycline postexposure prophylaxis had a high prevalence of curable STIs and represent a target population for an STI prevention intervention.	1472-6874	10.1186/s12905-023-02413-3-0	Cisgender young women; Doxycycline post-exposure prophylaxis; HIV; PrEP; STI	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Clinical
Article	2023	Owens C.	HIV pre-exposure prophylaxis awareness, practices, and comfort among urban and rural family medicine physicians	Journal of Rural Health	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141540068&doi=10.1111%2fjrh.12722&partnerID=40&md5=8368d51cd0b6b9f9b0b03cf3810ddf3	Purpose: HIV rates are increasing in rural areas, and adolescents are disproportionately affected. HIV pre-exposure prophylaxis (PrEP) is a daily pill that is effective at preventing HIV; however, PrEP uptake among adolescents is low. PrEP is dependent on primary care providers (PCPs) prescribing it, but research has overwhelmingly sampled urban PCPs. This study compared the PrEP awareness, practices, and comfort among urban and rural family medicine PCPs. Methods: A cross-sectional survey was conducted among family medicine physicians practicing in urban and rural counties. Participants were recruited survey between July 15 and August 5, 2022. Participants completed items assessing their demographic characteristics and PrEP awareness, practices, and comfort. A chi-square test and multiple logistic regression were used to determine rural/urban differences. Findings: Rural family medicine physicians were less comfortable than urban family medicine physicians in providing sexual risk reduction counseling to adolescents, telling an adolescent patient their HIV test result was HIV positive, and implementing all of the PrEP clinical activities for adolescents. Conclusions: Education, skill-building, and collaborative partnership interventions could improve the comfort levels of rural family medicine physicians in implementing the PrEP guidelines for their adolescent patients. Future research is needed to understand the factors that explain the differences in PrEP-related attitudes and practices between urban and rural family medicine physicians. Results from such studies could inform provider-based interventions that ultimately increase PrEP use and decrease HIV rates among rural adolescents. © 2022 National Rural Health Association.	08907435	10.1111/jrh.12723	comfort; family medicine physicians; HIV pre-exposure prophylaxis; knowledge	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Owens C.; Brandenburg D.; Grant M.J.; Carter K.; Hoffman M.; Hubach R.D.	PARENTAL CONCERNS OF THEIR SEXUAL AND GENDER MINORITY ADOLESCENTS USING HIV PRE-EXPOSURE PROPHYLAXIS	AIDS Education and Prevention	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147457582&doi=10.1521%2faeap.2023.35.1.83&partnerID=40&md5=c4e3b0ba6c01a2331e356080bb6b6e41	Although parents of sexual and gender minority (SGM) adolescents are key stakeholders in SGM adolescents using HIV pre-exposure prophylaxis (PrEP), there is limited understanding of parental concerns and attitudes about their SGM adolescents taking PrEP. Fifty-four parents in the West South Central region of the U.S. completed an online, mixed-method, cross-sectional questionnaire to explore their concerns and questions about PrEP. Quantitative and qualitative results show parents were most concerned about side effects, drug interactions and medication adherence, and slightly less concerned about condomless sex. Parents are less worried about picking PrEP from a pharmacy or returning to follow-up lab testing every three months. Most parents reported receiving medication information their adolescent takes from a medical provider and the media. Findings from this study can inform the development of parent-based PrEP interventions. Without further parent-based research and programming, SGM adolescents may continue to be disproportionately affected by HIV. © 2023 The Guilford Press.	8999546	10.1521/aeap.2023.35.1.85	concerns; parents; PrEP; questions; sexual and gender minority adolescents	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Owens C.; Carter K.; Grant M.J.; Hubach R.D.; Hoffman M.	An Exploratory Study of the PrEP Modality Preferences Among a Convenience Sample of Parents of Sexual and Gender Minority Adolescents	Journal of Adolescent Health	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152705842&doi=10.1016%2fj.jadohealth.2023.02.015&partnerID=40&md5=58c6ea0f9ae79c7c7929748bc7ba0bbb	Purpose: Parents' attitudes toward contraceptive delivery methods have been shown to impact their adolescents' use of contraceptive methods. However, little is known about the HIV pre-exposure prophylaxis (PrEP) delivery method preferences among a convenience sample of 53 parents of SGM adolescents AMAB who live in Texas. Methods: Participants completed an online survey where they selected their preferred PrEP method the their SGM adolescent AMAB to use. PrEP as a daily oral pill, a bimonthly injectable, or a yearly implant. Parents answered an open-ended question about their reasons for choosing their preferred method. We analyzed data through descriptive statistics and inductive content analysis. Results: Findings from this convenience sample suggest that there is not one PrEP delivery method that parents of SGM adolescents AMAB prefer: one third of parents (33.3%) selected PrEP as a daily oral pill, 45.3% selected PrEP as a bimonthly injectable, and 21.2% selected PrEP as an annual implant. Parents cited multiple reasons for their PrEP method preference, including ease of use, effectiveness, and safety. Conclusions: Findings from this study suggest that PrEP delivery should be flexible to meet the needs of parents. Overall, this formative exploratory study sets the stage for future research and intervention development in increasing parental knowledge, preferences, and preference motivations for PrEP delivery methods. © 2023 Society for Adolescent Health and Medicine	10541395	10.1016/j.jadohealth.2023.02.015	Delivery method; HIV; Parents; Pre-exposure prophylaxis; Sexual and gender minority adolescent	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Owens C.; Currie J.M.; Hoffman M.; Grant M.J.; Hubach R.D.	Implementation Factors Associated With Primary Care Providers' Intention to Prescribe HIV PrEP to Adolescents in the United States	Journal of Adolescent Health	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152469644&doi=10.1016%2fj.jadohealth.2023.02.014&partnerID=40&md5=ce9b5b765a2cd72445d27c4b2bfbe1	Purpose: To the United States, adolescents (those 13–18 years old) are a key age group of those at risk for and affected by HIV. Although HIV pre-exposure prophylaxis (PrEP), one promising HIV prevention tool, is approved for eligible adolescents to use, adolescent access to PrEP is limited by primary care providers' (PCPs) willingness to prescribe it. This study examined which Theoretical Domains Framework factors are associated with PCPs' intention to prescribe PrEP to sexually active adolescents. Methods: A total of 770 licensed PCPs practicing family medicine, internal medicine, or pediatrics in the United States completed an online cross-sectional questionnaire. Participants were recruited through a Qualtrics panel. We used a hierarchical regression to assess the association of demographics, practice characteristics, sexual health care practices, and the 30 Theoretical Domains Framework factors with intention to prescribe PrEP to sexually active adolescents aged 13–18 years old. Results: Although nearly all PCPs had heard of PrEP (98.2%), only 39.2% reported prescribing it. Multivariable analyses revealed that PCPs' intention to prescribe PrEP was associated with 10 Theoretical Domains Framework factors: knowledge, skills, professional role, belief capacity, belief consequence, environmental resource, social influence, and emotion. Discussion: Our findings demonstrate that the Theoretical Domains Framework can be employed to understand the intrapersonal, interpersonal, and environmental factors associated with PCPs' intention to prescribe sexually active adolescents PrEP. Implementation strategists will need to implement interventions that improve provider knowledge, attitudes, and skills related to prescribing PrEP to eligible adolescents. © 2023 Society for Adolescent Health and Medicine	10541395	10.1016/j.jadohealth.2023.02.007	Attitude; HIV; Intention; Physician prescribing pattern; Pre-exposure prophylaxis; Primary care physicians; Sexual health; Theoretical Domains Framework	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Owens C.; Grey S.J.; Carter K.; Hoffman M.; Mullen C.; Hubach R.D.	Implementation Facilitators and Barriers for Primary Care Providers Prescribing Daily Oral PrEP to Adolescents in the United States	AIDS Patient Care and STDs	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169470540&doi=10.1089%2fapc.2023.0096&partnerID=40&md5=f826c9e6c8a9bd9e907d9500d0d57	Primary care providers (PCPs) are critical in prescribing human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) to adolescents at risk of HIV. More research is needed to identify facilitators and barriers PCPs encounter in prescribing PrEP to eligible adolescents post-Food and Drug Administration (FDA) approval. This online cross-sectional survey examined the PrEP implementation facilitators and barriers PCPs encounter in prescribing daily oral PrEP to adolescents in the United States. Participants were recruited through a Qualtrics panel. We used a hierarchical regression to assess the association of demographics, practice characteristics, sexual health care practices, and the 30 Theoretical Domains Framework factors with intention to prescribe PrEP to sexually active adolescents aged 13–18 years old. Results: Although nearly all PCPs had heard of PrEP (98.2%), only 39.2% reported prescribing it. Multivariable analyses revealed that PCPs' intention to prescribe PrEP was associated with 10 Theoretical Domains Framework factors: knowledge, skills, professional role, belief capacity, belief consequence, environmental resource, social influence, and emotion. Discussion: Our findings demonstrate that the Theoretical Domains Framework can be employed to understand the intrapersonal, interpersonal, and environmental factors associated with PCPs' intention to prescribe sexually active adolescents PrEP. Implementation strategists will need to implement interventions that improve provider knowledge, attitudes, and skills related to prescribing PrEP to eligible adolescents. © 2023 Society for Adolescent Health and Medicine	10872914	10.1089/apc.2023.0096	adolescents; barriers; facilitators; implementation strategies; PrEP; primary care providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Pena E.D.; Westin M.R.; Duarte M.J.; Greco M.; Silva A.P.; Martinez Y.F.; Tupinambás U.; Greco D.B.	When prevention is the best remedy: HIV pre-exposure prophylaxis (PrEP) among adolescents gays and transgender women in Belo Horizonte, Minas Gerais State, Brazil. Quando a prevenção é o melhor remédio: profilaxia pré-exposição do HIV (PrEP) entre adolescentes gays e mulheres transgêneros em Belo Horizonte, Minas Gerais, Brasil. Cuando la prevención es el mejor remedio: profilaxis previa a la exposición al VIH (PrEP) entre adolescentes gays y mujeres transgéneros en Belo Horizonte, Minas Gerais, Brasil	Cadernos de Saúde Pública	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151373776&doi=10.1590%2f0102-311x00097921&partnerID=40&md5=7dac9016e0aeaec8b8	Based on the incorporation of pre-exposure prophylaxis (PrEP) as an HIV prevention strategy and considering the need to comprehend the use of medication among young people, this article analyzes narratives of gay men and transgender women from Belo Horizonte, Minas Gerais State, Brazil, participating in the PrEPVS19 study. This is a qualitative research, based on the interpretive anthropology, developed by 10 in-depth interviews with PrEP users between February and November 2019. The results showed that was seen as the main motivation for participating in the study and as a strategy combined with the use of condoms, whether as additional prevention, or assuming the leading role. The medication revealed signs built by the gender performances and the sexual practices, in which the pill was seen as a symbol of virility, and the condom, of femininity. The medication was also seen as a tool to strengthen the relationship with the couples, which did not mean that reliance on the association with HIV did not exist, mainly in the virtual context. In the family environment, they reported questions about the preventive function of the medication and the voluntary nature of the participation in the study. The youth's narratives revealed plural meanings of the medication and its social use, composing both the boys' and girls' performances. The signs attributed to the medication indicated that in addition to maintenance of health, the medication improves life and sexual freedom. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	0102311X	10.1590/0102-311XEN097921	Adolescents; Gays; Medical Anthropology; Pre-Exposure Prophylaxis; Transgender Women	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Peppercord, Toby; Cross, Samuel; Hill, Andrew	Cabotegravir-Global Access to Long-Acting Pre-exposure Prophylaxis for HIV.	Open Forum Infectious Diseases	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9830290/	A novel injectable pre-exposure prophylaxis, cabotegravir, has greater efficacy and acceptability than oral tenofovir/emtricitabine for prevention of HIV infection. Cabotegravir is currently priced at $22 200 per year, >165 times higher than the $65-$319 estimated cost-effectiveness threshold for middle-income countries (MICs). Following civil society pressure, ViiV provided access to generic versions in 90 countries, including 31 MICs, through voluntary licensing. We estimate that 1.2 million people could be reached with generic cabotegravir in MICs, 1.1 million of whom live in countries with per-capita gross domestic product (GDP) per capita. There were 38 countries excluded from the ViiV-MPP deal despite having a GDP per capita lower than the highest-income country. Although economic growth is expected to increase the number of people living in countries above the threshold, 1.2 billion people (30% global population), with an incidence of 122 000 (8%). For cabotegravir to have a significant impact on HIV infections, millions will need to be treated at affordable prices in a wide range of countries.	2328-8957	10.1093/ofid/ofad673	HIV; PrEP; access; cabotegravir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Pereira M.; Castro C.T.D.; Magno L.; Oliveira T.D.A.; Gomes F.S.; Neves F.M.F.; Nascimento P.R.D.S.D.; Dourado I.	Adverse effects of daily oral pre-exposure prophylaxis in men who have sex with men and transgender women: A systematic review and meta-analysis. Efeitos adversos da profilaxia pré-exposição oral diária para homens que fazem sexo com homens e mulheres transgênero: Revisão sistemática e metanálise. Efectos adversos de la profilaxis preexposición oral diaria para hombres que tienen relaciones sexuales con hombres y mujeres trans: revisión sistemática y metanálisis	Cadernos de Saúde Pública	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179463648&doi=10.1590%2f0102-311XEN089522&partnerID=40&md5=e9e07ab31d2d5f0f9d	The adverse effects of oral pre-exposure prophylaxis (PrEP) using tenofovir disoproxil fumarate are barriers to PrEP initiation and continuation. AI+though serious effects are rare and predictable, evidence for the assessment among men who have sex with men (MSM) and transgender women (TGW) is still limited. This study assesses the adverse effects of daily oral PrEP in MSM and TGW. This is a systematic review and meta-analysis of clinical tri+als and cohort studies on the use of daily oral PrEP selected from the PubMed/MEDLINE, Embase, LILACS, and Cochrane CENTRAL databases. Data extraction included adverse effects and changes in renal and hepatic mark+ers. Random effects models were used to summarize the risk of adverse effects throughout the study. Heterogeneity was assessed using the Cochran's Q test and the inconsistency test (I2). The risk of bias and the certainty of the evi+dence were assessed using the Cochrane Collaboration recommendations. The search identified 653 references. Of these, 10 were selected. All studies assessed the eligibility of renal and hepatic markers. The use of daily oral PrEP was not associated with grade 3 or 4 adverse events (RR = 0.99; 95%CI: 0.83–1.18; I2 = 26.1%), any serious adverse event (RR = 1.04; 95%CI: 0.58–1.87; I2 = 88.4%), grade 3+4 creatinine level (RR = 0.66; 95%CI: 0.24–1.84; I2 = 79.9%), and grade 3 or 4 hypophosphatemia (RR = 0.86; 95%CI: 0.15–2.10). The certainty of the evidence ranged from high for the outcomes analyzed. Daily oral PrEP is safe and well-tolerated by MSM and TGW. Adverse effects were minimal and evenly distributed between intervention and control. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	0102311X	10.1590/0102-311XEN089522	Drug-Related Side Effects and Adverse Reactions; Emtricitabine; Tenofovir Disoproxil Fumarate; Drug Combination; HIV; Pre-Exposure Prophylaxis	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Perry B.; Mokokwe N.; Agot K.; Ngoje D.O.; Strack R.; Cornell A.	MULTILEVEL FACTORS INFLUENCING INTERRUPTIONS IN PREP USE AMONG YOUNG WOMEN IN SIAYA COUNTY, KENYA	AIDS Education and Prevention	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169415260&doi=10.1521%2faeap.2023.35.2.141&partnerID=40&md5=4046ea0b0ba0f03402157b79ca6f8cd8	Young women in sub-Saharan Africa continue to be disproportionately at risk for HIV. Oral pre-exposure prophylaxis (PrEP) can reduce women's HIV risk when taken daily throughout their "amount of risk" for HIV. However, adherence to oral PrEP is challenging for many women. This study explored factors influencing PrEP interruptions among young women in Siaya County, Kenya. Through group discussions and in-depth interviews, 30 participants described PrEP and their social network members (female peers, male partners/peers, family, and community members) shared photographs and identified broad social categories of PrEP interruptions, including (1) widespread misinformation about PrEP, (2) social pressures from religious communities, (3) health care staff recommendations to interrupt PrEP use, (4) partner rejection of PrEP, (5) changes in women's risk awareness, and (6) a personal desire to occasionally pause daily use. Collectively, participants identified strategies to address these challenges. These findings can inform future programs targeting the broader social-ecological influences on young women's persistent use of PrEP. © 2023 The Guilford Press.	8999546	10.1521/AEAP.2023.35.2.141	HIV; Kenya; persistence; PrEP; social ecology; young women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Qualitative
Article	2023	Peyriere H.; Jacquet J.-M.; Peries M.; Tolbost V.; Bouche B.; Mauboussin J.-M.; Makinson A.; Portelli C.; Ferreyra M.; Rouanet I.; Montoya-Ferrer A.; El-Mdjaoui S.; Cortesi-Bonilla F.; Fraisse T.; Gras F.; Lauvollard D.; Nugat N.; Reynes J.; Donnadieu-Rigole H.	Chemsex in HIV pre-exposure prophylaxis users: Assessment of mood disorders and addictive behavior	Fundamental and Clinical Pharmacology	-	-	-	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143846666&doi=10.1111%2ffcp.12854&partnerID=40&md5=90253630675163a3b492ea96a6220ec3	The assessment of mood disorders and addiction linked to the practice of chemsex a of interest given the psychoactive substances used. The aim of this study was to assess risky sexual and addictive behavior to chemsex and related anxiety/depression symptoms in individuals receiving HIV pre-exposure prophylaxis (PrEP). In this cross-sectional study, all adults presenting for PrEP renewal at French sexual health centers were enrolled from January 2019 to March 2019. Participants completed a questionnaire on chemsex (i.e., the use of psychoactive substances before/during sex), including adapted Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) questions, and questions on anxiety/depression (Hospital Anxiety and Depression Scale) and sexual compulsivity (Hypersexual Disorder Screening Inventory Depression Scale. In the last 3 months before enrollment, 35.9% (94/236) of participants reported chemsex. The main psychoactive substances consumed during chemsex were cannabis (74.4%), gamma-hydroxybutyrate (66.3%), and other psychostimulants (60%). The median score of the chemsex-focused ASSIST was 0 [QR25–75: 3–15; 72.2% of participants had a score justifying at least a brief intervention [14]. In multivariate analyses, anxiety and callousness consumption were associated with an ASSIST score >6 OR 13.01 (95%CI: 1.68–662.3), P = 0.0082, and OR 8.468 (95%CI 2.066–43.058), P = 0.0014, respectively. The level of addiction to the practice of chemsex can be difficult to estimate for the user, and the ASSIST makes it possible to evaluate the addiction and to direct the subjects toward specialized consultations of addictology, sexual health, or PrEP renewals. The implementation of the modified ASSIST in these consultations can allow early systematic screening and counseling. © 2022 Société Française de Pharmacologie et de Thérapeutique. Published by John Wiley & Sons Ltd.	7673981	10.1111/fcp.12854	chemsex; chemsex addiction; cross-sectional study; HIV pre-exposure prophylaxis; mood disorders	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Parunbos, Julie; Castilho, Maria; Matos, Klein, Helena Espellet; Miranda, Caroline; Perin, Fernanda Steiner; Passoni, Patienne; Veloso, Valdiléa G.; Grinsztejn, Beatriz	Custos de implementação do cabotegravir injetável de longa duração como profilaxia ao HIV no Brasil	Physis	-	-	-	http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312023000100836	Resumo O artigo descreve a estimação dos custos potenciais, sob a ótica do Ministério da Saúde (MS), da implementação do medicamento cabotegravir injetável de longa duração (CAB-LA) no Sistema Único de Saúde, como alternativa para a prevenção à infecção pelo HIV a partir da estratégia nacional de prevenção combinada. Utilizou-se o instrumental analítico de custeio de valor para elaborar a cadeia de valor do CAB-LA com a identificação dos seus elos e atividades. Foram definidos três cenários de demanda com base em dados da população-alvo, variando em abrangência geográfica, e calculados os custos potenciais. A cadeia de valor do CAB-LA é dividida em três grandes elos: produção, incorporação e assistência farmacêutica. Somente o último é considerado para o cálculo dos custos sob responsabilidade orçamentária do MS. Os custos potenciais estimados em 2022 variaram de R$ 15 milhões a R$ 19 milhões no cenário de demanda baixa, média e alta, respectivamente. O estudo apresenta os custos potenciais para o MS, incluindo a necessidade de testes e procedimentos, de forma a orientar os gestores públicos e o próprio processo de incorporação. A matriz de preço do CAB-LA é uma importante limitação para os resultados.	0103-7331	10.1590/s0103-73312023033021	HIV; Pre-Exposure Prophylaxis; Profilaxia pré-exposição; Aids; Brazilian Unified Health System; CAB-LA; Cadeia de valor; Sistema Único de Saúde; Value chain	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Pepperrell, Tobi; Cross, Samuel; Hill, Andrew	Cabotegravir-Global Access to Long-Acting Pre-exposure Prophylaxis for HIV.	Open Forum Infectious Diseases	-	-	-	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9830290/	A novel injectable pre-exposure prophylaxis, cabotegravir, has greater efficacy and acceptability than oral tenofovir/emtricitabine for prevention of HIV infection. Cabotegravir is currently priced at $22 200 per year, >165 times higher than the $65-$319 estimated cost-effectiveness threshold for middle-income countries (MICs). Following civil society pressure, ViiV provided access to generic versions in 90 countries, including 31 MICs, through voluntary licensing. We estimate that 1.2 million people could be reached with generic cabotegravir in MICs, 1.1 million of whom live in countries with per-capita gross domestic product (GDP) per capita. There were 38 countries excluded from the ViiV-MPP deal despite having a GDP per capita lower than the highest-income country. Although economic growth is expected to increase the number of people living in countries above the threshold, 1.2 billion people (30% global population), with an incidence of 122 000 (8%). For cabotegravir to have a significant impact on HIV infections, millions will need to be treated at affordable prices in a wide range of countries.	2328-8957	10.1093/ofid/ofad673	HIV; PrEP; access; cabotegravir	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative

Article	2023	Phillips A.N.; Bansi-Matharu L.; Shahmanesh M.; Hargreaves J.R.; Smith J.; Revill P.; Sibanda E.; Ehrenkranz P.; Sikwese K.; Rodger A.; Lundgren J.D.; Gilks C.F.; Godfrey C.; Cowan F.; Cambiano V.	Potential cost-effectiveness of community availability of tenofovir, lamivudine, and dolutegravir for HIV prevention and treatment in east, central, southern, and west Africa: a modelling analysis	The Lancet Global Health	-	-	-	-	2214109X	10.1016/S2214-109X(23)00383-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171269750&doi=10.1016%2fS2214-109X%2823%2900383-2&partnerID=40&md5=30b2917bb3b88837f0f457296cf8d5603	Background: Post-exposure prophylaxis (PEP) offers protection from HIV after condomless sex, but is not widely available in a timely manner in east, central, southern, and west Africa. To inform the potential pilot implementation of such an approach, we modelled the effect and cost-effectiveness of making PEP consisting of tenofovir, lamivudine, and dolutegravir (TLD) freely and locally available in communities without prescription, with the aim of enabling PEP use within 24 h of condomless sex. Free community availability of TLD (referred to as community TLD) might also result in some use of TLD as pre-exposure prophylaxis (PrEP) and as antiretroviral therapy for people living with HIV. Methods: Using an existing individual-based model (HIV Synthesis), we explicitly modelled the potential positive and negative effects of community TLD. Through the sampling of parameter values we created 1000 setting-scenarios, reflecting the uncertainty in assumptions and a range of settings similar to those seen in east, central, southern, and west Africa (with a median HIV prevalence of 14·8% in women and 8·1% in men). For each setting scenario, we considered the effects of community TLD. TLD PEP was assumed to have at least 90% efficacy in preventing HIV infection after condomless sex with a person living with HIV. Findings: The modelled effects of community TLD availability based on an assumed high uptake of TLD resulted in a mean reduction in incidence of 31% (90% range over setting scenarios, 6% increase to 57% decrease) over 20 years, with an HIV incidence reduction over 50 years in 91% of the 1000 setting scenarios, deaths averted in 55% of scenarios, reduction in costs in 92% of scenarios, and disability-adjusted life-years averted in 64% of scenarios with community TLD. Community TLD was cost-effective in 90% of setting scenarios and cost-saving (with disability-adjusted life-years averted) in 58% of scenarios. When only examining setting scenarios in which there was lower uptake of community TLD, community TLD is cost-effective in 92% of setting scenarios. Interpretation: The introduction of community TLD, enabling greater PEP access, is a promising approach to consider further in pilot implementation projects. Funding: Bill & Melinda Gates Foundation to the HIV Modelling Consortium. © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Phillips, G; Hall, CDX; Rodriguez-Ortiz, AE; Davoudpour, S; Rusie, L; Feinstein, BA; Beach, LB	Disparities in PrEP Eligibility and Uptake at the Intersection of Sexual Identity and Behavior: Results from a Federally Qualified Health Center in Chicago	Sexuality Research & Social Policy	-	-	-	-	1868-9884	10.1007/s13178-023-00835-x	https://link.springer.com/article/10.1007/s13178-023-00835-x	IntroductionUse of pre-exposure prophylaxis (PrEP) is an effective biomedical intervention contributing to Ending the HIV Epidemic (EHE) in the USA. However, PrEP effectiveness is hindered by inadequate uptake among populations vulnerable to HIV. This study examines the relationships between sexual behavior/identity and PrEP eligibility and uptake while controlling for race/ethnicity (given evidence of racial/ethnic disparities in PrEP eligibility and update).MethodsData for this study were collected between 2012 and 2020 from the electronic medical record (EMR) from a Federally Qualified Health Center (FQHC) in Chicago. A series of bivariate and four parallel logistic regressions (one each for transgender women, cisgender women, transgender men, and cisgender men) were conducted to examine factors associated with PrEP eligibility, controlling for race/ethnicity. Two additional regressions examined PrEP uptake-measured by first and second prescription outcomes-among cisgender men. All models controlled for age, monthly income, year of initial appointment, and primary clinic location.ResultsGay/lesbian cisgender women who have sex with men only (WSMO) were less likely to be eligible for PrEP than their heterosexual WSMO counterparts. Bisexual and heterosexual cisgender women who have sex with men and women (WSMW) were less likely to be eligible for PrEP than heterosexual cisgender WSMO. Gay/lesbian cisgender WSMO were less likely to be eligible for PrEP than those cisgender WSMO who identified as heterosexual. Regardless of sexual identity, men who have sex with women only (MSWO) were less likely to be eligible for PrEP than men who have sex with men only (MSMO). Heterosexual cisgender MSMO and men who have sex with men and women (MSMW) were less likely to be eligible for PrEP compared to their gay cisgender MSMO peers. Compared to gay cisgender MSMO, gay and bisexual cisgender MSMW were more likely to be eligible for PrEP. Similarly, among cisgender men, those who did not identify as gay were significantly less likely to receive a first PrEP prescription compared to gay MSMO with odds of receiving a second PrEP prescription being lower for bisexual MSMW, and heterosexual MSMW and MSWO compared to gay MSMO. Moreover, among transgender women and transgender men, both Latinx and Black patients were more likely to be eligible for PrEP than their White counterparts. However, for cisgender men, both Latinx and Black patients were less likely than their White peers to be eligible for PrEP.ConclusionsAlthough assessment of PrEP eligibility relies on a number of criteria, the former CDC guidelines emphasized sexual behavior, particularly the gender(s) of sexual partners, as the most salient focus, our findings highlight the missed opportunities of not also including sexual identity in prior guidelines. While the new CDC guidelines use a more holistic approach to eligibility, assessment of sexual identity and behavior at intake are key to ensuring culturally appropriate and inclusive messaging.Policy ImplicationsPrEP eligibility criteria should be revisited and revised, particularly for cisgender and transgender women, who are frequently missed by current guidelines. Also, more attention is needed to ensure that advertisements and clinical encounters do not perpetuate monosexist viewpoints, including bisexual erasure.	HIV prevention; PrEP; TRANSGENDER WOMEN; BLACK-MEN; CARE; BISEXUAL MEN; HIV PREEXPOSURE PROPHYLAXIS; ATTITUDES; STIGMA; MEDICAL MISTRUST; PrEP eligibility; RISK BEHAVIORS; STRAIGHT; FQHC	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Philpot S.P.; Murphy D.; Chan C.; Haire B.; Wells N.; Fraser D.; Grulich A.E.; Bavinton B.R.	Identifying Patterns of Discontinuing and Recommencing Pre-exposure Prophylaxis in the Context of Sexual Behavior Among Gay and Bisexual Men in Australia	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04013-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148500049&doi=10.1007%2fs10461-023-04013-3&partnerID=40&md5=b1fd3ff92b8d00102b4e3c05da0cfc72	We mapped gay and bisexual men's (GBM) patterns of using pre-exposure prophylaxis (PrEP) over time and explored sexual behavior as PrEP use changed. We conducted semi-structured interviews between June 2020 and February 2021 with 40 GBM living in Australia who had changed their PrEP use since initiating. There was considerable diversity in patterns of discontinuation, suspension, and recommencement of PrEP. Reasons for changing PrEP use mostly centered on accurate perceived changes to HIV risk. Twelve participants reported condomless anal intercourse with casual or fuckbuddy partners after discontinuing PrEP. These sex events were unanticipated, condoms were not a preferred option, and other risk reduction strategies were applied inconsistently. Service delivery and health promotion can support safer sex among GBM when PrEP use fluctuates by promoting event-driven PrEP and/or non-condom-based risk reduction methods during periods off daily PrEP, and guiding GBM to better recognize changing circumstances of risk and when to recommence PrEP. © 2023, The Author(s).	Discontinuation; Gay and bisexual men; Patterns; PrEP; Qualitative; Recommencement	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Philpot S.P.; Prestage G.; Holt M.; Maher L.; Haire B.; Bourne A.; Hammoud M.A.	Reasons for not Using HIV Pre-Exposure Prophylaxis (PrEP) among Gay and Bisexual Men in Australia: Mixed-Methods Analyses from a National, Online, Observational Study	Behavioral Medicine	-	-	-	-	8964289	10.1080/08964289.2022.2033159	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85125314855&doi=10.1080%2f08964289.2022.2033159&partnerID=40&md5=42eb932d5287d255912c9e967778b809	Although approximately 31,000 Australian gay and bisexual men (GBM) are eligible for HIV pre-exposure prophylaxis (PrEP), only 18,500 people currently use it, indicating a need to investigate why GBM do not use it. This article uses data from a national, online, observational study. It adopts a mixed-methods analysis to responses to survey questions asking about reasons Australian GBM were not using PrEP in 2018, according to their level of HIV risk as delineated by the Australian PrEP prescribing guidelines at the time. Participants responded to check-box questions and had the option to respond to a qualitative free-text question. Results showed that just over one-fifth of men were at higher risk of HIV acquisition. Compared to lower-risk men, higher-risk men were more likely to indicate PrEP was too expensive and more likely to cite embarrassment asking for it. Reasons for not using PrEP included a lack of personal relevance, poor accessibility or knowledge, concerns about PrEP's inability to protect against STIs, potential side effects, and a preference for condoms. We conclude that health promotion more effectively targeting GBM who may benefit the most from PrEP may be valuable. © 2022 Taylor & Francis Group, LLC.	Australia; gay and bisexual men; PrEP; qualitative; quantitative; uptake	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2023	Phiri, Ditebogo L.; Rees, Kate; Davies, Natasha	Outcomes of a model for re-testing HIV-negative index contacts in Sedibeng, South Africa.	Southern African Journal of HIV Medicine	-	-	-	-	2078-6751 1608-9693	10.4102/sajhivmed.v24i1.1482	https://pubmed.ncbi.nlm.nih.gov/37293602/	BACKGROUND: Index contact testing is an HIV case-finding approach that elicits sexual or needle-sharing partners, as well as biological children, of people living with HIV (PLHIV) and offers them HIV testing services. OBJECTIVES: We aim to describe the results of an innovative project in Sedibeng District that expanded index testing by retesting previously negative contacts and incorporating status-neutral testing. METHOD: We used registers to identify people who previously tested HIV-negative through index testing from March 2019 to September 2021. The individuals were telephonically traced and offered HIV retesting. Data were collected on a weekly basis using REDCap(®). We monitored the number of individuals called, those who came back for retest, and their HIV results. RESULTS: Fifteen counsellors contacted 968 people over 12 months. Forty-eight percent (462 out of 968) of those called returned for testing. Of those, 121 (26%) tested positive. Overall, 66 out of 276 (24%) men with HIV and 55 out of 186 (30%) women with HIV were identified and linked to antiretroviral treatment (ART). Fifty-seven percent (194 out of 341) of clients who tested HIV-negative were offered, and 124 out of 194 (64%) initiated, pre-exposure prophylaxis (PrEP). All individuals who retested HIV-positive had a new diagnosis; none reported having had another positive test result between the original negative and the positive retest. CONCLUSION: Revisiting index clients with a previous negative HIV test result is worthwhile, creating an opportunity to identify undiagnosed PLHIV and high-risk people for PrEP. The high positivity rate highlights the importance of providing a sero-neutral approach to HIV testing, including integrating prevention messaging and linkage to PrEP services.	pre-exposure prophylaxis; seroconversion; U=U; HIV case-finding; index contacts testing; REDCAP; routine data; sero-different couples	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Pickel J.; Fiks A.G.; Karavite D.; Maleki P.; Beidas R.S.; Dowshen N.; Petsis D.; Gross R.; Wood S.M.	Provider perspectives on clinical decision support to improve HIV prevention in pediatric primary care: a multiple methods study	Implementation Science Communications	-	-	-	-	26622211	10.1186/s43058-023-00394-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165271415&doi=10.1186%2fs43058-023-00394-7&partnerID=40&md5=46009c3cdb10b850f68278a7fc388e1f	Background: Clinical decision support (CDS) is a promising intervention for improving uptake of HIV testing and pre-exposure prophylaxis (PrEP). However, little is known regarding provider perspectives on acceptability, appropriateness, and feasibility of CDS for HIV prevention in pediatric primary care, a key implementation setting. Methods: This was a cross-sectional multiple methods study utilizing surveys and in-depth interviews with pediatricians to assess acceptability, appropriateness, and feasibility of CDS for HIV prevention, as well as to identify contextual barriers and facilitators to CDS. Qualitative analysis utilized work domain analysis and a deductive coding approach grounded in the Consolidated Framework of Implementation Research. Quantitative and qualitative data were merged to develop an Implementation Research Logic Model to conceptualize implementation determinants, strategies, mechanisms, and outcomes of potential CDS use. Results: Participants (n = 26) were primarily white (92%), female (88%), and physicians (73%). Using CDS to improve HIV testing and PrEP delivery was perceived as highly acceptable (median score 5), IQR 4–5), appropriate (5, IQR 4–5), and feasible (4, IQR 3.75–4.75) using a 5-point Likert scale. Providers identified confidentiality and time constraints as two key barriers to HIV prevention care spanning every workflow step. With respect to desired CDS features, providers sought interventions that were integrated into the primary care workflow, standardized to promote universal testing yet adaptable to the level of a patient's HIV risk, and addressed providers' knowledge gaps and bolstered self-efficacy in providing HIV prevention services. Conclusions: This multiple methods study indicates that clinical decision support in the pediatric primary care setting may be an acceptable, feasible, and appropriate intervention for improving the reach and equitable delivery of HIV screening and PrEP services. Design considerations for CDS in this setting should include deploying CDS interventions early in the visit workflow and prioritizing standardized but flexible designs. © 2023, The Author(s).	HIV; Implementation science; Implicit bias; Pediatrics; Pre-exposure prophylaxis; Primary care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Pico-Espinosa, Oscar Javier; Hull, Mark; Gaspar, Mark; Lachowsky, Nathan; Grace, Daniel; Truong, Robinson; Mohammed, Saira; MacPherson, Paul; Woodward, Kevin; Tan, Darrell H. S.	Disjuncture between self-perceived and clinically assessed risk of HIV among gay, bisexual, and other men who have sex with men in Ontario and British Columbia, Canada.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-023-16065-0	https://pubmed.ncbi.nlm.nih.gov/37312073/	BACKGROUND: Self-perceived and clinically assessed HIV risk do not always align. We compared self-perceived and clinically assessed risk of HIV and the reasons for self-perceived low risk of HIV among gay, bisexual, and other men who have sex with men (GBM) from large urban centers in Ontario and British Columbia, Canada. METHODS: Never PrEP users recruited from sexual health clinics or online, completed a cross-sectional survey between July/2019 and August/2020. We contrasted self-perceived HIV risk against criteria from the Canadian PrEP guidelines and participants were categorized as concordant or discordant. We used content analysis to categorize participants' free-text explanations for perceived low HIV risk. These were compared with answers to quantitative responses about condomless sex acts and number of partners. RESULTS: Of 315 GBM who self-perceived low risk of HIV, 146 (46%) were considered at high risk according to the guidelines. Participants with discordant assessment were younger, had less years of formal education, were more likely to be in an open relationship and were less likely to self-identify as gay. Reasons for self-perceived low HIV risk in the discordant group were condom use (27%), being in a committed relationship/having one main partner (15%), having no or infrequent anal sex (12%) and having few partners (10%). CONCLUSIONS: There is a disjuncture between self-perceived and clinically assessed risk of HIV. Some GBM may underestimate their HIV risk and clinical criteria may overestimate risk. Bridging these gaps requires efforts to increase HIV risk awareness in the community, and refinement of clinical assessments based on individualized discussions between the provider and the user.	Humans; Male; Cross-Sectional Studies; Homosexuality, Male; Pre-exposure prophylaxis; British Columbia/epidemiology; Gay; Ontario/epidemiology; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Bisexual; And other men who have sex with men; Needs and demand; Preventive health services	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2023	Pico-Espinosa, Oscar Javier; Hull, Mark; MacPherson, Paul; Grace, Daniel; Lachowsky, Nathan; Gaspar, Mark; Mohammed, Saira; Truong, Robinson; Tan, Darrell H S	Reasons for not using pre-exposure prophylaxis for HIV and strategies that may facilitate uptake in Ontario and British Columbia among gay, bisexual and other men who have sex with men: a cross-sectional survey.	CMAJ Open	-	-	-	-	2291-0026	10.9778/cmajo.20220113	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10310342	BACKGROUND: Pre-exposure prophylaxis (PrEP) for HIV is underutilized. We aimed to identify barriers to use of PrEP and strategies that may facilitate its uptake. METHODS: Gay, bisexual and other men who have sex with men, aged 19 years or older and living in Ontario and British Columbia, Canada, completed a cross-sectional survey in 2019-2020. Participants who met Canadian PrEP guideline criteria and were not already using PrEP identified relevant barriers and which strategies would make them more likely to start PrEP. We described the barriers and strategies separately for Ontario and BC. RESULTS: Of 1527 survey responses, 260 respondents who never used PrEP and met criteria for PrEP were included. In Ontario, the most common barriers were affordability (43%) and concern about adverse effects (42%). In BC, the most common reasons were concern about adverse effects (41%) and not feeling at high enough risk (36%). In Ontario, preferred strategies were short waiting time (63%), the health care provider informing about their HIV risk being higher than perceived (62%), and a written step-by-step guide (60%). In BC, strategies were short waiting time (68%), people speaking publicly about PrEP (68%), and the health care provider counselling about their HIV risk being higher than perceived (64%), adverse effects of PrEP (65%) and how well PrEP works (62%). INTERPRETATION: Concern about adverse effects and not self-identifying as having high risk for HIV were common barriers, and shorter waiting times may increase PrEP uptake. In Ontario, the findings suggested lack of affordability, whereas in BC, strategies involving health care providers were valued.	NA	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Pike, Carey; Bekker, Linda-Gail	Interrogating the promise of long-acting HIV pre-exposure prophylaxis.	Trends in Molecular Medicine	-	-	-	-	1471-499X	10.1016/j.molmed.2022.11.003	https://dx.doi.org/10.1016/j.molmed.2022.11.003	Oral HIV pre-exposure prophylaxis (PrEP) is a well-established product that provides a safe and highly effective way for individuals to protect themselves against HIV infection. However, hopes of a significant reduction in HIV incidence have been disappointing because of low uptake, adherence challenges to a daily pill regimen, and consistently high discontinuation rates within 6 months of initiation. Long-acting agents have been long awaited for their potential to facilitate adherence and to offer a choice between PrEP products. As the first long-acting agents enter the market, with more poised to follow, questions around how to integrate long-acting agents into oral PrEP platforms, and what the potential advantages and pitfalls of this integration will be, now need to be considered.	HIV prevention; PrEP choice; differentiated service delivery; long-acting PrEP; oral PrEP; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Pike, Carey; Rousseau, Elzette; Bekker, Linda-Gail	Promises and potential pitfalls of long-acting injectable pre-exposure prophylaxis.	South African Journal of HIV Medicine	-	-	-	-	2078-6751	10.4102/sajhivmed.v24i1.1497	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10713495	The number of products that can provide pre-exposure prophylaxis (PrEP) for HIV prevention is expanding, with three now approved in South Africa (oral Tenofovir-based PrEP, injectable Cabotegravir, and a Dapivirine-based vaginal ring) and more in the development pipeline. Although highly effective and safe, oral PrEP products have not reduced HIV incidence in South Africa to the extent seen in other countries, primarily due to adherence challenges, rapidly diminishing persistence over time, and insufficient scale-up of PrEP service delivery. The Dapivirine vaginal ring, which provides 1-month-long protection, provides women with a new and discreet choice for PrEP; however, it is Cabotegravir long-acting (CAB LA) that is anticipated to land the largest impact. Administered as an intramuscular injection given every 2 months, CAB LA is safe, highly efficacious, and expected to become available in South Africa in late 2023. Yet, clinical and implementation questions remain, including the need to understand and characterise breakthrough HIV infections amongst CAB LA users, knowledge of how to package each PrEP product in a new context of PrEP choice, and how to avoid the remedicalisation of PrEP access following extensive efforts to make oral PrEP delivery differentiated and community based.	HIV prevention, pre-exposure prophylaxis, long-acting PrEP, Cabotegravir long-acting, injectable PrEP	English	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Pintye J.; Kinuthia J.; Abuna F.; Anderson P.L.; Dettinger J.C.; Gomez L.; Haberer J.E.; Marwa M.M.; Ngumbau N.; Omondi P.; Odhiambo B.; Stern J.; Watoyi S.; Baeten J.M.; John-Stewart G.	HIV pre-exposure prophylaxis initiation, persistence, and adherence during pregnancy through the postpartum period	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000003617	https://pubmed.ncbi.nlm.nih.gov/37289583/	Objective:We evaluated pre-exposure prophylaxis (PrEP) initiation, persistence, and adherence measured via tenofovir-diphosphate (TFV-DP) concentrations in dried blood spots (DBS) among women offered PrEP during pregnancy.Methods:We prospectively analyzed data from participants in the PrIMA Study (NCT03070600) who were offered PrEP during the second trimester and followed through 9 months postpartum. At follow-up visits (monthly in pregnancy; 6weeks, 6months, 9months postpartum), self-reported PrEP use was assessed, and DBS were collected for quantifying TFV-DP concentrations.Results:In total, 2949 participants were included in the analysis. At enrollment, median age was 24years interquartile range IQR) 21-29, gestational age 24weeks (IQR 20-28), and 4% had a known partner living with HIV. Overall, 405 (14%) participants initiated PrEP in pregnancy with higher frequency among those with risk factors for HIV acquisition, including >2 lifetime sexual partners, syphilis during pregnancy, forced sex, and intimate partner violence (P<0.05). At 9 months postpartum, 58% of PrEP initiators persisted with PrEP use, of which 54% self-reported not missing any PrEP pills in the last 30days. Among DBS randomly selected from visits where participants persisted with PrEP (n=427), 50% had quantifiable TFV-DP. Quantifiable TFV-DP was twice as likely in pregnancy than postpartum adjusted risk ratio (aRR) = 1.90, 95% confidence interval (CI) 1.40-2.57, P<0.001. Having a partner known to be living with HIV was the strongest predictor of PrEP initiation, persistence, and quantifiable TFV-DP (P<0.001).Conclusions:PrEP persistence and adherence waned postpartum, though over half of PrEP initiators persisted through 9-months postpartum. Interventions should prioritize increasing knowledge of partner HIV status and sustaining adherence in the postpartum period. © 2023 Lippincott Williams and Wilkins. All rights reserved.	adherence; HIV prevention; pre-exposure prophylaxis; pregnancy; women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Clinical
Article	2023	Piper, Kaitlin N; Anderson, Katherine M; Kokubun, Caroline W; Sheth, Anandi N; Sales, Jessica	Using qualitative comparative analysis to understand the conditions that produce successful PrEP implementation in family planning clinics.	Implementation Science Communications	-	-	-	-	2662-2211	10.1186/s43058-023-00450-2	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10251711	BACKGROUND: Title X-funded family planning clinics have been identified as optimal sites for delivery of pre-exposure prophylaxis (PrEP) for HIV prevention to U.S. women. However, PrEP has not been widely integrated into family planning services, especially in the Southern U.S., and data suggest there may be significant implementation challenges in this setting. METHODS: To understand contextual factors that are key to successful PrEP implementation in family planning clinics, we conducted in-depth qualitative interviews with key informants from 38 family planning clinics (11 clinics prescribed PrEP and 27 did not). Interviews were guided by constructs from the Consolidated Framework for Implementation Research (CFIR), and qualitative comparative analysis (QCA) was used to uncover the configurations of CFIR factors that led to PrEP implementation. RESULTS: We identified 3 distinct construct configurations, or pathways, that led to successful PrEP implementation: (1) high "Leadership Engagement" AND high "Available Resources"; OR (2) high "Leadership Engagement" AND NOT located in the Southeast region; OR (3) high "Access to Knowledge and Information" AND NOT located in the Southeast region. Additionally, there were 2 solution paths that led to absence of PrEP implementation: (1) low "Access to Knowledge and Information" AND low "Leadership Engagement"; OR (2) low "Available Resources" AND high "External Partnerships". DISCUSSION: We identified the most salient combinations of co-occurring organizational barriers or facilitators associated with PrEP implementation across Title X clinics in the Southern U.S. We discuss implementation strategies to promote pathways that led to implementation success, as well as strategies to overcome pathways to implementation failure. Notably, we identified regional differences in the pathways that led to PrEP implementation, with Southeastern clinics facing the most obstacles to implementation, specifically substantial resource constraints. Identifying implementation pathways is an important first step for packaging multiple implementation strategies that could be employed by state-level Title X grantees to help scale up PrEP.	Configurational comparative methods; Family planning; HIV; Implementation; Pre-exposure prophylaxis (PrEP)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Pitts R.A.; Ban K.; Greene R.E.; Kapadia F.; Braithwaite R.S.	Sustaining PrEP Prescriptions at a Safety-Net Hospital in New York City During COVID-19: Lessons Learned	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-03977-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145847669&doi=10.1007%2fs10461-023-03977-6&partnerID=40&md5=ce377084375cc6fd187aee4757afcada	To understand the impact of COVID-19-related disruptions on PrEP services, we reviewed PrEP prescriptions at NYC Health + Hospitals/Bellevue from July 2019 through July 2021. PrEP prescriptions were examined as PrEP person-equivalents (PrEP PE) in order to account for the variable time of refill duration (i.e., 1–3 months). To assess "PrEP coverage", we calculated PrEP medication possession ratios (MPR) while patients were under study observation. Pre-clinic closure, mean PrEP PE = 244.2 (IQR 189.2, 287.5; median = 252.5) were observed. Across levels of clinic closures, mean PrEP PE = 247.3, (IQR 215.5, 265.4; median = 219.9) during 100% clinic closure, 255.4 (IQR 224, 284.3; median = 249.0) during 80% closure, and 274.6 (IQR 273.0, 281.0; median = 277.2) during 50% closure were observed. Among patients continuously prescribed PrEP pre-COVID-19, the mean MPR declined from 83% (IQR 72–100%; median = 100%) to 63% (IQR 35–97%; median = 66%) after the onset of COVID-19. For patients newly initiated on PrEP after the onset of COVID-19, the mean MPR was 73% (IQR 41–100%; median = 100%). Our ability to sustain PrEP provisions, as measured by both PrEP PE and MPR, can likely be attributed to our pre-COVID-19 system for PrEP delivery, which emphasizes navigation, same-day initiation, and primary care integration. In the era of COVID-19 as well as future unforeseen healthcare disruptions, PrEP programs must be robust and flexible in order to sustain PrEP delivery. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	COVID-19; PrEP; Safety-Net Hospital	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Platt L.; Shebl F.M.; Qian Y.; Spanos N.; Nolan C.P.; Ard K.L.; Bassett I.V.	Pre-exposure Prophylaxis Persistence at a Diverse Sexual Health Clinic: Comparison of the pre-COVID-19 era to the COVID-19 era	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-03996-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147381867&doi=10.1007%2fs10461-023-03996-3&partnerID=40&md5=a3db918bfae7f0b3abd7782b6a01a68d	The COVID-19 pandemic interrupted health care delivery and exacerbated disparities. Many sexual health clinics transitioned to telemedicine, including for pre-exposure prophylaxis (PrEP). We conducted a retrospective cohort study of patients at an urban sexual health clinic to assess the likelihood and predictors of PrEP persistence in the year following PrEP initiation. We compared patients starting PrEP in the four months preceding the first COVID surge to those starting PrEP one year prior. We found lower PrEP persistence in the COVID cohort compared to the pre-COVID cohort (50.8% vs. 68.9%, respectively). In both cohorts, most care was provided through in-person visits and telemedicine was rare. In the pre-COVID cohort, older patients and those identifying as non-Hispanic White were more likely to persist on PrEP. In the COVID cohort, these disparities in PrEP persistence were not observed. Flexible models of care may facilitate equitable care engagement and re-engagement. © 2023, The Author(s).	COVID-19; Disparities; PrEP; Telehealth	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Polo, Rosa; García-Albéniz, Xabier; Terán, Carolina; Morales, Miguel; Rial-Crestelo, David; Garcinuño, M. Angeles; García Del Toro, Miguel; Hita, César; Gómez-Sirvent, Juan Luis; Buzón, Luis; Díaz de Santiago, Alberto; Arellano, Jose Pérez; Sanz, Jesus; Bachiller, Pablo; Alfaro, Elisa Martínez; Díaz-Brito, Vicente; Masiá, Mar; Hernández-Torres, Alicia; Guerra, Jose M.; Santos, Jesús; Arazo, Piedad; Muñoz, Leopoldo; Arribas, Jose Ramon; Martínez de Salazar, Pablo; Moreno, Santiago; Hernán, Miguel A.; Del Amo, Julia	Daily tenofovir disoproxil fumarate/emtricitabine and hydroxychloroquine for pre-exposure prophylaxis of COVID-19: a double-blind placebo-controlled randomized trial in healthcare workers.	Clinical Microbiology and Infection	-	-	-	-	1469-0691 1198-743X	10.1016/j.cmi.2022.07.006	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9352647/	OBJECTIVES: To assess the effect of hydroxychloroquine (HCQ) and Tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) as pre-exposure prophylaxis on COVID-19 risk. METHODS: EPICOS is a double-blind, placebo-controlled randomized trial conducted in Spain, Bolivia, and Venezuela. Healthcare workers with negative SARS-CoV-2 IgM/IgG test were randomly assigned to the following: daily TDF/FTC plus HCQ for 12 weeks, TDF/FTC plus HCQ placebo, HCQ plus TDF/FTC placebo, and TDF/FTC placebo plus HCQ placebo. Randomization was performed in groups of four. Primary outcome was laboratory-confirmed, symptomatic COVID-19. We also studied any (symptomatic or asymptomatic) COVID-19. We compared group-specific 14-week risks via differences and ratios with 95% CIs. RESULTS: Of 1002 individuals screened, 926 (92.4%) were eligible and there were 14 cases of symptomatic COVID-19: 220 were assigned to the TDF/FTC plus HCQ group (3 cases), 231 to the TDF/FTC plus HCQ placebo group (3 cases), 233 to the TDF/FTC plus HCQ placebo group (3 cases), and 223 to the double placebo group (5 cases). Compared with the double placebo group, 14-week risk ratios (95% CI) of symptomatic COVID-19 were 0.39 (0.00-1.98) for TDF + HCQ, 0.34 (0.00-2.06) for TDF, and 0.49 (0.00-2.29) for HCQ. Corresponding risk ratios of any COVID-19 were 0.51 (0.21-1.00) for TDF + HCQ, 0.81 (0.44-1.49) for TDF, and 0.73 (0.41-1.38) for HCQ. Adverse events were generally mild. DISCUSSION: The target sample size was not met. Our findings are compatible with both benefit and harm of pre-exposure prophylaxis with TDF/FTC and HCQ, alone or in combination, compared with placebo.	COVID-19; Pre-exposure prophylaxis; Randomized clinical trial; SARS-CoV-2; Tenofovir	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Bolivia	Latin America and the Caribbean	Clinical
Article	2023	Pons-Faudoa, Fernanda P.; Di Trani, Nicola; Capuani, Simone; Campa-Carranza, Jocelyn Nikita; Nehete, Bharti; Sharma, Suman; Shelton, Kathryn A.; Bushman, Lane R.; Abdelmawla, Farah; Williams, Martin; Roon, Laura; Nerguizian, David; Chua, Corrine Ying Xuan; Ittmann, Michael M.; Nichols, Joan E.; Kimata, Jason T.; Anderson, Peter L.; Nehete, Pramod N.; Arduino, Roberto C.; Grattoni, Alessandro	Long-acting refillable nanofluidic implant confers protection against SHIV infection in nonhuman primates.	Science Translational Medicine	-	-	-	-	1946-6242 1946-6234	10.1126/scitranslmed.adg2887	https://pubmed.ncbi.nlm.nih.gov/37379369/	The impact of pre-exposure prophylaxis (PrEP) on slowing the global HIV epidemic hinges on effective drugs and delivery platforms. Oral drug regimens are the pillar of HIV PrEP, but variable adherence has spurred development of long-acting delivery systems with the aim of increasing PrEP access, uptake, and persistence. We have developed a long-acting subcutaneous nanofluidic implant that can be refilled transcutaneously for sustained release of the HIV drug islatravir, a nucleoside reverse transcriptase translocation inhibitor that is used for HIV PrEP. In rhesus macaques, the islatravir-eluting implants achieved constant concentrations of islatravir in plasma (median 3.14 nM) and islatravir triphosphate in peripheral blood mononuclear cells (median 0.16 picomole per 10(6) cells) for more than 20 months. These drug concentrations were above the established PrEP protection threshold. In two unblinded, placebo-controlled studies, islatravir-eluting implants conferred 100% protection against infection with SHIV(SF162P3) after repeated low-dose rectal or vaginal challenge in male or female rhesus macaques, respectively, compared to placebo control groups. The islatravir-eluting implants were well tolerated with mild local tissue inflammation and no signs of systemic toxicity over the 20-month study period. This refillable islatravir-eluting implant has potential as a long-acting drug delivery system for HIV PrEP.	Male; Animals; Female; Macaca mulatta; *Anti-HIV Agents/pharmacology/therapeutic use; Drug Delivery Systems; Leukocytes, Mononuclear; *HIV Infections/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	China	Asia and the Pacific	Clinical
Article	2023	Pons-Faudoa, Fernanda P.; Di Trani, Nicola; Capuani, Simone; Hernandez, Nathanael; Wood, Anthony M.; Nehete, Bharti; Niles, Jean; Shelton, Kathryn A.; Kezar, Sarah; Bushman, Lane R.; Chua, Corrine Ying Xuan; Ittmann, Michael M.; Anderson, Peter L.; Nehete, Pramod N.; Arduino, Roberto C.; Nichols, Joan E.; Grattoni, Alessandro	Changes in local tissue microenvironment in response to subcutaneous long-acting delivery of tenofovir alafenamide in rats and non-human primates.	Journal of Controlled Release	-	-	-	-	1873-4995 0168-3659	10.1016/j.jconrel.2023.04.037	https://www.sciencedirect.com/science/article/pii/S0168365923002870?ref=pdf_download&fr=RR-2&rr=891ffd897813a414	Several implantable long-acting (LA) delivery systems have been developed for sustained subcutaneous administration of tenofovir alafenamide (TAF), a potent and effective nucleotide reverse transcriptase inhibitor used for HIV pre-exposure prophylaxis (PrEP). LA platforms aim to address the lack of adherence to oral regimens, which has impaired PrEP efficacy. Despite extensive investigations in this field, tissue response to sustained subcutaneous TAF delivery remains to be elucidated as contrasting preclinical results have been reported in the literature. To this end, here we studied the local foreign body response (FBR) to sustained subdermal delivery of three forms of TAF, namely TAF free base (TAF(fb)), TAF fumarate salt (TAF(fs)), and TAF(fb) with urocanic acid (TAF-UA). Sustained constant drug release was achieved via titanium-silicon carbide nanofluidic implants previously shown to be bioinert. The analysis was conducted in both Sprague-Dawley (SD) rats and rhesus macaques over 1.5 and 3 months, respectively. While visual observation did not reveal abnormal adverse tissue reaction at the implantation site, histopathology and Imaging Mass Cytometry (IMC) analyses exposed a local chronic inflammatory response to TAF. In rats, UA mitigated foreign body response to TAF in a concentration-dependent manner. This was not observed in macaques where TAF(fb) was better tolerated than TAF(fs) and TAF-UA. Notably, the level of FBR was tightly correlated with local TAF tissue concentration. Further, regardless of the degree of FBR, the fibrotic capsule (FC) surrounding the implants did not interfere with drug diffusion and systemic delivery, as evidenced by TAF PK results and fluorescence recovery after photobleaching (FRAP).	Tenofovir; Animals; Macaca mulatta; Rats; Rats, Sprague-Dawley; *Anti-HIV Agents; Adenine; Tenofovir alafenamide; *HIV Infections/prevention & control; Alanine/therapeutic use; Foreign body response; Immune microenvironment; Long acting drug delivery; Subcutaneous implants	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Popping S.; Nichols B.E.; Appelman B.; Biemond J.J.; Vergouwe M.; Rosendaal F.R.; Van Der Valk M.; De Bree G.J.; Wiersinga W.J.; Birnie E.	Health Outcomes and Cost-effectiveness of Monoclonal SARS-CoV-2 Antibodies as Pre-exposure Prophylaxis	JAMA Network Open	-	-	-	-	25743805	10.1001/jamanetworkopen.2023.21985	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164255061&doi=10.1001%2fjamanetworkopen.2023.21985&partnerID=40&md5=b8474e5d8eb0f00a7f5f8d8bdc4d8850	Importance: Pre-exposure prophylaxis with neutralizing SARS-CoV-2 monoclonal antibodies (mAbs PrEP) prevents infection and reduces hospitalizations and the duration thereof for COVID-19 and death among high-risk individuals. However, reduced effectiveness due to a changing SARS-CoV-2 viral landscape and high drug prices remain substantial implementation barriers. Objective: To assess the cost-effectiveness of mAbs PrEP as COVID-19 PrEP. Design, Setting, and Participants: For this economic evaluation, a decision analytic model was developed and parameterized with health care outcome and utilization data from individuals with high risk for COVID-19. The SARS-CoV-2 infection probability, mAbs PrEP effectiveness, and drug pricing were varied. All costs were collected from a third-party payer perspective. Data were analyzed from September 2021 to December 2022. Main Outcomes and Measures: Health care outcomes including new SARS-CoV-2 infections, hospitalization, and deaths. The cost per death averted and cost-effectiveness ratios using a threshold for prevention interventions of $22000 or less per quality-adjusted life year (QALY) gained. Results: The clinical cohort consisted of 636 individuals with COVID-19 (mean SD age 63 18 years; 341 54% male). Most individuals were at high risk for severe COVID-19, including 137 (21%) with a body mass index of 30 or higher, 60 (9.4%) with hematological malignant neoplasm, 108 (17%) post-transplantation, and 152 (23.9%) who used immunosuppressive medication before COVID-19. Within the context of a high (18%) SARS-CoV-2 infection probability and low (25%) effectiveness the model calculated a short-term reduction of 42% ward admissions, 31% intensive care unit (ICU) admissions, and 34% deaths. Cost-saving scenarios were obtained with drug prices of $275 and 75% or higher effectiveness. With a 100% effectiveness mAbs PrEP can reduce ward admissions by 70%, ICU admissions by 97%, and deaths by 92%. Drug prices, however, need to reduce to $550 for cost-effectiveness ratios less than $22000 per QALY gained per death averted and to $2200 for ratios between $22000 and $88000. Conclusions and Relevance: In this study, use of mAbs PrEP for preventing SARS-CoV-2 infections was cost-saving at the beginning of an epidemic wave (high infection probability) with 75% or higher effectiveness and drug price of $275. These results are timely and relevant for decision-makers involved in mAbs PrEP implementation. When newer mAbs PrEP combinations become available, guidance on implementation should be formulated ensuring a fast rollout. Nevertheless, advocacy for mAbs PrEP use and critical discussion on drug prices are necessary to ensuring cost-effectiveness for different epidemic settings. © 2023 American Medical Association. All rights reserved.	Importance: Pre-exposure prophylaxis with neutralizing SARS-CoV-2 monoclonal antibodies (mAbs PrEP) prevents infection and reduces hospitalizations and the duration thereof for COVID-19 and death among high-risk individuals. However, reduced effectiveness due to a changing SARS-CoV-2 viral landscape and high drug prices remain substantial implementation barriers. Objective: To assess the cost-effectiveness of mAbs PrEP as COVID-19 PrEP. Design, setting, and participants: For this economic evaluation, a decision analytic model was developed and parameterized with health care outcome and utilization data from individuals with high risk for COVID-19. The SARS-CoV-2 infection probability, mAbs PrEP effectiveness, and drug pricing were varied. All costs were collected from a third-party payer perspective. Data were analyzed from September 2021 to December 2022. Main outcomes and measures: Health care outcomes including new SARS-CoV-2 infections, hospitalization, and deaths. The cost per death averted and cost-effectiveness ratios using a threshold for prevention interventions of $22 000 or less per quality-adjusted life year (QALY) gained. Results: The clinical cohort consisted of 636 individuals with COVID-19 (mean [SD] age 63 [18] years; 341 [54%] male). Most individuals were at high risk for severe COVID-19, including 137 (21%) with a body mass index of 30 or higher, 60 (9.4%) with hematological malignant neoplasm, 108 (17%) post-transplantation, and 152 (23.9%) who used immunosuppressive medication before COVID-19. Within the context of a high (18%) SARS-CoV-2 infection probability and low (25%) effectiveness the model calculated a short-term reduction of 42% ward admissions, 31% intensive care unit (ICU) admissions, and 34% deaths. Cost-saving scenarios were obtained with drug prices of $275 and 75% or higher effectiveness. With a 100% effectiveness mAbs PrEP can reduce ward admissions by 70%, ICU admissions by 97%, and deaths by 92%. Drug prices, however, need to reduce to $550 for cost-effectiveness ratios less than $22 000 per QALY gained per death averted and to $2200 for ratios between $22 000 and $88 000. Conclusions and relevance: In this study, use of mAbs PrEP for preventing SARS-CoV-2 infections was cost-saving at the beginning of an epidemic wave (high infection probability) with 75% or higher effectiveness and drug price of $275. These results are timely and relevant for decision-makers involved in mAbs PrEP implementation. When	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2023	Popping, Stephanie; Haspels, Sabine; Gotz, Hannelore M.; van der Meijden, W. C. J. P. M.; van den Elshout, Mark; Rijnders, Bart J.	Low Hepatitis C Virus Prevalence among Men Who Have Sex with Men Attending Public Health Services in The Netherlands.	Viruses	-	-	-	-	1999-4915	10.3390/v15122317	https://pubmed.ncbi.nlm.nih.gov/38140558/	The hepatitis C virus (HCV) prevalence is high among men who have sex with men (MSM) with HIV in the Netherlands. Large reductions in HCV incidence among MSM with HIV, however, have occurred since treatment with direct-acting antivirals. Over the years, a broader understanding of the HCV epidemic has shown that HCV infections are not solely restricted to MSM with HIV, but they also occur among HIV-negative MSM. Currently, HCV testing among HIV-negative MSM is only provided for PrEP users and is not part of routine sexually transmitted infection (STI) screening among HIV-negative MSM who are not using PrEP. In this study, we screened 1885 HIV-negative MSM who did not participate in a PrEP program, with over 1966 STI screening visits at four different public health clinic sites. Among the 1885 MSM, only one person had a new HCV infection, resulting in a 0.05% (95% confidence interval 0.0-0.3) incidence. Based on our findings, we can conclude that systematic HCV testing at STI clinics may not yield significant benefits for this particular population.	Humans; Male; Homosexuality, Male; Prevalence; Netherlands/epidemiology; Mass Screening/methods; MSM; Hepacivirus; Antiviral Agents; hepatitis C; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; *Hepatitis C/diagnosis/epidemiology/prevention & control; *Hepatitis C, Chronic/epidemiology; hepatitis C elimination; micro-elimination	English	Switzerland	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Powers K.A.; Mutale W.; Rosenberg N.E.; Graybill L.A.; Mollan K.R.; Freeborn K.; Saidi F.; Maman S.; Mulenga P.L.; Jahn A.; Nyirenda R.K.; Stringer J.S.A.; Vermund S.H.; Chi B.H.	Combination HIV prevention during pregnancy and the post-partum period in Malawi and Zambia: a mathematical modelling analysis	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26128	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164243438&doi=10.1002%2fjia2.26128&partnerID=40&md5=c89b720700f9ec367fe2a0d39ef9d6	Introduction: Despite widespread success in reducing vertical HIV transmission, most antenatal care (ANC) programmes in eastern and southern Africa have not emphasized primary prevention of maternal HIV acquisition during pregnancy and lactation/breastfeeding. We hypothesized that combination HIV prevention interventions initiated alongside ANC could substantially reduce maternal HIV incidence. Methods: We constructed a multi-state model describing male-to-female HIV transmission in steady heterosexual partnerships during pregnancy and lactation/breastfeeding, with initial conditions based on population distribution estimates for Malawi and Zambia in 2020. We modelled individual and joint increases in three HIV prevention strategies at or soon after ANC initiation: (1) HIV testing of male partners, resulting in HIV diagnosis and less condomless sex among those with previously undiagnosed HIV; (2) initiation (or re-initiation) of suppressive antiretroviral therapy (ART) for male partners with diagnosed but unsuppressed HIV; and (3) adherent pre-exposure prophylaxis (PrEP) for HIV-negative female ANC patients with HIV-diagnosed or unknown-status male partners. We estimated the percentage of within-couple, male-to-female HIV transmissions that could be averted during pregnancy and lactation/breastfeeding with these strategies, relative to base-case conditions in which 45% of undiagnosed male partners become newly HIV diagnosed via testing, 75% of male partners with diagnosed but unsuppressed HIV initiate/re-initiate ART and 0% of female ANC patients start PrEP. Results: Increasing uptake of any single strategy by 20 percentage points above base-case levels averted 10%–11% of maternal HIV acquisitions during pregnancy and lactation/breastfeeding in the model. Joint uptake increases of 20 percentage points in two interventions averted an estimated 19%–23% of transmissions, and with a 20-percentage-point increase in uptake of all three interventions, 29% were averted. Strategies achieving 95% male testing, 90% male ART initiation/re-initiation and 40% female PrEP use reduced incident infections by 45%. Conclusions: Combination HIV prevention strategies provided alongside ANC and sustained through the post-partum period could substantially reduce maternal HIV incidence during pregnancy and lactation/breastfeeding in eastern and southern Africa. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Africa; infectious disease transmission; perinatal care; prenatal care; sexual behaviour; sexual partners	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Quantitative
Article	2023	Poxon A.; Leis M.; McDermott M.; Kariri A.; Kaul R.; Kimani J.	Emergency departments as under-utilized venues to provide HIV prevention services to female sex workers in Nairobi, Kenya	International Journal of Emergency Medicine	-	-	-	-	18651372	10.1186/s12245-023-00516-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167460649&doi=10.1186%2fs12245-023-00516-x&partnerID=40&md5=54738cf5fd67f60cfb751a21501c9ab9	Background: Female sex workers (FSW) in sub-Saharan Africa are disproportionately affected by HIV and remain a key target population for efforts to reduce transmission. While HIV prevention tools such as PEP and PrEP are available through outpatient FSW clinics, these services are underused. Emergency medicine is a rapidly expanding field in Kenya and may provide a novel venue for initiating or optimizing HIV prevention services. This study examined the characteristics of FSW from Nairobi, Kenya, who had utilized an emergency department (ED) during the past year to broaden our understanding of the patient factors related to usage. Methods: An anonymous questionnaire was administered to a convenience sample of 220 Nairobi FSW attending dedicated clinics from June to July 2019. The participants were categorized into those who attended an ED over the past year (acute care users) and clinic-only users (control). A modified version of the WHO Violence Against Women Instrument assessed gender-based violence. Multivariable negative binomial logistic regressions evaluated predictors of health care use among these populations. Results: Of the total 220 women (median IQR age 32 27–39), 101 and 116 were acute care and control populations, respectively. Acute care users had 12.7 ± 8.5 healthcare visits over a 12-month period, and the control population had 9.1 ± 7.0 (p < 0.05). ED attendance did not improve the PrEP usage, with 48.5%, and 51% of acute care and clinic users indicated appropriate PrEP use. Patient factors that correlated with health care utilization among acute care users included client sexual violence (OR 2.2 1.64–2.94, p < 0.01), PrEP use (OR 1.54 (1.25–1.91), < 0.01), and client HIV status (OR 1.35 (1.02–1.69), p < 0.01). Conclusions: Many FSW at high risk for HIV were not accessing HIV prevention tools despite attending a dedicated FSW clinic offering such services. FSW who had attended an ED over the past year had a higher prevalence of HIV risk factors, demonstrating that emergency departments may be important acute intervention venues to prevent HIV transmission in this population. These results can guide policy design, health care provider training, and facility preparedness to support strategies aimed at improving HIV prevention strategies for FSW in Kenyan ED's. © 2023, Springer-Verlag GmbH Germany, part of Springer Nature.	Acute care; Emergency medicine; Female sex workers; HIV	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Prata, Maiky Carneiro da Silva; Romão, Vanessa Ribeiro; dos Santos, Dandara Jesus; Yamaçake, Alexandre	IMPACTO DA IMPLEMENTAÇÃO DA LINHA DE CUIDADO INTEGRAL A TRAVESTIS E TRANSSEXUAIS NA ADESÃO AO USO DA PREP NO MUNICÍPIO DE DIADEMA	The Brazilian Journal of Infectious Diseases	-	-	-	-	1413-8670	10.1016/j.bjid.2023.103017	https://www.bjid.org.br/en-impacto-da-implementacao-da-linha-articulo-S1413867023002775	Introdução A população de travestis e transexuais (TT) historicamente teve direitos negligenciados, sendo exposta a maior situação de vulnerabilidade. Tais condições adversas favorecem a esta população contextos sociais de violência e marginalização, como a prostituição e uso de álcool e drogas que aumenta a vulnerabilidade deste grupo populacional as infecções sexualmente transmissíveis (IST) em especial ao HIV/AIDS, onde é conhecido que em algumas regiões do mundo há até 66 vezes mais probabilidade de travestis e mulheres transexuais contraírem HIV, além de prevalências desta infecção que podem variar de 30 a 40% entre TT, em especial entre mulheres trans. Objetivo descrever o impacto no incremento de adesão ao uso da PREP entre TT após implementação do ambulatório de cuidado integral a esta população no Município de Diadema. Métodos compilados do período de agosto de 2019 até junho de 2023, analisados segundo: identidade de gênero. A obtenção, organização e tabulação dos dados foram realizadas utilizando-se o programa computacional Microsoft Excel 97. Resultados Foram admitidos 343 usuários de PREP neste período, 94% de pessoas cis gênero, sendo a maioria de homens cis gays, 5,2% de mulheres trans e travestis e 0,2% de homens trans. Chama atenção que antes de setembro de 2021, data da inauguração do serviço de atendimento a pessoas TT no município, o percentual de usuários de PREP de TT não chegava nem a 2,3% e após a implementação do serviço de atendimento a pessoas TT com as devidas ações de sensibilização, atreladas ao acompanhamento hormonal individualizado, estas pessoas tiveram mais facilidade de acesso a PREP e com isto maior procura e adesão por este método de prevenção. Além do uso orientado de hormônios, ter a mesma unidade de dispensação para a profilaxia do HIV facilitou o seguimento da PREP, estratégia esta que reduziu barreiras de acesso e impactou no incremento de usuários de PREP entre pessoas TT no município, diminuindo assim a vulnerabilidade ao HIV desta população. Conclusão Evidencia-se a necessidade de integração dos serviços de hormonizacao para pessoas TT aos serviços especializados em prevenção as infecções sexualmente transmissíveis e HIV/AIDS, para que a PREP seja não utilizada apenas por homens cis gays, mas também tenha ampliado seu acesso para a população de TT, que tem a maior vulnerabilidade a infecção do HIV.	HIV Profilaxia pré-expolição pessoas transgênero serviços de saúde para pessoas transgêne	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Pravosud, Vira; Ballard, April M; Holloway, Ian W; Young, April M	Integrating long-acting injectable treatment to improve medication adherence among persons living with HIV and opioid use disorder: study protocol.	AIDS and Behavior	-	-	-	-	1573-3254	doi.org/10.1186/s13722-023-00418-6	https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-023-00418-6	Oral antiretroviral therapy (ART) has been effective at reducing mortality rates of people with HIV. However, despite its effectiveness, people who use drugs face barriers to maintaining ART adherence. Receipt of opioid agonist treatment, in the context of HIV care, is associated with medication adherence and decreased HIV viral loads. Recent pharmacological advancements have led to the development of novel long-acting, injectable, medications for both HIV (cabotegravir co-administered with rilpivirine) and OUD (extended-release buprenorphine). These therapies have the potential to dramatically improve adherence by eliminating the need for daily pill-taking. Despite the extensive evidence base supporting long-acting injectable medications for both HIV and OUD, and clinical guidelines supporting integrated care provision, currently little is known about how these medications may be optimally delivered to this population. This paper presents the study design for the development of a clinical protocol to guide the delivery of combined treatment for HIV and OUD using long-acting injectable medications.	Opioid use disorder. HIV. Medications for opioid use disorder. Long-acting injectable medication. Antiretroviral therapy. Antiviral resistance	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Price G.; Hubach R.D.; Currin J.M.; Owens C.	Knowledge, sex, and region associated with primary care providers prescribing adolescents HIV pre-exposure prophylaxis	Scientific Reports	-	-	-	-	20452322	10.1038/s41598-023-44165-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173303022&doi=10.1038%2fs41598-023-44165-9&partnerID=40&md5=f544fb3fc5249cbbe811cd0d0da5ecb9	Although HIV pre-exposure prophylaxis (PrEP) effectively and safely prevents HIV among adolescents, uptake of PrEP is low. Adolescents must have primary care providers (PCPs) prescribe them PrEP, making PCPs critical actors in PrEP delivery. However, research has primarily investigated determinants of PCPs' intention to prescribe adolescents PrEP rather than the determinants of performing the behavior itself. We examined the demographic, clinical practice, and implementation determinants of PCPs previously prescribing PrEP to adolescents. PCPs were recruited from a national Qualtrics panel of licensed medical providers in the United States from July 15-August 19, 2022. The Theoretical Domains Framework informed the implementation determinants measured. A multivariable logistic regression was used. PCPs who were more knowledgeable of the CDC guidelines (aOR 2.97, 95% CI 2.16–4.10), who were assigned male at birth (aOR 1.64, 95% CI 1.03–2.59), and who practiced in the Western region (aOR 1.85, 95% CI 1.04–3.30) had greater odds of prior prescribing adolescents PrEP. Provider-based educational interventions should be designed, implemented, and tested to encourage PCPs to prescribe PrEP to eligible adolescents. © 2023, Springer Nature Limited.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Primdahl N.L.; Skovdal M.	The workings of Pre-Exposure Prophylaxis (PrEP) citizenship amongst queer men in Denmark	Women, Gender and Research	-	-	22456937	10.7146/KKF.V35I1.133799	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166337870&doi=10.7146%2fKKF.V35I1.133799&partnerID=40&md5=c58ebe7fa5e79b6fcd67edde8eb2422f	In 2019, oral Pre-Exposure Prophylaxis (PrEP), a HIV prevention pill, was made available for 'at-risk' populations in Denmark, with uptake primarily seen amongst men who have sex with men. While PrEP has revolutionised HIV prevention by simultaneously providing sexual freedom and protection from HIV, it is accompanied by firm medical and social surveillance, through which, some commentators argue, PrEP citizenships are produced. This article draws on visual ethnographic data to explore how PrEP users in Denmark experience and reflect on the types of 'work' involved with, and moralities arising from, this PrEP citizenship. We argue that PrEP citizenship is contingent on the resources and abilities of individuals to proactively engage with this 'work' and balance the moral ambiguities of PrEP in relation to both local communities and their obligations concerning the Danish welfare state. © 2023 Lavoisier. All rights reserved.	Biocitizenship; HIV prevention; Pre-Exposure Prophylaxis; PrEP Citizenship; Queer healthcare	English	Germany	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Qualitative
Article	2023	Protiere C.; Sagaon-Teyssier L.; Donadille C.; Sow A.; Gaubert G.; Girard G.; Mora M.; Assoumou L.; Beniguel L.; Michels D.; Ghosn J.; Costagliola D.; Rojas Castro D.; Molina J.-M.; Spire B.	Perception of PrEP-related stigma in PrEP users: Results from the ANRS-PREVENIR cohort	HIV Medicine	-	-	14642662	10.1111/hiv.13491	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152384049&doi=10.1111%2fhiv.13491&partnerID=40&md5=cbb0ce9f98cd536fb502b6a1b5028a98	Introduction: Since the advent of HIV pre-exposure prophylaxis (PrEP), stigma has been shown to be a major barrier to its uptake and adherence. It is therefore essential to define the proportion of users who consider that PrEP can negatively impact their image and the factors associated with this perception. Method: We performed a multivariable logistic regression on data from the 2567 participants in the ANRS-PREVENIR study who answered the outcome question. Results: Almost one-third of the sample (comprising mostly cisgender men who have sex with men 94.3%) considered that taking PrEP could give others a negative image of them. Younger participants (adjusted odds ratio aOR 0.98; 95% confidence interval CI 0.97–0.99) and more psychologically vulnerable participants (i.e., lower self-esteem score aOR 0.98; 95% CI 0.96–0.99 and higher depression score aOR 1.02; 95% CI 1.00–1.03) were also more likely to have this perception. In contrast, participants encouraged to take PrEP by their main partner (aOR 0.67; 95% CI 0.51–0.88) and friends (aOR 0.79; 95% CI 0.66–0.95), and those who protected themselves more because they had knowledge of their most recent sexual partner's HIV status (aOR 0.83; 95% CI 0.69–0.99) and systematic use of PrEP and/or condoms during intercourse in the previous 3 months (aOR 0.80; 95% CI 0.67–0.96) were less likely to have this perception. Discussion: Given the strong interrelation between stigmatization (real or perceived), risky behaviours and adherence, our results emphasize the need for HIV prevention campaigns to promote a positive image of PrEP users. They also show that stigmatization and its effects need to be fully considered to improve HIV prevention offers to current and potential PrEP users who are most likely to be psychologically vulnerable. © 2023 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	MSM; PrEP; psychological vulnerability; representations; stigma	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Psaros C.; Goodman G.R.; McDonald V.W.; Ott C.; Blyler A.; Rivas A.; Shan L.; Campbell M.; Underwood E.; Krakower D.; Elopre L.; Kudroff K.; Sherr K.H.; Kempf M.-C.	Protocol for WeExPAnd: A prospective, mixed-methods pilot demonstration study to increase access to pre-exposure prophylaxis among women vulnerable to HIV infection in the Southern USA	BMJ Open	-	-	20446055	10.1136/bmjopen-2023-075250	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161254501&doi=10.1136%2fbmjopen-2023-075250&partnerID=40&md5=09336d4601f4b15c8bc2e8516fb832d0	Introduction African American women (AA), particularly those living in the Southeastern USA, experience disproportionately high rates of HIV infection. Pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention tool that may circumvent barriers to traditional HIV prevention tools, such as condom use; however, very little is known about how to improve PrEP access and uptake among AA women who may benefit from PrEP use. This project aims to understand how to increase PrEP access among AA women in the rural Southern USA, which may ultimately affect HIV incidence in this population. Methods and analysis The goal of the current study is to systematically adapt a patient-provider communication tool to increase PrEP uptake among AA women receiving care at a federally qualified health centre in Alabama. We will use an iterative implementation process, by assessing the feasibility, acceptability and preliminary impact of the tool on PrEP uptake, using a pilot preintervention/postintervention design (N=125). We will evaluate women's reasons for declining a referral to a PrEP provider, reasons for incomplete referrals, reasons for not initiating PrEP after a successful referral and ongoing PrEP use at 3 and 12 months after PrEP initiation among our sample. The proposed work will significantly contribute to our understanding of factors impacting PrEP uptake and use among AA women, particularly in underserved areas in the Deep South that are heavily impacted by the HIV epidemic and experience worse HIV-related health outcomes relative to other areas in the USA. Ethics and dissemination This protocol has been approved by the Institutional Review Board (IRB) at University of Alabama at Birmingham (Birmingham, AL; protocol 300004276). All participants will review a detailed informed consent form approved by the IRB and will provide written or verbal informed consent prior to enrolment. Results will be disseminated through peer-reviewed manuscripts, reports, and local, national and international presentations. Trial registration number NCT04373551. © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Feasibility Studies; Health Education; Health Equity; HIV & AIDS; Primary Prevention; SEXUAL MEDICINE	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Psaros C.; Hill-Rorie J.; Quint M.; Horvitz C.; Dormitzer J.; Biello K.B.; Krakower D.S.; Safren S.A.; Mimiaga M.J.; Sullivan P.; Hightow-Weidman L.B.; Mayer K.H.	A qualitative exploration of how to support PrEP adherence among young men who have sex with men	AIDS Care	-	-	9540121	10.1080/09540121.2023.2240070	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172766781&doi=10.1080%2f09540121.2023.2240070&partnerID=40&md5=f58c8cbaa09528abe213731bf97639c7	New HIV infections disproportionately affect young men who have sex with men (YMSM). PrEP is effective in preventing HIV acquisition; however, adherence is critical and is often suboptimal among YMSM. Interventions addressing the unique PrEP adherence challenges faced by YMSM are needed. We conducted qualitative interviews with 20 HIV-negative, YMSM (ages 15-24) with a PrEP indication and 11 healthcare professionals to inform adaption of a PrEP adherence intervention (Life-Steps for PrEP) for YMSM. We explored environmental, healthcare, and individual factors influencing uptake, adherence, attitudes, and perspectives (including desired modifications) on the Life-Steps intervention. Interviews were analyzed using content analysis. Of YMSM study participants (mean age 21.6) 55% were White, 15% Hispanic, and 5% Black. Most YMSM were PrEP-experienced (70%). Healthcare professionals (6 prescribers, 1 nurse, 2 health educators, 2 other/unspecified) averaged 6.9 years of experience caring for YMSM. All described stigma as a barrier to PrEP; YMSM expressed concern around being perceived as "risky" and concern about inadvertent PrEP disclosure if family/friends found their medication, or if parental insurance was used. Difficulty with planning for potential adherence challenges were identified by both groups. YMSM highlighted benefits of a nurse-led intervention (i.e., adding "legitimacy"), but stressed need for nonjudgmental, "savvy" interventionists. YMSM expressed a desire for comprehensive YMSM-specific sexual health information. These findings informed modification and expansion of Life-Steps content. Results highlight key potential barriers, many of which center around privacy. Content that addresses PrEP stigma, disclosing PrEP use, navigating insurance, and planning ahead in a nonjudgmental environment by trusted providers emerged as important components of a YMSM-focused delivery of Life-Steps for PrEP. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	HIV; HIV prevention; YMSM; young men who have sex with men	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Pyra, Maria; Kline, J.; Taylor, O.; Rusie, L.; Schafer, T.; Motley, D.; Johnson, A. K.	Changes in HIV Prevention and Sexual Experiences During the COVID-19 Pandemic: A Mixed-Methods Study.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003229	https://pubmed.ncbi.nlm.nih.gov/37256682/	BACKGROUND: STI and HIV services and infection rates were affected during the COVID-19 pandemic, because of changes in access to health care and individual behavior. Understanding how individuals made decisions around prevention and sexual activities during different phases of the pandemic is useful to addressing the rising rates of STIs and HIV. SETTING: Federally-qualified health center focused on sexual and gender minority health, Chicago IL, 2021. METHODS: Patients with a history of PrEP use who were contacted by the PrEP retention team as part of standard care were invited to complete an online survey. A subset of survey participants were then contacted to complete one-on-one interviews. Participants were asked about two distinct periods: November 2020 to January 2021 and February to June 2021. RESULTS: From the 356 survey participants (mostly young, insured, and experienced with PrEP), more than half maintained their number of sex partners during the early pandemic and most also maintained PrEP use; during the later pandemic, most reported more or the same number of sex partners and almost all maintained PrEP use. From interviews, we identified diverse and changing experiences regarding sexual practices throughout the pandemic; whereas many participants changed PrEP use in accordance with sexual practices, many others maintained PrEP use as a habit. COVID-19 prevention was also a factor in sexual activities, particularly prevaccination. CONCLUSION: Many PrEP users try to align their HIV prevention with their sexual exposures and establish PrEP as a long-term habit. Removing financial and access barriers is important to improve PrEP use and STI testing.	Humans; Male; Sexual Behavior; Homosexuality, Male; *Pre-Exposure Prophylaxis/methods; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Pandemics/prevention & control; *Sexually Transmitted Diseases/prevention & control; *COVID-19/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Quinn K.G.; Dickson-Gomez J.; Craig A.; John S.A.; Walsh J.L.	Intersectional Discrimination and PrEP uSe Among Young Black Sexual Minority Individuals: The Importance of Black LGBTQ Communities and Social Support	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03763-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133460116&doi=10.1007%2fs10461-022-03763-w&partnerID=40&md5=71c67a52be21347c60aa0e30ec5ff9c8	Intersectional stigma and discrimination have increasingly been recognized as impediments to the health and well-being of young Black sexual minority men (YBSMM) and transgender women (TW). However, little research has examined the relationship between intersectional discrimination and HIV pre-exposure prophylaxis (PrEP) outcomes. This study with 283 YBSMM and TW examines the relationship between intersectional discrimination and current PrEP use and likelihood of future PrEP use. Path models were used to test associations between intersectional discrimination, resilience and social support, and PrEP use and intentions. Individuals with higher levels of anticipated discrimination were less likely to be current PrEP users (OR = 0.59, p =.013), and higher levels of daily discrimination were associated with increased likelihood of using PrEP in the future (B = 0.48 (0.16), p =.002). Greater discrimination was associated with higher levels of resilience, social support, and connection to the Black LGBTQ community. Social support mediated the effect of day-to-day discrimination on likelihood of future PrEP use. Additionally, there was a significant and negative indirect effect of PrEP social concerns on current PrEP use via Black LGBTQ community connectedness. The results of this study highlight the complexity of the relationships between discrimination, resilience, and health outcomes. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Homophobia; Intersectional discrimination; Men who have sex with men; Pre-exposure prophylaxis; Racism; Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Raccagni A.R.; Galli L.; Lucente M.F.; Candela C.; Lolatto R.; Trentacapilli B.; Ponta G.; Messina E.; Gianotti N.; Castagna A.; Nozza S.	High Propensity to Switch to Long-acting Injectable HIV PrEP with Cabotegravir in a Cohort of Oral PrEP Experienced Men who Have Sex with Men in Italy	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04197-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173084873&doi=10.1007%2fs10461-023-04197-8&partnerID=40&md5=dc285affb5286b30704d18b7d5a01e36	Aim was to investigate the propensity to switch to long-acting injectable HIV pre-exposure prophylaxis (PrEP) with cabotegravir among oral PrEP-experienced men who have sex with men. Out of 377 PrEP users, 325 (86.2%) were interested (would like = 210) or considering (would consider = 115) switch to long-acting PrEP. At multivariable analysis, the odds ratio of interest in long-acting PrEP in non-adherent vs. adherent individuals to oral PrEP was 5.03 (95%CI = 1.73–14.61,p = 0.003) and of consideration 1.63 (95%CI = 0.51–5.23,p = 0.410). We observed very high propensity to switch to long-acting PrEP, particularly among non-adherent users. Rapid availability of long-acting PrEP might address unmet needs of PrEP users in Italy. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Cabotegravir; Long acting; Pre-exposure prophylaxis; PrEP	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2023	Raccagni, Angelo Roberto; Ceccarelli, Daniele; Trentacapilli, Benedetta; Galli, Laura; Lolatto, Riccardo; Canetti, Diana; Bruzzesi, Elena; Candela, Caterina; Castagna, Antonella; Nozza, Silvia	Viral Hepatitis and Human Papillomavirus Vaccination During HIV Pre-Exposure Prophylaxis: Factors Associated With Missed Vaccination.	Journal of Acquired Immune Deficiency Syndromes	-	-	1944-7884	10.1097/QAI.0000000000003216	https://dx.doi.org/10.1097/QAI.0000000000003216	BACKGROUND: We evaluated factors associated with lack of triple vaccination (hepatitis A virus HAV, hepatitis B virus HBV, and human papillomavirus HPV) among men who have sex with men using pre-exposure prophylaxis (PrEP). SETTING: PrEP users at the San Raffaele Scientific Institute, Italy, with ≥1 follow-up visit (May 2017-2022). METHODS: Participants were considered protected if (1) before PrEP access: positive serology (IgG-HAV+, hepatitis B surface antigen >10 mUI/mL) or vaccination history was recorded and (2) after starting PrEP: ≥1 dose of each vaccination was administered. Individuals were considered fully protected if they received the following before/during PrEP access: HAV vaccination/infection, HBV vaccination/infection, and HPV vaccination. χ 2 and Kruskal-Wallis tests were used to compare characteristics of those fully, partially, and not protected. Factors associated with the lack of triple vaccination were assessed by using multivariable logistic regression and classification tree analysis. RESULTS: Overall, 473 men who have sex with men were considered: 146 (31%) were fully protected, 231 (48%) partially, and 96 (20%) were not. Daily-based PrEP users (fully: 93, 63.7%; partially: 107, 46.3%; and not protected: 40, 41.7%; P = 0.001) and those with a sexually transmitted infection at the first visit (43, 29.5%; 55, 23.8%; 15, 15.6%; P = 0.048) were more frequently fully protected. At multivariable analysis, the odds of lack of triple vaccination was lower among daily-based users (adjusted odds ratio = 0.47, 95% confidence interval = 0.31-0.70, P < 0.001). Classification tree analysis showed that among daily-based users, with sexually transmitted infection prior and at the first PrEP visit, there was a lower chance of lack of triple vaccination (P = 44%). CONCLUSIONS: Strategies targeting PrEP users at risk of missing HAV, HBV, and HPV vaccinations need to be implemented, focusing mostly on event-based users.	NA	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2023	Raifman J.; Cheng D.M.; Skinner A.; Hatzenbuehler M.L.; Mayer K.H.; Stein M.D.	State same-sex marriage policies and pre-exposure prophylaxis implementation among men who have sex with men in the United States	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.26180	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177648254&doi=10.1002%2fjia2.26180&partnerID=40&md5=133567ba188aa1110161f71eb71e400	Introduction: More than 70% of new HIV diagnoses in the United States were among men who have sex with men (MSM) in 2019. Pre-exposure prophylaxis (PrEP) is a transformative innovation for reducing human immunodeficiency virus (HIV) infections. Structural stigma against sexual minorities, including in the form of state-level policies, may affect PrEP implementation. We evaluated whether lower structural stigma reflected by earlier year of state same-sex marriage legalization was associated with increased male PrEP prescriptions and male PrEP-to-need ratio (PnR), a ratio of PrEP prescriptions to new HIV diagnoses. Methods: We used 2012−2019 AIDSVu data on male PrEP prescriptions and male PnR in each US state and year. We used generalized estimating equations to evaluate the relationship between the timing of implementing state same-sex marriage policies and the outcomes of male PrEP prescriptions per 100,000 people and the male PnR. We adjusted for calendar year, Medicaid expansion and the political party of the governor in each state. Results: State implementation of same-sex marriage policies in earlier, relative to later, periods was associated with increases in the rate of male PrEP prescriptions and in the male PnR. Specifically, implementing state same-sex marriage policies between 2004 and 2011 and between 2012 and 2013 were each associated with greater rates of male PrEP prescriptions relative to implementing same-sex marriage policies between 2014 and 2015. Implementing state same-sex marriage policies between 2004 and 2011 as well as between 2012 and 2013 were both significantly associated with a greater male PnR relative to implementing same-sex marriage policies between 2014 and 2015. By 2019, the difference in male PrEP prescriptions was 137.9 (97.3−175.5) per 100,000 in states that implemented same-sex marriage in 2004−2011 and 27.2 (23.3−30.5) per 100,000 in states that implemented same-sex marriage from 2012 to 2013, relative to states that implemented same-sex marriage in 2014−2015. Conclusions: Earlier implementation of state same-sex marriage policies was associated with greater rates of male PrEP prescriptions. Reducing state-level structural stigma may improve HIV prevention among MSM in the United States. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	men who have sex with men; policy; PrEP; stigma; structural drivers; structural interventions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ramadhani H.O.; Crowell T.A.; Nowak R.G.; Adebajo S.; Kayode B.O.; Ononaku U.; Baral S.D.; Ndembi N.; Charurat M.E.	Determinants of Preexposure Prophylaxis Cascade Among Sexual and Gender Minorities in Nigeria	Sexually Transmitted Diseases	-	-	1485717	10.1097/OLQ.0000000000001841	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167844283&doi=10.1097%2fOLQ.0000000000001841&partnerID=40&md5=aabab390e271be855502c64ba4f7c7dc	Background Preexposure prophylaxis (PrEP) is effective in preventing human immunodeficiency virus (HIV) infection among sexual and gender minorities (SGMs). We evaluated the characteristics associated with engagement in 7 steps of the PrEP cascade among SGMs in Nigeria. Methods Sexual and gender minorities without HIV from the Abuja site of TRUST/RV368 cohort who were surveyed on awareness of and willingness to use PrEP were approached for PrEP initiation upon availability of oral daily PrEP. To understand gaps in the uptake of oral daily PrEP, we categorized the HIV PrEP cascade as (i) education about PrEP, (ii) interest in PrEP, (iii) successful contact, (iv) appointment scheduled, (v) appointment attendance, (vi) PrEP initiation, and (vii) plasma protective levels of tenofovir disoproxil fumarate. Multivariable logistic regression models were used to determine factors associated with each of the 7 steps in the HIV PrEP cascade. Results Of 788 participants, 718 (91.1%) showed interest in taking oral daily PrEP every day and/or after a sexual act, 542 (68.8%) were successfully contacted, 433 (54.9%) scheduled an appointment, 409 (51.9%) attended a scheduled appointment, 400 (50.8%) initiated oral daily PrEP, and 59 (7.4%) had protective levels of tenofovir disoproxil fumarate. Of initiators of PrEP, 23 (5.8%) seroconverted at a rate of 13.9 cases/100 person-years. Better social support, larger network density, and higher education were associated with engagement in 4 to 5 components of the cascade. Conclusions Our data highlight a gap between willingness and actual PrEP use. Despite PrEP's effectiveness in preventing HIV, the optimal impact of PrEP for SGMs in sub-Saharan Africa will require multifaceted approaches that combine social support, education, and destigmatization. © 2023 American Sexually Transmitted Diseases Association.All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Nigeria	Western and Central Africa	Quantitative
Article	2023	Ramanaik S.; Sinha A.P.; Mukherjee A.; Pujar A.; Subramanyam K.; Gopalan A.; Washington R.	Acceptability of PrEP among MSM and transgender communities-Qualitative findings from two metropolitan cities in India	PLOS One	-	-	19326203	10.1371/journal.pone.0281984	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148773348&doi=10.1371%2fjournal.pone.0281984&partnerID=40&md5=538b31fbe1611a7fe6cf43761ca40539	Background Global evidence suggests that Pre-Exposure Prophylaxis (PrEP) plays a pivotal role in reducing new HIV-infections among key populations (KP). However, the acceptability of PrEP differs across different geographical and cultural settings and among different KP typologies. Men who have sex with men (MSM) and transgender (TG) communities in India have around 15-17 times higher prevalence of human immunodeficiency virus (HIV) than the general population. The low rates of consistent condom use and poor coverage of HIV testing and treatment among the MSM and transgender communities highlight the need for alternative HIV prevention options. Methods We used data from 20 in-depth interviews and 24 focused group discussions involving 143 MSM and 97 transgender individuals from the two metropolitan cities (Bengaluru and Delhi) in India to qualitatively explore their acceptability of PrEP as a HIV prevention tool. We coded data in NVivo and conducted extensive thematic content analysis. Results Awareness and use of PrEP were minimal among the MSM and transgender communities in both cities. However, on being provided with information on PrEP, both MSM and transgender communities expressed willingness to use PrEP as an additional HIV-prevention tool, to complement inability to consistently use condoms. PrEP was also perceived as a tool that could enhance the uptake of HIV-testing and counseling services. PrEP awareness, availability, accessibility and affordability were identified as determining factors that could influence its acceptability. Challenges such as stigma and discrimination, interrupted supply of drugs and non-community-friendly drug dispensing sites were identified barriers to continuing PrEP. Conclusions Using qualitative data from two Indian settings, this study provides community perspectives and recommendations to stakeholders and policymakers for introduction of PrEP into programs as a prevention tool among MSM and transgender communities in India. © 2023 Ramanaik et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	Canada	Western and Central Europe and North America	Qualitative
Article	2023	Rametse C.L.; Webb E.L.; Herrera C.; Alinde B.; Besethi A.; Motaung B.; Mbangiwa T.; Leach L.; Sebaa S.; Pillay A.-D.A.P.; Seiphetlo T.B.; Malhangu B.; Petkov S.; Else L.; Mugaba S.; Namubiru P.; Odoch G.; Opoka D.; Serwanga J.; Ssemata A.S.; Kaleebu P.; Khoo S.; Lebina L.; Martinson N.; Chiodi F.; Fox J.; Gray C.M.	A randomized clinical trial of on-demand oral pre-exposure prophylaxis does not modulate lymphoid/myeloid HIV target cell density in the foreskin	AIDS	-	-	2699370	10.1097/QAD.0000000000003619	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166442104&doi=10.1097%2fQAD.0000000000003619&partnerID=40&md5=c0b2931576d329a4836d49a4b802931b	Objectives:As topical pre-exposure prophylaxis (PrEP) has been shown to cause immune modulation in rectal or cervical tissue, our aim was to examine the impact of oral PrEP on lymphoid and myeloid changes in the foreskin in response to dosing and timing of drug administration.Design:HIV-negative male individuals (n=144) were recruited in South Africa and Uganda into an open-label randomized controlled trial in a 1:1:1:1:1:1:1:1:1 ratio to control arm (with no PrEP) or one of eight arms receiving emtricitabine-tenofovir disoproxil fumarate (F/TDF) or emtricitabine-tenofovir alafenamide (F/TAF) at one of two different doses, 5 or 21h before undergoing voluntary medical male circumcision (VMMC).Methods:After dorsal-slit circumcision, foreskin tissue sections were embedded into Optimal Cutting Temperature media and analysed, blinded to trial allocation, to determine numbers of CD4+CCR5+, CD1a+cells and claudin-1 expression. Cell densities were correlated with tissue-bound drug metabolites and p24 production after ex-vivo foreskin challenge with HIV-1bal.Results:There was no significant difference in CD4+CCR5+or CD1a+cell numbers in foreskins between treatment arms compared with the control arm. Claudin-1 expression was 34% higher (P=0.003) in foreskin tissue from participants receiving PrEP relative to controls, but was no longer statistically significant after controlling for multiple comparisons. There was neither correlation of CD4+CCR5+, CD1a+cell numbers, or claudin-1 expression with tissue-bound drug metabolites, nor with p24 production after ex-vivo viral challenge.Conclusion:Oral doses and timing of on-demand PrEP and in-situ drug metabolite levels in tissue have no effect on numbers or anatomical location of lymphoid or myeloid HIV target cells in foreskin tissue. © 2023 Lippincott Williams and Wilkins. All rights reserved.	claudin-1; emtricitabine-tenofovir alafenamide; emtricitabine-tenofovir disoproxil fumarate; foreskin; HIV target cells; pre-exposure prophylaxis; voluntary medical male circumcision	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Clinical
Article	2023	Ramgopal, MN; Castagna, A; Cazanave, C; Diaz-Brito, V; Dretler, R; Oka, S; Osiyemi, O; Walmsley, S; Sims, J; Di Perri, G; Sutton, K; Sutherland-Phillips, D; Berni, A; Latham, CL; Zhang, F; D'Amico, R; Pascual Bernáldez, M; Van Solingen-Ristea, R; Van Eygen, V; Patel, P; Chounta, V; Spreen, WR; Garges, HP; Smith, K; van Wyk, J	Efficacy, safety, and tolerability of switching to long-acting cabotegravir plus rilpivirine versus continuing fixed-dose bictegravir, emtricitabine, and tenofovir alafenamide in virologically suppressed adults with HIV, 12-month results (SOLAR): a randomised, open-label, phase 3b, non-inferiority trial	The Lancet HIV	-	-	23523018	10.1016/S2352-3018(23)00136-4	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02594633/full	BACKGROUND: Cabotegravir plus rilpivirine is the only approved complete long-acting regimen for the maintenance of HIV-1 virological suppression dosed every 2 months. The SOLAR study aimed to compare long-acting cabotegravir plus rilpivirine every 2 months with continued once-daily bictegravir, emtricitabine, and tenofovir alafenamide for the maintenance of HIV-1 virological suppression in adults living with HIV. METHODS: SOLAR is a randomised, open-label, multicentre, phase 3b, non-inferiority study. The study was done in 118 centres across 14 countries. Participants with HIV-1 RNA less than 50 copies per mL were randomly assigned (2:1), stratified by sex at birth and BMI, to either long-acting cabotegravir (600 mg) plus rilpivirine (900 mg) dosed intramuscularly every 2 months or to continue daily oral bictegravir (50 mg), emtricitabine (200 mg), and tenofovir alafenamide (25 mg). Participants randomly assigned to long-acting therapy had a choice to receive cabotegravir (30 mg) plus rilpivirine (25 mg) once daily as an optional oral lead-in for approximately 1 month. The primary efficacy endpoint was the proportion of participants with virological non-response (HIV-1 RNA ≥50 copies per mL; the US Food and Drug Administration snapshot algorithm, 4% non-inferiority margin; modified intention-to-treat exposed population) at month 11 (long-acting start with injections group) and month 12 (long-acting with oral lead-in group and bictegravir, emtricitabine, and tenofovir alafenamide group). The study is registered with ClinicalTrials.gov, NCT04542070, and is ongoing. FINDINGS: 837 participants were screened between Nov 9, 2020, and May 31, 2021, and 687 were randomly assigned to switch treatment or continue existing treatment. Of 670 participants (modified intention-to-treat exposed population), 447 (67%) switched to long-acting therapy (274 61% of 447 start with injections; 173 39% of 447 with oral lead-in) and 223 (33%) continued bictegravir, emtricitabine, and tenofovir alafenamide. Baseline characteristics were similar; median age was 37 years (range 18-74), 118 (18%) of 670 were female sex at birth, 207 (31%) of 670 were non-White, and median BMI was 25·9 kg/m2 (IQR 23·3-29·5). At month 11-12, long-acting cabotegravir plus rilpivirine showed non-inferior efficacy versus bictegravir, emtricitabine, and tenofovir alafenamide (HIV-1 RNA ≥50 copies per mL, five 1% of 447 vs one <1% of 223), with an adjusted treatment difference of 0·7 (95% CI -0·7 to 2·0). Excluding injection site reactions, adverse events and serious adverse events were similar between groups. No treatment-related deaths occurred. More long-acting group participants had adverse events leading to withdrawal (25 6% of 454 vs two 1% of 227). Injection site reactions were reported by 316 (70%) of 454 long-acting participants; most (98%) were grade 1 or 2. INTERPRETATION: These data support the use of long-acting cabotegravir plus rilpivirine dosed every 2 months as a complete antiretroviral regimen that has similar efficacy to a commonly used integrase strand transfer inhibitor-based first-line regimen, while addressing unmet psychosocial issues associated with daily oral treatment. FUNDING: ViiV Healthcare.	*Anti-HIV Agents adverse effects; *HIV Infections drug therapy; *HIV Seropositivity drug therapy; *HIV-1 physiology; Adenine adverse effects; Adolescent; Adult; Aged; Anti-Retroviral Agents therapeutic use; Emtricitabine adverse effects; Female; Heterocyclic Compounds, 4 or More Rings adverse effects; Humans; Infant, Newborn; Injection Site Reaction drug therapy; Male; Middle Aged; RNA therapeutic use; Rilpivirine adverse effects; Tenofovir adverse effects; Viral Load; Young Adult	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	France	Western and Central Europe and North America	Clinical
Article	2023	Ramos S.D.; Du Bois S.	Facilitators and Barriers to Pre-Exposure Prophylaxis Uptake Willingness for Full-Service Sex Workers: A Social–Ecological Approach	Sociological Inquiry	-	-	380245	10.1111/soin.12589	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179964276&doi=10.1111%2fsoin.12589&partnerID=40&md5=cfb02ee9f4222708e404b65e475a6c9b	Full-service sex workers (FSSWs) are at heightened risk of contracting HIV due to facing multi-level challenges to sexual health. This study investigated factors associated with willingness to use Pre-Exposure Prophylaxis (PrEP)—a daily HIV preventative medication, among FSSWs. Using social–ecological theory, an online survey was developed with initial guidance from a local sex worker advocacy organization to assess barriers and facilitators to PrEP uptake willingness. The survey was disseminated with the assistance of local and national sex work advocacy organizations. In our sample of FSSWs (n = 83), two barriers and two facilitators initially were associated with PrEP uptake. However, in adopting a more conservative analysis, only anticipating stigmatizing disapproval from others for using PrEP and providing others with PrEP knowledge maintained statistical significance. These two variables collectively explained nearly 30% of the variance in PrEP uptake willingness. Implications for both future research and clinical work with FSSWs are discussed. © 2023 The Authors. Sociological Inquiry published by Wiley Periodicals LLC on behalf of Alpha Kappa Delta: The International Sociology Honor Society.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ramos S.D.; Woodward H.; Kannout L.; Du Bois S.	Dimensional Reduction in Barriers and Facilitators to Pre-exposure Prophylaxis (PrEP) Uptake Willingness for Full-Service Sex Workers	Archives of Sexual Behavior	-	-	40002	10.1007/s10508-023-02742-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176470209&doi=10.1007%2fs10508-023-02742-z&partnerID=40&md5=271c7d7f95666f49f40b81aae9ffefc7	Full-Service Sex Workers (FSSWs) face heightened risk of acquiring HIV, yet exhibit relatively low adoption of pre-exposure prophylaxis (PrEP)—an antiviral that substantially reduces HIV acquisition risk. Little work examines barriers and facilitators to PrEP uptake willingness among FSSWs. This study aimed to identify the distinct components of barriers and facilitators to PrEP uptake willingness for FSSWs. Here, we subjected 19 PrEP barriers and facilitators identified in the literature to a principal component analysis (PCA) among a sample of 83 FSSWs. Preliminary statistics supported factorability of data. PCA revealed three distinct components of barriers and facilitators that explained 62.80% of the total variance in survey responses. We labeled these components Behavioral and Social Concerns (α = 0.93), Access and Affordability (α = 0.67), and Biologically Based Health Concerns (α = 0.79). This study shows promise for future clinical and research utility of these factors and provides a basis for future psychometric studies of barriers and facilitators to PrEP uptake willingness among FSSWs. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Barriers and facilitators; Full-service sex work (FSSW); HIV prevention; Pre-exposure prophylaxis (PrEP); Principal component analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ramraj T.; Chirinda W.; Jonas K.; Govindasamy D.; Jama N.; McClinton Appollis T.; Zani B.; Mukumbang F.C.; Basera W.; Hlongwa M.; Turawa E.B.; Mathews C.; Nicol E.	Service delivery models that promote linkages to PrEP for adolescent girls and young women and men in sub-Saharan Africa: A scoping review	BMJ Open	-	-	20446055	10.1136/bmjopen-2022-061503	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150961722&doi=10.1136%2fbmjopen-2022-061503&partnerID=40&md5=1eeff57797f9861b9b6952166f76e72f	Background Pre-exposure prophylaxis (PrEP) is an emerging biomedical prevention intervention. Documenting PrEP service delivery models (SDMs) that promote linkage to and continuation of PrEP will inform guidelines and maximise roll-out. Objectives To synthesise and appraise the effectiveness and feasibility of PrEP SDMs designed to promote linkage to PrEP care among adolescent girls and young women (AGYW) and men in sub-Saharan Africa (SSA). Eligibility criteria Primary quantitative and qualitative studies published in English and conducted in SSA were included. No restrictions on the date of publication were applied. Sources of evidence Methodology outlined in the Joanna Briggs Institute reviewers' manual was followed. PubMed, Cochrane library, Scopus, Web of Science and online-conference abstract archives were searched. Charting methods Data on article, population, intervention characteristics and key outcomes was charted in REDCap. Results and conclusion Of the 1204 identified records, 37 (met the inclusion criteria. Health facility-based integrated models of PrEP delivery with family planning, maternal and child health or sexual and reproductive services to AGYW resulted in PrEP initiation of 16%-90%. Community-based drop-in centres (66%) was the preferred PrEP outlet for AGYW compared with public clinics (25%) and private clinics (9%). Most men preferred community-based delivery models. Among individuals who initiated PrEP, 50% were men, 62% were <35 years old and 97% were tested at health fairs compared with home testing. Integrated antiretroviral therapy (ART)-PrEP delivery was favoured among serodiscordant couples with 82.9% of couples using PrEP or ART with no HIV seroconversions. PrEP initiation within healthcare facilities was increased by perceived client-friendly services and non-judgemental healthcare workers. Barriers to PrEP initiation included distance to travel to and time spent at health facilities and perceived community stigma. PrEP SDMs for AGYW and men need to be tailored to the needs and preferences for each group. Programme implementers should promote community-based SDMs to increase PrEP initiation among AGYW and men. © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	HIV & AIDS; public health; public health	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Randolph, Schenita D; Johnson, Ragan; Jeter, Elizabeth; McGee, Kara; Johnson, Allison	UPDOs Protective Styles, a Multilevel Intervention to Improve Pre-exposure Prophylaxis Uptake Among Black Cisgender Women: Pretest-Posttest Evaluation.	Journal of the Association of Nurses in AIDS Care	-	-	1552-6917	10.1097/JNC.0000000000000424	https://dx.doi.org/10.1097/JNC.0000000000000424	ABSTRACT: In the United States, Black cisgender women account for one in five new HIV infections with Black Americans, accounting for 57% of new diagnoses in the South. Pre-exposure prophylaxis (PrEP) is 99% effective at preventing HIV. Still, Black women's uptake remains at 2% due to multiple documented barriers, including lack of awareness and knowledge, mistrust, stigma, and low perceived risk. Culturally relevant interventions leveraging trusted venues, such as beauty salons, can overcome these barriers. This article reports preliminary results of an intervention to improve PrEP knowledge and awareness, PrEP stigma, PrEP trust, and uptake among Black cisgender women. This multilevel, mixed-methods study used a community-engagement approach to develop and pilot a salon-based intervention, Using PrEP and Doing it for Ourselves (UPDOs) Protective Styles. The intervention improved knowledge, awareness, and trust around PrEP among Black cisgender women. PrEP use stigma within interpersonal relationships decreased, but low perceived risk and social stigma remained constant. Culturally and socially acceptable interventions like UPDOs Protective Styles can model health care delivery to improve trust, thus improving uptake over time for this population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Rangaka, Molebogeng X.; Frick, Mike; Churchyard, Gavin; García-Basteiro, Alberto L.; Hatherill, Mark; Hanekom, Willem; Hill, Philip C.; Hamada, Yohhei; Quaife, Matthew; Vekemans, Johan; White, Richard G.; Cobelens, Frank	Clinical trials of tuberculosis vaccines in the era of increased access to preventive antibiotic treatment.	The Lancet Respiratory medicine	-	-	2213-2619 2213-2600	10.1016/S2213-2600(23)00084-X	https://pubmed.ncbi.nlm.nih.gov/36966794/	Approximately 10·6 million people worldwide develop tuberculosis each year, representing a failure in epidemic control that is accentuated by the absence of effective vaccines to prevent infection or disease in adolescents and adults. Without effective vaccines, tuberculosis prevention has relied on testing for Mycobacterium tuberculosis infection and treating with antibiotics to prevent progression to tuberculosis disease, known as tuberculosis preventive treatment (TPT). Novel tuberculosis vaccines are in development and phase 3 efficacy trials are imminent. The development of effective, shorter, and safer TPT regimens has broadened the groups eligible for TPT beyond people with HIV and child contacts of people with tuberculosis; future vaccine trials will be undertaken in an era of increased TPT access. Changes in the prevention standard will have implications for tuberculosis vaccine trials of disease prevention, for which safety and sufficient accrual of cases are crucial. In this paper, we examine the urgent need for trials that allow the evaluation of new vaccines and fulfil the ethical duty of researchers to provide TPT. We observe how HIV vaccine trials have incorporated preventive treatment in the form of pre-exposure prophylaxis, propose trial designs that integrate TPT, and summarise considerations for each design in terms of trial validity, efficiency, participant safety, and ethics.	Adolescent; Adult; Humans; Child; Clinical Protocols; Antitubercular Agents/therapeutic use; *Tuberculosis Vaccines; *Tuberculosis/epidemiology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Rao A.; Mhlophe H.; Pretorius A.; Mcingana M.; Mcloughlin J.; Shipp L.; Baral S.; Hausler H.; Schwartz S.; Lesko C.	Effect of implementation strategies on pre-exposure prophylaxis persistence among female sex workers in South Africa: an interrupted time series study	The Lancet HIV	-	-	23523018	10.1016/S2352-3018(23)00262-X	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178370205&doi=10.1016%2fS2352-3018%2823%2900262-X&partnerID=40&md5=6da5da3e0ec3df90ffe06a82b48e36ca	Background: A disproportionate number of new HIV infections in South Africa are among female sex workers; pre-exposure prophylaxis (PrEP) for HIV prevention is freely available to female sex workers in the country, but unique barriers challenge PrEP persistence. TB HIV Care, a large South African non-profit organisation that provides daily oral PrEP (tenofovir disoproxil fumarate and emtricitabine), has implemented multiple strategies to improve PrEP persistence. We aimed to evaluate the effect of different implementation strategies on PrEP persistence in a large-scale real-world setting. Methods: In this interrupted time series study, we estimated level changes in 1-month oral PrEP persistence associated with roll-out of various implementation strategies among female sex workers across nine districts in South Africa. We used routinely collected data from TB HIV Care programme files from June 7, 2016, to April 30, 2021. Poisson regression of 1-month persistence was used to assess the effect of these strategies. In secondary analyses, we tested the association between each of the strategies and 4-month persistence. Findings: The median 1-month PrEP persistence for female sex workers was 33% (IQR 27–40). SMS support and refill reminders were associated with an 11% relative increase in 1-month persistence (risk ratio RR 1·11, 95% CI 1·02–1·26) and clinical mentoring for PrEP providers was associated with a 127% relative increase (RR 2·27, 95% CI 1·94–2·66) among female sex workers. The loyalty rewards programme was negatively associated with 1-month persistence (RR 0·71, 95% CI 0·67–0·83). Although clinical mentoring improved 4-month persistence, SMS support text messages had no significant effect. Interpretation: Identification and subsequent use of clinical mentoring for PrEP providers and SMS support and refill reminders might improve the usefulness of PrEP overall to prevent new HIV infections among female sex workers. PrEP persistence remains an important issue, and strategies to build on our findings are needed. Funding: National Institute of Mental Health and National Institute of Allergy and Infectious Diseases. © 2023 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Rao, Amrita; Lesko, Catherine; Mhlophe, Hlengiwe; Rucinski, Katherine; Mcingana, Mfezi; Pretorius, Anje; Mcloughlin, Jennifer; Baral, Stefan; Beyrer, Chris; Hausler, Harry; Schwartz, Sheree	Longitudinal patterns of initiation, persistence, and cycling on preexposure prophylaxis among female sex workers and adolescent girls and young women in South Africa.	AIDS	-	-	1473-5571	10.1097/QAD.0000000000003500	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10079574	OBJECTIVE: Female sex workers (FSW) and adolescent girls and young women (AGYW) face a disproportionately high risk of HIV in South Africa. Oral preexposure prophylaxis (PrEP) can avert new infections, but its effectiveness is linked to consistent use. Early discontinuation of PrEP in this population is high, but less is known about longitudinal patterns of PrEP use, including patterns of re-initiation and cycling. DESIGN: Longitudinal descriptive analysis of routine program data. METHODS: Between 2016 and 2021, 40 681 FSW and AGYW initiated PrEP at TB HIV Care, the largest PrEP provider to this population in South Africa and were included. Using survival analyses and group-based trajectory modeling, we described patterns of initiation, discontinuation, re-initiation, and cycling. RESULTS: Total initiations increased over the life of the program for both FSW and AGYW. About 40% of FSW 0.41, 95% confidence interval (CI) 0.40-0.42 and AGYW (0.38, 95% CI 0.37-0.38) remained on PrEP at one month. FSW were more likely to restart PrEP, however <10% restarted PrEP within a year of initiation. Three latent trajectory groups of PrEP use were identified for FSW (low use, early cycling, and ongoing cycling) and two for AGYW (low use and ongoing cycling). Persistence was negatively associated with initiation among AGYW, but there was no clear relationship among FSW. Those initiating later in the program and older women had a reduced risk of discontinuation. CONCLUSIONS: Persistence on PrEP was low, but cycling on and off PrEP was common, with early missed visits and inconsistent, but ongoing use. A push to increase PrEP initiations needs to factor in readiness and persistence support, to achieve public health impact.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Rastegar J.; Hu A.; Chung L.; Stevens L.; Dixon S.W.; Schwab P.; Ellis J.J.	HIV preexposure prophylaxis treatment patterns in a national health plan population	Journal of Managed Care and Specialty Pharmacy	-	-	23760540	10.18553/jmcp.2023.29.12.1267	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179014714&doi=10.18553%2fjmcp.2023.29.12.1267&partnerID=40&md5=9e3f8e2b1ecaf9b54c3026abae53c104	BACKGROUND: Medication nonadherence diminishes the benefits of preexposure prophylaxis (PrEP) for the 1.2 million Americans at risk for HIV exposure. OBJECTIVE: To describe HIV PrEP treatment patterns among Medicare Advantage Prescription Drug (MAPD) plan and commercially insured beneficiaries. METHODS: This retrospective cohort study identified patients aged 16 to 89 years with at least 1 dispensing of emtricitabine-tenofovir disoproxil fumarate from July 2012, through December 2020, or emtricitabine-tenofovir alafenamide from October 2019 through December 2020, and who were continuously enrolled at least 12 months prior to and following the earliest PrEP claim. Outcomes were HIV PrEP adherence measured by proportion of days covered (PDC) using 2 binary thresholds of 0.60 (4 doses/week) and 0.80 (5-6 doses/week) and duration of index treatment episode, total time on treatment, and total number of prescription fills. RESULTS: The study cohort of 707 (292 MAPD plan, 415 commercial) was predominantly made up of male patients (90.0%) and resided in the South (78.9%) with a mean age of 46.2 years (MAPD plan: 54.5, commercial: 40.4). Both populations engaged in high-risk sexual behavior (All: 18.7%, MAPD plan: 16.8%, commercial: 20.0%) and experienced sexually transmitted infections (All: 3.3%, MAPD plan: 2.1%, commercial: 4.1%). The mean index treatment episode length was 297.0 days (MAPD plan: 283.6, commercial: 306.5). Total time on treatment was 477.3 days (MAPD plan: 450.7, commercial 496.0). At 3 months, 84.9% (MAPD plan: 83.6%, commercial: 85.8%) and at 12 months, 58.7% (MAPD plan: 57.2, commercial: 59.8) of patients achieved a PDC of at least 0.80. At 3 months, 100.0% (MAPD plan: 100.0%, commercial: 100.0%), and at 12 months, 74.3% (MAPD plan: 70.2%, commercial: 76.9%) of patients achieved a PDC of at least 0.60. The cohort had a mean of 16.4 fills of 30 days (MAPD plan: 16.4, commercial: 16.3) supply. CONCLUSIONS: There is an opportunity for clinical programs to focus on improving longer- term PrEP adherence among individuals at risk for HIV exposure. © 2023, Academy of Managed Care Pharmacy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Rawat P.; Imam S.S.; Gupta S.	Formulation of Cabotegravir Loaded Gold Nanoparticles: Optimization, Characterization to In-Vitro Cytotoxicity Study	Journal of Cluster Science	-	-	10407278	10.1007/s10876-022-02261-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85128835249&doi=10.1007%2fs10876-022-02261-2&partnerID=40&md5=8d2b74591a7b94b7455e8e2de5b041d6	The effective and preventive treatment of HIV is one of the difficult challenges worldwide. It requires the development of an effective prophylactic strategy to prevent HIV/AIDS. This study aimed to synthesize Cabotegravir (CAB)-biodegradable gold (Au) nanoparticles by using pectin as a reducer and stabilizer. CAB-GNPs were prepared by the slightly modified Turkevich method. CAB-GNPs were optimized using Box Behnken design for independent variables gold chloride (A), pectin (B) and pH range (C). The effects of independent variables were observed on particle size (Y1) and encapsulation efficiency (Y2). The results of the study revealed that the optimized nanoparticles (GLN7) had a particle size of 3.9 ± 0.1 nm and encapsulation efficiency of 97.2 ± 3.9%. TEM study showed the spherical shape particles. The in-vitro drug release revealed 62.1 ± 0.5% release of CAB in simulated gastric buffer (pH 1.2) and 45.5 ± 2.8% in physiological buffer (pH 7.4). In-vitro cytotoxicity study and antibacterial activity depicted the safety of the prepared NPs by showing lesser toxicity than pure CAB. From the results, our experimental outcomes concluded that CAB gold nanoparticles composed of pectin may constitute a preferred embodiment for the delivery of CAB. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Antibacterial; Biopolymer; Box–Behnken; Cabotegravir; Cytotoxicity; Gold nanoparticles	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	Saudi Arabia	Middle East and North Africa	Clinical
Article	2023	Rawlins-Pilgrim S.; Wheelock A.; Streed C.G., Jr.; Higham M.; Krakower D.S.; Taylor J.L.	Survey assessment of HIV pre-exposure prophylaxis availability in student health services in New England colleges and universities	Journal of American College Health	-	-	7448481	10.1080/07448481.2023.2232465	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165310705&doi=10.1080%2f07448481.2023.2232465&partnerID=40&md5=df5d6854e6c962a854d70772f53a32ff	Objective: To determine HIV pre-exposure prophylaxis (PrEP) availability at student health services (SHS) in New England. Methods: We conducted an electronic survey of medical directors of SHS at New England colleges and universities. We measured the availability and volume of PrEP prescribing, barriers and facilitators to prescribing and provider knowledge. Results: Of 143 institutions surveyed, 39% completed questionnaires; 75% were private and 93% were 4 years. Thirty-six percent of institutions did not offer PrEP. Those offering PrEP started a mean of 2.0 per 1000 students/year. PrEP was available at more schools with higher vs. lower endowments (100 vs. 38%, p = 0.002), 4- vs. 2-year programs (68 vs. 0%, p = 0.042), and private vs. public schools (73 vs. 38%, p = 0.043). Conclusions: PrEP was not available at one in three New England SHS and prescribing rates at institutions that offered PrEP were low. Interventions are needed to improve PrEP access. © 2023 Taylor & Francis Group, LLC.	Clinical medicine; HIV; pre-exposure prophylaxis; student health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Reddy K.; Palanee-Phillips T.; Heffron R.	Awareness of Heightened Sexual and Behavioral Vulnerability as a Trigger for PrEP Resumption Among Adolescent Girls and Young Women in East and Southern Africa	Current HIV/AIDS Reports	-	-	15483568	10.1007/s11904-023-00680-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178395404&doi=10.1007%2fs11904-023-00680-y&partnerID=40&md5=f053e8a3d5df41a7e1209462eb701391	Purpose of Review: East and Southern Africa are the epicenter of the HIV epidemic. High HIV incidence rates among adolescent girls and young women (AGYW) remain stable over the last decade despite access to daily oral PrEP. Some settings have experienced high PrEP uptake among AGYW; however, discontinuation has been high. This review sought to understand drivers of PrEP discontinuation in this population in order to identify potential mechanisms to facilitate PrEP restart and optimize PrEP use. Recent Findings: Drivers of PrEP discontinuation included low perceived HIV acquisition risk, PrEP-associated side effects, pill burden, family/sexual partner disapproval, lack of/intermittent sexual activity, PrEP use stigma, fear of intimate partner violence, misinformation about long-term PrEP use, and limited/inconsistent access to PrEP. Summary: The most frequently reported driver of PrEP discontinuation was low perceived HIV acquisition risk. This indicates that innovative interventions to help AGYW recognize their HIV risk and make informed decisions about PrEP use are urgently needed. © 2023, The Author(s).	Adolescents; HIV vulnerability; Oral PrEP; Restart	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	United States	Western and Central Europe and North America	Review
Article	2023	Reichheld, Sarah J; Pellowski, Jennifer A; Wilson-Barthes, Marta; Galárraga, Omar	Barriers and facilitators to scaling up access to HIV pre-exposure prophylaxis among key populations: A qualitative study of the incentive-based PrEP Seguro program in Mexico.	SSM Qualitative Research in Health	-	-	2667-3215	10.1016/j.ssmqr.2023.100357	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10720609	Introduction: Daily oral pre-exposure prophylaxis (PrEP) is highly safe and effective for HIV prevention, yet barriers to PrEP access and adherence persist among key populations. In Mexico, incentive-based pilot programs have been effective in improving PrEP adherence among male sex workers. Understanding the experiences of providers and program implementers is critical to integrating PrEP adherence programs as part of standard care in Mexico and similar settings. Methods: We conducted 17 in-depth informational interviews with care providers and staff responsible for administering PrEP to key populations (men who have sex with men, male sex workers, transgender women) in Mexico City. Interviews explored successes and challenges surrounding current PrEP implementation, as well as adaptations that could facilitate national scale-up of PrEP programs in Mexico. Informant transcripts were analyzed using a hybrid inductive-deductive thematic analysis approach utilizing CFIR constructs for the initial codebook while allowing for inductive findings. Results: Three key themes emerged from informant interviews as important for promoting PrEP programs in Mexico: 1) increasing individual PrEP access, 2) strengthening quality of care, and 3) improving organizational and structural support. Conclusions: PrEP in Mexico is currently only available in a few clinics with high patient populations, and siloed HIV services, stigma, and a lack of inter-organizational collaboration remain persistent barriers to PrEP uptake. Promoting government collaboration and increasing financial support for community-based organizations is needed to expand PrEP access. Tailored, destigmatizing information about PrEP services needs to be diffused among both staff and patients to strengthen care quality.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Reiriz M.; Rodríguez-Expósito B.; Jiménez-García A.J.; Uceda S.; Arias N.	Pre-Exposure Prophylaxis, Anxiety, Depression and Sexual Satisfaction Among Men Who Have Sex With Men; Profilaxis Pre-Exposición, Ansiedad, Depresión y Satisfacción Sexual en Hombres que Tienen Sexo con Otros Hombres	Psicothema	-	-	2149915	10.7334/psicothema2022.230	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149271375&doi=10.7334%2fpsicothema2022.230&partnerID=40&md5=ecf999f8536b673f27a9371b560d1379	Background: Pre-exposure prophylaxis (PrEP) has been implemented as a prevention against HIV; however, its impact on mental health, sexual and life satisfaction has not been addressed. Method: We assessed 114 HIV-negative participants from Spain with ages ranging from 19 to 58 years; 60.5% were PrEP users (n = 69) and 39.5% were non-users (n = 45). They completed five questionnaires about life and sexual satisfaction, depression and anxiety. We performed correlations and multiple regression analyses. Results: The PrEP group showed a statistically significant relationship between better sexual satisfaction, and greater life satisfaction. The PrEP group also showed a statistically significant negative relationship with depression and anxiety which was not found in PrEP non-users. Moreover, we found that younger PrEP users had higher scores in anxiety and lower scores in depression than older users. The hierarchical regression analyses also showed that number of sexual partners was a major predictor in the PrEP group for NSSS. Conclusions: The indirect correlation between sexual satisfaction, depression, and anxiety in the PrEP group underlines the benefits of PrEP for patients' sex lives such as increased sexual liberties due to lower anxiety and mental comfort when experiencing chemsex. © 2023, Colegio Oficial de Psicologos Asturias. All rights reserved.	Anxiety; Depression; Human immunodeficiency virus; Pre-exposure prophylaxis; Sexual satisfaction	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative

Article	2023	Reisner, Sari L.; Aguayo-Romero, Rodrigo A.; Perez-Brumer, Amaya; Salazar, Ximena; Nunez-Curto, Aron; Orozco-Poore, Casey; Silva-Santisteban, Alfonso	A life course health development model of HIV vulnerabilities and resiliencies in young transgender women in Peru.	Global Health Research and Policy	-	-	-	2397-0642	10.1186/s41256-023-00317-y	https://ghrp.biomedcentral.com/articles/10.1186/s41256-023-00317-y	BACKGROUND: Globally transgender women (TW) are at heightened vulnerability for HIV infection. In Lima Peru, sharp increases in HIV prevalence are seen among TW ages 25 years and older highlighting the need for early HIV prevention efforts for young TW. This study conducted in-depth qualitative interviews to elucidate the social and developmental contexts of HIV vulnerability for young TW in Lima Peru. METHODS: Between November 2019 and February 2020, young TW ages 16-24 years (n = 21) in Lima Peru were purposively sampled using in-person (e.g., face-to-face outreach) and online (e.g., social media, networking websites) social network-based methods. Interviews were conducted in Spanish and a rapid qualitative analysis was conducted using a modified immersion crystallization methodology to identify themes. RESULTS: Five themes emerged, informing the conceptualization of a Life Course Health Development Model of HIV Vulnerabilities and Resiliencies: (1) interpersonal contexts (family, school, partners, sexual debut, trans mothers); (2) structural vulnerabilities (poverty, educational constraints, migration, hostile environments, sex work, police violence); (3) concomitant mental health and psychosocial factors (discrimination, violence, depression, suicidality, substance use, life hopes/dreams/future expectations); (4) gender affirmation processes (gender identity development, hormones, surgery, legal name/gender marker change); (5) HIV prevention and treatment barriers (PrEP uptake, HIV care, condom use, risk reduction). CONCLUSIONS: Young TW experience formidable developmental challenges associated with transphobia, violence, and pre-maturely facing accelerated milestones. Developmentally and culturally appropriate interventions to mitigate HIV vulnerability in Peru are needed, including those that consider co-occurring stigma-related conditions in adolescence and young adulthood.	Adolescent; Adult; Humans; Male; Young Adult; Female; Latin America; HIV prevention; Peru/epidemiology; *Transgender Persons; Youth; Gender Identity; *HIV Infections/epidemiology; Transgender; Life Change Events	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Peru	Latin America and the Caribbean	Qualitative
Article	2023	Restar A.J.; Quilantang M.I.; Wickersham J.; Adia A.; Guigayoma J.; Bermudez A.N.; Galárraga O.; Flores D.D.; Cu-Uvin S.; Nazareno J.; Operario D.; Sison O.	Predictors of PrEP awareness, PrEP discussion and interest in long-acting injectable PrEP among Filipina transfeminine adults	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26080	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161674261&doi=10.1002%2fjia2.26080&partnerID=40&md5=c995f70954f66d77ad4b4a7cfdcc0a5a	Introduction: Transfeminine adults are impacted by the HIV epidemic in the Philippines, and newly approved modalities of pre-exposure prophylaxis (PrEP), including long-acting injectable (LAI-PrEP), could be beneficial for this group. To inform implementation, we analysed PrEP awareness, discussion and interest in taking LAI-PrEP among Filipina transfeminine adults. Methods: We utilized secondary data from the #ParaSaAtin survey that sampled Filipina transfeminine adults (n = 139) and conducted a series of multivariable logistic regressions with lasso selection to explore factors independently associated with PrEP outcomes, including awareness, discussion with trans friends and interest in LAI-PrEP. Results: Overall, 53% of Filipina transfeminine respondents were aware of PrEP, 39% had discussed PrEP with their trans friends and 73% were interested in LAI-PrEP. PrEP awareness was associated with being non-Catholic (p = 0.017), having previously been HIV tested (p = 0.023), discussing HIV services with a provider (p<0.001) and having high HIV knowledge (p = 0.021). Discussing PrEP with friends was associated with older age (p = 0.040), having experienced healthcare discrimination due to transgender identity (p = 0.044), having HIV tested (p = 0.001) and having discussed HIV services with a provider (p < 0.001). Very interested in LAI-PrEP was associated with living in Central Visayas (p = 0.045), having discussed HIV services with a provider (p = 0.001) and having discussed HIV services with a sexual partner (p = 0.008). Conclusions: Implementing LAI-PrEP in the Philippines requires addressing systemic improvements across personal, interpersonal, social and structural levels in healthcare access, including efforts to create healthcare settings and environments with providers who are trained and competent in transgender health and can address the social and structural drivers of trans health inequities, including HIV and barriers to LAI-PrEP. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; implementation; Philippines; PrEP; transfeminine; transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Philippines	Asia and the Pacific	Quantitative
Article	2023	Restar, Arjee; Minalga, Brian J.; Quilantang, Ma Irene; Adamson, Tyler; Dusic, Emerson; van der Merwe, Leigh-Ann; Millet, Greg; Rosadiño, Danvic; Laguing, Tanya; Lett, Elle; Everhart, Avery; Phillips, Gregory 2nd; Janamnuaysook, Rena; Seekaew, Pich; Baker, Kellan; Ashley, Florence; Wickersham, Jeffrey; Wallace, Stephaun E.; Operario, Don; Gamarel, Kristi E.	Mapping Community-Engaged Implementation Strategies with Transgender Scientists, Stakeholders, and Trans-Led Community Organizations.	Current HIV/AIDS Reports	-	-	-	1548-3576 1548-3568	10.1007/s11904-023-00656-y	https://link.springer.com/article/10.1007/s11904-023-00656-y	PURPOSE OF REVIEW: Pre-exposure prophylaxis (PrEP) represents one of the most effective methods of prevention for HIV, but remains inequitable, leaving many transgender and nonbinary (trans) individuals unable to benefit from this resource. Deploying community-engaged PrEP implementation strategies for trans populations will be crucial for ending the HIV epidemic. RECENT FINDINGS: While most PrEP studies have progressed in addressing pertinent research questions about gender-affirming care and PrEP at the biomedical and clinical levels, research on how to best implement gender-affirming PrEP systems at the social, community, and structural levels remains outstanding. The science of community-engaged implementation to build gender-affirming PrEP systems must be more fully developed. Most published PrEP studies with trans people report on outcomes rather than processes, leaving out important lessons learned about how to design, integrate, and implement PrEP in tandem with gender-affirming care. The expertise of trans scientists, stakeholders, and trans-led community organizations is essential to building gender-affirming PrEP systems.	Humans; *Anti-HIV Agents/therapeutic use; HIV prevention; PrEP; *Transgender Persons; Implementation; *Pre-Exposure Prophylaxis/methods; *Epidemics; Gender Identity; Transgender; *HIV Infections/epidemiology/prevention & control/drug therapy; Gender-affirming care; Nonbinary	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Philippines	Asia and the Pacific	Review
Article	2023	Reyniers T.; Babo S.A.Y.; Ouedraogo M.; Kanta I.; Ekon Agbégnigan L.; Rojas D.; Eubanks A.; Anoma C.; Dah T.T.E.; Mensah E.; Dembélé Keita B.; Spire B.; Vuylsteke B.; Laurent C.	Strategies to improve PrEP uptake among West African men who have sex with men: a multi-country qualitative study	Frontiers in Public Health	-	-	-	22962565	10.3389/fpubh.2023.1165327	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158899904&doi=10.3389%2ffpubh.2023.1165327&partnerID=40&md5=c33051e5ae7254b2edf012f597772b4c	Introduction: West African men who have sex with men (MSM) remain at substantial risk of contracting HIV. Pre-exposure prophylaxis (PrEP) can be an effective game-changer in reducing the number of HIV infections in MSM communities. To optimize the roll-out of PrEP, we need to better understand how we can increase its uptake. The objective of this study was to explore the perceptions of West African MSM toward PrEP and their proposed strategies to overcome barriers to PrEP uptake within their communities. Methods: Between April 2019 and November 2021, we conducted 12 focus group discussions with 97 MSM not taking PrEP, and 64 semi-structured interviews with MSM taking PrEP, in Burkina Faso, Côte d'Ivoire, Mali, and Togo. Data collection and analysis were guided and conducted by local research teams, enabling a community-based participatory approach. A coordinating researcher collaborated with these local teams to analyze the data guided by a grounded theory approach. Results: The results show that participants were generally positive toward PrEP and that MSM communities have become more aware of PrEP for the study. We identified three main strategies for increasing PrEP uptake. First, participants proposed to raise awareness and improve knowledge of HIV as they considered the self-perceived risk of MSM in their communities to be low. Second, because of existing misconceptions and false information, participants proposed to improve the dissemination of PrEP to allow for informed choices, e.g., via peers or PrEP users themselves. Third, as oral PrEP also entails a risk of being associated with HIV or homosexuality, strategies to avoid stigmatization (e.g., hiding pills) were deemed important. Discussion: These findings indicate that the roll-out of oral PrEP and other future PrEP modalities should be accompanied by raising awareness and improving knowledge on HIV, and wide dissemination of information that focuses on the health-promoting aspect of these tools. Tailored delivery and long-acting PrEP modalities will be important to avoid potential stigmatization. Sustained efforts to prevent discrimination and stigmatization based on HIV status or sexual orientation continue to be highly important strategies to address the HIV epidemic in West Africa. Copyright © 2023 Reyniers, Babo, Ouedraogo, Kanta, Ekon Agbégnigan, Rojas, Eubanks, Anoma, Dah, Mensah, Dembélé Keita, Spire, Vuylsteke and Laurent.	health behavior; HIV; HIV prevention; MSM; PrEP; stigma; West Africa	English	Switzerland	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2023	Reyniers, Thijs; Fiorentino, Marion; Babo, Stéphane Alain Yoro; Ouedraogo, Mamadou; Kanta, Ibrahima; Agbegnigan, Laurette Ekon; Rojas, Daniela; Anoma, Camille; Dah, Ter Tiero Elias; Mensah, Ephrem; Keita, Bintou Dembélé; Spire, Bruno; Vuylsteke, Bea; Laurent, Christian	The Perceived Added Value of Bimonthly Injectable Pre-Exposure Prophylaxis According to West African Men Who Have Sex with Men: A Focus Group Study.	AIDS Patient Care and STDs	-	-	-	1557-7449	10.1089/apc.2023.0097	https://dx.doi.org/10.1089/apc.2023.0097	Bimonthly long-acting injectable pre-exposure prophylaxis (LAI-PrEP) can become an important additional tool for HIV prevention among West African men who have sex with men (MSM). The objective was to explore the perceived added value of LAI-PrEP as an HIV prevention tool among MSM in Burkina Faso, Côte d'Ivoire, Mali, and Togo. We conducted eight focus group discussions among 62 HIV-negative MSM between April and May 2021. Participants were recruited via local community-based clinics. Data collection and analysis were guided by grounded theory and community-based participatory approaches. Participants were generally knowledgeable about HIV, and explained particular barriers for HIV prevention in their communities (e.g., denial of HIV). The added value of LAI-PrEP relative to condoms was similar to oral pre-exposure prophylaxis (PrEP) in terms of perceived advantages (e.g., improved sexual satisfaction) or disadvantages (e.g., no protection against other sexually transmitted infections). Compared with oral PrEP, LAI-PrEP was perceived to provide better protection against HIV and to be more convenient (e.g., no need to be mindful of intake and less risk for stigma). Concerns included fear of needles, doubts about efficacy, potential side effects, and difficulties for ensuring timely injections (e.g., when traveling abroad). The results demonstrate that injectable PrEP can be of particular interest to subgroups of West African MSM, although existing HIV prevention tools such as condoms and oral PrEP will remain valuable alongside of, or instead of, LAI-PrEP. Increasing awareness about HIV and tackling discrimination based on sexual orientation continue to be crucial factors to be addressed for HIV prevention.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2023	Richardson, Daniel; Tweed, Marc; Nichols, Kayleigh; Finn, Rory; Nicholson, Stephen; Darking, Mary	PrEP2U: delivering HIV pre-exposure prophylaxis (PrEP) in partnership from a community setting.	Sexually Transmitted Diseases	-	-	-	1472-3263	10.1136/sextrans-2022-055610	https://dx.doi.org/10.1136/sextrans-2022-055610	People who experience marginalisation (eg, gender-diverse people, racially minoritised communities) continue to have poor access to HIV pre-exposure prophylaxis (PrEP).1 Innovative programmes increase the uptake of PrEP using peers and partnerships with communities, for example, the 'Princess PrEP Programme' in Thailand.2 A partnership between the local clinical team and Terrence Higgins Trust (THT)-South, supported by the Public Health commissioner and the University of Brighton, co-designed a community HIV-PrEP service: PrEP2U. In April 2022, we started providing HIV-PrEP weekly (Thursday afternoon) at THT-South in the centre of Brighton. THT-South actively seek out key populations and are responsible for STI/HIV testing; the clinical team assess the need for HIV-PrEP, provide medication, vaccination (hepatitis A/B, human papillomavirus) and renal monitoring (figure 1). To date, 37 individuals have accessed PrEP2U and 30 (81%) started HIV-PrEP for the first time.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2023	Richterman A.; Ghadimi F.; Teitelman A.M.; Moore K.; Acri T.; North H.; Lopez K.; Ou V.; Van Pelt A.E.; Momplaisir F.	Acceptability and Feasibility of a Mobile Phone Application to Support HIV Pre-exposure Prophylaxis Among Women with Opioid Use Disorder	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04060-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152258500&doi=10.1007%2fs10461-023-04060-w&partnerID=40&md5=6b826b5c228938f8b12b830d80eb60b0	Despite evidence supporting HIV pre-exposure prophylaxis (PrEP) effectiveness, very few women with opioid use disorder (OUD) take PrEP. Interventions that improve medication assisted treatment (MAT) uptake and adherence may also be beneficial for PrEP. The reSET-O mobile phone app is a component of the evidence-based Therapeutic Education System, which improves retention and abstinence for people with OUD. To better understand use of this mobile health tool as a support for PrEP among women with OUD, pre-implementation contextual inquiry is needed. Therefore, we set out to assess target user characteristics, implementation barriers, feasibility, and acceptability of reSET-O. We recruited women with OUD receiving care from a community-based organization in Philadelphia to complete semi-structured interviews. All participants were prescribed reSET-O. We interviewed 20 participants (average age 37 years; 70% white, 15% Hispanic, 5% Black) from 5/2021 to 2/2022. We used an integrated analysis approach combining modified grounded theory and implementation science constructs. Half reported recent injection drug use, and 6 were taking buprenorphine. Mental health symptoms were common, and half described engaging in transactional sex. The majority expressed strong interest in PrEP. Participants reported the app would be highly acceptable for PrEP and MAT adherence support, but only two redeemed the prescription. The most common barriers included phone and internet access. Our findings highlight potential implementation challenges for the use of such an app to support PrEP use in this population. Poor uptake of the app at follow-up indicates that initial prescription redemption is a major barrier to reSET-O implementation. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Ridgway J.P.; Devlin S.A.; Friedman E.E.; Enaholo O.E.; Pyra M.; Hirschhorn L.R.; Haider S.; Ducheny K.; Johnson A.K.	POWER Up-Improving pre-exposure prophylaxis (PrEP) uptake among Black cisgender women in the Southern United States: Protocol for a stepped-wedge cluster randomized trial (SW-CRT)	PLOS One	-	-	-	19326203	10.1371/journal.pone.0285858	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159762474&doi=10.1371%2fjournal.pone.0285858&partnerID=40&md5=4b64e482609cae577a726483b8c96f4e	Background HIV disproportionately affects Black/African American cisgender women (hereafter women) in the United States. Despite its proven effectiveness, pre-exposure prophylaxis (PrEP) for HIV prevention remains vastly under-prescribed to women based on their need. Increasing PrEP uptake and persistence among women is crucial to reducing HIV transmission; however, there have been few studies designed specifically for women. This article describes the study protocol used to assess the feasibility, acceptability, and effectiveness of implementation strategies to improve PrEP uptake and persistence among Black women in the Midwest and South. Methods PrEP Optimization among Women to Enhance Retention and Uptake (POWER Up) is an evidence-based, woman-focused set of five implementation science strategies that addresses barriers of PrEP utilization at the provider, patient, and clinic levels. POWER Up includes 1) routine PrEP education for patients, 2) standardized provider training, 3) electronic medical record (EMR) optimization, 4) PrEP navigation, and 5) PrEP clinical champions. These strategies will be adapted to specific clinics for implementation, tested via a stepped-wedge trial, and, if effective, packaged for further dissemination. Discussion We will utilize a stepped-wedge cluster randomized trial (SW-CRT) to measure change in PrEP utilization across diverse geographic areas. Preparation for adapting and implementing the bundle of strategies is needed to determine how to tailor them to specific clinics. Implementation challenges will include adapting strategies with the available resources at each site, maintaining stakeholder involvement and staff buy-in, adjusting the study protocol and planned procedures as needed, and ensuring minimal crossover. Additionally, strengths and limitations of each strategy must be examined before, during, and after the adaptation and implementation processes. Finally, the implementation outcomes of the strategies must be evaluated to determine the real-world success of the strategies. This study is an important step toward addressing the inequity in PrEP service delivery and increasing PrEP utilization among Black women in the U.S. © 2023 Ridgway et al.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Riley T.; Anaya G.; Gallegos P.A.; Castaneda R.; Khosropour C.M.	Pre-exposure Prophylaxis Use and Discontinuation in a Federally Qualified Health Center in a Mexico-US Border City	Journal of Racial and Ethnic Health Disparities	-	-	-	21973792	10.1007/s40615-023-01807-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173122586&doi=10.1007%2fs40615-023-01807-y&partnerID=40&md5=123473da379fe7787f35d0b3dce9a209	Background: Latino men who have sex with men (MSM) experience disproportionately high rates of HIV diagnoses in the United States. Pre-exposure prophylaxis (PrEP) use is critical to reduce this inequity, but PrEP awareness, access, and use are low among Latino MSM. This study aims to describe patterns of PrEP persistence and discontinuation among predominately Latino MSM accessing PrEP in a federally qualified health center (FQHC) in El Paso, Texas. Methods: This retrospective cohort comprised individuals who were eligible for PrEP at a FQHC in El Paso, Texas, between January 30, 2019, and August 15, 2021. We defined hierarchical categories of PrEP use and discontinuation, which was defined as more than 120 days between PrEP visits. We used Kaplan–Meier survival plots to estimate median time to first PrEP discontinuation. Results: There were 292 patients evaluated for PrEP; 91% were Latino. The majority of PrEP patients (70%, 205/292) experienced any PrEP discontinuation, and the median time to first PrEP discontinuation was 202 days (95% CI: 179–266). The proportion of patients who remained on PrEP at 3 months after initiation was 82% (95% CI: 76%, 87%) and at 6 months after initiation was 55% (95% CI: 46%, 62%). Conclusion: While 3-month PrEP retention was high in this predominately Latino MSM patient population, PrEP discontinuation was common. Interventions that enhance longer-term persistence and support for restarting PrEP are needed to reduce the persistent ethnoracial disparities in HIV incidence. © 2023, The Author(s).	HIV prevention; Latino; MSM; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Riley T.; Bender M.; Wang X.; Mena L.; Gipson J.; Barnes A.; Johnson K.L.; Backus K.V.; Gomillia C.E.; Ward L.M.; Khosropour C.M.	HIV Incidence Among Individuals Accessing Pre-Exposure Prophylaxis in Jackson, Mississippi	AIDS Patient Care and STDs	-	-	-	10872914	10.1089/apc.2023.0026	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164276807&doi=10.1089%2fapc.2023.0026&partnerID=40&md5=c27d741f41cdf72543b4654073e2d82c	Although pre-exposure prophylaxis (PrEP) is an efficacious biomedical intervention, the effectiveness of same-day PrEP programs has not been widely studied. We utilized data from three of the four largest PrEP providers in Mississippi from September 2018 to September 2021 linked to the Mississippi State Department of Health's Enhanced HIV/AIDS reporting system. HIV diagnosis was defined as testing newly positive for HIV at least 2 weeks after the initial PrEP visit. We calculated the cumulative incidence and incidence rate of HIV per 100 person-years (PY). Person-time was calculated as time from the initial PrEP visit to (1) HIV diagnosis or (2) December 31, 2021 (HIV surveillance data end date). We did not censor individuals if they discontinued PrEP to obtain an estimate of PrEP effectiveness rather than efficacy. Among the 427 clients initiating PrEP during the study period, 2.3% 95% confidence interval (CI): 0.9-3.8 subsequently tested positive for HIV. The HIV incidence rate was 1.18 per 100 PY (95% CI: 0.64-2.19) and median time to HIV diagnosis after the initial PrEP visit was 321 days (95% CI: 62-686). HIV incidence rates were highest among transgender and nonbinary individuals 10.35 per 100 PY (95% CI: 2.59-41.40) compared with cisgender men and women, and among people racialized as Black 1.45 per 100 PY (95% CI: 0.76-2.80) compared with White and other racialized groups. These findings indicate a need for more clinical and community interventions that support PrEP persistence and restarts among those at high risk of HIV acquisition. Copyright © 2023, Mary Ann Liebert, Inc.	health disparities; HIV; men who have sex with men; Mississippi; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	RIVAS, DIANA REYNA ZEBALLOS	Adesão e descontinuidade da profilaxia pré-exposição ao HIV (PrEP) entre adolescentes homens que fazem sexo com homens, travestis e mulheres transexuais no Brasil	-	-	Universidade Federal da Bahia	-	-	NA	NA	Desde 2017, a profilaxia pré-exposição ao HIV (PrEP) oral diária é oferecida gratuitamente pelo Sistema Único de Saúde brasileiro, e em 2022 a oferta foi estendida para adolescentes a partir dos 15 anos, sexualmente ativos e com risco aumentado de adquirir a infecção pelo HIV. Para garantir a eficácia na implementação da PrEP, é fundamental ter ferramentas custo-efetivas para identificar adolescentes que precisam de suporte adicional de adesão, bem como identificar fatores individuais, sociais e programáticos que possam levar à descontinuidade precoce da PrEP. Objetivos: 1) sumarizar a evidência sobre a performance de medidas de adesão à PrEP; 2) avaliar a performance de medidas indiretas de adesão entre adolescentes homens que fazem sexo com homens (AMSM) e adolescentes travestis e mulheres trans (ATrMT) no Brasil; 3) estimar a descontinuidade de PrEP e investigar fatores associados entre AMSM e ATrMT. Métodos: Três artigos foram desenvolvidos para responder aos objetivos da tese. 1) Uma revisão sistemática de estudos que avaliaram a performance de medidas de adesão à PrEP. Incluíram-se estudos em indivíduos sem infecção por HIV que utilizaram PrEP oral diária com tenofovir disoproxil fumarato e emtricitabina (TDF/FTC). O padrão de referência foi a quantificação da PrEP em amostras de sangue seco (DBS) ou plasma. Foram avaliadas as seguintes medidas indiretas: autorrelato, contagem de comprimidos, registros de farmácia e monitoramento eletrônico. O risco de viés foi avaliado utilizando o QUADAS-2. 2) Trata-se de um estudo de acurácia diagnóstica com dados do estudo PrEP1519, a primeira coorte demonstrativa de PrEP que incluiu AMSM e ATrMT de 15 a 19 anos em três capitais brasileiras: Salvador, Belo Horizonte e São Paulo. O padrão de referência foi a concentração de tenofovir-difosfato (TFV-DP) em DBS. Três medidas indiretas foram avaliadas: razão de posse de medicamentos (MPR), contagem de comprimidos e autorrelato. Calculamos a área sob a curva (AUC) para níveis protetores de TFV-DP (≥800 fmol/punch). Sensibilidade (SE) e especificidade (SP) foram calculadas para os pontos de corte estabelecidos. 3) Um estudo de coorte foi conduzido com adolescentes que iniciaram a PrEP no estudo PrEP1519. A descontinuidade da PrEP foi definida como a ausência de posse de PrEP por mais de 90 dias. Foram utilizadas curvas de Kaplan-Meier para analisar as probabilidades de descontinuidade. A regressão de Cox foi empregada para estimar os Hazard Ratios ajustados (aHR) com intervalos de confiança de 95% (IC 95%). Resultados: 1) A revisão incluiu 16 artigos. A avaliação do risco de viés mostrou que a maioria dos estudos tinha baixo risco de viés. O estudo encontrou alta variabilidade entre as medidas de adesão, sendo que o autorrelato de adesão o método mais utilizado. 2) A quantificação de TFV-DP foi realizada em 302 amostras de DBS de 188 participantes. A AUC foi de 0,59 para MPR, 0,69 para contagem de comprimidos e 0,75 para autodeclaração. Ao combinar MPR e autodeclaração, a AUC aumentou para 0,77. Os pontos de corte identificados pelo índice de Youden foram 0,91 para MPR, 83,3% para autodeclaração e 58,7% para contagem de comprimidos, com sensibilidades correspondentes de 0,80, 0,97 e 0,92, e especificidades de 0,40, 0,46 e 0,38. Para pontos de corte equivalentes a uso de 7 dias, as especificidades foram 0,57, 0,80 e 0,91, respectivamente. 3) Entre 829 adolescentes que iniciaram a PrEP, a taxa de incidência de descontinuidade foi de 75,6 por 100 pessoas-ano. A probabilidade de descontinuidade foi de 52,61% no primeiro ano. Na análise multivariada, ATrMT (aHR: 1,63; IC95%: 1,23 - 2,16) e adolescentes com percepção de risco média (aHR: 1,29; IC95%: 1,02 - 1,64) ou baixa (aHR: 1,65; IC95%: 1,29 – 2,12) tiveram mais risco de descontinuidade; enquanto adolescentes com parceiro vivendo com HIV tiveram um menor risco de descontinuidade (aHR: 0,57; IC95%: 0,35 – 0,91). Conclusões: A tese apresenta importantes contribuições para o monitoramento da adesão à PrEP entre adolescentes de populações chave para epidemia do HIV/aids. Medidas indiretas podem ser facilmente implementadas na prática clínica de rotina e representam uma alternativa para medir a adesão à PrEP, especialmente em contextos com recursos limitados, levando em consideração suas limitações ao identificar adolescentes com baixa adesão. A combinação de medidas fornece informações mais precisas sobre a adesão. Além disso, a taxa de descontinuidade da PrEP entre adolescentes é elevada, e está associada com a percepção de risco e a vulnerabilidade das mulheres trans. A implementação da PrEP em adolescentes deve ser acompanhada de estratégias eficazes para monitoramento da adesão e abordagem de fatores que possam diminuir a descontinuidade.	Adolescentes;HSH;TrMT;PrEP;descontinuidade;medidas de adesão	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Review
Article	2023	Rivera A.V.; Lopez J.M.; Braunstein S.L.	Exploring the Association Between Gender Affirmation and PrEP use Among Transgender Women in New York City	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03944-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144930457&doi=10.1007%2fs10461-022-03944-7&partnerID=40&md5=0042fe591beffa6c39e6fb21cd473f65	Black and Hispanic/Latina transgender women are inequitably impacted by HIV; yet gaps in PrEP use exist. Among a sample of mostly Black and Hispanic/Latina transgender women in New York City, we aim to examine whether PrEP use was associated with gender affirmation and the use of gender-affirming health services. We found that PrEP use was more prevalent among those who used hormone therapy and those who had a provider they were comfortable speaking to about gender-related issues. In separate models, these associations were attenuated when adjusting for race/ethnicity, with those who use hormones being marginally more likely to report PrEP use and with Hispanic/Latina transgender women being more likely to have used PrEP, compared to Black transgender women. We found evidence of a potential association between medical gender affirmation and PrEP use. More research is needed to explore the social and structural contexts that are influenced by race/ethnicity that may serve to prevent PrEP uptake. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Gender affirmation; PrEP; Race/ethnicity; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Rivera C.G.; Zeuli J.D.; Smith B.L.; Johnson T.M.; Bhatia R.; Otto A.O.; Temesgen Z.	HIV Pre-Exposure Prophylaxis: New and Upcoming Drugs to Address the HIV Epidemic	Drugs	-	-	-	126667	10.1007/s40265-023-01963-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179323261&doi=10.1007%2fs40265-023-01963-9&partnerID=40&md5=00f14b5de4931ab5b726dc2cf5e99c90	Human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) provides a critical intervention toward ending the HIV epidemic and protecting people with reasons to utilize PrEP. PrEP options continue to expand as new administration modalities offer the potential to tailor PrEP use for individual success. We have provided the evidence for new and emerging antiretroviral agents for PrEP (cabotegravir, lenacapavir, dapivirine, and broadly neutralizing antibodies), divided into pharmacology, animal model, and human data, accompanied by a summary and suggested place in therapy. Cabotegravir is a US Food and Drug Administration (FDA)-approved intramuscular injection given every 2 months with a strong body of evidence demonstrating efficacy for HIV PrEP, lenacapavir administered subcutaneously every 6 months is currently under investigation for HIV PrEP, dapivirine vaginal ring is an available PrEP option for women in certain areas of Africa, and broadly neutralizing monoclonal antibodies have been challenged in demonstrating efficacy in phase 1–2 study for HIV PrEP to date. Clinical literature for individual agents is discussed with data from major studies summarized in tables. This review provides a detailed overview of recently available and premier candidate PrEP drugs. © 2023, The Author(s), under exclusive licence to Springer Nature Switzerland AG.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Rivera, Adovich S; Pak, Katherine J; Mefford, Matthew T; Hechter, Rulin C	Use of Tenofovir Alafenamide Fumarate for HIV Pre-Exposure Prophylaxis and Incidence of Hypertension and Initiation of Statins.	JAMA Network Open	-	-	-	2574-3805	10.1001/jamanetworkopen.2023.32968	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10495863	Importance: Pre-exposure prophylaxis (PrEP) is an important tool for preventing HIV infection. However, PrEP's impact on cardiometabolic health is understudied. Objective: To examine the risk of incident hypertension and statin initiation among adult (age ≥18 years) health plan members starting PrEP with tenofovir alafenamide fumarate (TAF) compared with propensity score-matched adults taking tenofovir disoproxil fumarate (TDF). Design, Setting, and Participants: This retrospective cohort study used electronic health records (EHRs) from Kaiser Permanente Southern California. Adult members starting PrEP in Kaiser Permanente Southern California between October 2019 and May 2022 were included. Propensity score matching with multiple imputation (50 matched data sets) was conducted to generate 1 TAF:4 TDF matched data sets with balanced baseline covariates. Exposures: PrEP initiation with either TAF or TDF during the study period. Main Outcomes and Measures: Incident hypertension and statin initiation within 2 years of PrEP initiation were ascertained through blood pressure and outpatient pharmacy records, respectively. Risk differences and odds ratios (ORs) were estimated using logistic regression and g-computation. Results: A total of 6824 eligible individuals were identified (mean SD age, 33.9 10.3 years; 6618 97% male). This pool was used to generate 2 cohorts without baseline hypertension or statin use for matching (hypertension: n = 5523; statin: n = 6149) In both cohorts, those starting PrEP with TAF were older and were more likely to be non-Hispanic White compared with those starting with TDF. In matched analysis adjusting for baseline covariates, TAF use was associated with elevated risk of incident hypertension (TAF: n = 371; risk difference, 0.81 95% CI, 0.12-1.50; OR, 1.64 95% CI, 1.05-2.56). TAF use was also associated with elevated risk of statin initiation (TAF: n = 382; risk difference, 0.85 95% CI, 0.37-1.33; OR, 2.33 95% CI, 1.41-3.85). Subgroup analyses restricted to individuals 40 years and older at PrEP initiation showed similar results with larger risk difference in statin initiation (risk difference, 4.24 95% CI, 1.82-6.26; OR, 3.05 95% CI, 1.64-5.67). Conclusions and Relevance: In this study of people taking PrEP, TAF use was found to be associated with higher incident hypertension and statin initiation compared with TDF use, especially in those 40 years or older. Continued monitoring of blood pressure and lipids for TAF users is warranted.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Roberts S.T.; Mancuso N.; Williams K.; Nabunya H.K.; Mposula H.; Mugocha C.; Mvinjelwa P.; Garcia M.; Szydlo D.W.; Soto-Torres L.; Ngure K.; Hosek S.	How a menu of adherence support strategies facilitated high adherence to HIV prevention products among adolescent girls and young women in sub-Saharan Africa: a mixed methods analysis	Journal of the International AIDS Society	-	-	-	17582652	10.1002/jia2.26189	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176007295&doi=10.1002%2fjia2.26189&partnerID=40&md5=12b2e75b1c1b22de5e7c723ff1ee23e1	Introduction: Effective use of pre-exposure prophylaxis (PrEP) has been low among adolescent girls and young women (AGYW) in sub-Saharan Africa. The MTN-034/REACH trial offered AGYW a menu of adherence support strategies and achieved high adherence to both daily oral PrEP and the monthly dapivirine vaginal ring. Understanding how these strategies promoted product use could inform the design of adherence support systems in programmatic settings. Methods: REACH was a randomized crossover trial evaluating the safety of and adherence to the ring and oral PrEP among 247 HIV-negative AGYW (ages 16–21) in South Africa, Uganda and Zimbabwe from January 2019 to September 2021 (NCT03593655). Adherence support included monthly counselling sessions with drug-level feedback (DLF) plus optional daily short message service (SMS) reminders, weekly phone or SMS check-ins, peer support clubs, "peer buddies" and additional counselling. Counsellors documented adherence support choices and counselling content on standardized forms. Through focus groups, serial in-depth interviews (IDIs) and single IDIs (n = 119 total), we explored participants' experiences with adherence support and how it encouraged product use. Results: Participants received counselling at nearly all visits. DLF was provided at 54.3% of sessions and, across sites, 49%–68% received results showing high adherence for oral PrEP, and 73%–89% for the ring. The most popular support strategies were in-person clubs and weekly calls, followed by online clubs, additional counselling and SMS. Preferences differed across sites but were similar for both products. Qualitative results demonstrated that the REACH strategies supported adherence by providing information about HIV and PrEP, continually motivating participants, and supporting the development of behavioural skills and self-efficacy, aligning with the Information, Motivation, and Behavioural Skills (IMB) model. Effectiveness was supported by three foundational pillars: strong interpersonal relationships with counsellors; ongoing, easily accessible support and resources; and establishing trust in the counsellors and study products through counsellor relationships, peer-to-peer exchange and DLF. Conclusions: Implementation programmes could support effective PrEP use by offering a small menu of counsellor- and peer-based support options that are youth-friendly and developmentally appropriate. The same menu options can support both ring and oral PrEP users, though content should be tailored to the individual products. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	adolescents; female; HIV; medication adherence; pre-exposure prophylaxis; psychosocial intervention; sub-Saharan Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Mixed methods
Article	2023	Roberts, Sarah T; Hartmann, Miriam; Minnis, Alexandra M; Otticha, Sophie Odek; Browne, Erica N; Montgomery, Elizabeth T; Agot, Kawango	Breaking down relationship barriers to increase PrEP uptake and adherence among adolescent girls and young women in Kenya: safety and preliminary effectiveness results from a pilot cluster-randomized trial.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26198	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10733161	INTRODUCTION: Oral pre-exposure prophylaxis (PrEP) has the potential to reduce HIV acquisition among adolescent girls and young women (AGYW) in sub-Saharan Africa, a priority population for epidemic control. However, intimate partner violence (IPV) and low relationship power can create significant challenges to PrEP use. The Tu'Washindi intervention aimed to increase PrEP use by addressing relationship- and violence-related barriers among AGYW enrolled in the DREAMS Initiative in Siaya County, Kenya. METHODS: Our multi-level, community-based intervention was piloted in a cluster-randomized controlled trial conducted at six DREAMS sites from April to December 2019 (NCT03938818). Three intervention components were delivered over 6 months: an eight-session empowerment-based support club, community sensitization targeted towards male partners and a couples' PrEP education event. Participants were ages 17-24, HIV negative and either eligible for, or already taking, PrEP. Over 6 months of follow-up, we assessed IPV (months 3 and 6) and PrEP uptake and continuation (month 6) through interviewer-administered questionnaires; PrEP adherence was assessed with Wisepill electronic monitoring devices. These outcomes were compared using adjusted Poisson and negative binomial regression models. RESULTS: We enrolled 103 AGYW with median age of 22 years (IQR 20-23); one-third were currently taking PrEP and 45% reported IPV in the past 3 months. Retention was 97% at month 6. Compared to the control arm, intervention arm participants were more likely to initiate PrEP, if not already using it at enrolment (52% vs. 24%, aRR 2.28, 95% CI 1.19-4.38, p = 0.01), and those taking PrEP had more days with device openings (25% of days vs. 13%, aRR 1.94, 95% CI 1.16-3.25, p = 0.01). Twenty percent of participants reported IPV during follow-up. There were trends towards fewer IPV events (aIRR 0.66, 95% CI 0.27-1.62, p = 0.37) and fewer events resulting in injury (aIRR 0.21, 95% CI 0.04-1.02, p = 0.05) in the intervention versus control arm. CONCLUSIONS: Tu'Washindi shows promise in promoting PrEP uptake and adherence among AGYW without concomitant increases in IPV; however, adherence was still suboptimal. Further research is needed to determine whether these gains translate to increases in the proportion of AGYW with protective levels of PrEP adherence and to evaluate the potential for the intervention to reduce IPV risk.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Quantitative
Article	2023	Robles, Gabriel; López-Matos, Jonathan; Cienfuegos-Szalay, Jorge; Rodríguez-Díaz, Carlos E.; Rendina, H. Jonathon	The use of a Spanish-translated PrEP Stigma Scale among the Latino sample of the UNITE cohort study	Stigma and Health	-	-	-	2376-6972, 2376-6972	10.1037/sah0000433	https://www.proquest.com/scholarly-journals/use-spanish-translated-prep-stigma-scale-among/docview/2762135028/se-2?accountid=8113	Preexposure prophylaxis (PrEP)–related stigma is linked to inadequate PrEP uptake, yet there are no validated scales to test this association among Spanish-speaking Latino sexual minority men (SMM). The present study examined if the Spanish-translated PrEP Stigma Scale (PSS) was psychometrically appropriate for implementing in Spanish language–dominant Latino SMM. Recruitment was conducted using geosocial networking applications, social media sites, and email blasts (N = 3,049). First, we utilized item response theory (IRT) modeling to evaluate the reliability of the PSS items and the latent construct across both language groups (n English = 2,844 and n Spanish = 205). Subsequently, we applied the PSS scale in a theoretical application by examining its association with key steps in the PrEP uptake cascade (i.e., perceived PrEP candidacy, PrEP willingness, PrEP intentions, and having spoken to provider about PrEP) stratified by language. Results of the IRT analyses provided evidence that the translated version of the PSS was appropriate for use among this sample. Further, among English respondents, PrEP stigma was negatively associated with perceived PrEP candidacy (B = −0.30, p ≤ .001), PrEP willingness (B = −0.46, p ≤ .001), and PrEP intentions (B = −0.23, p = .003). PrEP stigma, among Spanish respondents, was not significantly associated with any of the PrEP cascade steps. This study demonstrated that the PSS scale performs adequately for both English- and Spanish-speaking Latino SMM. However, researchers and health professionals alike should pay close attention to the nuanced effects in U.S.-based English- and Spanish-language samples as PrEP stigma may impact the PrEP cascade for one language sample and not the other.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Rodrigues da Costa, Alan; Jônatas Ferreira Barros; Valéria Paes Lima; Magalhães, Camila; Hellen Kássia Rezende Silva; Deusdará, Rodolfo; Juliana de Souza Lapa	Substance Use and Risky Sexual Behavior in the PrEP Outpatient Clinic at the University Hospital of Brasília	Tropical Medicine and Infectious Disease	-	-	-	37368741	10.3390/tropicalmed8060323	https://www.proquest.com/scholarly-journals/substance-use-risky-sexual-behavior-prep/docview/2829887766/se-2?accountid=8113	(1) Background: To evaluate the epidemiological profile of people who use drugs at the PrEP outpatient clinic of the University Hospital of Brasília; (2) Methods: Cross-sectional study with a review of data from medical records referring to the first medical consultation. The prevalence ratio was calculated using a Poisson regression model with robust variance; (3) Results: A total of 53% of subjects reported drug use in the last 3 months. The unadjusted prevalence ratio of drug use in trans women was PR: 9.0 (95%CI: 1.4–57.5). people who use drugs have a 1.9 times higher prevalence of STI diagnosis, and a 2.4 times higher prevalence of partners compared to non-users; (4) Conclusions: Substance use was associated with a higher STI prevalence ratio and number of sexual partners.	Brazil; Condoms; pre-exposure prophylaxis; sexually transmitted diseases; Sexual behavior; Gender identity; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences--Communicable Diseases; Acquired immune deficiency syndrome--AIDS; United Kingdom--UK; recreational drug use	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Review
Article	2023	Rodriguez A.; Horvath K.J.; Dowshen N.; Voss R.; Warus J.; Jacobs M.; Kidd K.M.; Inwards-Breland D.J.; Blumenthal J.	Awareness and utilization of pre-exposure prophylaxis and HIV prevention services among transgender and non-binary adolescent and young adults	Frontiers in Reproductive Health	-	-	-	26733153	10.3389/frph.2023.1150370	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184159667&doi=10.3389%2ffrph.2023.1150370&partnerID=40&md5=44e21cea3952ad40dade231cf82ba6be	Introduction: Transgender and gender non-binary (TGNB) individuals are disproportionally affected by HIV and face high rates of discrimination and stigmatization, resulting in limited access to HIV prevention services. Pre-exposure prophylaxis (PrEP) is highly efficacious for reducing the risk of HIV transmission. However, little research is available regarding PrEP awareness and utilization among TGNB adolescents and young adults (AYA). Methods: TGNB AYA ages 15–24 years old were recruited between December 2021 and November 2022 for participation in a one-time, anonymous online survey study to assess PrEP awareness and perceptions, as well as barriers to its use. Participants were recruited from seven academic centers offering gender-affirming care to TGNB AYA across the United States. Results: Of the 156 TGNB AYA individuals who completed the survey, most (67%) were aware of PrEP; however, few (7%) had been prescribed PrEP. Many (60%) had not spoken to a medical provider and, even if the medication was free and obtained confidentially, most participants did not plan to take PrEP due to low perceived HIV risk, lack of PrEP knowledge, and concern about interactions between their hormone therapy and PrEP. Discussion: These findings underscore the need for broad PrEP educational efforts for both TGNB AYA and their providers to improve knowledge, identify potential PrEP candidates among TGNB AYA and improve access by addressing identified barriers. 2024 Rodriguez, Horvath, Dowshen, Voss, Warus, Jacobs, Kidd, Inwards-Breland and Blumenthal.	adolescents; awareness; non-binary; pre-exposure prophylaxis; transgender; young adults	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Rodriguez C.A.; Mitchell J.W.	HIV Prevention Research With U.S. Military Service Members: A Systematic Review	Military Medicine	-	-	-	1930613X	10.1093/milmed/usac018	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141804355&doi=10.1093%2fmilmed%2fusac018&partnerID=40&md5=27a14d05a293a2da99d8c487f7776723	INTRODUCTION: With the goal of maintaining mission readiness, the U.S. Department of Defense monitors a variety of health behaviors among its active duty military service members, including sexual health, HIV, and other sexually transmitted infections. Newer biomedical approaches to HIV prevention and care (e.g., Treatment as Prevention (TasP) via Pre-exposure Prophylaxis (PrEP) and undetectable = untransmissible of antiretroviral therapy (ART/U = U) have evolved over the last few years and are now available. However, the last systematic review on HIV prevention among military populations was published in 2005, calling for the need to provide an update on what HIV prevention research has been conducted with U.S. active duty service members. MATERIALS AND METHODS: PRISMA guidelines were followed to identify articles that met pre-determined eligibility criteria. Several electronic databases were searched, including PubMed. The review focused on HIV prevention research conducted with the U.S. Military (i.e., active duty service members). Inclusion criteria for articles centered on population (U.S. active duty service members aged 17 years and older), language (published in English), study focus (epidemiological, intervention), study design (descriptive, quasi-experimental, and experimental), date of publication, and research focus. Studies with a descriptive focus to understand HIV-related risk behaviors, use of prevention strategies (e.g., condoms, testing, PrEP), and prescribing practices for uptake of prevention strategies among U.S. military service members (i.e., by providers, uptake from nonproviders) were included. Studies that focused on intervening or changing HIV risk (i.e., interventions) among U.S. military service members were also included. RESULTS: The findings in this review were reported based on the PRISMA guidelines. A total of 2,270 articles were identified through electronic databases. Of the 2,270 articles, 809 articles were removed for duplication. Titles and abstracts were reviewed for the remaining 1,461 articles. Of the 1,461 articles, 1,432 were excluded for not meeting the inclusion criteria. In total, 29 studies met the inclusion criteria and were included in this review. Studies were organized into 3 tables based on study focus and target population (e.g., active duty, U.S. military service members who were providers vs. nonproviders). CONCLUSIONS: The present systematic review describes 29 HIV prevention studies that have been conducted with active duty service members in the U.S. Military since 2000. Overall, most included studies were descriptive, epidemiological studies conducted with active duty service members who were not providers. There were few interventions that reported some success in improving prevention knowledge and condom use. None of the interventions included newer evidence-based strategies of TasP. Although some research had been conducted about PrEP, particularly with providers, there is a clear need for additional studies and interventions to include TasP, given the evidence base of these approaches for reducing acquisition and/or onward transmission of HIV. © The Association of Military Surgeons of the United States 2022. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Rogers B.G.; Chan P.A.; Sutten-Coats C.; Zanowick-Marr A.; Patel R.R.; Mena L.; Goedel W.C.; Chu C.; Silva E.; Galipeau D.; Arnold T.; Gomillia C.; Curoe K.; Villalobos J.; Underwood A.; Sosnowy C.; Nunn A.S.	Perspectives on long-acting formulations of pre-exposure prophylaxis (PrEP) among men who have sex with men who are non-adherent to daily oral PrEP in the United States	BMC Public Health	-	-	-	14712458	10.1186/s12889-023-16382-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168977553&doi=10.1186%2fs12889-023-16382-4&partnerID=40&md5=b0bbf66aa48789bb0a2d905b3fc00af9	Introduction: Pre-exposure prophylaxis (PrEP) persistence among men who have sex with men (MSM) in real world clinical settings for HIV prevention is suboptimal. New longer-acting formulations of PrEP are becoming available, including injectables, subdermal implants, and other oral medications. These longer-acting formulations have the potential to improve retention among those who have challenges remaining adherent to daily oral PrEP. Methods: We interviewed 49 MSM who had initiated but discontinued oral PrEP at three diverse clinics across the United States. We examined participants' perspectives about long-acting PrEP formulations and how long-acting options could affect PrEP use using thematic analysis. Results: Participants were not very knowledgeable about long-acting formulations of PrEP but were open to learning about them and considering use. Participants were concerned about safety and efficacy of products given that they were still newer and/or in development. Finally, participants had clear preferences for oral pills, injectables, and then subdermal implants and were most interested in options that reduced the number of visits to the clinic. Conclusion: Long-acting formulations of PrEP are acceptable to MSM with suboptimal PrEP persistence and have the potential to improve PrEP persistence. However, many felt they needed more information on safety, efficacy, and use to consider these options. As these long-acting formulations are implemented, public health campaigns and clinical interventions to encourage may maximize uptake particularly among those who are not currently adherent to daily oral PrEP. © 2023, BioMed Central Ltd., part of Springer Nature.	HIV prevention; Medication adherence; Men who have sex with men (MSM); Pre-exposure prophylaxis (PrEP); PrEP continuum	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Rogers B.G.; Harkness A.; Satyanarayana S.; Pachankis J.; Safren S.A.	Individual, Interpersonal, and Structural Factors That Influence Intentions to Use Pre-exposure Prophylaxis Among Sexual Minority Men in Miami	Archives of Sexual Behavior	-	-	-	40002	10.1007/s10508-021-02263-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129703751&doi=10.1007%2fs10508-021-02263-7&partnerID=40&md5=f0eaa1cf9b5e928263dd81adaf8ceec5	Pre-exposure prophylaxis for HIV or "PrEP" holds great promise for reducing HIV incidence. However, in certain geographic settings, like Miami, a US HIV epicenter, uptake of PrEP has been paradoxically very low compared to other areas of the country. The goal of the current study was to examine factors associated with low uptake of PrEP in young sexual minority men in Miami. Qualitative data were extracted from conversations during voluntary HIV/STI counseling and testing sessions with 24 young sexual minority men, most of whom identified as racial/ethnic minorities. These sessions were completed as part of a baseline visit for a combined mental and sexual health intervention trial. Thematic analysis of transcripts revealed barriers and facilitators associated with PrEP uptake at multiple levels (individual, interpersonal, and economic and healthcare systems barriers). Individual-level themes included concerns about the safety of PrEP, risk compensation, and taking daily oral medication; and potential benefits of PrEP as a backup plan to condom use to reassure and reduce worry about HIV. Interpersonal-level themes included lack of knowledgeable and affirming medical providers, changing norms within the community around "safe sex," and PrEP use in serodiscordant partnerships. Economic and healthcare systems barriers included challenges to accessing PrEP because of a lack of insurance and high out-of-pocket cost. These data can be used to inform the development of interventions aligned with Ending the HIV Epidemic priorities to increase PrEP use among young sexual minority men living in an HIV epicenter. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	AIDS; HIV; PrEP; Sexual health; Sexual minority men; Sexual orientation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Rogers, Brooke G; Sosnowy, Collette; Chan, Philip A; Patel, Rupa R; Mena, Leandro A; Arnold, Trisha; Gomillia, Courtney; Zanowick-Marr, Alexandra; Curoe, Kate; Underwood, Ashley; Villalobos, Jesus; Chu, Christina; Galipeau, Drew; Montgomery, Madeline; Nunn, Amy S	Factors associated with suboptimal retention in HIV pre-exposure prophylaxis care among men who have sex with men.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2022.2129036	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10083191	Despite the efficacy of HIV pre-exposure prophylaxis (PrEP), retention in care in the United States remains suboptimal. The goal of this study was to explore factors that lead to suboptimal retention in PrEP care for men who have sex with men (MSM) in real-world clinical settings in the United States. Trained interviewers conducted semi-structured interviews with MSM (N = 49) from three clinics who had been engaged in PrEP care in the Midwest (n = 15), South (n = 15), and Northeast (n = 19) geographic regions and had experienced a lapse in PrEP use. Factors that emerged as related to suboptimal retention in PrEP care included structural factors such as transportation and out-of-pocket costs; social factors such as misinformation on media and in personal networks; clinical factors such as frequency and timing of appointments; and behavioral factors such as changes in sexual behavior and low perceived risk for HIV. Participants suggested reducing the out-of-pocket costs of medications and lab visits, having flexible appointment times, culturally responsive services, and comprehensive patient navigation to help retention in care. These findings leveraged real-world experiences and opinions of patients to inform gaps in current services and how to make changes to optimize PrEP care.	HIV prevention; Pre-exposure prophylaxis; men who have sex with men; retention.	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2023	Rosadiño, John Danvic T.; Pagtakhan, Ronivin G.; Briñes, Matthew T.; Dinglasan, Jeanno Lorenz G.; Cruz, Denis P.; Corciega, John Oliver L.; Pagtakhan, Aeronne B.; Regencia, Zypher Jude G.; Baja, Emmanuel S.	Implementation of unassisted and community-based HIV Self-Testing (HIVST) during the COVID-19 pandemic among Men-who-have-sex-with-Men (MSM) and Transgender Women (TGW): A demonstration study in Metro Manila, Philippines.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0282644	https://pubmed.ncbi.nlm.nih.gov/36893109/	OBJECTIVE: The study aimed to demonstrate the feasibility of an unassisted and community-based HIV self-testing (HIVST) distribution model and to evaluate its acceptability among men-having-sex-with-men (MSM) and transgender women (TGW). METHODS: Our demonstration study focused on implementing the HIVST distribution model in Metro Manila, Philippines. Convenience sampling was done with the following inclusion criteria: MSM or TGW, at least 18 years old, and had no previous HIV diagnosis. Individuals taking HIV pre-exposure prophylaxis, on antiretroviral therapy, or female sex at birth were excluded. The implementation of the study was done online using a virtual assistant and a delivery system via courier due to COVID-19-related lockdowns. Feasibility was measured by the number of HIVST kits successfully delivered and utilized and the HIV point prevalence. Moreover, acceptability was evaluated by a 10-item system usability scale (SUS). HIV prevalence was estimated with linkage to care prioritized for reactive participants. RESULTS: Out of 1,690 kits distributed, only 953 (56.4%) participants reported their results. Overall, HIV point prevalence was 9.8%, with 56 (60.2%) reactive participants linked to further testing. Furthermore, 261 (27.4%) of respondents self-reported, and 35 (13.4%) of the reactive participants were first-time testers. The HIVST service had an overall median and interquartile range (IQR) SUS score of 82.5 (IQR: 75.0, 90.0), rendering the HIVST kits very acceptable. CONCLUSIONS: Our study suggests the acceptability and feasibility of HIVST among the MSM and TGW in Metro Manila, Philippines, regardless of their age or HIV testing experience. In addition, other platforms of information dissemination and service delivery of HIVST should be explored, including access to online instructional videos and printed materials, which may facilitate easier use and interpretation of results. Furthermore, due to our study's limited number of TGW respondents, a more targeted implementation strategy to reach the TGW population is warranted to increase their access and uptake of HIVST.	Adolescent; Humans; Male; Female; Infant, Newborn; Homosexuality, Male; HIV; Communicable Disease Control; *Transgender Persons; *Sexual and Gender Minorities; Pandemics; Philippines/epidemiology; Self-Testing; *HIV Infections/diagnosis/epidemiology/prevention & control; HIV Testing; *COVID-19/diagnosis/epidemiology	English	United States	Western and Central Europe and North America	Philippines	Asia and the Pacific	Philippines	Asia and the Pacific	Clinical
Article	2023	Rosas Cancio-Suárez M.; Díaz-Álvarez J.; Ron R.; Martínez-Sanz J.; Serrano-Villar S.; Moreno S.; Sánchez-Conde M.	From Innovation to Implementation: The Evolution of HIV Pre-Exposure Prophylaxis and Future Implications	Pathogens	-	-	-	-	20760817	10.3390/pathogens12070924	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166391327&doi=10.3390%2fpathogens12070924&partnerID=40&md5=519b6e591575dc37c68dbca737cf81b9	Pre-exposure prophylaxis (PrEP) is a highly effective HIV-prevention strategy that involves the continuous administration of antiretroviral drugs to HIV-negative individuals with a substantial risk of contracting an HIV infection. The use of PrEP has shown a reduction in the risk of HIV acquisition through sexual intercourse by up to 99%. Despite its effectiveness, PrEP uptake remains low among populations at high risk of HIV infection. This highlights the need for further research in strategies to enhance awareness and uptake of PrEP amongst these specific populations. This article presents a comprehensive overview of the existing literature on the effectiveness of PrEP in reducing HIV transmission rates. Additionally, we examine the obstacles related to PrEP implementation and uptake and put forward potential strategies to raise awareness and improve its use among populations at an increased risk of contracting HIV. © 2023 by the authors.	HIV; pre-exposure prophylaxis; prevention strategies	English	Switzerland	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2023	Rosen J.G.; Zhang L.; Pelaez D.; Park J.N.; Glick J.L.	A Capacity-Strengthening Intervention to Support HIV Pre-exposure Prophylaxis (PrEP) Awareness-Building and Promotion by Frontline Harm Reduction Workers in Baltimore, Maryland: A Mixed Methods Evaluation	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03971-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145506617&doi=10.1007%2fs10461-022-03971-4&partnerID=40&md5=6c43140e9b31a45f07f1d4a22694bfaa	Pre-exposure prophylaxis (PrEP) is a promising but underutilized HIV prevention tool among people who inject drugs (PWID). We developed and piloted an intervention to bolster PrEP promotion competencies among frontline harm reduction workers (FHRW) serving PWID clients in Baltimore, Maryland. Between December 2021 and February 2022, we developed and facilitated four trainings, which included didactic and practice-based/role-playing components, with 37 FHRW from four organizations. FHRW completed three structured surveys (pretest, posttest, 6-week posttest) and in-depth interviews (n = 14) to measure changes in PrEP promotion competencies attributable to training participation. PrEP knowledge and self-efficacy increased significantly (p < 0.001) from pretest to posttest, sustained through 6-week posttest. The proportion of FHRW discussing PrEP with clients doubled during the evaluation period (30–67%, p = 0.006). Feeling empowered to discuss PrEP and provision of population-tailored PrEP information were facilitators of PrEP promotion, while limited client interaction frequency/duration, privacy/confidentiality concerns, and anticipated PrEP stigma by clients inhibited PrEP promotion. Our capacity-strengthening intervention successfully increased PrEP knowledge, self-efficacy, and promotion among FHRW, affirming the adaptability and feasibility of integrating our training toolkit into FHRW practice across implementation settings. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Doer/non-doer analysis; Formative research; HIV prevention; People who inject drugs; Pilot study; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Rosen, Aviana O.; Wickersham, Jeffrey A.; Altice, Frederick L.; Khati, Antoine; Azwa, Iskandar; Tee, Vincent; Jeri-Wahrhaftig, Alma; Luces, Jeffrey Ralph; Ni, Zhao; Kamarulzaman, Adeeba; Saifi, Rumana; Shrestha, Roman	Barriers and Facilitators to Pre-Exposure Prophylaxis by Men Who Have Sex with Men and Community Stakeholders in Malaysia	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph20095669	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159141697&doi=10.3390%2fijerph20095669&partnerID=40&md5=d7bf23646ce3e0b32e9141f8bbed8ab5	Background: Men who have sex with men (MSM) in Malaysia are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) is an evidence-based HIV prevention strategy; yet, uptake remains low among Malaysian MSM, who have a limited understanding of barriers to PrEP. Methods: We employed the nominal group technique (NGT), a structured mixed-methods strategy to understand the barriers and facilitators to PrEP use among Malaysian MSM, combined with a qualitative focus group. Six virtual focus group sessions, three among MSM (n = 20) and three among stakeholders (n = 16), were conducted using a video-conferencing platform. Rank-ordering of barriers from NGT was recorded, and thematic analysis was conducted for content. Results: Similar barriers were reported by MSM and community stakeholders, with aggregated costs associated with PrEP care (e.g., consultation with a clinician, medication, laboratory testing) being the greatest barrier, followed by limited knowledge and awareness of PrEP. Additionally, the lack of access to PrEP providers, the complex clinical protocol for PrEP initiation and follow-up, and social stigma undermined PrEP delivery. Qualitative discussions identified potential new strategies to overcome these barriers, including expanded outreach efforts to reach hard-to-reach MSM, a 'one-stop' delivery model for PrEP services, a patient-centered decision aid to guide PrEP uptake, and easy access to LGBT-friendly PrEP providers. Conclusion: Current barriers may be overcome through governmental subsidy for PrEP and evidence-informed shared decision aids to support both MSM and PrEP providers. © 2023 by the authors.	HIV; Malaysia; men who have sex with men; nominal group technique; patient preferences; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Rosen, Elias P.; White, Nicole; Gilliland, William M. Jr; Gerona, Roy R.; Gandhi, Monica; Amico, K. Rivet; Mayer, Kenneth H.; Gulick, Roy M.; Kashuba, Angela D. M.	Mass spectrometry imaging of hair identifies daily maraviroc adherence in HPTN 069/ACTG A5305.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0287449	https://pubmed.ncbi.nlm.nih.gov/37352285/	Objective measures of adherence for antiretrovirals used as pre-exposure prophylaxis (PrEP) are critical for improving preventative efficacy in both clinical trials and real-world application. Current objective adherence measures either reflect only recent behavior (eg days for plasma or urine) or cumulative behavior (eg months for dried blood spots). Here, we measured the accumulation of the antiretroviral drug maraviroc (MVC) in hair strands by infrared matrix-assisted laser desorption electrospray ionization (IR-MALDESI) mass spectrometry imaging (MSI) to evaluate adherence behavior longitudinally at high temporal resolution. An MSI threshold for classifying daily adherence was established using clinical samples from healthy volunteers following directly observed dosing of 1 to 7 doses MVC/week. We then used the benchmarked MSI assay to classify adherence to MVC-based PrEP regimens in hair samples collected throughout the 48-week HPTN069/ACTGA5305 study. We found that only ~32% of investigated hair samples collected during the study's active dosing period showed consistent daily PrEP adherence throughout a retrospective period of 30 days, and also found that profiles of daily individual adherence from MSI hair analysis could identify when patients were and were not taking study drug. The assessment of adherence from MSI hair strand analysis was 62% lower than adherence classified using paired plasma samples, the latter of which may be influenced by white-coat adherence. These findings demonstrate the ability of MSI hair analysis to examine daily variability of adherence behavior over a longer-term measurement and offer the potential for longitudinal comparison with risk behavior to target patient-specific adherence interventions and improve outcomes.	Humans; Maraviroc; Retrospective Studies; Medication Adherence; *Anti-HIV Agents; *HIV Infections/drug therapy/prevention & control; *Pre-Exposure Prophylaxis/methods; Hair/chemistry; Spectrometry, Mass, Matrix-Assisted Laser Desorption-Ionization; Anti-Retroviral Agents/analysis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Rosen, Joseph G; Toomre, Teagan; C To; Olatunde, Praise F; Cooper, Lyra; Glick, Jennifer L; Park, Ju Nyeong	Communicative appeals and messaging frames in visual media for HIV pre-exposure prophylaxis promotion to cisgender and transgender women	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2022.2116111	https://www.proquest.com/scholarly-journals/communicative-appeals-messaging-frames-visual/docview/2843993273/se-2?accountid=8113	Women in the USA represent 15% of new HIV diagnoses but only 5% of pre-exposure prophylaxis (PrEP) users. We sought to characterise communicative appeals and messaging frames used in US visual media to cultivate PrEP demand among cisgender and transgender women using content analysis methodology. We catalogued and coded media items (images and videos) from US PrEP marketing campaigns featuring women. Production and content characteristics were abstracted, and communicative appeals from media items were qualitatively coded in duplicate. We then descriptively summarised production and content characteristics and identified discrete subgroups of media items, clustering around specific messaging frames, through qualitative thematic analysis. Racial/ethnic minorities and sexual/gender minority women were heavily featured, and numerous media items leveraged cognitive and social communicative appeals to promote PrEP. We identified three unique messaging frames emerging from coded media items, portraying PrEP as: (1) necessary prevention (protection frame), (2) a desirable yet accessible commodity (aspiration frame), and (3) a conduit to sexual autonomy (empowerment frame). To effectively communicate PrEP information and promote PrEP to women, PrEP marketing should leverage alternative appeals (subjective norms, self-efficacy), address anticipated barriers to uptake (stigma, cost, medication interactions), and deconstruct misconceptions of PrEP use(rs).	Women; HIV prevention; PrEP; Stigma; Transgender persons; Disease prevention; Sociology; Content analysis; Empowerment; Drugs; Aspiration; Autonomy; Cisgender; Uptake; health communication; Self-efficacy; mixed methods research; Clustering; Human immunodeficiency virus--HIV; Mixed methods research; United States--US; Marketing; Misconceptions; Measures; Ethnic groups; Minority groups; Appeals; Frame analysis; Mass media; Mass media effects; Mass media images; Visual imagery	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Ross, Jonathan; Betancourt, Gabriela S.; Andrade, Eli A.; Klein, Augustus; Marrero, Lissette; Morales, Gustavo A.; Rivera, Sage; Watnick, Dana L.; Patel, Viraj V.	Collaborative PrEP Implementation Strategies for Latino Men Who have Sex with Men: A Health Center-Community Consensus Process	Journal of Community Health	-	-	-	-	945145	10.1007/s10900-023-01266-w	https://www.proquest.com/scholarly-journals/collaborative-prep-implementation-strategies/docview/2873639724/se-2?accountid=8113	Community-based organizations (CBOs) deliver services in culturally-responsive ways, and could effectively partner with health centers to deliver HIV pre-exposure prophylaxis (PrEP) to Latino men who have sex with men (LMSM). However, few such models exist. We conducted a planning study in collaboration with three CBOs serving LMSM to identify optimal PrEP delivery strategies for health centers and CBOs to implement jointly. We established a Community Expert Panel (CEP) of eight client-facing CBO and health center staff. Over 6 months, the panel met monthly to identify collaborative strategies for PrEP delivery, using a modified Delphi method consisting of the following steps: (1) brainstorming strategies; (2) rating strategies on acceptability, appropriateness and feasibility; (3) review of data from qualitative focus group discussions with CBO clients; and (4) final strategy selection. The panel initially identified 25 potential strategies spread across three categories: improving communication between health centers and CBOs; using low-barrier PrEP options (e.g. telemedicine), and developing locally-relevant, culturally-sensitive outreach materials. Focus groups with CBO clients highlighted a desire for flexible options for PrEP-related care and emphasized trust in CBOs. The final package of strategies consisted of: (1) a web-based referral tool; (2) telemedicine appointments; (3) geographically-convenient options for lab specimen collection; (4) tailored print and social media; and (5) regular coaching sessions with CBO staff. Through a community-engaged process, we identified a package of PrEP delivery strategies that CBOs and health centers can implement in partnership, which have the potential to overcome barriers to PrEP for LMSM.	HIV; Focus Groups; Pre-exposure prophylaxis; Males; Delphi Technique; Telemedicine; Prophylaxis; Social Media; Latino; Qualitative analysis; Qualitative research; Preventive medicine; Collaboration; Barriers; Focus groups; Community-based organization; Delphi technique; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Medical Sciences; Clients; Health facilities; Communication (Thought Transfer); Delphi method; Feasibility studies; Hispanic people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Ross, S; Garcia, D; Villa, G; Crossman, J; Fitzpatrick, C; Richardson, D	HIV pre-exposure prophylaxis use among gender-diverse people attending a sexual health service	Sexually Transmitted Infections	-	-	-	-	1368-4973	doi.org/10.1136/sextrans-BASHH-2022.26	https://sti.bmj.com/content/98/Suppl_1/A14.1	Abstract Introduction Estimates of HIV prevalence amongst gender minorities are determined exclusively from scarce data for transgender women (TGW) who, globally, are disproportionately affected by HIV.1 Data for transgender men (TGM) and non-binary individuals (NBI) are extremely limited. Transgender people are often identified as an underserved group for HIV prevention, however data on use of pre-exposure prophylaxis (PrEP) for HIV are lacking.2 3 This study aimed to determine the prevalence of PrEP use amongst transgender attendees at our sexual health service. Methods All transgender people attending a single integrated sexual health service throughout 2021 were identified through GUMCAD coding and/or attendance at the services' specialist trans clinic. Notes were reviewed for demographic data, PrEP eligibility and use. Confidence intervals (CI) were estimated with binomial exact test. Results 108 patients were identified; 41/108 (38%) TGM, 38/108 (35%) TGW and 29/108 (27%) NBI. Median age was 36 years (IQR=24-38). 5(5%) were living with HIV, all TGW. 21/103 (20%) HIV negative patients were eligible for PrEP as per national guidelines. PrEP eligibility could not be determined from records for 15/103 (15%). 16/103 (16%, 95%CI=10-24) were currently using PrEP, 6(15%) TGM, 7(18%) TGW and 3(10%) NBI). A further 4 had previously used PrEP. Discussion To our knowledge this is the first description of PrEP use amongst transgender people from a UK sexual health clinic. Only a small proportion were currently using PrEP, with most deemed not eligible. Further research is needed to determine whether this is reflective of the wider transgender population and to identify their diverse sexual health needs.	HIV pre-exposure prophylaxis; Transgender Persons; Sexual and Gender Minorities	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Rossotti R.; Nava A.; Baiguera C.; Calzavara D.; D'Amico F.; Fanti D.; Bana N.B.; Vismara C.; Cernuschi M.; Scaglione F.; Puoti M.	High prevalence of anal papillomavirus infection in men who have sex with men PrEP users	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2022-055447	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135192408&doi=10.1136%2fsextrans-2022-055447&partnerID=40&md5=5786fc3cde8f0c10b8c891b47974bb43	Objectives Human papillomavirus (HPV) is the most common STI and is associated with a wide range of diseases from anogenital warts to malignancies. Anal HPV infection is considerably more common in men who have sex with men (MSM) living with HIV. Aims of the present study are to (i) describe the prevalence of anal HPV infection in MSM who started pre-exposure prophylaxis (PrEP) and (ii) analyse factors associated with anal infection from genotypes that would be covered by nonavalent vaccination. Methods This monocentric, cross-sectional study included all subjects who started PrEP from May 2018 to November 2021. PrEP candidates underwent full behavioural and clinical evaluation, including digital anal rectal examination and swabbing for HPV determination. Descriptive statistics, Mann-Whitney U test for continuous and χ 2 tests for categorical variables were adopted. Unadjusted and adjusted regression analyses were performed to assess factors associated with positive anal swabs and to the presence of genotypes covered by the nonavalent vaccination. Results The analysis included 288 subjects: anal swabs tested positive in 87.2% of cases, 79.2% of the subjects had a high-risk genotype (mainly 16), whereas 67.4% had a genotype covered by nonavalent vaccine. Sexual role was the only factor associated with anal HPV infection. Use of recreational drugs and a diagnosis of ≥2 STIs correlated with the presence of genotypes that would have been covered by vaccine, while previous vaccination had a protective role. Conclusions PrEP candidates showed a high prevalence of anal HPV infection, especially due to high-risk genotypes, comparable to what has been reported in MSM living with HIV. © 2023 BMJ Publishing Group. All rights reserved.	men; papillomaviridae; PREP; vaccination	English	United Kingdom	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2023	Rossotti, R; Tavelli, A; Calzavara, D; De Bona, A; Vinti, P; Muccini, C; Tesoro, D; Bossolasco, S; Cernuschi, M; Monforte, AD	Impact of COVID Pandemic on Sexual Habits and Pre-exposure Prophylaxis Retention in Care in a Community-Based Service	Sexuality Research & Social Policy	-	-	-	-	1868-9884	10.1007/s13178-023-00849-5	https://www.researchgate.net/publication/372624875_Impact_of_COVID_Pandemic_on_Sexual_Habits_and_Pre-exposure_Prophylaxis_Retention_in_Care_in_a_Community-Based_Service	BackgroundCOVID pandemic had a significant impact on most social and medical activities, including sexual habits and access to pre-exposure prophylaxis (PrEP). The aim of our study is to describe the number of subjects who discontinued PrEP after the first lockdown, and the change of sexual behaviors in those who continued despite social restrictions.MethodsThis monocentric, retrospective analysis included all subjects attending a community-based service who started PrEP before February 2020. Data were collected from self-administered questionnaires.ResultsThe analysis included 166 individuals: among them, 56 (33.7%) did not continue attending visits after the first lockdown: the largest part (32, 19.3%) decided to temporarily postpone prophylaxis until the end of the pandemic. One hundred and ten subjects continued PrEP: they were mainly males (98.2%) with a median age of 39 (IQR 32-46) years. After the general lockdown, there were no changes in terms of sexual habits (number of partners and intercourses), number of pills taken, use of alcohol and drugs, and incidence of sexually transmitted infections.ConclusionCOVID-19 had an impact on PrEP users attending a community-based service in terms of persons who stopped the prophylaxis. Nevertheless, in those who decided to continue, sexual habits did not change significantly compared to pre-pandemic period.	HIV; PrEP; Sexually transmitted infections; Sexual behavior; COVID-19; GAY; HEALTH-SERVICES; BEHAVIOR; Lockdown	English	United States	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Quantitative
Article	2023	Rossotti, Roberto; Calzavara, Daniele; Cernuschi, Massimo; D'Amico, Federico; De Bona, Anna; Repossi, Roberto; Moschese, Davide; Bossolasco, Simona; Tavelli, Alessandro; Muccini, Camilla; Mulé, Giovanni; d'Arminio Monforte, Antonella	Detection of Asymptomatic Mpox Carriers among High-Ri Men Who Have Sex with Men: A Prospective Analysis.	Pathogens	-	-	-	-	2076-0817	10.3390/pathogens12060798	https://pubmed.ncbi.nlm.nih.gov/37375488/	Mpox is traditionally considered a zoonotic disease with endemic circulation in Africa, but the 2022-2023 outbreak reached an unprecedented high number of cases in non-endemic countries, so that it was declared a public health emergency of international concern. The reasons for this extensive global spread, characterized by sexual transmission amongst men who have sex with men (MSM), have not been fully clarified. The existence of asymptomatic carriers with viable viral shedding might be an explanation and is under-debated after retrospective studies suggested that infection without symptoms might have a prevalence of 6.5%. We aimed to prospectively assess the presence of mpox infection in asymptomatic high-risk MSM using HIV pre-exposure prophylaxis and living with HIV. We selected individuals with no signs of active infection nor suggestive symptoms in the previous 21 days. Eligible individuals collected oral and anal swabs to undergo point-of-care testing for mpox and completed a 21-days follow-up. Seventy-two individuals were enrolled, and none tested positive for mpox infection nor developed symptoms during follow-up. We selected a high-risk population with a significant history of sexual exposure, but we failed to detect any asymptomatic infection. This observation might have important consequences in terms of contact management and epidemic control.	PrEP; point-of-care testing; mpox; asymptomatic infection	English	Switzerland	Western and Central Europe and North America	Italy	Western and Central Europe and North America	Italy	Latin America and the Caribbean	Clinical
Article	2023	Rotsaert A.; Reyniers T.; Vanhamel J.; Van Landeghem E.; Vanbaelen T.; Van Mieghem H.; Nöstlinger C.; Laga M.; Vuylsteke B.	Putting 2-1-1 into Practice: PrEP Users' Knowledge of Effectively Starting and Stopping Oral PrEP Use	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03911-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85142287362&doi=10.1007%2fs10461-022-03911-2&partnerID=40&md5=61fb66de6b4a801af0b022af63f1ad61	Starting and stopping oral HIV pre-exposure prophylaxis (PrEP) in a way that compromises its effectiveness should be avoided. Between September 2020 and June 2021, we assessed self-perceived and actual knowledge of effectively starting and stopping oral PrEP through an online survey among 206 PrEP users assigned male at birth in Belgium. We examined associations between incorrect start-and-stop knowledge and socio-demographics, sexual behaviour and PrEP use, using bi- and multi-variable logistic regression. The majority of men (84.9%) perceived their start-and-stop knowledge as 'very good', but only 62.1% of all men correctly indicated how to effectively start and stop with PrEP. Using PrEP daily adjusted OR 2.12, 95% CI (1.06–4.28), p = 0.034 was significantly associated with incorrect start-and-stop knowledge. To enable PrEP users to effectively use PrEP, they need to be better informed about how to start and stop use, irrespective of the dosing regimen. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	2-1-1; Adherence; HIV prevention; MSM; On-demand; PrEP	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2023	Rotsaert A.; Smekens T.; Vuylsteke B.; van der Loeff M.S.; Hensen B.; Nöstlinger C.; Wouters E.; Vanhamel J.; Scheerder G.; Reyniers T.	Patterns of PrEP and condom use among PrEP users in Belgium: a web-based longitudinal study	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-023-15786-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160221894&doi=10.1186%2fs12889-023-15786-6&partnerID=40&md5=fa566e4e8d8a6689460b653aa08b3d71	Background: Tailoring pre-exposure prophylaxis (PrEP) service delivery is key to scaling-up PrEP uptake. Optimal implementation of tailored services requires, among other things, insights into patterns of PrEP use, sexual behaviours and condom use over time. Methods: Between September 2020 and January 2022, we conducted a web-based, longitudinal study among PrEP users in Belgium. In three questionnaire rounds every six-months, we assessed PrEP and condom use, and sex with steady, casual and anonymous partners in the preceding three months. Based on the patterns of PrEP use in the preceding three months, we identified distinct PrEP use categories. We investigated differences in baseline socio-demographics and sexual behaviours by PrEP use category using Fisher's exact and one-way ANOVA tests. Patterns in PrEP and condom use over time were examined using descriptive analyses and visualised in alluvial diagrams. Results: In total, 326 participants completed the baseline questionnaire, and 173 completed all three questionnaires. We identified five distinct PrEP use categories: daily (≥ 90 pills), almost daily (75–89 pills), long period (> 7 consecutive days and < 75 pills) with or without additional short period use, short period (1–7 consecutive days and < 75 pills) and no PrEP use (0 pills). During the study, percentages of individuals in each PrEP use category varied, but did not change significantly over time. At baseline, daily and almost daily users were more likely to report five or more casual sex partners, ten or more anonymous sex partners and anal sex on a weekly basis with casual or anonymous partners compared to those using PrEP for long or short periods. Up to 12.6% (n = 16/127) of participants reporting anal sex with casual or anonymous partners, indicated always using condoms and PrEP with these partners. One in three (n = 23/69) participants who reported anal sex with steady partners had condomless anal sex and did not use PrEP with these partners; with casual or anonymous partners less than 3% reported this. Conclusions: Our findings show that there is little variation in PrEP use over time and that PrEP use was associated with sexual behaviours, which could be taken into account when designing tailored PrEP care. © 2023, The Author(s).	Belgium; Condom use; HIV prevention; Longitudinal; MSM; PrEP use	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2023	Rousseau E.; Wu L.; Heffron R.; Baeten J.M.; Celum C.L.; Travill D.; Delany-Moretlwe S.; Bekker L.-G.; Bukusi E.; Omollo V.; van der Straten A.; O'Malley G.; Haberer J.E.; Morton J.F.; Johnson R.E.; Roberts S.T.	Association of sexual relationship power with PrEP persistence and other sexual health outcomes among adolescent and young women in Kenya and South Africa	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1073103	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85161991809&doi=10.3389%2ffrph.2023.1073103&partnerID=40&md5=22d1e97fc63a98aebf2b8a1c76a8b9fd	Introduction: Gendered power inequalities impact adolescent girls' and young women's (AGYW) sexual and reproductive health (SRH) outcomes. We investigated the influence of sexual relationship power on AGYW's SRH outcomes, including HIV pre-exposure prophylaxis (PrEP) persistence. Methods: The POWER study in Kisumu, Kenya, and Cape Town and Johannesburg, South Africa provided PrEP to 2,550 AGYW (aged 16–25). AGYW's perceived power in their primary sexual relationship was measured among the first 596 participants enrolled using the Sexual Relationship Power Scale's (SRPS) relationship control sub-scale. Multivariable regression was used to test for (1) key sociodemographic and relationship characteristics associated with relationship power; and (2) the association of relationship power with SRH outcomes including PrEP persistence. Results: In this cohort, the mean SRPS score was 2.56 (0.49), 542 (90.9%) initiated PrEP; 192 (35.4%) persisted with PrEP at 1 month of which 46 (24.0% of 192) persisted at 6 months. SRPS were significantly lower among AGYW who cohabited with their sex partner (−0.14, 95% CI: −0.24 to −0.04, p = 0.01), or had ≥1 sex partner (−0.10, 95% CI: −0.19 to −0.00, p = 0.05). AGYW with lower SRPS were more likely to not know their partner's HIV status (aOR 2.05, 95% CI: 1.27 to 3.33, p < 0.01), but SRPS was not associated with PrEP persistence, STI infection, condom, or hormonal contraception use. Discussion: AGYW's reasons for initiating PrEP and reasons for continuously using PrEP may be different. While low relationship power was associated with perceived HIV vulnerability, AGYW's PrEP persistence may be influenced by more than relationship power. 2023 Rousseau, Wu, Heffron, Baeten, Celum, Travill, Delany-Moretlwe, Bekker, Bukusi, Omollo, van der Straten, O'Malley, Haberer, Morton, Johnson and Roberts.	adolescent girls and young women (AGYW); pre-exposure prophylaxis (PrEP); PrEP persistence; sexual and reproductive health outcomes; sexual relationship power	English	Switzerland	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2023	Rugira E.; Biracyaza E.; Umubyeyi A.	Uptake and Persistence on HIV Pre-Exposure Prophylaxis Among Female Sex Workers and Men Having Sex with Men in Kigali, Rwanda: A Retrospective Cross-Sectional Study Design	Patient Preference and Adherence	-	-	-	-	1177889X	10.2147/PPA.S427021	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172727850&doi=10.2147%2fPPA.S427021&partnerID=40&md5=bb78477a738414af26b8b8a57b790bc7	Background: Although HIV pre-exposure prophylaxis (PrEP) is known for its effectiveness in preventing HIV transmission; there is a global rise in HIV infection rates, particularly prominent in sub-Saharan Africa. This health concern is mostly evident among highrisk groups, namely Female Sex Workers (FSWs) and Men who have Sex with Men (MSMs), both of whom are more susceptible to sexually transmissible infections. This research examined the persistence, uptake, and associated predictors of PrEP utilization within the FSW and MSM populations. Methods: A cross-sectional study design was conducted involving 4872 individuals from the FSW and MSM groups who were enrolled in a PrEP program across 10 health centers participating in a pilot initiative. The study population was subject to a year-long follow-up period commencing on March 1st, 2019. To evaluate the determinants of PrEP utilization within FSW and MSM groups, bivariate logistic analyses and multivariate logistic regression models were employed. Results: The findings revealed that the occurrence of PrEP uptake was 45.55% (n=2219) among FSWs and 35.42% (n=17 participants) among MSM. Regarding PrEP persistence, MSM (88.24%, n=15 participants) presented higher PrEP proportion than FSWs (78.5%, n=1742 women). Our findings disclosed that individuals aged 25–34 years (aOR=0.82; 95% CI=0.72–0.93, p=0.002), 35–44 years (aOR=0.83; 95% CI=0.71–0.97, p=0.017), and 55 years and older (OR=0.14; 95% CI=0.04–0.48, p=0.002) exhibited lower likelihoods of having low PrEP uptake than those aged 15–19 years. Moreover, individuals residing with their families (aOR=0.71; 95% CI=0.58–0.87, p<0.001), living with roommates (aOR=0.7; 95% CI=0.5–0.97, p=0.032) displayed lower odds for experiencing low PrEP uptake than their counterparts living alone. Conclusion: This study highlighted the low uptake of PrEP among participants when compared to previous studies. These results revealed significant influences of age and living conditions on PrEP usage. © 2023 Rugira et al. This work is published and licensed by Dove Medical Press Limited.	female sex workers; men having sex with men; persistence; pre-exposure prophylaxis; uptake	English	United States	Western and Central Europe and North America	Rwanda	Eastern and Southern Africa	Rwanda	Eastern and Southern Africa	Quantitative
Article	2023	Ruiz-Burga E.; Tariq S.; Touloumi G.; Gill J.; Nicholls E.J.; Sabin C.; Mussini C.; Meyer L.; Volny Anne A.; Carlander C.; Grabar S.; Jarrin I.; Van Der Valk M.; Wittkop L.; Spire B.; Pantazis N.; Burns F.M.; Porter K.	CASCADE protocol: exploring current viral and host characteristics, measuring clinical and patient-reported outcomes, and understanding the lived experiences and needs of individuals with recently acquired HIV infection through a multicentre mixed-methods observational study in Europe and Canada	BMJ Open	-	-	-	-	20446055	10.1136/bmjopen-2022-070837	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159741229&doi=10.1136%2fbmjopen-2022-070837&partnerID=40&md5=68ee8c4467a213f5e8dbd227254ba0af	Introduction Despite the availability of pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART), 21 793 people were newly diagnosed with HIV in Europe in 2019. The Concerted action on seroconversion to AIDS and death in Europe study aims to understand current drivers of the HIV epidemic; factors associated with access to, and uptake of prevention methods and ART initiation; and the experiences, needs and outcomes of people with recently acquired HIV. Methods and analysis This longitudinal observational study is recruiting participants aged ≥16 years with documented laboratory evidence of HIV seroconversion from clinics in Canada and six European countries. We will analyse data from medical records, self-administered questionnaires, semistructured interviews and participatory photography. We will assess temporal trends in transmitted drug resistance and viral subtype and examine outcomes following early ART initiation. We will investigate patient-reported outcomes, well-being, and experiences of, knowledge of, and attitudes to HIV preventions, including PrEP. We will analyse qualitative data thematically and triangulate quantitative and qualitative findings. As patient public involvement is central to this work, we have convened a community advisory board (CAB) comprising people living with HIV. Ethics and dissemination All respective research ethics committees have approval for data to contribute to international collaborations. Written informed consent is required to take part. A dissemination strategy will be developed in collaboration with CAB and the scientific committee. It will include peer-reviewed publications, conference presentations and accessible summaries of findings on the study's website, social media and via community organisations. © The Author(s)	EPIDEMIOLOGIC STUDIES; HIV & AIDS; INFECTIOUS DISEASES; Primary Prevention	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2023	Russ, Savanah; Zhang, Chen; Przybyla, Sarahmona; Liu, Yu	Racial Differences of Psychosocial Characteristics, HIV Risk-Taking and HIV Prevention Uptake between Men Who Have Sex with Men Only and Men Who Have Sex with Men and Women: A Community-Based Study in Two US Cities.	Journal of Homosexuality	-	-	-	-	1540-3602	10.1080/00918369.2022.2048160	https://dx.doi.org/10.1080/00918369.2022.2048160	Bisexual behavior preference plays an important role in shaping HIV risks among men who have sex with men (MSM), yet few studies have examined the racial differences in the patterns of sexual risk and HIV prevention uptake between men who have sex with men and women (MSMW) and men who have sex with men only (MSMO). We conducted a community-based study to identify and compare psychosocial characteristics, sexual risks, HIV testing frequency, and pre-exposure prophylaxis (PrEP) engagement between Black and White MSMW and MSMO in two US cities. Findings indicate that White MSMW were most likely to engage in HIV risk-taking behaviors (e.g., alcohol/drug use before sex, condomless/group sex), while Black MSMW were least likely to recently test for HIV or report awareness (aPR: 0.32, 95% CI: 0.17-0.61), willingness (aPR: 0.58, 95% CI: 0.30-0.98), and use (aPR: 0.59, 95% CI: 0.31-0.93) of PrEP. Findings from our study supplement salient information for designing culturally tailored HIV prevention interventions for specific MSM subgroups in the US.	Men who have sex with men, bisexual behavior, HIV risk, HIV testing, pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Rutstein, Sarah E; Miller, William C	Planning for PrEP: are national surveillance data sufficient?	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00297-7	https://pubmed.ncbi.nlm.nih.gov/38040473/	Biomedical pre-exposure prophylaxis (PrEP) prevents HIV acquisition when taken as prescribed. Increased access, uptake, and persistent use of PrEP are essential to achieve global targets of eliminating HIV transmission. Effective tools to monitor the clinical outcomes and economic implications of evolving PrEP implementation strategies are needed to inform national programme development and financial planning. Strategies to use routinely collected clinical and surveillance data to monitor PrEP use are appealing if these data can accurately capture key metrics of PrEP eligibility and outcomes.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Saberi P.; Mehtani N.J.; Sayegh A.; Camp C.E.; Chu C.	Understanding HIV Pre-Exposure Prophylaxis Questions of U.S. Health Care Providers: Unique Perspectives from the PrEPline Clinical Teleconsultation Service	Telemedicine and e-Health	-	-	-	-	15305627	10.1089/tmj.2022.0145	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150311378&doi=10.1089%2ftmj.2022.0145&partnerID=40&md5=923ce4fe9fd339609843c490a0b4575f	Introduction: Fewer than a quarter of people considered to have factors associated with HIV acquisition are prescribed pre-exposure prophylaxis (PrEP) in the United States. Prior studies demonstrate disparities in provider comfort and knowledge regarding PrEP, suggesting a need for provider capacity building to support widespread PrEP availability. This study examined real-world PrEP clinical questions/cases from providers to a teleconsultation service to identify knowledge gaps and improve PrEP-related training materials and clinical guidelines. Methods: The National Clinician Consultation Center (NCCC) PrEPline provides educational teleconsultation services on clinical decision-making related to PrEP for U.S. health care providers. The NCCC PrEP consultation data collected between 2017 and 2020 were reviewed and systematically categorized by clinical topics, subtopics, and complexity levels (low, moderate, and high). Results: Within the study period, the PrEPline provided 1,754 teleconsultations. More than three quarters came from advanced practice nurses and physicians. The topics of questions commonly focused on medication-based HIV prevention strategies (22.7%), PrEP laboratory ordering/monitoring (17.4%), and side effects and contraindications (14.6%). The majority of teleconsultations (57.9%) involved sharing information that was directly available/addressed in the Centers for Disease Control and Prevention (CDC) 2017 PrEP Guidelines (i.e., low complexity). Discussion: The low frequency of consultations from nonphysician and non-nurse practitioner providers may suggest a need for increased training and collaborative opportunities for other types of providers. The high percentage of low-complexity inquiries may reveal a desire for capacity-building materials specifically designed for practicing providers (e.g., abridged versions of guidelines). This study may inform future research, best clinical practices, and aid in the development of training materials to increase providers' HIV prevention comfort and knowledge. © Copyright 2023, Mary Ann Liebert, Inc., publishers 2023.	clinical consultation; health care provider; HIV pre-exposure prophylaxis; PrEP; teleconsultation	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Sahay, Seema; Bangar, Sampada; Chandhiok, Nomita	Demonstration project of oral TDF-containing PrEP, administered, once-daily orally to men having sex with men (MSM) and transgender women (TGW) in India: Study protocol.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0287454	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10289442	BACKGROUND: India has successfully reduced Human Immuno-deficiency Virus (HIV) incidence, with a 66% decline since the year 2000 has been seen; however, control among Men having sex with Men (MSM) and transgender women (TGW) remains a critical challenge. Oral Pre-Exposure Prophylaxis (PrEP) may help close a critical HIV prevention gap for MSM and TGW in India; however, no studies to date have evaluated the feasibility of oral PrEP among MSM and TGW in India. METHODS: The proposed study aims at understanding the implementation of the provision of daily oral-Tenofovir (TDF) containing PrEP among MSM and TGW through the clinic and community-based delivery models in Pune, Maharashtra, and Jalandhar, Punjab respectively in India. The study aims at estimating PrEP adherence, facilitators, and barriers to PrEP use, retention, acceptability, and willingness to pay for PrEP. After the screening, eligible participants (n = 600) will receive PrEP medicines and will be monitored quarterly for HIV, STIs, and renal and liver toxicity for 12 months as per the schedule of events. The primary outcomes of interest are PrEP acceptability, PrEP adherence, retention rate, adverse medical events, and sexual behavioural changes with PrEP use and breakthrough infections while on PrEP. The study will assess the feasibility of two service delivery models; however, the data from the two service delivery models will be analyzed independently and will not be compared for feasibility and other outcome indicators. The study has been initiated after obtaining appropriate regulatory approvals. DISCUSSION: PrEP is efficacious in preventing HIV among high-risk population however there are scarce data on providing PrEP to MSM and TGW. The study will provide critical evidence to programs and policymakers on the implementation of PrEP in a "real world" setting, among MSM and TGW in India including identifying populations that can benefit most from this additional HIV prevention intervention along with acceptable delivery strategies and means of support for adherence. TRIAL REGISTRATION: Not applicable being a demonstration project. Efficacy is already proven.	NA	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Clinical
Article	2023	Saidi F.; Phanga T.; Graybill L.A.; Mollan K.R.; Hill L.M.; Sibande W.; Msowoya G.; Thom A.; Rosenberg N.E.; Freeborn K.; Amico K.R.; Phiri S.; Mutale W.; Chi B.H.	Acceptability of a Combination Adherence Strategy to Support HIV Antiretroviral Therapy and Pre-exposure Prophylaxis Adherence During Pregnancy and Breastfeeding in Malawi	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04116-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163751399&doi=10.1007%2fs10461-023-04116-x&partnerID=40&md5=c073b86fe16ceba9d312cf5c33aa6dbf	In two parallel pilot studies, we implemented a combination adherence intervention of patient-centered counselling and adherence supporter training, tailored to support HIV treatment (i.e., antiretroviral therapy) or prevention (i.e., pre-exposure prophylaxis, or PrEP) during pregnancy and breastfeeding. Using a mixed-methods approach, we evaluated the intervention's acceptability. We investigated engagement, satisfaction, and discussion content via survey to all 151 participants assigned to the intervention arm (51 women living with HIV, 100 PrEP-eligible women without HIV). We also conducted serial in-depth interviews with a subgroup (n = 40) at enrollment, three months, and six months. In the quantitative analysis, the vast majority reported high satisfaction with intervention components and expressed desire to receive it in the future, if made available. These findings were supported in the qualitative analysis, with favorable comments about counselor engagement, intervention content and types of support received from adherence supporters. Overall, these results demonstrate high acceptability and provide support for HIV status-neutral interventions for antiretroviral adherence. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Antiretroviral drugs; HIV; Mixed methods; Pre-exposure prophylaxis; Pregnancy and breastfeeding	English	United States	Western and Central Europe and North America	Malawi	Eastern and Southern Africa	Malawi	Eastern and Southern Africa	Mixed methods
Article	2023	Sánchez-Mendoza, Vanessa	Una revisión de alcance de las intervenciones bioconductuales para mejorar la continuidad de la atención de la PrEP en América Latina	Acta Colombiana de Psicología	-	-	-	-	NA		http://www.scielo.org.co/scielo.php?script=sci_abstract&pid=S0123-91552023000200141&lng=es&nrm=is	Según la literatura, las intervenciones bioconductuales o estrategias combinadas reducirían el riesgo de infección por VIH en más de 7000 nuevos casos cada día, lo que contribuiría a la batalla que enfrenta América Latina, región en la que, a pesar de la alta incidencia y prevalencia del VIH, el acceso a la PrEP (profilaxis preexposición) es muy limitado. De acuerdo con las directrices de PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), el objetivo de esta investigación fue realizar una revisión de alcance para evaluar la evidencia de los datos de resultados disponibles sobre intervenciones bioconductuales y programas para abordar las brechas en el continuo de atención de PrEP en América Latina. La búsqueda se realizó en las bases de datos EBSCOhost, WoS, Scopus y ProQuest, e incluyó todos los estudios publicados de 2010 a 2021. Se identificaron ciento ochenta y seis estudios, y se evaluaron de acuerdo con los criterios de elegibilidad en seis etapas, iniciando por la eliminación de duplicados hasta la selección de estudios que cumplieran los criterios previamente mencionados; al final se eligieron cinco estudios, los cuales fueron sometidos a la evaluación de calidad metodológica, incluyendo el cumplimiento de los lineamientos éticos. Los resultados muestran que las intervenciones bioconductuales que promueven la PrEP en América Latina son efectivas para aumentar el uso del condón, disminuir el riesgo de VIH y aumentar la conciencia, la aceptación, la adherencia y la retención de la PrEP. El número limitado de intervenciones en el continuo de atención de la PrEP indica la necesidad de adoptar marcos científicos de difusión e implementación (D&I); marcos que podrían ayudar a facilitar la traducción de prácticas, intervenciones y políticas basadas en la evidencia para abordar la crisis del VIH en América Latina.	VIH ; PrEP ; intervenciones bioconductuales ; América Latina; servicios de salud basados en la comunidad	English	Colombia	Latin America and the Caribbean	Spain	Western and Central Europe and North America	Colombia	Latin America and the Caribbean	Review
Article	2023	Sandset T.	PrEP, Pharmakon, and Ambivalence in the Era of Nordic HIV Prevention	Women, Gender and Research	-	-	-	-	22456937	10.7146/KKF.V35I1.133743	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166227825&doi=10.7146%2fKKF.V35I1.133743&partnerID=40&md5=836a2af76e51c0d8dc03d0c808b0e5fb	Using Derrida's notion of pharmakon (again from Plato), I bring attention to how we can utilize the notion of pharmakon as an analytical framing device for thinking about the entanglements between pharmaceuticals, historical HIV narratives, and the contemporary landscape of HIV in the Nordic region. This article establishes a disciplinary conjecture by arguing that pharmakon as a framing device might add to our understanding of the, at times, polemical discourses around PrEP in Scandinavia and elsewhere, and also to our understanding of PrEP as a 'reluctant object' in the phrasing of Kane Race. I argue, through a theoretical reading, that PrEP as pharmakon has much to offer as a way of framing PrEP, particularly when it comes to trying to unpack some of the ambivalence that has surrounded PrEP as a preventive drug against HIV. By doing so, this article aims to (i) introduce a new theoretical reading of PrEP which so far has not been attended to in the literature, and (ii) by doing so, connect this way of framing PrEP to the Nordic setting in particular, and the historical development of HIV histories in the Nordic region. © 2023 The Author(s).	ambivalence; HIV; pharmakon; PrEP; Scandinavia	English	Germany	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Qualitative
Article	2023	Sandset T.; Villadsen K.; Heggen K.; Engebretsen E.	Discipline for pleasure: a new governmentality of HIV prevention	BioSocieties	-	-	-	-	17458552	10.1057/s41292-021-00257-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85116379966&doi=10.1057%2fs41292-021-00257-1&partnerID=40&md5=d48af6a99c6d0adc518d536f0bfbea2c	This article explores recent HIV prevention campaigns for pre-exposure prophylaxis (PrEP), focusing on how they integrate pleasure and desire in their calls for self-discipline through a continual use of pharmaceuticals. This emerging type of health promotion, here represented by ads promoting the preventive use of pharmaceuticals, no longer simply approaches target groups with demands to abstain from harmful substances or practices and thus control risks, but also includes messages that recognize individuals' habits, values, and their desires for pleasure. Drawing on Foucault's work concerning discipline and security, we suggest that a novel, permissive discipline is emerging in contemporary HIV prevention. Further guided by Barthes's theory of images, we analyse posters used in prevention campaigns, scrutinizing their culture-specific imagery and linguistic messages, i.e. how the words and images interact. We conclude that these campaigns introduce a new temporality of prevention, one centred on pleasure through the pre-emption and planning that PrEP enables. © 2021, The Author(s), under exclusive licence to Springer Nature Limited.	Discipline; Foucault; HIV/AIDS; Pleasure; PrEP; Security; Sex	English	United Kingdom	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Norway	Western and Central Europe and North America	Qualitative
Article	2023	Sang J.M.; Wang L.; Moore D.M.; Barath J.; Lal A.; Hart T.A.; Skakoon-Sparling S.; Noor S.W.; Chown S.; Lambert G.; Cox J.; Jollimore J.; Parlette A.; Apelian H.; Grace D.; Lachowsky N.J.	Examining Associations Between Resilience and PrEP Use Among HIV-negative GBM in Toronto, Montreal and Vancouver	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04031-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149339960&doi=10.1007%2fs10461-023-04031-1&partnerID=40&md5=83d04b8404c5fd83a7150b33f5a329dd	This study evaluated the association between resilience and PrEP use among a population-based sample of Canadian gay, bisexual, and other men who have sex with men (GBM). Sexually active GBM aged ≥ 16 years old were recruited via respondent-driven sampling (RDS) in Toronto, Montreal, and Vancouver from 02/2017 to 07/2019. We conducted a pooled cross-sectional analysis of HIV-negative/unknown GBM who met clinical eligibility for PrEP. We performed multivariable RDS-II-weighted logistic regression to assess the association between scores on the Connor-Davidson Resilience-2 Scale and PrEP. Mediation analyses with weighted logistic and linear regression were used to assess whether the relationship between minority stressors and PrEP use was mediated by resilience. Of 1167 PrEP-eligible GBM, 317 (27%) indicated they took PrEP in the past six months. Our multivariable model found higher resilience scores were associated with greater odds of PrEP use in the past six months (aOR = 1.13, 95%CI = 1.00, 1.28). We found that resilience reduced the effect of the association between heterosexist discrimination and PrEP use. Resilience also mediated the relationship between internalized homonegativity and PrEP use and mediated the effect of the association between LGBI acceptance concern and PrEP use. Overall, PrEP-eligible GBM with higher resilience scores had a greater odds of PrEP use in the past six months. We also found mixed results for the mediating role of resilience between minority stress and PrEP use. These findings underline the continued importance of strength-based factors in HIV prevention. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	GBM; HIV; PrEP; Resilience	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Sang, Jordan M; Moore, David M; Wang, Lu; Chia, Jason; Toy, Junine; Montaner, Julio; Skakoon-Sparling, Shayna; Cox, Joseph; Lambert, Gilles; Grace, Daniel; Hart, Trevor A; Lal, Allan; Jollimore, Jody; Lachowsky, Nathan J	Examining the secondary impacts of the COVID-19 pandemic on syndemic production and PrEP use among gay, bisexual and other men who have sex with men (GBM) in Vancouver, Canada.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-023-17049-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10614320	BACKGROUND: The secondary impacts of the COVID-19 pandemic may disproportionately affect gay, bisexual, and other men who have sex with men (GBM), particularly related to HIV prevention and treatment outcomes. We applied syndemic theory to examine PrEP disruptions during the height of the COVID-19 pandemic in Vancouver, Canada. METHODS: Sexually-active GBM, aged 16 + years, were enrolled through respondent-driven sampling (RDS) from February 2017 to August 2019. Participants completed a Computer-Assisted Self-Interview every six months and data were linked to the BC PrEP Program (program responsible for publicly funded PrEP in the province) to directly measure PrEP disruptions. The analysis period for this study was from March 2018-April 2021. We used univariable generalized linear mixed models to examine (1) six-month trends for syndemic conditions: the prevalence of moderate/severe depressive or anxiety symptoms, polysubstance use, harmful alcohol consumption, intimate partner violence, and (2) six-month trends for PrEP interruptions among HIV-negative/unknown GBM. We also applied 3-level mixed-effects logistic regression with RDS clustering to examine whether syndemic factors were associated with PrEP interruptions. RESULTS: Our study included 766 participants, with 593 participants who had at least one follow-up visit. The proportion of respondents with abnormal depressive symptoms increased over the study period (OR = 1.35; 95%CI = 1.17, 1.56), but we found decreased prevalence for polysubstance use (OR = 0.89; 95%CI = 0.82, 0.97) and binge drinking (OR = 0.74; 95%CI = 0.67, 0.81). We also found an increase in PrEP interruptions (OR = 2.33; 95%CI = 1.85, 2.94). GBM with moderate/severe depressive symptoms had higher odds (aOR = 4.80; 95%CI = 1.43, 16.16) of PrEP interruptions, while GBM with experiences of IPV had lower odds (aOR = 0.38; 95%CI = 0.15, 0.95) of PrEP interruptions. GBM who met clinical eligibility for PrEP had lower odds of experiencing PrEP interruptions (aOR = 0.25; 95%CI = 0.11, 0.60). CONCLUSION: There were increasing PrEP interruptions since March 2020. However, those most at risk for HIV were less likely to have interruptions. Additional mental health services and targeted follow-up for PrEP continuation may help to mitigate the impacts of the COVID-19 pandemic on GBM.	COVID-19; Canada; Gay, bisexual, and other men who have sex with men; HIV; PrEP; Syndemic.	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Santos, Carina C.; de M Lima, Fernanda W.; Magno, Laio; Soares, Fabiane; Ferraz, Dulce; Grangeiro, Alexandre; Zucchi, Eliana Miura; Préau, Marie; Mabire, Xavier; Matos, Helen R. S. S.; Dourado, Inês	Seroprevalence of anti-SARS-CoV-2 antibodies and factors associated with infection among adolescent men who have sex with men and transgender women in Salvador, Brazil.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-022-14969-x	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-14969-x	BACKGROUND: Brazil was strongly affected by the COVID-19 pandemic and the impact of the pandemic on sexual and gender minorities' youth remains unknown. This study aimed to estimate the seroprevalence of SARS-CoV-2 antibodies and associated factors among adolescent men who have sex with men (AMSM) and transgender women (ATGW) participants of a human immunodeficiency virus (HIV) pre-exposure prophylaxis cohort study (PrEP1519). METHODS: This is a cross-sectional design conducted between June and October 2020 in Salvador, Brazil. Serum samples were collected from AMSM and ATGW aged 16-21 years between June-October 2020. IgG and IgM anti-SARS-CoV-2 were detected by chemiluminescence immunoassay, and data were collected through a socio-behavioral questionnaire. RESULTS: Among the 137 participants, the seroprevalence of anti-SARS-CoV-2 IgG and IgM was 20.4%; 16.8% of the participants were positive for IgG, and 11.7% for IgM. In the multivariable analysis, the seroprevalence was two times higher among those who never wore masks (OR= 2.22; 95% CI: 1.08-4.57) and among those who believed that they could be easily cured of the disease (OR= 2.05; 95% CI: 1.05-4.01). CONCLUSIONS: The high seroprevalence of SARS-CoV-2 antibodies among gender and sexual minority youth seems to be informed by behaviors and attitudes that contrast with public health measures and the potential severity of the disease when vaccination was still not available.	Adolescent; Humans; Male; Female; Cross-Sectional Studies; Cohort Studies; Homosexuality, Male; Prevalence; Brazil; Brazil/epidemiology; *Transgender Persons; Men who have sex with men; Seroepidemiologic Studies; *Sexual and Gender Minorities; Transgender women; COVID-19; Pandemics; Antibodies; SARS-CoV-2; Immunoglobulin M; *COVID-19/epidemiology; Immunoglobulin G; Antibodies, Viral	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical

Article	2023	Santos, Lorruan Alves dos; Unsain, Ramiro Fernandez; Brasil, Sandra Assis; Silva, Luís Augusto Vasconcelos da; Duarte, Filipe Mateus; Couto, Marcia Thereza	PrEP perception and experiences of adolescent and young gay and bisexual men: an intersectional analysis; Percepção e experiências da PrEP de homens gays e bissexuais jovens e adolescentes: uma análise interseccional; Percepción y experiencias de la PrEP de adolescentes y hombres jóvenes gais y bisexuales: análisis interseccional	Cadernos de Saúde Pública	-	-	-	-	0102311X	10.1590/0102-311XEN134421	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151573769&doi=10.1590%2f0102-311XEN134421&partnerID=40&md5=d36bc6467342751be2ba532785263528	Studies indicate gaps in knowledge about the barriers to access and adhere to HIV pre-exposure prophylaxis (PrEP) in adolescents. In this article, we explore the perceptions and experiences of young gay, bisexual, and other men who have sex with men (YGBMSM) of the search, use and adherence to PrEP, considering their positions according to social markers of difference such as race/skin color, gender, sexuality, and social status. Intersectionality provides theoretical and methodological tools to interpret how the interlinking of these social markers of difference constitutes barriers and facilitators in the PrEP care continuum. The analyzed material is part of the PrEP1519 study and is comprised of 35 semi-structured interviews with YGBMSM from two Brazilian capitals (Salvador and São Paulo). The analyses suggest connections between social markers of difference, sexual cultures, and the social meanings of PrEP. Subjective, relational and symbolic aspects permeate the awareness of PrEP in the range of prevention tools. Willingness to use and adhere to PrEP is part of a learning process, production of meaning, and negotiation in the face of getting HIV and other sexually transmittable infections and the possibilities of pleasure. Thus, accessing and using PrEP makes several adolescents more informed about their vulnerabilities, leading to more informed decision-making. Interlinking the PrEP continuum of care among YGBMSM with the intersections of the social markers of difference may provide a conceptual framework to problematize the conditions and effects of implementing this prevention strategy, which could bring advantages to HIV prevention programs. © 2023 Fundacao Oswaldo Cruz. All rights reserved.	Adolescent; Gender Minorities; HIV; Intersectionality; Pre-Exposure Prophylaxis; Sexual	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Qualitative
Article	2023	Sarah Bauerle Bass; Kelly, Patrick JA; Brajuha, Jesse; Gutierrez-Mock, Luis; D'Avanzo, Paul; Herrera, Samantha; Sevelius, Jae	Using social marketing strategies to develop and pretest PrEP education materials for transgender women	Journal of Social Marketing	-	-	-	-	20426763	10.1108/JSOCM-08-2022-0169	https://www.proquest.com/scholarly-journals/using-social-marketing-strategies-develop-pretest/docview/2818640296/se-2?accountid=8113	PurposeThe purpose of this study was to develop pre-exposure prophylaxis (PrEP) education materials that directly address the needs of trans women. PrEP medication is an effective HIV prevention strategy, but some groups at high risk of HIV, such as transgender (trans) women, have suboptimal uptake and adherence. Most PrEP marketing has been aimed fat men who have sex with men (MSM) and include trans women as part of that audience, but this strategy ignores important differences in perceptions of and barriers to PrEP.Design/methodology/approachThis study used a social marketing approach grounded in exchange theory to systematically develop and pretest PrEP messaging and communication materials for trans women through qualitative (focus groups: n = 5, 34 participants) and quantitative (surveys: n = 128) methods in Philadelphia and the San Francisco Bay area. Segmentation analysis, perceptual mapping and vector message modeling techniques were used to create three-dimensional visualizations of PrEP perceptions to identify highly targeted messaging. Working with trans artists, the authors developed prototype materials using the targeted messaging and pretested these (n = 11) in both locations for feedback on content, look and insight on appropriate intervention strategies.FindingsUsing segmentation and perceptual mapping, this study identified key PrEP messaging across different subgroups, including by demographic and psychographic variables. Differences by group were determined to not be significant and overall messages that would resonate with all groups were built into the materials. Pretesting sessions indicated high acceptability of the messaging and trans women-centered approach to increase PrEP uptake.Originality/valueTo the best of the authors' knowledge, this is the first study to use a social marketing framework to create targeted PrEP communication materials for trans women in partnership with trans women.	HIV prevention; PrEP; Transgender persons; Behavior; Public health; Disease control; Transgender women; Health communication; Intervention; Social marketing; Perceptions; Perceptual mapping; Human immunodeficiency virus--HIV; 92312:Administration of Public Health Programs; Audiences; Business And Economics--Marketing And Purchasing; Communication channels; Market strategy; Oppression; San Francisco Bay	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Satish S.; Bravo L.; McAllister A.; Teitelman A.M.; Sonalkar S.	Provision of HIV preexposure prophylaxis to female patients seeking family planning services in the United States	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000003398	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143645516&doi=10.1097%2fQAD.0000000000003398&partnerID=40&md5=953767b19831068006ff195e4cd5ac10	Objective:We conducted a scoping review to assess barriers to and facilitators of integrating HIV preexposure prophylaxis (PrEP) and family planning (FP) at the patient, provider, and implementation levels, and to identify gaps in knowledge.Methods:We conducted a search of five bibliographic databases from database inception to March 2022: PubMed, CINAHL, Embase, Web of Science and Scopus. Two reviewers screened abstracts and full texts to determine eligibility based on a priori inclusion and exclusion criteria. We categorized studies by their relevance to patient, provider, and implementation barriers, and extracted data based on prespecified elements.Results:Our initial search strategy yielded 1151 results, and 34 publications were included. Barriers to PrEP implementation in family planning settings included low PrEP knowledge among patients, hesitance to take PrEP due to perceived stigma, decreased willingness of providers unfamiliar with PrEP to prescribe PrEP, and limited financial and staffing resources that make prescribing and monitoring PrEP difficult. Facilitators included robust training for providers, stigma reduction efforts, leadership engagement, and increased resources specifically in settings with processes in place that ease the process of prescribing and monitoring PrEP.Conclusion:Advances in implementation strategy development, stigma reduction, and drug development will be essential to reinforcing PrEP care in family planning settings and thereby reducing the incidence of HIV in women through highly effective pharmacologic HIV prevention methods. © 2023 Lippincott Williams and Wilkins. All rights reserved.	contraception; family planning; human immunodeficiency virus; preexposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Savoie, S J; Leonhard, C; Smith, M; Drake, M	Predicting and influencing PrEP use: the role of motivational and attitudinal factors	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2176427	https://www.proquest.com/scholarly-journals/predicting-influencing-prep-use-role-motivational/docview/2839589161/se-2?accountid=8113	This study examined PrEP attitude and HIV risk factors associated with PrEP motivation and evaluated the efficacy of a mock public health video that addresses both motivational and stigma issues for improving PrEP uptake over a standard educational video. Gay, bisexual, and other men who have sex with men (GBMSM; N = 604) were enrolled. One-way between subject analysis of variance (ANOVA) and post-hoc comparisons revealed that GBMSM in later stages of change had significantly higher endorsement of positive PrEP attitudes, PrEP stigma, objective and perceived HIV risk, HIV worry, and valued health benefits of PrEP more. Stepwise multiple regression revealed five significant predictors of PrEP motivation: HIV worry, objective HIV risk, anticipated PrEP stigma, positive PrEP attitudes, and perceived social consequences of PrEP use. Video conditions did not differ in their impact on PrEP attitudes or motivation; however, regardless of video condition, participants experienced a pre- to post-video increase in positive PrEP attitudes and motivation. Findings suggest HIV worry, objective HIV risk, positive PrEP attitudes, and perceived PrEP health benefits are important factors to optimize PrEP motivation, which can inform secondary prevention efforts. Further study is needed on promotional PrEP campaigns that disconfirm stigmatizing PrEP misconceptions.	Bisexuality; Motivation; PrEP; interventions; Efficacy; Risk factors; Men who have sex with men; Stigma; Public health; Risk perception; Regression analysis; Attitudes; PrEP stigma; Uptake; HIV risk behaviors; Human immunodeficiency virus--HIV; Sexually transmitted diseases--STD; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Prevention programs; Health risks; Misconceptions; Positive thought; Secondary prevention; Stages of change; Variance analysis; Worry	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Schaaf, Jannik; Weber, Timm; von Wagner, Michael; Stephan, Christoph; Carney, Jonathan; Köhler, Susanne Maria; Voigt, Alexander; Noll, Richard; Storf, Holger; Müller, Angelina	Interviews with HIV Experts for Development of a Mobile Health Application in HIV Care-A Qualitative Study.	Healthcare	-	-	-	-	2227-9032	10.3390/healthcare11152180	https://www.mdpi.com/2227-9032/11/15/2180	The Communication and Tracing App HIV (COMTRAC-HIV) project aims to develop a mobile health application for integrated care of HIV patients due to the low availability of those apps in Germany. This study addressed organizational conditions and necessary app functionalities, especially for the care of late diagnosed individuals (late presenters) and those using pre-exposure prophylaxis. We followed a human-centered design approach and interviewed HIV experts in Germany to describe the context of use of the app. The interviews were paraphrased and analyzed with a qualitative content analysis. To define the context of use, user group profiles were defined and tasks derived, which will represent the functionalities of the app. A total of eight experts were included in the study. The results show that the app should include a symptom diary for entering symptoms, side effects, and their intensity. It offers chat/video call functionality for communication with an HIV expert, appointment organization, and sharing findings. The app should also provide medication overview and reminders for medications and appointments. This qualitative study is a first step towards the development of an app for HIV individuals in Germany. Further research includes involving patients in the initial app design and test design usability.	AIDS; HIV infections; mHealth; telemedicine; digital health	English	Switzerland	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Qualitative
Article	2023	Schafer T.; Davis A.; Rusie L.; Ross N.; Schneider J.; Pyra M.	Factors Associated with HIV Pre-Exposure Prophylaxis Use Among Transmasculine People Who Have Sex with Cisgender Men, at a Federally Qualified Health Center in Chicago, Illinois	Transgender Health	-	-	-	-	2380193X	10.1089/trgh.2021.0180	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172017729&doi=10.1089%2ftrgh.2021.0180&partnerID=40&md5=027c5401918beb61573e8a23ccaa33f3	Transmasculine individuals who have sex with cisgender men (TMSM) remain an understudied population regarding pre-exposure prophylaxis (PrEP). We used electronic medical record data to assess PrEP eligibility and initiation in TMSM in a large LGBTQ+ focused federally qualified health center in Chicago, Illinois. We examined a sample of 430 TMSM from January 1, 2015 to December 31, 2019, and used logistic regression to model PrEP eligibility and initiation. Overall, 37% of participants were eligible for and 18% initiated PrEP. Eligibility was not associated with initiation. National PrEP guidance should be tailored to include transmasculine people. Copyright 2023, Mary Ann Liebert, Inc., publishers.	health services for transgender persons; health status disparities; HIV; pre-exposure prophylaxis; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Schmidt D.; Kollan C.; Bartmeyer B.; Bremer V.; Schikowski T.; Friebe M.; Schellberg S.; Scholten S.; Bickel M.; Hanhoff N.; Rüsenberg R.; Schewe K.; Knechten H.; Panstruga P.; Baumgarten A.; Reisenweber B.; Hillenbrand H.; Zucker K.; Köppe S.; Da Silva Ribeiro M.; Krznaric I.; Pitan D.; Lieb C.; Yasin H.; Ochlast I.; Shnurenko I.; Rausch M.; Krasov S.; Stueber P.; Schranz D.; Rittweger M.; Schulbin H.; Smiley A.; Ummard-Berger K.; Berger A.; Lenz J.; Boesecke C.; Oberschlep M.; Koch S.; Monsees M.; Heuchel T.; Richter M.; Bellmunt-Zschäpe A.; Hahn J.; Jenke A.; Pursche S.; Mauss S.; Berger F.; Bickel M.; Rößler M.; Haberl A.; Schott P.; Khaykin P.; Bracone M.; Usadel S.; Mattmüller T.; Friese G.; Kratz U.; Hertling S.; Berzow D.; Rickassel C.; Heiken H.; Rieke A.; Becker P.; Römer K.; Roder A.; Wyen C.; Lammersmann K.; Ruck I.; Schappert B.; Kastenbauer U.; Pauli R.; Mikazans O.; Schabaz F.; Spinner C.; Gladis S.; Christensen S.; Offermann S.; Baumann R.; Schübel N.; Lüssenheide A.; Audebert F.; Sepsy E.; Gospodinov B.; Bulut A.; Beck P.; Weida J.; Härter G.; Schütz P.; Seidel T.; Mauruschat S.; Rößler S.	Low incidence of HIV infection and decreasing incidence of sexually transmitted infections among PrEP users in 2020 in Germany	Infection	-	-	-	-	3008126	10.1007/s15010-022-01919-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85139120183&doi=10.1007%2fs15010-022-01919-3&partnerID=40&md5=eb88d56a8c4a7cd8694610260ccc9140	Introduction: Objectives of this study, as part of a nation-wide HIV pre-exposure prophylaxis (PrEP) evaluation project, were to determine the incidence of infections with HIV, chlamydia, gonorrhea, syphilis, hepatitis A/B/C in persons using PrEP, and to describe the health care funded PrEP use in Germany. Additionally, factors associated with chlamydia/gonorrhea and syphilis infections were assessed. Methods: Anonymous data of PrEP users were collected at 47 HIV-specialty centers from 09/2019–12/2020. Incidence rates were calculated per 100 person years (py). Using longitudinal mixed models, we analyzed risk factors associated with sexually transmitted infections (STIs). Results: 4620 PrEP users were included: 99.2% male, median age 38 years (IQR 32–45), 98.6% men who have sex with men (MSM). The median duration of PrEP exposure was 451 days (IQR 357–488), totaling 5132 py. Four HIV infections were diagnosed, incidence rate 0,078/100py (95% CI 0.029–0.208). For two, suboptimal adherence was reported and in the third case, suboptimal adherence and resistance to emtricitabine were observed. One infection was likely acquired before PrEP start. Incidence rates were 21.6/100py for chlamydia, 23.7/100py for gonorrhea, 10.1/100py for syphilis and 55.4/100py for any STI and decreased significantly during the observation period. 65.5% of syphilis, 55.6% of chlamydia and 50.1% of gonorrhea cases were detected by screening of asymptomatic individuals. In a multivariable analysis among MSM younger age, PrEP start before health insurance coverage and daily PrEP were associated with greater risk for chlamydia/gonorrhea. Symptom triggered testing and a history of STI were associated with a higher risk for chlamydia/gonorrhea and syphilis. A significantly lower risk for chlamydia/gonorrhea and syphilis was found for observations during the COVID-19 pandemic period. Conclusions: We found that HIV-PrEP is almost exclusively used by MSM in Germany. A very low incidence of HIV infection and decreasing incidence rates of STIs were found in this cohort of PrEP users. The results were influenced by the SARS-CoV-2 pandemic. Rollout of PrEP covered by health insurance should be continued to prevent HIV infections. Increased PrEP availability to people at risk of HIV infection through the elimination of barriers requires further attention. Investigation and monitoring with a longer follow-up would be of value. © 2022, The Author(s).	Germany; Health insurance coverage; HIV pre-exposure prophylaxis (PrEP); Human immunodeficiency virus (HIV); Sexually transmitted infections (STI)	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Schmidt D.; Kollan C.; Schewe K.; Hanhoff N.; Rüsenberg R.; Friebe M.; Schikowski T.; Schink S.B.; Marcus U.; Koppe U.; Jansen K.; Streeck H.; Ottensmeyer P.; an der Heiden M.; Bannert N.; M'Bayo R.; Ceres M.; Weber L.; Sweers H.; Schmidt A.J.; Tietz H.; Danan E.; Bendig J.; Kloep S.; Neumann A.; Valbert F.; Wasem J.; Bartmeyer B.; Bremer V.	Evaluating the introduction of HIV pre-exposure prophylaxis as a benefit of statutory health insurance (EvE-PrEP): Highly effective protection against HIV without an increase in sexually transmitted infections; Evaluation der Einführung der HIV-Präexpositionsprophylaxe als Leistung der gesetzlichen Krankenversicherung (EvE-PrEP): Hocheffektiver Schutz vor HIV und keine Zunahme von sexuell übertragbaren Infektionen	Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz	-	-	-	-	14369990	10.1007/s00103-023-03733-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164839421&doi=10.1007%2fs00103-023-03733-0&partnerID=40&md5=396dfc5290df084a5ef584d91c453181	Background: We investigated the impact of HIV pre-exposure prophylaxis (PrEP) as a new service of the statutory health insurance (SHI) on the incidence of HIV and other sexually transmitted infections (STIs) in Germany. In addition, PrEP needs and access barriers were analyzed. Methods: The following data were evaluated as part of the evaluation project: HIV and syphilis notification data and extended surveillance by the Robert Koch Institute (RKI), pharmacy prescription data, SHI routine data, PrEP use in HIV-specialty care centers, Checkpoint, the BRAHMS and PrApp studies, as well as a community board. Results: The majority of PrEP users were male (98–99%), primarily aged between 25–45 years, and predominantly of German nationality or origin (67–82%). The majority were men who have sex with men (99%). With regard to HIV infections, PrEP proved to be highly effective. There were only isolated cases of HIV infections (HIV incidence rate 0.08/100 person years); in most cases the suspected reason was low adherence. The incidences of chlamydia, gonorrhea, and syphilis did not increase but remained almost the same or even decreased. A need for information on PrEP for people in trans*/non-binary communities, sex workers, migrants, and drug users emerged. Needs-based services for target groups at increased risk of HIV are necessary. Discussion: PrEP proved to be a very effective HIV prevention method. The partly feared indirect negative influences on STI rates were not confirmed in this study. Due to the temporal overlap with the containment measures during the COVID-19 pandemic, a longer observation period would be desirable for a conclusive assessment. © 2023, The Author(s).	Access barriers; Evaluation; Germany; HIV prevention; Statutory health insurance (SHI)	German	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2023	Schmidt M.A.; Salas S.B.; Donald J.L.; Gift T.L.; Tao G.	Impact of the Early COVID-19 Pandemic on theNumber of HIV Preexposure Prophylaxis Uses and the Proportion of Preexposure Prophylaxis Users Receiving Sexually Transmitted Infection Testing Services	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001726	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152605811&doi=10.1097%2fOLQ.0000000000001726&partnerID=40&md5=4cb769086598d8da4c9e8958c132f75b	Background: With the potential impact of the COVID-19 pandemic on HIV preexposure prophylaxis (PrEP) care management, we assessed the number of PrEP users and sexually transmitted infection (STI) testing-eligible PrEP users, STI testing rates, and prevalence between prepandemic (January 1, 2018-March 31, 2020) and early-pandemic (April 1, 2020-September 30, 2020) periods. Methods: In this retrospective cohort study, a PrEP user for a given quarter is defined as either a previous PrEP user or a PrEP initiator who has at least 1-day coverage of tenofovir/emtricitabine in the given quarter. The STI testing-eligible PrEP users for a given quarter were defined as those persons whose runout date (previous dispense date + days of tenofovir/emtricitabine supply) was in the given quarter. Results: The quarterly number of PrEP users increased from the first quarter of 2018 to the first quarter of 2020 and then decreased in the second and third quarter of 2020. Among STI testing-eligible PrEP users who had ≤14 days between runout and next refill date, gonorrhea and chlamydia screening testing rates were 95.1% for prepandemic and 93.4% for early pandemic (P = 0.1011). Among all STI testing-eligible PrEP users who were tested for gonorrhea and chlamydia, gonorrhea prevalence was 6.7% for prepandemic and 5.7% for early pandemic (P = 0.3096), and chlamydia prevalence was 7.0% for prepandemic and 5.8% for early pandemic (P = 0.2158). Conclusions: Although the early COVID-19 pandemic resulted in lower numbers of PrEP users and PrEP initiators, individuals who remained continuous users of PrEP maintained extremely high rates of bacterial STI screening. With high STI prevalence among PrEP users, assessments of PrEP care management are continuously needed. Copyright © 2022 American Sexually Transmitted Diseases Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Schoenberg P.; Edwards O.W.; Merrill L.; Martinez C.A.; Stephenson R.; Sullivan P.S.; Jones J.	Willingness to use and preferences for long-acting injectable PrEP among sexual and gender minority populations in the southern United States, 2021–2022: cross-sectional study	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26077	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150835529&doi=10.1002%2fjia2.26077&partnerID=40&md5=5aaec293b8d02f77cbf30b10dcadbfb5	Introduction: Long-acting injectable (LAI) pre-exposure prophylaxis (PrEP) for HIV prevention was approved by the U.S. Food and Drug Administration in 2021. LAI PrEP is more effective than oral PrEP. However, it is not clear whether the groups most at risk of HIV in the United States will use LAI PrEP. Willingness to use LAI PrEP and preference for LAI versus oral PrEP has not been reported for sexual and gender minority (SGM) people in the southern United States, where the HIV epidemic is concentrated. Our goal was to assess willingness to use LAI PrEP and preference for oral versus LAI PrEP among SGM people in the southern United States and to assess differences in willingness by demographics and sexual behaviour. Methods: We conducted an online, cross-sectional survey of SGM people aged 15–34 years in the southern United States (n = 583). Participants reported willingness to use LAI PrEP and preferences for LAI PrEP versus daily oral PrEP. We assessed bivariate associations and adjusted prevalence ratios for the LAI-PrEP-related outcomes and key demographic and behavioural characteristics. Results: Overall, 68% of all participants (n = 393) reported being willing to use LAI PrEP that provides protection against HIV for 3 months. Of those, most (n = 320, 81%) indicated a preference for using LAI PrEP, compared to a daily oral pill or no preference. Willingness to use LAI PrEP was more common among transgender and non-binary participants and participants who engaged in condomless anal intercourse in the last 6 months. Hispanic participants were more likely and non-Hispanic Black participants were less likely to report willingness to use LAI PrEP compared to non-Hispanic White participants. Conclusions: Willingness to use LAI PrEP was high among SGM people in the southern United States, although there were some important differences in willingness based on demographic characteristics. Decreased willingness to use LAI PrEP among groups who are disproportionately affected by the HIV epidemic, such as non-Hispanic Black SGM people, could exacerbate existing disparities in HIV incidence. LAI PrEP is an acceptable option among SGM populations in the southern United States, but strategies will be needed to ensure equitable implementation. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	HIV; injectable; men who have sex with men; pre-exposure prophylaxis; sexual and gender minority populations; transgender people	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Schuettfort G.; Groh A.; Kann G.; Haberl A.; Herrmann E.; Wetzstein N.; Vehreschild M.J.G.T.; Stephan C.	Sexually transmitted diseases in people living with HIV after implementation of cost coverage of HIV pre-exposure prophylaxis by statutory health insurance in Germany	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.13353	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85134529738&doi=10.1111%2fhiv.13353&partnerID=40&md5=5bb41ae3a95014d8bad1ac459b32a2cf	Objectives: After pre-exposure prophylaxis (PrEP) was introduced, rates of sexually transmitted infections (STIs) increased among PrEP users. However, data on STI trends in people living with HIV since then are limited. Since September 2019, PrEP has been covered by statutory German health insurance (SHI) in vulnerable groups. This study aimed to determine whether this coverage of PrEP costs affected STI rates in people living with HIV (specifically, men who have sex with men). Methods: All patients of the HIVCENTER Frankfurt diagnosed with at least one STI within the observation period were retrospectively enrolled in the study. STIs included infection with Treponema pallidum, Chlamydia trachomatis, Neisseria gonorrhoeae, and/or Trichomonas vaginalis. The observation period covered 1 year before and 1 year after the coverage of PrEP costs by German SHI. Data were collected from outpatient clinic records. Results: In total, 143 patients were enrolled in the study. The observation period was September 2018 to August 2019 for group 1 (n = 73) and September 2019 to August 2020 for group 2 (n = 70). The most frequent STIs were syphilis and infections due to chlamydia, gonococci, and trichomonads, in descending order. Infections with T. pallidum occurred more often in group 2 than in group 1 (60.0% vs. 50.7%; p = 0.253) as did chlamydia (37.1% vs. 28.8%; p = 0.286). Conclusions: A tendency for an increased ratio of STIs in people living with HIV was observed after the introduction of PrEP coverage by German SHI. STIs should be discussed intensively with people living with HIV, since the communities of PrEP users and people living with HIV overlap, and changes in risk behaviour might influence both groups. © 2022 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	Cost; Coverage; HIV; MSM; PrEP	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2023	Schwartz J.; Grimm J.; Jamison C.	PrEP on TikTok: benefits, barriers, and possibilities	Communication Research Reports	-	-	-	-	8824096	10.1080/08824096.2023.2269080	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174407591&doi=10.1080%2f08824096.2023.2269080&partnerID=40&md5=d27fd06bb7790a9b640d969b883c24ee	HIV remains a serious problem in the U.S. particularly for men who have sex with men. PrEP is an intervention that can dramatically decrease the risk of HIV infection. Because rates of PrEP adoption have been lower than anticipated, researchers have called for new tactics for promoting PrEP. For this reason, we analyzed PrEP messaging on TikTok. In an analysis guided by the Health Belief Model, we found that discussions of PrEP benefits and barriers were most common on TikTok. Severity and susceptibility were least common. We distilled these findings into suggestions for promoting PrEP adoption. © 2023 Eastern Communication Association.	HBM; HIV; MSM; PrEP; TikTok	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Scott R.K.; Deyarmond M.; Marwitz S.; Huang J.C.; Moriarty P.; Visconti A.J.; Beverley J.; Elion R.; Coleman M.; Hull S.J.	Implementation of an Educational Intervention to Improve HIV Pre-Exposure Prophylaxis Services for Women in an Urban Sexual Health Clinic	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2023.0107	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171420240&doi=10.1089%2fapc.2023.0107&partnerID=40&md5=a777129aa256ccb56e406395be287e83	To test the hypothesis that implementation of a multicomponent, educational HIV pre-exposure prophylaxis (PrEP) intervention to promote universal PrEP services for cisgender women (subsequently "women") in sexual and reproductive health centers would improve the proportion of women screened, offered, and prescribed PrEP, we implemented a multicomponent, educational intervention in a Washington D.C. Department of Health-sponsored sexual health clinic. The clinic serves a patient population with high-potential exposure to HIV. The intervention included clinic-wide PrEP trainings, an electronic health record prompt for PrEP counseling by providers, and educational videos in the waiting room. We collected preimplementation data from March 22, 2018 to July 4, 2018, including 331 clinical encounters for 329 women. Between July 5, 2018 and July 1, 2019, there were 1733 clinical encounters for 1720 HIV-negative women. We used mixed methods to systematically assess intervention implementation using the Reach Effectiveness Adoption Implementation Maintenance framework. Additionally, we assessed the interventions' acceptability and feasibility among providers through semistructured interviews. The proportion of women screened by providers for PrEP (5.6% preimplementation to a mean of 89.2% of women during the implementation period, p < 0.01), offered (6.2 to 69.8%, p < 0.01), and prescribed PrEP (2.6 to 8.1%, p < 0.01) by providers increased significantly in the implementation period. Providers and clinic staff found the intervention both highly feasible and acceptable and demonstrated increased knowledge of PrEP and HIV prevention associated with the clinic-wide trainings. Our results demonstrate the effectiveness of a low-cost educational intervention to increase provision of integrated PrEP services in an urban sexual health clinic serving women with high-potential exposure to HIV. ClinicalTrials.gov ID NCT03705663. © Mary Ann Liebert, Inc.	anti-HIV agents; females; health services accessibility; HIV infections/prevention and control; implementation science; pre-exposure prophylaxis; PrEP; PrEP cascade; RE-AIM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Scott R.K.; Hull S.J.; Huang J.C.; Ye P.P.; Lotke P.; Beverley J.; Moriarty P.; Balaji D.; Ward A.; Holiday J.; Brant A.R.; Elion R.; Visconti A.J.; Coleman M.	Intention to Initiate HIV Pre-exposure Prophylaxis Among Cisgender Women in a High HIV Prevalence U.S. City	Women's Health Issues	-	-	-	-	10493867	10.1016/j.whi.2023.05.009	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165439045&doi=10.1016%2fj.whi.2023.05.009&partnerID=40&md5=7386027c1b944b03bc7dd7fa558118bb	Objective: Our objective was to identify the individual, interpersonal, community, health-system, and structural factors that influence HIV pre-exposure prophylaxis (PrEP) initiation among cisgender women seeking sexual and reproductive health care in a high HIV prevalence community to inform future clinic-based PrEP interventions. Methods: We collected anonymous, tablet-based questionnaires from a convenience sample of cisgender women in family planning and sexual health clinics in the District of Columbia. The survey used the lens of the socio-ecological model to measure individual, interpersonal, community, institutional, and structural factors surrounding intention to initiate PrEP. The survey queried demographics, behavioral exposure to HIV, perceived risk of HIV acquisition, a priori awareness of PrEP, intention to initiate PrEP, and factors influencing intention to initiate PrEP. Results: A total of 1437 cisgender women completed the survey. By socio-ecological level, intention to initiate PrEP was associated with positive attitudes toward PrEP (odds ratio OR, 1.56; 95% confidence interval CI, 1.13–2.15) and higher self-efficacy (OR, 1.32; 95% CI, 1.02–1.72) on the individual level, perceived future utilization of PrEP among peers and low fear of shame/stigma (OR, 1.65; 95% CI, 1.33–2.04) on the community level, and having discussed PrEP with a provider (OR. 2.39; 95% CI, 1.20–4.75) on the institutional level. Conclusion: Our findings highlight the importance of multilevel, clinic-based interventions for cisgender women, which promote sex-positive and preventive PrEP messaging, peer navigation to destigmatize PrEP, and education and support for women's health medical providers in the provision of PrEP services for cisgender women. © 2023 The Authors	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Scott R.K.; Yu Y.; Marzinke M.A.; Coleman J.S.; Hendrix C.W.; Bies R.	Clinical trial simulation to evaluate tenofovir disoproxil fumarate/emtricitabine HIV pre-exposure prophylaxis dosing during pregnancy	Frontiers in Reproductive Health	-	-	-	-	26733153	10.3389/frph.2023.1224580	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173684859&doi=10.3389%2ffrph.2023.1224580&partnerID=40&md5=cd5d9fcccaca9314ecf74664ce7fde05	Objective: To evaluate upward-adjustment of tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) pre-exposure prophylaxis (PrEP) dosing during pregnancy in order to maintain target plasma concentrations associated with HIV protection. Design: Population pharmacokinetic (PK) modeling and clinical trial simulation (CTS). Material and methods: We developed population pharmacokinetic models for TFV and FTC using data from the Partners Demonstration Project and a PK study of TDF/FTC among cisgender women by Coleman et al., and performed an in-silico simulation. Pregnancy-trimester was identified as a significant covariate on apparent clearance in the optimized final model. We simulated 1,000 pregnant individuals starting standard daily oral TDF/FTC (300 mg/200 mg) prior to pregnancy. Upon becoming pregnant, simulated patients were split into two study arms: one continuing standard-dose and the other receiving double standard-dose throughout pregnancy. Results: Standard-dose trough TFV concentrations were significantly lower in pregnancy compared to pre-pregnancy, with 34.0%, 43.8%, and 65.1% of trough plasma concentrations below the lower bound of expected trough concentrations presumed to be the protective threshold in the 1st, 2nd, and 3rd trimesters, respectively. By comparison, in the simulated double-dose group, 10.7%, 14.4%, and 27.8% of trough concentrations fell below the estimated protective thresholds in the 1st, 2nd, and 3rd trimesters, respectively. The FTC trough plasma concentration during pregnancy was also lower than pre-pregnancy, with 45.2% of the steady-state trough concentrations below the estimated protective group concentrations of FTC. In the pregnancy-adjusted double-dose group, 24.1% of trough plasma concentrations were lower than protective levels. Conclusions: Our simulation shows >50% of research participants on standard dosing would have 3rd trimester trough plasma TFV concentrations below levels associated with protection. This simulation provides the quantitative basis for the design of prospective TDF/FTC studies during pregnancy to evaluate the safety and appropriateness of pregnancy-adjusted dosing. 2023 Scott, Yu, Marzinke, Coleman, Hendrix and Bies.	clinical trial simulation; emtricitabine; HIV infection; population pharmacokinetic modeling; pre-exposure prophylaxis; pregnancy; tenofovir	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Segal, Kate; Harris, Danielle M; Carmone, Andy; Haddad, Lisa B; Hadigal, Sanjay; Hatzold, Karin; Jones, Chris; Lathrop, Eva; Mason, Jennifer; Mikulich, Meridith	Equipping providers to offer novel MPTs: Developing counseling messages for the Dual Prevention Pill in clinical studies and beyond.	Frontiers in Public Health	-	-	-	-	2673-3153	10.3389/frph.2023.1155948	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10239831	Introduction: The pipeline for multi-purpose prevention technologies includes products that simultaneously prevent HIV, pregnancy and/or other sexually transmitted infections. Among these, the Dual Prevention Pill (DPP) is a daily pill co-formulating oral pre-exposure prophylaxis (PrEP) and combined oral contraception (COC). Clinical cross-over acceptability studies for the DPP require training providers to counsel on a combined product. From February 2021-April 2022, a working group of eight HIV and FP experts with clinical and implementation expertise developed counseling recommendations for the DPP based on existing PrEP/COC guidance. Assessment of policy/guidelines options and implications: The working group conducted a mapping of counseling messages from COC and oral PrEP guidance and provider training materials. Six topics were prioritized: uptake, missed pills, side effects, discontinuation and switching, drug interactions and monitoring. Additional evidence and experts were consulted to answer outstanding questions and counseling recommendations for the DPP were developed. Missed pills was the topic with the most complexity, raising questions about whether women could "double up" on missed pills or skip the last week of the pack to recover protection faster. Uptake required aligning the time to reach protective levels for both DPP components and explaining the need to take DPP pills during week 4 of the pack. The potential intensity of DPP side effects, given the combination of oral PrEP with COC, was an important consideration. Discontinuation and switching looked at managing risk of HIV and unintended pregnancy when stopping or switching from the DPP. Guidance on drug interactions contended with differing contraindications for COC and PrEP. Monitoring required balancing clinical requirements with potential user burden. Actionable recommendations: The working group developed counseling recommendations for the DPP to be tested in clinical acceptability studies. Uptake: Take one pill every day for the DPP until the pack is empty. Days 1-21 contain COC and oral PrEP. Days 22-28 do not contain COC to allow for monthly bleeding, but do contain oral PrEP and pills should be taken to maintain HIV protection. Take the DPP for 7 consecutive days to reach protective levels against pregnancy and HIV. Missed pills: If you miss 1 pill multiple times in a month or 2+ consecutive pills, take the DPP as soon as you remember. Do not take more than 2 pills in a day. If 2+ consecutive pills are missed, only take the last missed pill and discard the other missed pills. Side effects: You may experience side effects when you start using the DPP, including changes to monthly bleeding. Side effects are typically mild and go away without treatment. Discontinuation/switching: If you decide to discontinue use of the DPP, but want to be protected from HIV and/or unintended pregnancy, in most cases, you can begin using PrEP or another contraceptive method right away. Drug interactions: There are no drug-drug interactions from combining oral PrEP and COC in the DPP. Certain medications are not recommended due to their contraindication with oral PrEP or COC. Monitoring: You will need to get an HIV test prior to initiating or restarting the DPP, and every 3 months during DPP use. Your provider may recommend other screening or testing. Discussion: Developing recommendations for the DPP as a novel MPT posed unique challenges, with implications for efficacy, cost, and user and provider comprehension and burden. Incorporating counseling recommendations into clinical cross-over acceptability studies allows for real-time feedback from providers and users. Supporting women with information to use the DPP correctly and confidently is critically important for eventual scale and commercialization.	NA	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Segosebe, Kebafe; Kirwan, Mitchell; Davis, Kelly Cue	Barriers to Condom Negotiation and Use Among Female Sex Workers in the United States and United States-Mexico Border Cities: A Systematic Review.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04009-z	https://link.springer.com/article/10.1007/s10461-023-04009-z	Despite the effectiveness of male condoms, many Female Sex Workers (FSWs) report using condoms infrequently with multiple clients during sexual activity. As such, inconsistent condom use by FSWs is a public health concern as it can increase STI and HIV transmission. This systematic review synthesized extant evidence regarding barriers to condom use experienced by FSWs in the U.S and U.S. - Mexico border towns. The search was conducted through PubMed, CINAL, Cochrane, Medline, and PsychInfo. Studies were included if: they were conducted in the U.S. or U.S. - Mexico border, their target population was FSWs, they examined condom use barriers experienced by FSWs, and they were published in English between 2011 and February 2021. Condom use barriers among FSWs were reported in all the articles including alcohol consumption and drug use before sex, venue stability, socio-economic status vulnerability, violence and gendered power dynamics, trust of regular clients, and age. The review findings indicate the need to develop interventions promoting condom use for both FSWs and their clients, as well as alternative interventions for HIV prevention such as pre-exposure prophylaxis (PrEP).	Humans; Male; Female; Cross-Sectional Studies; United States/epidemiology; Condoms; Mexico/epidemiology; Cities; Negotiating; *Sex Workers; *HIV Infections/epidemiology/prevention & control; Human Immunodeficiency Virus; Female sex workers; Condom use barriers; Inconsistent condom use; Sexual transmitted infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Sell J.; Chen R.; Huber C.; Parascando J.; Nunez J.	Primary Care Provider HIV PrEP Knowledge, Attitudes, and Prescribing Habits: A Cross-Sectional Survey of Late Adopters in Rural and Suburban Practice	Journal of Primary Care and Community Health	-	-	-	-	21501319	10.1177/21501319221147254	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85145956258&doi=10.1177%2f21501319221147254&partnerID=40&md5=ebacb4bc0a5a30ba121e6c91a713c4b2	Objective: Pre-exposure prophylaxis (PrEP) is a recommended strategy for HIV prevention, yet PrEP prescribing rates in primary care remain low. The aim of this study was to further describe the current knowledge, attitudes, and prescribing behaviors of HIV PrEP in primary care providers with a focus on the perceived barriers and facilitators to PrEP prescribing. Methods: Cross-sectional survey of primary care providers at rural and suburban practices in a large academic institution. Results: Survey response rate was 48.0% (n = 134). Most respondents (96.3%) reported little clinical experience in care of persons living with HIV. Respondents self-reported positive attitudes and high overall knowledge of PrEP with low prescribing rates and less comfort with lab testing. More respondents are asked about PrEP by patients (54%) than start conversations about PrEP with patients (39%). Family Physicians and providers 5 to 10 years from completion of training overall reported higher knowledge, attitudes and prescribing behaviors. Lack of PrEP education was identified as the greatest barrier and an electronic medical record order set as the greatest facilitator to prescribing PrEP. Conclusions: With the goal to end the HIV epidemic, PrEP provision in nonurban primary care settings may be an important strategy for increased access to PrEP and reduced HIV transmission. This study, which includes a variety of providers that possess high knowledge, yet low experience prescribing PrEP, likely demonstrates the limitations of interventions which solely focus on provider education. System-based practice solutions, such as order sets, may be needed to target infrequent prescribers of PrEP. © The Author(s) 2023.	HIV; prep; primary care; rural; suburban	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sensoy Bahar, Ozge; Nabunya, Proscovia; Nabayinda, Josephine; Witte, Susan; Kiyingi, Joshua; Nsubuga, Edward; Schriger, Simone; Nattabi, Jennifer; Mayo-Wilson, Larissa Jennings; Nakigudde, Janet; Tozan, Yesim; Ssewamala, Fred M.	"I decided in my heart I have to complete the sessions": A qualitative study on the acceptability of an evidence-based HIV risk reduction intervention among women engaged in sex work in Uganda.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0280138	https://pubmed.ncbi.nlm.nih.gov/36634037/	BACKGROUND: The HIV burden remains a critical public health concern and women engaged in sex work WESW are at significantly higher risk compared to the general adult population. Similar to other sub-Saharan African countries, Uganda reports high rates of HIV prevalence among WESW. Yet, they have not been targeted by theory-informed HIV prevention intervention approaches. METHODS: We conducted semi-structured in-depth interviews with 20 WESW upon intervention completion to explore their experiences with an evidence-based HIV risk reduction intervention that was implemented as part of a combination intervention tested in a clinical trial in Uganda (2018-2023). Specifically, we explored their initial motivations and concerns for participating in the intervention, barriers and facilitators to attendance, and their feedback on specific intervention characteristics. RESULTS: The main expectations revolved around access to health-related information, including information on STIs, HIV, and PrEP as well as on how one can protect themselves while engaging in sex work. Initial concerns were around potential breach of confidentiality and fear of arrest. The main facilitators for session attendance were the motivation to learn health-related information, the attitude of facilitators, and the incentives received for participation, whereas main challenges were related to family commitments and work schedules. WESW appreciated the group format of the intervention and found the location and times of the intervention delivery acceptable. DISCUSSION AND CONCLUSIONS: Overall, our findings suggest that the HIV risk reduction intervention was appropriate and acceptable to WESW. Yet, WESW experience unique concerns and barriers that need to be accounted for when designing interventions targeting this population, especially in resource-limited settings where sex work is illegal and highly stigmatized. CLINICAL TRIAL REGISTRATION: NCT03583541.	Adult; Humans; Female; Risk Reduction Behavior; *Sex Work; Qualitative Research; Uganda/epidemiology; *HIV Infections/epidemiology/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Serrano, Vanessa B; Moore, David J; Morris, Sheldon; Tang, Bin; Liao, Antony; Hoenigl, Martin	Efficacy of Daily Text Messaging to Support Adherence to HIV Pre-Exposure Prophylaxis (PrEP) among Stimulant-Using Men Who Have Sex with Men	Substance Use & Misuse	-	-	-	-	1082-6084	https://doi.org/10.1080/10826084.2023.2165409	https://escholarship.org/uc/item/6xf8b7r8	Background: Men who have sex with men (MSM) who use stimulants are at increased risk for HIV infection. Adherence to pre-exposure prophylaxis (PrEP) reduces the risk of HIV infection. We evaluated the efficacy of the individualized Texting for Adherence Building (iTAB) intervention for PrEP adherence compared to standard of care (SoC) among 119 MSM who use stimulants (cocaine, methamphetamine and/or other amphetamine) from the California Collaborative Treatment Group 595 randomized control trial.Method: Three ordered levels of PrEP adherence (non-adherence, adequate adherence, and near-perfect adherence) were compared between intervention arms across study visits (weeks 12 and 48) using ordinal logistic regressions.Results: The effect of intervention arm was not significant in the final model; however, there was a 38% decrease in odds (OR = 0.62, p=.023) of having near-perfect adherence (versus non-adherence or adequate adherence) at week 48 compared to week 12, indicating a significant effect of time. In a follow-up analysis examining week 48 only, logistic regression examining PrEP adherence showed that receiving iTAB (compared to SoC) trended toward higher odds of near-perfect adherence relative to adequate adherence (OR = 2.48, p=.061). Higher HIV knowledge resulted in higher odds (OR = 1.72, p=.020) of near-perfect adherence (versus non-adherence or adequate adherence).Conclusion: HIV knowledge may influence PrEP adherence, and most notably, the iTAB intervention may support near-perfect adherence relative to adequate adherence.	Public Health; Health Sciences; Clinical Research; Prevention; Sexual and Gender Minorities (SGM/LGBT*); Behavioral and Social Science; Clinical Trials and Supportive Activities; Infectious Diseases; HIV/AIDS; Infection; Good Health and Well Being; Humans; Male; Central Nervous System Stimulants; HIV Infections; Homosexuality; Male; Medication Adherence; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Text Messaging; PrEP; men who have sex with men; stimulants; substance use; text-based intervention; Public Health and Health Services; Psychology; Substance Abuse; Public health; Applied and developmental psychology; Clinical and health psychology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Sethi A.K.; Haldar P.; Rai S.K.; Kant S.; Rajan S.; Kumar P.; Mishra J.K.; Singh B.	Low awareness but high acceptability of pre-exposure prophylaxis for HIV among men who have sex with men and transgender persons in Delhi, India	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231174936	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162988272&doi=10.1177%2f09564624231174936&partnerID=40&md5=2cf7636d8b97273f558560dc71efa9b4	Background: HIV pre-exposure prophylaxis (PrEP) is part of India's HIV prevention policy. We aimed to determine awareness of and willingness-to-use PrEP among men-who-have-sex-with-men (MSM) and transgender-persons (TG) in Delhi, India. Methods: A cross-sectional study was conducted at five purposively selected targeted-intervention projects in Delhi. Participants included self-identified MSM/TG aged ≥18 years, with negative/unknown HIV serostatus. A structured interview schedule, developed using formative research, was used. Primary outcomes were awareness of, and willingness-to-use PrEP. Socio-demographic and behaviour variables included age, living situation, education, anal-sex, condom-use and experiences of physical-violence. Determinants of outcome were identified in univariable logistic regression; variables associated at p <.25 were included in multivariable regression models. Results: Of 400 (224 MSM, 176 TG), mean ± SD age 25.7 ± 7.2 years, 14.5% (95% CI 11.0, 18.0) were aware of PrEP, while 63.3% (95% CI: 58.6, 68.1) reported willingness-to-use PrEP. PrEP-awareness was independently associated with formal-education (adjusted odds ratio; AOR = 1.20), professional occupation (AOR = 5.45) and condom-use (AOR = 3.07). Willingness-to-use PrEP was higher if participants had recent anal-sex (AOR = 2.29), had used condoms during anal-sex (AOR = 2.09), or recently experienced physical-violence (AOR = 3.65). Conclusions: PrEP awareness was low, but most were willing to use PrEP, implying that communication is key to PrEP awareness and uptake. © The Author(s) 2023.	acceptability; Awareness; India; men who have sex with men; pre-exposure prophylaxis; prevalence; transgender persons	English	United Kingdom	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2023	Shahmanesh M.; Chimbindi N.; Cowan F.M.	Person-centered HIV PrEP for cisgender women	Nature Medicine	-	-	-	-	10788956	10.1038/s41591-023-02618-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176460272&doi=10.1038%2fs41591-023-02618-8&partnerID=40&md5=af875e21cc7290e1cb4e73345ef2af76	Two modelling studies offer compelling evidence that less-than-perfect adherence to HIV pre-exposure prophylaxis can still provide reasonable protection for cisgender women — providing optimism for a more person-centered approach and lower discontinuation rates	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2023	Shan, Duo; Xue, Hui; Yu, Fei; Zan, Xingkai; Liu, Hui; Liu, Jiaye; Han, Mengjie; Zhang, Dapeng	Understanding the Uptake and Outcomes of Non-occupational Postexposure Prophylaxis Use Through an Online Medical Platform in China: Web-Based Cross-sectional Study.	Journal of Medical Internet Research	-	-	-	-	1438-8871	10.2196/42729	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10238955	BACKGROUND: To date, non-occupational postexposure prophylaxis (PEP) has been widely accepted as a safe and effective intervention for HIV in many countries, yet it remains an underutilized prevention strategy in China. Evidence indicated a high demand for PEP among Chinese men who have sex with men, but the uptake and access to PEP service remain limited. In an era of rapid development of web-based technology, online medical platforms in China hold great promise in facilitating PEP provision and delivery by addressing problems such as accessibility, convenience, privacy protection, and antidiscrimination by integrating online and offline resources. However, there is a paucity of data concerning the uptake and outcomes of online PEP in China. OBJECTIVE: The aim of this study is to explore online PEP service provision and understand PEP uptake and outcome through a web-based cross-sectional study. METHODS: From January 2020 to June 2021, we conducted a retrospective web-based survey among those seeking online PEP services via the internet medical platform "HeHealth" using a structured questionnaire. Participants were surveyed on sociodemographic characteristics, sexual and drug-related behaviors, history of preexposure prophylaxis (PrEP) usage, and PEP uptake. Statistical analysis included descriptive analysis, chi-square test, and multivariable logistic regression. P values <.05 were deemed statistically significant. RESULTS: No HIV seroconversions were observed among 539 PEP users. Our sample demonstrated that most participants seeking online PEP services were gay (397/539, 73.7%), single (470/539, 87.2%), having an education of more than 12 years (493/539, 91.5%), and with an average monthly income of more than 7000 RMB (1 RMB=US $0.14) or more (274/539, 50.8%). Sexual exposures accounted for 86.8% (468/539) of the cases, with anal sex being the most common indication (389/539, 72.2%) for seeking PEP use. Among 539 participants, 60.7% (327/539) sought online PEP for relatively low-risk exposures, whereas 39.3% (212/539) were considered high-risk exposures. Nearly all (537/539, 99.6%) initiated PEP within 72 hours and 68.6% (370/539) within 24 hours of exposure. All users (539/539) were prescribed a 3-drug regimen, with mostly comprising 3TC/TDF+DTG (lamivudine, tenofovir disoproxil fumarate, and dolutegravir; 293/539, 54.4%), followed by FTC/TDF+DTG (emtricitabine, tenofovir disoproxil fumarate, and dolutegravir; 158/539, 29.3%). The adjusted model showed that greater odds of PrEP usage were associated with an age of 35 years or older versus the age group of 25-34 years (adjusted odds ratio AOR 2.04, 95% CI 1.24-3.37), having an education of 17 years or more versus an education of 12 years or less (AOR 3.14, 95% CI 1.29-7.62), average monthly income of 20,000 RMB or more versus less than 3000 RMB (AOR 2.60, 95% CI 1.09-6.23), and having high-risk sexual behavior during PEP treatment (AOR 2.20, 95% CI 1.05, 3.69). CONCLUSIONS: The 0% infection rate in this study demonstrated that online PEP could be a valuable risk-reduction option to improve HIV prevention service within China. However, further research is needed to better facilitate PrEP transition among online PEP users.	HIV; PrEP; men who have sex with men; online medical platform; postexposure prophylaxis; preexposure prophylaxis; prevention; risk; sexual behaviors	English	Germany	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Sharma, Akshay; Gandhi, Monica; Sallabank, Gregory; Merrill, Leland; Stephenson, Rob	Perceptions and Experiences of Returning Self-collected Specimens for HIV, Bacterial STI and Potential PrEP Adherence Testing among Sexual Minority Men in the United States.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-022-03846-8	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9466335	Few studies among gay, bisexual and other men who have sex with men (GBMSM) have examined facilitators and barriers to self-collecting specimens for extragenital STI screening, and none have evaluated attitudes towards self-collecting hair samples that can be utilized for PrEP drug level testing to assess adherence. To address this gap, we interviewed 25 sexually active GBMSM who were offered a choice to self-collect and return finger-stick blood samples (for actual HIV testing), pharyngeal swabs, rectal swabs and urine specimens (for actual gonorrhea and chlamydia testing), and hair samples (to visually determine their adequacy for PrEP drug level testing): 11 who returned all, 4 who returned some, and 10 who did not return any. Participants found self-collecting finger-stick blood samples and rectal swabs more challenging than other specimens. Frequently discussed facilitators of return included an opportunity to confirm one's HIV or STI status, limited access to a healthcare provider and a desire to advance research focusing on home-based testing. Commonly cited barriers to return included low self-efficacy pertaining to self-collection and apprehension around the possibility of delay or loss of specimens during transit. Offering additional support such as real-time video conferencing may prove helpful in future field-based research with GBMSM.	HIV; Pre-exposure Prophylaxis; Self-testing; Sexual and Gender Minorities; Sexually Transmitted Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Sharma, Akshay; Lacombe-Duncan, Ashley; Sallabank, Gregory	HIV and STI Testing Among South Asian Gay, Bisexual, and Other Men Who Have Sex With Men in the United States.	American Journal of Men's Health	-	-	-	-	1557-9891 1557-9883	10.1177/15579883231185240	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10333639/	South Asian gay, bisexual, and other men who have sex with men (GBMSM) in the United States are subsumed under the broad, heterogeneous category of Asian GBMSM in national surveillance systems. Disaggregated data on their rates of HIV and sexually transmitted infection (STI) testing are not publicly reported. This is problematic as the diversity of ancestries, cultures, and customs across subgroups of Asian GBMSM may contribute to differential HIV and STI testing experiences. To address this deficit in knowledge, 115 South Asian GBMSM recruited through social media advertising and peer referral were surveyed about their patterns of HIV and STI testing. In the past 6 months, almost two-thirds (n = 72, 62.61%) had two or more male sex partners, and more than a quarter (n = 33, 28.70%) had condomless anal sex with two or more male partners. In the past year, more than one in four (n = 32, 27.83%) had not been tested for HIV, and more than two in five (n = 47, 40.87%) had not been tested for STIs. The prevalence of past-year HIV and STI testing was lower among participants aged ≥35 years and those who had never used pre-exposure prophylaxis. Participants who were partnered were less likely to have been tested for HIV, and those who were born outside the United States were less likely to have been tested for STIs in the past year. Findings highlight gaps in domestic HIV- and STI-prevention efforts with respect to adequately engaging South Asian GBMSM and suggest that some segments of this subgroup may benefit from targeted outreach.	Humans; Male; Homosexuality, Male; HIV; United States/epidemiology; Bisexuality; sexually transmitted infections; *Sexual and Gender Minorities; sexual and gender minorities; *HIV Infections/diagnosis/epidemiology/prevention & control; *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control; risk reduction; South Asians	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Sharma, I; Hill, A	Global Human Immunodeficiency Virus Incidence Analysis and Implications for Affordability Using Long-Acting Cabotegravir Versus Continuous and Event-Driven Oral Preexposure Prophylaxis	Clinical Infectious Diseases	-	-	1058-4838	10.1093/cid/ciad537	https://academic.oup.com/cid/article/78/2/346/7239103	Background The HIV Prevention Trials Network (HPTN) 083/084 trials showed up to 88% increased efficacy of long-acting cabotegravir (CAB-LA) versus continuous oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC). However, CAB-LA's high price limits the number of people who can be treated within fiscal prevention budgets. Global human immunodeficiency virus (HIV) prevention budgets are highly limited, with TDF/FTC widely available as a low-cost generic. In randomized clinical trials, event-driven TDF/FTC has shown similar preventive efficacy to continuous TDF/FTC. Methods A systematic review of global HIV incidence studies was conducted. Weighted incidence was calculated in each at-risk population. HIV infection rates were evaluated for 5 prevention strategies, with additional CAB-LA scenarios considering reductions in incidence of 66%, 79%, and 88%. Cost-effectiveness was evaluated for CAB-LA, continuous TDF/FTC, and event-driven TDF/FTC. Using weighted incidence and an assumed 100 000 target population, annual HIV infection rates by population were calculated for each prevention strategy. Results Ninety-eight studies in 5,126 100 individuals were included. Incidence per 100 person-years ranged from 0.03 (blood donors) to 3.82 (people who inject drugs). Using the number needed to treat to benefit for each strategy, a mean incidence of 2.6 per 100 person-years in at-risk populations, and a 100 000 target population, current-price continuous CAB-LA cost $949 497 per HIV infection successfully prevented, followed by target-price CAB-LA ($11 653), continuous TDF/FTC ($4231), and event-driven TDF/FTC ($1923).Conclusion High prices of CAB-LA limit southern treatable within fiscal budgets. Low-cost event-driven TDF/FTC consistently prevents the most HIV infections within fiscal budgets. This systematic review and analysis investigated HIV incidence in at-risk populations globally. Analysis of 5 prevention strategies found that, across all populations, event-driven tenofovir/emtricitabine was cheapest per infection prevented, thus could avert more infections within budget, despite a lower number needed to treat to benefit.	HIV PREVENTION; HIV prevention; preexposure prophylaxis; cabotegravir; SAFETY; MEN; tenofovir/emtricitabine; EFFICACY; event-driven PrEP	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Sharpe J.D.; Siegler A.J.; Sanchez T.H.; Gaeur J.L.; Sullivan P.S.	Effects of mode of transportation on PrEP persistence among urban men who have sex with men	AIDS Care	-	-	9540121	10.1080/09540121.2021.2121375	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85108405442&doi=10.1080%2f09540121.2021.2121375&partnerID=40&md5=ae8fdc6d4a36c3038bbbc7f2ed9b2266	Little is known about the effect of travel-related factors, such as mode of transportation, on retention in PrEP care, or PrEP persistence. We used data from the 2020 American Men's Internet Survey and conducted multilevel logistic regression to estimate the association between mode of transportation used for healthcare and PrEP persistence among urban gay, bisexual, and other men who have sex with men (MSM) in the U.S. MSM using public transportation were less likely to report PrEP persistence (aOR, 0.51; 95% CI: 0.28–0.95) than MSM using private transportation. There were no significant differences between MSM using active transportation (aOR, 0.70; 95% CI: 0.36–1.36) and MSM using private transportation. Transportation-related interventions and policies are needed to address structural barriers to accessing PrEP services and to improve PrEP persistence in urban areas. © 2021 Informa UK Limited, trading as Taylor & Francis Group.	HIV; men who have sex with men; mode of transportation; pre-exposure prophylaxis; urban	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Shaw G.; Schaefer R.; Schmidt H.-M.A.; Madden A.; Chang J.; Mozolevska A.; Mutsunga-Rudzve B.; Mangadas Kenneth N.; Vernier A.; Baggaley R.; Rodolph M.; Macdonald V.	Pre-exposure prophylaxis (PrEP) for HIV prevention among people who inject drugs: a global mapping of service delivery	Harm Reduction Journal	-	-	14777517	10.1186/s12954-023-00729-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147939858&doi=10.1186%2fs12954-023-00729-6&partnerID=40&md5=6c21ed1f603cea1698f876d1ea6c9cb4	Background The World Health Organization (WHO) recommends oral pre-exposure prophylaxis (PrEP) for all people at substantial risk of HIV as part of combination prevention. The extent to which this recommendation has been implemented globally for people who inject drugs is unclear. This study mapped global service delivery of PrEP for people who inject drugs. Methods: Between October and December 2021, a desk review was conducted to obtain information on PrEP services for people who inject drugs from drug-user-led networks and HIV, harm reduction, and human rights stakeholders. Websites of organizations involved in HIV prevention or services for people who inject drugs were searched. Models of service delivery were described in terms of service location, provider, and package. Results: PrEP services were identified in 27 countries (15 high-income). PrEP delivery models varied within and across countries. In most services, PrEP was delivered by community-led services without direct links to other harm reduction services. In three countries, PrEP services were also provided at methadone clinics; in 14 countries, PrEP services were provided through community-based models and at clinics. Most services provided condoms, lubricant, and risk reduction counseling alongside PrEP. Conclusions: PrEP is available for people who inject drugs in a minority of countries that inject drugs. There is potential to expand PrEP services for people who inject drugs within harm reduction programs, notably through community-based and peer-led services. PrEP should never be offered instead of evidence-based harm reduction programs for people who inject drugs; however, it could be offered as an additional HIV prevention choice as part of a comprehensive harm reduction program. © 2023, World Health Organization.	Harm reduction; HIV prevention; People who inject drugs; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2023	Shen Y.; Fonoks J.; Reidy W.; Olson H.; Wang C.; Mushimbilwe N.; Mazuda R.T.; Tchisumbwa T.; Malele F.; Kikunda A.; Bingham T.; Djemaud G.; Makinda E.; Ewenzie R.; Abouo E.J.; Tsoudjin C.A.	Pre-exposure prophylaxis uptake concerns in the Democratic Republic of the Congo: Key populations and healthcare workers perspectives	PLOS One	-	-	19526203	10.1371/journal.pone.0286977	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175819872&doi=10.1371%2fjournal.pone.0286977&partnerID=40&md5=09bae2eec9051a7e1641b67a2a6d7	Key populations (KP) in the Democratic Republic of the Congo (DRC), including female sex workers (SW), are disproportionally affected by HIV. Quantitative feedback surveys were conducted at seven health facilities in DRC to the KP clients enrolled in pre-exposure prophylaxis (PrEP) services to measure benefits and risks of the PrEP services. The survey also collected satisfaction with PrEP services and experiences of stigma at the health facilities. Thirty female SW, 30 male sex workers (MSW), and 30 transgender women (TGW) were enrolled in the survey. Most participants (n = 83, 92.2%) identified their primary reason for starting PrEP was fear of side effects (47%) although few KP reported having experienced side effects (14%). 16(78 concerned with clients that experienced and anticipated side effects were a primary PrEP uptake concern, along with costs of clinic visits. Copyright: © 2023 Shen et al. This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the Creative Commons CC0 public domain dedication.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sheth A.N.; Enders K.P.; McCumber M.; Poindu M.A.; Ramakrishnan A.; Seles J.M.	State-level clustering in PrEP implementation factors among family planning clinics in the Southern United States	Frontiers in Public Health	-	-	22962565	10.3389/fpubh.2023.1214411	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85167344729&doi=10.3389%2ffpubh.2023.1214411&partnerID=40&md5=fc1e56bbf75588b9fa8f34a7dfd212ba	Background: Availability of PrEP-providing clinics is low in the Southern U.S., a region at the center of the U.S. HIV epidemic with significant HIV disparities among minoritized populations, but little is known about state-level differences in PrEP implementation in the region. We explored state-level clustering of organizational constructs relevant to PrEP implementation in family planning (FP) clinics in the Southern U.S. Methods: We surveyed providers and administrators of FP clinics not providing PrEP in 18 Southern states (Feb–Jun 2018, N = 414 respondents from 224 clinics) on three constructs: readiness to implement PrEP, PrEP knowledge/attitudes, implementation climate, leadership engagement, and available resources. We analyzed each construct using linear mixed models. A principal component analysis identified six principal components, which were inputted into a K-means clustering analysis to examine state-level clustering. Results: Three clusters (C1–3) were identified with low, three, and four states, respectively. Canonical variable 1 separated C1 and C2 from C3 and was primarily driven by PrEP readiness, HIV-specific implementation climate, PrEP-specific leadership engagement, PrEP attitudes, PrEP knowledge, and general resource availability. Canonical variable 2 distinguished C2 from C1 and was primarily driven by PrEP-specific resource availability, PrEP attitudes, and general implementation climate. All C3 states had expanded Medicaid, compared to 1 C1 state (none in C2). Conclusion: Cosmetics relevant for PrEP implementation exhibited state-level clustering, suggesting that tailored strategies could be leveraged to address state-level factors. Future work should explore the role of Medicaid expansion and other policy factors in PrEP implementation constructs. The role of Medicaid expansion and state-level policies in PrEP implementation warrants further exploration. Copyright © 2023 Sheth, Enders, McCumber, Poindu, Ramakrishnan and Seles.	family planning; implementation; PrEP; Southern U.S; women	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Shibesh, Birkeyesh Fromhane; Admas, Angaw Bitew; Lake, Amanvich Woodie; Getu, Samuel Belikadie; Worede, Daniel Tsegaye	Uptake of retrovirol pre-exposure prophylaxis and its associated factors among female sex workers, Northwest Ethiopia.	AIDS Research and Therapy	-	-	1742-6405	10.1186/s12981-023-00573-5	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10026696/	BACKGROUND Pre-exposure prophylaxis is the use of antiretroviral medications by HIV-negative individuals to prevent infection before exposure. Ethiopia has made progress in reducing new HIV infections, but the burden remains high with ongoing challenges in prevention uptake. This study examined the utilization and factors associated with pre-exposure prophylaxis among female sex workers. METHODS: A community-based cross-sectional study design was conducted in Bahir Dar city administrations among female sexual workers in 2022. The variables were collected using a pre-tested and structured questionnaire. Epi data for data entry and social package for social science for analysis were used. RESULT: Overall, 15.9% (CI: 12.8-21.1) of female sexual workers received pre-exposure prophylaxis. Parental living condition (only father alive AOR = 0.23, 95% CI, 0.02-0.64; only mother alive AOR = 0.31, 95% CI, 0.02-0.74), marital status being single (AOR = 0.27, 95% CI, 0.04-0.94), having history of STI (AOR = 2.82, 95% CI, 1.60-4.75) were associated with pre-exposure prophylaxis uptake. CONCLUSION: This study showed low pre-exposure prophylaxis uptake. The study identified a lack of awareness, parental living condition, marital status, and history of STI as associated factors. To increase pre-exposure prophylaxis uptake and reduce HIV infection, 95% awareness campaign, tailored support, targeted interventions, and collaboration with key groups are needed.	Associated factors; Bahir Dar; Ethiopia; Female sex worker; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Ethiopia	Eastern and Southern Africa	Ethiopia	Eastern and Southern Africa	Quantitative
Article	2023	Shipton L.; Gu F.; Scofori T.; Marvin C.	Missed Opportunities for HIV Testing and PrEP Education in a High-risk Population at a Safety-net Health Care System	Journal of Health Care for the Poor and Underserved	-	-	1049duplicate2023	10.1353/hpu.2023.0007	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148707718&doi=10.1353%2fhpu.2023.0007&partnerID=40&md5=802a3c0fd311c2a02dcd5f458e8188a3	The U.S. Ending the HIV Epidemic initiative was launched in 2019 with the goal of reducing new HIV infections by 90% by 2030. In this retrospective chart review in 2019, we determined the incidence of HIV testing and PrEP prescribing practices without known HIV+ who were diagnosed with gonorrhea or chlamydia in a safety-net health care system. Results showed 50% of patients were screened for HIV, and chlamydia tests had a follow-up HIV test within 90 days and 19% of individuals testing positive for gonorrhea received PrEP education within 180 days. Initial care in an emergency department and female gender were associated with a lower likelihood of follow-up HIV testing and PrEP counseling. There are missed opportunities to offer HIV testing and PrEP education to those at risk of HIV acquisition. © McHenry Medical College.	Hombres que Hacen Sexo con Hombres; Hommes qui Pavent Sexo com Hommes; Men Who Have Sex With Men; Pre-Exposure Prophylaxis; Profilaxia Pré-Exposição; Profilaxia Pre-Exposición; Pueblos Pre-Exposición; Pueblos; Pronoun; Prozac; Rango; Rasco; Risk	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Silva, Mayara Secco Torres	Ambulatory and hospitalized patients with suspected and confirmed mpox: an observational cohort study from Brazil	The Lancet Regional Health - Americas	-	-	2352-3018	https://doi.org/10.1016/j.lana.2022.100406	https://www.thelancet.com/journals/lanam/article/PIIS2352-3018(22)00307-0/fulltext	On October 30, 2022, 76,871 cases of mpox were reported worldwide, with 28,614 cases in Latin America. This study reports characteristics of a case series of suspected and confirmed mpox cases at a referral infectious diseases center in Rio de Janeiro, Brazil.	Mpox; Outbreaks; STI; HIV; Pre-exposure prophylaxis (PrEP); Men who have sex with men; Latin America;Brazil; Public health	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Silva-Sánchez C.A.; Castillo V.P.	Intention to use pre-exposure prophylaxis in men who have sex with men in Chile: a view from the planned behavior theory; Intención de uso de la profilaxis pre-exposición en hombres que tienen sexo con hombres en Chile: una mirada desde la teoría del comportamiento planificado	Salud, Ciencia y Tecnologia	-	-	27969711	10.56294/saludcyt2023671	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182859616&doi=10.56294%2fsaludcyt2023671&partnerID=40&md5=93dc811a7970823276c99e0b7e4b6ddb	Introduction: pre-exposure prophylaxis (PrEP) effectively prevents HIV in men who have sex with men (MSM). Chile recently incorporated PrEP as a strategy against HIV/AIDS. Despite its effectiveness, worldwide PrEP uptake among MSM is low. The theory of planned behavior (TPB) is one of the most popular psychosocial models used to predict behavior. Objective: to predict the intention to use PrEP among MSM using the TPB in Chile. Methods: 183 MSM were recruited online. The TPB constructs (attitude, subjective norms, behavioral control, and intention to use) were measured in addition to knowledge variables, sociodemographic aspects, and sexual risk behaviors. We use linear regression models to analyze the influence of these variables. Results: the perception of favorable social norms (B=0.356 p<0.03), higher perception of behavioral control (B=0,4 p<0,01), and positive PrEP attitudes (B=0,189 p<0,01) were significantly related to intention to use PrEP. Knowledge, sociodemographic, sexual risk behaviors, and sociodemographic variables were not associated with intention to use PrEP. Conclusion: the TPB contributes to understanding the intention to use PrEP in MSM in Chile. © 2023. Los autores.	Pre-Exposure Prophylaxis; Sexual And Gender Minorities; Theory Of Planned Behavior	Spanish	Mexico	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Chile	Latin America and the Caribbean	Quantitative
Article	2023	Silvestri, Francesca; Alvarez, Natalie; Omara Afzal; Urbina, Antonio E; Dolan, Siobhan M; Andres Ramirez Zamudio	Training obstetrician gynecologists in HIV PrEP (pre-exposure prophylaxis): a 2-year experience	Sexually Transmitted Infections	-	-	13684973	10.1136/sextrans-2022-055691	https://www.proquest.com/scholarly-journals/training-obstetrician-gynecologists-hiv-prep-pre/docview/2893834572/se-2?accountid=9113	Objective/We aimed to evaluate the efficacy of PrEP (pre-exposure prophylaxis) training sessions for OBGYN (obstetrician gynaecologist) providers given underutilisation of PrEP among women despite a high HIV burden.MethodsThree separate training sessions were held for providers in the OBGYN department at an academic medical centre in New York City from 2019 to 2021. The 1-hour training sessions were conducted by HIV specialists as in-person lectures or online live lectures. Participants were surveyed after the training on metrics of PrEP awareness, knowledge and comfort with management. Two-sample t tests were used to compare differences in proportions of binomial variables and differences in means of Likert-scored answers pertaining and post-training exam.ResultsFifteen respondents completed the survey in 2019, 11 in 2020 and 12 in 2021. Before the training, 40% (n=12) of participants were aware of PrEP, 20% (n=6) were comfortable prescribing it and 0% (n=0) had ever prescribed it. After the training, there was an increase in understanding the epidemiology of HIV transmission (40% to 97%, p<0.00), familiarity with the PrEP clinical trials (30% to 97%, p<0.00), comfort in determining PrEP candidacy (mean score 2.3 to 4.1, p<0.00) and comfort prescribing PrEP (mean score 2.0 to 3.6, p<0.00). After the trainings, the majority of participants reported feeling 'comfortable' or 'very comfortable' in determining PrEP candidacy and prescribing PrEP with follow-up.ConclusionsImplementation of PrEP training courses for OBGYN providers increases confidence for PrEP and providing PrEP with follow-up and knowledge and comfort in identifying and managing patients who may benefit from PrEP services. Increasing training among OBGYN providers serving women at risk for HIV infection is an effective tool to narrow gaps in PrEP access.	HIV; PREP; Knowledge; Disease prevention; Epidemiology; Family planning; Likert scale; Midwifery; Trends; sexual health; Infectious diseases; Pharmacy; care; Sexual behavior; Sexually transmitted diseases; Obstetrics; Gynecology; Medical personnel; Urban areas; HIV; Women's health; United States--US; Medical Sciences--Dermatology And Venereology; New York City New York; Online instruction	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Simmons K.; Fitzpatrick C.; Richardson D.	Sexually transmitted infection testing and prevalence among MSM using event-based dosing HIV pre-exposure prophylaxis	Sexual Health	-	-	14485928	10.1071/SH22192	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152935378&doi=10.1071%2fSH22192&partnerID=40&md5=223e6aeeee0f9e2ad7d1a0f6aa0f9579	Event-based dosing (EBD) of HIV PrEP is as effective at preventing HIV transmission in MSM as daily dosing. There are limited data on the differences in STI testing frequency between MSM using EBD-PrEP and daily dosing. A total of 20% of 418 PrEP users were using EBD-PrEP and had a lower number of sexual partners (22 (27%) v. 162 (42%), P = 0.02) but were STIs less frequently (118 (18%) v. 69 (50%), P < 0.001), but were diagnosed with a similar number of STIs (0.95% vs 54%, P = 0.54) compared to daily users. More research is needed to understand the optimal frequency for STI testing in MSM using EBD PrEP. © 2023 The Author(s).	Chlamydia trachomatis; HIV prevention; Neisseria gonorrhoeae; pre-exposure prophylaxis; sexual behaviour; sexually transmitted infection testing; sexually transmitted infections; Treponema pallidum	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Simon K.A.; Hanna-Walker V.; Clark A.N.; Driver R.; Kalinowski J.; Watson R.J.; Eaton L.A.	"This Is To Help Me Move Forward": The Role of PrEp in Harnessing Sex Positivity and Empowerment Among Black Sexual Minority Men in the Southern United States	Journal of Sex Research	-	-	224499	10.1080/00224499.2022.2131704	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146946263&doi=10.1080%2f00224499.2022.2131704&partnerID=40&md5=f8c4fa40b8b1b865a94ec2a4d6b328a4	In the United States (U.S.), Black sexual minority men (BSMM) are disproportionately burdened by HIV. Prevention advances, such as HIV pre-exposure prophylaxis (PrEP), play a key role in reducing HIV transmission and improving our understanding of sexual expression and health. Despite these advances, little is known regarding the potential link between PrEP use and sex positivity, including the benefits that BSMM see in accessing PrEP. We conducted a thematic analysis of 32 interviews with BSMM in the Southern U.S. regarding their PrEP beliefs. We developed five themes: (1) Sexual freedom, (2) Agency and empowerment, (3) Making PrEP normative, (4) Behavioral health practices, and (5) Committed relationship tensions. Our findings suggest that BSMM are increasingly concerned about freedom of choice and invested in sexual empowerment as related to their PrEP use. Further, unanticipated benefits, community support, and relationship tensions are salient factors in considerations of PrEP use among BSMM. PrEP may be a harm reduction option for how we might understand a broader movement toward sexual empowerment and positivity, and the pivotal role that PrEP serves in this movement. © 2022 The Society for the Scientific Study of Sexuality.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Simon, Lesley; Jackson, Tyrik; King, William; Beals, Dean; Washington, Tabitha; Miller, Matthew; Pogreszewski, Stan	FADE OUT HIV: An Educational Intervention Allying Black Community Barbers, Their Clients, and Community Clinicians.	Journal of Continuing Medical Education	-	-	2833-8073	10.1080/28338073.2023.2269674	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10558629/	Black individuals in the United States are less likely to use medication to prevent HIV (pre-exposure prophylaxis, or PrEP) than White individuals and are significantly more likely to receive a new HIV diagnosis. Because of America's long history of unethical medical and research practices and ongoing prejudice and bias, Black Americans have mistrust towards the medical community. This distrust, along with the social determinants of health, leads to low participation in health care. Health interventions at culturally "safe" and familiar venues are a popular strategy to engage Black Americans in health care. In the United States, approximately 18 Black barbershops in the Black community and the ability of barbers/stylists as a venue for delivering interventions has been documented. We describe FADE OUT HIV, a program designed to increase barbers/knowledge of prevalence of HIV in the Black community; facilitate/discussions between Black barbers and their Black clients about HIV/exposure, prevention, and treatment; provide free HIV tests forbarbers' clients; and educate community clinicians on live andshadowing webcasts about HIV prevention and treatment. Clinician educators were designed to facilitate HIV screening and ensure that the barber clients would be referred to clinicians who were knowledgeable about HIV. The learning objectives of the education were focused on barriers that prevent HIV screening and PrEP prescription and strategies to overcome these barriers, monitoring recommendations for people using PrEP, the benefits and limitations of new and in-development PrEP, and the importance of rapid and PrEP initiation and retention in HIV care. As a result of this programme, 308 HIV tests were administered to barber clients at hosted events in Los Angeles and clinician knowledge and competence increased by 33% and 34%, respectively.	disparities, HIV, barber, Black men, pre-exposure prophylaxis, PrEP, testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Singh, Yvona Devi; Singh, Vijay Kumar; Dahanwal, Sanjay J.	Utilization of Chemometric-Aided UV Spectrophotometric Methods for Concurrent Assessment of Emtricitabine, Tenofovir Disoproxil Fumarate, Elvitegravir, and Cobicistat in Tablet Formulation.	Journal of AOAC International	-	-	1944-7922 1060-3271	10.1093/jaoacint/qsad067	https://pubmed.ncbi.nlm.nih.gov/37289523/	BACKGROUND Emtricitabine (ETC), tenofovir disoproxil fumarate (TNF), elvitegravir (EVG), and cobicistat (CBI) are antiviral drugs used to treat human immunodeficiency virus (HIV) infections. OBJECTIVE: To develop chemometric-aided UV spectrophotometric methods for concurrent estimation of the aforementioned drugs used to treat HIV. This method can be used to reduce modification of the calibration model by assessing the absorbance at various points in the zero-order spectra within the selected wavelength range. Additionally, it eliminates interfering signals and provides sufficient sensitivity and selectivity. METHODS: The zero-order UV, first-order derivative, and ratio first-order derivative spectrophotometric methods, namely, absorbance, first derivative, and ratio first derivative methods, were established for the concurrent assessment of EVG, CBI, TNF, and ETC in tablet formulations. The proposed methods were applied to decrease complexity of overlapped spectra (e.g., spectral interference) to maximize sensitivity and the lowest error. These approaches were performed in accordance with International Council on Harmonization (ICH) criteria and compared to the reported HPLC method. RESULTS: The proposed methods were used to measure EVG, CBI, TNF, and ETC in the ranges of 3.38, 3.30, 5.50, and 5.70 μg/mL, respectively, with an excellent correlation coefficient (≥ 0.998). The accuracy and precision results were found to be within the acceptable limits. No statistical difference was observed between the proposed and reported studies. CONCLUSION: The chemometric-aided UV spectrophotometric approaches could be considered as alternatives to chromatographic procedures in the pharmaceutical industry for routine analysis and testing of readily accessible commercial formulations. HIGHLIGHTS: Novel chemometric-assisted UV spectrophotometric techniques were developed for assessment of multicomponent antiviral combinations in single-tablet formulations. The proposed methods were performed without using harmful solvents, tedious preparation, or expensive instruments. The proposed methods were compared statistically with a reported HPLC method. Assessment of EVG, CBI, TNF, and ETC was performed without interference from excipients in their multicomponent formulations.	Humans; Drug Combinations; Tablets; *Anti-HIV Agents/therapeutic use; Adenine/therapeutic use; Emtricitabine/therapeutic use; Tenofovir/therapeutic use; Chromatography, High Pressure Liquid; *HIV Infections/drug therapy; Cobicistat/therapeutic use; Chemometrics	English	United States	Western and Central Europe and North America	India	Asia and the Pacific	India	Asia and the Pacific	Quantitative
Article	2023	Sismayr T.; Nhamo D.; Chatora K.; Chapwanya G.; Mevoyo T.; Ncube G.; Bruno C.; Harris E.L.; Skelley K.D.	Early implementation learnings on acceptability and feasibility of "V": a multi-level PrEP intervention designed with and for adolescent girls and young women in Zimbabwe	Health Research Policy and Systems	-	-	14784505	10.1186/s12961-023-01040-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172969398&doi=10.1186%2fs12961-023-01040-3&partnerID=40&md5=c19a2fc13fc1554535f9e8516a926e4bi	Introduction: Adolescent girls and young women (AGYW) remain disproportionately affected by HIV in Zimbabwe. Several HIV prevention options are available, including oral tenofovir-based pre-exposure prophylaxis (PrEP), but uptake and use among AGYW remain suboptimal. Implementation of the "V" intervention, a multi-level PrEP intervention for AGYW, began in 2021. This study characterizes early learnings from implementing a multi-level intervention consisting of fashionable branding (including a "V Starter Kit"), service integration, and peer-education and support throughout a young women's journey using oral PrEP across four phases of implementation, from creating demand, preparing for PrEP, initiation of PrEP, and adherence to PrEP. Methods: A mixed methods implementation research study was undertaken, including site observations and interviews to assess the acceptability of "V" and its relevance to target users, as well as the feasibility of integrating "V" with existing service delivery models. Interviews (n = 46) were conducted with healthcare workers, Brand Ambassadors, and young women purposively sampled from four implementation sites. Interview data was analyzed thematically using the framework method for qualitative data management and analysis. Project budgets and invoices were used to compile unit cost and procurement data for all "V" materials. Results: "V" was acceptable to providers and young women due to attractive branding coupled with factual and thought-provoking messaging, establishing "a girl code" for discussing PrEP, and addressing a gap in contraceptive services. The "V" model was feasible to implement, although challenges were encountered with stock-outs of "V" materials and integrating "V" with existing services essential. FAQ insert, gift case, makeup bag, reminder sticker – were 83.61 per AGYW initiated on PrEP. Conclusions: "V" is a novel approach that is an acceptable and feasible multi-level intervention to improve PrEP access, uptake, and continuation among AGYW, which works through empowering AGYW to take control of their HIV prevention needs. In considering "V" for scale up in Zimbabwe, higher volume procurement and a customized lighter package of "V" materials, while still retaining V's core approach, should be explored. © 2023, BioMed Central Ltd., part of Springer Nature.	Accessibility; Adolescent girls; Feasibility; PrEP; Zimbabwe	English	United Kingdom	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Mixed methods
Article	2023	Skinner A.; Stein M.D.; Dean L.T.; Oldenburg C.E.; Mimiaga M.J.; Chan P.A.; Mayer K.H.; Rudman J.	Same-Sex Marriage Laws, Provider-Patient Communication, and PrEP Awareness and Use Among Gay, Bisexual, and Other Men Who have Sex with Men in the United States	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03923-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141716327&doi=10.1007%2fs10461-022-03923-y&partnerID=40&md5=2152f65c660fa85a792fa3b2f6fb7d3f	State-level structural stigma and its consequences in healthcare settings shape access to pre-exposure prophylaxis (PrEP) for HIV prevention among gay, bisexual, and other men who have sex with men (GBMSM). Our objective was to assess the relationships between same-sex marriage laws, a measure of structural stigma at the state level, provider-patient communication about sex, and GBMSM awareness and use of PrEP. Using data from the Fenway Institute's MSM Internet Survey collected in 2013 (N = 2290), we conducted modified Poisson regression analyses to evaluate associations between same-sex marriage legality, measures of provider-patient communication, and PrEP awareness and use. Living in a state where same-sex marriage was legal was associated with PrEP awareness (aPR 1.27; 95% CI 1.14, 1.41), as were feeling comfortable discussing with primary care providers that they have had sex with a man (aPR 1.63; 95% CI 1.46, 1.82), discussing with their primary care provider ways to prevent sexual transmission of HIV (aPR 1.39; 95% CI 1.26, 1.54). Each of these three measures of provider-patient communication were additionally associated with PrEP awareness and use. In sum, structural stigma was associated with reduced PrEP awareness and use. Policies that reduce stigma against GBMSM may help to promote PrEP and prevent HIV transmission. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Men who have sex with men; Pre-exposure prophylaxis; Same-sex marriage laws; Structural stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Skovdal M.; Khayinza Sørensen O.N.; Muchemwa D.; Nyamwanza R.P.; Maswera R.; Svendsen M.N.; Nyamukapa C.; Thomas R.; Gregson S.	"It will not be easy to accept": Parents conflicting attitudes towards pre-exposure prophylaxis for HIV prevention amongst adolescent girls and young women	Research in Social and Administrative Pharmacy	-	-	-	-	15517411	10.1016/j.sapharm.2022.10.008	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144084777&doi=10.1016%2fj.sapharm.2022.10.008&partnerID=40&md5=9ecd8c3d7a2896a5672dc5ac9ea57beb	Background: Pre-exposure prophylaxis, or PrEP, is a pill that has been hailed as a 'game changer' for HIV prevention, based on the belief it provides adolescent girls and young women (AGYW) with a level of user-control. However, engagement with PrEP is often dependent on societal factors, such as social attitudes towards gender, sexuality, and PrEP. As parents' communication on sexual and reproductive health issues with AGYW are central to HIV prevention, it is critical to explore how parents talk and think about PrEP. Objective: To examine parental attitudes towards PrEP for HIV prevention amongst adolescent girls and young women in eastern Zimbabwe. Method: A qualitative interview study with 14 parents from two districts in Manicaland, eastern Zimbabwe. Interviews were transcribed, translated, and subjected to thematic network analysis. The concept of 'attitudes' steered the analytical work. Results: Parents' attitudes towards PrEP are conflictual, multi-layered, and contingent on the context in which they reflect and talk about PrEP. While parents aspired to be supportive of innovative HIV prevention methods and wanted to see girl-children protected from HIV, they struggled to reconcile this positive and accepting attitude towards PrEP with traditional 'good girl' notions, which stigmatize pre-marital sex. Although a few parents articulated an acceptance of PrEP use amongst their daughters, for many this was simply not possible. Many parents thus co-produce public gender orders that prevent adolescent girls and young women from engaging with PrEP. Conclusions: While parents' conflicting attitudes towards PrEP may provide spaces and opportunities for change, harmful gender norms and negative attitudes towards PrEP must be addressed at a community and cultural level. Only then can parents and their children have productive conversations about sexual health. © 2022 The Authors	AGYW; Parental attitudes; PrEP; Sexuality stigma; Zimbabwe	English	United States	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Qualitative
Article	2023	Slama L.; Porcher R.; Linard F.; Chakvetadze C.; Cros A.; Carillon S.; Gallardo L.; Viard J.-P.; Molina J.-M.	Injectable long acting antiretroviral for HIV treatment and prevention: perspectives of potential users	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-023-08071-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148372157&doi=10.1186%2fs12879-023-08071-9&partnerID=40&md5=679fdc451981c2d02e808f584a5585b6	Background: The use of long acting injectable (LAA) antiretroviral drugs may be an alternative option for HIV treatment and prevention. Our study focused on patient perspectives to understand which individuals, among people with HIV (PWH) and pre-exposure prophylaxis (PrEP) users, would constitute the preferential target for such treatments in terms of expectations, tolerability, adherence and quality of life. Methods: The study consisted in one self-administrated questionnaire. Data collected included lifestyle issues, medical history, perceived benefits and inconveniences of LAA. Groups were compared using Wilcoxon rank tests or Fisher's exact test. Results: In 2018, 100 PWH and 100 PrEP users were enrolled. Overall, 74% of PWH and 89% of PrEP users expressed interest for LAA with a significantly higher rate for PrEP users (p = 0.001). No characteristics were associated with acceptance of LAA in both groups in term of demographics, lifestyle or comorbidities. Conclusion: PWH and PrEP users expressed a high level of interest in LAA, since a large majority seems to be in favor of this new approach. Further studies should be conducted to better characterize targeted individuals. © 2023, The Author(s).	HIV prevention; HIV treatment; Long-acting cART; PrEP; Quantitative study	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2023	Smit, Frerik; Masvawure, Tsitsi B.	Barriers and Facilitators to Acceptability and Uptake of Pre-Exposure Prophylaxis (PrEP) Among Black Women in the United States: a Systematic Review.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-023-01729-9	https://pubmed.ncbi.nlm.nih.gov/37531021/	OBJECTIVES: Pre-exposure prophylaxis (PrEP) provides a salient avenue to address the profound HIV-related health disparities that Black women in the United States face. This systematic review assessed the acceptability of PrEP within this population, and identified barriers and facilitators to its acceptability and uptake. METHODS: We searched PubMed and Web of Science using 48 search input combinations; this produced 338 unique articles, 16 of which were included in the review. RESULTS: We analyzed the results using the socio-ecological model (SEM). Findings indicate generally positive attitudes towards PrEP among Black women, although acceptance levels vary widely. Individual-level barriers included inadequate levels of PrEP awareness and knowledge, low HIV-risk perception, and concerns about adherence and side effects; interpersonal-level barriers were the influence of sexual and romantic partners and stigma from family; societal-level barriers included lack of PrEP marketing towards Black women, medical mistrust, cost, and structural violence. The main facilitators at the individual-level were PrEP education and information; at the interpersonal-level, distrust in sexual partners, healthcare provider encouragement, and social support; at the societal-level, PrEP accessibility, and affordability. No community-level barriers or facilitators were identified. CONCLUSIONS: PrEP should be marketed directly to Black women in the US and campaigns should highlight this medication's effectiveness, accessibility, affordability, and safety. Medical mistrust must also be addressed to enable Black women to feel comfortable following their healthcare providers' advice regarding PrEP.	HIV; Women; HIV prevention; Pre-exposure prophylaxis (PrEP); Black/African American	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Review
Article	2023	Smith A.K.J.; Lancaster K.; Rhodes T.; Holt M.	Dosing practices made mundane: Enacting HIV pre-exposure prophylaxis adherence in domestic routines	Sociology of Health and Illness	-	-	-	-	1419889	10.1111/1467-9566.13687	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163086056&doi=10.1111%2f1467-9566.13687&partnerID=40&md5=ac0a339f4ac542ea527ec71630c1fb50	Maintaining routines of medication dosing requires effort amidst the variabilities of everyday life. This article offers a sociomaterial analysis of how the oral HIV prevention regimen, pre-exposure prophylaxis (PrEP), is put to use and made to work, including in situations which disrupt or complicate dosing regimes. Other than a daily pill, PrEP can be taken less frequently based on anticipated sexual activity and HIV risk, including 'on-demand' and 'periodic' dosing. Drawing on 40 interviews with PrEP users in Australia in 2022, we explore PrEP and its dosing as features of assemblages in which bodies, routines, desires, material objects and the home environment interact. Dosing emerges as a practice of coordination involving dosette boxes, blister packs, alarms, partners, pets, planning sex, routines and domestic space, and as an effect of experimentations with timing to suit life circumstances and manage side effects. Dosing is materialised in the mundane; a practice that is made to work, as well as domesticated, in its situations. Although there are no 'simple' solutions to adherence, our analysis offers practical insights into how routine, planning and experimentation come together to capacitate PrEP to work in people's lives, in sometimes unexpected ways, including through adaptations of PrEP dosing. © 2023 The Authors. Sociology of Health & Illness published by John Wiley & Sons Ltd on behalf of Foundation for the Sociology of Health & Illness.	Australia; dosing; gay and bisexual men; HIV prevention; qualitative; Science and Technology Studies	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Smith, Ariel U.; Khawly, Gabriella M.; Jann, Janna; Zetina, Ana Paola Mata; Padilla, Janeth; Schnall, Rebecca	A Review of Serious Gaming as an Intervention for HIV Prevention.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-023-00659-9	https://pubmed.ncbi.nlm.nih.gov/37213045/	PURPOSEOF REVIEW: Young people face the highest number of new HIV infections globally. With today's increasing access to smartphones, serious games have been viewed as an effective means of improving knowledge and behavioral outcomes. This systematic review describes current HIV prevention serious games and their relationship with HIV-related knowledge and behavioral outcomes. RECENT FINDINGS: A search of HIV prevention serious games was conducted using PubMed, CINAL, IEEE, Web of Science, and Google Scholar. A total of 31 papers were identified, which consist of 20 studies and 11 protocols. Results for knowledge, attitudes, intentions, and behaviors were mixed. Two interventions reported improvement in PrEP usage and optimal dosing. Gaming appears to be a viable and engaging method to improve knowledge, attitudes, and behavioral outcomes to promote HIV prevention among diverse groups of adolescents and young adults globally. However, additional research is needed to understand how to implement this modality effectively.	Adolescent; Humans; Young Adult; HIV; Intervention; *HIV Infections/prevention & control; *Video Games; AIDs; Gaming; Serious games	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Smith, Jennifer; Bansi-Matharu, Loveleen; Cambiano, Valentina; Dimitrov, Dobromir; Bershteyn, Anna; van de Vijver, David; Kripke, Katharine; Revill, Paul; Boily, Marie-Claude; Meyer-Rath, Gesine; Taramusi, Isaac; Lundgren, Jens D; van Oosterhout, Joep J; Kuritzkes, Daniel; Schaefer, Robin; Siedner, Mark J; Schapiro, Jonathan; Delany-Moretlwe, Sinead; Landovitz, Raphael J; Flexner, Charles; Jordan, Michael; Venter, Francois; Radebe, Mopo; Ripin, David; Jenkins, Sarah; Resar, Danielle; Amole, Carolyn; Shahmanesh, Maryam; Gupta, Ravindra K; Raizes, Elliot; Johnson, Cheryl; Inzaule, Seth; Shafer, Robert; Warren, Mitchell; Stansfield, Sarah; Paredes, Roger; Phillips, Andrew N	Predicted effects of the introduction of long-acting injectable cabotegravir pre-exposure prophylaxis in sub-Saharan Africa: a modelling study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(22)00365-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148354881&doi=10.1016%2fS2352-3018%2822%2900365-4&partnerID=40&md5=46bb2cdb64e5bf928856d6113c828100	Background: Long-acting injectable cabotegravir pre-exposure prophylaxis (PrEP) is recommended by WHO as an additional option for HIV prevention in sub-Saharan Africa, but there is concern that its introduction could lead to an increase in integrase-inhibitor resistance undermining treatment programmes that rely on dolutegravir. We aimed to project the health benefits and risks of cabotegravir-PrEP introduction in settings in sub-Saharan Africa. Methods: With HIV Synthesis, an individual-based HIV model, we simulated 1000 setting-scenarios reflecting both variability and uncertainty about HIV epidemics in sub-Saharan Africa and compared outcomes for each with and without cabotegravir-PrEP introduction. PrEP use is assumed to be risk-informed and to be used only in 3-month periods (the time step for the model) when having condomless sex. We consider three groups at risk of integrase-inhibitor resistance emergence: people who start cabotegravir-PrEP after (unknowingly) being infected with HIV, those who seroconvert while on PrEP, and those with HIV who have residual cabotegravir drugs concentrations during the early tail period after recently stopping PrEP. We projected the outcomes of policies of cabotegravir-PrEP introduction and of no introduction in 2022 across 50 years. In 50% of setting-scenarios we considered that more sensitive nucleic-acid-based HIV diagnostic testing (NAT), rather than regular antibody-based HIV rapid testing, might be used to reduce resistance risk. For cost-effectiveness analysis we assumed in our base case a cost of cabotegravir-PrEP drug to be similar to oral PrEP, resulting in a total annual cost of USD$144 per year ($114 per year and $264 per year considered in sensitivity analyses), a cost-effectiveness threshold of $500 per disability-adjusted life years averted, and a discount rate of 3% per year. Findings: Reflecting our assumptions on the appeal of cabotegravir-PrEP, its introduction is predicted to lead to a substantial increase in PrEP use with approximately 2·6% of the adult population (and 46% of those with a current indication for PrEP) receiving PrEP compared with 1·5% (28%) without cabotegravir-PrEP introduction across 20 years. As a result, HIV incidence is expected to be lower by 29% (90% range across setting-scenarios 6–52%) across the same period compared with no introduction of cabotegravir-PrEP. In people initiating antiretroviral therapy, the proportion with integrase-inhibitor resistance after 20 years is projected to be 1·7% (0–6·4%) without cabotegravir-PrEP introduction but 13·1% (4·1–30·9%) with. Cabotegravir-PrEP introduction is predicted to lower the proportion of all people on antiretroviral therapy with viral loads less than 1000 copies per mL by 0·9% (–2·5% to 0·3%) at 20 years. For an adult population of 10 million an overall decrease in number of AIDS deaths of about 4540 per year (–13 000 to –300) across 50 years is predicted, with little discernible benefit with NAT when compared with standard antibody-based rapid testing. AIDS deaths are predicted to be averted with cabotegravir-PrEP introduction in 99% of setting-scenarios. Across the 50-year time horizon, overall HIV programme costs are predicted to be similar regardless of whether cabotegravir-PrEP is introduced (total mean discounted annual HIV programme costs per year across 50 years is $151·3 million vs $150·7 million), assuming the use of standard antibody testing. With antibody-based rapid HIV testing, the introduction of cabotegravir-PrEP is predicted to be cost-effective under an assumed threshold of $500 per disability-adjusted life year averted in 82% of setting-scenarios at the cost of $144 per year, in 52% at $264, and in 87% at $114. Interpretation: Despite leading to increases in integrase-inhibitor drug resistance, cabotegravir-PrEP introduction is likely to reduce AIDS deaths in addition to HIV incidence. Long-acting cabotegravir-PrEP is predicted to be cost-effective if delivered at similar cost to oral PrEP with antibody-based rapid HIV testing. Funding: Bill & Melinda Gates Foundation, National Institute of Allergy and Infectious Diseases of the National Institutes of Health. © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Smith, Philip John; Daniels, Joseph; Bekker, Linda-Gail; Medina-Marino, Andrew	What motivated men to start PrEP? A cross-section of men starting PrEP in Buffalo city municipality, South Africa.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-023-15306-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9979577	BACKGROUND: Compared to women, South African men are less likely to know their HIV status (78% vs. 89%), have suppressed viral loads (82% vs. 90%), or access HIV prevention services. To achieve epidemic control where heterosexual sexual behavior drives transmission, interventions to improve the uptake of HIV testing services (HTS) and prevention services must also target cis-gendered, heterosexual men. There is limited understanding of these men's needs and wants with regards to accessing pre-exposure prophylaxis (PrEP). METHODS: Adult men (≥ 18 years) from a peri-urban community in Buffalo City Municipality were offered community-based HTS. Those who received a negative HIV test result were offered community-based, same-day oral PrEP initiation. Men initiating PrEP were invited to participate in a study exploring men's HIV prevention needs and reasons for initiating PrEP. An in-depth interview guide, developed using the Network-Individual-Resources model (NIRM), explored men's perceived HIV acquisition risk, prevention needs, and preferences for PrEP initiation. Interviews were conducted by a trained interviewer in isiXhosa or English, audio-recorded and transcribed. Thematic analysis was used, guided by the NIRM to generate findings. RESULTS: Twenty-two men (age range 18-57 years) initiated PrEP and consented to study participation. Men reported elevated HIV acquisition risk associated with alcohol use and condom-less sex with multiple partners as facilitators driving PrEP initiation. They anticipated social support from family members, their main sexual partner and close friends for their PrEP use, and discussed other men as important sources of support for PrEP initiation. Nearly all men expressed positive views of people using PrEP. Participants believed HIV testing would be a barrier for men interested in accessing PrEP. Men recommended that access to PrEP be convenient, rapid, and community-based (i.e., not clinic-based). DISCUSSION: Self-perceived risk for HIV acquisition was a major facilitator for men's PrEP initiation. Although men expressed positive perceptions of PrEP users, they noted that HIV testing may be a barrier to PrEP initiation. Finally, men recommended convenient access points to facilitate PrEP initiation and sustained use. Gender-responsive interventions tailored to men's needs, wants, and voices will facilitate their uptake of HIV prevention services, and help to end the HIV epidemic.	HIV, Men, Pre-exposure Prophylaxis, South Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2023	Soares F.; Magno L.; Filho M.E.; Duarte F.M.; Grangeiro A.; Greco D.; Dourado I.; Caires P.; Nascimento P.R.; Fonseca T.; Fernandes F.N.; Carvalho M.; Cabus C.; Escuder M.M.; Claro M.; Pinheiro D.; Durso G.; SantAnna G.; Carvalhal L.; Fini R.; Goulart R.; da Silveira R.A.; Firmino T.; da Silva Lomba V.G.L.; Westin M.; Silva A.P.; Greco M.; Martinez Y.; Dumont É.	Important steps for PrEP uptake among adolescent men who have sex with men and transgender women in Brazil	PLOS One	-	-	-	-	19326203	10.1371/journal.pone.0281654	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151808001&doi=10.1371%2fjournal.pone.0281654&partnerID=40&md5=a3578e96409941d4dd882e56e03447e5	HIV Pre-exposure prophylaxis (PrEP) is an effective prevention tool, but there are still few studies about PrEP uptake among adolescents. We aimed to analyze the PrEP uptake process and factors associated with daily oral PrEP initiation among adolescent men who have sex with men (aMSM) and transgender women (aTGW) in Brazil. Baseline data from the first demonstration PrEP cohort study among aMSM and aTGW 15–19 years old (yo) ongoing in three large Brazilian cities (PrEP1519). After completing informed consent procedures, participants were enrolled in the cohort from February/2019 to February/2021. A socio-behavioral questionnaire was applied. Factors associated with PrEP initiation were assessed using a logistic regression model with adjusted prevalence ratios (aPR) and 95% confidence intervals (95%CI). Among recruited participants, 174 (19,2%) were aged 15–17 yo and 734 (80,8%) 18–19 yo. The rate of PrEP initiation was 78.2% and 77.4% for 15–17 yo and 18–19 yo, respectively. Factors associated with PrEP initiation were: black or mixed race (aPR 2.31; 95%CI: 1.10–4.84) among the younger adolescents 15–17 yo; experienced violence and/or discrimination due to their sexual orientation or gender identity (aPR 1.21; 95%CI: 1.01–1.46); transactional sex (aPR 1.32; 95%CI: 1.04–1.68); and having had between 2 to 5 sexual partners in the previous three months (aPR 1.39; 95%CI: 1.15–1.68) among those 18–19 yo. Unprotected receptive anal intercourse in the previous six months was associated with PrEP initiation in both age groups (aPR 1.98; 95%CI: 1.02–3.85 and aPR 1.45; 95%CI: 1.19–1.76 among 15–17 yo and 18–19 yo, respectively). The biggest challenge to promoting PrEP use for aMSM and aTGW was in the first steps of the PrEP uptake process. Once they were linked to the PrEP clinic, initiation rates were high. © 2023 Soares et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.	NA	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Soares F.; Magno L.; Pinto J.A., Jr; Grangeiro A.; Bruxvoort K.; Greco D.; Dourado I.	Same-Day Initiation of Oral Pre-Exposure Prophylaxis is High Among Adolescent Men Who Have Sex With Men and Transgender Women in Brazil	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2023.09.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175549611&doi=10.1016%2fj.jadohealth.2023.09.002&partnerID=40&md5=6bbdddba50009920753c7f029da06f47	Purpose: This study analyzed the sociodemographic and behavioral characteristics of adolescent men who have sex with men (aMSM) and transgender women (aTGW) initiating oral pre-exposure prophylaxis (PrEP) in human immunodeficiency virus (HIV) prevention clinics. Methods: PrEP1519 is a prospective, multicenter, open-label PrEP demonstration cohort study of aMSM and aTGW aged 15–19 years living in three large Brazilian capital cities. For this analysis, we included adolescents who enrolled in PrEP1519 from February 2019 to August 2021. Adolescents who visited PrEP clinics were classified into four groups based on PrEP eligibility and on their decision to use PrEP: (1) ineligible for same-day PrEP initiation; (2) eligible for same-day PrEP initiation, initiated PrEP at first visit; (3) eligible for PrEP initiation, initiated PrEP after the first visit; and (4) eligible for same-day PrEP initiation but declined. The groups that were eligible for same-day PrEP initiation were compared using the Chi-square and Fisher's exact tests. Results: Of the 1,254 adolescents enrolled in the PrEP1519 study, 61 (4.9%) were considered ineligible for same-day PrEP initiation. Of the 1,193 eligible for same-day PrEP initiation, 1,113 (93.3%) initiated PrEP 1,054 initiated PrEP in the first visit (88.3%) and 59 in subsequent visits (4.9%) and 80 (6.7%) did not. Despite 90% of the PrEP decliners reporting a low risk of HIV infection, most reported condomless anal sex in the past six months (70%). Discussion: Same-day PrEP initiation among aMSM and aTGW was high, highlighting that this strategy was important to promote PrEP initiation among adolescents with increased vulnerability to HIV in Brazil. © 2023 Society for Adolescent Health and Medicine	Adolescents; HIV; Men who have sex with men; PrEP; Prevention; Transgender women	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2023	Sohail M.; Boutwell A.; Johnson B.; Van Der Pol B.; Marrazo J.; Mugavero M.; Chapman-Lambert C.; Elopre L.	Factors Associated with Willingness to Use Preexposure Prophylaxis among Black Cisgender Women Residing in Rural and Urban Areas: A Cross-Sectional Study	Sexually Transmitted Diseases	-	-	-	-	1485717	10.1097/OLQ.0000000000001858	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175200519&doi=10.1097%2fOLQ.0000000000001858&partnerID=40&md5=5ab422c8196c24cc3a412aa374236d6e	Background Black cisgender women (CGW) are disproportionately impacted by the human immunodeficiency virus (HIV) epidemic in the United States. Black women account for 57% of the total new diagnoses among CGW. In addition, Black CGW women are 9 times more likely to be diagnosed with HIV than their White counterparts. Methods We conducted surveys (September 2019-March 2020) and collected information on sociodemographics, HIV/preexposure prophylaxis (PrEP) knowledge, HIV/PrEP stigma, sexual practices, and other factors identified as PrEP barriers among Black CGW (n = 795). This cross-sectional study used logistic regression models to assess intrapersonal, interpersonal, and structural factors among individuals willing to use PrEP versus individuals unwilling or unsure to use PrEP. Results Our study population had a mean age of 37 years, predominantly lived in urban areas (65%), had stable housing (96.7%), and had private insurance/Medicare (78.2%). Overall, 29.6% reported willingness to use PrEP, 35.6% reported unwillingness to use PrEP, and 34.8% were unsure of PrEP use. The multivariable analysis showed that, compared with individuals reporting unwillingness/unsure to PrEP use, those reporting willingness to use PrEP were younger (adjusted odds ratio AOR; 95% confidence interval {CI}, 0.97 0.96-0.99), had lower odds of intimate partner violence (AOR 95% CI, 0.87 0.78-0.98), and higher odds of organizational religiosity (AOR 95% CI, 1.10 1.01-1.20), HIV knowledge (AOR 95% CI, 1.08 1.03-1.13), and perceived need for PrEP (AOR 95% CI, 6.38 3.36-12.11). Conclusions Preexposure prophylaxis willingness among Black CGW was impacted by individual-level, interpersonal, and structural factors. Improving PrEP willingness and uptake among Black CGW will require multilevel interventions. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sokoll, Paulo Roberto; Migliavaca, Celina Borges; Siebert, Uwe; Schmid, Daniela; Arvandi, Marjan	Prevalence of Mycoplasma genitalium infection among HIV PrEP users: a systematic review and meta-analysis.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2022-055687	https://dx.doi.org/10.1136/sextrans-2022-055687	OBJECTIVES: To summarise the prevalence of Mycoplasma genitalium (MG) and antibiotic-resistant MG infection among HIV pre-exposure prophylaxis (PrEP) users. METHODS: We searched MEDLINE, Embase, Web of Science and Global Index Medicus up to 30 September 2022. We included studies reporting the prevalence of MG and/or antibiotic-resistant MG infection among PrEP users. Two reviewers independently searched for studies and extracted data. A systematic review with random-effects meta-analysis was performed to quantitatively summarise the results of included studies. The critical appraisal of included studies was conducted with the Joanna Briggs Institute checklist for prevalence studies and the quality of evidence was assessed with Grading of Recommendations Assessment, Development and Evaluation (GRADE). RESULTS: A total of 15 studies were included in the systematic review, with 2341 individuals taking PrEP. Studies were conducted in high-income level countries between 2014 and 2019. Median age of participants varied from 23.5 to 40 years. The majority were men (85%) and among them, 93% were men who have sex with men. To identify MG, urine samples were analysed in 14 studies, rectal or anal swabs in 12 studies, oral or pharyngeal swabs in 9 studies, and urethral or vaginal in 3 studies. The pooled point prevalence of MG among PrEP users was 16.7% (95% CI 13.6% to 20.3%; 95% prediction interval (95% PI) 8.2% to 31.1%). The pooled point prevalence of macrolide-resistant infections was 82.6% (95% CI 70.1% to 90.6%; 95% PI 4.7% to 99.8%) and the prevalence of fluoroquinolone-resistant infections was 14.3% (95% CI 1.8% to 42.8%). Individuals taking PrEP have a higher chance of being infected with MG compared with those not taking PrEP (OR 2.30; 95% CI 1.6 to 3.4). The quality of evidence was very low to moderate. CONCLUSION: We observed a high prevalence of MG and its macrolide resistance among PrEP users, highlighting the need to reinforce prevention strategies against sexually transmitted infections in this population. PROSPERO REGISTRATION NUMBER: CRD42022310597.	ANTIMICROBIAL RESISTANCE; Drug Resistance; Mycoplasma genitalium; PREP; Pre-Exposure Prophylaxis	English	United States	Western and Central Europe and North America	Austria	Western and Central Europe and North America	Austria	Western and Central Europe and North America	Review
Article	2023	Sonalkar, Sarita; Kete, Corinne; McAllister, Arden; Afreen, Ryan; Kaufman, Jason; Short, William; Keddem, Shimrit	Perceptions of HIV risk screening strategies among patients seeking abortion, contraception, and pregnancy loss management in the United States.	Contraception	-	-	-	-	1879-0518 0010-7824	10.1016/j.contraception.2023.110063	https://www.sciencedirect.com/science/article/abs/pii/S0010782423001361	OBJECTIVES: Women make up nearly a fifth of new human immunodeficiency virus (HIV) infections yearly in the United States, more than half of which could have been prevented with broader use of HIV pre-exposure prophylaxis (PrEP). We aimed to qualitatively assess (1) acceptability of an HIV risk screening strategy and PrEP provision in a family planning setting, and (2) the influence of family planning visit type (abortion, pregnancy loss management, or contraception) on HIV risk screening acceptability. STUDY DESIGN: Guided by the P3 (practice-, provider-, and patient-level) model for preventive care interventions, we conducted three focus group discussions including patients who had experienced induced abortion, early pregnancy loss (EPL), or contraception care. We developed a codebook of a priori and inductive concepts, and categorized themes by practice, provider, and patient considerations. RESULTS: We included 24 participants. Practice-level considerations included overall positive feelings about being screened for PrEP eligibility during family planning visits, though some expressed reservations about screening during EPL visits. Provider-level themes included the concept of screening tools as entry points into conversation and education, and the importance of nonjudgment in discussing sexually transmitted infection (STI) prevention. Participants often had to initiate STI prevention discussions and felt that contraception was overemphasized by their providers compared with STI prevention and PrEP care. Patient-level themes included the stigma of STIs and oral PrEP, and the dynamic nature of STI risk. CONCLUSIONS: Participants in our research had genuine interest in learning about PrEP during family planning visits. Findings from our research support the consistent inclusion of STI prevention education into family planning clinical practice using patient-centered STI screening methods. IMPLICATIONS: Family planning encounters, including visits for contraception and abortion, are generally appropriate times to discuss HIV PrEP. Patient-centered conversations are an important adjunct to HIV risk screening tools.	Humans; Female; Pregnancy; United States; HIV pre-exposure prophylaxis; Contraception; *Pre-Exposure Prophylaxis/methods; Family planning; STI screening; *Abortion, Induced; *Abortion, Spontaneous; *HIV Infections/diagnosis/prevention & control/drug therapy; Abortion; *Sexually Transmitted Diseases/diagnosis/prevention & control; Pregnancy loss	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Sönmez İ.; Mesías-Gazmuri J.; Barbara J.C.; Adell H.; Meroño M.; Villar M.; Folch C.	Factors associated with PrEP knowledge and intention to use PrEP among HIV-negative men and trans women sex workers in Spain	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2196392	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152558745&doi=10.1080%2f09540121.2023.2196392&partnerID=40&md5=4929f3d8d2410481d2bfd9ec450cd52a	Lack of data regarding knowledge and intention to use pre-exposure prophylaxis (PrEP) among sex workers exists in Spain. We conducted a cross-sectional analysis based on data from SexCohort study, which included male (MSW) and trans women sex workers (TWSW), aged ≥18 and recruited in two community-based centres in Barcelona, Spain. Of 116 TWSW and 79 MSW, 49.1% and 58.2% had factual knowledge of PrEP, and 40.3% and 70.1% had the intention to use PrEP, respectively. In the multivariable analyses, we found that education and condomless anal sex with stable partners were associated with PrEP knowledge. Regarding intention to use PrEP, TWSW were less likely than MSW to report an intention to use it (aOR = 0.35, 95% CI: 0.16–0.74). Furthermore, intention to use PrEP was associated with being foreign-born, practicing chemsex, and visiting a medical service in the last 12 months. The results of this study inform future trans-specific guidance for PrEP to be effectively implemented in Spain. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	Catalonia; PrEP knowledge; PrEP use; Sex workers; trans women sex workers	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2023	Sophus, Amber I.; Mitchell, Jason W.; Sales, Jessica McDermott; Braun, Kathryn	"Our Community Comes First": Investigating Recruitment Ads That Represent and Appeal to Black Women for Online, HIV-Related Research Studies.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-023-01800-5	https://link.springer.com/article/10.1007/s40615-023-01800-5	BACKGROUND: Black women are underrepresented in health-related research. Consulting Black women in the creation of recruitment materials may help increase their representation in research studies, but few of these recruitment materials have been evaluated. This manuscript reports on the impact of two ads (one featuring older women and one featuring younger women) created through multiple focus group sessions with Black women. The purpose of the ads were to recruit Black women to participate in an online research study about HIV prevention and pre-exposure prophylaxis, PrEP. MATERIALS AND METHODS: Questions about the ads were embedded in the eligibility screener for inclusion in the online parent research study. Respondents were asked which ad they saw, what they liked about it, and what about the ad piqued their interest in the study. RESULTS: In total, 301 Black women completed the eligibility screener for the online study and answered questions pertaining to the two ads. Most participants reported seeing the ad with younger women (260/301, 86.4%). Representation of Black women (n = 70), ad design (n = 64), relevance to Black women and the Black community (n = 60), and comprehensiveness of ad content (n = 38) were the top 4 ad features respondents liked. Relevance to Black women and the Black community (n = 104) as well as ad content (n = 54) (i.e., study purpose, location, duration, images, incentive) were the top two reasons provided about ads that piqued respondent's interest in the online study. CONCLUSION: Findings showcase how recruitment ads informed by Black women could help increase their interest and participation in research.	Black women; Recruitment; Ads; Advertisements; Flyers; Online recruitment	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Sophus, Amber I; Mitchell, Jason W; Barroso, Julie; Sales, Jessica McDermott	Factors Associated with Planned Future Use of PrEP in the Next 3 Months and Likelihood to Use PrEP Among Black Cisgender HIV-negative Women in Texas.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-023-04188-9	https://dx.doi.org/10.1007/s10461-023-04188-9	Identifying and then addressing barriers and leveraging facilitators is important to help increase pre-exposure prophylaxis (PrEP) use among Black women vulnerable to HIV acquisition. The present cross-sectional study examined what factors were associated with future plans to use PrEP, and general likelihood to use it among a convenience sample of 152 adult, Black cisgender women from three metropolitan areas in Texas. The final multivariable logistic regression model revealed that relationship stigma (aOR = 0.20, 95% CI: 0.05-0.73, p < 0.05), PrEP anticipated stigma (aOR = 0.29, 95% CI: 0.10-0.78, p < 0.05), perceived discrimination (aOR = 0.40, 95% CI: 0.21-0.78, p < 0.01) and interest in learning more about PrEP (aOR = 5.32, 95% CI: 2.60-10.9, p < 0.001) were associated with future plans to use PrEP. The final multivariable linear regression model with maximum likelihood estimation identified that perceived discrimination (β=-0.24, SE: -0.38 - -0.10, p < 0.01), perceived HIV risk (β = 0.33, SE: 0.18-0.49, p < 0.001), willingness to use PrEP with condoms (β = 1.26, SE: 0.94-1.60, p < 0.001), and comfort communicating about PrEP with a provider (β = 0.23, SE: 0.06-0.41, p < 0.01) were associated with general likelihood to use PrEP. Findings reveal key factors that warrant further attention and examination toward improving PrEP use within this population.	Black women; Future use; HIV prevention; PrEP; Pre-exposure prophylaxis; Willingness	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Soriano, V; Moreno-Torres, V; de Mendoza, C; Fernández-Montero, JV; Treviño, A; Corral, O; de Jesús, F; Barreiro, P	Pre-exposure prophylaxis of non-HIV viral infections and the role of long-acting antivirals	AIDS Reviews	-	-	-	-	1139-6121	10.24875/AIDSRev.M23000066	https://pubmed.ncbi.nlm.nih.gov/38092029/	Viruses cause a large burden of human infectious diseases. During the past 50 years, antivirals have been developed to treat many pathogenic viruses, including herpesviruses, retroviruses, hepatitis viruses, and influenza. Besides being used as treatment, antivirals have shown efficacy for preventing certain viral infections. Following the success in the HIV field, a renewed interest has emerged on the use of antivirals as prophylaxis for other viruses. The development of formulations with extended half-life has pushed further this consideration in persons at risk for a wide range of viral infections. In this way, long-acting antivirals might behave as "chemovaccines" when classical vaccines do not exist, cannot be recommended, immune responses are suboptimal, escape mutants emerge, and/or immunity wanes. Five main caveats would temper its use, namely, selection of drug resistance, drug interactions, short- and long-term side effects, potential teratogenicity in women of child-bearing age, and high cost. Herein, we discuss the prospects for long-acting antivirals as prophylaxis of human viral infections other than HIV.	HCV; HDV; PREVENTION; MEN; ANTIRETROVIRAL THERAPY; HEPATITIS-C; DRUGS; Antiviral therapy. Prophylaxis. Pre-exposure prophylaxis. Pre-emptive therapy. Hepatitis B. Human T-cell lymphotropic; DELTA; virus type 1. Cytomegalovirus. Hepatitis C. SARS-CoV-2.	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2023	Soriano, Vicente; Blasco-Fontecilla, Hilario; Gallego, Lucía; Fernández-Montero, José V.; Mendoza, Carmen de; Barreiro, Pablo	Rebound in sexually transmitted infections after the COVID-19 pandemic.	AIDS Reviews	-	-	-	-	1698-6997 1139-6121	10.24875/AIDSRev.23000015	https://pubmed.ncbi.nlm.nih.gov/37879632/	Sexually transmitted infections (STIs) have become the second in the global rating of infectious diseases after respiratory infections. Globally, over 1 million, new STI is diagnosed every day. Although four conditions are the most representative and of obligatory declaration (gonorrhea, syphilis, chlamydia, and human immunodeficiency virus HIV), there are many other prevalent STI, including trichomona, herpes simplex, papillomavirus, and viral hepatitis. Herein, we perform a narrative and retrospective review, analyzing information from public databases from distinct Spanish government institutions. STI significantly declined in Spain during 2020 as a result of lockdown and social isolation measures dictated in response to the COVID-19 pandemic. After releasing restrictions, a major STI rebound occurred in 2021. Increases were 49% for gonorrhea, 45% for HIV, 39% for chlamydia, and 32% for syphilis. Based on nationwide statistics, we build a narrative review of the recent STI surge after COVID-19. In summary, we propose a holistic approach to confront the current re-emergence of STI. On one hand, new innovative medical advances must be implemented, including new rapid tests, novel vaccines, pre-exposure prophylaxis beyond HIV, and long-acting antivirals. On the other hand, information to citizens needs to be reformulated with interventions aimed to build a healthier society, alike it has been undertaken with tobacco, alcohol, diet, and lifestyle. STI determines important sexual, reproductive, and maternal-child health consequences. To promote human well-being or flourishing, the education of adolescents and young adults should be aligned with human ecology. Therefore, it is urgent to address new approaches in sexual health that represent a clear benefit for individual persons and society. In this way, favoring a cultural evolution aimed to delay the age of first sexual intercourse and the avoidance of multiple sex partners should be prioritized.	Adolescent; Humans; Male; Young Adult; Female; Homosexuality, Male; HIV; Communicable Disease Control; Pre-exposure prophylaxis; Hepatitis B; Sexually transmitted infections; Pandemics; Syphilis; *HIV Infections/prevention & control; *Syphilis/diagnosis/epidemiology; Chlamydia; Gonorrhea; Men having sex with men; Papillomavirus; *Gonorrhea/diagnosis/epidemiology; *Sexually Transmitted Diseases/epidemiology; Monkeypox; *COVID-19/epidemiology; Cultural evolution; Flourishing; Human ecology; Infertility; Pelvic inflammatory disease; Trichomona	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2023	Sousa Á.F.L.; Lima S.V.M.A.; Ribeiro C.J.N.; de Sousa A.R.; Camargo E.L.S.; de Oliveira L.B.; Neto J.C.; Fronteira I.; Mendes I.A.C.	Pre-exposure prophylaxis among Brazilian men who have sex with men: a comparative study between migrants and non-migrants	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2023.1198339	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169576418&doi=10.3389%2ffpubh.2023.1198339&partnerID=40&md5=9072967c79a8f627a185acf586502ac8	Introduction: Investigating the use and adherence to pre-exposure prophylaxis (PrEP) in MSM is a global health priority in the fight against HIV. Strategies must be capable of increasing usage and reaching not only the population living in the country but also those who immigrate, who face additional vulnerabilities. Based on this, in this observational, cross-sectional, and analytical study, our aim is to analyze the use of PrEP among Brazilian men who have sex with men, whether they are migrants or not. We aim to highlight preventive opportunities and strategies for the global health scenario. Methods: We utilized a sample of Brazilians living in the country and Brazilian immigrants residing in Portugal, one of the main destinations for Brazilians in recent years. To estimate the prevalence ratio (PR) of PrEP use, we employed the Poisson regression model with robust variance estimation using a covariance matrix. Results: A total of 1,117 Brazilian MSM PrEP users participated in this study, with 788 residing in Brazil and 328 in Portugal. Multivariate analysis was conducted in three stages: overall, and for subgroups of residents in Brazil and immigrants in Portugal. We identified four convergent factors that increased the prevalence of PrEP use in Brazilians regardless of migration status: having two or more casual sexual partners per month, engaging in challenging sexual practices as the receptive partner, disclosing serological status on apps, and being single. Among Brazilians, four unique factors stood out: being in a polyamorous relationship, having sexual relations with unknown casual partners, and having higher levels of education. Discussion: This study highlights the need to implement strategies to strengthen PrEP adherence in Brazil and create international programs that facilitate its usage among populations migrating between these two countries. Copyright © 2023 Sousa, Lima, Ribeiro, Sousa, Camargo, de Oliveira, Neto, Fronteira and Mendes.	global health; HIV; international migration; migrant populations; MSM; PrEP; sexual behavior	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Sousa A.F.L.D.; Lima S.V.M.A.; Ribeiro C.J.N.; de Sousa A.R.; Barreto N.M.P.V.; Camargo E.L.S.; Araújo A.A.C.; dos Santos A.D.; Bezerra-Santos M.; Fortunato M.D.R.; Possani M.A.; Santos A.J.D.; Lima J.L.T.D.; Gir E.; Fronteira I.; Mendes I.A.C.	Adherence to Pre-Exposure Prophylaxis (PrEP) among Men Who Have Sex with Men (MSM) in Portuguese-Speaking Countries	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph20064881	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151332616&doi=10.3390%2fijerph20064881&partnerID=40&md5=c0a159a0a4c7a961cc8dd8fd1129d1d4	Strengthening strategies to improve adherence to the use of pre-exposure prophylaxis (PrEP) in key populations constitutes a global health priority to be achieved across countries, especially in countries that share a high flow of people such as Brazil and Portugal. This study aimed to analyze the factors associated with adherence to PrEP among MSM from two Portuguese-speaking countries, highlighting the opportunities and preventive strategies for the global health scenario. This was a cross-sectional analytical online survey conducted from January 2020 to May 2021 with MSM in Brazil and Portugal. For analysis of the data, the Poisson regression model was used to estimate the prevalence ratio (PR) for developing a model to evaluate the associated factors in both countries in a comparative and isolated way. Adherence to PrEP use corresponded to 19.5% (n = 1682) of the overall sample: 18.3% (n = 970) for Brazil and 21.5% (n = 712) for Portugal. Having more than two sex partners in the last 30 days (aPR: 30.87) and routinely undergoing HIV tests (aPR: 26.21) increased the use of this medication. Being an immigrant (PR: 1.36) and knowing the partner's serological status (PR: 1.28) increased adherence to PrEP in Portugal, whereas, in Brazil, it was being an immigrant (PR: 0.83) and not knowing the serological status (PR: 2.24) that promoted the use of this medication. Our findings reinforce the need to invest in programs and strategies to improve access and adherence to PrEP, especially in key populations. © 2023 by the authors.	Brazil; global health; HIV; MSM; Portugal; pre-exposure prophylaxis; sexual behavior	English	Switzerland	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Sousa Á.F.L.D.; Nunes Ribeiro C.J.; Santos G.R.D.S.; Oliveira L.B.D.; Camargo E.L.S.; Lima S.V.M.A.; Oliveira Sena I.V.D.; Bezerra-Santos M.; Batista O.M.A.; Reis de Sousa A.; Mendes I.A.C.	Intention to use PrEP among men who have sex with men and engage in chemsex: an international descriptive study	Therapeutic Advances in Infectious Disease	-	-	-	-	20499361	10.1177/20499361231206918	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176505890&doi=10.1177%2f20499361231206918&partnerID=40&md5=d34b7fe1bb09faea3d7a694403f6ad01	Background: Pre-exposure prophylaxis (PrEP) is a valuable tool in the response to the HIV epidemic, recommended for groups with a higher risk of HIV infection, such as men who have sex with men (MSM), particularly in the context of high-risk sexual behavior such as chemsex. Purpose: This study aimed to analyze the prevalence and factors associated with the intention to use PrEP among MSM who engage in chemsex in Brazil and Portugal. Methods: This was a cross-sectional study of a secondary dataset from a larger study conducted between January 2020 and May 2021 throughout Brazil and Portugal involving 1852 MSM who engage in chemsex. An initial descriptive analysis was performed to calculate the absolute and relative frequencies of independent variables related to the intention to use PrEP among MSM. A multivariate regression model was developed to identify factors independently associated with the intention to use PrEP. Results: Although a high level of PrEP knowledge (85.75%) was observed among MSM who engage in chemsex, the prevalence of intention to use PrEP was only 59.07%. Five variables were associated with a higher prevalence of intention to use PrEP engaging in double penetration – adjusted prevalence ratio (aPR): 1.56, 95% CI: 1.44–1.69; being assigned female sex at birth – aPR: 1.34, 95% CI: 1.12–1.61; cruising – aPR: 1.21, 95% CI: 1.06–1.38; not using condoms – aPR: 1.20, 95% CI: 1.05–1.36; and being an immigrant – aPR: 1.16; 95% CI: 1.07–1.25, while having knowledge of postexposure prophylaxis (aPR: 0.91; 95% CI: 0.84–0.98), having a casual sexual partner (aPR: 0.86 and 0.85; 95% CI: 0.74–0.99 and 0.74–0.98), and engaging in group sex (aPR: 0.81; 95% CI: 0.73–0.90) were associated with a lower intention to use PrEP. Conclusion: The intention to use PrEP among MSM who engage in chemsex was high, and several factors were associated with this intention. Understanding the factors associated with the intention to use PrEP among MSM practicing chemsex is crucial for developing targeted interventions to increase PrEP uptake in this population. The results of this study suggest that tailored approaches are necessary to promote PrEP use in this population. © The Author(s), 2023.	chemsex; global health; HIV; men who have sex with men; pre-exposure prophylaxis; sexual behavior	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Theses and Dissertations	2023	SOUZA, UELQUER GUEDES DE	ENTRE COMPRIMIDOS E INJEÇÕES VIAJANTES: reflexões sobre o cuidado nas práticas de prevenção à infecção pelo HIV e à aids a partir da Profilaxia Pré-Exposição (PrEP)	-	-	URGS	URGS	-	-	NA	https://sucupira.capes.gov.br/sucupira/public/consultas/coleta/trabalhoConclusao/viewTrabalhoConclusao.jsf?popup=true&id_trabalho=13542553	Esta dissertação trata do cuidado nas políticas de prevenção à infecção pelo HIV e à aids. Sustenta-se em uma pesquisa qualitativa exploratória que teve como objetivo principal refletir sobre o cuidado a partir das práticas de uma pesquisa clínica e de algumas práticas sexuais que envolvem a utilização da tecnologia biomédica usualmente conhecida como Profilaxia Pré-Exposição (PrEP). Apresento algumas reflexões sobre a autoetnografia, em especial no que diz respeito às preocupações, limitações e potências que esta metodologia pode oferecer para se considerarem transformações nas teorias e práticas de cuidado utilizadas no campo da prevenção da infecção pelo HIV e da aids que resultam em controle e normatização. Interessam para esta dissertação, os diferentes modos como o cuidado é performado nesse campo, assim como os diferentes efeitos desses processos. Inspirado pela Teoria do Ator-Rede (TAR), me dediquei a "seguir" um fármaco utilizado como PrEP, na rede que aqui denomino Experimental-fármaco-sexual. Em suma, para a TAR tanto humanos como não humanos criam realidades estabelecendo redes de conexões, constituindo-se como atores que mediam associações sociais. Desse modo, a TAR questiona dicotomias como: sujeito e objeto; sociedade e indivíduo; ciência e experiência, advindas das ciências modernas, buscando superá-las. Nesta dissertação, realizei reflexões sobre o cuidado a partir da minha utilização da PrEP e das políticas que culminaram no seu desenvolvimento e descrevo, em especial, o que dela é experimentado socialmente e suas repercussões no campo da prevenção ao HIV. Sem dúvida alguma, a PrEP está reconfigurando as sexualidades de homens gays, produzindo novas formas de relação, desejo e afetividade. Se por um lado, a tecnologia tem provocado certa emancipação dos desejos homoeróticos. Por outro lado, ao se amalgamar a alguns discursos do modelo preventivo brasileiro, ela também regula e disciplina corpos, sexualidades, subjetividades e invisibiliza formas de opressão e privilégios.	Cuidado;HIV e aids;Profilaxia Pré-Exposição (PrEP);Sexualidades;Teoria do Ator-Rede (TAR)	Portuguese	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	-	-	Qualitative
Article	2023	Spencer H.C.; Babiarz J.; Menza T.W.	Human immunodeficiency virus pre-exposure prophylaxis awareness among people who inject drugs in Portland, Oregon	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231154302	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151083510&doi=10.1177%2f09564624231154302&partnerID=40&md5=752d94669b326a6e207b0693e481a007	Background: Pre-Exposure Prophylaxis (PrEP) to prevent transmission of human immunodeficiency virus (HIV) among people who inject drugs (PWID) has demonstrated efficacy yet awareness of PrEP among PWID is low. Methods: 2018 National Behavioral Health Survey data from the Portland, Oregon metropolitan statistical area was analyzed with chi-squared tests and generalized linear models to determine correlates of PrEP awareness among PWID. Results: 80% of the sample had at least one indication for PrEP and 15% of the sample was aware of PrEP. Factors associated with higher PrEP awareness were: higher education level (PR = 1.083, CI = 1.018–1.153, p =.012), reporting transactional sex (PR = 1.154, CI = 1.019–1.307, p =.024), and men who have sex with men reporting condomless sex (PR = 1.376, CI = 1.081–1.752, p =.010). Lack of a usual source of care (PR = 0.884, CI = 0.824–0.949, p <.001) was negatively associated with PrEP awareness. Conclusions: Interventions to increase PrEP awareness need to target groups with particularly low awareness and be delivered in settings accessible to PWID. © The Author(s) 2023.	HIV prevention; people who inject drugs; pre-exposure prophylaxis; preexposure prophylaxis awareness	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Ssempijja V.; Ssekubugu R.; Kigozi G.; Nakigozi G.; Kagaayi J.; Ekstrom A.M.; Nalugoda F.; Nantume B.; Batte J.; Kigozi G.; Yeh P.T.; Nakawooya H.; Serwadda D.; Quinn T.C.; Gray R.H.; Wawer M.J.; Grabowski K.M.; Chang L.W.; Hoog A.V.; Cobelens F.; Reynolds S.J.	Dynamics of Pre-Exposure (PrEP) Eligibility because of Waxing and Waning of HIV Risk in Rakai, Uganda	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003182	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160316769&doi=10.1097%2fQAI.0000000000003182&partnerID=40&md5=4bb95ea05b140dc6f981ecdec3801aa8	Background:We conducted a retrospective population-based study to describe longitudinal patterns of prevalence, incidence, discontinuation, resumption, and durability of substantial HIV risk behaviors (SHR) for pre-exposure prophylaxis (PrEP) eligibility.Methods:The study was conducted among HIV-negative study participants aged 15-49 years who participated in survey rounds of the Rakai Community Cohort Study between August 2011 and June 2018. Substantial HIV risk was defined based on the Uganda national PrEP eligibility as reporting sexual intercourse with >1 partner of unknown HIV status, nonmarital sex without a condom, having genital ulcers, or having transactional sex. Resumption of SHR meant resuming of SHR after stopping SHR, whereas persistence of SHR meant SHR on >1 consecutive visit. We used generalized estimation equations with log-binomial regression models and robust variance to estimate survey-specific prevalence ratios; Generalized estimation equations with modified Poisson regression models and robust variance to estimate incidence rate ratios for incidence, discontinuation, and resumption of PrEP eligibility.Findings:Incidence of PrEP eligibility increased from 11.4/100 person-years (pys) in the first intersurvey period to 13.9/100 pys (adjusted incidence rate ratios = 1.28; 95%CI = 1.10-1.30) and declined to 12.6/100 pys (adjusted incidence rate ratios = 1.06; 95%CI = 0.98-1.15) in the second and third intersurvey periods, respectively. Discontinuation rates of SHR for PrEP eligibility were stable (ranging 34.9/100 pys-37.3/100 pys; P = 0.207), whereas resumption reduced from 25.0/100 pys to 14.5/100 pys (P < 0.001). PrEP eligibility episodes lasted a median time of 20 months (IQR = 10-51).Interpretation:Pre-exposure prophylaxis should be tailored to the dynamic nature of PrEP eligibility. Preventive-effective adherence should be adopted for assessment of attrition in PrEP programs. © Copyright 2023 The Author(s). Published by Wolters Kluwer Health, Inc.	adherence; antiretroviral therapy; cohort; HIV; HIV prevention; pre-exposure prophylaxis; PrEP; PrEP eligibility	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Stamp B.F.; Powers K.A.; Horvath K.J.; Soberano Z.R.; Hosek S.G.; Stocks J.B.; Rosso M.T.; Hightow-Weidman L.B.	Prediction of Sex and the Potential Use of On-Demand PrEP Among Young Men Who Have Sex With Men in the United States	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003202	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164050982&doi=10.1097%2fQAI.0000000000003202&partnerID=40&md5=00cfb04b0d69506e3334cc4acddf15b1	Background:On-demand dosing of preexposure prophylaxis (PrEP) requires accurate prediction of sex; however, prediction abilities among young men who have sex with men (YMSM) have not been characterized.Setting:A nationally recruited prospective cohort of YMSM ages 16-24 years.Methods:We followed 120 YMSM for 8 weeks using digital daily surveys (DDSs) to measure engagement in and prediction of anal sex over 24 hours, along with condom use and other encounter-level circumstances. Our main outcome, an "unpredicted spontaneous encounter," was defined as an anal sex encounter that occurred without sufficient prior knowledge to (hypothetically) enable protective on-demand PrEP use according to dosing guidelines. We operationalized this outcome as an anal sex encounter for which a participant indicated: (1) on the prior day's DDS that there was a low likelihood of sex occurring in the subsequent 24 hours (unpredicted) and (2) on the current day's DDS that he knew ≤2 hours in advance that the encounter would occur (spontaneous).Results:Approximately one-third of all anal sex encounters during the study period were unpredicted and spontaneous and would not have been protected (hypothetically) by on-demand dosing. More than two-thirds of participants experienced such an encounter and almost three-quarters of all acts were condomless.Conclusions:On-demand PrEP to prevent HIV acquisition may be challenging for many YMSM. Clinical and public health approaches that account for patients' predictive abilities alongside their dosing preferences may help to optimize selection of and adherence to PrEP dosing strategies. © 2023 Lippincott Williams and Wilkins. All rights reserved.	digital daily survey; on-demand; prediction; PrEP; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2023	Stanford K.A.; Almirol E.; Eller D.; Hazra A.; Schneider J.	Routine, Opt-Out, Emergency Department Syphilis Testing Increases HIV Preexposure Prophylaxis Uptake	Sexually Transmitted Diseases	-	-	1485717	10.1097/OLQ.0000000000001774	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152591978&doi=10.1097%2fOLQ.0000000000001774&partnerID=40&md5=886eb2f0f69a2ed3830ae07190 1c5753	Background: Many people vulnerable to HIV do not perceive themselves at risk or consider preexposure prophylaxis (PrEP). This study hypothesizes that syphilis diagnosis through universal, emergency department (ED) screening would increase PrEP uptake. Methods: This prospective cohort study enrolled patients tested for syphilis through ED screening between July 2019 and July 2021. Participants completed a survey about behaviors, HIV and PrEP knowledge, and opinions at the time of enrollment. All were offered PrEP if they met Centers for Disease Control and Prevention guidelines for PrEP use. Information about PrEP use and HIV status was collected 6 months later. Bivariate analysis was used to compare outcomes between groups testing positive versus negative for syphilis. Results: The study enrolled 97 participants, 49 with syphilis and 48 testing negative. Overall, 11 (11.3%) started PrEP, all in the syphilis group, despite 28 (58.3%) in the negative group having indications for PrEP. Participants with syphilis less frequently reported low perceived HIV risk than syphilis-negative participants who reported HIV transmission behaviors (83.7% vs. 92.9%). Participants reporting moderate to high HIV risk perception were significantly more likely to start PrEP (odds ratio, 10.5; 95% confidence interval, 1.41-78.1; P = 0.02). At 6 months, 3 participants remained on PrEP (follow-up data available for 63.5% of PrEP-eligible participants). Conclusions: Syphilis diagnosis was associated with increased perception of HIV risk and increased PrEP initiation. Individuals who otherwise might not seek testing for syphilis because of perceived low risk may be identified through routine screening, thus providing an important opportunity to link more people to HIV prevention and PrEP services. Copyright © 2023 American Sexually Transmitted Diseases Association. All rights reserved.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Stansfield S.E.; Heitner J.; Mitchell K.M.; Doyle C.M.; Milwid R.M.; Moore M.; Donnell D.J.; Hanscom B.; Xia Y.; Maheu-Giroux M.; Vijver D.V.D.; Wang H.; Barnabas R.; Boily M.-C.; Dimitrov D.T.	Population-level impact of expanding PrEP coverage by offering long-acting injectable PrEP to MSM in three high-resource settings: a model comparison analysis	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.26109	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164542239&doi=10.1002%2fjia2.26109&partnerID=40&md5=901da3e454847c4a594a9d8054ecb697	Introduction: Long-acting injectable cabotegravir (CAB-LA) demonstrated superiority to daily tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) for HIV pre-exposure prophylaxis (PrEP) in the HPTN 083/084 trials. We compared the potential impact of expanding PrEP coverage by offering CAB-LA to men who have sex with men (MSM) in Atlanta (US), Montreal (Canada) and the Netherlands, settings with different HIV epidemics. Methods: Three risk-stratified HIV transmission models were independently parameterized and calibrated to local data. In Atlanta, Montreal and the Netherlands, the models, respectively, estimated mean TDF/FTC coverage starting at 29%, 7% and 4% in 2022, and projected HIV incidence per 100 person-years (PY), respectively, decreasing from 2.06 to 1.62, 0.08 to 0.03 and 0.07 to 0.001 by 2042. Expansion of PrEP coverage was simulated by recruiting new CAB-LA users and by switching different proportions of TDF/FTC users to CAB-LA. Population effectiveness and efficiency of PrEP expansions were evaluated over 20 years in comparison to baseline scenarios with TDF/FTC only. Results: Increasing PrEP coverage by 11 percentage points (pp) from 29% to 40% by 2032 was expected to avert a median 36% of new HIV acquisitions in Atlanta. Substantially larger increases (by 33 or 26 pp) in PrEP coverage (to 40% or 30%) were needed to achieve comparable reductions in Montreal and the Netherlands, respectively. A median 17 additional PYs on PrEP were needed to prevent one acquisition in Atlanta with 40% PrEP coverage, compared to 1000+ in Montreal and 4000+ in the Netherlands. Reaching 50% PrEP coverage by 2032 by recruiting CAB-LA users among PrEP-eligible MSM could avert >45% of new HIV acquisitions in all settings. Achieving targeted coverage 5 years earlier increased the impact by 5–10 pp. In the Atlanta model, PrEP expansions achieving 40% and 50% coverage reduced differences in PrEP access between PrEP-indicated White and Black MSM from 23 to 9 pp and 4 pp, respectively. Conclusions: Achieving high PrEP coverage by offering CAB-LA can impact the HIV epidemic substantially if rolled out without delays. These PrEP expansions may be efficient in settings with high HIV incidence (like Atlanta) but not in settings with low HIV incidence (like Montreal and the Netherlands). © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	Europe; HIV prevention; men who have sex with men; modelling; North America; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Stansfield S.E.; Moore M.; Boily M.-C.; Hughes J.P.; Donnell D.J.; Dimitrov D.T.	Estimating benefits of using on-demand oral prep by MSM: A comparative modeling study of the US and Thailand	EClinicalMedicine	-	-	25895370	10.1016/j.eclinm.2022.101776	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85144624445&doi=10.1016%2fj.eclinm.2022.101776&partnerID=40&md5=f738b65e02dae544c9e6f46aa5f38d95	Background: Daily and on-demand pre-exposure prophylaxis (PrEP) are effective at preventing HIV acquisition among men who have sex with men (MSM), but only daily PrEP is approved in the US. On-demand PrEP may improve uptake and adherence. We identify sub-groups of MSM who would benefit from on-demand PrEP and determine effectiveness achieved if individuals used their optimal regimens. Methods: Using data from the HPTN 067 study (study period 2012–2014), we created an individual-based stochastic model of HIV risk in two synthetic MSM populations with parameters separately estimated using data from Harlem, US, and Bangkok, Thailand. Agents were assigned daily and on-demand PrEP for six months each. Two personalized PrEP assignments: optimal, based on improved predicted effectiveness and reduced pill burden, and adherence-based, using daily PrEP adherence, were simulated for another six months. Findings: Simulated on-demand PrEP was optimal for approximately one-third of MSM. It was assigned mainly to those with low daily PrEP adherence (88% (Harlem), 95% (Bangkok) of MSM with daily PrEP adherence <40%). Mean effectiveness was slightly higher in the full synthetic population with optimal PrEP assignment compared to universal daily PrEP. Among MSM for whom on-demand PrEP was optimal, mean effectiveness improved by 18 (Harlem) and 7 percentage points (Bangkok). Comparable predicted effectiveness was achieved if on-demand PrEP was assigned to the population with daily PrEP adherence <50%. There was no advantage in assigning on-demand PrEP by sex act frequency. Interpretation: On-demand PrEP could benefit many MSM by increasing effectiveness or decreasing pill burden with similar effectiveness. On-demand PrEP may be an effective alternative to daily PrEP for individuals with difficulty taking daily PrEP consistently. Results were similar for Harlem and Bangkok, indicating that these conclusions were robust in populations with different overall adherence levels and may inform future public-health policies. Funding: US NIH grant UM1 AI068617. © 2022 The Author(s)	2-1-1 PrEP; HIV; Mathematical model; MSM; On-demand PrEP; PrEP; Thailand; US	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Stekler, Joanne D.; Violette, Lauren R.; Niemann, Lisa A.; McMahan, Vanessa M.; Katz, David A.; Chavez, Pollyanna R.; Clark, Hollie A.; Cornelius-Hudson, Andy; McDougal, Sarah J.; Delaney, Kevin P.	Seroconversion, seroreversion, and serowaffling among participants initiating antiretroviral therapy in Project DETECT.	International journal of STD & AIDS	-	-	1758-1052 0956-4624	10.1177/09564624231152929	https://pubmed.ncbi.nlm.nih.gov/36703607/	BACKGROUND: Incomplete HIV seroconversion and seroreversion are increasingly documented by testing and pre-exposure prophylaxis programs more than previously recognized. This analysis reports on incomplete seroconversion and seroreversion by specimen and test type among Project DETECT participants. METHODS: Project DETECT included a longitudinal study of point-of-care tests. Participants were categorized as having "incomplete seroconversion" if all timepoints had ≥1 nonreactive test at study censoring. Among participants with incomplete seroconversion, we defined "seroreversion" as sustained regression to nonreactive for any test following a reactive result. We define "serowaffling" as any reactive result followed by a nonreactive and then reactive result. We used Fisher's exact tests to explore relationships between Fiebig stage at ART initiation and incomplete seroconversion, seroreversion, and serowaffling. RESULTS: Twenty of 1940 Project DETECT participants met criteria for this subset. Ten participants had complete seroconversion after a median of 23 (IQR 16-47) days following initial positive tests. Ten participants had incomplete seroconversion, eight of whom had seroreversion. Incomplete seroconversion with persistent nonreactive tests was seen only with oral fluid (OF). Of eight participants with seroreversion, all experienced seroreversion of OF tests if the test was ever reactive (n = 6); seroreversion occurred in fingerstick and venipuncture tests in two participants. Serowaffling occurred in nine (45%) participants. No associations were seen between Fiebig stage at ART start and complete seroconversion, seroregression, or serowaffling in our sample. CONCLUSIONS: OF tests may be particularly susceptible to providing false-negative results. Seroreversion and incomplete seroconversion among individuals on antiretroviral treatment may represent a growing problem for HIV testing and treatment programs.	Humans; Longitudinal Studies; *Anti-HIV Agents/therapeutic use; *HIV Seropositivity/drug therapy; HIV (human immunodeficiency virus); viral disease; Seroconversion; other; *HIV Infections/diagnosis/drug therapy; art (antiretroviral therapy)	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sternberg C.A.; Daniel E.V.; Marcelin D.; Chery M.J.; Maddy K.; Richard D.; Thomas T.; Ravix J.; Warner J.; Titus M.; Francois A.; Borick J.; Feaster D.J.; Doblecki-Lewis S.; Jones D.L.; Alcaide M.L.; Dale S.K.	Bon Sante (Good Health): Factors Influencing PrEP Use Among Haitians/Haitian Americans	Journal of Racial and Ethnic Health Disparities	-	-	21973792	10.1007/s40615-023-01834-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177857873&doi=10.1007%2fs40615-023-01834-9&partnerID=40&md5=9cdd117a276be9fe078e982f0c9b6315	Background: The HIV/AIDS epidemic has disproportionately affected Black individuals in the USA, and this health disparity has increased over time. Despite the effectiveness of pre-exposure prophylaxis (PrEP) as a prevention tool for HIV, there are disparities in its use, and uptake of this intervention remains low among racial and ethnic minorities, including Haitians/Haitian Americans. In this study, factors influencing PrEP use among Haitians/Haitian Americans in Miami, FL, are explored to provide necessary data to address disparities. Methods: The research team collaborated with local organizations to recruit 30 individuals (Haitians/Haitian Americans) between February 4 and October 1, 2021, and conducted semi-structured interviews. All interviews were audio-recorded and transcribed, and NVivo® was used to analyze the transcripts for emergent themes. Results: The study sample comprised 30 adults of Haitian descent in Miami, FL (50% female, approximately 67% with a high school education or more, mean age = 43.7 ± 13 years, and 74.2% born in Haiti). Four primary themes emerged from the analysis: (1) limited PrEP awareness, (2) underutilization of PrEP, (3) inadequate discussion of HIV prevention strategies, and (4) PrEP delivery encompassing barriers and facilitators for PrEP delivery and promotion strategies. Conclusion: This study indicated that there is a critical need to increase Haitians/Haitian Americans' knowledge regarding PrEP. Health communication interventions tailored specifically for Haitians/Haitian Americans that target stigma, attitudes toward HIV, and risk perception may be significant in increasing PrEP in this population. © 2023, W. Montague Cobb-NMA Health Institute.	Haitian descent; HIV; HIV disparities; PrEP; Racial disparities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Sterrett-Hong, Emma M; Smith, Adrienne B; Bullock, Nana Ama; Combs, Ryan M; Krigger, Karen; Kerr, Jelani	Post-traumatic stress disorder symptoms and PrEP intentions among Black American young adults at high-risk for HIV.	Ethnicity and Health	-	-	1465-3419	10.1080/13557858.2023.2259639	https://dx.doi.org/10.1080/13557858.2023.2259639	OBJECTIVES: Black Americans bear the greatest burden of HIV, accounting for 43% of new diagnoses. Yet Black Americans also evidence the lowest utilization rates of Pre-Exposure Prophylaxis (PrEP), a highly effective biomedical strategy for preventing HIV infection. Predictors of PrEP acceptance vary; however, little is known about psychological distress, such as post-traumatic stress disorder (PTSD) symptoms, as a predictor. DESIGN: In this cross-sectional study, n = 195 Black Americans, evidencing behaviors found in the research literature to heighten risk for contracting HIV (e.g. sex work, injection drug use) ages 18-29, 55% cisgender women, 39.5% cisgender men, 3% transgender/non-binary, completed audio-computer-assisted self-interviews. RESULTS: Bivariate analyses indicated significant positive associations between PTSD symptoms and PrEP acceptance and self-confidence. In multinomial logistic regression analyses, after controlling for Perceived HIV Risk, participants had a higher likelihood of responding they 'probably would' take PrEP (as opposed to 'definitely would not' take PrEP) if they reported higher levels of PTSD symptoms. Post-hoc analyses revealed a curvilinear relationship between PTSD symptoms and PrEP acceptance with those reporting the highest level of PTSD in the sample having slightly lower PrEP acceptance than those reporting moderately high levels of PTSD. CONCLUSION: Findings are discussed in the context of the negative impacts of high levels of PTSD and potential positive adaptations subsequent to moderate levels of PTSD that could be relevant to advances in HIV prevention efforts.	Black Americans; HIV; PrEP; trauma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Stocks J.B.; Calvetti S.; Rosso M.T.; Slay L.; Kipke M.; Puentes M.; Hightow-Weidman L.B.	Evaluating the Feasibility and Acceptability of a Digital Pre-Exposure Prophylaxis Navigation and Activation Intervention for Racially and Ethnically Diverse Sexual and Gender Minority Youth (PrEPresent): Protocol for a Pilot Randomized Controlled Trial	JMIR Research Protocols	-	-	19290748	10.2196/50866	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174905704&doi=10.2196%2f50866&partnerID=40&md5=83ca9bd4569ef3c5b8b583fb6484c52b	Background: To end the HIV epidemic by 2030, we must double down on efforts to tailor prevention interventions to both young men who have sex with men and transgender and nonbinary youth. There is an urgent need for interventions that specifically focus on pre-exposure prophylaxis (PrEP) uptake in sexual and gender minority youth (SGMY) populations. There are several factors that impact the ability of SGMY to successfully engage in the HIV prevention continuum, including uptake of PrEP. Patient activation, having the knowledge, skills, and self-efficacy to manage one's health, is an important indicator of willingness and ability to manage one's own health and care autonomously. Patient navigation also plays an important role in helping SGMY access PrEP and PrEP care, as navigators help guide patients through the health care system, set up medical appointments, and get financial, legal, and social support. Objective: This study aims to evaluate the feasibility and acceptability of a digital PrEP navigation and activation intervention among a racially and ethnically diverse sample of SGMY living in the Los Angeles area. Methods: In phase 1, we will conduct formative research to inform the development of PrEPresent using qualitative data from key informant interviews involving PrEP care providers and navigators and working groups with SGMY. In phase 2, we will complete 2 rounds of usability testing of PrEPresent with 8-10 SGMY assessing both the intervention content and mobile health delivery platform to ensure features are usable and content is understood. In phase 3, we will conduct a pilot randomized controlled trial to evaluate the feasibility and acceptability of PrEPresent. We will randomize, 1:1, a racially and ethnically diverse sample of 150 SGMY aged 16-26 years living in the Los Angeles area and follow participants for 6 months. Results: Phase 1 (formative work) was completed in April 2021. Usability testing was completed in December 2021. As of June 2023, 148 participants have been enrolled into the PrEPresent pilot randomized controlled trial (phase 3). Enrollment is expected to be completed in July 2023, with final results anticipated in December 2023. Conclusions: The PrEPresent intervention aims to bridge the gaps in PrEP eligibility and PrEP uptake among racially and ethnically diverse SGMY. By facilitating the delivery of PrEP navigation and focusing on improving patient activation, the PrEPresent intervention has the potential to positively impact the PrEP uptake cascade in the HIV care continuum as well as serve as a model for the tailoring of PrEP interventions based on behavior-based qualifications for PrEP instead of generalized gender-based eligibility. © 2023 American Roentgen Ray Society. All rights reserved.	adolescent; LGBTQ; mobile health; mobile phone; PrEP; transgender	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Stone J.; Bothma R.; Gomez G.B.; Eakle R.; Mukandavire C.; Subedar H.; Fraser H.; Boily M.-C.; Schwartz S.; Coetzee J.; Otwombe K.; Milovanovic M.; Baral S.; Johnson L.F.; Venter W.D.F.; Rees H.; Vickerman P.	Impact and cost-effectiveness of the national scale-up of HIV pre-exposure prophylaxis among female sex workers in South Africa: a modelling analysis	Journal of the International AIDS Society	-	-	17582652	10.1002/jia2.26063	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148677942&doi=10.1002%2fjia2.26063&partnerID=40&md5=86daf1740d30cc4b07c51814f5630b41	Introduction: In 2016, South Africa (SA) initiated a national programme to scale-up pre-exposure prophylaxis (PrEP) among female sex workers (FSWs), with ~20,000 PrEP initiations among FSWs (~14% of FSW) by 2020. We evaluated the impact and cost-effectiveness of this programme, including future scale-up scenarios and the potential detrimental impact of the COVID-19 pandemic. Methods: A compartmental HIV transmission model for SA was adapted to include PrEP. Using estimates on self-reported PrEP adherence from a national study of FSW (67.7%) and the Treatment and Prevention for FSWs (TAPS) PrEP demonstration study in SA (80.8%), we down-adjusted TAPS estimates for the proportion of FSWs with detectable drug levels (adjusted range: 38.0–70.4%). The model stratified FSW by low (undetectable drug; 0% efficacy) and high adherence (detectable drug; 79.9%; 95% CI: 67.2–87.6% efficacy). FSWs can transition between adherence levels, with lower loss-to-follow-up among highly adherent FSWs (aHR: 0.58; 95% CI: 0.40–0.85; TAPS data). The model was calibrated to monthly data on the national scale-up of PrEP among FSWs over 2016–2020, including reductions in PrEP initiations during 2020. The model projected the impact of the current programme (2016–2020) and the future impact (2021–2040) at current coverage or if initiation and/or retention are doubled. Using published cost data, we assessed the cost-effectiveness (healthcare provider perspective; 3% discount rate; time horizon 2016–2040) of the current PrEP provision. Results: Calibrated to national data, model projections suggest that 2.1% of HIV-negative FSWs were currently on PrEP in 2020, with PrEP preventing 0.45% (95% credibility interval, 0.35–0.57%) of HIV infections among FSWs over 2016–2020 or 605 (444–840) infections overall. Reductions in PrEP initiations in 2020 possibly reduced infections averted by 18.57% (13.99–23.29). PrEP is cost-saving, with $1.42 (1.03–1.99) of ART costs saved per dollar spent on PrEP. Going forward, existing coverage of PrEP will avert 5,635 (3,572–9,036) infections by 2040. However, if PrEP initiation and retention doubles, then PrEP coverage increases to 9.9% (8.7–11.6%) and impact increases 4.3 times with 24,114 (15,308–38,107) infections averted by 2040. Conclusions: Our findings advocate for the expansion of PrEP to FSWs throughout SA to maximize its impact. This should include strategies to optimize retention and should target women in contact with FSW services. © 2023 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	female sex workers; HIV; mathematical modelling; pre-exposure prophylaxis; prevention; South Africa	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Stoner M.C.D.; Hawley I.; Mathebula F.; Horne E.; Etima J.; Kemigisha D.; Mutero P.; Dandadzi A.; Seyama L.; Fabiano Z.; Scheckter R.; Noguchi L.; Owor M.; Balkus J.E.; Montgomery E.T.	Acceptability and Use of the Dapivirine Vaginal Ring and Daily Oral Pre-exposure Prophylaxis (PrEP) During Breastfeeding in South Africa, Malawi, Zimbabwe, and Uganda	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04125-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85164531628&doi=10.1007%2fs10461-023-04125-w&partnerID=40&md5=1b37f781864704b32dabef8ea628a770	This study examines qualitative acceptability of the dapivirine vaginal ring (DVR) and oral daily pre-exposure prophylaxis (PrEP) among breastfeeding persons participating in Microbicide Trials Network 043/B-PROTECTED, a phase 3B safety and drug detectability study of DVR and oral PrEP in breastfeeding. A subsample of 52 participants were purposively sampled to participate in an in-depth interview (IDI). Breastfeeding participants found both study products to be acceptable, and easy to use. A common motivation for product use was to protect the baby from HIV, although participants' understanding of how the study drug would work to protect their babies was often unclear. While most participants did not report experiencing side effects, fears about side effects were common as both initial worries about how the study products would affect their health and the health of their baby, and increased anxiety that health issues experienced by them, or their baby were from the products. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Acceptability; Breastfeeding; Dapivirine vaginal ring; HIV prevention; Oral pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Storholm E.D.; Huang W.; Ogunbajo A.; Horvath K.J.; Reback C.J.; Blumenthal J.; Moore D.J.; Flynn R.P.; Bolan R.K.; Corado K.C.; Morris S.R.	Gender-Based Violence and Post-traumatic Stress Disorder Symptoms Predict HIV PrEP Uptake and Persistence Failure Among Transgender and Non-binary Persons Participating in a PrEP Demonstration Project in Southern California	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03807-1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137536337&doi=10.1007%2fs10461-022-03807-1&partnerID=40&md5=543560b28273ed7ba7ef25a5d7ab6cde	Gender-based violence (GBV) against transgender and nonbinary (TGNB) persons is a pervasive public health issue. GBV has been linked to mental health problems such as depression and posttraumatic stress disorder (PTSD), as well as risk for HIV seroconversion and HIV treatment nonadherence. However, the impact of GBV on HIV pre-exposure prophylaxis (PrEP) use among TGNB persons has yet to be investigated. In the current study we assessed longitudinal PrEP persistence data from dried blood spots (DBS) collected from 172 racially and ethnically diverse TGNB participants during a 48-week PrEP demonstration project in Southern California from June 2017 to September 2020. Participants were categorized into three levels of PrEP uptake and persistence based on their PrEP levels at the start and end of the study: low–low, high–low, and high–high. Individual-, social-, and structural-level variables were then entered into multinomial logistic regression models to predict levels of PrEP uptake and persistence based on hypotheses informed by syndemic and minority stress theories. The models demonstrated that experience of GBV predicted significantly lower odds of PrEP uptake and persistence and greater PTSD symptoms predicted significantly greater odds of early PrEP discontinuation. Higher levels of coping skills, already being on PrEP at baseline, and being in a steady relationship were associated with greater odds of PrEP uptake and persistence. Implications for future GBV research, advocacy, interventions, and much needed structural changes focused on improving the health and safety of TGNB individuals are discussed. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Health equity; HIV prevention; Medication adherence; PrEP persistence; Transgender	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Storholm E.D.; Klein D.J.; Pedersen E.R.; D'Amico E.J.; Rodriguez A.; Garvey R.; Tucker J.S.	Sociodemographic and Behavioral Risk Correlates of PrEP Interest and Use Among Young Adults Experiencing Homelessness in Los Angeles	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04144-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170841184&doi=10.1007%2fs10461-023-04144-7&partnerID=40&md5=849e81798fb411dd9d07af3787a78711	Young adults experiencing homelessness (YAEH) are at elevated risk for HIV compared to their stably housed peers. Preexposure prophylaxis (PrEP) is highly effective at preventing HIV infection, yet YAEH have been largely overlooked in PrEP efforts to date despite YAEH reporting high overall interest in PrEP. We assessed individual, social, and structural variables associated with PrEP interest and use among a sample of 195 YAEH (ages 18–25) recruited from drop-in centers across Los Angeles County who met criteria for HIV risk. In the current sample, though most had heard of PrEP (81.0%), the majority were not interested in taking PrEP (68.2%) and only a minority had used/were using PrEP (11.8%). YAEH who identified as sexual and/or gender minority, reported knowing someone who had used PrEP, or recently accessed sexual health services were more likely to have used and/or reported interest in using PrEP. Those who reported more episodes of heavy drinking were less likely to report having used PrEP. Suggestions are provided for better integrating PrEP-related services into existing behavioral and health service programs for YAEH, as well as leveraging peers and fostering positive social norms to reduce PrEP-related stigma and increase interest and use of PrEP among YAEH. © 2023, The Author(s).	HIV-prevention; Homeless; PrEP; Sexual Risk; Substance Use; Young Adults	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Subramanian, Ajan; Huang, Yong; Pinto, Melissa D; Downs, Charles A; Rahmani, Amir M	Using Causal Inference to Estimate the Effect of Pre-Exposure Prophylaxis (PrEP) for HIV Prevention on COVID-19 Mortality.	Annual International Conference of the IEEE Engineering in Medicine and Biology Society	-	-	2694-0604	10.1109/EMBC40787.2023.10340453	https://dx.doi.org/10.1109/EMBC40787.2023.10340453	Traditional machine learning (ML) approaches learn to recognize patterns in the data but fail to go beyond observing associations. Such data-driven methods can lack generalizability when the data is outside the independent and identically distributed (i.i.d) setting. Using causal inference can aid data-driven techniques to go beyond learning spurious associations and frame the data-generating process in a causal lens. We can combine domain expertise and traditional ML techniques to answer causal questions on the data. In this paper, we estimate the causal effect of Pre-Exposure Prophylaxis (PrEP) on mortality in COVID-19 patients from an observational dataset of over 120,000 patients. With the help of medical experts, we hypothesize a causal graph that identifies the causal and non-causal associations, including the list of potential confounding variables. We use estimation techniques such as linear regression, matching, and machine learning (meta-learners) to estimate the causal effect. On average, our estimates show that taking PrEP can result in a 2.1% decrease in the death rate or a total of around 2,540 patients' lives saved in the studied population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sullivan A.K.; Saunders J.; Desai M.; Cartier A.; Mitchell H.D.; Jaffer S.; Ogaz D.; Chiavenna C.; Charlett A.; Diamente V.; Golombek R.; Manavi K.; Priestley C.; Waters L.J.; Milinkovic A.; McOwan A.; Estcourt C.; Sabin C.A.; Rodger A.; Gold D.; Gazzard B.G.; McCormack S.; Gill O.N.	HIV pre-exposure prophylaxis and its implementation in the PrEP Impact Trial in England: a pragmatic health technology assessment	The Lancet HIV	-	-	23523018	10.1016/S2352-3018(23)00256-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178177319&doi=10.1016%2fS2352-3018%2823%2900256-4&partnerID=40&md5=91534ed6593dcc7033089db2dfd79da9	Background: HIV pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition. To enable routine commissioning of PrEP in England, we aimed to establish population need, duration of need, PrEP uptake, and duration of use in attendees of sexual health services (SHS) in England. Methods: The Impact Trial was a prospective, open-label, single-arm, multicentre trial conducted at 157 SHS across England between Oct 13, 2017, and July 12, 2020. Clinicians assessed HIV-negative attendees for their risk of HIV acquisition to identify those who were eligible to participate and receive either daily or event-based oral PrEP (tenofovir disoproxil maleate with emtricitabine), as appropriate. Eligible participants were aged 16 years or older, considered HIV-negative on the day of enrolment, and willing to adhere to the trial procedures. Non-trial attendees are mutually exclusive of trial participants and included SHS attendees who were not recruited to the Impact Trial at any point. They include HIV-negative individuals aged 16 years or older who attended a participating SHS at least once after recruitment at that SHS had begun and before Feb 29, 2020. The main outcomes assessed were PrEP need, uptake, and use, and HIV and sexually transmitted infection (STI) incidence. Data are presented up to Feb 29, 2020, before the introduction of COVID-19 control measures. The study is registered with ClinicalTrials.gov, NCT03253757. Findings: In this analysis, we include 21 356 of 24 268 participants enrolled before Feb 29, 2020. 20 403 participants (95·5%) were men who have sex with men (MSM). Uptake of PrEP among SHS attendees clinically assessed and coded as eligible was 21 292 (57·1%) of 37 289. 18 400 trial participants had at least one post-enrolment visit and a median of 361 days of follow-up (IQR 143–638); 14 039 (75·9%) of these had enough PrEP prescribed to provide protection for 75% of their follow-up time. Among MSM, HIV incidence was 0·13 (95% CI 0·08–0·19) per 100 person-years in trial participants (27 seroconversions) and 0·95 (95% CI 0·88–1·03) per 100 person-years in non-trial attendees (587 seroconversions; proportionate reduction of 86·8%, 95% CI 80·2–91·6). 18 607 bacterial STIs were recorded (incidence 68·1 per 100 person-years in trial participants who were MSM). 4343 (24·4%) MSM participants were diagnosed with two or more STIs, accounting for 14 800 (79·5%) of all 18 607 diagnoses. Interpretation: PrEP need was higher than initially estimated by an expert stakeholder group. The high proportion of follow-up time protected by PrEP suggests that the need for protection persisted throughout trial participation for most participants. HIV incidence among MSM trial participants was low. The large unmet need for PrEP suggests that greater provision is required to maximise the potential of a national programme. The high incidence of bacterial STIs among participants, concentrated within a subgroup of PrEP users, presents an opportunity for tailored STI control measures. Funding: NHS England. © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Sullivan P.S.; Hall E.; Bradley H.; Sanchez T.; Woodyatt C.R.; Russell E.S.	Estimating HIV Incident Diagnoses Among Men Who Have Sex With Men Eligible for Pre-exposure Prophylaxis but Not Taking It: Protocol and Feasibility Assessment of Data Sources and Methods	JMIR Research Protocols	-	-	19290748	10.2196/42267	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85151415036&doi=10.2196%2f42267&partnerID=40&md5=f06fb0488cee332381f22e16ee48d5d8	Background: HIV incidence estimates are published each year for all Ending the HIV Epidemic (EHE) counties, but they are not stratified by the demographic variables highly associated with risk of infection. Regularly updated estimates of HIV incident diagnoses available at local levels are required to monitor the epidemic in the United States over time and could contribute to background incidence rate estimates for alternative clinical trial designs for new HIV prevention products. Objective: We describe methods using existing, robust data sources within areas in the United States to reliably estimate longitudinal HIV incident diagnoses stratified by race and age categories among men who have sex with other men (MSM) eligible for pre-exposure prophylaxis (PrEP) but not taking it. Methods: This is a secondary analysis of existing data sources to develop new estimates of incident HIV diagnoses in MSM. We reviewed past methods used to estimate incident diagnoses and explored opportunities to improve these estimates. We will use existing surveillance data sources and population sizes of HIV PrEP-eligible MSM estimated from population-based data sources (eg, US Census data and pharmaceutical prescription databases) to develop metropolitan statistical area–level estimates of new HIV diagnoses among PrEP-eligible MSM. Required parameters are number of new diagnoses among MSM, estimates of MSM with an indication for PrEP, and prevalent PrEP use including median duration of use; these parameters will be stratified by jurisdiction and age group or race or ethnicity. Preliminary outputs will be available in 2023, and updated estimates will be produced annually thereafter. Results: Data to parameterize new HIV diagnoses among PrEP-eligible MSM are available with varying levels of public availability and timeliness. In early 2023, the most recent available data on new HIV diagnoses were from the 2020 HIV surveillance report, which reports 30,689 new HIV infections in 2020, and 24,724 of them occurred in an MSA with a population of ≥500,000. Updated estimates for PrEP coverage based on commercial pharmacy claims data through February 2023 will be generated. The rate of new HIV diagnoses among MSM can be estimated from new diagnoses within each demographic group (numerator) and the total person-time at risk of diagnosis for each group (denominator) by metropolitan statistical area and year. To estimate time at risk, the person-time of individuals on PrEP or person-time after incident HIV infection but before diagnosis should be removed from stratified population size estimates of the total number of person-years with indications for PrEP. Conclusions: Reliable, serial, cross-sectional estimates for rates of new HIV diagnoses for MSM with PrEP indications can serve as benchmark community estimates of failures of HIV prevention and opportunities to improve services and will support public health epidemic monitoring and alternative clinical trial designs. © Patrick Sean Sullivan, Eric Hall, Heather Bradley, Travis Sanchez, Cory R Woodyatt, Elizabeth S Russell.	clinical trial design; commercial pharmacy data; health monitoring; HIV; HIV epidemic; HIV incidence estimates; men who have sex with men; pre-exposure prophylaxis; public health; surveillance data	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Sun Y.; Lu H.; Ye J.; Li D.; Li G.	Awareness and use of HIV pre-exposure prophylaxis and factors associated with awareness among MSM in Beijing, China	Scientific Reports	-	-	20452322	10.1038/s41598-023-27485-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85146191259&doi=10.1038%2fs41598-023-27485-8&partnerID=40&md5=e75434c6ab932ae04636d60b0fe19fb1	Human immunodeficiency virus (HIV) sexual transmission among men who have sex with men (MSM) has increased markedly in Beijing, China in the past decade. Pre-exposure prophylaxis (PrEP) is a highly efficacious biomedical prevention strategy that remarkably reduces HIV-transmission risk. This study examined PrEP awareness among MSM and the factors influencing it. From April to July 2021, respondent-driven sampling was used to conduct a cross-sectional survey among MSM in Beijing, China. Demographic, behavior, and awareness data regarding PrEP were collected. The factors influencing PrEP awareness were assessed using univariate and multivariable logistic regression. In total, 608 eligible responders were included in the study. Among the respondents, 27.9% had PrEP awareness, 3.3% had taken PrEP, and 57.9% expressed interest in receiving PrEP, if required. Greater odds of PrEP awareness were associated with higher education level (adjusted odds ratio aOR 3.525, 95% confidence interval CI 2.013–6.173, P < 0.0001), greater HIV-related knowledge (aOR 3.605, 95% CI 2.229–5.829, P < 0.0001), HIV testing (aOR 2.647, 95% CI 1.463–4.788, P = 0.0013), and sexually transmitted infections (aOR 2.064, 95% CI 1.189–3.584, P = 0.0101). Lower odds of PrEP awareness were associated with higher stigma score (aOR 0.729, 95% CI 0.591–0.897, P = 0.0029). The findings indicate sub-optimal awareness and low utilization of PrEP in Beijing and highlight PrEP inequities among MSM with stigma. Strengthening the training of peer educators in disseminating PrEP knowledge and reducing stigma are critical for improving PrEP awareness. © 2023, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Sung, ML; Viera, A; Esserman, D; Tong, G; Davidson, D; Aiudi, S; Bailey, GL; Buchanan, AL; Buchelli, M; Jenkins, M; John, B; Kolakowski, J; Lame, A; Murphy, SM; Porter, E; Simone, L; Paris, M; Rash, CJ; Edelman, EJ	Contingency management and pre-exposure prophylaxis adherence support services (CoMPASS): a hybrid type 1 effectiveness-implementation study to promote HIV risk reduction among people who inject drugs	Contemporary Clinical Trials	-	-	-	10.1016/j.cct.2022.107037	https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02503877/full	BACKGROUND: HIV disproportionally affects persons who inject drugs (PWID), but engagement with HIV pre-exposure prophylaxis (PrEP) is low. We describe the rationale and study design for a new study, "Contingency Management and Pre-Exposure Prophylaxis (PrEP) Adherence Support Services (CoMPASS)," a hybrid type 1 effectiveness-implementation trial to promote HIV risk reduction among PWID. METHODS: In four community-based programs in the northeastern United States, PrEP-eligible PWID (target n = 526) are randomized to treatment as usual or Contingency Management (CM) and, as indicated, stepped up to PrEP Adherence Support Services (CoMPASS) over 24 weeks. During CM sessions, participants receive timely tangible rewards for verifiable activities demonstrating 1) PrEP initiation and adherence, and 2) engagement with medications for opioid use disorder (MOUD) and other OUD-related care. Participants who do not have high levels of biomarker-confirmed PrEP adherence at week 12 will be stepped up to receive PrEP Adherence Support Services (PASS) consisting of strengths-based case management over 12 weeks. Interventions are delivered by trained PrEP navigators, staff embedded within the respective sites. The primary outcome is sustained PrEP adherence by dried blood spot testing at 24 weeks. To inform future implementation, we are conducting implementation-focused process evaluations throughout the clinical trial. CONCLUSIONS: Results from this protocol are anticipated to yield novel findings regarding the impact and scalability of CoMPASS to promote HIV prevention among PWID in partnership with community-based organizations. http://ClinicalTrials.gov identifier: NCT04738825.	*Anti-HIV Agents therapeutic use; *Drug Users; *HIV Infections drug therapy, prevention & control; *Human immunodeficiency virus; *Pre-Exposure Prophylaxis methods; *Substance Abuse, Intravenous complications; *injection drug user; *pre-exposure prophylaxis; *risk reduction; Adult; Article; Case management; Controlled study; Dried blood spot testing; Female; Human; Humans; Male; Nonhuman; Organization; Outcome assessment; Randomized controlled trial; Reward; Risk Reduction Behavior; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Swanstrom, Adrienne E; Gorelick, Robert J; Welker, Jorden L; Schmidt, Fabian; Lu, Bing; Wang, Kelly; Rowe, William; Breed, Matthew W; Killoran, Kristin E; Kramer, Joshua A; Donohue, Duncan; Roser, James D; Bieniasz, Paul D; Hatziioannou, Theodora; Pyle, Cathi; Thomas, James A; Trubey, Charles M; Zheng, Jim; Blair, Wade; Yant, Stephen R; Lifson, Jeffrey D; Del Prete, Gregory Q	Long-acting lenacapavir protects macaques against intravenous challenge with simian-tropic HIV.	EBioMedicine	-	-	2352-3964	10.1016/j.ebiom.2023.104764	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10470178	BACKGROUND: Long-acting subcutaneous lenacapavir (LEN), a first-in-class HIV capsid inhibitor approved by the US FDA for the treatment of multidrug-resistant HIV-1 with twice yearly dosing, is under investigation for HIV-1 pre-exposure prophylaxis (PrEP). We previously derived a simian-tropic HIV-1 clone (stHIV-A19) that encodes an HIV-1 capsid and replicates to high titres in pigtail macaques (PTM), resulting in a nonhuman primate model well-suited for evaluating LEN PrEP in vivo. METHODS: Lenacapavir potency against stHIV-A19 in PTM peripheral blood mononuclear cells in vitro was determined and subcutaneous LEN pharmacokinetics were evaluated in naïve PTMs in vivo. To evaluate the protective efficacy of LEN PrEP, naïve PTMs received either a single subcutaneous injection of LEN (25 mg/kg, N = 3) or vehicle (N = 4) 30 days before a high-dose intravenous challenge with stHIV-A19, or 7 daily subcutaneous injections of a 3-drug control PrEP regimen starting 3 days before stHIV-A19 challenge (N = 3). FINDINGS: In vitro, LEN showed potent antiviral activity against stHIV-A19, comparable to its potency against HIV-1. In vivo, subcutaneous LEN displayed sustained plasma drug exposures in PTMs. Following stHIV-A19 challenge, while all vehicle control animals became productively infected, all LEN and 3-drug control PrEP animals were protected from infection. INTERPRETATION: These findings highlight the utility of the stHIV-A19/PTM model and support the clinical development of long-acting LEN for PrEP in humans. FUNDING: Gilead Sciences as part of a Cooperative Research and Development Agreement between Gilead Sciences and Frederick National Lab; federal funds from the National Cancer Institute, National Institutes of Health, under Contract No. 75N91019D00024/HHSN261201500003I; NIH grant R01AI078788.	Capsid; HIV; Macaque; Nonhuman primate; PrEP; Pre-exposure prophylaxis.	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Szetela, Bartosz; Łapiński, Łukasz; Giniewicz, Katarzyna	Very High Incidence of Chlamydia trachomatis, Neisseria gonorrhoeae, and Treponema pallidum among Low-Risk MSM in an Outpatient Clinic in Wroclaw, Poland in 2019-2020.	International Journal of Environmental Research and Public Health	-	-	1660-4601 1661-7827	10.3390/ijerph20032582	https://pubmed.ncbi.nlm.nih.gov/36767946/	BACKGROUND: The rise in sexually transmitted infections and chemsex has led to syndemy with HIV, partly due to common routes of transmission and clustered transmissions. Despite this, barriers to STI care and PrEP still remain. We sought to determine whether MSM at low risk for HIV infection were also at low risk for other STIs. METHODS: The study group was tested for HIV, HCV, and Treponema pallidum, as well as had urethral, rectal, and oropharyngeal smears performed for Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT) six months apart. The control group was tested once to define the background incidence. RESULTS: Treponema pallidum, CT, and NG prevalence was very high at both time points and was similar to the control group. CT was especially common in the control group (20.58%) and the study group at the rectal site at the second time point (9.37%). NG dominated the oropharyngeal site (15.87%), with urethral site sparing. NG infection was associated with an increased number of partners, not condom use (OR, 1.082 95% CI; 1.009-1.171). Risk behavior did not change between the time points. Treponema pallidum, CT, and NG incidence was exceptionally high (12.5/100PY, 25.39/100PY, 34.92/100PY, respectively; pooled 87.5/100PY) and was comparable to other studies of high-risk MSM. CONCLUSIONS: Despite a lower risk for HIV acquisition, the study group was at a very high risk for other STIs, and this risk remained high throughout the study. Patients and medical professionals should be aware of syphilis, gonorrhea, and chlamydiosis transmission risks, and screening should be performed accordingly. Prophylactic programs need to be updated to specifically include lower-risk individuals.	Humans; Incidence; Male; Homosexuality, Male; HIV; Prevalence; Ambulatory Care Facilities; Chlamydia trachomatis; Neisseria gonorrhoeae; PrEP; syphilis; STI; Poland/epidemiology; *HIV Infections/epidemiology; *Sexually Transmitted Diseases/epidemiology; Treponema pallidum; *Chlamydia Infections/complications; *Gonorrhea/epidemiology/diagnosis	English	Switzerland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Quantitative
Article	2023	Szyk, Piotr; Czarczynska-Goslinska, Beata; Mlynarczyk, Dariusz T.; Ślusarska, Barbara; Kocki, Tomasz; Ziegler-Borowska, Marta; Goslinski, Tomasz	Polymer-Based Nanoparticles as Drug Delivery Systems for Purines of Established Importance in Medicine.	Nanomaterials	-	-	2079-4991	10.3390/nano13192647	https://www.mdpi.com/2079-4991/13/19/2647#:~:text=The%20most%20significant%20achievements%20of,for%20increased%20efficacy%20of%20adoptively	Many purine derivatives are active pharmaceutical ingredients of significant importance in the therapy of autoimmune diseases, cancers, and viral infections. In many cases, their medical use is limited due to unfavorable physicochemical and pharmacokinetic properties. These problems can be overcome by the preparation of the prodrugs of purines or by combining these compounds with nanoparticles. Herein, we aim to review the scientific progress and perspectives for polymer-based nanoparticles as drug delivery systems for purines. Polymeric nanoparticles turned out to have the potential to augment antiviral and antiproliferative effects of purine derivatives by specific binding to receptors (ASGR1-liver, macrophage mannose receptor), increase in drug retention (in eye, intestines, and vagina), and permeation (intranasal to brain delivery, PEPT1 transport of acyclovir). The most significant achievements of polymer-based nanoparticles as drug delivery systems for purines were found for tenofovir disoproxil in protection against HIV, for acyclovir against HSV, for 6-mercaptopurine in prolongation of mice ALL model life, as well as for 6-thioguanine for increased efficacy of adoptively transferred T cells. Moreover, nanocarriers were able to diminish the toxic effects of acyclovir, didanosine, cladribine, tenofovir, 6-mercaptopurine, and 6-thioguanine.	drug delivery systems; nanoparticles; active pharmaceutical ingredients; pharmaceutical technology; polymers; purines	English	Switzerland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Review
Article	2023	Tandon A.; Saseen J.J.; Fink R.M.; Billups S.J.	Primary Care and Infectious Disease Provider Adherence to HIV Pre-exposure Prophylaxis (PrEP) Prescribing and Monitoring Recommendations	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04154-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169958072&doi=10.1007%2fs10461-023-04154-5&partnerID=40&md5=9fe308096def74df287c5f5a10736311	This study aimed to compare primary care (PC) and infectious diseases (ID) provider adherence to HIV pre-exposure prophylaxis (PrEP) prescribing and monitoring parameters outlined in Centers for Disease Control/Department of Health and Human Services (CDC/DHHS) guidelines. This retrospective cohort analysis from 2017 to 2022 used prescription and laboratory order data to identify patients prescribed PrEP by PC or ID providers. Primary endpoints assessed were adherence to baseline and follow-up HIV monitoring recommendations in the 12 months following the initial PrEP prescription. Secondary endpoints included appropriate PrEP prescription order quantities (≤ 90-day supply), appropriate renal function monitoring, and identification of factors independently associated with follow-up HIV monitoring adherence. Of the 324 eligible patients identified, 112 received PrEP from an ID specialist and 212 from a PC provider. Patients prescribed PrEP from an ID specialist were more likely to have appropriately completed baseline HIV monitoring (OR = 2.56, 95% CI 1.20, 5.47), follow-up HIV monitoring (OR = 1.81, 95% CI 1.08, 3.05), and renal function monitoring (OR = 2.81, 95% CI 1.69, 4.68); The ID group was also more likely to have PrEP prescriptions appropriately authorized for a days' supply of ≤ 90 days (OR = 4.41, 95% CI 2.60, 7.48). Patients receiving PrEP care from ID specialists had better adherence to all assessed PrEP prescribing and monitoring recommendations compared to those receiving care from PC providers. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; HIV; Infectious diseases; Monitoring and prescribing; Pre-exposure prophylaxis (PrEP); Primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Tanner M.R.; Zhu W.; Iqbal K.; Dominguez K.L.; Yu L.; Hayes T.D.; Wiener J.; Koenig L.J.; Batey S.; Burgess S.; Elamin F.; Fox A.; Price A.; Wood L.; Hoover K.W.	HIV Pre-exposure Prophylaxis Services for Black and Hispanic or Latino Gay, Bisexual, and Other Men Who Have Sex With Men and Transgender Women in THRIVE, 2015-2020	Journal of Acquired Immune Deficiency Syndromes	-	-	15254135	10.1097/QAI.0000000000003138	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148772366&doi=10.1097%2fQAI.0000000000003138&partnerID=40&md5=ecccd1b004672cecd4895c4d4a799ea4	Background and setting:From 2015 to 2020, the THRIVE project supported 7 US health departments to improve HIV prevention services for Black or African American (Black) and Hispanic or Latino gay, bisexual, and other men who have sex with men (GBM) and transgender women (TGW).Methods:We described services provided in the THRIVE PrEP continuum. Using Poisson regression models, we estimated associations between race or ethnicity and age and PrEP screening, linkage, and prescription. We examined associations between colocation of services and PrEP linkage and prescription for 2 sites.Results:THRIVE served 12,972 GBM without HIV; 37% of PrEP-eligible GBM were prescribed PrEP. THRIVE served 1185 TGW without HIV; 45% of PrEP-eligible TGW were prescribed PrEP. Black and Hispanic or Latino GBM were 29% (RR = 0.71, 95% CI: 0.66-0.77) and 19% (RR = 0.81, 95% CI: 0.75-0.87) less likely, respectively, to be prescribed PrEP than White GBM. GBM aged 18-24 years and 55 years or older were 19% (RR = 0.81, 95% CI: 0.75-0.87) and 22% (RR = 0.78, 95% CI: 0.67-0.9) less likely, respectively, to be prescribed PrEP compared with those aged 35-44 years. Colocated services were associated with a 54% (RR = 1.54, 95% CI: 1.44-1.64) and a 31% (RR = 1.31, 95% CI: 1.19-1.43) greater likelihood of PrEP linkage and prescription, respectively, compared with services at different locations.Conclusions:THRIVE provided PrEP to higher proportions of PrEP-eligible persons than current national estimates; however, PrEP use disparities persist. Colocation of services may be a useful component of jurisdictional strategies to increase PrEP coverage. © 2023 Lippincott Williams and Wilkins. All rights reserved.	health care access; HIV prevention; men who have sex with men; persons of color; PrEP; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Tao J.; Sosnowy C.; Arnold T.; Kapadia J.; Parent H.; Rogers B.G.; Almonte A.; Chan P.A.	Perspectives of a peer-driven approach to improve pre-exposure prophylaxis and HIV prevention among Black/African American and Hispanic/Latino men who have sex with men	Sexual Health	-	-	14485028	10.1071/SH23072	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169026450&doi=10.1071%2fSH23072&partnerID=40&md5=612634f32c32e2f40d08826298bd1ce3	Background: Black/African American (B/AA) and Hispanic/Latino (H/L) men who have sex with men (MSM) are significantly less likely than white MSM to initiate pre-exposure prophylaxis (PrEP). A peer-driven intervention (PDI) may be an effective approach to addressing this disparity. In this study, we explored community member perspectives of a PDI to promote PrEP uptake among B/AA and H/L MSM. Methods: We conducted semi-structured interviews with B/AA and H/L HIV-negative MSM between August 2018 and October 2019 in Rhode Island, USA. Participants reported their perspectives and recommendations for a PDI. Data from participant responses were thematically analysed. Results: Of 15 MSM, the median age was 25 years (interquartile range: 22, 33). The majority identified as B/AA (53.3%), H/L (66.7%), and having a college education or above (53.3%). Most participants viewed a PDI positively and were willing to learn and promote PrEP among their peers. Participants identified and supported several potential intervention components, such as education about the benefit of PrEP, emphasising prevention-effective dosing, and clarifying no prevention effect towards other sexually transmitted infections. They preferred in-person meetings to electronic communication. Preferred characteristics of peer educators included compassion, good communication skills, and enthusiasm about PrEP. Conclusions: This in-depth qualitative interview suggested that a PDI approach is promising in promoting PrEP uptake, as it could deliver culturally appropriate education and encourage PrEP uptake via peer influence among B/AA and H/L MSM. © 2023 CSIRO. All rights reserved.	Black/African American; hard-To-reach populations; Hispanic/Latino; HIV; LGBT sexual health; men who have sex with men (MSM); peer-driven intervention; pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Teitelman A.M.; Tieu H.-V.; Chittamuru D.; Shaw P.A.; Nandi V.; Davis A.; Lipsky R.K.; Darlington C.K.; Fiore D.; Koblin B.A.	A Randomized Controlled Pilot Study of Just4Us, a Counseling and Navigation Intervention to Promote Oral HIV Prophylaxis Uptake Among PrEP-Eligible Cisgender Women	AIDS and Behavior	-	-	10907165	10.1007/s10461-023-04017-z	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85149258456&doi=10.1007%2fs10461-023-04017-z&partnerID=40&md5=75f7162cf639bd31dcd804e2a4bb93f9	HIV pre-exposure prophylaxis (PrEP) uptake among cisgender women in the United States is low. Just4Us, a theory-based counseling and navigation intervention, was evaluated in a pilot randomized controlled trial among PrEP-eligible women (n = 83). The comparison arm was a brief information session. Women completed surveys at baseline, post-intervention, and at three months. In this sample, 79% were Black, and 26% were Latina. This report presents results on preliminary efficacy. At 3 months follow-up, 45% made an appointment to see a provider about PrEP; only 13% received a PrEP prescription. There were no differences in PrEP initiation by study arm (9% Info vs. 11% Just4Us). PrEP knowledge was significantly higher in the Just4Us group at post-intervention. Analysis revealed high PrEP interest with many personal and structural barriers along the PrEP continuum. Just4Us is a promising PrEP uptake intervention for cisgender women. Further research is needed to tailor intervention strategies to multilevel barriers. Clinicaltrials.gov registration NCT03699722: A Women-Focused PrEP Intervention (Just4Us). © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV; Intervention; Pre-exposure prophylaxis; Randomized Clinical Trial; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Temelkovska T.; Moriarty K.; Huerta L.; Perez-Brumer A.; Segura E.; Passaro R.C.; Lake J.E.; Clark J.; Blair C.	Social Networks Play a Complex Role in HIV Prevention Knowledge, Attitudes, Practices, and the Uptake of PrEP Through Transgender Women Communities Centered Around Three "Casas Trans" in Lima, Peru: A Qualitative Study	Journal of the International Association of Physicians in AIDS Care	-	-	23259574	10.1177/23259582231196705	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172679585&doi=10.1177%2f23259582231196705&partnerID=40&md5=9bda2b03976f7ae210dcd7c5c6539bf7	Transgender women's (TW) social networks may facilitate HIV prevention information dissemination and normative reinforcement. We conducted a qualitative study of social networks among 20 TW affiliated with 3 "casas trans" (houses shared among TW) in Lima, Peru, using diffusion of innovations theory to investigate community-level HIV prevention norms. Participants completed demographic questionnaires, social network interviews, and semistructured in-depth interviews. Median age was 26 and all participants engaged in sex work. Interviews revealed high HIV prevention knowledge and positive attitudes, but low engagement in HIV prevention. Respondents primarily discussed HIV prevention with other TW. Network members' opinions about pre-exposure prophylaxis (PrEP) frequently influenced respondents' personal beliefs, including mistrust of healthcare personnel, concern that PrEP efficacy was unproven, fear of adverse effects, and frustration regarding difficulty accessing PrEP. Patterns of influence in TW networks may be leveraged to improve uptake of HIV prevention tools, including PrEP. © The Author(s) 2023.	HIV prevention; Peru; PrEP; social network; transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2023	Teng F.; Sha Y.; Fletcher L.M.; Welsch M.; Burns P.; Tang W.	Barriers to uptake of PrEP across the continuum among transgender women: A global scoping review	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624231152781	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148442505&doi=10.1177%2f09564624231152781&partnerID=40&md5=f403d398065fe10bcd6b21d51614cd2b	Background: Although preexposure prophylaxis (PrEP) has demonstrated high efficacy for HIV prevention, rates of PrEP uptake remain low among the transgender population, especially in transgender women (TGW). We conducted this scoping review to assess and characterize barriers to PrEP use along the PrEP care continuum among TGW. Methods: We conducted this scoping review by searching studies in Embase, PubMed, Scopus, and Web of Science. Eligibility criteria included: reporting a PrEP related quantitative result among TGW; peer-reviewed and published in English between 2010-2021. Results: Globally, high willingness (80%) to use PrEP was found, yet uptake and adherence (35.4%) were low. TGW experiencing hardship, including poverty, incarceration, and substance use, were associated with higher odds of PrEP awareness but lower odds of PrEP use. Structural and social barriers such as stigma, medical mistrust, and perceived racism can be important barriers for PrEP continuation. High social cohesion and hormone replacement therapy were associated with greater odds of awareness. In addition, our study confirmed prior research showing that PrEP does not lower feminizing hormone levels in TGW. Conclusions: Significant demographic factors among TGW that are associated with PrEP engagement. It is imperative to focus on TGW as a population with independent needs, requiring specific PrEP care guidelines and tailored resource allocation, that fully considers individual-, provider-, and community/structural-level barriers and facilitators. The present review also indicates that combining PrEP care with GAHT or broader gender-affirmation care may facilitate PrEP use. © The Author(s) 2023.	continuum of care; global; HIV; preexposure prophylaxis; transgender women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	China	Asia and the Pacific	Review
Theses and Dissertations	2023	Teng, Fei	Understanding Barriers and Facilitators to Pre-Exposure Prophylaxis (PrEP) Care Continuum among Vulnerable Populations in the United States and China	-	-	University of Mississippi Medical Center	-	na	na	https://www.proquest.com/dissertations-theses/understanding-barriers-facilitators-pre-exposure/docview/2848799333/se-2?accountid=8113	This dissertation evaluates a myriad of structural, geographic, and socio-economic disparities existing among marginalized populations (e.g., TGW, Black MSM and Chinese MSM) at high risk of HIV and utilizes multiple studies to evaluate different levels of barriers along Pre-Exposure Prophylaxis (PrEP) care continuum among those vulnerable populations. Furthermore, this research explore perception of HIV risk among marginalized population (Black MSM and Chinese MSM) aims to provide preliminary data for a future larger-scale intervention study to address low uptake and adherence of PrEP. Promoting health education and behaviors and addressing the systematic stigma can be an important strategy to facilitate improved HIV prevention efforts, HIV care and treatment, and to decrease HIV-related disparities.	HIV; Pre-Exposure Prophylaxis; Public health; Epidemiology; Health sciences; 0573:Public health; 0766:Epidemiology; 0566:Health sciences; Population health science	English	China	Asia and the Pacific	China	Asia and the Pacific	-	-	Mixed methods
Article	2023	Terada-Hirashima J.; Mizushima D.; Takano M.; Tokita D.; Oka S.	Efficacy and Safety of Pre-Exposure Prophylaxis to Control HIV and Sexually Transmitted Infection Among Men Who Have Sex With Men: Protocol for a Single-Arm Interventional Study	JMIR Research Protocols	-	-	-	19290748	10.2196/50919	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179117869&doi=10.2196%2f50919&partnerID=40&md5=9ad44a036223a11fa3a96a4b012d4711	Background: Pre-exposure prophylaxis (PrEP) against HIV infection is a new approach that involves the prophylactic use of the anti-HIV drug Truvada (tenofovir disoproxil fumarate TDF and emtricitabine FTC) by people not infected with HIV. Objective: The objective of this investigator-initiated clinical study of PrEP was to evaluate the incidence of HIV and sexually transmitted infection (STI), safety and efficacy of PrEP in PrEP users, and their compliance with PrEP medication. The social, medical, and economic benefits of PrEP in Japan was assessed. Methods: This single-center feasibility study of PrEP was conducted at the National Center for Global Health and Medicine, Tokyo, Japan, where a cohort of men who have sex with men without HIV was established in January 2017. This single-arm interventional study compared the efficacy and safety of PrEP in a single group of men who have sex with men who participated in PrEP cohort studies. For reference, the cohort study participants who did not participate in the PrEP study were included for comparison. Blood samples were collected for storage at baseline and clinic visits at 1, 3, and 6 months after starting PrEP and every 3 months thereafter. The participants were administered with 1 tablet of Truvada once daily as PrEP. They underwent blood and anal swab tests 1 and 3 months after starting PrEP and then HIV and STI infection assessments at 3-month intervals. Blood samples were centrifuged at the AIDS Clinical Center Laboratory. PrEP safety was evaluated by monitoring serum creatinine levels for symptoms of renal function disorders. The primary end point was the incidence of HIV in PrEP users (100 person-years). The secondary end points were the incidence of STI in PrEP users (100 person-years), incidence of adverse events caused by Truvada, frequency of high-risk sexual activity, and adherence to periodic visits and medication. Results: The study protocol was reviewed and approved by the certified review board of the National Center for Global Health and Medicine (NCGM-C-003129-03) on April 20, 2020. Changes to the study plan were submitted for review by the certified review board and approved before implementation. Recruitment was completed on March 28, 2019, and the study was completed (last adult participant and last time point) on March 31, 2021. The data were analyzed, and the main results of the study have been published in a peer-reviewed journal. Conclusions: The findings indicated that PrEP is a highly effective and feasible strategy against HIV infection in terms of prophylactic response, retention, and compliance. Trial Registration: UMIN Clinical Trials Registry UMIN000031040; https://tinyurl.com/3msdkeb8 and Japan Registry of Clinical Trials jRCTs031180134; https://tinyurl.com/2p88mhyr International Registered Report Identifier (IRRID): RR1-10.2196/50919 ©Junko Terada-Hirashima, Daisuke Mizushima, Misao Takano, Daisuke Tokita, Shinichi Oka.	human immunodeficiency virus infection; Japan; men who have sex with men cohort; pre-exposure prophylaxis; Truvada	English	Canada	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Review
Article	2023	Tesema, Naomi; Guillaume, Dominique; Francis, Sherilyn; Paul, Sudeshna; Chandler, Rasheeta	Mobile Phone Apps for HIV Prevention Among College-Aged Black Women in Atlanta: Mixed Methods Study and User-Centered Prototype.	JMIR Formative Research	-	-	-	2561-326X	10.2196/37987	https://pubmed.ncbi.nlm.nih.gov/36821362/	BACKGROUND: Black women in college are disproportionately affected by HIV diagnoses. Mobile apps can facilitate the innovative delivery of accurate HIV and sexual and reproductive health information. However, mobile health interventions are severely underused in this population. OBJECTIVE: We aimed to quantitatively and qualitatively explore the perspectives of college-aged Black women on using a mobile health app for HIV prevention and sexual and reproductive health. The data obtained from Black women were used to design preliminary mobile app wireframes and features. METHODS: This explanatory, sequential mixed methods study took place from 2019 to 2020 and targeted Black women who were enrolled in college or who had recently graduated from college. Convenience sampling was used during the quantitative phase, followed by purposive sampling in the qualitative phase. A cross-sectional web-based survey evaluating the willingness to use a mobile app for HIV prevention was conducted in the quantitative phase. Descriptive statistics were used for all variables. A separate focus group discussion was conducted with Black women in college to expand on the quantitative results. Focus group discussions explored their perceptions on HIV and health content delivered through a mobile app along with potential features that participants desired within the app. Using the data obtained, we selected the primary features for the app prototype. RESULTS: In total, we enrolled 34 participants in the survey, with 6 participating in focus group discussions. Over half of the respondents reported a willingness to use an app that contained pre-exposure prophylaxis content. Women who claimed recent sexual activity reported being more likely to use an app feature that would allow them to order an at-home HIV testing kit than their non-sexually active counterparts. The emerging themes from the focus group session were Black women's health concerns, HIV risk, sources of health information, and preferred app features. The content in our prototype included speaking with a specialist, HIV and pre-exposure prophylaxis information, holistic wellness, and features promoting engagement and retention. CONCLUSIONS: The results of our study guided the design of wireframes for an app prototype targeting HIV prevention in college-aged Black women. The rapid growth of mobile devices in Black communities, coupled with high rates of smartphone ownership among Black youth, makes mobile health interventions a promising strategy for addressing sexual and reproductive health disparities. Participants in our sample were willing to use a culturally appropriate and gender-considerate app for their sexual health needs. Our findings indicate that Black women in college may be excellent candidates for mobile app-based interventions.	HIV prevention; reproductive health; Black women; mobile technology; mobile health; women's health; mHealth app	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Tessema, Frazer A.; Barenie, Rachel E.; Avorn, Jerry; Kesselheim, Aaron S.	Federal Funding For Discovery And Development Of Costly HIV Drugs Was Far More Than Previously Estimated.	Health Affairs	-	-	-	1544-5208 0278-2715	10.1377/hlthaff.2022.01134	https://pubmed.ncbi.nlm.nih.gov/37126755/	In July 2012, tenofovir disoproxil fumarate-emtricitabine (TDF-FTC, brand name Truvada) was approved by the Food and Drug Administration (FDA) to prevent HIV infection. To estimate the extent of the US government's direct financial contribution to the discovery and development of Truvada, we identified National Institutes of Health awards using FDA documents, peer-reviewed literature, patent records, court filings, and other publicly available materials. We classified seventy-three federal government awards to eleven researchers as being directly linked to the development and clinical testing of Truvada for prevention therapy, through which the US government spent an estimated $143 million. The substantial public funding raises questions about the high price charged by the drug's manufacturer, which reduced its affordability and limited its accessibility as HIV preventive therapy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Editorial	2023	The Lancet HIV	Making the most of a fertile PrEP landscape	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(23)00303-X	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178212041&doi=10.1016%2fS2352-3018%2823%2900303-X&partnerID=40&md5=4ceb98d14cbd799101fd35392a97cdb8	Editorial	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Other
Article	2023	Thongsak N.; Manojai N.; Apiputhipan R.; Rongram N.; Mattawanon N.; Bunyatisai W.; Plubin B.; Nakharutai N.; Thumronglaohapun S.; Srikummoon P.; Wongsawat K.; Traisathit P.; Homkham N.	Risk Factors Associated with Loss to Follow-up Among Transgender Women Receiving HIV Pre-exposure Prophylaxis in Chiang Mai province, Thailand	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03782-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135471389&doi=10.1007%2fs10461-022-03782-7&partnerID=40&md5=e614256e167c2eb80f277dda16fa74c9	Although HIV pre-exposure prophylaxis (PrEP) is free in Thailand, many transgender women discontinue taking it after initiation. We determined the loss to follow-up (LTFU) rate of transgender women who initiated PrEP at the Mplus Foundation, Chiang Mai, Thailand, and identified associated risk factors using Cox proportional hazard models. Of 235 participants who initiated PrEP, 59 (55%) out of 108 remaining participants had reactive syphilis. The LTFU rate at 6 months was 38% (95% confidence interval CI: 29–48%). Multivariable analysis indicates that LTFU is independently associated with age ≥ 26 years old (adjusted hazard ratio aHR = 2.09; 95% CI: 1.06–4.14) and reactive syphilis (aHR = 1.98; 95% CI:1.01–3.88). Delayed appointment scheduling by the PrEP providers and the syphilis clinic was associated with transgender women having reactive syphilis, and the lockdown policy during the COVID-19 pandemic might have influenced them to discontinue PrEP and their subsequent LTFU. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Loss to follow-up; PrEP; Preventing HIV; Thailand; Transgender women	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2023	Tian T.; Fu L.; Lu Z.; Bian J.; Zhou X.; Wang B.; Lin Y.-F.; Zhang Z.; Liu L.; Xi M.; Zhen C.; Dai J.; Zou H.	Changes in HPV prevalence, incidence, and clearance following the use of HIV pre-exposure prophylaxis (PrEP) among MSM in Xinjiang, China: An observational cohort study	Journal of Medical Virology	-	-	-	1466615	10.1002/jmv.29112	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172221839&doi=10.1002%2fjmv.29112&partnerID=40&md5=40e35874e9c682ffd325f798e64ea124	The association between HIV pre-exposure prophylaxis (PrEP) and the natural history of human papillomavirus (HPV) has not been well documented. Our objective was to evaluate the impact of PrEP on the prevalence, incidence, and clearance of anal HPV among men who have sex with men (MSM). Sexually active, HIV-negative MSM aged 18 years and older in Xinjiang, China since September 1, 2016, were enrolled in an ongoing observational cohort study of HPV. At baseline and every 6 months, an anal swab was taken to test for HPV and a questionnaire on sociodemographic characteristics and sexual behaviors was collected. Those who consented to receive PrEP were enrolled in an open-label PrEP intervention study from November 1, 2019, to June 30, 2021. This study analyzed data from participants present in the HPV cohort between November 1, 2019, and June 30, 2021. We compared the prevalence, incidence, and clearance of anal HPV between men who received PrEP (PrEP users) and those who did not (non-PrEP users), and compared men before and after initiating PrEP. We calculated prevalence ratios (PRs), incidence rate ratios (IRRs), and clearance rate ratios (CRRs) for both comparisons. Of the 870 participants present in the HPV cohort during the period between November 1, 2019, and June 30, 2021, 859 had adequate β-globin for HPV genotype testing and were included in our study. Among them, 429 were PrEP users, while 430 were non-PrEP users. Median age was 32 years (interquartile range IQR: 26–38). Among PrEP users, 217 were tested for anal HPV before PrEP initiation. PrEP users had lower prevalence of HPV 45, 51, and 54 (PRs: 0.27 95% CI: 0.09–0.80, 0.42 0.21–0.85, and 0.41 0.17–0.99, respectively) and lower clearance of HPV 16 (CRR: 0.31 0.10–0.91) compared with non-PrEP users. PrEP users exhibited lower prevalence of HPV 51 (PR: 0.31 0.12–0.84), lower incidence of HPV 6, 11, 16, 39 and 61 (IRRs: 0.34 0.13–0.90, 0.26 0.08–0.87, 0.44 0.21–0.91, 0.21 0.05–0.93, and 0.19 0.04–0.82, respectively), as well as higher clearance of HPV 52 (CRR: 2.17 1.08–4.35) after PrEP initiation. PrEP use may lower the risk of HPV infection among MSM in Xinjiang, China. Our findings further extend the knowledge of the impact of PrEP on sexually transmitted infections. © 2023 Wiley Periodicals LLC.	China; HIV; human papillomavirus (HPV); men who have sex with men (MSM); pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2023	Tieosapjaroen W.; Zhang Y.; Fairley C.K.; Zhang L.; Chow E.P.F.; Phillips T.R.; Schmidt H.-M.; Bavinton B.R.; O'Donnell D.; Mao L.; Grulich A.; Ong J.J.	Improving access to oral pre-exposure prophylaxis for HIV among international migrant populations	The Lancet Public Health	-	-	-	24682667	10.1016/S2468-2667(23)00105-6	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166006859&doi=10.1016%2fS2468-2667%2823%2900105-6&partnerID=40&md5=bb30b423464461c1dac9f9f96cd304ff	Pre-exposure prophylaxis (PrEP) is recommended for people susceptible to HIV acquisition, and the scale-up of PrEP programmes has contributed to new HIV case reductions at a population level. However, international migrants continue to be disproportionately affected by HIV. Understanding barriers and facilitators to PrEP implementation among international migrants can optimise PrEP use among this population and ultimately reduce HIV incidence worldwide. We reviewed the evidence regarding factors influencing PrEP implementation among international migrants; 19 studies were included. The barriers and facilitators at the individual level were related to knowledge and risk perception of HIV. Cost, provider discriminations, and health system navigation influenced PrEP use at the service level. Positive or negative perception towards LGBT+ identities, HIV, and PrEP users affected PrEP use at the societal level. Most existing PrEP campaigns do not target international migrants; therefore, culturally tailored approaches for people from different backgrounds are warranted. Potentially migration-related and HIV-related discriminatory policies must be reviewed to increase access to HIV prevention services to end HIV transmission at a population level. © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2023	Tordoff, Diana M.; Minalga, Brian; Perry, Nicole Lynn; Gross, Bennie; Khosropour, Christine M.; Glick, Sara N.; Barbee, Lindley A.; Duerr, Ann	Heterogeneity in HIV/Sexually Transmitted Infection Prevalence and Prevention Among the Partners of Transgender and Nonbinary People.	Sexually Transmitted Diseases	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001796	https://pubmed.ncbi.nlm.nih.gov/36881439/	BACKGROUND: Transgender and nonbinary (TNB) people are diverse in their sexual orientation and partnerships. We describe the epidemiology of HIV/sexually transmitted infection (STI) prevalence and prevention utilization among the partners of TNB people in Washington State. METHODS: We pooled data from five 2017 to 2021 cross-sectional HIV surveillance data sources to generate a large sample of TNB people and cisgender people who had a TNB partner in the past year. We described characteristics of recent partners of trans women, trans men, and nonbinary people and used Poisson regression to assess if having a TNB partner was associated with self-reported HIV/STIs prevalence, testing, and preexposure prophylaxis (PrEP) use. RESULTS: Our analysis included 360 trans women, 316 trans men, 963 nonbinary people, 2896 cis women, and 7540 cis men. Overall, 9% of sexual minority cis men, 13% of sexual minority cis women, and 36% of TNB participants reported having any TNB partners. There was significant heterogeneity in HIV/STI prevalence, testing, and PrEP use among the partners of TNB people by study participant gender and the gender of their sex partners. In regression models, having a TNB partner was associated with a higher likelihood of HIV/STI testing and PrEP use but was not associated with higher HIV prevalence. CONCLUSIONS: We observed significant heterogeneity in HIV/STI prevalence and preventative behaviors among the partners of TNB people. Given that TNB people are diverse in their sexual partnerships, there is a need to better understand individual-, dyad-, and structural-level factors that facilitate HIV/STI prevention across these diverse partnerships.	Humans; Male; Female; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Prevalence; *Pre-Exposure Prophylaxis; *Transgender Persons; *HIV Infections/epidemiology/prevention & control; *Sexually Transmitted Diseases/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Torres T.S.; Teixeira S.L.M.; Hoagland B.; Konda K.A.; Derrico M.; Moreira R.I.; Guanira J.V.; Benedetti M.; Nazer S.; Calvo G.M.; Vargas S.; Benites C.; Bigolin Á.; Alonso Neto J.B.; Farias A.; Guimarães Lacerda M.V.; Raenck Silva D.A.; Paz L.C.; Madruga J.V.; Salvatierra Flores H.J.; Boluarte G.P.; Osco Tamayo C.V.; Castro Antezana H.T.; Pimenta M.C.; Bórquez A.; Luz P.M.; Grinsztejn B.; Szwarcwald C.L.; Cáceres C.F.; Veloso V.G.; Kristic T.; Rocha C.; da Silva Santos W.; Lovreto Santana A.P.; Lima R.; Souza C.; Oliva T.A.; Valões M.D.S.; Olivetto J.; Mota G.L.; Cano A.B.; Trefiglio R.; Coutinho C.; Elorreaga O.; Gutierrez X.; Olivos F.; Caviedes D.; Adriazola D.; Juárez E.; Mariño G.; Quellon J.; Vasquez F.; Jiron J.P.; Flores S.; Campos K.; Eguiluz M.	Recent HIV infection and annualized HIV incidence rates among sexual and gender minorities in Brazil and Peru (ImPrEP seroincidence study): a cross-sectional, multicenter study	The Lancet Regional Health - Americas	-	-	-	2667193X	10.1016/j.lana.2023.100642	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178165091&doi=10.1016%2fj.lana.2023.100642&partnerID=40&md5=bbfc723937b8f5f9bf346a0e31fe78ce	Background: HIV incidence estimation is critical for monitoring the HIV epidemic dynamics and the effectiveness of public health prevention interventions. We aimed to identify sexual and gender minorities (SGM) with recent HIV infections, factors associated with recent HIV infection, and to estimate annualised HIV incidence rates. Methods: Cross-sectional multicentre study in HIV testing services in Brazil and Peru (15 cities). Inclusion criteria: 18+ years, SGM assigned male at birth, not using pre-/post-exposure prophylaxis. We identified recent HIV infection using the Maxim HIV-1 LAg-Avidity EIA assay as part of a recent infection testing algorithm (RITA). Annualized HIV incidence was calculated using the UNAIDS/WHO incidence estimator tool. Multivariable logistic regression models were used to estimate factors associated with recent HIV infection. Trial registration: NCT05674682. Findings: From 31-Jan-2021 to 29-May-2022, 6899 individuals participated Brazil: 4586 (66.5%); Peru: 2313 (33.5%); 5946 (86.2%) cisgender men, 751 (10.9%) transgender women and 202 (2.9%) non-binary/gender diverse. Median age was 27 (IQR: 23–34) years. HIV prevalence was 11.4% (N = 784/6899); 137 (2.0%) SGM were identified with recent HIV infection. The overall annualized HIV incidence rate was 3.88% (95% CI: 2.86–4.87); Brazil: 2.62% (95% CI: 1.78–3.43); Peru: 6.69% (95% CI: 4.62–8.69). Participants aged 18–24 years had higher odds of recent HIV infection compared to those aged 30+ years in both countries. Interpretation: Our results highlight the significant burden of HIV epidemic among SGM in large urban centres of Brazil and Peru. Public health policies and interventions to increase access to effective HIV prevention methods such as PrEP are urgently needed in Latin America. Funding: Unitaid, WHO (Switzerland), Ministry of Health from Brazil and Peru. © 2023 The Author(s)	HIV; HIV incidence rate; HIV recency; HIV seroincidence; Latin America; Public health; Sexual and gender minorities	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Torres, Thiago S; Nascimento, Alessandro R; Coelho, Lara E; Konda, Kelika A; Hamid, Vega-Ramirez E; Elorreaga, Oliver A; Diaz-Sosa, Dulce; Hoagland, Brenda; Guanira, Juan V; Pimenta, Cristina; Benedetti Marcos; Caceres, Carlos F; Veloso, Valdilea G; Grinsztejn Beatriz	Preferences for PrEP modalities among gay, bisexual, and other men who have sex with men from Brazil, Mexico, and Peru: a cross-sectional study	Therapeutic Advances in Infectious Disease	-	-	-	20499361	10.1177/20499361231153548	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9940158/#:~:text=Long%2Dacting%20injectable%20PrEP%20was,aware%20and%20eligible%20for%20PrEP.	Background: Pre-exposure prophylaxis (PrEP) scale-up is urgent to reduce new HIV cases among gay, bisexual, and other men who have sex with men (MSM) in Latin America. Different PrEP modalities may increase PrEP uptake and adherence, especially among young MSM. Objectives: To assess preferences for PrEP modalities among MSM from Brazil, Mexico, and Peru. Design: Cross-sectional web-based study (March–May 2018) targeting MSM through advertisements on Grindr, Hornet, and Facebook. We included MSM aged ⩾ 18 years and who reported HIV-negative status. Methods: We assessed preferences for PrEP modalities with the following question: 'Considering that all following PrEP modalities were available, which one would you prefer considering a scale from 1 to 3 (1 = most preferred): daily oral PrEP, event-driven PrEP (ED-PrEP), and long-acting injectable PrEP'. We assessed factors associated with each most preferred PrEP modality per country using multivariable logistic regression models. Results: A total of 19,457 MSM completed the questionnaire (Brazil: 58%; Mexico: 31%; Peru: 11%); median age was 28 years interquartile range (IQR): 24–34. Overall, injectable PrEP was the most preferred modality 42%; 95% confidence interval (CI): 41–43, followed by daily PrEP (35%; 95% CI: 34–35), and ED-PrEP (23%; 95% CI: 23–24). In multivariable models, preferring injectable PrEP was associated with PrEP awareness in all three countries, while PrEP eligibility only in Brazil. Preferring daily PrEP was associated with younger age and lower income in Brazil and Mexico, and lower education only in Brazil. The odds of preferring ED-PrEP were lower among MSM aware and eligible for PrEP in Brazil and Mexico. Conclusions: Long-acting injectable PrEP was the preferred PrEP modality among MSM in Brazil, Mexico, and Peru, especially those aware and eligible for PrEP. Public health interventions to increase PrEP modalities literacy and availability in Latin America are urgent especially among MSM of young age, lower income, and lower education.	Bisexuality; Latin America; Brazil; Mexico; HIV prevention; Peru; PrEP; men who have sex with men; Public health; Prophylaxis; Age; Regression analysis; cabotegravir; sexual and gender minorities; Preferences; Human immunodeficiency virus--HIV; Medical Sciences--Communicable Diseases; Gays & lesbians; Mens health	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Torres, Thiago S; Teixeira, Sylvia L M; Hoagland, Brenda; Konda, Kelika A; Derrico, Monica; Moreira, Ronaldo I; Guanira, Juan V; Benedetti, Marcos; Nazer, Sandro; Calvo, Gino M; Vargas, Silver; Benites, Carlos; Bigolin, Álisson; Alonso Neto, José Boullosa; Farias, Alessandro; Guimarães Lacerda, Marcos Vinícius; Raenck Silva, Daila Alena; Paz, Leidijany Costa; Madruga, José Valdez; Salvatierra Flores, Hector Javier; Boluarte, Ginjaylan Prada; Osco Tamayo, Cesar Vidal; Castro Antezana, Hardy Teresa; Pimenta, M Cristina; Bórquez, Annick; Luz, Paula M; Grinsztejn, Beatriz; Szwarcwald, Celia Landmann; Cáceres, Carlos F; Veloso, Valdilea G	Recent HIV infection and annualized HIV incidence rates among sexual and gender minorities in Brazil and Peru (ImPrEP seroincidence study): a cross-sectional, multicenter study.	The Lancet Regional Health - Americas	-	-	-	2667-193X	10.1016/j.lana.2023.100642	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10704427	Background: HIV incidence estimation is critical for monitoring the HIV epidemic dynamics and the effectiveness of public health prevention interventions. We aimed to identify sexual and gender minorities (SGM) with recent HIV infections, factors associated with recent HIV infection, and to estimate annualised HIV incidence rates. Methods: Cross-sectional multicentre study in HIV testing services in Brazil and Peru (15 cities). Inclusion criteria: 18+ years, SGM assigned male at birth, not using pre-/post-exposure prophylaxis. We identified recent HIV infection using the Maxim HIV-1 LAg-Avidity EIA assay as part of a recent infection testing algorithm (RITA). Annualized HIV incidence was calculated using the UNAIDS/WHO incidence estimator tool. Multivariable logistic regression models were used to estimate factors associated with recent HIV infection. Trial registration: NCT05674682. Findings: From 31-Jan-2021 to 29-May-2022, 6899 individuals participated Brazil: 4586 (66.5%); Peru: 2313 (33.5%); 5946 (86.2%) cisgender men, 751 (10.9%) transgender women and 202 (2.9%) non-binary/gender diverse. Median age was 27 (IQR: 23-34) years. HIV prevalence was 11.4% (N = 784/6899); 137 (2.0%) SGM were identified with recent HIV infection. The overall annualized HIV incidence rate was 3.88% (95% CI: 2.86-4.87); Brazil: 2.62% (95% CI: 1.78-3.43); Peru: 6.69% (95% CI: 4.62-8.69). Participants aged 18-24 years had higher odds of recent HIV infection compared to those aged 30+ years in both countries. Interpretation: Our results highlight the significant burden of HIV epidemic among SGM in large urban centres of Brazil and Peru. Public health policies and interventions to increase access to effective HIV prevention methods such as PrEP are urgently needed in Latin America. Funding: Unitaid, WHO (Switzerland), Ministry of Health from Brazil and Peru.	HIV incidence rate, HIV seroincidence, HIV recency, Sexual and gender minorities, HIV, Latin America, Public health	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Torres, Thiago Silva; Silva, Mayara Secco Torres; Coutinho, Carolina; Hoagland, Brenda; Jalil, Emilia Moreira; Cardoso, Sandra Wagner; Moreira, Julio; Magalhaes, Monica Avelar; Luz, Paula Mendes; Veloso, Valdilea G.; Grinsztejn, Beatriz	Evaluation of Mpox Knowledge, Stigma, and Willingness to Vaccinate for Mpox: Cross-Sectional Web-Based Survey Among Sexual and Gender Minorities.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/46489	https://publichealth.jmir.org/2023/1/e46489	BACKGROUND: The 2022 multicountry mpox outbreak positioned the condition as a public health emergency of international concern. By May 2023, Brazil ranked second globally in the cumulative number of mpox cases and deaths. The higher incidence of mpox among gay and other men who have sex with men in the current mpox outbreak deepens the stigma and discrimination against sexual and gender minorities (SGM). This might worsen the structural barriers impacting access to health services, which ultimately leads to undertesting and underreporting of cases. There are no data available on mpox knowledge and stigma in Latin America. OBJECTIVE: We aimed to evaluate mpox knowledge, stigma, and willingness to vaccinate for mpox among SGM, and to describe sociodemographic and behavioral characteristics according to self-reported mpox diagnosis. METHODS: A cross-sectional, internet-based survey was conducted in a convenience sample of adults (aged >18 years) living in Brazil recruited through advertisements on dating apps, social media, referral institutions for infectious diseases websites, and mass media (October-November 2022). We compared participants' characteristics according to self-reported mpox diagnosis using chi-square test or Fisher exact test for qualitative variables and Kruskal-Wallis test for quantitative variables. RESULTS: We enrolled 6236 participants: 5685 (91.2%) were cisgender men; 6032 (96.7%) were gay, bisexual, or pansexual; 3877 (62.2%) were White; 4902 (78.7%) had tertiary education; and 4070 (65.2%) reported low or middle income. Most participants (n=5258, 84.4%) agreed or strongly agreed that "LGBTQIA+ individuals are being discriminated and stigmatized due to mpox." Mpox awareness was 96.9% (n=6044), and 5008 (95.1%) were willing to get vaccinated for mpox. Overall, 324 (5.2%) reported an mpox diagnosis. Among these, 318 (98.1%) reported lesions, 178 (56%) local pain, and 316 (99.4%) sought health care. Among participants not reporting a diagnosis, 288 (4.9%) had a suspicious lesion, but only 158 (54.9%) of these had sought health care. Compared to participants with no diagnosis, those reporting an mpox diagnosis were younger (P<.001), reported more sex partners (P<.001), and changes in sexual behavior after mpox onset (P=.002). Moreover, participants diagnosed with mpox reported more frequently being tested for HIV in the prior 3 months (P<.001), living with HIV (P<.001), currently using HIV pre-exposure prophylaxis (P<.001), and previous sexually transmitted infection diagnosis (P<.001). CONCLUSIONS: Our results point to high mpox knowledge and willingness to vaccinate among SGM in Brazil. Participants self-reporting mpox diagnosis more frequently reported to be living with HIV, STI diagnosis, and current pre-exposure prophylaxis use, highlighting the importance of an mpox assessment that includes comprehensive sexual health screenings. Efforts to decrease stigma related to mpox among SGM are necessary to avoid mpox underdiagnosis.	Adult; Humans; Male; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Latin America; Health Knowledge, Attitudes, Practice; Brazil; Vaccination; MSM; Sexual and Gender Minorities; survey; infectious disease; infection; gay; gender; social media; discrimination; *Social Media; diagnosis; sexual and gender minorities; *Sexually Transmitted Diseases/epidemiology/prevention & control; stigma; behavioral; health knowledge; *HIV Infections/epidemiology; LGBT; awareness; access to care; patient education; community; minority; lesbian; mpox; application; minorities; monkeypox; viral; *Mpox (monkeypox)/epidemiology; emergency; knowledge translation; Latin America and Caribbean; patient knowledge; sociodemographic	English	Canada	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Book Section	2023	Torres-Cruz C.; Pérez-Brumer A.	Sex, drugs and biomedical prevention: Rethinking sexual health through PrEP research in Peru and HPV vaccine roll-out in Mexico	-	Routledge Handbook of Sexuality, Gender, Health and Rights: Second Edition	-	9 781003800446	-	10.4324/9781003278405-46	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180022867&doi=10.4324%2f9781003278405-46&partnerID=40&md5=2046e2ccff9fe1bd252bbb187f5bf2bd	Drawing on two distinct ethnographies in Latin America, this chapter considers the social consequences of the biomedicalisation of HIV and HPV prevention strategies in re-defining sexual health. The first case study assesses how access to pre-exposure prophylaxis (PrEP) for HIV prevention in Peru shifted meanings and understandings of sexuality and the importance given to sexual risk in the political economy of global health. The second examines how the introduction of Gardasil's HPV preventive vaccine and associated public policies impacted gender, sex and sexuality in Mexico. While approved for use with all adolescents, the vaccine's promotion to cisgender girls reified dominant narratives about heteronormative cisgender female sexuality and risk. By understanding PrEP research and HPV vaccination as deeply connected to the workings of health systems from the North, we show how biomedical prevention fails to engage with social and political realities concerning sex, sexuality and gender in Latin America. These realities must be understood as both barriers and facilitators to the successful deployment of biomedical prevention but must be understood in the context of history, the local environment, culture and social relations - and how these too have been influenced by the broader political economy of health. © 2024 selection and editorial matter, Peter Aggleton, Rob Cover, Carmen H. Logie, Christy E. Newman and Richard Parker; individual chapters, the contributors.	NA	English	United Kingdom	Western and Central Europe and North America	Mexico	Latin America and the Caribbean	-	-	Qualitative
Article	2023	Torres-Rueda, Sergio; Terris-Prestholt, Fern; Gafos, Mitzy; Indravudh, Pitchaya Peach; Giddings, Rebecca; Bozzani, Fiammetta; Quaife, Matthew; Ghazaryan, Lusine; Mann, Carlyn; Osborne, Connie; Kavanagh, Matthew; Godfrey-Faussett, Peter; Medley, Graham; Malhotra, Shelly	Health Economics Research on Non-surgical Biomedical HIV Prevention: Identifying Gaps and Proposing a Way Forward.	PharmacoEconomics	-	-	-	1179-2027 1170-7690	10.1007/s40273-022-01231-w	https://pubmed.ncbi.nlm.nih.gov/36905570/	BACKGROUND AND OBJECTIVE: Although HIV prevention science has advanced over the last four decades, evidence suggests that prevention technologies do not always reach their full potential. Critical health economics evidence at appropriate decision-making junctures, particularly early in the development process, could help identify and address potential barriers to the eventual uptake of future HIV prevention products. This paper aims to identify key evidence gaps and propose health economics research priorities for the field of HIV non-surgical biomedical prevention. METHODS: We used a mixed-methods approach with three distinct components: (i) three systematic literature reviews (costs and cost effectiveness, HIV transmission modelling and quantitative preference elicitation) to understand health economics evidence and gaps in the peer-reviewed literature; (ii) an online survey with researchers working in this field to capture gaps in yet-to-be published research (recently completed, ongoing and future); and (iii) a stakeholder meeting with key global and national players in HIV prevention, including experts in product development, health economics research and policy uptake, to uncover further gaps, as well as to elicit views on priorities and recommendations based on (i) and (ii). RESULTS: Gaps in the scope of available health economics evidence were identified. Little research has been carried out on certain key populations (e.g. transgender people and people who inject drugs) and other vulnerable groups (e.g. pregnant people and people who breastfeed). Research is also lacking on preferences of community actors who often influence or enable access to health services among priority populations. Oral pre-exposure prophylaxis, which has been rolled out in many settings, has been studied in depth. However, research on newer promising technologies, such as long-acting pre-exposure prophylaxis formulations, broadly neutralising antibodies and multipurpose prevention technologies, is lacking. Interventions focussing on reducing intravenous and vertical transmission are also understudied. A disproportionate amount of evidence on low- and middle-income countries comes from two countries (South Africa and Kenya); evidence from other countries in sub-Saharan Africa as well as other low- and middle-income countries is needed. Further, data are needed on non-facility-based service delivery modalities, integrated service delivery and ancillary services. Key methodological gaps were also identified. An emphasis on equity and representation of heterogeneous populations was lacking. Research rarely acknowledged the complex and dynamic use of prevention technologies over time. Greater efforts are needed to collect primary data, quantify uncertainty, systematically compare the full range of prevention options available, and validate pilot and modelling data once interventions are scaled up. Clarity on appropriate cost-effectiveness outcome measures and thresholds is also lacking. Lastly, research often fails to reflect policy-relevant questions and approaches. CONCLUSIONS: Despite a large body of health economics evidence on non-surgical biomedical HIV prevention technologies, important gaps in the scope of evidence and methodology remain. To ensure that high-quality research influences key decision-making junctures and facilitates the delivery of prevention products in a way that maximises impact, we make five broad recommendations related to: improved study design, an increased focus on service delivery, greater community and stakeholder engagement, the fostering of an active network of partners across sectors and an enhanced application of research.	Humans; Female; Pregnancy; South Africa; *Outcome Assessment, Health Care; Costs and Cost Analysis; *HIV Infections/prevention & control	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2023	Townes, Ashley; Gaul, Zaneta; Henny, Kirk D.	Sexual health discussion practices and HIV clinical care provided by primary care providers in the Southeast United States, K-BAP Study (2017-2018).	Family Medicine	-	-	-	1460-2229 0263-2136	10.1093/fampra/cmac081	https://pubmed.ncbi.nlm.nih.gov/35899789/	OBJECTIVE: Research underscores the importance of providers having routine discussions with patients about their sexual health. We examined the occurrences and association of routine sexual health discussion practices and human immunodeficiency virus (HIV) clinical care among primary care providers (PCPs) in areas with high HIV prevalence. METHODS: We analysed data collected between April and August 2017 from an online survey that assessed PCPs knowledge, behaviours, attitudes, and practices of HIV-related care in 6 Southeast US jurisdictions (Atlanta, Baltimore, Baton Rouge, District of Columbia, Miami, and New Orleans). RESULTS: Among PCPs, we found that 39.2% routinely obtained sexual health histories, 78.5% offered HIV testing, and 16.0% ever prescribed preexposure prophylaxis (PrEP). Based on adjusted prevalence ratios (aPRs) and 95% confidence intervals (CIs), the proportion of PCPs who routinely obtained sexual histories was higher among female PCPs (aPR = 1.47, 95% CI 1.04, 2.08), PCPs who had a patient population that was >50% men who have sex with men (MSM) (aPR = 1.94, 95% CI 1.72, 2.18), offered HIV testing (aPR = 3.60, 95% CI 2.23, 5.79), and ever prescribed PrEP (aPR = 1.43, 95% CI 1.06, 1.93). CONCLUSION: Improving patient-provider discussions are needed to reduce HIV-related service barriers for disproportionately affected populations. PRACTICE IMPLICATIONS: Routine discussions can reduce barriers to important HIV prevention and care services and help reduce disparities among patients living in highly prevalent HIV locations.	Humans; Male; Female; Homosexuality, Male; HIV; Health Knowledge, Attitudes, Practice; HIV prevention; PrEP; Primary Health Care; *HIV Infections/diagnosis/drug therapy/epidemiology; *Sexual and Gender Minorities; *Sexual Health; Southeastern United States; primary care providers; sexual health history	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Townes, Ashley; Pyra, Maria; Smith, Dawn K; Babu, Aruna Surendera; Williams, Tiffany; Wiener, Jeffrey; Henny, Kirk D; Schneider, John	PrEP Use and Adherence among Transgender Persons in Chicago, IL (SHIPP Study, 2014-2018, USA).	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03826-y	https://pubmed.ncbi.nlm.nih.gov/36094640/	Few studies investigating daily oral preexposure prophylaxis (PrEP) focus on transgender persons. The Sustainable Health Center Implementation PrEP Pilot (SHIPP) Study included a large observational cohort of transgender persons with implications for PrEP in the United States. We examined data from SHIPP's observational cohort and its Medication Adherence Substudy (MAS) to understand adherence among transgender participants in Chicago, IL. We assessed adherence by the proportion of days covered (PDC) for PrEP medication prescriptions, self-reported interview data, and concentrations of intracellular tenofovir diphosphate (TFV-DP) in dried blood spot (DBS) samples. Between 2014 and 2018, there were 510 transgender participants, 349 (68.4%) transgender women and 152 (29.8%) transgender men. Forty-five of these participants were enrolled in the MAS, 31 (68.9%) transgender women and 9 (20.0%) transgender men. By the 3-month follow up, 100% of MAS participants who completed an interview reported taking 4 or more doses of PrEP in the previous week. At 6, 9, and 12 months, taking 4 or more doses in the past week was reported by 81.0%, 94.1%, and 83.3% of participants, respectively. Results from TFV-DP DBS indicated that fewer participants reached the same level of adherence (4 or more doses/week) at clinical visits compared to self-report and even fewer participants reached this level of adherence based on the calculated PDC. Among participants who remained on PrEP throughout the study, DBS adherence levels declined after the first three months. There remains a critical need to develop strategies to address barriers and interventions that support PrEP adherence among transgender people.	HIV prevention; PrEP adherence; PrEP use; Transgender persons.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Traeger, Michael W.; Mayer, Kenneth H.; Krakower, Douglas S.; Gitin, Sy; Jenness, Samuel M.; Marcus, Julia L.	Potential impact of doxycycline post-exposure prophylaxis prescribing strategies on incidence of bacterial sexually transmitted infections.	Clinical Infectious Diseases	-	-	-	1537-6591 1058-4838	10.1093/cid/ciad488	https://pubmed.ncbi.nlm.nih.gov/37595139/	BACKGROUND: Doxycycline post-exposure prophylaxis (doxyPEP) reduces bacterial sexually transmitted infection (STI) incidence in people with HIV (PWH) or using HIV preexposure prophylaxis (PrEP). Given concerns about widespread antibiotic use, we identified doxyPEP prescribing strategies to minimize use while maximizing impact on STIs. METHODS: We used electronic health records of gay and bisexual men (GBM), transgender women, and non-binary people assigned male sex at birth with ≥2 STI tests (chlamydia, gonorrhea, syphilis) at an LGBTQ-focused health center during 2015-2020. We defined 10 hypothetical doxyPEP prescribing strategies based on PrEP use, HIV status, or STI history. We estimated doxyPEP use and STI diagnoses averted in counterfactual scenarios in which people meeting prescribing criteria received doxyPEP, assuming STI rates during use would have been reduced by clinical trial efficacy estimates. RESULTS: Among 10,546 individuals (94% GBM), rate of any STI was 35.9/100 person-years. Prescribing doxyPEP to all individuals would have averted 71% of STI diagnoses (number needed to treat for one year to avert one STI diagnosis, NNT = 3.9); prescribing to PrEP users/PWH (52%/12% of individuals) would have averted 60% of STI diagnoses (NNT = 2.9). Prescribing doxyPEP for 12 months after STI diagnosis would have reduced the proportion using doxyPEP to 38% and averted 39% of STI diagnoses (NNT = 2.4). Prescribing after concurrent or repeated STIs would have maximized efficiency (lowest NNTs) but prevented fewer STIs. CONCLUSIONS: Prescribing doxyPEP to individuals with STIs, particularly concurrent or repeated STIs, could avert a substantial proportion of all STI diagnoses. The most efficient prescribing strategies are based on STI history rather than HIV status or PrEP use.	HIV; post-exposure prophylaxis; sexually transmitted infections; STI prevention; doxycycline prophylaxis; doxypep	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Traeger, Michael W; Harney, Brendan L; Sacks-Davis, Rachel; van Santen, Daniela K; Cornelisse, Vincent J; Wright, Edwina J; Hellard, Margaret E; Doyle, Joseph S; Stoové, Mark A	Incidence and Prevalence of Hepatitis C Virus Among HIV-Negative Gay and Bisexual Men Using HIV Pre-exposure Prophylaxis (PrEP): A Systematic Review and Meta-analysis.	Open Forum Infectious Diseases	-	-	-	2328-8957	10.1093/ofid/ofad401	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10428087	Background: Gay and bisexual men using HIV pre-exposure prophylaxis (PrEP) are at increased risk for sexually transmissible infections. Hepatitis C virus (HCV) risk among PrEP users is less clear. We explored HCV prevalence and incidence among cohorts of gay and bisexual men using PrEP and sources of heterogeneity across studies. Methods: This was a systematic review and meta-analysis of open-label PrEP studies to April 2022 reporting HCV prevalence at baseline or incidence during follow-up among gay and bisexual men using PrEP. Pooled prevalence and incidence estimates were calculated using random-effects meta-analysis, and subgroup analyses were performed by study- and country-level characteristics, including availability of HCV direct-acting antiviral (DAA) therapy at time of study. Results: Twenty-four studies from 9 countries were included, with a total sample of 24 733 gay and bisexual men. Pooled HCV antibody baseline prevalence was 0.97% (95% CI, 0.63%-1.31%), and pooled HCV RNA baseline prevalence was 0.38% (95% CI, 0.19%-0.56%). Among 19 studies reporting HCV incidence, incidence ranged from 0.0 to 2.93/100 person-years (py); the pooled estimate was 0.83/100py (95% CI, 0.55-1.11). HCV incidence was higher in 12 studies that began follow-up before broad DAA availability (1.27/100py) than in 8 studies that began follow-up after broad DAA availability (0.34/100py) and higher in studies in Europe compared with North America and Australia. Conclusions: Early reports of high HCV incidence among PrEP-using cohorts likely reflect enrollment of individuals based on specific risk-based PrEP eligibility criteria for smaller studies and enrollment before DAA scale-up. In contexts where both DAAs and PrEP have been implemented at scale, studies report lower HCV incidence. PrEP-specific HCV testing guidelines should be guided by local epidemiology.	Hepatitis C, HIV, gay and bisexual men, men who have sex with men, pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Essay	2023	Traeger, Michael W; Krakower, Douglas S; Mayer, Kenneth H; Marcus, Julia L	Prioritising the values of potential users to promote uptake of HIV pre-exposure prophylaxis.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(23)00171-6	https://dx.doi.org/10.1016/S2352-3018(23)00171-6	Benefits of pre-exposure prophylaxis (PrEP) extend beyond HIV risk reduction. Users report a range of physical, emotional, and social effects, including reduced anxiety, increased intimacy, and greater sexual satisfaction. For some people, these benefits are the primary motivation for using PrEP. To successfully engage in shared decision making about HIV prevention methods, clinicians need to be able to discuss all potential risks and benefits of PrEP. These risks and benefits include not only those related to HIV risk reduction and other clinical outcomes, but also those related to experiences and relationships that people value. However, national and international clinical resources on the provision of PrEP do not include user-reported outcomes that are values-based or reflect positive effects on personal, social, or sexual wellbeing. To better integrate the values of potential users into discussions about PrEP, clinician training programmes and clinical guidelines need to be guided by community-driven frameworks and expanded to include user-reported outcomes of PrEP use, including beneficial effects. Achieving PrEP uptake and equity goals will require an approach to PrEP provision that centres the values and desired experiences of potential users, particularly those from populations with the greatest unmet need for PrEP.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Theses and Dissertations	2023	TRAEGER, MICHAEL WILLIAM	Epidemiology and prevention of sexually transmissible infections among gay and bisexual men in the era of HIV pre-exposure prophylaxis.	-	-	Monash University	-	NA	NA	http://hdl.handle.net/10.26180/23657442.v1	HIV pre-exposure prophylaxis (PrEP), the use of antiretroviral medications by people without HIV to reduce their risk of HIV acquisition, is a highly efficacious HIV prevention strategy. In Australia, PrEP was first available through large implementation trials which enrolled more than 20,000 people nationally from 2016, and from 2018 became available through Australia's universal healthcare scheme. PrEP has significantly impacted the sexual and overall wellbeing of gay and bisexual men (GBM) in Australia, leading to increased comfort in condomless sex with partners with HIV and reductions in serosorting. While traditional combination approaches to HIV prevention, including behavioural risk reduction, regular testing, and condom use, also help prevent other sexually transmitted infections (STIs), newer biomedical prevention strategies, such as PrEP and Treatment as Prevention (or Undetectable = Untransmissible) have led to a decoupling of HIV and STI prevention. In Australia, HIV and STI epidemics among GBM are now diverging, with HIV infections steadily declining as STI infections increase. The overarching aims of my PhD were to explore the impact of PrEP implementation in Australia on the epidemiology of non-HIV STIs among GBM and improve understanding of the sexual and healthseeking behaviours of GBM using PrEP, to help guide Australia's response to increasing STIs. This thesis comprises of two literature reviews and five empirical studies. The first two studies are epidemiological analyses of data from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance (ACCESS), a nation-wide sentinel surveillance system for blood borne viruses and STIs. Representing the largest STI incidence studies of PrEP users (>22,000) and GBM (>100,000) globally, these studies found stabilising trends in chlamydia and gonorrhoea among PrEP users, but high rates of syphilis reinfection across groups of GBM suggesting increasing syphilis transmission between sexual networks of GBM with and without HIV, influenced by changes in PrEP use and serosorting. The fourth study is a latent class analysis of participants from a large Australian PrEP implementation study. This study identified four distinct classes of PrEP users based on their behaviours and attitudes towards STIs and STI prevention. Most PrEP users belonged to two groups distinguished by highly disparate attitudes towards STIs but with similar rates of a recent bacterial STI. Findings suggest that attitudes towards STIs among GBM using PrEP in Australia vary considerably, and likely influence their receptivity to different STI prevention strategies. The final study is a mathematical modelling study based on gonorrhoea transmission among gay and bisexual men in Victoria, Australia. which explored the estimated impact of a hypothetical antimicrobial gel-based intervention for reducing gonorrhoea incidence. The introduction of a moderate-efficacy intervention could have benefits for population-level gonorrhoea prevention, even when the intervention is considerably less efficacious than condoms and uptake contributes to reduced condom use. This thesis provides real-world data on the interplay between widespread PrEP uptake and STI epidemiology, including the interplay between HIV prevention, STI testing, sexual networks, behaviours, and attitudes towards STIs. The thesis provides empiric evidence to inform STI prevention strategies, and novel insights into how these may be targeted to maximise impact in the era of PrEP. These findings can also guide other countries planning to scale up PrEP to effectively plan for and address the impact of PrEP implementation on other STIs. The third study is a systematic review and meta-analysis of studies of hepatitis C among GBM using PrEP. This meta-analysis found that high rates hepatitis C in early PrEP studies were likely reflective of risk-based PrEP eligibility criteria and higher community hepatitis C viraemia at the time of study. Later, larger studies, and studies which occurred in settings where hepatitis C direct-acting antiviral treatments (DAAs) were widely available (such as in Australia), found significantly lower rates of hepatitis C among PrEP users. Findings support the hypothesis that uptake of DAAs among GBM translates to less hepatitis C transmission in PrEP users.	Epidemiology not elsewhere classified; HIV; STI; STIs; Chlamydia; Gonorrhoea; Syphilis; Gay and bisexual men; Men who have sex with men; MSM	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	-	-	Mixed methods
Book Section	2023	Tran D.; Callahan W.	Prophylaxis to Prevent HIV Infections (PREP)-2010	-	Top Articles in Primary Care	-	978-303125620-2	-	10.1007/978-3-031-25620-2_31	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171011865&doi=10.1007%2f978-3-031-25620-2_31&partnerID=40&md5=fec0cc2ba7d3276322d276389d219c17	I remember the visit vividly. I had seen the patient for evaluation of lymphadenopathy. A workup revealed only one lab abnormality: the patient had become HIV positive, a new development compared to their last test 2 months prior. What became clear after the fact was that the patient had been in an HIV discordant relationship. The patient had been HIV negative, and their partner had been HIV positive, though the patient only became aware of this discordance shortly before their own diagnosis. It highlighted for me the potential for benefit from PrEP, and the need for uptake by primary care providers. © The Editor(s) (if applicable) and The Author(s), under exclusive license to Springer Nature Switzerland AG 2023.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Clinical

Article	2023	Tran, Hieu Trung; Tsuchiya, Kiyoto; Kawashima, Akira; Watanabe, Koji; Hayashi, Yoshiharu; Ryu, Shoraku; Hamada, Akinobu; Gatanaga, Hiroyuki; Oka, Shinichi	Steady-state pharmacokinetics of plasma tenofovir alafenamide (TAF), tenofovir (TFV) and emtricitabine (FTC), and intracellular TFV-diphosphate and FTC-triphosphate in HIV-1 infected old Japanese patients treated with bictegravir/FTC/TAF.	Global Health & Medicine	-	-	-	-	2434-9194 2434-9186	10.35772/ghm.2023.01060	https://pubmed.ncbi.nlm.nih.gov/37655187/	Emtricitabine (FTC) plus tenofovir alafenamide (TAF) has demonstrated efficacy and safety for pre-exposure prophylaxis (PrEP) to prevent HIV-1 infection. We measured the plasma PK of FTC, tenofovir (TFV), and TAF in a steady-state pharmacokinetic (PK) study of bictegravir/FTC/TAF in HIV-1-infected patients. Furthermore, validated liquid chromatography-tandem mass spectrometry was used to measure intracellular TFV-diphosphate (DP) and FTC-triphosphate (TP), the active metabolites of TFV and FTC, respectively. Plasma and dried blood spot samples were collected from 10 male patients aged ≥ 50 years at various time intervals: 0 (trough), 1, 2, 3, 4, 6, 8, 12, and 24 h after drug administration. The mean ± standard deviation of plasma PK parameters were as follows: The maximum concentrations of TAF, TFV, and FTC were 104.0 ± 72.5, 27.9 ± 5.2, and 3,976.0 ± 683.6 ng/mL, respectively. Additionally, their terminal elimination half-lives were 0.6 ± 0.5, 31.6 ± 10.4, and 6.9 ± 1.4 h, respectively. These results were consistent with previously reported data. The intracellular levels of TFV-DP and FTC-TP varied widely among individuals; however, they remained stable over 24 h in each individual at approximately 1,000-1,500 and 2,000-3,000 fmol/punch, respectively, indicating that plasma concentrations did not affect the intracellular concentrations of their active metabolites. These results demonstrated that measuring intracellular TFV-DP and FTC-TP could be useful for monitoring adherence to PrEP in clients on this regimen.	pre-exposure prophylaxis; dried blood spot; intracellular concentration; liquid chromatography-tandem mass spectrometry; plasma concentration	English	United Kingdom	Western and Central Europe and North America	Japan	Asia and the Pacific	Japan	Asia and the Pacific	Clinical
Article	2023	Tran, Julien; Vlaev, Ivo; Read, Daniel; Schmidtke, Kelly Ann; Chow, Eric P F; Lee, David; Tapa, James; Ong, Jason J	A qualitative evaluation of a Nudgeathon event for the co-design of sexual health campaign images targeting overseas-born men who have sex with men.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH22125	https://dx.doi.org/10.1071/SH22125	BACKGROUND: Additional approaches to HIV prevention and management, such as Nudgeathons, are required to increase access to HIV pre-exposure prophylaxis (PrEP) among overseas-born men who have sex with men (MSM). METHODS: In September 2021, we conducted a 4-h online Nudgeathon, wherein four teams co-designed behaviourally informed adverts to improve PrEP access and uptake for overseas-born MSM. After the Nudgeathon, eight of 17 invited Nudgeathon attendees were interviewed about their experience. We conducted a qualitative content analysis of interview data to highlight participants' experiences of the co-design process. RESULTS: We identified three major themes: (1) what worked well; (2) group dynamics; and (3) improvement and future directions. The Nudgeathon about PrEP was a positive learning experience, with valuable contributions and overall satisfaction with the end-products. The online format was perceived as less costly than if the Nudgeathon was hosted in person, and suitable for participants from different geographical regions. In-person Nudgeathons with international attendees would require costs for flights, accommodation, function room hire and catering. Within groups, sharing personal experiences essential to co-designing concepts. However, less information on how to create nudges and more information before the Nudgeathon was preferred. CONCLUSION: Our evaluation finds that Nudgeathons are fast and efficient in developing potential solutions to complex issues related to HIV prevention.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Triplett N.S.; Roberts S.T.; Hartmann M.; Wagner D.; Reddy K.R.; Mathebula F.; Tolley E.E.; Baeten J.M.; Palanee-Phillips T.; Montgomery E.T.	Examining Associations Between Mental Health, IPV Exposure, HIV Risk Behaviors, and PrEP Use in South African Women: An Analysis of Data from the Charisma Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03936-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143230945&doi=10.1007%2fs10461-022-03936-7&partnerID=40&md5=8142a85cc318a27ac2f982be02ca9085	Intimate partner violence (IPV) has been associated with poorer mental health outcomes and increased human immunodeficiency virus (HIV) risk behaviors. We examine the relations between IPV, mental health symptomology (defined as psychological distress and alcohol misuse), and engagement in HIV risk behaviors among a sample of South African women who participated in a randomized controlled trial of CHARISMA, an intervention to increase women's agency to use oral pre-exposure prophylaxis (PrEP) safely and consistently as well as mitigate relationship challenges. We also examined the impact of trial participation on women's mental health, as well as the impact of psychological distress on the effectiveness of the CHARISMA intervention. Mental health symptomology and IPV exposure were prevalent and associated with some HIV risk and protective behaviors. Trial participation reduced psychological distress. There was no evidence for mental health symptomology impacting the effectiveness of the CHARISMA intervention. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adherence; Intimate partner violence (IPV); Mental Health; Pre-Exposure Prophylaxis (PrEP); South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Tross S.; Spector A.Y.; Ertl M.M.; Berg H.; Turrigiano E.; Hoffman S.	A Qualitative Study of Barriers and Facilitators of PrEP Uptake Among Women in Substance Use Treatment and Syringe Service Programs	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-022-03853-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85141046519&doi=10.1007%2fs10461-022-03853-9&partnerID=40&md5=4ff3c47c7dd44c305399c2b9e6940a8b	PrEP is an HIV prevention option that could benefit substance-involved women, a high-risk population with low PrEP uptake. Little is known about their interest in PrEP. This qualitative study used in-depth interviews to examine PrEP willingness, barriers, and facilitators among 16 women in outpatient psychosocial substance use treatment, methadone, and/or harm reduction/syringe programs in NYC. All expressed willingness to use PrEP, but only during periods of perceived risk. Women perceived themselves to be at high risk for HIV when engaging in active substance use and/or transactional sex. They perceived themselves to be at low risk and therefore unmotivated to take PrEP when abstinent from these activities. Paradoxically, a major barrier to using PrEP was anticipated interference from substance use and transactional sex, the very same activities that create a perception of risk. Facilitators of PrEP use included perceptions of it as effortless (as opposed to barrier methods during sex) and effective, safe, and accessible. Other barriers included fear of stigma and doubts about adhering daily. Recommendations for best PrEP implementation practices for substance-involved women included tailored and venue-specific PrEP information and messaging, PrEP discussion with trusted medical providers, and on-site PrEP prescription in substance use treatment and harm reduction programs. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; implementation; Pre-exposure prophylaxis (PrEP); women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Troutman J.; Robillard A.; Ingram L.A.; Qiao S.; Gaddist B.; Segosebe K.	INDIVIDUAL, SOCIAL, AND STRUCTURAL VULNERABILITY FOR BLACK WOMEN IN THE SOUTH: IMPLICATIONS FOR PrEP	AIDS Education and Prevention	-	-	-	-	8999546	10.1521/aeap.2023.35.4.290	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166438639&doi=10.1521%2faeap.2023.35.4.290&partnerID=40&md5=b6053c5ed21f12e8e22871acdce491d0	Pre-exposure prophylaxis (PrEP) is an effective biomedical HIV prevention option, yet adoption among Black women, who are disproportionately impacted by HIV, is low. A nuanced understanding of the multi-level factors that contribute to elevated risk is necessary to better contextualize PrEP uptake. Qualitative data from Black women residing in the Southern U.S. who self-screened as HIV-negative, were collected via four focus groups (N = 27) to understand influences on HIV vulnerability and the potential role of PrEP in mitigating risk. Content analysis of transcribed data yielded multiple themes addressing: the pervasiveness of sexual partner sharing; lack of transparency regarding HIV status, disclosure, and testing; and social/cultural influences on HIV risk. Experiences with the health care system and providers were of particular concern. Findings demonstrate support for PrEP in this population and contribute to our understanding of individual, social, and structural factors to better inform PrEP promotion. © 2023 The Guilford Press.	Black; HIV; pre-exposure prophylaxis; PrEP; prevention; U.S. South; women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Truong, Hong-Ha M; Heylen, Elsa; Kadede, Kevin; Amboka, Sayo; Otieno, Beatrice; Odhiambo, Hanningtone; Odeny, Damaris; Hewa, Marion; Opiyo, Maurice; Opondo, Fidel; Ogolla, David; Guzé, Mary A; Miller, Lara E; Bukusi, Elizabeth A; Cohen, Craig R	HIV Pre-Exposure Prophylaxis (PrEP) Awareness and Use Among Adolescents in Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003338	https://dx.doi.org/10.1097/QAI.0000000000003338	Background: HIV pre-exposure prophylaxis (PrEP) is an effective prevention tool; however, use among adolescents is thought to be low. To determine the unmet need and opportunity to expand use, we assessed awareness, prior use, and willingness to take PrEP among Kenyan adolescents. Methods: The Maneno Yetu study recruited a community-based sample of adolescents aged 15–19 years (N = 3061) in Kisumu for a survey using respondent-driven sampling. Results: Overall, 50% of adolescents had heard of PrEP and 2% had used PrEP. Girls were more likely than boys to have heard of PrEP (53.4% vs. 45.1%; P < 0.001) and used PrEP (3.6% vs. 0.3%; P < 0.001). Among participants, 14% engaged in transactional sex and 21% experienced forced sexual contact. PrEP use was higher among adolescents who engaged in transactional sex (4.8% vs. 0.6%; P < 0.001) and experienced forced sexual contact (2.7% vs. 0.7%; P < 0.001) compared with those who did not. Among adolescents with no prior use, 53% were willing to consider using PrEP, although girls were less willing than boys (49.7% vs. 55.9%; P = 0.001). Conclusions: PrEP is an important prevention tool, especially for adolescents whose circumstances potentially expose them to HIV-positive or unknown status sexual partners, yet remains underused, particularly in resource-limited settings. Although many expressed willingness to use PrEP, low awareness and use highlight the need to expand HIV prevention education and services tailored for adolescents. Our finding that boys were more willing to use PrEP suggests campaigns should also be designed to reach male youth to narrow the gender gap and expand uptake in the adolescent population.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Truong, Hong-Ha; Guzé, Mary; Kadede, Kevin; Amboka, Sayo; Otieno, Beatrice; Odhiambo, Hanningtone; Odeny, Damaris; Hewa, Marion; Opiyo, Maurice; Opondo, Fidel; Fatch, Robin; Ogolla, David; Miller, Lara; Bushman, Dena; Bukusi, Elizabeth; Cohen, Craig	HIV Infection Among Adolescents Residing in Urban Informal Settlements of Kenya.	AIDS Education and Prevention	-	-	-	-	NA	10.1521/aeap.2023.35.3.225	https://escholarship.org/uc/item/00b214cb	Adolescents comprise approximately 15% of new HIV infections in Kenya. Impoverished living conditions in informal settlements place residents at high risk for HIV infection. We assessed factors associated with HIV infection among adolescents residing in urban informal settlements in Kisumu. We recruited 3,061 adolescent boys and girls aged 15-19. HIV prevalence was 2.5% overall, all newly identified cases were among girls and infection was positively associated with not completing a secondary education (p < .001). Girls who had ever been pregnant (p < .001) or out-of-school without completing a secondary education (p < .001) were more likely to be HIV-positive. Our findings of higher HIV prevalence among adolescent girls who had been pregnant or did not complete secondary school highlight the need to facilitate access to HIV testing, HIV pre-exposure prophylaxis, and sexual and reproductive health services as components of a comprehensive prevention strategy to decrease HIV infections in this priority population.	HIV; Kenya; adolescents; education; informal settlements; pregnancy; sexual behavior; Male; Pregnancy; Female; Humans; Adolescent; HIV Infections; Kenya; Sexual Behavior; HIV Testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Tshikung O.N.; Segeral O.; Cavassini M.; Calmy A.	News in HIV infection, long-acting injectable treatments; VIH: zoom sur les traitements injectables à longue durée d'action	Revue Médicale Suisse	-	-	-	-	16609379	10.53738/REVMED.2023.19.812.243	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147318154&doi=10.53738%2fREVMED.2023.19.812.243&partnerID=40&md5=06654c19c1ca74cb121dbc6f3178f2c2	Long-acting injectable therapies have been added to the pharmacological arsenal available for the management of HIV infection, whether in the form of monotherapy (injectable cabotegravir) as part of pre-exposure prophylaxis (PrEP) or dual therapies (injectable cabotegravir/rilpivirine) for the treatment of HIV. These treatments are the subject of new international recommendations following the publication of pivotal trials, the results of which will be presented in this review. We will also discuss the practical modalities of their implementation as well as the challenges to be faced in the future. © 2023 Editions Medecine et Hygiene. All rights reserved.	cabotegravir; cabotegravir plus rilpivirine; anti human immunodeficiency virus agent; antiretrovirus agent; dipyrone	French	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Review
Article	2023	Turpin R.E.; Mandell C.J.; Camp A.D.; Davidson Mhonde R.R.; Dyer T.V.; Mayer K.H.; Liu H.; Coates T.; Boekeloo B.O.	COVID-19, Vaccine Hesitancy, and HIV Pre-exposure Prophylaxis among Black Sexual Minority Men	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	15254135	10.1097/QAI.0000000000003305	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176509679&doi=10.1097%2fQAI.0000000000003305&partnerID=40&md5=39a014b2711a6fdbcf87bc326bdf0788	Background:The COVID-19 pandemic has created substantial and profound barriers to several forms of health care engagement. For Black sexual minority men, this may include engagement with pre-exposure prophylaxis (PrEP) to prevent HIV infection, with significant implications for HIV disparities. Our study explored how the COVID-19 pandemic affected Black sexual minority men, with a focus on relationships between COVID-19 and PrEP engagement.Setting:We sampled 24 Black sexual minority men attending HIV prevention-related events in the greater D.C. Metropolitan area (D.C., Maryland, Virginia).Methods:We conducted qualitative phone interviews among our sample. Questions were primarily focused on the COVID-19 pandemic and how it affected engagement and considerations of PrEP use. Interviews were transcribed and qualitatively analyzed using the 6 stages of thematic analysis.Results:We identified 3 major themes from our thematic analysis: Changes in the health care system, changes in sexual and relationship contexts, and COVID-19 vaccine hesitancy and misinformation. Relationships between COVID-19 vaccine hesitancy and PrEP hesitancy were especially prevalent, with participants describing that COVID-19 hesitancy can directly deter PrEP use through eroding medical trust further.Conclusions:We identified changes in the health care system, sexual and relationship contexts, and COVID-19 vaccine hesitancy as important issues driven by COVID-19 with significant implications for PrEP use. The COVID-19 pandemic has changed the health care and social landscape in profound ways that affect PrEP access, sexual networks, and associated HIV vulnerability. Future research further exploring relationships between specific pandemic stressors and HIV prevention among Black sexual minority men is recommended. © 2023 Lippincott Williams and Wilkins. All rights reserved.	Black; intersectionality; medical mistrust; pandemic; PrEP; sexuality	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Turpin R.E.; Mandell C.J.; Camp A.D.; Davidson Mhonde R.R.; Dyer T.V.; Mayer K.H.; Liu H.; Coates T.; Boekeloo B.O.	Monkeypox-Related Stigma and Vaccine Challenges as a Barrier to HIV Pre-Exposure Prophylaxis among Black Sexual Minority Men	International Journal of Environmental Research and Public Health	-	-	-	-	16617827	10.3390/ijerph20146324	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165940244&doi=10.3390%2fijerph20146324&partnerID=40&md5=e6d6bcd1c4651cb04ac2f0a86b1b33da	Background: The U.S. monkeypox (mpox) outbreak of 2022 was a unique emergent public health crisis disproportionately affecting Black sexual minority men (BSMM). Similar to other stigmas, mpox-related stigma may have adverse effects on BSMM, including deterring HIV prevention such as PrEP. Methods: Our study investigated the experiences and perceptions of BSMM related to mpox, including mpox-associated stigma, and PrEP engagement among BSMM. We conducted qualitative interviews of 24 BSMM attending HIV prevention-related events in the greater D.C. Metropolitan area. In-depth interviews were conducted via phone, and responses to questions specific to the mpox outbreak were analyzed using thematic analysis. Results: We identified three key themes from the analysis: Mpox-related stigma, Mpox vaccine availability concerns, and Mpox vaccine hesitancy. Participants also described relationships between each of these three themes and PrEP use. Mpox stigma was particularly relevant as it is related to sexual stigma and is a deterrent to PrEP use. A sense of health system neglect of BSMM, especially related to low mpox vaccine availability, was also described. Conclusions: We identified mpox stigma and challenges related to mpox vaccination as key themes among BSMM, with implications for PrEP use. Future research exploring medical mistrust among BSMM, particularly related to HIV prevention, is recommended. © 2023 by the authors.	HIV; intersectionality; mpox; PrEP; race; sexuality	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Tyler, S; Coleman, H; Ali, A; Nori, A	The role of a specialist HIV pre-exposure prophylaxis pharmacist	Sexually Transmitted Infections	-	-	-	-	1368-4973	10.1136/sextrans-BASHH-2023.108	https://sti.bmj.com/content/99/Suppl_1/A56.1	Abstract Introduction The efficacy of HIV Pre-Exposure Prophylaxis (PrEP) is well established, however success largely depends on reach, access and medication adherence. This review describes the expanding role of a pharmacist within a sexual and reproductive health (SRH) clinic including the benefits of improved quality of care and access to PrEP. Method Data was collected on successful service improvements implemented by a specialist HIV PrEP pharmacist. Results Since being in post from July 2022 the pharmacist alongside members of the MDT has led on the following service improvements:- • Implementation of a streamlined all-day nurse led clinic for routine PrEP through patient group directive sign offs and education and training. This has led to an increase in uptake of PrEP by 30%. • Establishing a weekly virtual complex PrEP MDT clinic to review medical complexities such as side effects and renal impairment. This has allowed us to provide options and nephrology referrals for patients who cannot take NHS PrEP. Over 500 patients which is over 20% of our cohort has been reviewed over a 6-month period. • Creation of an online appointment system for PrEP appointments. • Implementation of a weekly Pharmacist PrEP clinic for training new staff and reviewing complex patients (up to 5 patients/week). • Strategic planning for novel deliveries of PrEP to increase capacity and access for marginalised communities (e.g. via medication lockers and remote pathways). Discussion Pharmacists are experts in medication, adherence counselling, adverse effects and monitoring which are critical to clinically successful and safe PrEP usage. PrEP service leadership by a pharmacist skilled in HIV/SRH with an understanding of contracts and supply chain has proven to be beneficial. Together with other clinicians	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Ugarte, Ainoa; de la Mora, Lorena; García, David; Martínez-Rebollar, María; de Lazzari, Elisa; Torres, Berta; Inciarte, Alexy; Ambrosioni, Juan; Chivite, Iván; Solbes, Estela; de Loredo, Nicolás; Del Carlo, Guillermo Federico; González-Cordón, Ana; Blanco, José Luis; Martínez, Esteban; Mallolas, Josep; Laguno, Montserrat	Evolution of Risk Behaviors, Sexually Transmitted Infections and PrEP Care Continuum in a Hospital-Based PrEP Program in Barcelona, Spain: A Descriptive Study of the First 2 Years' Experience.	Infectious Diseases and Therapy	-	-	-	-	2193-8229	10.1007/s40121-022-00733-6	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9753893	INTRODUCTION: Pre-exposure prophylaxis (PrEP) is effective for HIV prevention, but the PrEP care continuum also involves improving PrEP awareness, uptake, adherence, and retention in care. Users' awareness is often compromised because of vulnerability factors and risk behaviors, such as chemsex practice or specific substance use, which could lead to risk compensation. Correct adherence and retention in care are essential to achieve the full effectiveness of PrEP. This study describes changes in users' risk behaviors and sexually transmitted infections (STIs), as well also PrEP care continuum details. METHODS: This was a descriptive single-center retrospective study including adults at high HIV risk screened between November 2019 and June 2021 in the PrEP program of our hospital. Demographic, behavioral, STI, adherence, and retention in care variables were assessed. Data were collected from medical records and self-report questionnaires. RESULTS: A total of 295 people were included, 94% men and 5% transgender women, with a mean age of 34 years (SD 10) and 10% sex workers. At baseline, 55% disclosed chemsex practice and 3% slamming. During follow-up, condom use for anal intercourse decreased from 41% to 13% (p ≤ 0.0001) and one HIV infection was detected; other risk behaviors and STIs remained stable. Chemsex, group sex, fluid exchange, and condomless anal intercourse were related to STI risk. Adherence was correct in 80% of users, and retention in care was 57%. Discontinuations and loss to follow-up were high, mainly affecting transgender women, sex workers, and people practicing fisting. CONCLUSION: PrEP program implementation in our hospital was adequate, since it allowed, in a population at high HIV risk, overall users' risk behaviors and STIs to remain stable, with only one HIV diagnosis during the follow-up. We should target specific strategies to improve adherence and retention in care, as vulnerable subgroups at higher risk of loss to follow-up are identified.	PrEP, Retention in care, PrEP care continuum, Chemsex, Risk behaviors, STIs, HIV	English	United States	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2023	Ung M.; Martin S.; Terris-Prestholt F.; Quaife M.; Tieosapjaroen W.; Phillips T.; Lee D.; Chow E.P.F.; Medland N.; Bavinton B.R.; Pan S.W.; Mao L.; Ong J.J.	Preferences for HIV prevention strategies among newly arrived Asian-born men who have sex with men living in Australia: A discrete choice experiment	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2023.1018983	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150861061&doi=10.3389%2ffpubh.2023.1018983&partnerID=40&md5=7928522b4300723f19f76c8bbfbc582e	The HIV epidemic in Australia is changing with higher risk for HIV among newly-arrived Asian-born men who have sex with men (MSM) compared to Australian-born MSM. We evaluated the preferences for HIV prevention strategies among 286 Asian-born MSM living in Australia for <5 years. A latent class analysis uncovered three classes of respondents who were defined by their preferences: "PrEP" (52%), "Consistent condoms" (31%), and "No strategy" (17%). Compared to the "No strategy" class, men in the "PrEP" class were less likely to be a student or ask their partner for their HIV status. Men in the "Consistent condoms" class were more likely to get information about HIV from online, and less likely to ask their partner for their HIV status. Overall, PrEP was the preferred HIV prevention strategy for newly arrived migrants. Removing structural barriers to access PrEP can accelerate progress toward ending HIV transmission. Copyright © 2023 Ung, Martin, Terris-Prestholt, Quaife, Tieosapjaroen, Phillips, Lee, Chow, Medland, Bavinton, Pan, Mao and Ong.	Australia; discrete choice experiment; health preference research; HIV; men who have sex with men; migrants; pre-exposure prophylaxis	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2023	Unigwe, I; Goodin, A; Lo-Ciganic, WH; Cook, RL; Park, H	Trajectories of Preexposure Prophylaxis Adherence Among Commercially Insured Individuals	Clinical Infectious Diseases	-	-	-	-	1058-4838	10.1093/cid/ciad756	https://pubmed.ncbi.nlm.nih.gov/38066587/	We used group-based trajectory models to identify 4 distinct trajectory patterns of adherence to preexposure prophylaxis (PrEP) among 20 696 users. Only 44.5% were consistently PrEP adherent, with younger age, being female, or having substance use disorder or depression associated with early discontinuation. Public health efforts are needed to improve PrEP adherence.	HIV PREVENTION; adherence; preexposure prophylaxis; PrEP; INFECTION; group-based trajectory modeling; MarketScan	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Unigwe, I; Goodin, AJ; Lo-Ciganic, WH; Cook, RL; Park, H	TRAJECTORIES OF ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS (PREP) AND RISK OF HIV INCIDENCE	Value in Health	-	-	-	-	1098-3015	10.1016/j.jval.2023.03.177	https://www.valueinhealthjournal.com/article/S1098-3015(23)00277-2/fulltext?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1098301523002772%3Fshowall%3Dtrue	Objectives: Pre-exposure prophylaxis (PrEP) is effective in preventing HIV transmission and acquisition. However, poor adherence may limit its efficacy. Thus, we examined the association between adherence trajectories of PrEP and the risk of HIV acquisition among PrEP users. Methods: We conducted a retrospective cohort study, using data from the 2011-2020 MarketScan database of commercially-insured individuals in the U.S. aged 12-64 prescribed $ 30 days of PrEP use (i.e., tenofovirdisoproxil-fumarate with emtricitabine or tenofovir-alafenamide with emtricitabine). To ensure PrEP use, we excluded persons with any diagnosis codes or prescriptions for HIV or hepatitis B virus (HBV) during the year before the first PrEP prescription date and prescriptions (,30 days) for post-exposure prophylaxis use. We used group-based trajectory modeling (GBTM) to identify distinct adherence patterns of PrEP using 15-day proportion of days covered over 1 year, starting from day 31 after PrEP initiation. We examined the association between the adherence trajectories and the risk of HIV acquisition during the GBTM measurement period, using inverse probability treatment weighted (IPTW) Cox proportional hazard models. Results: The study cohort consisted of 20,757 new PrEP users (96% males; 52% aged 18-34 years; 38% from the South). The final GBTM models identified four distinct PrEP adherence trajectories including nonadherent (23% of the cohort), rapidly-declining (12%), gradually-declining (20%), and consistently-adherent (44%) groups, with HIV incidence rates of 73, 38, 59, and 39 per 10,000 person-years, respectively. In IPTW Cox regression models, compared with consistently adherent group, nonadherent group had an increased HIV risk (HR 2.17 [1.06-4.44]). There were no statistically-significant differences in HIV risk between the rapidly-declining (HR 0.92 [0.29-2.93]) or gradually-declining (HR 1.72 [0.79-3.75]) adherence groups and the consistently adherent group. Conclusions: We found an increased risk of HIV among those who were nonadherent with PrEP, suggesting the need for interventions targeting barriers to adherence and PrEP access continuity	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Unigwe, Ikenna F; Cook, Robert L; Janelle, Jennifer W; Park, Haesuk	Trends in Recommended Screening and Monitoring Tests for Users of HIV Pre-Exposure Prophylaxis Before and During the COVID-19 Pandemic.	American Journal of Preventive Medicine	-	-	-	-	2773-0654	10.1016/j.focus.2023.100134	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10546544	Introduction: To ensure the health and safety of persons taking pre-exposure prophylaxis to prevent HIV infection, the 2017 Centers for Disease Control and Prevention guidelines recommended initial and follow-up laboratory testing. We assessed the trends in adherence rates to recommended laboratory testing among pre-exposure prophylaxis users and identified factors associated with HIV testing among pre-exposure prophylaxis users from 2016 to 2020 and also examined rate changes during the COVID-19 pandemic in 2020. Methods: We conducted a retrospective cohort study assessing the rates and trends of recommended laboratory testing among commercially insured pre-exposure prophylaxis users from 2016 to 2020, using the MarketScan database. We examined the proportion of pre-exposure prophylaxis users adhering to the following initial and follow-up laboratory testing: (1) HIV, creatinine clearance, hepatitis B virus, hepatitis C virus, and sexually transmitted infections (chlamydia/gonorrhea and syphilis) within 7 days before pre-exposure prophylaxis initiation; (2) HIV 90 days after initiation; and (3) HIV, creatinine clearance, and sexually transmitted infections 180 days after pre-exposure prophylaxis initiation. We used general linear models to examine trends and multivariable logistic regression to identify predictors of ≥1 HIV test within 180 days after index pre-exposure prophylaxis. Results: We identified 19,581 new pre-exposure prophylaxis users. Most were male (96%) and aged 18-34 years (55%). Adherence rates to recommended testing increased from 2016 through 2019 (e.g., 9.0%-13.6% for all initial screening tests 7 days before initiation, 42.1%-44.6% for HIV testing 90 days after initiation, 33.8%-40.6% for all follow-up tests within 180 days after initiation), but all rates decreased during the COVID-19 pandemic (12.4%, 33.6%, and 31.6%, respectively). Younger age (aged 13-17 years: AOR=0.44, 95% CI=0.28, 0.71) and ages 18-34 years (AOR=0.80, 95% CI=0.74, 0.86) were associated with a significantly lower likelihood of getting an HIV test within 180 days after initiation than ages 35-44 years, and female sex (AOR=0.64, 95% CI=0.55, 0.74) were associated with a significantly lower likelihood than male sex. Pre-exposure prophylaxis users with a history of sexually transmitted infections had a higher likelihood (AOR=1.27, 95% CI=1.16, 1.40) of getting tested than those without. Conclusions: Initial screening and follow-up testing rates were lower than those recommended by the Centers for Disease Control and Prevention. Public health efforts are needed to ensure that patients have access to needed laboratory testing during pandemics or natural disasters and to educate patients and clinicians about the importance of screening and monitoring tests to ensure the safety and health of pre-exposure prophylaxis users.	Pre-exposure prophylaxis, HIV, COVID-19, sexually transmitted infection, preventative medicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Essay	2023	Valente, Pablo K; Operario, Don; Rusley, Jack; Bauermeister, José A; Biello, Katie B	The need for a health equity framework in next-generation pre-exposure prophylaxis implementation.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00009-7	https://dx.doi.org/10.1016/S2352-3018(23)00009-7	Pre-exposure prophylaxis (PrEP) is highly effective for prevention of HIV transmission and plays an important role in efforts to end the HIV epidemic within the next decade. However, disparities in access to PrEP might be fuelling disparities in the burden of HIV in the USA. The advent of next-generation PrEP formulations that do not involve daily regimens (eg, long-acting cabotegravir) holds potential to facilitate medication adherence, but if the roll-out of these formulations does not consider disparities in access, HIV disparities might be further widened. On the basis of US epidemiological data and informed by the Theory of Fundamental Causes of Health Disparities, we propose an equity-promoting framework to guide the implementation of daily oral and next-generation PrEP. Multilevel efforts to bolster equity in PrEP care include generating demand for next-generation PrEP formulations among marginalised groups, expanding the availability of health services providing oral and next-generation PrEP, and addressing structural and financial barriers to HIV prevention care. The aim of these strategies is to realise the potential of next-generation PrEP to provide people at high risk with effective options to prevent HIV acquisition, thereby helping to reduce both overall HIV transmission and health disparities in the USA.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2023	Valente, Pablo K; Rusley, Jack C; Operario, Don; Biello, Katie B	Readiness to Provide Oral and Injectable PrEP for Sexual and Gender Minority Youth Among Healthcare Providers and Clinics in the U.S. Northeast.	Journal of Adolescent Health	-	-	-	-	1879-1972	10.1016/j.jadohealth.2022.11.246	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10121770	PURPOSE: To examine readiness to provide oral and injectable pre-exposure prophylaxis (PrEP) for sexual and gender minority youth (SGMY) and to explore decision-making for HIV prevention strategies (e.g., condom use, daily and event-driven oral PrEP, and injectable PrEP) among healthcare providers. METHODS: Between February and April 2022, we recruited 31 prescribing providers (M.Ds, D.Os, P.As, and N.Ps) practicing in primary care and specialized clinics in the U.S. Northeast for focus groups or individual interviews. Focus groups and interview transcripts were analyzed using thematic analysis. RESULTS: Most providers specialized in Pediatrics (42%) or Adolescent Medicine (23%) and 58% had previously prescribed PrEP. Main barriers to PrEP readiness were low PrEP knowledge, limited time for visits, and competing clinical priorities. Organizational factors such as routine HIV/STI testing, PrEP-specific electronic health records templates, and specialized staff (e.g., PrEP navigators) promoted PrEP readiness. Providers held positive attitudes toward injectable PrEP to promote adherence among SGMY, yet barriers to implementation of this modality were identified (e.g., patient anxiety about needles, additional staffing needs). Providers described event-driven oral PrEP as an option for SGMY with episodic HIV risk. Assurances of conditional confidentiality, including preventing disclosure of sensitive information through insurance forms, and shared decision-making facilitated conversations about HIV prevention with SGMY. DISCUSSION: Future PrEP implementation efforts for SGMY should consider combined efforts targeting provider knowledge about PrEP modalities (e.g., decision aids) and clinic organizational factors (e.g., routine HIV/STI testing, resources to assist providers and patients in navigating the multiple steps between prescription and adherence to PrEP).	Adolescents, Young adults, Implementation science, Qualitative research, HIV	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	van den Elshout, Mark Am; Hoornenborg, Elske; Coyer, Liza; Anderson, Peter L; Davidovich, Udi; de Vries, Henry Jc; Prins, Maria; Schim van der Loeff, Maarten F	Determinants of adherence to daily PrEP measured as intracellular tenofovir diphosphate concentrations over 24 months of follow-up among men who have sex with men.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2022-055499	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10359585	OBJECTIVES: Adherence is key to the effectiveness of oral pre-exposure prophylaxis (PrEP) to prevent HIV. Therefore, we aimed to explore factors associated with adherence to daily PrEP (dPrEP). METHODS: Men who have sex with men (MSM) using dPrEP (emtricitabine/tenofovir disoproxil) within the Amsterdam PrEP demonstration project at the Public Health Service of Amsterdam, provided dried blood spots (DBS) 12 and 24 months after PrEP initiation. From DBS, we determined intracellular tenofovir diphosphate (TFV-DP) concentrations to assess adherence; TFV-DP ≥700 fmol/punch was considered adequate. We assessed associations of sociodemographic, clinical and behavioural characteristics with TFV-DP concentrations using multivariable linear regression. RESULTS: Of 263 participants who attended 12-month or 24-month study visits while on dPrEP, 257 (97.7%) provided DBS at one or both visits (492 DBS in total). Median TFV-DP concentration was 1299 (IQR 1021-1627) fmol/punch (12 months: 1332 (1087-1687); 24 months: 1248 (929-1590). Higher TFV-DP concentrations were associated with: older age (p=0.0008), condomless anal sex with a casual partner in 6 months preceding PrEP initiation (+166 fmol/punch; 95% CI 36.5 to 296) and using a mobile application providing visualised feedback on PrEP use and sexual behaviour (+146 fmol/punch; 95% CI 28.1 to 263). Lower TFV-DP concentrations were associated with longer duration of PrEP use (24 vs 12 months; -91.5 fmol/punch; 95% CI -155 to -28.1). Time-updated number of sex partners, diagnosed STIs and chemsex were not associated with TFV-DP concentrations. CONCLUSIONS: Overall, TFV-DP concentrations were high among MSM using dPrEP, indicating excellent adherence. Especially older participants, those who reported condomless anal sex with a casual partner prior to PrEP initiation and those who used an app with visualised feedback showed higher levels of adherence. As TFV-DP concentrations had decreased slightly at 2 years of PrEP use when compared with 1 year, we emphasise the importance of adherence counselling to those who continue using PrEP. TRIAL REGISTRATION NUMBER: NL5413.	treatment adherence and compliance, HIV, pre-exposure prophylaxis, cohort studies	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2023	Van Dijck, Christophe; Laumen, Jolein Gyonne Elise; de Block, Tessa; Abdellati, Saïd; De Baetselier, Irith; Tsoumanis, Achilleas; Malhotra-Kumar, Surbhi; Manoharan-Basil, Sheeba Santhini; Kenyon, Chris; Xavier, Basil Britto	The oropharynx of men using HIV pre-exposure prophylaxis is enriched with antibiotic resistance genes: A cross-sectional observational metagenomic study.	Journal of Infection	-	-	-	-	1532-2742	10.1016/j.jinf.2023.02.006	https://dx.doi.org/10.1016/j.jinf.2023.02.006	BACKGROUND: Phenotypic studies have found high levels of antimicrobial resistance to cephalosporins, macrolides and fluoroquinolones in commensal Neisseria species in the oropharynx of men who have sex with men (MSM) using HIV pre-exposure prophylaxis (PrEP). These species include Neisseria subflava and Neisseria mucosa. This may represent a risk to pathogens like Neisseria gonorrhoeae which tend to take up antibiotic resistance genes (ARGs) from other bacteria. We aimed to explore to what extent the oropharyngeal resistome of MSM using PrEP differed from the general population. METHODS: We collected oropharyngeal swabs from 32 individuals of the general population and from 64 MSM using PrEP. Thirty-two MSM had consumed antibiotics in the previous six months, whereas none of the other participants had. Samples underwent shotgun metagenomic sequencing. Sequencing reads were mapped against MEGARes 2.0 to estimate ARG abundance. ARG abundance was compared between groups by zero-inflated negative binomial regression. FINDINGS: ARG abundance was significantly lower in the general population than in MSM (ratio 0.41, 95% CI 0.26-0.65). More specifically, this was the case for fluoroquinolones (0.33, 95% CI 0.15-0.69), macrolides (0.37, 95% CI 0.25-0.56), tetracyclines (0.41, 95% CI 0.25-0.69), and multidrug efflux pumps (0.11, 95% CI 0.03-0.33), but not for beta-lactams (1.38, 95% CI 0.73-2.61). There were no significant differences in ARG abundance between MSM who had used antibiotics and those that had not. INTERPRETATION: The resistome of MSM using PrEP is enriched with ARGs, independent of recent antibiotic use. Stewardship campaigns should aim to reduce antibiotic consumption in populations at high risk for STIs.	Shotgun metagenomics; Shotgun; Resistome; Microbiome; Horizontal gene transfer; Transformation; Neisseria gonorrhoeae; Antimicrobial resistance	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Clinical
Article	2023	Van Gerwen, OT; Yigit, I; Crockett, KB; Turan, B	The Relationship Between HIV Pre-exposure Prophylaxis Stigma and Treatment Adherence Among Current HIV Pre-exposure Prophylaxis Users in the Southeastern US	AIDS and Behavior	-	-	-	-	1090-7165	10.1007/s10461-022-03883-3	https://pubmed.ncbi.nlm.nih.gov/36209179/	Despite efficacy in HIV prevention, Pre-exposure Prophylaxis (PrEP) is underutilized in the US, especially among populations at highest risk. PrEP-related stigma may play a role. We developed measures of PrEP-related stigma dimensions and PrEP adherence. We administered them to current PrEP users. We hypothesized that PrEP-related stigma would negatively impact PrEP adherence. Questionnaire measures were developed using data from previous qualitative work and existing validated HIV-related stigma measures. The resultant survey was administered to current PrEP users from two Birmingham, Alabama PrEP clinics. Plasma tenofovir disoproxil fumarate levels were collected to measure PrEP adherence. Exploratory factor analyses were performed to determine the factor structure of each PrEP-related stigma dimension (internalized, perceived, experienced, anticipated, disclosure concerns). Separate binary logistic (or linear) regressions were performed to assess associations between PrEP-related stigma dimensions and adherence (treatment adherence self-efficacy, self-reported adherence, and plasma tenofovir levels), adjusting for education, race, and time on PrEP. In 2018, 100 participants completed the survey, with 91 identifying as male and 66 as white. Only internalized stigma was associated with lower self-reported PrEP adherence. Exploratory mediation analyses suggested that the association between all stigma dimensions and self-reported PrEP adherence is mediated by PrEP adherence self-efficacy. No associations were found between any PrEP-related stigma measures and plasma tenofovir levels. Internalized PrEP stigma may reduce PrEP adherence, possibly by reducing PrEP adherence self-efficacy among experienced PrEP users. Further investigation of how stigma dimensions affect PrEP adherence in populations at risk for HIV may shed light on drivers of PrEP underutilization.	PREP; PrEP; HIV pre-exposure prophylaxis; Adherence; PREVENTION; Stigma; INFECTION; TENOFOVIR DISOPROXIL FUMARATE; RISK; EFFICACY; INTERNALIZED STIGMA; MECHANISMS; PEOPLE; SCALE	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Van Landeghem E.; Dielen S.; Semaan A.; Rotsaert A.; Vanhamel J.; Masquillier C.; Wouters E.; Wouters K.; Vuylsteke B.; Reyniers T.; Nöstlinger C.	Insights into barriers and facilitators in PrEP uptake and use among migrant men and transwomen who have sex with men in Belgium	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-023-15540-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152978083&doi=10.1186%2fs12889-023-15540-y&partnerID=40&md5=bc369916514a5adab2eabf8a125270b4	Background: PrEP uptake is low among non-Belgian men and transwomen who have sex with men, although the HIV epidemic among men who have sex with men in Belgium is diversifying in terms of nationalities and ethnicity. We lack an in-depth understanding of this gap. Methods: We conducted a qualitative study using a grounded theory approach. The data consists of key informants interviews and in-depth interviews with migrant men or transwomen who have sex with men. Results: We identified four underlying determinants which shape our participants' experiences and contextualize the barriers to PrEP use. These include (1) the intersectional identities of being migrant and men and transwomen who have sex with men, (2) migration related stressors, (3) mental health and (4) socio-economic vulnerability. Identified barriers include: the accessibility of services; availability of information, social resources and providers' attitudes. These barriers influence PrEP acceptance and mediated by individual agency this influences their PrEP uptake. Conclusion: An interplay of several underlying determinants and barriers impacts on PrEP uptake among migrant men and transwomen who have sex with men, illustrating a social gradient in access to PrEP. We need equitable access to the full spectrum of HIV prevention and care for all priority populations, including undocumented migrants. We recommend social and structural conditions that foster exercising these rights, including adapting PrEP service delivery, mental health and social support. © 2023, The Author(s).	Access to health care; Belgium; HIV prevention; Migrants; PrEP	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2023	Van Landeghem, Ella; Arbier, Alida; Pratt, Christian Sydney A; Senga, Mikaza; Scheerder, Gert; Reyniers, Thijs; Hensen, Bernadette; Nöstlinger, Christiana	PrEP Among Sub-Saharan African Diaspora Communities in Belgium - a Participatory Action Research Study.	Journal of Community Health	-	-	-	-	1573-3610	10.1007/s10900-023-01269-7	https://dx.doi.org/10.1007/s10900-023-01269-7	In Belgium, migrants from Sub-Saharan Africa (SSA) accounted for 45% of new heterosexual HIV infections in 2021, while only 1.5% of PrEP starters were of SSA descent. We explored the acceptance of PrEP and barriers towards PrEP uptake and use among SSA migrant and diaspora communities in Belgium using a participatory action research approach. Trained community researchers (CRs), involved in all phases of the study, co-designed and moderated group discussions (GDs) while simultaneously providing information on HIV and PrEP during workshops. Extensive summaries and field notes were analysed using reflexive thematic analysis. CRs were involved in data analysis, interpretation and reporting. We conducted seven GDs with 51 participants. We identified five major themes: (1) Participants had limited PrEP knowledge, which created feelings of surprise and annoyance about not being informed. This was partly explained by (2) the taboo and stigma that surrounds sexuality and HIV, which could shape PrEP acceptance. (3) Participants shared feelings of otherness due to experiences of racism and discrimination, also in relationship to HIV prevention. (4) PrEP was considered a high-threshold prevention tool, because of its perceived side-effects and its specialized service delivery. (5) Despite nuanced opinions about PrEP, all participants agreed that PrEP promotion should be mainstreamed, so everyone can make an informed decision. In conclusion, PrEP seemed acceptable among our participants. Our qualitative study provides insights into the intersecting barriers to accessing HIV services, showing that SSA diaspora communities are 'hardly reached' rather than 'hard to reach' by PrEP promotion messages.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Qualitative
Article	2023	Vanbaelen T.; Rotsaert A.; Van Landeghem E.; Nöstlinger C.; Vuylsteke B.; Scheerder G.; Verhoeven V.; Reyniers T.	Non-Consensual Sex and Help-Seeking Behavior Among PrEP Users in Belgium: Findings from an Online Survey	Journal of Sex Research	-	-	-	-	224499	10.1080/00224499.2023.2235330	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165592123&doi=10.1080%2f00224499.2023.2235330&partnerID=40&md5=b39eab686e500955966337c48dc3465e	Non-consensual sex poses a threat not only to sexual health but also to mental and physical health in general. HIV pre-exposure prophylaxis (PrEP) users might be particularly vulnerable to non-consensual sex because of interplaying factors such as mental health disorders, a high number of sex partners, engagement in chemsex, and the widespread use of dating apps. The objectives of this study were to assess the occurrence of non-consensual sex, its associated factors, and related help-seeking behavior among PrEP users. We analyzed data from an online survey among PrEP users in Belgium (09/2020-02/2022). Almost one in five participants (34/187, 18.2%) reported having ever experienced non-consensual sex. The most reported form was having sex against one's will, followed by having been given drugs against one's will, and having had sex without a condom against one's will. The vast majority of those who had experienced non-consensual sex (29/34, 85.3%) did not seek help afterward, mostly due to a lack of perceived need (21/29, 72.4%). Reported barriers to seeking help were shame (6/29, 20.7%) and lack of awareness of help services (3/29, 10.3%). Having experienced non-consensual sex in the past five years was associated with younger age and suicidal ideation in a multivariable logistic regression model. We conclude that addressing barriers to non-consensual sex help services is crucial to maximize their use and minimize the consequences of non-consensual sex experiences. PrEP consultations also represent an opportunity to offer such help given PrEP users are already familiar with these PrEP services and engaged in care. © 2023 The Society for the Scientific Study of Sexuality.	NA	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative
Article	2023	Vanbaelen, T; Rotsaert, A; Van Landeghem, E; Nöstlinger, C; Vuylsteke, B; Platteau, T; Herrijgers, C; Reyniers, T	Do pre-exposure prophylaxis (PrEP) users engaging in chemsex experience their participation as problematic and how can they best be supported? Findings from an online survey in Belgium.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH23037	https://dx.doi.org/10.1071/SH23037	BACKGROUND: Chemsex involves the use of psychoactive drugs in a sexual context and is a growing phenomenon among men who have sex with men (MSM) and pre-exposure prophylaxis (PrEP) users. Investigating how its negative consequences can be avoided is important. The objective of this study was to explore the perceived impact of chemsex, the willingness to reduce chemsex activities and associated risks and preferred interventions to do so among PrEP users. METHODS: We analysed data from an online survey among PrEP users in Belgium. Chemsex was assessed in two questionnaires distributed between September 2020 and January 2022. RESULTS: A total of 326 participants completed the baseline questionnaire, and 186 the follow-up questionnaire. About one in three participants (36.5%, 119/326) reported engaging in chemsex, and half of those (49.6%, 59/119) were willing to reduce chemsex-related risks. The most preferred strategies for reducing risks were online support via an app (37.3%, 22/59) and face-to-face counselling with a health care professional (30.5%, 18/59). Among those reporting recent chemsex in the follow-up questionnaire, about one in five (21.9%, 14/64) wanted to reduce or stop chemsex activities. About 23.4% (15/64) also reported experiencing negative consequences of chemsex on their health, social or professional life. CONCLUSION: Our findings show that one in four PrEP users engaging in chemsex experienced negative consequences of these activities and about one in five was willing to reduce or stop chemsex activities. We recommend embedding comprehensive chemsex support in the PrEP package of care and developing novel tools and interventions in order to reach maximum impact.	chemsex, harm reduction, HIV, mental health, MSM, pre-exposure prophylaxis, substance use, support.	English	Australia	Asia and the Pacific	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Quantitative

Essay	2023	Vanhamel J.; Wijstma E.; Deblonde J.; Laga M.; Vuylsteke B.; Nöstlinger C.; Noori T.	Developing evidence-informed indicators to monitor HIV pre-exposure prophylaxis programmes across EU/EEA countries: a multi-stakeholder consensus	Eurosurveillance	-	-	-	1025496X	10.2807/1560-7917.ES.2023.28.23.2200546	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162190892&doi=10.2807%2f1560-7917.ES.2023.28.23.2200546&partnerID=40&md5=be5b4d42d03492e33ba26bce021c93ca	Several countries in the European Union (EU) and European Economic Area (EEA) established and/or scaled up HIV pre-exposure prophylaxis (PrEP) programmes between 2016 and 2023. Data on PrEP programmes' performance and effectiveness in reaching those most in need will be needed to assess regional progress in the roll-out of PrEP. However, there is a lack of commonly defined indicators for routine monitoring to allow for minimum comparability. We propose a harmonised PrEP monitoring approach for the EU/EEA, based on a systematic and evidence-informed consensus-building process involving a broad and multidisciplinary expert panel. We present a set of indicators, structured along relevant steps of an adapted PrEP care continuum, and offer a prioritisation based on the degree of consensus among the expert panel. We distinguish between 'core' indicators deemed essential for any PrEP programme in the EU/EEA, vs 'supplementary' and 'optional' indicators that provide meaningful data, yet where experts evaluated their feasibility for data collection and reporting as very context-dependent. By combining a standardised approach with strategic opportunities for adaptation and complementary research, this monitoring framework will contribute to assess the impact of PrEP on the HIV epidemic in Europe. copyright of the authors or their affiliated institutions, 2023.	Anti-HIV Agents; Consensus; Europe; European Union; HIV Infections; Humans; Pre-Exposure Prophylaxis	English	Sweden	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Other
Article	2023	Vazquez Guillamet, Laia J; Babey, Mary Mah; Njah, Mercy; Blake, Hassanatu; Jasani, Amy; Kyeng, Rahel; Hao, Jiaying; Long, Dustin; Tih, Pius; Turan, Janet M; Khan, Eveline Mboh; Dionne, Jodie	Acceptability, feasibility and potential of an intervention using secret Facebook groups to complement existing HIV prevention strategies among female sex workers in Cameroon, a randomized pilot study.	AIDS Care	-	-	-	1360-0451	10.1080/09540121.2023.2275048	https://dx.doi.org/10.1080/09540121.2023.2275048	This randomized pilot project evaluated an intervention promoting health care literacy around HIV, pre-exposure prophylaxis (PrEP), and stigma reduction using private social media groups that complemented existing HIV prevention services among female sex workers (FSWs) in Cameroon. The intervention was 12 HIV and sexual health videos tailored to FSWs that were released over 8 weeks through a secret Facebook group platform. In-person surveys were administered before, after the intervention, and three months later. No HIV seroconversions were detected; all participants completed follow-up and agreed to recommend the intervention to a coworker. Although the intervention was assessed to be acceptable and feasible to implement, poor internet connectivity was a key barrier. In time-series analysis, the intervention group participants reported improved PrEP interest, PrEP knowledge, and condom use along with reduced PrEP and HIV-related stigma, but no impact on sex-work related stigma or social cohesion. Similar results occurred in the control group. Cross-contamination and small pilot study size might have hindered the ability to detect the differential impact of this intervention. As communications technology increases in Cameroon, it is essential to learn more about FSWs preferences on the use of social media platforms for HIV prevention strategies.	Female sex workers; HIV prevention; pre-exposure prophylaxis; PrEP; mHealth	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Velloza J.; Mujugira A.; Muwonge T.; Boyer J.; Nampewo O.; Badaru J.; Ssebuliba T.; Stalter R.M.; Stein G.; Baeten J.M.; Celum C.; Heffron R.	A novel "HIV salience and Perception" scale is associated with PrEP dispensing and adherence among adolescent girls and young women in Kampala, Uganda	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03762-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133262952&doi=10.1007%2fs10461-022-03762-x&partnerID=40&md5=2e2fbcfccf7754649be6c4f11779ce8c	Low perceived HIV risk is a barrier to effective pre-exposure prophylaxis (PrEP) use among African adolescent girls and young women (AGYW). Single-item risk perception measures are stigmatizing and alienating to AGYW and may not predict PrEP use. There is a need for a tool capturing domains of perceived HIV risk and salience that align with PrEP use among AGYW. This HIV PrEP study was conducted in Kampala, Uganda. We developed and piloted the 9-item "HIV Salience and Perception" (HPS) scale (range: 9–36); higher scores indicate beliefs of higher vulnerability to HIV. We administered the scale to Ugandan AGYW participating in an ongoing cohort study at enrollment, one, three and six months. PrEP dispensing was measured quarterly and adherence was measured daily via Wisepill (high adherence: ≥80% of expected pill bottle openings). We assessed scale performance and used generalized estimating equations to determine associations between scale score and PrEP use. Among 499 AGYW, 54.1% of our sample was ≥ 20 years (range:16–25). The median HPS score was 18 (range:8–33; α = 0.77). Higher score was associated with PrEP dispensing (aRR = 1.07 per point increase; 95% CI = 1.01–1.13; p-value = 0.02) in the overall cohort and among only those ≥ 20 years (aRR = 1.10; 95% CI = 1.03–1.19; p-value = 0.01). We did not observe an association between scale score and PrEP adherence. AGYW scoring higher on a novel HPS scale were more likely to initiate and obtain PrEP refills through 6 months. This scale may capture drivers of PrEP dispensing and could inform PrEP delivery and counseling for AGYW. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adolescent girls and young women; HIV; HIV risk perceptions; Pre-exposure prophylaxis; Salience	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Velloza, Jennifer; Roche, Stephanie D; Owidi, Emmah J; Irungu, Elizabeth M; Dollah, Annabell; Kwach, Benn; Thuo, Nicholas B; Morton, Jennifer F; Mugo, Nelly; Bukusi, Elizabeth A; O'Malley, Gabrielle; Ngure, Kenneth; Baeten, Jared M; Mugwanya, Kenneth K	Provider perspectives on service delivery modifications to maintain access to HIV pre-exposure prophylaxis during the COVID-19 pandemic: qualitative results from a PrEP implementation project in Kenya.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26055	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9899492	INTRODUCTION: HIV pre-exposure prophylaxis (PrEP) is an essential prevention strategy being scaled up for priority populations in Kenya, including for HIV serodiscordant couples. The COVID-19 pandemic posed challenges to PrEP rollout. We conducted a qualitative study of PrEP providers to understand how clinics adjusted PrEP delivery during the COVID-19 pandemic. METHODS: Since 2017, the Partners Scale-Up Project has integrated PrEP into 25 HIV clinics in Central and Western Kenya. We conducted qualitative interviews with 40 purposively sampled clinic personnel. We interviewed personnel once during the first pandemic wave (May-Aug 2020) and again after some decline in COVID-19 rates (Nov-Jan 2021). We analysed data using inductive memo-writing and summarized data by themes along the PrEP delivery cascade, guided by the Framework for Reporting Adaptation and Modifications (FRAME). RESULTS: We interviewed 27 clinical officers, five nurses, four health records and information officers, and four counsellors from Central (n = 20) and Western (n = 20) Kenya. About half (n = 19) were female, with a median age of 32 (IQR: 29-34) and 2.3 years of experience delivering PrEP (IQR: 2-3). All participants reported clinic changes in PrEP demand creation and service delivery during the pandemic. Modifications occurred during PrEP implementation and sustainment phases, were partly reactive to the pandemic and also facilitated by interim Ministry of Health guidance on PrEP delivery during COVID, and were made by PrEP delivery teams, clients and clinic managers. Commonly reported modifications included dispensing multiple-month PrEP refills, intensifying phone-based client engagement and collaborating with other HIV clinics to ensure that clients with prolonged stays in other regions could continue to access PrEP. Some clinics also adopted practices to streamline visits, such as within clinical-room PrEP dispensing, pre-packing PrEP and task-shifting. Most providers liked these changes and hoped they would continue after the pandemic subsides. CONCLUSIONS: COVID-19 served as a catalyst for PrEP delivery innovations in Kenya. HIV clinics successfully and rapidly adapted their PrEP demand creation, refill and retention strategies to promote PrEP uptake and effective use. These modified implementation strategies highlight opportunities to streamline the delivery of PrEP, as well as other HIV and chronic care services, and strengthen engagement with populations post-pandemic.	adaptation, COVID-19, HIV, Kenya, pre-exposure prophylaxis, serodiscordant couples	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Velloza, Jennifer; Roche, Stephanie; Concepcion, Tessa; Ortblad, Katrina F.	Advancing considerations of context in the evaluation and implementation of evidence-based biomedical HIV prevention interventions: a review of recent research.	Current Opinion in HIV and AIDS	-	-	-	1746-6318 1746-630X	10.1097/COH.0000000000000768	https://pubmed.ncbi.nlm.nih.gov/36503876/	PURPOSE OF REVIEW: A paradigm shift is needed in how we think about biomedical HIV prevention product effectiveness. Often, we expect randomized trial findings to be generalizable across populations and settings where products will be delivered, without consideration of key contextual drivers that could impact effectiveness. Moreover, researchers and policy-makers generally discount products with varied effect sizes across contexts, rather than explicating the drivers of these differences and using them to inform equitable product choice and delivery. We conducted a review of the recent HIV prevention research to advance considerations of context in choices of when, why, and how to implement biomedical HIV prevention products, with a particular focus on daily oral preexposure prophylaxis (PrEP) and the dapivirine vaginal ring (DPV). RECENT FINDINGS: Findings across recent studies of PrEP and DPV emphasize that products that do not work well in one context might be highly desirable in another. Key contextual drivers of PrEP and DPV effectiveness, use, and implementation include population, health system, cultural, and historical factors. We recommend conceptualization, measurement, and analysis approaches to fully understand the potential impact of context on prevention product delivery. Execution of these approaches has real-world implications for HIV prevention product choice and could prevent the field from dismissing biomedical HIV prevention products based on trial findings alone. SUMMARY: Ending the HIV epidemic will require tailored, person-centered, and equitable approaches to design, implement, and evaluate HIV prevention products which necessitates considerations of context in ongoing research and implementation.	Humans; Female; *Pre-Exposure Prophylaxis; *Epidemics; *HIV Infections/prevention & control	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Veloso, Valdiléa G; Cáceres, Carlos F; Hoagland, Brenda; Moreira, Ronaldo I; Vega-Ramírez, Hamid; Konda, Kelika A; Leite, Iuri C; Bautista-Arredondo, Sergio; Vinícius de Lacerda, Marcus; Valdez Madruga, José; Farias, Alessandro; Lima, Josué N; Zonta, Ronaldo; Lauria, Lilian; Tamayo, Cesar Vidal Osco; Flores, Hector Javier Salvatierra; Santa Cruz, Yovanna Margot Cabrera; Aguayo, Ricardo Martín Moreno; Cunha, Marcelo; Moreira, Júlio; Makkeda, Alessandra Ramos; Díaz, Steven; Guanira, Juan V; Vermandere, Heleen; Benedetti, Marcos; Ingold, Heather L; Pimenta, M Cristina; Torres, Thiago S; Grinsztejn, Beatriz	Same-day initiation of oral pre-exposure prophylaxis among gay, bisexual, and other cisgender men who have sex with men and transgender women in Brazil, Mexico, and Peru (ImPrEP): a prospective, single-arm, open-label, multicentre implementation study	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(22)00331-9	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147126094&doi=10.1016%2fS2352-3018%2822%2900331-9&partnerID=40&md5=a6fc6453d715470faa107a60fda6e36a	Background: Although gay, bisexual, and other cisgender men who have sex with men (MSM) and transgender women have the highest HIV burden in Latin America, pre-exposure prophylaxis (PrEP) implementation is poor. We aimed to assess the feasibility of same-day oral PrEP delivery in Brazil, Mexico, and Peru. Methods: Implementation PrEP (ImPrEP) was a prospective, single-arm, open-label, multicentre PrEP implementation study conducted in Brazil (14 sites), Mexico (four sites), and Peru (ten sites). MSM and transgender women were eligible to participate if they were aged 18 years or older, HIV-negative, and reported one or more prespecified criteria. Enrolled participants received same-day initiation of daily oral PrEP (tenofovir disoproxil fumarate 300 mg coformulated with emtricitabine 200 mg). Follow-up visits were scheduled at week 4 and quarterly thereafter. We used logistic regression models to identify factors associated with early loss to follow-up (not returning after enrolment), PrEP adherence (medication possession ratio ≥0·6), and long-term PrEP engagement (attending three or more visits within 52 weeks). This study is registered at the Brazilian Registry of Clinical Trials, U1111-1217-6021. Findings: From Feb 6, 2018, to June 30, 2021, 9896 participants were screened and 9509 were enrolled (Brazil n=3928, Mexico n=3288, and Peru n=2293). 543 (5·7%) participants were transgender women, 8966 (94·3%) were cisgender men, and 2481 (26·1%) were aged 18–24 years. There were 12 185·25 person-years of follow-up. 795 (8·4%) of 9509 participants had early loss to follow-up, 6477 (68·1%) of 9509 were adherent to PrEP, and 5783 (70·3%) of 8225 had long-term PrEP engagement. Transgender women (adjusted odds ratio 1·60, 95% CI 1·20–2·14), participants aged 18–24 years (1·80, 1·49–2·18), and participants with primary education (2·18, 1·29–3·68) had increased odds of early loss to follow-up. Transgender women (0·56, 0·46–0·70), participants aged 18–24 years (0·52, 0·46–0·58), and those with primary education (0·60, 0·40–0·91) had lower odds of PrEP adherence. Transgender women (0·56, 0·45–0·71), participants aged 18–24 years (0·56, 0·49–0·64), and those with secondary education (0·74, 0·68–0·86) had lower odds of long-term PrEP engagement. HIV incidence was 0·85 per 100 person-years (95% CI 0·70–1·03) and was higher for transgender women, participants from Peru, those aged 18–24 years, Black and mixed-race participants, and participants who were non-adherent to PrEP. Interpretation: Same-day oral PrEP is feasible for MSM and transgender women in Latin America. Social and structural determinants of HIV vulnerability need to be addressed to fully achieve the benefits of PrEP. Funding: Unitaid, WHO, and Ministries of Health in Brazil, Mexico, and Peru. Translations: For the Portuguese and Spanish translations of the abstract see Supplementary Materials section. © 2023 World Health Organization	4 hydroxybutyric acid; cocaine; emtricitabine; emtricitabine plus tenofovir disoproxil; lysergide; midomafetamine; tenofovir disoproxil; anti human immunodeficiency virus agent	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Theses and Dissertations	2023	Vera, Melissa RenÃ©e	Enhancing Health Services to Improve Adolescent Engagement in HIV Prevention	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/49827	Introduction: Adolescent girls and young women (AGYW) in Eastern and Southern Africa have high HIV incidence. Pre-exposure prophylaxis (PrEP) once daily oral medication is recommended by the World Health Organization (WHO) as an effective intervention for individuals with risk behaviors associated with HIV acquisition. PrEP initiation is low among AGYW. This dissertation draws from two large studies to explore user experiences of PrEP service delivery for AGYW to determine how to improve quality and tailor services to address AGYW needs: 1) the PrEP Implementation for Young Women and Adolescents Program: Standardized Patient (PrIYA-SP) study, and 2) a pilot study delivering PrEP in retail pharmacies. Methods: PrIYA-SP was a cluster randomized trial based in Kisumu County, Kenya that aimed to improve the quality of PrEP delivery by implementing a standardized patient actor (SP)-led training for providers to enhance communication skills and adherence to national PrEP guidelines. At baseline and after conclusion of the intervention training, unannounced patient actor (USP) "mystery shoppers" presented to clinics portraying AGYW in common PrEP scenarios to assess PrEP delivery. To understand PrEP seeking experiences by the USPs, we added open-ended questions to their quantitative checklist evaluations of PrIYA-SP PrEP providers immediately following their encounters. Debriefings were audio-recorded, transcribed, and analyzed using thematic analysis to identify themes relating to why the USP had a positive or negative experience with the PrEP provider. To understand whether the PrIYA-SP training had impact on real-world AGYW, and not just actors, we utilized facility-level PrEP reporting tools to abstract 26 months (May 2019-June 2021) of data to describe patterns of PrEP initiation among AGYW utilizing PrIYA-SP study facilities. We then conducted linear regression analyses to compare the effect of the intervention on AGYW PrEP initiation between intervention and control sites. Finally, to assess whether non-clinic based locations such as retail pharmacies would be more acceptable to AGYW, we analyzed qualitative data from a pilot study in the same region. In this study, PrEP delivery was piloted at three retail pharmacies. AGYW who were purchasing contraception were offered PrEP by study nurses in the pharmacy. Among AGYW who accepted PrEP, we conducted 41 in-depth interviews (IDIs) one month post-PrEP acceptance. We purposefully recruited equal numbers of AGYW who accepted and ingested PrEP and AGYW who took the pills home but did not swallow them. IDIs were audio-recorded, transcribed, and analyzed using thematic analysis to identify themes about user experiences and acceptability of pharmacy-based PrEP delivery for AGYW. Results: We conducted 91 USP debriefings at 24 clinics and identified three primary influences on PrEP service experiences: 1) Privacy improved likelihood of continuing care, 2) respectful attitudes created a safe environment for USPs, and 3) patient-centered communication improved the experience and…	adolescents; communication; healthcare quality; HIV prevention; pharmacy; PrEP; Nursing;	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2023	Vera, Melissa; Bukusi, Elizabeth; Achieng, Pauline; Aketch, Helen; Araka, Evelyne; Baeten, Jared M; Beima-Sofie, Kristin; John-Stewart, Grace; Kohler, Pamela K; Mugambi, Melissa L; Nyerere, Bernard; Odoyo, Josephine; Omom, Caroline; Omondi, Christine; Ortblad, Katrina F; Pintye, Jillian	"Pharmacies are Everywhere, and You can get it at any Time": Experiences With Pharmacy-Based PrEP Delivery Among Adolescent Girls and Young Women in Kisumu, Kenya.	Journal of the International Association of Providers of AIDS Care	-	-	-	2325-9582	10.1177/23259582231215882	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10676062	INTRODUCTION: Many Kenyan adolescent girls and young women (AGYW) with behaviors associated with HIV acquisition access contraception at retail pharmacies. Offering oral pre-exposure prophylaxis (PrEP) in pharmacies could help reach AGYW with PrEP services. METHODS: We piloted PrEP delivery at 3 retail pharmacies in Kisumu, Kenya. AGYW purchasing contraception were offered PrEP by nurses with remote prescriber oversight. AGYW who accepted were provided with a free 1-month supply. We conducted in-depth interviews with AGYW 30 days postobtaining PrEP. Transcripts were analyzed to explore experiences of AGYW accessing PrEP at pharmacies. RESULTS: We conducted 41 interviews. AGYW preferred pharmacies for accessing PrEP and they were willing to pay for PrEP even if available for free at clinics. Reasons for this preference included accessibility, lack of queues, and medication stockouts, privacy, anonymity, autonomy, and high-quality counseling from our study nurses. CONCLUSIONS: Pharmacies may be an important PrEP access option for this population.	PrEP, adolescents, HIV prevention, pharmacy, contraception	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Villegas, Natalia; Norris, Anne E.; Cianelli, Rosina; Fernandez-Pineda, Madeline; Toledo, Christine	Infección de Amor (Infectious Love): Development and Acceptability of a Telenovela/Soap Opera Intervention for HIV Prevention For Latinas.	AIDS Education and Prevention	-	-	-	1943-2755 0899-9546	10.1521/aeap.2023.35.6.421	https://pubmed.ncbi.nlm.nih.gov/38096456/	Latinas continue to be disproportionately affected by HIV in the United States. Effective interventions to address HIV-related disparities among Latinas are available; however, they have not achieved widespread dissemination due to implementation challenges for real-world settings. A culturally tailored intervention that increases access to HIV prevention is urgently needed. The objective of this study was to develop a culturally tailored telenovela (i.e., a soap opera) to promote HIV prevention behaviors (condom use; HIV testing; and pre-exposure prophylaxis awareness, access, and use) among Latinas. The study was conducted in community organizations throughout South Florida. A total of 44 Spanish-speaking Latinas, 18-35 years old, and sexually active with a man in the past 6 months participated in the study. The final product was an HIV prevention telenovela that incorporated Latinas' ideas and feedback and was produced as four 10-minute filmed episodes. This study aimed to develop innovative approaches to reduce HIV-related disparities for Latinas.	Adolescent; Adult; Humans; Young Adult; Female; United States; Safe Sex; HIV prevention; Hispanic or Latino; *HIV Infections/prevention & control; Hispanic women; *Health Promotion/methods; *Television; Latino women; Love; soap opera; telenovela	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Viriyathorn, Shaheda; Sachdev, Saranya; Suwanwela, Waraporn; Wangbanjongkun, Waritta; Patcharanarumol, Walaiporn; Tangcharoensathien, Viroj	Procedural fairness in benefit package design: inclusion of pre-exposure prophylaxis of HIV in Universal Coverage Scheme in Thailand.	Health Policy and Planning	-	-	-	1460-2237	10.1093/heapol/czad061	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10645053	Since 2002, Thailand's Universal Coverage Scheme (UCS) has adopted a comprehensive benefits package with few exclusions. A positive-list approach has gradually been applied, with pre-exposure prophylaxis (PrEP) of HIV recently being included. Disagreements resulting from competing values and diverging interests necessitate an emphasis on procedural fairness when making any decisions. This qualitative study analyses agenda setting, policy formulation and early implementation of PrEP from a procedural fairness lens. Literature reviews and in-depth interviews with 13 key stakeholders involved in PrEP policy processes were conducted. Civil society organizations (CSOs) and academia piloted PrEP service models and co-produced evidence on programmatic feasibility and outcomes. Through a broad stakeholder representation process, the Department of Disease Control proposed PrEP for inclusion in UCS benefits package in 2017. PrEP was shown to be cost-effective and affordable through rigorous health technology assessment, peer review, use of up-to-date evidence and safe-guards against conflicts of interest. In 2021, Thailand's National Health Security Board decided to include PrEP as a prevention and promotion package, free of charge, for the populations at risk. Favourable conditions for procedural fairness were created by Thailand's legislative provisions that enable responsive governance, notably inclusiveness, transparency, safeguarding public interest and accountable budget allocations; longstanding institutional capacity to generate local evidence; and implementation capacity for realisation of procedural fairness criteria. Multiple stakeholders including CSOs, academia and the government deliberated in the policy process through working groups and sub-committees. However, a key lesson from Thailand's deliberative process concerns a possible 'over interpretation' of conflicts of interest, intended to promote impartial decision-making, which inadvertently limited the voices of key populations represented in the decision processes. Finally, this case study underscores the value of examining the full policy cycle when assessing procedural fairness, since some stages of the process may be more amenable to certain procedural criteria than others.	HIV/AIDS, pre-exposure prophylaxis, procedural fairness, universal health coverage, Thailand	English	United Kingdom	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Qualitative
Theses and Dissertations	2023	Vitruk, Olga	PrEP Persistence Among Key Populations in Ukraine: Analysis of Scaled PrEP Program Data from October 2020 through February 2022	-	-	University of Washington	-	NA	NA	http://hdl.handle.net/1773/50399	BackgroundWhile global HIV incidence has rapidly decreased during the last decade, Central and Eastern Europe have experienced a significant rise in new cases annually. Ukraine, located in Eastern Europe, has been one of the most ambitious in the region in implementing programs to combat HIV since 2017, including expanding access to PrEP among key populations starting in 2020. Little is known about persistence on PrEP in subpopulations accessing it in Ukraine. Methods Ukraine's PrEP program was implemented in 40 health care facilities in 11 high-burden regions in Ukraine. We analyzed data from program initiation on October 1, 2020 through February 23, 2022. A Sankey diagram was constructed to visualize times between the first four PrEP visits. We conducted a Kaplan-Meier analysis to estimate persistence time for each key group, stratifying by men who have sex with men (MSM), people who inject drugs (PWID), sex workers (SW), and discordant couples and other people vulnerable to HIV acquisition (DC/Other). We also evaluated whether persistence varied by sex and age using the Kaplan-Meier method. We used a Cox regression, clustering by healthcare facility, to estimate hazard ratios for non-persistence by key group and sex, and adjust for age as a potential confounding factor. Results There were 2,033 clients newly starting PrEP with up to 510 days of observation. 65% of clients were males, with a median age of 35 years IQR=29-42 and 35% were females with a median age of 37 years IQR=31-43. There were 51% DC/Other, 22% MSM, 22% PWID and 5% SW. The number of days between visits varied across clients and visit timepoints. Among clients returning to collect a 2nd PrEP prescription, 81% returned within 1-45 days after their previous visit, and 3% discontinued PrEP and then re-initiated after 106 days or more. Six-month persistence estimates were highest overall among PWID (28.9%; 95% CI: 23.4-35.7%), moderate in comparison among SW (18.5%; 95% CI: 11.1-30.8%) and DC/Other (12.7%; 95% CI: 10.0-16.0%), and dropped to nearly 0 among MSM (0.8%; 95% CI: 0.1-5.8%). Individuals aged 26 and above were slightly more likely to persist on PrEP longer than younger individuals and females were slightly more likely to persist on PrEP than males. PrEP persistence calculated using the Kaplan-Meier method differed significantly by key group and age (p<0.05), but not by sex. In the Cox regression model, compared with the female DC/Other reference group and adjusted for age, female PWID had the lowest risk of PrEP discontinuation (adjusted HR aHR 0.59; 95% CI: 0.31-1.11) while male SW had the highest discontinuation risk (aHR 1.87, 95% CI: 0.57-6.11), although findings were not statistically significant. Conclusion PrEP persistence at 6 months was low with the majority of individuals discontinuing PrEP by 6 months. Further research examining barriers and facilitators of persistence by groups can inform interventions to increase PrEP persistence.	HIV; Pre-exposure prophylaxis; PrEP persistence; Ukraine; Public health; Health sciences; Epidemiology; Epidemiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2023	Voegele, Pascal; Polenz, Wolf	Prevention and health promotion regarding sexually transmitted infections (STI) among university students in Germany.	Zeitschrift für Gesundheitswissenschaften (Journal of Public Health)	-	-	-	2198-1833	10.1007/s10389-023-01876-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10125854	Aim: University students are sexually active, and the sexual risk behavior of this group is higher than that of the general population. The prevention of sexually transmitted infections (STIs) emphasizes the need for comprehensive knowledge about behaviors for STI protection and the actual realization of these behaviors. Subject and methods: First, an online questionnaire was developed to record the knowledge and realization of STI-protective behaviors among students at Hamburg University of Applied Sciences (HUAS) to conduct quantitative cross-sectional interviews. The sample included 1532 students. Specific aspects of the interview are based on lower response rates. The correlations were then tested by Spearman's rank correlation coefficient and Pearson's chi-squared test. Results: Significant positive correlations were identified between the self-efficacy (SE) and the use of condoms, STI vaccinations, STI tests, and HIV pre-exposure prophylaxis (PrEP). Significant negative correlations were suggested between substance use and the use of condoms and the use of PrEP and the intake of antiretroviral therapy (ART). Significant positive correlations were identified between the knowledge about STI-protective behaviors and the usage of STI-protective vaccinations, STI tests, and ART. Significant positive correlations were identified between the experiences in terms of STIs and the knowledge about STI-protective vaccinations, use of PrEP, and use of ART. Conclusion: Moreover, the results indicate that students with a divergent sexual identity have a higher level of knowledge about STI-protective behaviors. The sexual health of university students should be improved by preventive measures to improve the sexual health of individual students and their social environments. Supplementary Information: The online version contains supplementary material available at 10.1007/s10389-023-01876-7.	Sexually transmitted infections, STI prevention, Students, University, Pre-exposure prophylaxis, Antiretroviral therapy, Self-efficacy	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Quantitative
Article	2023	Vora, Anjali S; Marroquin, Monica; Rosenthal, Susan L; Broker, Paul; Jetelina, Katelyn; Tiro, Jasmin A; Francis, Jenny Kr	Residents and Fellows' Confidence in Prescribing Pre-exposure Prophylaxis (PrEP)	Academic Pediatrics	-	-	-	1876-2867	10.1016/j.acap.2023.02.017	https://dx.doi.org/10.1016/j.acap.2023.02.017	OBJECTIVE: Residents and fellows are often the first health.ßcare providers to discuss sexual health and prevention with adolescents and young adults at academic institutions. This study characterized when learners in Pediatrics, Obstetrics and Gynecology, and Family Medicine believed that one should receive training in pre-exposure prophylaxis (PrEP) and it described confidence in prescribing PrEP. METHODS: Learners at a large, urban, southern academic center completed an online survey about adolescent sexual health services. Measures included whether participants were taught how to prescribe PrEP and how to do so in a confidential manner. Confidence in these two behaviors was measured with a Likert scale and dichotomized for bivariate analysis. RESULTS: Among the 228 respondents (63% response rate), most learners preferred sexual health communication to be emphasized early in medical school and throughout training. Overall, 44% reported being ..únot confident at all..Ñ in prescribing PrEP, and 22% were ..únot confident at all..Ñ in prescribing in a confidential manner. Those who reported ..únot confident at all" in prescribing PrEP were more likely in pediatrics (51%) than family medicine (23%) or obstetrics-gynecology (35%) (P.ß<.ß.01). Those who had been taught how to prescribe were more confident in prescribing PrEP (P.ß..±.ß.01) and prescribing in a confidential manner (P.ß<.ß.01). CONCLUSIONS: Given the continued high rates of new human immunodeficiency virus infections among adolescents, effective communication with patients eligible for PrEP is critical. Future studies should evaluate and inform tailored curricula about the importance of PrEP and build communication skills around confidential prescribing.	adolescent; HIV; medical education; pre-exposure prophylaxis; sexual reproductive health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Vujcich, Daniel; Reid, Alison; Brown, Graham; Durham, Jo; Guy, Rebecca; Hartley, Lisa; Mao, Limin; Mullens, Amy B.; Roberts, Meagan; Lobo, Roanna	HIV-Related Knowledge and Practices among Asian and African Migrants Living in Australia: Results from a Cross-Sectional Survey and Qualitative Study.	International Journal of Environmental Research and Public Health	-	-	-	1660-4601 1661-7827	10.3390/ijerph20054347	https://www.mdpi.com/1660-4601/20/5/4347	Australian HIV notification rates are higher for people born in Northeast Asia, Southeast Asia and sub-Saharan Africa compared to Australian-born people. The Migrant Blood-Borne Virus and Sexual Health Survey represents the first attempt to build the national evidence base regarding HIV knowledge, risk behaviors and testing among migrants in Australia. To inform survey development, preliminary qualitative research was conducted with a convenience sample of n = 23 migrants. A survey was developed with reference to the qualitative data and existing survey instruments. Non-probability sampling of adults born in Northeast Asia, Southeast Asia and sub-Saharan Africa was undertaken (n = 1489), and descriptive and bivariate analyses of data were conducted. Knowledge of pre-exposure prophylaxis was low (15.59%), and condom use at last sexual encounter was reported by 56.63% of respondents engaging in casual sex, and 51.80% of respondents reported multiple sexual partners. Less than one-third (31.33%) of respondents reported testing for any sexually transmitted infection or blood-borne virus in the previous two years and, of these, less than half (45.95%) tested for HIV. Confusion surrounding HIV testing practices was reported. These findings identify policy interventions and service improvements critically needed to reduce widening disparities regarding HIV in Australia.	Adult; Humans; Sexual Behavior; Cross-Sectional Studies; HIV; Australia; Asia; Africa; Qualitative Research; *Transients and Migrants; sexual health; *HIV Infections/prevention & control; surveys and questionnaires; migrants; interviews; ethnic groups; focus group discussions	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Mixed methods
Article	2023	Vujcich, Daniel; Roberts, Meagan; Selway, Tyler; Nattabi, Barbara	The Application of Systems Thinking to the Prevention and Control of Sexually Transmissible Infections among Adolescents and Adults: A Scoping Review.	International Journal of Environmental Research and Public Health	-	-	-	1660-4601 1661-7827	10.3390/ijerph20095708	https://www.mdpi.com/1660-4601/20/9/5708	Systems thinking is a mechanism for making sense of complex systems that challenge linear explanations of cause-and-effect. While the prevention and control of sexually transmissible infections (STIs) has been identified as an area that may benefit from systems-level analyses, no review on the subject currently exists. The aim of this study is to conduct a scoping review to identify literature in which systems thinking has been applied to the prevention and control of STIs among adolescent and adult populations. Joanna Briggs Institute guidelines for the conduct of scoping reviews were followed. Five databases were searched for English-language studies published after 2011. A total of n = 6102 studies were screened against inclusion criteria and n = 70 were included in the review. The majority of studies (n = 34) were conducted in African nations. Few studies focused on priority sub-populations, and 93% were focused on HIV (n = 65). The most commonly applied systems thinking method was system dynamics modelling (n = 28). The review highlights areas for future research, including the need for more STI systems thinking studies focused on: (1) migrant and Indigenous populations; (2) conditions such as syphilis; and (3) innovations such as pre-exposure prophylaxis and at-home testing for HIV. The need for conceptual clarity around 'systems thinking' is also highlighted.	Adolescent; Adult; Humans; Sexual Behavior; HIV; *Pre-Exposure Prophylaxis; review; sexual health; *HIV Infections/prevention & control; *Sexually Transmitted Diseases/prevention & control; *Syphilis; sexually transmissible infections; systems thinking	English	Switzerland	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Review
Article	2023	Wagner, Anjuli D; Beima-Sofie, Kristin; Awuor, Mercy; Owade, Winnie; Neary, Jillian; Dettinger, Julia C; Pintye, Jillian; Abuna, Felix; Lagat, Harison; Weiner, Bryan J; Kohler, Pamela; Kinuthia, John; John-Stewart, Grace; O'Malley, Gabrielle	Implementation determinants and strategies in integration of PrEP into maternal and child health and family planning services: experiences of frontline healthcare workers in Kenya.	Frontiers in Public Health	-	-	-	2673-3153	10.3389/frph.2023.1205925	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10548203	Background: Delivery of PrEP to adolescent girls and young women (AGYW) and to pregnant women through maternal and child health (MCH) and family planning (FP) clinics is scaling up in Kenya. Evaluation of implementation challenges and strategies is critical to optimize delivery. Methods: We conducted focus group discussions (FGDs) with healthcare workers (HCWs) in MCH and FP clinics offering PrEP in a large implementation project in Kisumu, Kenya. Discussion guides were based on the Consolidated Framework for Implementation Research (CFIR). FGDs were audio recorded and transcribed. Directed content analysis was used to identify implementation challenges and strategies to overcome them. Results: Fifty HCWs from 26 facilities participated in 8 FGDs. HCWs believed PrEP integration was appropriate because it met the needs of AGYW and pregnant women by providing a female-controlled prevention strategy and aligned with policy priorities of elimination of vertical HIV transmission. They were universally accepting of PrEP provision, especially through MCH clinics, noting the relative advantage of this approach because it: (1) enabled high coverage, (2) harmonized PrEP and MCH visits, and (3) minimized stigma compared to PrEP offered through HIV care clinics. However, HCWs noted implementation challenges affecting feasibility and adoption including: (1) increased workload and documentation burden amid workforce shortages, (2) insufficient health care worker knowledge (3) multiple implementing partners with competing priorities (4) drug and documentation form stockouts. HCWs employed various implementation strategies to overcome challenges, including task shifting from nurses to HIV testing providers, patient flow modifications (e.g., fast-tracking PrEP clients to reduce wait times), PrEP demand generation and myth clarification during health talks, provider education, dedicated PrEP delivery rooms, and coordination with adolescent-friendly services. Additional suggested strategies to improve PrEP integration included community education to increase broader PrEP awareness and enable shorter counseling sessions, and task-shifting data entry and client risk assessments. Conclusions: HCWs were enthusiastic about the appropriateness and acceptability of integrating PrEP services into MCH and FP clinics but noted challenges to adoption and feasibility. Strategies to address challenges focused on improving provider time and space constraints, and increasing provider and client knowledge.	pre-exposure prophylaxis (PrEP), pregnancy, postpartum, adolescent girls and young women (AGYW), implementation science, consolidated framework for implementation research (CFIR), implementation strategies	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Wagner, Gabriel A; Wu, Kuan-Sheng; Anderson, Christy; Burgi, Alina	Predictors of Human Immunodeficiency Virus Pre-Exposure Prophylaxis (PrEP) Uptake in a Sexual Health Clinic With Rapid PrEP Initiation	Open Forum Infectious Diseases	-	-	-	2328-8957	https://doi.org/10.1093/ofid/ofad060	https://escholarship.org/uc/item/2s16d26t	BackgroundImproved pre-exposure prophylaxis (PrEP) uptake is essential for human immunodeficiency virus (HIV) prevention initiatives. Offering PrEP at the time of HIV and sexually transmitted infection (STI) testing can improve uptake. We offered rapid PrEP initiation in a sexual health clinic and assessed predictors of PrEP interest, initiation, linkage, and retention.MethodsBetween November 2018 and February 2020, PrEP-eligible individuals who presented to a sexual health clinic were offered a free 30-day supply of PrEP plus linkage to continued PrEP care. Univariable and multivariable analyses of demographic and HIV risk data were conducted to determine predictors of PrEP uptake.ResultsOf 1259 adults who were eligible for PrEP (99.7% male, 42.7% White, 36.2% Hispanic), 456 were interested in PrEP, 249 initiated PrEP, 209 were linked, and 67 were retained in care. Predictors of PrEP interest included younger age (P < .01), lower monthly income (P = .01), recreational drug use (P = .02), and a greater number of sexual partners (P < .01). Negative predictors of PrEP initiation included lower monthly income (P = .04), testing positive for chlamydia (P = .04), and exchanging money for sex (P = .01). Negative predictors of linkage included self-identifying as Black (P = .03) and testing positive for an STI (P < .01). Having health insurance positively predicted both linkage (P < .01) and retention (P < .03).ConclusionsA minority of PrEP-eligible HIV and STI testers initiated PrEP when offered, suggesting that easy PrEP access in sexual health clinics alone may not improve uptake. Predictors of uptake included established HIV risk factors and markers of higher socioeconomic status, suggesting that those aware of their risk and with the means to utilize health services engaged best with this model.	Biomedical and Clinical Sciences; Clinical Sciences; Sexually Transmitted Infections; HIV/AIDS; Infectious Diseases; Behavioral and Social Science; Prevention; Infection; Good Health and Well Being; HIV prevention; rapid prEP; Clinical sciences; Medical microbiology	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Wairimu, Njeri; Malen, Rachel C; Reedy, Adriana M; Mogere, Peter; Njeru, Irene; Culquichicón, Carlos; McGowan, Maureen; Gao, Fei; Baeten, Jared M; Ngure, Kenneth; Ortblad, Katrina F	Peer PrEP referral + HIV self-test delivery for PrEP initiation among young Kenyan women: study protocol for a hybrid cluster-randomized controlled trial.	Trials	-	-	-	1745-6215	10.1186/s13063-023-07734-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10625301	BACKGROUND: Oral HIV pre-exposure prophylaxis (PrEP) for HIV prevention is highly effective, but uptake remains low in Africa, especially among young women who are a priority population for HIV prevention services. HIV self-testing (HIVST) has been proven to increase HIV testing in diverse populations but has been underutilized to support linkage to HIV prevention services. Most young women who initiate PrEP in Africa do so through informal peer referral. We wanted to test a model of formalized peer referral enhanced with HIVST delivery among young Kenyan women. METHODS: The Peer PrEP Trial is a two-arm hybrid effectiveness-implementation cluster-randomized controlled trial being conducted in central Kenya. Eligible participants (i.e., peer providers, n = 80) are women (≥ 16-24 years) refilling or initiating PrEP at public healthcare clinics who can identify at least four peers who could benefit from PrEP and not enrolled in another HIV study. Peer providers will be 1:1 randomized to (1) formal peer PrEP referral + HIVST delivery, where they will be encouraged to refer four peers (i.e., peer clients, ≥ 16-24 years) using educational materials and HIVST kits (two per peer client), or (2) informal peer PrEP referral, where they are encouraged to refer four peer clients using informal word-of-mouth referral. In both arms, peer providers will deliver a standard PrEP referral card with information on nearby public clinics delivering PrEP services. Peer providers will complete surveys at baseline and 3 months; peer clients will complete surveys at 3 months. Our primary outcome is PrEP initiation among peer clients, as reported by peer providers at 3 months. Secondary outcomes include PrEP continuation (any refilling), HIV testing (past 3 months), sexual behaviors (past month), and PrEP adherence (past month) among peer clients, as reported by both peer providers and clients at 3 months. Implementation outcomes will include participants' perceived acceptability, appropriateness, and feasibility of the intervention as well assessments of the intervention's fidelity and cost. DISCUSSION: Evidence from this trial will help us understand how HIVST could support health systems by facilitating linkage to PrEP services among young women who could benefit in Kenya and similar settings. TRIAL REGISTRATION: ClinicalTrials.gov NCT04982250. Registered on July 29, 2021.	HIV prevention, Pre-exposure prophylaxis (PrEP), Adolescent girls and young women (AGYW), Peer referral, Self-testing, Kenya	English	United Kingdom	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	United States	Western and Central Europe and North America	Quantitative
Article	2023	Walcott M.M.; Tieu H.-V.; Tipre M.; Nandi V.; Davis A.; Wu E.; Wheatle M.; Frye V.; Figueroa J.P.	Factors associated with discussing HIV pre-exposure prophylaxis (PrEP) among Jamaican medical providers	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624231201187	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176946603&doi=10.1177%2f09564624231201187&partnerID=40&md5=b3c6d7c58fca9293b6e025907cbf58ad	Background: The Ministry of Health and Wellness of Jamaica has endorsed the use of pre-exposure prophylaxis (PrEP) as an HIV prevention strategy; however, PrEP was not included in the national HIV prevention program in 2021. Methods: A cross-sectional online study involving physicians in Jamaica was conducted in 2021 to describe PrEP awareness, beliefs, attitudes, and practices. The study also assessed individual and social factors associated with discussing PrEP with patients and willingness to prescribe PrEP. Findings: The mean age and standard deviation (SD) of the 69 physicians who completed the survey were 45.5 ± 13.6 years. Most of the participants (80%) reported that they were somewhat familiar with PrEP. PrEP attitude and perceived comfort in prescribing PrEP were moderate among participating physicians, with a mean and SD of 3.9 ± 0.8 and 3.6 ± 0.9 respectively. Six percent of physicians reported that they had prescribed PrEP and 17% had discussed PrEP with their patients in the past year. However, most (90%) reported that they were willing to prescribe PrEP after being informed about it. In the unadjusted model, identifying as Christian (compared to non-Christian) and reporting stronger homophobic beliefs were associated with reduced odds of discussing PrEP with patients. In the multivariable model, only homophobia remained statistically significant (OR, 0.24; 95% CI: 0.07–0.63). Conclusion: The findings suggest that physicians in Jamaica may be willing to prescribe PrEP; however, homophobia is a barrier to discussions, underscoring the need for the Ministry of Health and Wellness to recognize the role that homophobia plays in the national HIV program to further reduce HIV incidence in Jamaica. © The Author(s) 2023.	HIV prevention; homophobia; Jamaica; Pre-exposure prophylaxis; providers; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Walsh J.L.; Zarwell M.; John S.A.; Quinn K.G.	Sources of Information about Pre-Exposure Prophylaxis (PrEP) and Associations with PrEP Stigma, Intentions, Provider Discussions, and Use in the United States	Journal of Sex Research	-	-	-	224499	10.1080/00224499.2022.2110208	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85136949944&doi=10.1080%2f00224499.2022.2110208&partnerID=40&md5=3e90f0627163aa26dd219560f1cc1777	The amount and type of information individuals receive about HIV pre-exposure prophylaxis (PrEP) may influence PrEP uptake. We surveyed 331 HIV-negative sexual and gender minorities who have sex with men at a Midwestern Pride festival in 2018 (M age = 32, 68% White, 87% cisgender men) to assess sources and perceived tone of PrEP information and associated outcomes. Most participants (88%) had heard about PrEP. The most common sources were the internet (70%), social media (59%), and friends (54%). Messages from health campaigns were perceived as most positive and those from religious institutions as least positive. Sources differed based on demographics. Controlling for indications for PrEP use, those who heard about PrEP from health campaigns and those who heard more positive messages reported lower levels of PrEP stigma, βs = −0.27—0.23, ps <.05. Non-users who heard about PrEP from the internet had stronger intentions to use PrEP, β = 0.28, p < .05. Those who heard about PrEP from sexual partners and health campaigns were more likely to discuss PrEP with providers, PRs = 1.60–1.80, ps <.01. Finally, those who heard about PrEP from friends and partners were more likely to use PrEP, PRs = 2.01–2.24, ps <.05. Leveraging sexual partners, social network members, and health campaigns are promising avenues to advance PrEP implementation. © 2022 The Society for the Scientific Study of Sexuality.	Adult; HIV Infections; Homosexuality, Male; Humans; Information Sources; Intention; Male; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Sexual Behavior; Social Stigma; United States	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Wang G.; Song W.; Rao S.; Heitgerd J.; Mulatu M.S.; Karch D.; Belcher L.	HIV Positivity, Linkage to Medical Care, Interview for Partner Services, and Pre-Exposure Prophylaxis Awareness and Referral among Men Who Have Sex with Men Tested in Non-healthcare Settings in the United States, 2019	Journal of Acquired Immune Deficiency Syndromes	-	-	-	15254135	10.1097/QAI.0000000000003106	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143645081&doi=10.1097%2fQAI.0000000000003106&partnerID=40&md5=5db0aa8a1191446195cd35055e0be15a	Objectives:Gay, bisexual, and other men who have sex with men (MSM) are disproportionately affected by HIV. This study reports data on HIV testing program outcomes among MSM tested for HIV in non-healthcare settings in the United States.Methods:We analyzed Centers for Disease Control and Prevention's National HIV Prevention Program Monitoring and Evaluation data collected in 2019. Descriptive and multivariate robust Poisson regression analyses were conducted to summarize the patterns of HIV testing program outcomes ie, positivity, linkage to HIV medical care within 30 days of diagnosis, interview for partner services (PS), and pre-exposure prophylaxis (PrEP) awareness and referral by demographic characteristics, HIV prevalence, and testing site type.Results:A total of 123,251 HIV tests were conducted among MSM; of these, 1773 (1.4%) were newly diagnosed with HIV. Among MSM newly diagnosed with HIV, 75% were linked to HIV medical care and 80% were interviewed for PS. Among MSM who tested HIV-negative, 63% were aware of PrEP and 47% of those who were eligible for PrEP were referred to PrEP providers. Referral or linkage to services varied by demographic characteristics or other factors.Conclusions:Linkage to HIV medical care and interview for PS among MSM newly diagnosed with HIV in non-healthcare settings were below national or funding program targets. Most MSM with risk factors for HIV infection were not referred to PrEP providers. Expanded efforts to address barriers to equitable access to services may help improve HIV-related outcomes among MSM and contribute to ending the HIV epidemic in the United States. © 2023 Lippincott Williams and Wilkins. All rights reserved.	HIV testing; interview for partner services; linkage to medical care; men who have sex with men; non-healthcare settings; pre-exposure prophylaxis awareness and referral	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Wang, Bo; Janamnuaysook, Rena; MacDonell, Karen; Rongkavilit, Chokechai; Schieber, Elizabeth; Naar, Sylvie; Phanuphak, Nittaya	Adapting Effective mHealth Interventions to Improve Uptake and Adherence to HIV Pre-Exposure Prophylaxis Among Thai Young Men Who Have Sex With Men: Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/46435	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10507518	BACKGROUND: Young men who have sex with men (YMSM) are the fastest-growing HIV-positive population worldwide. Thailand has the highest adult HIV seroprevalence in Asia; over 25% of men having sex with men in Bangkok are HIV positive. Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention strategy recommended for all at-risk individuals. PrEP is highly effective when taken as prescribed, but PrEP utilization rate has been low, and adherence is often inadequate. OBJECTIVE: We propose to develop and pilot a multicomponent, technology-based intervention to promote motivation to begin PrEP ("uptake") and sustained adherence to PrEP among HIV-negative Thai YMSM. We will adapt an existing 2-session technology-delivered, motivational interviewing-based intervention to focus on PrEP use in YMSM in Thailand. The resulting intervention is called the Motivational Enhancement System for PrEP Uptake and Adherence (MES-PrEP). We will also develop motivational text messaging (MTM) to send two-way motivational messages to promote PrEP use. METHODS: The proposed study includes 3 phases. Phase 1 includes in-depth interviews with HIV-negative Thai YMSM and providers to explore barriers and facilitators of PrEP initiation and adherence, aiming to inform intervention content. Phase 2 consists of adapting and beta-testing MES-PrEP and MTM for functionality and feasibility using a youth advisory board of Thai YMSM. In Phase 3, we will conduct a pilot randomized controlled trial to evaluate the feasibility, acceptability, and preliminary efficacy of MES-PrEP and MTM to increase PrEP uptake and adherence among Thai YMSM. A total of 60 HIV-negative Thai YMSM who have not started PrEP and 60 YMSM who are on PrEP but not adherent to it will be randomized 2:1 to receive MES-PrEP and MTM (n=40) or standard PrEP counseling (n=20). The feasibility and acceptability of the intervention will be assessed through usage patterns and the System Usability Scale. The preliminary impact will be assessed by evaluating the proportion of PrEP initiation and level of adherence to PrEP. Participants will complete the assessments at baseline and at 1-, 3-, and 6-month postintervention. Biomarkers of adherence to PrEP and biomarkers of HIV and sexually transmitted infections will be collected. RESULTS: Recruitment for this study began in January 2022 for phase 1. Qualitative interviews were completed with 30 YMSM and 5 clinical providers in May 2022. Phase 3, the pilot feasibility and acceptability trial, began in July 2023. Upon project completion, we shall have developed a highly innovative mobile health intervention to support YMSM using PrEP, which will be ready for testing in a larger efficacy trial. CONCLUSIONS: This study addresses a critical problem (ie, high HIV incidence and low PrEP use) among Thai YMSM. We are developing 2 potentially synergistic technology-based, theory-driven interventions aimed at maximizing PrEP use. The proposed project has the potential to make significant contributions to advancing HIV prevention research and implementation science. TRIAL REGISTRATION: ClinicalTrials.gov NCT05243030; https://clinicaltrials.gov/ct2/show/NCT05243030. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/46435.	young men who have sex with men, pre-exposure prophylaxis, PrEP, HIV prevention, mHealth, motivational interviewing, motivational text messaging, Thailand	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Wang, Haoyi; Molina, Jean-Michel; Dray-Spira, Rosemary; Schmidt, Axel J; Hickson, Ford; van de Vijver, David; Jonas, Kai J	Spatio-temporal changes in pre-exposure prophylaxis uptake among MSM in mainland France between 2016 and 2021: a Bayesian small area approach with MSM population estimation.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26089	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10206410	INTRODUCTION: In France, oral pre-exposure prophylaxis (PrEP) for HIV prevention has been publicly available since 2016, mainly targeting at men who have sex with men (MSM). Reliable and robust estimations of the actual PrEP uptake among MSM on a localized level can provide additional insights to identify and better reach marginalized MSM within current HIV prevention service provision. This study used national pharmaco-epidemiology surveillance data and regional MSM population estimations to model the spatio-temporal distribution of PrEP uptake among MSM in France 2016-2021 to identify marginalized MSM at risk for HIV and increase their PrEP uptake. METHODS: We first applied Bayesian spatial analyses with survey-surveillance-based HIV incidence data as a spatial proxy to estimate the size of (1) regional HIV-negative MSM populations and (2) MSM who could be eligible for PrEP use according to French PrEP guidelines. We then applied Bayesian spatio-temporal ecological regression modelling to estimate the regional prevalence and relative probability of the overall- and new-PrEP uptake from 2016 to 2021 across France. RESULTS: HIV-negative and PrEP-eligible MSM populations vary regionally across France. Île-de-France was estimated to have the highest MSM density compared to other French regions. According to the final spatio-temporal model, the relative probability of overall PrEP uptake was heterogeneous across France but remained stable over time. Urban areas have higher-than-average probabilities of PrEP uptake. The prevalence of PrEP use increased steadily (ranging from 8.8% 95% credible interval 8.5%;9.0% in Nouvelle-Aquitaine to 38.2% 36.5%;39.9% in Centre-Val-de-Loire in 2021). CONCLUSIONS: Our results show that using Bayesian spatial analysis as a novel methodology to estimate the localized HIV-negative MSM population is feasible and applicable. Spatio-temporal models showed that despite the increasing prevalence of PrEP use in all regions, geographical disparities and inequalities of PrEP uptake continued to exist over time. We identified regions that would benefit from greater tailoring and delivery efforts. Based on our findings, public health policies and HIV prevention strategies could be adjusted to better combat HIV infections and to accelerate ending the HIV epidemic.	Bayesian spatio-temporal analysis, HIV prevention, men who have sex with men (MSM), MSM population estimation, pre-exposure prophylaxis (PrEP), small area estimation	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Other

Article	2023	Wang, Runzhi; Fruhauf, Timothee F; Sao, Saumya S; Gingher, Erin L; Martin, Stephen J; Coleman, Jenell S	Clinic-based interventions to increase preexposure prophylaxis awareness and uptake among United States patients attending an obstetrics and gynecology clinic in Baltimore, Maryland.	American Journal of Obstetrics and Gynecology	-	-	-	1097-6868	10.1016/j.ajog.2023.07.046	https://dx.doi.org/10.1016/j.ajog.2023.07.046	BACKGROUND: Cisgender women account for 1 of every 5 new US HIV diagnoses, with most cases (85%) attributed to heterosexual contact. HIV preexposure prophylaxis is an effective prevention strategy; however, preexposure prophylaxis awareness and prescriptions among women are low. OBJECTIVE: This study aimed to increase preexposure prophylaxis counseling and uptake among cisgender women attending obstetrics and gynecology clinics. STUDY DESIGN: The study included 3 obstetrics and gynecology clinics within a single health system in a high HIV prevalence region. There were 3 phases: baseline (the 3-month period before the clinical trial that included provider education and training of a registered nurse about preexposure prophylaxis), clinical trial (the 3-month period during which eligible patients were randomized to an active control or preexposure prophylaxis registered nurse intervention), and maintenance (the 3-month period after the trial ended). Electronic medical record clinical decision support tools were available to both arms during the clinical trial, which included best practice alerts, order sets, progress note templates, and written and video preexposure prophylaxis educational materials for patients. In the intervention arm, a preexposure prophylaxis nurse contacted and counseled patients and was equipped to prescribe preexposure prophylaxis. Moreover, this study evaluated the phases through the "reach, effectiveness, adoption, implementation, and maintenance" framework. The primary outcome of the study was effectiveness (eg, percentage of eligible patients with documented HIV prevention counseling in the electronic medical record or preexposure prophylaxis prescriptions). The secondary outcomes included reach (eg, percentage of best practice alerts that providers acted on or the percentage of eligible patients who spoke with the preexposure prophylaxis registered nurse), adoption (eg, percentage of eligible patients with a best practice alert that triggered or the percentage of eligible patients the preexposure prophylaxis registered nurse attempted to contact), and maintenance (eg, percentage of patients with documented HIV prevention counseling or preexposure prophylaxis prescriptions during the maintenance phase). RESULTS: There were 904 unique patients in all phases with a mean age of 28.8±7.7 years, and 416 patients (46%) were pregnant; moreover, 436 patients were randomized in the clinical trial phase. Concerning reach and adoption, best practice alerts were triggered for 100% of eligible encounters; however, the providers acted on 52% of them. The preexposure prophylaxis nurse attempted to contact every patient and successfully spoke with 81.2% of them in the preexposure prophylaxis registered nurse arm. Concerning effectiveness, there were significantly more patients counseled about preexposure prophylaxis in the preexposure prophylaxis registered nurse group than in the active control group (66.5% vs 12.3%, respectively; P<.001), although preexposure prophylaxis prescriptions were equivalent (P=1.0). Among the subgroup of patients who were counseled about preexposure prophylaxis, 18.5% of patients in the active control arm and 3.4% in the preexposure prophylaxis registered nurse arm were prescribed preexposure prophylaxis (P=.02). Concerning maintenance, clinical decision support tools alone resulted in preexposure prophylaxis counseling of 1.0% of patients during the maintenance phase vs 0.6% of patients during the baseline phase and 11.2% of patients during the clinical trial phase (P<.001). Preexposure prophylaxis prescriptions were not statistically different among the 3 phases (P=.096). CONCLUSION: A preexposure prophylaxis nurse effectively increased HIV prevention discussions but did not lead to more preexposure prophylaxis prescriptions than the preexposure prophylaxis-focused clinical decision support tools used by providers. The decrease in preexposure prophylaxis counseling after the trial phase suggests that persistent interventions are needed to maintain effects.	best practice alerts, cisgender women, clinical decision support tool, electronic medical record, HIV prevention, preexposure prophylaxis, preexposure prophylaxis nurse.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Wang, Wenjing; Zhao, Shengnan; Wu, Yaxin; Duan, Wenshan; Li, Sibo; Li, Zhen; Guo, Caiping; Wang, Wen; Zhang, Tong; Wu, Hao; Huang, Xiaojie	Safety and Efficacy of Long-Acting Injectable Agents for HIV-1: Systematic Review and Meta-Analysis.	JMIR Public Health and Surveillance	-	-	-	2369-2960	10.2196/46767	https://publichealth.jmir.org/2023/1/e46767/	BACKGROUND: HIV-1 infection continues to affect global health. Although antiretrovirals can reduce the viral load or prevent HIV-1 infection, current drugs require daily oral use with a high adherence level. Long-acting antiretrovirals (LA-ARVs) significantly improve medication adherence and are essential for HIV-1 prophylaxis and therapy. OBJECTIVE: This study aimed to investigate the safety and efficacy of long-acting cabotegravir (CAB-LA) and long-acting rilpivirine (RPV-LA) in the prevention and treatment of HIV-1 infection. METHODS: PubMed, Embase, and the Cochrane Library were searched for studies from database inception to November 12, 2022. We included studies that reported efficacy and safety data on LA-ARV intervention in people living with HIV and excluded reviews, animal studies, and articles with missing or duplicate data. Virological suppression was defined as plasma viral load <50 copies/mL 6 months after antiviral therapy initiation. We extracted outcomes for analysis and expressed dichotomous data as risk ratios (RRs) and continuous data as mean differences. Depending on the heterogeneity assessment, a fixed- or random-effects model was used for data synthesis. We performed subgroup analyses of the partial safety and efficacy outcomes of CAB-LA+RPV-LA. The protocol was registered with the Open Science Framework. RESULTS: We included 12 trials comprising 10,957 individuals, of which 7 were prevention trials and 5 were treatment trials. CAB-LA and RPV-LA demonstrated safety profiles comparable with those of the placebo in terms of adverse event-related withdrawal. Moreover, the efficacy data showed that CAB-LA had a better effect on HIV-1 prevention than tenofovir disoproxil fumarate-emtricitabine (17/5161, 0.33% vs 75/5129, 1.46%; RR 0.21, 95% CI 0.07-0.61; I(2)=70%). Although CAB-LA+RPV-LA had more drug-related adverse events (556/681, 81.6% vs 37/598, 6.2%; RR 12.50, 95% CI 3.98-39.23; I(2)=85%), a mild or moderate injection site reaction was the most common reaction, and its frequency decreased over time. The efficacy of CAB-LA+RPV-LA was comparable with that of daily oral drugs at 48 and 96 weeks (1302/1424, 91.43% vs 915/993, 92.2%; RR 0.99, 95% CI 0.97-1.02; I(2)=0%), and a high level of virological suppression of 80.9% (186/230) was maintained even after 5 years of LA-ARV use. Similar efficacy outcomes were observed in both treatment-naive and treatment-experienced patients (849/911, 93.2% vs 615/654, 94%; RR 0.99, 95% CI 0.96-1.02; I(2)=0%). According to the questionnaires, more than 85% of people living with HIV favored LA-ARVs. CONCLUSIONS: LA-ARVs showed favorable safety profiles for both the prevention and treatment of HIV-1 infection and were well tolerated. CAB-LA has more satisfactory efficacy than tenofovir disoproxil fumarate-emtricitabine, significantly reducing the rate of HIV-1 infection. CAB-LA+RPV-LA maintains virological suppression for a long time and may be a viable switching strategy with enhanced public health benefits by reducing transmission. However, further trials are required to confirm the efficacy of these drugs.	long-acting cabotegravir (1); CAB-LA (1); long-acting rilpivirine (1); RPV-LA (1); pre-exposure prophylaxis (100); PrEP (60); treatment (313); long-term suppression (1)	English	Canada	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review
Article	2023	Wang, Xiaomeng; Zhang, Tiantian; Chang, Qinxue; Wang, Chun; Wang, Keyun; Yu, Zeyang; Zhang, Honglu; Huang, Huijie; Song, Desheng; Peixoto, Elissa; Yang, Jie; Li, Changping; Cui, Zhuang; Liu, Yuanyuan; Ma, Jun	The risk of acute and early HIV (AEH) infection among MSM with different behaviour trajectories: an open cohort study in Tianjin, China, 2011-2019.	BMC Infectious Diseases	-	-	-	1471-2334	10.1186/s12879-023-08001-9	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-023-08001-9	BACKGROUND: Acute and early HIV (AEH) infection is characterized by a high viral load and infectivity. Approximately 50% of cases of HIV-1 transmission occur during AEH. Understanding sexual behaviour trajectories would be useful for predicting changes in the risk of HIV acquisition. However, few studies have investigated sexual behaviour trajectories and their association with AEH acquisition. This study identified behaviour trajectories among men who have sex with men (MSM), determined the risk of AEH infection, and compared risk factors between different behaviour trajectories. METHODS: The study was based on an ongoing prospective open cohort of voluntary HIV counselling and testing (VHCT) among MSM in Tianjin, China. From 2011 to 2019, 1974 MSM were recruited. Group-based trajectory modelling (GBTM) was used to identify behaviour trajectories by constructing a sexual risk behaviour score. Logistic regression and generalized estimating equation (GEE) were used to compare the risk of AEH infection and risk factors for different behaviour trajectories. All data analyses were performed using SAS 9.4. RESULTS: The incidence of AEH infection was 1.76/100 person-years, with 64 AEH infections documented in 3633 person-years of follow-up. Three sexual behaviour trajectories were identified: CL (consistently low risk, 35.46%), CH (consistently high risk, 42.71%) and HTL (high to low risk, 21.83%). MSM in the HTL and CH groups had higher AEH infection rates than MSM in the CL group (6.73%, 3.08% and 1.28%, respectively), with ORs of 5.54 (2.60, 11.82) and 2.44 (1.14, 5.25), respectively. MSM aged 30-50 years old and MSM who underwent HIV testing in the last year were more likely to be in the CH group and HTL group. In addition, the HTL group was characterized by a lower likelihood of local registration and a higher likelihood of working as a MSW. CONCLUSION: MSM in the CH group and the HTL group had a higher risk of AEH infection. In the future, VHCT should be performed more often among younger MSM, and HIV counselling should be given the same priority as HIV testing. In addition, VHCT combined with PrEP may have a better preventive impact on MSM with a high risk of AEH infection.	Adult; Humans; Male; Middle Aged; Sexual Behavior; Prospective Studies; Cohort Studies; Homosexuality, Male; China/epidemiology; MSM; *Sexual and Gender Minorities; *HIV Infections/prevention & control; Group-based trajectory model; Acute and early HIV; Open cohort study; Sexual risk behaviour trajectory; Voluntary HIV counselling and testing	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Wara, Nafisa J; Mvududu, Rufaro; Marwa, Mary M; Gómez, Laurén; Mashele, Nyiko; Orrell, Catherine; Moucheraud, Corrina; Kinuthia, John; John-Stewart, Grace; Myer, Landon; Hoffman, Risa; Pintye, Jillian; Davey, Dvora L Joseph	Preferences and acceptability for long-acting PrEP agents among pregnant and postpartum women with experience using daily oral PrEP in South Africa and Kenya.	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26088	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10206415	INTRODUCTION: Long-acting pre-exposure prophylaxis (PrEP) options could overcome barriers to oral PrEP persistence during pregnancy and postpartum. We evaluated long-acting PrEP preferences among oral PrEP-experienced pregnant and postpartum women in South Africa and Kenya, countries with high PrEP coverage with pending regulatory approvals for long-acting injectable cabotegravir and the dapivirine vaginal ring (approved in South Africa, under review in Kenya). METHODS: From September 2021 to February 2022, we surveyed pregnant and postpartum women enrolled in oral PrEP studies in South Africa and Kenya. We evaluated oral PrEP attitudes and preferences for long-acting PrEP methods in multivariable logistic regression models adjusting for maternal age and country. RESULTS: We surveyed 190 women in South Africa (67% postpartum; median age 27 years IQR = 22-32) and 204 women in Kenya (79% postpartum; median age 29 years IQR = 25-33). Seventy-five percent of participants reported oral PrEP use within the last 30 days. Overall, forty-nine percent of participants reported negative oral PrEP attributes, including side effects (21% South Africa, 30% Kenya) and pill burden (20% South Africa, 25% Kenya). Preferred PrEP attributes included long-acting method, effectiveness, safety while pregnant and breastfeeding, and free medication. Most participants (75%, South Africa and Kenya) preferred a potential long-acting injectable over oral PrEP, most frequently for a longer duration of effectiveness in South Africa (87% South Africa, 42% Kenya) versus discretion in Kenya (5% South Africa, 49% Kenya). Eighty-seven percent of participants preferred oral PrEP over a potential long-acting vaginal ring, mostly due to concern about possible discomfort with vaginal insertion (82% South Africa, 48% Kenya). Significant predictors of long-acting PrEP preference included past use of injectable contraceptive (aOR = 2.48, 95% CI: 1.34, 4.57), disliking at least one oral PrEP attribute (aOR = 1.72, 95% CI: 1.05, 2.80) and preferring infrequent PrEP use (aOR = 1.58, 95% CI: 0.94, 2.65). CONCLUSIONS: Oral PrEP-experienced pregnant and postpartum women expressed a theoretical preference for long-acting injectable PrEP over other modalities, demonstrating potential acceptability among a key population who must be at the forefront of injectable PrEP rollout. Reasons for PrEP preferences differed by country, emphasizing the importance of increasing context-specific options and choice of PrEP modalities for pregnant and postpartum women.	breastfeeding, long-acting, PrEP, pregnancy, Kenya, South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Wardley, Amelia Margaret; Williams, Henrietta; Coombe, Jacqueline; Caddy, Cassandra; Fairley, Christopher Kincaid; Hocking, Jane Simone	Would men who have sex with men support less frequent screening for asymptomatic chlamydia and gonorrhoea to improve antibiotic stewardship? A qualitative study.	Sexual Health	-	-	-	1449-8987	10.1071/SH22139	https://dx.doi.org/10.1071/SH22139	BACKGROUND: Men who have sex with men (MSM) taking pre-exposure prophylaxis (PrEP) are recommended to have screening for asymptomatic chlamydia and gonorrhoea every 3months with high rates of asymptomatic chlamydia and gonorrhoea detected. However, there is little evidence about the effectiveness of this screening interval and there is increasing concern about antibiotic consumption and its impact on antimicrobial resistance. There have been calls to reconsider this frequent screening for chlamydia and gonorrhoea. We conducted interviews with MSM to assess their attitudes to 3-monthly chlamydia and gonorrhoea screening. METHODS: Individual semi-structured interviews were conducted with MSM living in Victoria, Australia. Participants were aged 20-62years and had been taking PrEP for at least 6months. Interviews were audio-recorded and transcribed, and these data were investigated through reflexive thematic analysis. RESULTS: Thirteen interviews were conducted in August 2021. Participants were hesitant about reducing the screening frequency and reported that testing gave them a sense of security. While MSM recognised antimicrobial resistance was a concern, it did not impact their sexual behaviour, with many participants stating they would rather continue to take antibiotics to treat infections rather than adopt preventative measures such as condom use. Positive attitudes towards screening interval changes are more likely when PrEP patients are informed about the risks and benefits of sexual healthcare recommendations. CONCLUSION: While MSM on PrEP were initially hesitant to changes in screening frequency, changes may be acceptable if transparent communication, presenting the benefits and harms of screening and treatment, was delivered by a trusted healthcare professional.	AMR, MSM, PrEP, qualitative, sexual behaviour, sexual health, STI, STI screening.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Ware, Norma C; Wyatt, Monique A; Pisarski, Emily E; Nalumansi, Alisaati; Kasiita, Vicent; Kamusiime, Brenda; Nalukwago, Grace K; Thomas, Dorothy; Kibuuka, Joseph; Muwonge, Timothy; Mujugira, Andrew; Heffron, Renee	How Central Ugandan HIV Clinics Adapted During COVID-19 Lockdown Restrictions to Promote Continuous Access to Care: A Qualitative Analysis.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04090-4	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10235841	We used qualitative data from the Partners PrEP Program (PPP) to address the question: How did Central Ugandan HIV clinics adapt to COVID-19 lockdown restrictions to promote continuous access to HIV care? PPP was a stepped-wedge cluster randomized trial of integrated PrEP and ART delivery for HIV serodifferent couples at Central Ugandan HIV clinics (NCT03586128). Individual interviews with purposefully selected PPP couples (N = 42) and clinicians, coordinators, and counselors providing HIV care (N = 36) were carried out. Sixty-four interviews were completed after lockdown and included questions about accessing and providing ART/PrEP refills during lockdown restrictions. We used an inductive, content-focused approach to analyze these interview data. Barriers to continuous access identified by interviewees included loss of income with increased cost of transport, reduced staff at clinics, and physical distancing at clinics. Interviewees pointed to multi-month refills, visits to clinics "close to home," transport to clinics for providers, and delivery of refills in neighborhoods as factors promoting continuous access to antiretroviral medications. Access barriers appeared somewhat different for ART and PrEP. Fewer resources for community delivery and pre-refill HIV testing requirements were identified as PrEP-specific access challenges. Participants emphasized their success in continuing ART/PrEP adherence during the lockdown, while providers emphasized missed refill visits. These results highlight the contributions of providers and ART/PrEP users to adaptation of HIV services during COVID-19 lockdown restrictions in Uganda. The roles of direct care providers and service users as drivers of adaptation should be recognized in future efforts to conceptualize and investigate health system resiliency.	HIV service delivery, Adaptation, COVID-19, Uganda, Health system resiliency	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Warren, Mitchell; Nyagah, Wawira; Verde Hashim, Catherine; Rodolph, Michelle; Schaefer, Robin; Schmidt, Heather-Marie A; Baggaley, Rachel	Shaping and coordinating the implementation science agenda for injectable cabotegravir for PrEP: the role of the Biomedical Prevention Implementation Collaborative (BioPIC).	Journal of the International AIDS Society	-	-	-	1758-2652	10.1002/jia2.26094	https://dx.doi.org/10.1002/jia2.26094	INTRODUCTION: Data from two randomized controlled trials (RCTs) showed that injectable cabotegravir (CAB) for pre-exposure prophylaxis (PrEP) was efficacious in reducing HIV acquisition. The US Food and Drug Administration approved CAB for PrEP in December 2021; Australia in August 2022; Zimbabwe in October 2022; South Africa in November 2022; Malawi in March 2023; and regulatory approvals are being sought in additional countries. The World Health Organization (WHO) recommended CAB to be offered to people at substantial risk of HIV in July 2022. However, implementation experience beyond RCTs is limited. As countries consider CAB implementation, questions remain regarding delivery and involvement of populations excluded from the trials. A coordinated approach is needed to ensure these are addressed and CAB can be introduced in low- and middle-income countries in timely, acceptable and effective ways. DISCUSSION: Beginning in 2018, the Biomedical Prevention Implementation Collaborative (BioPIC) convened over 100 global health experts to develop a comprehensive introduction strategy for CAB. Using this roadmap, country landscaping for CAB introduction and lessons from oral PrEP implementation, AVAC and WHO co-convened 50 researchers, donors, implementers and civil society in September 2021 to: (1) identify questions and evidence gaps related to CAB across contexts and partners; (2) define the implementation science agenda; and (3) agree on mechanism(s) for future coordination. As a result, CAB-related questions were identified, including: defining optimal and feasible HIV testing strategies that expand access; delivery models; integration with a range of services, including family planning and antenatal care; and embedding CAB in demand generation for HIV prevention choices. Through convenings and mapping of implementation research, BioPIC identified gaps in populations, geographies and delivery approaches. CONCLUSIONS: The introduction strategy refined by BioPIC lays the groundwork for future HIV prevention products. Ongoing policy and implementation dialogue is critical to accelerate the design of CAB implementation studies that adequately address priority knowledge gaps. Additional long-acting HIV prevention products may be available over the next 5 years, increasing choice, but potentially making delivery and stakeholder engagement more complex. Ongoing coordination with WHO will accelerate the adoption of evidence-based policies and wide-scale implementation, and lessons from BioPIC can inform introduction processes for long-acting HIV prevention products.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2023	Watson, Margaret	Perspectives on the Use of Molecular HIV Data for Public Health	-	-	Georgia Southern University	-	NA	NA	https://digitalcommons.georgiasouthern.edu/etd/2688	Background. Effective HIV treatment and pre-exposure prophylaxis can drastically reduce the risk of acquiring HIV and prevent most future transmission, but these advances are not accessible to many who could most benefit from them. Advances in use of molecular sequence data to inform prevention efforts, paired with supportive interventions, have the potential to identify clusters of rapid HIV transmission and focus prevention resources toward areas of highest need. Although molecular cluster detection has been successfully used in other areas of public health, advocates for people with HIV have raised concerns about the application of this approach because of HIV criminalization, stigma and marginalization, and consent issues. Purpose. The primary purpose of this study was to describe the perspectives of Black and Hispanic/Latino same gender-loving men and genderqueer persons with experience in the field of HIV prevention about molecular HIV cluster detection. Additional goals aim to understand the ethical frameworks underlying these perceptions, and to document participants' suggestions to improve implementation of molecular HIV cluster detection and response. Methods. This qualitative research study gathered information from ten key informants via semi-structured individual interviews, using a standard interview tool, to better understand existing opinions and beliefs in HIV prevention and advocacy communities. Data were coded using an inductive thematic analysis with Dedoose version 9.0. Results. Participants had varied levels of experience with this work, but all understood basic concepts including the potential value of this work to focus HIV prevention to communities with the greatest needs. Participants expressed a variety of perspectives. Concerns included HIV criminalization, stigma and marginalization, and informed consent. Suggestions included increasing transparency through additional community engagement and communication, and addressing HIV criminalization, stigma, and marginalization. Conclusions. Public health agencies need to better understand and address concerns about molecular HIV detection. Increased community engagement and communication around this work can help address issues of perceived lack of transparency and mistrust. Communication should include the rationale for conducting public health surveillance activities in the absence of informed consent, as well as health department data protections and local criminalization policies and practices.	HIV; HIV prevention; Molecular cluster detection; HIV criminalization; HIV sigma; Perceptions; Ethics of public health surveillance.; Public Health; Virus Diseases	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Qualitative
Article	2023	Watson, Ryan J; Morgan, Ethan; Sherman, Jessica; Caba, Antonia E; Wheldon, Christopher W; Chan, Philip A; Eaton, Lisa A	Pre-exposure prophylaxis (PrEP) use, anticipated PrEP stigma, and bisexual identity among a Black and Hispanic/Latino sexual and gender diverse sample	Behavioral Medicine	-	-	-	08964289	10.1080/08964289.2022.2048249	https://www.proquest.com/scholarly-journals/pre-exposure-prophylaxis-prep-use-anticipated/docview/2843992910/se-2?accountid=8113	Black and Hispanic/Latino sexual minority men and gender diverse (SMMGD) individuals are disproportionately impacted by the HIV epidemic. Uptake and adherence to pre-exposure prophylaxis (PrEP) is suboptimal among SMMGD Black and Hispanic/Latino individuals, but most research has approached this population as homogenous (e.g., a group operationalized as men who have sex with men). Bisexual men are less likely to disclose their sexual identity and report more mental health problems than their gay counterparts, but there is less attention to the impact of different sexual identities on PrEP use over time. We utilized data from three waves of a national longitudinal study (2020-2021) to characterize Black and Hispanic/Latino SMMGD participants' PrEP use including: 1) PrEP uptake during the study; 2) consistent PrEP use across the study; and 3) discontinuation of PrEP use since study baseline. We found bisexual men were significantly less likely than gay men to be consistent PrEP users and were more likely to discontinue PrEP use over the course of the study. Of the sample who reported PrEP use across surveys, 10% initiated PrEP during the study period, 0% of whom were bisexual. Additionally, bisexual participants reported statistically significantly higher anticipated PrEP stigma relative to gay participants. These findings have implications for HIV prevention interventions. Given the differences in PrEP experiences as a function of sexual identity, researchers and clinicians should consider the disruptive role of stigma (both biphobia and anticipated PrEP stigma) in PrEP care and adherence.	Longitudinal Studies; Bisexuality; Homosexuality; HIV prevention; Epidemics; PrEP; Sexuality; MSM; Gender; Males; Men who have sex with men; Identity; Stigma; Disease prevention; bisexual; Mental health; Longitudinal study; Hispanic Americans; Qualitative research; Preventive medicine; Expectations; Uptake; care cascade; Human immunodeficiency virus--HIV; Gays & lesbians; Mens health; Medical Sciences--Psychiatry And Neurology; Prevention programs; Black people; Surveys & questionnaires; Latin American cultural groups; Mental disorders; Discontinued; Health problems; Sexual Identity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Webster, Jessica L.; Rafalko, Nicole; Thorpe, Lorna E.; Duncan, Dustin T.; Gracely, Ed J.; Goldstein, Neal D.	Alignment of Ending the HIV Epidemic Priority Jurisdictions With Availability of HIV Service Organizations: An Ecological Study.	AIDS Education and Prevention	-	-	-	1943-2755 0899-9546	10.1521/aeap.2023.35.4.320	https://pubmed.ncbi.nlm.nih.gov/37535323/	We sought to describe and quantify the association between HIV service organization availability, HIV burden, and HIV awareness and prevention in the 57 priority jurisdictions selected as part of the U.S. Ending the HIV Epidemic initiative. On average, jurisdictions with more per capita organizations had more people living with HIV, more individuals aware of their positive status, and more individuals prescribed PrEP (b = 0.3; 95% CI 0.2, 0.5 for each additional case per 1,000 people in the first metric, and b = 0.3; 95% CI 0.2, 0.4 and b = 0.1; 95% CI < 0.1, 0.1, respectively, for each percentage point change in the second two metrics), accounting for jurisdiction size. Several jurisdictions were outliers in the modeled associations and may reflect comparatively better, or worse, performance than similar jurisdictions. This information can assist in evaluating resource allocation and determining whether availability translates to accessibility.	Humans; *Pre-Exposure Prophylaxis; *HIV Infections/prevention & control; Ending the HIV Epidemic; health services accessibility; HIV prevention and control; *Epidemics/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Weidlich S.; Schneider J.; Lee M.; Mijočević H.; Graf N.; Protzer U.; Spinner C.; Noe S.	Seroconversion rate of SARS-CoV-2 IgG antibodies and dating behaviour in HIV-PrEP users in a German metropolis during the COVID-19 pandemic	International journal of STD & AIDS	-	-	-	9564624	10.1177/09564624231190419	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165366347&doi=10.1177%2f09564624231190419&partnerID=40&md5=6a2fdb6b7f82d3cab81ac6de99007854	Background: At the beginning of the COVID-19 pandemic, when mortality was high, social distance was the only option to prevent transmission of SARS-CoV-2 and prohibit uncontrolled spreading. As the impact of social distancing on sexual behavior was unclear, we aimed to assess the influence of sexual risk behavior on SARS-CoV-2 seroconversion in HIV pre-exposition prophylaxis (PrEP) users after declaration of the pandemic. Methods: Prospective study on SARS-CoV-2 IgG-antibody seroconversion rate over time in men having sex with men (MSM) using PrEP at a single tertiary university hospital in Munich, Germany, during quarterly (Q) routine HIV-PrEP visits over 1 year per participant (May 2020 - September 2021). Seroconversion was defined as at least one positive anti-nucleocapsid (anti-N) SARS-CoV-2 IgG antibody test as surrogate for past infection. In addition, sexually transmitted infections (STIs), personal estimated risk behavior and sexual contacts were assessed. Results: Seroconversion rate during the full observation period was 7.3% (9/124 subjects) by September 2021. Percentage of subjects with symptomatic STIs (T. pallidum, N. gonorrhoeae, C. trachomatis and M. genitalium) was 18.7% in Q3-20, 8.1% in Q4-20, 11.1% in Q1-21, 11.6% in Q2-21 and 9.5% in Q3-21. Perception of subjective threat of SARS-CoV-2 infection and adequacy of preventive measures decreased during the observation period. However, self-reported sex behavior remained stable during the observation period. Conclusions: Our cohort showed low proportion of PrEP-users with anti-N IgG by September 2021, comparable to the local incidence. Sexual behavior in this cohort did not change, despite local recommendations for social distancing. © The Author(s) 2023.	Epidemiology; Europe; homosexual; location; other; prevention; sexual behaviour	English	United Kingdom	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Weigel, Gabriela; Theva, Meena; Hardy, Erica; Wagner, Stephen; Brown, Benjamin	Sexual and Reproductive Health Care Visits as a Venue for Preexposure Prophylaxis Service Delivery among Women in the United States: Results from a Nationally Representative Survey	Sexually Transmitted Diseases	-	-	-	1485717	10.1097/OLQ.0000000000001805	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175151149&doi=10.1097%2fOLQ.0000000000001805&partnerID=40&md5=b5c890c1aefe10061dd20a6e98d4ba16	Background Preexposure prophylaxis (PrEP) for HIV is disproportionately underprescribed to women. Centers for Disease Control and Prevention guidelines identify a group of women at risk of HIV acquisition who should be offered PrEP, but opportunities remain to improve patient awareness of and provider counseling about PrEP and to expand service delivery of PrEP. Methods Using nationally representative data from the 2017-2019 National Survey of Family Growth, we compared women with (n = 689) and without (n = 5,452) Centers for Disease Control and Prevention indications for PrEP on measures of PrEP awareness, counseling by a provider, and interaction with the health care system. Results Women with PrEP indications were no more likely to report awareness of PrEP (odds ratio OR, 1.03; 95% confidence interval CI, 0.82-1.29) or PrEP counseling by a provider (OR, 1.32; 95% CI, 0.77-2.27), compared with those without PrEP indications. However, women with PrEP indications were more likely than those without to report a birth control visit (OR, 1.82; 95% CI, 1.39-2.38) or an abortion within the last 12 months (OR, 5.93; 95% CI, 1.48-23.73), and to currently use prescription contraception (OR, 1.45; 95% CI, 1.19-1.78). A majority of both groups reported accessing prenatal care within the last 12 months. Conclusions There remains a gap in PrEP awareness and counseling among women at highest risk for HIV acquisition. Sexual and reproductive health visits represent a logical and feasible venue for PrEP provision. Obstetrician-gynecologists and other family planning providers may be able to aid in service delivery innovations by providing PrEP alongside other sexual and reproductive health care. © Lippincott Williams & Wilkins.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Weinstein E.R.; Puccinelli M.; Cardenas N.; Safren S.A.; Harkness A.	PrEP to Party: Exploring MSM's PrEP Use and Interest in the Context of Sexually Themed Events	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04225-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177083641&doi=10.1007%2fs10461-023-04225-7&partnerID=40&md5=4d525ffc8b4cc4ff11280bb44d0d9d1b	Sexually themed events present a unique opportunity for scaling up pre-exposure prophylaxis (PrEP) to men who have sex with men (MSM). This study descriptively explored PrEP uptake among MSM who anticipated attending a week-long major South Florida sexually themed event and examined potential facilitators and barriers to PrEP engagement among potential attendees. Of the participating HIV-negative MSM (n = 96), 66.7% were currently taking PrEP. Prior attendance at sexually themed events was significantly associated with current PrEP engagement and almost 75% of HIV-negative MSM not on PrEP reported high interest in taking PrEP if offered for free at future events. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; HIV/AIDS; Men Who Have Sex with Men; Sexually themed events	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Weir, Brian W; Wirtz, Andrea L; Chemnasiri, Tareerat; Baral, Stefan D; Decker, Michele; Dun, Chen; Hnin Mon, Sandra Hsu; Ungsedhapand, Chaiwat; Dunne, Eileen F; Woodring, Joseph; Pattanasin, Sarika; Sukwicha, Wichuda; Thigpen, Michael C; Varangrat, Anchalee; Warapornmongkholkul, Anchalee; O'Connor, Siobhan; Ngo, Julie P; Qaragholi, Noor; Sisel, Haley I; Truong, Jasmine M; Janyam, Surang; Linjongrat, Danai; Sriplienchan, Somchai; Sirivongrangson, Pachara; Rooney, James F; Sullivan, Patrick; Chua-Intra, Boosbun; Hickey, Andrew C; Beyrer, Chris	High PrEP uptake, adherence, persistence and effectiveness outcomes among young Thai men and transgender women who sell sex in Bangkok and Pattaya, Thailand: findings from the open-label combination HIV prevention effectiveness (COPE) study.	The Lancet Regional Health - Americas	-	-	-	2772-3682	10.1016/j.lana.2023.100217	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10442968	Background: Daily oral pre-exposure prophylaxis (PrEP) is effective in preventing HIV infection, but no study has evaluated combination prevention interventions with PrEP for transgender women (TGW) and men who have sex with men (MSM) who sell sex. Methods: The Combination Prevention Effectiveness (COPE) study was a community-based, non-randomized implementation study in Bangkok and Pattaya, Thailand. Participants were HIV-negative MSM and TGW aged 18-26 years who reported exchanging sex with men in the prior 12 months and who met 2014 U.S. Public Health Service PrEP eligibility criteria. The intervention included quarterly HIV testing, semiannual testing for sexually transmitted infections, provision of condoms with lubricant, and the opportunity to initiate or end daily oral PrEP use at any time during study participation. Participants taking PrEP received monthly adherence counseling and short message service reminders. The primary outcome was HIV incidence rate ratio (IRR) on PrEP vs. not on PrEP. Secondary outcomes were PrEP initiation, PrEP use at 12 months, and PrEP adherence. Findings: From October 2017 to August 2019, 846 participants were enrolled: 531 (62.8%) immediately initiated PrEP; 104 (12.3%) subsequently initiated PrEP, and 211 (24.9%) never initiated PrEP. Among those initiating PrEP within 30 days of enrollment, 85.9% were on PrEP at the 12-months. When taking PrEP, participants reported adherent PrEP use at 94.2% of quarterly assessments. Ten HIV seroconversions occurred without PrEP use (incidence rate IR = 3.42 per 100 person-years PY; 95% CI = 1.64-6.30), while zero cases occurred with PrEP use (IR = 0.0 per 100PY; 95% CI = 0.0-0.62), with IRR = 0.0 (95% CI = 0.0-0.22; p < 0.001). Interpretation: Young Thai MSM and TGW who exchange sex can have high PrEP uptake, persistence and adherence, and low HIV incidence when offered in supportive community-based settings. Funding: U.S. National Institute of Allergy and Infectious Diseases; Centers for Disease Control and Prevention.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Weld, Ethel D; McGowan, Ian; Anton, Peter; Fuchs, Edward J; Ho, Ken; Carballo-Dieguez, Alex; Rohan, Lisa C; Giguere, Rebecca; Brand, Rhonda; Edick, Stacey; Bakshi, Rahul P; Parsons, Teresa; Manohar, Madhuri; Seigel, Aaron; Engstrom, Jared; Elliott, Julie; Jacobson, Cindy; Bagia, Christina; Wang, Lin; Al-Khouja, Amer; Hartman, Douglas J; Bumpus, Namandje N; Spiegel, Hans M L; Marzinke, Mark A; Hendrix, Craig W	Tenofovir Douche as HIV Pre-Exposure Prophylaxis for Receptive Anal Intercourse: Safety, Acceptability, Pharmacokinetics, & Pharmacodynamics (DREAM 01).	Journal of Infectious Diseases	-	-	-	1537-6613	10.1093/infdis/jiad535	https://dx.doi.org/10.1093/infdis/jiad535	BACKGROUND: Despite highly effective HIV pre-exposure prophylaxis (PrEP) options, no options provide on-demand, non-systemic, and behaviorally-congruent PrEP that many desire. A tenofovir-medicated rectal douche before receptive anal intercourse (RAI) may provide this option. METHODS: Three tenofovir rectal douches - 220-mg iso-osmolar Product A, 660-mg iso-osmolar Product B, and 660-mg hypo-osmolar Product C - were studied in 21 HIV-negative men who have sex with men. We sampled blood and colorectal tissue to assess safety, acceptability, pharmacokinetics, and pharmacodynamics. RESULTS: The douches had high acceptability without toxicity. Median plasma tenofovir peak concentrations for all products were several-fold below trough concentrations associated with oral tenofovir disoproxil fumarate (TDF). Median colon tissue mucosal mononuclear cell (MMC) tenofovir-diphosphate concentrations exceeded target concentrations from 1-hour through 3-to-7-days after dosing. For 6-7-days after a single Product C dose, MMC tenofovir-diphosphate exceeded concentrations expected with steady-state oral TDF 300-mg on-demand "2-1-1" dosing. Compared to pre-drug baseline, HIV replication after ex vivo colon tissue HIV challenge demonstrated a concentration-response relationship with 1.9 log10 maximal effect. CONCLUSIONS: All three tenofovir douches achieved tissue tenofovir-diphosphate concentrations and colorectal antiviral effect exceeding oral TDF with lower systemic tenofovir. tenofovir douches may provide a single dose, on-demand, behaviorally-congruent PrEP option and warrant continued development.	HIV, preexposure prophylaxis, microbicide, pharmacokinetics, pharmacodynamics, phase 1	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Wells K.J.; Gordon J.R.; Carrizosa C.M.; Mozo E.H.; Lucido N.C.; Cobian Aguilar R.A.; Brady J.P.; Rojas S.A.; Ramers C.B.; Nogg K.A.; Lamb K.M.; Jones I.J.; Rivera D.B.; Blashill A.J.	Interpersonal and Community-Level Influences Across the PrEP Cascade Among Young Adult Latinx Men who Have Sex with Men Living in a US-Mexico Border Region: A Qualitative Study	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04185-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173029456&doi=10.1007%2fs10461-023-04185-y&partnerID=40&md5=3de436a49f22e7b978b95a56ab253b21	Latinx men who have sex with men (MSM) are an at-risk population for new HIV diagnoses. Pre-exposure prophylaxis (PrEP) is a suite of biomedical approaches to prevent HIV infection. Latinx MSM are less likely to take PrEP compared to non-Latinx White MSM. This qualitative study identified interpersonal- and community-level barriers and facilitators of PrEP among young adult Latinx MSM. Using stratified purposeful sampling, 27 Latinx men, ages 19–29 years and living in a US-Mexico border region, completed self-report demographic surveys and participated in semi-structured in-depth interviews assessing barriers and facilitators to PrEP. Directed content analysis was used to identify both a priori and emerging themes. Most participants reported that other people, including peers, friends, partners, and health care providers were both supportive and discouraging of PrEP use. Participants' intersectional identities as members of both Latinx and LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer) communities both hindered and facilitated PrEP use. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Hispanic or Latino; HIV Prevention; Peer Influence; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Social Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Wells, Nathanael	U=U, PrEP and the unrealised promise of ending HIV-related stigma.	Sexual Health	-	-	-	1449-8987	10.1071/SH23045	https://dx.doi.org/10.1071/SH23045	There is now widespread consensus that by reducing HIV viral load to undetectable levels, HIV treatment also eliminates the risk of HIV sexual transmission. Advocates have hoped that eliminating the risk of HIV will be accompanied by a reduction of HIV-related stigma. These hopes have yet to be realised and people living with HIV continue to report stigma and sexual rejection. The burden of challenging HIV-related stigma has largely fallen on people living with HIV. It is time for those who are HIV-negative to also take on some of the burden in challenging HIV stigma.	HIV/AIDS, HIV prevention, HIV stigma, living with HIV, PrEP, sexual behaviours, social context, stigma.	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Qualitative
Article	2023	Werner R.N.; Schmidt A.J.; Potthoff A.; Spornraft-Ragaller P.; Brockmeyer N.H.	Position statement of the German STI Society on the prophylactic use of doxycycline to prevent STIs (Doxy-PEP, Doxy-PrEP)	JDDG - Journal of the German Society of Dermatology	-	-	-	16100379	10.1111/ddg.15282	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180204185&doi=10.1111%2fddg.15282&partnerID=40&md5=d55823936eb628d2dea981936e9029d3	Over the past two decades, there has been a rise in the incidence of syphilis, particularly among men who have sex with men (MSM). This has sparked interest in studying the prophylactic use of doxycycline to prevent syphilis and other sexually transmitted infections (STIs), commonly referred to as Doxycycline Pre- or Post-Exposure Prophylaxis (Doxy-PrEP, Doxy-PEP). At the same time, demand from potential users for this preventive measure is increasing. Several randomized controlled trials have demonstrated that the prophylactic use of doxycycline in MSM and trans women using HIV pre-exposure prophylaxis (HIV-PrEP) or living with an HIV infection effectively reduces the risk of syphilis and chlamydia infections. At present, however, unresolved questions remain, particularly regarding implications of a broad implementation of prophylactic doxycycline to prevent STIs on tetracycline and other antimicrobial resistance in bacterial STIs, non-STI-related bacterial pathogens, and the microbiome. In response to the increasing demand and the challenge of balancing effectiveness, safety, and the risk of promoting antibiotic resistance, the German STI Society (DSTIG) has issued a position statement, providing specific recommendations regarding potential indications, criteria, and precautions for the use of doxycycline in STI prevention. These recommendations are based on current evidence and expert opinion. © 2023 The Authors. Journal der Deutschen Dermatologischen Gesellschaft published by John Wiley & Sons Ltd on behalf of Deutsche Dermatologische Gesellschaft.	NA	English	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Weser, Veronica; Opara, Ijeoma; Budge, Mariana; Duncan, Lindsay; Fernandes, Claudia-Santi F.; Hussett-Richardson, Sydney; Sands, Brandon; Hieftje, Kimberly	Pilot-testing a Multiplayer HIV and Sexually Transmitted Infection Prevention Video Game Intervention for Black Adolescent Girls: Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/43666	https://pubmed.ncbi.nlm.nih.gov/36689272/	BACKGROUND: Black adolescent girls aged between 14 and 19 years are more likely than White girls to be diagnosed with a sexually transmitted infection (STI). As STI diagnosis is associated with an increase in the risk for HIV acquisition, an early intervention specifically tailored to Black adolescent girls is warranted. A web-based video game intervention has the potential to reach this demographic. Because studies of social and behavioral determinants of disease demonstrate the protective role of peer group structures on individual outcomes, a multiplayer game can facilitate opportunities to exchange and evaluate information, learn social norms, develop behavioral skills, and allow peers to influence attitudes and behavior. No prior research has examined the feasibility of a web-based multiplayer game intervention for this population. OBJECTIVE: This study describes the protocol for a randomized controlled trial (RCT) pilot-testing the feasibility, acceptability, and limited efficacy of a multiplayer game-based intervention for increasing HIV and STI testing and condom use in Black adolescent girls. METHODS: We enrolled 79 Black adolescent girls aged 14 to 19 years residing in the United States into a 2-arm parallel RCT. The intervention is a theory-based, community-informed, multiplayer game that can be played with peers on the web using videoconferencing software. The goal of the game is to empower Black adolescent girls to make healthy decisions regarding dating, relationships, and sex, thus reducing HIV and STI infection. Control condition participants received a list of resources after playing a time and attention control game. All study procedures were conducted via the internet. We conveniently sampled Black adolescent girls using web-based advertisements. Study assessments occurred at enrollment, 1 week, 1 month, and 4 months after enrollment. The primary outcome was increased HIV and STI testing by Black adolescent girls. Secondary outcomes include increased condom use, self-efficacy to use condoms, positive attitudes toward condom use, intentions, harm perceptions, HIV and STI and pre-exposure prophylaxis knowledge, positive sexual norms, sexual communication with partners, and reduced incidence of sexual risk behaviors associated with HIV and STI transmission. Secondary outcomes also included assessment of intervention feasibility and acceptability. RESULTS: From February to April 2022, a total of 79 Black adolescent girls were enrolled, with 40 (51%) having been randomized into the intervention condition and 39 (49%) into the control condition. At baseline, participant ages ranged from 14 to 19 (mean 16.4, SD 1.23) years. CONCLUSIONS: Web-accessible game interventions overcome common impediments of face-to-face interventions presenting a unique opportunity to reach Black adolescent girls and improve their sexual health and self-efficacy. Trial data will provide information about the limited efficacy of the intervention and inform future web-based studies and a larger RCT aimed at improving the sexual health of Black adolescent girls. TRIAL REGISTRATION: ClinicalTrials.gov NCT04108988; https://clinicaltrials.gov/ct2/show/NCT04108988. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/43666.	HIV prevention; pre-exposure prophylaxis; PrEP; sexual health; condom use; adolescent; self-efficacy; randomized controlled trial; black; female; feasibility studies; video games	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	West, Rebecca L.; Freeman, Lily; Pahe, Charlotte; Momanyi, Harmon; Kidiga, Catherine; Malaba, Serah; Ciecielag, Joanna; Ridge, Mary-Clare; Goldwin, Emma; Awsumb, Heather; Sharma, Sunny	Characterising the HIV self-testing market in Kenya: Awareness and usage, barriers and motivators to uptake, and propensity to pay.	PLOS Global Public Health	-	-	-	2767-3375	10.1371/journal.pgph.0001776	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0001776	HIVST has a key role in ensuring countries meet their 95-95-95 goals. For HIVST to be sustainable, we should explore sharing costs with users as well as the overall experience. This research explores why a consumer would use HIVST and willingness to pay for HIVST through surveying 1,021 participants 18-35 living in Nairobi or Kisumu who were not diagnosed as HIV positive and who are not currently taking PrEP for HIV. A majority (89.8%) would pay 100 KSH and 64.7% would pay 300 KSH, at higher prices likelihood of paying dropped sharply. Price reduction or subsidization coupled with interventions to address the identified barriers may increase HIVST uptake. We identified 5 distinct groups based on willingness to pay and drivers/ barriers to HIVST uptake. These were created using dimension reduction, hierarchical clustering, and k-means analysis to group respondents. 79% of participants had ever heard of HIVST, and 24% had ever used HIVST. The 5 groups included active users, unlikely users, and three segments interested in HIVST with different barriers: need for HCP support, need for increased privacy/confidentiality, and fear of positive result/disclosure.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Westin, Mateus Rodrigues; Martinez, Yuppiel Franmil; Silva, Ana Paula; Greco, Marília; Marques, Lucas Miranda; Campos, Guilherme Barreto; Alves, Matheus de Paula; Mancuzzo, Alessandra; Tupinambás, Unaí; Greco, Dirceu Bartolomeu	Prevalence of syphilis and sexual behavior and practices among adolescents MSM and TrTGW in a Brazilian multi-center cohort for daily use of PrEP	Cadernos de Saúde Pública	-	-	-	1678-4464	10.1590/0102-311xen118721	http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2023000505002	Syphilis has reemerged as a serious public health problem in Brazil and worldwide, disproportionately affecting men who have sex with men (MSM) and travestis and transgender women (TrTGW). Studies on sexually transmitted infections (STI) in adolescents from these key populations are relatively scarce. This is a Brazilian multi-center, cross study with prevalence analysis, using as baseline the PrEP1519 cohort of sexually active MSM and TrTGW adolescents, recruited from April 2019 to December 2020. Analyses were made using the dimensions of vulnerability to STI/HIV and logistic regression models were conducted to estimate the odds ratios of the association between the predictor variables and positive treponemal test for syphilis at the moment of entry in the study. In total, 677 participants were analyzed; participants' median age was 18.9 years (IQR: 18.1-19.5); 70.5% (477) self-declared as black; 70.5% (474), as homosexuals/gays; and 48 (7.1%), as trans women or travestis. The baseline prevalence of syphilis was 21.3%. In the final logistic regression model, higher chance of syphilis was associated with: self-reported episode of STI in the last 12 months (OR = 5.92; 95%CI: 3.74-9.37), sex worker (OR = 3.39; 95%CI: 1.32-8.78), and < 11 years of schooling (OR = 1.76; 95%CI: 1.13-2.74). The prevalence of syphilis among MSM/TrTGW adolescents aged from 15 to 19 years was alarming, much higher than the described for the general population within this age range and associated with vulnerability factors. This reinforces the urgent need to strengthen public health programs to debate about race, gender, sexuality, and prevention.	Adolescent; Pre-Exposure Prophylaxis; Profilaxia Pré-Exposição; Profilaxis Pre-Exposición; Adolescente; Disease Prevention; Health Vulnerability; Prevenção de Doenças; Prevención de Enfermedades; Sífilis; Syphilis; Vulnerabilidad en Salud; Vulnerabilidade em Saúde	English	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Whelan I.; Strachan S.; Apea V.; Orkin C.; Paparini S.	Barriers and facilitators to HIV pre-exposure prophylaxis for cisgender and transgender women in the UK	The Lancet HIV	-	-	-	23523018	10.1016/S2352-3018(23)00080-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85163345777&doi=10.1016%2fS2352-3018%2823%2900080-2&partnerID=40&md5=9962884784f0fcd7810c5c6f5fd2bb1a	Uptake of oral HIV pre-exposure prophylaxis (PrEP) among cisgender and transgender women in the UK has been low. In this Review, we explore the barriers and facilitators to PrEP access for these groups, with a focus on health equity. We included 20 studies, including seven abstracts presented at conferences. The study samples were disparate, with minimal overlap between papers. We identified barriers at the individual, interpersonal, and structural levels, including poor awareness and acceptability; stigma, race, and ethnicity; restricted access to PrEP; and exclusion from clinical trials. We found hidden subpopulations of women who could potentially benefit from PrEP, of whom little is known about their PrEP knowledge, preferences, and access due to a lack of UK research. These subpopulations include non-Black African women, transgender women, sex workers, migrant women, women experiencing intimate partner violence, incarcerated women, and women who inject drugs. We highlight opportunities to address these obstacles. Research on the use of PrEP by women in the UK is scarce, and existing research has poor generalisability. Without a better understanding of the needs and preferences of the full spectrum of women who could benefit from PrEP, the UK will not reach zero transmissions by 2030. © 2023 Elsevier Ltd	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2023	Whelchel K.; Zuckerman A.D.; DeClercq J.; Choi L.; Kelly S.G.	Optimizing HIV PrEP Persistence: Does Your Pharmacy Matter?	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04091-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160823357&doi=10.1007%2fs10461-023-04091-3&partnerID=40&md5=a074d527a844f5f7a7c263036f80beb0	Persistence to human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) is integral to preventing new HIV infections. Previous studies have shown real-world PrEP persistence is low and insight is needed into PrEP delivery strategies that improve persistence. This single-center, retrospective, cohort study measured persistence in patients filling PrEP through an integrated health-system specialty pharmacy (HSSP) compared to those filling at external pharmacies. The Kaplan–Meier estimates for persistence probability at 6, 12, and 18 months were 0.87 (95% CI 0.79–0.95), 0.75 (95% CI 0.66–0.86), and 0.64 (95% CI 0.53–0.76) for the HSSP cohort compared to 0.65 (95% CI 0.51–0.83), 0.41 (95% CI 0.28–0.62), and 0.32 (95% CI 0.2–0.53), respectively, for the non-HSSP cohort (log-rank p < 0.001, χ12 = 11.2). Cox PH modeling showed that patients using a non-HSSP were 2.7 times more likely to be non-persistent than HSSP patients (HR 2.7, 95% CI 1.6–4.7, p < 0.001, χ12 = 12.61), demonstrating patients were better maintained on PrEP therapy when their prescriptions were filled with the HSSP. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Anti-HIV agents; Persistence; Pre-exposure prophylaxis; Specialty pharmacy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Wheldon, Christopher W; Sykes, Kevin J; Ramaswamy, Megha; Bass, Sarah Bauerle; Collins, Bradley N	Integrating HPV Vaccination Within PrEP care Delivery for Underserved Populations: A Mixed Methods Feasibility Study.	Journal of Community Health	-	-	-	1573-3610	10.1007/s10900-023-01202-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10492896	Human Papillomavirus (HPV) vaccination is effective at preventing anal cancer, which disproportionally impacts gay/bisexual men (GBM) and transgender women (TGW). Vaccine coverage among GBM/TGW is insufficient to reduce anal cancer disparities. Federally qualified health centers (FQHCs) can increase reach and uptake of HPV vaccination by integrating and promoting HPV vaccination in ongoing HIV preventive care (e.g., Pre-exposure Prophylaxis PrEP). The purpose of the current study was to assess the feasibility and potential impact of integrating HPV vaccination with PrEP care. We conducted a mixed methods study of PrEP providers and staff (qualitative interviews, N = 9) and PrEP patients (quantitative survey, N = 88) at an FQHC in Philadelphia, Pennsylvania. Qualitative thematic analysis of PrEP provider/staff interviews was informed by the Exploration, Preparation, Implementation, Sustainment (EPIS) framework to identify and describe barriers and facilitators to HPV vaccination implementation. Quantitative analysis of PrEP patient survey was informed by the Information-Motivation-Behavioral Skills Model. Quantitative interviews resulted in 16 themes related to characteristics of the inner and outer clinic context. Barriers among providers included lack of focus on HPV in PrEP management guidelines, in metrics mandated by funding agencies, and in electronic medical record templates. Lack of anal cancer specific knowledge and motivation was identified in both PrEP patients and providers/staff. Providing HPV vaccination during routine PrEP visits was highly acceptable to both patients and providers. Based on these findings, we recommend several multi-level strategies to increase HPV vaccine uptake among PrEP patients.	Immunization, Minority Group, Non-Heterosexual Persons, Sexual Minorities, Black Americans, Sexually Transmitted Infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2023	Whiteley, David; Strongylou, Dimitra; Brown, Sally; Vickerman, Peter; Frankis, Jamie Scott	Hepatitis C testing among three distinct groups of gay, bisexual and other men who have sex with men: a cross-sectional study in the Celtic nations.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2023-055758	https://pubmed.ncbi.nlm.nih.gov/37045586/	OBJECTIVE: The hepatitis C virus (HCV) epidemic among gay, bisexual and other men who have sex with men (GBMSM) is associated with sexual and drug-related behaviours. To stem the tide of HCV infection in GBMSM, regular testing leading to early diagnosis and treatment as prevention is vital. This study aimed to evaluate the success of current HCV testing guidelines from the perspective of GBMSM in four Celtic nations. METHODS: Subpopulation analysis of data from the 2020 cross-sectional online SMMASH3 (social media, men who have sex with men, sexual and holistic health) survey was undertaken to examine HCV testing experiences and sexual behaviours among sexually active GBMSM (n=1886) stratified across three groups: HIV-diagnosed GBMSM (n=124); HIV-negative GBMSM using pre-exposure prophylaxis (PrEP) (n=365); and HIV-negative/untested GBMSM not using PrEP (n=1397). RESULTS: Sexual behaviours associated with HCV acquisition were reported by the majority of HIV-diagnosed (76.6%, n=95) and PrEP-using (93.2%, n=340) GBMSM. Reassuringly, recent testing for HCV in these groups was common, with 79.8% (n=99) and 80.5% (n=294) self-reporting HCV screening within the preceding year, respectively, mostly within sexual health settings. While 54.5% (n=762) of HIV-negative/untested GBMSM not using PrEP reported sexual behaviours associated with HCV, 52.0% had not been screened for HCV in the last year, despite almost half (48.0%, n=190) of unscreened men being in contact with sexual health services in the same period. CONCLUSIONS: Sexual behaviours associated with HCV acquisition among HIV-diagnosed and PrEP-using GBMSM are common but complemented by regular HCV testing within sexual health services. Current testing guidelines for these groups appear to be effective and generally well observed. However, behaviour-based HCV testing for HIV-negative/untested GBMSM not using PrEP appears less effective and may undermine efforts to achieve HCV elimination. Accordingly, we need to increase HCV testing for these men in clinical settings and explore ways to screen those who are not in touch with sexual health services.	Humans; Male; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Hepatitis C; *Pre-Exposure Prophylaxis; Pre-Exposure Prophylaxis; Sexual and Gender Minorities; Hepacivirus; *Sexual and Gender Minorities; *HIV Infections/diagnosis/epidemiology/prevention & control; Serologic Tests; *Hepatitis C/diagnosis/epidemiology/prevention & control	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2023	Whitfield, Darren L; Nelson, LaRon E; Komárek, Arnost; Turner, DeAnne; Ni, Zhao; Boyd, Donte T; Taggart, Tamara; Ramos, S Raquel; Wilton, Leo; Beauchamp, Geetha G; Hightow-Weidman, Lisa; Shoptaw, Steven J; Magnus, Manya; Mayer, Kenneth H; Fields, Sheldon D; Wheeler, Darrell P	Implementation of Client-Centered Care Coordination for HIV Prevention with Black Men Who Have Sex with Men: Activities, Personnel Costs, and Outcomes-HPTN 073.	Journal of Racial and Ethnic Health Disparities	-	-	-	2196-8837	10.1007/s40615-021-01209-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9441015	BACKGROUND: Black men who have sex with men (MSM) experience disproportionate rates of HIV infection in the USA, despite being no more likely to engage in sexual risk behaviors than other MSM racial/ethnic groups. HIV pre-exposure prophylaxis (PrEP) has been shown to reduce risk of HIV acquisition; however, rates of PrEP use among Black MSM remain low. Clinical, psychosocial, and structural factors have been shown to impact PrEP use and adherence among Black MSM. Care coordination of HIV prevention services has the potential to improve PrEP use and adherence for Black MSM, as it has been shown to improve HIV-related care outcomes among people living with HIV. METHODS: Client-centered care coordination (C4) is a multi-level intervention designed to address clinical, psychosocial, and structural barriers to HIV prevention services for Black MSM within HPTN 073, a PrEP demonstration project among Black MSM in three cities in the USA. The current study examined the implementation process of C4, specifically investigating the activities, cost, time, and outcomes associated with the C4 intervention. RESULTS: On average, participants engaged in five care coordination encounters. The vast majority of care coordination activities were conducted by counselors, averaging 30 min per encounter. The cost of care coordination was relatively low with a mean cost of $8.70 per client encounter. CONCLUSION: Although client-centered care coordination was initially implemented in well-resourced communities with robust HIV research and service infrastructure, our findings suggest that C4 can be successfully implemented in resource constrained communities.	Client-centered, Care coordination, Black MSM, Pre-exposure prophylaxis, HIV prevention	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Theses and Dissertations	2023	Wiginton, John Mark; Maksut, Jessica L; Scheim, Ayden I; Zlotorzynska, Maria; Sanchez, Travis H	Intersecting Sexual Behavior and Gender Identity Stigmas Among Transgender Women in the United States: Burden and Associations with Sexual Health	-	-	University of California	-	1090-7165	https://doi.org/10.1007/s10461-023-04028-w	https://escholarship.org/uc/item/10v4b5pf	In the United States, a context of multiple marginalization shapes sexual health disparities experienced by transgender women. Using data from 396 transgender women with negative or unknown HIV status, we performed exploratory factor analysis on responses to gender identity and sexual behavior stigma items and regressed sexual health outcomes on extracted factors via modified Poisson regression with robust variance estimation. Overall, 97.2% of participants endorsed ≥ 1 gender identity stigma; 67.2% endorsed ≥ 1 sexual behavior stigma; and 66.9% endorsed ≥ 1 of each. Extracted factors included gender-identity social stigma, reflecting experiences related to family, fearfulness in public, and verbal harassment (α = 0.68); gender-identity institutional stigma/violence, reflecting experiences related to healthcare, police interactions, and interpersonal violence (α = 0.73); and global sexual behavior stigma, reflecting experiences related to family, friends, and healthcare, as well as police interactions, fearfulness in public, verbal harassment, and interpersonal violence (α = 0.83). Gender-identity social stigma was significantly, positively associated with testing for HIV and testing for sexually transmitted infections. Gender-identity institutional stigma/violence and global sexual behavior stigma were both significantly, positively associated with condomless anal sex, sex work, testing for HIV, testing for sexually transmitted infections, and use of HIV pre-exposure prophylaxis. Stigma-mitigation remains critical to improve quality of life and sexual health for transgender women in the United States.	Public Health; Health Sciences; Violence Research; Behavioral and Social Science; Violence Against Women; HIV/AIDS; Infectious Diseases; Clinical Research; Mental Health; Sexual and Gender Minorities (SGM/LGBT*); Infection; Gender Equality; Peace; Justice and Strong Institutions; Good Health and Well Being; Humans; Female; Male; United States; Gender Identity; Transgender Persons; Social Stigma; Sexual Health; Quality of Life; HIV Infections; Sexual Behavior; Sexually Transmitted Diseases; Sexual and Gender Minorities; Transgender women; Gender identity stigma; Sexual behavior stigma; Sexual health; Public Health and Health Services; Social Work; Public health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	-	-	Quantitative
Article	2023	Wijstma E.; Vanhamel J.; Deblonde J.; Nöstlinger C.; Noori T.; Vuylsteke B.; Laga M.	An overview of programmatic indicators to monitor the roll-out of HIV preexposure prophylaxis	AIDS	-	-	-	2699370	10.1097/QAD.0000000000003399	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85143564456&doi=10.1097%2fQAD.0000000000003399&partnerID=40&md5=5ebc456c9f6794452154081521778b3e	Preexposure prophylaxis (PrEP) is increasingly implemented in national HIV prevention programmes through routine care. Monitoring will be vital to understand whether programmes succeed in engaging people into using PrEP appropriately, and in reducing the HIV epidemic. Yet, it is currently unclear which indicators are most suited to monitor PrEP programmes' performance. We therefore aimed to identify and map indicators that are currently used or suggested for monitoring PrEP programmes. We conducted a scoping review based on the framework by Arksey and O'Malley. We combined a systematic search in the peer-reviewed literature with hand-searching grey literature documents describing indicators and strategies that are used or suggested for PrEP monitoring. Only literature published after 2012 was included. No geographical restrictions were set. We charted data on indicator definitions, data sources used, reported experiences with monitoring and any relevant contextual factors. Ultimately, 35 peer-reviewed and 14 grey literature records were included. We identified indicators related to preuptake stages of PrEP, uptake and coverage, and programme impact. The indicators most commonly suggested for national-level monitoring were the number of new and current PrEP users, the number of HIV seroconversions among PrEP users and some variably defined indicators related to continuation and discontinuation of PrEP. Despite its perceived high relevance, studies reported several challenges to routinely monitor the population in need of PrEP and track prevention-effective PrEP use. In conclusion, a variety of indicators is currently used or suggested for monitoring PrEP programmes. Implementing proxy measures that track different aspects of PrEP use over time, and making synergies with research more explicit, could be used as strategies to obtain more granular insights into trends revealed by routine monitoring. © 2023 Lippincott Williams and Wilkins. All rights reserved.	HIV; monitoring and evaluation; preexposure prophylaxis; program evaluation; public health surveillance	English	United Kingdom	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Review
Article	2023	Wilbourn B.; Ogburn D.F.; Safon C.B.; Galvao R.W.; Kershaw T.S.; Willie T.C.; Taggart T.; Caldwell A.; Kaplan C.; Phillips N.; Calabrese S.K.	Preexposure Prophylaxis Implementation in a Reproductive Health Setting: Perspectives From Planned Parenthood Providers and Leaders	Health Promotion Practice	-	-	-	15248399	10.1177/15248399221086616	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85129293865&doi=10.1177%2f15248399221086616&partnerID=40&md5=d29951c7f071cba97dae1f65edac8bff	Integrating pregnancy and HIV prevention services would make reproductive health care settings an optimal venue for the promotion and delivery of preexposure prophylaxis (PrEP) to cisgender women. However, these settings have been slow to adopt PrEP. Planned parenthood clinicians and leaders possess critical insight that can help accelerate PrEP implementation in reproductive health care settings and elements of the Consolidated Framework for Implementation Research (i.e., relative priority of the intervention to staff, implementation climate, available resources to implement the intervention, and staff access to knowledge and information about the intervention) can shed light on elements of Planned Parenthood's inner setting that can facilitate PrEP implementation. In this study, individual 60-min interviews were conducted with clinical care team members (n = 10), leadership team members (n = 6), and center managers (n = 2) to explore their perspectives on PrEP implementation and associated training needs. Transcripts were transcribed verbatim and thematically analyzed. Despite having variable PrEP knowledge, participants (100% women, 61% non-Hispanic White) expressed positive attitudes toward implementing PrEP. Barriers and facilitators toward providing PrEP were reported at the structural, provider, and patient levels. Participants desired PrEP training that incorporated culturally competent patient-provider communication. Although participants identified ways that Planned Parenthood uniquely enabled PrEP implementation, barriers must be overcome to optimize promotion and delivery of PrEP to cisgender women. © 2022 Society for Public Health Education.	attitudes; clinical services; HIV; implementation; knowledge; preexposure prophylaxis; women's health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Theses and Dissertations	2023	Williams, Adam Dale Newman	Understanding the relationship between HIV pre-exposure prophylaxis, sexually transmitted infections, and antimicrobial resistance	-	-	Cardiff University	-	NA	NA	https://orca.cardiff.ac.uk/id/eprint/165851/	HIV pre-exposure prophylaxis (PrEP) prevents the acquisition of HIV. There are concerns around PrEP provision due to risk compensation (RC), a theory that suggests people become less careful when they feel safe. The argument suggests that using PrEP provision could lead to people engaging in higher-risk sexual behaviours, increasing other sexually transmitted infections (STIs), which would exacerbate antimicrobial resistance (AMR) through increased antimicrobial requirements. This PhD explores the influence of PrEP on sexual behaviour among men who have sex with men (MSM) in Wales, with a focus on the impact of the transmission of STIs and AMR. This was achieved using a mixed-methods design with insights from relevant literature. Interviews were conducted with MSM to explore the relationship between PrEP, STIs, and AMR and to gain an understanding of behaviour changes after PrEP adoption. Anonymous sexual health records and AMR data were analysed to identify trends in PrEP and non-PrEP using MSM. The findings from these two studies, within the context of existing literature, informed the development of the conceptual framework, presenting the relationship between the variables. In response to the COVID-19 pandemic, a survey exploring sexual behaviour during lockdown was conducted with input from the interviews. Results show that PrEP has had no statistical effect on STI rates, with rates reducing among most STIs since PrEP's introduction. The data available does not allow a detailed examination of AMR. Qualitative findings indicate a range of behaviours in response to PrEP uptake. A detailed account of RC is presented, identifying how the previous examinations may have been incomplete. COVID-19 restrictions were adhered to at the beginning of the pandemic, but over time, more people engaged in sexual behaviours with others despite social distancing measures still in force. Behaviour change is complicated to measure, but what is known is that behaviour is often stable and change difficult, which RC fails to acknowledge. PrEP provision is necessary to protect all populations at risk of HIV. With STI AMR levels increasing, there is a need for greater focus on the identification and prevention of bacterial STIs. There is a need to change the discourse of concern regarding HIV and other STIs.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	-	-	Mixed methods
Essay	2023	Williams, Katie M.; Miller, Nora; Tutegyereize, Lilian; Olisa, Adaobi Lisa; Chakare, Tafadzwa; Jeckonia, Patriciah; Mullick, Saiqa; Atieno, Margaret A.; Nhamo, Definate; Rademacher, Kate H.	Defining principles for a choice-based approach to HIV prevention.	The Lancet HIV	-	-	-	2352-3018	10.1016/S2352-3018(23)00026-7	https://pubmed.ncbi.nlm.nih.gov/37001965/	The HIV prevention landscape is on the cusp of an unprecedented era of multiple biomedical prevention products available for distribution. Several HIV prevention options, such as oral pre-exposure prophylaxis (PrEP), dapivirine vaginal rings, and injectable cabotegravir for PrEP, are becoming more widely available. Although the future HIV prevention market promises to be rich in options, it would benefit from a core set of principles that uphold choice in all phases of product development, assessment, and introduction. These principles, as presented in this Viewpoint, show the applicability, opportunities, and challenges of choice in different contexts of HIV prevention and provide checkpoints of accountability. By committing to these principles, stakeholders at national and global levels can advance choice across all phases of the HIV prevention market, thereby ensuring that individuals can realise their right to choose when and how to prevent HIV in their own lives.	Humans; Female; *Anti-HIV Agents/therapeutic use; *Contraceptive Devices, Female; *Pre-Exposure Prophylaxis; *HIV Infections/prevention & control/drug therapy	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Other
Article	2023	Willie, Tiara C; Phillips, Karlye; Shah, Aashna; Monger, M P H Mauda; Nunn, Amy; Kershaw, Trace; Chan, Philip A; Baral, Stefan D; Mayer, Kenneth H; Adimora, Adaora A; Mena, Leandro A; Stockman, Jamila K	Perspectives on HIV pre-exposure prophylaxis (PrEP) implementation in Mississippi among Black women and clinical staff: Recommendations for clinical trauma-informed programs.	Preventive Medicine Reports	-	-	-	2211-3355	10.1016/j.pmedr.2023.102490	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10728323	Intimate partner violence (IPV) can constraint Black women's ability to prioritize and access Human Immunodeficiency Virus (HIV) pre-exposure prophylaxis (PrEP) services. Recent research has called for the development of trauma-informed PrEP implementation programs to improve the delivery of PrEP to Black cisgender women; however, many PrEP-prescribing settings do not reflect this recommendation. The current study sought to identify key components to develop a trauma-informed PrEP implementation program for Black cisgender women and clinical staff. We conducted focus groups with PrEP-eligible Black cisgender women (February-June 2019), and semi-structured interviews with clinical staff offering HIV prevention and treatment services (October-November 2020) in community healthcare clinics in Mississippi. Seven themes were identified as needed to facilitate integration of trauma-informed approaches into existing PrEP programs, including defining intimate partner violence (IPV), appropriate IPV screening and response, HIV prevention in abusive relationships, staff training needs, and creating supportive clinic environments. PrEP-eligible Black women and clinical staff generally agreed on how to best operationalize IPV screening and response, the importance of trauma-informed staff training, and the need for Black women-specific informational campaigns. However, Black women highlighted the need for providers to discuss HIV prevention in controlling relationships, and to respond to IPV disclosure. HIV pre-exposure prophylaxis has yet to achieve the potential impact observed in trials. Ultimately, realizing the HIV prevention potential of PrEP in the US necessitates centering the perspectives of Black cisgender women and staff to better integrate trauma-informed approaches.	Pre exposure prophylaxis, Black or African American, Intimate partner violence, Human Immunodeficiency Virus, Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Witzel, T. Charles; Nicholls, Emily Jay; McCabe, Leanne; Weatherburn, Peter; McCormack, Sheena; Bonell, Christopher; Gafos, Mitzy; Lampe, Fiona C.; Speakman, Andrew; Dunn, David; Ward, Denise; Phillips, Andrew N.; Pebody, Roger; Gabriel, Michelle M.; Collaco-Moraes, Yolanda; Rodger, Alison J.; Burns, Fiona M.	Understanding experiences of potential harm among MSM (cis and trans) using HIV self-testing in the SELPHI randomised controlled trial in England and Wales: a mixed-methods study.	Sexually Transmitted Infections	-	-	-	1472-3263 1368-4973	10.1136/sextrans-2023-055840	https://pubmed.ncbi.nlm.nih.gov/37607814/	BACKGROUND: The potential of HIV self-testing (HIVST) to cause harm is a concern hindering widespread implementation. The aim of this paper is to understand the relationship between HIVST and harm in SELPHI (An HIV Self-testing Public Health Intervention), the largest randomised trial of HIVST in a high-income country to date. METHODS: 10 111 cis and trans men who have sex with men (MSM) recruited online (geolocation social/sexual networking apps, social media), aged 16+, reporting previous anal sex and resident in England or Wales were first randomised 60/40 to baseline HIVST (baseline testing, BT) or not (no baseline testing, nBT) (randomisation A). BT participants reporting negative baseline test, sexual risk at 3 months and interest in further HIVST were randomised to three-monthly HIVST (repeat testing, RT) or not (no repeat testing, nRT) (randomisation B). All received an exit survey collecting data on harms (to relationships, well-being, false results or being pressured/persuaded to test). Nine participants reporting harm were interviewed in-depth about their experiences in an exploratory substudy; qualitative data were analysed narratively. RESULTS: Baseline: predominantly cis MSM, 90% white, 88% gay, 47% university educated and 7% current/former pre-exposure prophylaxis (PrEP) users. Final survey response rate was: nBT=26% (1056/4062), BT=45% (1674/3741), nRT=41% (471/1147), RT=50% (581/1161).Harms were rare and reported by 4% (n=138/3691) in exit surveys, with an additional two false positive results captured in other study surveys. 1% reported harm to relationships and to well-being in BT, nRT and RT combined. In all arms combined, being pressured or persuaded to test was reported by 1% (n=54/3678) and false positive results in 0.7% (n=34/4665).Qualitative analysis revealed harms arose from the kit itself (technological harms), the intervention (intervention harms) or from the social context of the participant (socially emergent harms). Intervention and socially emergent harms did not reduce HIVST acceptability, whereas technological harms did. DISCUSSION: HIVST harms were rare but strategies to link individuals experiencing harms with psychosocial support should be considered for HIVST scale-up. TRIAL REGISTRATION NUMBER: ISRCTN20312003.	Humans; Male; Homosexuality, Male; HIV; England; *Sexual and Gender Minorities; Self-Testing; Wales; *HIV Infections/diagnosis/prevention & control/psychology; Diagnostic Screening Programs	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Mixed methods
Article	2023	Wolfe, Hill L.; Drainoni, Mari-Lynn; Klasko-Foster, Lynne; Fix, Gemmae M.; Siegel, Jennifer; Mimiaga, Matthew J.; Reisner, Sari L.; Hughto, Jaclyn M. W.	Structural Equation Modeling of Stigma and HIV Prevention Clinical Services Among Transgender and Gender Diverse Adults: The Mediating Role of Substance Use and HIV Sexual Risk.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003144	https://pubmed.ncbi.nlm.nih.gov/36515898/	BACKGROUND: Transgender and gender diverse (TGD) adults experience high levels of stigma that contributes to elevated substance use and HIV sexual risk behaviors. Despite higher burdens of substance use and HIV compared to cisgender adults, TGD individuals may be less likely to engage in health care to avoid further discrimination. SETTING: This analysis included 529 TGD adults in Massachusetts and Rhode Island who were HIV negative or had an unknown HIV serostatus and were purposively sampled between March and August 2019. METHODS: We used structural equation modeling to test whether substance use, HIV sexual risk behaviors (ie, condom use, sex work, and multiple partners), and receiving gender-affirming hormone therapy mediate any observed association between TGD-related stigma and utilization of HIV prevention clinical services (ie, HIV prevention programs, PrEP use, and HIV testing). RESULTS: Substance use and HIV sexual risk mediated the relationship between TGD-related stigma and utilization of HIV prevention clinical services (β = 0.08; 95% CI = 0.05, 0.17; P = 0.03 and β = 0.26; 95% CI = 0.14 to 0.37; P < 0.001). Having a hormone therapy prescription was not a mediator between TGD-related stigma and HIV prevention clinical services. CONCLUSIONS: Future interventions that aim to improve HIV prevention clinical services among TGD adults should consider the impact of TGD-related stigma on participants' substance use and sexual risk behaviors. These efforts require that health care organizations and community organizations make a deliberate investment in the reach and success of interventions and programs.	Adult; Humans; *Transgender Persons; Social Stigma; Delivery of Health Care; Latent Class Analysis; *HIV Infections/prevention & control; Gender Identity; *Substance-Related Disorders	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Wray, Tyler B; Chan, Philip A; Kahler, Christopher W; Ocean, Erik M S; Nittas, Vasileios	Pilot Randomized Controlled Trial of Game Plan for PrEP: A Brief, Web and Text Message Intervention to Help Sexual Minority Men Adhere to PrEP and Reduce Their Alcohol Use.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-023-04223-9	https://dx.doi.org/10.1007/s10461-023-04223-9	Suboptimal adherence to oral PrEP medications, particularly among younger sexual minority men (SMM), continues to be a key barrier to achieving more substantial declines in new HIV infections. Although variety of interventions, including web and text-message-based applications, have successfully addressed PrEP adherence, very few have addressed the potential influence of alcohol. This pilot study explored whether the Game Plan for PrEP, a brief, web-based and text messaging intervention, helped promote PrEP persistence and adherence and reduced condomless sex and alcohol use. Seventy-three heavy-drinking SMM on PrEP were recruited online from states with Ending the HIV Epidemic jurisdictions and randomly assigned 1:1 to receive either the Game Plan for PrEP intervention or an attention-matched control. We collected online surveys assessing primary outcomes at one, three, and six months post-enrollment. As secondary outcomes, we also collected dried blood spot samples at baseline, three, and six months to analyze for biomarkers of PrEP and alcohol use. Our results showed that the odds of stopping PrEP or experiencing a clinically meaningful lapse in PrEP adherence (≥ 4 consecutive missed doses) were not different across the two conditions. We also did not find evidence of any differences in condomless sex or drinking outcomes across conditions, although participants in both conditions reported drinking less often over time. These findings were consistent across both self-reported outcomes and biomarkers. Overall, we did not find evidence that our brief, web and text messaging intervention encouraged more optimal PrEP coverage or moderate their alcohol use.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Wu P.; Ahmed S.; Wang X.; Wang H.	PrEP Intervention in the Mitigation of HIV/AIDS Epidemics in China via a Data-Validated Age-Structured Model	Bulletin of Mathematical Biology	-	-	-	928240	10.1007/s11538-023-01145-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152244339&doi=10.1007%2fs11538-023-01145-4&partnerID=40&md5=a63e9b6cd30ddcf41a926acf00889819	Antiretroviral-based pre-exposure prophylaxis (PrEP) treatment offers a new opportunity for protecting humans against HIV and disrupting current HIV prevention systems. However, implementing this preventive measure has been difficult due to its high cost. In this paper, we propose an age-structured model that incorporates infection ages, HAART (highly active antiretroviral therapy), and PrEP intervention. We investigate the qualitative behavior of the model and find a threshold parameter (the basic reproduction number) that determines the asymptotic stability of equilibria. We validate the model and estimate the parameters by confronting the actual HIV/AIDS data from 2004 to 2018 in China using MCMC (Markov Chain Monte Carlo) method. Furthermore, we investigate the PrEP intervention strategy by using incremental cost-effectiveness and average cost-effectiveness. Our work suggests that PrEP intervention based on the infection characteristics of different age groups can be an effective strategy to eradicate HIV/AIDS epidemics in China. © 2023, The Author(s), under exclusive licence to Society for Mathematical Biology.	Age structure; Antiretroviral therapy; Antiretroviral-based pre-exposure prophylaxis (PrEP); HIV/AIDS epidemics; Markov Chain Monte Carlo (MCMC)	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Wyatt M.A.; Pisarski E.E.; Kriel Y.; Smith P.M.; Mathenjwa M.; Jaggernath M.; Smit J.A.; Matthews L.T.; Ware N.C.	Influences on PrEP Uptake and Adherence Among South African Women During Periconception and Pregnancy: A Qualitative Analysis	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03757-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85133208262&doi=10.1007%2fs10461-022-03757-8&partnerID=40&md5=8d4fc5b857156bfda4b5fd1364fe80dd	Pre-exposure prophylaxis (PrEP) is highly effective for HIV prevention, yet PrEP delivery to women in periconception and pregnancy has lagged. We report qualitative research from a study evaluating PrEP use as part of safer conception care for 330 South African women. Fifty-two semi-structured interviews were conducted with 25 study participants to identify influences on PrEP adherence. Influences were: (1) changing proximity to male partners; (2) COVID-19 lockdown; (3) mobile lifestyle; (4) PrEP-related stigma; (5) disclosure of PrEP use; and (6) pregnancy and motherhood. Data also revealed important contextual information shaping adherence influences for women, including: (a) not living with partners, (b) partners as drivers of pregnancy intention, and (c) feeling at high risk for HIV. Disclosure of PrEP use, addressing stigma, strategies for traveling with pills, and counseling on prevention effective adherence are promising components of PrEP-inclusive HIV prevention interventions for South African women who are pregnant or planning pregnancy. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV prevention; Periconception; Pregnancy; PrEP adherence; Safer conception; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Wyatt, Gail E; Chin, Dorothy; Loeb, Tamra B; Norwood-Scott, Enricka; McEwan, Jenna A; Zhang, Muyu; Smith-Clapham, Amber M; Cooley-Strickland, Michele; Trinidad, Cheryl; Flint, Janette R; Wells, Yvette; Divinity, Rosalynd; Liu, Honghu	Women-Centered Program for Women of Color (WC4WC): A Community-Based Participatory, Culturally Congruent Sexual Health Intervention in Los Angeles County, California.	American Journal of Public Health	-	-	-	1541-0048	10.2105/AJPH.2023.307296	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10282859	The Women-Centered Program for Women of Color, a culturally congruent sexual health intervention, was implemented in 2018 in Los Angeles County, California, according to the principles of community-based participatory research: enhancing community capacity, establishing sustainable programs, and translating research findings to community settings. Participants exhibited significantly increased knowledge of and interest in preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) over time, but no significant change in condom use was evident. Booster sessions are needed to maintain interest in PrEP and PEP given concerns about reproductive and sexual health. (Am J Public Health. 2023;113(S2):S110-S114. https://doi.org/10.2105/AJPH.2023.307296).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Xavier Hall C.D.; Bundy C.; Foran J.E.; Newcomb M.E.; Carrillo H.; Watkins-Hayes C.; Mustanski B.	Identifying Strategies for Improving Pre-exposure Prophylaxis Adherence: Perspectives from a Sample of Highly Adherent Young Men Who have Sex with Men	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-022-03785-4	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135261380&doi=10.1007%2fs10461-022-03785-4&partnerID=40&md5=882eaabd8f3b0b06565be54c4f2aa8b	Most research on pre-exposure prophylaxis (PrEP) adherence and persistence uses a deficit-based approach to identify negative influences on PrEP adherence; however, an alternative set of approaches (such as resilience, asset-based, and positive variation) may identify equally important positive influences on PrEP adherence. Thus, the current study presents qualitative perspectives of PrEP adherence strategies from a sample of adherent YMSM. PrEP-using YMSM living in the Chicago area from a larger cohort study were recruited into a 90-day diary study that measured sexual health behaviors including PrEP use. A subset (n = 28) were then recruited for in-depth interviews between April and September 2020 covering topics of PrEP use and adherence. Thematic analysis was used to interpret patterns within the data. The analytic sample (n = 19) consistently reported high levels of adherence. Adherence strategies were organized into three broader categories: psychological (e.g. mindfulness, pill auditing), technical/instrumental (e.g. automated reminders, pill organizers), and social strategies (e.g. checking in with friends, or getting suggestions from friends). The majority of participants described using multiple strategies and changing strategies to respond to barriers to adherence. Other themes that were related to adherence included having a daily medication history and a generally positive outlook toward the PrEP regimen. Those who had medication histories were able to draw from experience to develop strategies for PrEP adherence. Findings suggest the need for pre-emptive counseling for PrEP-initiators on the use of multiple strategies, how to prepare for PrEP adherence, to adapt to challenges, and to adopt a range of potential strategies for adherence. © 2022, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Assets; HIV; MSM; Positive deviance; PrEP; Resilience	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Xavier, Julia; Ward, Maranda C; Corr, Patrick G; Kalita, Nikhil; McDonald, Paige	Identifying the barriers and facilitators to culturally responsive HIV and PrEP screening for racial, ethnic, sexual, and gender minoritized patients: A scoping review protocol.	PLOS One	-	-	-	1932-6203	10.1371/journal.pone.0281173	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10208460	INTRODUCTION: While mainstream messaging about human immunodeficiency virus (HIV) disparities continues to highlight individual risk-taking behavior among historically marginalized groups, including racial, ethnic, sexual, and gender minoritized patients, the effect of structural factors and social determinants of health (SDOH) on morbidity and mortality remain underestimated. Systemic barriers, including a failure of adequate and acceptable screening, play a significant role in the disparate rates of disease. Primary care practitioner (PCP) competency in culturally responsive screening practices is key to reducing the impact of structural factors on HIV rates and outcomes. To address this issue, a scoping review will be performed to inform the development of a training series and social marketing campaign to improve the competency of PCPs in this area. OBJECTIVES: This scoping review aims to analyze what recent literature identify as facilitators and barriers of culturally responsive HIV and pre-exposure prophylaxis (PrEP) screening practices for historically marginalized populations, specifically racial, ethnic, sexual, and gender minoritized groups. A secondary aim is to identify themes and gaps in the literature to help guide future opportunities for research. METHODS: This scoping review will be performed following the framework set forth by Arksey and O'Malley and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR). Relevant studies between the years 2019-2022 will be identified using a rigorous search strategy across four databases: MEDLINE (via PubMed), Scopus, Cochrane (CENTRAL; via Wiley), and CINAHL (via EBSCO), using Boolean and Medical Subject Headings (MeSH) search terms. Studies will be uploaded to the data extraction tool Covidence to remove duplicates and perform a title/abstract screening, followed by a full-text screening and data extraction. RESULTS: Data will be extracted and analyzed for themes related to culturally responsive HIV and PrEP screening practices in clinical encounters with the identified target populations. Results will be reported according to PRISMA-ScR guidelines. DISCUSSION: To our knowledge, this is the first study to use scoping methods to investigate barriers and facilitators to culturally responsive HIV and PrEP screening practices for racial, ethnic, sexual, and gender minoritized populations. The limitations of this study include the analysis restrictions of a scoping review and the timeframe of this review. We anticipate that this study's findings will interest PCPs, public health professionals, community activists, patient populations, and researchers interested in culturally responsive care. The results of this scoping review will inform a practitioner-level intervention that will support culturally sensitive quality improvement of HIV-related prevention and care for patients from minoritized groups. Additionally, the themes and gaps found during analysis will guide future avenues of research related to this topic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Xia D.; Su X.; Liu G.; Ren X.; Wang J.; Li G.; Chen J.; Xu C.; Lu H.	HIV infection rate, high-risk behavior and pre-exposure prophylaxis/post-exposure prophylaxis in men who have sex with men in Beijing; 北京市男男性行为者 HIV 新发感染率与高危行为及接受暴露前后预防用药服务情况调查	Chinese Journal of Endemiology	-	-	-	2546450	10.3760/cma.j.cn112338-20230308-00133	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175251411&doi=10.3760%2fcma.j.cn112338-20230308-00133&partnerID=40&md5=00317e5a082f9a368d4202b03a7bd0eb	Objective To understand the incidence of HIV infection, high risk behaviors and pre-exposure prophylaxis/post-exposure prophylaxis (PrEP/PEP) utilization in men who have sex with men (MSM) in Beijing. Methods Sample size was estimated to be 1 227 persons and 207 person year respectively in the survey and the cohort by using Epi Info 7.0 software. Using convenient sampling method, MSM were recruited by using Wechat app. Questionnaire was completed online to collect the information about demographic characteristics, high risk behavior, and utilization of PrEP/PEP of the MSM. MSM collected dry blood spot (DBS) samples by themselves, and mailed the DBS samples to laboratory for HIV nucleic acid testing. Open cohort was established and those with HIV negative nucleic acid testing results were followed up. Non-conditional binary logistic regression method was used to identify the associated factors for high risk anal sex in the last month and having multiple homosexual partners in the last month. Results A total of 1 147 MSM were recruited, and follow up for 236 person years was conducted in 956 MSM with negative HIV nucleic acid testing results. The detection rate of new HIV infection was 1.3 per 100 person-years (3/236). During the last month, the proportions of consistent condom use in anal sex and oral sex were 50.7% (238/469) and 4.9% (23/469). In the MSM, 5.9% (43/723) had sex with HIV positive partners in the last month. 9.8% (103/1 049) used PrEP, and 8.7% (91/1 049) used PEP. The proportion of consistent condom use in PrEP and PEP were 34.3% (24/70) and 72.2% (39/54) respectively. Logistic regression analysis revealed that compared with those who used no PrEP/PEP, those who used PrEP/PEP were more likely to have unprotected anal sex in the last month (aOR=3.16, 95%CI: 1.45-7.18), and more likely to have multiple homosexual partners in the last month (aOR=2.64, 95%CI: 1.19-6.30), and compared with those who used no Rush Popper or drugs in the last month, those who used Rush Popper or drugs in the last month were more likely to have unprotected anal sex in the last month (aOR=2.34, 95%CI: 1.67-3.30), and more likely to have multiple homosexual partners (aOR=2.42, 95%CI: 1.76-3.33). Conclusions It is necessary to strengthen the health education to promote condom use and introduce the harm of drug use in MSM. In PrEP and PEP services, it is still necessary to suggest consistent condom use for MSM. © 2023 Authors. All rights reserved.	HIV; Men who have sex with men; New infection; Post-exposure prophylaxis; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Xiaonan Z.; Ke Y.; Xiangdong Y.; Jinhai L.; Na Z.; Guoyong W.; Meizhen L.; Wei M.	Acceptance of pre-exposure prophylaxis and post-exposure prophylaxis against HIV and related factors in men who have sex with men in Shandong Province; 山东省男男性行为人群 HIV 暴露前后预防用药情况及相关因素分析	Chinese Journal of Endemiology	-	-	-	2546450	10.3760/cma.j.cn112338-20230202-00052	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175318690&doi=10.3760%2fcma.j.cn112338-20230202-00052&partnerID=40&md5=7e59d0680363a92c81b53a4041d2a2ab	Objectives To understand the use of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) and related factors in men who have sex with men (MSM) in Shandong Province, and provide reference for the promotion of PrEP and PEP in MSM. Methods From April to July in 2022, MSM were recruited from 7 sentinel surveillance sites in Shandong Province for a questionnaire survey, and the sample size of each city site was 400. The information about sociodemographic characteristics, sexual behaviors, the uses of PrEP and PEP and others were collected from the MSM, and blood samples were collected from them for HIV and syphilis testing. Results A total of 2 815 MSM were investigated, the majority of them were aged less than 30 years (55.7%, 1 569/2 815), unmarried (68.6%, 1 931/2 815) and had education background of college and above (56.5%, 1 590/2 815). Only 9.2% (258/2 815) had used PrEP and 10.8% (305/2 815) had used PEP. Multivariate logistic regression showed that factors associated with high likelihood of PrEP use in MSM included age ≤30 years (aOR=4.04, 95%CI:1.25-13.01), self-perceived lower risk of HIV infection (aOR=1.76, 95%CI: 1.16-2.68), group sex and commercial sex in the past six months (aOR=1.51, 95%CI: 1.10-2.09; aOR=1.69, 95%CI: 1.16-2.47), new-type drug use (aOR=1.53, 95%CI: 1.11-2.11), receiving peer education (aOR=1.56, 95%CI: 1.03-2.37), other people using PrEP (aOR= 3.29, 95%CI: 2.48-4.36), and being HIV negative (aOR=8.40, 95%CI: 1.12-63.12). Factor associated with low likelihood of PrEP use in MSM was anal sex with casual partner (aOR=0.67, 95%CI: 0.49-0.90). Factors associated with high likelihood of PEP use in MSM included age under 50 years (≤30 years old: aOR=2.41, 95%CI: 1.02-5.69; 31-49 years old: aOR=3.33, 95%CI: 1.42-7.85), no self-perceived risk for HIV infection (aOR=1.87, 95%CI:1.12-3.11), group sex in the past six months (aOR=1.68, 95%CI: 1.23-2.29), new-type drug use (aOR=3.86, 95%CI: 2.94-5.07) and receiving no peer education (aOR=1.54, 95%CI: 1.12-2.12). Conclusions In Shandong, a higher proportion of MSM used PrEP and PEP. Peer education and self-perceived HIV infection risk education should be strengthened to increase the rates of PrEP and PEP use in MSM. © 2023 Authors. All rights reserved.	AIDS; Men who have sex with men; Post-exposure prophylaxis; Pre-exposure prophylaxis	Chinese	China	Asia and the Pacific	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Xu, Qing; McMann, Tiana; Godinez, Hector; Nali, Matthew C; Li, Jiawei; Cai, Mingxiang; Merenda, Christine; Lee, Christine; Araojo, Richardae; Mackey, Tim K	Impact of COVID-19 on HIV Prevention Access: A Multi-platform Social Media Infodemiology Study.	AIDS and Behavior	-	-	-	1573-3254	10.1007/s10461-022-03922-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9734820	This study seeks to identify and characterize key barriers associated with PrEP therapy as self-reported by users on social media platforms. We used data mining and unsupervised machine learning approaches to collect and analyze COVID-19 and PrEP-related posts from three social media platforms including Twitter, Reddit, and Instagram. Predominant themes detected by unsupervised machine learning and manual annotation included users expressing uncertainty about PrEP treatment adherence due to COVID-19, challenges related to accessibility of clinics, concerns about PrEP costs and insurance coverage, perceived lower HIV risk leading to lack of adherence, and misinformation about PrEP use for COVID-19 prevention.	Infodemiology, HIV/AIDS, Minority health, PrEP, Social media	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Yacout H.; Smith B.L.; Foster S.; Lora M.; Niles-Carnes L.V.; Zheng Z.; Kundu S.; Cantos V.D.	Pre-exposure prophylaxis adherence and discontinuation at an urban pre-exposure prophylaxis program in Atlanta, Georgia	Journal of the American College of Clinical Pharmacy	-	-	-	25749870	10.1002/jac5.1792	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85159169976&doi=10.1002%2fjac5.1792&partnerID=40&md5=9dc4b9efbb19ff4de9b37ee744f4f9a5	Oral pre-exposure prophylaxis (PrEP) effectiveness is directly correlated with medication adherence. Grady Health System (GHS) developed a PrEP program to optimize PrEP uptake in Atlanta, Georgia. The purpose of this study is to determine PrEP medication adherence and its associated factors during the first 18 months of the program's implementation. A single-center, retrospective chart review was conducted on patients enrolled in a PrEP program in Atlanta, Georgia, between June 1, 2018 and February 29, 2020, who received more than one PrEP prescription. The primary outcome was mean adherence to PrEP, using the medication possession ratio (MPR). This study included 154 primarily young patients (mean 34 years of age), Black (70.8%), uninsured (59.1%), and cisgender men (62.3%). Mean PrEP adherence was 89.2%; 77.3% of patients had an MPR ≥ 80% (high adherence). Of all patients, 71 (46%) met PrEP discontinuation criteria. This PrEP program demonstrated high levels of PrEP adherence with discontinuation rates similar to other PrEP programs nationwide, despite a higher index of social vulnerability in the area. Future areas of research include identifying the specific program-related factors that may optimize PrEP adherence in areas with high indices of social vulnerability. © 2023 Pharmacotherapy Publications, Inc.	HIV; medication adherence; medication discontinuation; preexposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Yamanis, Thespina Nina J.; Mulawa, Marta I.; Kilonzo, Mrema Noel; Maman, Suzanne; Singh, Basant; Kajula, Lusajo	Reaching Out-of-school Adolescent Girls and Young Women at Risk for HIV Through Their Social Networks.	AIDS and Behavior	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04168-z	https://pubmed.ncbi.nlm.nih.gov/37725236/	Out-of-school adolescent girls/young women (AGYW) in Africa are at increased risk for HIV and are underserved by HIV prevention interventions. Identifying social networks of out-of-school AGYW may be a strategic approach for reaching them. A sequential mixed methods study design was used. The PLACE (Priorities for Local AIDS Control Efforts) methodology, implemented in one ward of Dar es Salaam, Tanzania, identified 69 networks of AGYW. We randomly selected 28 networks and conducted surveys and network assessments with 80.9% (n = 310) of the members. On average, the networks consisted of 13.7 members, and had a density of 0.65 and a transitivity of 0.80, indicating high cohesion. The networks were mostly female (92%). On average, 67% of network membership were AGYW aged 15-24 years, of whom 70% were out-of-school and 67% were sexually active. Among sexually active AGYW aged 15-24, self-reported HIV seropositivity was 12.2%. We then conducted focus group discussions with 6 purposively selected networks. AGYW described their networks as sources of support and advice. Social norms supported AGYW engaging in transactional sex to alleviate life's hardships; it was the easiest way to earn income without "sweating". AGYW discussed IPV as a common experience, and social norms stigmatized AGYWs' use of condoms. AGYW were largely unaware of pre-exposure prophylaxis. The self-reported HIV prevalence rates of this cohort were higher than national averages, suggesting we tapped into high-risk networks. Social norms promoted transactional and unprotected sex. Social networks are an acceptable channel for HIV prevention intervention delivery to out-of-school AGYW.	HIV; Tanzania; Prevention; Youth; Social networks; AGYW; Norms	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Yang X.; Zhang J.; Cai R.; Liang C.; Olatosi B.; Weissman S.; Li X.	Computational phenotyping with the All of Us Research Program: identifying underrepresented people with HIV or at risk of HIV	JAMIA Open	-	-	-	25742531	10.1093/jamiaopen/ooad071	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85169910427&doi=10.1093%2fjamiaopen%2fooad071&partnerID=40&md5=cba1981a0fb0b1e10658ddbb055dc39c	Objective: This study aims to identify the people living with HIV (PWH) and pre-exposure prophylaxis (PrEP) users in the All of Us (AoU) database by integrating information from both electronic health record (EHR)-and self-reported survey data. Methods: We identified PWH and PrEP users if they met the inclusion criterion by conditions, lab measurements, or medications related to HIV in EHR data or confirmed questions in the Survey data. Results: We evaluated the latest data release through July 1, 2022 in AoU. Through computational phenotyping, we identified 4575 confirmed and 3092 probable adult PWH and 564 PrEP users. PWH was most identified by a combination of medications and conditions (3324, 43.4%) and drug exposure alone (2191, 28.6%), then less commonly by survey data alone (608, 7.9%) and lab alone (81, 1.1%). Discussion and conclusion: Our methods serve as an overall framework for other researchers using AoU data for conducting HIV-related research. © The Author(s) 2023.	All of Us; HIV/AIDS; phenotyping; underrepresented	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Yang, Cui; Reyes, Dominick; Henry, Marcus; Walker, Lonnie; Moran, Meghan; Mathews, Allison; Page, Kathleen; Latkin, Carl; Tucker, Joseph D; McCulloh, Ian	A Neuro-Influence Experiment to Evaluate the Persuasiveness of Pre-Exposure Prophylaxis Promotion Messages Among Men Who Have Sex With Men: Protocol for a Randomized Controlled Trial.	JMIR Research Protocols	-	-	-	1929-0748	10.2196/52546	https://dx.doi.org/10.2196/52546	BACKGROUND: Pre-exposure prophylaxis (PrEP) is recommended by the US Centers for Disease Control and Prevention, but behavioral factors limit uptake, especially among men who have sex with men. A better understanding of how humans cognitively process information may inform health message development to promote PrEP uptake. OBJECTIVE: This paper is informed by the neuroscience of persuasion and influence and describes the protocol of a neuro-influence experiment using functional near-infrared spectroscopy (fNIRS) to evaluate the persuasiveness of PrEP promotion messages among men who have sex with men in Baltimore, Maryland. METHODS: We will conduct a randomized controlled trial using fNIRS to measure brain activation among 60 participants viewing PrEP promotion messages either developed through a crowdsourcing open contest implemented by the study team or developed with a traditional social marketing approach. We will evaluate the effectiveness of PrEP promotion messages by assessing brain activation in the regions associated with persuasion and changes in PrEP willingness, behavioral intention, initiation, and action between the 2 groups. RESULTS: This study is funded by the National Institutes of Health (National Institute of Mental Health: R34MH116725). Participant recruitment and data collection were completed in October 2023. The first results are expected to be submitted for publication in 2024. CONCLUSIONS: In addition to providing insight into the effectiveness of PrEP promotion messages, this study will examine the feasibility, acceptability, and utility of neuroimaging techniques to evaluate PrEP promotion messages for high-risk men who have sex with men. The findings can also demonstrate the utility of fNIRS as a tool for preproduct testing of health campaigns and enable the public health community to deliver more effective messages to improve health outcomes. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/52546.	HIV; men who have sex with men; neuroimaging; persuasion; PrEP; pre-exposure prophylaxis	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Yang, Lanbo; Cambou, Mary Catherine; Nielsen-Saines, Karin	The End Is in Sight: Current Strategies for the Elimination of HIV Vertical Transmission.	Current HIV/AIDS Reports	-	-	-	1548-3576	10.1007/s11904-023-00655-z	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10239317	PURPOSE OF REVIEW: The goal of this review is to highlight and interpret recent trends and developments in the diagnosis, treatment, and prevention of HIV vertical transmission from a clinical perspective. RECENT FINDINGS: Universal third-trimester retesting and partner testing may better identify incident HIV among pregnant patients and result in early initiation of antiretroviral therapy to prevent vertical transmission. The proven safety and efficacy of integrase inhibitors such as dolutegravir may be particularly useful in suppressing viremia in pregnant persons who present late for ART treatment. Pre-exposure prophylaxis (PrEP) during pregnancy may play a role in preventing HIV acquisition; however, its role in preventing vertical transmission is difficult to elucidate. Substantial progress has been made in recent years to eliminate HIV perinatal transmission. Future research hinges upon a multipronged approach to improving HIV detection, risk-stratified treatment strategies, and prevention of primary HIV infection among pregnant persons.	Sexually transmitted infections, Human immunodeficiency virus, Mother-to-child transmission, Vertical transmission, Congenital infections	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Yeager S.; Serrano V.B.; Paltin D.; Fisher A.; Karris M.; Aarons G.A.; Rangel A.; Flynn R.; Bolan R.; Moore D.J.; Montoya J.L.	QUALITATIVE EXAMINATION OF THE IMPACT OF THE COVID-19 PANDEMIC ON ACCESS AND ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG SEXUAL AND GENDER MINORITIES	AIDS Education and Prevention	-	-	-	8999546	10.1521/aeap.2023.35.4.255	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85166397572&doi=10.1521%2faeap.2023.35.4.255&partnerID=40&md5=2a573ef5f22b118e81b246af0d64adb9	During the COVID-19 pandemic, pre-exposure prophylaxis (PrEP) access and adherence decreased nationwide. This study examined pandemic-related disruptions to PrEP access and adherence among clients of a health center (Center) in Los Angeles, California. Clients (n = 25) and Center per-sonnel (n = 11) completed qualitative interviews from March to July 2021. Although the Center provided options for remote PrEP care (i.e., telehealth, STI self-testing kits, and prescription delivery), clients experienced difficulty navigating services or lacked equipment for telehealth. More than half (n = 13) of clients discontinued PrEP during COVID-19 due to decreased sexual partners, relocation, or insurance status changes. Among those who continued PrEP, the majority reported no change in adherence, while a minority reported worsening adherence due to distractions/forgetting, prescription refill issues, lack of insurance coverage, and fear of complet-ing in-person visits. Findings highlight the challenges of navigating PrEP services during COVID-19 and suggest PrEP services enhancement to adapt to crisis events. © 2023 The Guilford Press.	adherence; COVID-19; pre-exposure prophylaxis (PrEP); PrEP access; qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Yellin H.; Levy M.E.; Magnus M.; Kuo I.; Siegel M.	HIV Risk Perception, Willingness to Use PrEP, and PrEP Uptake Among Young Men who have Sex with Men in Washington, DC	AIDS and Behavior	-	-	-	10907165	10.1007/s10461-023-04008-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85148439636&doi=10.1007%2fs10461-023-04008-0&partnerID=40&md5=79380e7ae632a5a12cad23894691a8cf	Low HIV risk perception is a barrier to PrEP uptake, but few studies have examined risk perception and PrEP uptake among young men who have sex with men (YMSM). We performed a secondary analysis of data collected in 2016 from YMSM ages 16–25 in the Washington, DC metropolitan area who participated in a cross-sectional online survey that aimed to identify strategies for engaging YMSM in PrEP services. Of 188 participants, 115 (61%) were considered eligible for PrEP. Among PrEP-eligible participants who had never used PrEP, 53%, 71%, and 100% with low, moderate, and high risk perception, respectively, were willing to use PrEP (Fisher's exact test p = 0.01). Odds of PrEP willingness were greater among those with moderate/high versus low risk perception (adjusted odds ratio OR = 5.62, 95% CI = 1.73–18.34). HIV risk perception was not significantly associated with self-reported PrEP use. These findings suggest the importance of risk perception as a correlate of willingness to use PrEP, which is a key step in existing frameworks of PrEP uptake. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV risk perception; HIV/AIDS; PrEP uptake; YMSM	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Yeo T.E.D.	Reconciling intimacy and safety: a qualitative systematic review of HIV pre-exposure prophylaxis implementation among gay and bisexual men	Culture, Health & Sexuality	-	-	-	13691058	10.1080/13691058.2023.2270004	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85174425273&doi=10.1080%2f13691058.2023.2270004&partnerID=40&md5=99016c5d4d37dffc5c9d8e293fa3eebf	This review synthesises qualitative research on pre-exposure prophylaxis (PrEP) uptake by sexual minority men to provide an overarching conceptualisation of the implementation processes involved. Twenty-four studies—comprising 734 participants from USA, UK, France, Canada, and Taiwan—were synthesised using thematic synthesis. The synthesis elucidates the dual significance of PrEP uptake: (1) risk management: reinforcing relational circumstances, and rebalancing safety and risk; and (2) sexual empowerment: reclaiming health and sexuality and refocusing on sexual fulfillment and intimacy. Overall, the findings show how gay and bisexual men use PrEP to reconcile their antagonistic desires for intimacy and safety by recalibrating protection and reimagining intimacy. This review conceptualises the essence of users' experiences of PrEP implementation as reconciliation work—the labour and agency in making and remaking practices to manage discontinuities and incongruities—about the new HIV prevention modality. The concept of reconciliation work illustrates how using PrEP influences users' practices, which in turn, shape the meanings of PrEP use within the community. This work engenders contingent transformations and outcomes beyond HIV protection, encompassing the broader aspects of health and sexuality. Findings support the adoption of more holistic and empowering approaches to sexual health promotion and intervention. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	men who have sex with men; pre-exposure prophylaxis (PrEP); reconciliation work; sexual health; thematic synthesis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Review

Article	2023	Yeung, Anna; Lisk, Ryan; Rana, Jayoti; Guiang, Charlie B.; Bacon, Jean; Brunetta, Jason; Gilbert, Mark; Gesink, Dionne; Grewal, Ramandip; Kwag, Michael; Logie, Carmen H.; Mitterni, Leo; Shahin, Rita; Tan, Darrell Hs; Burchell, Ann N.	Community and Health Care Provider Preferences for Bacterial Sexually Transmitted Infection Testing Interventions for Gay, Bisexual, and Other Men Who Have Sex With Men: e-Delphi Study.	Journal of Medical Internet Research	-	-	1438-8871 1439-4456	10.2196/40477	https://www.jmir.org/2023/1/e40477/	BACKGROUND: Canadian clinical guidelines recommend at least annual and up to quarterly bacterial sexually transmitted infection (STI) testing among sexually active gay, bisexual, and other men who have sex with men (GBM). However, testing rates are suboptimal. Innovative solutions are needed to close the gap because there is currently limited knowledge on how best to approach this issue. OBJECTIVE: Our aim was to build consensus regarding interventions with the greatest potential for improving local STI testing services for GBM communities in Toronto, Ontario, Canada, using a web-based e-Delphi process. METHODS: The e-Delphi method involves using a panel format to conduct successive rounds of prioritization, with feedback between rounds, to determine priorities among groups. We recruited experts separately from the community (GBM who sought or underwent STI testing in the preceding 18 months; conducted between October 2019 and November 2019) and health care providers (those who offered STI testing to GBM in the past 12 months; conducted between February 2020 and May 2020). The experts prioritized 6 to 8 potential interventions on a 7-point Likert scale ranging from definitely not a priority to definitely a priority over 3 survey rounds and ranked their top 3 interventions. Consensus was defined as ≥60% within a ±1 response point. Summaries of responses were provided in successive rounds. We reported the percentage of a priority (encompassing somewhat a priority, a priority, and definitely a priority responses) at the end of the final round of the survey. RESULTS: Of the community experts (CEs), 84% (43/51) completed all rounds; 19% (8/43) were living with HIV; 37% (16/43) were HIV negative and on pre-exposure prophylaxis; and 42% (18/43) were HIV negative and not on pre-exposure prophylaxis. We reached consensus on 6 interventions: client reminders (41/43, 95%), express testing (38/43, 88%), routine testing (36/43, 84%), an online booking app (36/43, 84%), online-based testing (33/43, 77%), and nurse-led testing (31/43, 72%). The CEs favored convenient interventions that also maintain a relationship with their provider. Of the provider experts (PEs), 77% (37/48) completed all rounds; 59% (22/37) were physicians. Consensus was reached on the same 6 interventions (range 25/37, 68%, to 39/39, 100%) but not for provider alerts (7/37, 19%) and provider audit and feedback (6/37, 16%). Express testing, online-based testing, and nurse-led testing were prioritized by >95% (>37/39) of the PEs by the end of round 2 because of streamlined processes and decreased need to see a provider. CONCLUSIONS: Both panels were enthusiastic about innovations that make STI testing more efficient, with express testing rating highly in both the prioritizations and top 3 rankings. However, CEs preferred convenient interventions that involved their provider, whereas PEs favored interventions that prioritized patient independence and reduced patient-provider time. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-10.2196/13801.	Humans; Male; Homosexuality, Male; Health Personnel; Delphi Technique; *HIV Infections; sexually transmitted diseases; *Sexual and Gender Minorities; sexual and gender minorities; Ontario; community-based research; *Sexually Transmitted Diseases/diagnosis/prevention & control; mass screening; patient acceptance of health care	English	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Young A.M.; Saidi F.; Phanga T.; Tseka J.; Bula A.; Mmodzi P.; Pearce L.D.; Maman S.; Golin C.E.; Mutale W.; Chi B.H.; Hill L.M.	Male partners' support and influence on pregnant women's oral PrEP use and adherence in Malawi	Frontiers in Reproductive Health	-	-	26733153	10.3389/frph.2023.1206075	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85168520195&doi=10.3389%2ffrph.2023.1206075&partnerID=40&md5=2468072d7c94a233c7962ff3791ec0d9	Introduction: Daily oral pre-exposure prophylaxis (PrEP) is a safe and effective HIV prevention method for pregnant and postpartum women, but adherence barriers exist. Understanding the role of male partners in supporting PrEP use may inform strategies to support PrEP adherence among pregnant and breastfeeding women. Methods: To understand male partners' involvement in women's use of PrEP, we conducted in-depth interviews with pregnant women in Lilongwe, Malawi who had recently decided to use PrEP (n = 30) and their male partners (n = 20) in the context of a PrEP adherence trial. Women were purposively recruited to ensure variation in their partners' HIV status. Interviews were conducted in Chichewa using a semistructured guide. We followed a thematic approach to analyze the interview data. Results: Most male partners were receptive to women using PrEP during pregnancy because it eased their fears of the woman and baby acquiring HIV. Men often played a key role in women's PrEP adherence by providing daily reminders and encouragement to adhere to their medication. The majority of women appreciated this support from the men as it lessened the burden of remembering to take their medications daily on their own and aided their adherence. However, several women who lacked male partner support spoke of wanting their partners to be more involved. Many men living with HIV found the mutual support beneficial for their antiretroviral therapy adherence, while men without HIV or with status unknown appreciated knowing that the family was protected. While most men were open to women continuing PrEP beyond the current study, some would only support it if women were still at risk for acquiring HIV. Conclusion: In this study, male partners were strongly motivated to support the PrEP adherence of their female partners as a way of ensuring that the pregnant women and unborn babies were protected against HIV. Promoting disclosure and tangible support that arises organically among men may be helpful, but programs to enhance this support and identify ways to support women who do not receive support from their partners or do not wish to disclose their PrEP use to partners may be needed. 2023 Young, Saidi, Phanga, Tseka, Bula, Mmodzi, Pearce, Maman, Golin, Mutale, Chi and Hill.	HIV; Malawi; male partners; pregnant and breastfeeding women; PrEP; social support	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Young A.M.P.; Reddy P.; Gonzalez A.M.; Arlandson M.E.; Patel A.; Premkumar A.	Predictors of Preexposure Prophylaxis Eligibility among Pregnant People with Opioid Use Disorder	American Journal of Perinatology	-	-	7351631	10.1055/s-0043-1776350	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175826244&doi=10.1055%2fs-0043-1776350&partnerID=40&md5=49a14007b0b34209fac0b777e4fa484c	Objective We seek to evaluate risk factors for eligibility for preexposure prophylaxis (PrEP) among pregnant people with opioid use disorder (OUD). Study Design This is a single-site retrospective cohort study of pregnant people admitted for management of OUD at an urban, tertiary care center from 2013 to 2022. PrEP eligibility was defined based on (1) modified American College of Obstetricians and Gynecologists' (ACOG) 2014 criteria: diagnosis of a sexually transmitted infection (STI), engagement in transactional sex work, intravenous drug use (IVDU), or incarceration and (2) modified 2021 Centers for Disease Control (CDC) criteria: diagnosis of bacterial STI (e.g., gonorrhea or syphilis) or transactional sex work. Risk factors associated with PrEP eligibility were evaluated using chi- square or Fischer's exact tests for categorical variables and t -tests or Wilcoxon rank-sum tests for continuous variables. Multivariable regression was used to control for confounding covariates, defined as p < 0.10 on bivariate analysis. p < 0.05 was used to indicate statistical significance. Results A total of 132 individuals met inclusion criteria, of whom 101 (76.5%) were deemed eligible for PrEP by meeting one or more modified 2014 ACOG criteria: 42 (31.8%) were incarcerated or had one or more STIs, while 30 (22.7%) endorsed engaging in transactional sex work and 68 (58.6%) endorsed IVDU. Using modified 2021 CDC criteria, 37 (28%) met PrEP eligibility, with 12 (9.1%) diagnosed specifically with a bacterial STI and 30 (22.7%) engaging in transactional sex work. Only comorbid psychiatric illness was associated with an increased risk for PrEP eligibility based on 2014 criteria, which persisted after controlling for maternal race/ethnicity (aRR 1.52, 95% confidence interval CI 1.24-1.86), and 2021 criteria, which persisted after controlling for nulliparity (aRR 2.12, 95% CI 1.30-3.57). Conclusion A significant number of pregnant people with OUD meet one or more criteria for PrEP, with comorbid psychiatric conditions increasing the risk of meeting criteria. Key Points Comorbid psychiatric illness is significantly associated with high risk of PrEP eligibility. A large proportion of pregnant individuals with active OUD meet criteria for PrEP prescribing. Risk-based screening algorithms for PrEP eligibility have limitations. © 2023 Thieme Medical Publishers, Inc.. All rights reserved.	HIV; OUD; pregnancy; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Young I.; Boydell N.	Don't lose it on the bus!': Casting the normative biosexual citizen in early Scottish pre-exposure prophylaxis provision	Sociology of Health and Illness	-	-	1419889	10.1111/1467-9566.13632	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85150731774&doi=10.1111%2f1467-9566.13632&partnerID=40&md5=74cd75e5b121f92568cf9fdd6d25cc82	The introduction of HIV pre-exposure prophylaxis (PrEP) raises important questions around how new biotechnologies are negotiated within contemporary settings and how they can shape the moral governance of biocitizens, or as we explore, biosexual citizens. This article draws on qualitative interviews and focus groups to consider how the normative biosexual citizen was cast at the start of provision in Scotland by clinical and community practitioners. Our findings show how practitioners navigated ideas around who was deserving of support and access to PrEP in the context of limited resources, interpreted what legitimate risk narratives might look like for different groups and translated particular gendered, sexualised and racialised risk profiles in the context of PrEP provision. This draws attention to how normative biosexual citizenship was not determined through meeting a set of clinical criteria and adhering to a prophylaxis regime but cast through ongoing negotiations with clinical and community practitioners in relation to normative ideas of essential care, constrained resources, risk narratives and gendered and racialised bodies. Our research indicates how access to PrEP will continue to demand particular enactments of normative biosexual citizenship that may well be at odds with the experiences and needs of communities affected by HIV. © 2023 The Authors. Sociology of Health & Illness published by John Wiley & Sons Ltd on behalf of Foundation for the Sociology of Health & Illness.	HIV/AIDS; inequalities; pre-exposure prophylaxis (PrEP); sexual health	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Qualitative
Article	2023	Young I.C.; Massud I.; Cottrell M.L.; Shrivastava R.; Maturavongsadit P.; Prasher A.; Wong-Sam A.; Dinh C.; Edwards T.; Mrotz V.; Mitchell J.; Seixas J.N.; Pallerla A.; Thorson A.; Schauer A.; Sykes C.; De la Cruz G.; Montgomery S.A.; Kashuba A.D.M.; Heneine W.; Dobard C.W.; Kovarova M.; Garcia J.V.; García-Lerma J.G.; Benhabbour S.R.	Ultra-long-acting in-situ forming implants with cabotegravir protect female macaques against rectal SHIV infection	Nature Communications	-	-	20411723	10.1038/s41467-023-36330-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147785989&doi=10.1038%2fs41467-023-36330-5&partnerID=40&md5=f74aa215ddd4cd3825789344736fd836	Ultra-long-acting delivery platforms for HIV pre-exposure prophylaxis (PrEP) may increase adherence and maximize public health benefit. We report on an injectable, biodegradable, and removable in-situ forming implant (ISFI) that is administered subcutaneously and can release the integrase inhibitor cabotegravir (CAB) above protective benchmarks for more than 6 months. CAB ISFIs are well-tolerated in female mice and female macaques showing no signs of toxicity or chronic inflammation. In macaques, median plasma CAB concentrations exceed established PrEP protection benchmarks within 3 weeks and confer complete protection against repeated rectal SHIV challenges. Implant removal via a small incision in 2 macaques at week 12 results in a 7- to 48-fold decrease in plasma CAB levels within 72 hours. Modeling to translate CAB ISFI dosing suggests that a 3 mL injection would exceed protective benchmarks in humans for over 5 months post administration. Our results support the clinical advancement of CAB ISFIs for ultra-long-acting PrEP in humans. © 2023, The Author(s).	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Young, Alinda M; Mancuso, Noah; Atujuna, Millicent; Tenza, Siyanda; Chitukuta, Miria; Kemigisha, Doreen; Ngure, Kenneth; van der Straten, Ariane; Garcia, Morgan; Szydlo, Danny; Soto-Torres, Lydia; Roberts, Sarah T	Adolescent Girls and Young Women's Experiences with Disclosing Oral PrEP or Dapivirine Vaginal Ring Use: a Multi-Country Qualitative Analysis.	AIDS and Behavior	-	-	1573-3254	10.1007/s10461-023-04109-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10598125	Effective use of oral pre-exposure prophylaxis (PrEP) has been low among adolescent girls and young women (AGYW) in Eastern and Southern Africa, partly due to stigma and opposition from key influencers. Understanding AGYW's experiences of disclosure of different PrEP modalities to key influencers may inform strategies to motivate uptake and adherence. We analyzed qualitative in-depth interviews and focus group discussions data from 119 participants in the MTN-034/REACH (Reversing the Epidemic in Africa with Choices in HIV Prevention) study of oral PrEP and the dapivirine vaginal ring (ring) to explore AGYW's disclosure experiences. We found that AGYW disclosure experiences varied across influencers and product type. The ring was disclosed less often to most influencers, except partners, because it was discreet. Oral PrEP was disclosed more often, because pills were more common and to avoid HIV stigma given that oral PrEP resembled HIV treatment. Ultimately, disclosure typically led most key influencers to support product use through reminders and encouragement. While disclosure yielded positive support from influencers, further community awareness of both PrEP products is essential to reduce potential opposition and perceived stigma.Clinical Trial Number: NCT03593655.	HIV/AIDS, Disclosure, Adolescent girls and young women (AGYW), Eastern and Southern Africa, Oral PrEP, Dapivirine Vaginal Ring	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zamantakis, Alithia; Li, Dennis H.; Benbow, Nanette; Smith, Justin D.; Mustanski, Brian	Determinants of Pre-exposure Prophylaxis (PrEP) Implementation in Transgender Populations: A Qualitative Scoping Review	AIDS and Behavior	-	-	10907165	10.1007/s10461-022-03943-8	https://www.proquest.com/scholarly-journals/determinants-pre-exposure-prophylaxis-prep/docview/2805736507/se-2?accountid=8113	We conducted a scoping review of contextual factors impeding uptake and adherence to pre-exposure prophylaxis in transgender communities as an in-depth analysis of the transgender population within a previously published systematic review. Using a machine learning screening process, title and abstract screening, and full-text review, the initial systematic review identified 353 articles for analysis. These articles were peer-reviewed, implementation-related studies of PrEP in the U.S. published after 2000. Twenty-two articles were identified in this search as transgender related. An additional eleven articles were identified through citations of these twenty-two articles, resulting in thirty-three articles in the current analysis. These thirty-three articles were qualitatively coded in NVivo using adapted constructs from the Consolidated Framework for Implementation Research as individual codes. Codes were thematically assessed. We point to barriers of implementing PrEP, including lack of intentional dissemination efforts and patience assistance, structural factors, including sex work, racism, and access to gender affirming health care, and lack of provider training. Finally, over 60% of articles lumped cisgender men who have sex with men with trans women. Such articles included sub-samples of transgender individuals that were not representative. We point to areas of growth for the field in this regard.Resumo alternativo:ResumenEn este revisión de alcance, examinamos los factores contextuales que impiden la adopción y el cumplimiento de la profilaxis previa a la exposición en las comunidades transgénero. Este revisión sistemática se formó a partir de una revisión sistemática más grande. Utilizando un proceso de selección de aprendizaje automático, filtración de los títulos y examines, y revision del texto complete, el primer revisión sistemática identificó 353 artículos por el analisis. Estes artículos fueron estudios revisados por pares, relacionados con la implementación de la PrEP en los EE.UU. publicados despues de 2000. Veintidós artículos se identificaron en esta b?squeda como relacionados con personas transgénero. Se identificaron once artículos adicionales a través de citas de estos veintidós artículos, lo que resultó en treinta y tres artículos en el análisis actual. Estos treinta y tres artículos fueron codificados cualitativamente en NVivo utilizando construcciones adaptadas del Marco Consolidado para la Investigación de Implementación (CFIR) como códigos individuales. Los códigos fueron evaluados temáticamente. Señalamos las barreras de la implementación de la PrEP, como la falta de esfuerzos intencionales de difusión y asistencia al paciente, las barreras estructurales como el trabajo sexual, el racismo, y el acceso a la salud de afirmación de género, y la falta del entrenamiento de los doctores. Finalmente, más de sesenta por ciento de los artículos tuvieron submuestras de personas transgénero que no eran representativas. Se?alamos áreas de crecimiento para el campo en este sentido.	HIV/AIDS; Pre-exposure prophylaxis; Psychology; Men; Gender; Implementation; Men who have sex with men; Implementation science; Transgender persons; Disease prevention; Systematic review; Health services; Prophylaxis; Transgender; Qualitative analysis; Racism; Determinants of implementation; Scoping review; Transgender health; Discrimination; Machine learning; Gender-affirming care; Human immunodeficiency virus--HIV; Sex industry; Gays & lesbians; Mens health; Medical screening; Reviews	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Zamudio-Haas, Sophia; Koester, Kim; Venegas, Luz; Salinas, Ariana; Herrera, Cinthya; Gutierrez-Mock, Luis; Welborn, Layla; Deutsch, Madeline B.; Sevelius, Jae	"Entre Nosotras:" a qualitative study of a peer-led PrEP project for transgender latinas.	BMC Health Services Research	-	-	1472-6963	10.1186/s12913-023-09707-x	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10510224	BACKGROUND: Uptake of HIV pre-exposure prophylaxis (PrEP) remains low among transgender people as compared to other subgroups, despite high rates of HIV acquisition. In California, Latinx people comprise 40% of the population and Latina transgender women experience some of the highest burden of HIV of any subgroup, indicating a critical need for appropriate services. With funding from the California HIV/AIDS Research Programs, this academic-community partnership developed, implemented, and evaluated a PrEP project that co-located HIV services with gender affirming care in a Federally Qualified Heath Center (FQHC). Trans and Latinx staff led intervention adaptation and activities. METHODS: This paper engages qualitative methods to describe how a PrEP demonstration project- Triunfo- successfully engaged Spanish-speaking transgender Latinas in services. We conducted 13 in-depth interviews with project participants and five interviews with providers and clinic staff. Interviews were conducted in Spanish or English. We conducted six months of ethnographic observation of intervention activities and recorded field notes. We conducted thematic analysis. RESULTS: Beneficial elements of the intervention centered around three intertwined themes: creating trusted space, providing comprehensive patient navigation, and offering social support "entre nosotras" ("between us women/girls"). The combination of these factors contributed to the intervention's success supporting participants to initiate and persist on PrEP, many of whom had previously never received healthcare. Participants shared past experiences with transphobia and concerns around discrimination in a healthcare setting. Developing trust proved foundational to making participants feel welcome and "en casa/ at home" in the healthcare setting, which began from the moment participants entered the clinic and continued throughout their interactions with staff and providers. A gender affirming, bilingual clinician and peer health educators (PHE) played a critical part in intervention development, participant recruitment, and patient navigation. CONCLUSIONS: Our research adds nuance to the existing literature on peer support services and navigation by profiling the multifaceted roles that PHE served for participants. PHE proved instrumental to empowering participants to overcome structural and other barriers to healthcare, successfully engaging a group who previously avoided healthcare in clinical settings.	Humans; Male; Female; Ambulatory Care Facilities; *Pre-Exposure Prophylaxis; PrEP; Qualitative Research; *Transgender Persons; Hispanic or Latino; *HIV Infections/prevention & control; Health disparities; HIV services; Transgender health; Peer navigation; Healthcare equity; Peer support services; Trans women	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zang, Xiao; Piske, Micah; Humphrey, Lia; Enns, Benjamin; Sui, Yi; Marshall, Brandon D L; Goedel, William C; Feaster, Daniel J; Metsch, Lisa R; Sullivan, Patrick S; Tookes, Hansel E; Nosyk, Bohdan	Estimating the epidemiological impact of reaching the objectives of the Florida integrated HIV prevention and care plan in Miami-Dade County.	The Lancet Regional Health - Americas	-	-	2667-193X	10.1016/j.lana.2023.100623	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10624567	Background: The US Ending the HIV Epidemic (EHE) initiative aims to reduce national HIV incidence 90% by 2030 and to address the disproportionate burden of HIV among different racial/ethnic populations. Florida's state-wide 2022-2026 Integrated HIV Prevention and Care Plan outlines objectives for reaching EHE goals. In Miami-Dade County, we determined the epidemiological impact of achieving the integrated plan's objectives individually and jointly. Methods: We adapted an HIV transmission model calibrated to Miami-Dade County adjusting access to HIV testing, pre-exposure prophylaxis (PrEP) and antiretroviral treatment to model the effects of each objective between 2022 and 2030. We compared two service scale-up approaches: (a) scale-up proportionally to existing racial/ethnic group access levels, and (b) scale-up according to new diagnoses across racial/ethnic groups (equity-oriented). We estimated reductions in new HIV infections by each objective and approach, compared to the EHE's incidence reduction target. Findings: The single most influential strategy was reducing new HIV diagnoses in Hispanic/Latinx men who have sex with men through increased PrEP uptake, resulting in 907/2444 (37.1%) fewer annual new HIV infections in 2030. Achieving all objectives jointly would result in 1537/2444 (62.9%) and 1553/2444 (63.5%) fewer annual new HIV infections with the proportional and equity-oriented approaches, respectively. Interpretation: Achieving the goals of Florida's integrated care plan would significantly reduce HIV incidence in Miami-Dade County; however, further efforts are required to achieve EHE targets. Structural changes in service delivery and a focus on effective implementation of available interventions to address racial/ethnic disparities will be crucial to ending the HIV epidemic. Funding: This work was supported by the National Institutes of Health/National Institute on Drug Abuse grant no. R01-DA041747.	Ending the HIV epidemic, HIV/AIDS, Simulation model, Integrated HIV prevention and care plan, Florida, Miami-Dade County, Health equity	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2023	Zanoni, Brian C; Milford, Cecilia; Sithole, Kedibone; Mosery, Nzwakie; Wilson, Michael; Bosman, Shannon; Smit, Jennifer	High risk injection drug use and uptake of HIV prevention and treatment services among people who inject drugs in KwaZulu-Natal, South Africa.	PLOS One	-	-	1932-6203	10.1371/journal.pone.0281030	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10180682	We conducted a mixed-methods study to understand current drug use practices and access to healthcare services for people who use injection drugs in KwaZulu-Natal, South Africa. We used respondent-driven sampling to recruit 45 people who used injection drugs within the past 6 months from KwaZulu-Natal, South Africa. We found high rates of practices that increase HIV/viral hepatitis risk including the use of shared needles (43%) and direct blood injections (bluetoothing) (18%). Despite 35% living with HIV, only 40% accessed antiretroviral therapy within the past year, and one accessed PrEP. None of the participants ever tested for Hepatitis C.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2023	Zapata J.P.; zamantakis A.; Queiroz A.A.F.L.N.	Identification of Determinants and Implementation Strategies to Increase Long-Acting Injectable PrEP for HIV Prevention Among Latino Men Who Have Sex with Men (MSM)	Journal of Racial and Ethnic Health Disparities	-	-	21973792	10.1007/s40615-023-01678-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85162943036&doi=10.1007%2fs40615-023-01678-3&partnerID=40&md5=7dc6f83d084cbd7329a2a9f45078db44	Background: Latino men who have sex with men (LMSM) are disproportionally affected by HIV infections in the USA. The uptake rate of pre-exposure prophylaxis (PrEP) for HIV prevention has remained low among LMSM. Long-acting injectable PrEP (LAI-PrEP) may have the potential to improve structural, behavioral, and cognitive barriers to adherence. Given the potential benefits of LAI-PrEP and the limited data with this population, the aim of our study was to explore experiences and attitudes of LAI-PrEP among LMSM and identify implementation barriers compared to the standard oral presentation, align proposed implementation strategies, and propose outcomes to monitor and assess impact. Methods: In this qualitative study, guided by the Consolidated Framework for Implementation Research, we explored health care providers perspectives on facilitators and barriers to LAI-PrEP implementation strategies for LMSM. Interviews were recorded, transcribed, and analyzed using thematic content analysis. Results: Fear of immigration policies, ability to conceal PrEP medication, health insurance coverage, health information fatigue, lack of culturally adapted information, and provider's lack of knowledge were among the main barriers to LAI-PrEP. Most providers discussed the need for adapted and/or tailored training materials for and suggested designing marketing materials and specific clinical recommendations for LAI-PrEP. Conclusion: In order to ensure an effective adaptation process that encompasses local and national goals of HIV prevention, future interventions should be designed in a way that incorporates culturally relevant information for LMSM. This study provides an implementation research logic model to guide future studies. © 2023, W. Montague Cobb-NMA Health Institute.	HIV; Implementation determinants; LAI-PrEP; Latino MSM; PrEP; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zapata, Juan Pablo; Avila, Andres Alvarado; Hurtado, Manuel; de St Aubin, Ed; Rodriguez-Diaz, Carlos E; Robles, Gabriel	Stakeholders' Perspectives About Cultural Strategies to Support PrEP for Latino Sexual Minority Men.	AIDS Education and Prevention	-	-	1943-2755	10.1521/aeap.2023.35.3.185	https://dx.doi.org/10.1521/aeap.2023.35.3.185	Compared with non-Latino White sexual minority men, Latino sexual minority men (LSMM) have lower engagement with HIV pre-exposure prophylaxis (PrEP) and likelihood of discussing PrEP with a health care provider. The overall goal of the current study was to collect data from community stakeholders to inform the integration of culturally relevant factors into an empirically supported PrEP prevention program. Between December 2020 and August 2021, 18 interviews were conducted with 18 stakeholders with experience delivering health and social services. Themes identified are: (1) stakeholders' perspectives of new HIV infections among LSMM; (2) stakeholders' perspectives of general cultural variables; and (3) the development of culturally tailored programs. Our findings demonstrate how culturally competent stakeholders can leverage their established rapport and trust to reduce the negative effects of machismo and/or homophobia in the Latinx community to promote HIV prevention.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zapata, Juan Pablo; Hirshfield, Sabina; Nelson, Kimberly; Horvath, Keith; John, Steven A	Preferred Characteristics for mHealth Interventions Among Young Sexual Minoritized Men to Support HIV Testing and PrEP Decision-Making: Focus Group Study.	JMIR Formative Research	-	-	2561-326X	10.2196/51103	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10616747	BACKGROUND: Epidemiological trends in the United States have shown an increase in HIV cases among young sexual minoritized men. Using mobile health (mHealth), which refers to health services and information delivered or enhanced through the internet and related technologies, is a crucial strategy to address HIV disparities. However, despite its potential, the practical implementation of mHealth remains limited. Additionally, it is important to consider that young individuals may become accustomed to, distracted from, or lose interest in these apps, highlighting the need for regular updates and monitoring of relevant content. OBJECTIVE: In this study, we sought to highlight the voices of young sexual minoritized men aged 17-24 years and explored preferred mHealth intervention characteristics and willingness to adopt these technologies among a diverse, nationwide sample of young sexual minoritized men. METHODS: From April to September 2020, we recruited participants through web-based platforms such as social media and geosocial networking apps for men. These individuals were invited to participate in synchronous web-based focus group discussions centered around topics pertaining to HIV testing and prevention and their preferences for mHealth technologies. RESULTS: A total of 41 young sexual minoritized men, aged between 17 and 24 years, participated in 9 focus group discussions spanning April to September 2020, with 3-7 participants in each group. The findings shed light on three key insights regarding young sexual minoritized men's preferences: (1) the need for personalized and representative content, (2) a preference for mobile and web-based simulation of prevention scenarios, and (3) a preference for digital software with individually tailored content. As expected, preference for mHealth apps was high, which supports the potential and need to develop or adapt interventions that use smartphones as a platform for engaging young sexual minoritized men in HIV prevention. This study expands on previous research in multiple meaningful ways, delving into the use and perceptions of mHealth information amid the COVID-19 pandemic. This study also highlighted the importance of streamlined access to health care providers, especially in light of the barriers faced by young people during the COVID-19 pandemic. In terms of presentation and navigation, participants favored a user-friendly design that was easy to use and appropriate for their age, which was effectively addressed through the implementation of web-based simulations. CONCLUSIONS: Ultimately, this study provides valuable insight into the preferences of young sexual minoritized men when it comes to mHealth interventions and highlights the need for further research in order to develop effective and tailored HIV prevention tools. A future direction for researchers is to evaluate how best to address participants' desire for personalized content within mHealth apps. Additionally, as technology rapidly evolves, there is a need to re-assess the effectiveness of web-based simulations, particularly those that are used in HIV prevention.	mobile health, eHealth, minority health, male adolescents, HIV prevention, sexual health, support, HIV testing, prevention, decision-making, men, sexual minority men, youth, adolescent, mobile simulation, virtual simulation, user-friendly, design, implementation, mobile phone	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zar, Fred Arthur	USPSTF recommends PrEP using effective antiretroviral therapy in adults and adolescents at high risk for HIV.	Annals of Internal Medicine	-	-	1539-3704	10.7326/J23-0094	https://dx.doi.org/10.7326/J23-0094	SOURCE CITATION: US Preventive Services Task Force; Barry MJ, Nicholson WK, Silverstein M, et al. Preexposure prophylaxis to prevent acquisition of HIV: US Preventive Services Task Force Recommendation Statement. JAMA. 2023;330:736-745. 37606666.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Zarwell M.; Patton A.; Gunn L.H.; Benziger A.; Witt B.; Robinson P.A.; Terrell D.F.	PrEP awareness, willingness, and likelihood to use future HIV prevention methods among undergraduate college students in an ending the HIV epidemic jurisdiction	Journal of American College Health	-	-	7448481	10.1080/07448481.2023.2232885	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165400403&doi=10.1080%2f07448481.2023.2232885&partnerID=40&md5=2d7bb8d623b14acfb63875d789e0b0a6	Objective: Identify factors associated with PrEP awareness, willingness, and future prevention modalities among undergraduate college students. Participants: Undergraduates (N = 701) were recruited from a private university, a public research university, and a private historically Black college and university for an online survey. Methods: Upon multiple imputations, a multivariate logistic model, a multivariate multinomial model, and independent multivariate ordinal logistic models were used to calculate Rubin's rules-pooled adjusted odds ratios for PrEP awareness, willingness, and future HIV prevention methods. Results: Only 33.4% of students had heard of and 32.4% were willing to take PrEP. PrEP willingness was higher among sexual minority students compared to heterosexual/straight students (OR = 1.65; 95% CI: 1.03–2.63); p =.036). The likelihood to take a future vaccine or antibody prophylaxis treatment was higher than the likelihood to take injectable PrEP or implants. Conclusions: Interventions to increase PrEP uptake and willingness among undergraduates should emphasize equity in HIV education and include future prevention modalities. © 2023 Taylor & Francis Group, LLC.	HIV prevention; PrEP; sexual health; undergraduate college students	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Zarwell, Meagan; Witt, Brian; Marin-Cespedes, Sebastian; Gorman, Brianna; Kumtap, Makshwar U; Hoff, Rhoen; Rysbayeva, Ainella; Jha, Prashant; Boehm, Elsa L; Harihar, Sweta; Issel, L Michele; Robinson, Patrick	Uptake and Discontinuation of Pre-Exposure Prophylaxis Among Uninsured Transgender and Cisgender Women: A Public-Private Partnership Model in North Carolina.	AIDS Patient Care and STDs	-	-	1557-7449	10.1089/apc.2023.0147	https://dx.doi.org/10.1089/apc.2023.0147	HIV pre-exposure prophylaxis (PrEP) remains underutilized among cis and trans women. The PrEP Initiative Program (PIP) is a novel public-private partnership implemented at 12 local clinics in North Carolina. PIP provides HIV/sexually transmitted infection (STI) testing and clinical and laboratory monitoring for PrEP to uninsured/underinsured clients. We sought to understand service-related differences among both cis and trans women enrolled in PIP, including STIs diagnoses, clinic type, sources of referral, services needed, and reasons for PrEP discontinuation. The Kaplan-Meier curves display retention on PrEP over the duration of the program. Since 2018, 142 women (cis n = 113; trans n = 29) enrolled, and 136 started PrEP. The majority were ages 25-34 years (31.7%) or 18-24 years (29.6%), Black (57.8%) or Latinx (24.7%). Approximately 20.6% of recipients reported at least one STI while enrolled. Overall, trans women requested fewer services than cis women. After accounting for the amount of time each patient was taking PrEP, there were higher rates of trans women diagnosed with syphilis than cis women. Rates of persons with other STIs were not notably different between trans and cis women. Clinic access varied by gender: 69% of trans women were enrolled at only one site. Trans women were retained significantly longer: The Kaplan-Meier adjusted median time to discontinuation was 560 and 238 days for trans and cis women, respectively. PIP successfully reached historically marginalized and uninsured cis and trans women who may benefit from PrEP. Further investigations into factors contributing to recruitment and retention of women in HIV prevention programs are needed.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2023	Zdun, Beata; Reiter, Tamara; Kroutil, Wolfgang; Borowiecki, Pawel	Chemoenzymatic Synthesis of Tenofovir.	The Journal of Organic Chemistry	-	-	1520-6904 0022-3263	10.1021/acs.joc.3c01005	https://pubs.acs.org/doi/10.1021/acs.joc.3c01005	We report on novel chemoenzymatic routes toward tenofovir using low-cost starting materials and commercial or homemade enzyme preparations as biocatalysts. The biocatalytic key step was accomplished either via stereoselective reduction using an alcohol dehydrogenase or via kinetic resolution using a lipase. By employing a suspension of immobilized lipase from Burkholderia cepacia (Amano PS-IM) in a mixture of vinyl acetate and toluene, the desired (R)-ester (99% ee) was obtained on a 500 mg scale (60 mM) in 47% yield. Alternatively, stereoselective reduction of 1-(6-chloro-9H-purin-9-yl) propan-2-one (84 mg, 100 mM) catalyzed by lyophilized E. coli cells harboring recombinant alcohol dehydrogenase (ADH) from Lactobacillus kefir (E. coli/Lk-ADH Prince) allowed one to reach quantitative conversion, 86% yield and excellent optical purity (>99% ee) of the corresponding (R)-alcohol. The key (R)-intermediate was transformed into tenofovir through "one-pot" aminolysis-hydrolysis of (R)-acetate in NH(3)-saturated methanol, alkylation of the resulting (R)-alcohol with tosylated diethyl(hydroxymethyl) phosphonate, and bromotrimethylsilane (TMSBr)-mediated cleavage of the formed phosphonate ester into the free phosphonic acid. The elaborated enzymatic strategy could be applicable in the asymmetric synthesis of tenofovir prodrug derivatives, including 5'-disoproxil fumarate (TDF, Viread) and 5'-alafenamide (TAF, Vemlidy). The molecular basis of the stereoselectivity of the employed ADHs was revealed by molecular docking studies.	Tenofovir; *Organophosphonates; Alanine; *Anti-HIV Agents; Molecular Docking Simulation; Escherichia coli; Alcohol Dehydrogenase; Lipase	English	United States	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Poland	Western and Central Europe and North America	Clinical
Article	2023	Zeballos D.; Magno L.; Soares F.; Filho M.E.; Amorim L.; Pinto J.A., Jr.; Greco D.; Grangeiro A.; Dourado I.	Oral Pre-Exposure Prophylaxis for HIV Discontinuation in a Large Cohort of Adolescent Men Who Have Sex With Men and Transgender Women in Brazil	Journal of Adolescent Health	-	-	1054139X	10.1016/j.jadohealth.2023.08.005	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175531562&doi=10.1016%2fj.jadohealth.2023.08.005&partnerID=40&md5=2eb41ce5285b67bdc3e29401f2fe0a6f	Purpose: This study aimed to describe pre-exposure prophylaxis (PrEP) for HIV discontinuation in adolescent men who have sex with men (aMSM) and adolescent transgender women (aTGW) and to identify factors associated with discontinuation. Methods: The PrEP1519 study included a cohort of aMSM and aTGW aged 15–19 years old, and it was conducted in three large Brazilian capital cities. For this analysis, we included adolescents who initiated PrEP. PrEP discontinuation was defined as no possession of PrEP pills for >90 days. Kaplan-Meier curves were used to analyze the probabilities of discontinuation, and survival distributions stratified by covariates were compared using log-rank or Wilcoxon tests. Cox regression models were used to estimate the adjusted hazard ratio (aHR) with a 95% confidence interval (95% CI). Results: We included 908 adolescents, 829 (91.30%) aMSM and 79 (8.70%) aTGW, most of whom were 18–19 years (80.29%). The incidence rate of discontinuation was 75.6 per 100 person-years. The probability of discontinuation was 52.61% in the first year. The multivariate analysis demonstrated that the aTGW (aHR = 1.63; 95% CI: 1.02–1.64) and adolescents with a medium (aHR = 1.29; 95% CI: 1.02–1.64) or low (aHR = 1.65; 95% CI: 1.29–2.12) perceived risk of HIV infection had an increased risk of discontinuation, whereas the adolescents with a partner living with HIV had a lower risk of discontinuation (aHR = 0.57; 95% CI: 0.35–0.91). Discussion: Adolescents with a high risk for discontinuation may need additional support that emphasizes the value of PrEP as a tool for HIV prevention because PrEP discontinuation was associated with a disconnect between HIV risk perception and HIV prevention. © 2023 Society for Adolescent Health and Medicine	Adolescents; Discontinuation; HIV prevention; PrEP	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2023	Zeglin, Alissa; Lazebnik, Rina	Teaching About Contraception: Adolescent Attitudes Surrounding Sexual Education.	Open Access Journal of Contraception	-	-	1179-1527	10.2147/OAJC.S402443	https://pubmed.ncbi.nlm.nih.gov/38059115/	PURPOSE: Adolescent pregnancy remains an important public health issue in the United States as it has profound health consequences for both mother and child. Evidence shows that improved contraception use is a critical factor in decreasing rates of adolescent pregnancy. In order to provide effective and engaging contraception education, it is important to understand adolescents' attitudes, questions, and misconceptions around the topic and its delivery. METHODS: Two searches were conducted using PubMed. Articles were limited to those published in the last 10 years that were written in English. The first search was completed using the search terms "Adolescent attitudes on sex education in the United States", and resulted in 688 articles. The second search was completed using the search terms "Adolescent attitudes on contraception in the United States", and resulted in 840 articles. Articles including contraception but focusing more on HIV, pre-exposure prophylaxis (PrEP), LGBTQ+ health and practices, human papillomavirus (HPV) vaccination, and studies completed in other countries were excluded. Remaining articles were screened by the authors for inclusion, and articles were included if they addressed information on adolescent attitudes on both contraception for pregnancy prevention and sex education, including education by schools, community organizations, the media, peers, parents, and physicians. A total of 56 articles were included in the review. RESULTS: The overwhelming theme that emerged from the review is that adolescents prefer comprehensive sex education in a safe space that allows for exploration and questioning. Adolescents want to ask their parents questions about sexual health without fear of punishment, and they desire the opportunity to learn from their physicians in a confidential environment. CONCLUSION: The foundation of effective sex education is a non-judgmental, confidential, and safe space where adolescents can ask questions. There are multiple resources that adolescents use to gather information and establish their preferences and attitudes.	media; parents; access to contraception; confidential; non-judgmental; pregnancy prevention	English	New Zealand	Asia and the Pacific	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2023	Zewdie, Kidist; Kiweewa, Flavia M; Ssebuliba, Timothy; Morrison, Susan A; Muwonge, Timothy R; Boyer, Jade; Bambia, Felix; Badaru, Josephine; Stein, Gabrielle; Mugwanya, Kenneth K; Wyatt, Christina; Yin, Michael T; Mujugira, Andrew; Heffron, Renee	The effect of daily oral PrEP use during pregnancy on bone mineral density among adolescent girls and young women in Uganda.	Frontiers in Public Health	-	-	2673-3153	10.3389/frph.2023.1240990	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10801233	Introduction: Oral pre-exposure prophylaxis (PrEP) is recommended during pregnancy for at-risk cisgender women. Pregnancy is known to impede bone growth and tenofovir-based PrEP may also yield detrimental changes to bone health. Thus, we evaluated the effect of PrEP use during pregnancy on bone mineral density (BMD). Methods: We used data from a cohort of women who were sexually active, HIV-negative, ages 16-25 years, initiating DMPA or choosing condoms for contraception and enrolled in the Kampala Women's Bone Study. Women were followed quarterly with rapid testing for HIV and pregnancy, PrEP dispensation, and adherence counseling. Those who became pregnant were counseled on PrEP use during pregnancy per national guidelines. BMD of the neck of the hip, total hip, and lumbar spine was measured using dual-energy x-ray absorptiometry at baseline and annually. We compared the mean percent change in BMD from baseline to month 24. Results: Among 499 women enrolled in the study, 105 pregnancies occurred in 90 women. At enrollment, the median age was 20 years (IQR: 19-21) and 89% initiated PrEP. During pregnancy, 67% of women continued using PrEP and PrEP was dispensed in 64% of visits. BMD declined significantly in women using PrEP during pregnancy compared to women who were not pregnant nor used PrEP: relative BMD change was -2.26% (95% CI: -4.63 to 0.11, p = 0.06) in the femoral neck, -2.57% (95% CI: -4.48 to -0.66, p = 0.01) in total hip, -3.06% (95% CI: -5.49 to -0.63, p = 0.001) lumbar spine. There was no significant difference in BMD loss when comparing PrEP-exposed pregnant women to pregnant women who never used PrEP. Women who became pregnant were less likely to continue PrEP at subsequent study visits than women who did not become pregnant (adjOR: 0.25, 95% CI: 0.16-0.37, p < 0.001). Based on pill counts, there was a 62% reduction in the odds of high PrEP adherence during pregnancy (adjOR = 0.38, 95% CI: 0.27-0.58, p < 0.001). Conclusion: Women who used PrEP during pregnancy experienced a similar reduction in BMD as pregnant women with no PrEP exposure, indicating that BMD loss in PrEP-using pregnant women is largely driven by pregnancy and not PrEP.	bone mineral density, oral PrEP, young women and adolescent girls, HIV prevention, Uganda	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2023	Zhai Y.; Isadore K.M.; Parker L.; Sandberg J.	Responding to the HIV Health Literacy Needs of Clients in Substance Use Treatment: The Role of Universal PrEP Education in HIV Health and Prevention	International Journal of Environmental Research and Public Health	-	-	16617827	10.3390/ijerph20196893	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173709583&doi=10.3390%2fijerph20196893&partnerID=40&md5=5637b377553237e74cf01c37de4cd72c	Health literacy, particularly HIV health literacy, is a key social determinant of health and can be significantly improved through targeted health education. This paper explores the often-overlooked potential of pre-exposure prophylaxis (PrEP) education as a powerful tool to enhance HIV health literacy among people with substance use disorders (PWSUD), a population notably susceptible to HIV. Given the syndemic interplay of substance use disorders (SUDs) and HIV, health professionals, especially substance use counselors, are uniquely positioned to bolster HIV health literacy and positively influence health outcomes. This article offers a brief introduction to PrEP, delineates potential barriers and facilitators to its use and education, and proposes strategies for effective PrEP education, implementation, and adherence. By equipping substance use counselors with essential knowledge and skills, we aim to encourage and promote the integration of PrEP education into substance use treatment. The overarching objective is to empower counselors to proactively engage in HIV prevention efforts, thereby fulfilling pressing health literacy needs and contributing to improved health outcomes among PWSUD. © 2023 by the authors.	counselors; HIV prevention; pre-exposure prophylaxis (PrEP) education; PrEP health literacy; substance use disorders	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zhang G.; Yang X.; Kang W.; Liu T.; Cheng L.; Qu M.; Wang X.; Tang H.	Pre-exposure prophylaxis uptake for high-risk men who have sex with men in China: a multi-city cross-sectional survey	AIDS Research and Therapy	-	-	17426405	10.1186/s12981-023-00528-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160904225&doi=10.1186%2fs12981-023-00528-w&partnerID=40&md5=001ff62d1ae0d69d2aab1ae2ac0768e0	Background: Pre-exposure prophylaxis (PrEP) is a proven biomedical strategy to prevent HIV transmission among men who have sex with men (MSM). Despite oral PrEP is safe and effective in MSM, the use of PrEP has been discouraging, especially in high-risk MSM. And there are no relevant studies showing the use of PrEP in high-risk MSM. The purpose of this study was to get the rate of PrEP use and the factors influencing PrEP use among high-risk MSM. Methods: A cross-sectional study was conducted through an electronic questionnaire on the "i guardian Platform", and "snowballing" method was used to recruit MSM in six cities in China, including Beijing, Shenzhen, Chengdu, Chongqing, Tianjin and Nanjing in China, from January to April 2021. Univariate and multivariate logistic regression analysis were used to analyze the factors associated with the use of PrEP among high-risk MSM who had heard about PrEP. Results: Among the 1865 high-risk MSM who had heard of PrEP, the rates of those who were willing to use PrEP, had knowledge awareness of PrEP, and had used PrEP were 96.7%, 24.7%, and 22.4%, respectively. Multivariate logistic regression analysis of PrEP use in high-risk MSM showed that more PrEP was used by those who were 26 years or older (OR = 1.86, 95%CI 1.17 ~ 2.99), had master degree or above (OR = 2.37, 95% CI 1.21 ~ 4.72), had unstable work (OR = 1.86, 95% CI 1.16 ~ 2.96), had tested five or more HIV times in the past year (OR = 3.09, 95% CI 1.65 ~ 6.04), had consulted PrEP (OR = 22.05, 95% CI 14.87 ~ 33.91) and had PrEP knowledge awareness (OR = 1.90, 95% CI 1.41 ~ 2.55) (P < 0.05). Conclusions: The rate of PrEP use in high-risk MSM was relatively low. PrEP was used more by high-risk MSM with unstable jobs, higher education, frequent HIV testing, and PrEP counseling. Public education on PrEP for MSM should continue to be enhanced to help them use PrEP in a timely and accurate manner. © 2023, The Author(s).	HIV; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2023	Zhang L.; Iannuzzi S.; Chaturvedula A.; Irungu E.; Haberer J.E.; Hendrix C.W.; von Kleist M.	Model-based predictions of protective HIV pre-exposure prophylaxis adherence levels in cisgender women	Nature Medicine	-	-	10788956	10.1038/s41591-023-02615-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176438594&doi=10.1038%2fs41591-023-02615-x&partnerID=40&md5=9bed09b108c74b3d8207de4a4af4b4ef	Most human immunodeficiency virus (HIV) infections occur in cisgender women in resource-limited settings. In women, self-protection with emtricitabine/tenofovir disoproxil fumarate pre-exposure prophylaxis (FTC/TDF-PrEP) constitutes a major pillar of HIV prevention. However, clinical trials in women had inconsistent outcomes, sparking uncertainty about adherence requirements and reluctance in evaluating on-demand regimens. We analyzed data from published FTC/TDF-PrEP trials to establish efficacy ranges in cisgender women. In a 'bottom-up' approach, we modeled hypotheses in the context of risk-group-specific, adherence–efficacy profiles and challenged those hypotheses with clinical data. We found that different clinical outcomes were related to the proportion of women taking the product, allowing coherent interpretation of the data. Our analysis showed that 90% protection was achieved when women took some product. We found that hypotheses of putative male/female differences were either not impactful or statistically inconsistent with clinical data. We propose that differing clinical outcomes could arise from pill-taking behavior rather than biological factors driving specific adherence requirements in cisgender women. © 2023, The Author(s).	NA	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical
Article	2023	Zhang, L; Rosen, JG; Cooper, L; Olatunde, PF; Pelaez, D; Sherman, SG; Park, JN; Glick, JL	Interrogating perceived relevance and feasibility of HIV pre-exposure prophylaxis: A novel model of PrEP acceptability among cisgender women who inject drugs	SSM Qualitative Research in Health	-	-	2667-3215	10.1016/j.ssmqr.2023.100337	https://www.sciencedirect.com/science/article/pii/S266732152300121X	Introduction: Uptake of daily oral HIV pre-exposure prophylaxis (PrEP) remains low among cisgender women who inject drugs (WWID) in the U.S., who experience elevated sexual- and injection-mediated HIV exposure risks. While anticipated barriers to PrEP uptake have been explored, further work is needed to situate PrEP acceptability (i.e., PrEP interest and willingness) within the context of WWID's lives and the HIV risk environment.Methods: We conducted semi-structured, in-depth interviews (N = 27) with cisgender WWID in Baltimore, Maryland, between April-September 2021. Interviews explored women's daily survival needs, substance use practices, healthcare experiences, HIV risk perception, and PrEP perspectives. Thematic analysis revealed complex dimensions of WWID's health perspectives and HIV risk conceptualization, from which a Psychosocial Model of PrEP Acceptability and a novel construct of 'perceived PrEP relevance' were developed using a grounded theory approach.Results: In our Psychosocial Model of PrEP Acceptability, anticipated PrEP feasibility and perceived PrEP relevance shape women's interest in and willingness to initiate PrEP. Attending to PrEP-related healthcare tasks (e. g., medical appointments, bloodwork) and managing a daily medication regimen were anticipated as feasible but would likely be de-prioritized relative to women's competing substance-related and survival needs. Women's perceptions of both their locus of HIV risk and sufficiency of existing HIV prevention practices determined their perceived PrEP relevance. PrEP was least relevant for women perceiving their prevention practices as sufficient to mitigate self-controlled HIV risk and most relevant for women perceiving their prevention practices as insufficient to mitigate environmentally shaped HIV risk.Conclusions: Our models demonstrate how PrEP acceptability is influenced by WWID's lived experiences and complex risk conceptualization. Effective multilevel interventions to enhance PrEP engagement should support women's competing needs, affirm women's existing prevention strategies, and address the harms of the HIV risk environment.	HIV prevention; PREVENTION; Substance use; Qualitative research; INFECTION; RISK; PEOPLE; INTERVENTIONS; DETERMINANTS; PrEP care continuum; HEPATITIS-C; PERSPECTIVES; Women who inject drugs; PUBLIC-HEALTH; BALTIMORE; HIV risk environment	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2023	Zhang, Lanxin; Iannuzzi, Sara; Chaturvedula, Ayyappa; Haberer, Jessica E; Hendrix, Craig W; von Kleist, Max	Synthesis of protective oral PrEP adherence levels in cisgender women using convergent clinical- and bottom-up modeling.	Research Square	-	-	NA	10.21203/rs.3.rs-2772765/v1	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10153398	Globally, most HIV infections occur in heterosexual women in resource-limited settings. In these settings, female self-protection with generic emtricitabine/tenofovir disoproxil fumarate pre-exposure prophylaxis (FTC/TDF-PrEP) may constitute a major pillar of the HIV prevention portfolio. However, clinical trials in women had inconsistent outcomes, sparking uncertainty regarding risk-group specific adherence requirements and causing reluctance in testing and recommending on-demand regimen in women. We analyzed all FTC/TDF-PrEP trials to establish PrEP efficacy ranges in women. In a 'bottom-up' approach, we modeled hypotheses corroborating risk-group specific adherence-efficacy profiles. Finally, we used the clinical efficacy ranges to (in-)validate hypotheses. We found that different clinical outcomes could solely be explained by the proportion of enrolled participants not taking the product, allowing, for the first time, to unify clinical observations. This analysis showed that 90% protection was achieved, when women took some of the product. Using 'bottom-up' modelling, we found that hypotheses of putative male/female differences were either irrelevant, or statistically inconsistent with clinical data. Furthermore, our multiscale modelling indicated that 90% protection was achieved if oral FTC/TDF was taken at least twice weekly.	viral dynamics, infection, pre-exposure prophylaxis, HIV, mathematical model, adherence	English	United States	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Clinical

Article	2023	Zhang, Liao; Song, Yuqing; Zheng, Xintong; Liu, Ying; Chen, Hong	The experience of healthcare workers to HIV pre-exposure prophylaxis (PrEP) implementation in low- and middle-income countries: a systematic review and qualitative meta-synthesis	Frontiers in Public Health	-	-	-	-	22962565	10.3389/fpubh.2023.1224461	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175507131&doi=10.3389%2Ffpubh.2023.1224461&partnerID=40&md5=4696f72364dd0f2787bf6b9df81ab9f1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zhang, Ying; Lingen Shi; Fu, Gengfeng; Cui, Yang; Zeller, Nickolas D; Wei, Chongyi; Hongjing Yan	Willingness to use and intention to adhere to pre-exposure prophylaxis (PrEP) among men who have sex with men in Jiangsu Province, China	AIDS Care	-	-	-	-	09540121	10.1080/09540121.2023.2200092	https://www.proquest.com/scholarly-journals/willingness-use-intention-adhere-pre-exposure/docview/2839189841/se-2?accountid=9133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zhou, Hui; Zhu, Yan-Yan; Gao, Yang-Yang; Chu, Zhen-Xing; Chen, Shuo; Liu, Miao; Jiang, Yong-Jun; Hu, Qing-Hai; Shang, Hong	Online distribution of HIV self-testing kits to promote HIV testing among men who have sex with men discontinuing pre-exposure prophylaxis after demonstration project completion in China: a multicentre open-label randomized controlled trial	The Lancet Regional Health - Western Pacific	-	-	-	-	26666065	10.1016/j.lanwpc.2023.100922	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173719548&doi=10.1016%2Flanwpc.2023.100922&partnerID=40&md5=1016ca4256268f93e47d3f5f7ae72ce7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zia, Yasaman; Nambile, Lydia; Siabie, Bandy M; Motswaga, Tjeanby B; Sachedina, Timothy; Ndeziyai, Agnes; Nampewo, Olivia; Beyer, Judy; Morrison, Susan; Rogers Nsubuga, Bagaya; Menon, Nyanzi; Robert; Mateva, Flavia; Yu, Michael; Wyatt, Christine; Mujugira, Andrew; Rosen Heffron for the Kampala Women's Bone Study	Depression and PrEP uptake, interruption, and adherence among young women in Uganda	AIDS Care	-	-	-	-	09540121	10.1080/09540121.2023.2177250	https://www.proquest.com/scholarly-journals/depression-prep-uptake-interruption-adherence/docview/2839589147/se-2?accountid=9133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zimmermann, Hanne M. L.; Davidovich, Uli; van Bilsen, Wiard P. H.; Coyer, Lisa; Matser, Amy; Prins, Maria; van Harreveld, Fenna	A psychosocial network approach studying biomedical HIV prevention uptake between 2017 and 2019.	Scientific Reports	-	-	-	-	2045-2322	10.1038/s41598-023-42762-2	https://pubmed.ncbi.nlm.nih.gov/37758796/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zlasotu, Seth; Talley, Elizabeth E; Martinez, Andres; Roberts, Sarah T; Palanee-Phillips, Thesla; Montgomery, Elizabeth T.	Measuring Effects of Counseling to Increase Pre-Exposure Prophylaxis Adherence and Partner Support in South Africa Using the Healthy Relationship Assessment Tool.	Global Health Science and Practice	-	-	-	-	2169-575X	10.9745/GHSP-D-22-00075	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10061434/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zoch, Paul N; Cole, Stephen R; Edwards, Jessie K; Glidden, David V; Das, Mrugesh; Shook-Sa, Bonnie E; Shao, Yongwu; Mehrotra, Megha L; Adimora, Adaora A; Eron, Joseph J	HIV prevention among men who have sex with men: tenofovir alafenamide combination preexposure prophylaxis versus placebo.	Journal of Infectious Diseases	-	-	-	-	1537-6613	10.1093/infdis/jiad507	https://dx.doi.org/10.1093/infdis/jiad507	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zondo N.M.; Sobsa P.; Sixte A.; Ngcapu S.; Manasse L.E.; Mahomed S.; Lewis L.; Ramsuran V.; Archary D.	Single-nucleotide polymorphisms in ABC drug transporters alter expression and circulating tenofovir in healthy South African women exposed to pre-exposure prophylaxis	Pharmacogenomics	-	-	-	-	14622416	10.2217/pgs-2023-0058	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85153309077&doi=10.2217%2Fpgs-2023-0058&partnerID=40&md5=56d98d0e7a3d3a29626295ae4f3b7a	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zucchi, Elena Mitara; Ferguson, Laura; Magno, Laio; Dourado, Inês; Greco, Dirceu; Ferraz, Didier; Tupinambas, Unaí; Grangeiro, Alexandre	When Ethics and the Law Collide: A Multicenter Demonstration Cohort Study of Pre-Exposure Prophylaxis Provision to Adolescent Men Who Have Sex With Men and Transgender Women in Brazil.	Journal of Adolescent Health	-	-	-	-	1879-1972	10.1016/j.jadohealth.2023.08.002	https://dx.doi.org/10.1016/j.jadohealth.2023.08.002	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zucker, Rory; Levie, Gil; Wolff-Sagy, Yael; Gur-Arieh, Noa; Markovits, Hila; Abu-Ahmad, Wiessam; Bettet, Eyer; Ramot, Noga; Beckenstein, Tanya; Carmeli, Gay; Mark-Amir, Amer; Wagner-Kolasko, Gal; Edry, Amos; Deskin-Bitan, Hadar; Varon, Shlomit; Peretz, Alex; Hammerman, Ariel; Netzer, Doron; Arbel, Ronen	Risk assessment of human mpox infections: retrospective cohort study.	Clinical Microbiology and Infection	-	-	-	-	1469-0691 1198-743X	10.1016/j.cmi.2023.04.022	https://pubmed.ncbi.nlm.nih.gov/37105439/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Zucker, Rory; Wolff-Sagy, Yael; Ramot, Noga; Ravit, Yuval; Levie, Gil; Netzer, Doron; Hammerman, Ariel; Arbel, Ronen	Examining the Patterns of Mpox Vaccine Uptake in a Vulnerable Population.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001839	https://pubmed.ncbi.nlm.nih.gov/37255258/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Theses and Dissertations	2023	Σαφολιάς Δάμνης; Saoulidi Dodo	Προφύλαξη προ την έκθεση (PrEP) και σεξουαλικές μεταδιδόμενες λοιμώξεις σε άνδρες που κάνουν σεξ με άνδρες στην Ευρώπη: Μια ανασκόπηση [Profilaxia pri-expozicie (PrEP) a infekcie sexuálnemi prenosmi u mužov, ktorí majú sex s mužmi v Európe: prehľad]	-	-	-	National and Kapodistrian University of Athens	-	NA	NA	https://pergamos.lib.uoa.gr/uoa/dl/object/uoadl3360861	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Agarwal, Harsh; Nishtar, Iesaia; Hill, Lauren M; Dabir, Karine; Kosibie, Abigail; Punekrou, Oluwatamiwa	Perceptions and experiences of daily and long-acting pre-exposure prophylaxis (PrEP) among MSM in India	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0001877	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10576951/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Albrechta, Hannah; Goodman, Georgia R.; Ogimi, Elizabeth; Mohamed, Yassir; Venkatasubramanian, Krishna; Dumas, Arlen; Carreiro, Stephanie; Lee, Jasper S.; Ogbu, Tiffany E.; O'Clerigh, Conall; Meyer, Kenneth H.; Fisher, Celia B.; Choi, Peter B.	Acceptance of digital phenotyping linked to a digital pill system to measure PrEP adherence among men who have sex with men with substance use	PLOS Digital Health	-	-	-	-	2767-3170	10.1371/journal.pdig.0000457	https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000457	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Ambrožič, Jerca; Adamič, Peter; Tomažič, Janez	Slovenia's national HIV PrEP programme: Evaluation of real-world implementation.	International journal of STD & AIDS	-	-	-	-	1758-1052 0956-4624	10.1177/09564624231233792	https://journals.sagepub.com/doi/10.1177/09564624231233792?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Anderle, Rodrigo Vishnê; de Oliveira, Robson Brunaro; Rubio, Felipe Alves; Maciuko, James; Doumdo, Issoc; Rasella, Davide	Modelling HIV/AIDS epidemiological complexity: A scoping review of Agent-Based Models and their application.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0297247	https://pubmed.ncbi.nlm.nih.gov/38306355/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Andrzejewski, Jack; Pines, Heather A.; Morris, Sheldon; Burke, Leah; Bolan, Robert; Sevelius, Jae; Moore, David J.; Blumenthal, Jill	Determinants of HIV Pre-Exposure Prophylaxis (PrEP) Retention among Transgender Women: A Sequential, Explanatory Mixed Methods Study.	International Journal of Environmental Research and Public Health	-	-	-	-	1660-4601 1661-7827	10.3390/ijerph21020133	https://pubmed.ncbi.nlm.nih.gov/38397624/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Antonio, Marcela; Vettore, Maria Vanna; Ogilvie-Rydel, Anita; de Macedo Rocha, Daniel; de Alencar Rocha, Karyanna Alves; Elias, Henrique Cubeli; Barradas, Felipe; Santana, Rodrigo Carvalho; Gir, Elucir; Spiro, Bruno; Reis, Renata Karina	Patterns of Chlamydia trachomatis and Neisseria gonorrhoeae in different anatomical sites among Pre-Exposure Prophylaxis (PrEP) users in Brazil.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-024-09164-z	https://pubmed.ncbi.nlm.nih.gov/38408960/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Baeten, Jared M.; Donnell, Deborah; Mugo, Nelly R.; Bukusi, Elizabeth A.; Celum, Connie; Ngure, Kenneth; Kidoguchi, Lara; Heffron, Renee; Odoyo, Joshua; Mugwanya, Kenneth K.; Kiarie, James; Thomas, Katherine K.; Bekker, Linda-Gail; Campbell, John D.; Lingappa, Jairam R.; Partners, Demonstration Project	Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women.	New England Journal of Medicine	-	-	-	-	1533-4406 0028-4793	10.1056/NEJMoa1108524	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770474/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Bates, Virginie; de Boissiere, Paul; Champenois, Karen; Loze, Louise; Seng, Rémonie; Essat, Asma; Nowelli, Sophie; Spire, Bruno; Molina, Jean-Michel; Goujard, Cécile; Meyer, Laurence	Sexual behaviour and STIs among MSM living with HIV in the PrEP era: the French ANRS PRIMO cohort study.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26226	https://pubmed.ncbi.nlm.nih.gov/38462760/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Beesham, Ivana; Iwhiwhu, Oluwaseyi; Kriel, Yolandie; Juggernath, Manjarika; Bennett, Katie; Hurwitz, Kathleen; Smith, Patricia M.; Chitnavi, Pooja; Bosman, Shannon; Baugsberg, David R.; Marcoves, Joanne M.; Stek, Jennifer A.; Matthews, Lynn T.	Sexually Transmitted Infection Prevalence, Partner Notification, and Human Immunodeficiency Virus Risk Perception in a Cohort of Women Completing Sexually Transmitted Infection Screening as Part of a Safer Conception Study	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001951	https://journals.lww.com/stdjournal/fulltext/2024/06000/sexually_transmitted_infection_prevalence__partner.7.aspx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2023	Bertevello D.A.; Vasconcelos R.; Cerqueira N.B.; Freitas A.C.; Cunha A.; Avelino-Silva V.I.	Beyond HIV prevention: Assessment of the benefits of pre-exposure prophylaxis for sexual quality of life	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231203363	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85172009936&doi=10.1177%2F09564624231203363&partnerID=40&md5=46bcaa0f7c4ba09bf3347314aad3891d7a4eb41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Bielle K.B.; Chan P.A.; Nikoyo C.D.; Nelson L.; Nelson E.; Silva V.; Kwak E.; Napoleon S.; Cormack Orellana C.; Richards O.G.; Davis E.; Mustapa M.I.	Study protocol of a randomized controlled trial to assess the efficacy of the "PrEPare for Work" intervention to enhance PrEP uptake and optimize adherence for HIV prevention among male sex workers in the U.S.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-024-17710-y	https://pubmed.ncbi.nlm.nih.gov/38184572/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Boadu, Nana Yaa; Agyemang, Samuel Adu; Ayisi-Boateng, Nana Kwaku; Ameyaw, Edward Kwabena; Ameyaw, Lawrencia; Ahinkorah, Bright Opoku; Seidu, Abdul-Aziz; Hagan, John Elvis; Schack, Thomas	Uptake of HIV pre-exposure prophylaxis among female sex workers in sub-Saharan Africa: a multilevel analysis of demographic and health surveys	Archives of Public Health	-	-	-	-	0778-7367 2049-3258	10.1186/s13690-024-01242-w	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10825988/	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Bogart L.M.; Musoke W.; Mayanja J.; Marsh T.; Naigino R.; Banegura A.; Mukama C.S.; Alhpo S.; Odii M.; Kadama H.; Mukasa B.; Wanyenze R.K.	Recommendations for Improving Oral Pre-exposure Prophylaxis Implementation and Social Marketing in Ugandan Fisherfolk Communities: A Qualitative Exploration	Community Health Equity Research and Policy	-	-	-	-	2752535X	10.1177/0272684X221113608	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85137810225&doi=10.1177%2F0272684X221113608&partnerID=40&md5=10ed94e29752759ea4928b0e1f414	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Bonett S.; Mahajan A.; da Silva D.T.; Williams J.; Brady K.; Bauermeister J.; Wood S.M.	Advancing the community plan to end the HIV Epidemic in Philadelphia: a qualitative descriptive evaluation of low-threshold PrEP services in sexual health clinics	Implementation Science Communications	-	-	-	-	26622211	10.1186/s43058-023-00543-y	https://pmc.ncbi.nlm.nih.gov/articles/PMC10722711/?utm_source=Clarivate&utm_medium=email&utm_campaign=Publication%20Alert&utm_content=Publication%20Alert%20-%20Implementation%20Science%20Communications&utm_term=Implementation%20Science%20Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Article	2024	Bondevyn, Vanessa; Uhrig, Jennifer D; Williams, Pamela A; Anderson, Stefanie K E; Stryker, Jo Ellen	Message Framing Strategies to Promote the Uptake of PrEP: Results from Formative Research with Diverse Adult Populations in the United States.	AIDS and Behavior	-	-	-	-	1573-3254	10.1007/s10461-023-04242-6	https://dx.doi.org/10.1007/s10461-023-04242-6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Article	2024	Brogan A.J.; Davis A.E.; Mellott C.E.; Fraysse J.; Metzner A.A.; Oglesby A.K.	Cost-effectiveness of Cabotegravir Long-Acting for HIV Pre-exposure Prophylaxis in the United States	PharmacoEconomics	-	-	-	-	11707690	10.1007/s40273-023-01342-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182977022&doi=10.1007%2fs40273-023-01342-y&partnerID=40&md5=9c3c1af4c0769e61c493a3bfb09d730b	Objective: Cabotegravir long-acting (CAB–LA) administered every 2 months was approved in the USA as pre-exposure prophylaxis (PrEP) for individuals at risk of acquiring human immunodeficiency virus (HIV)-1 infection based on the HIV Prevention Trials Network (HPTN) 083 and HPTN 084 clinical trials, which demonstrated superior reduction in HIV-1 acquisition compared with daily oral emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) in men who have sex with men (MSM), transgender women (TGW), and cisgender women. A decision-analytic model was developed to assess the lifetime cost-effectiveness of initiating CAB–LA versus generic oral FTC/TDF for HIV PrEP in the USA from a healthcare sector perspective. Methods: PrEP-eligible adults entered the Markov model receiving CAB–LA or FTC/TDF and could continue initial PrEP, transition to a second PrEP option, or discontinue PrEP over time. Efficacy was taken from the HPTN 083 and HPTN 084 clinical trials. Individuals who acquired HIV-1 infection incurred lifetime HIV-related costs, could transmit HIV onwards, and could develop PrEP-related resistance mutations. Input parameter values were obtained from public and published sources. Model outcomes were discounted at 3%. Results: The model estimated that the CAB–LA pathway prevented 4.5 more primary and secondary HIV-1 infections per 100 PrEP users than the oral PrEP pathway, which yielded 0.2 fewer quality-adjusted life-years (QALYs) lost per person. Additional per-person lifetime costs were $9476 (2022 US dollars), resulting in an incremental cost-effectiveness ratio of $46,843 per QALY gained. Results remained consistent in sensitivity and scenario analyses, including in underserved populations with low oral PrEP usage. Conclusions: Our analysis suggests that initiating CAB–LA for PrEP is cost-effective versus generic daily oral FTC/TDF for individuals at risk of acquiring HIV-1 infection. © 2024, The Author(s).	cabotegravircobicistat plus darunavircobicistat plus darunavir plus emtricitabine plus tenofovir alafenamidedolutegravir	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Bunge, Katherine; Balkus, Jennifer E; Fairlie, Lee; Mayo, Ashley J; Nakabiito, Clemensia; Mgodi, Nyaradzo; Gadama, Luis; Matrimbira, Moleen; Chappell, Catherine Anne; Piper, Jeanna; Chakhtoura, Nahida; Szydlo, Daniel W; Richardson, Barbra; Hillier, Sharon L	DELIVER: A Safety Study of a Dapivirine Vaginal Ring and Oral PrEP for the Prevention of HIV During Pregnancy.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003312	https://dx.doi.org/10.1097/QAI.0000000000003312	BACKGROUND: Pregnancy represents a period of high HIV acquisition risk. Safety data for the monthly dapivirine vaginal ring (DVR) during pregnancy are limited. Here, we report data from the first 2 cohorts of pregnant participants in MTN-042/DELIVER, a phase 3b, randomized, open-label safety trial of DVR and oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC). MTN-042 is being conducted in 3 cohorts beginning with later gestational ages when risks of drug exposure are less. METHODS: Eligible pregnant individuals aged 18-40 years in Malawi, South Africa, Uganda, and Zimbabwe were randomized 2:1 to monthly DVR or daily TDF/FTC. Participants in cohort 1 initiated product use between 36 weeks 0 days (36 0/7 weeks) and 37 6/7 weeks gestation; participants in cohort 2 initiated product use between 30 0/7 and 35 6/7 weeks gestation. All participants continued product use until delivery or 41 6/7 weeks gestation. Pregnancy outcomes and complications were assessed and summarized using descriptive statistics and compared with local background rates obtained through a separate chart review. RESULTS: One-hundred and fifty participants were enrolled into cohort 1 with 101 randomized to DVR and 49 to TDF/FTC. One-hundred and fifty-seven participants were enrolled into cohort 2 with 106 randomized to DVR and 51 to TDF/FTC. In both cohorts, pregnancy complications were rare and similar to local background rates. CONCLUSION: In this first study of a long-acting HIV prevention agent in pregnancy, adverse pregnancy outcomes and complications were uncommon when DVR and TDF/FTC were used in the third trimester of pregnancy, suggesting a favorable safety profile for both prevention products.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Burgan K.; McCollum C.G.; Guzman A.; Penney B.; Hill S.V.; Kudroff K.; Thorn S.; Burton T.; Turner K.; Mugavero M.J.; Rana A.; Elopre L.	A mixed methods evaluation assessing the feasibility of implementing a PrEP data dashboard in the Southeastern United States	BMC Health Services Research	-	-	-	-	14726963	10.1186/s12913-023-10451-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182627049&doi=10.1186%2fs12913-023-10451-5&partnerID=40&md5=4ac29838b5e2980793c21122b28c953d	Background: Alabama is one of seven priority states for the National Ending the HIV Epidemic Initiative due to a disproportionate burden of rural infections. To reverse growing infection rates, the state must increase its focus on prevention efforts, including novel strategies. One such approach is to utilize dashboards that visualize real-time data on the pre-exposure prophylaxis (PrEP) care continuum to assist in prioritizing evidence-based preventative care for those most vulnerable for HIV infection. Methods: We conducted a mixed methods evaluation to ascertain stakeholders' perceptions on the acceptability, feasibility, appropriateness, and usability of a PrEP care continuum dashboard, as well as gain insight on ways to improve the activities necessary to sustain it. Clinicians, administrators, and data personnel from participating sites in Alabama completed surveys (n = 9) and participated in key informant interviews (n = 10) to better understand their experiences with the prototype data dashboard and to share feedback on how it can be modified to best fit their needs. Results: Surveys and interviews revealed that all participants find the pilot data dashboard to be an acceptable, feasible, and appropriate intervention for clinic use. Overall, stakeholders find the pilot dashboard to be usable and helpful in administrative efforts, such as report and grant writing; however, additional refining is needed in order to reduce burden and optimize usefulness. Participants voiced concerns about their site's abilities to sustain the dashboard, including the lack of systematized PrEP protocols and limited funds and staff time dedicated to PrEP data collection, cleaning, and upload. Conclusion: Study participants from clinics providing HIV prevention services, including PrEP, in Alabama voiced interest in sustaining and refining a data dashboard that tracks clients across the PrEP care continuum. Despite viewing the platform itself as an acceptable, feasible, and appropriate intervention, participants agreed that efforts need to be focused on standardizing PrEP data collection protocols in order to ensure consistent, accurate data capture and that limited funds and staff time are barriers to the sustained implementation of the dashboard in practice. © 2024, The Author(s).	Care continuum; Data dashboard; Pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Caoimhe C.; Spate J.; Day S.	Improving awareness and uptake of pre-exposure HIV prophylaxis amongst service users accessing Sexual Health London, a regional online postal sexually transmitted infection testing health service	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624241231630	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184160584&doi=10.1177%2f09564624241231630&partnerID=40&md5=fe11f2013ec0edf7eda7c65f31918c60	Background: The UK pledged commitment to the global strategy of zero new HIV infections and HIV-related deaths by 2030. PrEP was commissioned in England in 2020 and is fundamental to achieving these targets, yet awareness and uptake are suboptimal in certain populations. Method: Sexual Health London (SHL) incorporated questions on its e-triage questionnaire estimating need for PrEP amongst online service users. Two types of signposting messaging were shown to users directing them to more detailed online content: PrEP-discussion (potential need) and PrEP-eligible (assumed need). The effectiveness of this signposting was evaluated by reviewing demographics and triage responses in returning users. Results: 426,149 SHL users requested STI screening between 1.7.21-31.10.22. 16% (69,867/426,149) and 32.2% (137,489/426,149) of individuals received PrEP-eligible and PrEP-discussion signposting. The PrEP-eligible cohort were: 41.0% gay/bisexual or other men who have sex with men (GBMSM), 16.3% heterosexual males, 33.1% heterosexual females, and 60.6% were of white ethnicity. The PrEP-discussion cohort were: 9.3% GBMSM, 34.3% heterosexual males, 45.5% heterosexual females and 63.7% of white ethnicity. 50.4% (35,190/69,867) and 41.3% (56,808/137,489) of the PrEP-eligible and PrEP discussion cohorts ordered a subsequent SHL STI testing kit, during which 10.0% (3510/35,190) and 5.9% (3364/56,808) reported taking PrEP. Of those who denied taking PrEP, 59% (18,702/31,680) and 61.0% (32,559/53,444) triggered PrEP signposting again. 95.4% of PrEP starters were GBMSM (6562/6874) and 1.4% (97/6874) heterosexual males/females. Conclusion: The e-service demonstrated feasibility in estimating PrEP need and signposting service users. Up to 16% of returning users subsequently commenced PrEP. This highlights significant missed opportunities for the remaining online users, who continue to report HIV acquisition risk(s). Further efforts regionally/nationally to optimise uptake of PrEP, particularly among under-represented groups are warranted. © The Author(s) 2024.	Europe; high-risk behaviour; HIV; location; prevention; viral	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2024	Cespedes, Michelle S.; Das, Moupali; Yager, Jenna; Prins, Maria; Krznaric, Ivanka; de Jong, Jan; Xiao, Deqing; Shao, Yongwu; Wong, Pamela; Kintu, Alexander; Carter, Christoph; Hoornenborg, Elske; Ruane, Peter; Phoenix, John; Younis, Islam; Halperin, Jason	Gender Affirming Hormones Do Not Affect the Exposure and Efficacy of F/TDF or F/TAF for HIV Preexposure Prophylaxis: A Subgroup Analysis from the DISCOVER Trial.	Transgender Health	-	-	-	-	2688-4887 2380-193X	10.1089/trgh.2022.0048	https://www.liebertpub.com/doi/full/10.1089/trgh.2022.0048	PURPOSE: Transgender women are disproportionately affected by HIV and are underutilizing preexposure prophylaxis (PrEP). The lower uptake of PrEP by transgender women may be, in part, owing to the perception that taking PrEP may lower the efficacy of gender-affirming hormone therapy (GAHT) or to provider concerns that GAHT may lower the efficacy of PrEP. METHODS: DISCOVER was a randomized, double-blind, noninferiority trial comparing emtricitabine (FTC, F) and tenofovir alafenamide (F/TAF) versus emtricitabine and tenofovir disoproxil fumarate (F/TDF) as PrEP among transgender women and cisgender men who have sex with men (MSM). This nested substudy of the DISCOVER trial compared the exposure of the active intracellular metabolites of FTC and tenofovir (TFV), FTC triphosphate (FTC-TP) and TFV diphosphate (TFV-DP), in peripheral blood mononuclear cells (PBMC) among transgender women receiving GAHT versus MSM within the F/TAF and F/TDF groups. RESULTS: Our results demonstrate that TFV-DP and FTC-TP levels in PBMC were comparable between transgender women on GAHT and MSM receiving F/TAF, and between transgender women on GAHT and MSM receiving F/TDF. TFV-DP concentrations remained above the EC(90) of 40 fmol/10(6) cells across all groups. No clinically significant drug-drug interactions of GAHT were observed with either F/TAF or F/TDF in this subanalysis. CONCLUSIONS: These findings are consistent with the clinical pharmacology of GAHT, FTC, TDF, and TAF reported in previous studies, and support the continued use of F/TAF and F/TDF for PrEP in transgender women. Clinicaltrials.gov registration number: NCT02842086.	preexposure prophylaxis; transgender women; drug–drug interaction; DISCOVER trial; gender affirming hormones	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Chambers, Laura C.; Tapia, Kenneth A.; Srinivasan, Sujatha; Proll, Sean; Morgan, Jennifer L.; Hoffman, Noah G.; Lowens, M. Sylvan; Glick, Sara N.; Khosropour, Christine M.; Golden, Matthew R.; Hughes, James P.; Manhart, Lisa E.; Fredricks, David N.	The Relationship Between Insertive Oral and Anal Sex and Select Measures of the Composition of the Urethral Microbiota Among Men Who Have Sex With Men.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001959	https://journals.lww.com/stdjournal/abstract/2024/06000/the_relationship_between_insertive_oral_and_anal.5.aspx	BACKGROUND: Sexual behavior may influence the composition of the male urethral microbiota, but this hypothesis has not been tested in longitudinal studies of men who have sex with men (MSM). METHODS: From 12/2014-7/2018, we enrolled MSM with non-gonococcal urethritis (NGU) attending a sexual health clinic. Men attended five in-clinic visits at 3-week intervals, collected weekly urine specimens at home, and reported daily antibiotics and sexual activity on weekly diaries. We applied broad-range 16S rRNA gene sequencing to urine. We used generalized estimating equations to estimate the association between urethral sexual exposures in the prior 7 days (insertive oral sex IOS only, condomless insertive anal intercourse CIAI only, IOS with CIAI IOS + CIAI, or none) and Shannon index, number of species (observed, oral indicator, and rectal indicator), and specific taxa, adjusting for recent antibiotics, age, race/ethnicity, HIV, and pre-exposure prophylaxis. RESULTS: Ninety-six of 108 MSM with NGU attended ≥1 follow-up visit. They contributed 1,140 person-weeks of behavioral data and 1,006 urine specimens. Compared to those with no urethral sexual exposures, those with IOS only had higher Shannon index (P = 0.03) but similar number of species and presence of specific taxa considered, adjusting for confounders; the exception was an association with Haemophilus parainfluenzae. CIAI only was not associated with measured aspects of the urethral microbiota. IOS + CIAI was only associated with presence of H. parainfluenzae and Haemophilus. CONCLUSIONS: Among MSM after NGU, IOS and CIAI did not appear to have a substantial influence on measured aspects of the composition of the urethral microbiota.	ACESSO RESTRITO	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Chan K.; Mitchell M.M.; Casselle E.; Bender A.A.	Facilitators and Barriers to PrEP Acceptability and Initiation Among Opioid Treatment Program Patients and Staff	AIDS Education and Prevention	-	-	-	-	19432755	10.1521/aeap.2024.36.1.60	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185109434&doi=10.1521%2faeap.2024.36.1.60&partnerID=40&md5=084d21e53b6ad5ddac172ee3a972f89c	The Centers for Disease Control and Prevention recommends PrEP (pre-exposure prophylaxis) for people who use drugs, yet uptake remains low. This study explores the acceptability and potential uptake of PrEP among participants in an opioid treatment program (OTP). We conducted 26 in-depth, semistructured interviews with staff and patients at an OTP in Baltimore, Maryland. Overall, participants felt that providing PrEP within the program would be beneficial, but they noted competing priorities among populations engaging in high-risk behaviors and lack of willingness among groups with lower risk behaviors. Participants reported several barriers to PrEP use among people who use drugs and who use medications for opioid use, including cost, competing priorities, stigma, and misconceptions about who should use PrEP. Facilitators to PrEP use were described as health benefits, trusted relationships with providers, and existing resources in the opioid treatment program. Practitioners should consider addressing barriers to access and stigma within an OTP setting for HIV prevention tools.	HIV prevention; opioid use disorder; pre-exposure prophylaxis; qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Chazuka Z.; Madubueze C.E.; Mathebula D.	Modelling and analysis of an HIV model with control strategies and cost-effectiveness	Results in Control and Optimization	-	-	-	-	26667207	10.1016/j.rico.2023.100355	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180058942&doi=10.1016%2fj.rico.2023.100355&partnerID=40&md5=6bf058942f3c23ba11f0a4128831be26	The Human Immunodeficiency Virus (HIV) remains a significant public health concern, despite global efforts to reduce new infections and increase access to antiretroviral treatment. While pre-exposure prophylaxis (PrEP) has shown promise in reducing new infections, its overall effectiveness is hindered by challenges in adherence. In this paper, a novel model was proposed. The basic properties of the model were established and the reproduction number for the model without control was computed. We conducted a sensitivity analysis to highlight the need for optimal control analysis and hence proposed an optimal control model that incorporates PrEP, condom use, and antiretroviral treatment to capture the dynamics of HIV transmission. The existence of the optimal control was mathematically proven and Pontryagin's maximum principle was employed to establish the necessary optimal control conditions. Utilizing demographic and epidemiological parameters specific to South Africa, we conducted numerical simulations. The results demonstrate the community-level benefits of implementing a combination of control measures for HIV reduction. Additionally, a cost-effectiveness analysis was performed to determine the most effective and economically viable control strategies. We anticipate that the findings from this analysis will provide valuable insights for policymakers in designing effective HIV control programmes. © 2023 The Author(s)	Adherence; Cost-effectiveness; Optimal control; Pontryagin's maximum principle; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2024	Chazuka Z.; Mudimu E.; Mathebula D.	Stability and bifurcation analysis of an HIV model with pre-exposure prophylaxis and treatment interventions	Scientific African	-	-	-	-	24682276	10.1016/j.sciaf.2023.e01979	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177817172&doi=10.1016%2fj.sciaf.2023.e01979&partnerID=40&md5=5789f7a41be429ab553228835f42236f	Oral pre-exposure prophylaxis (PrEP) is a highly effective method of HIV prevention. However, despite its effectiveness, the use of PrEP is not without challenges. These challenges include issues such as adherence, societal stigma, as well as accessibility and cost. PrEP effectiveness measures the drug's performance in the real world while efficacy measures the degree to which PrEP inhibits HIV infection and its transmission. In this paper, we address the problem of reduced effectiveness of PrEP, primarily due to non-adherence, and the impact on the dynamics of HIV infection. The study aims to determine the critical threshold of PrEP effectiveness required to avoid the occurrence of a backward bifurcation. The conditions for a stable infection-free equilibrium are stated. Through a rigorous analysis of the proposed mathematical model using Castillo-Chavez and Song's bifurcation theorem, it was found that backward bifurcation occurs when PrEP effectiveness falls below 100%. In contrast, if the effectiveness is 100%, which implies full adherence to PrEP, the model undergoes forward bifurcation. The existence of a backward bifurcation bears significant consequences, most notably the co-existence of the infection-free equilibrium and the endemic equilibrium. Under these circumstances, the eradication of HIV within a particular community becomes very difficult. The results of the numerical analysis demonstrate the important role of proper adherence in augmenting the effectiveness of PrEP and, consequently, curbing HIV transmission within communities. Nevertheless, intensive efforts are required to boost adherence to PrEP. Therefore, other HIV control measures need to be promoted to further reduce transmission. © 2023 The Author(s)	Backward bifurcation; PrEP adherence; PrEP effectiveness; PrEP efficacy; Sensitivity analysis; Treatment interventions	English	Netherlands	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2024	Cheah, Min Hui; Gan, Yan Nee; Altice, Frederick L; Wickersham, Jeffrey A; Shrestha, Roman; Salleh, Nur Afiqah Mohd; Ng, Kee Seong; Azwa, Iskandar; Balakrishnan, Vimala; Kamarulzaman, Adeeba; Ni, Zhao	Testing the Feasibility and Acceptability of Using an Artificial Intelligence Chatbot to Promote HIV Testing and Pre-Exposure Prophylaxis in Malaysia: Mixed Methods Study.	JMIR Human Factors	-	-	-	-	2292-9495	10.2196/52055	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10858413	BACKGROUND: The HIV epidemic continues to grow fastest among men who have sex with men (MSM) in Malaysia in the presence of stigma and discrimination. Engaging MSM on the internet using chatbots supported through artificial intelligence (AI) can potentially help HIV prevention efforts. We previously identified the benefits, limitations, and preferred features of HIV prevention AI chatbots and developed an AI chatbot prototype that is now tested for feasibility and acceptability. OBJECTIVE: This study aims to test the feasibility and acceptability of an AI chatbot in promoting the uptake of HIV testing and pre-exposure prophylaxis (PrEP) in MSM. METHODS: We conducted beta testing with 14 MSM from February to April 2022 using Zoom (Zoom Video Communications, Inc). Beta testing involved 3 steps: a 45-minute human-chatbot interaction using the think-aloud method, a 35-minute semistructured interview, and a 10-minute web-based survey. The first 2 steps were recorded, transcribed verbatim, and analyzed using the Unified Theory of Acceptance and Use of Technology. Emerging themes from the qualitative data were mapped on the 4 domains of the Unified Theory of Acceptance and Use of Technology: performance expectancy, effort expectancy, facilitating conditions, and social influence. RESULTS: Most participants (13/14, 93%) perceived the chatbot to be useful because it provided comprehensive information on HIV testing and PrEP (performance expectancy). All participants indicated that the chatbot was easy to use because of its simple, straightforward design and quick, friendly responses (effort expectancy). Moreover, 93% (13/14) of the participants rated the overall chatbot quality as high, and all participants perceived the chatbot as a helpful tool and would refer it to others. Approximately 79% (11/14) of the participants agreed they would continue using the chatbot. They suggested adding a local language (ie, Bahasa Malaysia) to customize the chatbot to the Malaysian context (facilitating condition) and suggested that the chatbot should also incorporate more information on mental health, HIV risk assessment, and consequences of HIV. In terms of social influence, all participants perceived the chatbot as helpful in avoiding stigma-inducing interactions and thus could increase the frequency of HIV testing and PrEP uptake among MSM. CONCLUSIONS: The current AI chatbot is feasible and acceptable to promote the uptake of HIV testing and PrEP. To ensure the successful implementation and dissemination of AI chatbots in Malaysia, they should be customized to communicate in Bahasa Malaysia and upgraded to provide other HIV-related information to improve usability, such as mental health support, risk assessment for sexually transmitted infections, AIDS treatment, and the consequences of contracting HIV.	artificial intelligence; acceptability; chatbot; feasibility; HIV prevention; HIV testing; men who have sex with men; MSM; mobile health; mHealth; preexposure prophylaxis; PrEP; mobile phone	English	Canada	Western and Central Europe and North America	Malaysia	Asia and the Pacific	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Chen S.; Zhu Y.-Y.; Chu Z.-X.; Zhou H.; Liu M.; Jiang Y.-J.; Hu Q.-H.	Trajectories of anxiety and depression among Chinese men who have sex with men on pre-exposure prophylaxis: a group-based trajectory model approach	BMC Public Health	-	-	-	-	14712458	10.1186/s12889-024-17854-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184092203&doi=10.1186%2fs12889-024-17854-x&partnerID=40&md5=0644b85a3e513d90061695ffefa5441b	Background: Anxiety and depression can influence adherence to Pre-exposure Prophylaxis (PrEP). However, there is limited research on the temporal dynamics of anxiety and depression among men who have sex with men (MSM) using PrEP. Methods: From December 2018 to November 2020, we administered the Hospital Anxiety and Depression Scale (HADS) to participants in the China Real-World Oral Intake of PrEP (CROPrEP) to measure their anxiety and depression levels. The group-based trajectory model (GBTM) depicted the dynamic changes of anxiety and depression scores over time. Results: A total of 1023 MSM were included, with 4523 follow-up assessments. The GBTM categorized the trajectories into three distinct patterns: consistently low (54.8% for anxiety, 60.7% for depression), consistently moderate (39.3% for anxiety, 31.4% for depression), and high but bell-shaped (5.9% for anxiety, 7.9% for depression). Higher anxiety levels were associated with being aged 18–30 years old, earning less than US$619 per month, female-identifying, adopting the bottom sexual role with men, and having two or more anal sex partners in the past three months; similarly, higher depression levels correlated with a monthly income under US$619, female-identifying, sexual behavior as bottom and a positive syphilis at baseline. PrEP adherence was notably lower in the high but bell-shaped anxiety and depression group compared to the other groups, particularly at the 12th-month follow-up. Conclusions: Close monitoring of anxiety and depression levels in MSM on PrEP is crucial. Provision of targeted mental health support is essential to enhance PrEP effectiveness. © The Author(s) 2024.	Adherence; Anxiety; Depression; Group-based trajectory model; Men who have sex with men; Pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2024	Chen, Yen-Ju; Lin, Yu-Chen; Wu, Meng-Tien; Kuo, Jenn-Yuan; Wang, Chun-Hsiang	Prevention of Viral Hepatitis and HIV Infection among People Who Inject Drugs: A Systematic Review and Meta-Analysis.	Viruses	-	-	-	-	1999-4915	10.3390/v16010142	https://pubmed.ncbi.nlm.nih.gov/38257842/	This study aimed to explore the current evidence on preventing blood-borne virus infections among people who inject drugs (PWID). We conducted a comprehensive search across three databases (PubMed, Embase, Cochrane Library) for relevant articles published in English between 2014 and 2023. We followed the Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) guidelines, assessed the quality of the paper using the revised Cochrane Risk of Bias Tool (ROB 2), and conducted a meta-analysis using RevMan 5.3. Completing the harm reduction program (HRP) participation and receiving all three vaccine doses resulted in a 28% reduction in the risk of HBV infection (OR: 0.72, 95% CI: 0.37-1.42). Various interventions increased the willingness of PWIDs to undergo HCV treatment (OR: 5.91, 95% CI: 2.46-14.24) and promoted treatment adherence (OR: 15.04, 95% CI: 2.80-80.61). Taking PrEP, participating in HRP, and modifying risky behaviors were associated with a 33% reduction in the risk of HIV infection (OR: 0.67, 95% CI: 0.61-0.74). Conducting referrals, providing counseling, and implementing antiretroviral therapy resulted in a 44% reduction in the risk of viral transmission (OR: 0.56, 95% CI: 0.47-0.66). Co-infection may potentially compromise effectiveness, so it is important to consider drug resistance.	Humans; Databases, Factual; *HIV Infections/drug therapy/prevention & control; *Drug Users; systematic review; meta-analysis; *Hepatitis, Viral, Human; prevention strategies; *Coinfection/prevention & control; blood-borne virus infection; people who inject drugs (PWID)	English	Switzerland	Western and Central Europe and North America	Taiwan	Asia and the Pacific	Taiwan	Asia and the Pacific	Review
Article	2024	Cheung, Doug H.; Samoh, Nattharat; Jonas, Kai; Lim, Sin How; Kongjareon, Yamol; Guadamuz, Thomas E.	Partying in Thailand: Never testing among MSM who attend sexualized (drug) parties.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001937	https://pubmed.ncbi.nlm.nih.gov/38301623/	BACKGROUND: HIV testing for Thai MSM is suboptimal, which undermines their linkage to care and subsequent HIV preexposure prophylaxis (PrEP) uptake. METHODS: We analyzed a cross-sectional survey conducted in 2021 among Thai MSM who attended any private sex parties or circuit parties in the past 3 years ("sexualized parties"). RESULTS: Of the 424 men included in our analysis, 47.6% had been recently tested for HIV in the past 1 year, 30.2% had not recently been tested, and 22.2% had never been tested. In our multivariable analysis, relative to participants who had recently tested for HIV, those who have never tested were more likely to have lower education or to live outside of Bangkok, and to have attended both circuit and private sex parties (vs. private sex party only) but were less likely to report any STI diagnosis or to have heard of PrEP. Participants who had an HIV test more than a year ago were more likely to have attended both circuit and private sex parties (vs. private sex parties only) but were less likely to have any STI diagnoses, meet sexual partners online, or have heard of PrEP. Rates of condomless anal sex and willingness to use PrEP were similar across groups. CONCLUSION: Despite the high rates of sexual risk-taking, sexualized party attendees reported suboptimal HIV testing uptake. The joint promotion of HIV testing and PrEP is warranted - especially on-premise HIV testing at circuit parties and outreach at online platforms to reach sexualized party attendees.	acesso restrito	English	United States	Western and Central Europe and North America	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Quantitative
Article	2024	Chevalier, Joshua M.; Hansen, Megan A.; Coskun, Elif; Sy, Karla Therese L.; Drakes, Janeen; Dowling, Stephanie; Williams, Amanda; Jenkins, Sarah; Amole, Carolyn; Haimbe, Prudence; Mpasela, Felton; Shakwelele, Hilda; Nichols, Brooke E.	Cost-effectiveness of intervention combinations towards the elimination of vertical transmission of HIV in limited-resource settings: a mathematical modelling study.	The Lancet Global Health	-	-	-	-	2214-109X	10.1016/S2214-109X(23)00588-0	https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00588-0/fulltext	BACKGROUND: Since 2000, there has been a substantial global reduction in the vertical transmission of HIV. Despite effective interventions, gaps still remain in progress towards elimination in many low-income and middle-income countries. We developed a mathematical model to determine the most cost-effective combinations of interventions to prevent vertical transmission. METHODS: We developed a 12-month Markov model to follow a cohort of women of childbearing age (aged 15-49 years) in Zambia (n=1 107 255) who were either pregnant, in delivery, or breastfeeding; the population included in the model reflects the estimated number of pregnant women in Zambia from the 2018 Zambia Demographic and Health Survey. The model incorporated nine interventions: infant prophylaxis; three different HIV retesting schedule options; oral pre-exposure prophylaxis; maternal peer-support groups; regimen shift; tracing of loss to follow-up; and point-of-care viral load testing. We analysed incident HIV infections among mothers and infants, intervention costs, and evaluated 190 scenarios of different combinations of interventions to calculate the incremental cost-effectiveness ratios (ICERs) over 1 year. FINDINGS: Three interventions with the greatest reduction in vertical transmission, individually, were support groups for 80% of those in need (35% reduction in infant infections), HIV retesting schedules (6·5% reduction), and infant prophylaxis (4·5% reduction). Of all 190 scenarios evaluated, eight were on the cost-effectiveness frontier (ie, were considered to be cost-effective); all eight included increasing infant prophylaxis, regimen shift, and use of support groups. Excluding the highest-cost scenarios, for a 1-22% increase in total budget, 23-43% of infant infections could be prevented, producing ICERs between US$244 and $16 242. INTERPRETATION: Using the interventions modelled, it is possible to reduce vertical transmission and to cost-effectively prevent up to 1734 infant HIV infections (43% reduction) in Zambia over a period of 1 year. To optimise their effect, these interventions must be scaled with fidelity. Future work is needed to incorporate evidence on additional innovative interventions and HIV risk factors, and to apply the model to other country contexts to support targeted implementation and resource use. FUNDING: The ELMA Foundation.	Humans; Female; Pregnancy; Cost-Benefit Analysis; Infant; *Anti-HIV Agents/therapeutic use; Infectious Disease Transmission, Vertical/prevention & control; Models, Theoretical; Breast Feeding; Mothers; *HIV Infections/epidemiology/prevention & control/drug therapy	English	United Kingdom	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2024	Cianelli, Rosina; De Santis, Joseph P; De Oliveira, Giovanna C; Castro, Jose G; Iriarte, Evelyn; Baeza, María José; Thomas, Sophia O; Villegas, Natalia; Peragallo-Montano, Nilda	Feasibility and acceptability of SEPA+PrEP: An HIV prevention intervention to increase PrEP knowledge, initiation, and persistence among cisgender heterosexual Hispanic women.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0296080	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10760780	The HIV epidemic disproportionately affects Hispanics in the U.S., with Hispanic women (HW) accounting for 18% of new HIV diagnoses in 2019 despite comprising only 16% of the female population. The imbalance of power related to cultural values and HW's lack of knowledge and low perception of risk for HIV interferes with prevention efforts (e.g., condom use, HIV testing, and Pre-Exposure Prophylaxis PrEP). It is estimated that in 2019, only 10% of women in the U.S. who could benefit from PrEP were given prescriptions for it. This number is estimated to be significantly lower among HW. PrEP is highly effective for preventing HIV, reducing the risk of acquiring HIV from sexual activity by about 99%. To respond to this need, we developed SEPA+PrEP, a biobehavioral HIV prevention intervention that adapted and integrated SEPA (Salud/Health, Educación/Education, Prevención/Prevention, Autocuidado/Self-Care), an empirically validated behavioral HIV prevention intervention, with the evidence-based biomedical strategy of PrEP. This study aimed to investigate the feasibility and acceptability of SEPA+PrEP among cisgender heterosexual Hispanic women (HW). We used a mixed methods approach to gather data from 44 HW living in the City of Homestead and its surrounding communities in Miami-Dade County, Florida. None of the participants knew about PrEP prior to participating in the study, and the majority (70.5%, n = 23) had not used condoms when engaging in vaginal sex during the previous three months. Overall, study results suggest that SEPA+PrEP is an acceptable and feasible intervention to prevent HIV among HW, with a focus on PrEP knowledge, initiation, and maintenance.	na	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Clement, Meredith E.; Perry, Brian; McKenna, Kevin; Beckford, Jeremy; Davenport, Tamachia; Murray, Erica; Magee, Veronica; Bickham, Jacquelyn N.; Siren, Julia; Smith, Amy; Lillis, Rebecca; Corneli, Amy	Identifying Implementation Strategies to Enhance HIV Pre-Exposure Prophylaxis Uptake Among Black Cisgender Women in New Orleans, Louisiana.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2023.0300	https://pubmed.ncbi.nlm.nih.gov/38471093/	There is an unmet need for HIV prevention among Black cisgender women. From January to November 2020, we conducted formative research to develop locally informed implementation strategies to enhance pre-exposure prophylaxis (PrEP) uptake among Black cisgender women in New Orleans, Louisiana. Following an iterative process, we conducted in-depth interviews (IDIs) with Black women who were not taking PrEP and used those findings to inform IDIs with Black women taking PrEP. We asked about PrEP awareness, social support, PrEP-related norms, medical mistrust, motivation to take PrEP, and potential implementation strategies. Data were analyzed using applied thematic analysis. We established the Black Women and PrEP (BWAP) Task Force-a diverse group of 25 Black female community representatives who reviewed the IDI findings and identified strategies to address these determinants of PrEP uptake. We interviewed 12 Black women who were not taking PrEP and 13 Black women who were taking PrEP. Two main PrEP uptake barriers were identified from the IDI findings and Task Force discussions. First, Black women do not know of other Black women taking PrEP. Women perceived PrEP as a drug for gay men. Most said that testimonials from Black women taking PrEP would make its use more relatable. Second, Black women are not frequently offered PrEP by their providers. Many preferred accessing PrEP through women's health providers. The Task Force identified two strategies to address these barriers: a social media campaign for women and an educational initiative to train providers to discuss and prescribe PrEP. These implementation strategies require further study.	Humans; Male; Female; *Anti-HIV Agents/therapeutic use; Health Knowledge, Attitudes, Practice; *Pre-Exposure Prophylaxis; HIV prevention; *HIV Infections/drug therapy; PrEP uptake; PrEP awareness; Louisiana; Trust; Black women; cisgender women; New Orleans; the South	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Cocohoba J.; Tweedie L.; Frank M.; McElya B.; Witt E.	Legislation expanding pharmacist scope of practice to furnish Human Immunodeficiency Virus pre-exposure prophylaxis: A content analysis	Journal of the American College of Clinical Pharmacy	-	-	-	-	25749870	10.1002/jac5.1906	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179978739&doi=10.1002%2fjac5.1906&partnerID=40&md5=a431a6e04ebc6322cf616ff2ac6590cf	Introduction: Approximately 1.2 million persons in the United States have indications for human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) yet utilization remains low. Alternative models for PrEP access, such as community pharmacy programs where pharmacists may prescribe and dispense HIV PrEP medications, may help improve rates of utilization. Individual states have begun to pass laws governing expanded pharmacist practice for provision of PrEP. Methods: An internet search was conducted from January 2022 to June 2023 to identify United States legislative bills which support the independent provision of PrEP by pharmacists. A content analysis was conducted of the bill text to conceptualize key components, compare these across states, and hypothesize implications for implementation and pharmacy practice. Results: Twelve states (Arkansas, California, Colorado, Nevada, Utah, New Mexico, Virginia, Oregon, Illinois, Maine, Rhode Island, and Connecticut) with legislation supporting pharmacist-furnished HIV PrEP were identified. Content analysis revealed differences in required pharmacist training, conditions for furnishing PrEP, total amount of PrEP permitted for dispensing, and discussions of pharmacist-provided laboratory testing and reimbursement. Conclusion: Pharmacist-furnished PrEP is rapidly gaining support as a means to expand access to HIV prevention tools. State-to-state differences in legislation will have an impact on implementation and scalability of these models. It will be important to observe states that were early adopters of this type of legislation and who experienced challenges in implementing such programs in order to refine the new legislation being presented in other states. © 2023 The Authors. JACCP: Journal of the American College of Clinical Pharmacy published by Wiley Periodicals LLC on behalf of Pharmacotherapy Publications, Inc.	HIV; legislation; pharmacist; pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Coleman, A; Maslen, B; Foster, R	Inequities in PrEP use according to Medicare status in a publicly funded sexual health clinic; a retrospective analysis	Sexual Health	-	-	-	-	1448-5028	10.1071/SH23141	https://pubmed.ncbi.nlm.nih.gov/38382053/	New HIV diagnoses continue to disproportionately affect overseas-born men who have sex with men (MSM). A retrospective study of all pre-exposure prophylaxis (PrEP)-eligible MSM attending Sydney Sexual Health Centre for the first time in 2021 analysed self-reported PrEP-use, PrEP prescribed at the initial consult, and PrEP taken during 2021 using binomial logistic regression models. A total of 1367 clients were included in the analysis, 716 (52.4%) were born overseas and 414 (57.8%) were Medicare-ineligible. Medicare-ineligible clients were less likely to be on PrEP at initial visit (OR 0.45, 95% CI 0.26-0.77). This study suggests inequities in PrEP access and/or awareness in Medicare-ineligible MSM in Australia.	HIV/AIDS; HIV prevention; pre-exposure prophylaxis; public health; MEN; GAY; primary care	English	United States	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2024	Cooper, Spring C; Santella, Anthony J; Caines, Matthew; Rojanaworarit, Chanapong; Hernandez, Alex	Impact of participation as a peer change agent on peer change agents themselves: a quantitative study of a peer-led, social media-based PrEP promotion intervention.	Health Education Research	-	-	-	-	1465-3648	10.1093/her/cyad042	https://dx.doi.org/10.1093/her/cyad042	Despite the adoption of pre-exposure prophylaxis (PrEP) as a crucial HIV intervention, uptake remains suboptimal among men who have sex with men, a sexual minority group, due to barriers like cost and stigma. Peer change agents (PCAs) disseminate PrEP information within their social networks. This study explores the reciprocal effects of an online community-based participatory intervention on PCAs, focusing on their transformed PrEP uptake perceptions-leadership efficacy, social network dynamics, attitudes, perceived benefits and barriers and self-efficacy. Leveraging insights from the PrEP Chicago Study, our research addresses a key gap in community-based participatory interventions for PrEP uptake: the transformative experiences and perception shifts of PCAs involved in these interventions. We engaged 20 men who have sex with men, aged 18-45, as PCAs in a one-group pretest-posttest design intervention, which disseminated PrEP communications within their preferred online networks. We utilized the PrEP Chicago Study's 45 Likert items, tailored to reveal the PCAs' transformative potential. Data on PrEP uptake perceptions, sociodemographics and social media use were captured and analyzed using the Wilcoxon matched-pairs signed-rank test, a nonparametric method. PCAs demonstrated significant changes in their PrEP uptake perceptions, including leadership capacity, social network dynamics, attitudes toward PrEP, perceived benefits, barriers and self-efficacy. Our intervention highlights the reciprocal transformation PCAs undergo when disseminating PrEP information. This study adds a new dimension to community-based PrEP interventions and underscores the need for continued refinement of peer-led strategies to optimize the transformative potential of PCAs.	hivattitudeperceptionself efficacycommunitysocial mediapre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Costa A.F.; Rocha S.Q.; Fonsi M.; Nogueira R.S.; Kalichman A.O.; Madruga J.V.R.; Gianna M.C.; Souza R.D.A.; Rodrigues R.; Tayra A.; Ramos L.R.; da Silva R.J.C.; Sartori A.M.C.; Prado W.D.A.; Abbud A.; Tancredi M.V.	Clinical and epidemiological features of mpox in a Brazilian reference center for HIV and sexually transmitted infections: A cross-sectional study	International Journal of Infectious Diseases: Regions	-	-	-	-	27727076	10.1016/j.ijregi.2023.11.017	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182419419&doi=10.1016%2fj.ijregi.2023.11.017&partnerID=40&md5=b7aa1274bda448540dd06120687274d1	Background: The 2022 mpox outbreak has affected disproportionately people living with HIV (PLWH) and pre-exposure prophylaxis (PrEP) users. Methods: We conducted a cross-sectional study to evaluate factors associated with laboratory diagnosis of mpox among suspected cases, and access differences between PrEP users and PLWH with confirmed diagnostic. Results: 394 mpox suspected cases were analyzed, 309 (78.4%) confirmed. Most patients were PLWH (54.4%) and 99 (32%) PrEP users. Mpox cases were likely to be between 25 and 39 years old (aOR=2.8; p=0.042), men who have sex with men/bisexual or transgender women (aOR=17.2; p< 0.001) and to have fever (aOR=4.7; p< 0.001), adenomegaly (aOR=7.2; p< 0.001) and multiple vesicular lesions (aOR=4.2; p< 0.001). Comparing PrEP users to PLWH with confirmed mpox, PrEP users had lesions predominantly with exclusive genital involvement (p=0.016); while PLWH had higher extragenital involvement (p=0.018). Conclusions: PrEP users and PLWHA were the main epidemiological groups in our cohort. Recognizing the differences between vulnerable populations can contribute to the development public policies to control mpox in settings with reduced access to vaccines © 2023 The Authors	na	English	United Kingdom	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Clinical
Article	2024	Cox S.N.; Wu L.; Wittenauer R.; Clark S.; Roberts D.A.; Nwogu I.B.; Vitruk O.; Kuo A.P.; Johnson C.; Jamil M.S.; Sands A.; Schaefer R.; Kisia C.; Baggaley R.; Stekler J.D.; Akullian A.; Sharma M.	Impact of HIV self-testing for oral pre-exposure prophylaxis scale-up on drug resistance and HIV outcomes in western Kenya: a modelling study	The Lancet HIV	-	-	-	-	23523018	10.1016/S2352-3018(23)00268-0	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184259873&doi=10.1016%2fS2352-3018%2823%2900268-0&partnerID=40&md5=bf4c62aaa2eb96da2518513815 5c7e4c	Background: Community-based oral pre-exposure prophylaxis (PrEP) provision has the potential to expand PrEP coverage. HIV self-testing can facilitate PrEP community-based delivery but might have lower sensitivity than facility-based HIV testing, potentially leading to inappropriate PrEP use among people with HIV and subsequent development of drug resistance. We aimed to evaluate the impact of HIV self-testing use for PrEP scale-up. Methods: We parameterised an agent-based network model, EMOD-HIV, to simulate generic tenofovir disoproxil fumarate and emtricitabine PrEP scale-up in western Kenya using four testing scenarios: provider-administered nucleic acid testing, provider-administered rapid diagnostic tests detecting antibodies, blood-based HIV self-testing, or oral fluid HIV self-testing. Scenarios were compared with a no PrEP counterfactual. Individuals aged 18–49 years with one or more heterosexual partners who screened HIV-negative were eligible for PrEP. We assessed the cost and health impact of rapid PrEP scale-up with high coverage over 20 years, and the budget impact over 5 years, using various HIV testing modalities. Findings: PrEP coverage of 29% was projected to avert approximately 54% of HIV infections and 17% of HIV-related deaths among adults aged 18–49 years over 20 years; health impacts were similar across HIV testing modalities used to deliver PrEP. The percentage of HIV infections with PrEP-associated nucleoside reverse transcriptase inhibitor (NRTI) drug resistance was 0·6% (95% uncertainty intervals 0·4–0·9) in the blood HIV self-testing scenario and 0·8% (0·6–1·0) in the oral HIV self-testing scenario, compared with 0·3% (0·2–0·3) in the antibody rapid diagnostic testing scenario and 0·2% (0·1–0·2) in the nucleic acid testing scenario. Accounting for background NRTI resistance, we found similarly low proportions of drug resistance across scenarios. The budget impact of implementing PrEP using HIV self-testing and provider-administered rapid diagnostic tests were similar, while nucleic acid testing was approximately 50% more costly. Interpretation: Scaling up PrEP using HIV self-testing has similar health impacts, costs, and low risk of drug resistance as provider-administered rapid diagnostic tests. Policy makers should consider leveraging HIV self-testing to expand PrEP access among those at HIV risk. Funding: The Bill and Melinda Gates Foundation. © 2024 World Health Organization	na	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	D'Avanzo P.; Shourya S.; Brin M.; Kaw S.; Kay E.; Batey D.S.; Radix A.; Belkind U.; Tanner M.; Galindo C.A.; Ferrara S.; Ott C.; Ozoria Ramirez S.; Schnall R.	Identifying Key Factors to PrEP Initiation and Persistence Among YMSM Through Focus Groups and Surveys in Two High-Priority Settings	AIDS Education and Prevention	-	-	-	-	19432755	10.1521/aeap.2024.36.1.33	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185098575&doi=10.1521%2faeap.2024.36.1.33&partnerID=40&md5=64b5c882db7cc681031d720c15969933	Cisgender men are diagnosed with HIV at a rate four times greater than cisgender women, with 71% of infections attributed to male-male sexual contact. Despite expanding accessibility, pre-exposure prophylaxis (PrEP) for HIV prevention is initiated by only 30% of people with PrEP indications. Five focus groups with 42 young men who have sex with men from New York and Alabama were conducted to identify key factors to PrEP initiation and persistence. Thirty focus group participants completed a survey on demographics, PrEP choices and health care attitudes. Findings suggest provider competency significantly influences PrEP use due to stigmatization in medical settings. Participants noted benefits of PrEP including HIV protection and sexual empowerment, yet barriers like cost and side effects were prevalent. Our findings outline barriers and facilitators to PrEP use among young men who have sex with men in two high priority settings that will inform PrEP care updates in participating clinics.	focus groups; HIV; PrEP; young men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Davey, Dvora Joseph; Nyemba D.C.; Mvududu R.; Mashele N.; Johnson L.; Bekker L.-G.; Dean S.S.; Bheemraj K.; Coates T.J.; Myer L.	Pregnancy outcomes following self-reported and objective-measured exposure to oral preexposure prophylaxis in South Africa	AIDS	-	-	-	-	2699370	10.1097/QAD.0000000000003729	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179486138&doi=10.1097%2fQAD.0000000000003729&partnerID=40&md5=98e02a9532f13fa50c3ef9b681b4b6d0	Objective:To compare pregnancy outcomes using self-reported and objective levels of intracellular tenofovir diphosphate (TFV-DP) in pregnant women using preexposure prophylaxis (PrEP).Design:We enrolled pregnant women >15 years without HIV at first antenatal care visit in an observational cohort study to compare pregnancy outcomes by PrEP use.Methods:Exposure defined as: any PrEP use tenofovir disoproxil and emtricitabine (TDF/FTC) prescription + reported taking PrEP, or objectively-measured TFV-DP in dried blood spots in PrEP-using pregnant women. The primary outcome was a composite of pregnancy loss, preterm birth (<37weeks), low birthweight (<2500g), small for gestational age (SGA ≤ tenth percentile), or neonatal death. Multivariable logistic regression models evaluated individual and composite adverse outcomes by self-reported or objectively measured PrEP use adjusting for age, gestational age, gravidity and socio-economic status.Results:Between August 19 and February 23, we followed 1195 pregnant women and ascertained 1145 pregnancy outcomes (96%); 72% (n=826) reported taking PrEP while pregnant, 16% did not take PrEP (n=178), 12% were unconfirmed (n=141). Overall, 94.5% (n=1082) had singleton live births with a median birthweight of 3.2kg interquartile range (IQR)=2.9-3.5, with no difference in pregnancy loss between self-reported PrEP exposed vs. unexposed 4.0 vs. 5.6%; adjusted odds ratio (aOR)=0.65, 95% confidence interval (CI)=0.32-1.47. Composite adverse outcomes did not differ by reported PrEP use (20% for both groups; aOR=1.07, 95% CI=0.71-1.63). Comparing objective PrEP use (any TFV-DP vs. no TFV-DP or not on PrEP), adverse outcomes did not differ (aOR=0.64, 95% CI=0.39-1.04), nor did other outcomes including preterm birth nor SGA.Conclusions:Pregnancy outcomes did not differ by PrEP exposure (self-reported or objective), suggesting real-world efficacy that TDF/FTC as PrEP is safe in pregnancy. © 2024 Lippincott Williams and Wilkins. All rights reserved.	adherence; HIV prevention; postpartum; preexposure prophylaxis; pregnancy; South Africa; tenofovir disoproxil and emtricitabine	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Dawit R.; Predmore Z.; Raifman J.; Chan P.A.; Skinner A.; Napoleon S.; Zanowick-Marr A.; Le Brazidec D.; Almonte A.; Dean L.T.	Identifying HIV PrEP Attributes to Increase PrEP Use Among Different Groups of Gay, Bisexual, and Other Men Who Have Sex with Men: A Latent Class Analysis of a Discrete Choice Experiment	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04131-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165263690&doi=10.1007%2fs10461-023-04131-y&partnerID=40&md5=8341f9056bec81e3a7b5e09500f53fd0	Daily pre-exposure prophylaxis (PrEP) is highly effective at preventing HIV among gay, bisexual, and other men who have sex with men (GBMSM), although uptake remains suboptimal. By identifying the features of PrEP that appeal to various subgroups of GBMSM, this study aimed to improve PrEP uptake by examining preferences for PrEP use. Adults ≥ 18 years old in six New England states completed an online discrete choice experiment survey. A latent class analysis (LCA) was conducted to identify groups of GBMSM based on four attributes of choices for PrEP (cost, time, side effects, and mode of administration). Multinominal logistic regression was conducted to compare the association between sociodemographic and behavioral characteristics and class memberships. Data from 675 GBMSM were analyzed. A 3-Class model was selected as the best fit model. Class 1 (47.7% of individuals) was identified as having "no specific preferences". Class 2 (18.5% of individuals) were "Cost- and time-conscious" and were significantly more likely to be older, have prior sexually transmitted infection (STI) testing, have low household income, private insurance, and have extreme concerns about HIV risk than those with no specific preference (Class 1). Finally, Class 3 (34.1% of individuals) were "Side effects-conscious" and were more likely to have low income, private insurance, and have moderate and extreme concerns about HIV risk than those with no specific preference (Class 1). Findings indicate that outreach to GBMSM who have never used PrEP should emphasize low cost and short travel times to increase potential PrEP use. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Discrete choice experiment; Gay bisexual and other men who have sex with men; HIV/AIDS; Latent class analysis; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	de la Mora, Lorena; Mallolas, Josep; Ambrosioni, Juan	Epidemiology, treatment and prognosis of HIV infection in 2024: A practical review.	Medicina Clínica	-	-	-	-	1578-8989 0025-7753	10.1016/j.medcli.2023.12.007	https://www.sciencedirect.com/science/article/abs/pii/S2387020624002006	In recent years, the epidemiology and prognosis of HIV infection have undergone significant changes thanks to the recommendation of antiretroviral therapy (ART) for all infected persons, the development of more effective and better tolerated drugs, and preventive measures such as pre-exposure prophylaxis (PrEP). The evolution of ART, now with simple oral and injectable options, has also contributed to improvements in comprehensive HIV treatment and care. With early diagnosis and early initiation of ART, the life expectancy of people with HIV has reached the same as the general population. However, many people with HIV remain undiagnosed or are diagnosed late, and some population groups experience greater vulnerability, affecting individual and collective health. In this review we review the current epidemiology, treatment and prognosis of HIV infection.	HIV; Prognosis; Antiretroviral therapy; VIH; Tratamiento antirretroviral; Epidemiology; Epidemiología; Pronóstico	Spanish	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Review
Article	2024	Dean L.T.; Nunn A.S.; Chang H.-Y.; Bakre S.; Goedel W.C.; Dawit R.; Saberi P.; Chan P.A.; Doshi J.A.	Estimating The Impact Of Out-Of-Pocket Cost Changes On Abandonment Of HIV Pre-Exposure Prophylaxis	Health Affairs	-	-	-	-	2782715	10.1377/hlthaff.2023.00808	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181997579&doi=10.1377%2fhlthaff.2023.00808&partnerID=40&md5=b22532e0c9f83278201b9a00bcf1a447	Oral HIV pre-exposure prophylaxis (PrEP) is highly effective for preventing HIV. Several different developments in the US either threaten to increase or promise to decrease PrEP out-of-pocket costs and access in the coming years. In a sample of 58,529 people with a new insurer-approved PrEP prescription, we estimated risk-adjusted percentages of patients who abandoned (did not fill) their initial prescription across six out-of-pocket cost categories. We then simulated the percentage of patients who would abandon PrEP under hypothetical changes to out-of-pocket costs, ranging from $0 to more than $500. PrEP abandonment rates of 5.5 percent at $0 rose to 42.6 percent at more than $500; even a small increase from $0 to $10 doubled the rate of abandonment. Conversely, abandonment rates that were 48.0 percent with out-of-pocket costs of more than $500 dropped to 7.3 percent when those costs were cut to $0. HIV diagnoses were three times higher among patients who abandoned PrEP prescriptions than among those who filled them. These results imply that recent legal challenges to the provision of PrEP with no cost sharing could substantially increase PrEP abandonment and HIV rates, upending progress on the HIV/AIDS epidemic. © 2024, Project HOPE. All rights reserved.	OUT-OF-POCKET EXPENSESHIV/AIDSPREVENTIVE CAREINSURANCE CLAIMSCOST SHARINGACCESS TO CAREMEDICAID PATIENTS	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2024	Devlin, Samantha A; Johnson, Amy K; Stanford, Kimberly A; Haider, Sadia; Ridgway, Jessica P	"There hasn't been a push to identify patients in the emergency department"-Staff perspectives on automated identification of candidates for pre-exposure prophylaxis (PrEP): A qualitative study	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0300540	https://pubmed.ncbi.nlm.nih.gov/38483939/	Automated algorithms for identifying potential pre-exposure prophylaxis (PrEP) candidates are effective among men, yet often fail to detect cisgender women (hereafter referred to as "women") who would most benefit from PrEP. The emergency department (ED) is an opportune setting for implementing automated identification of PrEP candidates, but there are logistical and practical challenges at the individual, provider, and system level. In this study, we aimed to understand existing processes for identifying PrEP candidates and to explore determinants for incorporating automated identification of PrEP candidates within the ED, with specific considerations for ciswomen, through a focus group and individual interviews with ED staff. From May to July 2021, we conducted semi-structured qualitative interviews with 4 physicians and a focus group with 4 patient advocates working in a high-volume ED in Chicago. Transcripts were coded using Dedoose software and analyzed for common themes. In our exploratory study, we found three major themes: 1) Limited PrEP knowledge among ED staff, particularly regarding its use in women; 2) The ED does not have a standardized process for assessing HIV risk; and 3) Perspectives on and barriers/facilitators to utilizing an automated algorithm for identifying ideal PrEP candidates. Overall, ED staff had minimal understanding of the need for PrEP among women. However, participants recognized the utility of an electronic medical record (EMR)-based automated algorithm to identify PrEP candidates in the ED. Facilitators to an automated algorithm included organizational support/staff buy-in, patient trust, and dedicated support staff for follow-up/referral to PrEP care. Barriers reported by participants included time constraints, hesitancy among providers to prescribe PrEP due to follow-up concerns, and potential biases or oversight resulting from missing or inaccurate information within the EMR. Further research is needed to determine the feasibility and acceptability of an EMR-based predictive HIV risk algorithm within the ED setting.	Biology and Life Sciences; Medicine and Health Sciences; Computer and Information Sciences; People and Places	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Di Ciaccio M.; Villes V.; Delabre R.M.; Alain T.; Morel S.; Michels D.; Schmidt A.J.; Velter A.; Rojas Castro D.	When awareness is not a barrier to PrEP uptake among men who have sex with men who are eligible for PrEP in France	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2268887	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85176109643&doi=10.1080%2f09540121.2023.2268887&partnerID=40&md5=a87848a5d0b1f26af0fc6942875a4e46	Despite PrEP being available and free of charge in France, a gap remains between the estimated number of men who have sex with men (MSM) with high-risk exposure to HIV and the number of MSM PrEP users. The objective of this study is to identify factors associated with non-intention to use PrEP among PrEP-eligible and PrEP-aware MSM in France, "non-intenders". European MSM Internet Survey (EMIS)-2017 was a cross-sectional survey conducted among MSM concerning their HIV prevention needs. Logistic regression models were used to identify factors associated with "non-intenders". Compared to PrEP users, factors associated with non-intention to use PrEP were; age (aOR95%CI = 3.802.21;6.53); not being vaccinated against hepatitis B (2.201.45;3.34); self-efficacy (1.841.29;2.60); lower knowledge about on-demand PrEP (11.487.35;17.87) and daily PrEP (2.581.27;5.25); not having a PrEP discussion at a hospital (12.398.90;17.27) or at a community service/drop-in (4.933.48;6.97); living in a department with few PrEP access points (1.701.10;2.63). On-demand PrEP may meet the prevention needs of "non-intenders" who have lower HIV risk perception. Increasing communication from health providers and community health workers to all MSM is needed. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Europe; MSM; non-intention; PrEP	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Quantitative
Article	2024	Dickson, Sean; James, Katelyn	Trends in HIV preexposure prophylaxis utilization and spending among individuals with commercial insurance.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003809	https://pubmed.ncbi.nlm.nih.gov/38416555/	In a cross-sectional analysis of HIV preexposure prophylaxis (PrEP) utilization by commercially insured patients from 2019 to 2021, most prescriptions were for branded formulations of PrEP despite the availability of a generic version. Accounting for the modest relative clinical benefit of branded TAF/FTC (tenofovir alafenamide fumarate/emtricitabine) PrEP over generic TDF/FTC (tenofovir disoproxil fumarate/emtricitabine) PrEP, use of generic TDF/FTC PrEP would have reduced commercial insurers' spending by 33%.	Emtricitabine; Humans; Tenofovir; Cross-Sectional Studies; Adenine; *HIV Infections/prevention & control; *Insurance	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Dillon F.R.; Ertl M.M.; Eklund A.C.; Westbrook J.; Balek G.; Algarin A.; Martin J.; Sánchez F.J.; Ebersole R.	Sexual Identity Development and Social Ecological Facilitators and Barriers of PrEP Uptake and Adherence Among Latinx Men Who Have Sex with Men	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-023-02776-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182235152&doi=10.1007%2fs10508-023-02776-3&partnerID=40&md5=34767eabee4e1ead6fd8b0e161d9c589	Latinx gay, bisexual, and other men who have sex with men (LMSM) report lower pre-exposure prophylaxis (PrEP) use than their white, non-Latinx counterparts. We hypothesize that this disparity is partially attributable to social ecological factors that can be addressed via prevention interventions. In this retrospective study, we first examined data from 253 LMSM to determine whether theorized associations existed between acquisition of a PrEP prescription (uptake) in relation to several social ecological factors based on a conceptual framework of determinants of access to and uptake of PrEP for LMSM. We also explored relations between frequency of PrEP use (adherence) and social ecological factors with a subsample of 33 LMSM who had initiated PrEP 12 months prior to assessment. In this study, individual-level factors from this framework included age and socioeconomic status. Perceived access to medical care represented both individual- and community-level determinants of PrEP uptake and adherence. Interpersonal-level factors were social support and relationship status. Structural/cultural-level factors were sexual identity development status, the masculinity norm of heterosexual self-presentation, traditional Latinx masculine gender role beliefs of machismo and caballerismo, racial identity, and immigration status. Results indicated that older men and those who endorsed the synthesis/integration status of sexual identity development were more likely to acquire a PrEP prescription during their lifetime in comparison to peers. PrEP adherence was linked with being older, reporting higher socioeconomic status, reporting more appraisal social support, self-identifying as white-Latinx, being U.S.-born, and endorsing less sexual identity uncertainty and more heterosexual self-presentation. Results specify modifiable factors that may inform tailored, community-based prevention efforts to increase PrEP use and decrease existing HIV/AIDS disparities among LMSM. © 2024, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	HIV/AIDS; Latino; Latinx; MSM; PrEP; Sexual identity	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Downer, Goulda A.; Cunningham, Suzanne Randolph; Ramsey, Lauren M.; Ellick, Kecia L.; Bailey, Denise	Increasing provider awareness of PrEP on HBCU campuses and beyond: A case study of the HBCU HIV prevention project (H2P).	Journal of the National Medical Association	-	-	-	-	1943-4693 0027-9684	10.1016/j.jnma.2024.01.011	https://www.sciencedirect.com/science/article/abs/pii/S0027968424000117	BACKGROUND: The HBCU-HIV Prevention Project (H2P) is a culturally-tailored, targeted intervention at Historically Black Colleges and Universities (HBCUs) aimed at training health care providers as key players in reducing HIV infections and improving healthcare outcomes among HBCU students. METHODS: A cross-sectional purposive sample of health care providers at HBCU campuses and invited health care professionals from partnering organizations in their surrounding communities participated in an 11-module series on the CDC's evidence-based HIV prevention strategy for high-risk individuals, pre-exposure prophylaxis (PrEP). The intervention was aimed at increasing provider awareness and knowledge about PrEP and the importance of HIV testing and counseling as well as promoting provider intentions to use PrEP (initiating discussions with students and prescribing). Pre- and post-module quizzes served as awareness and knowledge assessments and providers also received online surveys about their intentions and uses of PrEP at 30 and 60 days post-training. RESULTS: Both on-campus and off-campus providers showed trending gains in awareness and knowledge for information in all modules. The off-campus providers appear to be more willing to use the information for initiating discussions and prescribing PrEP; however, HBCU providers also expressed similar intentions, although at lower rates. CONCLUSIONS: The project successfully increased provider awareness of pre-exposure prophylaxis (PrEP), effective HIV testing, and strategies for reducing HIV infection among HBCU college students. Findings highlight the project's impact on enhancing provider training and the potential of this impact on addressing HIV disparities among African Americans on HBCU campuses and their surrounding communities. The success of the H2P Project provides valuable insights for future interventions, reinforcing the importance of targeted, systems-level approaches in mitigating health disparities among marginalized populations. Implications are also drawn as to the potential for expanding such provider-level interventions to address other health conditions and informing policy development in African American communities.	HIV; Black/African American; HBCUs; Provider training	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Dumchev K.; Kornilova M.; Makarenko O.; Antoniak S.; Liulchuk M.; Cottrell M.L.; Varetska O.; Morozova O.	Low daily oral PrEP adherence and low validity of self-report in a randomized trial among PWID in Ukraine	International Journal of Drug Policy	-	-	-	-	9553959	10.1016/j.drugpo.2023.104284	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179099779&doi=10.1016%2fj.drugpo.2023.104284&partnerID=40&md5=831b61fe6df8f2c267cf727c07f1b233	Background: The efficacy of daily oral pre-exposure prophylaxis (PrEP) in preventing HIV transmission among people who inject drugs (PWID) was demonstrated over a decade ago. However, only a few studies among PWID have since measured PrEP adherence using laboratory markers. Methods: In this trial, we randomized recently injecting PWID in Kyiv, Ukraine, to receive daily oral TDF/FTC with or without SMS reminders. Enrollment and PrEP initiation took place at an HIV clinic. Subsequent visits at months 1, 3, and 6 were conducted at a community harm reduction center and included a structured interview, adherence counseling, PrEP dispensing, and dried blood spot collection. PrEP adherence was assessed using standard self-reported measures and TDF/FTC biomarkers. Results: A total of 199 PWID (99 SMS, 100 No-SMS) were enrolled, of whom 24 % were women, with a median age of 37. At month 6, 79.4 % (158/199) of participants were retained, with 84 % (133/158) reporting opioid injection and 20 % (31/158) reporting stimulant injection in the past 30 days. 77 % (122/158) reported taking >95 % of PrEP doses in the past month, and 87 % reported taking the last dose within 2 days. Tenofovir diphosphate was detected in 17 % (28/158) of participants, and emtricitabine triphosphate was detected in 25 % (40/158). Only 3 % (5/158) had metabolite levels indicative of consistent PrEP uptake at 4+ doses per week. There was no association between the SMS intervention and TDF/FTC metabolite detection. Conclusion: Adherence to daily oral PrEP among actively injecting PWID, without daily supervision or incentives, was extremely low, despite supportive counseling and SMS reminders. We also observed a high rate of discordance between self-report and classification by a validated biomarker of adherence. Given the scarcity of evidence and emerging data suggesting low oral PrEP adherence among PWID, additional implementation studies with TDF/FTC biomarkers are needed to study whether a sufficient level of adherence to daily PrEP is attainable among PWID, especially as long-acting injectable PrEP offers a promising alternative. © 2023	FTCtp; Pre-exposure prophylaxis; PrEP adherence; PWID; TFVdp	English	United Kingdom	Western and Central Europe and North America	Ukraine	Eastern Europe and Central Asia	Ukraine	Eastern Europe and Central Asia	Clinical
Article	2024	Eger W.H.; Bazzi A.R.; Valasek C.J.; Vera C.F.; Harvey-Vera A.; Artamonova I.; Rangel M.G.; Strathdee S.A.; Pines H.A.	Long-acting Injectable PrEP Interest and General PrEP Awareness among People who Inject Drugs in the San Diego-Tijuana Border Metroplex	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-024-04285-3	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184165399&doi=10.1007%2fs10461-024-04285-3&partnerID=40&md5=47a99c040df0114ada9dbe606e7c142d	Long-acting injectable HIV pre-exposure prophylaxis (LAI-PrEP) could help overcome multilevel challenges to HIV prevention for people who inject drugs (PWID), including those in the binational San Diego-Tijuana metroplex. Yet, general PrEP awareness and interest in LAI-PrEP remain underexplored among PWID. From 2020 to 2021, 562 HIV-negative PWID in San Diego and Tijuana completed surveys assessing general PrEP awareness and interest in oral and LAI-PrEP. Modified Poisson regression examined factors associated with general PrEP awareness. Multinomial logistic regression assessed factors associated with interest in both oral and LAI-PrEP, oral PrEP only, LAI-PrEP only, or neither. General PrEP awareness was low (18%) and associated with experiencing unsheltered homelessness (adjusted prevalence ratio APR = 1.50, 95% confidence interval CI: 0.96–2.33), past 6-month fentanyl injection (APR = 1.53, 95% CI: 1.04–2.25), and transactional sex (APR = 1.71, 95% CI: 1.06–2.76). Interest in oral PrEP only was most common (44%), followed by LAI-PrEP only (25%) and neither (16%). Compared to the odds of being interested in LAI-PrEP only, the odds of being interested in oral PrEP only were lower among those who were stopped by police (AOR = 0.38, 95% CI: 0.22–0.65), reported past 6-month fentanyl injection (AOR = 0.33, 95% CI: 0.20–0.56), polydrug use (AOR = 0.48, 95% CI: 0.27–0.86), injecting multiple times daily (AOR = 0.26, 95% CI: 0.14–0.46), receptive syringe use (AOR = 0.30, 95% CI: 0.19–0.49), and higher perceived HIV risk (AOR = 0.24, 95% CI: 0.15–0.39). Interest in LAI-PrEP was more common among PWID reporting social and structural factors that could interfere with oral PrEP adherence, suggesting LAI-PrEP implementation could increase PrEP coverage among those most vulnerable to HIV. © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2024. Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.	HIV prevention; Injection drug use; People who inject drugs; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Felker-Kantor E.; Greener L.R.; Mabaso S.; Kruger W.; Hasen N.; Khosla A.; Malone S.	Understanding Oral PrEP Interest, Uptake, Persistence, and Experience of Use Among Heterosexual Men in Johannesburg, South Africa: An Exploratory Pilot Study	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04246-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85180182932&doi=10.1007%2fs10461-023-04246-2&partnerID=40&md5=7f01ea96c603716f1dc760076fb0ae46	South Africa's PrEP programming has primarily focused on men who have sex with men and other key populations through dedicated clinical and outreach services. However, data shows that the pool of men vulnerable to contracting HIV extends beyond this group, including men who have sex only with women and who do not identify as gay. The aim of this pilot study was to assess acceptability of PrEP among this subset of men who are at risk of HIV acquisition in South Africa and to describe the demographic and behavioral characteristics of male PrEP users as well as their experience of PrEP use. We employed a mixed-methods study design consisting of in-depth interviews and quantitative analysis of routine clinic data collected between September 2021 and February 2022 from 10 private health facilities. Men who enrolled in the study and initiated PrEP had low consistent condom use and nearly three quarters reported more than one sexual partner in the past three months. Despite minimal follow-up support, PrEP persistence was relatively high and similar to other populations. 57% of men returned for their 1-month visit, 40% returned for their 4-month visit, and 16% returned for their 7-month visit. The greatest barriers to ongoing use were the need to take a daily pill and low perceived HIV risk. To improve uptake and continuation, programs should increase awareness of PrEP, leverage trusted sources to build credibility, make access more convenient, and accommodate flexible use through event-driven PrEP. © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023.	HIV; Men; Pre-exposure Prophylaxis; PrEP; South Africa	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Flynn S.; Adamo M.; Kochanska M.; Garcia-Grossman I.	Initiating pre-exposure prophylaxis in the inpatient setting: A quality improvement project	BMJ Open Quality	-	-	-	-	23996641	10.1136/bmjoq-2023-002416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182956937&doi=10.1136%2fbmjoq-2023-002416&partnerID=40&md5=884115ef59fdffde1955f0db4e6fa631	Many patients who are at high risk of HIV transmission do not receive pre-exposure prophylaxis (PrEP). HIV risk counselling and PrEP initiation have historically been limited to outpatient settings. Here we describe a novel quality improvement project at San Francisco's main safety-net hospital designed to incorporate universal screening for active HIV risk factors and PrEP initiation into standard inpatient care. Interventions included education sessions and dissemination of clinical materials to increase providers' knowledge and comfort with HIV risk screening, prevention counselling and prescribing PrEP. We implemented new workflows on the inpatient medicine service to encourage providers to universally screen all patients at the time of admission and initiate PrEP for appropriate patients during their hospitalisation. Over the first 9 months of the initiative, 14 inpatients were started on PrEP during their admission. As PrEP was initiated in particularly vulnerable patients, using inpatient admissions to engage at-risk patients in HIV prevention may help to reduce disparities in HIV outcomes. © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Hospital medicine; Implementation science; Quality improvement	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Fordjuoh, Judy; Dolezal, Curtis; Bhengu, Nonhlonipho; Harrison, Abigail D.; Exner, Theresa M.; Hanass-Hancock, Jill; Hoffman, Susie	Peer-to-Peer Chain Recruitment for Enrolling Young South African Women into an HIV Pre-exposure Prophylaxis (PrEP) Intervention Study: How Did It Perform?	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04256-0	https://link.springer.com/article/10.1007/s10461-023-04256-0#citeas	Peer-to-peer chain recruitment has been used for descriptive studies, but few intervention studies have employed it. We used this method to enroll sexually active women ages 18 to 25 into an online Pre-Exposure Prophylaxis (PrEP) information and motivation intervention pilot in eThekwini (Durban), South Africa. Seeds (N = 16) were recruited by study staff and randomized to Masibambane, Ladies Chat, a Gender-Enhanced group-based WhatsApp Workshop (GE), or Individual-Access (IA), a control condition that provided participants with online information/motivation materials only. Each seed could recruit up to three women to participate in the same study condition, with an incentive for each enrolled woman; participants in subsequent waves could choose to recruit or not. We evaluated if peer-to-peer recruitment was self-sustaining and resulted in enrolling women who, in subsequent waves, had less contact with the health care system and less knowledge about PrEP than the initial seeds. Over three recruitment waves beyond the seeds, 84 women were recruited. Almost 90% of women became recruiters, with each recruiting on average 1.90 women and 1.26 eligible enrolled women. The approach was successful at reaching women with less education but not women with less health system contact and PrEP knowledge across waves. IA participants had a slightly higher, though non-significantly different, percentage of individuals who became Peer Health Advocates (PHAs) than GE participants and, on average, they recruited slightly more women who enrolled. Our findings demonstrated that peer-to-peer recruitment is a feasible and self-sustaining way to recruit SA young women into a PrEP intervention study.	South Africa; Pre-exposure prophylaxis (PrEP); Young women; HIV/AIDs prevention; Peer-to-peer recruitment; Respondent driven sampling	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Forsythe, Steven; Kioko, Urbanus; Mahiane, Guy; Glaubius, Robert; Musau, Abednego; Gichangi, Anthony; Reed, Jason; Were, Daniel	Estimating the costs and perceived benefits of oral pre-exposure prophylaxis (PrEP) delivery in ten counties of Kenya: a costing and a contingent valuation study.	Frontiers in Reproductive Health	-	-	-	-	2673-3153	10.3389/frph.2024.1278764	https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2024.1278764/full	BACKGROUND: Kenya included oral PrEP in the national guidelines as part of combination HIV prevention, and subsequently began providing PrEP to individuals who are at elevated risk of HIV infection in 2017. However, as scale-up continued, there was a recognized gap in knowledge on the cost of delivering oral PrEP. This gap limited the ability of the Government of Kenya to budget for its PrEP scale-up and to evaluate PrEP relative to other HIV prevention strategies. The following study calculated the actual costs of oral PrEP scale-up as it was being delivered in ten counties in Kenya. This costing also allowed for a comparison of various models of service delivery in different geographic regions from the perspective of service providers in Kenya. In addition, the analysis was also conducted to understand factors that indicate why some individuals place a greater value on PrEP than others, using a contingent valuation technique. METHODS: Data collection was completed between November 2017 and September 2018. Costing data was collected from 44 Kenyan health facilities, consisting of 23 public facilities, 5 private facilities and 16 drop-in centers (DICEs) through a cross-sectional survey in ten counties. Financial and programmatic data were collected from financial and asset records and through interviewer administered questionnaires. The costs associated with PrEP provision were calculated using an ingredients-based costing approach which involved identification and costing of all the economic inputs (both direct and indirect) used in PrEP service delivery. In addition, a contingent valuation study was conducted at the same 44 facilities to understand factors that reveal why some individuals place a greater value on PrEP than others. Interviews were conducted with 2,258 individuals (1,940 current PrEP clients and 318 non-PrEP clients). A contingent valuation method using a "payment card approach" was used to determine the maximum willingness to pay (WTP) of respondents regarding obtaining access to oral PrEP services. RESULTS: The weighted cost of providing PrEP was $253 per person per year, ranging from $217 at health centers to $283 at dispensaries. Drop-in centers (DICEs), which served about two-thirds of the client volume at surveyed facilities, had a unit cost of $276. The unit cost was highest for facilities targeting MSM ($355), while it was lowest for those targeting FSW ($248). The unit cost for facilities targeting AGYW was $323 per person per year. The largest percentage of costs were attributable to personnel (58.5%), followed by the cost of drugs, which represented 25% of all costs. The median WTP for PrEP was $2 per month (mean was $4.07 per month). This covers only one-third of the medication (approximately $6 per month) and less than 10% of the full cost of delivering PrEP ($21 per month). A sizable proportion of current clients (27%) were unwilling to pay anything for PrEP. Certain populations put a higher value on PrEP services, including: FSW and MSM, Muslims, individuals with higher education, persons between the ages of 20 and 35, and households with a higher income and expenditures. DISCUSSION: This is the most recent and comprehensive study on the cost of PrEP delivery in Kenya. These results will be used in determining resource requirements and for resource mobilization to facilitate sustainable PrEP scale-up in Kenya and beyond. This contingent valuation study does have important implications for Kenya's PrEP program. First, it indicates that some populations are more motivated to adopt oral PrEP, as indicated by their higher WTP for the service. MSM and FSW, for example, placed a higher value on PrEP than AGYW. Higher educated individuals, in turn, put a much higher value on PrEP than those with less education (which may also reflect the higher "ability to pay" among those with more education). This suggests that any attempt to increase demand or improve PrEP continuation should consider these differences in client populations. Cost recovery from existing PrEP clients would have potentially negative consequences for uptake and continuation.	HIV; Kenya; pre-exposure prophylaxis (or PrEP); contingent valuation (CV); costing	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Fraser, Doug; Holt, Martin; Ong, Jason J.; Bourne, Christopher; Chan, Curtis; Grulich, Andrew E.; Bavinton, Benjamin R.	A proposal for a simplified measure of HIV preexposure prophylaxis prevention-effective adherence in self-report questionnaires.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003823	https://pubmed.ncbi.nlm.nih.gov/38482908/	Evaluating HIV preexposure prophylaxis (PrEP) use and HIV risk events concurrently remains challenging. We developed a single question method for measuring prevention-effective adherence with PrEP in self-report questionnaires. In a questionnaire completed by 409 gay and bisexual men, 46% reported condomless anal sex that was not covered by their own PrEP use, and this was more common among younger, lower-income participants. Refining this questionnaire item could improve measurement of prevention-effective adherence.	NA	English	United Kingdom	Western and Central Europe and North America	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2024	Friedland, Barbara A.; Mgodi, Nyaradzo M.; Palanee-Phillips, Thesla; Mathur, Sanyukta; Plagianos, Marlena G.; Bruce, Irene V.; Lansiaux, Maud; Murombedzi, Caroline; Musara, Petina; Dandadzi, Adlight; Reddy, Krishnaveni; Ndlovu, Nkosiphile; Zulu, Sihle K.; Shale, Lerato R.; Zieman, Brady; Haddad, Lisa B.	Assessing the acceptability of, adherence to and preference for a dual prevention pill (DPP) for HIV and pregnancy prevention compared to oral pre-exposure prophylaxis (PrEP) and oral contraception taken separately: protocols for two randomised, controlled, cross-over studies in South Africa and Zimbabwe.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2023-075381	https://bmjopen.bmj.com/content/14/3/e075381	INTRODUCTION: Oral pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention method; however, uptake and persistence have been low among southern African women. A dual prevention pill (DPP) that combines PrEP with oral contraception (OC) may increase PrEP use and better meet women's sexual and reproductive health needs. We will gauge the DPP's acceptability in two cross-over clinical trials. METHODS AND ANALYSIS: PC952 (Zimbabwe) and PC953 (South Africa) will compare acceptability, adherence and preference for an over-encapsulated DPP versus PrEP and OCs taken separately. HIV-negative, non-pregnant cisgender females in Johannesburg, South Africa (n=96, 16-40 years) and Harare, Zimbabwe (n=30, 16-24 years) will be randomised 1:1 to the order of regimens-DPP or two separate tablets-each used for three 28-day cycles, followed by a 6-month choice period in South Africa. Monthly clinic visits include HIV and pregnancy testing; safety assessments and risk reduction and adherence counselling. We will assess adherence (monthly) based on tenofovir diphosphate drug levels in dried blood spots and by self-report. We will evaluate acceptability (monthly) and preference (end of cross-over) via computer-assisted self-interviewing and in-depth interviews with a subset of participants. Data collection started in September 2022 and ended in January 2024. ETHICS AND DISSEMINATION: PC952 was approved by the Ministry of Health and Child Care, Medical Research Council, Research Council and Medicines Control Authority of Zimbabwe; the Chitungwiza City Health Ethics Committee; and the Joint Research Ethics Committee for the University of Zimbabwe Faculty of Medicine and Health Sciences and Parirenyatwa Group of Hospitals. PC953 was approved by the South African Health Products Regulatory Authority and the University of the Witwatersrand's Human Research Ethics Committee. The Population Council IRB approved both studies. We will disseminate results in open-access journals, clinical trials registries, and at local and international meetings and conferences. TRIAL REGISTRATION NUMBERS: NCT04778514, NCT04778527.	clinical trial; HIV & AIDS; decision making	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Gebru, Nioud Mulugeta; James, Tyler G.; Ahn, Seungjun; Cheong, JeeWon; Berry, Meredith S.; Cook, Robert L.; Leeman, Robert F.	A Behavioral Economic Examination of Sexual Behaviors in the Era of Pre-exposure Prophylaxis via Explanatory Sequential Mixed Methods.	Archives of Sexual Behavior	-	-	-	-	1573-2800 0004-0002	10.1007/s10508-024-02822-8	https://pubmed.ncbi.nlm.nih.gov/38472604/	Pre-exposure prophylaxis (PrEP) use may be associated with condom use decisions. The current investigation examined sexual decision-making in the context of PrEP among young adult men who have sex with men (MSM) between 18 and 30 years old, using an explanatory sequential mixed methods design. For the quantitative aim, 99 MSM currently taking PrEP (i.e., PrEP-experienced) and 140 MSM not currently taking PrEP (i.e., PrEP-naive) completed an online survey, including the Sexual Delay Discounting Task (SDDT), which captures likelihood of condom use. For the qualitative aim, 15 people from each group were interviewed about their (1) conceptualizations of risky sex and (2) ways they manage their sexual risk. Participants were, on average, 25.69 years old (SD = 3.07) and 64% White. Results from the quantitative aim revealed, controlling for covariates, PrEP-experienced participants exhibited significantly lower likelihood of (1) using an immediately available condom and (2) waiting for a delayed condom (i.e., sexual delay discounting) compared to PrEP-naive participants. Qualitative themes explaining what young adult MSM consider to be risky sex included: (1) any sex as risky sex, (2) risky sex as "sex without a conversation," and (3) risky sex as sex with risk for physical harm. Themes on ways young adult MSM manage sexual risk were classified as proactive, reactive, and passive. Results suggest that PrEP use is related to condom use decisions. Taken together, quantitative differences in sexual delay discounting, but qualitatively similar conceptualizations and management of risky sex, suggest that the SDDT may be a useful tool in sex research to capture processes (i.e., delay discounting) underlying sexual decision-making that may be missed by traditional self-reports. Implications of results, including potentially providing (good quality) condoms with every PrEP prescription, and future research topics are discussed.	PrEP; Risk compensation; Men who have sex with men; Condom use; Sexual orientation; Sexual Delay Discounting Task	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Gebru, Nioud Mulugeta; Strickland, Justin C.; Reed, Derek D.; Kahler, Christopher W.; Leeman, Robert F.	Use of preexposure prophylaxis and condom purchasing decisions.	Journal of the Experimental Analysis of Behavior	-	-	-	-	1938-3711 0022-5002	10.1002/jeab.905	https://pubmed.ncbi.nlm.nih.gov/38356347/	Preexposure prophylaxis (PrEP) prevents human immunodeficiency virus (HIV) but not other sexually transmitted infections (STIs). Men who have sex with men (MSM) who take PrEP tend to report reduced condom use, but little is known about the underlying mechanisms. For this study, MSM who take PrEP (i.e., PrEP experienced; n = 88) and MSM who do not (i.e., PrEP naïve; n = 113) completed an online study, including the condom purchase task (CoPT). The CoPT assesses decisions to purchase condoms across escalating prices (range: free-$55) for sex with different types of hypothetical partners: those least likely to have an STD (least STD) and those that participants most want to have sex with (most want sex with). When condoms were free, PrEP-experienced MSM had a lower rate of condom purchasing than did PrEP-naïve MSM. For both partner types, PrEP-experienced MSM reached a price break point (i.e., would not buy condoms) at a lower price than did PrEP-naïve participants. For the most-want-sex-with partner at the price at which participants elected not to buy condoms, only 23% of PrEP-experienced MSM chose to abstain from sex when not purchasing condoms versus 53% among PrEP-naïve MSM. Similar patterns were observed for the least-STD partner. The results support the potential utility of the CoPT in identifying behavioral mechanisms related to condom use and PrEP.	PrEP; sexual behaviors; young adults; demand; behavioral economics	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Goense, H; Dukers-Muijrers, N; Evers, Y; Hoebe, CJPA	Newly diagnosed HIV and use of HIV-PrEP among migrant MSM attending STI clinics in the Netherlands, a retrospective cohort study	Sexually Transmitted Diseases	-	-	-	-	0148-5717	10.3389/fpubh.2023.1196958	https://pubmed.ncbi.nlm.nih.gov/37404283/	Introduction: The World Health Organization recommends HIV-PrEP for all people at risk for HIV infection, which includes men who have sex with men (MSM). Substantial part of new HIV diagnoses in the Netherlands are in non-western born MSM. This study evaluated new HIV diagnoses and reported PrEP use among non-western born MSM and compared it to western-born MSM. To inform public health efforts in the context of equitable PrEP access, we further assessed sociodemographic factors related to higher HIV risk and lower PrEP use among non-western born MSM. Methods: Surveillance data of consultations among MSM in all Dutch STI-clinics (2016-2021) were analyzed. STI-clinics provide PrEP via the national pilot-program since August 2019. In non-western born MSM (born in Eastern-Europe/Latin-America/Asia/Africa/Dutch-Antilles/Suriname), sociodemographic factors were evaluated for association with HIV (by multivariable generalized estimating equations) and reported PrEP use in the past 3 months (by multivariable logistic regression; restricted to an at-risk for HIV person-level data-subset from August 2019). Results: New HIV infections were diagnosed among 1.1% (493/44,394) of non-western born MSM-consultations (vs. 0.4% among western-born MSM, 742/210,450). Low education (aOR: 2.2, 95%CI: 1.7-2.7, vs. high education) and age under 25 years (aOR: 1.4, 95%CI: 1.1-1.8, vs. age above 35 years) were associated with new HIV diagnoses. PrEP use in the past 3 months was 40.7% in non-western born MSM (1,711/4,207; 34.9% among western-born MSM, 6,089/17,458). PrEP use was lower among non-western born MSM aged under 25 years (aOR: 0.3, 95%CI: 0.2-0.4), living in less urban areas (aOR: 0.7, 95%CI: 0.6-0.8), and having low education level (aOR: 0.6, 95%CI: 0.5-0.7). Conclusion: Our study confirmed that non-western born MSM are an important key population in HIV prevention. Access to HIV prevention, including HIV-PrEP, should be further optimized to all non-western born MSM at risk for HIV, and specifically to those who are younger, live in less urban areas, and have a low education level.	HIV; PrEP; inequity; men who have sex with men; migrant; non-western	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Quantitative
Article	2024	Gómez, Walter; Gomez, Anu Manchikanti; Solis, Sheilalyn; Dimonte, Cheryl; Organista, Kurt C.	Provider Perspectives on Multi-level Barriers and Facilitators to PrEP Access Among Latinx Sexual and Gender Minorities.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-024-01948-8	https://pubmed.ncbi.nlm.nih.gov/38381327/	Although pre-exposure prophylaxis (PrEP) is a highly effective HIV prevention intervention, inequities in access remain among Latinx sexual and gender minorities (LSGM). There is also a gap in the PrEP literature regarding providers' perspective on access inequities. This qualitative case study sought to explore barriers and facilitators to PrEP engagement in a community-based integrated health center primarily serving Latinx populations in Northern California. We conducted in-depth, semi-structured interviews with providers (9/15) involved in PrEP services and engaged in a constructivist grounded theory analysis consisting of memoing, coding, and identifying salient themes. Three participants worked as medical providers, three as outreach staff, and one each in planning, education, and research. The analysis surfaced four themes: geopolitical differences, culture as barrier, clinic as context, and patient strengths and needs. Participants referenced a lack of resources to promote PrEP, as well as the difficulties of working within an institution that still struggles with cultural and organizational mores that deprioritize sexual health. Another barrier is related to sexual health being positioned outside of patients' immediate needs owing to structural barriers, including poverty, documentation status, and education. Participants, however, observed that peer-based models, which emboldened their decision-making processes, were conducive to better access to PrEP, as well as allowing them to build stronger community ties. These data underscore the need for interventions to help reduce sexual stigma, promote peer support, and ameliorate structural barriers to sexual healthcare among LSGM.	PrEP; Sexual and gender minorities; Qualitative methods; Latinx; Health empowerment; Multi-level approach	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Goodman, Georgia R; Carnes, T Chris; Albrechta, Hannah; Alpert, Pamela; Hokayem, Joanne; Goldfine, Charlotte; Lee, Jasper S; Boyer, Edward W; Rosen, Rochelle; Mayer, Kenneth H; O'Cleirigh, Conall; Chai, Peter R	Real-World Implementation Challenges Associated with a Digital Pill System to Measure Adherence to HIV Pre-Exposure Prophylaxis from Two Studies of Men Who Have Sex With Men.	Proc Annu Hawaii Int Conf Syst Sci	-	-	-	-	1530-1605	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10783042	Once-daily oral pre-exposure prophylaxis (PrEP) is highly effective for HIV prevention, but its efficacy is dependent on adherence, which can be challenging for men who have sex with men (MSM) with substance use. Digital pill systems (DPS) represent a novel tool for directly measuring adherence through ingestible radiofrequency sensors that confirm ingestions in real-time. We examined operational challenges across two studies involving DPS to measure PrEP adherence. While most participants successfully operated the system, a number of technological and sociobehavioral challenges requiring intervention were identified across both studies. Technological issues were both system- and participant-related, and were primarily addressed with technical updates and participant re-education, while sociobehavioral issues, including health and housing changes and issues with technology access, warranted innovative solutions. Future research leveraging DPS technology should develop robust supportive infrastructure and mitigation procedures to promptly identify and resolve operational issues to optimize the potential benefits of DPS use.	Digital pill systems, ingestible sensors, medication adherence, HIV pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Goodman-Meza, David; Shoptaw, Steven; Hanscom, Brett; Smith, Laramie R.; Andrew, Philip; Kuo, Irene; Lake, Jordan E.; Metzger, David; Morrison, Ellen A. B.; Cummings, Melissa; Fogel, Jessica M.; Richardson, Paul; Harris, Jayla; Heitner, Jesse; Stansfield, Sarah; El-Bassel, Nabila	Delivering integrated strategies from a mobile unit to address the intertwining epidemics of HIV and addiction in people who inject drugs: the HPTN 094 randomized controlled trial protocol (the INTEGRA Study).	Trials	-	-	-	-	1745-6215	10.1186/s13063-023-07899-5	https://pubmed.ncbi.nlm.nih.gov/38360750/	BACKGROUND: Persons with opioid use disorders who inject drugs (PWID) in the United States (US) face multiple and intertwining health risks. These include interference with consistent access, linkage, and retention to health care including medication for opioid use disorder (MOUD), HIV prevention using pre-exposure prophylaxis (PrEP), and testing and treatment for sexually transmitted infections (STIs). Most services, when available, including those that address substance misuse, HIV prevention, and STIs, are often provided in multiple locations that may be difficult to access, which further challenges sustained health for PWID. HPTN 094 (INTEGRA) is a study designed to test the efficacy of an integrated, "whole-person" strategy that provides integrated HIV prevention including antiretroviral therapy (ART), PrEP, MOUD, and STI testing and treatment from a mobile health delivery unit ("mobile unit") with peer navigation compared to peer navigation alone to access these services at brick and mortar locations. METHODS: HPTN 094 (INTEGRA) is a two-arm, randomized controlled trial in 5 US cities where approximately 400 PWID without HIV are assigned either to an experimental condition that delivers 26 weeks of "one-stop" integrated health services combined with peer navigation and delivered in a mobile unit or to an active control condition using peer navigation only for 26 weeks to the same set of services delivered in community settings. The primary outcomes include being alive and retained in MOUD and PrEP at 26 weeks post-randomization. Secondary outcomes measure the durability of intervention effects at 52 weeks following randomization. DISCUSSION: This trial responds to a need for evidence on using a "whole-person" strategy for delivering integrated HIV prevention and substance use treatment, while testing the use of a mobile unit that meets out-of-treatment PWID wherever they might be and links them to care systems and/or harm reduction services. Findings will be important in guiding policy for engaging PWID in HIV prevention or care, substance use treatment, and STI testing and treatment by addressing the intertwined epidemics of addiction and HIV among those who have many physical and geographic barriers to access care. TRIAL REGISTRATION: ClinicalTrials.gov NCT04804072 . Registered on 18 March 2021.	Humans; Randomized Controlled Trials as Topic; *Drug Users; Pharmaceutical Preparations; *HIV Infections/diagnosis/epidemiology/prevention & control; *Sexually Transmitted Diseases/diagnosis/epidemiology/prevention & control; *Opioid-Related Disorders/diagnosis/epidemiology/prevention & control; *Substance Abuse, Intravenous/epidemiology/complications	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Goodreau, Steven M.; Barry, Michael P.; Hamilton, Deven T.; Williams, Austin M.; Wang, Li Yan; Sanchez, Travis H.; Katz, David A.; Delaney, Kevin P.	Behavior Change Among HIV-Negative Men Who Have Sex with Men Not Using PrEP in the United States.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-024-04281-7	https://pubmed.ncbi.nlm.nih.gov/38411799/	This study measures changes in condomless anal sex (CAS) among HIV-negative men who have sex with men (MSM) who are not taking pre-exposure prophylaxis (PrEP). It considers the 2014-2019 cycles of the American Men's Internet Survey, a serial, cross-sectional web-based survey of US cisgender MSM aged ≥ 15 years, in which ~ 10% of each year's sample is drawn from the previous year. Among those surveyed for 2 years who remained HIV-negative and off PrEP, reports of having any CAS and of CAS partner number were compared across years. We disaggregated by partner HIV status, and considered demographic predictors. The overall population saw a significant 2.2 percentage-point (pp) increase in reports of any CAS year-over-year. Sub-populations with the largest year-on-year increases were 15-24-year-olds (5.0-pp) and Hispanic respondents (5.1-pp), with interaction (young Hispanic respondents = 12.8-pp). On the relative scale, these numbers correspond to 3.2%, 7.2%, 7.3% and 18.7%, respectively. Absolute increases were concentrated among partners reported as HIV-negative. Multivariable analyses for CAS initiation found effects concentrated among Hispanic and White youth and residents of fringe counties of large metropolitan areas. CAS partner number increases were similarly predicted by Hispanic identity and young age. Although condom use remains more common than PrEP use, increasing CAS among MSM not on PrEP suggests potential new HIV transmission pathways. Concentration of increases among 18-24-year-old MSM portends future increases in the proportion of newly diagnosed HIV that occur among youth. Concentration among young Hispanic MSM will likely expand existing disparities. Although reducing barriers to PrEP remains vital, condom promotion for MSM remains a key public health practice and appears to be missing key audiences. LGBTQ+-inclusive sex education is one avenue for enhancing these efforts.	HIV-1; United States; Condoms; Pre-exposure prophylaxis; Men who have sex with men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Gordon J.; Wongsomboon V.; Alvarado Avila A.; Lorenzo J.; Mustanski B.; Macapagal K.	Experiences of Successful PrEP Uptake Among Adolescent Sexual Minority Men in the United States: A Qualitative Exploration	AIDS Education and Prevention	-	-	-	-	19432755	10.1521/aeap.2024.36.1.1	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185150519&doi=10.1521%2faeap.2024.36.1.1&partnerID=40&md5=843b8401508837e064278ead22de9c8a	Male adolescent sexual minorities are at elevated risk of HIV acquisition yet demonstrate low rates of PrEP uptake. Understanding the experiences of adolescents who have successfully accessed PrEP may inform ways to best support adolescents seeking PrEP. Adolescent sexual minorities (N = 100) who reported utilizing PrEP responded to open-ended items asking about their initial PrEP experiences and advice for others. Qualitative analysis suggested that adolescents' ability to access PrEP is influenced by managing parental involvement and seeking culturally competent health care providers. Additionally, they reported how the benefits and drawbacks of taking PrEP played a role in their PrEP use. Findings suggest that educational PrEP interventions targeted at this population could improve uptake by incorporating discussions on side effects and mental health benefits associated with PrEP use. Structural interventions are warranted that improve adolescents' ability to seek sexual health care independently and make room for parental involvement when adolescents could benefit from their support.	adolescence; HIV; PrEP; PrEP uptake; qualitative; sexual and gender minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Guo, Yan; Westmoreland, Drew A.; D'Angelo, Alexa B.; Mirzayi, Chloe; Dearolf, Michelle; Ray, Meredith; Carneiro, Pedro B.; Pantalone, David W.; Carrico, Adam W.; Patel, Viraj V.; Golub, Sarit A.; Hirshfield, Sabina; Hoover, Donald R.; Nash, Denis; Grov, Christian	PrEP Uptake and Methamphetamine Use Patterns in a 4-Year U.S. National Prospective Cohort Study of Sexual and Gender Minority People, 2017-2022.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-024-04306-1	https://pubmed.ncbi.nlm.nih.gov/38436807/	Methamphetamine use is on the rise among sexual and gender minority people who have sex with men (SGMSM), escalating their HIV risk. Despite pre-exposure prophylaxis (PrEP) being an effective biomedical HIV prevention tool, its uptake in relation to methamphetamine use patterns in SGMSM has not been studied. In a U.S. cohort study from 2017 to 2022, 6,253 HIV-negative SGMSM indicated for but not using PrEP were followed for four years. Methamphetamine use was categorized (i.e., newly initiated, persistently used, never used, used but quit), and PrEP uptake assessed using generalized estimating equation (GEE), adjusted for attrition. Participants had a median age of 29, with 51.9% White, 11.1% Black, 24.5% Latinx, and 12.5% other races/ethnicities. Over the four years, PrEP use increased from 16.3 to 27.2%. GEE models identified risk factors including housing instability and food insecurity. In contrast, older age, health insurance, clinical indications, and prior PrEP use increased uptake. Notably, Latinx participants were more likely to use PrEP than Whites. Regarding methamphetamine use, those who newly initiated it were more likely to use PrEP compared to non-users. However, those who quit methamphetamine and those who persistently used it had PrEP usage rates comparable to those of non-users. Though PrEP uptake increased, it remained low in SGMSM. Methamphetamine use was associated with PrEP uptake. Healthcare providers should assess methamphetamine use for harm reduction. Prioritizing younger, uninsured SGMSM and addressing basic needs can enhance PrEP uptake and reduce HIV vulnerabilities.	PrEP uptake; Generalized estimating equation (GEE); Methamphetamine use patterns; Sexual and gender minority people who have sex with men (SGMSM); U.S. national cohort study	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Guo, Yan; Westmoreland, Drew A.; D'Angelo, Alexa; Mirzayi, Chloe; Dearolf, Michelle; Carneiro, Pedro B.; Ray, Meredith; Pantalone, David W.; Carrico, Adam W.; Patel, Viraj V.; Golub, Sarit A.; Hirshfield, Sabina; Hoover, Donald; Nash, Denis; Grov, Christian	PrEP Discontinuation In A US National Cohort Of Sexual And Gender Minority Populations, 2017-22.	Health Affairs	-	-	-	-	1544-5208 0278-2715	10.1377/hlthaff.2023.00867	https://pubmed.ncbi.nlm.nih.gov/38437609/	In the US, sexual and gender minority populations are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) is a key prevention method, but its effectiveness relies on consistent usage. Our four-year national cohort study explored PrEP discontinuation among sexual and gender minority people who initiated PrEP. We found a high annual rate of discontinuation (35-40 percent) after PrEP initiation. Multivariable analysis with 6,410 person-years identified housing instability and prior history of PrEP discontinuation as predictors of discontinuation. Conversely, older age, clinical indication for PrEP, and having health insurance were associated with ongoing PrEP use. To promote sustained PrEP use, strategies should focus on supporting those at high risk for discontinuation, such as younger people, those without stable housing or health insurance, and prior PrEP discontinuers.	Humans; Cohort Studies; *Sexual Behavior; Minority Groups; Cognition; *Sexual and Gender Minorities	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Gupta, Amit K.; Lyons, Brody; Hunter, Ian; Arnold, Barbra; Gilbert, Mark; Hoang, Linda; Malleson, Sarah; Ryan, Venessa; Romney, Marc G.; Severini, Alberto; Jason Wong, M. D.; Grennan, Troy	The resurgence of lymphogranuloma venereum (LGV): changing presentation of LGV in the era of HIV pre-exposure prophylaxis (PrEP), 2004-2022.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001944	https://pubmed.ncbi.nlm.nih.gov/38299874/	BACKGROUND: Before the early 2000s, the sexually transmitted infection lymphogranuloma venereum (LGV) was rare in high-income countries. Initially, most cases in these countries were among symptomatic men who have sex with men (MSM) living with HIV. In the context of widespread HIV pre-exposure prophylaxis (PrEP), LGV's epidemiology may be changing. We aim to characterize the epidemiology and clinical presentation of LGV in the PrEP era. METHODS: A retrospective chart review was performed on all LGV cases occurring between 11/2004-10/2022 in British Columbia (BC), Canada. Cases were stratified by having occurred before (2004-2017) or after widespread PrEP availability in BC (2018-2022). Annual rates and test positivity percentages were calculated. Bivariate logistic regression was performed to identify drivers of asymptomatic infection in the PrEP era. RESULTS: Among 545 cases identified, 205 (37.6%) occurred pre-PrEP and 340 (62.4%) occurred during the PrEP era. Most cases were among MSM (97.2%). The estimated rate of LGV has doubled from 2018 to 2022, reaching 1,535.2 cases per 100,000 PrEP users. Most PrEP-era cases were among HIV-negative individuals (65.3%), particularly those on PrEP (72.6%). Cases in the PrEP era were often asymptomatic compared to pre-PrEP (38.6% vs. 19.3%; p < 0.001). PrEP users were more likely to experience asymptomatic infection compared to HIV-negative PrEP non-users (odds ratio 2.07, 95% confidence interval 1.07, 3.99). CONCLUSION: In context of increased asymptomatic testing, LGV may be increasing in BC. Most infections now occur among HIV-negative MSM. A high proportion of infections are asymptomatic.	NA	English	United States	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Review
Article	2024	Haberer, Jessica E.; Oware, Kevin; Juma, Lawrence; Nyerere, Bernard; Momanyi, Vincent; Odoyo, Josephine; Garrison, Lindsey; Bhagat, Julita; Musinguzi, Nicholas; Baeten, Jared M.; Siegler, Aaron; Bukusi, Elizabeth A.	My Way: development and preliminary evaluation of a novel delivery system for PrEP and other sexual health needs of young women in Western Kenya.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26217	https://pubmed.ncbi.nlm.nih.gov/38379132/	INTRODUCTION: Young women in sub-Saharan Africa are a priority population for HIV prevention, yet challenges with adherence and persistence to HIV pre-exposure prophylaxis (PrEP) are common. This study involved the development and pilot testing of My Way-a novel delivery system for PrEP and co-packaged sexual health services. METHODS: My Way was developed in Kisumu, Kenya through a user-centred design process (2020). The intervention involves peer-delivery and support for HIV testing and PrEP use, self-collected vaginal swabs for sexually transmitted infection (STI) testing, pregnancy testing, oral contraceptive pills, self-injectable medroxyprogesterone and/or condoms. My Way was assessed among 16- to 24-year-old sexually active women in a randomized controlled trial versus standard of care (SoC; 2021-2022). Use of PrEP and other sexual health services were tracked at 1, 3 and 6 months for feasibility. Acceptability was determined by questionnaire. The effect of the intervention on tenofovir diphosphate (TFV-DP) levels was assessed by chi-square test (primary outcome); other predictors were explored with regression analysis. RESULTS: Among 150 women, the median age was 22 years and the median number of sexual partners was 2. Moderate/severe depression was common (41.3%). In the intervention arm, peers made 88% (198/225) of possible kit deliveries (177 with PrEP) and 49 STIs were diagnosed. In the SoC arm, 24% (55/225) of expected clinic visits occurred (53 with PrEP); no STI testing was performed. TVF-DP was detected in 16 participants at 6 months: 16% (12/75) in the intervention arm versus 5% (4/75) in the SoC arm (p = 0.03). Persistence among those with ongoing HIV prevention needs (i.e. prevention-effective persistence) was 18% (12/67) versus 7% (4/56; p = 0.08). No women acquired HIV. The intervention was significantly associated with detectable TFV-DP (OR 3.5, 1.1-11.4; p = 0.04); moderate/severe depression trended towards an association with TFV-DP (OR 0.2, 0.03-1.6; p = 0.13). CONCLUSIONS: My Way is a promising delivery system for PrEP and other sexual health services among young women in Western Kenya. We found high feasibility and acceptability. PrEP use was modest, but higher with My Way compared to SoC. Long-acting PrEP formulations may overcome important barriers to PrEP use and should be explored in combination with the My Way delivery model.	Adolescent; Adult; Humans; Young Adult; Female; *Anti-HIV Agents/therapeutic use; Adenine/*analogs & derivatives; Africa; Kenya/epidemiology; adherence; *Pre-Exposure Prophylaxis; PrEP; *Sexual Health; point of care; HIV prevention trials; adolescent girls and young women; *Organophosphates; *HIV Infections/diagnosis/prevention & control/drug therapy; *Sexually Transmitted Diseases/diagnosis/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical

Article	2024	Hartmann M.; Nyblade L.; Otticha S.; Marton T.; Agot K.; Roberts S.T.	The development of a conceptual framework on PrEP stigma among adolescent girls and young women in sub-Saharan Africa	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26213	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185264001&doi=10.1002%2fjia2.26213&partnerID=40&md5=8852ed0231db8811fe1be4c031429281	Introduction: Stigma is a well-known barrier to HIV testing and treatment and is an emerging barrier to pre-exposure prophylaxis (PrEP) use. To guide future research, measurement and interventions, we developed a conceptual framework for PrEP stigma among adolescent girls and young women (AGYW) in sub-Saharan Africa, a priority population for PrEP. Methods: A literature review, expert consultations and focus group discussions (FGDs) were conducted to adapt the Health Stigma and Discrimination Framework, describing the stigmatization process nested within the socio-ecological framework. We reviewed all articles on PrEP stigma and on HIV, contraceptive or sexuality stigma among AGYW from 2009 to 2019. Expert consultations were conducted with 10 stigma or PrEP researchers and two Kenyan youth advisory boards to revise the framework. Finally, FGDs were conducted with AGYW PrEP users (4 FGDs; n = 20) and key influencers (14 FGDs; n = 72) in Kenya with the help of a Youth Research Team who aided in FGD conduct and results interpretation. Results from each phase were reviewed and the framework was updated to incorporate new and divergent findings. This was validated against an updated literature search from 2020 to 2023. Results: The conceptual framework identifies potential drivers, facilitators and manifestations of PrEP stigma, its outcomes and health impacts, and relevant intersecting stigmas. The main findings include: (1) PrEP stigma is driven by HIV, gender and sexuality stigmas, and low PrEP community awareness. (2) Stigma is facilitated by factors at multiple levels: policy (e.g. targeting of PrEP to high-risk populations), health systems (e.g. youth-friendly service availability), community (e.g. social capital) and individual (e.g. empowerment). (3) Similar to other stigmas, manifestations include labelling, violence and shame. (4) PrEP stigma results in decreased access to and acceptability of PrEP, limited social support and community resistance, which can impact mental health and decrease PrEP uptake and adherence. (5) Stigma may engender resilience by motivating AGYW to think of PrEP as an exercise in personal agency. Conclusions: Our PrEP stigma conceptual framework highlights potential intervention targets at multiple levels in the stigmatization process. Its adoption would enable researchers to develop standardized measures and compare stigma across timepoints and populations as well as design and evaluate interventions. © 2024 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of International AIDS Society.	adolescent girls and young women; conceptual framework; Kenya; pre-exposure prophylaxis; sexual and reproductive health; stigma	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Review
Article	2024	Hascher, Kevin; Jaiswal, Jessica; LoSchiavo, Caleb; Ezell, Jerel; Duffalo, Danika; Greene, Richard E.; Cox, Amanda; Burton, Wanda M.; Griffin, Marybec; John, Tejossy; Grin, Benjamin; Halkitis, Perry N.	Lack of Informed and Affirming Healthcare for Sexual Minority Men: A Call for Patient-Centered Care.	Journal of General Internal Medicine	-	-	-	-	1525-1497 0884-8734	10.1007/s11606-024-08635-8	https://pubmed.ncbi.nlm.nih.gov/38308157/	BACKGROUND: Sexual minority men (SMM) face severe health inequities alongside negative experiences that drive avoidance of medical care. Understanding how SMM experience healthcare is paramount to improving this population's health. Patient-centered care, which emphasizes mutual respect and collaboration between patients and providers, may alleviate the disparaging effects of the homophobia that SMM face in healthcare settings. OBJECTIVE: To explore how SMM perceive their experiences with healthcare providers and how care can most effectively meet their needs. DESIGN: Semi-structured qualitative interviews focused on healthcare experiences, pre-exposure prophylaxis (PrEP), and HIV-related beliefs were conducted between July and November 2018. PARTICIPANTS: The study included a sample of 43 young adult SMM (ages 25-27), representing diverse socioeconomic, racial, and ethnic backgrounds, in New York City. APPROACH: Researchers utilized a multiphase, systematic coding method to identify salient themes in the interview transcripts. KEY RESULTS: Analyses revealed three main themes: (1) SMM perceived that their clinicians often lack adequate skills and knowledge required to provide care that considers participants' identities and behaviors; (2) SMM desired patient-centered care as a way to regain agency and actively participate in making decisions about their health; and (3) SMM felt that patient-centered care was more common with providers who were LGBTQ-affirming, including many who felt that this was especially true for LGBTQ-identified providers. CONCLUSIONS: SMM expressed a clear and strong desire for patient-centered approaches to care, often informed by experiences with healthcare providers who were unable to adequately meet their needs. However, widespread adoption of patient-centered care will require improving education and training for clinicians, with a focus on LGBTQ-specific clinical care and cultural humility. Through centering patients' preferences and experiences in the construction of care, patient-centered care can reduce health inequities among SMM and empower healthcare utilization in a population burdened by historic and ongoing stigmatization.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Hatch, Mary A.; Laschober, Tanja C.; Paschen-Wolff, Margaret; Ertl, Melissa M.; Nelson, C. Mindy; Wright, Lynette; Lancaster, Chloe; Feaster, Daniel J.; Forrest, David; Hankey, Colby; Monger, Mauda; Fegley, Joshua P.; Irving, Rhonda; Young, Cynthia; Rose, Juliana; Spector, Anya; Dresser, Lauren; Moran, Landhing; Jelstrom, Eve; Tross, Susan	PrEP for people who use opioids: A NIDA clinical trials network survey study in Southern U.S. cities where HIV incidence is high.	Drug and Alcohol Dependence	-	-	-	-	1879-0046 0376-8716	10.1016/j.drugalcdep.2024.111133	https://pubmed.ncbi.nlm.nih.gov/38447393/	BACKGROUND: People who use opioids (PWUO) are at increased risk for HIV. Pre-exposure prophylaxis (PrEP) is effective but underutilized as HIV prevention among PWUO. This study examined predictors of willingness to take daily oral PrEP and long-acting injectable (LAI) PrEP among PWUO across eight Southern urban cities with high HIV incidence. METHODS: HIV-negative PWUO (N = 308) seeking services in community-based programs participated in this cross-sectional survey study. Measures included demographics, sexual risk behavior, substance use frequency, and awareness of and willingness to take oral and injectable PrEP. Data were analyzed using mixed-effects models. RESULTS: Willingness to take daily oral and LAI PrEP was moderately high (69.16% and 62.02%, respectively). Half had heard of PrEP, but only 4% had ever taken it. Only education and condomless vaginal sex predicted willingness to take oral PrEP. Only education predicted willingness to take LAI PrEP. Polysubstance use was prevalent, with substantial proportions of PWUO reporting frequent use of injection drugs (opioids or stimulants, 79.5%), non-injection opioids (73.3%), non-injection stimulants (71.1%), cannabis (62.6%), and hazardous drinking (29.6%). About 20% reported past-year condomless anal sex, and one-third reported past-year condomless vaginal sex. CONCLUSIONS: PWUO in this study were amenable to PrEP, particularly in light of education and condomless vaginal sex. Careful consideration for matching PrEP messaging to the PWUO audience is needed. PrEP promotion should expand beyond men who have sex with men to include groups such as these predominantly heterosexual, polysubstance-using PWUO with HIV risk who were open to both formulations of PrEP.	PrEP; HIV risk; Substance use; Opioid use; Southeastern United States	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Herrera, M. C.; Johnson, J.; Lim, S.; Morales, K. H.; Wilson, J. Deanna; Hadland, S. E.; Metzger, D.; Wood, S.; Dowshen, N.	Co-delivery of HIV pre-exposure prophylaxis (PrEP) and HIV testing among publicly insured adolescents and young adults (AYA) receiving medication for opioid use disorder (MOUD).	Drug and Alcohol Dependence	-	-	-	-	1879-0046 0376-8716	10.1016/j.drugalcdep.2024.111132	https://pubmed.ncbi.nlm.nih.gov/38387256/	BACKGROUND: Low rates of HIV pre-exposure prophylaxis (PrEP) prescribing contribute to the disproportionate burden of HIV in the United States. Among adolescent and young adults (AYA) with opioid use disorder, HIV testing and PrEP co-prescription rates are poorly characterized. METHODS: We performed a retrospective analysis involving deidentified data from Philadelphia's Medicaid beneficiaries ages 16-29 years who were prescribed medication for opioid use disorder (MOUD) from 2015 to 2020 and continuously Medicaid-enrolled for ≥6 months prior to that prescription. After identifying the presence of a qualifying diagnosis signifying a PrEP indication, we examined the outcome of appropriate PrEP co-prescriptions and HIV testing using generalized estimating equations (GEE) modeling. RESULTS: We identified 795 AYA Medicaid beneficiaries with 1269 qualified treatment episodes. We calculated a PrEP prescribing rate of 29.47 per 1000 person-years among AYA receiving MOUD. The HIV testing rate was 63.47 per 1000 person-years among AYA receiving MOUD. GEE modeling revealed that individuals receiving methadone were more likely (aOR=2.62, 95% CI=1.06-6.49) to receive HIV testing within 6 months after a PrEP-qualifying diagnosis compared to those receiving other MOUD medications. Those who only saw outpatient behavioral health providers were less likely (aOR=0.48, 95% CI=0.24-0.99) to have received an HIV test within 6 months after the PrEP-qualifying diagnosis compared to those receiving inpatient behavioral health services. CONCLUSIONS: Co-prescription of PrEP and HIV testing among AYA receiving MOUD was rare in this large urban publicly insured population. Interventions are needed to increase HIV prevention services for this key population of AYA at risk for HIV infection.	HIV; PrEP; Adolescent and young adult; Administrative claims; Generalized estimating equations; MOUD	English	Netherlands	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Hovaguimian F.; Kouyos R.D.; Kusejko K.; Schmidt A.J.; Tarr P.E.; Bernasconi E.; Braun D.L.; Calmy A.; Notter J.; Stoeckle M.; Surial B.; Christinet V.; Darling K.E.A.; Depmeier C.; Läuchli S.; Reinacher M.; Rasi M.; Nicca D.; Bruggmann P.; Haerry D.; Bize R.; Low N.; Vock F.; El Amari E.B.; Böni J.; Bosshard P.P.; Fehr J.S.; Hampel B.	Incidence of sexually transmitted infections and association with behavioural factors: Time-to-event analysis of a large pre-exposure prophylaxis (PrEP) cohort	HIV Medicine	-	-	-	-	14642662	10.1111/hiv.13543	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173454223&doi=10.1111%2fhiv.13543&partnerID=40&md5=713672f930070ac0eda82214830f28d7	Objectives: Our objective was to obtain long-term data on the incidence of sexually transmitted infections (STIs) and their association with behavioural factors after widespread pre-exposure prophylaxis (PrEP) implementation. Methods: This was a time-to-event analysis of a national PrEP cohort in Switzerland (SwissPrEPared study). Participants were people without HIV interested in taking PrEP with at least two STI screening visits. Primary outcomes were incidence rate of gonorrhoea, chlamydia, and syphilis. The association between behavioural factors and STI diagnosis was expressed using hazard ratios. We adjusted for testing frequency and calendar year. Results: This analysis included 3907 participants enrolled between April 2019 and April 2022, yielding 3815.7 person-years of follow-up for gonorrhoea (15 134 screenings), 3802.5 for chlamydia (15 141 screenings), and 3858.6 for syphilis (15 001 screenings). The median age was 39 years (interquartile range IQR 32–47), 93.8% (n = 3664) identified as men who have sex with men (MSM). The incidence was 22.8 (95% confidence interval CI 21.3–24.4) per 100 person-years for gonorrhoea, 26.3 (95% CI 24.7–28.0) for chlamydia, and 4.4 (95% CI 3.8–5.1) for syphilis. Yearly incidence rates decreased between 2019 (all bacterial STIs: 81.6; 95% CI 59.1–109.9) and 2022 (all bacterial STIs: 49.8; 95% CI 44.6–55.3). Participants reporting chemsex substance use were at higher risk of incident STIs, as were those reporting multiple sexual partners. Younger age was associated with a higher risk of gonorrhoea and chlamydia. Conclusions: Incidence rates of bacterial STIs decreased over time. Young MSM, those with multiple partners, and those using chemsex substances were at increased risk of STIs. © 2023 The Authors. HIV Medicine published by John Wiley & Sons Ltd on behalf of British HIV Association.	behavioural factors; incidence rate; pre-exposure prophylaxis; sexually transmitted infections	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Clinical
Article	2024	Hu J.; Kang W.; Guo J.; Xu J.; Lyu F.; Zhang G.	Analysis of HIV drug prophylaxis services cascade in healthcare workers: a cross-sectional study in China	BMC Infectious Diseases	-	-	-	-	14712334	10.1186/s12879-023-08873-x	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181255435&doi=10.1186%2fs12879-023-08873-x&partnerID=40&md5=ca96dea3754e6413b251c8a943889983	Background: Human immunodeficiency virus (HIV) drug prophylaxis, including post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), has not yet been generally recognized and accepted by the whole society in China, and the utilization coverage among high-risk populations is low. Healthcare workers (HCWs) are important to the promotion and implementation of HIV drug prophylaxis strategy. This study analyzed the HIV drug prophylaxis services cascade (knowledge, attitude, and service) in HCWs, and explored the correlations between PEP and PrEP. Methods: A cross-sectional study was conducted among 1066 HCWs in 20 designated hospitals for HIV antiretroviral therapy in 20 cities in China. We collected information on participants' essential characteristics, HIV drug prophylaxis services cascade (knowledge, attitude, and service) and so on. The Chi-square test was used to analyse whether the differences and correlations between categorical variables were statistically significant, and Pearson contingency coefficient was used to analyze the strength of correlations. Multivariable logistic regression was used to analyse associated factors. Results: Among these stages of HIV drug prophylaxis services cascade, a high percentage of 1066 participants had knowledge of HIV drug prophylaxis (PEP: 78.2%, PrEP: 80.0%). Of them, almost all had supportive attitudes towards HIV drug prophylaxis (PEP: 99.6%, PrEP: 98.6%). Only about half of them would provide HIV drug prophylaxis services (PEP: 53.5%, PrEP: 48.5%). There were positive correlations between knowledge of PEP and PrEP (r = 0.292), between attitudes toward PEP and PrEP (r = 0.325), and between provision of PEP services and PrEP services (r = 0.555) in HCWs. Conclusions: There was a positive correlation between PEP and PrEP in HCWs. At the stage of providing HIV drug prophylaxis services, training, advocacy and education for HCWs, should be targeted and also combine PEP and PrEP to maximize the effects, so as to improve the enthusiasm of HCWs to provide HIV drug prophylaxis services. © 2023, The Author(s).	Cascade; Cross-sectional study; Healthcare workers; HIV drug prophylaxis	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2024	Huang Y.-L.A.; Radix A.; Zhu W.; Kimball A.A.; Olansky E.J.; Hoover K.W.	HIV Testing and Preexposure Prophylaxis Prescriptions Among U.S. Commercially Insured Transgender Men and Women, 2014 to 2021	Annals of Internal Medicine	-	-	-	-	34819	10.7326/M23-2073	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182608328&doi=10.7326%2fM23-2073&partnerID=40&md5=a210af9293c1c53af26ed7097483f668	Background: Transgender persons are disproportionately affected by HIV, but preexposure prophylaxis (PrEP) use has been low in this population. Clinical encounters for gender-affirming hormone therapy (GAHT) provide opportunities for HIV prevention. Objective: To estimate the number of commercially insured transgender women (TGW) and transgender men (TGM) in the United States and their use of HIV prevention services. Design: Retrospective analysis of secondary data. Setting: Merative MarketScan commercial databases from 2014 to 2021. Participants: TGW and TGM, defined as those with transgender-related diagnoses and prescriptions for feminizing or masculinizing GAHT. Measurements: HIV testing and PrEP use. Results: A substantially increasing trend was observed in the prevalence of transgender-related diagnosis codes from 2014 to 2021 and in the proportion of persons who used GAHT. The increases were driven by persons aged 18 to 34 years. In 2021, among 10 613 TGW with a test for or a diagnosis of a sexually transmitted infection (STI) in the previous 12 months, 61.1% had an HIV test; among those, 20.2% were prescribed PrEP. Among 4184 TGM with STI risk, 48.3% had an HIV test; among those, 10.2% were prescribed PrEP. The prevalence of TGW and TGM who had a test for or a diagnosis of an STI, had an HIV test, and were prescribed PrEP increased substantially from 2014 to 2021. Limitation: The findings represent only persons with commercial health insurance who sought health care services for GAHT. Conclusion: It is important to identify transgender persons to monitor their receipt of HIV prevention services. Encounters for GAHT provide opportunities to offer HIV prevention and other prevention services. Many HIV prevention opportunities were likely missed at clinical encounters for GAHT. © 2023 American College of Physicians.	Female, HIV Infections, HIV Testing, Homosexuality, Male, Humans, Pre-Exposure Prophylaxis, Transgender Persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Hudrudchai S.; Suwanwong C.; Prasittichok P.; Mohan K.P.; Janeaim N.	Pre-exposure Prophylaxis Adherence Among Men Who Have Sex With Men: A Systematic Review and Meta-analysis	Journal of Preventive Medicine and Public Health	-	-	-	-	19758375	10.3961/jpmph.23.345	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184833076&doi=10.3961%2fjpmph.23.345&partnerID=40&md5=d24bc5284a0dfc6bd6bea395357a2f04	Objectives: The effectiveness and efficiency of pre-exposure prophylaxis (PrEP) in reducing the transmission of human immunodeficiency virus (HIV) among men who have sex with men (MSM) relies on how widely it is adopted and adhered to, particularly among high-risk groups of MSM. The meta-analysis aimed to collect and analyze existing evidence on various factors related to PrEP adherence in MSM, including demographic characteristics, sexual behaviors, substance use, and psychosocial factors. Methods: The meta-analysis followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The search included articles published between January 2018 and December 2022, obtained from the PubMed, ScienceDirect, and Scopus databases. The studies that were included in the analysis reported the proportion of MSM who demonstrated adherence to PrEP and underwent quality appraisal using the Newcastle-Ottawa Scale. Results: Of the 268 studies initially identified, only 12 met the inclusion criteria and were included in the final meta-analysis. The findings indicated that education (odds ratio OR, 1.64; 95% confidence interval CI, 1.12 to 2.40), number of sexual partners (OR, 1.16; 95% CI, 1.02 to 1.31), engaging in sexual activities with an human immunodeficiency virus-positive partner (OR, 1.59; 95% CI, 1.16 to 2.26), substance use (OR, 0.83; 95% CI, 0.70 to 0.99), and lower levels of depression (OR, 0.55; 95% CI, 0.37 to 0.82) were associated with higher rates of PrEP adherence among MSM. Conclusions: Despite these findings, further research is necessary to investigate PrEP adherence more comprehensively. The findings of this meta-analysis can be utilized to inform interventions aimed at improving PrEP adherence among MSM and provide directions for future research in this area. Copyright © 2024 The Korean Society for Preventive Medicine.	Adherence; Men who have sex with men; Meta-analysis; Pre-exposure prophylaxis; Systematic review	English	South Korea	Asia and the Pacific	Thailand	Asia and the Pacific	Thailand	Asia and the Pacific	Review
Article	2024	Hutchings, Danielle A; Larson, Brent K; Guindi, Maha; Waters, Kevin M	Markedly increased duodenal villous surface apoptosis in patients taking pre-exposure prophylaxis (PrEP) against human immunodeficiency virus.	Histopathology	-	-	-	-	1365-2559	10.1111/his.15137	https://dx.doi.org/10.1111/his.15137	AIMS: Pre-exposure prophylaxis (PrEP) consists of combination antiretroviral therapy and is increasingly utilized to prevent human immunodeficiency virus (HIV) in high-risk populations. Two index cases noted during routine care showed markedly increased duodenal villous surface apoptosis in patients on PrEP. We sought to examine the prevalence of this finding and identify any clinicopathologic correlations. METHODS: Gastrointestinal biopsy specimens from 23 male patients aged 18-40 years taking PrEP and 23 control patients were reviewed. Patients with HIV, inflammatory gastrointestinal diseases, and celiac disease were excluded. Apoptoses were counted on surface epithelium and deep crypts. The highest apoptotic body count per tissue fragment was recorded. Clusters were defined as groups of ≥5 apoptoses. Apoptotic counts between patients taking PrEP and controls were compared using t-tests. RESULTS: In PrEP patients, the median age was 35 years (range 25-40) and 83% (19/23) were white. The control patients were demographically similar (median age: 32 years range 23-40; 70% 16/23 white). Duodenal apoptosis in villous surface epithelium was increased in PrEP patients, with 14/23 (60.9%) patients having ≥10 surface apoptoses compared to 2/23 (8.7%) controls (P = 2.1 × 10-3) and 14/23 (61%) having clusters compared to 3/23 (13%) controls (P = 2.0 × 10-3). There was no significant association between increased surface apoptosis or clusters and clinical symptoms or duration of PrEP use. CONCLUSION: Markedly increased villous surface apoptosis, particularly in clusters, is often seen in the duodenum of patients taking PrEP. Although the mechanism and significance are unknown, knowledge of this peculiar finding may prevent unnecessary additional testing.	HIV, PrEP, Apoptosis, duodenum	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Hutchins, Freddie; Drey, Nicholas	Influences affecting decision-making regarding use of pre-exposure prophylaxis among black men who have sex with men in the USA: a systematic review and meta-synthesis.	Sexually Transmitted Diseases	-	-	-	-	1472-3263	10.1136/sextrans-2023-055861	https://dx.doi.org/10.1136/sextrans-2023-055861	AIM: To systematically identify, evaluate, and synthesise qualitative research examining positive and negative influences affecting decision-making behaviour among black men who have sex with men (BMSM) in the USA regarding use of pre-exposure prophylaxis (PrEP). BACKGROUND: Used correctly, PrEP is highly efficacious in preventing HIV infection and is available via healthcare services throughout the USA. BMSM are a key target population for HIV prevention services, however their engagement with these services is low. With potential barriers to access ranging from systemic to personal, a phenomenological perspective on the influences affecting individuals' decision-making is essential, helping to better understand the needs of this target population and guide development and delivery of more effective future policy and intervention services. DESIGN: Qualitative meta-synthesis with meta-aggregation. DATA SOURCES: The electronic databases Medline, CINAHL, APA PsycInfo, Embase and Ovid Emcare were comprehensively searched from inception to 21 January 2022. REVIEW METHODS: Systematic identification, quality assessment and synthesis of existing qualitative research according to protocols of meta-aggregation. This included identifying salient study findings and corroborating illustrations from the data, sorting like findings into descriptive themed categories and developing transformative synthesised statements from aggregate appraisal of category findings. RESULTS: Seventeen studies met the inclusion criteria and were assessed to be of acceptable quality. Synthesis of study data yielded 30 categories grouped under five themes: Stigma, Discrimination, Mistrust, PrEP positivity and PrEP negativity. Twelve synthesised statements were produced to provide a summary of the results and suggest improvements to the delivery of future PrEP services and interventions. CONCLUSION: A more targeted approach focused on advocacy and ambassadorship outside of clinical settings may be more influential in positive decision-making regarding use of PrEP in BMSM populations than relying on traditional outreach methods via institutions and their representatives where stigma, mistrust and structural inequalities perpetuate.	NA	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2024	Huynh, Katie; Kahwaji, Chadi I.	HIV Testing.	StatPearls	-	-	-	-	NA	NA	https://www.ncbi.nlm.nih.gov/books/NBK482145/	An estimated 15% of patients living with HIV in the United States (US) are unaware of their status. HIV testing needs to be incorporated into every level of the healthcare system to diagnose HIV as early as possible. It is estimated that 40% of new infections of HIV are transmitted by those who are not aware of their HIV diagnosis. Early detection reduces the complications of HIV infection and decreases the risk of transmission. Who to Screen HIV testing should be considered at every clinical visit across specialties. All healthcare providers should be aware of the screening recommendations. All patients between 13 and 75 years of age should be routinely screened for HIV. One-time testing is sufficient for most patients except in specific populations. Those needing more frequent testing are men who have sex with men, especially between 13 and 24 years of age; those who inject drugs; those who have sex in exchange for money or food; those who have sex with partners of unknown HIV status; and those who have partners who are known to be HIV positive, inject drugs or are bisexual. Patients should be screened for HIV if they present with signs and symptoms of HIV. A constellation of nonspecific symptoms, such as fever, sore throat, or rash, may present as acute retroviral syndrome 2 to 4 weeks after HIV transmission. Patients should be screened if they report possible HIV exposure, regardless of symptoms. This includes all patients requesting sexually transmitted infections testing, those with occupational needle stick or significant mucous membrane exposures, as well as suspected or known sexual or percutaneous exposures, such as patients sharing needles for substance use. Patients with possible exposure need repeated testing during the 4 to 6 months following exposure. These patients also should be considered for occupational or nonoccupational post-exposure prophylaxis (PEP). Guidelines for prescribed PEP can be found at https://www.cdc.gov/hiv/basics/pep.html. Patients who are seeking pre-exposure prophylaxis (PrEP) also should be screened for HIV before starting therapy as well as every 3 months after beginning treatment with PrEP. PrEP treatment is currently emtricitabine/tenofovir once a day. If emtricitabine/tenofovir is used as PrEP in an individual who has converted to HIV, there is a risk that the virus will develop resistance, further complicating the treatment. Women who are pregnant need to be screened early in pregnancy.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Irie W.C.; Calabrese S.K.; Mayer K.H.; Geng E.H.; Blackstock O.; Marcus J.L.	Social and structural factors associated with interest in HIV preexposure prophylaxis among Black women in the United States	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2299338	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181441428&doi=10.1080%2f09540121.2023.2299338&partnerID=40&md5=f748b7048d69a5dd44e0ba4550f23315	In a nationwide sample of cisgender Black women in the US, we assessed the associations between social and structural factors and interest in using HIV preexposure prophylaxis (PrEP). Among 315 respondents, 62.2% were interested in PrEP if it were provided for free. Positive social norms surrounding PrEP, including injunctive norms (perceived social acceptability of PrEP use) and descriptive norms (perceived commonality of PrEP use), were positively associated with interest in using PrEP. Concerns about HIV infection, recently visiting a health care provider, and comfort discussing PrEP with a provider were also positively associated with interest in using PrEP. Anticipating PrEP disapproval from others was negatively associated with interest in PrEP. Although PrEP can promote autonomy and personal discretion, Black women's PrEP-related decisions occur in a complex social environment. Black women may benefit from interventions to promote positive norms and attitudes surrounding PrEP at the community level and empower them in discussions with their providers about PrEP. © 2024 Informa UK Limited, trading as Taylor & Francis Group.	Black women; HIV prevention; preexposure prophylaxis (PrEP); SDG 10: reduced inequalities; SDG 3: good health and well-being; social norms; stigma	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Irie W.C.; Croston M.A.; Mahone A.	The Impact of Providers as Health Discussants on Black Women's Interest in PrEP for HIV Prevention	Journal of the International Association of Physicians in AIDS Care	-	-	-	-	23259574	10.1177/23259582231225278	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181667755&doi=10.1177%2f23259582231225278&partnerID=40&md5=0774f88cb70348a723eb8852cd5a2dce	This study sought to examine the role of providers as health discussants (HD) on interest in preexposure prophylaxis for HIV prevention in a national sample of adult Black cisgender women (N = 315). Health discussant networks, a type of social network, may be influential in HIV prevention efforts. These networks, often composed of individuals' families, have improved health utilization outcomes in other disciplines. However, health discussants in HIV prevention are understudied, especially when considering providers as network members. We conducted a cross-sectional online survey and collected socio-demographic information, sexual history, HIV concerns, PrEP attitudes, healthcare utilization, mistrust, social support, and HD information. We used descriptive statistics and logistic regression to analyze data. Associations between PrEP interest and variables were examined. We found that older, partnered, who had recent healthcare visits or health insurance were more likely to involve healthcare providers as discussants. Anticipated PrEP stigma decreased provider involvement. Among participants listing providers as discussants, there was a greater likelihood of interest in using PrEP. Our findings indicate that healthcare provider support and social factors are crucial in promoting PrEP engagement among Black women. Integrating social dynamics and positive provider-patient interactions is essential for successful PrEP implementation. © The Author(s) 2024.	Black women; healthcare providers; human immunodeficiency virus; preexposure prophylaxis (PrEP); primary care	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Irie W.C.; Mahone A.; Johnson B.; Marrazzo J.; Mugavero M.J.; Van Der Pol B.; Elopre L.	"Just the Stigma Associated with PrEP Makes You Feel Like It's HIV Itself": Exploring PrEP Stigma, Skepticism, and Medical Mistrust Among Black Cisgender Women in Urban and Rural Counties in the U.S. Deep South	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-023-02769-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181873112&doi=10.1007%2fs10508-023-02769-2&partnerID=40&md5=d409eb8399fc2bddb1f8968d1aa245b3	Despite its effectiveness in HIV prevention, PrEP use among Black women is suboptimal. Notably in the Deep South, Black women have the lowest PrEP uptake rates among all US regions. To increase PrEP engagement, research suggests the implementation of structural and social interventions particular to the needs of Black women. The state of Alabama is of priority to federal HIV prevention initiatives; therefore, this study conducted focus groups among 47 cis-gender Black women in rural and urban Alabama counties, with the highest statewide HIV incidence rates, to understand perceptions of PrEP and decision-making processes. Deductive coding analysis was conducted and themes were finalized based on consensus among the two coders. Four themes were identified. Findings show stigma undergirds Alabaman Black women's decisions to engage in PrEP care. Moreover, women reported stigma stifled community-level education about PrEP. Despite these experiences, education was regarded as a strategy to decrease stigma and PrEP skepticism, the latter of which emerged as a prominent theme. Medical mistrust and healthcare engagement were the other emergent themes influencing participation in PrEP care. To ensure PrEP efforts meet the needs of Black cisgender women in Alabama counties, interventions must address longstanding stigma, increase educational initiatives, and ensure interventions consider women's experiences with medical mistrust and health care engagement. © 2024, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Black women; Deep South; Medical mistrust; Preexposure prophylaxis (PrEP); Stigma	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Janamnuaysook, Rena; Guo, Yan; Yu, Yeon Jung; Phanuphak, Nittaya; Kawichai, Surinda; MacDonell, Karen; Jupimai, Thidarat; Rongkavilit, Chokechai; Wang, Bo	Lived experiences with pre-exposure prophylaxis uptake and adherence among transgender women in Thailand: a qualitative study.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH23102	https://dx.doi.org/10.1071/SH23102	BACKGROUND: Transgender women (TGW) are disproportionately affected by HIV, and HIV prevalence among TGW in Thailand has been increasing. Although oral daily pre-exposure prophylaxis (PrEP) is effective for HIV prevention, PrEP uptake and persistence among TGW have been low. This study aimed to provide a deeper understanding of TGW's experiences with PrEP uptake and adherence, and to identify major barriers to PrEP use to inform intervention adaptation. METHODS: We interviewed 20 young TGW (six non-PrEP users, eight adherent, six non-adherent) and 10 health care providers from two HIV clinics in Bangkok, Thailand, in 2022. We focused on understanding challenges to PrEP use in this population using an interview guide based on a theoretical model of behaviour change and thematic content analysis. RESULTS: Thematic analysis identified major barriers to and facilitators of PrEP uptake and adherence. Barriers to PrEP initiation included low self-perceived HIV risk, concern about potential side-effects, patient burdens such as frequent HIV testing for prescription refills and social stigma against PrEP. Barriers to adherence included side-effects, inconvenient access to health services (especially during COVID-19 lockdowns), forgetfulness resulting from busy schedules and low self-perceived HIV risk. TGW also reported health care providers' stigma against PrEP users deterred them from seeking further PrEP services. TGW identified major facilitators of PrEP initiation, including awareness about the benefits of PrEP, concern about risks of HIV and supportive social networks of PrEP users. As to PrEP regimens, most TGW participants reported a clear preference for long-lasting, injectable PrEP over daily oral PrEP. TGW and health care providers largely agreed on barriers and facilitators of PrEP use, but they differed in perceptions of HIV risk. CONCLUSIONS: The results highlighted challenges and opportunities to improve the delivery of PrEP, as well as other sexually transmissible infection and mental health services, especially among TGW. Thus, there is an urgent need for developing effective intervention programs that could raise PrEP awareness and knowledge, reduce PrEP stigma, and improve PrEP delivery systems among TGW in Thailand.	adherence, barriers, facilitators, HIV prevention, in-depth interview, pre-exposure prophylaxis, PrEP uptake, Thailand, transgender women.	English	Australia	Asia and the Pacific	Thailand	Asia and the Pacific	United States	Western and Central Europe and North America	Qualitative
Article	2024	Jocelyn; Nasution, Fadli Mubaroq; Nasution, Natasya Assyifa; Asshiddiqi, M. Hanafi; Kimura, Nidya Haschita; Siburian, Madeline Hana Tasya; Rusdi, Zata Yumni Nabila; Munthe, Annisa Renzu; Chairenza, Ivina; Ginting Munthe, Michelle C. F. Br; Sianipar, Putri; Gultom, Surya Perdana; Simamora, David; Uswanas, Irene Rosari; Salim, Emil; Khairunnisa, Khairunnisa; Syahputra, Rony Abdi	HIV/AIDS in Indonesia: current treatment landscape, future therapeutic horizons, and herbal approaches.	Frontiers in Public Health	-	-	-	-	2296-2565	10.3389/fpubh.2024.1298297	https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1298297/full	HIV/AIDS is still a major worldwide health concern, and Indonesia is making efforts to mitigate its effects. Antiretroviral therapy (ARV), which aims to decrease viral replication, boost immunological function, and lengthen the lifespans of persons living with HIV/AIDS, is the cornerstone of Indonesia's strategy. The availability of ARV has significantly increased, yet problems including stigma and the requirement for regular medication adherence still exist. To address the broader needs of those affected by HIV/AIDS, Indonesia lays a major focus on comprehensive care, which includes mental health and social support, in addition to ARV. Data show that, despite progress, there is still a stigma surrounding HIV/AIDS, which affects patient outcomes and access to care. With vigorous research into cutting-edge antiretroviral medications and treatment techniques, Indonesia has a thriving future therapeutic landscape. The goals of these programs are to increase treatment effectiveness, decrease side effects, and increase access to cutting-edge treatments. Preventive methods, such as PrEP (pre-exposure prophylaxis), are making progress, and efforts to find a cure are gaining prominence. Notably, HIV/AIDS management plan of Indonesia heavily relies on natural remedies. Patient care incorporates traditional Indonesian medicine, such as jamu and several herbal medicines. Although there is little scientific proof to support the effectiveness of these herbal remedies, complementary and alternative therapies frequently employ them to manage symptoms and promote general wellness. In terms of the 95-95-95 targets, Indonesia is making an effort to comply with these international goals by seeking to diagnose 95% of HIV-positive individuals, provide sustained ARV to 95% of those diagnosed, and achieve viral suppression in 95% of ARV recipients. Although there are gaps in reaching these aims, progress is being made, in part because of the aforementioned challenges. In summary, Indonesia employs a multimodal approach to HIV/AIDS management, including traditional herbal cures, continuous research into cutting-edge treatments, and conventional ARV. In order to enhance overall health outcomes and create a healthier society, the future of HIV/AIDS treatment in Indonesia is concentrated on expanding therapeutic alternatives, reaching the 95-95-95 targets, decreasing stigma, and improving access to care.	Humans; Anti-Retroviral Agents/therapeutic use; antiretroviral therapy; pre-exposure prophylaxis; *HIV Infections/drug therapy/prevention & control; HIV/AIDS; medication adherence; *Acquired Immunodeficiency Syndrome/drug therapy; Indonesia; *Complementary Therapies; herbal approaches	English	Switzerland	Western and Central Europe and North America	Indonesia	Asia and the Pacific	Indonesia	Asia and the Pacific	Review
Article	2024	Johnson, Leigh F.; Myer, Landon; Jamieson, Lise; Meyer-Rath, Gesine; Delany-Moretlwe, Sinead; Joseph Davey, Dvora	The potential benefits of long-acting injectable cabotegravir in pregnant and breastfeeding women and their infants.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003803	https://pubmed.ncbi.nlm.nih.gov/38016171/	BACKGROUND: Pregnant and breastfeeding women (PBW) in sub-Saharan Africa have high HIV incidence rates and associated risk of vertical transmission to their infants. Oral preexposure prophylaxis (PrEP) and injectable PrEP (long-acting cabotegravir, or CAB-LA) can potentially reduce this HIV transmission, but population-level impacts are uncertain. METHODS: We extended a previously developed model of HIV and PrEP in South Africa to allow for variable PrEP duration and preference in PBW. We considered three potential scenarios for PrEP provision to PBW: oral PrEP only, CAB-LA only, and allowing oral/CAB-LA choice, with uptake and retention assumptions informed by South African data, each compared with a 'base' scenario without PrEP for PBW. RESULTS: Without PrEP for PBW, the model estimates 1.31 million new infections will occur between 2025 and 2035 in South African adults and children, including 100000 in PBW, 16800 in infants at/before birth, and 35200 in children through breastmilk. In the oral PrEP-only scenario, these numbers would reduce by 1.2% (95% CI: 0.7-1.7%), 8.6% (4.8-12.9%), 4.0% (2.1-5.8%), and 5.3% (3.0-8.2%) respectively. In the CAB-LA-only scenario, the corresponding reductions would be 6.1% (2.9-9.6%), 41.2% (19.8-65.0%), 12.6% (6.0-19.4%), and 29.5% (13.9-46.8%), respectively, and in the oral/CAB-LA choice scenario, similar reductions would be achieved 5.6% (3.4-8.0%), 39% (23.4-55.9%), 12.4% (7.4-16.8%) and 27.6% (16.5-39.9%) respectively. CONCLUSION: CAB-LA has the potential to be substantially more effective than oral PrEP in preventing HIV acquisition in PBW and vertical transmission, and can also modestly reduce HIV incidence at a population level.	Adult; Humans; Female; Pregnancy; Child; Infant; South Africa/epidemiology; *Anti-HIV Agents/therapeutic use; Breast Feeding; *Pre-Exposure Prophylaxis; *Pyridones; *HIV Infections/epidemiology; *Diketopiperazines	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Quantitative
Article	2024	Johnson, Ragan; Conley, Cherie; Jeter, Elizabeth; Randolph, Schenita D	PrEP-aring stylists: Development of a stylist educational workshop to increase PrEP awareness and knowledge among Black women in the US south	Public Health Nursing	-	-	-	-	7371209	10.1111/phn.13253	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171335289&doi=10.1111%2fphn.13253&partnerID=40&md5=52f8ec973369340fe1b2668f46007e33	Background: Black cis-gender women are disparately affected by HIV and require prioritization in prevention efforts, including pre-exposure prophylaxis (PrEP). Preparing trusted community leaders such as salon stylists as health-based opinion leaders may be promising to increasing awareness, knowledge, and uptake of PrEP among Black women. We sought to develop training and better understand stylists who may participate in a salon-based PrEP intervention for Black women. Methods: A community-research partnership designed a stylist training workshop for stylists with a majority Black women clientele. A two-session workshop focused on HIV knowledge, HIV prevention including PrEP, and the role of an opinion leader to influence community social and health norms. An exploratory research design and analysis was conducted to examine stylists and opinion leader roles. Conclusions: Stylists showed a high level of knowledge and willingness to serve as an opinion leader in their salons and with their communities. Stylists also verified medical mistrust in the healthcare system that makes community-based interventions attractive. This article discusses how the training was piloted and accepted by stylists. © 2023 Wiley Periodicals LLC.	community-engaged interventions; HIV prevention; PrEP; salon-based intervention; training	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Kalu, Ngozi; Ross, Michael W.; Taegtmeyer, Miriam; Spicer, Neil; Adebajo, Sylvia; Owolabi, Rotimi; Lamontagne, Erik; Howell, Sean; Neuman, Melissa	Is Internalised Homonegativity associated with HIV testing and HIV risk behaviours of men who have sex with men: a multilevel cross-sectional study of sub-Saharan African countries.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2023-074791	https://pubmed.ncbi.nlm.nih.gov/38286695/	OBJECTIVES: This study assessed the associations of Internalised Homonegativity (IH) with HIV testing and risk behaviours of adult men who have sex with men (MSM) in sub-Saharan Africa (SSA) and effect modification by the legal climate. DESIGN: We used data from the cross-sectional 2019 Global Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI+) Internet survey study. SETTING AND PARTICIPANTS: Overall, the 2019 Global LGBTI Internet Survey collected data from 46 SSA countries. In this secondary analysis, we included data from 3191 MSM in 44 SSA countries as there were no eligible MSM responses in the 2 countries excluded. OUTCOME MEASURES: Our response variables were self-reported binary indicators of ever tested for HIV, recently tested in the past 6 months (from those who reported ever testing), transactional sex (paying for and being paid for sex in the past 12 months), and unprotected anal sex (that is without a condom or pre-exposure prohylaxis (PrEP)) with a non-steady partner (in the past 3 months). RESULTS: Our findings showed high levels of IH (range 1-7) in MSM across SSA (mean (SD)=5.3 (1.36)). We found that MSM with higher IH levels were more likely to have ever (adjusted OR (aOR) 1.18, 95% CI 1.03 to 1.35) and recently tested (aOR 1.19, 95% CI 1.07 to 1.32) but no evidence of an association with paying for sex (aOR 1.00, 95% CI 0.89 to 1.12), selling sex (aOR 1.06, 95% CI 0.95 to 1.20) and unprotected sex (aOR 0.99, 95% CI 0.89 to 1.09). However, we observed that a favourable legal climate modifies the associations of IH and paying for sex (aOR 0.75, 95% CI 0.60 to 0.94). Increasing levels of IH had a negative association with paying for sex in countries where same-sex relationships are legal. We found no associations of IH with unprotected anal sex in the population surveyed. CONCLUSIONS: We confirm that IH is widespread across SSA but in countries that legalise same-sex relationships, MSM were less likely to engage in transactional sex compared with those in countries where homosexuality is criminalised.	Adult; Humans; Male; Female; Risk-Taking; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Surveys and Questionnaires; Epidemiology; *Sexual and Gender Minorities; HIV & AIDS; Public health; HIV Testing; *HIV Infections/diagnosis/epidemiology	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2024	Kalwicz D.A.; Rao S.; Modrakovic D.X.; Zea M.C.; Dovidio J.F.; Eaton L.A.; Holt M.; MacGibbon J.; Zaheer M.A.; Garner A.; Calabrese S.K.	The Implications of PrEP Use, Condom Use, and Partner Viral Load Status for Openness to Serodifferent Partnering Among US Sexual Minority Men (SMM)	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04241-7	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184455131&doi=10.1007%2fs10461-023-04241-7&partnerID=40&md5=dec39475ea33b0e80eff15da5e4c6560	PrEP has been reported to facilitate openness to serodifferent sexual partnerships among sexual minority men (SMM). However, other aspects of a sexual scenario likely come into play, including whether or not condoms are used and whether or not the partner living with HIV has an undetectable viral load. This online survey study evaluated the association between PrEP status and openness to serodifferent partnering, as well as the effects of various sexual scenario variables (condom use and partner's viral load) among 268 HIV-negative SMM in the US. Each participant reported their PrEP status and rated their openness to serodifferent partnering in four sexual scenarios, which varied by condom use (with/without) and partner viral load status (detectable/undetectable). Analyses of covariance (ANCOVAs) were conducted to assess differences in openness to serodifferent partnering by PrEP status in each scenario, adjusting for background characteristics. A two-way repeated measures ANCOVA and a three-way mixed factorial ANCOVA, including PrEP status as a between-subjects variable, were also performed to assess the effects of condom use and partner viral load status on openness. Across all scenarios, current PrEP users expressed significantly greater openness to serodifferent partnering compared to participants who had never used PrEP. Current PrEP users were also more likely than former PrEP users to consider partnering with someone with an undetectable viral load without using condoms. Both PrEP users and PrEP-inexperienced individuals had greater openness to serodifferent partnering with a partner having an undetectable (vs. detectable) viral load, which was magnified by condom use among the latter. © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2024.	Condom use; HIV; Pre-exposure prophylaxis; Serodifferent partnering; Sexual and gender minorities; Undetectable = untransmittable (U = U)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Kamadjou A.; Decock A.; Huleux T.; Depreux A.; Aissi E.; Landre L.; Baclet V.; Viget N.; Valette M.; Robineau O.; Meybeck A.	Impact of the COVID-19 pandemic on sexual behaviour and welfare of HIV preexposure prophylaxis users: a mixed-method study	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2206100	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85158866646&doi=10.1080%2f09540121.2023.2206100&partnerID=40&md5=379a6abe9174715f2b5003f4bcca13d3	COVID-19 pandemic can affect people using HIV preexposure prophylaxis (PrEP). To assess its consequences on PrEP users' sexual behaviour and welfare, we conducted a mixed-method study. A self-administered questionnaire was given to PrEP users during scheduled consultation in Tourcoing Hospital from February to May 2021. In addition, a qualitative study included 14 participants who took part in semi-structured in-depth interviews (IDIs). Ninety-four PrEP users completed the questionnaire. During lockdown, 62% of participants continued PrEP. After lockdown release, the average number of sexual intercourses and partners increased from 6 ± 12 to 13 ± 17 intercourses/month (p < 0.001) and from 3 ± 11 to 11 ± 34 partners/month (p < 0.001). Similarly, the proportion of PrEP users who engaged in group sex, sex with alcohol or chemsex increased respectively from 28% to 55% (p < 0.001), 28% to 45% (p < 0.001) and 28% to 38% (p < 0.001). Analysis of IDIs revealed emotional deprivation and sexual frustration during the lockdown. After its release, frequent clandestine chemsex parties and curfew forcing overnight stay increased fears of intimate violence and overdoses. In conclusion, PrEP users reduced their sexual activity during the lockdown. Its release led to an increase in sexual risk-taking. Social distancing measures could favour medical and social harm of sexual risk-taking. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	chemsex; COVID-19; HIV; intimate violence; PrEP; sexual risk-taking; STI	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Mixed methods
Article	2024	Kamitani, Emiko; Peng, Yinan; Hopkins, David; Higa, Darrel H.; Mullins, Mary M.	A Community Guide Systematic Review: Digital HIV Pre-Exposure Prophylaxis Interventions.	American Journal of Preventive Medicine	-	-	-	-	1873-2607 0749-3797	10.1016/j.amepre.2024.02.009	https://www.sciencedirect.com/science/article/abs/pii/S0749379724000631	INTRODUCTION: HIV preexposure prophylaxis (PrEP) is highly effective when taken as prescribed. Digital health adherence interventions have been identified as effective for improving antiretroviral therapy adherence among people with HIV, but limited evidence exists for PrEP adherence interventions among people without HIV. The purpose of this Community Guide systematic review was to present the characteristics and effectiveness of digital PrEP adherence interventions. METHODS: The author searched the CDC HIV Prevention Research Synthesis cumulative database for digital health interventions with PrEP adherence outcomes published in peer-reviewed journals from 2000 to 2022. Studies with comparison arms or pre-post data evaluating interventions in high-income countries were included. Two reviewers independently screened citations, extracted data, conducted risk of bias assessment, and resolved discrepancies through discussion. Summary effect estimates were calculated using median and interquartile interval. RESULTS: Nine studies were included and all focused on gay, bisexual, and other men who have sex with men. Eight studies were U.S.-based while the other was conducted in the Netherlands. Five were randomized control trials and four were pre-/post studies. All studies showed improved adherence in the intervention arms compared with comparison groups or preintervention data. One study also reported improvement in PrEP care retention. DISCUSSION: Digital health adherence interventions with different strategies to improve PrEP and HIV-related outcomes were identified. The small number of studies identified is a limitation. Findings from this review served as the basis for the Community Preventive Services Task Force recommendation to use these interventions to increase PrEP adherence to prevent HIV infection.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Kamusiime, Brenda; Beima-Sofie, Kristin; Chhun, Nok; Nalumansi, Alisaati; Nalukwago, Grace Kakoola; Kasiita, Vicent; Twesige, Chris Collins; Kansiime, Ritah; Muwonge, Timothy R.; Kyambadde, Peter; Kadama, Herbert; Mudiope, Peter; Glick, Sara; Lambdin, Barrot; Mujugira, Andrew; Heffron, Renee	"Take services to the people": strategies to optimize uptake of PrEP and harm reduction services among people who inject drugs in Uganda.	Addiction Science & Clinical Practice	-	-	-	-	1940-0640 1940-0632	10.1186/s13722-024-00444-y	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10893723/	BACKGROUND: People who inject drugs (PWID) are at increased risk of HIV acquisition and often encounter barriers to accessing healthcare services. Uganda has high HIV prevalence among PWID and lacks integrated pre-exposure prophylaxis (PrEP) and harm reduction services. Understanding PWID experiences accessing and using harm reduction services and PrEP will inform strategies to optimize integration that align with PWID needs and priorities. METHODS: Between May 2021 and March 2023, we conducted semi-structured interviews with PWID in Kampala, Uganda. We recruited participants with and without previous experience accessing harm reduction services and/or PrEP using purposive and snowball sampling. Interviews were audio recorded, translated, and transcribed. We used thematic analysis to characterize motivations for uptake of harm reduction and HIV prevention services, and strategies to optimize delivery of needle and syringe programs (NSP), medications for opioid use disorder (MOUD), and PrEP. RESULTS: We conducted interviews with 41 PWID. Most participants were relatively aware of their personal HIV risk and accurately identified situations that increased risk, including sharing needles and engaging in transactional sex. Despite risk awareness, participants described engaging in known HIV risk behaviors to satisfy immediate drug use needs. All reported knowledge of harm reduction services, especially distribution of sterile needles and syringes, and many reported having experience with MOUD. Participants who had accessed MOUD followed two primary trajectories; limited resources and relationships with other PWID caused them to discontinue treatment while desire to regain something they believed was lost to their drug use motivated them to continue. Overall, PrEP knowledge among participants was limited and few reported ever taking PrEP. However, participants supported integrating PrEP into harm reduction service delivery and advocated for changes in how these services are accessed. Stigma experienced in healthcare facilities and challenges acquiring money for transportation presented barriers to accessing current facility-based harm reduction and HIV prevention services. CONCLUSIONS: Meeting the HIV prevention needs of PWID in Uganda will require lowering barriers to access, including integrated delivery of PrEP and harm reduction services and bringing services directly to communities. Additional training in providing patient-centered care for healthcare providers may improve uptake of facility-based services.	Humans; Uganda; HIV prevention; Pre-exposure prophylaxis (PrEP); Harm Reduction; *Drug Users; Pharmaceutical Preparations; *Acquired Immunodeficiency Syndrome; People who use drugs (PWUD); People who inject drugs (PWID); *Substance Abuse, Intravenous/epidemiology; *HIV Infections/prevention & control/epidemiology; *Opioid-Related Disorders; Harm reduction services	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	United States	Western and Central Europe and North America	Qualitative

Article	2024	Kanny, Dafna; Lee, Kathryn; Olansky, Evelyn; Robbins, Taylor; Trujillo, Lindsay; Finlayson, Teresa; Morris, Elana; Agnew-Brune, Christine; Cha, Susan; Chapin-Bardales, Johanna; Wejnert, Cyprian	Overview and Methodology of the National HIV Behavioral Surveillance Among Transgender Women - Seven Urban Areas, United States, 2019-2020.	MMWR Recommendations and Reports	-	-	-	-	2380-8942 2380-8950	10.15585/mmwr.su7301a1	https://www.cdc.gov/mmwr/volumes/73/su/su7301a1.htm	Transgender women, especially transgender women of color, are disproportionately affected by HIV. However, no surveillance system collects data on HIV risk factors among this population. To address this gap, CDC developed a surveillance system entitled National HIV Behavioral Surveillance Among Transgender Women (NHBS-Trans) to assess behavioral and contextual data through systematic biobehavioral surveillance to monitor behavioral risk factors, prevention usage, and HIV prevalence among transgender women. NHBS-Trans used respondent-driven sampling in seven urban areas in the United States. Trained interviewers used a standardized, anonymous questionnaire to collect information on HIV-related behavioral risk factors, HIV testing, and use of prevention services. Each of the seven participating project areas recruited approximately 200 eligible transgender women and offered anonymous HIV testing. Overall, in the seven project areas, 1,757 participants completed the eligibility screener for NHBS-Trans during 2019-2020; of these, 6.6% were seeds (i.e., a limited number of initial participants who were chosen by referrals from persons and community-based organizations who knew or were part of the local population of transgender women). A total of 1,637 (93.2%) participants were eligible, consented, and completed the interview. Of these, 1,624 (99.2%) agreed to HIV testing. Of the total 1,637 participants, 29 participants did not report identity of woman or transgender woman, resulting in a final sample of 1,608 transgender women. NHBS-Trans project area staff members (n = 14) reported that the survey was timely and addressed a critical need for HIV surveillance in a population that is often overlooked. The MMWR supplement includes this overview report on NHBS-Trans, which describes the methods (history, participant eligibility criteria, questionnaire, data collection, and HIV testing) as well as evaluation of project implementation and the performance of the questionnaire content, specifically the acceptability for transgender women. The other NHBS-Trans reports in the supplement include information on pre-exposure prophylaxis use, psychosocial syndemic conditions and condomless anal intercourse, nonprescription hormone use, homelessness, discrimination and the association between employment discrimination and health care access and use, and social support and the association between certain types of violence and harassment (gender-based verbal and physical abuse or harassment, physical intimate partner abuse or harassment, and sexual violence) and suicidal ideation. NHBS-Trans provides important data related to the goals of the Ending the HIV Epidemic in the U.S. initiative. Findings from NHBS-Trans can help guide community leaders, clinicians, and public health officials in improving access to and use of HIV prevention and treatment services by transgender women.	Humans; Female; Risk Factors; HIV; *Transgender Persons; *HIV Infections/diagnosis; Anonymous Testing	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Kebede, Samuel; Brazier, Ellen; Freeman, Aimee M.; Muwonge, Timothy R.; Choi, Jun Yong; de Waal, Renee; Poda, Armel; Cesar, Carina; Munyaneza, Athanase; Kasozi, Charles; Pasayan, Mark Kristoffer U.; Althoff, Keri N.; Shongo, Alisho; Low, Nicola; Ekouevi, Didier; Veloso, Valdiléa G.; Ross, Jonathan	Preexposure prophylaxis availability among health facilities participating in the global International epidemiology Databases to Evaluate AIDS (IeDEA) consortium.	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003824	https://pubmed.ncbi.nlm.nih.gov/38133656/	BACKGROUND: While recognized as a key HIV prevention strategy, preexposure prophylaxis (PrEP) availability and accessibility are not well documented globally. We aimed to describe PrEP drug registration status and the availability of PrEP services across HIV care sites participating in the International epidemiology Databases to Evaluate AIDS (IeDEA) research consortium. METHODS: We used country-level PrEP drug registration status from the AIDS Vaccine Advocacy Coalition and data from IeDEA surveys conducted in 2014, 2017 and 2020 among participating HIV clinics in seven global regions. We used descriptive statistics to assess PrEP availability across IeDEA sites serving adult patients in 2020 and examined trends in PrEP availability among sites that responded to all three surveys. RESULTS: Of 199 sites that completed the 2020 survey, PrEP was available in 161 (81%). PrEP availability was highest at sites in North America (29/30; 97%) and East Africa (70/74; 95%) and lowest at sites in Central (10/20; 50%) and West Africa (1/6; 17%). PrEP availability was higher among sites in countries where PrEP was officially registered (146/161; 91%) than where it was not (14/32; 44%). Availability was higher at health centers (109/120; 90%) and district hospitals (14/16; 88%) compared to regional/teaching hospitals (36/63). Among the 94 sites that responded to all three surveys, PrEP availability increased from 47% in 2014 to 60% in 2017 and 76% in 2020. CONCLUSION: PrEP availability has substantially increased since 2014 and is now available at most IeDEA sites. However, PrEP service provision varies markedly across global regions.	NA	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Keddem S.; Frye V.; Davis A.; Koblin B.A.; Tieu H.; Lipsky R.K.; Nandi V.; Teitelman A.M.	The Moderating Effects of HIV Relevant Factors on the Relationship Between Intimate Partner Violence and Intention to Start HIV Pre-exposure Prophylaxis (PrEP) Among Cisgender Women	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-024-02812-w	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185125404&doi=10.1007%2fs10508-024-02812-w&partnerID=40&md5=85f74e6a90c59eeb3ed5449b064cbe89	Intimate partner violence (IPV) and HIV are serious and related public health problems that detrimentally impact women's health. Because women who experience IPV are more likely to acquire HIV, it is critical to promote HIV prevention strategies, such as HIV pre-exposure prophylaxis (PrEP), that increase autonomy. This study of cisgender women eligible for HIV PrEP took place between 2017 and 2019 in Philadelphia and New York City. This study aimed to examine the relationship between four types of IPV (control, psychological, physical, sexual) and intention to start PrEP among PrEP-eligible cisgender women and assess the extent to which HIV relevant factors moderated the association between IPV experience and intention to start PrEP. In this sample of PrEP-eligible women (n = 214), 68.7% indicated intention to start PrEP in the next 3 months. Ethnicity was strongly associated with intention to start PrEP, with Hispanic women having the highest odds of intending to start PrEP in the next 3 months. Having a controlling partner significantly predicted intention to start PrEP. Women with more than one sex partner and a controlling partner had higher odds of intending to start PrEP as compared with those who had one or no partners and had no IPV control. These findings point to a need for patient-centered interventions that address the need for safety and autonomy among cisgender, PrEP-eligible women. © This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply 2024.	HIV; Intimate partner violence; Pre-exposure prophylaxis; Prevention; Women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Keddem, Shimrit; Thatipelli, Sneha; Caceres, Omaris; Roder, Navid; Momplaisir, Florence; Cronholm, Peter	Barriers and Facilitators to Long-Acting Injectable HIV Pre-Exposure Prophylaxis Implementation in Primary Care Since Its Approval in the United States.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003370	https://journals.lww.com/jaids/abstract/2024/04010/barriers_and_facilitators_to_long_acting.9.aspx	BACKGROUND: HIV pre-exposure prophylaxis (PrEP) is a highly effective method to mitigate the HIV epidemic, but uptake of PrEP has been slow and is associated with racial and gender disparities. Oral PrEP requires high levels of adherence to be effective, which may disadvantage certain high-risk groups. The first injectable HIV PrEP, a drug given every 2 months rather than as a daily pill, was approved by the US Food & Drug Administration in December 2021. SETTING: A Family Medicine practice in a single health organization in the United States (November 2022 to February 2023). METHODS: We conducted interviews with patients and key stakeholders to characterize factors affecting long-acting injectable (LAI) PrEP implementation. Data collection and analysis were guided by the Consolidated Framework for Implementation Research. Interviews were transcribed and analyzed using guided content analysis. RESULTS: Twenty-five patients (n = 13) and practice stakeholders (n = 12) were interviewed. Overall, stakeholders described a very low uptake of LAI PrEP. Barriers to LAI PrEP included a lack of awareness, insurance and access issues, a lack of streamlined workflow, and a trust in pills over injectables. Facilitators to LAI PrEP implementation included the absence of a pill burden, a culture of shared decision making, and pharmacy support. CONCLUSIONS: Although uptake has been slow, we have identified several promising strategies for improving rollout and implementation of LAI PrEP. Approaches that can bolster rollout of LAI PrEP include having an interdisciplinary care team that is supported by PrEP navigators and pharmacists and are informed by a patient-centered model of care to increase patient engagement and trust.	Humans; United States; *Anti-HIV Agents/therapeutic use; Patient Acceptance of Health Care; *HIV Infections/drug therapy/prevention & control; Primary Health Care; *Pre-Exposure Prophylaxis/methods	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Kelly J.A.; Walsh J.L.; DiFranceisco W.J.; Amirkhanian Y.A.; Quinn K.; Brown K.D.; Pearson B.; Foster J.; Rosado A.N.; McAuliffe T.L.	AIDSImpact special issue: factors associated with PrEP use in a community sample of African American men who have sex with men (MSM) and transgender women (TGW) in the United States Midwest	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2024.2308743	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184274894&doi=10.1080%2f09540121.2024.2308743&partnerID=40&md5=42b1267e1ebcafd8812f7c7ac0107cf9	Black sexual minority men who have sex with men (MSM) in the United States are at disparate risk for contracting HIV infection, but pre-exposure prophylaxis (PrEP) use is suboptimal. Social network methods were used to recruit a community sample of racial minority MSM and transgender women (TGW) in two Midwestern US cities. 250 PrEP-eligible (HIV-negative) participants completed measures assessing current and intended PrEP use; demographic characteristics; PrEP knowledge, attitudes, norms, stigma, and self-efficacy; and structural barriers to PrEP. Multivariate analyses established predictors of current and intended PrEP use. Only 12% of participants reported currently using PrEP, which was associated with greater PrEP knowledge and not having a main partner, with trends for greater PrEP use by younger participants and those with partners living with HIV. Among participants not currently on PrEP, strength of PrEP use intentions was associated with higher PrEP knowledge, PrEP descriptive social norms, and PrEP use self-efficacy. This study is among few to directly compare Black who have adopted PrEP with those who have not. Its findings underscore the potential benefits of employing social network approaches for strengthening PrEP use peer norms, increasing PrEP knowledge and self-efficacy, and optimizing PrEP uptake among racial minority MSM and TGW. © 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Black men and transgender women who have sex with men; Gay/bisexual men; HIV prevention; Pre-exposure prophylaxis; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Kerbler M.K.; Isaacs C.; Eatmon C.; Reid J.; Davis K.W.	Impact of an HIV pre-exposure prophylaxis dashboard on veteran PrEP enrollment	Journal of the American Pharmacists Association	-	-	-	-	15443191	10.1016/j.japh.2024.01.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184076506&doi=10.1016%2fj.japh.2024.01.002&partnerID=40&md5=f0621c6cee5ca89afb6fe38dc8311524	Background: Pre-exposure prophylaxis (PrEP) is highly effective at reducing the risk of human immunodeficiency virus (HIV) acquisition in at-risk individuals; however, it is largely underutilized. The Veterans Health Administration has created an HIV PrEP dashboard to identify at-risk veterans in attempt to increase PrEP enrollment. Objective: This study aimed to determine whether the use of an HIV PrEP dashboard would prove effective at increasing PrEP enrollment at a single facility. Methods: This was a single-center quality improvement project. Three pharmacists used the HIV PrEP dashboard and retrospective chart review to identify eligible patients for PrEP. A multimodal process of contacting patients was conducted. The primary objective was to evaluate the number of patients who enrolled in PrEP during the study period. Secondary objectives included evaluating the ability of the HIV PrEP dashboard to identify eligible patients, identify effective strategies to target PrEP enrollment, and compare those patients who accepted with those who declined PrEP to evaluate barriers to enrollment. Results: Of the 94 patients reviewed, 26 patients (27.7%) were found eligible for PrEP. Of the eligible patients, 3 patients (11.5%) were enrolled, and 7 patients (26.9%) declined PrEP. The others were lost to follow-up (9 of 26, 34.6%), had no action taken on a chart note to provider (6 of 26, 23.1%), or did not have a primary care provider assigned at the local facility (1 of 26, 3.9%). The 3 patients who were successfully enrolled in PrEP were all contacted and prescribed PrEP through the infectious diseases (ID) clinic. There were no statistically significant differences between the cohorts of patients who accepted and declined PrEP. Conclusions: The use of an HIV PrEP dashboard aided in identifying eligible patients for PrEP. Enrollment through the ID clinic was the most successful modality. Further research is needed to characterize barriers to PrEP uptake and to develop strategies to increase prescribing from non-ID providers. © 2024	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Kerr J.; Combs R.; Sterrett-Hong E.; Harris L.; Northington T.; Krigger K.; Parker K.	Evaluation of a community-informed multimedia intervention to increase PrEP awareness and intention among African American young adults	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2297739	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184734751&doi=10.1080%2f09540121.2023.2297739&partnerID=40&md5=1d213c321eb0646aa93192d9484b54b7	Despite the benefits of pre-exposure prophylaxis (PrEP) in preventing HIV and its potential for reducing racial/ethnic HIV inequities, PrEP remains underutilized among African Americans who may benefit from it. Factors of PrEP uptake include awareness and acceptability of this prevention strategy among this group, yet few community-informed interventions have been developed and evaluated to address these challenges. Thus, this study evaluates the effectiveness of a community-informed, six-month multimedia campaign (print, digital media, internet radio, social media) for African American young adults (age 18–29) in Louisville, Kentucky to increase PrEP awareness and PrEP use intentions. Pretest surveys, posttest surveys, and digital analytic metrics were used to determine campaign effectiveness. Logistic regressions indicate increased PrEP awareness over time (p ≤ 0.0001) and greater PrEP intention among participants reporting greater campaign affinity (p ≤ 0.05). Campaign digital analytic performance was similar to or exceeded that of industry competitors (e.g., healthcare organizations). Findings indicate that a community-informed multimedia campaign increased PrEP use intentions among those exhibiting greater campaign affinity (the extent to which participants report a favorable view of the campaign) and demonstrated similar or greater effectiveness in digital elements as industry competitors at a cost-effective price. Future studies should incorporate community-engaged approaches in developing health communication products for greater PrEP acceptability and efficiency. Trial registration:ClinicalTrials.gov identifier: NCT0355959. © 2024 Informa UK Limited, trading as Taylor & Francis Group.	African American; HIV; media; PrEP	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	King, Hope; Thornton, Nicole; Evans, Kimberly N.; Tadfor, Yomi; German, Danielle; Flynn, Colin; Jennings, Jacky; Fields, Errol L.	Factors Associated with the Awareness of and Willingness to Use HIV Pre-exposure Prophylaxis Among Gay, Bisexual, and Other Men Who Have Sex with Men, Baltimore, MD, 2017-2019.	Journal of Racial and Ethnic Health Disparities	-	-	-	-	2196-8837	10.1007/s40615-024-01954-w	https://pubmed.ncbi.nlm.nih.gov/38436888/	Pre-exposure prophylaxis (PrEP) is an effective tool in protecting persons from acquiring HIV infection through sex or injection drug use. However, awareness and willingness to use PrEP among Black gay, bisexual, and other men who have sex with men (BMSM) remain suboptimal compared to White MSM (WMSM) in the United States. Our aims were to (1) assess the factors associated with PrEP awareness and willingness to use PrEP among MSM and (2) compare the PrEP perceptions among BMSM versus non-Black MSM. Data were drawn from two cross-sectional behavioral surveys in Baltimore, MD: Behavioral Surveillance Research (BESURE) conducted in 2017, and Safe Spaces 4 Sexual Health (SS4SH), conducted in 2018 and 2019. Descriptive statistics were used to summarize the study population. We used Poisson regression models to identify variables associated with awareness of PrEP and willingness to use PrEP. PrEP perceptions were assessed via 13 items scored on a 5-point Likert scale. Finally, we conducted a post-hoc exploratory bivariate analysis of the relationship between PrEP perception and willingness to use PrEP, stratified by race/ethnicity. A total of 261 MSM participated in this study. Many of the participants were aware of PrEP (75.1%). Factors associated with greater PrEP awareness included having greater than a high school education (aRR 1.22, 95% CI 1.04, 1.43); and earning more than $25,000 annually (aRR 1.24, 95% CI 1.08, 1.42). Participants who had received money in exchange for sex one or more times were less likely to be aware of PrEP (aRR 0.59, 95% CI 0.36, 0.95). More than half of the participants were willing to use PrEP (55.3%). In bivariate and multivariable analyses, demographic or behavioral characteristics were not significantly associated with willingness to use PrEP. Higher agreement with the following statements was associated with lower willingness to use PrEP: "Having to take a pill every day is difficult" (RR 0.89, 95% CI 0.82-0.97) and, "I am concerned about the side effects of PrEP" (RR 0.89, 95% CI 0.82-0.96), and "PrEP is for people who have riskier sex lives than I do" (RR 0.86, 95% CI 0.78-0.95). Conversely, higher willingness to use PrEP was associated with comfortable having sex without a condom (RR 1.11, 95% CI 1.02-1.21), less anxious about sex (RR 1.12, 95% CI 1.02-1.24), and my friends think that I should take PrEP (RR 1.19, 95% CI 1.07-1.32). We found BMSM compared to non-Black MSM had higher mean scores related to taking a daily pill (p = 0.041), concerns about side effects (p = 0.012), concerns about people thinking they had HIV (p = 0.001), concerns about the financial costs of PrEP (p = 0.038) and caution when dealing with healthcare organizations/medical mistrust (p = 0.019). Perceptions with a statistically significant lower score among BMSM versus non-Black MSM included statements such as, comfortable having sex without a condom (p = 0.003) and less anxious about sex (p < 0.001). We conclude HIV prevention strategies, programs, and interventions should be cognizant of PrEP perceptions that facilitate or hinder PrEP uptake in Baltimore City, MD.	United States; HIV; PrEP; MSM; Pre-exposure prophylaxis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Kinsale, Talisa S.; Cottrell, Mackenzie L.; Li, Linying; Brand, Rhonda; Gatto, Greg; Luecke, Ellen; Norton, Chasity; Krovi, Archana; Dumond, Julie B.; Rao, Gauri; Yeshwante, Shekhar; Van Horne, Brian; Van Der Straten, Ariane; Kashuba, Angela D. M.; Johnson, Leah M.	Pharmacokinetic Modeling to Guide Preclinical Development of an Islatravir-Eluting Reservoir-Style Biodegradable Implant for Long-Acting HIV PrEP.	Pharmaceutics	-	-	-	-	1999-4923	10.3390/pharmaceutics16020201	https://pubmed.ncbi.nlm.nih.gov/38399255/	Long-acting injectable cabotegravir is more effective than daily oral PrEP at preventing HIV transmission due to improved adherence, but requires bi-monthly large-volume intramuscular injections. Subcutaneous (SC) contraceptive implants can be formulated with antiretrovirals for extended-duration HIV PrEP. Islatravir (ISL) is a first-in-class, investigational antiretroviral with pharmacologic properties well-suited for implant delivery. We performed preclinical studies for the development of a reservoir-style, poly(ε-caprolactone) ISL-eluting implant by conducting a single-dose SC ISL dose-ranging pharmacokinetic (PK) study of 0.1, 0.3, and 1 mg/kg in adult Wistar rats. Non-compartmental analysis was conducted, and dose proportionality assessed for ISL plasma and intracellular islatravir-triphosphate (ISL-tp). Population PK models estimated ISL's unit impulse response to deconvolve ISL-implant in vivo absorption rate (mg/day) and cumulative mass (mg) from published rat plasma PK (n = 10). Drug release was interpreted using four kinetic models. Dose proportionality was affirmed for ISL and ISL-tp. A first-order, two-compartment model fitted the SC ISL bolus data. Mean (SD) absorption rate from 0 to 154 days was 0.072 ± 0.024 mg/day, and cumulative mass at 154 days was 8.67 ± 3.22 mg. ISL absorption was well-described by zero-order (r(2) = 0.95) and Ritger-Peppas (r(2) = 0.98). Our zero-order ISL-release poly(ε-caprolactone) implant is projected to achieve clinical PK above ISL-tp's PrEP efficacy threshold. Continued development for HIV PrEP applications is warranted.	antiretroviral agents; HIV prevention; preexposure prophylaxis; long-acting implant; islatravir; extended-duration	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Kohli, Manik; Reeves, Iain; Waters, Laura	Homophobia in the provision of sexual health care in the UK.	The Lancet HIV	-	-	-	-	2352-3018	10.1016/S2352-3018(23)00302-8	https://pubmed.ncbi.nlm.nih.gov/38218200/	Decision making in the provision of health care is influenced by not only scientific evidence but also by the systems in which decisions are made. We consider national decisions made in the UK related to sexually transmitted infection prevention in gay, bisexual, and other men who have sex with men (GBMSM), with three specific examples-HIV pre-exposure prophylaxis, mpox (formerly known as monkeypox) vaccination, and doxycycline prophylaxis. We suggest that entrenched societal and political homophobia results in unacceptable delays and limitations to accessing highly effective interventions and that these delays result in harm from preventable transmissions of HIV, mpox, and syphilis. GBMSM have been affected disproportionately by HIV, mpox, and bacterial sexually transmitted infections, and there is an ongoing unmet need for effective prevention. Denying access to public health interventions that meet these needs is unethical.	Humans; Male; Homosexuality, Male; United Kingdom/epidemiology; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; *Sexual Health; Homophobia; *Mpox (monkeypox)	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2024	Kota, Krishna Kiran; Gelaude, Deborah; Carnes, Neal; Schoua-Glusberg, Alisú; Frew, Paula M.; Randall, Laura; Gale, Bryan; Betley, Valerie; Mansergh, Gordon	Low Self-Perceived Need for PrEP and Behavioral Indications of MSM Who Recently Refused Daily PrEP: A Mixed Methods Study in Three U.S. Cities.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-024-04276-4	https://pubmed.ncbi.nlm.nih.gov/38457051/	Pre-exposure prophylaxis (PrEP) reduces sexual risk for HIV transmission by 99% when used appropriately, but remains underutilized among gay, bisexual, and other men who have sex with men (MSM). In this mixed-method study, we describe reasons for PrEP refusal associated with low self-perceived need for PrEP among MSM who recently declined daily oral PrEP when offered by a provider. Data are from a quantitative behavioral survey of MSM (N = 93) living in Atlanta, Chicago, and Raleigh-Durham, who also either responded to an in-depth interview (n = 51) or participated in one of 12 focus groups (n = 42). Themes of low self-perceived need for PrEP were: low self-perceived risk for HIV acquisition (33% of respondents); confidence in remaining HIV-negative (35%); using condoms (81%); limiting number of partners and choosing partners carefully (48%); asking partners about their HIV status before having sex (45%); engaging in safer sexual positions or oral sex (28%); being in a monogamous relationship or exclusivity with one partner (26%); and regular HIV testing (18%). Low self-perceived risk for HIV acquisition and high confidence in other prevention strategies were important factors related to low self-perceived need in MSM refusing daily oral PrEP when offered. Providers should continue to discuss the benefits of PrEP as a safe and highly effective option for HIV prevention.	Perceived HIV risk; HIV prevention strategies; Confidence in condom use	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Laban, Muteebwa; Nakku, Edith Joloba; Nangendo, Joan; Muramuzi, Dan; Akello, Faith; Bakeera, Sabrina Kitaka; Semitala, Fred Collins; Semeere, Aggrey S; Karamagi, Charles	Acceptability of short message service reminders as the support tool for PrEP adherence among young women in Mukono district, Uganda.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0002492	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10760663	Adolescent girls and young women (AGYW) have a disproportionately high incidence of HIV compared to males of the same age in Uganda. AGYW are a priority sub-group for daily oral Pre-Exposure Prophylaxis (PrEP), but their adherence has consistently remained low. Short Message Service (SMS) reminders could improve adherence to PrEP in AGYW. However, there is paucity of literature about acceptability of SMS reminders among AGYW using PrEP. We assessed the level of acceptability of SMS reminders as a PrEP adherence support tool and the associated factors, among AGYW in Mukono district, Central Uganda. We consecutively enrolled AGYW using PrEP in Mukono district in a cross sectional study. A structured pre-tested questionnaire was administered to participants by three trained research assistants. Data were analyzed in STATA 17.0; continuous variables were summarized using median and interquartile range (IQR) while categorical variables were summarized using frequencies and percentages. Acceptability of SMS was defined as willingness to accept SMS reminders to support PrEP adherence and was assessed using the seven constructs of the theoretical framework of acceptability. The relationship between the outcome and independent variables was assessed using a modified Poisson regression with robust standard errors. During the month of August 2022, 142 AGYW with median age 22 years (IQR; 18, 24) of whom 80.3% owned a personal mobile phone were assessed. SMS reminders were highly acceptable 90.9%, 95% Confidence Interval (CI) 84.9, 95.0. Rural residence was negatively associated with acceptability of SMS reminders (aPR: 0.92, 95% CI (0.84, 0.99)) and having belief that SMS cannot breach individual's privacy (aPR: 1.40, 95% CI (1.07, 1.84)) was positively associated with acceptability of SMS reminders. The acceptability of SMS reminders was high in this sub-population. SMS reminder can be leveraged to support AGYW to adhere to PrEP but should be designed in a way that maintains confidentiality, and supports AGYW living in rural settings.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Quantitative
Article	2024	Lee, Jane J.; Kerani, Roxanne P.; Robles, Gabriel; Sanchez, Travis H.; Katz, David A.	Reasons for Migration and Their Associations with HIV Risk and Prevention Among Cisgender Sexual Minority Men: A Latent Class Analysis.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04204-y	https://pubmed.ncbi.nlm.nih.gov/37812273/	The immigrant population in the United States (U.S.) is rapidly growing; yet there is limited knowledge about how reasons for migrating to the U.S. are associated with HIV prevention behaviors. Using data from the American Men's Internet Survey (2018-2020), we performed a Latent Class Analysis (LCA) to identify patterns in reasons for migration among cisgender gay, bisexual, and other sexual minority men (SMM) who born outside the U.S. We used multivariable logistic regression controlling for demographic characteristics to assess class associations with the following in the past 12 months: condomless anal sex (CAS), illicit drug use, marijuana use, HIV testing, and PrEP use. LCA identified six distinct patterns in reasons for migration among the sample (n = 1,657): (1) Family and friends (14%); (2) Financial (17%); (3) Personal freedom related to being gay (10%); (4) Pursuit of opportunities while living openly as SMM (12%); (5) Educational purposes (18%); (6) Not my decision (29%). While HIV testing (range = 57.6-65.4%) and PrEP use (range = 15.6-21.4%) did not vary by class (p > .05 for all), CAS and illicit drug use were significantly different (p < .05). SMM who migrated to pursue opportunities while living openly and whose reasons were not their decision had greater odds of CAS than SMM who migrated for educational purposes (aOR:1.72, 95% confidence interval 95%CI:1.15-2.59; 1.57, 1.13-2.19, respectively). Reasons for migration among SMM were associated with behaviors that can increase HIV risk, but not testing or PrEP. Push and pull factors related to migration should be considered when developing behavioral HIV interventions for immigrant SMM.	Humans; Male; Sexual Behavior; Homosexuality, Male; United States/epidemiology; HIV prevention; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Sexual minority men; Latent Class Analysis; Migration; HIV risk behaviors; *Substance-Related Disorders/epidemiology; *Illicit Drugs; Immigrants	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Lepik, Katherine J.; Hunt, Olivia L.; Bacani, Nic; Wang, Lu; Harris, Marianne; Toy, Junine; McLinden, Taylor; Sereda, Paul; Akagi, Linda J.; Ready, Erin; Montaner, Julio Sg; Barrios, Rolando	Adverse drug reactions attributed to generic substitution of antiretroviral medications among HIV treatment and pre-exposure prophylaxis clients in British Columbia, Canada.	Antiviral Therapy	-	-	-	-	2040-2058 1359-6535	10.1177/13596535241233128	https://pubmed.ncbi.nlm.nih.gov/38375582/	BACKGROUND: In British Columbia, antiretrovirals (ARVs) for HIV treatment (HIV-Tx) and pre-exposure prophylaxis (PrEP) are free-of-charge through publicly-funded Drug Treatment Programs (DTPs). When available, less costly generics are substituted for brand-name ARVs. We describe the incidence and type of product substitution issue (PSI) adverse drug reactions (ADRs) attributed to generic ARVs. METHODS: Cohorts included DTP clients ≥19 years who received generic ARVs for HIV-Tx (abacavir-lamivudine, emtricitabine-tenofovir DF, efavirenz-emtricitabine-tenofovir DF, atazanavir or darunavir between 01 Jun 2017 and 30 Jun 2022) or PrEP (emtricitabine-tenofovir DF, 01 Apr 2018 to 30 Jun 2022). Demographic, ARV and ADR data were extracted from DTP databases and summarized by descriptive statistics. PSI incidence was calculated for each product during the year following brand-to-generic and generic-to-generic transitions (first-year-post-rollout), and compared between generic versions using generalized estimating equations. For context, incidence of any ARV product-related ADR was calculated in the same 1-year periods. RESULTS: During first-year-post-rollout periods, 5339 HIV-Tx (83% male, median age 52 years) and 8095 PrEP (99% male, median 33 years) clients received generic ARVs, and reported 78 and 23 generic PSIs, respectively. PSI incidence was <1% for most generic ARVs, with mild-moderate symptoms including gastrointestinal upset, headache, dizziness, fatigue/malaise and skin rash. In HIV-Tx clients, the efavirenz-containing product had higher PSI incidence than other ARVs (2.2%, p = .004), due to more neuropsychiatric adverse reactions. Any ADR incidence was stable across measurement periods, and generic PSIs represented less than one third of all product-related ADRs. CONCLUSIONS: Generic substitution of antiretrovirals for HIV-Tx and PrEP were well tolerated, with ≤2% incidence of mild-moderate PSI ADRs.	Humans; Male; Middle Aged; Female; tenofovir; Anti-Retroviral Agents/therapeutic use; HIV; antiretroviral therapy; Drug Substitution; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; British Columbia/epidemiology; Tenofovir/adverse effects; adverse drug reaction; *Anti-HIV Agents/adverse effects; Emtricitabine/adverse effects; *Alkynes; *Benzoxazines; *Cyclopropanes; *Drug-Related Side Effects and Adverse Reactions/epidemiology/drug therapy; *HIV Infections/drug therapy/prevention & control/diagnosis; generic substitution	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Clinical
Article	2024	Li L.X.; Lin J.S.; Tackett S.; Bertram A.; Sisson S.D.; Rastegar D.; Berkenblit G.	Knowledge of Pre- and Postexposure Prophylaxis for HIV Prevention Among Internal Medicine Residents in the United States	AIDS Education and Prevention	-	-	-	-	19432755	10.1521/aeap.2024.36.1.48	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185146020&doi=10.1521%2faeap.2024.36.1.48&partnerID=40&md5=bac7d9e112351625b451b4171af73fd5	Prescription rates of pre-exposure prophylaxis (PrEP) have remained low among noninfectious disease providers in the United States despite almost a decade since their introduction. For future primary care doctors, residency is the optimal time to build practice patterns around HIV prevention. We assessed baseline knowledge of PrEP in specific pre- and post-exposure prophylaxis content areas among internal medicine trainees who completed the Physician Education and Assessment Center HIV learning module between 2013 to 2020 (N = 12,060). Resident baseline PrEP knowledge was universally low; despite rising awareness of antiretroviral therapy for PrEP in successive years following the nadir of 41% in 2014, still only 56% of residents affirmed this means of HIV prevention by 2020. Knowledge remained limited regardless of academic year, local HIV prevalence, or training program type. Online module completion increased competence across all content areas. There is still a deficit in HIV prevention knowledge across U.S. internal medicine residents, suggesting insufficient education and exposure to HIV-related care.	HIV post-exposure prophylaxis; HIV pre-exposure prophylaxis; online education; resident education	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Lim, Sahnah; Mantsios, Andrea; Braithwaite, Ronald S.; Pitts, Robert	A secondary gendered analysis of interviews with Latina cisgender women indicated for HIV pre-exposure prophylaxis.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2024.2325070	https://pubmed.ncbi.nlm.nih.gov/38466205/	HIV infections disproportionately impact Latinx populations in the United States, yet oral pre-exposure prophylaxis (PrEP) uptake is low. This study was a secondary gendered analysis of interviews with Latina cisgender women (n = 20) recruited from an urban safety net hospital inNew York City between August 2019 and October 2022. All women were indicated for PrEP by the provider. In-depth interviews were conducted with participants in English and Spanish and asked about social determinants of health, sexual partnerships and behaviors, and PrEP-specific enablers and barriers. Secondary thematic content analysis was conducted to identify gender-related factors influencing PrEP uptake. The following themes emerged from the data:structural factors (e.g., employment), partner-related factors, low sexual health knowledge, and resilience and empowerment. Partner-related factors were the most salient; partner infidelity served as reasons for initiating PrEP. Despite being constrained by low power in relationships, women made empowered choices to initiate PrEP and protect themselves. Findings indicated that the impact of gender inequity was an important factor in Latina women's PrEP decision making, pointing to a need to address partner-driven HIV risk, imbalance of power in relationships, and gender norms.	PrEP; Latina; gender norms; cisgender women; gender equity; SDG 5: Gender equality	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Liu Y.; Siddiqi K.A.; Cho H.; Park H.; Prosperi M.; Cook R.L.	Demographics, Trends, and Clinical Characteristics of HIV Pre-Exposure Prophylaxis Recipients and People Newly Diagnosed with HIV from Large Electronic Health Records in Florida	AIDS Patient Care and STDs	-	-	-	-	10872914	10.1089/apc.2023.0220	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182545082&doi=10.1089%2fapc.2023.0220&partnerID=40&md5=10b4cdf075eead1a764946d86d30edb8	Florida is one of the HIV epicenters with high incidence and marked sociodemographic disparities. We analyzed a decade of statewide electronic health record/claims data—OneFlorida+—to identify and characterize pre-exposure prophylaxis (PrEP) recipients and newly diagnosed HIV cases in Florida. Refined computable phenotype algorithms were applied and a total of 2186 PrEP recipients and 7305 new HIV diagnoses were identified between January 2013 and April 2021. We examined patients' sociodemographic characteristics, stratified by self-reported sex, along with both frequency-driven and expert-selected descriptions of clinical conditions documented within 12 months before the first PrEP use or HIV diagnosis. PrEP utilization rate increased in both sexes; higher rates were observed among males with sex differences widening in recent years. HIV incidence peaked in 2016 and then decreased with minimal sex differences observed. Clinical characteristics were similar between the PrEP and new HIV diagnosis cohorts, characterized by a low prevalence of sexually transmitted infections (STIs) and a high prevalence of mental health and substance use conditions. Study limitations include the overrepresentation of Medicaid recipients, with over 96% of female PrEP users on Medicaid, and the inclusion of those engaged in regular health care. Although PrEP uptake increased in Florida, and HIV incidence decreased, sex disparity among PrEP recipients remained. Screening efforts beyond individuals with documented prior STI and high-risk behavior, especially for females, including integration of mental health care with HIV counseling and testing, are crucial to further equalize PrEP access and improve HIV prevention programs. © 2024 Mary Ann Liebert Inc.. All rights reserved.	electronic health records; HIV diagnosis; HIV incidence; HIV prevention; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Liu, Albert Y.; Gundacker, Holly; Richardson, Barbra; Chen, Beatrice A.; Hoesley, Craig; van der Straten, Ariane; Brown, Amanda; Beamer, May; Robinson, Jennifer; Jacobson, Cindy E.; Scheckter, Rachel; Bunge, Katherine; Schwartz, Jill; Thurman, Andrea; Piper, Jeanna M.; Marzinke, Mark A.	Phase 1 randomized pharmacokinetic and safety study of a 90-day tenofovir vaginal ring in the United States.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26223	https://pubmed.ncbi.nlm.nih.gov/38444118/	INTRODUCTION: Tenofovir-based oral pre-exposure prophylaxis is currently approved for HIV prevention; however, adherence in women has been low. A vaginal gel containing tenofovir (TFV) demonstrated partial protection to HIV but protection was not confirmed in additional studies. Vaginal rings offer user-controlled long-acting HIV prevention that could overcome adherence and protection challenges. TFV may also help prevent herpes simplex virus type 2 acquisition when delivered intravaginally. We evaluated the pharmacokinetics, safety, adherence and acceptability of a 90-day TFV ring. METHODS: Between January and June 2019, Microbicide Trials Network (MTN)-038 enrolled 49 HIV-negative participants into a phase 1, randomized (2:1) trial comparing a 90-day ring containing 1.4 grams (g) TFV to a placebo ring. TFV concentrations were quantified in plasma, cervicovaginal fluid (CVF), rectal fluid and cervical tissue, and TFV-diphosphate (TFV-DP) in cervical tissue. Used rings were analysed for residual TFV. Safety was assessed by adverse events (AEs); acceptability and adherence by self-report. RESULTS: Mean age was 29.5; 46 identified as cisgender-female and three gender non-conforming. There were no differences in the proportion of participants with grade ≥2 genitourinary AEs in the TFV versus placebo arms (p = 0.41); no grade ≥3 AEs were reported. Geometric mean TFV concentrations increased through day 34 in CVF/rectal fluid and day 59 in plasma, but declined across compartments by day 91. Geometric mean TFV-DP tissue concentrations exceeded the 1000 fmol/mg target through day 56, but fell to 456 fmol/mg at day 91. Among 32 rings returned at the end of the study, 13 had no or low (<0.1 g) residual TFV. Residual TFV did not differ by socio-demographics, sexual activity, Nugent Score or vaginal microbiota. Most participants reported being fully adherent to ring use: 85% and 81% in the TFV and placebo arms, respectively (p = 1.00). A majority of participants reported liking the ring (median 8 on a 10-point Likert scale) and reported a high likelihood of using the ring in the future, if effective (median 9). CONCLUSIONS: The 90-day TFV ring was well-tolerated, acceptable and exceeded target cervical tissue concentrations through day 56, but declined thereafter. Additional studies are needed to characterize the higher release from TFV rings in some participants and the optimal duration of use.	Adult; Humans; Female; tenofovir; United States; pre-exposure prophylaxis; *HIV Infections/drug therapy/prevention & control; safety; pharmacokinetics; microbicide; Adenine/adverse effects; Tenofovir/adverse effects; Herpesvirus 2, Human; vaginal ring; *Microbiota	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Lozano A.; Weinstein E.R.; Fernandez A.; Bainter S.; Atuluru P.; Hurtado A.; Morales V.; Prado G.; Safren S.A.; Harkness A.	Refining Multilevel Barrier and Facilitator Measures for HIV Testing and PrEP Among Latino Sexual Minority Men	American Journal of Health Promotion	-	-	-	-	8901171	10.1177/08901171231198430	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170102649&doi=10.1177%2f08901171231198430&partnerID=40&md5=1686e10b69f9c3a13357df2e8e4ded75	Purpose: The purpose of this study is to refine and establish measures of multilevel barriers and facilitators to HIV testing and PrEP for Latino sexual minority men (LSMM). Design: Cross-sectional measure validation. Setting: Participants from Miami, FL. Subjects: 290 LSMM from the DÍMELO study. Measures: Based on prior qualitative work, we developed two measures that evaluated multiple determinants (i.e., barriers and facilitators) to (1) HIV testing and (2) PrEP use. Analysis: All measures included in this analysis assessed a set of theoretically distinct barriers and facilitators. We performed 11 exploratory factor analyses (EFA) to assess the dimensionality of theoretical groupings of items informed by prior qualitative work, including: knowledge, perceived need and benefit, mistrust and concerns, stigma and normalization, cultural competence, navigation support, provider demeanor, clinic and medical system issues, privacy concerns, cost, and language and immigration barriers. Based on EFA results, we conducted two confirmatory factor analyses (CFA), one for each measure. Results: Within each measure, the 11 EFAs extracted 10 barrier factors and 7 facilitator factors. The CFAs for HIV testing and PrEP measures were consistent, such that all models retained the structures identified in the EFAs. Conclusion: Findings support the use of these measures with LSMM. These measures can inform multilevel implementation strategies for health promotion professionals to scale up and disseminate HIV prevention services to LSMM. © The Author(s) 2023.	HIV prevention; latino sexual minority men; measurement	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Ma J.; Owens C.; Valadez-Tapia S.; Brooks J.J.; Pickett J.; Walter N.; Macapagal K.	Adult Stakeholders' Perspectives on the Content, Design, and Dissemination of Sexual and Gender Minority Adolescent-Centered PrEP Campaigns	Sexuality Research & Social Policy	-	-	-	-	18689884	10.1007/s13178-023-00826-y	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85160754877&doi=10.1007%2fs13178-023-00826-y&partnerID=40&md5=7fc6203dc7d7d8c5433c684a875611a5	Introduction: This qualitative study examined the perspectives of sexual and gender minority (SGM) teen-focused HIV pre-exposure prophylaxis (PrEP) social marketing campaigns among Chicago-area adults who work with or parent SGM teens. Methods: Thirty adults (M age = 37.5 years; 53.3% racial/ethnic minority) participated in online interviews from March to June 2021. Questions elicited their preferences for the design, content, and dissemination of SGM teen-centered PrEP campaigns. Transcripts were analyzed through inductive content analysis. Results: Participants discussed benefits (e.g., cultivate awareness of HIV prevention, destigmatize sex, encourage PrEP conversations) and concerns (e.g., PrEP's safety, access to PrEP) about teen-centered PrEP campaigns. Adults emphasized that teen-centered PrEP campaigns should appeal to adolescents, regardless of SGM identity, as the teens they knew prioritized inclusivity. At the same time, campaigns were recommended to be tailored enough to resonate with SGM teens and others disproportionately affected by HIV. Participants also suggested including clear instructions and calls to action and testimonials from other SGM teens. Finally, respondents recommended online and offline spaces for the delivery of such campaigns, like social media, youth-serving organizations, and public transportation. Conclusions: These findings lay the groundwork for designing teen-centered PrEP campaigns in Chicago and may guide similar campaigns in other jurisdictions. Adults in SGM teens' lives may use these findings to optimize teens' access to PrEP. Policy Implications: Policymakers and public health professionals can work together to make adolescents more aware of sexual health services like PrEP and where they can be accessed via social marketing campaigns. This may ultimately narrow adolescent health disparities. © 2023, The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.	Adolescent; HIV; PrEP; Sexual and gender minority; Social marketing campaigns	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Ma, Emily C.; Rogers, Brooke G.; Chan, Philip A.; Toma, Emily; Almonte, Alexi; Napoleon, Siena; Galipeau, Drew; Ahluwalia, Jasjit S.; Murphy, Matthew	Characterizing Interest in and Uptake of Preexposure Prophylaxis for HIV Prevention Among Men in a US State Correctional System.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001912	https://pubmed.ncbi.nlm.nih.gov/38412463/	BACKGROUND: People experiencing incarceration are disproportionately impacted by HIV and are potential candidates for HIV preexposure prophylaxis (PrEP). We explored factors associated with PrEP interest and PrEP uptake and described barriers to PrEP uptake among incarcerated men in a state correctional system. METHODS: From September 2019 to July 2022, incarcerated men at the Rhode Island Department of Corrections were screened for PrEP eligibility and referred to a PrEP initiation study. We used bivariate analyses and multivariable logistic regression models to explore factors associated with PrEP interest and uptake in the screening sample. RESULTS: Of the men screened and determined to be eligible for PrEP, approximately half (50%) were interested in taking PrEP. Individuals identifying as men who have sex with men (adjusted odds ratio, 4.46; 95% confidence interval, 1.86-11.4) and having multiple female sex partners (adjusted odds ratio, 2.98; 95% confidence interval, 1.47-6.27) were more likely to express interest in PrEP (interested/not interested) than those not reporting these behavioral factors. Preexposure prophylaxis uptake (yes/no) was 38%. Lack of PrEP interest, low self-perceived risk of HIV acquisition, and unpredictable lengths of incarceration were the most frequently encountered barriers to PrEP uptake. CONCLUSIONS: Men reporting sexual transmission behaviors were more interested in PrEP and had higher uptake than other men. Preexposure prophylaxis interest and HIV risk factors were both moderately high, which suggests that men experiencing incarceration should be screened for and offered PrEP as part of standard clinical care. Study findings have important implications for research and practice to adapt PrEP care to correctional systems.	Humans; Male; Female; Sexual Behavior; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; *Sexual and Gender Minorities; *HIV Infections/epidemiology/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Makusha T.; Gittings L.	The path towards an HIV-free generation: engaging adolescent boys and young men (ABYM) in sub-Saharan Africa from lessons learned and future directions	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2024.2307391	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85183399552&doi=10.1080%2f09540121.2024.2307391&partnerID=40&md5=f40995e32435358618a09e3bcc5a5cb1	This paper highlights the pressing need to address the HIV epidemic among adolescent boys and young men (ABYM) in sub-Saharan Africa. Despite progress in HIV prevention, ABYM still experience low diagnosis rates, treatment adherence, and linkage to care. The paper emphasizes ABYM's vulnerability due to societal norms, limited healthcare access, and economic pressures. It calls for gender-responsive interventions, including comprehensive sexual education, youth-friendly health services, community engagement, and targeted outreach. Comprehensive sexual education is pivotal in HIV prevention for ABYM, providing them with age-appropriate sexual health knowledge and safer sexual practices to reduce HIV incidence. Harmful masculine norms must be countered to promote respectful relationships, benefiting boys, men, and their partners. Inadequate access to youth-friendly health services hampers HIV prevention. Establishing spaces with confidential, non-judgmental care offering testing, counselling, circumcision, and provision of pre-exposure prophylaxis (PrEP) is essential, especially considering ABYM's unique clinic experiences. Engaging communities, leaders, educators, and peers combats stigma and discrimination. ABYM's input in intervention design, targeted outreach, and innovative technology enhances effectiveness of HIV prevention programmes. Economic factors should also be addressed. Comprehensive multi-sectoral interventions, including conditional cash transfers, effective for AGYW, could benefit ABYM. Addressing structural factors alongside behaviour change and social support is key. © 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	Adolescent boys and young men; HIV incidence; Sub-Saharan Africa	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Review
Article	2024	Marrazzo, Jeanne; Tao, Li; Becker, Marissa; Leech, Ashley A.; Taylor, Allan W.; Ussery, Faith; Kiragu, Michael; Reza-Paul, Sushena; Myers, Janet; Bekker, Linda-Gail; Yang, Juan; Carter, Christoph; de Boer, Melanie; Das, Moupali; Baeten, Jared M.; Celum, Connie	HIV Preexposure Prophylaxis With Emtricitabine and Tenofovir Disoproxil Fumarate Among Cisgender Women.	JAMA - Journal of the American Medical Association	-	-	-	-	1538-3598 0098-7484	10.1001/jama.2024.0464	https://pubmed.ncbi.nlm.nih.gov/38427359/	IMPORTANCE: Emtricitabine and tenofovir disoproxil fumarate (F/TDF) for HIV preexposure prophylaxis (PrEP) is highly effective in cisgender men who have sex with men (MSM) when adherence is high (>4 doses/week). Real-world effectiveness and adherence with F/TDF for PrEP in cisgender women is less well characterized. OBJECTIVE: To characterize the effectiveness of F/TDF for PrEP and its relationship with adherence in cisgender women. DESIGN, SETTING, AND PARTICIPANTS: Data were pooled from 11 F/TDF PrEP postapproval studies conducted in 6 countries that included 6296 cisgender women aged 15 to 69 years conducted from 2012 to 2020. HIV incidence was evaluated according to adherence level measured objectively (tenofovir diphosphate concentration in dried blood spots or tenofovir concentration in plasma; n = 288) and subjectively (electronic pill cap monitoring, pill counts, self-report, and study-reported adherence scale; n = 2954) using group-based trajectory modeling. EXPOSURES: F/TDF prescribed orally once a day. HIV incidence was analyzed in subgroups based on adherence trajectory. MAIN OUTCOMES AND MEASURES: HIV incidence. RESULTS: Of the 6296 participants, 46% were from Kenya, 28% were from South Africa, 21% were from India, 2.9% were from Uganda, 1.6% were from Botswana, and 0.8% were from the US. The mean (SD) age at PrEP initiation across all studies was 25 (7) years, with 61% of participants being younger than 25 years. The overall HIV incidence was 0.72 per 100 person-years (95% CI, 0.51-1.01; 32 incident HIV diagnoses among 6296 participants). Four distinct groups of adherence trajectories were identified: consistently daily (7 doses/week), consistently high (4-6 doses/week), high but declining (from a mean of 4-6 doses/week and then declining), and consistently low (less than 2 doses/week). None of the 498 women with consistently daily adherence acquired HIV. Only 1 of the 658 women with consistently high adherence acquired HIV (incidence rate, 0.13/100 person-years 95% CI, 0.02-0.92). The incidence rate was 0.49 per 100 person-years (95% CI, 0.22-1.08) in the high but declining adherence group (n = 1166) and 1.27 per 100 person-years (95% CI, 0.53-3.04) in the consistently low adherence group (n = 632). CONCLUSIONS AND RELEVANCE: In a pooled analysis of 11 postapproval studies of F/TDF for PrEP among cisgender women, overall HIV incidence was 0.72 per 100 person-years; individuals with consistently daily or consistently high adherence (4-6 doses/week) to PrEP experienced very low HIV incidence.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	May, Sarah B.; Giordano, Thomas P.; Gottlieb, Assaf	Generalizable pipeline for constructing HIV risk prediction models across electronic health record systems.	Journal of the American Medical Informatics Association	-	-	-	-	1527-974X 1067-5027	10.1093/jamia/ocad217	https://pubmed.ncbi.nlm.nih.gov/37990631/	OBJECTIVE: The HIV epidemic remains a significant public health issue in the United States. HIV risk prediction models could be beneficial for reducing HIV transmission by helping clinicians identify patients at high risk for infection and refer them for testing. This would facilitate initiation on treatment for those unaware of their status and pre-exposure prophylaxis for those uninfected but at high risk. Existing HIV risk prediction algorithms rely on manual construction of features and are limited in their application across diverse electronic health record systems. Furthermore, the accuracy of these models in predicting HIV in females has thus far been limited. MATERIALS AND METHODS: We devised a pipeline for automatic construction of prediction models based on automatic feature engineering to predict HIV risk and tested our pipeline on a local electronic health records system and a national claims data. We also compared the performance of general models to female-specific models. RESULTS: Our models obtain similarly good performance on both health record datasets despite difference in represented populations and data availability (AUC = 0.87). Furthermore, our general models obtain good performance on females but are also improved by constructing female-specific models (AUC between 0.81 and 0.86 across datasets). DISCUSSION AND CONCLUSIONS: We demonstrated that flexible construction of prediction models performs well on HIV risk prediction across diverse health records systems and perform as well in predicting HIV risk in females, making deployment of such models into existing health care systems tangible.	Humans; Female; United States; HIV; Algorithms; HIV prevention; Software; *HIV Infections/prevention & control; Machine Learning; predictive modeling; electronic health records; risk prediction; *Electronic Health Records	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	McCauley, Peter S.; Morgan, Ethan; Caba, Antonia E.; Renley, Benton M.; Eaton, Lisa A.; Watson, Ryan J.	Perceptions of bias in HIV prevention services, happiness with social support, and anticipated PrEP stigma among Black and Latine/x sexual and gender diverse individuals.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2024.2326126	https://pubmed.ncbi.nlm.nih.gov/38451740/	Although pre-exposure prophylaxis (PrEP) is a highly effective preventive treatment for HIV, anticipated PrEP stigma can hinder uptake. Perceptions of bias in HIV prevention and evaluations (e.g., happiness) tied to social support among Black and Latine/x sexual and gender diverse (SGD) individuals could be important correlates of anticipated PrEP stigma. To further this line of inquiry, a national sample of 872 Black and Latine/x SGD individuals who had and had never taken PrEP (M(age) = 25.1, SD = 2.8) reported how they perceived HIV prevention and how happy they were with their social support. Multivariable linear regressions revealed that greater perceptions of bias in HIV prevention services were associated with higher anticipated PrEP stigma among Black and Latine/x SGD individuals who have never taken PrEP. Greater happiness with friend support was associated with lower PrEP stigma, whereas greater happiness with family support was associated with higher PrEP stigma among individuals who have taken PrEP. Findings highlight the need for PrEP and HIV interventions to address the intersectional stigma attached to prevention and for researchers to understand how evaluations of social support may contribute to stigma among Black and Latine/x SGD individuals.	HIV prevention; PrEP; anticipated stigma; bias; Good health and well-being; Reduced inequalities; SGD	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative

Article	2024	McCormick C.D.; Sullivan P.S.; Qato D.M.; Crawford S.Y.; Schumock G.T.; Lee T.A.	Adherence and persistence of HIV pre-exposure prophylaxis use in the United States	Pharmacoepidemiology and Drug Safety	-	-	-	-	10538569	10.1002/pds.5729	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85177217399&doi=10.1002%2fpds.5729&partnerID=40&md5=67ecbb7336a68ae5504cd9888b4a4a11	Purpose: To describe medication adherence and persistence of HIV PrEP overall and compare between sex and age groups of commercially insured individuals in the United States. Methods: We conducted a national retrospective cohort study of the Merative MarketScan Claims Database from 2011 to 2019 to describe adherence and persistence of PrEP overall and compared between sex and age groups. High adherence was defined as ≥80% of proportion of days covered and persistence was measured in days from initiation to the first day of a 60-day treatment gap. Results: A total of 29 689 new PrEP users identified. Overall adherence was high (81.9%; 95% confidence interval CI: 81.5%–82.3%). Females were more adherent than males (adjusted odds ratio aOR 1.87; 95% CI: 1.50–2.34), while those ≥45-years were less adherent than individuals <45-years (aOR 0.87: 95% CI: 0.81–0.93). More than half of individuals discontinued therapy within the first year (median 238.0 days; interquartile range 99.0–507.0 days). Females were less persistent than males (hazard ratio HR 1.49; 95% CI: 1.34–1.65), and people ≥45-years old were more persistent (i.e., lower risk of discontinuation) than those <45-years (HR 0.43; 95% CI: 0.33–0.55). Conclusions: These findings show adherence to daily PrEP is high among commercially insured individuals but the majority still discontinue in the first year. Future research should investigate what factors influence PrEP discontinuation among this population and ways to reduce barriers to therapy maintenance to ensure the population-level benefits of PrEP treatment. © 2023 The Authors. Pharmacoepidemiology and Drug Safety published by John Wiley & Sons Ltd.	adherence; claims analysis; HIV/AIDS; persistence; pre-exposure prophylaxis	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Mehtani, Nicky J.; Strough, Alix; Strieff, Sarah; Zevin, Barry; Eveland, Joanna; Riley, Elise D.; Gandhi, Monica	Feasibility of Implementing a Low-Barrier Long-Acting Injectable Antiretroviral Program for HIV Treatment & Prevention for People Experiencing Homelessness.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003396	https://pubmed.ncbi.nlm.nih.gov/38346426/	BACKGROUND: Long-acting (LA) antiretrovirals may provide meaningful benefit to people who use drugs and people experiencing homelessness (PEH) who face disproportionate structural and psychosocial barriers in adhering to daily oral HIV antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP), but their use in these populations has not been studied. SETTING: The Maria X. Martinez Health Resource Center is a low-barrier (e.g., no appointment) community-based clinic serving San Francisco PEH. METHODS: A multidisciplinary care model with robust monitoring and outreach support was developed to provide LA-ART and LA-PrEP to eligible patients experiencing difficulties adhering to oral antiretrovirals. Feasibility was assessed by evaluating rates of HIV viremia and on-time injections among patients receiving LA antiretrovirals over the first 24 months of program implementation. RESULTS: Between November 2021 and November 2023, 33 patients initiated LA-ART or LA-PrEP (median age, 37 years; 27% transgender/non-binary; 73% non-White; 27% street homeless; 52% sheltered homeless; 30% with opioid use disorder; 82% with methamphetamine use disorder). Among 18 patients with HIV, 14 initiated LA-ART injections with detectable viremia (median CD4 count, 340 cells/mm3; mean log10 viral load, 3.53; standard deviation SD, 1.62), eight had never previously been virally suppressed, and all but one achieved or maintained virologic suppression (mean, 9.67 months; SD, 8.30). Among 15 LA-PrEP patients, all remained HIV-negative (mean, 4.73 months; SD, 2.89). Of 224 injections administered total, 8% were delayed >7 days. DISCUSSION: The implementation of LA antiretrovirals is feasible in low-barrier, highly supportive clinical settings serving vulnerable PEH. Expansion of such programs will be critical to Ending the HIV Epidemic.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Mohareb, Amir M.; Kouamé, Menan Gérard; Nouaman, Marcellin; Kim, Arthur Y.; Larmarange, Joseph; Neilan, Anne M.; Lacombe, Karine; Freedberg, Kenneth A.; Boyd, Anders; Coffie, Patrick; Hyle, Emily P.	What does the scale-up of long-acting HIV pre-exposure prophylaxis mean for the global hepatitis B epidemic?	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26218	https://shs.hal.science/ANRS_12381_PRINCESSE/hal-04491666v1	INTRODUCTION: The HIV and hepatitis B virus (HBV) epidemics are interconnected with shared routes of transmission and specific antiviral drugs that are effective against both viruses. Nearly, 300 million people around the world live with chronic HBV, many of whom are from priority populations who could benefit from HIV prevention services. Oral pre-exposure prophylaxis (PrEP) for HIV has implications in the prevention and treatment of HBV infection, but many people at increased risk of HIV acquisition may instead prefer long-acting formulations of PrEP, which are currently not active against HBV. DISCUSSION: People at increased risk for HIV acquisition may also be at risk for or already be living with HBV infection. Oral PrEP with tenofovir is effective in preventing both HIV and HBV, and tenofovir is also the recommended treatment for chronic HBV infection. Although implementation of oral PrEP has been challenging in sub-Saharan Africa, investments in its scale-up could secondarily reduce the clinical impact of HBV. Long-acting PrEP, including injectable medicines and implantable rings, may overcome some of the implementation challenges associated with oral PrEP, such as daily pill burden, adherence challenges and stigma; however, current formulations of long-acting PrEP do not have activity against HBV replication. Ideally, PrEP programmes would offer both oral and long-acting formulations with HBV screening to optimize HIV prevention services and HBV prevention and care, when appropriate. People who are not immune to HBV would benefit from being vaccinated against HBV before initiating long-acting PrEP. People who remain non-immune to HBV despite vaccination may benefit from being offered oral, tenofovir-based PrEP given its potential for HBV PrEP. People using PrEP and living with HBV who are not linked to dedicated HBV care would also benefit from laboratory monitoring at PrEP sites to ensure safety when using and after stopping tenofovir. PrEP programmes are ideal venues to offer HBV screening, HBV vaccination for people who are non-immune and treatment with tenofovir-based PrEP for people with indications for HBV therapy. CONCLUSIONS: Long-acting PrEP holds promise for reducing HIV incidence, but its implications for the HBV epidemic, particularly in sub-Saharan Africa, should not be overlooked.	Humans; tenofovir; HIV; Antiviral Agents/therapeutic use; *HIV Infections/drug therapy/epidemiology/prevention & control; hepatitis B; *Pre-Exposure Prophylaxis; PrEP; Tenofovir/therapeutic use; hepatitis; cabotegravir; long-acting antiretroviral therapy; long-acting PrEP; *Hepatitis B/drug therapy/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Moreno-García S.; Belza M.J.; Iniesta C.; González-Recio P.; Palma D.; Sordo L.; Pulido J.; Guerras J.M.	Daily use of HIV pre-exposure prophylaxis among gay, bisexual and other men who have sex with men in Spain: Prevalence and associated factors; El uso diario de la profilaxis preexposición para el VIH en hombres gais, bisexuales y otros hombres que tienen sexo con hombres en España: prevalencia y factores asociados	Medicina Clinica	-	-	-	-	257753	10.1016/j.medcli.2023.08.002	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173363709&doi=10.1016%2fj.medcli.2023.08.002&partnerID=40&md5=23ba495144bd0873305bd700279a426e	Objective: We aim to estimate the prevalence of daily HIV pre-exposure prophylaxis (PrEP) use 6 months after public funding approval in Spain and identify associated factors in a national sample of gay, bisexual and other men who have sex with men (GBMSM). Material and methods: We analysed 4692 HIV-undiagnosed GBMSM men recruited via an online questionnaire distributed nationally via gay contact apps and websites between May and July 2020. We estimated the proportion of participants using daily PrEP and identified associated factors using Poisson regression with robust variance. Results: Daily PrEP use was reported by 2.8% (95% CI 2.3-3.3) of all participants. Daily PrEP use was independently associated with being recruited into community programmes, being older than 30 years, living in a large city, living with men, having condomless anal intercourse with more than 10 sexual partners, using drugs for sex, especially chemsex drugs, and being diagnosed with a sexually transmitted infection. Conclusion: Six months after PrEP was approved in Spain, the prevalence of daily use is low in a national sample of GBMSM men. There is a need to promote access, demand and interest in PrEP, especially among young GBMSM men, those living in small and medium-sized cities, and those who hide their relationships with other men. © 2023 Elsevier España, S.L.U.	GBMSM; HIV; Pre-exposure prophylaxis	English	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Quantitative
Article	2024	Moyo, Perez Livias; Nunu, Wilfred Njabulo	Exploring Barriers and Facilitators That Influence Uptake of Oral Pre-Exposure Prophylaxis Among Men Who Have Sex With Men in Bulawayo, Zimbabwe: Key Stakeholder's Perspectives.	American Journal of Men's Health	-	-	-	-	1557-9891	10.1177/15579883231223377	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10771743	The world has been on the path to ending HIV and AIDS as a global threat by 2030; despite these efforts, the rate of new HIV infections among men who have sex with men remains very high. This study sought to explore the perceptions of key stakeholders on the potential barriers and facilitators of pre-exposure prophylaxis use among this key population. An exploratory, descriptive (through interviews) qualitative study was conducted on 10 key informants who were purposively selected and snowballed based on their knowledge and experience toward pre-exposure prophylaxis programming among men who have sex with men. The interviews were recorded, transcribed verbatim, coded, and thematically analyzed on MAXQDA. Stated barriers were stigma, lack of information, wrong messaging around pre-exposure prophylaxis, hearing negative things about the pills, the burden of taking pills daily, negative attitudes from health care providers, non-friendly health care facilities, pre-exposure prophylaxis not being affordable, and lack of flexibility and privacy from public hospitals. Identified facilitators were correct messaging on pre-exposure prophylaxis, long-lasting injectable pre-exposure prophylaxis, improved packaging, de-stigmatization, more friendly facilities, differentiated service approach, community groups, engagement, and partnership. To address these barriers and leverage the facilitators, it is imperative to have accessible, affordable services, non-judgmental health care providers, and peer support networks to empower men who have sex with men to make informed decisions regarding their sexual and reproductive health. Continued efforts to remove barriers and promote facilitators are crucial for maximizing the potential of pre-exposure prophylaxis as an effective HIV prevention tool among this population.	men who have sex with men, pre-exposure prophylaxis, uptake, barriers, facilitators, HIV and AIDS	English	United States	Western and Central Europe and North America	Zimbabwe	Eastern and Southern Africa	Zimbabwe	Eastern and Southern Africa	Qualitative
Article	2024	Mshenga, Mansour Maulid; Tang, Weiming	A call for change: addressing the implementation strategy using pre exposure Prophylaxis for combating the escalating HIV crisis in Zanzibar's key populations.	AIDS Research and Therapy	-	-	-	-	1742-6405	10.1186/s12981-024-00597-5	https://pubmed.ncbi.nlm.nih.gov/38336684/	The Integrated Bio-Behavioural Surveillance Survey of 2022-2023 among key populations report from Zanzibar has been released. The prevalence of HIV is estimated to be 21.1%, 11.4%, and 9.3% among Female Sex Workers, Men who have Sex with Men, and People Who Injected Drugs, respectively. This has prompted a closer examination of the factors contributing to this trend, with a particular focus on the low coverage of Pre-Exposure Prophylaxis in these key populations. The current prevalence reported in December 2023 signals a critical turning point that necessitates a reevaluation of the barriers and facilitators of Pre Exposure Prophylaxis intervention to combat the epidemic. It is imperative to acknowledge the severity of the situation and take decisive action to prevent further spread of the virus in the Isles.	Humans; Male; Female; Homosexuality, Male; HIV; Tanzania; *Pre-Exposure Prophylaxis; *Sex Workers; *Sexual and Gender Minorities; *HIV Infections/epidemiology/prevention & control/drug therapy; Key populations; Pre exposure Prophylaxis; Zanzibar	English	United Kingdom	Western and Central Europe and North America	Tanzania	Eastern and Southern Africa	Tanzania	Eastern and Southern Africa	Quantitative
Article	2024	Mthimkhulu, Nqaba; Chidumwa, Glory; Kutywayo, Alison; Mataboge, Paballo; Martin, Catherine E; Kwatsha, Khanyiswa; Makalela, Nthabiseng; Mazibuko, Mbali; Butler, Vusile; Mullick, Saiqa	Factors influencing the uptake of a mono-PrEP implant for the prevention of HIV: Males' perspectives from three South African provinces.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0296341	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10760848	INTRODUCTION: Oral pre-exposure prophylaxis (PrEP) is an effective HIV prevention method; however, males over 15 years face challenges with its effective use. Long-acting prevention products could address barriers to effective PrEP use. This study aimed to estimate the potential uptake of a mono-PrEP implant and the factors influencing uptake among males in South Africa. The study also examined messaging and demand creation tactics that males perceive will improve HIV prevention uptake. METHODS: We conducted a mixed methods study comprising participatory workshops and a self-administered survey among 142 PrEP-eligible males (18-40 years) in three provinces (Gauteng, Eastern Cape, and Kwa-Zulu Natal) in South Africa from July to November 2022. Logistic regression was used to assess the relationship between the potential uptake of a hypothetical, non-biodegradable mono-PrEP implant and socioeconomic and behavioural factors. Workshop data were analysed using content analysis. RESULTS: The top three HIV prevention products that males would consider using were the monthly pill (74.6%), the mono-PrEP implant (62.7%), and event-driven oral PrEP (59.2%). If one prevention option was available, 31.7% of participants stated that they would use the monthly oral pill, 28.2% would use the six-monthly injection, and 19.7% the mono-PrEP implant. Four key themes were noted as influential to potential mono-PrEP uptake: "Health Over Everything", "Mono-PrEP Implant Concerns", "Potential Disclosure of Mono-PrEP Use", and "Information Distribution Channels". Participants preferred social and mainstream media as information distribution channels to receive information on HIV prevention services, including the mono-PrEP implant. CONCLUSION: In this study among predominantly heterosexual men in South Africa, there was interest in long-acting HIV prevention methods but concerns about the mono-PrEP implant. A comprehensive and participatory introduction will be needed for the implant, to improve acceptability and address potential concerns. Demand-creation strategies utilising social media and health campaigns should be considered to engage and reach males.	NA	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Mixed methods
Article	2024	Mulwa, Sarah; Baker, Venetia; Cawood, Cherie; Khanyile, David; O'Donnell, Dominique; Sarrassat, Sophie; Cousens, Simon; Birdthistle, Isolde	Evaluating the Intensity of Exposure to MTV Shuga, an Edutainment Program for HIV Prevention: Cross-Sectional Study in Eastern Cape, South Africa.	JMIR Formative Research	-	-	-	-	2561-326X	10.2196/44111	https://pubmed.ncbi.nlm.nih.gov/38349729/	BACKGROUND: MTV Shuga is an edutainment campaign designed to equip young people with knowledge, motivation, and informed choices to protect themselves from HIV infection. From 2019 to 2020, a total of 10 episodes of a new dramatic series, MTV Shuga "Down South 2" (DS2), were broadcast via television and the internet, alongside complementary media activities. OBJECTIVE: This study aims to investigate whether the intensity of DS2 exposure was linked with positive HIV prevention outcomes in a setting with high HIV prevalence and relatively low levels of HIV testing. METHODS: We analyzed data from a web-based survey of participants aged 15 to 24 years in South Africa in 2020. The survey was promoted via social media platforms of schools, universities, and communities in Eastern Cape, South Africa. The primary exposure of interest was the intensity of exposure to DS2, measured by the number of episodes of DS2 watched on the television or the internet or listened to on the radio (out of 10 episodes). Individuals who had not watched or listened to any DS2 episode were classified according to other MTV Shuga content that they had accessed. We estimated associations between the intensity of DS2 exposure and HIV-related outcomes, including knowledge of HIV status, awareness of HIV self-testing (HIVST) and pre-exposure prophylaxis (PrEP), uptake of HIVST, and demand for HIVST and PrEP, adjusting for potential confounders using multivariable logistic regression. RESULTS: Among the 3431 survey participants, 827 (24.1%) were exposed to DS2. Specifically, 18.1% (622/3431) watched or listened to only 1 DS2 episode, and 2.4% (82/3431), 1.7% (58/3431), and 1.8% (62/3431) watched or listened to 2 to 4, 5 to 7, and 8 to 10 DS2 episodes, respectively. Increasing the exposure to DS2 was associated with improvements in most outcomes. Exposure to multiple episodes (eg, 2-4, 5-7, and 8-10) was associated with successively higher odds of knowing one's HIV status, awareness of PrEP and HIVST, and uptake of HIVST compared with no MTV Shuga exposure, albeit with statistical uncertainty around some estimates. The interest in using HIVST or PrEP was high overall (>80%), with no measurable differences by DS2 intensity. CONCLUSIONS: We found evidence consistent with a dose-response relationship between MTV Shuga DS2 exposure and outcomes, including knowledge of HIV status, awareness and uptake of HIVST, and awareness of PrEP among young people in Eastern Cape. This indicates that greater engagement with a youth-focused edutainment campaign can improve HIV testing and prevention options in a setting and population with high need. However, only a few participants accessed multiple DS2 episodes despite its availability on multiple media platforms. We conclude that there is potential to benefit more young people by increasing access to and interest in the show.	HIV prevention; evaluation; mobile phone; media; young people; dose-response; edutainment	English	Canada	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Quantitative
Article	2024	Murphy M.; Rogers B.G.; Ames E.; Galipeau D.; Uber J.; Napoleon S.; Brinkley-Rubinstein L.; Toma E.; Byrne S.; Teitelman A.M.; Berk J.; Chan P.A.; Ramsey S.	Implementing Preexposure Prophylaxis for HIV Prevention in a Statewide Correctional System in the United States	Public Health Reports	-	-	-	-	333549	10.1177/00333549231186576	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85165588052&doi=10.1177%2f00333549231186576&partnerID=40&md5=2cf404835056f26397c589de09ed0153	HIV disproportionately affects populations experiencing incarceration. Preexposure prophylaxis (PrEP) is an effective approach to preventing HIV acquisition among populations at increased risk of acquiring HIV. Yet few, if any, efforts have been made to offer PrEP in correctional settings. Beginning in November 2019, the Rhode Island Department of Corrections (RIDOC) implemented a systemwide PrEP initiation program with linkage to PrEP care in the community upon reentry. Incarcerated individuals identified as being potentially at increased risk of HIV acquisition during standard clinical screenings and medical care were referred to a PrEP care provider for potential PrEP initiation. Of the 309 people who met with a PrEP care provider, 35% (n = 109; 88 men, 21 women) agreed to initiate PrEP while incarcerated. Clinical testing and evaluation were completed for 82% (n = 89; 69 men, 20 women) of those who agreed to initiate PrEP. Of those, 54% (n = 48; 29 men, 19 women) completed the necessary clinical evaluation to initiate PrEP, were determined to be appropriate candidates for PrEP use, and had the medication delivered to a RIDOC facility for initiation. Only 8 people (4 men, 4 women) were successfully linked to a PrEP care provider in the community after release. The RIDOC experience demonstrates notable levels of PrEP interest and moderate levels of PrEP uptake among this population. However, PrEP engagement in care after release and persistence in taking PrEP when in the community were relatively poor, indicating a need to better understand approaches to overcoming barriers to PrEP care in this unique setting. © 2023, Association of Schools and Programs of Public Health.	corrections; HIV; PrEP	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Nagai, Henry; Ankomah, Augustine; Fuseini, Kamil; Adiibokah, Edward; Semahegn, Agumasie; Tagoe, Henry	HIV Pre-Exposure Prophylaxis Uptake Among High-Risk Population in Sub-Saharan Africa: A Systematic Review and Meta-Analysis.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2023.0117	https://pubmed.ncbi.nlm.nih.gov/38381951/	Globally, 38.4 million people are affected by the human immunodeficiency virus (HIV) pandemic, and more than 2.5 million new HIV infections occur yearly. HIV pre-exposure prophylaxis (PrEP) has been widely recognized as a potential way to prevent new infections among risk population. There is a paucity of abridged evidence on the level and barriers to PrEP service uptake in sub-Saharan Africa (SSA). Therefore, we conducted a systematic review to synthesize existing evidence on PrEP uptake in SSA. Relevant studies were searched from major databases (PubMed and PsychInfo) and direct Google Scholar. Data were extracted and recorded using a pilot-tested template. Methodological rigor, heterogeneity and publication bias of studies were assessed to minimize the inclusion of erroneous findings. A random effect model was used for the meta-analysis followed by narrative metasynthesis. The protocol of this systematic review has been by registered PROSPERO (ID: CRD42022308855). A total of 1830 studies were retrieved, and 30 studies met inclusion criteria of the systematic review. People who heard about PrEP ranged from 23% to 98%. The pooled prevalence of willingness to use PrEP was 64.2% (95% confidence interval: 55.5-72.0). Fear of side effect, stigma, nonreceptive attitude, cost of pills, low awareness about PrEP, perceived reason about the effectiveness of PrEP, and lack of friendly services were the common barriers to PrEP uptake in Africa. In conclusion, comprehensive knowledge and willingness to use PrEP were low in SSA. The barriers to low PrEP service uptake are avoidable through comprehensive awareness creation and availing essential services to key population in Africa. Expanding educational messages to key population using friendly approaches and more accessible platforms, engaging stakeholders, and integrating PrEP service with routine health care are important to foster HIV prevention and control in the future.	Humans; Africa South of the Sahara/epidemiology; HIV; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; sub-Saharan Africa; systematic review; barriers; *HIV Infections/epidemiology/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	Ghana	Western and Central Africa	Ethiopia	Eastern and Southern Africa	Review
Article	2024	Nakiganda, Lydia Jacenta; Bavinton, Benjamin R; Poynten, Isobel Mary; Serwadda, David; Bazaale, Jeremiah Mulamba; Grulich, Andrew E	Sexual pleasure and HIV-related worry in female sex workers on oral pre-exposure prophylaxis in south-western Uganda.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH23056	https://dx.doi.org/10.1071/SH23056	BACKGROUND: Female sex workers (FSWs) contribute disproportionately to HIV transmission in Uganda, and pre-exposure prophylaxis (PrEP) is effective in preventing HIV among cisgender women. Psychological factors are important for PrEP uptake, but few studies have examined psychosocial changes due to PrEP use in Uganda. METHODS: In 2021, we recruited 524 FSWs in three Trans-African Highway towns and four fishing communities in south-western Uganda. We conducted structured interviews among women who were attending routine PrEP follow-up visits in six health units. Bivariable and multivariable modified regression using a robust covariance matrix estimator were used to identify factors associated with experiencing increased sexual pleasure and less worry about HIV because of PrEP. RESULTS: Overall, 80.9% participants reported that sex was more pleasurable because of taking PrEP. There were statistical trends for sex being more pleasurable when taking PrEP or when having condomless sex with casual paying partners (aPR=1.19, 95% CI=1.07-1.32, P=0.001). Almost three-quarters of the participants (76.3%) were less worried about getting HIV because of PrEP. Condomless sex with casual paying partners (aPR=1.17, 95% CI=1.05-1.31, P=0.032, P=0.003) and being On PrEP for the past 1-2years (aPR=1.18, 95% CI=1.00-1.38, P=0.032) was significantly associated with HIV-related worry (aPR=1.17, 95% CI=1.05-1.31, P=0.032, P=0.003)Conclusions:We found a positive impact of PrEP in Ugandan FSWs on two key psychosocial dimensions: (1) more pleasurable sex; and (2) less worry about acquiring HIV. Interventions aiming to increase PrEP uptake may find it useful to focus on psychosocial dimensions.	NA	English	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2024	Nardell, Maria Francesca; Govathson, Caroline; Mngadi-Ncube, Sithabile; Ngcobo, Nkosinathi; Letswalo, Daniel; Lurie, Mark; Miot, Jacqui; Long, Lawrence; Katz, Ingrid Theresa; Pascoe, Sophie	Migrant men and HIV care engagement in Johannesburg, South Africa.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-024-17833-2	https://pubmed.ncbi.nlm.nih.gov/38347453/	BACKGROUND: South Africa (SA) has one of the highest rates of migration on the continent, largely comprised of men seeking labor opportunities in urban centers. Migrant men are at risk for challenges engaging in HIV care. However, rates of HIV and patterns of healthcare engagement among migrant men in urban Johannesburg are poorly understood. METHODS: We analyzed data from 150 adult men (≥ 18 years) recruited in 10/2020-11/2020 at one of five sites in Johannesburg, Gauteng Province, SA where migrants typically gather for work, shelter, transit, or leisure: a factory, building materials store, homeless shelter, taxi rank, and public park. Participants were surveyed to assess migration factors (e.g., birth location, residency status), self-reported HIV status, and use and knowledge of HIV and general health services. Proportions were calculated with descriptive statistics. Associations between migration factors and health outcomes were examined with Fisher exact tests and logistic regression models. Internal migrants, who travel within the country, were defined as South African men born outside Gauteng Province. International migrants were defined as men born outside SA. RESULTS: Two fifths (60/150, 40%) of participants were internal migrants and one fifth (33/150, 22%) were international migrants. More internal migrants reported living with HIV than non-migrants (20% vs 6%, p = 0.042), though in a multi-variate analysis controlling for age, being an internal migrant was not a significant predictor of self-reported HIV positive status. Over 90% all participants had undergone an HIV test in their lifetime. Less than 20% of all participants had heard of pre-exposure prophylaxis (PrEP), with only 12% international migrants having familiarity with PrEP. Over twice as many individuals without permanent residency or citizenship reported "never visiting a health facility," as compared to citizens/permanent residents (28.6% vs. 10.6%, p = 0.073). CONCLUSIONS: Our study revealed a high proportion of migrants within our community-based sample of men and demonstrated a need for HIV and other healthcare services that effectively reach migrants in Johannesburg. Future research is warranted to further disaggregate this heterogenous population by different dimensions of mobility and to understand how to design HIV programs in ways that will address migrants' challenges.	Adult; Humans; Male; South Africa/epidemiology; *Transients and Migrants; Men; HIV Prevention; *HIV Infections/prevention & control; HIV Testing; Migration; Mobility; *Emigrants and Immigrants; HIV Care	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Nardell, Maria Francesca; Govathson-Mandimika, Caroline; Garnier, Salomé; Watts, Ashley; Babalola, Dolapo; Ngcobo, Nkosinathi; Long, Lawrence; Lurie, Mark N.; Miot, Jacqui; Pascoe, Sophie; Katz, Ingrid T.	"Emotional stress is more detrimental than the virus itself": A qualitative study to understand HIV testing and pre-exposure prophylaxis (PrEP) use among internal migrant men in South Africa.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26225	https://pubmed.ncbi.nlm.nih.gov/38462755/	INTRODUCTION: South Africa has one of the highest rates of internal migration on the continent, largely comprised of men seeking labour in urban centres. South African men who move within the country (internal migrants) are at higher risk than non-migrant men of acquiring HIV yet are less likely to test or use pre-exposure prophylaxis (PrEP). However, little is known about the mechanisms that link internal migration and challenges engaging in HIV services. METHODS: We recruited 30 internal migrant men (born outside Gauteng Province) during August 2022 for in-depth qualitative interviews at two sites in Johannesburg (Gauteng) where migrants may gather, a factories workplace and a homeless shelter. Interviewers used open-ended questions, based in the Theory of Triadic Influence, to explore experiences and challenges with HIV testing and/or PrEP. A mixed deductive inductive content analytic approach was used to review data and explain why participants may or may not use these services. RESULTS: Migrant men come to Johannesburg to find work, but unreliable income, daily stress and time constraints limit their availability to seek health services. While awareness of HIV testing is high, the fear of a positive diagnosis often overshadows the benefits. In addition, many men lack knowledge about the opportunity for PrEP should they test negative, though they express interest in the medication after learning about it. Additionally, these men struggle with adjusting to urban life, lack of social support and fear of potential stigma. Finally, the necessity to prioritize work combined with long wait times at clinics further restricts their access to HIV services. Despite these challenges, Johannesburg also presents opportunities for HIV services for migrant men, such as greater anonymity and availability of HIV information and services in the city as compared to their rural homes of origin. CONCLUSIONS: Bringing HIV services to migrant men at community sites may ease the burden of accessing these services. Including PrEP counselling and services alongside HIV testing may further encourage men to test, particularly if integrated into counselling for livelihood and coping strategies, as well as support for navigating health services in Johannesburg.	Humans; Male; South Africa; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; HIV prevention; pre-exposure prophylaxis; *Transients and Migrants; Stress, Psychological; HIV testing; men; migration; HIV Testing; *HIV Infections/diagnosis/drug therapy/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Ngumbau, Nancy M.; Neary, Jillian; Wagner, Anjuli D.; Abuna, Felix; Ochieng, Ben; Dettinger, Julia C.; Gómez, Laurén; Marwa, Mary M.; Watoyi, Salphine; Nzove, Emmaculate; Pintye, Jillian; Baeten, Jared M.; Kinuthia, John; John-Stewart, Grace	Cofactors of Partner HIV Self-testing and Oral PrEP Acceptance Among Pregnant Women at High Risk of HIV in Kenya.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003355	https://pubmed.ncbi.nlm.nih.gov/38408215/#:~:text=Compared%20with%20women%20who%20accepted,other%20partners%3B%20and%20(3)	BACKGROUND: Oral pre-exposure prophylaxis (PrEP) and male partner HIV self-testing (HIVST) is being scaled up within antenatal clinics. Few data are available on how co-distribution influences acceptance of both interventions. METHODS: We used data from the PrEP Implementation of Mothers in Antenatal Care (NCT03070600) trial in Kenya. Women included in this analysis were determined to be at high risk of HIV and offered oral PrEP and partner HIVST. Characteristics were compared between women who chose: (1) PrEP and HIVST, (2) HIVST-alone, (3) PrEP-alone, or (4) declined both (reference), excluding women who had partners known to be living with HIV. RESULTS: Among 911 women, median age was 24 years, 87.3% were married, 43.9% perceived themselves to be at high risk of HIV and 13.0% had history of intimate partner violence (IPV). Overall, 68.9% accepted HIVST and 18.4% accepted PrEP, with 54.7% accepting HIVST-alone, 4.2% PrEP-alone, and 14.3% both HIVST and PrEP. Of women accepting HIVST, partner HIV testing increased from 20% to 82% and awareness of partner HIV status increased from 4.7% to 82.0% between pregnancy and 9 months postpartum (P < 0.001). Compared with women who accepted neither, choosing: (1) HIVST-alone was associated with being married, higher level of education, and residing with partner; (2) PrEP-alone was associated with lower social support, IPV, not residing with partner, longer time living with partner, and suspicion of other partners; and (3) PrEP and HIVST was associated with being married, IPV, and suspicion that partner had other partners. CONCLUSIONS: Understanding factors associated with accepting HIVST and PrEP can inform HIV prevention programs for pregnant women. CLINICAL TRIAL NUMBER: NCT03070600.	Adult; Humans; Male; Young Adult; Clinical Trials as Topic; Female; Pregnancy; HIV; *Pre-Exposure Prophylaxis; Kenya; Pregnant Women; Self-Testing; HIV Testing; *HIV Infections/diagnosis/prevention & control	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Clinical
Article	2024	Nguyen, Van Thi Thuy; Dat, Vu Quoc; Truc, Huynh Minh; Nguyen Anh Thu, Pham; Linh, Doan Thi Thuy; Johnson, Cheryl; Baggaley, Rachel Clare; Phan, Huong Thi Thu	Preference and retention of daily and event-driven pre-exposure prophylaxis for HIV prevention: a prospective cohort in Can Tho city, Viet Nam.	BMJ Open	-	-	-	-	2044-6055	10.1136/bmjopen-2023-075976	https://bmjopen.bmj.com/content/14/2/e075976	OBJECTIVE: Pre-exposure prophylaxis (PrEP) was introduced in Viet Nam in 2017, but data on oral PrEP preference and effective use beyond 3 months are limited. We aimed to evaluate PrEP preferences for PrEP, factors influencing uptake, choice and effective use, as well as barriers to PrEP. METHODS: This is a prospective cohort study in Can Tho, Viet Nam. Participants who were eligible for PrEP and provided informed consent were interviewed at baseline on demographic information, willingness to pay, reasons for choosing their PrEP regimen and the anticipated difficulties in taking PrEP and followed up at 3 months, 6 months and 12 months after PrEP initiation. FINDINGS: Between May 2020 and April 2021, 926 individuals at substantial risk for HIV initiated PrEP. Of whom 673 (72.7%) choose daily PrEP and 253 (27.3%) choose event-driven (ED)-PrEP. The majority of participants were men (92.7%) and only 6.8% were transgender women. Median participant age was 24 years (IQR 20-28) and 84.7% reported as exclusively same-sex relationship. The three most common reasons for choosing daily PrEP were effectiveness (24.3%) and unplanning for sex (22.9%). Those opting for ED-PrEP also cited effectiveness (22.7%), as well as convenience (18.0%) and easier effective use (12.0%). Only 7.8% of PrEP users indicated they were unwilling to pay for PrEP and 76.4% would be willing to pay if PrEP were less than US$15 per month. The proportion of user effectively using PrEP at 12 months was 43.1% and 99.2% in daily PrEP and ED-PrEP users, respectively. CONCLUSIONS: ED-PrEP was preferred by more than a quarter of 23.5% of the participants and there was little concern about potential adverse events. High rates of effective use were reported by ED-PrEP users. Future research to inform implementation of PrEP in Viet Nam is needed to develop ways of measuring adherence to ED-PrEP more accurately and to understand and address difficulties in taking daily PrEP use.	Adult; Humans; Male; Young Adult; Female; Prospective Studies; Medication Adherence; Health Services Accessibility; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; Vietnam; HIV & AIDS; *HIV Infections/prevention & control/drug therapy; PREVENTIVE MEDICINE	English	United Kingdom	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	Quantitative
Article	2024	Nieuwenburg, S. A.; Bruisten, S. M.; Heijman, T.; Vermeulen, W.; van Dam, A. P.; Schim van der Loeff, M. F.; de Vries, H. J. C.	Use of home-based self-collected dried blood spots to test for syphilis, HIV, hepatitis C and B virus infections and measuring creatinine concentration.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001941	https://pubmed.ncbi.nlm.nih.gov/38430511/	INTRODUCTION: Home-based self-collected dried blood spot (DBS) sampling could simplify sexual health and pre-exposure prophylaxis (PrEP) care and reduce sexually transmitted infections (STI) clinic visits for men who have sex with men (MSM). We compared the performance of DBS to venipuncture collected blood samples to test four STIs and creatinine concentration. METHODS: We invited MSM clients of the Amsterdam STI clinic to participate. Routinely collected peripheral blood was tested for syphilis treponemal antibody (CLIA), HIV (HIV Ag/Ab), HCV (antibodies), HBV (HBsAg) and creatinine concentration. Participants received a home kit for DBS sampling, a return envelope and a questionnaire to evaluate the acceptability, feasibility and usability of DBS, measured on 5-point Likert scales, 1 representing complete disagreement and 5 complete agreement. We assessed sensitivity and specificity of DBS versus peripheral blood-based testing. RESULTS: In 2020-21 we included 410 participants; 211 (51.5%) returned a completed DBS card, 117 (28.5%) returned a partially filled card and 82 (20%) did not return a card. The sensitivity for syphilis was 90.8% and the specificity 84.3%. For both HIV Ag/Ab and HBsAg the sensitivity and specificity were 100.0%. The sensitivity for HCV antibody was 80.0% and the specificity 99.2%. The DBS creatinine concentration was a mean of 5.3 µmol/L higher than in venipuncture obtained plasma. Participants' median willingness to take a future DBS was 4 IQR 3 - 5. DISCUSSION: DBS may be an acceptable method among MSM for STI testing and creatinine follow-up during PrEP use. However collecting enough blood on DBS cards was a challenge, and sensitivities for syphilis and HCV serology were too low.	NA	English	United States	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Netherlands	Western and Central Europe and North America	Clinical
Article	2024	Norris, Meghan; Lopez, Erin; Delgado, Daniel Alicea; Thorp, Brian; Klatt-Cromwell, Christine; Senior, Brent; Kimple, Adam; Ebert, Charles S. Jr	Which intranasal corticosteroids can be used in patients on highly active antiretroviral therapy or pre-exposure prophylactic?	International Forum of Allergy & Rhinology	-	-	-	-	2042-6984 2042-6976	10.1002/alr.23329	https://pubmed.ncbi.nlm.nih.gov/38297443/#:~:text=Beclomethasone%20nasal%20spray%20can%20be,all%20HAART%20and%20PrEP%20regimens.	All intranasal corticosteroid spray formulations are safe to use in patients on pre-exposure prophylaxis. Beclomethasone nasal spray can be used safely with all HAART and PrEP regimens.	HIV; PrEP; HAART; corticosteroids; chronic rhinitis; chronic sinusitis	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Ntinga, Xolani; Isehunwa, Oluwaseyi O.; Msimango, Lindani I.; Smith, Patricia M.; Matthews, Lynn T.; Van Heerden, Alastair	Perceptions of Pre-exposure Prophylaxis (PrEP) for HIV prevention among men living with HIV in the context of reproductive goals in South Africa: a qualitative study.	BMC Public Health	-	-	-	-	1471-2458	10.1186/s12889-024-18118-4	https://pubmed.ncbi.nlm.nih.gov/38389039/	BACKGROUND: Pre-exposure Prophylaxis (PrEP) and Treatment as Prevention (TasP) are effective strategies to prevent HIV transmission within serodifferent couples. However, limited usage of PrEP, knowledge and interest has been amongst the barriers for men, alongside testing and treatment adherence. We explored the perceptions of PrEP for HIV prevention with Men living with HIV (MWH) who have reproductive goals, to understand awareness and experiences related to PrEP use in the context of HIV prevention with their partners. METHODS: We undertook a qualitative study with 25 MWH aged 18 to 65 between April and September 2021 in South Africa. Potential participants were screened for eligibility and scheduled to participate in telephonic interviews. Interviews were audio recorded, transcribed, translated and thematically analysed. RESULTS: Themes were organized into opportunities and barriers that men with HIV articulate as important for using PrEP to meet individual, couple, and community reproductive goals. At the individual level, some men were willing to discuss PrEP with their partners to protect their partners and babies from acquiring HIV. Lack of knowledge about PrEP among men was a potential barrier to promoting PrEP among their female partners. At the couple level, PrEP use was seen as a way to strengthen relationships between partners, signifying care, trust, and protection and was seen as a tool to help serodifferent couples meet their reproductive goals safely. At the community level, PrEP was viewed as a tool to promote HIV testing and prevention efforts, especially among men, but participants emphasized the need for more education and awareness. CONCLUSION: Despite PrEP implementation in South Africa, awareness of PrEP among men with HIV in rural areas remains low. Engaging MWH to support their partners in accessing PrEP could be an innovative strategy to promote HIV prevention. Additionally, providing men with comprehensive reproductive health information can empower them to make more informed decisions, adopt safer sexual practices, and challenge societal norms and stigmas around HIV.	Humans; Male; Female; South Africa; *Anti-HIV Agents/therapeutic use; Sexual Partners; *Pre-Exposure Prophylaxis; HIV prevention; Pre-exposure prophylaxis (PrEP); Goals; Reproductive health; *HIV Infections/prevention & control/drug therapy; Men living with HIV (MWH); Reproductive goals; Serodifferent couples	English	United Kingdom	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Qualitative
Article	2024	Nydegger L.A.; Kidane H.; Benitez S.; Yuan M.; Claborn K.R.	A Qualitative Exploration of PrEP Interests, Barriers, and Interventions Among Black and Latina Cisgender Women in the U.S.	Archives of Sexual Behavior	-	-	-	-	40002	10.1007/s10508-023-02712-5	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85173732995&doi=10.1007%2fs10508-023-02712-5&partnerID=40&md5=b471d144d7c7bf38c63793d78f5e4cbf	Black and Latina cisgender women (BLCW) are disproportionally affected by HIV, particularly in the southern U.S. In Austin, Texas, Black women contract HIV 18.4 times more and Latinas 2.6 times more compared to White women. Pre-exposure prophylaxis (PrEP) is a medication that prevents contracting HIV; however, PrEP adoption among women is low. The current qualitative study aimed to explore PrEP awareness, interest, preferred PrEP administration methods, barriers to PrEP adoption, and future programs to increase PrEP adoption and adherence among BLCW. A total of 18 BLCW at high risk for HIV were enrolled. Participants completed 3 semi-structured interviews across 3 months. Interviews were transcribed verbatim, coded, and analyzed using thematic content analysis. Results demonstrated that BLCW had low PrEP awareness, high initial PrEP interest, and were interested in a long-acting injectable form of PrEP. Barriers to PrEP adoption included concerns regarding side effects, concerns about adherence to the currently available daily pill, and difficulty with insurance. Participants proposed different ideas for interventions, including support groups, education, community-level programs, and structural interventions. Future studies should focus on increasing PrEP awareness and HIV risk, consider alternative forms of PrEP, educate providers and medical staff on PrEP, and consider tailored interventions to reduce HIV risk among BLCW.	African American women; Black; Hispanic women; HIV/AIDS; Latina; Pre-exposure prophylaxis (PrEP)	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	O'Bryan, Gillian; Chirairo, Harugumi; Munyayi, Farai; Ensminger, Alison; Barnabee, Gena; Dzinotyiweyi, Edington; Mwandingi, Leonard; Ashipala, Laimi; Forster, Norbert; O'Malley, Gabrielle; Golden, Matthew	Assisted Partner Notification Services in Namibia: Comparison of Case-Finding in Persons With New and Previously Diagnosed Human Immunodeficiency Virus, and Success as a Platform for PrEP Referral.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001922	https://pubmed.ncbi.nlm.nih.gov/38412468/	BACKGROUND: Assisted partner notification services (APS) are widely implemented throughout sub-Saharan Africa. The effectiveness of APS among persons with previously diagnosed human immunodeficiency virus (HIV) infection is uncertain, and there are few published data on the success of integrating referrals for HIV preexposure prophylaxis (PrEP) into APS. METHODS: Staff in 22 Namibian Ministry of Health and Social Service clinics offered APS to persons newly and previously diagnosed with HIV (index cases ICs) between October 2019 and June 2021. Counselors used a structured interview guide to elicit ICs' sex partners and biological children and assisted ICs in arranging testing of contacts. Contacts testing HIV-positive were linked to HIV services and those 14 years or older testing negative were offered PrEP. The primary outcome was the case-finding index (contacts testing HIV-positive ÷ ICs receiving APS). RESULTS: Staff provided APS to 1222 (78%) of 1557 newly diagnosed ICs eliciting 1155 sex partners and 649 biological children. Among 280 previously diagnosed ICs, 279 sex partners and 158 biological children were elicited. The case-finding index was higher among ICs with newly diagnosed HIV compared with previously diagnosed HIV (0.14 vs 0.09, P = 0.46), though this difference was not statistically significant. Most sex partners testing HIV-negative were initiated on PrEP (67% in sex partners from newly diagnosed ICs; 74% in sex partners from previously diagnosed ICs). CONCLUSIONS: Assisted partner notification services successfully identified sex partners and biological children with undiagnosed HIV infection when provided to both newly and previously diagnosed ICs. Integration of referral to PrEP resulted in many HIV-negative partners initiating PrEP.	Humans; Child; HIV; Sexual Partners; Referral and Consultation; *HIV Seropositivity; Namibia/epidemiology; *HIV Infections/diagnosis/epidemiology/prevention & control; Contact Tracing/methods	English	United States	Western and Central Europe and North America	Namibia	Eastern and Southern Africa	Namibia	Eastern and Southern Africa	Quantitative
Article	2024	Ogello, Vallery A.; Rono, Bernard Kipkoech; Ngure, Kenneth; Sedah, Eric; Thuo, Nicholas B.; Musinguzi, Nicholas; Baeten, Jared M.; Bukusi, Elizabeth A.; Mugo, Nelly R.; Haberer, Jessica E.	Acceptability and feasibility of long-term, real-time electronic adherence monitoring of HIV pre-exposure prophylaxis (PrEP) use among young women in Kenya: A mixed methods study.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0299168	https://pubmed.ncbi.nlm.nih.gov/38451884/	Real-time electronic adherence monitoring involves "smart" pill boxes that record and monitor openings as a proxy for pill taking and may be useful in understanding and supporting PrEP use; however, acceptability and/or feasibility for PrEP users is uncertain. We sought to understand the experiences of using a real-time electronic adherence monitor for PrEP delivery among young women in Kisumu and Thika, Kenya. We used the Wisepill device to monitor PrEP use among 18-24-year-old women for two years. Half of the participants were randomized to also receive SMS adherence reminders (daily or as needed for missed doses). We assessed acceptability quantitatively and qualitatively according to the four constructs of Unified Theory of Acceptance and Use of Technology (UTAUT): performance expectancy, effort expectancy, social influence, and facilitating conditions. We assessed feasibility by monitor functionality during periods of PrEP use. We analyzed quantitative data descriptively and compared by site and over time; qualitative data were analyzed inductively and deductively. The median age was 21 years (IQR 19-22), median education was 12 years (IQR 10-13), 182 (53%) had disclosed PrEP use, and 55 (16%) reported recent intimate partner violence. Most participants reported high levels of usefulness and high interest in using the monitor with few problems or worries reported throughout follow-up. Feasibility was high overall with some differences by site (96% functional monitor days in Kisumu vs 88% in Thika). Few monitors were reported lost (N = 29; 8%) or dysfunctional (N = 11; 3%). In qualitative interviews, electronic monitoring was perceived as useful because it supported privacy, confidentiality, easy storage, and PrEP adherence. Effort was generally considered low. Participants expressed some concern for stigma from monitor and/or PrEP use. Facilitating conditions involved the monitor size, color, and battery life. Overall, real-time electronic adherence monitoring was a highly acceptable and feasible approach to understand PrEP adherence among young women in a sub-Saharan African setting.	Adolescent; Adult; Humans; Young Adult; Female; Medication Adherence; *Anti-HIV Agents/therapeutic use; Feasibility Studies; Kenya; *Pre-Exposure Prophylaxis/methods; Electronics; *HIV Infections/prevention & control/drug therapy	English	United States	Western and Central Europe and North America	Kenya	Eastern and Southern Africa	Kenya	Eastern and Southern Africa	Mixed methods
Article	2024	Olakunde B.O.; Folala-Anoemuah Y.; Ujam C.; Ndukwe C.D.; Olaifa Y.; Yahaya H.B.; Bello H.; Ogundipe A.	Awareness and uptake of oral pre-exposure prophylaxis among adolescent and young key populations in Nigeria: a secondary data analysis of the 2020 Integrated Biological & Behavioural Surveillance Survey	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2023.2254547	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85170566446&doi=10.1080%2f09540121.2023.2254547&partnerID=40&md5=61423711c16deb6b696df82c51ac66ea	Oral pre-exposure prophylaxis (PrEP) is a critical intervention for HIV prevention among key populations (KP) in Nigeria. However, little is known about its coverage among adolescent and young key populations (AYKP). Using the 2020 Integrated Biological & Behavioural Surveillance Survey conducted among KP, including female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender people (TG), we assessed the awareness and uptake of PrEP among AYKP (15-24 years) in Nigeria. We performed weighted descriptive statistics and logistic regression analyses. Of the 6882 AYKP included in this study, 36.1% were aware of PrEP, ranging from 47.9% in MSM to 19.8% in FSW. Compared with FSW, MSM (aOR = 3.7, 95%CI = 3.22–4.35) and TG (aOR = 2.6, 95%CI = 2.18–2.98) had significant higher odds of PrEP awareness. Among those aware of PrEP, 24.5% had ever taken PrEP. The uptake of PrEP varied by KP group: TG (28.1%), MSM (25.3%), PWID (18.0%), and FSW (14.4%). MSM (aOR = 2.6, 95%CI = 1.72–4.07) and TG (aOR = 2.7, 95%CI = 1.71–4.14) had significant higher odds of PrEP uptake relative to FSW. The awareness and uptake of PrEP among AYKP in Nigeria is low. This calls for more awareness creation about PrEP addressing the barriers that limit its uptake. © 2023 Informa UK Limited, trading as Taylor & Francis Group.	HIV prevention; key populations; pre-exposure prophylaxis; young persons; youth	English	United Kingdom	Western and Central Europe and North America	Nigeria	Western and Central Africa	Nigeria	Western and Central Africa	Quantitative
Article	2024	Oliveri C.; Eang R.; Ségéral O.; Mora M.; Puth L.; Prom S.; Mosnier E.; Ouk V.; Spire B.; Saphonn V.; Fiorentino M.	"AIDSImpact Special Issue"–High PrEP acceptability and need for tailored implementation in Cambodian key populations: results from a qualitative assessment	AIDS Care	-	-	-	-	9540121	10.1080/09540121.2024.2308029	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184439779&doi=10.1080%2f09540121.2024.2308029&partnerID=40&md5=069bb9797120dcf43ace9fa3c694e754	The HIV epidemics in Cambodia is concentrated in key populations (KPs). Pre-exposure prophylaxis (PrEP) has been officially approved in the country since 2019. However, its use may still be controversial after a PrEP clinical trial was interrupted in Cambodia after being deemed unethical in 2004. In this context, it was necessary to evaluate PrEP acceptability and administration preferences of KPs in Cambodia, with a view to increasing roll-out and uptake. We conducted a qualitative study in 2022 comprising six focus groups and four semi-structured individual interviews with transgender women, men who have sex with men, male entertainment workers, venue-based female entertainment workers (FEW), street-based FEW, and PrEP users who participated in a PrEP pilot study that started in 2019. Overall, KPs positively perceived PrEP, with some reservations. They preferred daily, community-based PrEP to event-driven, hospital-based PrEP, and highlighted that injectable PrEP would be a potential option if it became available in Cambodia. We recommend (i) proposing different PrEP regimens and PrEP delivery-models to broaden PrEP acceptability and adherence in Cambodia (ii) increasing the number of community-based organisations and improving the services they offer, (iii) rolling out injectable PrEP when it becomes officially available, and (iv) improving PrEP side effects information. © 2024 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	acceptability; Cambodia; HIV; preferences; PrEP	English	United Kingdom	Western and Central Europe and North America	France	Western and Central Europe and North America	France	Western and Central Europe and North America	Qualitative
Article	2024	Paudel, Kiran; Bhandari, Prashamsa; Gautam, Kamal; Wickersham, Jeffrey A.; Ha, Toan; Banik, Swagata; Shrestha, Roman	Mediating role of food insecurity in the relationship between perceived MSM related stigma and depressive symptoms among men who have sex with men in Nepal.	PLOS One	-	-	-	-	1932-6203	10.1371/journal.pone.0296097	https://pubmed.ncbi.nlm.nih.gov/38166131/	BACKGROUND: Previous studies have indicated the association between stigma and depressive symptoms among frequently stigmatized groups, such as men who have sex with men (MSM). While this association has been suggested in the literature, there is a dearth of evidence that examines whether food insecurity statistically mediates the relationship between stigma and depressive symptoms. METHODS: This cross-sectional study conducted between October and December 2022 among a sample of 250 MSM in Kathmandu, Nepal, recruited through respondent-driven sampling. An unadjusted model including the exposure (stigma), mediator (food insecurity), and outcome variables (depressive symptoms) and an adjusted model that controlled for sociodemographic, behavioral, and health-related confounders were used. Bootstrapping was utilized to estimate the coefficients of these effects and the corresponding 95% confidence intervals. Via bootstrap approach, we find out the mediating role of food insecurity in the association between stigma and depressive symptoms. RESULTS: Depressive symptoms, stigma, and food insecurity were 19.6%, 24.4%, and 29.2%, respectively, among MSM. Food insecurity was associated with higher age (b = 0.094; 95% CI = 0.039, 0.150) and monthly income (b = -1.806; 95% CI = -2.622, -0.985). Depressive symptoms were associated with condom-less sex in past six months (b = -1.638; 95% CI = -3.041, -0.092). Stigma was associated with higher age (b = 0.196; 95% CI = 0.084, 0.323) and PrEP uptake (b = 2.905; 95% CI = 0.659, 5.248). Food insecurity statistically mediated 20.6% of the indirect effect of stigma in depressive symptoms. CONCLUSION: Our findings show that food insecurity affects the relationship between stigma and depressive symptoms in this population. Reducing food insecurity and addressing the stigma surrounding sexual orientation should be a priority when addressing mental health concerns among MSM in Nepal and other resource-limited countries with similar socio-cultural settings.	Humans; Male; Female; Cross-Sectional Studies; Homosexuality, Male/psychology; Social Stigma; *Sexual and Gender Minorities; Depression/epidemiology; Nepal/epidemiology; *HIV Infections/epidemiology/psychology; Food Insecurity	English	United States	Western and Central Europe and North America	Nepal	Asia and the Pacific	Nepal	Western and Central Europe and North America	Quantitative
Article	2024	Perez-Urbano, India; Dilraj, Athmanundh; Pitsi, Annah; Hlongwane, Naomi; Abdelatif, Nada; Dietrich, Janan; Ahmed, Khatija	Strategies to Close the PrEP Uptake Gap Among Transgender People and Men Who Have Sex with Men in Tshwane, South Africa: Perspectives from the Community.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-024-04300-7	https://pubmed.ncbi.nlm.nih.gov/38427124/	HIV Pre-exposure Prophylaxis (PrEP) uptake among transgender (TG) people and gay men and other men who have sex with men (MSM) remains low, despite South Africa being the first African country to approve PrEP. This mixed-methods study used a two-phase explanatory sequential design: (1) quantitative analysis of cross-sectional surveys followed by (2) qualitative in-depth interviews. This study explored facilitators and barriers to PrEP uptake to identify strategies to increase utilization in these key populations. We conducted 202 cross-sectional surveys and 20 in-depth interviews between July 2021 and March 2022 in Soshanguve, Tshwane, Gauteng. Quantitative data were analysed using univariate logistic regression; thematic analysis was performed for qualitative data. Findings show high willingness to use PrEP but low PrEP uptake. We outline strategies to facilitate PrEP use: (1) demystify daily PrEP by deploying community-engaged PrEP education campaigns; (2) capitalize on existing peer networks; and (3) expand accessible and culturally responsive PrEP service delivery models. We provide feasible recommendations to close the PrEP uptake gap in these key populations in South Africa.	PrEP; MSM; Pre-exposure prophylaxis; HIV Prevention; Transgender; Men-who-have-sex-with-men	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods

Article	2024	Pesola F.; Smith K.M.; Phillips-Waller A.; Przulj D.; Griffiths C.; Walton R.; McRobbie H.; Coleman T.; Lewis S.; Whitemore R.; Clark M.; Ussher M.; Sinclair L.; Seager E.; Cooper S.; Bauld L.; Naughton F.; Sasieni P.; Manyonda I.; Hajek P.	Safety of e-cigarettes and nicotine patches as stop-smoking aids in pregnancy: Secondary analysis of the Pregnancy Trial of E-cigarettes and Patches (PREP) randomized controlled trial	Addiction	-	-	-	-	9652140	10.1111/add.16422	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182496809&doi=10.1111%2fadd.16422&partnerID=40&md5=336747a31e1685cd04b74e5d2f15cd4f	Aims: The aim of this study was to examine the safety of e-cigarettes (EC) and nicotine patches (NRT) when used to help pregnant smokers quit. Design: A recent trial of EC versus NRT reported safety outcomes in the randomized arms. We conducted a further analysis based on product use. Setting: Twenty-three hospitals in England and a stop-smoking service in Scotland took part. Participants: The participants comprised 1140 pregnant smokers. Interventions: We compared women using and not using EC and NRT regularly during pregnancy. Measurements: Measurements included nicotine intake compared with baseline, birth weight, other pregnancy outcomes, adverse events, maternal respiratory symptoms and relapse in early abstainers. Findings: Use of EC was more common than use of NRT (47.3% vs 21.6%, P < 0.001). Women who stopped smoking (abstainers) and used EC at the end-of-pregnancy (EOP) reduced their salivary cotinine by 45% 49.3 ng/ml, 95% confidence interval (CI) = −79.8 to −10. Only one abstainer used NRT at EOP. In dual users, cotinine increased by 19% (24 ng/ml, 95% CI = 3.5–68). In women reporting a reduction of at least 50% in cigarette consumption, cotinine levels increased by 10% in those using nicotine products and by 9% in those who did not. Birth weights in dual users and exclusive smokers were the same (3.1 kg). Birth weight in abstainers using either nicotine product was higher than in smokers 3.3 kg, standard deviation (SD) = 0.7 versus 3.1 kg, SD = 0.6; difference = 0.15 kg, 95% CI = 0.05–0.25) and not different from abstainers not using nicotine products (3.1 kg, SD = 0.8). Abstainers and smokers using nicotine products had no worse pregnancy outcomes or more adverse events than abstainers and smokers not using them. EC users reported more improvements than non-users in cough adjusted relative risk (aRR) = 0.59, 95% CI = 0.37–0.93 and phlegm (aRR = 0.53, 95% CI = 0.31–0.92), controlling for smoking status. EC or NRT use had no association with relapse. Conclusions: Regular use of e-cigarettes or nicotine patches by pregnant smokers does not appear to be associated with any adverse outcomes. © 2024 The Authors. Addiction published by John Wiley & Sons Ltd on behalf of Society for the Study of Addiction.	Birth weight; e-cigarettes; nicotine; pregnancy; safety; smoking; vaping	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2024	Pinto, Rogério M.; Hall, Evan; Im, Vitalis; Lee, Carol A.; Ethan Park, Sunggeun	Disruptions to HIV services due to the COVID pandemic in the USA: a state-level stakeholder perspective.	BMC Health Services Research	-	-	-	-	1472-6963	10.1186/s12913-024-10609-9	https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-10609-9	BACKGROUND: The United States envisions a 90% reduction in HIV infections by 2030. However, the COVID-19 pandemic disrupted the HIV continuum and disproportionately affected access to social and health services for people at the highest vulnerability. This study shows how stakeholders in the State of Michigan handled disruptions and their key recommendations. As a case study, this study adds to the literature about preparedness for future pandemics. METHODS: We interviewed 33 statewide Michigan HIV/AIDS Council members-practitioners, researchers, and community representatives, guiding service planning, improvement, and resource allocations, measuring group cohesiveness using a tested scale. We measured group cohesiveness as a proxy for how individual opinions reflected those of the Council as a group. We used qualitative questions to assess: (1) how the COVID-19 pandemic disrupted HIV prevention; (2) how disruptions were handled; and (3) recommendation to help address disruptions now and in the future. Using thematic analysis, we coded the interviews. RESULTS: We found a high degree of cohesiveness. Participants agreed that the pandemic disrupted HIV prevention services (e.g., HIV testing, PrEP education, referrals to primary care, etcetera) offered by community organizations, hospital clinics, and health departments across the state. In response, they developed online and curbside services to maintain HIV services, abate social isolation, and address structural issues like lack of food and public transportation. We organized results in four categories: (1) HIV service disruptions (e.g., "Housing for women and children who are fleeing a legal situation"); (2) Responses to disruptions (e.g., "Some of them, we would say, hey, weather permitting, we'll come out to your car"); (3) Minoritized groups disproportionately affected (e.g., "Especially in my community, to get people if there's ever a vaccine, Black people are going to be the last people to take it"); and (4) Recommendations (below). CONCLUSIONS: The pandemic unsettled and further exacerbated every aspect of HIV service provision. The main recommendation was to overhaul communication systems between government and organizations offering HIV services to mitigate disruptions and improve the chances of achieving a 90% reduction.	Humans; Female; Child; HIV prevention; *HIV Infections/epidemiology/prevention & control; *Acquired Immunodeficiency Syndrome; Pandemics/prevention & control; HIV services; *COVID-19/epidemiology/prevention & control; Advance Directives; COVID disruptions; Responses to COVID-19	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Pitchford, Kayla; Shangani, Sylvia; Dawson, Charlotte; Masa, Rainier; Heron, Kristin	Community Health Care Providers' Perspectives on Human Immunodeficiency Virus Pre-Exposure Prophylaxis Use Among Black Women in Eastern Virginia.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2023.0199	https://pubmed.ncbi.nlm.nih.gov/38471092/	The most at-risk population among women for human immunodeficiency virus (HIV) diagnosis in the United States are Black women, accounting for 61% of all new HIV cases. Pre-exposure prophylaxis (PrEP) is a safe and effective HIV prevention method for people at risk of HIV acquisition. Although disproportionately affected by HIV, Black women's knowledge, perceived benefits, and uptake of PrEP remain low. The socioecological model (SEM) may be useful for understanding why there is a low uptake of PrEP among Black women. The current study used the SEM to explore provider perspectives on the barriers and facilitators of PrEP uptake among Black women in Eastern Virginia. Semistructured interviews were conducted with a total sample of 15 community health care providers. Barriers of PrEP uptake at the societal (e.g., PrEP advertisements focus on gay men), community/organizational (e.g., time constraints in the workplace), interpersonal (e.g., perceived monogamy), and individual (e.g., unmet basic needs) levels were identified. Providers also identified facilitators of PrEP uptake at the societal (e.g., PrEP advertisements that target women), community/organizational (e.g., PrEP education), interpersonal (e.g., HIV-positive partner), and individual (e.g., PrEP awareness and perceived susceptibility to HIV) levels. These findings highlight unique barriers to accessing and taking PrEP for Black women in the United States, and potential factors that could facilitate PrEP use. Both barriers and facilitators may be important targets for interventions to improve PrEP uptake. Future research focused on improving PrEP uptake among Black women in the United States should consider multi-level interventions that target barriers and facilitators to reduce rates of HIV infections.	Humans; Male; Female; United States; HIV; *Anti-HIV Agents/therapeutic use; pre-exposure prophylaxis; *HIV Infections/drug therapy; *Pre-Exposure Prophylaxis/methods; Community Health Services; Black women; Virginia; community health care providers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Pravosud, Vira; Ballard, April M.; Holloway, Ian W.; Young, April M.	Latent Class Analysis of Online Platforms for Partner-Seeking and Sexual Behaviors Among Men Who Have Sex with Men from Central Kentucky.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04210-0	https://pubmed.ncbi.nlm.nih.gov/37824036/	Little is known whether engagement in sexual behaviors associated with potential HIV risks differs by subgroups of men who have sex with men (MSM), who are distinct regarding patterns of use of online tools for partner-seeking. Using latent class analysis, we revealed four classes of app-using MSM (n = 181, 18-34 y.o., 82.4% identified as White and non-Hispanic) residing in Central Kentucky: the Grindr/Tinder class; the Poly App Use class of MSM-oriented apps; the General Social Media class, and the Bumble class. Unadjusted penalized logistic regressions showed associations of the Poly App Use class with increased numbers of receptive anal sex partners and reporting condomless receptive anal sex. Adjusting for other covariates, poly app users versus others were more likely to be older (25-34 vs. 18-24, AOR = 3.81, 95%CI = 1.70-9.03), to report past six-month illicit drug use (AOR = 2.93, 95%CI = 1.25-7.43) and to have ever used pre-exposure prophylaxis (AOR = 2.79, 95%CI = 1.10-7.12). Poly app users had behavior profiles associated with an elevated HIV risk and also reported HIV-related protective behaviors likely indicating increased risk awareness among this class. Our findings warrant differentiation of behavior profiles by patterns of app use and suggest not to generalize sexual behaviors associated with potential HIV risks to all app-using MSM.	Humans; Male; Sexual Behavior; Homosexuality, Male; Sexual Partners; HIV prevention; *HIV Infections/epidemiology/prevention & control; Men who have sex with men (MSM); *Mobile Applications; *Sexual and Gender Minorities; Latent Class Analysis; App use classes; Geosocial networking applications; Kentucky/epidemiology; Latent class analysis (LCA); Sexual behaviors associated with potential HIV risks	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Punchihewa, T Minushika; Wiles, Janine; Saxton, Peter J W	More than prevention: early adoption of HIV pre-exposure prophylaxis (PrEP) by gay and bisexual men in New Zealand	Culture, Health & Sexuality	-	-	-	-	13691058	10.1080/13691058.2023.2195474	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85152914856&doi=10.1080%2f13691058.2023.2195474&partnerID=40&md5=0d0949026df5d25eed802958443af9a6	Pre-exposure prophylaxis (PrEP) minimises HIV risk and New Zealand was one of the first countries to publicly fund PrEP in 2018. However, no studies have explored in-depth the experience and meaning of living 'on PrEP' among individuals at elevated risk of HIV, such as gay and bisexual men. This qualitative study builds on findings from the NZPrEP demonstration project of early PrEP-adopting gay and bisexual men in Auckland, New Zealand. We interviewed 10 of the 150 NZPrEP participants using an ethnicity equity quota (five European ethnicities and five non-European ethnicities). A phenomenologically-inspired thematic analysis was conducted. We identified three themes. The first, Trusting in the Pill, focuses on the relationship between PrEP and its user, while the second theme, A Liberation of Sorts, details the freedom PrEP offered men, sexually, mentally and socially. The final theme, Reframing Risk, explores the risk perceptions and the conflicting discourses surrounding gay and bisexual men using PrEP. This first qualitative study in New Zealand about the experiences of PrEP early-adopters suggests that the role of PrEP extends well beyond HIV prevention and, for many, involves redefining safe sex even in a country with historically high levels of condom promotion and low HIV incidence. © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.	gay men; HIV prevention; New Zealand; sexual behaviours	English	United Kingdom	Western and Central Europe and North America	New Zealand	Asia and the Pacific	New Zealand	Asia and the Pacific	Qualitative
Article	2024	Rager, Theresa L.; Tzilos Wernette, Golfo; Coleman, Jenell S.; Schechter, Nicole; Mmeje, Okeoma	"PrEPping" women's healthcare providers: motivational interviewing to support ending the HIV epidemic.	American Journal of Obstetrics and Gynecology	-	-	-	-	1097-6868 0002-9378	10.1016/j.ajog.2024.01.019	https://pubmed.ncbi.nlm.nih.gov/38290644/	In 2018, cisgender women accounted for nearly 20% of new HIV infections, with women of color disproportionately affected. HIV pre-exposure prophylaxis uptake, adherence, and persistence are paramount to ending the HIV epidemic, but current strategies to promote it have not improved uptake among women. Alternatively, pre-exposure prophylaxis marketing and implementation have traditionally targeted men who have sex with men and transwomen. Women feel most comfortable turning to their primary care and reproductive health providers for HIV and pre-exposure prophylaxis counseling, but prescribing is the lowest among these providers. Thus, reframing pre-exposure prophylaxis counseling and education strategies is crucial to better engage providers and patients. Motivational interviewing is a person-centered counseling style for eliciting behavior change. Providers use 4 core skills-open-ended questions, affirmation, reflective listening, and summarizing-to empower individuals for behavior change, such as pre-exposure prophylaxis use. Motivational interviewing is brief, individualized, and effective in increasing pre-exposure prophylaxis uptake, regardless of patients' readiness to change. Primary care and reproductive health providers can employ motivational interviewing approaches with pre-exposure prophylaxis counseling to increase uptake among cisgender women and end the HIV epidemic.	HIV prevention; pre-exposure prophylaxis; behavior change; cisgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Ramöller I.K.; Volpe-Zanutto F.; Vora L.K.; Abbate M.T.A.; Hutton A.R.J.; McKenna P.E.; Peng K.; Tekko I.A.; Sabri A.; McAlister E.; McCarthy H.O.; Paredes A.J.; Donnelly R.F.	Intradermal delivery of the antiretroviral drugs cabotegravir and rilpivirine by dissolving microarray patches: Investigation of lymphatic uptake	Journal of Controlled Release	-	-	-	-	1683659	10.1016/j.jconrel.2024.01.010	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182506494&doi=10.1016%2fj.jconrel.2024.01.010&partnerID=40&md5=910f4e4f8ceba53cb8f9fbb0adce8dca	The lymphatic system possesses the main viral replication sites in the body following viral infection. Unfortunately, current antiretroviral agents penetrate the lymph nodes insufficiently when administered orally and, therefore, cannot access the lymphatic system sufficiently to interrupt this viral replication. For this reason, novel drug delivery systems aimed at enhancing the lymphatic uptake of antiretroviral drugs are highly desirable. Dissolving polymeric microarray patches (MAPs) may help to target the lymph intradermally. MAPs are intradermal drug delivery systems used to deliver many types of compounds. The present work describes a novel work investigating the lymphatic uptake of two anti-HIV drugs: cabotegravir (CAB) and rilpivirine (RPV) when delivered intradermally using dissolving MAPs containing nanocrystals of both drugs. Maps were formulated using NCs obtained by solvent-free milling technique. The polymers used to prepare the NCs of both drugs were PVA 10 Kda and PVP 58 Kda. Both NCs were submitted to the lyophilization process and reconstituted with deionized water to form the first layer of drug casting. Backing layers were developed for short application times and effective skin deposition. In vivo biodistribution profiles of RPV and CAB after MAP skin application were investigated and compared with the commercial intramuscular injection using rats. After a single application of RPV MAPs, a higher concentration of RPV was delivered to the axillary lymph nodes (AL) (Cmax 2466 ng/g – Tmax 3 days) when compared with RPV IM injection (18 ng/g - Tmax 1 day), while CAB MAPs delivered slightly lower amounts of drug to the AL (5808 ng/g in 3 days) when compared with CAB IM injection (9225 ng/g in 10 days). However, CAB MAPs delivered 7726 ng/g (Tmax 7 days) to the external lumbar lymph nodes, which was statistically equivalent to IM delivery (Cmax 8282 ng/g - Tmax 7 days). This work provides strong evidence that MAPs were able to enhance the delivery of CAB and RPV to the lymphatic system compared to the IM delivery route. © 2023	Antiretroviral; Cabotegravir; HIV; Intradermal delivery; Lymph-targeted; Lymphatic distribution; Nanocrystals; PrEP; Rilpivirine	English	Netherlands	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2024	Ratcliffe, Judith; Paer, Jeffrey; Quigee, Daniela; Carnevale, Caroline; Richards, Paul; Lasota, Elijah; Dandan, Nadine; Scherer, Matthew; Gordon, Peter; Cohall, Alwyn; Sobieszczyk, Magdalena; Zucker, Jason	Examining Patient Preferences for Express, Telemedicine, and Standard Visits in a Sexual Health Clinic in New York City.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001895	https://pubmed.ncbi.nlm.nih.gov/37921848/	This study, completed at an sexually transmitted infection (STI) clinic in 2019 to 2020, evaluated patient preferences for telemedicine, express, and standard visits. Active PrEP users preferred telemedicine and express visits, patients with prior STIs preferred express visits, and cisgender women preferred standard visits. Configuring STI clinic visit types requires shared decision making and individualization.	Humans; Female; Patient Preference; *Pre-Exposure Prophylaxis; New York City/epidemiology; *HIV Infections; *Sexual Health; *Sexually Transmitted Diseases/epidemiology/prevention & control; *Telemedicine	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Rhodes S.D.; Alonzo J.; Mann-Jackson L.; Aviles L.R.; Tanner A.E.; Galindo C.A.; Bessler P.A.; Courtenay-Quirk C.; Garcia M.; Sucaldito A.D.; Smart B.D.; Goldenberg T.; Reboussin B.A.	Preexposure Prophylaxis Uptake Among Spanish-Speaking Transgender Women: A Randomized Controlled Trial in North and South Carolina, 2019-2022	American Journal of Public Health	-	-	-	-	15410048	10.2105/AJPH.2023.307444	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85179648775&doi=10.2105%2fAJPH.2023.307444&partnerID=40&md5=d2f927798046a4da4618fae5ff5b3596	Objectives. To evaluate Chicas Creando Acceso a la Salud (Girls Creating Access to Health; ChiCAS), a Spanish-language, small-group intervention designed to increase preexposure prophylaxis (PrEP) use, consistent condom use, and medically supervised gender-affirming hormone therapy use among Spanish-speaking transgender Latinas who have sex with men. Methods. Participants were 144 HIV-negative Spanish-speaking transgender Latinas, aged 18 to 59 years, living in North and South Carolina. From July 2019 to July 2021, we screened, recruited, and randomized them to the 2-session ChiCAS intervention or the delayed-intervention waitlist control. Participants completed assessments at baseline and 6-month follow-up. Follow-up retention was 94.4%. Results. At follow-up, relative to control participants, ChiCAS participants reported increased PrEP use (adjusted odds ratio AOR = 4.64; 95% confidence interval CI = 1.57, 13.7; P < .006). However, ChiCAS participants did not report increased use of condoms or medically supervised gender-affirming hormone therapy. ChiCAS participants reported increases in knowledge of HIV (P < .001), sexually transmitted infections (P < .001), and gender-affirming hormone therapy (P = .01); PrEP awareness (P < .001), knowledge (P < .001), and readiness (P < .001); condom use skills (P < .001); and community attachment (P = .001). Conclusions. The ChiCAS intervention was efficacious in increasing PrEP use among Spanish-speaking, transgender Latinas in this trial. (Am J Public Health. 2024;114(1):68-78. https://doi.org/10.2105/AJPH.2023.307444).	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Rivera, Adovich S.; Pak, Katherine; Mefford, Matthew T.; Hechter, Rulin C.	Changes in Glomerular Filtration Rate After Switching From Tenofovir Disoproxil Fumarate to Tenofovir Alafenamide Fumarate for Human Immunodeficiency Virus Preexposure Prophylaxis.	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofad695	https://academic.oup.com/ofid/article/11/2/ofad695/7503592	BACKGROUND: Tenofovir alafenamide fumarate (TAF) was promoted as a safer alternative to tenofovir disoproxil fumarate (TDF) for human immunodeficiency virus oral preexposure prophylaxis (PrEP). It is unknown if switching from TDF to TAF translates to improved renal function. We used electronic health record (EHR) data to assess changes in creatinine-estimated glomerular filtration rate (eGFR) after switching from TDF to TAF. METHODS: We conducted a retrospective cohort study using EHR data from Kaiser Permanente Southern California. We identified individuals who switched from TDF to TAF between October 2019 and May 2022 and used time-varying propensity score matching to identify controls who were on TDF ("nonswitchers"). We then used Bayesian longitudinal modeling to compare differences in eGFR between switching and nonswitching scenarios. RESULTS: Among 5246 eligible individuals, we included 118 TDF to TAF switchers and 114 nonswitchers. Compared to nonswitchers, switchers had older age of starting TDF but similar body weights at index date. A higher proportion of switchers were White, on Medicare or Medicaid, and had dyslipidemia at index date. Switching to TAF was associated with a higher eGFR compared to staying on TDF in 3-15 months post-switch, but the differences were not statistically significant (eg, month 9 difference: 1.27 95% credible interval, -1.35 to 3.89). While most of the estimated changes showed eGFR increase associated with switching, most were <2 eGFR units. Sensitivity analyses to address missingness or nonadherence showed similar results. CONCLUSIONS: Switching from TDF to TAF for PrEP was associated with a nonsignificant increase in eGFR. Findings need to be confirmed using larger cohorts.	tenofovir alafenamide; HIV; preexposure prophylaxis; renal function	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Roche, Stephanie D.; Ekwunife, Obinna I.; Mendonca, Rouella; Kwach, Benn; Omollo, Victor; Zhang, Shengruo; Ongwen, Patricia; Hattery, David; Smedinghoff, Sam; Morris, Sarah; Were, Daniel; Rech, Dino; Bukusi, Elizabeth A.; Ortblad, Katrina F.	Measuring the performance of computer vision artificial intelligence to interpret images of HIV self-testing results.	Frontiers in Public Health	-	-	-	-	2296-2565	10.3389/fpubh.2024.1334881	https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1334881/full	INTRODUCTION: HIV self-testing (HIVST) is highly sensitive and specific, addresses known barriers to HIV testing (such as stigma), and is recommended by the World Health Organization as a testing option for the delivery of HIV pre-exposure prophylaxis (PrEP). Nevertheless, HIVST remains underutilized as a diagnostic tool in community-based, differentiated HIV service delivery models, possibly due to concerns about result misinterpretation, which could lead to inadvertent onward transmission of HIV, delays in antiretroviral therapy (ART) initiation, and incorrect initiation on PrEP. Ensuring that HIVST results are accurately interpreted for correct clinical decisions will be critical to maximizing HIVST's potential. Early evidence from a few small pilot studies suggests that artificial intelligence (AI) computer vision and machine learning could potentially assist with this task. As part of a broader study that task-shifted HIV testing to a new setting and cadre of healthcare provider (pharmaceutical technologists at private pharmacies) in Kenya, we sought to understand how well AI technology performed at interpreting HIVST results. METHODS: At 20 private pharmacies in Kisumu, Kenya, we offered free blood-based HIVST to clients ≥18 years purchasing products indicative of sexual activity (e.g., condoms). Trained pharmacy providers assisted clients with HIVST (as needed), photographed the completed HIVST, and uploaded the photo to a web-based platform. In real time, each self-test was interpreted independently by the (1) client and (2) pharmacy provider, with the HIVST images subsequently interpreted by (3) an AI algorithm (trained on lab-captured images of HIVST results) and (4) an expert panel of three HIVST readers. Using the expert panel's determination as the ground truth, we calculated the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) for HIVST result interpretation for the AI algorithm as well as for pharmacy clients and providers, for comparison. RESULTS: From March to June 2022, we screened 1,691 pharmacy clients and enrolled 1,500 in the study. All clients completed HIVST. Among 854 clients whose HIVST images were of sufficient quality to be interpretable by the AI algorithm, 63% (540/854) were female, median age was 26 years (interquartile range: 22-31), and 39% (335/855) reported casual sexual partners. The expert panel identified 94.9% (808/854) of HIVST images as HIV-negative, 5.1% (44/854) as HIV-positive, and 0.2% (2/854) as indeterminant. The AI algorithm demonstrated perfect sensitivity (100%), perfect NPV (100%), and 98.8% specificity, and 81.5% PPV (81.5%) due to seven false-positive results. By comparison, pharmacy clients and providers demonstrated lower sensitivity (93.2% and 97.7% respectively) and NPV (99.6% and 99.9% respectively) but perfect specificity (100%) and perfect PPV (100%). CONCLUSIONS: AI computer vision technology shows promise as a tool for providing additional quality assurance of HIV testing, particularly for catching Type II error (false-negative test interpretations) committed by human end-users. We discuss possible use cases for this technology to support differentiated HIV service delivery and identify areas for future research that is needed to assess the potential impacts-both positive and negative-of deploying this technology in real-world HIV service delivery settings.	Adult; Humans; Male; Female; *HIV; HIV prevention; Kenya; sub-Saharan Africa; Self-Testing; mHealth; HIV Testing; HIV self-testing; Artificial Intelligence; *HIV Infections/diagnosis/prevention & control; pharmacy; artificial intelligence; differentiated service delivery; Computers	English	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Rodriguez, Edda; Boga, Devina J.; Shrader, Cho Hee; Arroyo-Flores, Juan; Rosas, Yesenia; Kanamori, Mariano	PROGRESO-II: Developing Culturally Tailored Materials for a Social Network-Based Intervention to Promote HIV Pre-Exposure Prophylaxis Initiation Among Latina Seasonal Farmworkers.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2023.0228	https://pubmed.ncbi.nlm.nih.gov/38471094/	Latina Seasonal Farmworkers (LSFW) in South Florida are a community affected by human immunodeficiency virus (HIV) due to cultural barriers, stigma, and lack of awareness of pre-exposure prophylaxis (PrEP). Building on the PROGRESO study, this study sought to: (1) develop and pre-test scientifically supported and culturally tailored PrEP materials for PROGRESO and (2) assess the acceptability of these PrEP materials by LSFW who use alcohol and/or drugs. PrEP messages were selected based on a literature review, feedback from experts working on PrEP programs, and recommendations from a four-member scientific expert panel through a two-level Delphi method. A culturally tailored PrEP presentation was developed and presented to sixteen LSFW, who engaged in four focus groups. Materials were modified based on participants' suggestions. Thematic analysis was used to assess the acceptability and usability of these materials in the LSFW community. Participants responded positively to the PrEP messages and understood their importance for Latinx communities. Participants felt empowered and comfortable enough with the information to distribute the messages to partners, children, and friends with the aid of a physical pamphlet or flyer. A strong cultural context of familialismo and confianza was present in comments made by our participants. This study has the potential to increase LSFW's PrEP awareness and initiation. Future studies may implement a hybrid-interview approach, allowing individuals to self-select into a virtual or in-person focus group. Such flexibility may increase participation and discussion by allowing participants to attend in a format they are most comfortable with, as noted by participants in this study.	Humans; HIV; *Anti-HIV Agents/therapeutic use; HIV prevention; *HIV Infections/drug therapy; Social Networking; pre-exposure prophylaxis (PrEP); Hispanic or Latino; *Pre-Exposure Prophylaxis/methods; Farmers; Latina seasonal farmworkers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Rotsaert A.; Vanhamel J.; Vanbaelen T.; Vuylsteke B.; van der Loeff M.S.; Hensen B.; Kielmann K.; Callens S.; Reyniers T.	HIV Pre-exposure Prophylaxis (PrEP) Care in Belgium: A mixed-methods Study on PrEP Users' Experiences and Service Delivery Preferences	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-023-04232-8	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178204111&doi=10.1007%2fs10461-023-04232-8&partnerID=40&md5=b2319247f34d3cbd9ef9ce3df16d00ef	In Belgium, HIV pre-exposure prophylaxis (PrEP) services are mainly provided through specialised HIV clinics. To optimise PrEP uptake and retention in care, we require insights into users' perspectives on PrEP care. We aimed to elicit experiences with, and preferences for, PrEP service delivery among PrEP users in Belgium, including willingness to involve their family physician (FP) in PrEP care. We adopted a sequential mixed-methods design. We used a web-based longitudinal study among 326 PrEP users that consisted of two questionnaires at six-month intervals, and complemented this with 21 semi-structured interviews (September 2020-January 2022). We conducted descriptive analyses and logistic regression to examine factors associated with willingness to involve their FP in PrEP care. Interviews were analysed using thematic analysis. Survey respondents reported high satisfaction with care received in HIV clinics median score 9 (IQR 8–10), 10='very satisfied'. Interviews revealed the importance of regular HIV/STI screening, and the expertise and stigma-free environment of HIV clinics. Yet, they also contextualised service delivery barriers reported in the questionnaire, including the burden of cost and challenges integrating PrEP visits into their private and professional lives. Although 63.8% (n = 208/326) of baseline respondents preferred attending an HIV clinic for PrEP follow-up, 51.9% (n = 108/208) of participants in the follow-up questionnaire reported to be willing to have their FP involved in PrEP care. Participants reporting trust in FPs' PrEP and sexual health expertise, or who didn't feel judged by their FP, were more likely to be willing to involve them in PrEP care. Therefore, we recommend a differentiated PrEP service delivery approach, including involving FPs, to make PrEP care more client-centred. © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023.	Differentiated Service Delivery; HIV Prevention; Mixed-methods; Pre-exposure Prophylaxis; PrEP	English	United States	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Belgium	Western and Central Europe and North America	Mixed methods
Article	2024	Sadeghi Y.; Nelson P.; Sullivan A.; Allen V.; Hasso M.; Liu J.; Tran V.; Tan D.H.S.	Can laboratory HIV and infectious syphilis data inform future pre-exposure prophylaxis use in women in Ontario, Canada?	Sexually Transmitted Infections	-	-	-	-	13684973	10.1136/sextrans-2023-055985	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184510495&doi=10.1136%2fsextrans-2023-055985&partnerID=40&md5=fc32c8a8ddb92876595667359b658c15	Objectives: Infectious syphilis has been proposed as an indication for HIV pre-exposure prophylaxis (PrEP) in women. We explored how many women experienced HIV seroconversion after being diagnosed with syphilis in Ontario between 20 April 2010 and 31 December 2021. Methods: Through deterministic linkage of laboratory data at the Public Health Ontario laboratory, which conducts the vast majority of syphilis and HIV testing in Ontario, we quantified the number of females with positive syphilis diagnoses who subsequently exhibited HIV seroconversion between April 2010 and December 2021. New HIV cases were identified by diagnostic serology or HIV viral load test result of ≥20 copies/mL at least 60 days after the positive syphilis test. We report aggregate numbers of women with new laboratory evidence of HIV infection after their first positive syphilis test. Results: Among 7957 women with positive syphilis tests during the study period, 6554 (82.4%) had linkable HIV serology tests and 133 (1.7%) ever tested HIV positive. With further linkage to viral load data, the number of women who ever had laboratory evidence of HIV infection increased to 184 (2.3%). However, when restricting to women whose first positive HIV test or HIV viral load occurred after their first positive syphilis test, this number decreased to 34 (0.4%). The median (IQR) time between the positive syphilis test and the first laboratory evidence of HIV was 551 (IQR=226-1159) days. Conclusion: Although it is clinically appropriate to recommend HIV PrEP to women with syphilis, Ontario surveillance data suggest that the population-level impact of this strategy on the HIV epidemic in Ontario would have been modest during this 11-year period. Future studies should explore additional ways of prioritising women for PrEP. © Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.	Pre-Exposure Prophylaxis; Preventive Health Services; SYPHILIS; WOMEN	English	United Kingdom	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Canada	Western and Central Europe and North America	Quantitative
Article	2024	Sánchez, David; Ferrer, Josep; Giménez, Estela; Torres, Ignacio; Carretero, Diego; Alcaraz, María Jesús; Castaño, María Jesús; Navarro, David; Albert, Eliseo	Genotypic study of Chlamydia trachomatis for lymphogranuloma venereum diagnosis in rectal specimens from men who have sex with men: a cost-effectiveness analysis.	BMC Infectious Diseases	-	-	-	-	1471-2334	10.1186/s12879-024-09185-4	https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-024-09185-4	PURPOSE: The significant proportion of asymptomatic patients and the scarcity of genotypic analysis of lymphogranuloma venereum (LGV), mainly among men who have sex with men (MSM), triggers a high incidence of underdiagnosed patients, highlighting the importance of determining the most appropriate strategy for LGV diagnosis, at both clinical and economical levels. MATERIALS AND METHODS: We conducted L1-L3 serovar detection by molecular biology in stored Chlamydia trachomatis-positive samples from MSM patients with HIV, another STI or belonging to a Pre-exposure prophylaxis program, to make a cost effectiveness study of four diagnostic strategies with a clinical, molecular, or mixed approach. RESULTS: A total of 85 exudates were analyzed: 35urethral (31 symptomatic/4 positive) and 50 rectal (22 symptomatic/25 positive), 70/85 belonging to MSM with associated risk factors. The average cost per patient was €77.09 and €159.55 for clinical (Strategy I) and molecular (Strategy IV) strategies respectively. For molecular diagnosis by genotyping of all rectal exudate samples previously positive for CT (Strategy II), the cost was €123.84. For molecular diagnosis by genotyping of rectal and/or urethral exudate samples from all symptomatic patients (proctitis or urethritis) with a previous positive result for CT (Strategy III), the cost was €129.39. The effectiveness ratios were 0.80, 0.95, 0.91, and 1.00 for each strategy respectively. The smallest ICER was €311.67 for Strategy II compared to Strategy I. CONCLUSIONS: With 30% asymptomatic patients, the most cost-effective strategy was based on genotyping all rectal exudates. With less restrictive selection criteria, thus increasing the number of patients with negative results, the most sensitive strategies tend to be the most cost-effective, but with a high incremental cost-effectiveness ratio.	Humans; Male; Homosexuality, Male; Genotype; Chlamydia trachomatis; *Sexual and Gender Minorities; Cost-effectiveness analysis; Economic evaluation; Cost-Effectiveness Analysis; Chlamydia trachomatis/genetics; *Lymphogranuloma Venereum/diagnosis/epidemiology; Lymphogranuloma Venereum	English	United Kingdom	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Spain	Western and Central Europe and North America	Clinical
Article	2024	Santos, Glenn-Milo; Hernandez, Christopher; Lam, Eric; Hern, Jaclyn; Rowe, Christopher	Racial/Ethnic Disparities in Club Drug Use, Situational Club Drug Use during Sex, and Sexual Risk Behaviors among Alcohol-Using Men Who Have Sex with Men (MSM) in San Francisco.	Substance Use and Misuse	-	-	-	-	1532-2491	10.1080/10826084.2024.2310480	https://www.tandfonline.com/doi/full/10.1080/10826084.2024.2310480	BACKGROUND: Club drug use-including 3,4-Methylenedioxymethamphetamine, ketamine, crack/cocaine, hallucinogens, gamma hydroxybutyrate, volatile nitrites, and methamphetamine-has been linked to sexual risk behaviors among MSM. Few studies examine how the use of club drugs and the association between club drug use during sex and sexual risk may differ by race/ethnicity. METHODS: Using data from a cross-sectional study among alcohol-using MSM in San Francisco (n = 252), we examined the associations between the interaction of race/ethnicity and club drug use during sex, and the following behavioral outcomes: any condomless anal intercourse (CAI), insertive CAI, receptive CAI, and any serodiscordant sex in the past six months. All models controlled for income, HIV status, relationship status, age, and current use of a biomedical HIV prevention tool (i.e., Pre-Exposure Prophylaxis PrEP or antiretroviral therapy). RESULTS: There were significant racial differences in club drug use (p < 0.001) and club drug use during sex (p = 0.01). Asian/Pacific Islander (API) and Latino participants reported using club drugs the most at 78.8% and 79%, respectively. Among users of club drugs, club drug use during sex was most common among Black (100%), and Latino MSM (93%). Significant interactions between race/ethnicity and club drug use during sex were observed for CAI (p = 0.02), insertive CAI (p = 0.01), and receptive CAI (p = 0.01). API participants who used club drug during sex had higher odds of reporting CAI (aOR = 15.27, CI = 1.50-155.34), insertive CAI (aOR = 21.11, CI = 2.04-218.10), and receptive CAI (aOR = 21.11, CI = 2.04-218.10). CONCLUSIONS: Given the differing rates of club drug use during sex by race/ethnicity and the role race/ethnicity plays in modifying the relationships between club drug use during sex and sexual risk behaviors, culturally-tailored interventions may be needed to address the needs of ethnically-diverse, club drug-using MSM.	MSM; HIV risk; Club drugs; racial/ethnic disparities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Schäfer, Guido; Lübke, Rabea; Degen, Olaf; Mader, Maria; Scheiter, Robin; Wolski, Annika; Addo, Marylyn M.; Schulze Zur Wiesch, Julian; Pischke, Sven	Lack of evidence of acute HEV infections as a sexually transmitted disease: Data from a German cohort of PrEP users.	The Brazilian Journal of Infectious Diseases	-	-	-	-	1678-4391 1413-8670	10.1016/j.bjid.2024.103720	https://www.scielo.br/j/bjid/a/4YXKd9bxV8k6qVCy7QmDQ8n/abstract/?lang=en	BACKGROUND: While the sexual transmissibility of HAV in MSM has been extensively described, the potential for sexual transmission of HEV has not been definitively established. Although HEV has been detected in the ejaculate of chronically infected men, studies among MSM PrEP users in France did not observe an elevated anti-HEV seroprevalence as an indicator of increased exposure risk by sexual intercourse. PATIENTS AND METHODS: A total of 111 unselected PrEP users and 111 age- and sex-matched blood donors were tested for anti-HEV IgG, IgM and HEV (PCR). Of the participants 79/111 (71 %) responded to a questionnaire covering topics as sexual preferences, previous sexually transmitted diseases, profession, food consumption, and pet ownership. RESULTS: The anti-HEV IgG seroprevalence in PrEP users (22 %) did not differ significantly from the rate in controls (17 %). While one PrEP user and three controls tested positive for anti-HEV IgM, all PrEP users and controls tested PCR negative. CONCLUSION: In immunocompetent individuals with frequent changes of sexual partners, the epidemiology of Hepatitis E Virus does not significantly involve the sexual transmission route.	Humans; Male; Homosexuality, Male; HIV; *Pre-Exposure Prophylaxis; Pre-exposure prophylaxis; *HIV Infections; Seroepidemiologic Studies; *Sexual and Gender Minorities; *Hepatitis E virus; Hepatitis Antibodies; Immunoglobulin M; *Sexually Transmitted Diseases/epidemiology; *Hepatitis E/epidemiology; Hepatitis E; Hepatitis E virus; Immunoglobulin G; Seroprevalence STD	English	Brazil	Latin America and the Caribbean	Germany	Western and Central Europe and North America	Germany	Western and Central Europe and North America	Mixed methods
Article	2024	Schnarrs, Phillip W.; Zuñiga, Julie; Benitez, Gabrielle; Fliedner, Paul; Norwood, Aliza; Croll, Madeleine; Oviedo, Liany D. Serrano; Buchorn, Jacey; Oeffinger, John; Lane, Rocky; Schelling, Emmett; Pham, Gin; Pate, TreShaun; Arnold, Elizabeth M.	Intention to Use Different Formulations of Longer Acting HIV Pre-Exposure Prophylaxis Among Transgender and Gender Expansive Individuals: The Roles of Social Vulnerability and Medical Mistrust.	AIDS Patient Care and STDs	-	-	-	-	1557-7449 1087-2914	10.1089/apc.2023.0211	https://pubmed.ncbi.nlm.nih.gov/38381948/	In 2012, the Federal Drug Administration approved daily oral pre-exposure prophylaxis (PrEP) for HIV prevention in adults. Longer acting injectable PrEP (LA PrEP) has been approved and other formulations are in development. A successful LA PrEP rollout requires examining potential facilitators and barriers to PrEP uptake. Given that transgender and gender expansive (TGE) individuals experience more social vulnerability and higher levels of medical mistrust compared to other populations, examining the role of these two factors in LA PrEP uptake is important. This study, PrEP for ALL, is a community-based participatory research project in Texas that engaged TGE community members and organizational partners through a community advisory board. In total, 482 TGE individuals were recruited and responded to all relevant questions in an online survey, including their intentions to use three formulations: a monthly oral pill, a bimonthly intramuscular injection, and an annual subdermal implant. Multiple regression analysis was used to examine the influence of social vulnerability and medical mistrust on intention to use each LA PrEP formulation adjusting for other relevant factors. Findings suggest that individuals with higher levels of social vulnerability had greater intentions to use the monthly oral pill (β = 0.12, p = 0.009), the bimonthly intramuscular injection (β = 0.18, p < 0.001), and annual subdermal implant (β = 0.17, p < 0.001), whereas medical mistrust reduced intentions to use the bimonthly intramuscular injection (β = -0.18, p < 0.001) and annual subdermal implant (β = -0.11, p = 0.021). Improvements in gender-affirming clinical care are needed along with LA PrEP formulations that allow for greater autonomy and reduced clinical contact. Clinical Trial Registration number: NCT05044286.	Adult; Humans; Male; Female; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; HIV prevention; pre-exposure prophylaxis; Intention; *Transgender Persons; transgender; medical mistrust; Trust; *HIV Infections/prevention & control/drug therapy; gender expansive; social vulnerability; Social Vulnerability	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Sciannameo, S; Zalazar, V; Spadaccini, L; Duarte, M; Cahn, P; Aristegui, I; Sued, O	Preference for long-acting injectable for ART and PrEP among people with and without HIV: a cross-sectional study in Argentina	Therapeutic Advances in Infectious Disease	-	-	-	-	2049-9361	10.1177/20499361241228341	https://pubmed.ncbi.nlm.nih.gov/38380160/	Background: Little is known about the preferences for antiretroviral therapy (ART) administration methods, such as oral daily pills or long-acting injectable (LAI) options, as well as preferences for pre-exposure prophylaxis (PrEP) administration methods among people without HIV in Latin America.Objectives: This study aimed to assess the preferences for ART administration methods among people with HIV and PrEP methods among those without HIV, as well as to examine the correlations and reasons for these preferences.Design: We conducted a cross-sectional web-based questionnaire between April and July 2021, using social media accounts of a HIV non-governmental organization. The questionnaire was open to all adults living in Argentina, irrespective of their sexual orientation or gender identity.Methods: The questionnaire included questions on substance use, depression, chronic treatment, previous experiences with injectable medication, and HIV status. Those with HIV answered questions about ART adherence and their preferences for ART methods, while those without HIV were asked about condom use, awareness of PrEP, and their preferences for PrEP methods.Results: Out of 1676 respondents, 804 had HIV, and 872 did not. Among those with HIV, 91.5% expressed a high preference for LAI-ART, with significantly higher preferences among participants with higher educational levels, cisgender gay, bisexual, and queer men, younger individuals, and those with prior injectable medication experience. Among those without HIV, 68% preferred LAI-PrEP, and this preference was positively associated with previous positive experiences with injectable medication.Conclusion: The strong preference for LAI-ART suggests the potential for improved adherence and well-being among people with HIV. Additionally, the preference for LAI-PrEP among those without HIV emphasizes the importance of considering this option for HIV prevention strategies. This study highlights the need to offer diverse methods for ART and prevention to accommodate different preferences and improve health care outcomes in Latin America.	Latin America; antiretroviral therapy; prophylaxis; pre-exposure; CABOTEGRAVIR; CARE; long-acting injectable; ADULTS; patient preference	English	United Kingdom	Western and Central Europe and North America	Argentina	Latin America and the Caribbean	Argentina	Latin America and the Caribbean	Quantitative
Article	2024	Scott, Kristal; Faryar, Kiran A.; Patil, Nirav; Gripshover, Barbara; Hammond, Christopher; Purohit, Maulik; Schmotzer, Christine; Suleman-Civis, Leyya; Niforatos, Joshua; Avery, Ann; Yax, Justin	Evaluation of an emergency department opt-out provider-driven HIV and syphilis screening and linkage-to-care program.	The American Journal of Emergency Medicine	-	-	-	-	1532-8171 0735-6757	10.1016/j.ajem.2023.12.029	https://pubmed.ncbi.nlm.nih.gov/38163414/	OBJECTIVE: While the effectiveness of emergency departments (ED) in screening for HIV and syphilis is understood, less is known about dual screening programs. We aim to evaluate the impact of an opt-out provider-initiated HIV and syphilis program on screening, diagnosis, and linkage to care outcomes. METHODS: We performed a retrospective review of patients screened pre (2014-2017) and post (2017-2021) program implementation. Primary outcomes include HIV and syphilis screening, incidence of positive tests, and proportion of patients linked to care. Secondary outcomes included pre-exposure prophylaxis (PrEP) referral and successful linkage rates for HIV-negative syphilis-positive patients. RESULTS: Pre-implementation, 882 HIV tests were performed, of which 22 (2.49%) were new cases and 18 (81.82%) were linked to care; 754 syphilis tests were performed, of which 33 (4.38%) were active infections and 30 (90.91%) were treated. No eligible patients received PrEP referral. Post-implementation, 12,999 HIV tests were performed, of which 73 (0.56%) were new cases and 55 (75.34%) were linked to care; 10,885 syphilis tests were performed, of which 216 (1.98%) were active infections and 188 (87.04%) were treated. 25 (9.09%) eligible patients were referred for PrEP, and four (16.0%) attended their appointment. CONCLUSIONS: Post-implementation, there was a 1373.81% and 1343.63% increase in screening, and a 231.82% and 554.55% increase in positive cases of HIV and syphilis, respectively. Dual screening programs can be successfully implemented within the existing ED framework to increase screening and early detection for HIV and syphilis.	Humans; Retrospective Studies; HIV; Mass Screening; Emergency Service, Hospital; Syphilis; Screening; STD; Population Health; *Syphilis/diagnosis/epidemiology/prevention & control; *HIV Infections/diagnosis/epidemiology/complications	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Sensalire, Simon; Nkolo, Abel; Ssali, Juliana Nabwire; Muhire, Martin; Muhwezi, Augustin; Kadama, Herbert	Applying a Three-Tier Approach to Address Gaps in Oral Pre-Exposure Prophylaxis Uptake and Continuity in Uganda: A Mixed Methods Approach.	Global Health Science and Practice	-	-	-	-	2169-575X	10.9745/GHSP-D-23-00229	https://www.ghspjournal.org/content/12/2/e2300229	BACKGROUND: We describe a 3-tier approach involving a gap analysis, root cause analysis, and pre-exposure prophylaxis (PrEP) collaborative to understand the gap and identify and address the main barriers to oral PrEP uptake and continuity in Uganda. METHODS: We used a mixed methods design with retrospective, cross-sectional, and prospective components. The gap analysis involved descriptive analysis of PrEP uptake and continuity. The RCA identified the main barriers to initiation and continuity on PrEP among 1,334 clients who declined to start PrEP and 1,266 who missed their appointment but were at risk. The PrEP collaborative tested changes mapped onto specific barriers to optimize the PrEP clinical service delivery. A trend analysis of routinely collected data of the PrEP cascade determined significant shifts and trends in PrEP uptake and continuity. RESULTS: Only 60% of the high-risk population eligible for PrEP were enrolled, while fewer than 30% of the cumulative number of PrEP users were refilled each quarter. Uncertainty and fear of side effects, perceptions about the harmfulness of the medication, perceived inability to adhere to PrEP, and stigma were the main reasons why clients rejected PrEP. Lack of access to the facility, side effects, pill burden, stigma, perceived low-risk exposure to HIV, and preference of staying at work as opposed to picking up refills affected continuity on PrEP. The collaborative registered statistically significant shifts in PrEP enrollment from 64% to 89% and continuity from 51% to 78% between July 21 and November 22 following the collaborative intervention. CONCLUSIONS: We recommend using a 3-tier approach for other similar implementation contexts to strengthen PrEP programming, given the marked statistical shift in PrEP uptake and continuity. This begins with understanding the gap and barriers to use among clients, followed by mapping interventions to specific barriers through a quality improvement collaborative.	NA	English	United States	Western and Central Europe and North America	Uganda	Eastern and Southern Africa	Uganda	Eastern and Southern Africa	Mixed methods
Article	2024	Sewak A.; Lodi S.; Li X.; Shu D.; Wen L.; Mayer K.H.; Krakower D.S.; Young J.G.; Marcus J.L.	Causal Effects of Stochastic PrEP Interventions on HIV Incidence Among Men Who Have Sex With Men	American Journal of Epidemiology	-	-	-	-	29262	10.1093/aje/kwad097	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181852743&doi=10.1093%2faje%2fkwad097&partnerID=40&md5=638602a455abede31535d6ef252d7b4c	Antiretroviral preexposure prophylaxis (PrEP) is highly effective in preventing human immunodeficiency virus (HIV) infection, but uptake has been limited and inequitable. Although interventions to increase PrEP uptake are being evaluated in clinical trials among men who have sex with men (MSM), those trials cannot evaluate effects on HIV incidence. Estimates from observational studies of the causal effects of PrEP-uptake interventions on HIV incidence can inform decisions about intervention scale-up. We used longitudinal electronic health record data from HIV-negative MSM accessing care at Fenway Health, a community health center in Boston, Massachusetts, from January 2012 through February 2018, with 2 years of follow-up. We considered stochastic interventions that increased the chance of initiating PrEP in several high-priority subgroups. We estimated the effects of these interventions on population-level HIV incidence using a novel inverse-probability weighted estimator of the generalized g-formula, adjusting for baseline and time-varying confounders. Our results suggest that even modest increases in PrEP initiation in high-priority subgroups of MSM could meaningfully reduce HIV incidence in the overall population of MSM. Interventions tailored to Black and Latino MSM should be prioritized to maximize equity and impact. © The Author(s) 2023. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited.	causal inference; HIV; inverse probability weighting; men who have sex with men; preexposure prophylaxis; stochastic interventions	English	United States	Western and Central Europe and North America	Switzerland	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Shankaran, Shivanjali; Friedman, Eleanor E.; Devlin, Samantha; Kishen, Ekta; Mason, Joseph A.; Sha, Beverly E.; Payne, Darjai; Sinchek, Katherine; Smiley, Natali; York, Sloane; Ridgway, Jessica P.	Assessing Patient Acceptance of an Automated Algorithm to Identify Ciswomen for HIV Pre-Exposure Prophylaxis.	Journal of Women's Health	-	-	-	-	1931-843X 1540-9996	10.1089/jwh.2023.0491	https://pubmed.ncbi.nlm.nih.gov/38335447/	The use of HIV pre-exposure prophylaxis (PrEP) in cisgender women (ciswomen) lags far behind their need. Data elements from the electronic medical record (EMR), including diagnosis of a sexually transmitted infection (STI), can be incorporated into automated algorithms for identifying clients who are most vulnerable to HIV and would benefit from PrEP. However, it is unknown how women feel about the use of such technology. In this study, we assessed women's attitudes and opinions about an automated EMR-based HIV risk algorithm and determined if their perspectives varied by level of HIV risk. Respondents were identified using best practice alerts or referral to a clinic for STI symptoms from January to December 2021 in Chicago, IL. Participants were asked about HIV risk factors, their self-perceived HIV risk, and their thoughts regarding an algorithm to identify ciswomen who could benefit from PrEP. Most of the 112 women who completed the survey (85%) thought they were at low risk for HIV, despite high rates of STI diagnoses. The majority were comfortable with the use of this algorithm, but their comfort level dropped when asked about the algorithm identifying them specifically. Ciswomen had mixed feelings about the use of an automated HIV risk algorithm, citing it as a potentially helpful and empowering tool for women, yet raising concerns about invasion of privacy and potential racial bias. Clinics must balance the benefits of using an EMR-based algorithm for ciswomen with their concerns about privacy and bias to improve PrEP uptake among particularly vulnerable women.	HIV; women; pre-exposure prophylaxis (PrEP); electronic medical records; electronic algorithm	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Sharma I.; Hill A.	Global HIV Incidence Analysis and Implications for Affordability Using Long-Acting Cabotegravir Versus Continuous and Event-Driven Oral Preexposure Prophylaxis	Clinical Infectious Diseases	-	-	-	-	15376591	10.1093/cid/ciad537	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185396701&doi=10.1093%2fcid%2fciad537&partnerID=40&md5=56889d4b9501531ecc3234e1a85687eb	BACKGROUND: The HIV Prevention Trials Network (HPTN) 083/084 trials showed up to 88% increased efficacy of long-acting cabotegravir (CAB-LA) versus continuous oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC). However, CAB-LA's high price limits the number of people who can be treated within fixed prevention budgets. Global human immunodeficiency virus (HIV) prevention budgets are highly limited, with TDF/FTC widely available as a low-cost generic. In randomized clinical trials, event-driven TDF/FTC has shown similar preventive efficacy to continuous TDF/FTC. METHODS: A systematic review of global HIV incidence studies was conducted. Weighted incidence was calculated in each at-risk population. HIV infection rates were evaluated for 5 prevention strategies, with additional HIV testing, education, and service access costs assumed for each ($18 per person per year). Assumed efficacies were 90% (continuous CAB-LA), 60% (continuous TDF/FTC), and 60% (event-driven TDF/FTC). Using weighted incidence and an assumed 100 000 target population, annual HIV infection rates by population were calculated for each prevention strategy. RESULTS: Ninety-eight studies in 5 230 189 individuals were included. Incidence per 100 person-years ranged from 0.03 (blood donors) to 3.82 (people who inject drugs). Using the number needed to treat to benefit for each strategy, a mean incidence of 2.6 per 100 person-years in at-risk populations, and a 100 000 target population, current-price continuous CAB-LA cost $949 487 per HIV infection successfully prevented, followed by target-price CAB-LA ($11 453), continuous TDF/FTC ($4231), and event-driven TDF/FTC ($1923). CONCLUSIONS: High prices of CAB-LA limit numbers treatable within fixed budgets. Low-cost event-driven TDF/FTC consistently prevents the most HIV infections within fixed budgets. © The Author(s) 2023. Published by Oxford University Press on behalf of Infectious Diseases Society of America.	cabotegravir; event-driven PrEP; HIV prevention; preexposure prophylaxis; tenofovir/emtricitabine	English	United States	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Review
Article	2024	Siegel, Karolynn; Cabán, María; Brown-Bradley, Courtney J.; Schrimshaw, Eric W.	Condomless Anal Sex Between Male Sex Workers and Clients in the Age of Hookup Apps.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04216-8	https://pubmed.ncbi.nlm.nih.gov/38036795/	Among men who have sex with men (MSM), those who also engage in the exchange of sex for money, drugs, shelter or other material goods (i.e., male sex workers-MSWs) have been found to have higher rates of condomless anal sex (CAS), HIV, and STIs than MSM who do not engage in exchange sex. To gain a better understanding of the factors that influence MSWs' engagement in CAS with male clients, we analyzed qualitative interview data from a diverse sample of 141 MSWs from 8 U.S. cities who met clients primarily through hookup or dating apps/websites and who reported having condomless anal sex with at least one of their exchange sex partners in the prior three months. While high client demand and financial incentives were the most frequently mentioned reasons for engaging in CAS with clients, other factors including drug and alcohol use, attraction to the client, the heat of the moment, concerns about sexual performance, and reliance on pre-exposure prophylaxis (PrEP) were also important. Participants who engaged in CAS generally felt that due to client characteristics or mitigating steps they had taken themselves, their chance of acquiring HIV/STIs was acceptably low. Hookup or dating apps/websites have provided an additional and increasingly popular venue for exchange sex to be arranged. These platforms also offer an opportunity for HIV/STI prevention through interventions and tailored messages delivered through these venues that address the motivations, misconceptions and/or situational factors that may lead to CAS.	Humans; Male; Sexual Behavior; Homosexuality, Male; Sexual Partners; *Pre-Exposure Prophylaxis; MSM; Condom; *Sex Workers; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; *Sexually Transmitted Diseases/epidemiology/prevention & control; Condomless anal sex; Male sex workers	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Article	2024	Silva, Keyser Rogerio Oliveira; Ferreira, Rayane Cupolillo; Coelho, Lara E.; Veloso, Valdilea G.; Grinsztejn, Beatriz; Torres, Thiago S.; Luz, Paula M.	Knowledge of HIV transmission, prevention strategies and U= U among adult sexual and gender minorities in Brazil.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26220	https://pubmed.ncbi.nlm.nih.gov/38379186/	INTRODUCTION: Although strong scientific evidence of the efficacy and effectiveness of treatment-as-prevention (TasP) is available, full endorsement of the "Undetectable = Untransmittable" (U = U) and "non-risk" messages could be improved. Increasing knowledge about HIV transmission, prevention and treatment is a critical component of care efforts. The study assessed knowledge of HIV transmission and prevention strategies, and the perceived accuracy of the slogan. U = U among sexual and gender minorities (SGM) in Brazil. METHODS: Cross-sectional web-based survey targeting adult SGM living in Brazil (2022–2023) recruited on social media and dating apps. We used the 12-item HIV Knowledge Assessment (HIV-KA) questionnaire to assess HIV knowledge; three items of which address pre-exposure prophylaxis (PrEP), post-exposure prophylaxis and TasP. Perceived accuracy of the U = U slogan was assessed with the question: "With regards to HIV-positive individuals transmitting HIV through sexual contact, how accurate do you believe the slogan U = U is?". We a priori grouped the study population into three mutually exclusive groups: people living with HIV (PLHIV), HIV negative and HIV unknown. We used logistic regression models to assess factors associated with high HIV knowledge and perception of the U = U as completely accurate. RESULTS: Of 50,222 individuals accessing the questionnaire, 23,981 were included: 5071 (21.0%) PLHIV, 17,257 (71.7%) HIV-negative and 1653 (6.9%) HIV- unknown. The proportion of participants with high knowledge was significantly higher for PLHIV and HIV negative (48.3% and 45.5%, respectively) compared to 26.1% of HIV- unknown. More PLHIV perceived U= U as completely accurate (80.4%), compared to 60.0% of HIV negative and 42.2% of HIV- unknown. In the multivariable analysis, PLHIV (aOR 1.15, 95% CI 1.05–1.26) and HIV negative (aOR 1.10, 95% CI 1.01–1.19) were more likely to have high knowledge than HIV- unknown. Among HIV-negative participants, PrEP awareness and use were associated with higher knowledge and accurate perception of the U= U slogan. CONCLUSIONS: Our findings show that HIV knowledge and perceived accuracy of U= U are strongly correlated, that knowledge differs according to HIV status, and that poor socio-economic is linked to poor knowledge among SGM from Brazil. Educational strategies regarding TasP, U= U and zero risk targeting socio-economically vulnerable populations are urgent in Brazil.	Adult; Humans; Male; Sexual Behavior; Cross-Sectional Studies; Homosexuality, Male; Latin America; Brazil/epidemiology; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy; *Sexual and Gender Minorities; sexual and gender minorities; HIV knowledge; treatment-as-prevention; Undetectable = Untransmittable (U = U); zero-risk	English	United States	Western and Central Europe and North America	Brazil	Latin America and the Caribbean	Brazil	Latin America and the Caribbean	Quantitative
Article	2024	Siregar A.Y.M.; Jowita M.N.; Hardiawan D.; Akbar A.; Bachman Z.H.; Haekal M.D.F.; Marwah Y.S.; Putri T.A.; Rakhmat F.F.; Pohan M.N.; Handayani M.; Budiarty T.I.; Afriana N.; Prabowo B.R.; Wuaksana R.	Cost of implementing HIV pre-exposure prophylaxis at community-based clinics in Indonesia	Tropical Medicine and International Health	-	-	-	-	13602276	10.1111/tmi.13946	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178152066&doi=10.1111%2Ftmi.13946&partnerID=40&md5=ac7ba40c40ae02bd8094da2121d9f4bf	Introduction: Currently, Indonesia still has one of the highest rates of new HIV/AIDS infections among countries in Asia and the Pacific region. The WHO has recommended pre-exposure prophylaxis (PrEP) as an additional HIV epidemic prevention step, which has been applied globally and related to the reduction in the number of HIV cases. However, information on the cost of implementing PrEP is rarely available in developing countries, especially in Southeast Asia. Designing a cost-effective approach to scale up PrEP and to estimate the potential budget impact requires information on the cost of implementing PrEP. This study aims to estimate the cost of implementing PrEP at community-based clinics in Indonesia. Methods: We collected healthcare and non-healthcare/client costs from nine community-based clinics in various classifications in Indonesia. The healthcare costs included data on resource utilisation and costs to deliver PrEP, divided into recurrent and capital costs using a discount rate of 3%. Non-healthcare costs included out-of-pocket costs (e.g., transportation, meals) and productivity loss by clients and accompanying person(s) in accessing PrEP. On average, we interviewed 27 clients/clinic. Results: The annual cost per client was US$ 1,756.26 (95% CI: 1,704.69–1,807.83). The largest proportion of the cost was for PrEP medication (US$ 1,656.00), followed by clinical monitoring at approximately 87% of the cost. The cost of PrEP amounts to US $282,756.40/year, covering 882 clients. The non-healthcare cost per visit at all sites never reaches more than 10% of the average monthly household expenditure. Conclusions: The cost of providing PrEP per person is approximately US $365 and is 39% lower than the annual cost of ART per person. Lowering the cost of PrEP ARV drugs would reduce the cost. Scaling up PrEP should recognise this cost structure and strive to reach economies of scale as the intervention gains more clients while simultaneously controlling new HIV infections. © 2023 John Wiley & Sons Ltd.	cost analysis; HIV; HIV test; Indonesia; PrEP	English	United Kingdom	Western and Central Europe and North America	Indonesia	Asia and the Pacific	Indonesia	Asia and the Pacific	Mixed methods
Article	2024	Spinelli, Matthew; Gandhi, Monica	Point-of-care urine tenofovir monitoring of adherence to drive interventions for HIV treatment and prevention.	Expert Review of Molecular Diagnostics	-	-	-	-	1744-8352 1473-7159	10.1080/14737159.2024.2312122	https://pubmed.ncbi.nlm.nih.gov/38353417/	INTRODUCTION: Although effective antiretroviral and pre-exposure prophylaxis/PrEP regimens are available globally, adherence challenges persist. Objective measures of adherence can both measure adherence accurately and can be used to drive interventions. As the transmission dynamics of HIV have changed, urine tenofovir testing using a lateral flow assay, is now available. AREAS COVERED: This review examines the ability of pharmacologic metrics of adherence to predict HIV and PrEP clinical outcomes and the past use of pharmacologic metrics of adherence as tools to drive adherence interventions. The authors also review the past and present data regarding point-of-care urine tenofovir testing and its potential role in HIV treatment and prevention. Finally, the authors look to the impact of point-of-care adherence interventions on HIV and PrEP clinical outcomes, gives promising results of the pilot studies summarized here. Method implementation-effectiveness studies will be needed to examine optimal approaches to incorporating point-of-care testing into routine clinical care delivery, including in guiding resistance testing, adherence counseling, and delivery of other evidence-based adherence interventions. Given the ability of point-of-care tenofovir testing to be implemented in settings where viral load testing is not available, and at more frequent intervals due to its low cost, urine-based tenofovir assays have the potential to be highly scalable in diverse clinical settings.	PrEP; Adherence; Point-of-care; Interventions; HIV virologic suppression; Urine testing	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Starks, Tyrel J.; Kyes, Kory; Cuebillasco, Juan; Parker, Joyelle N.; Kahle, Eric; Stephenson, Rob; Cain, Demetria	Comparing Repeated (Annual) Couples HIV Testing and Counseling to Individual HIV Testing and Counseling Among Male Couples at High Risk of HIV Infection: Protocol for a Randomized Control Trial	JMIR Research Protocols	-	-	-	-	1929-0748	10.2196/53823	https://pubmed.ncbi.nlm.nih.gov/38349737/	BACKGROUND: Couples HIV testing and counseling (CHTC) is now a standard of care prevention strategy recommended by the Centers for Disease Control and Prevention for sexual minority men (SMM) in relationships. Despite standard recommendations that couples complete CHTC every 6-12 months, no study has empirically evaluated the effects associated with CHTC retesting. OBJECTIVE: This study aims to understand the benefits associated with continued dyadic engagement in the HIV prevention continuum through routine CHTC retesting, which is of particular importance for emerging-adult SMM in relationships who use drugs. METHODS: Eligible couples for this CHTC retesting trial must already be enrolled in the 4Us trial, where they completed a CHTC session after their baseline survey. The purpose of the original 4Us trial was to test the efficacy of 2 intervention components for CHTC: a communication skills training video and a substance use module. Couples were eligible for the original 4Us trial if they were between the ages of 18 and 29 years, identified as SMM, were in a main relationship with another SMM partner for at least 3 months, and reported at least 1 episode of heavy drinking, sex while high, or sex while drunk in the past 90 days. Couples were ineligible for the original 4Us trial if they were HIV seropositive or seronegative, report use of at least 1 drug (cannabis, cocaine or crack, crystal methamphetamine, ketamine, gamma-hydroxybutyrate/gamma-butyrolactone, erectile dysfunction/sexual enhancement medications [eg, sildenafil, tadalafil, vardenafil], poppers [eg, amyl nitrite or isobutyl nitrite], opioids [eg, heroin, fentanyl, oxycodone, hydrocodone, methadone, buprenorphine, morphine, opium, and nitrates) use, and engage in condomless anal sex (CAS) acts with a casual partner or have a main partner who is nonmonogamous or serodiscordant. Those who complete the 4Us 12-month follow-up and remain in a relationship with the same partner are eligible for the CHTC retesting trial and will be offered the opportunity to participate in this CHTC retesting trial. These consenting are randomized to either CHTC retesting or individual HIV testing. Follow-up assessments are conducted 3 and 6 months after randomization to evaluate the effects of repeat CHTC on 2 primary outcomes: (1) CAS with a casual partner in the absence of preexposure prophylaxis (PrEP), and (2) CAS with a seroconcordant main partner who is not virally suppressed or concomitant CAS between main and casual partners in the absence of PrEP. RESULTS: The CHTC retesting trial launched in January 2023, and enrollment is ongoing. As of February 2024, the study had enrolled 106 eligible participants (n=53 couples). CONCLUSIONS: Findings from this CHTC retesting trial will help determine whether dyads who receive additional HIV testing services—individual HIV testing for SMM in relationships. The identification of results of this test will inform CHTC retesting guidance. TRIAL REGISTRATION: ClinicalTrials.gov NCT05833074; https://www.clinicaltrials.gov/study/NCT05833074. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): DERR1-10.2196/53823.	HIV; gay and bisexual men; men who have sex with men; male couples; randomized controlled trial; counseling; relationships; RCT; emerging adults; club drugs; dyadic interventions	English	Canada	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Starks, Tyrel J.; Sumrock, Steven; Lopez, David; Bradford-Rogers, Jesse; Marmus, Jonathan; Cain, Demetria	Testing the Effectiveness of a Motivational Interviewing Intervention to Reduce HIV Risk and Drug Use in Young Sexual Minority Men in a Community-Based Organization Setting.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-023-04191-0	https://pubmed.ncbi.nlm.nih.gov/37803244/	Youngor sexual-minority men (YSMM) remain at high risk for HIV infection and substance use increases this risk. This study evaluated the effectiveness of a (4-session) motivational interviewing (MI) intervention to reduce substance use and sexual risk taking when delivered at two community-based organizations (CBOs) in the New York City metropolitan area. Participants were 229 YSMM aged 15–29 who reported recent sexual/HIV transmission risk and substance use. Overall, 86% of the sample identified as a racial or ethnic minority. Within each CBO, participants were randomized to receive either the MI intervention or enhanced treatment as usual (an HIV testing session plus PrEP information and referrals to CBO service). Contrary to hypotheses, results provided no indication that the MI intervention was associated with reductions in substance use (alcohol, cannabis, or other illicit drug use) or sexual risk taking or current PrEP use. Results are discussed in terms of challenges in real-world intervention implementation, study enrollment, and the COVID-19 pandemic.	Adolescent; Adult; Humans; Male; Young Adult; Homosexuality, Male; Ethnicity; HIV prevention; Gay and bisexual men; Pre-exposure prophylaxis; Minority Groups; *Pre-Exposure Prophylaxis/methods; *HIV Infections/epidemiology/prevention & control; *Sexual and Gender Minorities; Pandemics; *Motivational Interviewing; Condomless sex; Drug use; *Substance-Related Disorders/epidemiology/prevention & control	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Stewart, Jessica; Ruiz-Mercado, Gloriuse; Sperring, Heather; Parris, Cassandra M.; Assoumou, Sabrina A.; Taylor, Jessica L.	Addressing Unmet PrEP Needs in Women: Impact of a Laboratory-Driven Protocol at an Urban, Essential Hospital.	Open Forum Infectious Diseases	-	-	-	-	2328-8957	10.1093/ofid/ofae056	https://pubmed.ncbi.nlm.nih.gov/38466498/	BACKGROUND HIV pre-exposure prophylaxis (PrEP) uptake in women remains low. We developed a laboratory result-driven protocol to link women with a positive bacterial sexually transmitted infection (STI) to HIV PrEP at an urban safety-net hospital. METHODS: Electronic health records of women with positive chlamydia, gonorrhea, and/or syphilis tests were accessed, and those eligible for PrEP were referred for direct or primary care provider-driven outreach. We assessed the proportion of women with STIs who received PrEP offers, acceptance, and prescriptions before (July 1, 2018-December 31, 2019) and after (January 1, 2021-June 30, 2022) implementation of the protocol. We used logistic regression to assess the association between the protocol and PrEP prescription, adjusting for age, race/ethnicity, and insurance. RESULTS: The proportion of women who received PrEP offers increased from 7.4% to 17.4% (P < .001). After multivariable adjustment, only the implementation period was associated with PrEP offers (odds ratio [OR], 2.49; 95% CI, 1.68-3.68). In subgroup analyses, PrEP offers increased significantly among non-Hispanic Black (OR, 2.75; 95% CI, 1.65-4.58) and Hispanic (OR, 3.16; 95% CI, 1.77-5.64, 11) women but not among non-Hispanic White women (OR, 1.49; 95% CI, 0.55-4.05). Significant changes in PrEP acceptance and prescriptions were not observed during the sample overall. CONCLUSIONS A laboratory result-driven protocol was associated with a significant increase in PrEP offers to Black and Hispanic women with STI. These results provide concrete suggestions for health systems seeking to increase PrEP access and equity among women.	HIV prevention; sexually transmitted infection; HIV pre-exposure prophylaxis (PrEP); women's health; care disparities	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review
Article	2024	Storbeck E.D.; Ogunbajo A.; Nacht C.L.; Opale C.; Horvath K.J.; Lyman P.; Flynn R.; Reback C.J.; Blumenthal J.; Moore D.J.; Bolan R.; Morris S.	Facilitators of PrEP Persistence among Black and Latinx Transgender Women in a PrEP Demonstration Project in Southern California	Behavioral Medicine	-	-	-	-	8964289	10.1080/08964289.2022.2105766	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85135919968&doi=10.1080%2F08964289.2022.2105766&partnerID=40&md5=e9ec67c1243458f59bb22c2f7a905ad2	Black and Latinx transgender women in the United States (U.S.) are at disproportionately high risk for HIV. Although HIV pre-exposure prophylaxis (PrEP) reduces the risk of HIV infection, uptake and persistence (i.e., ability to continue taking PrEP over time) can be a challenge for Black and Latinx transgender women due to myriad social and structural forces. In this qualitative study, we present unique data on the facilitators of PrEP persistence from Black and Latinx transgender women who initiated PrEP and exhibited varying levels of persistence during a demonstration project in Southern California. PrEP persistence was assessed by collecting quantitative intracellular tenofovir-diphosphate (TFV-DP) levels on dried blood spot (DBS) samples collected at weeks 12 and 48. Informed by the socioecological framework, we conducted in-depth interviews with participants (= 20) who had TFV-DP levels indicating adherence to PrEP at week 12 but not at week 48. Facilitators of PrEP persistence included having high individual-level HIV risk perception, feeling empowered to take PrEP, and reporting having improved peace of mind and mental health because of taking PrEP. Interpersonal-community-level facilitators included feeling motivation to prevent HIV in the community, motivation to prevent HIV in the context of sex work, and having high community-level risk perception. Structural-level facilitators included having positive experiences in affirming healthcare settings and having PrEP visits combined with other gender-related healthcare visits. Interventions aiming to increase PrEP uptake and persistence among Black and Latinx transgender women in the U.S. should harness the multiple levels of support exhibited by those who were able to start and persist on PrEP in the face of the myriad social and structural barriers. © 2022 Taylor & Francis Group, LLC.	health equity; HIV prevention; medication adherence; PrEP persistence; Transgender women	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Strong S.H.; Oldfield B.J.; van den Berg J.J.; Cole C.A.; Biegacki E.; Ogbuagu O.; Virata M.; Chan P.A.; Edelman E.J.	Perspectives on unhealthy alcohol use among men who have sex with men prescribed HIV pre-exposure prophylaxis: A qualitative study	Preventive Medicine Reports	-	-	-	-	22113355	10.1016/j.pmedr.2023.102553	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85181092968&doi=10.1016%2Fj.pmedr.2023.102553&partnerID=40&md5=67cb7b97f3b1d05fa0b4a3c9bbb02	Unhealthy alcohol use is a common, often unaddressed behavior associated with increased risk for acquisition of HIV and may also be associated with decreased adherence to oral pre-exposure prophylaxis (PrEP) among gay, bisexual, and other men who have sex with men (MSM) living in the United States. To inform future alcohol-reduction interventions among individuals engaging in PrEP care, we sought to explore perceptions of unhealthy alcohol use among MSM prescribed PrEP. We conducted semi-structured interviews with 15 MSM without HIV who were prescribed PrEP and screened positive for unhealthy alcohol use with AUDIT-C [4] and were receiving care in Providence, Rhode Island or New Haven, Connecticut. Interviews were coded and analyzed using thematic analysis. Three themes emerged: 1) Consequences of fluctuations in drinking 2) Alcohol use negatively impacts health and relationships; and 3) Desire for a multimodal approach to treatment of unhealthy alcohol use. Our findings support the need to raise awareness of potential alcohol-related harms, address the spectrum of unhealthy alcohol use among MSM prescribed PrEP, and the acceptability and preferences for alcohol reduction interventions within PrEP programs. © 2023 The Authors	Alcohol; HIV; Men who have sex with men; PrEP; Qualitative research	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Sutten Coats, Cassandra; Goold, William C.; Sims-Gomillia, Courtney E.; Arnold, Trisha L.; Wirtes-Jones, Ina; Buck, Byron; Chen, Philip A.; Mena, Leandro A.; Nunn, Amy S.	"Make it more than a pill, make it an experience of health" results from an open pilot intervention to retain young African American men who have sex with men in PrEP care.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2021.2221422	https://pubmed.ncbi.nlm.nih.gov/37331017/	Uptake and retention in clinical care for pre-exposure prophylaxis (PrEP) is suboptimal, particularly among young African American men who have sex with men (MSM) in the Deep South. We conducted a pilot intervention, Uptake and Retention Intervention for Sustained Engagement (URISE), to improve PrEP care among young African American MSM. Using a human-centered design process to center in fashion, friendship, and fitness to design a rich recommendations for the PrEP persistence intervention. We developed an intervention based on recommendations in Phase I, and in Phase II, we implemented and evaluated the intervention enrolled in an open pilot. Eight participants completed Phase II study activities, including a single intervention session, phone call check-ins, and four assessments (Months 0, 1, 3, and 6). Exit interviews demonstrated a high level of acceptability and satisfaction with the intervention. These formative data demonstrate the initial promise of a novel intervention to improve PrEP persistence among young African American MSM.	Humans; Male; Pilot Projects; Homosexuality, Male; *Anti-HIV Agents/therapeutic use; *Pre-Exposure Prophylaxis; pre-exposure prophylaxis; Black or African American; African American; men who have sex with men; HIV Infections; *Sexual and Gender Minorities; persistence; *HIV Infection/prevention & control/drug therapy	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Takalani, Funanani; Kumar, Pradeep; Kondiah, Patric P. D.; Choonara, Yahya E.	Co-emulsified Aliginate-Eudragit Nanoparticles: Potential Carriers for Localized and Time-defined Release of Tenofovir in the Female Genital Tract.	AAPS PharmSciTech	-	-	-	-	1530-9932	10.1208/s12249-023-02723-4	https://pubmed.ncbi.nlm.nih.gov/38200167/	This research aimed to explore the possibilities of Eudragit S100 (ES100) and sodium alginate as carriers for tenofovir disoproxil fumarate (TDF) in the female genital tract. Alginate and alginate-ES100 nanoparticles were prepared using the ionic gelation and emulsion/gelation coalescence/gelation methods, respectively. The nanocarriers were tested using morphological, physicochemical, in vitro drug release, and cytotoxicity analyses. In SEM and TEM images, the presence of spherical and uniformly distributed nanoparticles was revealed. The FTIR spectrum showed that alginate and calcium chloride interacted to ionic bonds linking divalent calcium ions and the -COO- of alginate groups. Alginate and ES100 interacted via the ester C=O amide stretching. The results obtained from XRD and DSC, on the other hand, revealed a favorable interaction between alginate-sodium alginate and ES100 polymers, as evidenced by the crystallization peaks observed. Under experimental design analysis and optimization, overall size distribution profiles ranged from 134.9 to 228.0 nm, while zeta potential results showed stable nanoparticles (-17.8 to -34.4 MV). The optimal formulation exhibited a maximum cumulative in vitro release of 72% (pH 4.2) up to 96 h. The cytotoxicity tests revealed the safety of TDF-loaded nanoparticles on vaginal epithelial cells at concentrations of 0.025 mg/mL, 0.5 mg/mL, and 1 mg/mL for 72 h. These results indicated that alginate-ES100 nanoparticles have the potential to preserve and sustain the release of the TDF drug in the FGT. The future goal is to develop a low-dose non-toxic microbicide that can be administered long term in the vagina in order to both pregnant and non-pregnant HIV patients.	Humans; Tenofovir; tenofovir disoproxil fumarate; Female; Pregnancy; *HIV Infections/drug therapy; female genital tract; Genitalia, Female; nanoparticles; *Polyethylenes/pharmacokinetics; Alginates; human immunodeficiency virus 1; sodium alginate	English	United States	Western and Central Europe and North America	South Africa	Eastern and Southern Africa	South Africa	Eastern and Southern Africa	Clinical
Article	2024	Tadesse, Bineyam T.; Leyden, Wendy A.; Lea, Alexandra N.; Lee, Catherine; Donnelly, Michelle C.; Koskower, Douglas S.; Lee, Kristine; Liu, Vincent X.; Marcus, John L.; Silverberg, Michael J.	Using Electronic Health Records to Improve HIV Preexposure Prophylaxis Care: A Randomized Trial.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003376	https://pubmed.ncbi.nlm.nih.gov/38412047/	BACKGROUND: Preexposure prophylaxis (PrEP) use remains limited and inequitable, and strategies are needed to improve PrEP provision in primary care. METHODS: We conducted a cluster randomized trial at Kaiser Permanente, San Francisco, to evaluate the effectiveness of a clinical-decision support intervention guided by an electronic health record (EHR)-based HIV risk prediction model to improve PrEP provision. Primary care providers (PCPs) were randomized to receive care or intervention, with PCPs who provided care to patients with high HIV risk (PCPs in the intervention arm) receiving an EHR-based staff message with prompts to discuss HIV prevention and PrEP before upcoming in-person or video visits with patients whose predicted 1-year HIV risk was above a prespecified threshold. This study outcome was initiation of PrEP care within 90 days, defined as PrEP discussions, referrals, or prescription fills. RESULTS: Our one hundred twenty-one PCPs had 5051 appointments with eligible patients (2580 usual care; 2471 intervention). There was a nonsignificant increase in initiation of PrEP care in the intervention arm (6.0% vs 4.5%, HR 1.32, 95% CI 0.84 to 2.1). There was a significant increase in discussions, referrals, or prescriptions for PrEP (11.4% vs 6.8%, HR 1.69, 95% CI 1.09 to 2.63) and in non-HIV providers (P-interaction <0.001). CONCLUSION: An EHR-based intervention guided by an HIV risk prediction model substantially increased initiation of PrEP care among patients of PCPs who also care for people with HIV. Higher-intensity interventions may be needed to improve PrEP provision among PCPs less familiar with PrEP and HIV care.	Humans; *Anti-HIV Agents/therapeutic use; Electronic Health Records; *Pre-Exposure Prophylaxis; *HIV Infections/drug therapy/prevention & control; Cognition; Prescriptions	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Thomas, Dorothy; Nakabugo, Lydiane; Nambi, Florence; Kibuuka, Joseph; Mwongo, Timothy R; Fretz, Erika; Thomas, Katherine K; Simoni, Jane M; Montgomery, Elizabeth T; Ware, Norma; Wyatt, Monique A; Katz, Ingrid T; Kadama, Herbert; Mugagga, Andrew; Hoffow, Renee	Intimate Partner Violence and Adherence to PrEP and ART Among Ugandan HIV Serodiscordant Couples.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884	10.1097/QAI.0000000000003368	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10898593/	BACKGROUND: Intimate partner violence (IPV) is associated with increased risk of HIV acquisition and reduced engagement in HIV care. There is limited understanding of the ways in which IPV exposure and other relationship relationship dynamics may influence adherence to antiretroviral treatment (ART) and pre-exposure prophylaxis (PrEP) for individuals in antenatal, HIV serodifferent partnerships. METHODS: We used binomial generalized linear mixed-effect regression models to evaluate the association between IPV exposure and ART/PrEP adherence among members of serodifferent couples in Uganda. Secondarily, we assessed the interaction between relationship power/closeness and ART/PrEP adherence. RESULTS: We enrolled and followed both partners in 82 serodifferent couples for 6 months. The partner living with HIV was female in 68% of couples. IPV exposure was associated with low ART adherence (15% vs. 2% in quarters with no IPV; odds ratio: 4.78, 95% confidence interval: 1.40 to 16.32). Similarly, IPV exposure was associated with low PrEP adherence (11% vs. 0%; odds ratio: 5.00, 95% confidence interval: 1.00 to 25.00). Participants were less likely to have poor PrEP and ART adherence with those with low relationship power/closeness (20% vs. 30%; odds ratio: 0.57, 95% confidence interval: 0.36 to 0.90). We observed an association between lower relationship power/closeness and ART adherence. CONCLUSIONS: We found that IPV exposure was associated with low adherence to ART and that relationship power/closeness was associated with good adherence to PrEP. These findings underscore the importance of addressing IPV and relationship power in ART/PrEP adherence for individuals in HIV serodiscordant couples.	IPV; intimate partner violence; Uganda; adherence; pre-exposure prophylaxis; antiretroviral therapy.	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Thomasson S.E.; van Schreeb S.; Kirkby N.S.; Pinholt M.; Lebech A.-M.; Kronborg G.; Engsig F.N.	Prospective screening for monkeypox infection among users of HIV pre-exposure prophylaxis in Denmark	International journal of STD & AIDS	-	-	-	-	9564624	10.1177/09564624231223764	https://pubmed.ncbi.nlm.nih.gov/38183662/	Introduction: During the 2022 outbreak of mpox (previously called monkeypox), which primarily affected Gay, Bisexual, and other Men who have Sex with Men (GBMSM), testing was mainly limited to individuals with symptoms of infection. Although sporadic cases of mpox continue to be diagnosed in Denmark, the feasibility of screening asymptomatic high-risk populations, such as those using HIV pre-exposure prophylaxis (PrEP), is still unknown. Methods: During the autumn of 2022, a rectal swab PCR was included in the routine sexually transmitted infections (STI) screening for PrEP users. Results: The screening included 224 asymptomatic men with a median age of 36.5 years. One patient (0.4%) tested positive for mpox. Ten (4.5%) and nine (4.0%) had chlamydia and gonorrhea, respectively. Discussion: Our study demonstrates that screening for mpox is feasible in two Danish PrEP clinics. © The Author(s) 2024.	asymptomatic; HIV pre-exposure prophylaxis; Monkeypox; pre-exposure prophylaxis; screening; vaccination; vaccine	English	United Kingdom	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Denmark	Western and Central Europe and North America	Clinical
Article	2024	Thornhill, John Patrick; Fox, Julie; Martin, Genevieve Elizabeth; Hall, Rebecca; Lwanga, Julianne; Lewis, Heather; Brown, Helen; Robinson, Nicola; Kuldanek, Kristen; Kulnich, Sabine; Nwokolo, Nneka; Whitlock, Gary; Fidler, Sarah; Frater, John	Rapid antiretroviral therapy in primary HIV-1 infection enhances immune recovery	AIDS	-	-	-	-	1473-5571 0269-9370	10.1097/QAD.0000000000003825	https://pubmed.ncbi.nlm.nih.gov/38133660/?-icid=entrez%3A%20Link%20to%20datasets%20or%20related%20publications&-ncbi_phrase=%20%20or%20%20	OBJECTIVE: We present findings from a large cohort of individuals treated during primary HIV infection (PHI) and examine the impact of time from HIV-1 acquisition to antiretroviral therapy (ART) initiation on clinical outcomes. We also examine the temporal changes in the demographics of individuals presenting with PHI to inform HIV-1 prevention strategies. METHODS: Individuals who fulfilled the criteria for PHI and started ART within 1 year of HIV-1 acquisition between 2009 and 2015 were included. Clinical, laboratory, and demographic data were collected at baseline and follow-up visits. Data were analyzed using Cox proportional hazards models. RESULTS: Of 1,148 individuals with PHI, 1,024 (89%) were male, 1,004 (87%) were men who have sex with men, 1,006 (88%) were White, and 1,004 (88%) were UK born. Between 2009 and 2015, the proportion of PHI cases who were UK born declined from 94% to 79% (P < 0.001), whereas the proportion who were Black increased from 3% to 10% (P = 0.001). Among participants, 1,006 (88%) started ART during PHI (median 3.6 months). At PHI, the median age was 33 years, 4% were women, 19% were Black, and 84% were MSM. The proportion of UK born individuals was 47% in 2009–2013, compared with 29% in 2013–2020. There was an association between earlier ART initiation after PHI diagnosis and increased immune recovery; each day that ART was delayed was associated with a lower likelihood of achieving a CD4 > cell-count more than 500 cells/μl hazard ratio 0.99 (95% confidence interval, 95% CI 0.98–0.99), P = 0.02) and CD4/CD8 more than 1.0 hazard ratio 0.98 (95% CI 0.97–0.99). CONCLUSION: Early initiation of ART at PHI diagnosis is associated with enhanced immune recovery, providing further evidence to support immediate ART in the context of PHI. Non-UK-born MSM accounts for an increasing proportion of those with primary infection; UK HIV-1 prevention strategies should better target this group.	NA	English	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	United Kingdom	Western and Central Europe and North America	Clinical
Article	2024	Waldron, Elizabeth M.; Goodman, Georgia R.; Rivas, Alexa M.; Ott, Carolyn; Blyler, Abigail; McDonald, Victoria W.; Campbell, Marquetta; Underwood, Eric; Bonner, Aharai; Wise, Jenni M.; Elopre, Latesha; Kudroff, Kachina; Krakower, Douglas; Sherr, Kenneth; Kempf, Mirjam-Colette; Pearce, Christina	Perceptions of and preferences for PrEP use among African American women and providers in the U.S. South: a qualitative study.	Psychology & Health	-	-	-	-	1476-8321 0887-0446	10.1080/08870446.2024.2322079	https://pubmed.ncbi.nlm.nih.gov/38441083/	OBJECTIVE: Although there has been an increase in PrEP use among AA women in the U.S. South, disparities still exist. This study aimed to explore perceptions, attitudes, and implementation preferences surrounding PrEP use for AA women in the U.S. South. METHODS AND MEASURES: This study team conducted qualitative interviews with AA cisgender women clients, (n = 21) and their providers (n = 20) in Federally Qualified Health Centers and HIV clinics in Alabama. The research team employed directed qualitative content analysis to analyze interview data. RESULTS: Five themes emerged: a) inconsistent access to PrEP and PrEP knowledge, b) need for improving low PrEP awareness, c) managing hesitancy to prescribe or use PrEP, d) perceived HIV vulnerability and inherent stigma, and e) normalizing PrEP as part of routine sexual healthcare to increase uptake and maintenance. Interviews revealed an openness towards PrEP as an HIV prevention strategy for AA, cisgender women in Alabama. CONCLUSION: Improving PrEP uptake and maintenance among AA women in the U.S. South must go beyond increasing awareness to improving PrEP access and trust through mobility of AA women's PrEP use and incorporating PrEP education and services into routine sexual healthcare.	PrEP; African American; Black; cisgender women; U.S. South	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Wallach, Sara; Saito, Suzue; Nawagatha-Birdsworska, Harriet; Dube, Leslie; Lamb, Matthew R.	Synthetic Controls for Implementation Science: Opportunities for HIV Program Evaluation Using Routinely Collected Data.	Current HIV/AIDS Reports	-	-	-	-	1548-3576 1548-3568	10.1007/s11904-024-00695-z	https://pubmed.ncbi.nlm.nih.gov/38478352/	PURPOSE OF REVIEW: HIV service delivery programs are some of the largest-funded public health programs in the world. Timely, efficient evaluation of these programs can be enhanced with methodologies designed to estimate the effects of policy. We propose using the synthetic control method (SCM) as an implementation science tool to evaluate these HIV programs. RECENT FINDINGS: The SCM is a quasi-experimental approach that estimates the effect of a policy change by comparing outcomes in a single unit exposed to the policy change to outcomes in a weighted average of unexposed units. Implementation science HIV interventions that could be evaluated using the SCM include programs that aim to improve HIV testing, linkage, and retention in care; pre-exposure prophylaxis (PrEP); voluntary medical male circumcision; and programs that address social and structural drivers of HIV. The SCM can be used to estimate the effects of a public health intervention targeting HIV health facilities with high numbers of recent infections on trends in pre-exposure prophylaxis (PrEP) enrollment. This tool case demonstrates SCMs feasibility for effectiveness evaluations of site-level HIV interventions. HIV programs collecting longitudinal, routine service delivery data for many facilities, with only some receiving a time-specified intervention, are well-suited for evaluation using SCM.	Implementation science; HIV PrEP; Program evaluation; Design-based methods; Synthetic control method	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Review

Article	2024	Wan Z.; Shi M.; Gong Y.; Lucci M.; Li J.; Zhou J.; Yang X.-L.; Lelli M.; He X.; Mao J.	Multitasking Pharmacophores Support Cabotegravir-Based Long-Acting HIV Pre-Exposure Prophylaxis (PrEP)	Molecules	-	-	-	-	14203049	10.3390/molecules29020376	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85183335649&doi=10.3390%2fmolecules29020376&partnerID=40&md5=3b253248e92b8e4f5fe62a18eb69090e	Cabotegravir is an integrase strand transfer inhibitor (INSTI) for HIV treatment and prevention. Cabotegravir-based long-acting pre-exposure prophylaxis (PrEP) presents an emerging paradigm for infectious disease control. In this scheme, a combination of a high efficacy and low solubility of anti-infection drugs permits the establishment of a pharmaceutical firewall in HIV-vulnerable groups over a long period. Although the structure-activity-relationship (SAR) of cabotegravir as an INSTI is known, the structural determinants of its low solubility have not been identified. In this work, we have integrated multiple experimental and computational methods, namely X-ray diffraction, solid-state NMR (SSNMR) spectroscopy, solution NMR spectroscopy, automated fragmentation (AF)-QM/MM and density functional theory (DFT) calculations, to address this question. The molecular organization of cabotegravir in crystal lattice has been determined. The combination of very-fast magic-angle-sample-spinning (VF MAS) SSNMR and solution NMR, as supported by AF-QM/MM and DFT calculations, permits the identification of structural factors that contribute to the low aqueous solubility of cabotegravir. Our study reveals the multitasking nature of pharmacophores in cabotegravir, which controls the drug solubility and, meanwhile, the biological activity. By unraveling these function-defining molecular features, our work could inspire further development of long-acting HIV PrEP drugs. © 2024 by the authors.	AF-QM/MM; cabotegravir; DFT; HIV pre-exposure prophylaxis; NMR; X-ray diffraction	English	Switzerland	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2024	Wang L.; Muwonge T.R.; Simoni J.M.; Nambi F.; Nakabugo L.; Kibuuka J.; Thomas D.; Katz I.T.; Feutz E.; Thomas K.K.; Ware N.C.; Wyatt M.A.; Kadama H.; Mujugira A.; Heffron R.	Behavioral Modeling and its Association with PrEP and ART Use in Ugandan HIV-Serodifferent Couples	AIDS and Behavior	-	-	-	-	10907165	10.1007/s10461-024-04286-2	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85185119907&doi=10.1007%2fs10461-024-04286-2&partnerID=40&md5=17cc43b1f28978b28e67c2107b0be4ec	Integrating Pre-Exposure Prophylaxis (PrEP) delivery into Antiretroviral Therapy (ART) programs bridges the Human Immunodeficiency Virus (HIV) prevention gap for HIV-serodifferent couples prior to the partner living with HIV achieving viral suppression. Behavioral modeling is one mechanism that could explain health-related behavior among couples, including those using antiretroviral medications, but few tools exist to measure the extent to which behavior is modeled. Using a longitudinal observational design nested within a cluster randomized trial, this study examined the factor structure and assessed the internal consistency of a novel 24-item, four-point Likert-type scale to measure behavioral modeling and the association of behavioral modeling with medication-taking behaviors among heterosexual, cis-gender HIV-serodifferent couples. In 149 couples enrolled for research, a five-factor model provided the best statistical and conceptual fit, including attention to partner behavior, collective action, role modeling, motivation, and relationship quality. Behavioral modeling was associated with medication-taking behaviors among members of serodifferent couples. Partner modeling of ART/PrEP taking could be an important target for assessment and intervention in HIV prevention programs for HIV serodifferent couples. © The Author(s) 2024.	Behavioral modeling measure; HIV; Medication adherence; Observational learning; Sero-different couple	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Warus J.; Hidalgo M.A.; Belzer M.; Olson-Kennedy J.	Acute HIV Diagnosis After Initiation of Pre-exposure Prophylaxis in a Young Adult Patient: A Case Report	Journal of Adolescent Health	-	-	-	-	1054139X	10.1016/j.jadohealth.2023.07.013	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85171194680&doi=10.1016%2fj.jadohealth.2023.07.013&partnerID=40&md5=e6ae9f55460c8654ac6bc001147d33a6	Oral pre-exposure prophylaxis (PrEP) in the prevention of human immunodeficiency virus (HIV) infection is highly effective, yet the majority of sexually active adolescents and young adults (AYAs) at highest risk for HIV infection, particularly AYA males who have sex with males, have not been prescribed this medication. Provider hesitancy in prescribing PrEP to at-risk AYA patients is often associated with concerns about patient nonadherence and its effect on inducing HIV medication resistance. This case report has two aims. First, to outline the clinical course for an AYA patient prescribed PrEP for 3 months and then found to have HIV with an M184V resistance mutation and subsequently started on HIV treatment. And second, to illustrate how the benefits of PrEP initiation outweigh its risks by presenting clinical data on resistance patterns to PrEP medications. The patient eventually achieved viral suppression within 5 months of starting HIV treatment which has been sustained up to 2 years. This case illustrates that M184V resistance mutations, although rarely associated with PrEP, are unlikely to impact options for HIV treatment. Providers should recommend and prescribe oral PrEP to AYA patients at risk for HIV infection without concern for nonadherence leading to HIV medication resistance. © 2023 Society for Adolescent Health and Medicine	Adolescent; Medication adherence; Primary prevention; Sexual and gender minorities; Sexual health	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Warzywoda, Sarah; Dyda, Amalie; Fitzgerald, Lisa; Mullens, Amy; Debattista, Joseph; Durham, Jo; Gu, Zhihong; Wenham, Kathryn; Ariana, Armin; Gilks, Charles F.; Bell, Sara F. E.; Dean, Judith A.	A cross-sectional investigation of the factors associated with awareness of PEP and PrEP among Queensland university students.	Australian and New Zealand Journal of Public Health	-	-	-	-	1753-6405 1326-0200	10.1016/j.anzjph.2024.100136	https://pubmed.ncbi.nlm.nih.gov/38432178/	OBJECTIVE: University creates unique social environments for many young people that can result in behaviour changes that can impact sexual health-related risks and facilitate transmission of HIV. Little is known about HIV knowledge, risk, and awareness of pre-exposure prophylaxis/post-exposure prophylaxis (PrEP/PEP) among Australian university students. METHODS: A 2019 online survey distributed through Queensland universities, using active recruitment/snowball sampling. Descriptive and logistical regression analysis investigated HIV knowledge/risk and PrEP/PEP awareness. RESULTS: Of the 4,291 responses, 60.4% were 20-29 years old, 57.0% identified as heterosexual, and 31.8% were born-overseas. Mean HIV knowledge score was 9.8/12. HIV risk scores were higher among men-who-have-sex-with-men (MSM) (mean=5.2/40) compared to all other sexual behaviours (mean=3.1/40). Logistic regression indicated PrEP and PEP awareness was associated with older age (p<0.05), being non-binary/gender-diverse (p<0.05), and MSM (p<0.05). Lower odds of PrEP awareness were associated with international student status (p<0.05). CONCLUSION: This study highlights the need for future health promotion targeting younger Australians at risk of HIV to increase uptake of PrEP/PEP, particularly among overseas-born young people and those ineligible for appropriate health care in Australia. IMPLICATIONS FOR PUBLIC HEALTH: Addressing these gaps will improve sexual health outcomes for young Australians at risk of HIV and work towards virtual elimination of HIV transmission in Australia.	HIV; PrEP; men who have sex with men; university students; PEP; international students	English	Australia and New Zealand	Asia and the Pacific	Australia	Asia and the Pacific	Australia	Asia and the Pacific	Quantitative
Article	2024	Watson D.L.; Listerud L.; Drab R.A.; Lin W.Y.; Momplaisir F.M.; Bauermeister J.A.	HIV pre-exposure prophylaxis programme preferences among sexually active HIV-negative transgender and gender diverse adults in the United States: a conjoint analysis	Journal of the International AIDS Society	-	-	-	-	17582652	10.1002/jia2.26211	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85184514102&doi=10.1002%2fjia2.26211&partnerID=40&md5=166d329a3f5cfc6f4df9a857bdc0c9c3	Introduction: Current implementation efforts have failed to achieve equitable HIV pre-exposure prophylaxis (PrEP) provision for transgender and gender-diverse (trans) populations. We conducted a choice-based conjoint analysis to measure preferences for key attributes of hypothetical PrEP delivery programmes among a diverse online sample predominantly comprised of transmasculine and nonbinary individuals in the United States. Methods: Between April 2022 and June 2022, a national online survey with an embedded conjoint analysis experiment was conducted among 304 trans individuals aged ≥18 years in the United States to assess five PrEP programme attributes: out-of-pocket cost; dispensing venue; frequency of visits for PrEP-related care; travel time to PrEP provider; and ability to bundle PrEP-related care with gender-affirming hormone therapy services. Participants responded to five questions, each of which presented two PrEP programme scenarios and one opt-out option per question and selected their preferred programme in each question. We used hierarchical Bayes estimation and multinomial logistic regression to measure part-worth utility scores for the total sample and by respondents' PrEP status. Results: The median age was 24 years (range 18–56); 75% were assigned female sex at birth; 54% identified as transmasculine; 32% as nonbinary; 14% as transfeminine. Out-of-pocket cost had the highest attribute importance score (44.3%), followed by the ability to bundle with gender-affirming hormone therapy services (18.7%). Minimal cost-sharing ($0 out-of-pocket cost) most positively influenced the attribute importance of cost (average conjoint part-worth utility coefficient of 2.5 95% CI 2.4–2.6). PrEP-experienced respondents preferred PrEP delivery in primary care settings (relative utility score 4.7); however, PrEP-naïve respondents preferred pharmacies (relative utility score 5.1). Conclusions: Participants preferred programmes that offered PrEP services without cost-sharing and bundled with gender-affirming hormone therapy services. Bolstering federal regulations to cover PrEP services and prioritizing programmes to expand low-barrier PrEP provision are critical to achieving equitable PrEP provision. Community-engaged implementation research conducted by and in close collaboration with trans community stakeholders and researchers are needed to streamline the design of patient-centred PrEP programmes and develop implementation strategies that are salient to the diverse sexual health needs of trans patients. © 2024 The Authors. Journal of the International AIDS Society published by John Wiley & Sons Ltd on behalf of the International AIDS Society.	choice behaviour; decision-making; HIV; pre-exposure prophylaxis; sexual and gender minorities; transgender persons	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Weinstein, Elliott R.; Broos, Hannah C.; Lozano, Alyssa; Jones, Megan A.; Serrano, Lorenzo Pla; Harkness, Audrey	Longitudinal predictors of post-exposure prophylaxis awareness among latino sexual minority men in South Florida.	Journal of Behavioral Medicine	-	-	-	-	1573-3521 0160-7715	10.1007/s10865-024-00466-6	https://pubmed.ncbi.nlm.nih.gov/38409554/	Biomedical tools for HIV prevention such as post-exposure prophylaxis (PEP) continue to be underutilized by subgroups experiencing significant HIV inequities. Specifically, factors associated with both PEP awareness and uptake both cross-sectionally and longitudinally are under-researched, despite PEP being a part of the United States' Plan for Ending the HIV Epidemic. The current study examined longitudinal predictors of PEP awareness among Latino sexual minority men (LSMM) living in South Florida. This current study (N = 290) employed hierarchal linear modeling across three timepoints (baseline, 4-months, 8-months) to assess within-person and between-person effects over time for several psychosocial and structural factors. Most participants (67.5%) reported little to no awareness of PEP at baseline with general PEP awareness growing slightly across the study (60.5% reporting little to no awareness of PEP at 8 months). Results of the final conditional model suggest significant within-person effects of PrEP knowledge (p = 0.02) and PrEP self-efficacy (p < 0.001), as well as a significant positive between-person effect of PrEP knowledge (p < 0.01) on PEP awareness. Between-person HIV knowledge was also a significant predictor in this model (p = 0.01). This longitudinal analysis of LSMM's PEP awareness indicates that more must be done to increase PEP awareness among this subgroup. Future studies should explore how to build on existing interventions focused on HIV and PrEP knowledge and PrEP self-efficacy to incorporate information about PEP to increase the reach of this effective biomedical HIV prevention tool.	HIV/AIDS; Post-exposure prophylaxis; Sexual minority men; Biomedical HIV prevention; Latino/latinx	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Weld, Ethel D.; Ogasawara, Ken; Fuchs, Edward J.; Louissaint, Nicolette; Caffo, Brian; Hendrix, Craig W.	Mapping Colorectal Distribution of Cell-free and Cell-associated HIV Surrogates Following Simulated Anal Intercourse to Aid Rectal Microbicide Development.	Journal of Acquired Immune Deficiency Syndromes	-	-	-	-	1944-7884 1525-4135	10.1097/QAI.0000000000003401	https://pubmed.ncbi.nlm.nih.gov/38346420/	BACKGROUND: Anal sex remains the greatest HIV transmission risk for men who have sex with men and carries substantial population attributable risk among women. Despite a growing array of HIV pre-exposure prophylaxis (PrEP) options, rectal microbicides remain desirable as on demand, non-systemic PrEP. Rectal microbicide product development for PrEP requires understanding the spatiotemporal distribution of HIV infectious elements in the rectosigmoid to optimize formulation development. SETTING: Outpatient setting with healthy research participants. METHODS: Six healthy men underwent simulated receptive anal sex with an artificial phallus fitted with a triple lumen catheter in the urethral position. To simulate ejaculation of HIV-infected semen, autologous seminal plasma laden with autologous blood lymphocytes from apheresis labeled with 111Indium-oxine (cell-associated) and 99mTechnetium-sulfur colloid (cell-free) as HIV surrogates were injected into the rectal lumen through the phallic urethra. Spatiotemporal distribution of each radioisotope was assessed using SPECT/CT over eight hours. Analysis of radiolabel distribution used a flexible principal curve algorithm to quantitatively estimate rectal lumen distribution. RESULTS: Cell-free and cell-associated HIV surrogates distributed to a maximal distance of 15 and 16 cm, respectively, from the anorectal junction (~19 and ~20 cm from the anal verge), with a maximal signal intensity located 6 and 7 cm, respectively. There were no significant differences in any distribution parameters between cell-free and cell-associated HIV surrogate. CONCLUSIONS: Cell-free and cell-associated HIV surrogate distribution in the rectosigmoid can be quantified with spatiotemporal pharmacokinetic methods. These results describe the ideal luminal target distribution to guide rectal microbicide development.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Wiginton J.M.; Murray S.M.; Anderson B.J.; Sey K.; Ma Y.; Flynn C.P.; German D.; Higgins E.; Menza T.W.; Orellana E.R.; Sanz S.; Hasan N.A.; Al-Tayyib A.; Kienzle J.; Shields G.; Lopez Z.; Wermuth P.; Baral S.D.	Sexual Behavior Stigma Among Cisgender Gay, Bisexual, and Other Men Who Have Sex With Men in Nine NHBS Cities Across the United States: Burden and Associations With PrEP Continuum and HIV Care Continuum Outcomes	Stigma and Health	-	-	-	-	23766972	10.1037/sah0000495	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85183744271&doi=10.1037%2fsah0000495&partnerID=40&md5=54ebcc209351af37d4c2c7f9c38eabd7	In the United States, sexuality-based stigma continues to undermine HIV prevention and care efforts. We assessed sexual behavior stigma burden across family, health care, and social domains and determined associations with HIV-related outcomes among cisgender gay, bisexual, and other men who have sex with men (MSM) in nine United States metropolitan statistical areas. MSM (N = 4,086) recruited at places of MSM social congregation via venue-based, time-sampling procedures completed a survey on sexual behavior stigma, preexposure prophylaxis (PrEP) continuum and HIV care continuum outcomes, sociodemographic characteristics, and other measures. We calculated prevalence and overall mean stigma subscale scores (range: 0.00–1.00) and used logistic and mixed-effects logistic regression to determine stigma-HIV outcome associations. Most participants identified as gay, were employed, and were from West Coast cities; roughly 40% were non-Hispanic White, aged 25–34 years, and had completed some college. One in five were living with HIV. Family stigma (prevalence = 47.5%; M = 0.36) was associated with greater odds of health care engagement, PrEP awareness, and PrEP use among HIV-negative MSM. Anticipated health care stigma (prevalence = 14.5%; M = 0.11) was associated with lower odds of health care engagement, current antiretroviral treatment (ART) use, and viral load undetectability among MSM living with HIV. General social stigma (prevalence = 49.9%; M = 0.20) was associated with greater odds of PrEP awareness and use among HIV-negative MSM and lower odds of current ART use among MSM living with HIV. Targeted stigma-mitigation in family, health care, and other social contexts remains paramount to ending the HIV epidemic in the United States. © 2024 American Psychological Association	HIV care continuum; men who have sex with men; preexposure prophylaxis continuum; sexual behavior stigma; stigma prevalence	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Wong, Christina Misa; Munthali, Tendai; Mangunje, Featherstone G; Katoka, Mercy L; Burke, Holly M; Musonda, Bupe; Musonda, Musonda; Todd, Catherine S	Creating allies: qualitative exploration of young women's preferences for PrEP methods and parents' role in PrEP uptake and user support in urban and rural Zambia.	BMC Women's Health	-	-	-	-	1472-6874	10.1186/s12905-024-02913-7	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10809647	BACKGROUND: Zambian adolescent girls and young women (AGYW) have high HIV incidence and face barriers to the use of pre-exposure prophylaxis (PrEP). Parental support improves PrEP use and adherence in some settings, but negative parental attitudes toward HIV prevention may inhibit engagement with AGYW. We explored perceptions of future PrEP methods among AGYW and parents and parent-youth engagement on HIV prevention and PrEP use. METHODS: We conducted a qualitative descriptive study among AGYW and parents of AGYW in five provinces in Zambia in September-October 2021. We conducted 10 focus group discussions (FGDs) and four in-depth interviews (IDIs) with AGYW participants (n = 87) and seven FGDs and four IDIs among parents of AGYW (n = 62). All FGDs and IDIs were audio-recorded, transcribed verbatim, and analyzed to identify qualitative themes. RESULTS: Most AGYW participants preferred the discreet nature and longer duration of injectable PrEP compared to the PrEP ring and oral PrEP. Many AGYWs reported inability to disclose PrEP use to their parents due to lack of parental support based on cultural taboos against premarital sex. Nevertheless, AGYW participants said they would like to talk to their parents about PrEP so their parents could support their use. Many parents also described difficulties discussing PrEP with their daughters because of cultural and religious beliefs about abstinence from sex before marriage. However, parents acknowledged that the threat of HIV is real and said they need PrEP knowledge and guidance on speaking with their children about HIV prevention and PrEP. CONCLUSIONS: Although many parents are currently not playing a role in daughters' decisions about PrEP use, both parents and AGYW are willing to engage with each other on HIV prevention issues. To foster parent-child engagement, HIV prevention programs should not only provide information about PrEP but also address social norms that impede discussion of HIV prevention and equip both parents and AGYW with skills and support for such conversations. Community sensitization is also needed as new PrEP products are introduced, to create an enabling environment for parent-child engagement by increasing awareness, countering misconceptions, and reducing stigma.	Adolescent girls and young women, HIV prevention, PrEP, Parental engagement, Parents	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Wyatt, Gail E; Norwood-Scott, Enricka; Cooley-Strickland, Michele; Zhang, Muyu; Smith, Amber; Jordan, Wilbert; Liu, Honghu; Hamilton, Alison B	Increasing Urban African American Women's Readiness for Pre-exposure Prophylaxis: A Pilot Study of the Women Prepping for PrEp Plus Program (WP3+).	Women's Health Issues	-	-	-	-	1878-4321	10.1016/j.whi.2023.11.001	https://dx.doi.org/10.1016/j.whi.2023.11.001	BACKGROUND: African American women are disproportionately at risk for HIV infection. To increase women's readiness to consider taking pre-exposure prophylaxis (PrEP), we conducted a pilot study of Women Prepping for PrEP Plus (WP3+). Adapted from an evidence-based HIV risk reduction intervention for African American couples who are HIV-serodiscordant, WP3+ is a group-based culturally congruent program designed for African American women without HIV. METHODS: Women were screened for eligibility; if eligible, they were invited to participate in the four-session WP3+ group. Participants completed surveys at baseline (n = 47) and post-implementation (n = 28); surveys assessed demographics, HIV and PrEP knowledge, depression and posttraumatic stress (PTS) symptoms, substance use, sexual risk behaviors, health care-related discrimination, and social support. In a process evaluation, a subset of women completed qualitative interviews at baseline (n = 35) and post-implementation (n = 18); the interviews were designed to converge with (e.g., on HIV and PrEP knowledge) and expand upon (e.g., unmeasured perceived impacts of WP3+) quantitative measures. To triangulate with the quantitative data, deductive qualitative analysis concentrated on women's knowledge and awareness of PrEP and HIV, their relationship dynamics and challenges, and their considerations (e.g., barriers, facilitators) related to taking PrEP; inductive analysis focused on women's experiences in the intervention. RESULTS: Participants in the WP3+ intervention reported: improved proportion of condom use in the past 90 days (p < .01) and in a typical week (p < .05); reduced PTS symptoms (p < .05); increased HIV knowledge (p < .0001) and awareness of PrEP (p < .001); and greater consideration of using PrEP (p < .001). In interviews, participants expressed not only increased knowledge but also appreciation for learning how to protect themselves against HIV, communicate with their partners, and take charge of their health, and they expressed greater receptiveness to using PrEP as a result of the knowledge and skills they gained. CONCLUSIONS: The WP3+ pilot study demonstrated preliminary efficacy and acceptability as an HIV-prevention program for African American women. A controlled trial is needed to confirm its efficacy for increasing PrEP use among African American women.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative
Article	2024	Wyatt, Monique A.; Pisarski, Emily E.; Nalumansi, Alisaati; Kasiita, Vicent; Kamusiime, Brenda; Nalukwago, Grace K.; Thomas, Dorothy; Muwonge, Timothy R.; Mujugira, Andrew; Heffron, Renee; Ware, Norma C.	How PrEP delivery was integrated into public ART clinics in central Uganda: A qualitative analysis of implementation processes.	PLOS Global Public Health	-	-	-	-	2767-3375	10.1371/journal.pgph.0002916	https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002916	Tailored delivery strategies are important for optimizing the benefit and overall reach of PrEP in sub-Saharan Africa. An integrated approach of delivering time-limited PrEP in combination with ART to serodifferent couples encourages PrEP use in the HIV-negative partner as a bridge to sustained ART use. Although PrEP has been delivered in ART clinics for many years, the processes involved in integrating PrEP into ART services are not well understood. The Partners PrEP Program was a stepped-wedge cluster randomized trial of integrated PrEP and ART delivery for HIV serodifferent couples in 12 public health facilities in central Uganda (Clinicaltrials.gov NCT03586128). Using qualitative data, we identified and characterized key implementation processes that explain how PrEP delivery was integrated into existing ART services in the Partners PrEP Program. In-depth interviews were conducted with a purposefully-selected sub-sample of 83 members of 42 participating serodifferent couples, and with 36 health care providers implementing integrated delivery. High quality training, technical supervision, and teamwork were identified as key processes supporting providers to implement PrEP delivery. Interest in the PrEP program was promoted through the numerous ways health care providers made integrated ART and PrEP meaningful for serodifferent couples, including tailored counseling messages, efforts to build confidence in integrated delivery, and strategies to create demand for PrEP. Couples in the qualitative sample responded positively to providers' efforts to promote the integrated strategy. HIV-negative partners initiated PrEP to preserve their relationships, which inspired their partners living with HIV to recommit to ART adherence. Lack of disclosure among couples and poor retention on PrEP were identified as barriers to implementation of the PrEP program. A greater emphasis on understanding the meaning of PrEP for users and its contribution to implementation promises to strengthen future research on PrEP scale up in sub-Saharan Africa.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Mixed methods
Article	2024	Wyllie T.J.S.; Brown J.L.; Meisman A.; Bayyari N.; Mangeot C.; Sun Q.; Mullins T.L.K.	Attitudes and Intentions toward Use of HIV Pre-Exposure Prophylaxis (PrEP) among Adults Receiving Treatment for Opioid Use	Substance Use and Misuse	-	-	-	-	10826084	10.1080/10826084.2023.2275556	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85175947726&doi=10.1080%2f10826084.2023.2275556&partnerID=40&md5=223c4fa1a92b373605b8b4896db903ab	Background: Although pre-exposure prophylaxis (PrEP) prevents HIV, little is known about PrEP awareness and factors associated with intention to take PrEP among people with opioid use disorder (OUD). Methods: HIV-negative adults recruited from an outpatient treatment program in Cincinnati, Ohio completed self-administered surveys. Items derived from literature and health behavioral theory included demographics, sexual and drug use behaviors, HIV prevention practices, PrEP knowledge, and attitudes toward PrEP. Primary outcomes were 1) intention to ask a clinician about PrEP and 2) intention to accept PrEP if recommended by a clinician. Outcomes were dichotomized into higher vs. lower intention for analyses in logistic regression models. Results: Among 198 participants, 60.3% reported past injection drug use. Among 58 participants (29.3%) meeting criteria for PrEP, 24% were aware of PrEP, 15.5% had discussed it with a clinician, and 5% had taken it. Factors associated with intention to ask a clinician about PrEP included being somewhat confident about consistent condom use (p < 0.01), motivation to comply with normative beliefs (p < 0.01), and reporting that PrEP fits very well (p < 0.01) and is easy to fit (p < 0.01) into current prevention practices. Factors associated with intention to accept PrEP if recommended by a clinician included motivation to comply with normative beliefs (p < 0.01) and PrEP being easy to fit into current prevention practices (p < 0.01). Conclusion: Among participants meeting indications for PrEP, only 24% were aware of it and few had taken it. Interventions that normalize PrEP and target incorporating PrEP into current prevention practices may improve uptake among individuals with OUD. © 2023 Taylor & Francis Group, LLC.	attitudes; HIV prevention; opioid use disorder; Pre-exposure prophylaxis; substance use; survey	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Yin, Zhuoheng; Tan, Rayner Kay Jin; Tucker, Joseph D; Li, Quanmin; Sherer, Renslow; Li, Linghua; Tang, Weiming	Acute facial neuralgia related to initiation of emtricitabine/tenofovir for HIV PrEP: a report of two cases in a PrEP demonstration trial.	Sexual Health	-	-	-	-	1449-8987	10.1071/SH23129	https://dx.doi.org/10.1071/SH23129	BACKGROUND: Emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF) fixed-dose combination (FTC/TDF) is generally well-tolerated, although treatment-related adverse events have been reported. METHODS: We report two cases of persons using FTC/TDF PrEP who had acute neuralgia in a Chinese PrEP demonstration trial. RESULTS: Neurological symptoms subsided upon treatment discontinuation. Symptoms were reported as similar to one case's previous experiences with dolutegravir (DTG)+FTC+tenofovir alafenamide (TAF) (for PEP), leading to permanent discontinuation of PrEP. CONCLUSION: Acute facial neuralgia appears to be a rare idiosyncratic adverse event to FTC/TDF.	HIV; pre-exposure prophylaxis (PrEP); men who have sex with men (MSM); low and middle income countries; systematic review	English	Australia	Asia and the Pacific	China	Asia and the Pacific	United States	Western and Central Europe and North America	Clinical
Article	2024	Yu, Simin; Bavinton, Benjamin R.; Chan, Curtis; MacGibbon, James; Mao, Limin; Vujcich, Daniel; Broady, Timothy R.; Holt, Martin	Assessing HIV risk and the social and behavioural characteristics of gay and bisexual men who have recently migrated to Australia: an analysis of national, behavioural surveillance data 2019-2021.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26204	https://onlinelibrary.wiley.com/doi/10.1002/jia2.26204	INTRODUCTION: Overseas-born gay and bisexual men (GBM) are overrepresented in HIV diagnoses in Australia. We assessed social and sexual behaviours, and the use of HIV prevention and testing, by region of birth and length of residence in Australia. We sought to identify similarities and differences between recently arrived and non-recently arrived GBM from non-English-speaking countries to improve targeting and engagement with HIV testing and prevention. METHODS: Data were collected in national repeated, behavioural surveillance surveys conducted across Australia during 2019-2021. Logistic regression was used to identify factors that differentiated between recently arrived (<2 years) and non-recently arrived (≥2 years in Australia) GBM from non-English-speaking countries. RESULTS: Among 24,707 participants in 2019-21, 2811 (11.4%) were from high-income English-speaking countries, 714 (2.9%) were recently arrived overseas-born GBM and 3833 (15.5%) were non-recently arrived migrants. Recently arrived GBM were most likely to be born in Asia (36.1%) and Europe (21.1%). Compared with non-recently arrived GBM, recently arrived GBM from non-English-speaking countries were younger (aOR = 0.95, 95% CI = 0.94-0.96, p<0.001), more likely to be students (aOR = 1.43, 95% CI = 1.11-1.85, p = 0.005), less likely to be in full-time employment (aOR = 0.56, 95% CI = 0.46-0.69, p <0.001), more likely to report consistent condom use (aOR = 1.30, 95% CI = 1.01-1.66, p = 0.039), but had lower awareness (aOR = 0.62, 95% CI = 0.48-0.80, p<0.001) and use of pre-exposure prophylaxis (PrEP) (22.8%, vs. 32.3%, χ(2) (1, 4185) = 23.78, p<0.001), and similar levels of casual sex with a risk of HIV acquisition or transmission (aOR = 1.29, 95% CI = 0.98-1.69, p = 0.066). Recently arrived GBM reported similar levels of lifetime HIV testing (aOR = 0.97, 95% CI = 0.54-1.74, p = 0.915) and recent HIV testing (OR = 1.03, 95% CI = 0.86-1.22, p = 0.779), but were much less likely to have tested at general practitioners (aOR = 0.53, 95% CI = 0.41-0.68, p<0.001) and more likely to report testing at hospitals (aOR = 3.35, 95% CI = 2.53-4.43, p<0.001), at home (aOR = 2.85, 95% CI = 1.63-4.99, p<0.001), or community-based services (aOR = 1.36, 95% CI = 1.01-1.84, p = 0.043). CONCLUSIONS: Recently arrived GBM from non-English-speaking countries reported similar levels of risk of HIV acquisition to longer-term residents in Australia, but lower levels of PrEP awareness and use, and more reliance on HIV testing services which are free or low cost. It is necessary to enhance access to HIV testing and prevention among recently arrived GBM in Australia.	Humans; Male; Sexual Behavior; Bisexuality; HIV prevention; pre-exposure prophylaxis; gay and bisexual men; Australia/epidemiology; men who have sex with men; HIV testing; *Sexual and Gender Minorities; *HIV Infections/diagnosis/epidemiology/prevention & control; migrant	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Zewdie, Kidist Belay; Ngure, Kenneth; Mwangi, Margaret; Mwangi, Dominic; Maina, Simon; Etyang, Lydia; Maina, Gakuo; Ogello, Vallery; Owidi, Emmah; Mugo, Nelly R.; Baeten, Jared M.; Mugwanya, Kenneth K.	Effect of differentiated direct-to-pharmacy PrEP refill visits supported with client HIV self-testing on clinic visit time and early PrEP continuation.	Journal of the International AIDS Society	-	-	-	-	1758-2652	10.1002/jia2.26222	https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26222	INTRODUCTION: Delivery of oral pre-exposure prophylaxis (PrEP) is being scaled up in Africa, but clinic-level barriers including lengthy clinic visits may threaten client continuation on PrEP. METHODS: Between January 2020 and January 2022, we conducted a quasi-experimental evaluation of differentiated direct-to-pharmacy PrEP refill visits at four public health HIV clinics in Kenya. Two clinics implemented the intervention package, which included direct-to-pharmacy for PrEP refill, client HIV self-testing (HIVST), client navigator, and pharmacist-led rapid risk assessment and dispensing. Two other clinics with comparable size and client volume served as contemporaneous controls with the usual clinic flow. PrEP continuation was evaluated by visit attendance and pharmacy refill records, and time and motion studies were conducted to determine time spent in the clinics. Dried blood spots were collected to test for tenofovir-diphosphate (TFV-DP) at random visits. We used logistic regression to assess the intervention effect on PrEP continuation and the Wilcoxon rank sum test to assess the effect on clinic time. RESULTS: Overall, 746 clients were enrolled, 366 at control clinics (76 during pre-implementation and 290 during implementation phase), and 380 at direct-to-pharmacy clinics (116 during pre-implementation and 264 during implementation phase). Prior to implementation, the intervention and control clinics were comparable on client characteristics (female: 51% vs. 47%; median age: 33 vs. 33 years) and PrEP continuation (35% vs. 37% at 1 month, and 37% vs. 39% at 3 months). The intervention reduced total time spent at the clinic by 35% (median of 51 minutes at control vs. 33 minutes at intervention clinics; p<0.001), while time spent on HIV testing (20 vs. 20 minutes; p = 0.50) and pharmacy (8 vs. 8 minutes; p = 0.8) was unchanged. PrEP continuation was higher at intervention versus the control clinics: 45% versus 33% at month 1, 34% versus 25% at month 3 and 23% versus 16% at month 6. TFV-DP was detected in 85% (61/72) of samples, similar by the study group (83% vs. 85%). CONCLUSIONS: A client-centred PrEP delivery approach with direct-to-pharmacy PrEP refill visits plus client HIVST significantly reduced clinic visit time by more than one-third and improved PrEP continuation in public health HIV clinics in Kenya.	Adult; Humans; Female; HIV; Adenine/*analogs & derivatives; HIV prevention; PrEP; Kenya; Ambulatory Care; Self-Testing; HIV Testing; *HIV Infections/diagnosis/drug therapy/prevention & control; *Pharmacy; *Organophosphates; clinic wait time; differentiated care delivery; direct-to-pharmacy	English	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2024	Zhang, Xinhong; Li, Jianwei; Tang, Gan; Wang, Ziwei; Guo, Qian; Guo, Qisheng; Qin, Qirong; Fan, Yinguang	The prevalence and factors of willingness to accept circumcision among MSM in Maanshan City, China.	AIDS Care	-	-	-	-	1360-0451 0954-0121	10.1080/09540121.2023.2299664	https://www.tandfonline.com/doi/full/10.1080/09540121.2023.2299664	To investigate the prevalence of male circumcision and the willingness to undergo male circumcision and influencing factors among MSM in Maanshan City, we conducted a cross-sectional study from June 2016 to December 2019. Respondent-driven sampling (RDS) was used to recruit participants. Influential factors of willingness to accept circumcision were identified by a multivariable logistic regression model. The multivariable logistic regression model revealed that five variables were independent influential factors for willingness to participate. The factors include that used condoms during last anal intercourse (OR = 1.87, 95% CI:1.03-3.41, P = 0.04), sex with female sex partners (OR = 0.499, 95% CI:0.298-0.860, P = 0.012, level of education (junior college: OR = 0.413, 95% CI:0.200-0.854, P = 0.017; bachelor's degree or higher: OR = 0.442, 95% CI:0.208-0.938, P = 0.033), condom use during oral sex in the last six months (OR = 4.20, 95% CI:1.47-12.0, P = 0.007) and level of knowledge of PrEP (OR = 5.09, 95% CI:1.39-18.7, P = 0.014). Given the willingness of MSM to accept circumcision was low in China, establishing a proper understanding of circumcision is essential if it is to be used as a strategy to prevent HIV infection among MSM. Therefore, publicity and education on the operation should be strengthened to increase the willingness to undergo male circumcision.	HIV; MSM; circumcision; acceptance willingness; influencing factor	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Zhao, Rui; Fairley, Christopher K; Cook, Alex R; Phanuphak, Nittaya; He, Shiyi; Tieosapjaroen, Warittha; Chow, Eric P F; Phillips, Tiffany R; Jin Tan, Rayner Kay; Wei, Yuhang; Shen, Mingwang; Zhuang, Guihua; Ong, Jason J; Zhang, Lei	Optimising HIV pre-exposure prophylaxis and testing strategies in men who have sex with men in Australia, Thailand, and China: a modelling study and cost-effectiveness analysis	The Lancet Global Health	-	-	-	-	2214109X	10.1016/S2214-109X(23)00536-3	https://pubmed.ncbi.nlm.nih.gov/38245115/	Background: Men who have sex with men (MSM) in the Asia-Pacific region have a disproportionately high burden of HIV infection compared with the general population. Although pre-exposure prophylaxis (PrEP) for HIV is highly effective at preventing new HIV infections, the cost-effectiveness of PrEP for MSM in different countries in the Asia-Pacific region with varying PrEP coverage and HIV testing frequencies remains unstudied. We aimed to analyse the economic and health benefits of long-acting injectable cabotegravir (CAB-LA) compared with oral PrEP in high-income countries and low-income and middle-income countries within the Asia-Pacific region. Methods: We developed a decision-analytic Markov model to evaluate the population impact and cost-effectiveness of PrEP scale-up among MSM in Australia, Thailand, and China. We assumed a static cohort of 100 000 MSM aged 18 years or older who were at risk of HIV infection, with a monthly cycle length over a 40-year time period. We evaluated hypothetical scenarios with universal PrEP coverage of 80% among 100 000 suitable MSM in each country. We modelled oral PrEP and CAB-LA for MSM with diverse HIV testing frequency strategies. We adopted the health-care system's perspective with a 3% annual discount rate. We calculated the incremental cost-effectiveness ratio (ICER), measured as additional cost per quality-adjusted life-year (QALY) gained, to compare different strategies with the status quo in each country. All costs were reported in 2021 US$. We also performed one-way, two-way, and probabilistic sensitivity analyses to assess the robustness of our findings. Findings: Compared with the status quo in each country, expanding oral PrEP to 80% of suitable MSM would avert 8·1% of new HIV infections in Australia, 14·5% in Thailand, and 26·4% in China in a 40-year period. Expanding oral PrEP use with 6-monthly HIV testing for both PrEP and non-PrEP users was cost-saving for Australia. Similarly, expanding oral PrEP use remained the most cost-effective strategy in both Thailand and China, but optimal testing frequency varied, with annual testing in Thailand (ICER $4707 per QALY gained) and 3-monthly testing in China (ICER $16 926 per QALY gained) for both PrEP and non-PrEP users. We also found that replacing oral PrEP with CAB-LA for MSM could avert more new HIV infections (12·8% in Australia, 27·6% in Thailand, and 32·8% in China), but implementing CAB-LA was not cost-effective due to its high cost. The cost of CAB-LA would need to be reduced by 50–90% and be used as a complementary strategy to oral PrEP to be cost-effective in these countries. Interpretation: Expanding oral PrEP use for MSM, with country-specific testing frequency, is cost-effective in Australia, Thailand, and China. Due to the high cost, CAB-LA is currently not affordable as a single-use strategy but might be offered as an additional option to oral PrEP. Funding: Ministry of Science and Technology of the People's Republic of China, the Australian National Health and Medical Research Council, National Key Research and Development Program of China, and National Natural Science Foundation of China. © 2024 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license	NA	English	United Kingdom	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Clinical
Article	2024	Zheng C.; Qiu Y.; Liu S.; Liu L.; Li J.; Wu Z.; Wang Y.	Survey on awareness, level of willingness to use, and influencing factors of HIV/AIDS pre-exposure prophylaxis among men who have sex with men in Shijiazhuang	Journal of Medical Pest Control	-	-	-	-	10036245	10.7629/yxdwfz202401012	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182683039&doi=10.7629%2fyxdwfz202401012&partnerID=40&md5=3abbc2207103c16355f70e375ab49c70	Objective To investigate the cognition, level of willingness to use, and related influencing factors of HIV/AIDS pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in Shijiazhuang City from February to March 2022. Methods The cross-sectional study design and convenience sampling were used to study. MSM groups were selected from a voluntary counselling clinic, a social welfare organization, and an internet community in Shijiazhuang City for a questionnaire survey. Chi-square test and multivariate logistic regression analysis methods were used to explore the relevant factors affecting the awareness and willingness to use PrEP among the MSM population. Results A total of 258 valid questionnaires were obtained, of which 73. 2% of respondents had heard of PrEP and 72. 5% said they would be willing to use PrEP medicine. However, only 7. 7% of respondents had used or were using PrEP services. Multivariate logistic regression analysis showed that respondents who didn't know how to access PrEP (OR = 3. 452, 95% CI: 1. 507-7. 786) and with a fear of AIDS (OR = 2. 084, 95% CI: 1. 054-4. 118) had a relatively high willingness to use PrEP. However, sexual roles as others (OR = 0. 218, 95% CI: 0. 049-0. 971),worried about the potential stigmatization caused by access to PrEP (OR = 0. 233,95%CI:0. 110-0. 496),and the perception that it might be financially burdensome (OR = 0. 474, 95% CI: 0. 238-0. 942) or might be an impediments influence to use PrEP. Conclusion The overall MSM population in Shijiazhuang has a high level of cognition and willingness to use PrEP,but there are a number of factors affecting the utilization rate. Therefore,we need to take multiple measures to promote PrEP and provide convenient and accessible services to convert PrEP use intention into utilization rate. © 2024, Editorial Department of Medical Pest Control. All rights reserved.	AIDS; Influencing factor; Men who have sex with men; Pre-exposure prophylaxis	Chinese	United States	Western and Central Europe and North America	China	Asia and the Pacific	China	Asia and the Pacific	Quantitative
Article	2024	Zia Y.; Etyang L.; Nyerere B.; Nyamwaro C.; Mogaka F.; Mwangi M.; June L.; Njiru R.; Mokoyo J.; Kimani S.; Thomas K.K.; Ngure K.; Wanyama I.; Bukusi E.; Mugo N.; Heffron R.	Structural influences on delivery and use of oral HIV PrEP among adolescent girls and young women seeking post abortion care in Kenya	EClinicalMedicine	-	-	-	-	25895370	10.1016/j.eclinm.2023.102416	https://www.scopus.com/inward/record.uri?eid=2-s2.0-85182369691&doi=10.1016%2fj.eclinm.2023.102416&partnerID=40&md5=2ea11ccd67b7c9cef44933b4e67a8356	Background: Adolescent girls and young women (AGYW) in East and southern Africa experience a disproportionate burden of HIV incidence. Integrating HIV pre-exposure prophylaxis (PrEP) within existing programs is a key component of addressing this disparity. Methods: We evaluated an oral PrEP program integrated into post-abortion care (PAC) in Kenya from March 2021 to November 2022. Technical advisors trained staff at PAC clinics on PrEP delivery, abstracted program data from each clinic, and collected data on structural characteristics. Utilizing a modified Poisson regression, we estimated the effect of structural factors on the probability of PrEP offer and uptake. Findings: We abstracted data on 6877 AGYW, aged 15–30 years, across 14 PAC clinics. PrEP offers were made to 57.4% of PAC clients and 14.1% initiated PrEP. Offers were associated with an increased probability at clinics that had consistent supply of PrEP (relative risk (RR):1.81, 95% CI: 1.1–2.95), inconsistent HIV testing commodities (RR: 1.89, 95% CI: 1.29–2.78), had all providers trained (RR: 1.65, 95% CI: 1.01, 2.68), and were public (RR: 1.89, 95% CI: 1.29–2.78). These same factors were associated with PrEP uptake: consistent supply of PrEP (RR: 2.71, 95% CI: 1.44–5.09), inconsistent HIV testing commodities (RR: 2.55, 95% CI: 1.39–4.67), all providers trained (RR: 2.61, 95% CI: 1.38–4.92), and were public (RR: 2.55, 95% CI: 1.39–4.67). Interpretation: Greater success with integration of HIV prevention into reproductive health services will likely require investments in systems, such as human resources and PrEP and HIV testing commodities, to create stable availability and ensure consistent access. Funding: PrEDIRA 2 was supported by funding from Children's Investment Fund Foundation (R-2001-04433). Ms. Zia was funded by the NIH Ruth L. Kirchstein pre-doctoral award (5F31HD105494-02) and Dr. Heffron was funded by National Institute of Mental Health (K24MH123371). © 2023	Abortion; Adolescent girls and young women; Health systems; HIV prevention; Structural factors	English	United Kingdom	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Quantitative
Article	2024	Zia, Yasaman; Etyang, Lydia; Mwangi, Margaret; Njiru, Roy; Mogaka, Felix; June, Lavender; Njeru, Irene; Makoyo, Job; Kimani, Susan; Ngure, Kenneth; Wanyama, Inviolata; Bukusi, Elizabeth; Nyerere, Bernard; Nyamwaro, Cyprian; Mugo, Nelly; Heffron, Renee	The Effect of Stigma on Family Planning and HIV Pre-exposure Prophylaxis Decisions of Young Women Accessing Post-Abortion Care in Kenya.	AIDS and Behavior	-	-	-	-	1573-3254 1090-7165	10.1007/s10461-024-04274-6	https://pubmed.ncbi.nlm.nih.gov/38451448/	Adolescent girls and young women (AGYW) in Eastern and Southern Africa face parallel epidemics of unintended pregnancy and HIV. Their sexual health decisions are often dominated by intersecting stigmas. In an implementation science project integrating delivery of daily, oral pre-exposure prophylaxis (PrEP) for HIV prevention into 14 post-abortion care (PAC) clinics in Kenya, we enrolled a subset of PrEP initiating AGYW (aged 15 to 30 years) into a research cohort. Utilizing log binomial models, we estimated the effect of PrEP stigma on PrEP continuation (measured via self-report and urine assay for tenofovir) and abortion stigma on contraceptive initiation. Between April 2022 and February 2023, 401 AGYW were enrolled after initiating PrEP through their PAC provider, of which 120 (29.9%) initiated highly-effective contraception. Overall, abortion and PrEP stigmas were high in this cohort. Abortion stigma was more prevalent among those that were adolescents, unmarried, and reported social harm. Among 114 AGYW returning for the month 1 follow-up visit, 83.5% reported continuing PrEP and 52.5% had tenofovir detected. In this subset, higher levels of PrEP stigma were significantly associated with greater likelihood of PrEP adherence, but not PrEP continuation. For abortion stigma, greater scores in the subdomain of isolation were significantly associated with greater likelihood of initiating a highly-effective contraception, while greater scores in the subdomain of community condemnation were significantly associated with reduced likelihood of initiating a highly-effective contraception. Given the burden of stigma documented by our work, PAC settings are a pivotal space to integrate stigma-informed counseling and to empower young women to optimize contraceptive and PrEP decisions.	PrEP; Stigma; Adolescent girls and young women; Abortion	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Clinical
Article	2024	Zinsli, Kaitlin; Means, Arianna Rubin; Barbee, Lindley A.; Rodriguez, Evelyn Manley; Kerani, Roxanne P.	A participatory approach to identifying gaps in and recommendations for STI and PrEP clinical services in Pierce County, Washington.	Sexually Transmitted Diseases	-	-	-	-	1537-4521 0148-5717	10.1097/OLQ.0000000000001961	https://pubmed.ncbi.nlm.nih.gov/38403301/	BACKGROUND: Pierce County, Washington has a high burden of sexually transmitted infections (STI) relative to Washington State and the United States. We used a participatory approach to identify gaps in STI and PrEP service provision in Pierce County and generate recommendations to address these gaps. METHODS: In collaboration with the Tacoma-Pierce County Health Department (TPCHD), we conducted 14 key informant interviews with local STI/PrEP providers from varied clinical settings. Using rapid qualitative analysis, we identified key gaps and strengths in service provision. Local, state and national HIV/STI subject matter experts (SMEs) prioritized the gaps and recommendations to address them via an online survey. RESULTS: The primary six gaps ranked by SMEs (N = 32) in order of importance included: 1) inadequate availability of STI and PrEP services, 2) lack of awareness of STI and PrEP services, 3) need for free/low cost STI and PrEP care, 4) need for stronger relationships among providers and TPCHD, 5) reduced accessibility related to geographically distributed population and centralized services, and 6) frequent referrals pose a service barrier. SMEs prioritized recommendations for each gap as follows: 1) create an STI specialty clinic, 2) implement an STI/PrEP service availability outreach campaign, 3) strengthen referral relationships between TPCHD and free/low-cost providers, 4) develop a provider support network, 5) create a mobile STI clinic, and 6) develop an STI specialty clinic. CONCLUSIONS: STI specialty clinics were prioritized by SMEs to improve access to STI and PrEP care in Pierce County, and to serve as a resource for local providers.	NA	English	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	United States	Western and Central Europe and North America	Qualitative

Note: "–" indicates not applicable; "NA" indicates information not available.

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CNPQ, DECIT/SECTICS/MS E DATHI/SVSA/MS, PROCESSOS Nº 445070/2023-4 E Nº 405770/2024-3